NovaBridge

Corporate Presentation

Jefferies Healthcare Conference

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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 uncertainty of preliminary, early-stage and non-head-to-head clinical data and whether such data will be replicated or confirmed in subsequent clinical trials; the feasibility, timing and success of planned clinical trials and regulatory submissions; 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 product 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 ability to successfully execute its licensing, option and collaboration arrangements; 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; the impact of macroeconomic conditions, including inflation, tariffs, volatile interest rates, regulatory uncertainty, potential government shutdowns, volatility in the capital markets, and regional and other global events, including ongoing armed conflicts in different regions of the world; 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"). 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NovaBridge is a clinical-stage biotechnology company building value around differentiated medicines

Oncology

Givastomig CLDN18.2 × 4-1BB bispecific	**1L GEA, 1L BTC, 1L PDAC**
Ragistomig PD-L1 × 4-1BB bispecific	**Solid Tumors | Partner-led**
Uliledlimab CD73 antibody; partner-led	**1L NSCLC | Partner-led**

Ophthalmology (Visara)

VIS-102 Modified rhNGF eye drop	**Neurotrophic keratitis**
VIS-103 Trivalent IFN-α peptibody	**OSSN**
VIS-101 VEGF-A × ANG-2 peptibody	**nAMD, DME, RVO**

Two principal value drivers

Givastomig and Visara: two paths to value creation across oncology and ophthalmology

Connected across ecosystems

Integrated U.S.-China capabilities: in-house clinical development and clinical operations turn strategy into evidence

Expanded reach and optionality

Originator, regional and partner-led programs expand portfolio reach and optionality

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Portfolio as shown on the pipeline slide. GEA = gastroesophageal adenocarcinoma; NSCLC = non-small cell lung cancer; OSSN = ocular surface squamous neoplasia; nAMD = neovascular age-related macular degeneration.

Givastomig and Visara are the principal drivers of value creation today

Givastomig

Clinical value creation through development leadership

- NovaBridge leads global clinical strategy and clinical operations
- Dose optimization, regulatory engagement and maturing Phase 1b evidence
- NovaBridge has created a significantly more mature and differentiated oncology asset

Next: Determine the optimal development and strategic path for the next stage

Visara

Enterprise value creation through focused company building

- Multi-asset ophthalmology portfolio across front and back of eye
- Dedicated specialist leadership and operating capabilities
- Tailored originator and regional partnerships around each program

Next: Advance programs toward clinical and corporate value inflections

The structure follows the opportunity, and value creation remains anchored in the evidence and execution

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Sources: ESMO 2026 poster 2945P, data cut-off August 6, 2026. FDA dose feedback September 16, 2026.

A robust pipeline across multiple unmet medical needs

	Program	Indication	Phase 1	Phase 2	Phase 3	Lead	Partner & rights	Patent Expiry
Oncology	**Givastomig** CLDN18.2 × 4-1BB bispecific	1L GEA	Randomized Phase 2		Planned	NovaBridge	**ABL Bio** Co-develops; NovaBridge leads global development ex-Greater China and South Korea	*2040-47*
		1L BTC	Phase 1b					
		1L PDAC	Phase 1b					
	Ragistomig PD-L1 × 4-1BB bispecific	Solid tumors	Phase 1			ablbio	**Partner-led** ABL Bio leads development	*2039-44*
	Uliledlimab CD73 antibody	1L NSCLC	Randomized Phase 2			SANOFI	**Partner-led** TJ Bio and Sanofi lead in Greater China; NovaBridge holds ex-China	*2038-43*
Ophthalmology	**VIS-102** Modified rhNGF eye drop	NK	Phase 1b			Visara	**Hiteck (originator)** In-licensed; ex-Greater China rights	-
	VIS-103 Trivalent IFN-α peptibody	OSSN	Preclinical, Phase 2b planned			Visara	**YoloImmune (originator)** Exclusive option to acquire worldwide rights	-
	VIS-101 VEGF-A × ANG-2 peptibody	nAMD	Phase 2b			Visara	**Everest** Runs Ph2b; partner in Greater China and select Asia	*2040-45*
		DME	Phase 1	Phase 2 planned				

Patent expiry is the expected expiry of patents that may issue from pending applications, before any extension. Source: NovaBridge Form 20-F for FY2025, portfolio as of March 24, 2026.

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Oncology

Clinical evidence and registrational planning in GI cancers

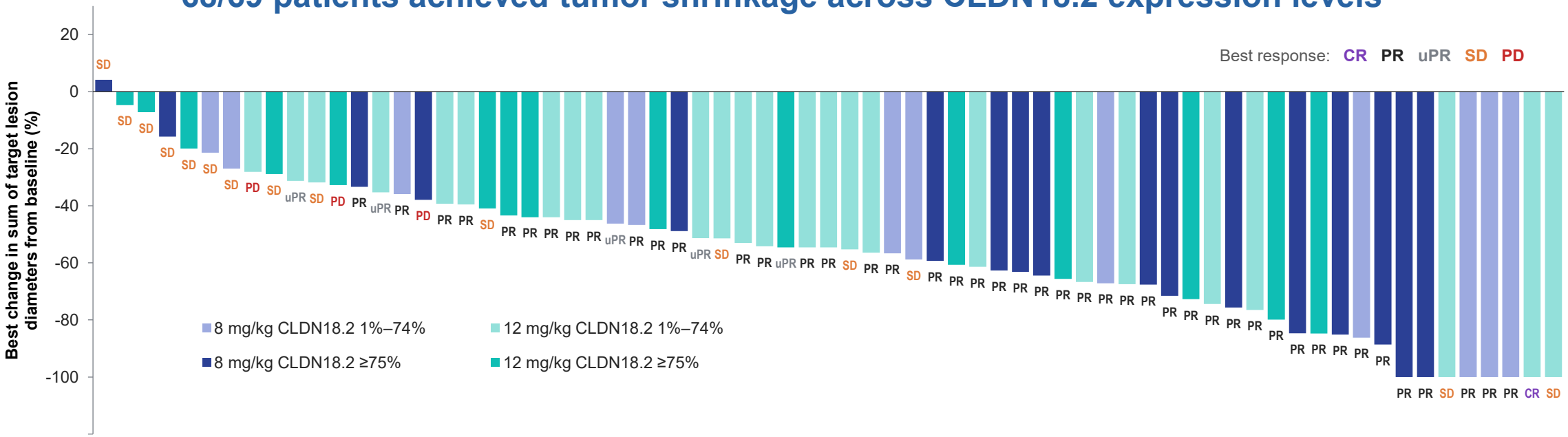
- **Oncology: givastomig**
- Ophthalmology: Visara



Deep and broad antitumor activity is translating into durable disease control

	Median PFS	Median follow-up	6-month PFS	12-month PFS	Median DoR	Mean best change in tumor size
8 mg/kg	16.9 mo	17.8 mo	77%	60%	15.2 mo	-62%
12 mg/kg	10.4 mo	10.1 mo	86%	49%	12.1 mo	-53%

68/69 patients achieved tumor shrinkage across CLDN18.2 expression levels



Activity extends beyond the CLDN18.2 ≥75% population addressed by current therapy

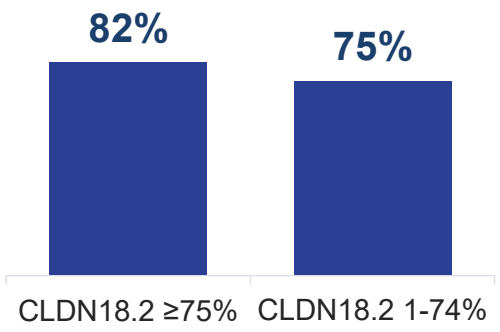
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August 6, 2026 data cutoff; early-phase, single-arm results. Waterfall shows best percentage change from baseline in sum of target lesion diameters among evaluable patients (N=69); 68/69 patients achieved tumor shrinkage. Median PFS (95% CI): 16.9 mo (7.3, NC) at 8 mg/kg; 10.4 mo (8.6, NC) at 12 mg/kg. DoR = duration of response; NC = not calculable. For context, published median PFS was 7.7 months for nivolumab + chemo (CHECKMATE-649, PD-L1 CPS ≥5) and 10.6 months for zolbetuximab + chemo (SPOTLIGHT, CLDN18.2 ≥75%); not head-to-head.

Givastomig combines the attributes required for a differentiated first-line profile

Broad Patient Eligibility

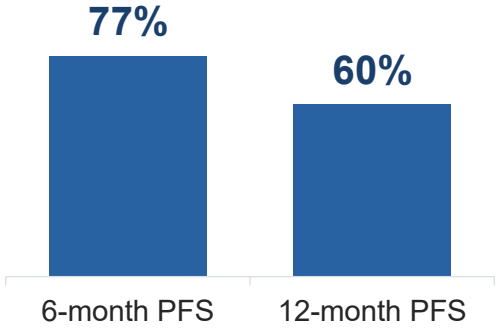
ORR* by CLDN18.2 expression



Activity observed across CLDN18.2 expression levels

Deep And Durable Disease Control

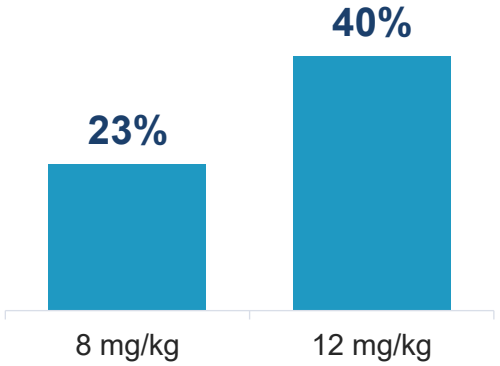
Landmark PFS



Strong responses translating into sustained disease control

Frontline-compatible Tolerability

Any Grade 3 TRAE by dose



A selected dose intended to support prolonged treatment while balancing safety

Practical Administration

Administration

- ✓ **No titration**
- ✓ **No active infusion monitoring**
- ✓ **Added to nivolumab + chemotherapy SOC**

Designed to fit the existing immunochemotherapy workflow

A profile built for first-line use: broad eligibility, durable control and practical delivery

Data cutoff: August 6, 2026; 8 mg/kg unless otherwise noted. Subgroup response rates (14/17; 9/12) include confirmed and unconfirmed responses. Unconfirmed responses are responses observed at the first scan that had not yet been confirmed by a subsequent scan. No Grade 5 TRAEs. ORR = objective response rate; TRAE = treatment-related adverse event..

Givastomig's profile supports multiple opportunities to expand beyond the initial 1L GEA population

1 Establish in 1L CLDN18.2-high GEA

Validated target and lead development setting

2 Broaden within 1L GEA

CLDN18.2 1-74%

75% ORR* observed

3 Expand within gastric cancer

CPS <1

HER2+

Perioperative

4 Explore additional GI tumors

BTC

PDAC

Early clinical studies ongoing

Phase 3 GIVA-3 ITT: 1L HER2- GEA, CLDN18.2 ≥1%, PD-L1 CPS ≥1

Lifecycle expansion beyond the Phase 3 ITT

Expanding addressable opportunity

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*Data cutoff: August 6, 2026. Subgroup response rate (9/12) includes confirmed and unconfirmed responses. Unconfirmed responses are responses observed at the first scan that had not yet been confirmed by a subsequent scan. GEA = gastroesophageal adenocarcinoma; CPS = combined positive score; BTC = biliary tract cancer; PDAC = pancreatic ductal adenocarcinoma; ITT = intention-to-treat.

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Visara

A company NovaBridge created from sourced assets and capital-efficient deals

Jeffrey Nau, PhD, MMS
President and CEO, Visara

- Oncology: givastomig
- **Ophthalmology: Visara**

Visara: potential best-in-class multifunctional biologics

Front of eye → Back of eye

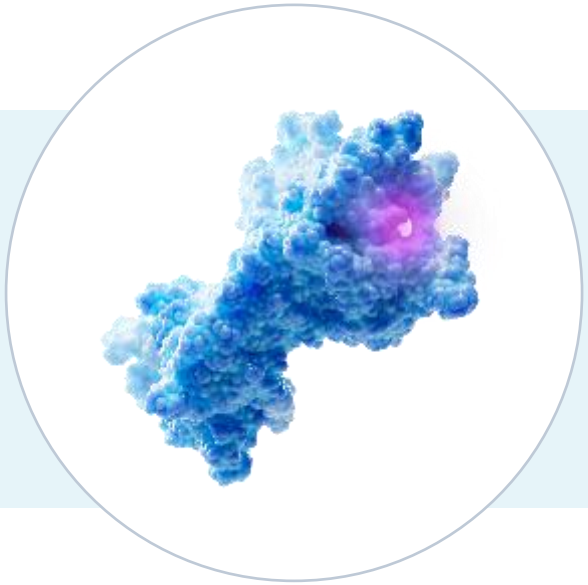
	Cornea	Ocular surface	Retina
	VIS-102 Recombinant human nerve growth factor Neurotrophic keratitis · PCED	**VIS-103** Dual-mechanism IFN-α peptibody OSSN	**VIS-101** Tetravalent VEGF/ANG-2 peptibody AMD · DME · RVO
Modality	Recombinant protein (rhNGF)	Peptibody (2X IFN-α peptides)	Tetravalent peptibody (IgG1 + ANG-2 peptides)
Targets	TrkA>p75NTR (NGF pathway)	2X IFN-α + undisclosed target (trivalent)	2X VEGF + 2X ANG-2 (tetravalent)
Competitive landscape	Oxervate only; frozen storage required	No approved therapy	Avastin, Lucentis, Eylea, Vabysmo
Key differentiator	**Refrigerator-stable; potential for 3x daily dosing**	**First biologic for OSSN; dual anti-angiogenic and anti-tumor**	**Extended durability; fewer injections than current care**
Market opportunity	Orphan; ~5,000 US patients	Potential orphan; first-in-class	Potential best-in-class durability

>$10B+ total addressable market across all three indications

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Potential Market Opportunities

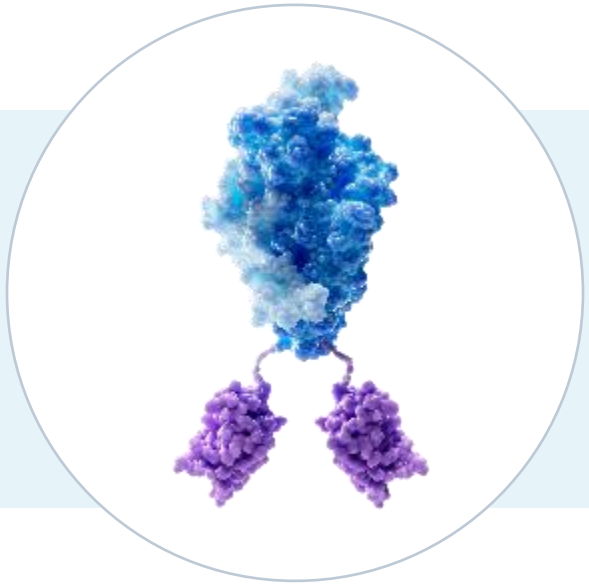
VIS-102



$2-3B[1]

Projected Annual Market

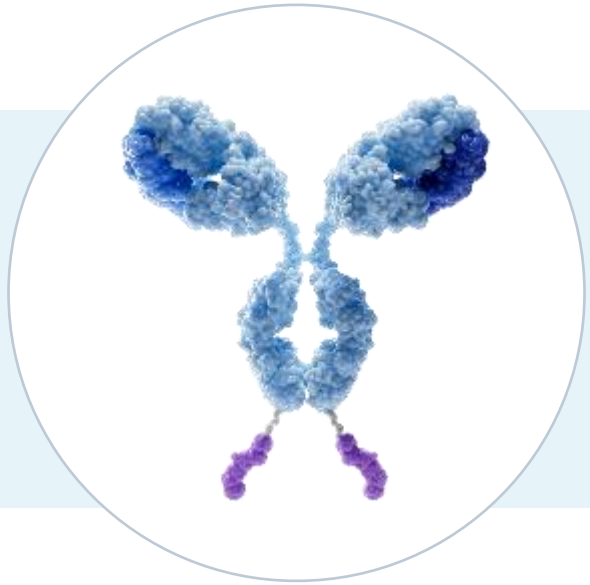
VIS-103



$0.5-1B[2]

Projected Annual Market

VIS-101



$8B[3]

Projected Annual Market

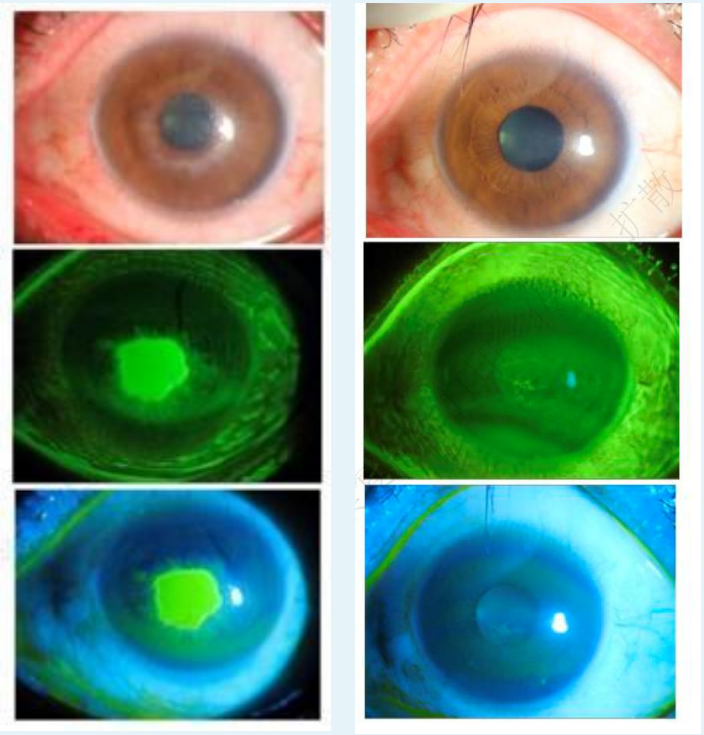
[1]Mordor Intelligence. *Neurotrophic keratitis treatment market size & share analysis: Growth trends and forecast (2026–2031)*. https://www.mordorintelligence.com/industry-reports/neurotrophic-keratitis-treatment-market

[2]Visara internal estimates.

[3]GlobalData (2025). *Age-related macular degeneration: Seven-market drug forecast and market analysis* (Report No. GDHC328PIDR-7M). https://www.globaldata.com/store/report/age-related-macular-degeneration-major-market-analysis/

VIS-102 targets a $2B+ NK market currently served by one approved drug

Stage 2 NK



Neurotrophic keratitis (NK)

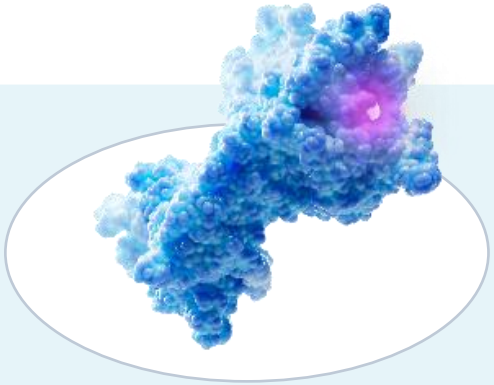
- Damaged corneal nerves leave **epithelial defects that do not heal**, which can progress to ulceration and perforation
- Prevalence of **1-5 per 10,000**; about 5% of US corneal ulcers needing intervention
- Oxervate (cenegermin, Dompé) is the **only FDA-approved therapy** on market since 2018
- Reimbursed by most US commercial plans
  - Medicare Part D total spending ~$715M in 2024[1]

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[1]Centers for Medicare & Medicaid Services. (2025). *Medicare Part D spending by drug* [Data set]. https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-medicaid-spending-by-drug/medicare-part-d-spending-by-drug

Refrigerator-stable VIS-102 eliminates frozen supply chain

	VIS-102	Cenegermin
Storage	2-8°C refrigerated, 24-month stability	-20°C frozen; shipped overnight to the patient's home on dry ice
Administration	Blow-fill-seal single dose, ready to use	Patient thaws a multidose vial and draws each dose into a syringe
Distribution	Standard refrigerated chain, retail pharmacy	Frozen at every step, specialty pharmacy, 2-week supply
Dosing	Potential 60 µg/mL three times daily*	20 µg/mL six times daily



Representative image of VIS-102
Modified amino acids in purple



Blow-fill-seal single-dose vials
One dose per vial, ready to use

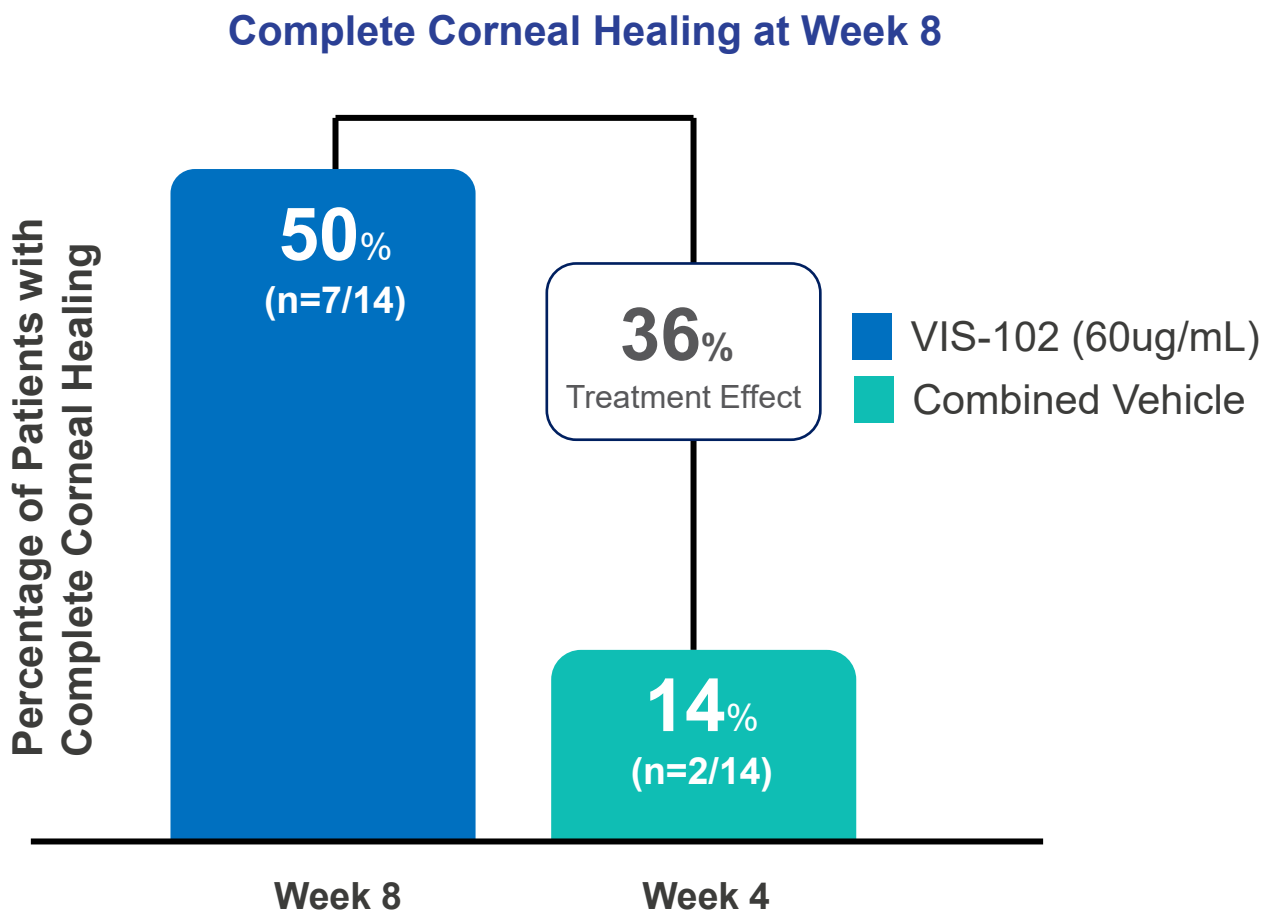
Engineered for stability
An added N-terminal glycine blocks enzymatic degradation, giving 24-month stability at 2-8°C

Potency comparable to cenegermin
Binds TrkA at 559 pM; matched neurite growth in PC12 and SH-SY5Y cell assays

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*Three-times-daily dosing is based on healthy-volunteer tear PK; not yet validated in NK patients.

Treatment effect of 36% on complete corneal healing after an 8-week course of 60 ug/mL VIS-102



Safety

- No maximum tolerated dose up to 120 µg/mL (6× cenegermin) in 161 healthy volunteers
- Phase 1b/2a Adverse events
  - VIS-102 20 ug- eye pain 14%
  - VIS-102 60 ug- eye pain 24%
  - cenegermin 20 ug - eye pain 16%**
- No systemic exposure or anti-drug antibodies detected to date

Next steps

- China expansion study
  - ~10 patients 60 ug 6× daily
  - ~10 patients 60 ug 3× daily
  - Manufacturing tech transfer to a US site
  - US Phase 2b/3 expected to start 2H 2027

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- Vehicle data from week 4 as all patients were treated after week 4
- ** Cenegermin prescribing information

OSSN has no FDA-approved therapy

OSSN lesion



The disease

- Neoplastic lesions of the conjunctiva and cornea, from **mild dysplasia to invasive carcinoma**
- US incidence of **0.03-1.9 per 100,000** a year; mostly men over 60, UV-B the strongest risk factor

The treatment gap

- **No FDA-approved therapy:** physicians use compounded 5-FU or mitomycin C off-label, or perform surgical resection[1]
- **All available off-label therapies** place the corneal limbal stem cell population at risk

Off-label interferon-α results

80-100%
complete resolution with compounded interferon-α2[2]

3.1%
recurrence at 5 years after interferon-α treatment[3]

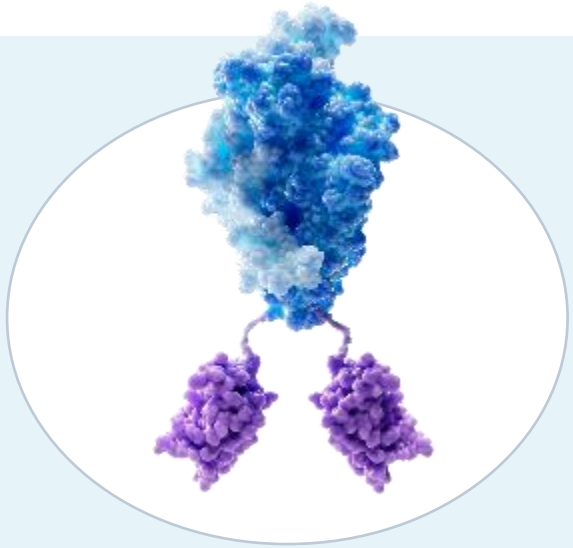
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[1]Greenfield JA, et al. OSSN: Changes in Standard of Care 2003 to 2022. Cornea. 2024;43(8):942-949.
[2]Range across published series: Karp CL, et al. Br J Ophthalmol. 2010; Shields CL, et al. Cornea. 2013; Kaliki S, et al. Asia Pac J Ophthalmol. 2022.
[3]Karp CL, et al. Long-term study of topical interferon α-2b eye drops for OSSN. Ocul Surf. 2023;28:108-114. Image: American Academy of Ophthalmology.

VIS-103 combines two proven OSSN mechanisms in one molecule

	Interferon-α component
Structure	Two IFN-α peptides fused to a modified Fc region
Mechanism	Antiproliferative, antiangiogenic and immunomodulatory cytokine
OSSN evidence	**80-97% complete resolution** across five studies; 3.1% recurrence at 5 years
VIS-103 in vitro	**IFN activity three times more potent than pegylated IFN-α (Pegasys)**

Bi-Specific Target Not Disclosed



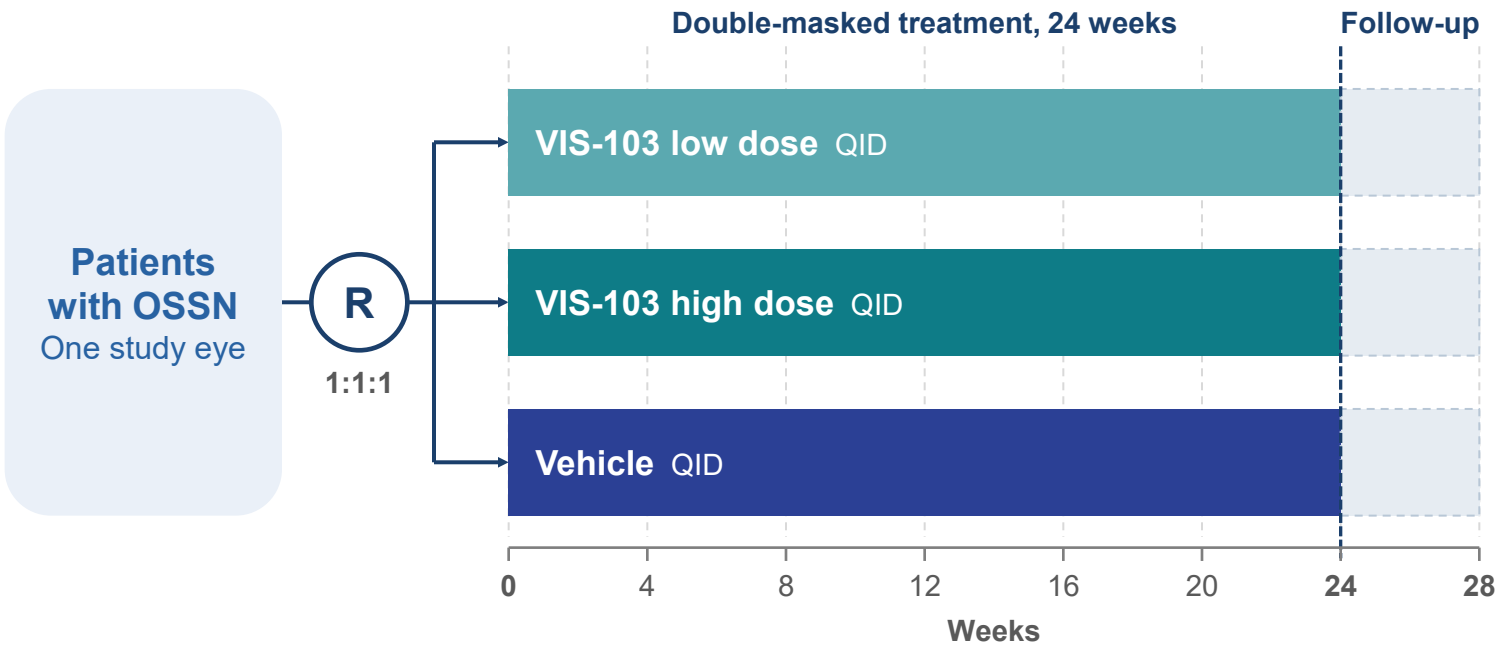
Representative image of VIS-103 IFN-α peptides in purple

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Clinical evidence from published off-label use: Karp 2010, Shields 2013, Kaliki 2022, Karp 2023, Venkateswaran 2019 (interferon-α).

Phase 2b would test two VIS-103 doses against vehicle over 24 weeks

Randomized 1:1:1, double-masked, vehicle-controlled



Efficacy endpoints

- Objective response rate
- Complete tumor resolution rate
- Time to complete resolution
- Recurrence after treatment

Safety

- Adverse event incidence and severity
- Ophthalmic safety assessments

Exploratory

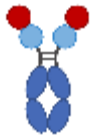
- PK/PD and anti-drug antibodies

Designed as an adequate and well-controlled trial to support a BLA filing

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Design is preliminary; sample size not yet final.

VIS-101: improved design compared to approved anti-VEGF drugs



	Lucentis™ Ranibizumab	**Eylea™** Aflibercept	**Vabysmo™** Faricimab	**VIS-101** Tetravalent peptibody
Binding sites	**1**	**1**	**2**	**4**
Targets	VEGF-A	VEGF-A	VEGF-A + Ang-2	**2X VEGF-A + 2X Ang-2**
Structure	Fab fragment	R1, R2-Fc fusion	Bispecific	**Bispecific, modified Fc**
MW	~50 kDa	~120 kDa	~150 kDa	**~154 kDa**
Dose	0.50 mg/10 nM	2 mg/17 nM (HD 8 mg/68 nM)	6 mg/~40 nM	**6 mg/9 mg*/~39 nM**

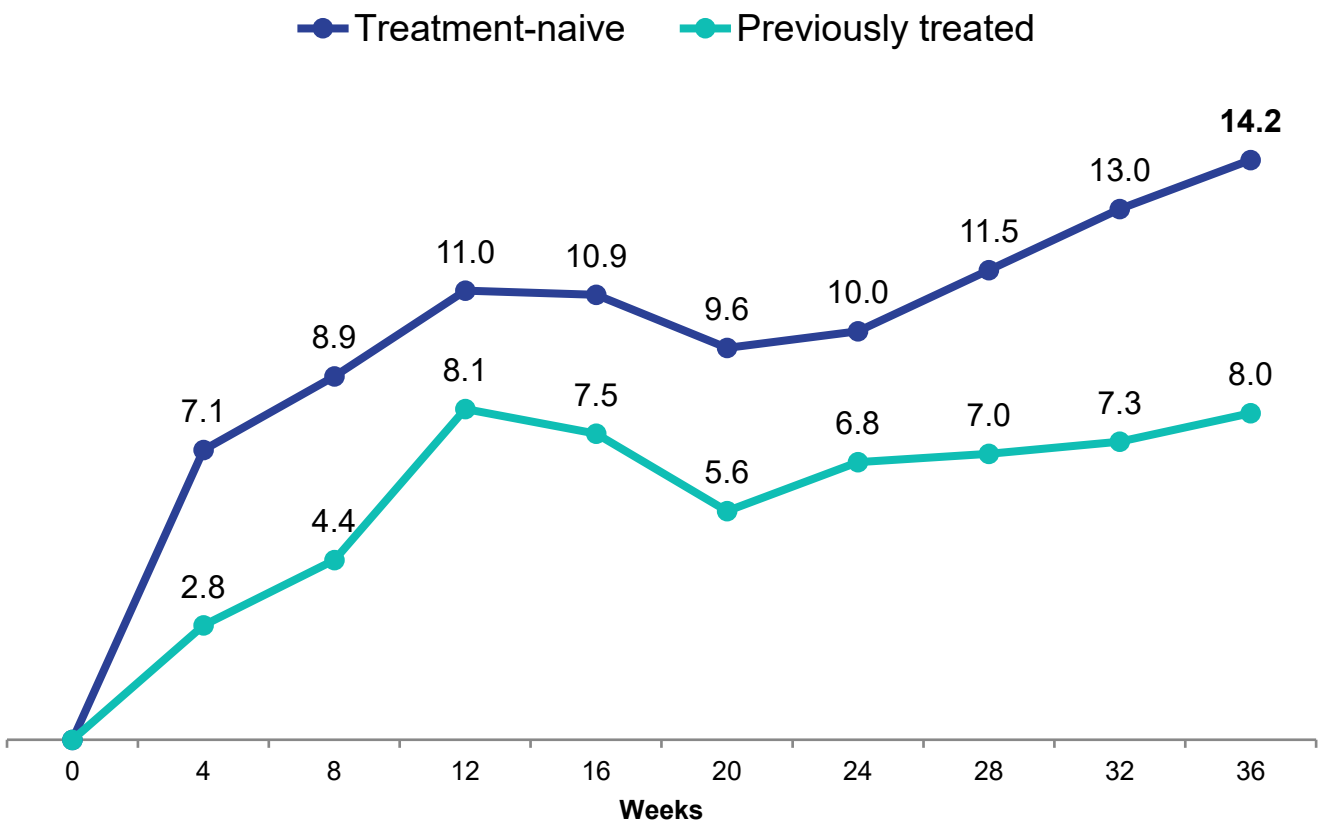
Potential to be a more potent anti-VEGF/Ang-2 agent with longer durability than faricimab

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*Dose of 6 mg or 9 mg based on clinical trial results. Molecule images created with BioRender.com.

VIS-101 improved vision through week 36, with no dose-limiting toxicities

Mean change in best-corrected visual acuity from baseline



Anti-VEGF class side effects related to VIS-101

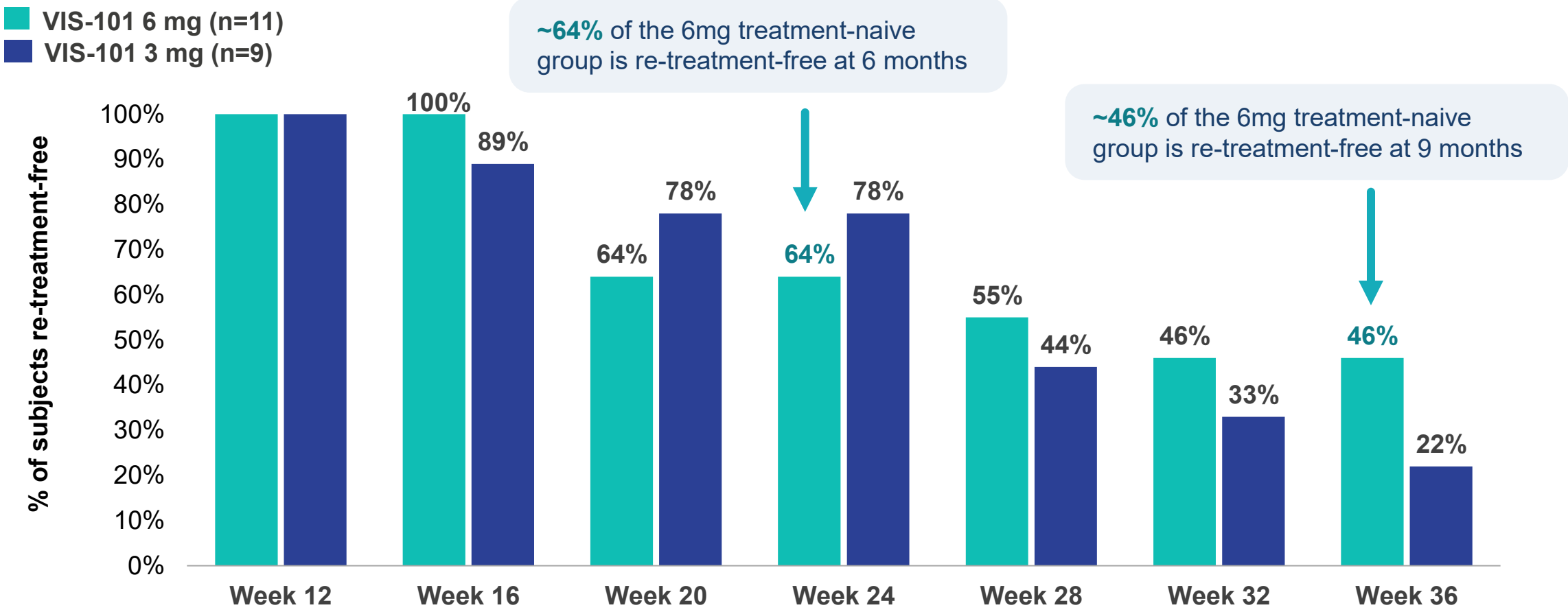
Event	3 mg (n=13)	6 mg (n=25)
Cataract	0	0
IOP increased	0	0
RPE tear	0	0
Intraocular inflammation	0	1 (4%)
Vitreous opacities	0	1 (4%)

Treatment-naive patients gained +14.2 letters by week 36

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Source: Visara Phase 2a nAMD study (China). Patients received three monthly loading doses at weeks 0, 4 and 8.

About half of treatment-naive patients on VIS-101 6 mg needed no re-treatment for 9 months



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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.

Visara Leadership Team



Emmett Cunningham, MD, PhD, MPH
Co-Founder and Executive Chairman
Prior: Blackstone Credit; founder, OIS



Jeffrey Nau, PhD, MMS
President and CEO
Prior: Oyster Point (CEO), Viatris, Genentech



Cadmus Rich, MD, MBA
Chief Medical Officer
Prior: Aura Biosciences, Lassen Therapeutics



Raj Agrawal, MD MS
VP, Clinical Development



Kristen Striffler
VP, Clinical Operations



Firoz Vohra
VP, Global Program Lead



George Donato
SVP, CMC and Supply Chain

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Near-term milestones and future clinical value inflections

2026

Givastomig
Phase 1b dose expansion update at ESMO

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Continue discussions with FDA on registrational pathway and evaluate advancement into Phase 3

VIS-101
Start Phase 2b in nAMD

2027

Givastomig
Phase 1b enrollment completion of 1L double-low GC, 1L PDAC, and BTC

VIS-101
Phase 2b readout

VIS-101
Start Phase 3 in nAMD

VIS-102
Phase 2a expansion

VIS-102
Start Phase 2b in NK

Oncology **Ophthalmology**

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Thank you

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