



COMPANY PRESENTATION

August 2022

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TODAY'S AGENDA

01

Company Overview

02

Business Update

03

Financial Update &
Outlook

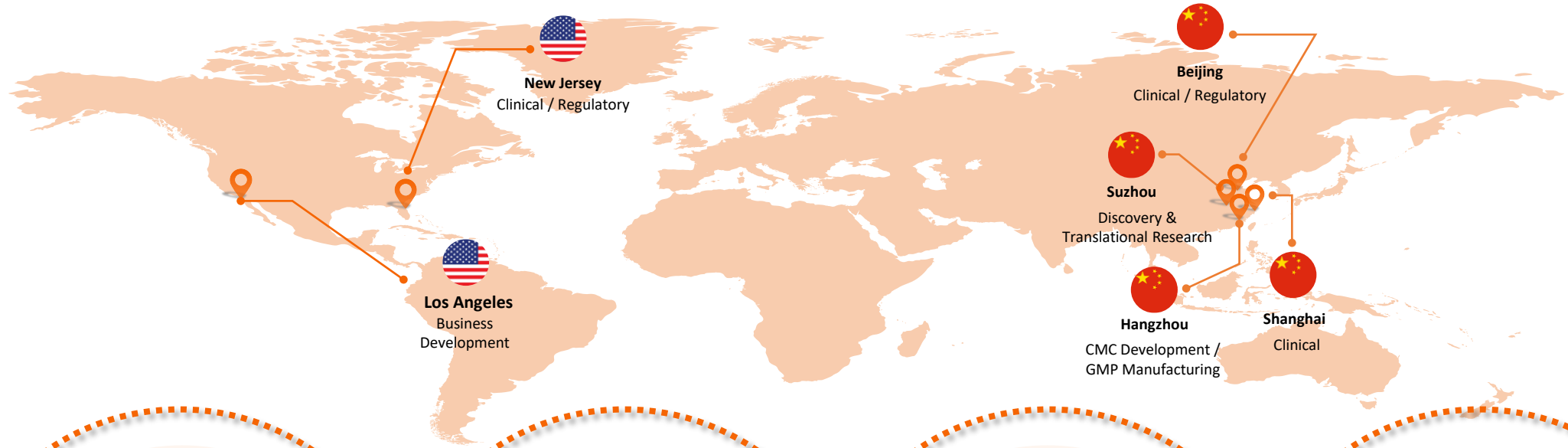
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Q&A



PART 01

Company Overview



Global Vision from Inception

- **Global** rights
- **Global** IP position
- **Global** development and registrations
- CMC and manufacturing with **global standard**



Industry Leading Technology Platforms

With end-to-end capabilities across

- **Discovery & Research**
- **Product & Process development**
- **Commercial manufacturing**



Innovative Clinical Strategy & Execution

- **Optimize** the clinical trial design
- **Flawless execution** worldwide



World-Class CMC Team & CDMO Capability

- **IND & BLA Filing**
- **Commercial launch readiness**
- **CDMO business**



Company Overview

Seasoned Management Team and World-class Scientific Advisory Board



Xueming Qian, Ph.D.
Co-Founder and CEO



Frank Ye, Ph.D.
EVP, COO



Caroline Germa, M.D.
EVP, Global Medicine Development and CMO



Daniel Weng
EVP, CFO



Christopher Hwang Ph.D.
EVP, CTO



Jerry Yang, Ph.D.
EVP, Global Process & Product Development



Yi Gu, Ph.D.
SVP, Head of Research



Wen-I Chang, Ph.D.
SVP, Oncology Franchise Strategy



Kevin Lin
SD, Corporate Strategy & BD



Briggs Morrison, M.D.
Scientific Advisory Board Chairman
Executive Partner | MPM Capital
President | Syndax Pharma
Former CMO | AstraZeneca
Former Head of Clinical Development | Pfizer



Susan Jerian, M.D.
President & CEO | ONCORD INC.
Former Supervisory Medical Officer |
CBER, FDA
Former Director Clinical Research |
Amgen Inc.



Pasi A. Jänne, M.D., Ph.D.
Director | Lowe Center for Thoracic
Oncology
Director | Belfer Center for Applied
Cancer Science
Professor | Harvard Medical School



Ling Su, Ph.D.
Professor & Director |
Institute of Drug Regulatory
Science, Shenyang
Pharmaceutical University
Venture Partner | Lilly Asia
Ventures



Li Xu, M.D. MBA
Strategic advisor to CEO
Venture Partner, LAV
Former VP, Clinical
Development, Pfizer
Former Head of Oncology
Development, Hengrui



Dr. Caroline Germa, M.D.

EVP

Global Medicine Development
and
CMO

- An accomplished medical oncologist and medicine development.
- Over 20 years of pharmaceutical experience across the spectrum of drug development, **from early clinical trials to late phase and registration.**
- Prior to joining the **Transcenta**, Dr. Germa served as the Vice President and Head of the Early Development Clinical Group for **AstraZeneca**'s oncology department. During her time at AstraZeneca, Dr. Germa built an Early Development Clinical Group with over 180 staff and guided the clinical development of the early oncology portfolio.
- Immediately prior to joining AstraZeneca, she worked for **Bristol Myers Squibb** and served as the Vice President of BMS Oncology and Development Team Lead for a major partnered oncology program.
- Before joining BMS, Dr. Germa spent seven years at **Novartis**, and led the late phase clinical development of multiple key oncology assets, especially the worldwide registration strategy and approval of Ribociclib (**CDK4/6 inhibitor - Kisqali**).
- Earlier in her career, she also worked for **Pfizer** as its clinical lead for **Neratinib (anti-HER2 inhibitor, Nerlynx)**, as well as **Eli Lilly France and Sanofi/Aventis**.

Company Overview

Diversified and Differentiated Pipeline



1H	Drug candidate	Target	indications	Clinical trial region	Preclinical	IND	Phase 1a	Phase 1b/ Phase 2a	Pivotal Phase 2b / Phase3	Rights	Partner
Oncology	TST001	Claudin 18.2	First-line G/GEJ cancer	Global	Combo with chemo					Global	In-house
			Late-line GC	China	Monotherapy						
			Late-line PDAC	Global	Monotherapy						
			Other late-Line solid tumors	Global	Monotherapy						
			Second-line GC	Global	Combo with chemo						
			First-line G/GEJ cancer	Global	Combo with Nivolumab/Chemo						
			2/3 Line G/GEJ cancer	Global	Combo with Nivolumab						
	TST005	PD-L1/TGF-β Bi-functional	First-line BTC	Global	Combo with chemo					Global	In-house
			Solid tumors (HPV+ and NSCLC, etc.)	Global	Monotherapy						
	TST003	BMP Antagonist (FIC)	Solid tumors	Global	Monotherapy					Global	In-house
	TST006	Claudin 18.2/PD-L1 Bi-specific (FIC)	Solid tumors	Global	Monotherapy					Global	In-house
	TST010	Undisclosed	Solid tumors	Global	Monotherapy					Global	In-house
	MSB0254	VEGFR2	Solid tumors	China	Monotherapy					Global	In-house
Non-oncology	MSB2311	PD-L1	TMB-H solid tumors	China	Monotherapy					Global	In-house
			Solid tumors	China	Combo with VEGFRi						
	TST002	Sclerostin	Osteoporosis	China	Monotherapy				US Ph II Completed	Greater China	Lilly
	TST004	MASP2	IgA nephropathy TMA	Global	Monotherapy					Global	ALBUND
	TST008	MASP2-based Tri-functional (FIC)	SLE	Global	Monotherapy					Global	In-house



PART 02

Business Update



5 FIC/BIC programs

- **3 programs** in ongoing clinical trials
- **2 new programs** with IND enabling studies completed
- **10+ Pipeline Programs**
 - **Solid tumors**
 - **Osteoporosis**
 - **IgA nephropathy/TMA**
 - **SLE**

5 Global R&D Sites

- New Jersey, US
- Suzhou, China
- Shanghai, China
- Beijing, China
- Hangzhou, China

4 Core Technologies & CDMO Business

- **IMTB Platform**
- **Translational/CDx**
- **Continuous BioProcessing**

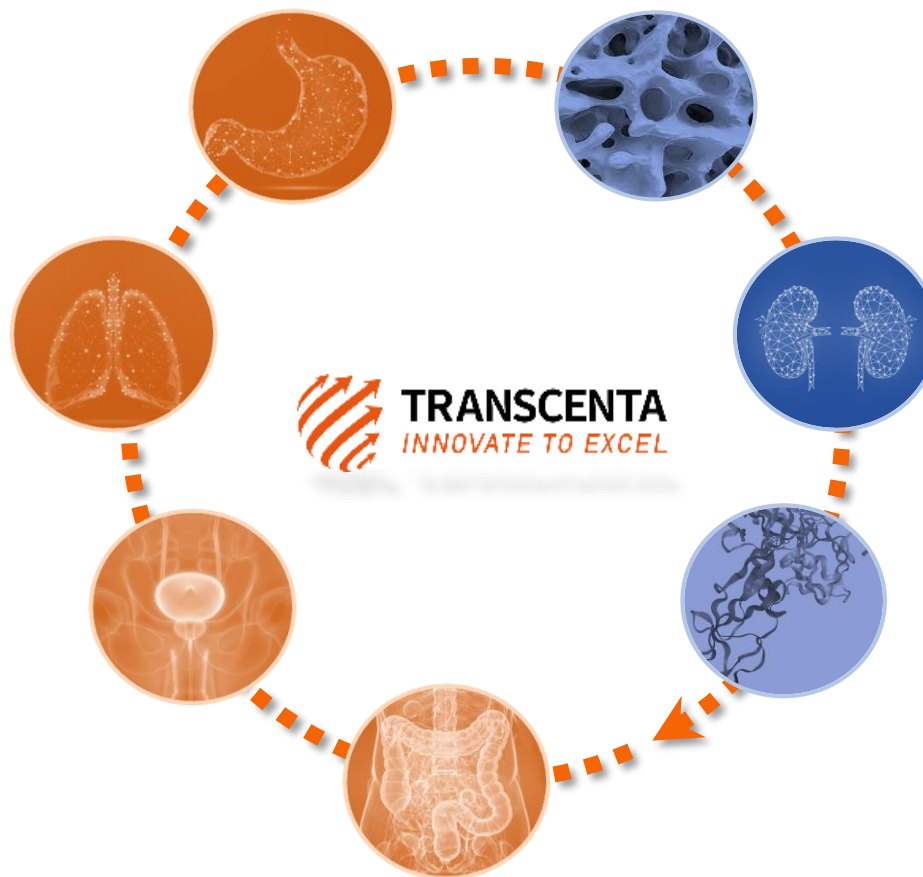


✓ TST001
(Best-In-Class) CLDN18.2

✓ TST005
(Best-In-Class) PDL1-TGF- β

✓ MSB0254
(Differentiated) VEGFR2

✓ TST003
(First-In-Class) Novel Target



✓ TST002
(Differentiated) Sclerostin

✓ TST004
(Best-In-Class) MASP2

✓ TST008
(First-In-Class) Bispecific

Oncology:
Multiple solid tumors



Non-Oncology : large unmet needs
in bone and kidney diseases

Performances

1H/22-Strong Performance in Pipeline Advancement and Business Operations



Deepening and broadening the pipeline and advancing growth initiatives

Clinical Development of TST001

Favorable data

MNC CDx partner

Regulatory approval

Monotherapy

- ✓ Data presented at **2022 ASCO GI**
- ✓ Data presented at the **2022 IGCC**

Combo with chemo

- ✓ Enrolled patients of TST001/CAPOX combo cohort of 1L GC
- ✓ **Dosed 1st patient** in the Phase IIa study of chemo combo for 1L BTC
- ✓ Data presented at **2022 ASCO**

Combo with Nivolumab

- ✓ Clinical Trial Collaboration with **BMS**

Business Development

Favorable data readouts to enhanced negotiating position in discussion for partnerships

TST001

- ✓ Global clinical trial collaboration with **BMS** to evaluate the combination of TST001 with Opdivo® (nivolumab)

TST003

- ✓ In collaboration with the teams at **Hospital and University** and published the results of preclinical studies in **Nature Cancer**

Other Clinical Developments

MRCT and experienced teams in China and the US

Next wave of innovation with FIC/BIC potential

TST005

- ✓ Data presented at the **AACR annual meeting 2022**
- ✓ Completed the evaluation of first two cohorts
- ✓ Opened **China site**

MSB0254

- ✓ Data presented at **2022 ASCO**

TST003

- ✓ Completed IND enabling studies and dossiers for US IND filing;
- ✓ Published the results in **Nature Cancer**

TST002

- ✓ **Dosed 1st patient**

TST004

- ✓ Completed IND enabling studies and dossiers for US IND filing;
- ✓ Data Presented at the **2022 ISN Frontiers Meetings**

CMC & CDMO

Significantly increased operational efficiency and productivity

Capability and capacity

- ✓ Commercial process change accepted by **FDA & CDE**;
- ✓ **Passed audit by European Union QP**
- ✓ Advanced ICB platform
- ✓ Added >15 **new clients** and expanded **new service categories**

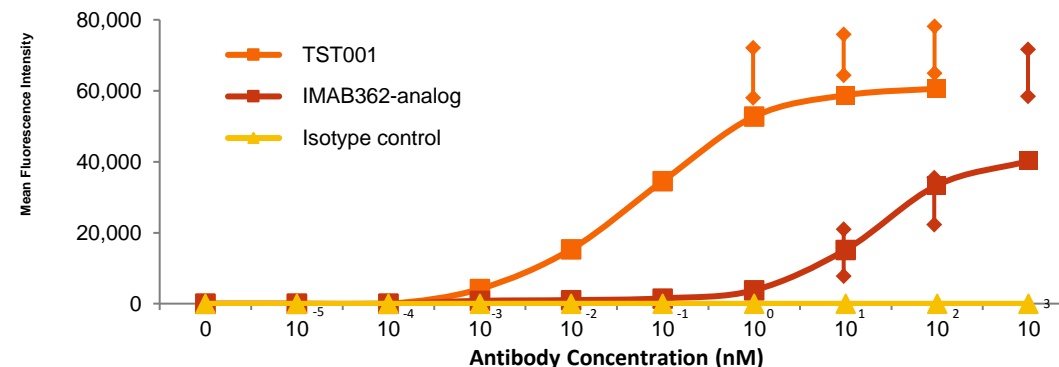


Oncology

BIC / FIC
Potentials by
Design and
confirmed by
Pre-clinical data

- **Higher binding affinity with CLDN18.2**
- **Reduced fucose in Fc and enhanced FcR binding with NK cell and ADCC activity**
- **Combo potential with Immunotherapy, angiogenic inhibitor and chemo.**
- **Proprietary CDx tool antibody with high specificity to CLDN18.2**

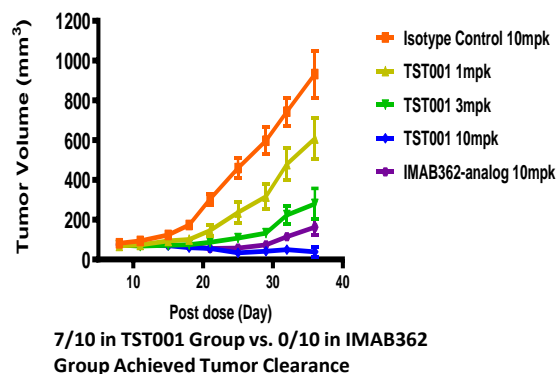
Enhanced ADCC activity for CLDN18.2 low expressing gastric cancer cells



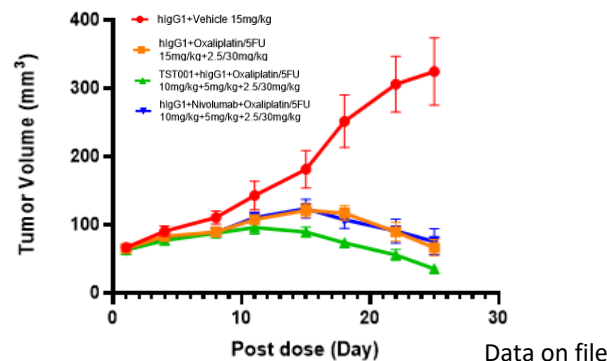
Significantly
better in vivo
anti-tumor
activity than
IMAB362 analog

Synergy with
PD-1 inhibitor

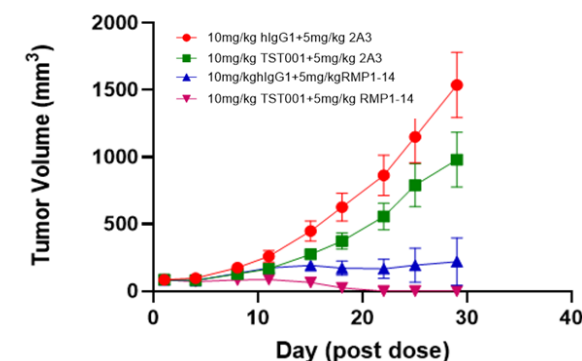
MKN45-CLDN18.2 (40%) Gastric Tumor Model



CLDN18.2 (>95%)/PDL1-Negative PDX Model

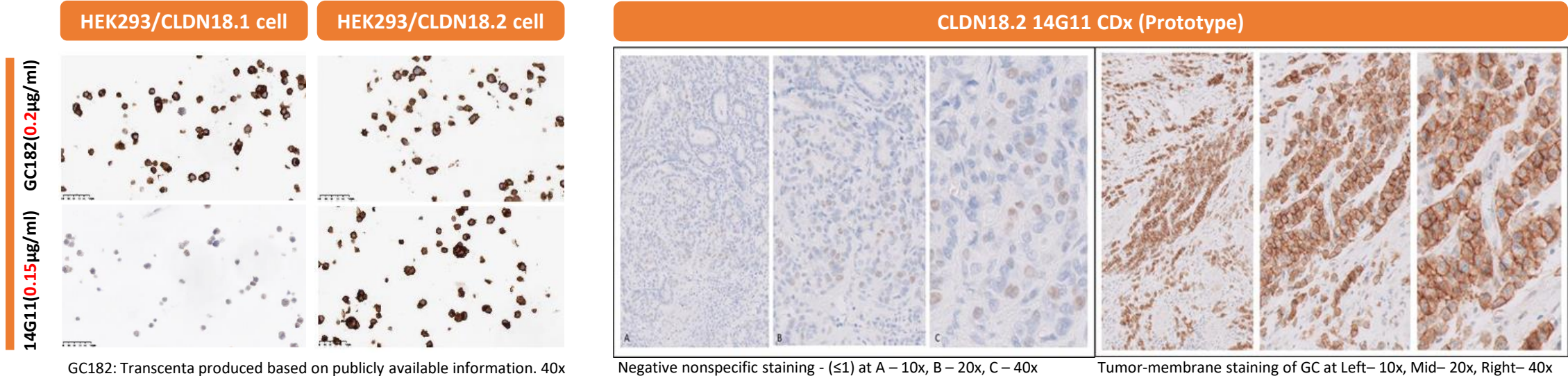


CLDN18.2 (100%)/PDL1 Syngeneic Model





Oncology

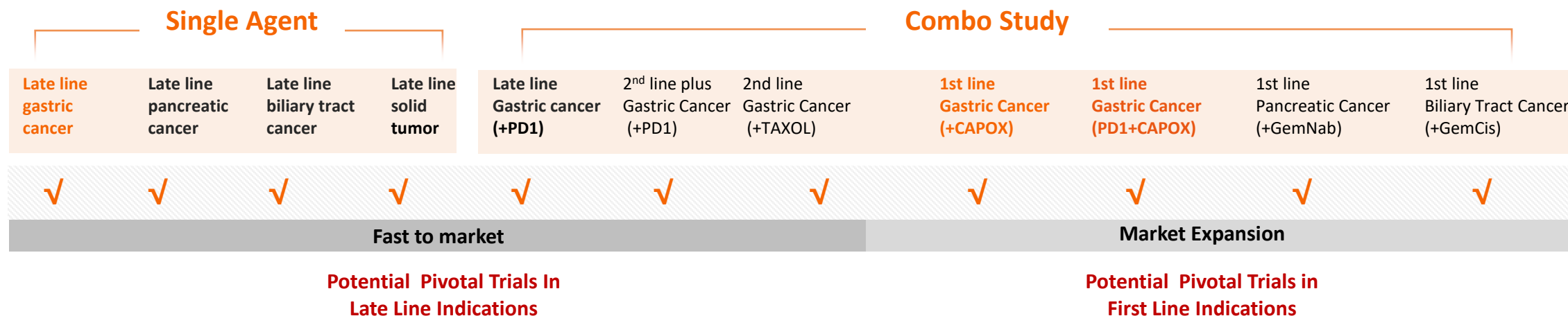


- Transcenta discovered and developed a mouse mAb (clone 14G11) that binds to CLDN18.2 specifically and distinguishes CLDN18.2 from CLDN18.1 while competitor's antibody can't
- Collaborated with a global Companion diagnostic (CDx) developer for the development of CLDN18.2 companion diagnostic kit and demonstrated its specificity, robustness, and commercial viability

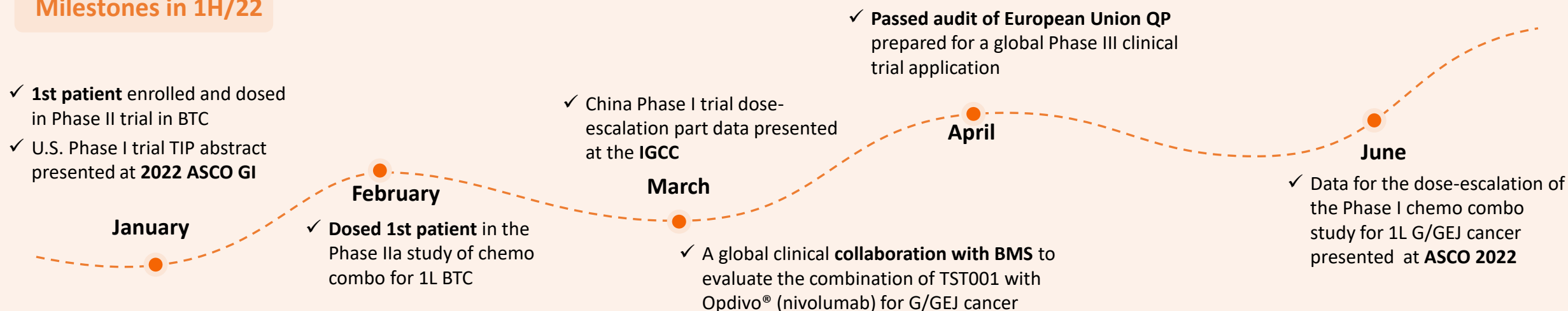


Global Program to Expand Indications beyond Gastric and Pancreatic Cancers

Oncology



Milestones in 1H/22





Oncology

Objectives and Methods

Dose Escalation Phase

TST001 3mg/kg Q3W

TST001 6mg/kg Q3W

TST001 10mg/kg Q3W

Dose expansion phase

Cohort A

G/GEJ No SOC or
intolerable to SOC
CLDN18.2 expression

Cohort B

Pancreatic cancer
No SOC or intolerable
to SOC
CLDN18.2 expression

Cohort E

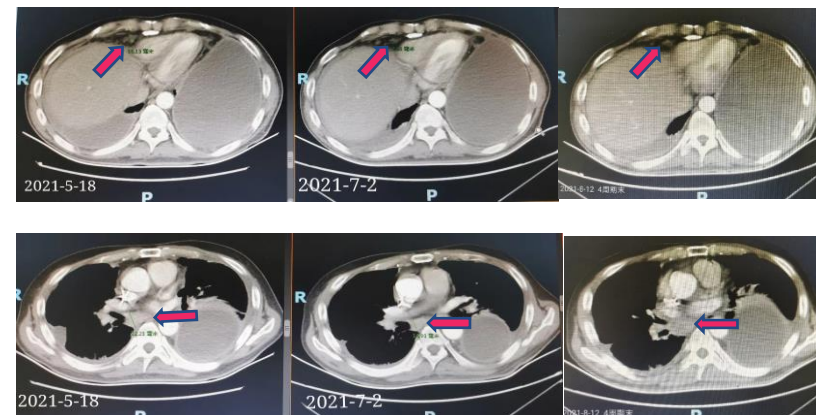
BTC/CRC/NSCLC
No SOC or intolerable
to SOC
CLDN18.2 expression



IGCC
2022

HOUSTON ★ TEXAS

Results

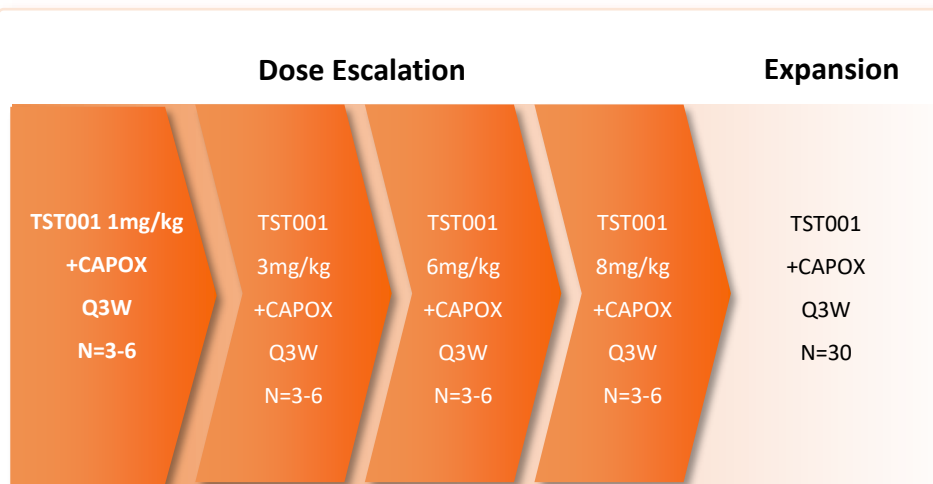


- Male, 42-year-old, GC/peritoneal metastasis
- Claudin18.2 moderate expression per local test
- C1D1 with TST001 at 6mg/kg Q3W
- PR achieved at the 1st tumor assessment 6 weeks after study treatment initiation
- PR confirmed via the 2nd scan at 12 weeks
- The subject experienced appetite increase and weight gain (+3kgs) after starting TST001 treatment



Oncology

Study Design of Cohort C



Encouraging Preliminary Safety and Efficacy

	1 mg/kg n=3	3 mg/kg n=3	6 mg/kg n=15	8 mg/kg n=5	Overall n=26
Subjects with at least one TEAE	3 (100)	3 (100)	15 (100)	5 (100)	26 (100)
Nausea	3 (100)	2 (66.7)	12 (80.0)	5 (100)	22 (84.6)
Hypoalbuminaemia/hypoproteinemia	2 (66.7)	2 (66.7)	10 (66.7)	4 (80.0)	18 (69.2)
Anaemia	3 (100)	3 (100)	8 (53.3)	2 (40.0)	16 (61.5)
Vomiting	1 (33.3)	2 (66.7)	7 (46.7)	4 (80.0)	14 (53.8)
Aspartate aminotransferase increased	2 (66.7)	3 (100)	6 (40.0)	0	11 (42.3)
Decreased appetite	1 (33.3)	0	6 (40.0)	2 (40.0)	9 (34.6)
Hyponatraemia	1 (33.3)	2 (66.7)	4 (26.7)	2 (40.0)	9 (34.6)
Alanine aminotransferase increased	2 (66.7)	3 (100)	4 (26.7)	0	9 (34.6)
Oedema peripheral	1 (33.3)	2 (66.7)	4 (26.7)	0	7 (26.9)

- *Mostly grade 1-2 treatment emergent adverse events.*
- *Some responses observed in **CLDN18.2 unselected** who had measurable lesions and at least one post-treatment tumor assessment*
- *The updated data from chemo combo expansion cohort to be presented at ESMO 2022*

2022 ASCO[®]
ANNUAL MEETING
ADVANCING EQUITABLE CANCER CARE THROUGH INNOVATION

Best changes (%) from baseline of target lesions in dose escalation phase



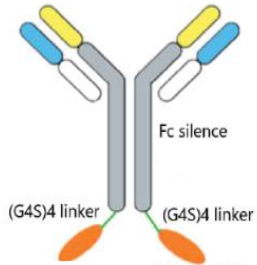
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3

out of 9 patients achieved PR
out of 9 patients achieved SD



Oncology

Anti-PDL1



TGFβ trap

	TST005	M7824
MOA	Dual inhibition of PD1-PDL1 Interaction and TGF-β pathway	
Preclinical Differentiation	<ul style="list-style-type: none"> FcR binding silenced No ADCC activity Improved PK/PD 	FcR binding retained ADCC activity
Clinical Differentiation	Biomarker selected for TGF-β pathway activated tumors	All come without enriching TGF-β pathway activated tumors
Territory	Both US and China	Global

Target

- PD-L1/TGF-β Bi-functional
- Highly expressed in PD1 refractory tumors (NSCLC, H&NSC, GC)

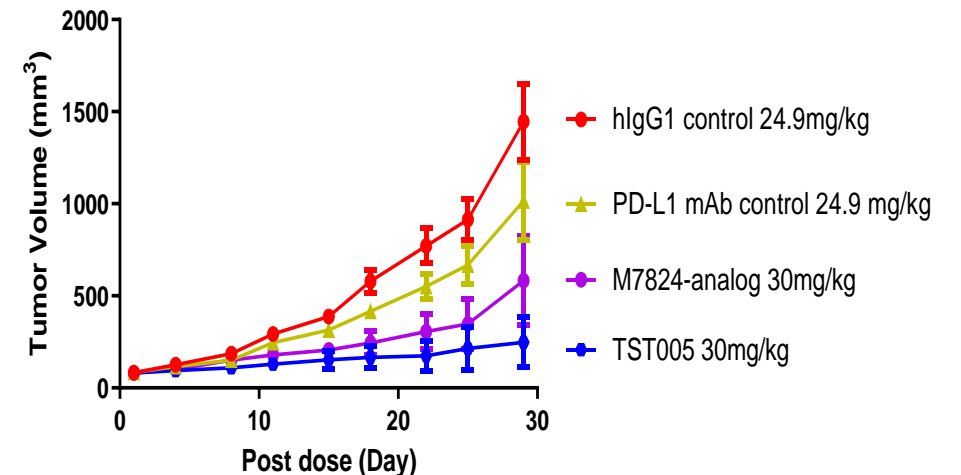
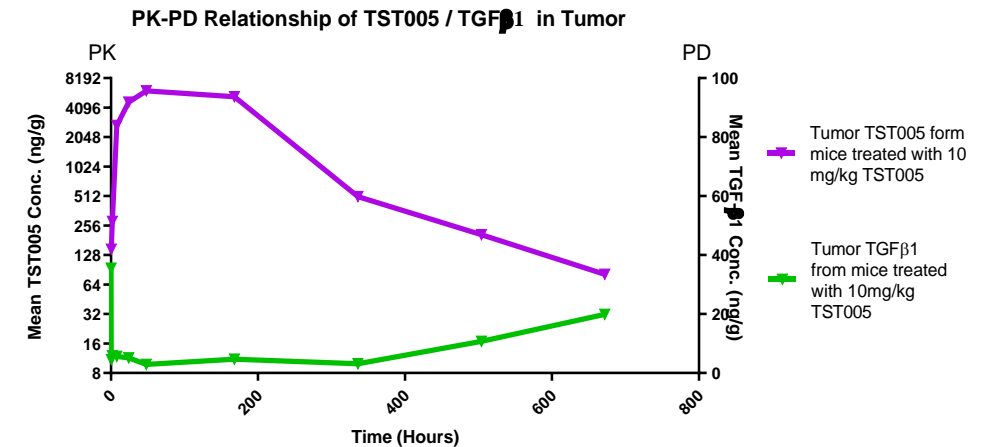
Molecular Differentiation

- Fc-silenced IgG1 backbone vs. WT Fc for M7824
- Proprietary high affinity anti-PD-L1
- Different TGF-β trap moiety with improved stability vs. M7824

Development Milestone

- Global Phase I ongoing in both US and China
- 3rd dose escalation cohort completed

Increased TGFβ Blocking in Tumor and Improved Tumor Growth Inhibition in EMT/hPDL1 Mice

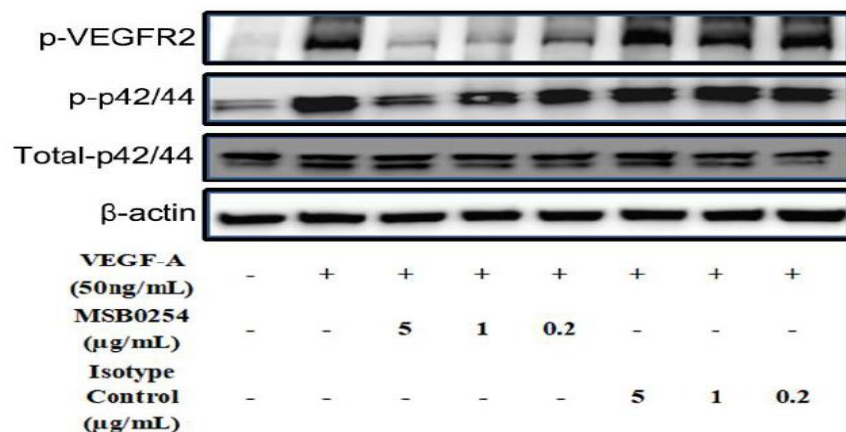
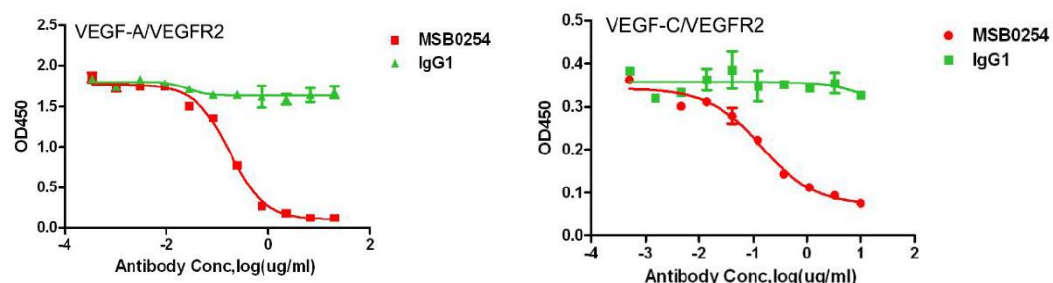




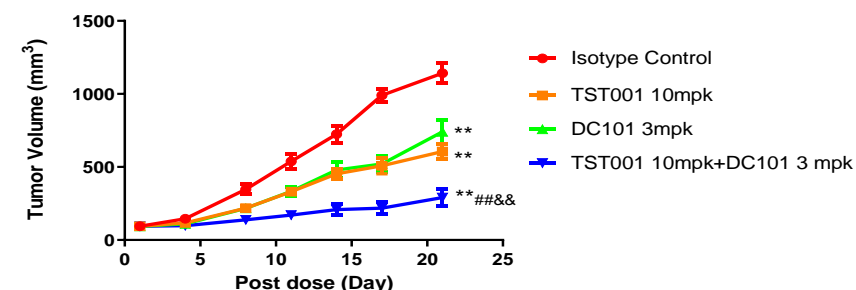
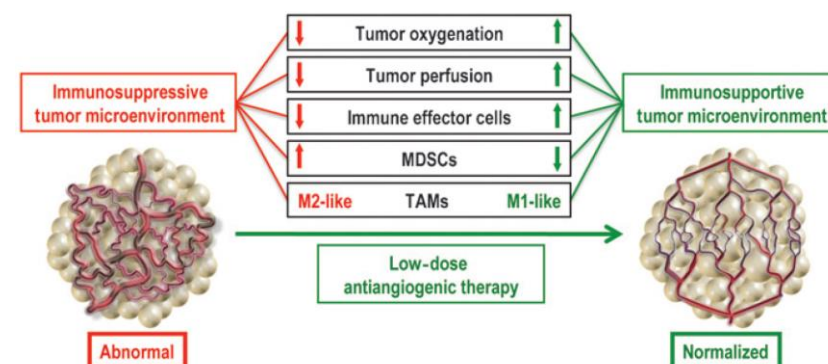
Oncology

- Blocks binding of VEGF-A and VEGF-C to VEGFR2 and normalizes vasculature in tumor microenvironment
- MSB0254 enhanced the activities of immunotherapy and targeted therapy like TST001
- Currently completed dose-escalation study and determined RP2D

MOA: Attractive Molecule for Targeted Therapy



Potential Combination Opportunity with TST001



** vs isotype control $p < 0.01$; ## vs TST001 $p < 0.01$; && vs DC101 $P < 0.01$

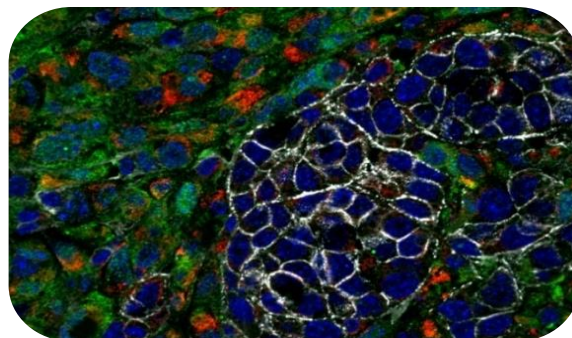
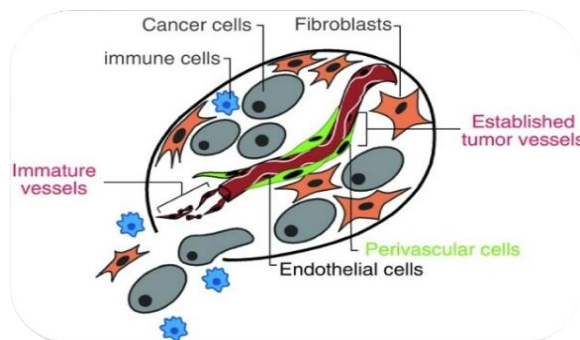
DC101 is a surrogate mAb to mVEGFR2

Milestones

2022.6: Published data of Phase I study in Chinese Solid Tumor Patients at 2022 ASCO



Oncology



Green: Stromal fibroblast

Dongre, A., et al Cancer Discovery 2020 DOI: 10.1158/2159-8290.CD-20-0603

Target

- Target Gremlin1, a negative regulator of the BMP signaling pathway
- Highly expressed in stromal cells in tumor microenvironment of multiple tumor types (NSCLC, CRC, ESCC, GC, BC, PC, etc)

Molecule

- A high affinity humanized antibody that can enhance BMP signaling in tumor and promote differentiation
- Significant antitumor activities in preclinical studies as mono or combo therapy with CPI and/or other anti-tumor agents.
- Potential applications for multiple PD-L1 negative solid tumors

nature cancer



Gremlin1 is a therapeutically targetable FGFR1 ligand that regulates lineage plasticity and castration resistance in prostate cancer

Chaping Cheng^{1,7}, Jinming Wang^{1,7}, Penghui Xu¹, Kai Zhang¹, Zhixiang Xin¹, Huifang Zhao¹, Zhongzhong Ji¹, Man Zhang^{1,2}, Deng Wang^{1,2}, Yuman He¹, Na Jing^{1,2}, Liancheng Fan¹, Kaiyuan Liu¹, Fei Li³, Chengcheng Liu¹, Yiming Gong¹, Suli Cui⁴, Zhe Sun⁴, Di Sun⁴, Xinlai Yao⁴, Hongjun Li⁴, Jian Zhang⁵, Pengcheng Zhang⁶, Baijun Dong¹, Wei Xue¹, Xueming Qian⁴, Wei-Qiang Gao^{1,2} and Helen He Zhu^{1,2}

Milestones

- Published the preclinical results for AR low/negative Prostate Cancer in Nature Cancer
- Gremlin1-specific antibodies can **effectively control tumor growth** in androgen receptor-negative/low prostate cancer.
- Single agent and combination antitumor activities demonstrated in multiple PDX models including CRC

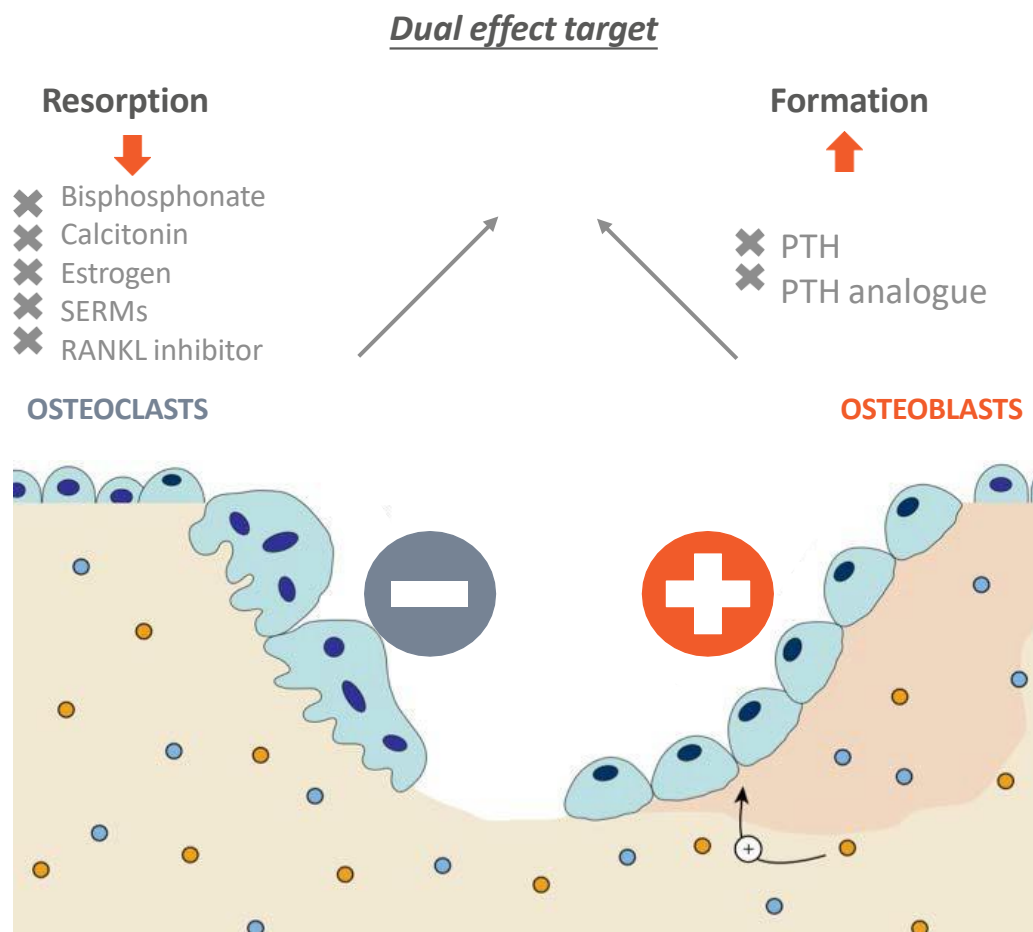
Outlook

- US IND filed in Aug/2022



Non-oncology

Dual Mechanism of Bone Formation and Anti-Resorption



Favorable Product Characteristics Throughout Value Chain

Product	Blosozumab / TST002 (Phase II conducted by Eli Lilly)
EFFICACY	<ul style="list-style-type: none"> Statistically significant dose-dependent BMD increase in spine, femoral neck, and total hip as compared with placebo In the highest dose group, BMD increased from baseline by 17.7% at the spine, and 6.2% at the total hip, within 12 months of treatment
SAFETY	<ul style="list-style-type: none"> No cardiovascular risk observed
DOSING	<ul style="list-style-type: none"> Once 2-3 months IV dosing Improved patient compliance
BENEFITE	<ul style="list-style-type: none"> Lower COGS and better affordability for China patients
MILESTONE	<ul style="list-style-type: none"> Dosed first patient in China Phase I study in April 2022



Superior Product Profile

Dosing

- Subcutaneous formulation
- Potentially less frequent dosing

Binding affinity

- High binding affinity
- Specific to MASP-2 in the Lectin pathway

PK/PD

- Long lasting target inhibition in cynomolgus monkey

Dev. plan

- Co-develop with Alebund in China
- File US IND in August 2022

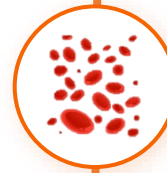
Multiple Potential Indications



C3 Glomerulopathy (C3G)
IgA nephropathy (IgAN)
Lupus nephritis
Membranous nephropathy (MN)
Atypical Haemolytic Uraemic Syndrome (aHUS)



Age-Related Macular Degeneration (AMD)
Recessive Stargardt Disease (STGD1)
Uveitis



Paroxysmal Nocturnal Haemoglobinuria (PNH)
Autoimmune Haemolytic Anaemias (AIHA)
Thrombotic Microangiopathy (TMA)



Virus infection triggered complements over-action in multi organ injury

*Nature Reviews Immunology 2009
Mol Immunol. 2018 Oct;102:89-119.*

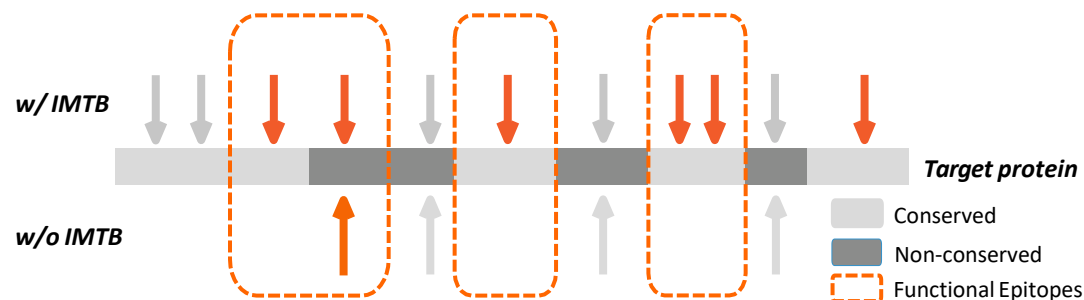
Milestone

JV with ALEBUND in 2021

- Presented the preclinical data at the 2022 ISN Frontiers Meetings of Complement-Related Kidney Diseases
- Planned US IND filing in 2022



IMTB Platform Advantages

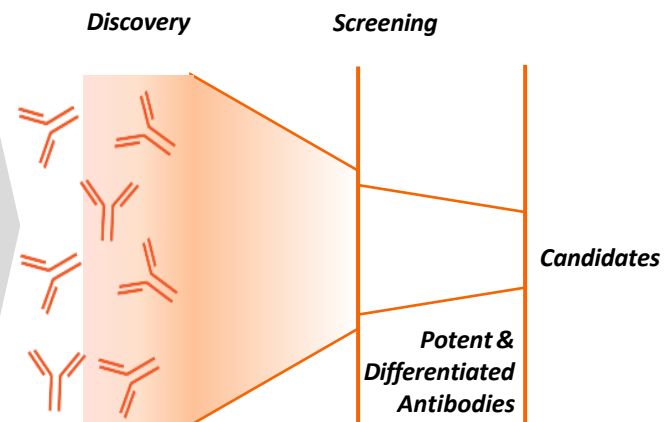


Hidden epitope

Hidden epitopes that are challenging to discover with conventional platforms

Difficult-to-generate epitope

Antibodies to both non-conserved and conserved proteins



- ✓ More diversified epitopes
- ✓ More differentiated antibody with enhanced drug attributes
- ✓ Robust CMC profiles
- ✓ Enhanced IP position

Potential FIC & BIC Molecules Discovered



TST001 (BIC, CLDN18.2)

A potent therapeutic candidate co-developed with specific CDx

- ✓ Target is a highly conserved membrane protein
- ✓ Enhanced ADCC mediated tumor-killing
- ✓ Potentially boarder cancer indications than peers



TST003 (FIC, Gremlin1)

A therapeutic candidate targeting a novel immune regulatory protein produced by stromal fibroblasts

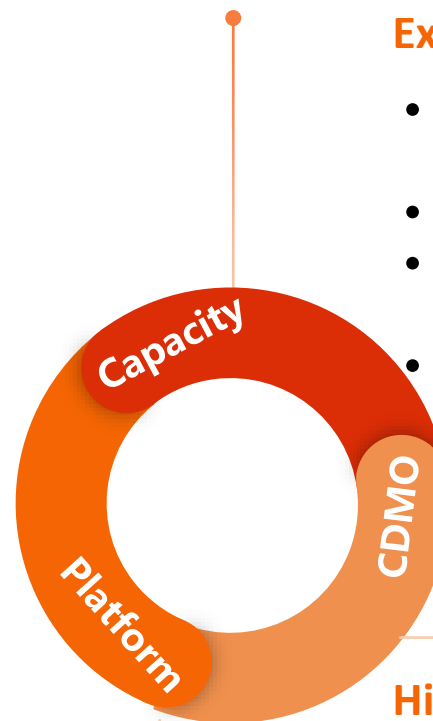
- ✓ Target is highly conserved secreted protein
- ✓ Significant anti-tumor activities in castrate resistant prostate cancer and multiple PD-L1 negative PDX models
- ✓ Potential to address high unmet needs for multiple solid tumors



Advance manufacturing platform to increase speed, quality and lower costs

- **Industry Leading** perfusion productivity of **> 6 g/L-day**, **> 15-fold** increase in output
- Scaled up TST001 intensified perfusion GMP process to **commercial scale**
- Completed **Industry's first** automated flow-through polishing continuous DSP equipment (Combo), co-developed with **Merck**

- ✓ Commercial process change to intensified perfusion accepted by **FDA** and **CDE**; output increased by **> 8-folds**
- ✓ Passed audit by **European Union QP**
- ✓ Achieved **> 7 g/L-day** perfusion productivity; readiness of **Merck Combo** on track



Excellence in execution, expanding capacity

- **100% success rate** in project execution since Q4/19
- Added **2,000L** SUB and a DP fill line
- Commercial launch prep from **T-BLOC** in progress
- Secured land for future capacity expansion

High quality CDMO services

- Intensified platforms to **maximize productivity**
 - **External revenue** since 2018 to offset expenditure
- ✓ **> 15 new clients** and expanded **new service categories** in analytical testings and DP fills



Collaborations



Trials Sponsor

Opdivo Provider



TST001 + Opdivo® (nivolumab)

For the treatment of patients with CLDN 18.2 positive G/GEJ cancer, generating data to lead a new treatment paradigm in 4-5 years



Blosozumab
Anti-sclerostin
mAb

Anti-RANKL-PTH
mAb-peptide
fusion

Anti-RANKL/DKK1
Bi-specific



In-License

**Research
Collaboration**



Develop highly intensified and efficient downstream to de-bottleneck and maximize facility output

**Technology-
based
Partnership**



Develop and commercialize TST004 in **renal diseases** in Greater China

Joint Venture



PART 03



Financial Update & Outlook



Cash Balance



RMB 1,138 million of cash,

cash equivalents and time deposits as of June 30, 2022

Key Income Statement Metrics

- **Revenue:** RMB 21.8 million
- **Other Income:** RMB 23.9 million
- **R&D expenses** (non-IFRS): RMB 165.8 million
- **General, Administrative and Selling Expenses** (non-IFRS): RMB 57.4 million



Clinical Development

Oncology

TST001

- Q3 2022 Present interim data from Phase IIa chemo combo cohort of CLDN18.2 positive 1L G/GEJ cancer at ESMO
- Q3 2022 Initiate TST001/Nivolumab combo trials for 1L & late line G/GEJ cancer
- 1H 2023 Interim data readout from Phase IIa monotherapy cohort of CLDN18.2 selected late line G/GEJ cancer
- 1H 2023 Initiate a global TST001/Chemo combo Phase III registration trial in CLDN18.2 overexpressing 1L G/GEJ cancer pending health authority consultations
- Q4 2023 Interim data readout from Phase IIa TST001/Nivolumab combo cohorts in G/GEJ cancer

TST005

- 1Q 2023 Complete Phase Ia dose-escalation study





TST003

- Q4 2022 IND clearance in US and initiate First in Human trial

TST010

- Q1 2023 Initiate IND enabling study



	prevalent cases in China and US in 2020	5-Yr Survival Rate
 Gastric Cancer	478k and 26k	32%
 Esophageal Cancer	324k and 18k	20%
 Pancreatic Cancer	125k and 57k	9%
 Biliary tract	90k and 12k	2%

Non-oncology

TST002

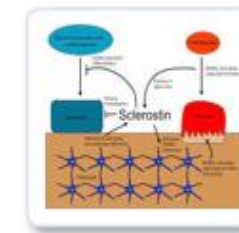
- 1H 2023 Complete Phase I study and release interim data

TST004

- Q3 2022 File IND in US, followed by IND filing in China

TST008

- Q1 2023 Initiate IND enabling study





Global Biopharma

Research

- Expand our pipeline by having one new drug candidate entering IND enabling study each year
- Further expand translation research to enable indication expansion for TST001, TST003, TST005 and TST004



Business Development

- Continue discussions with potential partners to maximize the asset value and generate cash flow
- Focus on establishing partnerships for TST001, TST002, TST003 and TST004
- Continue to identify, evaluate and build new technology platforms through collaboration and partnership



CMC & CDMO

- Continue to develop CDMO business to fully utilize capacities and to generate income
- Complete TST001 Process Characterization and establish Process Control Strategy
- Complete readiness to start TST001 PPQ in prep for BLA filing





PART 04

Q&A



THANK YOU!

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