



Transcenta Holding Limited

# 2025 Interim Results Update

August 28, 2025



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# Agenda

Key Highlights | Dr. Xueming Qian  
Business Update | Dr. Xueming Qian  
& Dr. Charlie Qi & Mr. Weiwei Liang  
Financial Update | Mr. Weiwei Liang  
Outlook | Dr. Xueming Qian  
Q&A | All



# Key Highlights

Dr. Xueming Qian  
Chairman and CEO



# Transcenta Global Strategy and Integrated Capabilities



**Industry Leading**  
Antibody Generation and  
Bio-process Platforms



**Top-notch**  
Discovery & Translational  
Research



**Global**  
Clinical Strategy & Execution



**World-Class**  
Process Development &  
Manufacturing Capability

- ✓ **Leverage internal expertise in developing innovative antibody-based therapies for both oncology and non-oncology pipeline**
- ✓ **Actively seek partnership to maximize pipeline value**

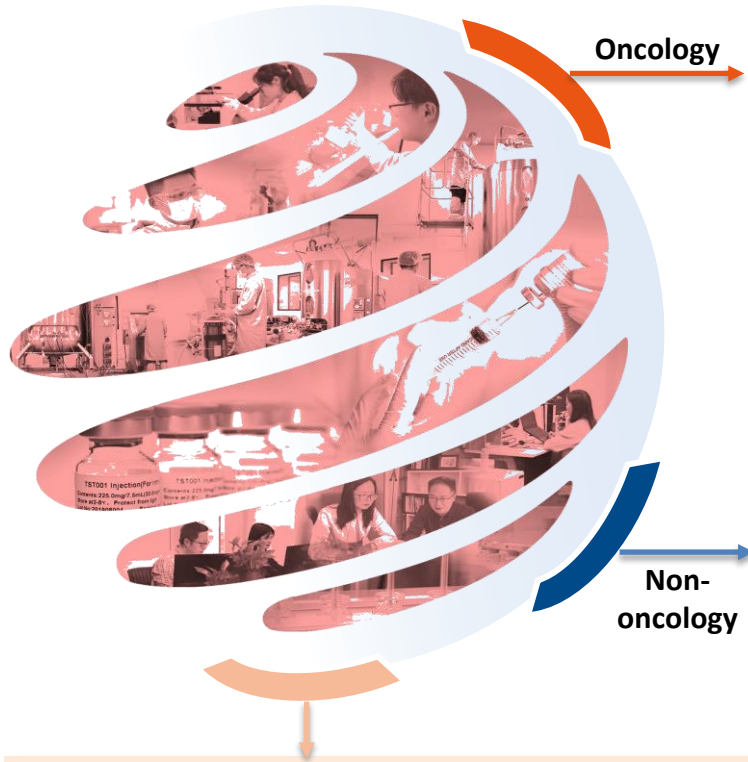


# Diversified and Differentiated Pipeline

|              | Drug candidate      | Target                       | Modality | indications         | Preclinical           | IND | Phase 1 | Phase 2 | Pivotal Phase 3    | Rights        | Partner  |
|--------------|---------------------|------------------------------|----------|---------------------|-----------------------|-----|---------|---------|--------------------|---------------|----------|
| Oncology     | Osemitamab (TST001) | Claudin18.2                  | mAb      | G/GEJC 1L           | Combo with PD1/Chemo  |     |         |         |                    | Global        | In-house |
|              |                     |                              |          | G/GEJC 1L           | Combo with Chemo      |     |         |         |                    |               |          |
|              |                     |                              |          | PDAC 1L             | Combo with Chemo      |     |         |         |                    |               |          |
|              | TST003              | GREMLIN-1 (FIC)              | mAb      | Solid tumors        | Mono                  |     |         |         |                    | Global        | In-house |
|              | TST786              | PD1-VEGF and GREMLIN-1 (FIC) | TsAbs    | Solid tumors        | Mono                  |     |         |         |                    | Global        | In-house |
|              | TST006              | Claudin 18.2/PDL1            | BsAb     | Solid tumors        | Mono                  |     |         |         |                    | Global        | In-house |
|              | TST010              | Undisclosed                  | mAb      | Solid tumors        | Mono                  |     |         |         |                    | Global        | In-house |
|              | TST012              | FGFR2b                       | ADC      | Solid tumors        | Mono                  |     |         |         |                    | Global        | In-house |
|              | TST105              | FGFR2b Bi-Specific           | ADC      | Solid tumors        | Mono                  |     |         |         |                    | Global        | In-house |
|              | TST013              | LIV-1                        | ADC      | Solid tumors        | Mono                  |     |         |         |                    | Global        | In-house |
|              | MSB2311             | PD-L1                        | mAb      | Solid tumors        | Mono/Combo with VEGRI |     |         |         |                    | Global        | In-house |
| Non-oncology | MSB0254             | VEGFR2                       | mAb      | Solid tumors        | Mono                  |     |         |         |                    | Global        | In-house |
|              | TST005              | PD-L1/TGF-β                  | BsP      | Solid tumors        | Mono                  |     |         |         |                    | Global        | In-house |
|              | Blosozumab (TST002) | Sclerostin                   | mAb      | Osteoporosis        | Mono                  |     |         |         | US Ph II Completed | Greater China | Lilly    |
|              | TST004              | MASP2                        | mAb      | IgAN, TMA           | Mono                  |     |         |         |                    | Global        | ALBUND   |
|              | TST008              | MSAP2/BAFF (FIC)             | BsAb     | SLE/LN/IgAN         | Mono                  |     |         |         |                    | Global        | In-house |
|              | TST801              | BAFF/APRIL (FIC)             | BsP      | Autoimmune diseases | Mono                  |     |         |         |                    | Global        | In-house |
|              | TST808              | Anti- APRIL                  | mAb      | IgAN                | Mono                  |     |         |         |                    | Global        | In-house |



# Key Pipeline Progress and Data Presentations



## **Osemitamab (TST001) (CLDN18.2)**

- The Hong Kong patents were granted to us
- Presented OS data for 1L combo with PD1 inhibitor and chemo at ASCO 2025

## **TST003 (GREMLIN-1)**

- Currently being tested in a multi-centered global FIH trial in the U.S. and China
- Completed dose escalation as monotherapy

## **TST013 (LIV-1)**

- Observed significant pre-clinical activities in lung cancer

## **TST105 (FGFR2b Bi-Specific)**

- Presented the preclinical study results at the AACR 2025

## **Blosozumab (TST002) (Sclerostin)**

- We have received Phase 2 CTP from CDE

## **TST801 (BAFF/APRIL)**

- We have selected the lead molecule and initiated IND-enabling studies
- Demonstrated best-in-class profile in BAFF overexpressing transgenic model

## **TST808 (APRIL)**

- Initiated IND-enabling studies
- Engineered a second generation bi-paratopic antibody and is under pre-clinical evaluation

## **Research and Early Development:**

- Developing antibody based targeted radiology and therapy
- Employing new technologies to explore new targets and develop the next generation of molecules
- Optimizing our follow-on pipeline molecules using existing technology



# Business Update

Dr. Xueming Qian  
Chairman and CEO &

Dr. Charlie Qi  
EVP, Global Clinical Development &

Mr. Weiwei Liang  
Acting CFO, SVP, Business Development Transaction & Corporate Strategy





# Oncology - Osemitamab (TST001)

## A Best-in-Class Anti-CLDN18.2 Antibody

Target Sales:  
USD \$1B Sales in First-line G/GEJC Alone  
Multi-billion USD Potential in G/GEJC PDAC and NSCLC



### BIC Profile

- Improved antibody to benefit more patients with broader range of CLDN18.2 expression
- One of the only two biopharmas conducting global triple combo trials, supported by highly encouraging Phase 2 efficacy data with nearly doubled mPFS when combined with chemo + CPI
- Marked improvement in median DoR and PFS when combined with chemo



### Global Phase 3 Ready Asset

- Extensive China and US clinical datasets
- Dose optimization completed
- Approval from key regulatory authorities
- Global network with top KOLs



### Robust CMC

- Industry leading continuous perfusion technology enables lower cost of good and high quality
- Sufficient clinical supply available for global Phase 3 trial



### Better CDx

- High specificity for CLDN18.2 enables broader application beyond G/GEJ cancer
- Ready to support global Phase 3 study

# Oncology - Osemitamab (TST001)

## Phase 1/2 Trial Overview - Study Design: Key G/GEJC Cohorts for First-line G/GEJC

|               | TranStar102 (China)                                                                                                                       |                                                                                                                                           | TranStar101 (U.S.)                                                                                                                                          |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Study Design  | <ul style="list-style-type: none"><li>Cohort C: Osemitamab + CAPOX</li><li>CLDN18.2 <math>\geq 10\%</math> <math>\geq 1+</math></li></ul> | <ul style="list-style-type: none"><li>Cohort G: Osemitamab<br/>CAPOX + Nivolumab</li><li>All comers</li></ul>                             | <ul style="list-style-type: none"><li>Cohort A: Osemitamab + FOLFOX +<br/>Nivolumab</li><li>CLDN18.2 <math>\geq 10\%</math>, <math>\geq 1+</math></li></ul> |
| Study Results | <ul style="list-style-type: none"><li>64 Patients enrolled</li><li>Updated data presented at ESMO 2023</li></ul>                          | <ul style="list-style-type: none"><li>82 Patients enrolled across 2 dose levels</li><li>Updated PFS data presented at ASCO 2024</li></ul> | <ul style="list-style-type: none"><li>18 Patients enrolled across 2 dose levels</li><li>PK and safety data presented at AACR 2024</li></ul>                 |

### 2025 Milestones

#### March 2025

The issuance of Hong Kong patent for CLDN18.2 were granted to us by the Intellectual Property Department of Hong Kong

2025 ASCO  
ANNUAL MEETING

#### June 2025

Presented OS and updated PFS data from Cohort-G at ASCO 2025

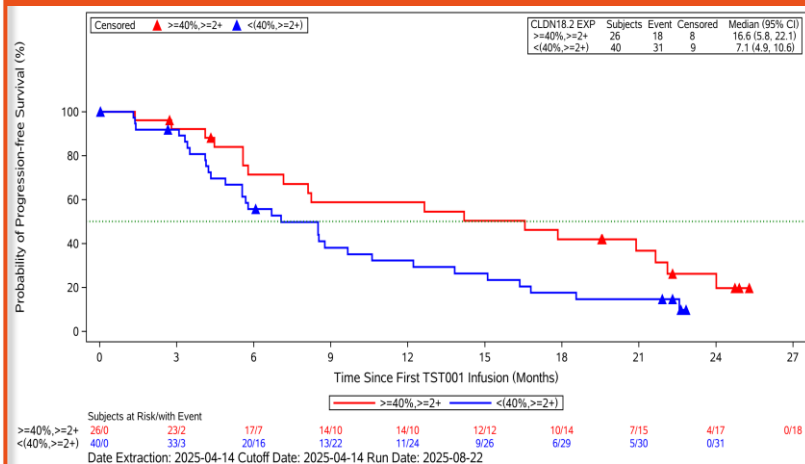


# Oncology - Osemitamab (TST001)

## Encouraging Efficacy for Combo with PD1 and Chemo in CLDN18.2+ 1L G/GEJC

### Progression-Free Survival [1]

#### ASCO 2025, PFS for Patients with PDL1 CPS & CLDN18.2 Known



Overall (N=66) PFS

Median PFS

HR Point Est.

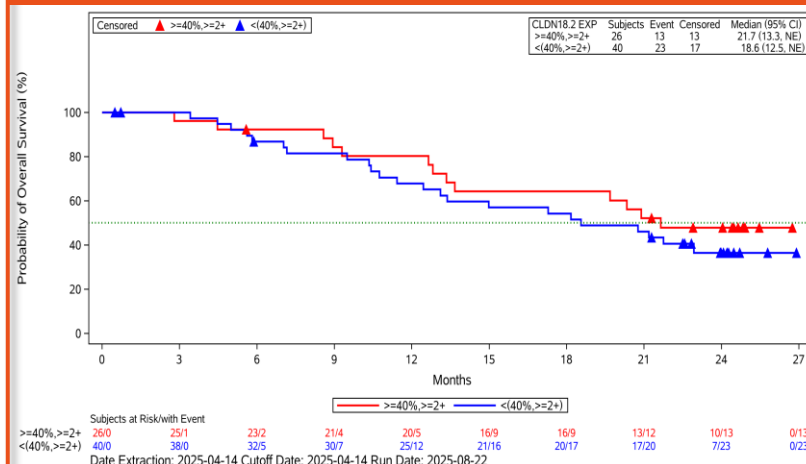
CLDN 18.2 (≥40%, ≥2+) vs  
<(40%, ≥2+) as reference

**16.6 m** vs 7.1m

0.549

### Overall Survival [1]

#### ASCO 2025, OS for Patients with PDL1 CPS & CLDN18.2 Known



Overall (N=66) OS

Median OS

HR Point Est.

CLDN 18.2 (≥40%, ≥2+) vs  
<(40%, ≥2+) as reference

**21.7m** vs 18.6m

0.752

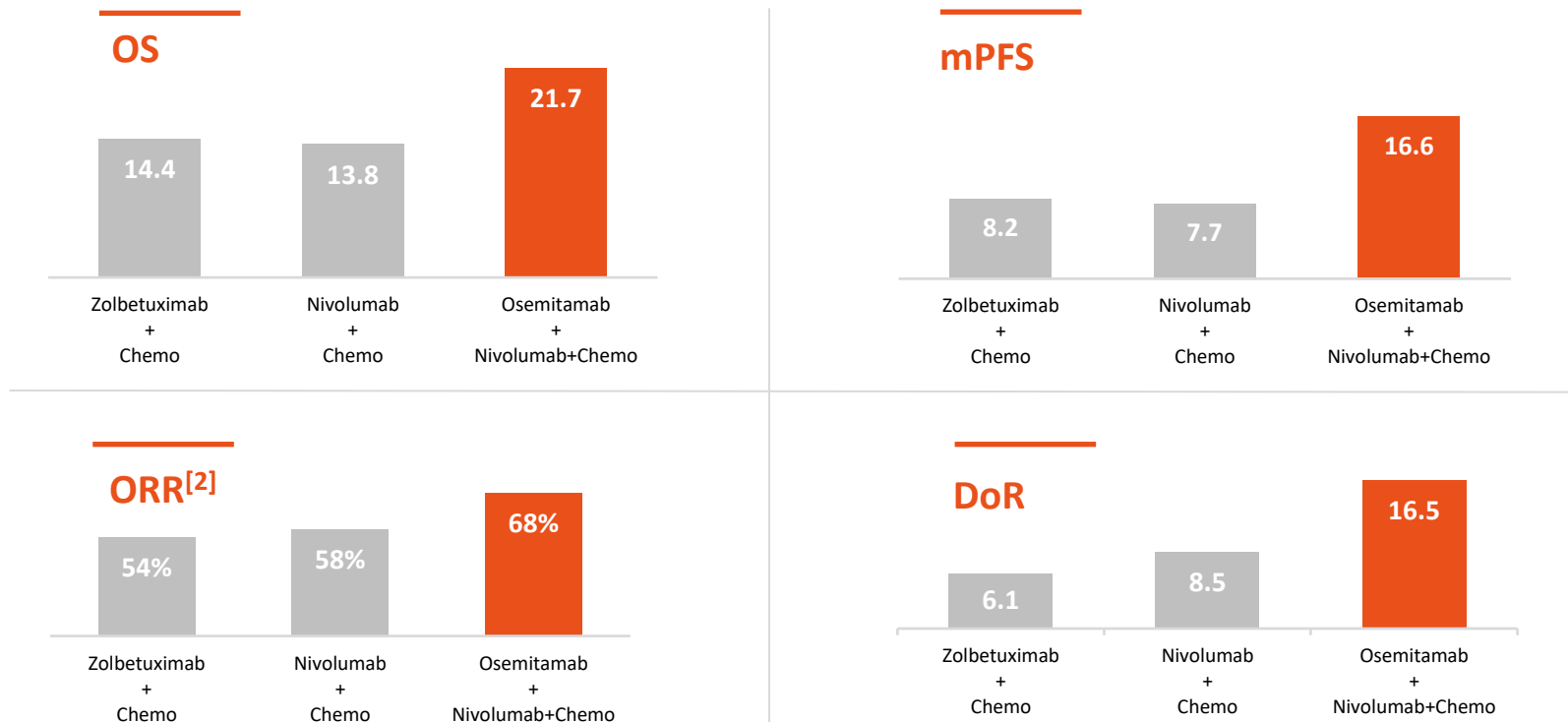
[1] The data is up to 14 April, 2025. Data from the Company's poster with ref: Jifang Gong, et al. ASCO 2025, abstract #4032, poster bd #322.



# Oncology - Osemitamab (TST001)

## Superior Efficacy than Historical Benchmark – Cross Study Comparison

**Osemitamab+PD1+Chemo in CLDN18.2+ ( $\geq 40\%$ ,  $\geq 2+$ ) 1L G/GEJC <sup>[1]</sup> Has Better Efficacy than Nivolumab+Chemo Data in Checkmate 649\* and Zolbetuximab+Chemo Data in GLOW\*\***



[1] The data for Osemitamab+PD1+Chemo in CLDN18.2 ( $\geq 40\%$ ,  $\geq 2+$ ) & PDL1 CPS-known Group is up to 14 April, 2025. Data from the Company's poster with ref: Jifang Gong, et al. ASCO 2025, abstract #4032, poster bd #322.

[2] Patients with measurable disease at baseline.

\*Janjigian YY, et al. Lancet. 2021 Jul 3;398(10294):27-40. \*\*Shah, M.A., et al. Nat Med 29, 2133–2141 (2023).

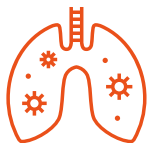


# Oncology - Osemitamab (TST001)

## Substantial Commercial Opportunities in the Front-line G/GEJC and Beyond

### First-line G/GEJC

Combo with SOC  
(Checkpoint Inhibitor /  
Chemotherapy)



**>100K** addressable patients globally \* [1]

### Peri-Operative GC

Potentially First Mover  
Anti-CLDN18.2 mAb



**~70K** addressable patients globally \* [2]

### First-line NSCLC



**~41K** addressable patients globally \* [4]

### First-line PDAC



**~75K** addressable patients globally \* [3]

Source: [1] Decision Resources, ≥55% of all comers per proprietary IHC assay  
[3] Decision Resources, ~50% of all comers per proprietary IHC assay

[2] Decision Resources, ~55% of all comers per proprietary IHC assay  
[4] Decision Resources, ~10% of all comers per proprietary IHC assay

\* G7 (US, EU5, Japan) +China



### Advancing Toward Our Vision

*Osemitamab as the cornerstone of the treatment for CLDN18.2 positive tumors*

#### Build leadership in the first-line (1L) CLDN18.2+ G/GEJC

- Osemitamab+PD1 inhibitor+ chemo triplet in 1L CLDN18.2+ G/GEJC

Today

#### Expand value beyond 1L CLDN18.2+ G/GEJC

- Osemitamab+PDx+chemo in early stage CLDN18.2+ G/GEJC
- Osemitamab+chemo in CLDN18.2+ PDAC
- Osemitamab+PDx+chemo in CLDN18.2+ NSCLC



Mid-term goals

#### Solidify leadership by developing the next generation anti-CLDN18.2 agents and proprietary combinations

- CLDN18.2 bispecific ADC and radiopharmaceutical agent for CLDN18.2+ tumors

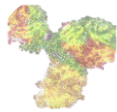
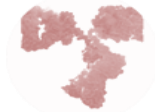
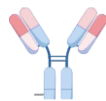


- Proprietary combinations to enhance therapeutic profile
- Life-cycle management: co-formulation and sub-Q formulation

Long-term vision

# Oncology - Portfolio of CLDN18.2 Targeted Therapies

## Benefiting Boarder Patient Population with Differentiated Assets

|                               | <br><b>Osemitamab</b>                                                                                                                                                                              | <br><b>TST106</b>                                                                                                                                       | <br><b>18B10 based RDC</b>                                                                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Modality</b>               | Monoclonal antibody                                                                                                                                                                                                                                                                 | Bispecific ADC                                                                                                                                                                                                                             | Targeted Radiopharmaceutical Therapy                                                                                                                                                                          |
| <b>Tumor cell killing MOA</b> | Enhanced immune-cell mediated cytotoxicity guided by osemitamab                                                                                                                                                                                                                     | Direct tumor cell killing via payload delivered via antibody                                                                                                                                                                               | Direct tumor cell killing via antibody guided radiation                                                                                                                                                       |
| <b>Scientific data</b>        | <ul style="list-style-type: none"> <li>• Prolonged PFS and OS observed in combination of osemitamab+PD1 inhibitor + chemo</li> <li>• Phase 3 trial coming</li> </ul>                                                                                                                | <ul style="list-style-type: none"> <li>• Potent anti-tumor activity</li> <li>• Better tolerability</li> </ul>                                                                                                                              | <ul style="list-style-type: none"> <li>• Specific targeting into tumor vs normal tissues</li> <li>• Excellent anti-tumor activity at very low dose</li> <li>• Excellent tolerability</li> </ul>               |
| <b>Potentials</b>             | <ul style="list-style-type: none"> <li>• Front-line CLDN18.2 H+M G/GEJC                             <ul style="list-style-type: none"> <li>✓ 1L metastatic</li> <li>✓ Early stage</li> </ul> </li> <li>• Front-line CLDN18.2+ PDAC</li> <li>• Front-line CLDN18.2+ NSCLC</li> </ul> | <ul style="list-style-type: none"> <li>• Broader CLDN18.2 positive patient population (e.g., include “low expressor”)</li> <li>• 2L+ G/GEJC, PDAC, NSCLC</li> <li>• Front-line G/GEJC, PDAC, NSCLC via proprietary combinations</li> </ul> | <ul style="list-style-type: none"> <li>• Broader CLDN18.2 patient population (e.g., include “low or extremely low expressors”)</li> <li>• Active in resistant population and better safety profile</li> </ul> |

# Oncology - TST003

## A Novel Target with Potential for Multiple Solid Tumor Indications



CRC

\$37B<sup>[1]</sup>



CRPC

\$12B<sup>[1]</sup>



NSCLC

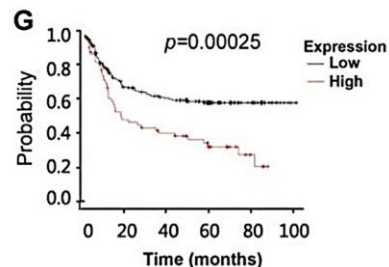
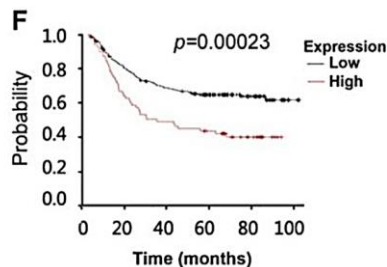
\$64B<sup>[1]</sup>



GC

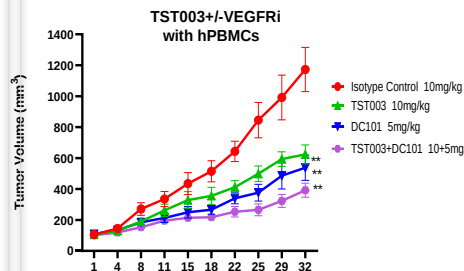
\$12B<sup>[1]</sup>

### Grem1 is negatively correlated with outcome in GC

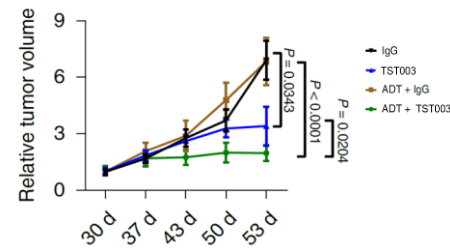


Cancer genomics & proteomics 17: 49 – 60 (2020)

### MSS CRC



### mCRPC



## A Humanized Neutralizing Antibody Targeting GREMLIN-1 with the Potential to Increase OS Benefit by Blocking Tumor Metastasis



GREMLIN-1 is a cytokine regulating BMP signaling and tumor metastasis



A global FIH study ongoing in the U.S. and China, dose escalation completed (range 1 to 20mg/kg). Linear PK profile observed. Clean safety/tolerability profile without DLT or drug related grade 3 or higher adverse events observed.

TST003

[1] Estimated market size in major markets for G7+China





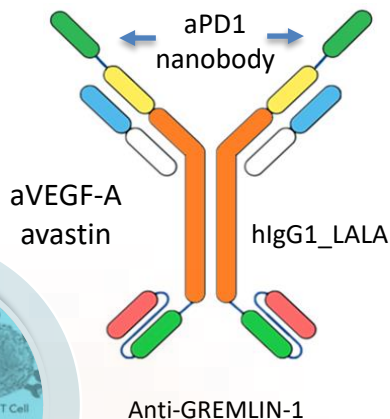
# Oncology - TST786

## A Next Generation Trispecific Antibody Candidate Targeting PD1-VEGF and GREMLIN-1

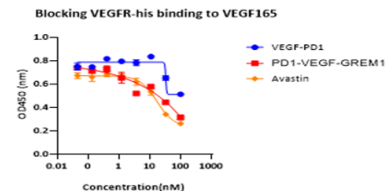
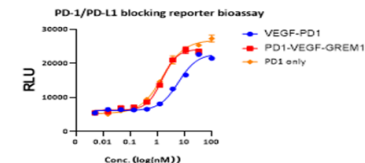
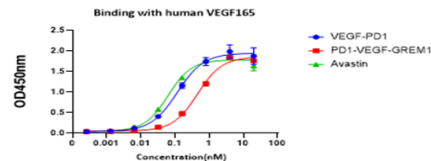
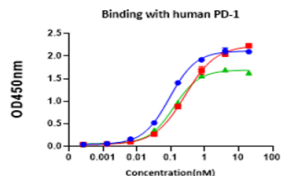
**Milestone** Lead molecule has been obtained and preclinical testing is ongoing

- VEGF and PD1 combination is clinical validated combination for enhancing immunotherapy efficacy
- Existing PD1-VEGF bispecific demonstrated promising PFS benefit but overall survival benefit to be better defined
- GREMLIN-1 is a stromal fibroblast regulatory protein and contributes to metastasis and has been negatively associated with overall survival
- Trispecific PD1-VEGF-GREM1 antibody could provide not only enhanced PFS benefit but also enhanced OS benefit by blocking tumor metastasis

### PD1-VEGF-GREM1 (TST786)



### PD1-VEGF-GREM1 Inhibits PD1-PDL1, VEGF and GREM1 Activities



These data warrant further investigation of the molecule.



# Oncology - TST013

## An Improved LIV-1-targeting ADC for Breast Cancer and other Solid Tumors



Breast  
Cancer

**\$44B<sup>[1]</sup>**



NSCLC

**\$64B<sup>[1]</sup>**

**A Clinically Validated Target in Breast Cancer with Significant Potential in Other Solid Tumors**



### **LIV-1 has high prevalence across multiple solid tumors**

- breast cancer, lung cancer, prostate and melanoma



### **Clinically validated Target in Breast Cancer**

- The first-generation LIV-1 ADC demonstrated encouraging clinical activities in breast cancer but was terminated due to narrow therapeutic window



### **Optimized to avoid issues encountered by the first-generation ADC**

- Site-specific conjugation for higher uniformity and stability in vivo
- Silenced Fc to minimize off-tumor toxicities
- High affinity antibody paired with payload with moderate potency to widen therapeutic window



### **TST013 displayed excellent anti-tumor activity in preclinical studies**

**TST013**

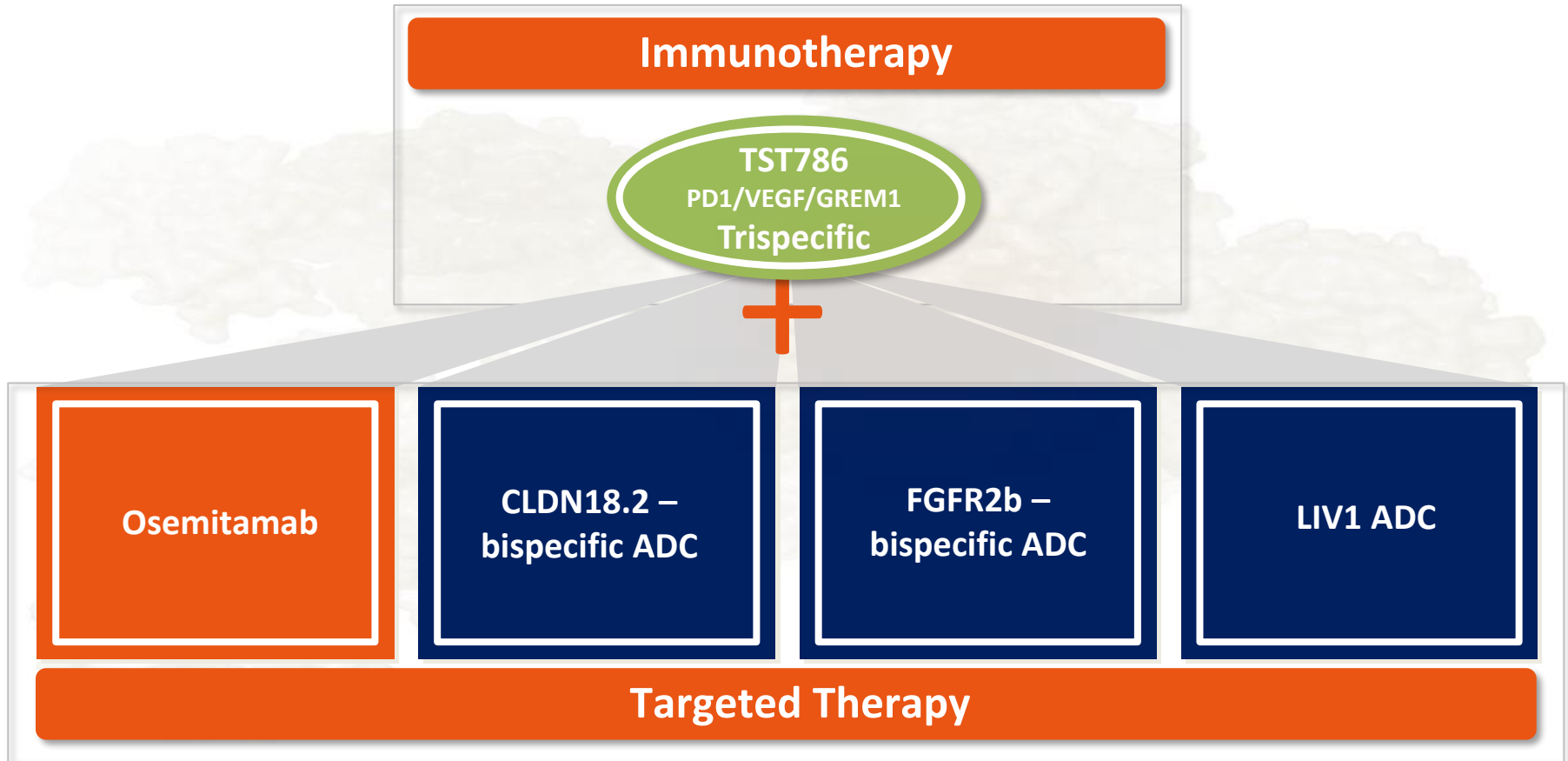


## TST013 is a Best-in-class LIV-1 ADC Designed to Circumvent Issues Encountered with the First-generation ADC

### Potent tumor inhibition in LIV-1 expressing cell line



# Future Oncology Strategy



# Non-oncology – Blosozumab (TST002)

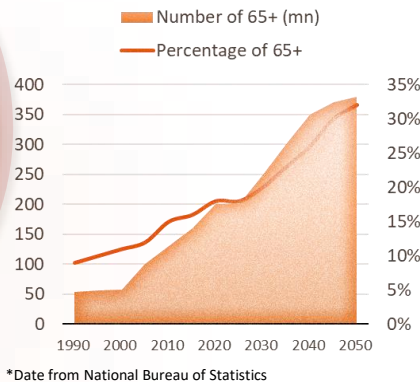
## Anti-sclerostin mAbs are Poised to Address the Huge Unmet Needs of Osteoporosis in China

### High Unmet Medical Needs with Large Market Potential

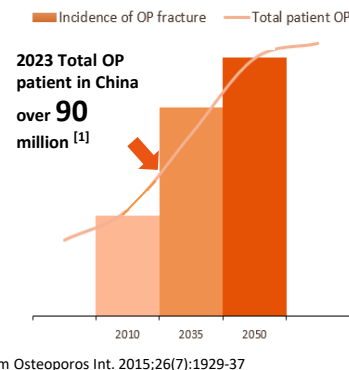
#### Target Sales:

>RMB 4B+ Sales  
in Osteoporosis with  
High Fracture Risk

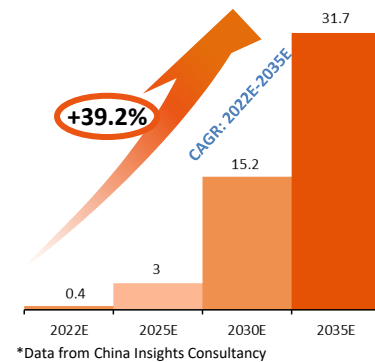
#### Aging population in China



#### Rising incidence of OP fractures in China



#### Rising market size of anti-sclerostin drugs in China (RMB bn)



Postmenopausal Osteoporosis in Women  ~70 million patients in China<sup>[1]</sup>

Osteoporosis in Men  ~20 million patients in China<sup>[1]</sup>

Osteoporotic Fractures  Est. 4.83 million patients by 2035 in China<sup>[2]</sup>

Post OVCF\* Surgery  ~1.5 million new vertebral fracture case in 2020 in China<sup>[3]</sup>

[1] Chinese Society of Osteoporosis and Bone Mineral Research. Guidelines for the diagnosis and treatment of primary osteoporosis (2022) \*calculated based on a study conducted in 2013 Projection of osteoporosis-related fractures and costs in China: 2010–2050, DOI 10.1007/s00198-015-3093-2

[2] 2017 Primary Osteoporosis Guideline

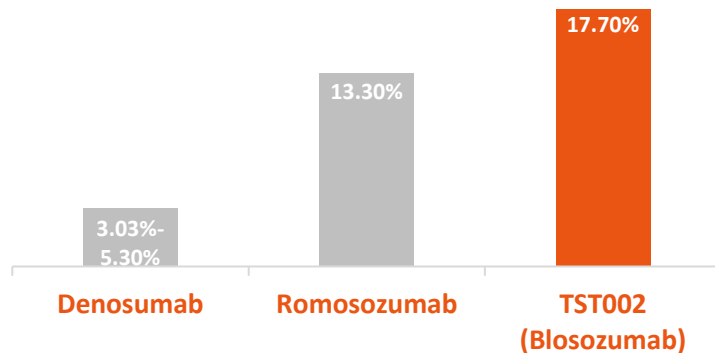
[3] 2021 Chinese Guidelines for the Diagnosis and Treatment of osteoporotic vertebral compression fractures \* Osteoporotic Vertebral Compression Fracture



# Non-oncology – Blosozumab (TST002)

## Potential Better Efficacy of Blosozumab (TST002) than Romosozumab & Denosumab

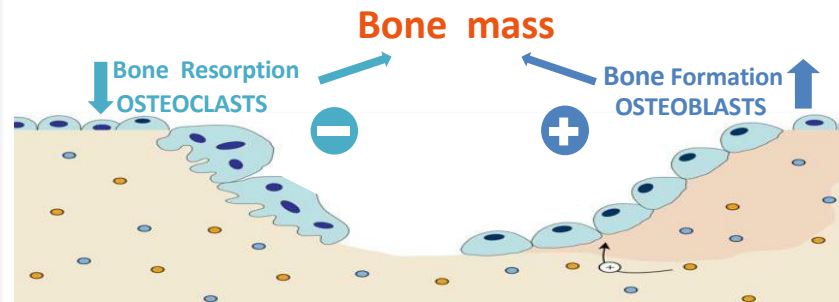
### % change from baseline of BMD at lumbar spine after 1 year therapy



- Phase 2 study in US/JAPAN completed by Eli Lilly
- Significant BMD increase with 52 weeks treatment: 17.7% in lumbar spine, 6.7% in total hip and 6.3% in femoral neck
- Good safety and tolerability profile
- No cardiovascular adverse event was observed

### Dual Mechanisms

More potent than all currently available anti-OP medicines that address only one aspect of bone mass loss



- Only improving bone formation: PTH and PTH analogue
- Only inhibiting bone resorption: bisphosphonate, calcitonin, Estrogen, SERMs, RANKL inhibitor

More convenient

More accessible

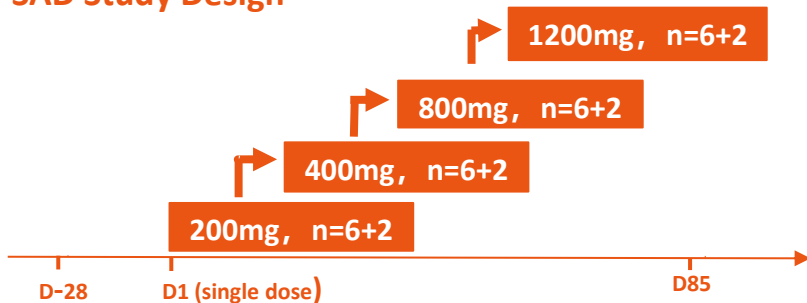
Higher efficacy



# Non-oncology - Blosozumab (TST002)

Encouraging Efficacy Data Justifying Further Clinical Development, with the potential for Q2M or Q3M dosing

## SAD Study Design



## Study population:

- Subjects with reduced BMD ( $-3.5 \leq T \text{ value} < -1.0$ )
- Age 45-70yrs
- Postmenopausal women or older men

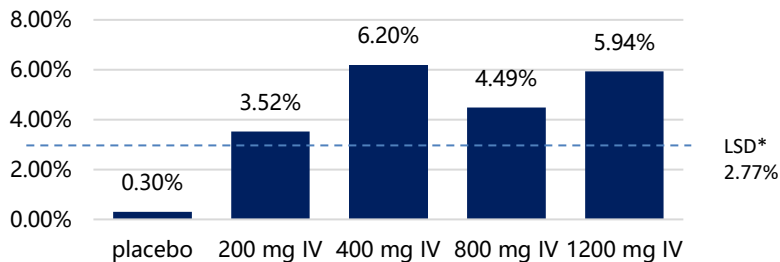
**32 subjects have been enrolled.**

## Endpoint:

- Safety and tolerance
- PK
- PD: total sclerostin, bone turnover biomarkers, BMD
- Immunogenicity

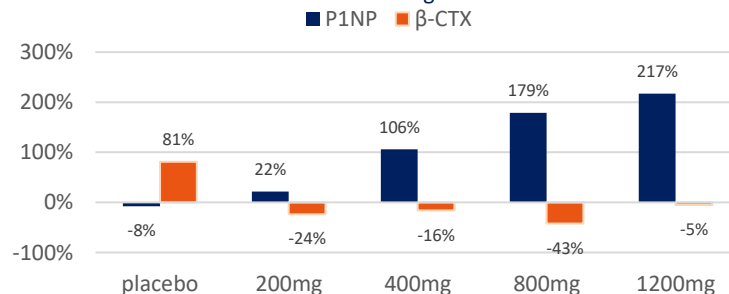
## SAD Study Results

D85 lumbar spine BMD % change from baseline in TST002



## P1NP & $\beta$ -CTX data at D29

Bone transformation markers % change from baseline at D29



# Non-oncology - TST801

A FIC Bifunctional Fusion Protein Targeting Two Validated B-cell Targets in Autoimmune Diseases with Multi-billion-dollar Potentials



## A First-in-class Bifunctional Fusion Protein of an Anti-BAFF Antibody and TACI

### Target

- Pathogenic B cells are key driver for multiple autoimmune diseases.
- BAFF and APRIL targeting inhibitors have been validated for treating B cell/plasma cell driven autoimmune diseases, e.g. SLE, gMG, pSS, IgAN, etc
  - ✓ Anti-BAFF antibody (e.g., belimumab) has been approved in SLE and LN.
  - ✓ TACI-Ig (e.g., telitacept) has been approved in SLE and gMG in China and met primary endpoint of pSS in pivotal trial. TACI-Ig (e.g., atacept) has met primary endpoint in IgAN in a global phase 3.

### Profile

- TST801, a bifunctional antibody fusion protein of an anti-BAFF antibody and TACI may further enhance the therapeutic outcomes
- TST801 has shown superior activities relative to belimumab and talitacept in pre-clinical studies

### Status

- IND-enabling



TST801

<sup>[1]</sup> Estimated market size in major markets for G7+China  
<sup>[2]</sup> Assuming price for rare diseases



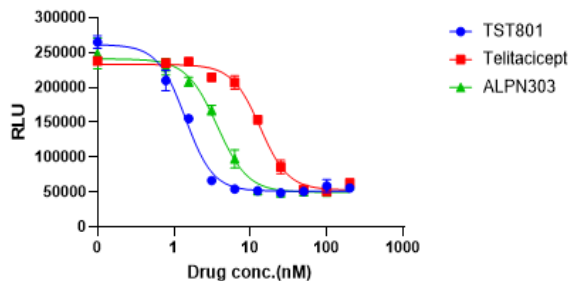


# Non-oncology - TST801

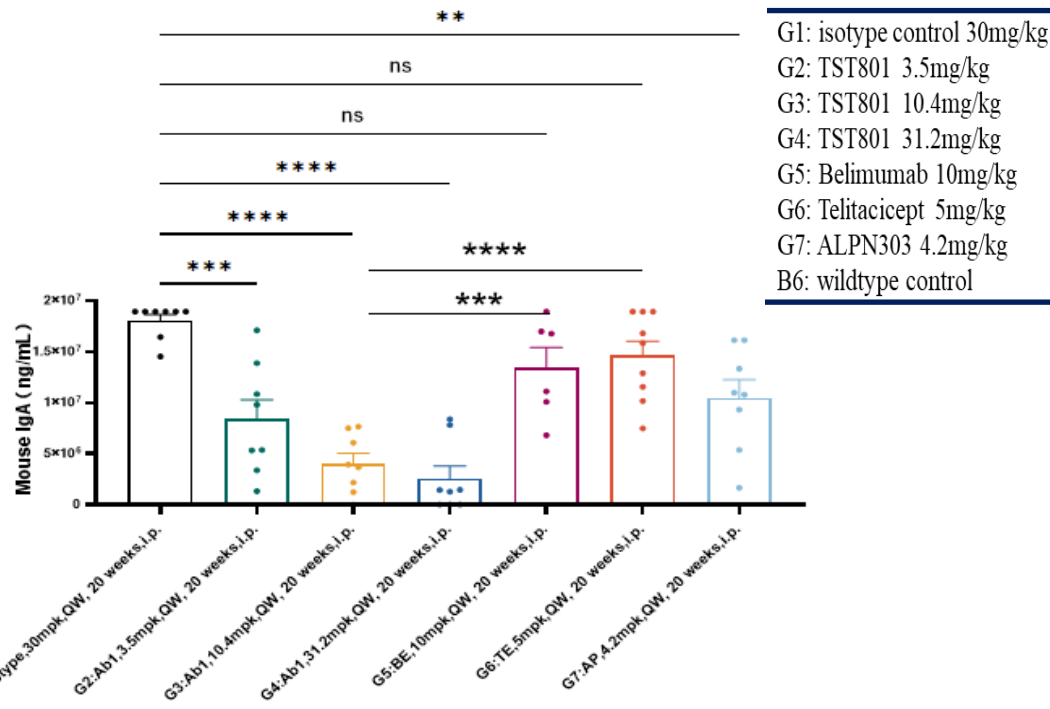
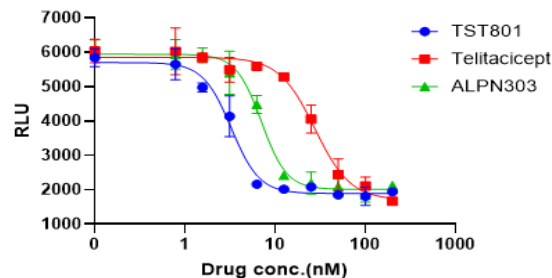
A FIC Bifunctional Fusion Protein Targeting Two Validated B-cell Targets in Autoimmune Diseases with Multi-billion-dollar Potentials

TST801 is more potent in BAFF dependent Cell-based signaling pathway blocking assay than Telitacicept and ALPN303, at higher BAFF concentration and in hBAFF transgenic overexpressing Lupus Nephritis Model

BCMA reporter assay- with BAFF-20nM



TACI reporter assay-BAFF-20nM



### IgAN Market

- IgAN is a rare autoimmune kidney disease with high unmet medical needs.
- It is one of the leading causes of renal failure. Up to 40% of patients progress to end-stage kidney disease in about 20 years after diagnosis.

Estimated Market Size by 2032

**\$9B in major markets\*\***

### A Best-in-class Long-Acting Anti-APRIL for the Treatment of IgAN with Less Frequent Dosing

#### Target



- APRIL is a validated target for IgAN with first generation mAb showed more than 50% proteinuria reduction in Phase 3 trial.

#### Profile

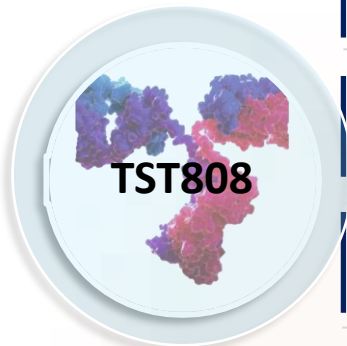


- TST808 is a next generation molecule with higher affinity and excellent developability
- TST808 is at least equally potent relative to the major competitor but with long half life for less frequent dosing

#### Status



- IND-enabling

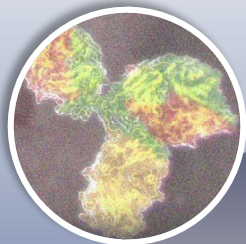


**TST808**

\*\*Source: DelveInsight, IgAN report, April 2023; major markets = G7+China, Transcenta estimates based on epi assuming rare disease pricing

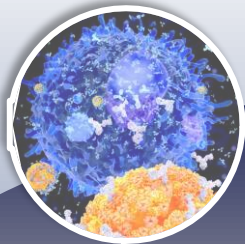


# Upcoming Milestones



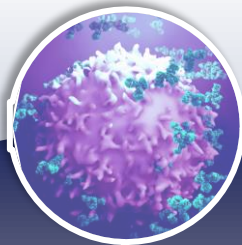
**Osemitamab  
(TST001)**

- Advance global pivotal trial for First-line G/GEJ cancer
- Present data from ongoing trials
- Explore other CLDN18.2 expressing advanced solid tumors



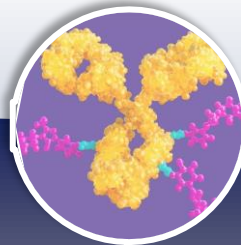
**Blosozumab  
(TST002)**

- Start the multiple ascending dose (MAD) Phase 2 in Greater China



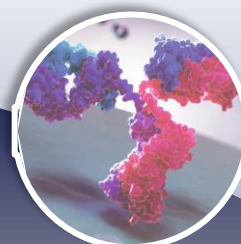
**TST003**

- Continue Phase 1 trial to obtain safety, pharmacokinetic and pharmacodynamic data



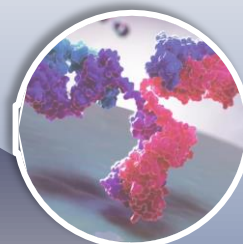
**TST013**

- Continue IND-enabling studies, progress to clinical trials



**TST801**

- Continue IND-enabling studies, progress to clinical trials



**TST808**

- Continue IND-enabling studies, progress to clinical trials

### Our Strengths



Advanced Perfusion Technology



Faster



Quality



Significant Cost Saving

#### We have

##### Advanced Technology and Platform

- Implemented **intensified perfusion platform**
- Achieved industry leading productivity of **up to 8 g/L-day, >15-fold in output**
- Expanded services: **DP, cell culture media, ADC**
- Acquired **lyophilization** capabilities, improved cycles for internal and CDMO use
- Developed **new perfusion and fed-batch media**
- Engaged potential partners for technology **out-licensing**

##### High Quality Output

- **End-to-end capabilities** from lead to clinical supply with strong quality systems

##### Experienced Team

- Led by **seasoned MNC experts** skilled in BLA submissions and manufacturing

##### Excellent Execution

- Achieved **100% success rate** in project execution

#### Preparation for launch

- Osemitamab Phase 3 clinical supply is ready
- Successful FDA meeting to align comparability strategy in support of commercial supply
- Completed osemitimab high concentration top formulation selection for subQ administration

# Business Development

## Multinational Partners to Maximize Value

### Current Priorities

#### Asset Out-License/NewCo

Osemitamab

TST003

TST013

Blosozumab

TST801

TST808

#### Technology Out-license/ Co- dev

- Perfusion Bioprocessing Platform
- CHO Cell Culture Media

#### In-License/Co-dev

Novel programs and technologies that enhance our portfolio and capabilities.

### Past Achievements

#### In-License



#### Clinical Trial Collaboration



#### Research Collaboration



#### Technology-based Partnership



#### Commercialization



#### CDx Collaboration



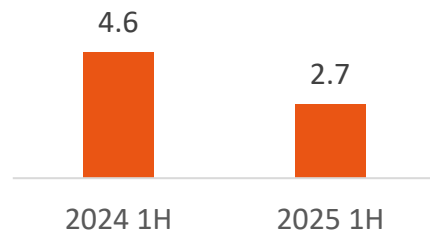
# Financial & Outlook

**Mr. Weiwei Liang**  
**Acting CFO, SVP, Business Development Transaction &  
Corporate Strategy**

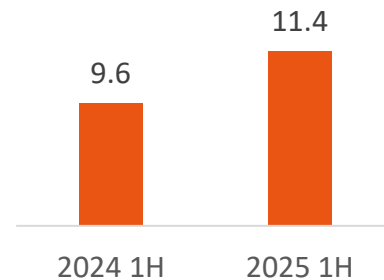


# 20251H Financial Results (Non-IFRS)

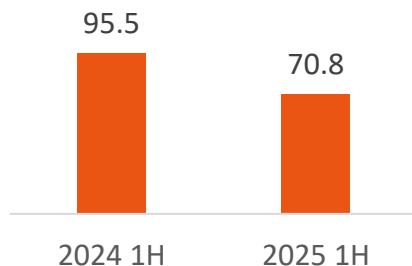
## Revenue RMB 2.7 million



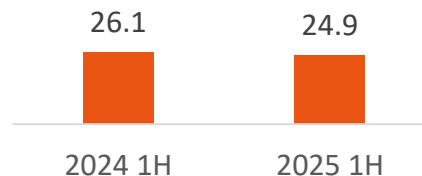
## Other Income RMB 11.4 million



## R&D Expenses RMB 70.8 million



## SG&A Expenses RMB 24.9 million



Bank deposits and cash as of Jun 30, 2025 is approximately RMB 101.1 million.

31 Note: The difference between IFRS and the non-IFRS is mainly driven by the non-cash share-based compensation expenses booked during the reporting period.



## Integrated Platform, Cutting-edge Technology, Differentiated and Competitive Biologics



### Clinical Development

- **Advance** global Phase 3 trial for osemitamab
- **Explore** new indications for osemitamab
- **Continue** the expansion phase of Phase 1 trial for TST003



### Business Development & Finance

- **Continue product and technology partnership**
- **Raise fund** through multiple ways including newco formation
- **Improve** operational efficiency



### Research

- **Expand** pipeline with new modalities (ADC etc.,)
- **Deepen** translational research to expand indications
- **Advance** novel pipeline molecules into clinic



### CMC & CDMO

- **Enhance** platform technology
- **Prepare** for commercial manufacturing
- **Explore** technology partnership
- **Grow** CDMO business







**TRANSCENTA**  
*INNOVATE TO EXCEL*

**THANK YOU!**

