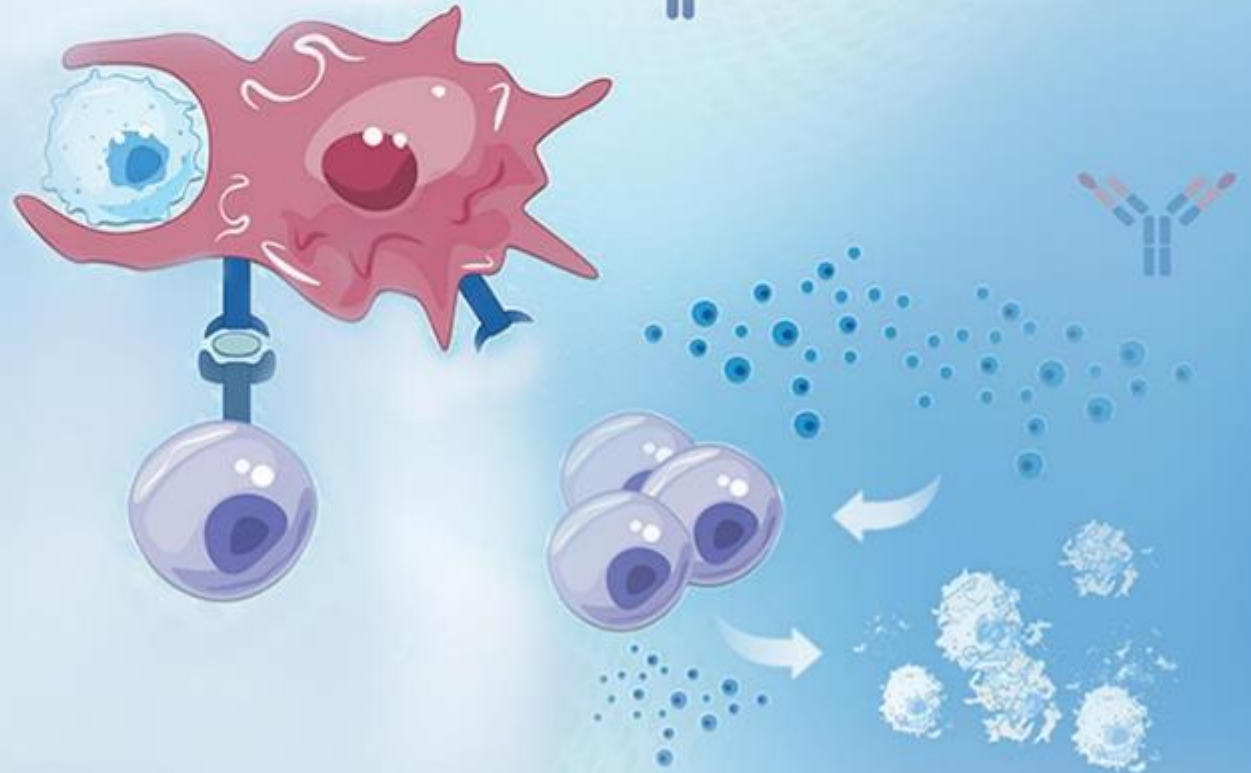




宜明昂科
ImmuneOnco

Corporate Presentation

Jan 2026



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Table of Contents

Company Overview
Timdarpaccept (IMM01, SIRP α -Fc)
Amulirafusp alfa (IMM0306, CD47 \times CD20)
Palverafusp alfa (IMM2510, VEGF \times PD-L1)



Company Overview

Key Milestones



- Steady team with **10+** years coordination








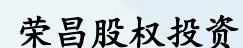
- 30** issued patents
- 31** pending patent applications



- 31** IND approvals from the NMPA and the FDA

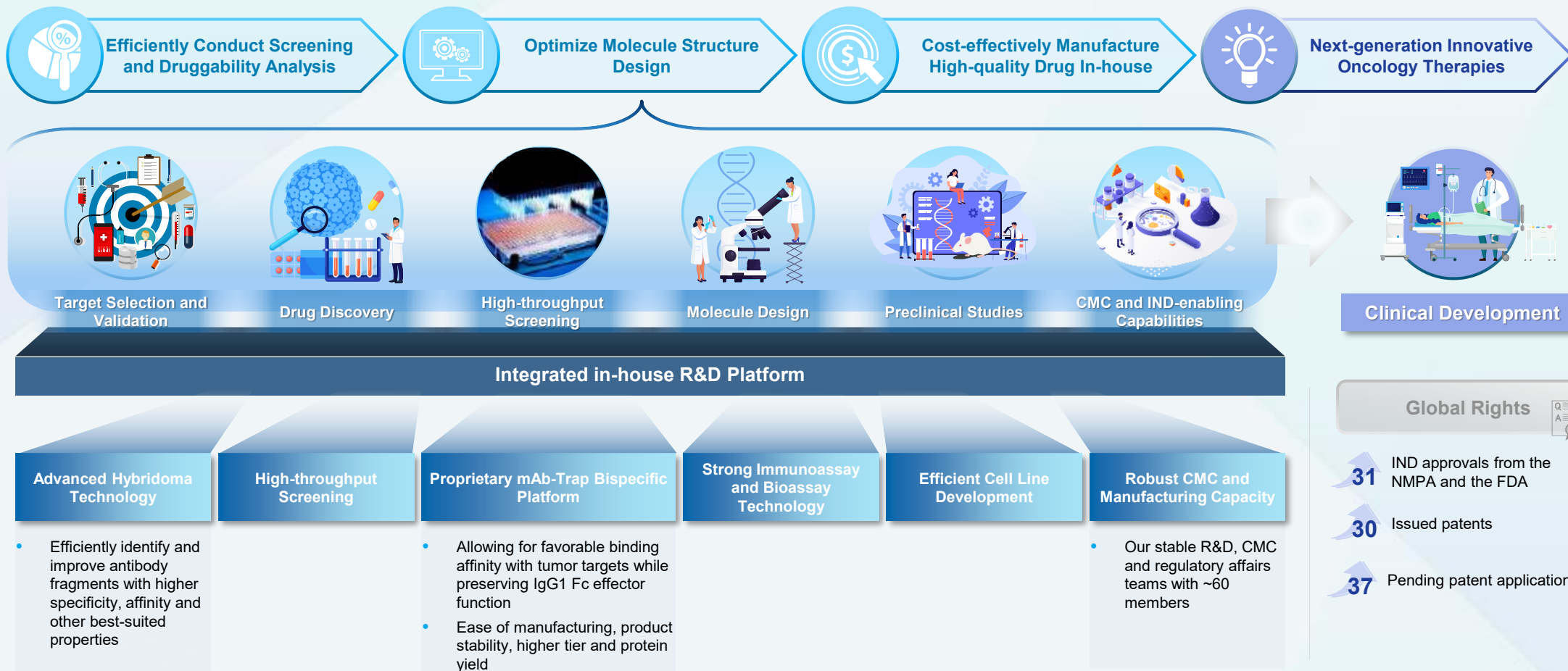


- 12** ongoing clinical programs

Pipeline	2015-2020		2021-2022		2023		2024		2025									
	<ul style="list-style-type: none">2015: ImmuneOnco was incorporated in the PRC2019: The first patient of Phase I clinical trial for IMM01 was enrolled2019: IND approval for IMM0306 from NMPA2020: Established the pilot production line with 200L GE single-use mammalian cell bioreactors2020: IND approval for IMM2510 from NMPA		IMM01: <ul style="list-style-type: none">IND approval by NMPA for the Phase Ib/II in with each of azacitidine and inetetamabPhase II in combination with either PD-1 mAb or azacitidine commenced in China IMM0306: IND approval by FDA		IMM01: <ul style="list-style-type: none">Orphan drug designation in the U.S. IMM0306: <ul style="list-style-type: none">Phase Ib/IIa initiation in China in combination with lenalidomide and dosed its first patient IMM2510: <ul style="list-style-type: none">Phase I dose escalation LPI and RP2D determined <ul style="list-style-type: none">IND approved for IMM2510+ chemo and		IMM01: <ul style="list-style-type: none">Three phase III clinical trials approved for MDS, CMML and cHL in ChinaPhase III cHL & CMML dosed first patient IMM0306: <ul style="list-style-type: none">Phase II of IMM0306+ lenalidomide initiated for advanced R/R FLPhase Ib of IMM0306+ lenalidomide for R/R DLBCL dosed first patient		<ul style="list-style-type: none">SLE& NMOSD dosed first patient IMM2510: <ul style="list-style-type: none">Phase Ib in combination with IMM27M for solid tumors dosed first patientPhase Ib/II in combination with chemo for 1L NSCLC first patientReached a license-out agreement of US\$2.1B with Instil Bio		IMM01 <ul style="list-style-type: none">IND approved for IMM01+ IMM2510 for advanced solid tumors in China IMM2510: <ul style="list-style-type: none">+chemo 1L NSCLC phaseIb/II FPIIND approved by FDA IMM0306: <ul style="list-style-type: none">Published preliminary data of SLE, demonstrating favorable efficacy and safety IMC-003 <ul style="list-style-type: none">IND approved by CDE							
20152016201720182019202020212022202320242025																		
Financing	2017: Series Pre-A, RMB30 MM		2018: Series A, RMB90 MM		2020: Series Pre-B, RMB40 MM		2020: Series B, RMB240 MM		2021: Series B+, US\$65 MM		2022: Series C, US\$87.5 MM		2023: IPO, US\$43 MM		2024: Placement, US\$30 MM		2025: Placement, US\$45 MM	
	Key Investors																	
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Total amount of fund raised: ~\$330MM

Integrated proprietary R&D platform



Pilot manufacturing: 200L/250L bioreactors

Program ⁽¹⁾	Target (Modality)	Indication(s)	Discovery	Preclinical	IND/IND-Enabling	Phase Ia/I	Phase Ib/II	Phase III/ Pivotal	Current Status / Upcoming Milestone	Commercial Rights
IMM01 (timdarpaccept)										
+ Azacitidine	CD47 (SIRPα-Fc fusion protein)	1L MDS ⁽²⁾	China (NMPA)						Received Phase III approval from CDE in May 2024	Global
+ Azacitidine	CD47 (SIRPα-Fc fusion protein)	1L CMML	China (NMPA)						Received Phase III approval from CDE in June, FPI in November 2024	Global
+ Tislelizumab	CD47+PD-1	cHL ⁽³⁾	China (NMPA)						Received Phase III approval from CDE in April; FPI in July 2024	Global
+ IMM2510	CD47+VEGFxPD-L1	Solid Tumors	China (NMPA)						Received Phase Ib/II approval from CDE in March 2025	Global
IMM2510 (palverafusp alfa) Monotherapy										
	VEGFxPD-L1 (Bispecific)	IO-Resistant NSCLC	China (NMPA)						Phase III Clinical Trial Application (EOP2) was submitted to the CDE in October 2025in China	Global
+ Chemo	VEGFxPD-L1 (Bispecific)	1L NSCLC	China (NMPA)						IND approved in China in November 2023, FPI in December 2024	Global
+ Chemo	VEGFxPD-L1 (Bispecific)	1L TNBC	China (NMPA)						IND approved in China in November 2023, FPI in June 2025	Global
+ Chemo	VEGFxPD-L1 (Bispecific)	Perioperative GEJ	China (NMPA)						Phase II IND for perioperative treatment was approved in December 2025	Global
+ Chemo	VEGFxPD-L1 (Bispecific)	Perioperative NSCLC	China (NMPA)						Phase II IND for perioperative treatment was approved in December 2025	Global
+ IMM27M	VEGFxPD-L1 (Bispecific) + CTLA-4	Solid Tumors	China (NMPA)						IND approved in China in October 2023, FPI in July 2024	Global
IMM27M (tazlestobart)										
	CTLA-4 ADCC+ (mAb)	Solid tumors	China (NMPA)						Phase Ia completed in September 2023 in China, FPI for Phase Ib HR+ mBC in September 2024	Global
+ Osimertinib	CTLA-4 ADCC+ (mAb)	EGFRm non-sq NSCLC	China (NMPA)						Phase Ib/II clinical trial application was approved in May 2025	Global
IMM0306 (amulirafusp alfa) + Lenalidomide										
	CD47xCD20 (Bispecific)	R/R FL	China (NMPA)						Phase III clinical trial protocol was formally approved by the CDE of the NMPA in November 2025	Global

Notes:

- (1) All of the Company's clinical- and IND-stage drug candidates are classified as Category 1 innovative drugs, and preclinical- and discovery-stage drug candidates are expected to be classified as Category 1 innovative drugs, in accordance with relevant laws and regulation in China
(2) The trial is mainly designed to target the first-line treatment of higher-risk MDS (patients who fall into higher-risk group categories in the original or revised International Prognostic Scoring System).
(3) This combination of IMM01 and tislelizumab targets prior PD-(L) 1-refractory cHL.

Innate Immunity Targets

Innate and Adaptive Immunity Targets

Adaptive Immunity Targets

Program ⁽¹⁾	Target (Modality)	Indication(s)	Discovery	Preclinical	IND/IND-Enabling	Phase Ia/I	Phase Ib/II	Phase III/ Pivotal	Current Status / Upcoming Milestone	Commercial Rights
IMM0306 (amulirafusp alfa)	CD47xCD20 (Bispecific)	SLE	China(NMPA)						FPI in October 2024, completed the first and second cohort enrollment in July,2025	Global
		NMOSDs	China(NMPA)						FPI in December 2024, completed patient enrollment for dose escalation	Global
		LN	China(NMPA)						IND approved in China in December 2024	Global
IMM01 (timdarpcept)	CD47 (SIRPα-Fc fusion protein)	Atherosclerosis	China(NMPA)						IND approved in January 2026	Global
IMC-003 (IMM72)	ActRIIA (Fc-fusion protein)	PAH, Undisclosed	China(NMPA)						IND approved in China in June 2025, FPI in August 2025	Global
IMC-004 (IMM7211)	RANKLxActRIIA (Bispecific)	Osteoporosis							In vivo efficacy study is ongoing	Global
IMC-015 (IMM9101)	GDF-8xActRIIs (Bispecific)	Obesity (lose fat and build muscle)							IND-enabling	Global

CV, autoimmune, metabolic disease

Notes:

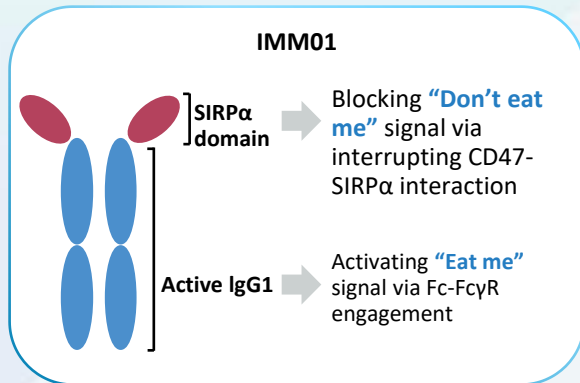
- (1) All of the Company's clinical- and IND-stage drug candidates are classified as Category 1 innovative drugs, and preclinical- and discovery-stage drug candidates are expected to be classified as Category 1 innovative drugs, in accordance with relevant laws and regulation in China
(2) The trial is mainly designed to target the first-line treatment of higher-risk MDS (patients who fall into higher-risk group categories in the original or revised International Prognostic Scoring System).
(3) This combination of IMM01 and tislelizumab targets prior PD-(L) 1-refractory cHL.



Timdarpaccept (IMM01, SIRP α -Fc)

**Phase III in chronic myelomonocytic leukemia (CMML);
Potential earliest interim data readout by Q4 2026.**

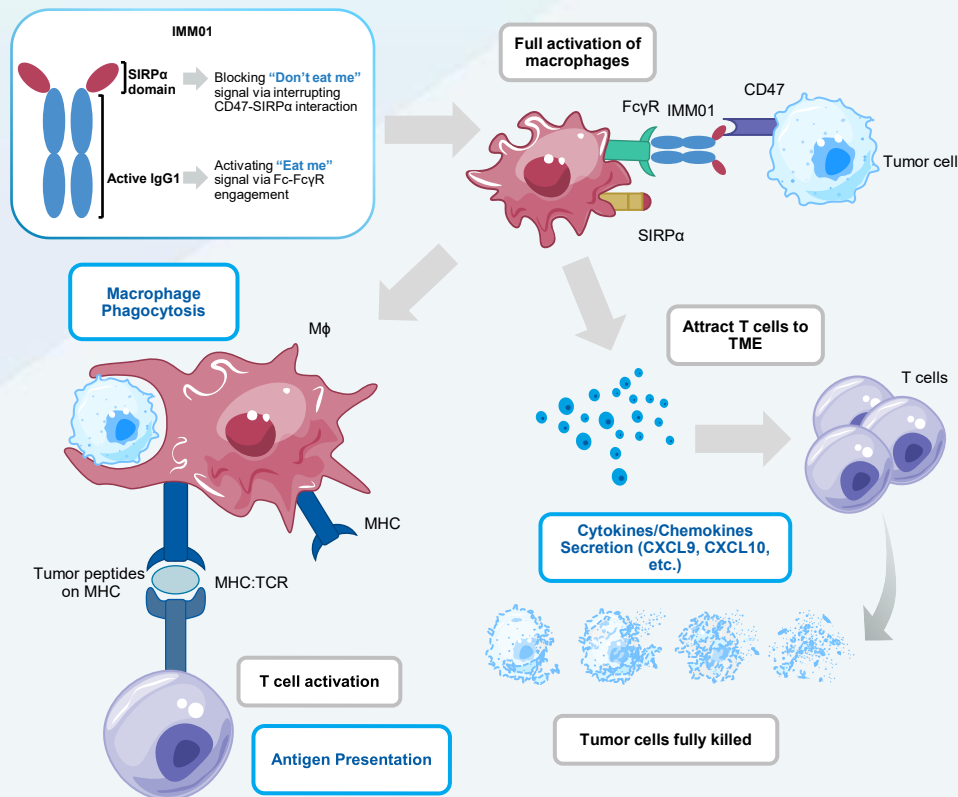
IMM01 (Timdarpaccept, SIRP α -Fc) Highlight



- 1L CMML - Phase II (In combo with azacitidine):
CRR = 27.3%, mPFS = 17.8 months (ASCO 2025)
- 1L CMML - Phase III (In combo with azacitidine):
Interim data readout by Q4 2026
- Advanced solid tumor - Phase Ib/II (in combo with IMM2510):
Study is ongoing
- Atherosclerosis indication:
IND for phase Ib/II approved

Timdarpaccept (IMM01)

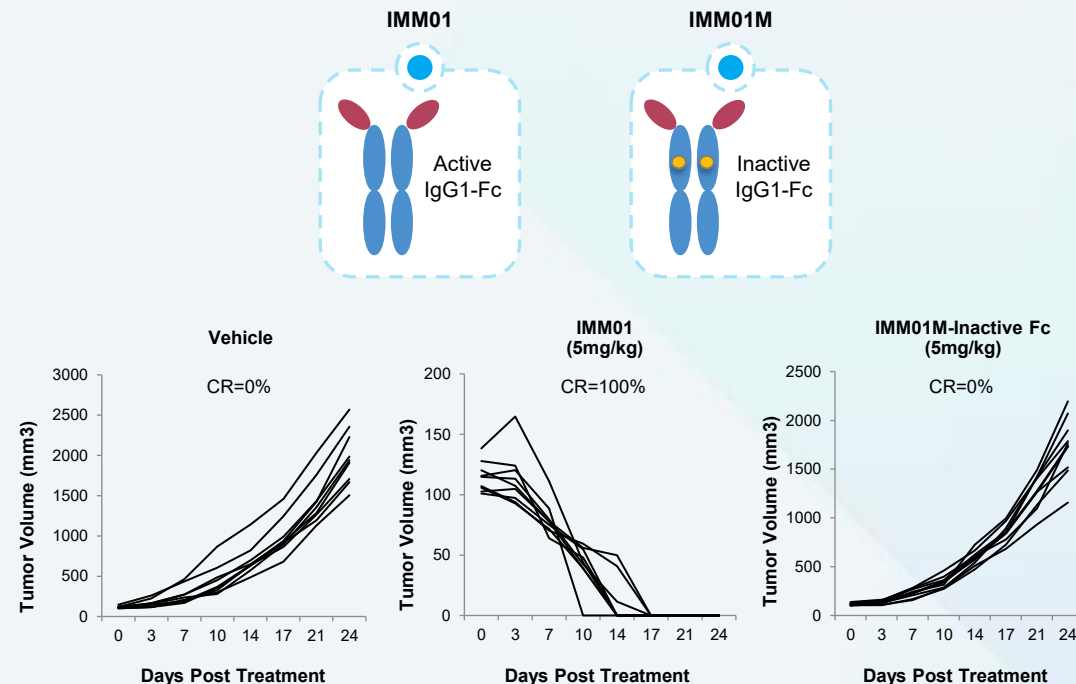
Overview and Competitive Advantage of IMM01(Timdarpaccept)



Notes:
MHC refers to major histocompatibility complex.

Source: Company Data

In Vivo Efficacy of IMM01 is Dependent on Effective Fc Function (HL-60 xenograft model)

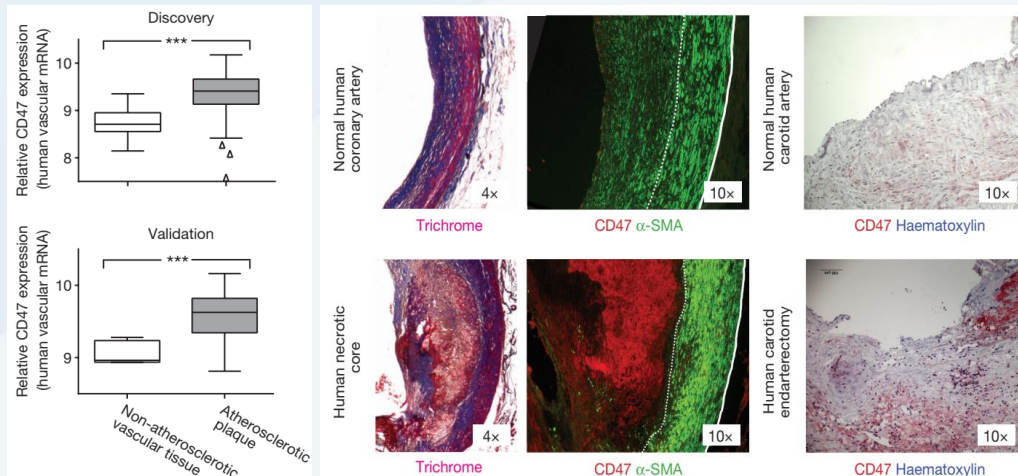


Notes: IMM01M has an engineered mutant inactive IgG1 Fc.

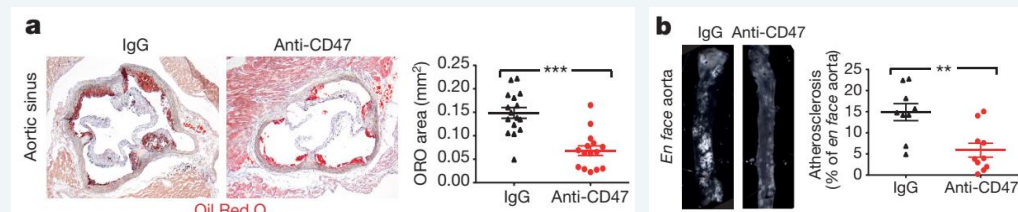
Timdarpaccept (IMM01) Has Strong Potentials in treating atherosclerosis

Our CD47-targeted IMM01 presents a strong potential in treating atherosclerosis

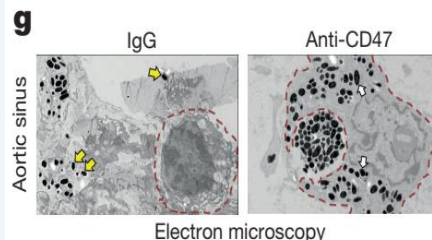
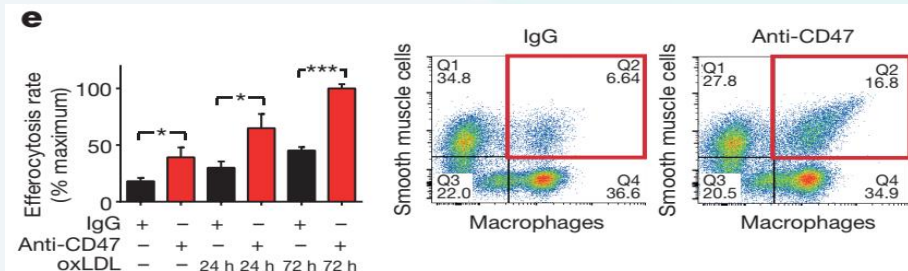
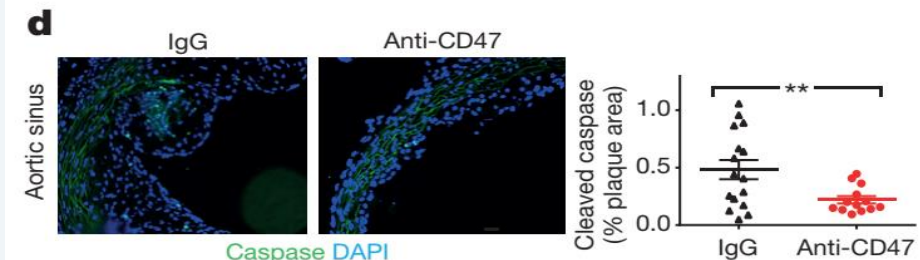
CD47 is highly expressed in human atherosclerotic plaque



Shrinkage of atherosclerotic plaque was observed in rat model by blocking the CD47/SIRPα signaling pathway



By blocking the CD47 signal, macrophages can phagocytose the atherosclerotic plaque in rat vessel

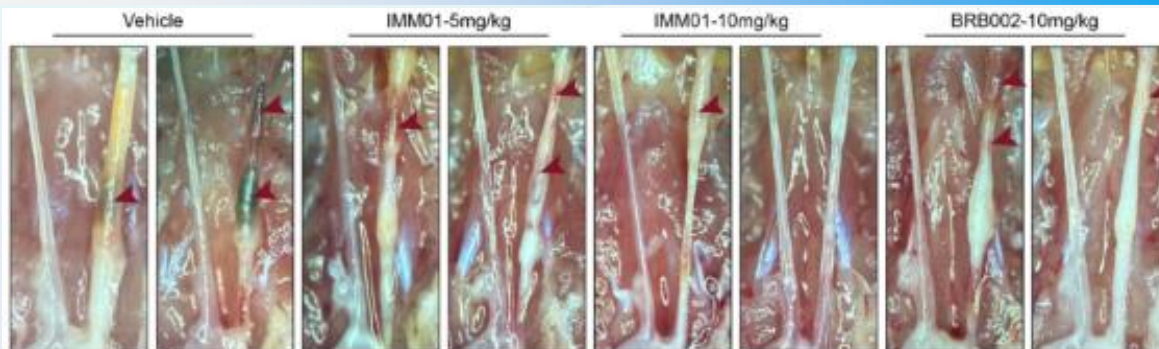


BITTERROOT BIO

- Bitterroot Bio has one CD47/SIRPα that was developed for atherosclerosis
- Bitterroot Bio announced the completion of \$145 million round A funding in June 2023
- The PHII in Austria initiated in June 2025
- Bitterroot Bio was co-founded by Irv Weissman, Nick Leeper, John C. Martin and Lou Lange

Timdarpaccept (IMM01) – Animal study Results Demonstrated Strong Potential in Treating Atherosclerosis

Representative gross pictures of the left common carotid artery

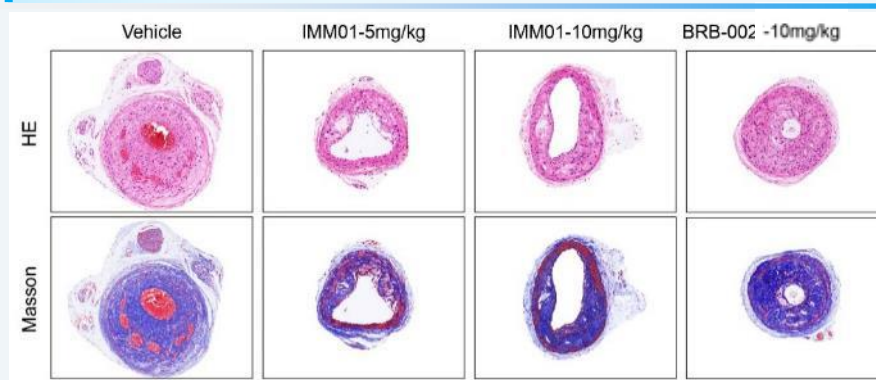


Red arrow: hemorrhage site

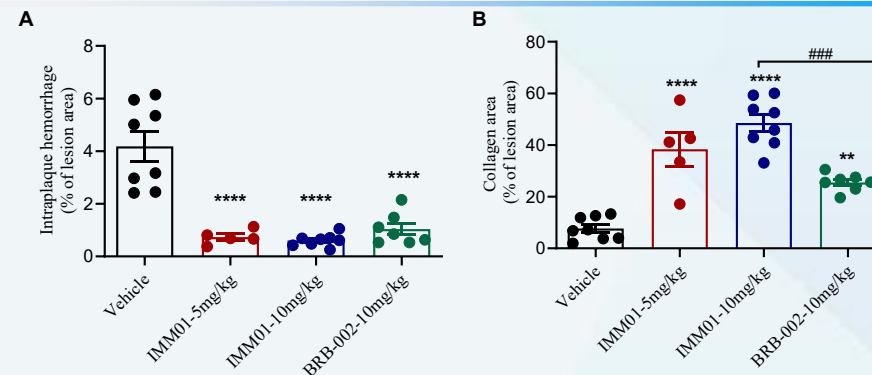
Plaque vulnerability model in a hCD47/hSIRPα apoE^{-/-} mouse:

- Compared to vehicle control (model group), IMM01 (5mg/kg, 10 mg/kg) or BRB-002(10 mg/kg) treatment **significantly reduced intraplaque hemorrhage**; and the increased collagen area stabilized the atherosclerotic plaques and **reduced the risk of bleeding**.
- IMM01 showed better efficacy than BRB-002.**

HE and Masson staining of left carotid artery transverse section



Statistically analysis of the results from HE and Masson staining



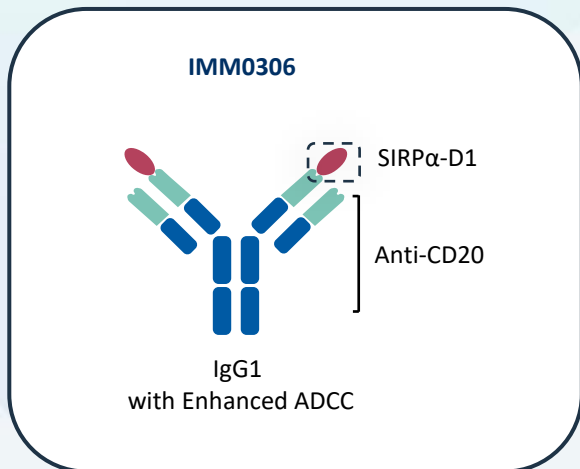
**** $p < 0.0001$, ** $p < 0.01$: VS Vehicle; #### $p < 0.001$: IMM01(10mg/kg) VS BRB-002(10mg/kg) (One-way ANOVA)



IMM0306 (Amulirafusp alfa, CD47×CD20 mAb-Trap)

Phase III - 3L follicular lymphoma, Q1 2026 start

Phase Ib/II - Systemic lupus erythematosus



- R/R-FL, Phase II (In combo with lenalidomide):
ORR = 91.2%, CRR = 67.6% (ASH 2025)
- R/R-FL, Phase III (In combo with lenalidomide):
FPI is expected by end of Jan 2026
- SLE, Phase Ib/II (SRI-4 response rates at W24):
0.8 mg/kg cohort: 71.4%;
1.2 mg/kg cohort: 80.0%

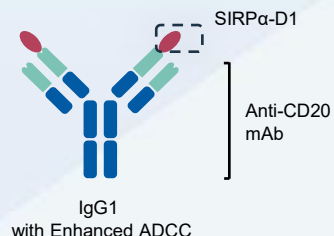
IMM0306 (Amulirafusp alfa, CD47×CD20)

1st CD47 and CD20 Dual-targeting Bispecific to Enter into the Clinical Stage Globally



Overview

IMM0306 Molecule Structure



Full macrophage activation

Improved ADCP and ADCC activity

Improved effectiveness for treating patients predominantly expressing FcγRIIIA-158F polymorphism that is less sensitive to CD20 antibody treatment

Market Opportunities and Competition



Unmet needs of R/R B-NHL treatment:

- ✓ CD20 antibody combined with chemotherapy are recommended for 1L & later line treatment
- ✓ However, **approximately 50% of B-NHL patients will eventually relapse**



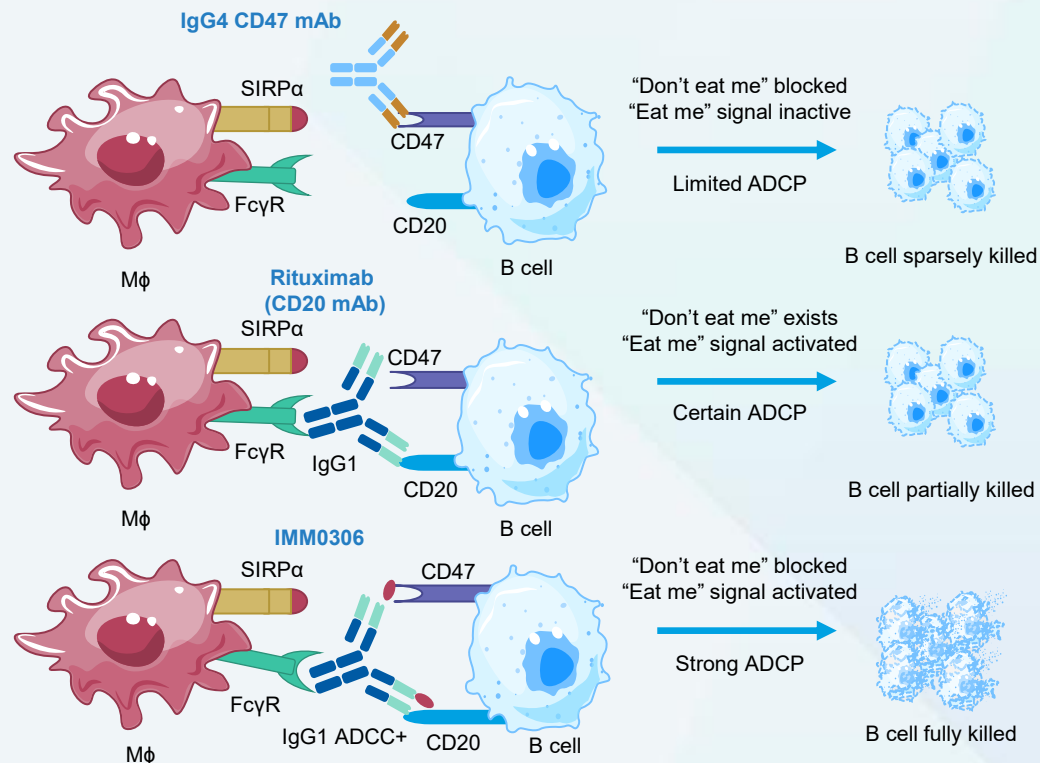
2 CD47×CD20 bispecific antibodies/fusion proteins under development globally. Among them, IMM0306 is the **1st** to enter into a clinical trial.



Have great potential in addressing the **unmet needs of R/R B-NHL treatment**



Mechanism of Action



IMM0306 (Amulirafusp alfa, CD47×CD20) Phase I/II - Study Design

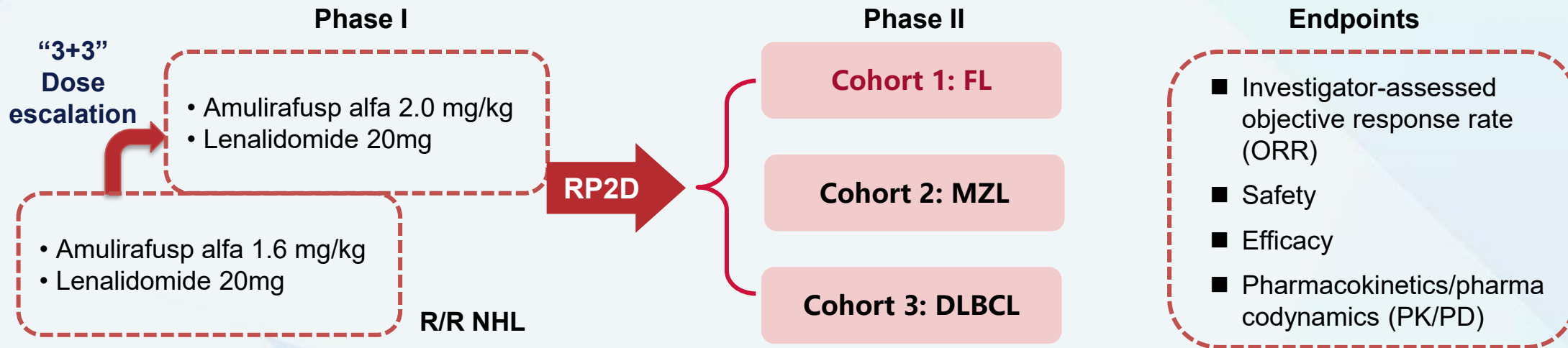
This is an open-label, multicenter phase I/II study in patients with R/R B-cell NHL (NCT05771883).

• Administration

- The recommended Phase II dose (RP2D): 1.6 mg/kg Amulirafusp alfa in combination with 20 mg lenalidomide.
- Amulirafusp alfa was intravenously administered QW up to 2 years with lenalidomide po QD Cycle 1 to 12 on Days 1 to 21 in each 28-day cycle.

• Method

- Safety was evaluated per CTCAE version 5.0.
- Tumor assessments performed by Lugano 2014.



IMM0306 (Amulirafusp alfa, CD47×CD20) Phase I/II - Baseline Characteristic

Baseline Characteristic	Patients (N=38)
Age, years	
Median (range)	54 (32-74)
Gender, n (%)	
Male	22 (57.9)
Female	16 (42.1)
ECOG PS, n (%)	
0	18 (47.4)
1	20 (52.6)
intermediate- or high-risk FLIPI, n (%)	16 (42.1)
Ann Arbor stage III-IV, n (%)	35 (92.1)
Bulky disease (≥7cm), n (%)	3 (7.9)
Positive Bone marrow involvement, n (%)	10 (26.3)
Refractory to previous anti-CD20 therapy*, n (%)	18 (52.6)
Histology, n (%)	
Grade 1 or 2	25 (65.8)
Grade 3a	13 (34.2)
Prior systemic anti-cancer therapy, n (%)	
Median (range)	1 (1-5)

- As of July 10, 2025, 38 patients with FL were enrolled in phase II.
- The median number of prior systemic anti-cancer therapy line was 1.
- All patients previously received anti-CD20 therapy.

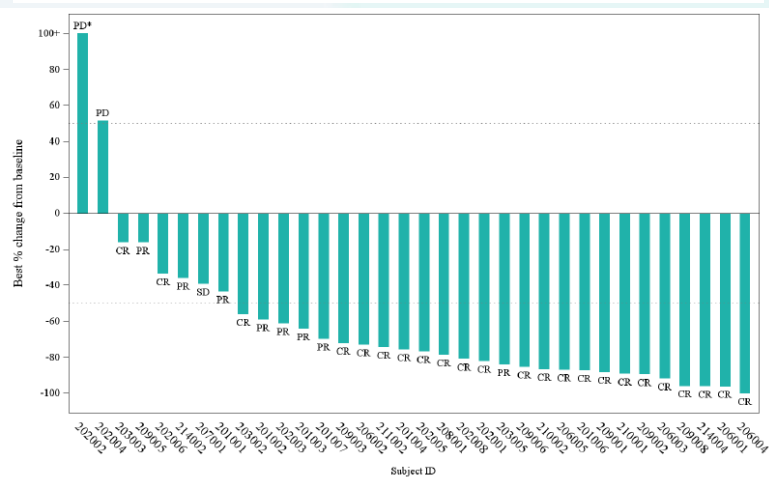
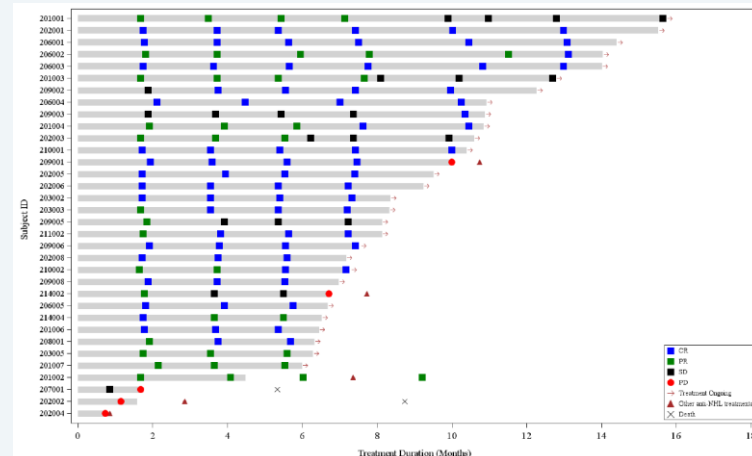
* defined as no response to or progression within 6 months of completion of the last dose of anti-CD20 mAb therapy.

Phase II. Data cut-off date: July 10, 2025

IMM0306 (Amulirafusp alfa, CD47×CD20) Phase I/II - Efficacy

Patients (N=34)	
ORR, n (%)	31 (91.2)
CR, n (%)	23 (67.6)
PR, n (%)	8 (23.5)
PFS, months, median (95% CI)	NR (NR, NR)
6-month rate,%	91.2 (75.1, 97.1)

Among 18 CD20-refractory patients, the CR rate, ORR and 6-month PFS rate were 66.7%, 88.9% and 88.9% (95% CI, 62.4-97.1), respectively.



Data cut-off date: July 10, 2025

IMM0306 (Amulirafusp alfa, CD47×CD20) Phase I/II - Safety

Overview of TRAE, n(%)		Patients (N=47)
All grade TRAE		47 (100.0)
≥ G3 TRAE		44 (93.6)
Treatment-related SAE		11 (23.4)
TRAE leading to dose reduction		21 (44.7)
TRAE leading to amulirafusp alfa dose reduction		10 (21.3)
TRAE leading to lenalidomide dose reduction		21 (44.7)
TRAE leading to treatment discontinuation		2 (4.3)
TRAE leading to death		0
TRAE, n (%)	Patients (N=47)	
	All Grades	Grade 3-4
Neutrophil count decreased	38 (80.9)	29 (61.7)
WBC count decreased	36 (76.6)	20 (42.6)
Platelet decreased	33 (70.2)	10 (21.3)
Anemia	28 (59.6)	0
Lymphocyte count decreased	26 (55.3)	20 (42.6)
Blood bilirubin increased	15 (31.9)	0
Infusion-related reactions	16 (34.0)	0
Upper respiratory tract infection	11 (23.4)	1 (2.1)
Hypoalbuminaemia	11 (23.4)	0
Asthenia	10 (21.3)	1 (2.1)

The safety-evaluable population included 47 FL patients, of whom 9 patients were in phase I and 38 patients were in phase II.

- 44 (93.6%) patients had Grade ≥3 treatment-related adverse events (TRAEs).
- 11 (23.4%) patients had treatment-related serious adverse events (SAEs).
- 21 (44.7%) patients had TRAEs leading to dose reduction.
- 2 (4.3%) patients experienced TRAE leading to the study drug discontinuation, one patient due to Type I hypersensitivity and one patient (discontinued lenalidomide only) due to rash, and both AEs were resolved with sequelae or recovered to grade 1.
- No TRAE led to death.
- All subjects experienced TRAEs, which were primarily hematological toxicities. Most of these events resolved within 1-2 weeks after symptomatic treatment.

Data cut-off date: July 10, 2025

IMM0306 (Amulirafusp alfa, CD47×CD20) Phase I/II - Conclusion

Amulirafusp alfa in combination with lenalidomide showed a high rate of response and a well-tolerated safety profile in patients with R/R FL.

➤ **Promising anti-tumor efficacy**

- ORR 91.2%, CR rate 67.6%
- The median PFS was not reached and 6-month PFS rate was 91.2%

➤ **Well-tolerated safety profile**

- All subjects experienced TRAEs, which were primarily hematological toxicities. Most of these events resolved within 1-2 weeks after symptomatic treatment
- 2 (4.3%) patients experienced TRAE leading to the study drug discontinuation, and both AEs were resolved with sequelae or recovered to grade 1
- No TRAE led to death

IMM0306 (Amulirafusp alfa, CD47×CD20) - Potential in Autoimmune Diseases

IND Approved in China

Systemic lupus erythematosus (SLE)
Phase Ib

Neuromyelitis optica spectrum disorder (NMOSD)
Phase Ib

Lupus nephritis (LN)
Phase II

IND submitted

Subcutaneous formulation for SLE
China IND submitted

IgG4-related disease
China IND submitted

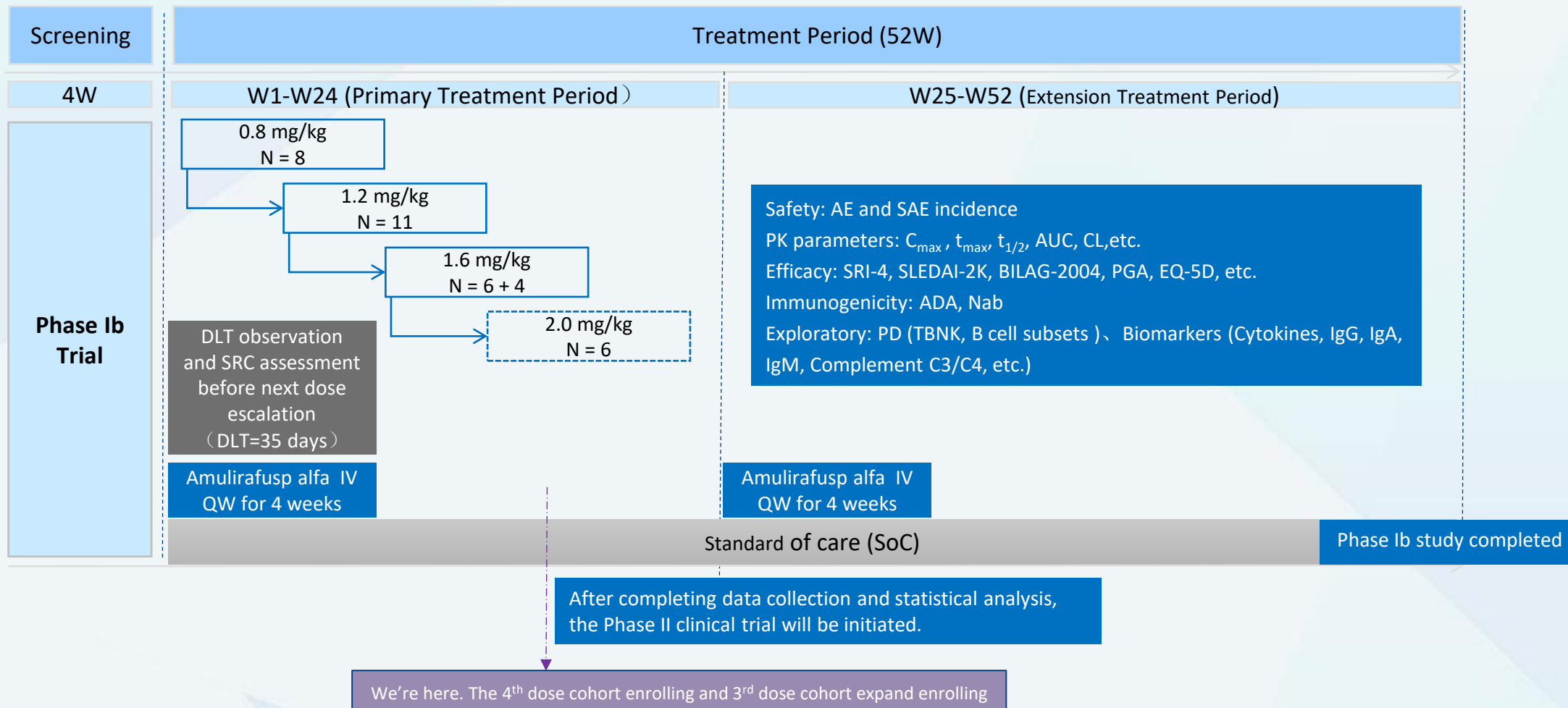
Membranous nephropathy
China IND submitted

IND planned in US & China

Multiple sclerosis (MS)
China: Phase II
US: Phase Ib/II

Myasthenia gravis (MG)
China: Phase II
US: Phase Ib/II

IMM0306 (Amulirafusp alfa, CD47×CD20) - SLE Phase Ib Trial Design



Amulirafusp alfa is Well Tolerated in SLE Patients

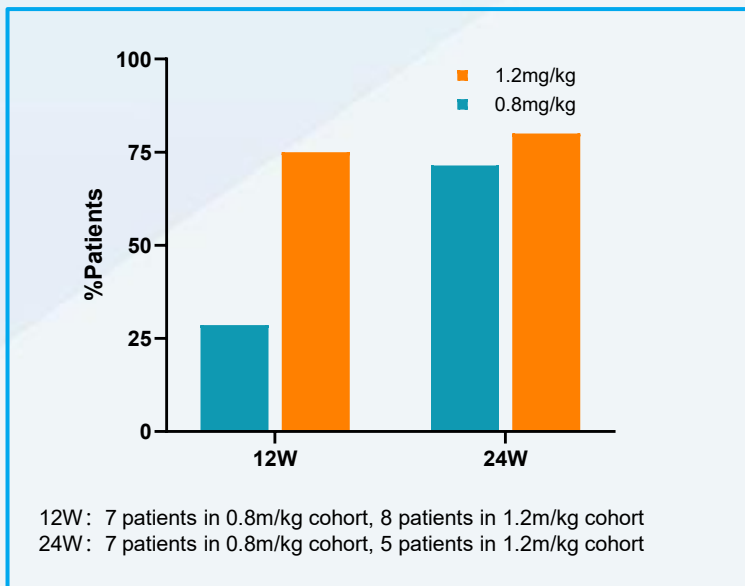
Overview of TRAEs, n(%)	Amulirafusp alfa		Total (N=19*)
	0.8mg/kg (N=8*)	1.2mg/kg (N=11)	
All grade TRAE	5(62.5)	9(81.8)	14(73.7)
≥ G3 TRAE	1(12.5)	1(9.1)	2(10.5)
TRAE leading to dose reduction	0	0	0
Treatment-related SAE	0	0	0
TRAE leading to withdrawal	0	0	0
TRAE leading to death	0	0	0

- 2 subjects occurred ≥ Grade 3 TRAE. 1 subject in 0.8 mg/kg dose group experienced platelet count decreased and headache following the fourth administration, the platelet count resolved within 4 days without any treatment and the headache resolved within two days following a single dose of paracetamol. Another subject in the 1.2 mg/kg dose group experienced platelet count decreased following the fourth administration and resolved within 5 days without any treatment.
- There were no treatment related SAE, or TRAE leading to death.

Source: ACR 2025 poster; data cut-off Sep 10, 2025

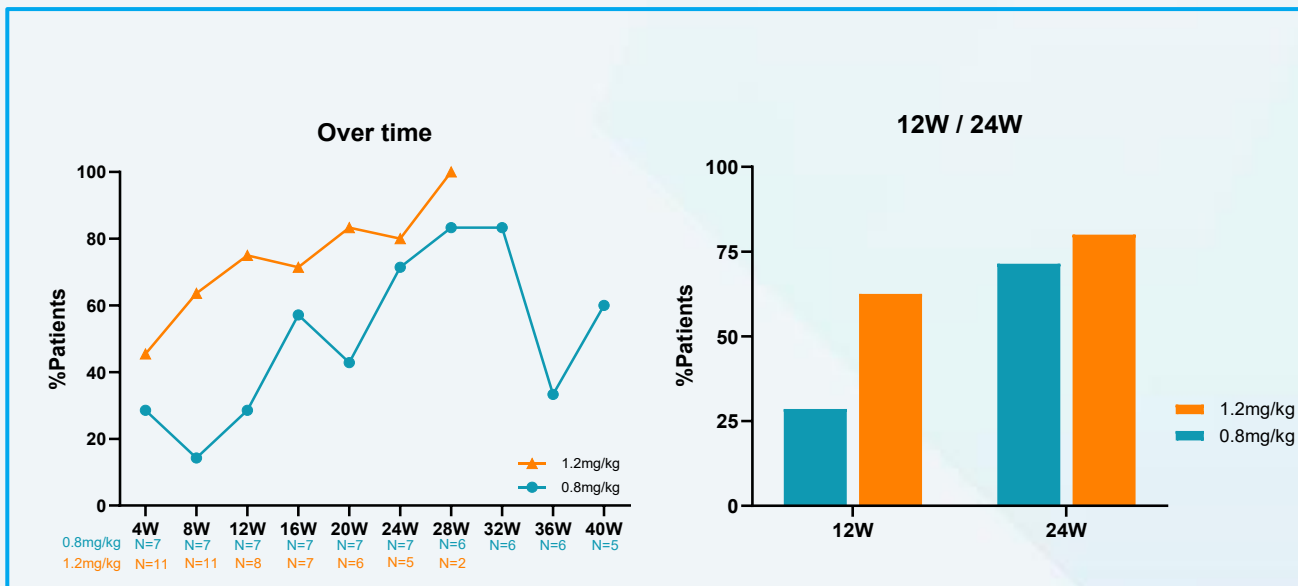
Amulirafusp alfa Shows Rapid, Dose-Dependent SLEDAI-2K Improvement

SRI-4 Response



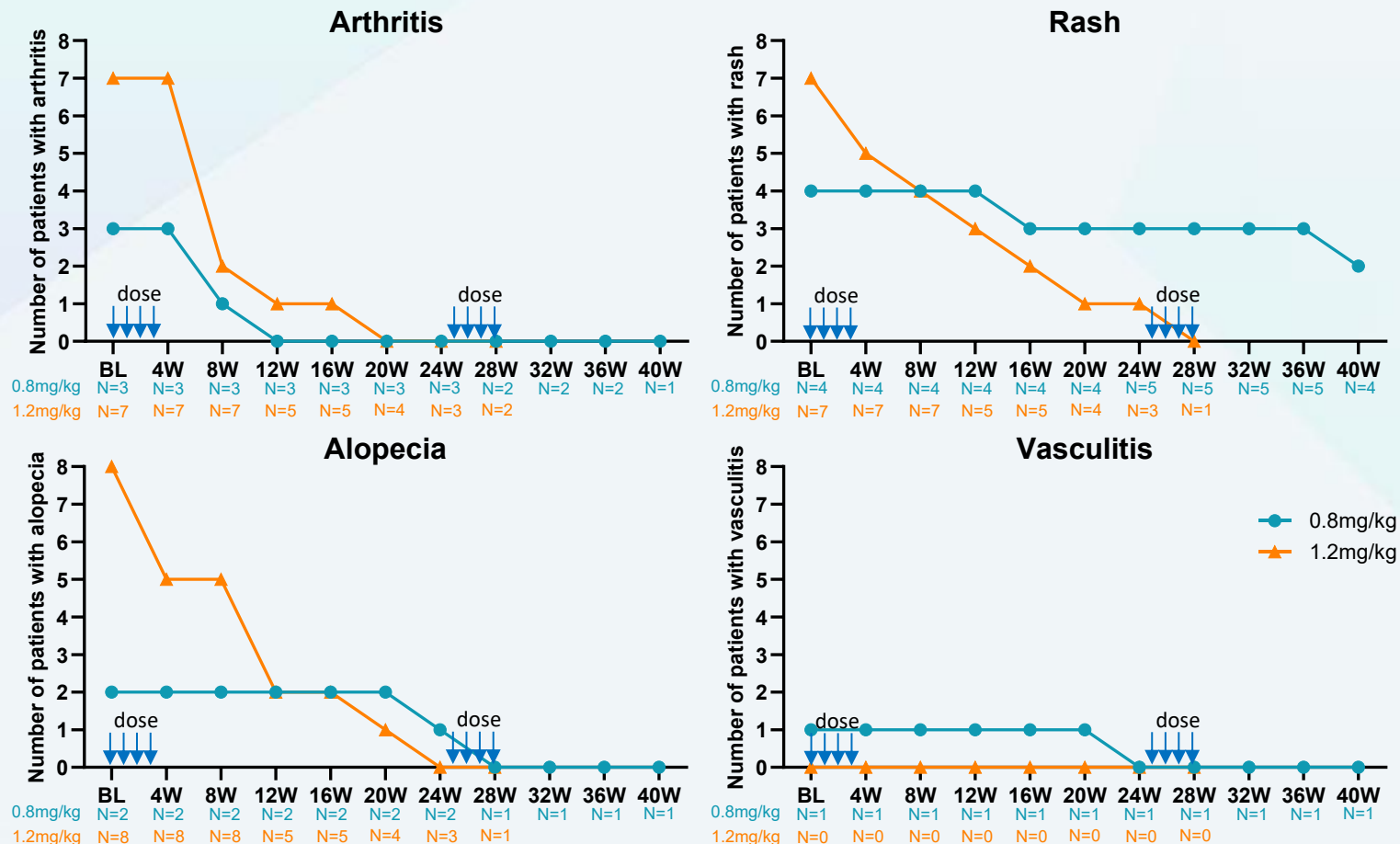
The SRI-4 rates at 24W for the 0.8 mg/kg and 1.2 mg/kg cohorts were 71.4% (5/7) and 80.0% (4/5) respectively. 6 patients in 1.2 mg/kg cohort still not reached the 24W evaluation.

Proportion of patients with ≥ 4 points reduction from baseline in SLEDAI-2K score



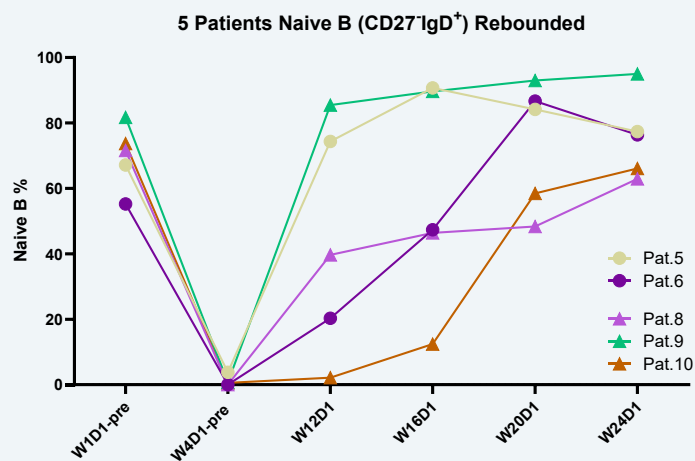
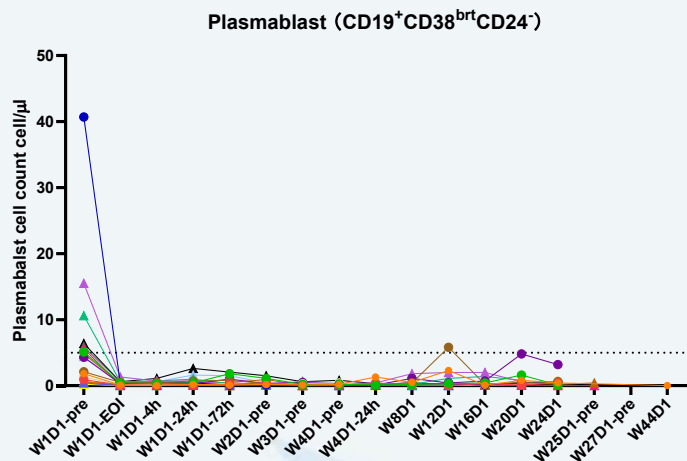
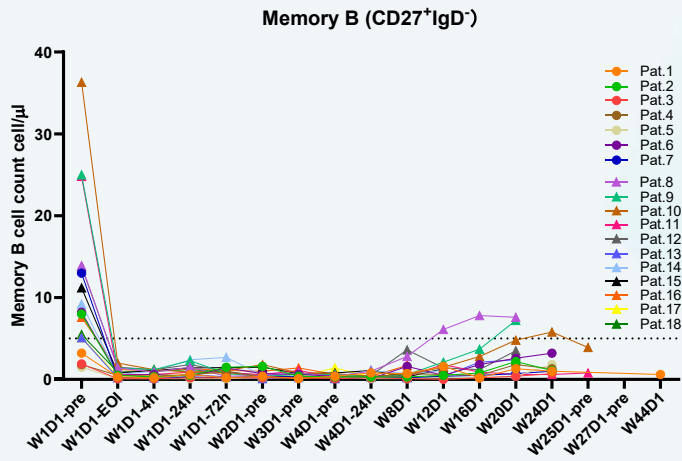
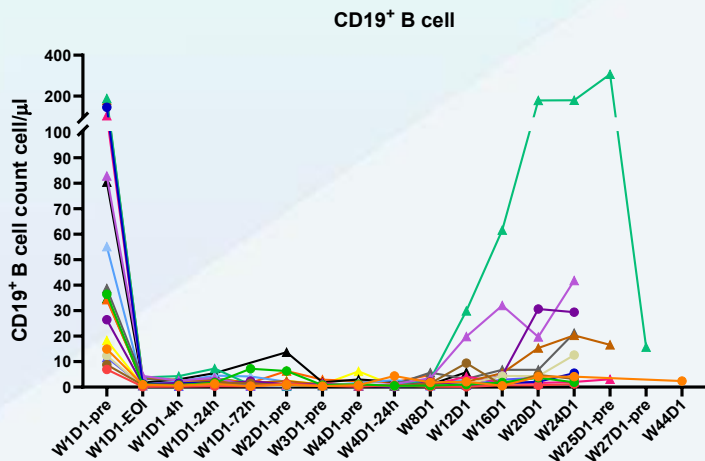
Note: The patients included in the efficacy analysis had completed ≥ 4 doses and at least one efficacy evaluation (7 patients in 0.8mg/kg cohort, 11 patients in 1.2mg/kg cohort)

Amulirafusp alfa - Situation of Arthritis, Rash, Alopecia and Vasculitis are Improved



Source: ACR 2025 poster; data cut-off Sep 10, 2025

Amulirafusp alfa - Efficient and Sustained B-cell Depletion with Immune Reconstitution Observed



In Patients 5, 6, 8, 9 and 10, B-lineage cells rebounded between Weeks 12 and 24. Notably, the reconstituted B-cell pool was predominantly composed of naïve B cells, whereas memory B cells continued to decline, and plasmablasts persisted at very low levels. These findings suggest that IMC-002 treatment led to a reconstitution of B-cell lineages toward a predominantly naïve phenotype alongside prolonged suppression of humoral immunity.

Amulirafusp alfa - Shows Best-in-disease Potential in SLE

	Amulirafusp alfa		Mosunetuzuma b²	Telitacicept³	Belimumab⁴
Target	CD47xCD20		CD3xCD20	BLyS, APRIL	BLyS
Dose	0.8 mg/kg	1.2 mg/kg	15/45/60 mg	160 mg	10 mg/kg
SRI-4 response	71% (5/7) Week24¹	80% (4/5) Week24	66.7% ^{2.1} (4/6) Week52	67% (N=167) Week52	43% (N=273) Week52 ^{4.1}
B-cell depletion right after infusion	Yes		n.a.	n.a.	n.a.
Cytokine release syndrome	0		26.7% (4/15)	n.a.	n.a.
Dose step-up	Not required		Required	Not required	Not required
Stage	Phase Ib		Phase Ib	Approved in China	Approved by FDA

n.a. not available

1. 1.2 mg/kg. Data cut-off Sep 10, 2025. 2. Chindalore et al. EULAR2025 POS1160. 2.1 ≥ 4 points reduction from baseline in patients with SLEDAI-2K ≥ 8 . 3. van Vollenhoven et al. N Engl J Med. 2025 Oct 16;393(15):1475-1485. BLyS: B lymphocyte stimulator; APRIL: a proliferation inducing ligand. 4. Furie et al. Arthritis Rheum. 2011 Dec;63(12):3918-30. 4.1 Approved dose (10mg/kg), base line SLEDAI score ≥ 6 .



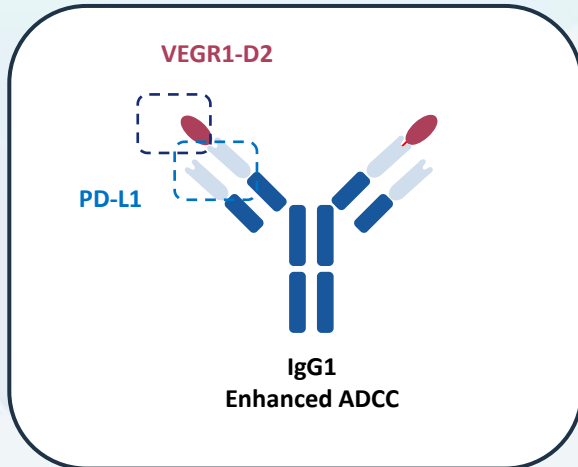
宜明昂科
ImmuneOnco

Palverafusp alfa (IMM2510, VEGF × PD-L1)

Regained global rights

Phase III – IO-treated NSCLC, Q2 2026 start

EOP2 with authority for consolidation therapy of lung cancer

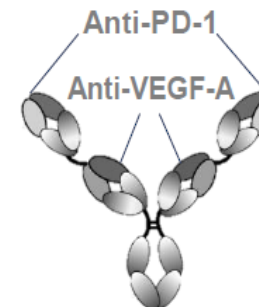
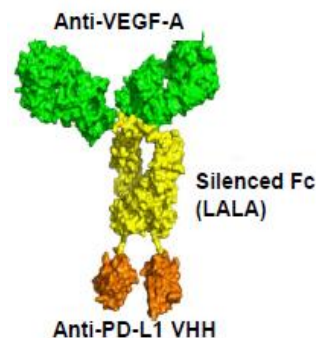
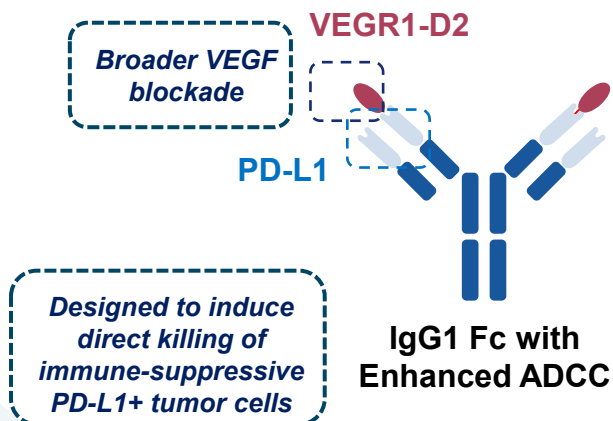


- SQ-NSCLC, IO-failed, Phase II (Monotherapy):
ORR = 35.3%, mPFS = 9.4 months (WCLC 2025)
- Phase III for sq-NSCLC:
Initiation planned for Q2 2026
- Neoadjuvant therapy of sq-NSCLC, Phase II:
IND approved
- Neoadjuvant therapy of ESCC, Phase II:
IND approved
- **Regained global rights** in January 2026

Palverafusp alfa(IMM2510) (VEGF × PD-L1)

Key Competitor Landscape

	IMM2510 (ImmuneOnco / Instil Bio)	PM8002 (BioNTech)	AK112 (Akeso / Summit)	SSGJ-707 (3SBio/ Pfizer)
VEGF binding	VEGF-A, VEGF-B, PlGF	VEGF-A	VEGF-A	VEGF-A
PD-1 or PD-L1	PD-L1	PD-L1	PD-1	PD-1
ADCC	Enhanced ADCC	None	None	None



Efficacy comparison vs other VEGFxPD(L)-1 in NSCLC

	Palverafusp alfa (IMM2510) ¹	Palverafusp alfa (IMM2510) ¹	Ivonescimab ²	Pumitamidg (BNT327) ³	Pumitamidg (BNT327) ³
Tumor type	NSCLC	NSCLC	NSCLC	NSCLC	NSCLC
Subtype	All	squamous	EGFR/ALK/ROS wildtype	EGFR-mut	EGFR/ALK wiletype
Dosage	3-20mg/kg Q2W	3-20mg/kg Q2W	10-30mg/kg Q2/3W	20mg/kg Q2W	20mg/kg Q2W
Efficacy evaluable N	28	17	15	36	8
Prior treatment lines	≥1	≥1	1	≥1	≥1
Prior IO treatment	Yes (73.5%)	Yes (100%)	No	N/A	Yes
ORR	25%	35%	33%	19%	13%

Safety comparison vs other VEGFxPD(L)-1

Type	Palverafusp alfa (IMM2510) Phase I (n=150) ³	Ivonescimab Phase Ia (n=51) ¹	Pumitamig (BNT327) Phase Ia (n=80) ²
Patient	Advanced solid tumor	Advanced solid tumor	Advanced solid tumor
TRAEs – all	92.7%	74.5%	77.5%
TRAEs – grade 3 and above	22.7%	27.5%	22.5%
Serious TRAEs	11.3%	5.9%	N/R
TRAEs Leading to Treatment Interruption/Discontinuation	4.0%	7.8%	10%
irAE	8.0%	undisclosed	45%
Potential VEGF-related TRAE			
Hypertension (Grade 3 and above)	1.3%	13.7%	6.25%
Proteinuria (Grade 3 and above)	0.7%	2.0%	15%

Efficacy comparison of monotherapy in IO-treated NSCLC, vs PD-L1 ADC, PD1xIL2

Company	ImmuneOnco ¹	Henlius ²	Innovent ³	
Product	Palverafusp alfa (IMM2510)	HLX43	IBI363	
Target (Modality)	PD-L1 /VEGF (Bispecific)	PD-L1 ADC	PD-1 /IL-2 ^a (Bispecific)	
Clinical ID	NCT05972460	NCT06115642	NCT05460767	
Patient Population	Late-stage/advanced metastatic sq-NSCLC	Late-stage/advanced metastatic sq-NSCLC	Late-stage/advanced metastatic sq-NSCLC	
N (efficacy evaluable)	17	28	27	30
Prior Lines ≥2	64.7%	73.2%	64.3%	67.7%
I/O treated	100%	89.3%	100%	96.8%
Dosage	3mg/KgQ3W; 6mg/kgQ3W ; 10mg/kgQ3W; 20 mg/kg Q3W	2.0mg/kg Q3W; 2.5 mg/kg Q3W	1mg/Kg Q2W; 1.5mg/Kg Q3W	3mg/Kg Q3W
ORR	35.3%	28.6%	25.9%	36.7%
DcR	76.5%	82.1%	66.7%	90%
mPFS	9.4	Undisclosed	5.5	9.3
mDoR	7.59	Undisclosed	10.2	NR
mOS	NR	Undisclosed	15.3	NR

Note: AK112 combined with docetaxel for the treatment of immune-resistant NSCLC has entered Phase III clinical trials, but efficacy data for AK112 as a monotherapy for immune-resistant NSCLC has not been published.

Source: 1. WCLC 2025 presentation 2.WCLC 2025 presentation ; 3. ASCO 2025 presentation;

Safety comparison of monotherapy in IO-treated NSCLC, vs PD-L1 ADC, PD1xIL2

Category	IMM2510 ¹ (3mg/kg Q3W; 6mg/kg Q3W ; 10mg/kg Q3W; 20 mg/kg Q3W) Phase I (n=23) ³	HLX43 ² Phase I (2.0mg/kg; 2.5 mg/kg) (n=56) ¹	IBI363 ³ Phase I (1mg/kg Q2W ;1.5mg/kg Q3W) (n=62) ²	IBI363 ³ Phase I (3mg/kg-Q3W) (n=57) ²
TRAEs	100%	100%	93.5%	96.5%
Grade ≥3 TRAEs	43.5%	46.4%	17.7%	43.9%
Severe TRAEs	17.4%	Undisclosed	21%	40.4%
TRAEs Leading to Treatment Discontinuation	4.3%	8.9%	6.5%	7.0%
irAE	13% (1 Grade 3 rash, 1 Grade 2 elevated bilirubin, 1 Grade1 rash)	21.4% immune-related pneumonitis (14.3%)	Possible irAEs: Arthralgia ~40% Rash ~25% Hypothyroidism ~35% Hyperthyroidism ~10% Elevated alanine aminotransferase (ALT) ~15% Elevated aspartate aminotransferase (AST) ~15% Hyperglycemia ~10% Elevated bilirubin ~10%	Possible irAEs: Arthralgia ~65% Rash ~55% Hypothyroidism ~40% Hyperthyroidism ~30% Elevated alanine aminotransferase (ALT) ~25% Elevated aspartate aminotransferase (AST) ~20% Hyperglycemia ~20% Elevated bilirubin ~15%

1. IMM2510 monotherapy for I/O treated advanced sq- NSCLC . Among 23 patients, 2 received 3 mg/kg, 1 received 6 mg/kg, 4 received 10 mg/kg, and 16 received 20 mg/kg (RP2D).

2. HLX43 2.0 mg/kg; 2.5 mg/kg, monotherapy for advanced/metastatic NSCLC refractory to SOC

3. IBI363 monotherapy for I/O treated NSCLC, including squamous and non-squamous.

Source: 1. WCLC 2025 presentation 2. WCLC 2025 presentation ; 3. ASCO 2025 presentation;



Thank you!

