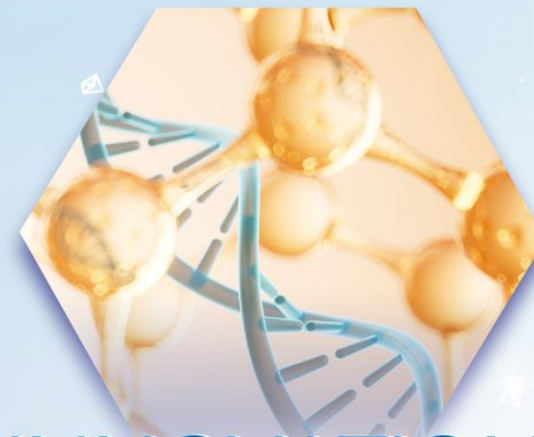


2026 Interim Results Presentation

Aug 2026



INNOVATION





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01

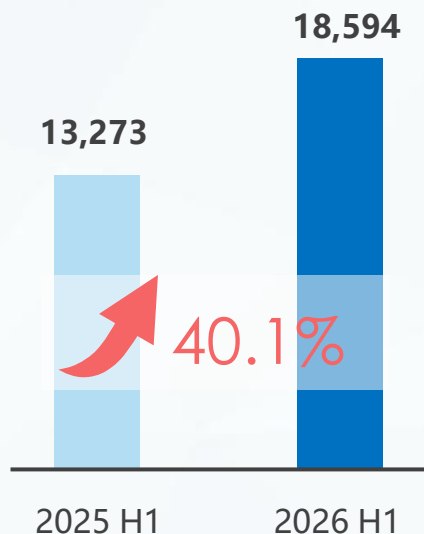
Performance highlights



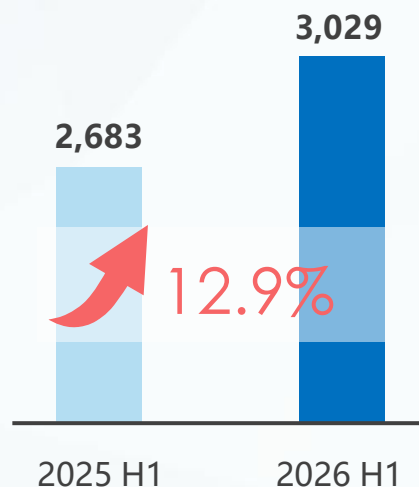


Strong 2026 H1 Performance, delivering dual success in out-licensing and shareholder returns

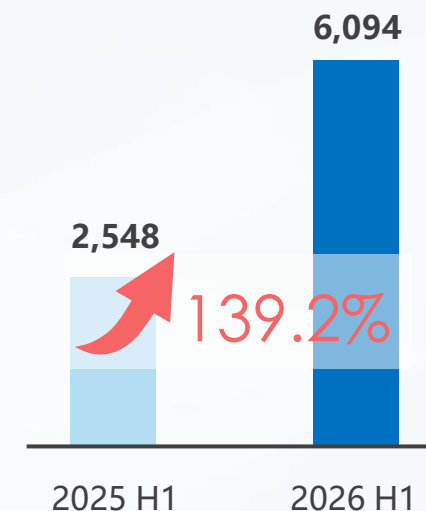
Revenue (RMB' M)



R&D expenses (RMB' M)



Reported profit attributable to shareholders of the company (RMB' M)



License-out

In 2026, **2** BD transactions have been completed, with a total amount of USD **20.27** billion.

In 2026 H1, the license fee income of RMB **5,895** million was booked in.

Shareholder returns

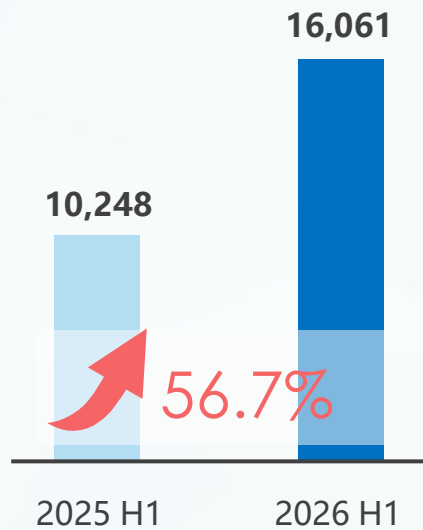
In 2026 H1, a total of HK\$ **321** million in shares was repurchased for share awards.

The Board declared an interim dividend of HK **18** cents per share.

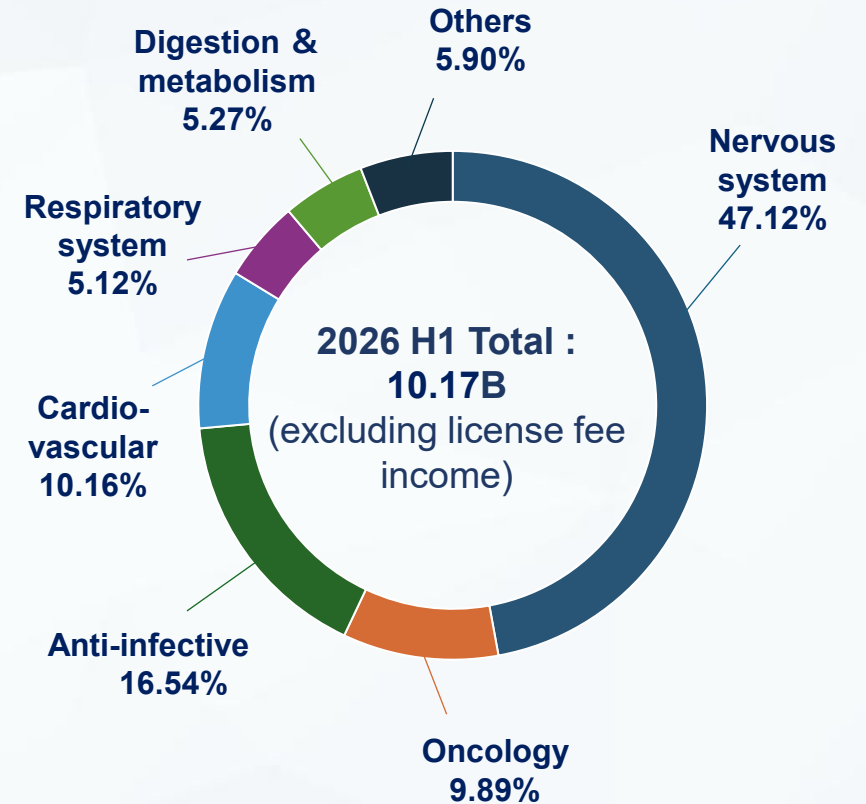
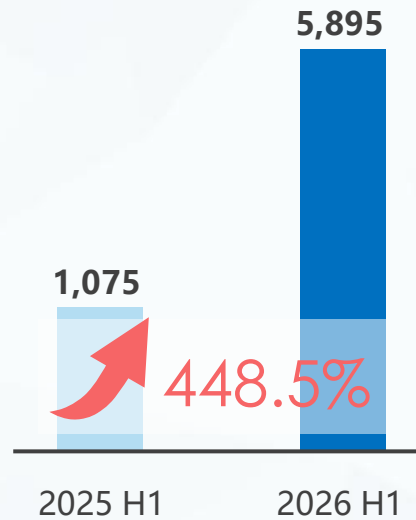


Finished drugs revenue grew steadily, driven by a sharp increase license fee income

Finished drugs revenue (RMB' M)



License fee income (RMB' M)



Finished drugs revenue grew steadily, with product sales (excluding license fee income) maintaining a steady upward trend.

Finished drugs revenue (excluding license fee income) for 2026 H1 was RMB10.17 billion, **↑10.8%** growth YoY.

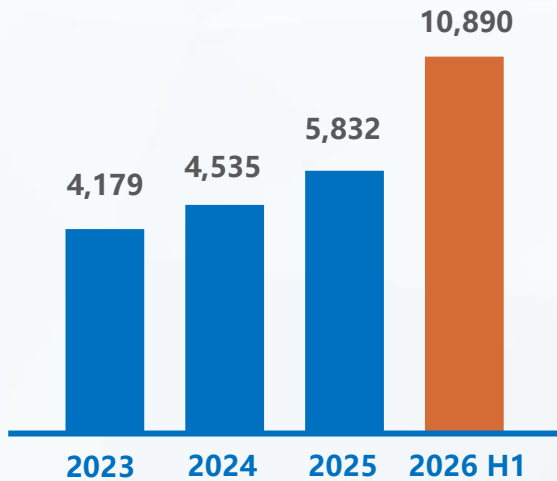


Stable and healthy operating cash flow safeguards shareholders' long-term interests

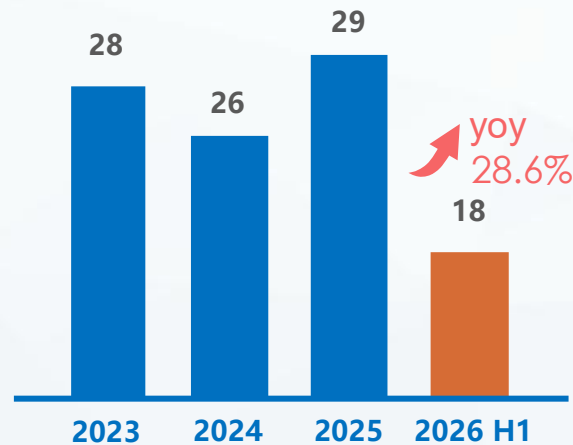


The cash flow remains stable and healthy
Maintaining active dividend payments to shareholders

Operating cash flow
(RMB'M)



Dividend (HK cents)



The company's net profit is primarily allocated to three areas:
R&D, shareholder dividends, and equity incentives.

2026H1 net profit RMB **6,460** million,

R&D expenses RMB **3,029** million,

Total shareholders dividends of HK\$ **2,074** million,

Incentive plan buyback HK\$ **321** million,



Main business and BD have generated healthy cash flow, promoting long-term sustainable development of the company.
Actively return benefits to shareholders through dividend distribution or share repurchase.



Strong start to 2026, powered by BD breakthroughs



18.5 billion US dollars – The largest-ever licensing deal by a Chinese pharmaceutical company



Strategic collaboration based on long-acting and peptide platform

Development and commercialization in overseas licensing areas

Upfront payment: USD 1.2 billion

Maximum potential milestone payment: USD 17.3 billion



Strategic collaboration based on siRNA platform

Development and commercialization in global licensing areas or regions outside China

Upfront payment: USD 30 million

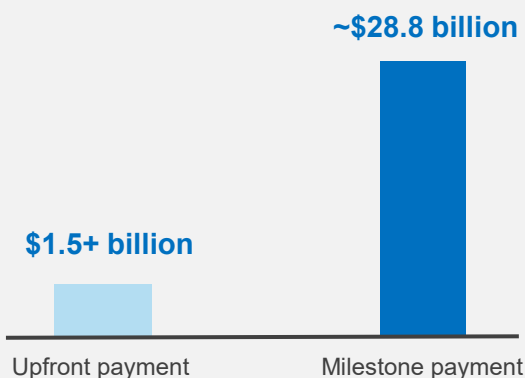
Maximum potential milestone payment: USD 1.74 billion



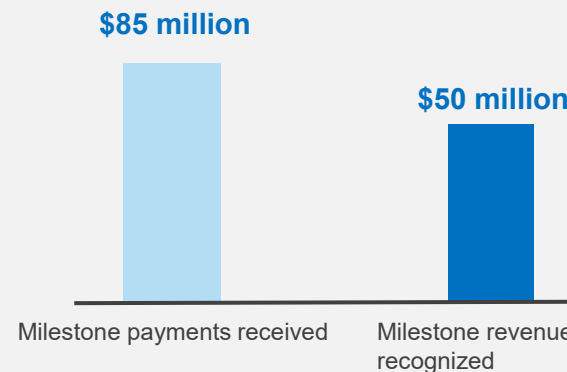
Jointly build a biopharmaceutical production base

CSPC holds **51%** of the shares in the joint venture, while AstraZeneca holds **49%** of the shares.

Cumulative out-licensing deal value



BD R&D milestones will soon be a regular income stream for us



- ✓ Nectin-4 ADC
- ✓ Lp(a) small molecule
- ✓ Strategic collaboration based on AI platform
- ✓ Strategic collaboration based on long-acting and peptide platform

Single-Product Out-Licensing – Platform Strategic Collaborations – Global Supply Chain Layout



Pipeline advancing steadily, with results accelerating into tangible outcomes

Regulatory Updates

7 Key drugs approved

- Clevidipine Injectable Emulsion
- Aripiprazole Injection
- Amphotericin B Liposomes (Europe)
- Ustekinumab Injection
- Anbenitamab Injection
- Paclitaxel for Injection (albumin-bound) (II)
- Paliperidone Palmitate Injection

3 Breakthrough Therapy Designations

- **SYS6010 (EGFR ADC) - ESCC**
- **Docetaxel (albumin-bound) and Anbenitamab**
1L advanced HER2+ breast cancer
- **SYS6043 (B7-H3 ADC)**
Platinum-resistant ovarian cancer, primary peritoneal carcinoma and fallopian tube cancer



Major Clinical Trial Progress

18 New pivotal clinical trials

- **SYS6010(EGFR ADC) :**
ESCC, Breast cancer, 2L EGFRwt Nsq-NSCLC, Adjuvant treatment for NSCLC, 1L driver-gene-negative, PD-L1-positive NSCLC
- **SYH2053 (PCSK9 siRNA) :**
Dyslipidemia (as monotherapy or in combination) / Heterozygous familial hypercholesterolemia
- **SYS6093 (TSLP) :**
Moderate to severe asthma / COPD
- **SYS6043 (B7-H3 ADC) :**
Platinum-resistant ovarian cancer, primary peritoneal carcinoma and fallopian tube cancer
- **Long-acting octreotide injection :**
Postoperative adjuvant therapy for pancreatic neuroendocrine tumors
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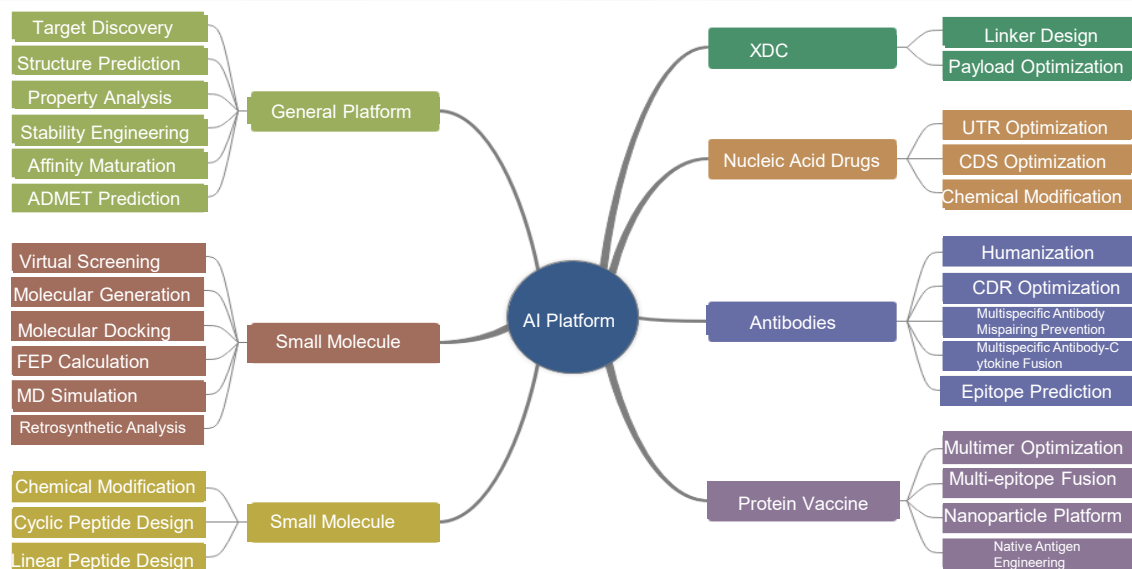
3 Priority review and approval:

- **Sirolimus (albumin-bound) - PEComa**
- **Docetaxel (albumin-bound) and Anbenitamab**
1L advanced HER2+ breast cancer
Neoadjuvant treatment for HER2+ breast cancer

30 IND approvals : China (21) | Overseas (9)

Independent R&D: Building an AI-Powered engine for new drug discovery

- **Core Technology Platform:** Leveraging AI to perform in-depth analysis of binding modes between target proteins and compound molecules, the platform enables targeted molecular structure optimization and rapidly screens for candidate drugs with high activity and strong development potential. It already offers a one-stop development pipeline covering target discovery, molecular generation, structure prediction, and ADMET (absorption, distribution, metabolism, excretion, and toxicity) prediction.
- **Significant Efficiency Gains and Cost Reduction:** AI empowerment has substantially improved R&D efficiency. The Group has reduced the timeline for early-stage new drug discovery by **over 30%**, cut R&D costs by nearly half, and nearly tripled the accuracy of candidate compound screening. The overall success rate of early-stage screening has **increased by 50% to 60%**.
- **Full-Process Enablement:** AI technology has been deeply integrated into the entire new drug R&D process, encompassing target discovery, molecular design, clinical protocol optimization, and beyond. Its application scope has also expanded from initial small-molecule drug screening to cutting-edge areas such as antibody screening, nucleic acid screening, mRNA sequence optimization, and protein engineering/remodeling.



AI Automated Synthesis Platform



1. Intelligent Patient Screening and Enrollment

3. Clinical Document Writing

5. Competitive Trial Intelligence Monitoring

Clinical AI Platform



2. Professional Translation of Clinical Documents

4. Intelligent SAE Management

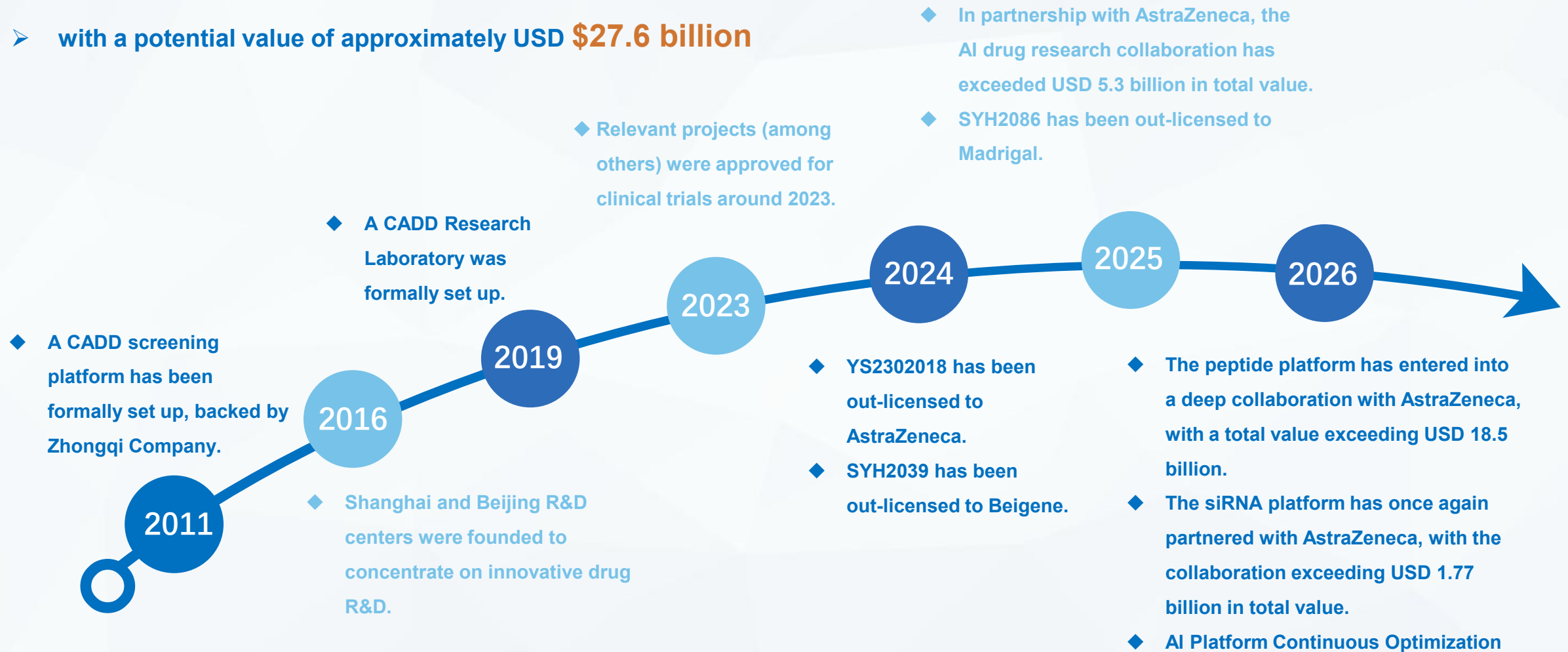
6. Tracking and Insights into Clinical Policies and Regulations

The one-stop AI-driven drug design platform has been extensively applied across all facets of new drug R&D.



Major Collaboration: AI platform value gains international recognition

- **5** out-licensing collaborations
- with a potential value of approximately USD **\$27.6 billion**





Industry Benchmark: Authoritative recognition and AI platform market standing

01

Authoritative Recognition

The self-developed “AI Engine Dual-Driven Drug Discovery Platform” has been successfully selected as a typical case in the Ministry of Industry and Information Technology (MIIT) 2025 Digital Transformation “Digital Three Products” initiative.

02

Industry Status

International research reports identify CSPC Pharmaceutical Group as a pioneer in AI-driven drug discovery (AIDD) among leading pharmaceutical companies. In terms of total transaction value, CSPC is the world’s largest out-licensor of AIDD platforms.





Future Catalysts: Pivotal clinical trials advancing across the board, with pivotal data readouts on the horizon

2026 H2 Major data readouts (~15)

SYS6010+SG001 EGFR ADC+PD-1Inhibitor	Advanced lung cancer cohort phase II	WCLC Oral
SYH2053 PCSK9 siRNA	Hyperlipidemia phase II	ESC Oral
SYS6093 TSLP	Moderate to severe asthma phase II	ERS Poster
TG103	T2DM phase III	EASD Short oral discussion
SYS6002 Nectin-4 ADC	Cervical cancer phase I	IGCS Rapid oral presentation
SYS6043 B7-H3 ADC	Breast cancer phase I	ESMO Rapid oral presentation
SYS6090 PD-1/IL-15	Advanced solid tumors phase I	ESMO Rapid oral presentation
Anbenitamab + Docetaxel (albumin-bound)	1L advanced HER2+ breast cancer phase III Gastric cancer OS data update phase III	ESMO
SYS6010 EGFR ADC	Breast cancer	ESMO Poster
Docetaxel (albumin-bound) +FOLFOX	Advanced gastric cancer phase Ib/III	ESMO ePoster

.....

FY2026: 50+ IND approvals expected

SYS6077 - colorectal cancer - mRNA vaccine

SYH2092 (Amylin analog) - Obesity / T2DM

SYH2082 Injection (GLP-1/GIP) - Obesity

SYS6063 Injection - SLE

SYH2059 Inhibitor inhalation powder (PDE4B) - ILD

SYS6051 (TF ADC) - advanced solid tumors

SYS6053 - Hemophilia A

SYS6052 - prevention of herpes zoster

JMT205 Injection - prevention of lower respiratory tract infection

.....

H1: 18 pivotal trials launched; 5+ more in preparation

SYS6002+PD-1 - 1L Urothelial carcinoma [phase III](#)

Indacaterol Mometasone inhalation powder - Asthma [phase III](#)

Docetaxel (albumin-bound) - Advanced breast cancer [phase III](#)

SYS6043 - Breast cancer [phase III](#)

SYS6040 - SCLC [phase III](#)

SYS6043 - Maintenance therapy for SCLC [phase III](#)

Indacaterol Glycopyrronium inhalation powder - Asthma [phase III](#)

.....



Future Catalysts: A concentrated launch of the innovative drug matrix unlocks revenue growth potential

Expected Launches in 2026-2028 **30+**

✓ **7** completed

Launches in 2021-2025

Anfulike
Duoenda
Duentai
Jinlital
Mingfule (AIS)
Enyitan
Enshuxing
Ansulike
Meiluotai
Shanzeping

Expected Launches in 2026 (In plan)

Clevidipine injectable emulsion ✓
Acute hypertension crisis

Anbenitamab injection (KN026) ✓
≥2L HER2+ advanced gastric cancer

Paclitaxel for injection (albumin-bound) (II) ✓
Advanced breast cancer

Paliperidone palmitate injection ✓
Schizophrenia

Aprepitant injection ✓
Preventing postoperative nausea and vomiting in adults

Ustekinumab ✓
Plaque psoriasis

Batoclimab (in-licensed)
Myasthenia gravis

Pregabalin extended-release tablets
Diabetic peripheral neuropathic pain

Amphotericin B liposomes (Europe) ✓

TG103 injection
Obesity

.....

Expected Launches in 2027-2028 (In plan)

Semaglutide injection
T2DM
Obesity

Pertuzumab
Neoadjuvant treatment for HER2+ breast cancer

TG103 injection
T2DM

Docetaxel (albumin-bound) and Anbenitamab
Neoadjuvant treatment for HER2+ breast cancer
1L advanced HER2+ breast cancer

Sirolimus (albumin-bound)
Malignant PEComa
≥ 2L HR+HER2 - breast cancer

Dextromethorphan/bupropion extended-release tablets
MDD

Valsartan and lisinopril maleate tablets
Hypertension

SYS6010
2L EGFRmut NSCLC

DP303c
≥2L HER2+ breast cancer

Secukinumab
Moderate to severe plaque psoriasis etc.

Anbenitamab repodatecan (JSKN003)
2L/3L HER2 Low expression breast cancer
≥2L HER2+ breast cancer

Paclitaxel for injection (albumin-bound) (II) (the U.S.)

JMT101
1L EGFRmut NSCLC
1L EGFR E20 ins NSCLC

Ammuxetine hydrochloride enteric-coated tablets
MDD

.....

02

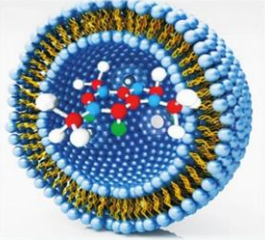
Key Products and Clinical Data Readouts





Oncology: An innovative nano-formulation platform to expand into the taxane market

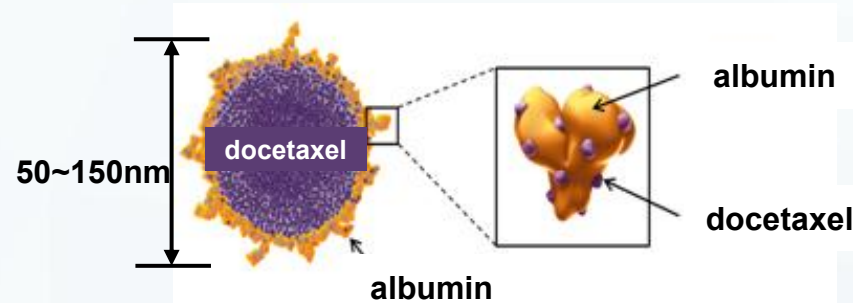
Paclitaxel for injection (albumin-bound) (II) - World's first approved



- Improved efficacy and better survival outcomes.
- A 62% reduction in rash incidence, leading to enhanced quality of life and improved medication adherence.
- Rapid dispersion – 82% shorter reconstitution time, significantly enhancing clinical convenience.

Phase III Breast Cancer Results
Published in *Cancer Communications*

Docetaxel (albumin-bound) - Global exclusive



“Self-assembling technology” with independent intellectual property rights

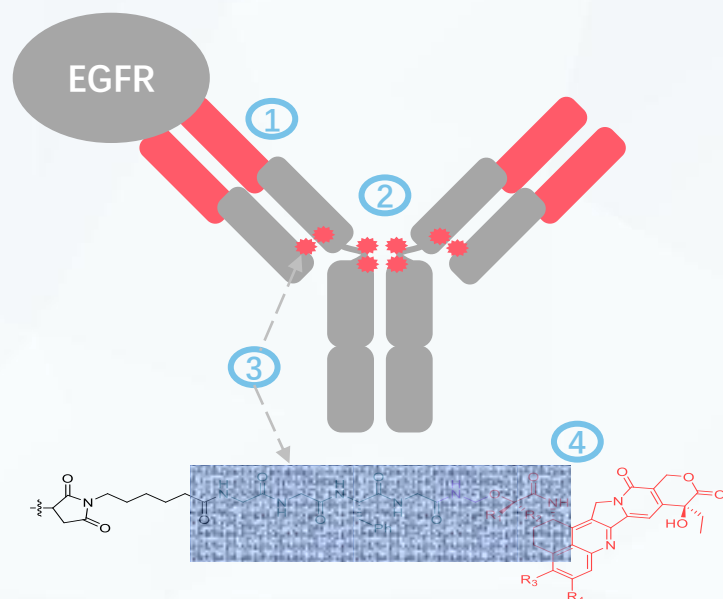
Indication	Treatment regimen	Research progress	Expected Launch Date
Neoadjuvant treatment for HER2+ breast cancer	+Anbenitamab injection	NDA/CDE acceptance	2027
1L advanced HER2+ breast cancer	+Anbenitamab injection	NDA/CDE acceptance	2027



Oncology: SYS6010 – China’s potential first EGFR ADC for NSCLC

☆ Comprehensive exploration in multiple directions is underway.

7 pivotal clinical studies have been initiated, and additional trials are planned.



Antibody: EGFR mAb

Linker: GGFG Cleavable tetrapeptide

Payload: Dxd analogues, with better inhibition than Dxd

DAR: 8

Data Release: 2026 WCLC – Lung Cancer

Indications	Treatment regimen	Research Progress
2L EGFRmut NSCLC	Monotherapy	phase III
1L EGFRmut NSCLC	SYS6010+ Osimertinib	phase III
HER2- EGFR+Breast cancer	Monotherapy	phase III
2L ESCC	Monotherapy	phase III
2L Driver gene-negative non-squamous NSCLC	Monotherapy	phase III
Adjuvant therapy for NSCLC	Combined PD-1	phase III
1L driver gene-negative , PD-L1 positive NSCLC	Combined PD-1	phase III
Neoadjuvant therapy for EGFR classic-mutant non-squamous NSCLC	Combined Osimertinib	phase II
1L HNSCC, ESCC	Combination	phase II

2 Breakthrough Therapy Designations:

- monotherapy for EGFR mutation-positive advanced non-small cell lung cancer (NSCLC) after failure of EGFR TKIs and platinum-based Chemotherapy
- monotherapy in patients with unresectable locally advanced or metastatic esophageal squamous cell carcinoma who have failed prior treatment with platinum-based chemotherapy and immunotherapy



GLP-1 Portfolio: Backed by our globally rare in Liquid Gel Platform, driving global footprint

Indication	Phase I	Phase II	Phase III	NDA
TG103 (Fc-GLP1) (Class 1)				
Obesity				2026
T2DM				2027
Semaglutide Injection (Class 2.2)				
Obesity				2027
T2DM				2027
Long-acting formulation				
Semaglutide long-acting injection	Enrolling			2029
SYH2082 (long-acting dual agonist)	Enrolling			
SYH2092 (amylin class)	IND			

28 September
02 October

EASD 2026

Milan
Italy

TG103 T2DM phase III
short oral discussion



2023.4 TG103 Phase Ia

 **BMC** Part of Springer Nature

BMC Medicine

2024.4 TG103 Phase Ib

World-leading in liquid gel platform technology, recognized by global MNCs.



Paclitaxel for injection (albumin-bound) (II) -- Phase III data of Breast Cancer

SYHX2011 vs Keaili (PAB): Efficacy and safety in patients with advanced breast cancer

Clinical trial design

459 participants were randomized in a 1:1 ratio to receive either SYHX2011 (260 mg/m²) or PAB (260 mg/m²) by intravenous infusion every 3 weeks (Q3W).

Endpoint

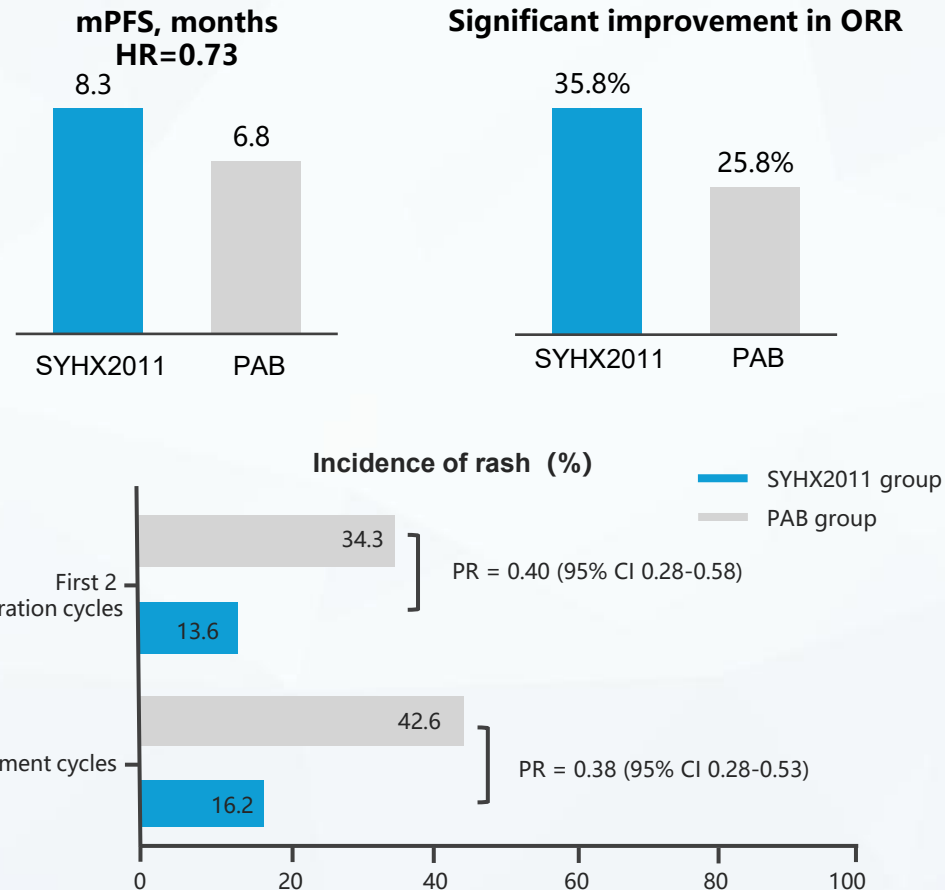
Primary endpoint:

ORR assessed by the IRC

Secondary study endpoint:

Incidence of rash

Clinical trial results



Conclusion

SYHX2011 vs PAB:

- 1) Demonstrated superior **efficacy** with a **lower incidence** of rash.
- 2) Shorter reconstitution time (**2 min vs. 10 min**), offering greater convenience in clinical use.

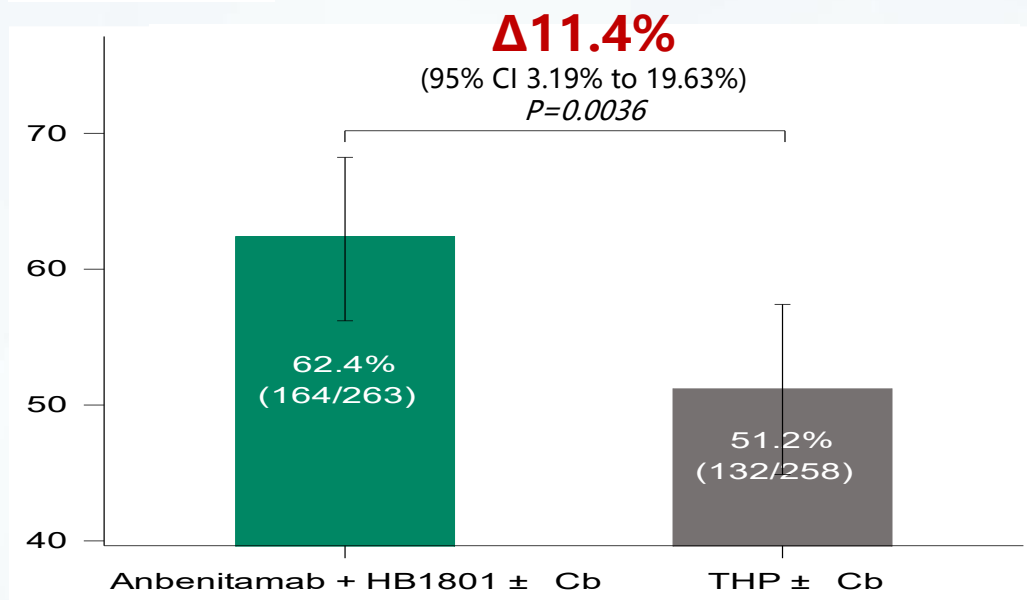
SYHX2011 is expected to become a more effective and safer treatment option for patients with advanced breast cancer.



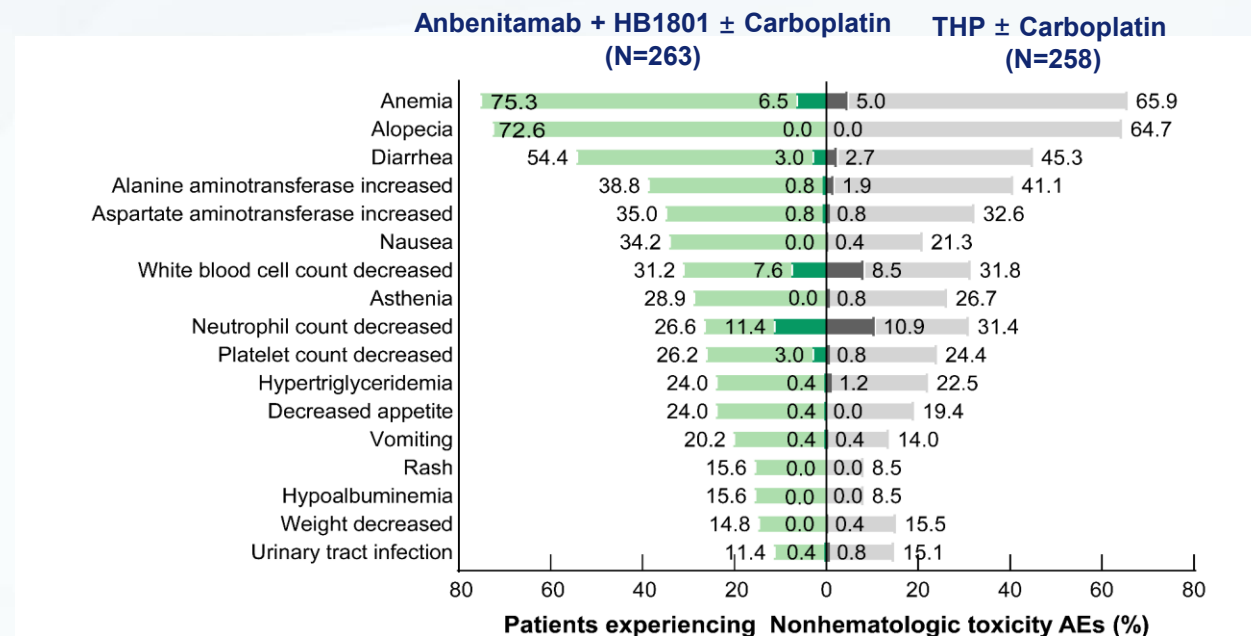
Docetaxel (albumin-bound) + Anbenitamab -- Phase III data of neoadjuvant therapy for breast cancer

2026 ASCO
ANNUAL MEETING

Study design: A randomized, controlled, open-label, multicenter phase 3 study (NCT06747338)



※ tpCR rates by BIRC assessment (ITT population)



n (%)	Anbenitamab + HB1801 ± Carboplatin			THP ± Carboplatin		
	Without carboplatin (N=152)	With carboplatin (N=111)	Overall (N=263)	Without carboplatin (N=146)	With carboplatin (N=112)	Overall (N=258)
TEAEs	149 (98.0)	110 (99.1)	259 (98.5)	143 (97.9)	112 (100)	255 (98.8)
Grade ≥ 3 TEAEs	39 (25.7)	38 (34.2)	77 (29.3)	39 (26.7)	34 (30.4)	73 (28.3)
Serious TEAEs	18 (11.8)	12 (10.8)	30 (11.4)	16 (11.0)	7 (6.3)	23 (8.9)
TEAEs leading to death	0	0	0	0	0	0
TEAEs leading to treatment discontinuation	8 (5.3)	7 (6.3)	15 (5.7)	11 (7.5)	8 (7.1)	19 (7.4)



SYS6010 (EGFR ADC) -- Phase I data in NSCLC - Cancer Cell

Clinical trial design

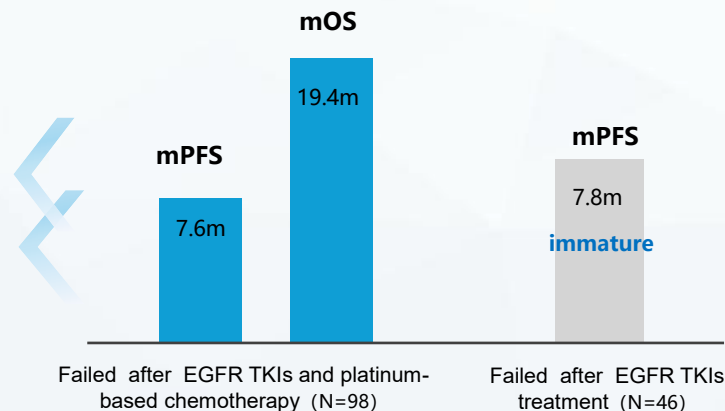
A total of 230 NSCLC patients were enrolled: dose-escalation phase with a "3+3" design, and cohort expansion phase at 4.2, 4.5, and 4.8 mg/kg.

Ongoing Phase III Study in Lung Cancer (5)

- 2L EGFRmut NSCLC
- 1L EGFRmut NSCLC
- 2L EGFRwt Nsq-NSCLC
- 1L Driver gene-negative, PD-L1-positive NSCLC
- Adjuvant treatment for NSCLC

Clinical trial result

Endpoint	Failed prior EGFR TKIs and platinum-based chemotherapy (n=98)	Failed after EGFR TKIs treatment (n=46)	EGFRwt NSCLC (n=62)	
			Squamous (n=20)	non-squamous (n=42)
ORR, % (95% CI)	34.7 (25.4–45.0)	45.7 (30.9–61.0)	20.0 (5.7–43.7)	35.7 (21.6–52.0)
DCR, % (95% CI)	93.9 (87.2–97.7)	95.7 (85.2–99.5)	75.0 (50.9–91.3)	88.1 (74.4–96.0)



Safety was manageable. Grade ≥ 3 TRAEs occurred in 57.2% of patients, mainly hematologic. EGFR-related diarrhea and skin toxicity were infrequent. ILD was observed in 9 patients (3.8%), indicating a low incidence.



SYS6010 (EGFR ADC) -- Phase II data of ESCC

2026 ASCO
ANNUAL MEETING

A multicenter, open-label, single-arm, non-randomized Phase II clinical study. (ChiCTR2300072141)

Clinical trial design and endpoint

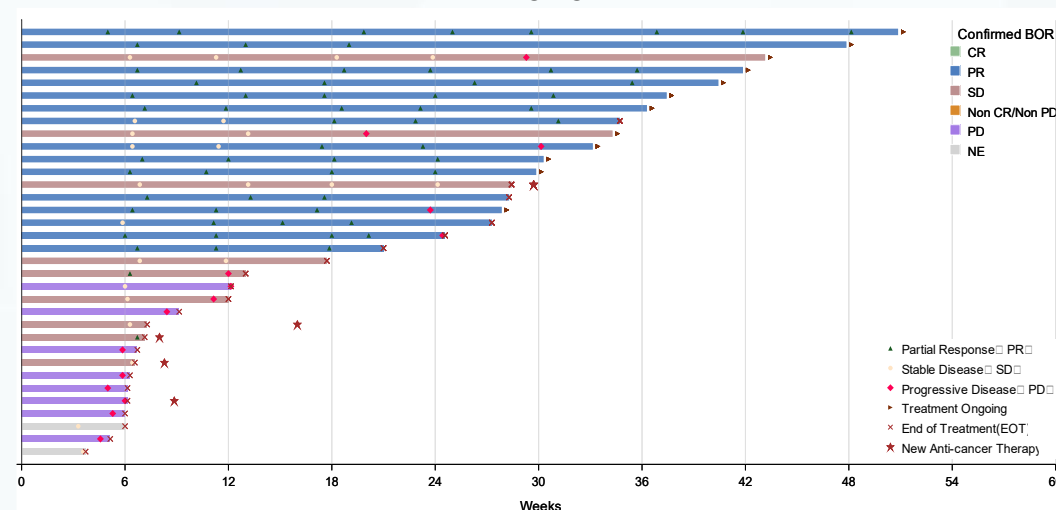
A total of 48 patients with advanced ESCC who were refractory or intolerant to standard-of-care treatment were enrolled, and among them, 10 patients (20.8%) had received $\geq 3L$ prior systemic therapy.

Dose expansion part: SYS6010 administered at a dose of 3.6 mg/kg by intravenous injection once every 2 weeks (Q2W).

Primary Endpoint: ORR

Clinical trial result

Swimmer Plot: Treatment Duration in TOPOi-Naïve Patients



Endpoint	Evaluable ESCC patients (n=40)	Evaluable TOPOi-naïve patients (n=34)
cORR	37.5%	44.1%
DCR	67.5%	70.6%
mPFS	4.8 months	5.5 months

Conclusion

SYS6010 showed favorable antitumor activity in advanced ESCC patients, especially in those who were TOPOi-naïve.

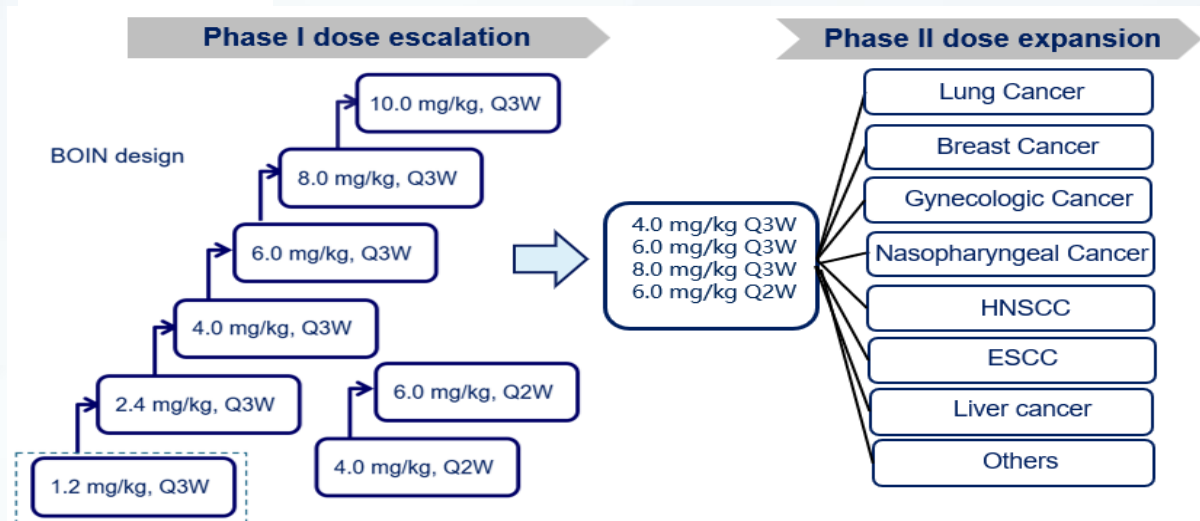
ESCC Clinical Trial Conduct

- 2L ESCC: SYS6010 vs Chemotherapy (PhIII)
- 1L ESCC: combination therapy for ESCC is under Phase II exploration

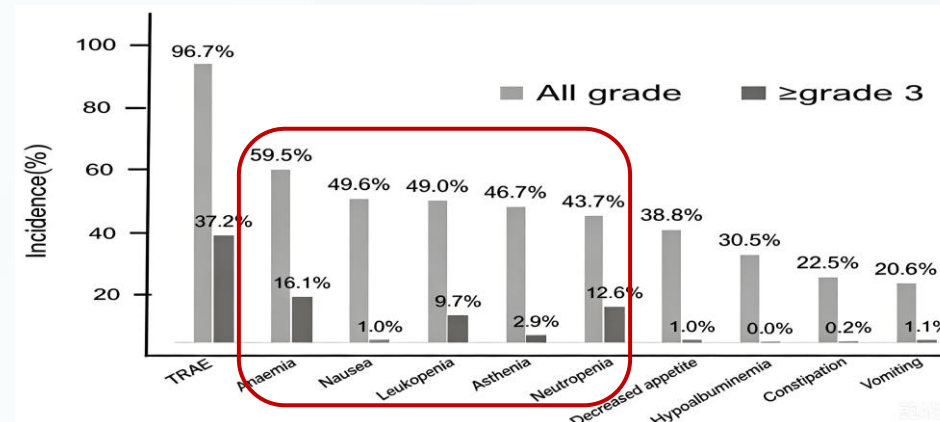
SYS6043 (B7-H3 ADC) -- Data across multiple tumor types

2026 ASCO
ANNUAL MEETING

Population: Patients with advanced solid tumors who have failed standard treatment



- SYS6043 had a favorable safety profile.
- The most common TRAEs were hematological toxicities.
- Grade ≥3 toxicities are low and manageable



	Lung cancer (n=134)	Breast cancer (n=125)	GC (n=139)	NPC (n=63)	HNSCC (n=30)	Overall (n=533)
ORR, n (%)	62 (46.3)	71 (56.8)	59 (42.4)	18 (28.6)	5 (16.7)	223 (41.8)
DCR, n (%)	111 (82.8)	117 (93.6)	119 (85.6)	43 (68.3)	15 (50.0)	434 (81.4)
mDoR, months (95% CI)	6.9 (4.3, NE)	7.0 (3.9, NE)	6.9 (5.6, NE)	5.8 (4.4, NE)	NE (NE, NE)	6.9 (5.6, 7.0)

*GC, gynecologic cancers; HNSCC, head and neck squamous cell carcinoma; NPC, nasopharyngeal carcinoma;

n(%)	Overall (n=627)
TRAEs	609 (97.1)
Grade ≥ 3	233 (37.2)
Serious TRAEs	120 (19.1)
TRAEs leading to dose reduction	46 (7.3)
TRAEs leading to dose interruption	176 (28.1)
TRAEs leading to treatment discontinuation	22 (3.5)
TRAEs leading to death	5 (0.8)*

* Five deaths were considered related to treatment, including sepsis (n=2), respiratory failure (n=2) and death for unknown reason (n=1)

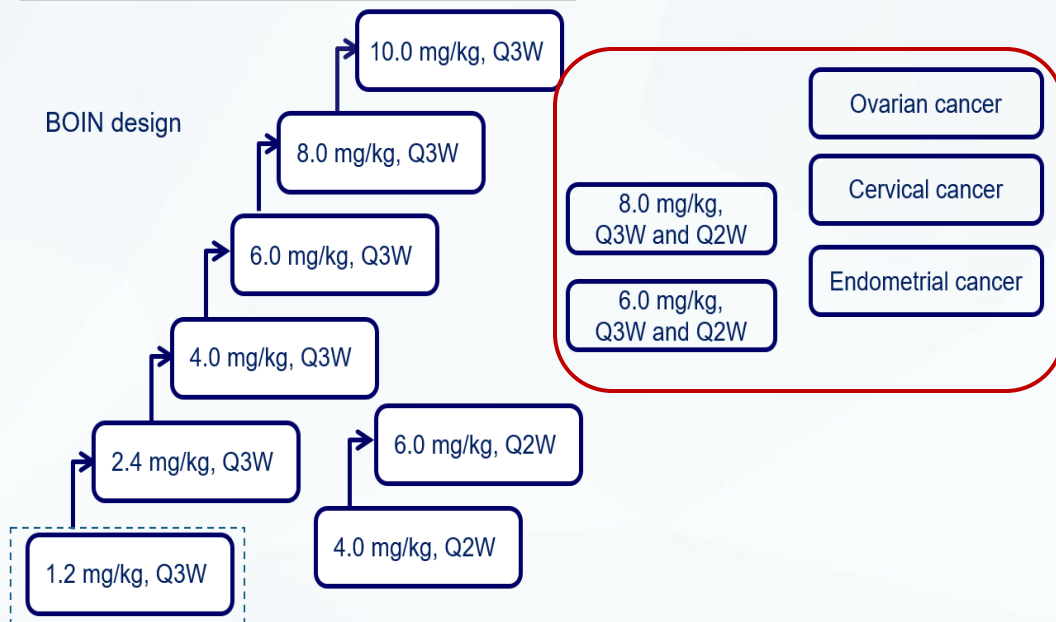


SYS6043 (B7-H3 ADC) -- Gynecological Tumor Data Read-out

Phase I dose escalation and PK expansion

Phase II Cohort expansion

BOIN design



- Primary endpoint: safety, tolerability, and recommended phase II dose (RP2D) (phase I) and objective response rate (ORR, phase II)

- SYS6043 demonstrated a manageable safety profile. The most common TRAEs were hematological toxicity and gastrointestinal toxicity.
- 6 mg/kg Q3W ≥Grade 3 TRAEs is 34.3%

SYS6043 shows durable anti-tumor activity in treated patients with gynecological tumors

Type of cancer	ORR	DCR	mPFS
Ovarian cancer (N=70)	45.7%	88.6%	8.3 months
Cervical cancer (N=39)	35.9%	82.1%	5.8 months
Endometrial cancer (N=21)	33.3%	81.0%	8.0 months

n (%)	Overall (n=142)	6 mg/kg Q3W (n=70)
TRAEs	141 (99.3)	70 (100)
≥Grade 3 TRAEs	54 (38.0)	24 (34.3)
TRAEs leading to death	1 (0.7)	0
TRAEs leading to treatment discontinuation	2 (1.4)	0
TRAEs leading to dose interruption	45 (31.7)	20 (28.6)
TRAEs leading to dose reduction	11 (7.7)	5 (7.1)



SYS6043 (B7-H3 ADC) -- Nasopharyngeal Carcinoma Data Read-out

ICHNO 2026

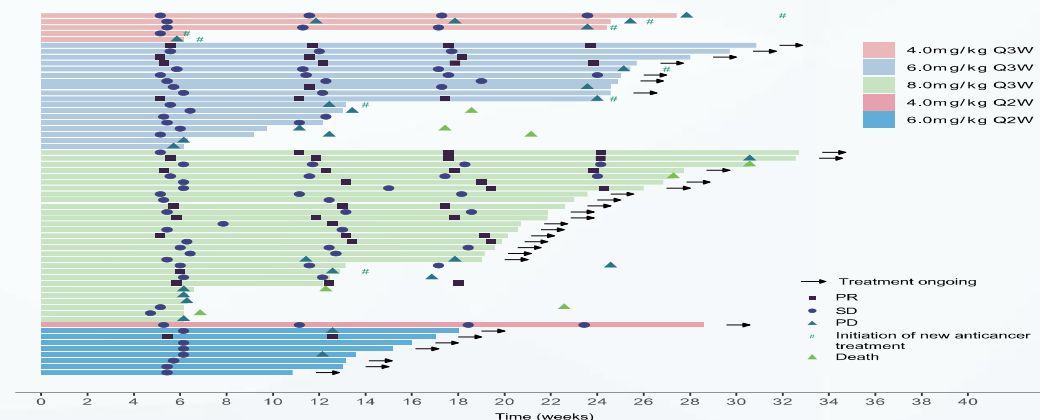
19 -21 March 2026 Seville, Spain

Drug Design

- Topoisomerase I inhibitor , DAR ~6
- Fcy receptor effector silencing design and cleavable linker
- Bystander Effect

n (%)	8 mg/kg Q3W (n=31)	Overall (n=65)
TEAEs	31 (100)	64 (98.5)
TRAEs	31 (100)	63 (96.9)
≥Grade 3 TRAEs	21 (67.7)	37 (56.9)
TRAEs leading to dose reduction	5 (16.1)	5 (7.7)
TRAEs leading to treatment discontinuation	2 (6.5)	3 (4.6)
TRSAEs	8 (25.8)	16 (24.6)
TRAEs leading to death	1 (3.2)	1 (1.5)

	8 mg/kg Q3W (n=29)	Overall (n=61)
ORR, 95%CI	41.4 (23.5, 61.1)	29.5 (18.5, 42.6)
DCR, 95%CI	75.9 (56.5, 89.7)	70.5 (57.4, 81.5)
mDoR, month, 95%CI	5.8 (1.5, NA)	4.4 (4.4, NA)
mPFS, month, 95%CI	6.3 (3.9, NA)	5.7 (3.9, 6.3)



- SYS6043 demonstrated durable anti-tumor activity in patients with nasopharyngeal carcinoma (NPC). Notably, the 8 mg/kg Q3W cohort showed more promising efficacy, with an ORR of 41.4%, DCR of 75.9%, mPFS of 6.3 months, and mDoR of 5.8 months.
- SYS6043 demonstrated a manageable safety profile. The most common treatment-related adverse events (TRAEs) were hematologic toxicities.

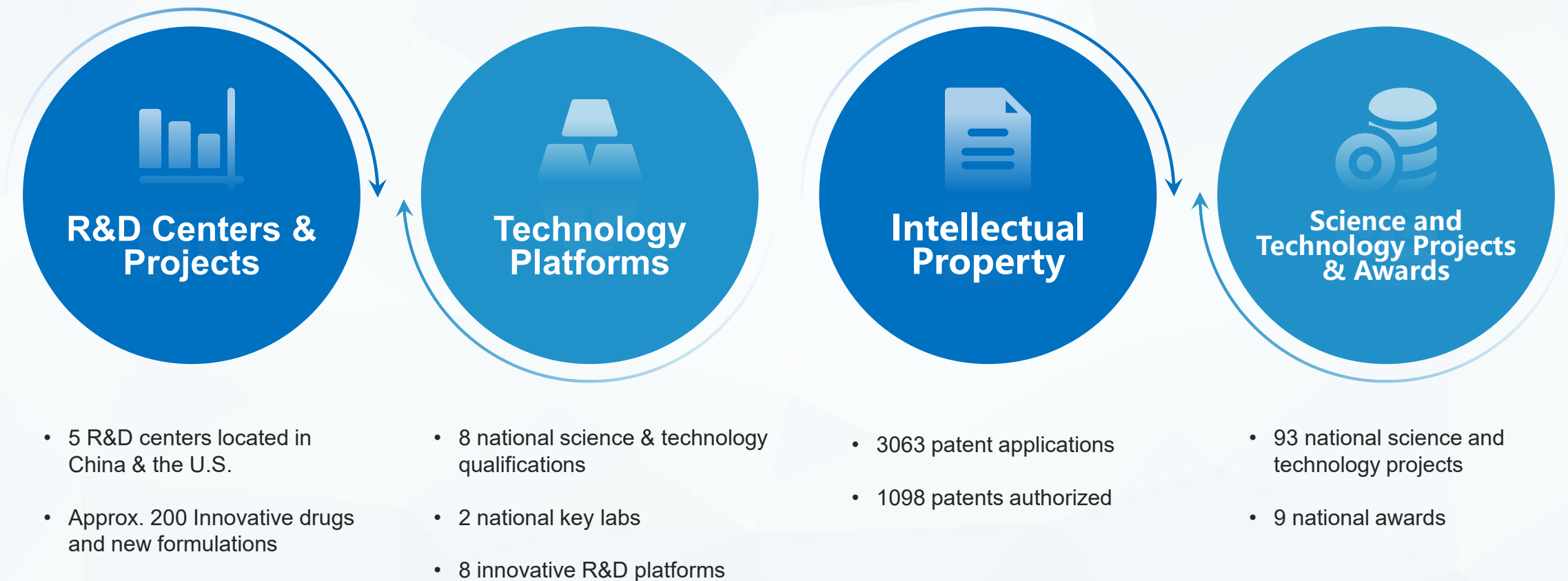
03

R&D Pipeline





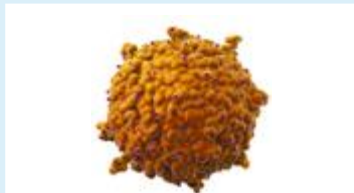
R&D Overview





8 AI-Driven R&D Technology Platforms

Nanoparticle Formulation Technology Platform



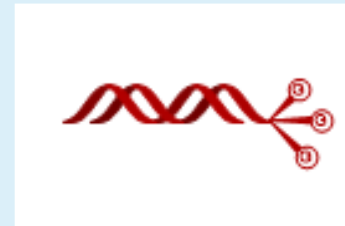
- Mitoxantrone hydrochloride liposomes
- Docetaxel for injection (albumin-bound)
- Irinotecan liposomes
- Sirolimus for injection (albumin-bound)

Vaccine Technology Platform



- Covid-19 mRNA vaccine
- Preventive vaccines such as VZV mRNA
- Therapeutic vaccines such as HPV mRNA

Small Interfering RNA (SiRNA) Technology Platform



- PCSK9 SiRNA
- AGT SiRNA
- Lp(a) SiRNA
- C5 SiRNA

Antibody-Drug Conjugate (ADC) Technology Platform



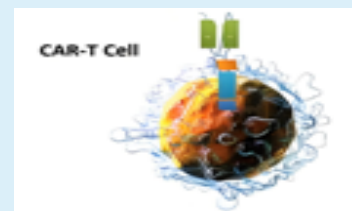
- EGFR ADC
- B7-H3 ADC
- Nectin-4 ADC

Antibody/Fusion Protein Technology Platform



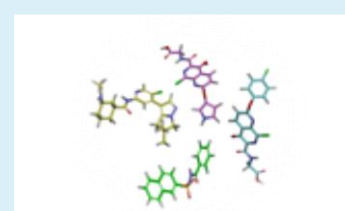
- JMT203 (GFRAL)
- JMT106 (GPC3/IFN α)
- JMT206 (ACTRIIA/IIB)
- SYS6090 (PD-1/IL-15)

Cell Therapy Technology Platform



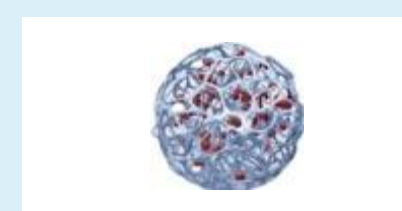
- SYS6020 (BCMA CAR-T)
- SYS6063 (CD19/BCMA CAR-T)
- SYS6055 (CD19 CAR-T)

Small Molecule Innovative Drug Technology Platform



- Shanzeping (DPP-4)
- SYHX1901 (JAK/TYK)
- SYH2071 (Lp(a))

Long-Acting Injectable Technology Platform



- Octreotide long-acting injection
- Paliperidone palmitate injection
- Semaglutide long-acting injection
- Leuporelin Extended-release Injection

Note: only shows the representative products on each platform



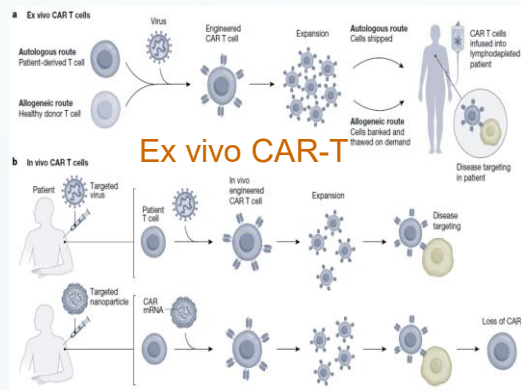
R&D pipeline – Vaccine and CAR-T Platforms: Internationally Leading

World-Class mRNA Delivery & Leading Nanoadjuvant Technology

The world's first LNP Ex vivo CAR-T with clinical approval, and **China's first** In vivo CAR-T granted clinical IND.

mRNA

Preventive → Therapeutic vaccine



In vivo CAR-T

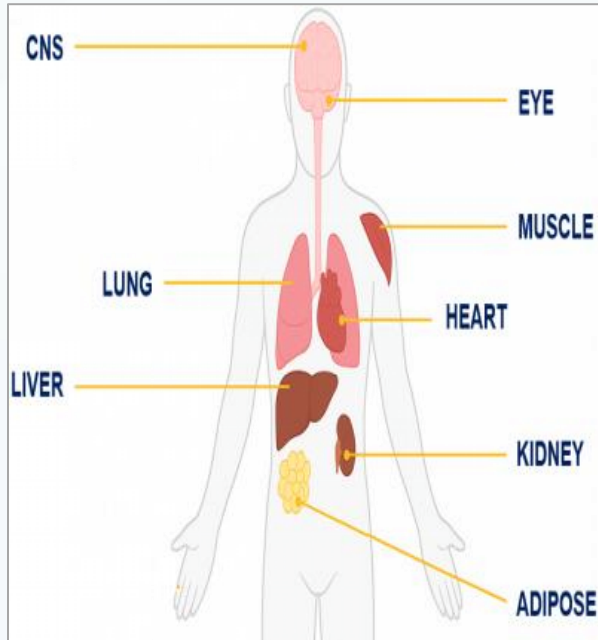
Major candidates	Target	Type	Treatment regimen	Phase I	Phase II	Phase III	Launch
Duentai	BA.5 Variant strain	Preventive vaccine	Monotherapy	Authorized for emergency use			
Duentai 2	XBB1.5/BQ.1 Variant strain	Preventive vaccine	Monotherapy	Authorized for emergency use			
SYS6017	VZV mRNA	Preventive vaccine	Monotherapy	Prevention of herpes zoster virus infection			
SYS6026	HPV mRNA	Therapeutic vaccine	Monotherapy	HPV 16/18 type-related HSIL			
			combined SG001	Advanced solid tumors			
SYS6020	BCMA	Ex vivo CAR-T	Monotherapy	MG			
SYS6055	CD19	In vivo CAR-T	Monotherapy	B-cell lymphoma			
SYS6063	BCMA&CD19	Ex vivo CAR-T	Monotherapy	Relapsed/refractory systemic lupus erythematosus			



R&D pipeline – SiRNA Pipeline: Dual crowns in quantity and progress, cementing industry leadership

5 assets in clinical development, leading in China in both pipeline quantity and development progress.

Targeted delivery to the eyes, lungs, fat, and muscles has been achieved, enabling a broader range of indications.



Major candidates	Target	Type	Treatment regimen	Phase I	Phase II	Phase III	NDA
SYH2053	PCSK9	siRNA	Combined statins	Primary hypercholesterolemia and mixed dyslipidemia			
			Monotherapy	Primary hypercholesterolemia and mixed dyslipidemia			
			Combined statins	Heterozygous familial hypercholesterolemia			
SYH2068	Lp(a)	siRNA	Monotherapy	Hyperlipoproteinemia(a)			
SYH2070	ANGPTL3	siRNA	Monotherapy	Homozygous familial hypercholesterolemia			
SYH2062	AGT	siRNA	Monotherapy	Hypertension			
SYH2061	C5	siRNA	Monotherapy	Complement-mediated nephropathy			



R&D Pipeline – Biological Agents

5 commercialized, **7** BLA filed, **20+** pivotal trials -- Including various forms of drugs such as antibody drugs and ADCs

	Major candidates	Target	Type	Treatment regimen	Phase I	Phase II	Phase III	NDA/BLA	Launch
Immunity	Omalizumab	IgE	Biosimilar	Monotherapy	Chronic spontaneous urticaria				★
				Monotherapy	Moderate to severe persistent allergic asthma				★
	Ustekinumab	IL-12/IL-23	Biosimilar	Monotherapy	Plaque psoriasis				★
	Batoclimab	FcRn	mAb	Monotherapy	Myasthenia Gravis				
	Secukinumab	IL-17A	Biosimilar	Monotherapy	Moderate to severe plaque psoriasis etc.				
	Dupilumab	IL-4Rα	Biosimilar	Monotherapy	Atopic Dermatitis				
	SYS6093 (CM326)	TSLP	mAb	Monotherapy	Moderate to severe asthma				
				Monotherapy	Chronic sinusitis with nasal polyps				
				Monotherapy	Moderate to very severe COPD				
Endocrine Metabolism	TG103 injection	GLP-1	Fusion Protein	Monotherapy	Obesity				
				Monotherapy	T2DM				
				Combined Metformin	T2DM				
	Semaglutide injection (weekly)	GLP-1	Polypeptide	Monotherapy	T2DM				
				Monotherapy	Obesity				
	JMT202	FGFR1c/βklotho	mAb	Monotherapy	Hypertriglyceridemia				
	JMT206	ACTRIIA/IIB	mAb	Monotherapy	Weight management				
	SYH2069	GLP-1/GIP	Polypeptide	Monotherapy	Weight management				
	SYH2082	GLP-1/GIP	Polypeptide	Monotherapy	Weight management				



R&D Pipeline – Biological Agents

	Major candidates	Target	Type	Treatment regimen	Phase I	Phase II	Phase III	NDA/BLA	Launch
Oncology	JMT103	RANKL	mAb	Monotherapy	Giant cell tumor of bone (GCTB)				★
				Monotherapy vs Zoledronic acid	Malignant solid tumor bone metastasis				
	SYSA1802	PD-1	mAb	Monotherapy	Platinum-resistant PD-L1 positive advanced cervical cancer				★
				Combined chemotherapy±Bevacizumab	1L PD-L1 positive advanced cervical cancer				
	Anbenitamab injection (KN026)	HER2	BsAb	Combined chemotherapy vs chemotherapy	≥2L HER2+ advanced gastric cancer				★
				Combined HB1801 vs HP+Docetaxel	1L advanced HER2+ breast cancer				
				Combined HB1801±Carboplatin vs HP+Docetaxel±Carboplatin	Neoadjuvant treatment for HER2+ breast cancer				
				Combined chemotherapy±SG001 vs Trastuzumab+chemotherapy±Pembrolizumab	1L HER2+ advanced gastric cancer				
				Combined HB1801+chemotherapy vs HP+chemotherapy	Adjuvant treatment for HER2+ breast cancer				
	Pertuzumab	HER2	Biosimilar	Combined Trastuzumab + Docetaxel	Neoadjuvant treatment for HER2+ breast cancer				
	JMT101	EGFR	mAb	Combined Osimertinib vs Cisplatin + Pemetrexed	1L EGFR Ex20ins NSCLC				
				Combined Irinotecan vs SOC	≥3L colorectal cancer				
				Combined Osimertinib vs Osimertinib	1L EGFRmut NSCLC				
	JMT203	GFRAL	mAb	Monotherapy	Cancer cachexia				
	JMT106	GPC3&IFN	BsAb	Monotherapy	Advanced solid tumors				
	SYS6090	PD-1/IL-15	Bifunctional Fusion Protein	Monotherapy	Advanced malignant tumor				
				combination therapy	Colorectal cancer				

Note: HP=Trastuzumab + Pertuzumab



R&D Pipeline – Biological Agents

	Major candidates	Target	Type	Treatment regimen	Phase I	Phase II	Phase III	NDA/BLA	Launch
Oncology	DP303c	HER2	ADC	Monotherapy vs T-DM1	≥2L HER2+ breast cancer				
	SYS6010	EGFR	ADC	Monotherapy vs Platinum-based chemotherapy	2L EGFRmut NSCLC				
				Monotherapy vs Chemotherapy	2L ESCC				
				Combined Osimertinib vs SOC	1L EGFRmut NSCLC				
				Monotherapy vs Chemotherapy	2L EGFRwt Nsq-NSCLC				
				Monotherapy vs Chemotherapy	≥2L HER2-EGFR+advanced breast cancer				
				Combined SG001	1L driver gene-negative , PD-L1 positive NSCLC				
				Combined SG001	Adjuvant treatment for NSCLC				
	SYS6002*	Nectin-4	ADC	Monotherapy	≥2L Cervical cancer				
	SYS6043	B7-H3	ADC	Monotherapy	Advanced solid tumors				
				Combination	Advanced solid tumors				
				Monotherapy	Platinum-resistant ovarian cancer, primary peritoneal carcinoma and fallopian tube cancer				
	SYS6023	HER3	ADC	Monotherapy	Breast Cancer				
	SYS6041	FRα	ADC	Monotherapy	Advanced solid tumors				
	SYS6040	DLL3	ADC	Monotherapy	Advanced solid tumors				
	SYS6051	TF	ADC	Monotherapy	Advanced solid tumors				
	Anbenitamab repodatecan (JSKN003)	HER2	ADC	Monotherapy vs T-DM1	≥2L HER2+ breast cancer				
				Monotherapy vs Chemotherapy	2L/3L HER2 Low expression breast cancer				
				Monotherapy vs Chemotherapy	≥3L HER2+ advanced colorectal cancer				
				Monotherapy vs Chemotherapy	Platinum-resistant ovarian cancer				



R&D Pipeline – New Formulations

7 commercialized, 2 NDA filed, 6 pivotal trials -- Including various forms of drugs such as liposomes, albumin and nanocrystals

	Major candidates	Type	Treatment regimen	Phase I	Phase II	Phase III	NDA/BLA	Launch
Oncology	Mitoxantrone hydrochloride liposome injection	New formulation	Monotherapy	PTCL				★
	Irinotecan liposome injection*	New formulation	Combined treatment	1L pancreatic cancer ; 2L pancreatic cancer				★
	Amphotericin B Liposome*	New formulation	Monotherapy	Treatment of systemic and / or deep fungal infections; Empirical treatment for suspected fungal infections (China/Europe)				★
	Paclitaxel for Injection (albumin-bound) (II) *	New formulation	Monotherapy	Advanced breast cancer				★
	Sirolimus (albumin-bound)	New formulation	Monotherapy	Malignant PEComa				
			Combined Fulvestrant vs Fulvestrant	≥ 2L HR+HER2- breast cancer				
			Monotherapy	Epithelioid hemangioendothelioma				
	Docetaxel (albumin- bound)	New formulation	Combined HP vs Docetaxel+HP	1L advanced HER2+ breast cancer				
			Combined HP vs Docetaxel+HP	Neoadjuvant treatment for HER2+ breast cancer				
	Daunorubicin cytarabine liposome for injection	New formulation	Monotherapy	Initial therapy in elderly patients with high-risk secondary AML				
Non-oncology	Paclitaxel cationic liposome for injection	New formulation	Combined treatment	Liver metastasis of colorectal cancer (arterial infusion)				
	Leuprorelin extended-release injection	New formulation	Monotherapy	Prostate cancer				
	Clevidipine injectable emulsion	New formulation	Monotherapy	Acute hypertension crisis				★
	Aprepitant injection	New formulation	Monotherapy	Preventing postoperative nausea and vomiting in adults				★
	Paliperidone palmitate injection (1M)	New formulation	Monotherapy	Schizophrenia				★
	Long-acting octreotide injection	New formulation	Monotherapy	Acromegaly				
			Monotherapy	Postoperative adjuvant therapy for pancreatic neuroendocrine tumors				
	Ropivacaine long-acting injection	New formulation	Monotherapy	Postoperative analgesia				

Note: HP=Trastuzumab + Pertuzumab



R&D Pipeline – Small Molecule Drugs

1 commercialized, 4 NDA filed, 4 pivotal trials

	Major candidates	Target	Type	Treatment regimen	Phase I	Phase II	Phase III	NDA/BLA	Launch
Oncology	SYHA1813	VEGFR/CSF1R	Small molecule	Monotherapy	Recurrent or progressive high-grade meningioma				
				Combined SG001	Consolidation therapy for SCLC				
	SYH2043	CDK2/4/6	Small molecule	Monotherapy	Breast cancer				
	SYH2095	KAT6	Small molecule	Monotherapy	Advanced malignant tumor				
Non-oncology	Shanzeping	DPP-4	Small molecule	Monotherapy	T2DM				★
				Combined Metformin EX	T2DM				
				Combined Metformin EX+Sitagliptin	T2DM				
	Pregabalin extended-release tablets	GABA analogue	Small molecule	Monotherapy	Diabetic peripheral neuropathic pain				
	SYHX1901	JAK&TYK Inhibitor	Small molecule	Monotherapy	Moderate to severe plaque psoriasis				
				Monotherapy	Severe alopecia areata				
	Valsartan levoamlodipine maleate tablets	Angiotensin II receptor antagonist	Small molecule	Monotherapy	Hypertension				
	Ammuxetine hydrochloride enteric-coated tablets	SNRI	Small molecule	Monotherapy	MDD				
	Dextromethorphan/bupropion extended-release tables	NMDA receptor antagonist	Small molecule	Monotherapy	MDD				
	SYH2059	PED4B	Small molecule	Monotherapy	Idiopathic Pulmonary Fibrosis (IPF)				
	SYH2046	undisclosed	Small molecule	Monotherapy	Heart failure after acute myocardial infarction				
	SYH2056	5-HT ₂ A	Small molecule	Monotherapy	MDD				
	SYH2072	Aldosterone synthase inhibitor	Small molecule	Monotherapy	Uncontrolled hypertension				

04

ESG & Company Overview





Building a Sustainable Business, Aiming to Become an ESG Leader in Pharmaceutical Industry

Key Environmental Metrics in 2025

*The emission reduction target is based on the emission in 2017

Greenhouse gas emissions
per unit of revenue

↓ 50.0%

Total energy consumption
per unit of revenue

↓ 64.0%

Hazardous waste emissions
per unit of revenue

↓ 80.0%

Non-hazardous waste
emissions per unit of
revenue

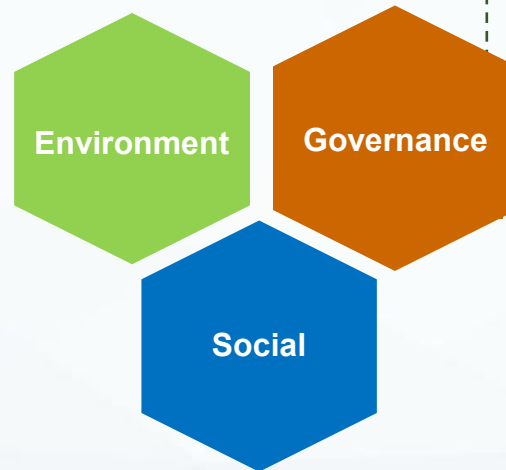
↓ 32.0%

Significant cost savings in
carrying out energy-saving
renovations and introducing
new highly efficient energy-
saving equipment exceed

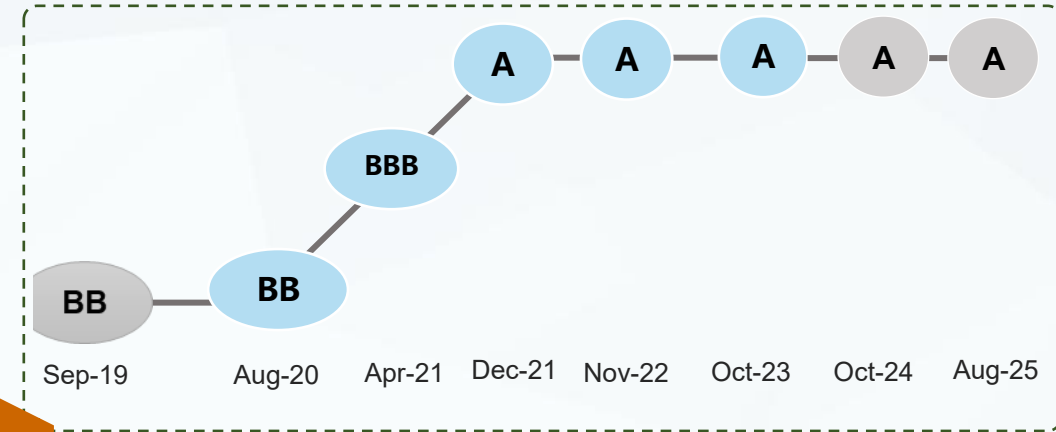
RMB 30 million

The investment in water
conservation and water
recycling projects exceed

RMB 1 million



Received MSCI ESG Rating of A for 5 consecutive years



Social assistance project in 2025

- Cumulative donation expenditure: RMB 61.55 million
- Employee assistance: 105,880 person-times
- Volunteer service duration: 95,469 hours

- ◆ Ouyi, NBP, CSPC Innovation, Yinhu and Taizhou factory have been recognized by the Ministry of Industry and Information Technology as "National Level Green Factories"
- ◆ Weisheng and Shengxue are "Provincial Level Green Factories"
- ◆ Achieved "Five Zeros and One Low": Zero deaths, serious injuries, multiple injuries, occupational diseases and poisoning incidents as well as low incident rate of minor injuries



China's Leading Innovative Pharmaceutical Enterprise

R&D Capabilities

8

R&D platforms

5

R&D centers

2000+

R&D professionals

~200

Innovative drugs and
new formulations

Company's Position and Reputation

- **Ranked among Chinese enterprises** — *The Fortune* China 500 List (2026)
- **Ranked No. 15 in Global R&D pipeline** — Citeline Pharmaceutical R&D Annual Review (2026)

Manufacturing and Commercialization Capabilities

- **10+** Production bases for pharmaceutical products, including biological agent, Nanoformulation and mRNA vaccine etc.
- **10,000+** professional sales representatives
- Covers **35,000+** medical institutions, and **350,000+** pharmacies



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Thanks!