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6
Clinical programs

10+
Partnership agreements

30
Nationalities

65%
International ownership

742SEKm in liquid funds etc ~ 71 USDm

Mar 31, 2025

Six expanding clinical programs. Integrated research engine, functional screening and in-house GMP manufacturing.

Technology validating deals with Exelixis, Pfizer, Daiichi Sankyo, Bayer, Mitsubishi Tanabe, Takeda, Genentech. Partnering/deal making a key element in business model.

Headquarters in Lund, Sweden. 114 employees (FTE), 30 nationalities.

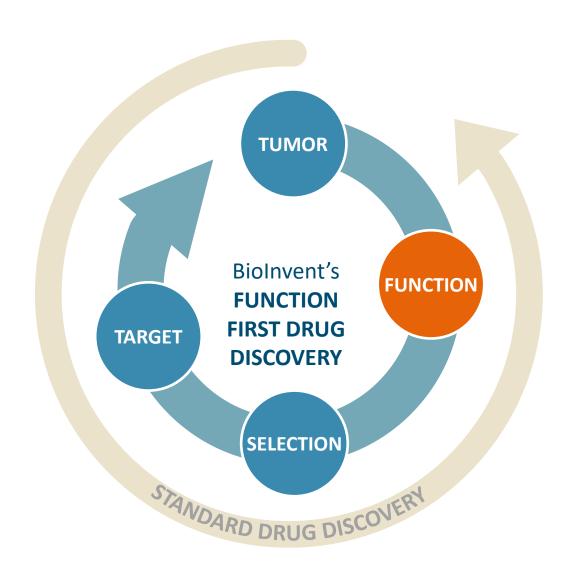
Strong international shareholder base.
Major owners Redmile, Van Herk
Investments, Forbion, HBM, Omega, AP4,
Invus, Handelsbanken.

Well-funded through multiple value inflection points. Listed on NASDAQ OMX Stockholm Mid Cap (BINV).

Translating complex cancer biology into innovative antibody therapies



BUILDING A PIPELINE: OUR STATE-OF-THE ART ANTIBODY TECHNOLOGY



Proprietary F.I.R.S.T™ platform is the engine discovering novel cancer treatments

While others often focus on the targets and test function at the end, we start from the function (drug efficacy).

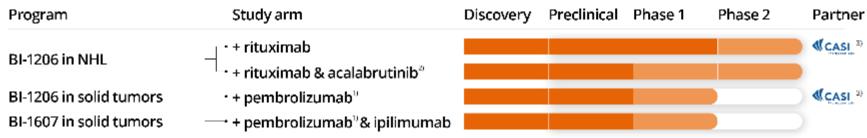


STRONG PROPRIETARY CLINICAL PIPELINE WITH MULTIPLE VALUE DRIVERS

TNFR2



FcyRIIB



CTLA-4

4) 50/50 co-development collaboration with Transgene

Program	Study arm	Discovery	Preclinical	Phase 1	Phase 2	Partner
BT-001 in solid tumors	+ pembrolizumab"					4; transgene
1) Supply agreement with MSD 2) Supply agreement with AZ 3) Licensed to CASI for China, Hone K	ony. Macay and Taiwan			Complet	ted Ons	going



KEY PIPELINE NEWS FLOW 2024

The drivers in 2024 were BI-1808 single agent data, in solid tumors and CTCL, together with the overall positive progress across the clinical portfolio

DEC 2024

BioInvent announces first patient enrolled in Phase 1b/2a study of BI-1607 in combination with ipilimumab and KEYTRUDA in patients with unresectable or metastatic melanoma

BioInvent and Transgene's Oncolytic Virus BT-001 Shows Promising Antitumor Activity in Ongoing Phase 1/2a Trial in Solid Tumors that Failed Previous Treatments

BioInvent announces the enrollment of the first patient in triple combination arm of BI-1206, rituximab and Calquence® for the treatment of non-Hodgkin's lymphoma

BioInvent Announces Additional Positive Efficacy Data with Single Agent BI-1808 from the Phase 2a anti-TNFR2 program

BioInvent receives Notice of Allowance from USPTO for BI-1910 patent application

BioInvent to Present Pipeline Progress on BI-1910 and BT-001 at ESMO

BioInvent announces new clinical trial collaboration and supply agreement with MSD to evaluate BI-1607 in combination with KEYTRUDA (pembrolizumab) and ipilimumab

BioInvent Presents Poster Highlighting Model-Informed Early Clinical Development of anti-TNFR2 agent BI-1808 at PAGE 2024

BioInvent Presents Promising Phase 1 Data for BI-1206 in Combination with KEYTRUDA® (pembrolizumab) in Patients with Solid Tumors at ASCO 2024

BioInvent Presents Promising Clinical Efficacy and Safety for anti-TNFR2 agent BI-1808 at ASCO 2024

BioInvent announces a new clinical trial collaboration and supply agreement with MSD to evaluate BI-1910, the company's second anti-TNFR2 antibody in combination with KEYTRUDA®

CASI Pharmaceuticals Reports Positive Interim Phase 1 Data For BI-1206 In The Treatment Of Relapsed/Refractory Indolent Non-Hodgkin's Lymphoma In China

BioInvent to evaluate BI-1206 in combination with rituximab and Calquence

JAN 2024

BioInvent regains rights to immuno-oncology targets from Exelixis





ANTI-TNFR2

BI-1808

BI-1910





BI-1808: STRONG SINGLE AGENT ACTIVITY IN PHASE 1/2A

CTCL COHORT

EHA June 2024 & September 2024

- 3 partial response (PR) currently ongoing and deepening
- 1 patient with **stable disease** (SD)
- 4 evaluable CTCL patients

SOLID TUMORS

ASCO May/June 2024

- 1 complete response (CR) in ovarian cancer
- 1 PR in GIST that continues to improve after more than 88 weeks (Jan 2025)
- Furthermore, 9 patients showed SD (26 evaluable patients)

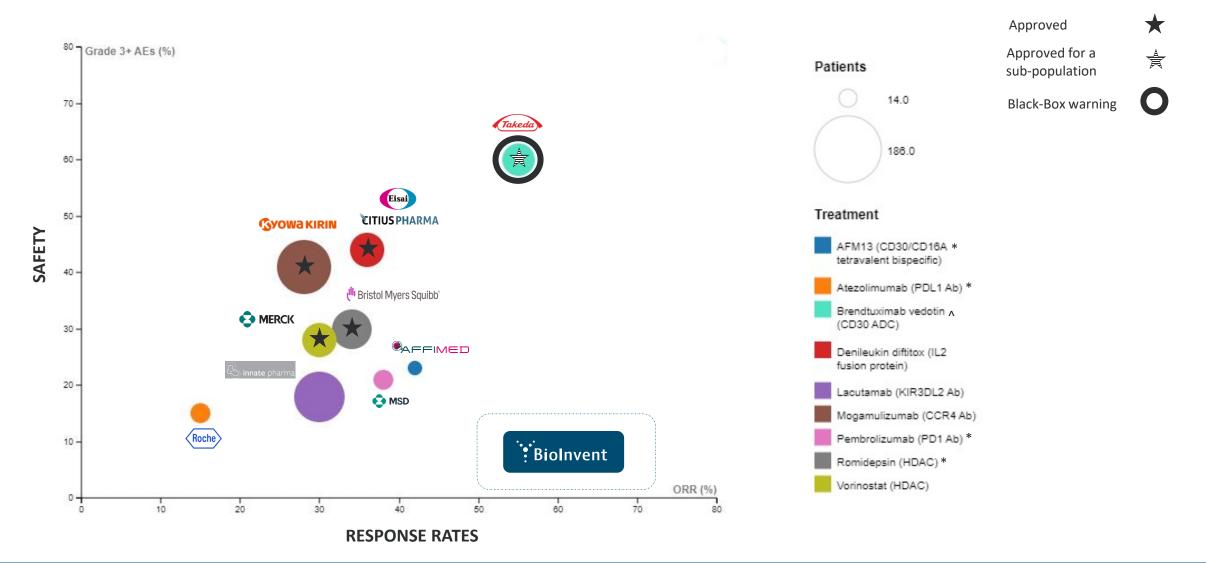
Furthermore, promising signs of efficacy and favorable safety profile observed in **Phase 1 dose escalation** with **BI-1808 in combination with pembrolizumab*** also presented at ASCO 2024. Phase 2a dose expansion combo study ongoing.

Additional BI-1808 single agent data mid-2025E

Orphan Drug
Designation for
BI-1808 in TCL
(March 2025)



BASED ON EARLY DATA, BI-1808 LOOKS POISED TO BE BEST-IN-CLASS IN R/R CTCL **LANDSCAPE**



BI-1808 POTENTIAL PATH TO FIRST APPROVAL – CTCL MONOTHERAPY IN US

Outlined Project Milestones



Approval

Phase 2, part A Monotherapy in CTCL patients (n=15)

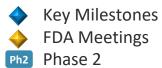
Dose optimization

Pivotal monotherapy study



Confirmatory study

BLA submission





BI-1808 POSITIONING IN THE MARKET LANDSCAPE

U	L	L	

BI-1808 can be **developed as frontline** for the treatment for **Mycosis Fungoides** and **Sézary Syndrome (CTCL)**:

- Exceptional Safety and Tolerability profile for the treatment of a chronic devastating disease
- All available therapies are deficient from the safety and efficacy standpoint
- ORR ≥ 40% will comfortably place BI-1808 as the treatment of choice in the front line
- Potential market opportunity as first line monotherapy
- High market potential in a short timeframe.

Solid Tumors

The **largest commercial** potential of BI-1808 is for the treatment of **solid tumors**:

- Demonstrated single agent activity and induction of antitumor immunity in several patients across different types of malignancies (OC, NSCLC, GIST, TCL)
- Demonstrated synergistic activity with anti-PD1 in preclinical models
- Exceptional safety profile makes it ideal for a combination component with anti-PD1/L1 in several tumor types



BI-1910: PROMISING SINGLE AGENT PHASE 1 DATA (JAN 2025)

A differentiated, agonist approach to treating solid tumors

ESMO 2024 and Jan 2025 SINGLE AGENT data:

- Stable disease (6/12 evaluable patients) best clinical responses
- No notable adverse events even at the highest doses tested
- BI-1910 single agent Phase 1 Part A dose escalation completed and reached a biologically active dose level
- Favorable pharmacokinetic data and a robust target engagement, showing evidence of induction of T-cell proliferation
- Phase 1 data, single agent and pembrolizumab* combo H2 2025E





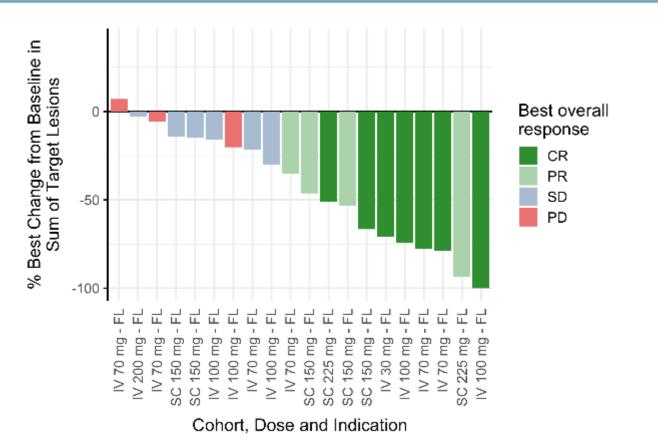
ANTI-FcyRIIB

BI-1206 + rituximab + acalabrutinib BI-1206 + pembrolizumab



BI-1206: PHASE 1 CLINICAL DATA IN FL PATIENTS DEMONSTRATES STRONG EFFICACY AND SAFETY SIGNALS

BI-1206 + rituximab responses in 20 relapsed/refractory FL pts



Outcomes

(October 2024, **SC + IV**)



>

No safety or tolerability concerns

All TEAEs were manageable
Resolved without clinical complication
SC particularly well-tolerated



ORR of 55%, **CRR** of 35%, **DCR** 85%

7 complete responses (CR)

4 partial responses (PR)

6 patients with stable disease (SD)

CRs have been long-lasting, three of them

lasting years after end of treatment



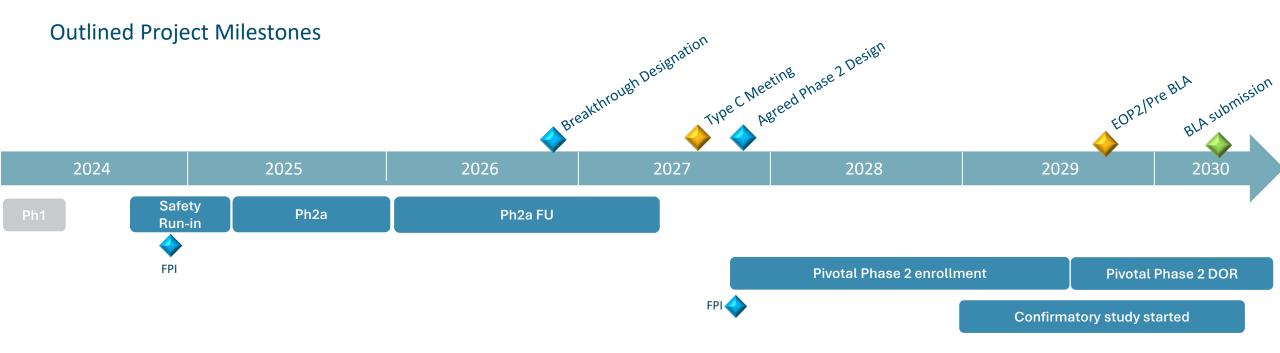
BI-1206 IN NHL: COMBINATION WITH RITUXIMAB AND ACALABRUTINIB

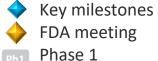
Promising initial efficacy Phase 2a data from BI-1206 SC triple combination

- First two patients (as of January 2025):
 - 1 complete response (CR)
 - 1 partial response (PR)
 - The treatment has been well-tolerated with no safety or tolerability concerns
- Phase 1/2a clinical study in patients with NHL who have progressed or are refractory to rituximab
- The conveniency and safety profile of this triplet should be very competitive in the treatment landscape of NHL
- Additional BI-1206 triplet data mid-2025E



BI-1206 IN NHL: COMBINATION WITH RITUXIMAB AND ACALABRUTINIB POTENTIAL TIMELINES





Phase 1

Phase 2



BI-1206 POSITIONING IN THE MARKET LANDSCAPE

— Follicular lymphoma (FL) ——

Potential as 2nd line for the treatment of FL:

- Highly convenient and safe, combined with the two most successful drugs in this space, in a chemotherapy-free regimen:
 - Rituximab: will remain the backbone of treatment in NHL for years to come
 - Acalabrutinib: best-in-class drug for the treatment of MCL
 - SC formulation brings significant convenience. In the longterm both BI-1206 and rituximab can be administered SC (acalabrutinib is administered orally)
- ORR ≥ 75% would place the triplet as a very competitive option in the second line
- No cytokine release syndrome, no neurotoxicity and no safety concerns makes this triplet ideal for the treatment of patients in community hospitals

Solid tumors

The **largest** commercial potential of BI-1206 is for the treatment of **solid tumors**:

- Enhances the activity of pembrolizumab
- Demonstrated synergistic activity with anti-PD1 in preclinical models
- Strong signals observed in heavily pretreated patients with metastatic melanoma (cutaneous and uveal melanoma), and very likely extendable to other tumor types
- Exceptional safety profile makes it ideal for a combination component with anti-PD1/L1 in several tumor types

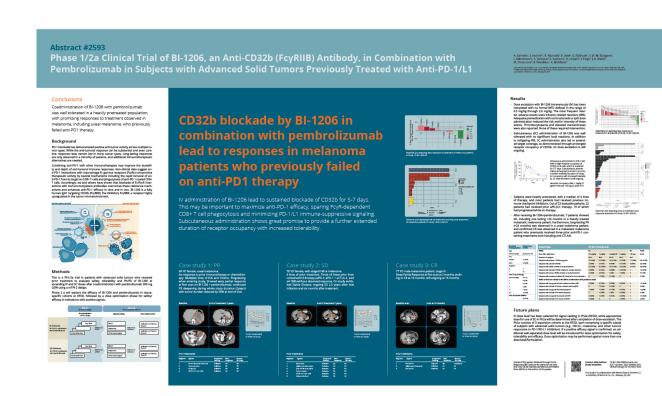


BI-1206 IN SOLID TUMORS: COMBINATION WITH PEMBROLIZUMAB

Promising efficacy signals in Phase 1

(December 2024)

- 1 complete response (CR) (lasting for approx. two years)
- 1 partial response (PR) in uveal melanoma
- 8 patients with stable disease (SD) including one long-lasting (≥2.5 years)
- 28 evaluable patients
- Co-administration of BI-1206 with pembrolizumab was well-tolerated in a heavily pretreated population



Further Phase 1 data BI-1206 + pembrolizumab* mid-2025E



BEST CLINICAL RESPONSES IN LEAD PROGRAMS BI-1808 AND BI-1206

(cut-off DEC 2024)

BI-1808 single agent

1 CR in Ovarian Cancer

1 PR in GIST

9 patients with SD

26 evaluable patients

CTCL cohort:

3 PR

1 patient with SD

4 evaluable patients

BI-1910 single agent

6 patients with SD

12 evaluable patients

BI-1206 + rituximab in NHL

SC formulation:

2 CR

3 PR

3 patients with SD

9 evaluable patients

IV formulation:

5 CR

1 PR

6 patients with SD

17 evaluable patients

BI-1206 SC + rituximab + acalabrutinib in NHL

1 CR

1 PR

2 evaluable patients

BI-1206 + pembrolizumab in solid tumors

1 CR

1 PR

8 patients with SD

24 evaluable patients

CR = complete response

PR = partial response

SD = stable disease





OTHER PROGRAMS

BI-1607 (ANTI-FcγRIIB)

BT-001 (ANTI-CTLA-4)

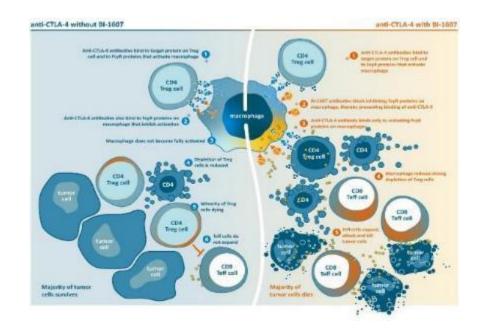




BI-1607: POSITIVE CLINICAL PHASE 1 DATA, TRIPLET STUDY ONGOING

Phase 1b/2a triplet ongoing since Dec 2024

- Evaluating safety and anti-tumoral activity
- 2 dose levels of BI-1607 with 2 dose levels of ipilimumab (anti-CTLA-4) (1 and 3 mg/kg) in combination with 200 mg flat dose of pembrolizumab*
- Patients with unresectable or metastatic melanoma, previously treated with anti-PD-1/L1
- Includes an exploratory part assessing lower doses of anti-CTLA-4



Preclinical studies indicate that a triple combination regimen including BI-1607 could allow the use of **lower doses of ipilimumab**, potentially achieving increased tolerability and higher efficacy.

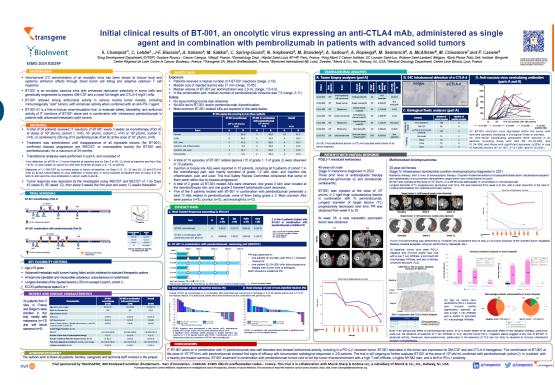


PROMISING BT-001 PHASE 1 COMBINATION DATA AT ESMO 2024

Clinical responses in 2/6 refractory patients when given in combination with pembrolizumab

Phase 1/2a open-label, multicenter, dose-escalation study of BT-001 Part B presented at ESMO September 2024

- BT-001 induces tumor regression in patients who failed previous anti-PD(L)-1 treatment
- In a patient with a heavily pretreated leiomyosarcoma, BT-001 was able to modulate the tumor microenvironment, turning a "cold" tumor to "hot", enhancing the potential of T cell infiltration and a shift to PD(L)-1 positivity
- Early signs of efficacy with clinical responses observed with BT-001 in combination with KEYTRUDA® (pembrolizumab), in 2 of 6 patients who failed previous treatment







KEY CATALYSTS 2025



EXPECTED KEY CLINICAL MILESTONES 2025

TNFR2 platform	mid-2025	YE2025	
BI-1808 in solid tumors/TCL	Single agent Ph 2a additional data	Ph 2a data with pembrolizumab	
BI-1910 in solid tumors		Ph 1 single agent data Ph 1 data with pembro	
FcyRIIB platform			
BI-1206 in NHL	Ph 2a data with rituximab + acalabrutinib		
BI-1206 in solid tumors	Ph 1 data with pembrolizumab		
BI-1607 in solid tumors		Ph 1b data with pembrolizumab + ipilimumab	





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EXTERNAL PIPELINE (MARCH 2025)

