



Q2 2026 results

Conference call and webcast for investors and analysts

Disclosures

Certain statements contained in this presentation and in the accompanying oral presentation, other than statements of fact that are independently verifiable at the date hereof, constitute forward looking statements. Examples of such forward-looking statements include statements regarding BeOne's research, discovery, preclinical and clinical programs and plans; BeOne's expected data readouts, trial updates and presentations; BeOne's expectations regarding regulatory milestones, submissions and filings, and commercialization of BeOne's medicines; the potential benefits of BeOne's drugs and drug candidates; the potential of BeOne's products and product candidates to be best-in-class and/or first-in-class; the continued growth of BRUKINSA revenues globally; BRUKINSA's potential commercial reach; and BeOne's full year 2026 guidance. Actual results may differ materially from those indicated in the forward-looking statements as a result of various important factors, including BeOne's ability to demonstrate the efficacy and safety of its drug candidates; the clinical results for its drug candidates, which may not support further development or marketing approval; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials and marketing approval; BeOne's ability to achieve commercial success for its marketed medicines and drug candidates, if approved; BeOne's ability to obtain and maintain protection of intellectual property for its medicines and technology; BeOne's reliance on third parties to conduct drug development, manufacturing, commercialization and other services; BeOne's limited experience in obtaining regulatory approvals and commercializing pharmaceutical products; BeOne's ability to obtain additional funding for operations and to complete the development of its drug candidates and achieve and maintain profitability, as well as those risks more fully discussed in the section entitled "Risk Factors" in BeOne's most recent periodic report filed with the U.S. Securities and Exchange Commission ("SEC"), as well as discussions of potential risks, uncertainties, and other important factors in BeOne's subsequent filings with the SEC. Except where otherwise noted, all information in this presentation is as of the date of this presentation, and BeOne undertakes no duty to update such information unless required by law.

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This presentation includes U.S. generally accepted accounting principles ("GAAP") and non-GAAP financial measures. Reconciliations between these two measures are provided in the appendix to this presentation.

Some of the clinical data in this presentation relating to BeOne's investigational drug candidates is from preclinical studies or early phase, single-arm clinical trials. When such data or data from later stage trials are presented in relation to other investigational or marketed drug products, the presentation and discussion are not based on head-to-head trials between BeOne's investigational drug candidates and other products unless specified in the trial protocol. BeOne is still conducting preclinical studies and clinical trials and, as additional patients are enrolled and evaluated, data on BeOne's investigational drug candidates may change.

Definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data as they may be confounded by various factors and should be interpreted with caution. Safety and efficacy have not been established for unapproved products or uses.



Agenda

1 **Welcome, safe harbor, and agenda**

Dan Maller
Head of Investor Relations

2 **CEO business update**

John V. Oyler
Co-Founder, Chairman and CEO

3 **Financial results**

Aaron Rosenberg
Chief Financial Officer

4 **R&D and pipeline progress**

Lai Wang, Ph.D.
President, Global Head of R&D

5 **Q&A**

BeOne management team



CEO business update

John V. Oyler
Co-Founder, Chairman and CEO



Q2 2026: 30% revenue growth and pipeline progress



Financial and business highlights

Revenue

- \$1.7B, +30%

Earnings per ADS¹

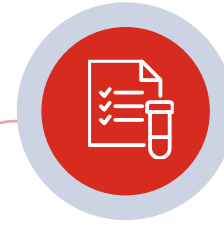
- GAAP: \$2.05
- Non-GAAP²: \$3.84

Guidance raise

- +\$300M (revenue)
- +\$250M (op income)

Other updates

- BEQALZI U.S. approval
- \$300 million expansion of flagship U.S. manufacturing site



Pipeline highlights

Pivotal trial updates

- MANGROVE 1L MCL met primary endpoint
- CDK4i 1L Phase 3 trial FSE in Q2
- GPC3 x 4-1BB bsAb completed enrollment of potentially pivotal study in three months

Key data presentations

- Proof-of-concept data for PRMT5 and CEA ADC at ESMO

% change represents Q2 2026 vs. Q2 2025

¹ Diluted Earnings per ADS is presented. Basic Earnings per ADS for Q2 2026 was \$2.12 (GAAP) and \$3.98 (Non-GAAP)

² Non-GAAP Earnings per ADS is a financial measure that excludes from the corresponding GAAP measure costs related to share-based compensation, impairment of equity investments, depreciation and amortization expense. A reconciliation of these Non-GAAP measures to the comparable GAAP measure for Q2 2026 is included in the Appendix to this presentation



MANGROVE met primary endpoint in 1L MCL

Compelling efficacy

Foundational BRUKINSA plus rituximab **reduced the risk of progression or death by**

43%

vs. BR as assessed by IRC

MANGROVE
is **first**
Phase 3 trial to
demonstrate a
new **chemo-free**
standard in 1L MCL

Sizeable market opportunity

MANGROVE expands BRUKINSA's commercial opportunity to 1L MCL

>21,000¹

new patients/yr in
major markets

Global submissions planned in 2H 2026; full results at an upcoming medical meeting.

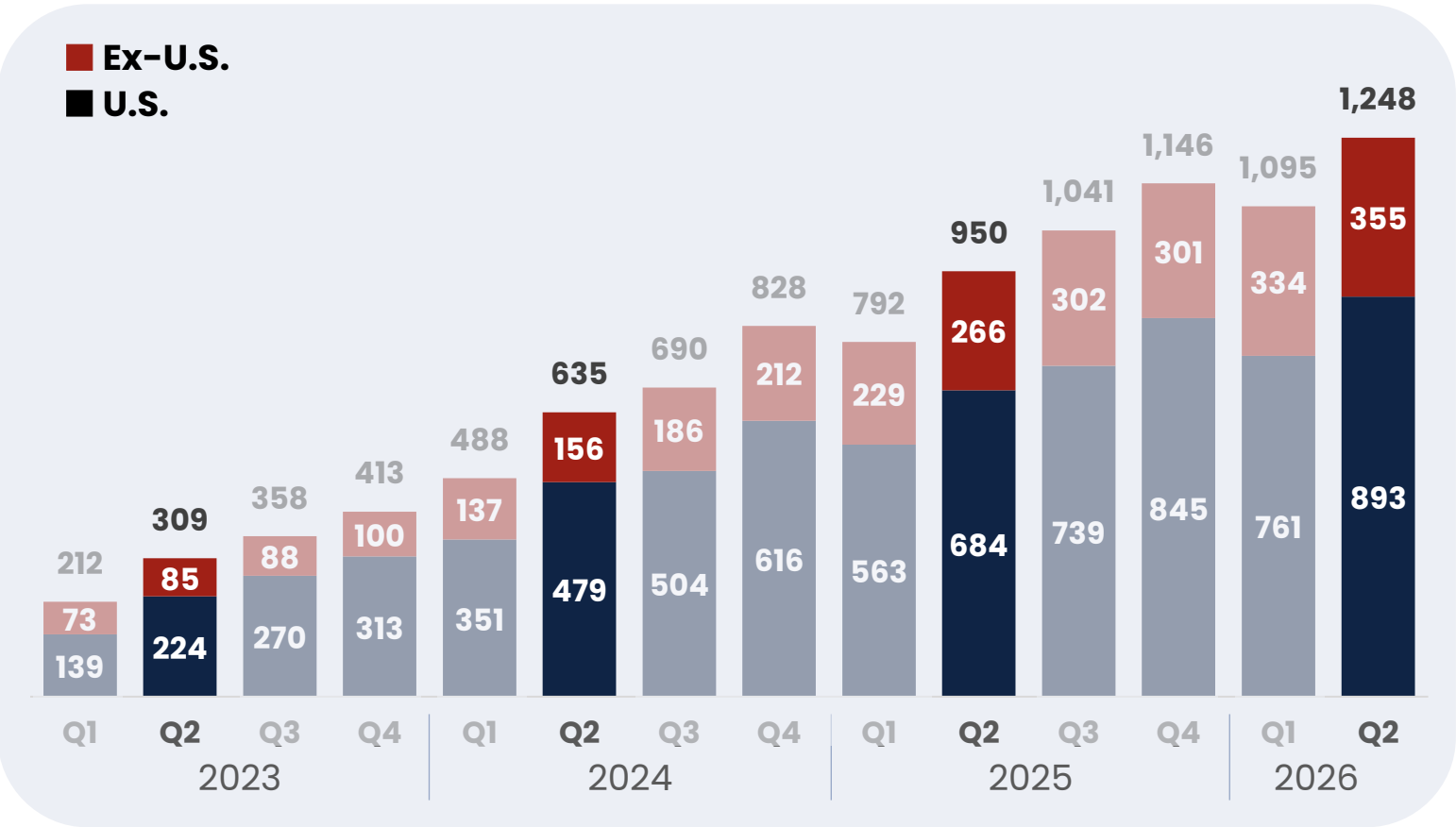
¹ Cheah CY, Seymour JF, Wang ML. Mantle Cell Lymphoma. J Clin Oncol. 2016;34(11):1256-1269. Major markets includes U.S., EU5, Japan, China



Only BRUKINSA sustained U.S. and global leadership

BRUKINSA global quarterly revenue

\$ in millions



The foundational BTK inhibitor

#1

MARKET SHARE

Sustained U.S. and global leadership

+31%

FASTEST GROWTH

Fastest growing cBTKi

5

BROADEST LABEL

Broadest label of BTKi; MANGROVE opens 1L MCL opportunity

300k+

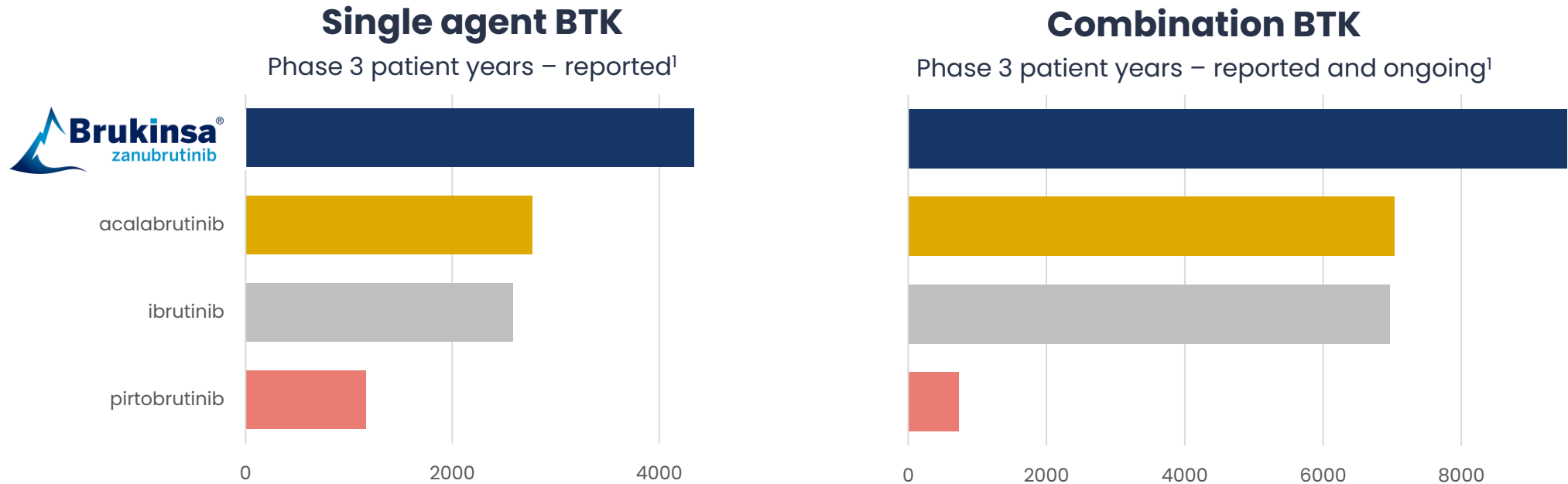
PATIENTS TREATED

Across 80+ markets

* % change represents Q2 2026 vs. Q2 2025
U.S. BRUKINSA approved B-cell malignancies: CLL, WM, MCL, MZL and FL



BRUKINSA leads in breadth and depth of Phase 3 clinical evidence – with much more coming



BRUKINSA has 4 potential market expanding Phase 3 readouts in next 3 years²

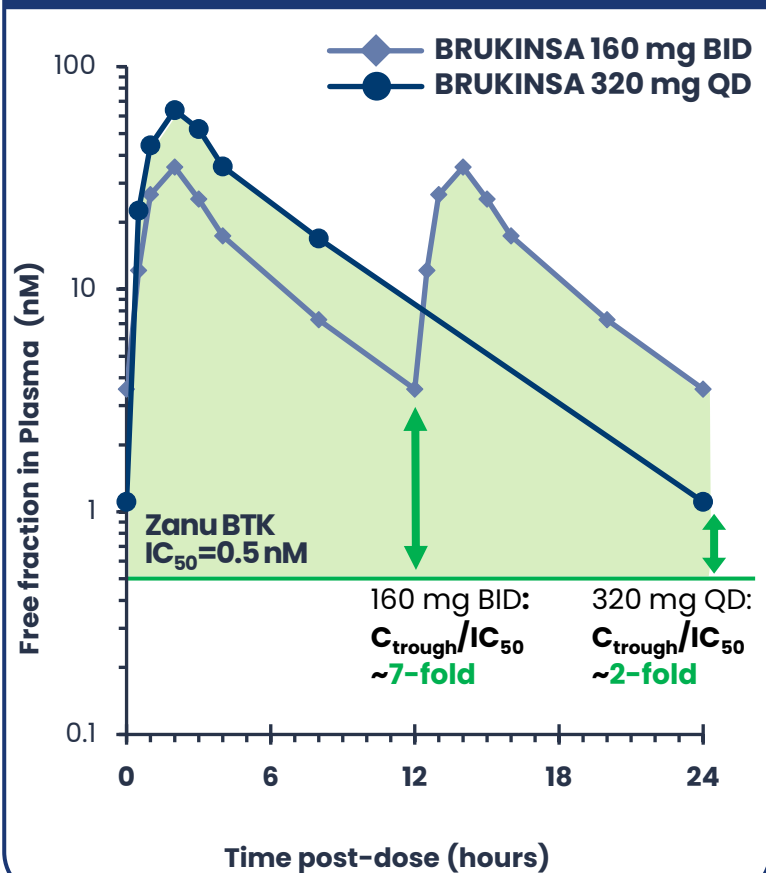
¹ Calculated using number of patients on drug as the investigational arm in a company-sponsored pivotal trial multiplied by longest median follow up period for reported trials or multiplied by trial duration for ongoing Phase 3 trials (start to primary completion on CT.gov). For combination BTK reported patient years, includes data generated for U.S. FDA approved regimens only

² MAHOGANY – RR MZL and RR FL, CELESTIAL-301 – TN CLL/SLL, CELESTIAL 304 – TN CLL/SLL, and CELESTIAL 302 – RR MCL

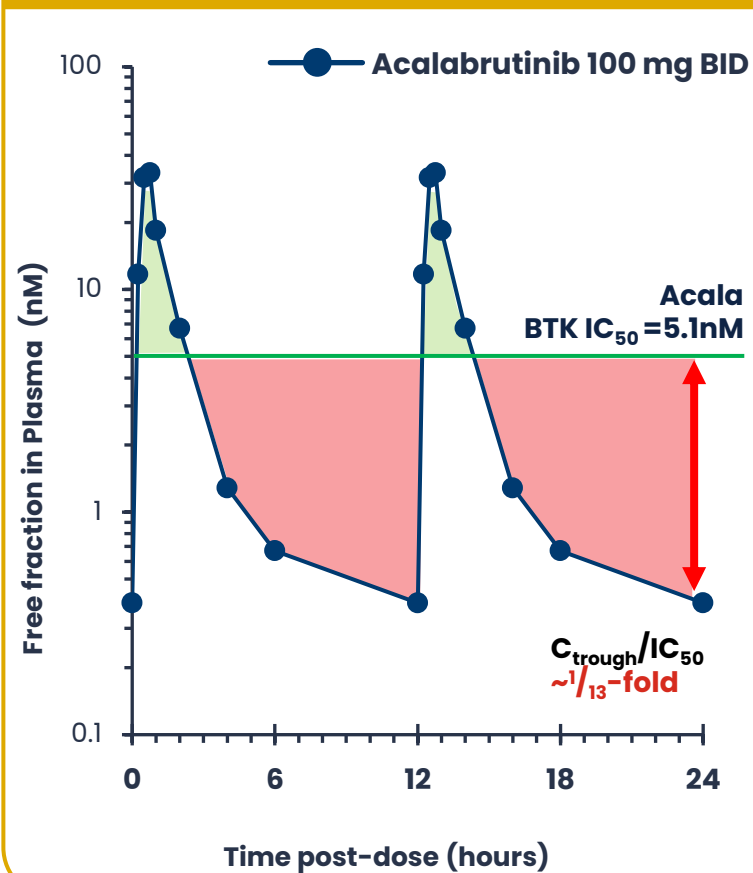


Only BRUKINSA induces complete and sustained BTK inhibition due to its potency and superior PK

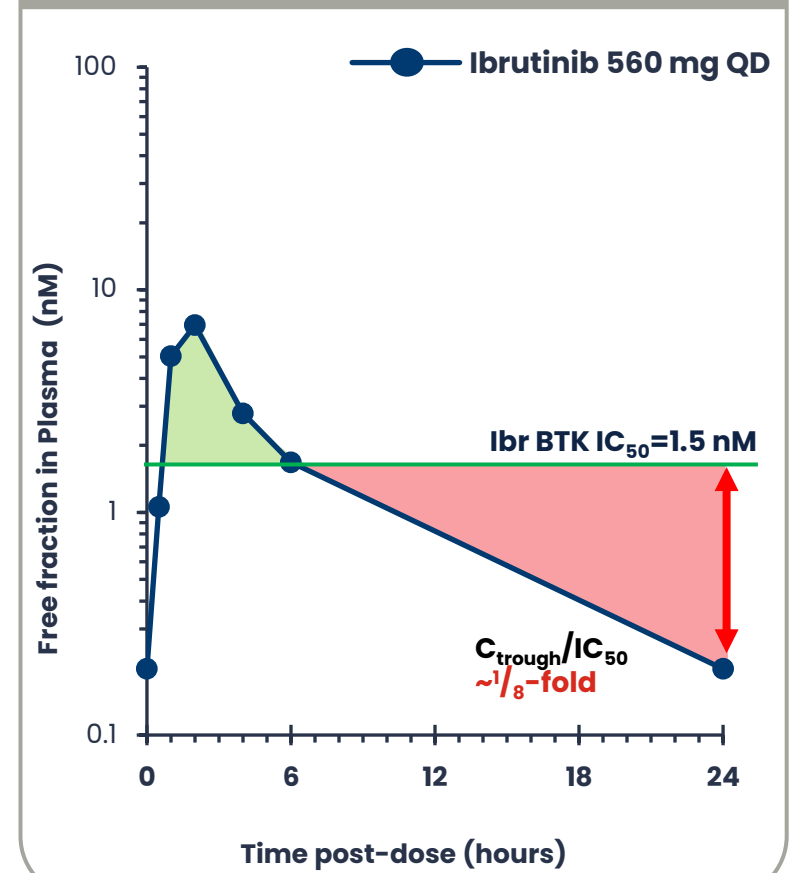
BRUKINSA PK vs. IC_{50} ¹



Acalabrutinib PK vs. IC_{50} ²



Ibrutinib PK vs. IC_{50} ³



¹ Health Canada Product Monograph

² Adapted from Byrd et al., NEJM, 2015; Zhou et al., Pharmacometrics Syst. Pharmacol. (2019) 8, 489–499

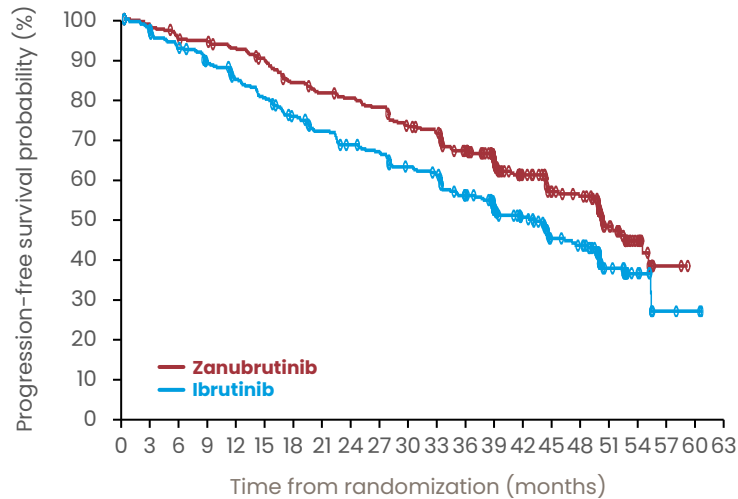
³ Adapted from Advani, et al., JCO 2013; NDA Clinical Pharmacology Review {NDA 205552, ibrutinib}

The clinical significance of non-clinical data has not been established



Only BRUKINSA showed PFS superiority over ibrutinib

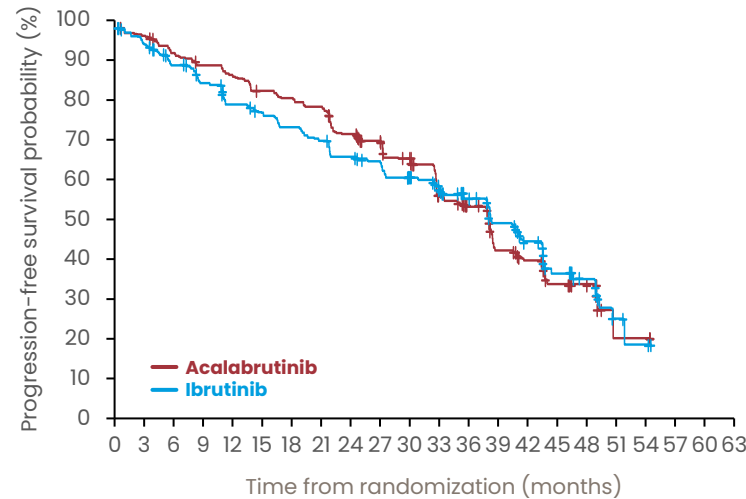
BRUKINSA vs. Ibru: PFS by IRC



ALPINE¹

HR: **0.69** (95% CI: 0.55, 0.87)
p-value: **0.0014**
Median follow-up: 42.5 months

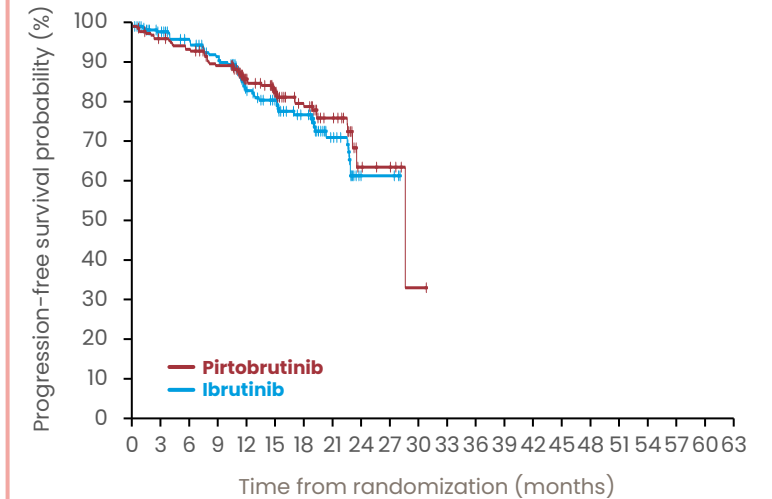
Acala vs. Ibru: PFS by IRC



ELEVATE RR²

HR: **1.00** (95% CI: 0.79 to 1.27)
Median follow-up: 40.9 months

Pirto vs. Ibru: PFS by IRC



BRUIN CLL-314³ (R/R cohort)

HR: **0.845** (95% CI: 0.566-1.262)
p-value: **0.4102**
Median follow-up: 18.2 months

Definitive conclusions cannot be drawn from cross-trial comparisons; differences in study populations and trial design are not accounted for

¹ Brown J. et al., ICML 2025

² Byrd et al., JCO 2021

³ Woyach et al., JCO 2025

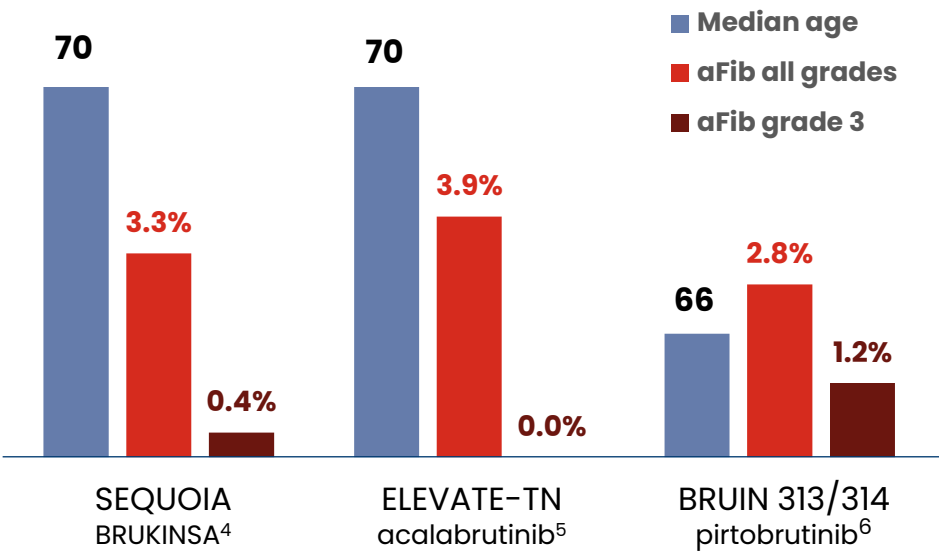


Comparison of study protocols and aFib rates in 1L CLL BTKi monotherapy trials

Protocol inclusion criteria

	SEQUOIA ¹ BRUKINSA	ELEVATE-TN ² acalabrutinib	BRUIN 313/314 ³ pirtobrutinib
Age	≥65 or 18–64 with comorbidities	≥65 or 18–64 with comorbidities	≥18
Cardiac (QTc)	>480	>480	>470 and LVEF >40%
Kidney function (CrCl ml/min)	≥30	≥30	≥40
aFib reporting	Investigator	Investigator	Investigator and adjudicated*

Median age and aFib rates



Absolute prevalence of aFib nearly 4% higher among those aged 70–74 compared to 65–69[‡]

Definitive conclusions cannot be drawn from cross-trial comparisons; differences in study populations and trial design are not accounted for

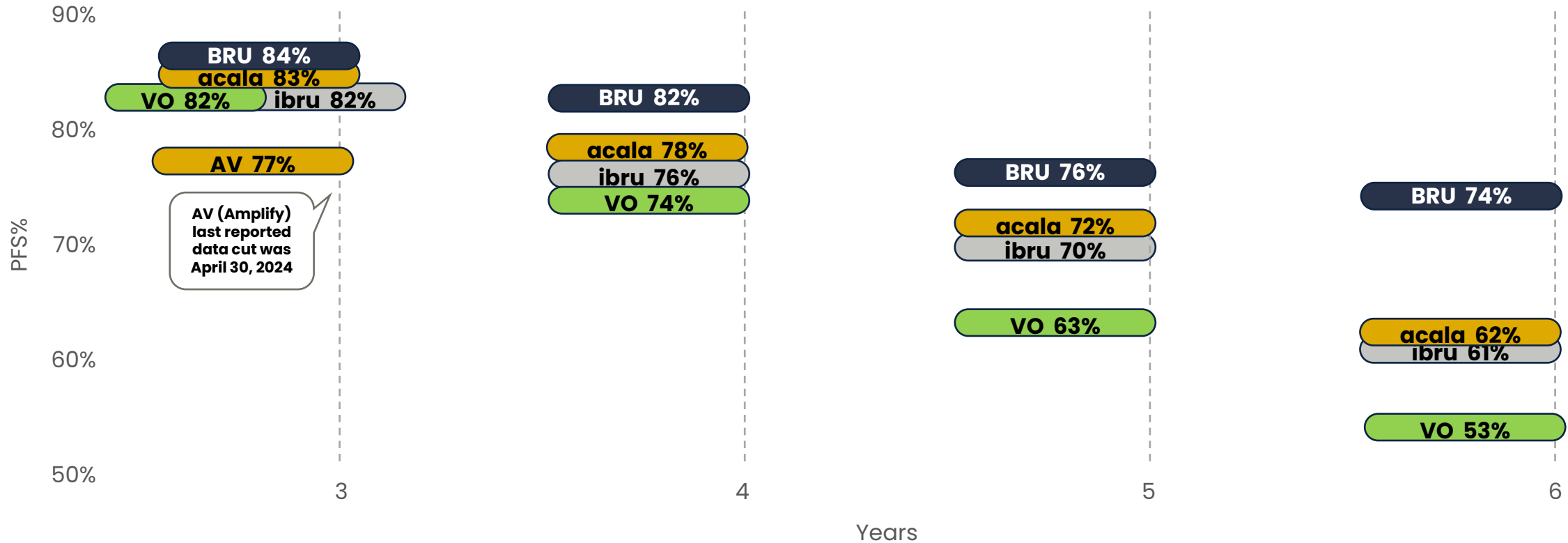
[‡] Khurshid S, et al. *Prevalence and incidence of atrial fibrillation among older primary care patients*. JAMA Netw Open. 2023;6(2):e2255838.*Patients aged 18–64 had to meet at least one comorbidity criteria, including CRIS ≥7, creatinine clearance ≤70 mL/min, history of serious or recurrent infections. [‡]BRUIN 313/314 protocol allows for adjudication of afib events to rule out other potential causes such as an electrolyte imbalance

¹ SEQUOIA study protocol (BGB-3111-304), Amendment 4.0, February 10, 2021. ² ELEVATE-TN Protocol (ACE-CL-007), Version 6.0, Acerta Pharma BV, June 17, 2020. ³ BRUIN-CLL-313 protocol (LOXO-BTK-20023 v5.0, Feb 14, 2024) and BRUIN-CLL-314 protocol (LOXO-BTK-20030 v8.0, May 9, 2025) ⁴ Tam CS, et al. *Lancet Oncol*. 2022;23:1031-1040 (median f/u 26.2 months) ⁵ Sharman JP, Banerji V, Fogliatto LM, et al. *Blood*. 2022;139(11):1648-1659(median f/u 28.3 months) ⁶ Wierda WG, et al. Pooled results from BRUIN CLL-313 and BRUIN CLL-314. ASCO 2026; Abstract 7044 (median f/u 29.5 months)



BRUKINSA has shown the highest long-term landmark PFS% in 1L Phase 3 CLL trials

Reported landmark PFS% at years 3–6 in 1L CLL Phase 3 trials (all-comers) regimens^{1,2,3,4,5,6}



Definitive conclusions cannot be drawn from cross-trial comparisons; differences in study populations and trial design are not accounted for

¹ Covid-adjusted BRUKINSA PFS% at 5 and 6 years is 79% and 77%, respectively

² BRUKINSA – Tam et al., ASH 2025

³ Ibru – Burger et al., Blood 2025

⁴ Acala – Sharman et al., Blood 2025; Sharman et al., ASCO 2022

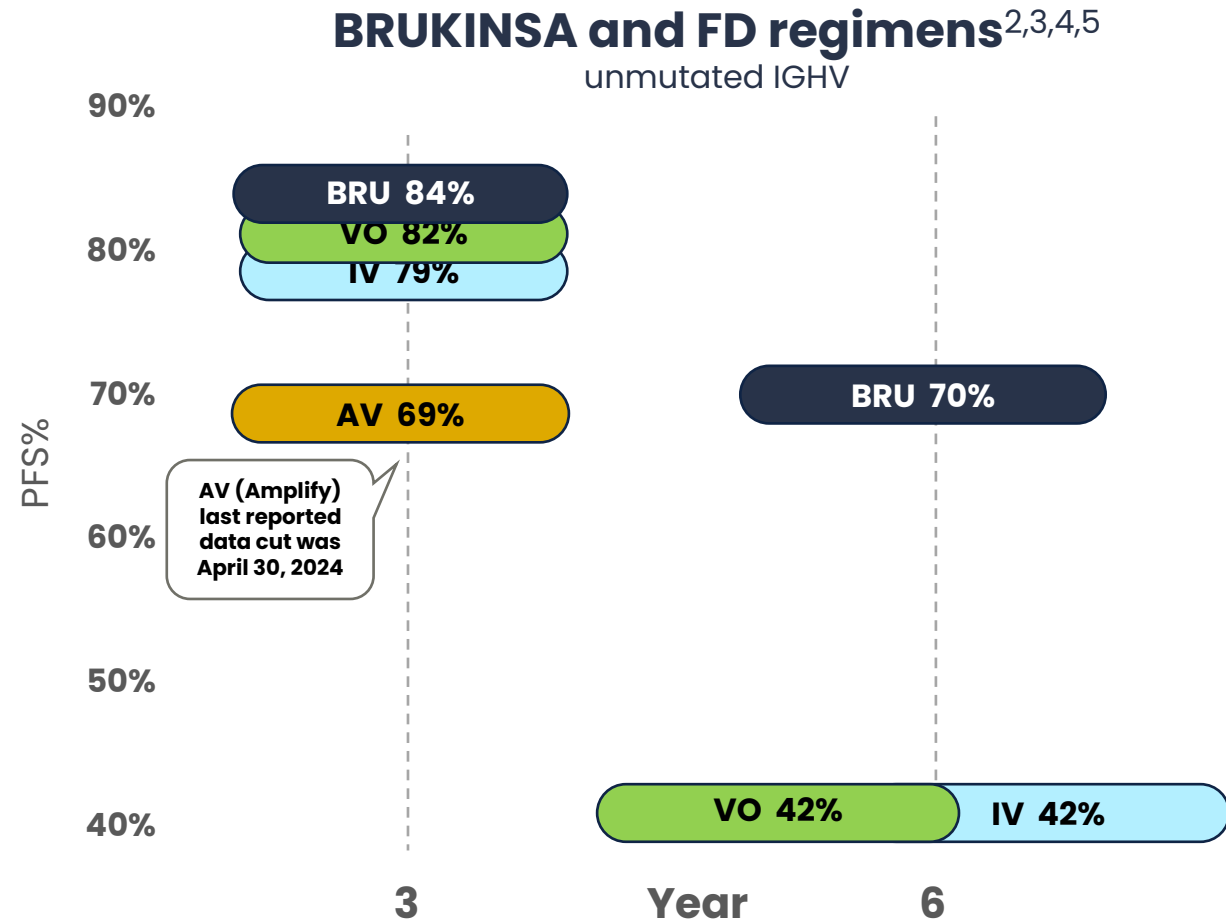
⁵ VO (CLL14) – Al-Sawaf et al., Blood 2024

⁶ AV – Brown et al., ASH 2024



In unmutated IGHV patients, BRUKINSA showed durable landmark PFS, while fixed duration landmark PFS deteriorated

- ✦ **Majority of 1L CLL patients are unmutated IGHV¹**
- ✦ **uIGHV status a prognostic factor for shorter PFS after fixed duration treatment with VO***



Definitive conclusions cannot be drawn from cross-trial comparisons; differences in study populations and trial design are not accounted for

* NCCN Clinical Practice Guidelines in Oncology for CLL/SLL, Version 2.2024. J Natl Compr Canc Netw. 2024;22(3):175-204

¹ Unmutated IGHV prevalence in randomized frontline continuous BTKi studies

² BRUKINSA – Tam et al., ASH 2025

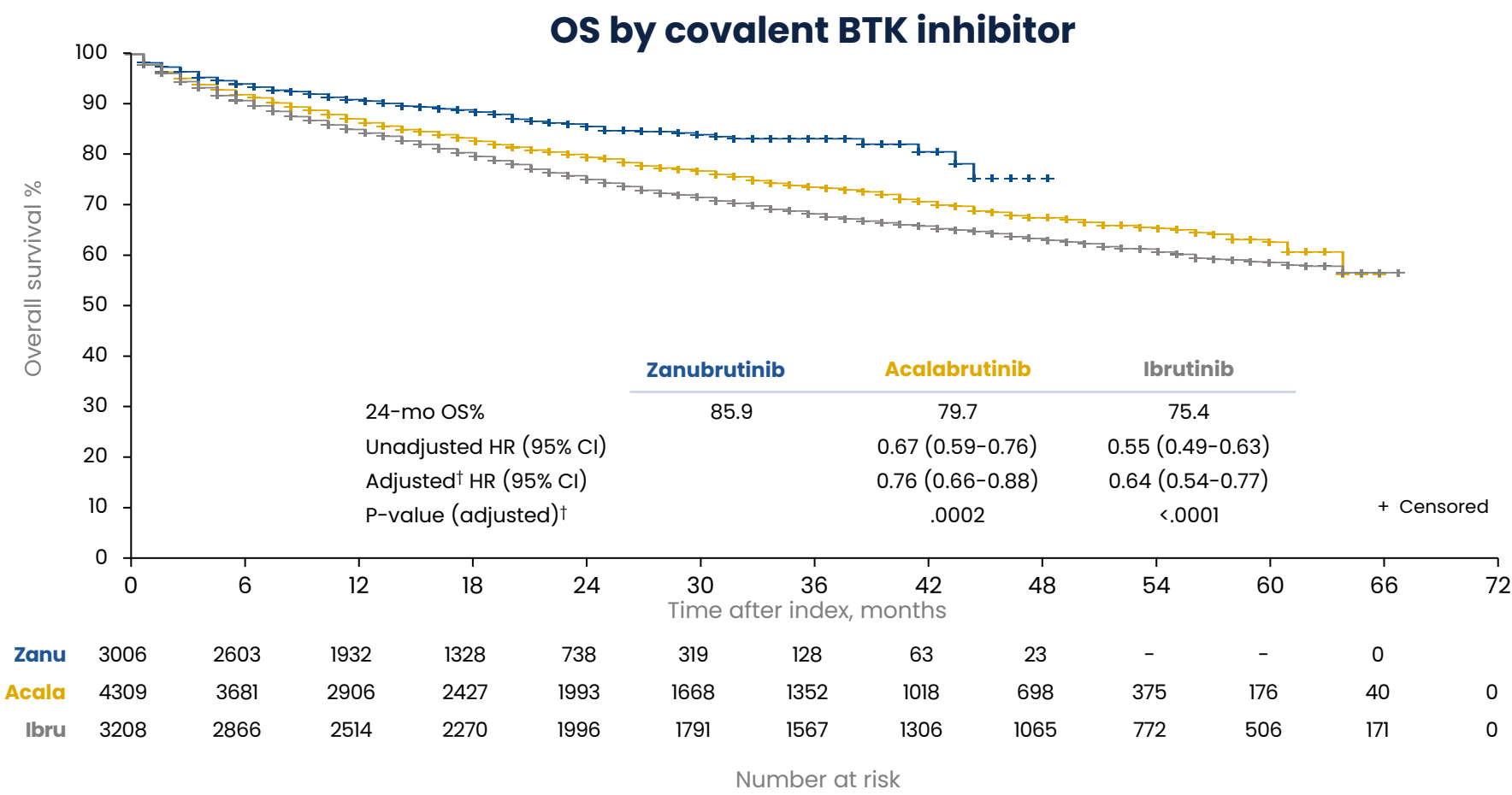
³ AV – Brown et al., ASH 2024

⁴ IV (GLOW) – Kater AP, et al., ASH 2024

⁵ VO (CLL14) – Al-Sawaf et al., Blood 2024



Real world evidence from over 10,500 Medicare 1L CLL patients reported longer overall survival for BRUKINSA



***Zanubrutinib reported lower risk of death by:**

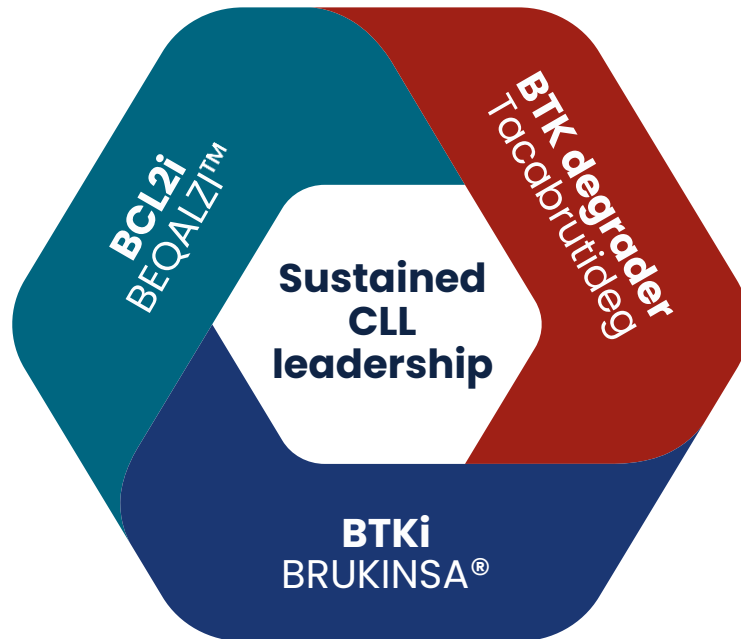
24% vs. acalabrutinib

36% vs. ibrutinib

*Results from real-world study of over 10,500 Medicare fee-for service patients with previously untreated CLL

Real-world data are exploratory and only for hypothesis generation; they are not meant to establish superiority of one drug over another. Results should be viewed in the context of the limitations of the analysis
† Adjusted covariates included categorical age (65-74, 75-84, and ≥85 years), sex, race and ethnicity (non-Hispanic White vs. other), year of index, and Charlson Comorbidity Index score (0, 1, 2, 3, ≥4).¹ Ermann, et al. ASCO 2026; Oncol Ther (2026)

Only BeOne has foundational medicines across the three key MOAs for CLL and other B-cell malignancies



	BRUKINSA[®] (BTKi)	BEQALZI[™] (BCL2i)	Tacabrutideg (BTK degrader)
Differentiated design	✓ Best-in-class	✓ Potentially best-in-class	✓ Potentially best-in-class/ first-in-class
Utility	✓ Most approved indications and efficacy regardless of risk status	✓ Potential broad feasibility of use	✓ Broadest mutation coverage ¹
Market opportunity	✓ U.S. and global leadership	✓ Potential to unlock the BCL2 class	✓ Provide new options for patients in R/R setting

¹ Growth inhibition was assessed by CTG (CellTiter-Glo) assay at day 5 in TMD-8 cells
Clinical significance of non-clinical data has not been established



Advancing five solid tumor programs toward registration

Presented at:

ASCO[®]

- ✦ **CDK4i**
- ✦ **B7-H4 ADC**
- ✦ **GPC3 x 4-1BB bsAb**

Coming soon:

ESMO GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

- ✦ **PRMT5i**
- ✦ **CEA ADC**
- ✦ **GPC3 x 4-1BB bsAb**



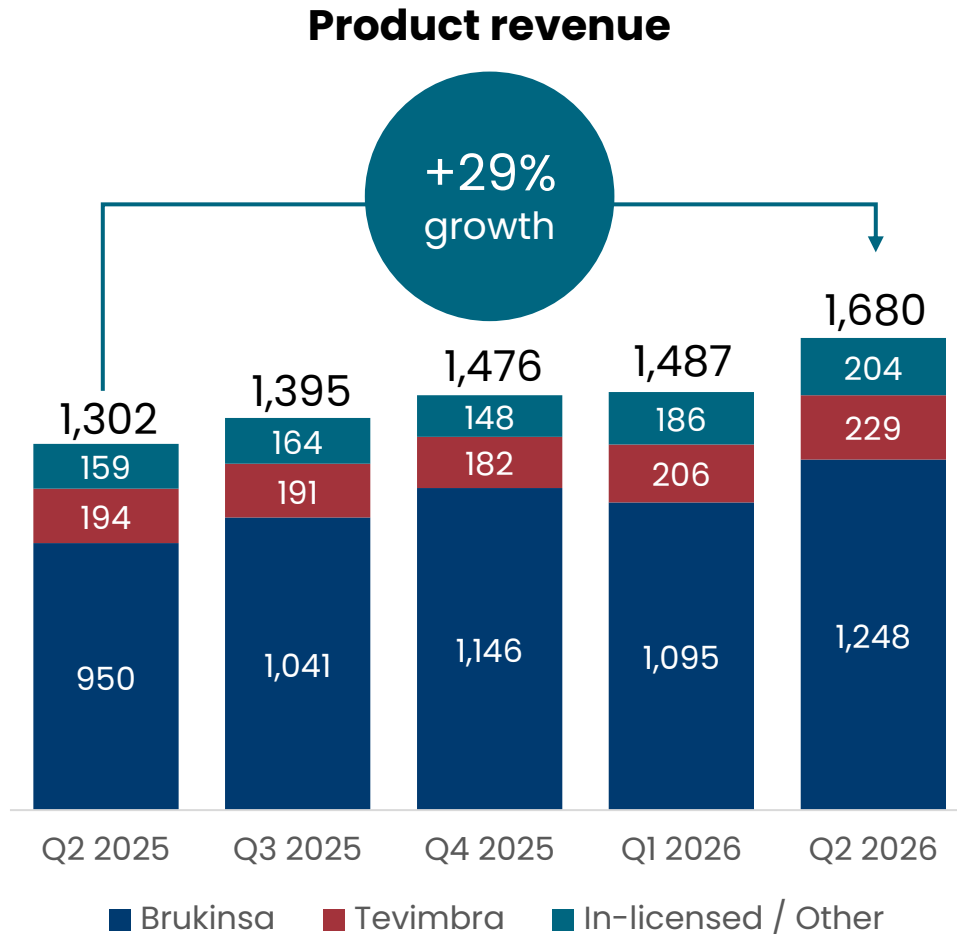
Financial results

Aaron Rosenberg
Chief Financial Officer



Q2 2026: product revenue composition

\$ in millions (Q2 2026)



Commentary

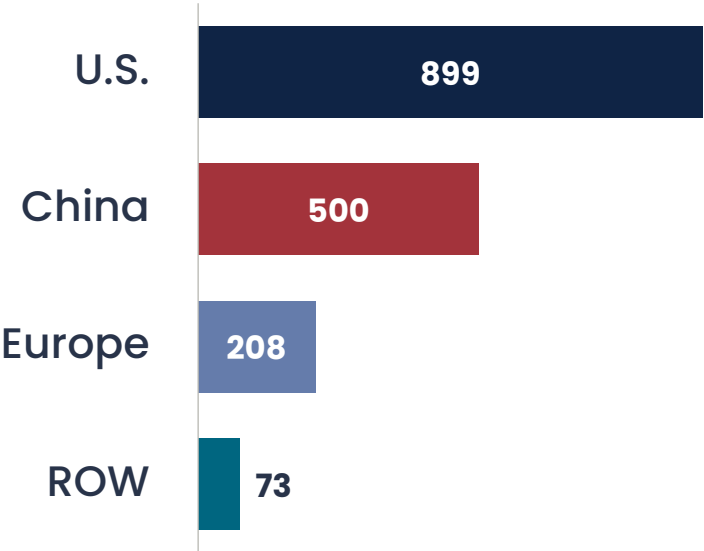
- **BRUKINSA:** +31%
 - Sustained BTK leadership in the U.S.
 - Strong underlying demand growth while maximizing value share
- **TEVIMBRA:** +18%
 - Continued China leadership
 - Global markets launches beginning to contribute to growth
- **In-licensed/other:** +28%
 - Amgen portfolio growth of 25%



Q2 2026: diversified revenue mix and growth across all markets

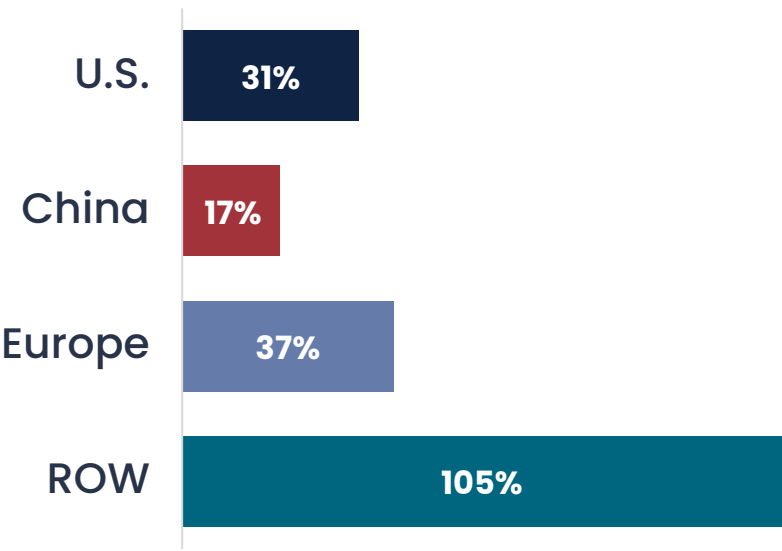
\$ in millions (Q2 2026)

Product revenue mix



Growth % (Q2 2026)

Product revenue growth



Growth % represents Q2 2026 vs. Q2 2025



Q2 2026: reported financial information (GAAP)

<i>\$ in millions (except per ADS)</i>	Q2 2026	Q2 2025
Total revenue	1,705	1,315
Gross margin %	90%	87%
Total operating expenses	1,205	1,063
R&D	612	525
SG&A	593	538
Income from operations	325	88
Net income	237	94
Earnings per ADS - diluted	\$ 2.05	\$ 0.84
Cash flow from operating activities	463	264



Q2 2026: adjusted financial information (Non-GAAP)

<i>\$ in millions (except per ADS)</i>	Q2 2026	Q2 2025
Total revenue	1,705	1,315
Gross margin %	90%	88%
Total operating expenses	1,035	886
R&D	534	444
SG&A	501	442
Adjusted income from operations ¹	503	275
Adjusted net income	444	253
Adjusted earnings per ADS ¹ – diluted	\$ 3.84	\$ 2.25
Free cash flow ²	435	220

¹ Adjusted income from operations and adjusted earnings per ADS are non-GAAP financial measures that excludes from the corresponding GAAP measure costs related to share-based compensation, depreciation and amortization expense

² Free cash flow is a financial measure of cash flow that deducts capital expenditures from cash flows from operations
A reconciliation of this non-GAAP measure to the comparable GAAP measure is included in the appendix to this presentation



Updated full year 2026 guidance

	Prior FY 2026 guidance	Current FY 2026 guidance
Total revenue	\$6.3 – \$6.5B	\$6.6 – \$6.8B
GAAP gross margin % ¹	High-80% range	High-80% range
GAAP operating expenses (combined R&D and SG&A) ²	\$4.7 – \$4.9B	\$4.8 – \$5.0B
GAAP operating income ²	\$750 – \$850M	\$1.0 – \$1.1B
Non-GAAP operating income ^{2, 3}	\$1.45 – \$1.55B	\$1.7 – \$1.8B

Other considerations impacting net income and EPS:

- ★ **Other income (expense)**¹: Estimated range of \$25-\$50M in expense. Includes interest amortization from the Royalty Pharma arrangement
- ★ **Income tax outlook**: Earnings may provide sufficient positive evidence to reverse certain valuation allowances in 2026, resulting in a material tax benefit when recognized. Timing and magnitude is uncertain. Prior to reversal, income tax expense should trend with earnings per historical relationship. See Form 10-Q for additional updates on income tax uncertainties
- ★ **Diluted ADS outstanding**: The Company expects diluted ADSs outstanding of approximately 118M

Key assumptions:

Fx rates as of August 1, 2026

¹ Includes impact of product mix and full year of 2025 productivity improvements

² Does not assume any potential new, material business development activity or unusual/non-recurring items

³ Non-GAAP operating income is a financial measure that excludes from the corresponding GAAP measure costs related to share-based compensation, depreciation and amortization expense. Guidance assumes that non-GAAP expenses track overall expense growth. A reconciliation of these non-GAAP measures to the comparable GAAP measure is included in the appendix to this presentation



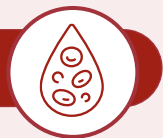
R&D and pipeline progress

Lai Wang, Ph.D.
President, Global Head of R&D



Progress across BeOne's growing pipeline

Hematology



BRUKINSA

- Positive Phase 3 results from MANGROVE **TN MCL**: chemo-free regimen led to 43% reduction in risk of progression or death

BEQALZI

- R/R MCL FDA approval received
- uMRD analysis of CELESTIAL-301 did not reach statistical superiority; study continues to primary PFS analysis

Tacabrutideg (BTK CDAC)

- Potentially pivotal Phase 2 in R/R CLL and R/R WM advancing
- CaDAnCe-304 Phase 3 **H2H vs. pirtobrutinib in R/R CLL** on track to complete enrollment in early 2027

Solid Tumor



TEVIMBRA

- HERIZON-GEA-01 1L HER2+ GEA¹ **sBLA for TEVIMBRA** accepted by U.S. FDA, **granted priority review**; submissions for TEVIMBRA and ZIIHERA accepted by CDE

Pipeline update

- CDK4i **first patients enrolled in Phase 3** in 1L HR+/HER2- BC
- GPC3 x 4-1BB bsAb **completed enrollment in potentially China registration-enabling** HCC cohort for 3L+ AA, Phase 3 in 2L HCC FSE by YE
- PRMT5i **orphan drug designation** granted by FDA for pancreatic cancer
- **PD-1 x VEGF-A x CTLA-4 tsAb²** achieved Phase 1 FSE

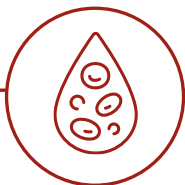
¹ Zymeworks/Jazz collaboration

² BeOne has entered into an exclusive option with Huahai Health to license worldwide rights to HH160 (BON-110), a novel trispecific antibody targeting PD-1, VEGF-A and CTLA-4



A deep pipeline designed to deliver leadership across key disease areas

Hematology/ Oncology



BTKi (BRUKINSA)

BCL2i (BEQALZI)

BTK CDAC
(Tacabrutideg)

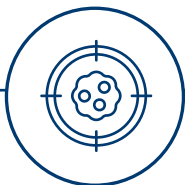
BAFFR x CD22 x CD3 tsAb¹

CD19 x CD20 x CD3 tsAb¹

CD19iyδT cell therapy²

KAT6A/Bi¹

Breast/ Gynecologic



CDK4i

B7-H4 ADC³

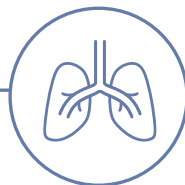
CDK2 CDAC

KAT6A/Bi

BCL2i (21447)

Claudin6 x CD3 bsAb

Lung



PRMT5i

CEA ADC

EGFR x MET x MET tsAb

EGFR x MET x MET tsADC

ADAM9 ADC

PD1 x VEGF x CTLA4 tsAb⁴

B7-H3 x ITGB6 bsADC¹

KEAP1 activator¹

Gastrointestinal



GPC3 x 4-1BB bsAb

PRMT5i

CEA ADC

EGFR x MET x MET tsAb

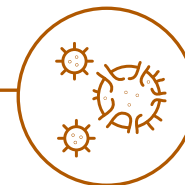
FGFR2b ADC

HPK1i

RAS(ON)i¹

PD-1 x VEGF-A x CTLA-4
tsAb^{1,5}

Immunology/ Inflammation



BTK CDAC
(Tacabrutideg)

IRAK4 CDAC

KLRG1 mAb

¹ Expected to enter the clinic in 2026

² Expected to enter the clinic in 2027

³ DualityBio collaboration

⁴ BeOne has entered into an exclusive option with Huahui Health to license worldwide rights to HH160 (BON-110), a novel trispecific antibody targeting PD-1, VEGF-A and CTLA-4

⁵ Huahui Health collaboration



Five solid tumor programs achieved clinical PoC and are poised to achieve FIH to pivotal FSEs in ~2.5 years

CDK4i

► HR+/HER2- BC

- FIH Dec 2023
- **Phase 3** in 1L HR+ BC enrolling

B7-H4 ADC

► OC, TNBC, EC

- FIH Apr 2024
- **Phase 3** 1L maintenance OC initiation by YE

GPC3 x 4-1BB

► HCC

- FIH Sep 2024
- **Completed enrollment** in expansion cohort with China registration potential in 2.5 months
- **Phase 3** 2L HCC initiation by YE

CEA ADC

► NSCLC

- FIH Oct 2024
- **POC achieved**, pivotal study planning ongoing

PRMT5i

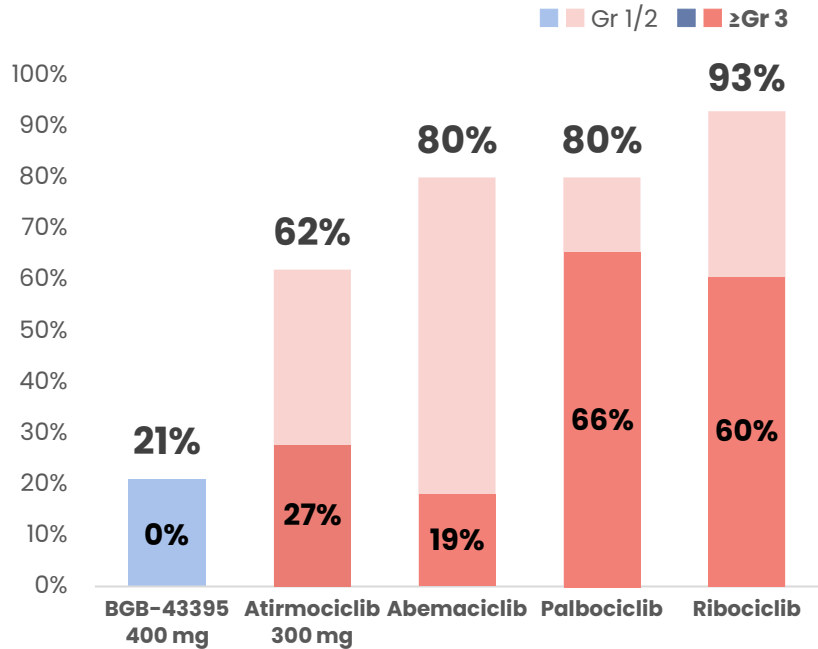
► NSCLC, PDAC

- FIH Jan 2025
- **POC achieved**, pivotal study planning ongoing



CDK4i ASCO update: potential best-in-class heme safety profile with promising efficacy

Neutropenia rates BGB-43395 vs. CDK4 and CDK4/6i



Definitive conclusions cannot be drawn from cross-trial comparisons; differences in study populations and trial design are not accounted for

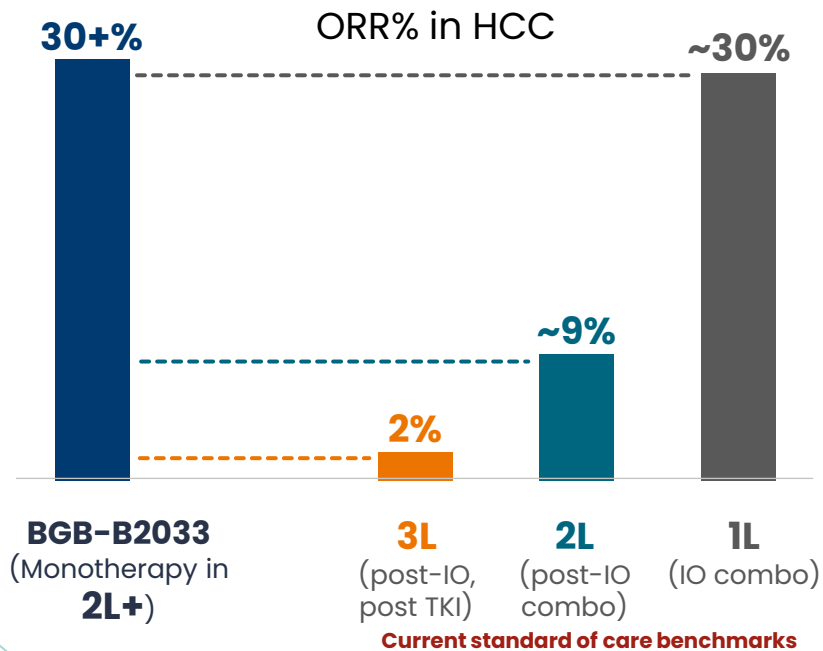
Atirmociclib, Pfizer Ph3 CDK4i
BGB-43395 data DCO 30Apr26, Atirmociclib, Abemaciclib, Palbociclib, and Ribociclib from USPI

- 01 **Compelling early efficacy** at target efficacious dose with **~70% ORR** in combination with letrozole in 1L HR+/HER2- mBC
- 02 Differentiated, potentially **best-in-class hematologic safety** profile with manageable, low grade GI toxicity mitigated by food
- 03 Enrollment for **first registration trial** in 1L mBC is ongoing
- 04 Favorable hematologic profile enables **unique combinations**, evidence generation with CDK2 CDAC (BGB-75098) and BCL2 inhibitor (BGB-21447) ongoing and KAT6 inhibitor (BGB-75202) starting soon



GPC3 x 4-1BB ASCO update: potential breakthrough therapy in HCC with unprecedented monotherapy efficacy and safety

BGB-B2033 efficacy in 2L+ HCC consistent with current 1L combination regimens



01

First-in-class program with **monotherapy ORR of 30%+**, achieving response rates 3x current standards of care in 2L

02

Highly favorable and **differentiated safety profile** enables combinations and development in early lines of therapy

03

~70 patients enrolled on **1L HCC triplet** to enable development in earlier lines

04

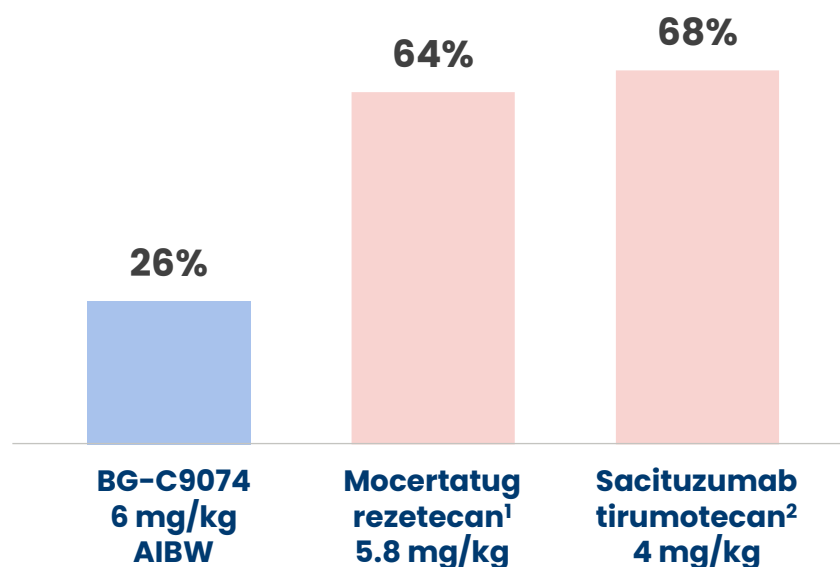
Global 2L+ RCT planned; China **registration-enabling expansion** in post-IO/TKI HCC **fully enrolled**; regulatory consultation ongoing for **global 2L+ HCC AA**

There is no prospective study investigating the efficacy of TKI in 2L post IO setting, the estimated efficacy was based on BeOne's meta-analysis of published small sample-sized or retrospective studies, and market research results



B7-H4 ADC ASCO update: promising efficacy with potential best-in-class safety profile

Related grade ≥ 3 AEs with ADCs in ovarian cancer



01 Favorable, **potentially best-in-class safety profile** among ADCs in development in ovarian cancer, supporting development in maintenance setting

02 Promising efficacy in ovarian cancer **regardless of B7-H4 expression**, supporting all-comers development

03 Competitively positioned with **Ph3 initiation** in 1L maintenance setting expected before YE2026, establishing BG-C9074 as a leading B7-H4 ADC in ovarian cancer

04 Evidence generation in endometrial and TNBC ongoing

Definitive conclusions cannot be drawn from cross-trial comparisons; differences in study populations and trial design are not accounted for

¹ Oaknin et al. Safety data in patients with platinum-resistant ovarian cancer (PROC) from BEHOLD-1 Study. Presented at SCO 2026, San Juan, Puerto Rico, April 10-13, 2026.

² Wang et al. 715MO Safety and efficacy of sacituzumab tirumotecan (sac-TMT) in patients (pts) with previously treated advanced ovarian cancer (OC) from a phase II study. Annals of Oncology, 35S548.



What to expect at ESMO

12 abstracts accepted, including 1 rapid oral presentation and 9 poster presentations

BGB-B2033, GPC3 x 4-1BB bsAb

- ✦ **Presenting author**
Dr. Hong Jae Chon
- ✦ **Session title**
Gastrointestinal tumour,
upper digestive
- ✦ **Session number**
1679RO
- ✦ **Session date/time**
Monday, 26 October
2:45-4:15 PM CET

BGB-58067, PRMT5i

- ✦ **Presenting author**
Dr. Jordi Rodon Ahnert
- ✦ **Session title**
Development therapeutics
- ✦ **Poster number**
1043P
- ✦ **Session date/time**
Friday, 23 October
3:15-4:00 PM CET

BG-C477, CEA ADC

- ✦ **Presenting author**
Dr. Matthew Lee
- ✦ **Session title**
NSCLC, locally advanced
- ✦ **Poster number**
2567P
- ✦ **Session date/time**
Monday, 26 October
12:00-12:45 PM CET



Key upcoming events¹

New since last update ✓ achieved ● planned

	Milestone	H1 2026 ²	H2 2026	2027
Hematology	Phase 3 BRUKINSA+R vs. BR in 1L MCL (MANGROVE) interim analysis and submission	✓	●	
	BEQALZI R/R MCL U.S. approval	✓		
	Phase 3 sonrotoclax triplet in 2L+ t(11;14) MM initiation (<i>now 2027</i>)			●
	Tacabrutideg Phase 2 in R/R CLL potential AA submission		●	
	Tacabrutideg + sonrotoclax Phase 3 in R/R CLL initiation			●
Solid Tumors	CDK4i Phase 3 in 1L HR+/HER2- (KANDELA-302) BC initiation	✓		
	TEVIMBRA Phase 3 in 1L HER2+ GEA U.S. approval		●	
	GPC3 x 4-1BB bsAb Phase 3 in 2L+ HCC initiation		●	
	B7-H4 ADC Phase 3 in 1L maintenance OC initiation		●	
	PRMT5i Phase 3 in NSCLC initiation			●
	CEA ADC Phase 3 in NSCLC initiation			●

¹ Includes registrational trial initiations, data readouts, and submissions. BTK CDAC Phase 2 CSU study initiation now expected in 2027

² Events achieved in previous quarter have been removed



Q&A



Appendix



Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted income from operations

<i>\$ in millions</i>	Q2 2026	Q2 2025
GAAP income from operations	325	88
Plus: Share-based compensation	137	151
Plus: Depreciation expense	39	30
Plus: Amortization expense	2	6
Plus: Other	-	1
Adjusted income from operations	503	275



Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted income tax expense

<i>\$ in millions</i>	Q2 2026	Q2 2025
GAAP income tax expense	75	5
Plus: Discrete tax expense	(50)	14
Plus: Income tax effect of non-GAAP adjustments	20	17
Adjusted income tax expense	46	37



Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted net income

<i>\$ in millions</i>	Q2 2026	Q2 2025
GAAP net income	237	94
Plus: Share-based compensation	137	151
Plus: Depreciation expense	39	30
Plus: Amortization expense	2	6
Plus: Other	-	1
Plus: Impairment of equity investments	-	3
Plus: Discrete tax items	50	(14)
Plus: Income tax effect of non-GAAP adjustments	(20)	(17)
Adjusted net income	444	253



Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted EPS per ADS – basic

	Q2 2026	Q2 2025
GAAP EPS per ADS – basic	2.12	0.87
Plus: Share-based compensation	1.23	1.39
Plus: Depreciation expense	0.35	0.28
Plus: Amortization expense	0.01	0.05
Plus: Other	-	0.01
Plus: Impairment of equity investments	-	0.03
Plus: Discrete tax items	0.45	(0.13)
Plus: Income tax effect of non-GAAP adjustments	(0.18)	(0.16)
Adjusted EPS per ADS – basic	\$3.98	\$2.33



Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted EPS per ADS – diluted

	Q2 2026	Q2 2025
GAAP EPS per ADS – diluted ¹	2.05	0.84
Plus: Share-based compensation	1.19	1.34
Plus: Depreciation expense	0.34	0.27
Plus: Amortization expense	0.01	0.05
Plus: Other	-	0.01
Plus: Impairment of equity investments	-	0.03
Plus: Discrete tax items	0.43	(0.13)
Plus: Income tax effect of non-GAAP adjustments	(0.18)	(0.16)
Adjusted EPS per ADS – diluted	\$3.84	\$2.25



Reconciliation and calculation of non-GAAP financial measures

Reconciliation to free cash flow

<i>\$ in millions</i>	Q2 2026	Q2 2025
Net cash provided by operating activities (GAAP)	463	264
Less: Purchases of property, plant and equipment	(27)	(44)
Free cash flow	435	220



Reconciliation and calculation of non-GAAP financial measures

Reconciliation to non-GAAP operating income guidance for full year 2026

\$ in millions			
GAAP Operating Income	1,000	-	1,100
Plus: Adjustments to arrive at Non-GAAP ¹	700	-	700
Non-GAAP Operating Income	1,700		1,800



Acronyms: A-I

1H	First half
1L	1st-line
2H	Second half
2L	2nd-line
A	
AA	Accelerated approval
ADC	Antibody drug conjugate
ADS	American depositary share
AE	Adverse event
AML	Acute myeloid leukemia
AML/MDS	Acute myeloid leukemia (AML) / Myelodysplastic syndromes (MDS)
ASCO	American Society of Clinical Oncology
ASH	American Society of Hematology
AV	Acalabrutinib + venetoclax
B	
BC	Breast cancer
BCL2i	BCL2 inhibitor
BCLC	Barcelona Clinic Liver Cancer
BLA/sBLA	(Supplemental) biologics license application
BTkI	Bruton's tyrosine kinase inhibitor
bsAb	bispecific antibody
bsADC	Bispecific antibody drug conjugate
BR	Bendamustine, rituximab
C	
cBTkI	Covalent Bruton's tyrosine kinase inhibitor
CDAC	Chimeric degradation activation compound
CDK2	Cyclin-dependent kinase 2
CDK4i	Cyclin-dependent kinase 4 inhibitor
CEA	Carcinoembryonic antigen
cGVHD	Chronic graft vs. host disease
CI	Confidence interval
CLL	Chronic lymphocytic leukemia
CLL/SL	Chronic lymphocytic leukemia/Small lymphocytic leukemia
CSU	Chronic spontaneous urticaria

D	
DOR	Duration of response
E	
EC	Endometrial cancer
EHA	European Hematology Association
EPS	Earnings per share
EGFR	Epidermal growth factor receptor
ESMO	European Society For Medical Oncology
EU	European Union
F	
FD	Fixed duration
FDA	U.S. Food and Drug Administration
FIH	First in human
FL	Follicular lymphoma
FSE	First subject enrolled
FY	Full year
G	
GAAP	Generally Accepted Accounting Principles
GEA	Gastroesophageal adenocarcinoma
GI	Gastrointestinal
GPC3	Glypican-3
H	
H2H	Head-to-head
HCC	Hepatocellular carcinoma
HR	Hazard ratio
HR+	Hormone receptor-positive
HER2+/-	Human epidermal growth factor receptor 2-positive/negative
I	
IA	Interim analysis
I&I	Immunology and Inflammation
ICML	International Conference on Malignant Lymphoma
IGHV / uIGHV	Immunoglobulin heavy-chain variable region / unmutated IGHV
IRC	Independent Review Committee
IV	Ibrutinib + venetoclax



Acronyms: J–Z

J

JCO Journal of Clinical Oncology

JP Japan

K

L

M

mAB Monoclonal antibody

MAIC Matching adjusted indirect comparison

MCL Mantle cell lymphoma

MM Multiple myeloma

mg Milligrams

MOA Mechanism of action

MRD Minimal residual disease

MTx Maintenance

MZL Marginal zone lymphoma

N

NDA/sNDA (Supplemental) new drug application

NEJM New England Journal of Medicine

NHL Non-Hodgkin lymphoma

NMA Network meta analysis

NME New molecular entity

NSCLC Non small cell lung cancer

O

OC Ovarian cancer

ORR Objective response rate

OS Overall survival

P

PDAC Pancreatic ductal adenocarcinoma

PDUFA Prescription Drug User Fee Act

PFS Progression free survival

PK Pharmacokinetics

p-value Probability value

PoC Proof of concept

PRMT5 / PRMT5i Protein arginine methyltransferase 5 (inhibitor)

Q

Q1 First quarter

Q2 Second quarter

Q3 Third quarter

Q4 Fourth quarter

R

R&D Research and Development

RA Rheumatoid arthritis

ROW Rest of world

RP2D Recommended Phase 2 dose

R/R Relapsed/Refractory

rwOS Real-world overall survival

S

SG&A Selling, General, and Administrative

SLL Small lymphocytic lymphoma

T

TEAEs Treatment-emergent adverse events

TLS Tumor lysis syndrome

TN Treatment naïve

TNBC Triple negative Breast cancer

TN CLL Treatment naïve chronic lymphocytic leukemia

tsAb trispecific antibody

tsADC Trispecific antibody drug conjugate

U

U.S. United States

V

VO Venetoclax + obinutuzumab

W

WM Waldenström's Macroglobulinemia

X

Y

YE Year end

Z

ZS Zanubrutinib + sonrotoclax

