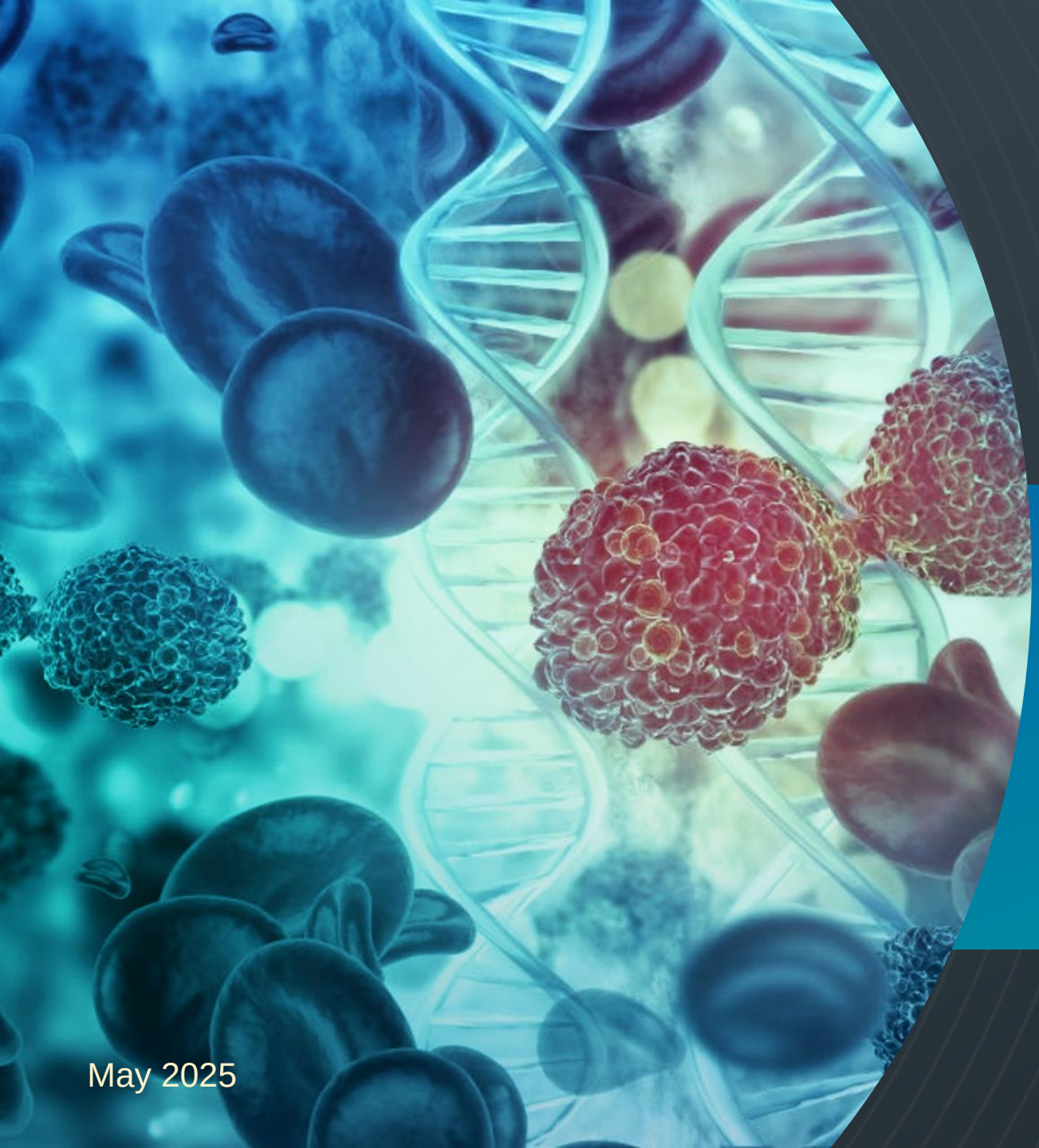


# First Quarter 2025 Financial Results and Recent Corporate Updates

May 2025

NASDAQ:ZLAB | HKEX:9688

# Forward-Looking Statements

This presentation contains forward-looking statements, including statements relating to our strategy and plans; potential of and expectations for our business, commercial products, and pipeline programs; our goals, objectives, and priorities and our expectations under our growth strategy (including our expectations regarding our commercial products and launches, clinical stage products, revenue growth / CAGR, profitability and timeline to profitability, operating margins, and cash flow); the peak sales potential of our programs; capital allocation and investment strategy; clinical development programs and related clinical trials; expected timing and results of clinical trial data, data readouts, and presentations; risks and uncertainties associated with drug development, commercialization and outreach; regulatory discussions, submissions, filings, and approvals and the timing and scope thereof; the potential benefits, safety, and efficacy of our products and product candidates and those of our collaboration partners; the anticipated benefits and potential of investments, collaborations, and business development activities; the potential market opportunities of, and estimated addressable markets for, our drug candidates; our future financial and operating results; and financial guidance. All statements, other than statements of historical fact, included in this presentation are forward-looking statements, and can be identified by words such as “aim,” “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “forecast,” “goal,” “intend,” “may,” “plan,” “possible,” “potential,” “target,” “will,” “would,” and other similar expressions. Such statements constitute forward-looking statements within the meaning of U.S. federal securities laws. Forward-looking statements are not guarantees or assurances of future performance because there are inherent difficulties in predicting future results.

Forward-looking statements are based on our expectations and assumptions as of the date of this presentation and are subject to inherent uncertainties, risks, and changes in circumstances that may differ materially from those contemplated by the forward-looking statements. We may not actually achieve the plans, carry out the intentions, or meet the expectations or projections described in our forward-looking statements, and you should not place undue reliance on these forward-looking statements. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including but not limited to (1) our ability to successfully commercialize and generate revenue from our approved products, (2) our ability to obtain funding for our operations and business initiatives, (3) the results of clinical and pre-clinical development of our product candidates, (4) the content and timing of decisions made by the relevant regulatory authorities regarding regulatory approvals of our product candidates, (5) risks related to doing business in China, and (6) other factors discussed in our most recent annual and quarterly reports and other reports we have filed with the U.S. Securities and Exchange Commission (SEC). We anticipate that subsequent events and developments will cause our expectations and assumptions to change, and we undertake no obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required by law.

Throughout this presentation, we use certain acronyms and terms that are defined in the *Glossary*. The trademarks and registered trademarks appearing in this presentation are the property of their respective holders.

# Key Accomplishments in 1Q'25

## Delivered Strong Regional Business

Two NDAs under NMPA review
- ✓ **KarXT** for schizophrenia
- ✓ **TIVDAK** for cervical cancer

New commercial launches on track
- ✓ **XACDURO** and **AUGTYRO**

Immunology franchise expanded
- ✓ **Povetacicept** (APRIL/BAFF)
- ✓ **VRDN-003** (IGF-1R)

## Accelerated Global Pipeline with FIC/BIC Potential

**ZL-1310 (DLL3 ADC)**
To present updated data at ASCO and initiate a pivotal trial in 2H'25

**ZL-6201 (LRRC15 ADC)** AACR
Potential FIC/BIC ADC with high affinity and specificity

**ZL-1222 (PD-1/IL-12)** AACR
Promising next-generation IL-12 immunocytokine therapy

## Demonstrated Path to Profitability[1]

**+22%** y-o-y — 1Q'25 revenue

**-25%** y-o-y — 1Q'25 adj. loss from operation[1]

**$857.3M** — Strong cash position[2]

Notes: (1) Profitability refers to adjusted income from operations (non-GAAP), calculated as GAAP income (loss) from operations adjusted to exclude non-cash expenses, including depreciation, amortization, and share-based compensation. For additional information on this adjusted measure, refer to the "Reconciliation and Calculation of Non-GAAP Financial Measures" section; (2) Cash and cash equivalents, short-term investments, and current restricted cash totaled $857.3 million as of March 31, 2025, compared to $879.7 million as of December 31, 2024.

# Key Growth Drivers Through 2030+

## MULTIPLE REVENUE INFLECTIONS THROUGH 2030+

Global assets

+ VYVGART®
+ VYVGART® Hytrulo
+ XACDURO®
+ AUGTYRO (repotrectinib)
+ Once-daily oral Zejula niraparib
+ NUZYRA® (omadacycline)
+ OPTUNE GIO
+ QINLOCK (ripretinib)

+ COBENFY Schizophrenia
+ Bemarituzumab
+ OPTUNE GIO Pancreatic cancer
+ tivdak

+ ZL-1310 (DLL3)
+ COBENFY ADP
+ Efgartigimod*
+ Povetacicept
+ VRDN-003

+ ZL-1503 (IL13xIL31R)
ZL-6201 (LRRC15 ADC)
ZL-1222 (PD-1xIL-12), etc.

*Multiple Indications

2028 - **$2bn Revenue** Expected

4Q'25 - **Profitability** On Track

Local Manufacturing in Progress

2024 | 2025 - 2026 | 2027 - 2028 | 2029-2030+

# Unlocking Blockbuster Potential of VYVGART and VYVGART Hytrulo through Execution Excellence

## We Are Only Touching The Tip of the Iceberg

***Penetration is still low today…***

**~10%** **Patients** treated today of total **170K gMG** potential[1]

**~40%** **Patients** returned for **repeated cycles**[1,2]

**Patient volume rebounded in Mar/Apr'25**[3]

## 2025 Continued Efforts – Expand Coverage, Extend DoT

### Shape Treatment Standards

**Expert Consensus Recommendation**

**Feb-25 published – First** expert consensus for FcRn antagonists **for gMG**


FcRn拮抗剂治疗成人全身型重症肌无力临床应用的专家建议(2024)

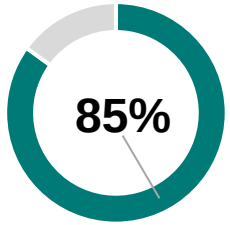
**National gMG Treatment Guidelines**

**2025 expected**

### Broaden Patient Access

**Expand hospital coverage** and improve infusion centers capacity

**Target to double HCP coverage** for regular use




**Target coverage gMG potential in '25**

### Better Patient Journey

**Partnerships** with an NGO and a leading AI health-tech partner

**Long-term Disease Management**

### Enhance Supplemental Insurance Coverage

*# SIP plans that covers VYVGART Hytrulo*

~30

Mar'25

60+

**Target SIP coverage in '25**

Target to cover **~40M enrollees** for Hytrulo

Notes: (1) Zai Lab estimates as of December 2024; (2) Est. % of patients treated in the prior quarter for the first cycle who returned for treatment in the current quarter; (3) Zai Lab estimates as of April 2025.

# VYVGART Franchise – Well Positioned as Potentially Best-in-Class FcRn

## Rapid, Deep, Sustained Improvements in gMG

**40-73.3%** — **No / minimal symptoms[1]**
*MSE = MG-ADL score of 0 or 1*

**73.0%** — **≥3-point MG-ADL improvement[2]**
*At week 4*

**63.3%** — **MG-ADL reduction vs. baseline[3]**
*At week 21*

## Favorable Safety Profile as an FcRn Fragment

**Precision IgG degradation**

**No albumin reduction or lipid elevation**

## Convenient and Flexible Administration

**Cycles-based or Q2W[3]** — **enabling individualized treatment**

**Self-administration** — **with SC and PFS[4]**

## Significant First-to-Market Advantage

**First and only FcRn**

**Covered by NRDL in 2024-2025**

## Pipeline-in-a-Product Opportunity

**2** — **Launched indications in China**

**5** — **Indications in pivotal stage in China[5]**

Notes: (1) In the ADAPT trial, 40% of efgar-treated patients reached MSE (Minimal Symptom Expression) within the first treatment cycle (4 weeks) and 44.6% cumulative MSE rate (≤3 cycles); 47.1% at 21 weeks in ADAPT-NXT study, rising to 56.5% by 126 weeks with continued treatment; 73.3% cumulative MSE rate after 9 months of multi-cycle treatment in a real-world Chinese study; (2) Global Phase 3 ADAPT trial data; (3) Global Phase 3 ADAPT NXT study, presented at 2024 AAN; (4) Zai Lab plans to submit a CMC variation for VYVGART PFS in China in gMG and CIDP in 2025; (5) Indications in development (or planned) in pivotal stage in China include seronegative gMG, ocular MG, TED, myositis and Sjogren's Disease.

# KarXT – Potential to Redefine Schizophrenia Treatment

## Schizophrenia: High Unmet Needs

**~8 million**

**patients with schizophrenia in China**[1]

**~75%**
**Discontinue treatment** in the first 18 months[2]

**~35%**
**Relapse** in first year after discharge[3]

- x **Lack of novel MOA**
- x **Poor negative symptom control**
- x **Unacceptable side effects**

## COBENFY™

COMING SOON

**FDA Approved; first new MoA in decades for schizophrenia**

**China NDA accepted in Jan'25**

- ✓ **Early and sustained reduction** of **positive and negative** symptoms
- ✓ **No boxed warning** and no atypical antipsychotic class warnings
- ✓ **Positive China Ph3 study** supporting commercial uptake

## Preparing for Potential Launch

***Efficient approach*** *for concentrated market…*

| | |
|---|---|
| **~150** Sales reps at NRDL | **~500** Top hospitals |
| **~85%** Business potential[4] | **Local manufacturing plan initiated** |

*…with strong* ***government support*** *in mental health*

**85%**
Treatment ratio goal in 2030[5]

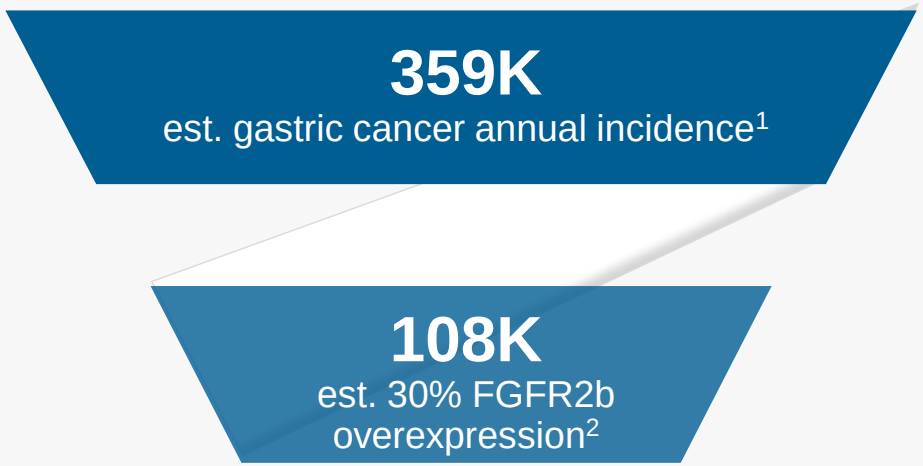
# of psychiatrists (per 100K population)

| 2019 | 2025 | 2030 |
|---|---|---|
| 2.6 | 4.0 | 4.5 |

Notes: Zai Lab Market Analysis. (1) Prevalence of mental disorders in China: a cross-sectional epidemiological study. The Lancet Psychiatry, 2019; (2) China schizophrenia treatment guideline (version 2), May 2015; (3) https://pubmed.ncbi.nlm.nih.gov/26056450/; (4) Zai Lab analysis; (5) Healthy China Action Plan (2019-2030).

# Bemarituzumab – Only FGFR2b-Targeted Agent in Late-Stage Development

## Addressable Patient Population in China




## Large Unmet Medical Needs

- **80%** patients diagnosed at advanced or metastatic stage[3] with **<10%** overall 5-yr survival for Stage IV[4]
- FGFR2b overexpression correlates with **poor prognosis**[2,5]

## Potential to Become the New Standard of Care in 1L GC

**Phase 2 FIGHT Study** (Bema + Chemotherapy in 1L GC)

| Population | mOS (m) | HR |
|---|---|---|
| ITT (n=155)[6] | **19.2** vs. 13.5 | **0.77** |
| FGFR2b≥10% (IHC 2+/3+ ≥10%) (n=98)[6] | **24.7** vs. 11.1 | **0.52** |
| FGFR2b≥10% (IHC 2+/3+ ≥10%) (East Asia, n=60)[7] | **30.1** vs. 12.9 | **0.43** |

## Anchor Asset for GI Franchise

- **Global Ph3 FORTITUDE-101 data in 2Q'25**
- **Global Ph3 FORTITUDE-102 data in 2H'25**
- Commercial readiness from QINLOCK infrastructure
- Local manufacturing in planning stage

Sources: Five Prime corporate presentation, August 2020; Amgen ASCO presentation, June 2021.
Notes: (1) Globocan 2022; (2) Catenacci D, et al. Presented at American Society of Clinical Oncology; June 4-8, 2021; Online Virtual Scientific Program. Abstract 4010; (3) Only 20% of gastric cancers are diagnosed in its early stage, most of which are in advanced stage. Source: Health Commission of The People's Republic Of China N. National guidelines for diagnosis and treatment of gastric cancer 2022 in China (English version). Chin J Cancer Res. 2022;34(3):207-237; (4) Wang H, et al. Mol Clin Oncol. 2018 Oct;9(4):423-431; (5) Kim HS, et al. 2019, J Cancer, Pathological and Prognostic Impacts of FGFR2 Overexpression in Gastric Cancer: A Meta-Analysis of ten studies including 4, 294 patients; (6) Wainberg, Zev A., et al. Gastric Cancer 27.3 (2024): 558-570; (7) Kang YK, et al. Gastric Cancer. 2024 Sep;27(5):1046-1057.

# ZL-1310 – Potential Global First- and Best-In-Class ADC Targeting DLL3

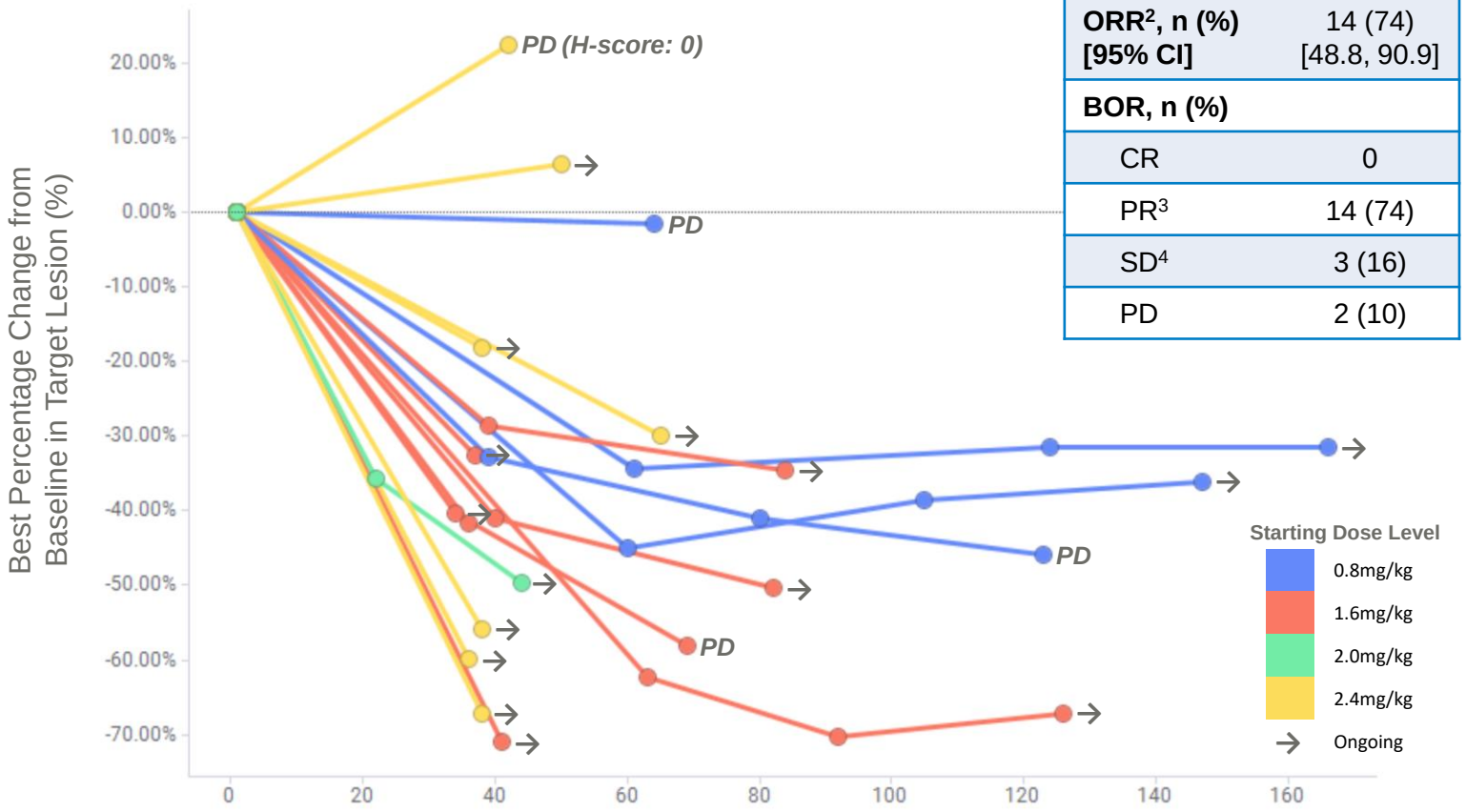
## Compelling Efficacy & Safety Data

ENA 2024
EORTC NCI AACR
36th Symposium

- ✓ **Antitumor activity across all dose levels** with significantly reduced tumor burden in 2L+ SCLC
- ✓ Strong and differentiated efficacy seen in patients with **brain metastases** and **prior DLL3 TCE**
- ✓ **Well tolerated** at therapeutic dose levels
- ✓ Patients in lowest dose cohort on study **10+ months**

**Orphan Drug Designation** granted by the FDA for SCLC in Jan'25

## Changes in Target Lesion Size over time by Dose Levels (n=19)*




| | Total (N=19)[1] |
|---|---|
| **ORR[2], n (%) [95% CI]** | 14 (74) [48.8, 90.9] |
| **BOR, n (%)** | |
| CR | 0 |
| PR[3] | 14 (74) |
| SD[4] | 3 (16) |
| PD | 2 (10) |

Notes: *Adapted from Spira, A, et al. ENA 2024 Oral Plenary Presentation. (1) Patients with measurable disease at baseline and ≥1 post-baseline tumor scans are included in waterfall and overall response calculation; (2) Included unconfirmed responses; (3) Including 5 patients with confirmed PR and for the 9 patients with unconfirmed PR, the responses are ongoing at data cutoff; (4) One patient had unconfirmed PR followed by PD, thus the overall response is SD.

# Rapidly Advancing ZL-1310 in SCLC and Other DLL3-Expressing Tumors

## Key Updates in 2025

**2L+ SCLC**

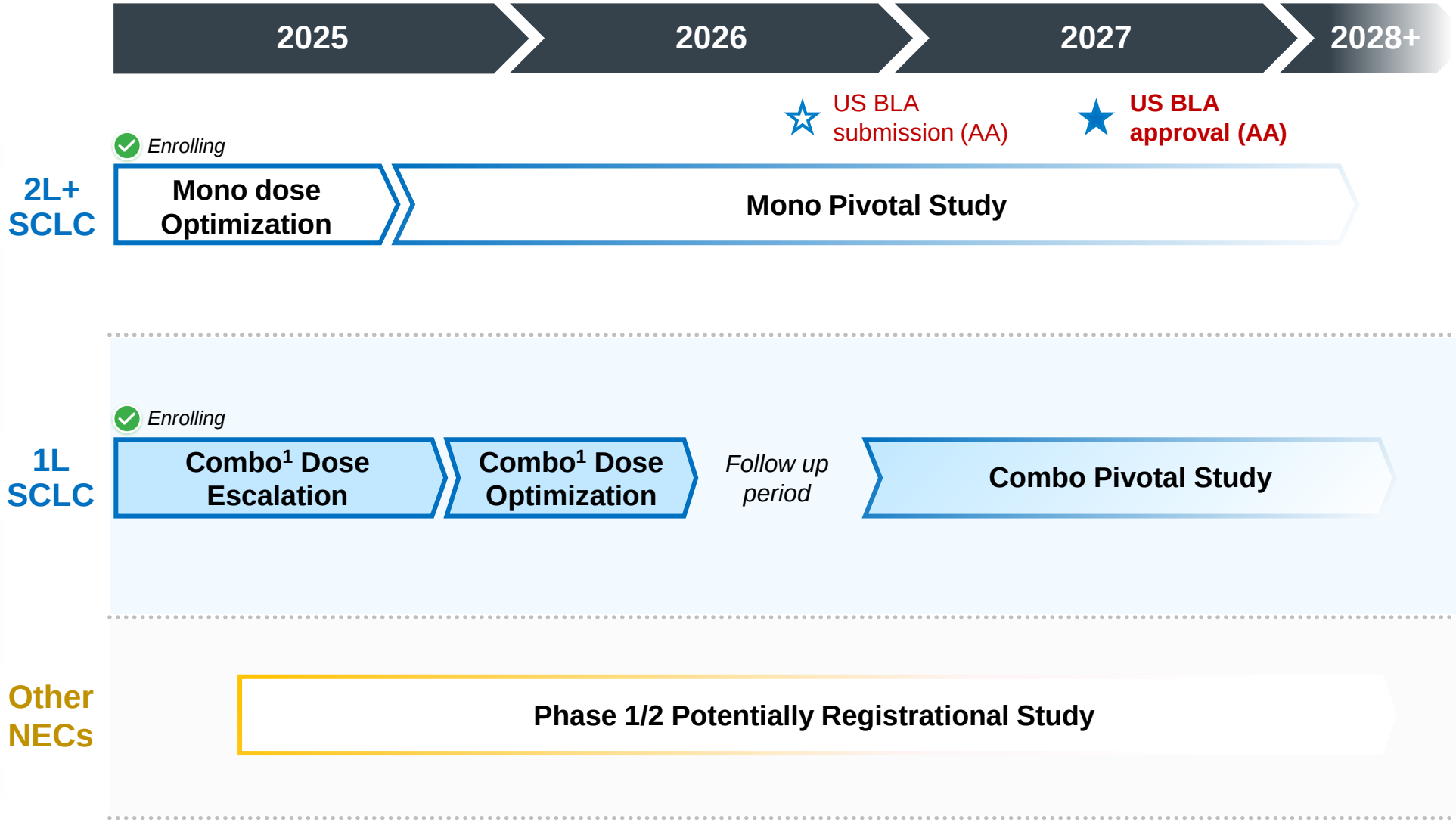
- **Data update at ASCO**
- Initiation of pivotal study

**1L SCLC**

- Data update for ZL-1310 combo

**Other DLL3-expressing tumors (NEC)**

- ✓ Ph1/2 study ongoing




Notes: The estimate of development timeline is subject to FDA feedback. (1) Including doublet and triplet; decision will be based on the available data.

# Three Global Assets with Promising Data Presented at Medical Conferences

## ZL-6201 (LRRC15 ADC) AACR *Entering Phase 1*

- **Solid biological rationale** and overexpression in various cancers and limited expression in normal tissues
- **Strong binding affinity, potent bystander effect and well-tolerated profile** demonstrated in preclinical studies

## ZL-1222 (PD-1/IL-12) AACR *Entering Phase 1*

- PD-1 targeted, next-generation IL-12 immunocytokine designed to leverage the anti-tumor potential of IL-12 while **lowering the associated systemic toxicity**
- Potency-reduced IL-12 mutein is engineered to preferentially activate CD8+ T cells over peripheral NK cells, potentially **improving safety**

## ZL-1503 (IL13xIL31R) EADV CONGRESS *Entering Phase 1*

- Strong scientific rationale & clinically **validated targets** for atopic dermatitis
- Next-generation therapeutic may provide **faster onset and superior efficacy** through rapid relief of pruritus

| Program | Preclinical | Phase I | Phase II |
|---|---|---|---|
| **ZL-1310 (DLL3 ADC)** | ES-SCLC | | |
| | Other NECs | | |
| **ZL-1218 (CCR8)** | Solid tumors | | |
| **ZL-6301 (ROR1 ADC)** | Solid tumors | | |
| **ZL-6201 (LRRC15 ADC)** | Solid tumors | | |
| **ZL-1222 (PD-1/IL-12)** | Solid tumors | | |
| **ZL-1503 (IL13/IL31R)** | Mod-to-Sev AD | | |

**Goal to Generate at Least 1-2 INDs per Year**

# 2025 – Target to Achieve Profitability with Strong Cash Position

## TOTAL REVENUE GUIDANCE

**$560~$590M**

Strong growth from VYVGART franchise, continued growth across our other products, and contributions from newly launched products

## PROFITABILITY[1] TARGETED IN 4Q'25

Robust cash position[2] of **$857.3M** as of March 31, 2025
*(vs. $879.7M as of December 31, 2024)*

## STRONGER PORTFOLIO, PIPELINE & FINANCIAL FLEXIBILITY IN 2025

Notes: (1) Profitability refers to adjusted income from operations (non-GAAP), calculated as GAAP income (loss) from operations adjusted to exclude non-cash expenses, including depreciation, amortization, and share-based compensation. For additional information on this adjusted measure, refer to the "Reconciliation and Calculation of Non-GAAP Financial Measures" section. (2) Cash and cash equivalents, short-term investments, and current restricted cash totaled $857.3 million as of March 31, 2025, compared to $879.7 million as of December 31, 2024.

# 1Q’25 – Double-Digit Topline Growth

## 1Q’25 REVENUES

| $M | 1Q’25 | Y/Y |
|---|---|---|
| **Total revenues** | **106.5** | ***22%*** |
| ZEJULA | 49.5 | *9%* |
| VYVGART / VYVGART Hytrulo | 18.1 | *38%* |
| NUZYRA | 15.1 | *53%* |
| OPTUNE | 11.4 | *(9%)* |
| QINLOCK | 8.5 | *40%* |
| AUGTYRO | 1.6 | *NA* |
| XACDURO | 1.1 | *NA* |
| Other* | 1.1 | *NA* |

## 1Q’25 Key Updates

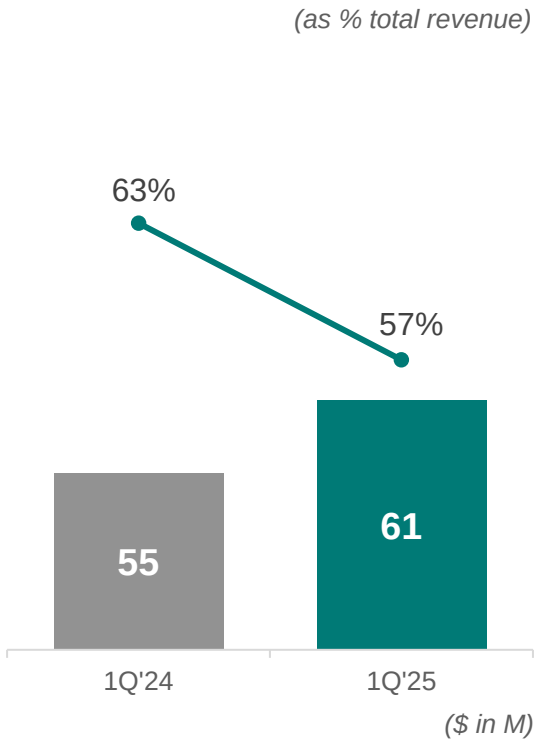
- **ZEJULA** – Continued to be the leading PARP inhibitor in hospital sales for ovarian cancer
- **VYVGART** / **VYVGART Hytrulo** – Increased sales supported by NRDL listing; seasonal softness in 1Q’25 and inventory dynamics associated with Hytrulo
  - ➢ Patient volumes rebounded in March and April
- **OPTUNE** – Resumed sequential growth after Q2’24 shift to core markets to optimize profitability
- **AUGTYRO** – Launched in Dec’24; NRDL inclusion effective Jan 1, 2025
- **XACDURO** – Launched in Jan’25; strong initial demand under private pay

Note: “Other” include collaboration revenue and revenue from product candidates sold in patient programs prior to commercialization.

# 1Q’25 – Improved Operational Efficiency Towards Profitability in 4Q’25

## R&D EXPENSES

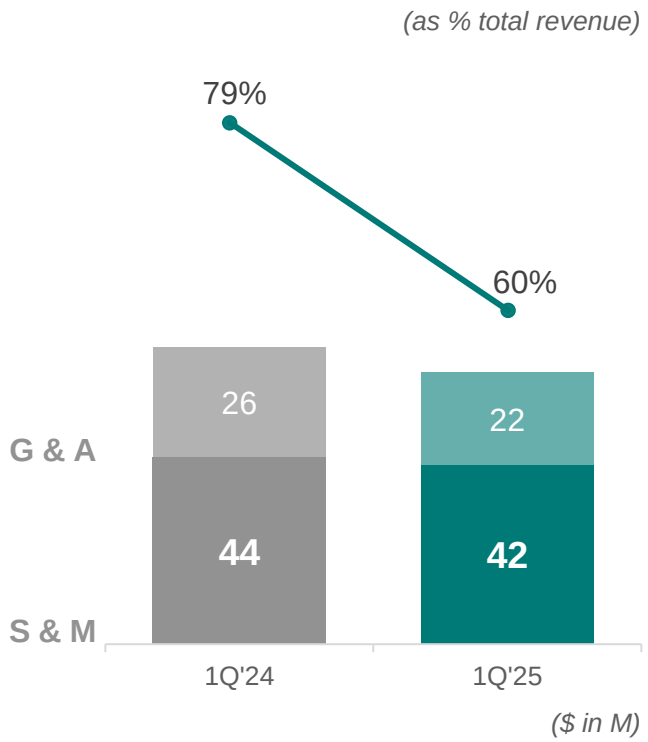
*Prioritize **high-value programs***




- Increase was primarily due to upfront fees totaling $20m for our **license and collaboration agreements**. Other R&D expenses decreased as a result of resource prioritization and efficiency efforts

## SG&A EXPENSES

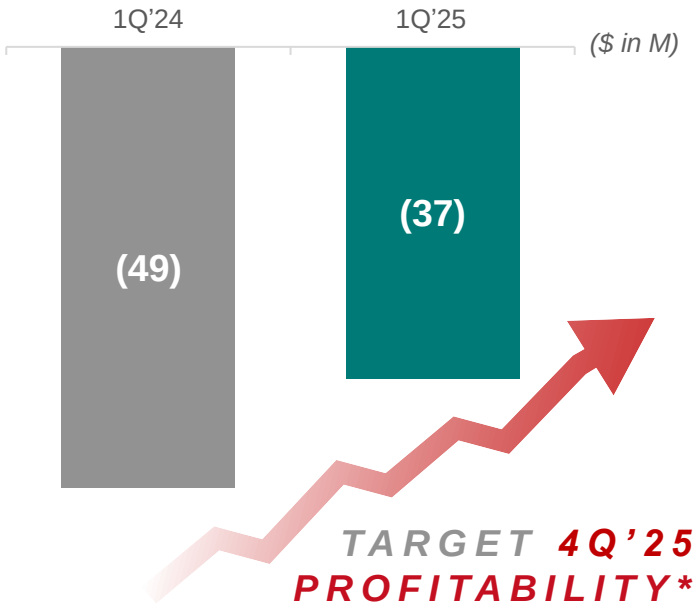
*Licensing builds **disease area strongholds**, creating strong synergies*




- Decrease was primarily driven by decreased personnel costs as a result of **resource prioritization and efficiency efforts**

## ADJUSTED LOSS FROM OPERATIONS*

***Path to Profitability****




Note: *Refers to adjusted income (loss) from operations (non-GAAP), calculated as GAAP income (loss) from operations adjusted to exclude certain non-cash expenses, including depreciation, amortization, and share-based compensation. A reconciliation is included in the “Reconciliation and Calculation of Non-GAAP Financial Measures” section.

- Narrowing loss through **strong topline growth with modest expense growth** through ongoing cost initiatives

# 2025 – Transformative Year with Multiple Major Anticipated Catalysts

## DATA / CLINICAL DEVELOPMENT

### ZL-1310 (DLL3 ADC)

- Data update for mono in 2L+ SCLC — 1H'25
- Data update for combo in 1L SCLC — 2H'25
- Initiate a pivotal study in SCLC — 2H'25

### Bemarituzumab

- Global Ph3 data (bema+chemo) — 2Q'25
- Global Ph3 data (bema+chemo+PD1) — 2H'25

### ZL-6201 (LRRC15 ADC)

- Advance into a Ph1 study in solid tumors — 2025

### ZL-1503 (IL-13xIL-31R)

- Preclinical data update and move into Ph1 — 2025

### Efgartigimod

- Data update for Ph3 sn gMG study — 2025
- Data update for Ph2 LN study — 2025

### KarXT

- Data update for Ph3 ADP study (ADEPT-2) — 2H'25

## REGULATORY

### TTFields

- China MAA submission in 1L PC — 2025

### TIVDAK

- ✅ China BLA acceptance for 2L+ CC — 1Q'25

### Repotrectinib

- ✅ China sNDA acceptance for *NTRK*+ tumors — 1H'25

### Bemarituzumab

- China NDA submission for 1L GC — 2025

### Efgartigimod

- China PFS submission for gMG and CIDP — 2025

### KarXT

- ✅ China NDA acceptance for schizophrenia — 1Q'25

### Global Pipeline

- Multiple global IND submissions — 2025

## OTHERS

**Commercial Readiness**

- Launch preparation for KarXT and bemarituzumab
- Leverage existing infrastructure to launch TIVDAK

**Business Development**

- Additional global, regional in-licensing and out-licensing BD deal(s)

# Zai Lab is at a Major Value Inflection Point since Inception

## Growing Global Pipeline with First Approval Expected in 2027

- Potential **global FIC/BIC DLL3 ADC** for SCLC is rapidly progressing
- **IL-13/IL-31R** and **LRRC15 ADC** advancing into the clinic

## Commercially Profitable China Business with Substantial Growth Opportunities

- **VYVGART** to continue shaping the treatment landscape in gMG and CIDP
- Multiple **blockbuster products** expected to launch throughout **2025-26**

## Strong Financials with Path to Profitability[1] in 4Q 2025

- **Significant margin improvement** driven by synergistic product launches
- **$857.3M** cash position[2] enables business development and discovery efforts

Notes: (1) Profitability refers to adjusted income from operations (non-GAAP), calculated as GAAP income (loss) from operations adjusted to exclude non-cash expenses, including depreciation, amortization, and share-based compensation. For additional information on this adjusted measure, refer to the "Reconciliation and Calculation of Non-GAAP Financial Measures" section. (2) Cash and cash equivalents, short-term investments, and current restricted cash totaled $857.3 million as of March 31, 2025, compared to $879.7 million as of December 31, 2024.

# Reconciliation and Calculation of Non-GAAP Financial Measures

**Reconciliation of Loss from Operations (GAAP) to Adjusted Loss from Operations (Non-GAAP)***

| $ in thousands, unaudited | 1Q'25 | 1Q'24 |
|---|---|---|
| **GAAP loss from operations** | **(56,311)** | **(70,309)** |
| Plus: Depreciation and amortization expenses | 3,458 | 3,012 |
| Plus: Share-based compensation | 15,800 | 17,980 |
| **Adjusted loss from operations** | **(37,053)** | **(49,317)** |

Note: *A measure of adjusted loss from operations that adjusts GAAP loss from operations to exclude the impact of certain non-cash expenses including depreciation, amortization, and share-based compensation.

# Appendix

A. Company Overview
B. Pipeline
C. Blockbuster Opportunities
D. Select Clinical Data
E. Glossary

# Zai Lab Overview

**PORTFOLIO**

- Zejula — Launched in China
- OPTUNE — Launched in China
- QINLOCK & NUZYRA — Launched in China
- VYVGART® — Launched in China
- **15+** products in pipeline

**COMMERCIALIZATION**

- Commercial team established
- 2019 revenue **$13M**
- **8 Commercial Products** in China
- **Commercial team of 1,000+**
- 2024 revenue **$399M**

**CORPORATE DEVELOPMENT**

- zai lab — Started our journey
- Established **HQ** and **R&D center** in **Shanghai**
- Nasdaq — Listed
- Established **R&D center** in **California**
- HKEX 香港交易所 — Listed
- **Dual-primary listed** on Nasdaq and HKEX
  Included in **Stock Connect**
- Established **HQ** in **Cambridge, MA**

BECOME A **LEADING GLOBAL BIOPHARMA**

2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024

# Portfolio Overview – Broad, Diverse and Rapidly Advancing in 2025

## Phase 1

- **ZL-1310 (DLL3 ADC)** 🌐
  2L+ SCLC
  1L SCLC
  NECs[1]
- **ZL-1218 (CCR8)** 🌐
  Solid tumors
- **ZL-1503 (IL-13/IL-31R)** 🌐
  Mod-to-sev AD[2]
- **ZL-6201 (LRRC15 ADC)** 🌐
  Solid tumors[2]

## Phase 2

- **Efgartigimod (FcRn)**
  Lupus nephritis

## Phase 3 / Pivotal

- **Bemarituzumab (FGFR2b)**
  1L GC
- **KarXT (M1/M4)**
  ADP
- **Efgartigimod (FcRn)**
  TED
  Myositis
  Seronegative gMG
  Ocular MG
  Sjogren's disease[3]
- **Povetacicept (APRIL/BAFF)**
  IgAN
  pMN[3]
- **VRDN-003 (IGF-1R)**
  TED[3]

## Regulatory Submissions
*Completed / underway*

- **KarXT (M1/M4)** ✓
  Schizophrenia
- **TIVDAK (TF ADC)** ✓
  2L+ CC
- **Repotrectinib (ROS1/TRK)** ✓
  *NTRK*+ solid tumors
- **TTFields**
  1L pancreatic cancer

## Launched

Once-daily oral Zejula niraparib
VYVGART
VYVGART Hytrulo
NUZYRA (omadacycline)
OPTUNE GIO
QINLOCK (ripretinib) 50 mg tablets
XACDURO
AUGTYRO (repotrectinib)

🌐 Assets with global rights

Notes: (1) Phase 1/2 study; (2) To advance into global Phase 1 clinical development in 2025; (3) To initiate a registrational study in China or to initiate the China portion of the global registrational study.

Oncology · Immunology · Neuroscience



zai Lab

# Validated and Differentiated Pipeline

Oncology

| Program | Preclinical | Phase I | Phase II | Phase III / Pivotal | Registration | Approved | | Commercial Territories |
|---|---|---|---|---|---|---|---|---|
| | | | | | | US | Mainland China | |
| Zejula (niraparib) (PARPi) | Ovarian Cancer (1L maintenance) | | | | | ★ | ★ | Mainland China, Hong Kong and Macau |
| | Ovarian Cancer (Platinum-sensitive recurrent maintenance) | | | | | ★ | ★ | |
| OPTUNE GIO™ Tumor Treating Fields | GBM | | | | | ★ | ★ | Greater China |
| | Brain Metastases from NSCLC | | | | | | | |
| | Pancreatic Cancer (1L) | | | | | | | |
| QINLOCK (ripretinib) (TKI) | GIST (4L) | | | | | ★ | ★ | Greater China |
| AUGTYRO (repotrectinib) (ROS1, TRK) | *ROS1*+ NSCLC | | | | | ★ | ★ | Greater China |
| | *NTRK*+ Solid Tumors | | | | ★ | ★ | | |
| tivdak (tisotumab vedotin-tftv for injection 40 mg) (TF ADC) | Cervical Cancer (2L+ r/m) | | | | ★ | ★ | | Greater China |
| | Cervical Cancer (1L r/m, combo)[1]* | | | | | | | |
| **Bemarituzumab (FGFR2b)** | Gastric/GEJ (1L) | | | | | | | Greater China |
| **ZL-1218 (CCR8)** | Solid Tumors | | | | | | | Global |
| **ZL-1310 (DLL3 ADC)** | ES-SCLC | | | | | | | Global |
| | Other NECs | | | | | | | |
| **ZL-6301 (ROR1 ADC)** | Solid Tumors | | | | | | | Global |
| **ZL-6201 (LRRC15 ADC)** | Solid Tumors | | | | | | | Global |
| **ZL-1222 (PD-1/IL-12)** | Solid Tumors | | | | | | | Global |

Notes: The trademarks and registered trademarks within are the property of their respective owners. *Greater China trial in preparation or under planning. Greater China = mainland China, Hong Kong, Macau and Taiwan, collectively.
(1) Combination with carboplatin and KEYTRUDA +/- bevacizumab.

# Validated and Differentiated Pipeline (Cont'd)

immunology

Neuroscience

Infectious Disease

| Program | Preclinical | Phase I | Phase II | Phase III / Pivotal | Registration | Approved | | Commercial Territories |
|---|---|---|---|---|---|---|---|---|
| | | | | | | US | Mainland China | |
| VYVGART® VYVGART® Hytrulo **Efgartigimod (FcRn)** | gMG | | | | | ★ | ★ | Greater China |
| | CIDP | | | | | ★ | ★ | |
| | Thyroid Eye Disease | | | | | | | |
| | Myositis | | | | | | | |
| | Seronegative gMG | | | | | | | |
| | Ocular MG | | | | | | | |
| | Sjogren's Disease* | | | | | | | |
| | Lupus Nephritis | | | | | | | |
| **Povetacicept (BAFF/APRIL)** | IgA Nephropathy | | | | | | | Greater China and Singapore[1] |
| | Primary Membranous Nephropathy* | | | | | | | |
| **VRDN-003 (IGF-1R)** | TED* | | | | | | | Greater China |
| **ZL-1503 (IL13/IL31R)** | Mod-to-sev AD | | | | | | | Global |
| COBENFY™ **Xanomeline and Trospium Chloride (KarXT)** | Schizophrenia | | | | ★ | ★ | | Greater China |
| | Psychosis in Alzheimer's Disease | | | | | | | |
| NUZYRA® (omadacycline) | ABSSSI, CABP | | | | | ★ | ★ | Greater China |
| XACDURO® | HABP/VABP caused by Susceptible Isolates of *Acinetobacter Baumannii-calcoaceticus* Complex | | | | | ★ | ★ | Asia Pacific[2] |

Notes: The trademarks and registered trademarks within are the property of their respective owners. *Greater China trial to initiate in 2025 or under planning. (1) Zai Lab has exclusive license to develop and commercialize of povetacicept in mainland China, Hong Kong, Macau, Taiwan, and Singapore; (2) Zai Lab has exclusive license to develop and commercialize SUL-DUR in mainland China, Hong Kong, Taiwan, Macau, Korea, Vietnam, Thailand, Cambodia, Laos, Malaysia, Indonesia, the Philippines, Singapore, Australia, New Zealand, and Japan.


22

# VYVGART Hytrulo – Opportunity to Transform CIDP Patient Experience

## Addressable Patient Population in China

**50K**
est. diagnosed CIDP prevalence[1]

## Large Unmet Medical Needs

**~43%** of patients are refractory to current SOC[2]

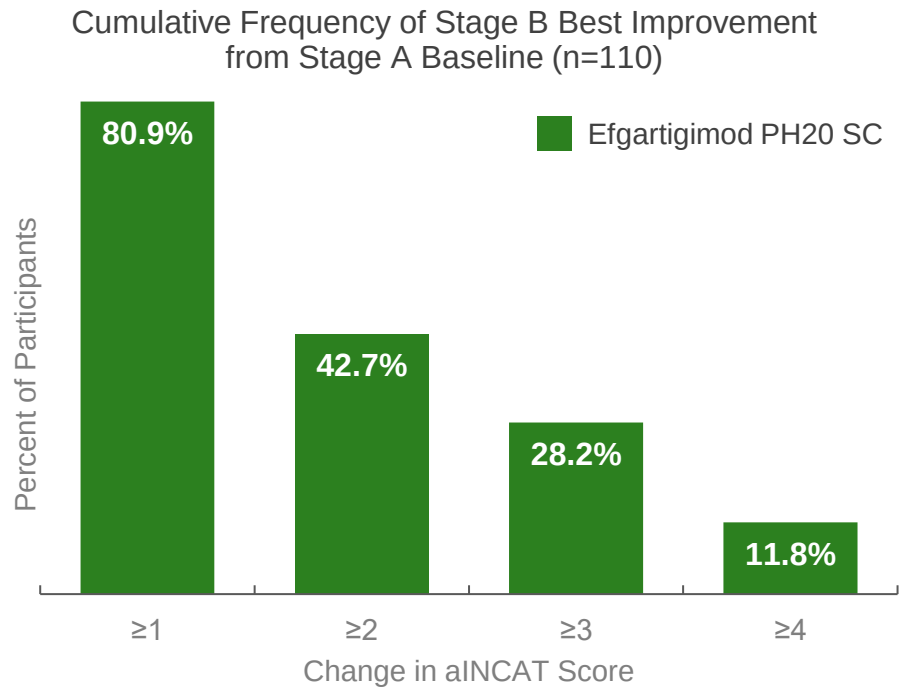
**~1/3** of patients were unable to walk independently before treatment[3]

- **Limited treatment options** with steroids and IVIG
- **PLEX generally reserved for refractory patients** given risks to clotting and infection / inconvenience

## Patients Experienced Deep and Clinically Meaningful Improvements in Functional Ability

✓ **~30% patients** able to improve 3-4 points on INCAT[4]

### Functional Ability (aINCAT)




Notes: (1) Chronic inflammatory demyelinating polyneuropathy and diabetes, 2020; Zai Lab market research; (2) Zheng Y, et al. Front Neurol. 2024 Jan 31;15:1326874.; (3) Aotsuka, Yuya et al. "Prevalence, Clinical Profiles, and Prognosis of CIDP in Japanese Nationwide Survey: Analyses of 1,257 Diagnosis-Confirmed Patients." Neurology vol. 102,6 (2024): e209130. doi:10.1212/WNL.0000000000209130; (4) ADHERE clinical trial data. The INCAT disability score is a 10-point scale that assesses activity limitations of arms and legs; both are scored separately from 0–5, with 0 representing no functional impairment and 5 representing inability to make any purposeful movement. Average INCAT score for Stage A Baseline is 4.5 point. Patients with aINCAT score 2 or 3 cannot achieve 3-4 points improvement.

# Efgartigimod – A Pipeline-In-A-Product Opportunity

**Department Focus**

- Neurology
- Renal & Rheumatology
- Ophthalmology & Endocrinology

**>20x**

Total addressable patients vs. gMG

*Potential New Indications …*

- 320K — Lupus Nephritis
- 2.3Mn — Sjogren's Disease
- 1Mn — Thyroid Eye Disease
- 170K — Myositis (IMNM, ASyS, DM)
- 44K — Ocular MG
- 50K — CIDP
- 170K — gMG

**TODAY** | **2025-2028** | **2029+**

VYVGART™

VYVGART® Hytrulo

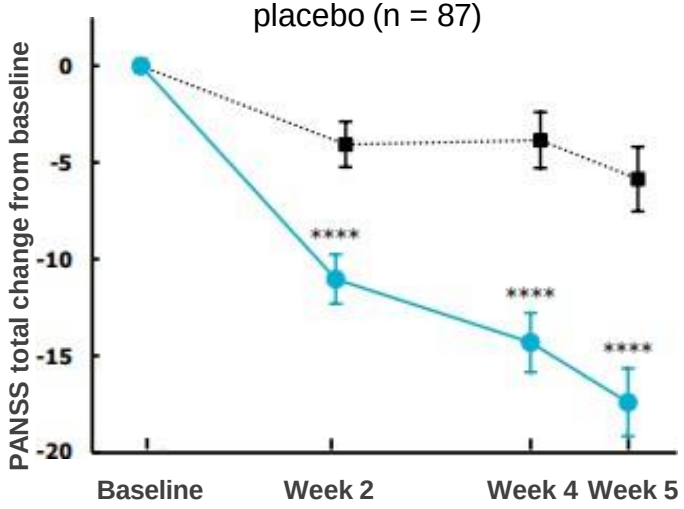
Pre-filled Syringe

Source: Zai Lab market research.
Note: The trademarks and registered trademarks within are the property of their respective owners.

# KarXT – Robust Antipsychotic Effect across All Registrational Trials in Schizophrenia

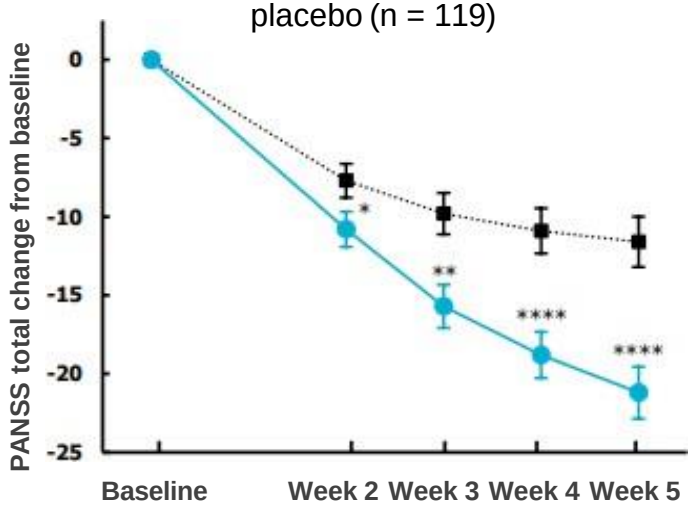
## Primary Endpoint: Change in Baseline PANSS Total Score vs. Placebo at Week 5[1]

**EMERGENT-1**
KarXT (n = 83),
placebo (n = 87)



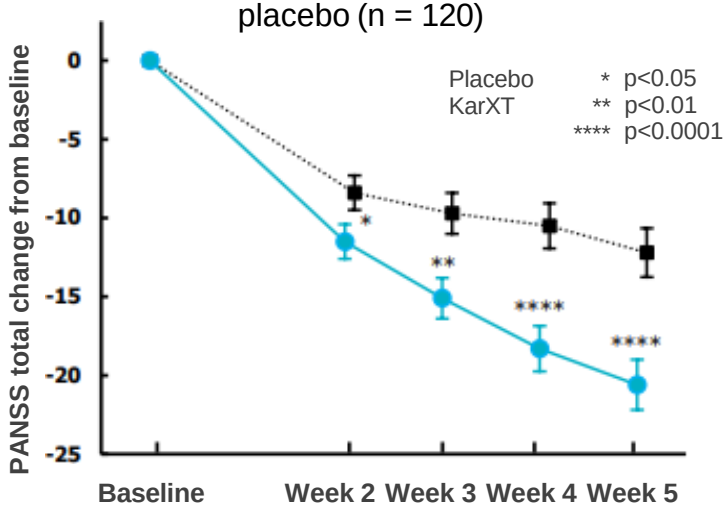

**11.6-point reduction** at Week 5
(-17.4 KarXT vs. -5.9 placebo)
Cohen's d effect size = **0.75**

**EMERGENT-2**
KarXT (n = 117),
placebo (n = 119)




**9.6-point reduction** at Week 5
(-21.2 KarXT vs. -11.6 placebo)
Cohen's d effect size = **0.61**

**EMERGENT-3**
KarXT (n = 114),
placebo (n = 120)




**8.4-point reduction** at Week 5
(-20.6 KarXT vs. -12.2 placebo)
Cohen's d effect size = **0.60**

**China bridging study: 9.2-point reduction** at Week 5 (-16.9 KarXT vs. -7.7 placebo)

**Cohen's d effect size compares favorably with other trials of antipsychotics (0.35 – 0.58)[2]**

Sources: (1) Karuna corporate presentation, May 2023; Zai Lab announcement, October 2024; (2) Leucht S, Cipriani A, Spineli L, et al. Comparative efficacy and tolerability of 15 antipsychotic drugs in schizophrenia: a multiple-treatments meta-analysis. Lancet. 2013;382(9896):951-962.

# KarXT – Improvement in Positive, Negative and Cognitive Symptoms of Schizophrenia, with Consistent Safety/Tolerability Profile

## Clinically Meaningful Reductions on Key Secondary Endpoints

| | Locations | PANSS Positive Subscore (Week 5) | | | PANSS Negative Subscore (Week 5) | | |
|---|---|---|---|---|---|---|---|
| | | KarXT | Placebo | Delta | KarXT | Placebo | Delta |
| **EMERGENT-1** | US | -5.6 | -2.4 | **3.2** p<0.0001 | -3.2 | -0.9 | **2.3** p<0.001 |
| **EMERGENT-2** | US | -6.8 | -3.9 | **2.9** p<0.0001 | -3.4 | -1.6 | **1.8** p<0.01 |
| **EMERGENT-3** | US + Ukraine | -7.1 | -3.6 | **3.5** p<0.0001 | -2.7 | -1.8 | **0.8** p=0.12 |
| **China Phase 3 Study** | China | -6.5 | -4.6 | **1.9** p=0.0474 | -3.2 | -0.7 | **2.5** p=0.0062 |

KarXT showed a statistically significant (p<0.01) **improvement in cognition** from baseline with an effect size of 0.52 in a pooled analysis of EMERGENT-2 and EMERGENT-3 studies*

**KarXT is generally well-tolerated across EMERGENT-1/2/3 and China Phase 3 study**

- **TEAEs (≥5%) mild to moderate in severity,** mostly cholinergic and resolving over time with repeated dosing
- **Not associated with common AEs** of atypical antipsychotics (weight gain, EPS, somnolence)
- **No unexpected safety signals** in China bridging study

Note: *Updated results presented by Karuna in May 2023 at American Society of Clinical Psychopharmacology. In a pooled analysis of Phase 3 EMERGENT-2 and EMERGENT 3 studies, patients with cognitive impairment of greater than one standard deviation below normative standards at baseline, KarXT showed a statistically significant (p<0.01) improvement in cognition from baseline with an effect size of 0.52.

# XACDURO – First Pathogen-Targeted Therapy Addressing *Acinetobacter Baumannii* Infections

*Acinetobacter baumannii* - among the **top six leading pathogens** globally for deaths associated with resistance in 2019[1]

**Carbapenem-resistant *Acinetobacter* is considered a Priority 1 pathogen by WHO[2]**


## Significant Unmet Need in China

**~300K** Acinetobacter infections[3]

**High carbapenem-resistant rate; antibiotic resistance is increasing**

53% (CARSS)[3] / **74% (CHINET)**[4]

## An Important Therapeutic Option Against *Acinetobacter*

- **Limited therapeutic options:**
  Polymyxin-based polypharmacy
  Colistin: drug of last resort (nephrotoxicity)
- **Mortality rate ~43%** with best available therapy (Eastern Asia)[5]
- A novel treatment option:
  - ✓ Significant difference in **clinical cure rates**
  - ✓ **Favorable safety profile**
- **Commercially launched in China in Jan'25**

Notes: (1) Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. Lancet. 2022; 399(10325):629-655. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02724-0/fulltext; (2) World Health Organization, "WHO publishes list of bacteria for which new antibiotics are urgently needed," February 27, 2017: https://www.who.int/news/item/27-02-2017-who-publishes-list-of-bacteria-for-which-new-antibiotics-are-urgently-needed; (3) CARSS (China Antimicrobial Resistance Surveillance system), 2022 Annual Report; (4) Report of China Antimicrobial Surveillance Network (CHINET) in 2023; (5) Mohd 2021Sazlly Lim S,et al. The global prevalence of multidrug-resistance among Acinetobacter baumannii causing hospital-acquired and ventilator-associated pneumonia and its associated mortality: A systematic review and meta-analysis. J Infect. 2019 Dec;79(6):593-600.

# XACDURO – Stat. Higher Clinical Cure Rate and Favorable Safety Profile

## Current Treatments Have Poor Efficacy and Tolerability

- Emergence of **pan-drug-resistant *Acinetobacter***
- Combination antibiotic therapy not proven effective
- Colistin or tigecycline is most commonly used for carbapenem-resistant *Acinetobacter* infections (CRAB) in China

| | Colistin | Tigecycline |
|---|---|---|
| **Clinical Efficacy** | Poor efficacy in pneumonia[1] | Poor efficacy in pneumonia, black box warning[2] |
| **Safety/ Tolerability** | Nephrotoxicity | GI intolerance |

VS.

XACDURO®

***First FDA and NMPA approved pathogen-targeted therapy*** *to treat HABP/VABP caused by ABC*

### Global Phase 3 ATTACK trial (vs. colistin)[3]

**19.0%** vs. 32.3% colistin
**28-day all-cause mortality** (primary endpoint)

**61.9%** vs. 40.3% colistin
**for clinical cure rates**

**13.2%** vs. 37.6% colistin
**nephrotoxicity**

Sources: Zai Lab analysis; Entasis press release, May 2023.
Notes: The trademarks and registered trademarks within are the property of their respective owners. (1) Mortality associated with colistin-based therapy is ~40% (95% CI: 32% to 47%); (2) Warning in US Product Label—lower cure rates and higher mortality in ventilator-associated pneumonia; (3) Kaye KS, et al. Efficacy and safety of sulbactam-durlobactam versus colistin for the treatment of patients with serious infections caused by Acinetobacter baumannii-calcoaceticus complex: a multicentre, randomised, active-controlled, phase 3, non-inferiority clinical trial (ATTACK). Lancet Infect Dis. 2023 May 11:S1473-3099(23)00184-6.

# Other Late-Stage FIC / BIC Assets to Support Near to Mid-Term Growth

NRDL Included

AUGTYRO (repotrectinib)

## Potential Best-in-Class ROS1/NTRK Inhibitor

- **ROS1 Prevalence:** **2~3%** of NSCLC patients[1]
- **Opportunity to roughly double ROS1 sales** based on:
  - ✓ **Higher response rate & longer DOR**[2] **mPFS 35.7 mos** in ROS1-TKI naïve (vs. <20 mos of current SOC)
  - ✓ **Clinically differentiated profile in NSCLC** (TKI-pretreated activity and CNS activity)
  - ✓ **Well-tolerated and manageable safety profile**

tivdak

## First and Only U.S. Approved ADC for r/m Cervical Cancer

- **China: ~110K** incidence / **~59K** deaths every year in CC[3]
- Limited treatment options for patients with disease progression on or after chemotherapy
- **NCCN recommendation as a preferred option**[4]
- **Full FDA approval** based on global Phase 3 innovaTV 301 study[5]; **consistent results from China subpopulation**
  - ✓ **Superior OS extension**, including PD-1/PD-L1 pretreated patients
  - ✓ Tolerable safety profile
- **Pipeline-in-a-product,** broad development program in front line cervical cancer and other solid tumors
- Applied in the Greater Bay Area; **NMPA acceptance in 1Q 2025**

Sources: Bristol Myers Squibb presentation, January 2023; Zai Lab analysis.

Notes: The trademarks and registered trademarks within are the property of their respective owners. (1) Clinical and the prognostic characteristics of lung adenocarcinoma patients with ROS1 fusion in comparison with other driver mutations in East Asian populations, 2014; and Frost & Sullivan; (2) AUGTYRO Prescribing Information. Augtyro U.S. Product Information. Last updated: November 2023. Princeton, NJ: Bristol Myers Squibb Company; (3) Globocan 2020; CSCO treatment guideline for cervical cancer, 2023; (4) NCCN 2024, for 2L or subsequent therapy for r/m cervical cancer; (5) The innovaTV 301 study demonstrated a 30% reduction in the risk of death compared to chemotherapy (hazard ratio [HR]: 0.70 [95% CI: 0.54-0.89], two-sided p=0.0038). Median OS for patients treated with TIVDAK was 11.5 months [95% CI: 9.8-14.9] versus chemotherapy 9.5 months [95% CI: 7.9-10.7].



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# Povetacicept (APRIL/BAFF) – Potentially Transformative Approach to IgAN

## A Phase 3 and Potentially Transformative Approach to IgAN with Best-in-Class and Pipeline-in-a-Product Potential

### Leverage Zai's Existing R&D and Commercial Capabilities

- **Highly synergistic** with Zai's VYVGART franchise
- China already joined pove's **global pivotal trial** in IgAN

### Significant Unmet Needs in Renal Diseases

- **Est. 3~5 million** prevalent patients in China in IgAN alone
- **No approved therapies** target the underlying cause of IgAN

### De-risked MoA with Promising Clinical Data

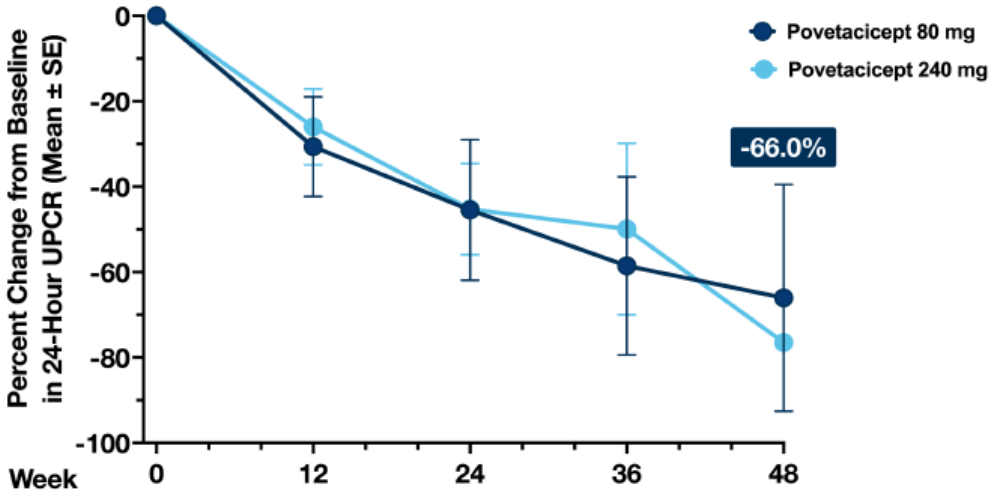
- Dual inhibition of BAFF/APRIL **clinically validated**
- Compelling Phase 2 data supports pove's **best-in-class profile**

**Zai Lab Brings Regional Expertise and Footprint to Accelerate Patient Access to Povetacicept[1]**

Sources: Chinese expert consensus on the management and treatment of primary IgA nephropathy. Chinese Journal of Kidney Disease Investigation (Electronic Edition), February 2024, Vol 13, No.1; Zai Lab market research.
(1) Development and commercialization of pove in mainland China, Hong Kong SAR, Macau SAR, Taiwan region and Singapore (the licensed territory).

# Povetacicept (APRIL/BAFF) – Compelling RUBY-3 data (ASN 2024)

## Updated RUBY-3 Data Continue to Demonstrate Best-In-Class Potential




| | | | | | |
|---|---|---|---|---|---|
| Povetacicept 80 mg (N) | 21 | 19 | 10 | 9 | 8 |
| Povetacicept 240 mg (N) | 33 | 33 | 22 | 9 | 1 |

Note: Mean and standard error are based on geometric values.

**At 48 weeks, pove 80mg SC Q4W:**

- **66% mean reduction in UPCR**
- Stable renal function as assessed by eGFR
- **63% achievement of clinical remission**, defined as UPCR < 0.5 g/g, negative hematuria, and stable renal function

**Zai Lab and Vertex completed enrollment of the interim analysis cohort in the global Ph3 RAINIER study. Zai Lab participated in the study in Greater China**

Source: Vertex Corporate Presentation (Third Quarter 2024 Financial Results), November 4, 2024.

# Veligrotug and VRDN-003 (IGF-1R) – Positive Phase 3 Results Support the Transformative Potential in Thyroid Eye Disease

## Current TED Market (China)

**Primed for new entrants and growth**

- **~1 million** patients diagnosed with moderate-to-severe forms of TED in China[1]
- **70~80%** are chronic TED[1]
- **No subcutaneous option** available commercially

## Veligrotug (IV)

**Well-positioned to become the IV treatment-of-choice in TED**

- **Robust and consistent clinical responses** in active and chronic TED[2,3]
- **Rapid onset** of treatment effect[2,3]
- First demonstration of **diplopia response and resolution** in a global chronic TED Ph3 study[3]
- **Generally well tolerated**[2,3]
- **Significantly reduced treatment burden**[2,3]

## VRDN-003 (SC)

**Subcutaneous and potential best-in-class therapy in TED**

- **Infrequent administration of every 4 or 8 weeks**[4]
- Designed to **replicate veligrotug clinical profile**[4]
- Potential to greatly **expand TED market**, if approved
- Topline data of global Ph3 studies expected in 1H 2026

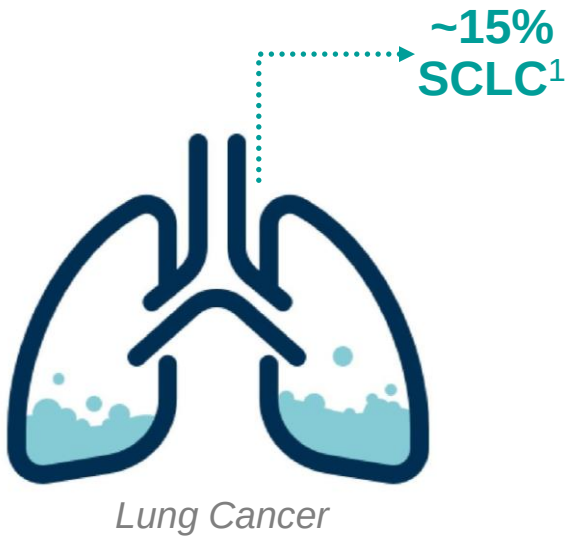
**Zai Lab plans to advance VRDN-003 (SC) into a China registrational study for TED, as a potentially best-in-class, long half-life and convenient subcutaneous anti-IGF-1R**

Note: Adapted from Viridian Therapeutics Corporate Presentation, May 2025.
Sources: (1) Zai Lab market research; (2) Viridian THRIVE data on file; (3) Viridian THRIVE-2 data on file; (4) Planned product profile, including planned clinical dosing regimen.

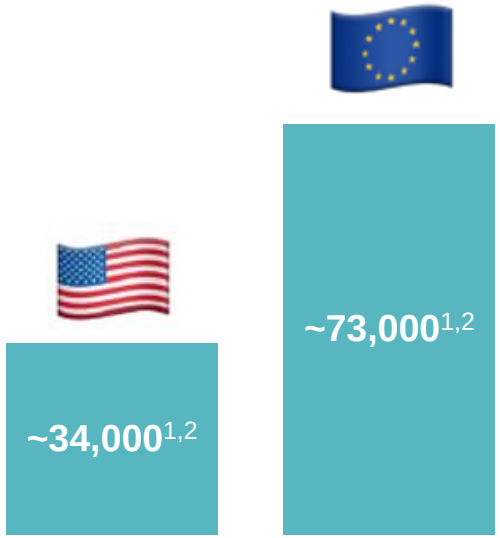
# ZL-1310 – Significant Unmet Needs for Patients with SCLC

Global Ph1

**Highly** aggressive disease associated with **poor** survival outcomes




Worldwide **~372,000** newly diagnosed patients with SCLC each year[1,2]




- **2/3** diagnosed with ES-SCLC[3]
- **~5~10%** overall survival at 5 years[4]

## Limited Treatment Options and Significant Unmet Needs Remain for ES-SCLC

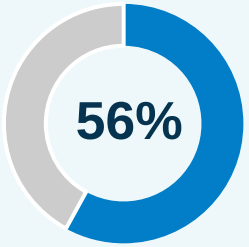
- **1L** – Despite addition of I/O, current SOC has limited improvement in survival (mOS 12~13 mos)[5]
- **2L+** – Tarlatamab recently added; room for improvement in **efficacy, safety and easier** community setting access

Notes: (1) J Thorac Oncol. 2023 Jan;18(1):31-46; Lung Cancer Foundation of America; (2) WHO Globocan 2022; (3) Sabari JK, et al. Nat Rev Clin Oncol. 2017;14:549-561; (4) National Cancer Institute. www.cancer.gov. Accessed October 15, 2024; (5) Phase 3 IMpower133 (atezolizumab) and CASPIAN study (durvalumab).

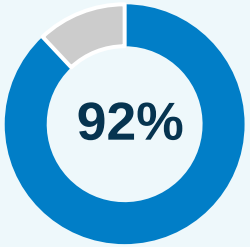
# ZL-1310 – Potential Global First-in-class ADC Targeting DLL3 (ENA 2024)

Global Ph1

## Baseline Characteristic




of all patients received at least two prior regimens of systemic therapy




of patients received prior anti-PD-(L)1 therapy

ENA 2024
EORTC NCI AACR
36th Symposium

## Key Efficacy Results (n=19)

- ✓ **74% ORR** (14/19)[1] with anti-tumor activity across all dose levels
- ✓ **100% ORR** (6/6) in patients with brain metastases
- ✓ One patient with prior tarlatamab failure achieved a partial response with a 67% tumor reduction
- ✓ 13 of 14 responders ongoing including patients treated at the lowest dose (0.8 mg/kg)

## Key Safety Results (n=25)

- ✓ **Well tolerated** across all dose levels with majority of TEAEs being Gr 1 or 2
- ✓ **20%** Gr≥3 TRAEs, **8%** serious TRAEs, **no CRS and ICANS**
- ✓ **No dose discontinuation or death** due to TEAE

Source: Zai Lab presentation, ZL-1310 ENA 2024 Highlights, October 24, 2024.
Notes: (1) Data shared in the ENA presentation from the ongoing Part 1a monotherapy dose-escalation portion of the study included results from 25 patients across four dose cohorts (0.8 mg/kg, 1.6mg/kg, 2.0 mg/kg, and 2.4 mg/kg). Data cut-off: October 10, 2024. Nineteen patients had evaluable tumor assessments, included 5 patients with confirmed partial response (PR) and 9 patients with unconfirmed PR (responses are ongoing at data cutoff).

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# Our ESG Trust for Life Strategy, Commitments, and Targets

**One Million**
Patients by 2030*


Our patient-first core value drives us to impact human health

5 GENDER EQUALITY
8 DECENT WORK AND ECONOMIC GROWTH
13 CLIMATE ACTION
17 PARTNERSHIPS FOR THE GOALS

Our ESG approach and growing pipeline help us create better outcomes for everyone

**Target:** Maintain gender equity in leadership and base pay

We build trust by acting urgently and ethically

**Target:** Complete ERM top-tier risk mitigation plans annually

Note: *Target for “Improve Human Health”.

# Glossary: A - H

| | |
|---|---|
| 1L | first line |
| 2L | second line |
| 4L | fourth line |
| 3Q'22 | third quarter of 2022 |
| 3Q'23 | third quarter of 2023 |
| 3Q'24 | third quarter of 2024 |
| 4Q'24 | fourth quarter of 2024 |
| FY'24 | full year of 2024 |
| 1H'25 | first half of 2025 |
| 2H'25 | second half of 2025 |
| q-o-q | quarter-over-quarter |
| y-o-y | year-over-year |
| **A** | |
| ABC | acinetobacter baumannii-calcoaceticus complex |
| ABSSSI | acute bacterial skin and skin structure infections |
| AChR-Ab | acetylcholine receptor autoantibody |
| AD | atopic dermatitis |
| ADC | antibody-drug conjugate |
| ADCC | antibody-dependent cellular cytotoxicity |
| ADL | activities of daily living |
| ADP | psychosis associated with Alzheimer's disease |
| AE | adverse event |
| aINCAT | adjusted inflammatory neuropathy cause and treatment |
| ASyS | anti-synthetase syndrome |
| **B** | |
| BD | business development |
| BIC | best-in-class |
| BICR | blinded independent central review |
| BLA | Biologics License Application |
| BOR | best overall response |
| **C** | |
| CABP | community-acquired bacterial pneumonia |
| CAGR | compound annual growth rate |
| CAS | Clinical Activity Score |
| CC | cervical cancer |
| CI | confidence interval |
| CIDP | chronic inflammatory demyelinating polyneuropathy |
| CMI | clinical meaningful improvement |
| Combo | combination therapy |
| cORR | confirmed objective response rate |
| CPP | chronic plaque psoriasis |
| CR | complete response |
| CRD | cysteine-rich domain |
| CRS | cytokine release syndrome |
| **D** | |
| DAR | drug-antibody ratio |
| DEI | diversity, equity, and inclusion |
| DM | dermatomyositis |
| DOR | duration of response |
| DoT | duration of treatment |
| **E** | |
| EADV | European Academy of Dermatology and Venerology Congress |
| ENA | European Neurological Association |
| EPS | extrapyramidal symptoms |
| ES-SCLC | extensive-stage small cell lung cancer |
| eGFR | estimated glomerular filtration rate |
| **F** | |
| FDA | U.S. Food and Drug Administration |
| FGF | fibroblast growth factor |
| FIC | first-in-class |
| **G** | |
| GBM | glioblastoma |
| GC | gastric cancer |
| GEJ | gastroesophageal junction cancer |
| GI | gastrointestinal |
| GIST | gastrointestinal stromal tumors |
| gMG | generalized myasthenia gravis |
| **H** | |
| HABP/VABP | hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia |
| HCP | healthcare professional |
| HemOnc | hematological oncology |
| HR | hazard ratio |

# Glossary: I - Y

| | |
|---|---|
| **I** | |
| ICANS | immune effector cell-associated neurotoxicity syndrome |
| ICI | immune checkpoint inhibitor |
| IgAN | immunoglobulin-a nephropathy |
| IHC | immunohistochemistry |
| IMNM | immune-mediated necrotizing myopathy |
| IND | Investigational New Drug application |
| ISD | individualized starting dose |
| ITT | intention-to-treat |
| IV | intravenous |
| IVIG | intravenous immunoglobulin |
| I/O | immuno-oncology |
| **L** | |
| LAPC | locally advanced pancreatic cancer |
| LDL | low-density lipoprotein |
| LLN | lower limit of normal |
| LN | lupus nephritis |
| **M** | |
| MAA | Marketing Authorization Application |
| MDR | multi-drug resistance |
| medical reps | medical representatives |
| MG | myasthenia gravis |
| Mild-to-Mod | mild to moderate |
| MOA | mechanism of action |
| Mod-to-Sev | moderate to severe |
| mono | monotherapy |
| mOS | median overall survival |
| mPFS | median progression-free survival |
| **N** | |
| NDA | New Drug Application |
| NE | not estimable |
| NEC | Neuroendocrine carcinoma |
| NMPA | China's National Medical Products Administration |
| NRDL | China's National Reimbursement Drug List |
| NSCLC | non-small cell lung cancer |
| NSCLC BM | brain metastases from NSCLC |
| **O** | |
| OC | ovarian cancer |
| OMG | ocular myasthenia gravis |
| ORR | objective response rate |
| OS | overall survival |
| **P** | |
| PANSS | Positive and Negative Syndrome Scale |
| PASI | Psoriasis Area Severity Index |
| PC | pancreatic cancer |
| PD | progressive disease |
| PFS | pre-filled syringe |
| Ph1 | phase 1 |
| Ph2 | phase 2 |
| Ph3 | phase 3 |
| PLEX | plasma exchange |
| pMN | primary membranous nephropathy |
| PO | per os |
| PR | partial response |
| **Q** | |
| QoL | quality of life |
| **R** | |
| R&D | research and development |
| r/m | recurrent or metastatic |
| RCT | randomized clinical trial |
| **S** | |
| SC | subcutaneous |
| SCLC | small cell lung cancer |
| SD | stable disease |
| SG&A | selling, general, and administrative |
| SIP | supplemental insurance plan |
| sn gMG | seronegative gMG |
| SOC | standard of care |
| **T** | |
| TA | therapeutic area |
| TCE | T-cell engager |
| TEAE | treatment-emergent adverse event |
| TED | thyroid eye disease |
| TF | tissue factor |
| TKI | tyrosine kinase inhibitor |
| TOP1i | topoisomerase 1 inhibitor |
| TRAE | treatment-related adverse event |
| TTFields/TTF | Tumor Treating Fields |
| **U** | |
| ULN | upper limit of normal |
| UPCR | urine protein to creatinine ratio |


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