Q1 2026 results

Conference call and webcast for investors and analysts

BeOne

MAY 6, 2026

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; the continued growth of BRUKINSA revenues globally; the future treatment landscape for CLL; the potential of sonrotoclax as a BCL2 inhibitor and in combination with zanubrutinib; the potential of BTK CDAC as a BTK degrader; the potential benefits of BeOne's drugs and drug candidates; BeOne's expectations regarding regulatory milestones, submissions and filings, and commercialization of BeOne's medicines; BeOne's future revenue, gross margin percentage, operating expenses, operating income, other income or expense, income tax and diluted ADS outstanding; and BeOne's continued future growth in the U.S., Europe and rest of world. 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

Q1 2026: strong execution across key focus areas

Financial and commercial highlights

Revenue

- $1.5B, +35%

Earnings per ADS[1]

- GAAP: $1.96
- Non-GAAP[2]: $3.24

BRUKINSA

- Sustained global BTKi leadership

Sonrotoclax

- Commercial launch in China in RR CLL and RR MCL; U.S. PDUFA for RR MCL in Q2

Pipeline highlights

Key data presentations

- Over 60 ASCO and EHA acceptances highlighting BeOne leadership across heme and solid tumor programs

Pivotal trial updates

- Multiple heme milestones expected in Q2
- CDK4i 1L Phase 3 trial FSE in Q2
- GPC3 x 4-1BB bsAb potentially pivotal trial initiated

% change represents Q1 2026 vs. Q1 2025

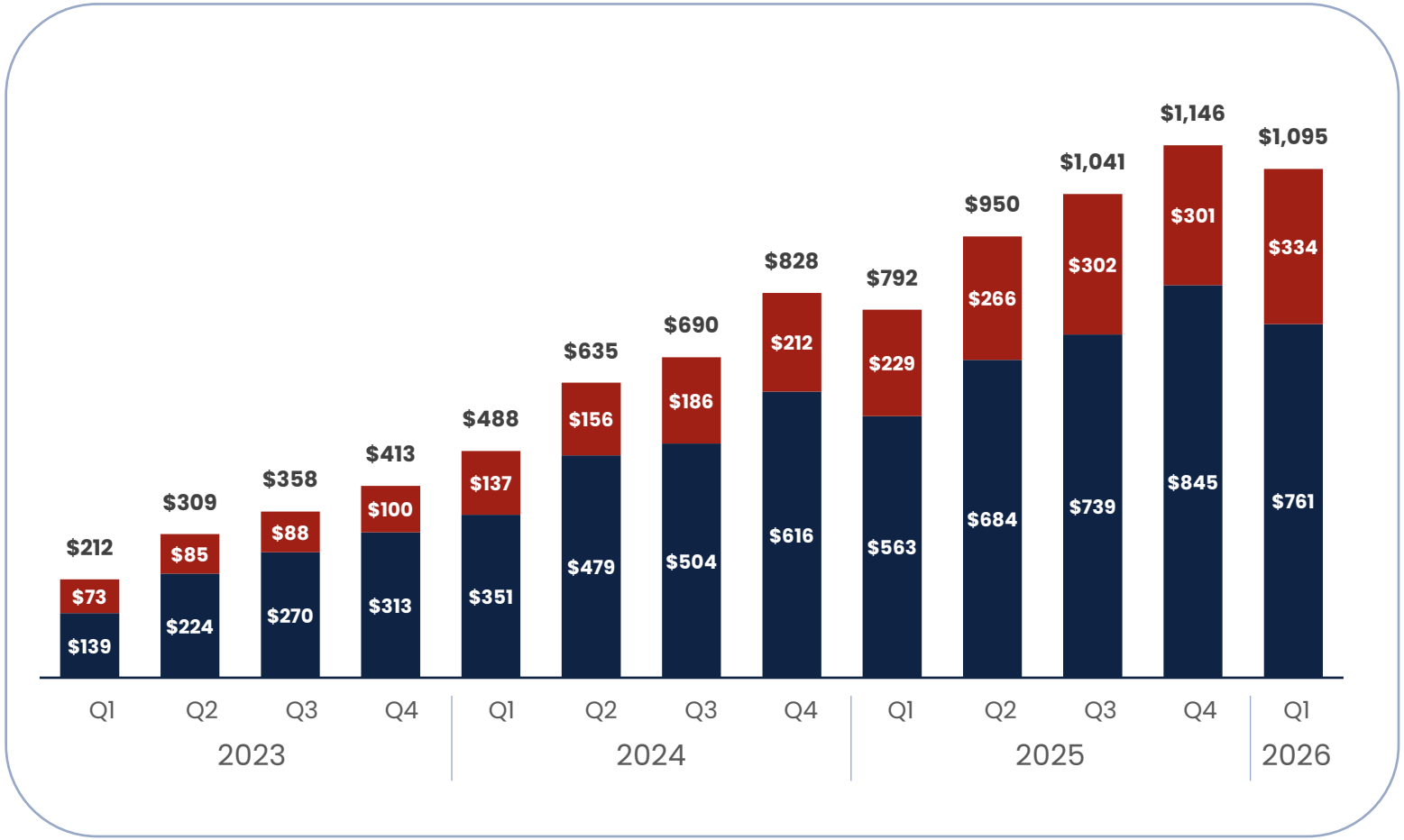
[1] Diluted Earnings per ADS is presented. Basic Earnings per ADS for Q1 2026 was $2.05 (GAAP) and $3.38 (Non-GAAP)

[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 Q1 2026 is included in the Appendix to this presentation

Sustained leadership in growing global BTK market

BRUKINSA global quarterly revenue

$ in millions

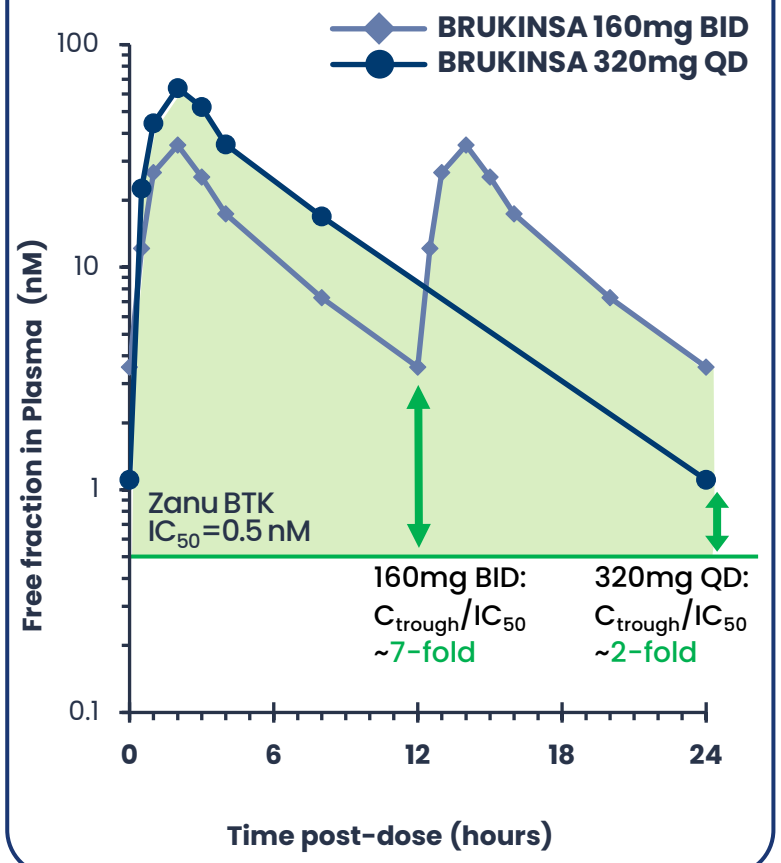


- BRUKINSA is fastest growing cBTKi (+38%) driving overall global BTK market growth (+14%)
- Broadest label with five approved indications
- Strong growth across all approved markets and indications

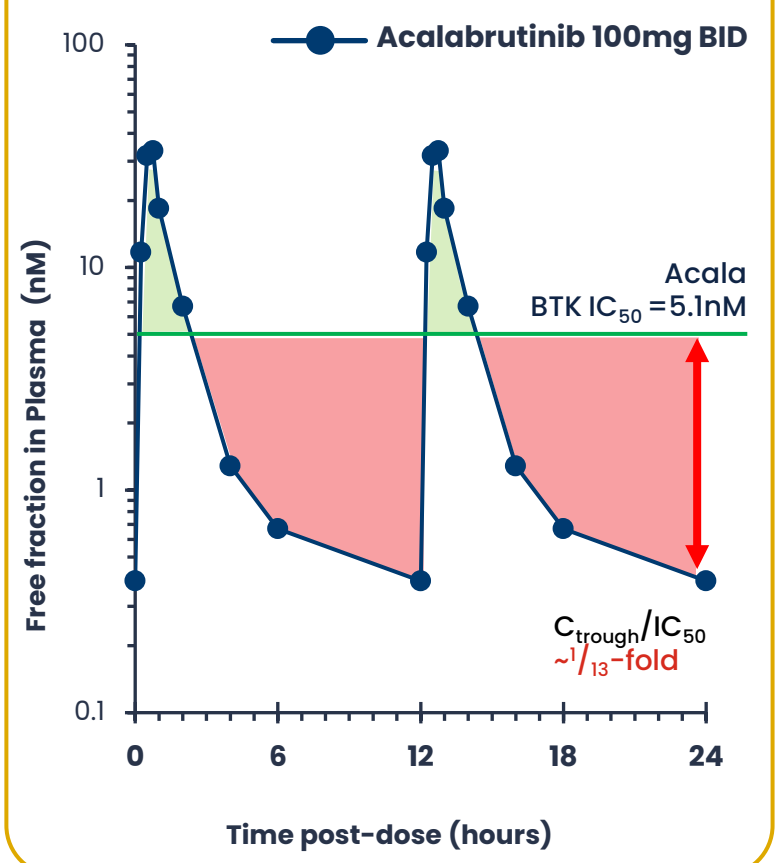
* % change represents Q1 2026 vs. Q1 2025
U.S. BRUKINSA approved indications: CLL, WM, MCL (AA – confirmatory trial ongoing), MZL and FL

BRUKINSA is the only BTKi that induces complete and sustainable BTK inhibition due to its potency and superior PK

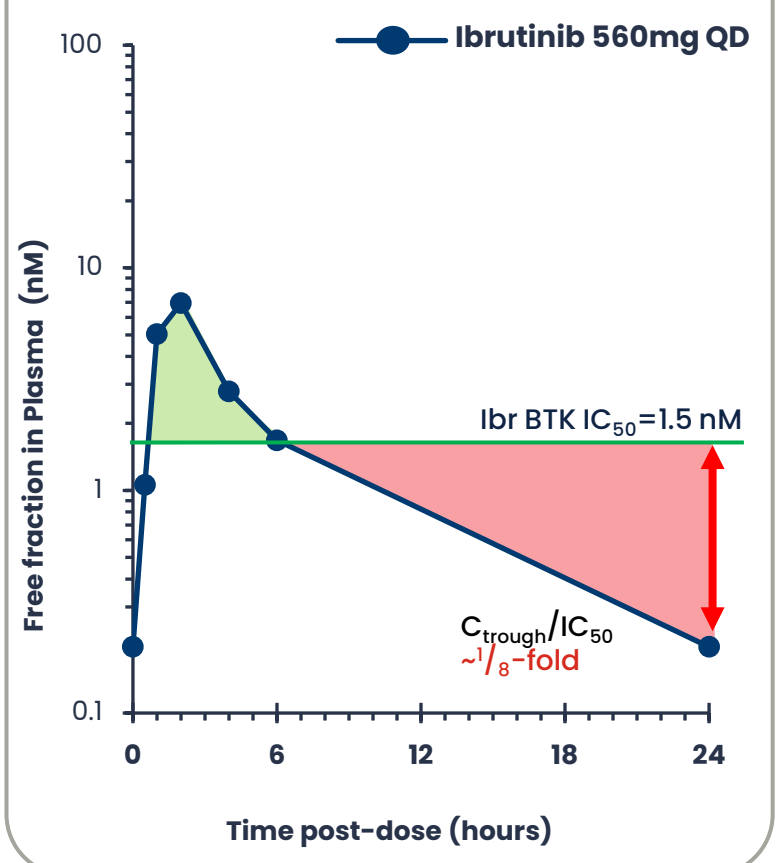
BRUKINSA PK vs. IC_{50}[1]



Acalabrutinib PK vs. IC_{50}[2]

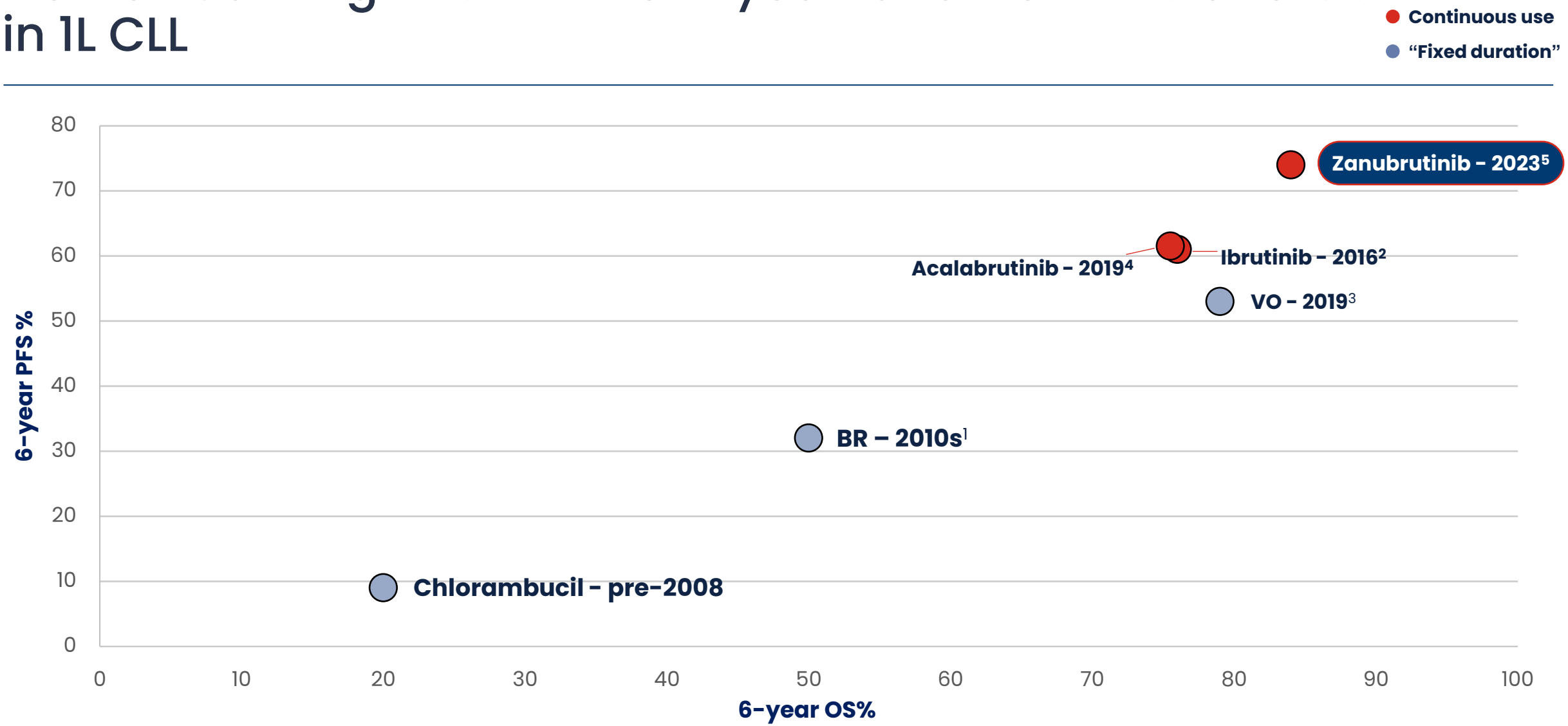


Ibrutinib PK vs. IC_{50}[3]



[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.

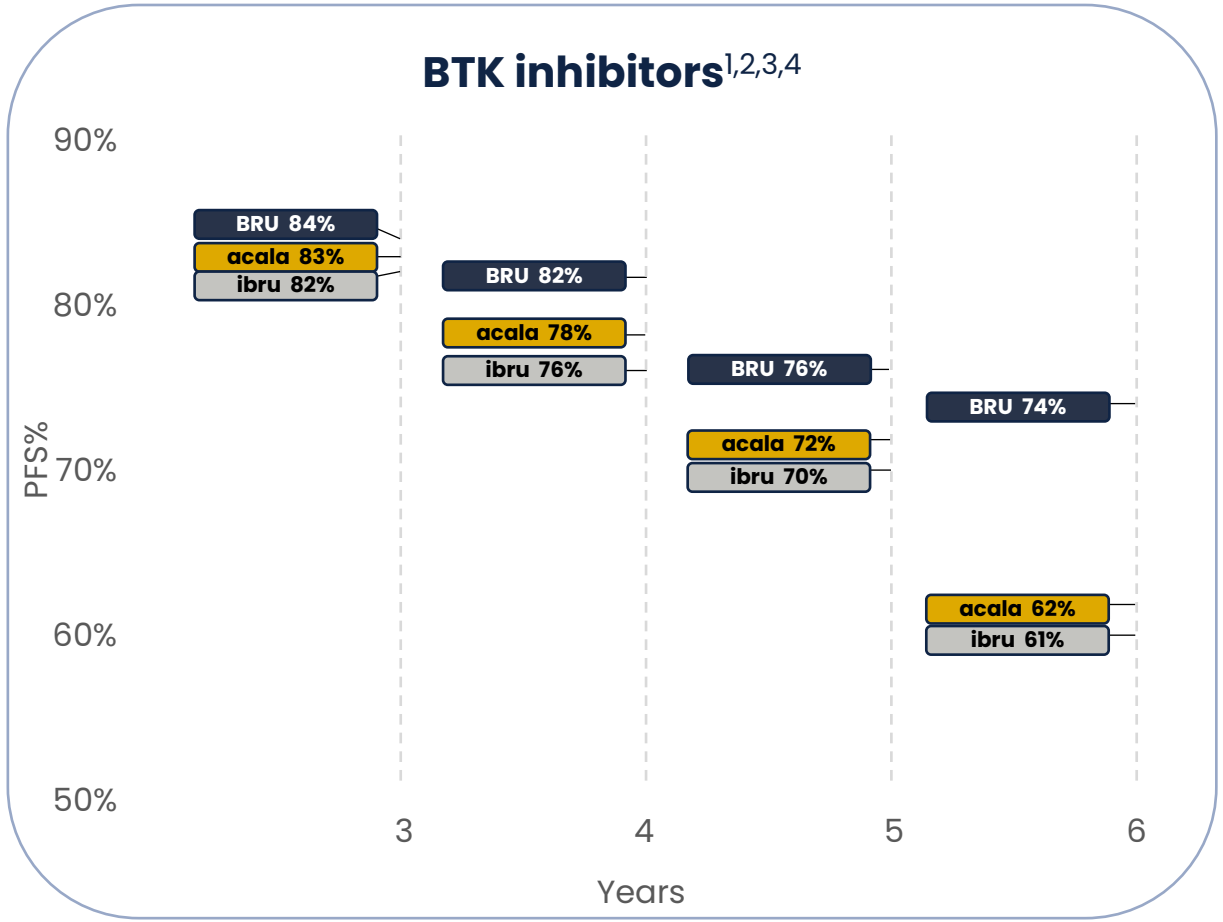
Contextualizing BRUKINSA's 6-year landmark PFS and OS in 1L CLL

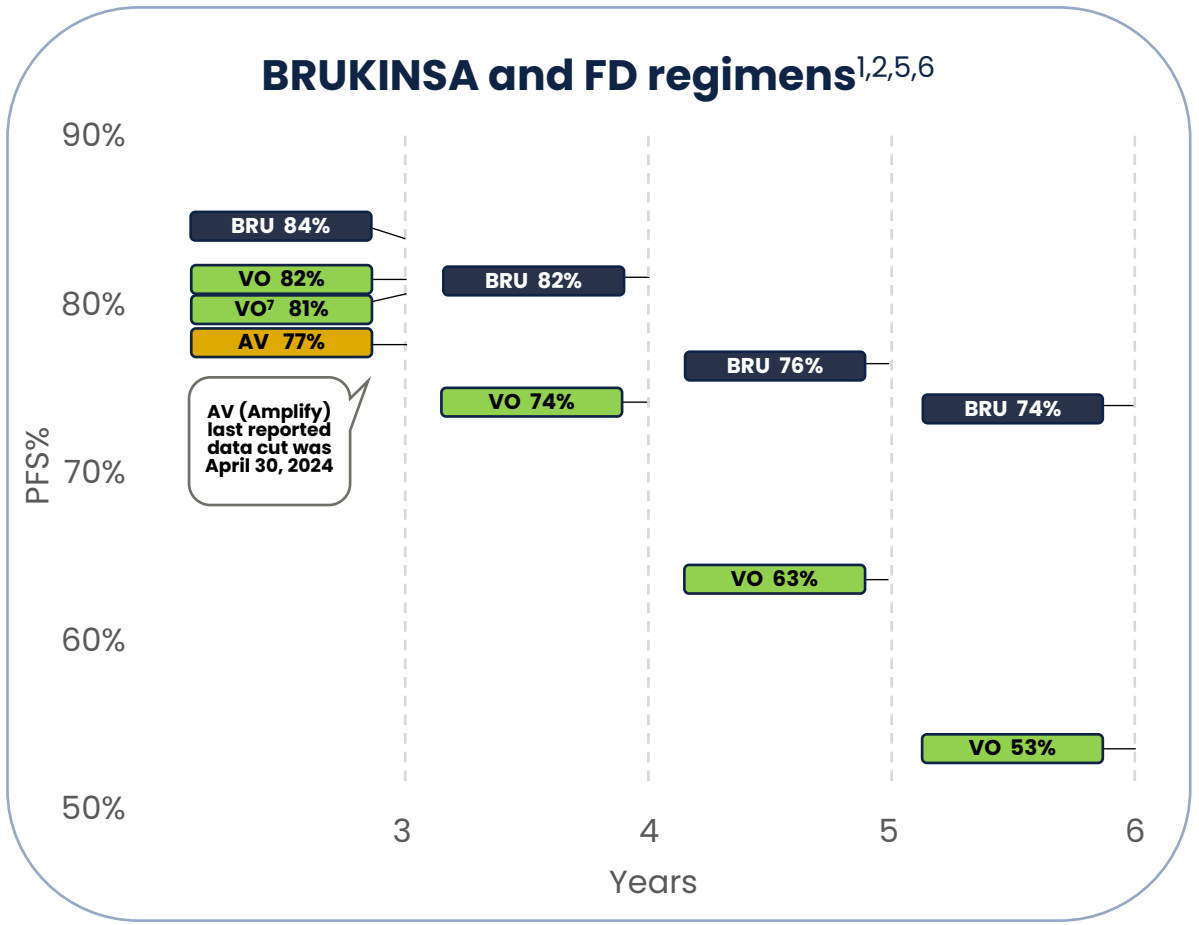


Definitive conclusions cannot be drawn from cross-trial comparisons; differences in study populations and trial design are not accounted for

[1] BR - Knauf et al., JCO 2009; Fischer et al., JCO 2012; Kleeberg et al., Anticancer Research 2016; recent studies post-BTK era have shown increased OS% for BR
[2] Ibru - Burger et al., Blood 2025
[3] VO - Al-Sawaf et al., Blood 2024
[4] Acala – Sharman et al., Blood 2025
[5] Zanu – Tam et al., ASH 2025

Reported landmark PFS at years 3-6 in 1L CLL



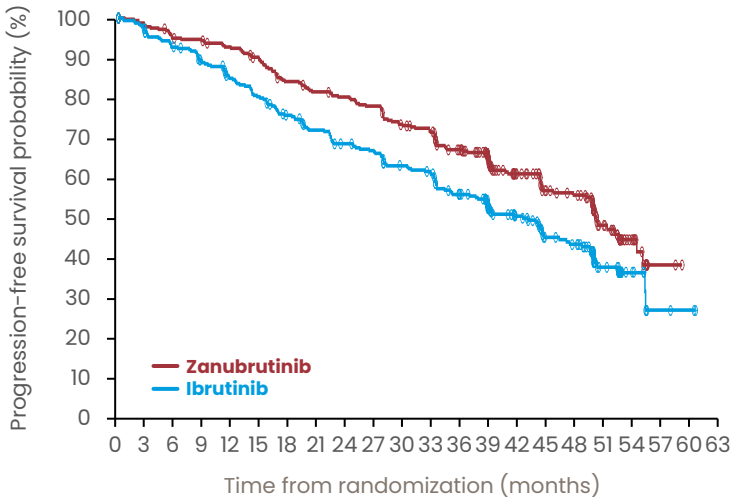


Definitive conclusions cannot be drawn from cross-trial comparisons; differences in study populations and trial design are not accounted for

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
7 VO (CLL17) – ASH 2025

Only BRUKINSA showed PFS superiority over ibrutinib

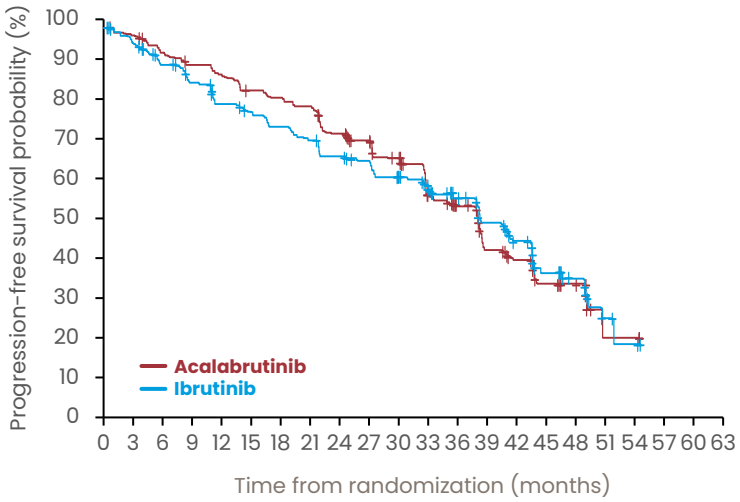
Zanu vs. Ibru: PFS by IRC



ALPINE[1]

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

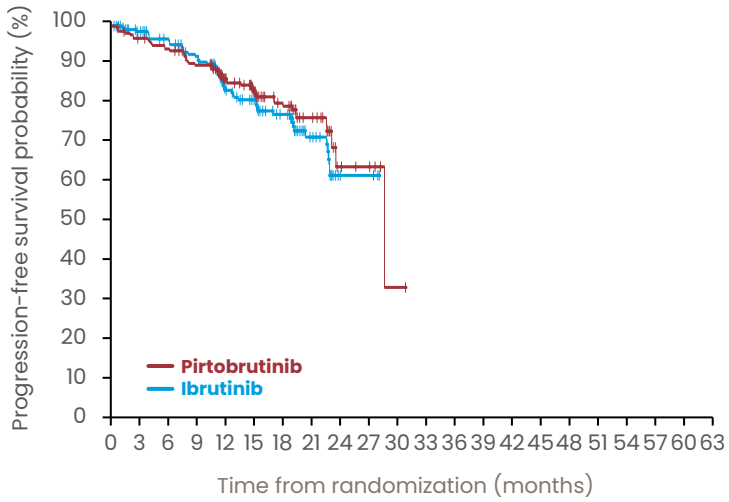
Acala vs. Ibru: PFS by IRC



ELEVATE RR[2]

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

Pirto vs. Ibru: PFS by IRC



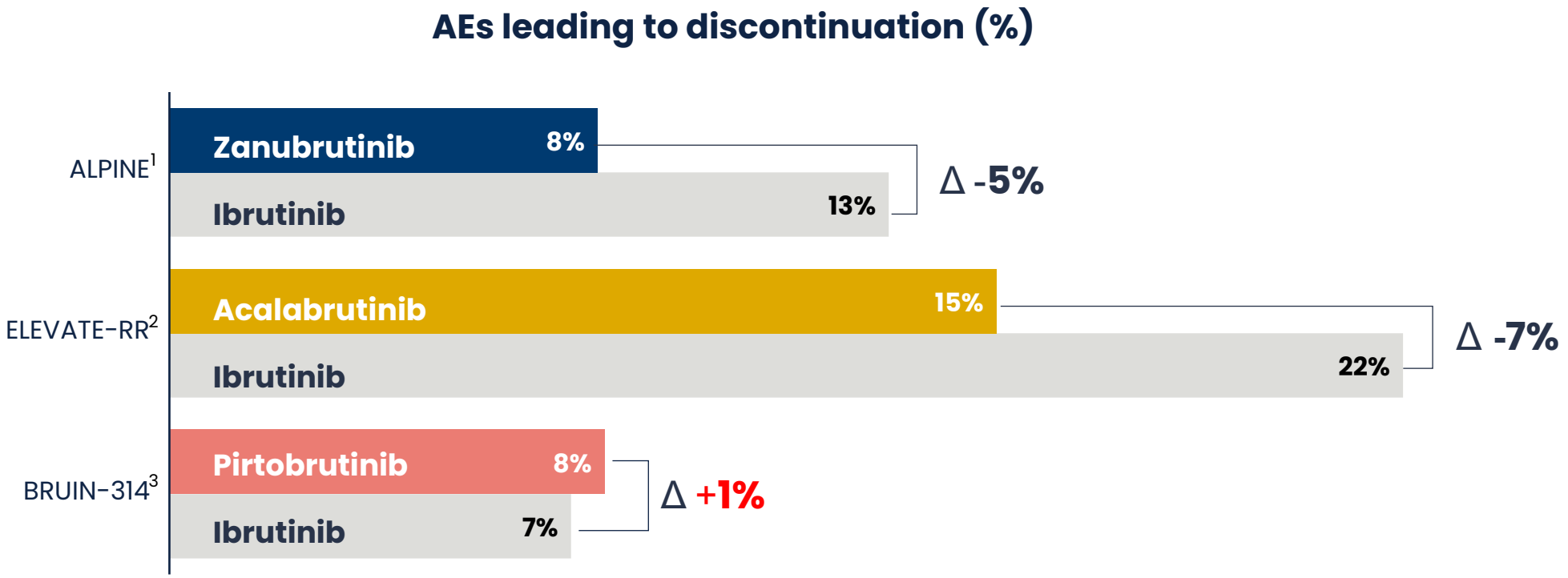
BRUIN CLL-314[3] **(R/R cohort)**

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

Adverse events leading to discontinuation across head-to-head trials of BTK inhibitors in CLL



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

[1] Hillmen et al, JCO 2022 (Median follow up: Zanubrutinib-15.3 months; Ibrutinib- 14.6 months); at 42.5 months follow-up, delta grew to -7% (Brown J. et al., ICML 2025)
[2] Byrd et al., JCO 2021 (Median follow up 40.9 months)
[3] Woyach et al., JCO 2025 (Median follow up: Pirtobrutinib-20.5 months; Ibrutinib- 19.3 months)

Real-world efficacy and safety data consistently reinforce BRUKINSA as the foundational treatment in CLL

BeOne @ASCO

"Real-world outcomes among Medicare beneficiaries treated with first-line BTKis for CLL"

(Medicare Fee patient claims database: over 10k U.S. cBTKi patients from last 4 years)

"Real-world treatment and survival outcomes for zanubrutinib and acalabrutinib monotherapy among treatment-naive patients with CLL in the United States"

(Komodo medical claims database: over 16k U.S. cBTKi patients from last 4 years)

"Real-World Impact of Atrial Fibrillation on Cardiovascular Outcomes and Healthcare Resource Utilization in Patients With CLL"

(Symphony medical claims database: over 22k U.S. cBTKi patients from last 6 years)

Real-world data from multiple studies have reported **improved treatment durability** with BRUKINSA compared to other BTKis*[1,2]

BRUKINSA has shown **strong PFS vs. AV** in a robust network meta-analysis and a match-adjusted indirect comparison†[3,4]

BRUKINSA has shown **PFS** and **survival benefit** over **VO** in a match-adjusted indirect comparison †[5]

Building upon existing body of evidence with new real-world evidence from large and robust datasets to be presented at ASCO 2026

Brukinsa® zanubrutinib

* 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.

† Data and comparisons based on meta-analyses and MAICs synthesize results from multiple studies, may include variability due to differences in study design and patient populations, and are susceptible to limitations and potential bias.

1 Jacobs R, et al. EHA 2025, June 12–15. Poster PS157[2]

2 Hou JZ, et al. ASH 2024,

3 Shadman M, et al. ASCO 2025

4 Shadman M, et al. *Blood Adv*. 2026

5 Munir T, et al. *Oncol Ther*. 2025

Sonrotoclax: our next-generation foundational BCL2 inhibitor

Designed to optimize efficacy and safety with more convenient handling than venetoclax

Potency (IC_{50})	**14-fold more potent** for deeper target inhibition
Selectivity (vs. BCLxL)	**6-fold improved selectivity** for better tolerability
$T_{1/2}$ in clinic	**80% shorter half-life** no accumulation leading to ease of TLS monitoring

Key updates

- Now launched in RR CLL and RR MCL (China) and RR MCL submitted in U.S and EU (FDA PDUFA - 1H 2026)
- Sonro serves as next generation fixed duration backbone
  - Four Phase 3 studies underway
  - ZS combination has the potential to change 1L CLL treatment paradigm

Clinical significance of non-clinical data has not been established

Zanubrutinib plus sonrotoclax (ZS) poised to deliver optimized efficacy, safety, and convenience

	ZS (BGB-11417-101)[1]	VO (CLL17)[2]	IV (CLL17)[2]	IV (CAPTIVATE)[3,4]	IV (GLOW)[5]	VO (CLL14)[6]	VO (CLL13)[7]	AV (AMPLIFY)[8]
Population	**All comers**	All comers	All comers	All comers <70y	Unfit	Unfit	Fit	Fit
uMRD	**91%**	73%	47%	77%	55%	76%	87%	34%
36-month PFS rate	**100%** (30 mo)	81%	79%	90%	77%	82%	88%	77%
Grade 3+ TEAEs	**57%**	82.3%	62.7%	N/A	75.5%	78.8%	83.1%	53.6%
TEAE leading to death	**0%**	7.1%	4.3%	N/A	6.6%	2.4%	3.9%	3.4%
Median follow-up (months)	**31**	34	34	39	46	40	39	41

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

1 Tam et al., ASH 2025 (320 mg cohort, MRD assessed at 48 wks after the combination at the target dose)
2 Al-Sawaf et al., NEJM 2025
3 Tam et al., Blood 2022
4 Allan et al., CCR 2023
5 Niemann et al., Lancet 2023 (estimated PFS value for all patients)
6 Al-Sawaf et al., Blood 2020
7 Eichorst et al., NEJM 2023
8 Brown et al., NEJM 2025

BTK CDAC: potential first-in-class and best-in-class BTK degrader

Key attributes

- Most advanced BTK degrader
- Complete BTK degradation
- Broadest BTK mutation coverage
- Strong efficacy and favorable safety

CaDAnCe 101 **Monotherapy** **R/R CLL/SLL**	**Potentially pivotal**
CaDAnCe 304 (vs. pirto) **Monotherapy** **R/R CLL/SLL**	**Phase 3**
CaDAnCe 302, 303[1] (vs. inv choice) **Monotherapy** **R/R CLL/SLL**	**Phase 3**
CaDAnCe 101 **Monotherapy** **WM**	**Phase 2 AA**
CaDAnCe 104 **+sonrotoclax, zanu, anti-CD20 BsAbs** **B-cell malignancies incl. CLL, WM, NHL**	**Phase 1/2**
CaDAnCe 101 **Monotherapy** **B-cell malignancies incl NHL**	**Phase 1**

1303 is China-only study
Clinical significance of non-clinical data has not been established

BeOne is the only company with foundational medicines across the three key MOAs in CLL

	BRUKINSA (BTKi)	**Sonrotoclax** (BCL2i)	**BTK CDAC** (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

Highlighting leadership across hematology and solid tumors at upcoming major congresses

ASCO®

Key updates

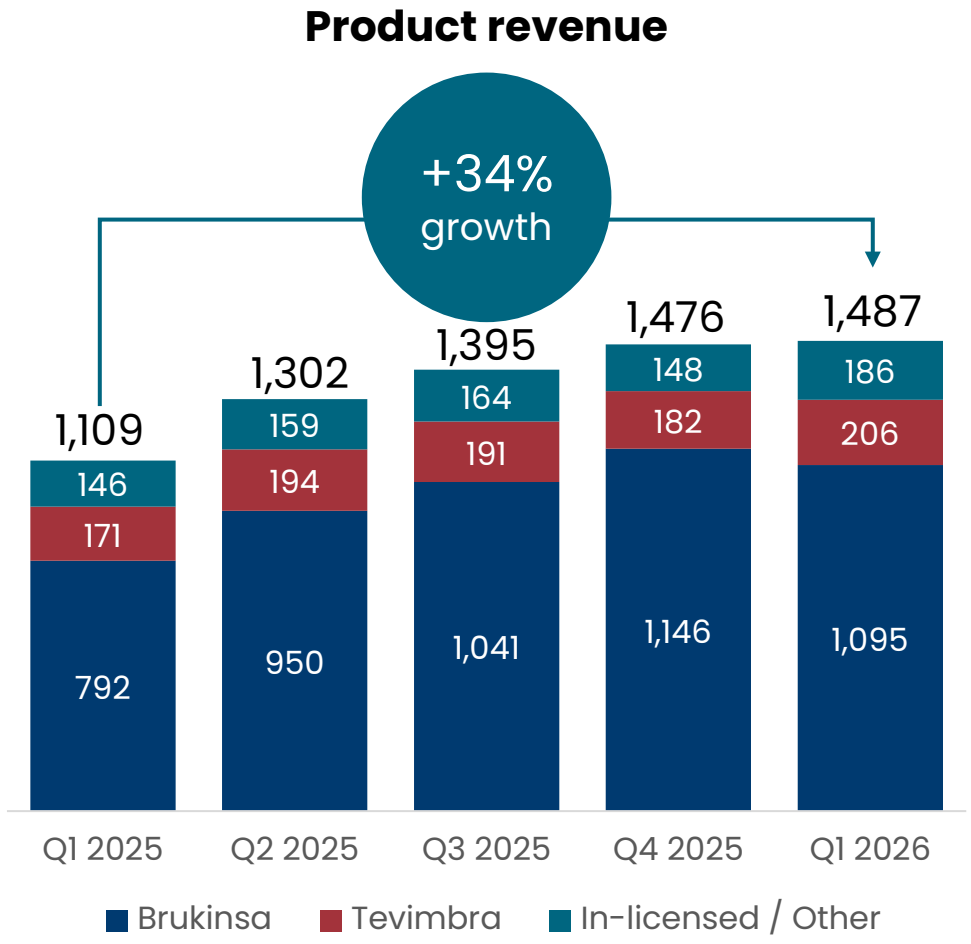
- BRUKINSA: Sequoia LT follow-up and real-world evidence
- BRUKINSA: Sequoia – data update on largest/longest-followed cohort of patients aged ≥80 years
- ZS combination: 101 trial update
- BTK CDAC: CaDAnCe-101 update
- **Solid tumor pipeline moving from promise to proof**

Financial results

Aaron Rosenberg
Chief Financial Officer

Q1 2026: product revenue composition

$ in millions (Q1 2026)



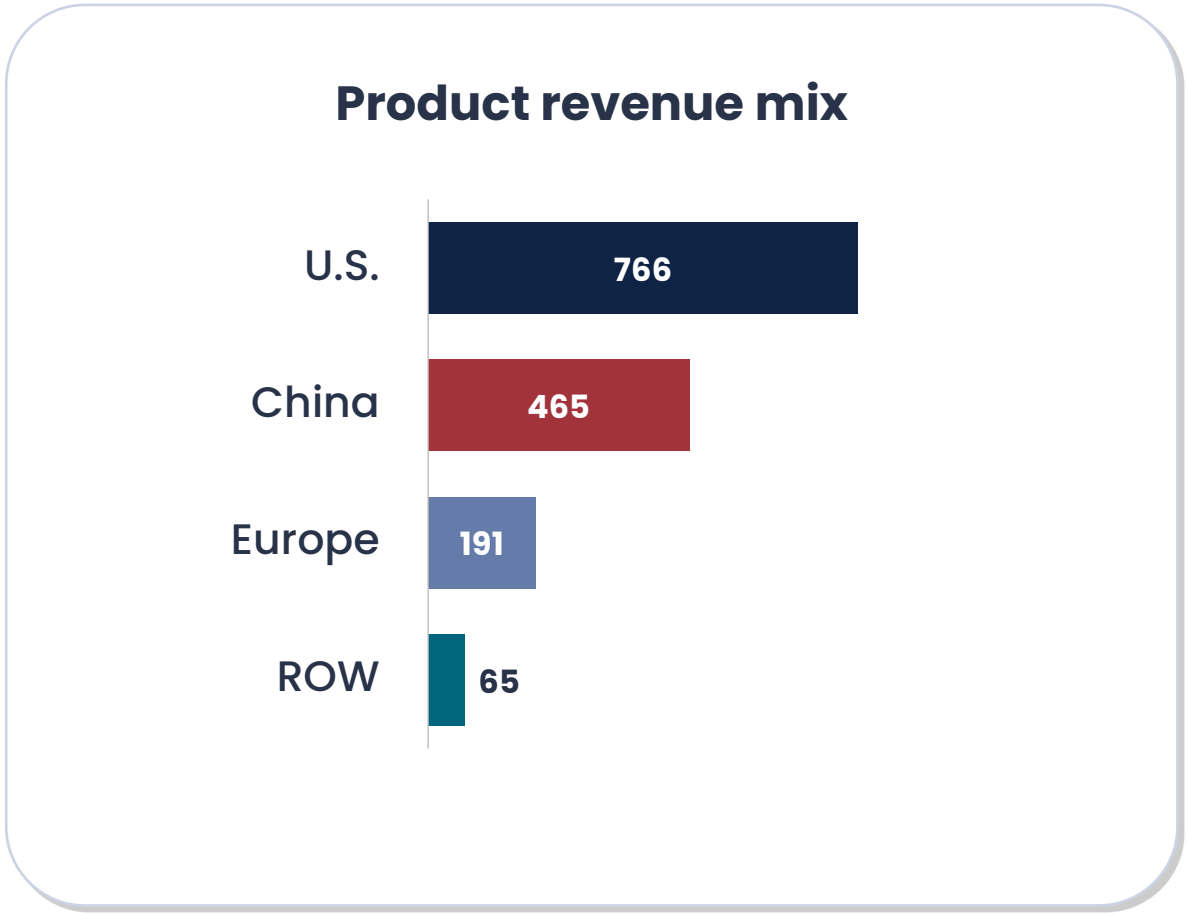
Commentary

- **BRUKINSA**: +38%
  - Sustained BTK leadership in the U.S.
  - Strong underlying demand growth while maximizing value share
- **TEVIMBRA**: +20%
  - Continued China leadership
  - Other global markets (U.S., EU, ROW) contributing +11% of growth
- **In-licensed/other**: +27%
  - Amgen portfolio growth of 25%

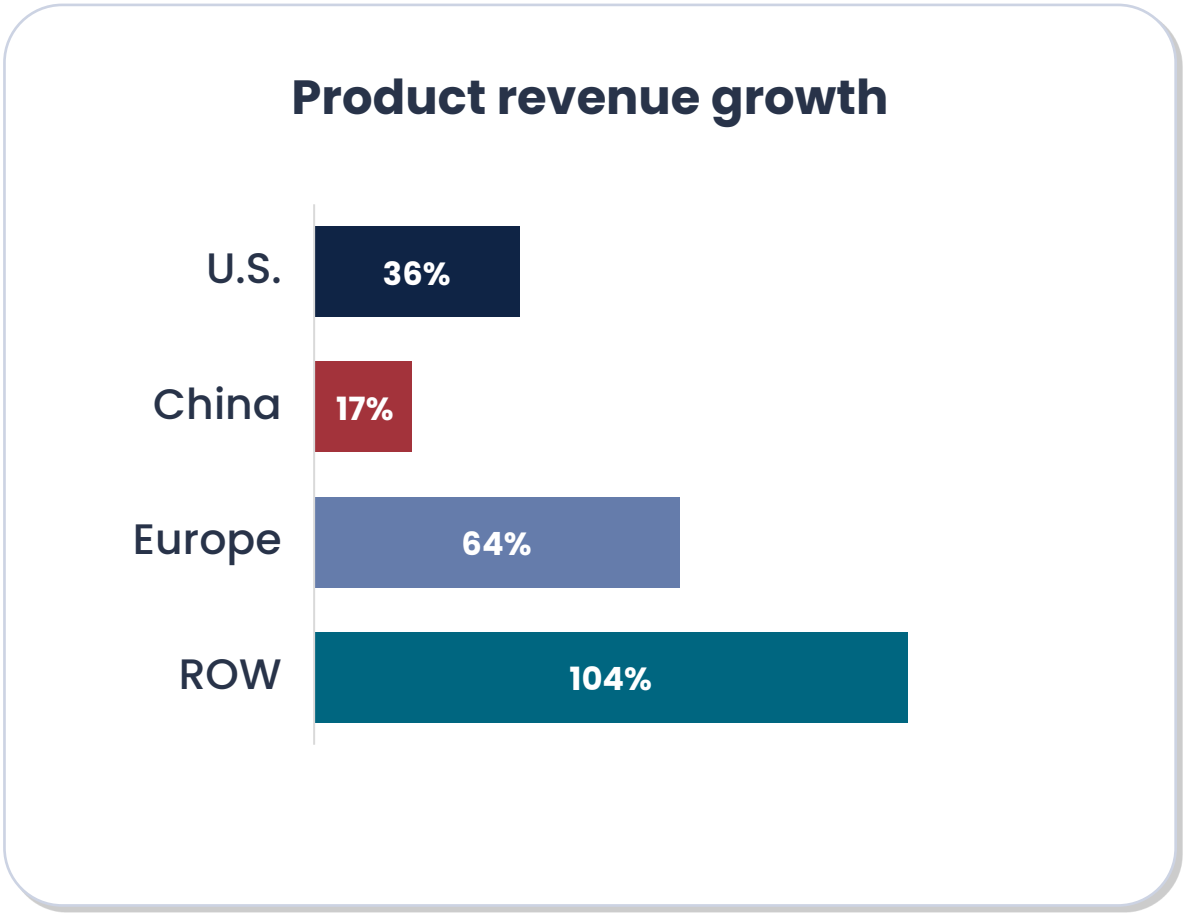
Growth % represents Q1 2026 vs. Q1 2025
Figures may not sum due to rounding

Q1 2026: diversified revenue mix and growth across all markets

$ in millions (Q1 2026)



Growth % (Q1 2026)



Growth % represents Q1 2026 vs. Q1 2025

Q1 2026: reported financial information (GAAP)

$ in millions (except per ADS)	Q1 2026	Q1 2025
Total revenue	1,513	1,117
Gross margin %	*89%*	*85%*
Total operating expenses	1,096	941
R&D	*541*	*482*
SG&A	*555*	*459*
Income from operations	250	11
Net income	227	1
Earnings per ADS - diluted	$ 1.96	$ 0.01
Cash flow from operating activities	201	44

Q1 2026: adjusted financial information (Non-GAAP)

$ in millions (except per ADS)	Q1 2026	Q1 2025
Total revenue	1,513	1,117
Gross margin %	*89%*	*85%*
Total operating expenses	938	817
R&D	*466*	*421*
SG&A	*472*	*396*
Adjusted income from operations[1]	414	139
Adjusted net income	375	136
Adjusted earnings per ADS[1] – diluted	$ 3.24	$ 1.22
Free cash flow[2]	161	(12)

[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	$6.2 - $6.4B	**$6.3 - $6.5B**
GAAP gross margin %[1]	High-80% range	High-80% range
GAAP operating expenses (combined R&D and SG&A)[2]	$4.7 - $4.9B	$4.7 - $4.9B
GAAP operating income[2]	$700 - $800M	**$750 - $850M**
Non-GAAP operating income[2, 3]	$1.4 - $1.5B	**$1.45 - $1.55B**

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 May 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 and Global Head of R&D

Progress across BeOne's growing pipeline

Hematology

BRUKINSA

- MANGROVE **Phase 3 TN MCL IA on track**, readout expected in 1H 2026

Sonrotoclax

- R/R MCL FDA PDUFA expected Q2 2026
- R/R MCL **submitted in EU**, added to ESMO MCL Guidelines

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+ GEA[1] submissions for TEVIMBRA and zanidatamab accepted by CDE; **sBLA for TEVIMBRA** accepted by U.S. FDA, **granted priority review**

Pipeline Update

- CDK4i **first site initiated for Phase 3** in 1L HR+/HER2- BC
- GPC3 x 4-1BB bsAb **enrolling potentially pivotal** HCC study
- **Exclusive option to license PD-1 x VEGF-A x CTLA-4 tsAb**[2]; expected to enter clinic in June

Immunology

- IRAK4 CDAC no longer pursuing Phase 2 RA study
- BTK CDAC CSU Phase 2 study on track to initiate by EOY

[1] Zymeworks/Jazz collaboration
[2] Huahui Health Bio collaboration

Building a deep, industry-leading pipeline in focused disease areas

Each target is paired with the optimal modality, enabled by state-of-art in-house technology platforms

Hematology

B-Cell Malignancies

AML/MDS

Solid Tumors

Breast

Lung

Gastrointestinal

I&I

Technology Platforms

CDAC

Novel Payload ADC

Allogenic Cell Therapy

Emerging Platforms (T cell engager, etc.)

Our pace of innovation continues to accelerate

2011–2020

11 NMEs including:

- Zanubrutinib (2014)
- Pamiparib (2014)
- Tislelizumab (2015)
- Sonrotoclax (2020)

2021–2023

10 NMEs including:

- BTK CDAC (2022)
- CDK4i (2023)
- HPK1i (2023)

2024–2025

18 NMEs including:

- PRMT5i
- KAT6A/Bi
- IRAK4 CDAC
- CDK2 CDAC
- GPC3 x 4-1BB bsAb
- EGFR x MET x MET tsAb
- B7-H4 ADC
- CEA ADC
- FGFR2b ADC
- EGFR x MET x MET tsADC

2026 and beyond

~8–10
NMEs per year[1]

Small molecule | Protein degrader | Bi/Tri-specific | mAb | ADC

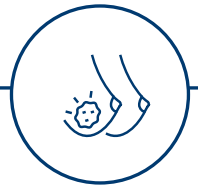
[1] Small molecules, protein degraders, Bi/tri-specifics, mAbs, ADCs, cytokines, cell therapies

A deep pipeline designed to deliver leadership across key disease areas

Hematology/ Oncology

- BTKi (BRUKINSA)
- BCL2i (sonrotoclax)
- BTK CDAC
- BAFFR x CD22 x CD3 tsAb[1]
- CD19 x CD20 x CD3 tsAb[1]
- CD19iγδT cell therapy[1]
- KAT6A/Bi[1]

Breast/ Gynecologic



- CDK4i
- B7-H4 ADC[2]
- CDK2 CDAC
- KAT6A/Bi
- BCL2i (21447)
- Claudin6 x CD3 bsAb

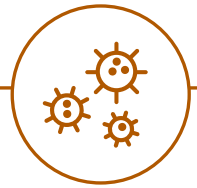
Lung

- PRMT5i
- CEA ADC
- EGFR x MET x MET tsAb
- EGFR x MET x MET tsADC
- ADAM9 ADC
- PD-1 x VEGF-A x CTLA-4 tsAb[1,3]
- B7-H3 x ITGB6 bsADC[1]
- KEAP1 activator[1]

Gastrointestinal

- GPC3 x 4-1BB bsAb
- PRMT5i
- CEA ADC
- FGFR2b ADC
- HPK1i
- RAS(ON)i[1]

Immunology/ Inflammation



- BTK CDAC
- IRAK4 CDAC
- KLRG1 mAb

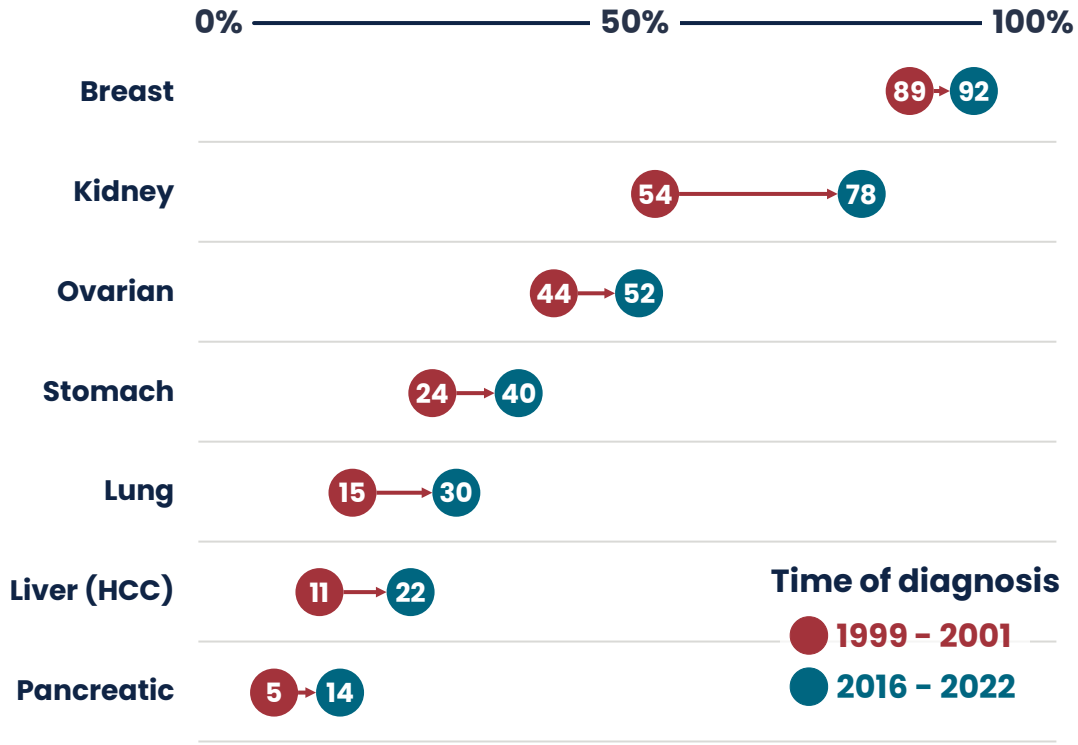
[1] Expected to enter the clinic in 2026
[2] DualityBio collaboration
[3] Huahui Health collaboration

2026 marks an inflection year for our solid tumor portfolio, with a new wave of programs advancing toward registration

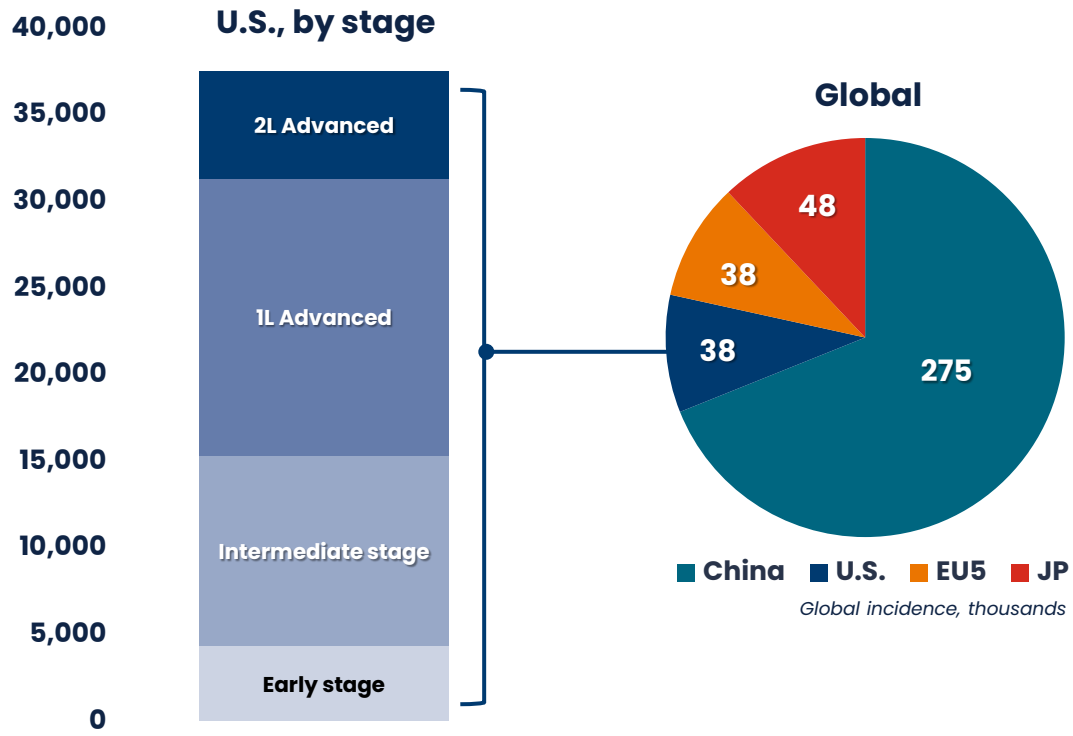
CDK4i	• Superior potency and selectivity vs. atirmociclib • High ORR signal and emerging BIC hematologic toxicity profile; data disclosure at ASCO • First site initiated for Phase 3 in 1L HR+/HER2- BC
B7-H4 ADC	• Promising efficacy and safety in gynecologic and breast cancers • Initial Phase 3 in ovarian cancer in active development • Upcoming oral presentation at ASCO
GPC3 x 4-1BB bsAb	• First-in-class bispecific with promising monotherapy efficacy in late line HCC patients • Enrolling potentially pivotal study in HCC • Upcoming oral presentation at ASCO
PRMT5i	• Best-in-class features with potency, selectivity, and brain penetration • Initiated combination trial with tislelizumab and chemotherapy in 1L NSCLC • Data disclosure expected in 2H 2026
CEA ADC	• Promising monotherapy activity in heavily-pretreated patients with CEA-expressing cancers • Pivotal trials in planning • Data disclosure expected in 2H 2026

HCC represents one of the largest unmet needs in oncology

5-year survival rate in U.S. (%)[1]



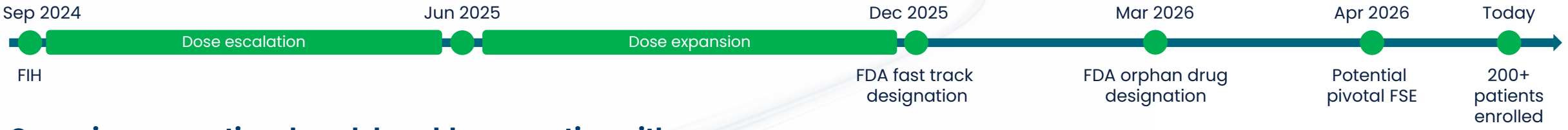
HCC incidence[2]



[1] SEER, accessed April 2026
[2] DRG 2025, HCC staging based on BCLC

Accelerating GPC3 x 4-1BB

19 months from FIH to first patient enrolled in a potentially registrational study

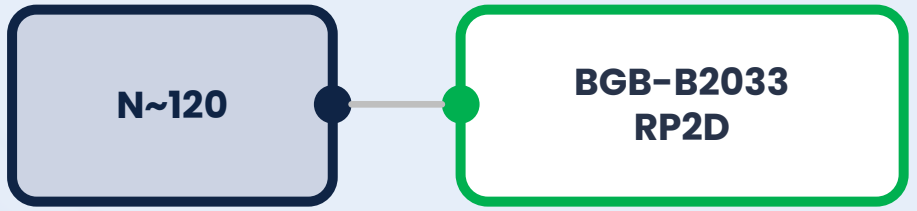


Our unique operational model enables execution with urgency:

- Dose escalation completed at **5.8 weeks per cohort**
- Enrolled **200+ patients**[1] in 20 months, including over 45 patients in 1L HCC in combination with tislelizumab and bevacizumab
- Global regulatory consultations ongoing

Key eligibility criteria:

- Confirmed diagnosis of HCC
- Have received prior treatment for advanced disease
- Child-Pugh A
- Tumor tissue available for GPC3 testing



Treatment until PD or unacceptable toxicity

Primary endpoint

- ORR per IRC

Secondary endpoints

- DOR
- PFS, OS
- Safety

Data cutoff: May 1

What to expect at ASCO 2026

24 abstracts accepted, including 3 oral presentations and 15 poster presentations

BGB-43395, CDK4i

- **Presenting author**
  Dr. Shom Goel
- **Session title**
  Poster Session - Breast Cancer - Metastatic
- **Poster number:** 180
- **Session date/time**
  June 1, 2026, 1:30-4:30 PM CDT

BG-C9074, B7-H4 ADC[1]

- **Presenting author**
  Dr. Binghe Xu
- **Rapid oral abstract session**
  Developmental Therapeutics - Molecularly Targeted Agents and Tumor Biology
- **Session date/time**
  June 2, 2026, 9:45-11:15 AM CDT

BGB-B2033, GPC3 x 4-1BB bsAb

- **Presenting author**
  Dr. Hong Jae Chon
- **Rapid oral abstract session**
  Developmental Therapeutics - Molecularly Targeted Agents and Tumor Biology
- **Session date/time**
  June 2, 2026, 9:45-11:15 AM CDT

Join us at ASCO for an Investor Relations event on June 1st

[1] DualityBio collaboration

We continue to execute our strategy and prioritize our pipeline

Additional data disclosures this year

PRMT5i, CEA ADC

Recently entered the clinic

ADAM9 ADC, KLRG1 mAb

Data-driven deprioritization

CDK2i, EGFR CDAC, MAT2Ai, PanKRASi

R&D strategy

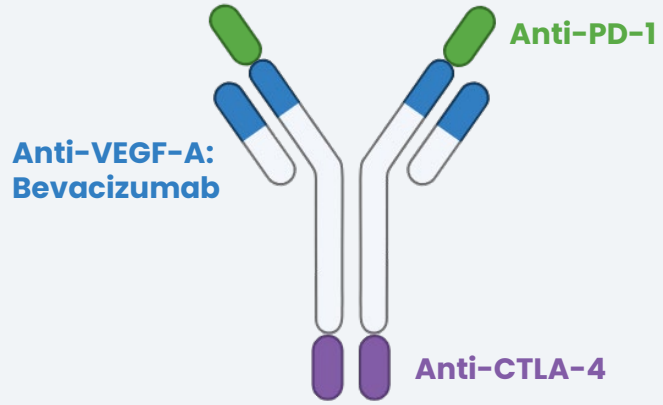
Create globally competitive molecules with leading science and execute Fast-to-POC

Advance only most promising assets into late-stage development

BON-110[1]: PD-1 x VEGF-A x CTLA-4 trispecific antibody
Potential IO-backbone for BeOne solid tumor pipeline

- Differentiated from PD-(L)1 x VEGF bsAbs by addition of anti-CTLA-4 MoA, potentially delivering longer overall survival
- Broad combination opportunities across BeOne's portfolio assets, including ADCs and 4-1BB bispecific antibodies
- Favorable pharmacologic properties and a tolerable preclinical safety profile
  - Predicted good target coverage and a desirable PK profile
  - Silenced Fc to mitigate CTLA-4-related irAE toxicities
- FIH on track for June 2026

BON-110 format design



[1] Huahui Health collaboration

BeOne key 2026 catalysts

✓ achieved ● planned

	Milestone	H1 2026	H2 2026
Hematology	Phase 3 BRUKINSA+R vs. BR in 1L MCL (MANGROVE) interim analysis	●	
	Sonrotoclax R/R MCL U.S. approval	●	
	Phase 3 BRUKINSA+sonrotoclax in TN CLL vs. AV initiation	✓	
	Phase 3 Sonrotoclax triplet in 2L+ t(11;14) MM initiation		●
	Phase 2 BTK CDAC in R/R CLL potential AA submission		●
Solid Tumors	Phase 3 CDK4i in 1L HR+/HER2- BC initiation	●	
	TEVIMBRA Phase 3 1L HER2+ GEA U.S./CN submission and U.S. approval	✓	●
	Zanidatamab[1] Phase 3 1L HER2+ GEA CN submission	✓	
	GPC3 x 4-1BB bsAb potentially pivotal trial initiation	✓	
Inflammation and Immunology	BTK CDAC Phase 2 CSU study initiation		●
	IRAK4 CDAC Phase 1/2 data readout in RA *(no longer pursuing RA)*		

[1] Zymeworks/Jazz collaboration

Q&A

Appendix

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted income from operations

$ in millions	Q1 2026	Q1 2025
GAAP income from operations	250	11
Plus: Share-based compensation	123	95
Plus: Depreciation expense	39	32
Plus: Amortization expense	2	1
Adjusted income from operations	414	139

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted net income

$ in millions	Q1 2026	Q1 2025
GAAP net income	227	1
Plus: Share-based compensation	123	95
Plus: Depreciation expense	39	32
Plus: Amortization expense	2	1
Plus: Impairment of equity investments	-	12
Plus: Discrete tax items	4	5
Plus: Income tax effect of non-GAAP adjustments	(20)	(11)
Adjusted net income	375	136

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted EPS per ADS - basic

	Q1 2026	Q1 2025
GAAP EPS per ADS - basic	2.05	0.01
Plus: Share-based compensation	1.11	0.89
Plus: Depreciation expense	0.35	0.30
Plus: Amortization expense	0.02	0.01
Plus: Impairment of equity investments	-	0.12
Plus: Discrete tax items	0.03	0.05
Plus: Income tax effect of non-GAAP adjustments	(0.18)	(0.11)
Adjusted EPS per ADS - basic	$3.38	$1.27

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted EPS per ADS - diluted

	Q1 2026	Q1 2025
GAAP EPS per ADS – diluted[1]	1.96	0.01
Plus: Share-based compensation	1.07	0.86
Plus: Depreciation expense	0.34	0.28
Plus: Amortization expense	0.02	0.01
Plus: Impairment of equity investments	-	0.11
Plus: Discrete tax items	0.03	0.05
Plus: Income tax effect of non-GAAP adjustments	(0.18)	(0.10)
Adjusted EPS per ADS - diluted	$3.24	$1.22

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to free cash flow

$ in millions	Q1 2026	Q1 2025
Net cash provided by operating activities (GAAP)	201	44
Less: Purchases of property, plant and equipment	(41)	(56)
Free cash flow	161	(12)

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to Non-GAAP Operating Income Guidance for Full Year 2026

$ in millions			
GAAP Operating Income	750	-	850
Plus: Adjustments to arrive at Non-GAAP[1]	700	-	700
Non-GAAP Operating Income	1,450		1,550

Figures may not sum due to rounding

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
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
CDK4i	Cyclin-dependent kinase 4 inhibitor
CEA	Carcinoembryonic antigen
cGVHD	Chronic graft vs. host disease
CI	Confidence interval
CLL	Chronic lymphocytic leukemia
CLL/SLL	Chronic lymphocytic leukemia/Small lymphocytic leukemia
CSU	Chronic spontaneous urticaria
D	
DOR	Duration of response
E	
EHA	European Hematology Association
EPS	Earnings per share
EGFR	Epidermal growth factor receptor
EOY	End of year
ESMO	European Society For Medical Oncology
EU	European Union
F	
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
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
MZL	Marginal zone lymphoma
N	
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	
ORR	Objective response rate
OS	Overall survival
P	
PDUFA	Prescription Drug User Fee Act
PFS	Progression free survival
PK	Pharmacokinetics
p-value	Probability value
PoC	Proof of concept
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
S	
SG&A	Selling, General, and Administrative
SLL	Small lymphocytic lymphoma
T	
TEAEs	Treatment-emergent adverse events
TLS	Tumor lysis syndrome
TN	Treatment naïve
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	
Z	
ZS	Zanubrutinib + sonrotoclax