BeyondSpring PHARMACEUTICALS

Turning the Tide in Cancer Therapy

Plinabulin - Redefining Oncology Efficacy and Tolerability

NASDAQ: BYSI

November 2026

Non-Confidential

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By attending this presentation, you acknowledge that you will be solely responsible for your own assessment of the market and our market position and that you will conduct your own analysis and be solely responsible for forming your own view of the potential future performance of our business.

Company Highlights

BYSI: Oncology-focused Global Biotech

- **Company Overview**
  Founded 2010 | New Jersey-based, Nasdaq-listed since 2017
- **Late-Stage Clinical Asset**
  First-in-Class anti-cancer agent Plinabulin
- **Equity owner of SEED Therapeutics**
  Clinical-Stage Molecular Glue Co. with investments from Eli Lilly & Eisai

Plinabulin: Durable Anti-cancer Efficacy and Bone Marrow Protection

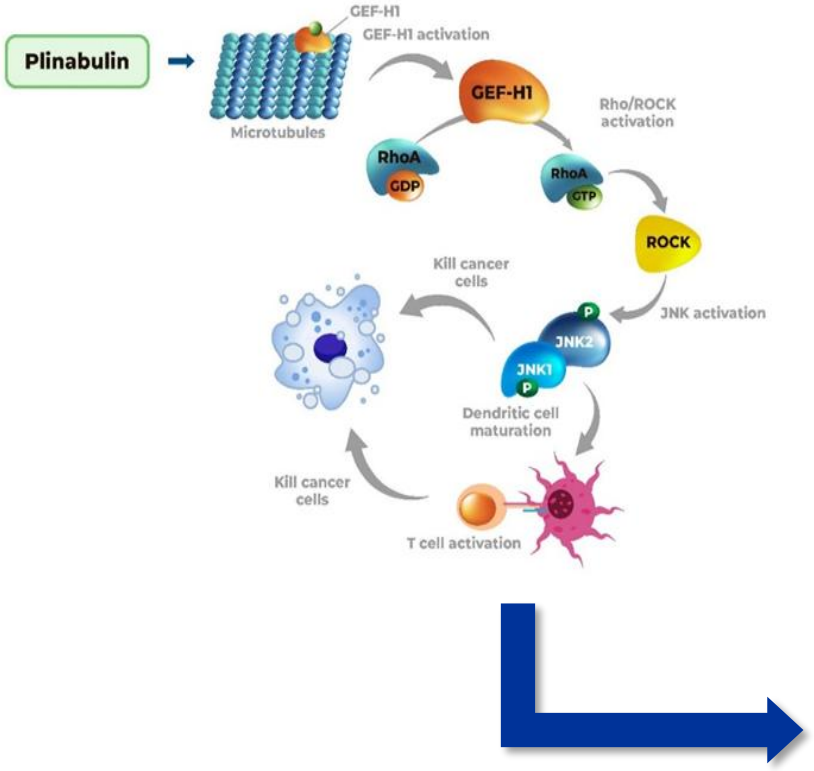
- **Unique MoA**
  GEF-H1–mediated dendritic-cell (DC) maturation and chemotherapy-induced neutropenia (CIN) mitigation
- **Clinical Efficacy & Safety**
  700+ cancer patients treated; Phase 3 OS benefit in 2L/3L EGFR WT NSCLC
- **Long-Term IP Protection**
  Composition-of-matter protection through 2036 (potentially extendable through 2041)

DUBLIN-4: Confirmatory Global Phase 3 in Post-ICI NSCLC, FDA Fast Track

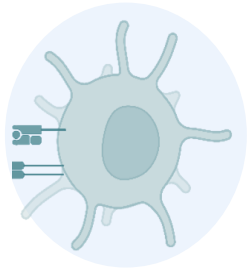
- **Mechanism-based Population**
  Post-ICI, non-squamous NSCLC with no actionable driver alternations
- **Clear Regulatory Pathway**
  442-patient confirmatory Phase 3; OS primary endpoint
- **Experienced Team & Partners**
  Proven global execution and successful NDA experience

Plinabulin: Dual Immunomodulatory and Neutropenia-Mitigating Activity

Plinabulin releases GEF-H1 from microtubules, promoting dendritic-cell maturation and reducing CIN [1-6]

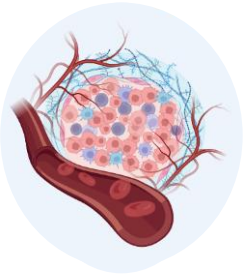


DC Maturation & APC Activation



Targets Acquired Resistance from ICI

Tumor Vasculature Modulation



Targets Non-squamous NSCLC

Increase Chemotherapy Treatment Cycles & Maintain Dose Intensity



Reduces Chemotherapy-induced Neutropenia

1. La Sala et al., ***Chem*** 5(11): 2969-2986 (2019); 2. Kashyap et al., ***Cell Reports*** 28(13): 3367-3380 (2019); 3. Choi et al. ***Cell*** 189 (2): 461-477 (2026); 4. Tonra JR (2020) ***Cancer Chemother Pharmacol*** 85:461; 5. Blayney DW (2020) ***JAMA Oncol*** 6(11):e204429; 6. Chan DCH (2021) ***Blood Advances*** 5(16):3120

DUBLIN-4 Targets a Large, Underserved Post-ICI NSCLC Population

Despite strong first-line success, treatment options after progression remain limited

ICI annual sales at ~$60 billion; Post-ICI Unmet Need



Plinabulin overcomes ICI resistance via DC maturation & APC activation

Limited Treatment Options for Post-ICI NSCLC without Driver Alteration

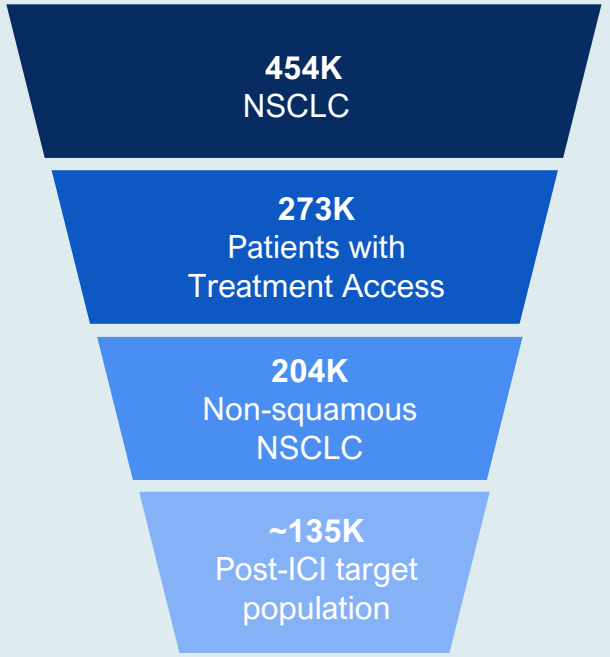


- Median OS: **~9-11 months**
- **40%** experience severe neutropenia

12 Phase 3 Studies with no OS Benefit vs. Docetaxel

- **8 global trials** including anti-PD-(L)1 combos **did not improve OS vs. docetaxel** [1, 2]
- **4 global trials** including ADC drugs **did not improve OS vs. docetaxel**

Projected NSCLC Patient Pool (US + EU5[3])



Potential patient pool ~135K (2037 estimated[4])

1. Malinou J et al., ASCO 2024; 2. Dragnev KH et al. ASCO 2025;
3. EU5 represents Germany, France, United Kingdom, Italy and Spain; 4.2037E represents the estimated patient pool at projected peak sales, assumed seven years post-launch.

12 Phase 3 Studies with No OS Benefit vs. Docetaxel in Post-ICI EGFR WT NSCLC

Phase 3 study	Patient Population	Study Design	median OS (M)	OS HR	P value
SAPPHIRE	2/3L, non-squamous	Sitravatinib (TKI) + Opdivo (PD-1) vs. docetaxel	12.2 vs. 10.6	Non-squamous HR=0.86	p=0.144
LEAP-008[1]	2L, non-squamous and squamous	Lenvima (TKI) + pembrozulimab (PD-1) vs. docetaxel	11.3 vs. 12.0	HR=0.98 Non-squamous: HR=0.96	p=0.434
CONTACT-01	2L, non-squamous and squamous	Cabozantinib (TKI) + Atezolizumab (PD-L1) vs. docetaxel	10.7 vs. 10.5	HR=0.88	p=0.3668
EVOKE-01	3L, non-squamous and squamous	Sacituzumab govitecan (ADC) vs. docetaxel	11.1 vs. 9.8	HR=0.84	p=0.0534
CARMEN-LC03	2L, non-squamous	Tusamitamab Ravtansine (ADC) vs. docetaxel	12.8 vs. 11.5	Non-squamous HR=0.85	p=0.112
CANOPY-2	2L, non-squamous and squamous	Canakinumab(IL-1b Ab)+docetaxel vs. docetaxel	10.6 vs. 11.3	HR=1.06	p=0.633
TROPION-Lung01	2L, non-squamous and squamous	Dato-DXd (ADC) vs. docetaxel	12.9 vs. 11.8 Non-squamous：14.6 vs. 12.3	HR=0.94 Non-squamous: HR=0.84	p=0.530
PRAGMATICA-LUNG[2]	2L, non-squamous and squamous	Ramuciramab (VEGFR Ab)+pembrozulimab (PD-1) vs. SOC	10.1 vs. 9.3	HR=0.99	p=0.46
COSTAR[3]	2L, non-squamous and squamous	TIM-3+PD-1+docetaxel vs. PD-1+docetaxel vs. docetaxel	11.9 vs. 11.8 vs. 11.3	HR=0.85 (triple vs. D); HR=0.96 (double vs. D)	p=0.08; p=0.37
LATIFY[4]	2L, non-squamous and squamous	Durvalumab (PD-L1) +Ceralasertib (ATR inhibitor) vs. docetaxel	11.1 vs. 10.0	HR=0.90	p=0.287
ABBIL1TY	2L, non-squamous and squamous	Acasunlimab (Biospecific PD-L1x4-1BB)+pembrozulimab (PD-1) vs. docetaxel	Program Discontinued	-	-
SigVie-002	2L/3L, non-squamous	Sigvotatug vedotin (ADC) vs. docetaxel	11.9 vs. 11.5	HR=0.929	P=0.226

1. Malinou J et al., ASCO 2024; 2. Dragnev KH etal. ASCO 2025; 3. ESMO IO and Technology 2025; 4. ELCC 2026; 5. ESMO 2026

DUBLIN-3: Phase 3 Foundation for DUBLIN-4

DUBLIN-3 Study: 2L/3L EGFR WT NSCLC after progression on platinum therapy

N=559

R

Single-Blind • Randomized
1:1 ratio; 21-days per cycle

DP:
Docetaxel
(75 mg/m2, day 1)
+ **Plinabulin**
(30 mg/m2, day 1, 8)

D:
Docetaxel
(75 mg/m2, day 1)
+ Placebo (day 1, 8)

- **Geography**

  ~87% China / ~13% U.S. & Australia
- **Limited Prior PD-(L)1 Exposure**
- **Primary Endpoint**

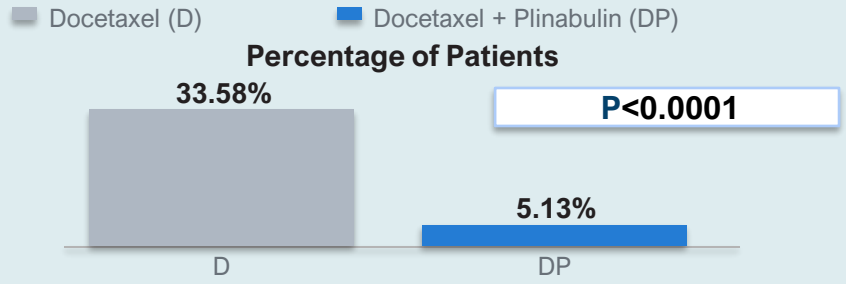
  Overall Survival — Met

Lancet Respir Med 12(10): 775-786 (2024)

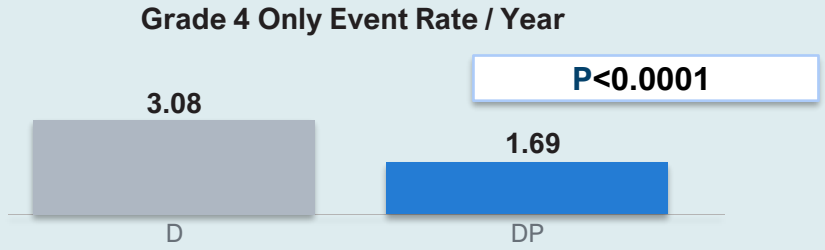
Established Safety Benefit

DP with significantly lower Grade 4 Neutropenia

- All Cycles Day 8 - Day 8 is ANC nadir for docetaxel



DP has more cycles of treatment;
DP with significantly lower exposure-adjusted Grade 4 AEs



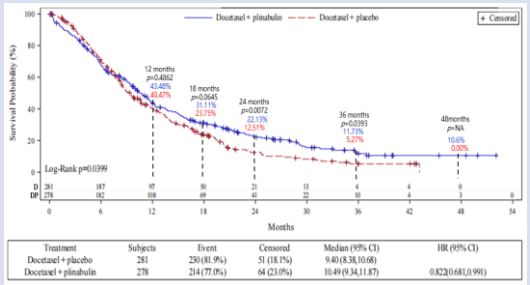
Clinical Efficacy Supports DUBLIN-4 Plinabulin-Mechanism Patient Selection

DUBLIN-3 efficacy in post-ICI subgroup signal and Study 303 prospective study data provide the clinical rationale for DUBLIN-4 in a Plinabulin-mechanism targeted population:

- **Non-squamous NSCLC + Progressed on ICI**

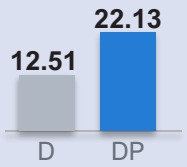
DUBLIN-3 Phase 3 (ITT)

- Global randomized study
- EGFR WT 2L/3L NSCLC (N=559)
- OS HR=0.82, log rank p=0.0399

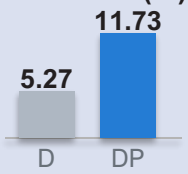


Docetaxel Docetaxel + Plinabulin

24-mo OS (%)



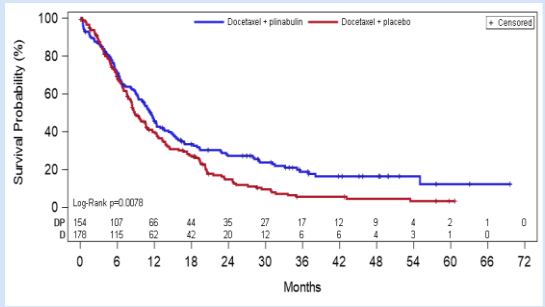
36-mo OS (%)



Phase 3 long-term OS benefit

DUBLIN-3 Non-squamous

- Non-squamous (N=332)



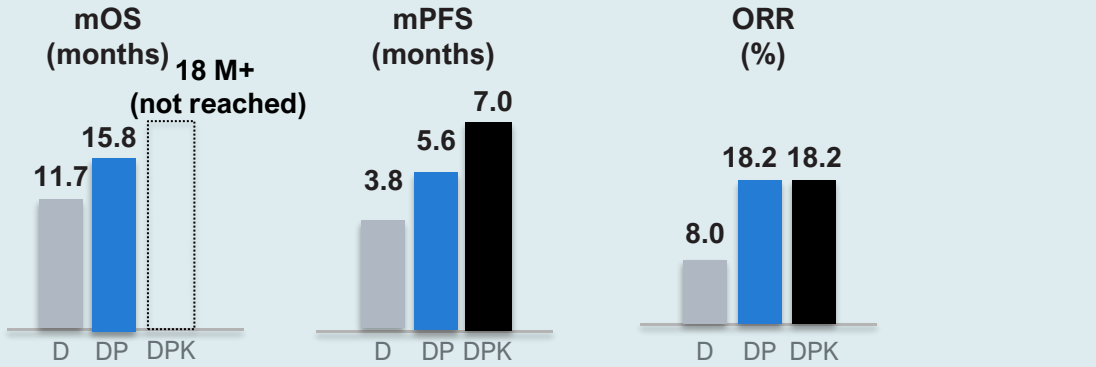
- mOS: 11.37 vs. 8.81 mo
- OS HR 0.72
- Log rank p=0.0078

mOS extension of 2.5 months

DUBLIN-3 Post Hoc[1] + Study 303 Prospective[2] in NSCLC Post-ICI

1. **DUBLIN-3 Post-hoc:** Non-squamous, post-ICI EGFR WT NSCLC (D: n=25; DP n=22)
2. **Study 303 Prospective:** post-ICI NSCLC (n=47)

Docetaxel (D) Docetaxel + Plinabulin (DP) Docetaxel + Plinabulin + PD-1 Keytruda (DPK)



DUBLIN-3 (DP vs. D)
OS HR 0.55; PFS HR 0.67;
ORR 18.2% vs 8.0%.

Study 303 (DPK)
2-year OS 58%; DCR 80%;
mPFS 7.0 M, ORR 18.2%.

Data from both studies showed superior OS, PFS, and ORR vs. historical data of SOC docetaxel in a similar population
(Docetaxel: mOS 11.8 M, mPFS 3.8 M, ORR 12.8%[3])

1. DUBLIN-3: *Lancet Respir Med 2024*

2. 303 Study: ASCO 2026; 3. Thoracic Oncology 43(3): 260-272 (2024)

DUBLIN-4 at a Glance: Confirmatory Global Phase 3 Study, FDA Fast Track Designation

Docetaxel + Plinabulin vs. Docetaxel in Post-ICI, Driver-Negative Non-Squamous NSCLC

Target Population

Post-ICI Non-Squamous NSCLC

- EGFR / ALK / ROS1 / RET WT
- Prior ICI PFS ≥3 months
- ECOG 0–1

Planned Enrollment

~50% China/

~50% Western Regions

N=442

R

Double-Blind • Randomized
1:1 ratio; 21-day per cycle

DP:
Docetaxel
(75 mg/m2, day 1)
+ **Plinabulin**
(30 mg/m2, day 1, 8)

D:
Docetaxel
(75 mg/m2, day 1)
+ Placebo (day 1, 8)

Start
2026-2027

Interim Analysis: 221 PFS Events
2028E

Endpoints

Primary

Overall Survival (OS)

Key Secondary

- PFS • ORR
- Grade 4 Neutropenia
- 2-/3-Year OS
- DoR • DCR • PROs

Why We Can Deliver DUBLIN-4

Experienced Team
Global oncology & regulatory experience

Phase 3 Track Record
2 completed Phase 3 programs

Established Clinical Network
Sites, investigators & CRO partners

DUBLIN-3 Know-How
Directly informs DUBLIN-4 execution

Plinabulin: One Drug, Multiple Clinical Pipelines

700+ patients treated with Plinabulin

Indication/ Target	Program	Preclinical	Phase 1	Phase 2	Phase 3	Registration	Trial Name
NSCLC (2^{nd}/3^{rd} line)	Plinabulin + Docetaxel						Study 103 (DUBLIN-3)
CIN Prevention	Plinabulin alone or + Pegfilgrastim						Studies 105 & 106 (PROTECTIVE-1 & PROTECTIVE-2
NSCLC (2L/3L) progressed on PD-1/L1 Inhibitor	Plinabulin + Pembrolizumab + Docetaxel						Study 303
ES-SCLC (1L)	Plinabulin + Pembrolizumab + Etoposide / Platinum						Study 302
Eight types of cancers Failed PD-1/L1 Inhibitor	Plinabulin + PD-1/PD-L1 + Radiation			**DCR 54%** Plinabulin combination across ICI-failed cancers	**DC Maturation** Rapid DC maturation marker upregulation		
Breast Cancer, NSCLC	Plinabulin + ADC with topoisomerase inhibitors (TOP1-ADC) +/- PD-1 inhibitor			**Tolerability ↑** Improve tolerability in ADC combo	**CR + Survival ↑** Improved survival in ADC combo	**CD8/Treg ↑** Immune-active TME signal	

Plinabulin: Clear Path to Value Creation in NSCLC & Beyond

From Clinical Evidence to DUBLIN-4 and Commercial Potential



DIFFERENTIATED ASSET

Clinical & Safety Evidence

- Novel GEF-H1 mechanism
- >700 pts treated; Positive Phase 3 OS
- Increased chemotherapy treatment cycles and significant reduction in CIN



PHASE 3 OPPORTUNITY

DUBLIN-4 – MoA targeted NSCLC post-ICI

- 442-patient global confirmatory study with OS as primary endpoint
- Interim analysis expected 2028



VALUE CREATION

Market & Commercial Path

- Large post-ICI patient population
- Long-term commercial potential

Experienced Leadership and SAB Support to Drive Successful Clinical Execution



Min Qiu
Chief Executive Officer

Biopharma leader with 10+ years in strategy, financing, business development at public traded companies and China Merchants Bank.



June Lu, PhD
Chief Scientific Officer

R&D leader with 26 years of experience at Endocyte/ Novartis. Areas include cancer, autoimmunity, drug resistance, CAR-T and RLT.



Na Li
Chief Financial Officer

Executive with 20+ years in FP&A, treasury, financing at BeyondSpring and public companies.



John Mao, PhD
SVP, Development

Biopharma leader with 30+ years in global development and regulatory strategy at Foresee and Cytokinetics.



Helein Li, MD
VP, Clinical Science

Clinical development leader with 20+ years in trials, regulatory strategy, and safety at BeyondSpring, Sanofi, Roche.



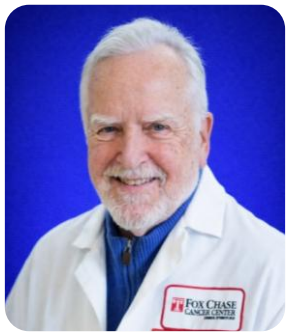
Hao Zhang
Senior Director, CMC

CMC leader with nearly 10 years in manufacturing, supply chain, and regulatory execution.



Joy Jia
VP, Finance

Finance leader with 10+ years of expertise in SEC reporting, SOX, FP&A, audits, capital markets, and controls.



John Ruckdeschel, MD
FOX Chase Cancer Center

Oncology leader with 30+ years of experience. Prior CEO at Moffitt, Karmanos, Mississippi cancer centers.



Adam Grippin, MD
MD Anderson Cancer Center

Physician-scientist advancing therapeutics, immunotherapy, and dendritic cell activation strategies.



Stephen Lin, MD
MD Anderson Cancer Center

Thoracic oncology physician-scientist advancing radiotherapy, immunotherapy, and biomarker-driven research in lung cancer.



Trevor Feinstein, MD
Piedmont Cancer Institute

Thoracic oncologist and research leader with expertise in lung cancer. Head of Lung at OneOncology in the US.



Alfred Zippelius, MD
University Hospital Basel

Translational oncology leader in cancer immunotherapy, checkpoint resistance, ADC, and cellular therapies.



Michel Steinmetz, PhD
Paul Scherrer Institute

Structural biology leader with 20+ years in microtubule research, cryo-EM, biophysics, and drug discovery.



William Decker, PhD
Baylor College of Medicine

Immunotherapy expert with 20+ years in dendritic cell biology and cellular therapies.

Complementary Board with Finance, Strategic and Business Excellence



Brendon Delaney

Director

Seasoned commercial leader with 25+ years' experience, leading global oncology product launches at Constellation, Immunomedics, Celgene, Novartis, and Genentech.



Jen Majeti, PhD, MBA

Vice Chairman

Biotech investor and pharma/biotech executive with 20+ years' research and business experience, leading global collaborations at Erasca, Roche, BioDuro, and Amgen.



Lan Huang, PhD

Co-Founder & Chairman

Biotech entrepreneur with 20+ years across U.S. and China; founder of multiple companies, MSKCC-trained scientist with *Science*/*Nature* publications, inventor with multiple patents.



Mathew Kirkby, MA

Director

Seasoned finance leader with over 20 years of global banking experience, with senior roles at HSBC, CIMB, RBS, and ABN AMRO across Asia and Europe.



Patrick Fabbio

Director

Seasoned CFO with 25+ years of financial leadership across public and private life science companies, including Protara, Progenics, Catalent, WindMIL, and Sanofi.



Sihai Xu, MBA

Director

Finance leader with nearly 30 years' experience in China, CFO and board member of public traded companies. Advisor for pre-IPO, IPO, and restructuring transactions across China and Hong Kong.

BeyondSpring PHARMACEUTICALS

Thank You

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