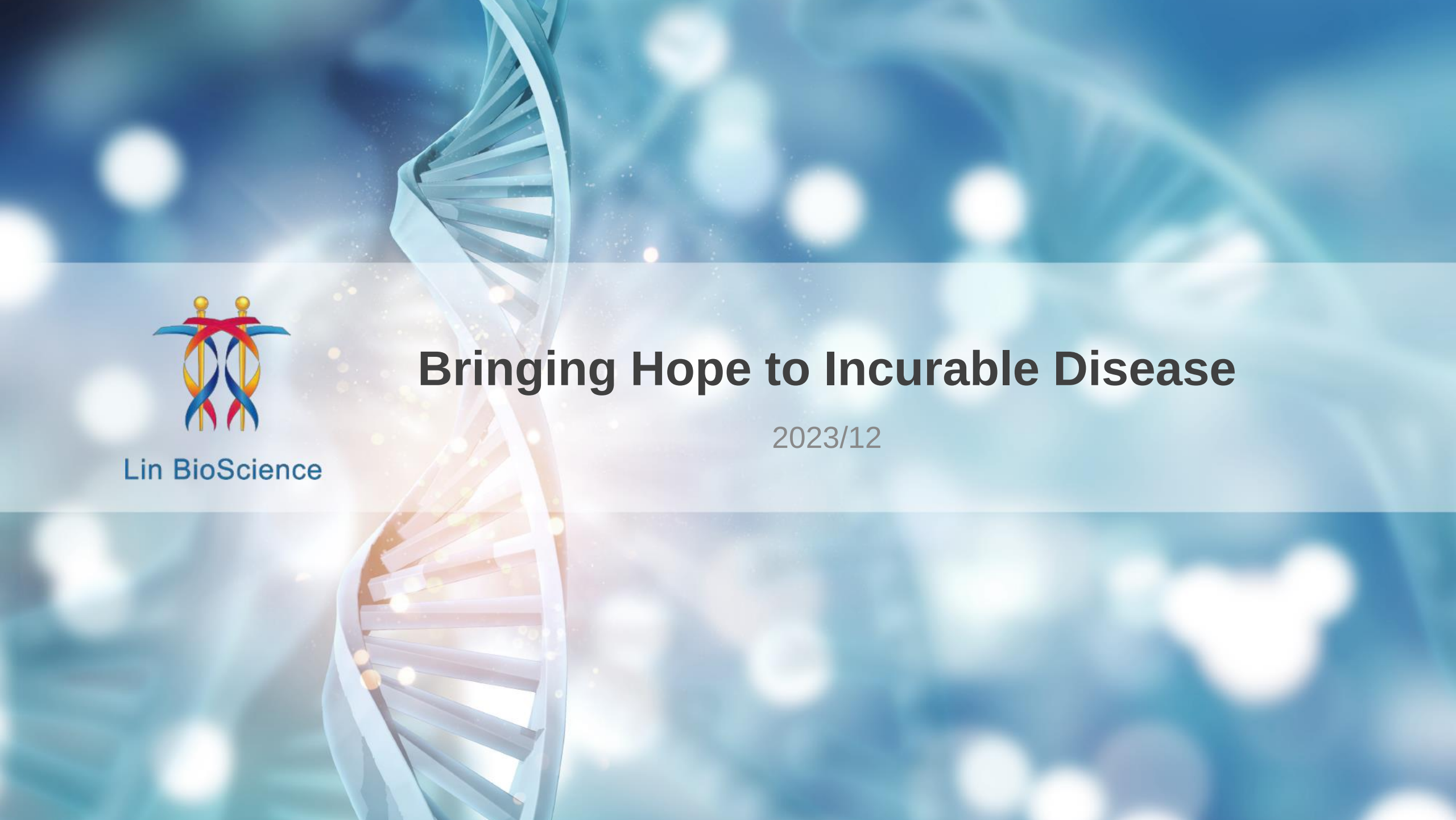

Lin BioScience

Bringing Hope to Incurable Disease

2023/12

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Novel Treatment for Unmet Medical Need

Lin BioScience, Inc. (TW TPEx: 6696) is a drug development company established in 2016 focusing on advancing novel therapies and first-in-class treatments for unmet medical needs in various therapeutic areas such as ophthalmology, oncology, and metabolic diseases. The Company's pipeline consists of RBP4 IP portfolio, CDC7 IP portfolio and 4 distinct small molecule drug candidates. LBS-008, targeted to treat Stargardt disease and dry age-related macular degeneration ("Dry AMD"), and LBS-009, targeted to treat NASH, derived from the RBP4 IP portfolio, are developed by Belite Bio, a subsidiary company of Lin BioScience. LBS-007, developed from the CDC7 platform technology and targeted to treat various cancers, and LBS-002, targeted to treat glioblastomas and metastatic brain tumors, are developed by Lin BioScience.

LBS-007 is a non-ATP competitive CDC7 inhibitor for the treatment of a broad array of cancers, especially for refractory/relapsed and late-stage cancers such as AML, ALL, ovarian cancer, pancreatic cancer, etc., which has entered phase 1 in 2022. LBS-007 treating ALL has been granted orphan drug designation (ODD) in the U.S..

LBS-008 is the only drug candidate intended to treat dry AMD within the current drug development projects of the NIH Blueprint Program ("BPN"), whose mission is to foster small-molecule neurotherapeutic development. The mechanism of action utilized by LBS-008 has been recognized and recommended as a priority for clinical development in both STGD1 and dry AMD in a systematic review published by the U.K. National Institute for Health Research, or the NIHR, in 2018. LBS-008 phase 3 for Stargardt disease is currently ongoing and has completed its enrollment in 2023/2H, with interim results expected in 2024/2H. LBS-008 has initiated its phase 3 for GA (dry AMD) in 2023 and is currently enrolling. LBS-008 has been granted fast track designation, rare pediatric disease designation (RPD) in the U.S., and orphan drug designation (ODD) in the U.S. and Europe.

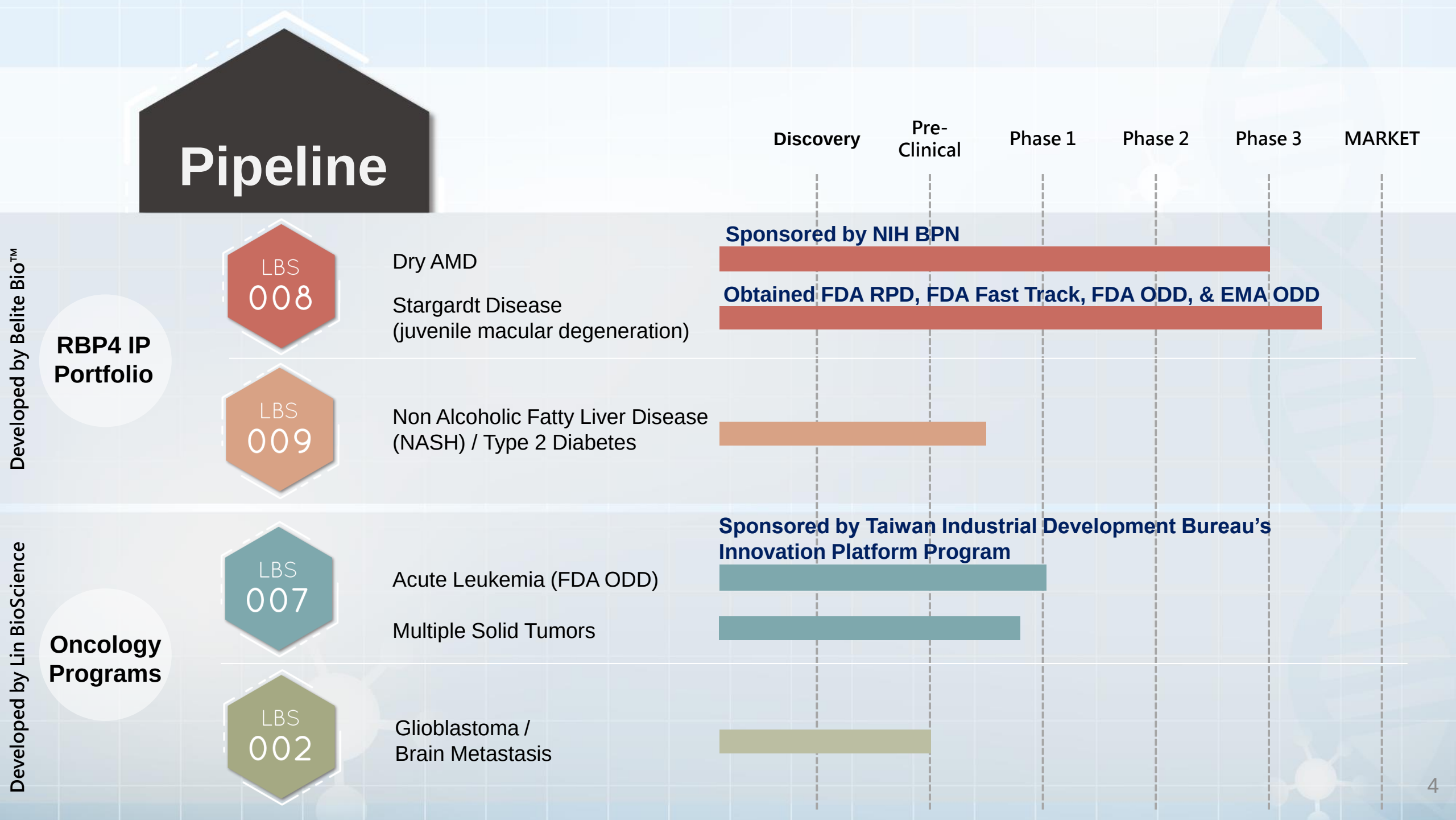
COLUMBIA UNIVERSITY

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center Making Cancer History®

NIH National Institutes of Health

NIH Blueprint Neurotherapeutics Network

Pipeline


Discovery
Pre-Clinical
Phase 1
Phase 2
Phase 3
MARKET
Developed by Belite Bio™
RBP4 IP Portfolio
LBS 008
Dry AMD
Stargardt Disease (juvenile macular degeneration)
Sponsored by NIH BPN
Obtained FDA RPD, FDA Fast Track, FDA ODD, & EMA ODD
LBS 009
Non Alcoholic Fatty Liver Disease (NASH) / Type 2 Diabetes
Developed by Lin BioScience
Oncology Programs
LBS 007
Acute Leukemia (FDA ODD)
Multiple Solid Tumors
Sponsored by Taiwan Industrial Development Bureau's Innovation Platform Program
LBS 002
Glioblastoma / Brain Metastasis

Chairman

Tom Lin, MMED, PhD, MBA
(Chairman)

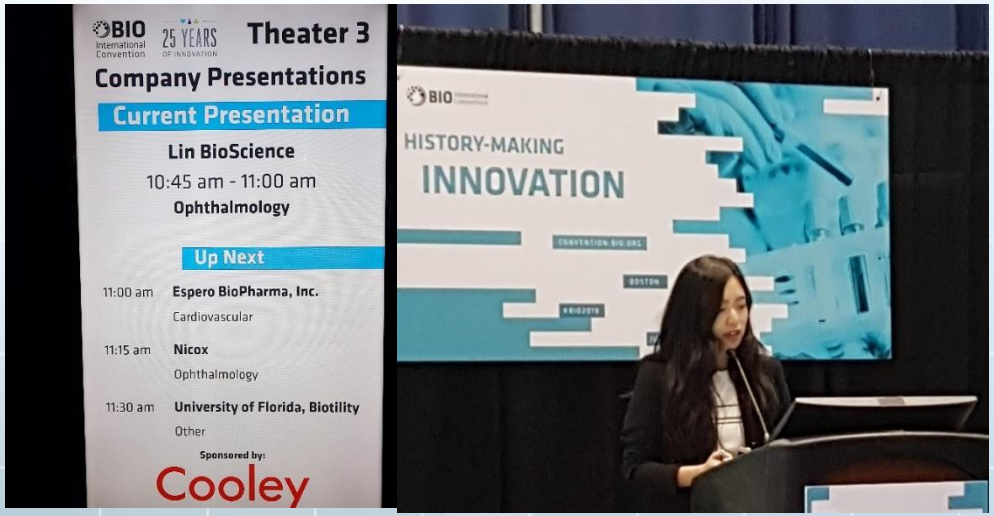
- **10+ years of executive management role in biotech, incl. 4 IPO (Lin BioScience & Belite)**
- **Multidisciplinary Specialization Clinical Training & Research in Neuroscience, Cardiovascular & Renal Medicine, Oncology, Immunology & Immunotherapy**

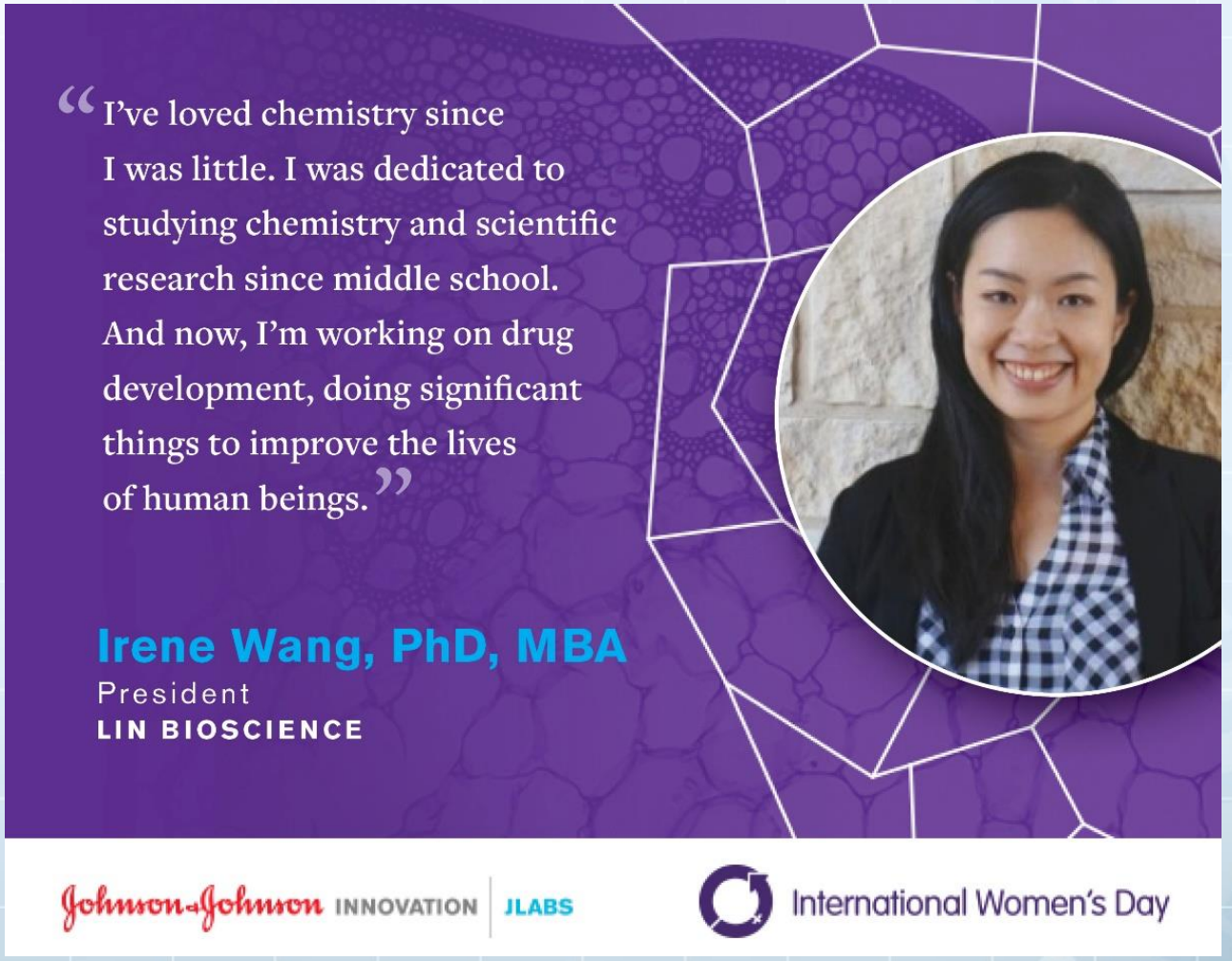
- **PhD in Medicine - University of Sydney**; Specialization: Neurology & Immunology
  - Treatment Strategies for Autoimmune Neuropathies
- **Specialist Certificate in Clinical Neuroscience - University of Melbourne**; Specialization: Neurology
  - Neurological Disorders, Neuroimaging & Diagnostics
  - Clinical Research & Design
- **Master of Medicine - University of Sydney**; Specialization: Multidisciplinary Medicine and Surgery
  - Medicine: Cardiovascular & Renal Medicine, Neonatal Medicine
  - Surgery: Vascular & Endovascular Surgery, Transplant Surgery
- **Cancer Therapeutics & Research Certificate - Harvard Medical School**
- **Master of Business Administration - Columbia University, London Business School, HK University**
- **Extensive Drug development from preclinical to global phase 3 trials**
  - Phase 3 – RBP4 Inhibitor for the Treatment of Atrophic Macular Degeneration & Stargardt Disease
  - Phase 2 – Oubain Antagonist in the Treatment of Essential Hypertension
  - Phase 2 – SERCA2a Inhibitor in the Treatment of Acute Heart Failure
  - Phase 2 – Pan-HER Inhibitor in the Treatment of HER2+ Breast Cancer and Gastric Cancer
  - Phase 3 – Anti-Glycan Active Immunotherapy in the Treatment of Metastatic Breast Cancer
  - Phase 3 – Anti-α4 integrin Antibody in the Treatment of Resistant-Refractory Multiple Sclerosis
  - Phase 2 – mTOR Immunosuppressant in the Treatment of Autoimmune Peripheral Neuropathies
  - Co-invented and applied 64 patents

Management Team

Irene Wang, PhD, MBA (President & CSO)

- PhD in Biochemical Sciences, National Taiwan University, Trained at Scripps Research (TSRI), EMBA from University of California San Diego
- Co-invented and applied 125 patents and published 6 papers
- Extensive Drug development from preclinical to global phase 3 trials and **3 IPOs (including Lin BioScience and Belite Bio)**





Management Team

Yvonne Chen (COO)

- Certified pharmacist & master in Science (Medicinal Chemistry) from National Taiwan University
- Served as Global Project Lead and Manager in Pfizer Taiwan
- Vast experience in clinical trial management and regulatory submissions with over 50 studies in various indications and **3 IPOs (including Lin BioScience and Belite Bio)**

Serena Chen, CPA (CFO)

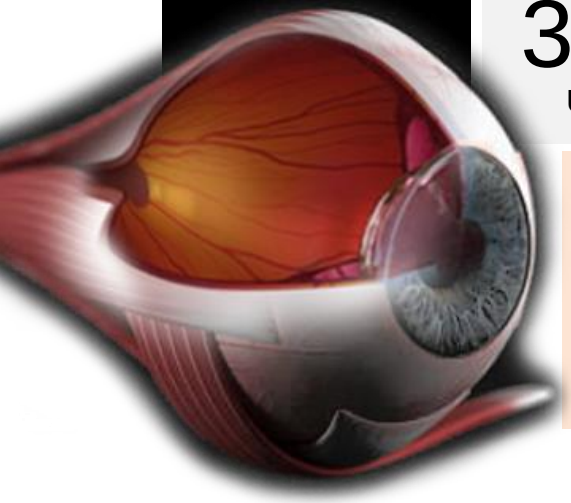
- Certified Public Accountant & master in accounting from National Taipei University.
- Finance manager in a Taiwan biotech company and as assistant manager of audit department in Deloitte Taiwan
- Vast experience in auditing of listed companies and **initial public offering (including Lin BioScience and Belite Bio)**

LBS-008
FOR DRY AMD & STARGARDT DISEASE

Market Opportunity

Tinlarebant (LBS-008)

- DISCOVERY
- PRE-CLINICAL
- PHASE I
- PHASE II
- **PHASE III**
- MARKET



STARGARDT

1 in 10,000

The most common inherited retinal dystrophy

Patient population with Stargardt's Disease:

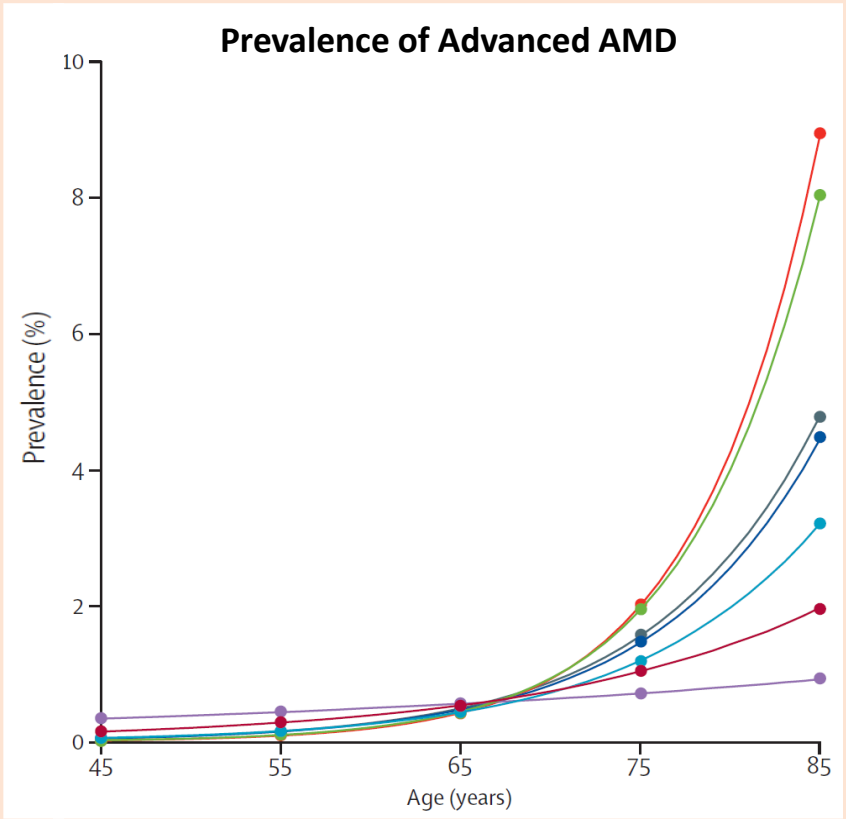
30k US

146k China

Columbia University + NIH Blueprint

"a promising first-in-class oral medication intended to slow or halt the progression of dry AMD"

DRY AMD



All AMD Prevalence	
Global	196M(1)
U.S.	20M(2)

- **AMD patient population is expected to grow from 196M in 2020 to 288M in 2040** (1)

Reference: (1) Wan LingWong et al. Global prevalence of AMD and disease burden projection for 2020 and 2040. 2014; (2) Prevalence Estimates Vision and Eye Health Surveillance System Vision Health Initiative (VHI) CDC, 2022

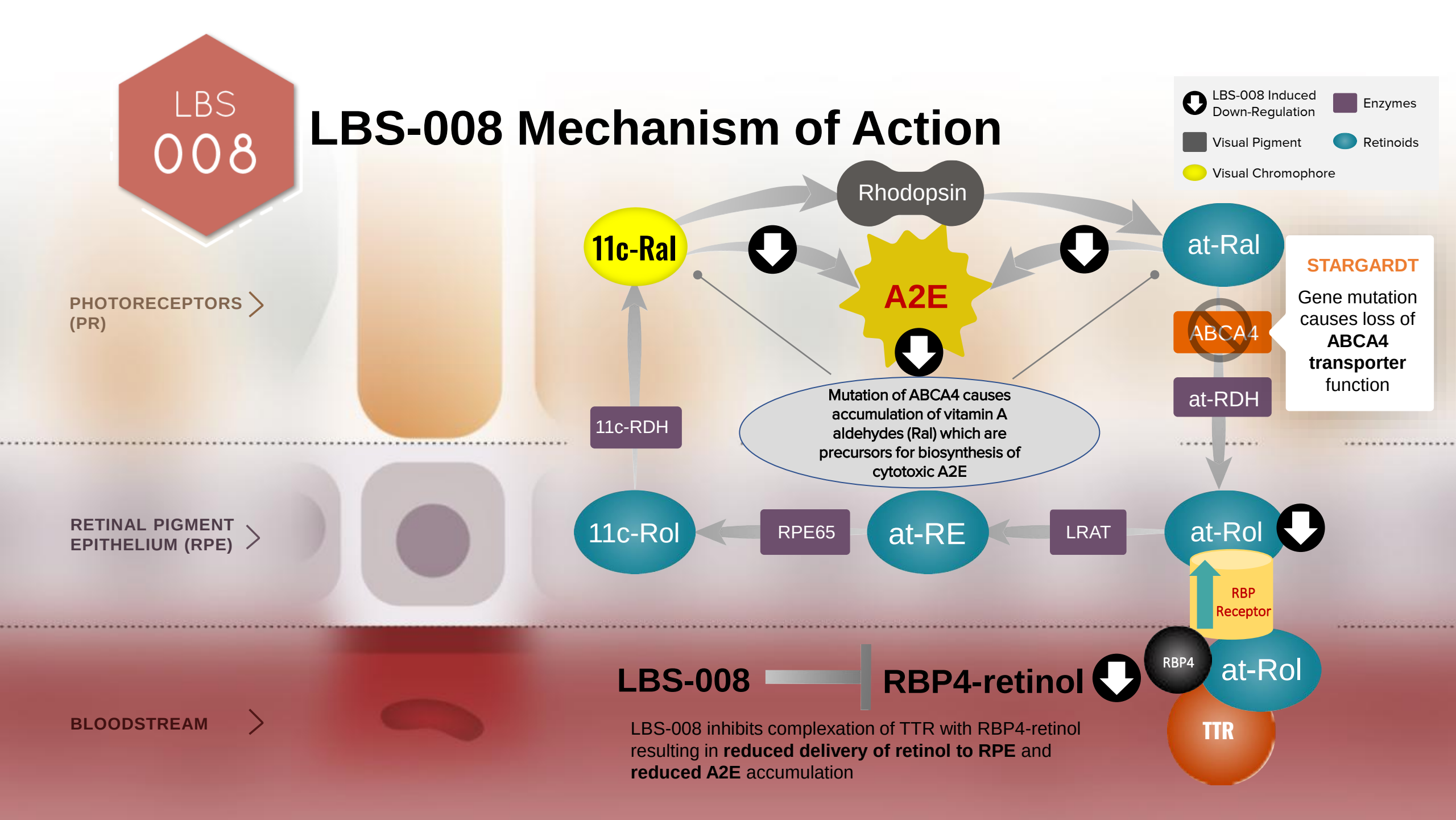
PRODUCT HIGHLIGHTS

Oral treatment for an unmet market

- **Belite Bio's lead asset LBS-008** is a novel**, orally administered, Retinol Binding Protein 4 ("RBP4") antagonist** intended to slow or halt progression of vision loss in Stargardt disease (STGD1) and dry AMD.
- Currently **no approved treatments** for either STGD1 or dry AMD, significant market opportunity to become **Standard of Care**.
- Clinical development approach **endorsed by US NIH**, specifically **to treat dry AMD**.
- **UK NIHR's** 2018 systematic review of >7,000 publications recommends RBP4 antagonists as a **priority for clinical development to treat both STGD1 and dry AMD**.
- Dry AMD afflict **20 million patients** in the US and **196 million patients** worldwide.
- Without treatment, the continual increase in the size of the elderly population will worsen the impact of this disease.
- STGD1 is an orphan disease affecting approx. 1 in 10,000 children and adults.
- Granted **Fast Track Designation, Rare Pediatric Disease** in US / **Orphan Drug Disease** designation in US and EU for STGD1.
- **Priority Review Voucher (PRV)** eligible, vouchers have sold for $95M-$125M.

LBS 008

LBS-008 Mechanism of Action



LBS 008

Symptoms of STGD1 & Dry AMD

Symptoms of STGD1

Normal
Central Vision

Blurry & Distorted
Central Vision

Lost
Central Vision

Symptoms of Dry AMD

Reference:
https://makariwellness.com/stargardt-disease/
https://www.ncbi.ie/supporting-you/everyday-living/eye-conditions/age-related-macular-degeneration-amd/

LBS 008

CLINICAL DEVELOPMENT PATHWAY

Reduction in Lesion Growth Rate as Measured by Retinal Imaging is an FDA Accepted Primary Endpoint in STGD1 and Geographic Atrophy (GA)

2021

Ph1b/2
Adolescent STGD1
(2-year treatment)

- Dose finding Phase 1b completed; open label Phase 2 ongoing
- Ph1b (1-mo, Australia/Taiwan): 11 subjects completed
- Ph2 (2-yr, AU/TW): 13 subjects (11 from Ph1b enrolled)
- **Preliminary 24-month data available**
- **Observed a mean RBP4 reduction of > 70% without severe adverse events in Ph2**

2022

Ph3
Adolescent STGD1
(2-year treatment)

- Initiated in June 2022
- Randomized, double-masked, global study: 104 subjects (2:1, active, placebo)
- **Enrollment completed**
- Primary Endpoint: Lesion growth rate
- **Interim results expected in 2H 2024**

2023

Ph3
GA
(2-year treatment)

- Phase 3 study in early-stage Geographic Atrophy
- Randomized, double-masked, global study: 430 subjects targeted (2:1, active, placebo)
- **Endpoints same as in STGD1 trial**
- **Currently enrolling**

Lin BioScience

STGD1 Clinical Trials

LBS 008

CLINICAL TRIAL DESIGN OVERVIEW IN STGD1

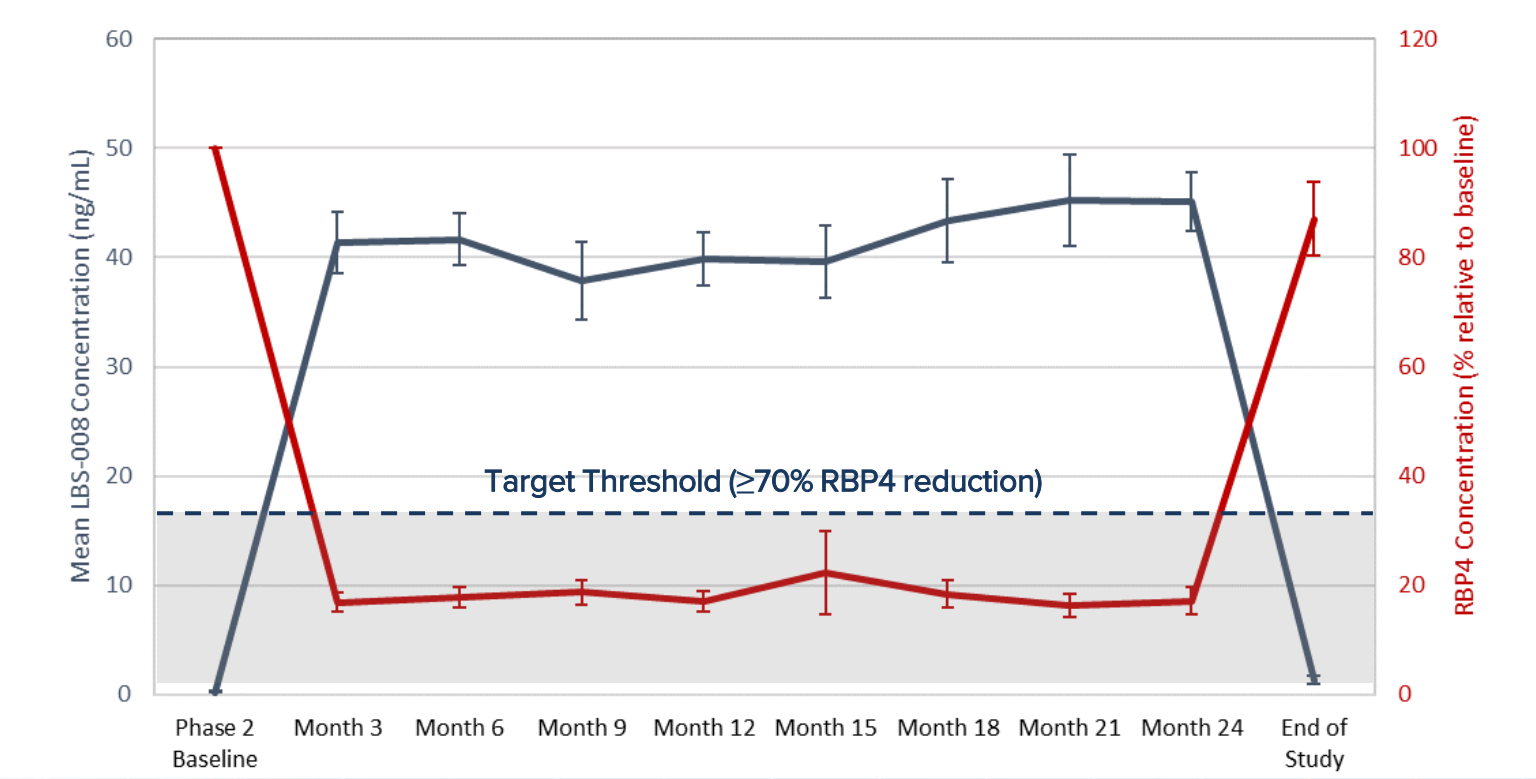
Reduction in Lesion Growth Rate (DDAF) as Measured by Retinal Imaging is an FDA Accepted Primary Endpoint in STGD1 and GA

	STGD1 Phase 2 "LBS-008-CT02" *(Preliminary 24-Month Interim Data Available)*	STGD1 "Dragon" Phase 3*
Enrollment	13 subjects** (QDAF, no DDAF)***	104 subjects (have DDAF)
Sites	Australia & Taiwan	Global
Masking	Open Label	Double Blind
Placebo	N/A	2:1 ratio (Tinlarebant : Placebo)
Treatment duration	2 years	2 years
Primary measures	Safety & tolerability, optimal dose	Efficacy as measured through DDAF lesion growth rate, safety & tolerability
Other measures	DDAF, QDAF, BCVA, SD-OCT, microperimetry	QDAF, BCVA, SD-OCT, microperimetry
Interim analysis	Yes	Yes
Key inclusion criteria	12-18 years old, diagnosed STGD1 with at least one mutation identified in the ABCA4 gene	12-20 years old, diagnosed STGD1 with at least 1 mutation identified in the ABCA4 gene, atrophic lesion size within 3 disc areas (7.62 mm^2), a BCVA of 20/200 or better

*FDA may require another clinical trial depending on the data from the ongoing Phase 3 study.
**LBS-008-CT02 initially enrolled 13 subjects in Australia and Taiwan. One subject in Australia was lost to follow up, therefore 12 subjects with complete 24-month data were evaluated.
***DDAF = definitely decreased autofluorescence; QDAF = questionably decreased autofluorescence.

LBS 008

PH2 24-MONTH: REDUCTION OF PLASMA RBP4 LEVELS

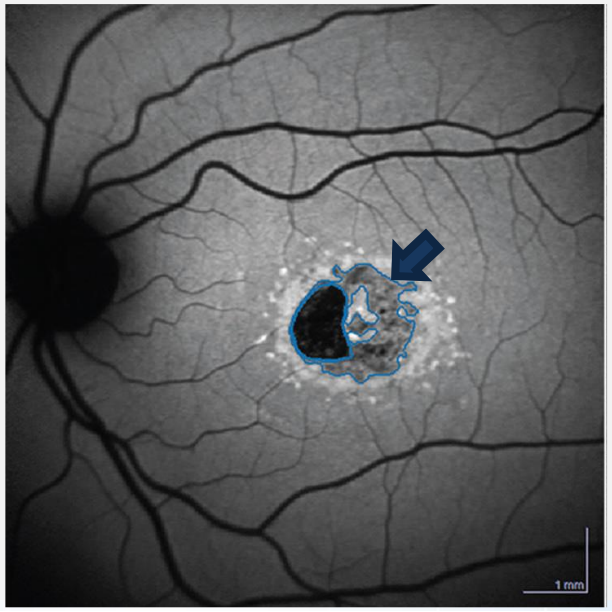


- The 5 mg daily dose was effective to reduce RBP4 level by a mean of approximately 80% relative to baseline
- RPB4 levels returned to 87% of the baseline value at End of Study (28-days following drug cessation)
- Recovery of RBP4 concentration correlated well with the decreased tinlarebant exposure

Note: Preliminary data and is subject to data verification and clean-up

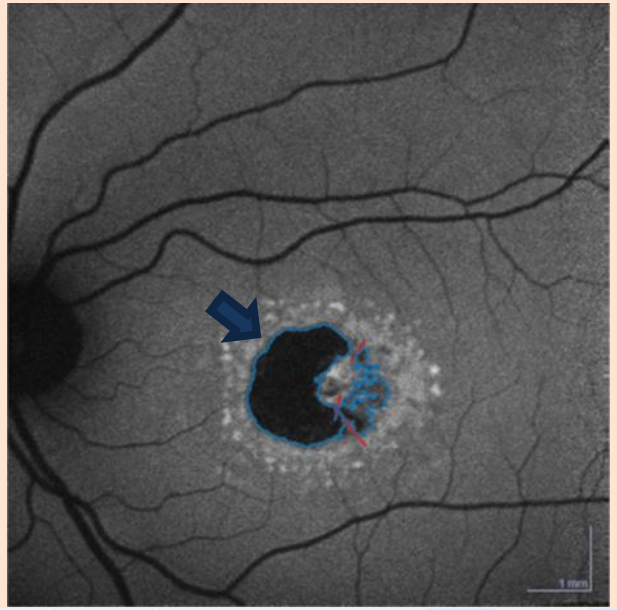
LBS 008

PH2 24-MONTH: SUSTAINED LOWER LESION GROWTH COMPARED TO PROGSTAR



QDAF in STGD1 patient as measured by retinal imaging.

DDAF, or lesion ("dead retina") in STGD1 patient as measured by retinal imaging. This is the area where retinal cells and vision are lost.



Sources	Mean change in incident DDAF lesion size at Month 24
The Prospective Cohort Study of Childhood-Onset STGD1 by Georgiou et al. 2020[1]	1.00 ± 1.3 mm^2, N=51* (aged ≤18 years)
Belite Bio LBS-008-CT-02 24-month data	**0.51± 0.4 mm^2, N=12**

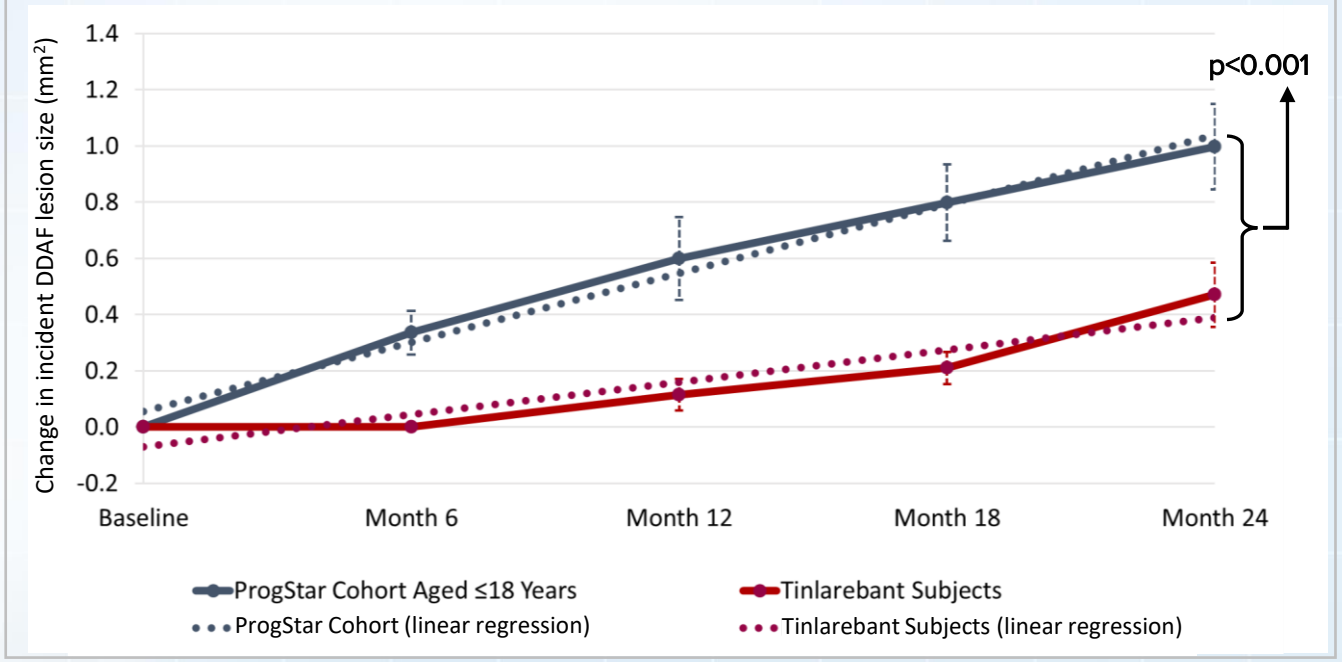
Note: * *Only 50 patients from ProgStar Cohort (aged ≤18) were included in the analysis due to one subject having ungradable screening FAF data*

1. Georgiou et al. Am J Ophthalmol. 2020 Mar;211:159-175.

LBS 008

PH2 24-MONTH: SUSTAINED LOWER LESION GROWTH COMPARED TO PROGSTAR

Growth of Incident DDAF Retinal Lesions



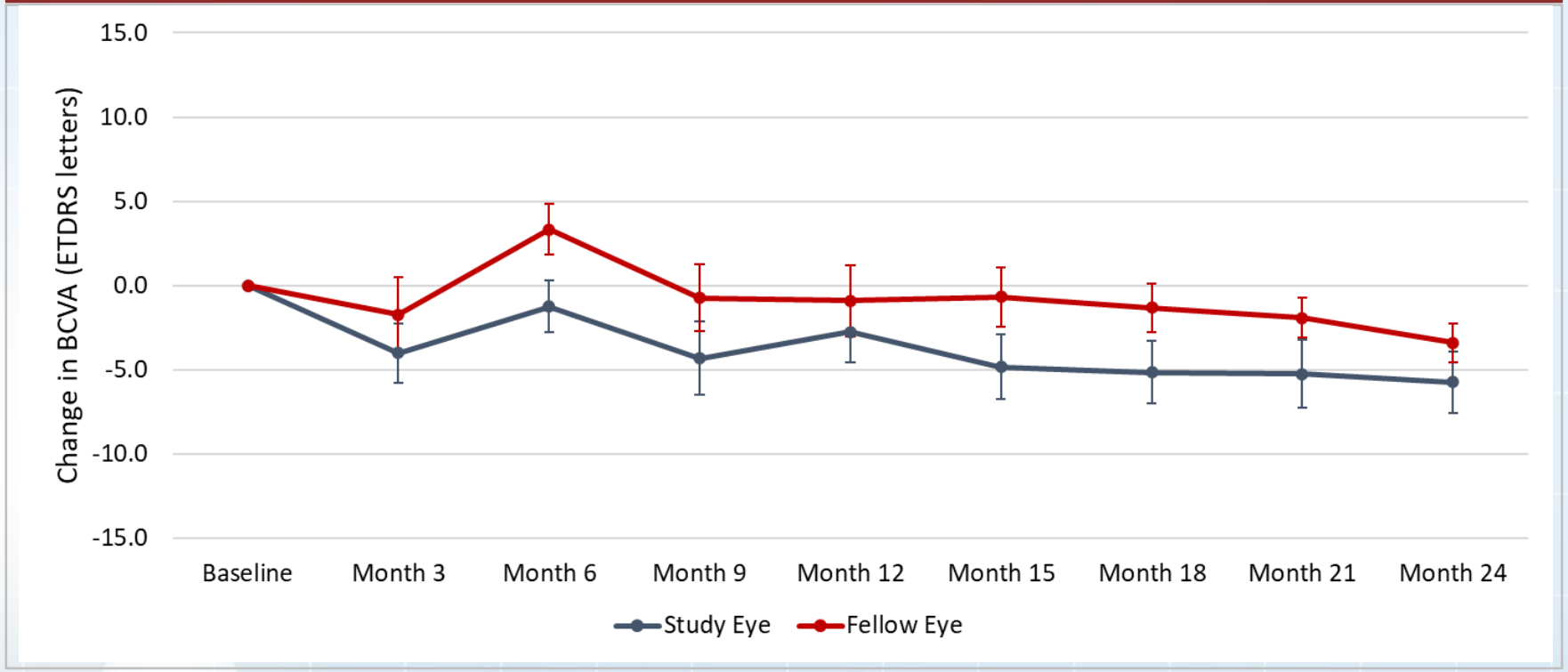
- **No development of DDAF** in 5 of 12 subjects at the 24-month timepoint
- A comparison of the 24-month DDAF lesion growth between Tinlarebant-treated subjects and ProgStar participants possessing similar baseline characteristics (aged ≤18 years) showed a sustained lower DDAF lesion growth in Tinlarebant-treated subjects over the 24-month treatment period ($p<0.001$)

Note: Preliminary data and is subject to data verification and clean-up

LBS 008

PH2 24-MONTH: VISUAL ACUITY DATA

Stabilization of BCVA in LBS-008-CT02



- **Visual acuity** was stabilized in majority of subjects during the study with a mean loss of **5 letters** following 24 months of treatment (a loss of <10 letters is not considered clinically significant)

Note: Preliminary data and is subject to data verification and clean-up

LBS 008

PH2 24-MONTH: WELL-TOLERATED DRUG-RELATED ADVERSE EVENTS

Adverse Events	Severity	Frequency (# and % of patients)
Xanthopsia/Chromatopsia	Mild	10/13 (76.9%)
Delayed Dark Adaptation	Mild	9/13 (69.2%)
Night Vision Impairment	Mild	1/13 (7.7%)
Increasing error score in FM100	Mild	1/13 (7.7%)
Intermittent headaches	Mild	2/13 (15.4%)

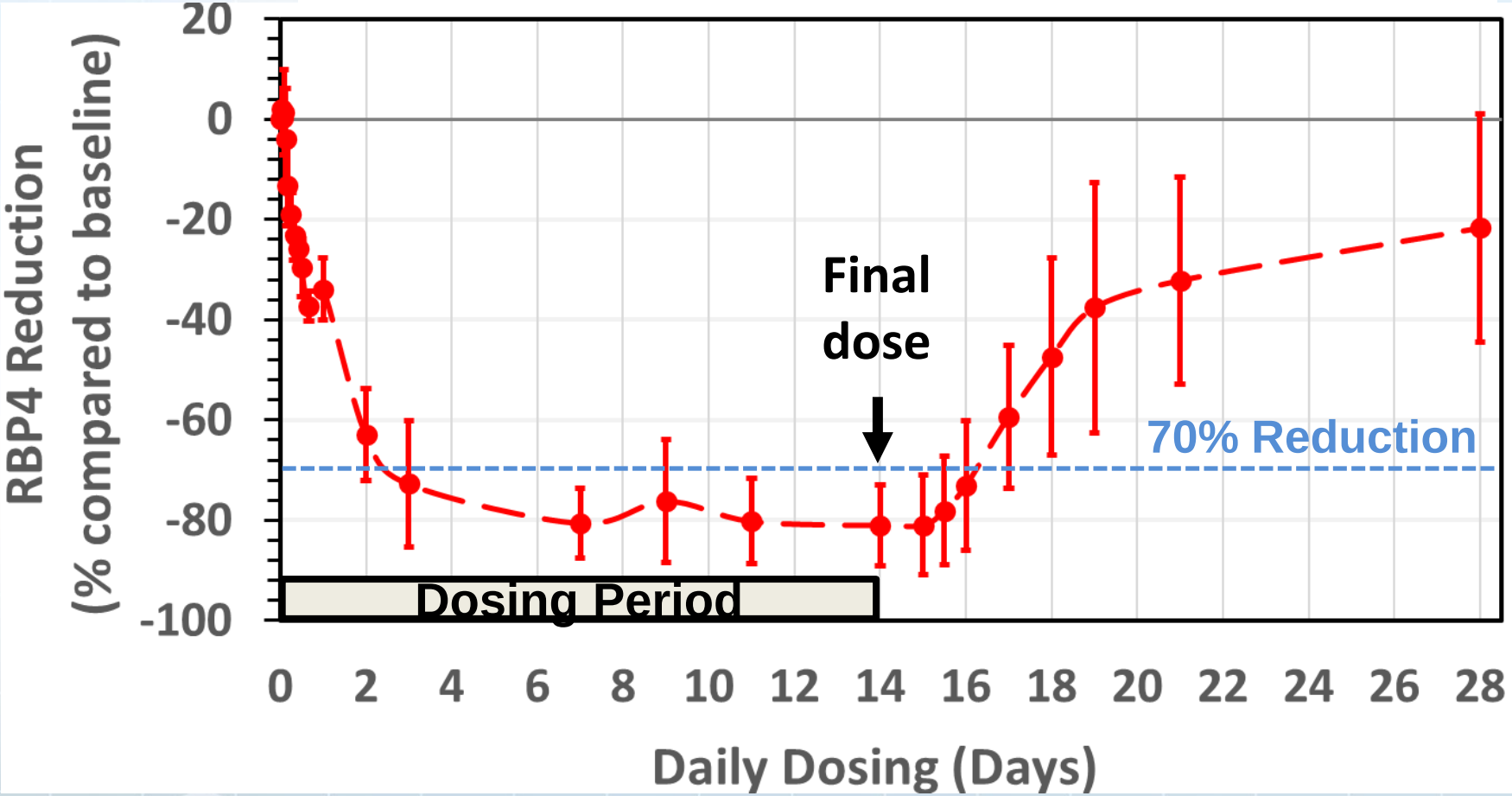
- Tinlarebant (5 mg p.o., daily) continues to be **safe** and **well tolerated** in adolescent STGD1 patients
- Tinlarebant treatment produced a mean **80% reduction of RBP4** (from baseline) throughout the study
- Delayed Dark Adaptation and Xanthopsia/Chromatopsia are the most common drug related ophthalmic AEs
- All instances of Delayed Dark Adaptation, Night Vision Impairment, and Xanthopsia/Chromatopsia were **mild** and **transient**
- No severe and moderate drug related AEs reported and no AEs requiring discontinuation of treatment
- No clinically significant findings in relation to vital signs, physical exams, cardiac health, or organ functions

PHASE 3 GEOGRAPHIC ATROPHY

LBS 008

TINLAREBANT: ≥ 70% REDUCTION OF RBP4

Phase 1, 5mg Daily Dosing in Healthy Adults: Mean Percent Reduction of RBP4 (excludes placebo)



CLINICAL TRIAL DESIGN OVERVIEW IN GA

- **Established Efficacy Endpoint** – Reduction in Lesion Growth Rate (DDAF) as Measured by Retinal Imaging is the FDA Accepted Primary Endpoint for STGD1 and GA
- **Early Intervention** – Targeting patients with small lesion size to potentially slow or halt disease progress at an early stage
- **Oral Once a Day Treatment** – well suited for long term treatment for chronic diseases
- **Broad Potential** – Primary focus on GA; potential to treat earlier stages (e.g., intermediate AMD)

	GA Phase 3 "Phoenix"*
Enrollment	Approximately 430 subjects targeted (Enrolling)
Sites	Global
Masking	Double Blind
Placebo	2:1 ratio (Tinlarebant : Placebo)
Treatment duration	2 years
Primary measures	Efficacy as measured through DDAF lesion growth rate, safety & tolerability
Other measures	QDAF, BCVA, SD-OCT, microperimetry
Interim analysis	Yes

*Additional Phase 3 study expected to be required prior to NDA filing

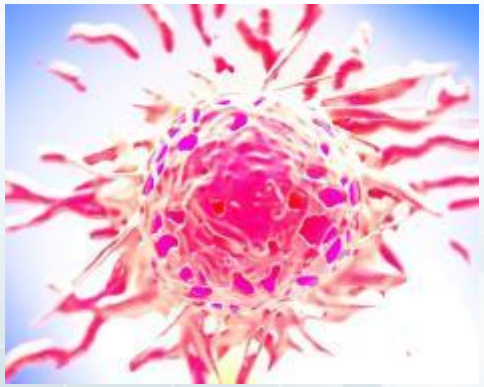
LBS-007
FOR ACUTE LEUKEMIA & SOLID TUMOR

Non-ATP CDC7 Inhibitor

for treatment of Broad Variety of Cancer types

LBS 007

- DISCOVERY
- PRE-CLINICAL
- PHASE I/II
- PHASE II/III
- MARKET



KEY OPPORTUNITY

Novel Anti-Cancer
Target Therapy

FDA ODD
for Acute Lymphoblastic Leukemia or ALL (US)

MARKET

$5B
Expected 2026 market size of AML & ALL

1.7 in 100k
Acute lymphoblastic leukemia (orphan disease)

$55B
Expected 2023 market size of pancreatic, lung, ovarian cancers

$6B
Estimated global market

Reference: Globaldata, Marketwatch, NIH National Cancer Institute

LBS 007

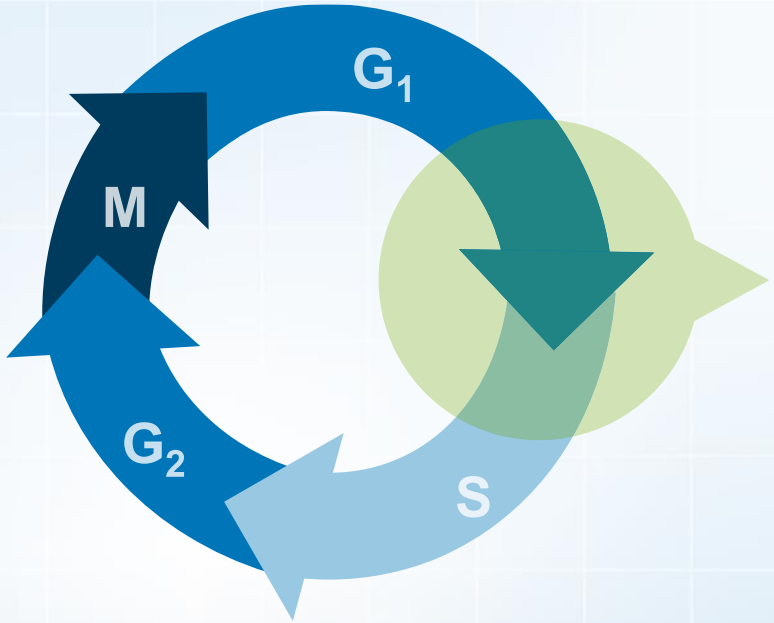
Clinical Development Pathway

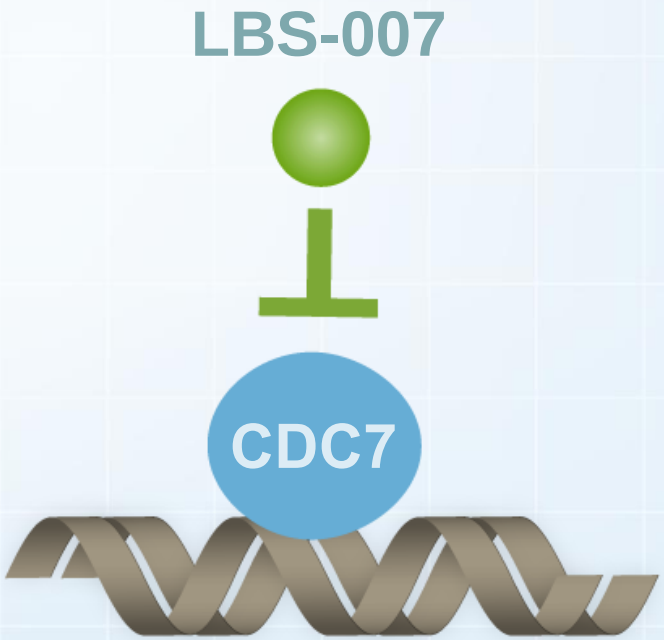
Discovery → Pre-Clinical → **Phase 1** → Phase 2 → Phase 3

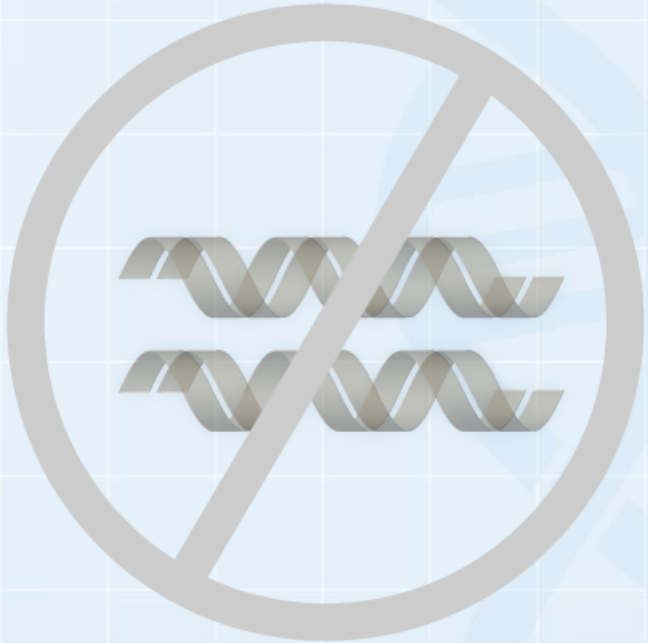
Obtained IND approvals in **Australia** and **Taiwan**

	LBS-007-CT01
Phase	1/2 (Phase 2 dose expansion after determining optimal dose in Phase 1)
Enrollment	Estimated to enroll 60 patients
Sites	Australia and Taiwan
Masking	Open Label
Treatment duration	7 consecutive days for one 21-day cycle
Primary measures	Safety, tolerability, and optimal dose of LBS-007
Other measures	PK and Efficacy of LBS-007
Interim Analysis	Yes
Key Inclusion Criteria	Aged ≥ 18, with confirmed relapsed or resistant MDS/AML or ALL, ineligible for standard therapies with an ECOG of 0 to 2.

Inhibits CDC7 in Cell Cycle Regulation







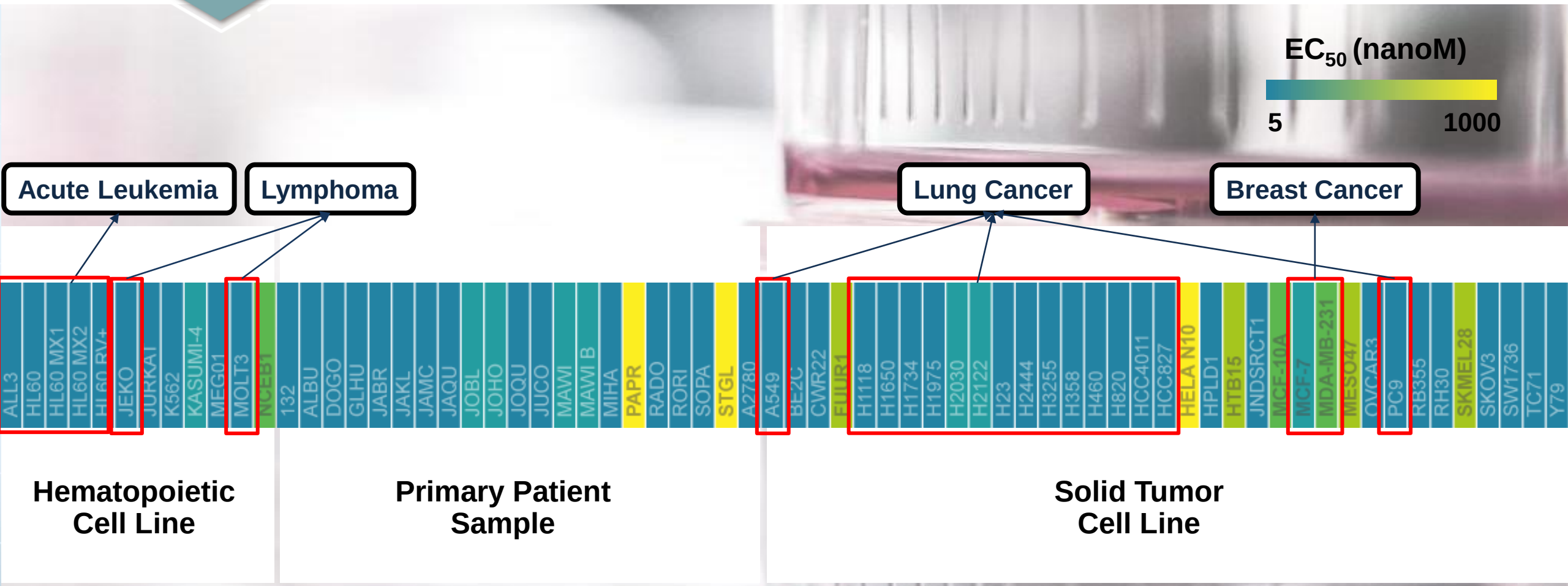
1 TARGETS
S Phase Progression

2 INHIBITS
CDC7's role in
DNA Replication

3 PREVENTS
Cell Division

LBS 007

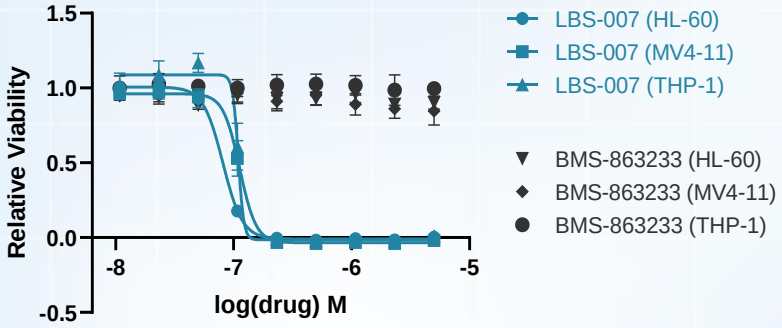
Potently Inhibits Multiple Cancer Cell Lines & Primary Patient Samples of Blood Cancers



SUPERIOR EFFICACY AT NANOMOLAR POTENCY

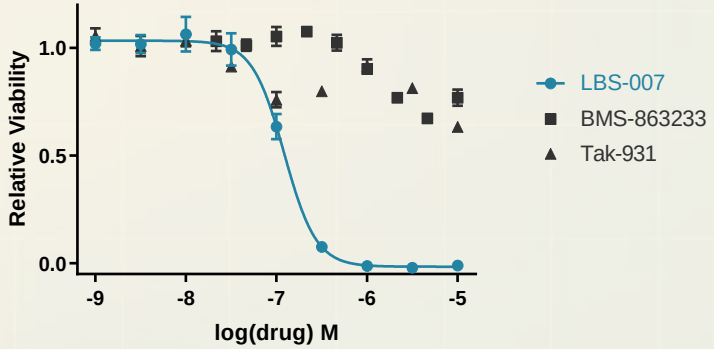
Approx. 0.15μ molar of LBS-007 can achieve therapeutic effect on cancer cells

AML



EC_{50} (nM)	HL-60	MV4-11	THP-1
LBS-007	**83.8**	**71.5**	**108**
BMS-863233	> 10,000	5,400	> 10,000

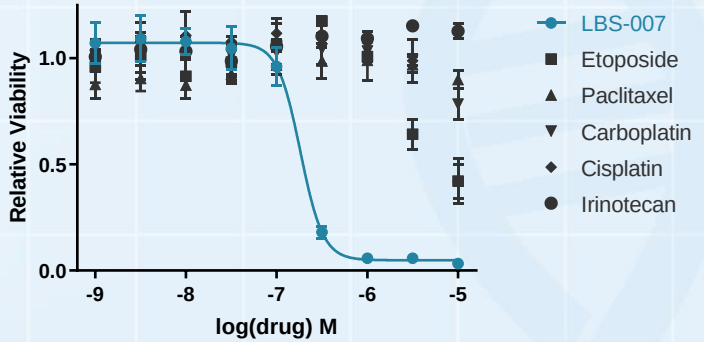
Pancreatic cancer



EC_{50} (nM)	Panc-1
LBS-007	**127**
BMS-863233	1,100
Tak-931	> 10,000

8.6x efficacy

Lung cancer



EC_{50} (nM)	H146
LBS-007	183
Cisplatin	2,800
Etoposide	> 10,000
Irinotecan	> 10,000
Paclitaxel	> 10,000
Carboplatin	> 10,000

15x efficacy

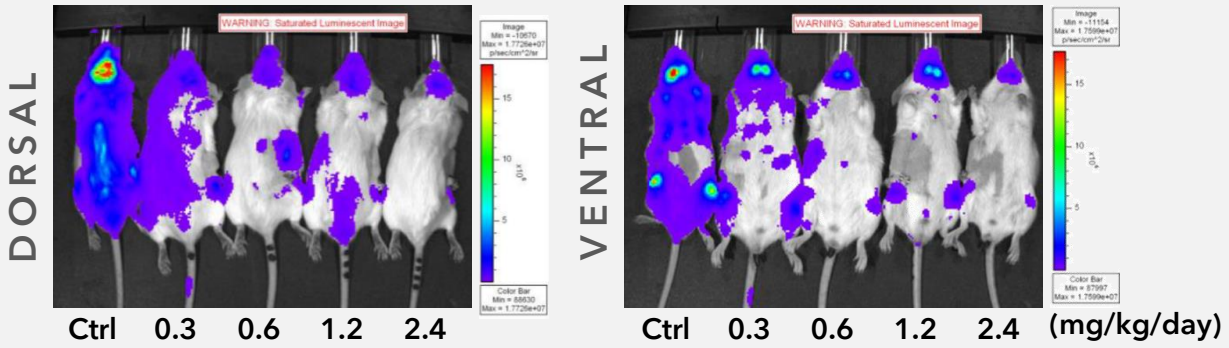
50+x efficacy

LBS 007

IN VIVO EFFICACY DEMONSTRATED IN ANIMAL MODELS

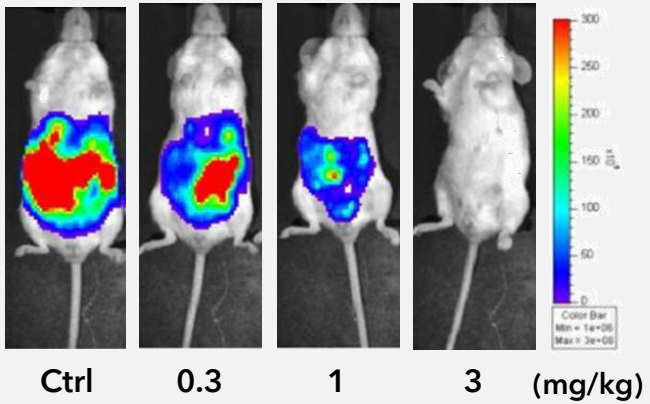
Potent tumor reduction in various cancer mouse models

Acute Lymphoblastic Leukemia (ALL)



- ✓ In vivo dose responsive efficacy
- ✓ 95% tumor removal at 2.4 mg/kg/day
- ✓ No significant organ dysfunction or toxicity at therapeutic dose

Ovarian Cancer



- ✓ In vivo dose responsive efficacy
- ✓ Inhibits ovarian cancer growth in mice
- ✓ Significant improvement in long-term survival

Lin BioScience

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Incurable Disease

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