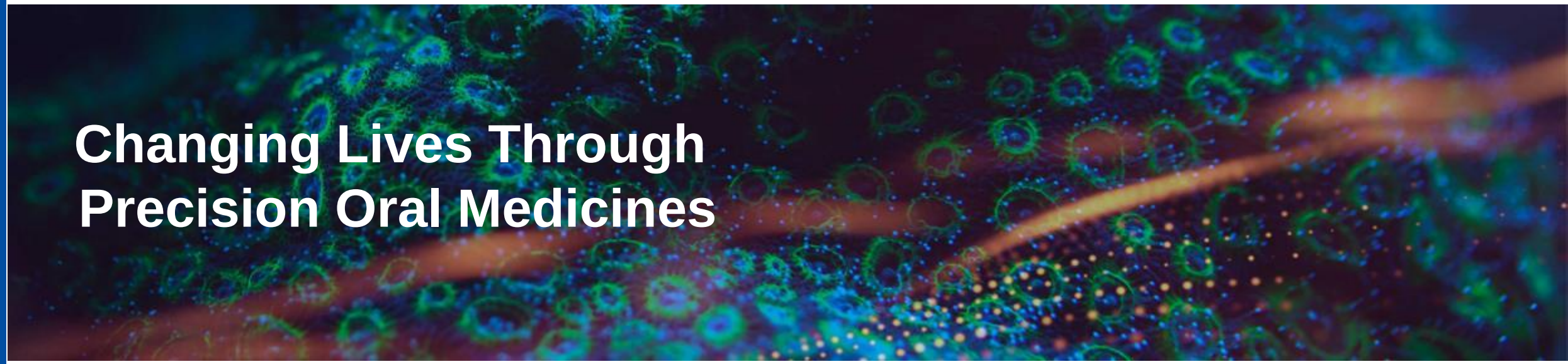
JUBILANT THERAPEUTICS



Changing Lives Through Precision Oral Medicines

May 2025

Disclaimer

Statements in this document relating to future status, events, or circumstances, including but not limited to statements about plans and objectives, the progress and results of research and development, potential product characteristics and uses, product sales potential and target dates for product launch are forward-looking statements based on estimates and the anticipated effects of future events on current and developing circumstances. Such statements are subject to numerous risks and uncertainties and are not necessarily predictive of future results. Actual results may differ materially from those anticipated in the forward-looking statements. Jubilant Therapeutics may, from time to time, make additional written and oral forward looking statements, including statements contained in the parent company (Jubilant Pharmova) filings with the regulatory bodies and its reports to shareholders. The company assumes no obligation to update forward-looking statements to reflect actual results, changed assumptions or other factors.

JUBILANT THERAPEUTICS

Mission and Therapeutic Focus

OUR MISSION is to transform the lives of patients through the development of precision oral medicines with enhanced safety and therapeutic efficacy

Hematology/Oncology

Solid Tumors

Immunology

JUBILANT THERAPEUTICS

Company Highlights

Clinical-stage precision therapeutics company founded in 2019 to discover and develop therapeutics with meaningfully improved safety and efficacy profile against first-in-class and validated but intractable targets

Pipeline generated through in-house Therapeutic Index and Brain Exposure Optimization (TIBEO) discovery engine, validated through partnerships

Independent management and board backed by Jubilant Pharmova– a global healthcare organization committed to funding through proof-of-concept trials

JBI-802 CoREST inhibitor in Phase 2 development for hematology and solid tumors; JBI-778 PRMT5 Inhibitor in Phase 1 development for solid tumors

FDA Orphan drug designations for JBI-802 and JBI-778

Near-Term Milestones

- **JBI-802 and JBI-778 early data readout in 2026**

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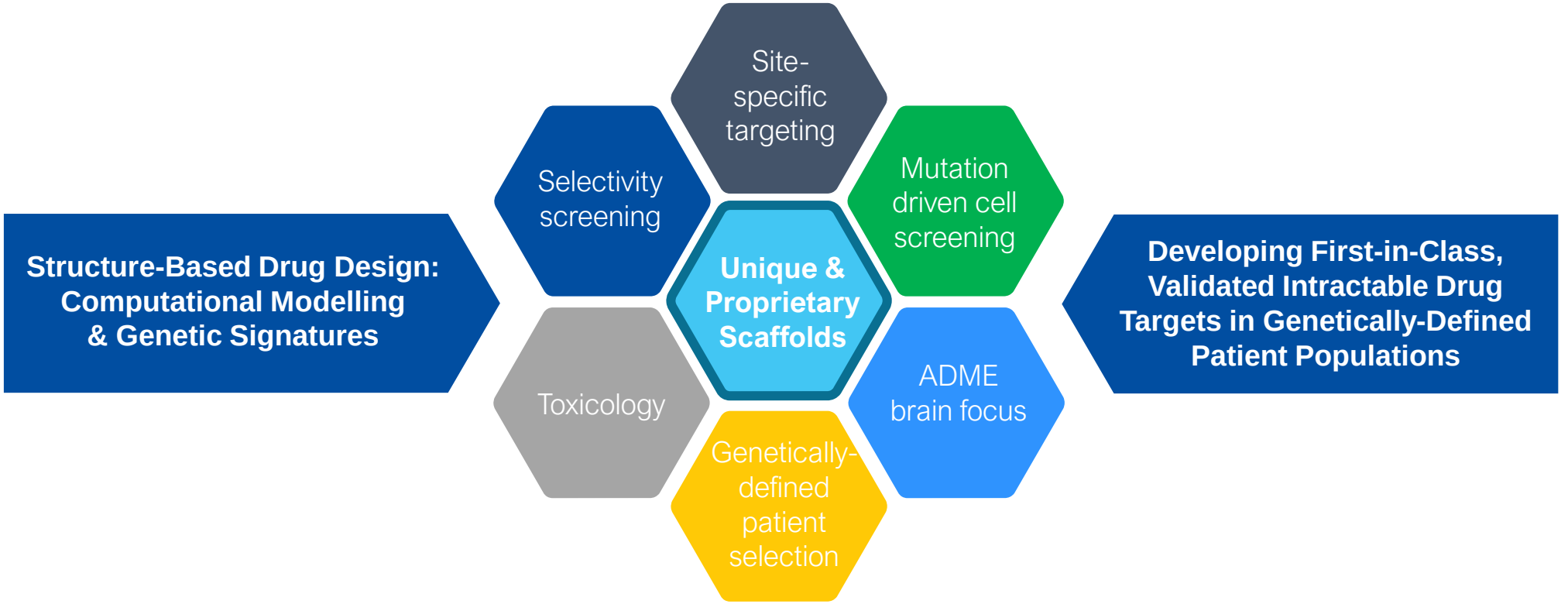
TIBEO Advanced Discovery Engine Enhances the Therapeutic Index and Optimizes Brain Penetration



Jubilant's discovery engine is based on a drug discovery approach **validated through successful integrated discovery programs** for big pharma, biotech, and healthcare VC and has a team of dedicated scientists

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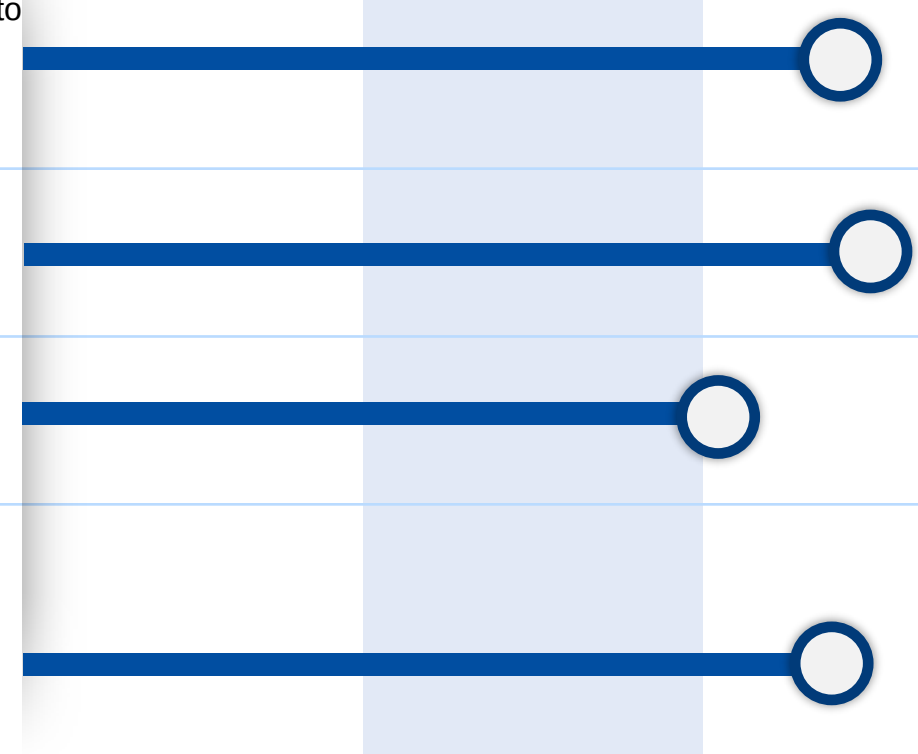
Diverse Clinical Stage Pipeline with Improved Therapeutic Index for Multiple Cancer Indications and Patient Subsets

Program	Mechanism	Indications	Lead Optimization	Pre-Clinical (IND)	Phase I/II	Milestones
JBI-802	CoREST Inhibitor	ET/MPN (resistant to cytoreductive therapy)				✓Company sponsored trial ▪ Interim Data – 2026
		mSTK11 IO Resistant NSCLC				▪ Investigator led Phase II Trials Ongoing ▪ Early Data 2026
		Post MPN AML				▪ Investigator led Phase II Trials ▪ FPI 2H 2025
JBI-778	PRMT5 Inhibitor Brain Penetrant (MTAP+/-, spliceosome selective)	EGFR mut NSCLC, mIDH high grade glioma, ACC				✓Company sponsored trial ▪ Interim Data – 2026

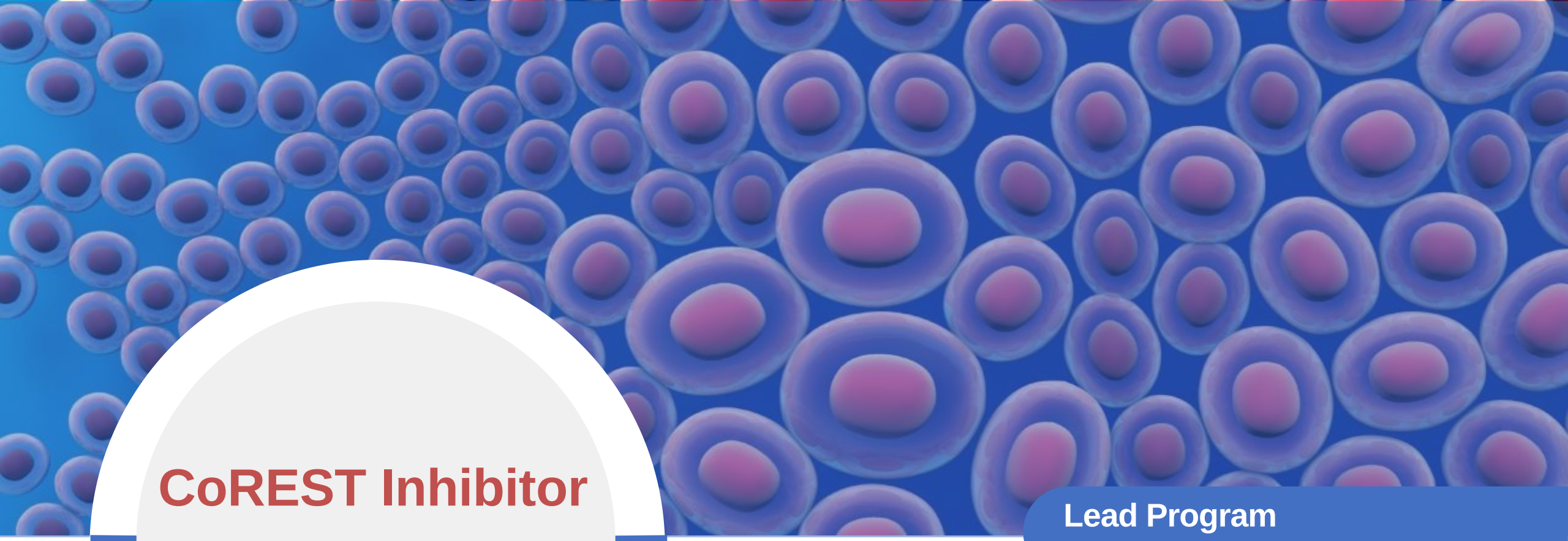


ET – Essential Thrombocythemia; MPN: Myeloproliferative Neoplasm; NSCLC: non-small cell lung cancer; SCLC: small cell lung cancer; AML – Acute Myeloid Leukemia; MTAP: Methylthioadenosine phosphorylase, EGFR: epidermal growth factor receptor, mIDH: isocitrate dehydrogenase (IDH) mutation, ACC: Adenoid Cystic Carcinoma, STK: serine/threonine kinase; IO: Immuno-oncology

Additional Preclinical Stage Pipeline including First-in-Class Targets such as PAD4

Program	Mechanism	Indications	HIT / Lead Optimization	Pre-Clinical (IND)	Phase I/II	Milestones
JBI-2174	PD-L1 Inhibitor Brain Penetrant	Brain tumor and metastases				IND track
JBI-3041	PAD4 Inhibitor	Oncology and autoimmune disease				IND track
Pan KRAS	Pan KRAS "ON" inhibitor	Oncology				
EGFR[1,*]		Oncology				
BRD4[*]		Oncology				

- [1]Blueprint Medicines acquired Lengo Therapeutics (Frazier Healthcare entity) for $250M in cash plus $215M in milestone payments
- *Economic rights reside with Jubilant Therapeutics' parent company



CoREST Inhibitor

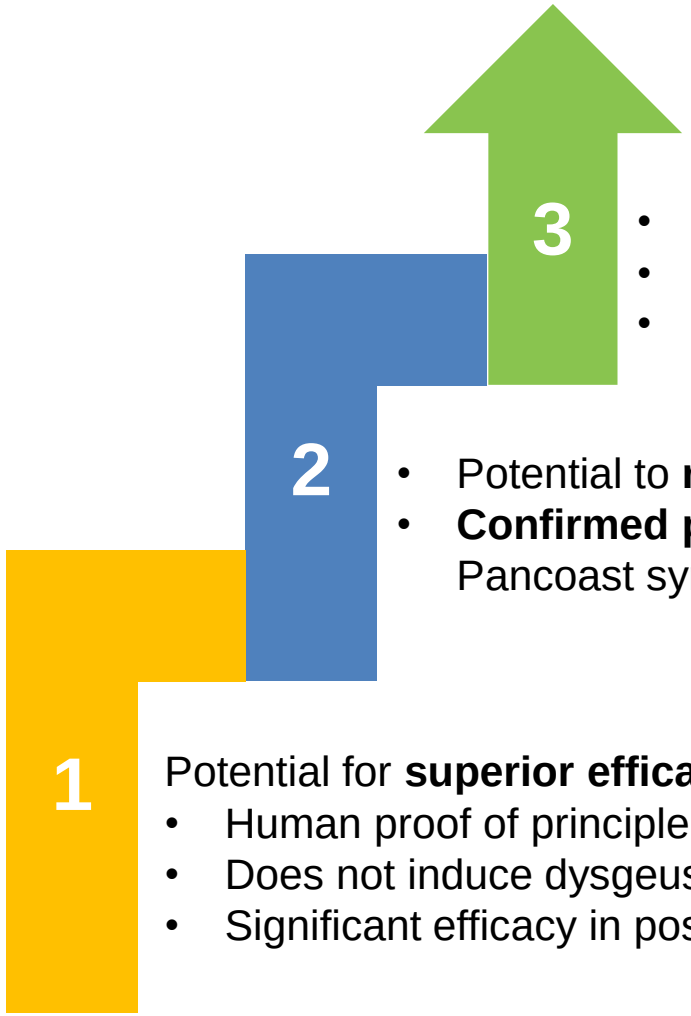
Epigenetic Modulating Agent

Lead Program
JBI-802

Multiple Development Opportunities in Hematology/Oncology & Solid Tumors

JBI-802 Represents Large Market Opportunity spanning Hematology and Solid Tumors

Merck acquired Imago Biosciences' CoREST (LSD1 only Inhibitor) in Phase II stage for $1.35B in 2023



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- Phase 2 in **ET and MPN** with thromocytosis
- Phase 2 in STK11-mutant **NSCLC**
- Phase 2 in **Erythroleukemia (Post MPN AML)**

2

- Potential to **reverse resistance** to immunotherapy in **solid tumors** due to STK11 mutations
- **Confirmed partial response** in doublet IO refractory STK11-mutant NSCLC patient with Pancoast syndrome

1

Potential for **superior efficacy and safety** compared to LSD1 only inhibitor in **hematology/ oncology**

- Human proof of principle with dose dependent reduction in platelet levels
- Does not induce dysgeusia or anemia in patients*
- Significant efficacy in post-MPN leukemia (erythroleukemia) model leading to orphan status by FDA

ET – Essential Thrombocythemia; MPN: Myeloproliferative Neoplasm; NSCLC: non-small cell lung cancer; SCLC: small cell lung cancer; AML – Acute Myeloid Leukemia; MPN – myeloproliferative neoplasm; Dysgeusia – condition that affects sense of taste, impacting appetite and quality of life
* JBI-802 Phase I basket trial; ** Imago Phase II trial in ET patients

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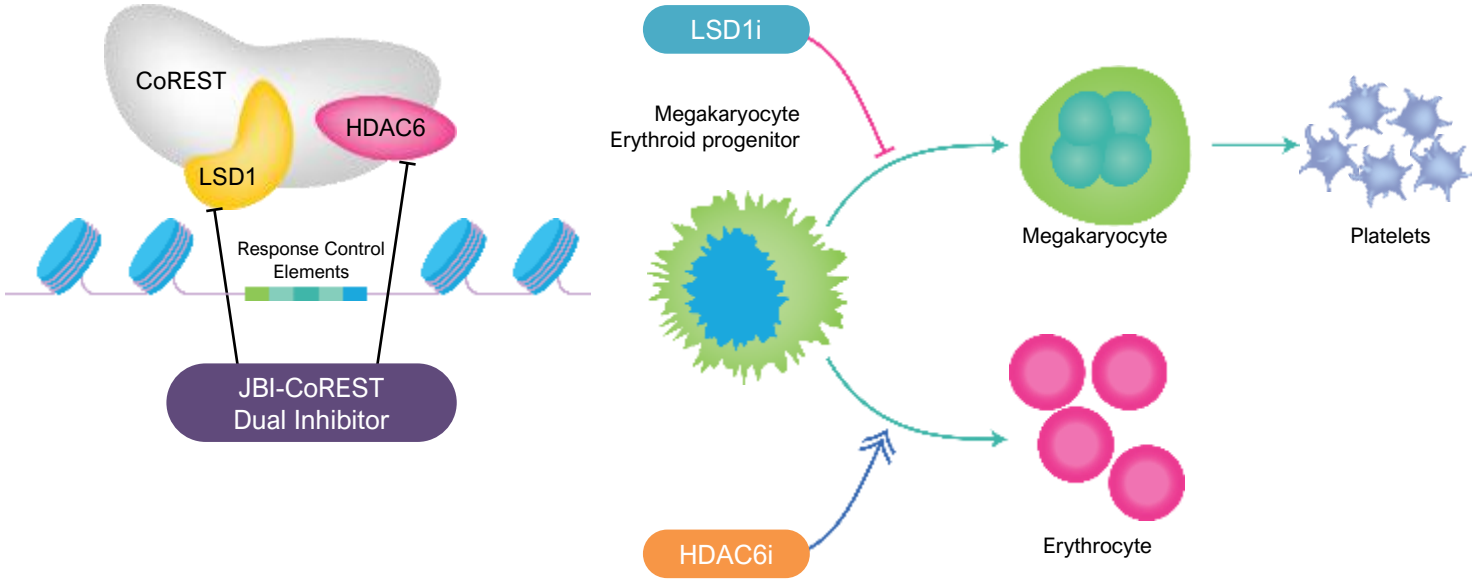
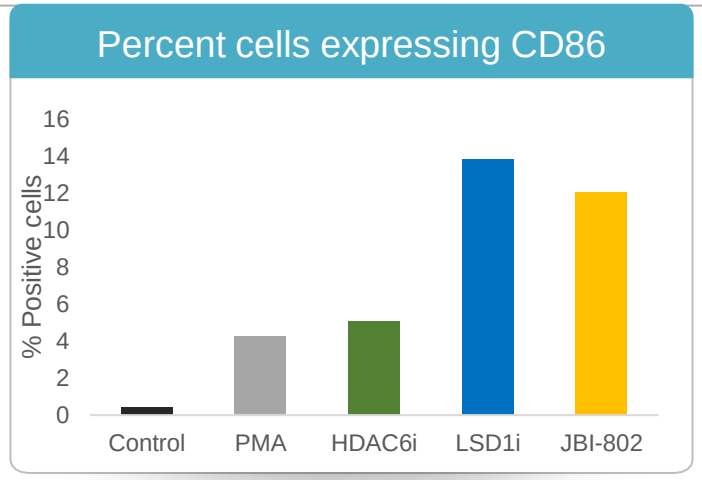
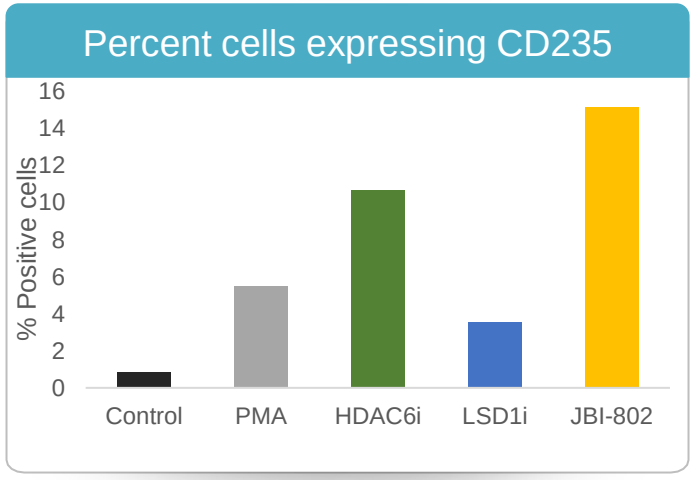
JBI-802 Induces Differentiation and Cell Death of MPN/Leukemia Progenitors







LSD1 and HDAC6 are part of the CoREST complex that drives tumorigenesis of lineages such as platelet and erythroid (MEP), thereby creating opportunities for synergistic targeting these REST-driven tumors

First-In-Class CoREST Inhibitor JBI-802 Can Potentially Address Unmet Medical Need in ET/MPN, Post MPN AML, NSCLC

ET/MPN **Blood Disorders Leading to Cancer**	~100k-120k+ patients	Blood cancer causes bone marrow to produce too many platelets leading to stroke and heart attack and eventually cancer – chronic condition requiring long term therapy Potential better safety and efficacy than Bomedemstat (Merck – Phase III) Unmet need for efficacious therapy for refractory/non-responders to current therapies (cytoreductive) **Phase II Interim Data – 2026**
Post MPN AML **Leukemia**	~3- 5% of 265k+ MPN patients	MPNs are blood cancers that cause increased production of blood cells, mainly affecting red blood cells, platelets, or white blood cells. Progression from MPN to AML (Acute Myeloid Leukemia) is a serious complication, occurring in MPN patients. High-unmet need for effective therapy with survival only for 5 months **Investigator led trial**
NSCLC **Lung Cancer**	~15% of 200k+ NSCLC Patients	Demonstrated clinical response of JBI-802 in two patients one of whom has STK11 mutation (Phase I study) Disease with high-unmet need with no effective therapy; Patients with STK11 mutations have a lower survival rate and are resistant to immune checkpoint therapy (Keytruda, Atezolizumab, Opdivo+Yervoy) and KRAS therapy **Investigator led trial** **Additional upside in SCLC patients** ~ 10-15% of lung cancer (JBI-802 achieved tumor regression in combination with PD-1 inhibitors in animal models)

Patient Data – US region; ET – Essential Thrombocythemia; MPN: Myeloproliferative Neoplasm; NSCLC: non-small cell lung cancer; SCLC: small cell lung cancer; AML – Acute Myeloid Leukemia; MPN – myeloproliferative neoplasm

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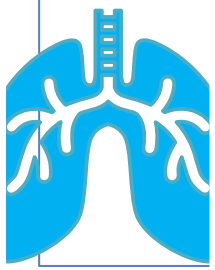
Phase I advanced tumor study: Transformative JBI-802 Treatment in NSCLC

From Hospice Care to Tumor Reduction and Better Quality of Life

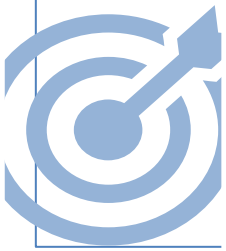


Initial Condition

- NSCLC patient progressed to last stage after doublet immunotherapy (Opdivo+Yervoy), only hospice care option
- Suffering with Pancoast syndrome causing severe pain and arm immobility.

Treatment Progress

- **Nearly 2 yrs in the study**, **Pancoast symptoms disappeared**
- Patient reported doing very well with no issues

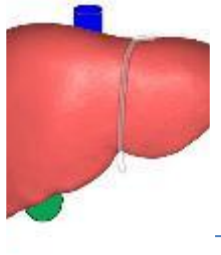


Tumor Reduction

- Confirmed partial response in repeat scans with **~40% tumor reduction**

Genetic Insight

- Patient has STK11 mutation, typically resistant to immunotherapy
- Potential reversal with IO+CoREST inhibitor



2nd Doublet IO-Refractory NSCLC patient

- Both lung lesion and liver metastasis, resistant to immunotherapy with poor prognosis
- JBI-802 treatment resulted in **over 50% shrinkage of the patient's liver metastasis** and a complete resolution of related portal hypertension, edema and improvement of quality of life

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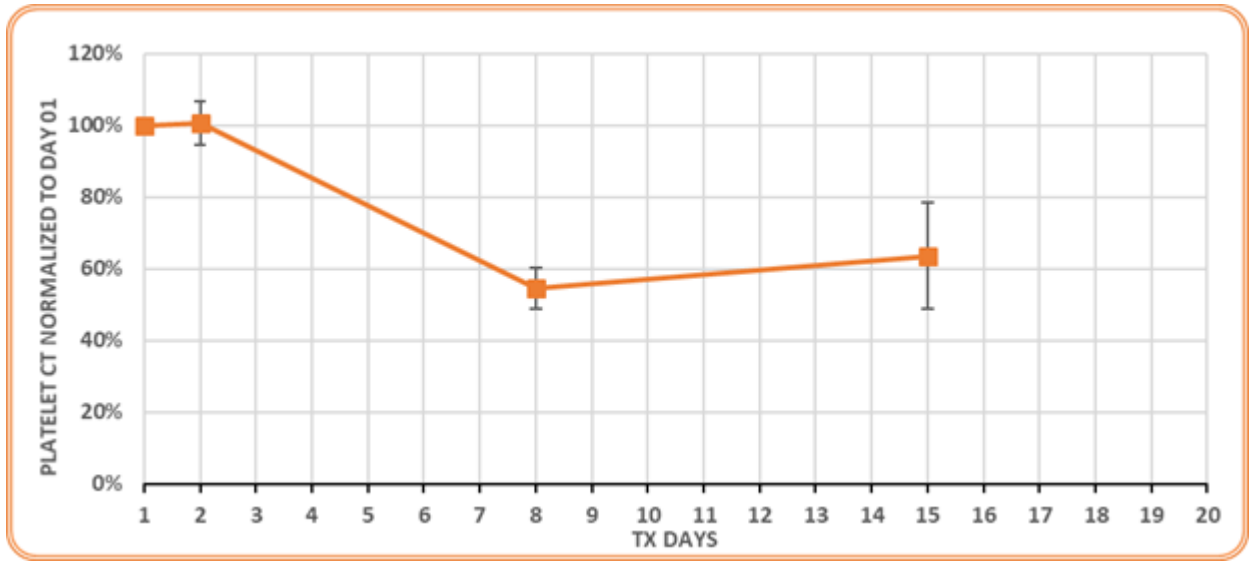
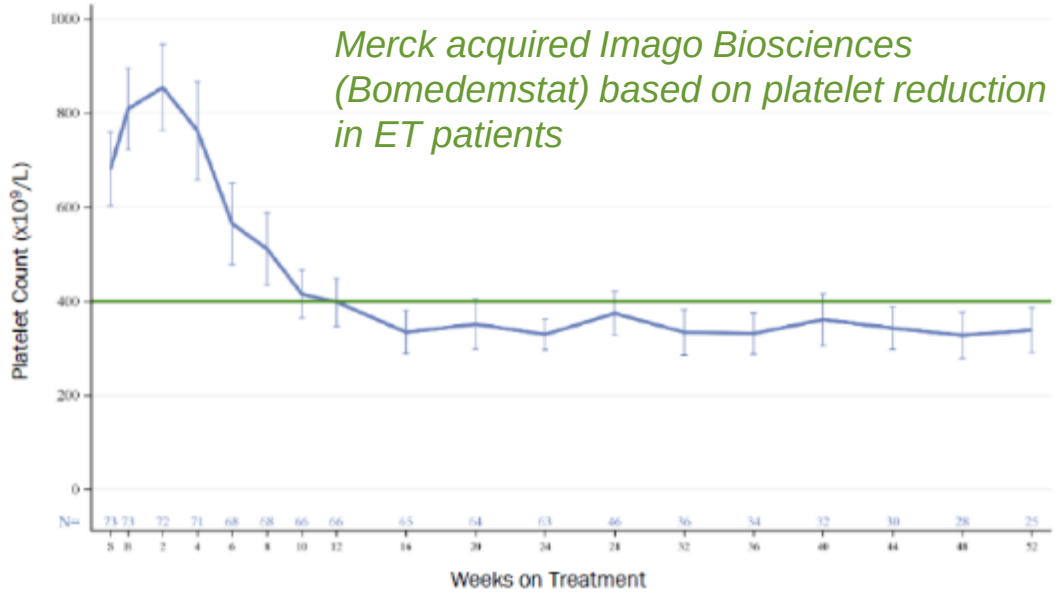
Phase I advanced tumor study: Human Proof of Principle for JBI-802 Indicates better Therapeutic Index than LSD1 Only Inhibitor

JBI-802 platelet levels



Bomedemstat (LSD1 only inhibitor) platelet levels



Merck acquired Imago Biosciences (Bomedemstat) based on platelet reduction in ET patients

- Human data confirms JBI-802 can induce dose dependent decrease in platelets without effect on erythroid parameters – Proof of Principle for treatment of diseases with elevated platelets such as **ET, MDS/MPN with thrombocytosis**
- **JBI-802 demonstrates superior safety compared to Bomedemstat (LSD1 only inhibitor)**
  - *Does not induce Dysgeusia in patients* (compared to 55% incidence**)*
  - *Does not induce Anemia in patients and in animals* (compared to 16% incidence**)*

*JBI-802 Phase I trial – basket tumor patients **Bomedemstat Phase II trial – ET patients

ET and MDS/MPN have total annual revenue potential > $3B

U.S. Market Opportunity

ET 2nd Line	MDS/MPN-RS-t
~120k ET Population (U.S.)[1]	**~100k** MDS Population (U.S.)[2]
~60k 50% cytoreductive therapy (Hydroxyurea)[2]	**~1.5k** 1.5% of MDS[4]
~15k ~25% sub-optimal / intolerant to Hydroxyurea[3]	

Hydroxyurea Intolerant segment alone translates to annual revenue potential of ~$3.3B in U.S

ET Unmet Needs

Standard of Care	Unmet Need
Hydroxyurea	• Lack of disease modifying potential to prevent progression to myelofibrosis or secondary AML • To mitigate symptomatology
Anagrelide	
Interferon alfa 2A	

Current pipeline with novel mechanisms has potential to address the unmet needs

MDS/MPN-RS-T - MDS/MPN with thrombocytosis

Source: 1) Jefferies 2) Global Data 3) Global Data 4) Front Oncol. 2021; 11: 778741

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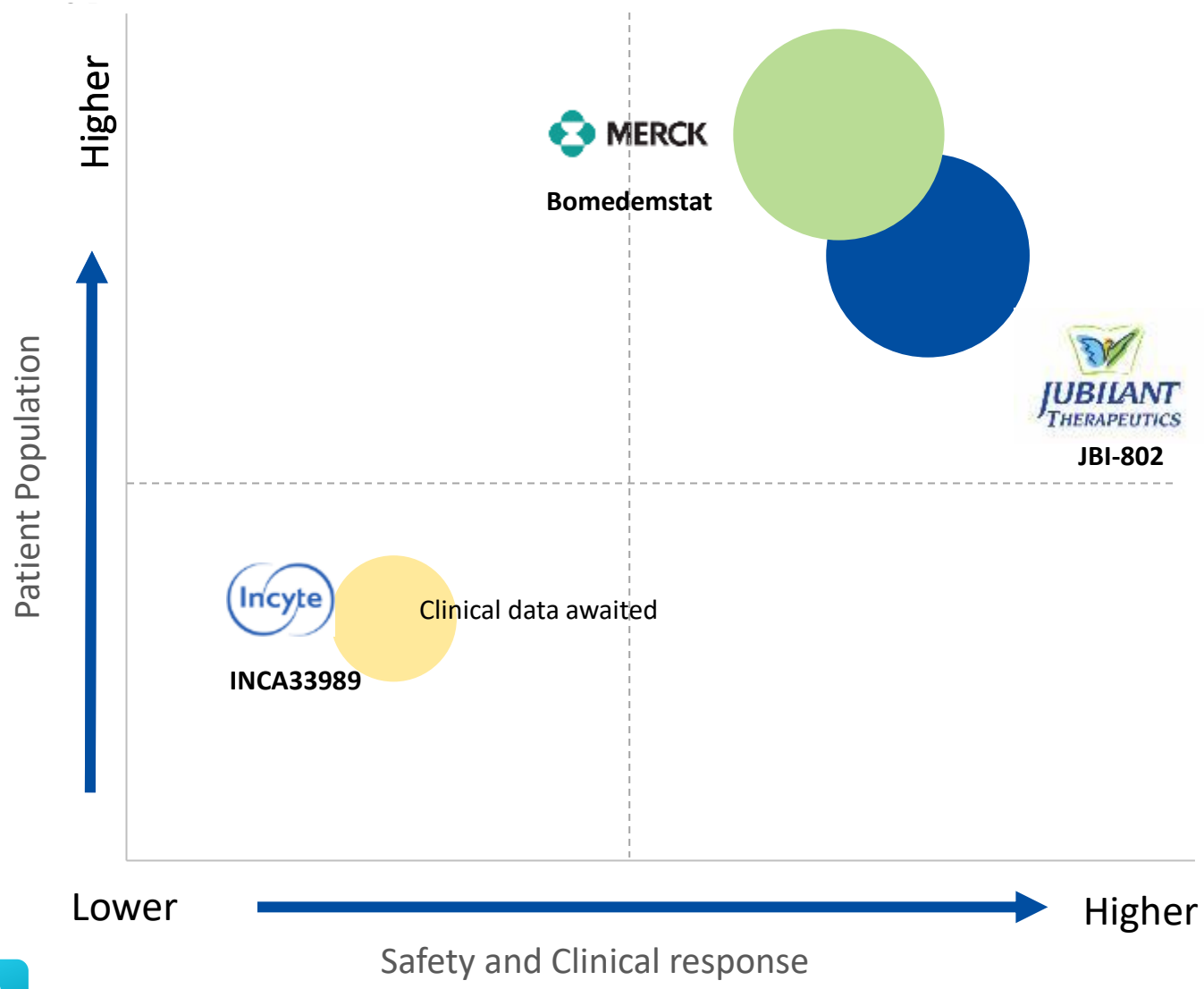
JBI-802: Potential for Superior Safety and Broader Patient Reach Compared to Competitors in ET/MPN



- **Safety and Clinical Response:**
  - JBI-802 shows potential to be better than Bomedemstat with dysgeusia and anemia
  - JBI-802 demonstrates potential to have comparable efficacy to Bomedemstat
  - INCA33989 is yet to demonstrate safety and efficacy in clinic
- **Patient Size**
  - JBI-802 and Bomedemstat has potential to address comparable ET patient population with Merck having the first mover advantage
  - JBI-802 if successful could also target MDS/MPN with thrombocytosis
  - INCA33989 can address only 20% of ET population

Size of circles based on addressable patients, safety & clinical response value

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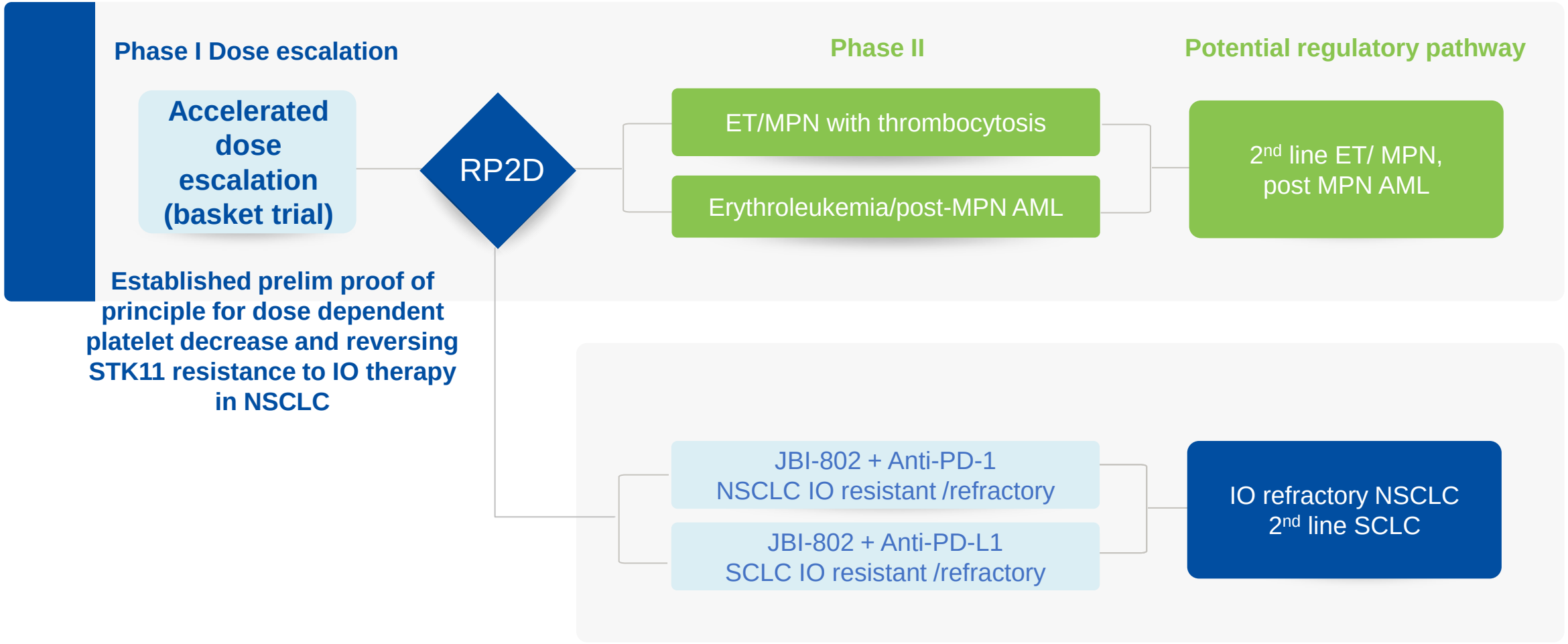
Clinical data in multiple indications expected in 2026

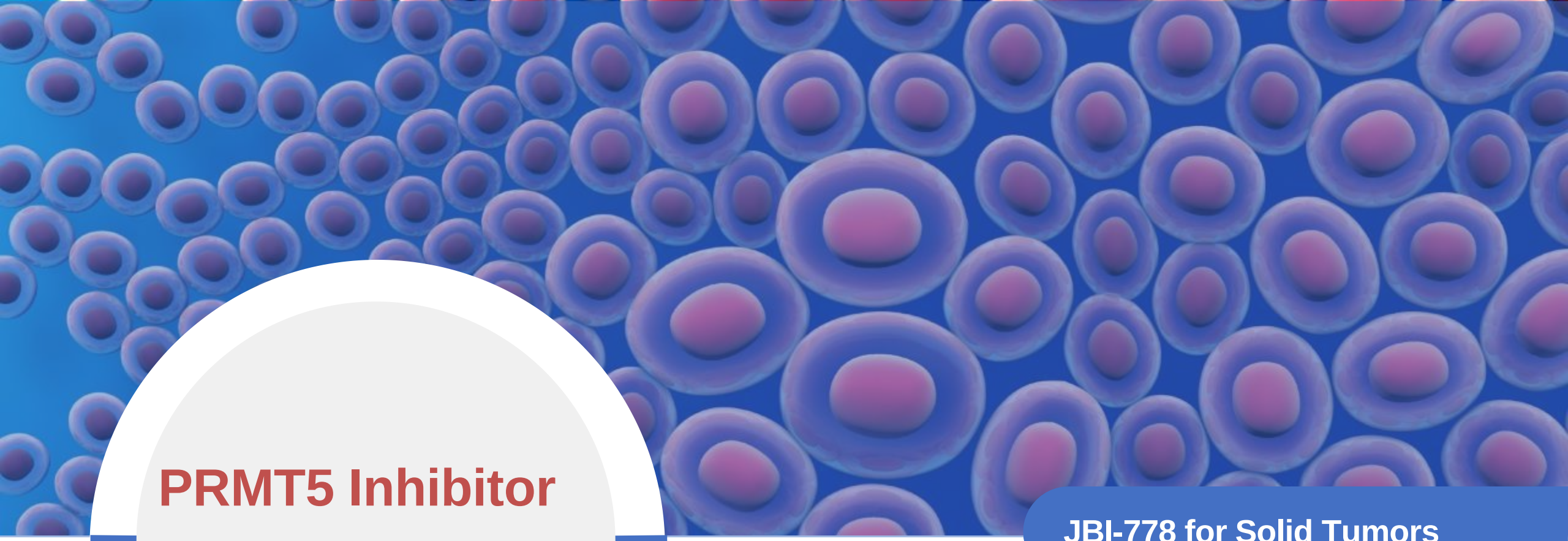
Clinical Trials	ET+ MPN	mSTK11 NSCLC (IIT @ Christ Hospital, Cincinnati)	Post MPN AML (Erytholeukemia) (IIT @ Memorial Sloan Kettering)
Phase	Phase I b/II	Phase I b/II	Phase I b/II
Number of patients	30 Essential Thrombocythemia (ET):~20 other MPN ~10	20 Arm 1: JBI-802 monotherapy; 10 Patients Arm 2: JBI 802 + anti PD-1 combination; 10 patients	20 JBI 802 + azacetadine (chemo) combination
Indications	ET, MPN/MDS, MPN with thrombocytosis	STK11 mutant NSCLC refractory to IO therapy	Relapsed or refractory acute erythroid leukemia and accelerated- or blast-phase myeloproliferative neoplasms
First Patient In (FPI)	Oct 2024	1H 2025	2H 2025
Current Status	• Enrollments and data collection ongoing • Interim data 2026	• IND approved • Interim data 2026	• IND filing underway • Interim data 2026

ET: Essential Thrombocythemia, MPN: Myeloproliferative Neoplasm, MDS: Myelodysplastic Syndrome, NSCLC: Non-small cell lung cancer, AML: Acute Myeloid Leukemia; IIT: Investigator Initiated Trial

Clinical Development Pathway for JBI-802 in Hematology and Solid Tumors



MPN: Myeloproliferative neoplasms; SCLC: Small cell lung cancer; NSCLC: non small cell lung cancer; ET: Essential Thrombocythemia; AML: Acute Myeloid Leukemia; IO: Immuno-oncology; RP2D: Recommended Phase II dose



PRMT5 Inhibitor

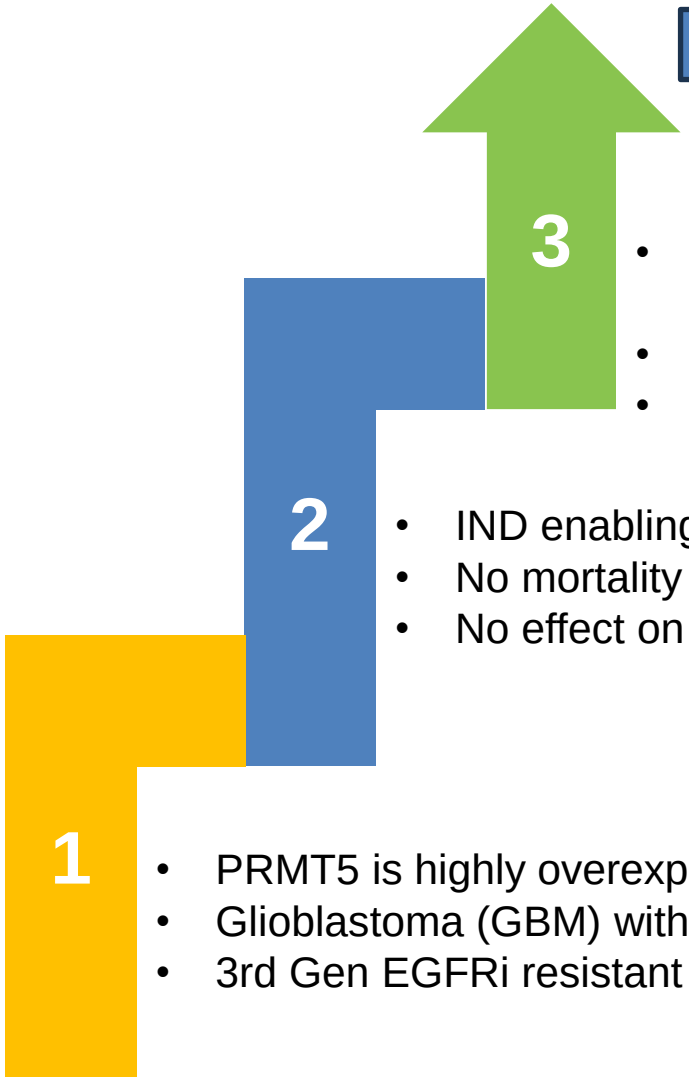
Brain Penetrant Agent

JBI-778 for Solid Tumors

Phase 1 ongoing for EGFR mut NSCLC, mIDH high grade glioma, ACC

JBI-778 Shows Potential as Best-In-Class PRMT5 Inhibitor with Superior Brain Penetration

Bristol-Myers Squibb CVR for Mirati (MTAP null PRMT5 Phase I/II) ~ $1B



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- Oral, highly differentiated, **Substrate competitive/ SAM cooperative brain penetrant** PRMT5 inhibitor
- **Addresses both MTAP +/- tumors**
- **IND approved, Phase 1 ongoing**

2

- IND enabling 4-week GLP tox studies completed in rats and dogs
- No mortality in either animal species even at the highest dose
- No effect on platelets

1

- PRMT5 is highly overexpressed in many human cancers
- Glioblastoma (GBM) with splicing dysregulation is selectively sensitive to inhibition of PRMT5
- 3rd Gen EGFRi resistant tumors have enriched RBM10 mutation which are sensitive to PRMT5 inhibition

MTAP: Methylthioadenosine phosphorylase; SAM: S-adenosyl-methionine; EGFR: epidermal growth factor receptor; CVR – contingent value rights on drug launch

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Opportunity for JBI-778 to address >$1B market in Difficult-to-Treat Cancers (MTAP +/-) including Brain tumor

NSCLC
Lung Cancer

~200k+ NSCLC Patients

- High-unmet need with no effective therapy for 3rd Gen EGFRi resistant NSCLC
- Genetically defined patient stratification
- Preclinical studies suggest an optimal therapeutic window with demonstrated better safety
- US FDA approved IND, first-in-human trial ongoing

HGG
Brain Tumor

2.5% of ~61k+ Brain Cancer Patients

- IDH+ HGG sensitive to PRMT5 inhibition
- High unmet need with no treatment option for recurrent HGG

ACC
Head & Neck cancer

- Adenoid cystic tumors enriched with specific mutations and are highly sensitive to PRMT5i
- High unmet need with chemotherapy as the only current treatment option after surgery and radiation, with low efficacy

First patient with NSCLC dosed in 2024

Patient Data – US region; NSCLC: non-small cell lung cancer; HGG: High grade Glioma; ACC: Adenoid Cystic Carcinoma; IDH: Isocitrate dehydrogenase; EGFR: epidermal growth factor receptor; MTAP: Methylthioadenosine phosphorylase

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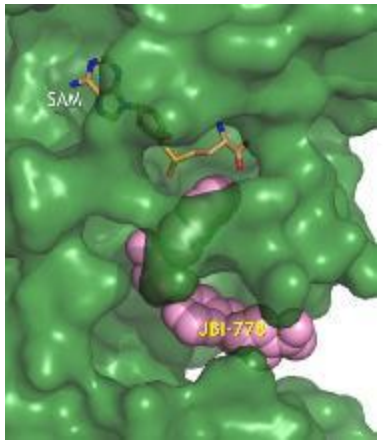
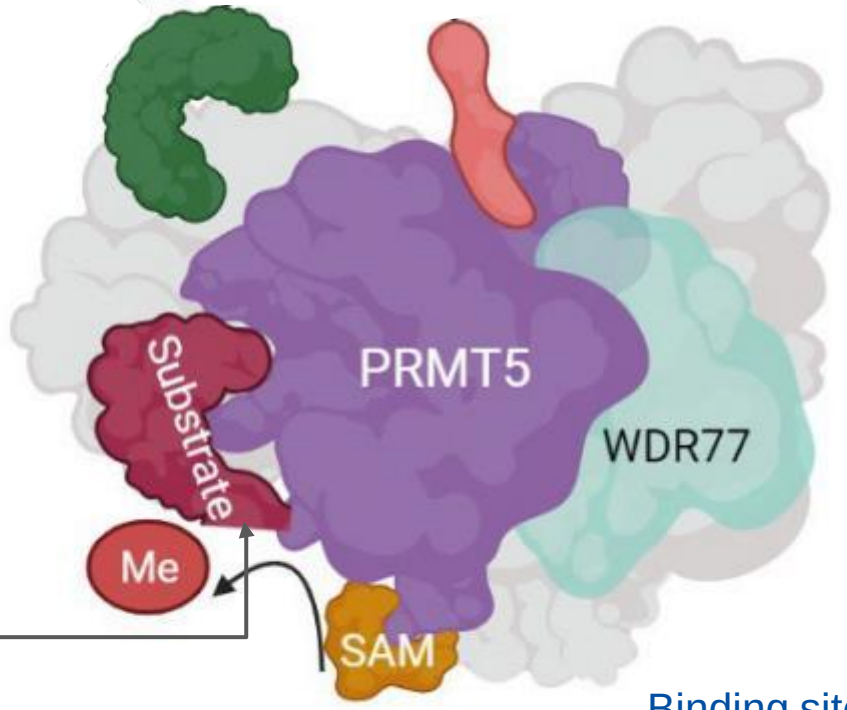
JBI-778 Oral, Highly Differentiated, Substrate Competitive PRMT5 Inhibitor

Safe and well tolerated in 4-week GLP tox study with no thrombocytopenia



Bareketain et al. Nature Com 2021



Binding site for SAM cooperative and substrate competitive inhibitor (JBI-778)

Binding site for SAM competitive inhibitors (high toxicity seen)

Different binding and MOA with potential to be less toxic in clinic

MOA: mode of action; SAM: S-adenosyl-methionine

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mEGFR NSCLC TKI Resistant patients are of high unmet needs with total annual revenue opportunity of ~$2B

U.S. Market mEGFR TKI Resistant

~200k
NSCLC[1]

~34k
17% EGFR mutation[2]

~17k
50% acquire resistance

TKI resistant mEGFR NSCLC patients translates to annual revenue potential of ~$2B in U.S

Standard of Care	Unmet Need
Chemotherapy	• Limited therapeutic options which has low efficacy and safety concerns. • High unmet need for novel efficacious therapy
Amivantamab + Chemotherapy	
Ivonescimab + Chemotherapy (China)	

- **Currently multiple mechanisms are in clinic to address unmet needs.**
- **PRMT5i demonstrated partial response in clinic.**

- MTAP *del* PRMT5 inhibitors can address only 15% of these patients
- JBI-778 has the potential to address a larger proportion of mEGFR NSCLC patients with high unmet needs

Source: 1) GlobalData 2) GlobalData

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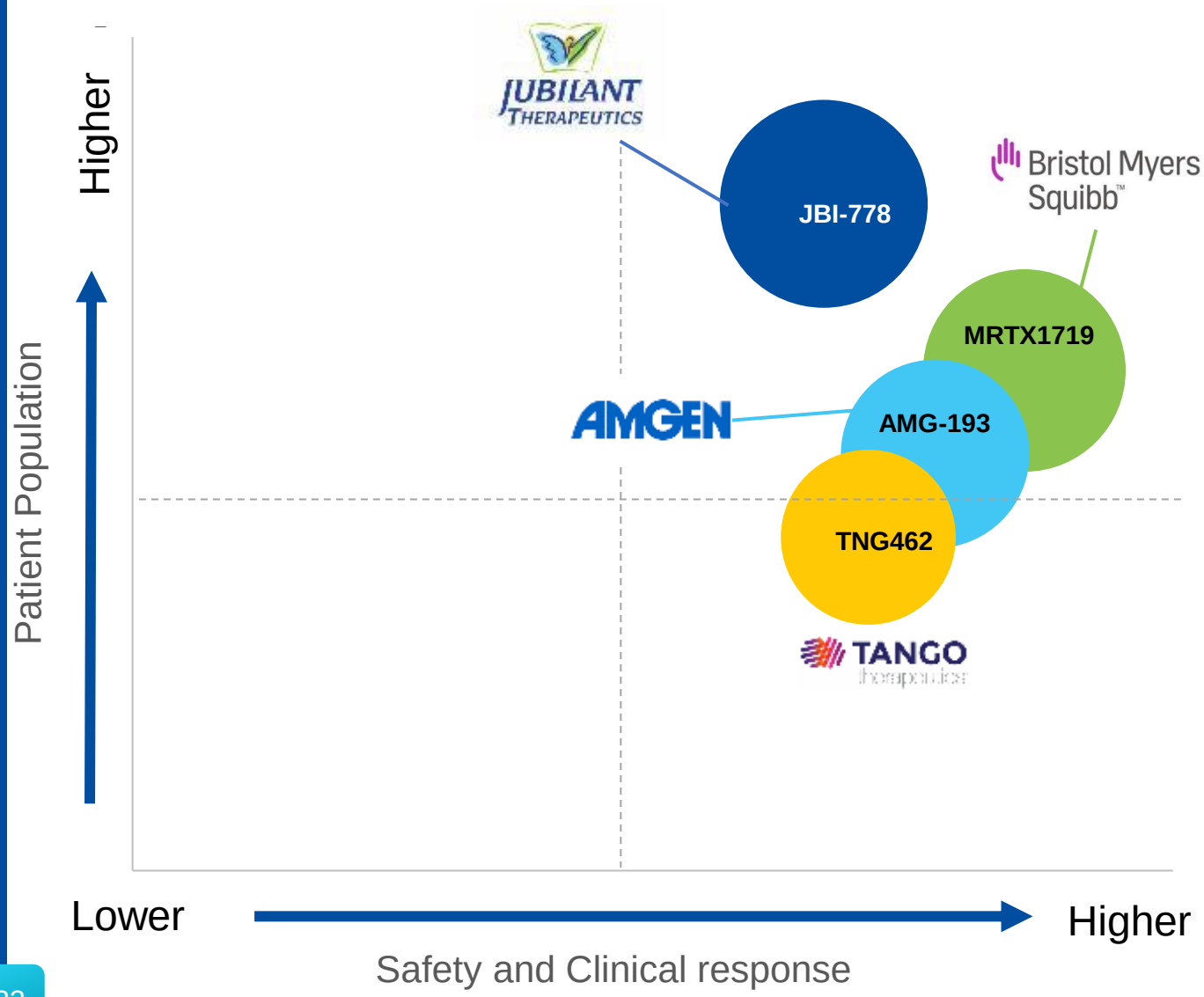
JBI-778 Demonstrates Signs of Comparable Safety and Efficacy to MTAP-PRMT5 Inhibitors, Targeting Distinct Larger Patient Segment



Amgen, BMS and Tango Tx	Jubilant
MTA co-operative inhibitor	Substrate competitive
Patients with MTAP del tumors	MTAP intact tumors but can also target MTAP del tumors
Preclinical Safety Demonstrated no hematologic toxicities in preclinical toxicology studies, in vivo disease model studies	
Clinical Safety No hematologic DLT's observed excluding TNG462 at high dose	**Clinical Safety** No hematologic toxicity observed at a concentration to achieve 90% of PRMT5 inhibition.
Demonstrated initial efficacy with few partial responses in multiple tumors	Dose escalation phase 1– data awaited

Size of circles based on addressable patients, safety & clinical response value

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JBI-778 vs. Competitive PRMT5 Inhibitors

Company	Jubilant Therapeutics (JBI-778)	Tango, BMS(Mirati), Amgen	Pfizer, Prelude, J&J
Product Type	✓ Substrate competitive ✓ SAM Cooperative ✓ Spliceosome Selective ✓ Brain Penetrant	✓ MTA Cooperative	✓ SAM Competitive
Mechanism of Action	▪ Targets substrate site and stabilizes SAM bond to PRMT5 with high biological selectivity ▪ Brain penetration in primary tumors as well as brain metastases	▪ Stabilizes MTA bond to PRMT5 which is increased in MTAP-deficient tumor ▪ Opportunity for patient selection and reduction in toxicity	▪ Blocks the binding of SAM cofactor shared among many other methyltransferases
Challenges	▪ Address safety issue of 1st generation ▪ **Targets broad patient population irrespective of MTAP status** ▪ Spliceosome-based patient selection	▪ MTAP deficiency is present in ~10% patients and may not be applicable to brain since MTA is metabolized in brain	▪ Blocks a non-selective cofactor which could explain non-tolerable toxicity ▪ Limited patient selection strategy
Development Stage	Phase I	Phase I/II	Phase I/II terminated due to toxicity and limited efficacy

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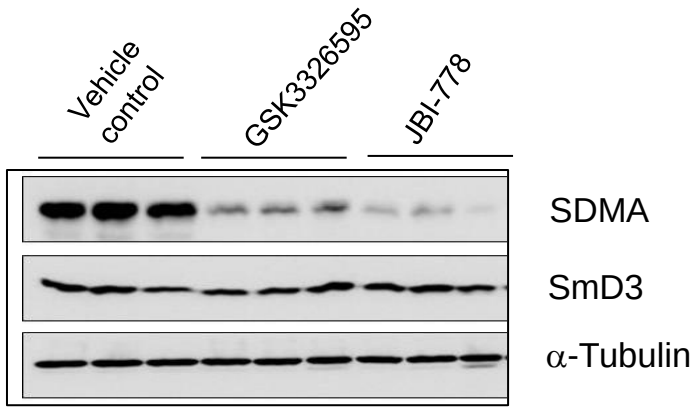
JBI-778 Demonstrates Potent Anti-Tumor Responses

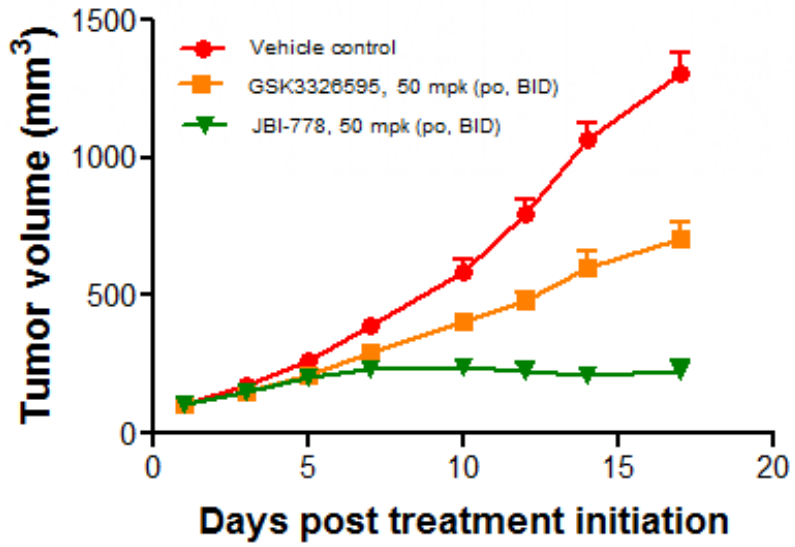
In vivo Target Engagement



Significant reduction of SDMA level observed in the *in vivo* study

ED_{50} < 10 mg/kg BID

Tumor size after treatment with JBI-778 and GSK3326595 in a systemic lymphoma xenograft model (Z138)



Superior tumor inhibition in systemic tumor model vs GSK3326595

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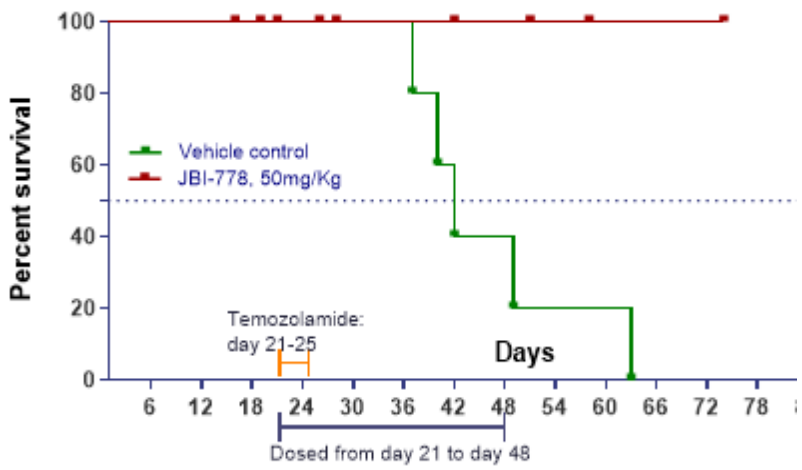
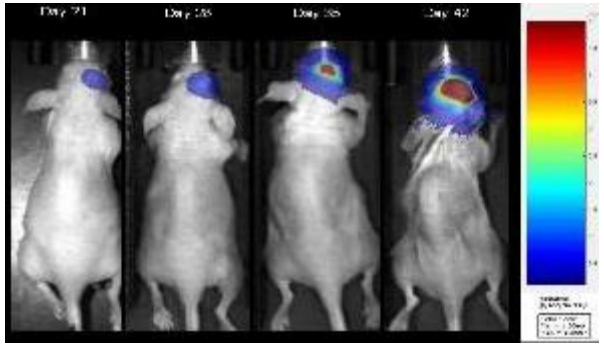
JBI-778 extends survival in preclinical models for Glioblastoma

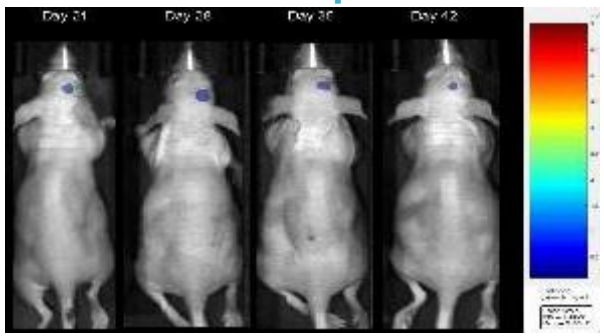
Survival Plot: U87MG Orthopedic Study



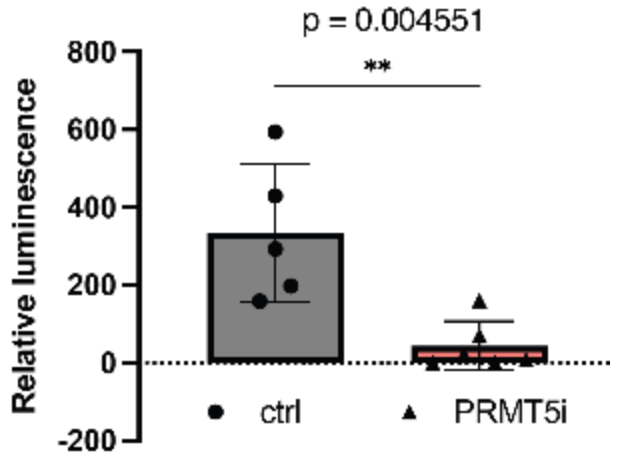
Vehicle control



JBI-778-50mpk BID



JBI-778 treatment results in much less tumor burden on 005 GBM



GBM 005 animal model is among the best representation of the human glioblastoma tumor available

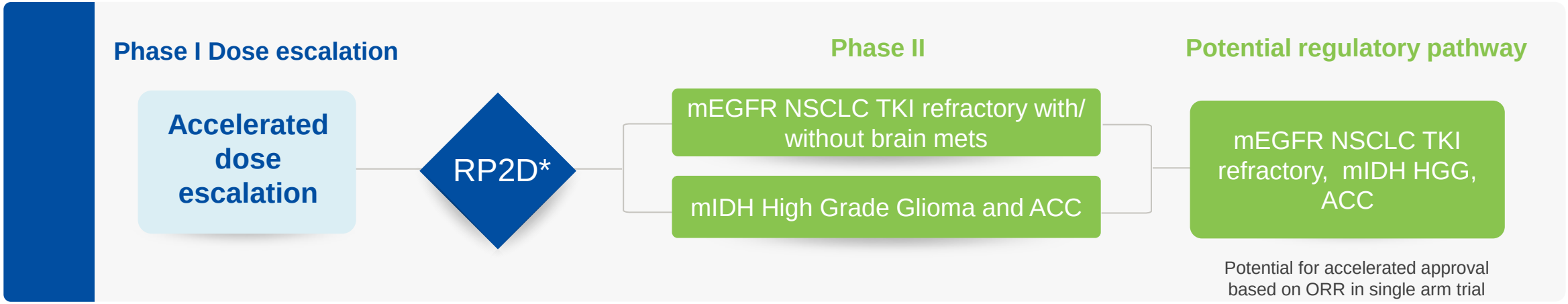
JUBILANT THERAPEUTICS

Clinical Trial for mEGFR NSCLC, IDH+ HGG and ACC in progress with early data expected in 2026

Clinical Trial	NSCLC, HGG, ACC
Phase	Phase 1
Number of patients	42 Dose Escalation: 30 Dose Expansion: 12
Indications	mEGFR TKI resistant NSCLC; IDH+ HGG; ACC
First Patient In (FPI)	Oct 2024
Current Status	• Enrollments and data collection ongoing • Interim data in 2026

EGFR TKI: Tyrokinase inhibitor (e.g. Osimertinib); NSCLC: non-small cell lung cancer; IDH+ HGG: isocitrate dehydrogenase high grade glioma; ACC: Adenoid Cystic Carcinoma (Head & neck cancer)

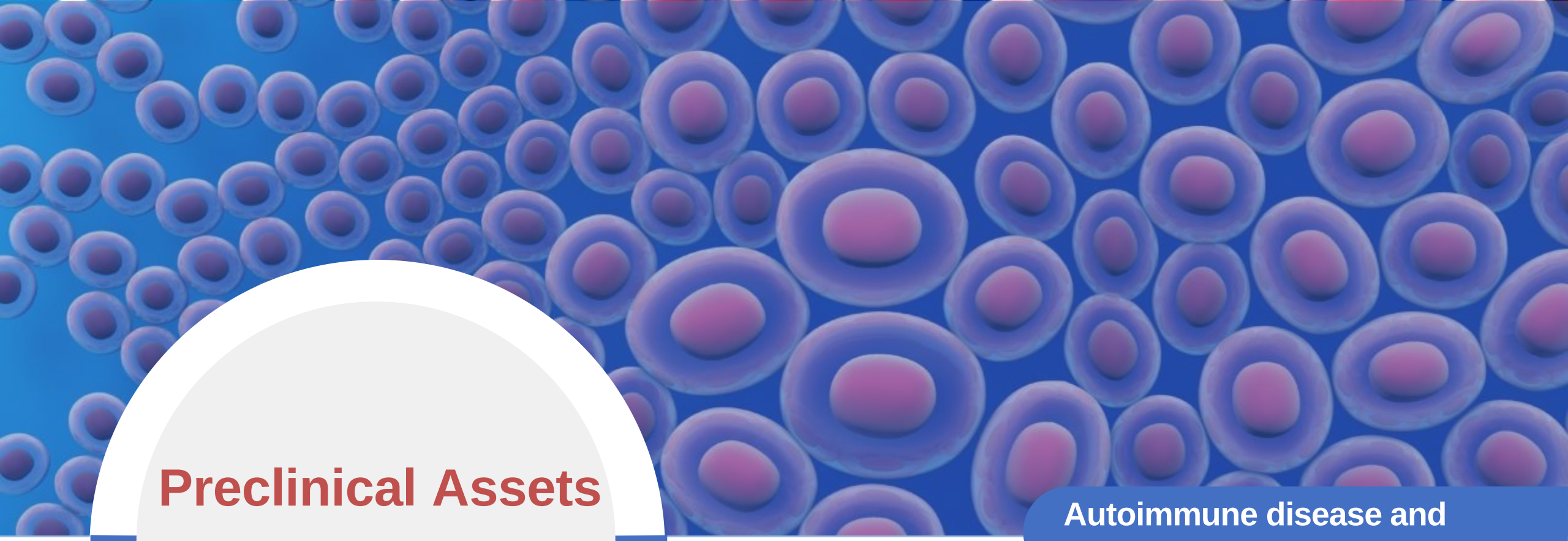
JBI-778 Clinical Development Strategy



***Optimal dose based on PK/PD/Efficacy**

IND cleared by FDA; FIH initiated

NSCLC: Non-small cell lung cancer; ACC: Adenoid cystic carcinoma; HGG: High grade Glioma; IDH: Isocitrate dehydrogenase; EGFR: epidermal growth factor receptor; TKI – Tyrosine Kinase Inhibitors; FIH: First in human



Preclinical Assets

PAD4 inhibitors

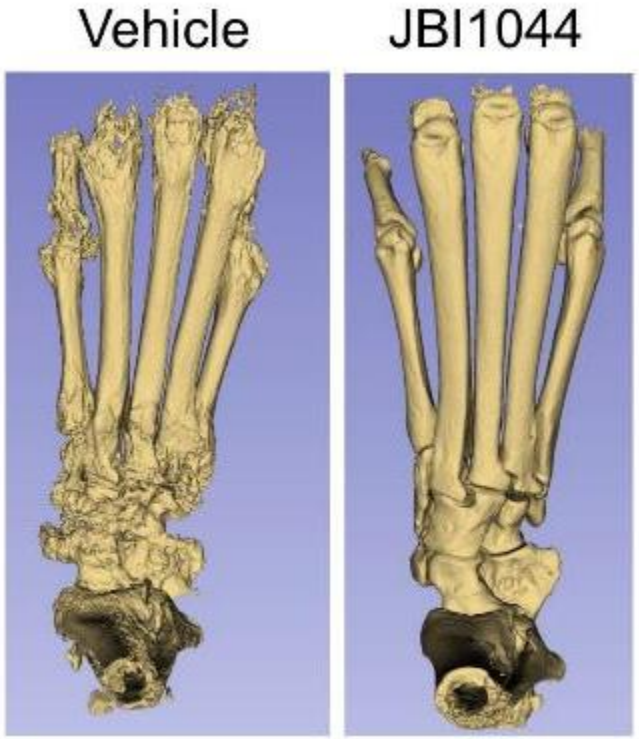
Autoimmune disease and Cancer

PAD4 Inhibitor Highlights: First in class for autoimmune and cancer

Current Status	Clinical candidate identified with **optimized therapeutic margin** to address acute and chronic autoimmune indications
Differentiation	First-in-class PAD4 inhibitors with mechanism of action affecting broad range of diseases **No observed immune suppression** unlike JAK-2 and TNF-α
Clinical opportunities	RA, psoriasis, fibrosis, high unmet niche inflammatory indications like hidradenitis suppurativa (HS) and antibody associated vasculitis (AAV) Liver mets in colorectal and pancreatic cancer using PAD4 induced MPO as biomarker
Efficacy	Therapeutic activity observed in multiple disease models including RA and other autoimmune/inflammation models including IPF, colitis, diabetic wound healing and psoriasis
Safety	Non-GLP toxicology studies: Well tolerated with excellent therapeutic margin with no observed immune suppression including absence of neutropenia, thrombocytopenia and leukopenia.
Milestone	IND enabling study planned

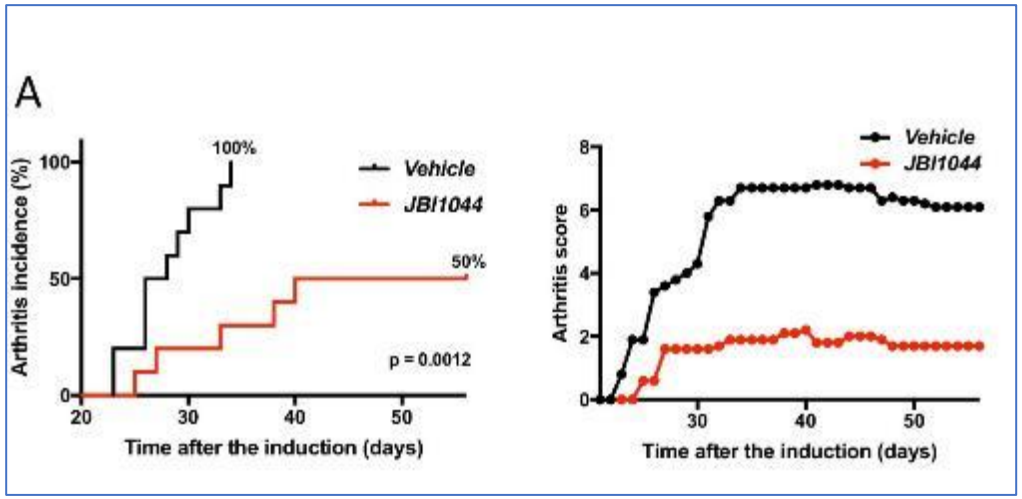
JUBILANT THERAPEUTICS

JBI-1044 tool compound demonstrated efficacy in CIA model @ Boston Children's Hospital

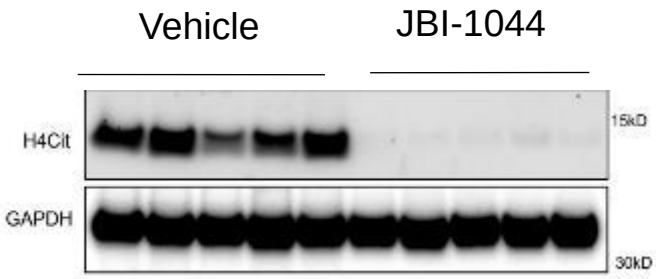


Micro-computed tomography (Micro-CT) image

Granulocyte colony-stimulating factor (G-CSF)-modified CIA model



Detection of H4Cit in synovial joint



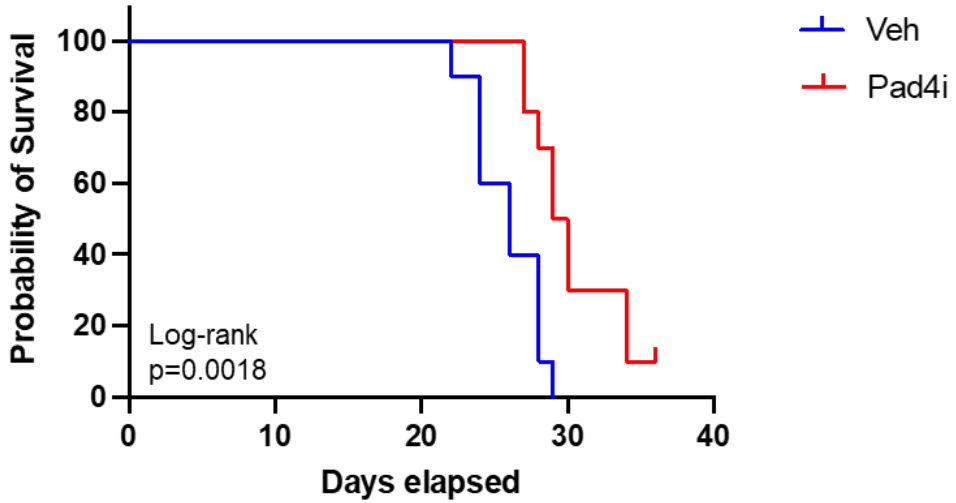
Scanning was performed in air using µCT 40 (Scanco Medical, Bassersdorf, Switzerland) at 80 kVp, 88 µA, 1,000 ms integration time, and a voxel size of 6 µm. 3D reconstructions and analysis of images were performed with 3D Slicer

Sci Rep 13, 3189 (2023).

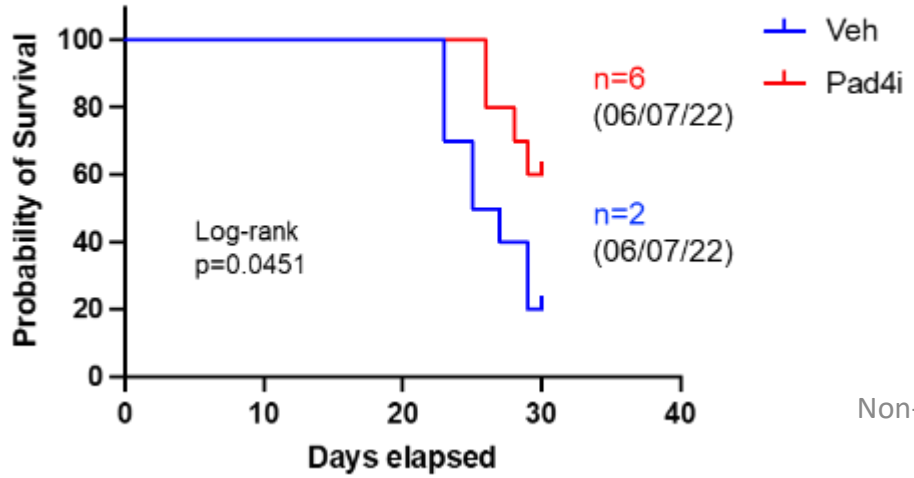
Dr. Denisa Wagner Lab

JBI inhibitors decrease metastasis in multiple models of cancer

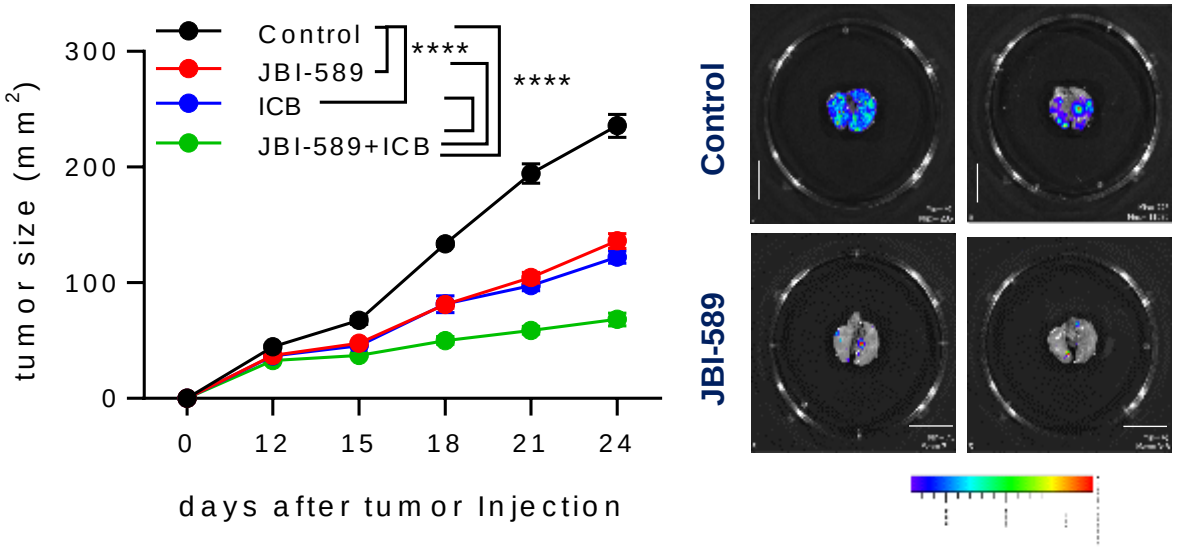
Metastatic pancreatic cancer to liver



MC38 Splenic injection

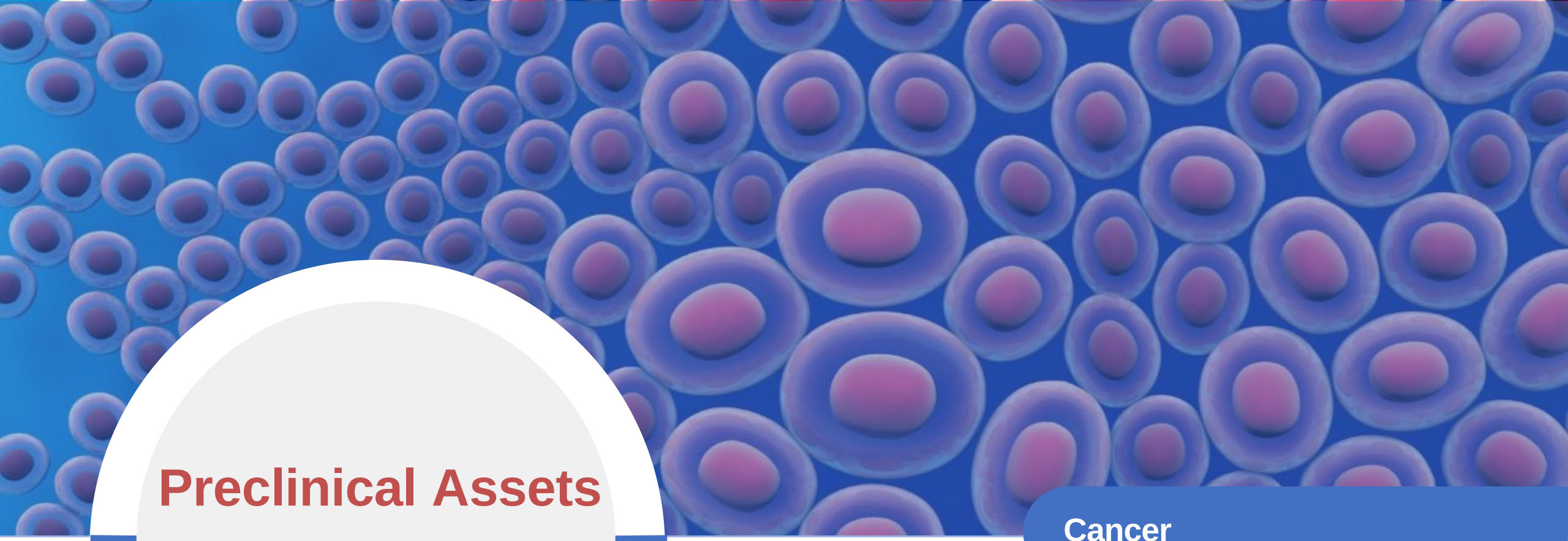


Metastatic lung cancer



JBI-589 slows the growth of the primary tumor and completely abolishes the formation of lung metastasis

Cancer Res (2022) 82 (19): 3561–3572.
https://doi.org/10.1158/0008-5472.CAN-21-4045



Preclinical Assets

PD-L1 inhibitors

Brain Penetrant

Cancer

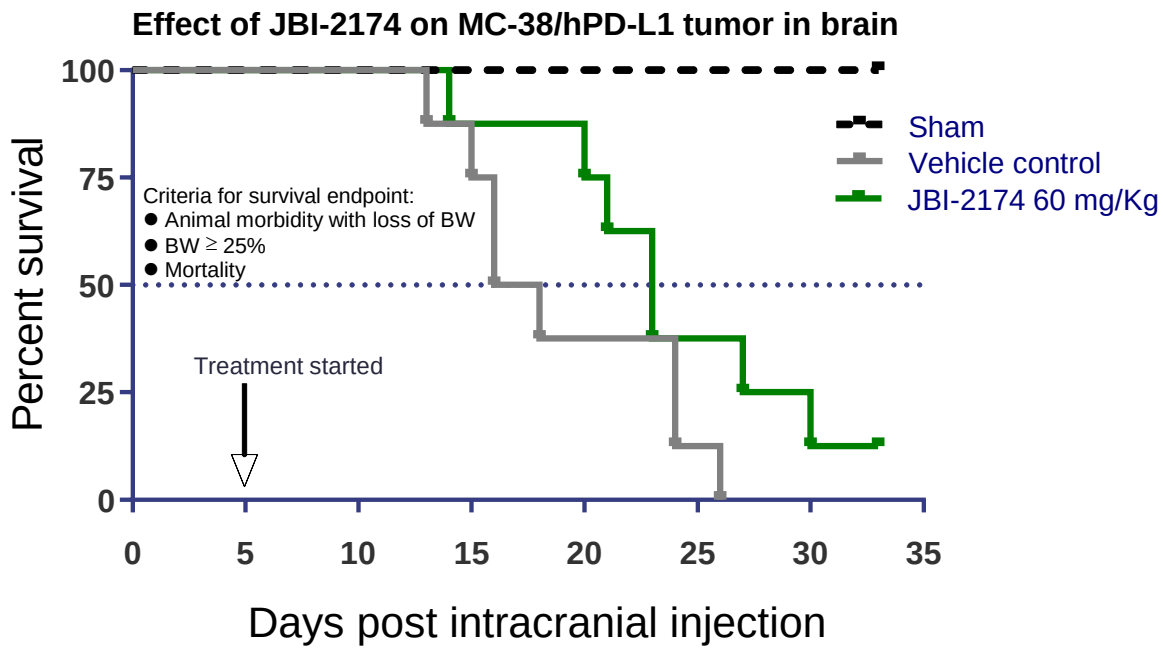
PD-L1 Inhibitor Program Highlights

MOA	Oral, highly selective PD-L1 inhibitors to address organ specific bio-distribution and long-term maintenance therapy
Differentiation	Uniquely targets brain tumors to achieve efficacy in tumors resistant to approved anti-PD1/PDL-1 Second series targets GI to achieve superior efficacy vs non targeted anti-PD1/PDL-1 Short term exposure and oral dosing offer unique opportunity for long-term maintenance therapy
Clinical opportunities	GBM and brain metastases and GI tumors like non-dMMR/MSI-H CRC, liver cancer and stomach cancer remain underserved by immuno-checkpoint antibodies
Efficacy	Demonstrates robust anti-tumor activity comparable to anti-PD-L1 antibodies
Safety	Well tolerated in 14 day toxicology studies in rodents and NHP. Clean profile in Cerep 44 toxicity panel
Milestones	PCT patent filed in major territories and expires in 2038

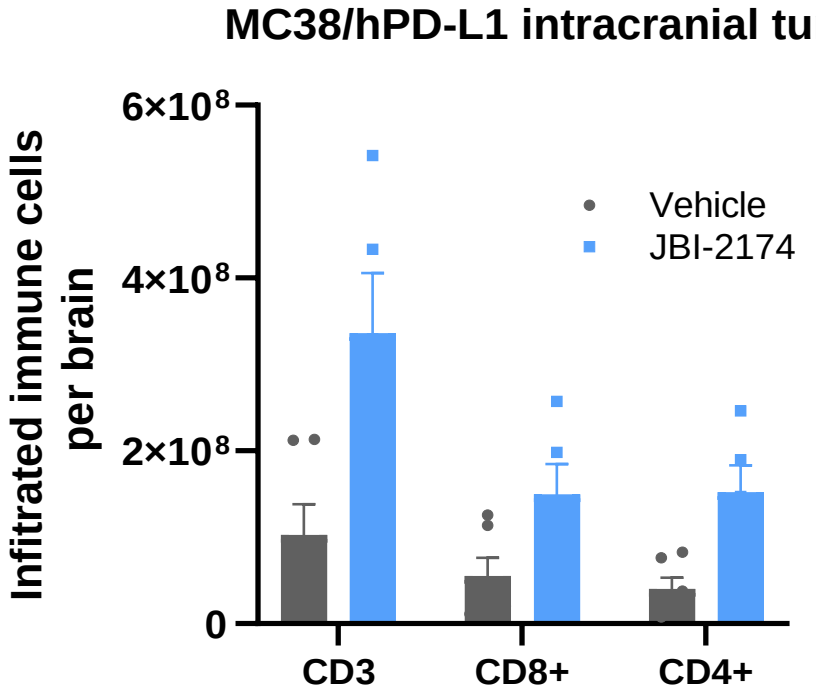
JUBILANT THERAPEUTICS

JBI-2174 is efficacious in MC-38/hPD-L1 Brain-Intracranial model

Brain-Intracranial model: MC-38/hPD-L1

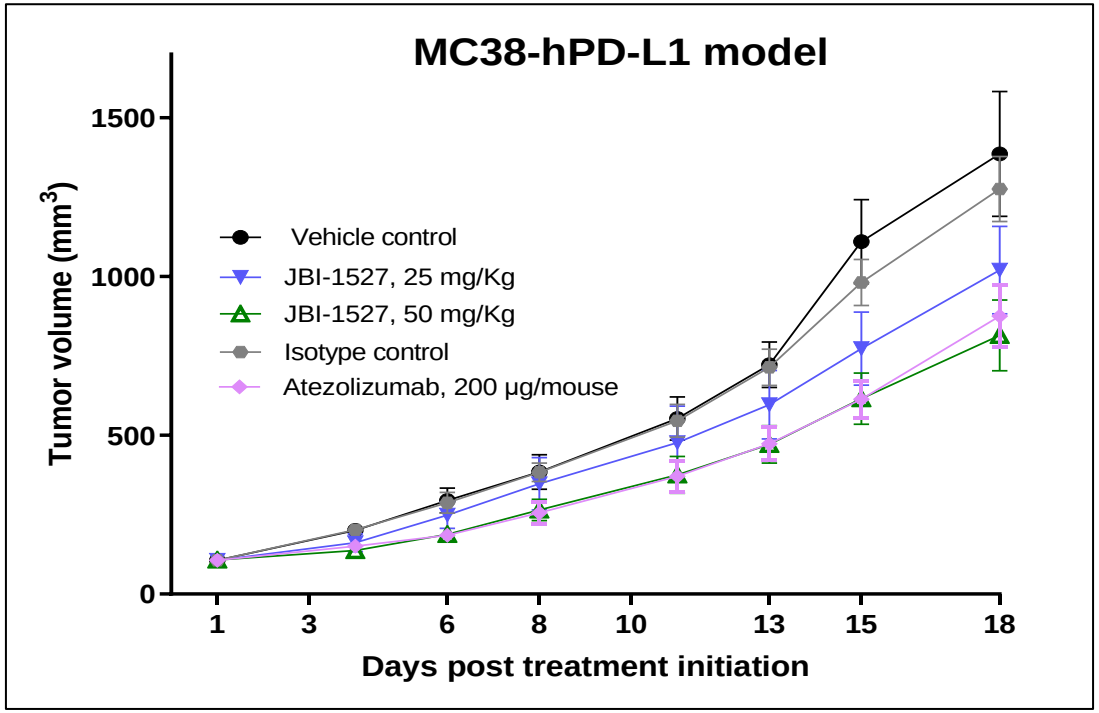


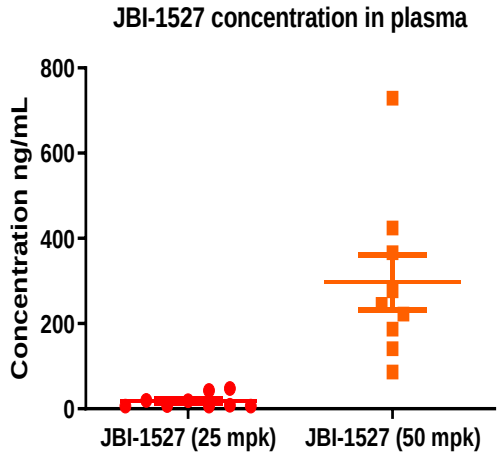
	Sham	Vehicle control	JBI-2174, 60 mg/Kg, bid
Median survival	Undefined	17	23

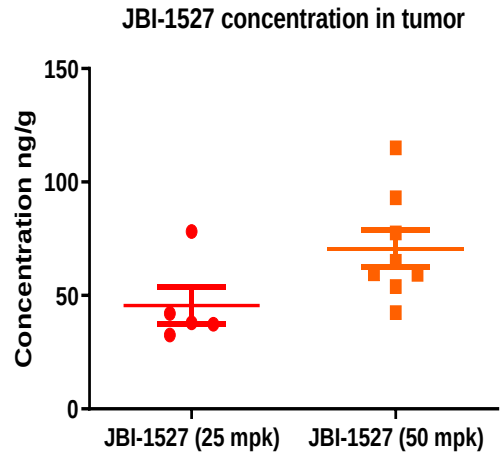


Strong Tumor Growth inhibition and extending Survival in MC-38/hPD-L1 Brain - Intracranial model

Gut restricted PD-L1 inhibitors are efficacious in syngeneic models

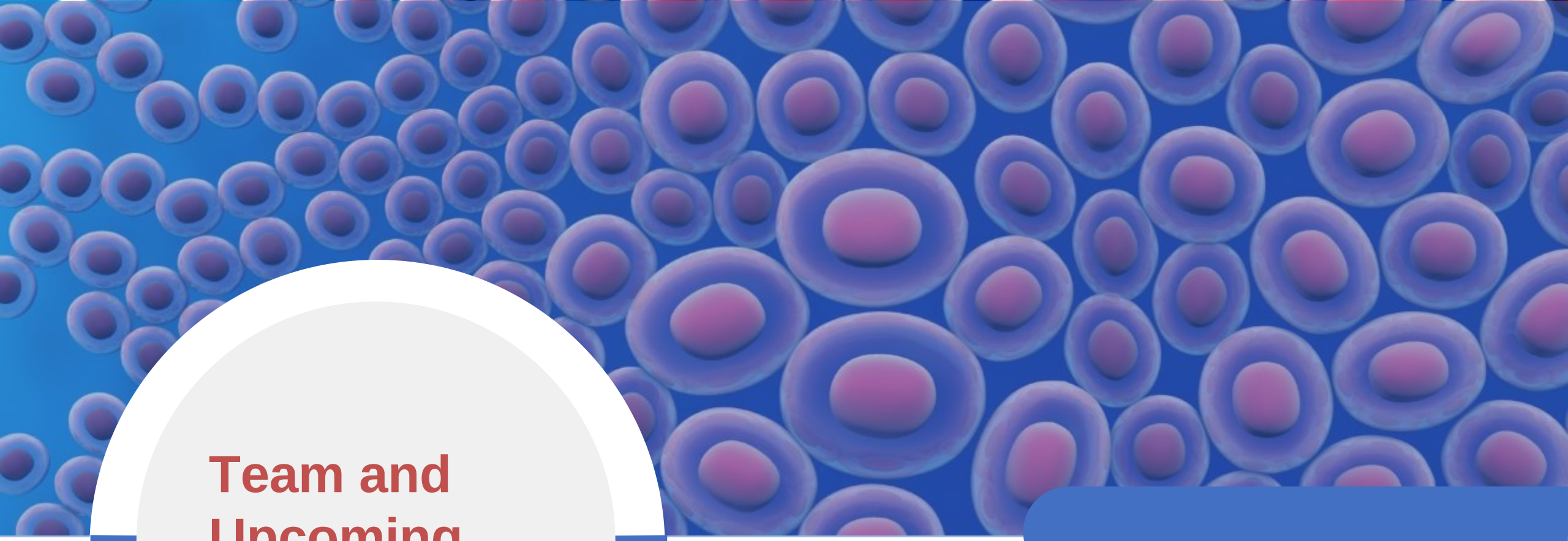






- JTx PD-L1 inhibitors showed strong tumor growth inhibition by oral administration
- Efficacy was comparable to Anti- PD-L1 ab/mAb Atezolizumab
- Compounds were well tolerated

JUBILANT THERAPEUTICS



Team and Upcoming Milestones

Executive Leadership Driven by Scientific Excellence to Develop First in Class Therapeutic Targets

SYED KAZMI, PhD, MBA
Chief Executive Officer

MELDA DOLAN, MD
Chief Medical Officer

SHYAM PATTABIRAMAN, MS
Chief Financial Officer

SRIDHARAN RAJAGOPAL, PhD
VP & Head,
Medicinal Chemistry

Johnson & Johnson

NOVARTIS

AMGEN

BRACCO

SAINT LOUIS UNIVERSITY
SCHOOL OF MEDICINE

pwc

JUBILANT PHARMOVA

AURIGENE
Accelerating Discovery

OrchidPharma

JUBILANT BIOSYS

Scientific Advisory Board:

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Laurence Joseph Dineen Chair in Leukemia Research; Chief, Molecular Cancer Medicine, Memorial Sloan Kettering

Dr. Santosh Kesari
Director, Neuro-Oncology; Professor, Dept. of Translational Neurosciences; Director, Research Clinical Institute, Providence Southern California

Dr. William C. Hahn
William Rosenberg Professor of Medicine,
Interim EVP & COO, CSO, Dana-Farber Cancer Institute

Dr. Neal Rosen
Enid A. Haupt Chair in Medical Oncology, Memorial Sloan Kettering

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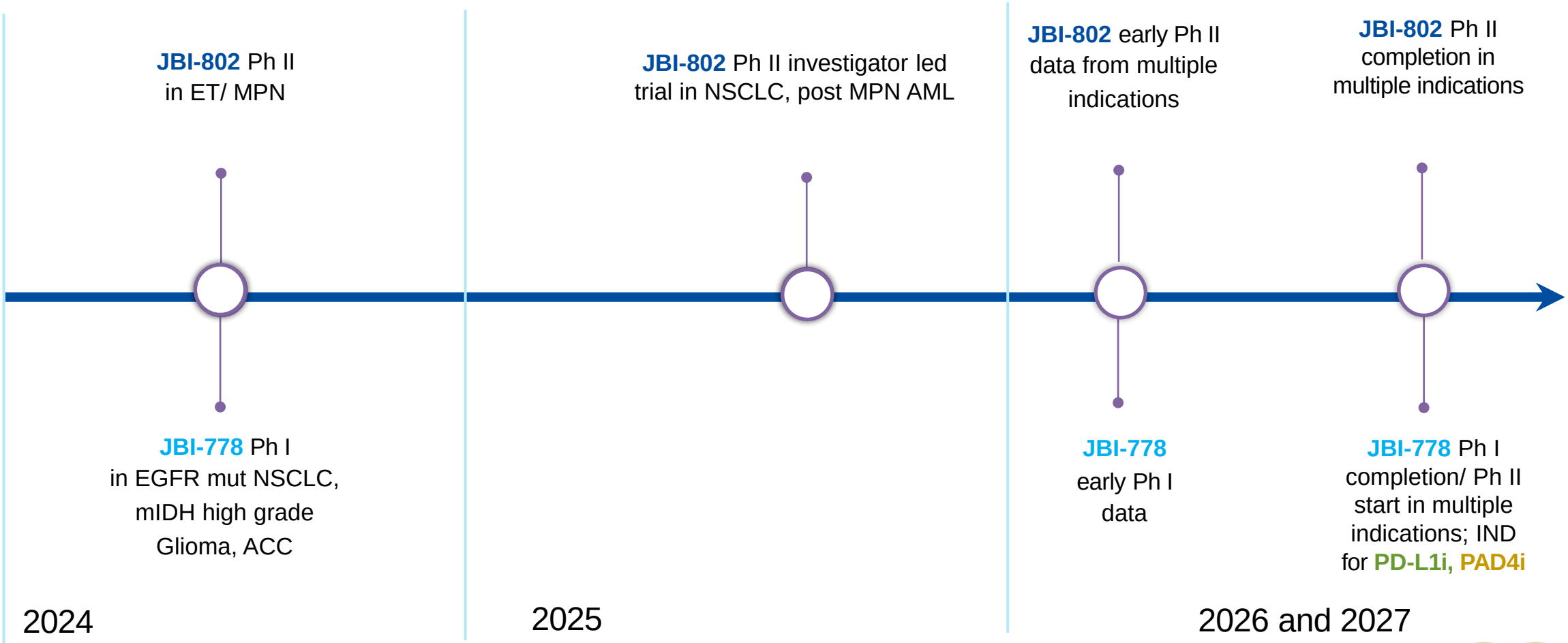
Milestones and Catalysts



Summary

Clinical-Stage Precision Oral Medicine Company Aiming to Improve Patient Outcomes in Hematology Oncology, Solid Tumors, and Immunology

JBI-802 Preliminary Phase 2 Clinical Trial Results expected in 2026

JBI-778 Preliminary Phase 1 Clinical Trial Results expected in 2026

Value inflection potential with de-risked clinical data

JUBILANT THERAPEUTICS

Thank You

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