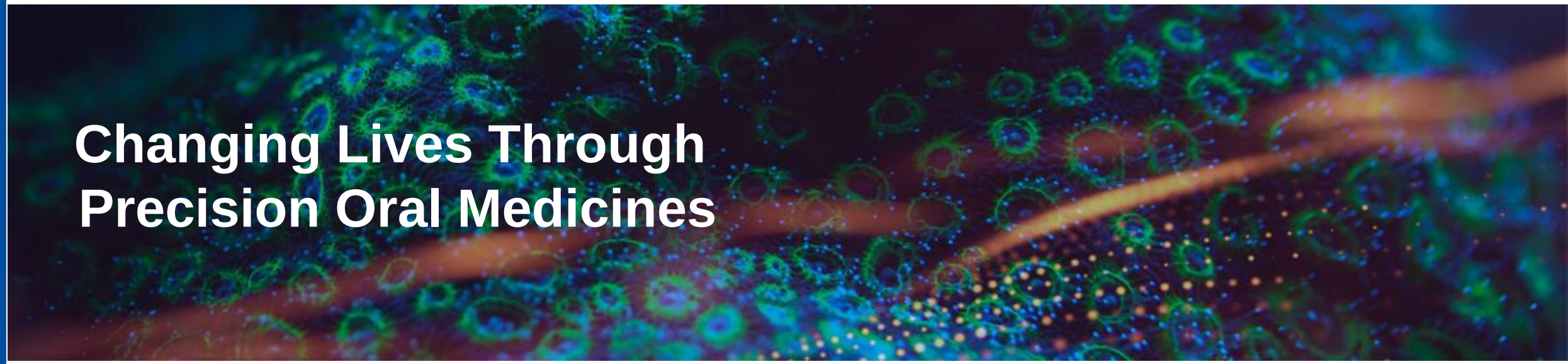

Changing Lives Through Precision Oral Medicines

Dec 2025

JUBILANT THERAPEUTICS

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.

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

JBI-802 CoREST inhibitor in Phase II trials for heme and solid tumors;
JBI-778 PRMT5 inhibitor in Phase I trials for solid tumors;
PAD4 inhibitor for autoimmune disease in IND track

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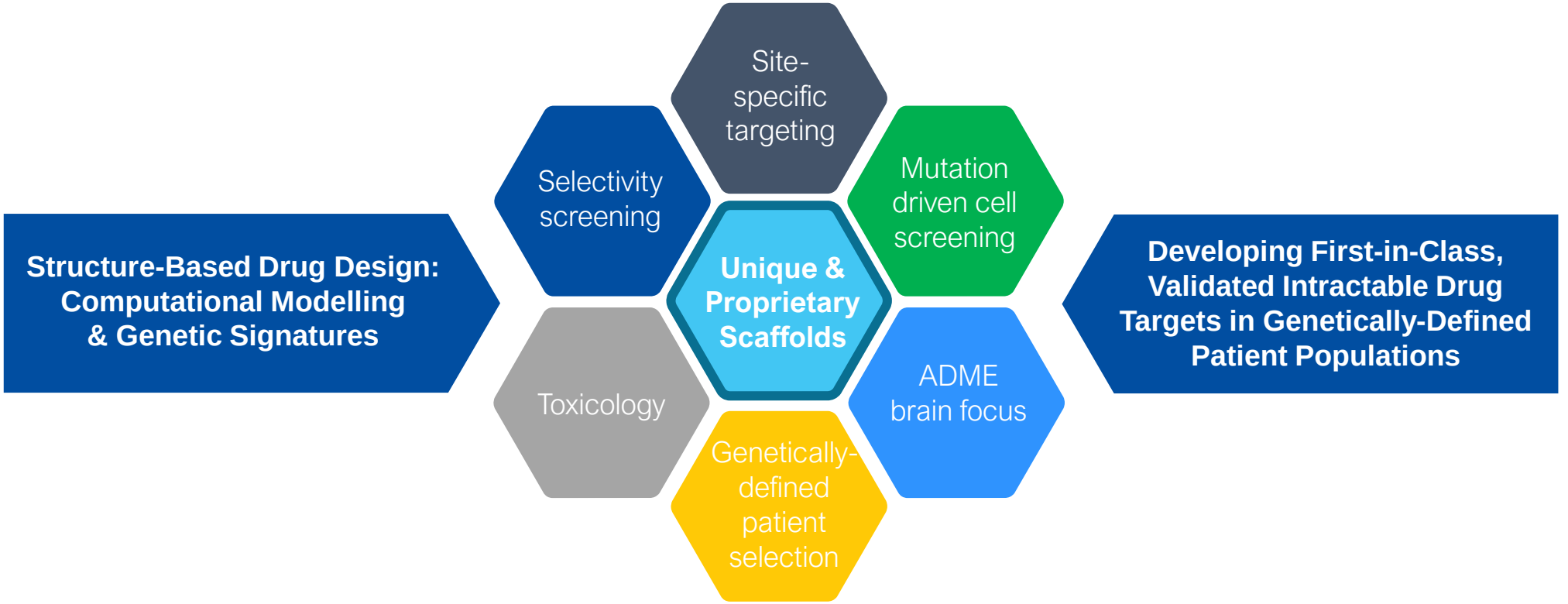
TIBEO Advanced Discovery Engine Enhances the Therapeutic Index and Optimizes Brain Penetration

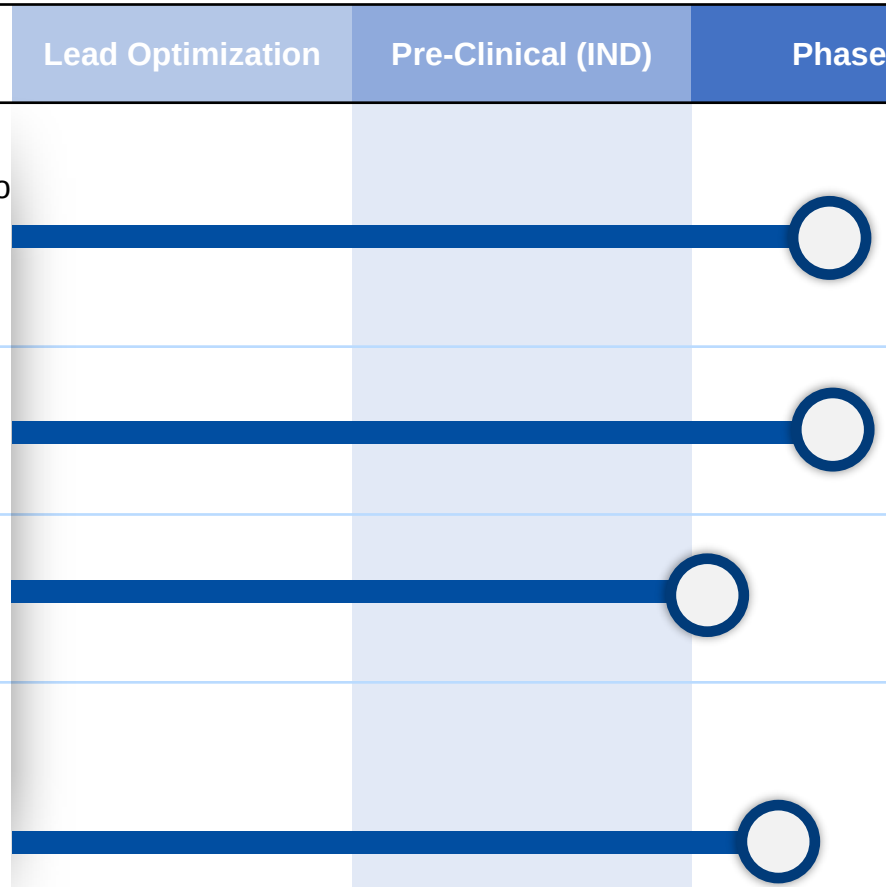


Jubilant's discovery engine is based on a drug discovery approach **validated through successful integrated discovery programs/ partnerships** with big pharma, biotech, and healthcare VC and has a team of dedicated scientists

JUBILANT THERAPEUTICS

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

Program	Mechanism	Indications	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 planned ▪ 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; CoREST: corepressor protein involved in regulating gene expression

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-3041	PAD4 Inhibitor	Autoimmune disease and oncology				IND track
JBI-2174	PD-L1 Inhibitor Brain Penetrant	Brain tumor and metastases				IND track
Pan KRAS	Pan KRAS "ON" inhibitor	Oncology				
EGFR[1,*]		Oncology				
BRD4[*]		Oncology				

Pemazyre

blueprint MEDICINES

CHECKPOINT THERAPEUTICS

[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

JUBILANT THERAPEUTICS

CoREST Inhibitor

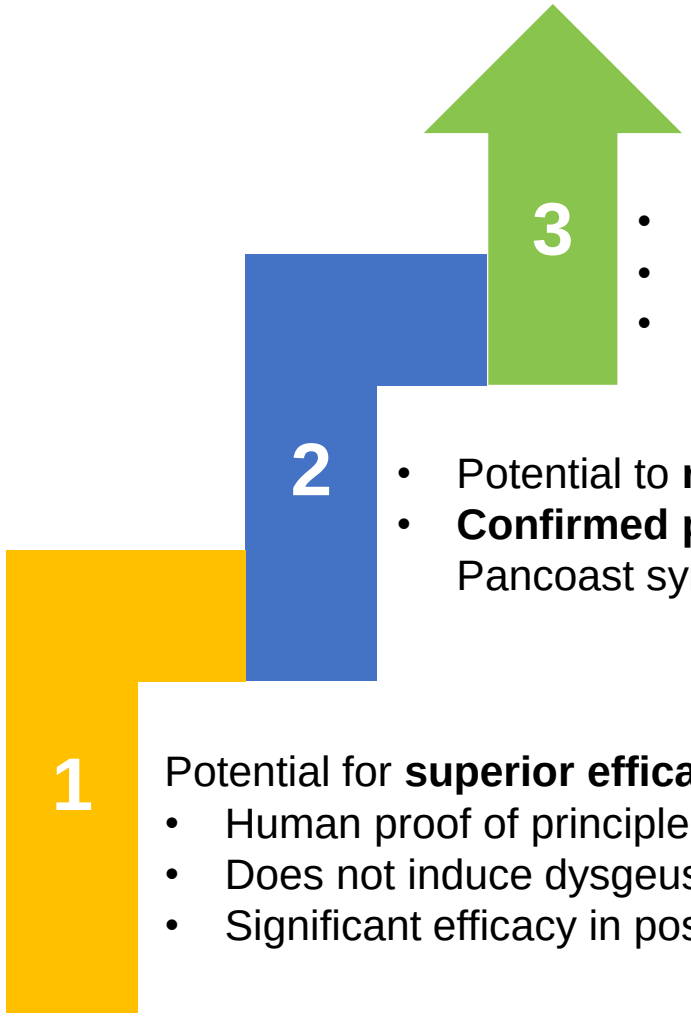
Epigenetic Modulating Agent

Lead Program
JBI-802

Multiple Development Opportunities in Hematology/Oncology & Solid Tumors

JBI-802 Represents Large Market Opportunity validated by Deal Benchmarks

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



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- Phase I/II in **ET and MPN** with thromocytosis
- Phase II in STK11-mutant **NSCLC**
- Phase II 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**

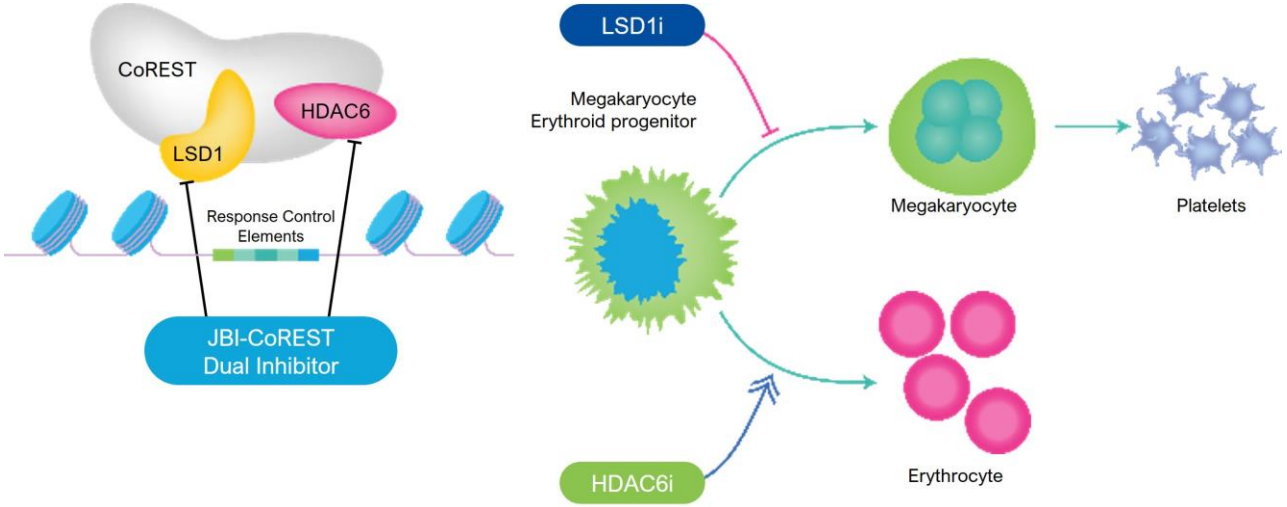
- Human proof of principle with dose dependent reduction in platelet levels
- Does not induce dysgeusia or anemia in patients*
- Significant efficacy in post-MPN leukemia (erythroleukemia) model leading to orphan status by FDA

ET – Essential Thrombocythemia; MPN: Myeloproliferative Neoplasm; NSCLC: non-small cell lung cancer; SCLC: small cell lung cancer; AML – Acute Myeloid Leukemia; MPN – myeloproliferative neoplasm; CoREST: Co-repressor for element-1 silencing transcription factor; Dysgeusia – condition that affects sense of taste, impacting appetite and quality of life

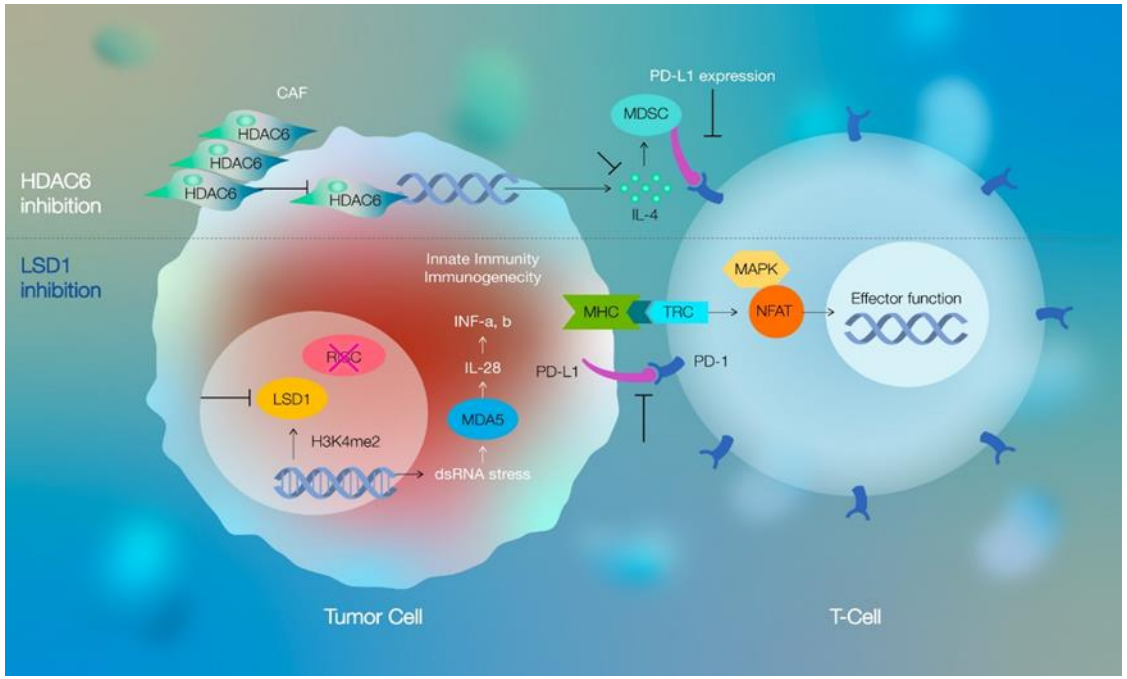
* JBI-802 Phase I basket trial; ** Imago Phase II trial in ET patients

JBI-802 First-in-class CoREST inhibitor applicable in Heme and Solid tumors

Effect on Heme malignancies



Enhancing Anti-Tumor Immunity in Solid Tumors - mSTK11 NSCLC (IO resistant) and SCLC



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 of REST-driven tumors

- HDAC6 inhibition overcomes immunosuppression by decreasing inhibitory activity M2 Macrophage and M-MDSC and increasing NK and T cell infiltration
- LSD1 inhibition stimulates anti-tumor T cell immunity

MEP – Megakaryocyte Erythroid Progenitor; M-MDSC: monocytic myeloid-derived suppressor cells; NK – natural killer cells; IO: immuno-oncology; STK: serine/threonine kinase; CoREST: Co-repressor for element-1 silencing transcription factor

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 disorder 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 – currently in Phase III)

Unmet need for efficacious therapy for refractory/non-responders to current therapies (cytoreductive)

Company sponsored trial - 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 under planning at MSKCC, NY

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 initiated at Christ Hospital, Cincinnati

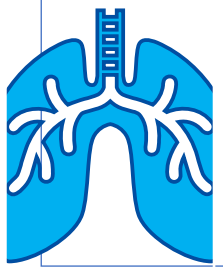
Upside in SCLC ~ 10-15% of lung cancer (JBI-802 achieved tumor regression in combination with PD-1 inhibitors in animal models) –**Investigator led trial by SWOG under planning**

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; STK: serine/threonine kinase

JUBILANT THERAPEUTICS

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

From Hospice Care to Tumor Reduction and Better Quality of Life

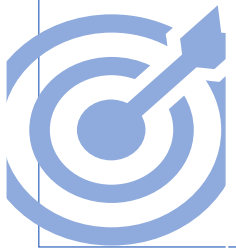


Initial Condition

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

Treatment Progress

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

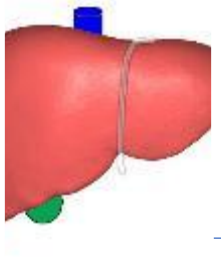


Tumor Reduction

- 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



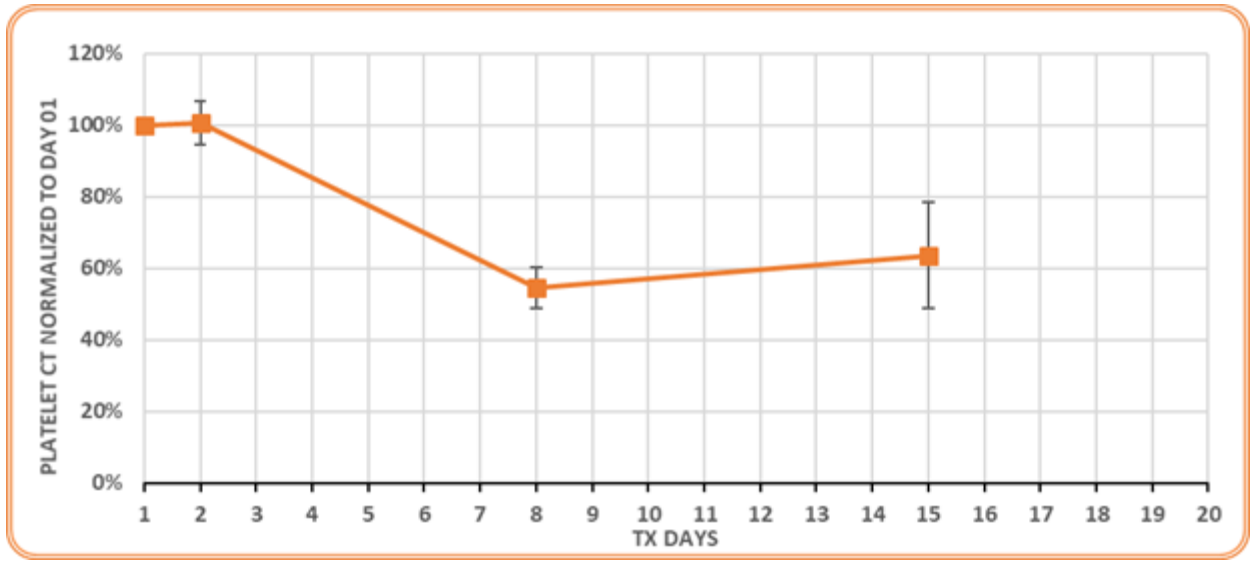
2nd Doublet IO-Refractory NSCLC patient

- 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

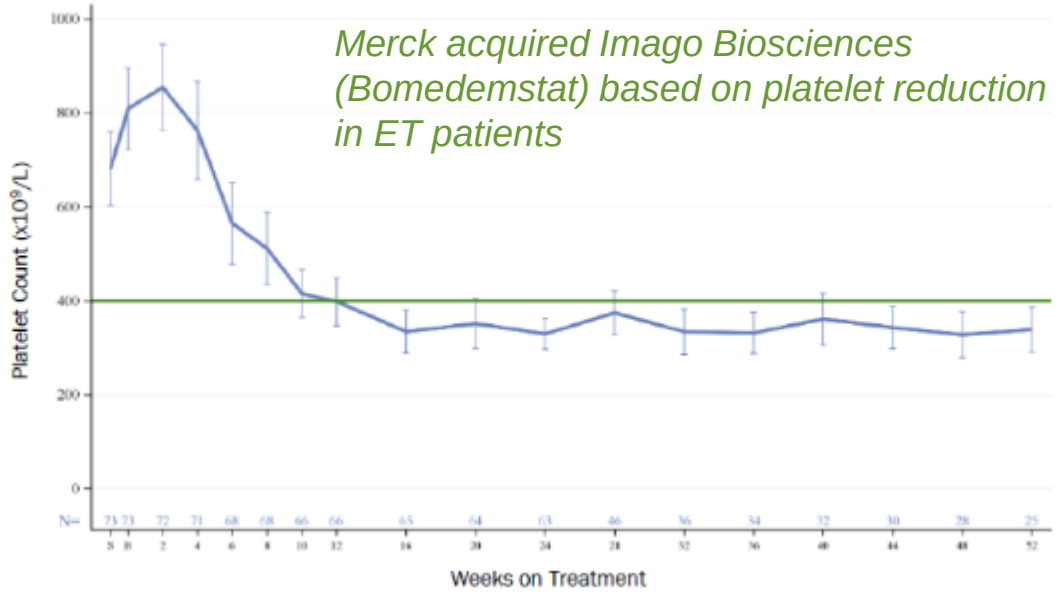
JUBILANT THERAPEUTICS

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**)*
- Preliminary clinical data in ongoing ET trial shows promising clinical benefits for JBI-802

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

JUBILANT THERAPEUTICS

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

U.S. Market Opportunity

ET 2nd Line

~120k
ET Population (U.S.)[1]

~60k
50% cytoreductive therapy (Hydroxyurea)[2]

~15k
~25% sub-optimal / intolerant to Hydroxyurea[3]

MDS/MPN-RS-t

~100k
MDS Population (U.S.)[2]

~1.5k
1.5% of MDS[4]

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	

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

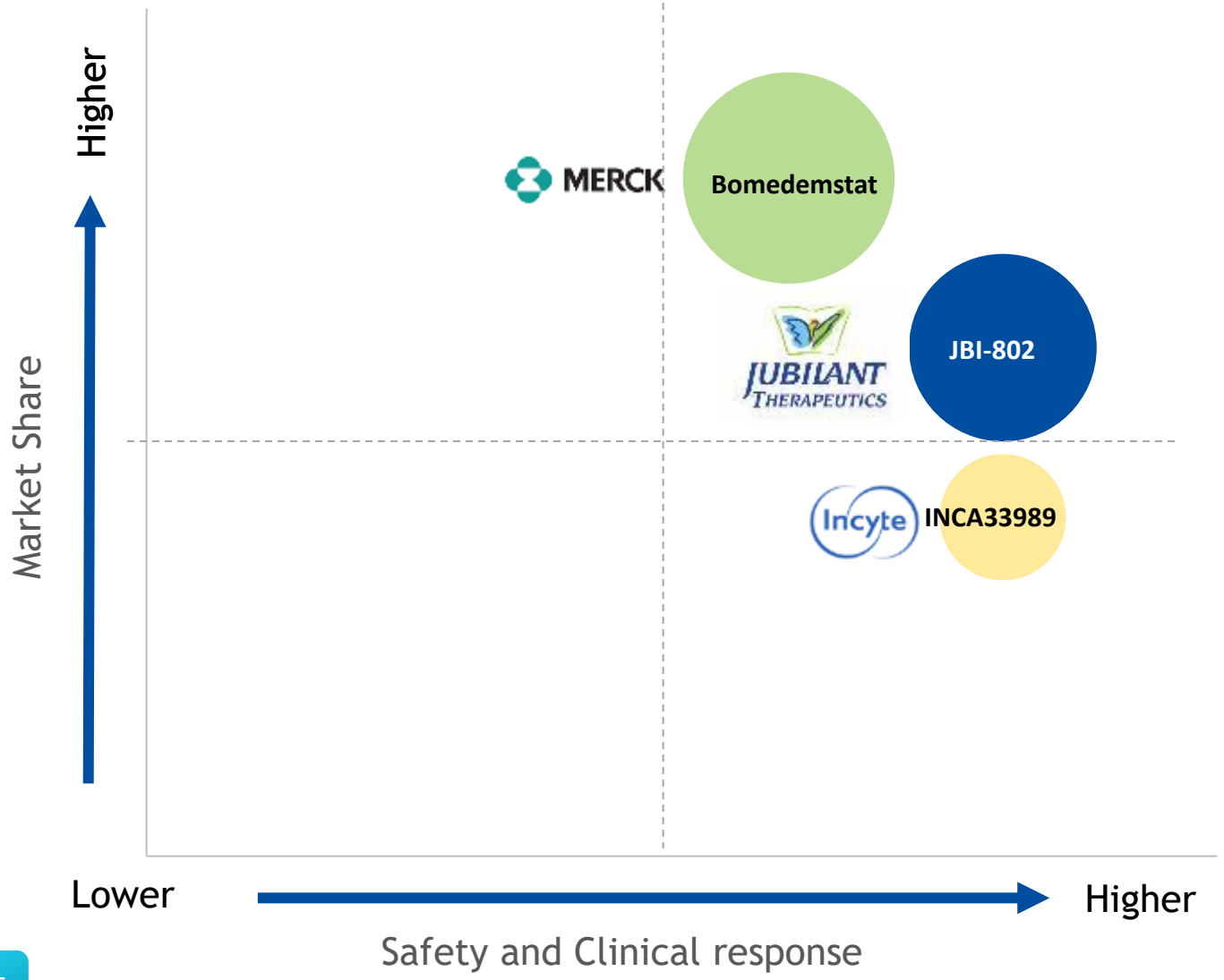
Current pipeline with novel mechanisms has potential to address unmet needs

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

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

JUBILANT THERAPEUTICS

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 no dysgeusia and anemia
  - JBI-802 (small molecule) demonstrates potential to have comparable efficacy to Bomedemstat (small molecule) and INCA33989 (biologic)
- **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 (CALR mutation)

Size of circles based on addressable patients, safety & clinical response value; few Chinese companies also developing LSD1 only inhibitors but in preclinical stage

JUBILANT THERAPEUTICS

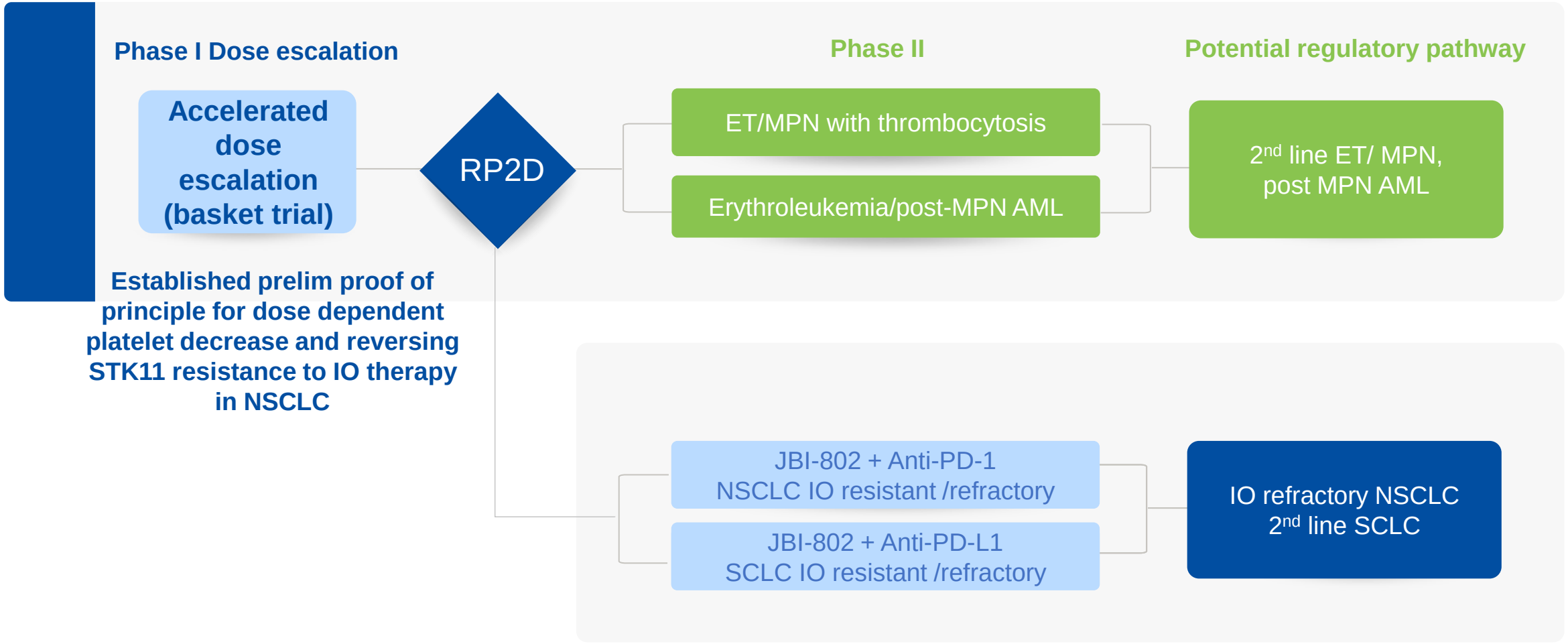
Clinical Data in multiple indications expected in 2026

Clinical Trials	ET+ MPN	mSTK11 NSCLC (IIT at Christ Hospital, Cincinnati)	Post MPN AML / Erythroleukemia (IIT at 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	2H 2025	2H 2025
Current Status	• Enrollments and data collection ongoing • Interim data 2026	• IND approved • Interim data 2026	• IND filing underway • Interim data 2026

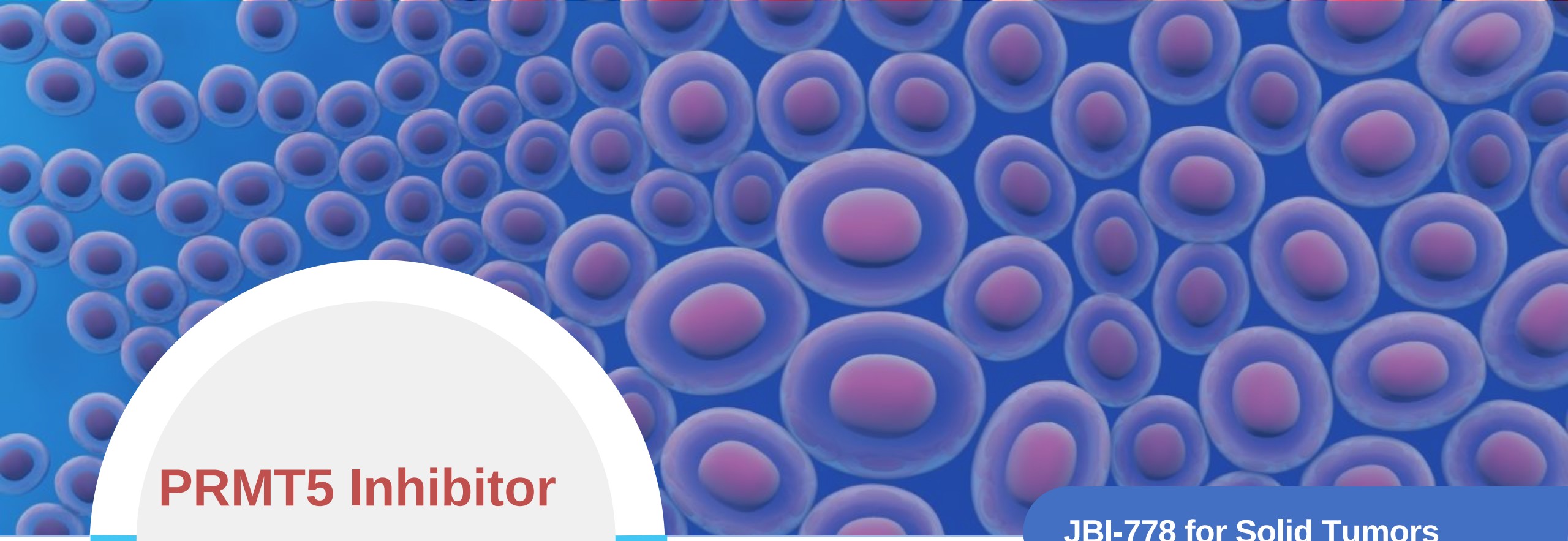
ET: Essential Thrombocythemia, MPN: Myeloproliferative Neoplasm, MDS: Myelodysplastic Syndrome, NSCLC: Non-small cell lung cancer, AML: Acute Myeloid Leukemia; IIT: Investigator Initiated Trial; IO: Immuno-oncology

JUBILANT THERAPEUTICS

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



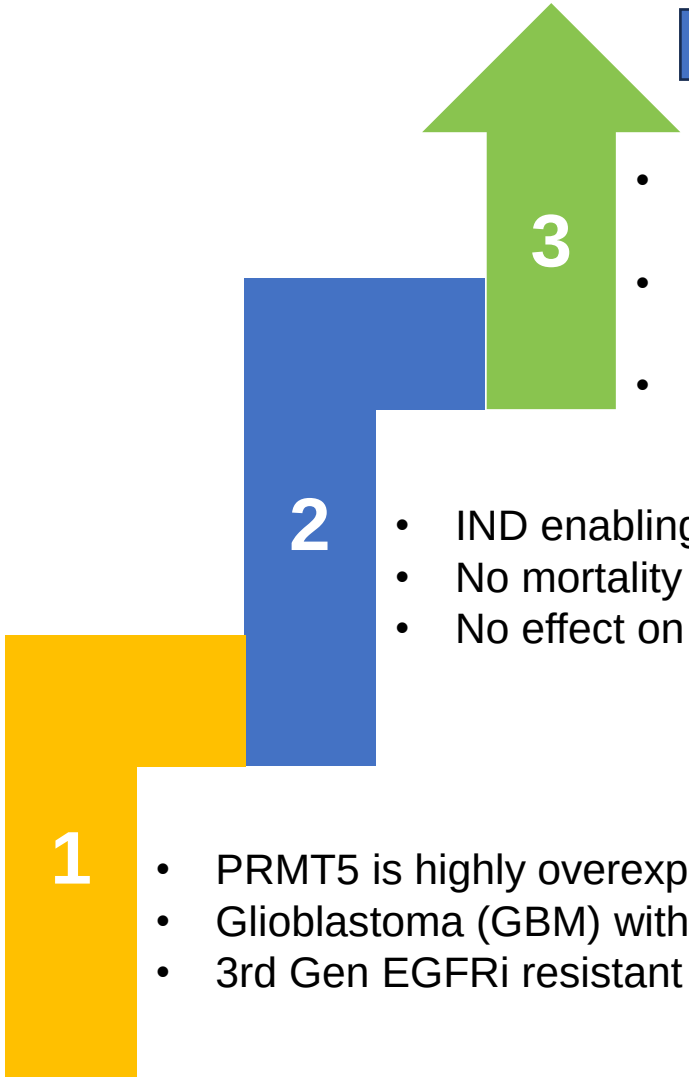
PRMT5 Inhibitor

Brain Penetrant Agent

JBI-778 for Solid Tumors

Phase I 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

- Oral, highly differentiated, **Substrate competitive/ SAM cooperative brain penetrant** PRMT5 inhibitor
- **Addresses both MTAP +/- tumors** *(unlike MTA co-operative inhibitors that address only MTAP null tumors)*
- **IND approved; Phase I ongoing**

- 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

- 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

JUBILANT THERAPEUTICS

Opportunity for JBI-778 to address larger 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

Phase I dose escalation studies ongoing

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

JUBILANT THERAPEUTICS

JBI-778 vs. Competitive PRMT5 Inhibitors

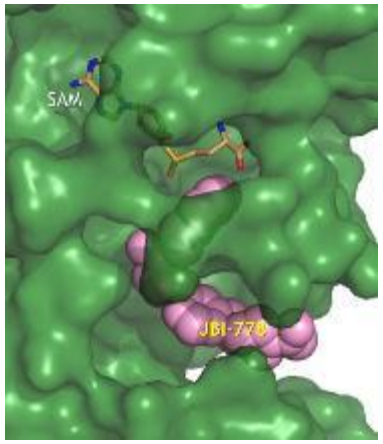
Company	Jubilant Therapeutics (JBI-778)	Tango, BMS(Mirati), Amgen	Pfizer, Prelude, J&J
Product Type	✓ Substrate competitive ✓ SAM Cooperative ✓ Spliceosome Selective ✓ Brain Penetrant	✓ MTA Cooperative*	✓ SAM Competitive
Mechanism of Action	▪ Targets substrate site and stabilizes SAM bond to PRMT5 with 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

*Tango: conducting Phase I trial in GBM for brain penetrant MTA cooperative PRMT5i (TNG456); suspended trial of earlier brain penetrant PRMT5i (TNG908)

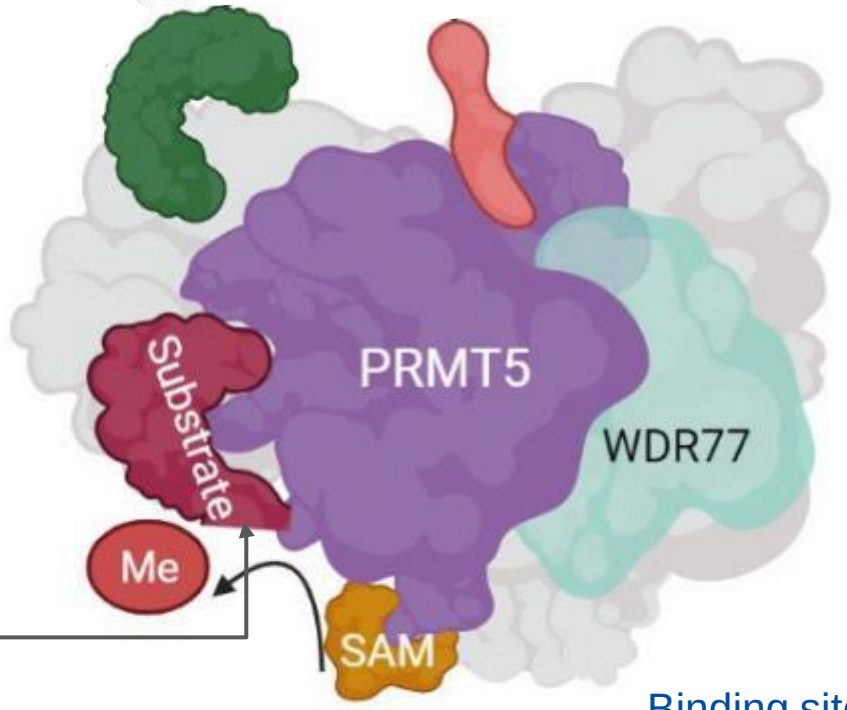
JUBILANT THERAPEUTICS

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

JUBILANT THERAPEUTICS

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

mEGFR TKI Resistant NSCLC	USA	India
	~200K +	**~95k+**
	~34k+ 17% EGFR mutation[2]	**~25k+** 26% EGFR mutation[2]
	~17k+ 50% acquire resistance	**~12k+** 50% acquire resistance

TKI resistant mEGFR NSCLC translates to annual revenue potential of ~$2B in US

Standard of Care	Unmet Need
Chemotherapy	• Limited therapeutic options which have 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**

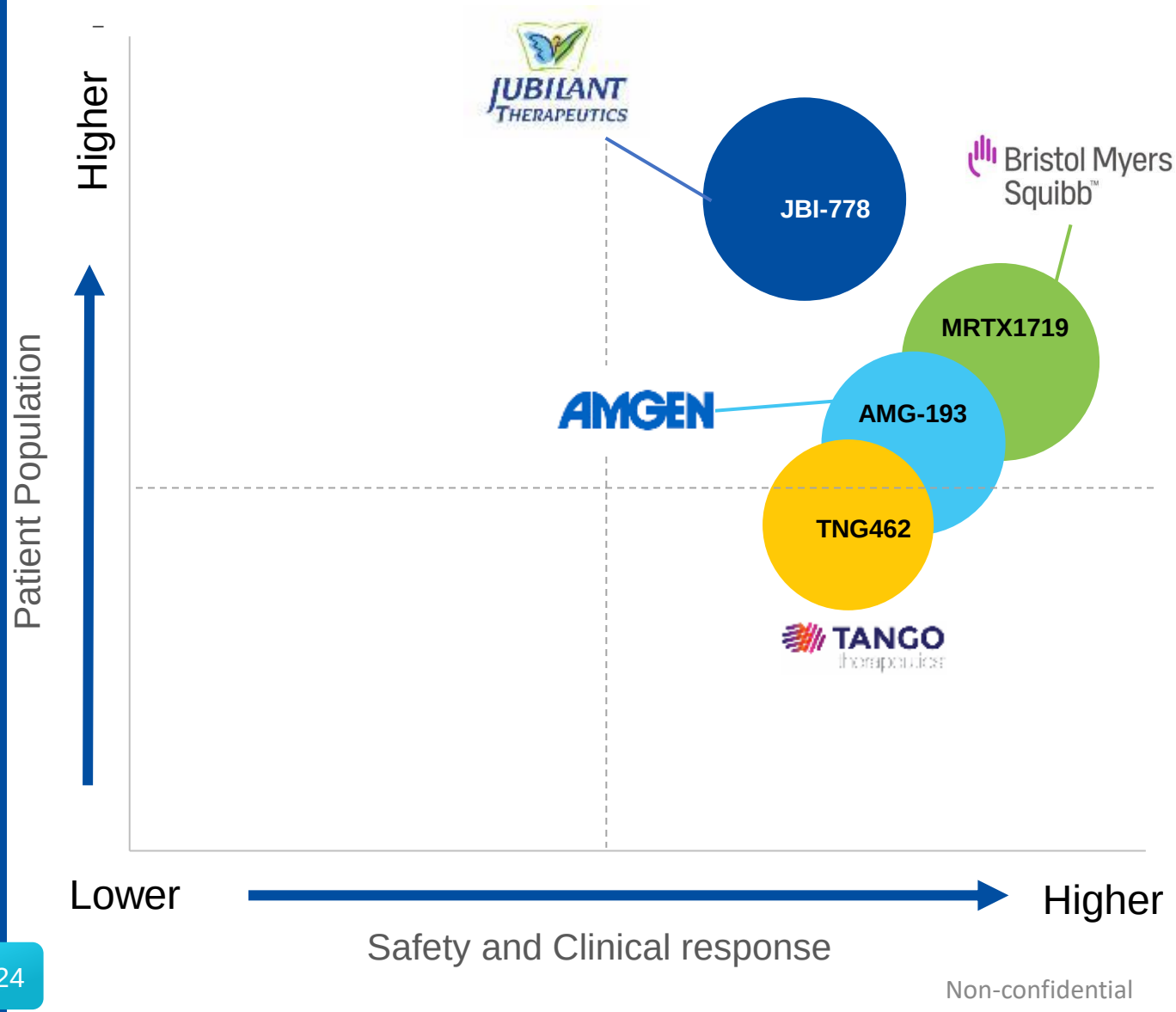
- MTA co-operative PRMT5 inhibitors can address only 10-15% of these patients
- JBI-778: potential to address larger share of mEGFR NSCLC patients - high unmet needs

Source: 1) GlobalData 2) GlobalData

TKI: Tyrosine Kinase inhibitors

JUBILANT THERAPEUTICS

JBI-778 Demonstrates Signs of Comparable Safety and Efficacy to MTA-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 concentration to achieve 90% of PRMT5 inhibition.
Demonstrated initial efficacy with few partial responses in multiple tumors	Dose escalation Phase I – data awaited

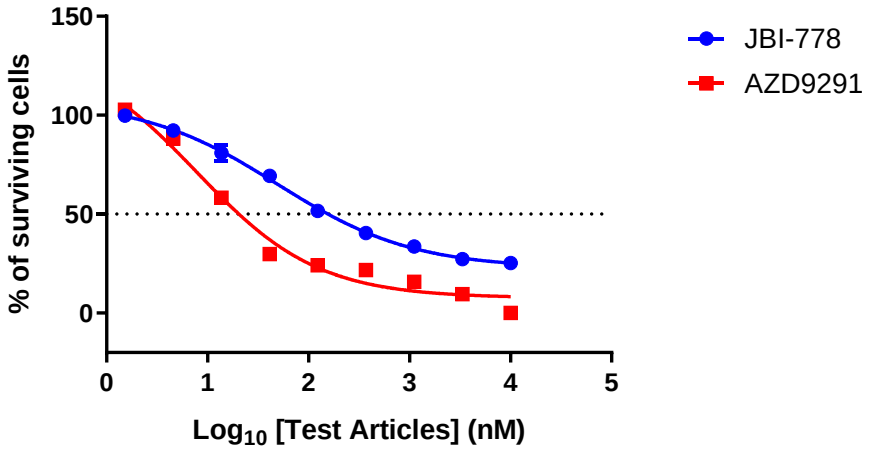
Size of circles based on addressable patients, safety & clinical response value; few Chinese companies also developing PRMT5 MTA cooperative inhibitors

JUBILANT THERAPEUTICS

Anti-proliferative activity of JBI-778 in NSCLC – Osimertinib (EGFR TKI) resistant cell line

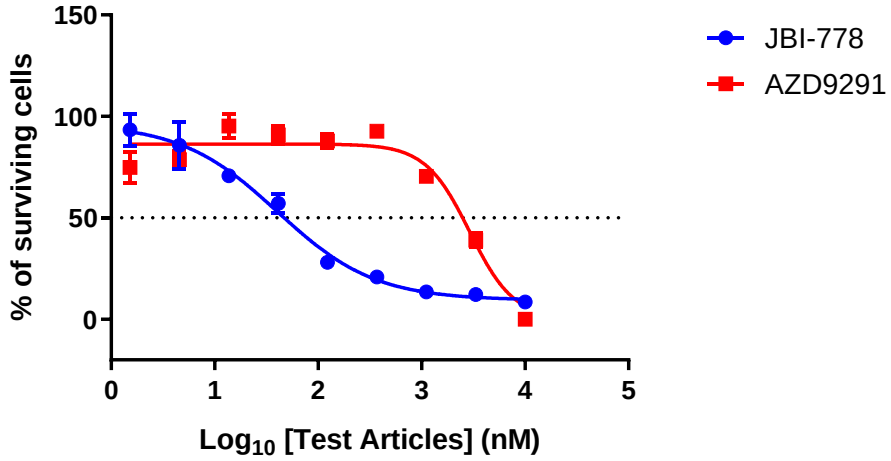
Osimertinib- Sensitive

NCI-H1975



Osimertinib- Resistant

NCI-H1975-EGFR-L858R/T790M/C797S



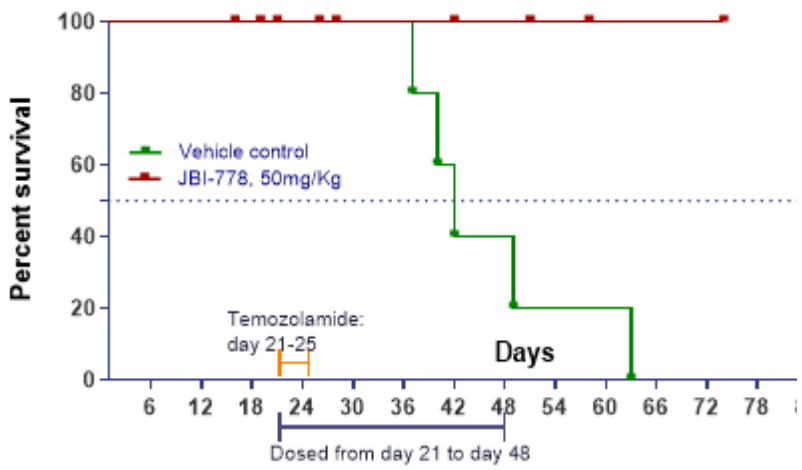
Compound name	Relative IC50 (nM)	
	NCI-H1975	NCI-H1975-EGFR-L858R/T790M/C797S (Osimertinib resistance)
JBI-778	49.37	40.58
AZD9291 (Osimertinib)	7.76	2821

JBI-778 shows strong anti-proliferative activity in NCI-H1975 osimertinib resistant cell line

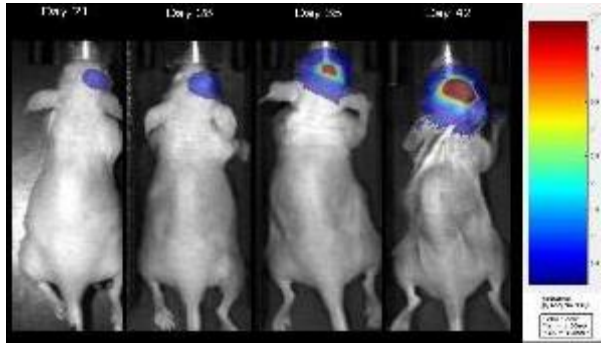
TKI: Tyrosine Kinase inhibitors

JBI-778 extends survival in preclinical models for Glioblastoma

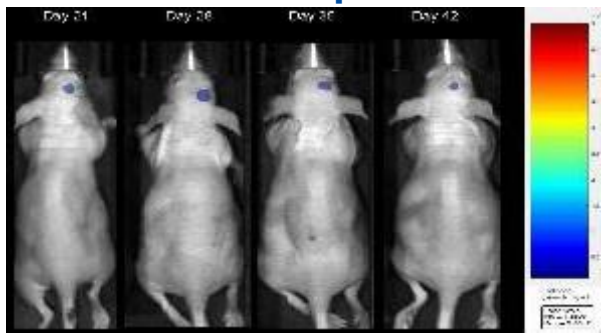
Survival Plot: U87MG Orthopedic Study



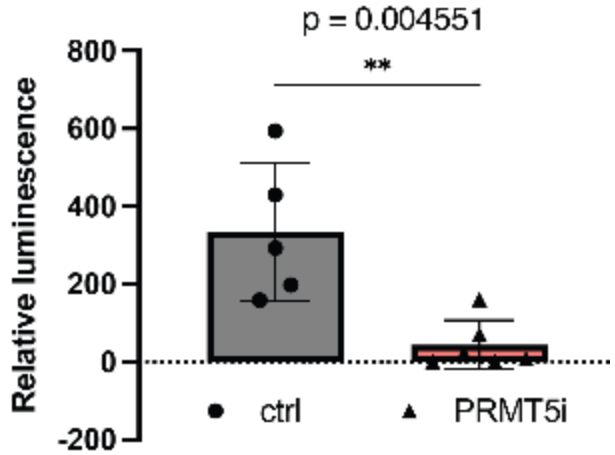
Vehicle control



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

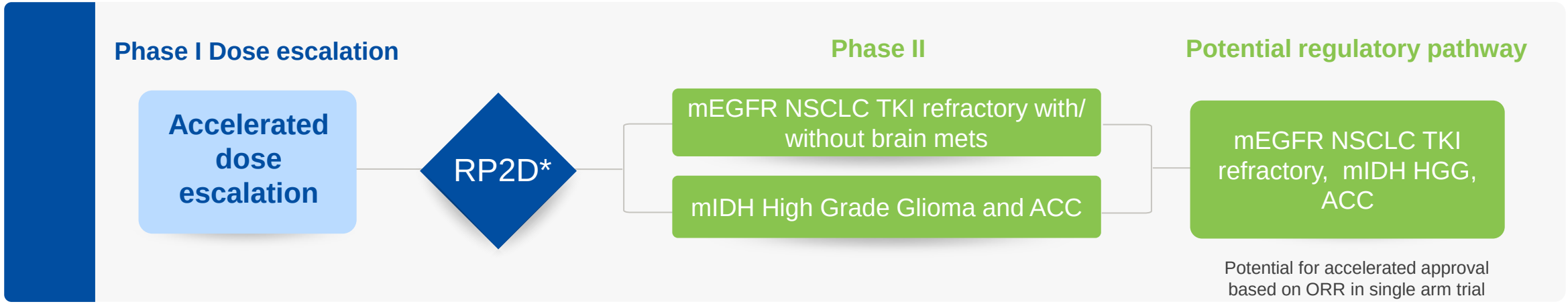
Clinical Trial for mEGFR NSCLC, IDH+ HGG and ACC in progress with early data expected in 2026

Clinical Trial	NSCLC, HGG, ACC
Phase	Phase I
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: Tyrosine Kinase inhibitor (e.g. Osimertinib); NSCLC: non-small cell lung cancer; IDH+ HGG: isocitrate dehydrogenase high grade glioma; ACC: Adenoid Cystic Carcinoma (Head & neck cancer)

JUBILANT THERAPEUTICS

JBI-778 Clinical Development Strategy

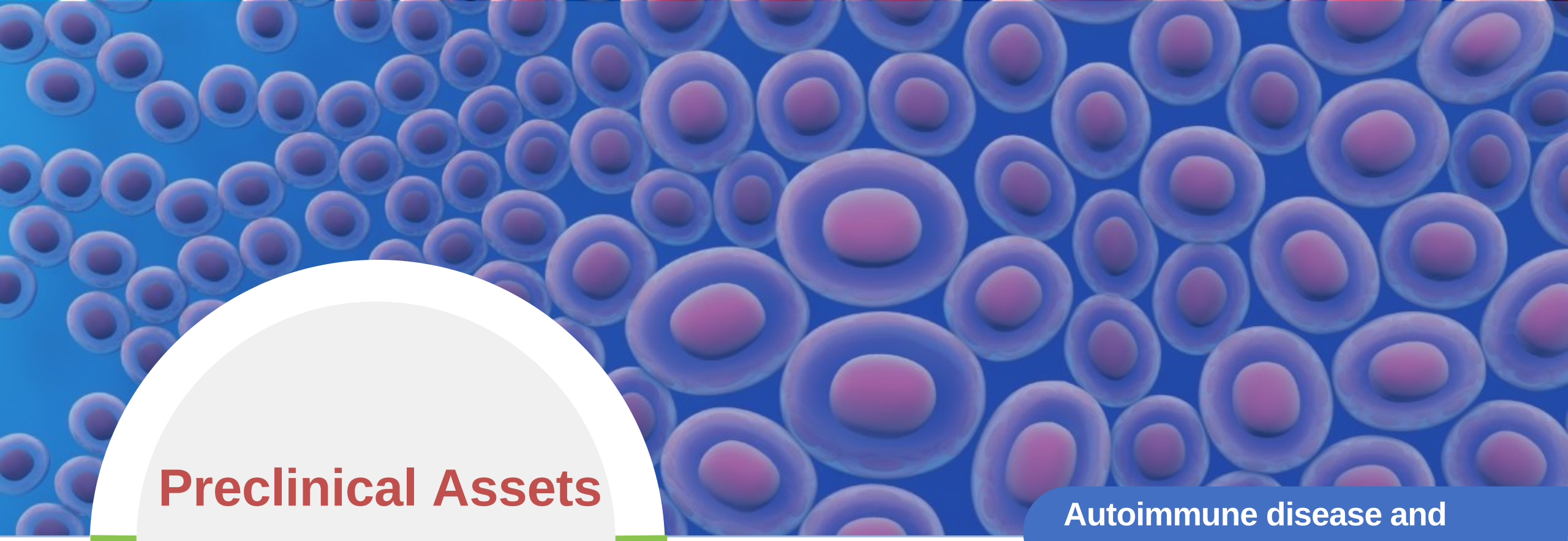


***Optimal dose based on PK/PD/Efficacy**

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

JUBILANT THERAPEUTICS



Preclinical Assets

PAD4 inhibitor

Autoimmune disease and Cancer

PAD4 Inhibitor: First-in-class for Autoimmune Diseases 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.
Current Stage	9 – 12 months to IND filing

MPO – Myeloperoxidase

JUBILANT THERAPEUTICS

Competitive Landscape: Jubilant PAD4i is the most advanced small molecule inhibitor

Company	Indications	Target	Stage	Technologies
AstraZeneca plc	Rheumatoid arthritis	PAD II inhibitor; PAD IV inhibitor	Phase I	Bispecific antibody
Mitsubishi Tanabe Pharma Corporation	Rheumatoid arthritis	PAD4	Phase I	Antibody
Citryll	Rheumatoid arthritis and HS	NET inhibitors	Phase I	Antibody
Jubilant Therapeutics	**Rheumatoid arthritis; Solid tumors**	**PAD IV inhibitor**	**Preclinical**	**Small molecule**
Nagoya City University; Yokohama City University	Rheumatoid arthritis; Lupus	PAD IV inhibitor	Preclinical	Chimeric monoclonal antibody
Shanghai Qilu Pharmaceutical	Rheumatoid arthritis	PAD II inhibitor; PAD IV inhibitor	Preclinical	Bispecific antibody
BMS	Rheumatoid arthritis	PAD4 inhibitor	Preclinical	Antibody

JUBILANT THERAPEUTICS

Severe RA patients non responders to current SoC: annual revenue opportunity of ~$6B

RA Market

U.S.	India
Prevalent Population	
~1.8M	~1.3M
~29% Severe RA	
~500K	~377K~
~50% Partial/Non responders to MTX	
~250K	~189K
~40% Biologic non responders	
~100K	~95K

Severe RA patients not responding to current treatments is a sizeable market opportunity

RA Unmet Needs

Standard of Care	Unmet Need
Biologics (TNF..)	• Current SoC biologics (TNFa) and JAK inhibitors cause immune suppression • Low clinical remission rates • **Non-responders to current SoC**
Kinase Inhibitors (JAK2i)	
Anti-inflammatory DMARD (Methotrexate)	

Mechanisms like PAD4 inhibition can address immune suppression challenges and unmet needs

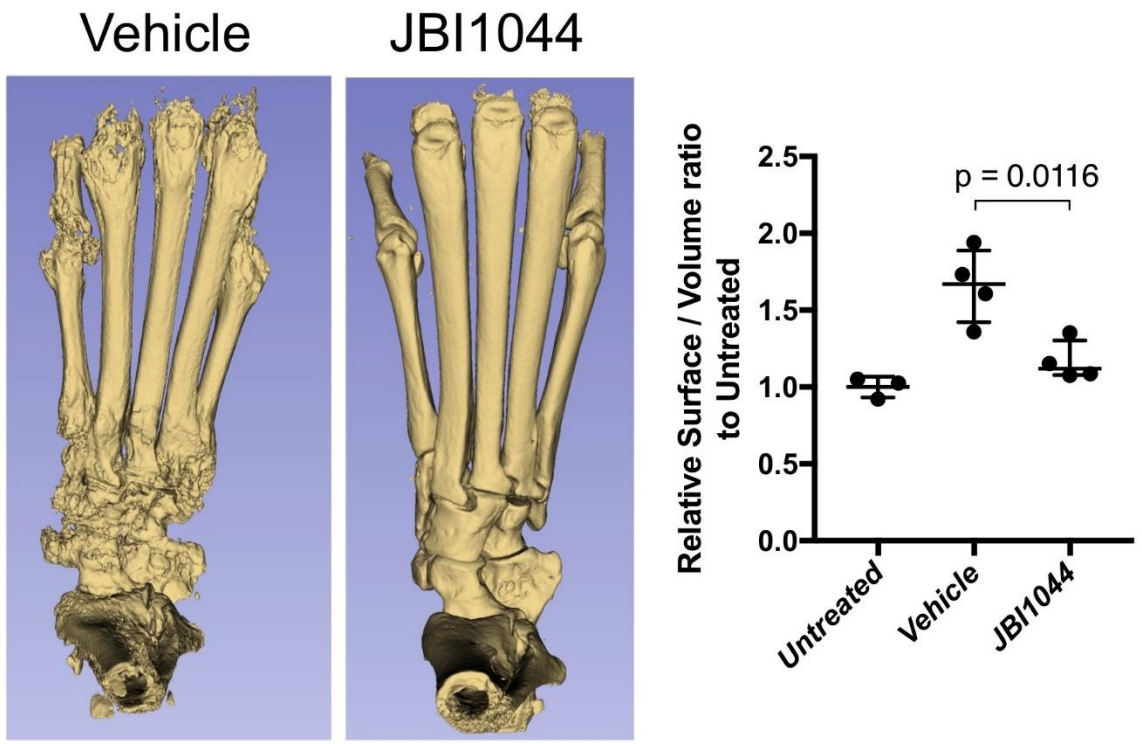
SoC – standard of care

Source: 1) GlobalData 2) J Clin Med. 2021 Feb; 10(3): 436 3) Global Data

JUBILANT THERAPEUTICS

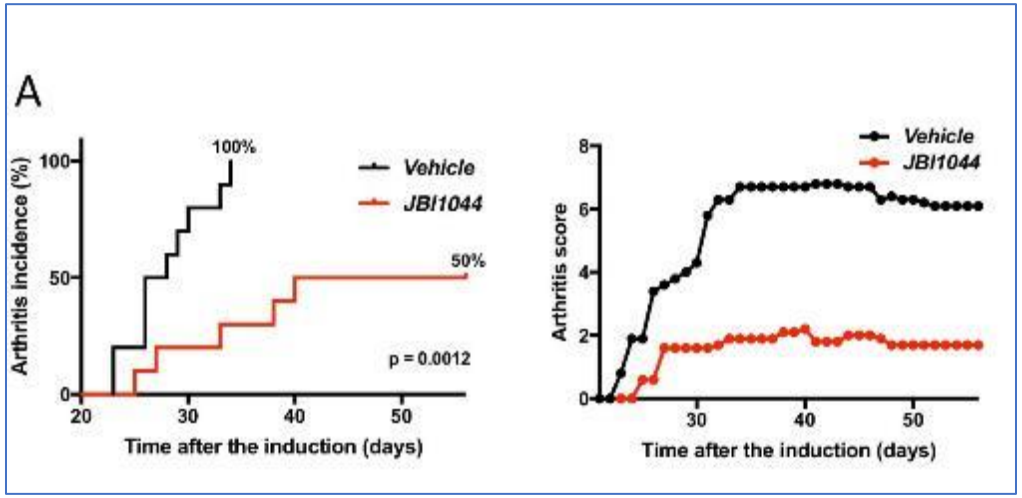
Jubilant PAD4 inhibitor showed superior efficacy in G-CSF modified CIA model at Prof. Wagner's Lab – Boston Children's Hospital

Micro-computed tomography (Micro-CT) image

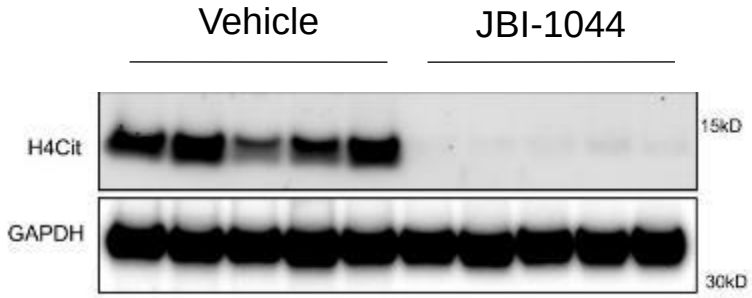


Scanning was performed in air using µCT 40 (Scanco Medical, Bassersdorf, Switzerland) at 80 kVp, 88 µA, 1,000 ms integration time, and a voxel size of 6 µm. 3D reconstructions and analysis of images were performed with 3D Slicer

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



Detection of H4Cit in synovial joint

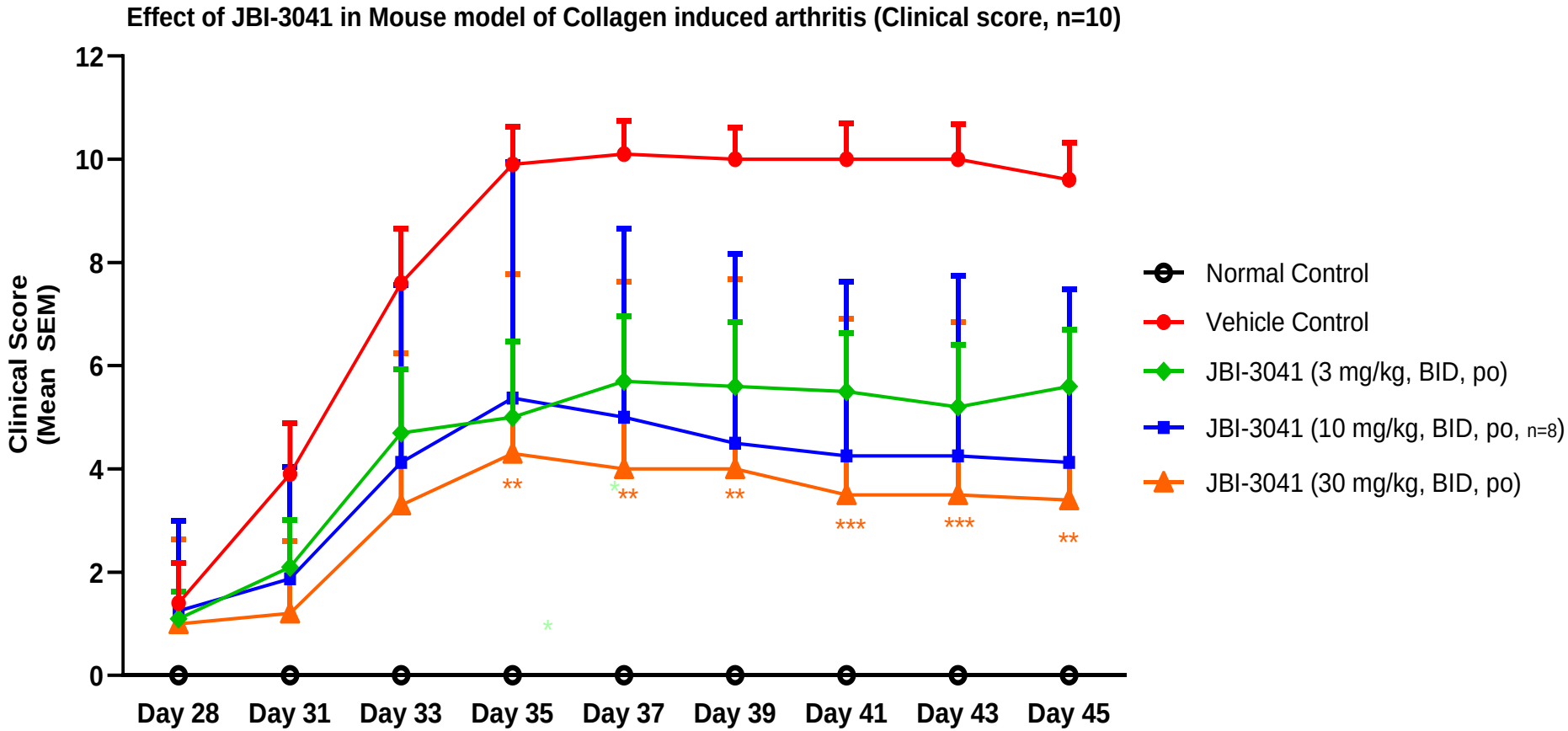


Sci Rep 13, 3189 (2023). https://doi.org/10.1038/s41598-023-30246-2

H4Cit – Histone4 Citrullination;
G-CSF – granulocyte colony-stimulating factor
CIA – collagen-induced arthritis

JUBILANT THERAPEUTICS

JBI-3041 In-vivo efficacy in CIA model



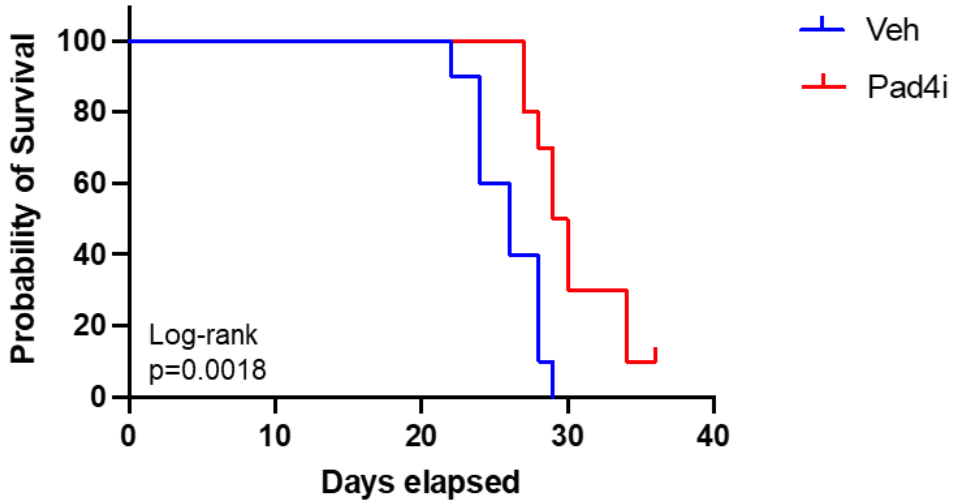
***P<0.001, **P<0.01,*P<0.05 vs Vehicle Control, Two way ANOVA followed by Bonferroni multiple comparisons Test.

JBI-3041 showed good efficacy in the CIA model with ED_{50} 3 mg/Kg

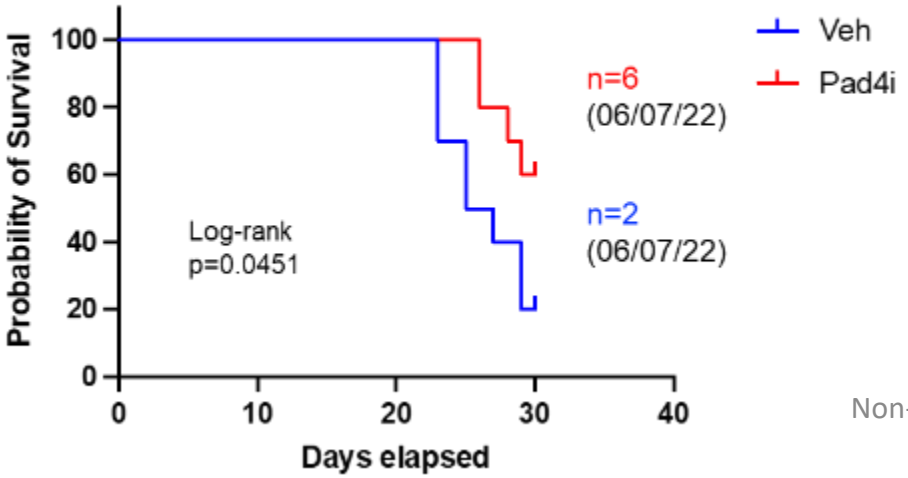
CIA – collagen-induced arthritis

Jubilant PAD4 inhibitors decrease metastasis in multiple models of cancer

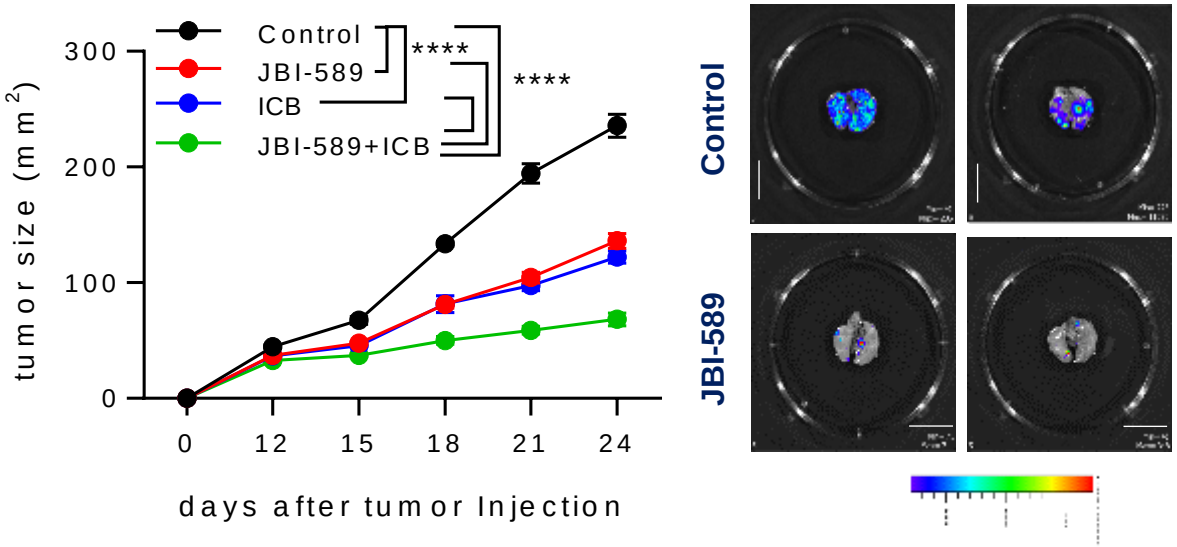
Metastatic pancreatic cancer to liver



MC38 Splenic injection



Metastatic lung cancer



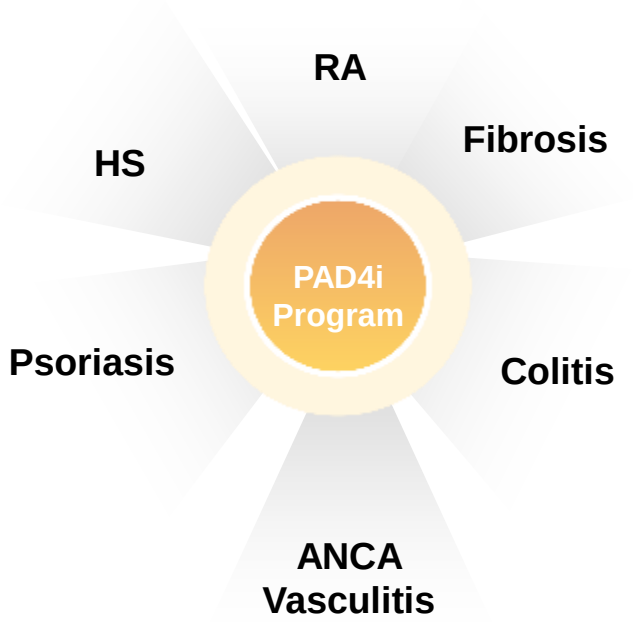
Jubilant PAD4i

- slows growth of primary tumor and completely abolishes formation of lung metastasis
- inhibits metastatic tumor growth in liver by modulating hepatic tumor microenvironment

Studies done by Wistar Institute, PA, US and Cedars Sinai, CA, US
Cancer Res (2022) 82 (19): 3561–3572.
https://doi.org/10.1158/0008-5472.CAN-21-4045

PAD4 Inhibition: A Potential Pipeline for Broad Spectrum of Autoimmune Indications and Cancer

Disease	PAD4 Inhibition Outcomes	Potential Market Size (US)
Rheumatoid Arthritis (RA)	↓ Citrullinated autoantigens ↓ ACPA formation ↓ Pro-inflammatory cytokines	D2T RA patients ~100k pts. $6 B
Idiopathic Pulmonary Fibrosis (IPF)	↓ NETosis ↓ Pro-inflammatory cytokines Potential attenuation of fibrotic progression	2L Mod. to Severe pts. ; ~14-15k pts. $1B
Psoriasis (PSO)	↓ NETosis ↓ TLR4/IL36R pathway activation ↓ Skin inflammation	Refractory pts. ~163000 pts. $9-10B
Hidradenitis Suppurativa (HS)	↓ NET accumulation in lesions ↓ Potential reduction in disease severity and lesion inflammation	Moderate to Severe (2L/3L) ~45k pts. $2 – 3 B
ANCA-Associated Vasculitis (AAV)	↓ NETosis by ANCA-activated neutrophils ↓ Circulating NETs ↓ Mitigation of vascular inflammation and disease activity	Inadequate Responders ~12k pts. $0.8B

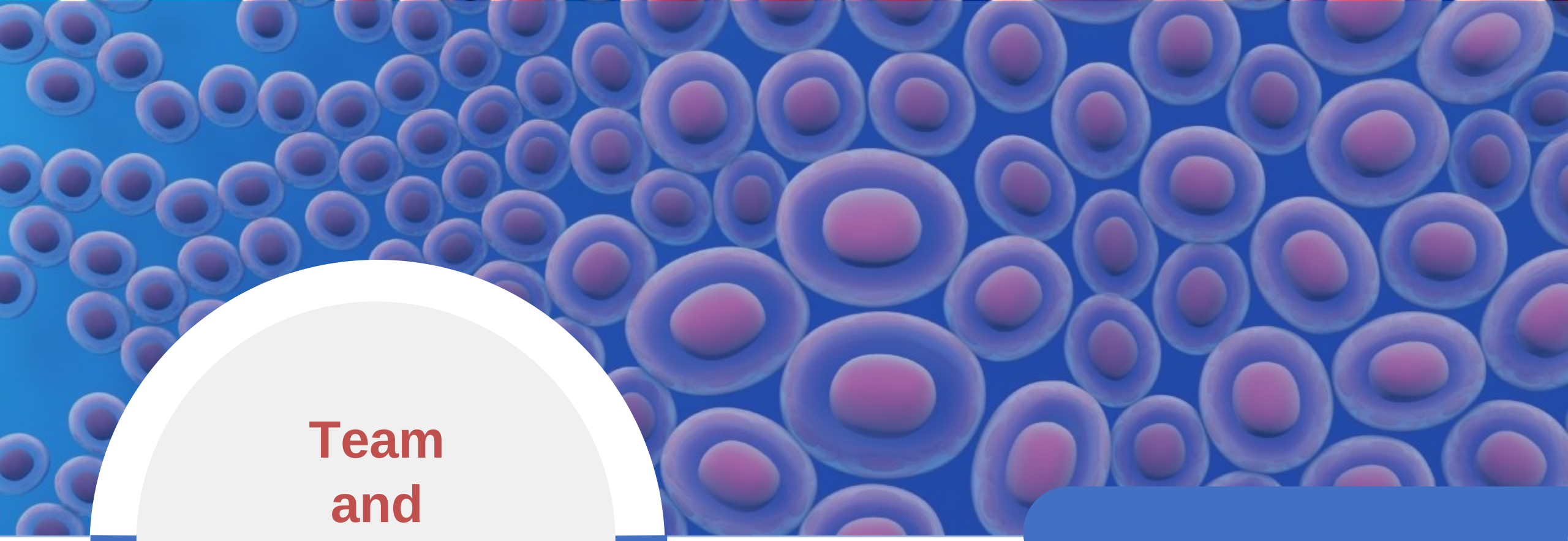


Other Inflammatory/Autoimmune diseases and Cancer

PAD4 inhibition is a targeted mechanism to address refractory/immune compromised autoimmune disease patients without compromising immune integrity

ACPA- Anti-citrullinated protein antibodiesD2T RA – Difficult to Treat RA; 2L/3L – 2nd Line/3rd Line Treatment; pts. - Patients

JUBILANT THERAPEUTICS



Team and Upcoming Milestones

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

DANIEL J. O'CONNOR
President and
Chief Executive Officer

MELDA DOLAN, MD
Chief Medical Officer

SHYAM PATTABIRAMAN, MS
Chief Financial Officer

SRIDHARAN RAJAGOPAL, PhD
VP & Head,
Medicinal Chemistry

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

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

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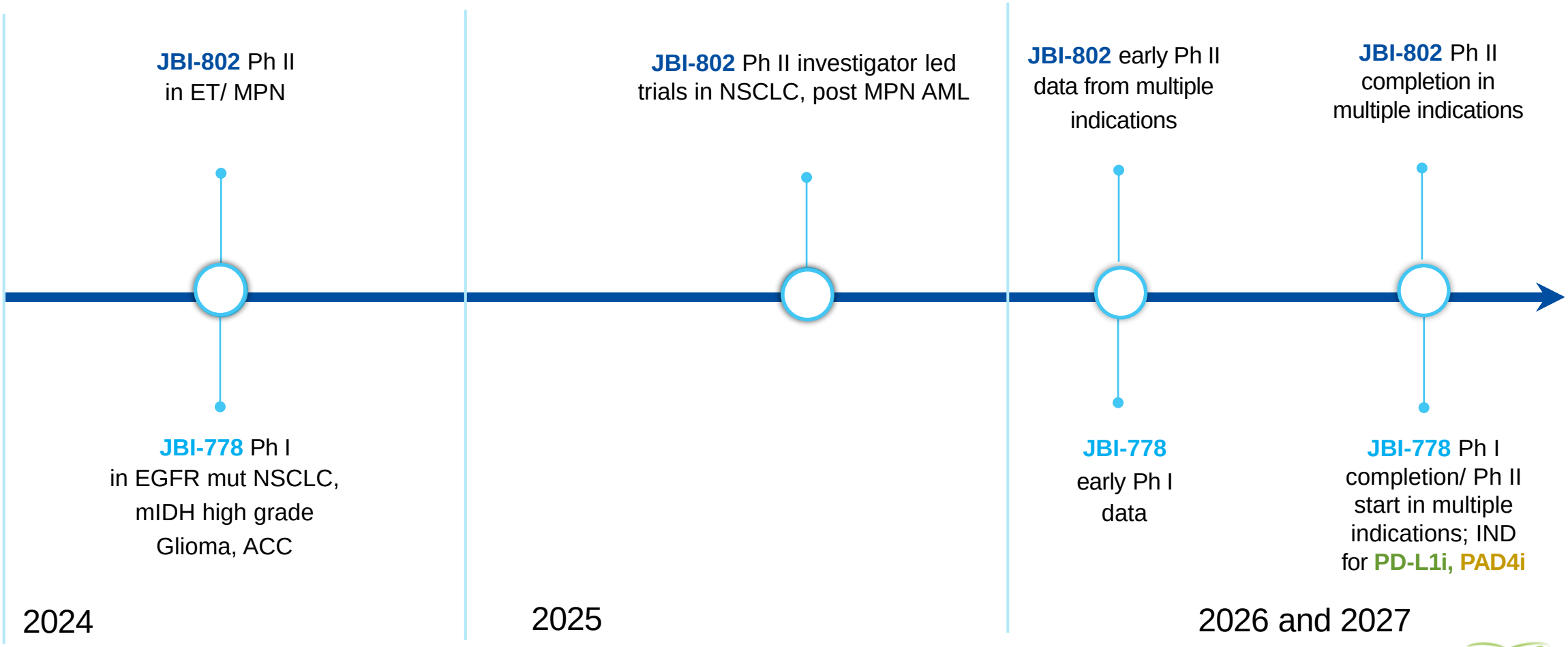
Milestones and Catalysts



Summary

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

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

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

Value inflection potential with de-risked clinical data

JUBILANT THERAPEUTICS

Thank You

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