

CARsgen Therapeutics (HKEX: 02171)

December 2025

Making Cancer Curable

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We Develop Innovative and Differentiated Cell Therapies to Make Cancer and Other Diseases Curable



1

Marketed product:

- zevorcabtagene autoleucel (zevor-cel, CT053)

1

CAR-T product at NDA stage:

- Satri-cel (targeting Claudin18.2)

2

CAR-T products at IND stage:

- CT011 (targeting GPC3)
- CT071 (targeting GPRC5D)

300+

Patents (including 140 issued, as of June 30, 2025)

4+

Core technology platforms:

- CycloCAR®, THANK-uCAR®, THANK-u Plus™, LADAR®, CARcelerate®

10+ years

Focus on innovative CAR-T therapies since company initiation

Global Reach with Integrated R&D and Manufacturing Capabilities Complemented with Synergistic Partnership



CGMP Facility



Durham

Beijing Office



Beijing
Shanghai

Headquarter (Xuhui)



GMP Facility (Jinshan)



Shanghai

Headquarter, research, clinical development, GMP commercial and clinical manufacturing facility



Durham, North Carolina

CGMP manufacturing facility

Partnerships



(SZ: 000963)

Exclusive commercialization of zevor-cel in mainland China



(NASDAQ: MRNA)

Evaluate satri-cel in combination with an mRNA Cancer Vaccine



(KOSDAQ: 195940)

License of zevor-cel and CT032 in the Republic of Korea

Continuous Innovation and Technology Advancement to Tackle the Major Challenges with CAR-T therapies Since 2014



Allogeneic CAR-T

- THANK-uCAR®, THANK-u Plus™ platforms

Autologous CAR-T

- BCMA CAR-T (zevor-cel)
- first-in-class Claudin18.2 CAR-T (satri-cel)
- first-in-class GPC3 CAR-T (CT011)

Enabling Technologies



CycloCAR®
(co-expression of IL-7 + CCL21)



LADAR®
(precise targeting)



Lymphodepletion
(FNC regimen)



Binder
(humanized/fully-human antibodies against ~20 targets)

Advancing a Competitive Pipeline with Global Rights



	Product Candidate ¹	Target	Indication	Pre-clinical	Phase I	Phase II/III ²	BLA/ NDA
Autologous CAR-T	Zevor-cel (CT053) ³	BCMA	R/R MM (4L+) R/R MM	LUMMICAR 1 (China)			On Market
				LUMMICAR 2 (US, Canada)			
	Satri-cel (CT041)	Claudin18.2	G/GEJA (3L+) GC/PC PC (adjuvant) G/GEJA, PC, etc. G/GEJA (adjuvant) G/GEJA (1L sequential)	ST-01 (China)			
				ST-02 (US, Canada)			
				ST-05 (China)			
				IIT (China)			
				IIT (China)			
				IIT (China)			
	CT071	GPRC5D	R/R MM, PCL R/R MM, PCL NDMM	(US)			
IIT (China)							
CT011	GPC3	HCC (adjuvant)	(China)				
Allogeneic CAR-T	CT0590	BCMA	R/R MM, PCL	IIT (China)			
	CT0596	BCMA	R/R MM, PCL	IIT (China)			
	KJ-C2219	CD19/CD20	B-cell malignancies SLE, SS _c	IIT (China)			
				IIT (China)			
	KJ-C2320	CD38	AML	IIT (China)			
	KJ-C2114	Undisclosed	Solid tumors				
KJ-C2526	NKG2DL	AML, other malignancies, senescence					

for hematologic malignancies
 for solid tumors
 for autoimmune diseases

R/R MM: Relapsed/Refractory Multiple Myeloma; G/GEJA: Gastric/Gastroesophageal Junction Adenocarcinoma; GC: Gastric Cancer; PC: Pancreatic Cancer; HCC: Hepatocellular Carcinoma; PCL: Plasma Cell Leukemia; NDMM: Newly Diagnosed Multiple Myeloma; SLE: Systemic Lupus Erythematosus; SSc: Systemic Sclerosis; AML: Acute Myeloid Leukemia

¹ All product candidates are self-developed with global rights

² Phase II trials of some indications are pivotal studies

³ Core Product Candidate. Commercial rights in mainland China have been granted to Huadong Medicine (SZ: 000963). Rights in the South Korean market have been licensed out to HK Inno.N (KOSDAQ: 195940)

CAR T 生产区
CAR T Production Area



Autologous CAR-T Against Hematologic Malignancies



Zevor-cel: Differentiated Fully-human BCMA CAR-T for R/R MM



EHA2024

Zevor-cel Highlights



- Optimized scFv
 - Enhanced binding affinity
 - High stability
 - Enhanced anti-tumor activity
 - Excellent safety profile
 - Co-stimulatory domain: 4-1BB
 - Low immunogenicity
-
- ✓ Designations: RMAT (FDA), Orphan Drug (FDA)
 - ✓ NDA approved by China NMPA (February 23, 2024)

China Pivotal Phase II (LUMMICAR-1) ¹ N=102

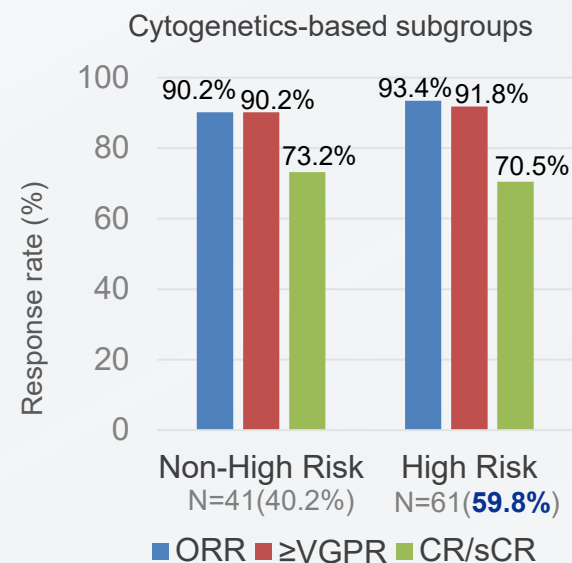
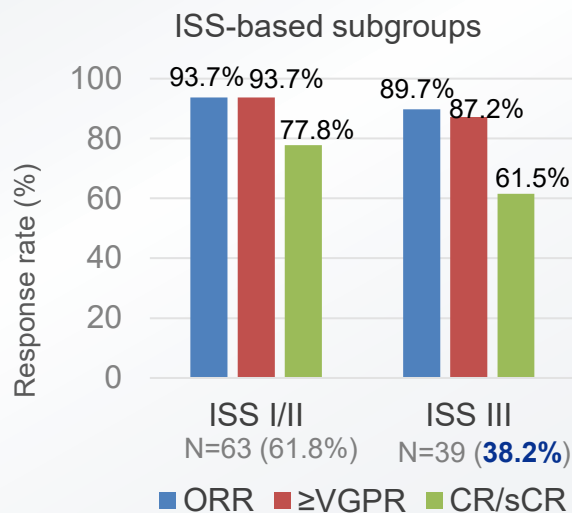
Follow-up, median (range), Month	20.3 (0.4-27)
ISS stage III, No. (%)	39 (38.2%)
High risk Cytogenetic, No. (%)	61 (59.8%)
EMD+ , No. (%)	11 (10.8%)
Prior lines of therapies, median (range)	4 (3-15)
Double-class refractory*, No. (%)	91 (89.2%)
Triple-class refractory**, No. (%)	23 (22.5%)
ORR, No. (%)	94 (92.2%)
CR/sCR, No. (%)	73 (71.6%)
≥VGPR, No. (%)	93 (91.2%)
mDoR, Month	Not mature
mPFS, Month	Not mature
MRD Negativity***, No. (%)	73 (100%)
≥Grade 3 CRS, No. (%)	7 (6.9%)
≥Grade 3 NT, No. (%)	0
Treatment related death, No.	1

*Double-class refractory: Refractory to a proteasome inhibitor and immunomodulatory drug; **Triple-class refractory: Refractory to a proteasome inhibitor, immunomodulatory drug and anti-CD38 antibody; ***In the patients achieved CR/sCR

Zevor-cel: Outstanding Efficacy and Manageable Safety



ASH 2024



Long-term survival with deep response

It has been reported that ISS-III and high risk cytogenetics could impact the efficacy of BCMA CAR-T. Although, zevor-cel treated a high percentage of patients at ISS III stage or high risk cytogenetics in pivotal phase II, it showed competitive efficacy (left figures).

◆ Overall Superior efficacy

- IIT¹: ORR of 87.5%, sCR/CR rate of 79.2%.
- Phase I²: **2-year OS rate of 100%, 3-year OS rate of 92.9%.**
- Pivotal phase II^{3,4}: ORR of 92.2%, predicted **30-month OS rate of 87.7%** (in patients who achieved CR/sCR) .

ISS: International Staging System; ORR: Objective Response Rate; CR: Complete Response; sCR: Stringent Complete Response; VGPR: Very Good Partial Response; IIT: Investigator-initiated Trial; OS: Overall Survival; SAE: Serious Adverse Event

Higher safety, lower incidence of SAE

◆ In IIT, Phase I, and Phase II studies

- ≥Grade 3 CRS incidence: 0%, 0%, 6.9%, respectively.
 - ≥Grade 3 neurotoxicity incidence: 4.2%, 0%, 0%, respectively.
 - Treatment-related death: 0%, 0%, 1%, respectively.
- ### ◆ Low incidence of ≥Grade 3 infections or prolonged hematologic toxicity
- Low incidence of ≥Grade 3 infections.
 - Significantly low incidence of ≥Grade 3 prolonged (>30 days) cytopenia.

1. Yang M, et. al. *Haematologica*. 2022 Aug 1;107(8):1960-1965
2. Fu C, et. al. ASH 2023. 2023 Dec; Poster #4845
3. Chen W, et al. EHA 2024. 2024 Jun; Oral presentation S209
4. Chen W, et al. ASH 2024. 2024 Dec; Poster #4762

Zevor-cel: Commercialization in China



- Zevor-cel was approved by the NMPA in 2024 for the treatment of R/R MM.
- Zevor-cel was included in China’s Commercial Health Insurance Innovative Drug Catalogue in 2025.
- Exclusive commercialization partner in mainland China:



certification and regulatory filings
completed in

100+

healthcare institutions

20+

provinces / cities

170

valid orders from
January to
September 2025

CT071: Differentiated GPRC5D CAR-T with CARcelerate® Platform



Product

- Fully-human scFV generated by CARsgen
- For relapsed R/R Multiple Myeloma or R/R Primary Plasma Cell Leukemia
- Proprietary **CARcelerate®** platform

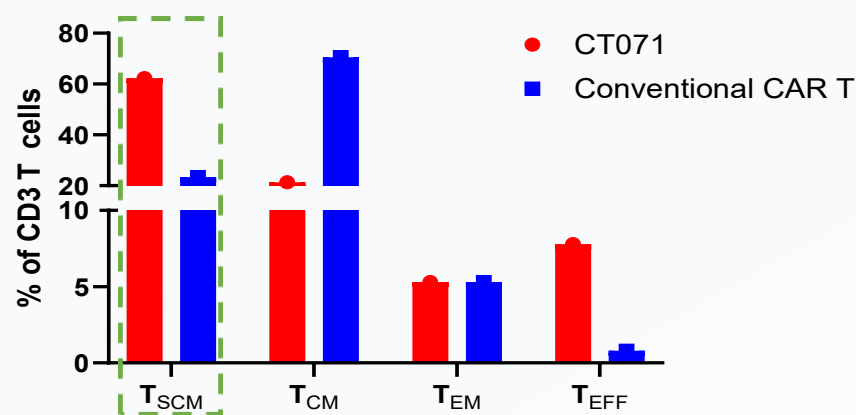
Manufacturing Time:

 **CARcelerate®: ~30 hours**

 **Conventional: > 7 days**

*Younger,
healthier,
possibly
more potent
CAR-T*

T cells phenotype



Clinical Development Status



- China investigator-initiated trial for R/R MM and PCL (NCT05838131) **Enrollment Completed**
- China investigator-initiated trial for NDMM (NCT06407947) **Enrollment Completed**



- IND cleared:** R/R MM or R/R pPCL

R/R MM: Relapsed/Refractory Multiple Myeloma; R/R pPCL: Relapsed/Refractory Primary Plasma Cell Leukemia; NDMM: Newly Diagnosed Multiple Myeloma

CT071 in R/R MM: Deep Response with Promising Safety Profile in China IIT

ASH 2024



	0.1 × 10 ⁶ cells/kg (n=8)	0.3 × 10 ⁶ cells/kg (n=9)	All Patients (N=17)
R-ISS Stage, No. (%)			
II	4 (50.0)	8 (88.9)	12 (70.6)
III	4 (50.0)	0	4 (23.5)
Extramedullary Disease, No. (%)	2 (25.0)	2 (22.2)	4 (23.5)
High-risk Cytogenetics, No. (%)	6 (75.0)	6 (66.7)	12 (70.6)
Prior Lines of Therapy, median (range)	4 (1, 12)	5 (3, 7)	5 (1, 12)
ORR, No. (%)	8 (100)	8 (88.9)	16 (94.1)
CR/sCR rate, No. (%)	5 (62.5)	4 (44.4)	9 (52.9)
VGPR or better rate, No. (%)	5 (62.5)	5 (55.6)	10 (58.8)
MRD Negativity (<10 ⁻⁶) with CR/sCR subjects*, No. (%)	5 (100)	4 (100)	9 (100)
CRS, No. (%)	6 (75.0)	5 (55.6)	11 (64.7)
Grade 1, No. (%)	5 (62.5)	3 (33.3)	8 (47.1)
Grade 2, No. (%)	1 (12.5)	2 (22.2)	3 (17.6)
ICANS, No. (%)	0	0	0
AE leading to death, No. (%)	0	0	0

R/R MM: Relapsed/Refractory Multiple Myeloma; IIT: Investigator-initiated Trial; R-ISS: Revised International Staging System; ORR: Objective Response Rate; CR: Complete Response; sCR: Stringent Complete Response; VGPR: Very Good Partial Response; MRD: Minimal Residual Disease; CRS: Cytokine Release Syndrome; ICANS: Immune Effector Cell-associated Neurologic Syndrome; AE: Adverse Event

*Percentages were calculated based on CR/sCR patients (n=9)

Cut-off date: Jun 21, 2024

1. Du J, et al. ASH 2024. 2024 Dec; Poster #3451

CT071 in High-risk NDMM: Deep Response and Favorable Safety Profile in China IIT



EHA2025

	China investigator-initiated trial (N=10)
R2-ISS Stage, No. (%)	
I	1 (10)
II	2 (20)
III	4 (40)
IV	3 (30)
Extramedullary Disease, No. (%)	3 (30)
ECOG PS, No. (%)	
1	10 (100)
High-risk Cytogenetics, No. (%)	6 (60)

	China investigator-initiated trial (N=10)
ORR, No. (%)	10 (100)
sCR, No. (%)	7 (70)
VGPR, No. (%)	2 (20)
PR, No. (%)	1 (10)
MRD Negativity (<10 ⁻⁶) at Week 4, No. (%)	10 (100)
CRS, No. (%)	7 (70)
Grade 1, No. (%)	7 (70)
ICANS, No. (%)	0
Dose Limiting Toxicity	0
Death due to TRAE	0

NDMM: Newly Diagnosed Multiple Myeloma; IIT: Investigator-initiated Trial; ECOG PS: Eastern Cooperative Oncology Group Performance Status; ORR: Objective Response Rate; sCR: Stringent Complete Response; VGPR: Very Good Partial Response; PR: Partial Response; MRD: Minimal Residual Disease; CRS: Cytokine Release Syndrome; ICANS: Immune Effector Cell-associated Neurologic Syndrome; TRAE: Treatment-related Adverse Event

Cut-off date: Jan 2, 2025

1. Du J, et al. EHA 2025. 2025 Jun; Poster #PF1164



Autologous CAR-T Against Solid Tumors

Unmet Medical Needs in Solid Tumors, Including Gastric and Pancreatic Cancers

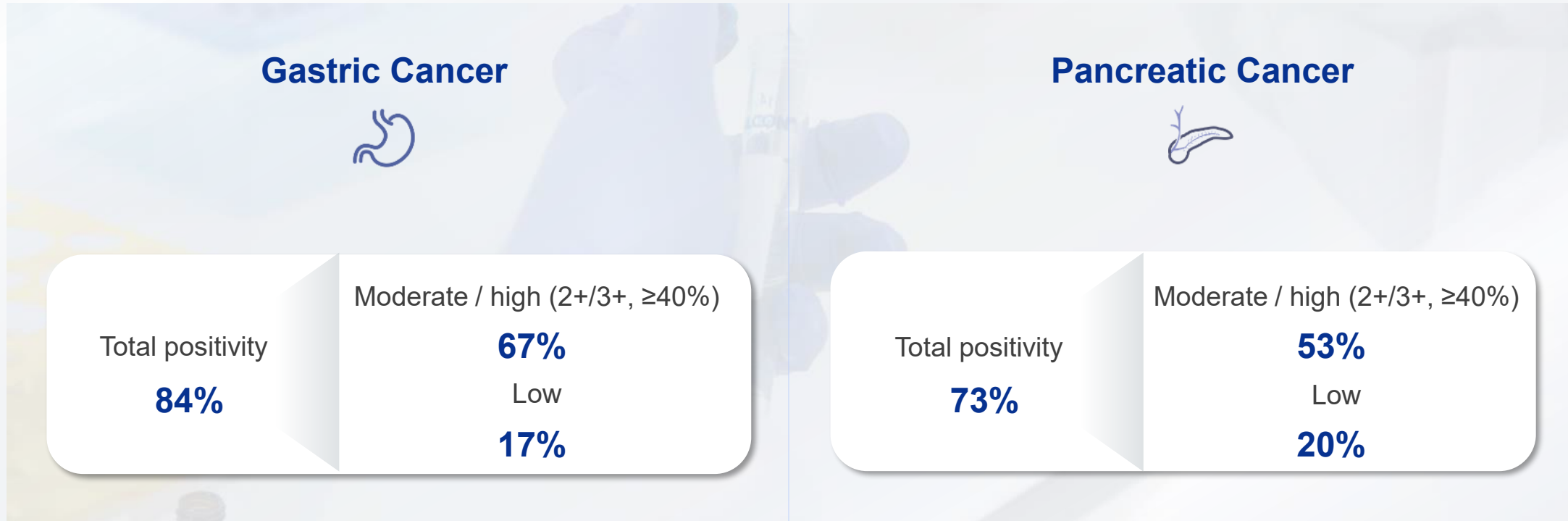
 Gastric Cancer  Incidence ~25.6K¹ • Resectable ~10.0K Mortality ~11.0K¹ 5-year survival rate of advanced GC is 5-20%; For advanced GC (3L+), ORR is 4.5%, mPFS < 2 months, mOS < 6 months (TAGS study)²	 Incidence ~358.7K¹ • Resectable ~300.0K Mortality ~260.4K¹
Pancreatic Cancer  Incidence ~60.1K¹ Mortality ~49.5K¹ 5-year survival rate of PC is about 10%; No effective SOC for PC (2L+)	Incidence ~118.7K¹ Mortality ~106.3K¹

1. International Agency for Research on Cancer. Population factsheets. 2022

2. Shitara K, et al. *Lancet Oncol.* 2018 Nov;19(11):1437-1448

CARsgen Proprietary Claudin18.2 IHC Test

Claudin18.2 IHC test kit with high sensitivity



*Claudin18.2 expression is also observed in other solid tumors, e.g. in bile duct cancer, 24% of samples exhibit Moderate / high positivity (2+/3+, ≥40%).

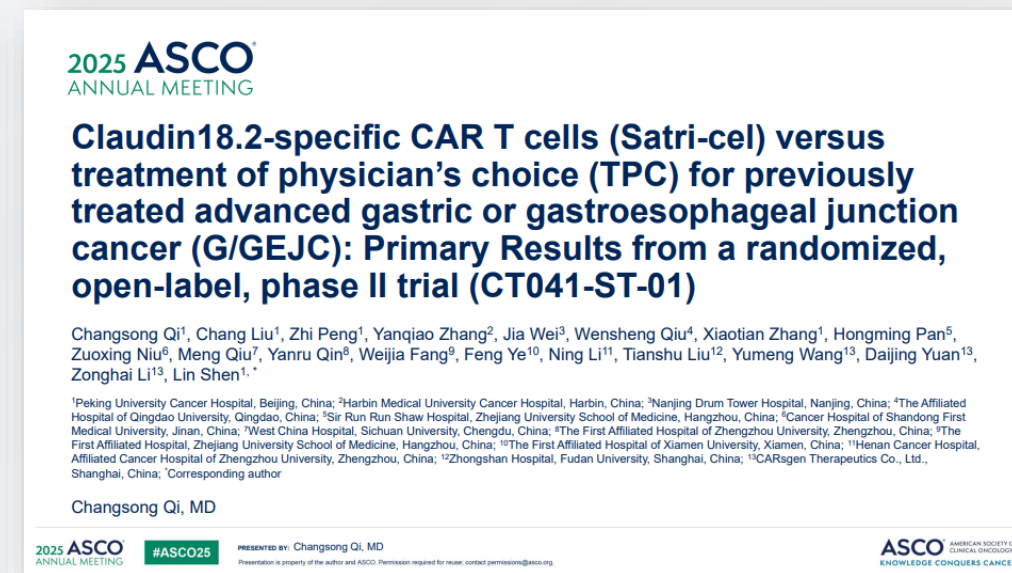
Satri-cel (CT041): Global First-in-Class CAR-T for Claudin18.2-Positive Solid Tumors



Product 	Designations 	Clinical Development Plan 
• Optimized scFv¹ ✓ High binding affinity ✓ High stability	• Breakthrough Therapy (NMPA) • RMAT (FDA) • Orphan Drug (FDA)	 • GC (3L+) confirmatory Phase II trial in China achieved positive results; NDA submitted; Priority Review granted • PC adjuvant therapy Phase I trial in China: Ongoing • GC adjuvant therapy IIT in China: Ongoing
• Innovative FNC (FC + low-dose Nab-Paclitaxel) preconditioning regimen to enhance penetration and anti-tumor effect of CAR-T cells	Collaboration  Collaboration with Moderna, Inc. (Nasdaq: MRNA) to investigate satri-cel in combination with Moderna's investigational Claudin18.2 mRNA cancer vaccine	Expansion of clinical development in • earlier lines of therapy • additional Claudin18.2 positive cancers

1. Jiang H, et al. *J Natl Cancer Inst.* 2019;111(4):409-418

Satri-cel China Pivotal Phase II Results — Published in *The Lancet*, Orally Presented at 2025 ASCO

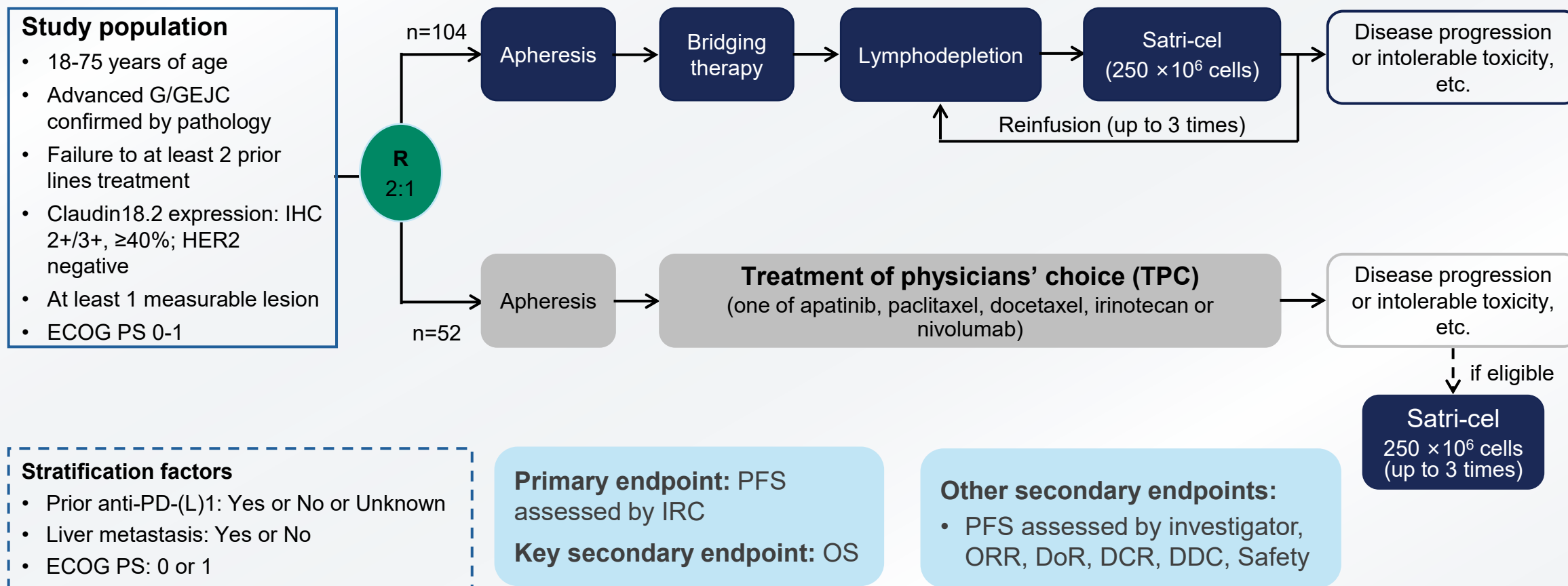


1. Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003
2. Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

Satri-cel China Pivotal Phase II: Trial Design



An open-label, multicenter, randomized controlled trial conducted in China (CT041-ST-01).

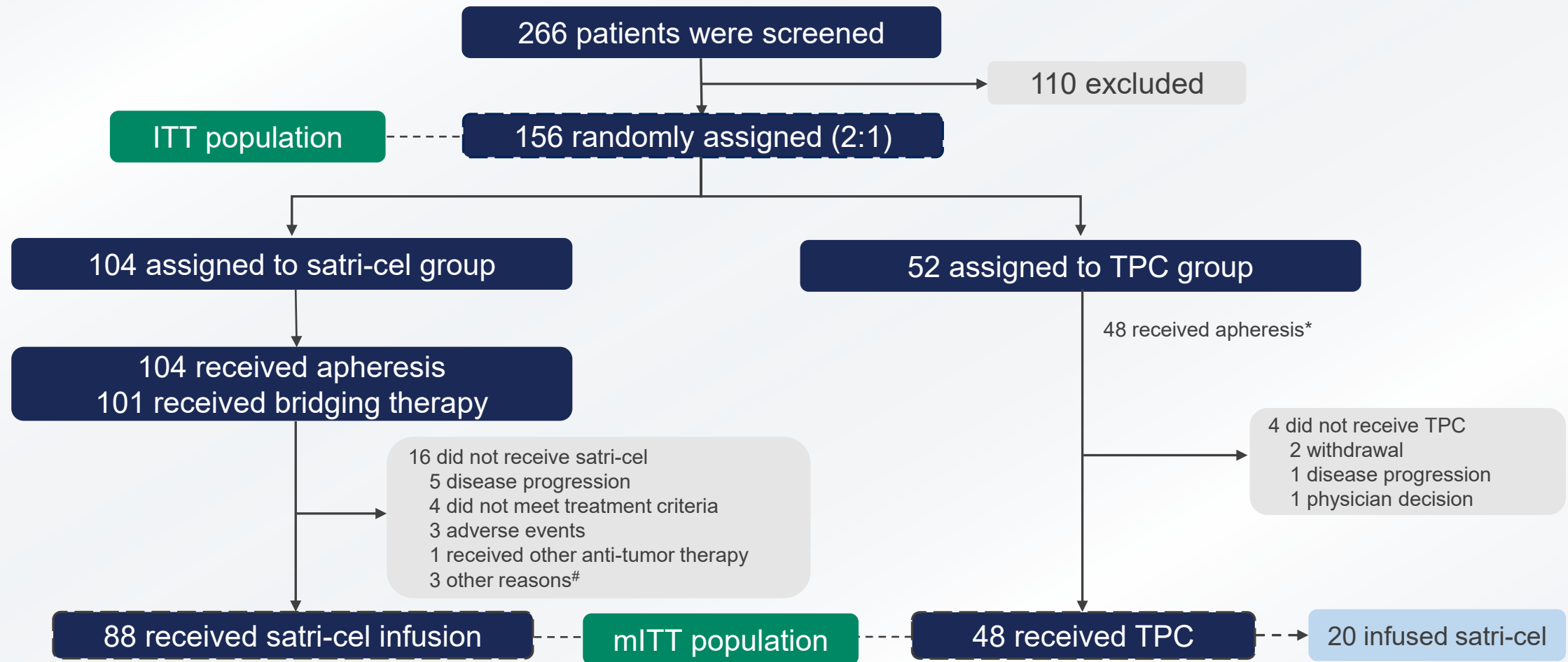


G/GEJC: Gastric or Gastroesophageal Junction Cancer; ECOG PS: Eastern Cooperative Oncology Group Performance Status; PFS: Progression-Free Survival; IRC: Independent Review Committee; OS: Overall Survival; ORR: Objective Response Rate; DoR: Duration of Response; DCR: Disease Control Rate; DDC: Duration of Disease Control

Cut-off date: Oct 18, 2024

1. Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003
2. Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

Satri-cel China Pivotal Phase II: Patient Disposition



*One was not apheresed per physician's decision and received TPC

#Three patients requested to withdraw from study treatment.

Cut-off date: Oct 18, 2024

1. Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003
2. Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

Satri-cel China Pivotal Phase II: Baseline Characteristics



Characteristics	Satri-cel group (n=104)	TPC group (n=52)
Age, median (IQR), years	53.5 (45.0, 60.0)	50.5 (43.0, 58.0)
Sex, n (%)		
Male	56 (53.8)	31 (59.6)
Female	48 (46.2)	21 (40.4)
Ethnicity, n (%)		
Chinese	104 (100%)	52 (100%)
ECOG, n (%)		
0	17 (16.3)	8 (15.4)
1	87 (83.7)	44 (84.6)
Primary tumor site, n (%)		
Gastric	88 (84.6)	48 (92.3)
Gastroesophageal junction	16 (15.4)	4 (7.7)
Signet ring cell carcinoma*	41 (39.4)	27 (51.9)
Lauren type, n (%)		
Intestinal type	21 (20.2)	12 (23.1)
Diffuse type	45 (43.3)	26 (50.0)
Mixed type	29 (27.9)	8 (15.4)
Unknown	9 (8.7)	6 (11.5)
Previous gastrectomy, n (%)	49 (47.1)	31 (59.6)

Characteristics	Satri-cel group (n=104)	TPC group (n=52)
Claudin18.2 expression, n (%)†		
Medium expression	24 (23.1)	10 (19.2)
High expression	80 (76.9)	42 (80.8)
Number of prior lines, n (%)‡		
2	76 (73.1)	42 (80.8)
≥3	28 (26.9)	10 (19.2)
Previous systemic therapies, n (%)		
Fluorouracil/analogues and derivatives§	101 (97.1)	52 (100)
Taxanes	96 (92.3)	47 (90.4)
Platinum	103 (99.0)	50 (96.2)
Prior anti-PD-(L)1	81 (77.9)	42 (80.8)
Number of metastatic organs, n (%)		
≤2	53 (51.0)	25 (48.1)
≥3	51 (49.0)	27 (51.9)
Metastatic organs, n (%)		
Peritoneal	72 (69.2)	31 (59.6)
Liver	21 (20.2)	10 (19.2)
Lung	9 (8.7)	7 (13.5)
Bone	8 (7.7)	9 (17.3)

* Inclusion of signet ring cell carcinoma components includes those with WHO classification of signet ring cell carcinoma or those accompanied by signet ring cell carcinoma.

† Claudin18.2 expression classification: High expression is defined as the sum of the percentages of tumor cells with 3+ and 2+ Claudin18.2 expression being ≥ 70%; medium expression is defined as the sum being ≥ 40% but < 70%.

‡ Second-line treatment includes all second-line treatments and first-line treatments that concurrently used three chemotherapeutic drugs, namely taxane [or anthracycline], platinum, and fluorouracil.

IQR=interquartile range. ECOG =Eastern Cooperative Oncology Group. Claudin18.2=claudin-18 isoform 2.

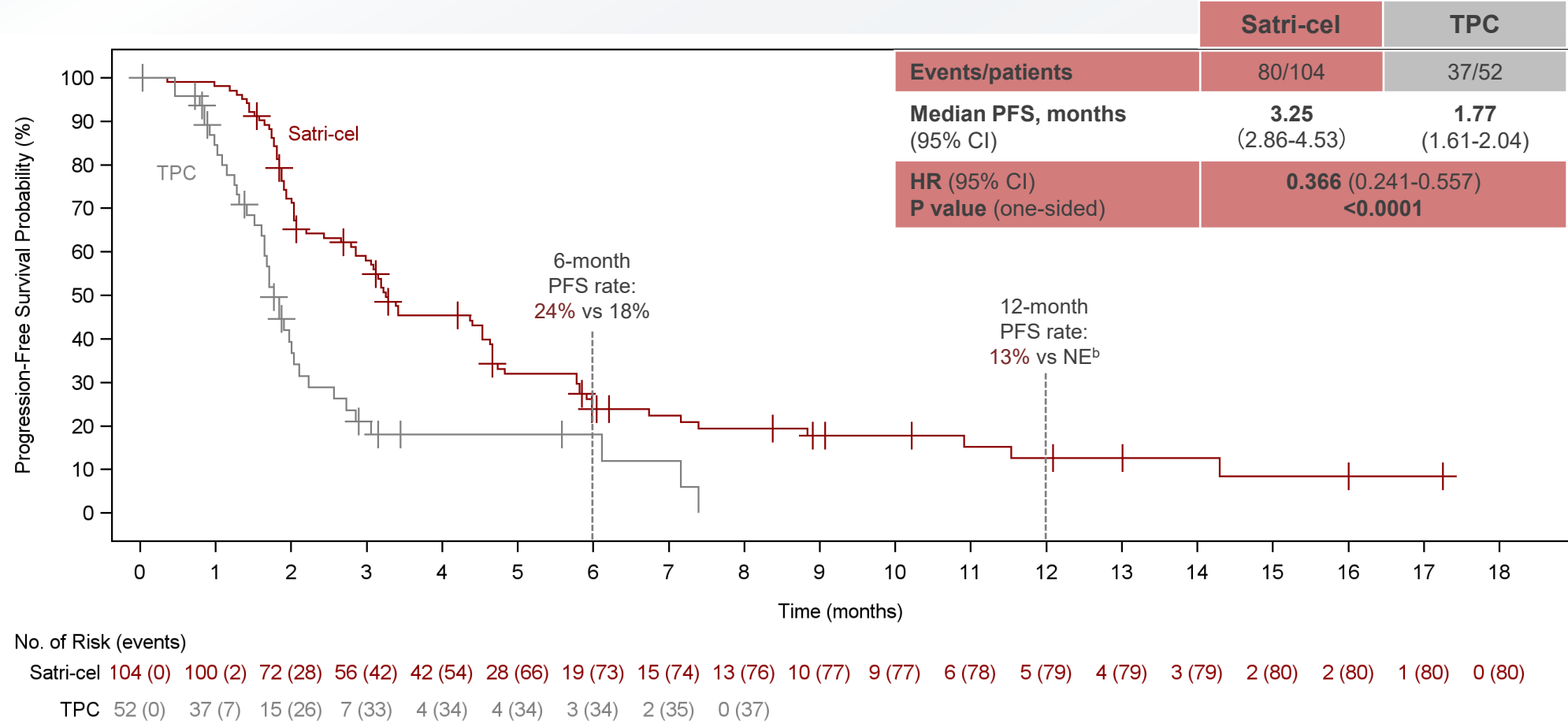
1. Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003
2. Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

Cut-off date: Oct 18, 2024

Satri-cel China Pivotal Phase II: Primary Endpoint—PFS by IRC^a



Satri-cel demonstrated statistically significant PFS improvement



a: Per RECIST v1.1.

b: 12-month PFS rate could not be estimated in the TPC group.

Cut-off date: Oct 18, 2024

Median follow-up: 9.07 months (satri-cel group) vs 3.45 months (TPC group).

1. Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003

2. Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

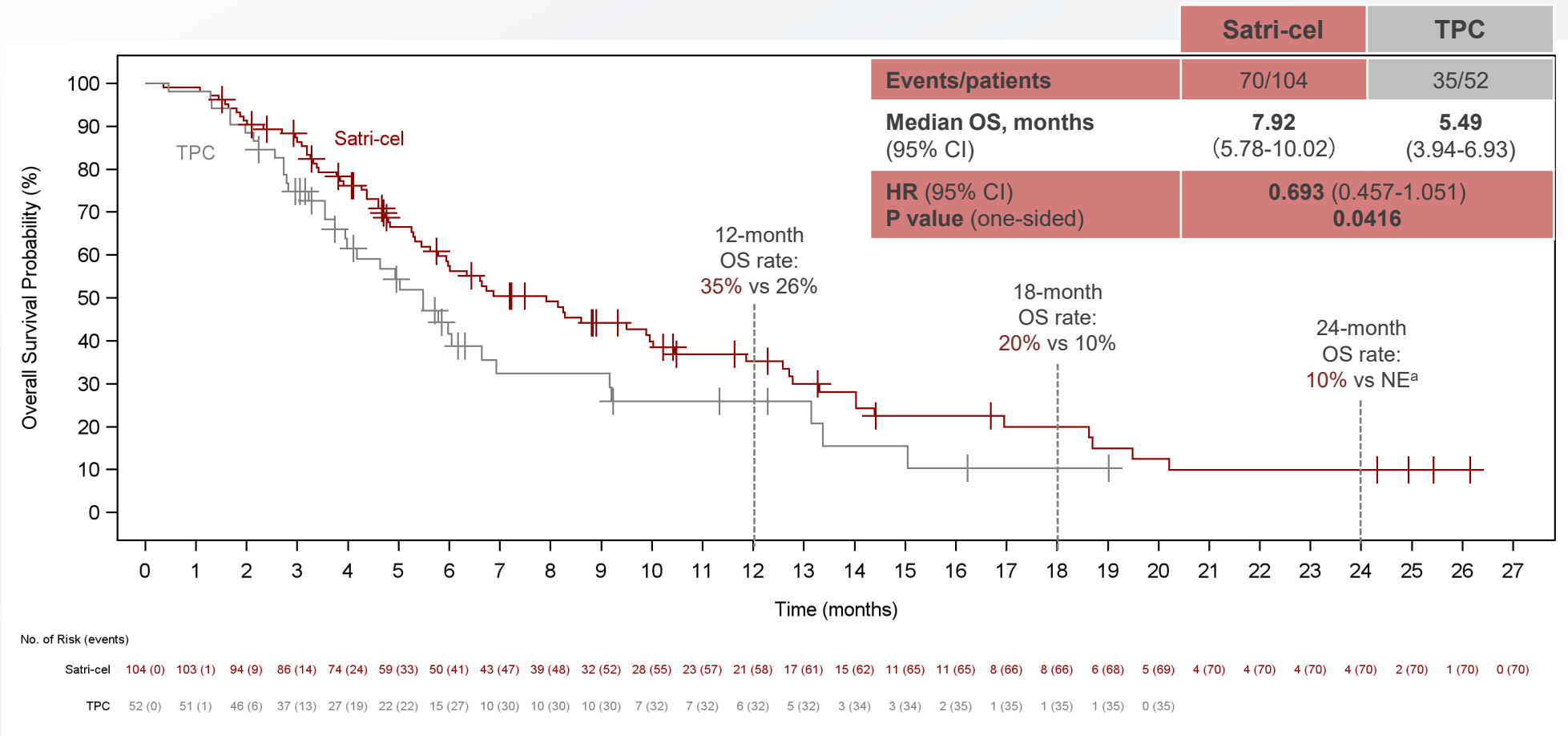
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Satri-cel China Pivotal Phase II: Key Secondary Endpoint OS



Satri-cel demonstrated clinically meaningful OS benefit



a: 24-month OS rate could not be estimated in the TPC group.

Cut-off date: Oct 18, 2024
Median follow-up: 14.42 months (satri-cel group) vs 11.33 months (TPC group).

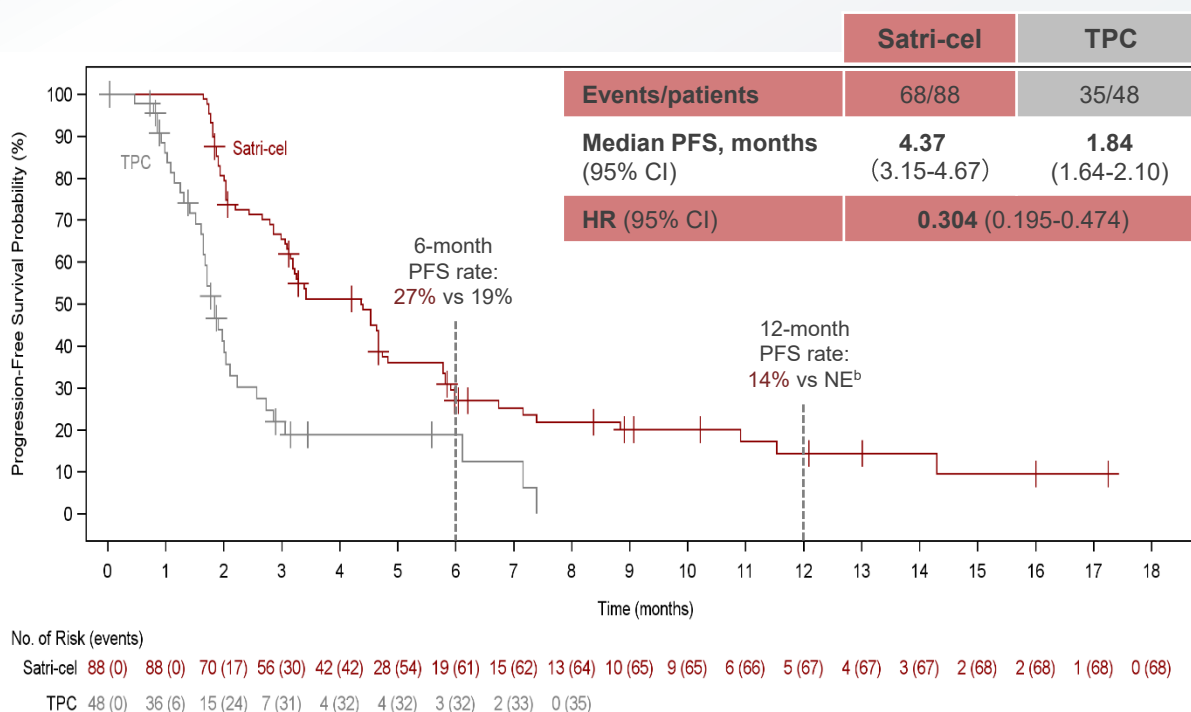
1. Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003
2. Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

Satri-cel China Pivotal Phase II: PFS and OS in Treated Population

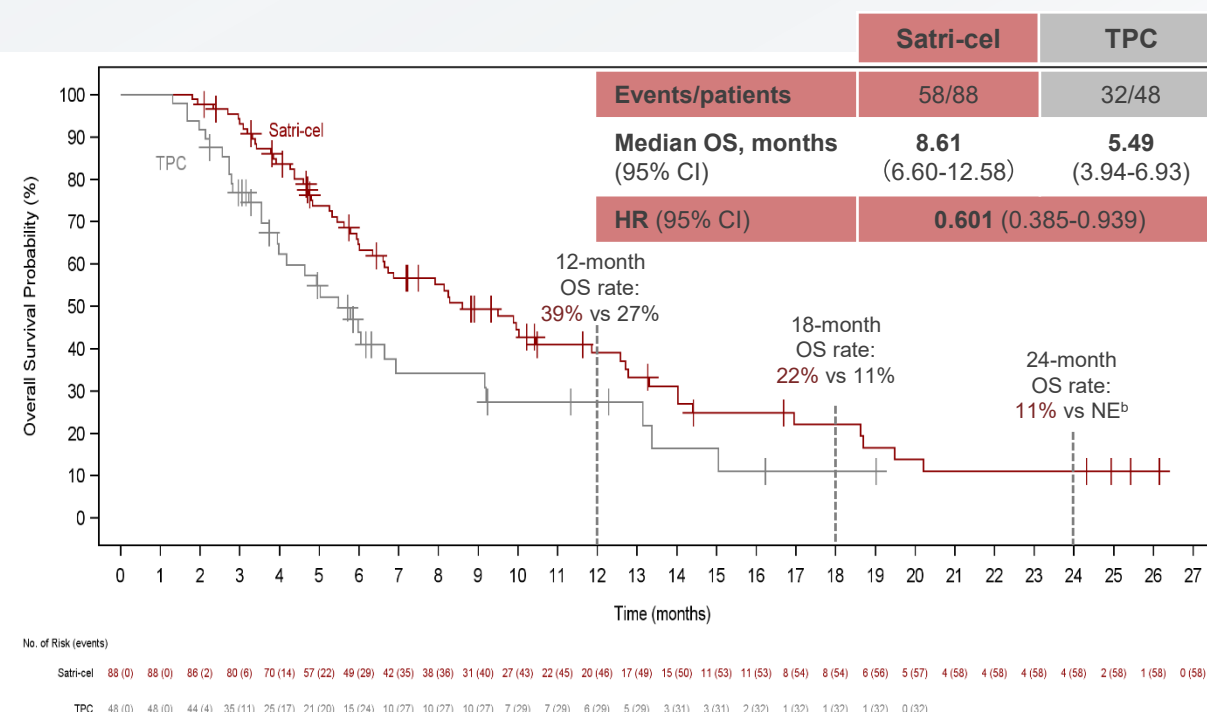


In treated population (mITT), PFS per IRC and OS were obviously longer in Satri-cel group vs TPC group

PFS assessed by IRC^a



OS in mITT population



Cut-off date: Oct 18, 2024

a: Per RECIST v1.1. b: the rate could not be estimated in the TPC group.

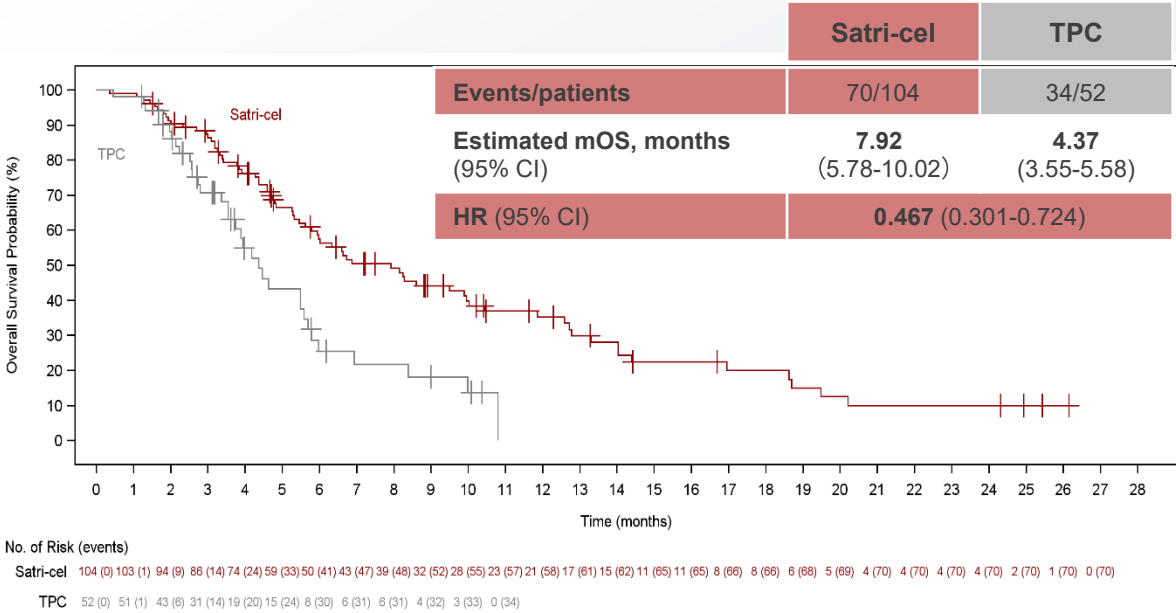
- Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003
- Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

Satri-cel China Pivotal Phase II: Adjusting OS for Treatment Switching in TPC

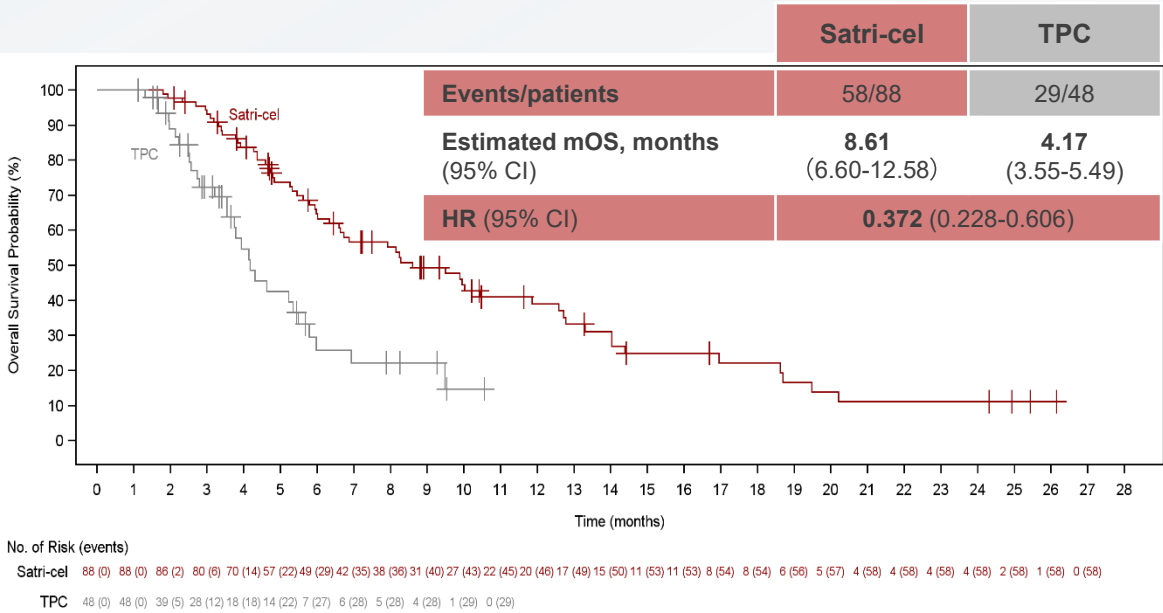


The estimated mOS was 1.81-2.06 fold longer with satri-cel vs TPC by RPSFT model, providing a 53% and 63% reduction in risk of mortality in the ITT and mITT populations, respectively.

OS (ITT) analyzed by RPSFT model



OS (mITT) analyzed by RPSFT model



- 42% (20/48) of patients in the TPC group subsequently received satri-cel infusion.
- Among all 108 patients (88 in satri-cel group, 20 in TPC group) treated with satri-cel, mOS reached **9.17 months** (95% CI 6.64–12.58).

Cut-off date: Oct 18, 2024

a: RPSFT: Rank Preserving Structural Failure Time. RPSFT model applied to adjust survival time for TPC patients who received satri-cel.

1. Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003
2. Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

Satri-cel China Pivotal Phase II: Manageable Safety



Safety, n (%)	Satri-cel group (n=88)		TPC group (n=48)	
	All grade	Grade ≥3	All grade	Grade ≥3
All treatment-emergent adverse events (TEAEs)	88 (100%)	87 (98.9%)	44 (91.7%)	30 (62.5%)
TEAEs related to treatment (TRAEs)	88 (100%)	87 (98.9%)	44 (91.7%)	27 (56.3%)
TRAEs leading to discontinuation	0	0	2 (4.2%)	1 (2.1%)
TRAEs leading to death	1 (1.1%) ^[1]	1 (1.1%)	1 (2.1%) ^[2]	1 (2.1%)
Cytokine release syndrome (CRS)	84 (95.5%)	4 (4.5%) ^[3]	0	0
Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS)	0	0	0	0

Treatment was defined as bridging therapy, lymphodepletion and Satri-cel infusion in Satri-cel group and treatment of physician's choice in TPC group.

[1] disseminated intravascular coagulation; [2] coagulopathy; [3] all grade 3.

Cut-off date: Oct 18, 2024

1. Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003
2. Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

Satri-cel China Pivotal Phase II: Conclusions



- ✓ It is the world's **first** confirmatory randomized controlled trial (RCT) of a CAR-T cell therapy in solid tumors. It is also the **first** RCT in this field to demonstrate statistically superior efficacy on its primary endpoint.
- ✓ Satri-cel demonstrated **statistically significant PFS improvement and clinically meaningful overall survival benefit** in patients with Claudin18.2-positive, advanced G/GEJC (3L+) compared to standard of care.
- ✓ This trial expanded the percentage of Claudin18.2-positive patients with G/GEJC.
- ✓ We observed a **manageable safety profile** alongside **long-term benefit** in many patients.
- ✓ These data suggest that satri-cel could become **a new treatment option** and provide a strong rationale for continued investigation of satri-cel in earlier lines of treatment for patients with advanced G/GEJC.

1. Qi C, et al. ASCO 2025. 2025 May; Oral presentation #4003
2. Qi C, et al. *The Lancet* (2025). DOI: 10.1016/S0140-6736(25)00860-8

Satri-cel: Clinical Data from China and the US (Single-arm Study)



	China investigator-initiated trial (NCT03874897) ^{1,2}	Phase Ib in China (NCT04581473) ³	Phase 1b in the US (NCT04404595) ⁴	
	ASCO 2024, <i>Nature Medicine</i>	ASCO 2022	ASCO GI 2024	
Sample size, No.	51 G/GEJA*	14 G/GEJA	7 G/GEJA	12 PC
Median follow-up, Month	32.4*	8.8	8.9	
ORR	54.9%*	57.1%	42.9%	16.7%
mPFS, Month	5.8**	5.6	5.7	2.7
mDoR, Month	6.4*	Not reported	6.9	3.4
mOS, Month	9.0**	10.8	8.9	8.9
≥Grade 3 CRS, No.	0	1***	0	2
≥Grade 3 ICANS, No.	0	0	0	
Treatment related death, No.	0	0	0	
*51 G/GEJA patients with target lesions at baseline received satri-cel monotherapy. **59 G/GEJA patients received satri-cel monotherapy. ***One patient was related to the investigational disease (lung metastasis of GC) and fully recovered after corticosteroids treatment.				

1. Qi C, et al. ASCO 2024. 2024 Jun; Oral presentation #2501

2. Qi C, et al. *Nat Med* (2024). DOI: 10.1038/s41591-024-03037-z2

3. Qi C, et. al. ASCO 2022. 2022 Jun; Poster #4017

4. Botta G, et. al. ASCO GI 2024. 2024 Jan; Poster #356

G/GEJA: Gastric/Gastroesophageal Junction Adenocarcinoma; PC: Pancreatic Cancer; ORR: Objective Response Rate; mPFS: Median Progression-Free Survival; mDoR: Median Duration of Response; mOS: Median Overall Survival; CRS: Cytokine Release Syndrome; ICANS: Immune Effector Cell-associated Neurologic Syndrome

Satri-cel: Extension to GC/PC Earlier Line / Adjuvant Settings



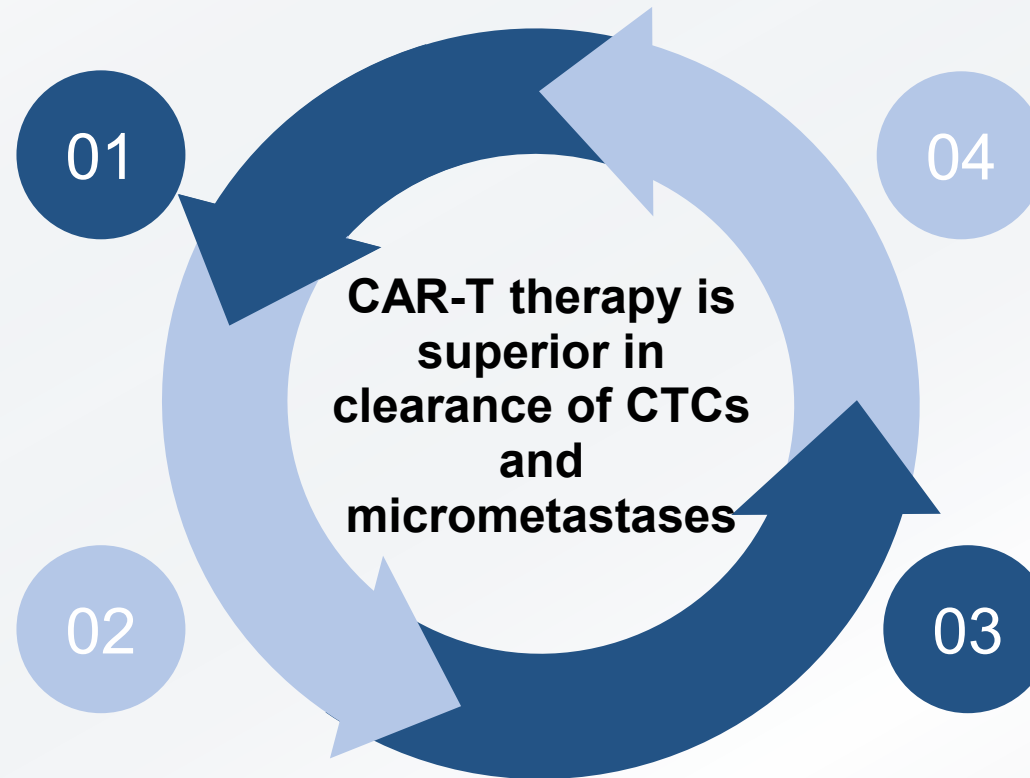
Promising greater clinical value in earlier line / earlier disease stage and providing better chances of cure for a much broader patient population

More Accessible Tumor

- Low disease burden & aggressiveness
- Easier tissue penetration

Preserved Immune System

- Better quality of T cells
- More durable responses are expected



Better Tolerability

- Mild CRS
- Good hematopoietic and organ function

Favorable TME

- ECM & normal fibroblasts not affected by previous anti-cancer therapy

Satri-cel as GC 1L Consolidation Delivered 100% Response Rate



No.	Age/Gender	BOR of 1 st line	BOR of Satri-cel	TTR
1	50/F	SD	PR	W4
2	55/F	PR	PR	W4
3	30/F	SD	PR	W4
4	48/M	SD	NN	No target lesion
5	53/F	NE (intolerable to chemo, myelosuppression)	PR	W4

Satri-cel Efficacy Highlights

- **ORR 100%** in 4 patients with target lesions, TTR (Time to Response) Week 4
- 1 NN patient remained stable **beyond 15 months**
- 2 pts subsequently underwent **surgical resection** after satri-cel infusion, and **remain alive until now.**

ORR: Objective Response Rate; BOR: Best of response; SD: Stable Disease; PR: Partial Response; NE: Non-Evaluable; NN: Non-Complete Response/Non-Progressive Disease

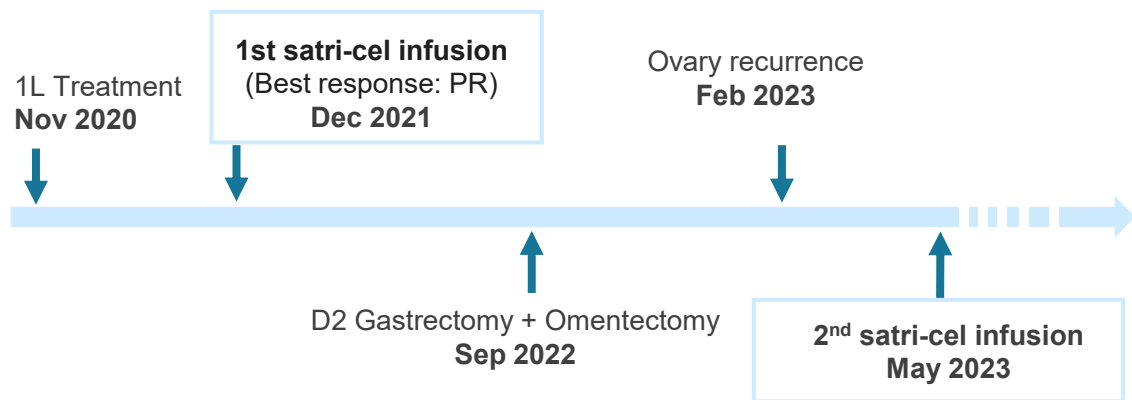
Following Satri-cel Infusion, Two GC Patients Underwent Surgical Resection, and Remain in Long-term Survival at the Latest Follow-up



Case 1

1L Treatment

- Regimen: POS regimen (6 cycles) + S-1/Paclitaxel/TNF intraperitoneal perfusion (4 cycles)
- 1L BOR : SD

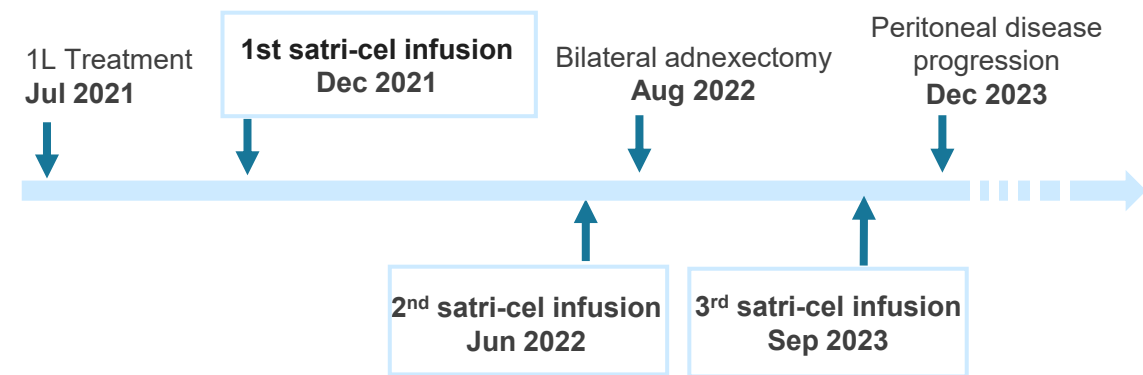


OS: 40.0+ months (last follow-up: April 2025)

Case 2

1L Treatment

- **Regimen:** SOX regimen (4 cycles)
- **BOR :** PR



OS: 42.0+ months (last follow-up: June 2025)

Satri-cel in Adjuvant Therapy for Pancreatic Cancer Leads to Significant Decline in CA19-9 Levels



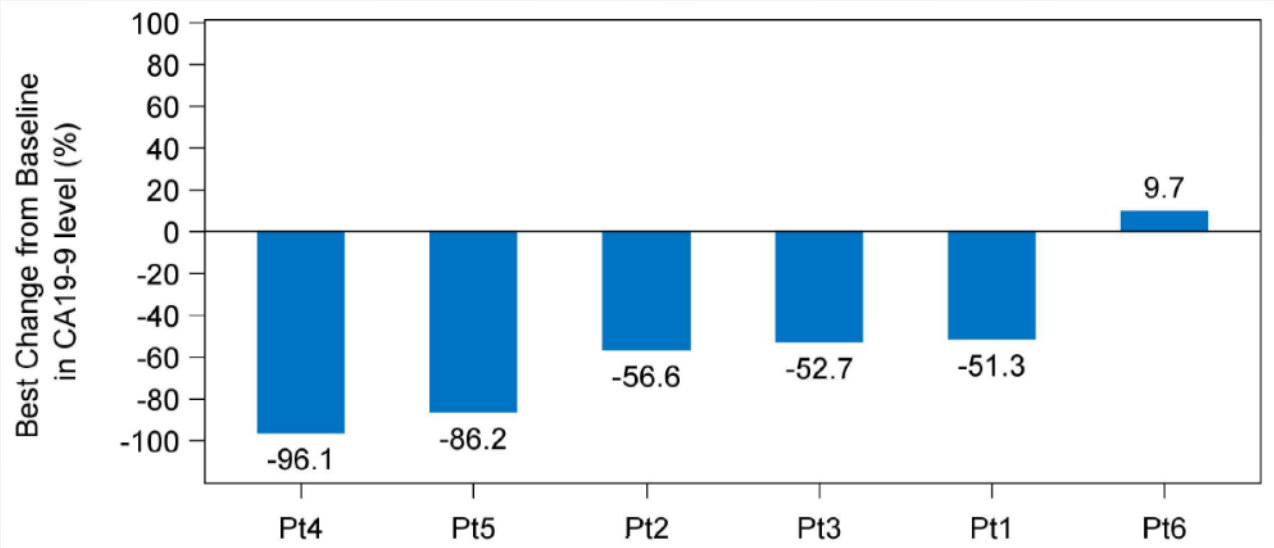
As of April 11, 2025 (data cut-off date), 6 PC patients with median follow-up of 6.05 months:

mDFS, mOS
not reached

9-month DFS
rate from
surgery
83.3%

All patients
developed
Grade 1 or 2
CRS

No ICANS
reported



- **Significant decline in CA19-9 levels** post infusion was observed in **five (83.3%)** patients, with reductions ranging from 51.3% to 96.1%.
- Notably, one patient who has completed **52-week follow-up** post infusion is still under follow-up **without disease recurrence**.

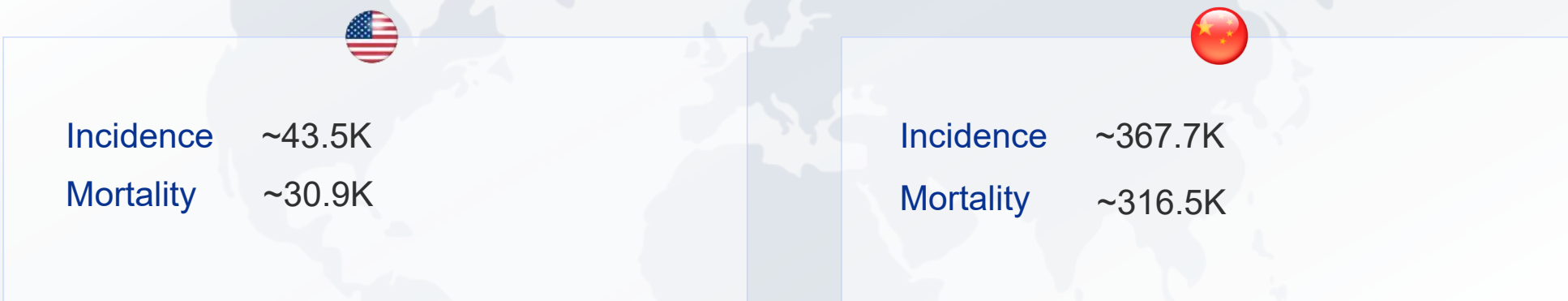
1. Yu X, et al. ESMO 2025. 2025 Oct; Poster #2220P

CA19-9: Carbohydrate Antigen 19-9; PC: Pancreatic Cancer; mDFS: Median Disease-free Survival; mOS: Median Overall Survival; CRS: Cytokine Release Syndrome; ICANS: Immune Effector Cell-associated Neurotoxicity Syndrome



Liver Cancer: The Third Leading Cause of Cancer Mortality Worldwide

2022 Liver Cancer Epidemiology in the US and China¹



Liver Cancer 5-year survival rate

	Global ²	US ³	China ⁴
Liver Cancer, all stages	18%	20%	12%

1. International Agency for Research on Cancer. Population factsheets. 2022

2. Lin L, et al. *Liver Cancer*. 2020 Sep;9(5):563-582

3. 2022 American Cancer Society medical information

4. Zheng R, et al. *Chinese Journal of Cancer Research*, 2018 Dec;30(6):571-579

CT011: First-in-class CAR-T in Hepatocellular Carcinoma with PoC Clinical Results



GPC3: high expression and specificity

- Overexpression in hepatocellular carcinomas (HCC), and is associated with poor disease prognosis

CARsgen's GPC3 IHC test kit

Expression* in HCC:

70.7%

- overexpressed in other cancer types, e.g. >60% of lung squamous cell carcinoma (SCC)

CT011

Product

- ✓ an autologous GPC3 CAR-T product

Clinical Development



- Phase I trial **Completed**
- Phase I trial for stage IIIa HCC at high risk of recurrence after surgical resection **Ongoing**

*CARsgen internal data

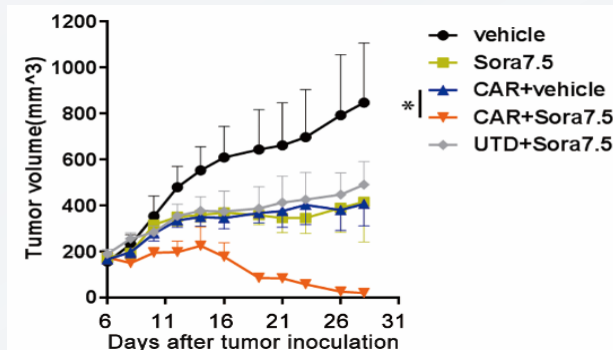
GPC3 CAR-T in Combination with Small Molecules Against HCC: First publication in *Molecular Therapy*



> Mol Ther. 2019 Aug 7;27(8):1483-1494. doi: 10.1016/j.ymthe.2019.04.020. Epub 2019 Apr 29.

Combined Antitumor Effects of Sorafenib and GPC3-CAR T Cells in Mouse Models of Hepatocellular Carcinoma

Xiuqi Wu¹, Hong Luo², Bizhi Shi¹, Shengmeng Di¹, Ruixin Sun¹, Jingwen Su¹, Ying Liu¹, Hua Li¹, Hua Jiang³, Zonghai Li⁴



Molecular Therapy Commentary

Alliance of the Titans: An Effective Combination of a TKI with CAR T Cells

Andras Heczey¹

<https://doi.org/10.1016/j.ymthe.2019.07.008>



TYPE Case Report
PUBLISHED 17 August 2022
DOI 10.3389/fimmu.2022.963031

Long term complete response of advanced hepatocellular carcinoma to glypican-3 specific chimeric antigen receptor T-Cells plus sorafenib, a case report

As of Dec 2021 (last follow-up at publication)

- CR status has been over 24 months and continues



(Photo taken in Jun 2023)

1. Wu X, Mol Ther. 2019 Aug 7;27(8):1483-1494

CAR-T in Combination with Local Therapy Against HCC: Cover Story in *Cancer Communications*; Both Patients Achieved Disease-free Survival around 9 Years



Patients stayed tumor free till latest follow-up on Apr 11, 2025

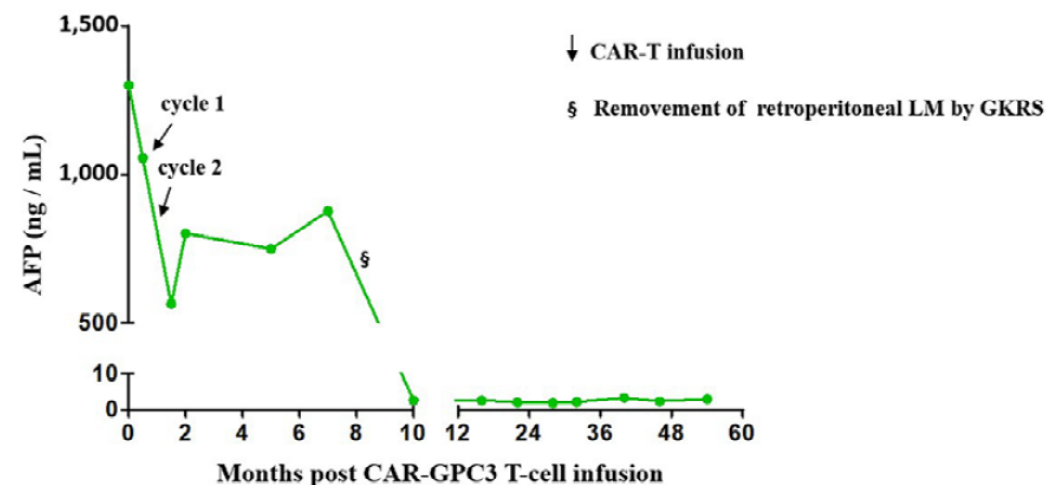
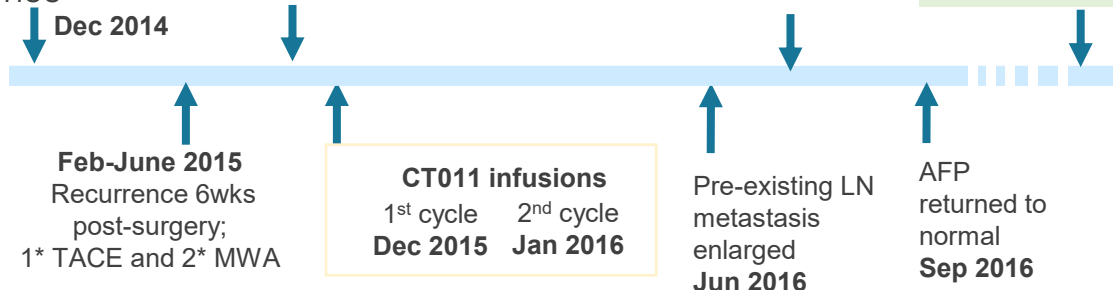
• Case: a 54-year-old male

Diagnosed with Ib-stage HCC. Liver resection of primary HCC

Multiple Metastasis; GKRS and 2* MWA July - Oct 2015

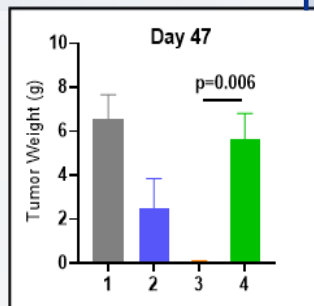
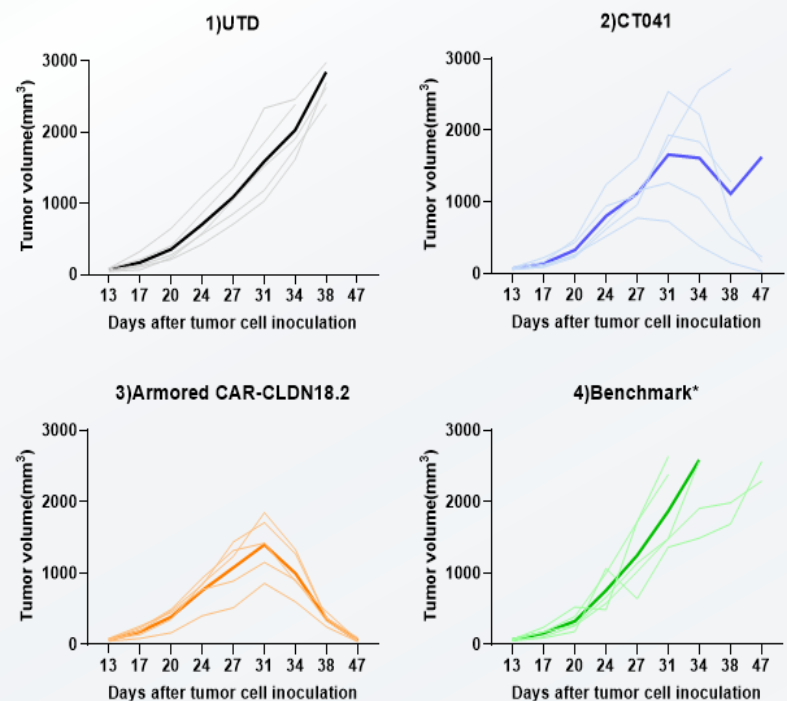
GKRS July 2016

tumor free survival (> 5 years) Nov 2021

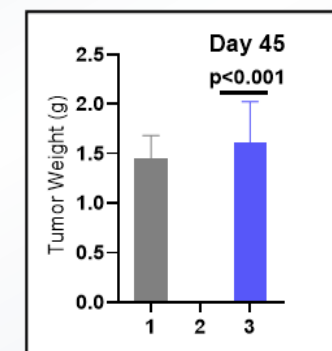
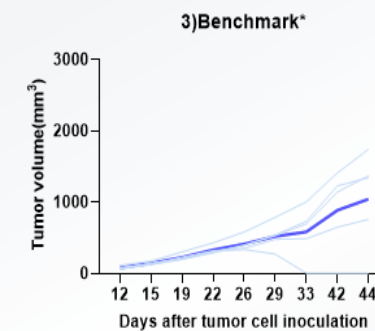
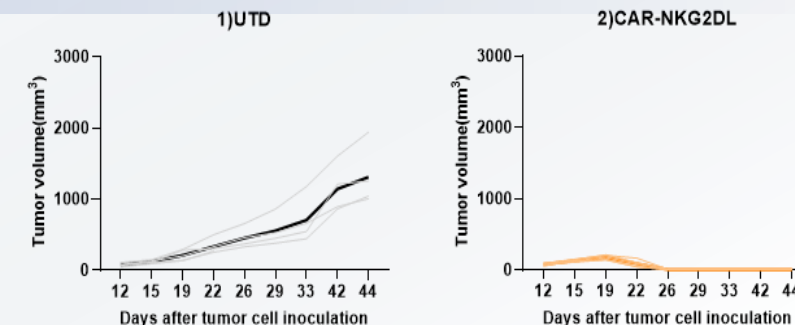


Next-Gen CAR-T Development: Tackling Key Challenges in Solid Tumors

Next-gen Claudin18.2 CAR-T shows enhanced anti-tumor activity in GC models

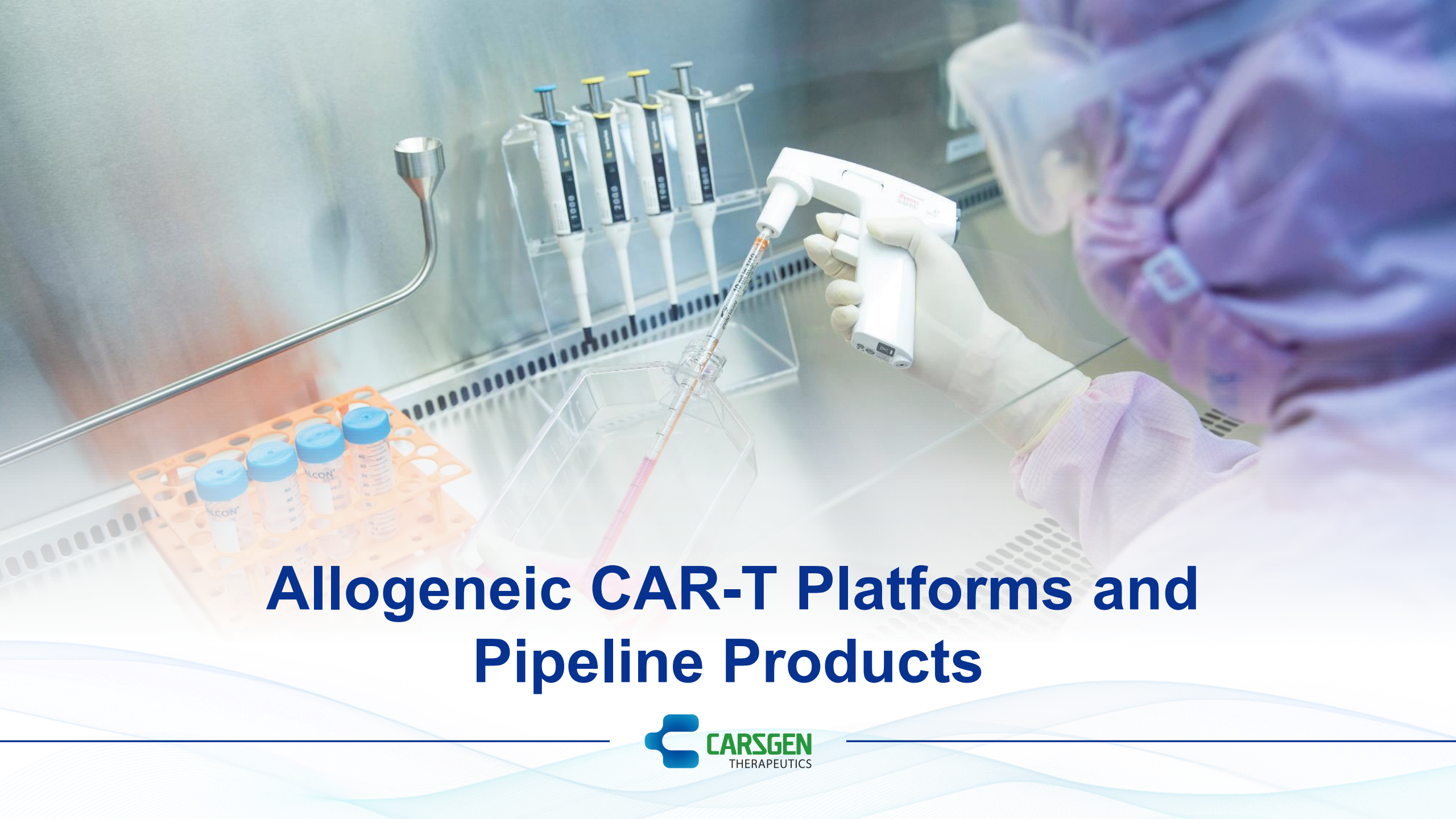


Next-gen NKG2DL CAR-T shows robust anti-tumor activity in HCC models



Satri-cel-derived Armored CAR-T demonstrates enhanced therapeutic efficacy

Proprietary CAR-NKG2DL T cells achieve 100% clearance in HCC



Allogeneic CAR-T Platforms and Pipeline Products

Existing Efficacy Gap between Allogeneic CAR-T and Autologous CAR-T



Treatment and outcomes	Allogeneic BCMA CAR-T			Autologous BCMA CAR-T
	ALLO-715 3.2 x10 ⁸ cells, N=24 ¹	P-BCMA-ALLO1 ²		cilta-cel 0.5-1 x10 ⁶ cells/kg, N=97 ³
		All Arm ^{**} : 0.25-6 x10 ⁶ cells/kg, N=72	Arm C ^{**} : 2 x10 ⁶ cells/kg N=23	
Enrolled	48	72	23 (including 2 retreatment)	113
Days to treatment initiation*	5	1	1	32
Required bridging therapy	0%	0%	0%	75%
ORR (mITT)	71%	54%	91%	98%
CR/sCR rate (mITT)	25%	11%	22%	80%
≥VGPR rate (mITT)	71%	33%	48%	95%
mDoR	8.3 months	7.7 months ^{***}	Not reported	Not reached ^{****}

*For ALLO-715, time is calculated from enrollment to lymphodepletion; for P-BCMA-ALLO1, time is calculated from enrollment to the start of study treatment.

**Four arms in total, Arm C (cy 750 mg/m²/day +Flu 30 mg/m²/day) P-BCMA-ALLO1 Dose 2 × 10⁶ and Arm B (cy 1000 mg/m²/day +Flu 30 mg/m²/day) P-BCMA-ALLO1 Dose 2 × 10⁶, Arm S (cy 300 mg/m²/day +Flu 30 mg/m²/day) P-BCMA-ALLO1 Dose Range of 0.25-6×10⁶, and Arm A (cy 500 mg/m²/day +Flu 30 mg/m²/day) P-BCMA-ALLO1 Dose 2 × 10⁶.

***The median duration of response (DoR) was 232 days for study Arms A and B – the cohorts with six or more months of follow-up at the time of data cut-off.

****Based on a median duration of follow-up of 18 months, mDOR=21.8 months.

1. Allogene Therapeutics. 2021. ASH 2021 Presentation. Accessed Nov 5, 2024

2. Poseida website news releases of phase 1 early results; Poseida Therapeutics. 2024. International Myeloma Society (IMS) 21st Annual Meeting and Exposition

3. ciltacabtagene autoleucel [Prescribing Information]. Janssen Biotech

Relatively Limited Expansion of Allogeneic CAR-T in Patients



- In allogeneic CAR-T, donor T cells will be recognized and rapidly eliminated by the host immune system (HvGR), which impacts CAR-T cell survival and results in limited expansion.
- Compared to autologous CAR-T, in vivo persistence of allogeneic CAR-T is significantly reduced.

Autologous and Allogeneic BCMA CAR-T in Multiple Myeloma			
	Allogeneic CAR-T ALLO-715 UNIVERSAL Phase I ^{1*}	Autologous CAR-T cilta-cel CARTITUDE-1 ²	Autologous CAR-T zevor-cel LUMMICAR-1 Phase 1 ³
Median C _{max} (copies/ug gDNA)	6,419*	47,806	202,543
Lymphodepletion Regimen	• Fludarabine: 30 mg m²*3 days; • Cyclophosphamide: 300 mg m²*3days; • ALLO-647 mAb^{**}: 13mg/20mg/30mg*3days	• Fludarabine: 30 mg m²*3 days; • Cyclophosphamide: 300 mg m²*3 days;	• Fludarabine: 25 mg m²*3 days; • Cyclophosphamide: 300 mg m²*3 days

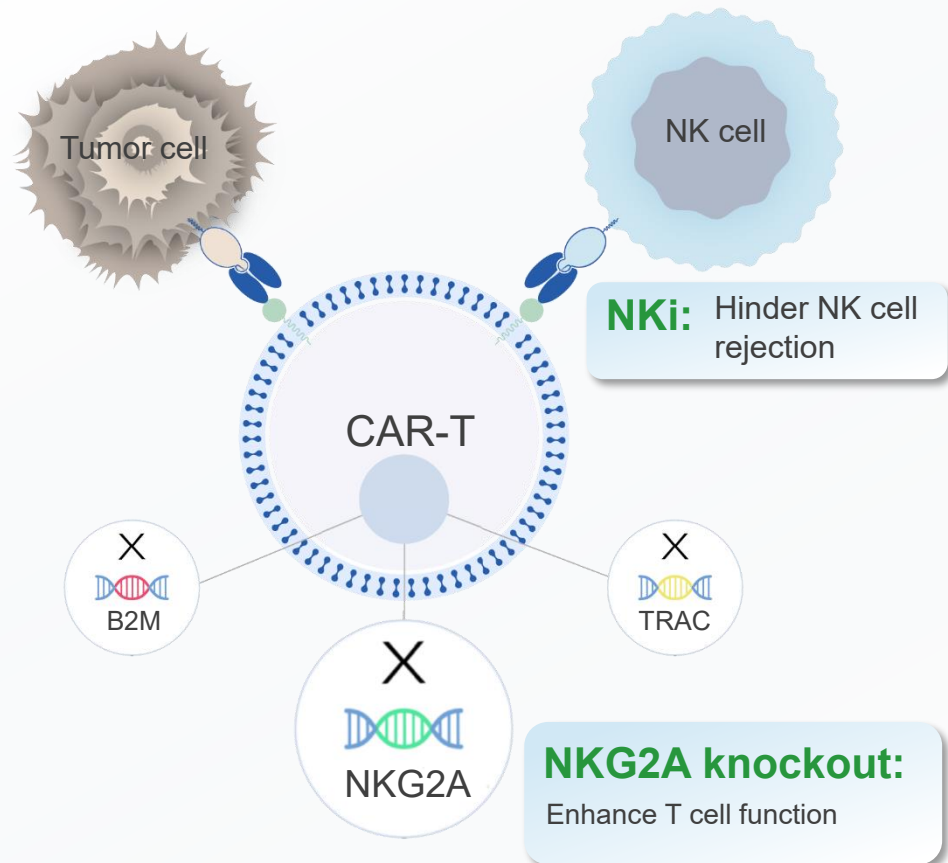
*Data from all patients (N=24) receiving the FCA regimen with 3.2 x10⁸ cells.
**ALLO-647: A humanized anti-CD52 monoclonal antibody for the depletion of CD52-positive host lymphocytes.

1. Mailankody S, et al. *Nat Med* 29, 422–429 (2023)
2. cilta-cel autoleucl [Prescribing Information]. Janssen Biotech
3. Chen W, et al. EHA 2024. 2024 Jun; Oral presentation S209

THANK-uCAR® and the Optimized THANK-u Plus™: Innovative Allogeneic CAR-T Platform Aimed to Address Immune Rejection



Target and Hinder the Attack of NK cells on Universal CAR-T cells (THANK-uCAR®)



HvGR is the major challenge faced by Allogeneic CAR-T

- Knocking out B2M can mitigate HvGR from host T cells, but it induces killing of uCAR-T cells by host NK cells, thereby limiting therapeutic efficacy.

THANK-uCAR® to better address HvGR

- Anti-NKG2A CAR (NKi) can help eliminate activated NK cells, thus reducing NK-mediated killing of uCAR-T cells.
- NK cells can serve as "feeder cells" for uCAR-T cells, thereby enhancing the expansion of uCAR-T cells.
- Knockout of NKG2A can further enhance T cell function.

THANK-u Plus™ improves the ability to resist NK rejection and enhance expansion

- Compared with THANK-uCAR®, THANK-u Plus™ incorporates an NK inhibitory signaling element (NKi binder), strengthening the ability of uCAR-T cells to resist NK cell rejection and broadening its applicability.

Allogeneic CAR-T CT0590 Reports Outcomes from China IIT in R/R MM



CT0590 is a BCMA-targeting allogeneic CAR-T deploying **THANK-uCAR®** technology.

Patient (Diagnosis)	ISS stage	# of prior lines	Refractoriness to PI/IMiD*	% Baseline NKG2A expression NK cells	Best overall response	DoR (mo)	Peak CAR copy number (copies/μg gDNA)
PT 1 (MM)	I	2	1	23	SD	NA	BLQ
PT 1-reinf (MM)							5,102
PT 2 (MM)	I	2	2	38	sCR	23	482,749
PT 3 (MM)	III	3	2	12	SD	NA	BLQ
PT 4 (MM)	III	3	2	NA	PR	4	BLQ
PT 4-reinf (MM)					PR	6.9	
#PT 5 (pPCL)	NA	3	2	46	sCR	20	280,863

- Both patients who attained sCR had relatively higher NKG2A expression levels on NK cells.
- Baseline NKG2A expression levels on NK cells may predict treatment outcomes with CT0590.

Cut-off date: Apr 22, 2024 (NCT05066022)

This patient was treated under compassionate use

* 2 indicates double class refractoriness (to a PI and an IMiD), 1 indicates PT 1 patient refractory to a PI.

IIT: Investigator-initiated Trial; PI: Protease Inhibitor; IMiD: Immunomodulatory Drug; DoR: Duration of Response; MM: Multiple Myeloma; pPCL: Primary Plasma Cell Leukemia; SD: Stable Disease; sCR: Stringent Complete Response; PR: Partial Response

1. Fu C, et al. ASH 2024. 2024 Dec; Poster #4843



CT0596: Allogeneic BCMA-Targeted CAR-T (THANK-u Plus™)



THANK-u Plus™ Platform

- THANK-u Plus™ exhibits significantly improved expansion compared to THANK-uCAR®
- THANK-u Plus™ demonstrates sustained expansion regardless of varying NKG2A expression levels on NK cells

CT0596

- Based on THANK-u Plus™, **CT0596**—an allogeneic BCMA-targeted CAR-T therapy—was developed for the treatment of **R/R MM or PCL**.

Clinical Development

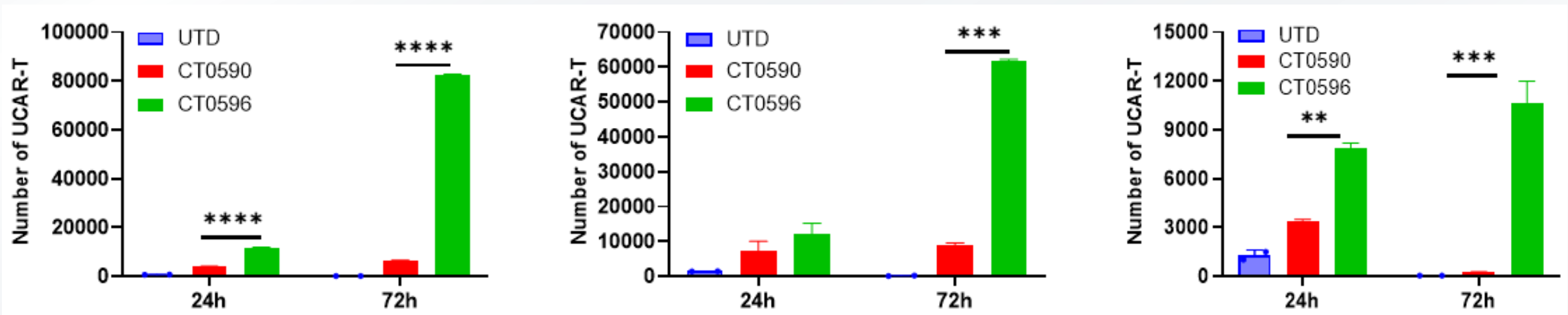
- CT0596 is under evaluation in an IIT for the treatment of R/R MM or PCL:
 - ✓ As of May 6, 2025, 8 patients with R/R MM have been infused.
 - ✓ Infusion has been completed for 2 patients with pPCL.
- Two IND applications submitted in December, 2025, for R/R MM and pPCL, respectively.
- Further exploration is planned in plasma cell malignancies and autoimmune diseases.

CT0596: Enhanced and Sustained Allogeneic CAR-T Expansion Across Different NKG2A Expression Levels

NKG2A expression: High

Medium

Low



- CT0590 (THANK-uCAR®): exhibits a decrease in expansion within 72 hours in NK cells with relatively low NKG2A expression.
- CT0596 (THANK-u Plus™):**
 - ✓ In the presence of NK cells with high/medium/low levels of NKG2A expression, **CT0596 expanded significantly within 72 hours.**
 - ✓ In the presence of NK cells with medium/high levels of NKG2A expression, **CT0596 expanded significantly better than CT0590.**

Patient Baseline Characteristics in IIT

		Patients (N=8)
Multiple Myeloma		8 (100%)
Median Age		63.5
Immunoglobulin Type at Initial Diagnosis, n (%)		
	IgG	2 (25.0%)
	IgA	4 (50.0%)
	κ Light Chain	2 (25.0%)
R-ISS Stage, n (%)		
	I	0
	II	5 (62.5%)
	III	3 (37.5%)
High-Risk Cytogenetics, n (%)		
	Yes	1 (12.5%)
Extramedullary Disease, n (%)		1 (12.5%)
Median Prior Lines of Therapy		4.5
Median Proportion of Plasma Cells, n (%)		22.50 (0.5, 53.5)
Median NKG2A % in NK cells, n (%)		20.75 (5.0, 36.7)
Dose of lymphodepletion	Full	6 (75.0)
	Reduced	2 (25.0)
Dose of CT0596	1.5×10^8	1 (12.5)
	3.0×10^8	5 (62.5)
	4.5×10^8	2 (25.0)

- Lymphodepleting Regimen:
 - 6 patients received the full-dose lymphodepletion regimen (i.e., fludarabine 30mg/m²/day and cyclophosphamide 500mg/m²/day administered consecutively for 3 days as per protocol).
 - 2 additional patients had their lymphodepletion dose adjusted based on investigator assessment.
- Enrolled patients were not restricted by NKG2A expression level.
- One patient received two infusions.
- Dose exploration is currently ongoing. The lymphodepleting dose has been determined, while the cell dose may be explored at a higher level (6×10^8) to identify the recommended dose.

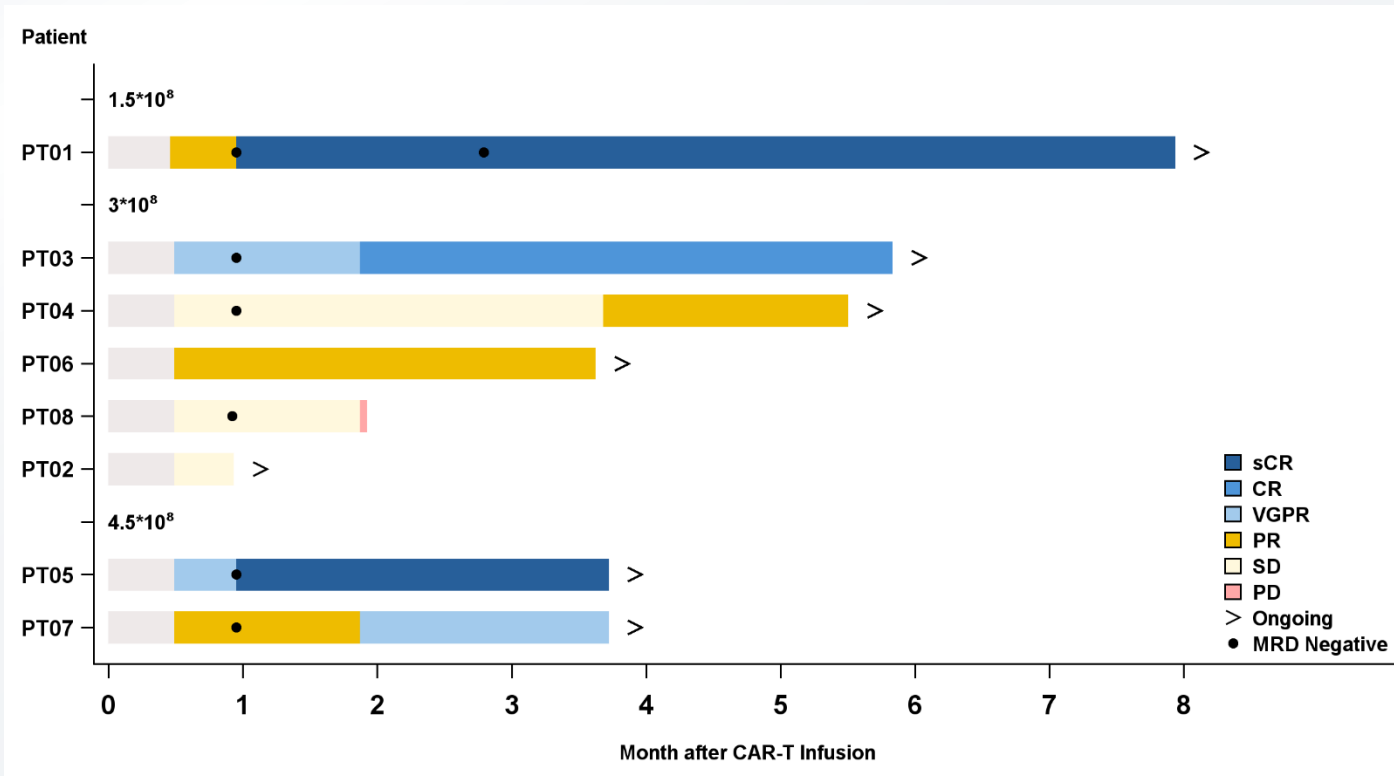
CT0596 Demonstrated a Manageable Safety Profile



- All 8 patients reported cytopenias.
- 4 patients experienced grade 1 cytokine release syndrome (CRS), with **no grade 2 or higher CRS observed**.
- The time to onset of CRS was 2 (range, 1-8) days after infusion, and the duration was 6 (range, 2-10) days.
- **No ICANS or GvHD was observed.**
- **No** dose-limiting toxicities (DLTs) occurred, **no** patients withdrew from the trial due to adverse events (AEs), and there were **no** deaths caused by adverse events.

	N (%)
TEAEs	8 (100.0)
SAEs	2 (25.0)
≥Grade 3 AEs	8 (100)
Treatment-related TEAEs	
≥Grade 3 Lymphopenia	8 (100)
≥Grade 3 Leukopenia	8 (100)
≥Grade 3 Thrombocytopenia	3 (37.5)
≥Grade 3 Neutropenia	7 (87.5)
≥Grade 3 Anemia	2 (25.0)
≥Grade 3 Infections	0
CRS	4 (50.0)
ICANS	0
GvHD	0
AEs leading to study discontinuation	0
AEs leading to death	0
DLT	0

CT0596 Induced Deep and Durable Responses



- As of August 31, 2025, all 8 infused patients were evaluable for efficacy, with a median follow-up time of 4.14 months (range: 0.9-7.9 months).
- ✓ **6 patients achieved a response of PR or better:** 3 achieved CR/sCR (all in the full-dose lymphodepletion group), 1 achieved VGPR, and 2 achieved PR. All 6 patients achieved MRD negativity at Week 4.
- ✓ PT01 maintained ongoing **sCR** and MRD-negativity as of **Month 8**.
- ✓ PT04 achieved PR with **resolution of extramedullary disease** following the second infusion.
- ✓ At the dose level of 4.5×10^8 cells, PT05 achieved sCR, and PT07's response deepened over time.

CT0596 Treatment in Two Patients with R/R pPCL Resulting in sCR

As of the data cutoff date (Oct 17, 2025), two patients with relapsed/refractory pPCL had been enrolled.

	pPCL-01	pPCL-02
Patient	62-year-old male, IgG-λ type	70-year-old male, κ light chain type
Prior Therapies	ASCT + triple classes of drugs (PI, IMiD, CD38 mAb)	Triple classes of drugs (PI, IMiD, CD38 mAb)
CAR-T Treatment	Two infusions, ~2 months apart	Single infusion
Safety	Grade 2 CRS, Grade 4 cytopenia, lung infection	Grade 1 CRS, Grade 4 neutropenia and thrombocytopenia
Pharmacokinetics	C _{max} : 161,971 copies/μg gDNA; Maintained at 10 ³ by Week 8	C _{max} : 151,654 copies/μg gDNA
Efficacy	Achieved sCR at Week 4 & 8; bone marrow MRD-negative (<10 ⁻⁶) at Week 4	Achieved sCR at Week 4, 8, & 12; bone marrow MRD-negative (<10 ⁻⁶) at Week 4 & 12

- CT0596 has exhibited **robust and rapid efficacy** in heavily pretreated patients with rapidly progressive relapsed/refractory pPCL
- Aside from expected CAR-T-associated toxicities such as CRS and hematologic adverse events, no significant organ toxicities were observed, indicating a **manageable safety profile**.

CT1190B: An Allogeneic CD19/CD20-Targeting CAR-T Cell Therapy (THANK-u Plus™)



THANK-u Plus™ Platform

- THANK-u Plus™ demonstrates significantly enhanced expansion compared to THANK-uCAR®
- THANK-u Plus™ sustains expansion regardless of NKG2A expression levels in NK cells

CT1190B

- Based on the THANK-u Plus™ platform, the allogeneic CD19/CD20 -targeting CAR-T product **CT1190B** has been developed for the treatment of **B-cell malignancies or autoimmune diseases.**

Clinical Development Progress and Plans

- An Investigator-Initiated Trial (IIT) of CT1190B for relapsed/refractory B-cell non-Hodgkin's lymphoma is ongoing.
- Products based on this platform are also being investigated in autoimmune diseases.

- A total of 14 patients have been enrolled:
 - ✓ 3 with Follicular Lymphoma (FL)
 - ✓ 3 with Mantle Cell Lymphoma (MCL)
 - ✓ 8 with Diffuse Large B-Cell Lymphoma (DLBCL)
- The dose-escalation study has been completed, establishing the lymphodepletion regimen and preliminarily determining the recommended cell dose.

Lymphodepletion Dose Exploration Phase:

- 3 FL patients (Cell dose: 3.0×10^8 : 1 patient; 4.5×10^8 : 2 patients)
- 2 DLBCL patients (Cell dose: 1.5×10^8 : 1 patient; 4.5×10^8 : 1 patient)
- 1 MCL patient (Cell dose: 4.5×10^8 : 1 patient)

Recommended Lymphodepletion Dose: Fludarabine 30 mg/m²/day for 3 days + Cyclophosphamide 1000 mg/m²/day for 2 days

- 2 MCL patients (Cell dose: 6.0×10^8)
- 6 DLBCL patients (Cell doses: 3.0×10^8 : 1 patient; 4.5×10^8 : 1 patient; 6.0×10^8 : 4 patients)

CT1190B Demonstrated Efficacy and Safety



Data cut-off: October 17, 2025. The primary safety signals were CRS, cytopenias, and infections. No DLTs were observed, and no other adverse reactions such as ICANS or GvHD were reported.

➤ **Lymphodepletion Regimen: Fludarabine 30 mg/m² × 3 days + Cyclophosphamide 500 mg/m² × 3 days**

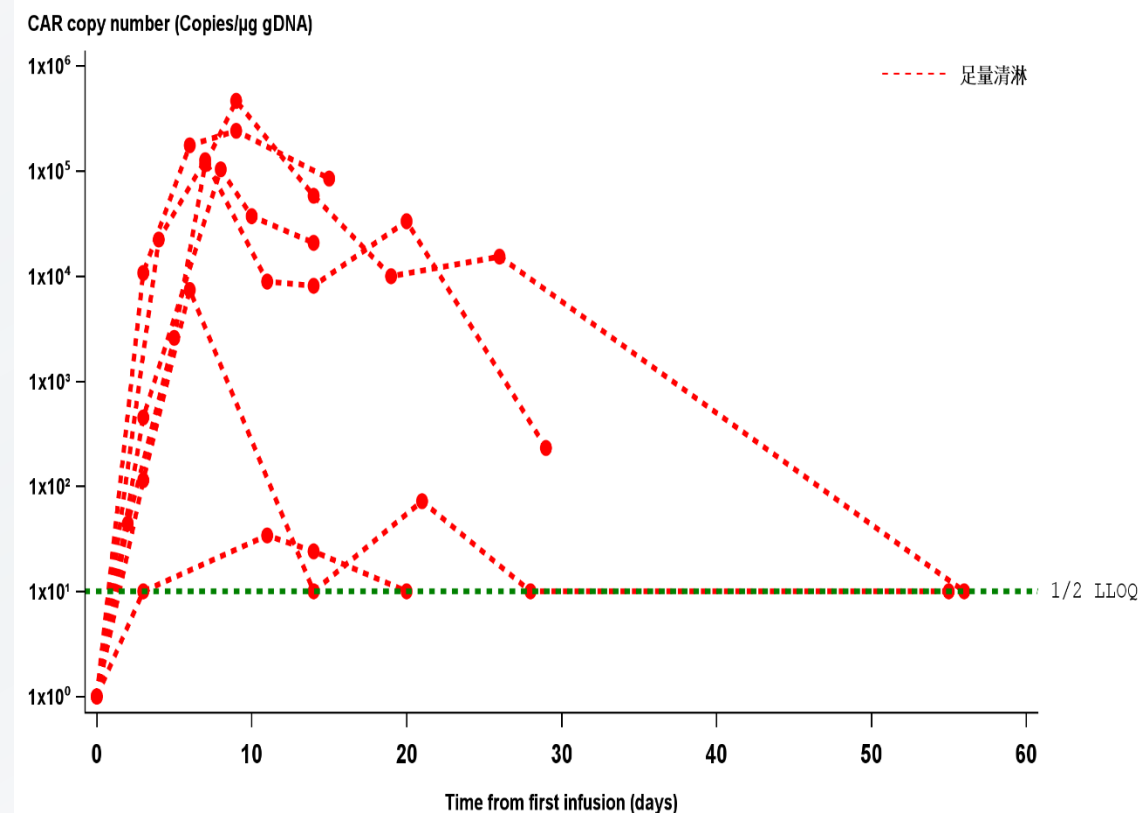
- All three FL patients achieved CR, resulting in an ORR of 100% and a CRR of 100%. One FL patient had failed immunochemotherapy, a PI3K inhibitor, chemotherapy + autologous HSCT, and CD3/CD20 bispecific antibody therapy. Another FL patient had failed immunochemotherapy + autologous HSCT and CD19 CAR-T therapy. The peak expansion copy number reached 10³-10⁴ copies/μg gDNA.

➤ **Lymphodepletion Regimen: Fludarabine 30 mg/m² × 3 days + Cyclophosphamide 1000 mg/m² × 2 days**

- 8 patients were enrolled under this regimen, including 2 MCL patients (cell dose: 6 × 10⁸) and 6 DLBCL patients (cell doses: 3 × 10⁸: 1 patient; 4.5 × 10⁸: 1 patient; 6 × 10⁸: 4 patients).
 - ✓ 6 patients were evaluable for efficacy, showing an ORR of 83.3% and a CRR of 66.6%, including 4 CR and 1 PR. Two DLBCL patients infused with 6 × 10⁸ cells had not reached the efficacy assessment timepoint.
 - ✓ Both MCL patients achieved CR. Among the DLBCL patients: 2 achieved CR, 1 achieved PR (this patient had failed autologous CD19 CAR-T manufacturing), and 1 had PD. The two DLBCL patients not yet evaluable for efficacy showed a peak expansion of 10⁵ copies/μg gDNA.
 - ✓ In the 6 × 10⁸ cell dose cohort (4 patients), 3 achieved CR.

Pharmacokinetics at the Recommended Dose

Product	Indication	Mean or Median Cmax (copies/ug)
CT1190B (allogeneic)	NHL	114564.5 (RD)
ALL-501 (allogeneic)	LBCL	1688
relma-cel (autologous)	LBCL	25214.5~29693.5
Kymriah (autologous)	LBCL	5210.33~6450



At the recommended dose (full-intensity lymphodepletion and cell dose of 6×10^8), involving 6 patients (4 DLBCL, 2 MCL), the median Cmax of CT1190B reached 10^5 copies/μg gDNA. This significantly exceeds the levels observed with currently approved autologous CAR-T products (typically 10^3 - 10^4) and other investigational allogeneic CAR-T products (around 10^3).

Registration and Development Plan for CT0596 and CT1190B



We are fully committed to advancing the registration clinical studies for CT0596 and CT1190B, aiming to bring the allogeneic CAR-T products to market as soon as possible.

CT0596

- Potential Indications: R/R PCL, R/R MM
- Planned initiation of Phase Ib/II registration study in 2026

CT1190B

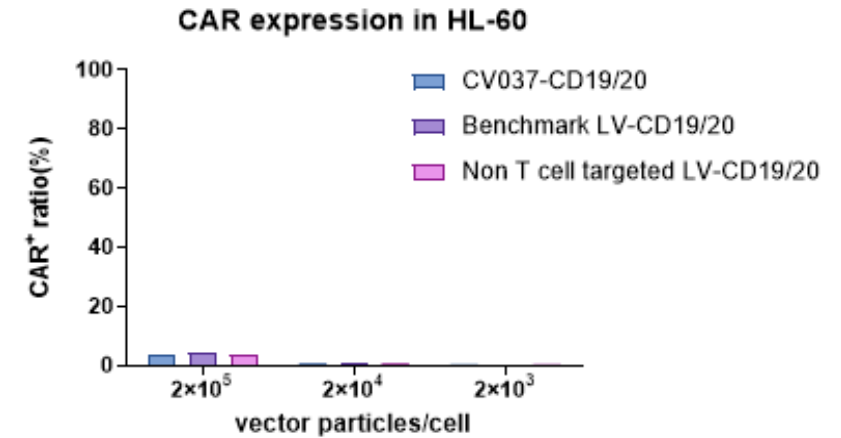
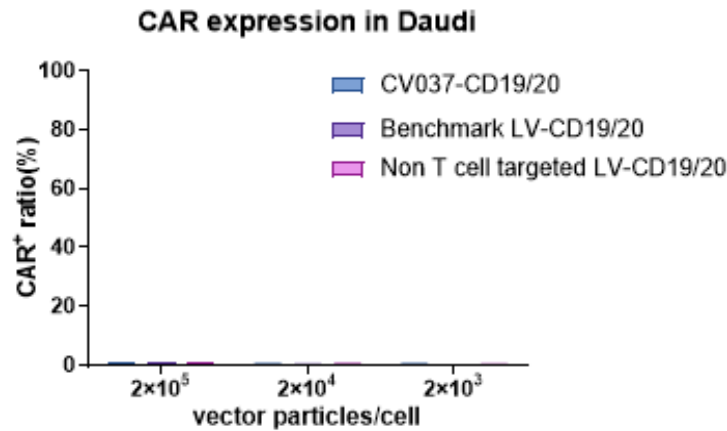
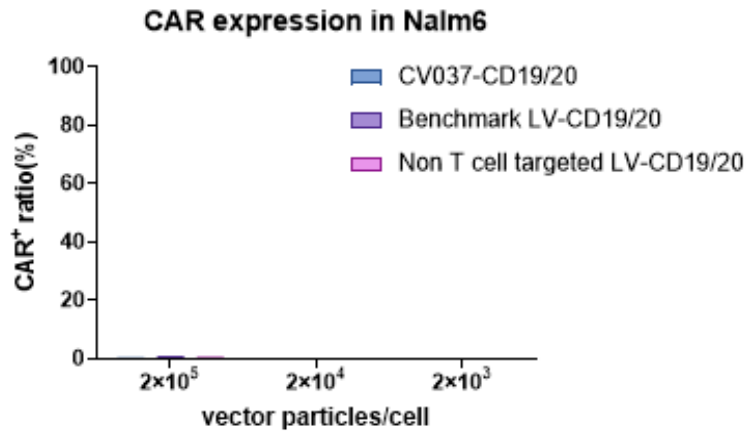
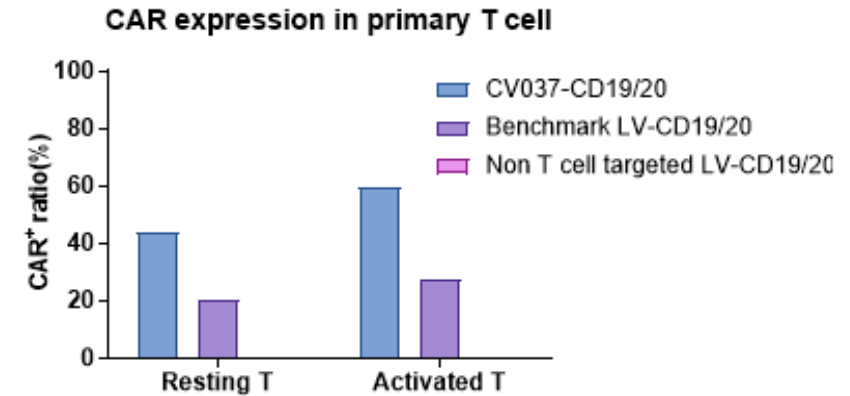
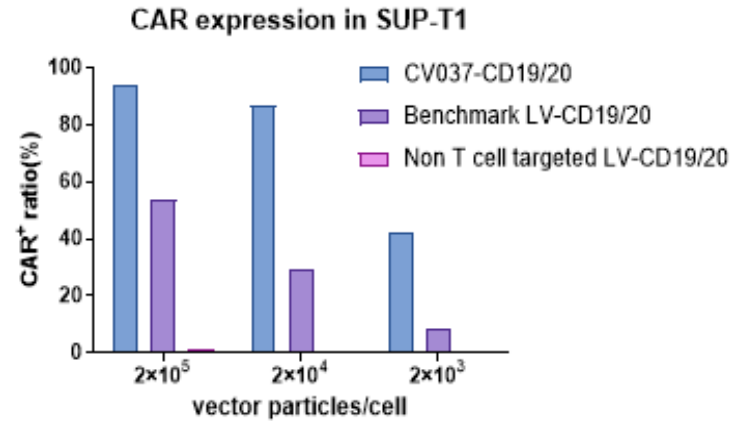
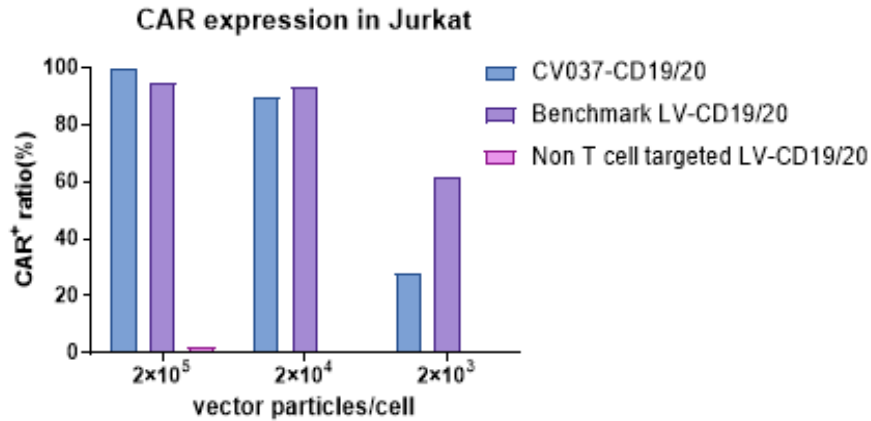
- Potential Indications: R/R ALL, R/R DLBCL, R/R MCL, R/R FL
- Planned initiation of Phase Ib registration study in 2026

Both CT0596 and CT1190B are planned to consider concurrent IND submissions in both China and the US during 2026-2027.

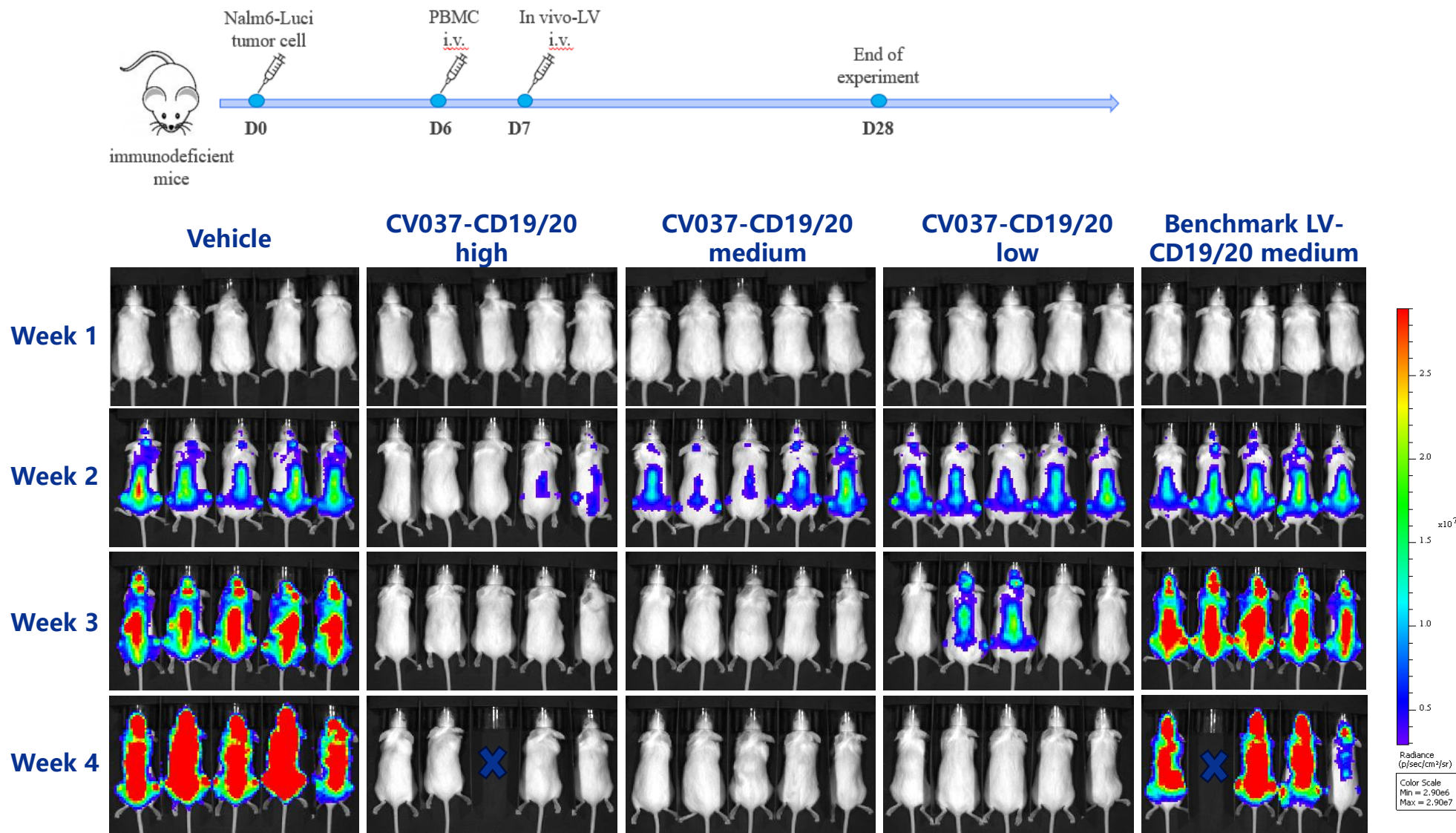


CD19/20 *in vivo* CAR-T

CARsgen's Proprietary lentiviral vector-based VivoCV platform demonstrates excellent T cell transduction and targeting specificity



CD19/CD20 dual-targeted *in vivo* CAR-T cells demonstrate significant inhibition of B-cell lymphoma xenografts in mice models



Experienced Senior Management Team



Zonghai Li, MD, PhD
Co-founder, Chairman of
the Board, CEO, CSO



Huamao Wang, PhD
Co-founder and
COO



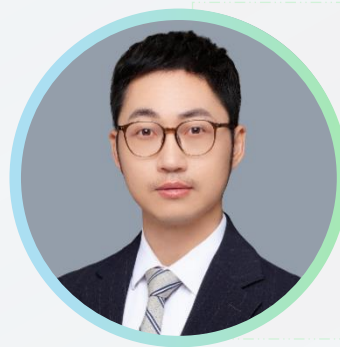
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