

Q3 2026 Results

Conference call and webcast for investors and analysts

BeOne

NOVEMBER 5, 2026

Disclosures

Certain statements contained in this presentation and in the accompanying oral presentation, other than statements of fact that are independently verifiable at the date hereof, constitute forward looking statements. Examples of such forward-looking statements include statements regarding BeOne's research, discovery, preclinical and clinical programs, plans and timelines; BeOne's expected data readouts, trial updates and presentations; BeOne's expectations regarding regulatory milestones, submissions and filings, and commercialization of BeOne's medicines; the potential benefits of BeOne's drugs and drug candidates; the potential of BeOne's products and product candidates to be best-in-class and/or first-in-class; the continued growth of BRUKINSA revenues globally; the potential patient impact and commercial reach of BeOne's drugs and drug candidates; BeOne's expectations regarding certain valuation allowances; BeOne's upcoming presentations and events; and BeOne's full year 2026 guidance. Actual results may differ materially from those indicated in the forward-looking statements as a result of various important factors, including BeOne's ability to demonstrate the efficacy and safety of its drug candidates; the clinical results for its drug candidates, which may not support further development or marketing approval; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials and marketing approval; BeOne's ability to achieve commercial success for its marketed medicines and drug candidates, if approved; BeOne's ability to obtain and maintain protection of intellectual property for its medicines and technology; BeOne's reliance on third parties to conduct drug development, manufacturing, commercialization and other services; BeOne's limited experience in obtaining regulatory approvals and commercializing pharmaceutical products; BeOne's ability to obtain additional funding for operations and to complete the development of its drug candidates and achieve and maintain profitability, as well as those risks more fully discussed in the section entitled "Risk Factors" in BeOne's most recent periodic report filed with the U.S. Securities and Exchange Commission ("SEC"), as well as discussions of potential risks, uncertainties, and other important factors in BeOne's subsequent filings with the SEC. Except where otherwise noted, all information in this presentation is as of the date of this presentation, and BeOne undertakes no duty to update such information unless required by law.

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This presentation includes U.S. generally accepted accounting principles ("GAAP") and non-GAAP financial measures. Reconciliations between these two measures are provided in the appendix to this presentation.

Some of the clinical data in this presentation relating to BeOne's investigational drug candidates is from preclinical studies or early phase, single-arm clinical trials. When such data or data from later stage trials are presented in relation to other investigational or marketed drug products, the presentation and discussion are not based on head-to-head trials between BeOne's investigational drug candidates and other products unless specified in the trial protocol. BeOne is still conducting preclinical studies and clinical trials and, as additional patients are enrolled and evaluated, data on BeOne's investigational drug candidates may change.

Definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data as they may be confounded by various factors and should be interpreted with caution. Safety and efficacy have not been established for unapproved products or uses.

Agenda

1	**Welcome, safe harbor, and agenda**	**Dan Maller** Head of Investor Relations
2	**CEO business update**	**John V. Oyler** Co-Founder, Chairman and CEO
3	**Financial results**	**Aaron Rosenberg** Chief Financial Officer
4	**R&D and pipeline progress**	**Lai Wang, Ph.D.** President and Global Head of R&D
5	**Q&A**	**BeOne management team**

CEO business update

John V. Oyler
Co-Founder, Chairman and CEO



Q3 2026: Delivering at scale. Model proven. Impact multiplying.

Financial and business highlights

REVENUE
$1.9B
+34% Y/Y

EARNINGS PER ADS[1]
$3.28
GAAP · Non-GAAP[2] $4.59

CASH FLOW
$509M
Operating CF · FCF $474M (Non-GAAP)[3]

GUIDANCE RAISE
$250M
Revenue midpoint · +$200M op income

Other highlights: BRUKINSA #1 BTKi globally · BEQALZI U.S. launch · RevMed collaboration

Pipeline highlights

HEMATOLOGY
Foundational heme franchise expansion
BRUKINSA 1L MCL Mangrove FDA filing acceptance (priority review)
Taca-deg RR CLL Phase 2 positive readout; AA submission expected mid-2027

SOLID TUMORS
5 pivotal-stage programs advancing
CDK4i Ph3 enrolling; B7-H4 ADC FSE achieved; GPC3x41BB, Ph3 by YE; PRMT5i, CEA ADC pivotal 2027

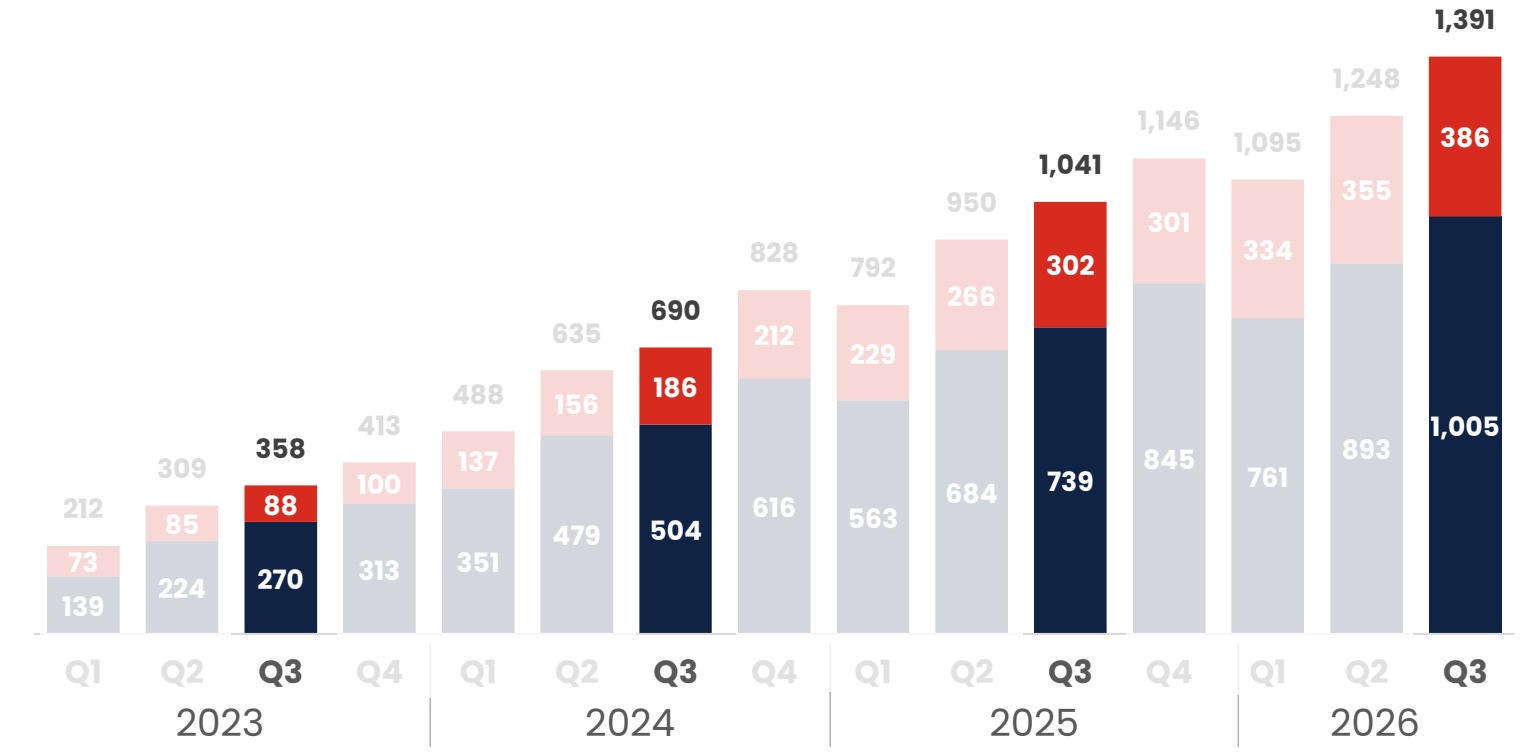
KEY DATA PRESENTATIONS
ESMO recap; ASH preview
45 abstracts at ASH, including 5 orals

% change represents Q3 2026 vs. Q3 2025
1 Diluted earnings per ADS is presented. Basic earnings per ADS for Q3 2026 was $3.38 (GAAP) and $4.74 (non-GAAP)
2 Non-GAAP earnings per ADS is a financial measure that excludes from the corresponding GAAP measure costs related to share-based compensation, impairment of equity investments, depreciation and amortization expense. A reconciliation of this non-GAAP measure to the comparable GAAP measure for Q3 2026 is included in the Appendix to this presentation
3 Free cash flow is a financial measure of cash flow that deducts capital expenditures from cash flows from operations. A reconciliation of this non-GAAP measure to the comparable GAAP measure is included in the Appendix to this presentation

Foundational BRUKINSA sustained U.S. and global leadership

BRUKINSA global quarterly revenue

$ in millions



Powerful and sustained BTK inhibition

#1 **MARKET SHARE**
Sustained U.S. and global leadership

+34% **FASTEST GROWTH**
Fastest growing cBTKi

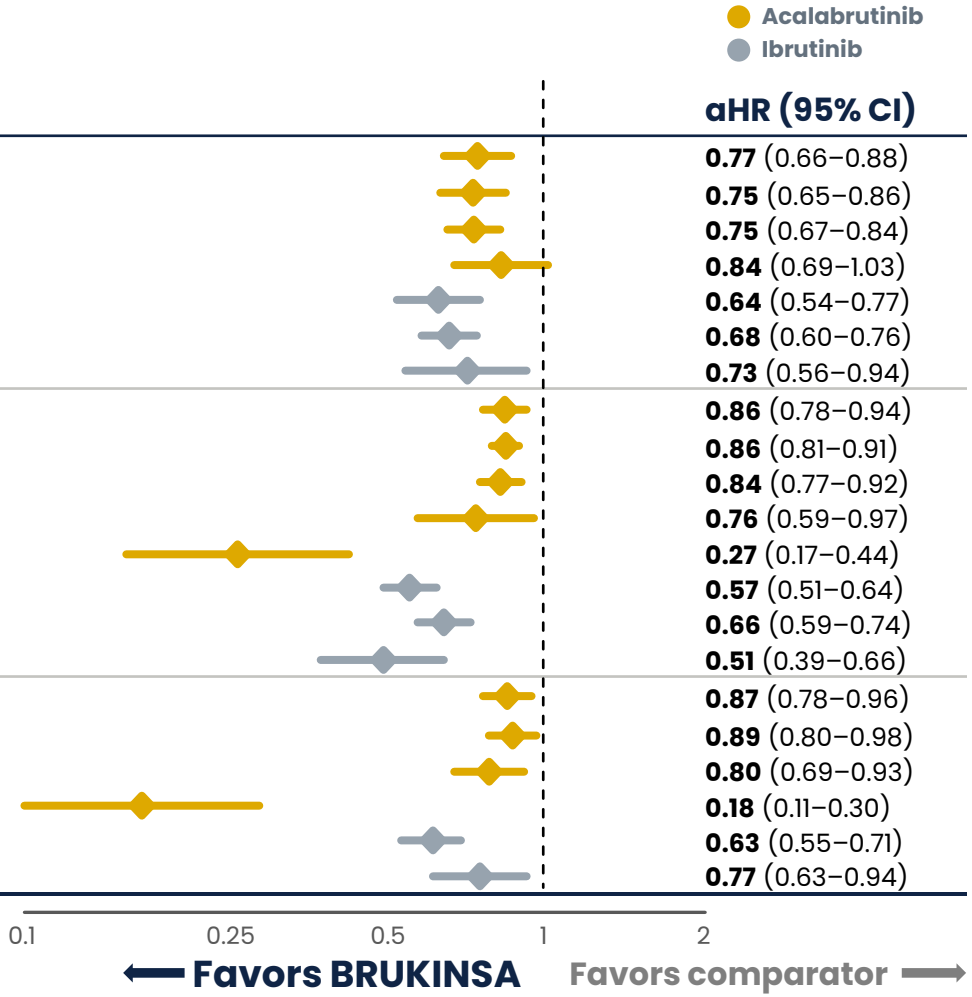
5 **BROADEST LABEL**
Broadest label of BTKi; MANGROVE unlocks 1L MCL opportunity

330k+ **PATIENTS TREATED**
Across 80+ markets

% change represents Q3 2026 vs. Q3 2025
U.S. BRUKINSA approved B-cell malignancies: CLL, WM, MCL, MZL and FL

Real-world evidence: BRUKINSA reported lower risk of death and treatment failure vs. acalabrutinib and ibrutinib

Adjusted hazard ratios: **BRUKINSA vs. acalabrutinib and ibrutinib**



ENDPOINT	COMPARATOR	DATASET (n)	aHR (95% CI)
Overall survival	Acalabrutinib	Medicare FFS[1] (n=7,315)	**0.77** (0.66–0.88)
	Acalabrutinib	Komodo[2] (n=16,788)	**0.75** (0.65–0.86)
	Acalabrutinib	PurpleLab CLEAR[3] (n=15,316)	**0.75** (0.67–0.84)
	Acalabrutinib	Optum[4] (n=6,164)	**0.84** (0.69–1.03)
	Ibrutinib	Medicare FFS[1] (n=6,214)	**0.64** (0.54–0.77)
	Ibrutinib	PurpleLab CLEAR[3] (n=13,745)	**0.68** (0.60–0.76)
	Ibrutinib	Optum[4] (n=5,853)	**0.73** (0.56–0.94)
Time to discontinuation/death	Acalabrutinib	Medicare FFS[1] (n=7,315)	**0.86** (0.78–0.94)
	Acalabrutinib	Komodo[2] (n=16,788)	**0.86** (0.81–0.91)
	Acalabrutinib	Optum[4] (n=6,164)	**0.84** (0.77–0.92)
	Acalabrutinib	IQVIA PharMetrics[5] (n=1,434)	**0.76** (0.59–0.97)
	Acalabrutinib	Italian Multicenter RWE[6] (n=556)	**0.27** (0.17–0.44)
	Ibrutinib	Medicare FFS[1] (n=6,214)	**0.57** (0.51–0.64)
	Ibrutinib	Optum[4] (n=5,853)	**0.66** (0.59–0.74)
	Ibrutinib	IQVIA PharMetrics[5] (n=1,024)	**0.51** (0.39–0.66)
Time to next treatment/death	Acalabrutinib	Medicare FFS[1] (n=7,315)	**0.87** (0.78–0.96)
	Acalabrutinib	Komodo[2] (n=16,788)	**0.89** (0.80–0.98)
	Acalabrutinib	Optum[4] (n=6,164)	**0.80** (0.69–0.93)
	Acalabrutinib	Italian Multicenter RWE[6] (n=556)	**0.18** (0.11–0.30)
	Ibrutinib	Medicare FFS[1] (n=6,214)	**0.63** (0.55–0.71)
	Ibrutinib	Optum[4] (n=5,853)	**0.77** (0.63–0.94)

Real-world evidence is hypothesis generating; no definitive conclusions can be drawn in the absence of head-to-head clinical data

Log scale. Adjustment: IPTW for Komodo, PurpleLab and Italian multicenter RWE; multivariable Cox for Medicare, Optum and IQVIA PharMetrics

1 Ermann DA, et al. Oncol Ther. 2026;14:995-1010
2 Jacobs R, et al. ASCO 2026
3 Guru Murthy GS, et al. ASH 2026
4 Saba N, et al. ASH 2026
5 Saba N, et al. EHA 2026
6 Martino EA, et al. 53° Congresso Nazionale SIE; Rome, 21–23 Nov 2026

A BeOne medicine for each patient's journey

INDICATION	TODAY	FUTURE
CLL Frontline	BRUKINSA[1]	BRUKINSA[1] · BRUKINSA + BEQALZI[3] · taca-deg + BEQALZI[4] · taca-deg[4]
CLL R/R	BRUKINSA[1]	BRUKINSA[1] · taca-deg[3] · taca-deg + BEQALZI[3] · BEQALZI + O[3]
MCL Frontline	No BeOne option today	BRUKINSA + R[2]
MCL R/R	BRUKINSA[1] · BEQALZI[1]	BRUKINSA[1] · BEQALZI[1] · BRUKINSA + BEQALZI[3] · taca-deg[4]
WM	BRUKINSA[1]	BRUKINSA[1] · BEQALZI[3] · taca-deg + BEQALZI[3] · taca-deg[3]
MZL / FL	BRUKINSA[1]	BRUKINSA[1] · BRUKINSA combos[3]

Additional Hematology assets entering clinic

Asset	Phase 1 FIH
KAT6A/B inhibitor	In clinic
BAFFR×CD22×CD3 tsAb	Q4 2026
CD19×CD20×CD3 tsAb	Q4 2026
CD19 iγδT cell therapy	2027
Menin inhibitor	2027

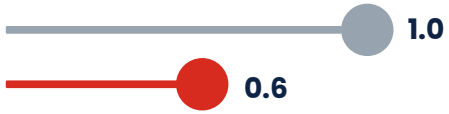
[1] Approved
[2] Submitted for approval
[3] Global registrational trial ongoing
[4] Phase 1 evaluation ongoing
Investigational agents and uses; safety and efficacy not established

Solid tumor: delivering on our promise

GPC3 x 4-1BB	PRMT5i	CEA ADC	CDK4i	B7-H4 ADC
36%	**38.5%**	**60%**	**~70%**	**55%**
cORR in 2L+ HCC, ~5x higher than standard of care with differentiated safety profile[1,2]	cORR in MTAP-deficient, EGFR wild-type NSCLC[1]	cORR in CEA-high NSCLC[1]	ORR with letrozole in 1L HR+/HER2- mBC[2]	uORR (45% cORR) in OC at target dose levels, regardless of B7-H4 expression[2]
First-in-class, with a path to accelerated approval	**Strong efficacy and brain activity (31% confirmed intracranial ORR)**	**Potential first-in-class CEA ADC in NSCLC**	**0% grade ≥3 neutropenia at RP3D: differentiated heme safety in a ~$15B class**	**Potential best-in-class safety (15% grade ≥3 neutropenia and 4% dose reductions)**

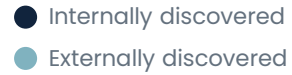
[1] Presented at ESMO Congress 2026. GPC3 x 4-1BB: Chon HJ, et al. PRMT5i: Rodón J, et al. CEA ADC: Lee M, et al.
[2] ASCO 2026 company presentation
Differences in study populations and trial design are not accounted for. Definitive conclusions cannot be drawn from cross-trial comparisons
Investigational agents and uses; safety and efficacy not established

Pivotal-stage programs are poised to exponentially change our global patient impact

Indication	**Global annual cases** (millions) ● Incidence ● Mortality	**BeOne asset** Biomarker
Lung (NSCLC†)		**CEA ADC** CEA-high (~30%) **PRMT5i** MTAP-deleted (~13%)
Liver (HCC)*		**GPC3 × 4-1BB bsAb** GPC3 (most HCC)
Breast		**CDK4i** HR+/HER2– (~70%)
Stomach/GEA		**TEVIMBRA** HER2+ (~15–20%)
Ovarian*		**B7-H4 ADC** B7-H4 (any expression)

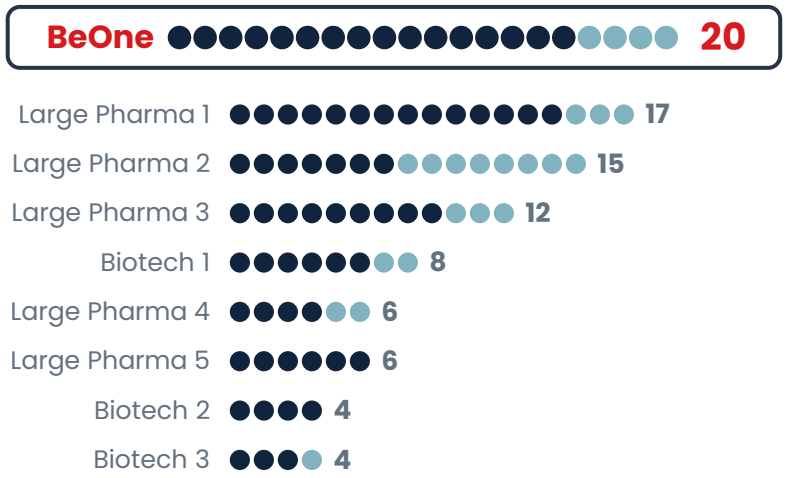
Source: GLOBOCAN 2024 (Sung et al., CA Cancer J Clin 2026; IARC/WHO); stomach derived from published shares
*GLOBOCAN 2022. †NSCLC estimated as ~85% of lung cancer

Our innovation engine is delivering top-tier productivity



1 LEADING DISCOVERY PRODUCTIVITY

Oncology NMEs entering the clinic (2024–2026 YTD)



2 COMPETITIVELY ADVANTAGED SPEED

Time from FIH to pivotal start for CDK4i and B7-H4 ADC vs. oncology average

BeOne – 2026[1]

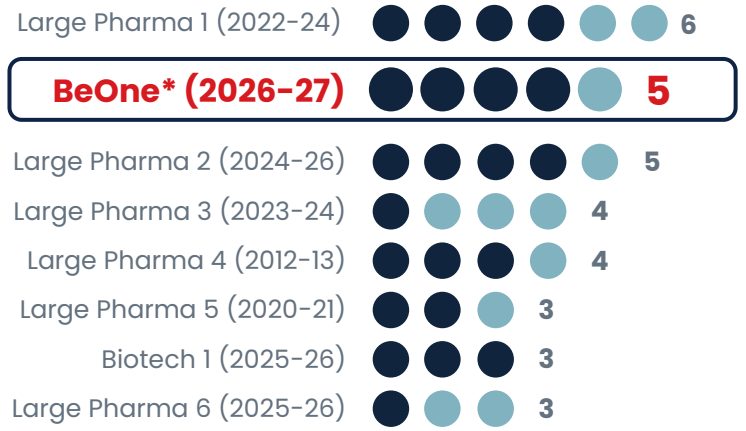
2.5 years

Oncology average[2]

4.3 years

3 TOP-TIER LATE-STAGE THROUGHPUT

Highest count of new solid tumor NMEs entering late-stage trials (in 18-month period)[3]



*projected

[1] Time from FIH to pivotal start for CDK4i and B7-H4 ADC
[2] Time from FIH to pivotal start for all distinct oncology NMEs entering first global registrational Phase 3
[3] Distinct solid tumor oncology NMEs entering first global registrational Phase 3 within a rolling 18-month period (counts of peak studies across peers since 2010)
Sources: Citeline TrialTrove as of October 13, 2026. Start dates from CT.gov

A repeatable model to build the world's leading oncology company



OUR FOUNDATIONAL COMPETITIVE ADVANTAGES

1. **Rigorous, prolific research**
2. **Global development superhighway**
3. **Global commercial presence**
4. **Entrepreneurial culture**

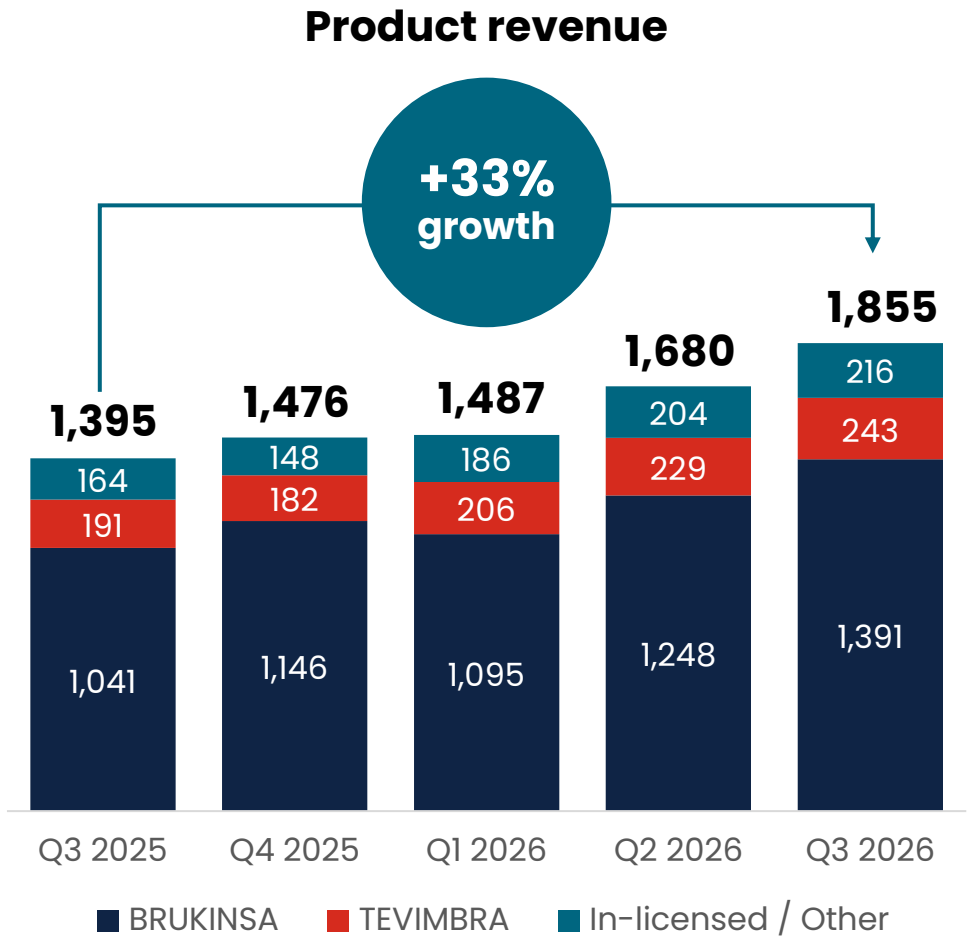
Financial results

Aaron Rosenberg
Chief Financial Officer



Q3 2026: product revenue composition

$ in millions (Q3 2026)



Commentary

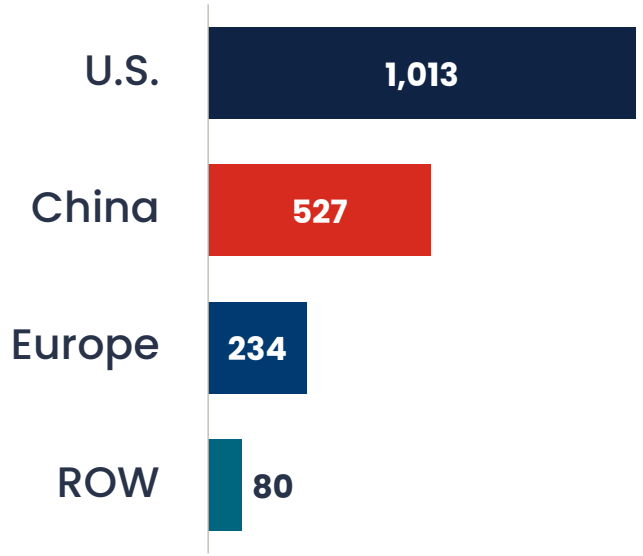
- **BRUKINSA**: +34%
  - Sustained BTK leadership in the U.S.
  - Strong underlying demand growth while maximizing value share
- **TEVIMBRA**: +28%
  - Continued China leadership
  - Global markets launches beginning to contribute to growth
- **In-licensed/other**: +32%
  - Amgen portfolio growth of 26%

Growth % represents Q3 2026 vs. Q3 2025
Figures may not sum due to rounding

Q3 2026: diversified revenue mix and growth across all markets

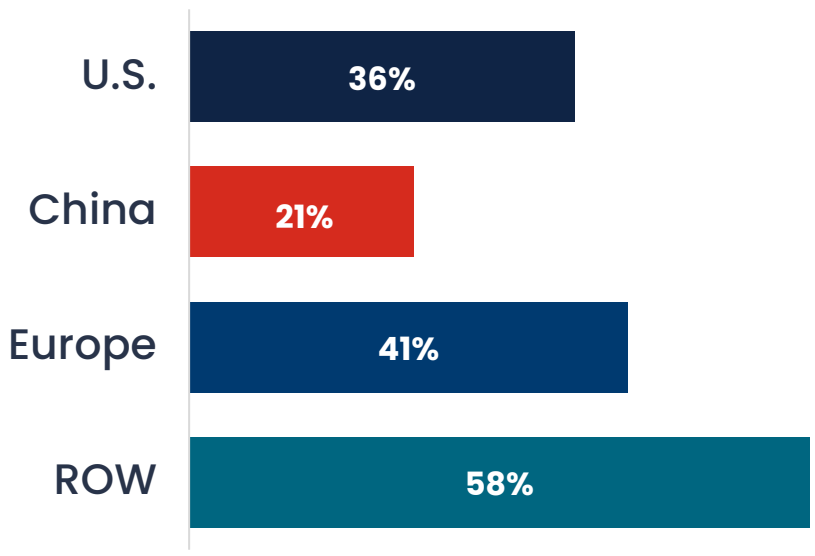
$ in millions (Q3 2026)

Product revenue mix



Growth % (Q3 2026)

Product revenue growth



Growth % represents Q3 2026 vs. Q3 2025

Q3 2026: reported financial information (GAAP)

$ in millions (except per ADS)	Q3 2026	Q3 2025
Total revenue	1,890	1,412
Gross margin %	*88%*	*86%*
Total operating expenses	1,254	1,053
R&D	*661*	*524*
SG&A	*593*	*529*
Income from operations	419	163
Net income	385	125
Earnings per ADS - diluted	$3.28	$1.09
Cash flow from operating activities	509	403

Q3 2026: adjusted financial information (Non-GAAP)

$ in millions (except per ADS)	Q3 2026	Q3 2025
Total revenue	1,890	1,412
Gross margin %	*90%*	*86%*
Total operating expenses	1,090	880
R&D	*586*	*446*
SG&A	*504*	*434*
Adjusted income from operations[1]	612	341
Adjusted net income	539	304
Adjusted earnings per ADS[1] – diluted	$ 4.59	$ 2.65
Free cash flow[2]	474	354

[1] Adjusted income from operations and adjusted earnings per ADS are non-GAAP financial measures that exclude from the corresponding GAAP measure costs related to share-based compensation, depreciation, amortization expense, and impairment of equity investments

[2] Free cash flow is a financial measure of cash flow that deducts capital expenditures from cash flows from operations
A reconciliation of this non-GAAP measure to the comparable GAAP measure is included in the appendix to this presentation

Updated full year 2026 guidance

	Prior FY 2026 guidance	Current FY 2026 guidance
Total revenue	$6.6 - $6.8B	**$6.9 - $7.0B**
GAAP gross margin %[1]	High-80% range	High-80% range
GAAP operating expenses (combined R&D and SG&A)[2]	$4.8 - $5.0B	**$4.9 - $5.0B**
GAAP operating income[2]	$1.0 - $1.1B	**$1.2 - $1.3B**
Non-GAAP operating income[2, 3]	$1.7 - $1.8B	**$1.9 - $2.0B**

Other considerations impacting net income and EPS:

- **Other income** (**expense**)[1]: Estimated range of $25-$50M in expense. Includes interest amortization from the Royalty Pharma arrangement
- **Income tax outlook**: Earnings may provide sufficient positive evidence to reverse certain valuation allowances in 2026, resulting in a material tax benefit when recognized. Management expects the reversal will occur in the fourth quarter of 2026. See Form 10-Q for additional updates on income tax uncertainties
- **Diluted ADS outstanding**: The Company expects diluted ADSs outstanding of approximately 118M

Key assumptions:
Fx rates as of November 1, 2026

1 Includes impact of product mix and productivity improvements
2 Does not assume any potential new, material business development activity or unusual/non-recurring items
3 Non-GAAP operating income is a financial measure that excludes from the corresponding GAAP measure costs related to share-based compensation, depreciation and amortization expense. Guidance assumes that non-GAAP expenses track overall expense growth. A reconciliation of these non-GAAP measures to the comparable GAAP measure is included in the appendix to this presentation

R&D and pipeline progress



Lai Wang, Ph.D.

President and Global Head of R&D

Progress across BeOne's growing pipeline

Hematology

BRUKINSA® (zanubrutinib)

- U.S. (priority review), EU, and CN submissions completed for MANGROVE TN MCL**;** plenary presentation at ASH

BEQALZI™ (sonrotoclax)

- **CELESTIAL-304** (ZS vs. AV in TN CLL) on track to complete enrollment before YE

Tacabrutideg (BGB-16673)

- **Phase 2 in R/R CLL met primary endpoint** of ORR with strong DoR, PFS and safety; potential FDA submission expected mid-2027
- **CaDAnCe-302 and 304 update:** modifications being made based on the growing confidence from emerging data

Solid Tumor

TEVIMBRA® (tislelizumab)

- HERIZON-GEA-01 1L HER2+ GEA[1] **approved in U.S.**

Pipeline update

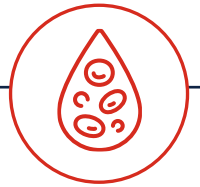
- **KANDELA-302** (CDK4i in 1L HR+/HER2- BC) study sample size increases to 1,200 patients to accelerate the readout timeline
- **Starstone-301** (B7-H4 ADC in 1L OC maintenance) FSE achieved
- **GroundBBreaker-301** (GPC3 x 4-1BB bsAb in 2L+ HCC) first site initiated, FSE on track by YE
- **PRMT5i ODD** granted by FDA for pancreatic cancer, 1L NSCLC combo with PD-1/chemo enrollment ongoing; combo with RevMed assets on track to initiate before YE
- **CEA ADC FTD** granted by FDA for NSCLC, 1L NSCLC combo with PD-1 enrollment ongoing

[1] Zymeworks/Jazz collaboration

Safety and efficacy have not been established for investigational products or uses

A deep pipeline designed to deliver leadership across key disease areas

Hematology/ Oncology



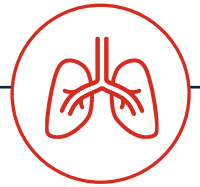
- BTKi (BRUKINSA)
- BCL2i (BEQALZI)
- Tacabrutideg
- KAT6A/Bi
- BAFFR x CD22 x CD3 tsAb[1]
- CD19 x CD20 x CD3 tsAb[1]
- CD19iγδT cell therapy[2]
- Menin inhibitor[2]

Breast/ Gynecologic



- CDK4i
- B7-H4 ADC[3]
- CDK2 CDAC
- KAT6A/Bi
- BCL2i (21447)
- Claudin6 x CD3 bsAb

Lung



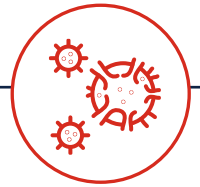
- PRMT5i
- CEA ADC
- EGFR x MET x MET tsAb
- EGFR x MET x MET tsADC
- ADAM9 ADC
- PD1 x VEGF x CTLA4 tsAb[4]
- B7-H3 x ITGB6 bsADC[1]
- KEAP1 activator[1]

Gastrointestinal



- GPC3 x 4-1BB bsAb
- PRMT5i
- EGFR x MET x MET tsAb
- HPK1i
- PD1 x VEGF x CTLA4 tsAb[4]
- RAS(ON)i

Immunology/ Inflammation



- Tacabrutideg
- IRAK4 CDAC
- KLRG1 mAb

[1] Expected to enter the clinic in 2026
[2] Expected to enter the clinic in 2027
[3] DualityBio collaboration
[4] Huahui Health collaboration
Safety and efficacy have not been established for investigational products or uses

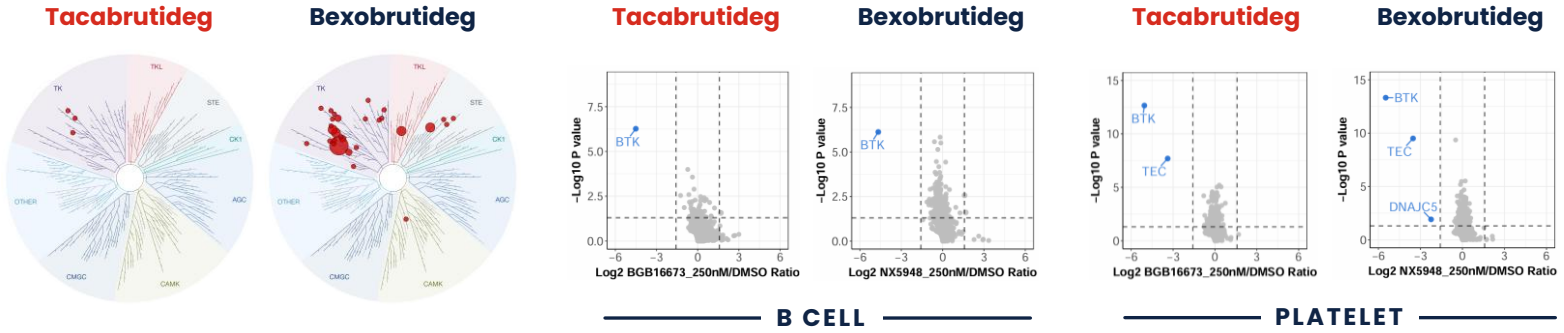
Tacabrutideg is on track to be potential first-in-class and best-in-class BTK degrader

CLINICAL PROGRESS

- **Phase 2 in R/R CLL**
  achieved its primary ORR endpoint, with encouraging DoR, PFS and safety; potential FDA submission targeted for mid-2027
- **CaDAnCE-304** (vs. pirtobrutinib)
  upsizing study from 500 to 600 patients to accelerate readout; still on track to complete enrollment in early 2027
- **CaDAnCE-302** (vs. physician's choice)
  converting to a Phase 2 based on our increased confidence in 304 trial outcome
- **Phase 3 taca-deg+sonro in R/R CLL**
  on track to begin enrollment in 1H 2027

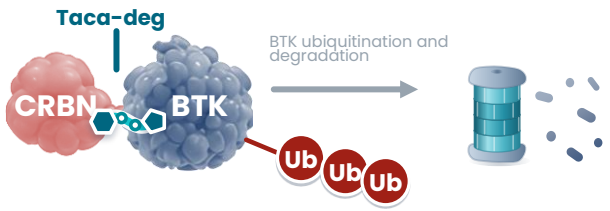
PRECLINICAL HIGHLIGHTS

Excellent selectivity across kinome and protein degradation assays[1]



Secondary inhibitor MOA may raise the barrier to resistance and prolong response duration[2]

1 Productive ternary complex drives BTK degradation and inhibition



2 When degradation is impaired, inhibitor function suppresses BTK

CRBN loss or mutation



BTK/CRBN interface disruption

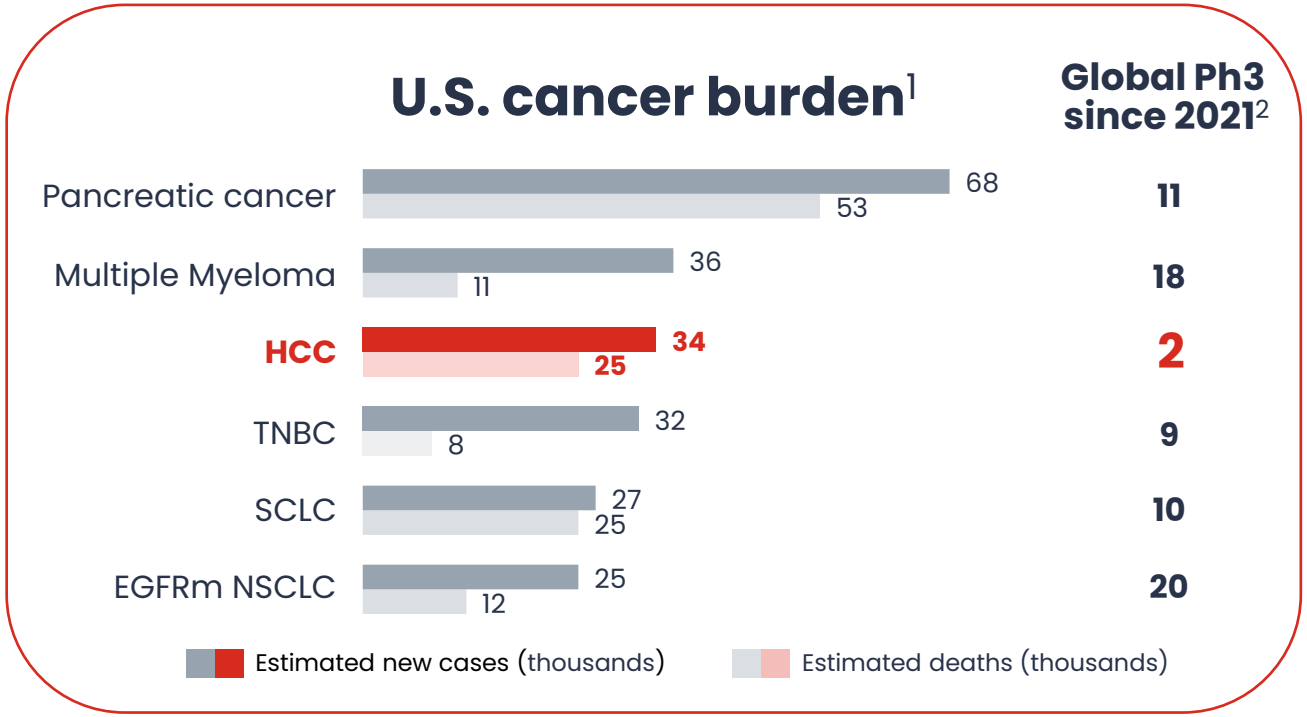


BCR signaling suppression

[1] Wang H et al. BGB-16673 (Tacabrutideg), a potent BTK degrader in human blood and cancer cell lines, shows high selectivity in both proteomics and kinome panel analyses, SOHO 2026
[2] Wang H et al. Tacabrutideg (BGB-16673) differentiates from other BTK degraders through potent intrinsic BTK inhibition that limits E3 ligase loss–driven resistance, ASH 2026
Safety and efficacy have not been established for investigational products or uses

BGB-B2033 - GPC3 x 4-1BB bsAb

FIC potential breakthrough therapy in HCC with unprecedented efficacy and safety



- HCC has high unmet need, **ranking 6th** in **U.S. cancer mortality** but has few innovative therapies in development
- **36%** confirmed ORR as monotherapy in heavily pretreated advanced HCC, with strong durability[3]
- Differentiated, favorable safety profile without CRS as next-gen T-cell engager
- 1L triplet combo progressing well with strong data

Advancing into earlier lines

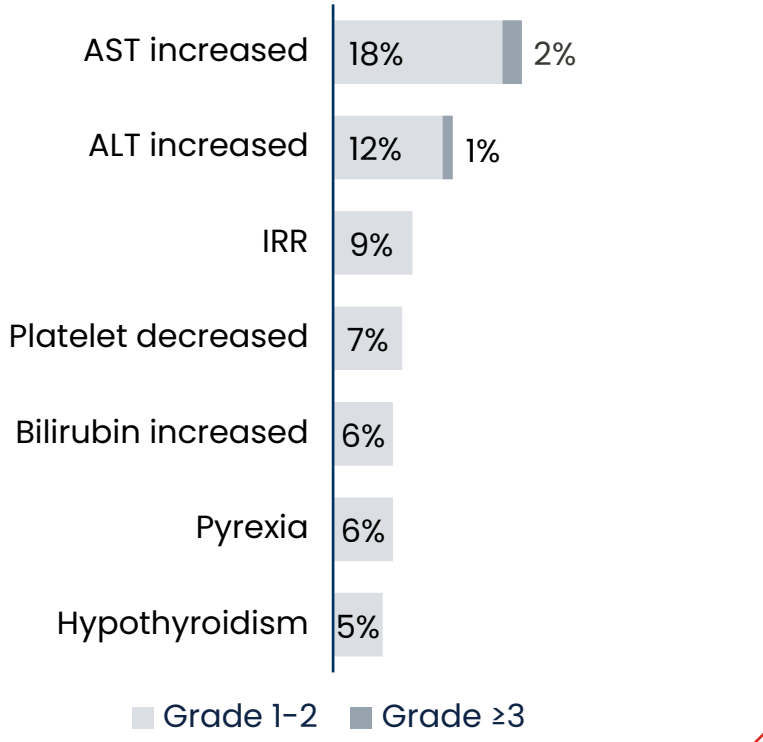
Now	4Q26	1H27	1H27
3L+ potentially pivotal[4] cohort fully enrolled	2L+ global Phase 3 2L+ Phase 2 potential U.S. AA	1L global Phase 3 study start	1L Phase 1b combo data disclosure

[1] SEER 2026, ACS. Assumes HCC Is 80% of liver cancer, AASLD 2023. Assumes 15% EGFR mutation rate in NSCLC, mortality to incidence ratio of 0.55
[2] CT.gov, excludes country/region-specific trials
[3] Preliminary Ph1 data presented at ESMO
[4] China or South Korea
Safety and efficacy have not been established for investigational products or uses

BGB-B2033 - GPC3 x 4-1BB bsAb in 2L+ HCC

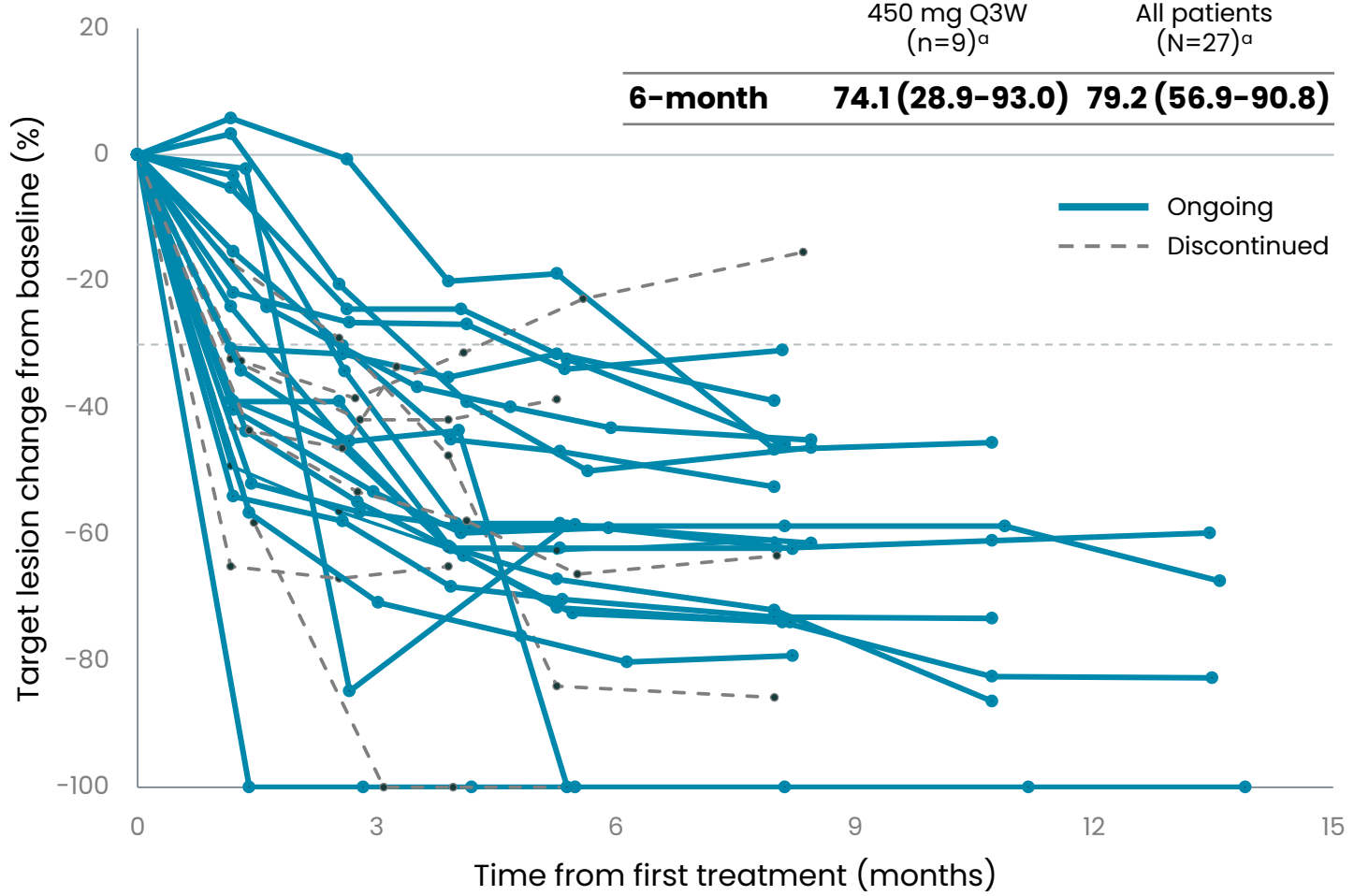
Favorable safety profile and durable responses consistent with immune mechanism

TRAEs occurring in >5% patients



DOR rate (95% CI), %

	450 mg Q3W (n=9)[a]	All patients (N=27)[a]
6-month	**74.1 (28.9-93.0)**	**79.2 (56.9-90.8)**



Chon HJ, et al. Oral Presentation at ESMO 2026, 1679O; data cut-off 22 September 2026

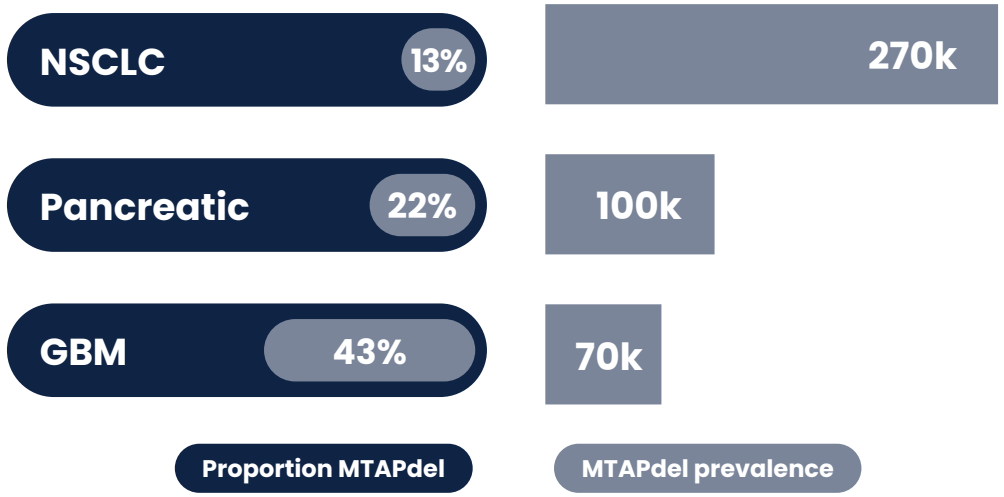
[a] Investigator-assessed confirmed responders

Safety and efficacy have not been established for investigational products or uses

BGB-58067 - PRMT5i

Potential best-in-class brain-penetrant therapy with broad utility

Meaningful opportunity in various MTAPdel tumors



- Objective responses observed in multiple MTAP-deficient tumors with intracranial responses in patients with brain metastases
- In pretreated MTAP deficient EGFRwt NSCLC, confirmed ORR **38.5%** and mPFS **8.1 months**[1]
- Favorable safety profile with a low discontinuation rate
- Evaluation with PD-1/chemo ongoing in 1L NSCLC; combo with RevMed RAS inhibitors in PDAC to start before YE

Broad development plans

1L, 2L, and early-stage NSCLC
Pivotal studies in planning

PDAC
ODD granted; 1L RASi combinations under evaluation (RevMed collaboration)

GBM and other tumors
Generating data

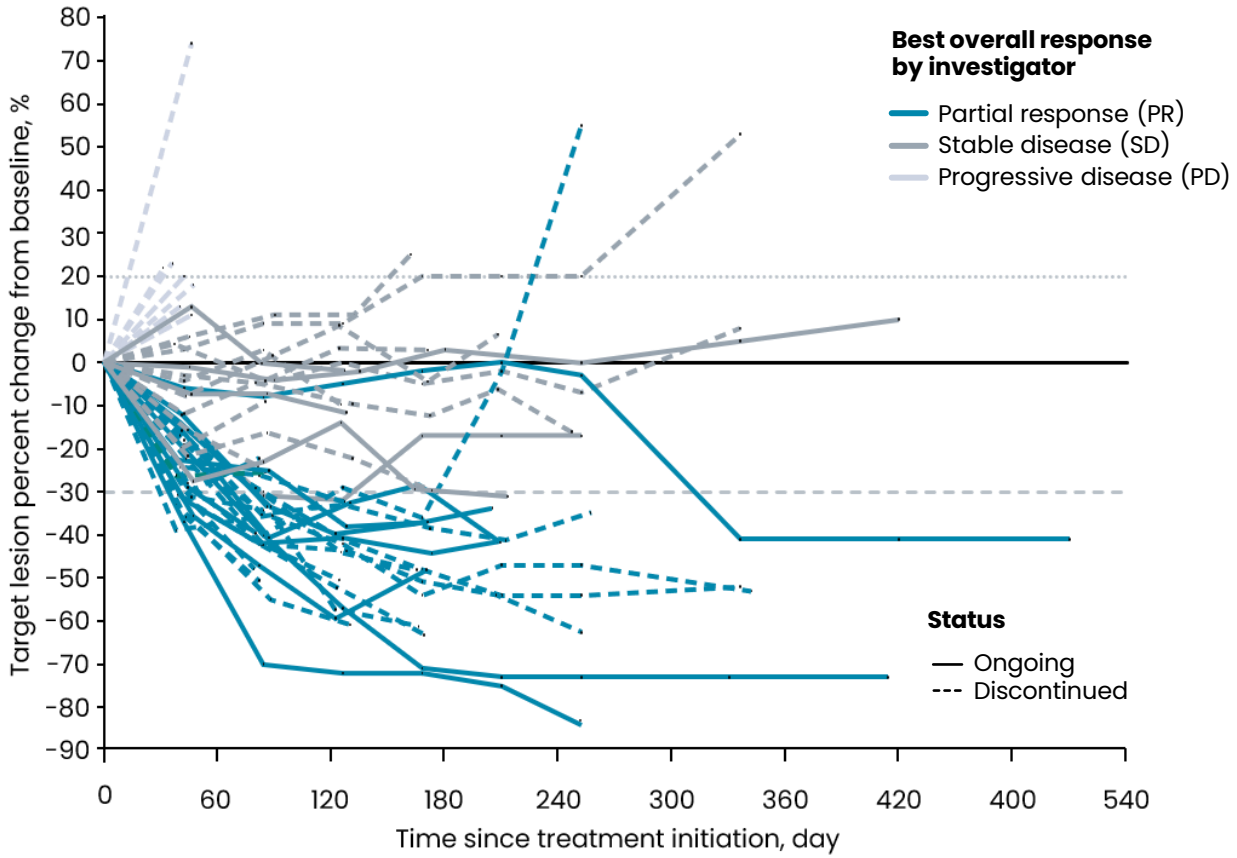
[1] Preliminary Ph1 data presented at ESMO (N=182; NSCLC n=83)

Safety and efficacy have not been established for investigational products or uses

BGB-58067 - PRMT5i

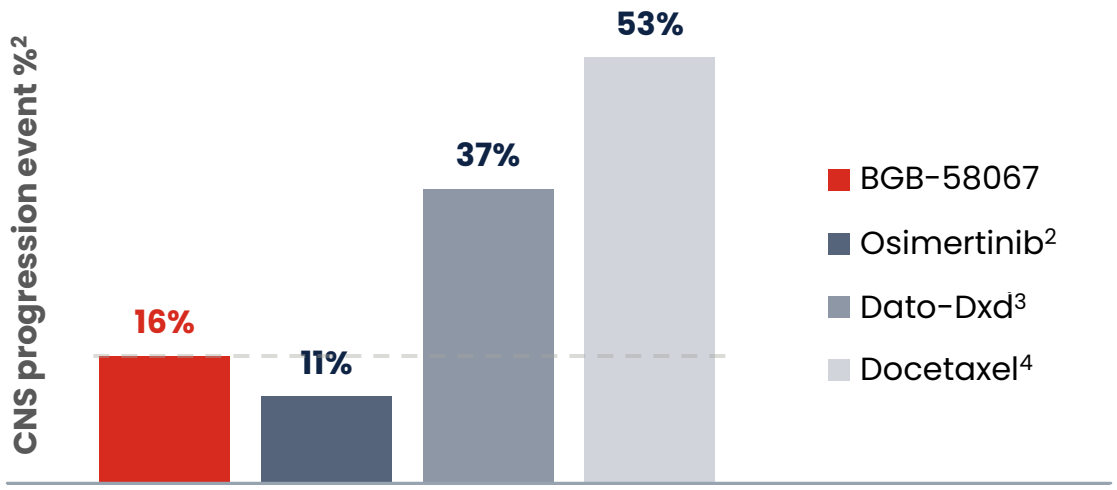
Durable responses, sustained stable disease, and encouraging intracranial activity

Best overall response by investigator[1]



Demonstrated efficacy in brain metastases

- ~40% of NSCLC patients develop brain metastases
- The **confirmed intracranial ORR was 30.8%** among NSCLC patients with active brain metastases
- Low rate of intracranial progression of 16%, consistent with CNS penetrant osimertinib (11%)



[1] Rodon J, et al. Poster Presentation at ESMO 2026, 1043P; data cut-off 12 September 2026; N=182; NSCLC n=83
[2] Reungwetwattana T, et al. J Clin Oncol. 2018:Jco2018783118
[3] Tropion-Lung01
[4] Best JT, et al. JCO Precis Oncol 9, e2500564(2025)
Safety and efficacy have not been established for investigational products or uses; Definitive conclusions cannot be drawn from cross-trial comparisons

BG-C477 - CEA ADC

Potential first-in-class opportunity in NSCLC

~ 1/3 of NSCLC tumors have high CEA expression



- 60% confirmed ORR in heavily pretreated CEA^{high} NSCLC patients, with 6 months DOR rate of 73%[1]
- Favorable safety profile, including no grade ≥3 ILD or ocular events
- Combination cohort with PD-1 in 1L NSCLC ongoing

Pathway to earlier lines of NSCLC

2L NSCLC	1L NSCLC	Early-stage NSCLC
Global Phase 3 in planning	Generating data	Evaluating opportunity

[1] Preliminary Ph1 data presented at ESMO

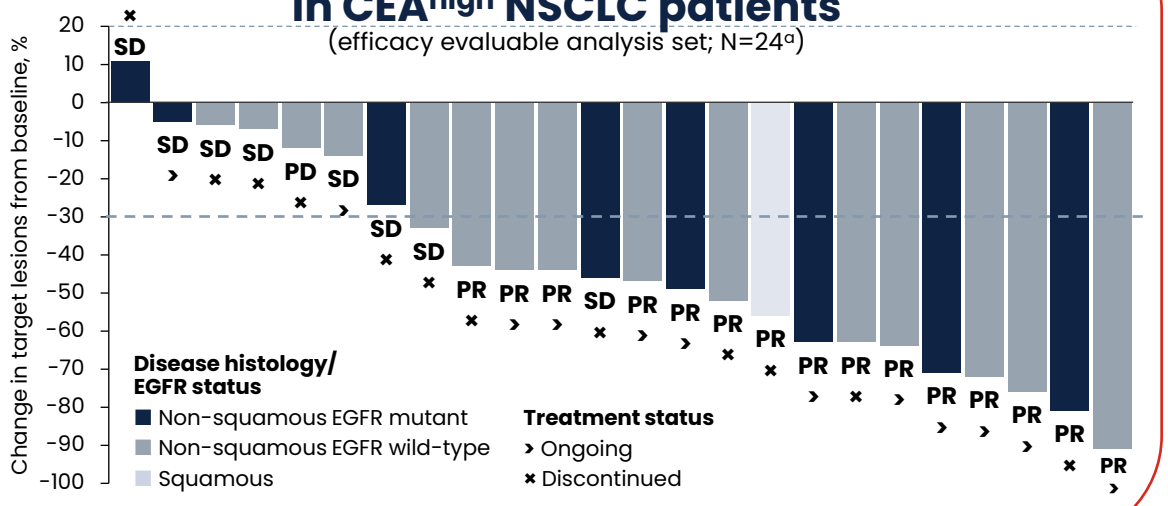
Safety and efficacy have not been established for investigational products or uses

BG-C477 - CEA ADC in late-line NSCLC

Promising initial activity with durable responses

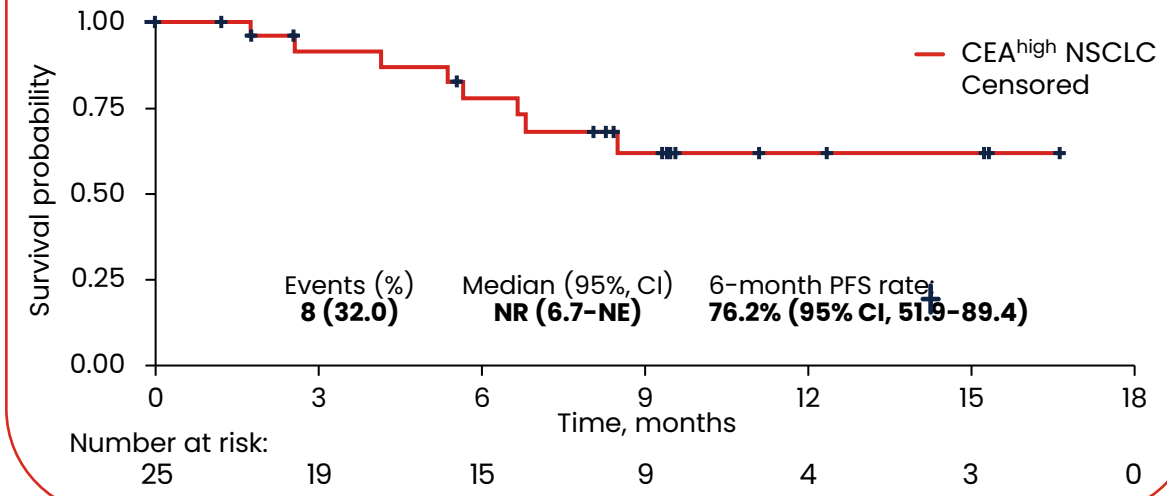
Best confirmed overall response in CEA^{high} NSCLC patients

(efficacy evaluable analysis set; N=24[a])



KM plot for PFS in CEA^{high} NSCLC patients

(safety analysis set; N=25)



CEA^{high} NSCLC	EGFR wild-type (n=16)	EGFR mutant (n=9)	Total (n=25)
Confirmed ORR n (%)	11 (68.8)	4 (44.4)	15 (60.0)
DCR, n (%)	15 (93.8)	8 (88.9)	23 (92.0)

[a] One patient discontinued treatment before first post baseline scan

Lee M, et al. Poster Presentation at ESMO 2026, 2567P

Safety and efficacy have not been established for investigational products or uses

What you will see at ASH 2026

45 abstracts accepted at ASH 2026 • 5 oral presentations, including MANGROVE plenary • 32 posters • BeOne to host ASH IR event on December 14, 2026

BRUKINSA

First and only chemo-free option in 1L MCL[1]

BRUKINSA

CLL patients can live as long as the general population[2]

BRUKINSA

Higher reported real-world survival vs. acala; lowest AFib among cBTKis[3]

BEQALZI

Deep, fixed-duration responses with no 24-hour monitoring[4]

TACABRUTIDEG

First-in-class degrader: durable responses in pretreated CLL[5]

MAICs and real-world evidence are hypothesis generating; no definitive conclusions can be drawn in the absence of head-to-head clinical data

1 Wang M, et al. MANGROVE: zanubrutinib + rituximab vs. BR in TN MCL. ASH 2026
2 Munir T, et al. SEQUOIA: survival outcomes vs. a matched general population. ASH 2026
3 Guru Murthy GS, et al. Real-world OS with frontline BTKis in CLL: US multi-payer claims analysis. ASH 2026
4 Tam CS, et al. Sonrotoclax + zanubrutinib in TN CLL/SLL: ~40-month follow-up. ASH 2026. Davids MS, et al. Simplified ramp-up of sonrotoclax + zanubrutinib in TN CLL. ASH 2026
5 Allan JN, et al. Tacabrutideg in R/R CLL/SLL: CaDAnCe-101 update. ASH 2026

Safety and efficacy have not been established for investigational products or uses

Key upcoming events

New since last update ✓ achieved ● planned

	Milestone	H1 2026	H2 2026	2027
Hematology	Phase 3 BRUKINSA+R vs. BR in 1L MCL (MANGROVE) interim analysis and submission	✓	✓	
	Taca-deg Phase 2 in R/R CLL submission[1] ***(mid-2027)***			●
	Sonro Phase 3 triplet in 2L+ t(11;14) MM (CELESTIAL-305) initiation			●
	Taca-deg + sonro Phase 3 in R/R CLL (CaDAnCe-306) initiation			●
Solid Tumors	CDK4i Phase 3 in 1L HR+/HER2- (KANDELA-302) BC initiation	✓		
	TEVIMBRA Phase 3 in 1L HER2+ GEA U.S. approval		✓	
	B7-H4 ADC Phase 3 in 1L maintenance OC (Starstone-301) initiation		✓	
	GPC3 x 4-1BB bsAb Phase 3 in 2L+ HCC (GroundBBreaker-301) initiation		●	
	GPC3 x 4-1BB bsAb Phase 2 U.S. 2L+ HCC initiation[1]		●	
	GPC3 x 4-1BB bsAb Phase 3 in 1L HCC (GroundBBreaker-302) initiation			●
	PRMT5i Phase 3 in NSCLC initiation			●
	CEA ADC Phase 3 in NSCLC initiation			●

[1] Potentially registrational

Safety and efficacy have not been established for investigational products or uses

Q&A

End



Appendix

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted income from operations

$ in millions	Q3 2026	Q3 2025
GAAP income from operations	419	163
Plus: Share-based compensation	133	141
Plus: Depreciation expense	37	36
Plus: Amortization expense	24	2
Adjusted income from operations	612	341

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted income tax expense

$ in millions	Q3 2026	Q3 2025
GAAP income tax expense	26	22
Plus: Discrete tax items	12	1
Plus: Income tax effect of non-GAAP adjustments	28	17
Adjusted income tax expense	65	40

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted net income

$ in millions	Q3 2026	Q3 2025
GAAP net income	385	125
Plus: Share-based compensation	133	141
Plus: Depreciation expense	37	36
Plus: Amortization expense	24	2
Plus: Impairment of equity investments	-	19
Plus: Discrete tax items	(12)	(1)
Plus: Income tax effect of non-GAAP adjustments	(28)	(17)
Adjusted net income	539	304

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted EPS per ADS - basic

	Q3 2026	Q3 2025
GAAP EPS per ADS - basic	3.38	1.13
Plus: Share-based compensation	1.17	1.28
Plus: Depreciation expense	0.33	0.32
Plus: Amortization expense	0.21	0.01
Plus: Impairment of equity investments	-	0.17
Plus: Discrete tax items	(0.10)	(0.01)
Plus: Income tax effect of non-GAAP adjustments	(0.25)	(0.15)
Adjusted EPS per ADS - basic	$4.74	$2.76

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to adjusted EPS per ADS - diluted

	Q3 2026	Q3 2025
GAAP EPS per ADS – diluted[1]	3.28	1.09
Plus: Share-based compensation	1.13	1.23
Plus: Depreciation expense	0.32	0.31
Plus: Amortization expense	0.20	0.01
Plus: Impairment of equity investments	-	0.16
Plus: Discrete tax items	(0.10)	(0.01)
Plus: Income tax effect of non-GAAP adjustments	(0.24)	(0.15)
Adjusted EPS per ADS - diluted	$4.59	$2.65

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to free cash flow

$ in millions	Q3 2026	Q3 2025
Net cash provided by operating activities (GAAP)	509	403
Less: Purchases of property, plant and equipment	(35)	(48)
Free cash flow	474	354

Figures may not sum due to rounding

Reconciliation and calculation of non-GAAP financial measures

Reconciliation to non-GAAP operating income guidance for full year 2026

$ in millions			
GAAP Operating Income	1,200	-	1,300
Plus: Adjustments to arrive at Non-GAAP	700	-	700
Non-GAAP Operating Income	1,900		2,000

Figures may not sum due to rounding

Acronyms: A-I

1H	First half
1L	1st-line
2H	Second half
2L	2nd-line
A	
AA	Accelerated approval
ADC	Antibody drug conjugate
ADS	American depositary share
AE	Adverse event
AML	Acute myeloid leukemia
AML/MDS	Acute myeloid leukemia (AML) / Myelodysplastic syndromes (MDS)
ASCO	American Society of Clinical Oncology
ASH	American Society of Hematology
AV	Acalabrutinib + venetoclax
B	
BC	Breast cancer
BCL2i	BCL2 inhibitor
BCLC	Barcelona Clinic Liver Cancer
BLA/sBLA	(Supplemental) biologics license application
BTKi	Bruton's tyrosine kinase inhibitor
bsAb	bispecific antibody
bsADC	Bispecific antibody drug conjugate
BR	Bendamustine, rituximab
C	
cBTKi	Covalent Bruton's tyrosine kinase inhibitor
CDAC	Chimeric degradation activation compound
CDK2	Cyclin-dependent kinase 2
CDK4i	Cyclin-dependent kinase 4 inhibitor
CEA	Carcinoembryonic antigen
cGVHD	Chronic graft vs. host disease
CI	Confidence interval
CLL	Chronic lymphocytic leukemia
CLL/SLL	Chronic lymphocytic leukemia/Small lymphocytic leukemia
CRS	Cytokine release syndrome
CSU	Chronic spontaneous urticaria
D	
D	Diameter
DCR	Disease control rate
DoR	Duration of response
E	
EC	Endometrial cancer
EHA	European Hematology Association
EPS	Earnings per share
EGFR	Epidermal growth factor receptor
ESMO	European Society For Medical Oncology
EU	European Union
F	
FD	Fixed duration
FDA	U.S. Food and Drug Administration
FIH	First in human
FL	Follicular lymphoma
FSE	First subject enrolled
FTD	Fast Track designation
FY	Full year
G	
GAAP	Generally Accepted Accounting Principles
GEA	Gastroesophageal adenocarcinoma
GI	Gastrointestinal
GPC3	Glypican-3
H	
H2H	Head-to-head
HCC	Hepatocellular carcinoma
HR	Hazard ratio
HR+	Hormone receptor-positive
HER2+/-	Human epidermal growth factor receptor 2-positive/negative
I	
IA	Interim analysis
I&I	Immunology and Inflammation
ICML	International Conference on Malignant Lymphoma
IGHV / uIGHV	Immunoglobulin heavy-chain variable region / unmutated IGHV
IRC	Independent Review Committee
IV	Ibrutinib + venetoclax

Acronyms: J-Z

J	
JCO	Journal of Clinical Oncology
JP	Japan
K	
KM	Kaplan-Meier
L	
M	
mAb	Monoclonal antibody
MAIC	Matching adjusted indirect comparison
MCL	Mantle cell lymphoma
MM	Multiple myeloma
mg	Milligrams
MOA	Mechanism of action
MRD	Minimal residual disease
MTx	Maintenance
MZL	Marginal zone lymphoma
N	
NDA/sNDA	(Supplemental) new drug application
NE	Not estimable
NEJM	New England Journal of Medicine
NHL	Non-Hodgkin lymphoma
NMA	Network meta analysis
NME	New molecular entity
NSCLC	Non small cell lung cancer
NR	Not reached
O	
OC	Ovarian cancer
ODD	Orphan Drug Designation
ORR	Objective response rate
OS	Overall survival
P	
PDAC	Pancreatic ductal adenocarcinoma
PDUFA	Prescription Drug User Fee Act
PFS	Progression free survival
PK	Pharmacokinetics
p-value	Probability value
PoC	Proof of concept
PR	Partial response
PRMT5 / PRMT5i	Protein arginine methyltransferase 5 (inhibitor)
Q	
Q1	First quarter
Q2	Second quarter
Q3	Third quarter
Q4	Fourth quarter
R	
R&D	Research and Development
RA	Rheumatoid arthritis
ROW	Rest of world
RP2D	Recommended Phase 2 dose
R/R	Relapsed/Refractory
rwOS	Real-world overall survival
S	
SG&A	Selling, General, and Administrative
SLL	Small lymphocytic lymphoma
T	
TEAEs	Treatment-emergent adverse events
TLS	Tumor lysis syndrome
TN	Treatment naïve
TNBC	Triple negative Breast cancer
TN	Treatment naïve
tsAb	trispecific antibody
tsADC	Trispecific antibody drug conjugate
U	
U.S.	United States
V	
VO	Venetoclax + obinutuzumab
W	
WM	Waldenström's Macroglobulinemia
X	
Y	
YE	Year end
Z	
ZS	Zanubrutinib + sonrotoclax