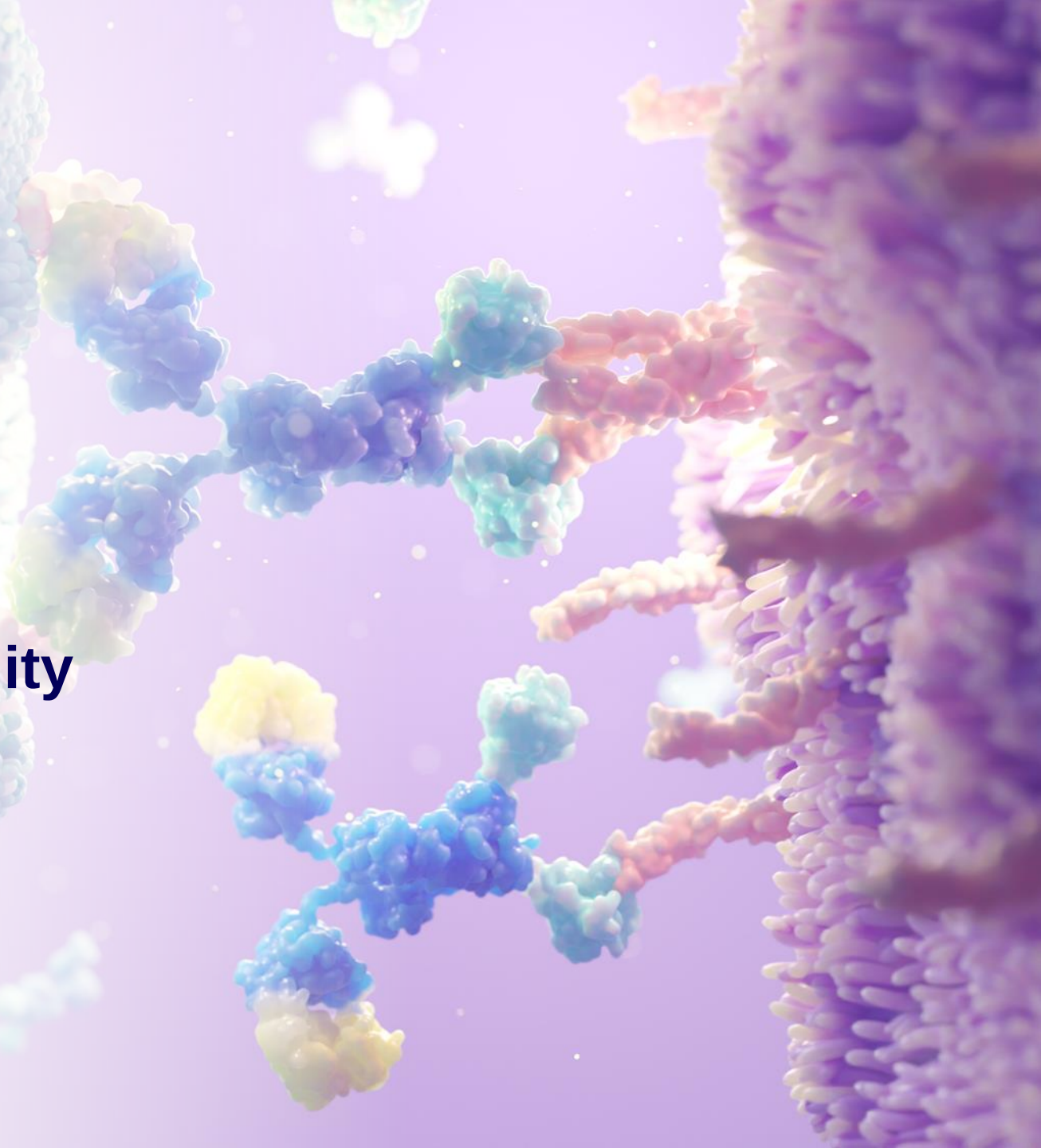
I-Mab Biopharma

Transforming Potential into Reality

January 2024



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I-Mab is well-positioned for meaningful value creation

A Global Biotech with an innovative portfolio and a healthy balance sheet

Advancing an innovative pipeline

Global Immuno-Oncology programs

Uliledlimab (**CD73**)

Givastomig (**CLDN 18.2 X 4-1BB**)

TJ-L14B (**PD-L1 X 4-1BB**)

Near-BLA candidates developed for China:

Eftansomatropin alfa (hGH)

Felzartamab (CD38)

Maintain a healthy balance sheet

Cash balance of $414 million[1] as of June 30th, 2023

Enhance ability to execute strategic goals by reducing net cash burn

1. Cash balance refers to cash, cash equivalents, restricted cash, and short-term investments; this amount is translated from RMB amount at a rate of RMB7.2513 to US$1.00, the rate in effect as of June 30, 2023, published by the Federal Reserve Board of the United States.
Abbreviations: IO = immuno-oncology; CLDN 18.2 = Claudin 18.2; POC = proof-of-concept; HGH = human growth hormone

Advancing a Differentiated and Commercially Attractive Pipeline

Numerous value-Inflection milestones expected over the next two years

Asset	Phase 1	Phase 2	Phase 3	BLA Filing	Market Opportunity	Status/Potential Next Steps
Ulileditimab CD73 Ab					500k+ patients[1]	**H1 2024**: New US IND for chemo+CPI combination for treatment-naïve NSCLC **2024**: Registrational strategy update planned
Givastomig* CLDN 18.2 X 4-1BB Bispecific Ab					Target population of 300k+[1]	**H1 2024**: Phase 1 expansion data **H1 2024**: New combo cohort initiation
TJ-L14B* PD-L1 X 4-1BB Bispecific Ab					PD-(L)1 progression impacts most patients with metastatic disease[1]	**H1 2024**: Phase 1 monotherapy data to be presented
Eftansomatropin alfa Long-Acting Growth Hormone (hGH)					3.4M pediatric GH-deficient patients (China)[2]	**2024**: BLA submission planned in China Jumpcan partnership ongoing
Felzartamab CD38 Ab					>120,000 patients who have progressed or relapsed after 1L treatment/are newly diagnosed (China)[3]	**2024**: Phase 3 PFS data Targeting 2L R/R MM

Notes: CPI = checkpoint inhibitors; NSCLC = non-small cell lung cancer; ESMO = European Society for Medical Oncology; PD(L)-1 refers to inhibitors of PD-L1 or PD-1; BLA = biological license application; R/R MM = relapsed/refractory multiple myeloma. PFS = progression free survival. Colors: Global programs (blue: US/EU/JP patient #s) and China (green, China patient #s). 1. Global Data Epidemiology Data, Guidehouse legacy research; *2.* Frost & Sullivan; 3. Globocan, HLT report, EvaluatePharma. *Co-developed with ABL Bio.

I-MAB BIOPHARMA

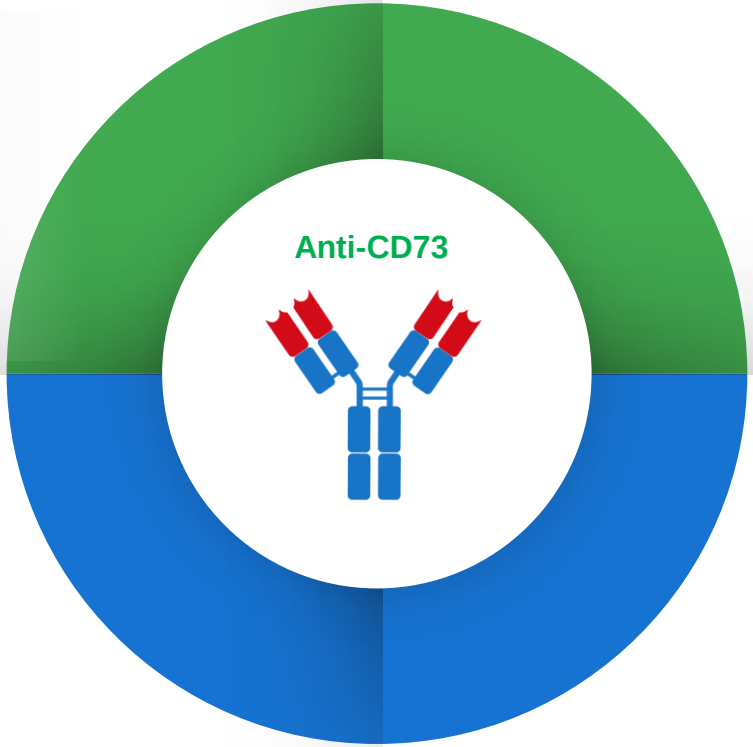
Uliledlimab (targeting CD73)

Potential to be the immunotherapy combo-of-choice, emerging data support launch of pivotal study

Molecular Design

CD73 is the rate-limiting enzyme in the adenosine immunosuppression pathway

Blocking CD73 activity leads to complete inhibition of the adenosine pathway

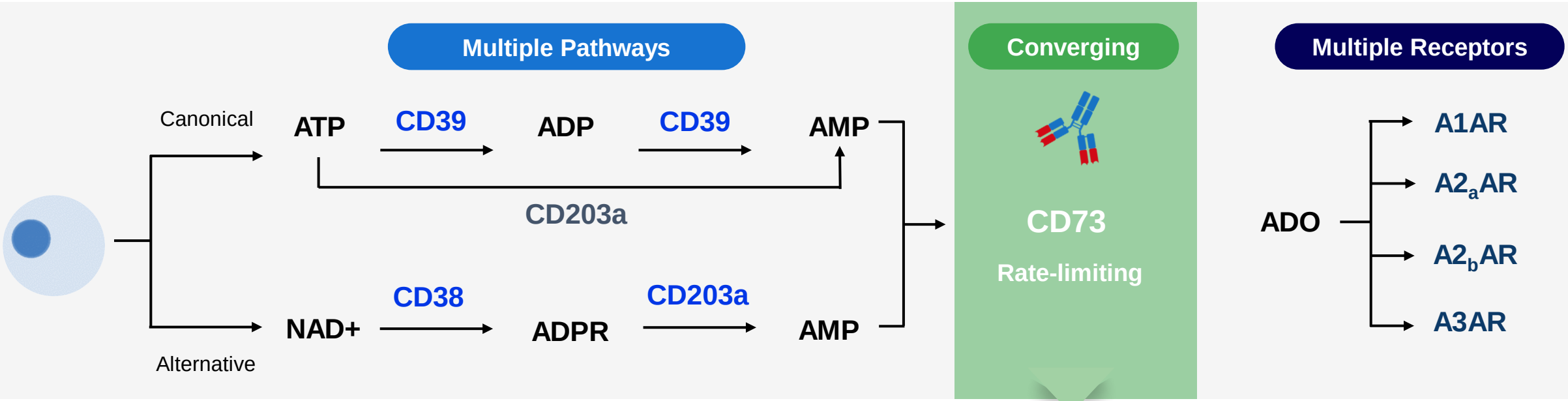


Key Advantages

Uliledlimab completely inhibits CD73 function

Phase 2 dose-response data plus biomarker results strengthens our confidence in the MOA

CD73 Is the Rate-Limiting Enzyme in the Adenosine Immunosuppression Pathway



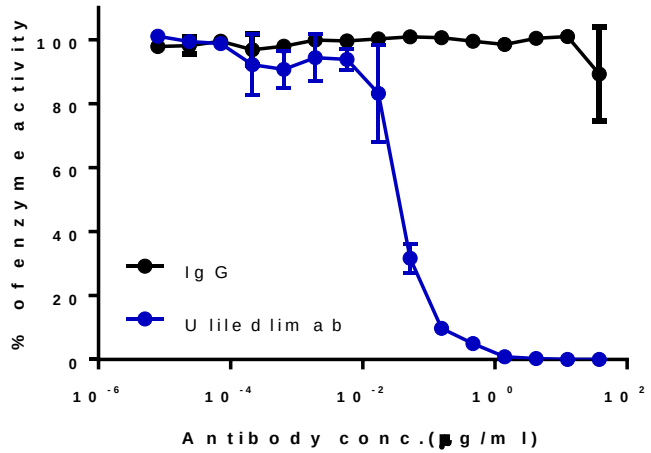
All AMP pathways converge at CD73 to generate adenosine

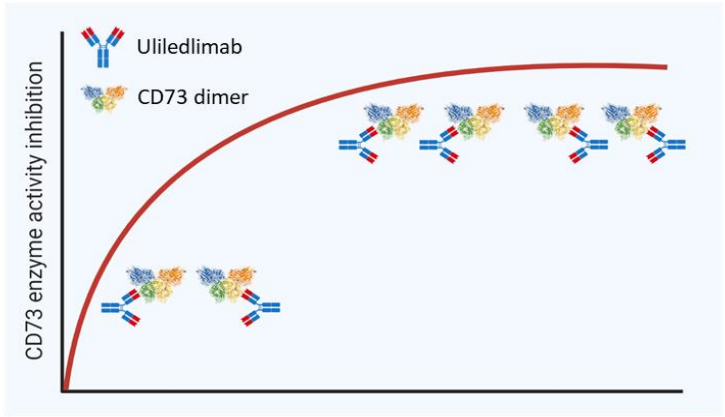
Advantages of targeting CD73 for cancer therapy Blocking CD73 activity leads to complete inhibition of the adenosine pathway. Known potential escape pathways (ATP, cyclic AMP, and nicotinamide adenine dinucleotide through separate biochemical pathways) exist when targeting upstream CD39 or downstream adenosine receptors.

Source: IMAB: information on file

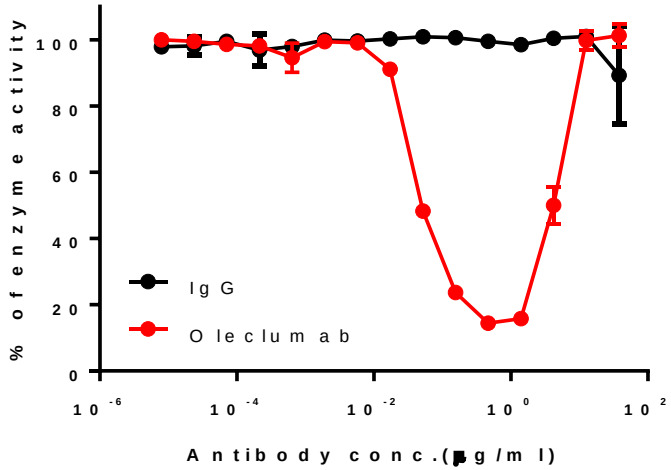
Uliledlimab Can Completely Inhibit CD73 Function In Vitro Whereas Competitor Antibody Does Not

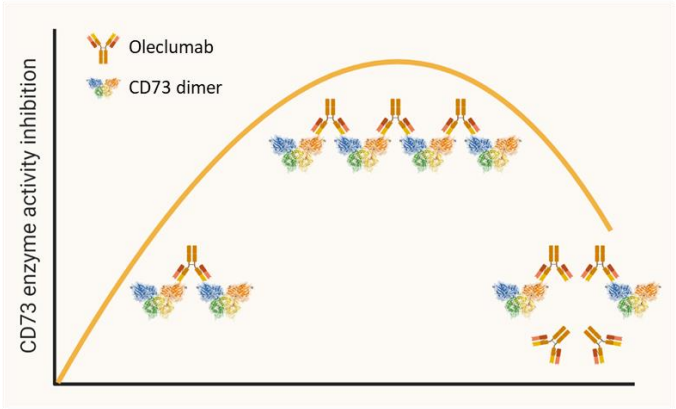
Complete inhibition by intra-dimer binding mode





Partial inhibition by inter-dimer binding mode





Astra Zeneca is evaluating oleclumab in a Phase 3 study in patients with Stage III NSCLC
Oleclumab (MEDI9447) was internally produced based upon the published sequence.

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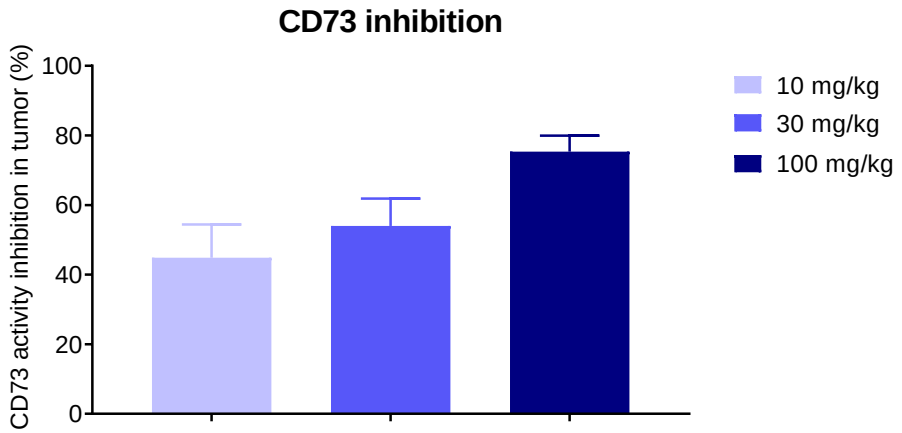
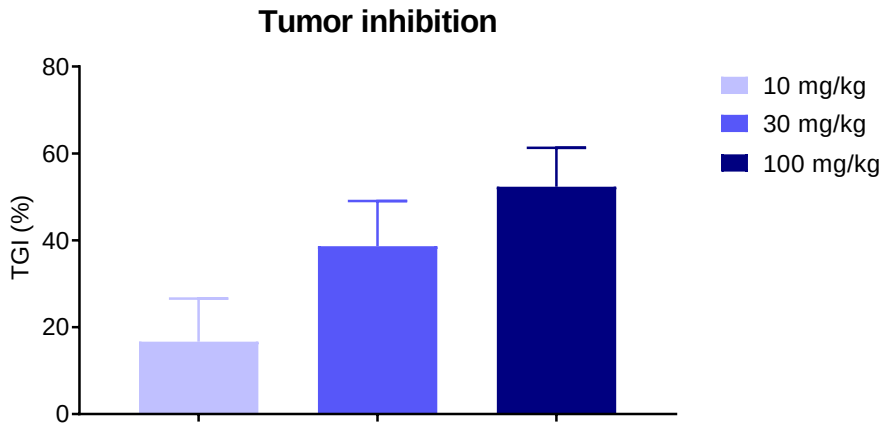
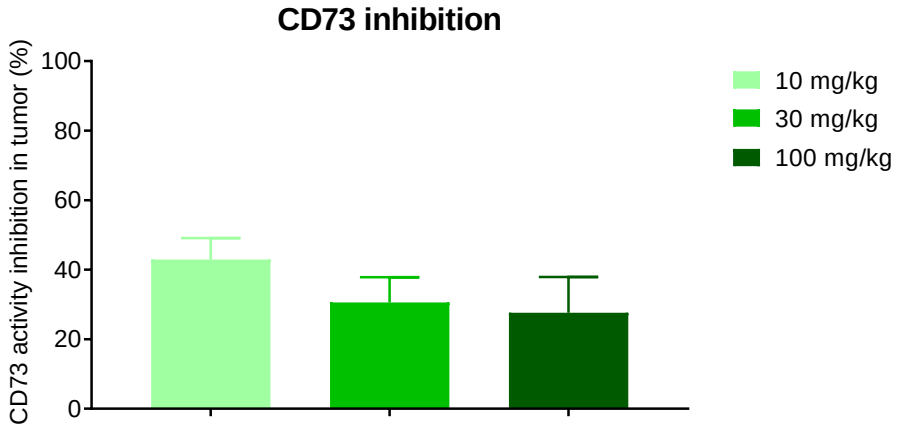
Dose-Dependent Inhibition of Tumor CD73 and Growth by Ulilediimab Facilitates Its Clinical Dose Optimization

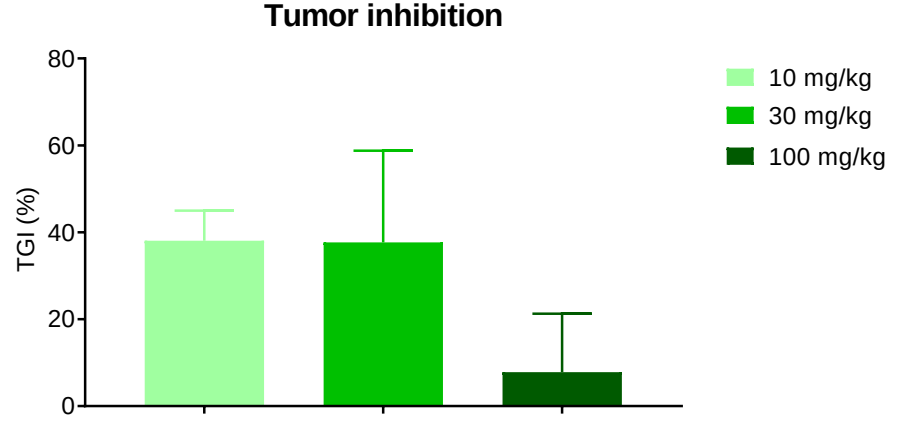
Inhibition of CD73 activity and tumor growth by Ulilediimab is dose-dependent





Inhibition of CD73 activity and tumor growth is limited by Oleclumab's hook effect biology





Source: Data on file (IMAB), based on whole cell assays
Oleclumab (MEDI9447) was internally produced based upon the published sequence.

Emerging Data Indicates That Chemotherapy May Extend the Benefit of Ulileldlimab to Patients Regardless of Baseline CD73 Expression

Expanding Therapeutic Reach

In the Ulileldlimab + Toripalimab chemo-free study, patients with low CD73 and PD-L1<1% were less likely to achieve objective response

Supporting Evidence

1. Keynote-189 and Keynote-407 studies both established that co-administration with chemotherapy extends the benefit of pembrolizumab to patients with <1% PD-L1 at baseline

2. Literature reports indicate that chemotherapy upregulates CD73 expression in cancer cells[1]

3. I-Mab non-clinical studies confirm induction of CD73 expression in NSCLC with common chemotherapy treatments, including pemetrexed and taxanes[2]

Strategic Clinical Design

I-Mab plans to submit an IND for **ulileldlimab in combination with chemotherapy and checkpoint inhibitor** in newly diagnosed patients with advanced NSCLC in H1 2024

Source: 1. https://doi.org/10.1073/pnas.171819711; 2. Data on file

Ulilediimab: Clinical Trials and Status

Clinical Development Status

Clinical Trial	Study Design	Status	Summary of Results
Ph 1 US dose-escalation	Refractory solid tumor patients 3-week monotherapy run-in followed by combination with atezolizumab in a 3+3 dose escalation study	**Completed** (N=20)	Favorable safety profile Expected PK/PD relationship
Ph 2 Ovarian and biomarker enriched in US	Dose expansion cohort in ovarian cancer patients with atezolizumab Biomarker enriched solid tumors cohort with atezolizumab	**On-going** 24 patients enrolled (N=60 planned)	No safety concerns identified Ovarian cancer is not prioritized indication currently
Ph 1b/2 in China with toripalimab combination	3+3 monotherapy, combo with toripalimab 20 mg/kg and 30 mg/kg sequentially evaluated 5 disease cohorts including refractory and newly diagnosed NSCLC	**On-going** more than 190 patients dosed	63% ORR (10/16), chemo-free, in newly diagnosed patients with PD-L1 > 1% and CD73 high NSCLC Biomarker and dose-response data indicate proof of concept and support Phase 3 initiation

- Best-in-class potential
- Close position to oleclumab in global clinical development
- Potential to be the first CD73 therapy for Stage IV NSCLC (Oleclumab lead indication - Stage 3 NSCLC)

Initial Anti-Tumor Data Supports Proof of Mechanism and Promising Safety

Phase 2 ORR Data from front-line NSCLC Cohort: 64 iRECIST-evaluable patients*

ORR% (n)	**PD-L1 All** (n=64)	PD-L1≥1% (n=41)
CD73^{High}	**53% (10/19)**	**63% (10/16)**
CD73^{Low}	**18% (8/45)**	**20% (5/25)**

Correlation of response with CD73 expression and PD-L1 levels suggest benefit driven by combination therapy

Safety Observations for Uliledlimab, Administered to >200 Patients in Combination Studies with CPIs

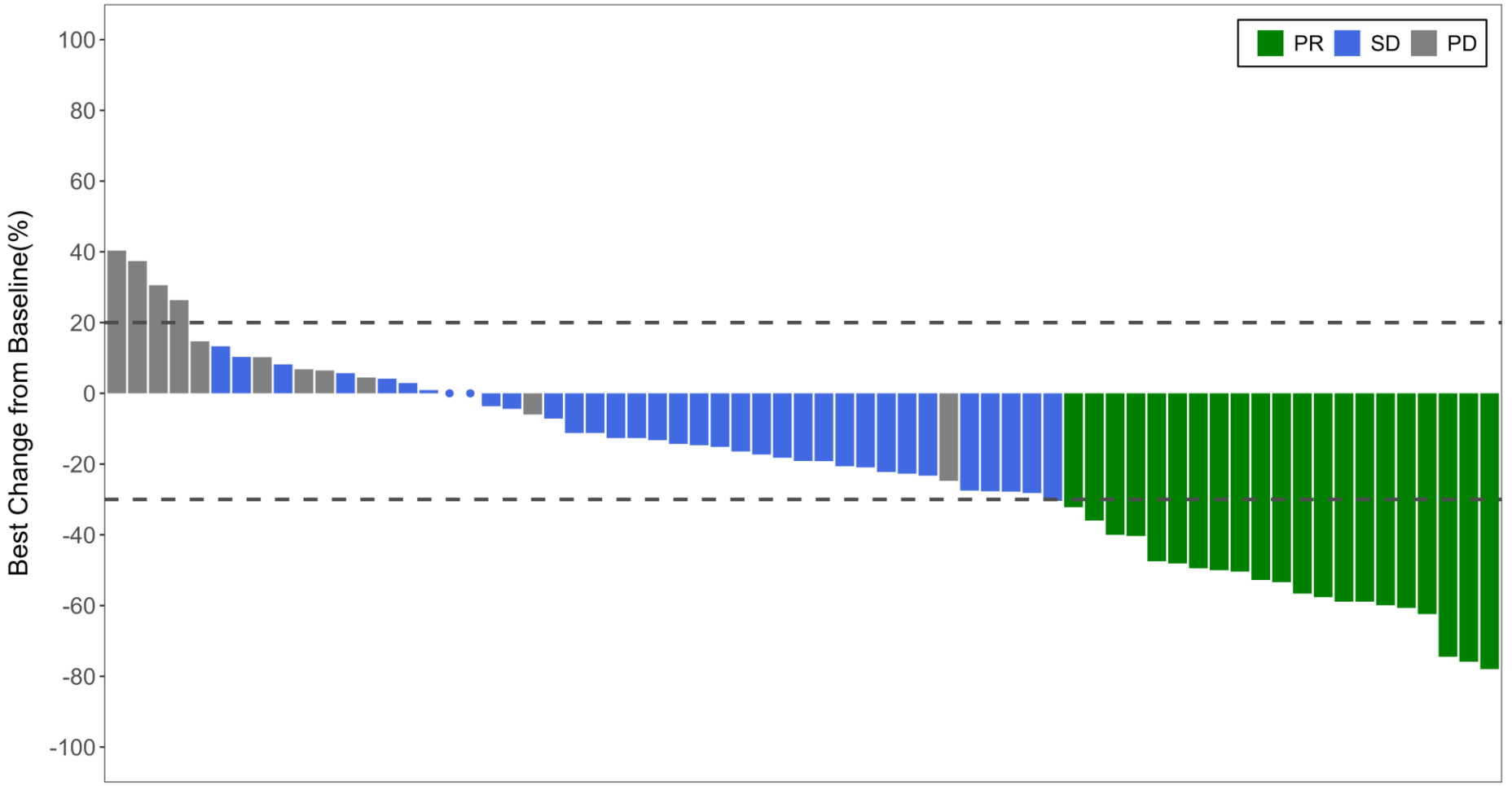
Initial safety profile of combination comparable to CPI monotherapy studies

Well tolerated up to the highest doses tested (30mg/kg Q3W), without MTD

Most treatment-related adverse events/AEs were Grade 1 or 2

Notes: ORR = objective response rate; MTD = maximally tolerated dose; Q3W = every three weeks; AE = adverse events; CPI = checkpoint inhibitors; TRAEs = treatment-related adverse events; ASCO23 = the American Society of Clinical Oncology 2023 Annual Meeting; toripalimab = Approved/China and the US (Shanghai Junshi Biosciences/Coherus Biosciences) *Patient disposition for slides 6-9 based on ASCO23 Poster from a cohort of 70 enrolled patients with unresectable/metastatic disease, including 67 efficacy evaluable and 64 patients who received at least one post baseline tumor assessment per iRECIST. Overall study (up to n=190) enrolled 5 cohorts (3 NSCLC sub-types, 1 ovarian, 1 all comers): data in this deck are from the treatment naïve, Stage 4 NSCLC patients.

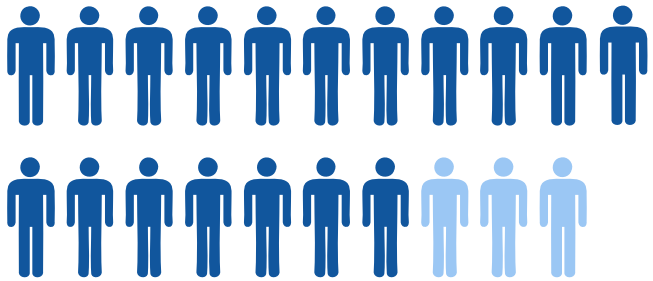
Most Tumors Decrease in Size



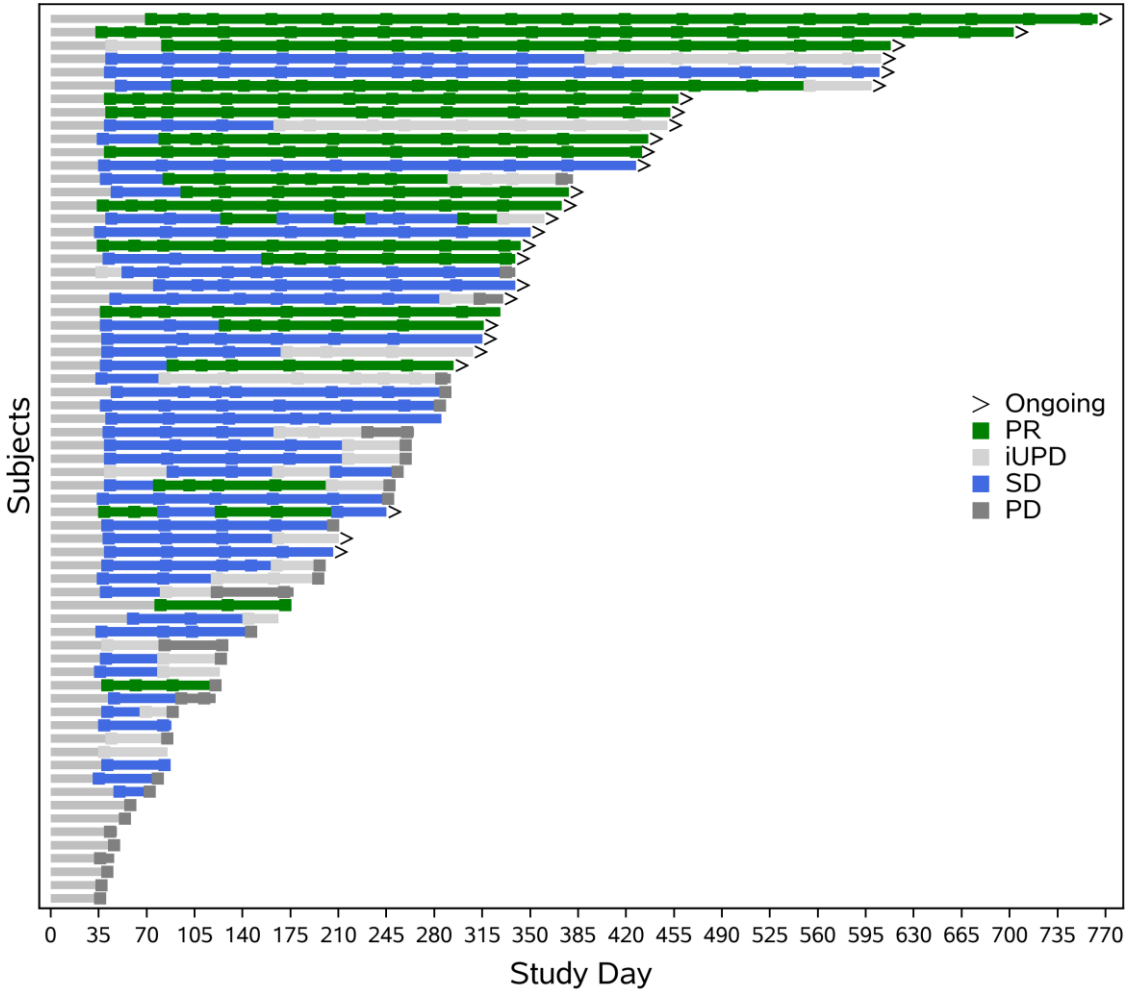
Data set time: 2023-08-10
The circles indicate the BOR of the two subject, which are SD.

Notes: Response definitions per iRECIST criteria. PR = partial response, SD = stable disease, PD = progressive disease Source: ASCO23 Poster

Most Responses are Durable



18 of 21 patients with an objective response remain on treatment with a median follow-up of 10.8 months[1]



Data set time: 2023-08-10

Notes: Response definitions per iRECIST criteria. PR = partial response, SD = stable disease, PD = progressive disease, iUPD = unconfirmed progressive disease, NE not evaluable. IHC = immunohistochemistry. Source: ASCO23 Poster . 1. Median follow up 10.8 months

Developing Ulileldimab as an Immunotherapy Combination of Choice

Favorable Safety Profile as Monotherapy and in Combination with CPIs

Phase 2 data suggest ulileldimab is safe and well tolerated up to the highest doses tested (30 mg/kg)

The lack of a hook effect could enable broad efficacy with optimized dosing

Encouraging Phase 2 NSCLC Responses Support Use in Combination Studies

A 63% ORR observed in NSCLC patients with both high CD73 expression and PD-L1 TPS≥1% expression suggests that when tumors are vulnerable to PD-L1 inhibition, ulileldimab appears to augment clinical responses

Chemotherapy co-administration could broaden the patients that benefit from ulileldimab treatment

Multiple indications under review Expanded Studies Planned H1 2024

A US IND submission for ulileldimab in combination with chemotherapy and checkpoint inhibitors in newly diagnosed patients with advanced NSCLC is planned for H1 2024

Notes: TPS = tumor proportional score

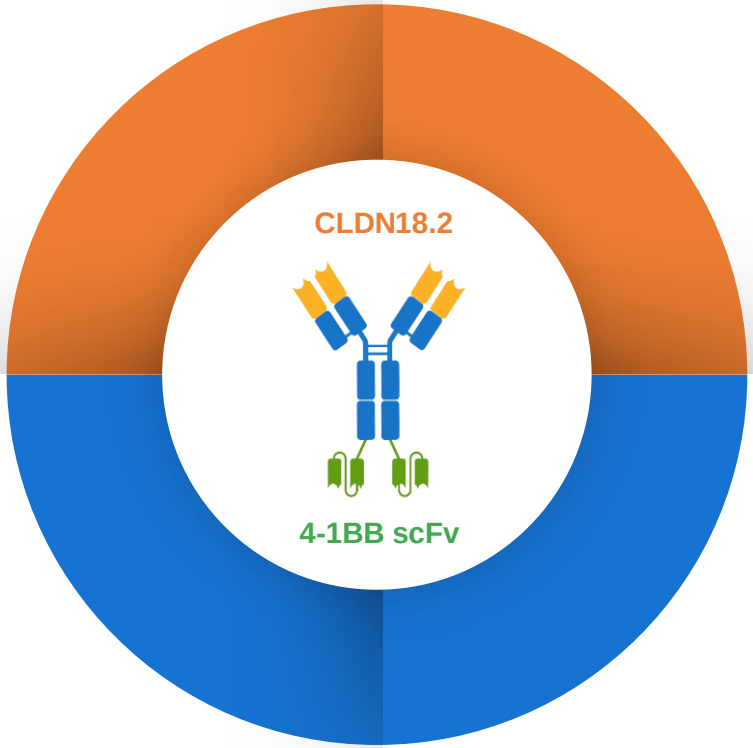
Givastomig (targeting Claudin/CLDN 18.2 and 4-1BB)

Designed to synergize with checkpoint inhibitors and chemotherapy across a wide range of CLDN levels

Molecular Design

Binding activity demonstrated across various levels of CLDN18.2 expression

CLDN18.2-dependent T-cell activation via 4-1BB pathway



Key Differentiation

Allows for stronger CLDN18.2 binding even in low expressing tumor cells

4-1BB by conditional activation, localized immune activation to TME

Unique Bispecific integrates CLDN18.2 as a tumor engager and 4-1BB as a conditional T-Cell activator

scFv = single chain Fragment-variable region; TME = tumor microenvironment

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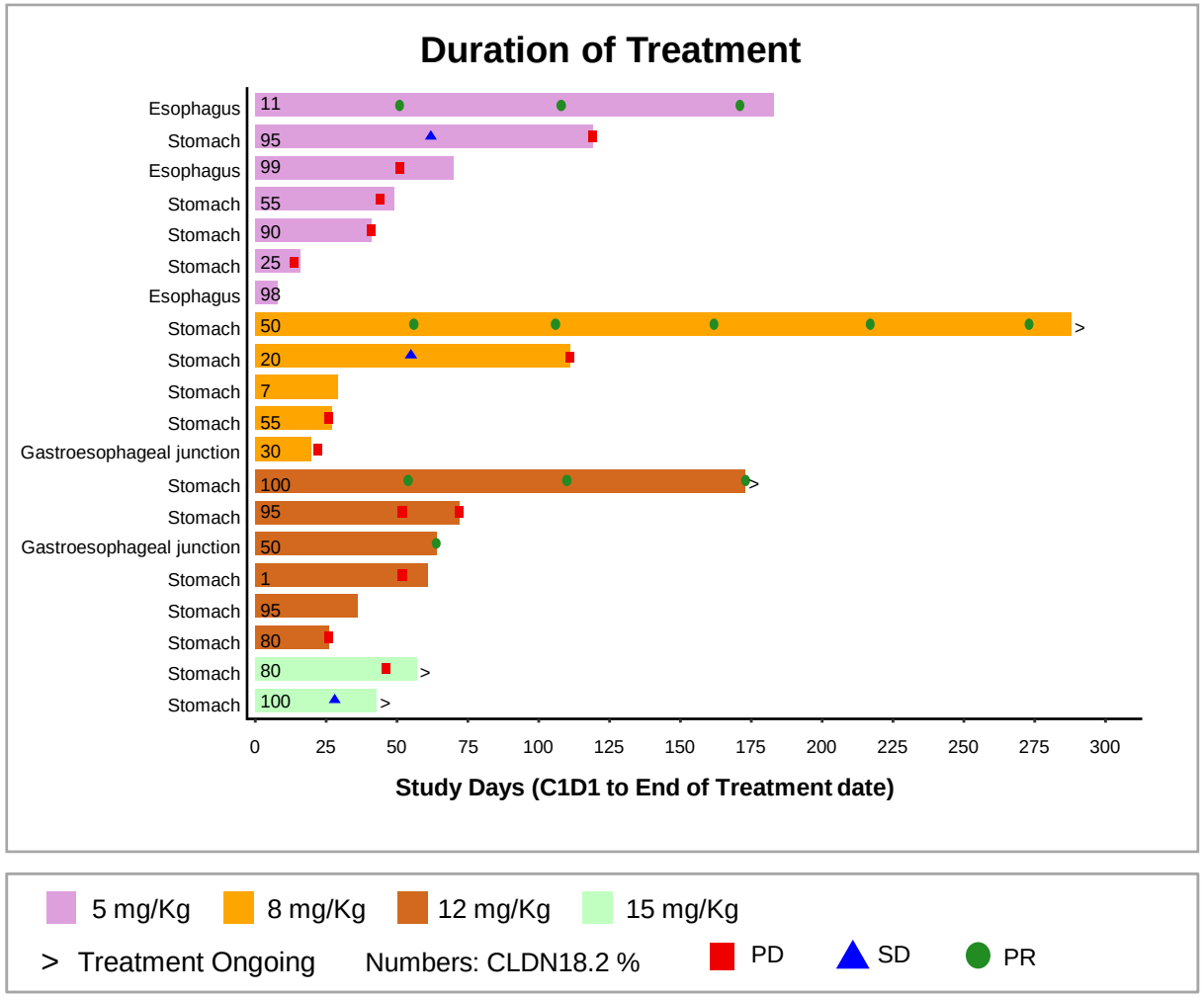
Early Responses in Heavily Pretreated Patients Provides Compelling Support for Further Studies[1]



Patient overview:

20 efficacy evaluable patients with CLDN18.2+ GC/GEJ/EAC

3 median lines of prior treatment (range 1-10)

Dosed at 5-15 mg/kg (defined as the predicted efficacious dosing range, based on preclinical studies)

Cohort is a subset of the Phase 1a (NCT04900818)

Responses:

3 partial response (PR) observed; two of those had received prior anti-PD-(L)1 therapy

Stable disease (SD) observed in four patients. Of those, one had a PR on the first scan and subsequently withdrew from the study (counted as SD per RECIST1.1)

An additional PR (not on the chart) was observed in patient with head and neck squamous cell carcinoma receiving 12mg/kg who remains on study at 280 days

1. Source: ESMO 2023

Safety: Treatment Related AEs[1]

Treatment-related Adverse Events (TRAEs) Occurred in ≥5% (N=55)

Preferred Term (all numbers are n(%)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	All Grades
Nausea	10 (18.2)	3 (5.5)	0	0	0	13 (23.6)
Vomiting	7 (12.7)	2 (3.6)	0	0	0	9 (16.4)
Fatigue	7 (12.7)	1 (1.8)	0	0	0	8 (14.5)
Anaemia	1 (1.8)	4 (7.3)	1 (1.8)	0	0	6 (10.9)
Abdominal pain	2 (3.6)	1 (1.8)	0	0	0	3 (5.5)
Alanine aminotransferase increased	2 (3.6)	0	1 (1.8)	0	0	3 (5.5)
Diarrhoea	3 (5.5)	0	0	0	0	3 (5.5)
Headache	1 (1.8)	2 (3.6)	0	0	0	3 (5.5)
Lymphocyte count decreased	1 (1.8)	1 (1.8)	1 (1.8)	0	0	3 (5.5)
Pruritus	2 (3.6)	0	1 (1.8)	0	0	3 (5.5)
Pyrexia	3 (5.5)	0	0	0	0	3 (5.5)
White blood cell count decreased	0	2 (3.6)	1 (1.8)	0	0	3 (5.5)

- No DLT was reported up to 15mg/kg, and MTD was not reached.
- The most commonly reported TRAEs (>10% of subjects): Grade 1 or 2 nausea (23.6%), vomiting (16.4%), fatigue (14.5%), anemia (10.9%).
- 10 subjects (18.2%) experienced at least one Grade 3 TRAE. No Grade 3 TRAEs occurred in more than 1 subject.
- Onset of gastrointestinal TRAEs: generally after 14 days of treatment, recovery within 1 week; none led to drug withdrawal

1. Source: ESMO 2023

Givastomig Yields Better Monotherapy Responses in Patients with High and Low CLDN Expression Compared to Phase 1/2 Zolbetuximab Studies

Drug	Givastomig (bi-specific)	Zolbetuximab (mAb)	
Phase	Phase 1	Phase 1	Phase 2
CLDN18.2 - Expression of the study group	IHC ≥**1⁺ in ≥1%** cells	IHC ≥**1⁺ in ≥1%** cells	IHC ≥ **2⁺ in ≥ 50%** cells
Diagnosis	Previously treated GC/GEJ/EAC	Previously treated GC/GEJ	Previously treated GC/GEJ/EAC
Efficacy Evaluable	20	15	43
ORR	**15%** (3/20)	0	9% (4/43)
DCR (CR+PR+SD)	**35%** (7/20)	1 SD	23% (10/43)
Source	Givastomig poster #1039P ESMO 2023	U Sahin et al. European Journal of Cancer 100 (2018) 17e26	O Tureci et al. Annals of Oncology 30: 1487–1495, 2019

Zolbetuximab (Astellas) is currently under review with the FDA

Potential Differentiations of Givastomig from Other CLDN18.2 Targeted Competitors

	Givastomig	ADCs	CLDN18.2 mAb
MoA of mono-therapy	CLDN18.2 dependent T cell activation in tumor 4-1BB agonism to increase T cell expansion in tumor and reinvigorate exhausted T cells Bi-specific Ab designed to have conditional 4-1BB activation	CLDN18.2 targeted chemotherapy and direct killing by ADCC Lysis of tumor cells by toxin can release the tumor antigen to mediate immune response	Direct killing of CLDN18.2 tumor cells by ADCC may also release the tumor antigen
Efficacy	~20% monotherapy ORR in previously treated CLDN18.2 + GC/GEJ/EC	33% monotherapy ORR in previously treated CLDN18.2 + GC/GEJ[2]	~10% monotherapy ORR in previously treated CLDN18.2 + GC/GEJ/EC[4]
Safety	No Grade 3 neutropenia No Grade 3 vomiting	20% Grade 3+ Neutropenia 10% Grade 3 vomiting[3]	22% Grade 3 vomiting[4]
Claudin 18.2 expression target	Broad expression contributed by Giva-mediated bystander tumor-killing[1]	Higher expression v. normal gastric mucosa	Higher expression v. normal gastric mucosa

1. Givastomig-mediated T cell activation by CLDN18.2-positive tumor cells leads to the killing of nearby CLDN18.2-negative tumor cells; 2. ADC efficacy; 3. ASCO Plenary Series 2023 (Note: Examples reported are from representative molecules within ADC class as not all ADCs will have these specific numbers; 4. Annals of Oncology

Unique Bispecific Design Properties and Monotherapy Data in Gastric Cancers Could Position Givastomig as Best-in-Class CLDN18.2 Therapy

Unique Design To Enable Wide Use Plus Favorable Initial Safety Profile

Bispecific design to bind across **various levels of CLDN18.2** and **conditional T-cell activator,** 4-1BB, could induce long-lasting immune memory response and enable superior anti-tumor activity at the tumor site

Dose escalation reached highest planned dose **without encountering DLT or liver toxicity signals**

Encouraging Responses in Previously Treated Patients, including those with low CLDN18.2

Objective responses seen in patients with gastric and esophageal cancer who had received multiple lines of prior treatment, including PD-(L)1, and had low CLDN18.2 levels

CLDN 18.2 assay for patient selection is in development with a partner

Dose Expansion Data and New Chemotherapy/CPI Combo Planned for Q4 2023 – H1 2024

Phase 1 monotherapy data presented at ESMO 2023

New dose expansion chemotherapy/CPI cohort study to begin in H1 2024 in treatment naïve patients with gastric cancers

Interim dose monotherapy expansion data planned in H1 2024 in CLDN18.2+ patients with gastric cancers whose disease has progressed after previous treatment

Notes: Gastric cancers = gastric, gastroesophageal junction and esophageal cancer; TAA = tumor associated antigen

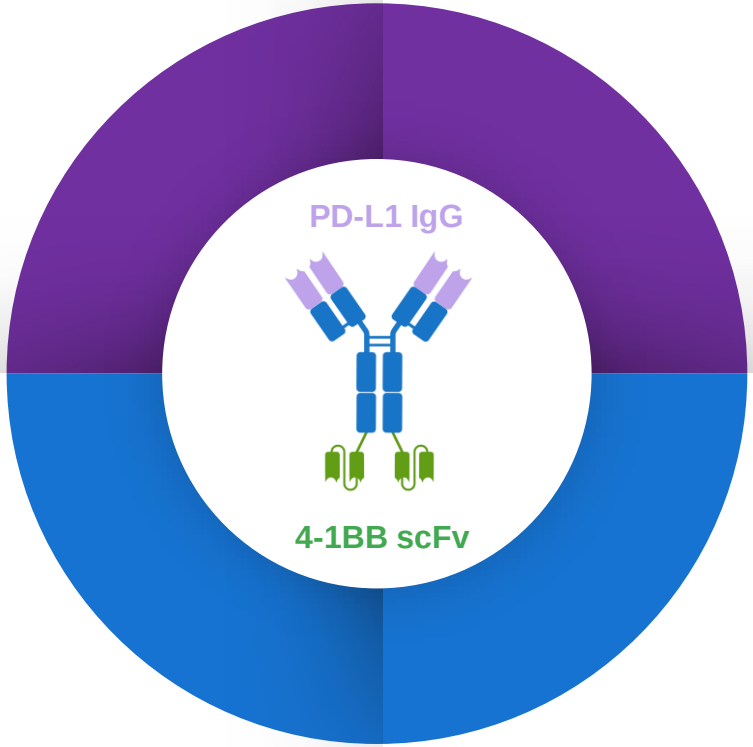
TJ-L14B (targeting PD-L1 and 4-1BB)[1]

Unique Bispecific integrates PD-L1 as a tumor engager and 4-1BB as a conditional T-Cell activator

Molecular Design

Designed to treat PD-(L)1 resistant cancers

PD-L1-dependent conditional 4-1BB activation via tumor site



Key Differentiation

Targeting PD-L1+ tumor cells and blocking PD-L1/PD-1 interaction

4-1BB by conditional activation, localized immune activation to TME

1. ABL503; scFv = single chain Fragment-variable region; TME = tumor microenvironment

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Unique Bispecific Design Properties and Monotherapy Data in Relapsed/Refractory Patients

Unique Design To Enable Broader Use Plus Favorable Initial Safety Profile

Bispecific design to **stimulate 4-1BB** activation **in the presence of PD-L1** expressing tumor cells to minimize off-tumor toxicity

Dose expansion is ongoing with preliminary efficacy signals; the MTD has not yet been reached

Additional tumor cohorts are planned as well

Preliminary Efficacy Signals Observed

Objective responses seen in patients with progressive, locally advanced, or metastatic solid tumors that are relapsed or refractory following prior lines of treatment

One CR, One PR, Two uPR (n=14) observed based on recent enrollment

Top-line Phase 1 Clinical Data Expected in H1 2024

Phase 1 monotherapy data to be presented in H1 2024

Notes: MTD = maximum tolerated dose, CR = complete response, PR = partial response; uPR = unconfirmed partial response. Study design per clinicaltrials.gov

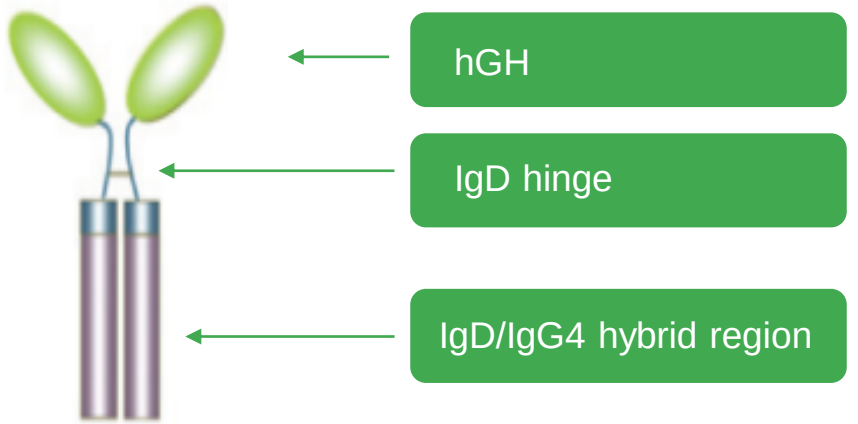
Eftansomatropin Alfa, a Differentiated Long-Acting Human Growth Hormone, Tracking to a Planned BLA Filing in 2024 in China

Key Highlights

- Designed as a weekly injection for improved patient compliance
- Phase 3 study achieved the primary endpoint, showing non-inferiority to daily dosing with Norditropin ® (p<0.0001)
- Well tolerated with no discontinuations due to TRAEs. Comparable safety to Norditropin®
- Commercialization partnership with Jumpcan, a leading pediatric medicines player in China

Key Differentiation

Unique Hy-Fc long-acting technology



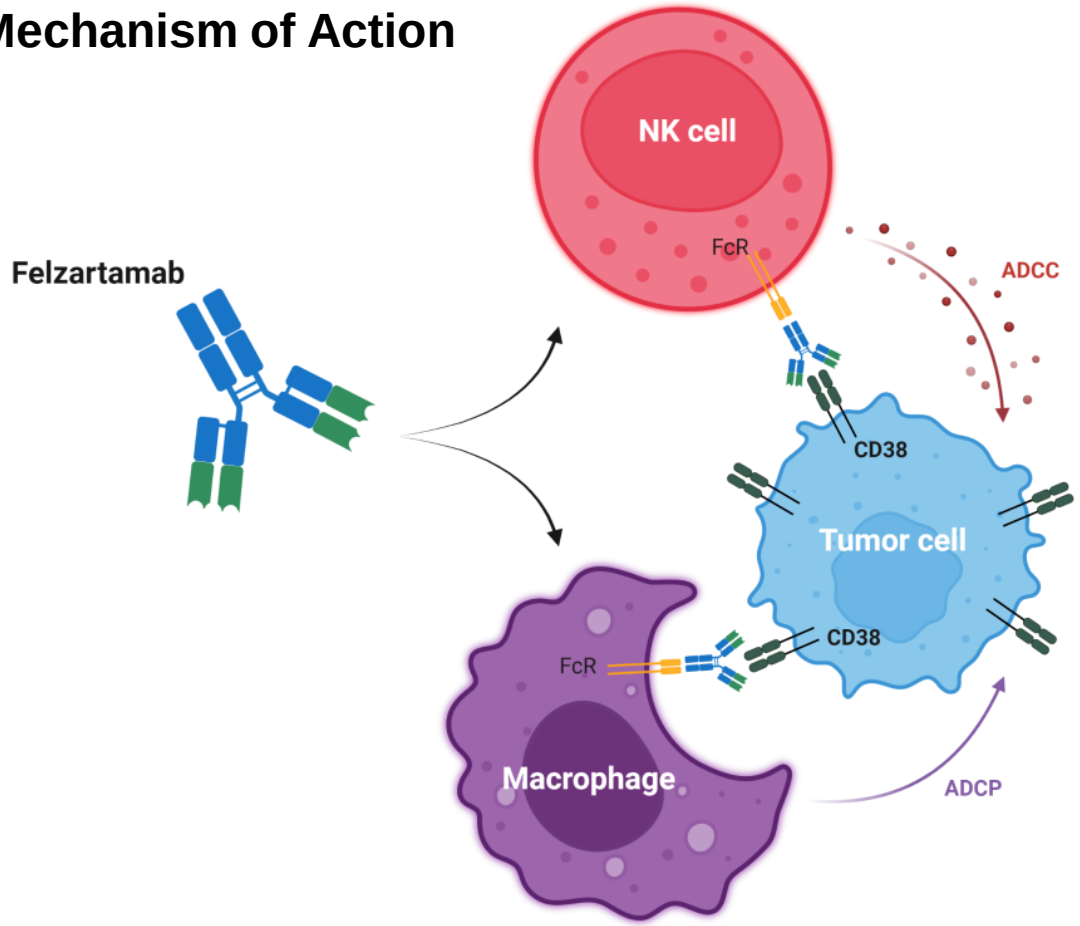
Advanced Hy-Fc technology

- Long-acting protein technology allows for convenient weekly administration without using PEGs or chemical linkers
- Hy-Fc technology is designed to use proteins that are not considered as immunogens[1]

Notes: 1. Hy-Fc technology. PEG = polyethylene glycol

Felzartamab, a Late-Stage CD38 Antibody for Multiple Myeloma with Potential for Improved Dosing and Tolerability v. Other Agents (China)

Mechanism of Action



Felzartamab kills malignant plasma cells and dysregulated CD38^{high} B-cells and plasma cells through Fc-dependent immune effector mechanisms (ADCC and ADCP), with a reduced CDC effect, compared to other CD38 antibodies

Shorter infusion time and lower infusion reaction rate are potential differentiators compared to other agents

Felzartamab granted BTD by FDA for PMN

Plan to produce in China for the local China market; own rights to all indications in China

Data from Phase 3 study in 2L therapy expected in 2024

Notes: CDC = complement dependent cytotoxicity; ADCC = antibody dependent cytotoxicity, ADCP = antibody dependent phagocytosis, BTD = breakthrough therapy designation, PMN = primary membranous nephropathy

Phase 3 Progression Free Survival Results for Felzartamab in Second-Line Treatment of Multiple Myeloma Expected in 2024

Multiple Myeloma Is a significant unmet need in China

~100,000

patients who have failed 1st line therapy[1]

~20,000

patients with newly diagnosed disease per year[1]

~2-3%

growth per year in MM patients[1]

CD38 Antibodies have not been widely adopted in China

CD38 antibodies are a mainstay of care in the U.S., ~10% of patients in China are treated with a CD38 antibody[1]

There is one approved product (JNJ) and one Phase 3 program (Sanofi) in development in China

Phase 3 Felzartamab results expected in 2024

Phase 3 study (n=289) is evaluating felzartamab as second line/2L therapy for patients with multiple myeloma/MM

Progression Free Survival Data are expected in 2024

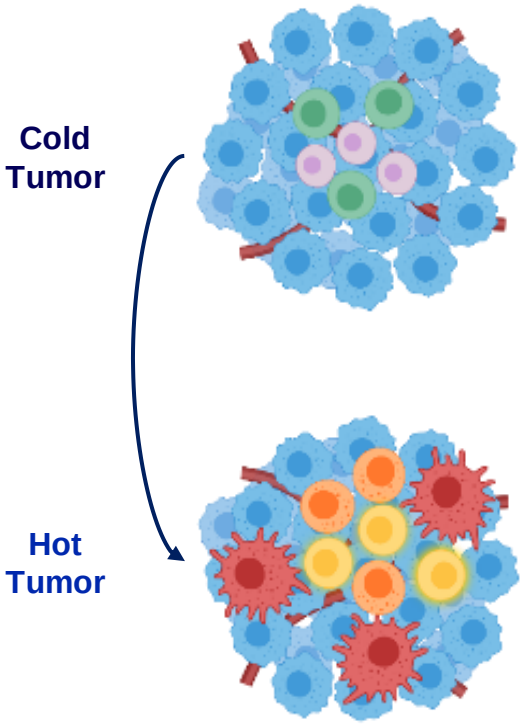
I-MAB plans to file a BLA assuming positive Phase 3 results

Notes: MM = multiple myeloma; rrMM = relapsed/refractory multiple myeloma. 1. Source: Globocan, HLT report, EvaluatePharma

Preclinical Pipeline Generated by a Robust Discovery Engine

Highly differentiated programs pave the way for internal development or collaborations

Carefully Selected Novel Biologics Targeting Tumors and Potentiating the Immune System



Molecule	Tumor	T Cell	Macrophage	NK Cell	Differentiated Properties
TJ-L1IF	PD-L1	IFNα	IFNα	IFNα	PD-1 resistant tumors
TJ-M002		✓	✓	✓	Novel “don‘t eat me” signal
TJ-Bs01	✓	✓	✓	✓	Immune adjuvant as a combo partner
TJ-Bs02	✓	4-1BB			Multiple solid tumors and leukemia

Notes: “checked items” = target not disclosed

I-Mab Portfolio Projected to Substantially Advance Over the Next 12 Months

Key milestones starting in H1 2024

Timing	Program	Milestone
Mid-Stage Global Rights Portfolio		
H1 2024	uliledlimab	US IND submission: chemotherapy/CPI combo study (patients with newly diagnosed, advanced NSCLC)
2024	uliledlimab	Clinical Strategy Update: Overview of registration strategy, including timing to initiate additional studies
H1 2024	givastomig	Interim P1 dose expansion data: monotherapy (CLDN18.2+ patients with gastric, gastroesophageal junction (GEJ), and esophageal cancers)
H1 2024	givastomig	New dose expansion cohort: chemotherapy/CPI regimens (patients with gastric, GEJ, and esophageal cancers)
H1 2024	TJ-L14B	Phase 1 monotherapy data: Presentation of dose-escalation data
Late-Stage China Portfolio		
2024	eftansomatropin alfa	Biological License Application (BLA) filing
2024	felzartamab	P3 progression free survival (PFS) data: (second-line R/R MM)

CPI = checkpoint inhibitor, CLDN = Claudin, NSCLC = non-small cell lung cancer, R/R = relapsed/refractory, MM = multiple myeloma

I-Mab is well-positioned for meaningful value creation

A Global Biotech with an innovative portfolio and a healthy balance sheet

Advancing an innovative pipeline

Global Immuno-Oncology programs

Uliledlimab (**CD73**)

Givastomig (**CLDN 18.2 X 4-1BB**)

TJ-L14B (**PD-L1 X 4-1BB**)

Near-BLA candidates developed for China:

Eftansomatropin alfa (hGH)

Felzartamab (CD38)

Maintain a healthy balance sheet

Cash balance of $414 million[1] as of June 30th, 2023

Enhance ability to execute strategic goals by reducing net cash burn

1. Cash balance refers to cash, cash equivalents, restricted cash, and short-term investments; this amount is translated from RMB amount at a rate of RMB7.2513 to US$1.00, the rate in effect as of June 30, 2023, published by the Federal Reserve Board of the United States.
Abbreviations: IO = immuno-oncology; CLDN 18.2 = Claudin 18.2; POC = proof-of-concept; HGH = human growth hormone

I-Mab Biopharma

Stay connected

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