



ARR-217 PHASE 1 DATA

October 26, 2026

Forward Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. These statements include, but are not limited to, implied and express statements about our strategy, business plans and objectives for our programs; plans and timelines for the preclinical and clinical development of our product candidates, including the therapeutic potential, clinical benefits and safety profiles of such product candidates; expectations regarding timing, success and data announcements of ongoing and planned preclinical studies and clinical trials, statements regarding our future results of operations or financial condition, business strategy and plans, estimates of the commercial market and revenue potential for our current and future product candidates in current and planned indications, including the potential market opportunity of ARR-217 as monotherapy or in combination; the activity, safety and tolerability of ARR-217 and our other product candidates, as monotherapy or in combination, compared to available therapies; anticipated timing and results of potential milestones, including the timing and results of the global pivotal Phase 3 study of firmonertinib in previously untreated NSCLC patients whose tumors contain EGFR PACC mutations, the timing and results of the Phase 1a and Phase 1b studies of ARR-217, as monotherapy and in combination, in gastrointestinal tumors, the timing and results of the Phase 1 study of ARR-002 and our other ADC candidates; our plans to develop and commercialize our current or future product candidates, the expected benefits of the exclusive license agreement with Allist for ARR-002 in Greater China, and the implementation of our business model and strategic plans for our business, current and any future product candidates. All statements other than statements of historical facts contained in this presentation, including express or implied statements regarding our strategy, future financial condition, expected cash runway, future operations, projected costs, prospects, plans, objectives of management and expected market growth, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “anticipate,” “assume,” “believe,” “could,” “estimate,” “expect,” “goal,” “intend,” “may,” “milestones,” “objective,” “plan,” “predict,” “potential,” “seek,” “should,” “target,” “will,” “would” and other similar expressions that are predictions of or indicate future events and future trends, or the negative of these terms or other comparable terminology. Forward-looking statements are based on ArriVent’s current expectations and are subject to inherent uncertainties, risks and assumptions that are difficult to predict. Factors that could cause actual results to differ include, but are not limited to, ArriVent’s evaluation of the full data set from its Phase 3 FURVENT trial of firmonertinib in first-line EGFR exon 20 insertion mutant NSCLC as the Company determines the most appropriate development path for firmonertinib, and the risks and uncertainties that are described more fully in the section titled “Risk Factors” in our annual report on Form 10-K for the fiscal year ended December 31, 2025, filed with the Securities and Exchange Commission (“SEC”) on March 5, 2026, our Quarterly Reports on Form 10-Q for the quarters ended March 31, 2026 and June 30, 2026, filed on May 11, 2026 and August 12, 2026, respectively, and our other filings with the SEC. You should not rely upon forward-looking statements as predictions of future events. In addition, statements that “we believe” and similar statements reflect our beliefs and opinions on the relevant subject and are based on information available to us as of the date of this presentation. Although we believe such information forms a reasonable basis for the expectations reflected in the forward-looking statements, such information may be limited or incomplete, and we cannot guarantee that the future results, levels of activity, performance or events and circumstances reflected in the forward-looking statements will be achieved or occur. We undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to new information, actual results or to changes in our expectations, except as required by law.

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Dr. Stuart Lutzker · Co-Founder, President R&D, ArriVent BioPharma

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Dr. Priti Patel · Chief Medical Officer, ArriVent BioPharma

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Dr. Bing Yao · Co-Founder, Chairman and CEO, ArriVent BioPharma



ArriVent Overview

Robust Pipeline to Maximize Impact Across Indications & Geographies

Program	Target	Indication	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	ArriVent Rights	Partner
Firmonertinib	EGFR TKI	1L NSCLC EGFR exon 20 Insertion Mutations BTD						Global-Ex China	
Firmonertinib	EGFR TKI	1L NSCLC EGFR PACC Mutations						Global-Ex China	
Firmonertinib	EGFR TKI	Adjuvant EGFR Uncommon Mutations						Global-Ex China	
ARR-217	CDH17 ADC	GI Tumors						Global-Ex China	
ARR-002	NaPi2b x MUC16 ADC	Solid Tumors						Global Ex-China	
ARR-421	ADC	Solid Tumors						Global-Ex China	
ARR-173	ADC	Solid Tumors						Global-Ex China	



Our ADC Strategy

Our Antibody Drug Conjugate (ADC) Strategy

SINGLE-TARGETING

First or Best-in Class Single-Targeting ADCs

Developing single-targeting ADCs for broadly over-expressed targets

Pursuing differentiated molecules with design features for best-in-class potential (i.e., conjugation method, linker, payload)

Focusing on areas of high unmet medical need where current standard of care is often chemotherapy

DUAL-TARGETING

Novel Tetravalent, Dual-Targeting ADCs

Creating a pipeline of novel tetravalent, dual-targeting ADCs for targets with overlapping tumor expression

Designed to overcome resistance due to heterogenous target expression and target down-regulation

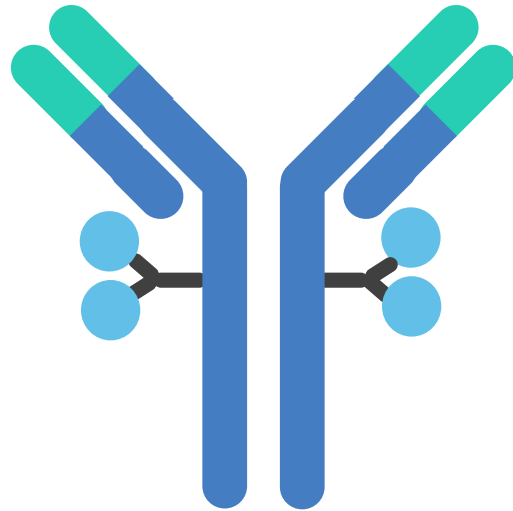
More complete tumor targeting decreases the need for companion diagnostic (ex. FOLR1 IHC to identify FRa-high ovarian cancer)

Tetravalent for superior activity over bivalent ADCs

Cadherin-17 (CDH-17) is Among the Most Highly Over-expressed Targets in Colorectal Cancer

TARGET	PREVALENCE BY IHC		CUTOFF; N
CDH17		73% / 98.1%	≥75% IHC3+ / Any staining
EpCAM		97.7%	IHC3+ data not available / Any staining
CEACAM5		71% / 87%	≥75% IHC3+ / Any staining
c-MET		35%	≥10% IHC3+
HER2		1–3%	≥10% IHC3+

ARR-217 (MRG007) is a Cadherin-17 (CDH17) Targeting ADC

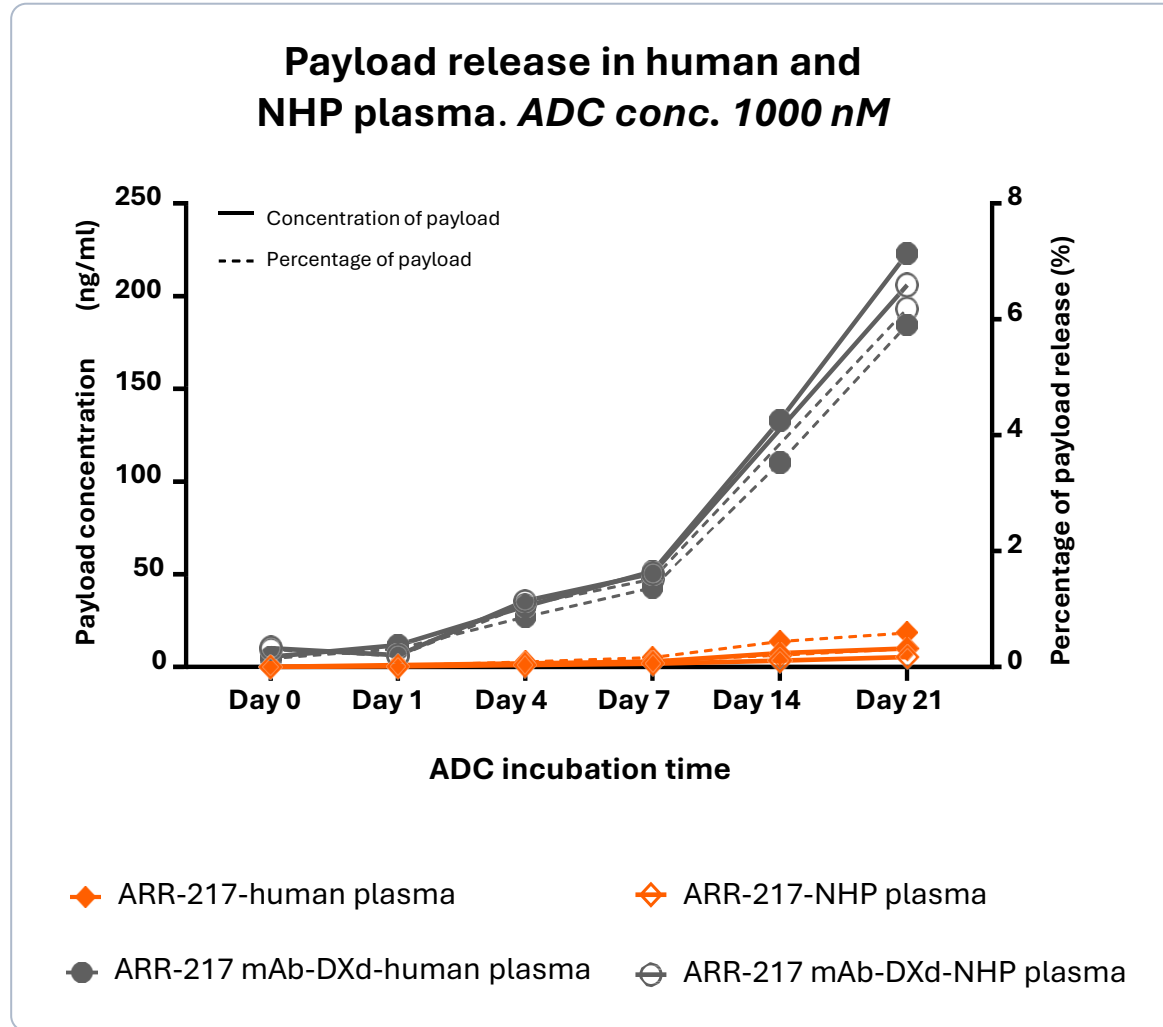


ARR-217 (MRG007)

Novel CDH17-Targeting Antibody Drug Conjugate with a Glycan-Linked Exatecan Payload

- ✓ A novel high affinity humanized anti-CDH17 mAb
- ✓ Potent Topo1 inhibitor Exatecan payload (DAR 4)
- ✓ Stable Glycan-based site-specific conjugation
- ✓ Hydrophilic linker to improve PK properties
- ✓ Rapid internalization and enhanced bystander activity in tumor cell lines
- ✓ Robust anti-tumor activity in multiple cell line-derived (CDX) and patient-derived (PDX) xenograft models
- ✓ Well tolerated in monkey studies at highest dose tested (60mg/kg) with minimal GI toxicity conferring a favorable preclinical therapeutic index

ARR-217 Has Enhanced In Vitro Stability

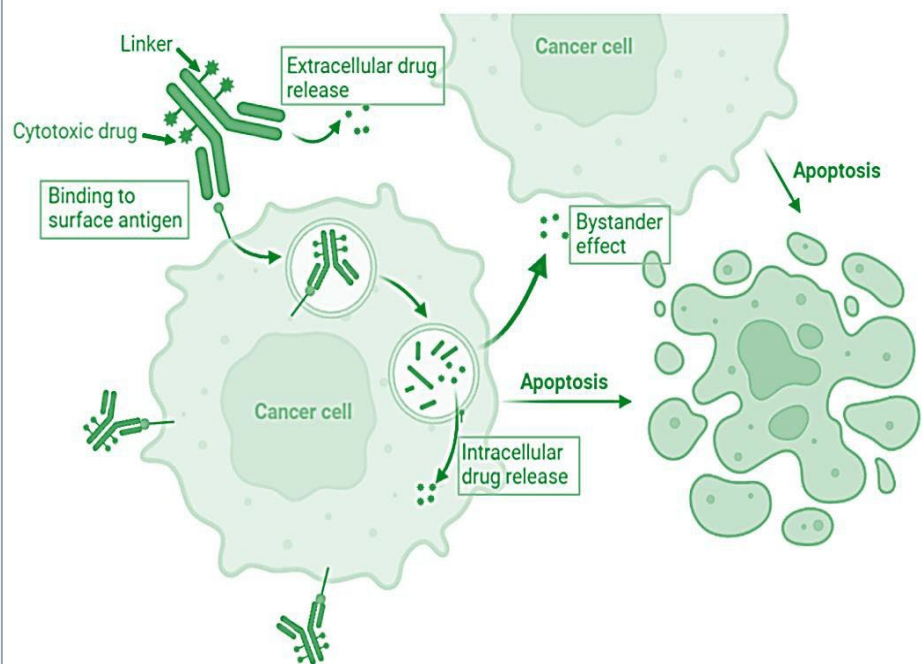


Improved Stability In Both Human And Non-Human Primate (NHP) Plasma

ARR-217 with glycan-based conjugation (DAR 4) versus ARR-217 mAb-DXd with inter-chain cysteine conjugation (DAR 8)

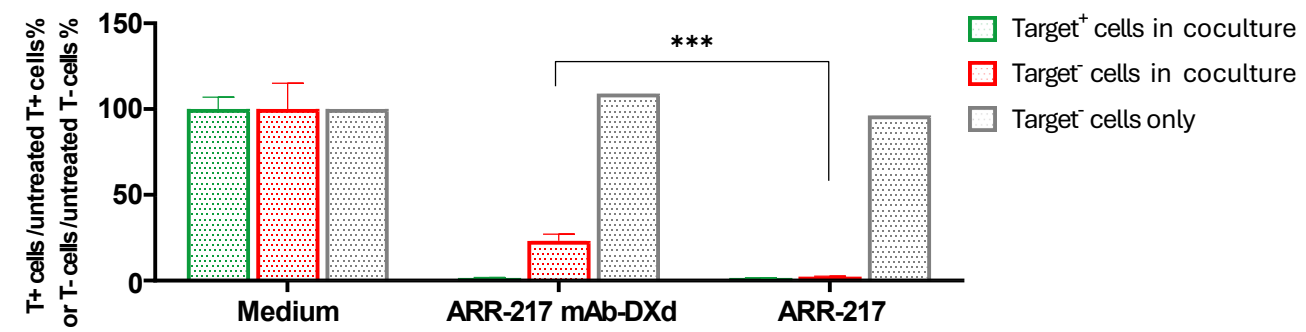
ARR-217 Has Superior Bystander Activity

Schematic of Bystander Effect

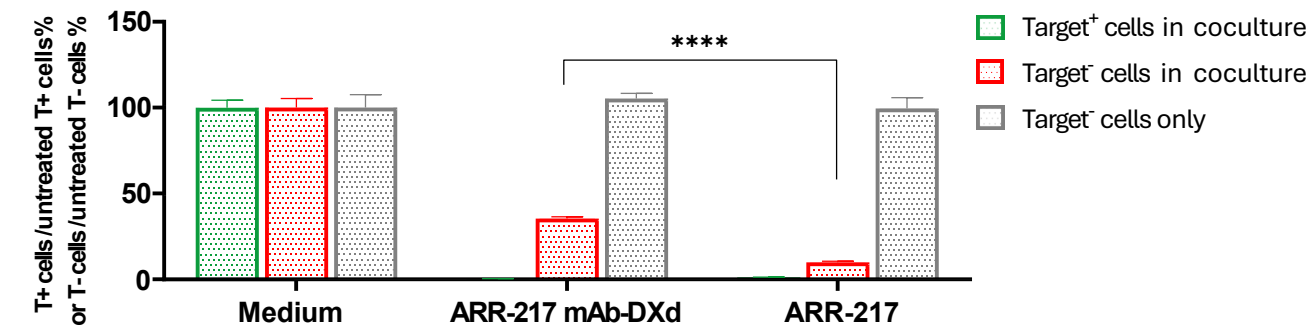


Int. J. Mol. Sci. 2023, 24, 13726.

Bystander killing on GFP+ SW480-hCDH17 and RFP+ RKO cells

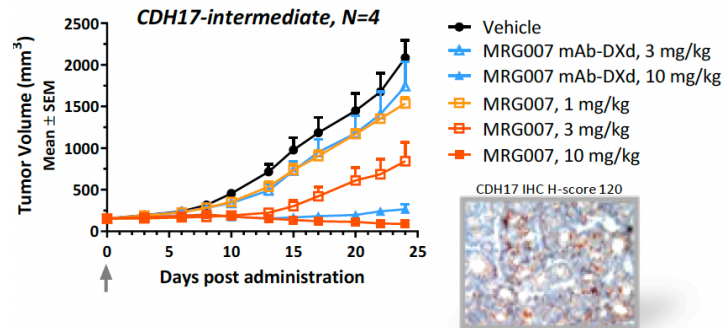


Bystander killing on GFP+ SW480-hCDH17 and RFP+ SW480 WT cells

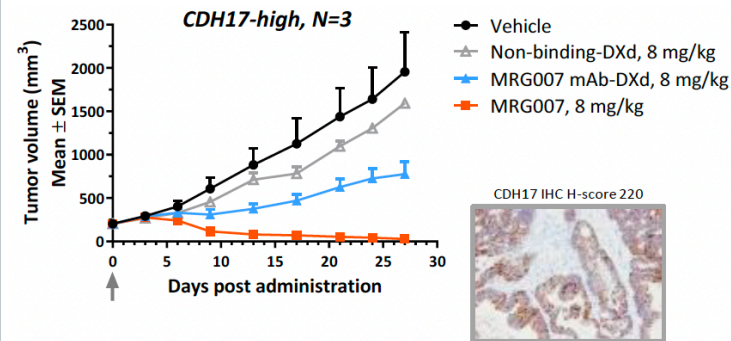


ARR-217 Has Robust Anti-tumor Activity in Xenograft CRC Models

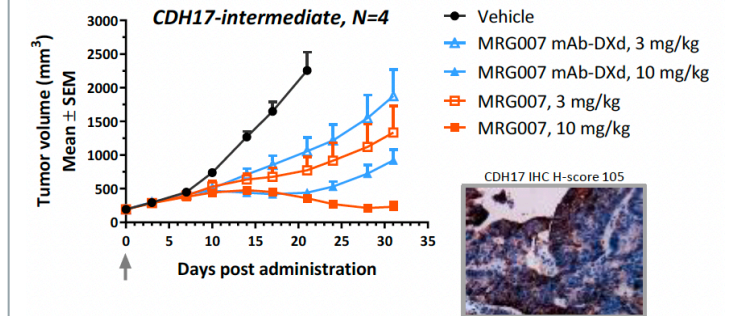
CDX Model



PDX Model



PDX Model



- Activity observed across multiple CDX and PDX CRC models with a range of CDH17 expression levels
- Activity comparable or improved over ARR-217 mAb-DXd control despite lower DAR (4 vs 8)



ARR-217 (MRG007)
Landscape Overview and
Initial Phase 1 Data

Colorectal Cancer Remains One of Oncology's Largest Unmet Needs

~1.9M patients per year, increasing
to 3M by 2040

2nd leading cause of cancer
death worldwide

13% 5-year survival rate in
mCRC

Current Metastatic CRC Treatment Options in the First and Second Line are Biomarker-Driven with Limited Third Line Options

LINE OF THERAPY Est. 2035 US incidence	KRAS/NRAS/BRAF WT (50% of mCRC)	KRAS/NRAS mutant (35-45% of mCRC)	BRAF mutant (5-10% of mCRC)	MSI-H/MMR-D (5% of mCRC)	HER2 amplified (2-5% of mCRC)
1ST LINE ~90,000	FOLFOX / FOLFIRI ± biologics		FOLFOX + EGFR mAb + BRAF inhibitor	Immune checkpoint inhibition	FOLFOX / FOLFIRI ± biologics
2ND LINE ~67,000	FOLFOX / FOLFIRI ± biologics ¹	EGFR mAb + G12C KRAS inhibitor	EGFR mAb + BRAF inhibitor ²	FOLFOX / FOLFIRI ± biologics ¹	
3RD LINE+ ~44,000	Regorafenib • Fruquintinib • Lonsurf • Bevacizumab + Lonsurf				HER2- directed therapy

¹ Whichever regimen that was not previously given in 1L. ² If BRAF inhibitor not previously given in 1L. Abbreviations: FOLFIRI = fluorouracil, folinic acid, irinotecan; FOLFOX = fluorouracil, folinic acid, oxaliplatin. mAb = monoclonal antibody; HER2= Human epidermal growth factor receptor. Adapted from Biller and Schrag, 2021. Sources and assumptions: 2035 DRG epidemiology and company estimates regarding pricing assumptions based on approved ADCs; estimated duration of treatment based on mCRC standard of care; [SEER Cancer Stat Facts: Colorectal Cancer](#) (Accessed May 2026); [Buchler, T. 2022](#); [Kawakami et al., 2015](#); Jacobsen, L. K., et al. (2024). CDH17 expression by IHC across 14,948 tumors. Poster, AACR 2024; Panarelli, N. C., et al. (2012). American Journal of Clinical Pathology, 138(2), 211–222; [Tampellini et al., 2017](#); [McCleary et al., 2022](#); [Bazarbashi et al., 2019](#); [Shinozaki et al., 2021](#); [Koopman et al., 2025](#)

Current Standard of Care in 3L+ Metastatic CRC Is Highly Inadequate

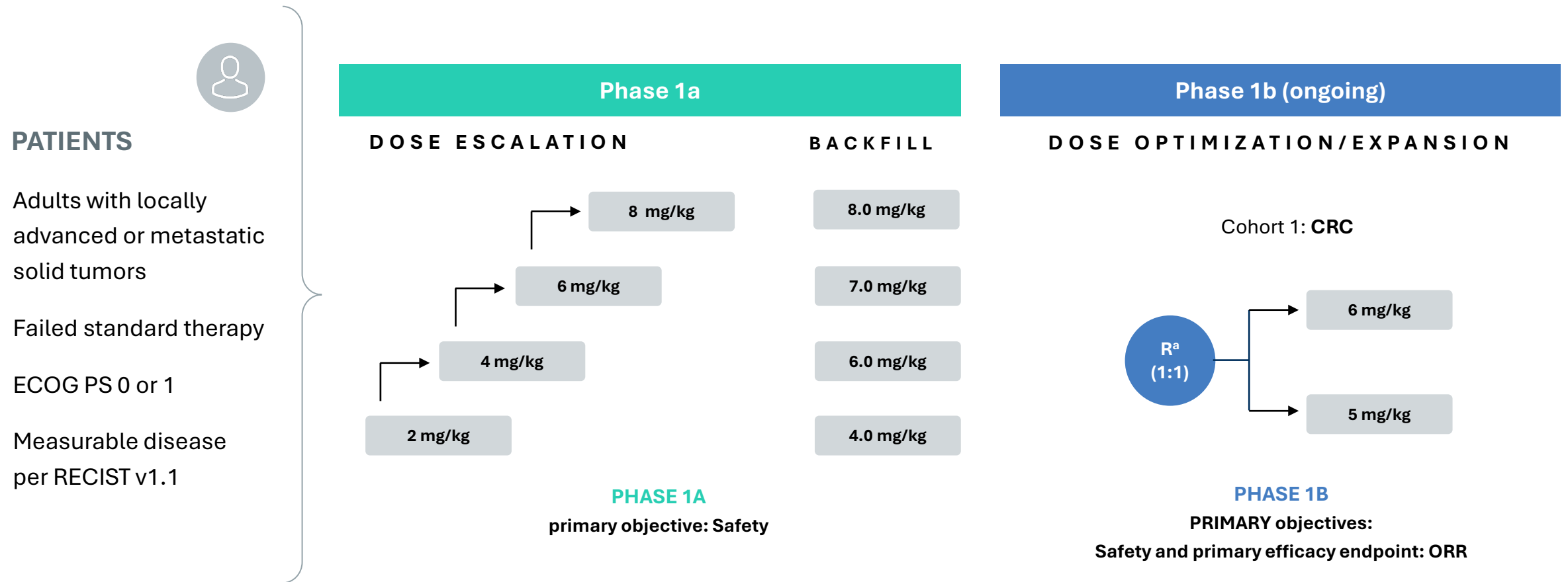
Current therapies have poor response rates and limited survival benefit

Treatment	Treatment Line	ORR (%)	DCR (%)	Median PFS (months)	Median OS (months)
Fruquintinib	3L+	2%	56%	3.7	7.4
Regorafenib	3L+	1%	41%	2.0	6.4
Trifluridine / tipiracil	3L+	2%	44%	2.0	7.1
Trifluridine / tipiracil + Bevacizumab ¹	3L only	6%	77%	5.6	10.8

¹SUNLIGHT study total patients; Patients previously treated with prior bevacizumab had median PFS of 4.5 months and OS of 9.0 months Abbreviations: ORR = overall response rate; DCR = disease control rate; OS = overall survival; PFS = progression free survival. Sources: Lonsurf® (trifluridine and tipiracil) Fruzaqla® (fruquintinib), Stivarga® (regorafenib) package inserts; Dasari et al. 2023; Grothey et al. 2013; Prager et al. 2023. Data are not from head-to-head studies. Cross-trial data interpretation should be considered with caution as it is limited by differences in study population, sample size, inclusion and exclusion criteria and many other factors.

ARR-217 (MRG007) Phase 1 Study Design

A multicenter, FIH dose escalation and optimization Phase I Study (NCT07066657) in China and US, evaluates ARR-217 (MRG007) in locally advanced/metastatic solid tumors, including CRC



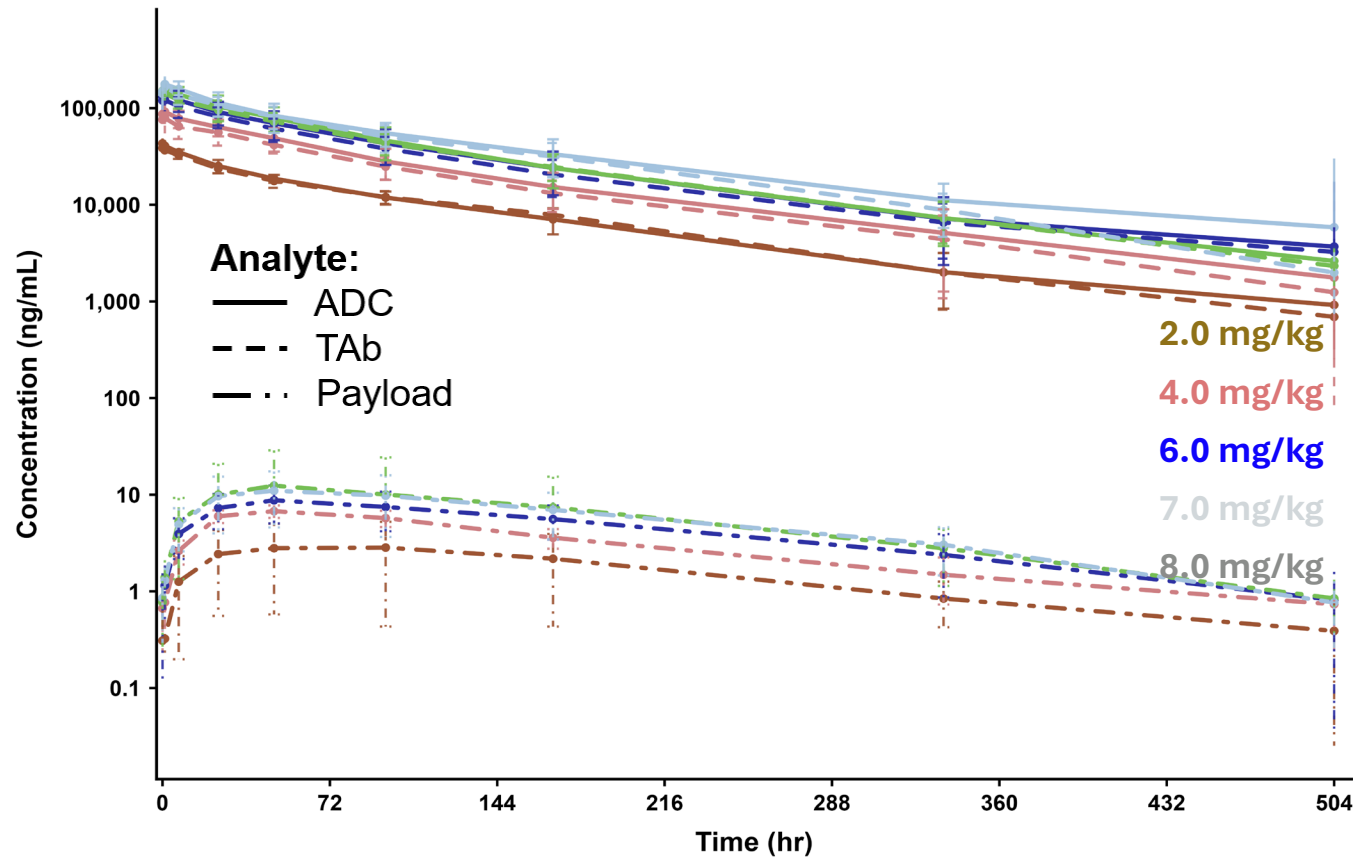
Patient Demographic and Disease Characteristics

As of data cutoff (August 5, 2026), 123 patients received ARR-217; 113 had CRC

Characteristic, n (%) or median (range)	Overall (N=123)	CRC (n=113)
Age, years	58.0 (31–79)	58.0 (31–79)
Female	41 (33.3)	35 (31.0)
Race, n (%)		
Asian	96 (78.0)	86 (76.1)
White	15 (12.2)	15 (13.3)
Black/African-American	5 (4.1)	5 (4.4)
Other/unknown/not reported	7 (5.7)	7 (6.2)
ECOG PS, n (%)		
0	27 (22.0)	25 (22.1)
1	96 (78.0)	88 (77.9)
Prior lines of systemic therapy	2 (1–9)	3 (1–9)

Characteristic, n (%)	CRC (n=113)
Primary location*	
Colon, right	29 (25.7)
Colon, left	47 (41.6)
Rectum	31 (27.4)
Liver metastases at baseline	62 (54.9)
RAS mutation	66 (58.4)
KRAS NRAS	64 (56.6) 5 (4.4)
BRAF mutation	6 (5.3)
Microsatellite stable/proficient mismatch repair	95 (84.1)
Prior systemic cancer therapies	113 (100)
Irinotecan	95 (84.1)
Oxaliplatin	112 (99.1)
Anti-VEGF inhibitor	95 (84.1)
Anti-EGFR inhibitor	39 (34.5)

ARR-217 Exhibits Dose Proportional PK with Minimal Payload Exposure



ADC/TAB

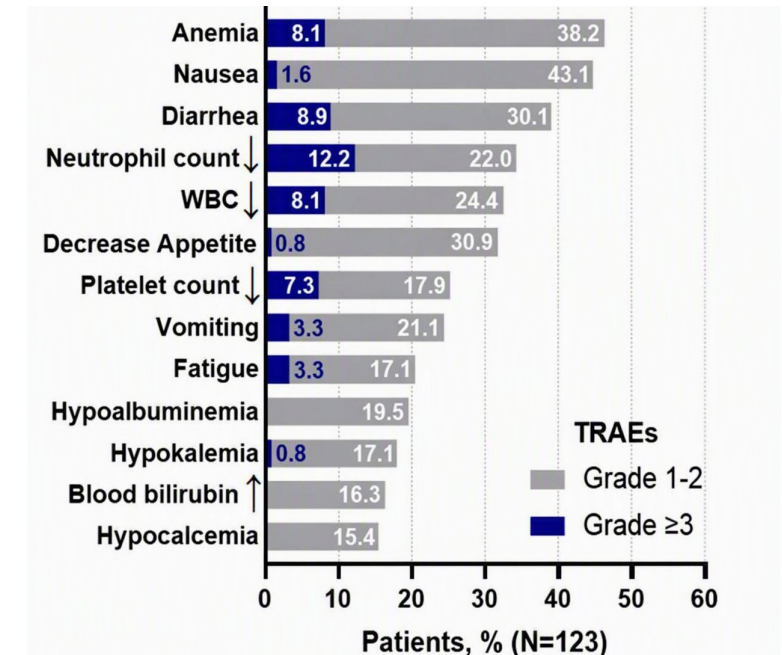
- Similar ADC/TAb PK profiles indicate ADC stability
- Dose-proportional increase in exposure
- ADC/TAb half-life is 3.2–4.0 days

Payload (Exatecan)

- Minimal payload exposure
- Half-life is 4.6–5.8 days
- C_{max} 2–4 days

ARR-217 Has a Manageable Safety Profile

Characteristic, n (%) or median (range)	2.0 mg/kg (n=3)	4.0 mg/kg (n=6)	5.0 mg/kg (n=18)	6.0 mg/kg (n=49)	7.0 mg/kg (n=25)	8.0 mg/kg (n=22)	ALL (N=123)
No. of treatment cycles	2 (2–4)	6 (2–15)	1 (1–3)	3 (1–11)	4 (1–8)	6 (1–10)	3 (1–15)
Treatment-related AEs							
Any	3 (100)	5 (83.3)	10 (55.6)	40 (81.6)	24 (96.0)	22 (100)	104 (84.6)
Grade ≥3	0	0	0	10 (20.4)	13 (52.0)	14 (63.6)	37 (30.1)
Serious	0	0	0	7 (14.3)	8 (32.0)	9 (40.9)	24 (19.5)
Leading to							
Dose interruption	0	1 (16.7)	1 (5.6)	12 (24.5)	7 (28.0)	11 (50.0)	32 (26.0)
Dose reduction	0	0	0	2 (4.1)	10 (40.0)	10 (45.5)	22 (17.9)
Treatment discontinuation	0	0	0	0	1 (4.0)	0	1 (0.8)
Dose intensity (Mean)	99.8%	96.2%	99.9%	94.5%	84.4%	83.6%	91.5%

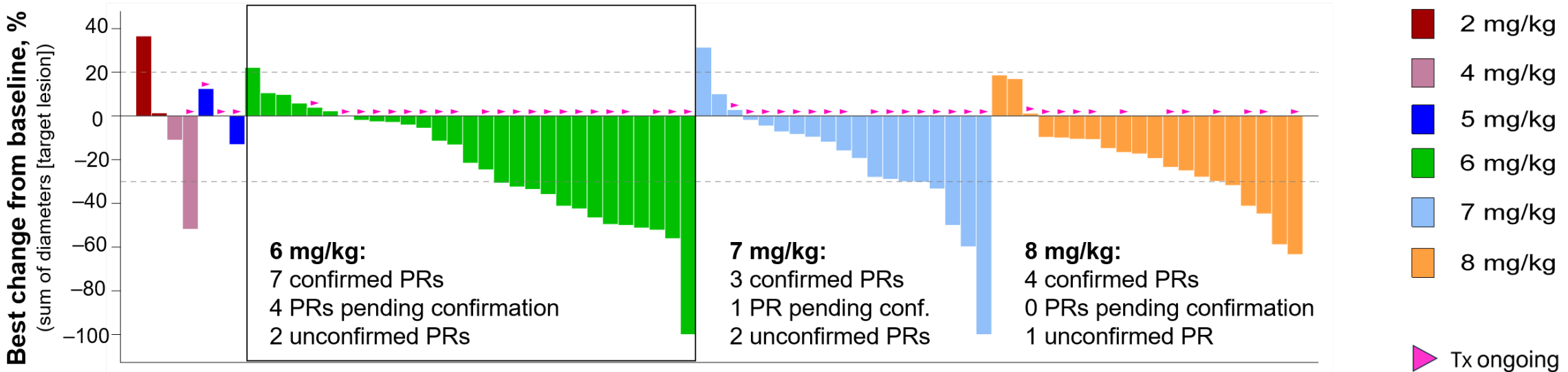


- During dose escalation, MTD was not reached; One patient with DLT (8.0 mg/kg; grade 4 platelet count decrease and grade 4 neutropenia)
- Median treatment duration: 85.0 days (range, 21–343)
- AEs were most commonly cytopenias & GI toxicities, predominantly grade 1 or 2; no ILD was reported

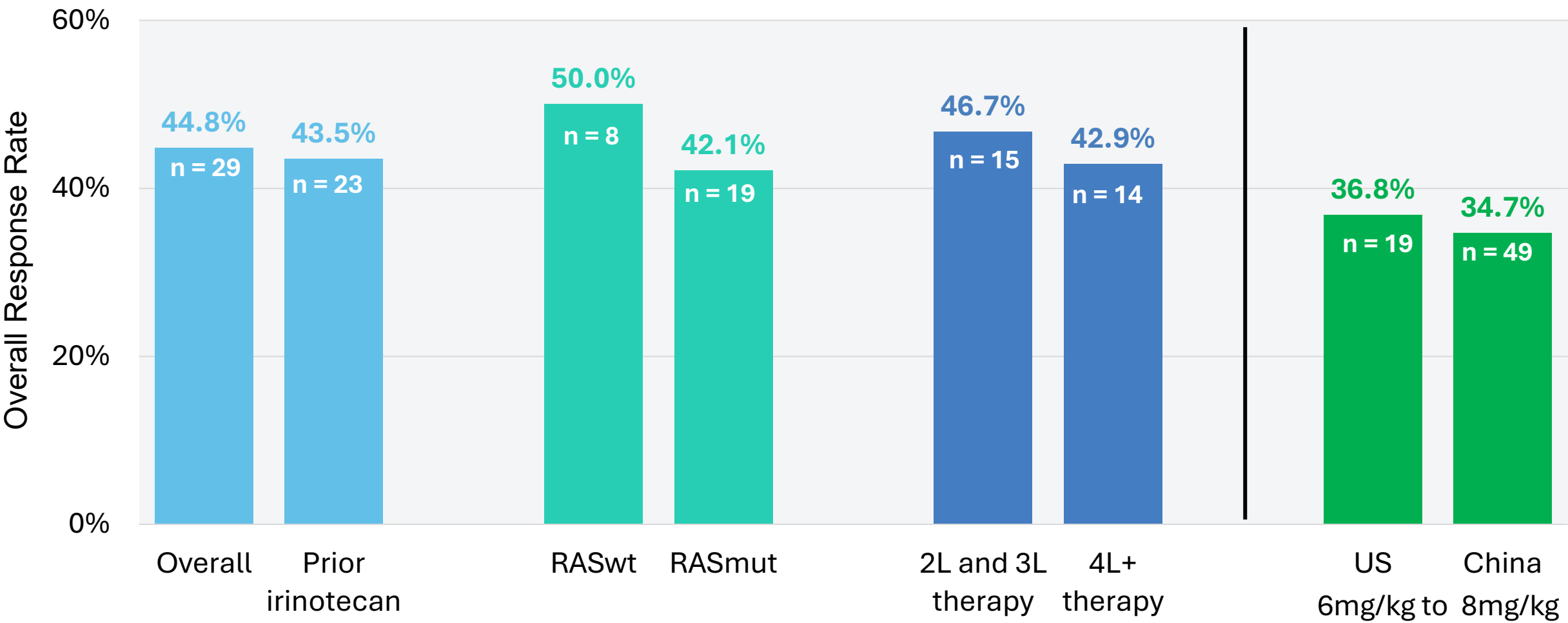
ARR-217 Showed Encouraging Preliminary Anti-Tumor Activity

Across all doses, 75 treated patients had ≥1 post baseline tumor assessment; median duration of follow-up was 4.17 months (range, 1.2 to 10.6)

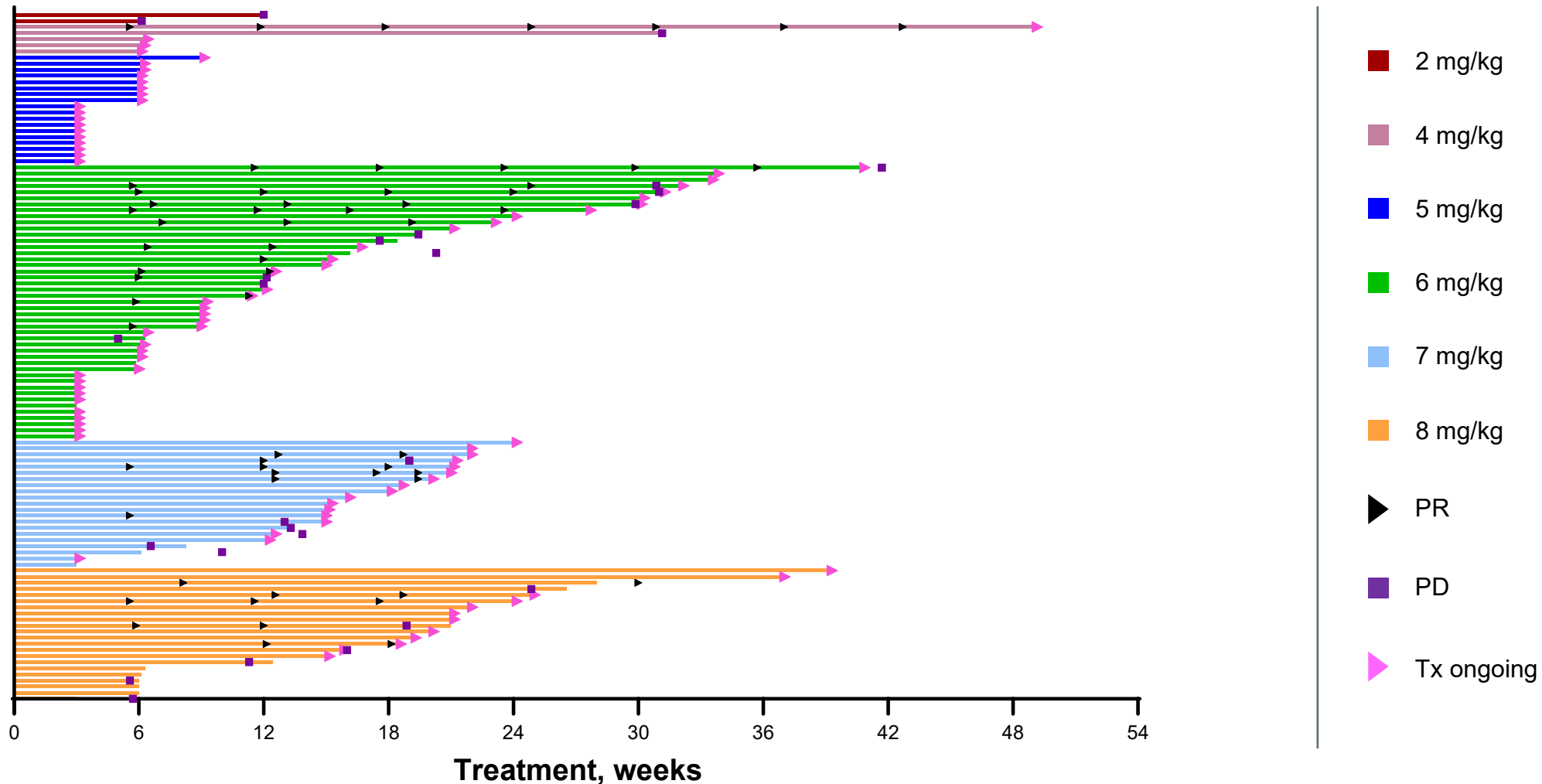
Outcomes, % (95% CI) or median (range)	2.0 mg/kg (n=2)	4.0 mg/kg (n=2)	5.0 mg/kg (n=3)	6.0 mg/kg (n=29)	7.0 mg/kg (n=19)	8.0 mg/kg (n=20)	≥4 mg/kg (n=73)
ORR (CR + PR)	0 (0, 84.2)	50 (1.3, 98.7)	0 (0, 70.8)	44.8 (26.4, 64.3)	31.6 (12.6, 56.6)	25.0 (8.7, 49.1)	34.2 (23.5, 46.3)
DCR (CR + PR + SD)	50.0 (1.3, 98.7)	100 (15.8, 100)	100 (29.2, 100)	93.1 (77.2, 99.2)	89.5 (66.9, 98.7)	90.0 (68.3, 98.8)	91.8 (83.0, 96.9)



Overall Response Rates Consistent Across Sub-Groups



ARR-217 Phase 1 Data Continues to Mature With Most Patients Continuing on Treatment



ARR-217 Showed Promising Preliminary Antitumor Activity in CRC and a Well-Tolerated Safety Profile

Generally well-tolerated safety

AEs were primarily low-grade GI and hematologic toxicities (grade ≥ 3 TRAEs 20.4%; dose reduction 4.1% (2 of 49 patients))

1 patient (of 123; 0.8%) discontinued due to AE

Promising preliminary efficacy

44.8% ORR; 93.1% DCR at 6 mg/kg dose for CRC

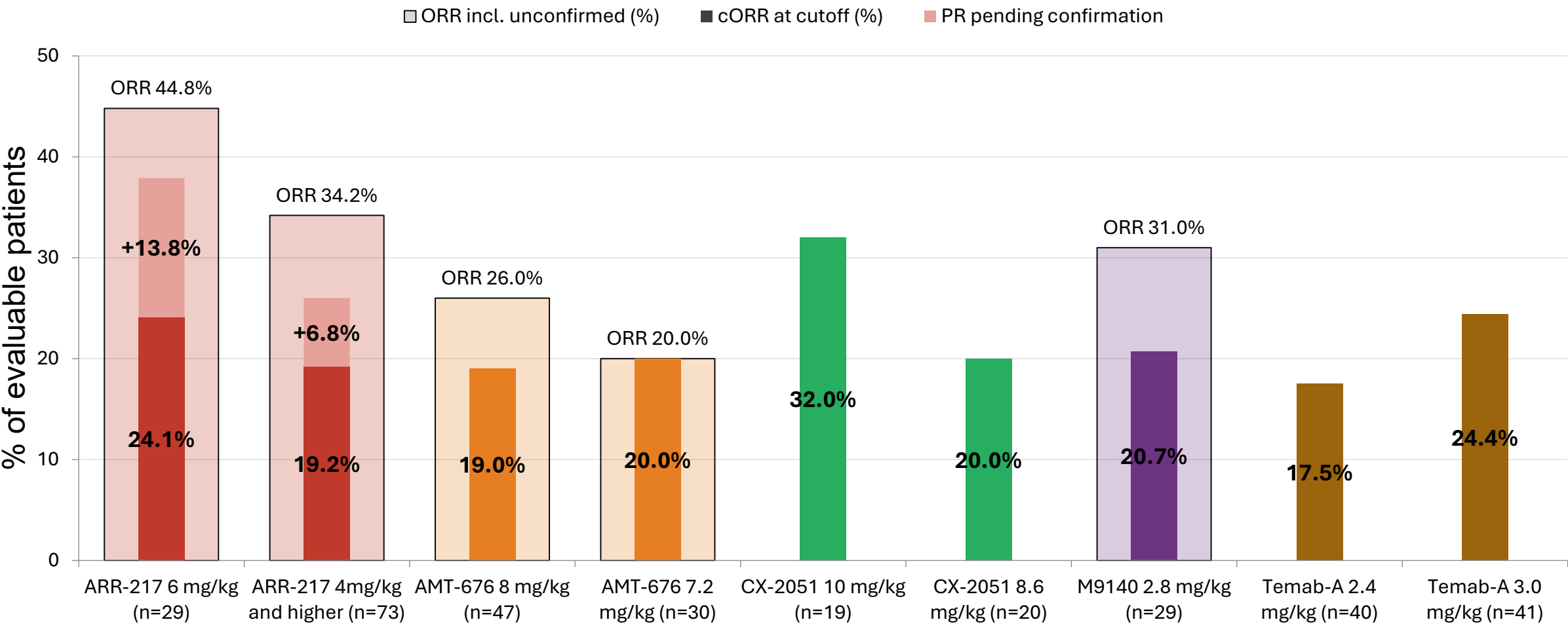
Responses observed regardless of RAS mutation or prior irinotecan treatment, and in 4L+ patients

These results support further clinical development and ongoing Phase 1b dose optimization



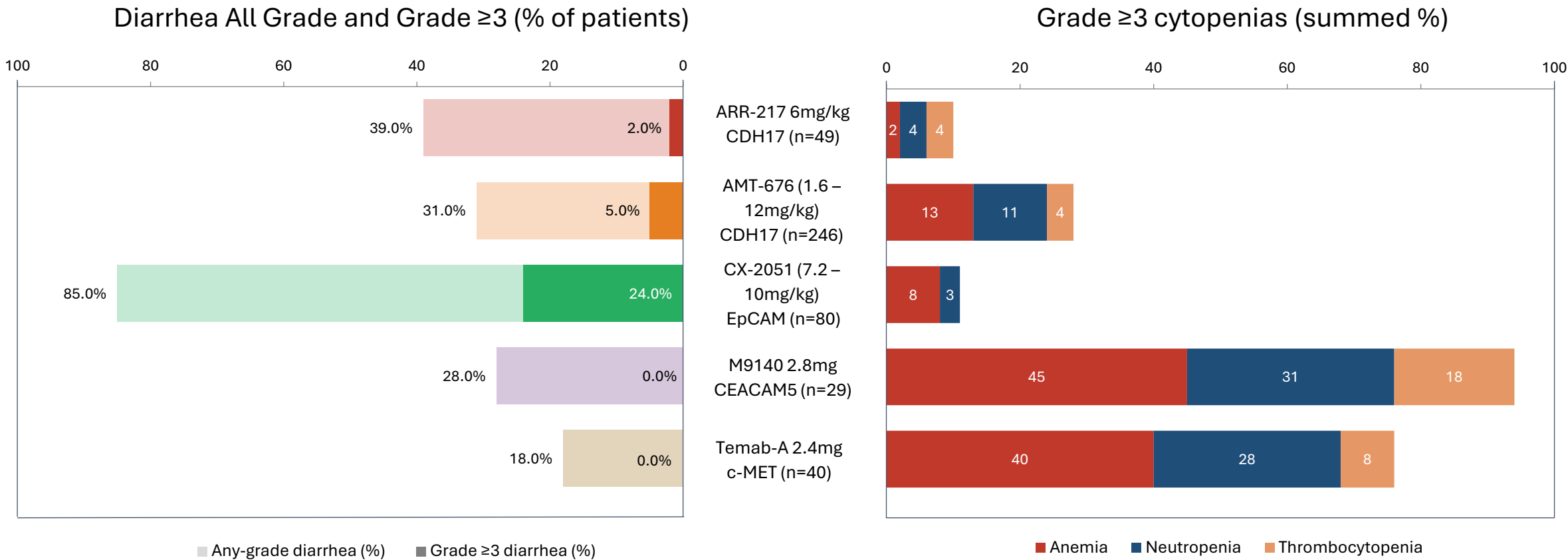
Next Steps and Upcoming Milestones

ARR-217 Has the Potential to be the Best in Class ADC in CRC Based on Initial Efficacy Data



Blank ORR = not reported (CX-2051, Temab-A monotherapy report confirmed ORR only); SUNLIGHT 6.1% is published ORR, confirmation not specified
Source: AMT-676 ESMO GI 2026 112P; [CytomX CX-2051 release](#); M9140 ESMO 2025 962P; [Temab-A JCO 2026](#); Data are not from head to head studies. Cross trial data should be considered carefully given differences in study patient population, sample size, inclusion and exclusion criteria among other factors.

ARR-217 Has the Potential to be the Best in Class ADC in CRC Based on Safety Profile



ARR-217 Has the Opportunity to Expand into Earlier Lines of Therapy for CRC and Additional Tumor Types

Current Study	Phase 1a	Phase 1b	Phase 3
Phase 1B Monotherapy Ongoing Dose Optimization Study (US and China)			3L+ CRC
Phase 1B Combination with Bevacizumab Ongoing Study (China with US sites planned)			3L+ CRC
Phase 1B Combination with chemotherapy Ongoing Study (China)			2L CRC / 1L CRC
Potential Phase 1B Additional Tumor Types Planned (US and China)			2L+ Pancreatic, Gastric

Upcoming Planned Milestones

PROGRAM	PLANNED MILESTONE	TIMING
Firmonertinib	Program update	1Q 2027
ARR-217	Phase 1b dose optimization data	1H 2027
ARR-217	Initial Phase 1b data from combination with bevacizumab	2H 2027
ARR-217	Initial Phase 1b data with chemotherapy	YE 2027
ARR-217	Initiation of Phase 3 study	YE 2027
ARR-002	Initial Phase 1 data	YE 2027