GAIA-BT

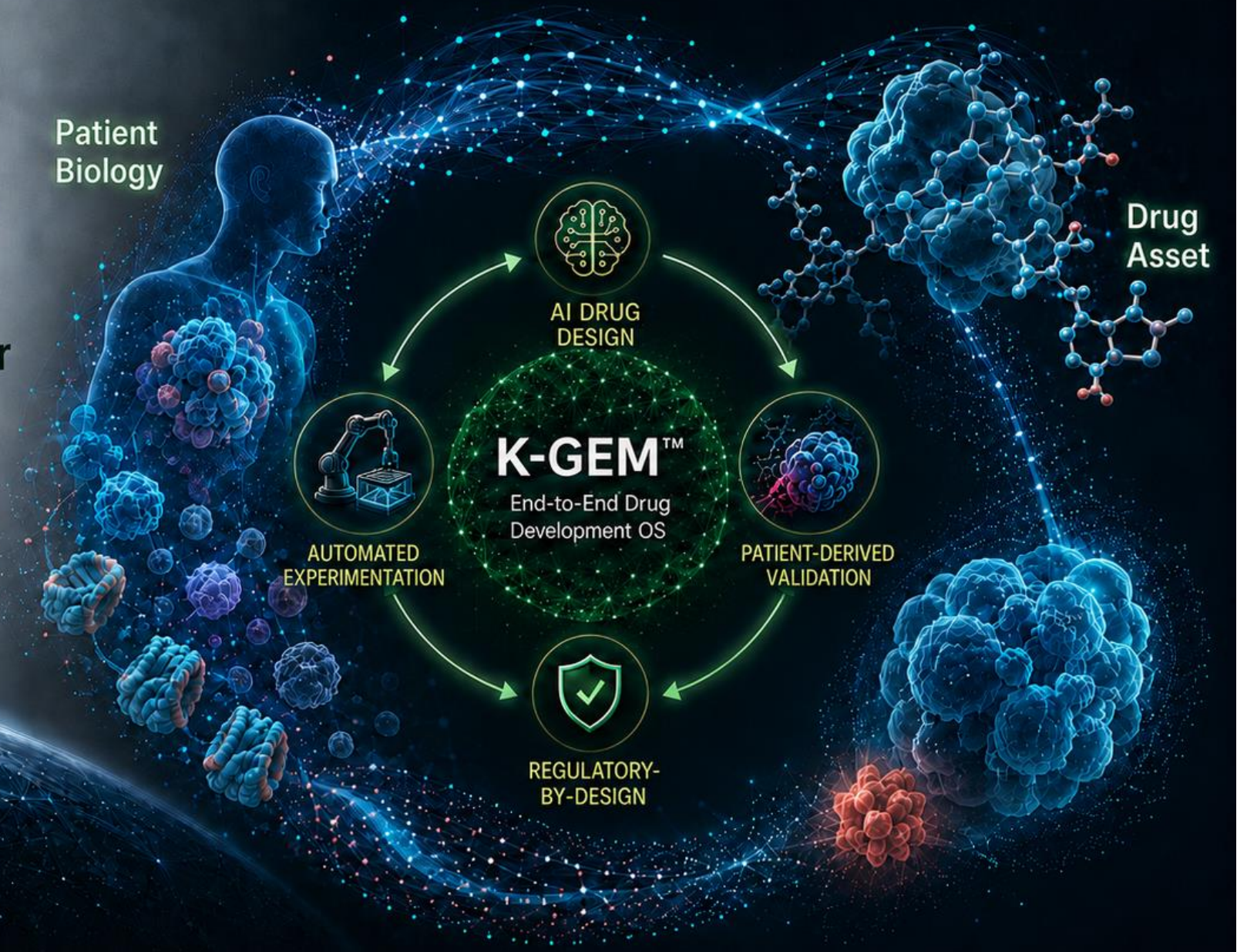
Patient-Guided Oncology Asset Builder

GAIA-Phil™

The Autonomous Engine Behind the Closed Loop

K-GEM™

End-to-End Drug Development OS



2026 CORPORATE PROFILE

Disclaimer

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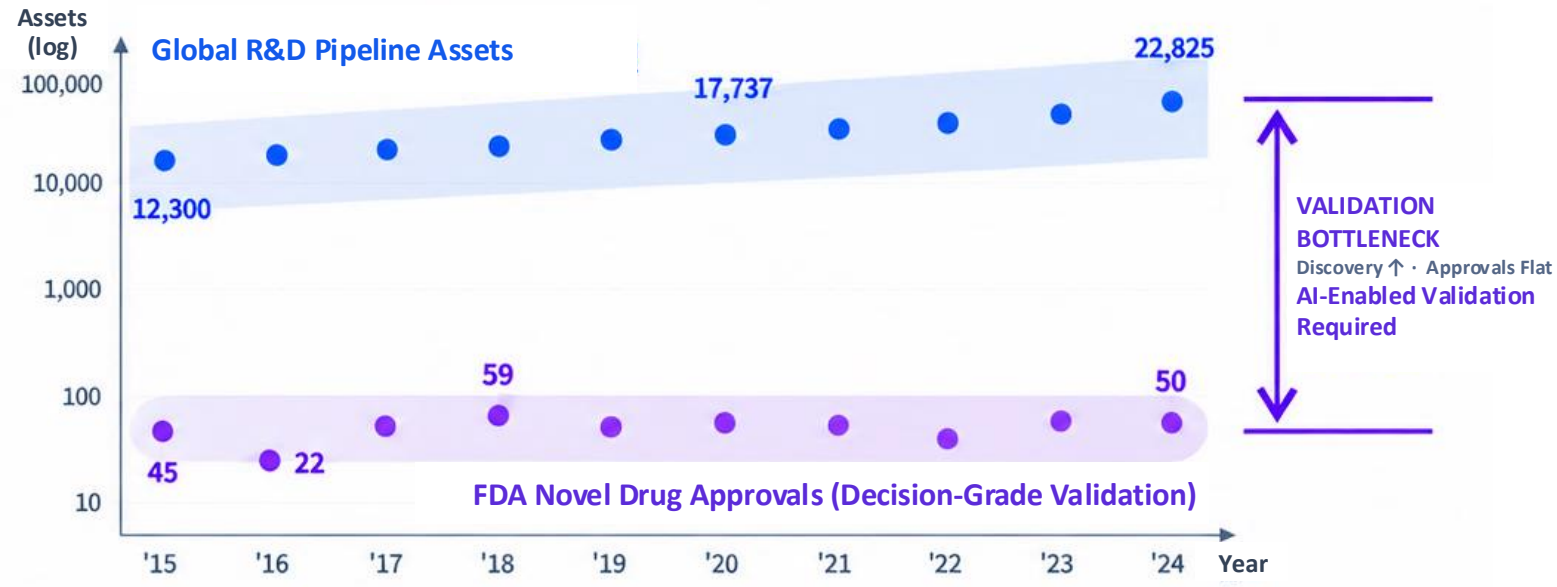
Flooded Hypothesis Generation by AI: Shift of Bottleneck to Validation Decisions

AI-Accelerated Candidate Generation



Models and candidate supply are scaling rapidly.

The Translation Gap Between Model Performance and Clinical Utility



Patient-Grounded Evidence

Responders·Exposure·Combinations·Biomarkers

Decision Validation

Model Accuracy → Better Development Decisions

Source: Bender et al., Nature Reviews Drug Discovery (2026); industry reporting, Aug. 12, 2026.

The new bottleneck is not candidate generation. It is patient-grounded clinical-development decisions.

GAIA-BT designs those decisions before the clinic.

Different Failure Modes, the Same Conclusion

Scaling into the clinic before MoA, responder and combination hypotheses are validated can erase the signal or misdirect patient selection.

Five different clinical fails, the same recurring question

GLOBAL

MOA
Responder
Selection rule

MoA undefined

INDISULAM

n=44 · ORR 0

Phase 2 , no patient selection, unknown target
→ RBM39–DCAF15 mechanism identified 10 years later

Responder undefined

EPACADOSTAT

n=706 · PFS HR 1.00

Single-arm combo signal scaled to Phase 3
→ No epacadostat-specific responder rule

Expression ≠ response prediction

ROVA-T

DLL3-high n=444 · OS HR 1.46

OS inferior despite high-expression selection
→ Expression alone did not predict benefit

KOREA

Developed / owned asset cases

COMPANY S | Combination & sequencing hypothesis

PEXA-VEC

n=459 · OS 12.7 vs 14.0 months

Pexa-Vec→sorafenib Phase 3, no patient selection
→ Efficacy and sequencing hypotheses unmet

COMPANY G | Signal diluted in the overall population

GV1001

TeloVac n=1,062 · No OS benefit

Phase 3 run without eotaxin selection
→ Later eotaxin-high Phase 3 saw an OS difference*

* Design limits mean the follow-on GV1001 result does not establish eotaxin predictive causality. Failures are multifactorial; patient selection is not the sole cause.
Sources: Talbot 2007; Long 2019; Blackhall 2021; Abou-Alfa 2024; Middleton 2014; Jo 2024; BIO/QLS/Informa 2021.

Patient preselection biomarker

All therapeutic areas · 2011–2020 observational data

2.1× Phase I → Approval
15.9% vs 7.6%

1.6× Phase II → III
46.3% vs 28.3%

INVESTOR TAKEAWAY

The value is in defining the responder before the dose, simply "having a biomarker" is not enough

We can generate hypotheses faster than ever now, so how do we decide the right ones to fund?

K-GEM™ Ecosystem × Agentic Core GAIA-Phil™'s Patient-Based Closed Loop

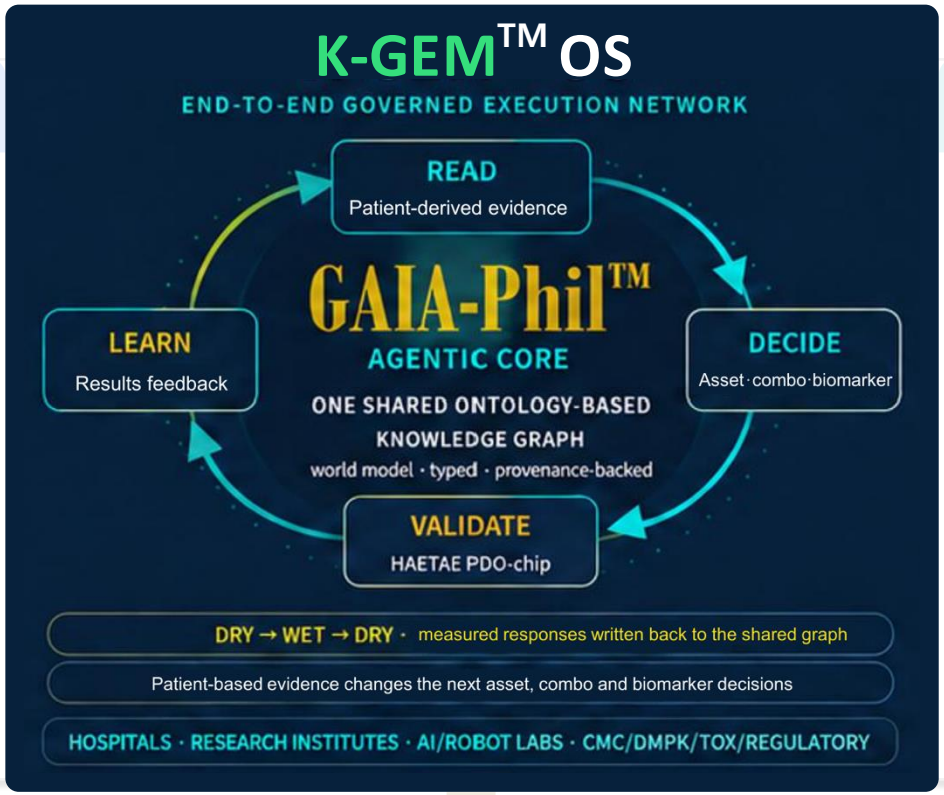
An end-to-end ecosystem across universities, research institutes, hospitals, biotechs and pharmas. All orchestrated through one closed loop: patient-derived evidence→ drug development→patient validation.

DESIGN-RICH

Established AI Drug-design

Good candidates alone cannot determine patient response.

- ✓ Rapidly explores a broad chemical space
- ! Relies on static, population-average data
- ! Weak link to patient-derived functional response
- ! Development judgment disconnected after candidate ranking



EVIDENCE-RICH

Established Precision-diagnostics

Patient response alone does not create high asset value.

- ✓ Measures heterogeneous response directly in living tissue
- ! Typical endpoint matches an existing drug
- ! Decision-making ends at a one-off assay
- ! Response data is not fed back into the next asset design

IMPACT vs. traditional R&D

95%↓ Development Time

80%↓ Development Cost

4 Pipeline Assets

Agentic TechBio Operating Model: 3 × 7 × 13

Three decision owners govern seven specialist agents executed through a 13-partner network.

3 HUMAN GOVERNANCE

Scientific GO / NO-GO

- STRATEGY
- BUSINESS / CAPITAL
- IP / DATA RIGHTS

7 GAIA-Phil™ 7 SPECIALIST AGENTS

One agentic core · one ontology · traceable verdicts

- GAIA-Gould
- GAIA-Karajan
- GAIA-Verdict
- GAIA-Toscanini
- GAIA-Synergy
- GAIA-Onco+
- GAIA-Guarneri

13 K-GEM™ GOVERNED EXECUTION NETWORK with 13 partners

Asset-light access to the capabilities needed for each gated work package

- Hospitals & clinical data
- Research institutes
- AI / robot labs
- CMC · DMPK · Tox
- Regulatory & CRO/CDMO

VALUE OUTPUT

Onco101

Biomarker-guided internal proof asset

Paid PoC

External demand and program evidence

Partner pipeline

R&D agreements and LOIs

Reusable IP

Decision history, data rights and corpus

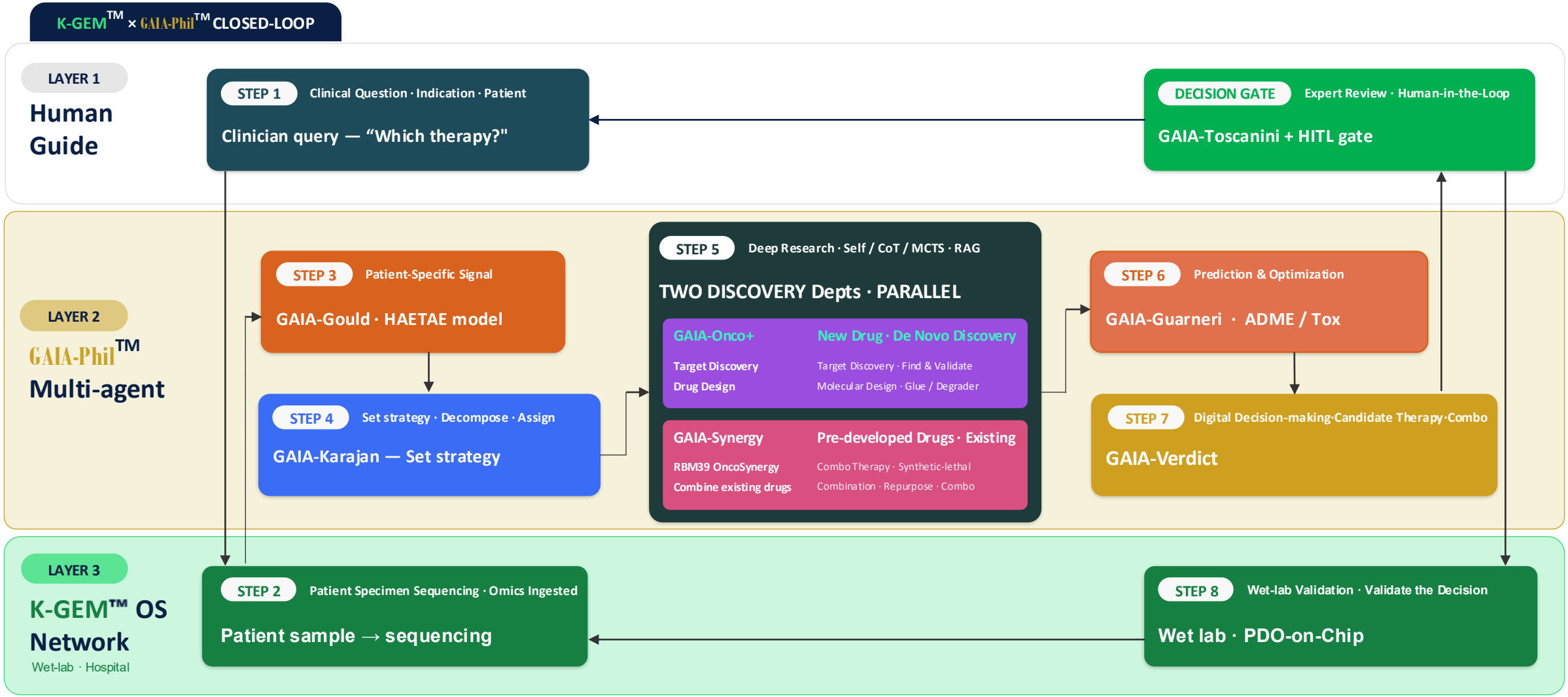
REVENUE WHILE BUILDING

Two Products: GAIA-Phil™ × Onco101

	GAIA-Phil™	Onco101
Key Products Features & Value	AGENTIC CORE **Ontology-based AI Drug Discovery Platform Linking Multi-omics Analysis to Validation and Knowledge Creation**	BIOMARKER-GUIDED COMBINATION **Combination Cancer Therapy Strategy Precisely Linking GBT-X (RBM39 Degrader) and GBT-Y (DDR Drug) with Biomarkers**
Business Model	ON-PREM **Deployment on Customer's Data and Infra Environment** Expanding usage scope through platform introduction and internal workflow linkage	CO-DEV **Biomarker and Combination Strategy Co-Development** Expanding development options by combining partner expertise and Onco101 assets
Core Competitiveness	**7 Specialized Engines in Expanded Validation Loop** READ → ORCHESTRATE → DECIDE → OPTIMIZE → VERIFY → LEARN CORE WORKFLOW **GAIA-Gould** — Omics Reader · Multi-omics Analysis **GAIA-Karajan** — Orchestrator · Analysis & Tool Integration **GAIA-Verdict** — Decision Engine · Evidence-based Decision **GAIA-Toscanini** — Verifier · Results Validation LEARNING & DOMAIN INTELLIGENCE **GAIA-Synergy** — Combination Engine · Combination Strategy **GAIA-Onco+** — Oncology Engine · Oncology Specialization **GAIA-Guarneri** — ADMET · Toxicity	**Biomarker-guided Dual-mechanism Combination Strategy** **GBT-X** RBM39 Degrader × **GBT-Y** DDR Drug BIOMARKER-GUIDED COMBINATION Mechanism: RBM39 Degradation + DDR Drug Precision: Biomarker-based Selection Portfolio: 4 Solid Tumor Indications
Applications & Expansion Strategy	PLATFORM FLOW Analysis → Orchestration → Verdict → Optimization → Verification → Learning Connecting 7 specialized engines to translate patient-based evidence into clinical decisions	PRIORITY INDICATIONS **Biliary Tract · Ovarian · Colorectal · Lung Cancer** Solid tumor portfolio driven by biomarker-guided combination strategy

7 Agents Run the Full Hypothesis-to-Validation Loop

Clinical question → Sequencing → Planning → Discovery → Evaluation → PDO validation → **Knowledge-graph updates via self-reinforcing closed loop**



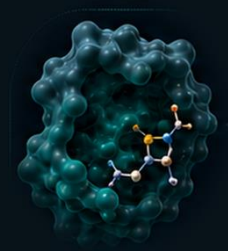
First Output of the Closed Loop: Onco101

Onco101 is not a benchmark. It is proof of GAIA-BT's technology.

Onco101

GAIA-BT's First Proof Asset

Therapeutic Candidate

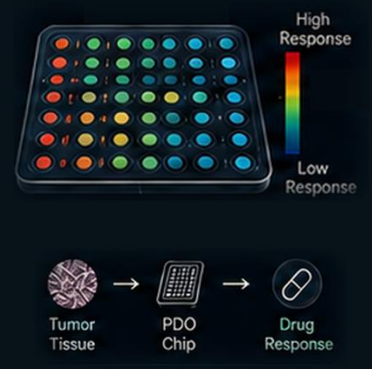


RBM39 degrader

DCAF15-mediated selective degradation

- **MoA** Induced BRCAness
- **Combo** DDR inhibitor

Responder Biomarker



Patient-Derived Tumor (PDO-chip)

Indication · Combo · Clinical Strategy



Biomarker-Selected Responder Cohort

RBM39 degrader | BTC-first development

DDR combination strategy and prospective patient-selection validation

Evidence

E1	**Observed**	Mechanism · PDO response
E2	**Repeated**	3-marker rule · PDX
E4	**Planned**	Clinical translation (planned)

FIRST PROOF ASSET

RBM39 degrader × DDR combination
Biliary tract cancer (BTC) first

CURRENT STAGE Organoid / PDX complete

Demands Confirmed by Paid PoC, R&D Agreements and LOIs

External customers acted on the same decision bottleneck.

Initial customers: Oncology biotech and pharma with failed or stalled assets, or unclear patient selection and combination strategy

1 Cyron Therapeutics — Paid PoC (E3, contracted)	
Blocked Decision	Patient selection and combination strategy unclear for a clinical-stage asset.
Trigger	A clinical readout created the next key decision point.
Purchased Outcome	Cross-modality PoC to de-risk patient selection and combination strategy.
Status	Paid PoC (E3, contracted).
Decision Impact	**Decision changed:** advance a new patient-selection and combination strategy; program continues.

2 Cedars Sinai · 서울아산병원 Asan Medical Center — R&D agreement (E3)	
Blocked Decision	Cross-modality analytics needed to advance oncology research questions.
Trigger	Internal research priorities required external multi-omics capability.
Purchased Outcome	R&D agreement for access and collaboration.
Status	**R&D agreement (E3)** Access / scientific interest.
Decision Impact	**Supports research decisions and hypothesis generation.** Access / scientific interest.

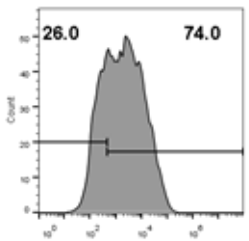
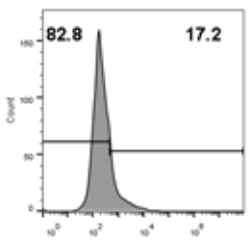
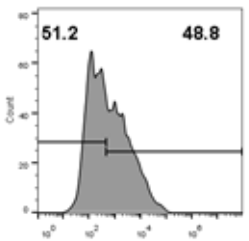
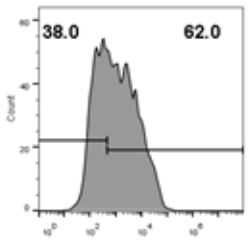
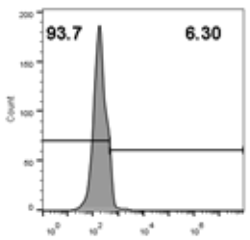
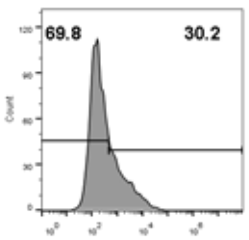
3 zincure · PROSILICO · INGENIA Therapeutics — LOI (E3)	
Blocked Decision	Advanced cross-modality analytics needed to differentiate drug programs.
Trigger	External solutions explored to strengthen development strategy.
Purchased Outcome	Letter of Intent for potential collaboration.
Status	**LOI (E3)** Interest / negotiation progressing.
Decision Impact	**Supports internal evaluation and future collaboration.** Interest / negotiation progressing.

After GAIA-Phil™ analysis & design, Cyron follow-up confirms GAIA-Phil

Beyond sequence proposals, the paid PoC led to Cyron follow-up validation and the next experiment → **Next: monomer EC50, sMUC1(+) serum protection, ADC internalization, in vivo**

A paid project where GAIA-Phil™ turned five limited client datasets into the actual development goal

Existing design MsMP1-3-1a · 2026.08.13

	huMP1	Mask	Unmask
10 μg/mL			
1 μg/mL			

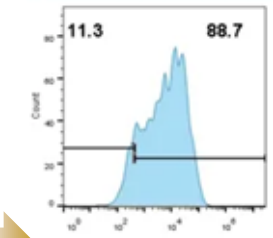
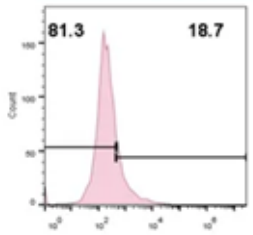
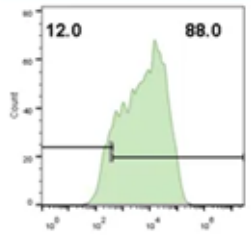
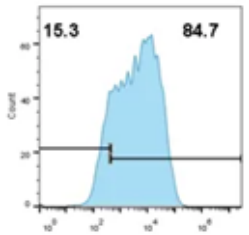
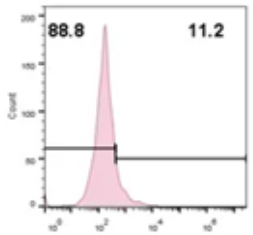
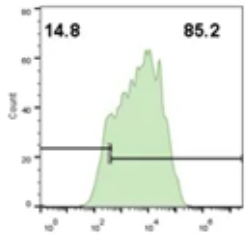
GAIA-Phil™

Analysis · Hypothesis · Design agents

- Review of 5 sequences
- Structure · MD analysis
- Design hypothesis review
- Candidate sequences

Cyron wet lab experiments
Synthesis · function tests

New prototype H2 · 2026.10 (Cyron data)

	huMP1	H2 Mask	H2 Unmask
20 μg/mL			
10 μg/mL			

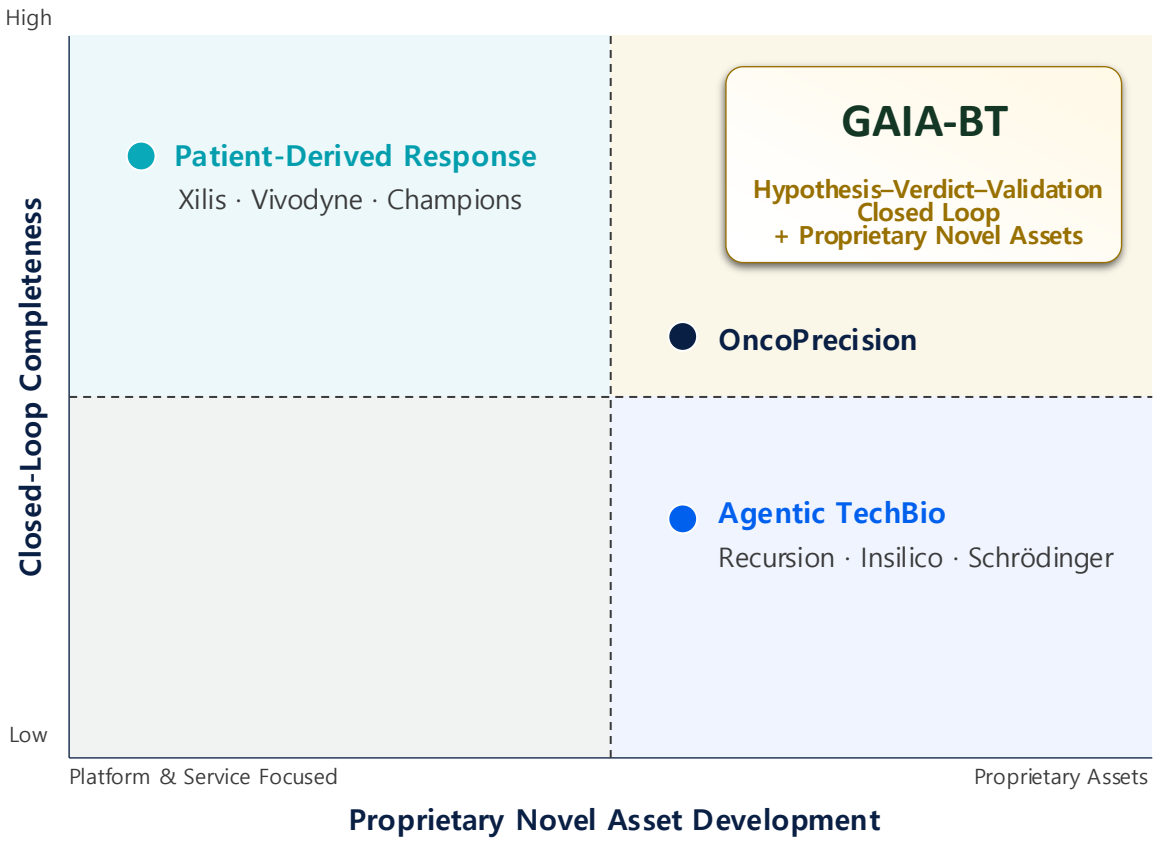
Limited recovery even after unmasking — **Masking and recovery clearly separated**

Source: data supplied by Cyron, 2026.08.13 · 2026.10.

The Only Company Combining a Validation Closed Loop With Proprietary Assets

Agentic TechBio platform scalability plus the upside of a proprietary novel asset.

Market Position: Closed-Loop Completeness × Owned Assets



Qualitative positioning based on public information and management-provided data

Competitive Structure: Four Key Capabilities

● Core ◐ Partial / Partnered ○ Non-core

Criteria	GAIA-BT	Agentic TechBio	Patient-Response Companies	Asset-Led Biotech
1. Agentic Operating Model	●	●	◐	○
2. Patient-Derived Response	●	◐	●	◐
3. Proprietary Novel Assets	●	●	◐	●
4. Joint Development	●	◐	◐	◐

Customer Segmentation

Early market response confirmed through joint research, paid PoC and LOIs.

Target customers Oncology partners with failed or stalled assets, or with patient-selection and combination-strategy needs

Validation Stage Joint research · Paid PoC · LOI

CUSTOMER SEGMENT	DEMAND	WHAT GAIA-BT PROVIDES	STATUS	COMMON DEMAND
Hospitals · Research Teams	Patient-specific drug-response data	Patient-derived response analysis / interpretation	Joint research underway, LDT in preparation	Patient-response data access
Oncology Biotech	Combination strategy & responder population	Review package for development decisions	Paid PoC underway, LOI in discussion	Combination & cohort strategy definition
Pharma · Biotech Partners	Follow-on development strategy for stalled assets	Partnering review materials and proposals	Co-development discussions under review	Follow-on development review package

Early collaboration is the starting point for revenue and for accumulating patient-response data

What GAIA-BT Customers Receive

From stalled or failed clinical assets to preclinical candidates and external validation, a different output at each contract stage.

CONTRACT BOUNDARY

OPTIONAL SEPARATE BUILD

0 Scoping

CUSTOMER PROVIDES
NDA + one asset

GAIA-BT DELIVERS
1-page definition of answerable questions

Free

2 weeks

1 Paid PoC

CUSTOMER PROVIDES
Existing omics & clinical readouts

GAIA-BT DELIVERS
Responder hypothesis + draft selection rule + evidence grade + next experiment design

Fixed Price · Pre-contract

4–6 weeks

2 Main Contract

CUSTOMER PROVIDES
Data-rights agreement

GAIA-BT DELIVERS
Prospective PDO/chip validation + Go/Modify/Stop

Contract

3–6 months

3 Co-Dev·L/O

CUSTOMER PROVIDES
Co-development terms

GAIA-BT DELIVERS
Partnering evidence package

Contract

12 months+

+ On-Premise Customization

CUSTOMER PROVIDES
Analysis goals · security needs

GAIA-BT DELIVERS
Custom GAIA-Phil™ build
Runs inside customer site
No data egress

Custom build

Scope & timeline TBD

Cumulative Time Spent →

GAIA-Verdict

LIVE

Oncology Success Probability

A **100% research-grade** , evidence-based engine outputting the definitive success probability for oncology assets.



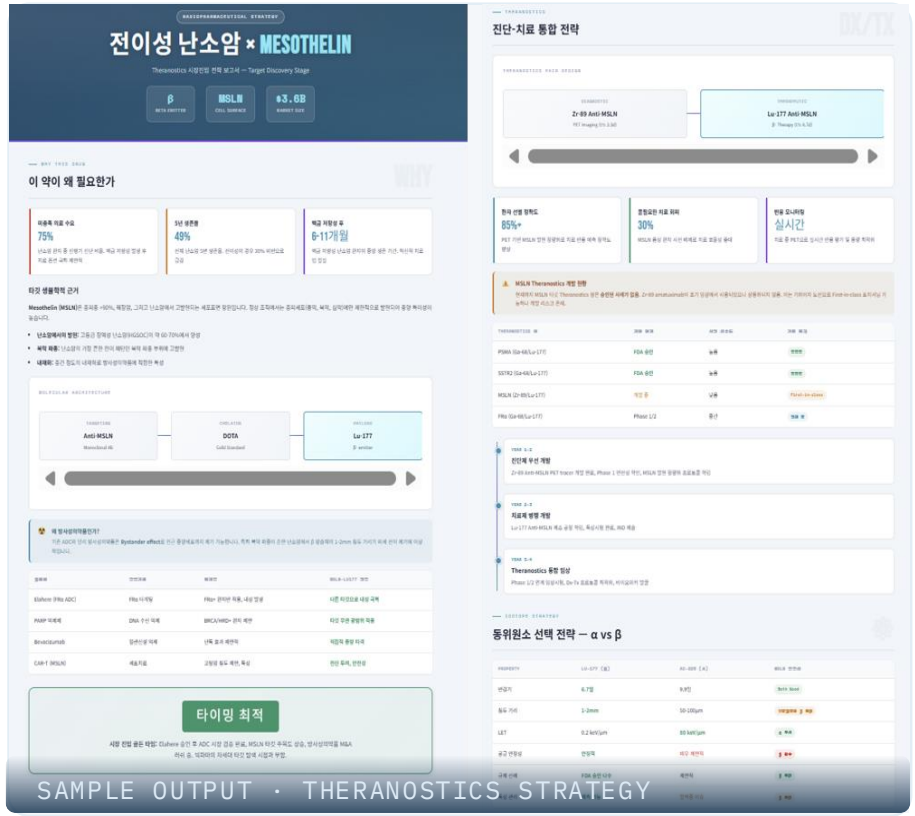
SAMPLE OUTPUT · EVIDENCE ANALYSIS

GAIA-ONCO+

IN K-GEM

Modality Strategy Agent

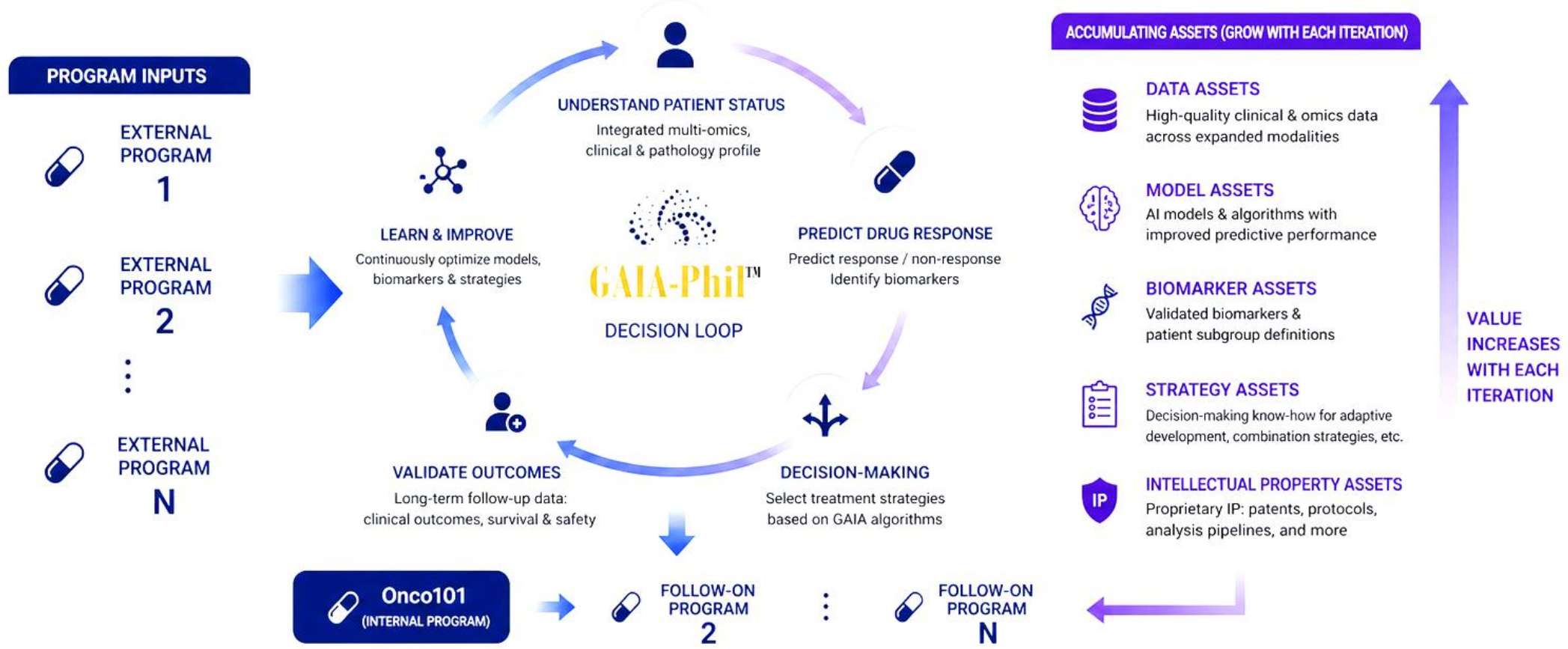
Focused on **theranostics & radiopharmaceuticals (RPT)** — fully incorporated into the K-GEM platform.



SAMPLE OUTPUT · THERANOSTICS STRATEGY

GAIA-Phil™ Builds Assets with Every Use

By applying the same loop across multiple programs, data, experience, and models accumulate as company assets.



Mid- to Long-Term Business Roadmap

Each stage compounds data, deals and expansion assets for the next.

SEQUENTIAL VALUE CAPTURE ×

CURRENT – 12M → Patient Response Data · Responder Rule → 12 – 24M · SERIES A 7.8B KRW → Outcome Linkage · Schema → MILESTONE-GATED →

01 · MARKET VALIDATION

Validate customer access & repeatability

Hospital LDT · Biotech Co-Dev

Assets: test/program revenue + response data

EVIDENCE SECURED — Cyron paid PoC; Cedars-Sinai joint R&D

80B KRW — SOM · Initial Market (Korea LDT + Co-Dev)

02 · SERIES A VALUE INFLECTION

Onco101 transaction value realized

Biopharma L/O · Co-Development

Assets: biomarker-guided asset proof

MILESTONES 12–15M — BTC entry · partnering package complete

28T KRW — SAM · Oncology Partnering Market

03 · GATED LONG-TERM OPTION

GAIA-Corpus platform economics

Governed Data Products · Access

Assets: cross-program learning · data moat

ENTRY CONDITION — Launch after commercialization gates are met

33T KRW — TAM · Platform Expansion Market

STAGE GATES — Repeat purchasing · data-reuse rights → Partnering-grade asset proof → Standardization · outcome linkage · measured cross-program performance gains

Validate Repeatable Paid Problem-Solving Through Hospital and Biotech Channels

GAIA-Phil™–enabled LDT and Co-Development create early revenue and patient-response–decision data.

PHASE 1 | ACCESS & REPEATABILITY

PHASE 1 | VALIDATION

Patient-drug-response LDT

BUYER: Hospitals & clinical research teams

OUTPUT: Patient-specific drug-response evidence

REVENUE: Test & program revenue

GAIA-Phil™

SHARED EVIDENCE ENGINE

Patient state · Drug response · Decision

One engine solves distinct buyer problems

Oncology Co-Development

BUYER: Oncology biotech

OUTPUT: Asset, biomarker & combo decisions

REVENUE: Paid projects & co-dev economics

INITIAL VALUE CAPTURE

Test & program revenue

COMPOUNDING ASSET

Patient-response–development-decision data + customer repeatability

NEXT GATE | Repeat purchasing · standardized assay/label · data-reuse rights · downstream outcome access

Convert Onco101 Clinical-Development Evidence into a Biopharma Transaction

Integrate compound, responder, therapeutic-window and combination evidence to create licensing and co-development options.

PHASE 2 | ASSET VALUE CAPTURE

SERIES A TARGET | 12-15 MONTHS

Onco101

RBM39 degrader + DDR agent

Biomarker-based BTC entry

BTC → ovarian · CRC · lung expansion options

1 **CHEMICAL MATTER**
Candidate quality · exposure

2 **MECHANISM CHAIN**
RBM39 degradation → BRCAness

3 **RESPONDER RULE**
HAETAE responder signature

4 **PATIENT-DERIVED PROOF**
Independent BTC reproducibility

5 **DEVELOPMENT WINDOW**
Therapeutic window · combo priority

PARTNERING GRADE ASSET PACKAGE

Diligence-Ready Evidence

Transaction Options

L/O	License-out · Upfront / milestone / royalty
CO-DEV	Cost sharing · Development economics
RIGHTS STRATEGY	Regional / indication-specific rights

*Actual terms depend on partner negotiations and data.

VALUE INFLECTION

Onco101 lead-asset value appreciation + First full-loop proof of the same response-learning model

Expand GAIA-Corpus into Governed Data Products and Platform Economics

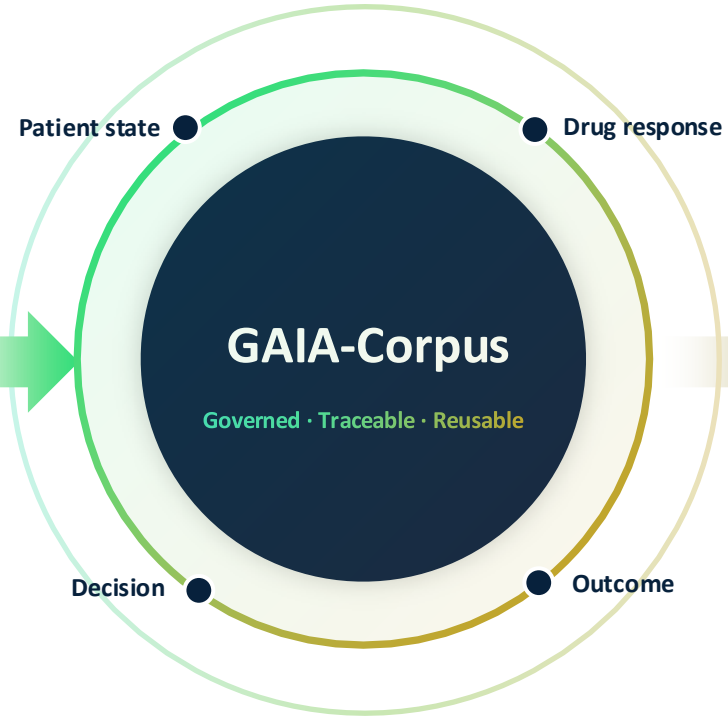
This model scales only after standardized patient-state–drug-response–decision–outcome data improve decisions across programs.

PHASE 3 | DATA & PLATFORM ECONOMICS

GATED LONG-TERM OPTION

DATA SOURCES

- LDT — Hospital patient-drug response
- Co-Dev — External assets + development decisions
- Onco101 — Internal assets + follow-on outcomes



MONETIZATION

01 **Governed data products**
Evidence products, not sales of patient data

02 **On-prem knowledge**
Institutional data combined with GAIA ontology

03 **Platform program economics**
Repeat programs · outcome linkage · network leverage

COMMERCIALIZATION GATE | Consent + data-reuse rights | Standardized assay / label | Outcome linkage | Measured cross-program performance gains

Four Core Decision Owners — Human-in-the-Loop Governance

Strategy · BD · Clinical · Brand: Four-person Leadership

Yun Kyoung Kang CEO & Founder, Ph.D.

Strategy Lead



>30 years in bio R&BD

- Ph.D., Rockefeller University
- Instructor, Baylor College of Medicine
- Professor, University of Florida
- Director, Corporate Management, Yuhan
- Deputy Director & Global R&BD Head, CHA

Jahoon Choi Chief Operating Officer

Global BD Strategist



>25 years in biohealthcare

- B.S./M.S., Microbiology, Seoul National Univ.
- Global Product Mgr., LG Life Sciences
- Global BD, Medytox
- Head of BD, CHA Vaccine Institute

Gyoungsun Kong Chief Medical Officer

Clinical Operations Expert



30 years in clinical operations

- M.S., Int'l Public Health, Yonsei University
- DreamCIS CEO
- Clinical Operations Team Lead, Yuhan

Hyun Kil Shin AI Director

Drug Development Agent Expert



10 years in AI drug development

- Ph.D., Biotechnology, Yonsei University
- Professor, AI Drug Development, Duksung Women's University
- Developed PreMetabo, ToxStar

~70 years combined industry & academic experience

~KRW 1.5T licensed · 6 products · 10+ countries

~10 software products commercialized

Global Advisory Board



Dr. Seon-young Kim
Knowledge-graph development
한국생명공학연구원



Dr. Marc H. Meyer
Tech-startup scaling
Northeastern University



Dr. Haesun Choi
Cross-US/Korea clinical alignment
THE UNIVERSITY OF TEXAS MD Anderson Cancer Center



Dr. Yong Lee
Anticancer drug development
Cedars Sinai



Dr. Jong-il Kim
Patient bioinformatics
SNU MEDICINE



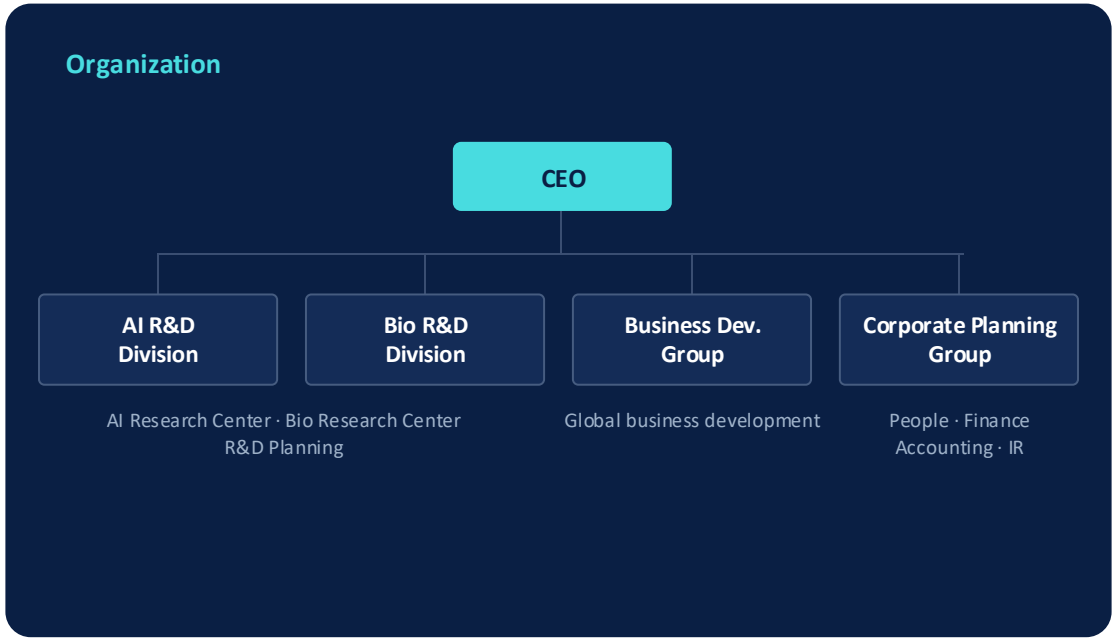
Dr. Hongjae Jeon
GI oncology trials
CHA 의과학대학교 CHA 차병원그룹



Dr. Seong Heon Kim
Anticancer drug development

Company Overview · Organization

Company	GAIA-BT, Inc.
Founded	21 March 2024
Investment stage	Series A
Employees	5
Core products	K-GEM platform · GAIA-Phil · GAIA-Onco / Onco+ / OncoSynergy
Headquarters	8F R19, 12 Daewangpangyo-ro 645beon-gil, Seongnam-si, Gyeonggi-do, Korea
Corporate R&D centre	205, Bldg. C, Heekyung Building, 47, Maeheon-ro 8-gil, Seocho-gu, Seoul, Korea
CEO	Yun Kyoung Kang



5
Employees

7.8B KRW
2026 Series A target

3
Paid PoC · R&D agreement · LOI partner group

1
Proof asset — Onco101

2024.03 Incorporation | **2024** Seed KRW 0.2B | **2026** Series A KRW 7.8B (in progress)

From Build Phase to Scale-Up

Product launch & market entry since 2024 (currently commercializing)

2024

Establishment & business setup

- 1 Patent applications

2025

Global partnering & tech development

- Cedars Sinai — Joint R&D contract
- aihub SEOUL AI HUB — Computing infrastructure program

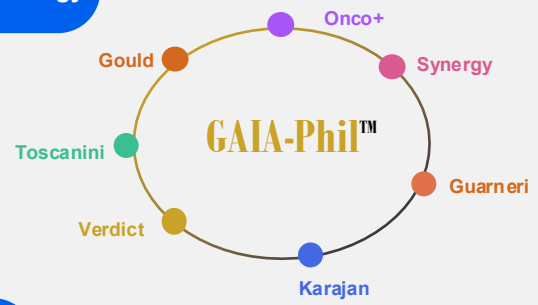
2026

Commercialization & growth stage

- 1 Paid PoC Client
- GAIA-Phil™ 7 Agents launched
- 12 6 MOUs & 6 LOIs
- 5 Patent applications
- aihub SEOUL AI HUB — Resident company

Key Milestones

Proprietary Core AI Technology — Launch of GAIA-Phil™ & 7 AI Agents



Global R&D Ecosystem — Joint R&D Ecosystem with SNU AI Institute and Global Partners

KRIBB · KIT · AIIS Artificial Intelligence Institute · 서울아산병원 Asan Medical Center · Cedars Sinai · INGENIA Therapeutics

Securing Clients — Paid PoC delivered in 2026

K-GEM™ ⇄ Cyron Therapeutics

KRW 7.8B Targets Tech Transfer via Three Core Milestones in 12–15 Months

The five Series A inflections de-risk Onco101 and establish a repeatable model for asset-value creation.

KRW 7.8B
Funding Target

KRW 7.8B — Capital Raised
3× — 3 Milestones
✓ — Decision Criteria
G/M/S — Go/Modify/Stop
↗ — Partnering

01 Combination Therapeutic Window
Therapeutic window

Budget / Owner / Timing
TBD — DMPK / Tox · M2–M6

Decision Criteria

Separate efficacy signal from toxicity and safety risk.

Decision: Go / Modify / Stop

BD Lens: Developability

02 DDI · Tox · PK/PD Confirmed
Translational link

Budget / Owner / Timing
TBD — Translational · M3–M9

Decision Criteria

Confirm the exposure–degradation–BRCAness–response chain.

Decision: Go / Modify / Stop

BD Lens: Dose Rationale

03 Responder Expansion
Independent BTC validation set

Budget / Owner / Timing
TBD — Biomarker · M6–M12

Decision Criteria

Replicate the prespecified responder rule in an independent set.

Decision: Go / Modify / Stop

BD Lens: Precision-Medicine Evidence

IND Package + L/O Package
Grounded in BTC precedent

Budget / Owner / Timing
TBD — CMC / Regulatory · M9–M15

Decision Criteria

Finalize the IND-enabling plan and cost/risk map.

Decision: Go / Modify / Stop

BD Lens: Deal Readiness

Milestone timing and cash runway shown separately

