



# Q1 2024 Financial Results Conference Call

May 14, 2024, 4:30 p.m. ET  
Nasdaq: BLTE

For more info please visit: [www.belitebio.com](http://www.belitebio.com)

# Forward-Looking Statements and Legal Disclaimer



This presentation (including any oral briefing and any question-and-answer in connection with it) is not intended to, and does not constitute, represent or form part of any offer, invitation or solicitation of any offer to purchase, otherwise acquire, subscribe for, exchange, sell or otherwise dispose of, any securities of Belite Bio Inc (“Belite Bio”) from any investor or in any jurisdiction in which such an offer or solicitation is not authorized or would be unlawful. No shares or other securities of Belite Bio are being offered to the public by means of this presentation. No offering of securities shall be made in the United States except pursuant to registration under the U.S. Securities Act of 1933, as amended, or an exemption therefrom. This presentation is being given on the condition that it is for use by the recipient for information purposes and to evaluate Belite Bio and the proposed offering of securities of Belite Bio and for no other purpose. Any failure to comply with these restrictions may constitute a violation of applicable securities laws.

Any statements in this presentation about Belite Bio’s future expectations, plans and prospects constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. Forward-looking statements include statements about the strategy, operations and future expectations and plans and prospects for the Company, and any other statements containing the words “expect,” “intend,” “plan,” “predict,” “target,” “will,” “could,” “should,” “continue,” and similar expressions.

This presentation contains forward-looking statements, including statements regarding the potential implications of clinical data for patients, and Belite Bio's advancement of, and anticipated preclinical activities, clinical development, regulatory milestones, and commercialization of its product candidates. Actual results may differ materially from those indicated in the forward-looking statements as a result of various important factors, including but not limited to Belite Bio's ability to demonstrate the safety and efficacy of its drug candidates; the clinical results for its drug candidates, which may not support further development or regulatory approval; the timing to complete relevant clinical trials and/or to receive the interim/final data of such clinical trials; the content and timing of decisions made by the relevant regulatory authorities regarding regulatory approval of Belite Bio's drug candidates; Belite Bio's ability to achieve commercial success for its drug candidates, if approved; Belite Bio's ability to obtain and maintain protection of intellectual property for its technology and drugs; Belite Bio's reliance on third parties to conduct drug development, manufacturing and other services; Belite Bio's limited operating history; Belite Bio's ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates; Belite Bio's ability to enter into additional collaboration agreements beyond its existing strategic partnerships or collaborations, as well as those risks more fully discussed in the “Risk Factors” section in Belite Bio's filings with the U.S. Securities and Exchange Commission. All forward-looking statements are based on information currently available to Belite Bio, and Belite Bio undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required by law.

Market data and industry information used throughout this presentation are based on the knowledge of the industry and the good faith estimates of Belite Bio’s management. The Company also relied, to the extent available, upon management’s review of independent industry surveys and publications and other publicly available information prepared by a number of third-party sources. All of the market data and industry information used in this presentation involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Although the Company believes that these sources are reliable, it cannot guarantee the accuracy or completeness of, and has not independently conducted verification of the relevant market data and industry information used herein. While the Company believes the estimated market position, market opportunity and market size information included in this presentation are generally reliable, such information, which is derived in part from the management’s estimates and beliefs, is inherently uncertain and imprecise. No representations or warranties are made by the Company or any of its affiliates as to the accuracy of any such statements or projections. Projections, assumptions and estimates of our future performance and the future performance of the industry in which the Company operates are necessarily subject to a high degree of uncertainty and risk due to a variety of factors, including those described above. These and other factors could cause results to differ materially from those expressed in our estimates and beliefs and in the estimates prepared by independent parties.

# Belite Participants



## Belite Management Team



**Tom Lin, MMED, PhD, MBA  
(Chairman, CEO)**

- 10+ years of executive management roles in biotech
- Over 10 new drug developments in multiple therapeutic areas including ophthalmology
- University of Sydney, University of Melbourne, Harvard Medical School, Columbia University, London Business School, HK University



**Nathan Mata, PhD  
(CSO)**

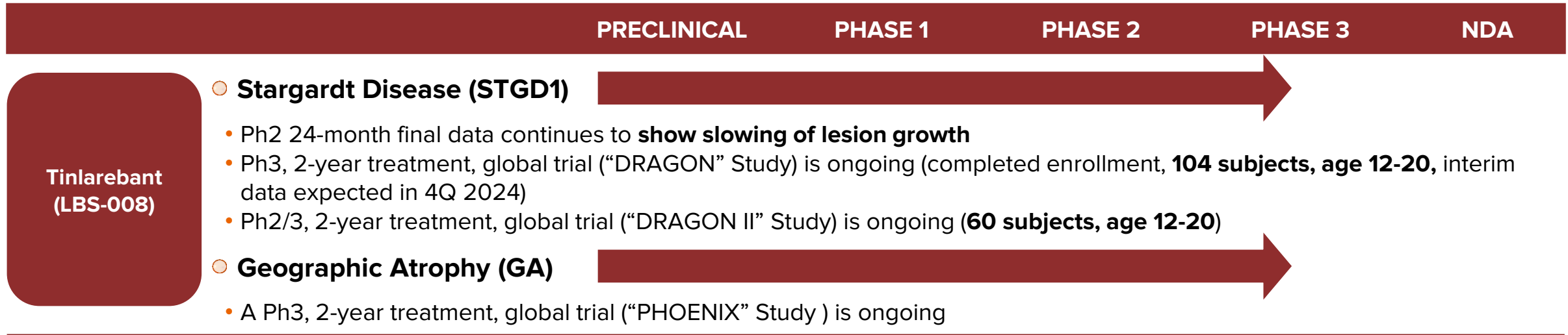
- 15+ years of ophthalmic drug development experience across numerous indications, including two NDAs (Durezol and Zirgan)
- Led clinical development efforts for the first RBP antagonist in advanced dry AMD and the first visual cycle modulator in dry AMD and STGD1
- Introduced the industry's first STGD1 ABCA4 knockout mice model
- University of Texas



**Hao-Yuan Chuang, CFA, MBA, FRM  
(CFO)**

- 13+ years of capital market experience; closed more than US\$32 billion of transactions
- Wanda, Suning, CITIC Securities
- Columbia University, London Business School, Hong Kong University

# Belite Bio Pipeline Overview



- **Tinarebant** is a **novel, once daily oral tablet** designed to bind to serum **retinol binding protein 4 (RBP4)** as a means to specifically reduce retinol delivery to the eye. This approach is intended to **slow or halt the formation of the toxic retinol-derived by-products** that are generated in the visual cycle and are **implicated in progression of STGD1 and GA.**
- Belite Bio believes that **early intervention directed at emerging retinal pathology**, which is not mediated by inflammation, would be the best approach to potentially slow disease progression in STGD1 & GA.
- **Unmet Market Opportunity:**
  - No FDA approved treatments for STGD1
  - No FDA approved orally administered treatments for GA
- **Fast Track Designation & Rare Pediatric Disease** in US and **Orphan Drug Disease** designation in US / EU / JP for STGD1
- **14 active patent families**; composition of matter patent until at least **2040** without patent term extension



# STGD1 Clinical Trials

# Analysis of ABCA4 Mutations in the Phase 2 Study Cohort



- Severe biallelic ABCA4 mutations were found in 11 of 13 subjects (Subjects 3 and 5 harbored one moderate allele each)

Subject	cDNA change	Protein change	CADD v1.6 <sup>(1)</sup>	Assessment	Function tested in vitro	ClinVar
1	c.1922G>C	p.Cys641Ser	25.7	likely severe		not provided
1	c.2905A>G	p.Lys969Glu	28.9	likely severe		Pathogenic
2	c.768G>T	p.(Leu257Valfs*17)	23.1	severe	yes	Pathogenic/Likely pathogenic
2	c.[1532G>A;6006-1G>C]	p.[Arg511His;?]	15.3; 34	severe		not provided
3	c.4539+2028C>T	p.[=,Arg1514Leufs*36]	1.79	moderate	yes	Pathogenic/Likely pathogenic
3	c.2894A>G	p.Asn965Ser	24.8	severe	yes	Pathogenic
4	c.2576del	p.Gln859Argfs*41	N/A	severe		Pathogenic
4	c.[2588G>C;5603A>T]	p.[Gly863Ala;Asn1868Ile]	31; 23.3	moderate/severe	yes; yes	Likely pathogenic
5	c.3260A>G	p.Glu1087Gly	29.5	likely severe		Pathogenic
5	c.5714+5G>A	p.[=,Glu1863Leufs*33]	19.1	moderate	yes	Pathogenic/Likely pathogenic
6	c.5461-10T>C	p.[Thr1821Aspfs*6,Thr1821Valfs*13]	16.8	severe	yes	Pathogenic
6	c.6079C>T	p.Leu2027Phe	27.6	severe	yes	Pathogenic/Likely pathogenic
7	c.634C>T	p.Arg212Cys	26.3	severe	yes	Pathogenic/Likely pathogenic
7	c.2894A>G	p.Asn965Ser	24.8	severe	yes	Pathogenic
8	c.161G>A	p.Cys54Tyr	33	severe	yes	Pathogenic/Likely pathogenic
8	c.4139C>T	p.Pro1380Leu	25.3	moderate/severe	yes	Pathogenic/Likely pathogenic
9	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
9	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance
10	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
10	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance
11	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
11	c.5761G>A	p.Val1921Met	25.5	likely severe		Pathogenic/Likely pathogenic
12	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
12	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance
13	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
13	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance

(1) Combined Annotation–Dependent Depletion (CADD)

Variants with CADD score >20 predicted to be among the 1% most deleterious

<https://cadd.gs.washington.edu/>

N/A: Not available

# Analysis of ABCA4 Mutations in the Phase 2 Study Cohort



- Subjects 1, 3, 4, 12, and 13
  - Did not develop atrophic lesions during the Phase 2 study
  - Despite harboring severe or likely severe alleles

Subject	cDNA change	Protein change	CADD v1.6 <sup>(1)</sup>	Assessment	Function tested in vitro	ClinVar
1	c.1922G>C	p.Cys641Ser	25.7	likely severe		not provided
1	c.2905A>G	p.Lys969Glu	28.9	likely severe		Pathogenic
2	c.768G>T	p.(Leu257Valfs*17)	23.1	severe	yes	Pathogenic/Likely pathogenic
2	c.[1532G>A;6006-1G>C]	p.[Arg511His;?]	15.3; 34	severe		not provided
3	c.4539+2028C>T	p.[=,Arg1514Leufs*36]	1.79	moderate	yes	Pathogenic/Likely pathogenic
3	c.2894A>G	p.Asn965Ser	24.8	severe	yes	Pathogenic
4	c.2576del	p.Gln859Argfs*41	N/A	severe		Pathogenic
4	c.[2588G>C;5603A>T]	p.[Gly863Ala;Asn1868Ile]	31; 23.3	moderate/severe	yes; yes	Likely pathogenic
5	c.3260A>G	p.Glu1087Gly	29.5	likely severe		Pathogenic
5	c.5714+5G>A	p.[=,Glu1863Leufs*33]	19.1	moderate	yes	Pathogenic/Likely pathogenic
6	c.5461-10T>C	p.[Thr1821Aspfs*6,Thr1821Valfs*13]	16.8	severe	yes	Pathogenic
6	c.6079C>T	p.Leu2027Phe	27.6	severe	yes	Pathogenic/Likely pathogenic
7	c.634C>T	p.Arg212Cys	26.3	severe	yes	Pathogenic/Likely pathogenic
7	c.2894A>G	p.Asn965Ser	24.8	severe	yes	Pathogenic
8	c.161G>A	p.Cys54Tyr	33	severe	yes	Pathogenic/Likely pathogenic
8	c.4139C>T	p.Pro1380Leu	25.3	moderate/severe	yes	Pathogenic/Likely pathogenic
9	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
9	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance
10	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
10	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance
11	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
11	c.5761G>A	p.Val1921Met	25.5	likely severe		Pathogenic/Likely pathogenic
12	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
12	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance
13	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
13	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance

(1) Combined Annotation–Dependent Depletion (CADD)

Variants with CADD score >20 predicted to be among the 1% most deleterious

<https://cadd.gs.washington.edu/>

N/A: Not available

# Analysis of ABCA4 Mutations in the Phase 2 Study Cohort (cont.)



- Subjects 9 & 10 (brothers)
- Subjects 12 & 13 (brother/sister)
- Harbor identical mutations
- Different phenotypes

Subject	cDNA change	Protein change	CADD v1.6 <sup>(1)</sup>	Assessment	Function tested in vitro	ClinVar
1	c.1922G>C	p.Cys641Ser	25.7	likely severe		not provided
1	c.2905A>G	p.Lys969Glu	28.9	likely severe		Pathogenic
2	c.768G>T	p.(Leu257Valfs*17)	23.1	severe	yes	Pathogenic/Likely pathogenic
2	c.[1532G>A;6006-1G>C]	p.[Arg511His;?]	15.3; 34	severe		not provided
3	c.4539+2028C>T	p.[=,Arg1514Leufs*36]	1.79	moderate	yes	Pathogenic/Likely pathogenic
3	c.2894A>G	p.Asn965Ser	24.8	severe	yes	Pathogenic
4	c.2576del	p.Gln859Argfs*41	N/A	severe		Pathogenic
4	c.[2588G>C;5603A>T]	p.[Gly863Ala;Asn1868Ile]	31; 23.3	moderate/severe	yes; yes	Likely pathogenic
5	c.3260A>G	p.Glu1087Gly	29.5	likely severe		Pathogenic
5	c.5714+5G>A	p.[=,Glu1863Leufs*33]	19.1	moderate	yes	Pathogenic/Likely pathogenic
6	c.5461-10T>C	p.[Thr1821Aspfs*6,Thr1821Valfs*13]	16.8	severe	yes	Pathogenic
6	c.6079C>T	p.Leu2027Phe	27.6	severe	yes	Pathogenic/Likely pathogenic
7	c.634C>T	p.Arg212Cys	26.3	severe	yes	Pathogenic/Likely pathogenic
7	c.2894A>G	p.Asn965Ser	24.8	severe	yes	Pathogenic
8	c.161G>A	p.Cys54Tyr	33	severe	yes	Pathogenic/Likely pathogenic
8	c.4139C>T	p.Pro1380Leu	25.3	moderate/severe	yes	Pathogenic/Likely pathogenic
9	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
9	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance
10	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
10	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance
11	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
11	c.5761G>A	p.Val1921Met	25.5	likely severe		Pathogenic/Likely pathogenic
12	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
12	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance
13	c.1804C>T	p.Arg602Trp	24.7	severe	yes	Pathogenic/Likely pathogenic
13	c.5645T>C	p.Met1882Thr	24.8	likely severe		Uncertain significance

(1) Combined Annotation–Dependent Depletion (CADD)

Variants with CADD score >20 predicted to be among the 1% most deleterious

<https://cadd.gs.washington.edu/>

N/A: Not available



# Visual Acuity Outcomes - Background



- A subgroup of 6 subjects
  - mean bilateral BCVA loss of ~10 letters/year prior to enrollment
- The natural history would predict significant visual loss over 2 yrs
- Foveal-involved QDAF leads to visual acuity compromise

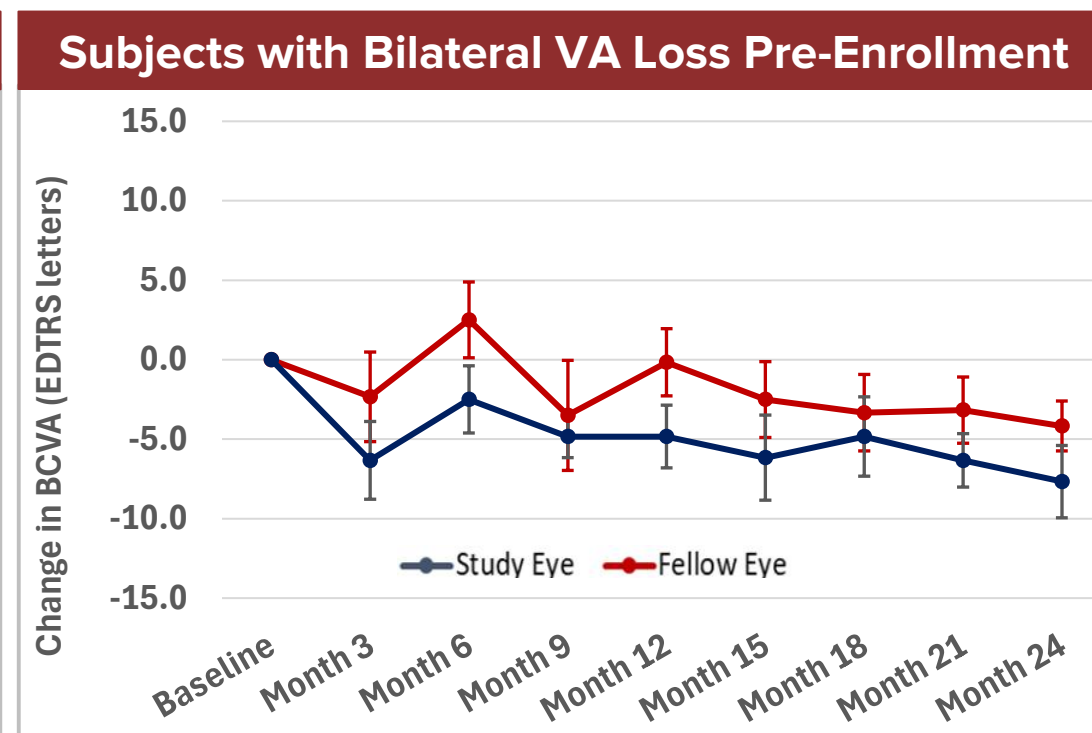
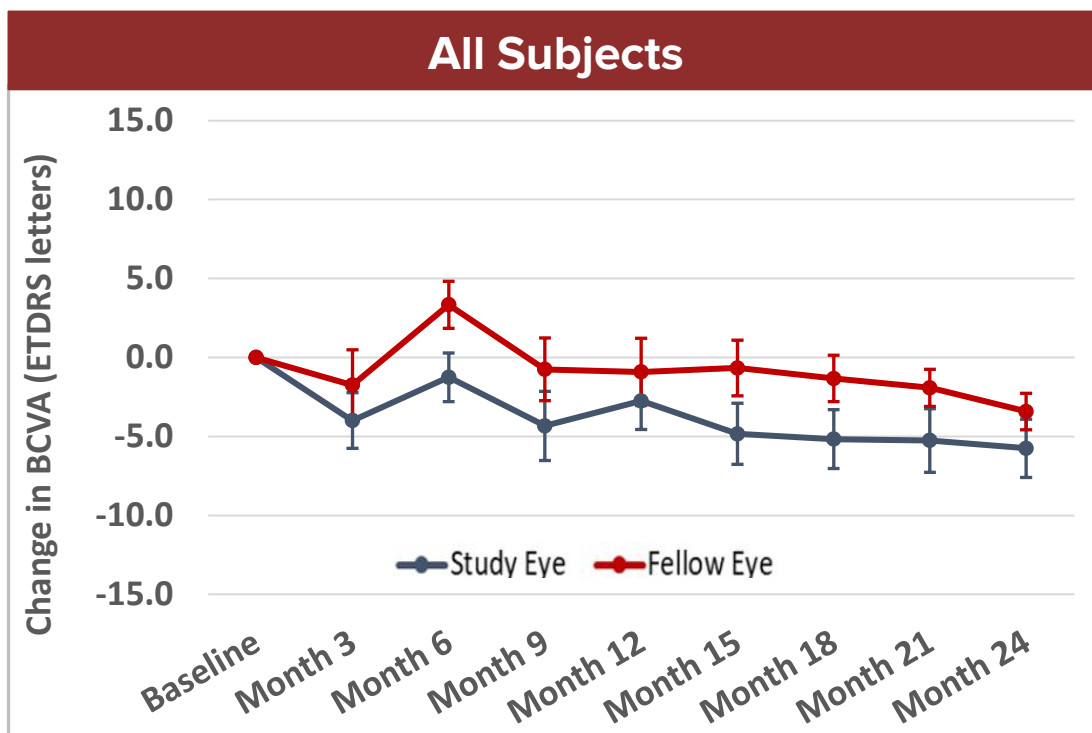
Subject	Race	Gender	Age at First Exam	Age at Enrollment	Disease Duration (yrs)	BCVA at Diagnosis Exam (Right / Left)	BCVA at Enrollment (Right/Left)	Annual Letter Loss (Right/Left)
1	Caucasian	Female	13	15	2	36/37	34/36	-
2	Caucasian	Female	11	12	1	33/39	40/42	-
3	Asian/ Caucasian	Female	13	13	<1	49/44	49/48	-
4	Caucasian	Female	14	15	1	39/44	45/45	-
<b>5*</b>	<b>Caucasian</b>	<b>Female</b>	<b>12</b>	<b>13</b>	<b>1</b>	<b>70/61</b>	<b>45/55</b>	<b>25/6</b>
<b>6*</b>	<b>Caucasian</b>	<b>Female</b>	<b>13</b>	<b>18</b>	<b>5</b>	<b>70/65</b>	<b>35/36</b>	<b>7/6</b>
7	Caucasian	Male	15	15	<1	59/75	69/40	-
<b>8*</b>	<b>Caucasian</b>	<b>Male</b>	<b>8</b>	<b>13</b>	<b>5</b>	<b>57/57</b>	<b>31/31</b>	<b>5/5</b>
9	Asian	Male	12	13	1	50/35	45/35	-
<b>10*</b>	<b>Asian</b>	<b>Male</b>	<b>11</b>	<b>12</b>	<b>1</b>	<b>50/59</b>	<b>45/35</b>	<b>5/24</b>
<b>11*</b>	<b>Asian</b>	<b>Female</b>	<b>13</b>	<b>14</b>	<b>1</b>	<b>59/59</b>	<b>50/50</b>	<b>9/9</b>
12	Asian	Female	10	18	8	35/44	35/35	-
<b>13*</b>	<b>Asian</b>	<b>Male</b>	<b>10</b>	<b>12</b>	<b>2</b>	<b>59/59</b>	<b>35/35</b>	<b>12/12</b>

\*Subjects showing annual bilateral BCVA loss prior to Phase 2 enrollment; BCVA loss for subjects with <1 year disease not considered



# Change in Best Corrected Visual Acuity

- Visual acuity was stabilized during the study with a mean loss of 5 letters in the cohort over 24 months of treatment (equivalent to 2.5 letters lost/year, left panel)\*
- For the 6 subjects:
  - Pre-enrollment mean bilateral loss of ~10 letters/year
  - 24-month data mean BCVA loss was 3.8 letters (equivalent to 1.9 letters lost/year, right panel)\*

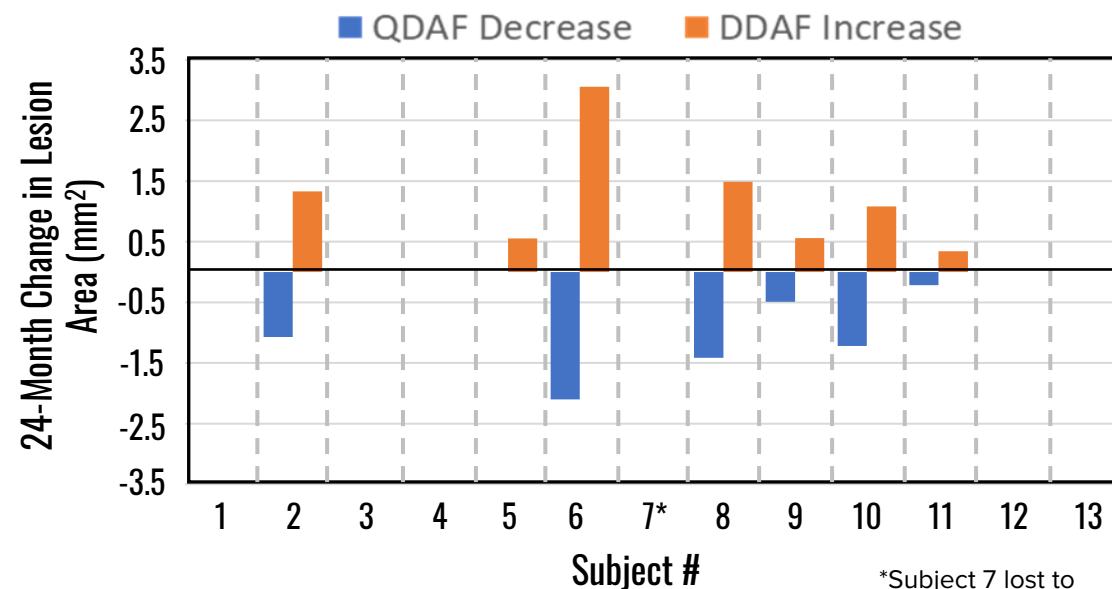


\*Mean BCVA values at each timepoint were used to calculate the mean BCVA change over 24 months

# 24-Month Change in QDAF and DDAF Lesion Size



- Transition to, and growth of, incident DDAF in cohort
- In 5 of 12 subjects (42%),
  - no change in QDAF lesion size
  - no incident DDAF lesion growth observed
- In 7 of 12 subjects (58%)
  - DDAF lesions were relatively small
  - DDAF occurred with QDAF lesions
- Only 1 subject (#5) showed a new DDAF lesion (0.5 mm<sup>2</sup>) which was outside of the QDAF lesion area that was identified at Baseline
- Sibling subjects with identical *ABCA4* mutations and similar disease duration (9, 10, 13) showed different disease progression based on BCVA loss and QDAF/DDAF lesion growth



\*Subject 7 lost to follow up at Month 12

# Measurement of DDAF: Region Finder vs. Novel Method



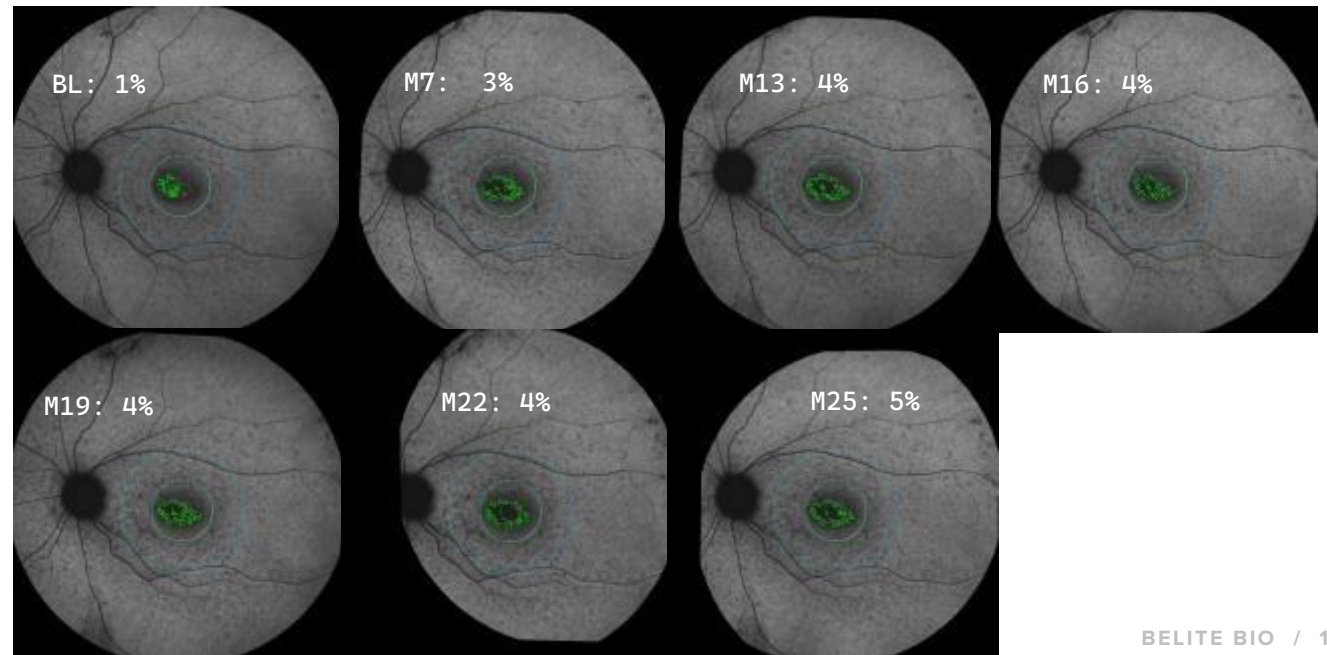
## Region Finder

- Relies heavily on the grader's ability to visually determine the types and boundaries of areas with different levels of disc-derived autofluorescence (DDAF, DAF, QDAF)
- There is intra- and inter-grader variability
  - due to subjective assessment of lesion grayscale compared to the optic disc
- General assessment without specific focus on key regions
  - potentially leading to less precise measurements

## Novel Lesion Size Quantification Method

- Utilizes mathematical classification of lesions based on the proximity of their gray values to that of the optic disc, reducing subjective bias
- Focuses on specific regions (macular area within central 6mm diameter and smaller zones of 1mm and 3mm ETDRS), enhancing the accuracy of localization and quantification
- Independent of initial lesion size, employing a pixel-based method that consistently evaluates the percentage of a region affected at specified DAF thresholds

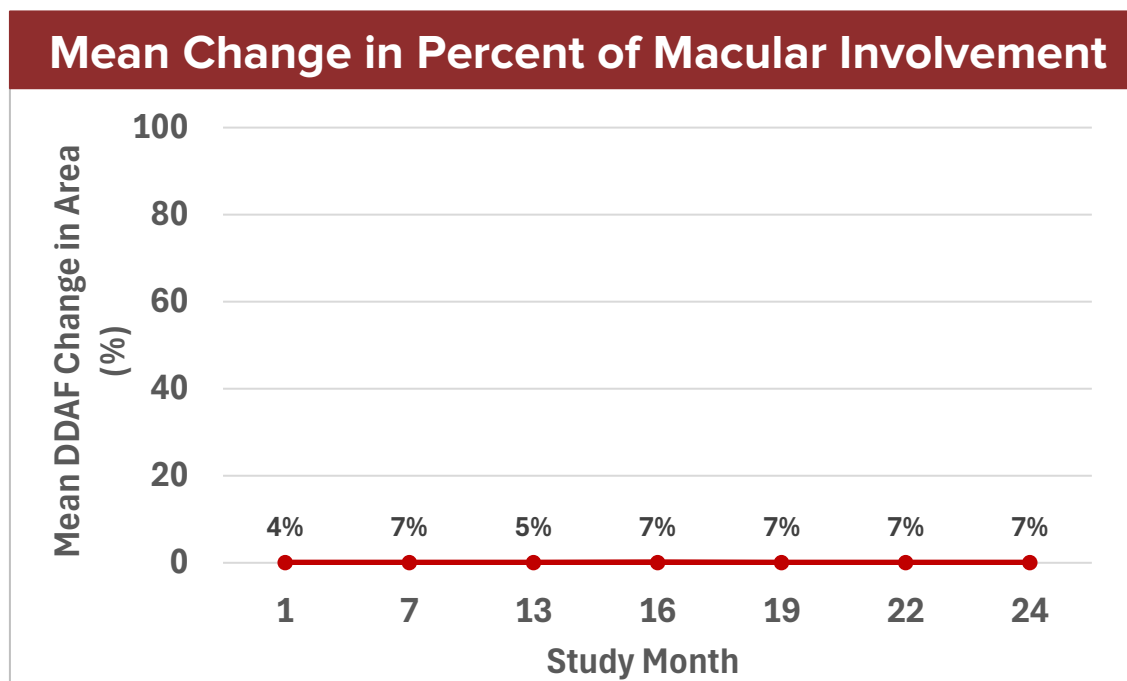
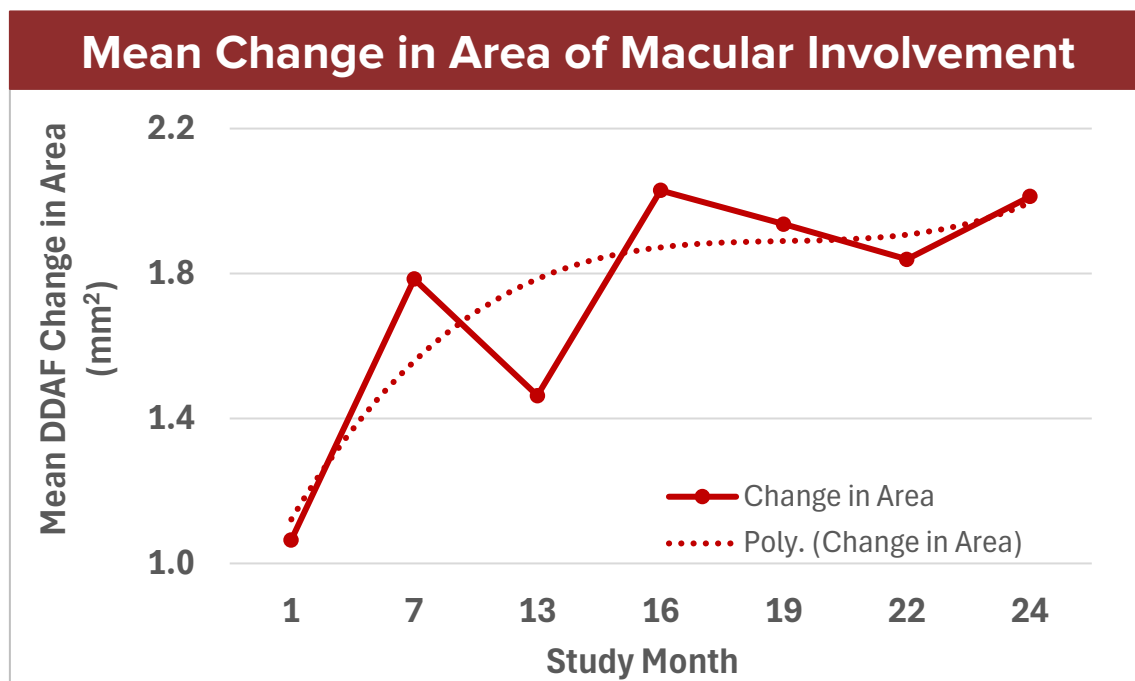
**DAF @ >90 %**



# A Newly Developed Grading Algorithm Reveals Atrophic Macular Lesions



- FAF Analysis using new grading methodology showed atrophic lesions within the macula (6 mm outer ring) in 12 eyes of 8 subjects at Baseline
- In these subjects, growth of atrophic macular lesions was stabilized from Months 16 – 24
  - left panel; a 3<sup>rd</sup> order polynomial function of the lesion area data is shown
  - The extent of macular lesion involvement was  $\leq 7\%$  involvement over 24 Months (right panel)





---

# Phase 3 Geographic Atrophy

# Clinical Trial Design Overview in GA



- **Established Efficacy Endpoint** – Reduction in lesion growth rate (DDAF) as measured by retinal imaging is the FDA accepted primary endpoint for STGD1 and GA
- **Early Intervention** – Targeting patients with small lesion size to potentially slow disease progress at an early stage
- **Oral Once a Day Treatment** – well suited for long-term treatment for chronic diseases
- **Broad Potential** – Primary focus on GA; potential to treat earlier stages (e.g., intermediate AMD)

	GA Phase 3 “Phoenix”*
<b>Enrollment</b>	Approximately 430 subjects targeted (Enrolling)
<b>Sites</b>	Global
<b>Masking</b>	Double Blind
<b>Placebo</b>	2:1 ratio (Tinlarebant : Placebo)
<b>Treatment duration</b>	2 years
<b>Primary measures</b>	Slowing of atrophic lesion growth, safety & tolerability
<b>Other measures</b>	BCVA, SD-OCT, microperimetry
<b>Interim analysis</b>	Yes

\*Additional Phase 3 study expected to be required prior to NDA filing



# Q1 2024 Financial Results

For more info please visit: [www.belitebio.com](http://www.belitebio.com)



# 2024 First-Quarter Financial Results



(In thousand USD)	For the Three Months ended March 31	
	2023	2024
<b>Total operating expenses</b>	6,881	8,328
<b>- R&amp;D</b>	5,723	6,765
<b>- G&amp;A</b>	1,158	1,563
<b>Net loss</b>	(6,895)	(7,871)

- Cash & U.S treasury bills: \$95.5 million
- Raised \$25 million in gross proceeds in a registered direct offering in April



# Q&A to begin shortly

For more info please visit: [www.belitebio.com](http://www.belitebio.com)