J.P. Morgan Healthcare Conference Presentation

January 2025

IMPORTANT NOTICES

This presentation has been prepared by Oqory, Inc. ("Oqory") and may be used in making presentations to certain existing and potential stockholders of Vincerx Pharma, Inc. ("Vincerx") with respect to a proposed merger between Oqory and Vincerx.

ADDITIONAL INFORMATION

In connection with the proposed merger transaction between Oqory and Vincerx, Vincerx will file relevant materials with the Securities and Exchange Commission ("SEC"), including a proxy statement on Schedule 14A. A definitive proxy statement will be sent to holders of Vincerx's common stock when it becomes available. Investors and securityholders and other interested parties are urged to carefully read the proxy statement (including any amendments or supplements thereto) and any other documents filed with the SEC when they become available, because they will contain important information about Vincerx, Oqory, and the proposed merger. Investors and securityholders may obtain free copies of these documents and other documents filed with the SEC by Vincerx (when they become available) through the website maintained by the SEC at http://www.sec.gov, or by directing a request to: Vincerx Pharma, Inc., 1825 S. Grant Street, San Mateo, CA 94402. Copies of the documents filed by Vincerx are also available free of charge in the "Investors—SEC Filings & Financials—SEC Filings" section of Vincerx's website at https://investors.vincerx.com/financial-information/sec-filings.

PARTICIPANTS IN THE SOLICITATION

Vincerx, its directors, director nominees, executive officers, other members of management, and employees or consultants are or may be considered "participants" (as defined in Section 14(a) of the Securities Exchange Act of 1934) in the solicitation of proxies from the holders of Vincerx's common stock with respect to the proposed merger. Information about Vincerx's directors and executive officers, including compensation, is set forth in the sections entitled "Election of Directors—Directors and Nominees" and "Executive Officers" of Vincerx's definitive proxy statement for its 2024 Annual Meeting of Stockholders, filed with the SEC on April 10, 2024, the section entitled "Compensation of Directors and Executive Officers" of Vincerx's definitive proxy statement for its special meeting of stockholders, filed with the SEC on December 10, 2024 (the "2025 Special Meeting Proxy Statement"), as well as the Company's Current Report on Form 8-K filed on December 27, 2024

Information about the ownership of Vincerx's common stock by Vincerx's executive officers and directors is set forth in the section entitled "Security Ownership of Certain Beneficial Owners and Management" in the 2025 Special Meeting Proxy Statement, as well as the Form 3 filed on January 6, 2025 for Kevin Haas. Updated information regarding the identity of potential participants, and their direct or indirect interests (by security holdings or otherwise), will be reflected in Forms 3, 4, or 5 to be filed with the SEC, as well as the section entitled "Security Ownership of Certain Beneficial Owners and Management" of Vincerx's definitive proxy statement on Schedule 14A and other materials to be filed with the SEC regarding the proposed merger. All of these documents are or will be available free of charge at the SEC's website at www.sec.gov and in the "Investors—SEC Filings & Financials—SEC Filings" section of Vincerx's website at https://investors.vincerx.com/financial-information/sec-filings.

Stockholders and potential investors of Vincerx, and other readers, should read the definitive proxy statement carefully when it becomes available before making any voting or investment decisions. These documents can be obtained free of charge from the sources indicated above.

Safe Harbor Statement and Trademarks

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This presentation contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, that are intended to be covered by the "safe harbor" created by those sections. Forward-looking statements, which are based on certain assumptions and describe future plans, strategies, expectations and events, can generally be identified by the use of forward-looking terms such as "believe," "expect," "may," "will," "should," "would," "could," "suggest," "scheduled," "seek," "intend," "plan," "goal," "potential," "on-target," "on track," "project," "estimate," "anticipate," or other comparable terms. All statements other than statements of historical facts included in this presentation are forward-looking statements. Forward-looking statements include, but are not limited to, Oqory's pipeline, product candidates and attributes, and clinical development, timing, and results. Forward-looking statements are neither historical facts nor assurances of future performance or events. Instead, they are based only on current beliefs, expectations, and assumptions regarding future business developments, future plans and strategies, projections, anticipated events and trends, the economy, and other future conditions. Forward-looking statements are subject to inherent uncertainties, risks, and changes in circumstances that are difficult to predict and many of which are outside of Oqory's control.

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A Fully Integrated Clinical Stage ADC Company

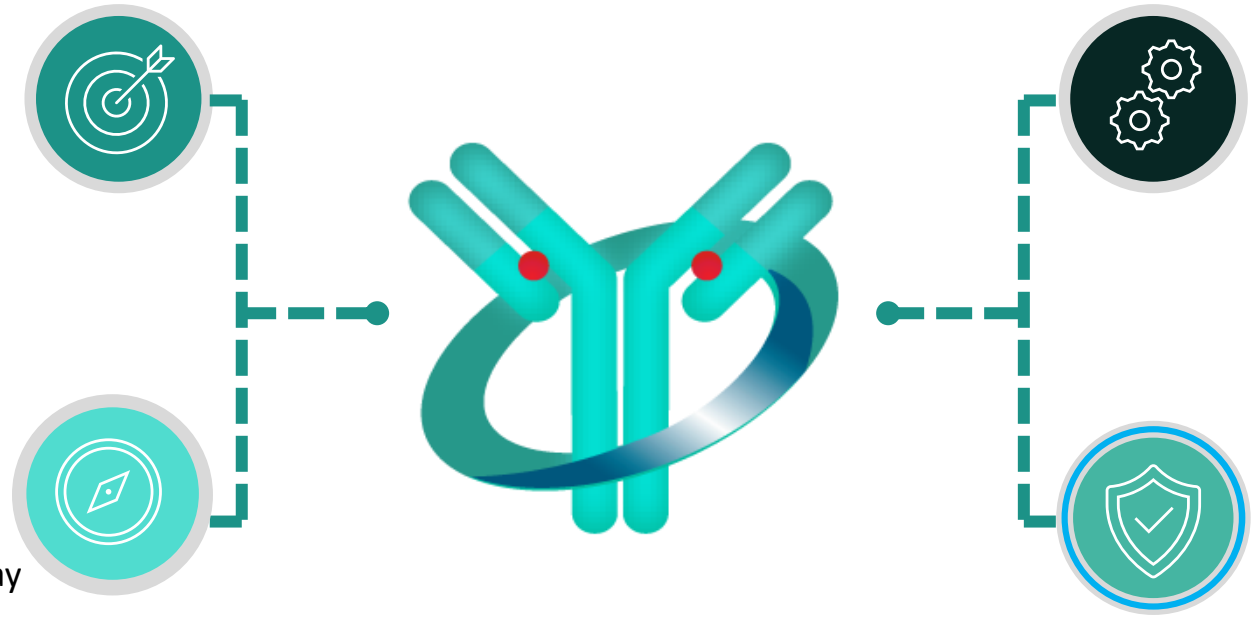
OQORY is a clinical-stage company developing advanced antibody-drug conjugates for the treatment of multiple oncology indications. We have a robust pipeline of clinical candidates and a complete platform for ADC discovery and development.

Proprietary Integrated ADC Platform

- Full ADC discovery and development capabilities

Phase 3 Lead Asset – OQY-3258 – Targeting TROP2

- OQY-3258, with over 150 breast cancer patients treated in Phase Ia/Ib and Phase III trials underway in China
- Demonstrated improved efficacy, safety, tolerability and brain activity compared to competitor
- Ready for late-stage trials targeting TROP2 expressing tumors
- Breakthrough therapy designation in China for 1L TNBC



Advanced Stage Pipeline

- Clinical-stage ADCs targeting TROP2, CD38 and BCMA (OQY-6129 and OQY-8811)

Preclinical Pipeline

- Advanced next gen preclinical program

All Assets Developed In-House with Strong IP & Rights Position

- Global rights ownership (except China rights for OQY-3258)

KOL Advisors

KOLs and Strategic Advisors

Patricia Lorusso
DO, PhD

- Professor of medicine (medical oncology)
- Chief of experimental therapeutics
- Associate cancer center director for experimental therapeutics
- Leader of the Phase I disease aligned research team at Yale Cancer Center and Smilow Cancer Hospital

Yale University School of Medicine

Robert A. Figlin
MD, FACP

- Steven Spielberg Family Chair in Hematology Oncology
- Professor of Medicine and Biomedical Sciences Director
- Division of Hematology Oncology Deputy Director Samuel Oschin Comprehensive Cancer Institute Cedars-Sinai Medical Center

Cedars Sinai

Howard Soule
PhD

- Prostate Cancer Foundation Global Research Strategies
- Member of the Department of Defense Prostate Cancer Research Program Integration Panel
- Managing Director of Knowledge Universe Health and Wellness Group

PCF

Scott Tagawa
MD, MS, FACP, FASCO

- Professor of Medicine and Urology, Medical Director of the Genitourinary Oncology Research Program, Weill Cornell Medicine (WCM); Leader of GU, co-lead of Experimental Therapeutics Program of the Meyer Cancer Center
- WCM PI for the Alliance for Clinical Trials in Oncology

Weill Cornell Medicine

Llew Keltner
MD, PhD

- CEO, EPISTAT, CEO, AgonOx, a biotech company developing OX40 agonists for use in cancer therapy
- Previous President of Novici Biotech, a privately-held gene and protein optimization firm
- CEO and President of Light Sciences Oncology

lightsciences ONCOLOGY

Rakesh Dixit
PhD

- President and CEO of Bionavigen
- 30+ years as inventor and scientist with top pharma: Merck, Johnson & Johnson, Medimmune, AstraZeneca
- Winner of prestigious “Long-Standing Contributions to the ADC Field” award by ADC Review Journal of Antibody Drug-Conjugates

MedImmune

Kevin Heller
MD

- 20+ years as physician-scientist, and oncology drug developer
- Previous biopharma roles include: CMO, Tallac Therapeutics; EVP, R&D , Jasper Therapeutics; CMO, NextCure, VP, Head Antibody Clinical Dev, Incyt; Senior Medical Director, AZ; Global Lead, Oncology, BMS

TALLAC THERAPEUTICS

Josh Lang
MD, MS

- Division of Hematology, Medical Oncology and Palliative Care, UW
- Lead PI for Department of Defense Prostate Cancer Research Program, PI of Prostate Cancer Foundation-funded project to investigate therapeutic targeting of AR-variant prostate cancer with a novel ADC

WISCONSIN UNIVERSITY OF WISCONSIN–MADISON

Highlights

- Key Clinical ADC Programs
  - TROP2 ADC in Phase Ia/b, Ph III (Pivotal trial) started in China Aug 2024
    - Breast cancer (TNBC, HR+/HER2- and HER2+)
    - Advanced/metastatic solid tumor
    - Planned Phase II in US and Phase III in China in 2024/2025
  - CD38 ADC in Phase I for following indications:
    - Relapsed or refractory multiple myeloma
    - Lung cancer (SCLC & NSCLC)
    - Amyloidosis

- IND Stage Preclinical ADC Program
  - BCMA ADC for multiple myeloma, IND ready with all preclinical studies completed

- Preclinical Next Gen ADC Programs
  - Multiple programs with lower toxicity, higher potency therapies with improved therapeutic window
  - Current ongoing preclinical programs include:
    - Next Gen ADCs targeting TROP2, CD25, B7-H3 and ROR1

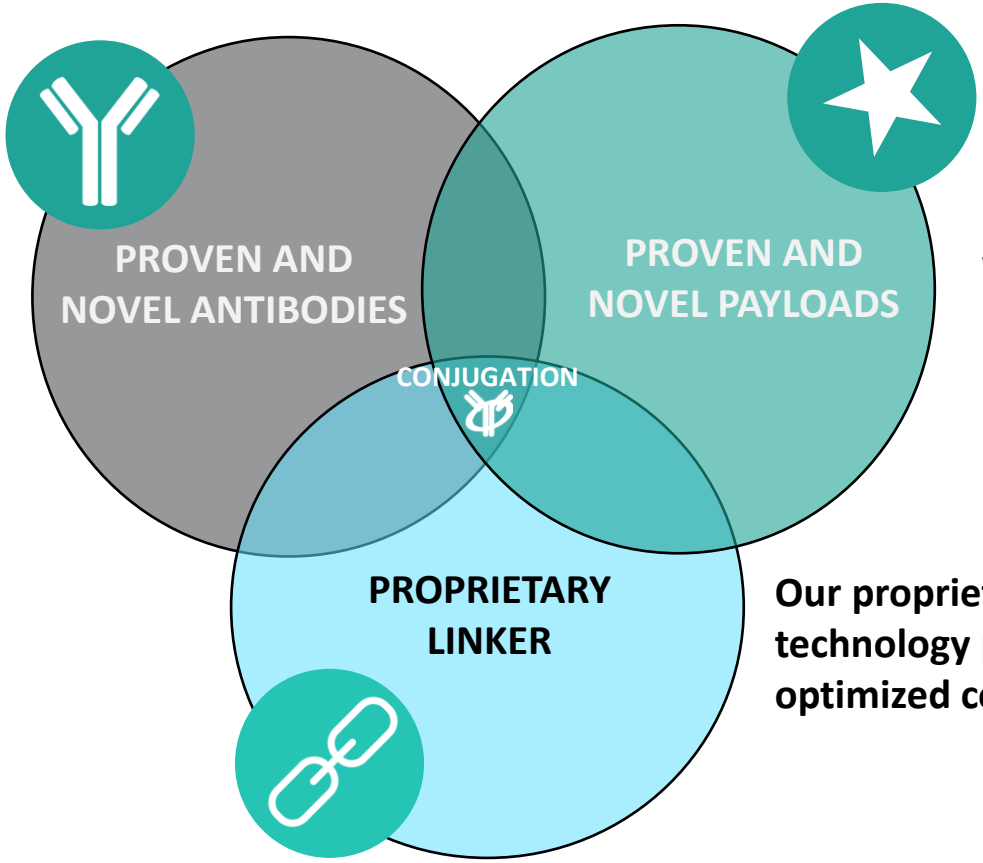
Early Promising Results

TROP2 ADC

- **OQY-3258 has comparable efficacy, demonstrated excellent safety, brain activity, and significantly reduced side effects compared to competitor TROP2 ADCs**
- **Now ready for late-stage clinical trials targeting TROP2 expressing solid tumors**

ADC Platform Principles

Use proven antibodies – sacituzumab – or our novel antibodies



Use proven ADC payloads – SN-38 – with established efficacy and manageable side effect profile or our proprietary payloads

Our proprietary linker technology producing optimized conjugation

Improved Efficacy

Increased Safety

Increased Tolerability

PRODUCING AN IMPROVED ADC CLINICAL PROFILE

Pipeline

Clinical-Stage Programs

Key Program	Target	Indication	Geography		Phase I	Phase Ia/b	Phase III	Note
OQY-3258* (ESG401)	TROP2 ADC	Metastatic Breast	China	HR+/HER2-				Phase III initiated in Q3,2024
			China	TNBC HR+/HER2-	Completed 2024			150+patient Complete
			China	1L TNBC	Planned			Phase III in China in 2025
		Prostate/Basket	US		Planned			US Phase II solid tumors in 2025
OQY-6129	CD38 ADC	R/R Multiple Myeloma	China					First-in-class Ongoing Phase I in China
		Amyloidosis	US					First-in-class Open IND in US
OQY-8811	BCMA ADC	Multiple Myeloma IND -ready	China/US		IND Ready			IND Ready

Preclinical Programs

Key Program	Indication	Payload-linker	Preclinical	Note
Next Gen TROP2 ADC	TNBC, HR+/Her2- Breast Cancer Advanced/metastatic solid tumors	Camhexin, C-lock		Engineered mAb with reduced Immunotoxicity, novel payload
CD25 ADC	HL, NHL, CLL, Advanced solid tumors	Camhexin/Duo, C-lock		Engineered mAb with reduced Immunotoxicity, novel payload
B7-H3 ADC	Advanced solid tumors	Camhexin, C-lock		Engineered mAb with reduced Immunotoxicity, novel payload
ROR1 ADC	CLL & MCL Advanced solid tumors	Camhexin/Duo, C-lock		Engineered mAb with reduced Immunotoxicity, novel payload

*ESG401/OQY-3258 has received breakthrough therapy designation in China for 1L TNBC and is currently enrolled in an investigator led study for the treatment of salivary gland tumors

ADC Deal Landscape

April 2024
Merck acquires Abceutics

April 2024
Genmab agreed to acquire ProfoundBio

Jan 2024
J&J acquired Ambrx

December 2023
Pfizer acquired Seagen

November 2023
Abbvie acquired ImmunoGen

October 2023
Merck acquired Daiichi Sankyo's Dxd based ADCs

October 2023
GSK entered exclusive license with Hansoh

In 2023, 76 ADC deals were executed, encompassing licensing agreements, collaborations, and acquisitions, with a strong focus on technology platforms.

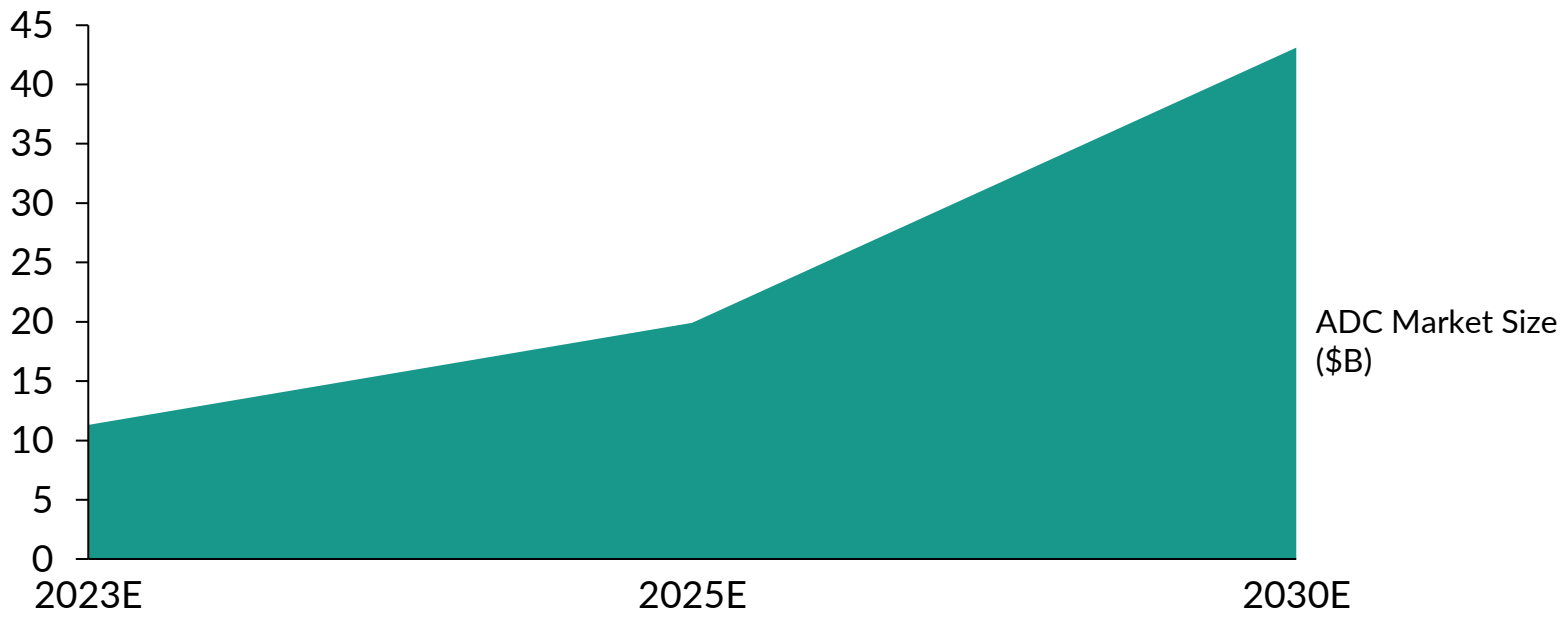
TROP2 ADC Market

POSITIONED IN BREAST AND LUNG CANCER WITH POTENTIAL FOR EXPANSION

25%
Market CAGR 2023-2030

$5.7B+
TROP2 ADC Revenue Potential (2030E)

Breast Cancer Patient Opportunity: expressed in 50% of ER+ and 93% of TNBC samples



- Strong precedent for ADC success in breast cancer with Enhertu® and Trodelvy® achieving blockbuster status
- Multiple successful ADC deals validate commercial potential ($90B+ in deal value since 2018)

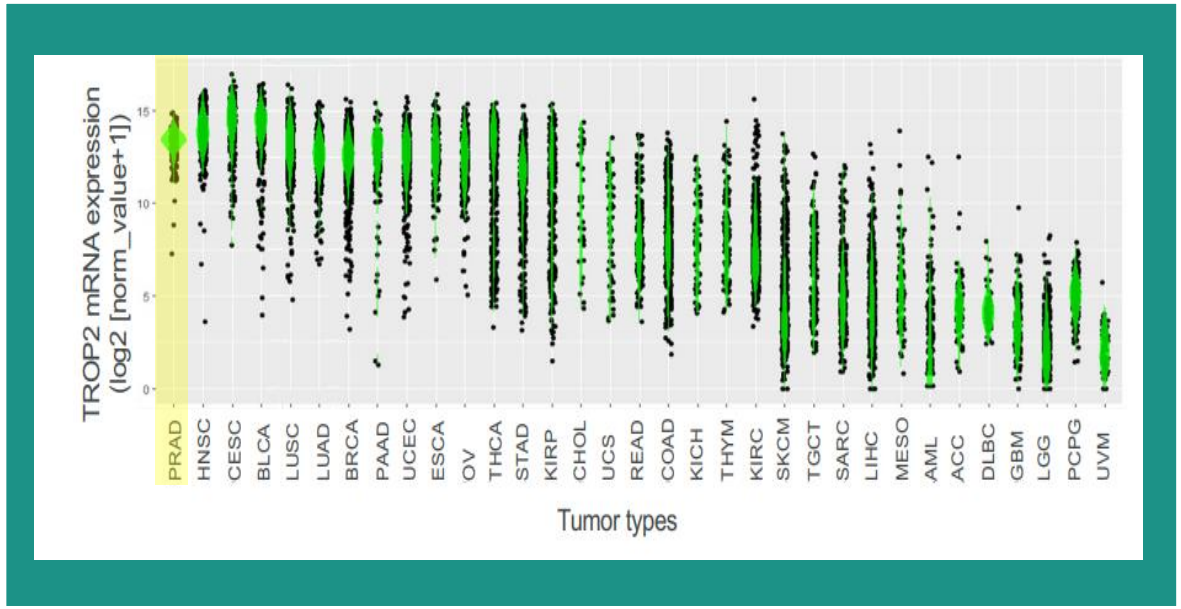
Leerlink Partners, The ADC Revolution: Journey to $40bn+ by 2030 (Part 1), 2024; Sakach et al. Cancers (Basel). 2022 Nov 30;14(23):5936.

Fresenius, D., Dewhurst, J. A., Pitson, S. M., & Li, J. (2022). Trop-2 targeting therapies in cancer treatment: Novel developments and mechanisms of action. Pharmacology & Therapeutics, 242, 107283. https://doi.org/10.1016/j.pharmthera.2022.107283

Gilead Sciences. (2024, January 4). Gilead Sciences announces fourth-quarter and full-year 2023 financial results. Gilead.

TROP2 Expression and Opportunity

Over 30 tumor types express TROP2 at high levels. TROP2 levels are higher in tumor issues vs baseline expression in corresponding normal tissues across various tumor types



While Competitive Set Focused Majority on Breast and Lung Solid Tumors, Opportunity in TROP2 Expressing Tumors Remains Untapped

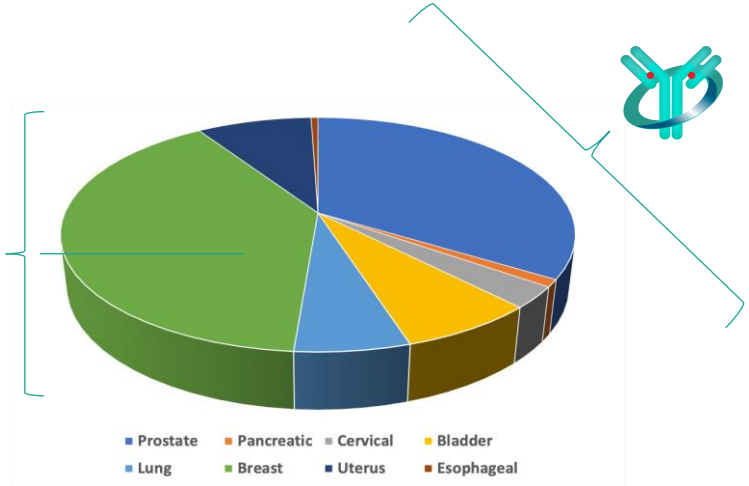
KELUN-BIOTECH 科伦博泰

AstraZeneca

MERCK

Daiichi-Sankyo

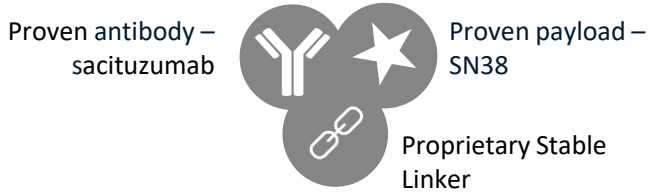
GILEAD



Prevalence: 11,189,416 total

Sources: Flynn et al, The antibody-drug conjugate landscape, Nature Reviews Drug Discovery, 2024. DOI:10.1038/d41573-024-00064-w. The Cancer Genome Atlas

Novel Linker TROP2 ADC



OQY-3258's optimized, proprietary stable linker reduces shedding associated toxicity, delivers more payload to tumor, and is able to penetrate BBB

Strong Efficacy Profile

- 1L TNBC: 88% ORR, 100% DCR
- Median PFS Not Reached
- HR+/HER2- BC: outperform SG in response rate (33% vs 21%) and progression-free survival time (8.0m vs 5.5m)

Favorable Safety & Tolerability Profile in 150 Patients to Date

- Main TRAEs include leukopenia and neutropenia median duration of 4 days**
- Grade ≥3 leukopenia and neutropenia did not result in discontinuation
- No ILD, stomatitis, or Grade ≥3 diarrhea

Improved Brain Metastases

- 43% intracranial response rate with 76% disease control
- HER2- mBC with BMs:
- 3 /21 pts achieved a complete intracranial response (IC-CR) and mPFS (4.6m vs. 2.8m for SG

Optimized PK for Improved Toxin Accumulation in Tumor and Penetration of BBB

- Prolonged plasma half-life
- Decreased plasma exposure to SN38 payload (reduced shedding)
- Increased accumulation of toxin in tumor
- Improved penetration of BBB

OQY-3258 demonstrates best-in-class potential with compelling efficacy, improved penetration capability and brain activity, and differentiated safety profile

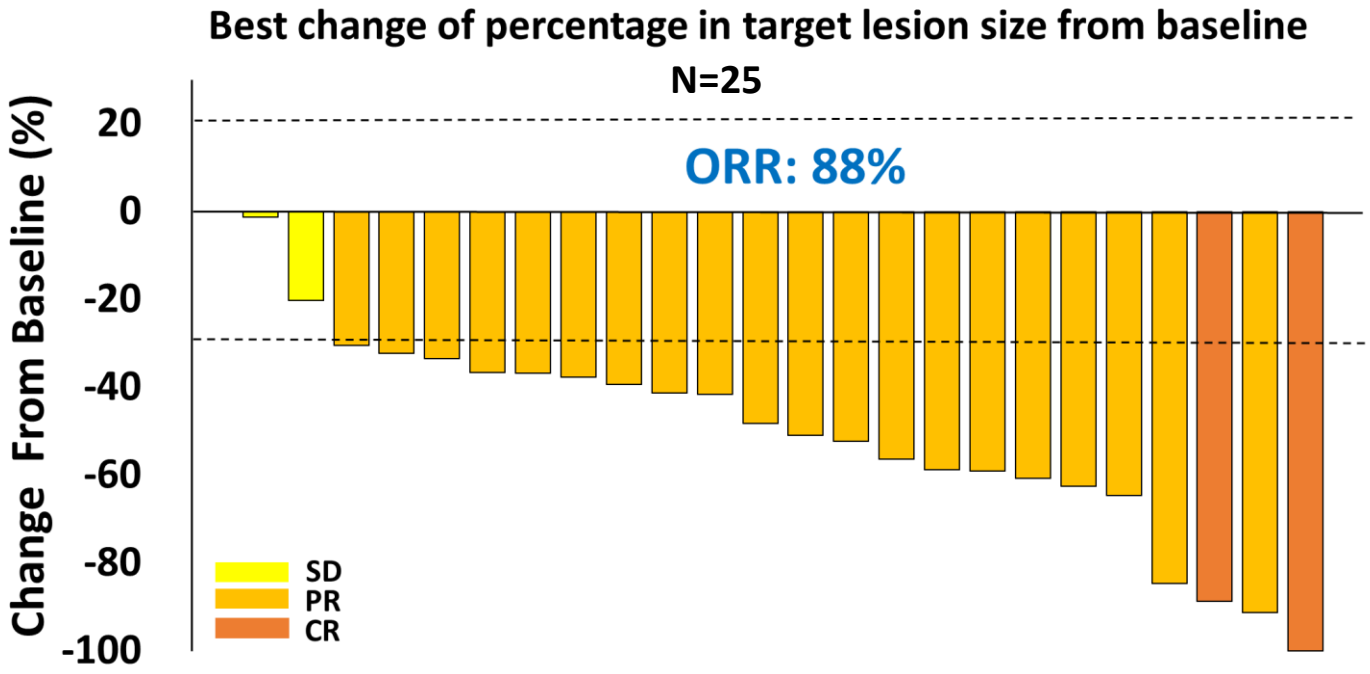
Ma et al. ESMO 2024: 89.7% of grade 3-4 neutropenia recovered within 7 days

Differentiated Safety Profile

	OQY-325	Gilead's Trodelvy (SG)	AZ/ Daiichi's Dato-Deruxtecan	Merck's SAC-Tirumotecan
Antibody	Sacituzumab	Sacituzumab	Datopotamab	Sacituzumab
DAR	**8**	7.6	4	7.4
Linker	**Enzyme-dependent**	pH-dependent	Enzyme-dependent	pH-dependent
Payload	**SN-38 (irinotecan active metabolite) TOP1 inhibitor**	SN-38 (irinotecan active metabolite) TOP1 inhibitor	deruxtecan TOP1 inhibitor	tirumotecan TOP1 inhibitor
Stage	**Phase 3**	Approved	Regulatory approval pending	Phase 3
Toxicity Liabilities/ Tolerability	**Neutropenia/Leukepenia[1]**	Life-threatening neutropenia[2] Severe diarrhea[2]	ILD concerns[3] Stomatitis[3]	Anemia[4] Stomatitis[4]

[1]*ESMO Presentation. Monday, September 16, 2024, 08:40-08:45; 349MO*
[2]*Trodelvy package insert*
[3]*Bardia et al, Journal of Clinical Oncology, 42(19), 2281–2294. https://doi.org/10.1200/JCO.23.01909*
[4]*Xu B, Yin Y, Fan Y, et al. https://meetings.asco.org/abstracts-presentations/239767. ASCO 2024. May 31 – June 4, 2024. Abstract 104.*

Compelling Efficacy in First-Line TNBC

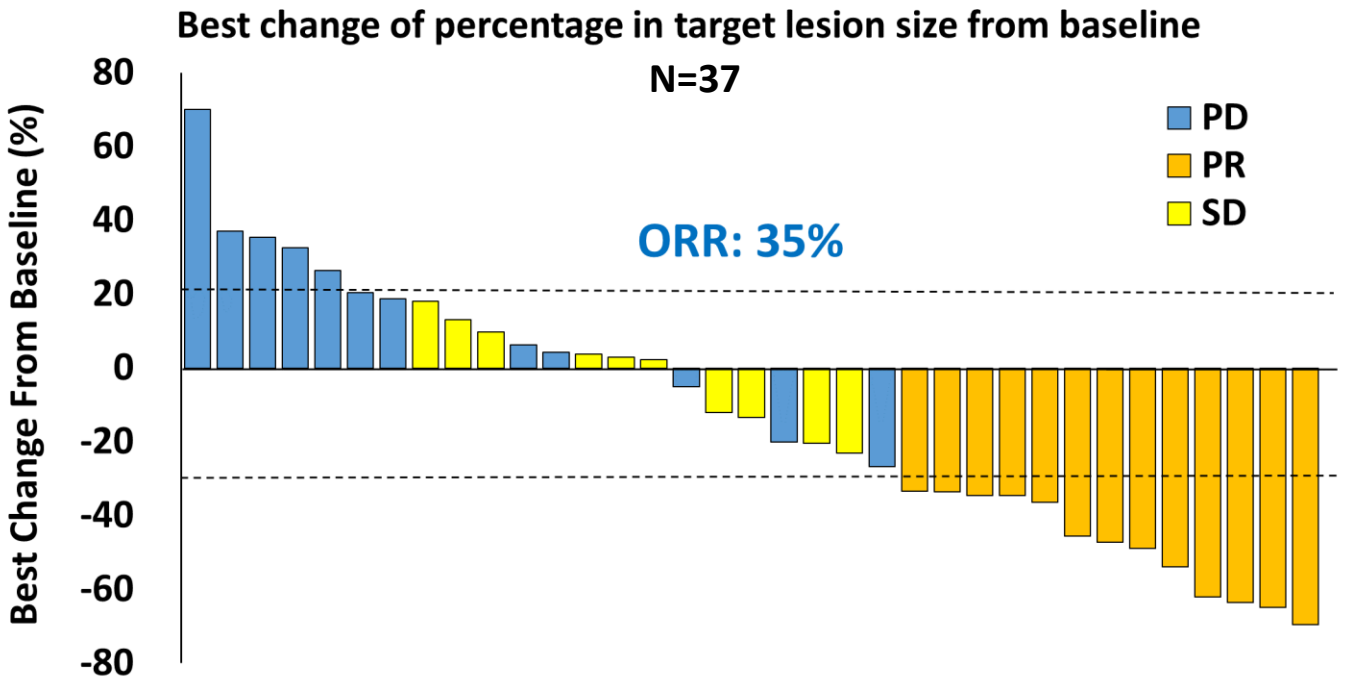


On November 6, 2024, the NMPA granted Breakthrough Therapy Designation to OQY-3258 for treating inoperable PD-L1-negative TNBC in patients without prior systemic therapy.

- **Compelling Objective Response Rate (ORR) of 88%, with 76% achieving confirmed complete or partial responses**
- Disease Control Rate (DCR) of 100%, indicating effective tumor shrinkage or disease stabilization in all patients
- Median Duration of Response (DoR) and Progression-Free Survival (PFS) not yet reached, suggesting prolonged treatment benefits
- Effective in patients with visceral metastasis, including lung (50%), bone (43%), liver (39%), and brain (11%)

Data cut-off date: Aug 15th, 2024. Subject to change.
ESMO Presentation. Monday, September 16, 2024, 08:40-08:45; 349MO

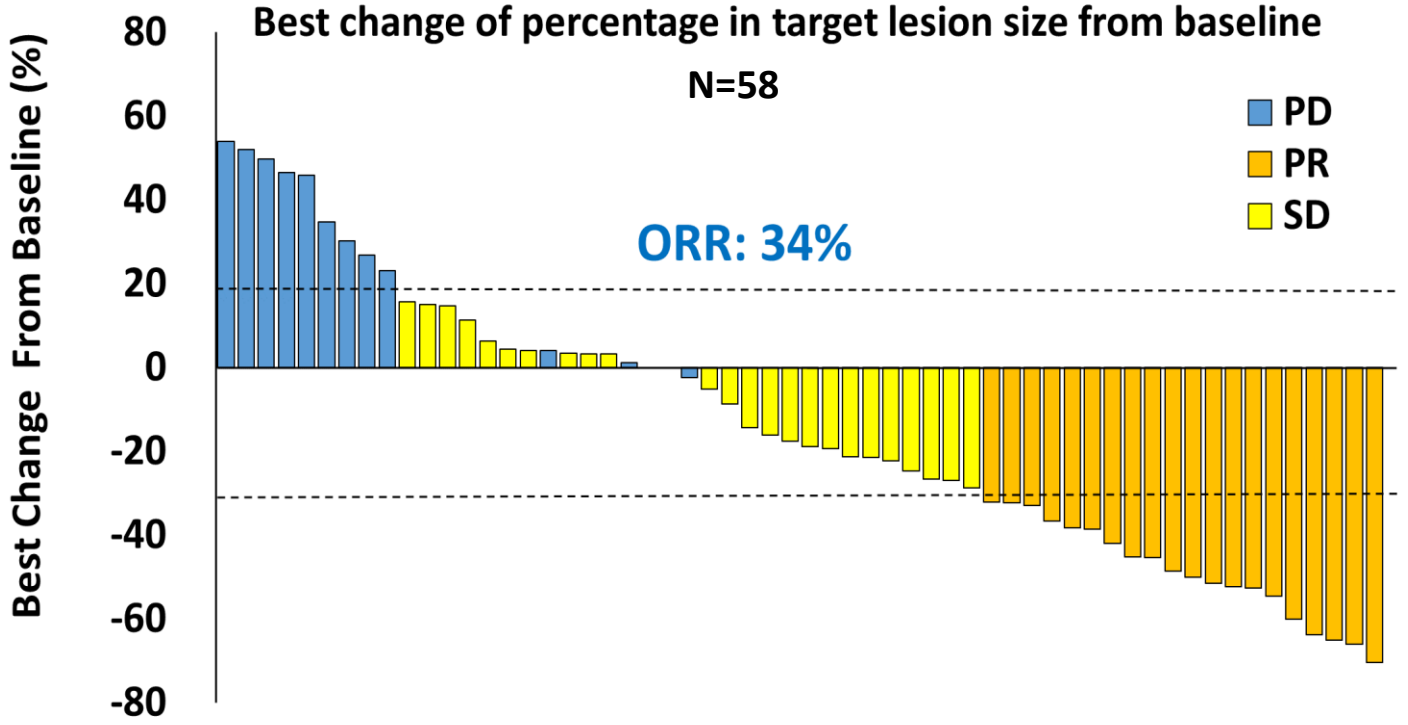
Positive Efficacy in Heavily Pre-Treated Late-Stage TNBC



- **Competitive Objective Response Rate (ORR) of 35%, with 27% achieving confirmed complete or partial responses.**
- Disease Control Rate (DCR) of 62%
- Median (range) Duration of Response (DoR) of 5 (3-14) months.
- Six-month DoR rate (95%CI) of 39% (12%-65%), highlighting prolonged benefit for responders.
- Median (range) PFS of 4 (3-5) months.
- Six-month PFS rate (95%CI) of 25% (11%-40%).

Data cut-off date: Aug 15th, 2024. Subject to change.
ESMO Presentation. Monday, September 16, 2024, 08:40-08:45; 349MO

Positive Efficacy in Late-Stage HR+/HER2-Breast Cancer

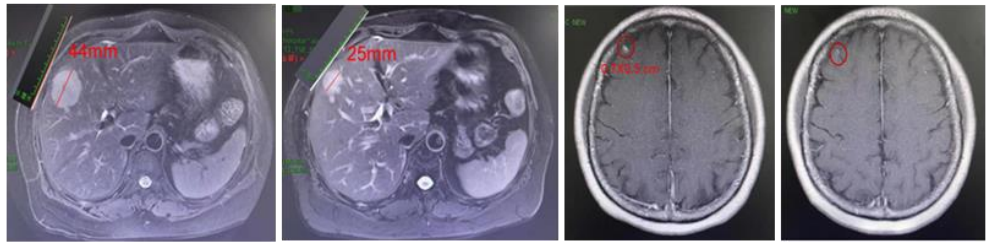


- **Competitive Objective Response Rate (ORR) of 34%, with 29% achieving confirmed complete or partial responses.**
- Disease Control Rate (DCR) of 78%.
- Median (range) Duration of Response (DoR) of 8 (5-24) months.
- Six-month DoR rate (95%CI) of 70% (50%-90%).
- Median (range) Progression-Free Survival (PFS) of 7 (4-9) months.
- Six-month PFS rate of 55%.

Data cut-off date: Aug 15th, 2024. Subject to change.
ESMO Presentation. Monday, September 16, 2024, 08:40-08:45; 349MO

Cases: Penetrated BBB and Compelling Efficacy in Patients with Brain Metastases

Representative Cases

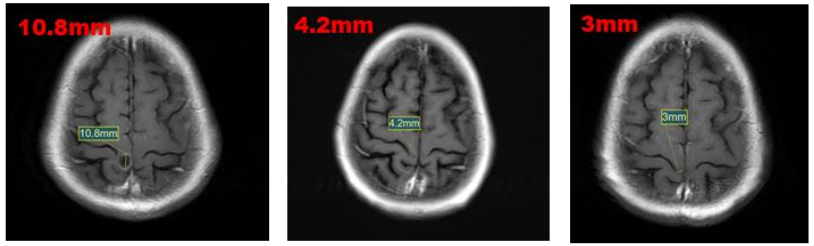


Patient history

- 20+ years of medical history, bilateral breast cancer, surgery + adjuvant treatment, later visceral metastasis (liver metastasis, lung metastasis, bone metastasis), the molecular signature of metastasis is different from primary tumor
- Multi-line treatment, with up to **11 previous treatment**
- **Progressed after treatment with Enhertu (DS-8201)**
- New brain metastasis at enrollment

After treatment with experimental drug

- **Favorable safety:** no neutropenia occurred within 5 cycles of treatment
- **Compelling efficacy:** target lesions (liver metastases) were **reduced by 43.2%** compared with baseline (and further **reduced by 45.5% subsequently**)
- Brain metastasis is effective: new brain metastasis is **reduced by approximately 57%** after 2 cycle of treatment, and **CR (complete disappearance) is achieved** after 3 cycles of treatment.



Patient history

- Triple-negative breast cancer, surgery + adjuvant treatment after diagnosis in 2019, visceral metastasis (liver metastasis, pulmonary metastasis) occurred within less than 1 year of adjuvant treatment
- Multi-line treatment, up to **5 previous treatments**
- **Progression after 7 cycles of treatment with videxitol (RC48)**
- New brain metastasis at enrollment

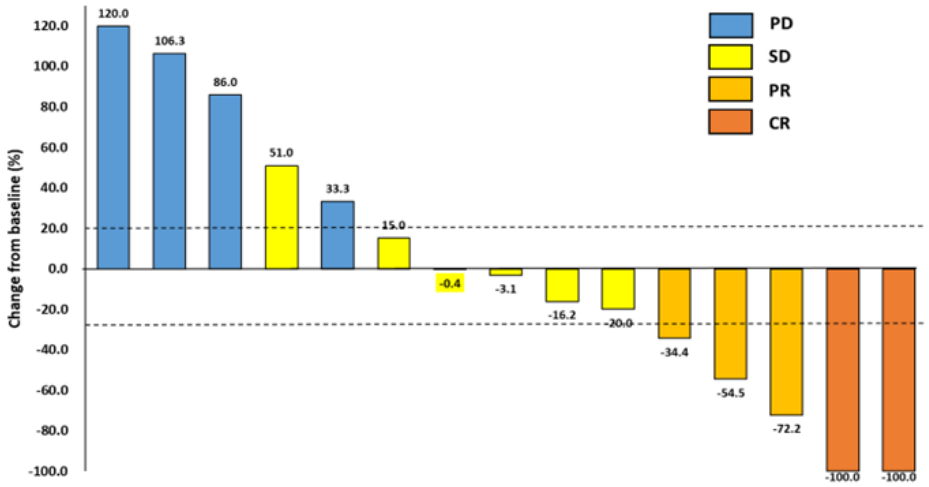
After Treatment with experimental drug

- **Favorable safety:** no neutropenia occurred within 4 cycles of treatment
- **Compelling efficacy:** Target lesions (liver, lung, lymph node metastases) **shrunk by 47.2% compared with baseline**
- Brain metastasis is effective: new brain metastasis lesions are **significantly reduced, reaching 72.2%**

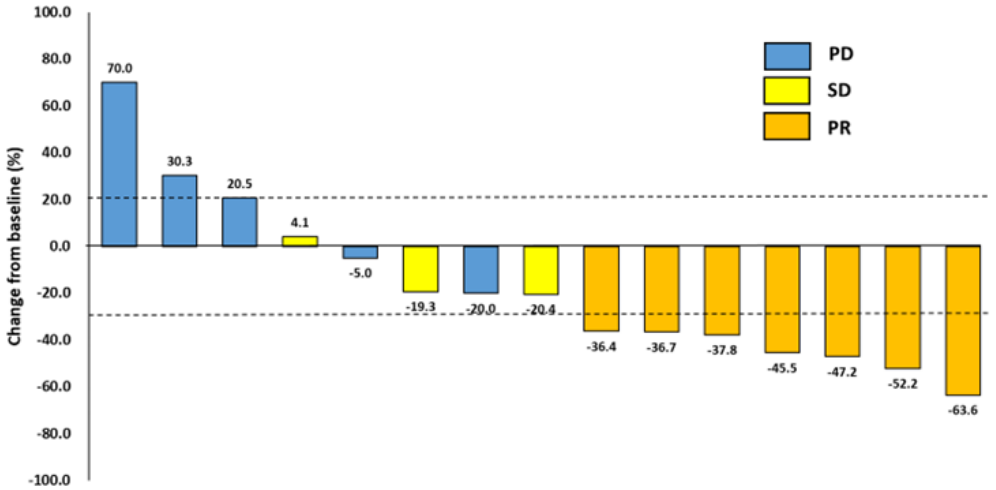
ESMO Presentation. Sunday, September 15, 2024, 09:05-09:10; 344MO

Penetrated BBB and Compelling Efficacy in Patients with Brain Metastases

Brain Lesion Waterfall Change



Target Lesion Waterfall Change



Brain Metastases (n=17)
Intracranial ORR: 41%

- Complete Transcranial Response: 3 patients
- Partial Transcranial Response: 4 patients

ESMO Presentation. Sunday, September 15, 2024, 09:05-09:10; 344MO

Demonstrates a Favorable Safety Profile

Events	All Patients, n (%) (n=144)
TRAEs	141 (97.9)
Grade ≥3 TRAEs	**69 (47.9)**
Serious TRAEs	**17 (11.8)**
Leading to Death	**0**
Leading to Discontinuation	**3 (2.1)**
Leading to Dose Delay	**55 (38.2)**
Leading to Dose Reduction	**9 (6.3)**

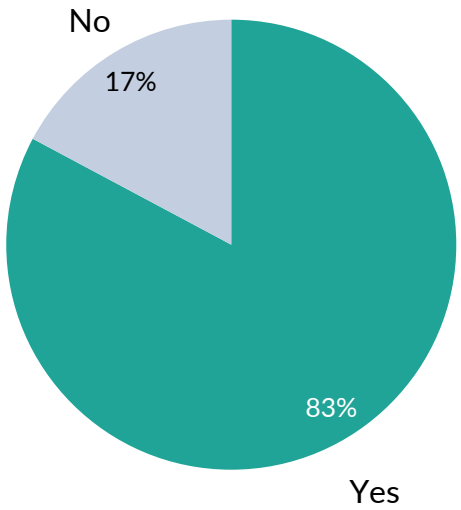
- The most common grade ≥3 TRAEs were neutropenia and leukopenia
- **No grade ≥3 diarrhea, rash, or interstitial lung disease was observed**

ESMO Presentation. Sunday, September 15, 2024, 09:05-09:10; 344MO

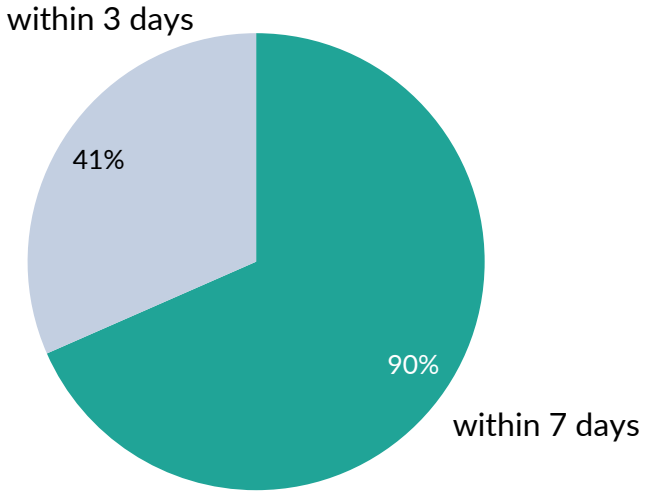
Overview of Grade ≥3 Neutropenia

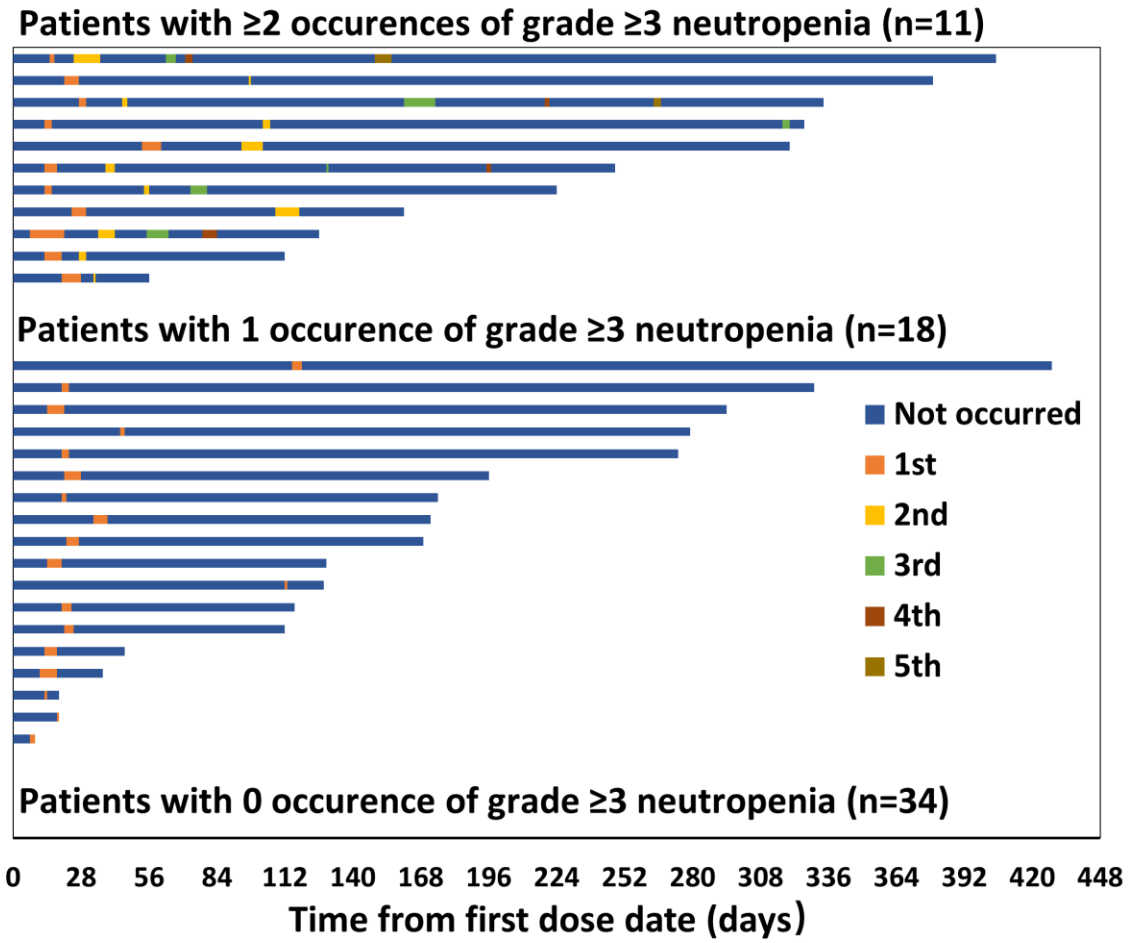
- Only 17.5% of subjects at 16mg/kg D1,8,15/28d had ≥2 occurrence of grade ≥3 neutropenia throughout the treatment.
- No grade ≥3 neutropenia caused permanent discontinuation **was manageable, subjects recovered rapidly after treatment.**

First Occurrence in the First Cycle, %



Rapid Recovery, %





ESMO Presentation. Sunday, September 15, 2024, 09:05-09:10; 344MO

OQY-3258
Next-Generation TROP2 ADC

Breakthrough Designation

Awarded in China November 2024, for Metastatic/Unresectable PDL-1neg, 1L TNBC

Next-Generation Linker

SN-38 toxin attached to enzyme-dependent serum-stable linker with DAR ~8 – overcomes Trodelvy's known stability issues

Safety

Favorable safety profile with manageable hematologic effects

Efficacy

Monotherapy efficacy in 3 breast cancer populations

Phase III

Phase 3 trial for metastatic / unresectable, PDL-1 negative 1L TNBC and 2L+ HR+/HER2- metastatic breast cancer launched in China (July 2024), building on successful early results

Comparison: Ph 3 Studies in Metastatic / Unresectable, PDL-1 negative 1L TNBC

	OQY-3258	Dato-DXd
Company	**Oqory**	AstraZeneca
Phase	**Global Phase 3**	Global Phase 3
Key Inclusion Criteria	**TNBC** **Metastatic/Unresectable** **PD-L1 negative**	TNBC Metastatic/Unresectable PD-L1 negative
Treatment Arm	**OQY-3258** **16 mg/kg Day 1, 8 and 15 of 28-day cycle**	Dato-DXd 6 mg/kg Q3W
Comparator Arm	**Investigator choice of:** **paclitaxel** **nab-paclitaxel** **eribulin** **capecitabine** **carboplatin**	Investigator choice of: paclitaxel nab-paclitaxel eribulin capecitabine or carboplatin
Endpoint	**Dual primary of PFS (BICR) and OS**	Dual primary of PFS (BICR) and OS
Estimated Primary Completion	**June 2027**	December 2025
Estimated Study Completion	**July 2028**	December 2025
CTG ID	**NCT06732323**	NCT05374512

Notes:
Trodelvy is not approved for this indication and is not conducting a Phase 3 trial in this indication.
Merck is not conducting a Phase 3 trial in this indication.