

China Pharma and Biotech

Akeso Inc

Rating

Market-Perform

Price Target

9926.HK

130.00 HKD



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ASCO 2026 Part 2 - Akeso's HARMONi-6 preview

We expect the ASCO 2026 HARMONi-6 plenary to trade almost entirely on the interim OS HR and how it lines up against plenary-level expectations. Our base case is that the HR skirts around the O'Brien-Fleming boundary: either a **“technical win” in the 0.70–0.72** range within the OBF boundary (i.e. statistically significant) with modest but consistent curve separation, fully justifying the plenary slot; or **“directionally positive” 0.72–0.74** where it may exceed the boundary but still show a favorable trend and allows shot-on-goal for final OS to clear the boundary. **We expect positive to measured reaction to a “technical win” (10–20% upside that may fade with profit-taking), and muted to mildly negative reaction to “directionally positive”.** There is a caveat that Akeso has not issued any headline release about securing statistically significant OS HR, which was their pattern for strongly positive data in the past - but this could be in keeping with the strict non-disclosure rules of ASCO plenary. We see HR above 0.75 quite unlikely as it would hardly justify the plenary status. At the other unlikely end, HR < 0.70 would be a strong win and immediate validation of the PD-1/VEGF class's OS benefits. Overall, R/R skews to the negative side but is reflected on the stock's recent downturn. We see little sense trading before the weekend, and would recommend immediate entry or sell for HR < 0.72 or > 0.75.

Separately, AK112's Phase II ASCO 2026 readout in 1L non-MSI-H/dMMR mCRC (ivo +mFOLFOX6) adds an early but encouraging data point. ORR of ~71% and 6-month PFS rates of ~85–95% compare favorably cross-trial with bevacizumab- and cetuximab-based 1L regimens. That said, the dataset is small, non-randomized, and limited to early ORR and 6-month PFS rate. Though modestly boosting confidence that the PD-L1/VEGF bispecific mechanism has potential in typically immunotherapy-“cold” tumors, the results are too premature to call for a pan-tumor bull case.

Looking past ASCO, the story is about a tight 2H26–2027 NSCLC readout lineup. The **2H26 HARMONi-3 squamous final PFS readout** (1L PD-L1 all-comer vs pembro+chemo) is the next big global efficacy test after an interim that missed its strict PFS bar and left the trial inconclusive for now. The **14 Nov 2026 HARMONI PDUFA** in 2L EGFRm, TKI-pretreated nsq-NSCLC is the first true registration swing and will determine how fast ivonescimab can scale outside China. *(Continued on the next page)*

Investment Implications

We rate Akeso Market-Perform with TP HK\$130.

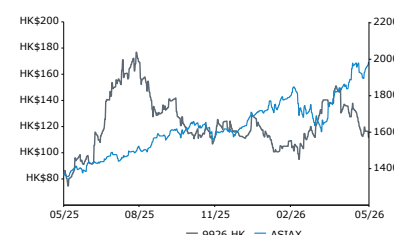
Reported EPS	F24A	F25E	F26E	Financials	F24A	F25E	F26E	CAGR	Valuation Metrics	F24A	F25E	F26E
9926.HK (CNY)	(0.60)	(0.52)	0.70	Revenues (M)	2,124	3,102	5,441	60.1%	Reported P/E (x)	(163.9)	(191.9)	141.8
				Gross Profit (M)	1,835	2,585	4,705	60.1%	EV/Sales (x)	35.3	24.2	13.8

Source: Bloomberg, Bernstein estimates and analysis.

Close Date	27 May 2026			
9926.HK Close Price (HKD)	114.40			
Price Target (HKD)	130.00			
Upside/(Downside)	14%			
52-Week Range	179.00/73.10			
ASIAx	1,978.51			
FYE	Dec			
Div Yield	NA			
Market Cap (HKD) (M)	105,379			
EV (HKD) (M)	86,504			
Performance	YTD	1M	6M	12M
Absolute (%)	1.2	(16.7)	(8.9)	36.5
ASIAx (%)	21.0	6.3	23.5	44.8
Relative (%)	(19.7)	(23.0)	(32.5)	(8.2)

Source: Bloomberg, Bernstein estimates and analysis.

Price Performance, 1YR



DETAILS

(cont.) Into 1H27, the HARMONi-3 non-sq PFS data then set up whether the drug can broaden its 1L reach beyond squamous. Overall, we still see ASCO 2026 as a checkpoint rather than the finish line: even with strong H-6 and supportive CRC data, investors will likely stay balanced until HARMONi-3 final PFS/OS are in hand.

HARMONI-6 OS PREVIEW

ASCO plenary sets a high bar; required interim OS HR in the range 0.72-0.74 for statistical significance

Following the previous reported positive PFS outcome, HARMONi-6 will present an interim OS analysis in 1L PD-L1 all-comer sq-NSCLC at the ASCO plenary on 31 May, 2026 – a slot usually reserved for data that are both statistically robust and practice-changing, not just “interesting”.

According to the protocol, interim OS analyses are conducted under a Lan-DeMets alpha-spending framework with O'Brien-Fleming (OBF) efficacy boundaries under a group sequential analysis design, allowing interim OS analyses while preserving the overall one-sided alpha of 0.025. As such, it prevents false positives from interim analyses while still allowing early stopping if evidence is overwhelming.

As the exact planned interim OS information fraction (defined as planned interim OS event / planned final OS event) has not been formally disclosed, **we use the protocol-specified 70% interim information fraction for PFS as a proxy for OS maturity** and construct a scenario table using multiple assumed planned final OS event counts. Under the classical OBF approximation:

$$Z_{OBF}(t) \approx \frac{Z_{\alpha=0.025}}{\sqrt{t}}$$

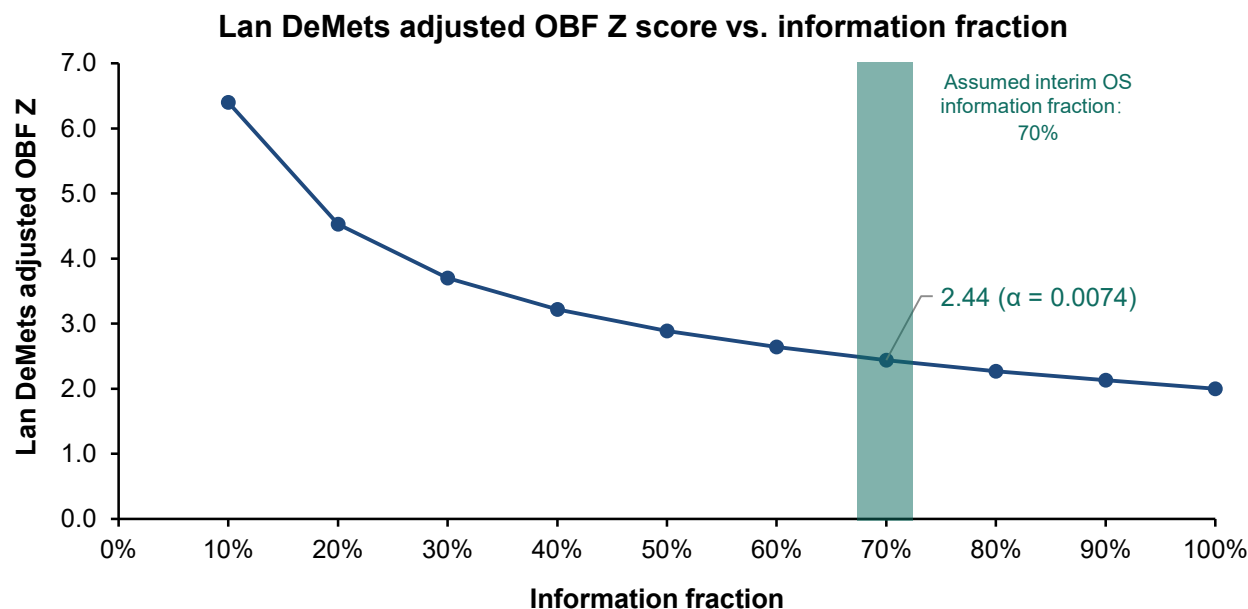
, where t is the interim OS information fraction

the interim efficacy boundary is estimated at c. Z~2.34. We then apply AI-assisted Lan-DeMets spending adjustments to derive **Z~2.44 (Exhibit 1)**. Applying standard survival-analysis relationship:

$$HR \approx e^{-\frac{2 \times Z_{OBF}}{\sqrt{D}}}$$

, where D is the planned interim OS events

we estimate interim OS significance thresholds across varying OS maturity scenarios. Under these assumptions, **interim OS significance would likely require an OS HR in the low-to-mid 0.7x range (Exhibit 2)**. Considering the trial timeline (estimated median follow-up at 21m with data cutoff Jan 2026 as reference; data cutoff may be between Jan to Mar), top two rows (60-70% event maturity) would be more likely than the third.

EXHIBIT 1: At an c.70% interim OS information fraction, statistical significance likely requires a Z = 2.44

Source: Company disclosures, Bernstein estimates and analysis

EXHIBIT 2: Estimated OS HR requirements across varying final OS event maturity scenarios

Final OS event maturity scenario ^a	Calculated planned final OS events	Est. interim OS events (70% fraction)	Required interim OS HR (Z≥2.44)	Required final OS HR (Z≥2.00)
60% event maturity	319 deaths	223 deaths	HR ≤ 0.721	HR ≤ 0.799
70% event maturity	372 deaths	260 deaths	HR ≤ 0.739	HR ≤ 0.813
80% event maturity	426 deaths	298 deaths	HR ≤ 0.754	HR ≤ 0.824

Note: a. Calculated as Final OS events / total patients enrolled

Source: Company disclosures, Bernstein estimates and analysis

Long-tail “IO-like” benefit in HARMONi-A / HARMONi supports the biology, if not a home run

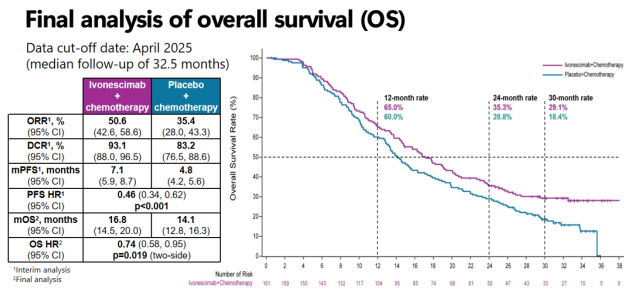
In 2L+ EGFR-mutated NSCLC, both the China HARMONi-A trial and the global HARMONi trial showed only modest separation between AK112+chemo and chemo alone on OS – but importantly the small gap persists to the tail of the curves, consistent with a long-tail survival benefit for the minority of patients who derive true immunotherapy benefit.

In HARMONi-A, the final OS analysis (median follow-up ~32.5m) delivered an OS HR of 0.74 with AK112+chemo vs 14.1m for control, and the treatment curve stays slightly above control out to ~30–36 months rather than collapsing back (Exhibit 3). The global HARMONi dataset (HR ~0.78 at longer follow-up) shows a similar pattern: a narrow but durable separation, albeit with more noise in Western patients due to smaller sample size and shorter follow-up (Exhibit 4).

This contrasts with KEYNOTE-789 (Keytruda+chemo), where OS HR was 0.84 and the curves largely run in parallel with only ~1.2-month mOS gain; the apparent long-tail in AK112's 2L EGFRm data, even if modest, is not replicated by Keytruda in this biology (Exhibit 5). So far, the best OS benefits for this setting had come from Kelun-Biotech's sac-TMT in OptiTROP-Lung04 (China) with strong and sustain separation of OS curves (Exhibit 6).

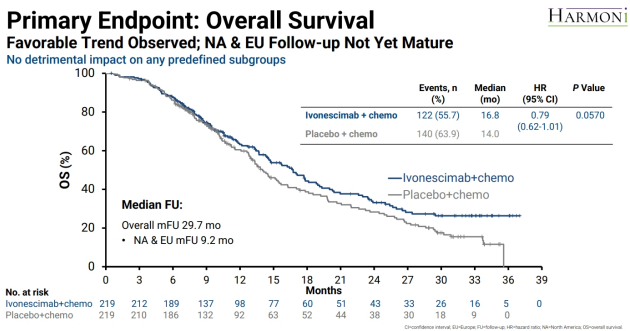
Our read-through: AK112 has already shown “better-than-Keytruda” IO behavior in a difficult EGFRm population – not a landslide victory, but enough to support the idea that, if HARMONi-6 hits its OS boundary, the benefit is likely to be biologically real and durable rather than a one-off statistical artifact.

EXHIBIT 3: Kaplan-Meier curve for final OS: AK112 + chemo vs. PBO + chemo (HARMONi-A, China)



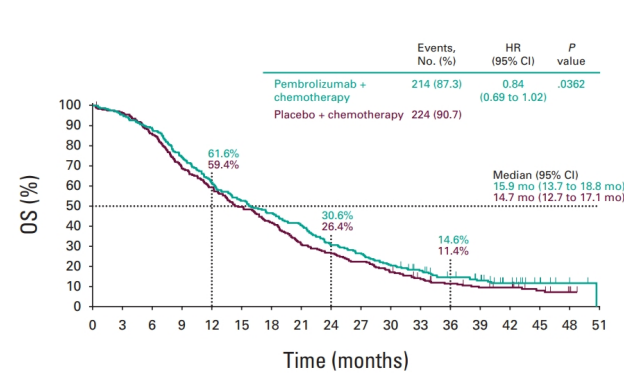
Source: Akeso, SITC

EXHIBIT 4: Kaplan-Meier curve for final OS: AK112 + chemo vs. PBO + chemo (HARMONi, Global)



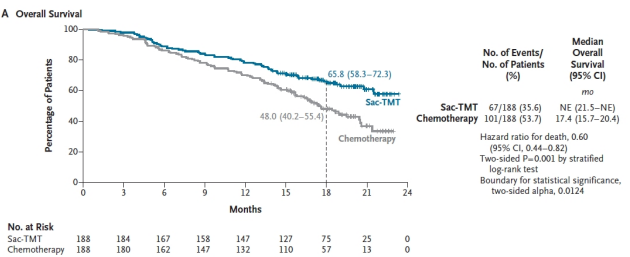
Source: Summit, WCLC

EXHIBIT 5: Kaplan-Meier curve for final OS: Keytruda + chemo vs. PBO + chemo (Keynote-789, Global)



Source: ASCO

EXHIBIT 6: Kaplan-Meier curve for interim OS: sac-TMT vs. chemo (OptiTROP-Lung04, China)



Source: NEJM

EXHIBIT 7: In 1L PD-L1 all comer sq-NSCLC setting, AK112 (H-6) showed the highest mPFS vs. peers

	ESMO 2025		SITC 2025		NEJM		ASCO 2025		ESMO Journal 2024		
Sponsor	Akeso		3S Bio		Merck		Daiichi Sankyo / AZ		BeOne		
Product	AK112		SSGJ-707		Pembrolizumab		Datopotamab deruxtecan (Dato-DXd)		Tislelizumab		
Target & Modality	PD1/VEGF BsAb		PD1/VEGF BsAb		PD-1 mAb		TROP2 ADC		PD-1 mAb		
Trial No.	HARMONI-6, NCT05840016		NCT06412471		KEYNOTE-407, NCT02775435		TROPION-Lung02, NCT04526691		RATIONALE-307, NCT03594747		
Trial location	China		China		Global		Global		China		
Phase (trial result)	III		II		III		I		III		
Therapy type	1L		1L		1L		1L		1L		
Indication	Advanced NSCLC										
Histology	Squamous		Squamous (subgroup)		Squamous		Squamous (subgroup)		Squamous		
PD-L1 status	PD-L1 all comer		PD-L1 all comer		PD-L1 all comer		PD-L1 all comer		PD-L1 all comer		
Intervention	AK112 + chemo	Tislelizumab + chemo	SSGJ-707 (10mg/kg)+ chemo	Tislelizumab + chemo	Pembro + chemo	PBO + chemo	Dato + keytruda	Dato + keytruda + Pt-CT	Tislelizumab + chemo	Tislelizumab + chemo	Chemo
Efficacy evaluable pts	266	266	13	21	278	281	9	12	120	119	121
ORR	75.9%	66.5%	69.2%* (7.7% PR pending)	47.6%* (28.6% PR pending)			66.7%*	50.0%*	74.2%	73.9%	47.9%
DoR (months)							12.0	5.5	8.4	8.6	4.3
mPFS (months)	11.14 (mFU = 10.28m)	6.9 (mFU = 10.28m)			8.0	5.1	10.2	6.7	7.7	9.6	5.5
PFS HR	0.6 ([0.46,0.78], p<0.0001)				0.57				0.45	0.43	
mOS (months)					17.1	11.6			22.8	NE (18.6-NE)	20.2
OS HR					0.71				0.68	0.75	
Safety profile (All pts)	Grade ≥3 TRAEs: 63.9%	Grade ≥3 TRAEs: 54.3%	Grade ≥3 TRAEs: 39%	Grade ≥3 TRAEs: 33%	Grade ≥3 AEs: 74%	Grade ≥3 AEs: 70%	Grade ≥3 TRAEs: 40.5%	Grade ≥3 TRAEs: 55.6%	Grade ≥3 TEAEs: 89.2%	Grade ≥3 TEAEs: 87.3%	Grade ≥3 TEAEs: 84.6%

Note: a. Post-hoc OS data used for RATIONALE-307; * Confirmed ORR; 3S Bio is not covered, Merck is covered by Courtney Breen, Daiichi Sankyo is covered by Miki Sogi, AZ is covered by Justin Smith
Source: ESMO, ASCO, ClinicalTrials.gov, PubMed, Pharmcube, Bernstein analysis

Likely scenarios and how we think the stock would react

EXHIBIT 8: Scenario analysis of interim OS HRs and estimated stock impact

Base case

Scenario	Interim OS HR range	Data read-through	Expected reaction on stock
Clear win	HR ≤ 0.70	Strongly positive OS; clean separation and early tail; well inside OBF boundary	Strongly positive, re-rating likely
Technical win	0.70 < HR ≤ 0.72	Meets OBF boundary; modest but consistent separation befitting plenary status	Positive but measured; 10-20% upside temporarily but may fade fast with profit-taking
Directionally positive	0.72 < HR ≤ 0.74	Favorable trend but may miss OBF, slightly below plenary expectations	Muted to mildly negative
Disappointing	0.75 < HR ≤ 0.80	Not immediate death sentence but clearly below plenary expectations	10-20% downside
Disaster	HR > 0.80 or noisy	Little/no separation or subgroup-driven effect; plenary hard to justify	Material de-rating, peak sales questioned

Source: Bernstein estimates and analysis



Update on 1L CRC from ASCO 2026 (poster session content released online on May 21): encouraging but still early

Abstract 3576: [Ivonescimab \(ivo\) with oxaliplatin + fluorouracil \(5-FU\) + leucovorin calcium \(mFOLFOX6\) for patients \(pts\) with unresectable metastatic colorectal cancer \(mCRC\): A phase 2 study.](#)

In unresectable, non-MSI-H/dMMR mCRC, both ivonescimab arms (20 mg/kg and 10 mg/kg with mFOLFOX6) reported an ORR of 70.8% in 1L, clearly above the ~47–49% ORR seen with bevacizumab+FOLFOX4/XELOX and placebo+FOLFOX4/XELOX benchmarks, current standard of care (ivo with a much smaller sample size). 6-month PFS rates were 95.2% (20 mg/kg) and 84.8% (10 mg/kg) for ivonescimab, suggesting early durability trends that look noninferior to the mPFS range of 8-9 months from SoC. Grade ≥ 3 TRAEs of 40.0% and 33.3% also compare favorably to the ~75–80% Grade 3/4 AE rates reported with bevacizumab + FOLFOX/XELOX and cetuximab+FOLFIRI, suggesting the regimen is at least no more toxic than SoC and possibly better tolerated.

Overall, the ASCO 2026 CRC readout modestly boosts confidence that the PD-L1/VEGF bispecific mechanism has potential in typically immunotherapy-“cold” tumors, but the results are too premature to call for a pan-tumor bull case.

EXHIBIT 9: In 1L mCRC setting, Akeso's AK112 combo showed numerically higher ORR and lower toxicity compared to the SoCs

	ASCO 2026		NCCN guided SoC (KRAS/ BRAF all comer)		NCCN guided SoC (KRAS/ BRAFwt)	
Sponsor	Akeso		Roche		Merck	
Product	Ivonescimab		Bevacizumab		Cetuximab	
Target & modality	PD-L1 / VEGF BsAb		VEGF-A mAb		EGFR mAb	
Trial No.	NCT05382442		NO16966, NCT00069095		CRYSTAL, NCT00154102	
Trial location	China, U.S.		Global		Global	
Phase	II		III		III	
Treatment line	1L		1L		1L	
Indication	unresectable metastatic CRC (non-MSI-H / dMMR)		unresectable metastatic CRC		unresectable metastatic CRC	
Patient characteristic	79.6% had left-sided tumors, 53.1% had KRAS / BRAF mutations, and 67.3% had liver metastases				21.4% had liver metastases, 35.6% had KRAS mutations	
Intervention	ivo 20 mg/kg + mFOLFOX6	ivo 10 mg/kg + mFOLFOX6	Beva + FOLFOX4 / XELOX	PBO + FOLFOX4 / XELOX	Cetuxi + FOLFIRI	FOLFIRI
Efficacy evaluable pts	25	24	699	701	599	599
ORR %	70.8%	70.8%	47.0%	49.0%	46.9%	38.7%
DCR %	100.0%	100.0%				
DoR (month)			8.5	7.4		
mPFS (months)			9.4	8.0	8.9	8.0
PFS HR			0.83 ([0.72, 0.95], p=0.0023)		0.85 ([0.72, 0.99], p=0.048)	
6-months PFS rate %	95.2%	84.8%				
OS (months)			21.3	19.9	19.9	18.6
OS HR			0.89 ([0.76, 1.03], p=0.0769)		0.93 ([0.81, 1.07], p=0.31)	
Safety profile	Grade ≥ 3 TRAEs: 40.0%	Grade ≥ 3 TRAEs: 33.3%	Grade 3/4 AEs: 80%	Grade ≥ 3 AEs: 75.0%	Grade 3/4 AEs: 79.3%	Grade 3/4 AEs: 61.0%

Note: Roche is covered by Justin Smith

Source: ASCO, Nature, NEJM, ClinicalTrials.gov, Bernstein analysis

RECENT MILESTONES AND UPCOMING CATALYSTS

2H 2026 HARMONi-3 sq final PFS: Final PFS analysis in the 1L PD-L1 all-comer squamous cohort vs pembrolizumab+chemo becomes the next major global efficacy catalyst after the ASCO HARMONi-6 plenary, and will be critical for re-framing risk/reward in the frontline sq-NSCLC opportunity. In 1H 2026, Summit (covered by Jeffrey Walch) announced that the Independent Data Monitoring Committee reviewed a preplanned interim PFS analysis for the squamous cohort and, while the trial continues as planned, the interim data did not cross the strict predefined boundary for statistical significance, which led many to initially assume the study had “failed.” We see the outcome as statistically inconclusive rather than negative, but it does raise the bar for seeing statistically significant OS at interim analysis. **So the 2H26 reveal is less likely to be the be-all end all milestone, and the debate would likely draw on until the final OS analysis, likely in late 2027.**

14 Nov 2026 HARMONi PDUFA: FDA PDUFA decision for ivonescimab+chemo in 2L EGFR-mut, TKI-pretreated nsq-NSCLC (single-study filing based on the global HARMONi dataset) is the first registrational test and will shape the initial commercial prospect of the asset ex-China.

1H 2027 HARMONi-3 non-sq first PFS: First PFS readout in the larger non-squamous cohort (70% of patients) is a make-or-break label-expansion catalyst.

See more details in (Exhibit 11).

Versus other PD-1/VEGF bispecifics, Akeso still looks meaningfully ahead on calendar catalysts, with the first registrational decision in late 2026 and a set of key Ph3 trials reading out in 2026–2027 and arriving several years before BMS's BNT327 and Pfizer's SSGJ-707 programs (Exhibit 12). For BNT327/pumitamic, 1L PD-L1 $\geq 50\%$ NSCLC trial vs Keytruda mono has primary completion ~2031 (final PFS/OS well behind HARMONi-3); key trials missing are PD-L1 all-comer NSCLC in sq and nsq (equivalents of H-3). For SSGJ-707, Symbiotic-Lung01/02 1L NSCLC trials (with/without alterations) are expected to deliver first major PFS readouts in 2028–2029.

EXHIBIT 10: **AK112 domestic and global trials summary**

Cancer type	LoT	Therapy type	China trials (sponsored by Akeso)				Global trials (sponsored by Summit)			
			Trial	Indication	Enrolment ^a	Status	Trial	Indication	Enrolment ^a	Status
NSCLC	First line	Monotherapy	HARMONi-2	PD-L1 TPS>1% (squamous + non-squamous)	398	Complete	HARMONi-7	PD-L1 TPS>=50% (squamous + nonsquamous)	780	On-going
		Chemo combo	HARMONi-6	PD-L1 all-comer (squamous)	532	On-going	HARMONi-3	PD-L1 all-comer (squamous + nonsquamous)	1,600	On-going
	2nd line+	Chemo combo	HARMONi-A	EGFRm	322	Complete	HARMONi	EGFRm	420	On-going
		Chemo combo	HARMONi-8A	No AGA	536	On-going				
CRC	First line	Chemo combo	HARMONi-GI6	-	560	On-going	HARMONi-GI3	MSS/pMMR	600	On-going
SCLC	LS	Monotherapy	HARMONi-9	LS-SCLC	480	On-going				
HNSCC	First line	Combo with AK117	HARMONi-HN1	PD-L1 CPS>1	510	On-going				
BTC	First line	Chemo combo	HARMONi-GI1	PD-L1 all-comer	682	On-going				
Pancreatic	First line	Chemo combo	HARMONi-GI2	-	999	On-going				
TNBC	First line	Chemo combo	HARMONi-BC1	PD-L1 all-comer	416	On-going				

Note: Summit is covered by Jeffrey Walch

Source: Company disclosures, Pharmcube, ClinicalTrials.gov, Bernstein analysis

EXHIBIT 11: Beyond HARMONi-6, the next catalysts to watch include readouts on HARMONi-3 and PDUFA result of HARMONi

Region	Trial name	NCT #	Primary completion	Timeline		
				1H26	2H26	1H27
China	HARMONi-6	NCT05840016	2025-02	Interim OS (likely with final PFS) May 31, ASCO LBA4		Final OS (est.)
	HARMONi-GI6	NCT06951503	2027-01	Enrolling patients		
Global	HARMONi	NCT06396065	2025-04		PDUFA date: Nov 14, 2026	
	HARMONi-3 (sq)	NCT05899608	2028-12	Interim PFS, insignificant ^a	Final PFS, Interim OS	
	HARMONi-3 (nsq)	NCT05899608	2028-12			Final PFS
	HARMONi-7	NCT06767514	2028-04	Enrolling patients		
	HARMONi-GI3	NCT07228832	2028-05	Enrolling patients		
	AK112 + RAS (Sponsor: Rev Meds)	NCT07397338	2029-05	Began enrolling patients in 1Q26		
	AK112 + Ris-Rez (Sponsor: GSK)	NCT07602855	2029-07		Expected to begin dosing patients mid-2026	
	AK112 + (ligufalimab) (Sponsor: GORTEC)	NCT07264075	2030-05	Expected to begin enrollment in 2Q26		

a) HARMONi-3's interim analysis was not statistically significant, and the study will continue as planned; primary completion dates are provided by Clinicaltrials.gov
Source: Clinicaltrials.gov, Bernstein analysis and estimates

EXHIBIT 12: Global Ph3 trial summary for leading PD-1/VEGF assets

Company/Sponsor	Drug name	Registration info	Indication	Trial arms	Enrollment ^a	Start date	Primary completion date ^a	Data readouts (Date, endpoint)	Primary endpoints	H2H vs. Keytruda	Est. next readout
 Summit therapeutics	Ivonescimab (AK112)	HARMONI, NCT06396065	2L+ EGFR+ Nsq-NSCLC (3 rd EGFR-TKI failed)	AK112 + carbo & pem vs. Placebo + carbo & pem	420	May 2023	April 2025	WCLC 2025: Final OS analysis	OS, PFS		
		HARMONI-3, NCT05899608	1L PD-L1 all-comer NSCLC	AK112 + chemo vs. Keytruda + chemo	1,600 (sq 600, nsq 1,000)	Oct. 2023	Dec. 2028	Interim PFS for sq not reaching SS (announced in April 2026)	OS, PFS		2H26 - 1H27 (Company guidance)
		HARMONI-7, NCT06767514	1L PD-L1 high NSCLC (TPS ≥ 50%)	AK112 mono vs. Keytruda mono	780	Feb. 2025	April 2028	None	OS, PFS		2H27 (BernE)
		HARMONI-GI3, NCT07228832	1L mCRC (non MSI-H, non dMMR)	AK112 + FOLFOX vs. Beva + FOLFOX	600	Nov. 2025	May 2028	Ph2 results at ASCO 2026; Ph3 results pending	PFS		2H27 (BernE)
 BIONTECH	Pumitamig (BNT327)	ROSETTA-Lung01, NCT06712355	1L ES-SCLC	BNT327 + chemo vs. Atezolizumab + chemo	621	Feb. 2025	Dec. 2028	Ph2 results at ELCC 2026; Ph3 results pending	OS		2028 (Company guidance)
		ROSETTA-Lung-201, NCT07361497	Unresectable stage III NSCLC	BNT327 mono vs. Durvalumab mono	850	Mar. 2026	Sept. 2030	None	PFS		2030+ (Company guidance)
		ROSETTA-Lung-202, NCT07361510	1L PD-L1 ≥ 50% NSCLC	BNT327 mono vs. Keytruda mono	750	Mar. 2026	Oct. 2031	None	OS, PFS		2030+ (Company guidance)
		ROSETTA-Breast01, NCT07173751	1L PD-L1 CPS≤10 TNBC	BNT327 + chemo vs. Placebo + chemo	558	Oct. 2025	Dec. 2029	Ph2 results at SABCS 2025; Ph3 results pending	OS, PFS		2029 (Company guidance)
 Pfizer	SSGJ-707 (PF4404)	Symbiotic-Lung-01, NCT07222566	1L sq-NSCLC w/o actionable genomic alterations	SSGJ-707 + chemo vs. Keytruda + chemo	1,410	Jan. 2026	Feb. 2029	None	OS, PFS		2028-2029 (BernE)
		Symbiotic-Lung-01, NCT07222567	1L nsq-NSCLC w/o actionable genomic alterations	SSGJ-707 + chemo vs. Keytruda + chemo							
		Symbiotic-GI-03, NCT07222800	1L CRC	SSGJ-707 + chemo vs. Bevacizumab + chemo	800	Dec. 2025	Mar. 2030	Ph2 results at ESMO 2025; Ph3 results pending	OS, PFS		2H29 (BernE)

Note: a. Estimated by ClinicalTrials.gov; BioNTech and Summit are covered by Jeffrey Walch, BMS and Pfizer are covered by Courtney Breen
Source: Company disclosures, ClinicalTrials.gov, Pharmcube, Bernstein estimates and analysis

BERNSTEIN TICKER TABLE

Ticker	Rating	Cur	27 May 2026	Price Target	TTM	Reported EPS				Reported P/E (x)		
			Closing Price		Rel. Perf.	Cur	2024A	2025E	2026E	2024A	2025E	2026E
9926.HK (Akeso)	M	HKD	114.40	130.00	(8.2)%	CNY	(0.60)	(0.52)	0.70	(163.9)	(191.9)	141.8
ASIA			1,978.51									

O - Outperform, M - Market-Perform, U - Underperform, NR - Not Rated, CS - Coverage Suspended

Source: Bloomberg, Bernstein estimates and analysis.

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VALUATION METHODOLOGY**Akeso Inc**

We use a blended approach combining a DCF valuation (HK\$123, applying a WACC of 12.2% and a 2.5% terminal growth rate) with 33% weight, P/S multiples (HK\$119, using a 2-year forward P/S ratio of 12.6x) with 33% weight, and price to peak sales (HK\$147, using 2x for domestic sales, 3.5x for international sales) with 33% weight, leading to a one-year price target of HK\$130.

RISKS**Akeso Inc**

Downside risks: 1) Trial results may turn out worse than expected; 2) domestic sales ramp-up may fall below expectations; 3) global license income may not materialize.

Upside risks: 1) FDA approval of HARMONi (long-term global revenue likely would not change much) 2) Potential 2nd BD of AK112: still in the picture, but won't change fundamentals and most likely be a temporary jolt, in our view.

RATINGS DEFINITIONS, BENCHMARKS AND DISTRIBUTION**EQUITY RATINGS DEFINITIONS****Bernstein brand**

The Bernstein brand rates stocks based on forecasts of relative performance for the next 12 months versus the S&P 500 for stocks listed on the U.S. and Canadian exchanges, versus the Bloomberg Europe Developed Markets Large and Mid Cap Price Return Index EUR (EDME) for stocks listed on the European exchanges and emerging markets exchanges outside of the Asia Pacific region, versus the Bloomberg Japan Large and Mid Cap Price Return Index USD (JPL) for stocks listed on the Japanese exchanges, and versus the Bloomberg Asia ex-Japan Large and Mid Cap Price Return Index (ASIAX) for stocks listed on the Asian (ex-Japan) exchanges -unless otherwise specified.

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Not Covered (NC) denotes companies that are not under coverage.

Bernstein brand stock ratings are based on a 12-month time horizon.

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Those denoted as 'Feature' (e.g., Feature Outperform FOP, Feature Under Outperform FUP) are our core ideas.

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- Neutral (N): The total return of the preferred instrument is expected to perform in line with preferred securities of other issuers operating in similar sectors or rating categories over the next six months.
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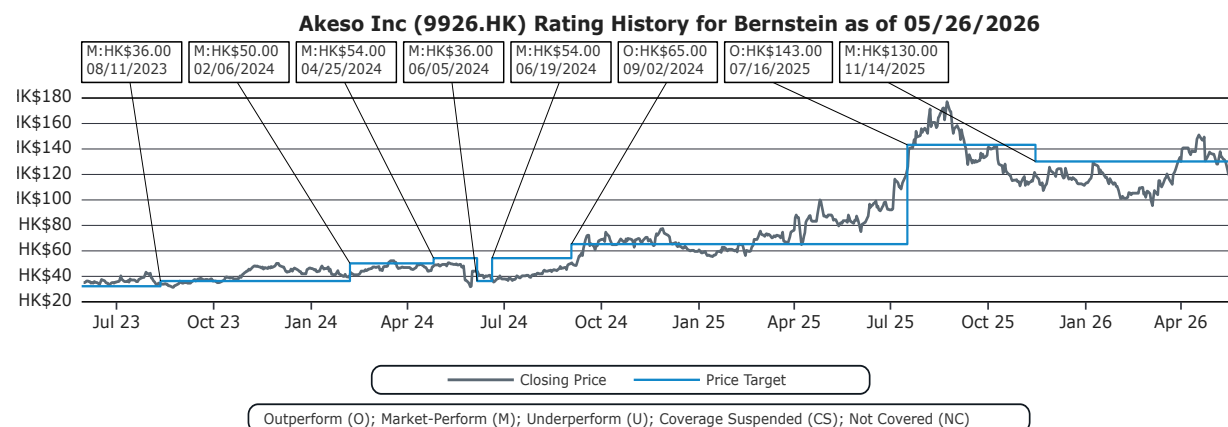
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Outperform	BUY	51.1%	16.5%
Market-Perform (Bernstein Brand) Neutral (Autonomous Brand)	HOLD	36.3%	17.8%
Underperform	SELL	12.6%	14.9%

* These figures represent the percentage of companies within each equity rating category for which affiliates of Bernstein have provided investment banking services within the previous 12 months.

As of March 31, 2026. All figures are updated quarterly.

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