

GAIA-BT

Patient-Guided Oncology Asset Builder

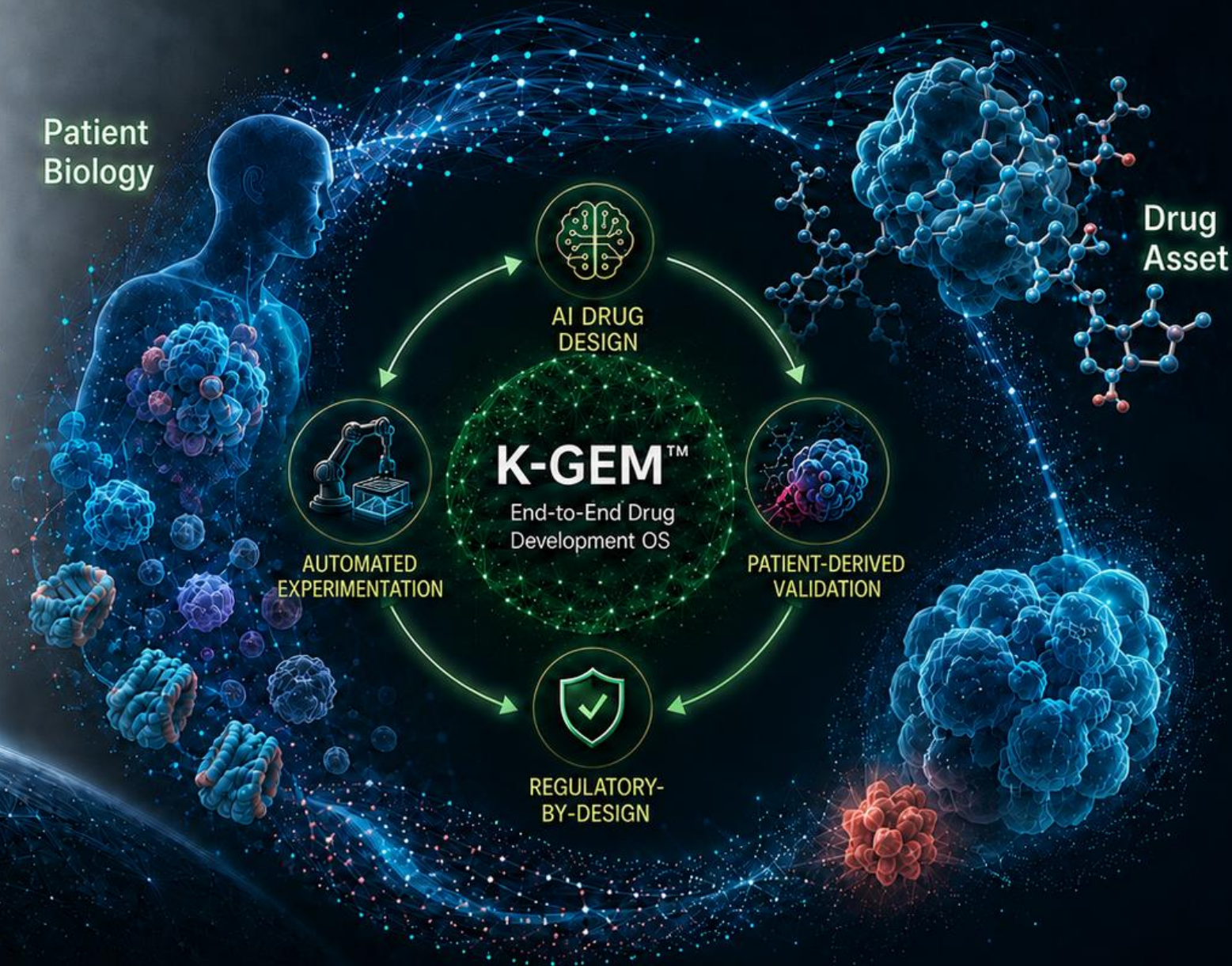
GAIA-Phil™

The Autonomous Engine Behind the Closed Loop

K-GEM™

End-to-End Drug Development OS

Patient
Biology



2026 CORPORATE PROFILE

Disclaimer

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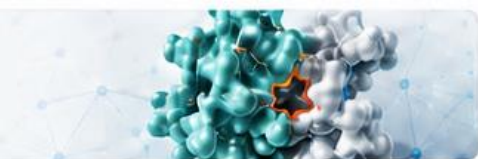
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Flooded Hypothesis Generation by AI: Shift of Bottleneck to Validation Decisions

AI-Accelerated Candidate Generation



Target
Discovery



Molecular
Design



Virtual
Screening



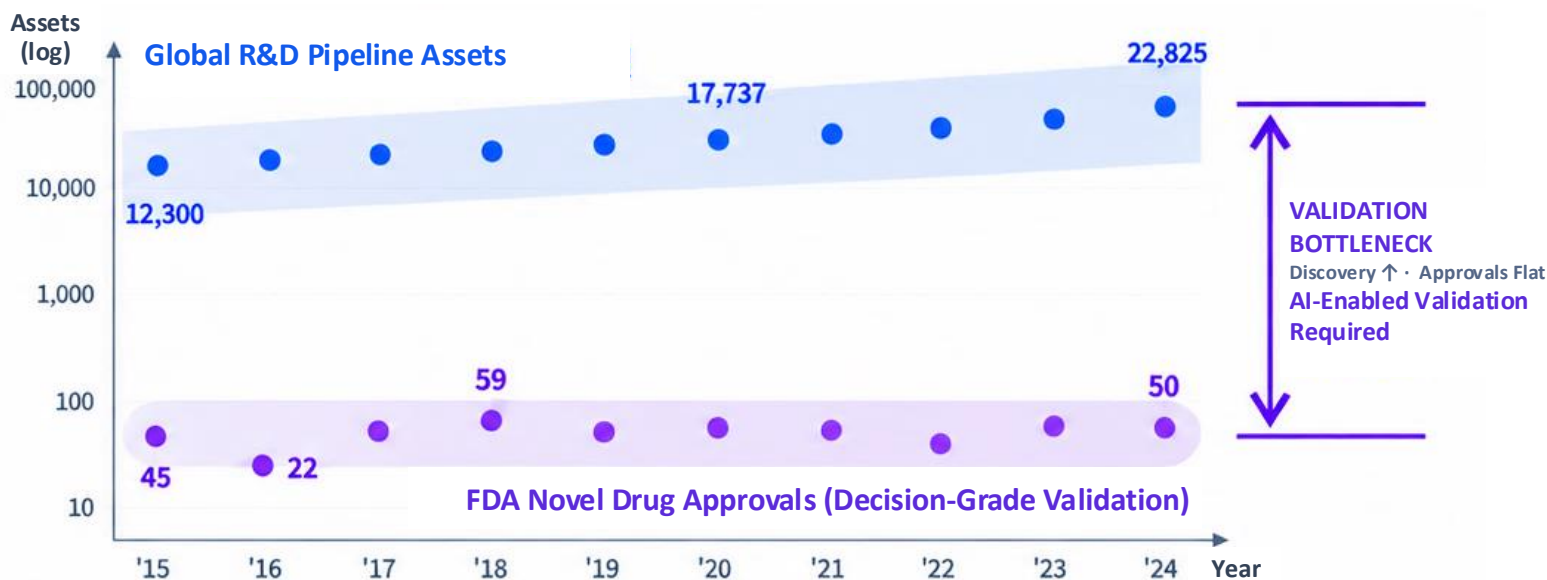
Self Driving
Lab



Models and candidate supply are scaling rapidly.

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

The Translation Gap Between Model Performance and Clinical Utility



Patient-Grounded Evidence

Responders · Exposure · Combinations · Biomarkers



Decision Validation

Model Accuracy → Better Development Decisions

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

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%

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*

INVESTOR TAKEAWAY

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

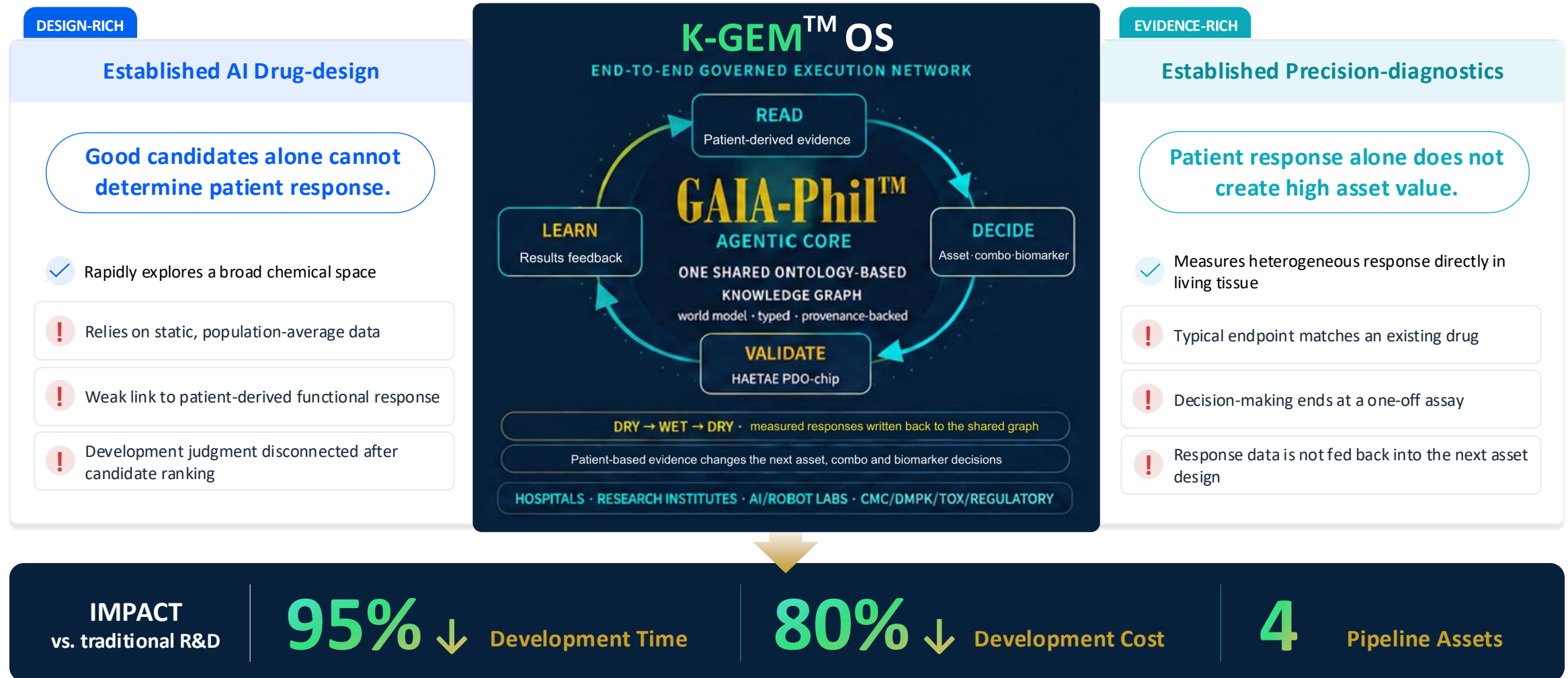
* Design limits mean the follow-on GV1001 result does not establish eotaxin predictive causality. Failures are multifactorial; patient selection is not the sole cause.
Sources: Talbot 2007; Long 2019; Blackhall 2021; Abou-Alfa 2024; Middleton 2014; Jo 2024; BIO/QLS/Informa 2021.



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

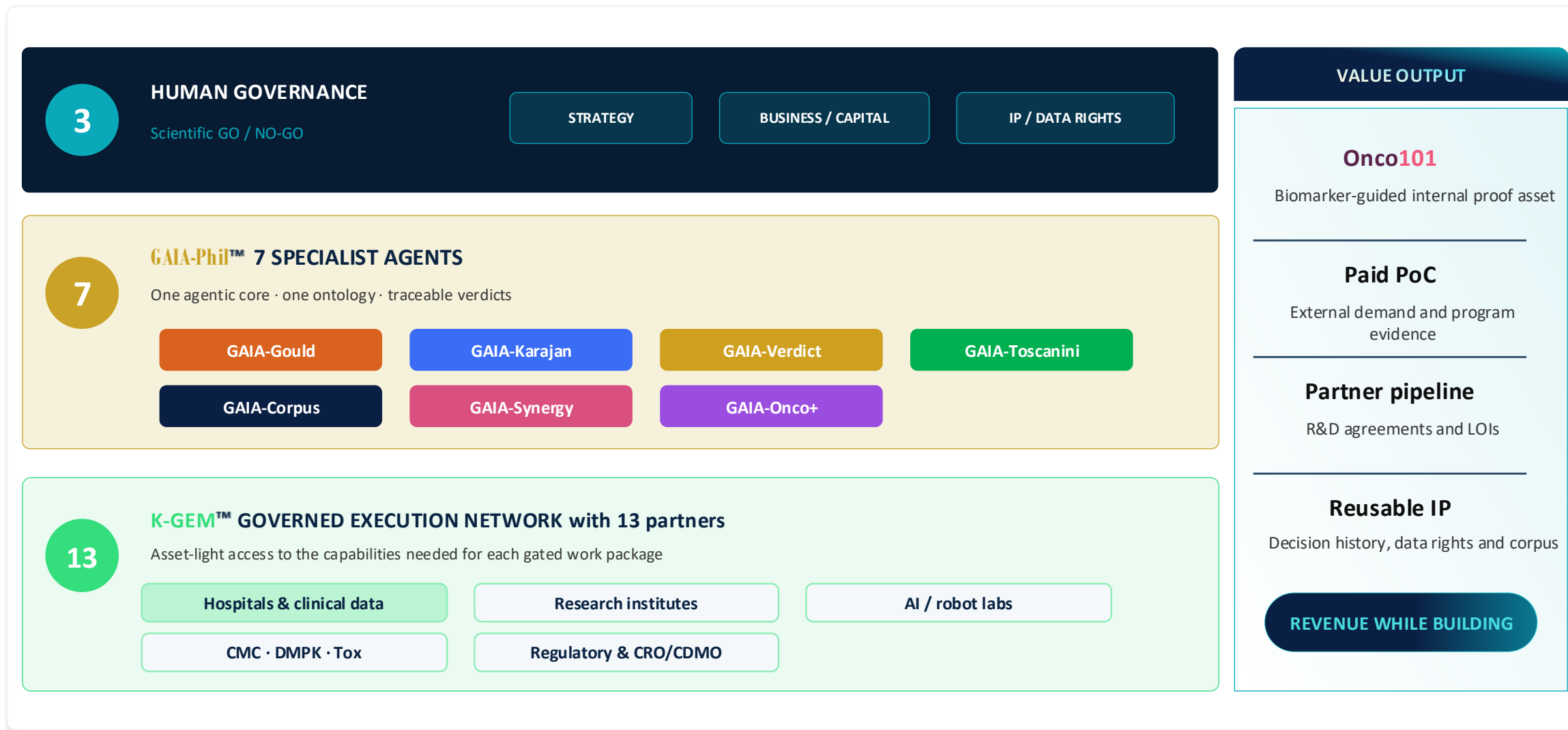
K-GEM™ Ecosystem × Agentic Core GAIA-Phil™'s Patient-Based Closed Loop

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.



Agentic TechBio Operating Model: 3 × 7 × 13

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



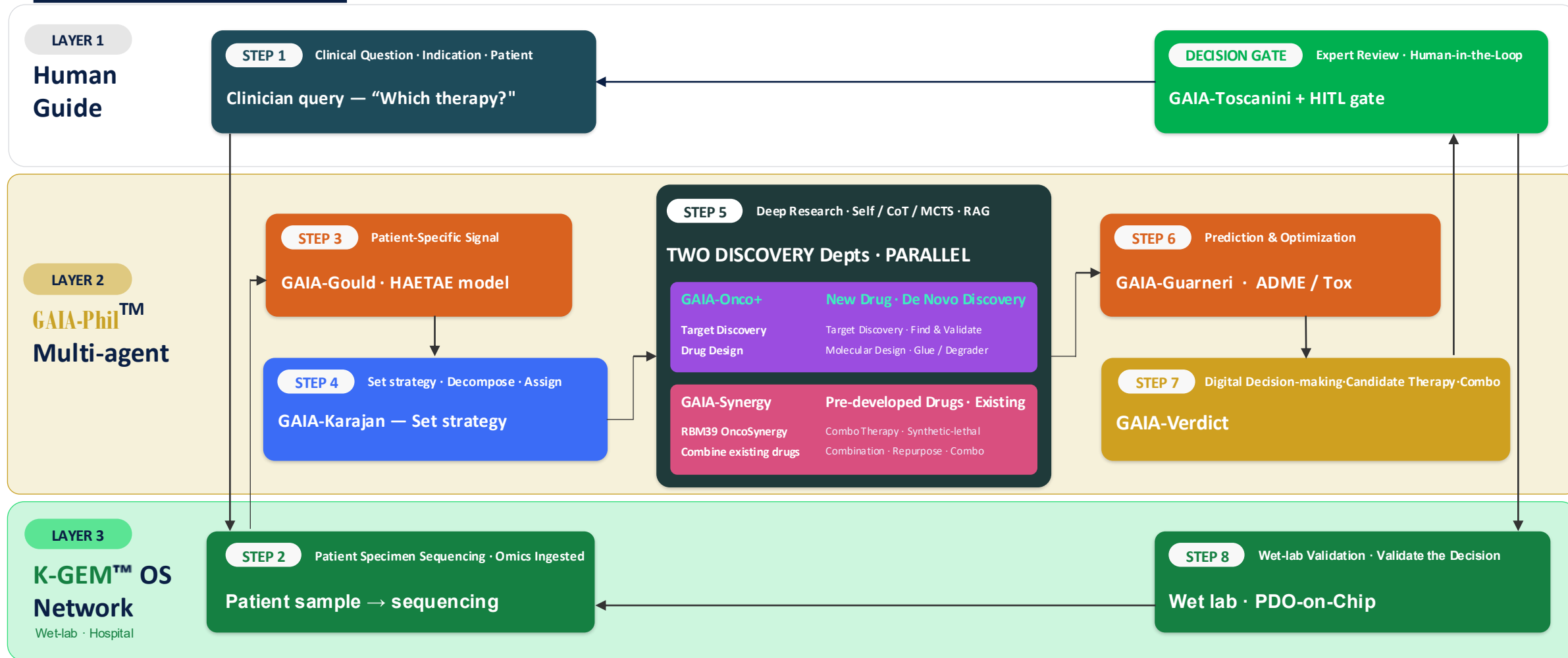
Two Products: GAIA-Phil™ × Onco101

Key Products Features & Value	GAIA-Phil™ AGENTIC CORE Ontology-based AI Drug Discovery Platform Linking Multi-omics Analysis to Validation and Knowledge Creation	Onco101 BIOMARKER-GUIDED COMBINATION Combination Cancer Therapy Strategy Precisely Linking GBT-X (RBM39 Degradar) 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-Corpus Ontology-based KG · Knowledge Accumulation GAIA-Synergy Combination Engine · Combination Strategy GAIA-Onco+ Oncology Engine · Oncology Specialization	Biomarker-guided Dual-mechanism Combination Strategy GBT-X RBM39 Degradar × 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

K-GEM™ × GAIA-Phil™ CLOSED-LOOP



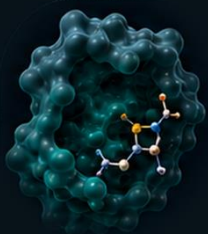
First Output of the Closed Loop: Onco101

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

PDO-chip response screening



Patient-Derived Tumor (PDO-chip)

Indication · Combo · Clinical Strategy

3-marker rule applied



● Responder ● Non-responder

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

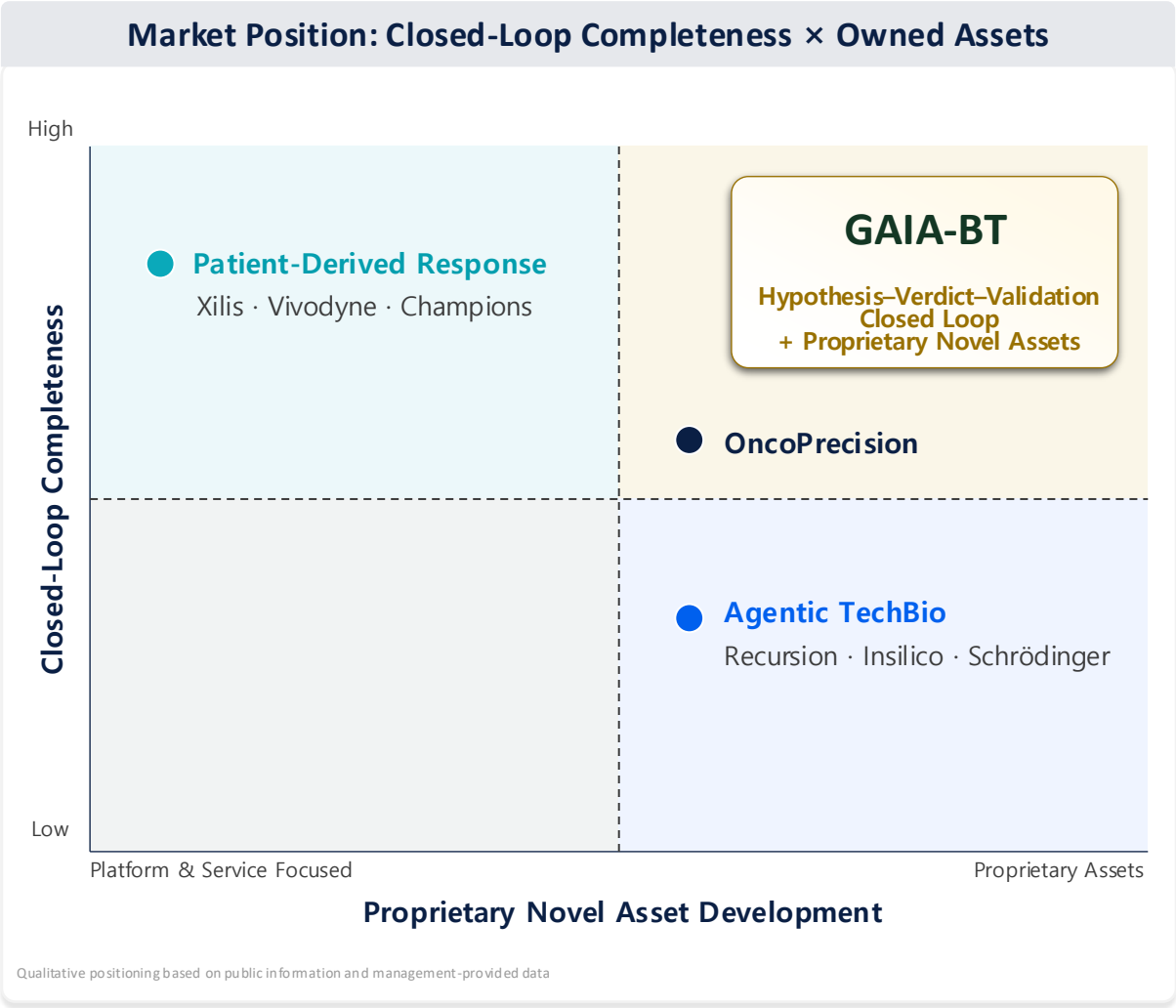
External customers acted on the same decision bottleneck.

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

1		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.

The Only Company Combining a Validation Closed Loop With Proprietary Assets

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



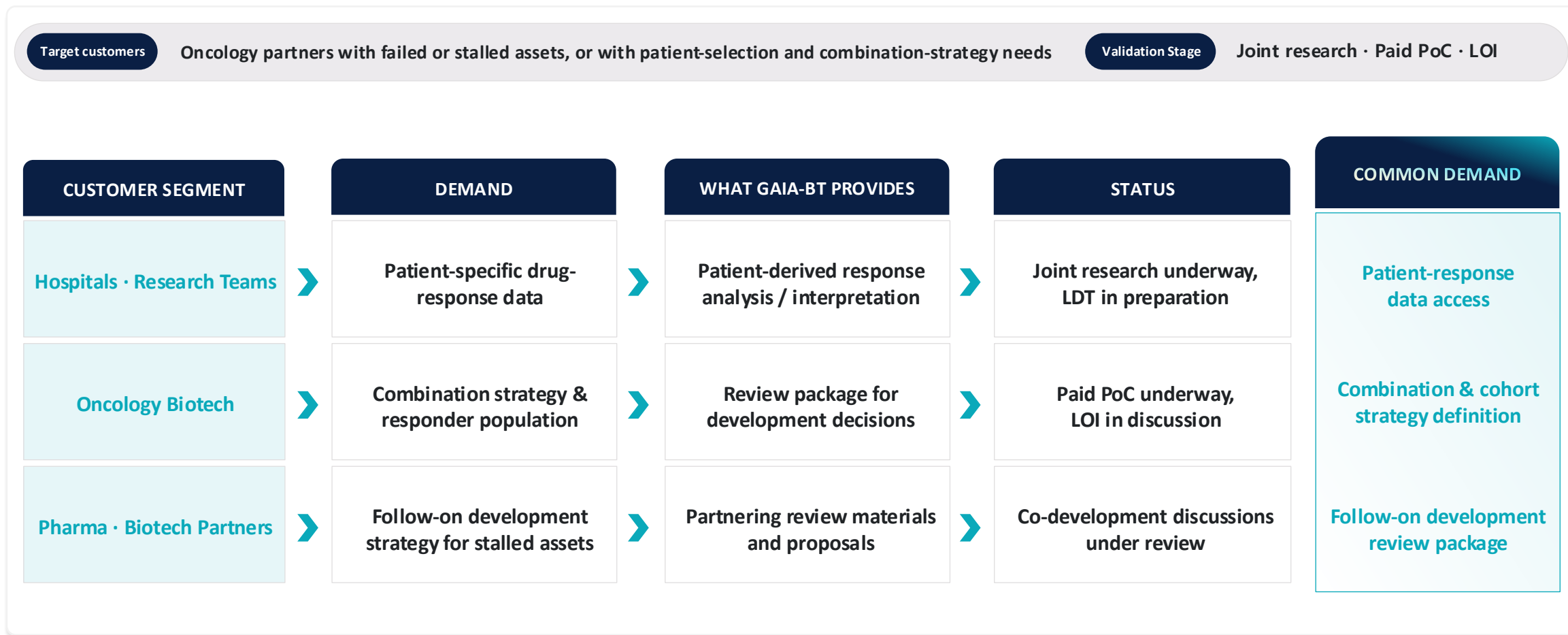
Competitive Structure: Four Key Capabilities

● 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

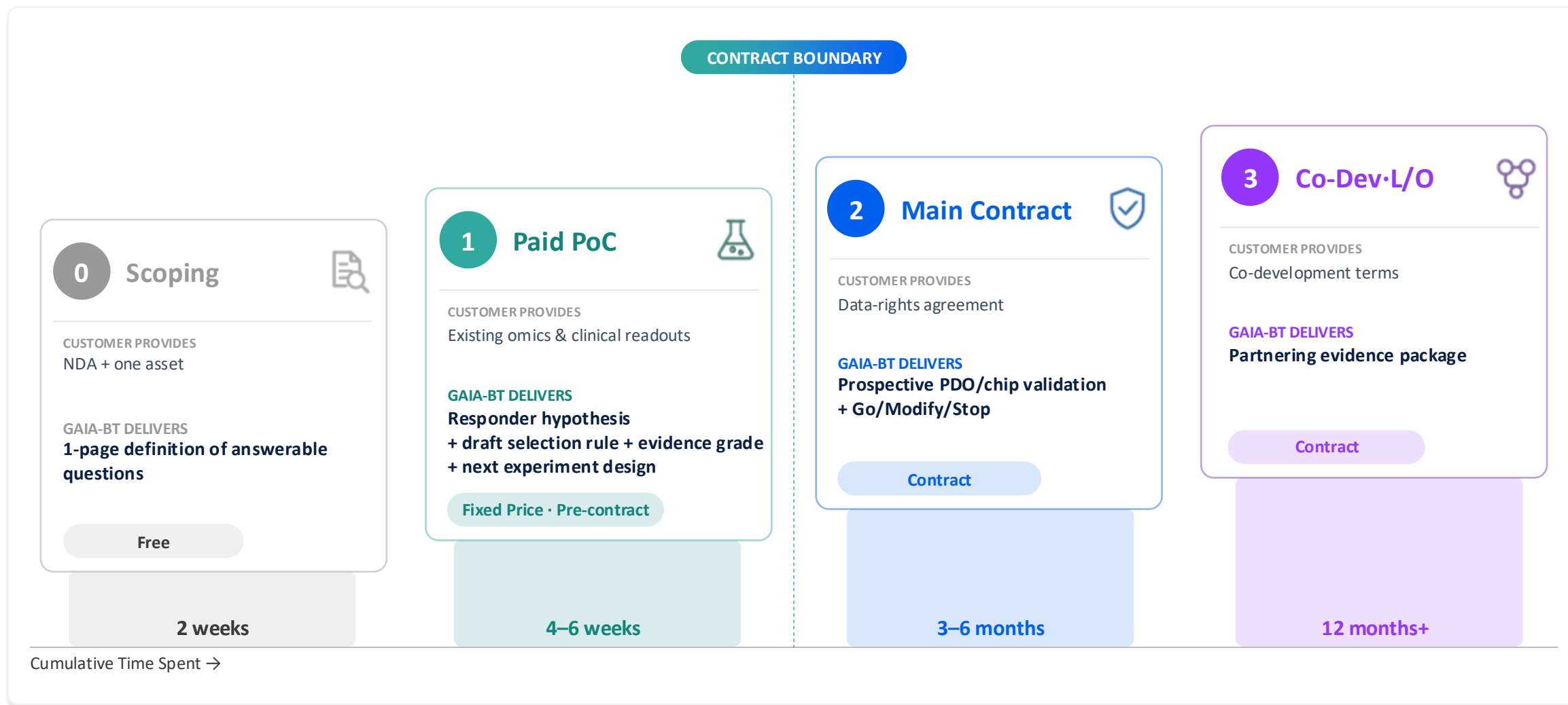
Early market response confirmed through joint research, paid PoC and LOIs.



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.



LIVE

Oncology Success Probability

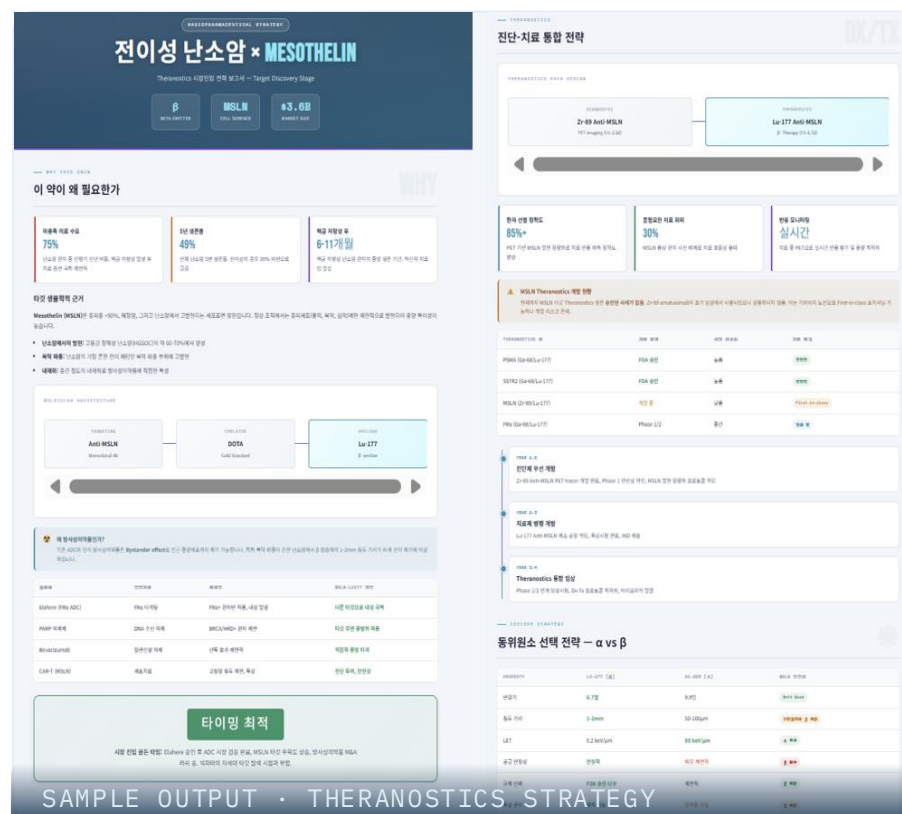
A **100% research-grade**, evidence-based engine outputting the definitive success probability for oncology assets.



IN K-GEM

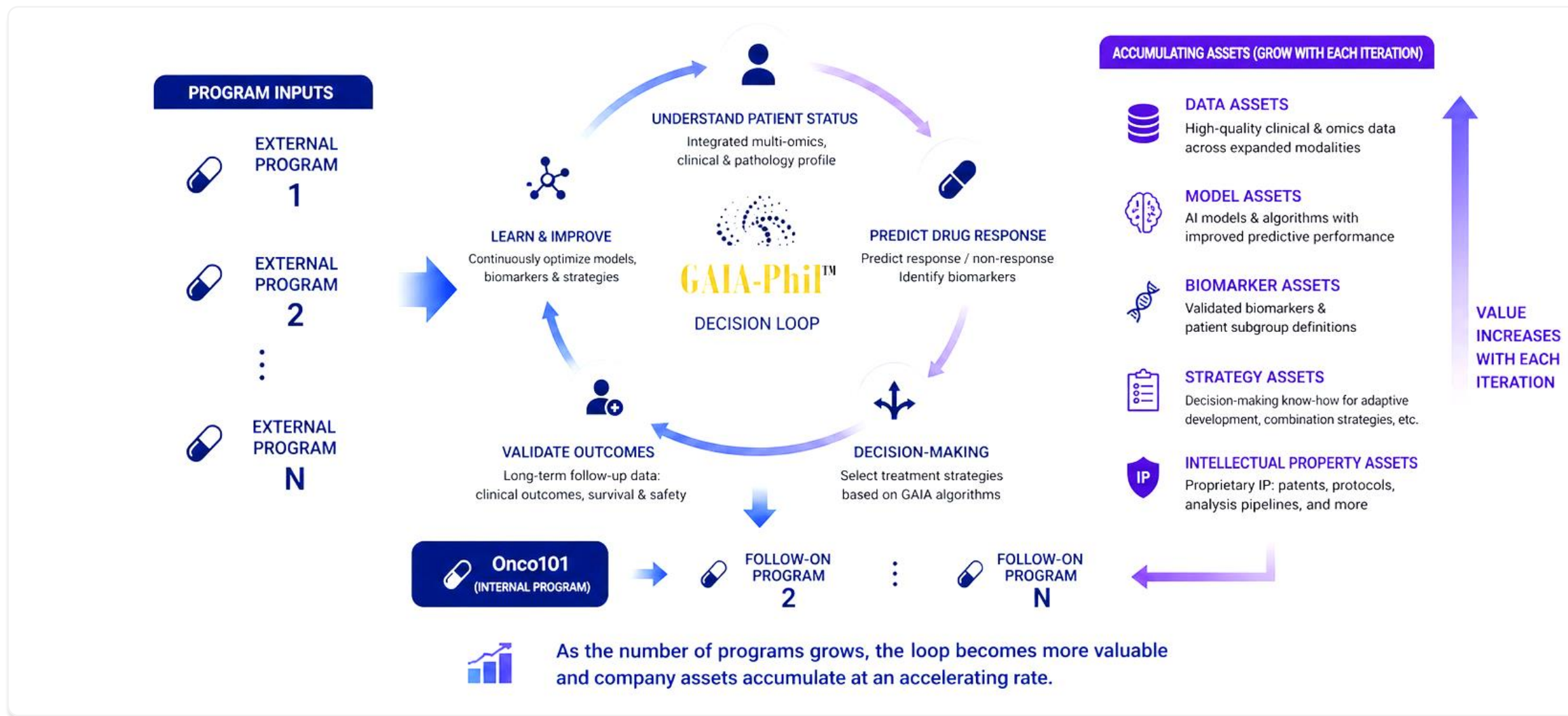
Modality Strategy Agent

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



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 × MARKET

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



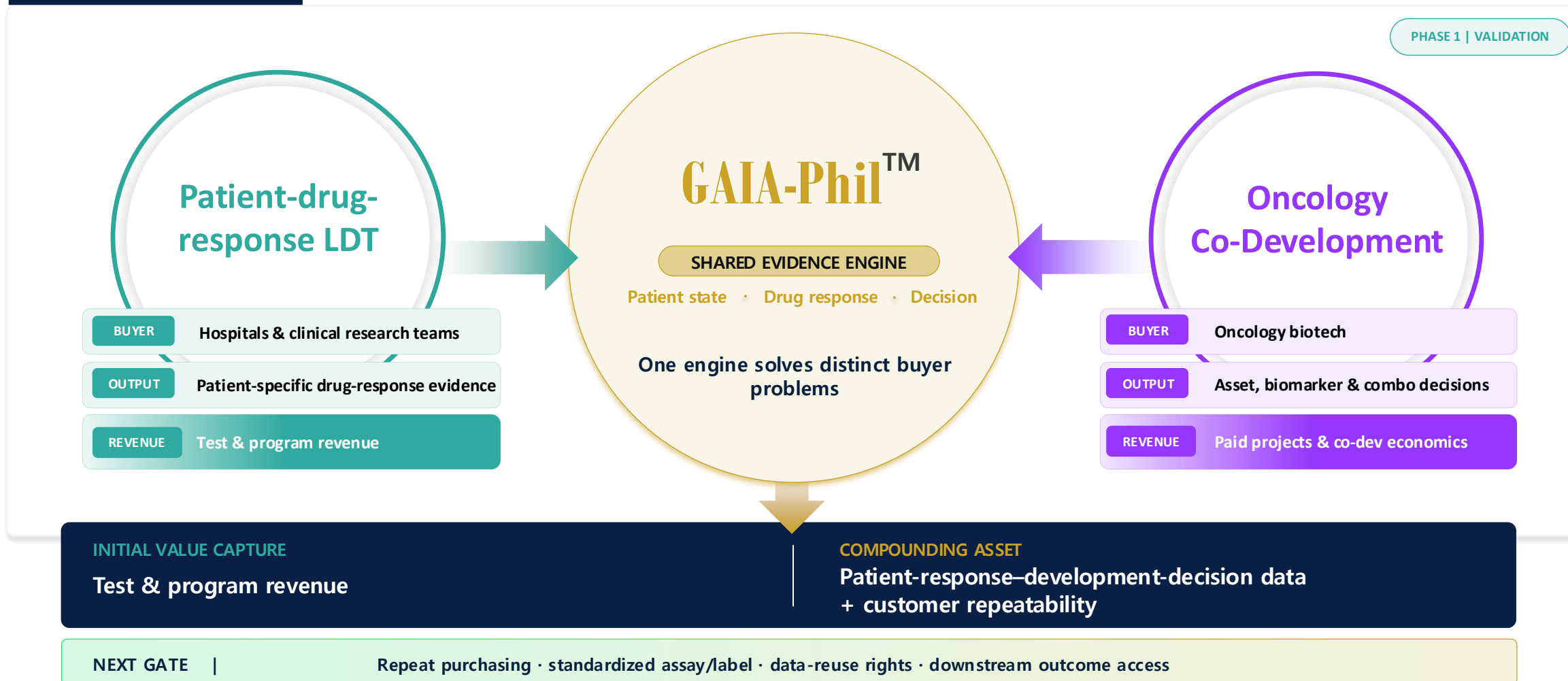
**STAGE
GATES**

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



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

HAETA E 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.

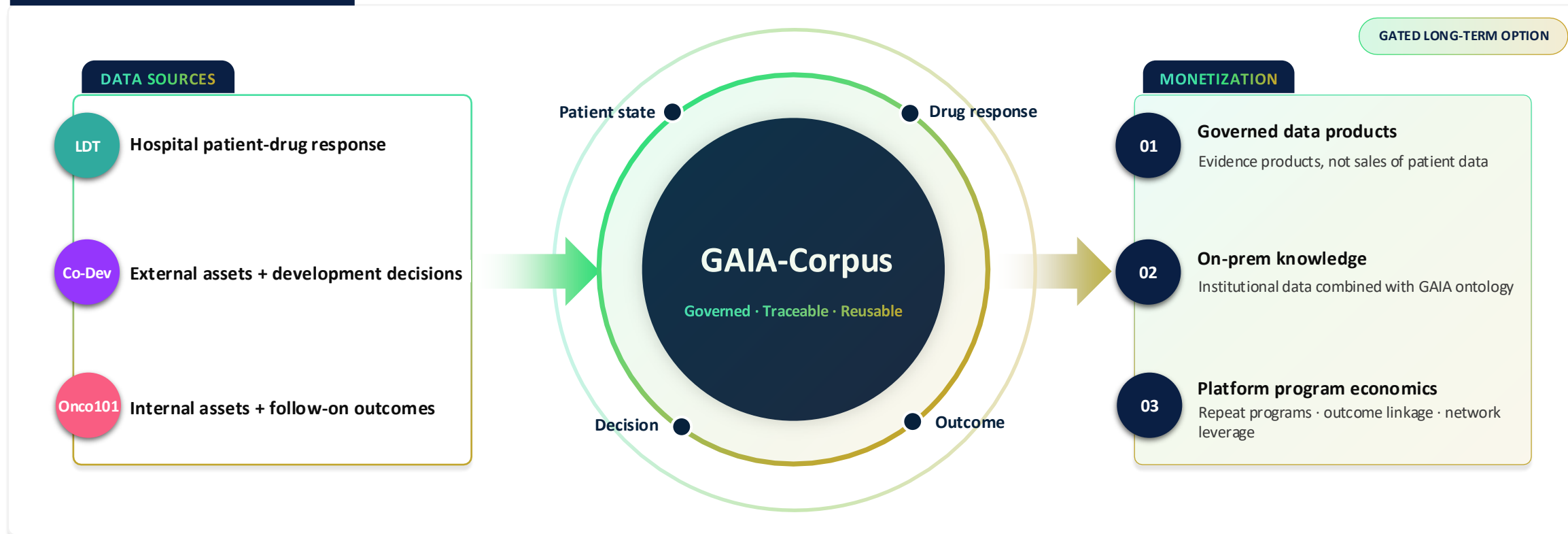
**VALUE
INFLECTION**

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



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

- Ewha Womans University
- DreamCIS CEO
- Clinical Operations Team Lead, Yuhan



Michelle Baek Associate Mgr.

Brand Storyteller

Global brand designer

- Dual major, Ewha Womans University
- (Business Admin. · Int'l Studies)
- Brand design
- Corporate brand-story content



~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



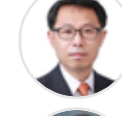
Dr. Marc H. Meyer
Tech-startup scaling



Dr. Hongjae Jeon
GI oncology trials



Dr. Haesun Choi
Cross-US/Korea clinical alignment



Dr. Seong Heon Kim
Anticancer drug development



Dr. Yong Lee
Anticancer drug development

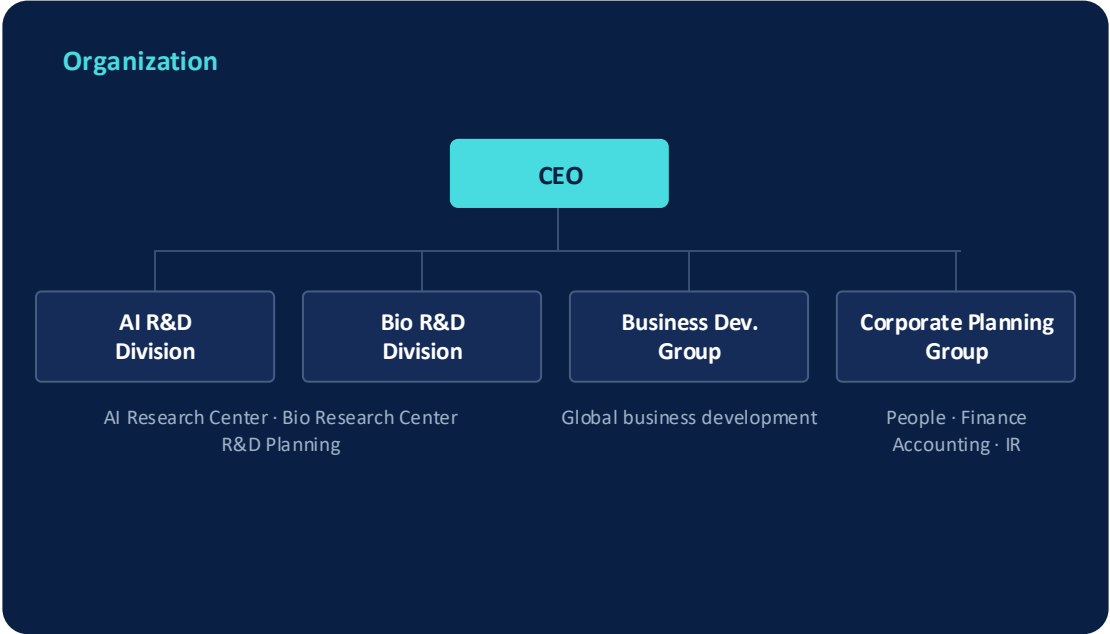


Dr. Jong-il Kim
Patient bioinformatics



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 Kyung Kang



5

Employees

7.8B KRW

2026 Series A target

3

Paid PoC · R&D agreement · LOI partner group

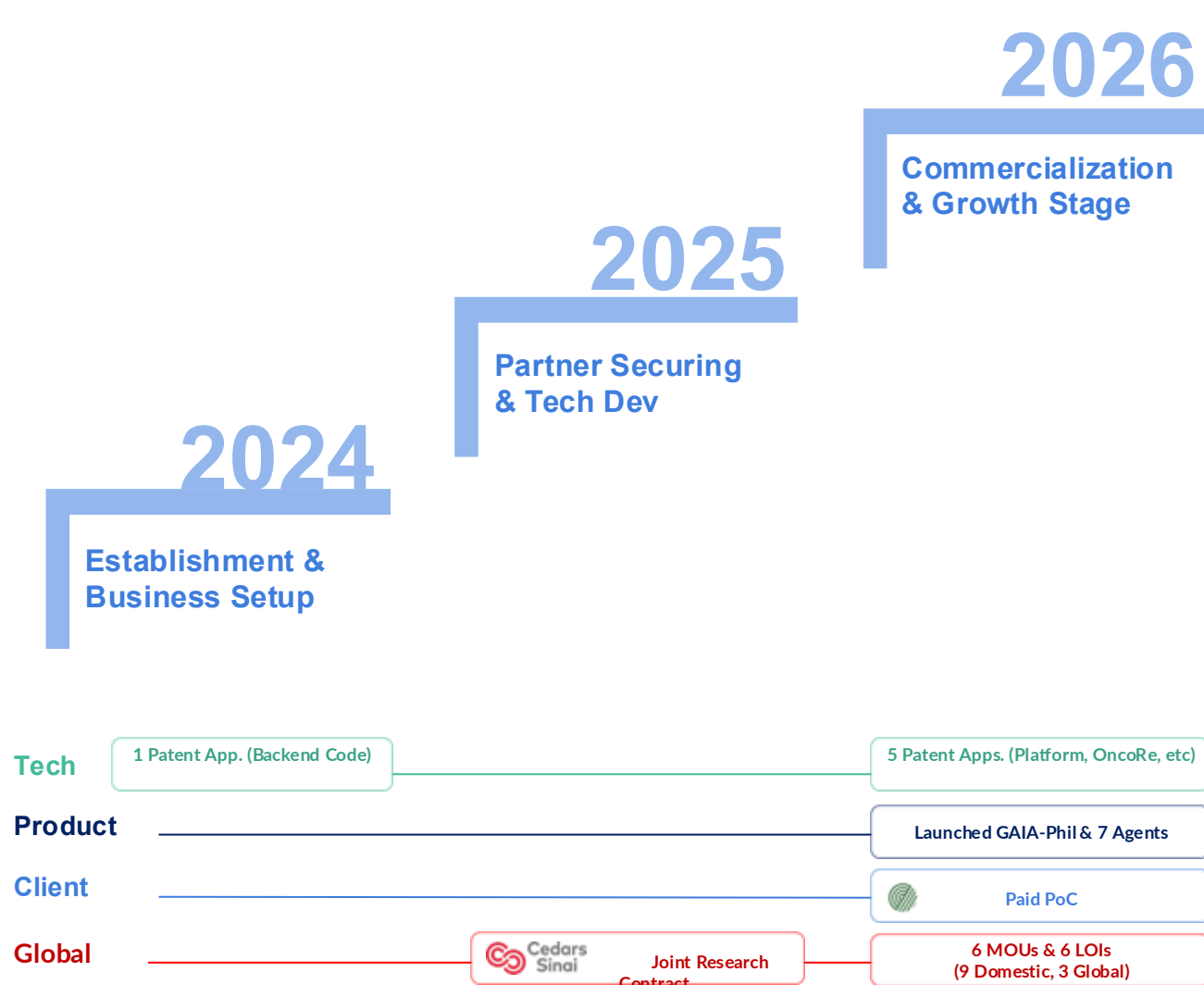
1

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

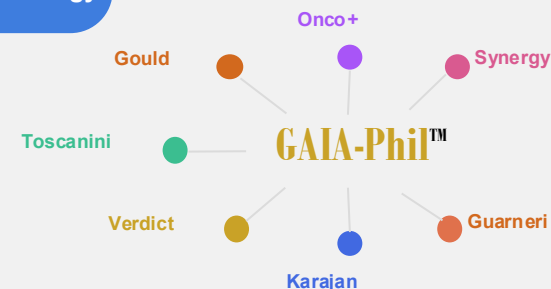
Product launch & market entry since 2024 (currently commercializing)



Key Milestones

Proprietary Core AI Technology

Launch of GAIA-Phil™ & 7 AI Agents



Global R&D Ecosystem

Joint R&D Ecosystem with Seoul Nat'l Univ. AI Institute and Global Partners



Securing Clients

Achieved Paid PoC in 2026

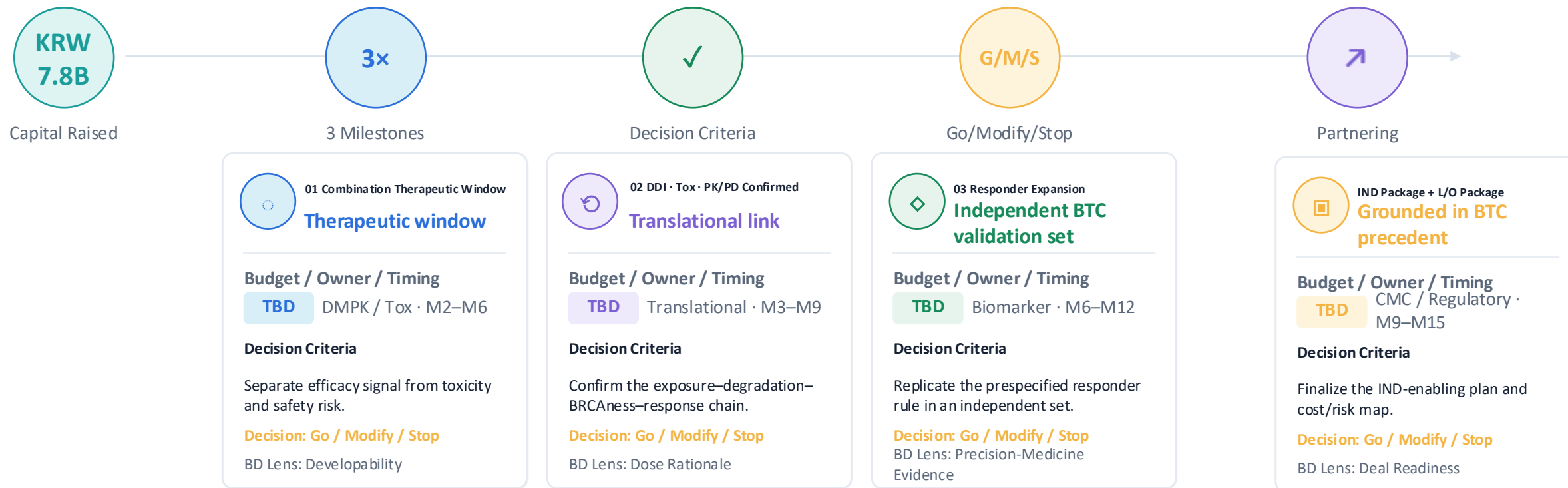


KRW 7.8B Targets Tech Transfer via Three Core Milestones in 12–15 Months

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

KRW 7.8B

Funding Target



Milestone timing and cash runway shown separately

