Forward Looking Statement

This presentation contains statements about the Company’s future plans and prospects that constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated as a result of various important factors, including those discussed in the company’s most recent annual report on Form 10-K and reports on Form 10-Q and Form 8-K. These documents are available from the SEC, the Bristol-Myers Squibb website or from Bristol-Myers Squibb Investor Relations.

In addition, any forward-looking statements represent our estimates only as of the date hereof and should not be relied upon as representing our estimates as of any subsequent date. While we may elect to update forward-looking statements at some point in the future, we specifically disclaim any obligation to do so, even if our estimates change.
Dr. Samit Hirawat

Chief Medical Officer,
Global Drug Development
**ASH 2019 Highlights**

**Liso-cel is a potentially differentiated CD19 CAR T**
- Pivotal TRANSCEND-NHL-001 data demonstrates robust efficacy and a differentiated safety profile in 3L+ large B-cell lymphoma
  - Low rates of CRS and Neurotox events Gr≥3 including potential to safely administer in the outpatient setting
- Encouraging data in R/R CLL and 2L DLBCL transplant ineligible patients

**Encouraging clinical data from multi-modality BCMA portfolio**
- Encouraging Ph1 data with BCMA T-cell engager (TCE) demonstrating promising efficacy and manageable safety profile
  - Clear activity demonstrated in a heavily pre-treated patient population with 77% refractory to daratumumab
- Important pivotal data for ide-cel (bb2121) demonstrating deep and durable responses

**Advancing treatments across hematologic diseases**
- Important new opportunity for Reblozyl in MF-associated anemia expanding beyond beta-thal and MDS
- Clinically meaningful improvement in OS in 1L AML maintenance setting with CC-486
Liso-cel: Strong Profile in 3L+ B-cell NHL

• Broad patient population
  – Multiple B-cell Lymphoma histologies: DLBCL NOS, DLBCL transformed from iNHL, tFL, PMBCL, HGBCL, FL3B
  – Included patients with poor prognostic characteristics such as refractory disease and high tumor burden — 59% of patients received bridging therapy

• Deep and durable responses
  – The majority of patients that had a response achieved a CR

• Differentiated Safety Profile

Response Rate (n=256)

<table>
<thead>
<tr>
<th></th>
<th>ORR</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>73%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DLBCL, diffuse large B cell lymphoma; tFL, transformed follicular lymphoma; FL3B, follicular lymphoma grade 3B; HGBCL, high-grade B-cell lymphoma; NOS, not otherwise specified; PMBCL, primary mediastinal large B cell lymphoma; iNHL, indolent NHL.
Durability of Response Translates Into Impressive OS Outcome

**Duration of Response**
(median follow-up = 12.0 mo)

- Median (95% CI): 1.9 (1.1, 2.1) months
- Median (95% CI): NR (NR‒NR) months
- Median (95% CI): NR (NR‒NR) months

**Overall Survival**
(median follow-up = 17.6 mo)

- Median (95% CI): 9.0 (6.0‒10.4) months
- Median (95% CI): 21.1 (13.3‒NR) months
- Median (95% CI): NR (NR‒NR) months
- Median (95% CI): 5.1 (2.9‒6.5) months
- Median (95% CI): 9.0 (6.0‒10.4) months
## Liso-cel: Differentiated Safety Profile

<table>
<thead>
<tr>
<th>Event</th>
<th>All liso-cel–Treated Patients (N=269)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cytokine Release Syndrome (CRS)</strong></td>
<td></td>
</tr>
<tr>
<td>Any grade, n (%)</td>
<td>113 (42)</td>
</tr>
<tr>
<td>Grade 3, n (%)</td>
<td>4 (1)</td>
</tr>
<tr>
<td>Grade 4, n (%)</td>
<td>2 (1)</td>
</tr>
<tr>
<td>Time to onset (days), median (range)</td>
<td>5 (1–14)</td>
</tr>
<tr>
<td>Time to resolution (days), median (range)</td>
<td>5 (1–17)</td>
</tr>
<tr>
<td><strong>Neurotox (NT)</strong></td>
<td></td>
</tr>
<tr>
<td>Any grade, n (%)</td>
<td>80 (30)</td>
</tr>
<tr>
<td>Grade 3, n (%)</td>
<td>23 (9)</td>
</tr>
<tr>
<td>Grade 4, n (%)</td>
<td>4 (1)</td>
</tr>
<tr>
<td>Time to onset (days), median (range)</td>
<td>9 (1–66)</td>
</tr>
<tr>
<td>Time to resolution (days), median (range)</td>
<td>11 (1–86)</td>
</tr>
</tbody>
</table>

Safety profile supports the potential for treatment in an outpatient setting:

- Low rates of Grade≥3 CRS and NT
- Late onset of CRS and NT events
- No Grade 5 CRS or NT
- The majority of CRS and NT events were reversible
- 20% of patients received Tocilizumab
Life Cycle Management Program for Liso-cel

Broad Clinical Development Plan to Advance into Earlier Lines and Additional Indications

PHASE I

- TRANSCEND NHL 001 (Ph I 3L+ R/R)
- TRANSCEND WORLD (Ph II 3L+ R/R EU and Japan; 2L R/R transplant ineligible)
- TRANSFORM (Ph III 2L R/R transplant eligible)
- PILOT (Ph II 2L R/R transplant ineligible)
- TRANSCEND OUTREACH (Ph II 3L+ R/R community centers)
- PLATFORM (Ph I/II 3L+ R/R combinations)

PHASE II

- TRANSCEND CLL 004 (Ph I R/R CLL)

PIVOTAL

TRANSFORM (Ph III 2L R/R transplant eligible)
Considerable Unmet Need Remains in R/R Multiple Myeloma

Disease Progression in Multiple Myeloma

- NDMM ASCT: ~5.7 yrs, ~50-60%
- NDMM No ASCT: ~2-4+ yrs, ~15-47%
- 2L-3L: ~1-3.5 yrs, ~30-42%
- 4L+: ~4 mo, ≤3%

Source: Phase III studies or package inserts of SoC therapies; SCT includes RVd, VTd, R Maintenance; No ASCT includes Rd, RVd, VMP, DVMP, DRd; Early Relapse includes DRd, KRd, ERd, IRd, DVd, Kd; Late Relapse includes Pd, Dara mono, Selinexor; Gandhi, et al. Leukemia 33
BCMA – Important Target in Multiple Myeloma

**BCMA CAR T**
- ide-cel (bb2121)
- orva-cel (JCARH125)
- bb21217

**BCMA TCE**
- CC-93269

**BCMA ADC**
- CC-99712

UNIQUE BREADTH OF APPROACH WITH MULTIPLE MODALITIES TARGETING BCMA

JCARH125 is being developed by Juno Therapeutics, Inc.
ide-cel (bb2121): Encouraging Pivotal Data

- Heavily pretreated population
  - 94% refractory to anti-CD38, 84% triple refractory
  - All patients were refractory to their last treatment (progression during or within 60 days of last therapy)

- Deep and durable responses across dose levels
  - mPFS of >11mo at the 450 x 10^6 dose
  - Durability is consistent across doses

- Safety consistent with the Ph1 data
  - Gr ≥ 3 CRS and iiNT were reported in <6% of subjects at each target dose
  - CRS and iiNT of any grade occurred in 83.6% and 18% of patients respectively

### ORR, n (%) for Various Doses

<table>
<thead>
<tr>
<th></th>
<th>150 x 10^6 (N=4)</th>
<th>300 x 10^6 (N=70)</th>
<th>450 x 10^6 (N=54)</th>
<th>All Doses (N=128)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORR, n (%)</td>
<td>2 (50.0)</td>
<td>48 (68.6)</td>
<td>44 (81.5)</td>
<td>94 (73.4)</td>
</tr>
<tr>
<td>CR/sCR, n (%)</td>
<td>1 (25.0)</td>
<td>20 (28.6)</td>
<td>19 (35.2)</td>
<td>40 (31.3)</td>
</tr>
<tr>
<td>Median DoR, mo</td>
<td>---</td>
<td>9.9</td>
<td>11.3</td>
<td>10.6</td>
</tr>
</tbody>
</table>

iiNT: investigator identified Neurotox
Ide-cel is being developed in collaboration with bluebird bio
T-cell Engager (CC-93269): Differentiated BCMA Bispecific

- Potential for superior potency and better selectivity due to tighter binding format
  - Two high affinity BCMA binders – potential for higher potency
- Potential for optimized dosing (Q1-4W) due to optimized structure and extended half-life
- Phase I trial (MM-001) in RRMM ongoing

Novel TCE Format

α-BCMA
(bivalent for avidity)

α-CD3ε
(monovalent)

Heterodimeric Fc (KiH)
Humanized IgG1 antibody
Promising Early Data for BCMA TCE
Clear Dose Response

Heavily Pretreated Population
- Median of 5 prior lines of therapy, with 77% pts refractory to daratumumab
- 67% of patients had triple refractory disease to PI, IMiD and anti-CD38

There are 13 patients that responded to treatment
- 5 achieved sCR / CR
- 12 achieved MRD negativity

Data supports continued dose optimization and expansion
# TCE Safety Summary

<table>
<thead>
<tr>
<th>Common (≥ 20% All Grade) TEAEs, n (%)</th>
<th>All Patients (N = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Grade</td>
</tr>
<tr>
<td>Patients with ≥ 1 TEAE</td>
<td>29 (96.7)</td>
</tr>
<tr>
<td><strong>Hematologic TEAEs</strong></td>
<td></td>
</tr>
<tr>
<td>Neutropenia</td>
<td>14 (46.7)</td>
</tr>
<tr>
<td>Anemia</td>
<td>13 (43.3)</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>9 (30.0)</td>
</tr>
<tr>
<td><strong>Nonhematologic TEAEs</strong></td>
<td></td>
</tr>
<tr>
<td>Cytokine release syndrome</td>
<td>23 (76.7)</td>
</tr>
<tr>
<td>Infections and infestations</td>
<td>17 (56.7)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>8 (26.7)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>8 (26.7)</td>
</tr>
<tr>
<td>Back pain</td>
<td>7 (23.3)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>6 (20.0)</td>
</tr>
<tr>
<td>Infusion-related reaction</td>
<td>6 (20.0)</td>
</tr>
<tr>
<td>Nausea</td>
<td>6 (20.0)</td>
</tr>
</tbody>
</table>

Deaths (Grade 5 TEAEs) were reported in 4 patients in the treatment period:

- Suspected: cytokine release syndrome (n = 1), 1 patient experienced grade 3 (6 mg) followed by grade 5 CRS (10 mg); contributing factors included myeloma progression with extensive extramedullary disease, and concomitant infection
- Not suspected: sepsis in the setting of advanced prostate cancer, sudden cardiac death, and general health deterioration due to progressive myeloma (n = 1 each)
Reblozyl: Novel Mechanism with Potential to Treat a Broad Set of Anemias

- First-in-class erythroid maturation agent
- Approved for beta thalassemia in the U.S.
- 2L RS+ MDS PDUFA April 4th, 2020

Expansion Opportunities – Earlier lines of therapy and other disease areas

(RS+): ring sideroblast positive
Encouraging Ph2 Data in MF-associated Anemia with Reblozyl in combination with JAK therapy

Data supports initiating registrational trial – Planned for 2020
Presentation of full data set Dec 9th

<table>
<thead>
<tr>
<th></th>
<th>NTD Reblozyl (n=20)</th>
<th>NTD Reblozyl + Rux (n=14)</th>
<th>TD Reblozyl (n=21)</th>
<th>TD Reblozyl + Rux (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb increase ≥ 1.5 g/dL at every assessment</td>
<td>2 (10)</td>
<td>3 (21)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mean Hb increase of ≥ 1.5 g/dL</td>
<td>3 (15)</td>
<td>8 (57)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Achievement of RBC-TI ≥ 12 wks</td>
<td>-</td>
<td>-</td>
<td>2 (10)</td>
<td>6 (32)</td>
</tr>
<tr>
<td>≥ 50% reduction in RBC transfusion burden</td>
<td>-</td>
<td>-</td>
<td>8 (38)</td>
<td>10 (53)</td>
</tr>
</tbody>
</table>
Moving into 1L ESA-naïve MDS

Expanding addressable patient population to non-transfusion dependent (NTD) beta-thal

Diversifying beyond MDS and beta-thal

Ph3 study in combination with JAK in MF-associated anemia

PHASE I

PHASE II

PIVOTAL

COMMANDS

Ph2 BEYOND NTD beta-thal

Ph2 MF-associated anemia

INDEPENDENCE study - In planning for 2020

Late 2021/Early 2022

YE 2020

Preliminary Data at ASH 2019

Potential to treat a broad set of anemias

In planning for 2020
AML: No FDA Approved Therapy in 1L Maintenance
CC-486: QUAZAR AML-001 Study Design

1:1 Randomization
Patients achieving CR / CRi following IC ± Consolidation

28 day cycle:
14 days QD
14 days no Tx

Response Assessment
- No Relapse:
  Continue Treatment
- BM Blast 5-15%:
  Optional dose escalation
  300mg @ 21 days QD
- BM Blast > 15%:
  Discontinue Treatment

Primary endpoint:
- OS

Key secondary endpoints:
- RFS
- HRQoL
- safety
- Tolerability

CC-486 (300mg) → Placebo

Presentation during Late breaker session—Tuesday Dec 10th 7am
CC-486 – First Therapy to Show an OS Benefit in 1L Maintenance in AML

**Overall Survival**

(HR = 0.69)

- CC-486 (n = 238)
- Placebo (n = 234)

- **Compelling Efficacy**
  - mOS of 24.7mo vs 14.8mo, 9.9 mo improvement
  - Prolonged mRFS 10.2mo vs 4.8mo, HR=0.65

- **Manageable safety profile**
  - Serious AEs were infrequent, mainly infections 17% vs 8% placebo
  - Low rate of discontinuation, mainly GI events 5% vs 0.4% placebo

- **Convenient oral administration**

Full data set including safety to be presented Dec 10th
# Upcoming Dataflow

## Hematology

<table>
<thead>
<tr>
<th>Asset</th>
<th>Disease</th>
<th>Trial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reblozyl</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2L RS+ MDS</td>
<td>MEDALIST</td>
</tr>
<tr>
<td></td>
<td>1L ESA-naive MDS</td>
<td>COMMANDS</td>
</tr>
<tr>
<td></td>
<td>MF</td>
<td>Late 2021/ Early 2022</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Starting 2020</td>
</tr>
<tr>
<td><strong>liso-cel (JCAR017)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3L+ DLBCL</td>
<td>TRANSCEND-NHL-001</td>
</tr>
<tr>
<td></td>
<td>2L TNE DLBCL</td>
<td>PILOT</td>
</tr>
<tr>
<td></td>
<td>2L TE DLBCL</td>
<td>TRANSFORM</td>
</tr>
<tr>
<td></td>
<td>3L+ CLL</td>
<td>TRANSCEND-CLL-004</td>
</tr>
<tr>
<td><strong>ide-cel (bb2121)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4L+ MM</td>
<td>KarMMa</td>
</tr>
<tr>
<td></td>
<td>2L MM</td>
<td>KarMMa-2</td>
</tr>
<tr>
<td></td>
<td>3L+ MM</td>
<td>KarMMa-3</td>
</tr>
</tbody>
</table>

## Immunology

<table>
<thead>
<tr>
<th>Asset</th>
<th>Disease</th>
<th>Trial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ozanimod</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RRMS</td>
<td>PDUFA March 25th, 2020</td>
</tr>
<tr>
<td></td>
<td>UC</td>
<td>TRUE NORTH</td>
</tr>
<tr>
<td></td>
<td>CD</td>
<td>YELLLOWSTONE</td>
</tr>
<tr>
<td></td>
<td>Psoriasis</td>
<td>POETYK</td>
</tr>
<tr>
<td><strong>TYK2</strong></td>
<td>Psoriatic Arthritis</td>
<td>IM011-084 (Ph2)</td>
</tr>
<tr>
<td></td>
<td>UC</td>
<td>LATTICE-UC (Ph2)</td>
</tr>
<tr>
<td></td>
<td>SLE</td>
<td>PAISLEY (Ph2)</td>
</tr>
</tbody>
</table>

## Cardiovascular

<table>
<thead>
<tr>
<th>Asset</th>
<th>Disease</th>
<th>Trial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor Xa</strong></td>
<td>Secondary Stroke Prevention</td>
<td>AXIOMATIC-SSP (Ph2)</td>
</tr>
<tr>
<td></td>
<td>VTE</td>
<td>AXIOMATIC-VTE (Ph2)</td>
</tr>
</tbody>
</table>

---

Not for promotional use  
Dates reflect expected timing
# More than 20 Growth Opportunities for Opdivo & Yervoy

## Metastatic Setting

<table>
<thead>
<tr>
<th>Tumor/Trial</th>
<th>Expected Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCC CM-9ER</td>
<td>1H 2020</td>
</tr>
<tr>
<td>Esophageal CM-648</td>
<td>2H 2020</td>
</tr>
<tr>
<td>Melanoma Relatlimab + Opdivo</td>
<td>2H 2020</td>
</tr>
<tr>
<td>Head &amp; Neck CM-651</td>
<td>1H 2021</td>
</tr>
<tr>
<td>Bladder CM-901</td>
<td>2021</td>
</tr>
</tbody>
</table>

## Early Stage Setting

<table>
<thead>
<tr>
<th>Tumor/Trial</th>
<th>Expected Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanoma CM-915</td>
<td>2020</td>
</tr>
<tr>
<td>MIBC CM-274</td>
<td>2020</td>
</tr>
<tr>
<td>NSCLC (Neo-Adj) CM-816</td>
<td>2020 (pCR) 2023 (EFS)</td>
</tr>
<tr>
<td>Esophageal CM-577</td>
<td>2021</td>
</tr>
<tr>
<td>Renal CM-914</td>
<td>2022</td>
</tr>
<tr>
<td>NMIBC CM-9UT</td>
<td>2022</td>
</tr>
</tbody>
</table>

## Additional potential registrational studies sponsored by NKTR ongoing in bladder and RCC

1. Dates reflect expected timing

---

Not for promotional use
Conclusions

- Liso-cel is a potentially differentiated CD19 CAR T for B-Cell malignancies
  - Robust efficacy in broad population, competitive with existing CAR T therapies
  - Differentiated safety profile - low rates of Grade ≥ 3 CRS and NT events
- Breadth of approach to BCMA supported by encouraging ide-cel (bb2121) and TCE data
- Reblozyl has potential in earlier lines of disease with future LCM opportunities in additional diseases
- CC-486 demonstrated clinically meaningful OS improvement in 1L maintenance in AML
Nadim Ahmed

President, Hematology
### Broadening Hematology Franchise with 4 Near Term Launch Opportunities

#### Multiple Myeloma
- **Current market leadership**
  - Revlimid and Pomalyst
- **Near-term launch opportunity**
  - ide-cel (bb2121) – Potential first-in-class BCMA CAR T in 4L+ MM

#### B-cell Malignancies
- **Near-term launch opportunity**
  - Liso-cel – Potential best-in-class CD19 CAR T for B-cell malignancies

#### Myeloid Diseases
- **Near-term launch opportunity**
  - Reblozyl — Beta-thal and 2L MDS
- **Near-term launch opportunity**
  - CC-486 — 1L AML Maintenance

---

**Potential expansion into other opportunities through LCM program**
Realizing the Commercial Potential of CAR T therapy through liso-cel in B-Cell Malignancies

Current Headwinds in the market:
- Safety Profile — Predominately In-patient Administration
- Market Access & Reimbursement
- Complex Manufacturing & Logistics
- Limited To Late Line Therapy

OPPORTUNITY for liso-cel is ENABLED BY:

Potentially differentiated profile — compelling efficacy across multiple histologies and differentiated safety profile:
- Reshaping the perception of CAR T
- Expanded physician base
- Potential for out-patient administration

Leading hematology organization
- Leverage referral network
- Onboard and expand treatment centers
- Tailored customer service

Launch ready manufacturing capabilities

Opportunity supported by potential best-in-class profile
liso-cel: Opportunity to Leverage Best in Class Profile to Establish Leading CD19 CAR T

Establish liso-cel as the best-in-class for r/r DLBCL patients
- 3L+ DLBCL – ASH 2019
- 2L DLBCL Transplant Eligible
- 2L DLBCL Transplant Non Eligible

Expand liso-cel indications to other relapsed/refractory B-cell malignancies
- 3L+ CLL
- 3L+ FL
- Primary CNS / Mantle Cell lymphoma

Expand to earlier lines

Evolving reimbursement dynamics
Increasing physician experience

Future LCM Opportunities
Reblozyl: Significant Near-Term Opportunity in 2L RS+ MDS

- The majority of very low-to-intermediate risk patients will become transfusion dependent
  - Repeated transfusions are associated with iron overload and secondary organ complications

- ESAs are currently used to treat anemia in MDS, however responses tend to be transient
  - Patients that are unresponsive or ineligible have few options and often continue to receive ESAs

- The MEDALIST study demonstrated
  - Significant improvement in 8wk and 12wk transfusion independence
  - Many patients saw continued benefit, 67% of patients experienced ≥2 separate response periods

- Clinician feedback shows high interest in REBLOZYL profile
  - Achieving multiple periods of transfusion independence
  - Sustained increases in hemoglobin levels for their patients
  - Favorable safety profile observed in the MEDALIST study
Reblozyl: Potential to Broaden the Opportunity

• Potential to expand into 1L MDS which significantly increases the addressable population
  – COMMANDS trial in 1L MDS is currently enrolling

• Expansion into other anemias beyond MDS and beta-thal
  – Promising Ph2 MF data with Reblozyl in combination with JAK inhibitors
  – Targeting Ph3 INDEPENDENCE pivotal study in MF; study start 2020
CC-486: Significant Unmet Need in 1L Maintenance

• ~33k AML patients annually in the US and EU5
  – Roughly two-thirds of patients receive chemo and the majority achieve CR or CRi

• Majority of patients not receiving SCT will relapse
  – Transplant lowers the risk of relapse however many patients are not eligible for transplant due to age, performance status etc. or refuse transplant (allogeneic) due to morbidity/mortality risk

• Opportunity to establish maintenance therapy as new treatment paradigm for 1L AML patients
  – Currently no FDA approved treatments in AML maintenance
CC-486: Compelling Profile for Maintenance Treatment

- Prolonged overall survival ✓
- Improved relapse free survival ✓
- Manageable safety and tolerability profile ✓
- Convenient oral administration ✓

Potential to be the only FDA approved treatment for 1L maintenance in AML
Conclusions

• ASH data supports the opportunity to broaden our hematology portfolio across the major hematologic diseases; MM, lymphoma, CLL, MDS, AML

• Well-positioned for 4 key launches:
  – liso-cel - Differentiated CD19-directed CAR T in R/R B-Cell Lymphoma
  – Reblozyl – First-in-class EMA in MDS
  – ide-cel – Potential First-in-class BCMA targeted CAR T in R/R MM
  – CC-486 – First treatment to show an OS benefit in 1L AML Maintenance

• Future expansion of opportunities through life cycle management program and early pipeline