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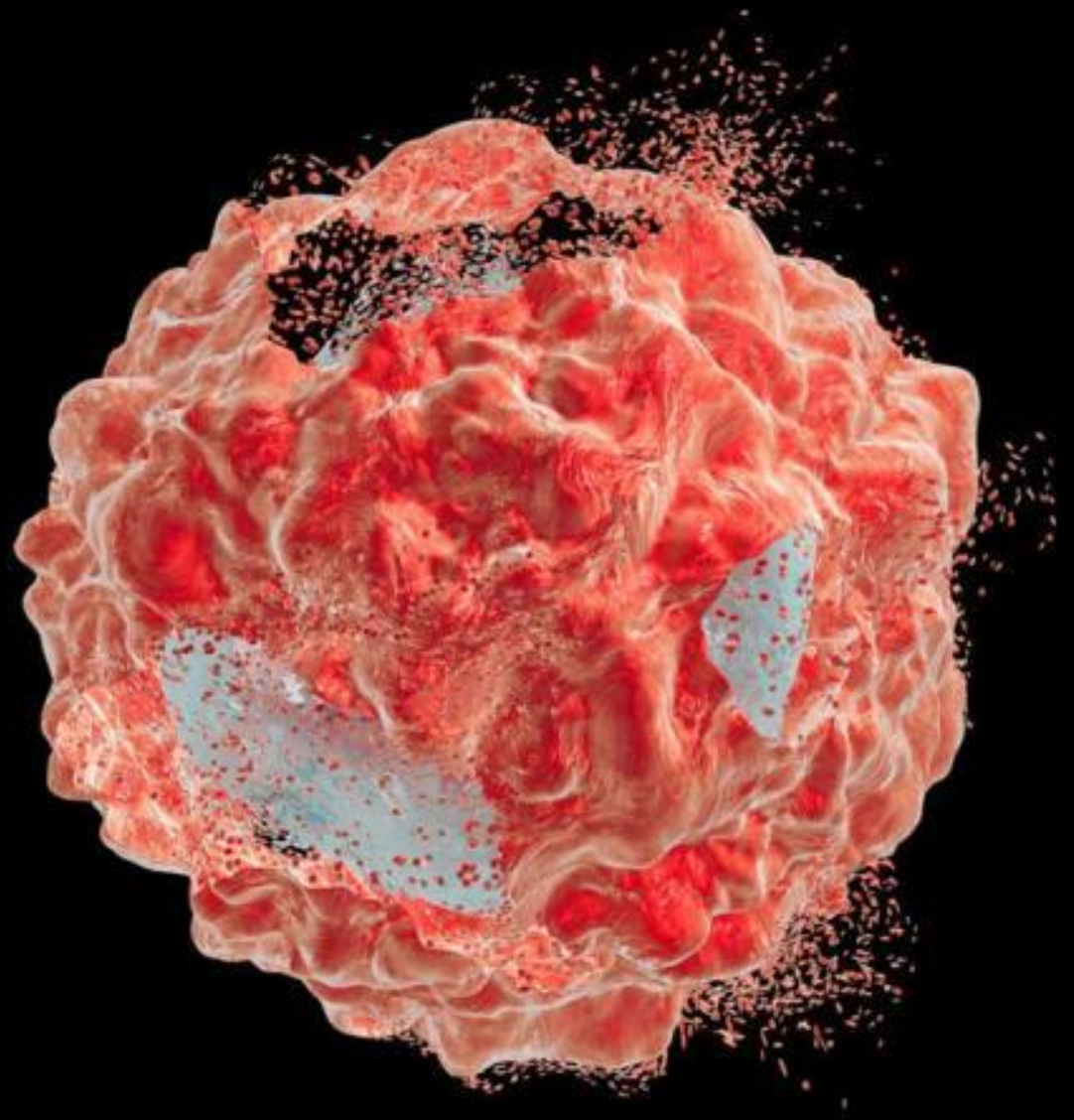
Ascentage Pharma



Ascentage Pharma Group

Advancing Therapies That Restore Apoptosis

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Ascentage: Innovative Science

Proprietary PPI Platform Delivering Potentially First and/or Best-in-class Drugs

BREAKTHROUGH SCIENCE

90+ ISSUED PATENTS

400+ PENDING APPLICATIONS

100+ PUBLICATIONS

STRONG PIPELINE

12 NOVEL COMPOUNDS

33 INDS

40+ CLINICAL TRIALS

10+ INDICATIONS

DEDICATED TEAM

1 VISION: BUILDING A GLOBAL BIOTECH COMPANY

20+ YEARS' COMMITMENT OF EXECUTIVE TEAM

400+ EMPLOYEES

GLOBAL DEVELOPMENT

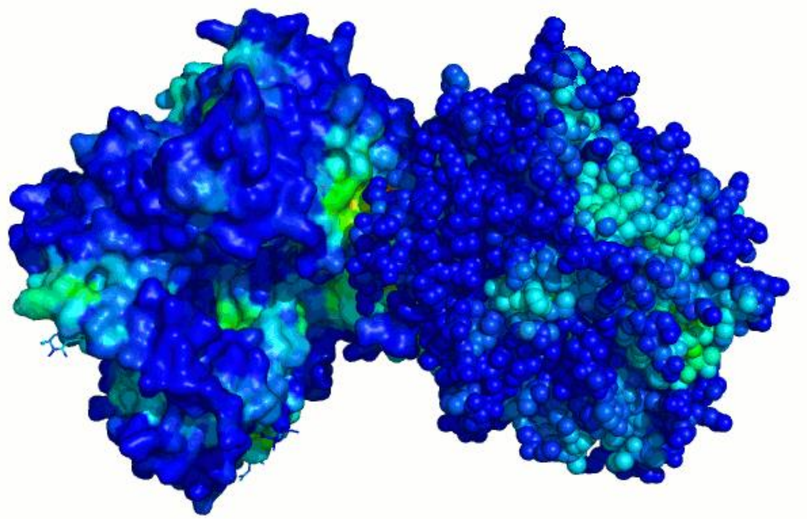
INTEGRATED ORGANIZATION IN **CHINA, UNITED STATES** AND **AUSTRALIA**

Source: Company data Note: All data as of Dec, 2020

Global Leader Developing Therapeutics That Inhibit Protein-protein Interactions to Restore Apoptosis

Protein-protein Interactions

Protein-protein interactions (PPIs) play a crucial role in cellular processes, and are implicated in many diseases, from cancer to viral infections



Focused on Apoptosis

Apoptosis plays a crucial role in developing and maintaining the health of the body by eliminating old and unhealthy cells.

Difficult to Drug

PPIs have broad, shallow, relatively featureless binding sites, hence historically **“difficult to drug”.** There is only one PPI-targeting drug approved in oncology, Venetoclax.

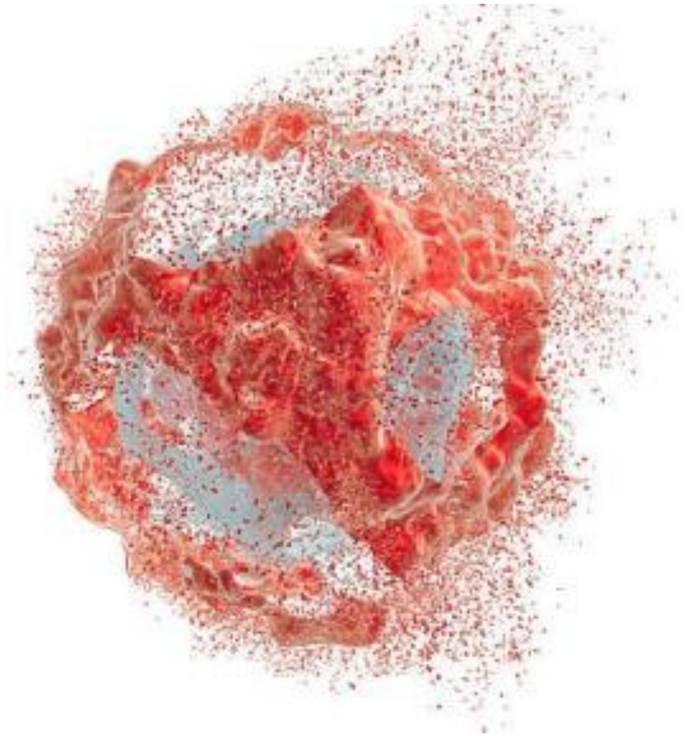
Small Molecules

PPI targets can’t be penetrated by large molecules, leaving small molecules the only viable choice for drug development PPI

Targeting Bcl-2, MDM2-p53, IAP

Four potentially **first- or best-in-class** candidates targeting three distinct classes of PPIs that are critical in inducing apoptosis, namely, Bcl-2, MDM2-p53 and IAP proteins.

2020 Key Achievements



- **1 NDA with "Priority Review"** for HQP1351 (Olverembatinib)
- **Clinical Proof of Concept (POC)** of APG-2575 established in r/r CLL
- **9 global studies** of APG-2575 in CLL，AML，MM etc.; entered Europe for the first time
- **9 ODD and 1 FTD** (HQP1351 in TKI resistant CML)
- **2 global clinical collaborations** with AstraZeneca and Merck

Rich Pipeline With Significant Opportunities

Product	Target	Indications	Phase I / Phase II / Pivotal / NDA	Regions
HQP1351	BCR-ABL /KIT	CML	CDE-NDA submission mid-2020	
		Ph+ ALL		
APG-2575	Bcl-2	CLL	◆	
		WM		
		MM		
		T-PLL		
		AML		
		Solid Tumors		
APG-115	MDM2-p53	Solid Tumor + IO	◇	
		AML, MDS		
APG-1387	IAP/XIAP	Solid Tumor + IO		
		PDAC + Chemo		
		HBV	◇	
APG-1252	Bcl-2/xL	SCLC + SOC		
		NSCLC + TKI		
		MF		
		NET		
APG-2449	FAK/ALK/ROS1	Solid Tumor	◇	
Bcl-2 product	Bcl-2 family	DME (developed by Unity)		

◆ POC ◇ POC in progress

33 Approved INDs, 40+ Studies Globally

United States

- APG-2575 (CLL, MM, WM, T-PLL, Hematologic malignancies)
- APG-115 (AML, Advanced solid tumors)
- APG-1387 (Solid tumors)
- HQP1351 (Resistant CML)
- APG-1252 (SCLC, NSCLC, Myelofibrosis - MF)

Europe

- APG-2575 (CLL/SLL)

China

- HQP1351 (Resistant CML, GIST, Solid tumors)
- APG-2575 (CLL, AML, Hematologic malignancies)
- APG-115 (AML, Sarcoma)
- APG-1387 (Pancreatic, Solid tumors, HBV)
- APG-1252 (SCLC, NSCLC)
- APG-2449 (NSCLC)
- HQP8361 (Tumors with cMET+)

Australia

- APG-2575 (CLL, Hematologic malignancies)
- APG-1387 (Advanced solid tumors)
- APG-1252 (SCLC, NSCLC)

Source: Company data Note: All data as of Dec 2020

More ODDs Than Any Other Chinese Biotech Companies

4 Breakthrough

Zanubrutinib
1 BTD

JS001
1 BTD

Sugemalimab
1 BTD

RC48-ADC
1 BTD

36 Orphan Drug

APG 115, APG 1252, APG 2575, HQP1351
9 ODDs

Zanubrutinib, Tislelizumab
4 ODDs

JS001
3 ODDs

YS-ON-001
3 ODDs

15 Fast Track

HQP1351
1 FTD

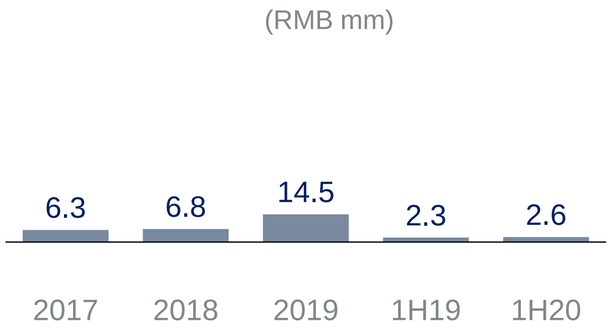
Abexinostat
2 FTDs

Fruquintinib
Surufatinib
2 FTDs

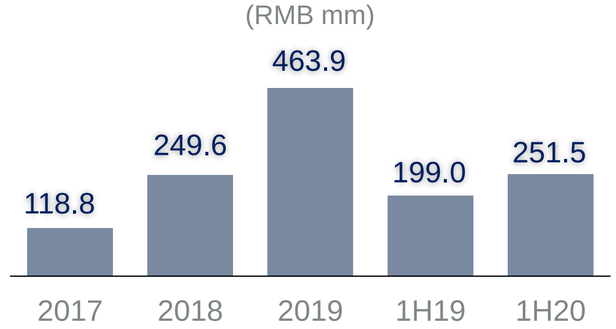
HTD1801
2 FTDs

Key Financial Highlights

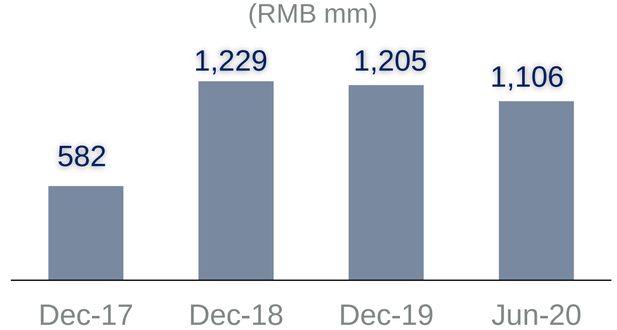
Revenue(1)



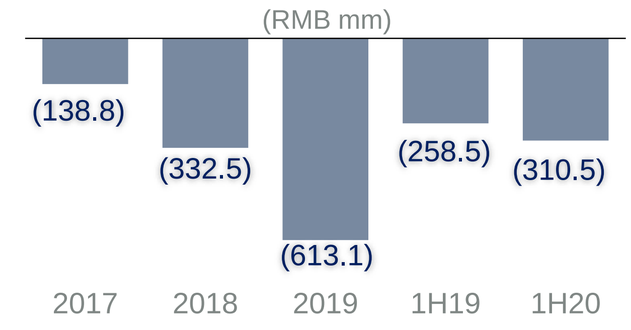
R&D Expense



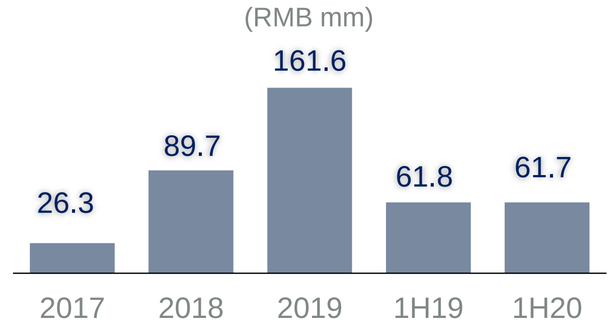
Total Assets



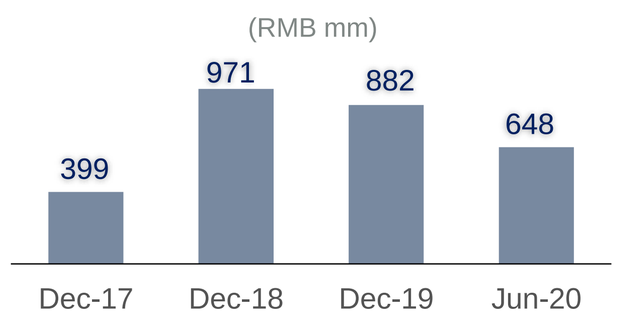
EBIT(2)



Other OPEX



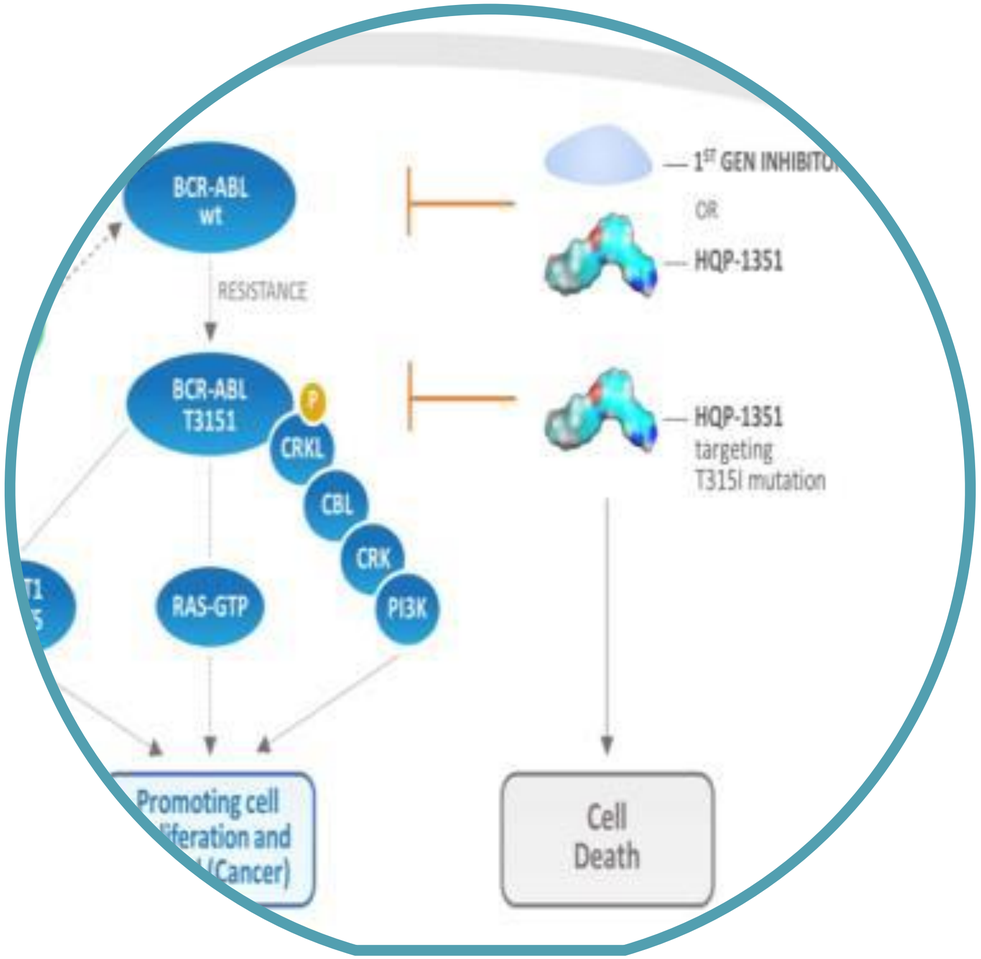
Cash & Equivalents(3)



1）its revenue from provision of research and development services, and compounds library and intellectual property license fee income; 2）EBIT = Gross Profit – R&D Expense – Other OPEX 3）Cash & Equivalents include cash and bank balances, and other financial assets, which represent mainly investment in short-term financial productsThe group derives

HQP1351
Olverembatinib Overview

3rd Gen BCR-ABL/KIT
Multi-kinase Inhibitor



Huge Unmet Medical Needs in CML

- Though TKIs have revolutionized management of CML, many patients develop resistance or intolerance to available TKIs;
  - **1st gen TKI Imatinib:** Fails in up to 40% of patients due to BCR-ABL1 resistant mutations, intolerance, and/or suboptimal adherence to therapy schedule.
    - One of the most frequent BCR-ABL mutations is T315I, ranging from 5 to 25% of CML cases
    - Only 50% of resistant patients achieve a durable CCR or deeper response if they are switched to dasatinib, nilotinib, bosutinib, or ponatinib [1,2]
  - **2nd gen TKIs (dasatinib and nilotinib):** Fail in high number of patients due to T315I or other mutations. Treatment failure with 2nd gen TKIs portends a poor prognosis among the estimated 37%-52% of patients[3]
  - **The only 3rd gen TKI Ponatinib:** the ONLY TKI able to overcome T315I mulation. It received Black box warnings of cardiovascular events.
- None of the above TKIs are effective in the presence of some “compound” mutations.

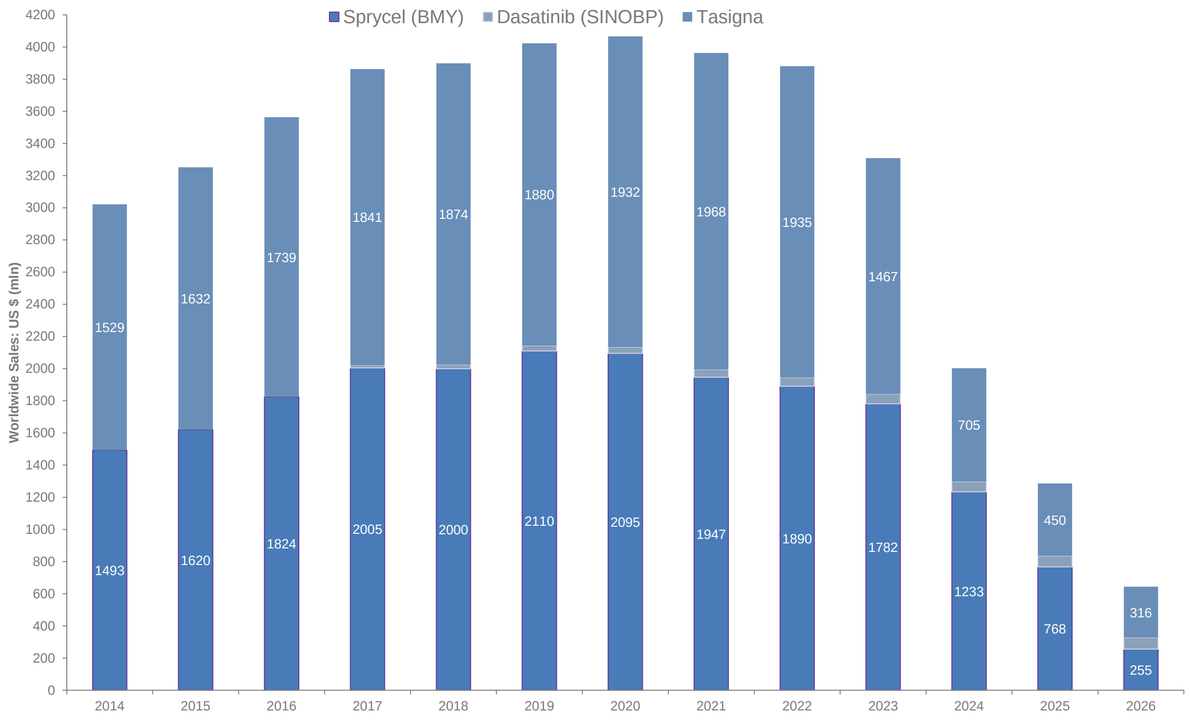
HQP1351: **Effective** in **BCR-ABL Wild Type** as well as **T315I mutation**,

First 3rd generation BCR-ABLTKI developed in China, only **Second** in the entire world

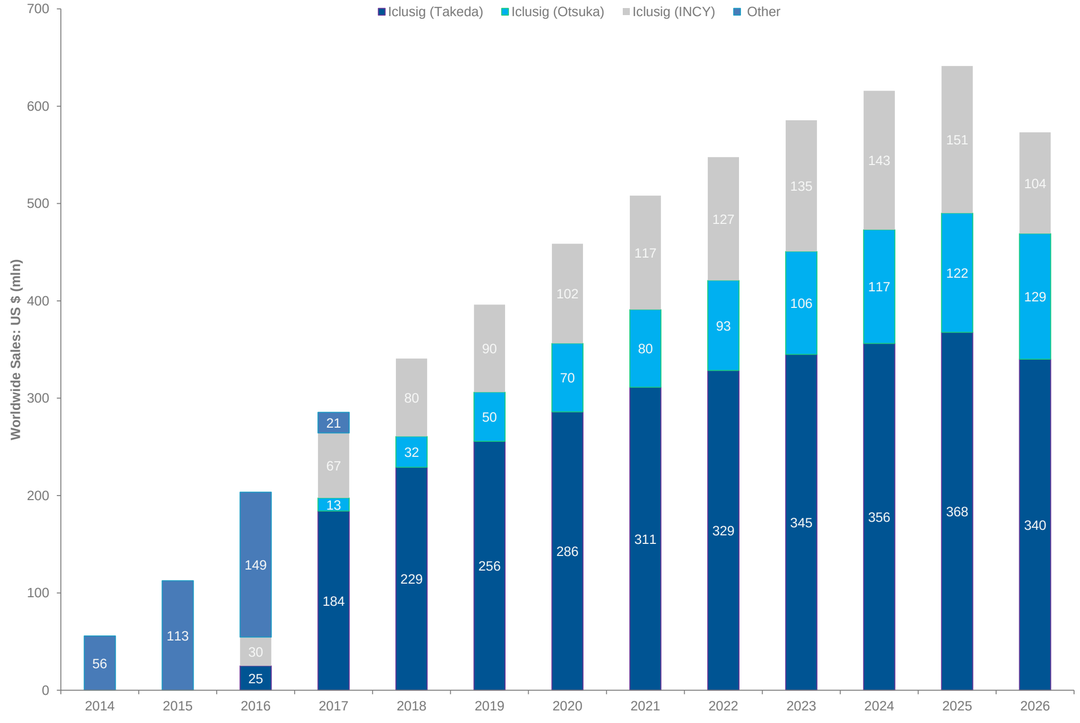
Source: 1.Cortes JE et al. N Engl J Med 2013;369:1783-1796; 2. NCCN.CML Clinical Practice Guidelines in Oncology, version 1.2019.; 3. Ren X et al. J Med Chem 2013;56:879-894.

Large Potential Market for 3rd Gen BCR-ABL Inhibitors

Global sales of dasatinib and nilotinib peaked at $4,066M in 2020

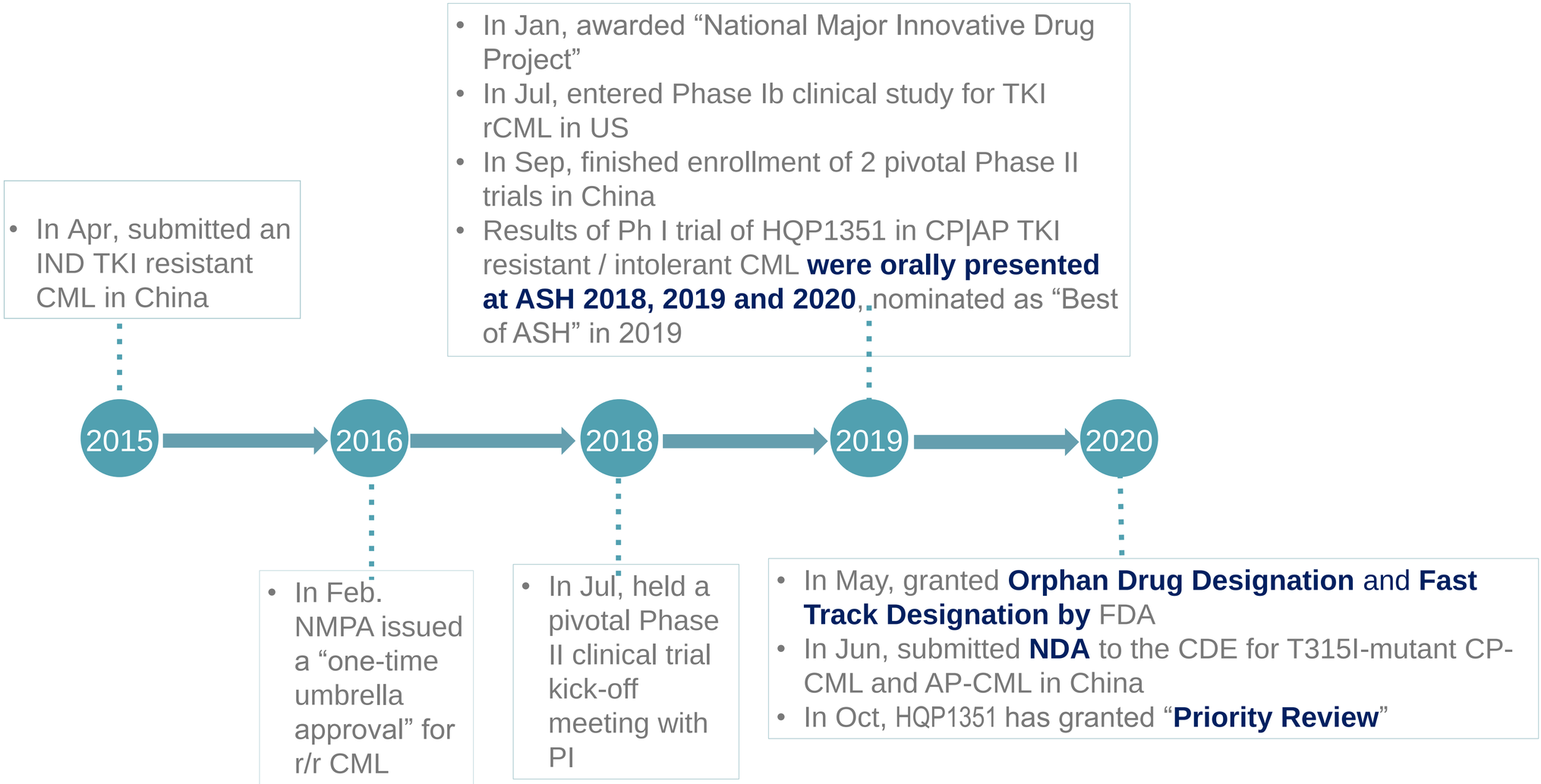


Global sales of ponatinib forecasted at $641M in 2025



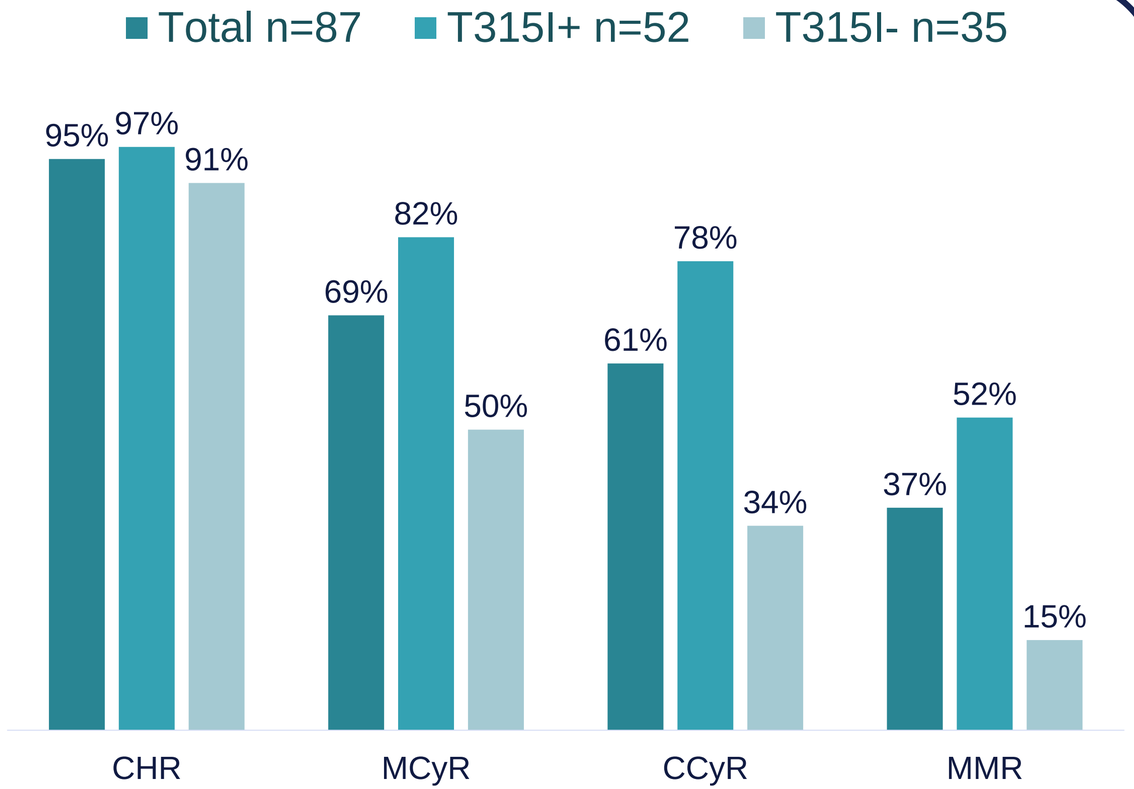
Source: Global Data, Drug Sales and Consensus Forecast View, Extracted Date: 27-Jan-2020， Evaluate Ltd

Development Milestone: From IND Approval to NDA in 4 Years



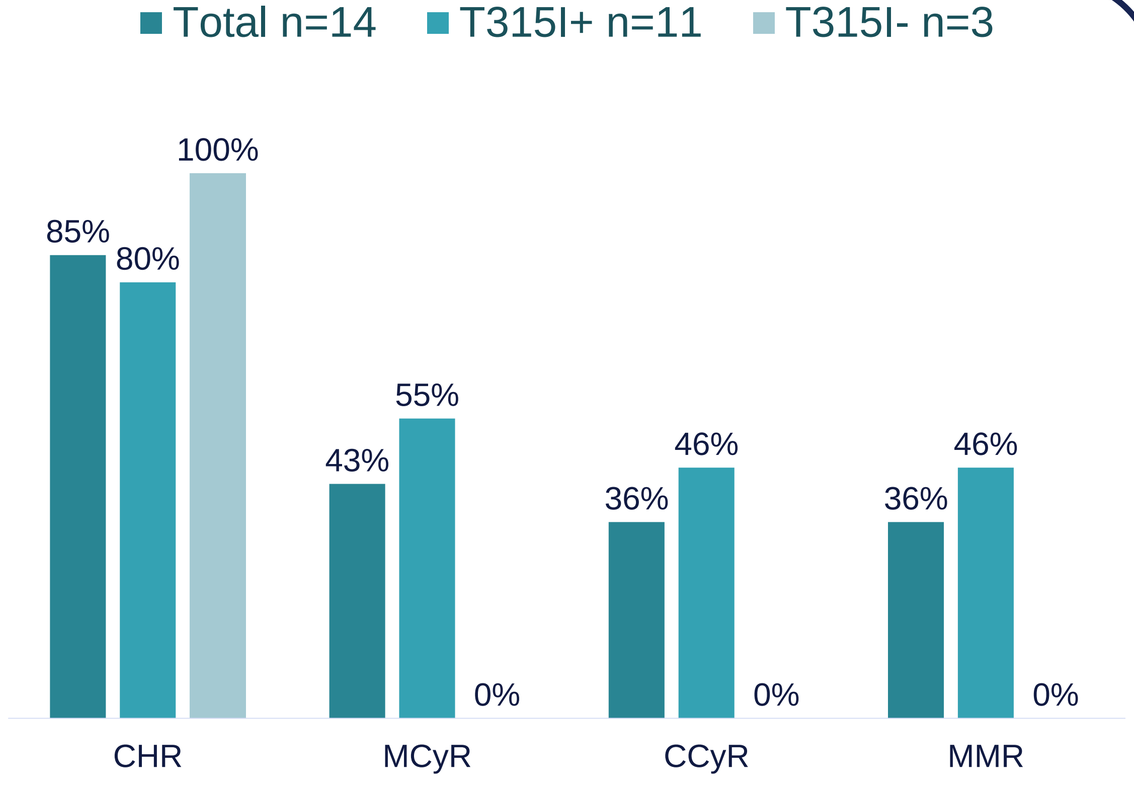
Phase I Study: Highly Efficacious in TKI Resistant CML Patients

CP



CML Response Criteria: Complete Hematological Response(CHR), Bone Marrow; Major Cytogenic Response (MCyR*) Complete Cytogenic Response (CCyR), Major Molecular Response (MMR^) | ** MCyR is a validated End Point, ^ MMR defined by PCR (<1/1000)*

AP



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Source: Company data

Well-Tolerated With Minimal Dose Interruptions

Long Duration of Treatments

- Longest duration of treatment is **50 months**
- The average observation period for the Ph I clinical trial is more than **2 years**; mean exposure **30.0 months**, median exposure **30.8 months**
- **20 patients'** duration of treatment more than **3 years**
- **66 patients'** duration of treatment between **2 - 3 years**.

Minimal Discontinuation

- Among 101 patients enrolled, **82 patients** remains on the study up-to-date (since 2016)

Discontinuation:

- **19 patients** discontinued treatment due to AE
- **8 patients** due to PD
- **5 patients** due to AE,
- **6 patients** due to other reasons

Low Cardiovascular AE

- Much lower cardiovascular events reported; no fatal myocardial infarction or stroke was reported, compared to serious arterial occlusion events (AOEs) observed in 35% of ponatinib treated patients in clinical trials

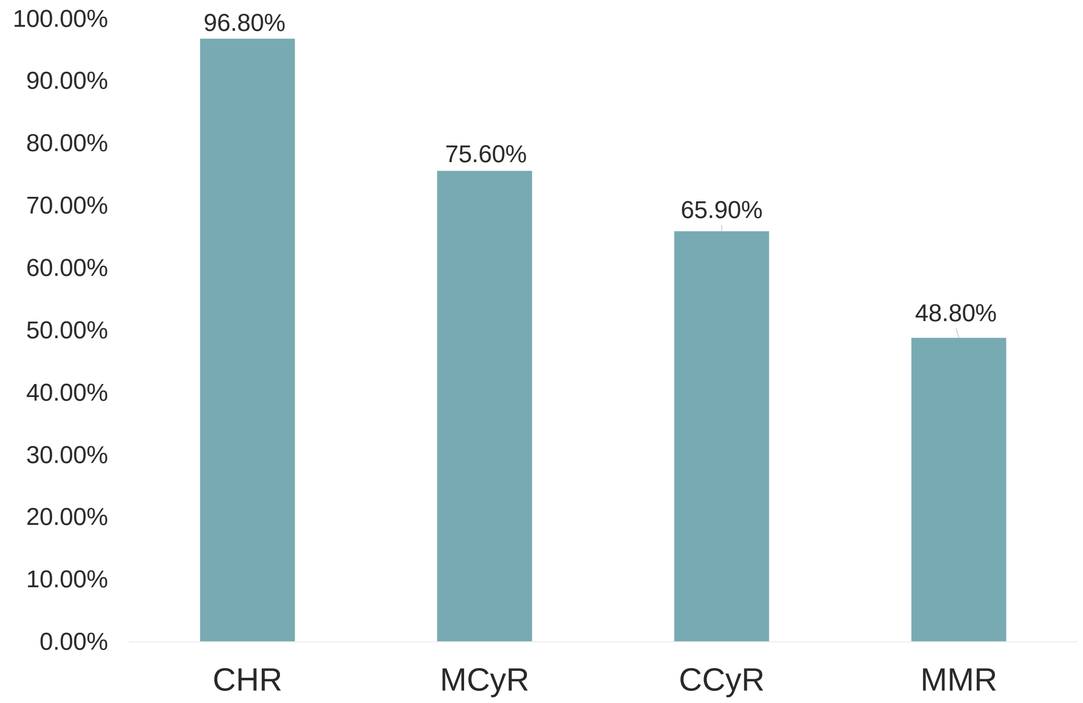
Rare Liver Toxicity

The liver toxicity was rarely reported and was mild or moderate, compared to ALT or AST elevation observed in 56% (all grade) and 8% (grade 3 or 4) of patients treated with ponatinib

Pivotal Ph II Study: Highly Efficacious in T315I-Mutated CML Patients

CML-CP

T315I+n=41



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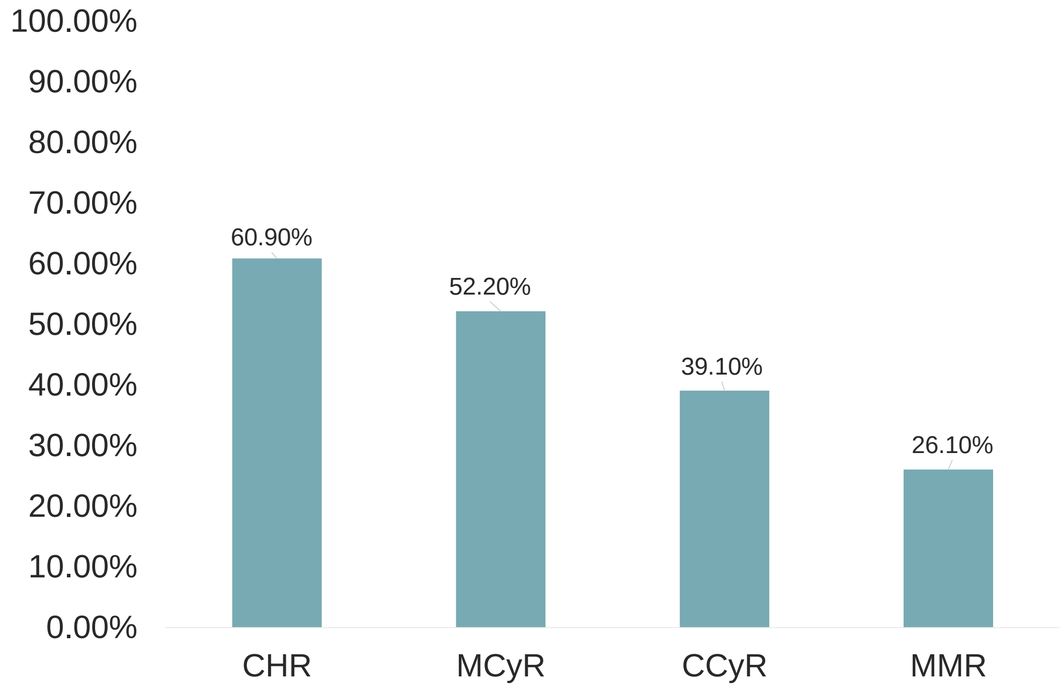
CML-AP

T315I+n=23

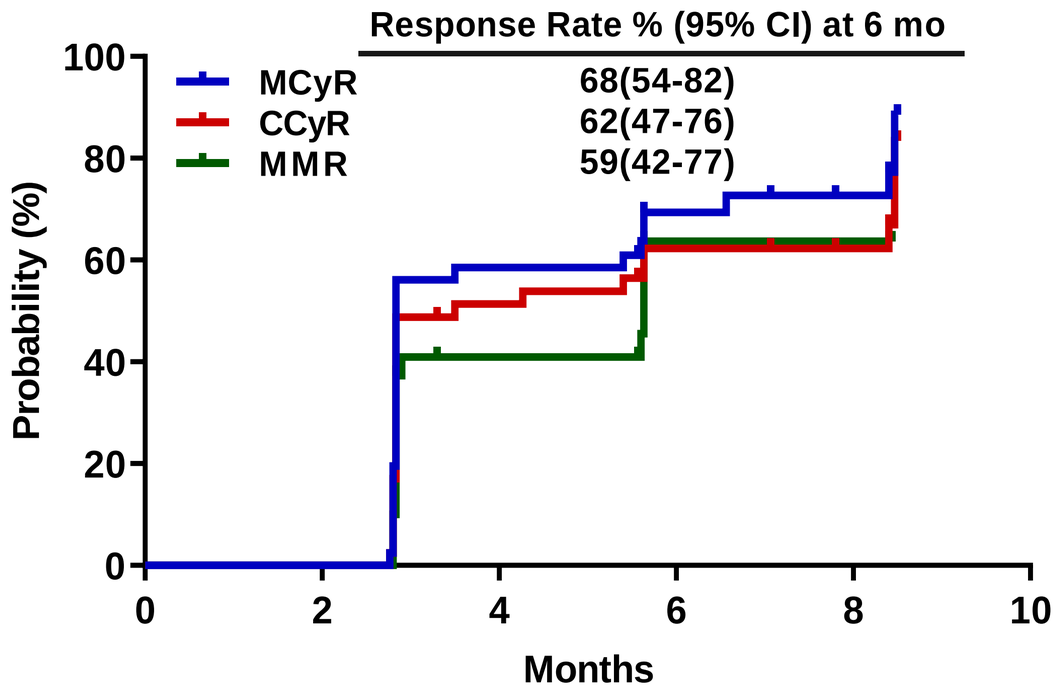


CML Response Criteria: Complete Hematological Response(CHR), Bone Marrow; Major Cytogenic Response (MCyR*) Complete Cytogenic Response (CCyR), Major Molecular Response (MMR^) | ** MCyR is a validated End Point, ^ MMR defined by PCR (<1/1000)*

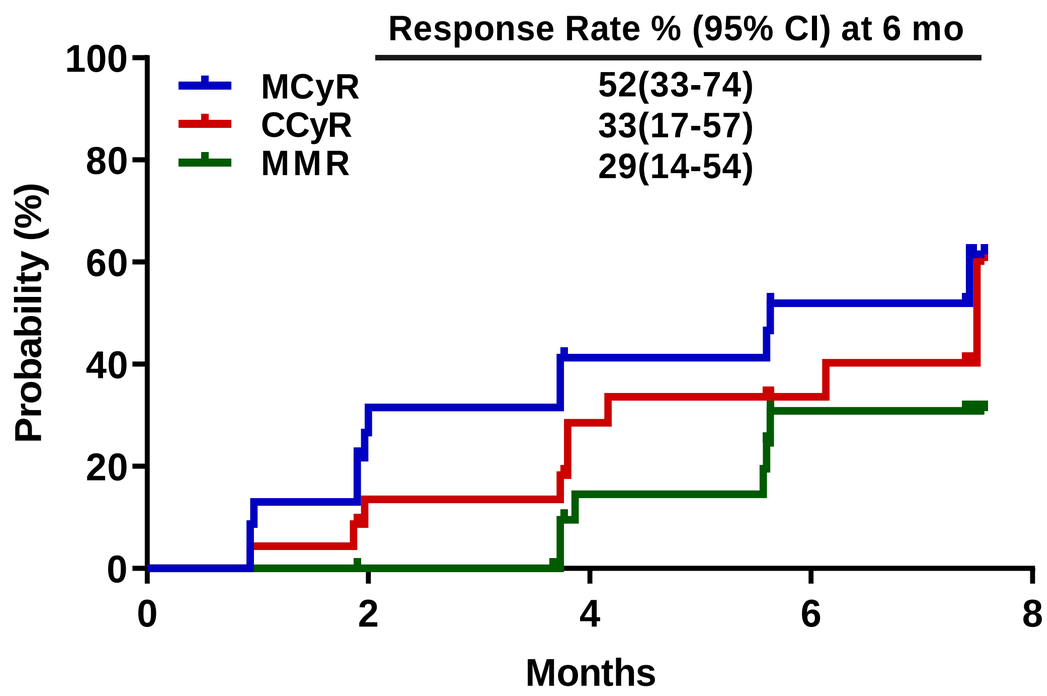
Source: Company data; Cut-off date： March 23, 2020 for CP, February 11, 2020, for AP

Cumulative Incidence of Responses

CML-CP

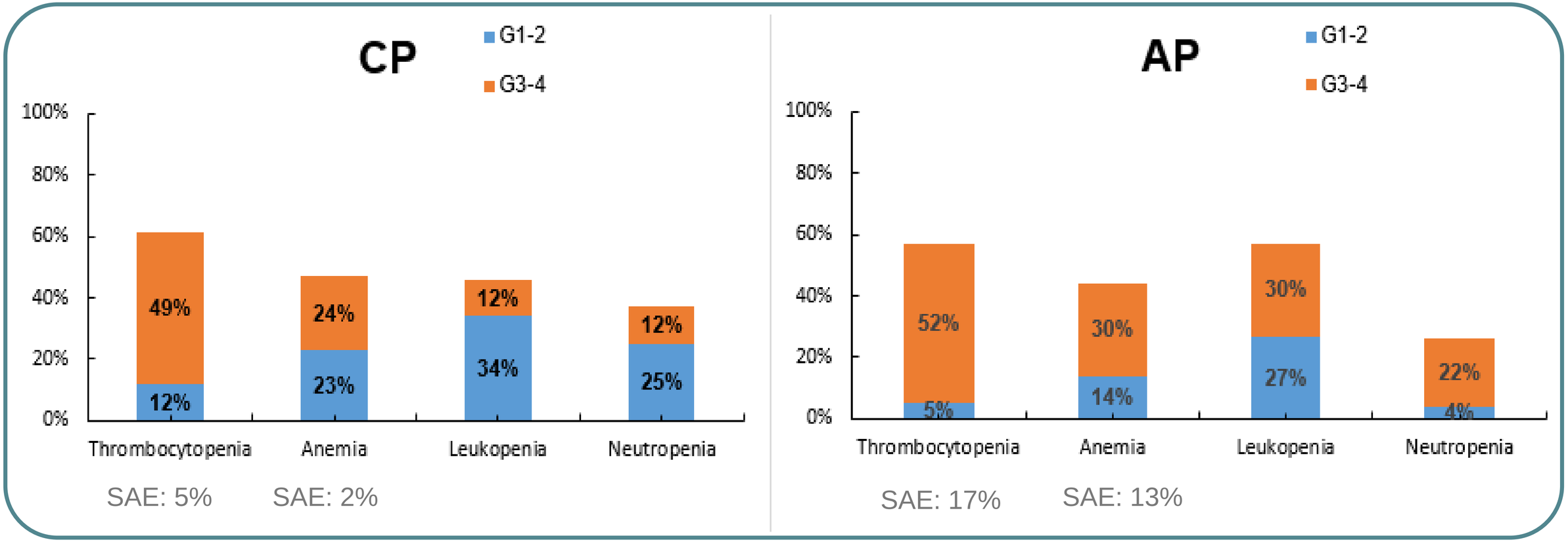


CML-AP



Source: Company data

Treatment-related Hematologic Adverse Events



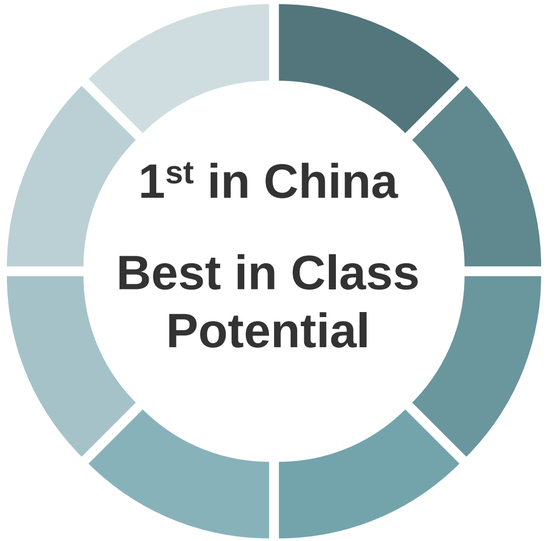
Source: Company data

HQP1351: T315I and Beyond

First 3rd generation of BCR-ABL TKI being developed in China

NDA was submitted to CDE as planned on June 15 in China, grant with “Priority review”

Potentially better tolerance than Ponatinib based on 300+ subjects treated with HQP1351



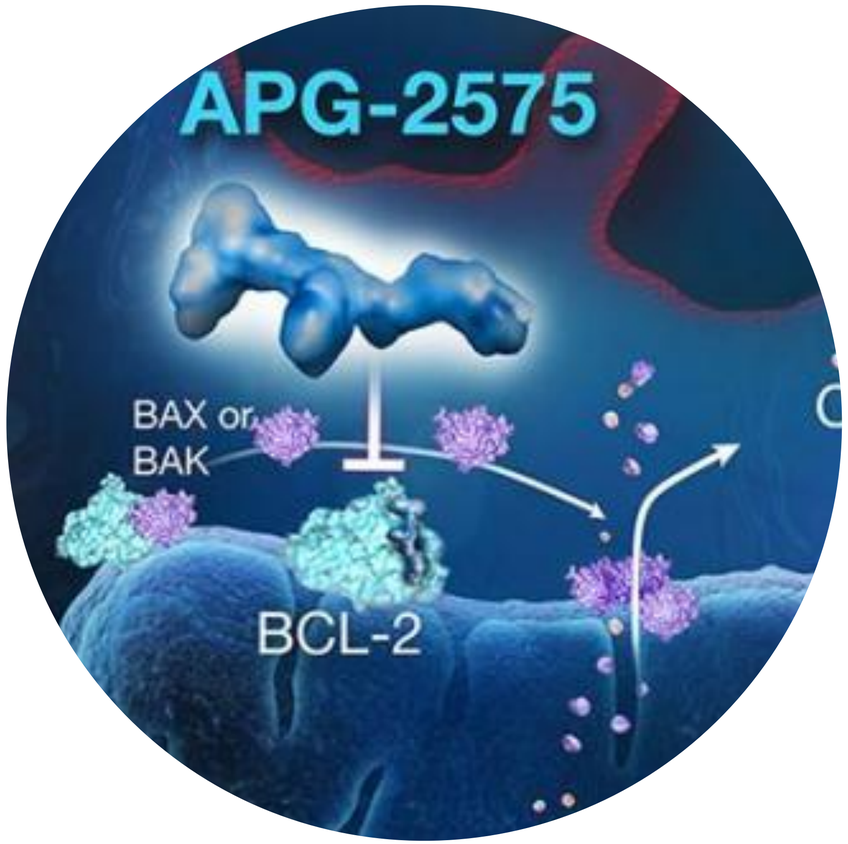
Ph II pivotal studies in patients with TKI resistant BP-CML, Ph+ ALL

Efficacious on the patients who failed/intolerant to ponatinib. Also active in the presence of compound mutations where ponatinib is ineffective.

Proposed Phase II pivotal study in US focus on the CML Pts with R/R ponatinib or multiple / compound mutations

APG-2575 Overview

Novel, orally administered Bcl-2 selective inhibitor, follow to Venclexta®



BCL-2 is a Validated Target

BCL-2 inhibitor

- **Tumor cells may become dependent on Bcl-2 for survival**
- **Inhibiting Bcl-2 releases pro-apoptotic proteins, which trigger apoptosis through the apoptosome**

	Bcl-2 Selective Inhibitors	
	亞盛醫藥 Ascentage Pharma	abbvie
Compound	**APG-2575**	**Venetoclax (ABT-199)**
MOA	Orally available and Bcl-2 selective inhibitor	Orally available and Bcl-2 selective inhibitor
Clinical stage	Ph Ib/II	Marketed (CLL, AML)
Indication	CLL, AML, WM, MM, T-PLL	CLL, AML, MM, MCL, MDS, NHL, ALL, Breast cancer, Prostate cancer
Combo agents	BTK, CD20, MDM2, BCR-ABL TKI	BTK,CD20,CDK9,Pi3K, MDM2,JAK,PD-(L)1, FLT-3,IDH,CD33,CD38,etc.
Comments	• Patient-friendly daily dose-ramp-up • No or Low TLS • Less risk DDI • Less neutropenia likely • Strong synergy with in-house MDM2-p53 inhibitor APG-115 • Plan to focus on the China market	• NDA approved in April 2016 • First-in-class Bcl-2 inhibitor • 5 FDA Breakthrough Therapy designations • 4 approved indications across CLL and AML populations • 250+ trials across US, China, EU, Japan, etc. • Enrolled 10,000+ patients

Source: Global Data

IND Approval to 9 Global Ph Ib/II Studies in 2 Years

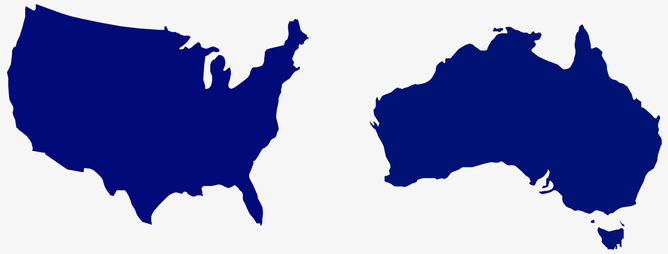
1/2018
FDA cleared IND for orally administered APG-2575 in patients with hematologic malignancies

6/2018
Phase I clinical trial protocol for APG-2575 in patients with hematologic malignancies approved In Australia

10/2018
NMPA approved: An IND for APG-2575 for treatment of patients with hematologic malignancies

11/2020
- **2** Ph I trial of APG-2575 in hematologic malignancies enrolling in US & AU
- **9** Phase Ib/II study for r/r AML, r/r CLL, r/r MM, r/r WM, T-PLL
- **4** ODDs in AML, CLL, MM, WM
- FPI in Europe

2 Phase Ib/II studies in r/r CLL/SLL in Europe



3 Phase Ib/II studies in r/r CLL/SLL, MM and WM in US and Australia

4 Phase Ib/II studies in r/r AML, r/r CLL, WM and MM in CN

Source: Company data

Clinical POC Established

More than **100 subjects** have been enrolled into the APG-2575 studies, including R/R CLL , FL , MCL, DLBCL, WM, MM, AML and HCL patients, dosed ranging from 20mg to 1200mg

Proof of concept established in CLL, more than 30 pts enrolled, 70% evaluated achieved PR

Potentially more tolerable than Venetoclax: no TLS, no DLT, no MTD reported

4 Orphan Drug Designations (ODD): CLL,WM, MM,AML

Plan to submit the protocol for treatment of patients with ER+ breast cancer and other solid tumors by Q1 2021

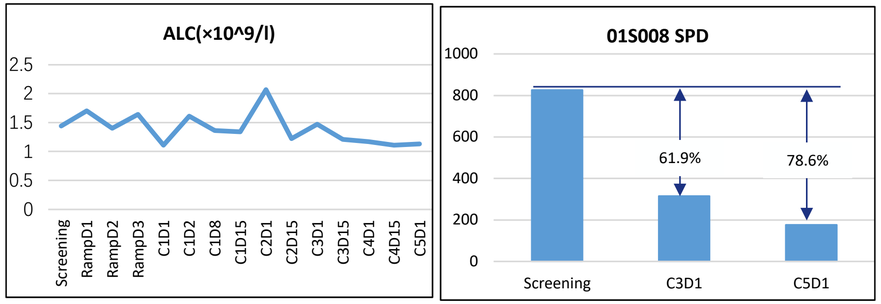
Plan to get CDE approval on the Phase II pivotal study design as a single agent for treatment of R/R CLL by the Q4 2021

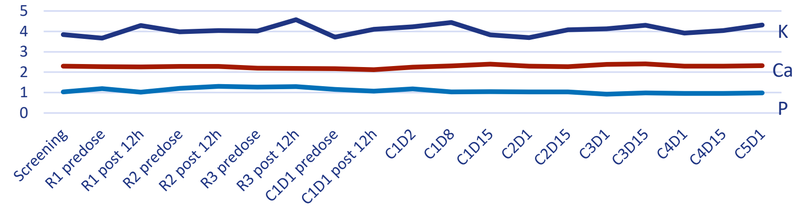
Source: Company data

APG-2575-CN-001 Ph I Interim data I Activity

Ibrutinib Resistant High Risk Patient; Rapid and Deep Response

Patient 1S008: PR parameters

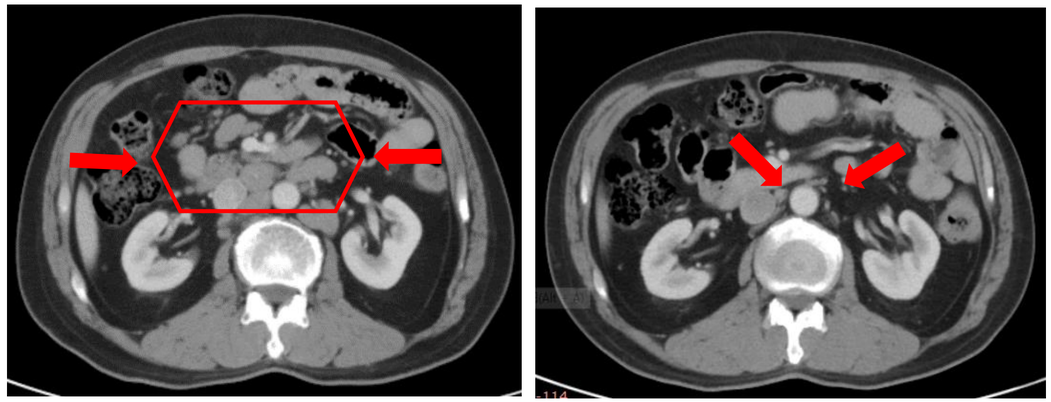




Patient 1S008: -78.6% Nodal Response

PR in r/r CLL (IgVH mutation, no TP53)

Before APG-2575 | After APG-2575

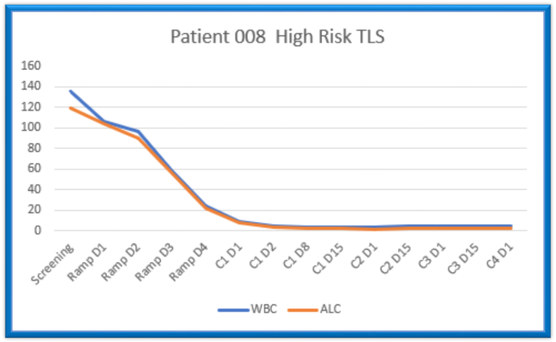


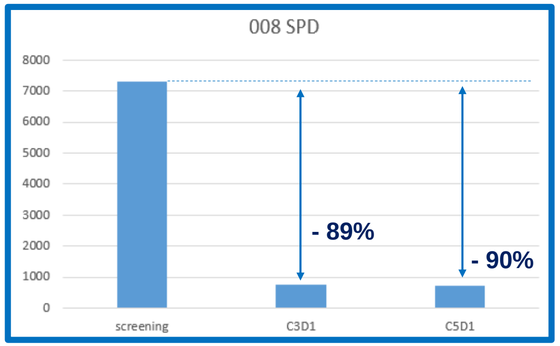
Lymph Node Response: C3D1 **-62%;** C5D1 **-78.6%**

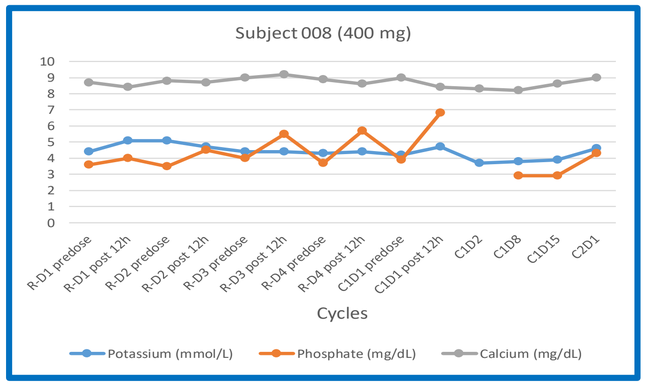
Source: Company data

Del17p CLL Patient at High Risk of TLS: Rapid & Deep Response

Patient 008: PR parameters



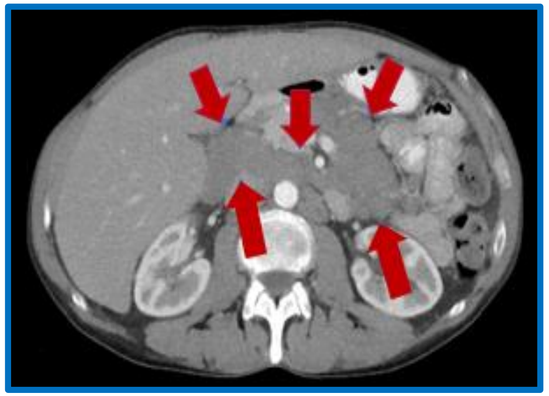




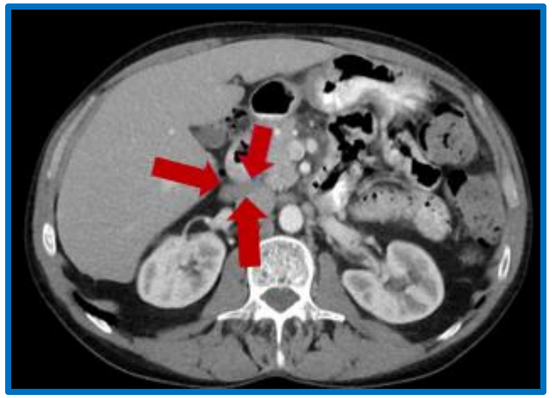
Patient 008: -90% Nodal Response

Durable PR in a patient with r/r CLL

Before APG-2575



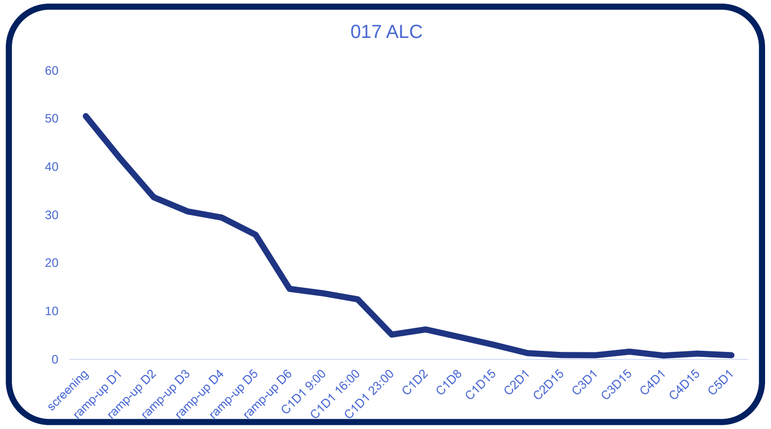
After APG-2575

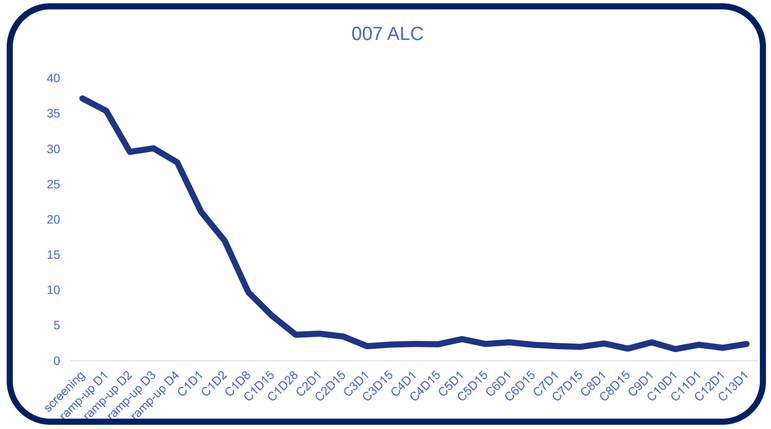


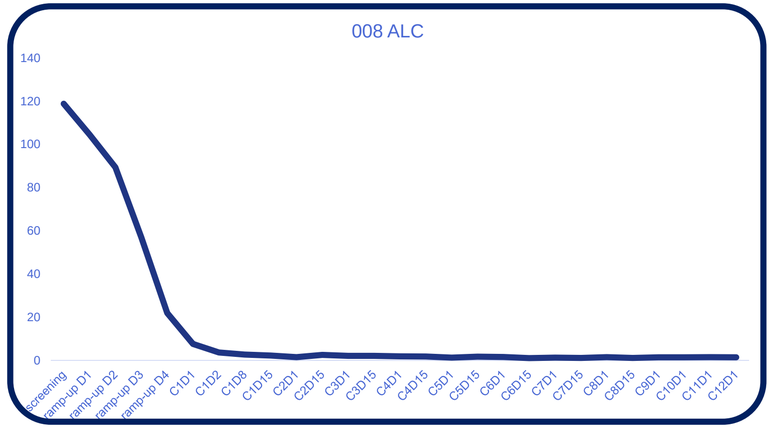
Nodal Response: C3D1-89% | C5D1-90%

Source : Company data

ALC Response Kinetics in R/R CLL Patients

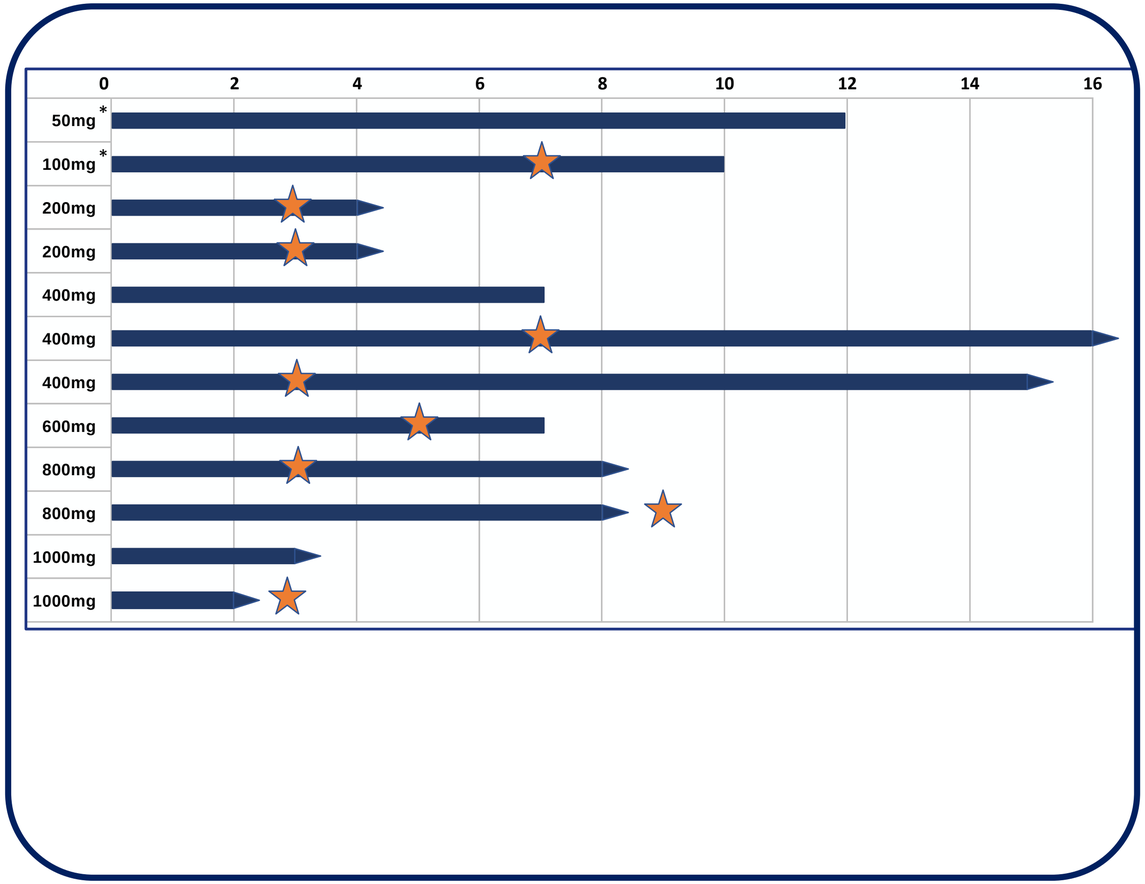


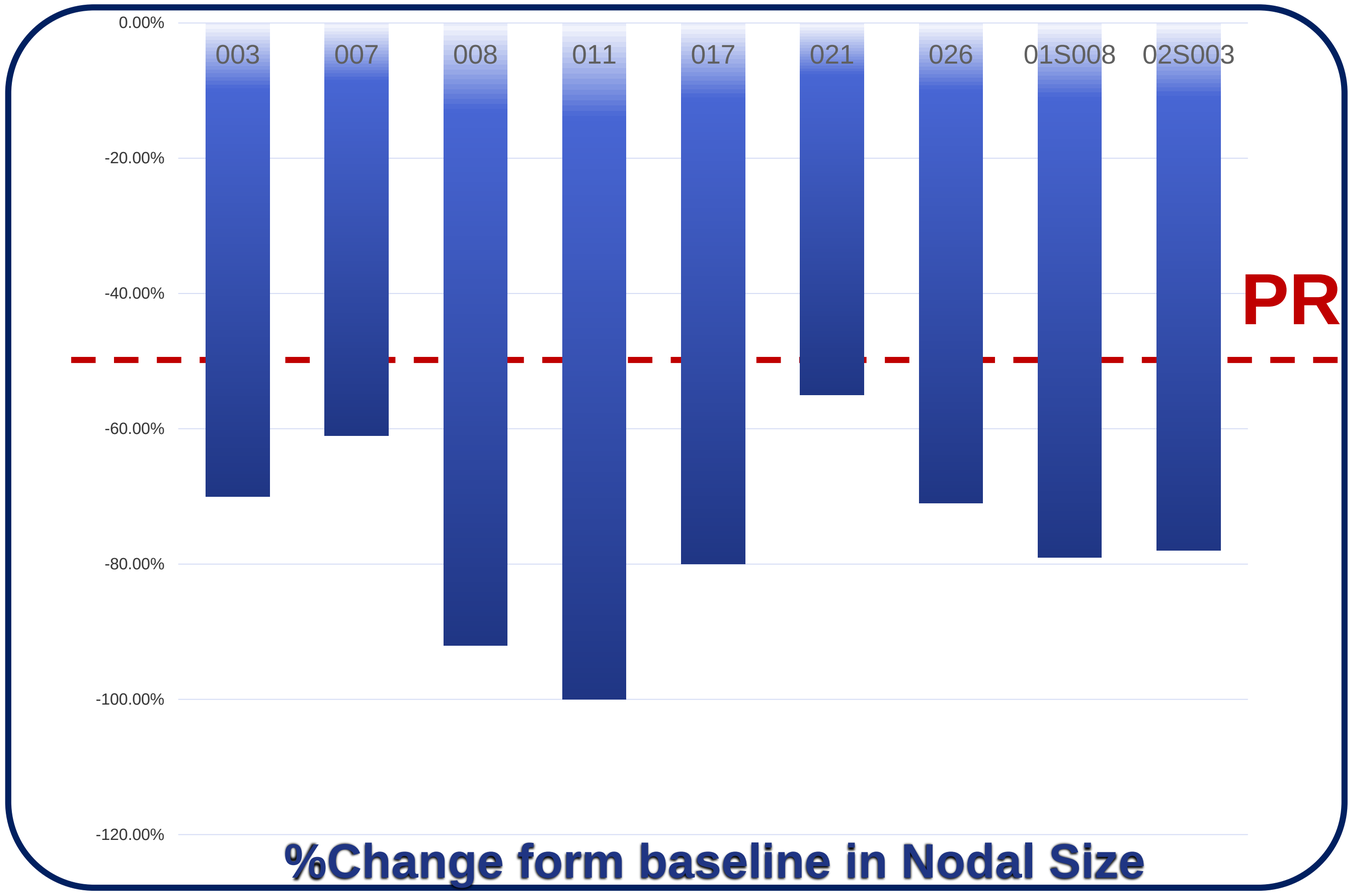




Source: Company data

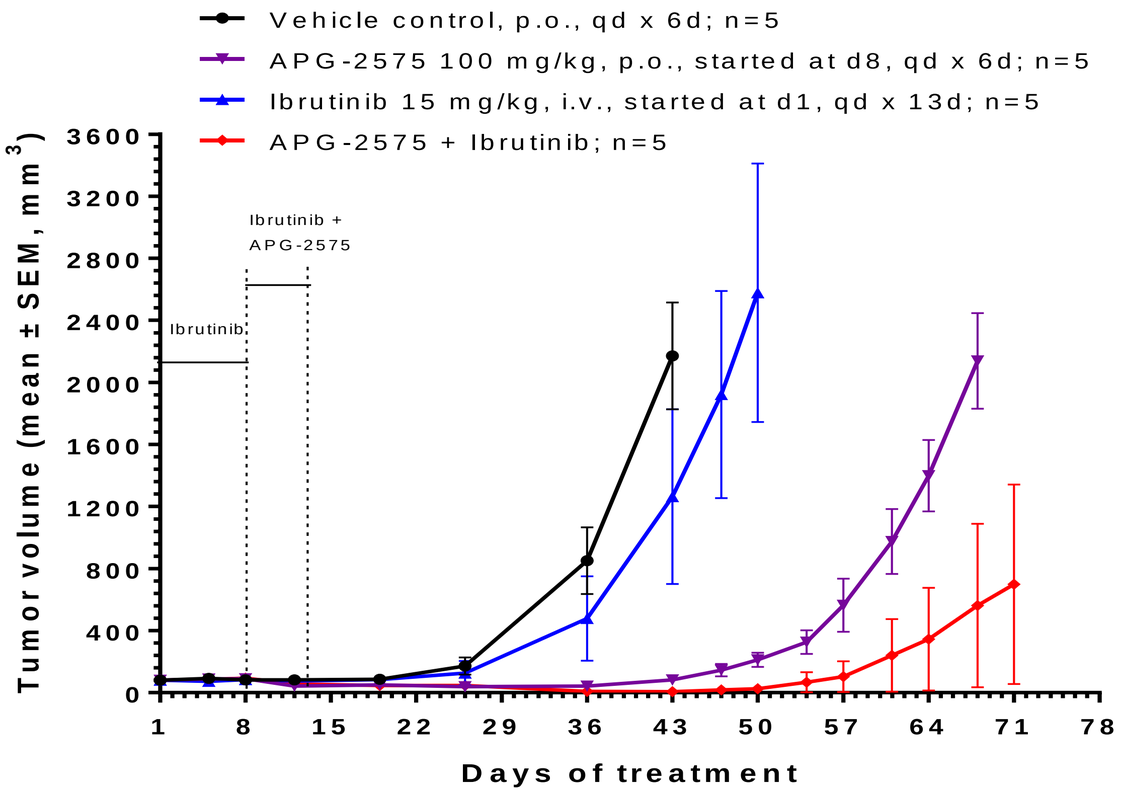
70% PR in Evaluable R/R CLL/SLL Patients

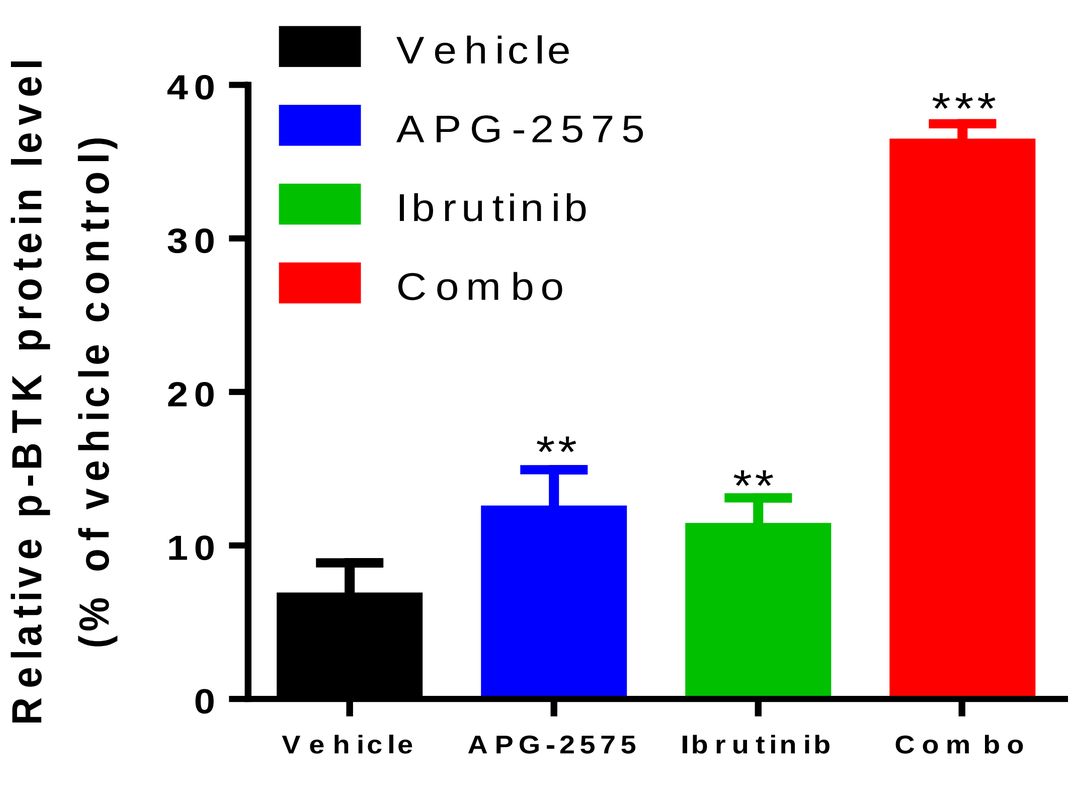




Source: Company data

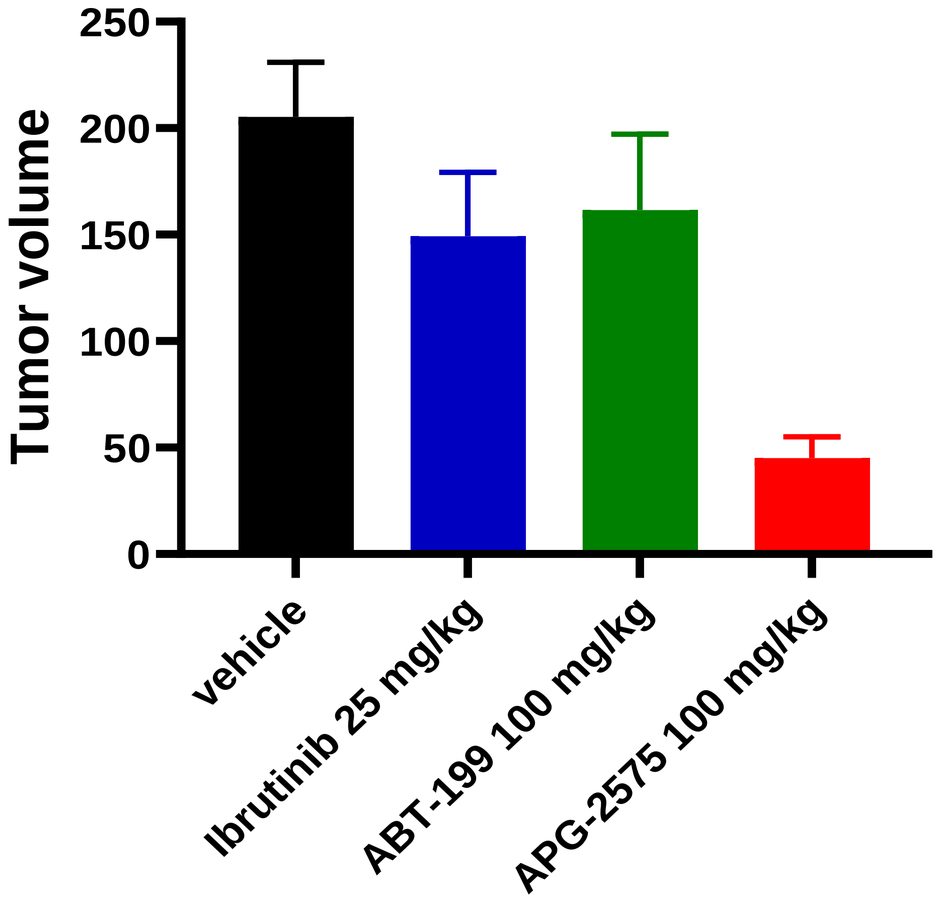
Synergistic Effects of APG-2575 in Combination with Ibrutinib

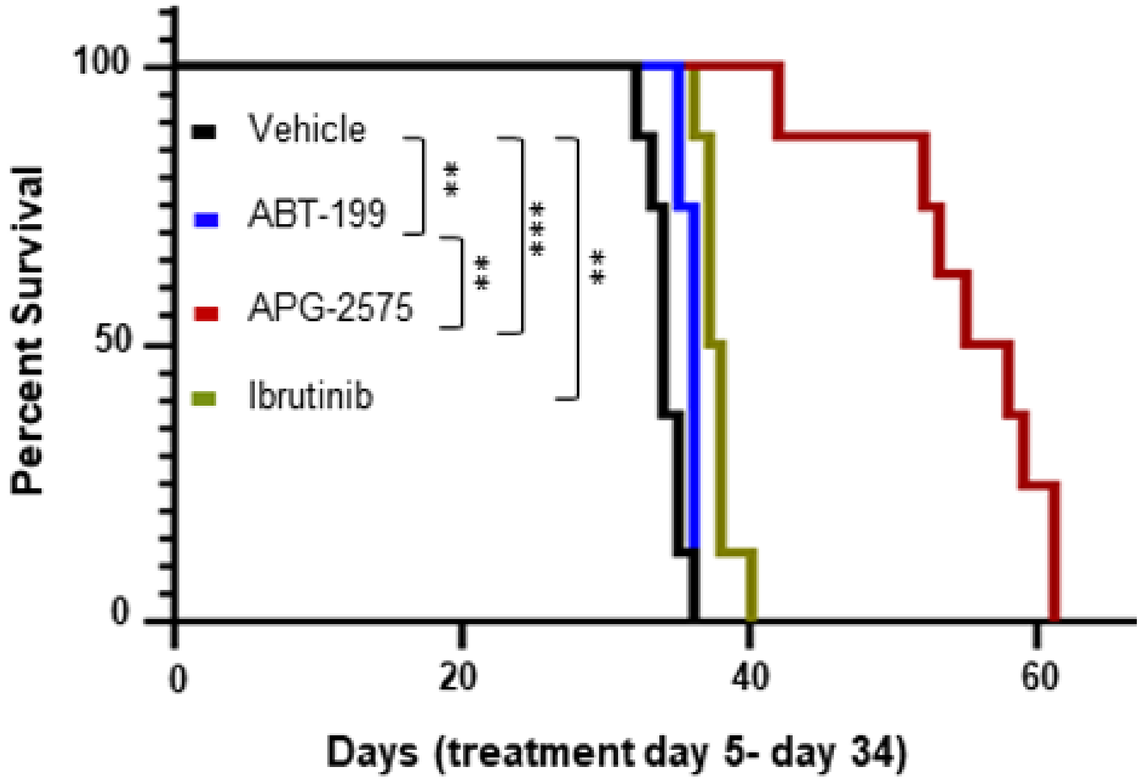




Source: Company data

Efficacious In BTK Resistant WM PDX Model In Which Venetoclax Shows NO Activity





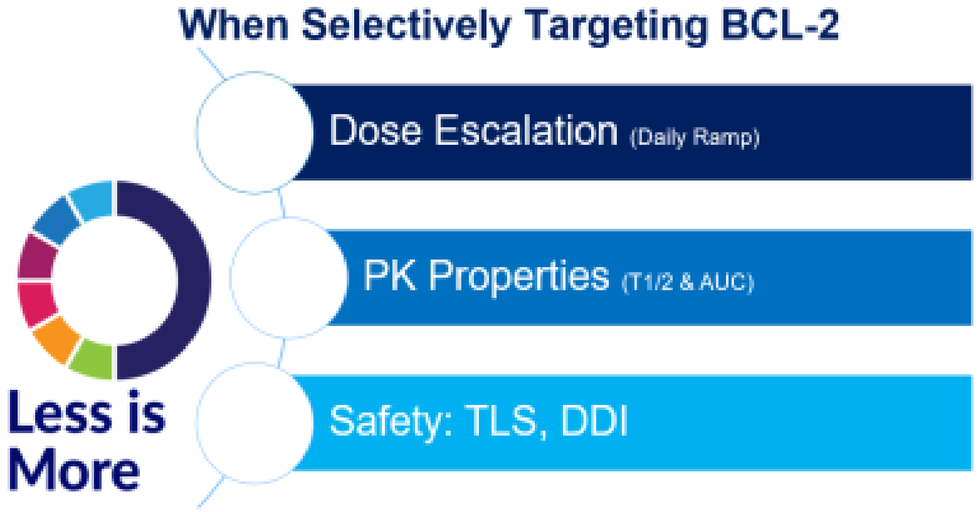
Source: Company data

APG-2575 and Venetoclax

Differences Compared to Venetoclax:

- Efficacious in BTK resistant WM PDX model in which Venetoclax shows no effect
- Daily Ramp-up verse weekly ramp up
- No Clinical TLS, Lab TLS
- Short T1/2 & AUC--potentially lower risk of TLS with better tolerance profile
- Preliminary results suggest better tolerance: less neutropenia and thrombocytopenia

Conclusion:

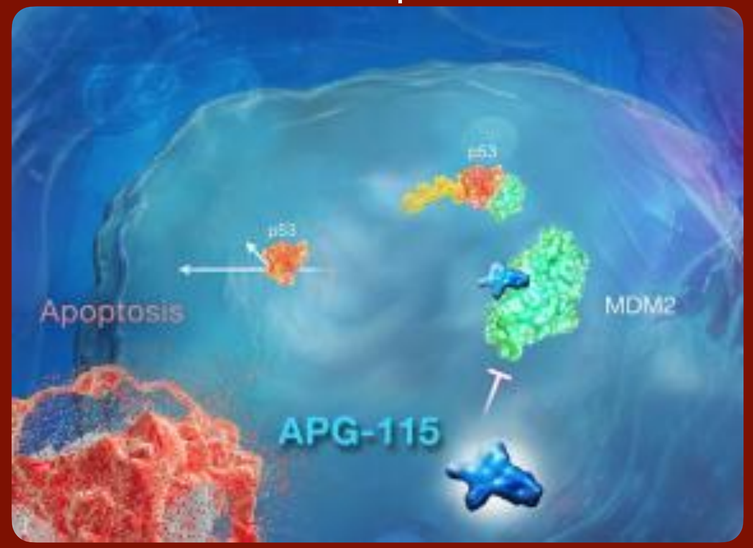


Source: Company data

APG-115 Overview

MDM2-p53 Inhibitor

Activates p53 tumor suppression via MDM2-p53 PPI

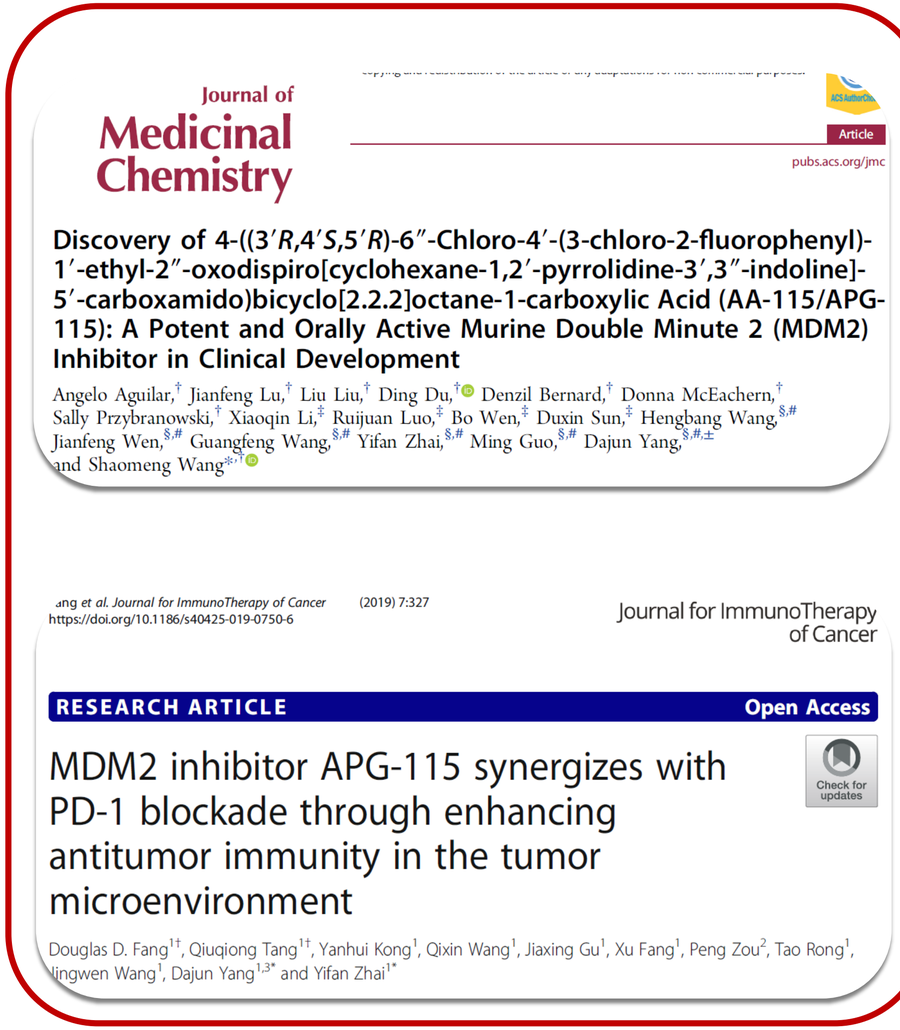


Milestones& Developments

- Granted **ODD** for the treatment of AML, gastric cancer and soft tissue sarcoma
- Completed Two Phase I trials (U.S. & China) in advanced solid tumors or lymphoma
- U.S.: Completed enrollment of the Ph Ib clinical trial in combination with KEYTRUDA® (pembrolizumab) | Enrolling Ph II trial in combination with pembrolizumab in patients with IO resistant solid tumors; conducted in collaboration with MSD
- China: Enrolling Phase Ib clinical study treating patients with hematologic malignancies
- China: Phase Ib/II clinical trial for APG-115 in combination with chemotherapeutic or targeted agents for the treatment of patients with hematologic malignancies was approved by the NMPA in China in July 2019
- China: Phase Ib/II clinical trial for APG-115 in combination with PD-1/PD-L1 inhibitors for the treatment of patients with advanced liposarcoma (LPS) or other advanced solid tumors was cleared in Oct 2020
- U.S & China: Additional combination trial INDs are under development

APG-115 : a Novel, Potent MDM2-P53 Inhibitor

Most potent MDM2 inhibitor in clinical development. Best-in-class potential



Journal of Medicinal Chemistry

Article

pubs.acs.org/jmc

Discovery of 4-((3′*R*,4′*S*,5′*R*)-6″-Chloro-4′-(3-chloro-2-fluorophenyl)-1′-ethyl-2″-oxodispiro[cyclohexane-1,2′-pyrrolidine-3′,3″-indoline]-5′-carboxamido)bicyclo[2.2.2]octane-1-carboxylic Acid (AA-115/APG-115): A Potent and Orally Active Murine Double Minute 2 (MDM2) Inhibitor in Clinical Development

Angelo Aguilar,[†] Jianfeng Lu,[†] Liu Liu,[†] Ding Du,[†] Denzil Bernard,[†] Donna McEachern,[†] Sally Przybranowski,[†] Xiaoqin Li,[‡] Ruijuan Luo,[‡] Bo Wen,[‡] Duxin Sun,[‡] Hengbang Wang,[§,#] Jianfeng Wen,[§,#] Guangfeng Wang,[§,#] Yifan Zhai,[§,#] Ming Guo,[§,#] Dajun Yang,[§,#,±] and Shaomeng Wang*[,†]

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https://doi.org/10.1186/s40425-019-0750-6

Journal for ImmunoTherapy of Cancer

RESEARCH ARTICLE Open Access

MDM2 inhibitor APG-115 synergizes with PD-1 blockade through enhancing antitumor immunity in the tumor microenvironment

Douglas D. Fang[1†], Qiuqiong Tang[1†], Yanhui Kong[1], Qixin Wang[1], Jiaxing Gu[1], Xu Fang[1], Peng Zou[2], Tao Rong[1], Jingwen Wang[1], Dajun Yang[1,3*] and Yifan Zhai[1*]

Blocks MDM2-P53 PPI & activates the tumor suppressor P53

Effectively induces apoptosis with the best-in-class potential

Directly regulates host immunological responses in the TME and potentially overcome IO resistance

Synergy with PD-1 blockade in both TP53WT and TP53MUT tumors

MDM2amp associated with Hyperprogression after αPD1 Rx (Kato et al., 2017)

APG-115 US-002

Ph Ib | Overview and Treatment

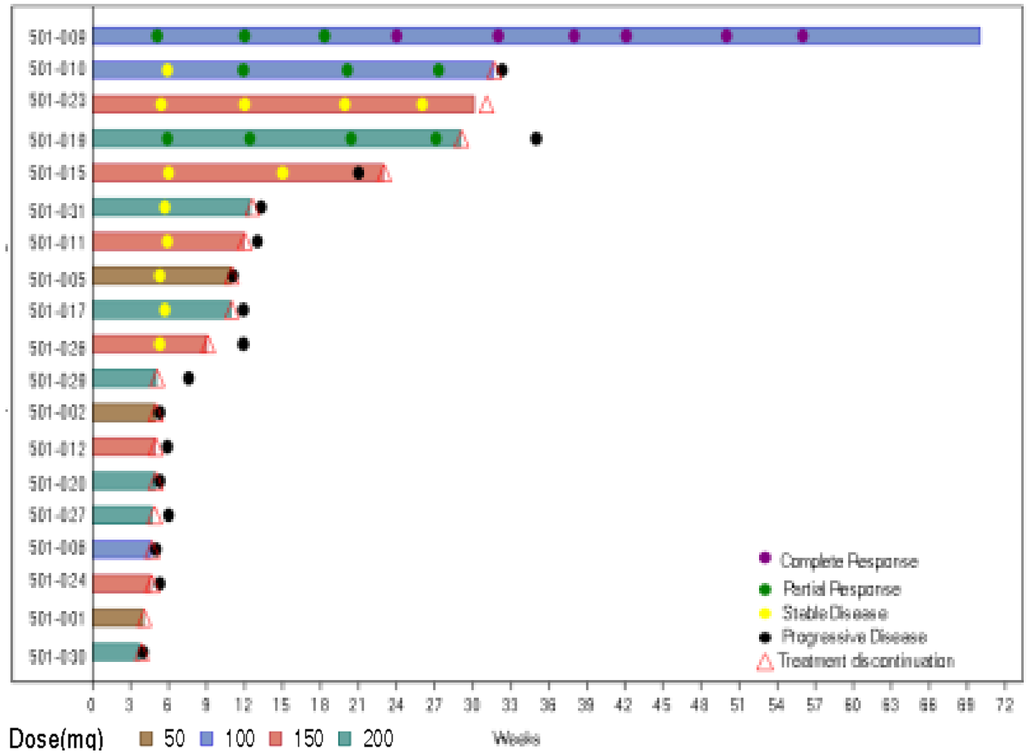
Ph Ib IO resistant/relapsed patients| combination with pembrolizumab

Overview & Tolerance

Treatment Related AEs (at least Grade 3) by Preferred Term					
	50 mg (n=3)	100 mg (n=3)	150 mg (n=6)	200 mg (n=7)	Overall (n=19)
Any drug-related AEs with Severity Grade at least 3, n(%)	0	1 (33.3)	2 (33.3)	3 (42.9)	6 (31.6)
Platelet count decreased	0 (0.0)	0 (0.0)	2 (33.3)	2 (28.6)	4 (21.1)
Neutrophil count decreased	0 (0.0)	1 (33.3)	1 (16.7)	1 (14.3)	3 (15.8)
Adrenal insufficiency	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)	1 (5.3)
Anemia	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)	1 (5.3)
Febrile neutropenia	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)	1 (5.3)
Lymphocyte count decreased	0 (0.0)	0 (0.0)	1 (16.7)	0 (0.0)	1 (5.3)
White blood cell count decreased	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)	1 (5.3)

- MTD not reached, No DLT observed
- **RP2D** is determined as **150mg QOD**
- No new tolerance finding when combined with pembrolizumab
- PK: AUC & Cmax generally increase dose proportionally over the dose range of 50-200 mg.
- PD: MIC-1(biomarker of TP53 activation) serum increase was exposure dependent within the dose range.
- Activity: **ORR: 16.7%** (1 CR|2PR) + 7SD = **DCR: 55.5%**
  - Resp: CR-Ovarian| PR-NSCLC, Appen. Adeno.|7SD | 8PD

Overview & Treatment Duration

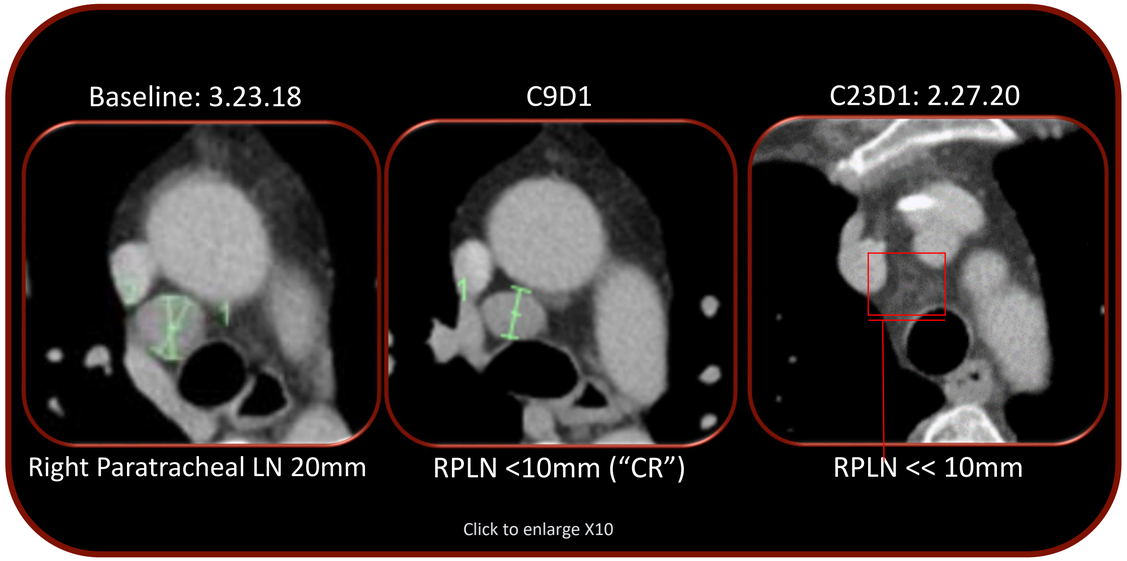


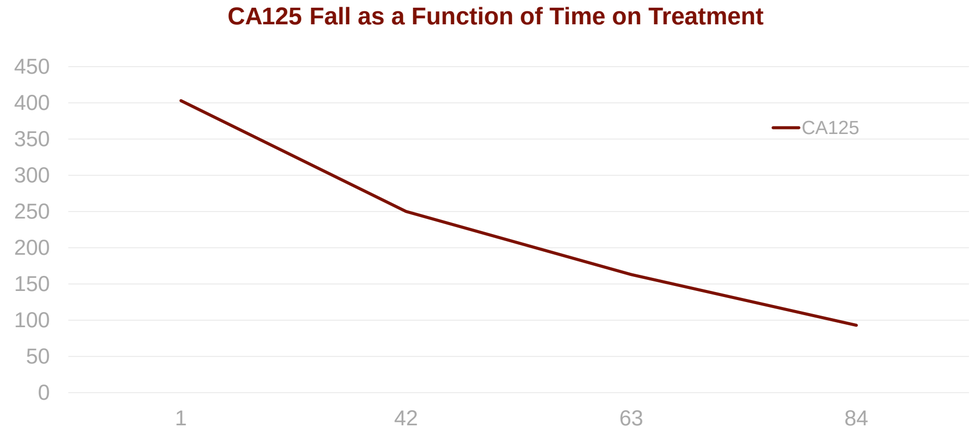
Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: #3512

APG-115: Promising Activity

Ph Ib | Combined with pembrolizumab

APG-115 and pembrolizumab achieves a CR in heavily pre-treated, ATM-mutated Ovarian Cancer





Treatment History

Initial Tx		Tx	Clinical Trial
Neoadjuvant • Paclitaxel • Carboplatin • TAH BSO	Adjuvant • Carboplatin • Docetaxel	Relapse < 6mo. • Doxil • Topotecan • Bevacizumab • PD XMT1536	APG-115 (150mg) & Keytruda (200mg)

Trial to date(N=19) ; 3 dosing cohorts: 50mg | 100mg | 150 mg

Activity(N=18) ;

1 CR | 2PR | 7SD
ORR = 16.9% | DCR= 55.5%

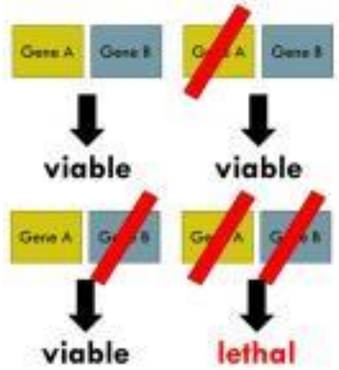
Tolerance

The combination is well-tolerated
No DLTs, No additive AEs

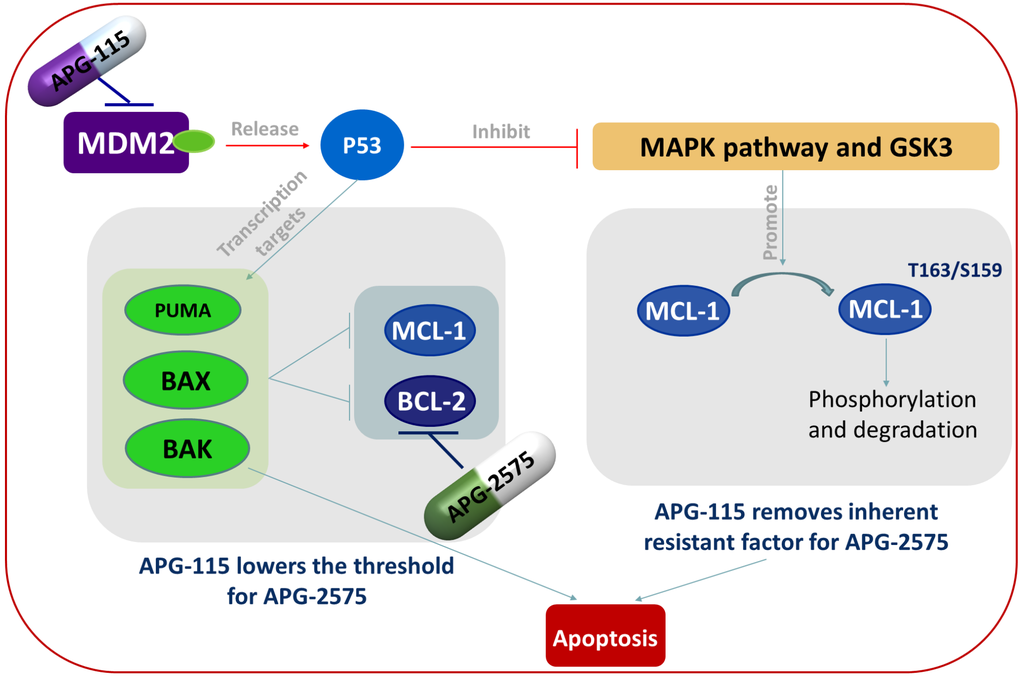
Source : American Society of Clinical Oncology (ASCO

Synthetic Lethality
Combination of APG-115 + APG-2575

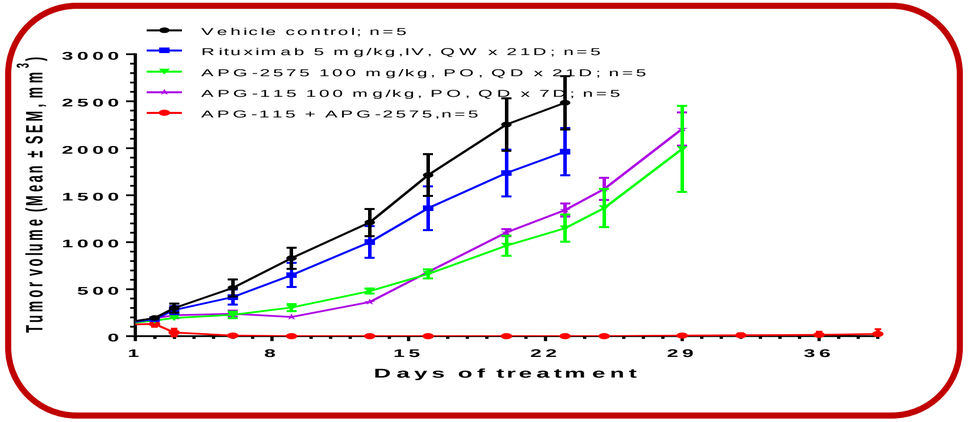
- **“Synthetic lethality”** describes a strategy where blocking two mutations result in cell death, but the cancerous cells only has one mutation. By artificially inducing a second mutation the medicine can induce cancerous cell death.

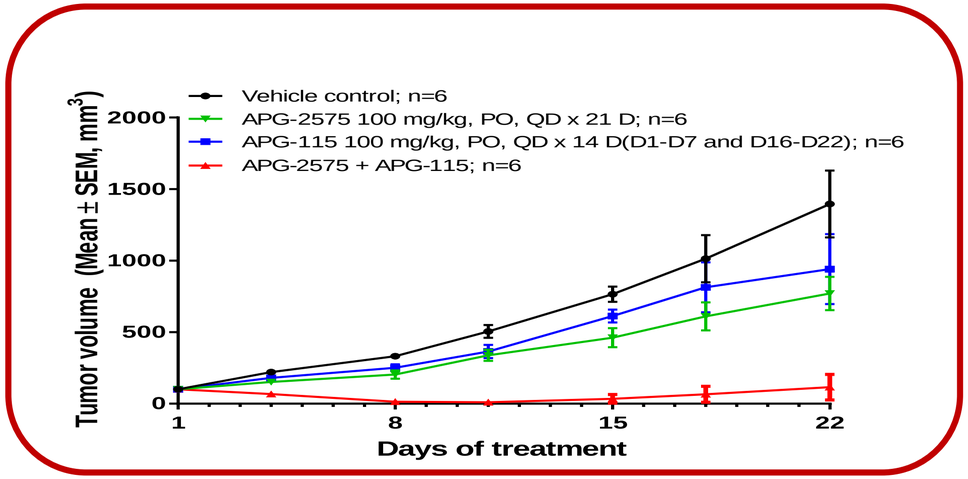


Synthetic Lethality



Complete Response in Animal Tumor Models



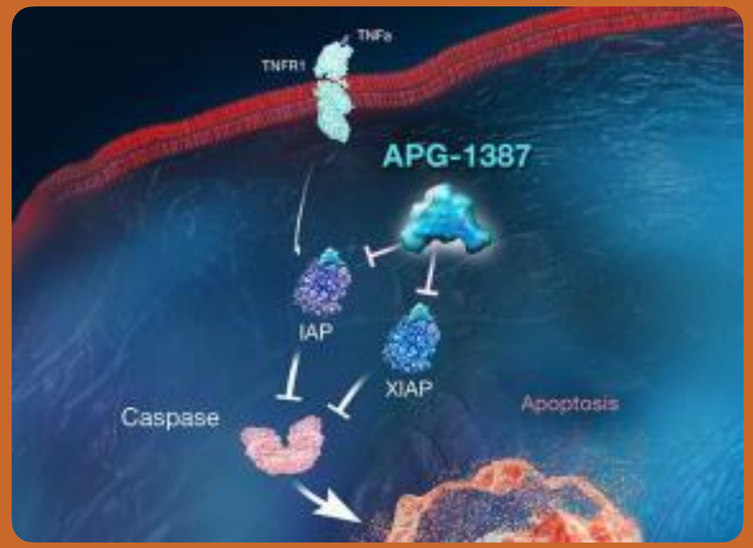


Use in Both Heme and Solid tumors，both oral and Chemo- Free, 1 + 1 > 2!

Source: Company data

APG-1387

An Antagonist of IAP/XIAP
(SMAC Mimetic) Dimer



Immuno-Oncology Development

- The only IAP-targeting drug to enter clinical trials in China and completed the Ph I monotherapy clinical trials in solid tumors in US and China
- A Phase Ib clinical trial in combination with Keytruda in solid tumors ongoing
- In 2020, two Phase Ib/II clinical trials of APG-1387 combined with immuno-checkpoint inhibitor or chemotherapy in advance solid tumors have been cleared

CHB Developments

- A Phase Ib trial in naive Chronic Hepatitis B (CHB) patients completed the enrollment and the Phase Ib trial is ongoing
- A Phase II trial combo with NAs in CHB patients is ongoing globally

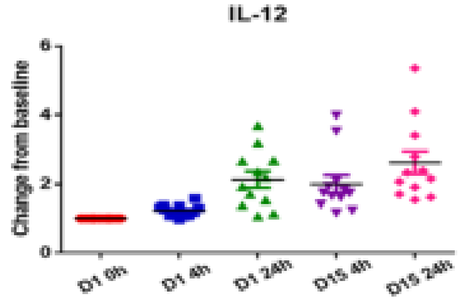
APG-1387 Clinical Development

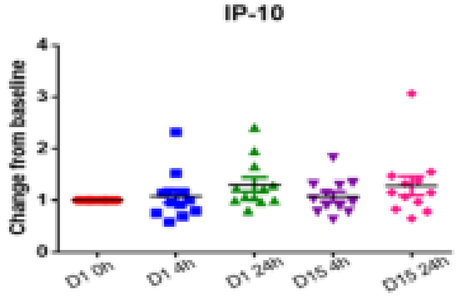
Ph Ib | Immune Modulation and Activity

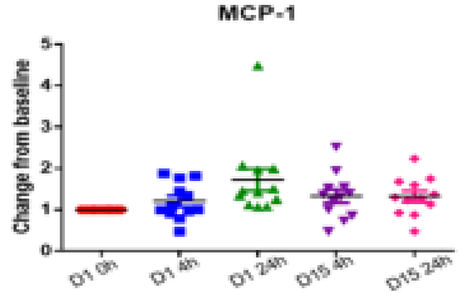
Ph Ib IO resistant/relapsed patients| combination with pembrolizumab

A potential host immune modulator

Plasma was collected from patients pre- & post- APG-1387 treatment at 4 & 24 hours on Day 1 & Day 15







- Human Cytokine 30-Plex analyses showed that IL-12, IP-10, and MCP-1 were increased in the plasma 24 hours post treatment with APG-1387.
- IL-12 elevation was observed in a time- and dose-dependent manner.

Anti-tumor Activity

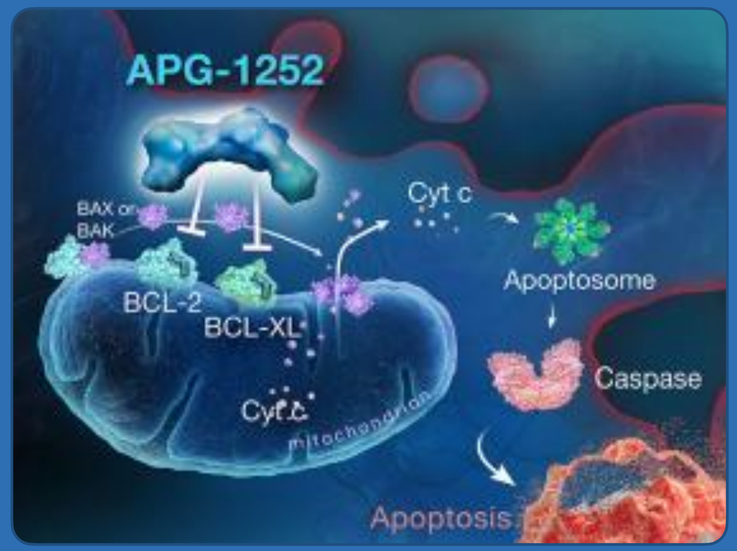
Response	All Cancers (N=41)	NSCLC (n=4)	Colorectal cancer (n=8)	Breast cancer (n=9)
ORR (CR+PR) Objective responses	10.8% (4/37)	50% (2/4)	12.5% (1/8)	11.1% (1/9)
DCR (SD + ORR) Disease control	43.2% (16/37)	100% (4/4)	50% (4/8)	33.3% (3/9)
Best overall response, n				
CR	0	0	0	0
PR	**4**	**2**	**1**	**1**
SD	12	2	3	2
PD	21	0	4	6
Non-evaluable	4	0	0	1

- Among 37 activity evaluable patients;
  - 4-PR (2 NSCLC |1 CRC |1 BC)
  - 12- SD | NSCLC cohort; 50% ORR | 100% DCR

Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: #3512

APG-1252 pelcitoclax

BCL-2/BCL-xL Inhibitor



Clinical Development

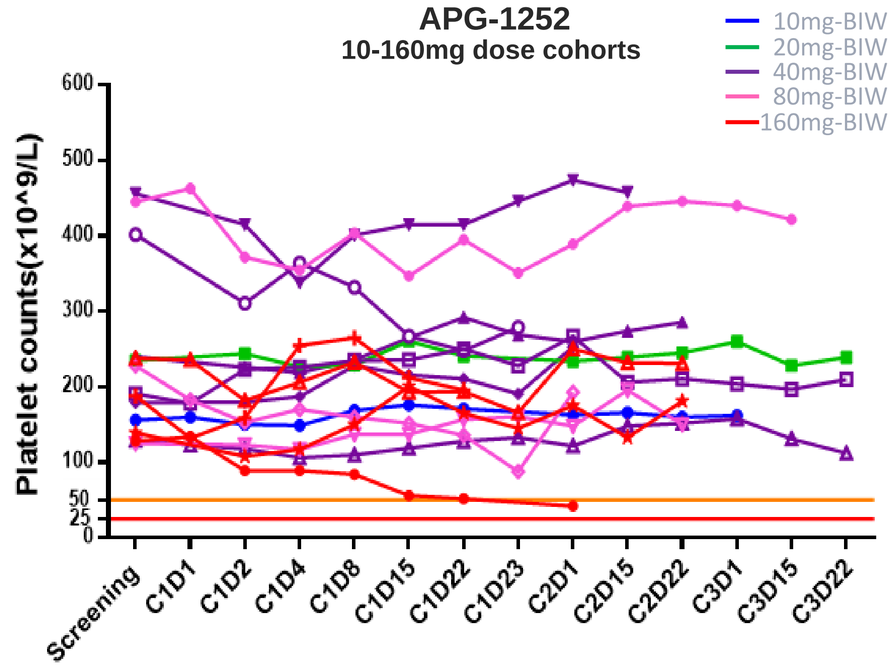
- Two Phase I dose-escalation trials in patients with advanced cancers in the United States and Australia ongoing
- A Phase I dose-escalation/expansion trial as a monotherapy in patients with SCLC in China ongoing
- 65 Patients are involved in the dose escalation trials

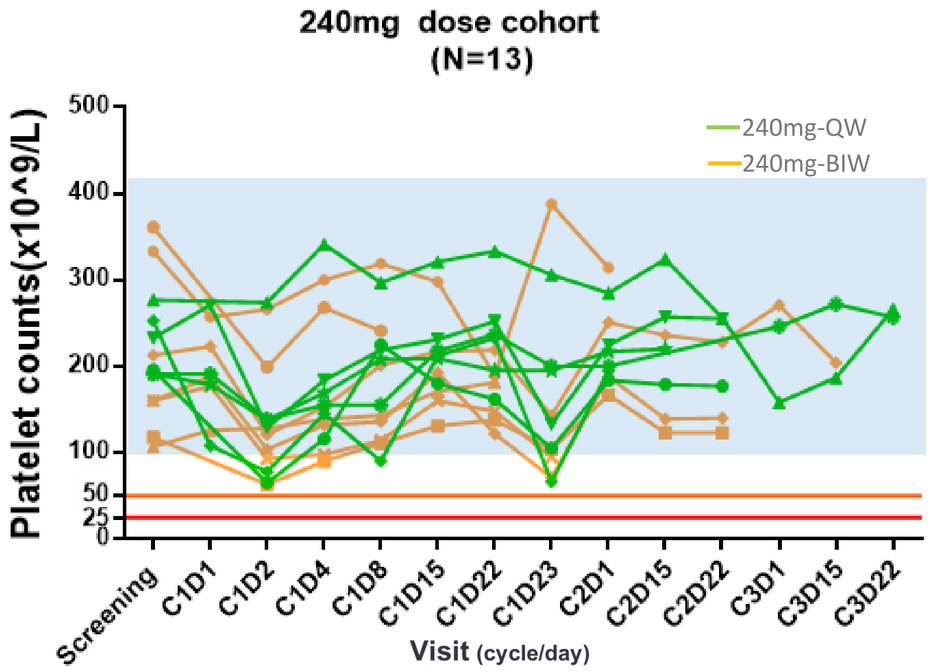
Milestone

- New IND submitted to FDA in Dec 2019: APG-1252 in combination with Paclitaxel for patients with SCLC
- Pending Phase I results, planning a Phase II trial in relapsed/refractory NSCLC, or r/r NSCLC, in the United States and China
- Granted ODD for the treatment of SCLC in Sep 2020

APG-1252 Phase I Tolerance Data: Well-managed Platelet Toxicity

APG-1252 Solves Platelet Toxicity by Design; 240mg QW RP2D

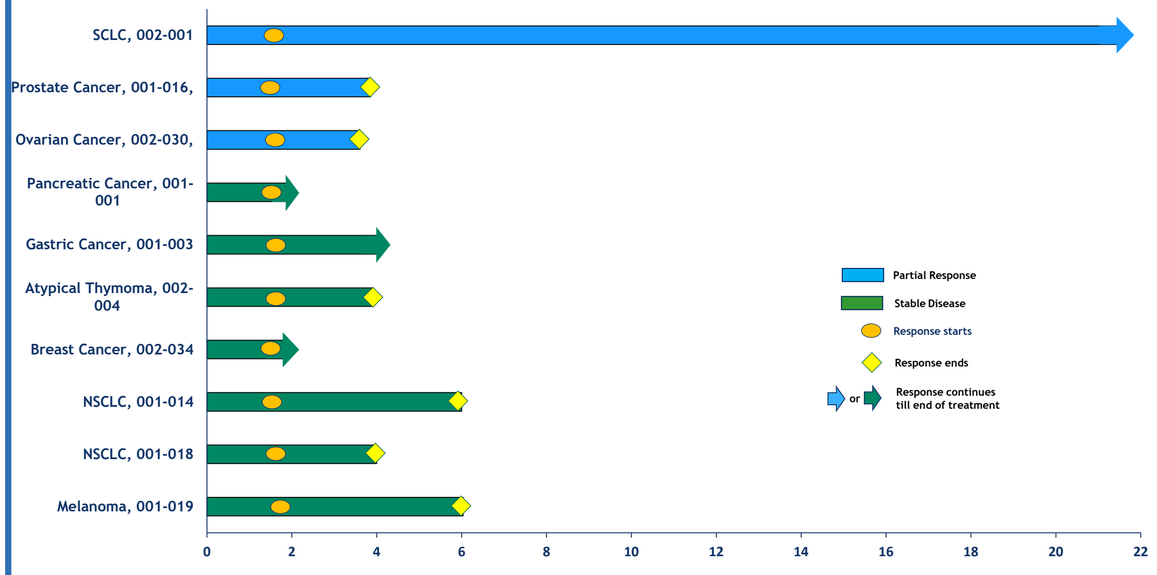




Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: 3509,

APG-1252 Phase I Interim activity Data

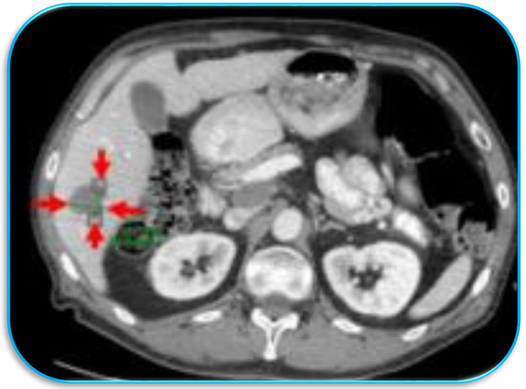
Single agent activity in advances solid tumors (n=42)



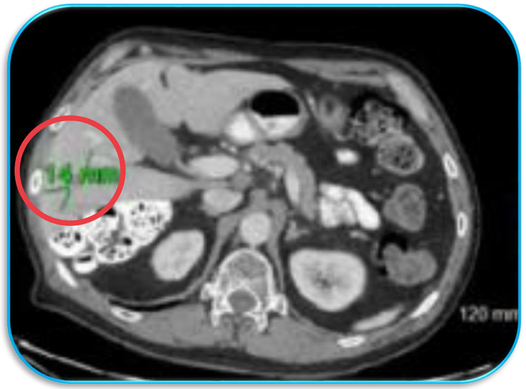
- A total of 7 patients achieved SD, 4 of them were at 10mg, BIW; 20mg, BIW , 40mg, BIW and 240mg, BIW (patient #001-001, 001-003, 002-004 and 002-034).
- Three patients achieved SD at 320mg, BIW or QW cohort.(patient #001-014, 001-018 and 001-019).
- Five patients had SD lasted for ≥4 cycles, among them 2 patients had SD lasted for ≥ 6 cycles.

Durable PR in a patient with SCLC

Before APG-1252



After APG-1252



Hepatic tumor size decreases 44%

Response maintained > 20 cycles

Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: 3509,

Pre-Clinical Asset

EED Selective/KRAS/MDM2-p53 Degrader /Allosteric BCR-ABL

Focused on validated targets with clear biomarker, clinical indications and fast regulatory approval

High unmet medical needs

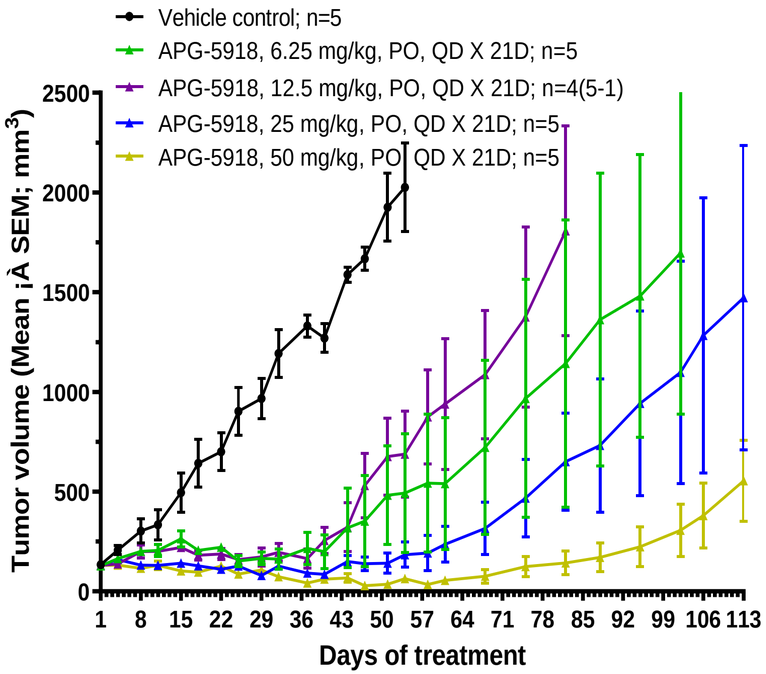
First-in-class or best-in-class potential

Transformative new technology

APG-5918: A Best-in-Class EED Inhibitor in IND-Enabling Studies

Items		APG-5918	MAK683 (Novartis)
Binding affinity to EED protein (IC_{50} (nM))		1.2	34 ± 18 (EED226)
Cell Growth Inhibition Assay (IC_{50}, nM)	Karpas422	1.94±0.6	3.3
	Pfeiffer	0.14	0.7

In vivo activity (KARPAS-422 xenograft)



APG-5918:

- A highly potent EED inhibitor;
- Excellent ADME and oral PK properties;
- Achieving tumor regression with oral dosing;
- Well tolerated in animals;
- Best-in-class potential;
- **In IND-enabling studies;**

Source: Company data

KRAS G12C Program

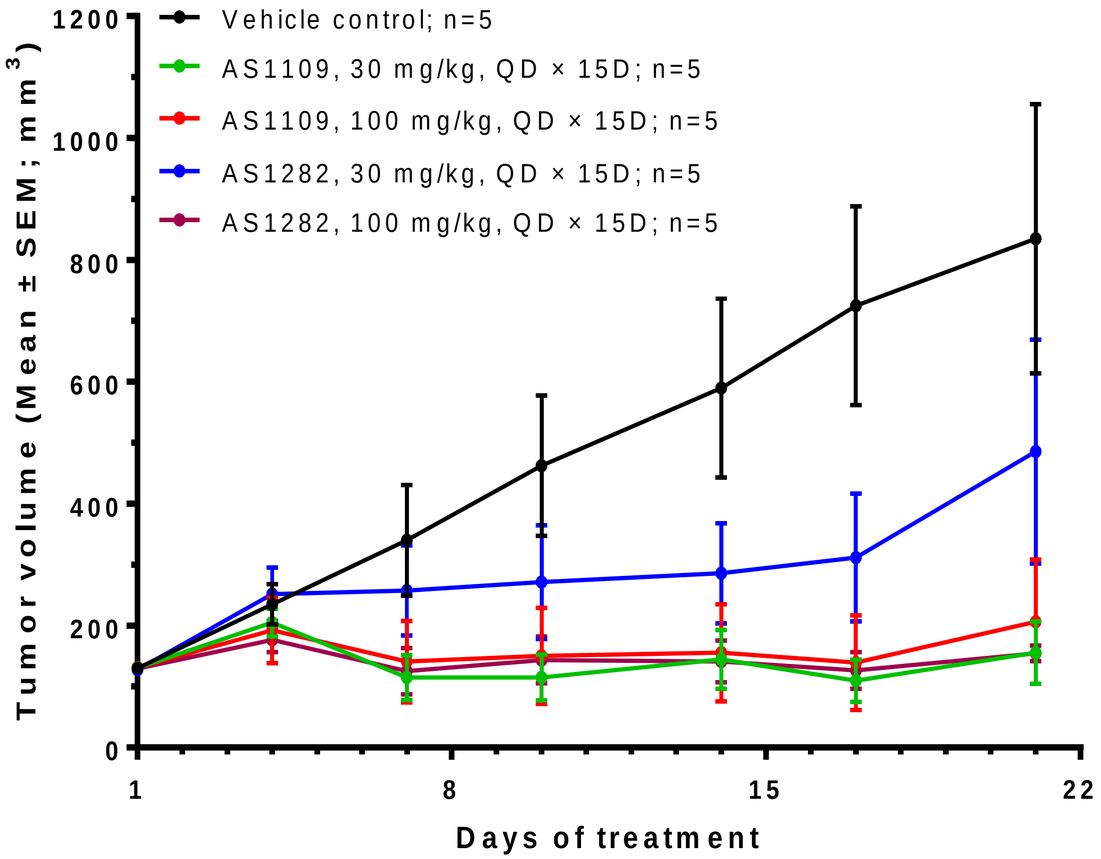
●Ascentage Pharma has developed multiple classes of highly potent KRAS G12C mutant specific inhibitors;

●Lead compounds have demonstrated potent in vitro activity against cancer cells with mutated KRAS G12C, superior to AMG-510 and MRTX849;

● Lead compounds have demonstrated excellent oral pharmacokinetics, superior to AMG-510 and MRTX849;

● Lead compounds have demonstrated robust antitumor activity in animal models, superior to AMG-510;

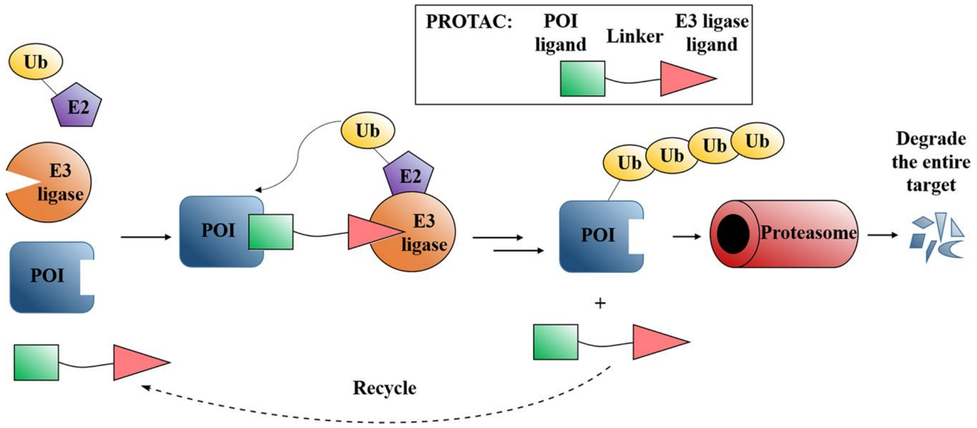
● **Development candidate nomination on-track to be accomplished in Q1/2021**



Source: Company data

PROTACs: A Transformative New Therapeutic Strategy by Inducing Protein Degradation

PROTACs (proteolysis-targeting chimeras)



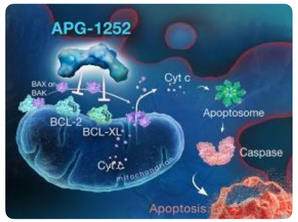
➢**PROTAC: A transformative new technology:**

- ➢Removal of a disease-causing protein by degradation instead of inhibition of the activity of a protein;
- ➢Achieving extremely high potency and selectivity;
- ➢Improved activity over traditional drugs (overcoming drug resistance);
- ➢Reduced off-target toxicities;
- ➢Dramatically expanding druggable genome;

Source: Company data

Strategic Alliances

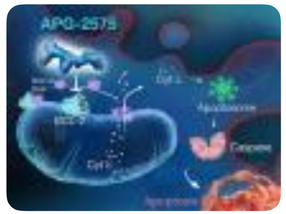
UNITY BIOTECHNOLOGY



BCL-xL

- UNITY Biotechnology ("UNITY",NASDAQ:UBX), has dosed the first patient in a Phase I clinical study of drug candidate UBX1325 in patients with diabetic macular edema (DME).
- This progress in clinical development provided Ascentage Pharma with a milestone payment according to the terms of the licensing agreement.
- Ascentage Pharma retains the rights to the compounds in the Greater China region and plans to establish a joint venture with UNITY in the future for the development and commercialization of the compound in China.

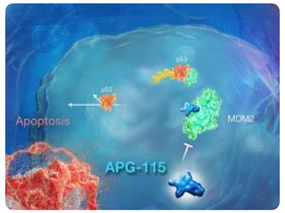
AstraZeneca



BCL2

- Entered a global clinical collaboration with Acerta Pharma, the hematology research and development center of excellence of AstraZeneca;
- Ascentage Pharma will sponsor a clinical trial to study the combination of Ascentage Pharma's APG-2575 and Acerta Pharma's CALQUENCE® (acalabrutinib), evaluating the activity and tolerance of this combination therapy in patients with r/r CLL/SLL;
- The study has already initiated in US with the dosing of first patient, and planned to expand in Europe, and Australia.

MSD



MDM2-p53

- Entered a global clinical collaboration with MSD;
- We will sponsor an open-label, multicenter, phase Ib/II study (NCT03611868) to evaluate the tolerance and activity of APG-115 with KEYTRUDA® (pembrolizumab) in multiple cohorts of advanced solid tumors (i, e., NSCLC, melanoma);
- The Phase II portion of the study has initiated and is expected to enroll 80 patients at multiple sites in the United States.

UNIVERSITY OF MICHIGAN · MAYO CLINIC · THE UNIVERSITY OF TEXAS MD Anderson Cancer Center · Dana-Farber Cancer Institute · Henlius · TopAlliance Biosciences

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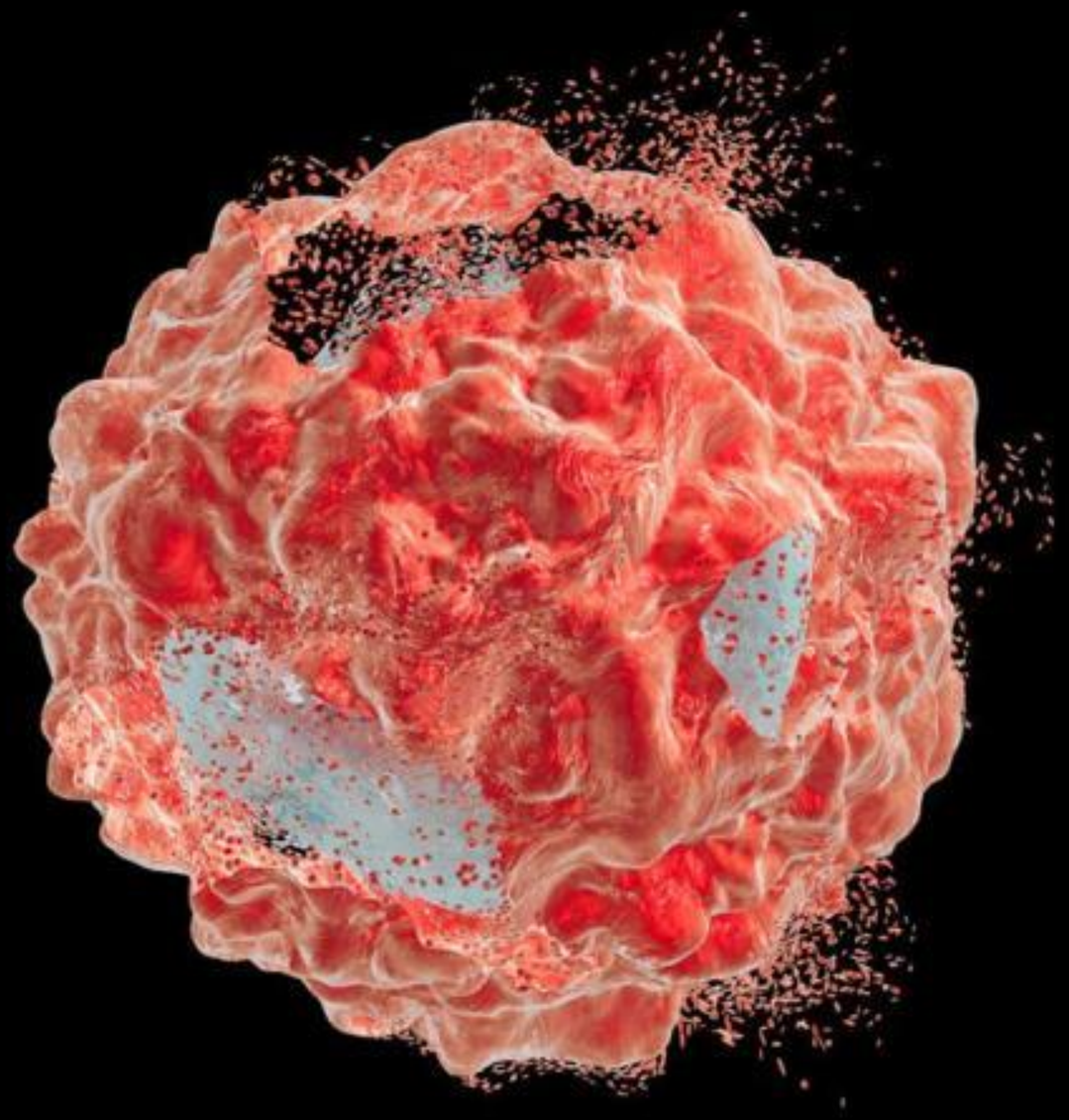
- S.P. Hicks Endowed Professor at the University of Michigan Medical School

IP Portfolio for Major Clinical Compounds

Core Compound	Patent Type	Year Patent Expires
APG-1252	Product (Core compound structure)Process; Formulation; Combination; Use	2034-2039/40*
APG-2575	Product (Core compound structure); Combination; Process; Use	2037-2039/40*
APG-115	Product (Core compound structure); Process; Combination; Use	2035-2039/40*
APG-1387	Product (Core compound structure); New indication; Combination; Use	2033-2039/40*
HQP1351	Product (Core compound structure); Process; Combination; Use; Formulation	2031-2039/40*

*some patent types are still in the filing process

Source: Company data Note: All data as of Dec 2020



Ascentage Pharma Group

Advancing Therapies That Restore Apoptosis