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ASCENTAGE PHARMA GROUP INTERNATIONAL

亞盛醫藥集團

(Incorporated in the Cayman Islands with limited liability)
(Stock Code: 6855)

Voluntary Announcement

Ascentage Pharma's MDM2-p53 Inhibitor, APG-115 (Alrizomadlin), Received an Orphan Drug Designation by the FDA for the Treatment of Stage IIB-IV Melanoma

Ascentage Pharma Group International (the "Company" or "Ascentage Pharma") is pleased to announce that the US Food and Drug Administration (FDA) recently granted an Orphan Drug Designation (ODD) to the novel MDM2-p53 inhibitor which is being developed by the Company in its cell apoptosis pipeline, APG-115 (Alrizomadlin), for the treatment of Stage IIB-IV Melanoma. This marks the fifth ODD granted to APG-115, after those for the treatment of gastric cancer, acute myeloid leukemia, soft tissue sarcoma, and retinoblastoma. As at the date of this announcement, Ascentage Pharma has obtained a total of 12 ODDs from the US FDA for 4 of the Company's investigational drug candidates.

The term "orphan drugs" refers to pharmaceutical products developed for the prevention, diagnosis, and treatment of rare diseases. In the United States, an orphan indication is defined as a disease or condition with a prevalence of less than 200,000 patients in the country. Since the Orphan Drug Act was passed in 1983, the U.S. government has provided policy support to corporations to encourage the development of orphan drugs. This ODD granted by the FDA qualifies APG-115 for a range of policy support in terms of its development and commercialization in the U.S., including a tax credit on expenditures incurred in clinical studies, a waiver of the New Drug Application (NDA) fee, possible research grant awarded by the FDA, and most importantly, a total of 7 years U.S. market exclusivity upon approval of commercialization.

Melanoma is a potentially fatal dermatologic malignancy that has been increasingly prevalent globally. The current lifetime risk of developing melanoma is 1 in 63 in the U.S.¹ As data shown, in 2019, an estimated 96,480 patients have been newly diagnosed with melanoma and about 7,230 patients with melanoma have died in the U.S.² The prognosis of patients with melanoma is associated with the stage of the disease at diagnosis. Based on the retrospective analysis of the melanoma cases from 2011 to 2015 by the US Surveillance, Epidemiology, and End Results (SEER), approximately 75% of patients were diagnosed at stage I, 15% at stage II, 7.5% at stage III, and 2.5% at stage IV³.

Since 2011, a remarkable progress has been achieved in the clinical treatment of patients with metastatic or unresectable melanoma. The emergence of new treatments such as targeted therapies and immunotherapies has dramatically prolonged patients' overall survival cycle and improved their quality of life⁴⁻⁶. In Immunotherapies, immune checkpoint inhibitors (ICIs) such as anti-CTLA-4, anti-PD-1, and anti-PD-L1 monoclonal antibodies are the most mature clinical studies and broadly applied in clinical treatment. However, considerable number of patients will eventually develop resistance to ICIs, and there is no approved treatment yet for patients with ICI-resistant melanoma.

Being developed by Ascentage Pharma, APG-115 is an orally administered and highly selective MDM2-p53 inhibitor. Preclinical studies showed that APG-115 combined with PD-1 blockade enhances antitumor activities by triggering adaptive antitumor immunity. At the annual meeting of American Society of Clinical Oncology (ASCO) this year, Ascentage Pharma reported the latest results of a Phase II clinical study of APG-115 in combination with pembrolizumab. The results demonstrated promising antitumor activity and safety, and the PD-1/PD-L1 inhibitor-resistant melanoma cohort which was treated with APG-115 plus pembrolizumab reported 1 patient with complete response (CR), an objective response rate (ORR) of 24.1%, and a disease control rate (DCR) of 55.2%. These results signified the synergy between APG-115 and immune-oncologic drugs, and a potential regimen that could bring hope to patients with ICI-resistant melanoma.

About Ascentage Pharma

Ascentage Pharma is a China-based, globally focused, clinical-stage biotechnology company engaged in developing novel therapies for cancers, CHB (Chronic hepatitis B), and agerelated diseases. On October 28, 2019, Ascentage Pharma became listed on the Main Board of The Stock Exchange of Hong Kong Limited with the stock code: 6855.HK.

Ascentage Pharma has its own platform for developing therapeutics that inhibit protein protein interactions to restore apoptosis or programmed cell death. The company has built a pipeline of eight type I small molecule clinical drug candidates which have entered the clinical development stage, including novel, highly potent Bcl-2 inhibitors, as well as candidates aimed at IAP and MDM2-p53 pathways, and next-generation tyrosine kinase inhibitors (TKIs). Ascentage Pharma is also the only company in the world with active clinical programs targeting all key apoptosis regulators. The Company is conducting more than 40 Phase I/II clinical trials in China, the US and Australia. HQP1351, the Company's core drug candidate developed for the treatment of drug-resistant chronic myeloid leukemia (CML), has been granted an Orphan Drug Designation (ODD) and a Fast Track Designation (FTD) by the US FDA, and a New Drug Application (NDA) for the drug candidate has been submitted and subsequently granted Priority Review by the Center for Drug Evaluation (CDE) in China. To date, Ascentage Pharma has obtained a total of 12 ODDs from the US FDA for 4 of the company's investigational drug candidates.

Leveraging its robust R&D capabilities, Ascentage Pharma has built a portfolio of global intellectual property rights, and entered into global partnerships with numerous renowned biotechnology and pharmaceutical companies and research institutes such as UNITY Biotechnology, MD Anderson Cancer Center, Mayo Clinic, Dana-Farber Cancer Institute, MSD, and AstraZeneca. The company has built a talented team with global experience in the discovery and development of innovative drugs, and is setting up its world-class commercial manufacturing and Sales & Marketing teams. Ascentage Pharma aims to continuously strengthen its R&D capabilities and accelerate its clinical development programs to fulfil its mission of 'addressing unmet clinical needs in China and around the world' for the benefit of more patients.

Cautionary Statement required by Rule 18A.05 of the Rules Governing the Listing of Securities on The Stock Exchange of Hong Kong Limited: We cannot guarantee that we will be able to obtain further approval for, or ultimately market, APG-115 successfully.

By order of the Board
Ascentage Pharma Group International
Dr. Yang Dajun

Chairman and Executive Director

Suzhou, People's Republic of China, July 21, 2021

As at the date of this announcement, the Board of Directors of the Company comprises Dr. Yang Dajun as Chairman and executive Director, Dr. Wang Shaomeng, Dr. Tian Yuan, Dr. Lu Simon Dazhong and Mr. Liu Qian as non-executive Directors, and Mr. Ye Changqing, Dr. Yin Zheng, Mr. Ren Wei and Dr. David Sidransky as independent non-executive Directors.

References

- 1. Stephanie C, Christy S, Jessica W. Epidemiology and Risk Factors of Melanoma. Surg Clin North Am. 2020 Feb;100(1):1–12.
- 2. Cancer Facts & Figures 2019. American Cancer Society. Link: https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2019.html
- 3. Andrew P, Jason L. Considering adjuvant therapy for stage II melanoma. Cancer. 2020 Mar 15;126(6):1166–1174.
- 4. GV Long, Victoria A, Jonathan C, et al. Standard-dose pembrolizumab in combination with reduced-dose ipilimumab for patients with advanced melanoma (KEYNOTE-029): an open-label, phase 1b trial. Lancet Oncol. 2017 Sep;18(9):1202–1210.
- 5. Jacob S, Antoni R, Georgina L, et al. Pembrolizumab versus ipilimumab for advanced melanoma: final overall survival results of a multicentre, randomised, open-label phase 3 study (KEYNOTE-006). The Lancet. 2017 Oct 21;390(10105):1853–1862.
- 6. Wolchok JD, Chiarion-Sileni V, Gonzalez R, et al. Overall Survival with Combined Nivolumab and Ipilimumab in Advanced Melanoma. N Engl J Med. 2017 Oct 5;377(14):1345–1356.