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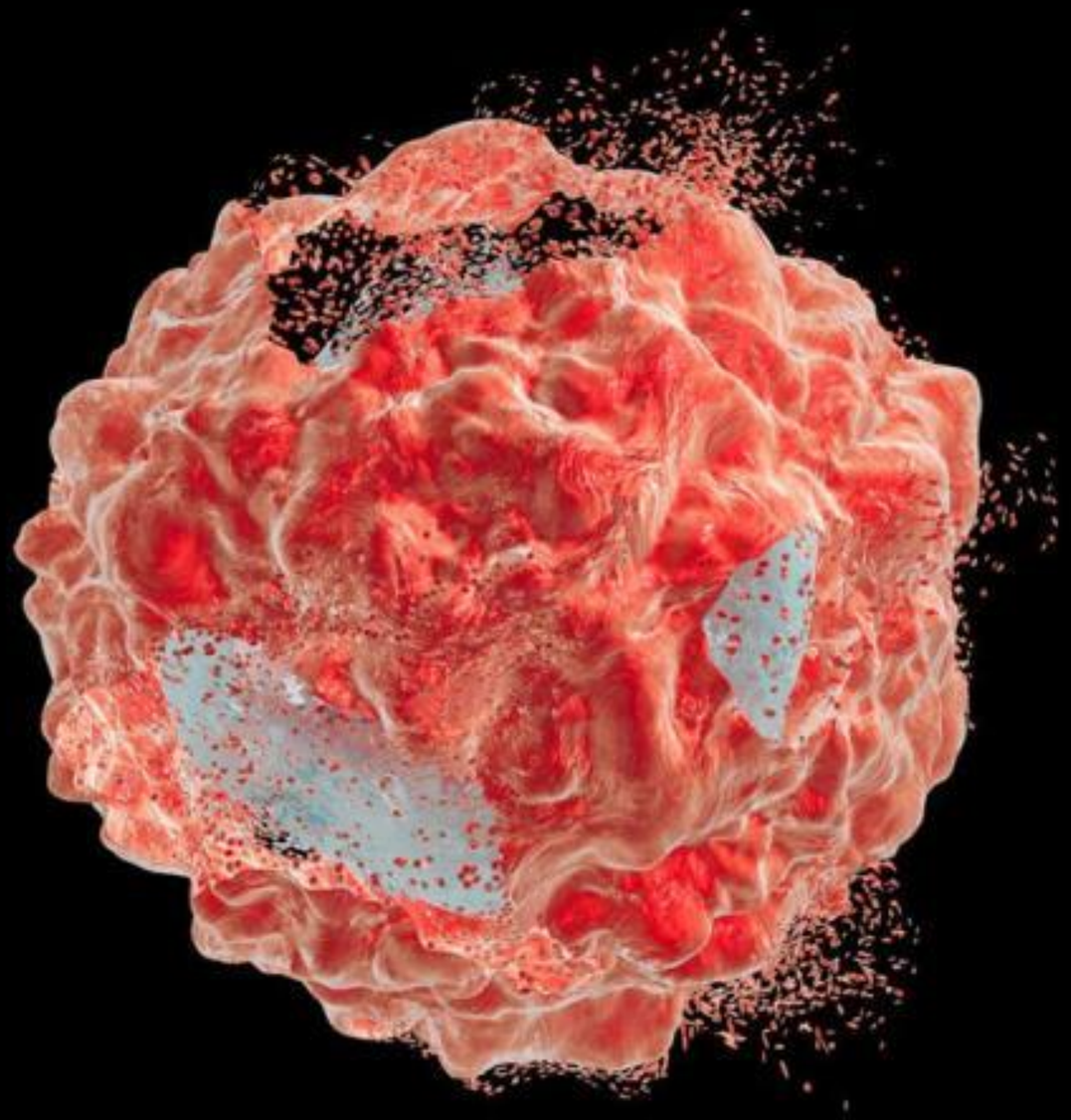
Ascentage Pharma



Ascentage Pharma Group

Advancing Therapies That Restore Apoptosis

Dajun Yang, MD, PhD
Chairman & CEO

January 10, 2022

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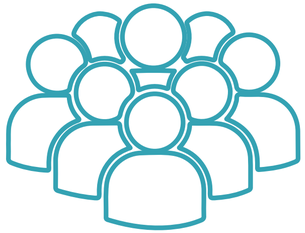
Innovative and Proprietary Platform Delivering Potentially First and/or Best-in-Class Drugs

Breakthrough science

145 issued patents

510+ pending applications

100+ publications



Strong pipeline

12 novel compounds

1 NDA Approval

30+ INDs

50+ clinical trials

10+ indications

Dedicated team

1 vision: building a global biopharmaceutical company

20+ years commitment of executive team

600+ employees

Global development

Integrated organization in **China, United States, Europe** and **Australia**

Source: Company data Note: All data as of December 31, 2021

Major Achievements in 2021

NDA approval of Olverembatinib (HQP1351) for treatment of patients with resistant CML-CP and CML-AP with T315I in China

Registrational pivotal study of APG-2575 for treatment of patients with CLL/SLL initiated in China

18 global studies
of APG-2575 in heme malignancies including CLL, AML, MM, WM, TPLL and solid tumors;

14 ODDs by US FDA & EC and 2 FTDs by US FDA

6 clinical and commercial collaborations
with AstraZeneca, MSD, Pfizer, and Innovent, etc.

Rich Pipeline With Significant Global Opportunities

Product	Target	Indications	Preclinical	Ph I	Ph II	NDA	NDA Approval	Trials Regions	Rights Regions
HQP1351	BCR-ABL/KIT	Resistant CML Resistant CML, Ph+ALL GIST Ph+ ALL					耐立克® 奥雷巴替尼 olverembatinib		
APG-2575	Bcl-2 Selective	CLL/SLL WM AML MDS MM T-PLL MCL ER+/HER2- BC, solid tumors							
APG-115	MDM2-p53	Melanoma and Solid tumors (IO combo) ACC AML,MDS							
APG-1387	IAP/XIAP	Solid tumors+IO PDAC+Chemo HBV							
APG-1252	Bcl-2/Bcl-xL	NSCLC +TKI SCLC + Chemo MF NET							
APG-2449	FAK/ALK/ROS1	NSCLC & Solid tumors							
APG-5918	EED Selective	Oncology/Hemoglobinopathy							
APG-265	PROTACs MDM2	Oncology							
UBX1967/1325	Bcl family	DME							

◆ POC ◆ POC in progress

Source: Company data Note: All data as of December 31, 2021

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Commercialization Update

Maximize Commercial Value of Olverembatinib

- Joint commercial development with Innovent on Olverembatinib will quickly penetrate to 80% of potential market before NRDL.
- Increased salesforce to further explore the market value of Olverembatinib, reach higher peak sales.
- Preparation on launching of other pipeline products.
- Strategic collaboration with experienced partners to build up the ECO system for Ascentage commercialization.

Multiple Ongoing Strategic Alliances

BCL-xL	MDM2-p53	BCR-ABL & BCL-2	BCL-2	BCL-2	IAP
UNITY BIOTECHNOLOGY	MSD	Innovent	AstraZeneca	Pfizer	Clover Biopharmaceuticals

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UNIVERSITY OF MICHIGAN

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

MAYO CLINIC

Dana-Farber Cancer Institute

NIH NATIONAL CANCER INSTITUTE

中國藥科大學 CHINA PHARMACEUTICAL UNIVERSITY 1936

Our Experienced Executives Team

Dajun Yang, M.D., Ph.D.

Co-Founder
Chairman &
Chief Executive Officer

ASCENTA · Georgetown University · University of Michigan

Yifan Zhai, M.D., Ph.D.

Chief Medical Officer

National Cancer Institute · gsk · Exelixis · Bayer

Gang Zhu.

Chief Commercial Officer

Celgene · SANOFI · NOVARTIS

Yiqing Chen

Chief Financial Officer

EY Building a better working world · 华大基因 BGI · 东方·花旗 citi ORIENT

Shaomeng Wang Ph.D.

Co-Founder & CSA
Professor in Medicine,
University of Michigan
Former Editor-in-chief, Journal of Medicinal Chemistry

University of Michigan · Journal of Medicinal Chemistry

Jeff Kmetz

Chief Business Officer

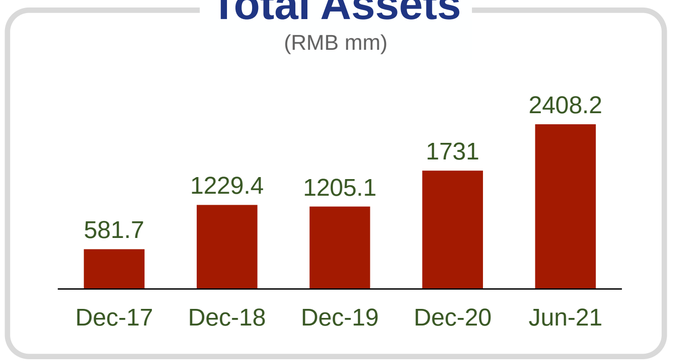
pharmacyclics · ALEXION · Bayer · Pulse Biosciences

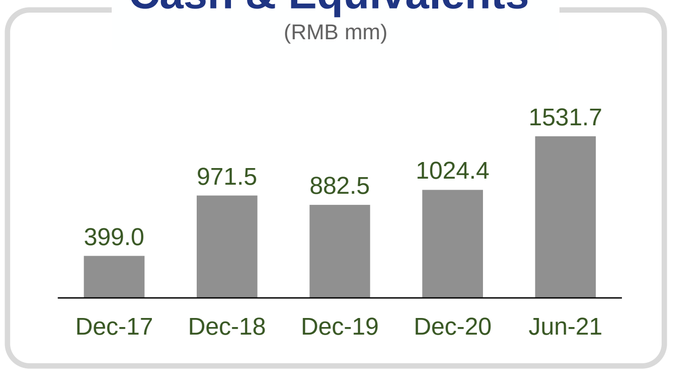
Thomas Knapp

SVP, General Counsel

BOEING · PAUL HASTINGS · SUCAMPO · ΣΕΛΛΑΣ Life Sciences Group

Key Financial Highlights



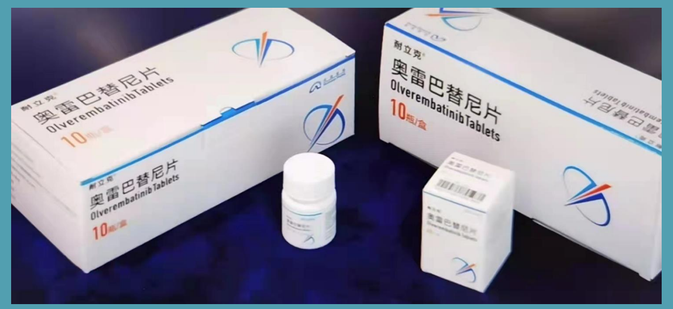


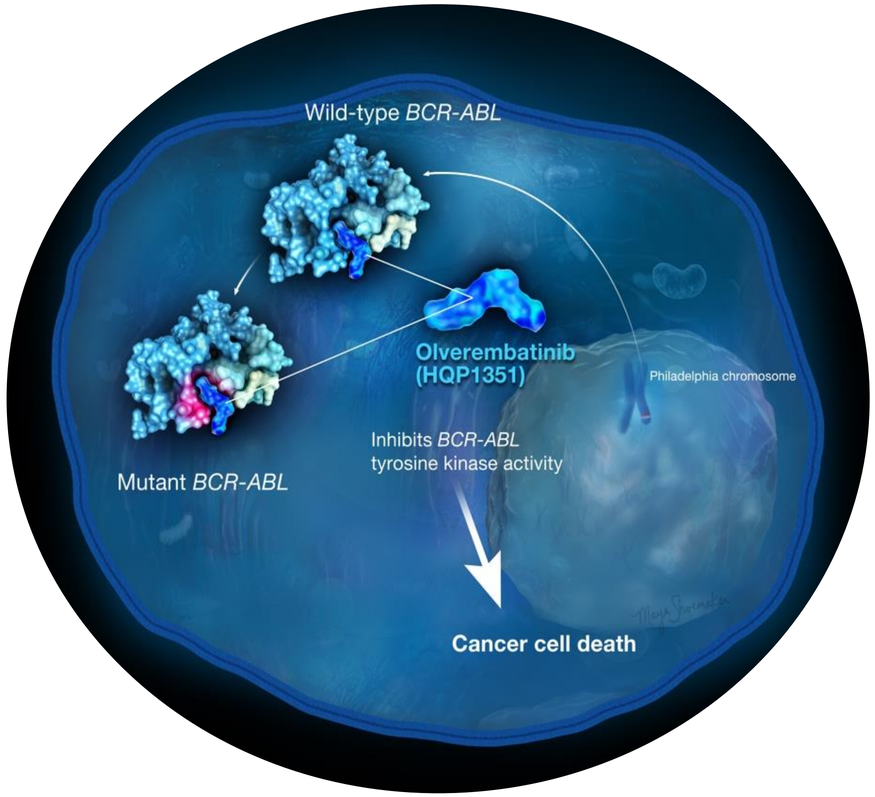
- Completion of the Global headquarter and R&D center, and the increased capabilities and total assets will help to accelerate clinical developments and commercialization.
- In addition to revenue from Unity, a higher revenue level will be generated after the launch of Olverembatinib in China on Nov 25, 2021, co-promotion with the strategic partner Innovent.
- Successful financing with approximately 1.6 billion RMB in 2021 from new investors, company has sufficient cash runway to support the commercialization of Olverembatinib and to accelerate the clinical development of APG-2575 and pipelines products into 2023.
- Ascentage Angel Fund was established with an initial 200 million RMB, in partners with Suzhou guidance fund-Harvest Capital, and one of the largest VC/PE fund SDIC Group to fund early-stage assets.

1）Revenue from provision of research and development services, and compounds library and intellectual property license fee income; 2）Cash & Equivalents include cash and bank balances, and other financial assets, which represent mainly investment in short-term financial products

HQP1351 Olverembatinib Overview

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





Development Milestone:
From IND Clearance to NDA Approval in 4 Years

2015

- In Apr, submitted an IND TKI resistant CML in China

2016

- In Feb. NMPA issued a “one-time umbrella approval” for r/r CML

2018

- In Jul, held a pivotal Phase II clinical trial kick-off meeting with PI

2019

- In Jan, awarded “National Major Innovative Drug Project”
- In Jul, entered Phase Ib clinical study for TKI rCML in US
- In Sep, finished enrollment of 2 pivotal Phase II trials in China
- Results of Ph I trial of HQP1351 in CP|AP TKI resistant / intolerant CML **were orally presented at ASH 2018, 2019 , 2020 and 2021**, nominated as “Best of ASH” in 2019

2020

- In March, received “ **Breakthrough Therapy Designation** “
- In November, received **NDA Approval**

2021

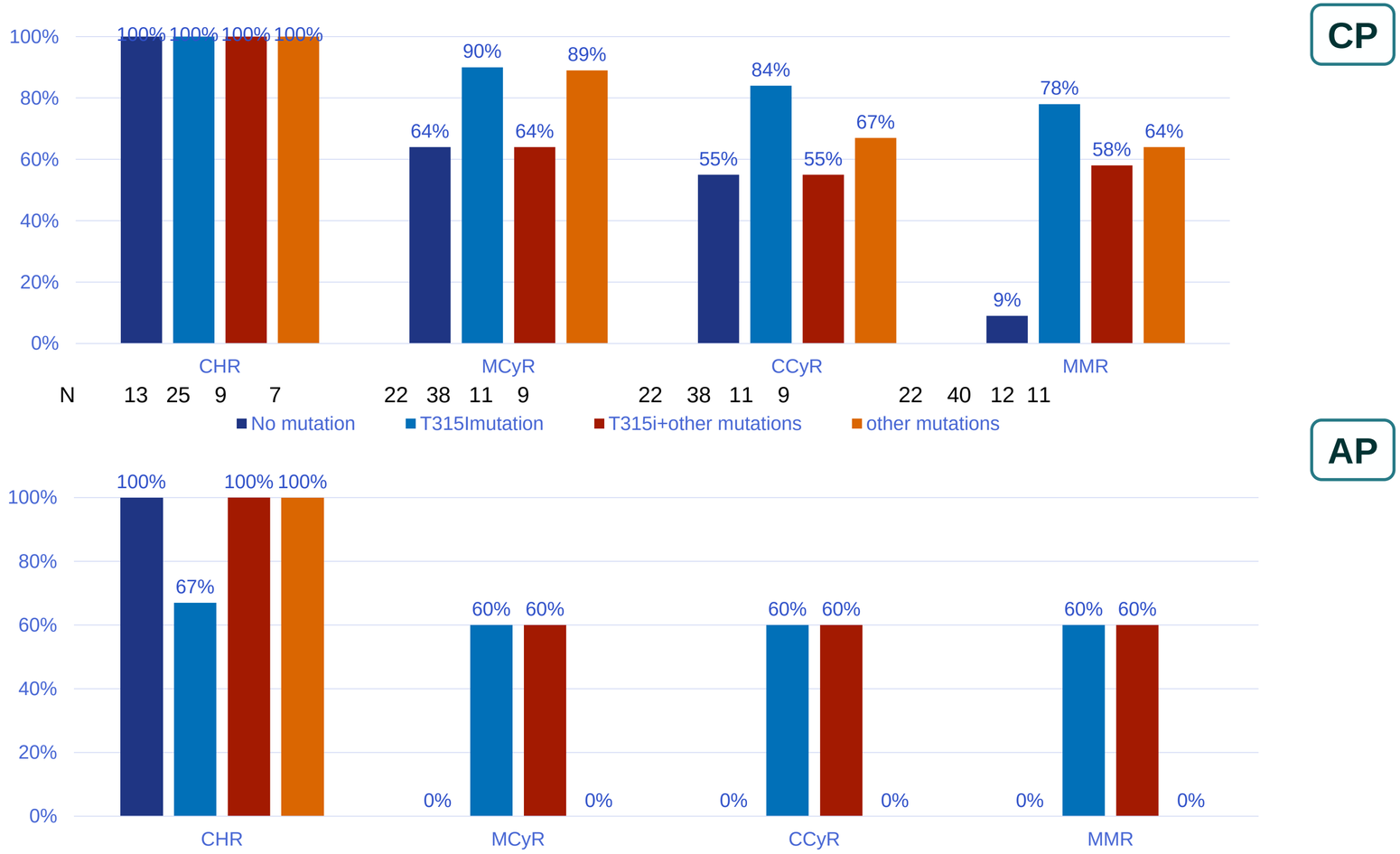
- In April, granted **Orphan Drug Designation** and **Fast Track Designation** by FDA

In Jun, submitted **NDA** to the CDE for T315I-mutant CP-CML and AP-CML in China

In Oct, HQP1351 has granted “**Priority Review**”

Phase I Study Summary: Efficacy

Highly Efficacious in TKI Resistant CML Patients



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)

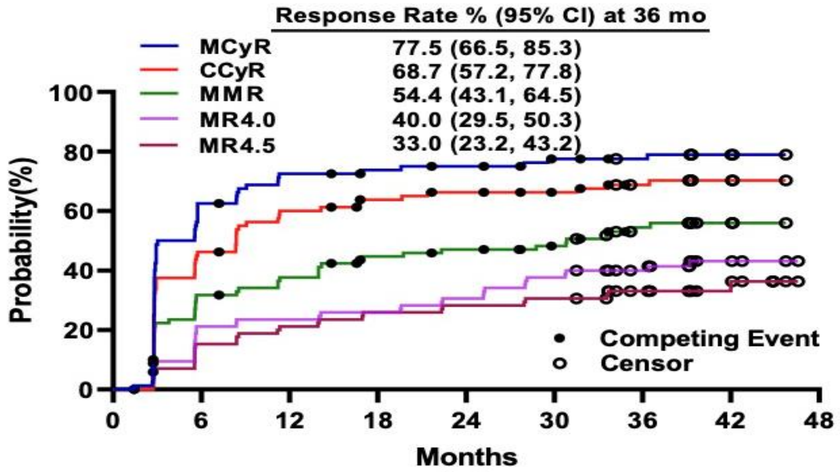
No mutation T315I mutation T315I+ other mutations other mutations

Source: Qian Jiang et al.(2021), Updated Safety and Efficacy Results of Phase 1 Study of Olverembatinib (HQP1351), a Novel Third-Generation BCR-ABL Tyrosine Kinase Inhibitor (TKI), in Patients with TKI-Resistant Chronic Myeloid Leukemia (CML) , 2021 ASH Annual Meeting and Exposition

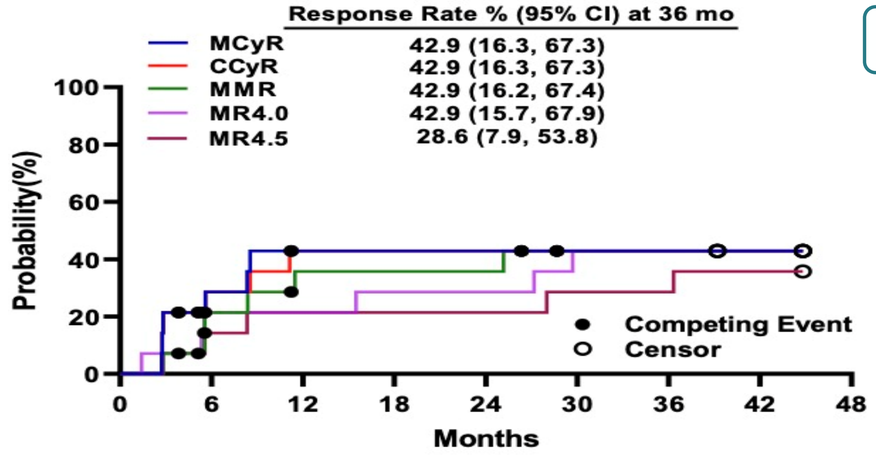
Phase I Study Summary: Efficacy (Cont.)

Cumulative Incidence of Achieving Responses (≥30mg)

CP

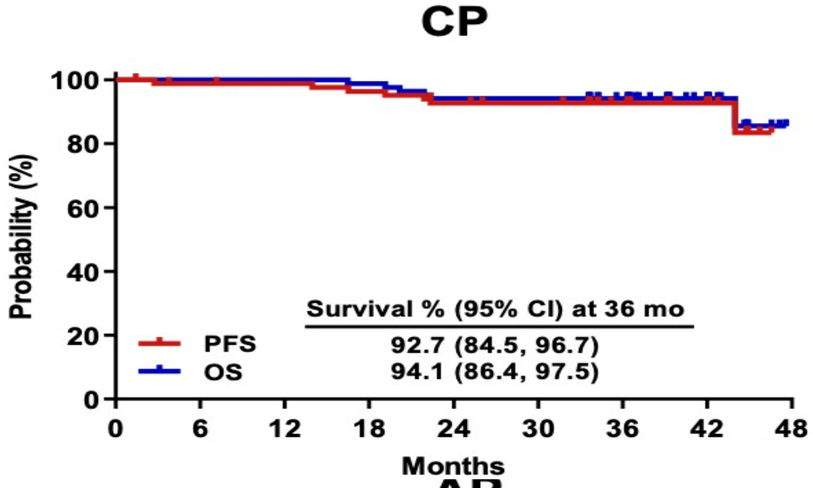


AP

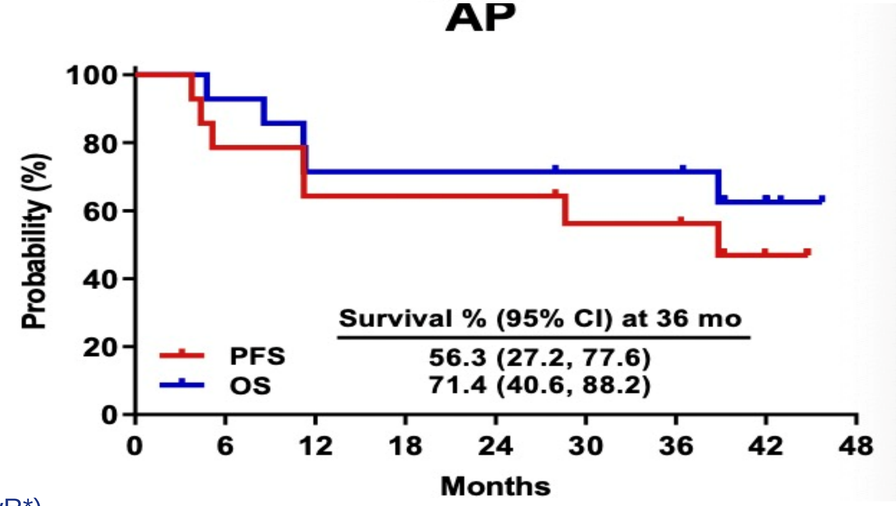


Progression-free Survival & Overall Survival (≥ 30mg)

CP



AP



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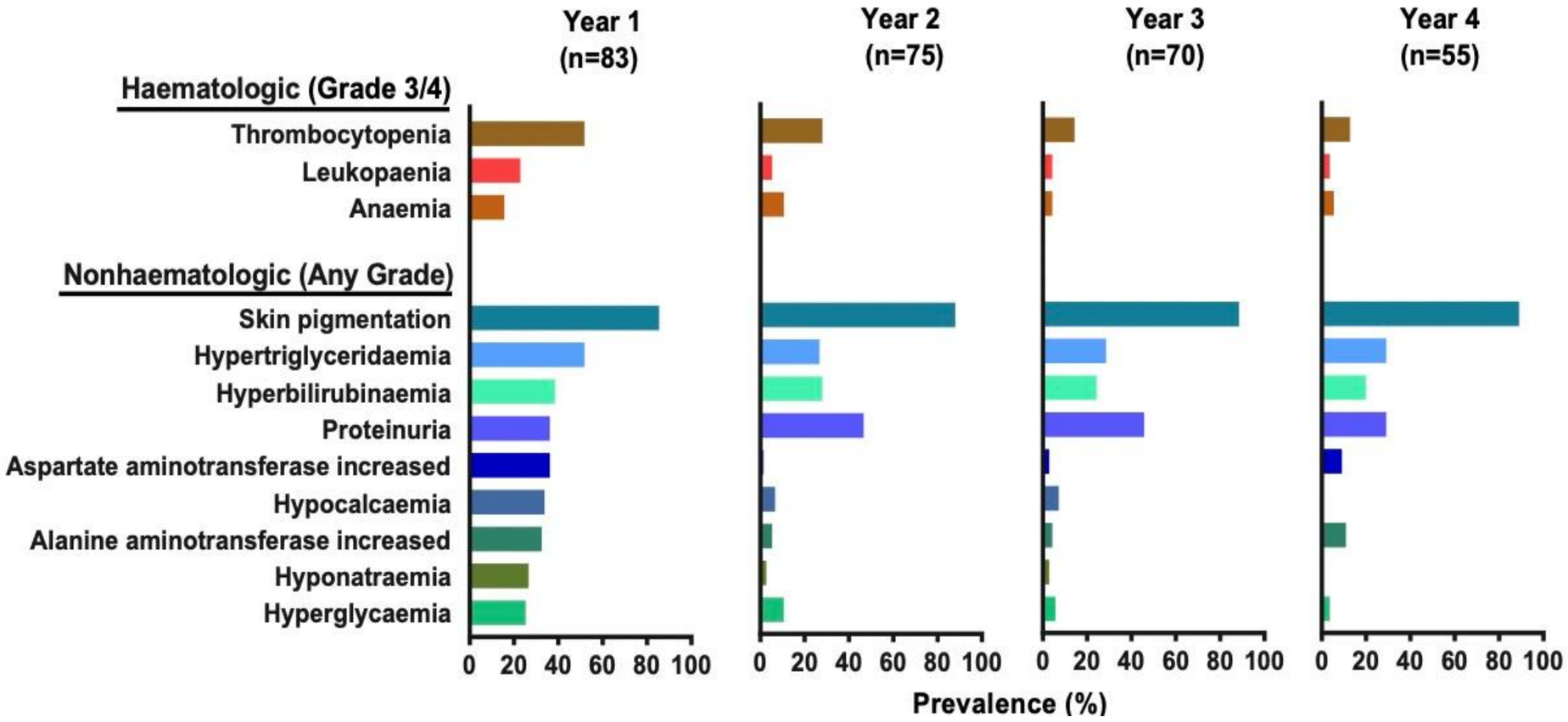
Complete Cytogenic Response (CCyR), Major Molecular Response (MMR^) * MCyR is a validated End Point, ^ MMR defined by PCR (<1/1000)

Phase I Study Summary： Safety Profile

Prevalence of Treatment-related Adverse Events over Time （≥30mg）

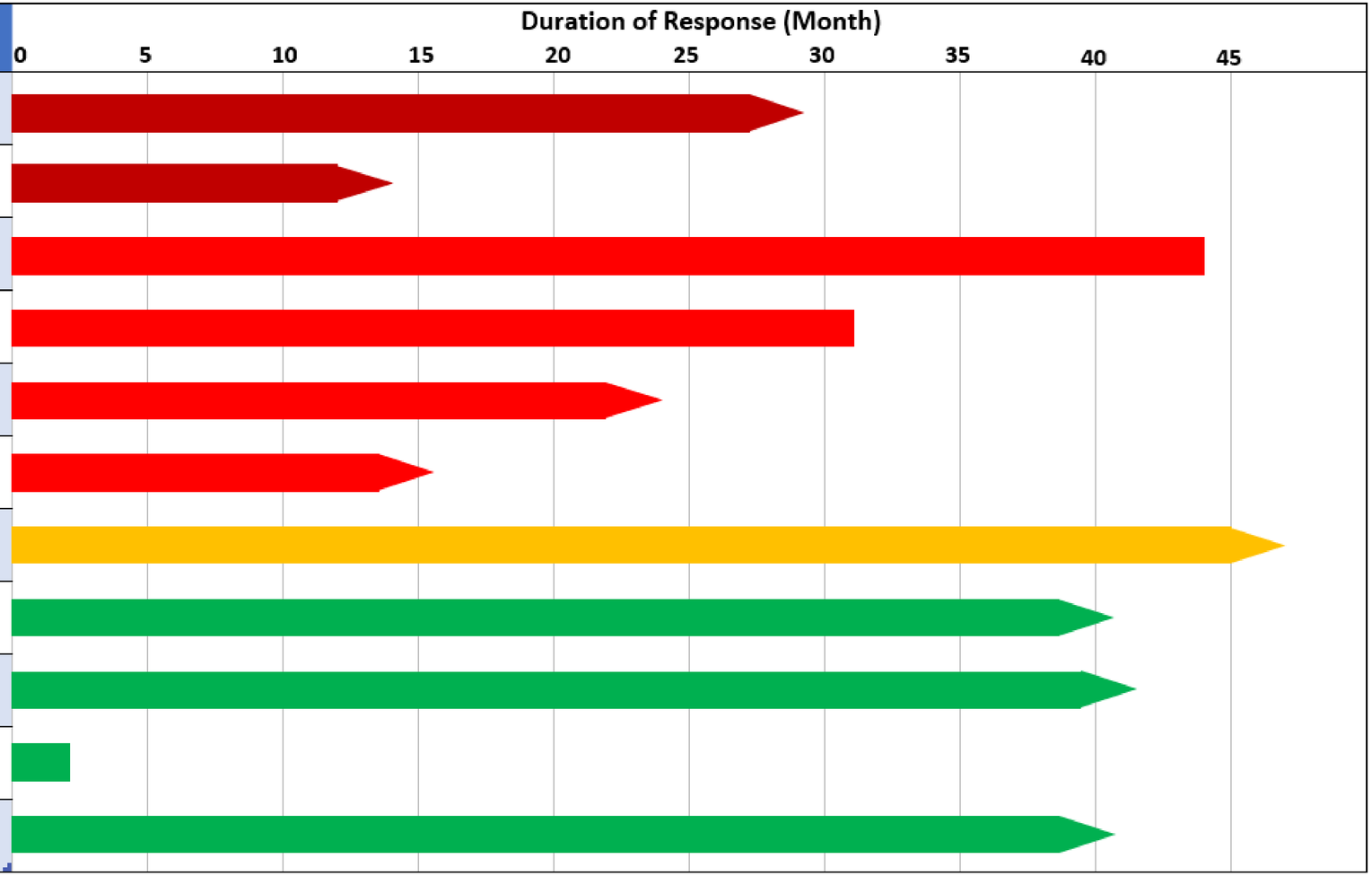


Well-Tolerated With Minimal Dose Interruptions

Source: Qian Jiang et al.(2021), Updated Safety and Efficacy Results of Phase 1 Study of Olverembatinib (HQP1351), a Novel Third-Generation BCR-ABL Tyrosine Kinase Inhibitor (TKI), in Patients with TKI-Resistant Chronic Myeloid Leukemia (CML) ,2021 ASH Annual Meeting and Exposition

Responses by Compound Mutation

CP/AP	Mutation	Best Response
CP	SS: G250E, F317L, T315I NGS: G250E, F317L, T315I	MR4.5
AP	SS: F359C, T315I NGS: F359C, T315I	MR4.5
AP	SS: E255K, E279A, T315I, F317L NGS: E255K, E279A, T315I, F317L, F359C	MMR
CP	SS: T315I, E459K NGS: T315I, E459K	MMR
CP	SS: E459K, T315I,, L248V F359C NGS: E459K, T315I, L248V, F359C	MMR
CP	SS: T315I, F359V NGS: T315I, F359V	MMR
CP	SS: F359V, V299L, F317L NGS: F359V, V299L, F317L	CCyR
CP	SS: K247R, Y253F, T315I, F359I, G250E NGS: K247R, Y253F,T315I, F359I, G250E	CHR
CP	SS: F359V, M351T, T315I NGS: F359V, M351T, Y253H, T315I	CHR
AP	SS: T315I, E255K NGS: T315I, E255K	CHR
AP	SS: M244V, H396R NGS: M244V, H396R	CHR



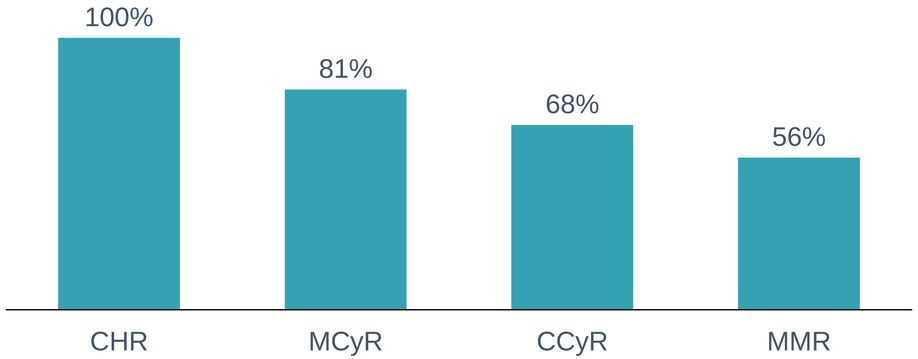
Source: Qian Jiang et al.(2021), Updated Safety and Efficacy Results of Phase 1 Study of Olverembatinib (HQP1351), a Novel Third-Generation BCR-ABL Tyrosine Kinase Inhibitor (TKI), in Patients with TKI-Resistant Chronic Myeloid Leukemia (CML) , 2021 ASH Annual Meeting and Exposition

Pivotal Phase 2 Study Summary

Highly Efficacious in T315I-Mutated CML Patients

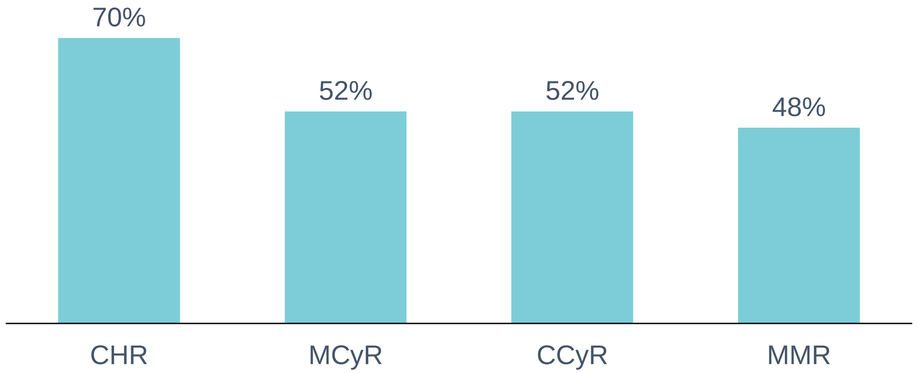
CP

T315I+n = 41



AP

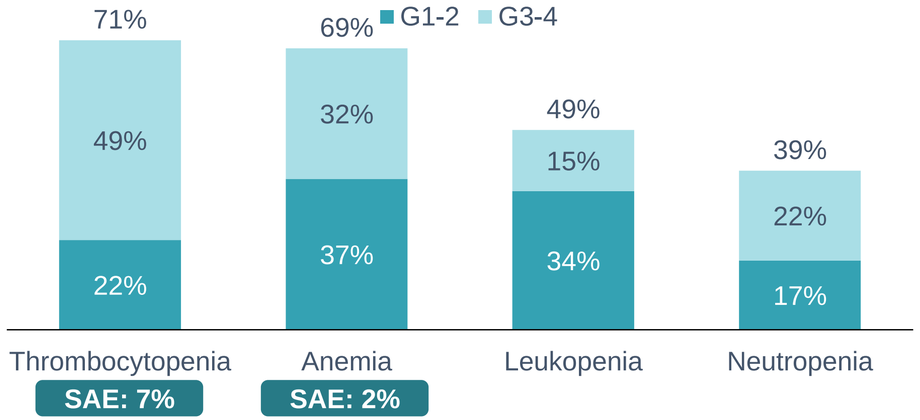
T315I+n = 23



CML Response Criteria: Complete Hematological Response (CHR), Bone Marrow; Major Cytogenic Response (MCyR*) Complete Cytogenic Response (CCyR), Major Molecular Response (MMR^)

Treatment-related Hematologic Adverse Events

CP



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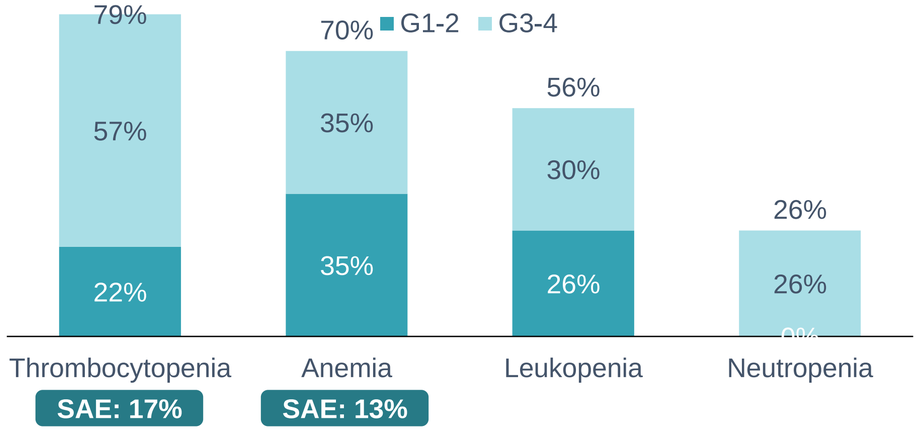


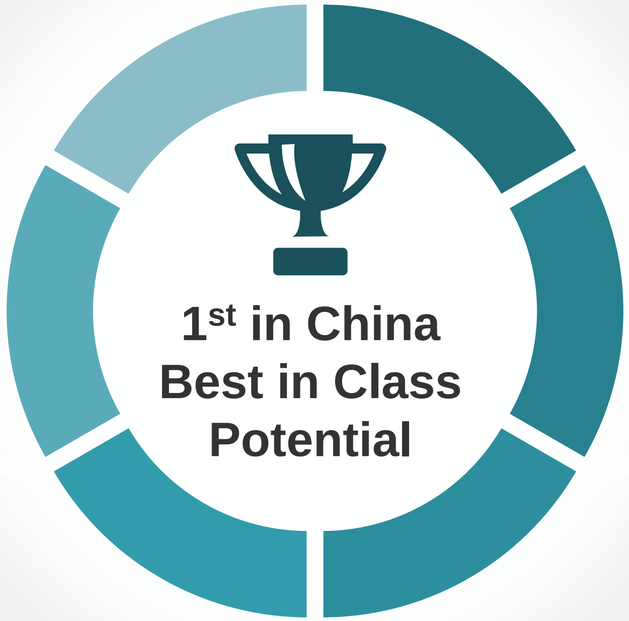
* MCyR is a validated End Point, ^ MMR defined by PCR (<1/1000)

Olverembatinib: T315I and Beyond

First and the only 3rd generation BCR-ABL TKI being developed in China;
Second receiving NDA approval globally

Efficacious in the patients who failed/ intolerant to ponatinib

Potentially better safety profile



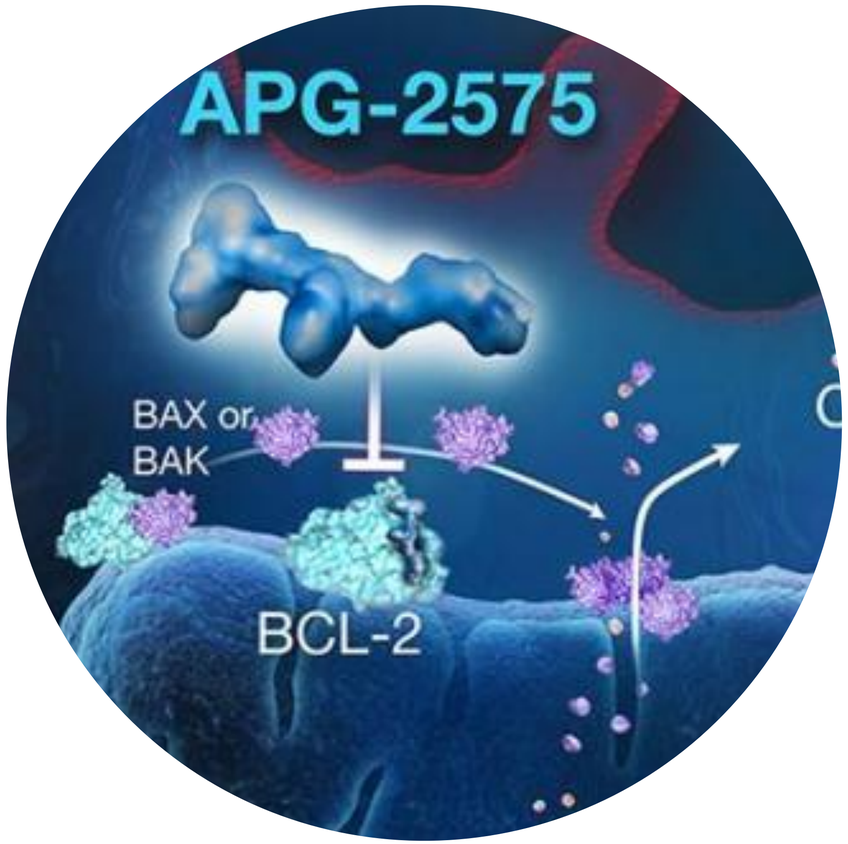
Received NDA Approval in November 2021 ; granted with “Priority review” and “Breakthrough Therapy Designation”

Efficacious in the TKI resistant CML patients with **multiple mutations and compound mutations** where ponatinib is ineffective

Proposed other Phase II pivotal studies **in China, US** and **other countries**

APG-2575 Overview

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



Phase I Study in the US：Safety Profile

Treatment-related adverse events (TRAEs) with APG-2575 (N = 36)

Any grade AE (≥ 10%)	No. (%)	≥ Grade 3 AE (≥ 5%)	No. (%)
Any APG-2575-related AE[a]:	27 (75.0)	Any ≥ grade 3 APG-2575-related AE:	9 (25.0)
Fatigue	10 (27.8)	Neutropenia	5 (13.9)
Neutropenia	8 (22.2)	Nausea	2 (5.6)
Diarrhea	7 (19.4)	Platelet count decreased	2 (5.6)
Anemia	6 (16.7)	–	–
Constipation	4 (11.1)	–	–
Nausea	4 (11.1)	–	–

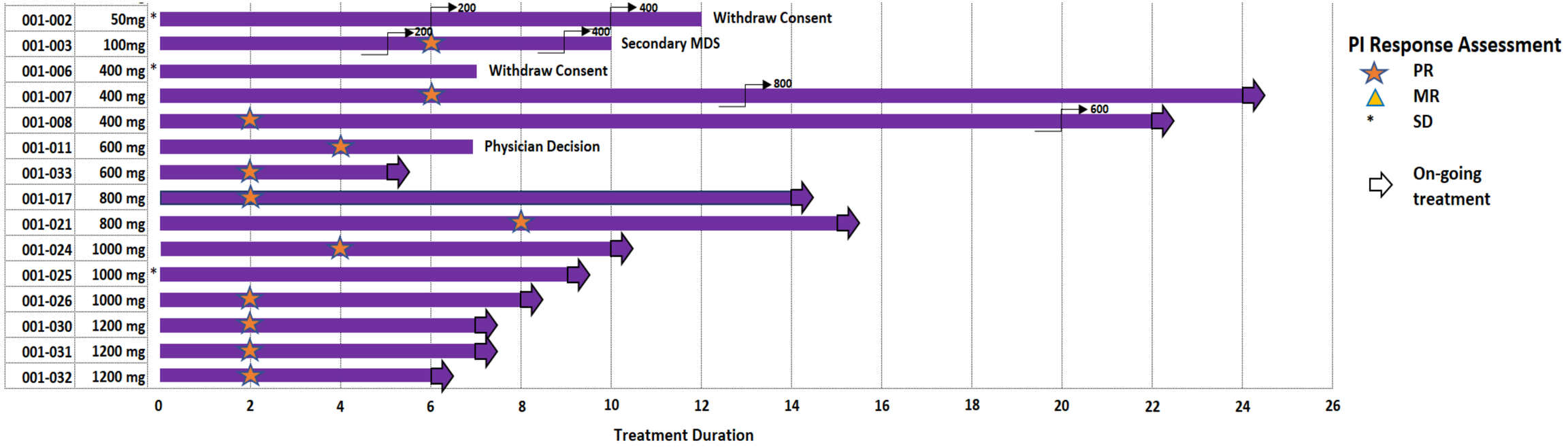
- No DLTs observed at APG-2575 doses of up to 1,200 mg.
- The MTD has not been reached.
- No laboratory or clinical TLS has been reported during this study.
- The median (range) treatment duration is 6 (1-24) cycles.
- APG-2575 at 600 mg daily has been selected as the RP2D for monotherapy.
- In all, one patient (1/36, 2.8%) discontinued APG-2575 because of TRAEs (grade 2 pruritus, skin sensitivity).
- No grade 5 TRAEs noted.

a A patient with more than one AE is counted once.

Source: Sikander Ailawadhi, et al.(2021), First-in-human study of lisaftoclax (APG-2575), a novel BCL-2 inhibitor (BCL-2i), in patients (pts) with relapsed/refractory (R/R) CLL and other hematologic malignancies (HMs)., 2021 ASCO Annual Meeting and Exposition

80% PR in Evaluable R/R CLL/SLL Patients

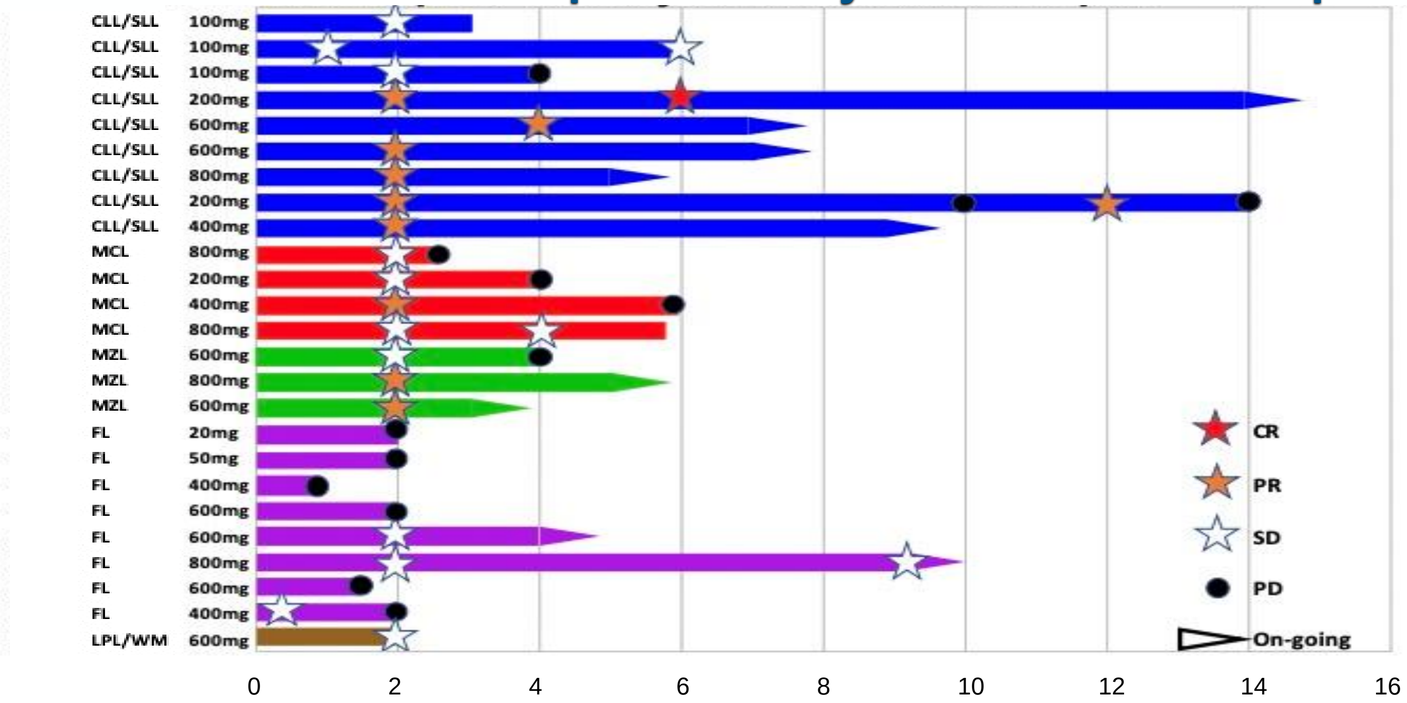
CLL/SLL Swimmer Plot



Source: Sikander Ailawadhi, et al.(2021), First-in-human study of lisaftoclax (APG-2575), a novel BCL-2 inhibitor (BCL-2i), in patients (pts) with relapsed/refractory (R/R) CLL and other hematologic malignancies (HMs)., 2021 ASCO Annual Meeting and Exposition

100% ORR in Evaluable R/R CLL/SLL Patients at Dose ≥ 200 mg in China Phase I Study

Swimmer's plot: efficacy of lisaftoclax in 25 pts

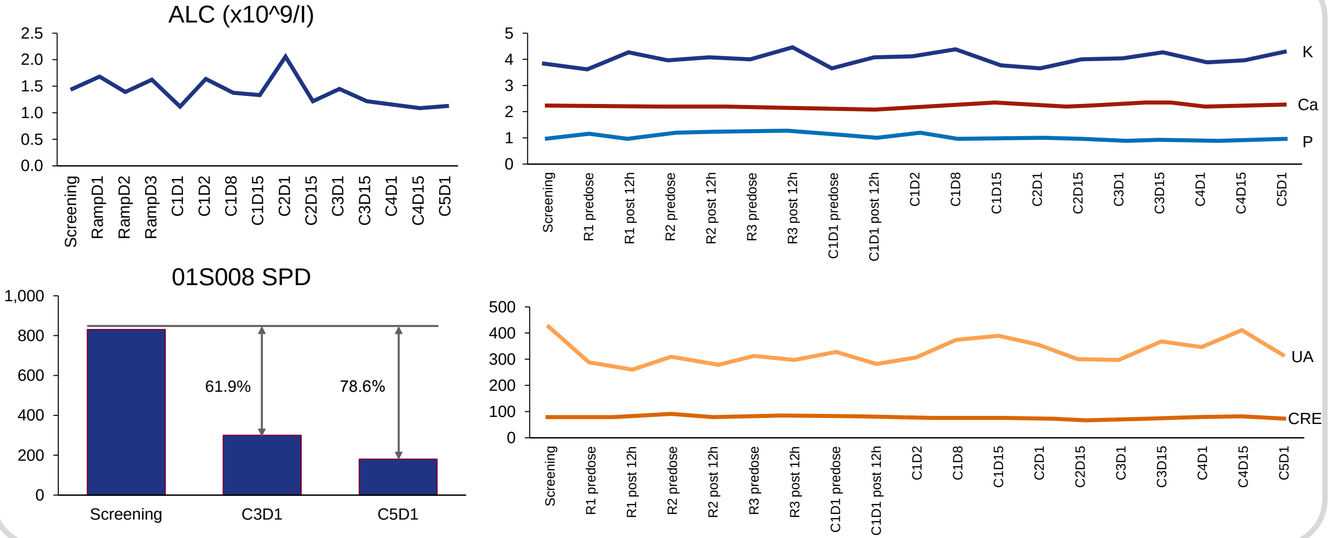


- With a median treatment of 4 cycles, 9/25 evaluable pts achieved at least a PR
- The highest response rates were seen in pts with CLL (66.7%). At doses of ≥ 200 mg, all 6 pts with CLL experienced a PR or CR.

Source: Mingyuan Sun, et al.(2021), A Phase 1 Study to Evaluate the Safety, Pharmacokinetics (PK) and Pharmacodynamics (PD) of Lisaftoclax (APG-2575), a Novel BCL-2 Inhibitor (BCL-2i), in Patients (pts) with Certain Relapsed or Refractory (R/R) Hematologic Malignancies (HMs) , 2021 ASH Annual Meeting and Exposition

APG-2575-CN-001 Phase I Interim Data I Efficacy

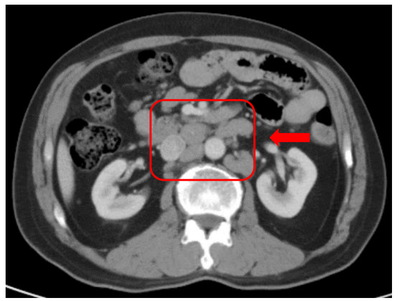
Ibrutinib Resistant High Risk Patient; Rapid and Deep Response



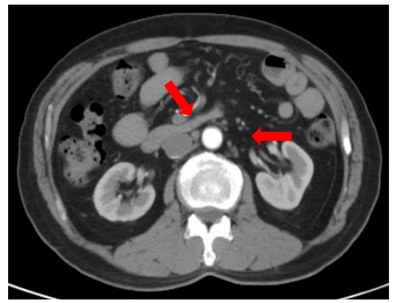
Patient 01S008: Complete Response

CR in r/r CLL (IGVH mutation, No TP53)

Before APG-2575



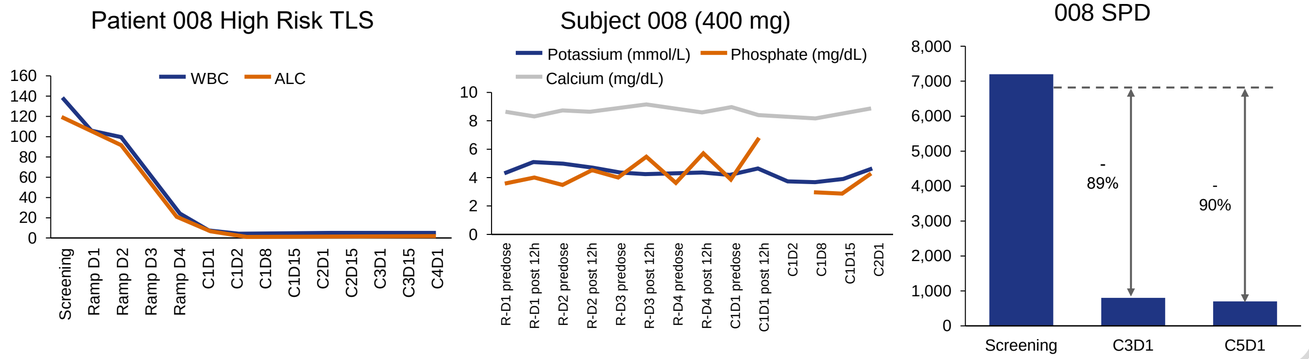
After APG-2575



Lymph Node Response: C3D1 **-62%;** C5D1 **-78.6%;** C7D1 **All lymph nodes normal**

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

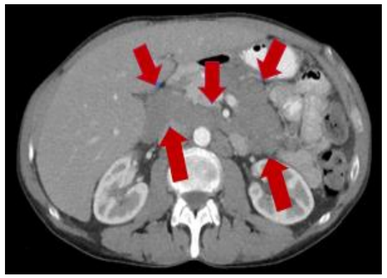
Patient 008: PR parameters



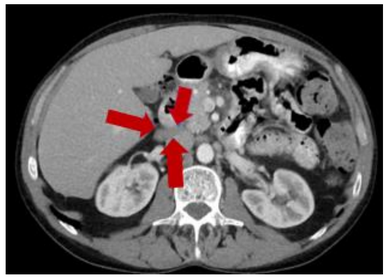
Durable PR in a patient with r/r CLL

Patient 008: -90% Nodal Response

Before APG-2575



After APG-2575



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

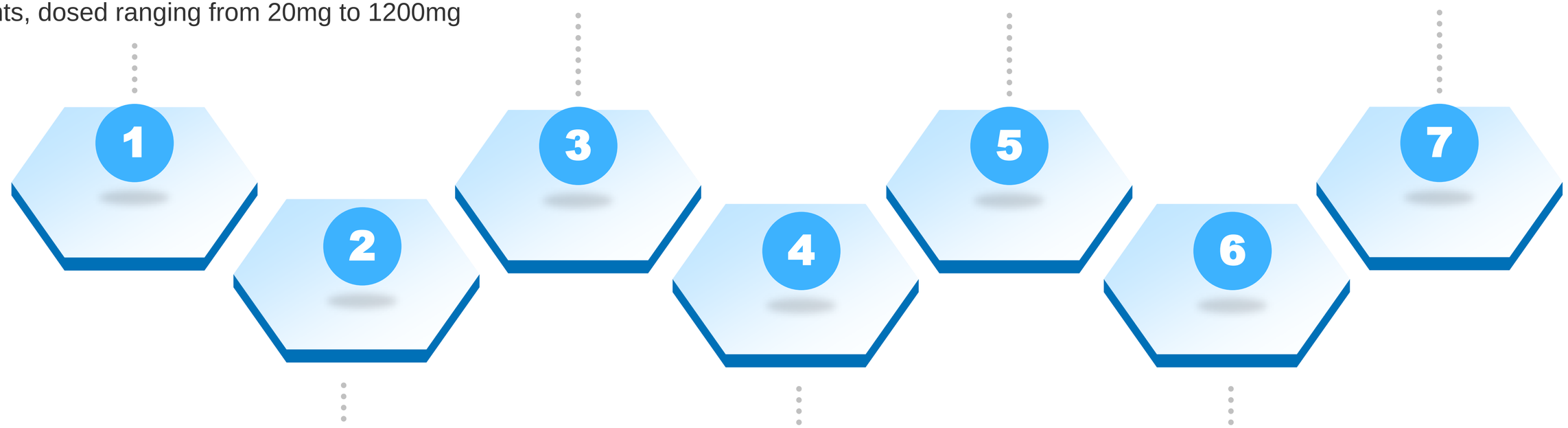
Clinical POC Established With Best-in-Class Safety Potential

More than **200+ subjects** enrolled into the APG-2575 studies, including r/r CLL, FL, MCL, MZL, DLBCL, WM, MM, AML, MDS and HCL patients, dosed ranging from 20mg to 1200mg

Potential Best-in-Class with well tolerated safety profile, no DLT, no MTD reported

IND clearance for ER+ breast cancer and other solid tumors

Initiated **registrational pivotal Phase II** study for treatment of r/r CLL/SLL



Proof of Concept established in r/r CLL, more than 50 pts enrolled; 80% evaluable pts achieved PR in Phase I Study in the US as of April 15th 2021

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

Demonstrated 100% ORR in Evaluable r/r CLL/SLL Patients at Dose ≥ 200 mg in Phase I Study in China

Source: Company data Note: All data as of December 31, 2021

Strong Differentiation From Venetoclax

APG-2575 Compared to Venetoclax

- Efficacious in BTK resistant WM PDX model in which Venetoclax shows no effect
- Daily ramp-up verse weekly ramp up
- Extremely low lab and clinical TLS
- Less neutropenia and thrombocytopenia
- Short T1/2 & exposure--potentially lower risk with better safety profile
- Second BCL-2 registration clinical trial globally
  First BCL-2 registration clinical trial for CLL in China

Product, Patient, Provider Attributes

When Selectively Targeting BCL-2

Less is more

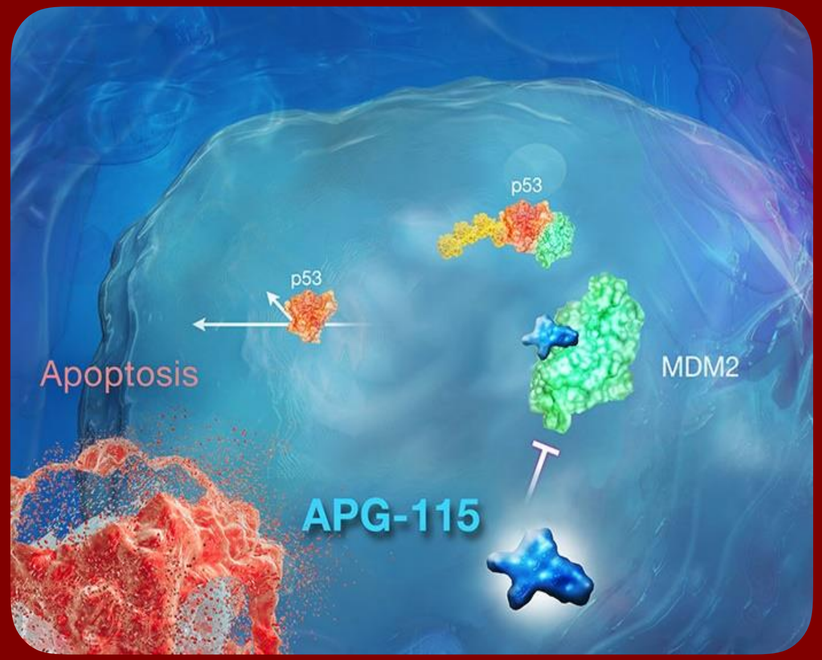
- Dose Escalation
  (Daily Ramp)
- PK Properties
  (T1/2 & AUC)
- Safety: TLS, DDI

Source: Company data

APG-115

MDM2-p53 Inhibitor

Activates p53 tumor suppression via MDM2-p53 PPI



Source: Company data

Milestones & Clinical Developments

- Granted ODD for the treatment of AML, gastric cancer, soft tissue sarcoma, retinoblastoma, melanoma
- FDA granted Fast Track Designation for the treatment of unresectable, metastatic melanoma, relapsed/refractory to prior immuno-oncology treatments
- Completed Two Ph-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
  - PH Ib: APG-115 in combination with pembrolizumab was well tolerated with no overlapping AE. The results provide preliminary clinical POC that APG-115 in combination with pembrolizumab is efficacious in patients with IO refractory metastatic melanoma
- China: Enrolling Ph-Ib clinical study treating patients with hematologic malignancies
- China: Ph-Ib /II clinical trial for APG 115 in combination with chemotherapeutic or targeted agents enrolling for the treatment of patients with hematologic malignancies
- China: Ph-Ib /II clinical trial for APG 115 in combination with PD 1/PD L1 inhibitors enrolling for patients with advanced solid tumors & advanced liposarcoma (LPS).
- Other indications under development: T-PLL (Ph-I/II)

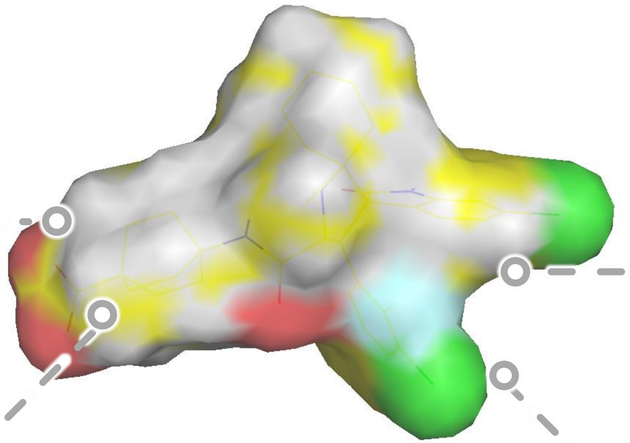
APG-115 Delivers Anti-tumor Activity by Multiple MOAs

Tumor Cells Apoptosis

Activates WT p53-dependent intrinsic apoptosis.

Tumor microenvironment

Activates innate immunity by reprograming macrophages M2 to M1 to suppress tumorigenesis (*Fang et al. 2019*).



T-Cell Mediated Anti-tumor Immunity

MDM2 protein expression is upregulated in T-cell and is essential in enhancing T-cell function via stabilization of STAT5 protein (*Zhou et al. Nature 2021*)

Synthetic Lethality

+ Bcl-2: AML, DLBCL (*Luo et al. 2020*)
+ BET: AML (*Li et al. 2020; Latif et al. 2021*)
+ ATM / + MET: Lung, CRC (*Sullivan et al. 2012*)

APG-115
Inhibition of MDM2-p53 interaction

APG-115 is a host immunomodulator

- STAT5 activation is important for CD8$^+$ T-cell survival and function.
- MDM2 competes with c-Cbl and prevents c-Cbl-mediated STAT5 degradation.
- APG-115 synergizes with IO and enhances T-cell mediated antitumor immunity.

nature immunology

ARTICLES

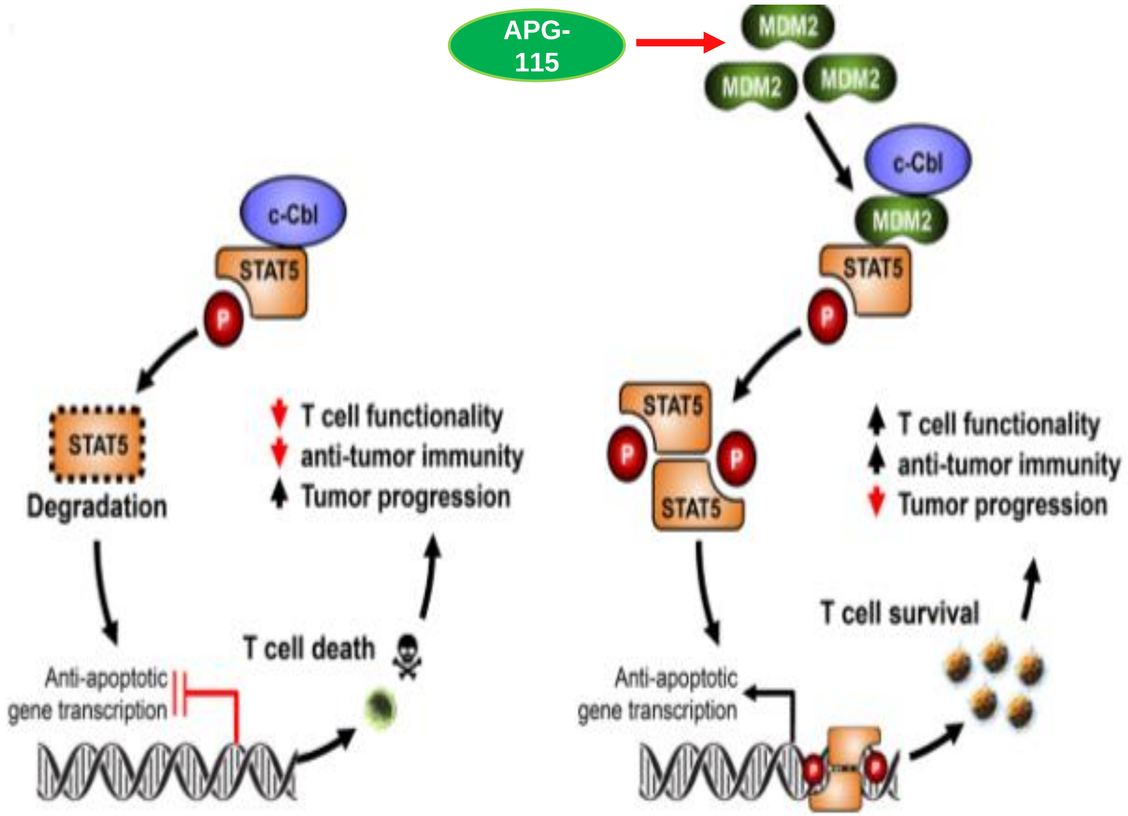
https://doi.org/10.1038/s41590-021-00888-3

Check for updates

The ubiquitin ligase MDM2 sustains STAT5 stability to control T cell-mediated antitumor immunity

Jiajia Zhou[1,2], Ilona Kryczek[1,2], Shasha Li[1,2], Xiong Li[1,2], Angelo Aguilar[3,4,5], Shuang Wei[1,2], Sara Grove[1,2], Linda Vatan[1,2], Jiali Yu[1,2], Yijian Yan[1,2], Peng Liao[1,2], Heng Lin[1,2], Jing Li[1,2], Gaopeng Li[1,2], Wan Du[1,2], Weichao Wang[1,2], Xueting Lang[1,2], Weimin Wang[1,2], Shaomeng Wang[3,4,5] and Weiping Zou[1,2,6,7,8,9]

Targeting the p53–MDM2 pathway to reactivate tumor p53 is a chemotherapeutic approach. However, the involvement of this pathway in CD8$^+$ T cell-mediated antitumor immunity is unknown. Here, we report that mice with MDM2 deficiency in T cells exhibit accelerated tumor progression and a decrease in tumor-infiltrating CD8$^+$ T cell survival and function. Mechanistically, MDM2 competes with c-Cbl for STAT5 binding, reduces c-Cbl-mediated STAT5 degradation and enhances STAT5 stability in tumor-infiltrating CD8$^+$ T cells. Targeting the p53–MDM2 interaction with a pharmacological agent, APG-115, augmented MDM2 in T cells, thereby stabilizing STAT5, boosting T cell immunity and synergizing with cancer immunotherapy. Unexpectedly, these effects of APG-115 were dependent on p53 and MDM2 in T cells. Clinically, MDM2 abundance correlated with T cell function and interferon-γ signature in patients with cancer. Thus, the p53–MDM2 pathway controls T cell immunity, and targeting this pathway may treat patients with cancer regardless of tumor p53 status.



Zhou J et al. Nat Immunol 2021;22:460-470.

STAT5, signal transducer and activator of transcription 5.

5. Tolcher AW et al. Molec Cancer Ther 2019;18:A086.

Efficacy in all Cohorts

Response	Melanoma (n = 32)	NSCLC (n = 19)	STK-11 (n = 5)	ATM (n = 11)	Liposarcoma (n = 17)	UC (n = 12)	MPNST (n = 6)
ORR (CR + PR)	24.1% (7/29)	6.7% (1/15)	0	0	6.2% (1/16)	12.5% (1/8)	16.7% (1/6)
DCR (CR + PR + SD)	55.2% (16/29)	46.7% (7/15)	25% (1/4)	44.4% (4/9)	81.2% (13/16)	12.5% (1/8)	66.7% (4/6)
Best overall RECIST or iRECIST response							
CR	1	0	0	0	0	0	0
PR	6 (2 unconfirmed)	1	0	0	1 (unconfirmed)	1	1 (unconfirmed)
SD	9	6	1	4	12	0	3

ORR and DCR are based on efficacy evaluable population; stable disease (SD) requires a minimum duration of 2 cycles.CR, complete response; DCR disease control rate; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; UC, urothelial carcinoma.

Anthony Tolcher, MD, FRCPC

Efficacy in Patients with IO Resistant Melanoma

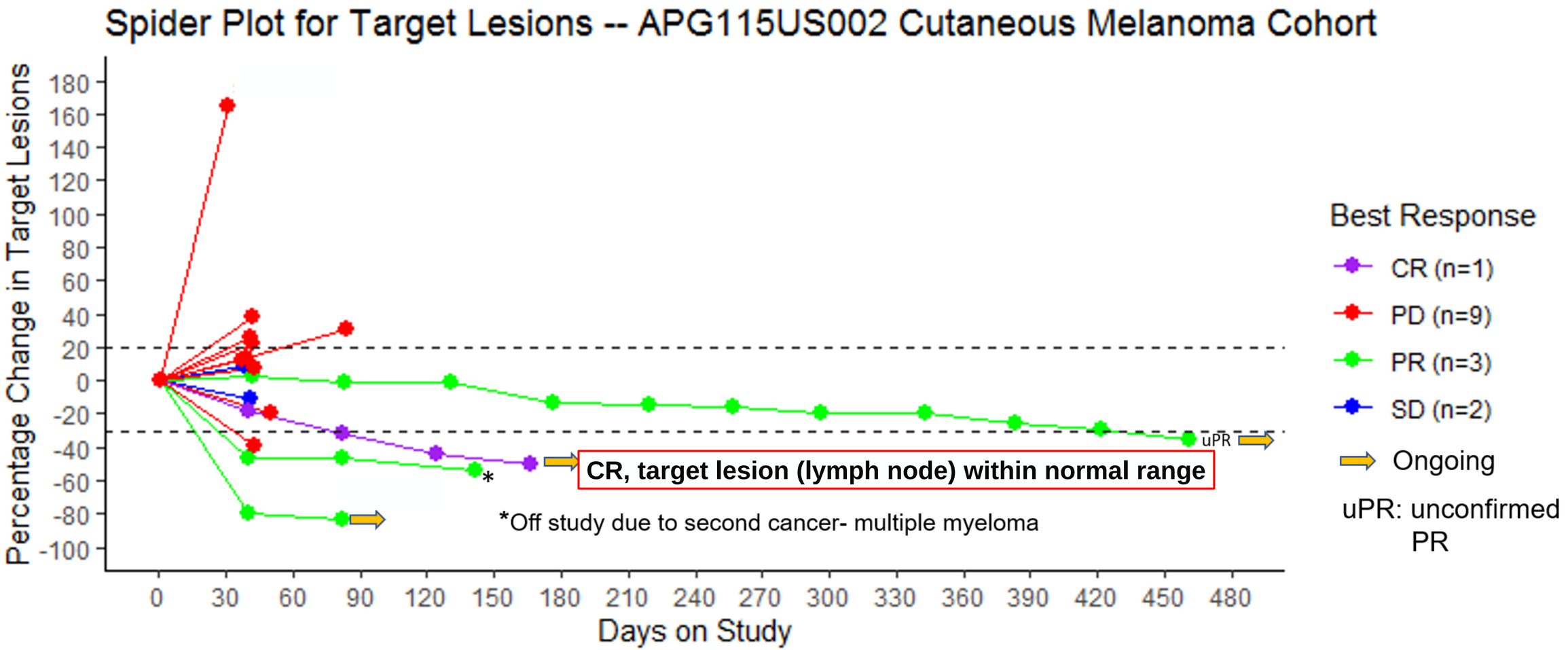
Response	Uveal (n = 8)	Mucosal (n = 5)	Cutaneous (n = 16)	Unknown primary (n = 3)	Total (N = 32)
ORR (CR + PR)	14.3% (1/7)	40% (2/5)	26.7% (4/15)	0	**24.1%** (7/29*)
DCR (CR+ PR+ SD)	71.4% (5/7)	40% (2/5)	46.7% (7/15)	100% (2/2)	**55.2%** (16/29)
Best overall RECIST or iRECIST response					
CR	0	0	1	0	**1**
PR	1	2 (1 unconfirmed)	3 (1 unconfirmed)	0	**6**
SD	4	0	3	2	**9**

Data cutoff: April 15, 2021.

* Total evaluable patient N: 29

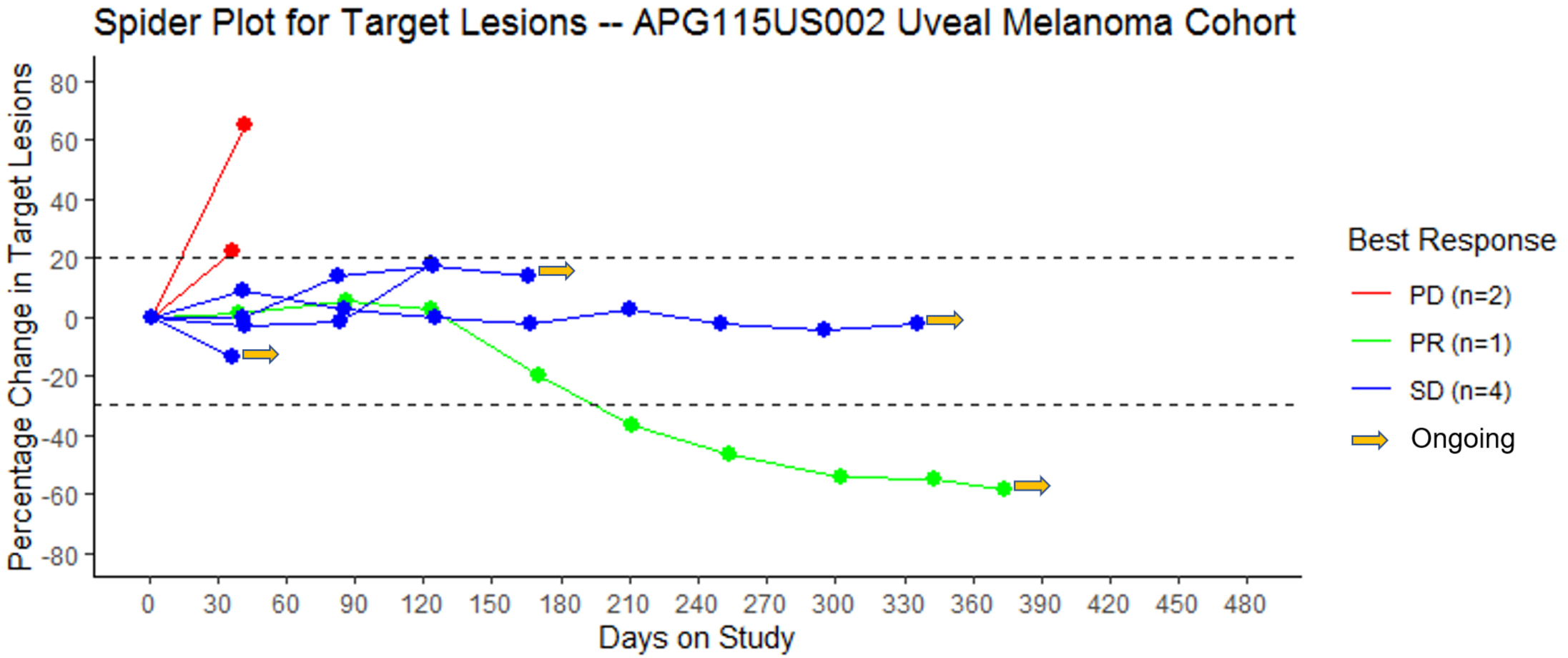
Anthony Tolcher, MD, FRCPC

Efficacy in Patients with IO Resistant Uveal Melanoma Treated with APG-115 Plus Pembrolizumab



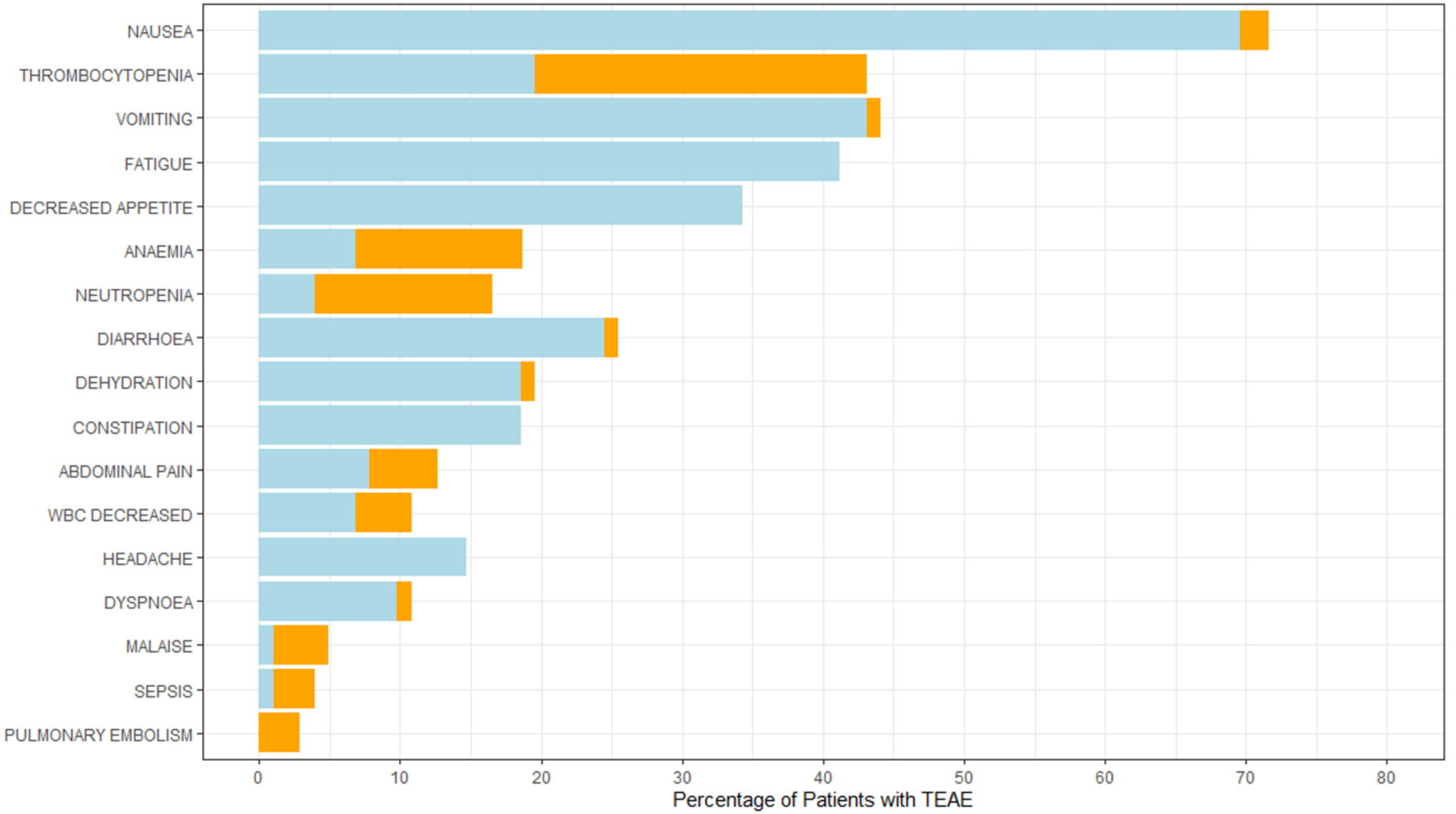
Anthony Tolcher, MD, FRCPC

Efficacy in Patients with IO Resistant Uveal Melanoma Treated with APG-115 Plus Pembrolizumab



Anthony Tolcher, MD, FRCPC

Safety: Treatment Emergent AEs (TEAEs)



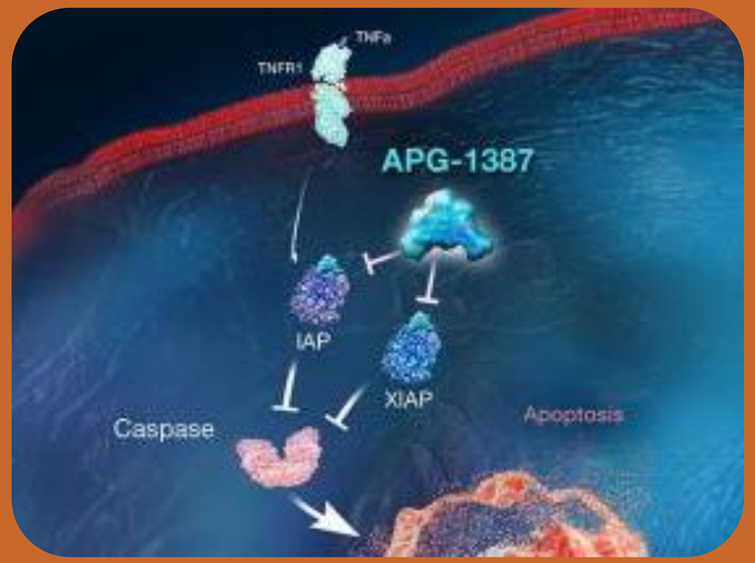
All grades: ≥ 10%
G3 above: ≥2%

Highlights of APG-115 Phase II Study

- First clinical study of MDM2 inhibitor in combination with IO globally.
- APG-115 not only plays an important role in inducing apoptosis in tumor cells, but also acts as a host immune modulator, enhancing specific T cell-mediated antitumor activities through novel MOAs.
- APG-115 in combination with pembrolizumab was well tolerated with no overlapping AE.
- The results provide preliminary clinical POC that APG-115 in combination with pembrolizumab is efficacious in patients with IO relapsed/refractory metastatic melanoma, including uveal, mucosal and cutaneous melanoma.
- Results also showed promising antitumor activity in patients with MPNST for which pembrolizumab has no approved indication.

APG-1387

An Antagonist of IAP/XIAP
(SMAC Mimetic) Dimmer



Milestones & Clinical Developments

Immuno-Oncology Development

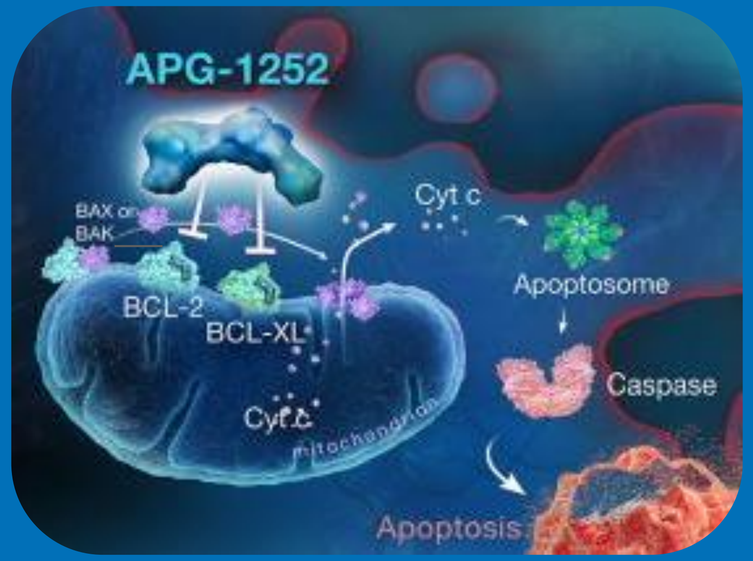
- Completed **3** Oncology Phase-1 dose-escalation trials; known MTD and RP2D; AEs were mild to moderate, manageable, and reversible
- Preliminary efficacy signal was seen in combination with pembrolizumab, no additive toxicity
- **2** Phase Ib/II clinical trials of APG-1387 combined with immuno-checkpoint inhibitor or chemotherapy in advance solid tumors are ongoing

CHB Developments

- Completed Enrollment (n=49), Phase Ib trial in naive Chronic Hepatitis B (CHB) patients. Tested 4 dose levels and the sequential dosing with NUCs
- A Phase II trial in combo with NUCs in CHB patients is ongoing

APG-1252

BCL-2/BCL-xL Inhibitor



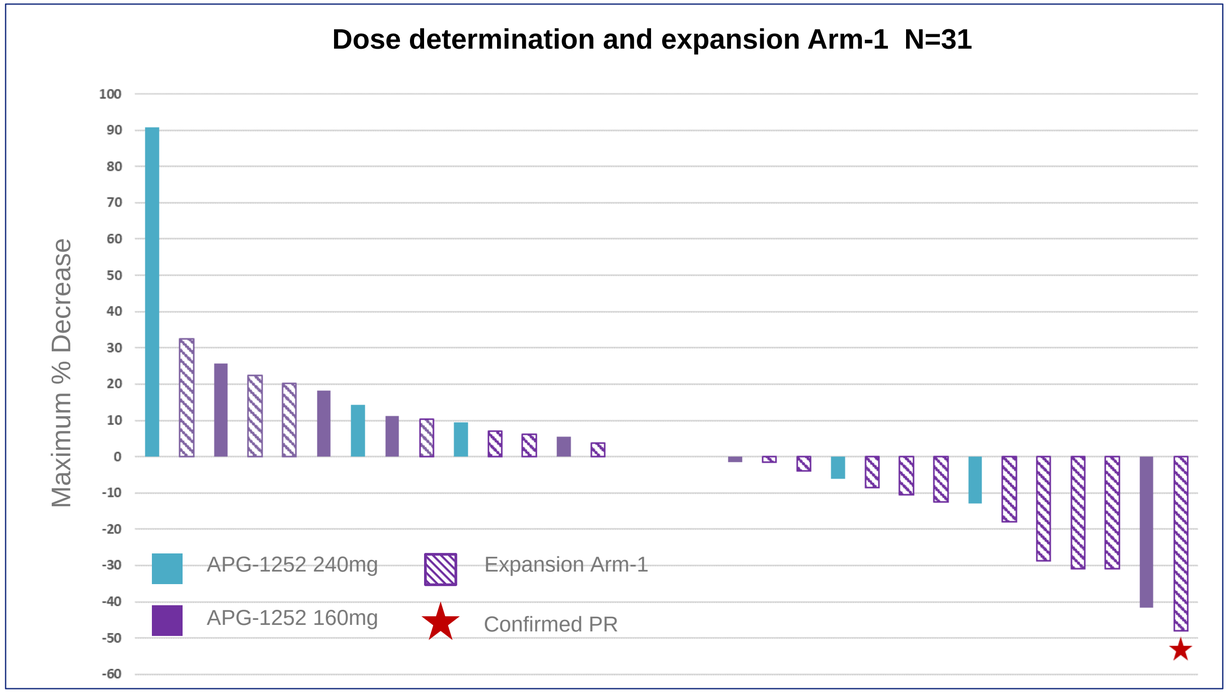
Milestones & Clinical Developments

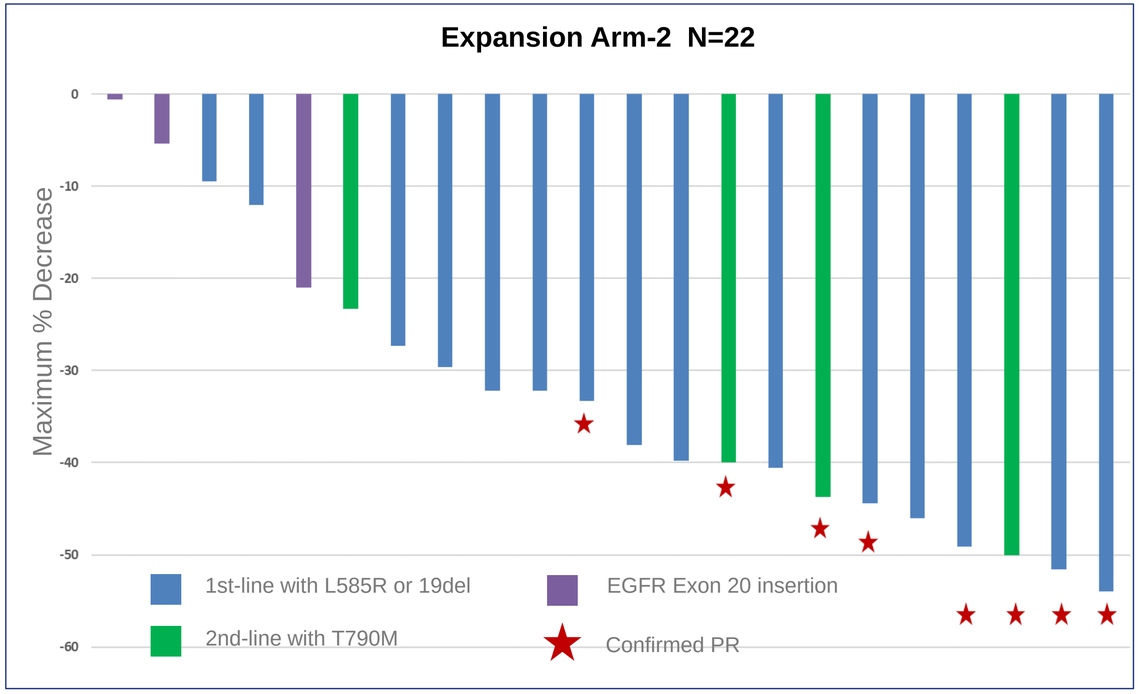
- Potentially the best-in-class Bcl-2/Bcl-xL inhibitor with novel combination in solid and hematological malignancies
- Entered 2 combination trials
  - A Phase Ib study of APG-1252 plus Osimertinib in patients with NSCLC in China
  - A Phase Ib/II study of APG-1252 plus Ruxolitinib in patients with myelofibrosis in the United States
- A total of 183 patients have been treated with APG-1252
- Granted ODD for the treatment of SCLC in Sep 2020

Source: Li Zhang et al.(2021), Phase 1b Study of Pelcitoclax (APG-1252) in Combination With Osimertinib in Patients With EGFR TKI-Resistant NSCLC , 2021 World Conference on Lung Cancer (WCLC)

Efficacy

Best response, n (%)	Dose determination 240mg (n=6)	Dose determination 160mg (n=5)	Expansion Arm-1 (n=20)	Expansion Arm-2 (n=22)
Partial response (unconfirmed)	0 (0.0)	1 (20.0)	3 (15.0)	13 (59.1)
Partial response (confirmed)	0 (0.0)	0 (0.0)	1 (5.0)	8 (36.4)
Stable disease	5 (83.3)	2 (40.0)	13 (65.0)	8 (36.4)
Progressive disease	1 (16.7)	2 (40.0)	4 (20.0)	1 (6.3)
DCR	5 (83.3)	3 (60.0)	16 (80.0)	21 (95.5)





- In dose-escalation: 1 PR in 11 evaluable TKI resistant patients
- In arm 1 of dose-expansion phase: 3 PRs and 13 SDs in 20 evaluable patients with ORR of 15% and DCR of 80%
- In arm 2 of dose-expansion phase, 13 PRs and 8 SDs in 22 evaluable patients, including 3 patients harboring EGFR Exon 20 insertion with ORR of 59.1% and DCR of 95.5%.

Data cut-off: 2021-06-24

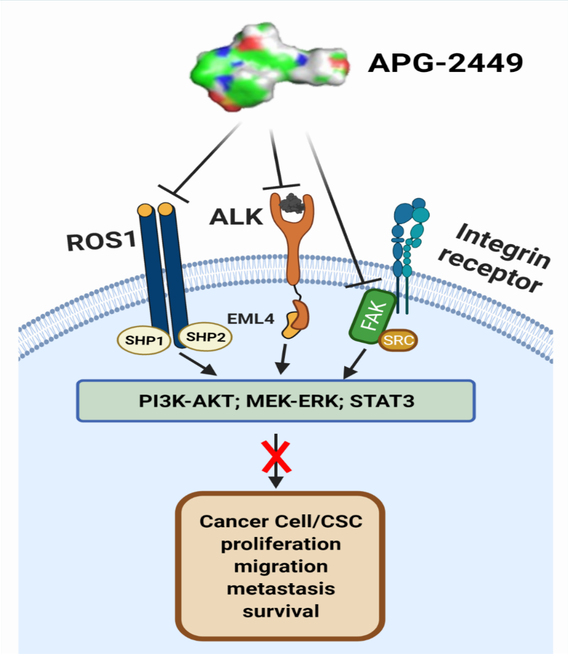
Source: Li Zhang et al.(2021), Phase 1b Study of Pelcitoclax (APG-1252) in Combination With Osimertinib in Patients With EGFR TKI-Resistant NSCLC , 2021 World Conference on Lung Cancer (WCLC)

Highlights of APG-1252 NSCLC Study

- Combination treatment with APG-1252 and osimertinib at RP2D was safe and feasible.
- Preliminary synergy and efficacy of both APG-1252 and osimertinib were also observed in some patients with EGFR TKI osimertinib-resistant and naïve NSCLC.
- In treatment-naive and second-line patients with the *EGFR* T790M mutation or Exon 20 insertion, APG-1252 showed similar efficacy compared with navitoclax when combined with osimertinib
- No significant difference in PK profiles of APG-1252 and osimertinib observed in combination treatment when compared to monotherapy.

APG-2449

ALK/FAK/ROS1



Milestones & Clinical Developments

- APG-2449 is a next-generation novel potent kinase inhibitor with multiple targets including FAK, ALK and ROS1 proteins
- APG-2449 demonstrated effectiveness in multi-tumor type models as monotherapy or in combination with other agents in pre-clinical studies
- Ph I study is ongoing in China with 7 dose levels investigated, 54 patients with NSCLC and other solid tumors have been dosed as of Aug 2021.
- APG-2449 is efficacious for treatment of first and second generation ALK inhibitors failed and naïve ALK positive NSCLC patients.

Pre-Clinical Assets

-EED Selective -APG-5918

-MDM2-p53 Degrader –APG-265

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

IP Portfolio for Key Clinical Assets

Key Clinical Assets	Estimated Patent Expired Year
HQP1351	2035-2041*
APG-2575	2037-2041*
APG-115	2035-2041*
APG-1387	2033-2041*
APG-1252	2034-2041*

*including composition, process, formulation, combination, use, new indication etc；(issued or pending)

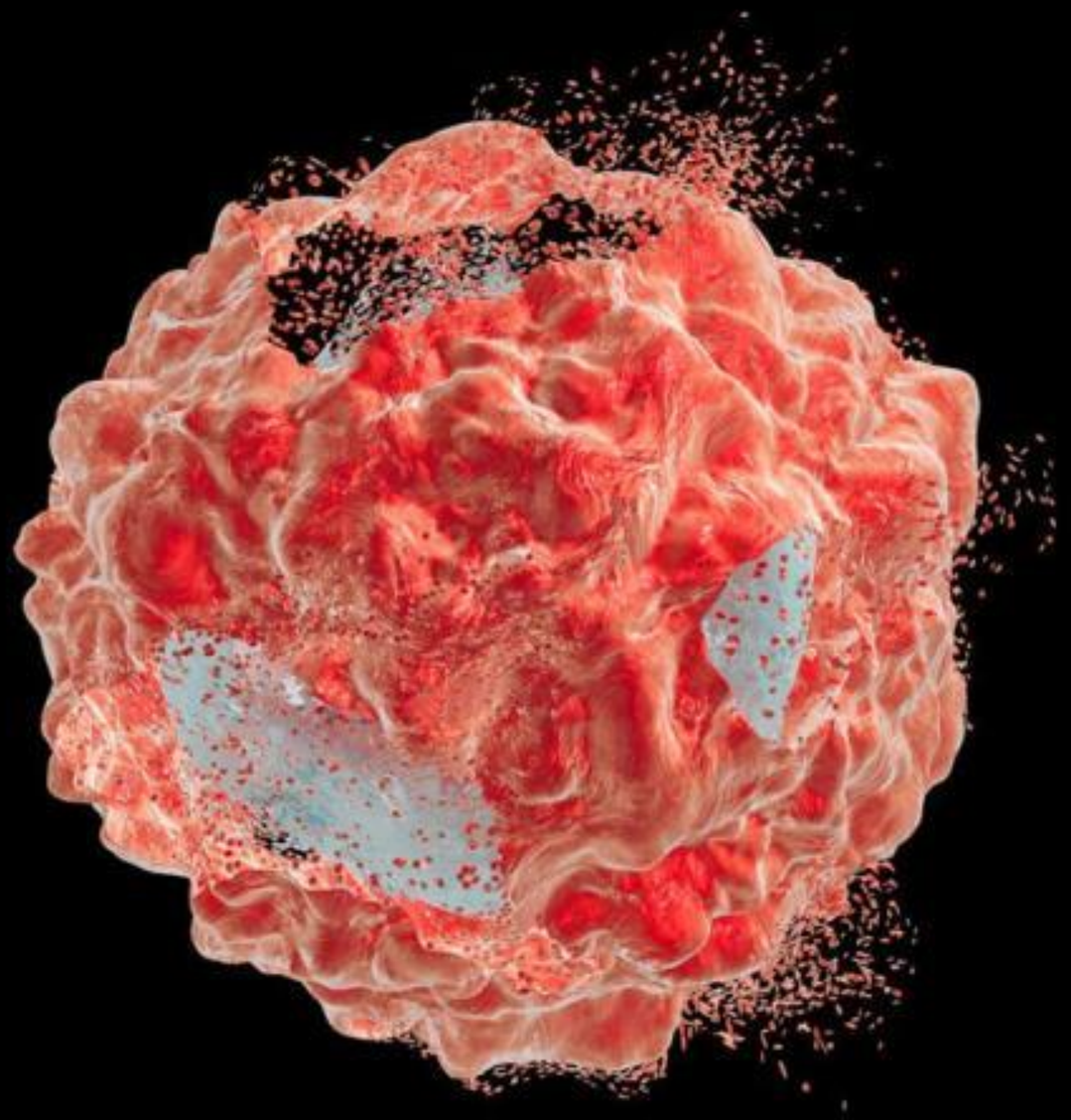
Source: Company data Note: All data as of December 31, 2021

Investment Highlights

To discovery and development of innovative first- and best-in-class therapies to address unmet medical needs globally.

To become a fully integrated globally-focused biotechnology company.

1. Global leader in apoptosis targeting therapy with commercial stage product
2. Product pipeline with the first- and/or best-in-class potential
3. Strong global intellectual property portfolio and compelling combination opportunities
4. Experienced executive management team and talents
5. Global collaboration with leading companies and institutions



Ascentage Pharma Group

Advancing Therapies That Restore Apoptosis