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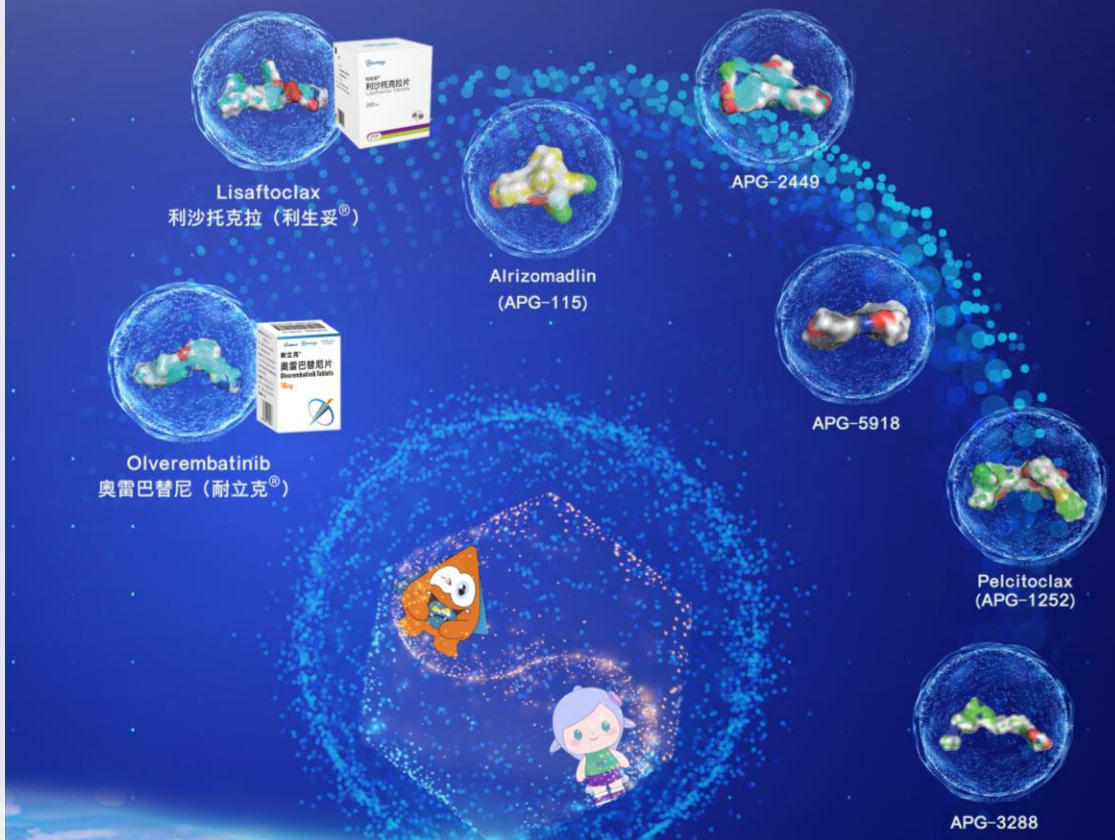
Ascentage

2025 Full Year Financial Results and Corporate Update



March 2026

Cautionary Note Regarding Forward-Looking Statements

This presentation has been prepared by Ascentage Pharma Group International (the "Company") and includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 and Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. All statements, other than statements of historical facts, contained in this presentation may be forward-looking statements, including statements that express the Company's opinions, expectations, beliefs, plans, objectives, assumptions or projections regarding future events or future results of operations or financial condition. These forward-looking statements are subject to a number of risks and uncertainties that may cause actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. For factors that could cause actual results to differ materially from the forward-looking statements in this presentation, please see the sections titled "Risk factors" and "Special note regarding forward-looking statements and industry data" in the Company's Form 20-F filed with the SEC on April 16, 2025, and other filings with the SEC that the Company makes from time to time, and with respect to non-U.S. investors only, the sections headed "Forward-looking Statements" and "Risk Factors" in the prospectus of the Company for its Hong Kong initial public offering dated October 16, 2019 and other filings with the SEC and/or The Stock Exchange of Hong Kong Limited that the Company makes from time to time. The forward-looking statements contained in this presentation do not constitute profit forecast by the Company's management.

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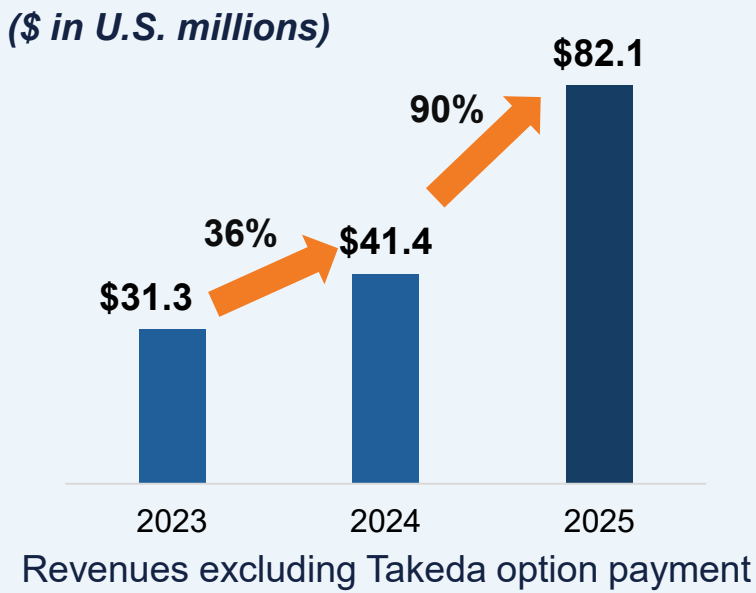
AGENDA

1. Business Update
2. R&D Highlights
3. Financial Results
4. Q&A

1 Business Update

2025 was a Breakout Year for Ascentage



Revenues excluding Takeda option payment

2025 year-end cash balance

US$353.2 million

Cash runway through 2027

- **First dual-listed biopharmaceutical company on Nasdaq following a HKEX Listing**
- **Successfully raised approximately US$322.6 million through IPO and follow-on offerings**
- **90% YoY total revenue growth (ex. Takeda option payment)**
- **Established a fully functional, large-scale, and fast growing commercial team**
- **On path to be a premier global commercial hematology oncology company**

For CER growth rates, used following USD / RMB exch. rates: 6.9931 for 2025, 7.2993 for 2024, 7.0999 for 2023

2025 Major R&D Achievements

Lisaftoclax approval as a global first single-agent Bcl-2 inhibitor after BTK treatment in CLL

GLORA-4 Phase III registrational trial received clearance globally, including FDA, EMA and CDE

- Truly unique opportunity; only global phase-III registrational study in HR-MDS

POLARIS-1 Phase III registrational trial received clearance globally, including FDA, EMA and CDE

- Part 1 data reported at ASH demonstrating strong 64% MRD-negative CR rate in first-line Ph+ALL

Olverembatinib granted Breakthrough Therapy Designation for first-line treatment of Ph+ ALL by CDE

FDA and CDE IND clearance for BTK protein degrader APG-3288

Both Lisaftoclax and Olverembatinib entered in 2025 CSCO Guidelines

Multiple oral presentations at ASCO and ASH 2025

Continuing to Lead Global Innovation

70+ data updates at international congresses and publications

12 presentations
Oral report on Lisaftoclax registrational trial for R/R CLL/SLL
Data release on Olverembatinib, Lisaftoclax, APG-5918

5 presentations
Data release on Olverembatinib+ Lisaftoclax, APG-2449, APG-5918, AS03157

2 presentations
Oral report on Lisaftoclax+AZA in TN or prior ven-exposed myeloid malignancies, data release on APG-115

13 presentations
Data release on Olverembatinib, Lisaftoclax, APG-5918

4 presentations
Data release on Olverembatinib, Lisaftoclax

Other Congresses:
ESH John Goldman
SOHO, Blood

World-Class Innovative, Highly De-Risked Late-Stage Pipeline

Compound	Target	Indication	Dose Escalation/ Dose Expansion	Clinical POC	Registrational Trial	Marketed
Olverembatinib (HQP1351)	BCR-ABL	CML[1, 2] CML, Ph+ ALL , SDH-deficient GIST				
Lisaftoclax (APG-2575)	Bcl-2 Selective	CLL/SLL[3] CLL/SLL, AML, MDS, MM				
APG-2449	FAK/ALK/ ROS1	NSCLC Ovarian cancer				
Alrizomadlin (APG-115)	MDM2-p53	ACC, MPNST, AML/MDS, pediatric solid tumors				
Pelcitoclax (APG-1252)	Bcl-2/Bcl-xL	NSCLC, SCLC, neuroendocrine tumors, NHL				
APG-5918	PRC2 Inhibitor	anemia, oncology				
APG-3288	BTK Degrader	B-cell lymphoma				

1. Approved in November 2021 in China for the treatment of adult patients with TKI-resistant CML-CP and CML-AP harboring the T315I mutation, has been included into the China 2022 NRDL effective March 1, 2023.
2. Approved in November 2023 in China for the treatment of adult patients with CML-CP resistant and / or intolerant first and second generation TKIs, has been included into the China 2024 NRDL effective January 1, 2025.
3. In July 2025, Lisaftoclax was approved by NMPA in China for the treatment of adult patients with CLL/SLL who have previously received at least one systemic therapy, including BTK inhibitors.

Building Large Commercial Scale Driven by “Dual-Engine” Strategy

耐立克®
奥雷巴替尼 olverembatinib

Olverembatinib
3rd Gen BCR-ABL inhibitor

利生妥®
利 沙 托 克 拉

Lisaftoclax
Bcl-2 Selective inhibitor

Advance commercialization growth driven by a “Dual-Engine” Strategy

Increase penetration in leukemia and lymphoma markets

Expanding sales force
Global positioning & branding

Science and data-driven sales strategy

2025 Commercial Achievements

270+	1500+	800+
Commercial team	Hospitals covered	Pharmacies

Olverembatinib: Continued Strong Sales Momentum

2025 full-year sales:

US$62.2 M **81%** YoY growth

- **Driven by full NRDL listing implementation**
- **Driven by strong Tier-1 hospital penetration**
- **Achieving broad patient access**
- **Gaining market share over established TKIs for CML**
- **Translating DoT to sustained growth**

>1000
Hospitals covered

825
+12%
DTP pharmacies and formulary hospitals

355
+37%
Hospitals with formulary access

Abbreviation: Tyrosine Kinase Inhibitors(TKIs); Chronic Myeloid Leukemia (CML)
Company data

Lisaftoclax: Strong Launch and Scaling up Commercialization

First 5-month sales:

US$10.1 M

- Aggressively established commercial sales force dedicated to Lisaftoclax
- Seamless go-to-market strategy using national commercial infrastructure
- Continue to rapidly expand sales force and hospital coverage
- Ensure rapid national pharmacy coverage accessibility

> 1300

Hospitals Covered

328

DTP Pharmacies and formulary hospitals

2 R&D Highlights

Lisaftoclax is Actively Advancing its Global Phase III Registrational Trials

Clinical Program	Indication	Dose Escalation/ Dose Expansion	Clinical POC	Registrational Trial	Marketed
Pivotal Ph-II	CLL/SLL[1]	**Single-agent**			**Approved in China 2025** 
GLORA	CLL/SLL sub-optimal BTKi response (Add-on)	**+ BTK Inhibitor**	**FDA, EMA, and CDE cleared**	Global Phase III Registrational Trial	
GLORA-2	First-Line CLL/SLL	**+ acalabrutinib**	**EMA and CDE cleared**	Multinational Phase III Registrational Trial	
GLORA-3	First-Line Elderly and Unfit AML	**+ AZA (azacitidine)**	**EMA and CDE cleared**	Multinational Phase III Registrational Trial	
GLORA-4	First-Line HR-MDS	**+ azacitidine**	**FDA, EMA, and CDE cleared**	Global Phase III Registrational Trial	

1. In July 2025, Lisaftoclax was approved by NMPA in China for the treatment of adult patients with CLL/SLL who have previously received at least one systemic therapy including BTK inhibitors.

Single Agent Shows Deep/Durable Response in BTKi failed R/R CLL/SLL

Phase II registrational study in patients with much poorer baseline characteristics:

- 100% R/R to both BTKi's and CD20 mAb-based R/R CLL
- 43% CK
- 27% high CK

Efficacy Assessment	
ORR	**62.5%** (45/72)
MRD in PB assessment	
MRD	**21.8%** (12/55)
MRD in BM assessment	
MRD	**54.5%** (6/11)
mPFS, mo. (95% CI)	**23.89** (13.01-NR)

Grade≥ 3 TRAEs (>5% incidence), n = 77	
	Lisaftoclax 600 mg
Any grade ≥ 3 TRAE, n (%)	41 (53.2)
Preferred term, n (%)	
Neutrophil count decreased	21 (27.3)
Platelet count decreased	13 (16.9)
Anemia	7 (9.1)
Leukocyte count decreased	6 (7.8)

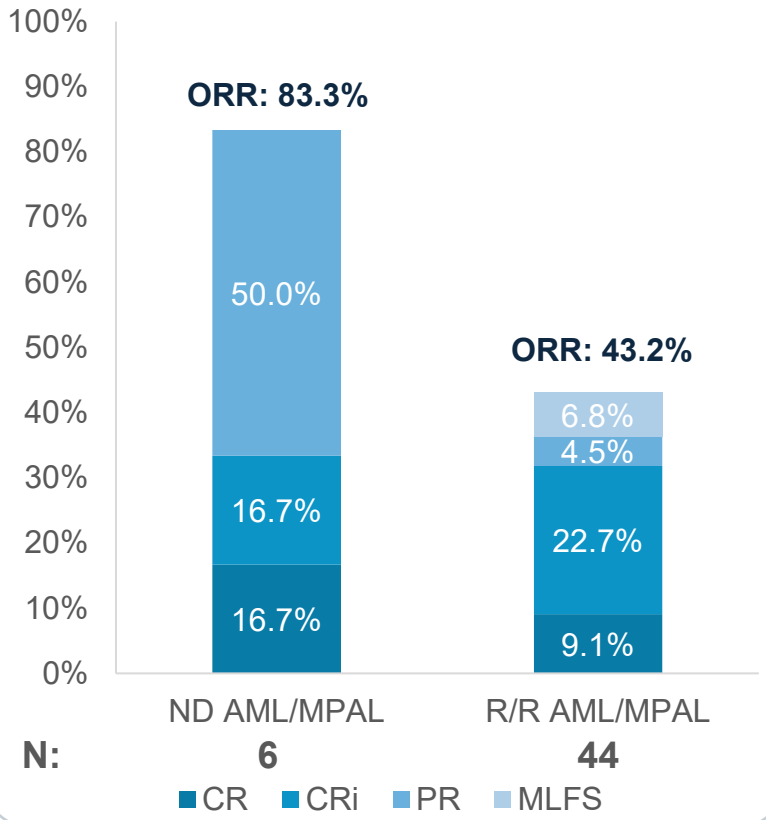
ASH 2025 Abstract. Zhou K, et al. Lisaftoclax monotherapy for BTKi-failed R/R CLL/SLL (APG2575CC201)[P]. 67th ASH Annu Meet, 2025. NCT05147467.
Company data cutoff as of July 25, 2025

Strong Clinical Activity in AML and MDS, Including Venetoclax Failed AML

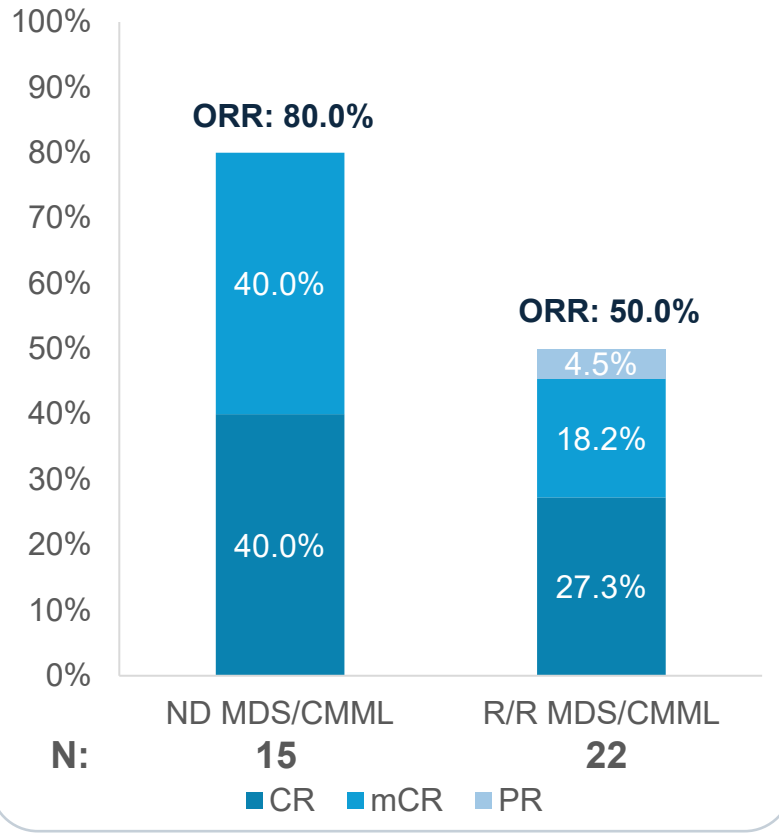
Potential to overcome Venetoclax resistance in AML and HR-MDS

103 patients were treated with Lisaftoclax (200/400/600/800 mg) combined with AZA

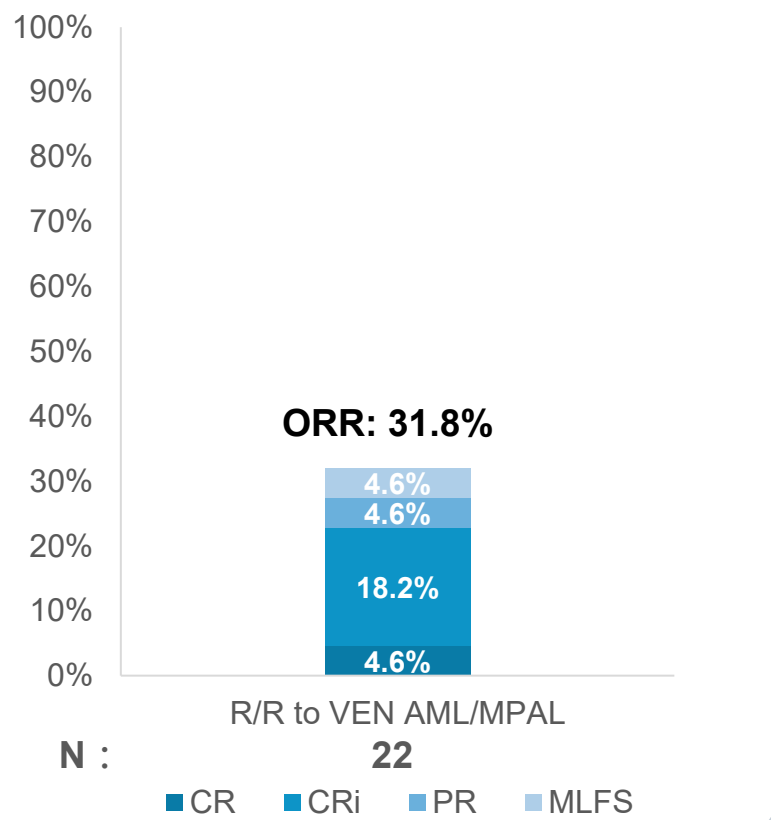
ORR in AML/MPAL



ORR in MDS/CMML



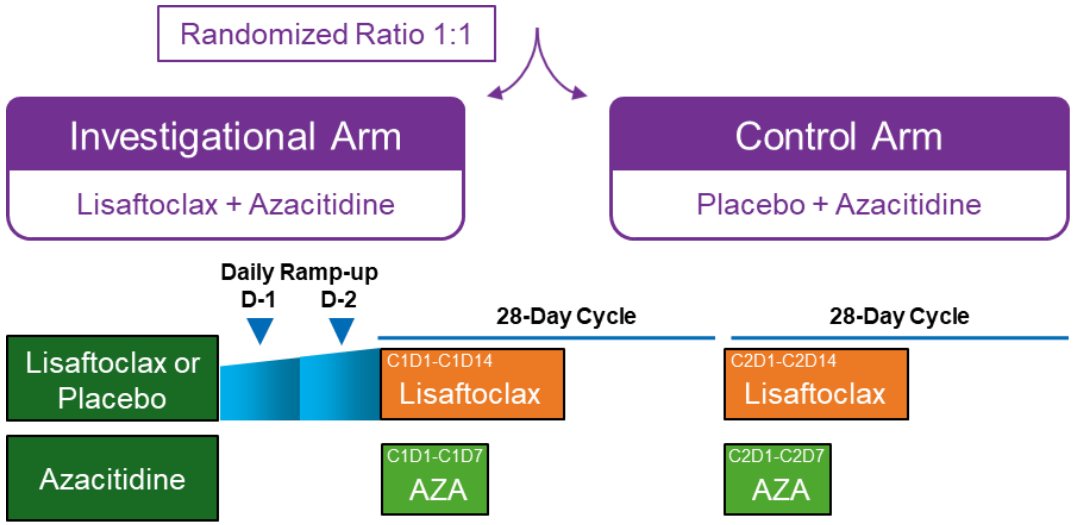
ORR in Venetoclax Exposed AML/MPAL



ASH 2025 Abstract. Kadia T, et al. Lisaftoclax + azacitidine for myeloid malignancies (APG2575AU101)[P]. 67th ASH Annu Meet, 2025. Poster No.: 1641. NCT04964518.
Company data cutoff as of July 01, 2025 and enrolled 103 patients.
MLFS, Morphologic leukemia-free state

GLORA-4 Global Phase III Registration Trial: 1L HR MDS cleared by FDA, EMA and CDE

Global, Multicenter, Double-blind, Randomized, Registrational Phase 3 Study of Lisaftoclax in Combination With AZA (NCT-06641414)



Global Co-Leading PIs

Dr. Guillermo Garcia-Manero, MD

Chair, Department of Leukemia
The University of Texas MD Anderson Cancer Center (MDACC)
Leader of the MDS/AML Moon Shot Program, MDACC

Prof. Xiaojun Huang, MD

Chair, Department of Hematology
Peking University People's Hospital
Director, Institute of Hematology at Peking University

- ✓ **Cleared by FDA, EMA and CDE**
- ✓ **Actively enrolling patients** in U.S., Europe, China and ROW
- ✓ If successful, Lisaftoclax may become the world's first Bcl-2 inhibitor for the treatment of 1L HR MDS
- ✓ Large global unmet medical need:
  - -No targeted therapy approved
  - -HMAs[1] only yield an ORR of 30-40% and CR of 10-17% in 1L patients[2]
  - -5-year survival rates for HR patients at 16-24%[3]

Company data, clinicaltrials.gov
1 hypomethylating agents; 2 Fenaux P, et al. Azacitidine prolongs survival in higher-risk MDS. Lancet Oncol. 2009;10(3):223-232. doi:10.1016/S1470-2045(09)70003-8; 3 Fenaux P, Mufti GJ, Hellstrom-Lindberg E, et al. International Vidaza High-Risk MDS Survival Study Group. Efficacy of azacitidine compared with that of conventional care regimens in the treatment of higher-risk myelodysplastic syndromes: a randomised, open-label, phase III study. Lancet Oncol. 2009 Mar;10(3):223-32. doi: 10.1016/S1470-2045(09)70003-8.

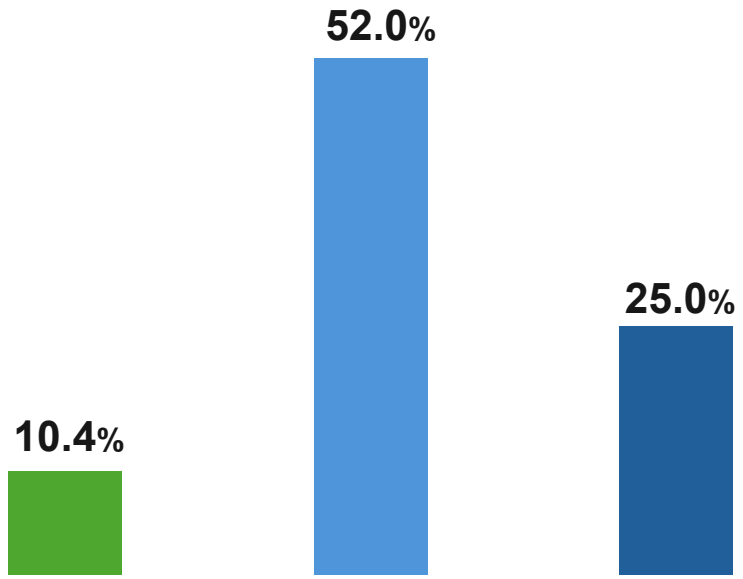
Lower Rates of SAE and Infection, No AE-Related Deaths

■ Lisaftoclax
CC201
R/R CLL/SLL

■ Venetoclax
M14-728
R/R del(17p) CLL/SLL

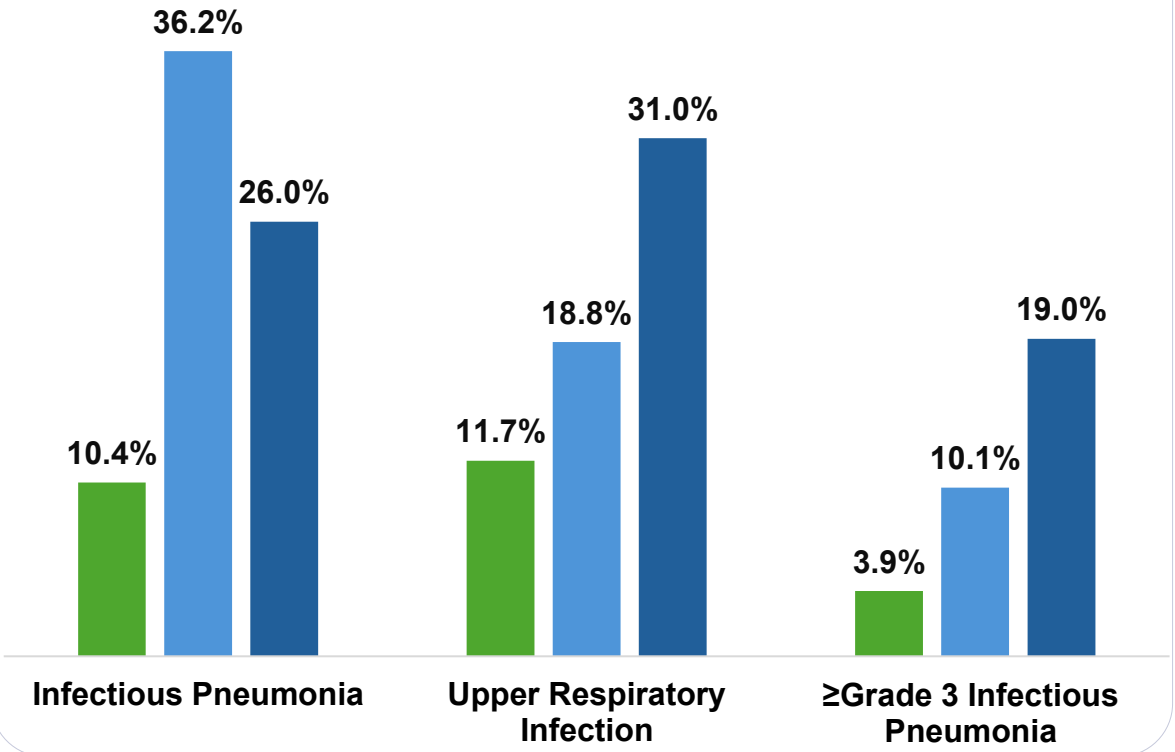
■ Sonrotoclax
BGB-11417-202
R/R CLL/SLL2

SAE Incidence in registration studies



- 2 deaths attributed to TRAE in Sonrotoclax study due to infectious pneumonia
- No deaths reported in Lisaftoclax study

Infection rate comparison



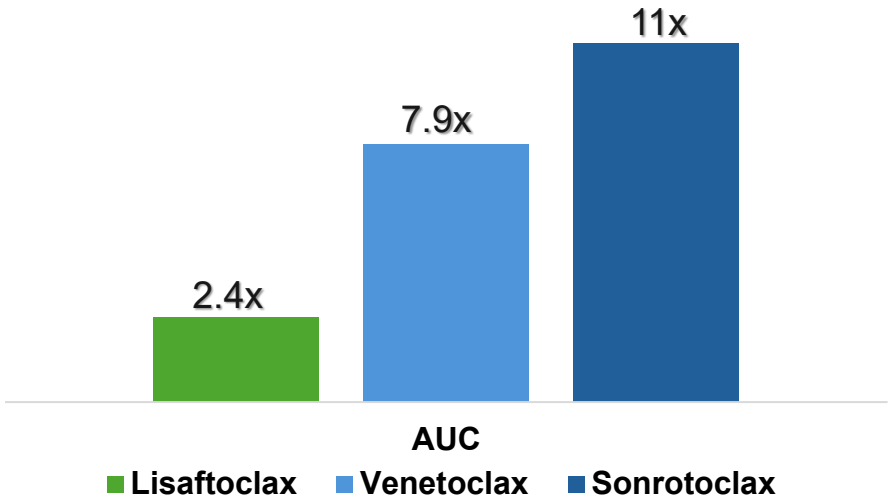
From Prescribing Information for Lisaftoclax, Sonrotoclax and Venetoclax

Lisaftoclax Has Better Drug Combinability

CLL/SLL patients are often elderly and immunocompromised, with frequent fungal infections

Commonly used antifungals are strong CYP3A4 inhibitors and does not affect Lisaftoclax PK

PK variability in combination with strong CYP3A4 inhibitors



- Strong CYP3A inhibitors contraindicated with Venetoclax and Sonrotoclax
- Lisaftoclax shows minimal fluctuation in plasma concentration when combined with strong CYP3A4 inhibitors

Lisaftoclax is safe in combination with P-gp or BCRP substrates and inhibitors

	Lisaftoclax	Venetoclax	Sonrotoclax
P-gp or BCRP substrates	**NO**	**YES**	**YES**
Combination	**No dose adjustment required**	**Dose reduction by at least 50%**	**Dose adjustment required**

- Some BTKi's are P-gp inhibitors, potentially causing DDI issues
- Unlike Venetoclax and Sonrotoclax, Lisaftoclax does not have any DDI issues with BTKi's inhibitors

From Prescribing Information for Lisaftoclax, Sonrotoclax and Venetoclax

Olverembatinib is Actively Advancing in Global Phase III Registrational Trials

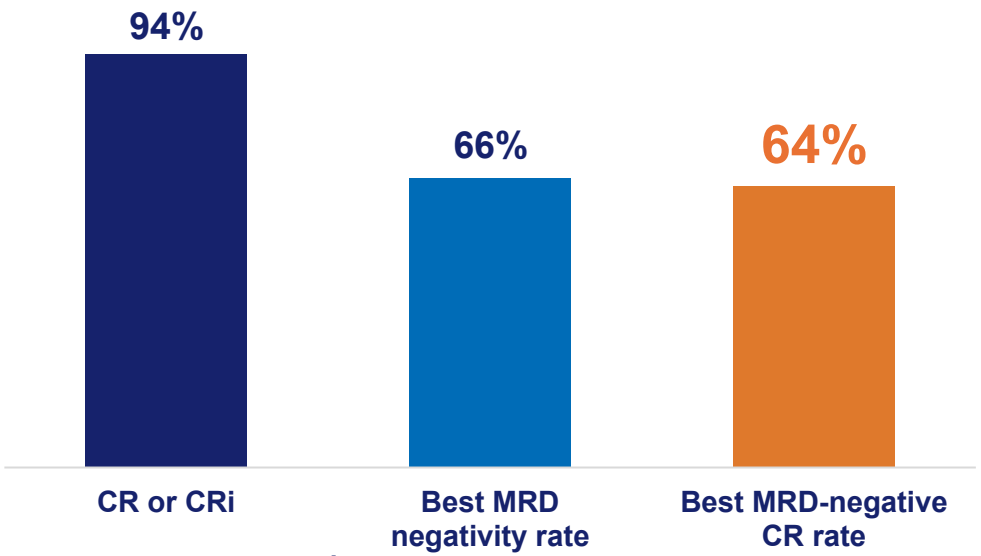
Clinical Program	Indication	Dose Escalation/ Dose Expansion	Clinical POC	Registrational Trial	Marketed
Pivotal Ph-II	CML-CP with/without *T315I* Mutation; CML-AP with *T315I* Mutation[1, 2]	Single-agent	Full approval and full coverage by NRDL		Marketed in China since 2021 
POLARIS-2	CML	Single-agent	FDA, EMA, CDE, and PMDA cleared	Global Phase III Registrational Trial	
POLARIS-1	First-line Ph+ ALL	+ Chemo	FDA, EMA, and CDE(w/ BTD) cleared	Global Phase III Registrational Trial	
POLARIS-3	SDH-deficient GIST	Single-agent	CDE cleared	Multinational Phase III Registrational Trial	

1. Approved in November 2021 in China for the treatment of adult patients with TKI-resistant CML-CP and CML-AP harboring the T315I mutation, has been included into the China 2022 NRDL effective March 1, 2023.
2. Approved in November 2023 in China for the treatment of adult patients with CML-CP resistant and or intolerant first and second generation TKIs, has been included into the China 2024 NRDL effective January 1, 2025.

POLARIS-1 Global Phase III Part 1 Results
Olverembatinib + Low-intensity Chemotherapy in first-line Ph+ ALL

Primary Endpoint: MRD Negativity CR Rate[1] by End of Three Cycles of Induction Therapy

53 evaluable patients



- 10 patients had IKZF1^{plus} genotype and 9 achieved MRD-negativity
- MRD-negative CR rate: 64.2%
- Surpasses Ponatinib's 34.4% MRD-negative CR rate from PhALLCON Trial

Olverembatinib in combination with low-intensity chemotherapy was well tolerated

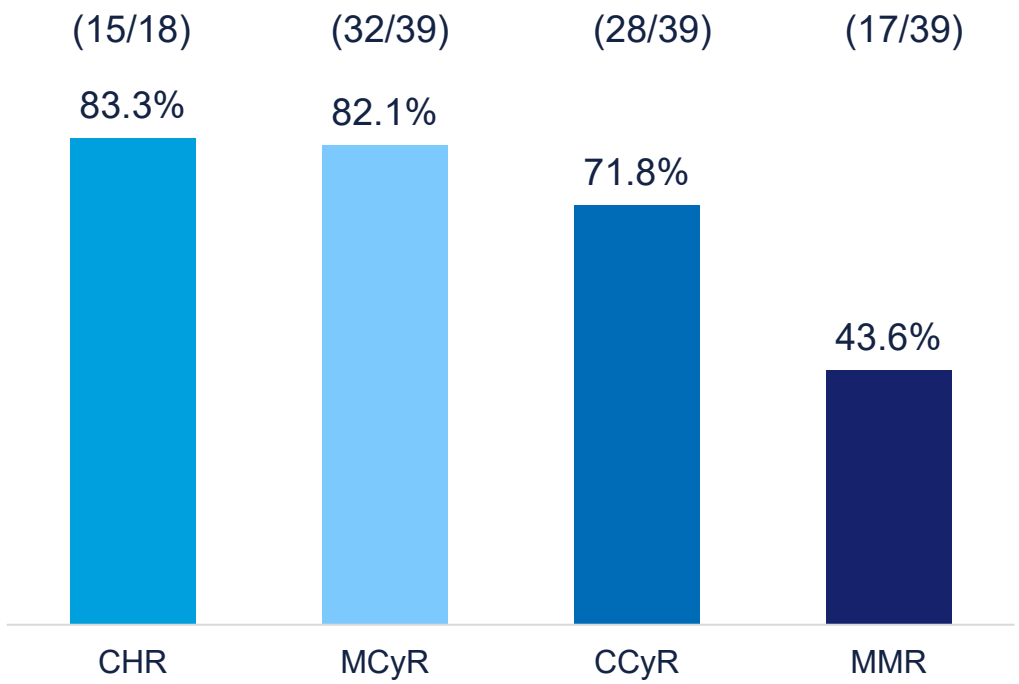
Summary of TEAEs	Overall (n = 55)
Any TEAE, n (%)	54 (98.2)
Grade ≥ 3 TEAE	48 (87.3)
Any SAE	34 (61.8)
Any TEAE leading to discontinuation	7 (12.7)
Any TEAE leading to death	2 (3.6)
Any TRAE, n (%)	43 (78.2)
Grade ≥ 3 TRAE	22 (40.0)
Any SAR	9 (16.4)

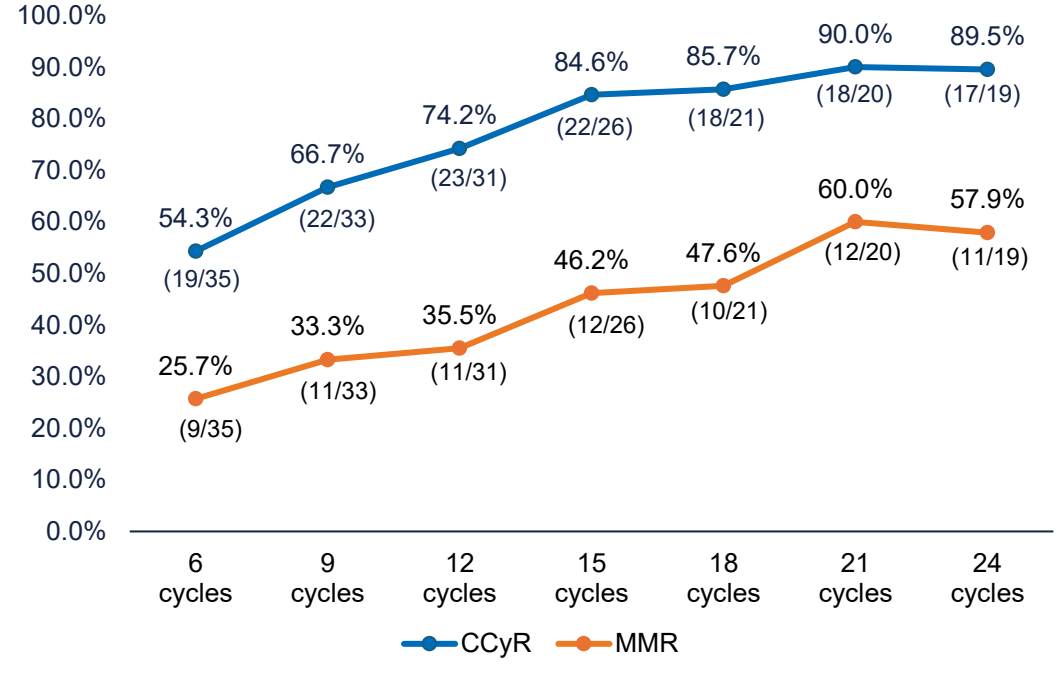
ASH 2025 Abstract. Chen S, et al. Olverembatinib + low-intensity chemo for ND Ph+ ALL (POLARIS-1)[P]. 67th ASH Annu Meet, 2025. Poster No.: 1574. NCT06051409.
Company data as of July 18, 2025
1. BCR-ABL/ABL1 ≤ 0.01% by qPCR

Olverembatinib: Viable 2L Treatment for CML-CP

Multicenter, open-label study in China for adult CML-CP resistant and/or intolerant to 1L TKIs

72% CCyR and 44% MMR in efficacy-evaluable patients, increasing response over time





ASH 2025 Abstract. Li W, et al. Olverembatinib as 2L therapy for CP-CML: Updated efficacy & safety[P]. 67th ASH Annu Meet, 2025. Poster No.: 3782. ChiCTR2200061655. Company data as of July 24, 2025.

Deep Remission, Improvement in Allo-HSCT Outcomes in Blast Crisis

64 patients enrolled with BC-CML, including with cytogenetic abnormalities and complex karyotypes[1]

Received 1/2G TKIs or Olverembatinib pre-transplant

	1/2G-TKI[2] (N=42)	Olverembatinib (N=21)
Pre-transplantation treatment responses		
Hematologic remission rates	81%	**100%**
CCyR rate	55.8%	**76.2%**
Molecular remission at transplantation		
MMR	16.3%	**61.9%**
CMR	4.7%	**23.9%**
Survival outcomes		
2-year OS	57.2%	**87.1%**
2-year PFS	52.6%	**75.8%**
Non-relapse mortality	34.0%	**12.9%**
Relapse incidence	19.3%	**12.5%**

Conclusions

- **Real-world analysis and first clinical evidence of clinical benefit and tolerability**
- **Enhances treatment responses and molecular remission**
- **Improved survival and reduced non-relapse mortality**
- **Demonstrating combination with Asciminib leading to BP to CP conversion[3]**

ASH 2025 Abstract.

1. Olverembatinib-mediated deep remission improves allogeneic stem cell transplantation outcomes in patients with blast crisis chronic myeloid leukemia: First real-world practice report. Zhang X, Liu B, Zhai W, Ma Q, Yang D, Pang A, et al. 2. Imatinib, Nilotinib, Flumatinib or Dasatinib 3.Cheng F, Li W M. Asciminib combined with Olverembatinib for blast phase chronic myeloid leukemia: Haematologica, 2025; 3. BP= Blast-phase; CP=Chronic Phase

Olverembatinib: Potentially a cornerstone treatment for 1L therapy for Ph+ ALL

Olverembatinib + Lisaftoclax demonstrates promising clinical benefits as a chemotherapy-free regimen for children with R/R Ph+ ALL

	EOM[3]	Two weeks after combination treatment	EOC[4]
Evaluable pts, n (%)	6 (100.0)	6 (100.0)	6 (100.0)
Best response, n (%)			
CR	**0**	**5 (83.3)**	**5 (83.3)**
CRi	2 (33.3)	0	0
PR	2 (33.3)	0	0
NR	2 (33.3)	1 (16.7)	1 (16.7)
ORR[1], n (%)	2 (33.3)	5 (83.3)	5 (83.3)
MRD - negative, n (%)			
Evaluable	7 (100.0)	7 (100.0)	7 (100.0)
Yes[2]	**1 (14.3)**	**4 (57.1)**	**4 (57.1)**

	Grade ≥3	SAE
Any TEAEs (n, %)	6 (60.0)	1(10.0)
Neutropenia	5 (50.0)	0
Leukocyte count decreased	5 (50.0)	0
Thrombocytopenia	3 (30.0)	0
ALT increased	1 (10.0)	0
Anemia	3 (30.0)	0
Liver injury	2 (20.0)	1 (10.0)
Arthralgia	1 (10.0)	0

N=10

83% CR rates, 57% MRD negativity rate without intensive chemotherapy or immunotherapy

Source: Company data presented at 2024 ASH

Note: [1] ORR = CR + CRi; [2] FCM < 0.01% or BCR::ABL1 < 0.001%; [3] end of olverembatinib Monotherapy; [4] end of olverembatinib plus lisaftoclax combination course

Olverembatinib: Efficacy in MLN-FGFR1

Myeloid/lymphoid neoplasms with FGFR1 rearrangement (MLN-FGFR1) are rare hematologic malignancies with a poor prognosis

Two-month and best responses of Olverembatinib in MLN-FGFR1

Pt no.	Sex	Age	Response at 2 months	Best response	alloHSCT	Status	Relapse-free survival, mo.
Pt01	M	33	CR	CMR	YES	Alive	38
Pt02	M	51	CR	CCyR	YES	Alive	28
Pt03	F	81	CRh	CRh	NO	Death(Infection)	3
Pt04	M	45	CR(CCyR)	CMR	YES	Alive	33
Pt05	F	57	PR	CCyR	YES	Death(Infection)	6
Pt06	M	35	CR	CMR	YES	Alive	24
Pt08	F	45	CR(CMR)	CMR	NO	Alive	18
Pt09	F	35	CR	CR	NO	Alive	10
Pt10	F	58	CHR	CHR	NO	Death(PD)	2
Pt11	M	68	CR	CR	NO	Alive	15
Pt12	F	41	PR	CR	NO	Alive	12
Pt13	M	25	PR	CCyR	NO	Death(PD)	6
Pt14	M	45	CR	CCyR	NO	Alive	12
Pt15	F	52	PR	CR	NO	Alive	11
Pt16	F	64	CR	CR	NO	Alive	8
Pt17	F	30	CR(CMR)	CMR	NO	Alive	7
Pt18	F	56	CR	CR	NO	Alive	3

alloHSCT, allogeneic stem cell transplantation; CCyR, complete cytogenetic remission; CMR, complete molecular response; CR, complete remission; F, female; M, male; MLN-*FGFR1*, myeloid/lymphoid neoplasms with *FGFR1* rearrangement; NR, not reached.

At 2 months:

13/17 (76.5%) pts achieved CR/CRh/CHR:

- 1 achieved CCyR
- 2 achieved CMR

Best responses were

- 5 CMR
- 4 CCyR
- 8 CR/CRh/CHR

5 pts underwent allo-HSCT; 3 pts had CMR to date

Follow-up of 8 (2-25) months, 5 pts were alive, with no detected disease

Source: Company data. ASH 2025 Abstract

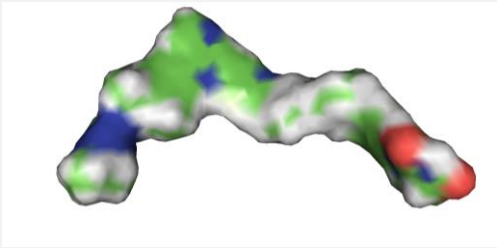
BTK Protein Degrader APG-3288

First Therapeutic Candidate from Proprietary PROTAC Technology Platform

APG-3288

Novel, next-generation, orally active, potent, and highly selective BTK degrader

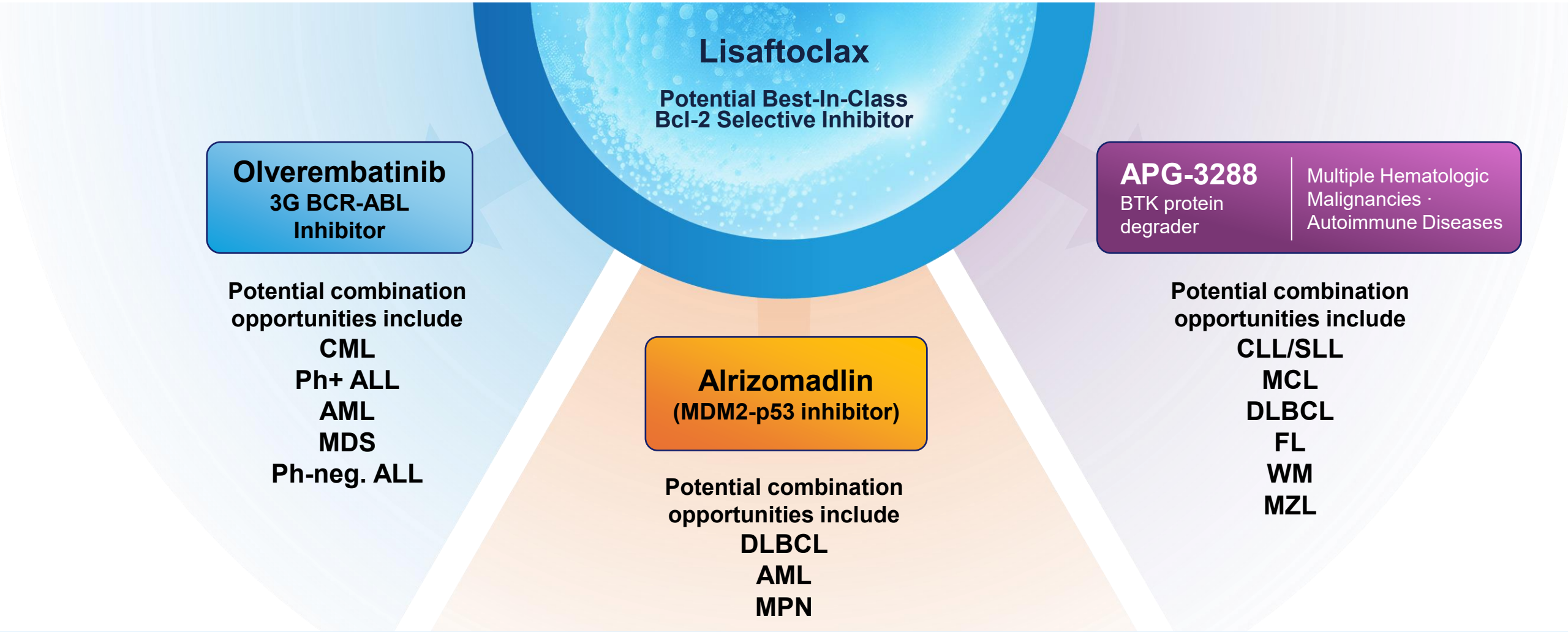
IND clearance from FDA and CDE



- **Designed to overcome resistance to covalent and noncovalent BTKi's**
- **Binds to both wild-type BTK or mutants with high affinity and selectivity**
- **Induces robust and sustained degradation at low nM in multiple B-cell lymphoma cell lines**
- **Initiating a global, multicenter, open-label Phase 1 study in R/R hematological malignancies**

Lisaftoclax - Cornerstone Asset in Hematologic Malignancies

Opportunity For Highly Impactful Therapeutic Synergy



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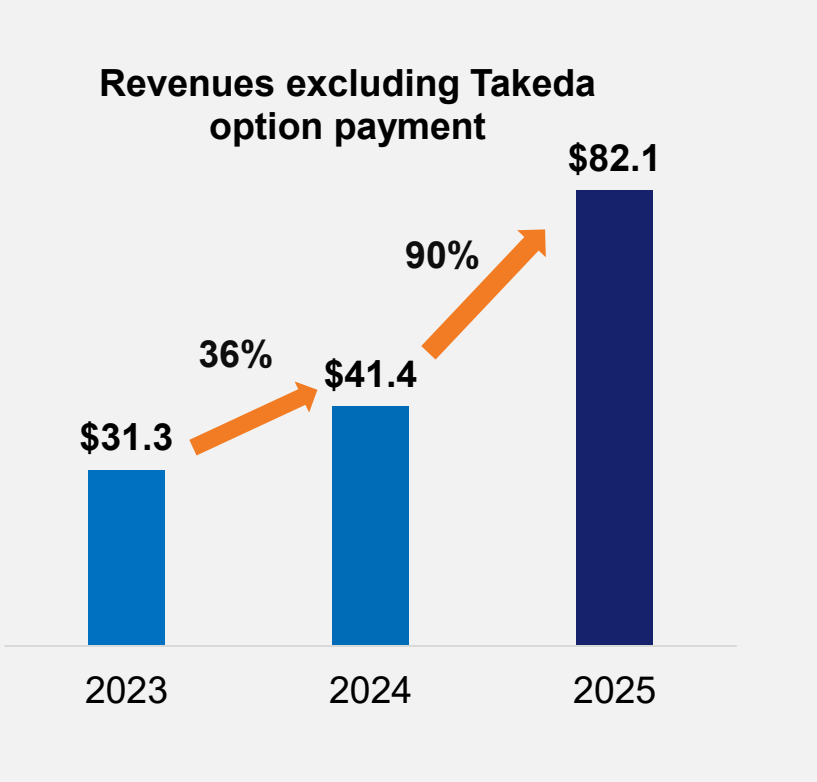
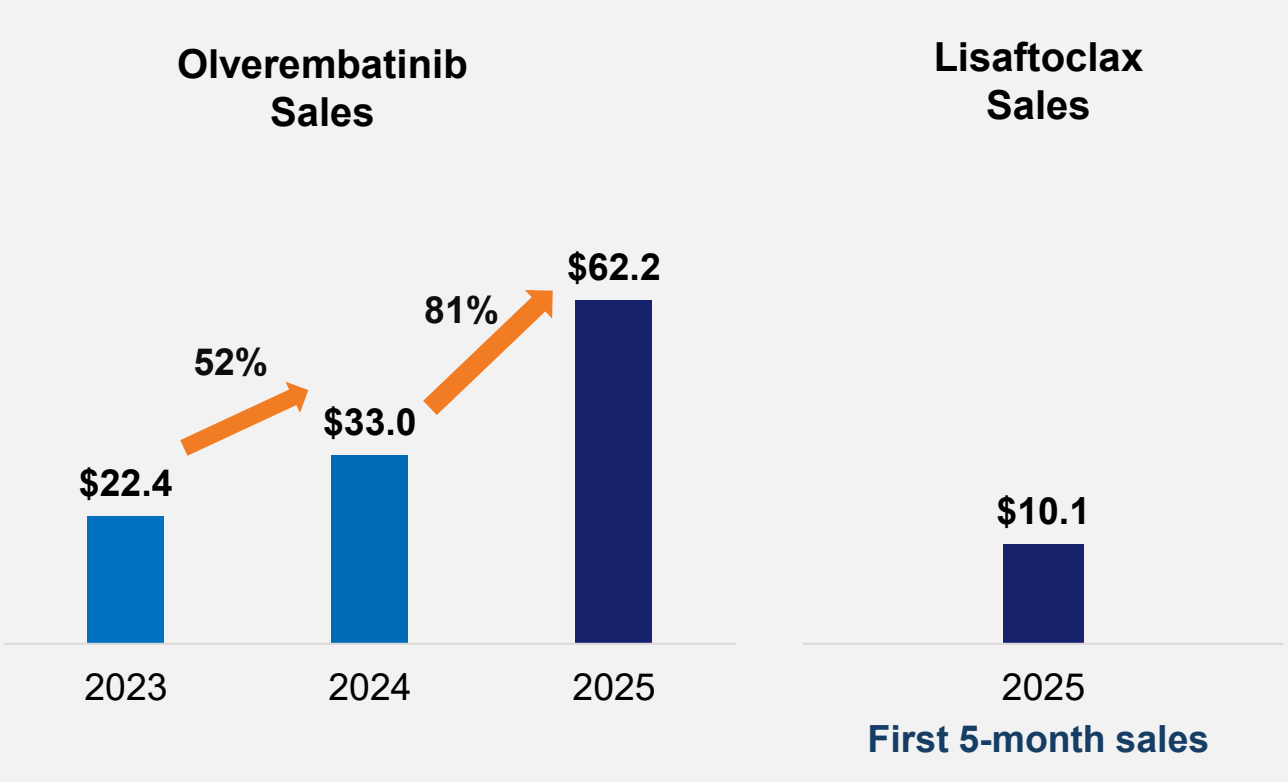
Financial Results

Strong Revenue and Commercial Growth in 2025

($ in U.S. millions)

** Growth in CER*





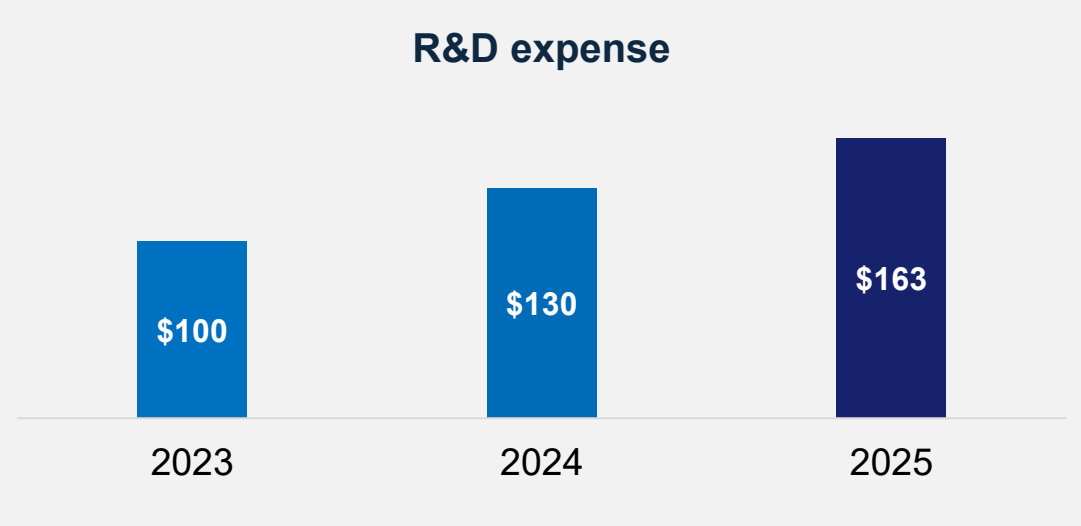
- **Strong revenue growth driven by dual-engine strategy commercialization of Olverembatinib and Lisaftoclax**

- **Robust sales of core products in 2025**
- **81% Olverembatinib sales growth driven by NRDL coverage**

For CER growth rates, used following USD / RMB exch. rates: 6.9931 for 2025, 7.2993 for 2024, 7.0999 for 2023

Expense Management Efficiency Driving Sustainable Growth

($ in U.S. millions)



- **20.1% YoY CER increase in R&D expense tied to advancing ongoing global pivotal studies**

- **Increase in S&D expense in 2025 primarily for sales force expansion for Lisaftoclax commercial launch**

For CER growth rates, used following USD / RMB exch. rates: 6.9931 for 2025, 7.2993 for 2024, 7.0999 for 2023

2025 Reported Consolidated Balance Sheet

($ in U.S. thousands)

	31-Dec-25	31-Dec-24
Assets		
Cash and bank balances	$353,217	$172,785
Prepayments, deposits and other receivables	20,847	15,538
Other current assets	46,947	13,636
Property, plant and equipment	111,715	116,374
Intangible assets	9,429	10,412
Other non-current assets	24,629	29,893
Total assets	**566,784**	**358,638**
Liabilities and shareholders' equity		
Bank and other borrowings	283,096	228,583
Trade payables	15,264	12,599
Other payables and accruals	39,563	35,359
Contract liabilities	35,422	39,174
Deferred tax liabilities	0	735
Deferred income	929	3,767
Other Non-current Liabilities	1,720	860
Total liabilities	**375,994**	**321,078**
Company's shareholders' equity	**189,396**	**36,194**
Non-controlling interests (NCI)	1,394	1,366
Total liabilities and shareholders' equity	**566,784**	**358,638**

- **Raised USD$132.5 million in net proceeds in 2025 Nasdaq IPO**
- **Raised USD$190.1 million in net proceeds in July 2025 follow-on offering**
- **Maintain cash runway through 2027**

USD / RMB exch. rate 6.9931 RMB and 7.2993 RMB for 2025 and 2024, respectively

Clinical Catalysts and Milestones for 2026

Clinical

- Advance enrollment of **GLORA** trial
- Majority enrollment completion of **GLORA-4** trial
- Advance enrollment of **POLARIS-2** trial
- Majority enrollment completion of **POLARIS-1** trial
- BTK Protein Degrader **APG-3288** global Phase 1 PK, safety, tolerability, efficacy data
- Advancement of EED Inhibitor **APG-5918** in oncology and anemia

Commercialization

- **Olverembatinib**

Drive sales growth via established Tier 1 hospitals

- **Lisaftoclax**

- Realize sales inflection from commercial infrastructure investment

- Move towards **NRDL** coverage in China

Key Drivers of a Global Expansion Strategy

Approval of Transformative New Products

- **Olverembatinib**
- **Lisaftoclax**

Potential Best-in-Class

World Class Clinical Execution

- Proven track record of translating clinical development into novel products
- Advancement of best-in-class potential therapeutics in global registrational studies

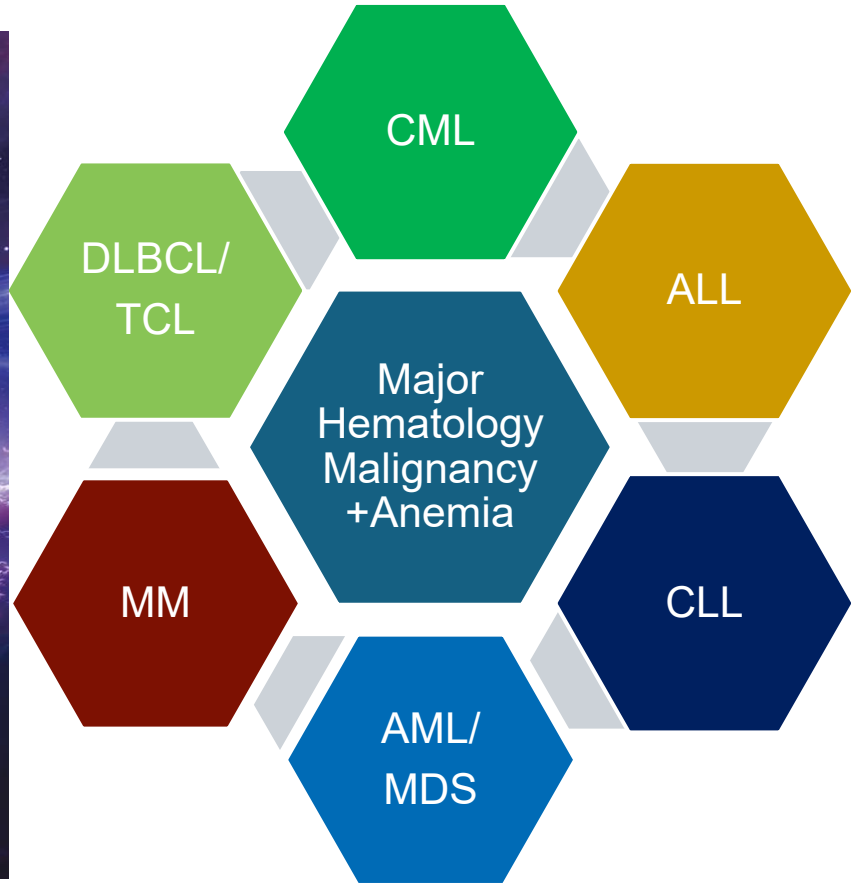
Dedicated Hematology Oncology Sales Force

- Direct sales force addressing multiple major global heme-onc markets
- Rapidly building commercial scale in China
- Upcoming U.S. sales strategy

Pipeline Addressing Global Unmet Needs

- Generate new candidates from proprietary discovery engine
- Opportunistically expand via business development

Patient-Centric Innovation; Global Breakthrough Therapies



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Q&A