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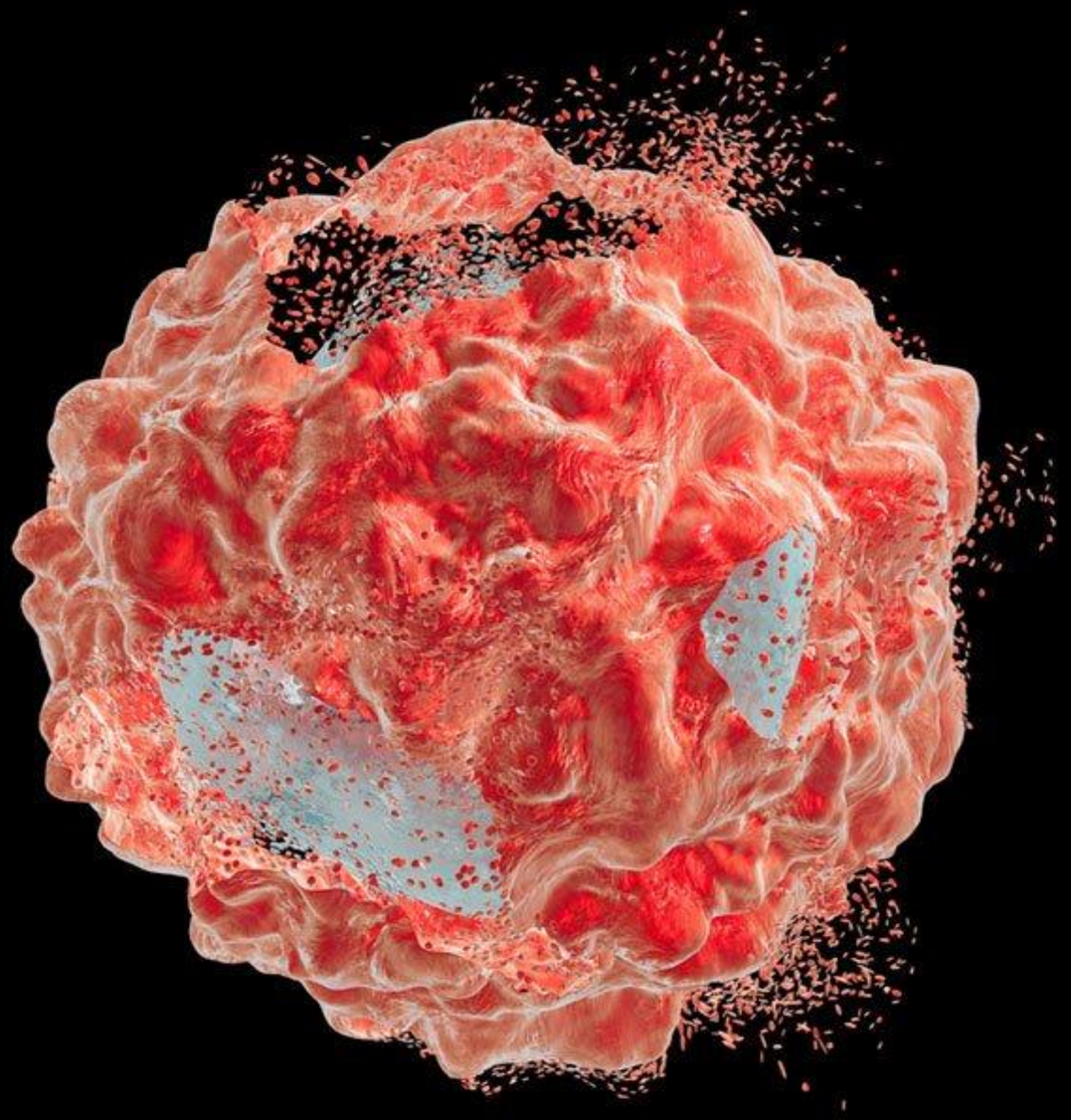
Ascentage Pharma



Ascentage Pharma Group

Advancing Therapies That Restore Apoptosis

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Ascentage: Innovative Science

Proprietary PPI Platform delivering first-and/or best-in-class potential drugs

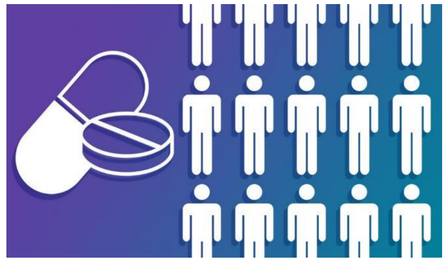
BREAKTHROUGH SCIENCE

80 ISSUED PATENTS

300+ PENDING APPLICATIONS

90+ PUBLICATIONS

STRONG PIPELINE



12 NOVEL COMPOUNDS

24 INDS

40+ CLINICAL TRIALS

10+ INDICATIONS

DEDICATED TEAM

1 VISION: BUILDING A GLOBAL BIOTECH COMPANY

20+ YEARS' COMMITMENT OF EXECUTIVE TEAM

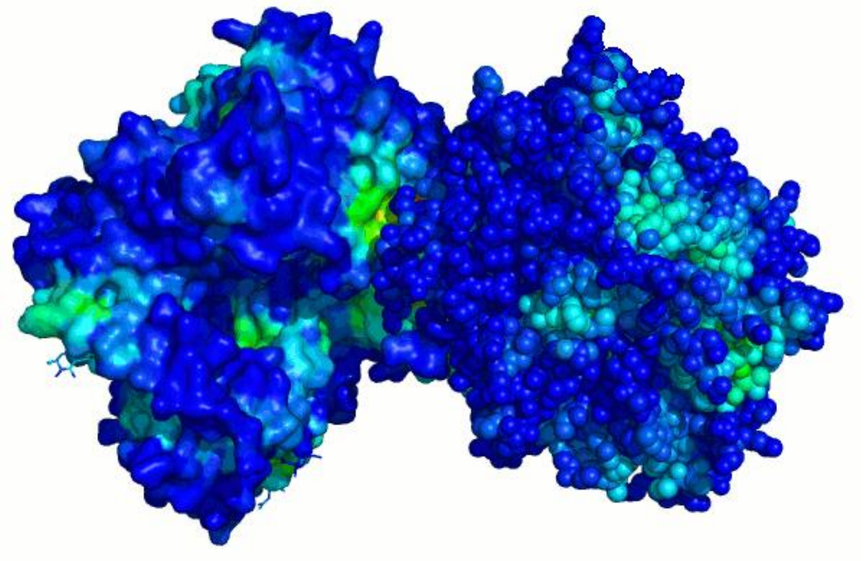
400+ EMPLOYEES

GLOBAL DEVELOPMENT

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

Source: Company data Note: All data as of June 30, 2020

Global Leader Developing Protein-Protein Interactions Drugs



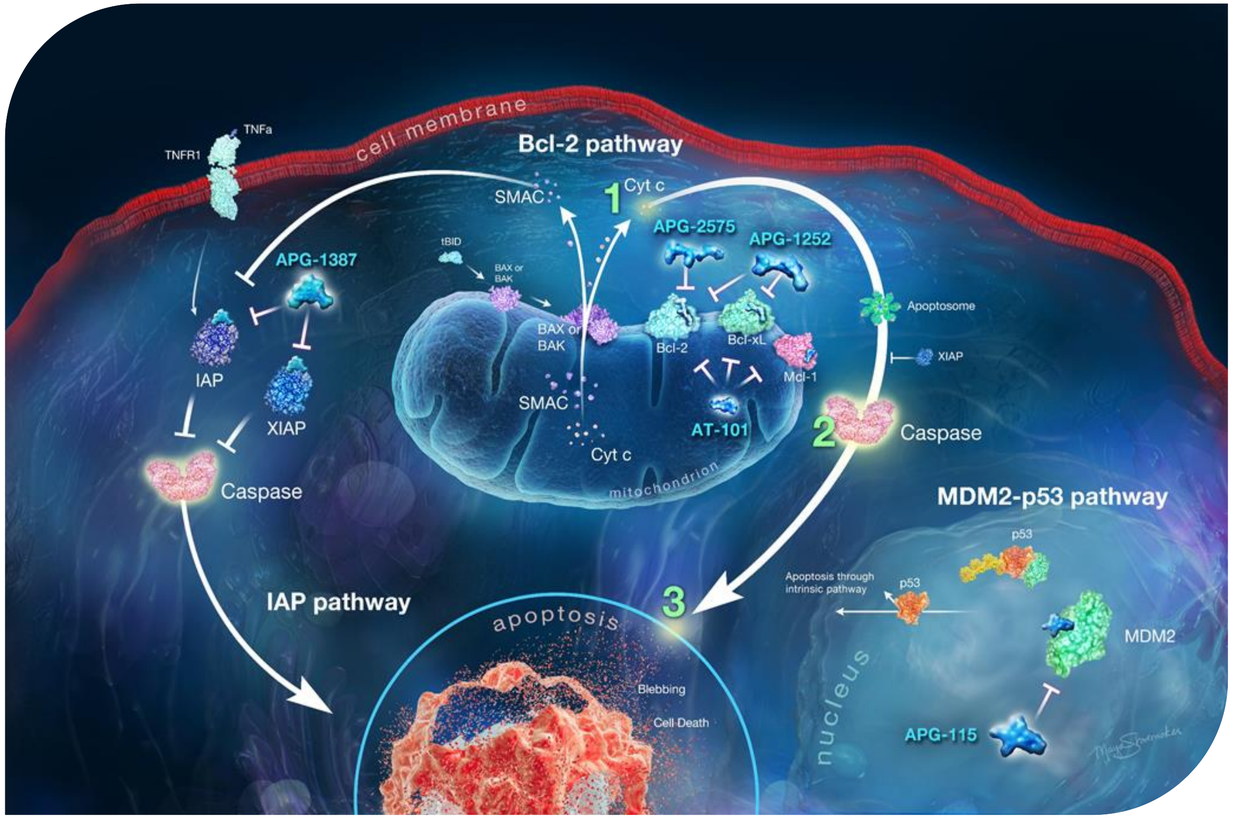
- **Protein-protein interactions** (PPIs) play a crucial role in cellular processes, and are implicated in many diseases, from cancer to viral infections
- **PPI** targets can't be penetrated by large molecules, leaving small molecules the only viable choice for drug development
- **PPIs** have broad, shallow, relatively featureless binding sites, hence historically "**difficult to drug**". There is only one PPI-targeting drug approved in oncology, venetoclax

Source: www.Nature.com/subjects/apoptosis, www.medicinenet.com/medterms-medical-dictionary/argileh, Wikipedia, 10.7314/APJCP.2015.16.6.2129

Focused on Apoptosis

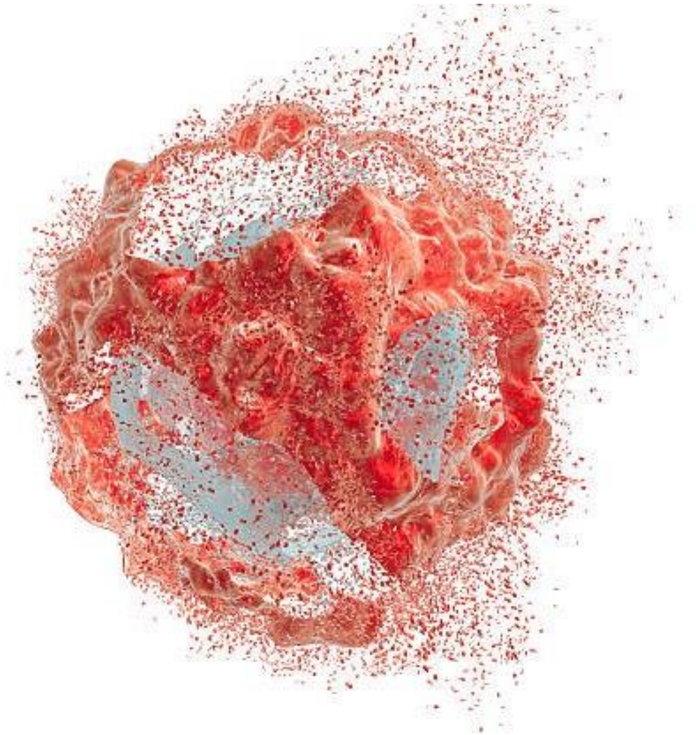
Apoptosis (programmed cell death) is an essential biological process. The average adult human loses between **50 to 70 billion** cells each day due to apoptosis.

- Apoptosis plays a **crucial role** in developing and maintaining the health of the body by eliminating old and unhealthy cells.
- When apoptosis doesn't function correctly, cells that should be eliminated persist or become immortal causing **cancer** and **leukemia**.
- Ascentage has discovered **four** potentially **first- or best-in-class** candidates targeting three distinct classes of PPIs.



Source: www.Nature.com/subjects/apoptoisis, www.medicinenet.com/medterms-medical-dictionary/article.htm,

2020 H1 Key Achievements



- Submitted NDA for **HQP1351** in patients with T315I-mutant CP-CML and AP-CML in China in June 2020
- Started **4** new Phase Ib/II studies of APG-2575 both in China and U.S. APG-115, APG-1387 and APG-1252 entered into phase Ib/II studies respectively.
- Obtained **2** orphan drug designation from U.S FDA for HQP1351 in TKI resistant CML and APG-2575 in WM. Obtained **1** fast track designation from U.S FDA for HQP1351
- Entered **2** global clinical collaborations: APG-2575 with CALQUENCE® (acalabrutinib) in r/r CLL/SLL and APG-115 with KEYTRUDA® (pembrolizumab) in advanced solid tumors

12 Month Clinical Milestones

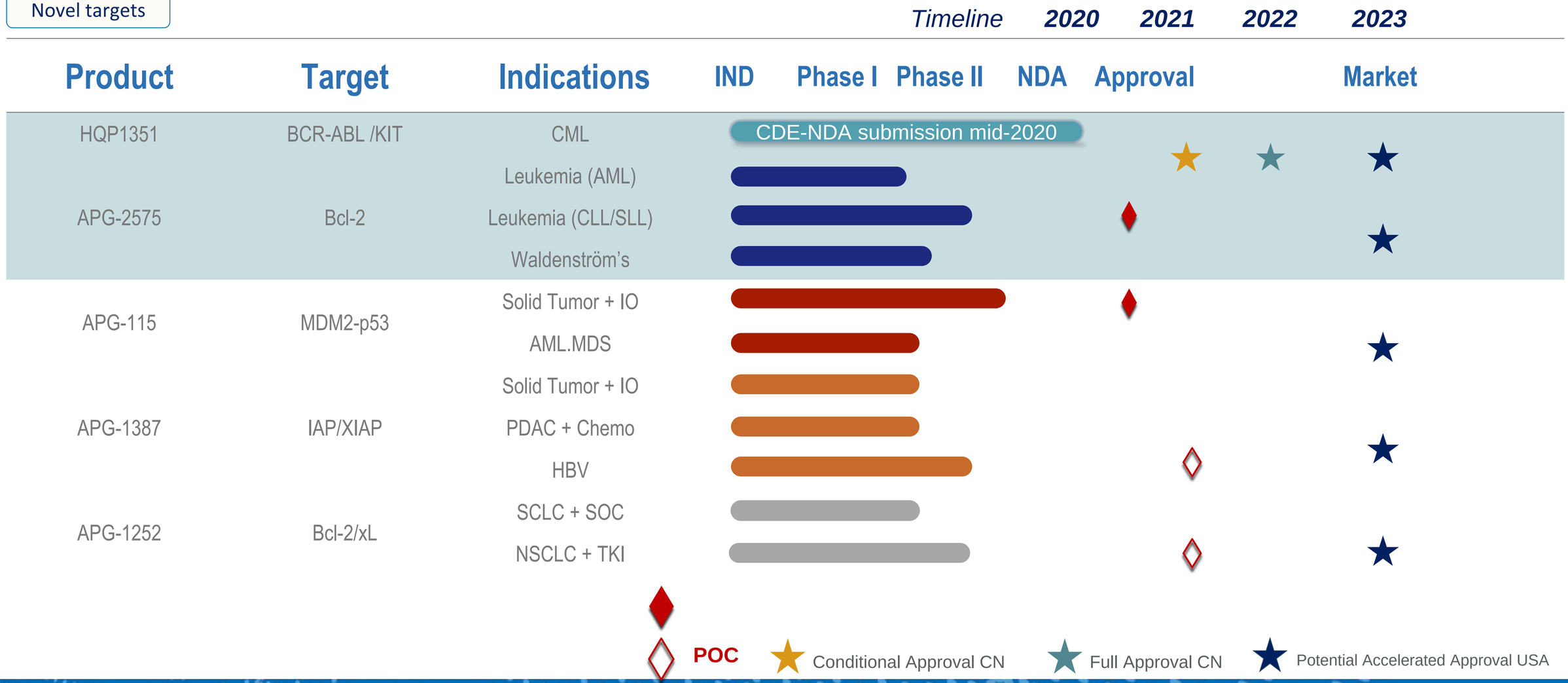
- Launch of 3rd Bcr-Abl inhibitor **HQP1351** in China
- Bcl-2 selective inhibitor **APG-2575** in Ph II r/rCLL reaches POC
- MDM2-p53 **APG-115** + Keytruda® reaches POC in targeting checkpoint resistant/relapsed NSCLC or melanoma patients
- IAP/XIAP Dimer **APG-1387** + Keytruda® reaches Ph II POC study targeting checkpoint resistant/relapsed NSCLC patients
- IAP/XIAP Dimer **APG-1387** reaches Ph II POC targeting Chronic Hepatitis B

Source: Company data

High Value Portfolio Opportunities

Validated targets

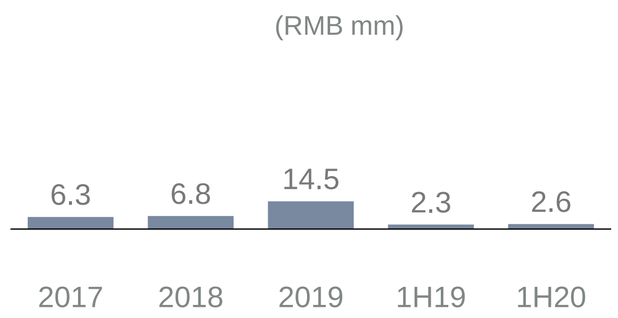
Novel targets



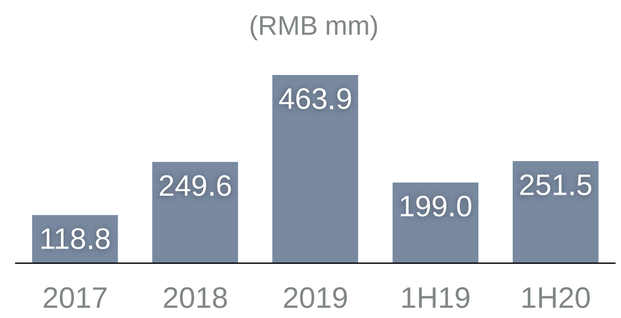
Source: Company data Note: All data as of December 31, 2019

Key Financial Highlights

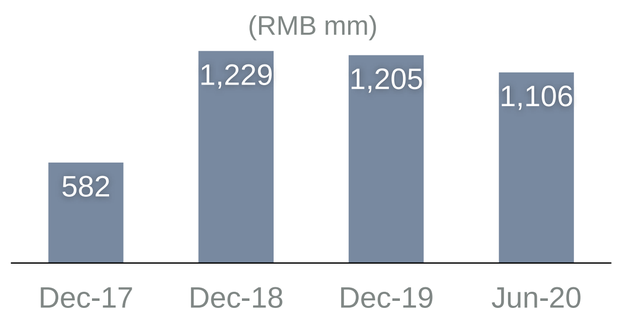
Revenue[1]



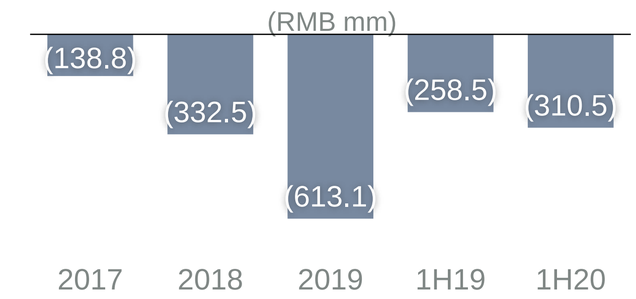
R&D Expense



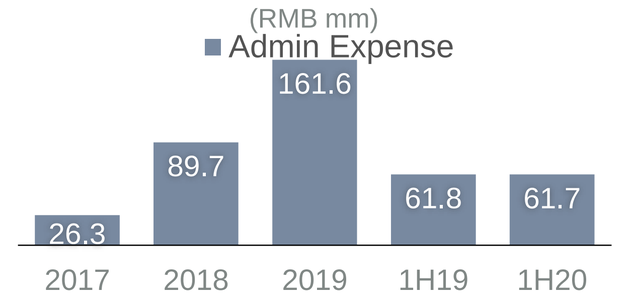
Total Assets



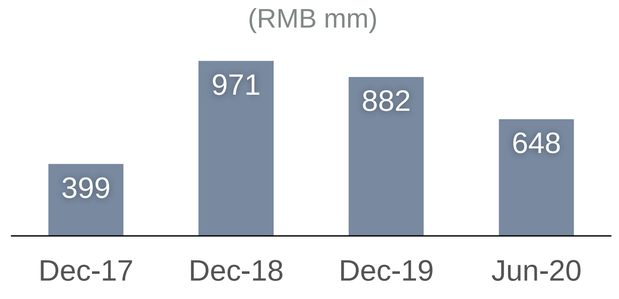
EBIT[2]



Other OPEX



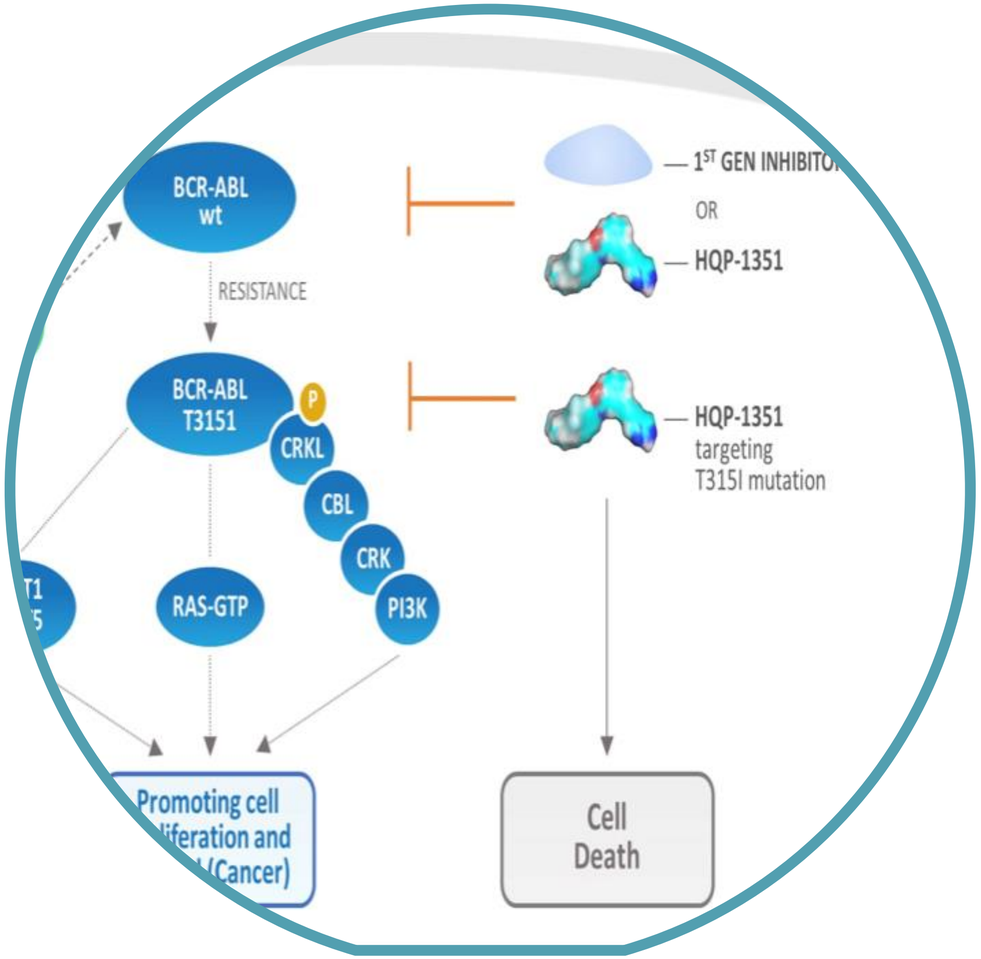
Cash & Equivalents[3]



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

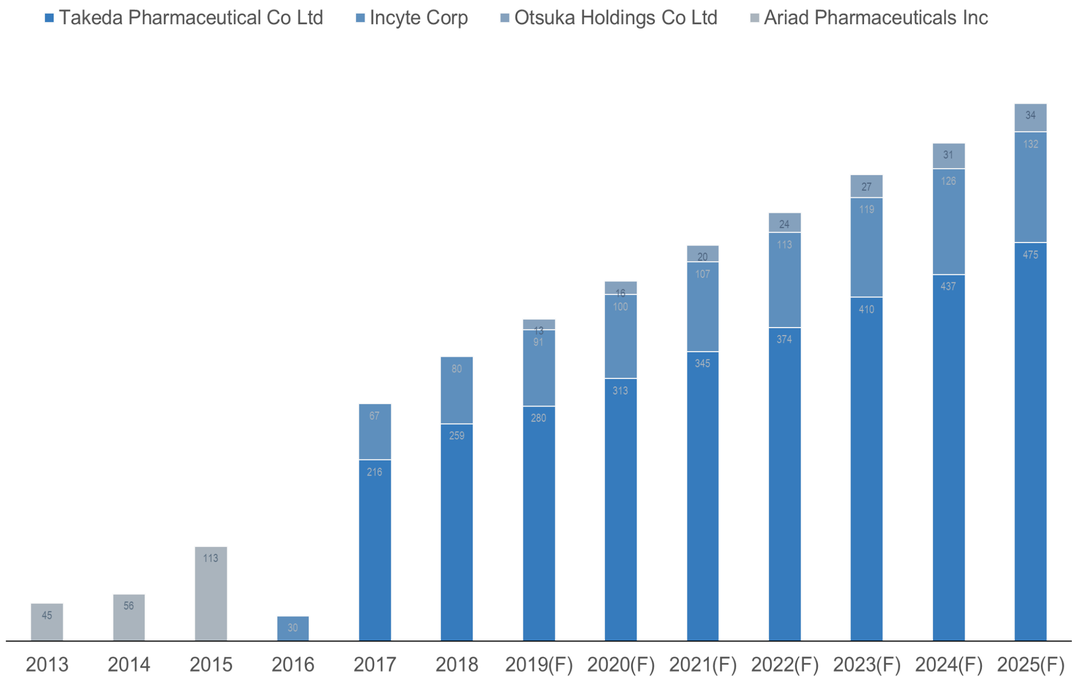


BCR-ABL a Validated Target

Unmet Needs for Targeting BCR-ABL

- One of the most frequent BCR-ABL mutations is T315I, ranging from 5 to 25% of CML cases
- Amongst multiple BCR-ABL mutations T315I is also the deadliest mutation; it is resistant to second generation TKIs too (i.e. dasatinib, nilotinib)
- Until now, only ponatinib has been able to overcome TKI-resistance

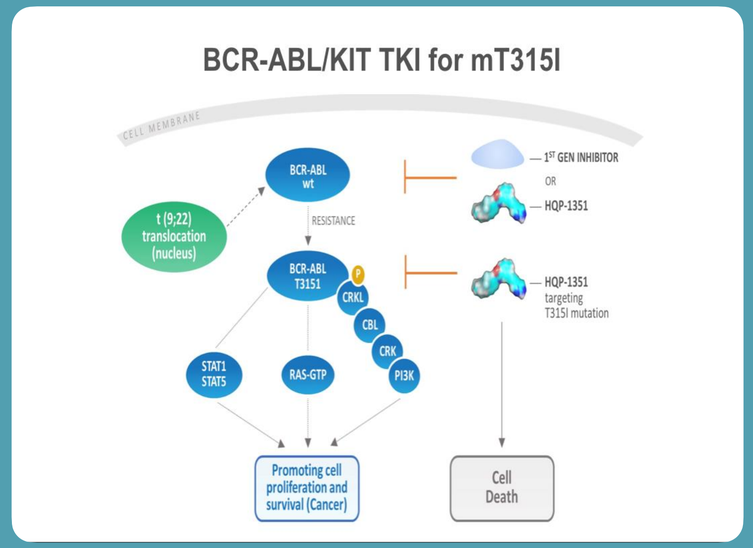
Global sales of ponatinib forecasted at $641M



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

HQP1351
Olverembatinib

3rd Gen BCR-ABL/KIT
Multi-kinase Inhibitor
Targets TKI resistant mutations



Source: Company data

Development Milestones

- **Submitted NDA to the CDE in China in July 2020**
- **Fast Track Designation** approved by FDA for CML in April 2020
- **Orphan Drug Designation** approved for CML in April 2020
- **Ph Ib bridging trial** in US enrolling patients at MD Anderson Cancer Center
- Results of Ph I trial of HQP1351 in CP|AP TKI resistant / intolerant CML were orally presented on ASH 2018 and 2019; nominated as "Best of ASH" in 2019

Milestones & Developments

2020
- In May, 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

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

2018
- In Jul, held a pivotal Phase II clinical trial kick-off meeting with PI

2016
- In Feb. NMPA issued a "one-time umbrella approval" for r/r CML

2015
- In Apr, submitted an IND TKI resistant CML in China

Well-tolerated with minimal dose interruptions

Ph I: HQP1351 is well-tolerated

- 92 out of 101 patients have finished three cycles of treatment:
  - Longest duration of treatment is 45 months
  - The average observation period for the Ph I clinical trial is more than 1 year
  - 2 out of 101 patients has discontinued treatment due to AEs
- **Most treatment-related AEs were mild or moderate**
- Grade 3 or 4 thrombocytopenia reported in HQP1351 treated patients, consistent with other TKIs
- **No** cardiovascular, cerebrovascular, or peripheral vascular thrombosis, fatal myocardial infarction or stroke was reported, compared to serious arterial occlusion cases observed in 35% of ponatinib treated patients in clinical trials
- 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

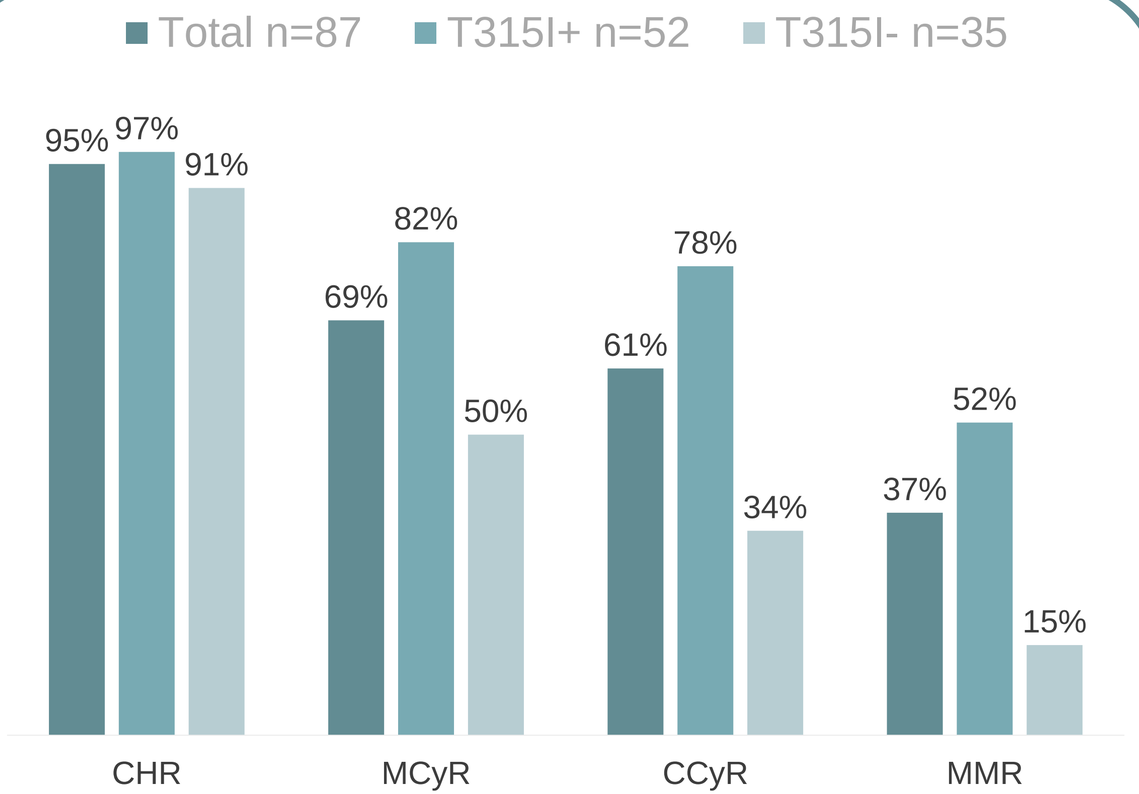
Summary of all Grade 3 | 4 AEs and SAEs in overall subjects

AE (>10% of Patients	Grade 3, 4 n(%)	SAE n (%)
Thrombocytopenia	50 (49.5)	6 (5.9)
Leukopenia	20 (19.8)	0 (0)
Anemia	12 (11.9)	2 (2)
Hypertriglyceridemia	8 (7.9)	0 (0)
ALT elevation	2 (2)	0 (0)
AST elevation	3 (3)	0 (0)
Hyperbilirubinemia	1 (1)	0 (0)
Proteinuria	5 (5)	0 (0)
CPK elevation	2 (2)	0 (0)
Pyrexia	7 (6.9)	1 (1)
Rash	2 (2)	0 (0)
Skin Mass	1(1)	0 (0)

Source: Company data

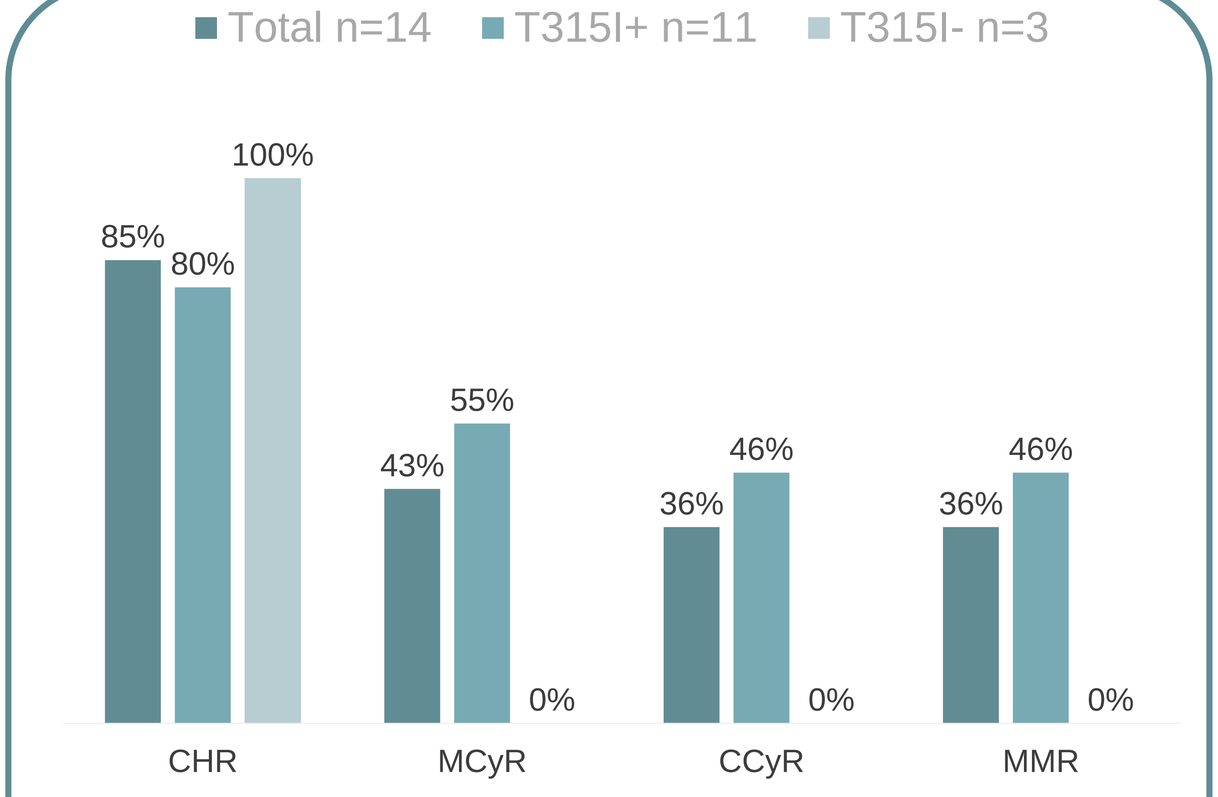
Responses in Total Patients

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



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)*

CML Patient Numbers

51,000+

CML patients in US

75,000+

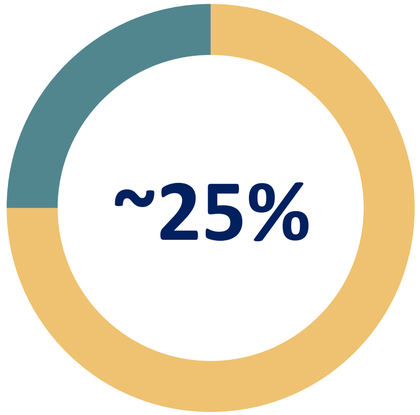
CML patients in China

CML

$5.5B
Market

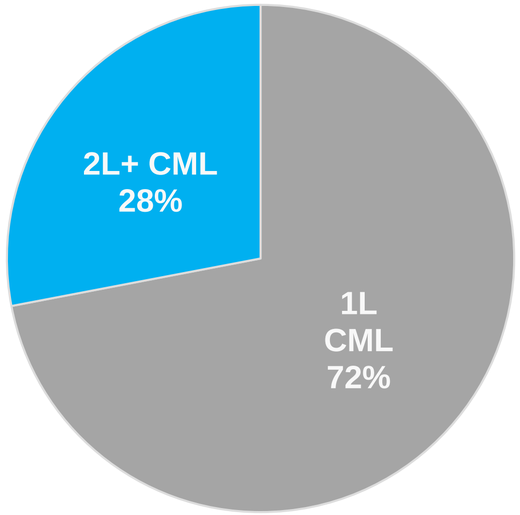
33.3K
Incidence

135K
Prevalence



Over 25% of patients **with BCR-ABL-mutated CML have the** T315I mutation[2], **which has been associated with resistance to treatment and poor outcomes[3]**

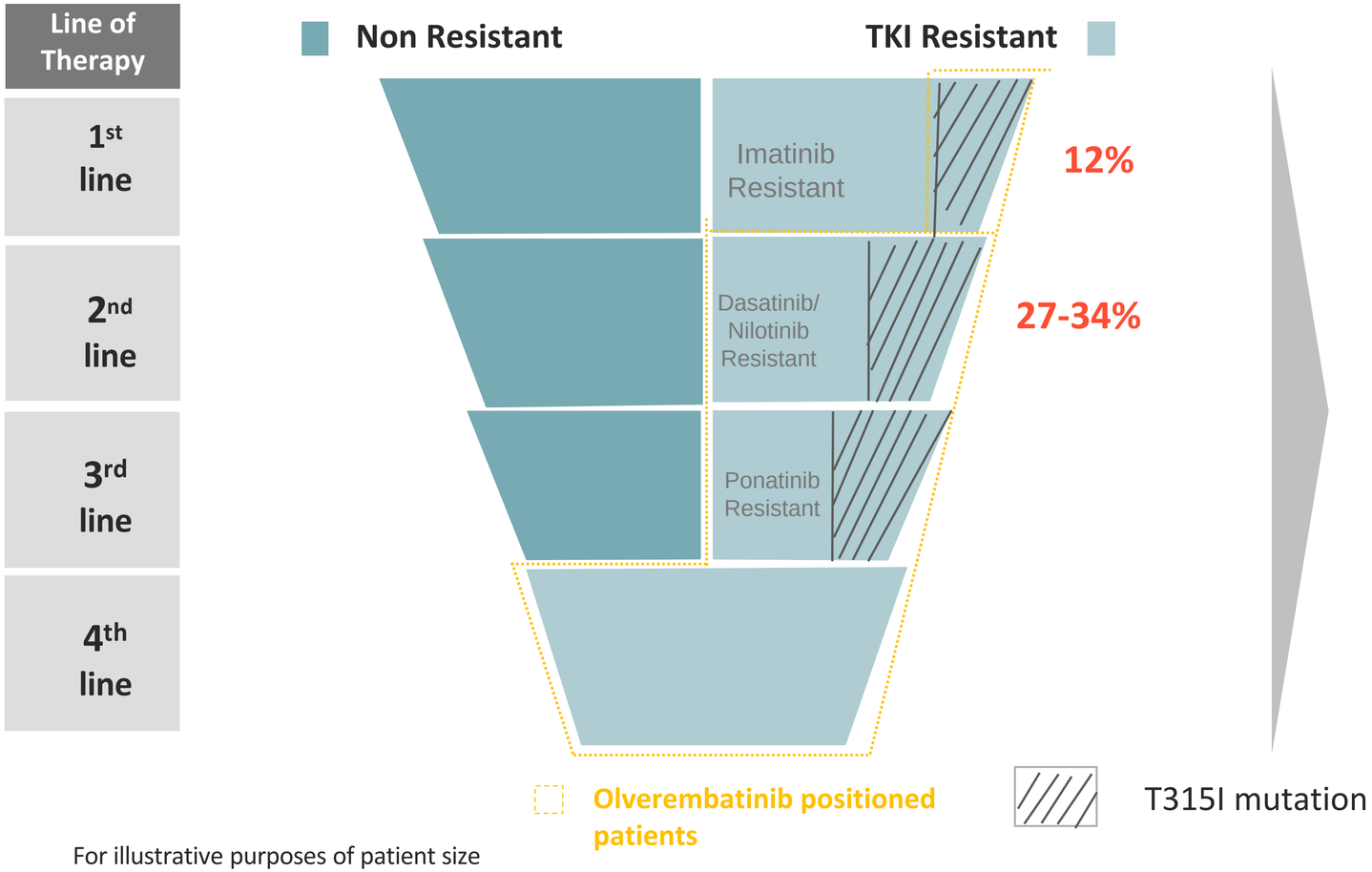
China's CML patient by lines of treatment



Source: 1. Frost &Sullivan 2. My Cancer Genome 2014. 3. Nicolini, et al. Leukemia 2006;20:1061–6, Global Data, DRG.

China CML TKI-Resistance Patient Pool

CML patients treated with TKI may have resistance



For illustrative purposes of patient size

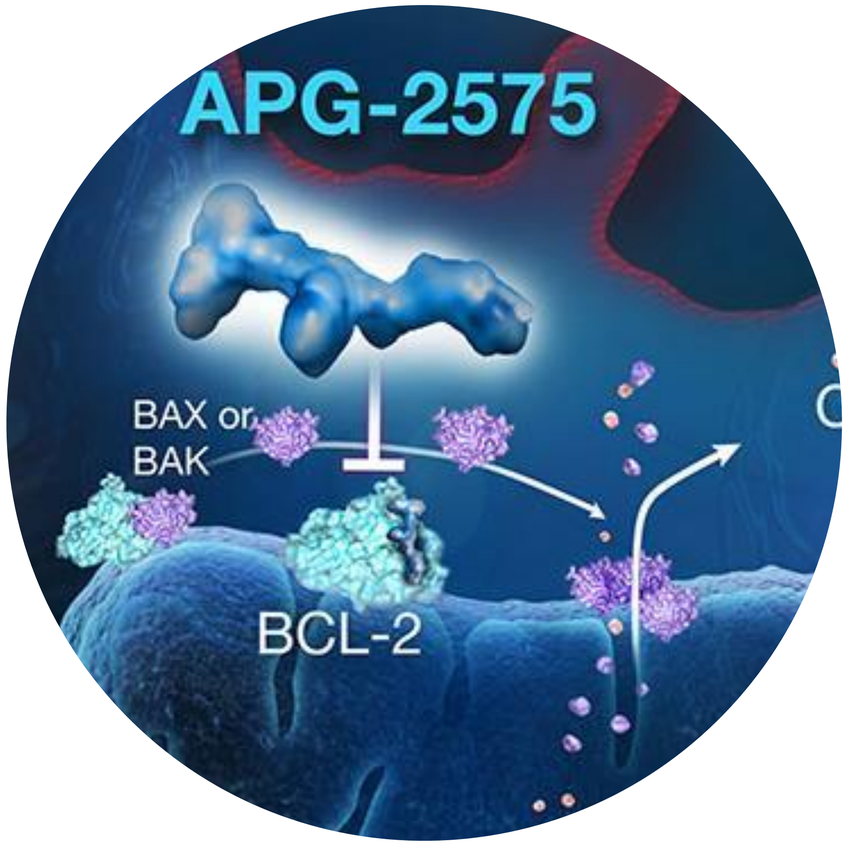
TKI resistance & T315I mut share

- In a Chinese review analysis, 52.7%, 21.8%, 25.5% cases experienced resistance to imatinib , nilotinib and dasatinib[1]
- Over **half** of imatinib-, nilotinib-, and dasatinib-resistant cases developed BCR-ABL mutation[1]
- **T315I mutation** was the most frequent mutation detected in imatinib-, nilotinib-, and dasatinib-resistant cases, accounting for 12.3%, 27.3%, and 34.1%[1]

Source:1. Chin J Hematol, 2020,41(06): 469-476

APG-2575 Overview

BCL-2 Selective Inhibitors



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**

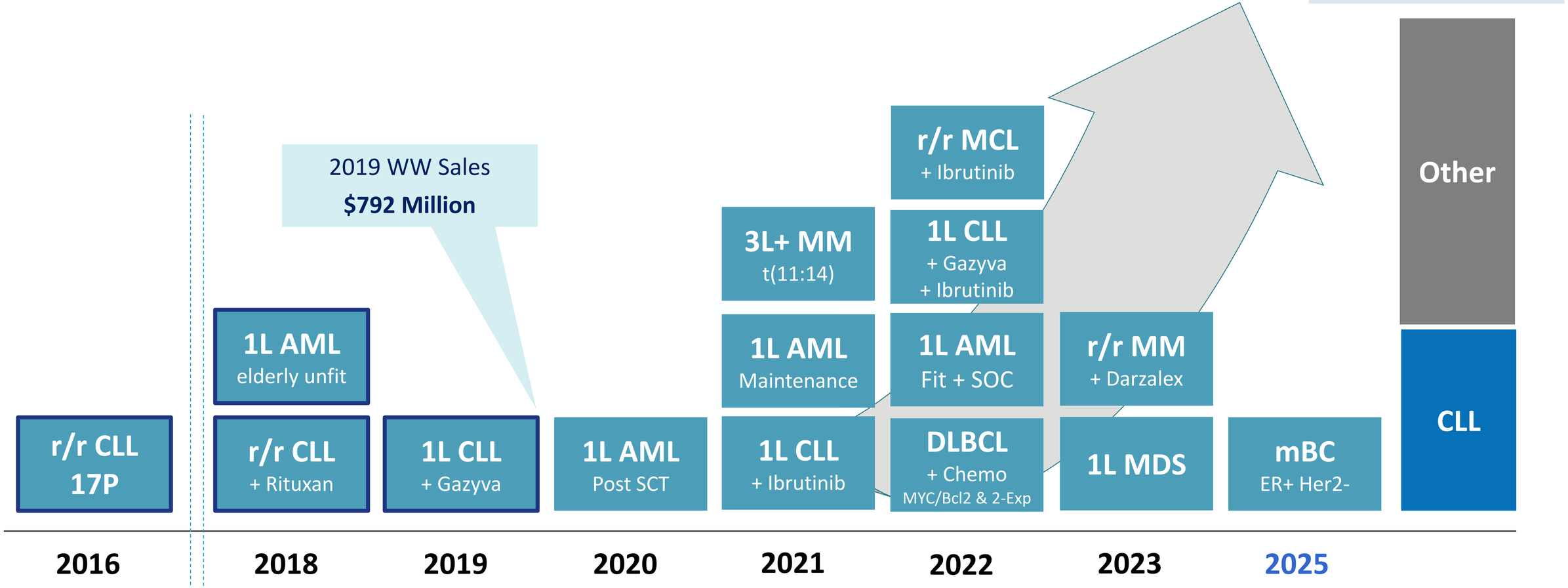
	Bcl-2 Selective Inhibitors	
	亞盛醫藥 Ascentage Pharma	abbvie
Compound	**APG-2575**	**Venetoclax (ABT-199)**
MOA	Orally available and Bcl-2 selective inhibitor	Orally available and Bcl-2 selective inhibitor
Clinical stage	Ph Ib/II	Marketed (CLL, AML)
Indication	CLL, AML, WM, MM, T-PLL	CLL, AML, MM, MCL, 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

Venetoclax is projected to generate ~$6 Bn WW sales in 2026

250+ Active Trials | 89 Sponsored | 13 Potential New Indications

Venetoclax ~ $6 Bn Worldwide sales Forecasted 2026



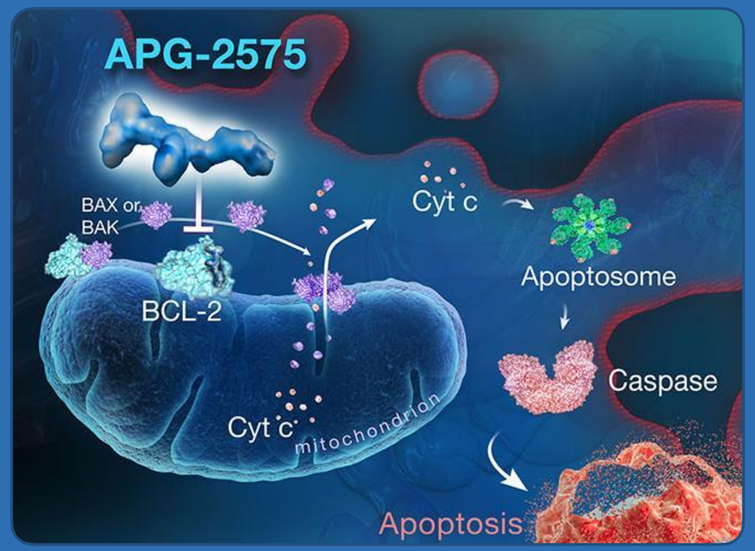
Approved indications

Reference for APG 2575: 2nd BCL-2 inhibitor vs. 1st BCL-2 inhibitor

- Source: Medtrack, Biomedtracker , AbbVie Strategy / R&D Report , 2018 AbbVie Annual Report

APG-2575

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



Source: Company data

Summary of Key Results

- Ph I trial of APG-2575 in hematologic malignancies enrolling US & Australia
  - 21 patients enrolled up to 800mg (7 dose cohorts), all with daily dose ramp-up
  - CLL (n=8) completed daily dose ramp-up with no clinical TLS
    - 6/8 patients reached criteria for hematologic CR or PR (nodes & ALC)
  - Interim safety data shows APG-2575 is well-tolerated, No DLTs, only lab TLS, and MTD has not been reached
- Phase I trial in China has reached third dose cohort, No DLTs

Milestones & Developments

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

3/2020
Plans to initiate additional trials in blood cancers, including; MM, T-PLL and NHL

NMPA approved: (2)Phase Ib/II study for r/r AML, and r/r CLL in China
FDA cleared: (2) Phase Ib/II clinical trials for r/r CLL/SLL and WM in US
-ODD application for WM, April 2020

APG-2575

Clinical Development

Progress to Proof of Concept

Trial 1 - U.S. & Australia

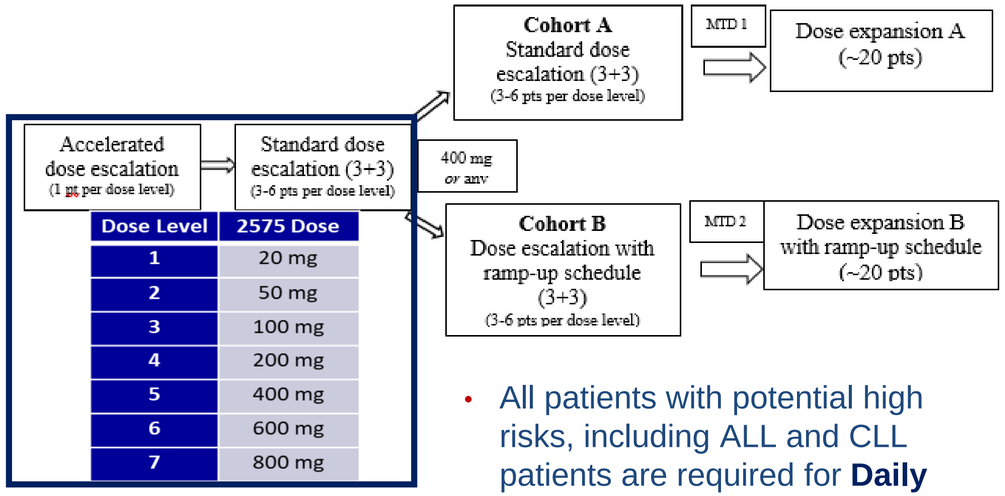
- 21 patients with hematologic malignancies have been treated with APG-2575 up to 800mg (6 dose levels)
  - All 8 CLL patients completed the daily dose ramp-up without TLS.
  - 4 CLL patients have reached a criteria for hematological CR (ALC)
  - 2 CLL patients have reached PR (lymph node & ALC)
- Interim data shows APG-2575 is well-tolerated
  - No DLTs, No Clinical TLS and the MTD has not been reached

Trial 2 - China

- 4 patients have completed the first cycle of treatment
- No Serious Adverse Reaction

- **NMPA approved Ph Ib / II studies for r/r CLL, AML in China**
- **FDA cleared two Ph Ib/II clinical trial for r/r CLL/SLL & r/r WM**

Study Design of APG-2575 Ph I Trials



Dose Level	2575 Dose
1	20 mg
2	50 mg
3	100 mg
4	200 mg
5	400 mg
6	600 mg
7	800 mg

- All patients with potential high risks, including ALL and CLL patients are required for **Daily Ramp-up** (NOT weekly ramp-up like venetoclax) prior to receiving daily treatment at a desired dose cohort.

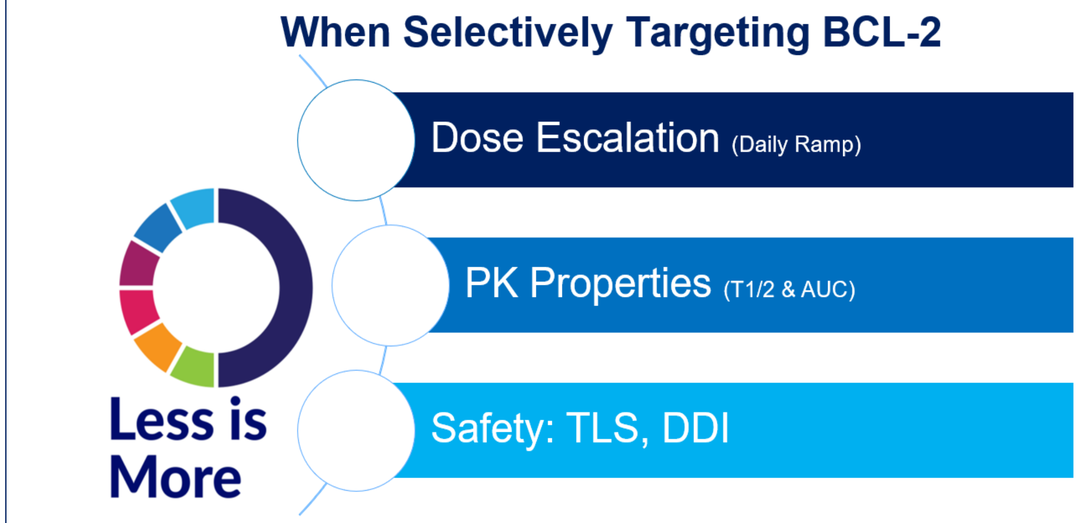
Source : Company data Note: Study design for illustrative purpose only: actual clinical trial design may deviate from this illustrative chart 1) assumes satisfactory clinical data and regulatory approval

APG-2575 and Venetoclax

- **Venetoclax was the first Oncology PPI drug approved by the FDA (AbbVie 20+ years)**
- **Venetoclax is the third transformative therapy for lymphoma, after Rituxan and Imbruvica**
- **>250 Venetoclax trials are being conducted, potentially expanding to >13 indications**

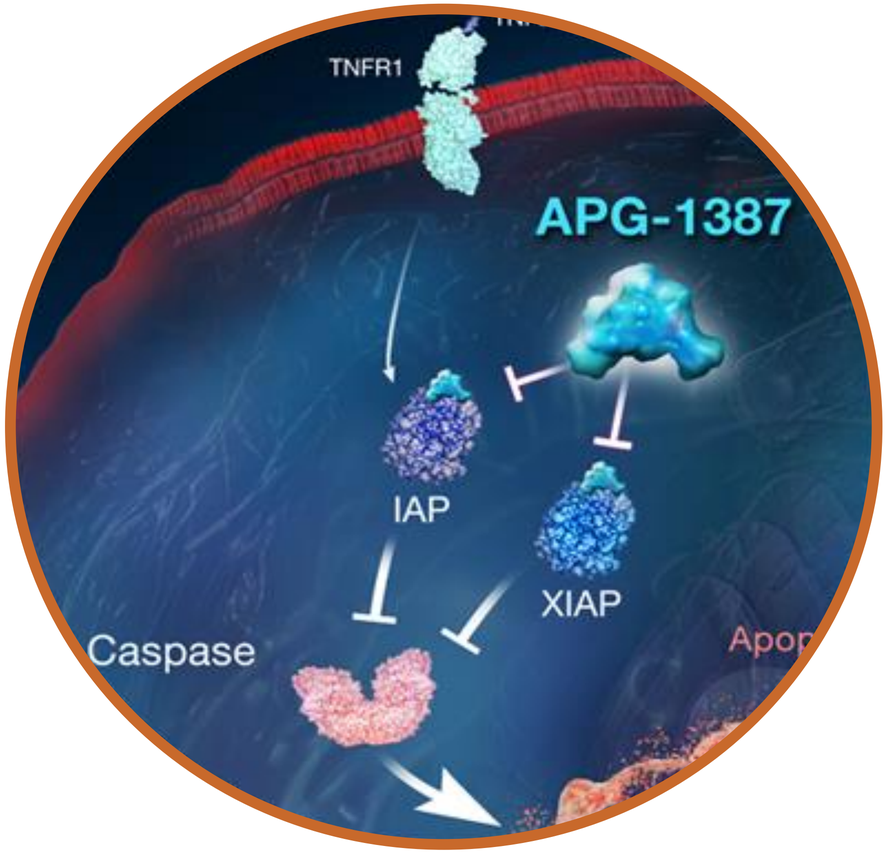
Differences Compared to Venetoclax:

- No Clinical TLS, Lab TLS
- **Daily Ramp-up** verse weekly ramp up
- **Short $T_{1/2}$** & **AUC**--potentially lower risk of TLS with better safety profile



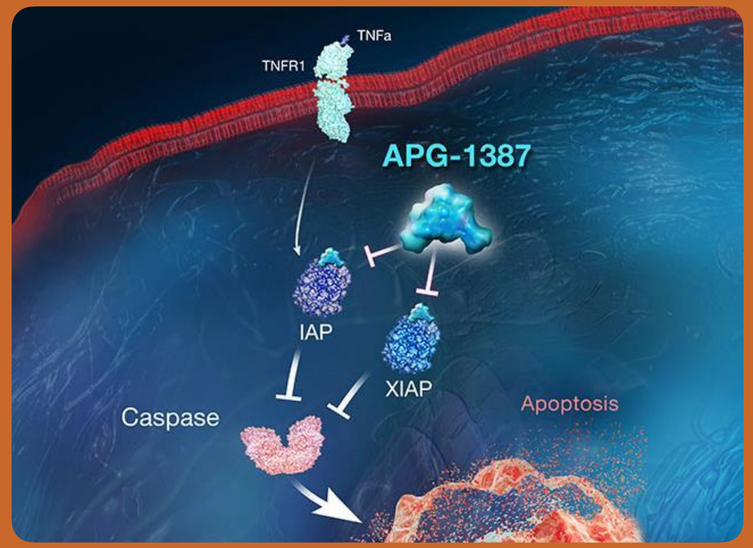
APG-1387 Overview

An Antagonist of IAP/XIAP
(SMAC Mimetic) Dimmer



APG-1387

An Antagonist of IAP/XIAP
(SMAC Mimetic) Dimmer



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 pembrolizumab (“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 approved

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

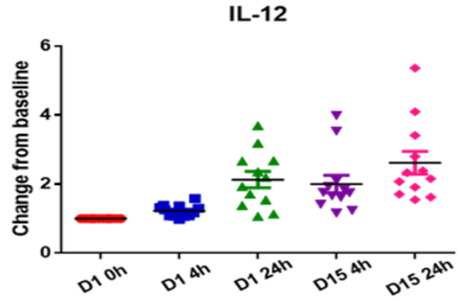
APG-1387 Clinical Development

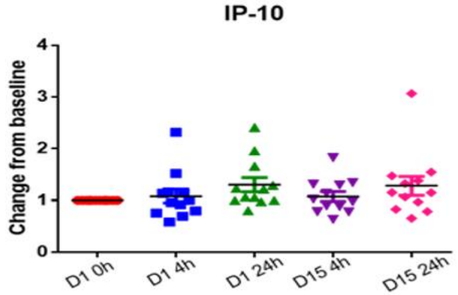
Ph Ib | Immune Modulation and Activity

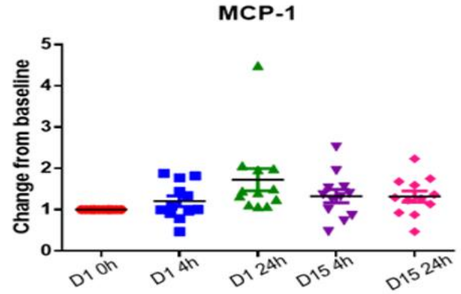
Ph Ib IO resistant/relapsed patients| Combination with pembrolizumab

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.

Antitumor 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

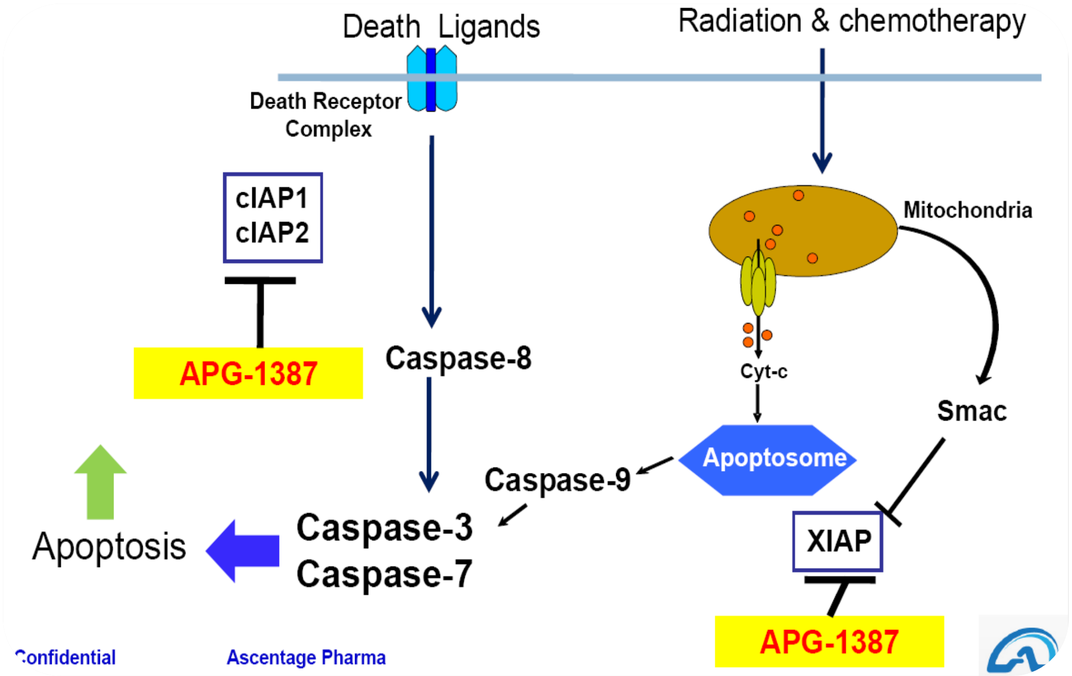
- Among 37 efficacy evaluable patients;
  - 4-PR (2 NSCLC |1 CRC |1 BC)
  - 12- SD | NSCLC cohort; 50% ORR | 100% DCR

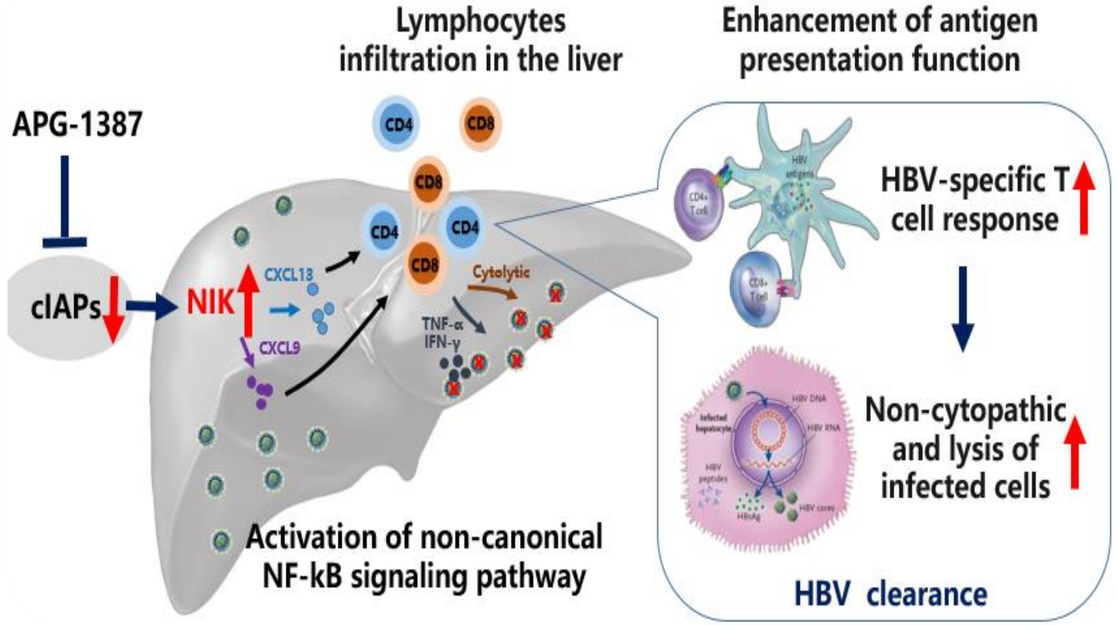
Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: #3512

APG-1387

A Novel Pan-IAP Antagonist (SMAC Mimetic) Dimmer

- Class I original innovation drugs, multiple small molecule IAPs antagonists, which can block the activity of IAPs family proteins (XIAP, cIAP-1, cIAP-2 and ML-IAP) and induce apoptosis.
- Preclinical studies suggest that it may be a new way to obtain functional cure for chronic hepatitis B.

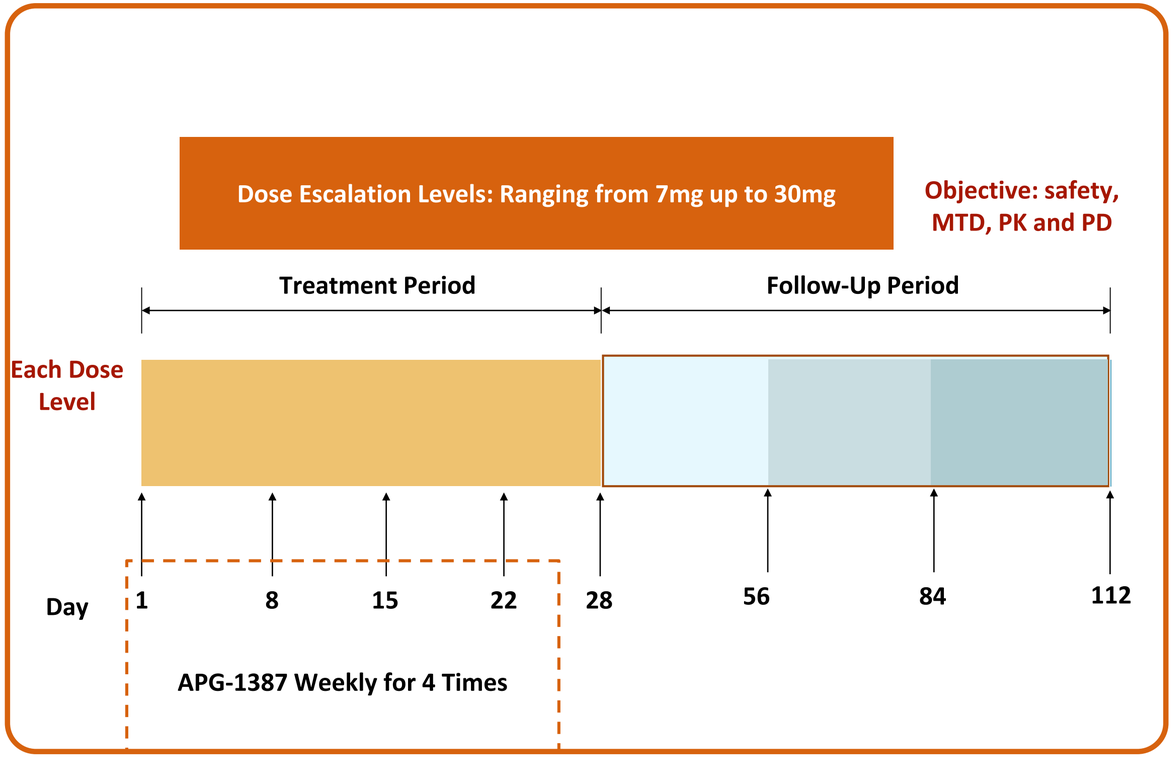




APG-1387

Chronic Hepatitis B Clinical Development

Study Design of APG-1387 Monotherapy in CHB



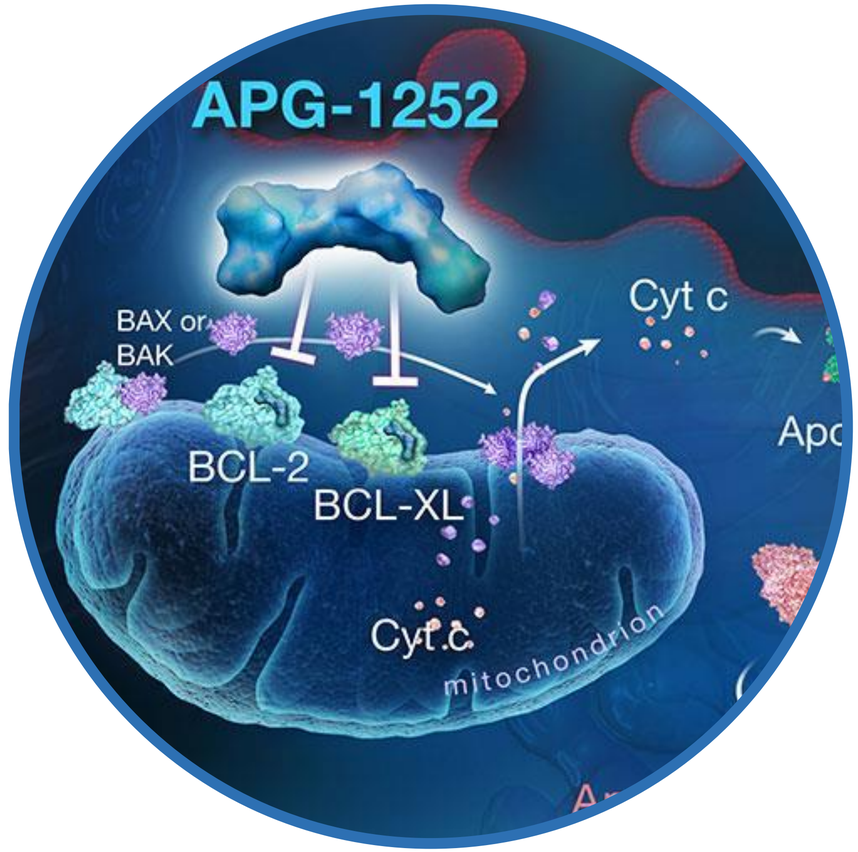
- As of latest evaluable day, a total of 30 patients were involved in studies.
- The MTD has not yet been determined. No DLT was observed. All AEs were mild to moderate in severity (Gr 1 or 2)
- After just 4 doses & compared to baseline
  - HBV DNA levels declined in 23 out of 30 patients [1]
  - HBsAg levels declined in 17 out of 30 patients
  - Some patients' HBV DNA and HBsAg levels continued to decline during the follow-up without further treatments

Source: Company data Note: Study design for illustrative purpose only : actual clinical trial design may deviate from this illustrative chart

1.Among 33 treated patients, 3 patients are enrolled in June,2020 in the 2nd extension part. Their efficacy results (including HBV DNA and HBsAg changes) haven't been analyzed due to the short duration.

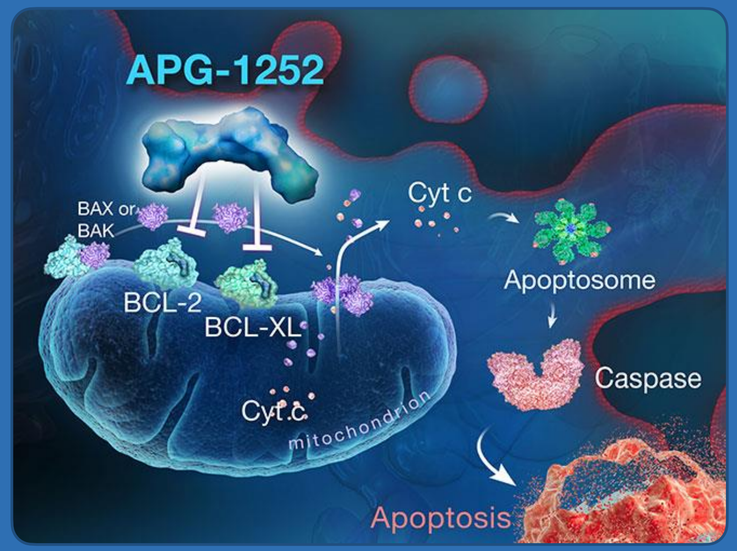
APG-1252 Overview

Bcl-2/Bcl-xL Inhibitor



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

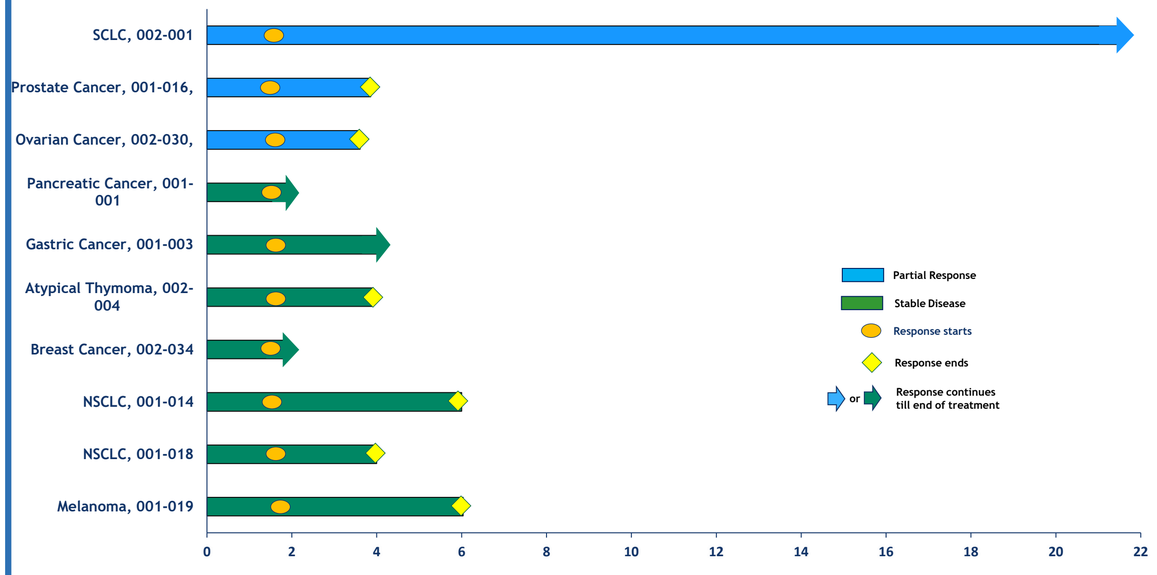
Milestone

- 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.

Palcitoclax (APG-1252)

Ph I Interim Efficacy Data | n=42

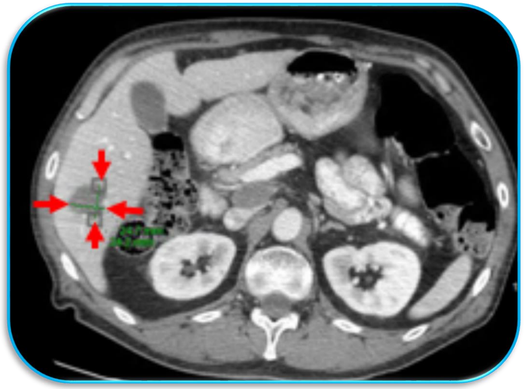
Single agent activity in advances solid tumors



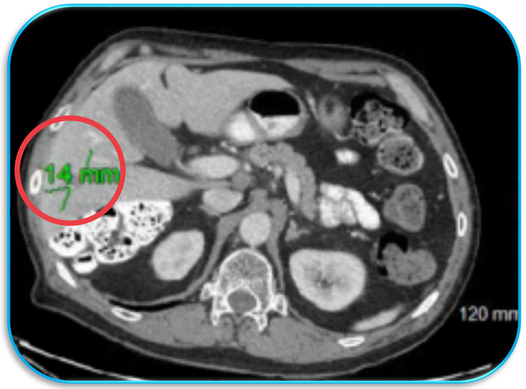
- A total of 7 patients achieved SD, 4 of them were at 10mg, BIW; 20mg, BIW , 40mg, BIW and 240mg, BIW (patient #001-001, 001-003, 002-004 and 002-034).
- Three patients achieved SD at 320mg, BIW or QW cohort.(patient #001-014, 001-018 and 001-019).
- Five patients had SD lasted for ≥4 cycles, among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

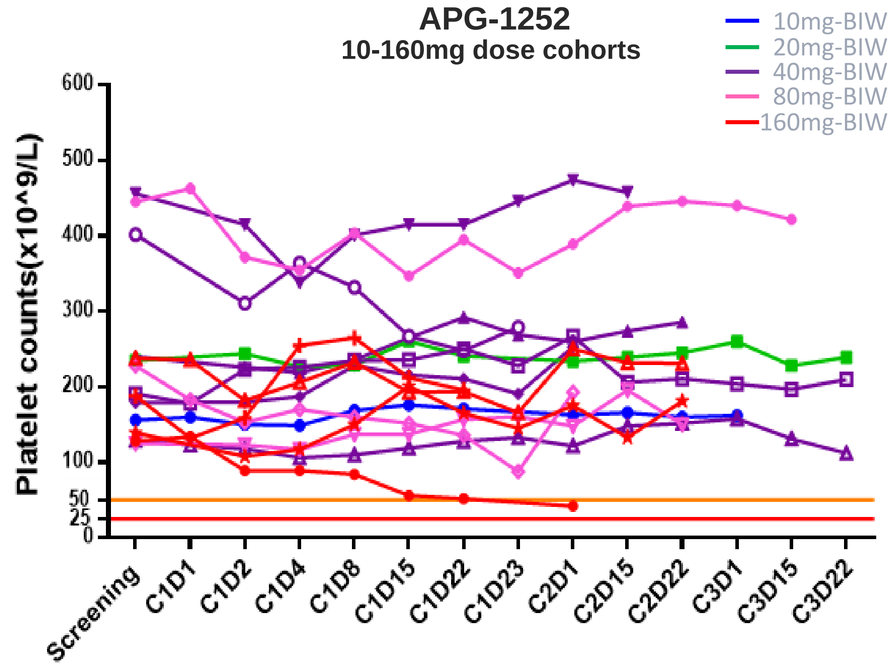
Response maintained > 20 cycles

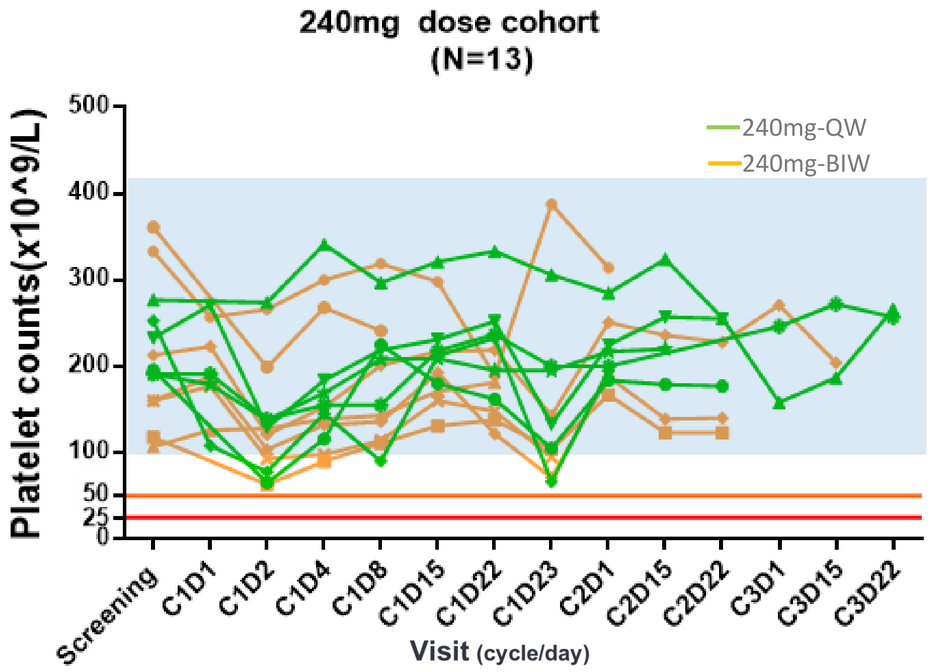
Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: 3509,

Palcitoclax (APG-1252)

Ph I Safety Data | Platelet Toxicity

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

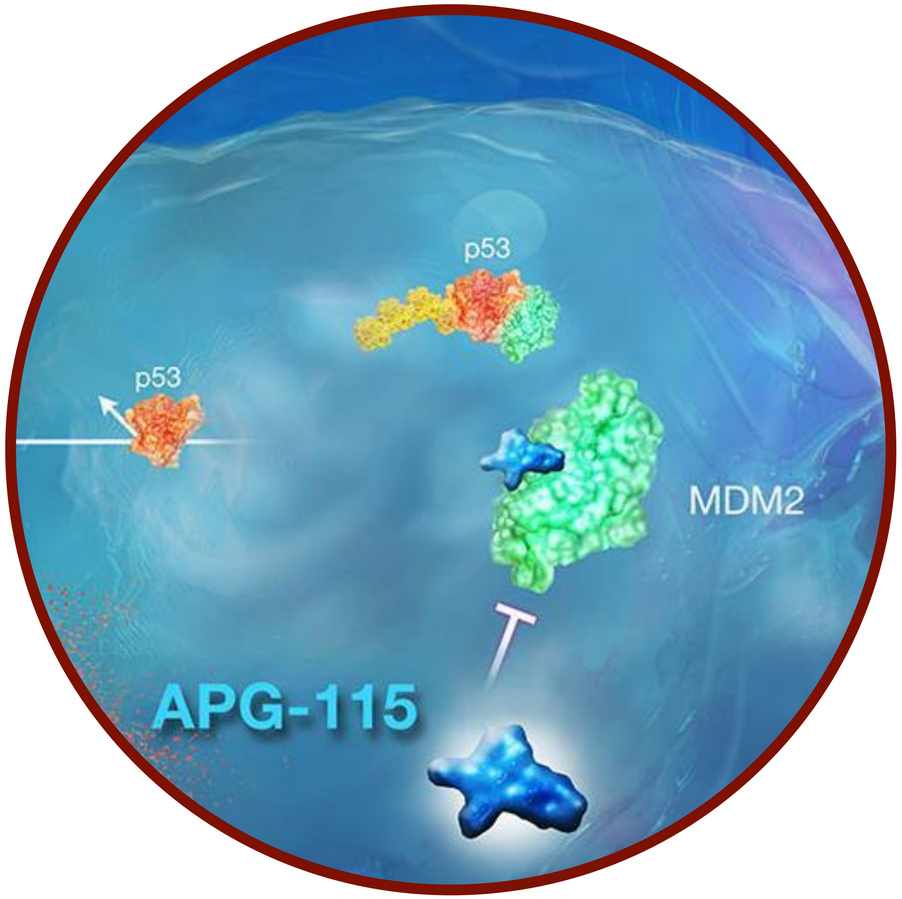




Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: 3509,

MDM2-p53

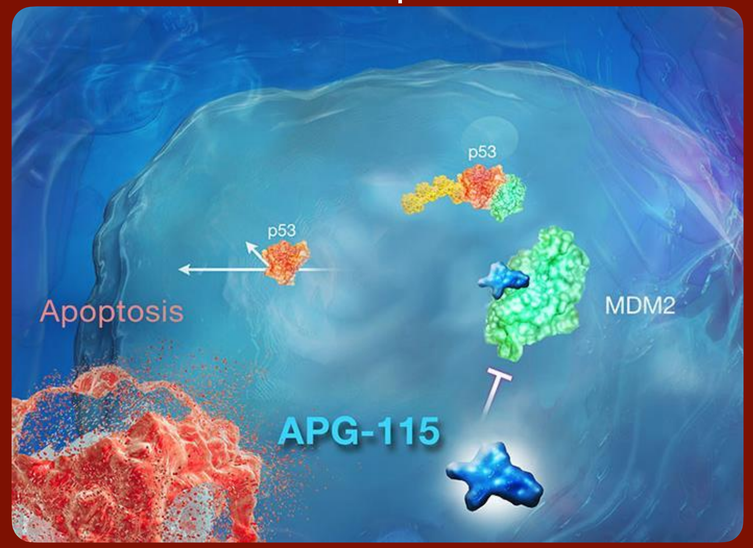
Activates p53 tumor suppression via MDM2-p53 PPI



APG-115 Overview

MDM2-p53 Inhibitor

Activates p53 tumor suppression via MDM2-p53 PPI



Clinical Development

- Completed Two Phase I trials in the U.S. and China, respectively in advanced solid tumors or lymphoma
- Completed enrollment of the Ph Ib clinical trial (19 patients were treated) treated in combination with Keytruda® with 4 dose-escalation cohorts in the U.S.
- A Ph II trial in combination with Keytruda® in patients with advanced solid tumors is ongoing, focus on the r/r IO melanoma, NSCLC and others.
- 1 patient confirmed CR, 2 PRs were observed, 7 patients had SD as the best response; the total DCR is 55.5% with an ORR of 16.9% （among 18 efficacy evaluable subjects）

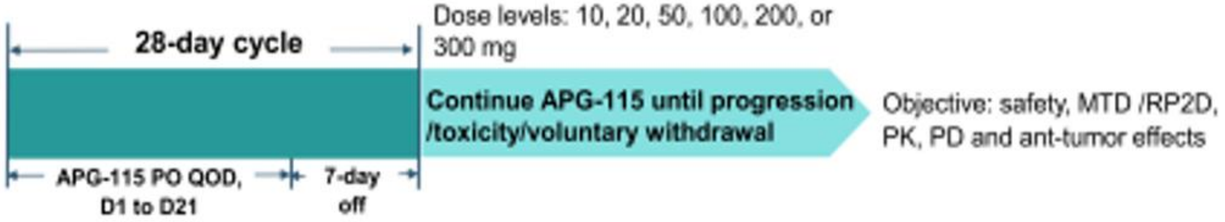
Milestones

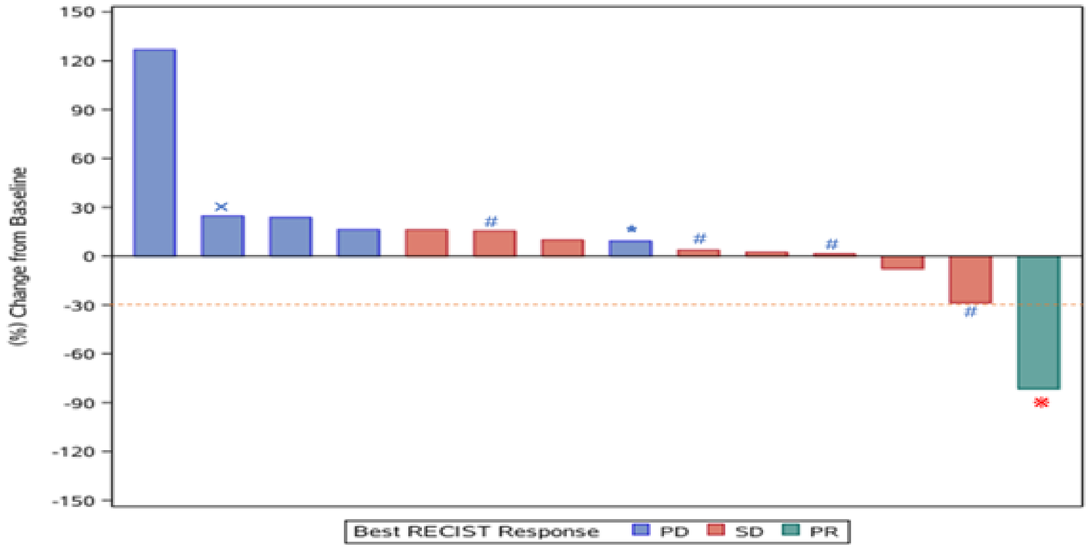
- Made an oral presentation on the preliminary results at the International Congress on Targeted Anticancer Therapies by European Society for Medical Oncology in February 2019
- Phase Ib/II clinical trial for APG-115 in combination with chemotherapeutic or other targeted agents for the treatment of patients with hematologic malignancies was approved by the NMPA in China in July 2019
- We plan to submit additional INDs for combination trials in China and U.S.
- We have completed dosing of the first patient in its Phase Ib clinical study treating patients with hematologic malignancies in China in July 2020

APG-115 US-101

Single Agent Ph I Study Results

Phase I dose escalation study - accelerated dose escalation, then standard "3+3" design

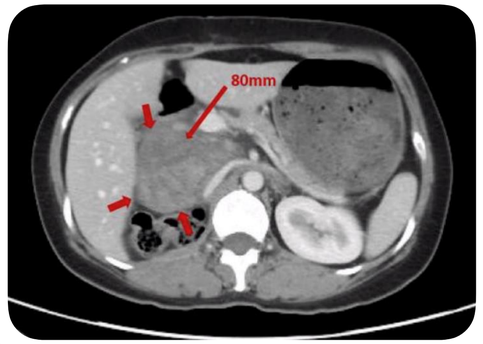




Single Agent Activity

80mm

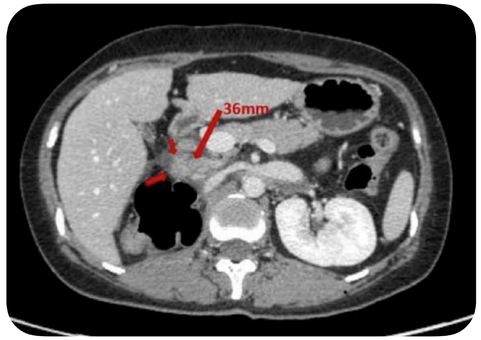
Baseline



36 mm

Cycle 2

~55% Decrease



- 39 yr old Female, with Lipomatoid Liposarcoma, lymphatic metastasis (T2N1M0)
- 5 cycles of AD Chemo (Adriamycin+ Dacarbazine)
- APG-115: 150mg QOD

Source: Company data

APG-115 US-002

Ph Ib | Overview and Treatment

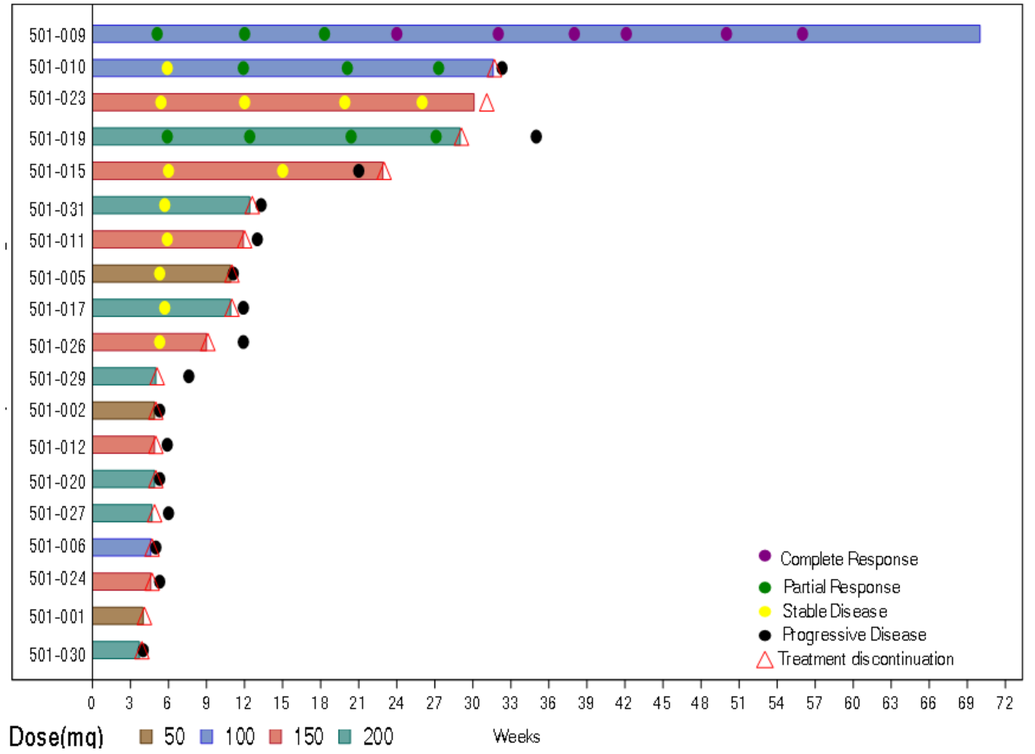
Ph Ib IO resistant/relapsed patients| Combination with Keytruda®

Overview & Safety

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 safety 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.
- Efficacy: **ORR: 16.7%** (1 CR|2PR) + 7SD = **DCR: 55.5%**
  - Resp: CR-Ovarian| PR-NSCLC, Appen. Adeno.|7SD | 8PD

Overview & Treatment Duration

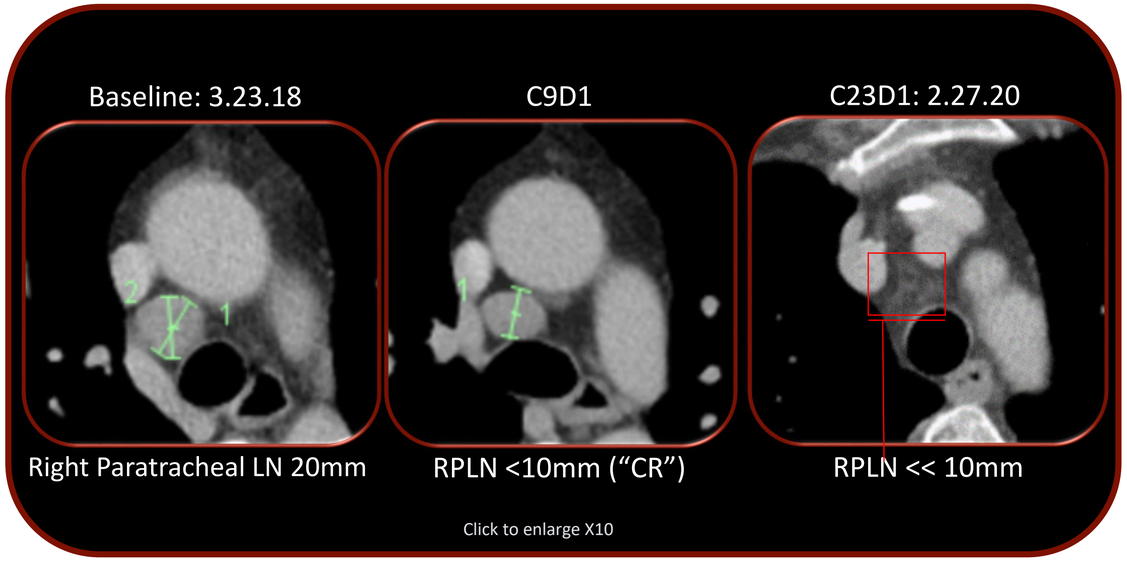


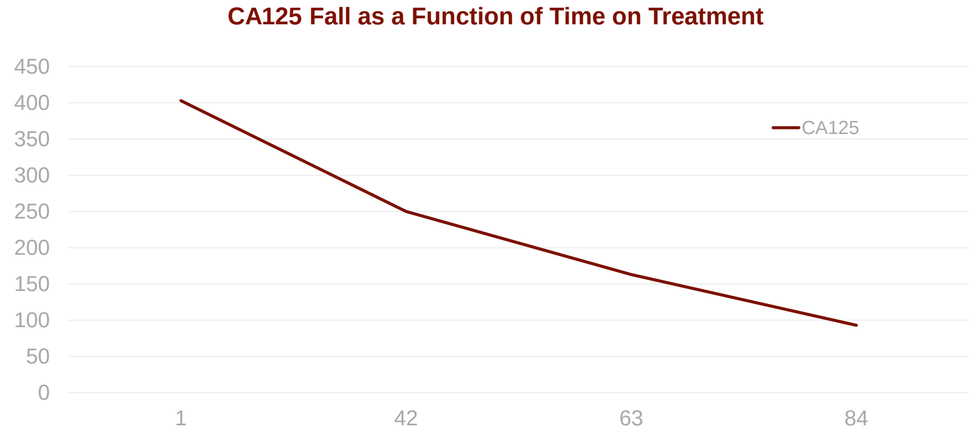
Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: #3512

APG-115: Promising Efficacy

Ph Ib | Combined with Keytruda

APG-115 and Keytruda 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

Efficacy(N=18) ;

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

Safety

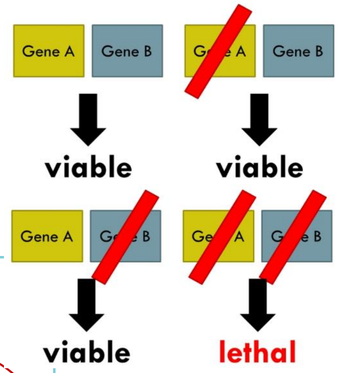
The combination is well-tolerated
No DLTs, No additive AEs

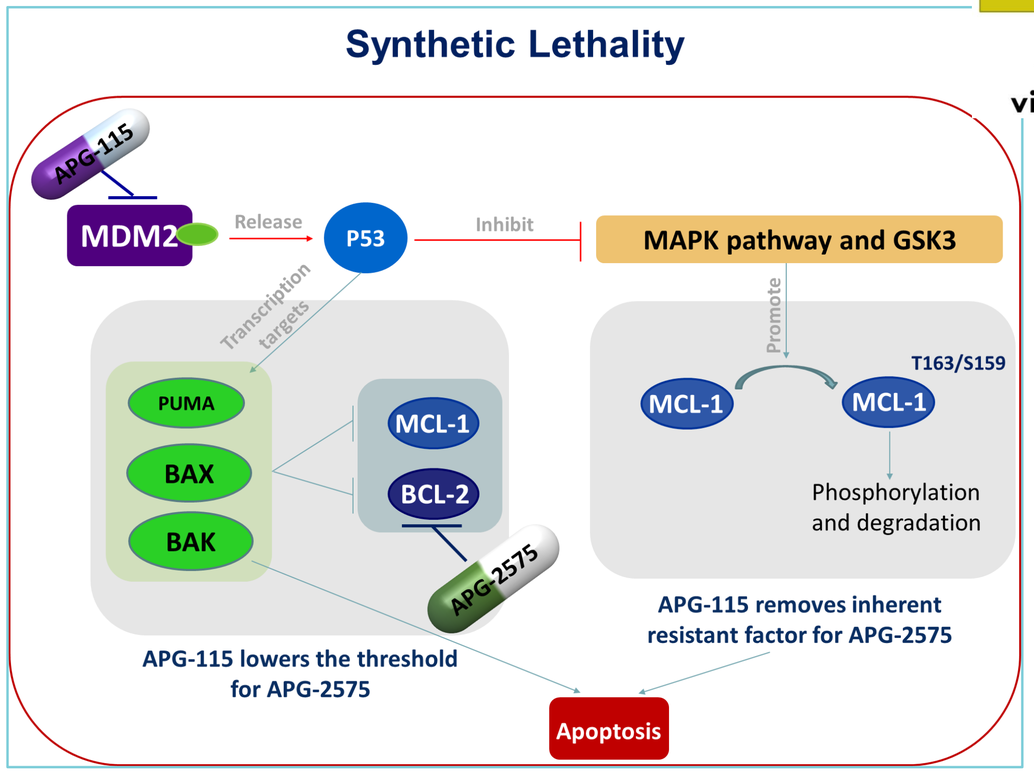
Source : American Society of Clinical Oncology (ASCO

Synthetic Lethality

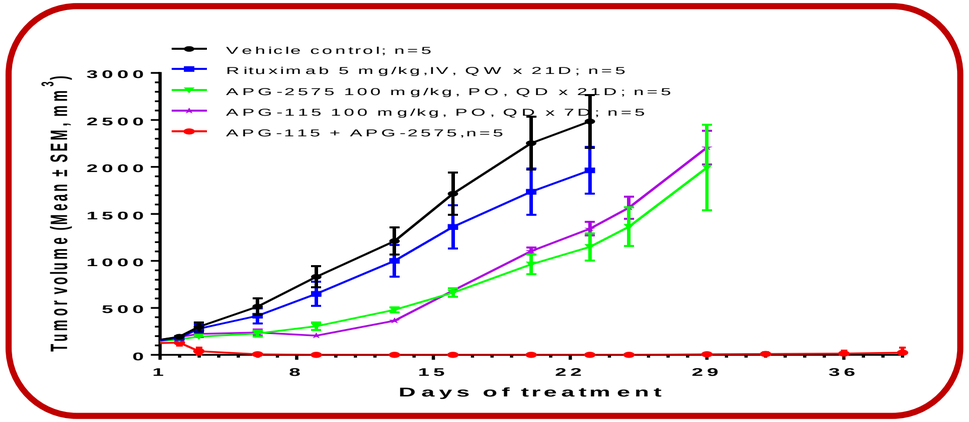
Combination of APG-115 + APG-2575

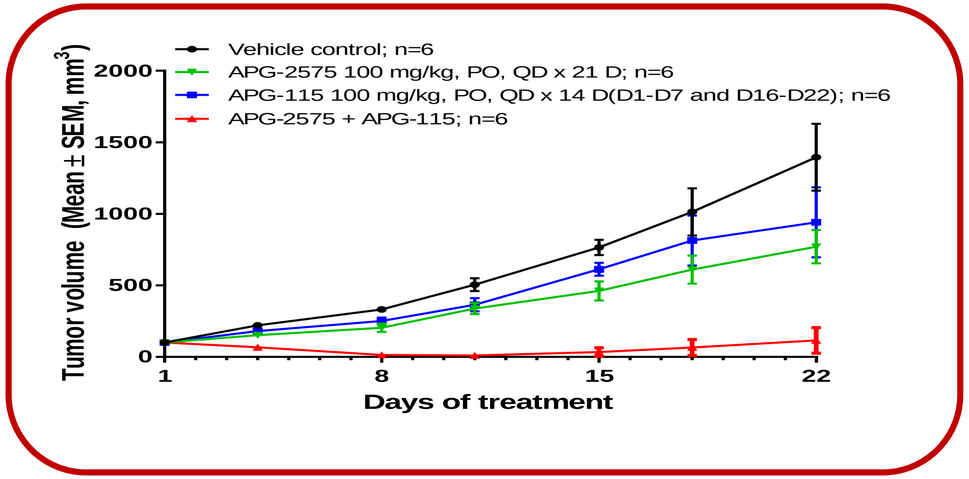
- **"Synthetic lethality"** describes a strategy where blocking two mutations result in cell death, but the cancerous cells only has one mutations. By artificially inducing a second mutation the medicine can induce cancerous cell death.





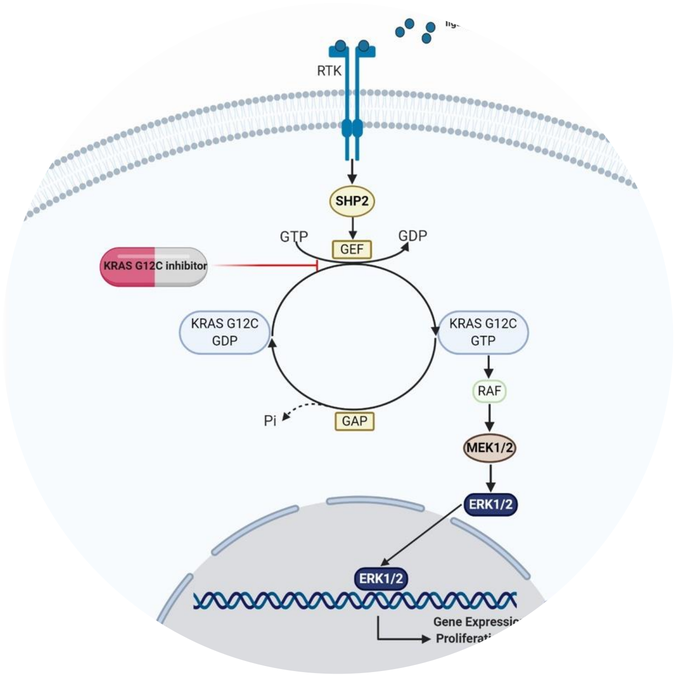
Complete Response in Animal Tumor Models





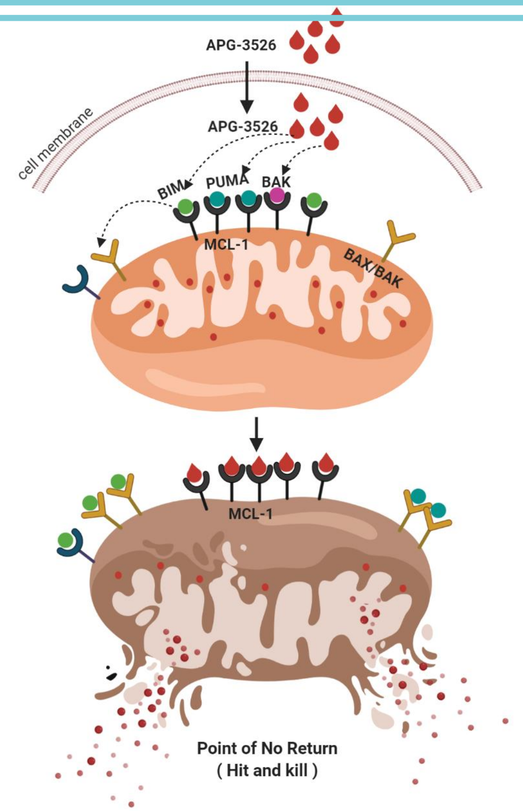
Pre-Clinical Asset

MCL-1 inhibitor/ EED Selective/ BCR-ABL

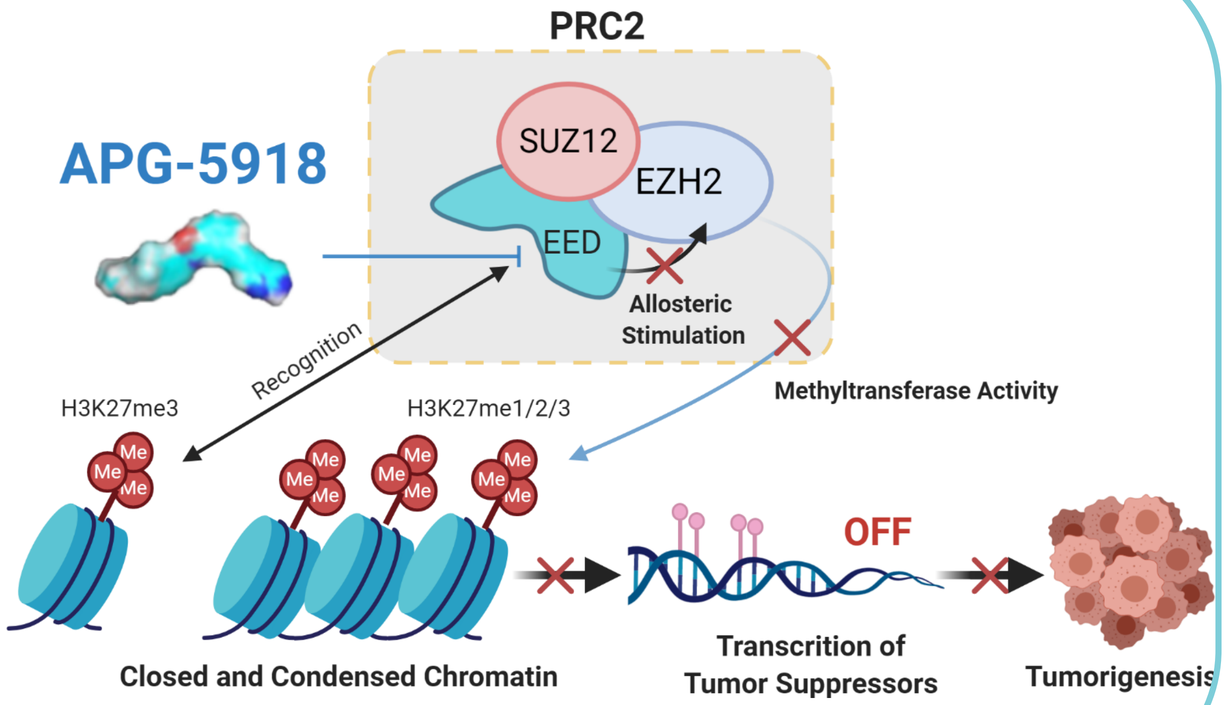


MoA of Mcl-1Inhibitor and EED Inhibitor

Mcl-1 Inhibitor

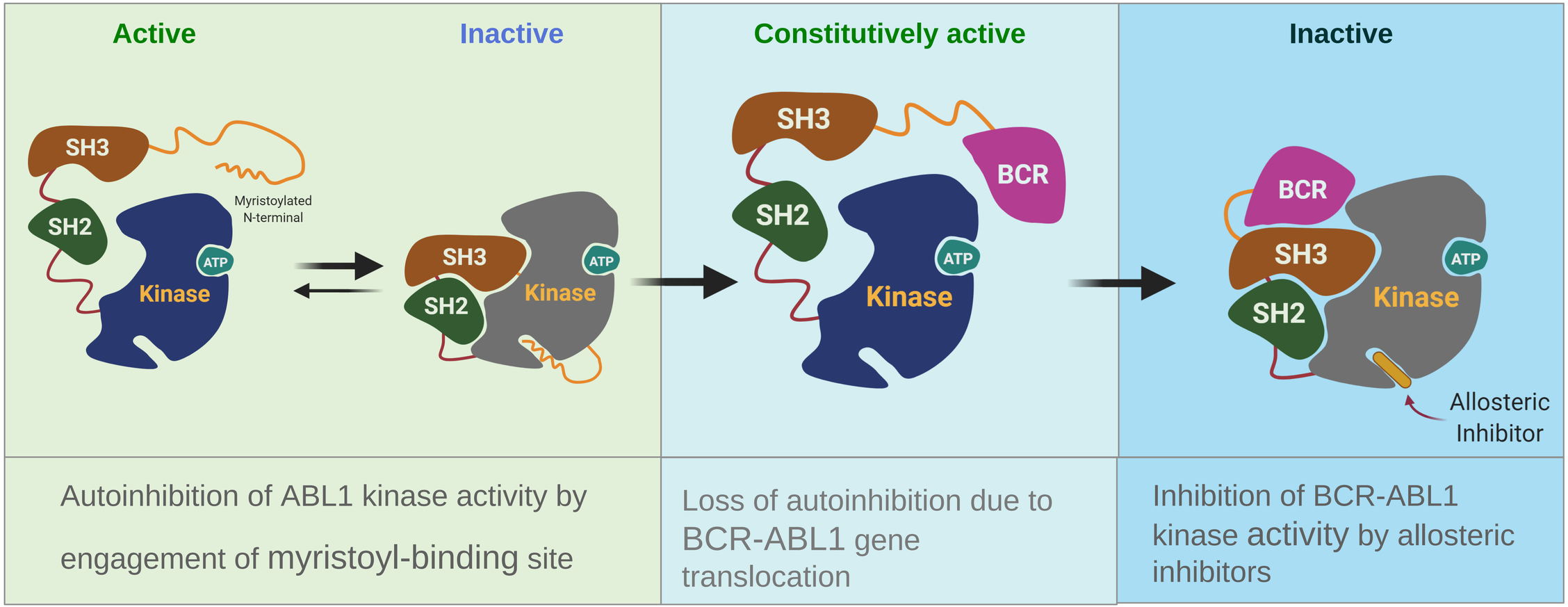


EED Inhibitor



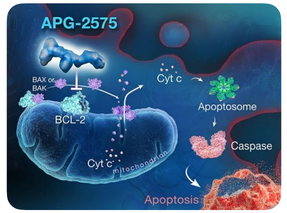
MoA of BCR-ABL1 Allosteric Inhibitor

Inhibition of BCR-ABL1 kinase activity by allosteric inhibitors



Source: N Engl J Med. 2019 Dec 12;381(24):2315-2326. J Med Chem. 2018 Sep 27;61(18):8120-8135. Cancer Res. 2012 Oct 1;72(19):4890-5.

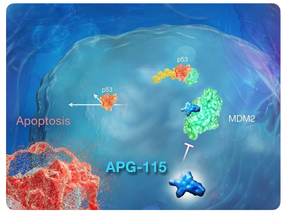
Strategic Alliances



BCL2

AstraZeneca

- 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, Acerta Pharma's CALQUENCE® (acalabrutinib), evaluating the efficacy and safety 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.



MDM2-p53

MSD

- Entered a global clinical collaboration with MSD;
- We will sponsor an open-label, multicenter, phase Ib/II study (NCT03611868) to evaluate the safety and efficacy 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 · Unity Biotechnology · TopAlliance Biosciences

Our Experienced Executives Team

Dajun Yang, M.D., Ph.D.
Co-Founder
Chairman &
Chief Executive Officer

Ascenta Therapeutics · Georgetown University · University of Michigan

Ming Guo, Ph.D.
Co-Founder
President &
Chief Operating Officer

Ascenta Therapeutics · Monsanto · Pfizer

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

Chief Medical Officer

National Cancer Institute · gsk · Exelixis · Bayer

Jeff Kmetz

Chief Business Officer

pharmacyclics (An AbbVie Company) · Alexion · Bayer · Pulse Biosciences

Thomas Knapp

SVP, General Counsel

Boeing · Paul Hastings · Sucampo · Sellas Life Sciences Group

Su Zhang

Chief Financial Officer

CMS · 招商证券 · pwc · BNP Paribas · Standard Chartered

James (Jim) Tripp

SVP, Portfolio Management
and Head of US Operations

tiziana Life Sciences · Bayer · Regeneron · Rasna Therapeutics · Roche

Renowned & Globally Recognized Advisors

Shaomeng Wang Ph.D.

- Professor in Medicine, University of Michigan
- Editor-in-chief, Journal of Medicinal Chemistry

Journal of Medicinal Chemistry

Allen S. Lichter

M.D., FASCO

- CEO of ASCO from 2006-2016
- Dean of the University of Michigan Medical School from 1998-2006
- Director of Radiation Therapy of NCI

Jedd D. Wolchock

M.D., PhD, FASCO

- Chief of the Immuno-Oncology Service, The Lloyd J. Old Chair in Clinical Investigation at Memorial Sloan Kettering Cancer Center
- Director, Parker Institute for Cancer Immunotherapy at MSK
- Professor of Medicine, Weill Medical College of Cornell University

Memorial Sloan Kettering Cancer Center

Paul A. Bun Jr.

M.D.

- President of ASCO, IASLC and AACI
- James Dudley Professor of Lung Cancer Research at the University of Colorado, founding director of the University of Colorado Cancer Center

James O. Armitage

M.D.

- Former president of ASCO
- Joe Shapiro Chair at the University of Nebraska Medical Center
- Member, Board of Directors, Tesaro

Arul Chinnaiyan

M.D., PH.D.

- Howard Hughes Medical Institute Investigator
- S.P. Hicks Endowed Professor at the University of Michigan Medical School

Howard Hughes Medical Institute

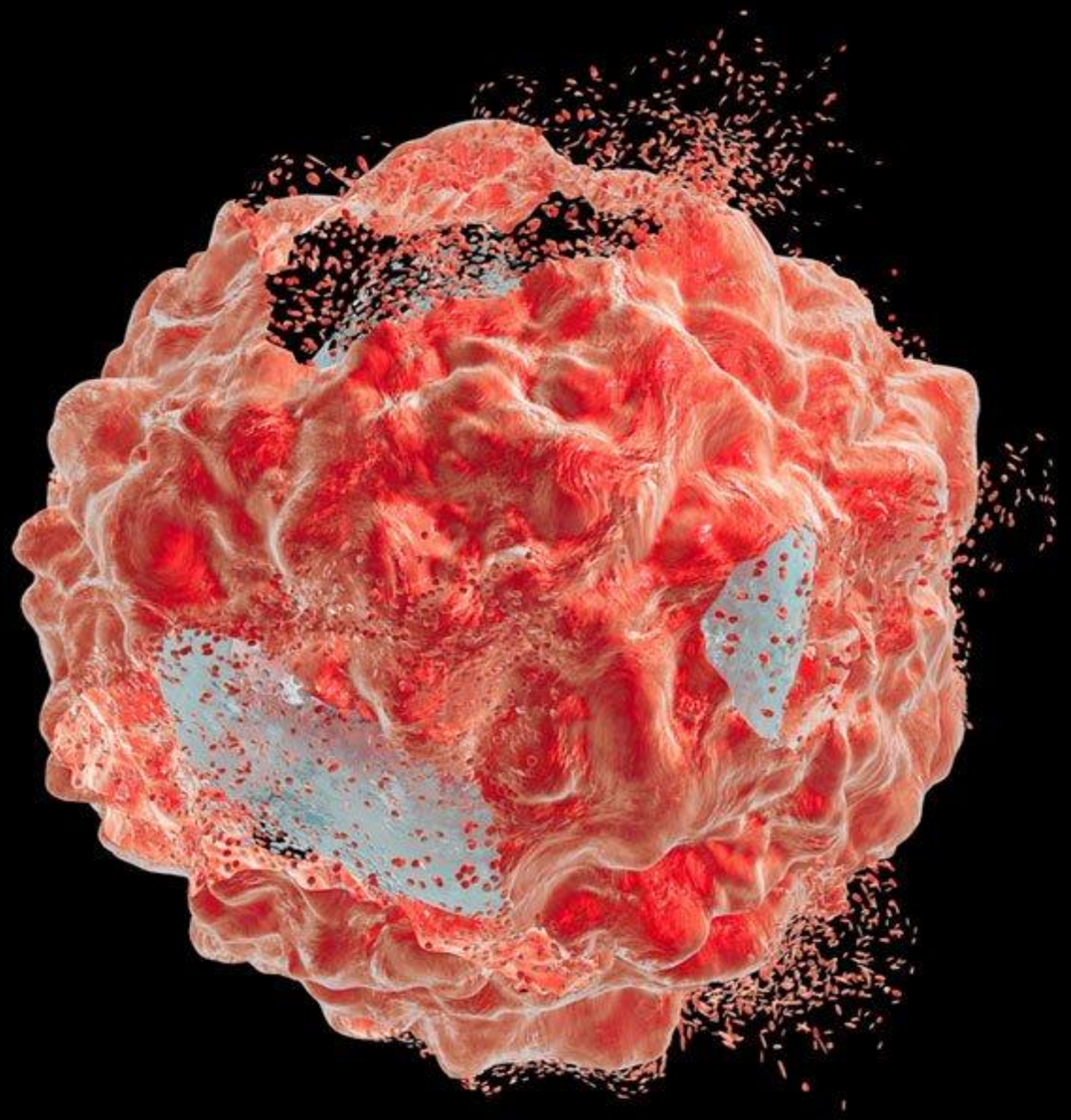
IP Portfolio for Major Clinical Compounds

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

Source: Company data Note: All data as of December 31, 2019

Investment Highlights

1. Global leader in apoptosis targeting therapy development
2. Product pipeline with first- and best-in-class potential
3. Compelling combination opportunities with significant upside potential
4. Strong global intellectual property portfolio
5. Experienced and visionary management team and talents
6. Global Collaboration with Leading Companies and Institutions



Ascentage Pharma Group

Advancing Therapies That Restore Apoptosis