

Ascentage

2026 Interim Results and Business Update



6855 HKEX

AAPG  Nasdaq

August 19, 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. Readers are cautioned that these forward-looking statements are not guarantees of future events or outcomes and they should not be unduly relied on, as they are based on information available to the Company and on management’s current beliefs and expectations as of the date of this presentation and are therefore inherently uncertain and subject to risks, uncertainties, and assumptions that are difficult to predict, including those identified in the Company’s filings with the Securities and Exchange Commission (“SEC”), including the risk factors contained in sections titled “Risk factors” and “Special note regarding forward-looking statements and industry data” in the Company’s Form 20-F for the year ended December 31, 2025, filed with the SEC on April 29, 2026, 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 Company’s prospectus 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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Business Update



Financial & Business Update

- Total revenue of \$44.5M, up 29% YoY¹; of which were product sales of \$41.6M; cash runway through 2027
- Appointed Dr. Faıçal Miyara as Chief Business Officer and Mr. Jim Ziegler as Chief Commercial Officer
- Removal of the “B” marker from the HKEX stock short name



Pipeline Progress

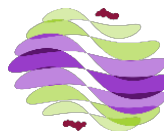
- Advancing 9 registrational trials, 4 of which are global
- APG-3288 (BTK degrader) Phase 1 dose escalation ongoing, including in the U.S.
- APG-115 (targeting MDM2-p53) selected for China’s Starlight Program for pediatric anticancer drug R&D

Established Commercial-Stage Portfolio with Highly De-risked, Late-Stage Pipeline



Olverembatinib 3rd Gen BCR-ABL Inhibitor

- Approved for CML-CP since 2021
- Real-world long-term safety and efficacy data
- FDA and EMA cleared global registration trials



Lisoftoclax Bcl-2 Selective Inhibitor

- Approved as single-agent in post-BTK CLL/SLI
- Unique daily ramp-up advantage; enhanced safety with lower risk of DDIs
- FDA and EMA cleared global registration trials

Compound	Target	Indication	Dose Escalation/ Dose Expansion	Clinical POC	Registrational Trial
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 (EED inhibitor)	Anemia, oncology			
APG-3288	BTK Degradar	B-cell lymphoma			

New Key Hires Driving Global Expansion



Dr. Faıçal Miyara
Chief Business Officer

- 20+ years in oncology BD, S&E, and venture investing across leading, global pharmaceutical and biotech companies
- Sold Kadmon to Sanofi for \$1.9 billion
- Led global oncology partnering on the executive teams at IO Biotech and Ipsen
- Advanced Erbitux and Cyramza at Lilly and co-initiated Pfizer's Center for Therapeutic Innovation



Jim Ziegler
Chief Commercial Officer

- 25+ years of commercial biopharma leadership including hematology-oncology and rare diseases
- Led Gilead's first oncology U.S. launch (Zydelig)
- Led global commercial team at Iovance (Amtagvi) and Geron (Rytelo)
- Proven expertise in developing commercial strategy and structure across multiple drug launches



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R&D Highlights

Lisaftoclax is Actively Advancing its Global Phase III Registrational Trials

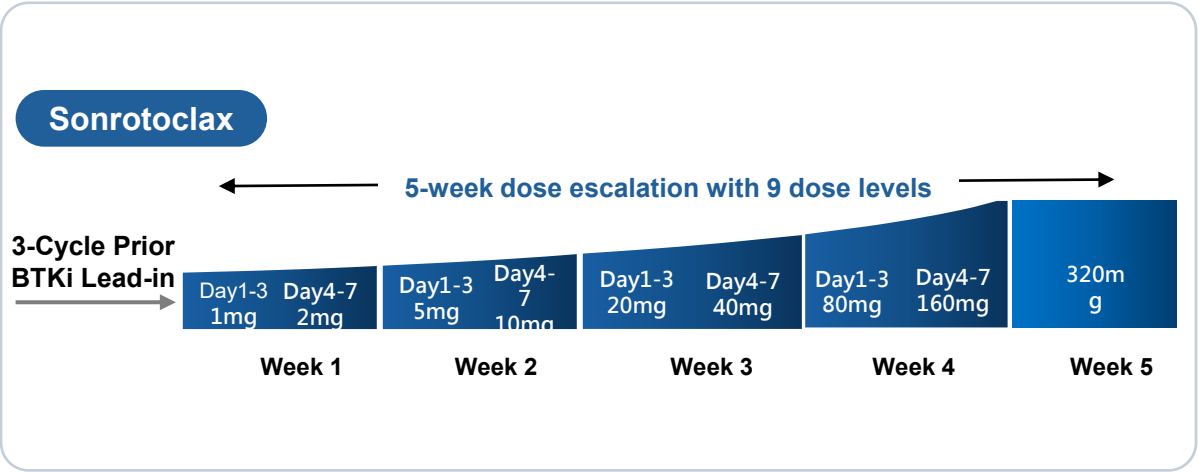
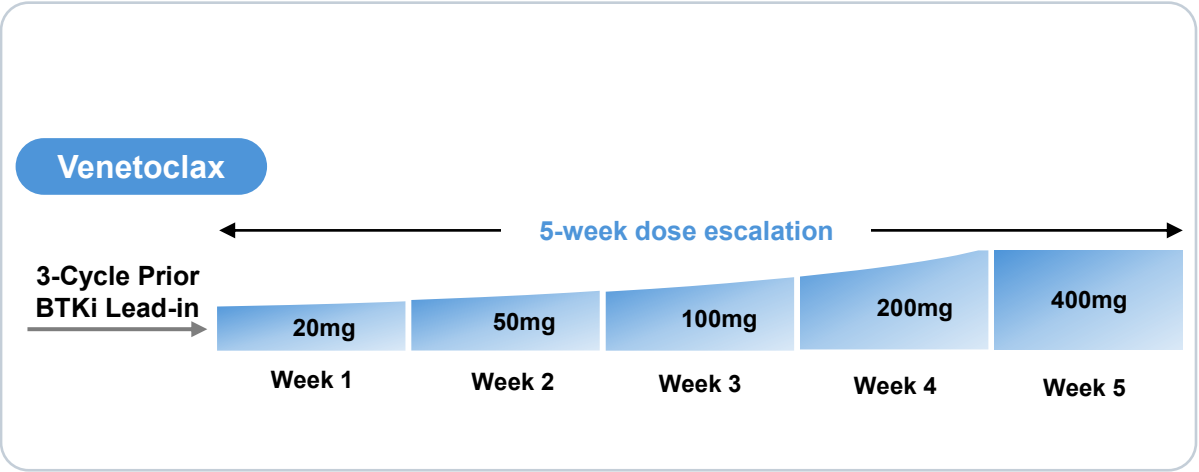
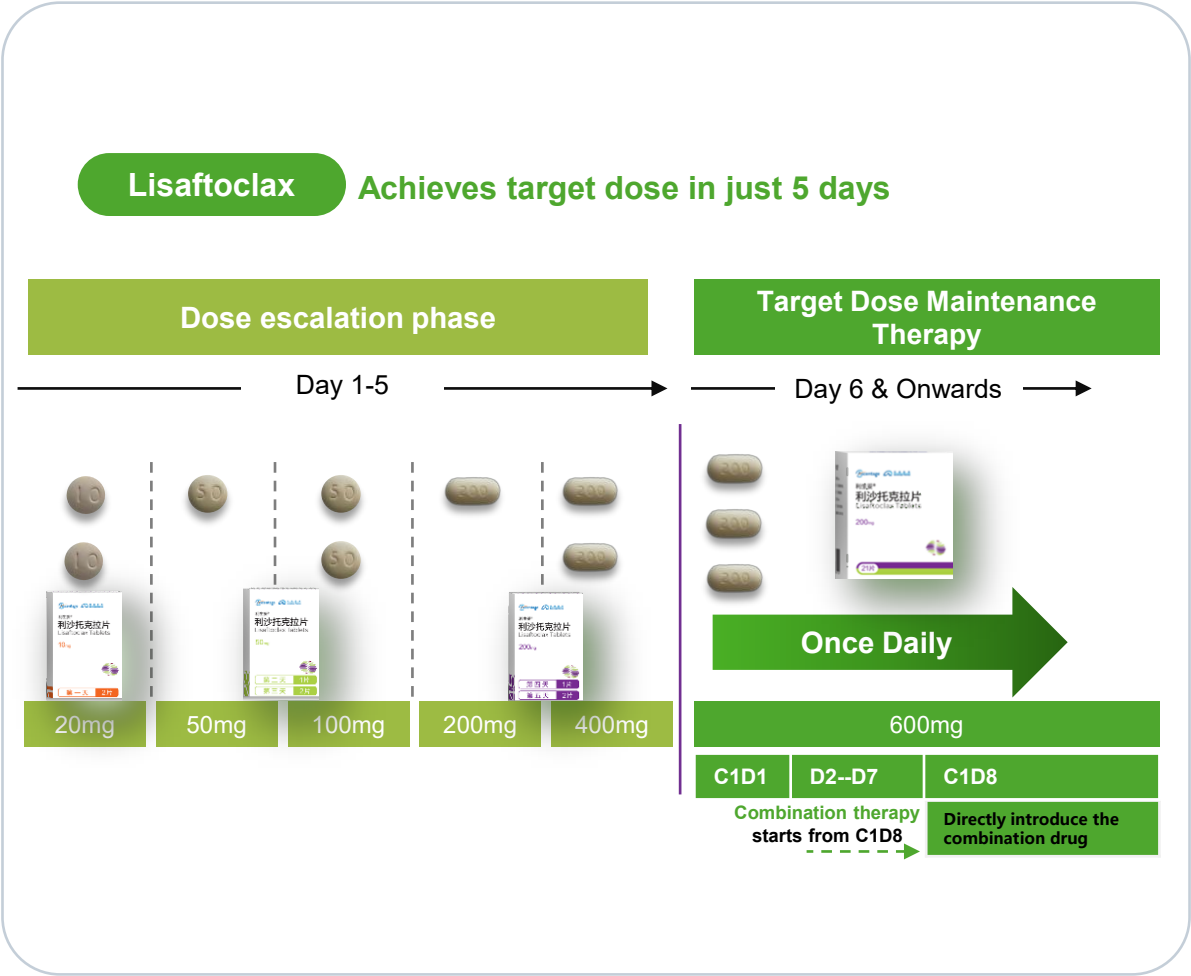


Clinical Program	Indication	Dose Escalation/ Dose Expansion	Clinical POC	Registrational Trial	Marketed
Pivotal Ph-II	CLL/SLL ¹	Single-agent			Approved
GLORA	CLL/SLL sub-optimal BTKi response (Add-on)	+ BTK Inhibitor	FDA, EMA, and CDE cleared	Global Phase III Registrational Trial	
GLORA-2	First-Line CLL/SLL	+ 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. Approved by NMPA in July 2025 for the treatment of adult patients with CLL/SLL who have previously received at least one systemic therapy including BTK inhibitors.

Rapid 5-day dose ramp-up and no prior lead-in for combination with BTKi



Favorable Safety Profile and Better Drug Combinability

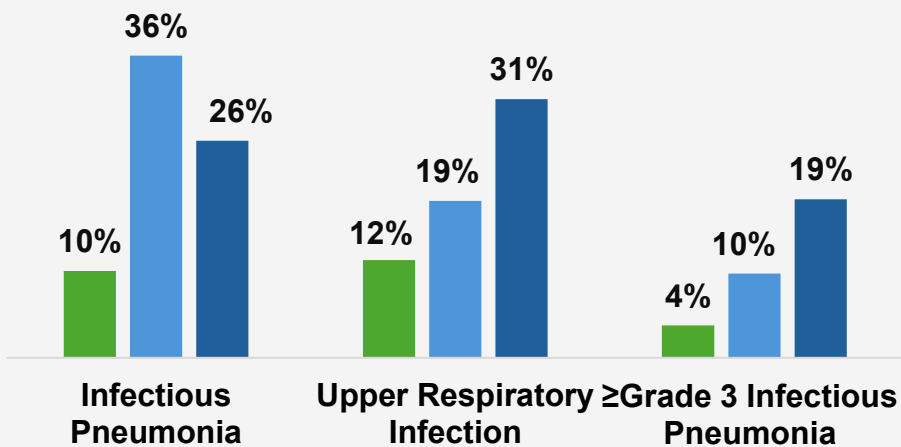


■ Lisaftoclax
CC201
R/R CLL/SLL

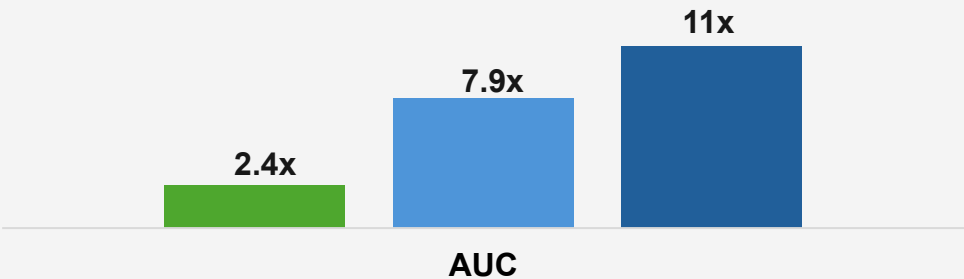
■ Venetoclax
M14-728
R/R del(17p) CLL/SLL

■ Sonrotoclax
BGB-11417-202
R/R CLL/SLL and MCL

Infection Rate Comparison



PK Variability with Strong CYP3A4 Inhibitors



- Strong CYP3A inhibitors contraindicated with Ven and Sonro
- Lisaftoclax shows minimal fluctuation in plasma concentration

Lower SAE Incidence

- 10.4% Lisaftoclax vs. 52.0% Ven vs. 25.0% Sonro
- No drug-related deaths reported to date
- 2 TRAE-related deaths due to infectious pneumonia for Sonro

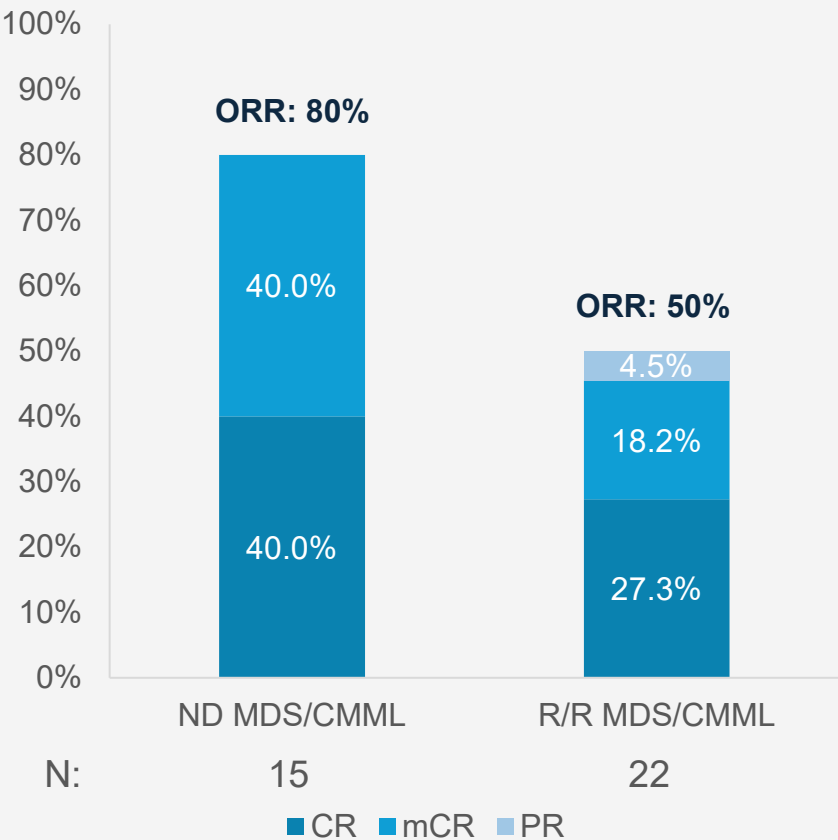
Low DDI Risk with P-gp/BCRP Inhibitors

- No dose adjustment required with Lisaftoclax, compared to Ven (≥50% dose reduction) and Sonro

Lisaftoclax Demonstrated Clinical Activity in MDS/CMML Across Clinical and Real-World Settings



Efficacy in Newly Diagnosed and R/R MDS/CMML



Rapid Response

1.0 month **1.1 months**

median time to response
ND cohort

median time to response
R/R cohort

Median Duration of Response

11.1 months **5.2 months**

ND cohort

R/R cohort

Real-World Evidence

Representative case 1:

71-y/o HR-MDS patient with **poor baseline features**: MDS-EB2 carrying **TP53 & ATRX** mutations, complex karyotype and concurrent infection

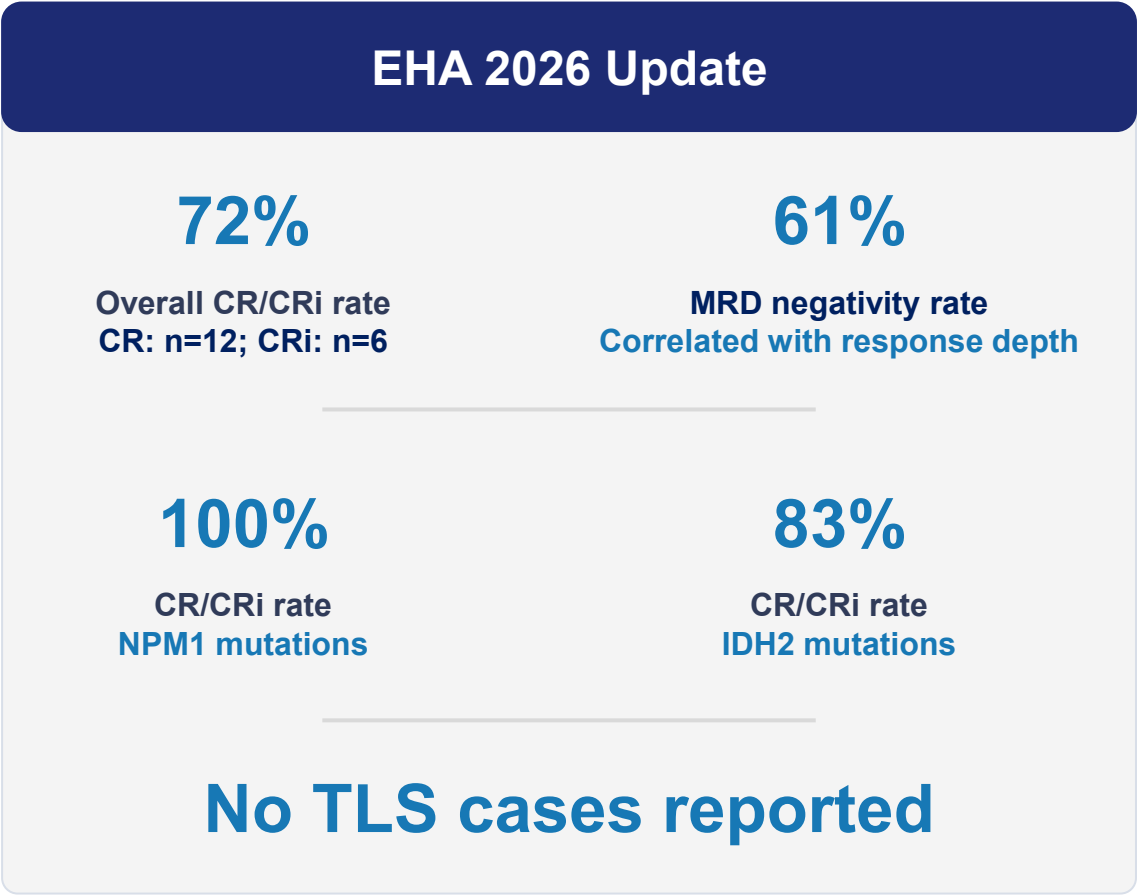
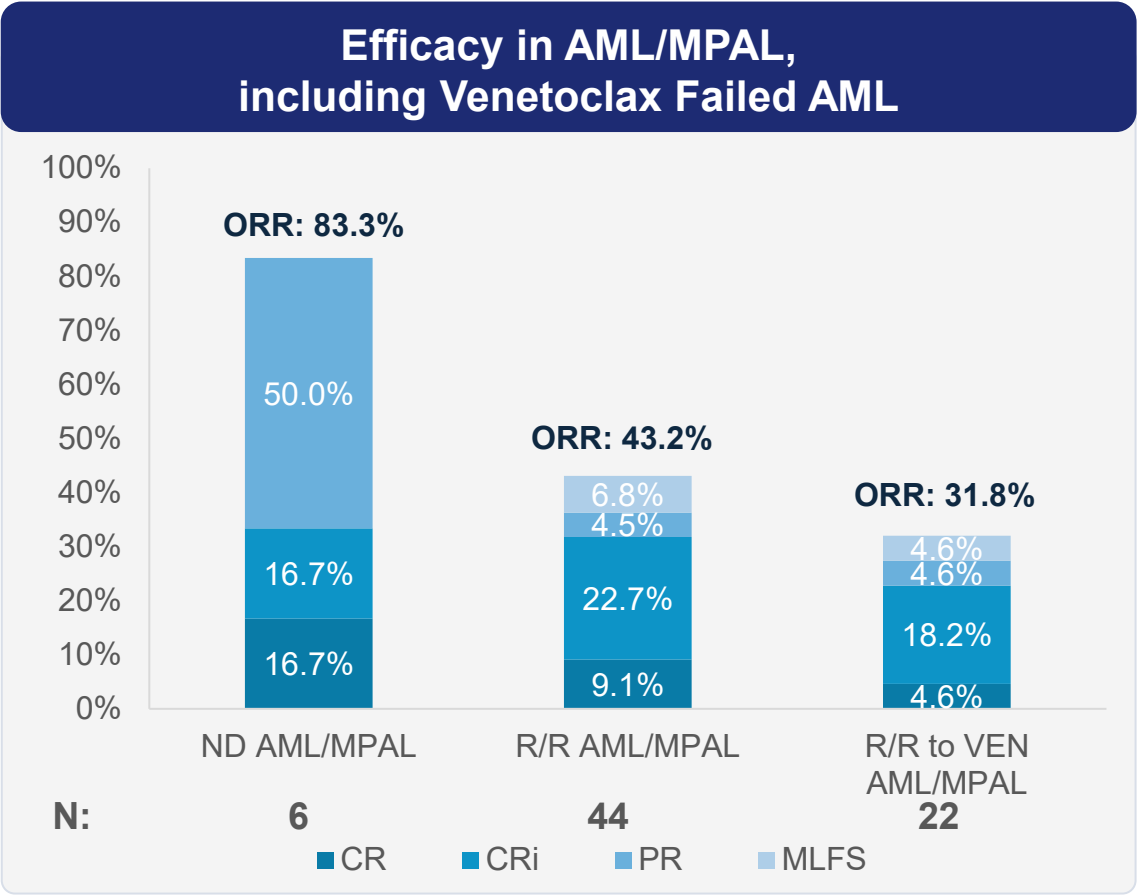
- Achieved CR after **2** cycles with rapid hematologic recovery

Representative case 2:

Very high-risk MDS patient with poor response to prior venetoclax exposure attained **CRi 14-days post-venetoclax switch**

- Bone marrow blasts decreased to **3% (CRi)**
- Flow-cytometry negative with no aberrant-phenotype cells
- Transfusion-dependence greatly reduced (RBC: 4U → 1U)

Lisaftoclax Demonstrated Strong Clinical Activity in AML, Including Venetoclax Failed AML



Lisaftoclax demonstrates strong clinical activity in AML (including diverse mutations), with the potential to overcome Venetoclax-resistance in AML

Sources:
ASH 2025 Abstract. Kadia T, et al. Lisaftoclax + azacitidine for myeloid malignancies (APG2575AU101)[P]. 67th ASH Annu Meet, 2025. Poster No.: 1641. NCT04964518.
EHA 2026 Abstract. C. CAO, et al. Real-World Efficacy and Safety of Lisaftoclax in Myeloid Neoplasms: A Multicenter Retrospective Study

Olverembatinib is Actively Advancing its Global Phase III Registrational Trials

Clinical Program	Indications	Dose Escalation/ Dose Expansion	Clinical POC	Registrational Trials	Marketed
Pivotal Ph-II	CML-CP with/without <i>T315I</i> Mutation; CML-AP with <i>T315I</i> Mutation ^{1, 2}	Single-agent	Full approval and full coverage by NRDL		Marketed since 2021
POLARIS-2	CML	Single-agent	FDA, EMA 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 to first- and second-generation TKIs, has been included into the China 2024 NRDL effective January 1, 2025.

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Olverembatinib: Favorable Clinical Benefit and Tolerability in Heavily Pretreated CML-CP Patients

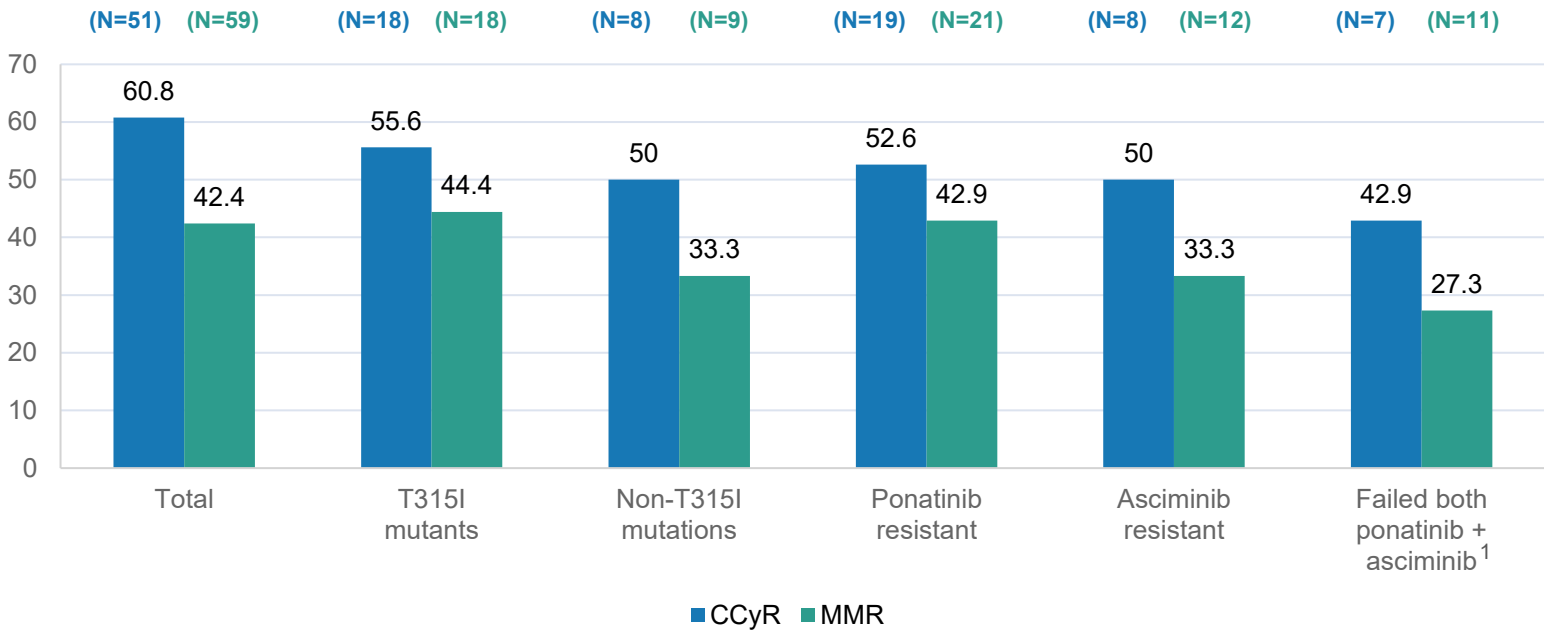


Phase 1b study in heavily pretreated CML-CP patients in the U.S. (N=62)

Heavily Pretreated Patient Population



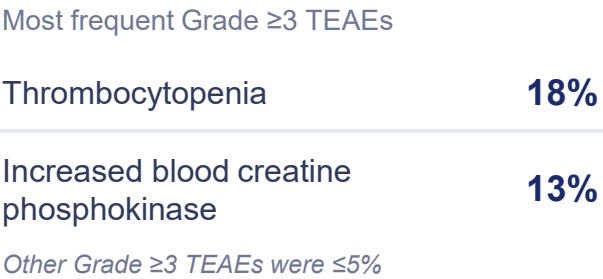
Efficacy data



Sustained Treatment Duration



Manageable Safety Profile



Consistent and durable 2L+ efficacy in ponatinib- or asciminib-pretreated patients, including those who failed both

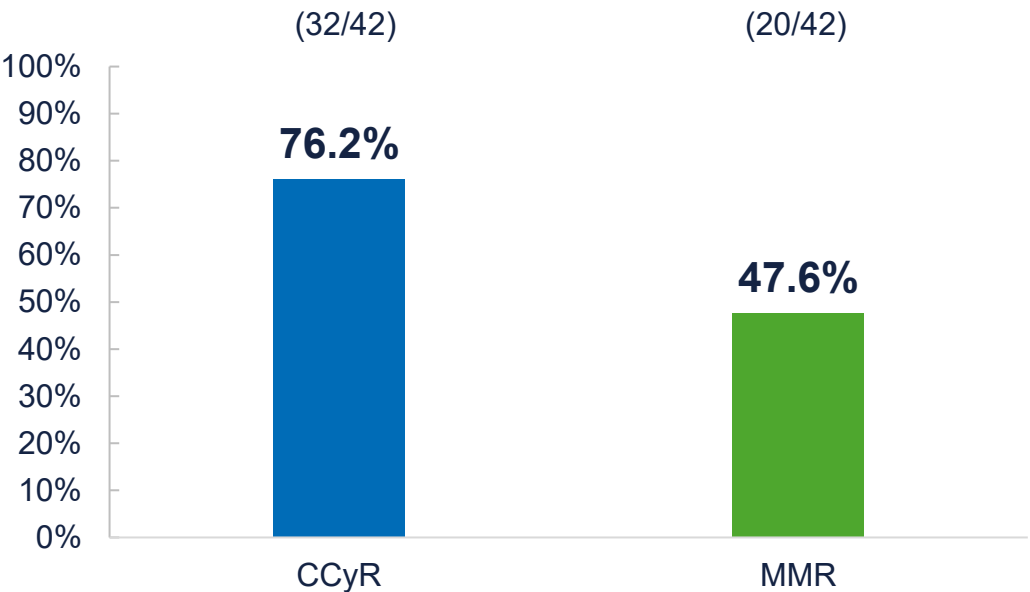
JAMA Oncology. Jabbour E, Oehler VG, Koller PB, et al. Olverembatinib After Failure of Tyrosine Kinase Inhibitors, Including Ponatinib or Asciminib: A Phase 1b Randomized Clinical Trial. JAMA Oncol. 2025;11(1):28–35

1 Elias Jabbour et al. ESH-iCMLf 26th Annual John Goldman Conference on Chronic Myeloid Leukemia 2024

Olverembatinib: Potential Best-In-Class TKI in Later Line CML Patients

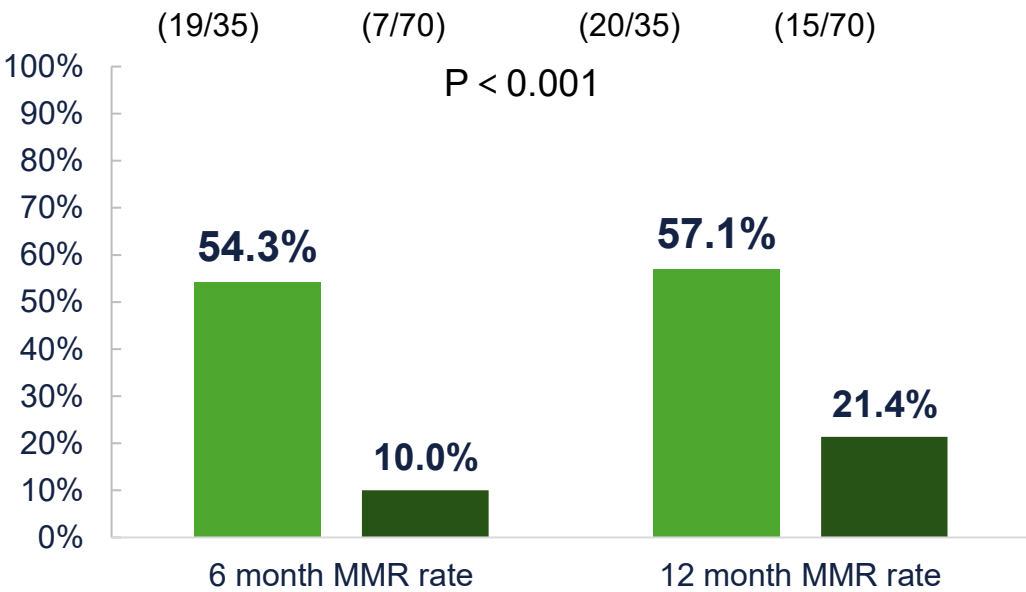


Olverembatinib in 2L CML-CP patients



- 47 CML-CP patients R/R to 1L TKIs without the T315I mutation
- Best responses in patients pretreated with Imatinib or 2G TKIs as frontline therapy

Olverembatinib in 2L+ CML-CP patients



- 105 CML-CP patients (≥ 2 prior TKIs, no MMR for >18 months)
- 78.6% reported relief from previous TKI-related AEs after switching to Olverembatinib

Robust efficacy demonstrated in 2L+ prospective study

Olverembatinib: Proven Activity After Ponatinib and Asciminib Failure in CML



Peer Benchmarking Analysis

	Olverembatinib	ELVN-001	TERN-701
Stage of development	Approved and marketed	Phase 1b	Phase 1/2
MMR achieved in T315I-mutant patients	44.4%	None	None
MMR achieved in prospective randomized study	54.3% vs 10.0% (P<0.001)	None	None
MMR achieved after ponatinib failure	42.9%	Not reported	Not reported
MMR achieved after heavily pretreated TKIs incl. asciminib	33.3%	28–29% ¹	Not reported
MMR achieved after ponatinib + asciminib failure	27.3%	Not reported	Not reported
Real-world evidence	✓	✗	✗

Key Takeaways

- **Long-term, post-approval evidence:** four- and six-year follow-up, with thousands of patients treated to date
- **Only controlled comparative dataset:** 54.3% vs 10.0% MMR at 6 months against continuing prior TKI
- **No competitor-reported activity in ponatinib-failed or T315I-mutant patients**, where unmet need is greatest
- Competitor MMR rates reflect less heavily pretreated populations: **post-asciminib analyses do not disclose prior lines of therapy**
- **Activity after both ponatinib and asciminib is the more relevant benchmark**, as compound mutations can limit both active-site and allosteric agents

Approved, de-risked and years ahead — only agent with demonstrated activity after most advanced TKIs have failed

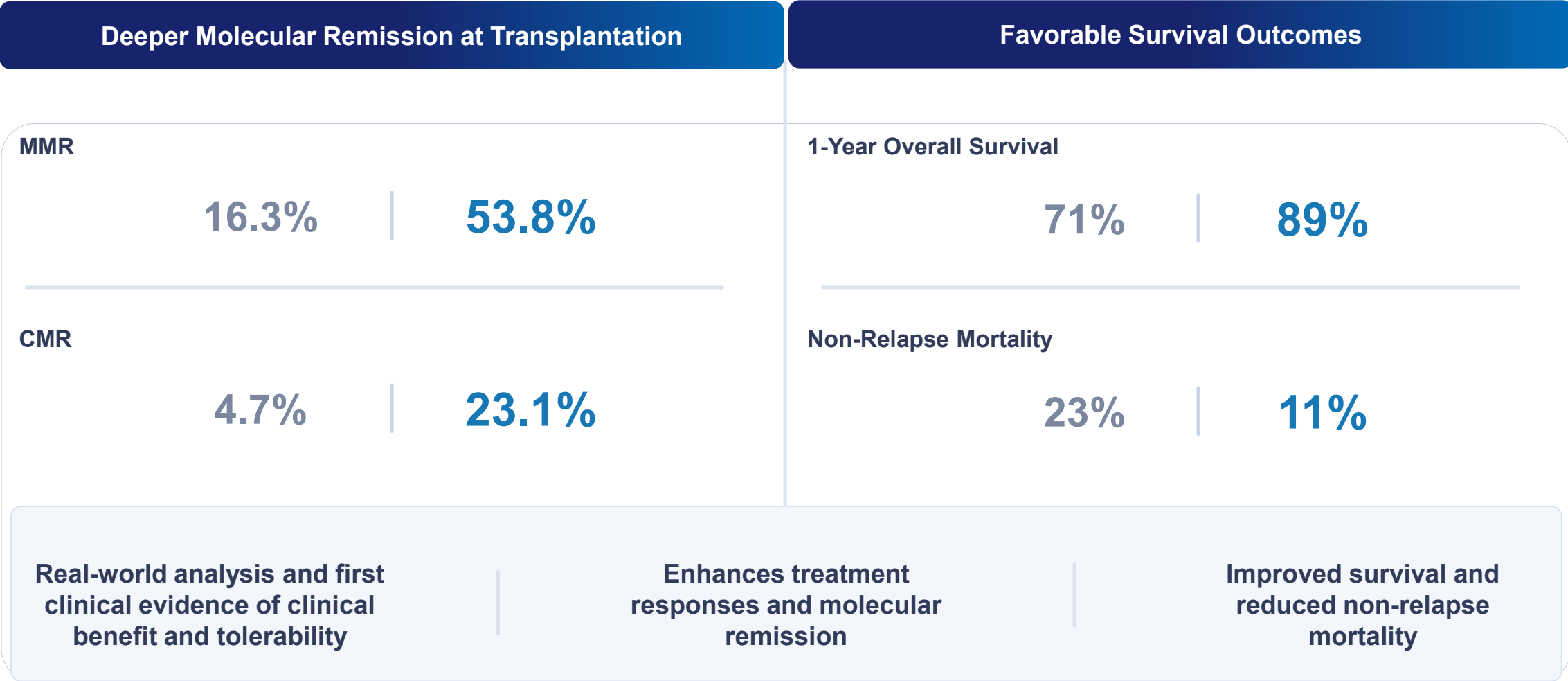
Olverembatinib: JAMA Oncol. 2025;11(1):28–35 (U.S. Phase 1b, N=62); switch study EHA 2026 (EHA-4595 / PS1728, Wen B, N=105), a prospective, multicenter, controlled trial. 1. ELVN-001: newly MMR achieved by Week 24 in post-asciminib patients with 3–4 prior TKIs (28%, n=22) and 5+ prior TKIs (29%, n=15); 67% total / 60% achieved in those with 1–2 prior TKIs (n=6). Enliven Therapeutics, data cutoff 10 March 2026.

Deep Remission, Improvement in Allo-HSCT Outcomes in BC-CML patients



Real-world analysis of 69 patients receiving 1/2G TKIs (n=43) or olverembatinib (n=26) before transplantation

☐ 1/2G TKIs ☒ Olverembatinib



Olverembatinib + Low-Intensity Chemotherapy

Frontline Ph+ ALL

63%

MRD-negative CR rate

34/54 evaluable patients

- POLARIS-1 global Phase III, Part 1 results
- Exceeds ponatinib’s 34.4% MRD-negative CR rate in the PhALLCON trial

Olverembatinib + Blinatumomab

CML-LBP and Ph+ BCP-ALL

80%

MRD-negative by flow cytometry (10^{-4})

8/10 evaluable patients

- 91% CR/CRi in 10/11 evaluable patients
- Phase 1b, 3+3 dose escalation, up to five 6-week cycles

Olverembatinib + Lisafoclax

Pediatric R/R Ph+ ALL

89%

ORR at C2D15 — all complete responses

8/9 evaluable patients

- **Oral, chemotherapy-free regimen** active in Pediatric R/R Ph+ ALL
- Manageable toxicity with evidence of CNS penetration

Deep responses in frontline, relapsed/refractory and pediatric settings

Alrizomadlin (APG-115): Orally Bioavailable, Highly Selective, Small Molecule Inhibitor Targeting MDM2-p53



Clinical scope spans multiple rare oncology settings:

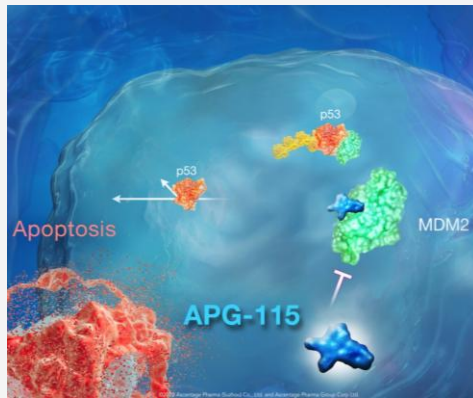
ACC

MPNST

AML/MDS

Pediatric solid tumors

Mechanism of Action



Reactivates wild-type p53 by inhibiting MDM2-mediated suppression

APG-115 Overview

6 FDA Orphan Drug Designations

2 FDA Rare Pediatric Disease Designations

- **China's Starlight Program** provides additional development support for pediatric anticancer drug R&D
- **Global clinical footprint** across China, the U.S. and Australia
- **Flexible development strategy** across monotherapy and combination studies

Strategic Validation

- **Ipsen / Kartos acquisition sets class benchmark:** US\$450M upfront + up to US\$1.3B in milestones
- **Ipsen gained navtemadlin, a Phase III ready asset** as add-on to ruxolitinib in myelofibrosis
- **Large-cap acquisition validates** strategic appetite for MDM2-p53 assets
- **Alrizomadlin remains wholly owned** with broader development optionality in hematologic malignancies and solid tumors

Class validation underscores APG-115's strategic value & broad development optionality

Alrizomadlin Alone or Combo Lisaftoclax Demonstrated Encouraging Objective Response Rates in Pediatric Patients with Rhabdomyosarcomas or STSs



23.5%

ORR
including 1 CR, 3 PRs

70.6%

DCR
12 patients achieved PR or SD

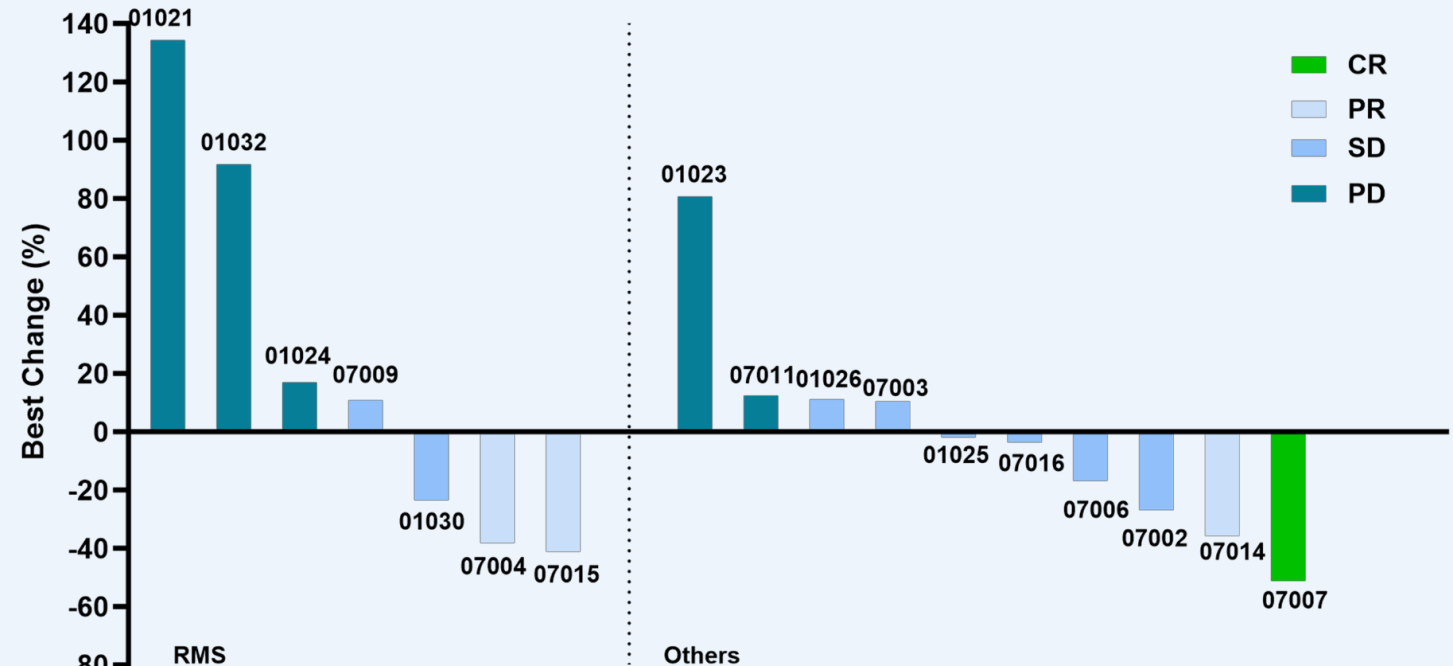
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RMS patients
achieved PR

1

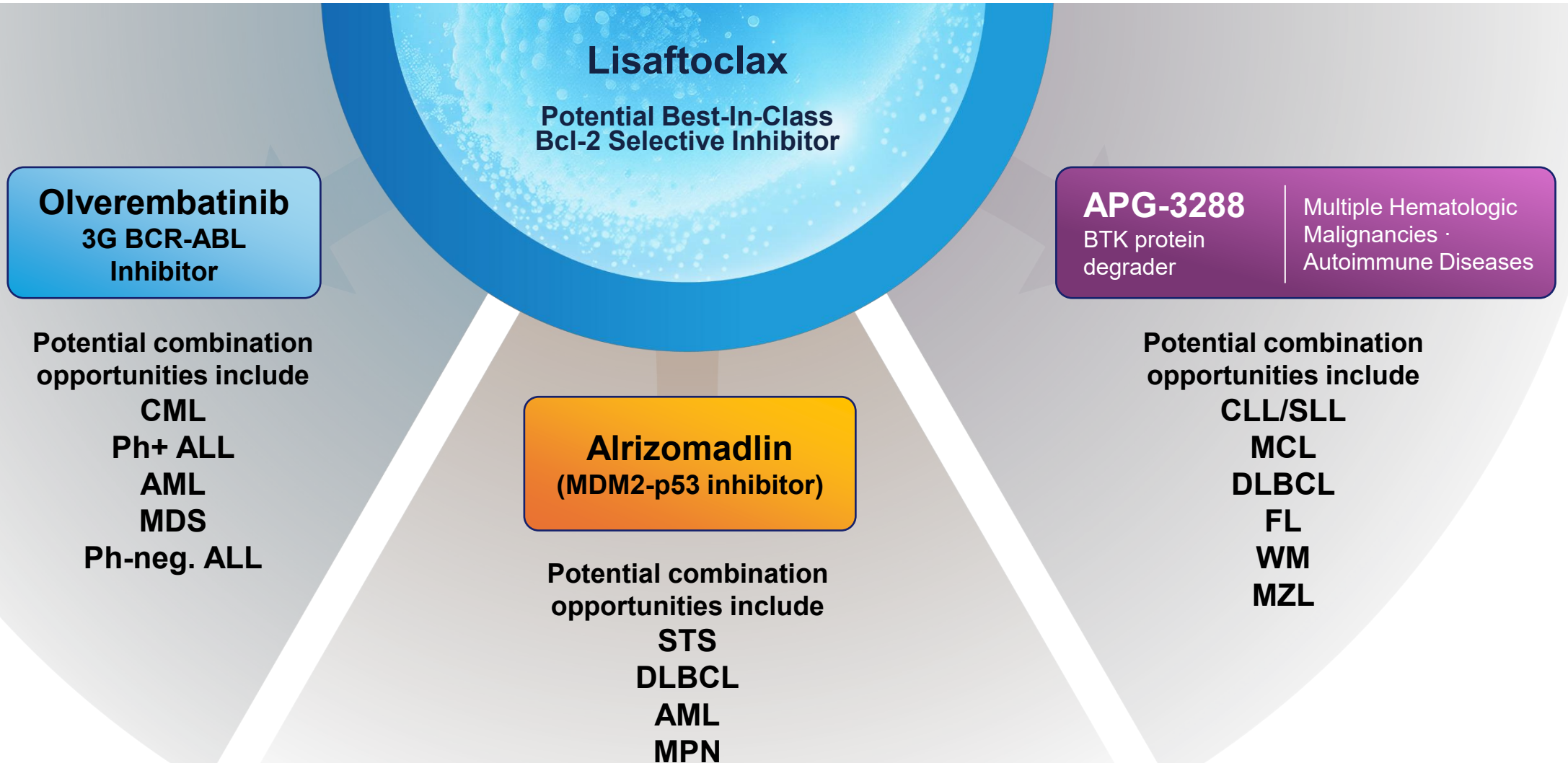
Ewing Sarcoma patient
achieved CR with no uptake

Efficacy of Alrizomadlin + Lisaftoclax in patients with RMS and other tumors



APG-115 + Lisaftoclax regimen poised to address unmet clinical needs for pediatric solid tumors

Opportunity For Highly Impactful Therapeutic Synergy



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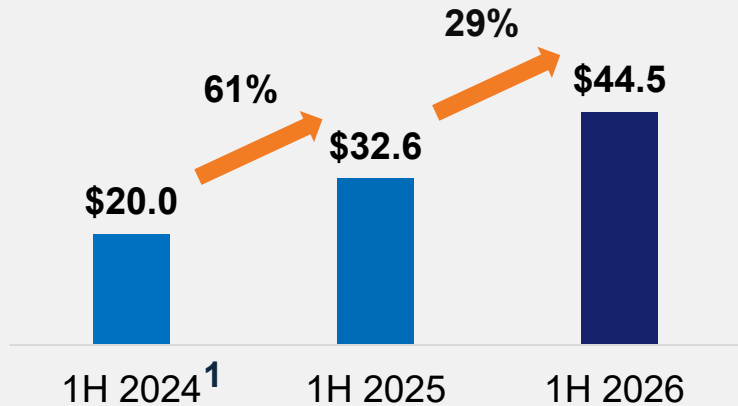
Financial Results

Continued Commercial Execution in 1H 2026



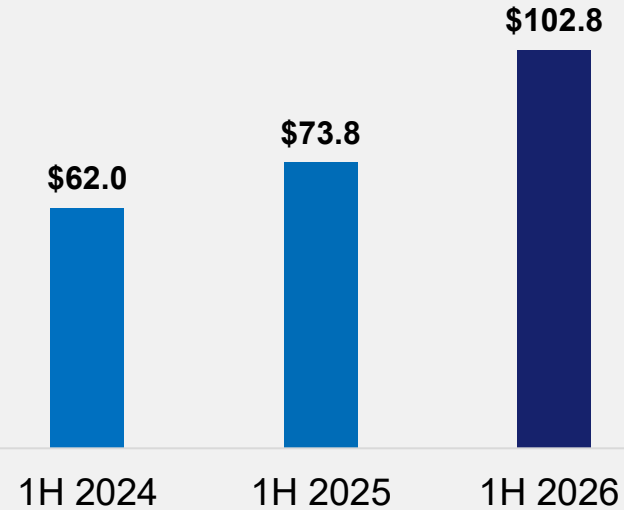
(\$ in U.S. millions)

Total revenue



- Revenue grew 29% YoY¹ to US\$44.5 million, supported by continued commercial momentum

R&D expense



- Increase in R&D expense driven by continued investment in global registrational programs
- Increase in S&D expense reflects continued commercial expansion

S&D expense



USD / RMB exchange rates: 6.7851 for 1H 2026, 7.1636 for 1H 2025, 7.2672 for 1H 2024.

1. CER growth rate, converted at 6.7851 per US\$1.00 for 1H 2026.

2. 1H 2024 revenue excludes Takeda option payment.

2026 Interim Reported Consolidated Balance Sheet

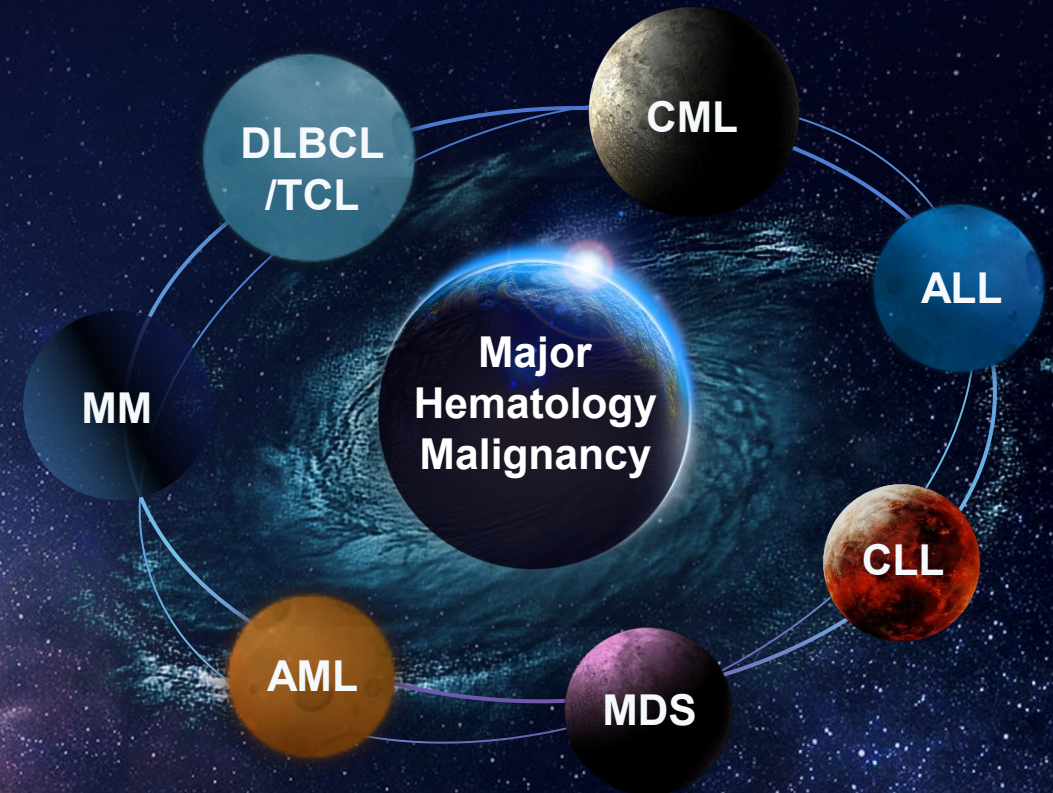
(In USD\$ '000)



	30-Jun-26	31-Dec-25
Assets		
Cash and bank balances	\$279,374	\$353,217
Prepayments, deposits and other receivables	18,432	20,847
Other current assets	40,179	46,947
Property, plant and equipment	110,760	111,715
Intangible assets	5,537	9,429
Other non-current assets	23,338	24,629
Total assets	477,620	566,784
Liabilities and shareholders' equity		
Bank and other borrowings	308,702	283,096
Trade payables	15,757	15,264
Other payables and accruals	34,183	39,563
Contract liabilities	33,602	35,422
Deferred income	929	929
Other Non-current Liabilities	1,056	1,720
Total liabilities	394,227	375,994
Company's shareholders' equity	82,001	189,396
Non-controlling interests (NCI)	1,392	1,394
Total liabilities and shareholders' equity	477,620	566,784

- Cash balance of \$279.4M as of June 30, 2026
- Reaffirmed cash runway guidance through 2027

Patient-Centric Innovation; Global Breakthrough Therapies



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Q&A