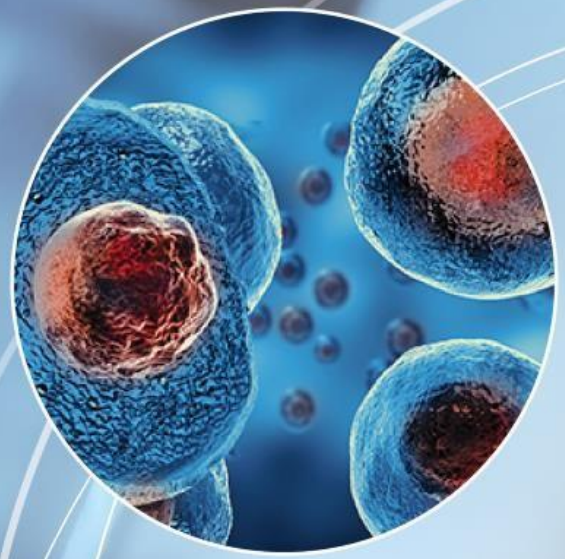
FY2020 Annual Results

March 2021



GENOR BIOPHARMA

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Agenda


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Organization and Management Team
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Financial Overview

Business Highlights

- Two NDA/ BLA have been filed and currently under review by NMPA
  - **GB226 (PD-1)** Priority Review for PTCL
  - **GB242 (Infliximab Biosimilar)** Under Review

- Three registrational pivotal trials completed
- **GB491 (CDK 4/6)** for 1L and 2L phase 1b HR+/HER2- breast cancer bridging studies EC approved
- **GB261** first in human (FIH) trial EC submitted in Australia in March-21

- Eight IND applications approved and two under reviews
- Three Bispecific assets entering into IND enabling stage

- Key commercial personnels on board preparing for the new drug launch
- Participated in 2020 annual conference of CCPTL to promote Genor and **GB226**
- Investment agreement with China (Shanghai) Pilot Free Trade Zone Lin-Gang Special Area Administration

- In-licensed **GB491 (CDK4/6)** for the treatment of HR+/HER2- breast cancer from G1 Therapeutics
- In-licensed **GB492 (STING agonist)** from ImmuneSensor Therapeutics

- Received B-round financing of US$160mn in May
- Successfully raised US$400mn and listed on the main board of HKEX in October

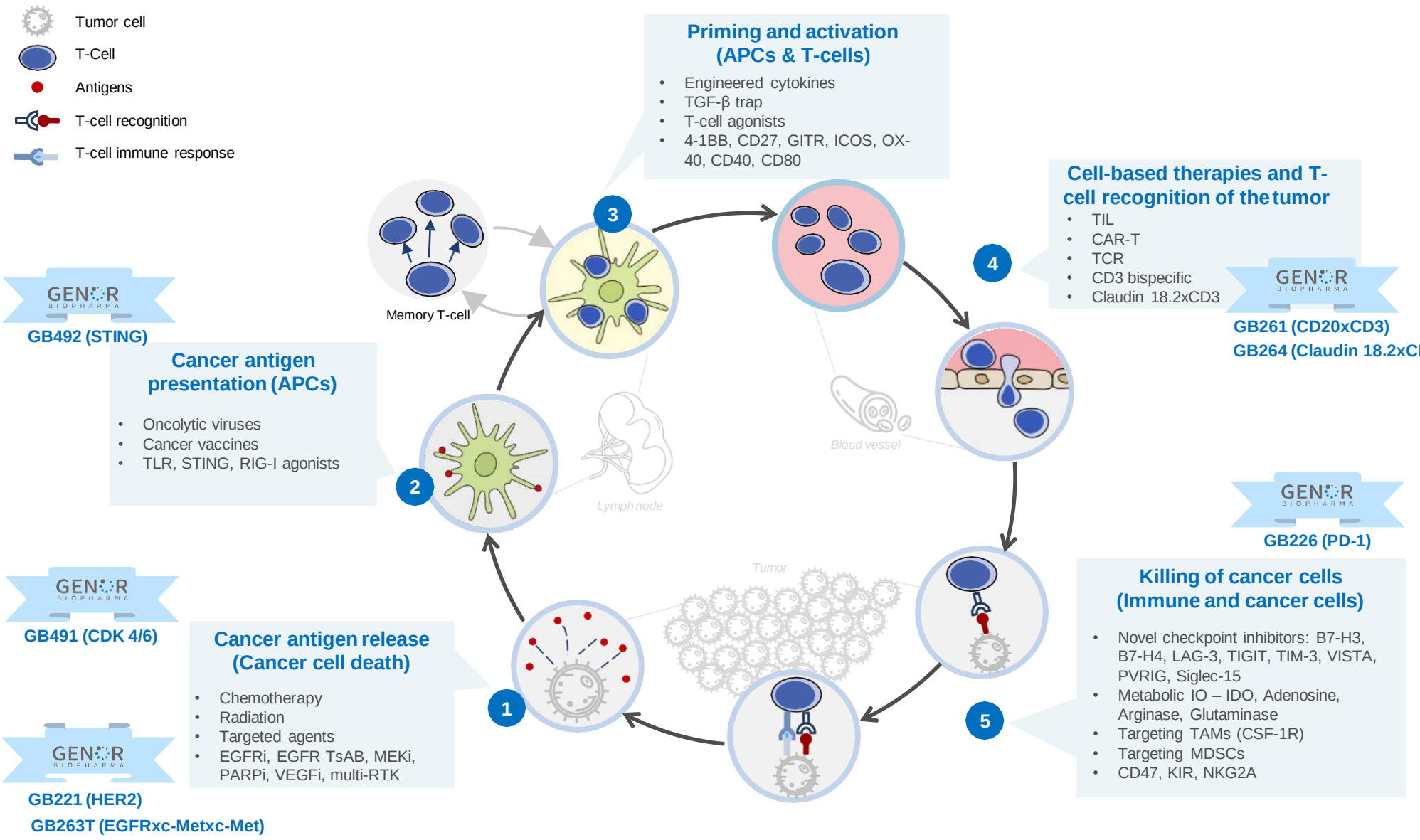
A Broad Pipeline Targeting Large Therapeutic Areas

Product	Target/MoA (reference drug)	Indication	Classification	Commercial Rights	Pre – Clinical / IND / Phase 1 / Phase 2 / Phase 3 / NDA Filing
GB491	CDK4/6+AI/SERD (combo w/ letrozole / fulvestrant)	1L HR+/HER2- BC	Novel (In-license)	APAC ex-JP(1)	IND Approval
	CDK4/6+SERD (combo w/ fulvestrant)	2L HR+/HER2- BC			IND Approval; By G1 Therapeutics
	CDK4/6+ EGFR (combo w/ osimertinib)	EGFR-Mutant NSCLC			By G1 Therapeutics
GB242	TNF-α (infliximab)	RA, AS, Ps, CD, UC	Biosimilar (In-house)	Worldwide	NDA under review
GB226	PD-1	r/r PTCL	Novel (In-license)	China	NDA under priority review
		2L+ Cervical Cancer			Pivotal
		ASPS			
		r/r PMBCL			
	PD-1+VEGFR (combo w/ fruquintinib)	2L/3L+ EGFR+ NSCLC			
		2L+ mCRC			
GB492	PD-1 (combo w/ GB226*^)+STING	Solid Tumours	Novel (In-license)	APAC ex-JP(2)	IND Accepted; By ImmuneSensor Therapeutics
GB221	HER2	HER2+ 2L+ mBC	Novel (In-house)	Worldwide	***
GB223	RANKL	GCTB, PMO	Novel (Co-develop)	Worldwide	
GB241	CD20 (rituximab)	1L DLBCL	Biosimilar (In-house)	Co-development	
GB224	IL-6	Inflammatory Disease	Novel (In-license)	China	
GB251	HER2 ADC	HER2+ 1L/2L+ mBC	Novel (Co-develop)	Worldwide	
GB261	CD20×CD3	NHL	Novel (In-house)	Worldwide	CTA submitted in Australia
GB262	PD-L1×CD55	Cancers	Novel (In-house)	Worldwide	
GB263T	EGFR×c-Met×c-Met	NSCLC	Novel (In-house)	Worldwide	
GB264	Claudin 18.2×CD3	GI Cancers	Novel (In-house)	Worldwide	

Notes:

**** Denotes GB221 2L NDA expected to be filed in 2021; (1) Clinical trials are sponsored by G1 Therapeutics. (2) Clinical trial is sponsored by ImmuneSensor Therapeutics*

Portfolio Strategy Centered Around the Cancer-Immunity Cycle



GB226 – Overall Strategy to Maximize Product Value

NDA accepted in July 2020, under priority review

Differentiated clinical strategy in mono and combo therapies

Mono

- **Fast to market: the first to have submitted NDA for PTCL** in China and has been granted priority review status
  - — Superior efficacy and comparable safety and toxicity profile compared to SOC
- Phase 2 trial in **cervical cancer**

Combo

- Ongoing combo trial with **fruquintinib**
- Also exploring combo trial with our potentially best-in-class **STING agonist (GB492)** for solid tumors
  - IND accepted in March-21

Actively advancing clinical trials in various indications in China

Product	Indication	Phase
GB226	r/r PTCL	NDA under priority review
	2L+ Cervical Cancer	Phase II (Pivotal)
	ASPS	Phase II
	r/r PMBCL	Phase II
GB226+fruquintinib (VEGFR)	2L/3L+ EGFR+ NSCLC	Phase Ib
	2L+ mCRC	Phase Ib
GB226+GB492 (STING)	Solid Tumours	IND accepted in Mar-21 Phase I/IIa [1]

Commercial strategy to drive GB226 launch success

- ***Innovative sales model –*** establish capable in-house sales with CSO partnership to drive customer coverage and expedite patient penetration while launch
- ***Build fundamental brand awareness*** in PTCL and selected other tumor segments through making insightful brand strategy and strong execution of marketing activates
- ***Develop integrated access strategy*** to improve patient affordability for GB226 nationwide
- ***Develop combo therapy strategy*** with other product is another key driver to maximize GB226 market opportunity, e.g. with EGFR TKI and STING

GB226 aims at 5~6% market share in China in next 5~10 years

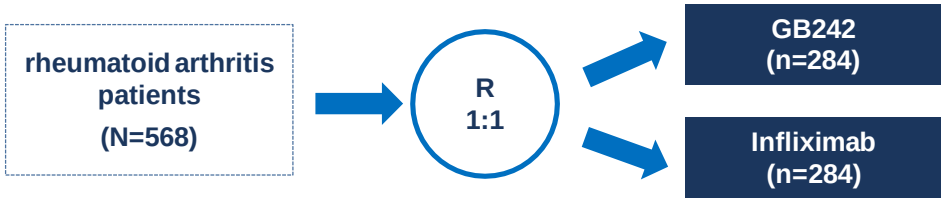
[1] *GB492 (IMSA101) is currently undergoing a phase 1 trial by ImmuneSensor Therapeutics in the US and we plan to evaluate GB492 in combo with GB226 in China*

GB242 – Substantial Market Expansion for Autoimmune Diseases

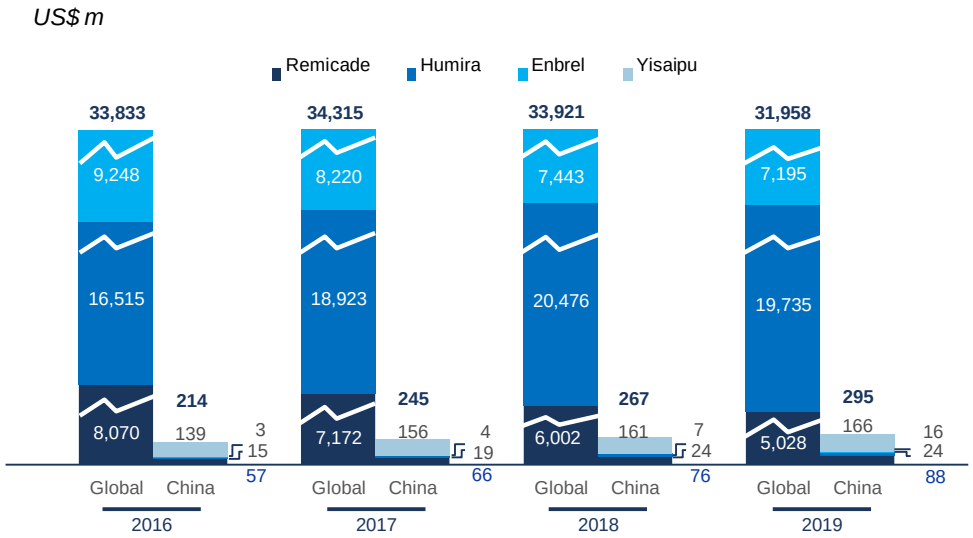
NDA under review in November 2020

GB242 – Infliximab biosimilar

Phase 3 Study completed, NDA under review



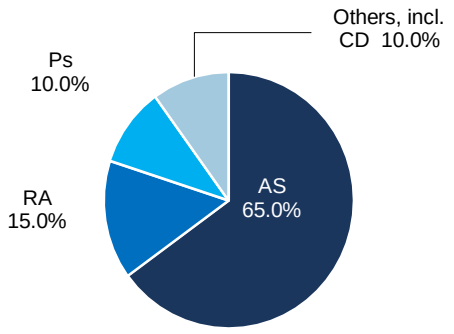
Significant market expansion expected



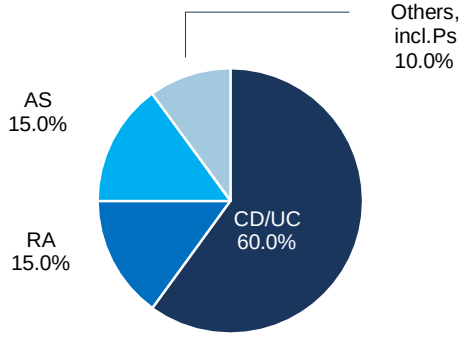
Remicade has the most extensive indications approved in China among TNF-α

Brand Name	Generic Name	Company	Approval**	Indication
Yisaipu	Etanercept	3SBio	2005	RA, AS, Ps
Remicade	Infliximab	JNJ	2006	RA, AS, Ps, CD, UC
Humira	Adalimumab	AbbVie	2010	RA, AS, Ps, CD, UV
Enbrel	Etanercept	Pfizer	2010	RA, AS
Anbainuo	Etanercept	Hisun	2015	RA, AS, Ps
Simponi	Golimumab	Janssen Biologics	2017	RA, AS
Cimzia	Certolizumab	UCB	2019	RA
BAT1406	Adalimumab	Bio-Thera	2019	RA, AS, Ps, CD, UV
HS016	Adalimumab	Hisun	2019	RA, AS, Ps, CD, UV

Humira's sales distribution in China



Remicade's sales distribution in China



Assets to address autoimmune market

Product	Target indication	Target	Patient Size	Recruitment Status	Type of Therapy	Phase
GB242	RA, AS, Ps, CD, UC	TNFα	568	Enrollment completed	With MTX	3

Abbreviations: RA=Rheumatoid Arthritis, AS=Ankylosing spondylitis, Ps=Psoriasis, CD=Crohn's disease; UC=Ulcerative Colitis
*Source: Evaluate pharma, annual reports, CDE, China Insights Consultancy, public filings; *Aggregate sales for Yisaipu, Remicade, Humira and Enbrel; **CFDA/NMPA approval*

GB491 (Lerociclib) – Potentially Best-in-Class CDK4/6 Inhibitor

Well-positioned to capture the huge Breast Cancer (eBC & mBC) and HNSCC markets with unmet medical needs

- Currently **completing phase 2a trial** in combo with fulvestrant conducted by G1 Therapeutics in the US

- We plan to **rapidly develop GB491 in HR+/HER2- BC**, with subsequent plans to expand our clinical programs to include **multiple other indications** with novel combinations

HR+/HER2- mBC RMB10.5 bn

HR+/HER2- eBC RMB12.2 bn

HR+/HER2+ RMB5.9 bn

HPV- HNSCC RMB1.7 bn [1]

RMB30.3bn by 2030

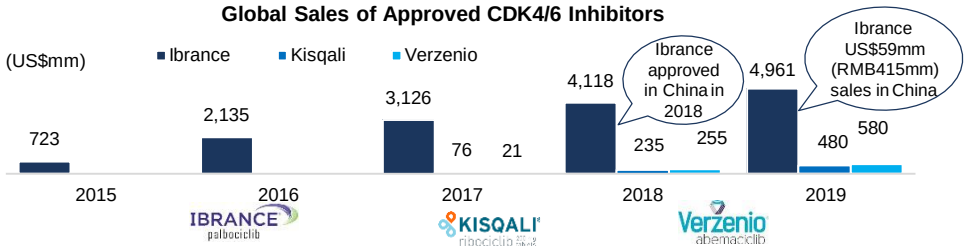
7 Landmark Studies Incl. MONARCH-1/2/3, PALOMA-2/3, MONALEESA-2/3

MONARCH-E

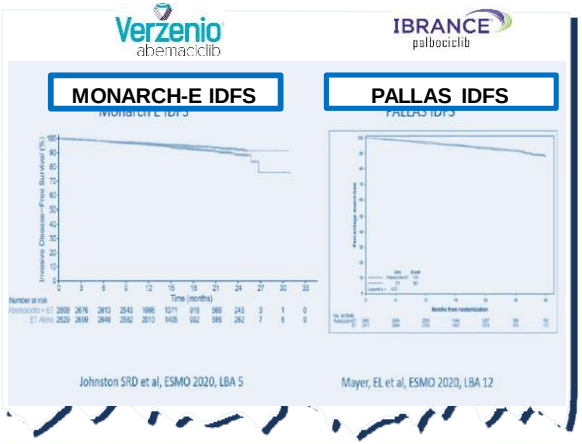
MONARCH-HER

Lancet Oncol 2019; 20: 1295–305 (NCT02101034)

CDK4/6 is already an established treatment for HR+/HER2- mBC



Verzenio (Eli Lilly)'s successful MONARCH-E study in adjuvant setting eBC



ESMO

- **Continuous dosing** contributed to the success of MONARCH-E compared with intermittent therapy in PALLAS study
- **Different** relative effects on CDK4/6
- **Fewer drug discontinuations** in MONARCH-E compared with PALLAS (16.6% vs 42.2%)

We will be ahead of most of the competitors

Company	Drug	China Status	Setting	Registry / Approval Date	Patent Expiry
Pfizer	Ibrance	Launched	1L	Aug-18	Jan-23[2]
Eli Lilly	Verzenio	Launched	1L / Adjuvant	Dec-20	Nov-29
Novartis	Kisqali	Phase 3	1L / Adjuvant	Aug-18	Aug-29
Hengrui	SHR6390	Phase 3	1L / 2L	Apr-19	
Genor	**Lerociclib**	**Bridging Studies**	**1 / 2L**	**March-21**	
Fosun	FCN-437	Phase 2	1L	Aug-20	
Beta	BPI-1178	Phase 1/2a	1 / 2L	Feb-20	
Sihuan	XZP-3287	Phase 1	2 / 3L	Feb-18	
Betta	BPI-16350	Phase 1		Jan-19	
BeBetter	BEBT-209	Phase 1		Sep-19	

Source: G1 Therapeutics, FDA, ESMO 2020, PubMed, CIC

[1] RMB1.7bn market is calculated based on roughly 100k HNSCC patients in China in 2030, 70% are HPV-unrelated, 20% penetration rate of CDK4/6 drugs, and roughly RMB120k annual price

[2] Potential extension to 2028

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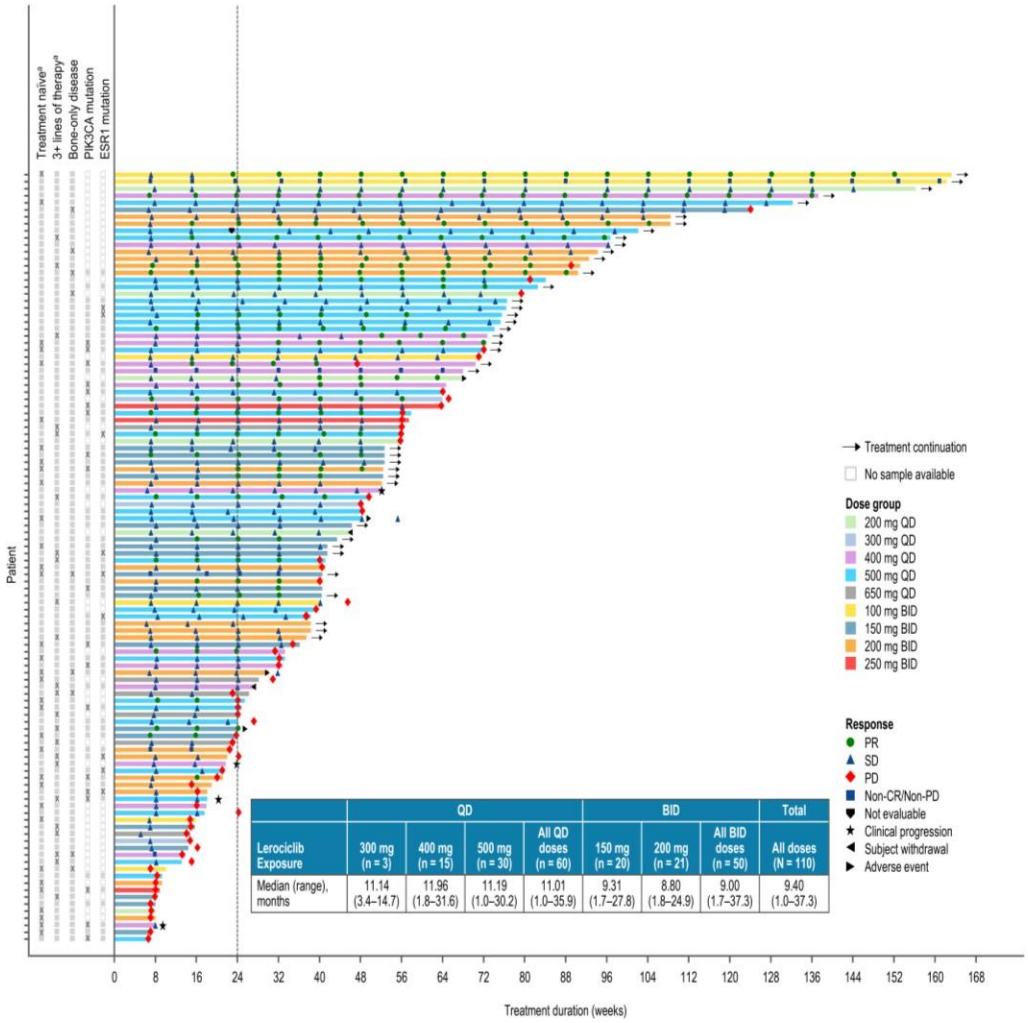
GB491 (Lerociclib) – Superior Efficacy Profile vs. Other CDK4/6i

1 Higher ORR vs. Palbociclib in Paloma-3 Trial

	Lerociclib Phase 1/2a (ongoing) [1]	Eli Lilly Monarch-2	Pfizer Paloma-3	Novartis Monaleesa-3
Line setting	Median 2L+	1/2L	1L+ (2L 40%, 3L 25%)	1/2L
Treatment	Lerociclib + fulvestrant	Abemaciclib + fulvestrant	Palbociclib + fulvestrant	Ribociclib + fulvestrant
ORR	**31.6%**	**48.1% vs. 21.3%**	**24.6% vs. 10.9%**	**32.4% vs. 21.5%**
CR	0	3.5% vs. 0	NA	1.7% vs. 0
PR	31.6%	44.7% vs. 21.3%	NA	30.8% vs. 21.5%
SD	47.4%	34.3% vs. 51.2%	NA	33.3% vs. 34.3%
DCR [2]	**79.0%**	**82.4% vs. 72.6%**	**NA**	**65.7% vs. 55.8%**
mPFS	**28.6 mo**	**16.4 vs. 9.3 mo**	**9.5 vs. 4.6 mo**	**20.5 vs. 12.8 mo**

2 Strong efficacy data from POC study

Treatment duration and response by group in all patients



Source: G1 Therapeutics; CIC; ESMO 2020; Bisi J. E., Sorrentino J. A., et al; Oncotarget. 2017; 8: 42343-42358; Ping Chen, Nathan V. Lee, et al; Mol Cancer Therapeutics. October 1 2016 (15) (10) 2273-2281; DOI: 10.1158/1535-7163.MCT-16-0300; Dickler et al, Clin Cancer Res; 2017; Notes: [1] 150mg BID group; [2] DCR=CR+PR+SD.

GB491 (Lerociclib) – Better Tolerability vs. Other CDK4/6i

Favorable safety and tolerability profile

	Dose-Limiting Neutropenia	Monitoring Requirement	Dosing Holiday	QT Prolongation	DILI	Grade 3/4 Diarrhea	VTE
Ibrance®	✗	✗	✗	–	–	–	–
Kisqali®	✗	✗	✗	✗	✗	–	–
Verzenio®	✗	✗	–	–	✗	✗	✗
lerociclib	–	Potential for less monitoring	–	–	–	–	–

Note: QT Prolongation: a heart rhythm disorder; DILI=drug-induced liver injury; VTE=venous thromboembolism; x=inferior to lerociclib

No drug holiday required

Less dose-limiting neutropenia

Less gastrointestinal toxicity

No serious liver toxicity (FDA warned on this point in Abemaciclib and Ribociclib's labels)

Potential less monitoring

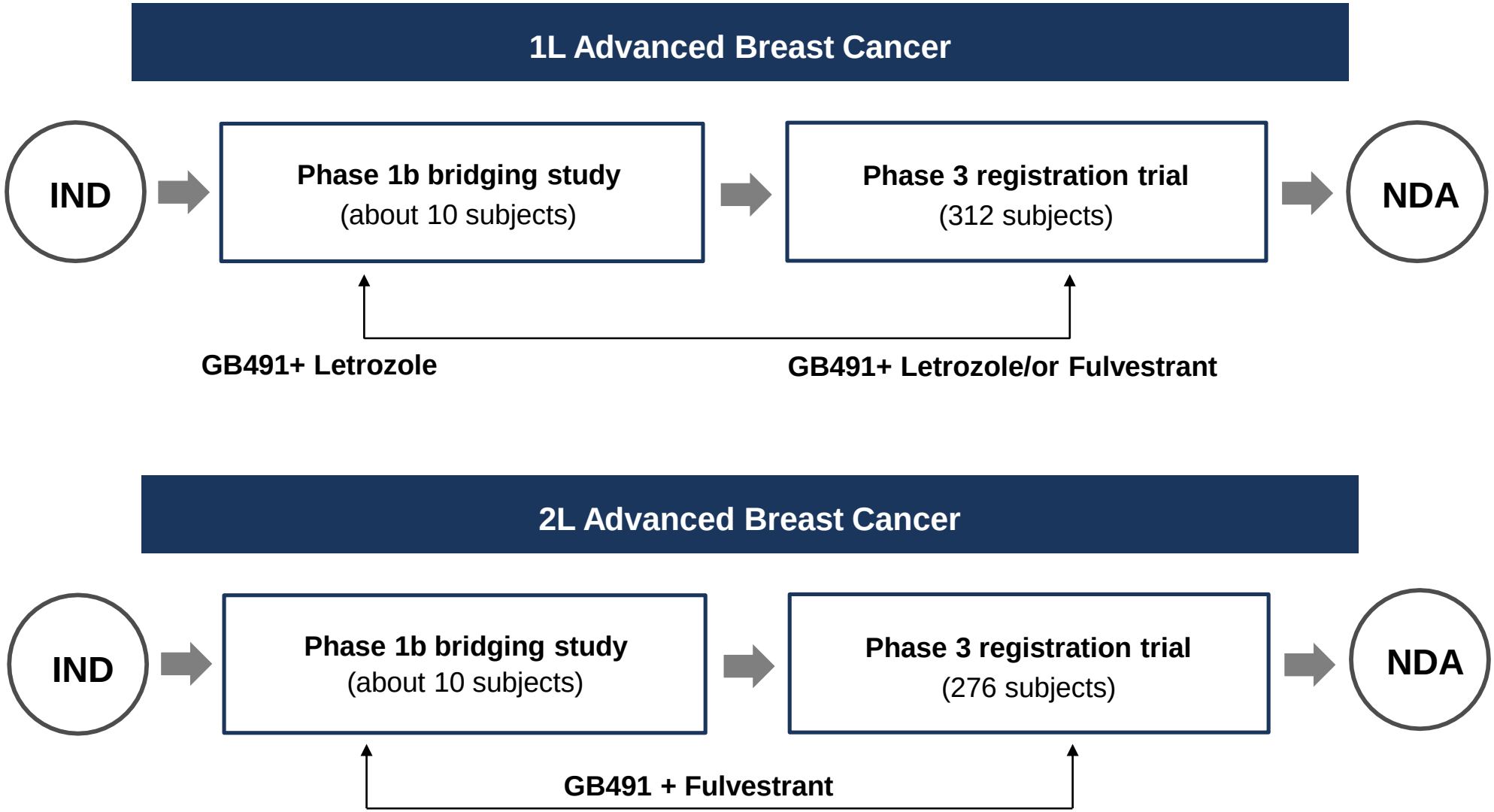
Longer treatment duration requires therapeutics with better tolerability

Potentially best safety profile across the CDK4/6 drug class

	Lerociclib [1]		Abemaciclib		Palbociclib		Ribociclib	
Trial	**NCT02983071**		**MONARCH-2**		**PALOMA-3**		**MONALEESA-3**	
Phase	I/IIa		III		III		III	
Line setting	Median 2L+		1/2L		1L+ (2L 40%, 3L 25%)		1/2L	
Treatment	Lerociclib + fulvestrant		Abemaciclib + fulvestrant		Palbociclib + fulvestrant		Ribociclib + fulvestrant	
AE (%)	**All**	**Gr3/4**	**All**	**Gr3/4**	**All**	**Gr3/4**	**All**	**Gr3/4**
Neutropenia	55%	**35%**	46%	**27%**	79%	**62%**	70%	**53%**
Leukopenia	40%	**15%**	28%	**9%**	46%	**25%**	28%	**14%**
Nausea	15%	**0%**	45%	**3%**	29%	0%	45%	1%
Diarrhea	25%	**0%**	86%	**13%**	19%	0%	29%	1%

Source: G1 Therapeutics, FDA, ESMO 2020 poster; data cutoff: 17 Apr 2020
Note [1]: for 150mg BID dosing group

GB491 (Lerociclib) – Clinical & Regulatory Pathway in China

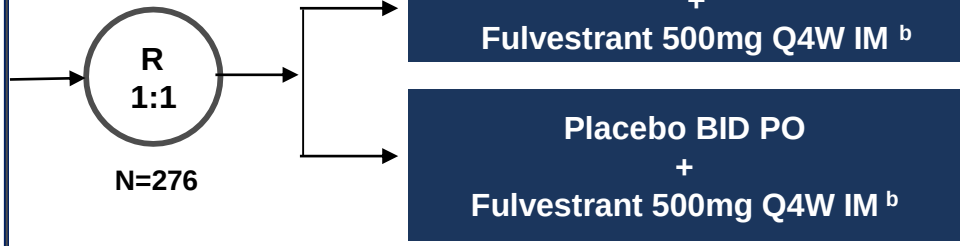


GB491 (Lerociclib) – Clinical Trial Design in China

Phase III GB491-004 Trial Design for 2L Advanced Breast Cancer

Key Eligibility Criteria:

- HR+ /HER2- Advanced Breast Cancer
- Pre/Perimenopausal or Postmenopausal [a]
- Relapsed on or within 1 year from completion of adjuvant ET with no subsequent ET received
- Relapsed >1 year from completion of adjuvant ET and then subsequently relapsed after receiving first-line ET
- Presented de novo disease and progressed on first-line ET
- No more than one line of chemotherapy for advanced disease



Primary Endpoint:

- Investigator-assessed PFS

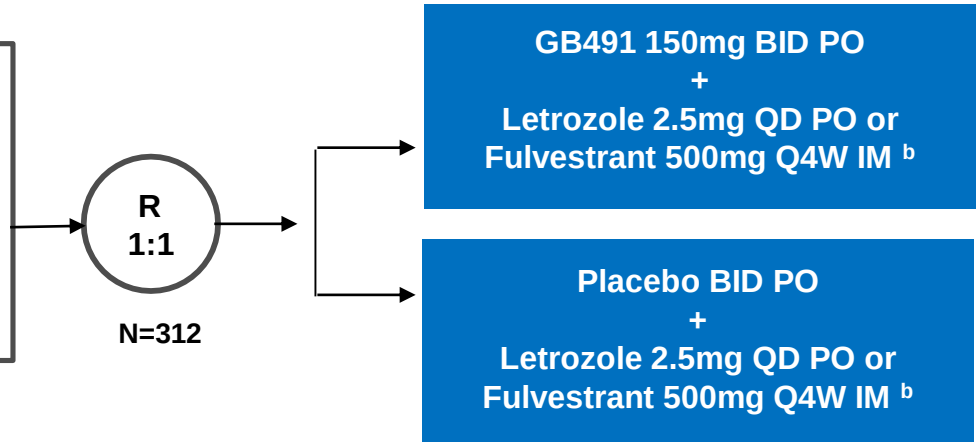
Secondary Endpoints:

- BIRC-assessed PFS
- OS
- ORR, DOR, CBR
- AE/SAE
- PK

Phase III GB491-005 Trial Design for 1L Advanced Breast Cancer

Key Eligibility Criteria:

- HR+ /HER2- Advanced Breast Cancer
- Pre/Perimenopausal or Postmenopausal [a]
- No prior systemic therapy for advanced disease
- Relapsed >1 year from completion of adjuvant ET with no subsequent ET received
- Presented de novo disease and no prior ET

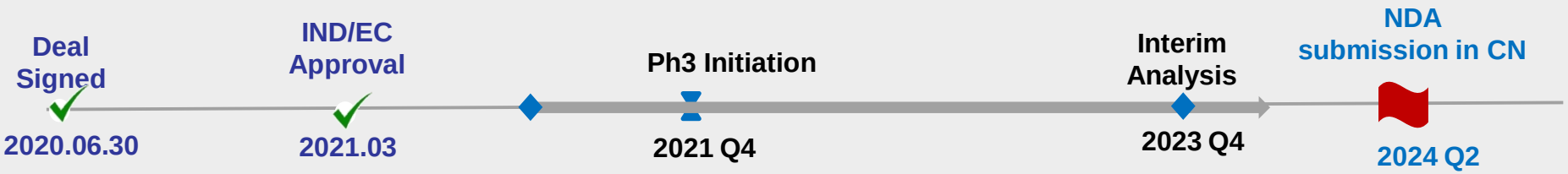


Note:

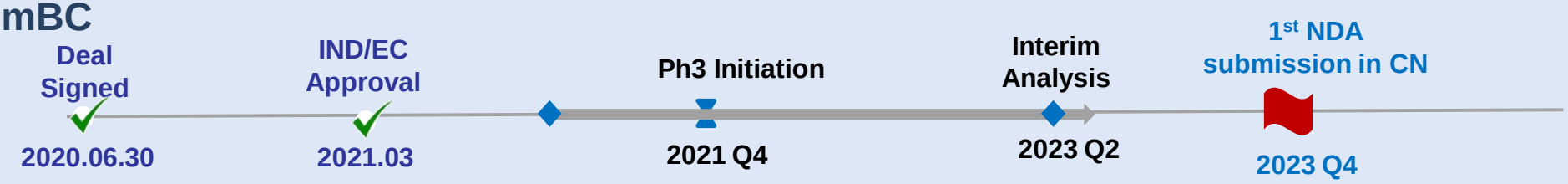
a. Goserelin should be administered Q4W only for pre/perimenopausal subjects.
b. Fulvestrant should be administered on C1D1 & C1D15, then Q4W from C2D1.

GB491 (Lerociclib) – Preliminary Timeline

1L mBC



2L mBC



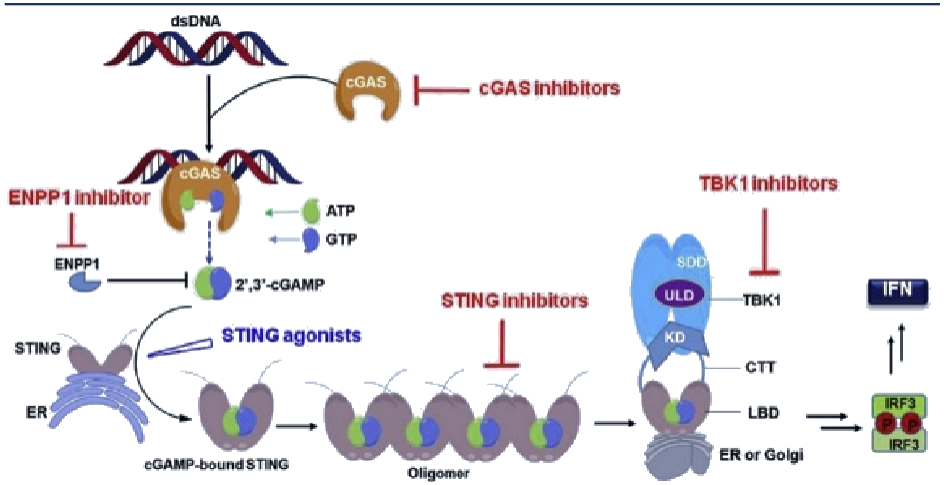
8.5 months

- CMC Development
- Pre-clinical and Clinical Supply
- CTA Submission and Approval

GB492 – A Potentially First-in-class STING Agonist in China

IND accepted by CDE in March 2021

Mechanism of Action



- STING is the major mediator of innate immune sensing of cancerous cells
- STING agonists can activate the cGAS-STING signaling and significantly enhance the efficacy of cancer immunity cycle when using in combo with other immune checkpoint inhibitors (ICI)

STING agonist, as an immune stimulatory therapy, may further increase the response of immune checkpoint inhibitors for patients

Merck's trial demonstrated robust efficacy of PD-1 + STING combination therapy comparing to single agent

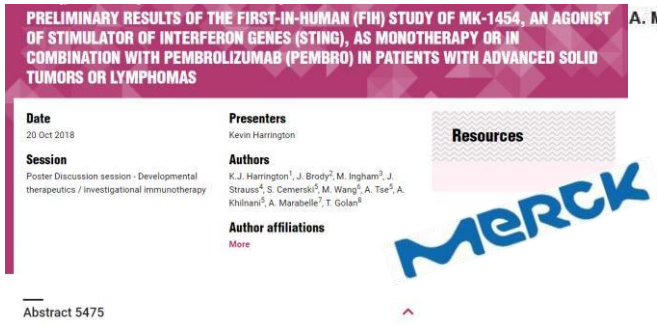
- Preliminary data from Merck's Phase 1 clinical trial for a STING agonist as monotherapy and in combination with Keytruda, in patients with advanced solid tumors or lymphomas
  - The **combination arm had partial responses of 43%** (three out of the seven patients) in HNSCC
  - By contrast, **Keytruda monotherapy showed ORR of 18%** in KEYNOTE 012 trial in platinum-refractory HNSCC

GB492 in combo with GB226 (PD-1) is potentially the first-in-class therapy in China

- ImmuneSensor Therapeutics, our licensor, is currently conducting a Phase 1/2 trial for STING alone or in combo with ICI in the US for solid tumors
- We **plan to develop GB492 in combination with GB226 as a first-in-class therapy** for solid tumors in China

Multiple studies show that STING agonist may be used as a new immune stimulatory therapy

Maximum percentage change from baseline in target injected (Enestic) vs. Non-injected (Anenestic) lesions


PRELIMINARY RESULTS OF THE FIRST-IN-HUMAN (FIH) STUDY OF MK-1454, AN AGONIST OF STIMULATOR OF INTERFERON GENES (STING), AS MONOTHERAPY OR IN COMBINATION WITH PEMBROLIZUMAB (PEMBRO) IN PATIENTS WITH ADVANCED SOLID TUMORS OR LYMPHOMAS

Date
20 Oct 2018

Presenters
Kevin Harrington

Session
Poster Discussion session - Developmental therapeutics / investigational immunotherapy

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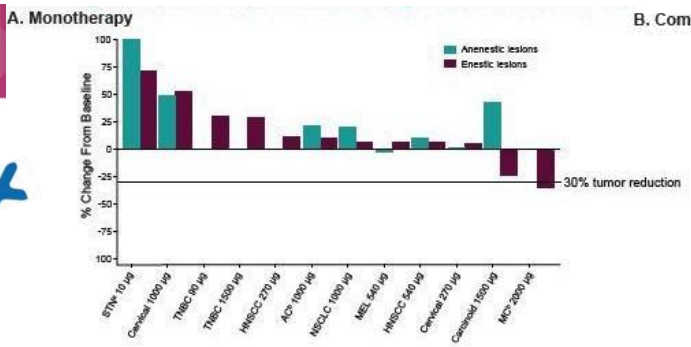
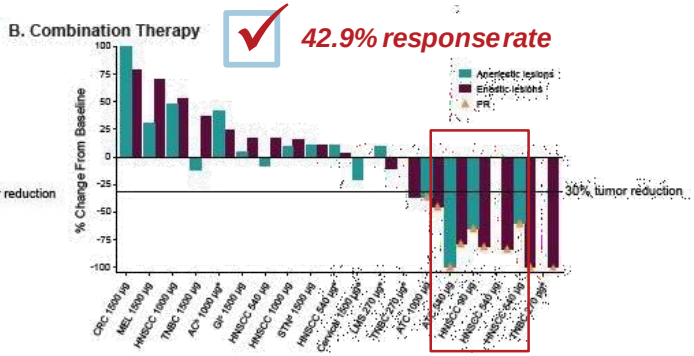
More

Resources

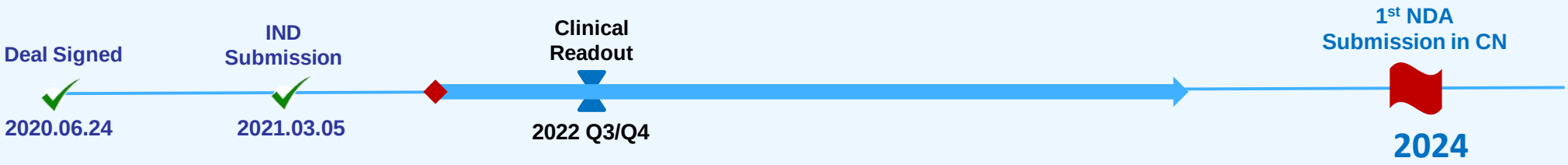
Abstract 5475





Source: CIC, ESMO

GB492 – Preliminary Timeline



Combo with PD-1

- HNSCC
- HCC
- TNBC
- Other Solid Tumors

Pivotal Studies in multiple tumor types

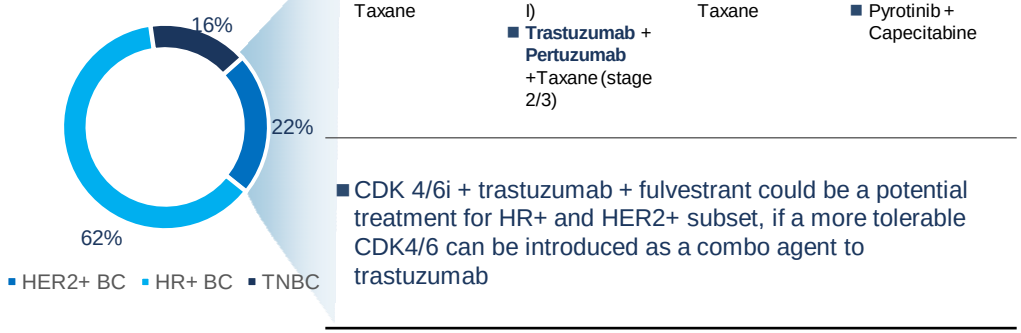
GB492 + PD-1

- HNSCC
- Other Solid Tumors

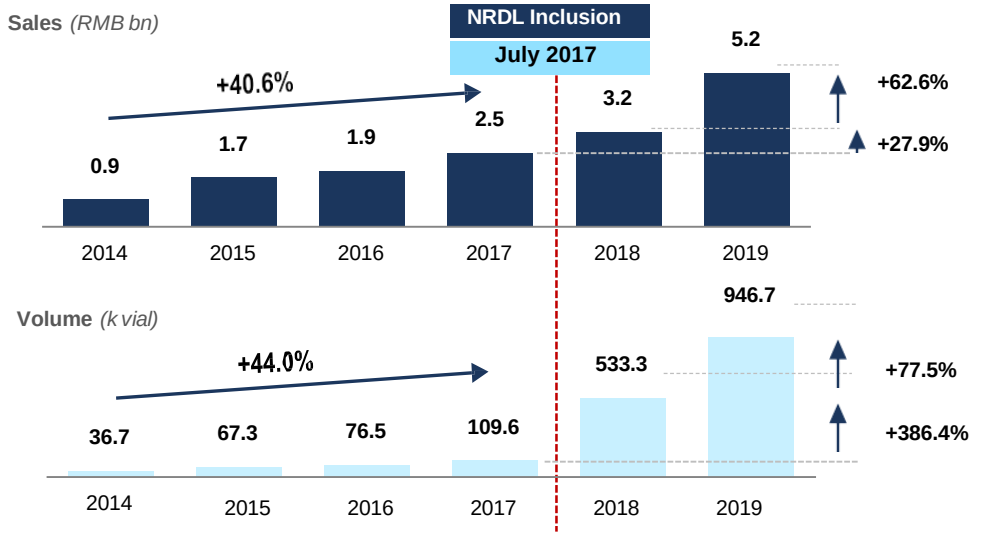
15

GB221 – Potentially First-Three-to-Market HER2-Targeting mAb in China

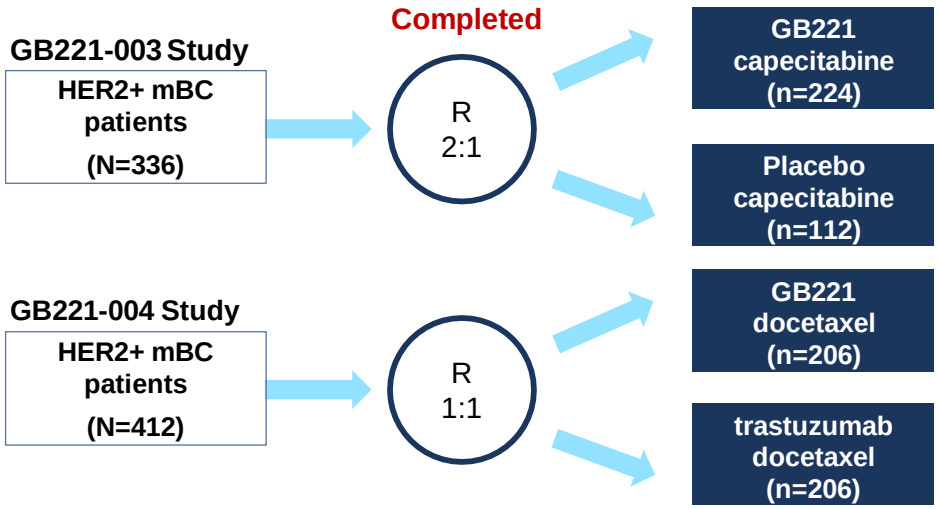
A complete set of HER2-targeting drugs covering all treatment lines



Herceptin: Accelerated sales growth driven by NRDL inclusion [1]



NDA filing for 2L HER2+ mBC in 2021

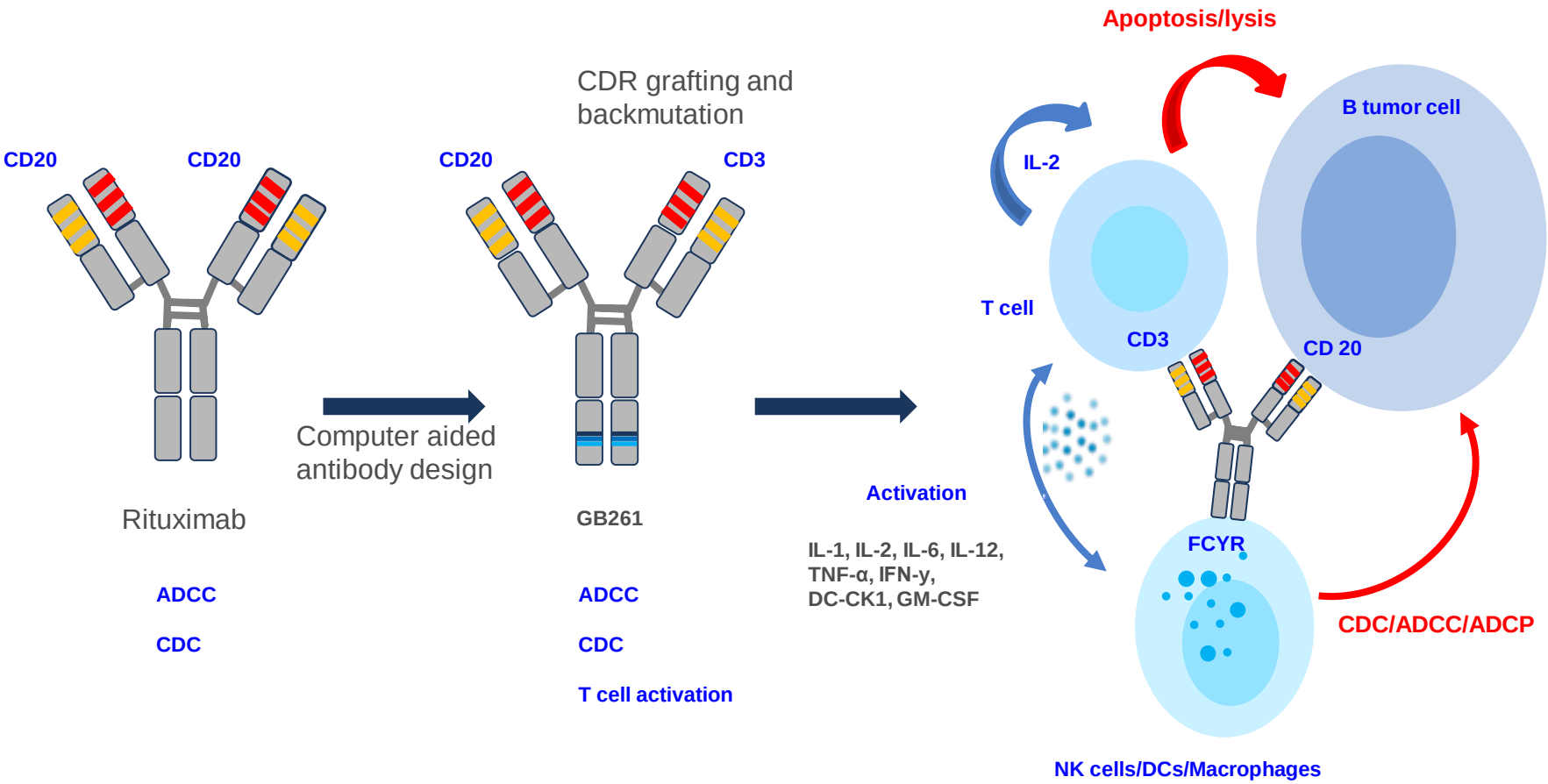


GB221 is potentially first-three-to-market

	Company	Drug	Clinical stage	Registry time
trastuzumab	Roche	Herceptin	Approved	Sep 2002
	3SBio	Cipterbin (inetetamab)	Approved	Jun 2020
	Henlius	Hanquyou/Zercepac	Approved	Aug 2020
	Genor	GB221	Phase 3	Sep 2016
	Hisun	HS022	Phase 3	Apr 2018
	CTTQ	TQ-B211	Phase 3	Oct 2018
	Hualan	HL02	Phase 3	Apr 2019
	Anke Bio	AK-HER2	Phase 3	May 2019

Source: NMPA, CDE, public filings, CIC.
Notes: [1] Only includes Herceptin usage in HER2 positive breast cancer patients.

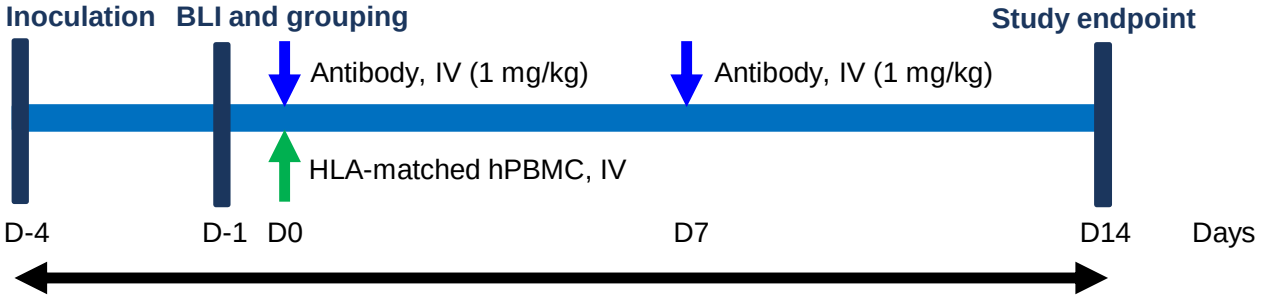
GB261 – A Highly Differentiated CD20xCD3 BsAb for B-cell Lymphoma



The first T-cell engager with super low CD3 binding affinity and maintaining Fc effector functions (ADCC and CDC) , rendering better safety and multiple mechanisms to better kill cancer cells.

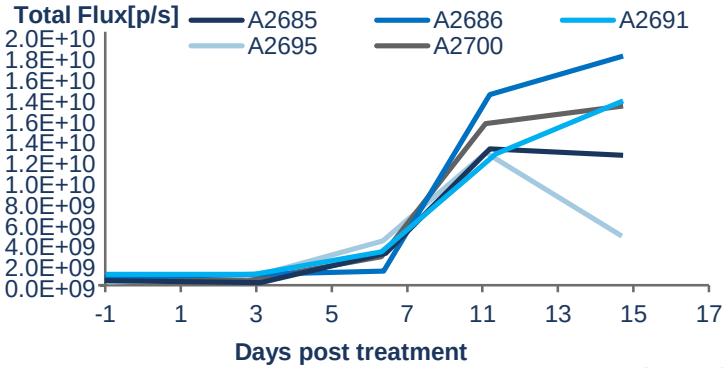
GB261 significantly inhibited rituximab-resistant tumor growth (in vivo)

Study Purpose: Compare GB261 and REGN1979 analog for efficiency in treating Rituxan resistant NHL

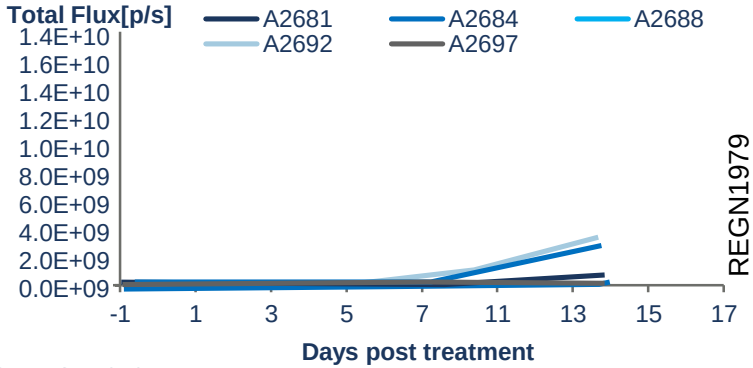


Monitor tumor load (BLI) and bodyweight every three days

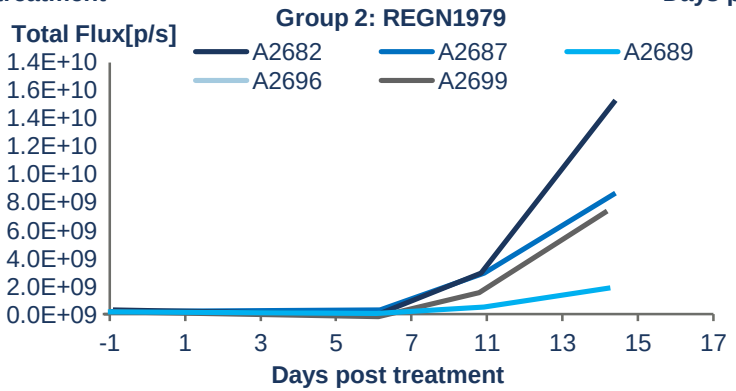
Group 1: Vehicle

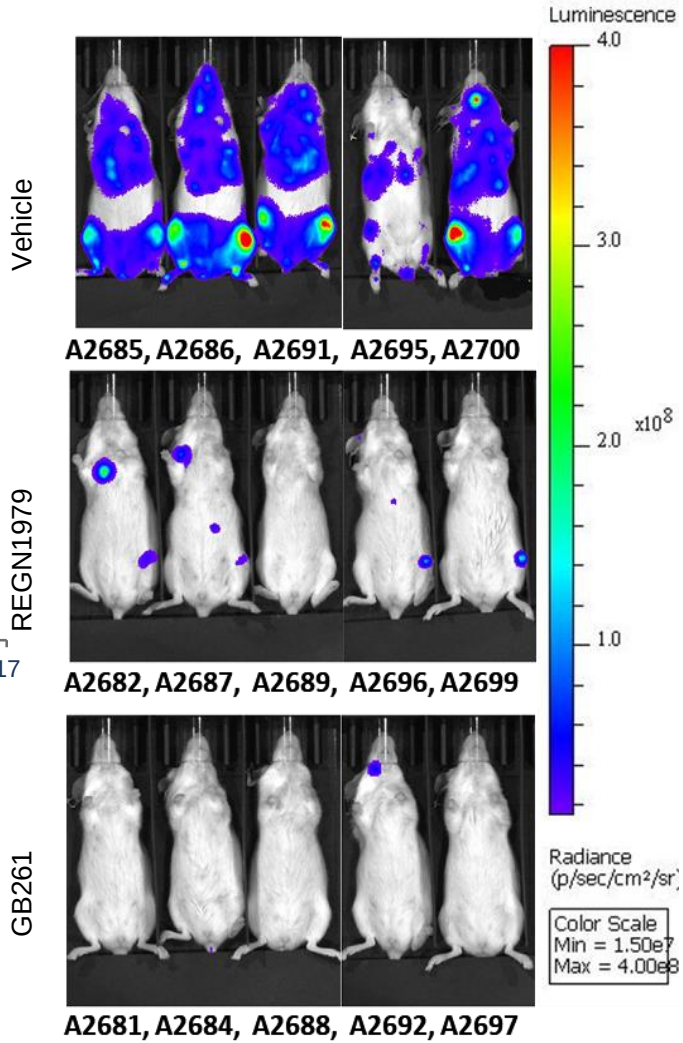


Group 3: GB261



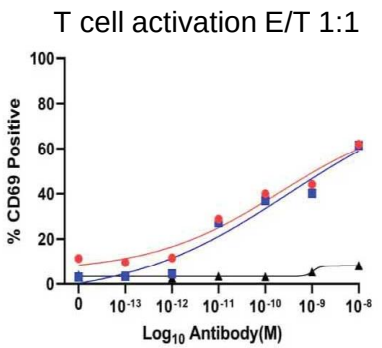
Group 2: REGN1979



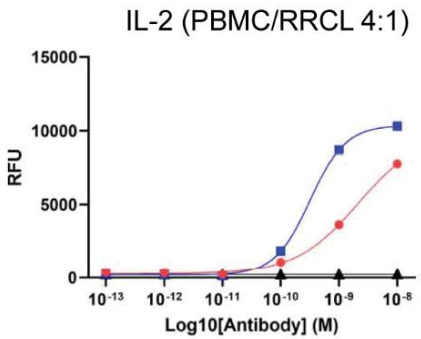


GB261 induced more Rituxan-resistant Raji cell killing in PMBC-engrafted B-NDG mice than REGN1979 analog.

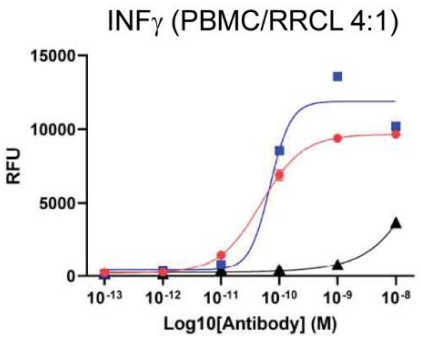
GB261 induces T cell activation with less cytokine releases



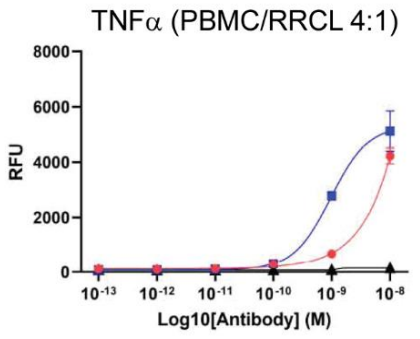
EC_{50}
GB261 – ~2.112e-010 M
REGN1979 – ~3.243e-010 M



EC_{50}
GB261 – 7.183e-010 M
REGN1979 – 3.636e-010 M



EC_{50}
GB261 – 9.317e-010 M
REGN1979 – 1.243e-010 M

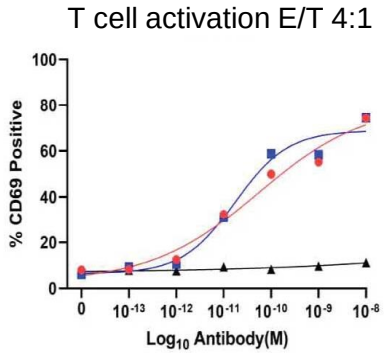


EC_{50}
GB261 – 4.896e-008 M
REGN1979 – 7.102e-010 M

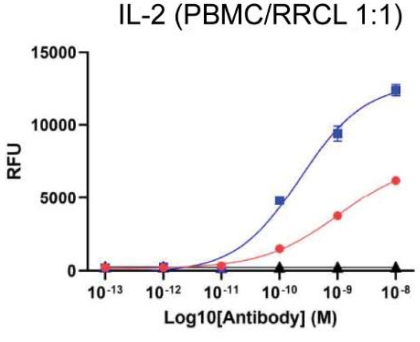
ABS (GB261)
REGN1979
Control

Target cells: Rituxan resistant Raji cells

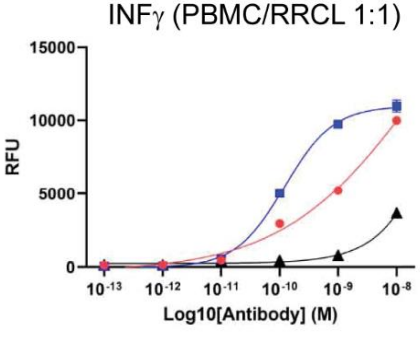
Effector cells: human PBMC



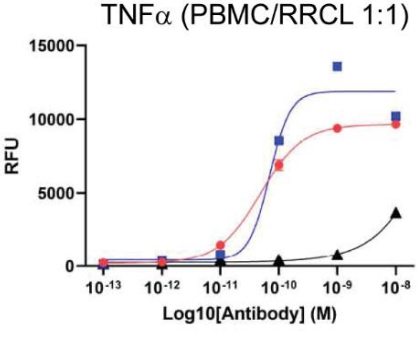
EC_{50}
GB261 – ~5.328e-011 M
REGN1979 – ~1.727e-011 M



EC_{50}
GB261 – 1.615e-009 M
REGN1979 – 1.883e-010 M



EC_{50}
GB261 – 4.812e-011 M
REGN1979 – 4.886e-011 M



EC_{50}
GB261 – 2.286e-008 M
REGN1979 – 1.117e-009 M

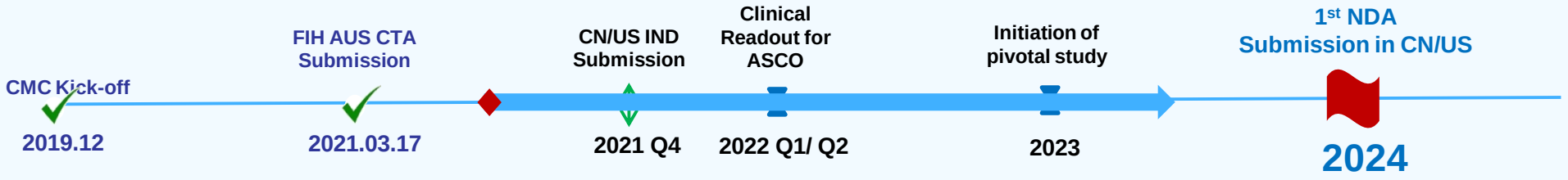
ABS (GB261)
REGN1979
Control

Target cells: Rituxan resistant Raji cells

Effector cells: human PBMC

GB261 stimulates less cytokine release compared to that of REGN1979 analog.

GB261 – Preliminary Timeline



← 16 months →

- CMC Development (~6g/L; AB>80%)
- GLP Toxicity Study
- FIH Study Design

Fast to Market Strategy (Preliminary)

Single-Arm Trials in CN/US/AUS

- R/R FL
- R/R DLBCL
- MCL
- R/R B-NHL

Large Indication Strategy

1L DLBCL* & Other Indications

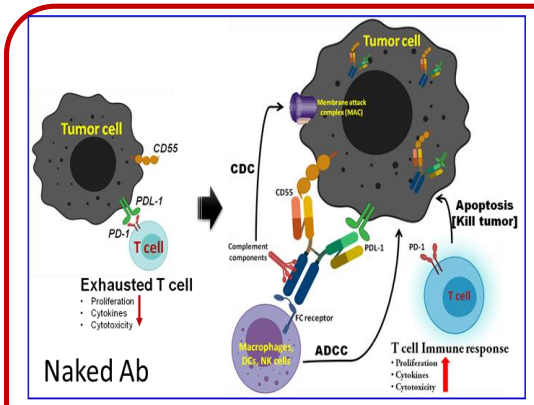
- GB261 + PD-1+SOC
- GB261+SOC

*Target NDA approval in 2025/2026

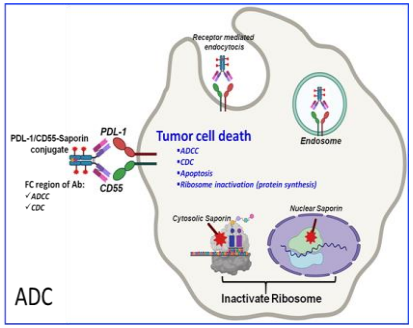
GB262 – the first BsAb induces both T cell activation and CDC

MOA Introduction

- Maintain PD-L1 binding affinity and lower CD55 binding affinity (CD55 is a cancer associated antigen needs extra design for safety/efficacy balance)
- Maintain PD-L1/PD-1 blocking function, enable PD-L1 co-internalization and down-regulation
- Maintain CD55 internalization, downregulation and CD55/CD97 blocking function
- Enable the designed drug candidate to have the best developability



Overall MOA of GB262 including T cell activation, ADCC, CDC



MOA of GB262-ADC showing its internalization into cancer cell and killing it

Project Highlights

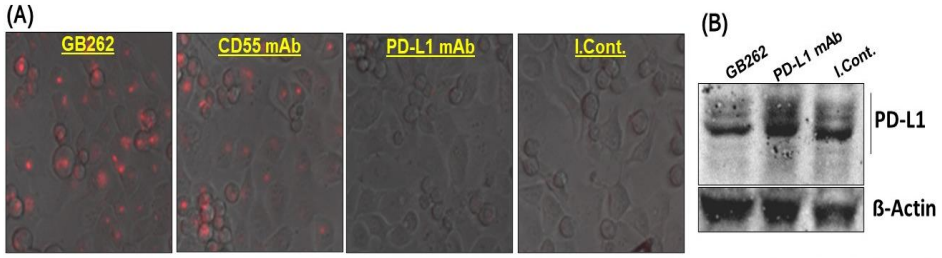


Fig 1. (A) Internalization of GB262 (indicated by red fluorescence signal) in PANC-1 cancer cell. **(B)** Internalization of GB262 leads to down regulation of PD-L1 in PANC-1 cancer cell.

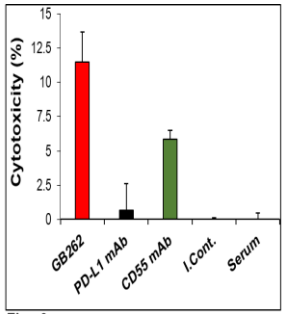


Fig 2. GB262 induces significant better complement-dependent cytotoxicity (CDC) on MIA paCa-2 cell compared to parental mAb.

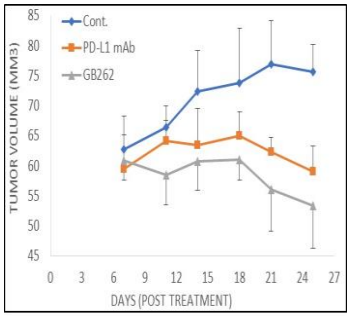


Fig 3. GB262 inhibits pancreatic cancer growth similar to the parental PD-L1 MAb in human PBMC engrafted NDG mice model (CDC is not applicable in this model).

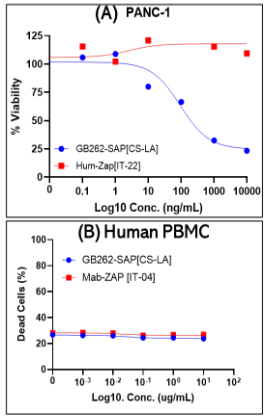


Fig 4. GB262-ADC killis pancreatic cancer cell **(A)** but not human PBMC **(B)**.

Market Analysis

First BsAb designed to induce co-internalization of *PD-L1* and *CD55* thus release cancer's repression on both T cell activation and on CDC. No competitor on the market.

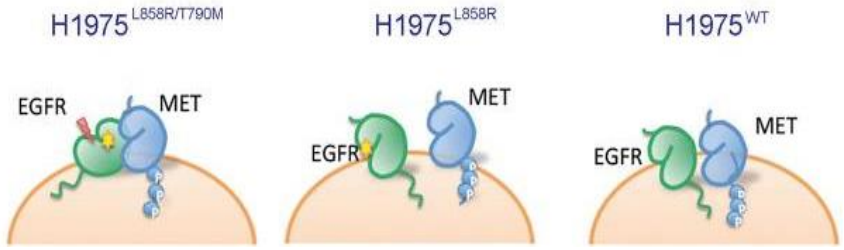
Summary

- GB262 induces PD-L1 internalization and downregulation, thus inhibits pancreatic cancer growth *in vivo*
- Targeting CD55 by GB262 leads to induction of CDC in cell-based assay
- GB262-ADC kills pancreatic cancer cell but not human PBMC in cell-based assay

GB263T – the First TsAb of EGFR/cMET/cMET Targeting NSCLC

MOA Introduction

- Project Mission: Best in class therapeutic Ab targeting both EGFR & cMET pathways
- Promote therapeutic efficacy on TKI resistant NSCLC
- Expanding therapeutic objective window on NSCLC by co-targeting EGFR (both wild-type and mutant EGFR) and C-Met expressing tumor cells
- Design the multi-specific antibody with great safety, efficacy and manufacturability balance
- Built-in new internalizing MOA for better targeting signal transduction pathways involving EGFR/EGF and C-Met/HGF



3rd generation TKIs: osimertinib (TAGRISSO) and rociletinib	1st generation TKIs: gefitinib and erlotinib 2rd generation TKIs afatinib and dacomitinib

In addition to secondary EGFR mutations, bypass mechanisms such as MET or ERBB2 amplification, Hippo pathway inhibition, and insulinlike growth factor 1 receptor (IGF1R) activation also contribute to resistance to EGFR-TKIs

Market Analysis

First TsAb designed which binds to two different epitopes on cMET and one on EGFR resulting in enhanced internalization of the receptors and suppression of cancer cell proliferation. TsAb also shows enhanced cancer cell death

Project Highlights

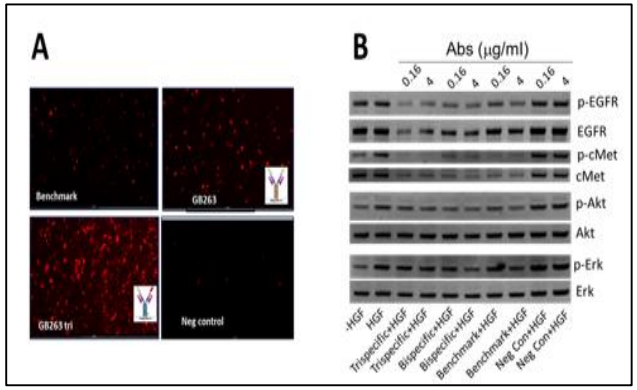


Fig 1. A) GB263 tri induces enhanced internalization of cMET/EGFR receptors (fluorescence red signal). **B)** Enhanced internalization for GB263 tri leads to increased reduction of cMET/EGFR and their phosphorylated proteins(all wells have equal protein content).

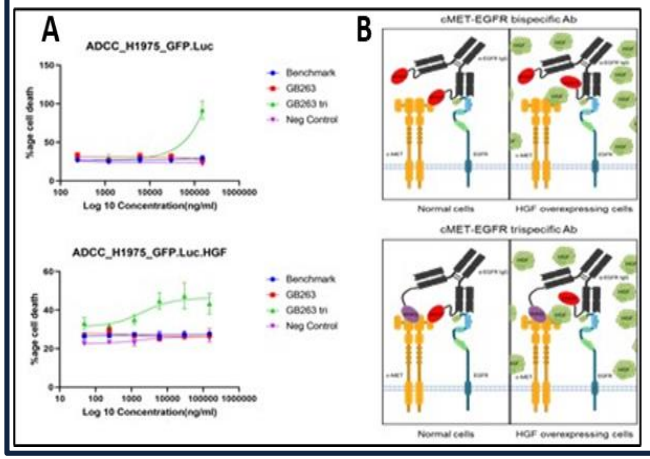


Fig 2 A) GB263 tri is more effective in cancer cell killing through ADCC. **B)** Schematic showing differences of cMET binding between GB263 and GB263 tri.

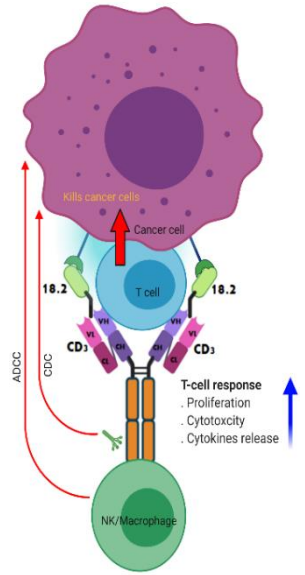
Summary

- GB263 tri has shown enhanced potential in internalizing into cancer cells that express cMET/EGFR.
- Internalization of GB263 tri leads to increased reduction in the levels of phopsho EGFR and phospho cMET, and suppression of cancer cell proliferation
- GB263 tri also leads to enhanced cancer cell killing through ADCC

GB264 – A Highly Differentiated Claudin 18.2xCD3 for GI Cancers

Background

- Claudins are important components of the tight junctions that control flow of molecules in the intercellular space between epithelial cells
- Claudin18.2 is highly expressed in gastric and pancreatic adenocarcinoma
- Its restricted expression makes Claudin18.2 a potential target for the treatment of gastric and pancreatic cancer



GB264 with two hIgG arms binding to CD3 to recruit T cell for activation and two VHHs targeting Claudin18.2 expressing cancer cells

Project Rationale

Designing a T cell engaging Bispecific antibody that targets Claudin18.2 expressing cancer cells with great safety, efficacy and manufacturability balance

Market Analysis

Approximately one million new cases of Gastric (stomach) cancer are diagnosed worldwide each year with five-year survival is ~5–20%

Project Highlights

Differentiation

- Better safety/efficacy balance
  - Lower T cell binding [Solve Safety Issue]
  - Enabled cancer specific Fc effector function (ADCC/CDC) [Benchmark does not]

Results

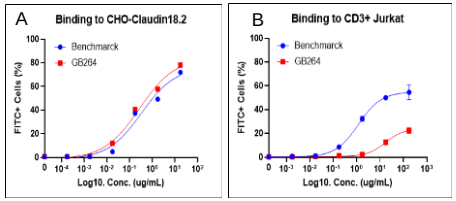


Fig 1. GB264 has similar binding ability to Claudin18.2+ cells compared to that of benchmark (A) and significantly lower binding ability to CD3+ cells compared to BM (B) .

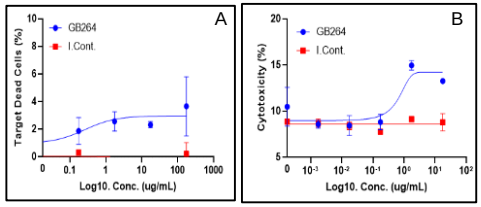


Fig 2. GB264 specifically induces ADCC (A) and CDC (B) on Claudin18.2+ target cells.

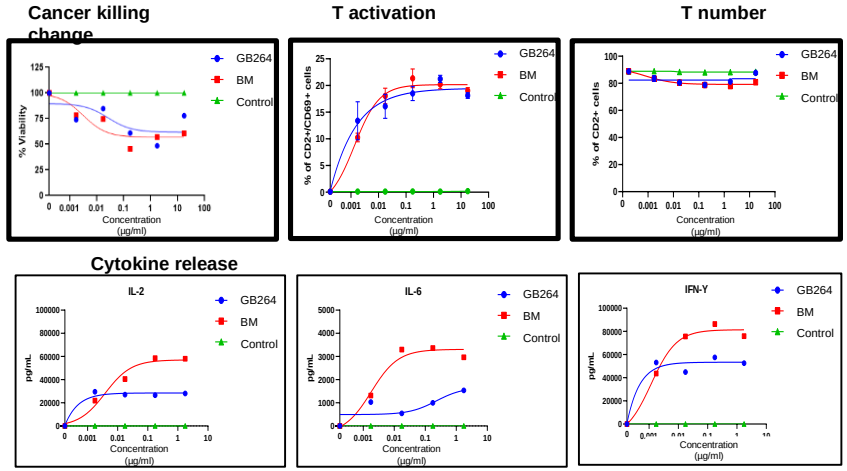
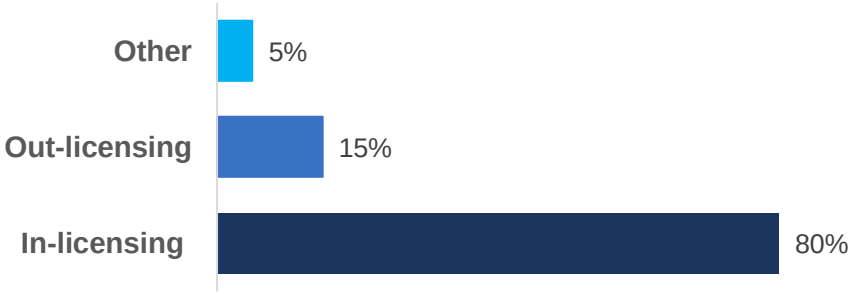


Fig 3. At E/T 5 to 1, GB264 has comparable cancer killing, T activation and less cytokine release compared to that of BM

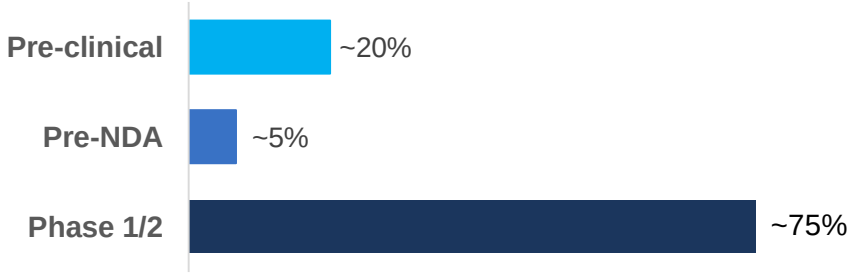
Transforming Pipeline – Licensing and Co-development

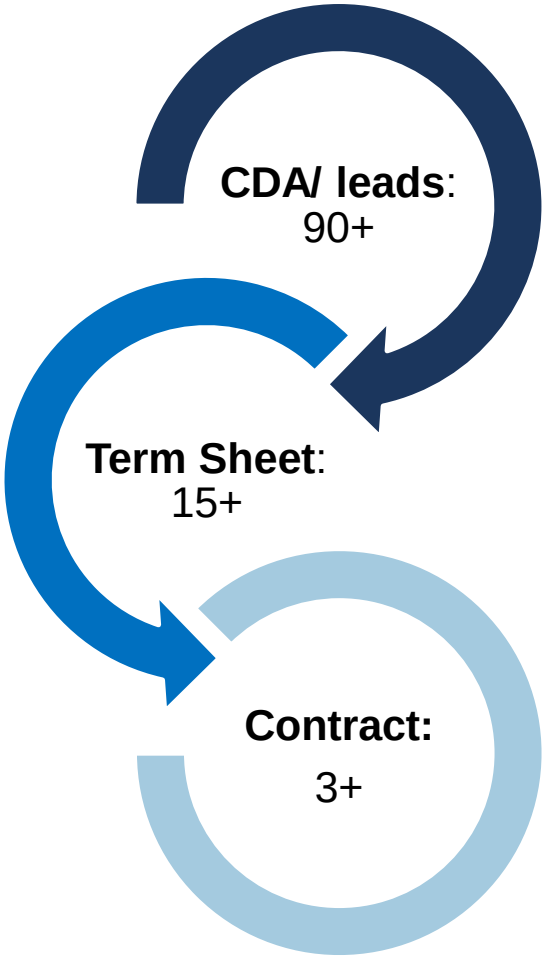
Team Structure: 70%+ staffs with Ph.D degree; 5+ consults;
3-5 in-depth analytical reports per quarter

By topic



By asset





2020-Present

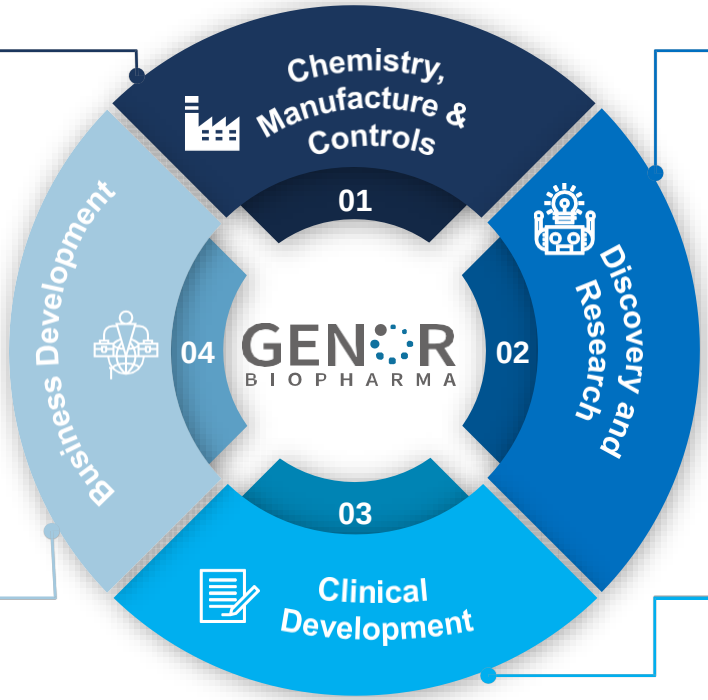
***- 2* in-licensing deals**
***- 1* co-development deal**

3~5 more deals by December 2021

End-to-end Fully-integrated Biopharmaceutical Platform

Fully-integrated, end-to-end biological platform encompasses all the key biologic drug development functionalities

- Strong CMC capabilities with extensive international experiences and **one decade of antibody technology development** in China
- **~8,000 m² commercial-ready GMP** manufacturing facility for both pivotal trial supplies and product launches, allowing us to meeting regulatory expectations smoothly
- **Commercial-ready continuous-flow cell culture technologies**, enabling us to manufacture product with **low costs**



- Strategically identify and select targets with proven or highly potential clinical benefits
- Leveraged our research hubs in **Shanghai** and **San Francisco** to develop **majority of** drug candidates in-house, especially focusing on **differentiated bi/tri-specific** Abs innovative drug discovery technologies

- **Research hubs in Shanghai and San Francisco**

- **Proactive and systematic approach** to evaluate assets for in-licensing opportunities
- **A proven track record** of collaborating with biopharmaceutical and biotechnology companies across the globe

G1 THERAPEUTICS · ImmoVira 亦诺微 · ImmuneSensor THERAPEUTICS · CHI-MED

- Benefitting from the global network and industry resources of **our shareholders**

- At their prior positions in China, our **core clinical team members** played key roles in the submission of more than **60 IND applications, 22 NDAs** and the **successful approvals and launches of 16 products**
- Strategically design clinical trials and select optimal regulatory pathways toward commercialization in China with **maximum efficiency** and speed

Commercialization-ready Manufacturing Capabilities

Yuxi, Yunnan Phase 3 and Future Commercial Manufacturing Site

Cutting-edge Continuous-flow Manufacturing Technologies

- With quality excellence and enhanced cost efficiencies, boasting state-of-the-art **concentrated fed-batch (CFB)** and **perfusion** technologies that allow us to generate **higher titer and yield with smaller bioreactors** than the conventional technologies, driving the high-end of the industry range (lower CapEx, OpEx and COGm)
- Designed to operate under GMP requirements, inherited from ~15yrs of Walvax commercial vaccine production

Bioreactors: 3 x 200L, 4 x 500L (~8,000 m² Floor Space)

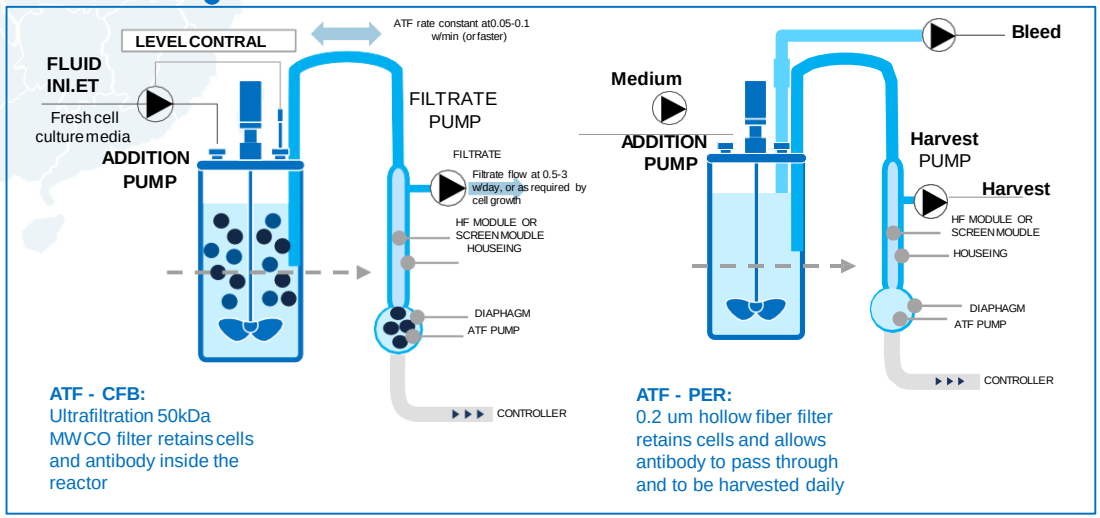
- Supporting both pivotal trials and product launch (regulatory advantage), and avoid CMC Post-approval Manufacturing Changes
- Supporting our commercial manufacturing needs in the near future for, including but not limited to, our first three products (GB226, GB242 and GB22).

Yuxi, Yunnan

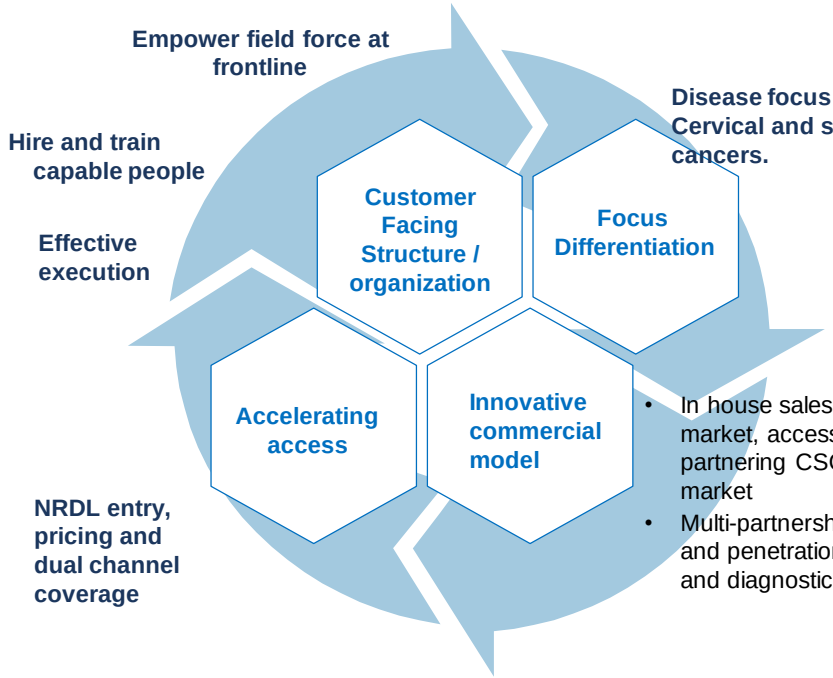
Shanghai R&D Center with Pilot Plant for IND and Clinical Supplies

- Strong late-stage CMC capabilities with approximately one decade of technology precipitations since 2007. 20+ IND applications and most phase 1/2 clinical trials supported
- Process development: ATF-CFB and ATF-PER **continuous-flow cell culture technology development for higher titer** and yield; Antibody purification platform for DSP PD
- Quality: state-of-art, GMP-designed analytical and quality control platform for extensive product characterization, comparability study, QC method development and qualification, and product releases; QMS system designed to be compliant with GMP operations and NMPA, FDA, and ICH guidelines
- **New facility with over 43,000 sqm** to be built in Lin-Gang Special Area

Shanghai



Genor Commercial Strategy and Future Outlook



- In house sales focus core market, access, KOL etc. and partnering CSO for non core market
- Multi-partnerships to drive DoT and penetration e.g. pharma and diagnostic companies

GENOR commercial aims:

- To launch new product successfully in short-middle term
- To be a leading commercial team in long term in Asia and China

2020
Organization construction & market warm-up

2021
- Ongoing Org readiness and market warm-up
- 1st brand launches

Launch 1st Onco brand w/ *rrPTCL by Q3

NRDL negotiation

GB226

2022
Multi-brand launches

Launch 1st Autoimmune brand

GB242

NRDL entry w/ *rrPTCL

GB226

2023
Multi-brand portfolio shaped

More to come 2024 afterward

Launch 2nd Onco brand w/ Her2+ mBC

GB221

GB242

Launch **rrCC

GB226

Build up comprehensive commercializing capability

Ensure brand launch success and maximize their market value

*rrPTCL refractory and relapsed peripheral T cell lymphoma, **rrCC refractory and relapsed cervical cancer

Innovative Commercial Model to Maximize Market Opportunity

(Build up in-house capable commercial team with CSO co-promotion, a hybrid sales model, to support the launch of late-stage candidates including GB226)

- GB226 with 1st indication PTCL expects to be launched in China by Q3, 2021
- In-house sales team set-up will be fully ready with configuring full commercial functions before GB226 launch
- Covers core lymphoma market and other defined segments while launch GB226, and will continue to expand sales force with GB226 NRDL entry in 2022 and other new indication approval in the future
- Select capable CSO and partners to increase market coverage, extend DoT and accelerate patient access

In-house sales and CSO joint effort for GB226 launch

Commercial functions	Core market	Non core market
Sales	Genor in-house team	CSO
Marketing/medical	Genor team	CSO collaborates for activity
Supply/channel	Genor team	
Access strategy	Genor team e.g. NRDL, pricing	
Access execution	Genor team	CSO
CRM/data/training	Genor team	

Target to cover 80-90% PD1/L1 market by hybrid sales model

* NRDL national reimbursement drug list in China

Seasoned Management Team with Proven Track Records

Dr. Feng GUO

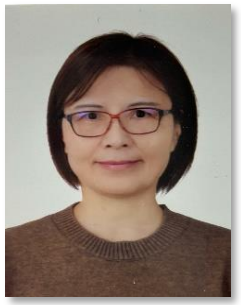
Chief Executive Officer

- Merck
- Pfizer
- 轩竹医药 XuanZhu Pharma

Dr. Jack HU

Chief Strategy Officer, CFO

- Institutional Investor — *No.1 for All-China Healthcare Research*
- Deutsche Bank
- OPPENHEIMER
- The University of Texas MD Anderson Cancer Center — Making Cancer History®
- Wyeth



Dr. Shuhua HAN

Chief Scientific Officer, CSO

- 药明康德 WuXi AppTec
- Baylor College of Medicine
- 中国生物 CNBG

Dr. Joe ZHOU

President Executive Officer

- AMGEN
- Peking University Press 1902
- 蛋白药物质量联盟 CPDQA
- CMBA

Ms. Tong LI

Chief Medical Officer, CMO

- Janssen — Pharmaceutical Companies of Johnson & Johnson
- Merck
- OICR — Ontario Institute for Cancer Research
- Pfizer
- 轩竹医药 XuanZhu Pharma

Mr. Wende CHEN

Chief Operation Officer, COO

- Roche
- Pfizer
- AstraZeneca
- EVEREST MEDICINES

Dr. Steven KAN

Chief Technology Officer, CTO

- Pfizer
- 丽珠医药 LIVZON
- IONIS
- MONSANTO
- Allergan

Beneficiary of a Robust Ecosystem

Unparalleled KOL Network Strengthened by Broad Clinical Trial Offerings

Hillhouse ecosystem

- **Strategic relationship** with Mayo Clinic and Tigermed
- Reputable domestic KOLs coverage
- Global expert network for large indications

MAYO CLINIC

高济医疗 Cowell Health

GENOR BIOPHARMA

Seasoned clinical leadership

- ✓ Experienced clinical program management
- ✓ Smooth regulatory execution
- ✓ Proven track record of application

Tigermed

Leading clinical development hub

Organized full chain service / consultation

- Clinical and regulatory
- Data analytics and project management
- Quality and risk assurance
- Global and China trial management

Dec 2018 — HILLHOUSE CAPITAL

During 2019

- Introduction of SF bispecific platform
- Numerous partnership opportunities
- Insightful advisory for corporate operation

May 2020 — HILLHOUSE CAPITAL, TEMASEK

- Equity Financing with additional renowned investors

Oct 2020 — HKEX 香港交易所

- Successful listing backed by 12 reputable cornerstone investors

GENOR BIOPHARMA

Upcoming Events

GENOR BIOPHARMA

Upcoming Milestones

Key Events	Timing
GB242 (TNF-α) – Manufacturing on-site inspection	2Q21
GB261 (CD20/CD3) – First Patient Enrollment in Australia	3Q21
GB491 (CDK4/6) – Toxicology Topline data	3Q21
GB491 (CDK4/6) – File IND for Phase 3 trial for 1L/2L HR+/HER2- mBC	3Q21
GB226 (PD-1) – NDA approval for r/r PTCL	**3Q21**
GB226 (PD-1) – Commercial Launch with 1st indication of r/r PTCL	3Q21
GB226 (PD-1) – Last Patient Enrollment for 2L Cervical Cancer	3Q21
GB221 (HER2) – NDA submission for 2L HER+ mBC	**4Q21**
GB491 (CDK4/6) – IND approval for Phase 3 trial for 1L /2L HR+/HER2- mBC	4Q21
GB491 (CDK4/6) – First Patient Enrollment for Phase 3 trial for 1L /2L HR+/HER2- mBC	4Q21
GB492 (STING) – First Patient Enrollment for solid tumor	4Q21
GB242 (TNF-α) – NDA approval	**1H22**
GB261 (CD20/CD3) – Initial POC Data	**1H22**
GB491 (CDK4/6) – Interim Data for 2L HR+/HER2- mBC	**2Q23**

Financial Overview

GENOR BIOPHARMA

Financial Overview – Income Statement

RMB' million	Year ended 31 December 2020	2019
Revenue	10.3	13.0
Cost of revenue	(2.6)	(9.6)
Gross Profit	**7.7**	**3.5**
Administration expenses	(241.4)	(89.4)
Research and Development expenses	(696.6)	(438.8)
Other (expenses)/income-net	(4.4)	4.1
Other (losses)/gains-net*	(1,968.3)	0.1
Operating loss	**(2,903.0)**	**(520.6)**
Finance Income	3.7	0.6
Finance Costs	(137.0)	(3.7)
Finance costs-net	(133.3)	(3.1)
Loss before income tax	(3,036.3)	(523.6)
Income tax credit	5.8	0.9
Loss for the year	**(3,030.5)**	**(522.7)**

Revenue

- In 2020, we generated revenue of RMB 10.3mn

Expenses

- R&D expenses was mainly due to (i) increases of our ongoing clinical trials expenses and (ii) our employee salary and related benefit costs
- The increase in Administration Expenses was due to i) the increases of listing expenses and (ii) our employee salary and related benefit costs

Net loss for the year

- Net loss for the year was RMB 3,030.5mn

** Other losses mainly due to net fair value losses on preferred shares of Rmb 1,933.8mn*
** All numbers are rounded to one decimal place*

Financial Overview – Balance Sheet

RMB' million	Year ended 31 December 2020	2019
Cash and cash equivalents	2,929.7	253.5
Restricted bank deposits	2.0	-
Inventories	31.5	25.3
Contract cost	1.8	3.9
Other receivables, deposits and prepayments	108.7	44.6
Amounts due from related parties	27.8	20.9
Total Current Assets	**3,101.4**	**348.2**
Property, plant and equipment	200.3	191.4
Right-of-use assets	28.9	33.3
Intangible assets	156.9	94.3
Other receivables, deposits and prepayments	80.3	64.9
Deferred income tax assets	5.6	0.7
Total Non-Current Assets	**472.0**	**384.6**
Total Assets	**3,573.4**	**732.8**
Trade payables	91.7	103.4
Contract liabilities	4.9	11.8
Other payables and accruals	116.3	212.8
Lease liabilities	15.0	12.4
Amounts due to related parties	17.0	16.2
Deferred income	3.7	3.5
Total Current Liabilities	**248.7**	**360.1**
Contract liabilities	0.8	0.8
Lease liabilities	16.0	29.4
Amounts due to related parties	34.8	31.9
Deferred income	21.9	22.9
Deferred income tax liabilities	14.1	15.0
Other non-current liabilities	-	47.4
Total Non-Current Liabilities	**87.6**	**147.3**
Total Liabilities	**336.3**	**507.4**
Total Equities	**3,237.1**	**225.5**

** All numbers are rounded to one decimal place*

Cash Balance

- As of December 31, 2020, our total cash and cash equivalents increased to Rmb 2,929.7mn.

Q&A

GENOR BIOPHARMA