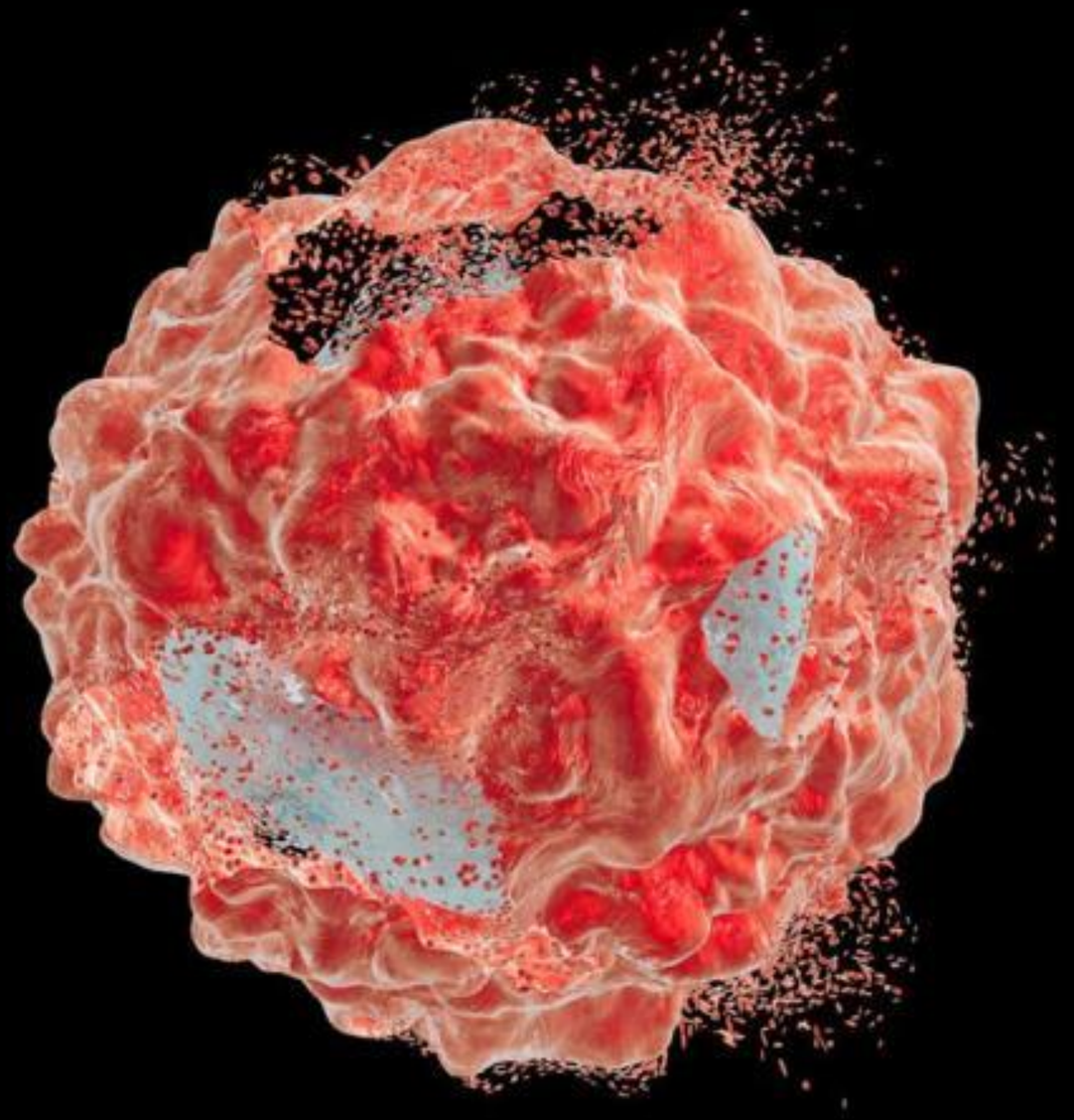
亞 盛 醫 藥
Ascentage Pharma



Ascentage Pharma Group

Advancing Therapies That Restore Apoptosis

Disclaimer

DISCLAIMER FOR INVESTOR MATERIALS

By attending the meeting where this presentation is made, or by reading the presentation materials, you agree to be bound by the following limitations:

The information in this presentation has been prepared by representatives of Ascentage Pharma Group International (the "**Company**", and together with its subsidiaries, the "**Group**") for use in presentations by the Group at investor meetings for information purposes. No part of this presentation should form the basis of, or be relied on in connection with, any contract or commitment or investment decision whatsoever.

No representation or warranty, express or implied, is made as to, and no reliance should be placed on, the fairness, accuracy, completeness or correctness of the information, or opinions contained herein. Neither the Company nor any of its directors, supervisors, officers, partners, employees, affiliates, agents, advisors or representatives shall have any responsibility or liability whatsoever (for negligence or otherwise) for any loss howsoever arising from any use of this presentation or its contents or otherwise arising in connection with this presentation. The information set out herein may be subject to updating, completion, revision, verification and amendment and such information may change materially.

This presentation is based on the economic, regulatory, market and other conditions as in effect on the date hereof. It should be understood that subsequent developments may affect the information contained in this presentation, which neither the Company nor any of its directors, supervisors, officers, partners, employees, affiliates, agents, advisors or representatives is under an obligation to update, revise or affirm.

The information communicated in this presentation contains certain statements that are or may be forward-looking. These statements typically contain words such as "will", "may", "expects", "forecasts", "plans" and "anticipates" and words of similar import. By their nature forward-looking statements involve risk and uncertainty because they relate to events and depend on circumstances that will occur in the future. There may be additional material risks that are currently not considered to be material or of which the Company and its advisors or representatives are unaware. Against the background of these uncertainties, readers should not rely on these forward-looking statements. The Company assumes no responsibility to update forward-looking statements or to adapt them to future events or developments.

This presentation and the information contained herein does not constitute or form part of any offer for sale or subscription of or solicitation or invitation of any offer to buy or subscribe for any securities of the Company or any of its subsidiaries or affiliates in any jurisdiction. This presentation and the information contained herein is highly confidential and being furnished to you solely for your information and may not be reproduced or redistributed in any manner to any other person, in whole or in part. In particular, neither the information contained in this presentation nor any copy hereof may be, directly or indirectly, taken or transmitted into or distributed in the United States, Canada, Australia, Japan, Hong Kong or any other jurisdiction which prohibits the same except in compliance with applicable securities laws. Any failure to comply with this restriction may constitute a violation of U.S. or other national securities laws. No money, securities or other consideration is being solicited, and, if sent in response to this presentation or the information contained herein, will be accepted.

By attending this presentation, you acknowledge that you will be solely responsible for your own assessment of the market and the market position of the Group and that you will conduct your own analysis and be solely responsible for forming your own view of the potential future performance of the business of the Group. Any decision to purchase securities in the context of a proposed offering of securities, if any, should be made solely on the basis of information contained in an offering circular or prospectus prepared in relation to such offering.

By reviewing this presentation, you are deemed to have represented and agreed that you and any customers you represent are either (i) a "qualified institutional buyer" (within the meaning of Rule 144A under the United States Securities Act of 1933, as amended), or (ii) outside the United States. You are also deemed to have represented and agreed that you and any customers you represent are professional investors as defined in the Securities and Futures Ordinance (Chapter 571 of the Laws of Hong Kong) and any rules made thereunder.

Ascentage: Innovative Science

Proprietary PPI Platform Delivering Potentially First and/or Best-in-class Drugs

BREAKTHROUGH SCIENCE

90+ ISSUED PATENTS

400+ PENDING APPLICATIONS

100+ PUBLICATIONS

STRONG PIPELINE

12 NOVEL COMPOUNDS

33 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

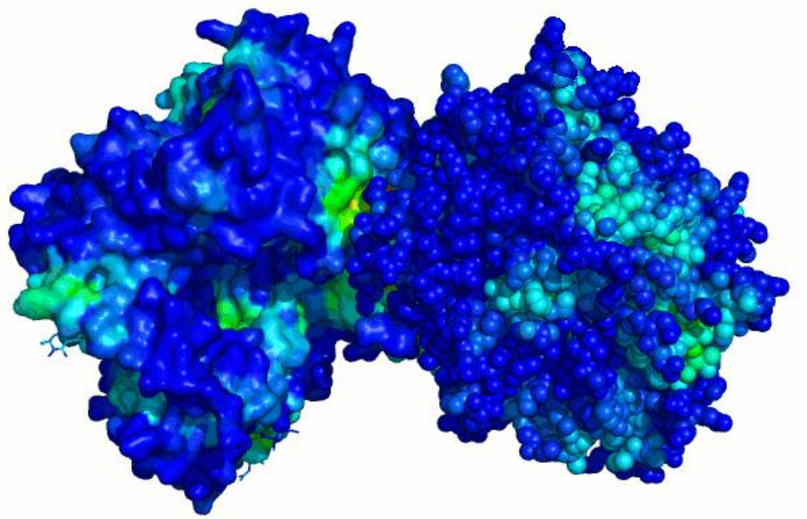
INTEGRATED ORGANIZATION IN **CHINA, UNITED STATES** AND **AUSTRALIA**

Source: Company data Note: All data as of Dec, 2020

Global Leader Developing Therapeutics That Inhibit Protein-protein Interactions to Restore Apoptosis

Protein-protein Interactions

Protein-protein interactions (PPIs) play a crucial role in cellular processes, and are implicated in many diseases, from cancer to viral infections



Focused on Apoptosis

Apoptosis plays a crucial role in developing and maintaining the health of the body by eliminating old and unhealthy cells.

Difficult to Drug

PPIs have broad, shallow, relatively featureless binding sites, hence historically **“difficult to drug”.** There is only one PPI-targeting drug approved in oncology, Venetoclax.

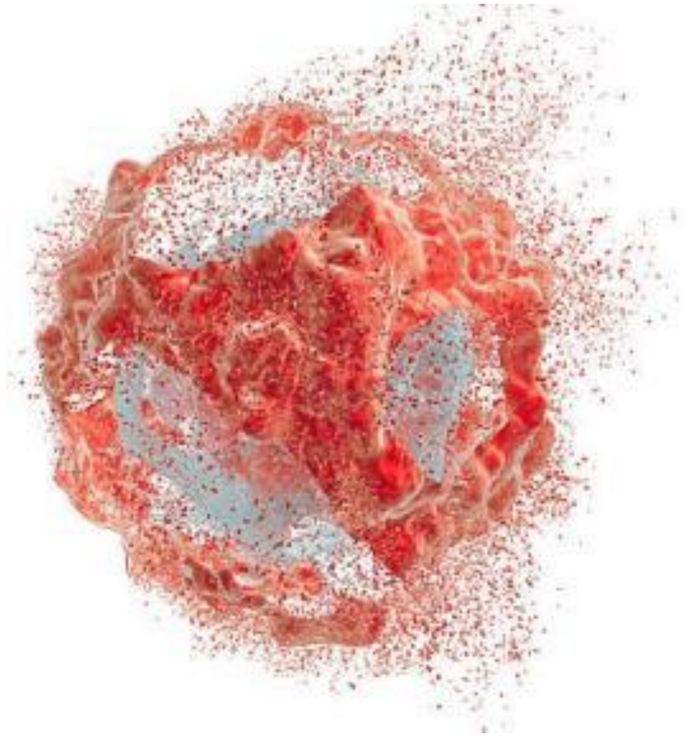
Small Molecules

PPI targets can’t be penetrated by large molecules, leaving small molecules the only viable choice for drug development PPI

Targeting Bcl-2, MDM2-p53, IAP

Four potentially **first- or best-in-class** candidates targeting three distinct classes of PPIs that are critical in inducing apoptosis, namely, Bcl-2, MDM2-p53 and IAP proteins.

2020 Key Achievements



- **1 NDA with "Priority Review"** for HQP1351 (Olverembatinib)
- **Clinical Proof of Concept (POC)** of APG-2575 established in r/r CLL
- **9 global studies** of APG-2575 in CLL，AML，MM etc.; entered Europe for the first time
- **9 ODD and 1 FTD** (HQP1351 in TKI resistant CML)
- **2 global clinical collaborations** with AstraZeneca and Merck

Rich Pipeline With Significant Opportunities

Product	Target	Indications	Phase I / Phase II / Pivotal / NDA	Regions
HQP1351	BCR-ABL /KIT	CML	CDE-NDA submission mid-2020	
		Ph+ ALL		
APG-2575	Bcl-2	CLL	◆	
		WM		
		MM		
		T-PLL		
		AML		
		Solid Tumors		
APG-115	MDM2-p53	Solid Tumor + IO	◇	
		AML, MDS		
APG-1387	IAP/XIAP	Solid Tumor + IO		
		PDAC + Chemo		
		HBV	◇	
APG-1252	Bcl-2/xL	SCLC + SOC		
		NSCLC + TKI		
		MF		
		NET		
APG-2449	FAK/ALK/ROS1	Solid Tumor	◇	
Bcl-2 product	Bcl-2 family	DME (developed by Unity)		

◆ POC ◇ POC in progress

More ODDs Than Any Other Chinese Biotech Companies

4 Breakthrough

Zanubrutinib
1 BTD

JS001
1 BTD

Sugemalimab
1 BTD

RC48-ADC
1 BTD

36 Orphan Drug

APG 115, APG 1252, APG 2575, HQP1351
9 ODDs

Zanubrutinib, Tislelizumab
4 ODDs

JS001
3 ODDs

YS-ON-001
3 ODDs

15 Fast Track

HQP1351
1 FTD

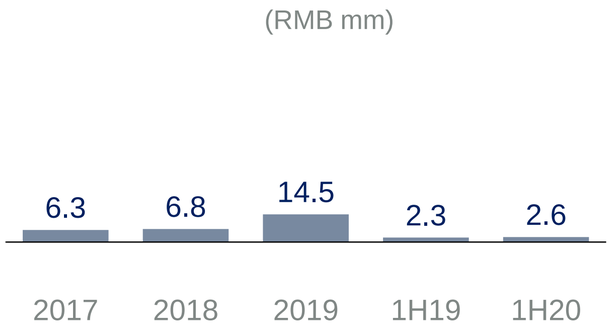
Abexinostat
2 FTDs

Fruquintinib
Surufatinib
2 FTDs

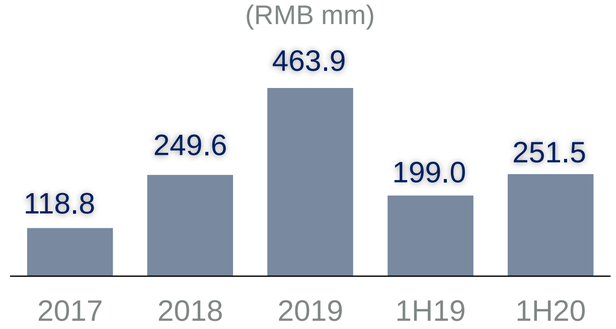
HTD1801
2 FTDs

Key Financial Highlights

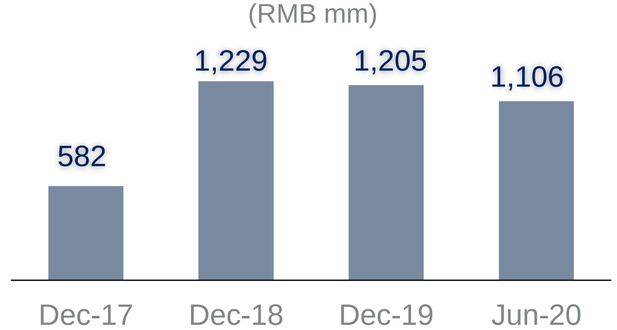
Revenue(1)



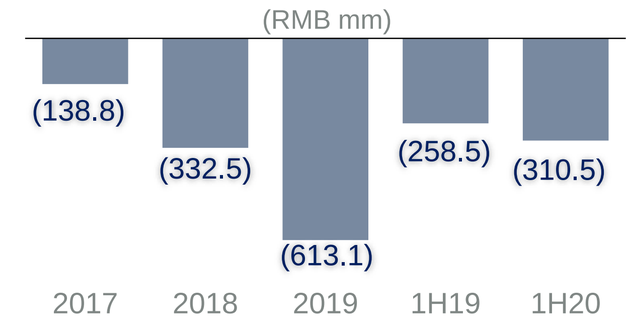
R&D Expense



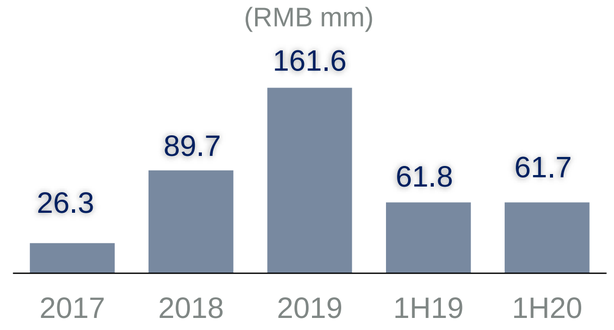
Total Assets



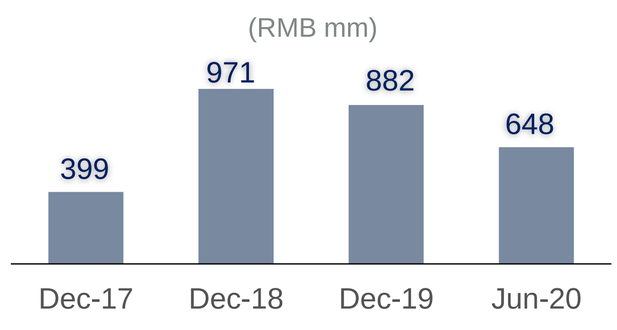
EBIT(2)



Other OPEX



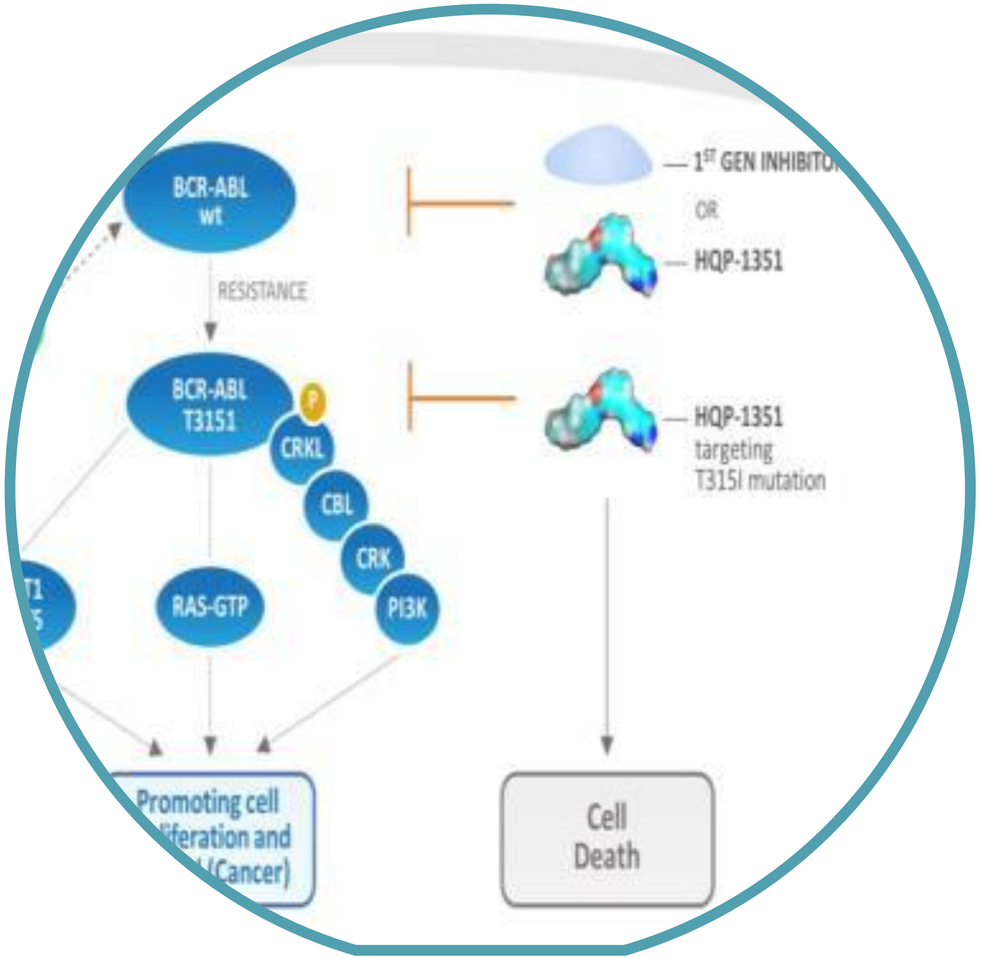
Cash & Equivalents(3)



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



Huge Unmet Medical Needs in CML

- Though TKIs have revolutionized management of CML, many patients develop resistance or intolerance to available TKIs;
  - **1st gen TKI Imatinib:** Fails in up to 40% of patients due to BCR-ABL1 resistant mutations, intolerance, and/or suboptimal adherence to therapy schedule.
    - One of the most frequent BCR-ABL mutations is T315I, ranging from 5 to 25% of CML cases
    - Only 50% of resistant patients achieve a durable CCR or deeper response if they are switched to dasatinib, nilotinib, bosutinib, or ponatinib [1,2]
  - **2nd gen TKIs (dasatinib and nilotinib):** Fail in high number of patients due to T315I or other mutations. Treatment failure with 2nd gen TKIs portends a poor prognosis among the estimated 37%-52% of patients[3]
  - **The only 3rd gen TKI Ponatinib:** the ONLY TKI able to overcome T315I mulation. It received Black box warnings of cardiovascular events.
- None of the above TKIs are effective in the presence of some “compound” mutations.

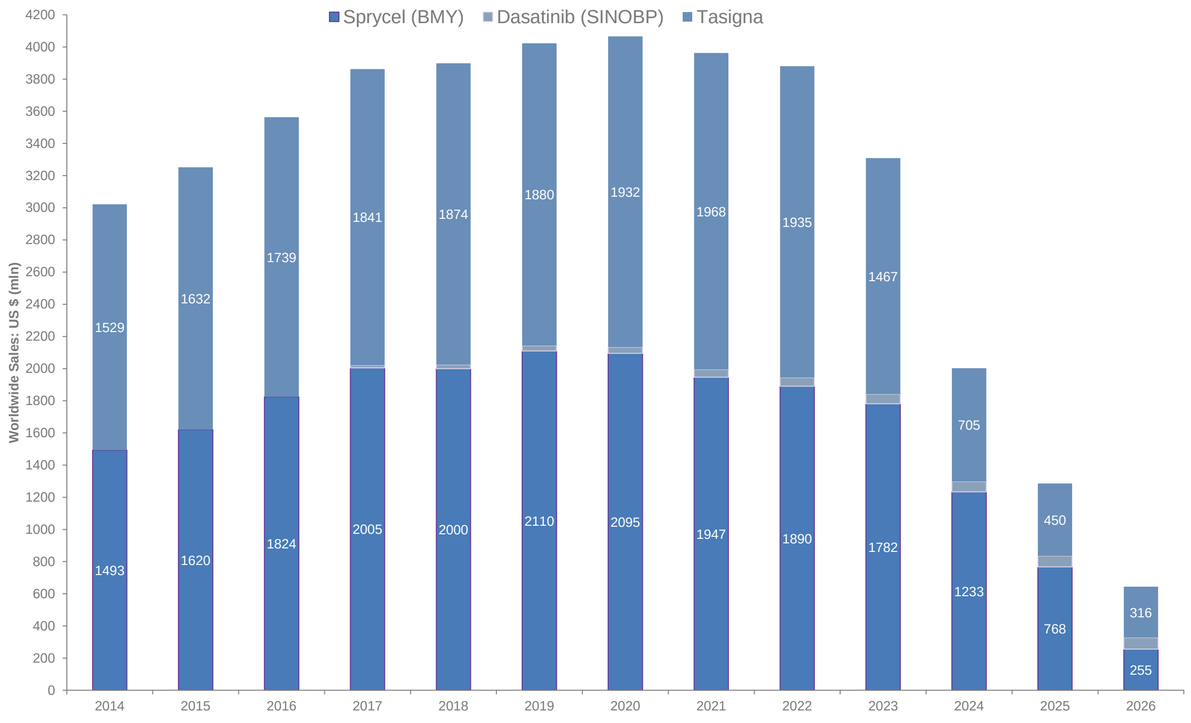
HQP1351: **Effective** in **BCR-ABL Wild Type** as well as **T315I mutation**,

First 3rd generation BCR-ABLTKI developed in China, only **Second** in the entire world

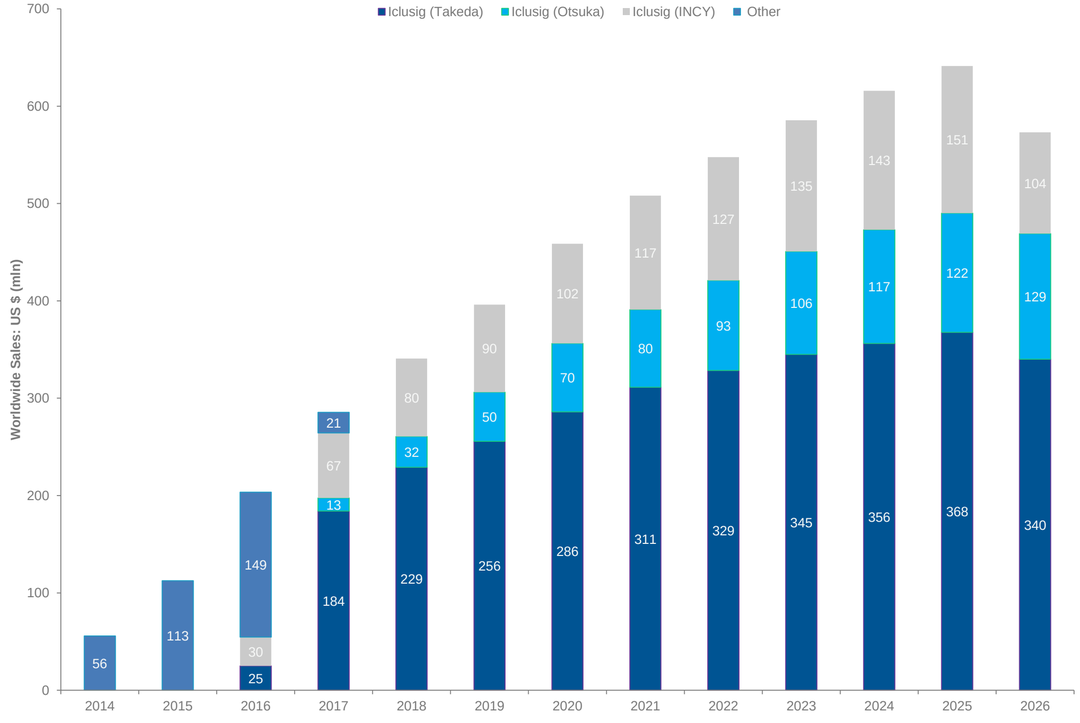
Source: 1.Cortes JE et al. N Engl J Med 2013;369:1783-1796; 2. NCCN.CML Clinical Practice Guidelines in Oncology, version 1.2019.; 3. Ren X et al. J Med Chem 2013;56:879-894.

Large Potential Market for 3rd Gen BCR-ABL Inhibitors

Global sales of dasatinib and nilotinib peaked at $4,066M in 2020

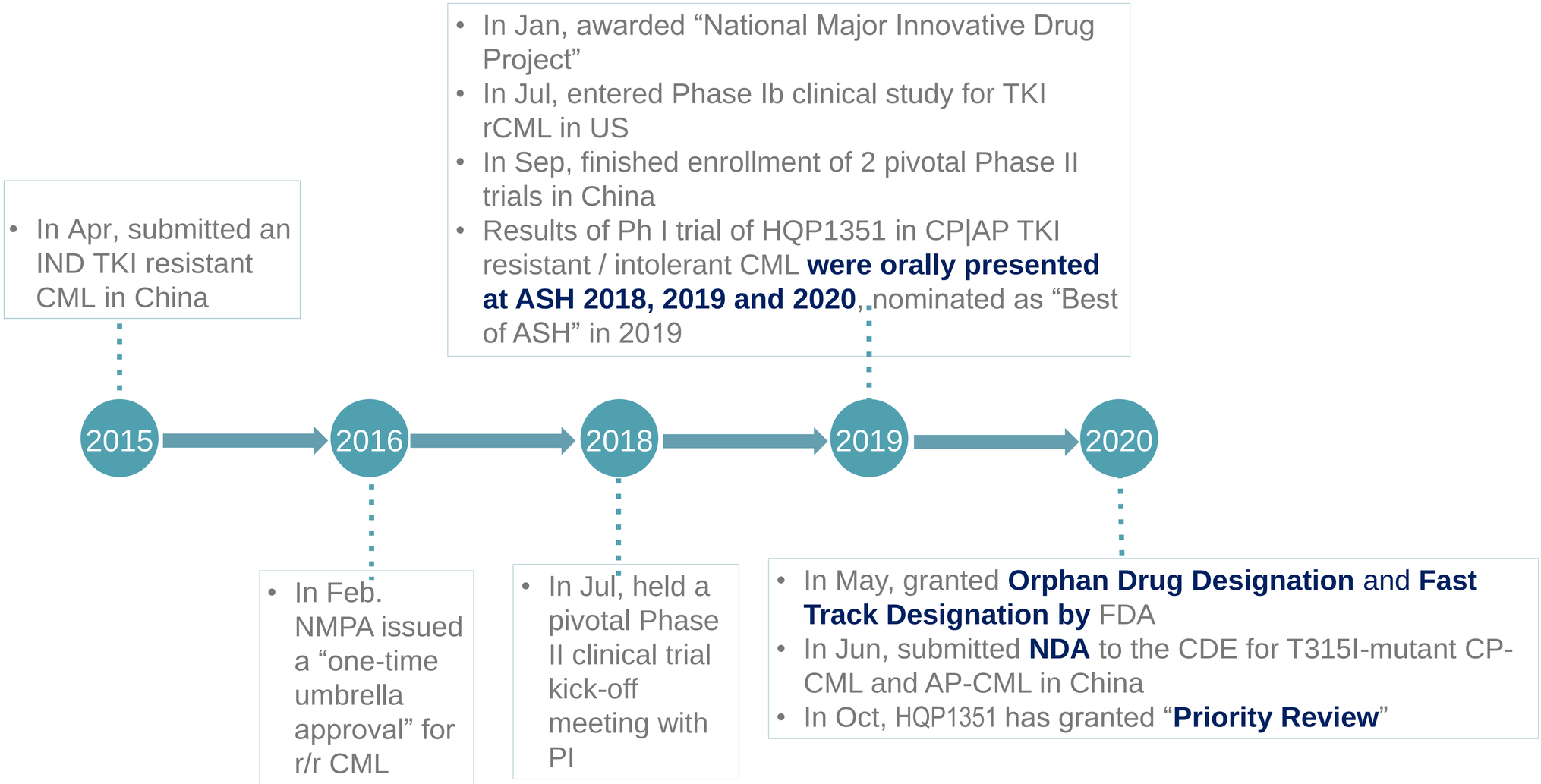


Global sales of ponatinib forecasted at $641M in 2025



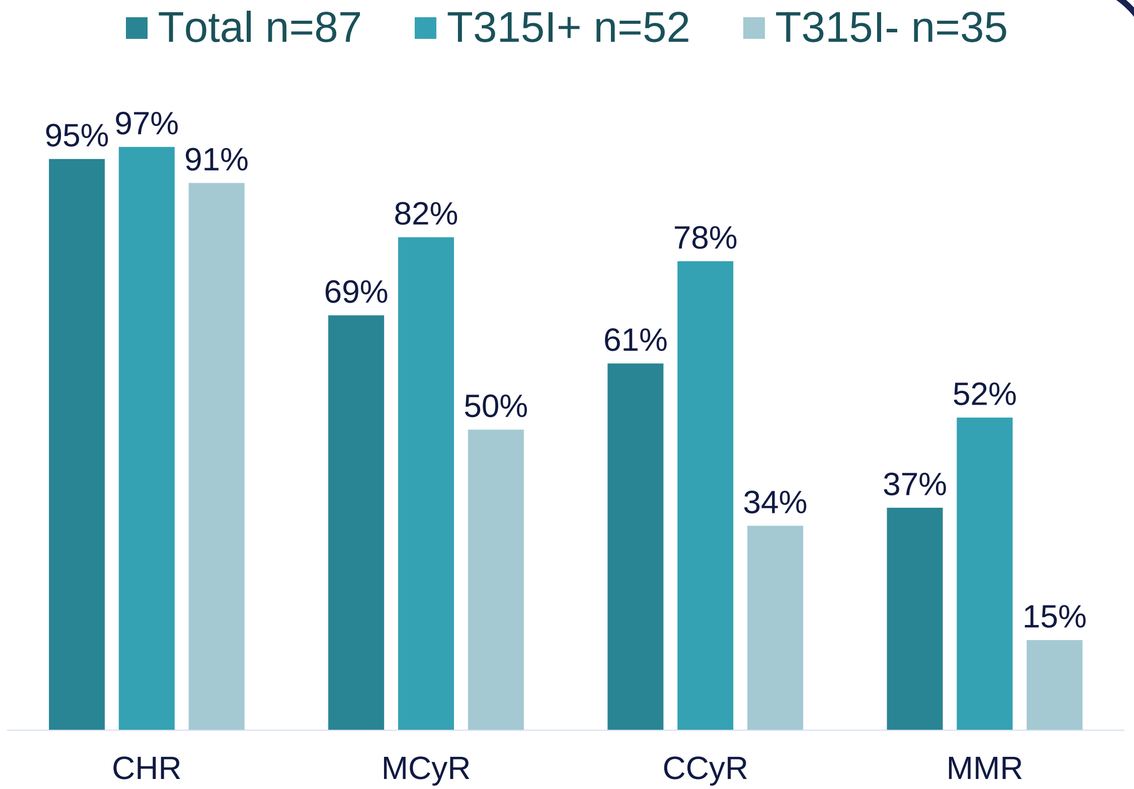
Source: Global Data, Drug Sales and Consensus Forecast View, Extracted Date: 27-Jan-2020， Evaluate Ltd

Development Milestone: From IND Approval to NDA in 4 Years



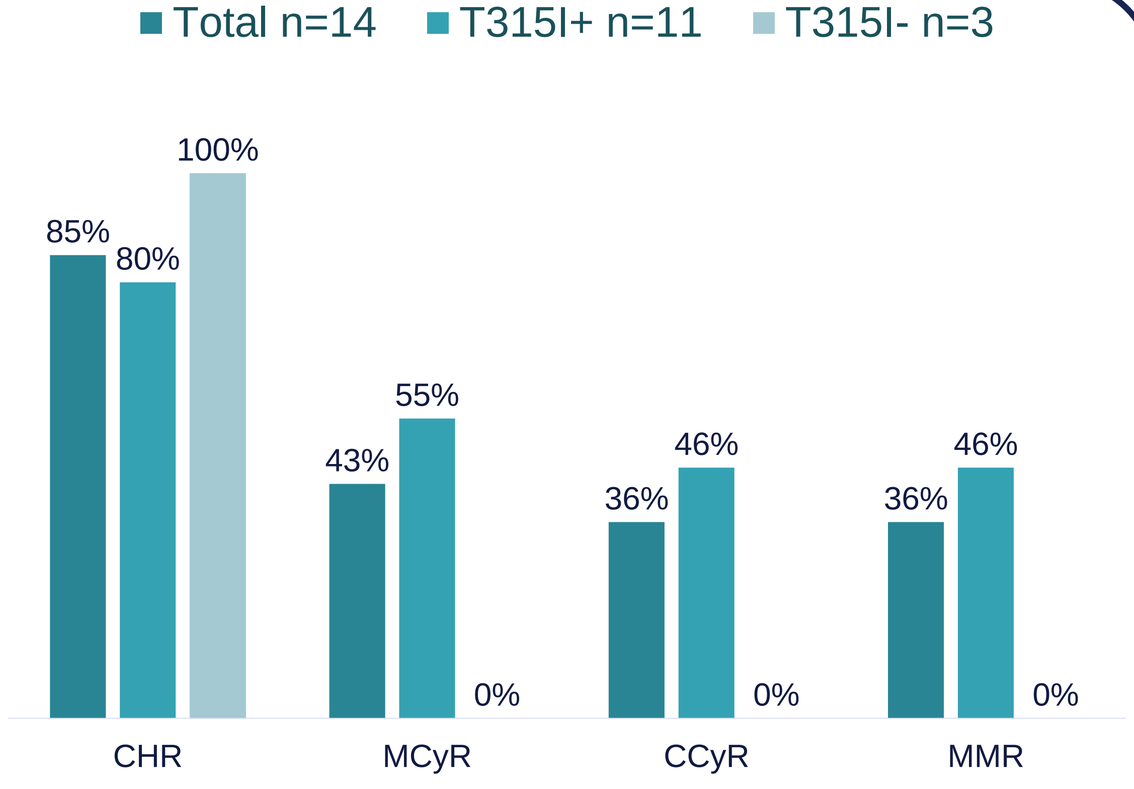
Phase I Study: Highly Efficacious in TKI Resistant CML Patients

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)*

Source: Company data

Well-Tolerated With Minimal Dose Interruptions

Long Duration of Treatments

- Longest duration of treatment is **50 months**
- The average observation period for the Ph I clinical trial is more than **2 years**; mean exposure **30.0 months**, median exposure **30.8 months**
- **20 patients'** duration of treatment more than **3 years**
- **66 patients'** duration of treatment between **2 - 3 years**.

Minimal Discontinuation

- Among 101 patients enrolled, **82 patients** remains on the study up-to-date (since 2016)

Discontinuation:

- **19 patients** discontinued treatment due to AE
- **8 patients** due to PD
- **5 patients** due to AE,
- **6 patients** due to other reasons

Low Cardiovascular AE

- Much lower cardiovascular events reported; no fatal myocardial infarction or stroke was reported, compared to serious arterial occlusion events (AOEs) observed in 35% of ponatinib treated patients in clinical trials

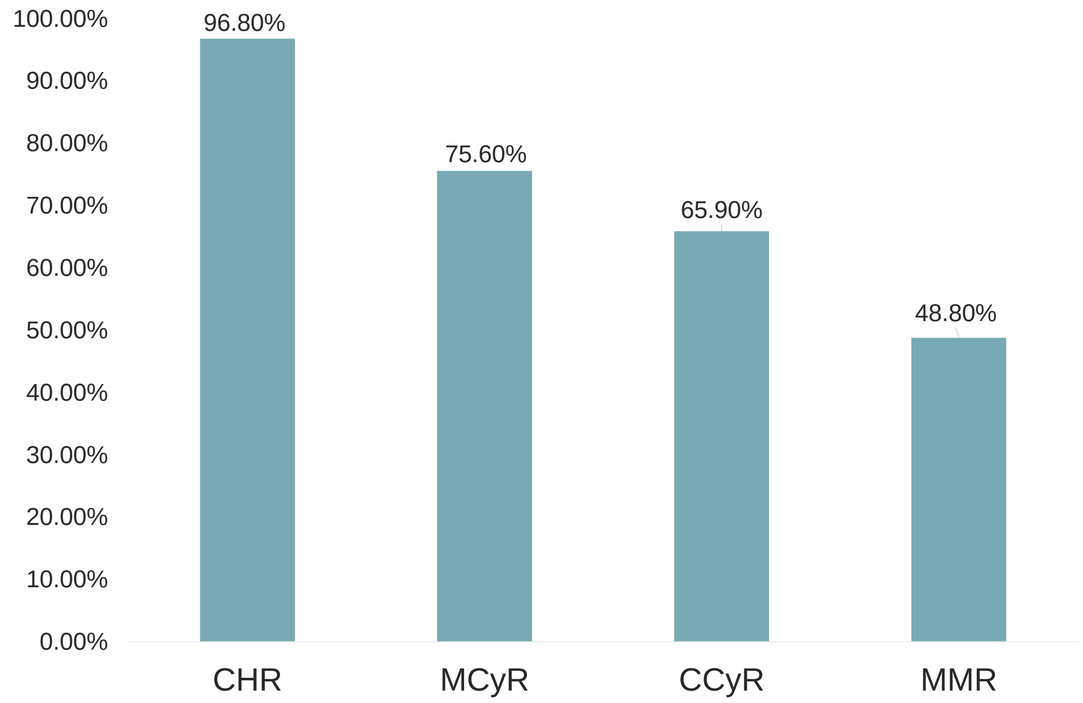
Rare Liver Toxicity

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

Pivotal Ph II Study: Highly Efficacious in T315I-Mutated CML Patients

CML-CP

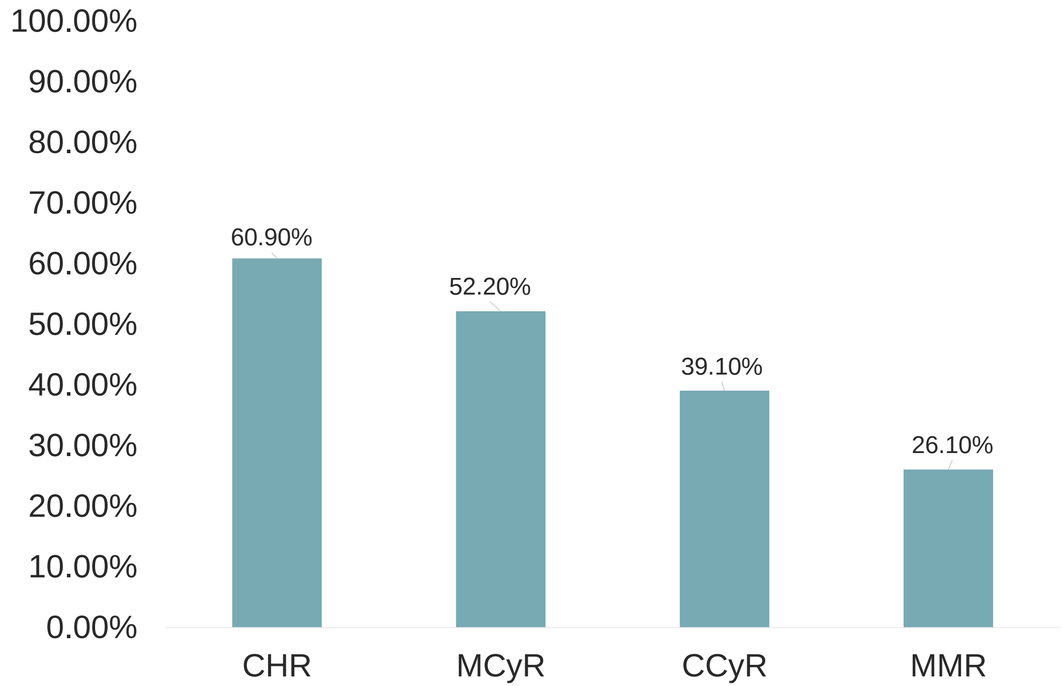
T315I+n=41



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-AP

T315I+n=23

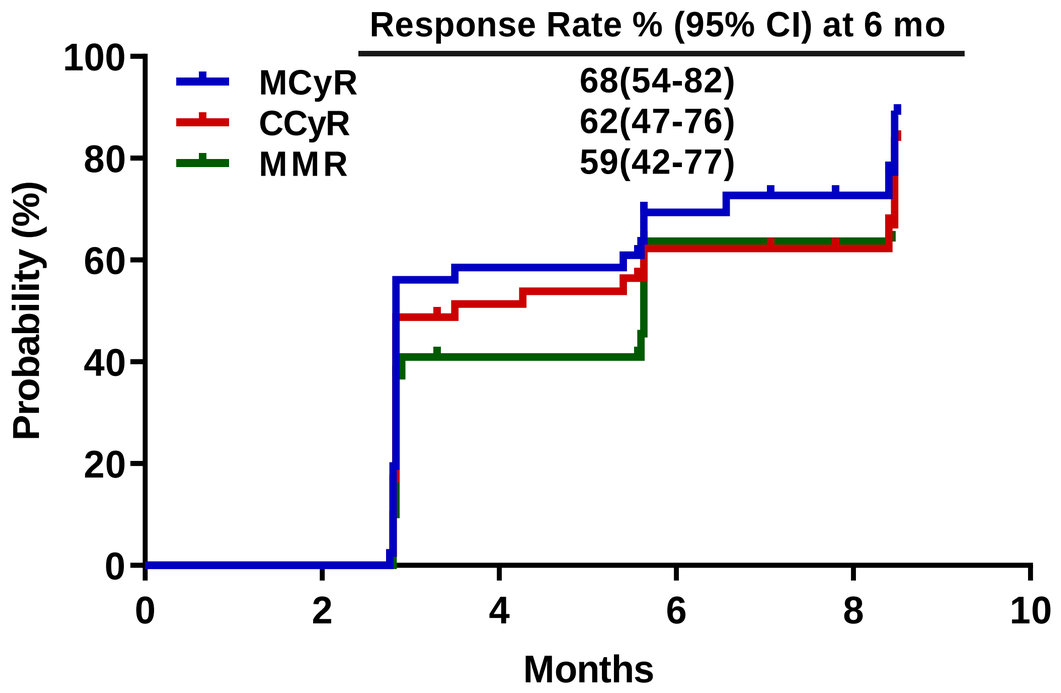


CML Response Criteria: Complete Hematological Response(CHR), Bone Marrow; Major Cytogenic Response (MCyR*) Complete Cytogenic Response (CCyR), Major Molecular Response (MMR^) | ** MCyR is a validated End Point, ^ MMR defined by PCR (<1/1000)*

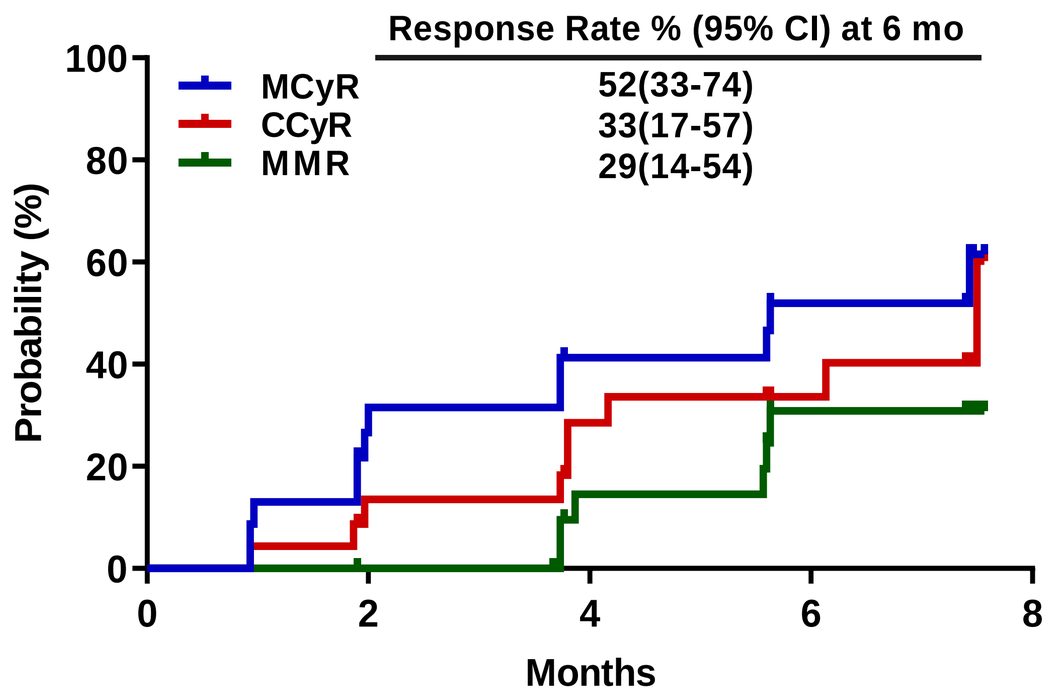
Source: Company data; Cut-off date： March 23, 2020 for CP, February 11, 2020, for AP

Cumulative Incidence of Responses

CML-CP

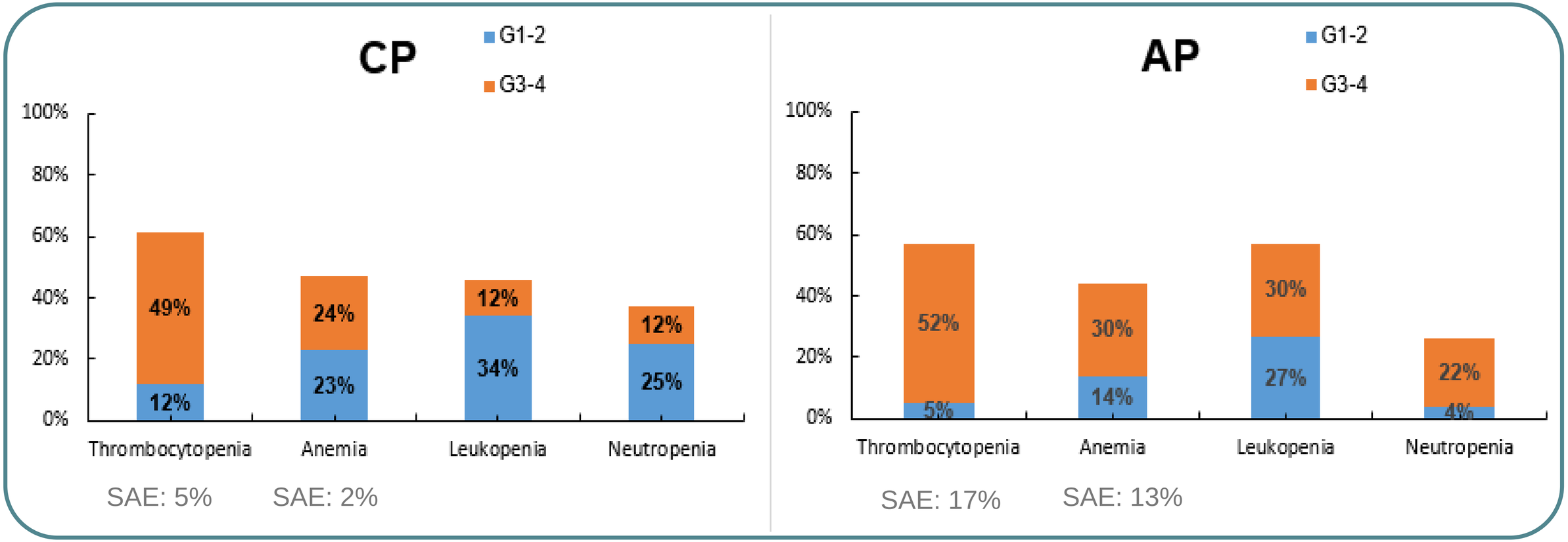


CML-AP



Source: Company data

Treatment-related Hematologic Adverse Events



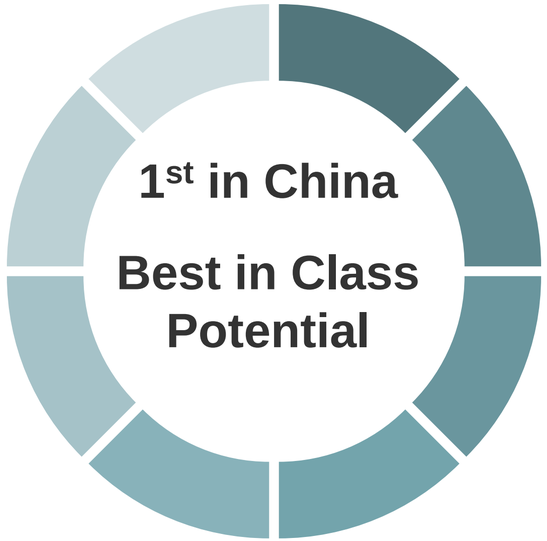
Source: Company data

HQP1351: T315I and Beyond

First 3rd generation of BCR-ABL TKI being developed in China

NDA was submitted to CDE as planned on June 15 in China, grant with “Priority review”

Potentially better tolerance than Ponatinib based on 300+ subjects treated with HQP1351



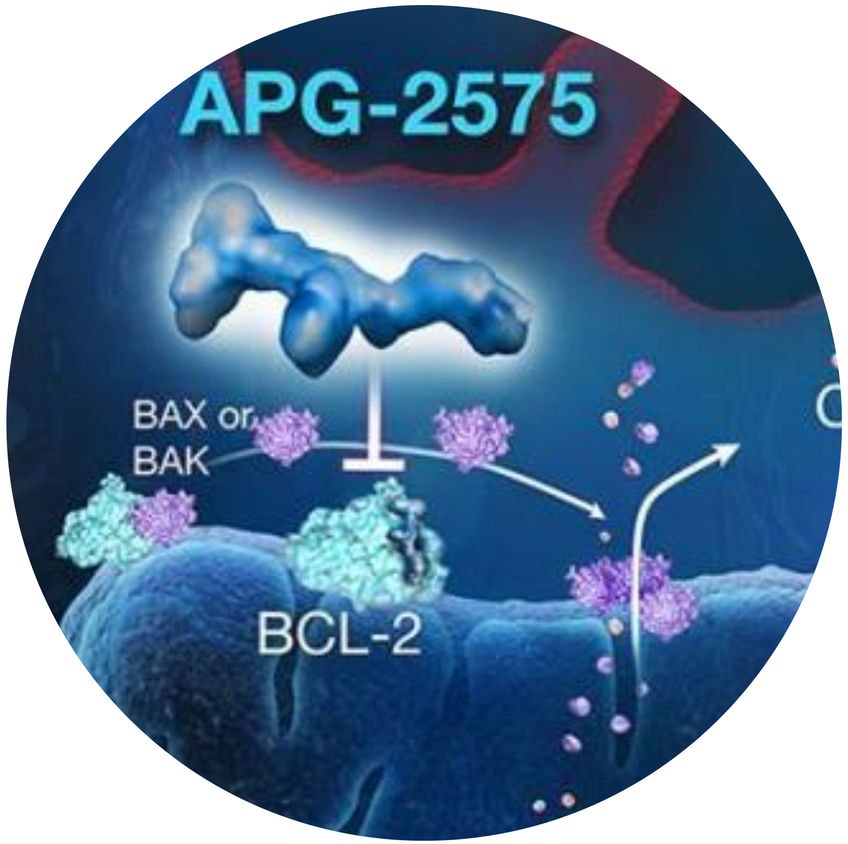
Ph II pivotal studies in patients with TKI resistant BP-CML, Ph+ ALL

Efficacious on the patients who failed/intolerant to ponatinib. Also active in the presence of compound mutations where ponatinib is ineffective.

Proposed Phase II pivotal study in US focus on the CML Pts with R/R ponatinib or multiple / compound mutations

APG-2575 Overview

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



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

Clinical POC Established

More than **100 subjects** have been enrolled into the APG-2575 studies, including R/R CLL , FL , MCL, DLBCL, WM, MM, AML and HCL patients, dosed ranging from 20mg to 1200mg

Proof of concept established in CLL, more than 30 pts enrolled, 70% evaluated achieved PR

Potentially more tolerable than Venetoclax: no TLS, no DLT, no MTD reported

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

Plan to submit the protocol for treatment of patients with ER+ breast cancer and other solid tumors by Q1 2021

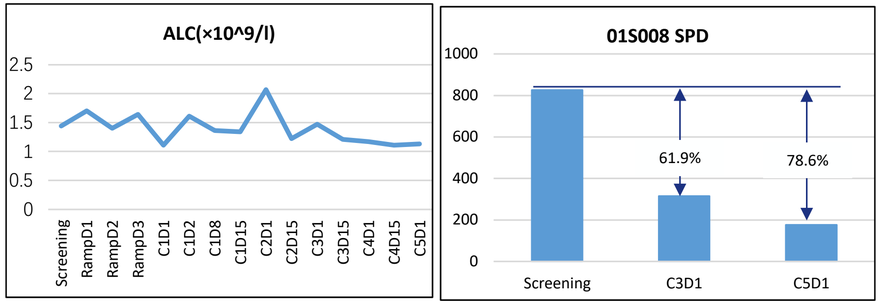
Plan to get CDE approval on the Phase II pivotal study design as a single agent for treatment of R/R CLL by the Q4 2021

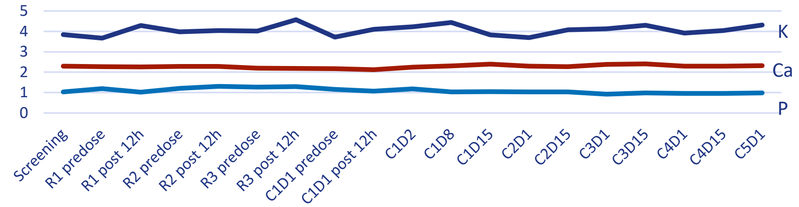
Source: Company data

APG-2575-CN-001 Ph I Interim data I Activity

Ibrutinib Resistant High Risk Patient; Rapid and Deep Response

Patient 1S008: PR parameters

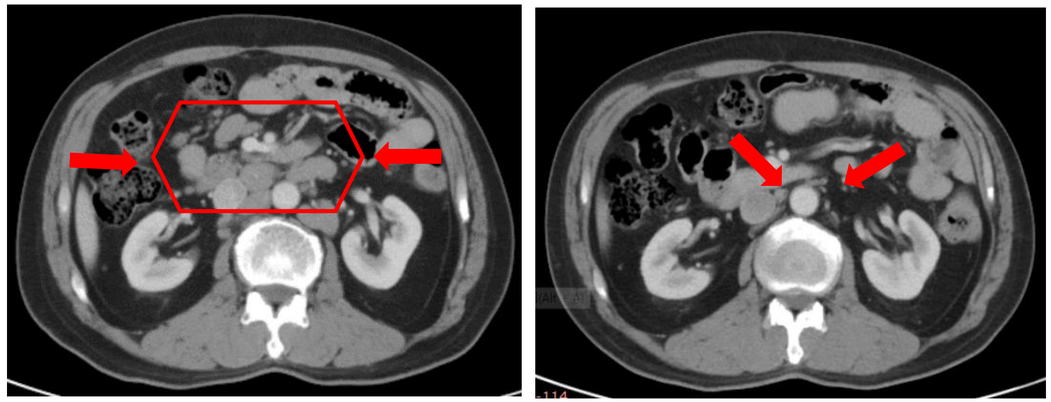




Patient 1S008: -78.6% Nodal Response

PR in r/r CLL (IgVH mutation, no TP53)

Before APG-2575 | After APG-2575

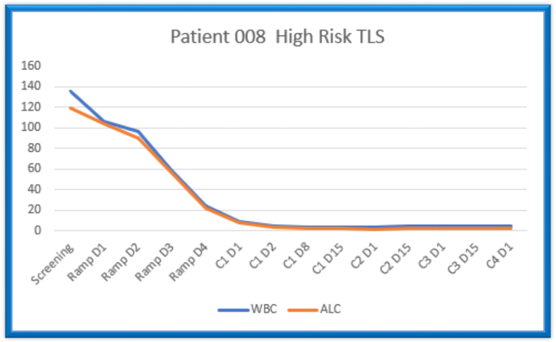


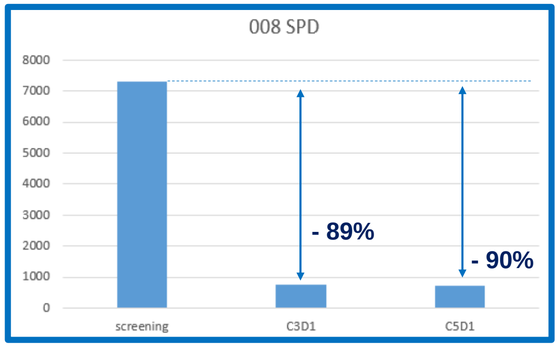
Lymph Node Response: C3D1 **-62%;** C5D1 **-78.6%**

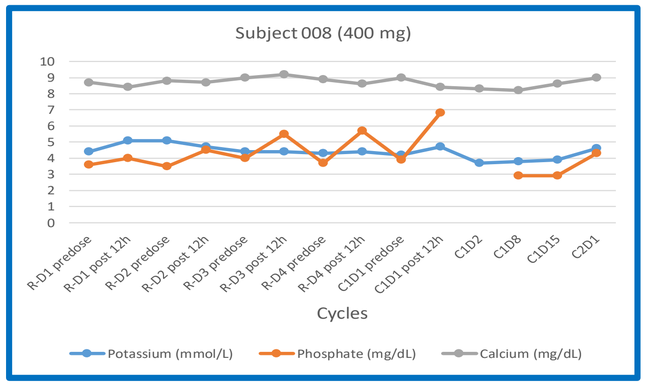
Source: Company data

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

Patient 008: PR parameters



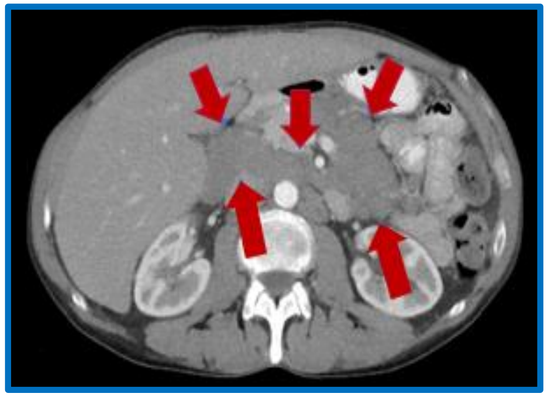




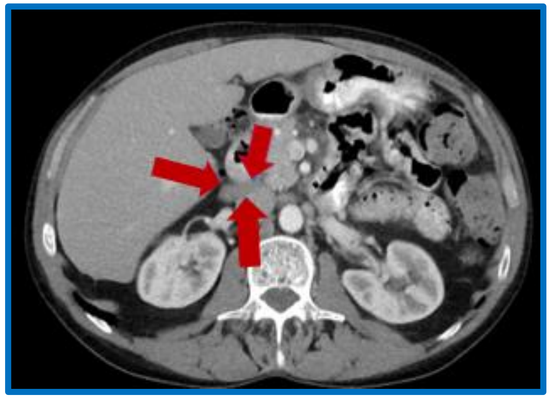
Patient 008: -90% Nodal Response

Durable PR in a patient with r/r CLL

Before APG-2575



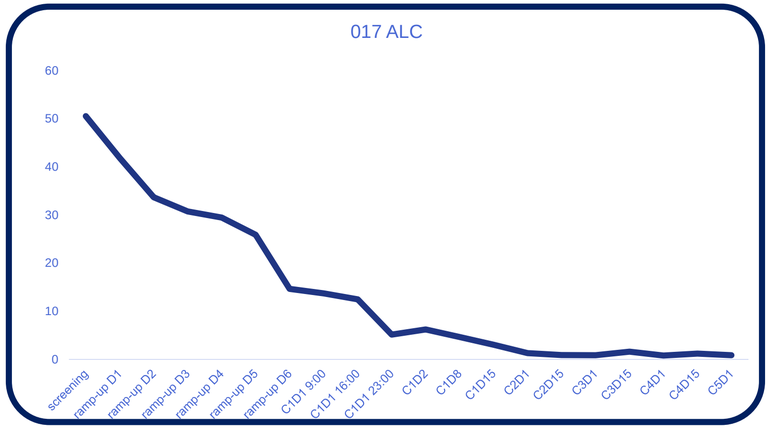
After APG-2575

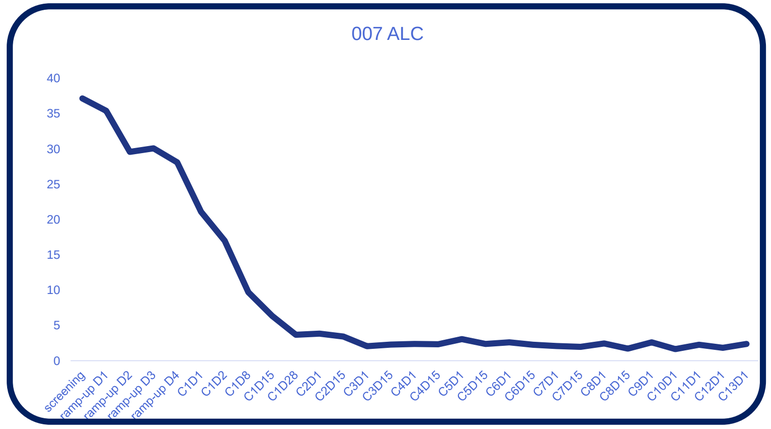


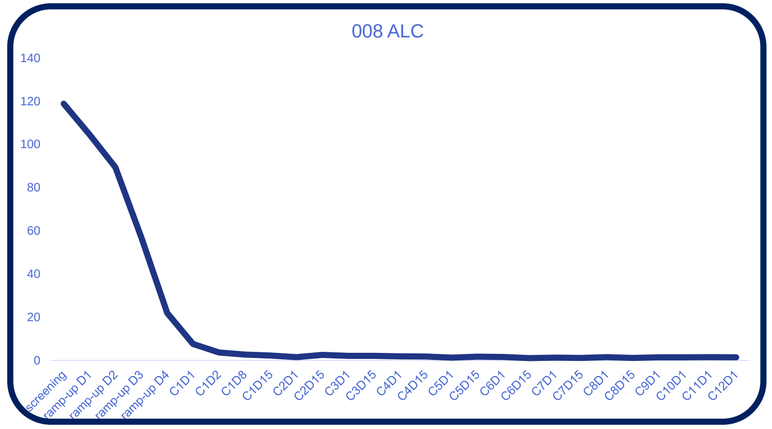
Nodal Response: C3D1-89% | C5D1-90%

Source : Company data

ALC Response Kinetics in R/R CLL Patients

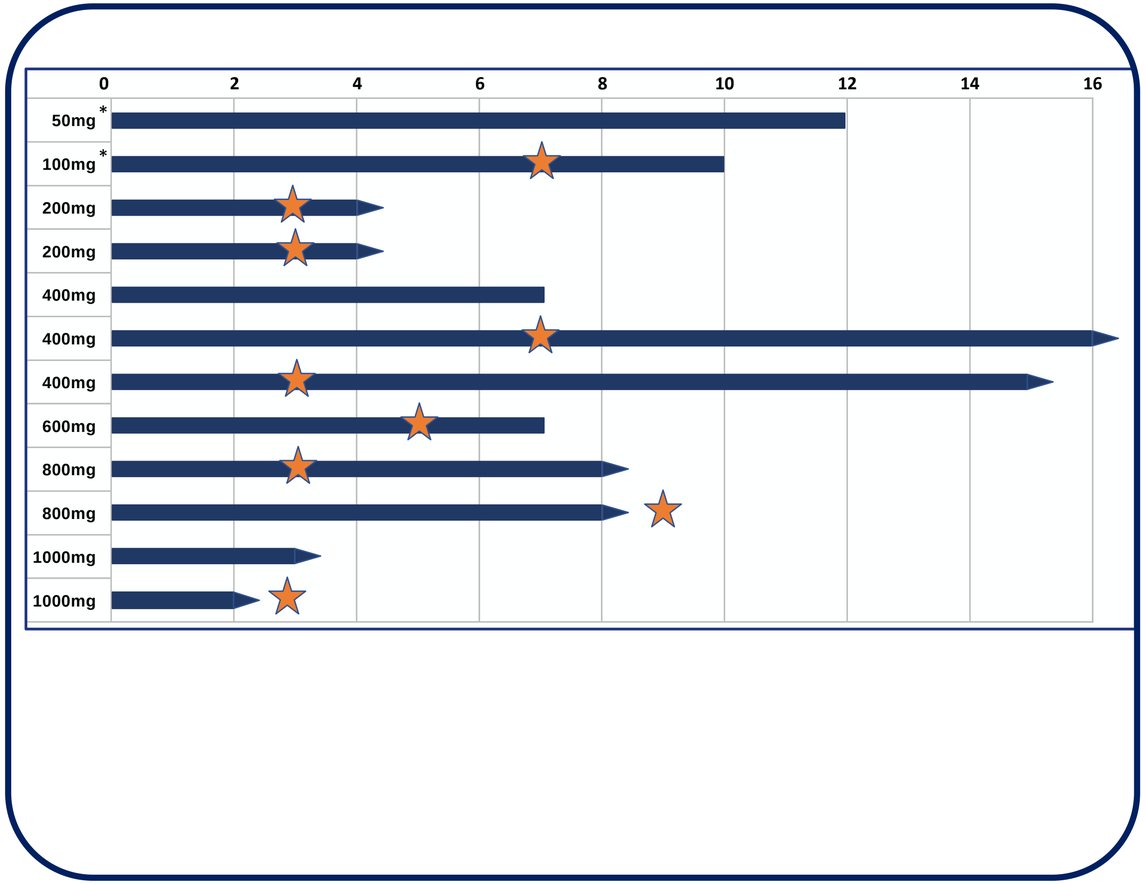


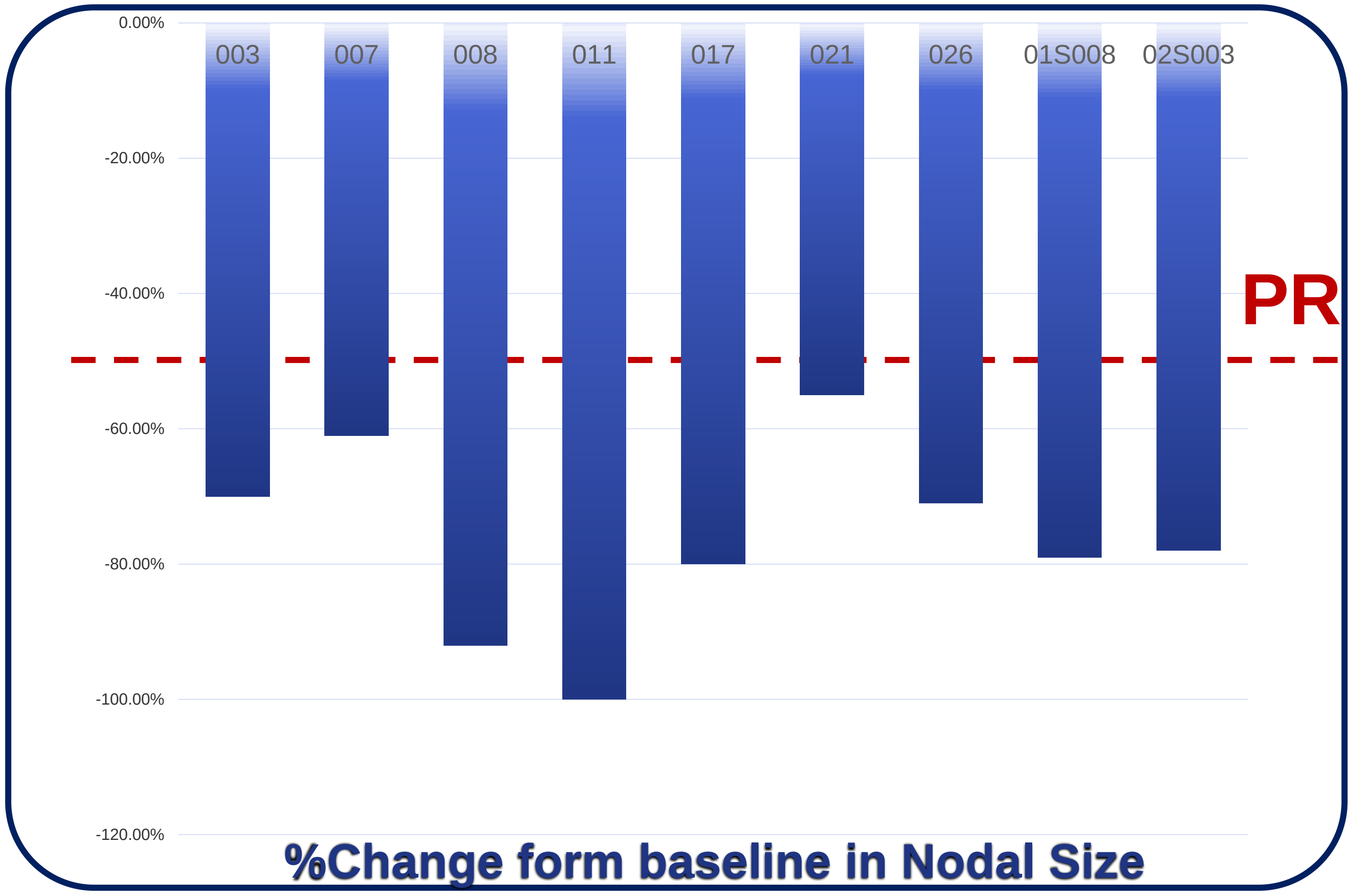




Source: Company data

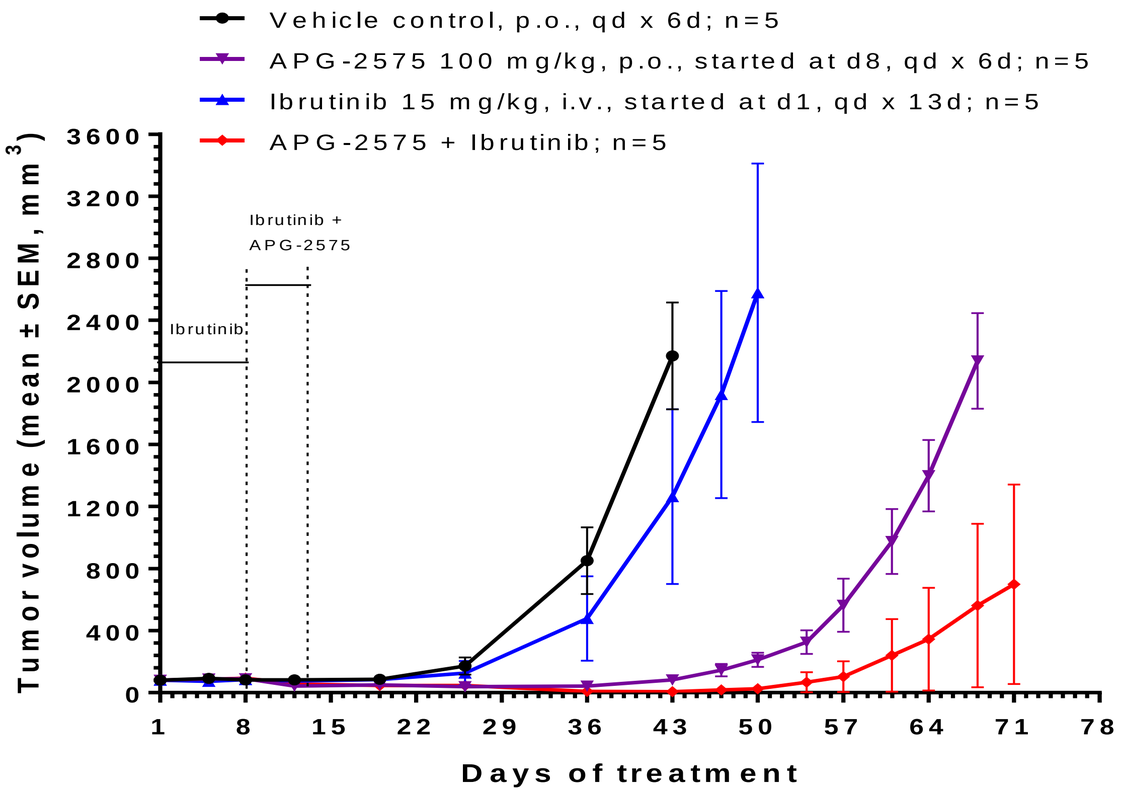
70% PR in Evaluable R/R CLL/SLL Patients

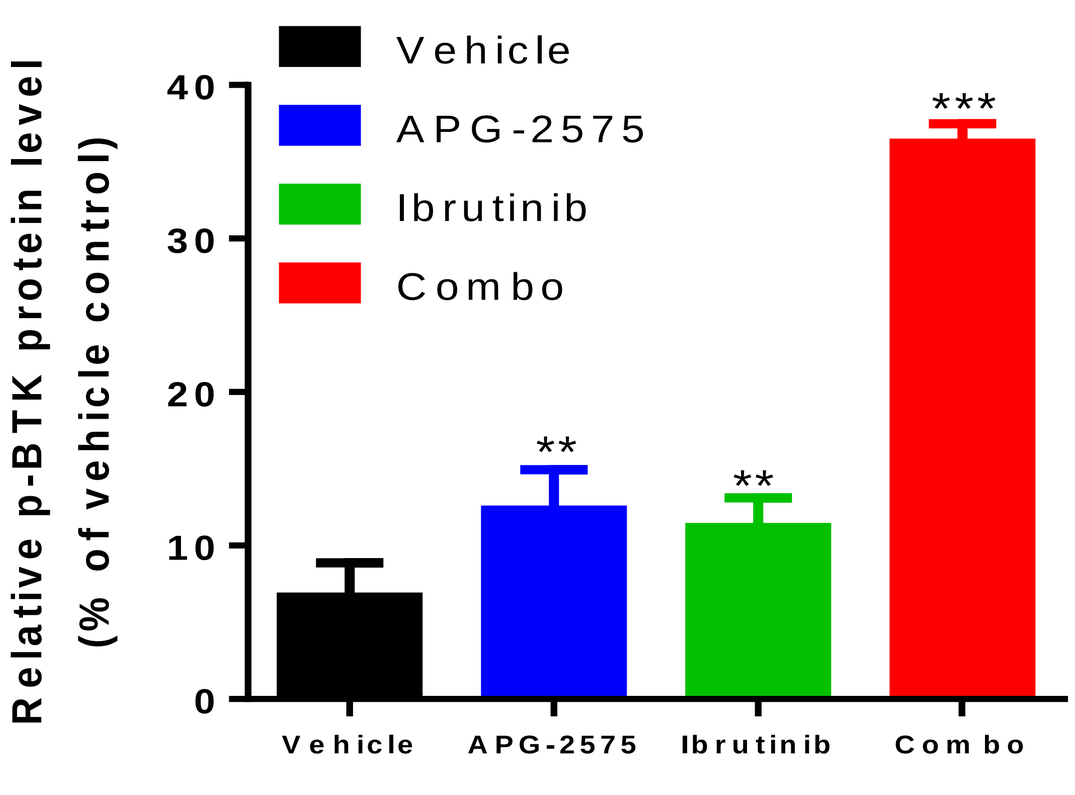




Source: Company data

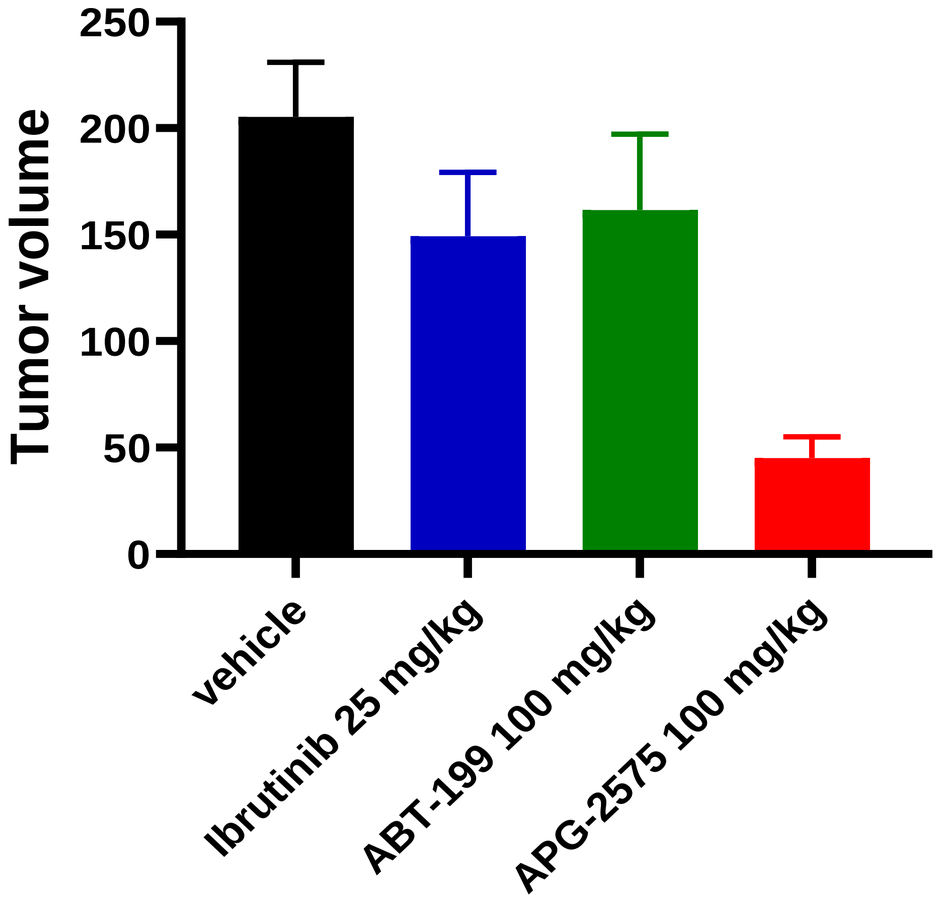
Synergistic Effects of APG-2575 in Combination with Ibrutinib

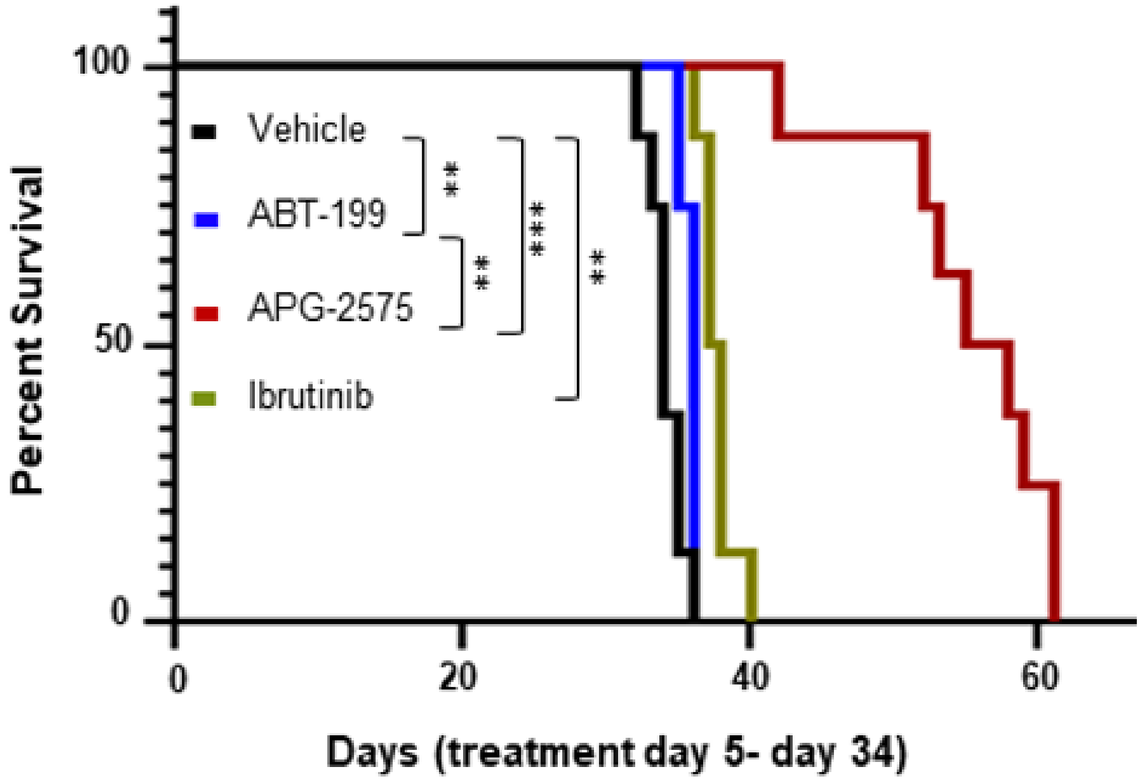




Source: Company data

Efficacious In BTK Resistant WM PDX Model In Which Venetoclax Shows NO Activity





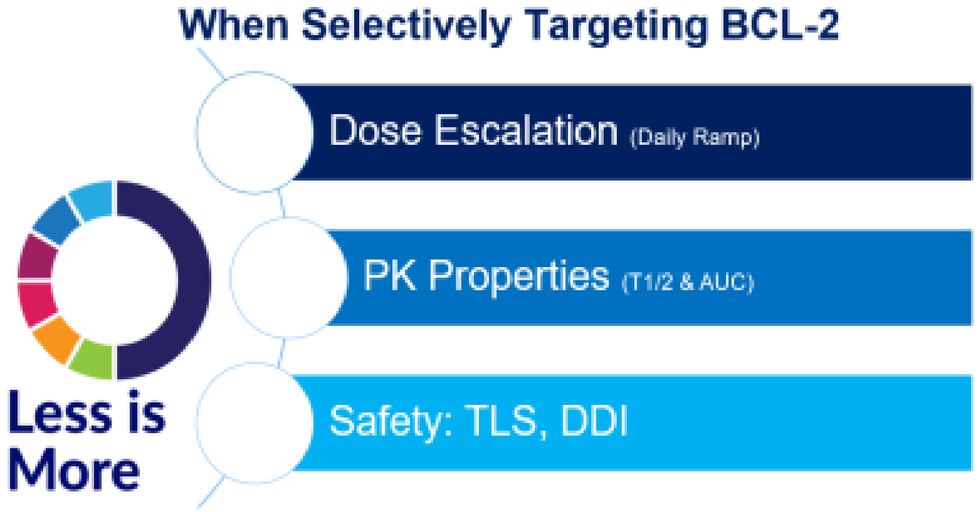
Source: Company data

APG-2575 and Venetoclax

Differences Compared to Venetoclax:

- Efficacious in BTK resistant WM PDX model in which Venetoclax shows no effect
- Daily Ramp-up verse weekly ramp up
- No Clinical TLS, Lab TLS
- Short T1/2 & AUC--potentially lower risk of TLS with better tolerance profile
- Preliminary results suggest better tolerance: less neutropenia and thrombocytopenia

Conclusion:

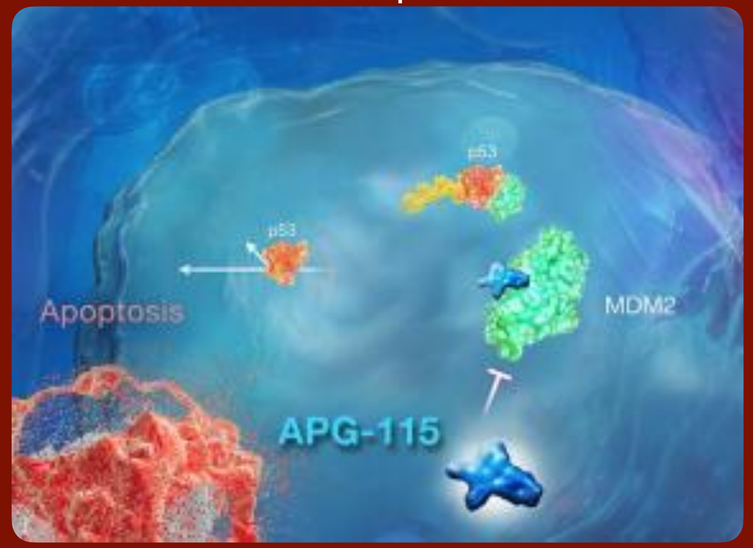


Source: Company data

APG-115 Overview

MDM2-p53 Inhibitor

Activates p53 tumor suppression via MDM2-p53 PPI

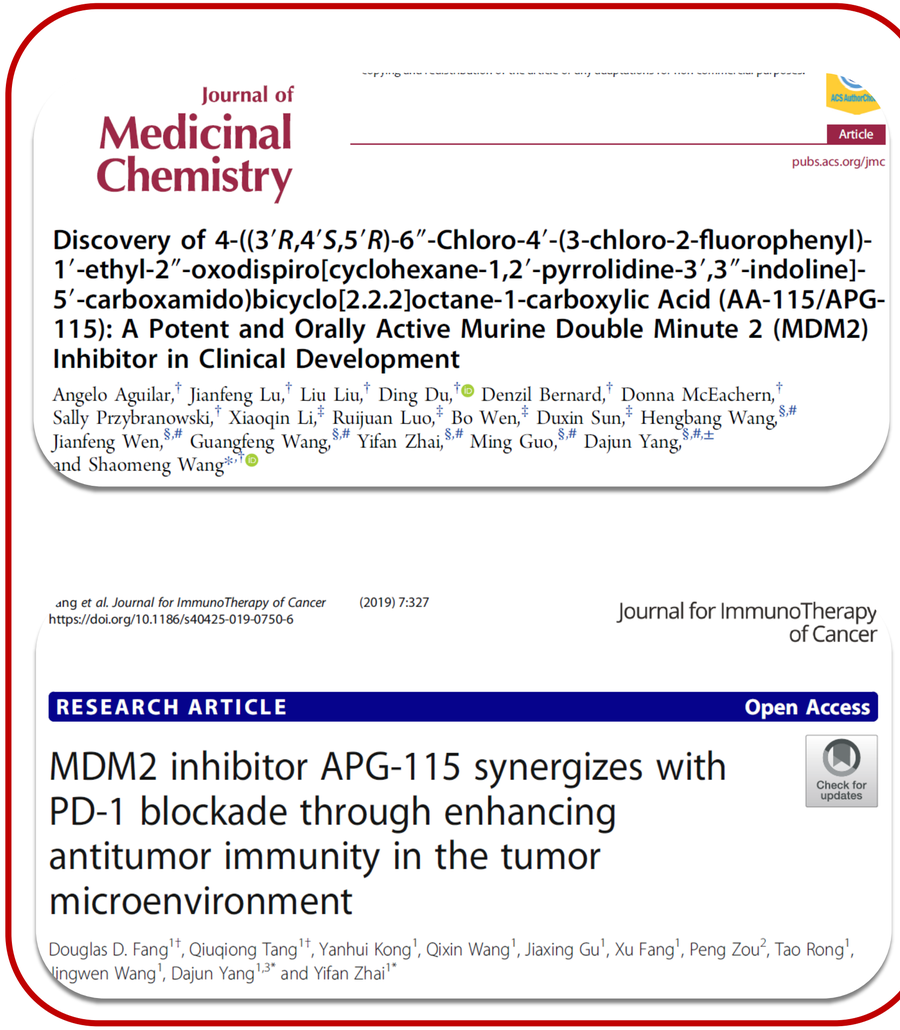


Milestones& Developments

- Granted **ODD** for the treatment of AML, gastric cancer and soft tissue sarcoma
- Completed Two Phase I trials (U.S. & China) in advanced solid tumors or lymphoma
- U.S.: Completed enrollment of the Ph Ib clinical trial in combination with KEYTRUDA® (pembrolizumab) | Enrolling Ph II trial in combination with pembrolizumab in patients with IO resistant solid tumors; conducted in collaboration with MSD
- China: Enrolling Phase Ib clinical study treating patients with hematologic malignancies
- China: Phase Ib/II clinical trial for APG-115 in combination with chemotherapeutic or targeted agents for the treatment of patients with hematologic malignancies was approved by the NMPA in China in July 2019
- China: Phase Ib/II clinical trial for APG-115 in combination with PD-1/PD-L1 inhibitors for the treatment of patients with advanced liposarcoma (LPS) or other advanced solid tumors was cleared in Oct 2020
- U.S & China: Additional combination trial INDs are under development

APG-115 : a Novel, Potent MDM2-P53 Inhibitor

Most potent MDM2 inhibitor in clinical development. Best-in-class potential



Journal of Medicinal Chemistry

Article

pubs.acs.org/jmc

Discovery of 4-((3′*R*,4′*S*,5′*R*)-6″-Chloro-4′-(3-chloro-2-fluorophenyl)-1′-ethyl-2″-oxodispiro[cyclohexane-1,2′-pyrrolidine-3′,3″-indoline]-5′-carboxamido)bicyclo[2.2.2]octane-1-carboxylic Acid (AA-115/APG-115): A Potent and Orally Active Murine Double Minute 2 (MDM2) Inhibitor in Clinical Development

Angelo Aguilar,[†] Jianfeng Lu,[†] Liu Liu,[†] Ding Du,[†] Denzil Bernard,[†] Donna McEachern,[†] Sally Przybranowski,[†] Xiaoqin Li,[‡] Ruijuan Luo,[‡] Bo Wen,[‡] Duxin Sun,[‡] Hengbang Wang,[§,#] Jianfeng Wen,[§,#] Guangfeng Wang,[§,#] Yifan Zhai,[§,#] Ming Guo,[§,#] Dajun Yang,[§,#,±] and Shaomeng Wang*[,†]

ang et al. Journal for ImmunoTherapy of Cancer (2019) 7:327
https://doi.org/10.1186/s40425-019-0750-6

Journal for ImmunoTherapy of Cancer

RESEARCH ARTICLE Open Access

MDM2 inhibitor APG-115 synergizes with PD-1 blockade through enhancing antitumor immunity in the tumor microenvironment

Douglas D. Fang[1†], Qiuqiong Tang[1†], Yanhui Kong[1], Qixin Wang[1], Jiaxing Gu[1], Xu Fang[1], Peng Zou[2], Tao Rong[1], Jingwen Wang[1], Dajun Yang[1,3*] and Yifan Zhai[1*]

Blocks MDM2-P53 PPI & activates the tumor suppressor P53

Effectively induces apoptosis with the best-in-class potential

Directly regulates host immunological responses in the TME and potentially overcome IO resistance

Synergy with PD-1 blockade in both TP53WT and TP53MUT tumors

MDM2amp associated with Hyperprogression after αPD1 Rx (Kato et al., 2017)

APG-115 US-002

Ph Ib | Overview and Treatment

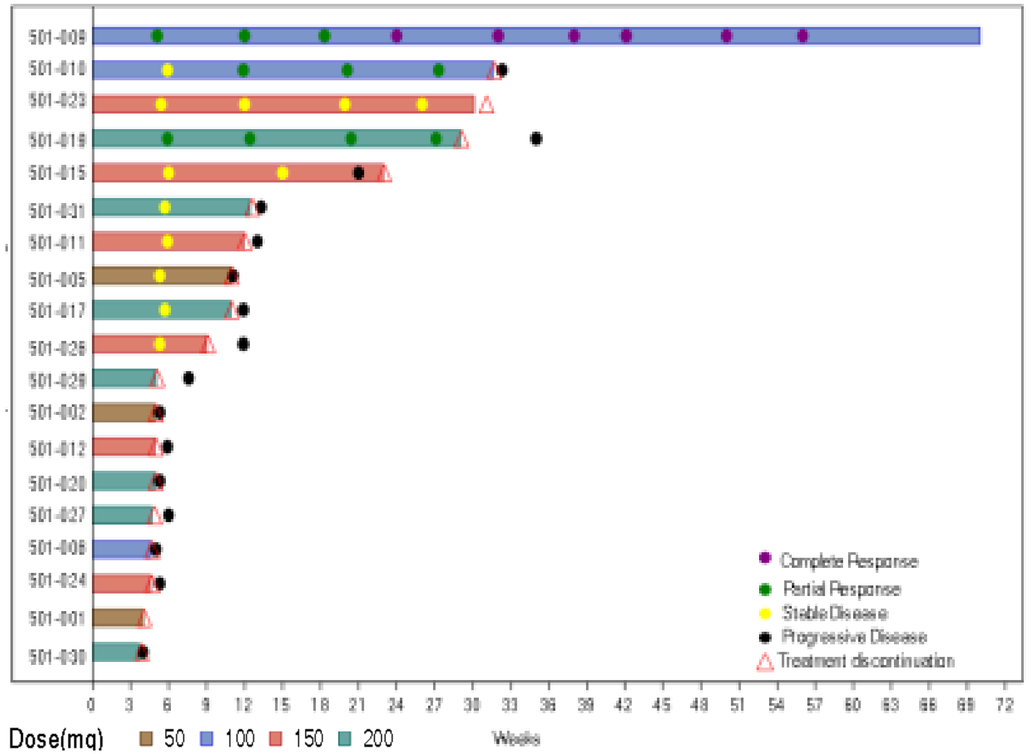
Ph Ib IO resistant/relapsed patients| combination with pembrolizumab

Overview & Tolerance

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

Overview & Treatment Duration

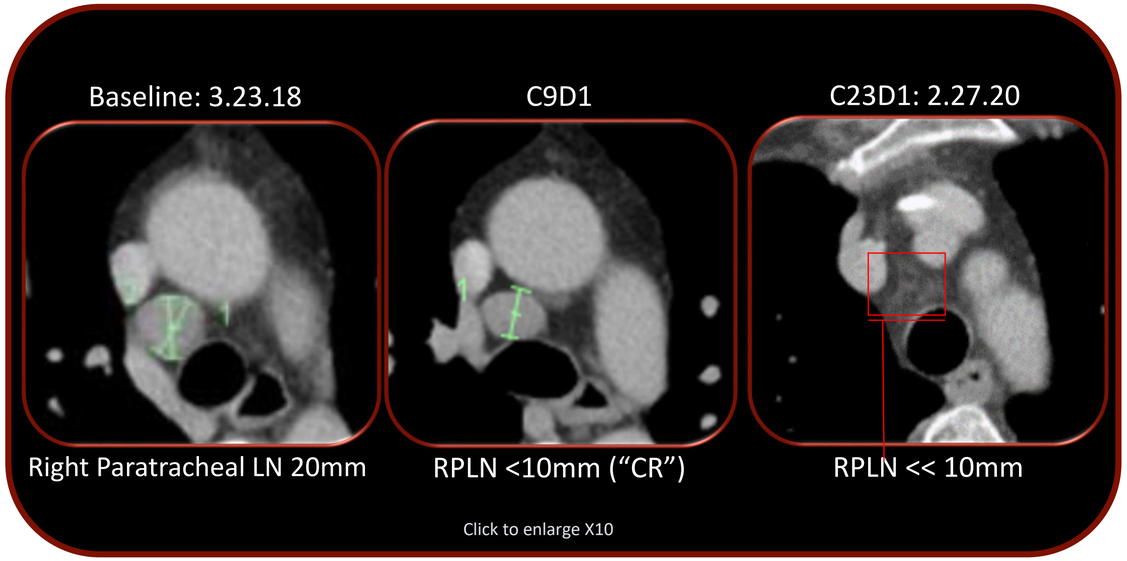


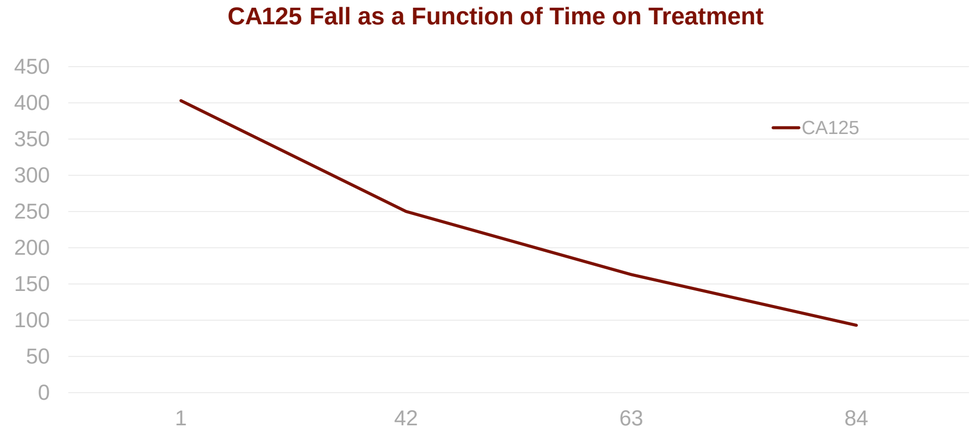
Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: #3512

APG-115: Promising Activity

Ph Ib | Combined with pembrolizumab

APG-115 and pembrolizumab 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

Activity(N=18) ;

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

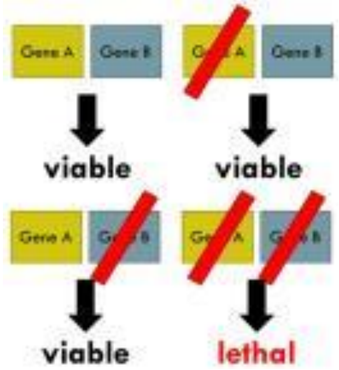
Tolerance

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

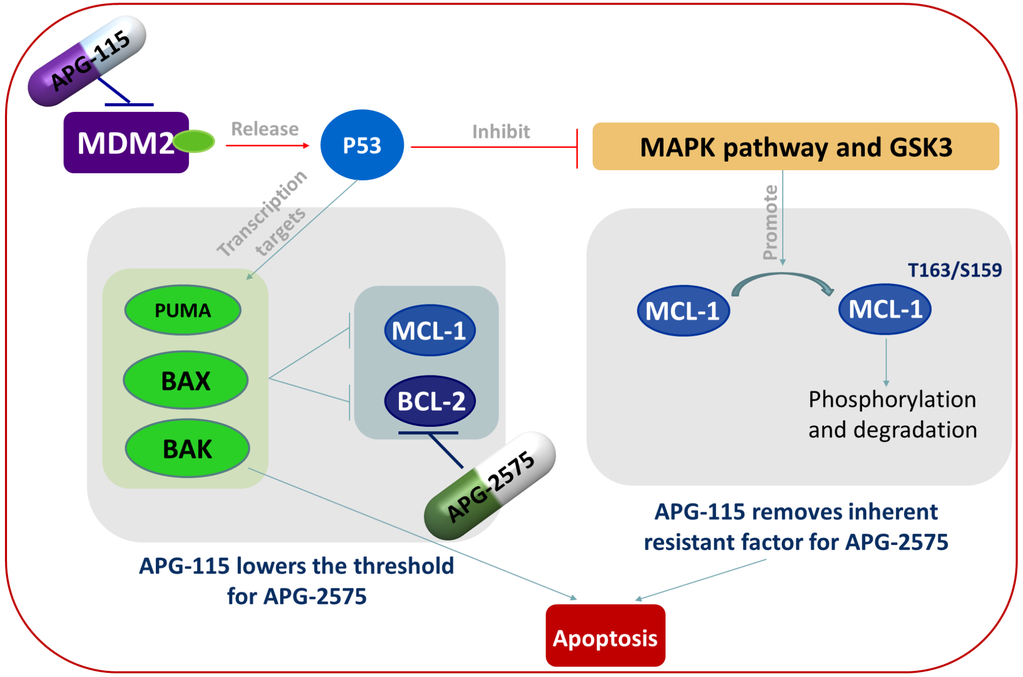
Source : American Society of Clinical Oncology (ASCO

Synthetic Lethality
Combination of APG-115 + APG-2575

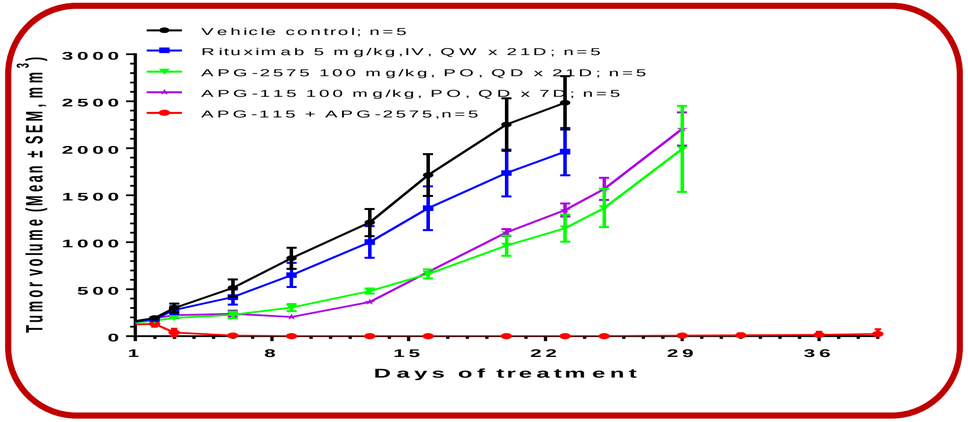
- **“Synthetic lethality”** describes a strategy where blocking two mutations result in cell death, but the cancerous cells only has one mutation. By artificially inducing a second mutation the medicine can induce cancerous cell death.

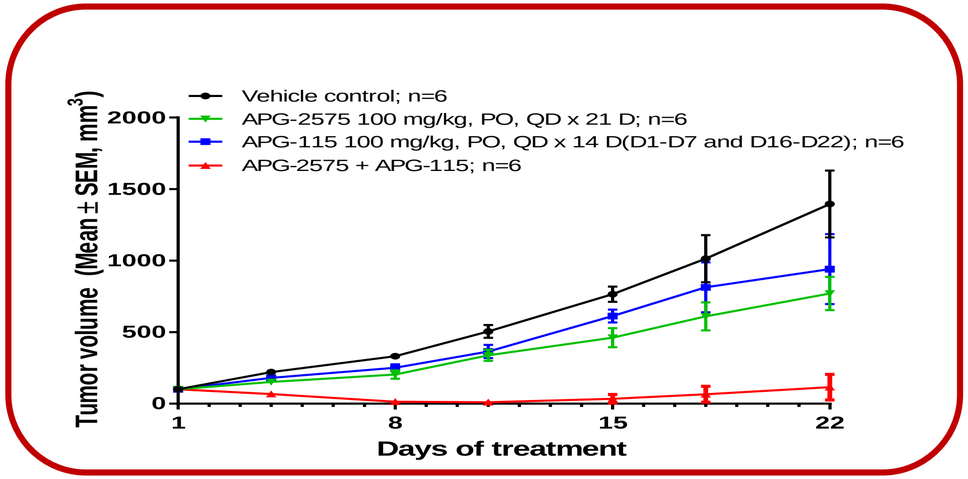


Synthetic Lethality



Complete Response in Animal Tumor Models



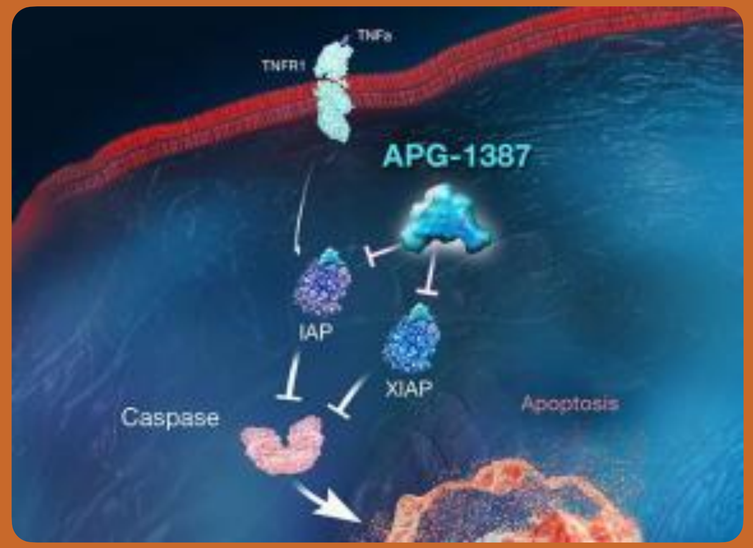


Use in Both Heme and Solid tumors，both oral and Chemo- Free, 1 + 1 > 2!

Source: Company data

APG-1387

An Antagonist of IAP/XIAP
(SMAC Mimetic) Dimer



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 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 cleared

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

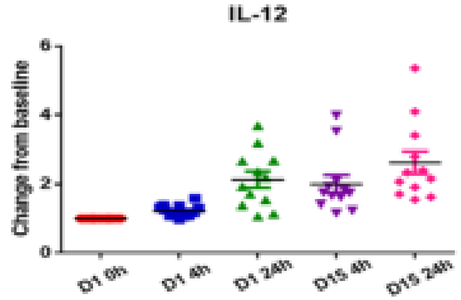
APG-1387 Clinical Development

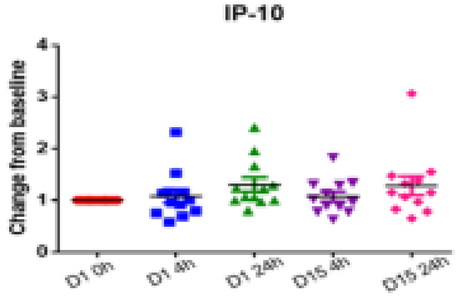
Ph Ib | Immune Modulation and Activity

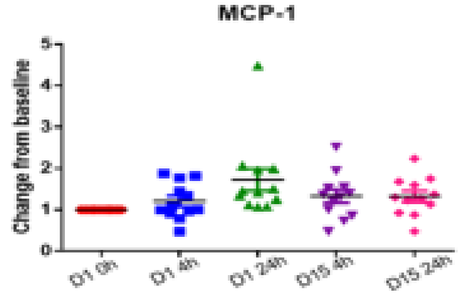
Ph Ib IO resistant/relapsed patients| combination with pembrolizumab

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.

Anti-tumor Activity

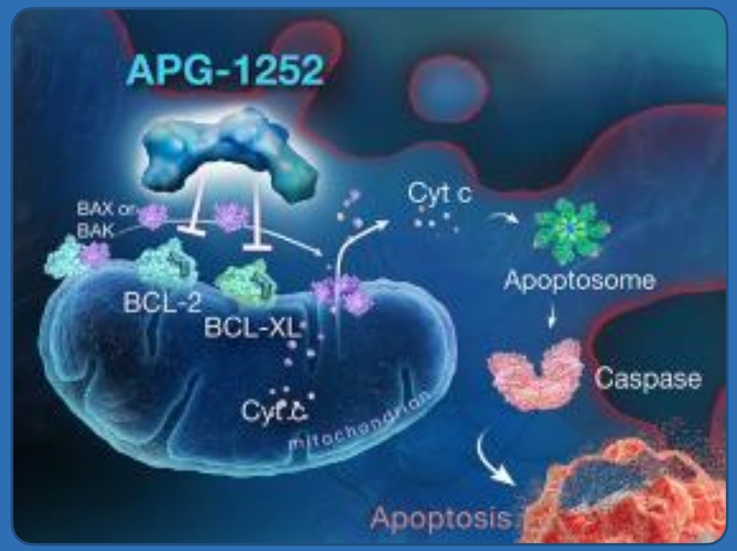
Response	All Cancers (N=41)	NSCLC (n=4)	Colorectal cancer (n=8)	Breast cancer (n=9)
ORR (CR+PR) Objective responses	10.8% (4/37)	50% (2/4)	12.5% (1/8)	11.1% (1/9)
DCR (SD + ORR) Disease control	43.2% (16/37)	100% (4/4)	50% (4/8)	33.3% (3/9)
Best overall response, n				
CR	0	0	0	0
PR	**4**	**2**	**1**	**1**
SD	12	2	3	2
PD	21	0	4	6
Non-evaluable	4	0	0	1

- Among 37 activity 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-1252 pelcitoclax

BCL-2/BCL-xL Inhibitor



Clinical Development

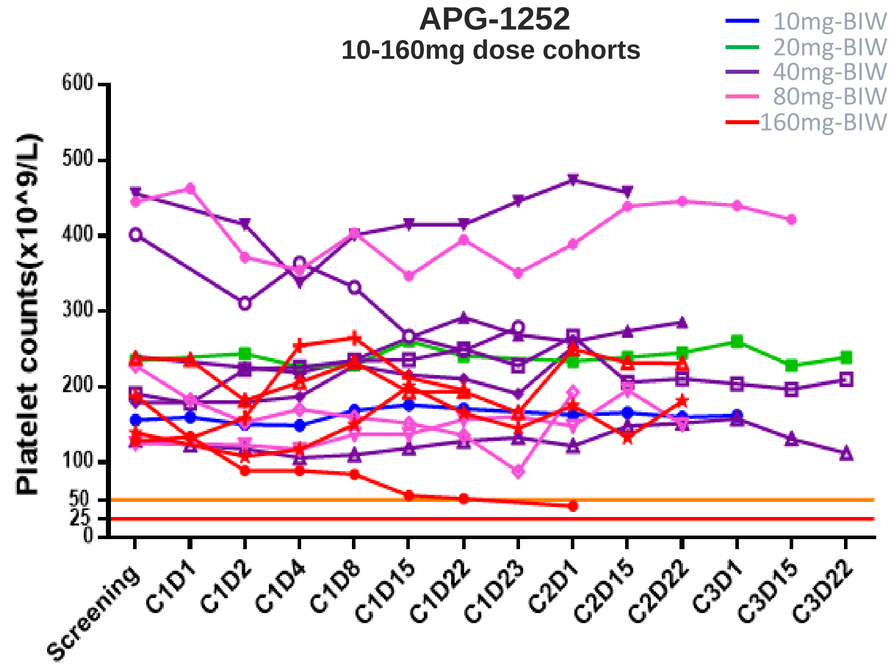
- Two Phase I dose-escalation trials in patients with advanced cancers in the United States and Australia ongoing
- A Phase I dose-escalation/expansion trial as a monotherapy in patients with SCLC in China ongoing
- 65 Patients are involved in the dose escalation trials

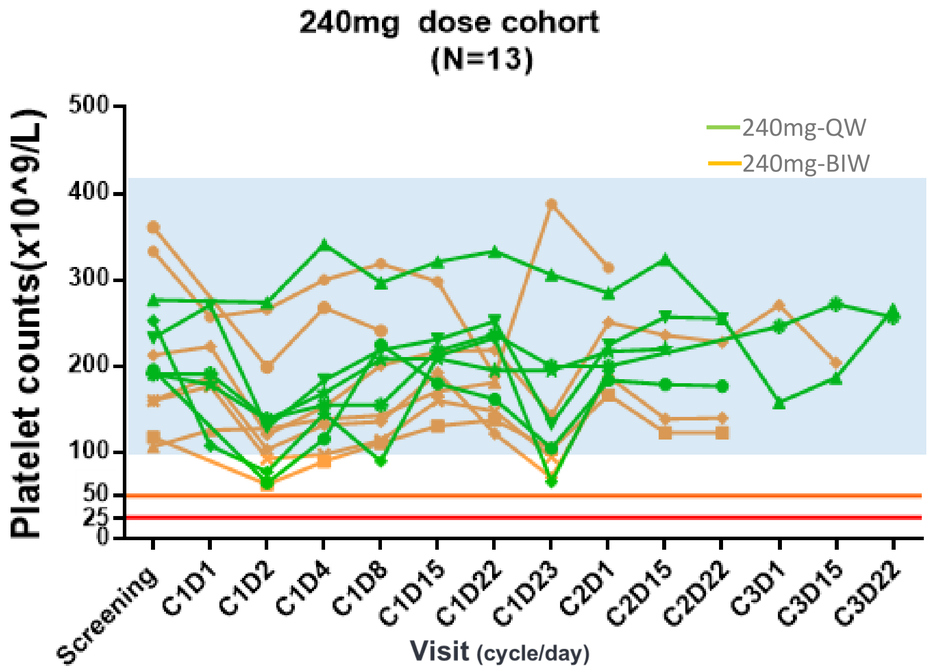
Milestone

- 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
- Granted ODD for the treatment of SCLC in Sep 2020

APG-1252 Phase I Tolerance Data: Well-managed Platelet Toxicity

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

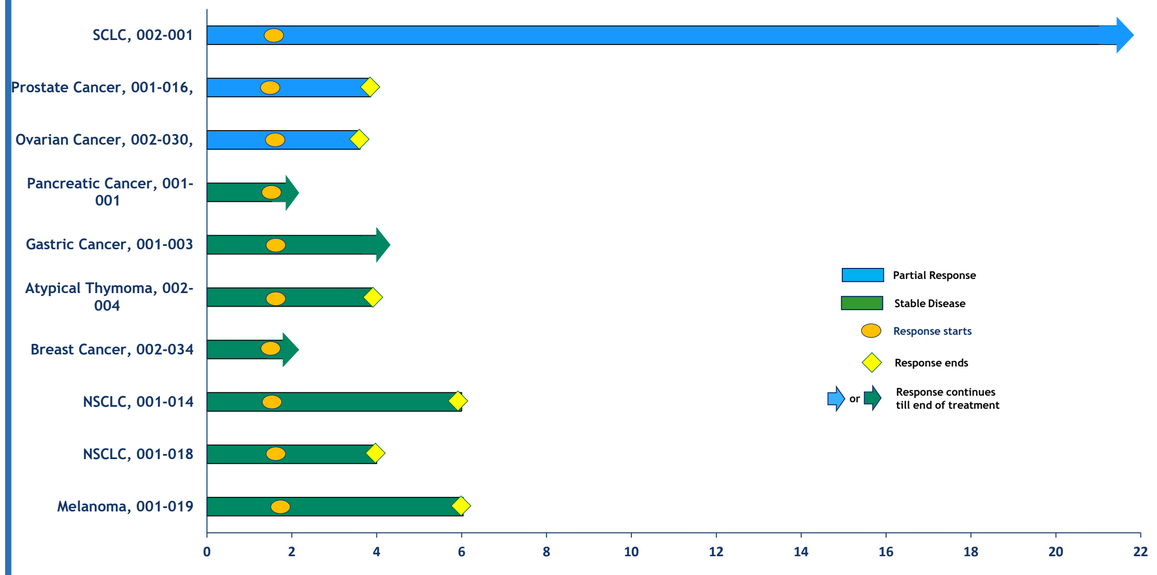




Source : American Society of Clinical Oncology (ASCO), Virtual Scientific Program, May 29-31, 2020, Abstract Number: 3509,

APG-1252 Phase I Interim activity Data

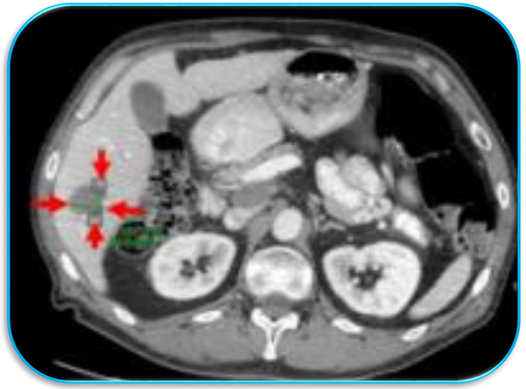
Single agent activity in advances solid tumors (n=42)



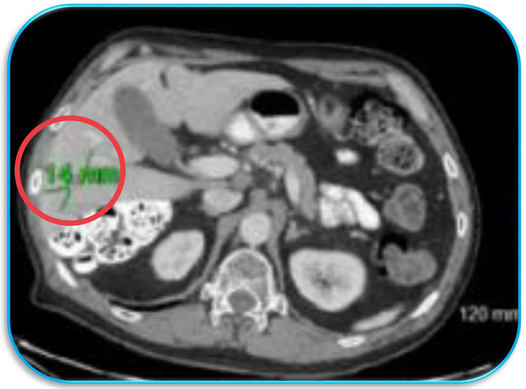
- A total of 7 patients achieved SD, 4 of them were at 10mg, BIW; 20mg, BIW , 40mg, BIW and 240mg, BIW (patient #001-001, 001-003, 002-004 and 002-034).
- Three patients achieved SD at 320mg, BIW or QW cohort.(patient #001-014, 001-018 and 001-019).
- Five patients had SD lasted for ≥4 cycles, among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

Pre-Clinical Asset

EED Selective/KRAS/MDM2-p53 Degrader /Allosteric BCR-ABL

Focused on validated targets with clear biomarker, clinical indications and fast regulatory approval

High unmet medical needs

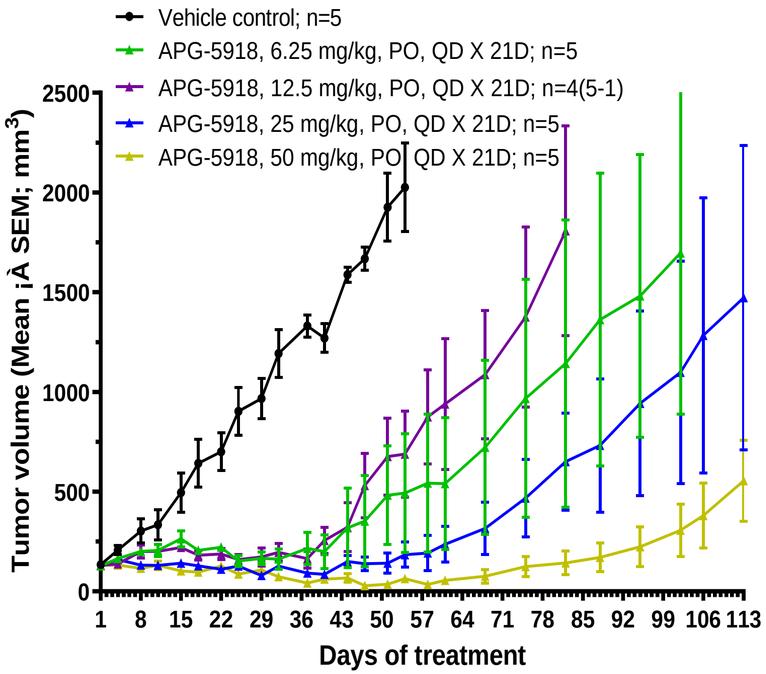
First-in-class or best-in-class potential

Transformative new technology

APG-5918: A Best-in-Class EED Inhibitor in IND-Enabling Studies

Items		APG-5918	MAK683 (Novartis)
Binding affinity to EED protein (IC_{50} (nM))		1.2	34 ± 18 (EED226)
Cell Growth Inhibition Assay (IC_{50}, nM)	Karpas422	1.94±0.6	3.3
	Pfeiffer	0.14	0.7

In vivo activity (KARPAS-422 xenograft)



APG-5918:

- A highly potent EED inhibitor;
- Excellent ADME and oral PK properties;
- Achieving tumor regression with oral dosing;
- Well tolerated in animals;
- Best-in-class potential;
- **In IND-enabling studies;**

Source: Company data

KRAS G12C Program

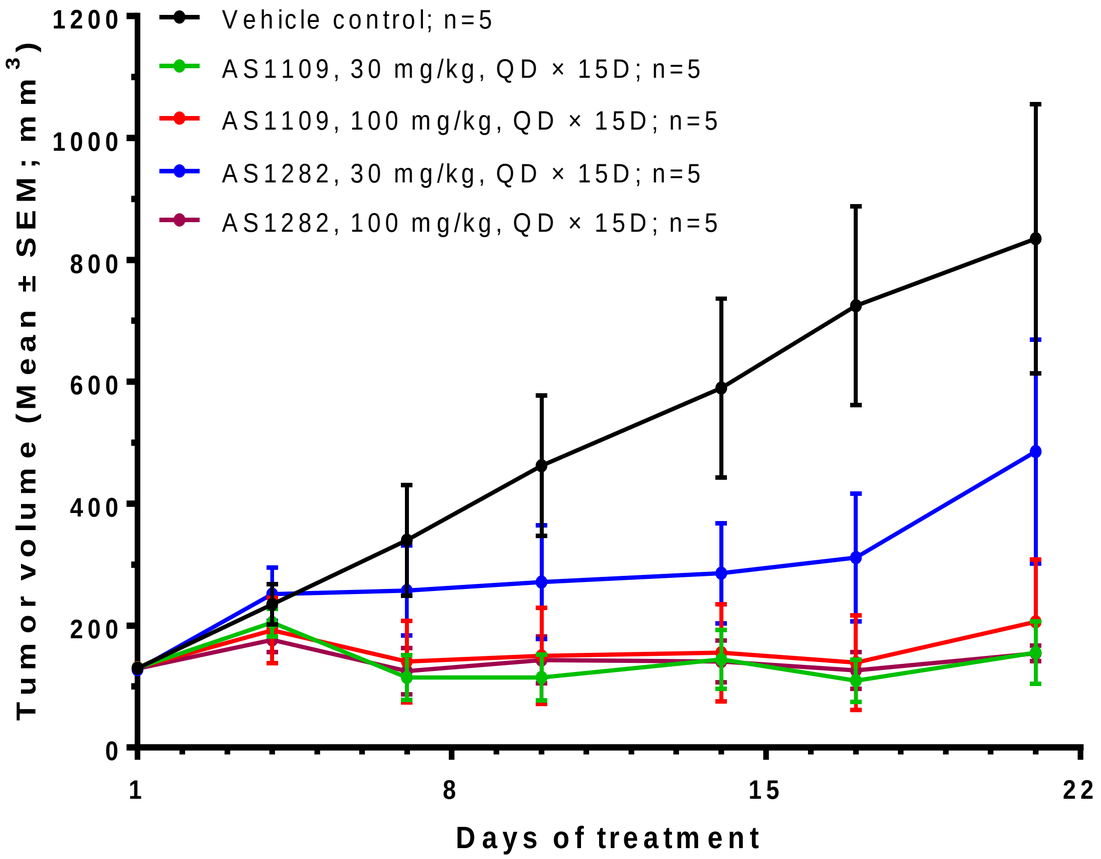
●Ascentage Pharma has developed multiple classes of highly potent KRAS G12C mutant specific inhibitors;

●Lead compounds have demonstrated potent in vitro activity against cancer cells with mutated KRAS G12C, superior to AMG-510 and MRTX849;

● Lead compounds have demonstrated excellent oral pharmacokinetics, superior to AMG-510 and MRTX849;

● Lead compounds have demonstrated robust antitumor activity in animal models, superior to AMG-510;

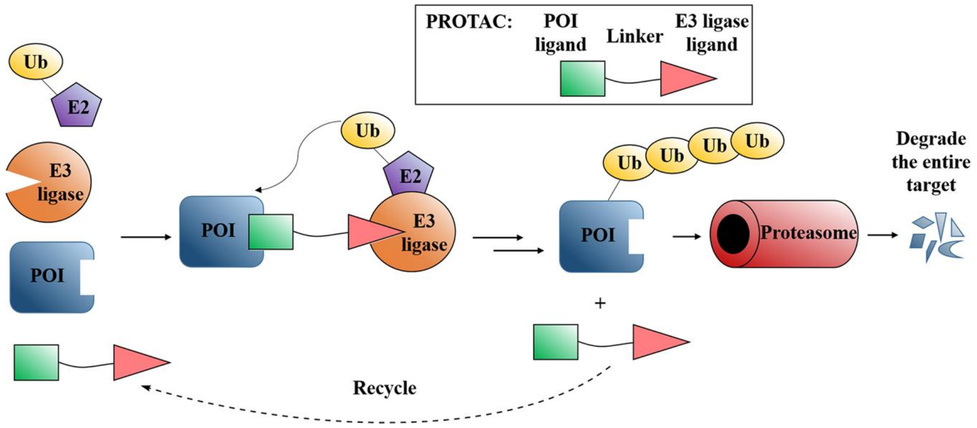
● **Development candidate nomination on-track to be accomplished in Q1/2021**



Source: Company data

PROTACs: A Transformative New Therapeutic Strategy by Inducing Protein Degradation

PROTACs (proteolysis-targeting chimeras)



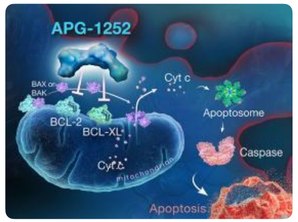
➢**PROTAC: A transformative new technology:**

- ➢Removal of a disease-causing protein by degradation instead of inhibition of the activity of a protein;
- ➢Achieving extremely high potency and selectivity;
- ➢Improved activity over traditional drugs (overcoming drug resistance);
- ➢Reduced off-target toxicities;
- ➢Dramatically expanding druggable genome;

Source: Company data

Strategic Alliances

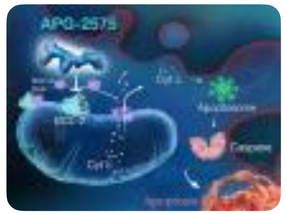
UNITY BIOTECHNOLOGY



BCL-xL

- UNITY Biotechnology ("UNITY",NASDAQ:UBX), has dosed the first patient in a Phase I clinical study of drug candidate UBX1325 in patients with diabetic macular edema (DME).
- This progress in clinical development provided Ascentage Pharma with a milestone payment according to the terms of the licensing agreement.
- Ascentage Pharma retains the rights to the compounds in the Greater China region and plans to establish a joint venture with UNITY in the future for the development and commercialization of the compound in China.

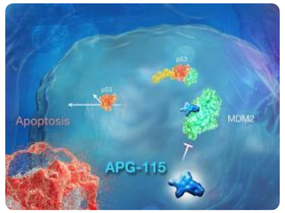
AstraZeneca



BCL2

- 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 and Acerta Pharma's CALQUENCE® (acalabrutinib), evaluating the activity and tolerance 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.

MSD



MDM2-p53

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

Our Experienced Executives Team

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

Co-Founder
Chairman &
Chief Executive Officer

ASCENTA · GEORGETOWN UNIVERSITY · UNIVERSITY OF MICHIGAN

Ming Guo, Ph.D.

Co-Founder
President &
Chief Operating Officer

ASCENTA · MONSANTO · Pfizer

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

Chief Medical Officer

NATIONAL CANCER INSTITUTE · gsk · EXELIXIS · BAYER

Gang Zhu.

Chief Commercial Officer

Celgene · SANOFI · NOVARTIS

Jeff Kmetz

Chief Business Officer

pharmacyclics · ALEXION · BAYER · Pulse Biosciences

Thomas Knapp

SVP, General Counsel

BOEING · PAUL HASTINGS · SUCAMPO · ΣΕΛΛΑΣ 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

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.

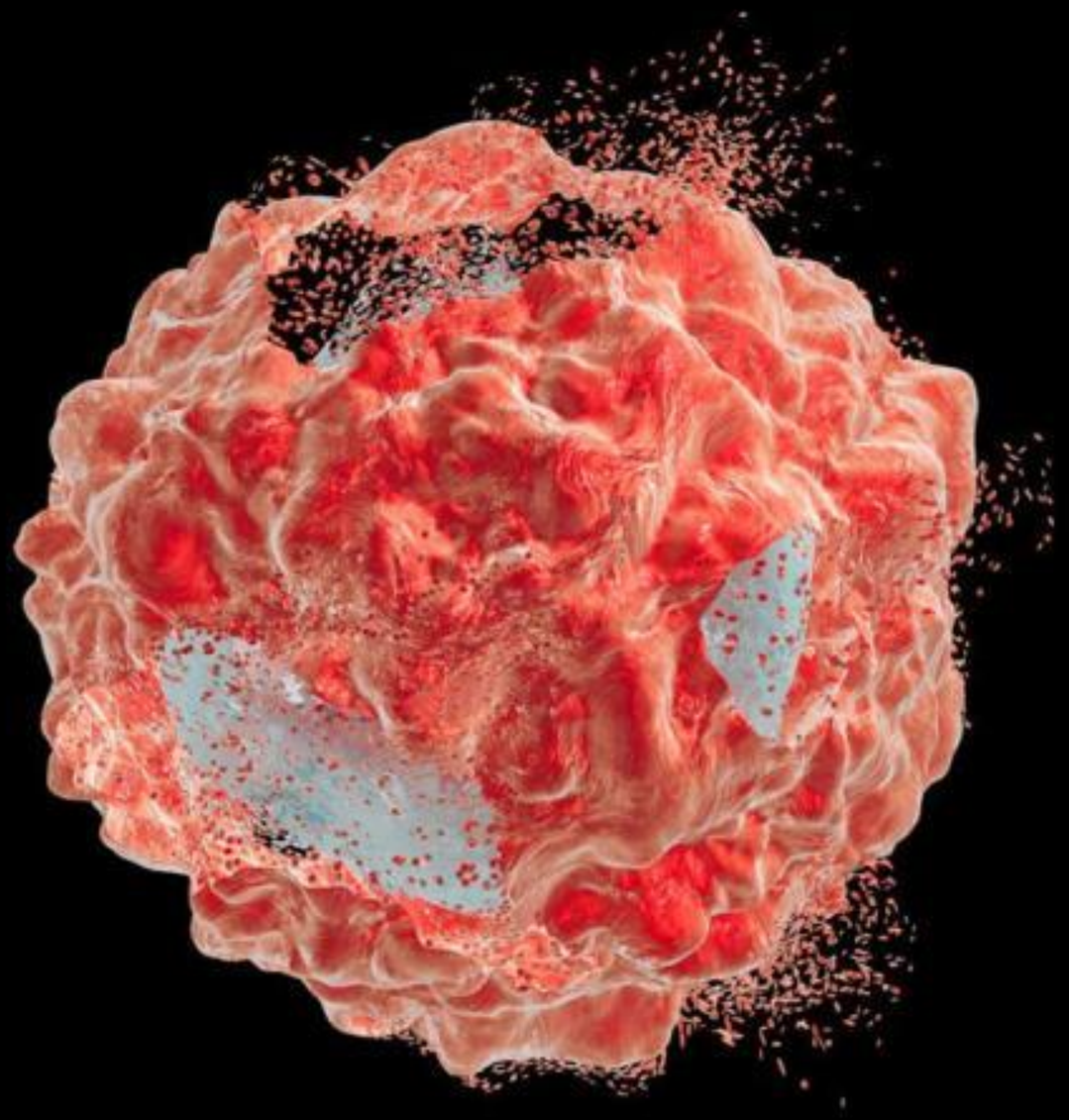
- Howard Hughes Medical Institute Investigator
- S.P. Hicks Endowed Professor at the University of Michigan Medical School

IP Portfolio for Major Clinical Compounds

Core Compound	Patent Type	Year Patent Expires
APG-1252	Product (Core compound structure)Process; Formulation; Combination; Use	2034-2039/40*
APG-2575	Product (Core compound structure); Combination; Process; Use	2037-2039/40*
APG-115	Product (Core compound structure); Process; Combination; Use	2035-2039/40*
APG-1387	Product (Core compound structure); New indication; Combination; Use	2033-2039/40*
HQP1351	Product (Core compound structure); Process; Combination; Use; Formulation	2031-2039/40*

*some patent types are still in the filing process

Source: Company data Note: All data as of Dec 2020



Ascentage Pharma Group

Advancing Therapies That Restore Apoptosis