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Ascentage

Corporate Presentation

January 2026



Cautionary Note Regarding Forward-Looking Statements



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Global, Commercial Stage Hematology-Oncology Company



Two Novel Commercial Products¹



Olverembatinib
BCR-ABL Inhibitor



Lisafoclax
Bcl-2 Selective Inhibitor

Dual listed on Nasdaq and HKEX

6855 **HKEX** **AAPG** **Nasdaq**

HKEX IPO completed
in October 2019

Nasdaq IPO completed
in January 2025

~US\$420 million² pro forma cash as of 1H 2025

Global Intellectual Property Portfolio

478

Issued
Patents
Worldwide

510+

Pending
Applications

100+

Publications

Robust Pipeline

7

Novel Active
Clin. Compounds

10+

Indications

30+

INDs cleared

17

ODD by FDA
And EMA

4

FTD by FDA

40+

Clinical Trials



Corporate Overview

Global Team: ~800 employees worldwide

Trials: 13 completed or ongoing global registrational trials, including 4 FDA-cleared Ph-III trials

Incorporated: Cayman Islands

China Headquarters: Suzhou

U.S. Headquarters: Rockville, Maryland

Australia Headquarters: Sydney

1. Approvals granted by China's NMPA.
2. Pro forma cash position following July 2025 public offering.

Two Novel, Commercial Oncology Products with Global Opportunity



Olverembatinib

- 3rd Generation BCR-ABL TKI
- Approved in China for CML-CP with resistance and/or intolerance to two TKIs
- Real-world data demonstrating long-term efficacy, including for T315I mutation
- Two global Phase III registration trials received clearance by FDA and EMA



Lisafoclax

- Novel, oral, highly selective Bcl-2 inhibitor
- Approved in China for CLL/SLL patients who previously received at least one systemic therapy, including BTK inhibitors
- Unique daily-ramp up advantage
- Four global Phase III registration trials, including two cleared by FDA and EMA



Ascentage's "Dual-Engine" Strategy Driving Patient Access & Sales Growth

World-class Innovative, and Highly-De-risked Late Stage Pipeline



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

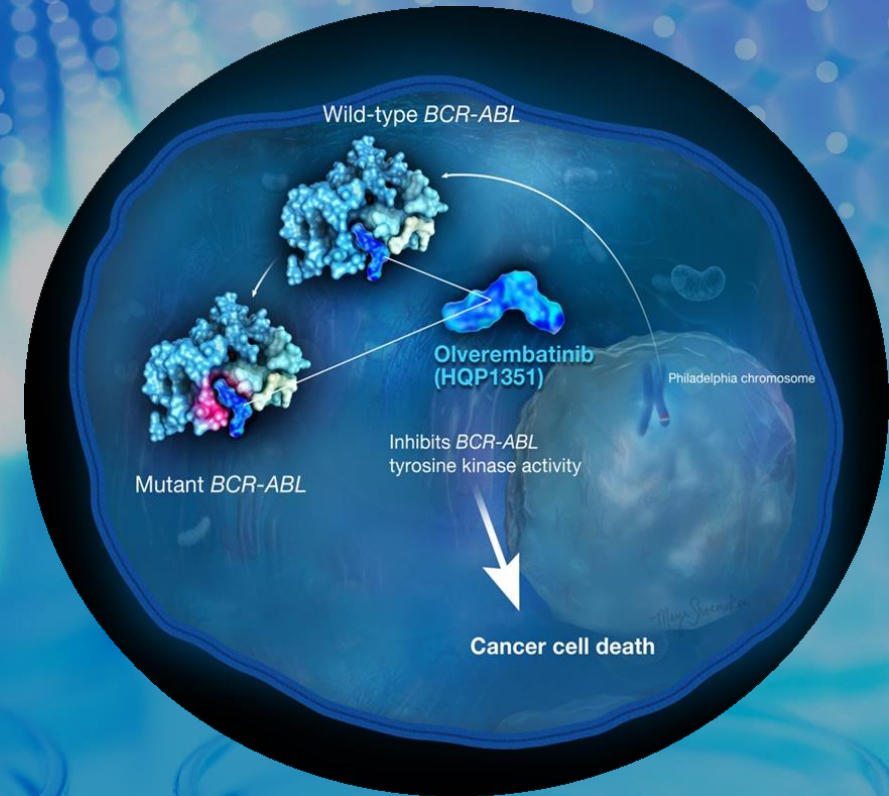
1. Approved in November 2021 in China for the treatment of adult patients with CML-CP resistant and or intolerant first and second generation TKIs, has been included into the China 2024 NRDL effective January 1st 2025

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

5

Olverembatinib (HQP1351)

3rd Generation BCR-ABL TKI



Olverembatinib – 3rd Generation BCR-ABL TKI



Clinical Program	Indication	Dose Escalation/ Dose Expansion	Clinical POC	Registrational Trial	Marketed
Pivotal Ph-II	CML-CP with/without <i>T315I</i> Mutation ¹ CML-AP with <i>T315I</i> Mutation	Monotherapy	Full approval and full coverage by NRDL		Marketed in China since 2021
POLARIS-2	CML	Monotherapy	FDA and EMA cleared		Global Phase III Registrational Trial
POLARIS-1	First-line Ph+ ALL	+ Chemo	FDA and EMA cleared, BTD granted by CDE		Global Phase III Registrational Trial
POLARIS-3	SDH-deficient GIST	Monotherapy			Multinational Phase III Registrational Trial



1. Approved in November 2021 in China for the treatment of adult patients with CML-CP resistant and or intolerant first and second generation TKIs, has been included into the China 2024 NRDL effective January 1st 2025

Significant Patient Populations and Unmet Needs in CML and ALL



CML

64.6K

Annual global
incidence

US\$14.6B

Market opportunity

- 2024 global sales for BCR-ABL drugs ~US\$7.6B
- Asciminib peak sales guidance increased to US\$4B
- Growing number on treatment and longer DoT
- Olverembatinib strongly positioned for T315I gatekeeper mutation and late line CML globally

ALL

150.5K

Annual global
incidence

US\$26.9B

Market opportunity

- High prevalence in Asian populations
- Most common childhood cancer worldwide
- No safe and effective targeted small-molecule therapy
- Olverembatinib in global registrational trials in first-line Ph+ ALL

Our Solution: Olverembatinib – Novel, Commercial Stage, 3G TKI



2024 NCCN guidelines for CML management, and Level - I 2025 CSCO guidelines for CML and Ph+ ALL

Granted four ODDs and fast track designation by FDA and ODD by EMA

Differentiated Efficacy Profile

- Strong and broad activity against majority of BCR-ABL mutations and compound mutations
- Effective in CML patients resistant or intolerant to Ponatinib, and/or Asciminib
- Strong activity and safety profile in 1L Ph+ ALL patients
- Effective in 2L treatment for CML-CP patients
- Preliminary clinical benefit in MLN with FGFR1 rearrangement and CML-BP

Long-Term Durability and Safety

- Demonstrated in follow up studies as long as 6 years, including mutational patients, including CML-AP
- 4-year follow-up study showing better efficacy and tolerability than BAT
- Long-term (6-year study) benefit includes patients failing multiple prior 1G and 2G TKIs

Phase 1b Study in Heavily Pretreated CML-CP Patients (U.S.)

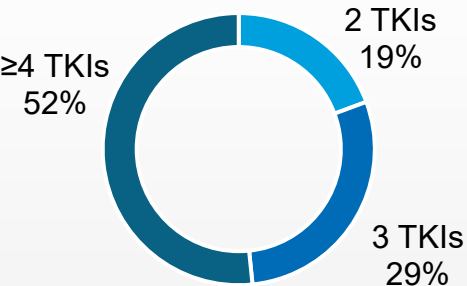


- Heavily multiple TKI failed/resistant patients, including with Ponatinib and/or Asciminib
- Includes patients with T315I mutations

CML-CP Study Population (N=62)

52% received ≥4 TKIs

29% with T315I mutations



50% Ponatinib pretreated

27% Asciminib pretreated



Safety Profile

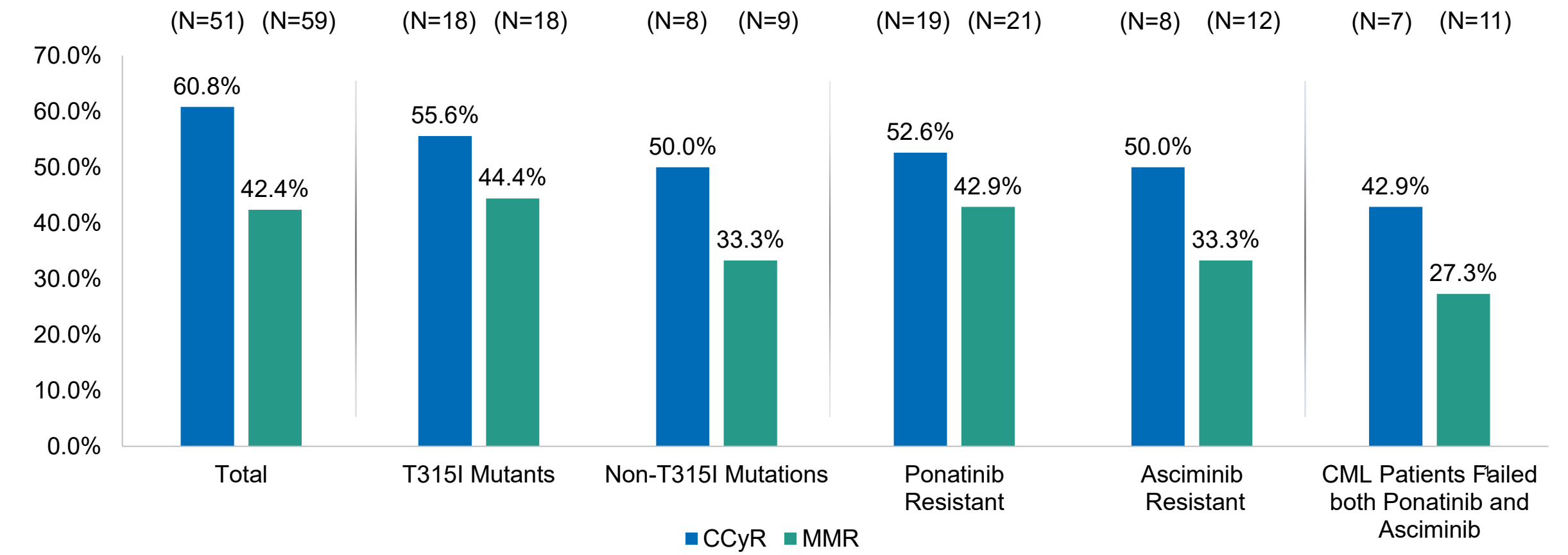
- Olverembatinib demonstrated favorable tolerance
- Only 2 cases of treatment-related AOE, one of which was mild or moderate (Grade 1 or 2)

Most Frequent (≥10%) Gr1-2 TEAEs	Gr1-2	≥Gr3
Increased blood creatine phosphokinase	39%	13%
Thrombocytopenia	29%	18%
Nausea	26%	0%
Fatigue	25%	1%
Increased alanine aminotransferase	24%	3%
Increased aspartate aminotransferase	21%	5%

Phase 1b Study in Heavily Pretreated CML-CP Patients (cont'd)



Strong antileukemic activity in patients with heavily pretreated CML-CP, including T315I mutations, and Ponatinib and/or Asciminib failures



POLARIS-1 Global Phase III Part A Results

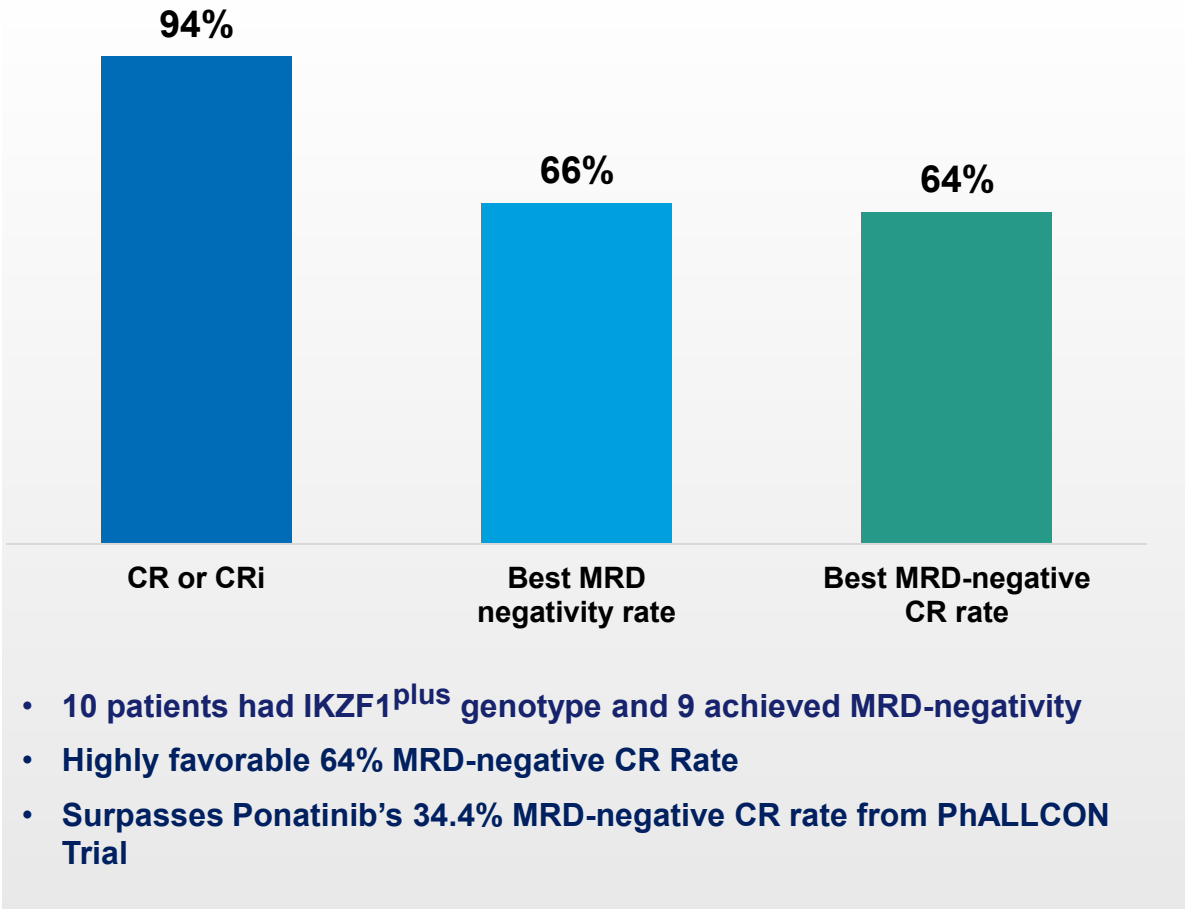
Olverembatinib + Low-intensity Chemotherapy in ND Ph+ ALL



Presented at ASH 2025

Primary Endpoint: MRD Negativity Rate¹ by the End of Three Induction Cycles

53 evaluable patients



Olverembatinib in combination with low-intensity chemotherapy was well tolerated

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

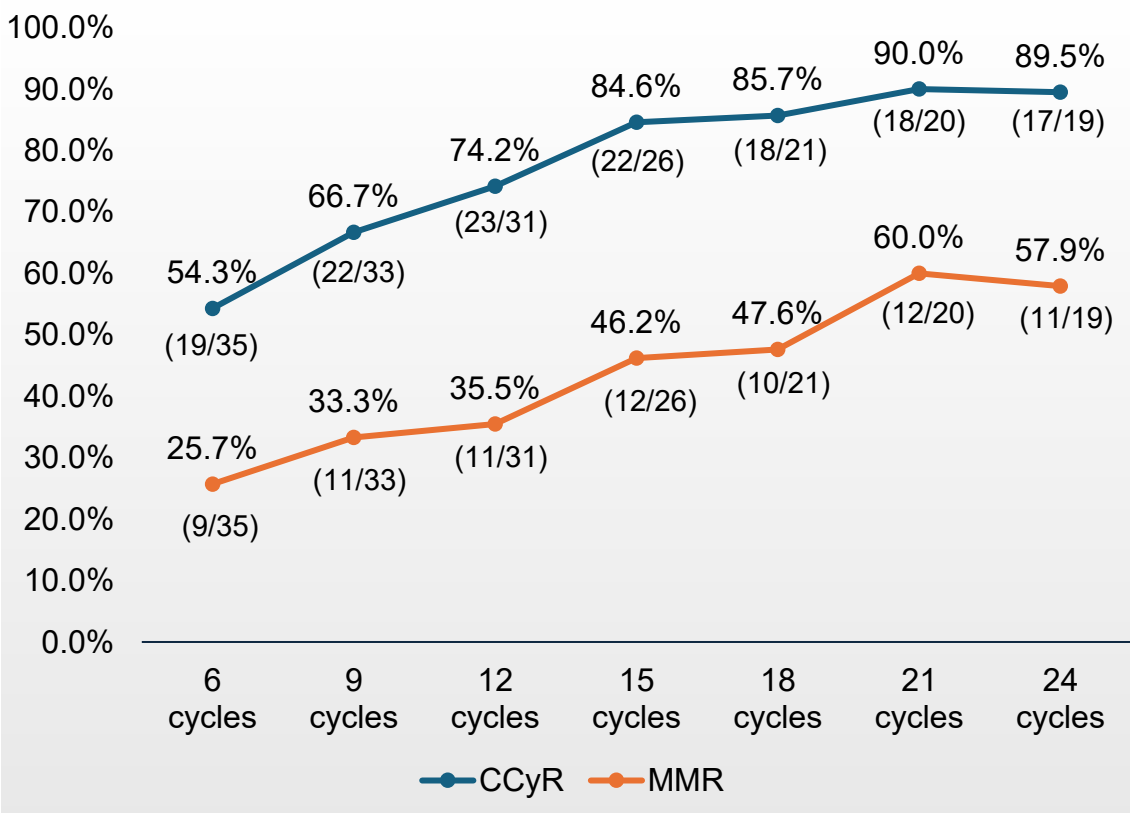
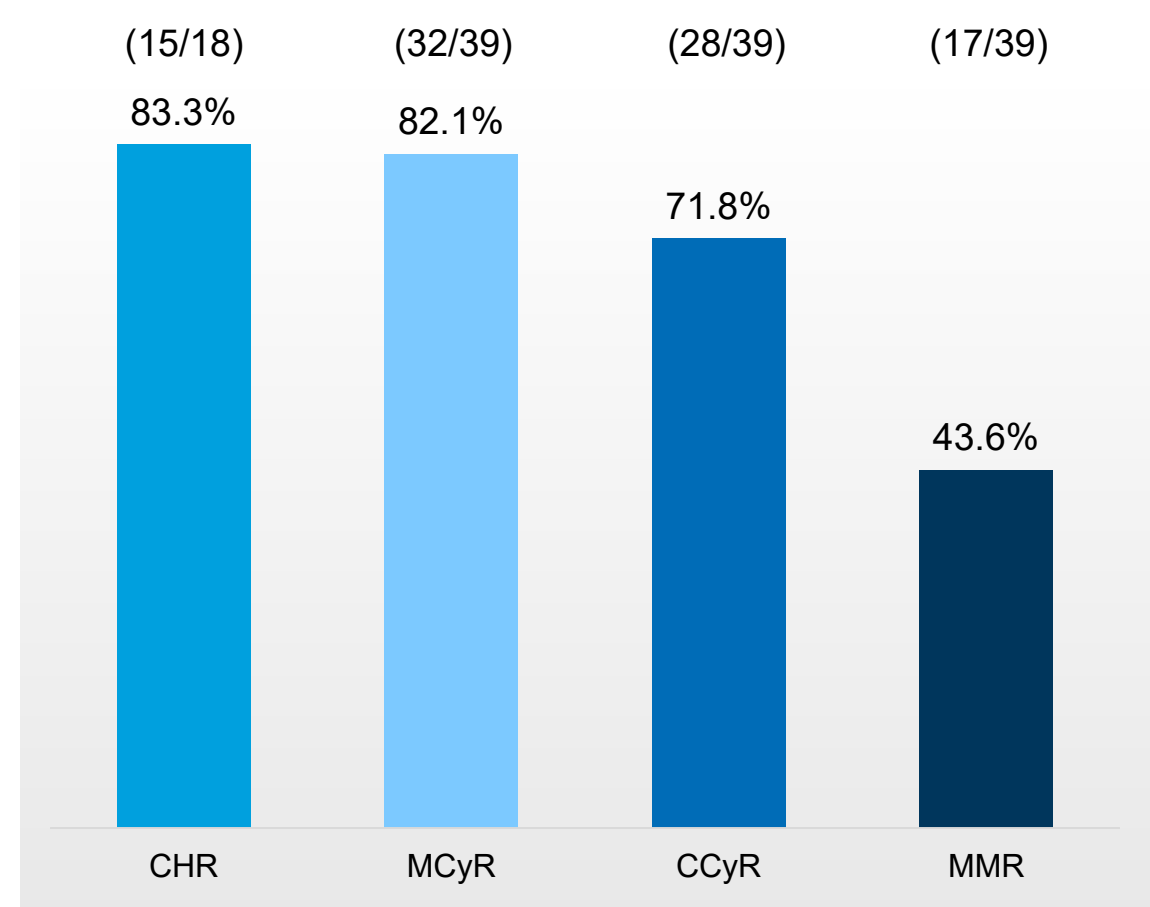
Olverembatinib as a Viable 2L Treatment for CML-CP: Clinical Benefit



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

Presented at ASH 2025

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

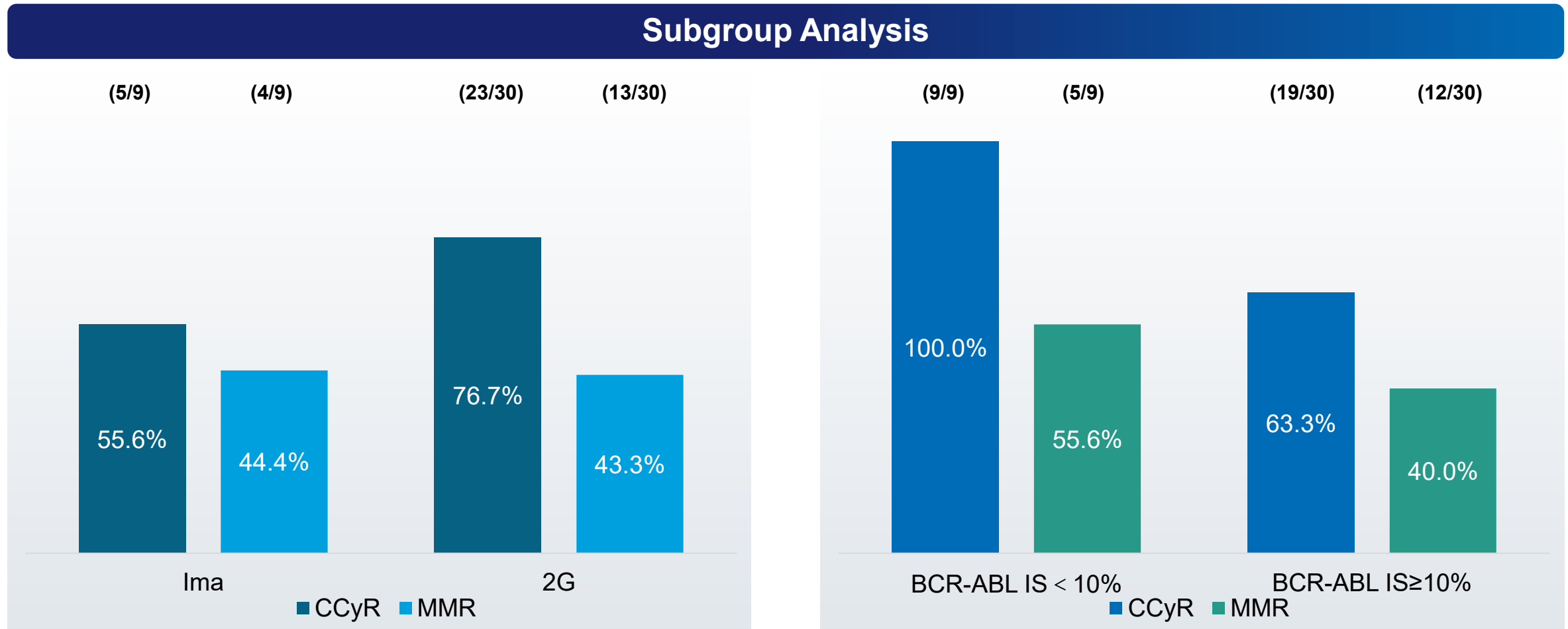


Olverembatinib as a Viable 2L Treatment for CML-CP: Treatment Improvement in 2G TKI Failures

High CCyR and MMR in 1L 2G response failures

Presented at ASH 2025

Better response in patients with lower baseline BCR-ABL



Olverembatinib Efficacy in MLN-FGFR1 Mutant Patients

Phase II, open-label, multicenter efficacy/safety MLN-FGFR1 study

Presented at ASH 2025

Myeloid/lymphoid neoplasms with FGFR1 rearrangement are rare and aggressive with poor OS prognosis

Current therapeutic options limited

Two-month and best response of olverembatinib in MLN-FGFR1

Pt no.	Response at 2 months	Best response	Allo HSCT	Status	Relapse-free survival (mo.)
Pt01	CR	CMR	YES	Alive	38
Pt02	CR	CCyR	YES	Alive	28
Pt03	CRh	CRh	NO	Death(Infection)	3
Pt04	CR(CCyR)	CMR	YES	Alive	33
Pt05	PR	CCyR	YES	Death(Infection)	6
Pt06	CR	CMR	YES	Alive	24
Pt08	CR(CMR)	CMR	NO	Alive	18
Pt09	CR	CR	NO	Alive	10
Pt10	CHR	CHR	NO	Death(PD)	2
Pt11	CR	CR	NO	Alive	15
Pt12	PR	CR	NO	Alive	12
Pt13	PR	CCyR	NO	Death(PD)	6
Pt14	CR	CCyR	NO	Alive	12
Pt15	PR	CR	NO	Alive	11
Pt16	CR	CR	NO	Alive	8
Pt17	CR(CMR)	CMR	NO	Alive	7
Pt18	CR	CR	NO	Alive	3

20 patients enrolled / 17 evaluable to date

12/17 pts are BP patients

At 2 months:

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

- 1 achieved CCyR
- 2 achieved CMR

Best responses were:

- 5 CMR
- 4 CCyR
- 8 CR/CRh/CHR
- 5 pts underwent Allo-HSCT; 3 pts had CMR to date
- Follow-up of 8 (2-25) months, 5 pts were alive, with no detected disease

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



64 patients enrolled with BC-CML, including with cytogenetic abnormalities and complex karyotypes¹

Presented at ASH 2025

Received 1/2G TKIs or Olverembatinib pre-transplant

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

Conclusions

- Real-world analysis and first clinical evidence of efficacy and safety
- Enhances treatment responses and molecular remission
- Improved survival and reduced non-relapse mortality
- Studies ongoing demonstrating combination with Asciminib leading to BP to CP conversion³

Registrational Phase II Study in CML-CP: 4-Year Follow Up



Significantly longer EFS and better tolerability than BAT arm

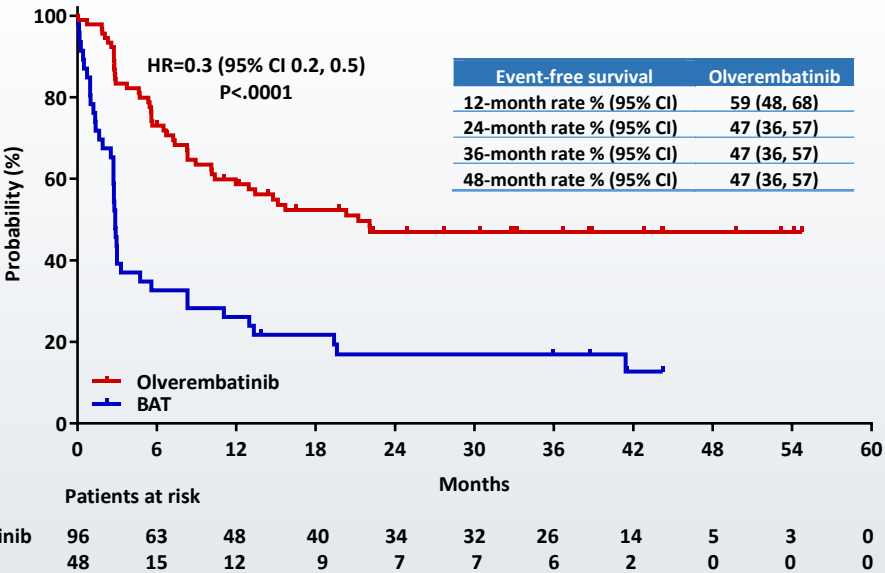
Majority of patients included in study failed had all three 1G & 2G TKIs

Presented at ASH 2025

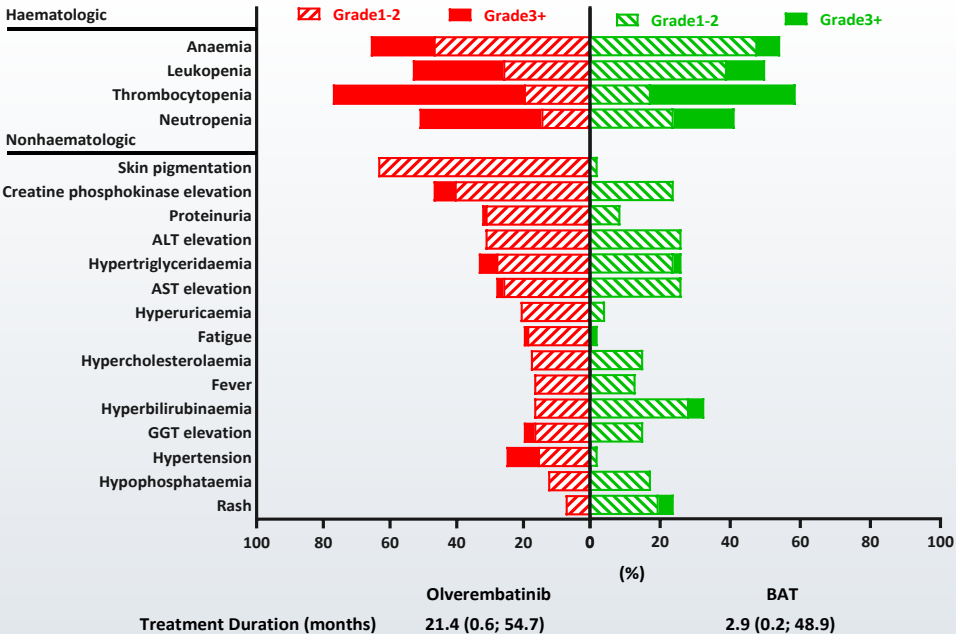
EFS: All Patients with CML-CP

mEFS Olverembatinib treated: 21.2 months

mEFS BAT: 2.9 months



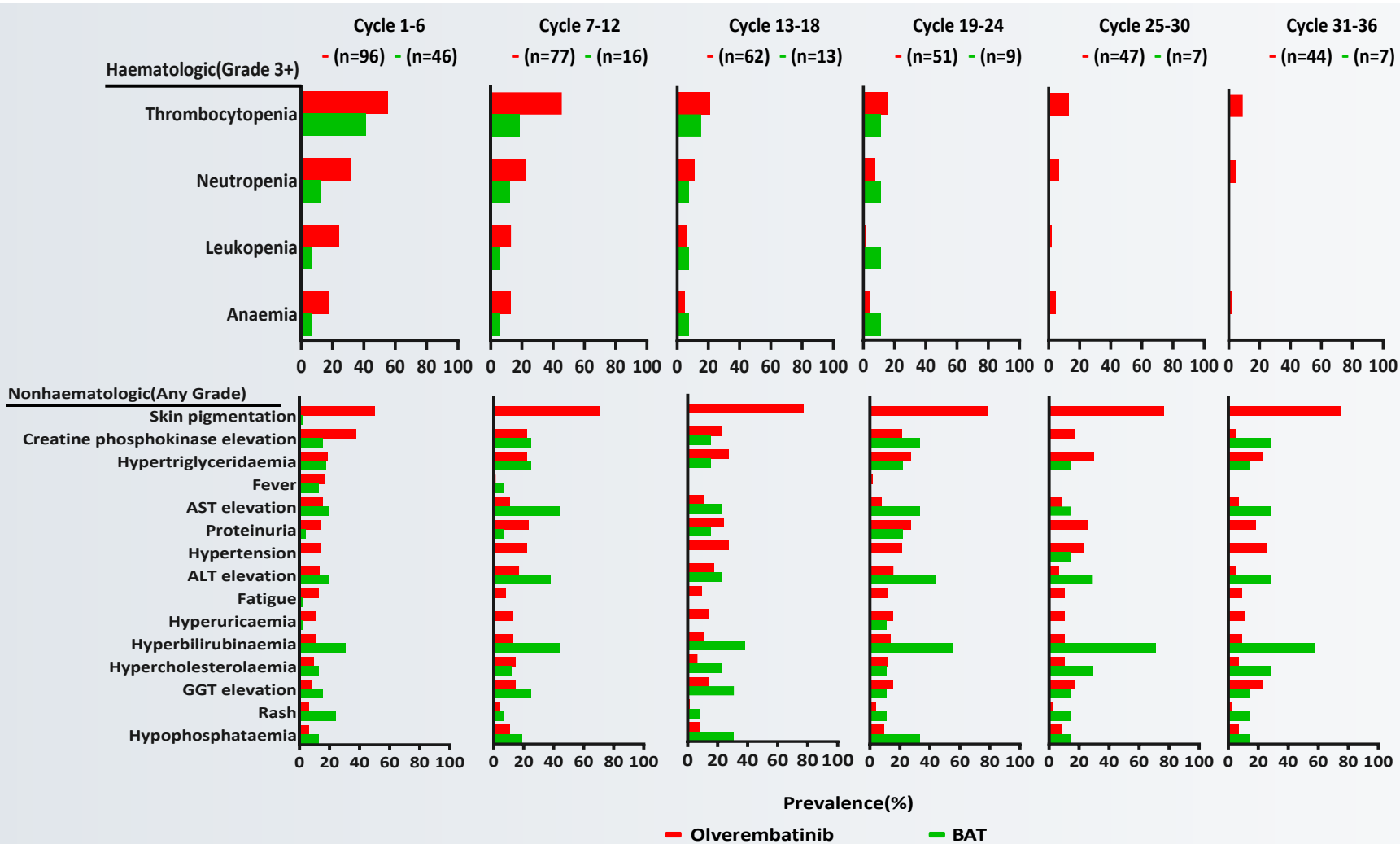
Safety Summary



Registrational Phase II Study in CML-CP: 4-Year Follow Up

Favorable safety profile

Presented at ASH 2025



Hematologic ≥ 3 grade TRAEs decrease over cycles

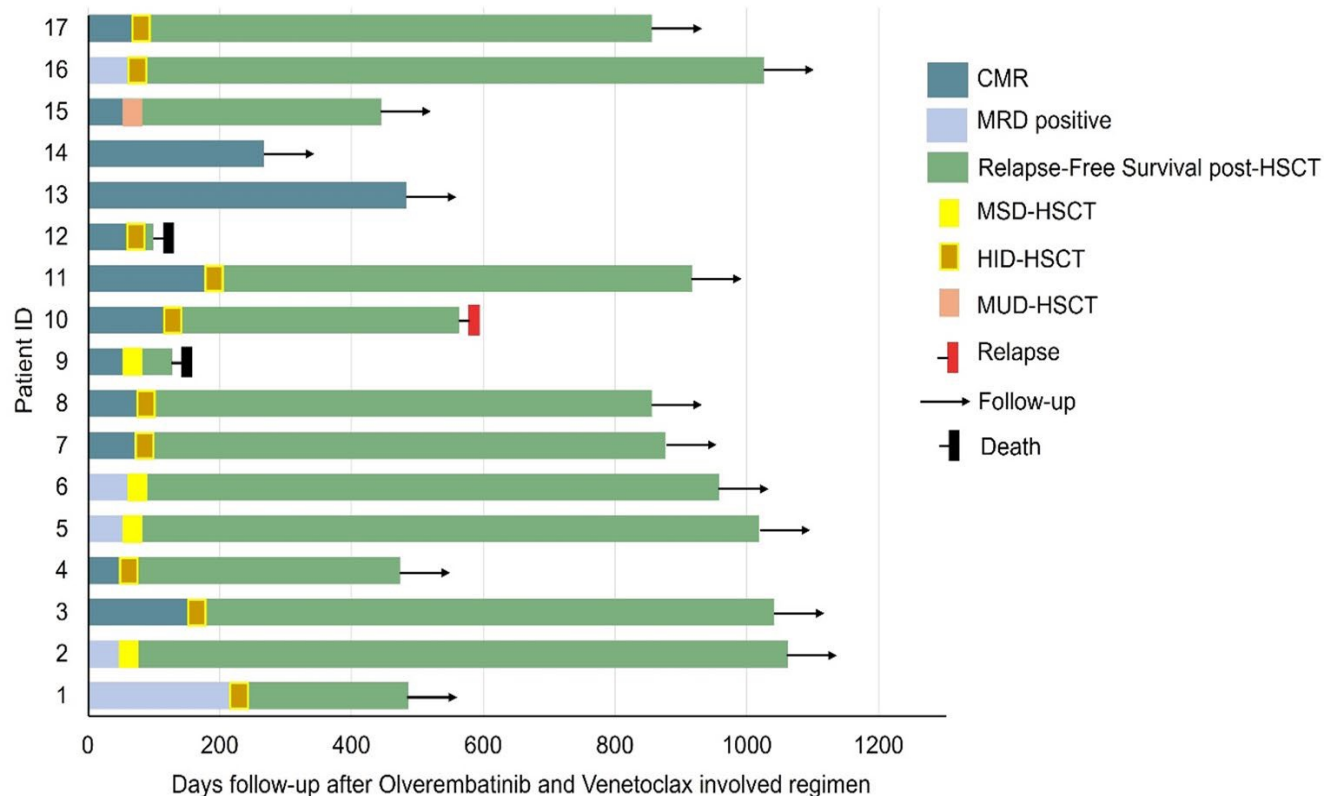
Nonhematologic TRAEs any grade lower than BAT
Also, majority are grade 1 or 2

Olverembatinib + Bcl-2i Bridging: Potential for Chemo- or Immunotherapy Free Regimen with Lisaftoclax



Olverembatinib + Venetoclax Combination

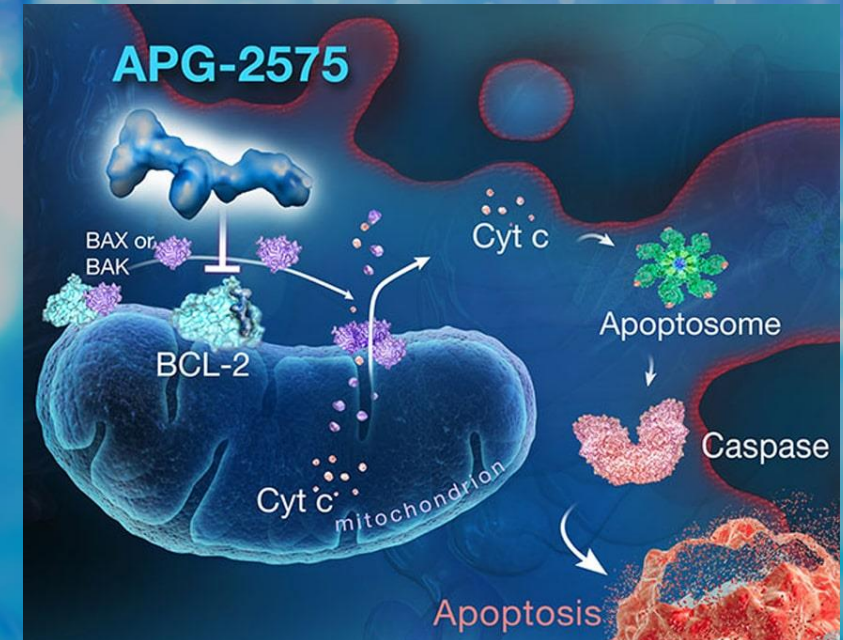
High Percentage of Relapse-Free Survival post-HSCT



- 17 Ph+ ALL patients in study with MRD (15) or R/R (2).
- 15 patients (83.3%) successfully bridged to Allo-HSCT.
- After median follow-up of **856 days** post-HSCT:
 - 2-year OS $88.2 \pm 7.8\%$.
 - 2-year relapse-free survival $79.4 \pm 10.8\%$.
- AEs were mainly Gr1-2 hematologic toxicities.

Lisaftoclax (APG-2575)

Bcl-2 Selective Inhibitor



Lisaftoclax – Bcl-2 Selective Inhibitor

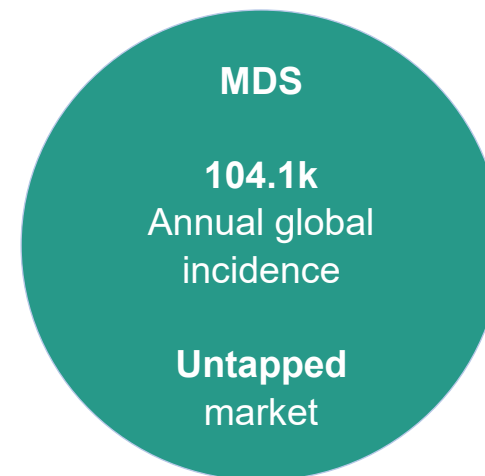


Clinical Program	Indication	Dose Escalation/ Dose Expansion	Clinical POC	Registrational Trial	Marketed
Pivotal Ph-II	CLL/SLL ¹	Monotherapy			Approved in China 2025 
GLORA	Pretreated CLL/SLL (Add-on)	+ BTK Inhibitor	FDA and EMA cleared	Global Phase III Registrational Trial	
GLORA-2	Newly Diagnosed CLL/SLL	+ acalabrutinib	Multinational Phase III Registrational Trial		
GLORA-3	Newly Diagnosed Elderly and Unfit AML	+ azacitidine	Multinational Phase III Registrational Trial		
GLORA-4	Newly Diagnosed HR MDS	+ azacitidine	FDA and EMA cleared	Global Phase III Registrational Trial	

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

Bcl-2 is a Critical Therapeutic Target in Multiple Heme Malignancies

Opportunity for Superior Bcl-2 Inhibitor



- Ven+BTKi not approved in U.S. and China, partly due to DDI¹ with certain BTKi's
- Limited adoption in CLL
- Poor benefit associated with del(17p) and/or TP53 mutations, and CK

- Targeting Bcl-2 is a primary option for elderly/unfit AML
- No effective treatment for Ven-failed AML patients

- **Ven+Aza failed in Phase 3 Verona registrational trial**
- No targeted therapies available globally
- **Lisaftoclax is the only Bcl-2 inhibitor in a registrational trial (GLORA-4)**

Our Solution: Lisoftoclax (APG-2575)



2025 CSCO guidelines: for diagnosis and treatment of lymphoid malignancies - Lisoftoclax first recommendation
Granted five ODDs by FDA

Efficacy Results

- The first Bcl-2 inhibitor approved for CLL after BTKi as a single agent, globally the 2nd Bcl-2 inhibitor to the market
- Only targeted therapy globally in registrational study for HR-MDS
- Favorable response rates in CLL, AML and MDS, even overcomes Venetoclax resistance in AML
- Registrational single-agent Phase II study successful in **100% BTKi-failed CLL patients**

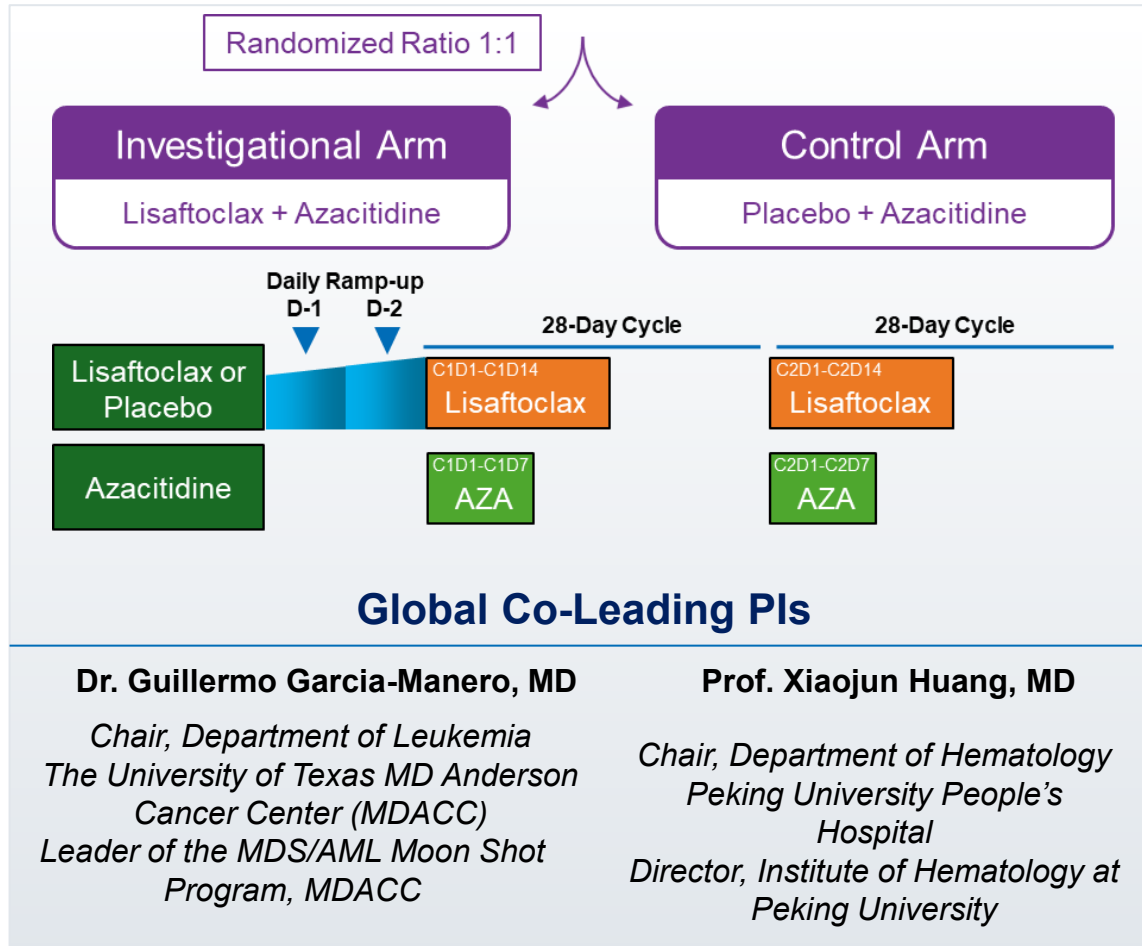
Favorable Safety Profile

- Real-world patient experience with approved drug showing long-term safety
- **Patient-friendly daily dose ramp-up** vs weekly ramp-up required by Venetoclax
- Approx. 0-1.5% TLS rate across six clinical trials¹
- **No DDI observed**, in combination with SOC, including with BTKi's
- Highly convenient to patients and caregivers

GLORA-4 Global Trial: 1L HR MDS Cleared by FDA and EMA



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



- ✓ Previously cleared by China CDE in 2024 and **currently cleared by FDA and EMA**
- ✓ **Simultaneously enrolling patients** in U.S., Europe, China and ROW
- ✓ If successful, Lisaftoclax may become the world's first Bcl-2 inhibitor approved for the treatment of 1L HR MDS
- ✓ Large global unmet medical need:
 - No targeted therapy approved
 - HMAs¹ only yield an ORR of 30-40% and CR of 10-17% in 1L patients²
 - 5-year survival rates for HR patients at 16-24%³

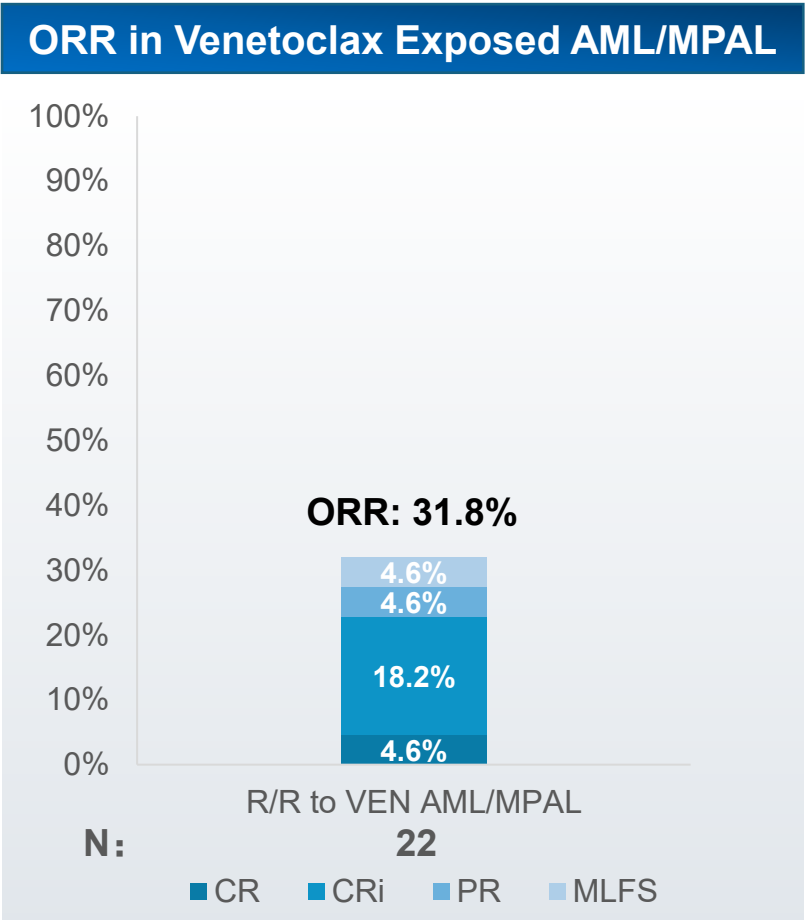
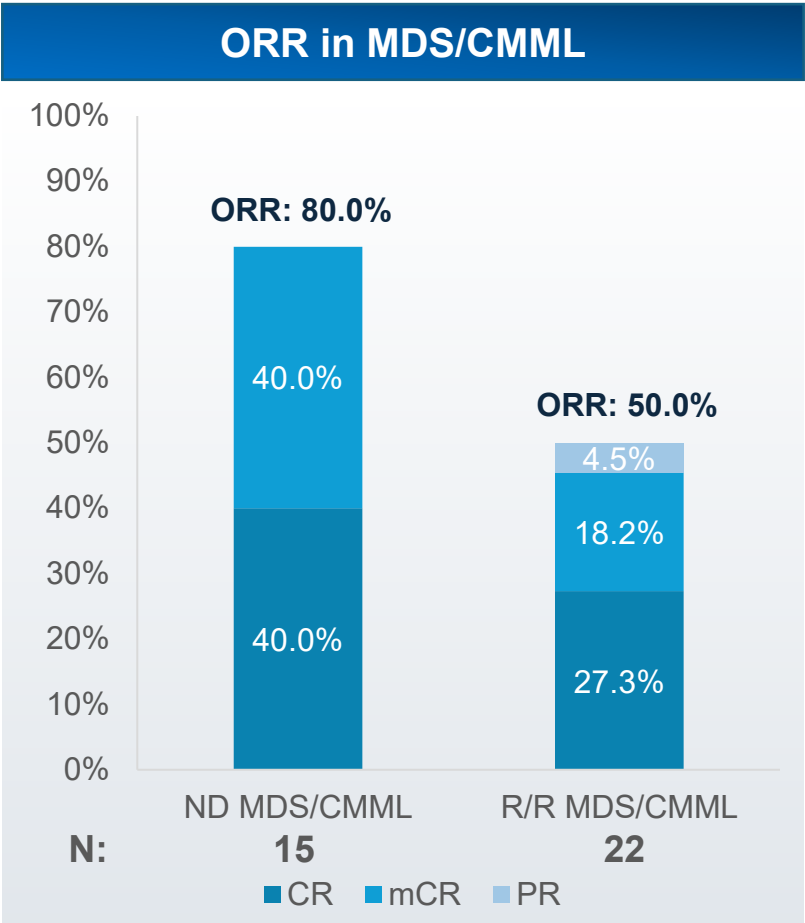
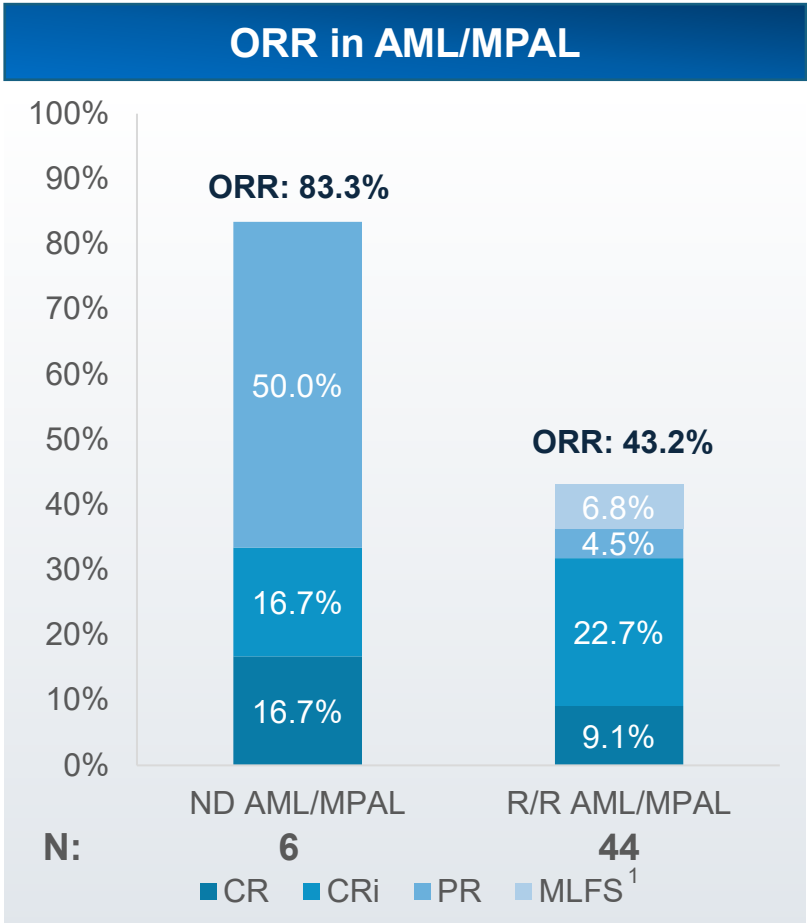
Lisaftoclax Shows Strong Clinical Activity in AML and MDS as well as in Venetoclax Refractory AML



Potential to overcome Venetoclax resistance in AML

Presented at ASH 2025

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



Unique Daily Dose Ramp-up Schedule Achieves Target Dose in 5 Days



Lisaftoclax's Daily Dose Ramp-up: More convenient, much lower TLS risk and faster to achieve therapeutic dose

Monotherapy in a Registrational Phase II Study of BTKi-failed R/R CLL/SLL Patients

Oral Presentation
at ASH 2025

Baseline characteristics (safety population)	
Population, n	77
Age, yr	
Median age (range)	63.0 (37-84)
Sex, n (%)	
Male	46 (59.7)
ECOG status, n (%)	
0-1	53 (68.8)
2	24 (31.2)
Mean (range) previous therapies	3 (1-10)
BTK inhibitor, n (%)	77 (100)
Refractory	67 (87.0)
Intolerant	10 (13.0)
CD20 antibody, n (%)	35 (45.5)
Biological and cytogenetic features, n (%)	
del(17p)/TP53 mutation	30 (39.0)
unmutated IGHV	41 (53.2)
Complex karyotype (CK)	33 (42.9)

- Patients enrolled were 100% R/R to both BTKi's and CD20 mAb-based IC
- Patients had much poor baseline characteristics
- CK accounted for 43% with high CK of 27% of total population
- Much more than historically observed high-risk factors

Monotherapy in a Registrational Phase II Study of BTKi-failed R/R CLL/SLL Patients

Oral Presentation
at ASH 2025

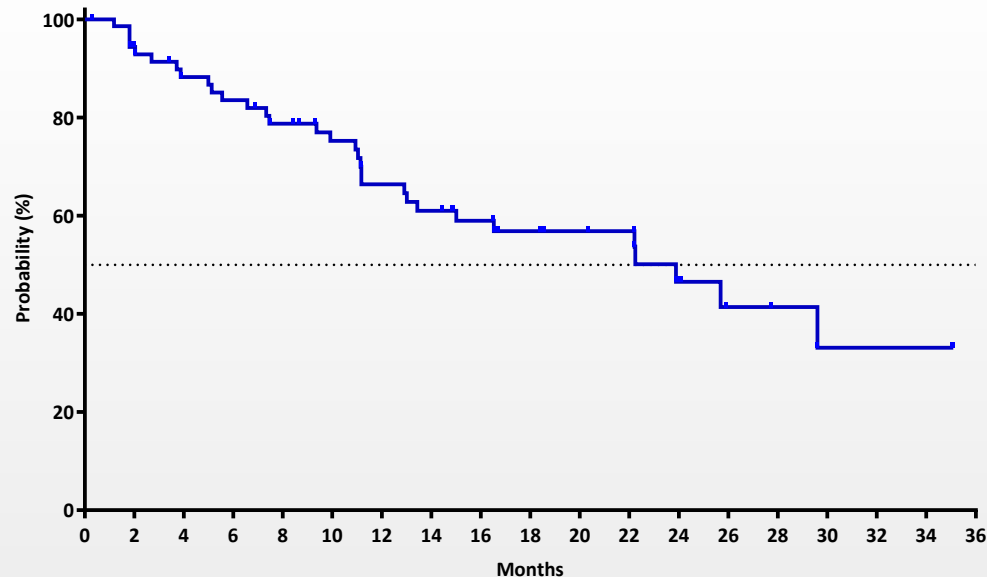
Efficacy Assessment	R/R CLL/SLL
Evaluable patients (n)	72
Response, % (n) (Confirmed by the IRC)	
ORR	62.5% (45)
CR/CRi	4.2% (3)
PR	58.3% (42)
SD	30.6% (22)
PD	6.9% (5)
MRD in PB assessment, n	
MRD	21.8% (12)
MRD in BM assessment*, n	11
MRD	54.5% (6)
mDOR, mo. (95% CI)	18.53 (14.75-NR)
mPFS, mo. (95% CI)	23.89 (13.01-NR)
12-month PFS rate (95% CI)	66.4% (53.1-76.7)
mOR, mo. (95% CI)	NR ¹
30-month OS rate (95% CI)	78.0% (66.1-86.2)

- Single-agent demonstration Lisaftoclax of efficacy in BTKi refractory or intolerant CLL/SLL patients
- Strong ORR in this challenging population
- Achieved MRD in peripheral blood and bone marrow
- Lisaftoclax offers attractive option as monotherapy and/or combination with BTKi's in CLL/SLL

Monotherapy in a Registrational Phase II Study of BTKi-failed R/R CLL/SLL Patients

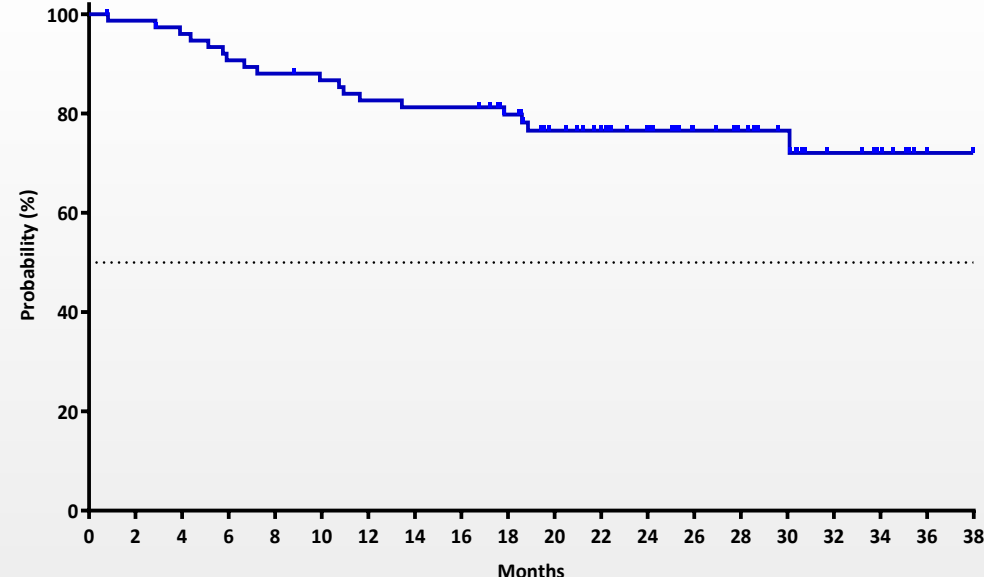
Oral Presentation
at ASH 2025

Progression-free survival (PFS) by IRC



- Median PFS: 23.89 months (95% CI, 13.01-NR)
- 12-month PFS rate: 66.4% (95% CI, 53.1-76.7)

Overall survival (OS) by IRC



- Median OS was not reached (NR)
- 30-month OS rate: 78.0% (95% CI, 66.1-86.2)

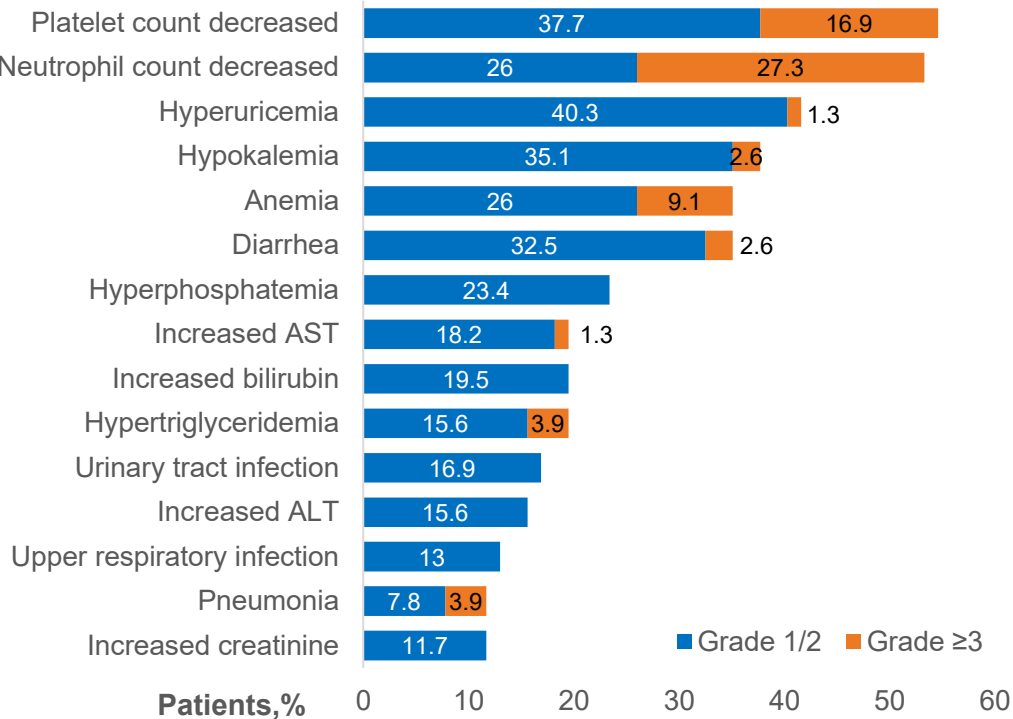
Monotherapy in a Registrational Phase II Study of BTKi-failed R/R CLL/SLL Patients

Oral Presentation
at ASH 2025

Grade ≥ 3 TRAEs (>5% incidence), n = 77

	Lisaftoclax 600 mg
Any grade ≥ 3 TRAE, n (%)	41 (53.2)
Preferred term, n (%)	
Neutrophil count decreased	21 (27.3)
Platelet count decreased	13 (16.9)
Anemia	7 (9.1)
Leukocyte count decreased	6 (7.8)
TRAE, treatment-related adverse event	

Any grade treatment-related adverse events (TRAEs) (>10%) (N=77)



Well-tolerated safety profile, with no TLS and no treatment-related deaths reported

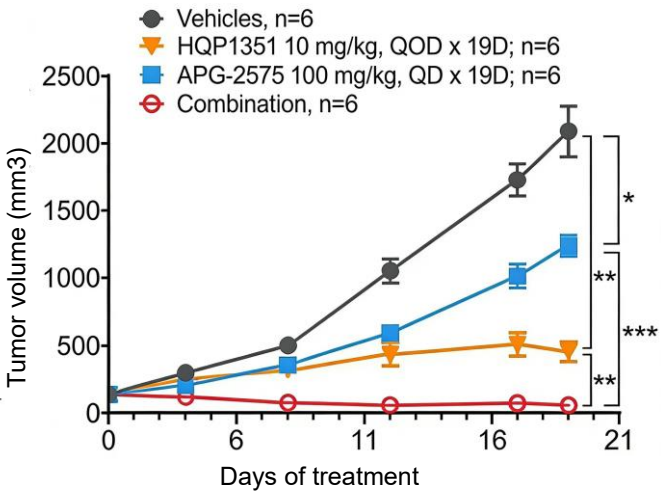
Lisaftoclax – A Potential Cornerstone for Combination Drugs Across Multiple Diseases

Ascentage

Lisaftoclax

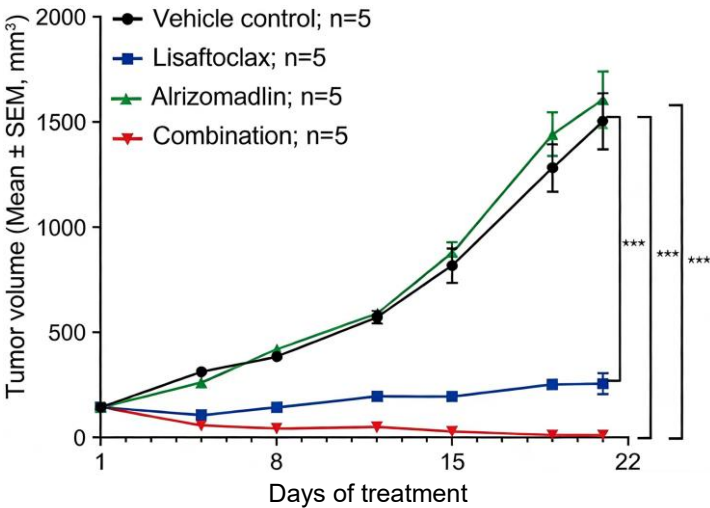
Olverembatinib

Synergistic anti-leukemic effect in FLT3-ITD mutant AML



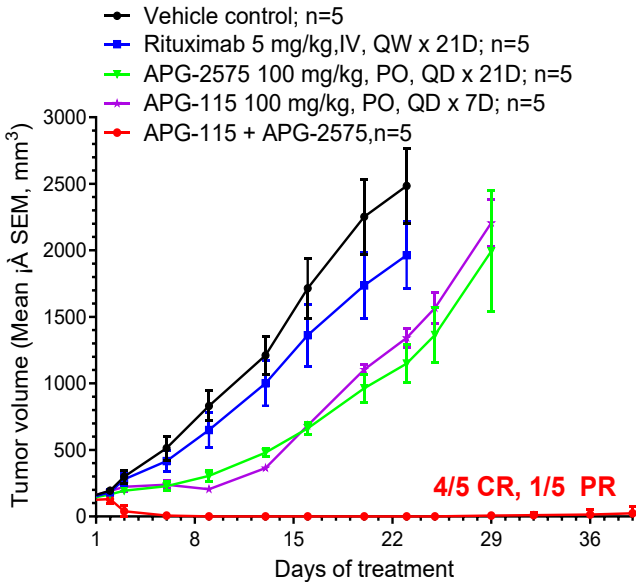
Alrizomadlin (APG-115)

Potential to overcome Venetoclax resistance in AML



Alrizomadlin (APG-115)

Synthetic lethality leads to CR and long DoR to CD-20 resistant DLBCL



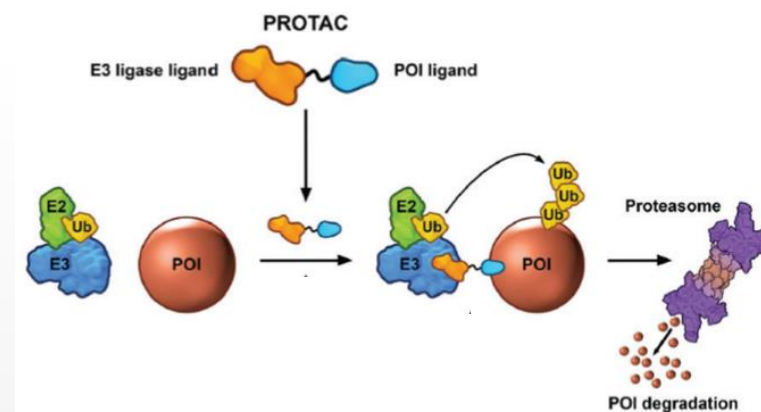
Other Pipeline updates

BTK Protein Degradator-APG-3288

First Therapeutic Candidate from Proprietary PROTAC Technology Platform

IND clearance from U.S. FDA

- Novel, next-generation, orally active, potent, and highly selective BTK degrader
 - Designed to overcome resistance to covalent and noncovalent BTKi's
- Binds to both wild-type BTK or mutants with high affinity and selectivity
- Induces robust and sustained degradation of these targets at low nanomolar concentrations via the ubiquitination-proteasome pathway in multiple B-cell lymphoma cell lines
- Initiating a global, multicenter, open-label Phase 1 study in R/R hematological malignancies
 - Designed to evaluate preliminary efficacy
 - In addition, safety, tolerability, and PK will be assessed



APG-5918: Epigenetic Therapy Targeting PRC2 via EED

Novel, Differentiated, Therapeutic Candidate for Oncology and Hematology

Key Development Opportunities

Hematologic Malignancies

- **Multiple Myeloma (MM):**
Overcomes IMiD resistance as monotherapy and demonstrates strong synergy with IMiDs and CELMoDs in preclinical MM models
- **T-Cell Lymphomas (TCLs):**
Strong antiproliferative activity and **synergy with HDAC inhibitors**

Solid Tumors – Combination Expansion

- **Prostate Cancer:**
Demonstrates enhanced antitumor activity and synergy with the AR inhibitor enzalutamide in preclinical prostate cancer models

Non-Oncology

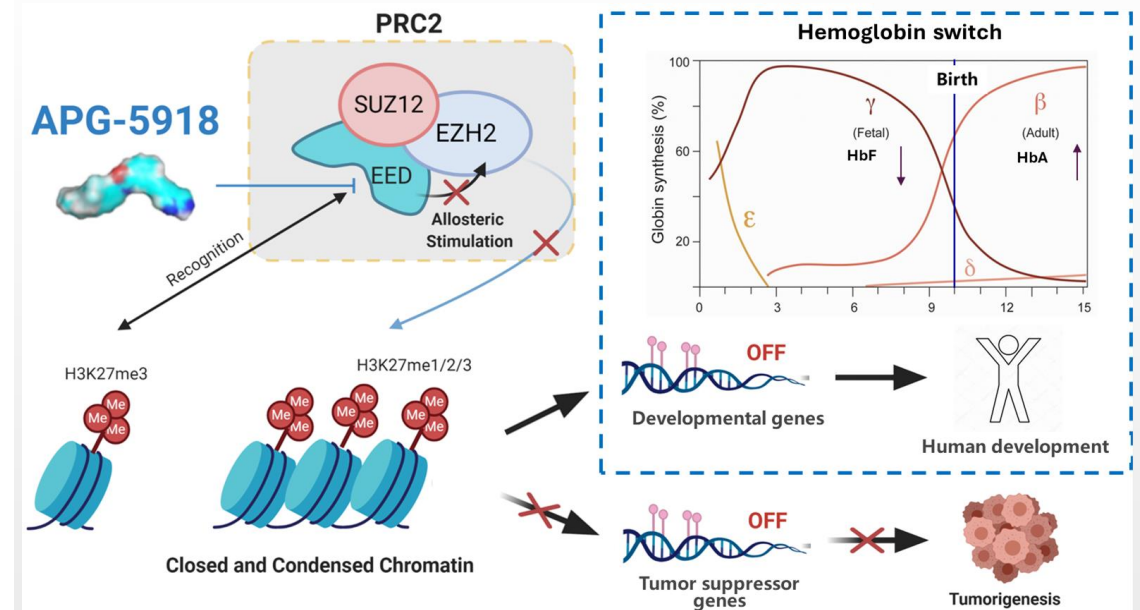
Anemia: Ongoing Phase 1 trial in China

Additional Indications

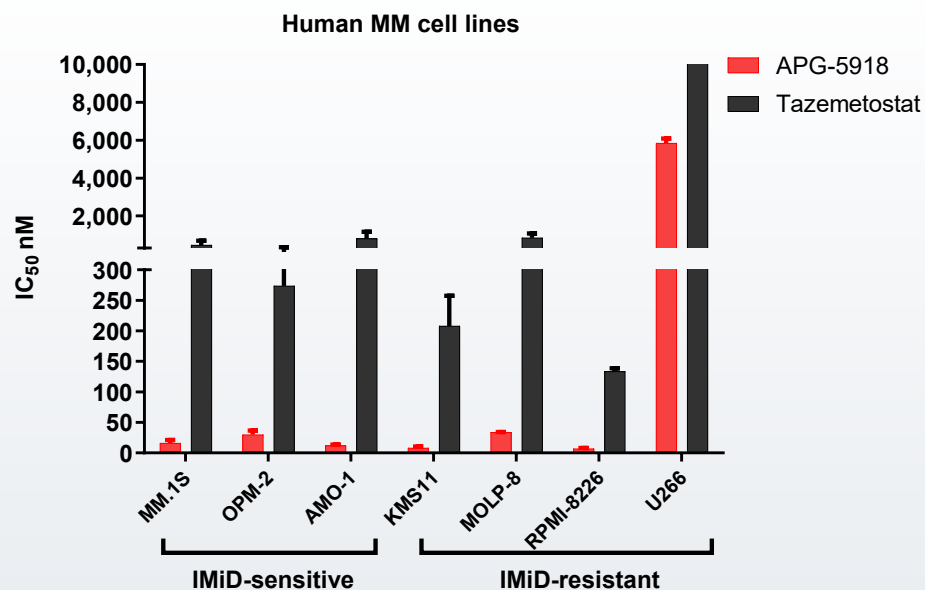
- Additional oncology indications **to be disclosed**

APG-5918 MOA

Interferes with recognition of H3K27me by EED;
Prevents EED - histone methyltransferase EZH2 interaction

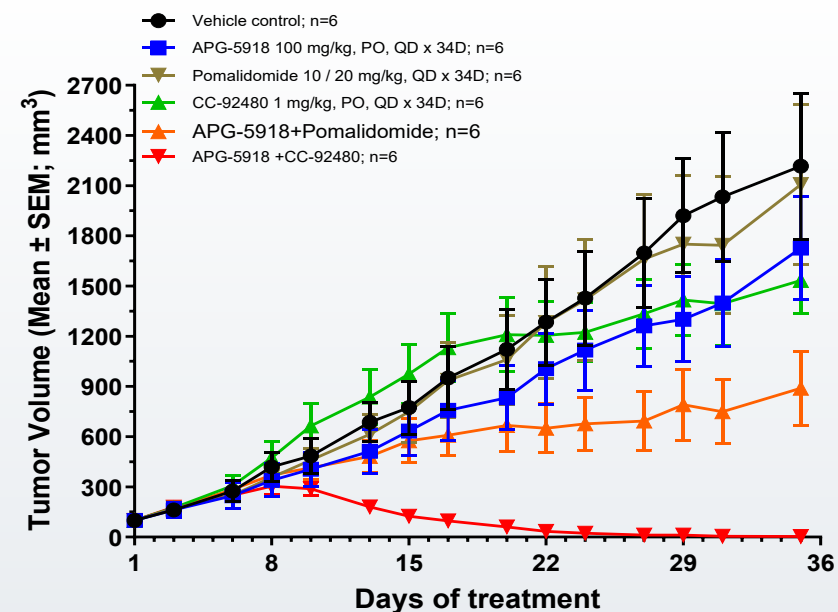


In vitro: Human MM cell lines



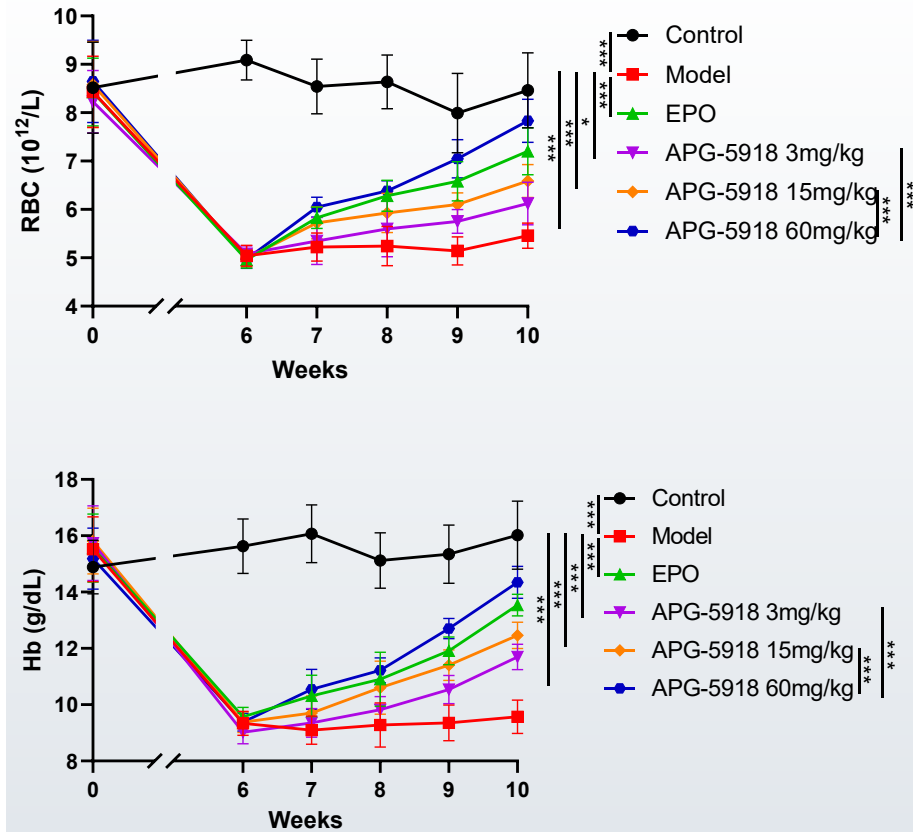
Potent antiproliferative activity across IMiD-sensitive and -resistant MM cell lines, outperforming tazemetostat

in vivo: s.c. KMS-11 MM CDX

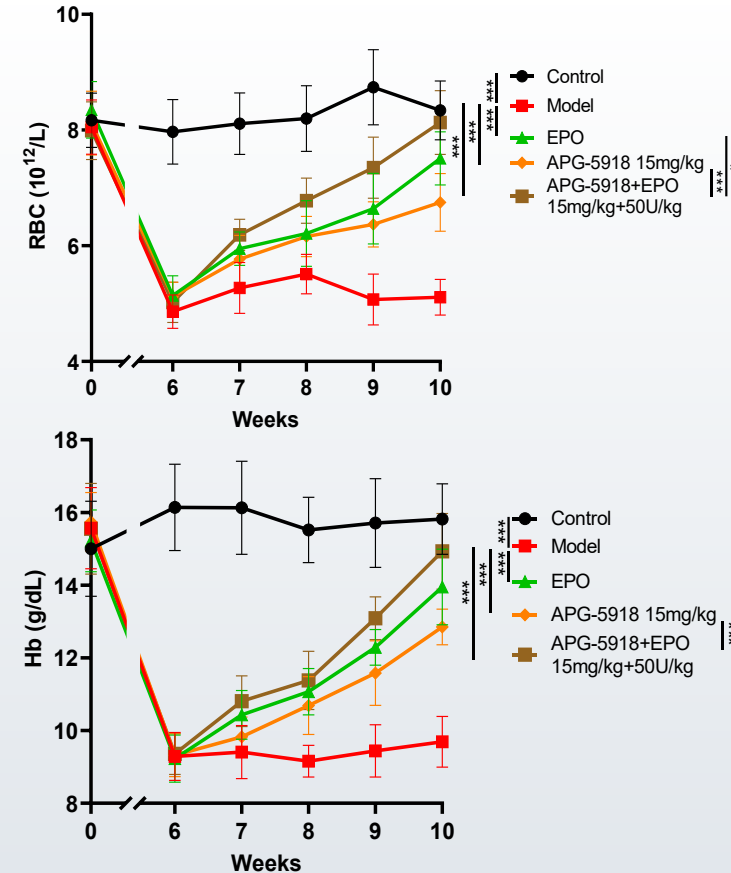


Combination with pomalidomide or CC-92480 synergistically overcomes IMiD resistance in KMS11 CDX model

APG-5918 improved hematologic parameters in adenine-induced renal anemic rat model in a dose-dependent manner



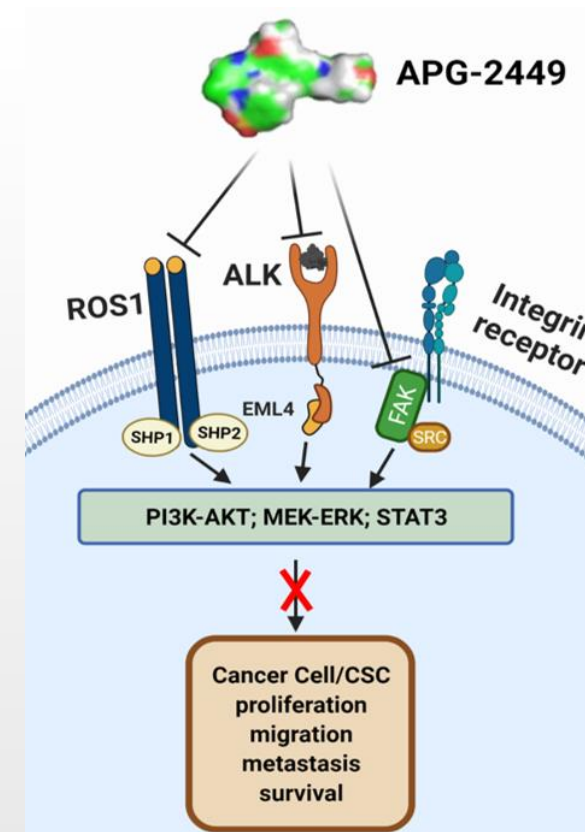
APG-5918 in combination with EPO is superior to either agent in normalizing hematologic parameters of rats with CKD-induced anemia



APG-2449 Clinical Development

- Targets high FAK tumors and ALK/ROS1 fusion NSCLC
- **Dual Mechanism:** ALK/ROS1 inhibition + FAK inhibition with chemo or targeted therapies to overcome resistance
- Well tolerated; no obvious neurotoxicity occurs
- **Two Registrational Trials:**
 - APG-2449 vs platinum chemo in 2G ALK TKI-resistant / intolerant patients
 - APG-2449 vs Crizotinib in treatment-naïve ALK+ advanced NSCLC

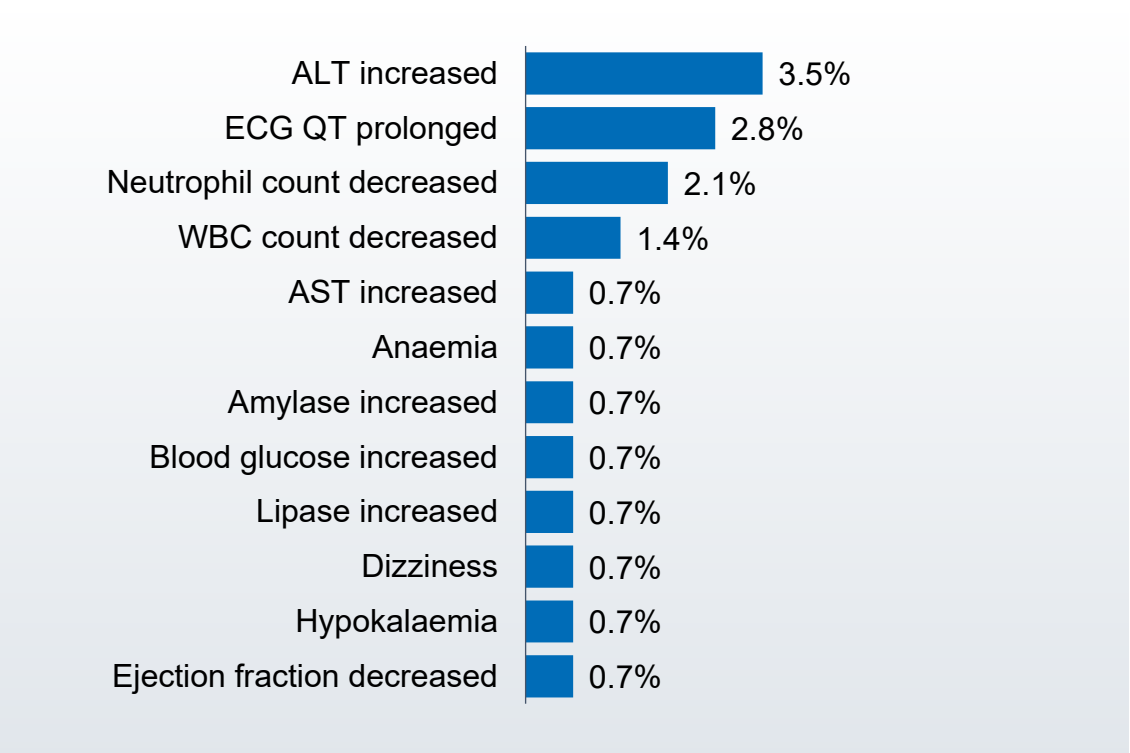
APG-2449 MOA



75% ORR in Patients with ALK+ NSCLC Previously Untreated with TKIs

	ALK + NSCLC Patients Previously Untreated with TKIs (N = 16)	ALK + NSCLC patients with prior 2G TKI failure (N = 63)
ORR	12 (75%)	14 (22.2%)
mPFS, mo.	NE ¹	5.5
Intracranial ORR	2/2 (100%)	11/29 (37.9%)

No DLTs Occurred; MTD was not Reached; No Treatment-related Deaths



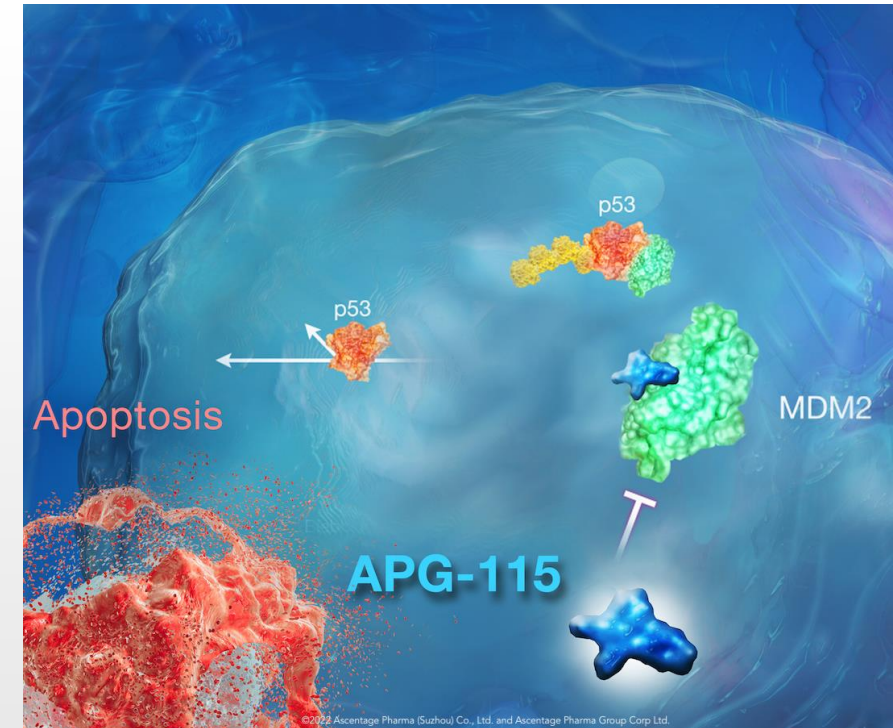
APG-115: Orally Bioavailable, Highly Selective, Small Molecule Inhibitor Targeting MDM2-p53

6 FDA Orphan Drug + 2 Rare Pediatric Disease Designations

APG-115 Clinical Development

- Small-molecule MDM2 inhibitor restoring p53 tumor suppressor activity
- Broad clinical evaluation across solid tumors and hematologic malignancies
- Salivary gland cancer: APG-115 monotherapy shows promising efficacy with good tolerability (including adenoid cystic carcinoma) with good tolerability¹

APG-115 MOA



1. Pearson AT, Muzaffar J, Kirtane K, et al. Phase I/II study of APG-115-alrizomadlin (a novel MDM-2 inhibitor) in p53 wild-type salivary gland cancers [Abstract]. Presented at: 2024 Multidisciplinary Head and Neck Cancers Symposium; 2024 Feb 29-Mar 2; Phoenix, AZ. Abstract 8.

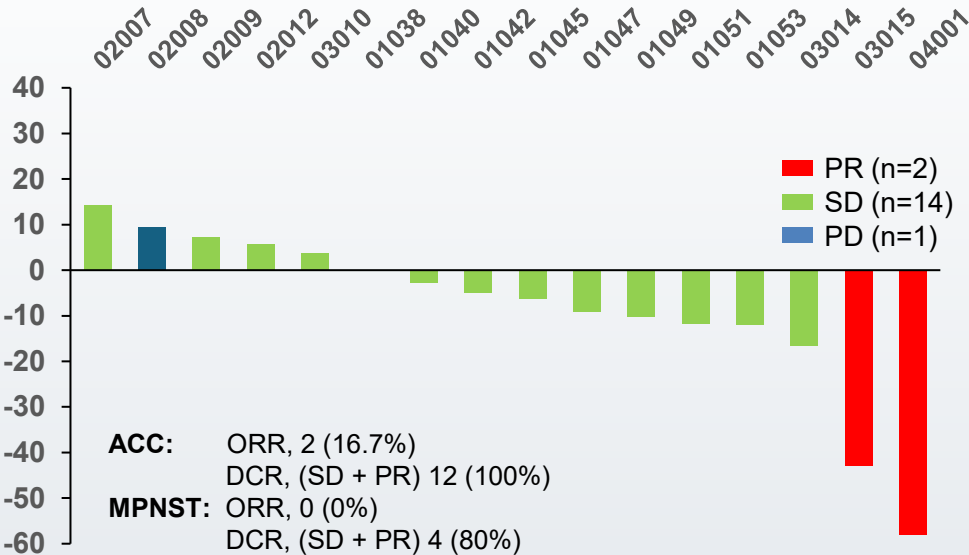
Alrizomadlin (APG-115)



Phase 2 study of novel MDM2-p53 inhibitor alrizomadlin (APG-115) with or without PD-1 mAb (toripalimab) in patients with ACC or other solid tumors (54 pts enrolled. In monotherapy arm, 22 pts treated with alrizomadlin 150 mg)

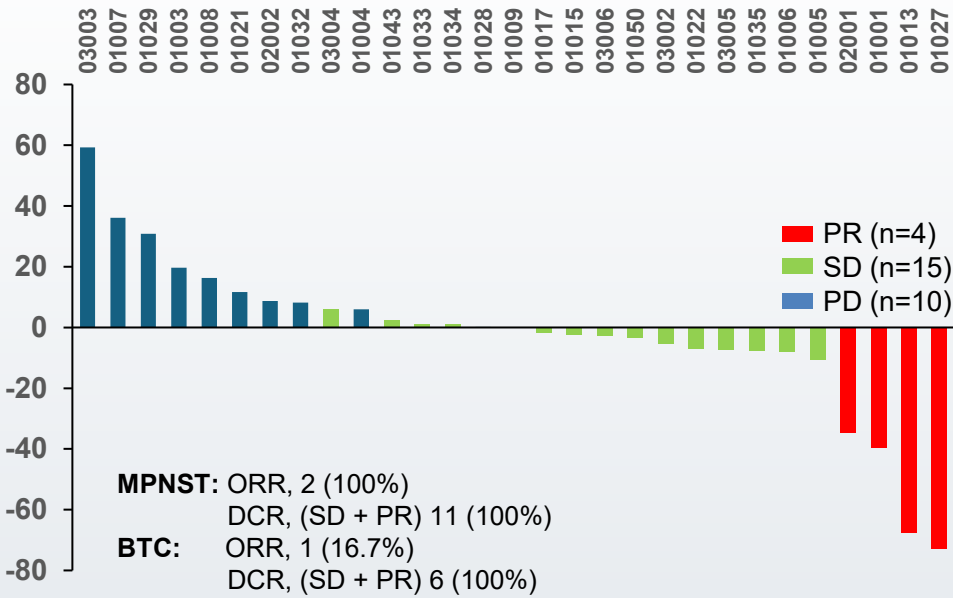
Efficacy Results - Best tumor response (%)

Single-agent group



Alrizomadlin monotherapy showed promising antitumor activity in pts with advanced ACC or MPNST

Combination group



Alrizomadlin combined with toripalimab was also well tolerated, showing antitumor activity in MPNST, BTC, and LPS, and an acceptable safety profile

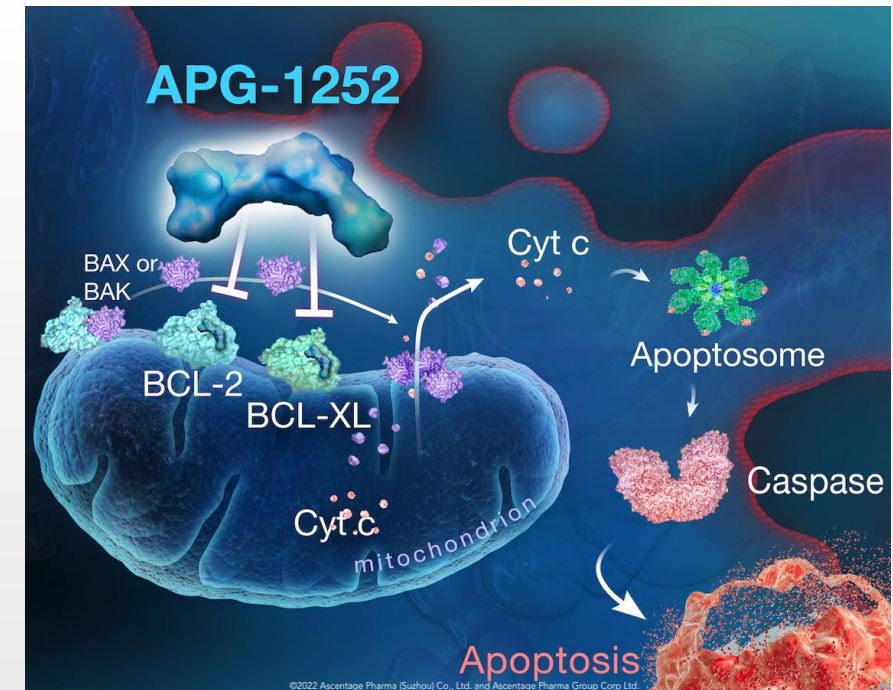
APG-1252: Dual Bcl-2 / Bcl-xL inhibition to restore apoptosis

Combination approach across solid and hematologic malignancies

APG-1252 Clinical Development

- FDA Orphan Drug Designation for SCLC
- NCI (NIH) CRADA supporting Phase 1 to 3 trials
- Currently under investigation:
 - Osimeritinib combo in EGFR-mutant NSCLC
 - Mono/combination therapy in R/R NHL
 - Cobimetinib combo in ovarian and endometrial cancers

APG-1252 MOA



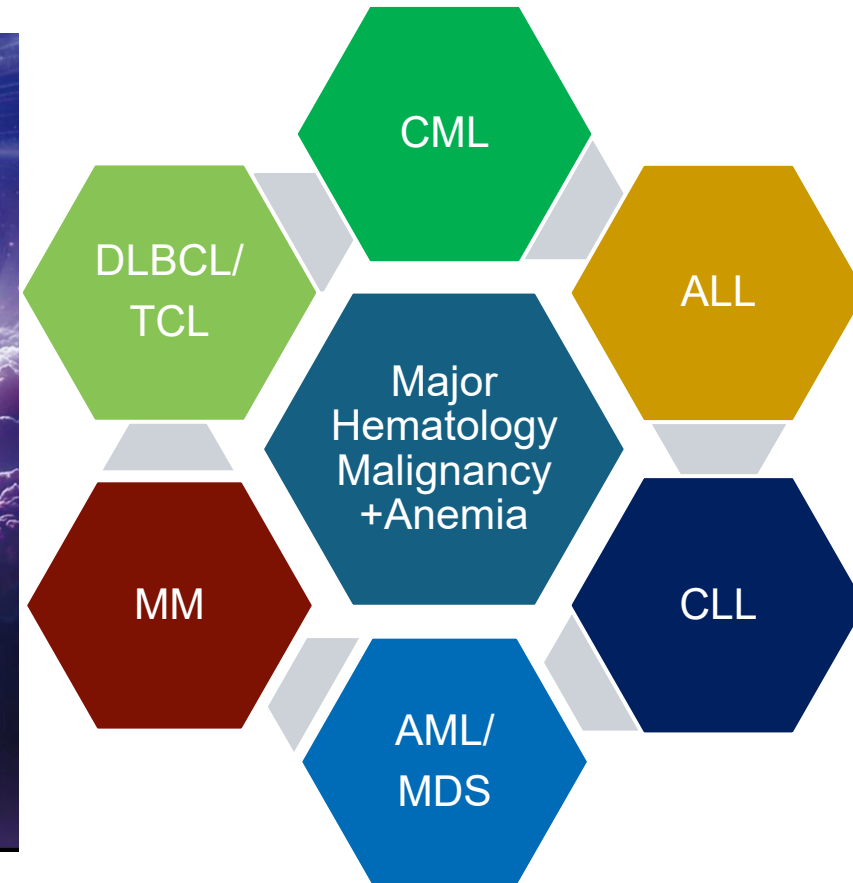
Key Achievements in 2025

- ✓ Listed on **Nasdaq** in January 2025
- ✓ **NDA** approval and commercial launch of Lisoftoclax for CLL in China in 2025
- ✓ Initiation of global registrational trial, **GLORA-4**, of Lisoftoclax, including in U.S., Europe, and China in 1L HR-MDS
- ✓ Initiation of global registrational trial, **POLARIS-1**, of Olverembatinib in 1L Ph+ ALL, including in the U.S., Europe
- ✓ Advance enrollment of Olverembatinib globally for **POLARIS-1**, **POLARIS-2** and **POLARIS-3**
- ✓ Advance enrollment for Lisoftoclax globally in **GLORA**, **GLORA-2**, **GLORA-3**, **GLORA-4**

2026 Milestones/Catalysts

- ☐ Advance enrollment of **GLORA** trial
- ☐ Majority enrollment completion of **GLORA-4** trial
- ☐ Advance enrollment of **POLARIS-2** trial
- ☐ Majority enrollment completion of **POLARIS-1** trial
- ☐ Continued growth in commercial sales, broader patient accessibility and coverage across 1,500 hospitals
- ☐ Inclusion in **NRDL** coverage of Lisoftoclax in China
- ☐ BTK Protein Degradar **APG-3288** global Phase 1 PK, safety, tolerability, efficacy data, including U.S. and China
- ☐ Advancement of EED Inhibitor **APG-5918** in oncology and anemia in the U.S. and China

Patient-Centric Innovation; Global Breakthrough Therapies



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