



ANTENGENE INVESTOR PRESENTATION

TREATING PATIENTS BEYOND BORDERS

MAY 2023

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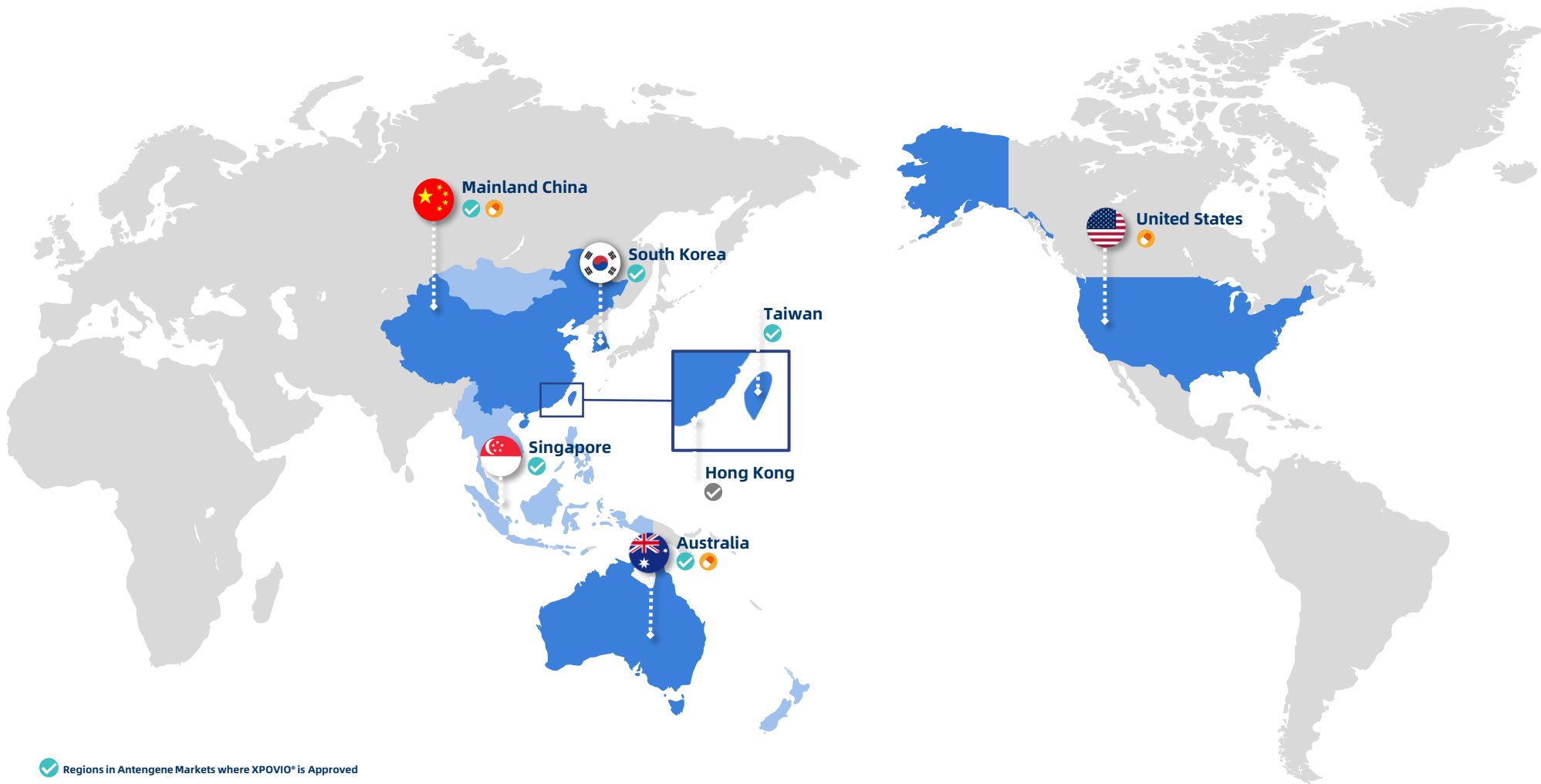
ANTENGENE

I. COMPANY OVERVIEW

Antengene is Executing on Our Strategy to Bring Transformative Medicines to Patients Around the World



ANTENGENE



Commercialization in

5 APAC Markets

9 Clinical Stage Assets

15 Ongoing Trials

in Mainland China, Australia and the US

370+

Employees Globally*

- ✓ Regions in Antengene Markets where XPOVIO® is Approved
- ✓ Regions Expecting Selinexor Approval in 2023
- Regions with Ongoing Clinical Trials

* Employee count as of 28th March, 2023

Setting a Strong Foundation for Growth in 2023 and Beyond



ANTENGENE

XPOVIO® R&D and Pan-APAC Commercialization



塞利尼索片 20mg
希维奥®

2022 Revenue: RMB160.1 Million

(5.6x vs 2021 Revenue of RMB 28.8 mm)

5 Approved Markets:



Taiwan

2022 Achievements

- ✓ Commercial launch of XPOVIO® in Mainland China in mid-May
- ✓ Xd regimen in multiple myeloma (MM) achieved reimbursement listing in Australia
- ✓ Complete patient enrollment for "SEARCH" study in R/R diffuse large B-cell lymphoma (DLBCL)
- ✓ XVd regimen in MM obtained Australian PBAC recommendation for reimbursement listing

2023 Catalysts

- Mainland China sNDA submission for "SEARCH" study in R/R DLBCL
- XVd regimen in 2L+ MM achieving reimbursement listing in Australia
- Complete patient enrollment for "BENCH" study in 2L+ MM
- NDA approval in Hong Kong
- Start pivotal trial in myelofibrosis (XPORT-MF-034)

Research and Development

9 Clinical Stage Assets*

4 Clinical Development Partnerships

Bristol Myers Squibb™



MERCK

BeiGene

16 Research Data Publications

2022 ASCO ANNUAL MEETING

2022 EHA ANNUAL MEETING

2022 CSCO ANNUAL MEETING

2022 AACR ANNUAL MEETING

2022 BMC Medicine

APAC R&D

ATG-008 (Onatasertib) - mTORC1/2 Inhibitor

2022 Achievements

- ✓ Encouraging data readout of "TORCH-2" trial in relapsed/metastatic cervical cancer
- ✓ Observed single agent activity in 2L+ HBV positive hepatocellular carcinoma in "TORCH" trial

2023 Catalysts

- Confirm the regulatory pathway for ATG-008 in combination anti-PD-1 monoclonal antibody in relapsed/metastatic cervical cancer

GLOBAL R&D

2022 Achievements

- ✓ Progressing smoothly in dose escalation (Phase I):
 - ATG-017 Tizaterkib (ERK1/2 small molecule inhibitor)
 - ATG-101 (PD-L1/4-1BB bispecific antibody)
 - ATG-037 (CD73 small molecule inhibitor)
 - ATG-018 (ATR small molecule inhibitor)
- ✓ Entered into a global clinical collaboration with Merck Sharp & Dohme to evaluate ATG-037 in combination with KEYTRUDA® (pembrolizumab)

2023 Catalysts

- Clinical data readout:
 - ATG-017 Tizaterkib (ERK1/2 small molecule inhibitor)
 - ATG-101 (PD-L1/4-1BB bispecific antibody)
 - ATG-037 (CD73 small molecule inhibitor)
 - ATG-018 (ATR small molecule inhibitor)
- Commencement of first-in-human trial:
 - ATG-022 (Claudin 18.2 ADC)
 - ATG-031 (CD24 monoclonal antibody)

* 9 clinical stage assets includes ATG-031 (CD24 monoclonal antibody) that is ready for IND-submission

Global Management Team with Deep Local Experience and Insights Working Seamlessly Across Regions

Amily Zhang
Chief Medical Officer



John F. Chin, MBA
Chief Business Officer



Eitan Liu
Chief Operating Officer



Jasmine Sun, M.D., MPH
Corporate Vice President, Head of Clinical Operations



Zhinuan Yu, Ph.D.
Corporate Vice President, Biometrics & Regulatory Enabling Functions



Jay Mei, M.D., Ph.D.
Founder / Chairman / Chief Executive Officer



Bo Shan, Ph.D.
Chief Scientific Officer

ThermoFisher Scientific ChemPartner GE Healthcare



Donald Lung, JD, MBA
Chief Financial Officer



Yijun Yang, Ph.D., Sc.D.
Corporate Vice President, Head of Clinical Enabling Functions & Operational Excellence

Vertex BainCapital Alexion



Thomas Karalis
Corporate Vice President, Head of Asia Pacific Markets

Celgene Lilly Abbott Bristol Myers Squibb



Lixin Yu
Corporate Vice President, Head of Hematology Business Unit, China

正大天晴 CHIA TAI TIANQING

Track Record of Antengene Management Team

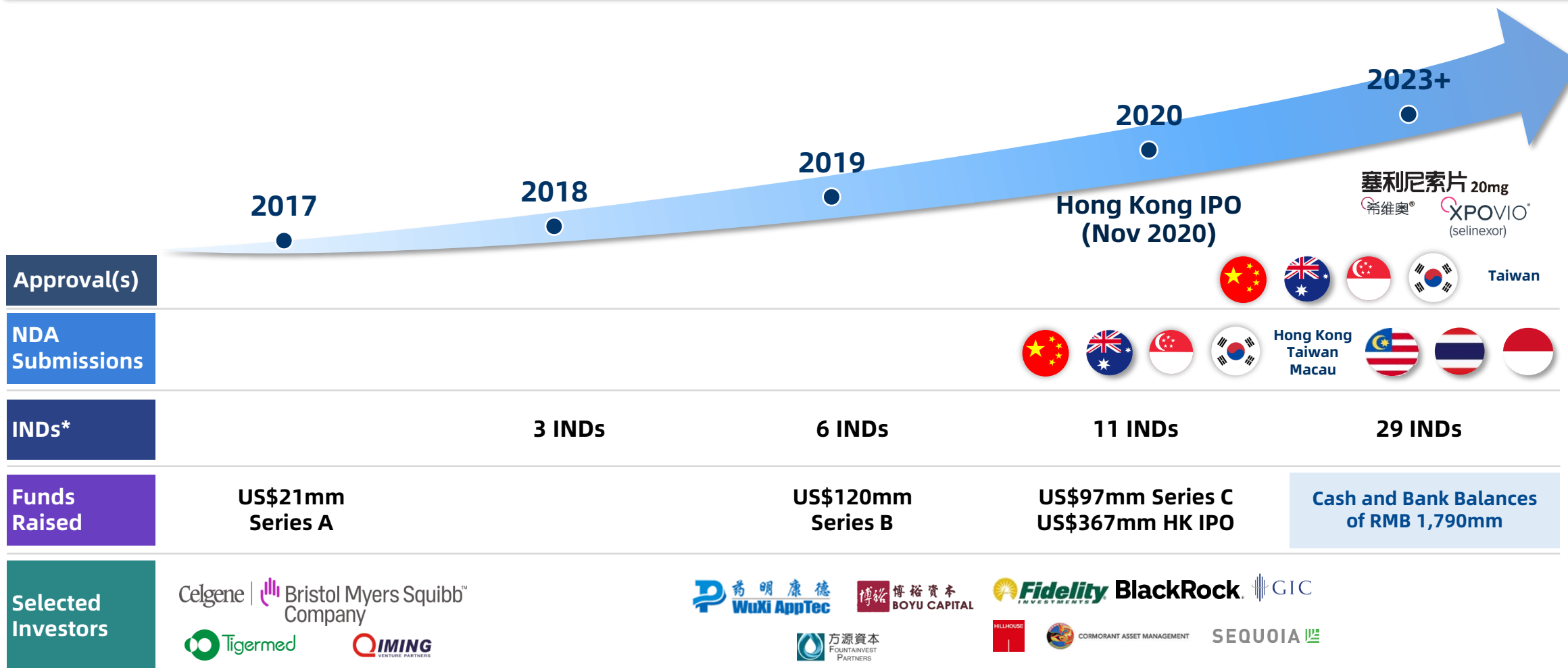


Dual Engine of Growth Through Value-adding Partnerships and In-house Discovery



ANTENGENE

Rich Pipeline with Commercialization Across Multiple Markets, Driven by Strong Execution Capabilities

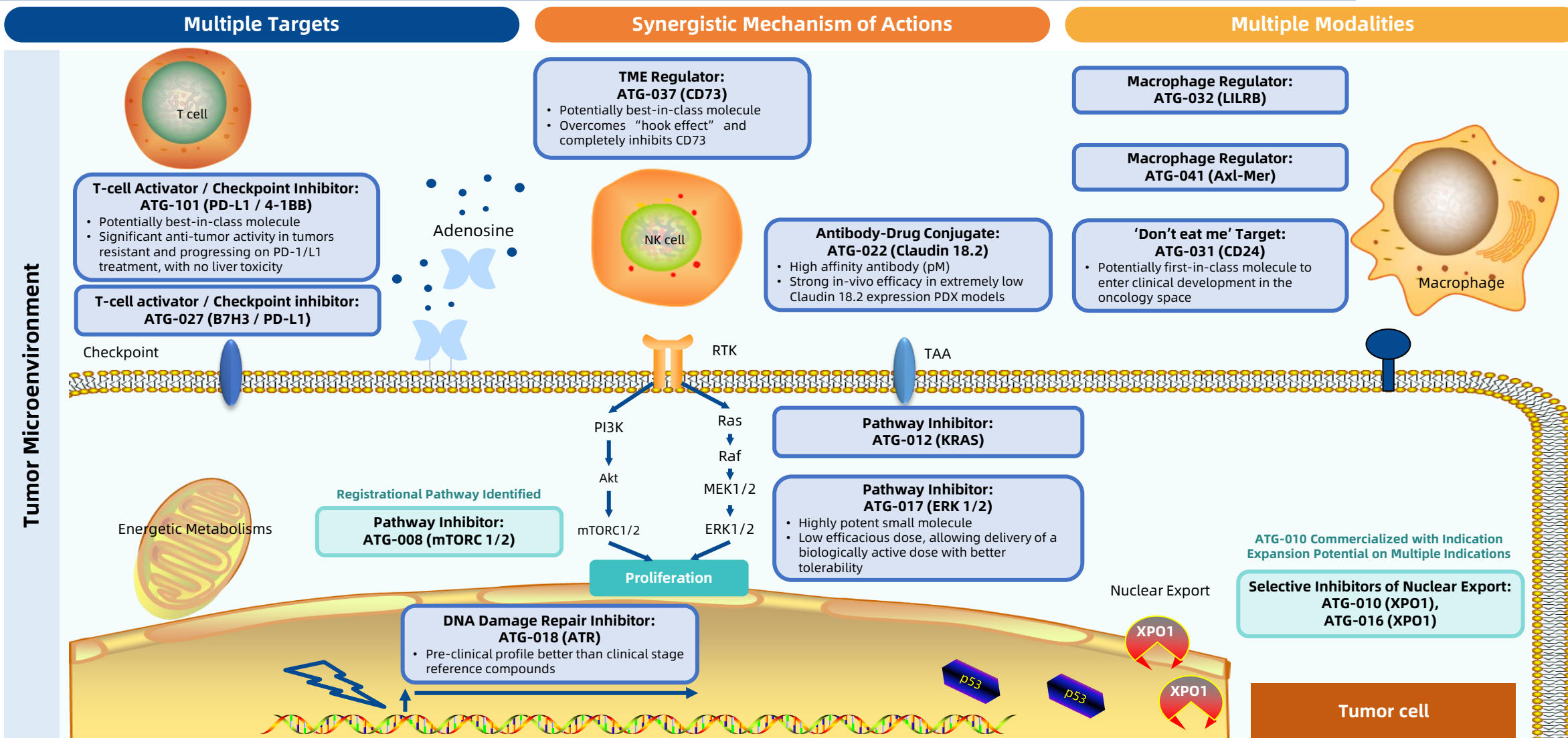


* Total # of IND/CTA approvals obtained

The Antengene Pipeline Includes Multiple Novel Immuno-oncology and Targeted Products – Allowing Broad Proprietary Combinations



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II. PIPELINE

APAC Rights Assets: Pipeline of Commercial or Near NDA Stage Drugs with First-in-Class/Best-in-Class Potentials



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Assets	Target (Modality)	Indication	Pre-clinical	Phase I	Phase II	Phase III/Pivotal	NDA	Commercialization	Antengene Rights	Partner	
ATG-010 ¹ (Selinexor)	XPO1 (Small molecule)	R/R Multiple Myeloma	Combo with dexamethasone (MARCH)						Mainland China NDA approved	 APAC ²	
			Combo with dexamethasone (STORM) - Partner's Pivotal Trial in the US						US, EU, SK, SG, AU & TW NDA approved		
			Combo with bortezomib and dexamethasone (BENCH)						★		
			Combo with bortezomib and dexamethasone (BOSTON) - Partner's Pivotal Trial in the US						US, EU, SG, AU & TW sNDA approved		
			Combo with IMiD/PI/CD38 mAb and dexamethasone (STOMP)								
		R/R Diffuse Large B-cell Lymphoma	Monotherapy (SEARCH)						★		
			Monotherapy (SADAL) - Partner's Pivotal Trial in the US						US , SG, SK & TW sNDA approved		
			Combo with R-GDP (DLBCL-030)						★		
		R/R NHL	Combo with lenalidomide + rituximab (SWATCH)								
R/R T-cell & NK-cell Lymphoma	Combo with ICE/GemOx/tislelizumab (TOUCH)						with  BeiGene				
Myelofibrosis	Combo with ruxolitinib (MF-034)										
ATG-016 (Eltanexor)	XPO1 (Small molecule)	R/R MDS	Monotherapy (HATCH)								
ATG-008 (Onatasertib)	mTORC1/2 (Small molecule)	Cervical Cancer and Other Advanced Solid Tumors	Combo with toripalimab (TORCH-2)*						with  君实生物 TopAlliance	 APAC ³	 
			 Antengene Trials ⁴	 Partner Trials ⁵	 Global Trials in Collaboration with Partner			 Registrational Trial in China			

In addition, for ATG-010 (selinexor), **12 Investigator Initiated Trials (IITs)** are ongoing across China and the APAC regions covering both hematological malignancies and solid tumors

¹ (s)NDA approved by US FDA, China NMPA, Australia TGA, South Korea MFDS and Singapore HSA; China Hong Kong and China Taiwan NDA submissions are completed;

² Antengene has rights for Greater China (Mainland China, Hong Kong, Taiwan, Macau), Australia, New Zealand, South Korea, and the ASEAN Countries;

³ Antengene has rights for Greater China, South Korea, Singapore, Malaysia, Indonesia, Vietnam, Laos, Cambodia, the Philippines, Thailand and Mongolia;

⁴ Most advanced trial status in Antengene territories and the trials are responsible by Antengene;

⁵ Most advanced trial status in partner territories in the rest of the world and the trials are conducted by our licensing partners

* Investigator-initiated trials; R/R: relapsed/refractory; ND: newly diagnosed; MDS: myelodysplastic syndrome; CRC: colorectal cancer; PrC: prostate cancer; CAEBV: chronic active Epstein-Barr virus; NHL: non-Hodgkin lymphoma; Hem/Onc: hematological malignancies and solid tumors; R-GDP: Rituximab, Gemcitabine, Dexamethasone & Cisplatin;

AU: Australia; EU: Europe; SG: Singapore; SK: South Korea; TW: Taiwan; US: United States;

Global Rights Assets: A Clinical Stage Pipeline with Transformational Potentials



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Assets	Target <i>(Modality)</i>	Hits Discovery	Lead Nomination	<i>In vitro</i> efficacy	<i>In vivo</i> efficacy	CMC/Tox	IND	Phase I	Antengene Rights	Partner		
ATG-017 (Tizaterkib) ¹	ERK1/2 <i>(Small molecule)</i>	Monotherapy ± nivolumab for R/R Hem/Onc (ERASER) 							 Bristol Myers Squibb™	 Global	 ANTENGENE	
ATG-101 ²	PD-L1/4-1BB <i>(Bispecific)</i>	Monotherapy for Hem/Onc (PROBE & PROBE-CN) 										
ATG-037 ³	CD73 <i>(Small molecule)</i>	Monotherapy ± pembrolizumab for Hem/Onc (STAMINA) 										 MERCK
ATG-018	ATR <i>(Small molecule)</i>	Monotherapy for Hem/Onc (ATRIUM) 										
ATG-022	Claudin 18.2 <i>(ADC)</i>	Monotherapy for Onc (CLINCH) 										
ATG-031	CD24 <i>(mAb)</i>	Monotherapy for Hem/Onc (PERFORM) 										

■ Antengene Trials

¹ Licensed from AstraZeneca and Antengene has obtained exclusive global rights to develop, commercialize and manufacture ATG-017 (Tizaterkib);

² Licensed from Origincell and Antengene has obtained exclusive global rights to develop, commercialize and manufacture ATG-101;

³ Licensed from Calithera Biosciences and Antengene has obtained exclusive global rights to develop, commercialize and manufacture ATG-037
Hem/Onc = hematological malignancies and solid tumors

ATG-010 (Selinexor): Encouraging Preliminary Data from Efficacy-Evaluable and Intent to Treat Patients from Phase I/II Study (XPORT-MF-034)



A Global Phase I/II Multicenter Open-label Study to Evaluate the Safety and Efficacy of Selinexor Plus Ruxolitinib in Treatment Naïve Myelofibrosis Patients



Spleen Responses (SVR35)

Selinexor 60 mg + Ruxolitinib

- **91.7%** of efficacy evaluable patients (11/12) achieved SVR35 at week 24
- **78.6%** of intent-to-treat patients (11/14) achieved SVR35 at week 24

Reduction in Total Symptom Scores (TSS)

Selinexor 60 mg + Ruxolitinib

- **77.8%** of efficacy evaluable patients (7/9)* achieved TSS50 at week 24
- **58.3%** of intent-to-treat patients (7/12) achieved TSS50 at week 24

Positive Impacts on Hemoglobin Levels

- Disease modification observed as evidenced by **rapid normalization of platelets and stabilization of hemoglobin levels**

Safety and Tolerability

- Most common TEAE (n=24): Nausea, anemia, and fatigue (majority Grade 1-2)
- Most common Grade ≥ 3 TEAEs: anemia, thrombocytopenia, and neutropenia

Efficacy and safety data support 60 mg dose of selinexor as the recommended dose for Phase III study in combination with ruxolitinib; The Phase III trial is expected to initiate in H1 2023

Median TSS was calculated for each cycle, regardless of number of scores collected per cycle. The safety and efficacy of selinexor in myelofibrosis has not been established and has not been approved by the US FDA or any regulatory authority.

* Two patients discontinued prior to Week 24 and one had missing data.

Source: Karyopharm Investor Presentation dated April 18th, 2023

ATG-008 (Onatasertib): A Novel Second Generation mTORC1/2 Inhibitor



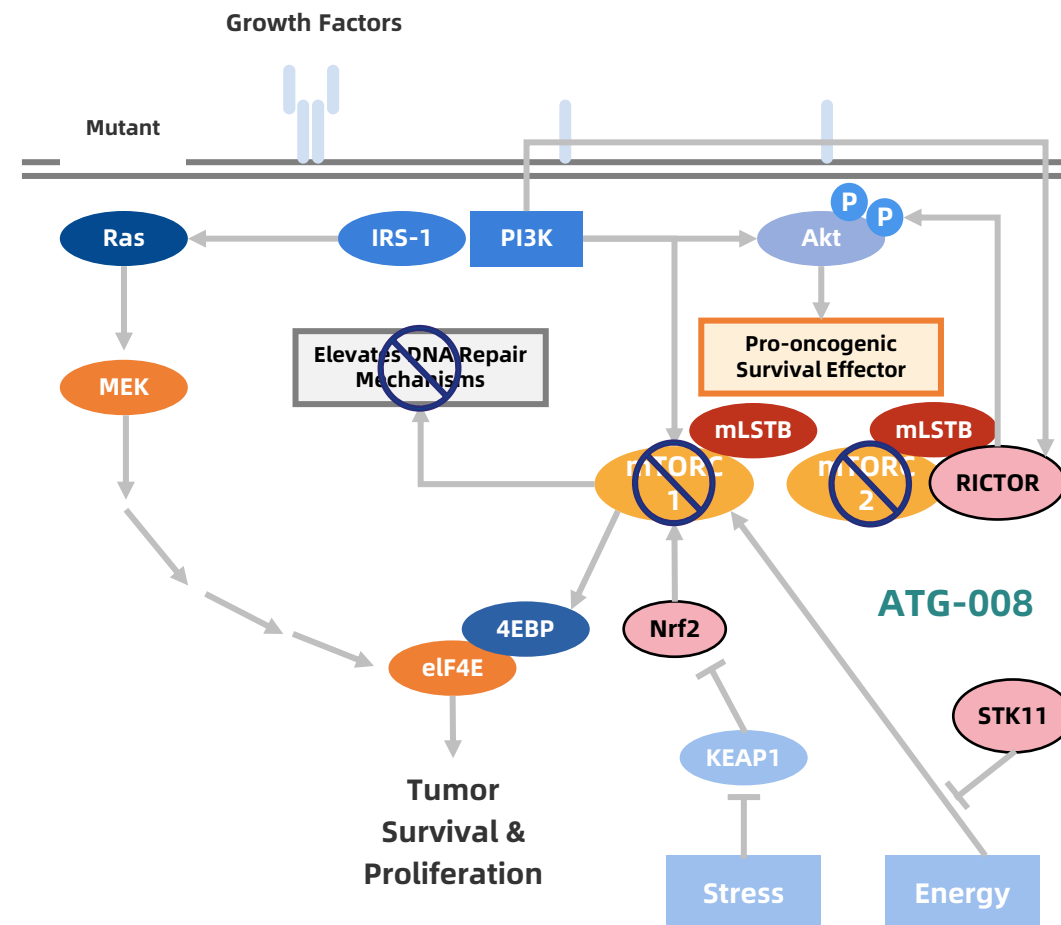
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Summary of ATG-008 (Onatasertib)

- **Mammalian target of rapamycin (mTOR)**, a core component of two structurally distinct protein complexes (mTORC1 and mTORC2), **regulates different cellular processes and is upregulated in multiple types of tumors**
- When mTORC1 is inhibited, mTORC2 is upregulated. This increase in mTORC2 activity generates a surplus of phosphorylated PKB/AKT which, despite mTORC1 inhibition, inhibits apoptosis and promotes cell proliferation via alternative pathways
- mTORC1 and mTORC2 has to be **inhibited simultaneously** for good anti-tumor efficacy

First- and Best-in-Class Potential

- **Second generation mTOR inhibitor**, targeting both **TORC1 and TORC2**
- Demonstrated **comprehensive mTOR inhibition**, which could **minimize development of resistance due to mTORC2 upregulation**
- **Encouraging initial clinical data** in combination with anti-PD-1 mAb in the treatment of **relapsed or metastatic cervical cancer**



Encouraging Data Readout of ATG-008 (Onatasertib) in “TORCH-2” Trial



Encouraging Data in Advanced Cervical Cancer

ATG-008 (mTORC1/2i) in combination with toripalimab (anti-PD-1 monoclonal antibody)

Overall Response Rate (ORR)

52.4%

among all patients
(11/21)

Overall Response Rate (ORR)

55.0%

efficacy evaluable population
(11/20)

Overall Response Rate (ORR)

75.0%

among PD-L1+ patients
(6/8)

Median Duration of Response

9.7 Months

among all patients
(11/21)

Longest Treatment Duration

883 Days

among all patients
(11/21)

**Generally
Well
Tolerated**

Huge Unmet Medical Needs in Advanced Cervical Cancer

297,000+

Cervical Cancer Patients
in China

109,000+

New Cervical Cancer
Cases in China Each Year

2023 Catalyst: Confirm Regulatory Pathway

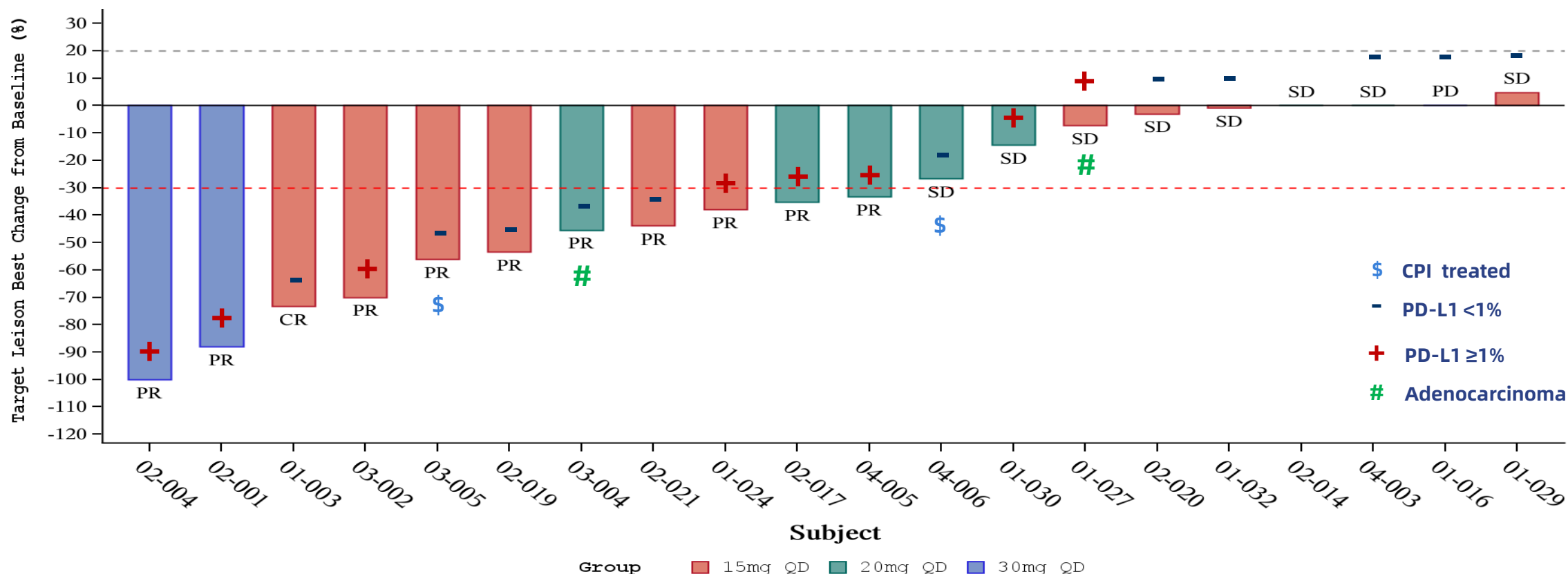
ATG-008 (Onatasertib): Deep Responses Observed in ATG-008 & Toripalimab Combination Treated Cervical Cancer Patients of “TORCH-2” Study



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Preliminary Efficacy (as of October 21st, 2022)

- 21 patients received treatment
- ORR is 52.4% (ITT, 11/21)
 - Efficacy Evaluable Population: ORR 55% (11/20)
 - PD-L1+ Population: ORR 75.0% (6/8)

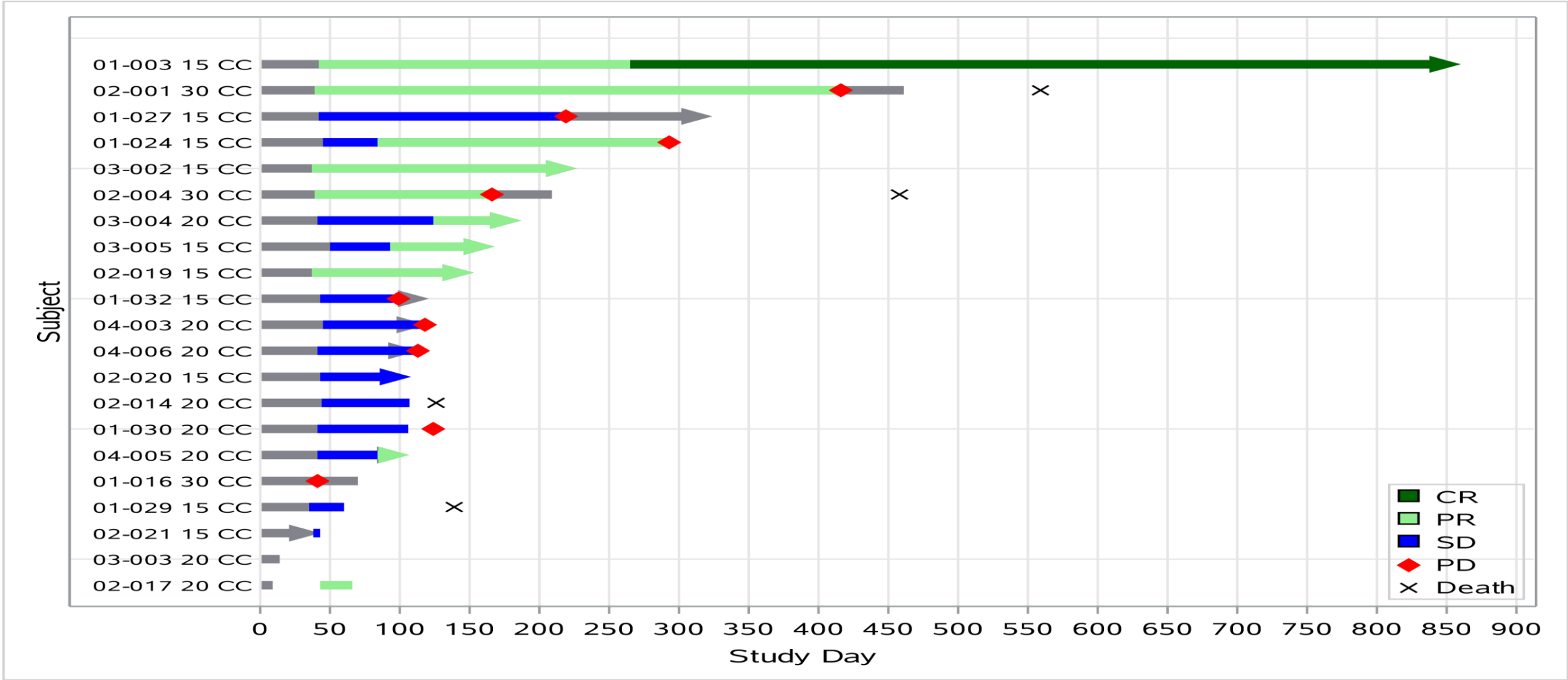


ATG-008 (Onatasertib): Durable Responses Observed in ATG-008 & Toripalimab Combination Treated Cervical Cancer Patients of “TORCH-2” Study



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- The Median Duration of Response (mDOR) is **9.7 months**
- The Longest Treatment Duration is **883 days (Ongoing CR)** of Patient 01-003, Currently on ATG-008 Single Agent Treatment



ATG-008 (Onatasertib): Summary of Adverse Events of “TORCH-2” Study



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Preliminary Results (as of October 21st, 2022)

- The most common grade ≥ 3 TEAEs included:
 - **Lymphocyte count decreased (19.0%)**
 - **Rash (14.3%)**
 - **Hyperglycemia (9.5%)**

Data Cut-off Date: 21 st October, 2022	15 mg QD (N=10) n (%)	20 mg QD (N=8) n (%)	30 mg QD (N=3) n (%)	Total (N=21) n (%)
Subjects with at least one TEAE	9 (90.0)	8 (100)	3 (100)	20 (100)
Serious TEAE	2 (20.0)	2 (25.0)	2 (66.7)	6 (28.6)
Grade 3 or 4 TEAE	6 (60.0)	6 (75.0)	3 (100)	15 (71.4)
TEAE Leading to Dose Modification	5 (50.0)	6 (75.0)	2 (66.7)	13 (61.9)
• TEAE leading to ATG-008 Dose Modification	5 (50.0)	6 (75.0)	2 (66.7)	13 (61.9)
• TEAE leading to Toripalimab Dose Modification	3 (30.0)	3 (37.5)	0	6 (28.6)
TEAE Leading to Dose Reduction	0	1 (12.5)	2 (66.7)	3 (14.3)
• TEAE leading to ATG-008 Dose Reduction	0	1 (12.5)	2 (66.7)	3 (14.3)
• TEAE leading to Toripalimab Dose Reduction	0	0	0	0
TEAE Leading to Dose Interruption	5 (50.0)	5 (62.5)	1 (33.3)	11 (52.4)
• TEAE leading to ATG-008 Dose Interruption	5 (50.0)	5 (62.5)	1 (33.3)	11 (52.4)
• TEAE leading to Toripalimab Dose Interruption	3 (30.0)	3 (37.5)	0	28.6
TEAE Leading to Treatment Discontinuation	0	1 (12.5)	0	1 (4.8)
TEAE Leading to Death	0	0	0	0

ATG-008 (Onatasertib) In Combination with Toripalimab (PD-1 mAb)

Potential Best-in-Class Treatment for 2L+ Cervical Cancer as Demonstrated in "TORCH-2"



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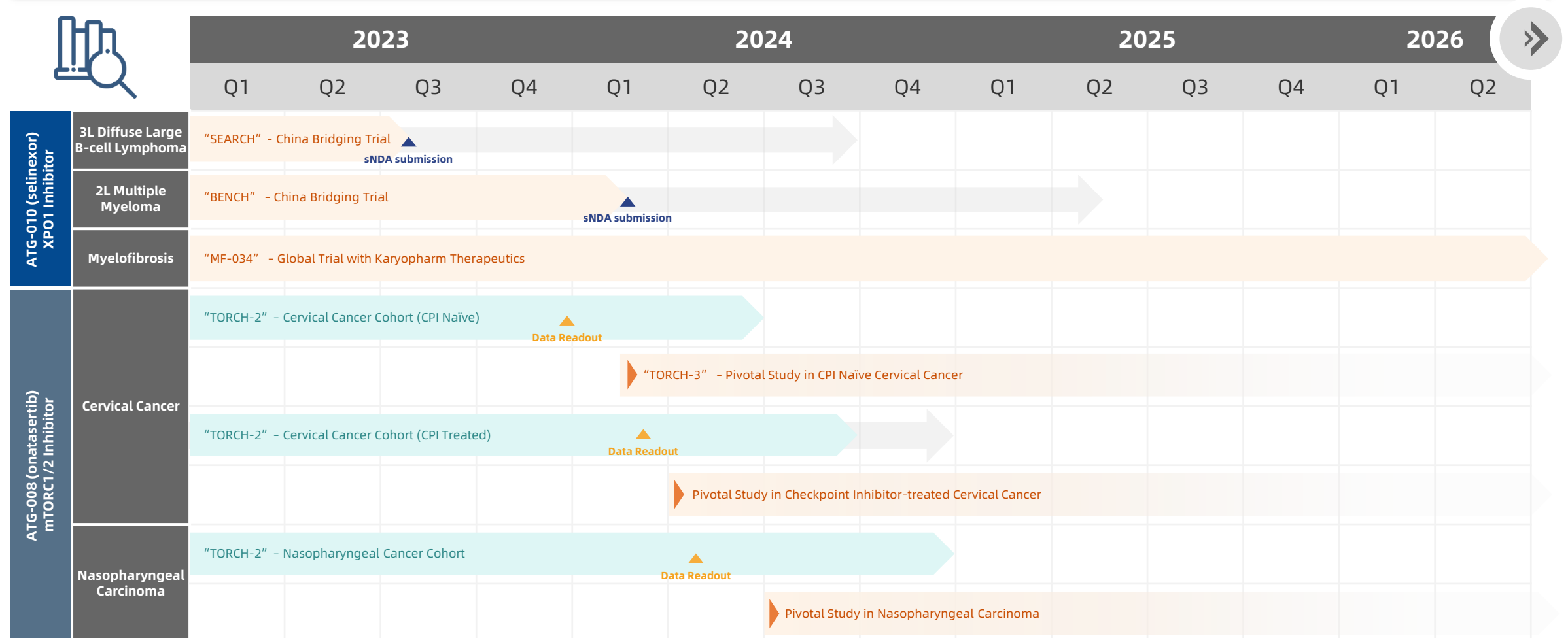
	ATG 008 + Toripalimab (Data from "TORCH-2")	Pembrolizumab (Global Standard of Care)	AK104 (Only CPI Approved by CDE)	Sintilimab + Anlotinib
Mechanism of Action (MoA)	mTORC 1/2i + PD-1 mAb	PD-1 mAb	PD-1/CTLA-4 BsAb	PD-1 mAb + VEGFRi
Number of Patients	21 (ITT)	98 (ITT)	100 (FAS, ITT 111)	39 (EE, ITT 42)
Prior Treatment Lines	≤2 (52.4%); ≥3 (47.6%)	≤2 (69.4%); ≥3 (30.6%)	≤2 (100%)	≤2 (78.6%); ≥3 (21.4%)
PD-L1	N, TPS≥1% (40.0%)	N, CPS≥1 (83.7%)	N	Y, CPS≥1 (100%)
ORR	52.4%; 75.0% (TPS≥1%)	12.2%	33%	59%
DCR	90.5%	30.6%	52%	94.9%
PFS (months)	5.45; 9.63 (15 mg cohort)	2.1	3.75	9.4
OS (months)	NE	9.4	17.5	NE
Response in CPI treated	1/2	N/A	N/A	N/A
Response in AdCa	1/2	1/5	NE	0/6

AdCa: Adenocarcinoma

Source: publications & primary research

APAC Rights Assets: Poised to Advance in Additional Pivotal Studies

Broad Indication Expansion Potential for ATG-010 and Potential Registrational Pathway for ATG-008







In addition, for ATG-010 (selinexor), **12 Investigator Initiated Trials (IITs)** are ongoing across China and the APAC regions covering both hematological malignancies and solid tumors

Global Rights Pipeline Comprised of Clinical Stage Assets with First and/or Best-in-Class Potential



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	ATG-017 (Tizaterkib)	ATG-101	ATG-037	ATG-018	ATG-022	ATG-031
Target	ERK1/2	PD-L1/4-1BB	CD73	ATR	Claudin 18.2	CD24
Modality	Small Molecule	Bispecific Antibody	Small Molecule	Small Molecule	ADC	Monoclonal Antibody
Indication	<ul style="list-style-type: none"> RASm NSCLC, Pancreatic cancer, CRC, and Melanoma I/O combinations  	<ul style="list-style-type: none"> Re-sensitize prior CPI responders (NSCLC, SCLC, GI, H/N SCC, melanoma) Disease with previously limited CPI activity Multiple combination opportunities 	<ul style="list-style-type: none"> Monotherapy where immune suppressed TME is critical Broad opportunities both as monotherapy and combination with existing / future I/O  	Hematological Malignancies / Solid Tumors	Solid Tumors	Hematological Malignancies / Solid Tumors
Differentiation	<ul style="list-style-type: none"> ✓ Higher potency and dual IoC and PoA activity with slow off-rate kinetics ✓ Lower efficacious dose with a higher max absorbable dose/dose ratio ✓ Broad therapeutic potential (targeting RAS/MAPK pathway) ✓ Multiple combination opportunities 	<ul style="list-style-type: none"> ✓ PD-L1 cross-linking dependent activation of 4-1BB to avoid unwanted 4-1BB signaling in normal tissue and minimize risk of hepatotoxicity ✓ Demonstrated significant anti-tumor activity in animal models of resistant tumors as well as those that progressed on anti-PD-1/L1 treatment ✓ Displayed an excellent safety profile in GLP toxicology studies 	<ul style="list-style-type: none"> ✓ Orally bioavailable small molecule that completely overcomes 'hook effect' common in other anti-CD73 antibodies ✓ Tissue penetrance not achievable with mAbs ✓ Promising preclinical efficacy as a monotherapy and strong combination potential 	<ul style="list-style-type: none"> ✓ Better in vivo efficacy compared with benchmark in pre-clinical CDX tumor models ✓ Orally available 	<ul style="list-style-type: none"> ✓ High affinity antibody (pM); Strong <i>in vivo</i> efficacy pre-clinically in Claudin 18.2 low expression PDX models ✓ Demonstrated an excellent safety profile in GLP toxicology studies 	<ul style="list-style-type: none"> ✓ First in class target ✓ No clinical competitor ✓ Showed mono-therapy in vivo efficacy and synergy with chemotherapy, rituximab and CPI
Status	Phase I clinical trial "ERASER" ongoing in Australia and US; Dose expansion and combo with nivolumab to initiate enrollment soon	Phase I clinical trial "PROBE" ongoing in Australia and US; "PROBE-CN" ongoing in China; US FDA granted an orphan drug designation for the treatment of pancreatic cancer in September 2022	Phase I clinical trial "STAMINA" ongoing in Australia, and China for monotherapy and combo with pembrolizumab	Phase I clinical trial "ATRIUM" ongoing in Australia	Phase I clinical trial "CLINCH" ongoing in Australia; Obtained China NMPA IND approval in March 2023;	Phase I clinical trial "PERFORM" received IND clearance from the US FDA in May 2023

ATG-017 (Tizaterkib): Potentially Best-in-Class ERK1/2 Inhibitor



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Summary of ATG-017 (Tizaterkib)

- ERK1/2: RAS/MAPK signaling pathway drives cell survival and proliferation; dysfunction in the signaling pathway is a major trigger for the development of most cancer types

Best-in-Class Potential

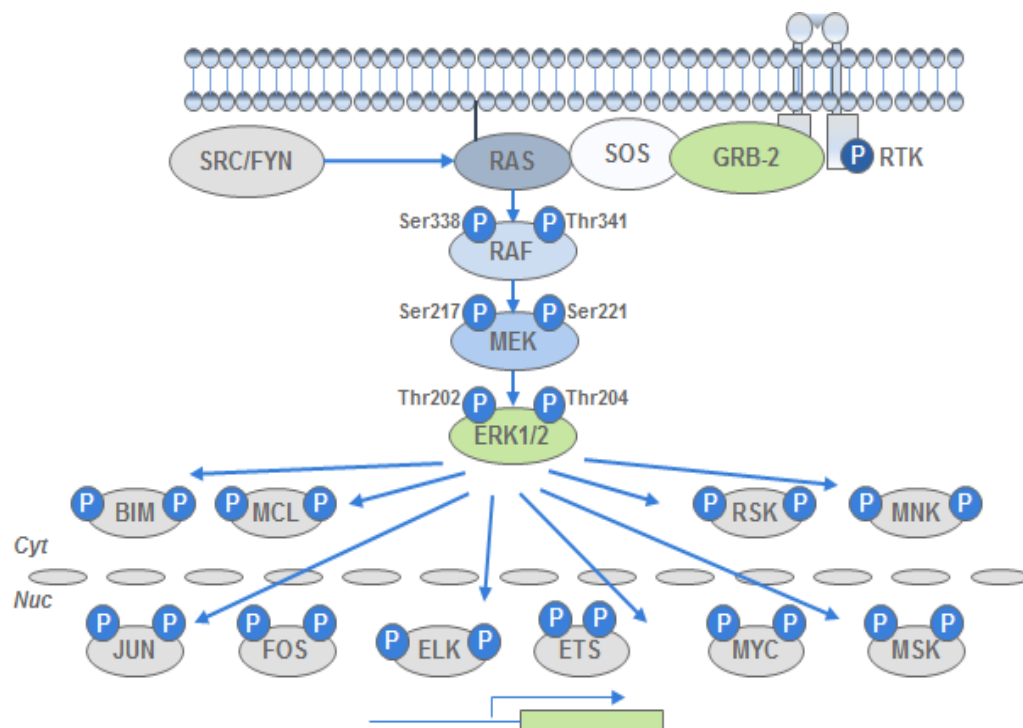
- Potent and selective small molecule** extracellular signal-regulated kinases 1 and 2 (ERK1/2) inhibitor with **best-in-class potential**

Leading in Clinical Development

- First-in-human Phase I trial investigating **safety and preliminary efficacy** among patients with solid tumors and hematological malignancies
- Currently in the **6th cohort** of monotherapy continuous dosing in solid tumors of the Phase I “ERASER” trial
- Preliminary efficacy observed in current monotherapy dose escalation study
- Combo cohort with Nivolumab planned for early 2023

Broad Therapeutic Potential in Cancer

- Great clinical potential as a monotherapy or combination in multiple solid tumors and hematological malignancies that harbor activating alterations in the RAS-MAPK pathway
 - E.g. RAS^{mut} NSCLC, Pancreatic, CRC, and Melanoma



Source: F Liu et al. Acta Pharmaceutica Sinica B2018; 8(4): 552-652. Targeting ERK, an Achilles' Heel of the MAPK pathway, in cancer therapy

Note: RAS= renin-angiotensin system; SOS=son of sevenless; GRB-2=growth factor receptor bound protein 2; RTK=receptor tyrosine kinase; RAF=renin-angiotensin system; MEK=MAPK/ERK kinase; MRK=mantle cell lymphoma; RSK=ribosomal S6 kinase; MNK=MAPK-interacting kinase; MSK=mitogen-activated and stress-activated protein kinase.

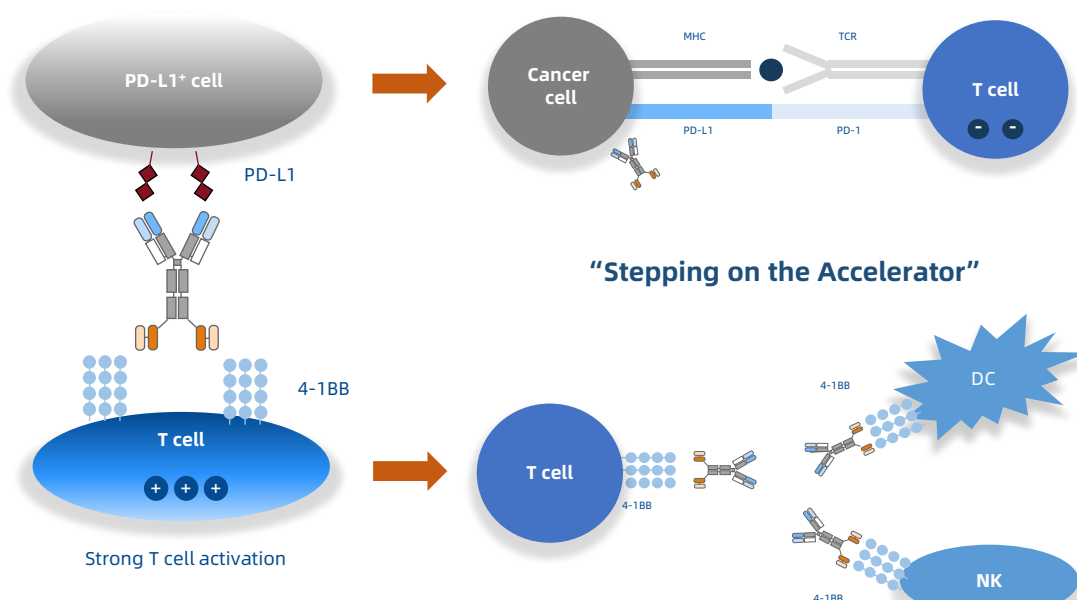
ATG-101 Has the Potential to Optimize PD-L1 Antagonism and Tumor-specific 4-1BB Agonism



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- Efficacy of PD-1/PD-L1 targeting is **well-demonstrated over the past decade**
- 4-1BB is a T cell co-stimulatory receptor, **the benefits of which have yet to be realized in the clinic**
- The concept of PD-L1×4-1BB bispecific antibody like ATG-101 has demonstrated **promising activity in early clinical trials** with an **acceptable safety profile** (GEN1046, NCT03917381)
- Novel design of ATG-101: high affinity of PD-L1 and conditional activation of 4-1BB, results in **4-1BB agonist activity only when crosslinked by PD-L1-positive tumor cells**
- Biodistribution murine model confirms **PD-L1 drug localization**¹

Complementary Mechanism of PD-L1/4-1BB



Excellent Safety Profile

- High affinity of PD-L1 and conditional activation of 4-1BB results in 4-1BB agonist activity only when crosslinked by PD-L1-positive tumor cells, **reducing risk of 4-1BB related liver toxicity**
- **No liver toxicity observed** in GLP toxicology study in cynomolgus monkeys with **dose up to 100 mg/kg**

Broad Therapeutic Potential in Cancer

- Demonstrated **potent *in vivo* efficacy in anti-PD-1/PD-L1 resistant and relapsed** mouse tumor models
- Activates exhausted T cells *in vitro*, suggesting a potential in **reversing T cell dysfunction and exhaustion**
- Increases the infiltration, proliferation and activation of CD8⁺ T cells and the infiltration of Natural Killer T cells in the tumor microenvironment, thus **rendering "cold" tumors "hot"**

ATG-037: Orally Available Small Molecule Inhibitor of CD73 with Best-in-Class Potential



ANTENGENE

Summary of ATG-037

- Functions to **inhibit CD73** - the ecto-5'-nucleotidase that catalyzes the conversion of AMP to adenosine, a key immune suppressive molecule in the tumor microenvironment

Best-in-Class Potential

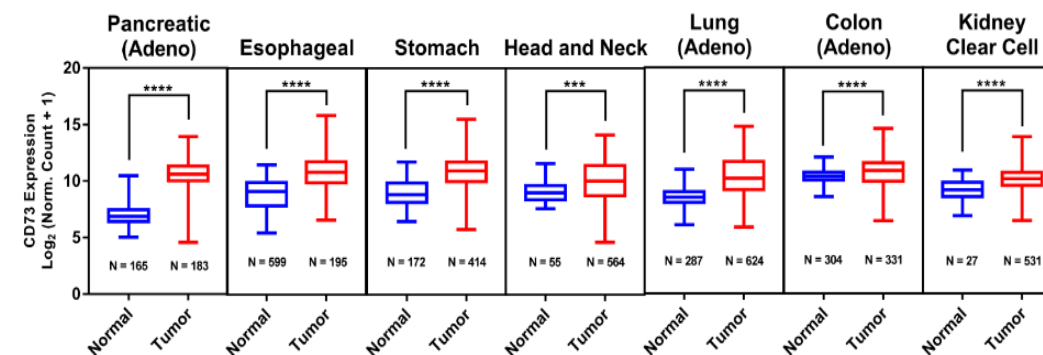
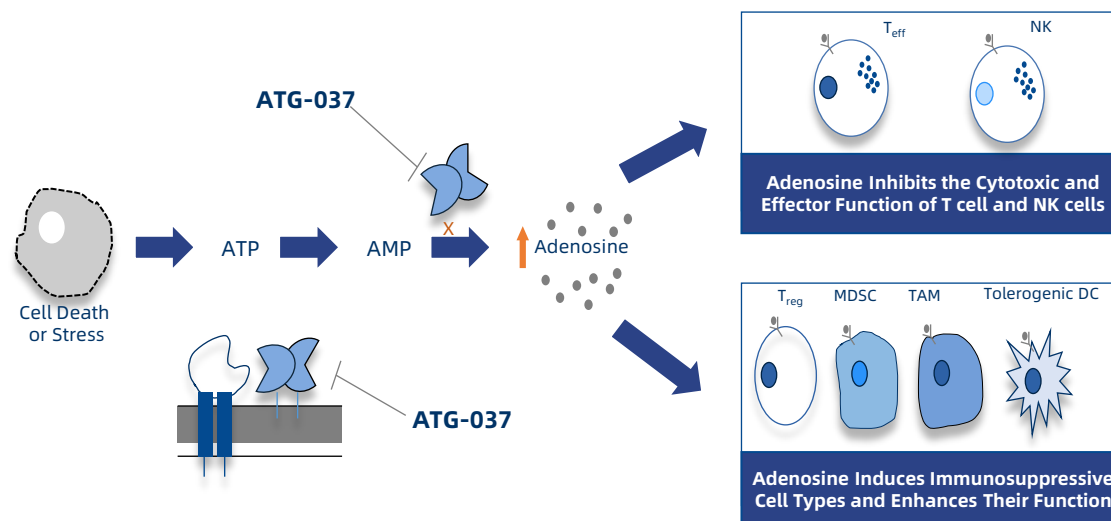
- Completely** blocks CD73 activity and **overcomes "hook effect"** commonly seen in anti-CD73 antibodies
- Promising pre-clinical efficacy as **monotherapy or in combination with standard of care (SoC)** in both solid and liquid tumors
- Rescues T-cell functions in **high AMP conditions**

Excellent Safety Profile

- No ATG-037 related toxicity** identified in GLP toxicology studies
 - Potential large therapeutic window
- No inhibition** of CD39 and other related targets (up to 10 mM)

Broad Therapeutic Potential in Multiple Tumor Types

- Pancreatic, esophageal, gastric, non-small cell lung, colorectal, prostate, head and neck etc.

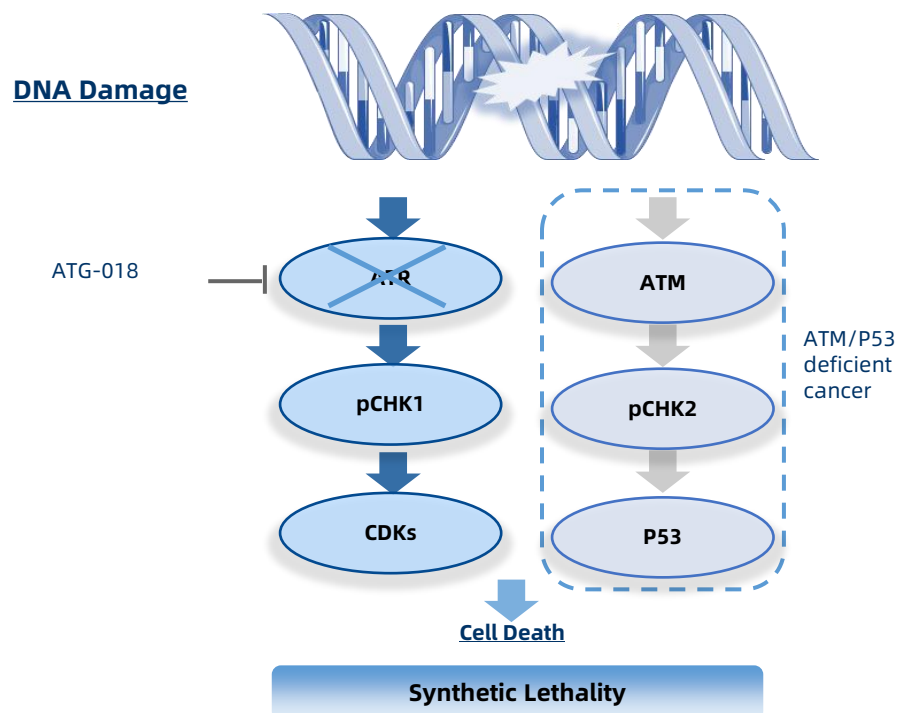


ATG-018 is an Oral and Highly Selective Small Molecule Inhibitor of ATR that may Improve on Benchmark ATR Inhibitors

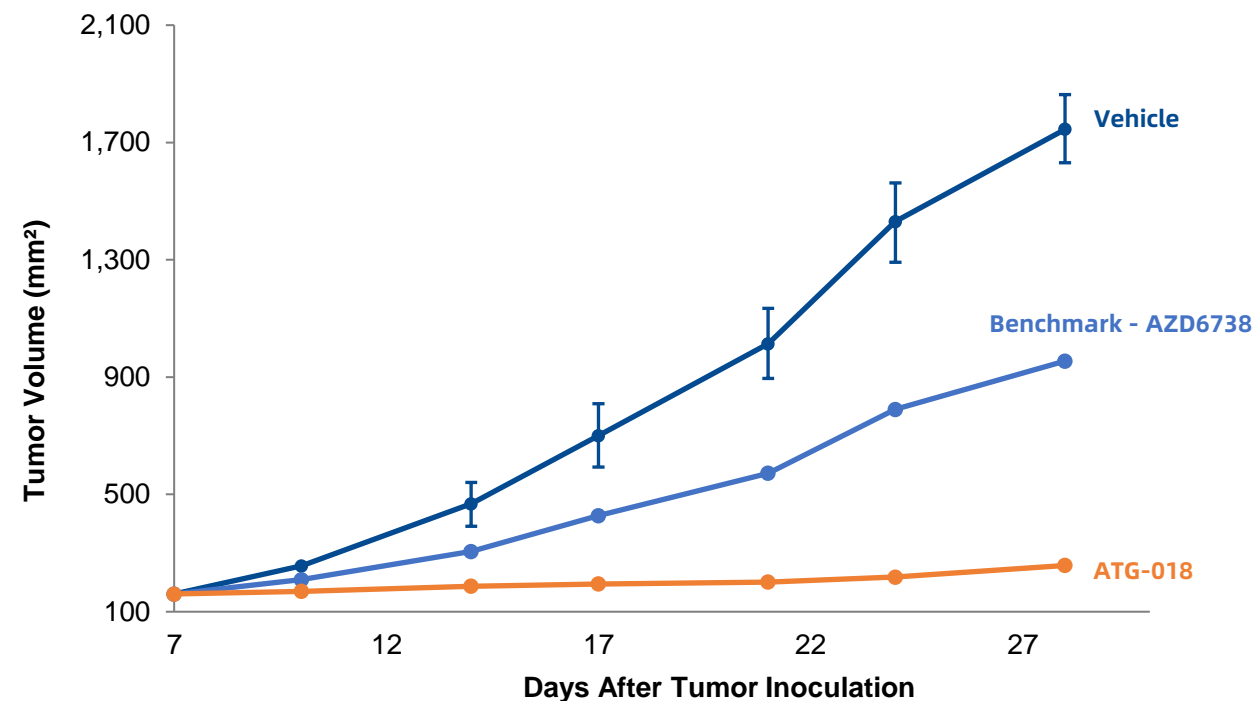


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- Many patients with malignant tumors carry **genetic alternations** which correlate with **functional loss or deregulation of key DDR proteins**, most notably **p53** and **ATM**
- These tumors **extensively rely on ATR** for DNA repair
- ATG-018 can **inhibit DNA damage repair**, release tumor cells from cell cycle arrest and **induce synthetic lethality** in ATM/p53-deficient tumor cells
- ATG-018 Demonstrated **superior *in vivo* efficacy**, compared with clinical benchmark in pre-clinical CDX models



In Vivo Efficacy Comparison (LOVO CDX)



ATG-022: An Anti-Claudin 18.2 ADC with Potent *In Vivo* Efficacy in Claudin 18.2 Very Low-Expression Tumors

Summary of ATG-022

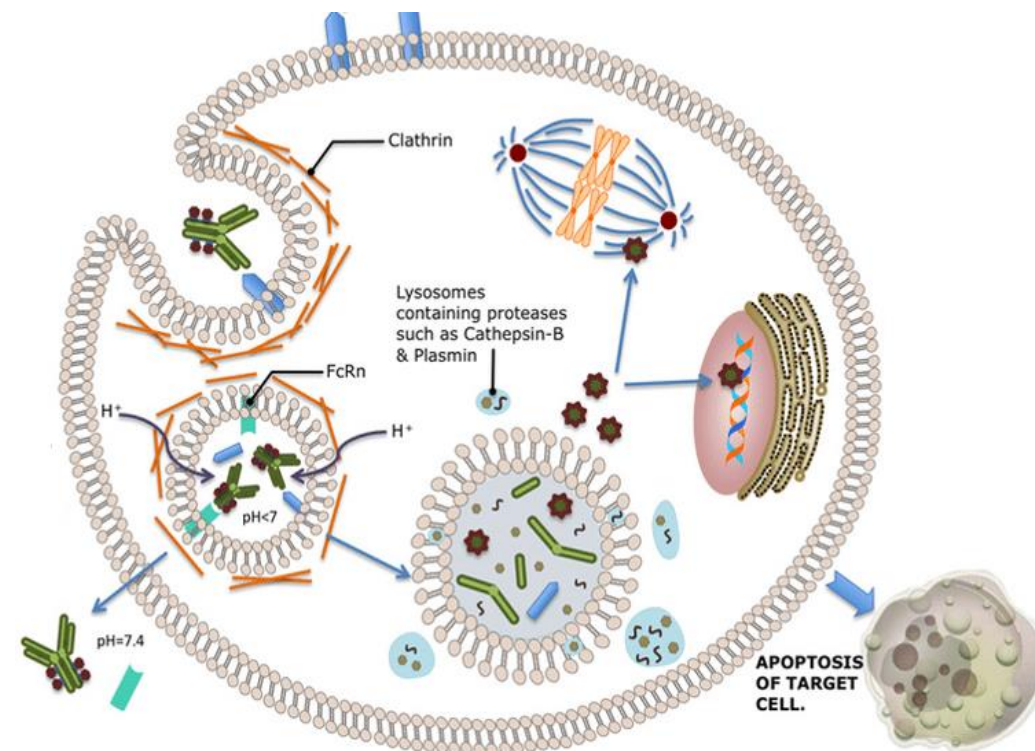
- Claudin 18.2 is a **tumor-associated antigen** overexpressed particularly in gastric, esophageal and pancreatic cancers, occasionally in other tumors including lung, ovarian, and head & neck malignancies
- Clinical ADC candidate with **vc-MMAE as linker payload (DAR4)**

Best-in-Class Potential

- High affinity antibody (pM grade) against Claudin 18.2 **allows targeting of patients with low expression of Claudin 18.2**
- Strong *in vivo* efficacy pre-clinically in PDX models with **various Claudin 18.2 expression levels, including in tumors with extremely low Claudin 18.2 expression**

Excellent Safety Profile

- Demonstrated an **excellent safety profile** in GLP toxicology studies
 - Induced complete tumor regression (tumor-free) in pre-clinical PDX model **without affecting the body weight of the animal**
- Displayed **high specificity** in Retrogenix's Cell Microarray Technology Experiment
 - ATG-022 mAb **specifically interacted with Claudin 18.2**, the primary target, on both fixed and live cells



Christina Peters, Stuart Brown
Antibody-drug conjugates as novel anti-cancer chemotherapeutics

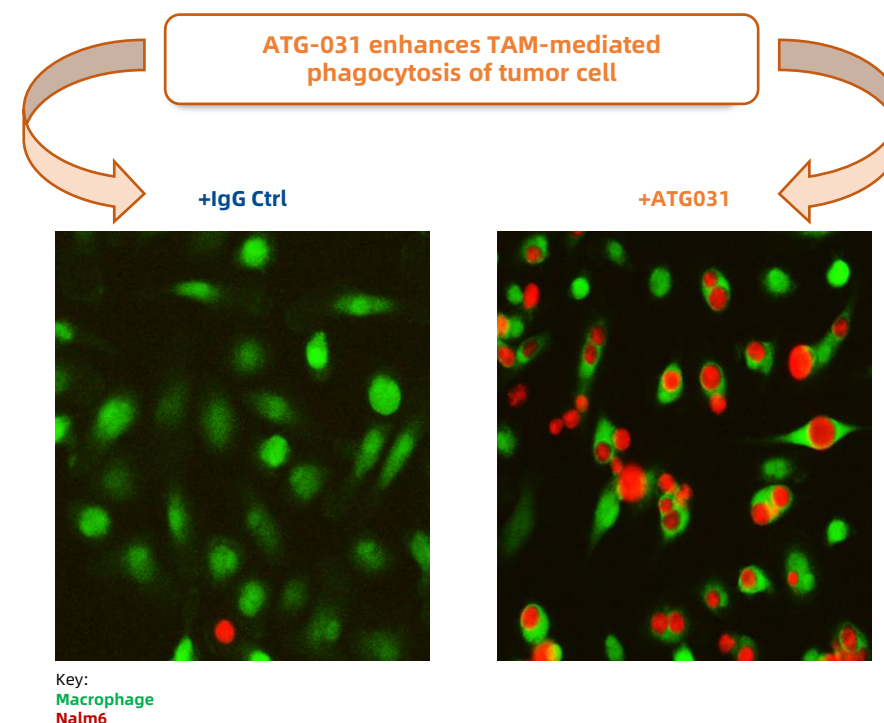
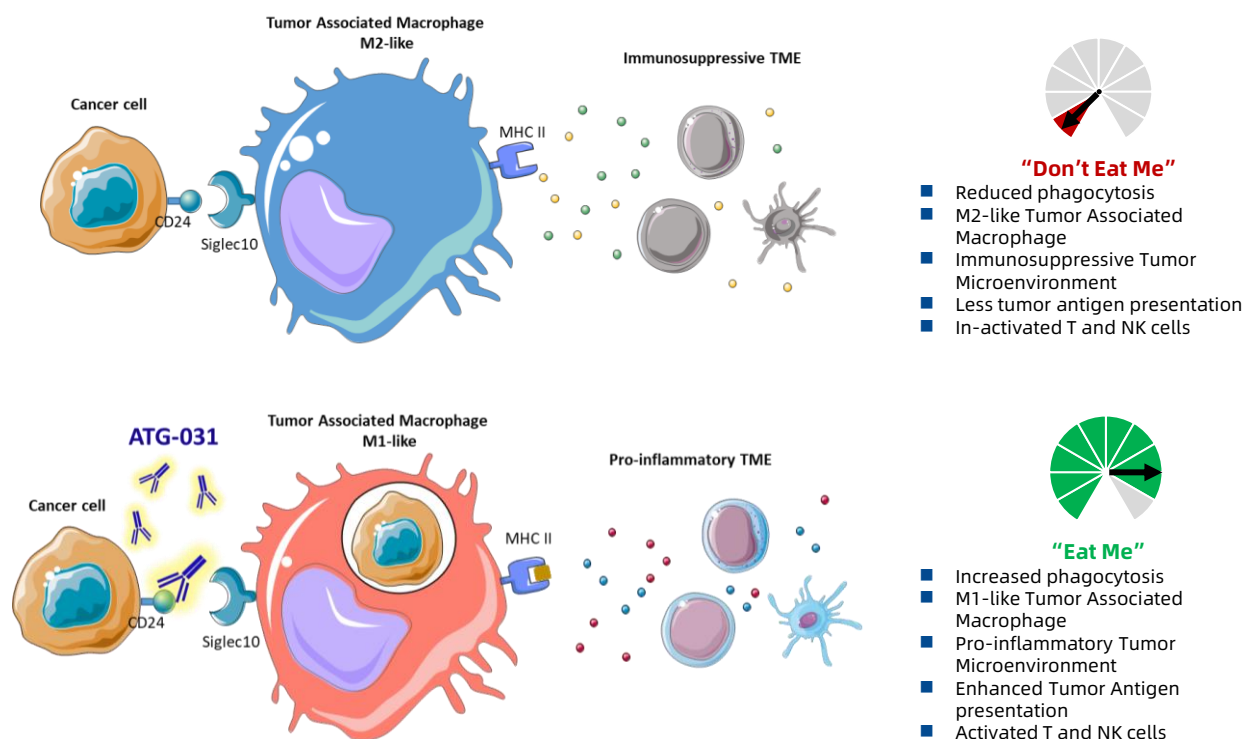
ATG-031: First-in-Class CD24 Antibody to Inhibit the “Don’t Eat Me” Signal



ANTENGENE

Summary of ATG-031

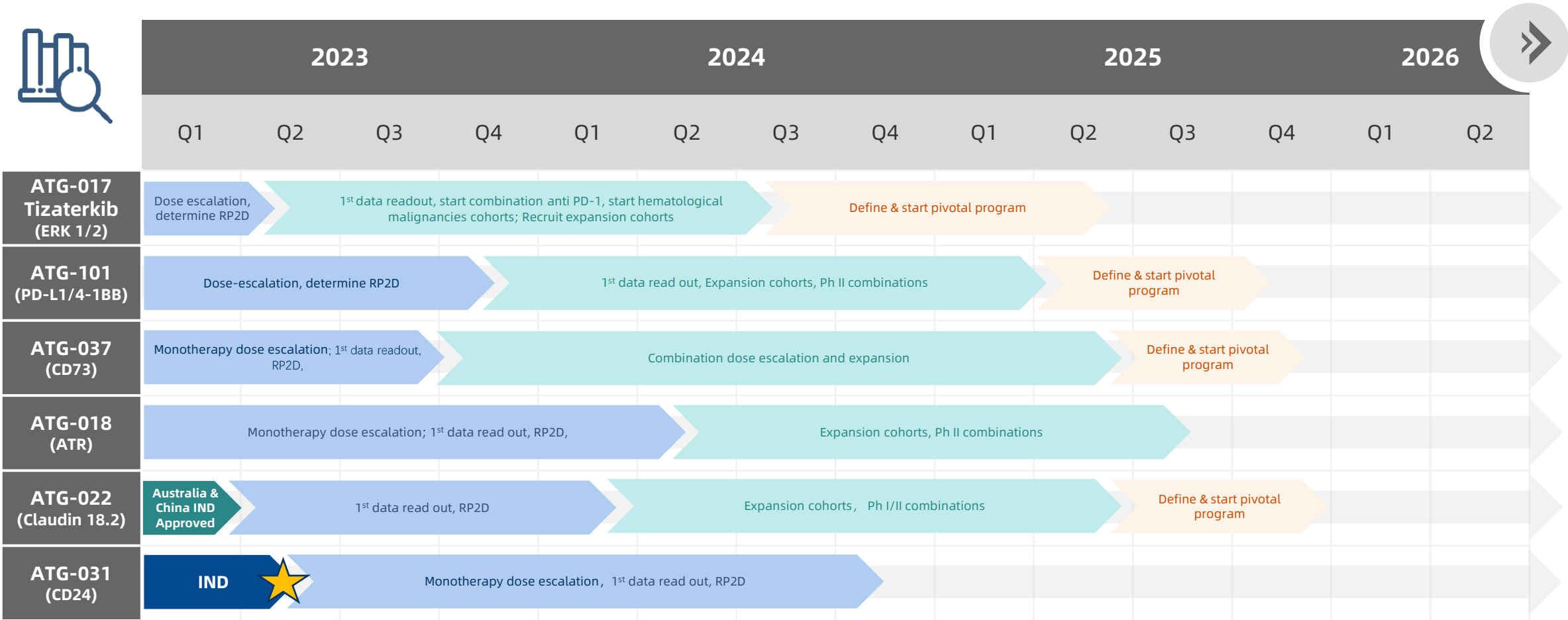
- CD24 is a novel “don’t eat me” target not expressed in healthy erythrocytes, thus **potentially overcoming the anemia issues commonly seen in CD47**
- **First-in-class humanized CD24 mAb** inhibits the “don’t eat me” signal by blocking CD24-Siglec10 pathway and enhances macrophage-mediated phagocytosis of cancer cells
- **CDx antibody successfully developed** in-house for patient selection
- Potent **single agent** *in vivo* efficacy and **synergy with chemotherapy or CPI**



Global Rights Assets: Clinical Development Timeline Spanning 2023 to 2025

Encompassing a Series of Clinical Data Readouts

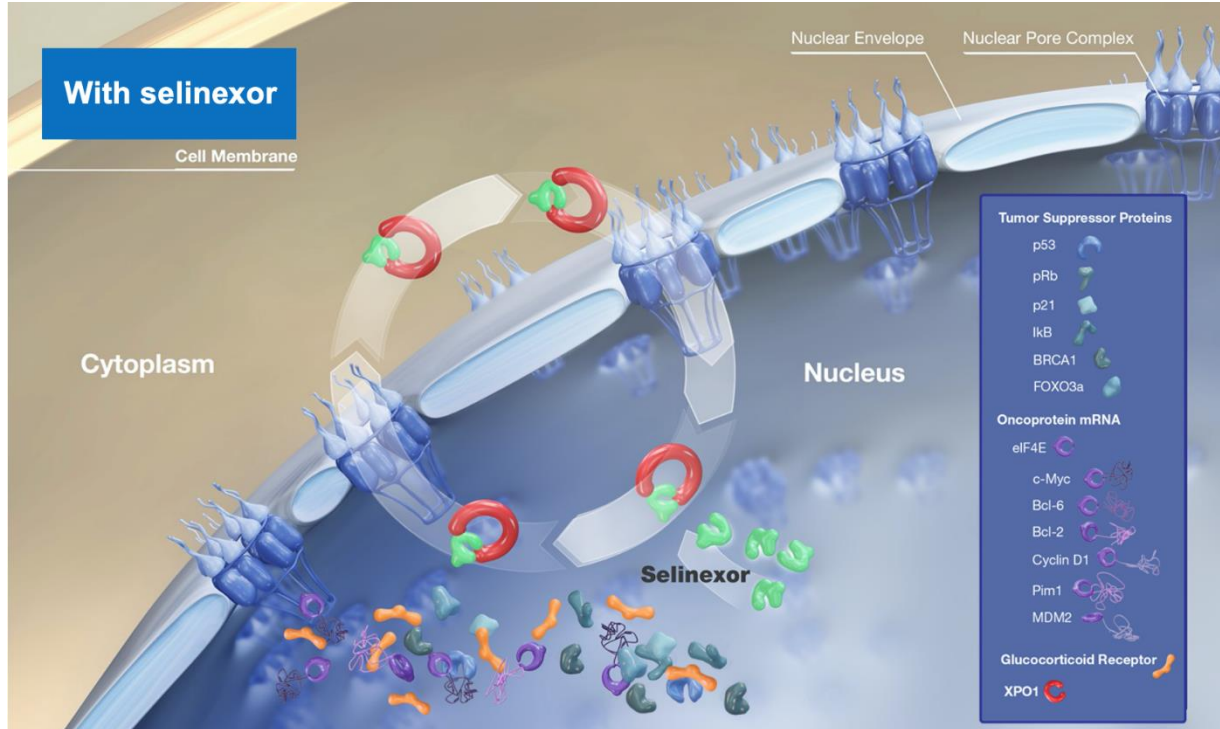
Early data on safety, PK, PD through 2023 with ATG-017 (Tizaterkib), ATG-101 and ATG-037



IND approved by US
FDA in May 2023

III. COMMERCIAL STAGE ASSET UPDATE

ATG-010 (Selinexor) - First-in-class and Only-in-class SINE Compound with Unique MoA and Differentiated Profile



Key Highlights

- **1st and only** XPO1 inhibitor approved by FDA for treating R/R MM and R/R DLBCL
- **1st and only** FDA-approved drug for the treatment of both R/R MM and R/R DLBCL
- **Only single-agent**, oral therapy approved by the FDA to treat R/R DLBCL
- **Recommended by NCCN and CSCO guidelines** for R/R MM and R/R DLBCL treatment



Synergy with Antengene Pipeline Assets

■ SINE + mTORi

Selinexor + ATG-008 in diffuse large B-cell lymphoma (MATCH)

■ SINE + I/O:

Selinexor + ATG-101 in solid tumors and lymphoma

XPOVIO® Commercialization in Mainland China and the APAC Regions

Regulatory Achievements

	Approved in Mainland China December 14 th , 2021	Commercial Launch May 2022
	Approved in Australia March 9 th , 2022	Xd Regimen Reimbursement Listing September 2022 XVd Regimen PBAC Recommendation for Reimbursement Listing November 2022 Expected XVd Regimen Reimbursement Listing H1 2023
	Approved in South Korea July 30 th , 2021	Expected Reimbursement Listing Q4 2023
	Approved in Taiwan October 21 st , 2022	Expected Reimbursement Listing Q1 2024
	Approved in Singapore March 1 st , 2022	Expected Cancer Drug List Inclusion H2 2023

Expansion into Stage II ASEAN Markets

NDA Submissions



Malaysia



Thailand



Indonesia

Next Wave of Markets

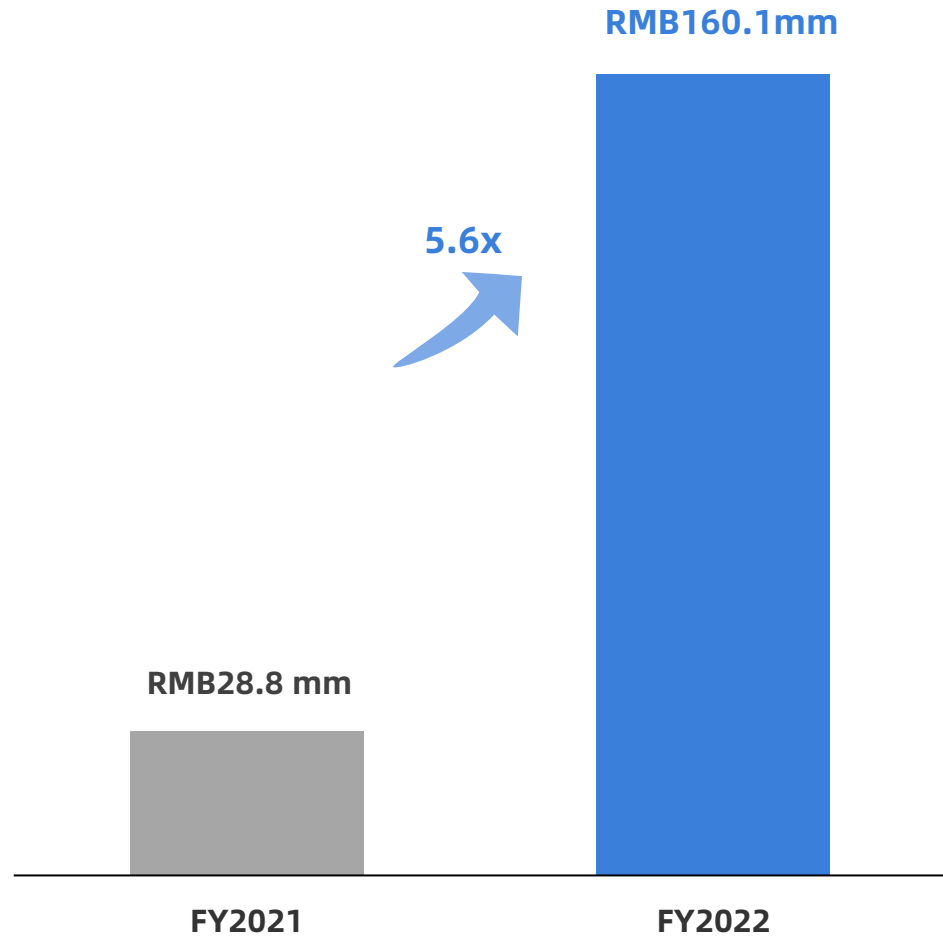


Philippines



Vietnam

XPOVIO® Commercialization



ASEAN NDA Schedule

XPOVIO®(selinexor) XPOVIO® (selinexor) 20 mg tablet



Expected Approval in Malaysia H2 2024

- rrMM - XPOVIO® in combination with bortezomib and dexamethasone (XVd)
- rrMM - XPOVIO® in combination with dexamethasone (Xd)
- rrDLBCL - XPOVIO® as monotherapy (X)

NDA Submission
Dec 2022

NDA Approval
H2 2024

Commercial Launch
H2 2024



Expected Approval in Thailand H2 2024

- rrMM - XPOVIO® in combination with bortezomib and dexamethasone (XVd)
- rrMM - XPOVIO® in combination with dexamethasone (Xd)
- rrDLBCL - XPOVIO® as monotherapy (X)

NDA Submission
Dec 2022

NDA Approval
H2 2024

Commercial Launch
H2 2024



Expected Approval in Indonesia H2 2024

- rrMM - XPOVIO® in combination with bortezomib and dexamethasone (XVd)
- rrMM - XPOVIO® in combination with dexamethasone (Xd)
- rrDLBCL - XPOVIO® as monotherapy (X)

NDA Submission
May 2023

NDA Approval
H2 2024

Commercial Launch
H2 2024

Driving XPOVIO® Growth in 2023 and Beyond



Multiple Catalysts Across China and APAC as Building Blocks for Continuous Revenue Growth



Indication Expansion Potential of XPOVIO® in Treatment Naïve Myelofibrosis in Combination with Jakafi® (ruxolitinib)

Data from Phase I “XPORT-MF-034” Study - AACR 2023 Annual Meeting



91.7%

Efficacy evaluable patients (11/12) achieved SVR35 at week 24

78.6%

Intent-to-treat patients (11/14) achieved SVR35 at week 24

77.8%

Efficacy evaluable patients (7/9) achieved TSS50 at week 24

58.3%

Intent-to-treat patients (7/12) achieved TSS50 at week 24

Phase III Trial Expected to Initiate in H1 2023 with 60 mg selinexor as the recommended dose

Significant Unmet Medical Needs in Myelofibrosis in Our Regions

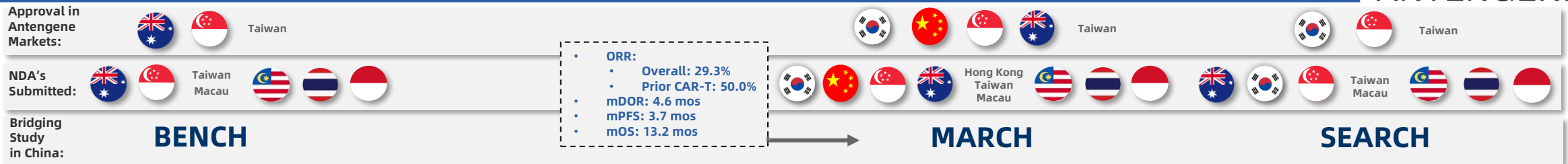
21,300+

New Cases in China and APAC Each Year

74,300+

Patients in China and APAC

Clinical Benefits Validated by Selinexor's Completed and Ongoing Studies in Multiple Myeloma and DLBCL



BOSTON (SVd)	STOMP (SVd/SPd/SRd/SKd/etc.)	STORM (Sd)	SADAL (S)
<p>Selinexor Dosage: 100mg QW</p> <ul style="list-style-type: none"> 1-3 prior therapies ORR: 76% (SVd) vs. 62% (Vd) CR rate: 17% (SVd) vs. 10% (Vd) mPFS: 13.93 mos (SVd) vs. 9.46 mos (Vd) mDOR: 20.3 mos (SVd) vs. 12.9 mos (Vd) Improved efficacy achieved when receiving 40% less bortezomib and 25% less dexamethasone 	<ul style="list-style-type: none"> 11 combinations ORR (study arm vs, benchmark data): <ul style="list-style-type: none"> SKd: 78% vs. 23% (Kd) SDd: 73% vs. 29% (D) SPd: 65% (pts dosed at RP2D) vs. 29% (Pd) SRd: 92% vs. 67% (Rd) 	<p>Selinexor Dosage: 80mg BIW</p> <ul style="list-style-type: none"> mOS (≥MR): 15.6 mos Penta refractory (median # of prior therapies: 8) <ul style="list-style-type: none"> ORR: 25% mPFS: 3.7 mos mOS: 8.6 mos 	<p>Selinexor Dosage: 60mg BIW</p> <ul style="list-style-type: none"> 2-5 prior lines ORR: 29% CR rate: 13% mDOR: 9.3 mos mOS: 9.0 mos mOS (≥MR): Not reached mOS (SD): 18.3 mos
FDA Approved		FDA Approved	FDA Approved



Source: Dimopoulos M, et al. ASCO 2020. Abstract 8501; Gasparetto C, et al. ASH 2020. Abstract 1366.; Gasparetto C, et al. ASCO 2020. Abstract 8510; Chen C, et al. ASH 2020. Abstract 726.; White D, et al. ASH 2020. Abstract 1393.; Kyprolis Package Insert; Study PX-171-003 A1; Lonial et al. Lancet 2016.; Pomalyst Package Insert; Stewart et al. NEJM 2015.; Revlimid® (lenalidomide), Pomalyst® (pomalidomide), Velcade® (bortezomib), Kyprolis® (carfilzomib) or Darzalex® (daratumumab);; Chari A, Vogt DT, Dimopoulos M, et al. Results of the Pivotal STORM Study (Part 2) in Penta-Refractory Multiple Myeloma (MM): Deep and Durable Responses with Oral Selinexor Plus Low Dose Dexamethasone in Patients with PentaMM. Blood 2018; FDA label for XPOVIO® (selinexor); Kalakonda N, et al. ICML 2019. Abstract 031. Kalakonda N et al. is currently in press and publication expected in the near term (Lancet Haematology 2020).

*Some of the information in this presentation is from third-party medical professionals and for academic purposes only. Antengene is not responsible for the contents published by such external sources.

**Data shown for Sdd and SPd in STOMP are from patients not previously exposed to D and patients dosed at RP2D respectively.

Multiple Selinexor Containing Regimens Recommended by NCCN, ESMO, CSCO, and CMDA-CMA Guidelines



ANTENGENE



National
Comprehensive
Cancer
Network®

Multiple Myeloma

1-3 Prior Therapies

- SVd QW
- SDd
- SPd
- SKd

> 3 Prior Therapies (whose disease is refractory to at Least Two PIs, IMiDs, and an anti-CD38 mAb)

- Sd

Diffuse Large B-cell Lymphoma

3L+ (including patients with disease progression after transplant or CAR T-cell therapy)

- S monotherapy



GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

European Society for Medical Oncology

Multiple Myeloma

2L Option After VRD

- R sensitive (SVd)
- R refractory (SVd)
- V sensitive (SVd)

2L Option After DaraRD

- R sensitive (SVd)
- R refractory (SVd)

2L Option After DaraVMP or DaraVTD

- V sensitive (SVd)

Second or Subsequent Relapse

- R refractory and PI sensitive (SVd)
- Triple-class refractory (Sd)



Multiple Myeloma

Relapsed/Refractory

- SVd — Upgraded to Level 1 Recommendation
- SPd
- SDd — New Inclusions
- SKd

Diffuse Large B-cell Lymphoma

Relapsed/Refractory

- S monotherapy — Upgraded to Level 2 Recommendation



Chinese Medical Doctor Association
Chinese Medical Association

Multiple Myeloma

Relapsed/Refractory

- SVd
- SPd
- SDd — New Inclusions
- SKd

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** Approved for RRMM by the US FDA, European EMA, Chinese NMPA, Korean MFDS, Singaporean HSA, Australian TGA, and Taiwan TFDA. Approved for RRDLBCL by the US FDA, Korean MFDS, Singaporean HSA, and Taiwan TFDA. As of Nov 14, 2022.

*** Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF

Dose Reduction can be Used to Manage Patients, while Optimizing Outcomes with PFS of 16.6 Months



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The median dosage of XPOVIO in the BOSTON trial was **80 mg** (range: 30-137 mg) taken once weekly¹

Key efficacy endpoints for patients (N=195) with and without XPOVIO dose restrictions in the BOSTON trial²

	ITT Patient Population	Patients with Dose Reduction
Patient population	N = 195	n=126
% of ITT arm	100	65
mPFS, mo	13.9 (95% CI: 11.7, NE)	16.6 (95% CI: 12.9, NE)
ORR, %	76.4	81.7
≥VGPR, %	44.6	51.6
mDOR, mo	20.3 months (95% CI: 12.6, NE)	Not evaluable (95% CI: 13.8, NE)

Limitation of Subgroup Analyses:

- This post hoc analysis was exploratory in nature, not included in the study objectives, and does not control for type 1 error
- This post hoc analysis was not powered or adjusted for multiplicity to assess PFS across other prespecified subgroups
- This post hoc analysis was underpowered to detect clinically meaningful differences in treatment effect

65% of patients in the XVd arm had an XPOVIO dose reduction (126/195 patients) vs 35% of those without a dose reduction (65/195 patients)²

Source: Karyopharm Investor Presentation dated December 8th, 2021

1. XPOVIO. Prescribing information. Karyopharm Therapeutics Inc; 2021. 2. Jagganath, et al. ASH 2021

* Response was evaluable in 125 of 126 patients receiving a dose modification for selinexor and 66 of the 69 patients who did not receive a dose modification for selinexor. Overall response rate is the proportion of patients who achieve a partial response or better, before IRC-confirmed progressive disease or initiating a new MM treatment or crossover. CI=confidence interval, IRC=independent review committee; ITT=intent to treat; mDOR=median duration of response; mo=month; mPFS=median progression-free survival; NE=not evaluable; ORR=overall response rate; VGPR=very good partial response.

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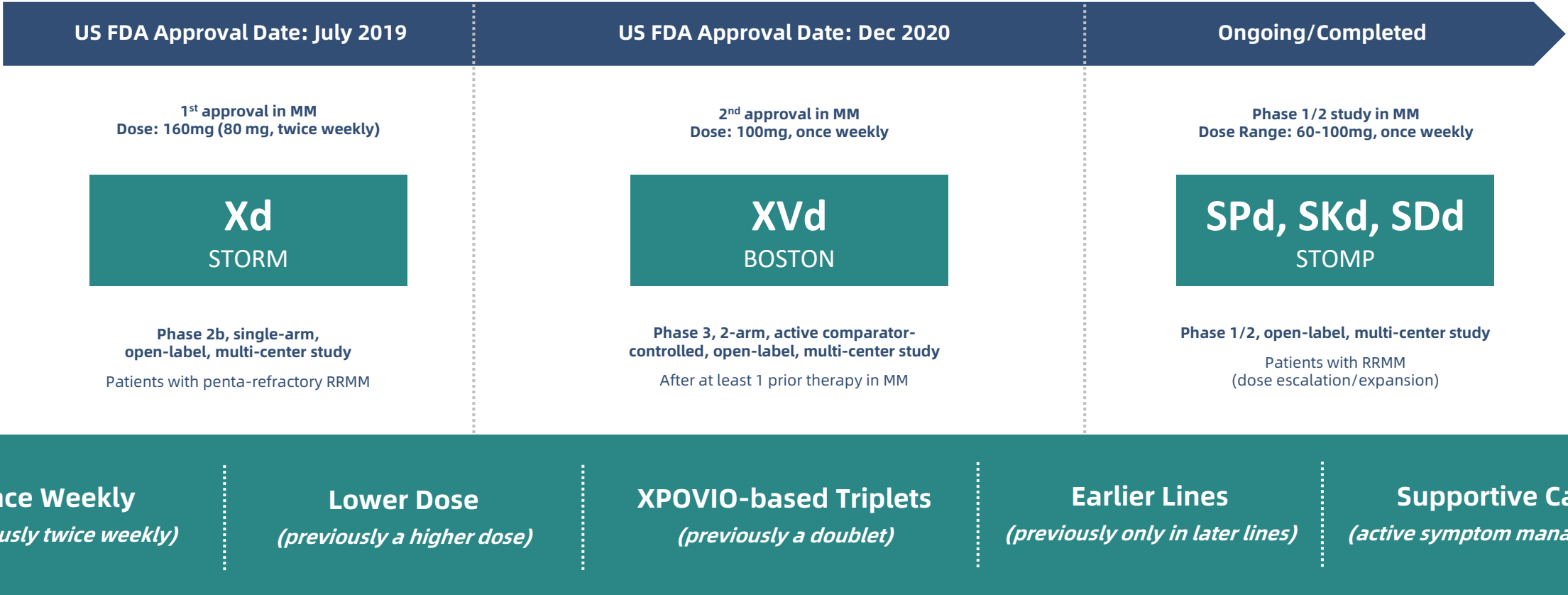
**** Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF

XPOVIO Evolving into a Standard of Care with Dose and Schedule Redefined Over Time to Improve Efficacy and Patient Experience



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From the STORM trial to the BOSTON trial to the STOMP trial, XPOVIO dosing has been continually refined to help optimize the patient experience



Source: Karyopharm Investor Presentation dated February 8th, 2022

* STOMP was designed to study selinexor in combination with other MOAs across multiple triplet and quadruplet regimens, including XVd. MM=multiple myeloma; MOA=mechanism of action; RRMM=relapsed or refractory multiple myeloma.

** Combinations other than XVd and Xd are not promoted by Karyopharm, but may be considered for future indication updates.

*** Combinations other than Xd are not promoted by Antengene, but may be considered for future indication updates

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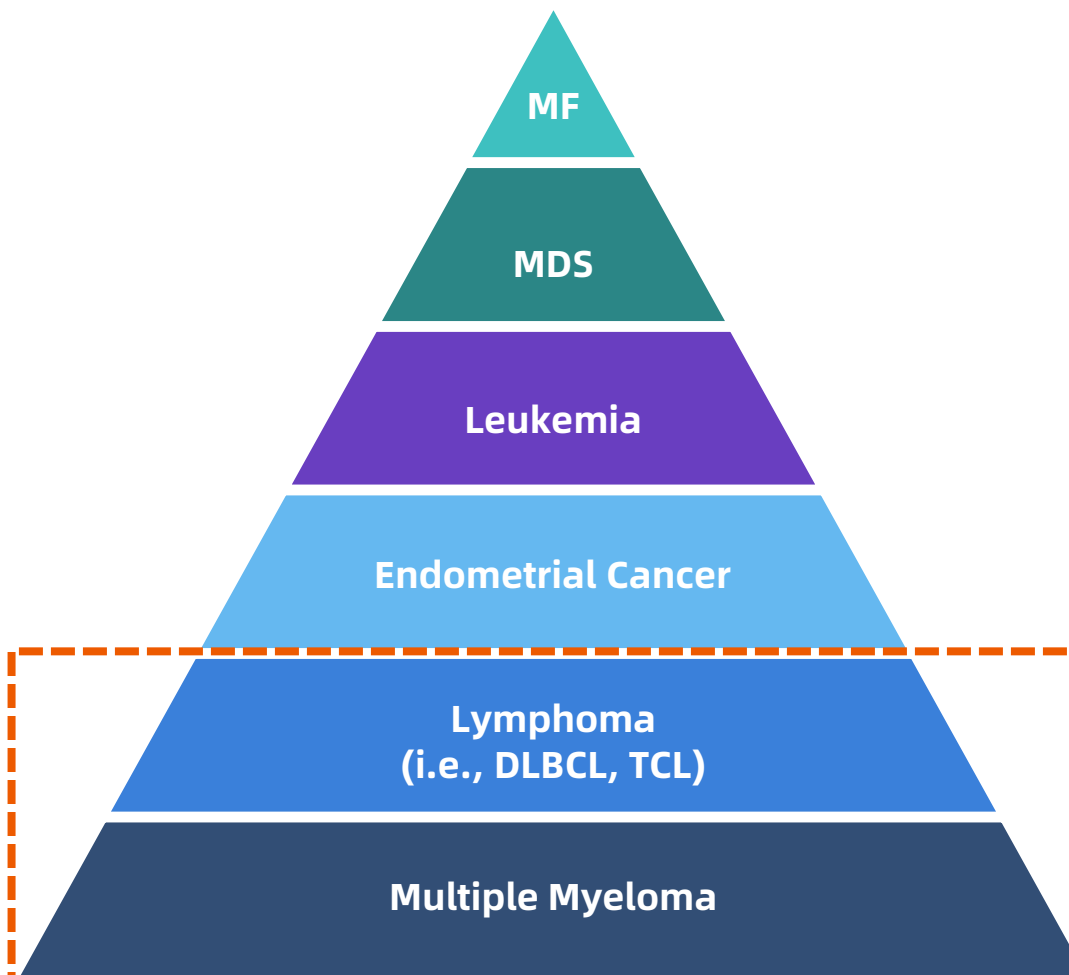
***** Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF

Broad and Deep Potential for Selinexor / SINE Beyond Multiple Myeloma



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Incidence / Prevalence China (APAC)	
19,600 (1,900)	68,600 (8,740)
49,000 (3,100)	57,937 (9,300)
84,000 (3,200)	116,280 (3,520)
(AML)	
86,000 (9,100)	204,910 (53,000)
50,585 (9,199)	84,463 (34,658)
(DLBCL + TCL)	
21,000 (6,000)	54,800 (23,500)
Total: 310,185 (32,499)	Total: 586,990 (132,718)



Global Pivotal Study Ongoing

Signal Detection Studies/IITs in Preparation in China

Signal Detection Studies/IITs in Preparation in China

1. Global Study
2. Partner in the US announced top-line results in Phase III Study
3. Potentially first solid tumor indication for Selinexor

1. Approved in the US for 3L DLBCL; pivotal study ongoing in China
2. Recommended by NCCN and CSCO guidelines
3. Multiple studies (SADAL, SEARCH, XPORT-030, SWATCH, TOUCH, RWD)

1. Approved in the US for 2L+ MM and approved in China for rrMM
2. Recommended by NCCN, ESMO, CSCO, CMA-CMA guidelines as 2L+ therapy
3. Multiple studies (BOSTON, BENCH, STORM, STOMP, MARCH, RWD)

Source: Antengene research

* Investigator Initiated Trials (IIT)

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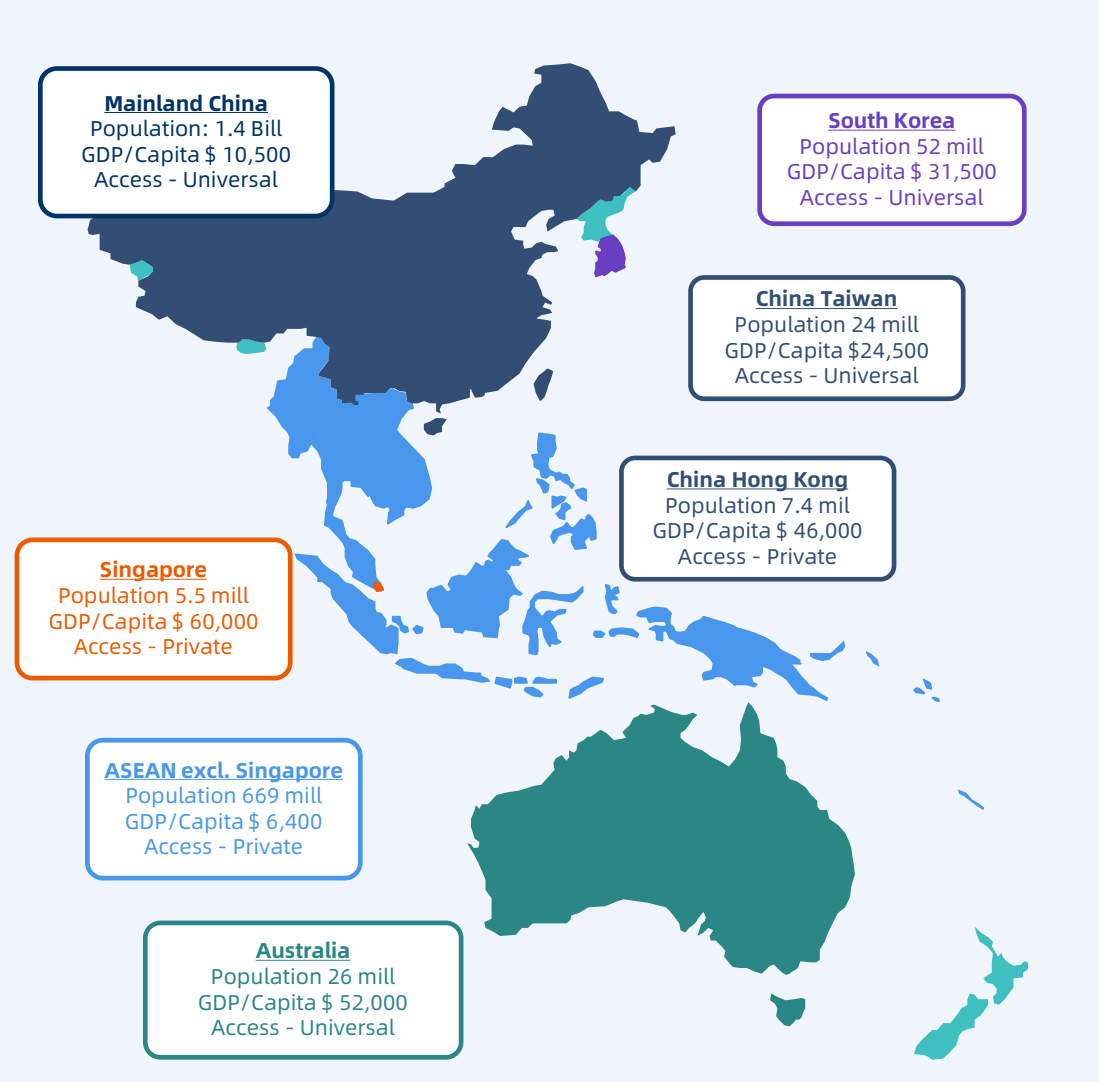
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**** Indications for Selinexor undergoing clinical trial / planned study include: PTCL, NKTL, AML, MDS, MF

Antengene is Focused on Markets with Greatest Commercialization Potential



ANTENGENE



Commercialization strategy focuses on selection of 6 core stage 1 markets defined by 3 parameters for success:

- High unmet need
- Reimbursed markets
- High GDP/capita



Initial focus is to build Antengene presence in the core markets



Ensure successful commercial launch of Xpovio®

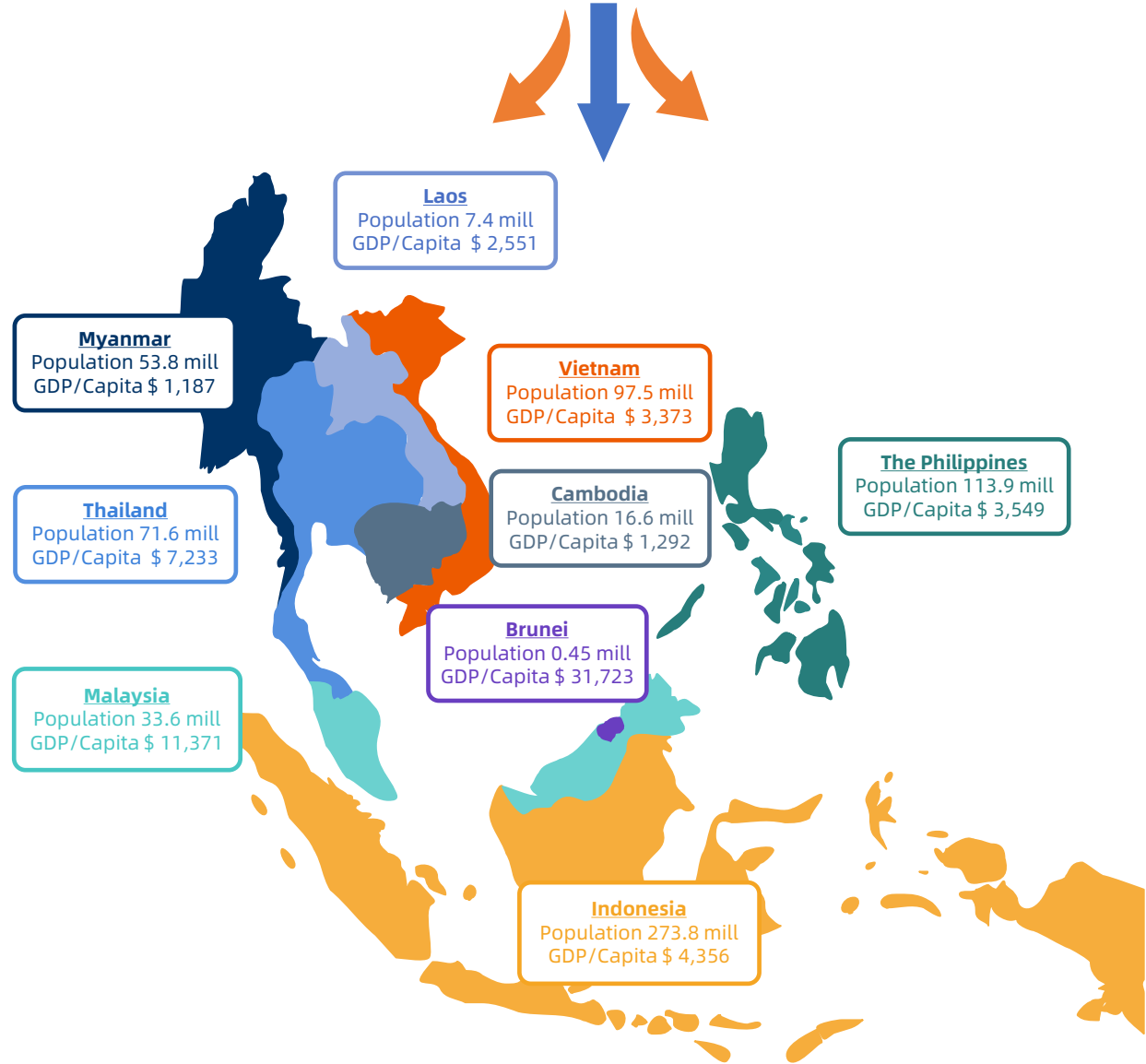


Expand portfolio in core markets and expand Antengene presence to other stage 2 ASEAN markets

Antengene is Expanding into Stage 2 ASEAN Markets with Significant Future Commercialization Potential



ANTENGENE



	Tiered commercialization strategy in ASEAN market expansion countries: Tier 1: Indonesia, Malaysia, Thailand Tier 2: Vietnam, The Philippines
	Already launched in high profile APAC markets such as Australia, South Korea, Singapore etc.
	Seasoned commercial team with strong track record in block buster drugs in APAC
	Strong growth pipeline with FIC and BIC potential assets

Commercial Team with a Proven Track Record of Success

Commercialization Strategy



John F. Chin

- **30+ years of experience** in the pharmaceutical industry, instrumental involvement in the commercial launch and lifecycle management of **REVLIMID®**, one of the industry's most successful oncology products globally

Commercialization in China



Lixin Yu

- **30+ years of experience** in commercialization for Oncological Products in China
- Successful launch cases in hematological, global-local products in Multiple Myeloma, Lymphoma and Leukemia

Commercialization in APAC



Thomas Karalis

- **30+ years of experience** in the pharmaceutical industry, achieved multiple regulatory and reimbursement milestones in APAC
- Successful launches of **REVLIMID®**, **POMALYST®** and **ABRAXANE®** in APAC markets

Track record of Antengene commercial team in hematology:



China Marketing



Frank Sun
Director, Marketing and Commercial Channels, Hematology BU China

Deep industry experience in hematology product launch in Mainland China, market development and team management

China Sales



Chen Wei
National Director, Hematology BU China

Deep industry experience in commercializing hematology products in Mainland China

China Medical Affairs



Godfrey Guo
Executive Director, Medical, China
Seasoned experience in Hematology & Skin Cancer, proven track record for the launch of a series of novel medicines, including Zelboraf, Hemlibra, Gazyva and Polivy, as well as the expansion of new indications



Austin Wang
Associate Director, MSL, China
Extensive experience in working with key KOLs, deep medical insights in CN Hema. market and landscape

AU/NZ Commercialization



Michele Robbins

AU, US and EU Commercial, Govt Affairs and Market Access leadership roles in Hematology, Oncology and Specialty Therapeutics

APAC Medical Affairs



Tamara Etto

AU, US and Global Medical Affairs leadership roles. Extensive clinical/translational research background in Hematology and Oncology

GM of South Korea



Minyoung Kim

Former Country GM at ISPEN KR. 30+ years of industry experience in new product launch, market development and team management

APAC Commercialization



Sathya Walisinghe

Extensive ANZ, US and APAC commercial experience including Global Marketing CAR T Launch and strong background in Hematology & Oncology

Fewer Multiple Myeloma Medicines Approved in China/Reimbursed in Australia Compared to the US - Launching with Less Competition Outside the US



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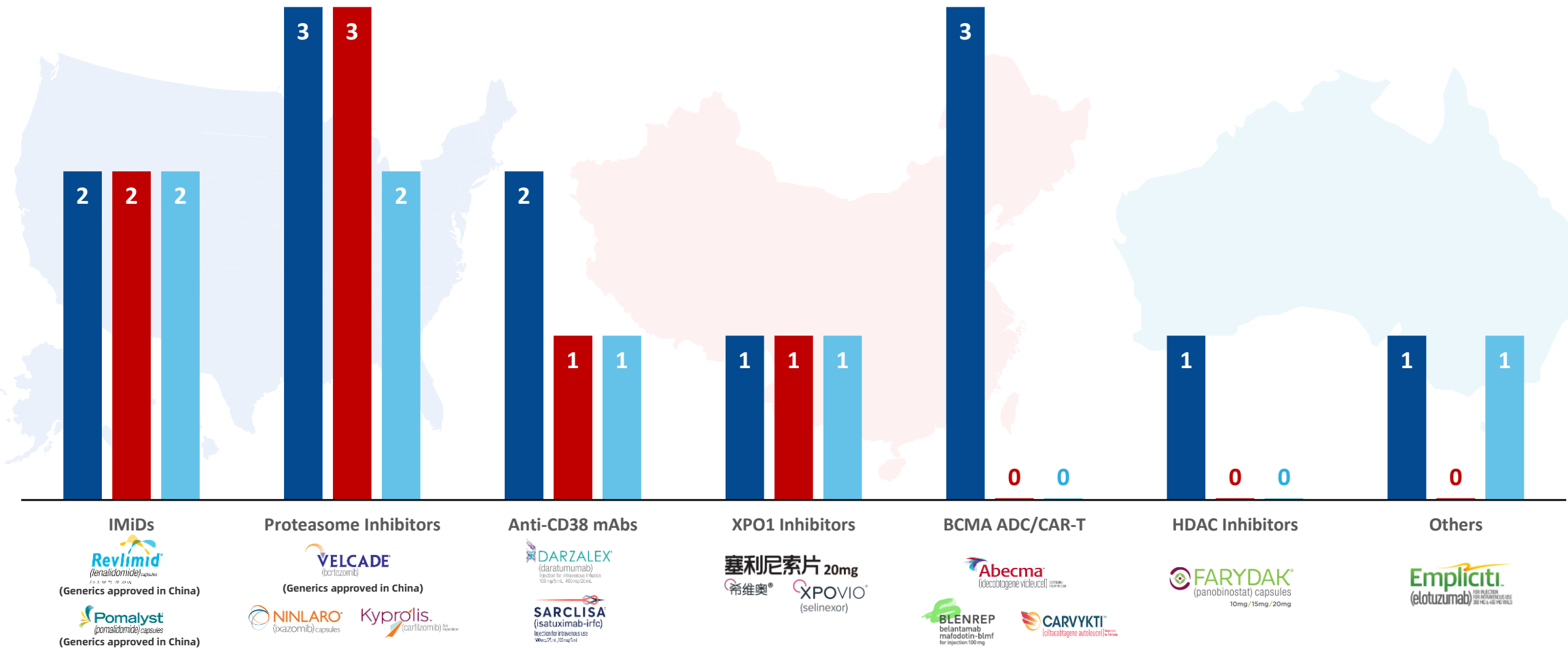
United States - 13 drugs



China - 7 drugs



Australia - 7 drugs



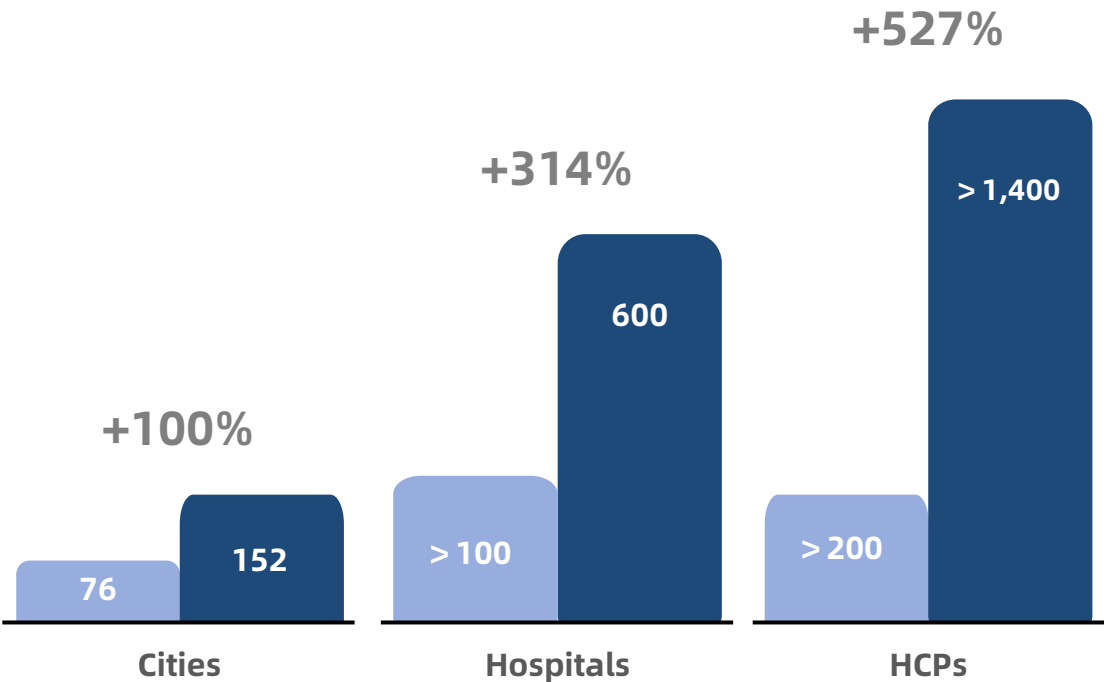
Source: Kantar Health Market Research Report, APAC July 2021, IQVIA Sales data

Expanding Physician Base and Patient Access to XPOVIO® in Mainland China

Laying a solid foundation for a successful commercialization of XPOVIO® in Mainland China

Rapid Commercial Penetration

2021*
2022



* Presence from Named Patient Program (NPP Program)

Continuously Expanding Business Channels



- 80+ distributors** across Mainland China
- Covered **120+ DTP pharmacies** across Mainland China with **1,800+ restockings**
- Achieved **46 hospital listings** in **19 provinces**
- Attained **34 urban-customized commercial health insurance listings (Huiminbao)** in **28 provinces, autonomous regions & municipalities**

2022 Mainland China Medical Educational Activities



Multiple Myeloma

✓ **CSCO/CMDA/CMA/CACA Myeloma Guidelines Recommendation:**

- the **X-base regimen** is **recommended** for first and multiple relapsed patients

Lymphoma

✓ **CSCO Lymphoma Guidelines Recommendation:**

- the **X-base regimen** is **recommended** for 2L+ rrDLBCL patients

Selinexor China Data Publications/Submissions

31* Selinexor China Data Publications/Submissions in Major Medical Conferences and Medical Journals

华中科技大学 同济医学院附属协和医院 协和医院杂志社
JOURNAL OF UNION HOSPITAL, TONGJI MEDICAL COLLEGE, HUANGSHI UNIVERSITY OF SCIENCE AND TECHNOLOGY

中华血液学杂志
白血病·淋巴瘤

Educational Activities

2022 ASH
MM治疗新希望——塞利尼索联合卡非佐米和地塞米松治疗R/R MM患者取得积极成果

侯健 教授 廉坚青 教授

新希望 创奇迹
第三届中国淋巴瘤关爱活动
关爱淋巴瘤患者 关爱淋巴瘤患者

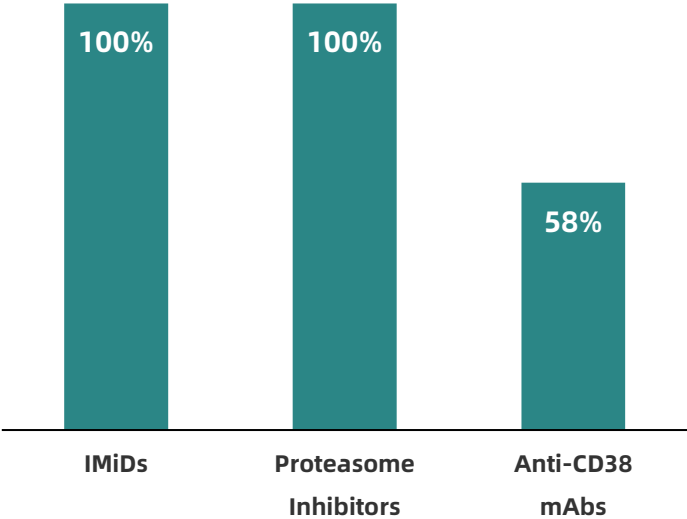
* 31 publications includes data generated from real world studies and investigator initiated trials (IITs) in multiple myeloma, lymphoma, acute myeloid leukemia, myelodysplastic syndromes, myelofibrosis, and T-cell acute lymphoblastic leukemia

Initial Observations for XPOVIO® Launch in China Market

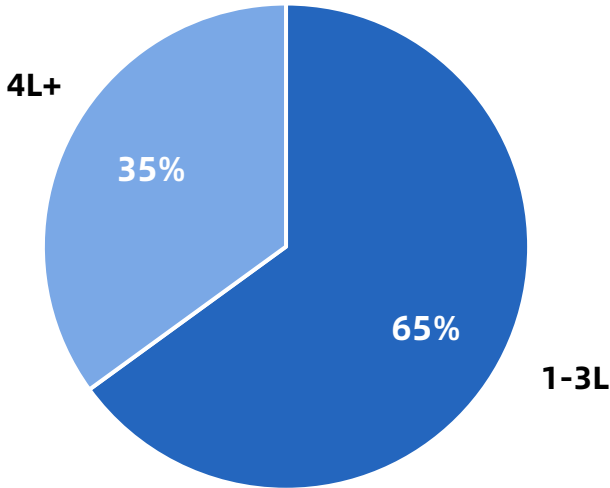
XPOVIO® Being Prescribed in Earlier Lines of Therapy



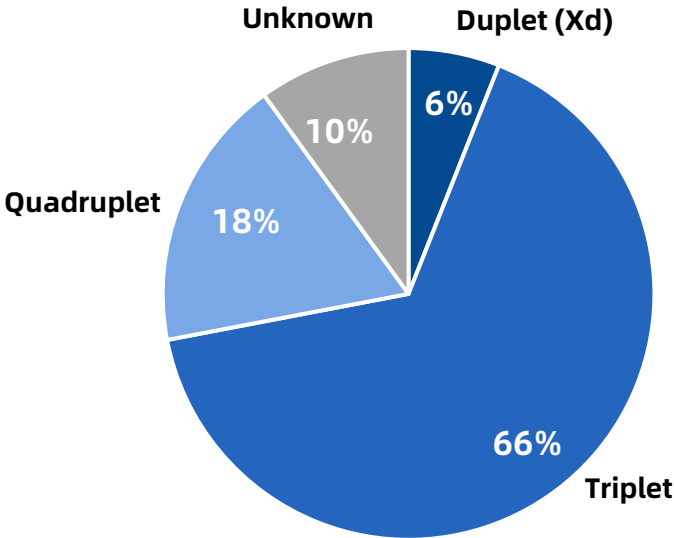
By 3L, Most Patients are Exposed to IMiDs, Proteasome Inhibitors, and anti-CD38 mAbs



Usage and Lines of Therapy Amongst XPOVIO® Patients



Treatment Regimen Among Prescribed Patients



Physician Testimonials Highlighting XPOVIO’s Differentiated Profile

“**MARCH, BOSTON** trial data indicates that Selinexor combo regimens bring more innovative therapeutic options and better treatment outcomes for relapsed/refractory, multidrug resistance, metastasis and/or **high-risk MM** patients.”

KOL, Dr. Jun Ma, Chief Supervisor of CSCO, Harbin Hematology and Oncology Institute

“Selinexor is more convenient and likely leads to higher compliance because it is an **oral regimen**. The efficacy of Selinexor is proven in a number of clinical trials. Besides being used as a monotherapy, Selinexor could also be **combined with a number of drugs such as chemo, target therapy, I/O, etc.**”

KOL, Dr. Zhiming Li, Sun Yat-sen University Cancer Center

Asia Pacific Markets – Executing on XPOVIO® Launch Plans

Reimbursement Timelines

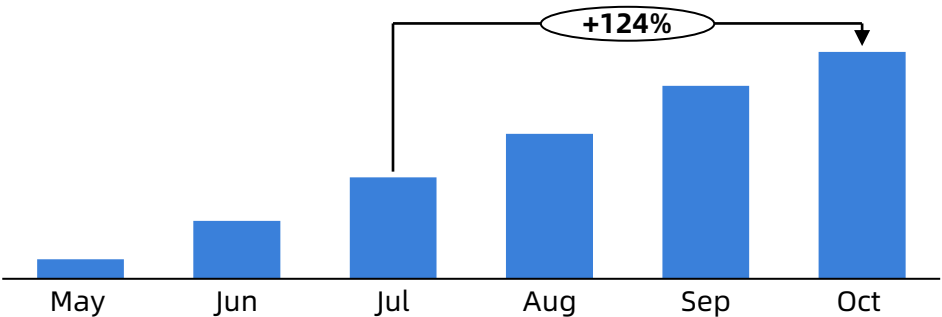


Excellent Launch Trajectory



Australia

- Total number of XPOVIO® treated patients **doubled in 3 months** (between July to October)
- First multiple myeloma indication (Xd regimen) **included for reimbursement** on 1st September
 - XPOVIO® achieved that in **180 days** ; whereas oncology medicines are listed in **496 days** on average
- Xd achieved **>50% new patient share** of available penta-refractory patients
- XVd obtained the Australian **PBAC recommendation** for reimbursement listing



Other Asia Pacific Markets

- Building of KOL advocacy and XPOVIO® experience:
 - **>250 patients** treated with XPOVIO® via pre approval access program
 - Pre-reimbursement **Patient Familiarization Program** activated
- ASEAN markets expansion commencing with **NDA submissions** in **Thailand and Malaysia in 2022, and Indonesia in H1 2023**



Asia Pacific Markets 2023 Catalysts

- **Australia**
 - XVd in MM reimbursement and PBS listing in H1 2023
- **South Korea**
 - Xd in MM reimbursement listing in Q4 2023 through PE exemption pathway
- **Singapore**
 - XPOVIO® Cancer Drug List inclusion in H2 2023
- **Hong Kong**
 - Xd in MM regulatory approval in Q3 2023
 - DTC approval and hospital formulary listings
- **Taiwan**
 - XVd in MM and X in DLBCL positive PBRS decision in Q4 2023, followed by reimbursement listing in Q1 2024

IV. INVESTMENT HIGHLIGHTS

2023 is a Catalyst-Rich Year for Antengene

Commercialization across China and APAC, with multiple data read outs of clinical stage programs

Selinexor Commercial Launch Across Asia Pacific



- Reimbursement approval: **Australia** (MM XVd)
- Reimbursement submission: **South Korea** (MM Xd)
- Reimbursement submissions: **Taiwan** (MM XVd; DLBCL)
- XPOVIO® inclusion in the **Singapore Cancer Drug List**
- Commercial launch: **Hong Kong** (MM Xd)



Clinical Development Progress



- Confirm regulatory pathway** of ATG-008 (mTORC1/2i) in advanced cervical cancer
- Complete patient enrollment** for “**BENCH**” study of ATG-010 (XPO1i) in 2L+ multiple myeloma
- Preliminary data read out** of ATG-017 (ERK1/2i) “ERASER” trial
- Preliminary data read out** of ATG-101 (PD-L1/4-1BB BsAb) “PROBE” trial and “PROBE-CN” trial
- Preliminary data read out** of ATG-037 (CD73i) “STAMINA” trial
- Preliminary data read out** of ATG-018 (ATRI) “ATRIUM” trial
- First patient dosing**: ATG-022 (Claudin 18.2 ADC) and ATG-031 (CD24 mAb)



Multiple Regulatory Filings



- Selinexor (ATG-010) NDA filing in **Indonesia** (MM SVd & Sd; DLBCL)
- Selinexor (ATG-010) sNDA filing in **Hong Kong** (MM SVd; DLBCL)
- Selinexor (ATG-010) sNDA filing in **Mainland China** (DLBCL)
- Selinexor (ATG-010) sNDA filing in **South Korea** (MM SVd)



Steady Stream of Catalysts Continue to Drive Value for Investors

Focused on Execution and Key Priorities to Drive Value for Investors in 2023



Continued Revenue Generation Across China and APAC markets

- Starting with 2 disease areas with multiple indication expansion / untapped opportunities with an only-in-class asset in unique markets



Broad and Deep Pipeline of Differentiated Global Rights Assets

- 6 global rights assets with highly-differentiated, combinational and synergistic mechanism of action with series of upcoming data read outs



Forming Value Creating and Synergistic Partnerships

- Continued BD discussions on assets, clinical collaborations, in/out-licensing and value-creating partnerships



Efficiently Utilizing Cash Provided by Our Strong Base of Global Shareholders

- RMB 1,790mm of cash and bank balances as of 31st December 2022



ANTENGENE

ANTENGENE CORPORATION LIMITED
(SEHK: 6996.HK)

MAY 2023

THANK YOU

TREATING PATIENTS BEYOND BORDERS