ANTENGENE INVESTOR PRESENTATION

TREATING PATIENTS BEYOND BORDERS

SEPTEMBER 2023

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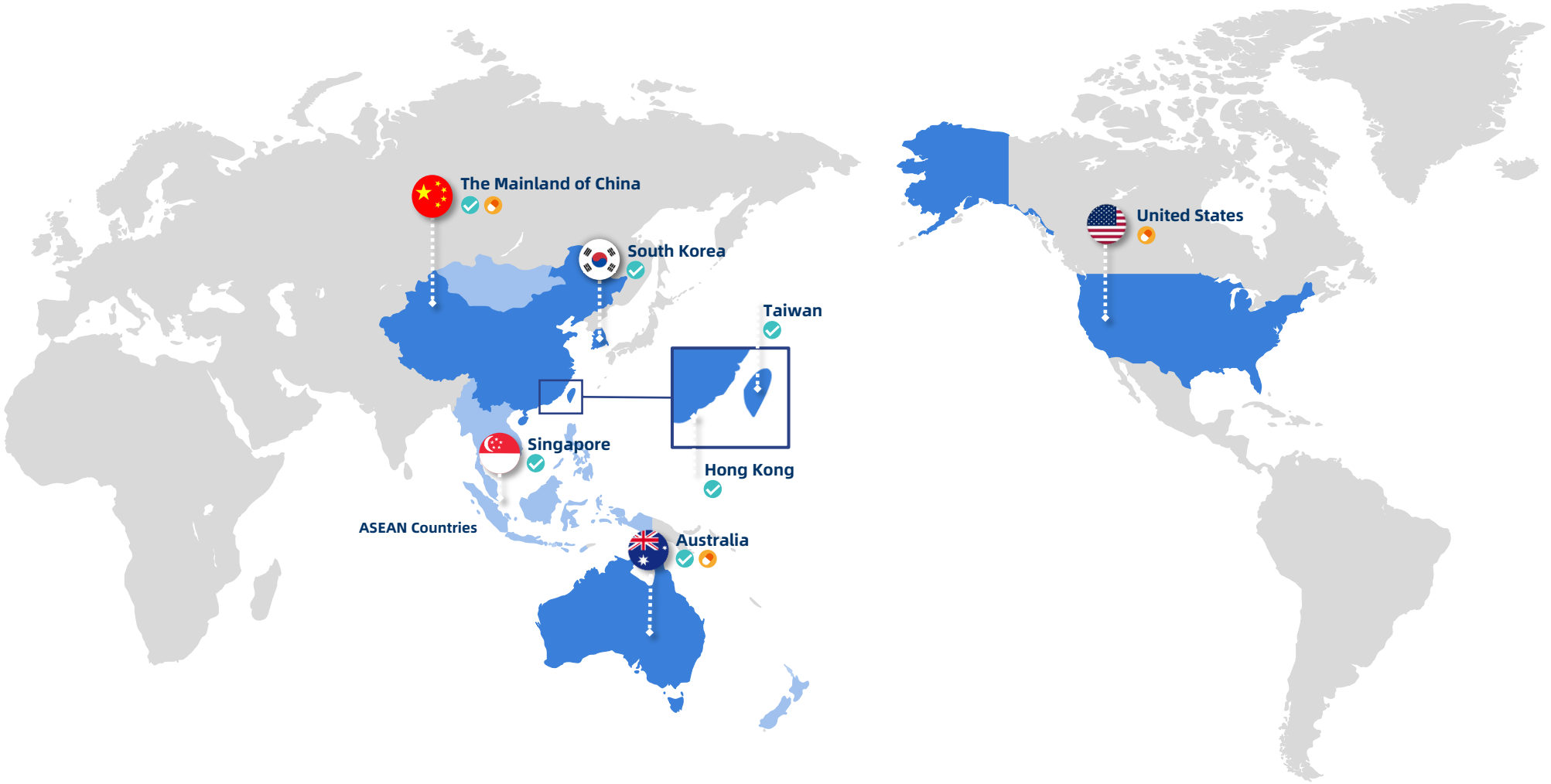
COMPANY OVERVIEW

ANTENGENE

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



Regions in Antengene Markets where XPOVIO® is Approved

Regions with Ongoing Clinical Trials

Commercialization in

6 APAC Markets

9 Clinical Stage Assets

15 Ongoing Trials

in the Mainland of China, Australia and the US

Navigating Forward: Milestones Achieved in 2023 YTD, Shaping a Pivotal Transition Year for Our R&D Pipeline

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Research and Development

9 Clinical Stage Assets

4 Clinical Development Partnerships

Bristol Myers Squibb · MERCK · BeiGene · 君实生物 TopAlliance

6 Research Data Publications

2023 ASCO ANNUAL MEETING · AACR American Association for Cancer Research ANNUAL MEETING 2023 Orlando

APAC R&D

ATG-008 (Onatasertib) – mTORC1/2 Inhibitor

Achievements To Date

- ✓ **Data presentation** of "TORCH-2" trial cervical cancer data at **ASCO 2023** *(based on a previous data cut)*
- ✓ Progressing smoothly in the "TORCH-2" trial with **updated encouraging periodic data*** in the cervical cancer cohort **(Data as of September 13th, 2023)**
  - **ORR** of **46.7%** (14/30) in **CPI-naïve** R/R cervical cancer
  - **ORR** of **31.3%** (5/16) in **CPI-treated** R/R cervical cancer
  - **mPFS** of **7.20 months** among **efficacy-evaluable population** in **CPI-naïve** R/R cervical cancer

2023 Catalysts

- ○ Confirm the **regulatory pathway** for ATG-008 in combination anti-PD-1 monoclonal antibody in **relapsed/metastatic cervical cancer**
- ○ **Full data readout for the CPI-naïve cervical cancer cohort of "TORCH-2" trial** during the Antengene **R&D Day** in **November**

GLOBAL R&D

Achievements To Date

- ✓ Received **US FDA IND clearance** for the first-in-class **anti-CD24 mAb** ATG-031, and selected the **MD Anderson Cancer Center** in Houston, Texas as the leading site for this clinical trial
- ✓ **Initiated the Phase I trial** for ATG-022 (**Claudin 18.2** ADC) and **a partial response has already been observed**
- ✓ ATG-101 (**PD-L1/4-1BB** BsAb) is approaching **biologically active dose** with **good tolerability, partial response, and durable stable disease**
- ✓ ATG-018 (**ATR** inhibitor) is making smooth progress through dose escalation; **7 out of 12** efficacy evaluable patients at **low dose levels** are with **stable disease**
- ✓ Reached **RP2D for monotherapy** and dosed the first patient in the United States in the **nivolumab combination portion** of the clinical study evaluating ATG-017 Tizaterkib (**ERK1/2** inhibitor) in patients with advanced solid tumors
- ✓ **13 patients** in the Phase I trial evaluating ATG-037 (**CD73** inhibitor) in patients with advanced solid tumors are undergoing the optional **combination dose escalation with pembrolizumab**

2023 Catalysts

- ○ **Updated clinical data** will be presented during the Antengene **R&D Day** in **November**

XPOVIO® R&D and Pan-APAC Commercialization

2023 1H Revenue: RMB72.0 Million

(+33.5% vs 2022 1H Revenue of RMB 54.0 mm)

6 Approved Markets: Hong Kong, Taiwan

Entered into a Commercialization Partnership with 翰森製藥 HANSOH PHARMA in the Mainland of China on August 11th

Achievements To Date

- ✓ **XVd regimen** in 2L+ MM achieving reimbursement listing in Australia
- ✓ **XVd regimen** in 2L+ MM and **Xd regimen** in R/R MM included in the Singaporean Cancer Drug List
- ✓ **Complete patient enrollment** for **"BENCH"** study in 2L+ MM
- ✓ NDA approval in **Hong Kong**
- ✓ **sNDA filing in Hong Kong** for SVd regimen in MM and S monotherapy in DLBCL
- ✓ **NDA filing in Indonesia** for SVd and Sd regimen in MM and S monotherapy in DLBCL

2023 Catalysts

- ○ **sNDA submission** in **the Mainland of China** for **"SEARCH" study** in **R/R DLBCL**
- ○ **Xd regimen** in R/R MM achieving reimbursement listing in South Korea

Global Team of Industry Veterans

ANTENGENE

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

Amily Zhang
Chief Medical Officer
BAYER · NOVARTIS · HENGRUI

Bo Shan, Ph.D.
Chief Scientific Officer
ThermoFisher SCIENTIFIC · ChemPartner · GE Healthcare

John F. Chin, MBA
Chief Business Officer
Celgene · Aventis · Bristol Myers Squibb

Jay Mei, M.D., Ph.D.
Founder / Chairman / Chief Executive Officer
Celgene · Johnson & Johnson · NIH National Cancer Institute · NOVARTIS

Donald Lung, JD, MBA
Chief Financial Officer
Goldman Sachs · BFAM PARTNERS

Eitan Liu
Chief Operating Officer
中信集团 CITIC Group · CBRE · Frost & Sullivan · Agilent Technologies

Thomas Karalis
Corporate Vice President, Head of Asia Pacific Markets
Celgene · Lilly · Abbott · Bristol Myers Squibb

Jasmine Sun, M.D., MPH
Corporate Vice President, Head of Clinical Operations
Tigermed · MERCK · Roche · Lilly

Zhinuan Yu, Ph.D.
Corporate Vice President, Biometrics & Regulatory Enabling Functions
Celgene · Organon · Bristol Myers Squibb

Track Record of Antengene Management Team

Revlimid (lenalidomide) · Vidaza (azacitidine for injection) · Pomalyst (pomalidomide) capsules 1·2·3·4 mg · IDHIFA (enasidenib) tablets · glivec · Tasigna (nilotinib) · Femara (letrozole) 2.5mg tablets · INCIVEK (telaprevir) · TORISEL (temsirolimus) injection · Kanuma (sebelipase alfa) intravenous infusion · THALOMID (thalidomide) Capsules · Herceptin (trastuzumab) · Abraxane (nanoparticle albumin-bound paclitaxel) · Stivarga (regorafenib) tablets · Nexavar (sorafenib) tablets · Xofigo (radium Ra 223 dichloride) · EXJADE (deferasirox)

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

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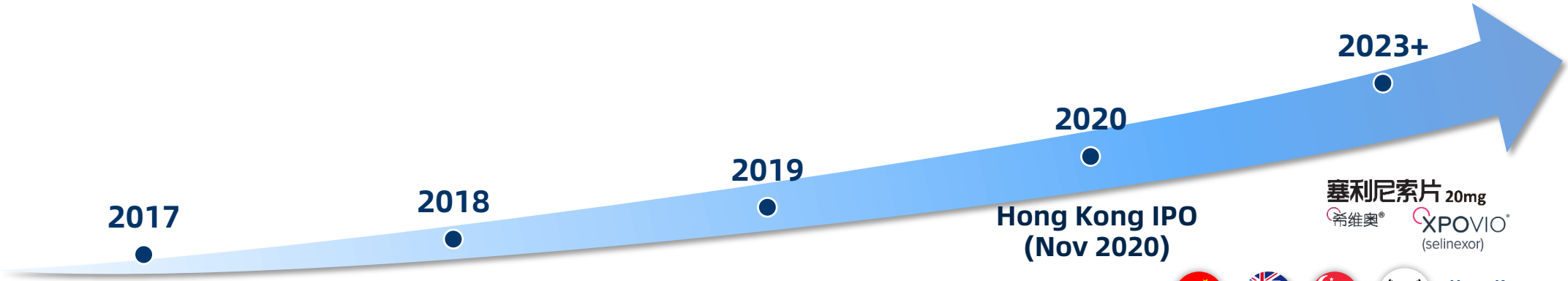
Rich Pipeline with Commercialization Across Multiple Markets, Driven by Strong Execution Capabilities



Approval(s)					Hong Kong Taiwan
NDA Submissions					Hong Kong Taiwan Macau
INDs*		3 INDs	6 INDs	11 INDs	29 INDs
Funds Raised	US$21mm Series A		US$120mm Series B	US$97mm Series C US$367mm HK IPO	Cash and Bank Balances of RMB 1,322mm
Selected Investors	Celgene | Bristol Myers Squibb Company Tigermed IMING VENTURE PARTNERS		药明康德 WuXi AppTec 博裕資本 BOYU CAPITAL 方源資本 FOUNTAINVEST PARTNERS	Fidelity INVESTMENTS BlackRock GIC HILLHOUSE CORMORANT ASSET MANAGEMENT SEQUOIA	

* 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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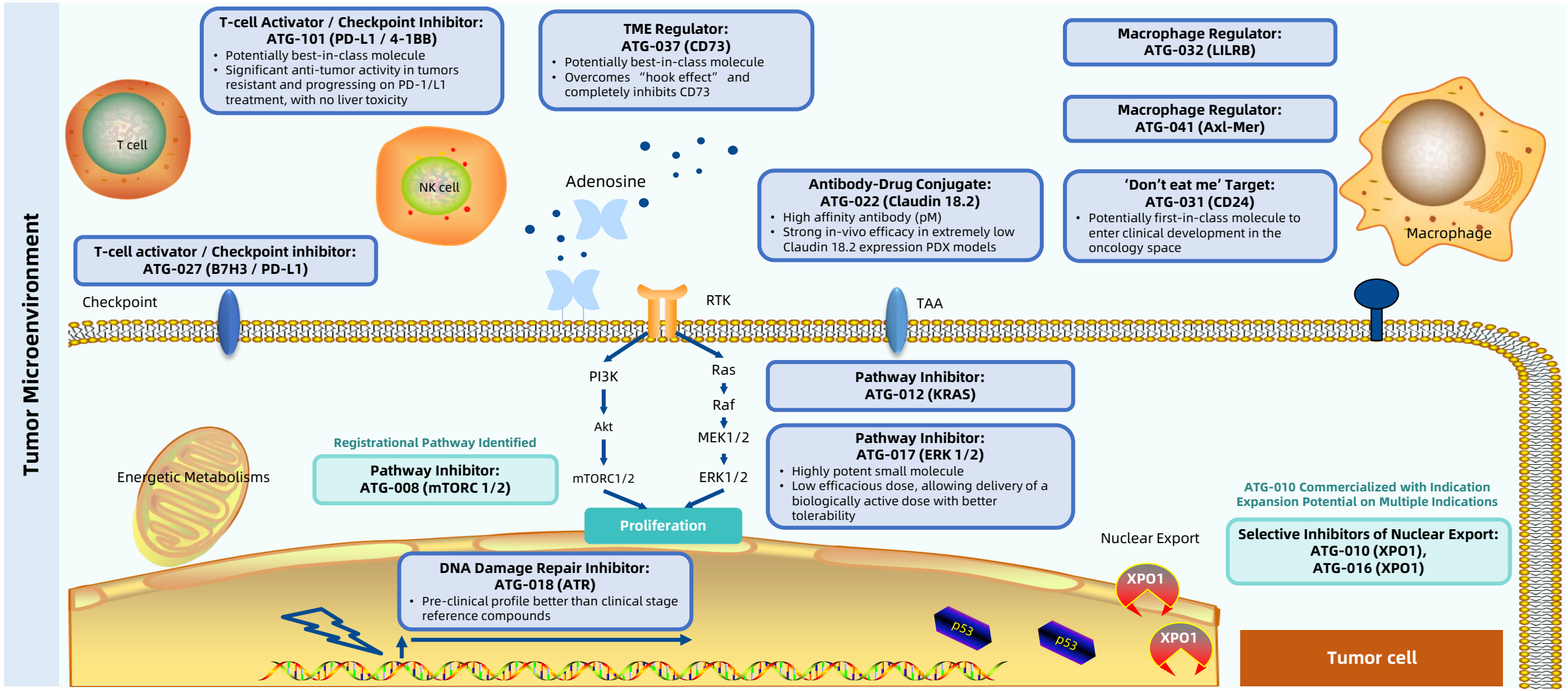
Multiple Targets | **Synergistic Mechanism of Actions** | **Multiple Modalities**



Assets with Global rights

Assets with APAC rights

PIPELINE

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APAC RIGHTS ASSETS

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)* — *The Mainland of China NDA approved*	APAC[2]	Karyopharm Therapeutics
			Combo with dexamethasone *(STORM) - Partner's Pivotal Trial in the US* — *US, EU, SK, SG, AU, TW & HK NDA approved*		
			Combo with bortezomib and dexamethasone *(BENCH)* ★ — Enrollment Completed		
			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)* ★ — Pre-sNDA Submitted		
			Monotherapy *(SADAL) - Partner's Pivotal Trial in the US* — *US , SG, SK & TW sNDA approved*		
			Combo with R-GDP *(DLBCL-030)* ★		
		Myelofibrosis	Combo with ruxolitinib *(MF-034)* ★		
		R/R Non-Hodgkin's Lymphoma	Combo with lenalidomide + rituximab *(SWATCH)*		
		R/R T-cell & NK-cell Lymphoma	Combo with ICE/GemOx/tislelizumab *(TOUCH)* with BeiGene		
		Maintenance Therapy for Endometrial Cancer	Monotherapy *(SIENDO)*		
			Monotherapy *(EC-042) - Partner's Pivotal Trial in the US* ★		
ATG-016 (Eltanexor)	XPO1 *(Small molecule)*	R/R Myelodysplastic Syndromes	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]	Celgene, Bristol Myers Squibb Company

Antengene Trials[4] | Partner Trials[5] | Global Trials in Collaboration with Partner | ★ Registrational Trial

[1] (s)NDA approved by US FDA, European Commission, China NMPA, Australia TGA, South Korea MFDS, Singapore HSA, China Hong Kong DoH and China Taiwan TFDA;
[2] Antengene has rights for Greater China (The Mainland of 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; GemOx: Gemcitabine, Oxaliplatin; ICE: Ifosfamide, Carboplatin, Etoposide

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

Encouraging Preliminary Data of ATG-010 (Selinexor) In Combination with Ruxolitinib in Treatment Naïve Myelofibrosis Patients

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Encouraging Preliminary Data in JAKi Naïve Myelofibrosis

Global Phase I Study Evaluating the Efficacy and Safety of Selinexor

Karyopharm Therapeutics

ATG-010 (selinexor) in combination with **ruxolitinib (JAK1/2 inhibitor)**

2023 ASCO ANNUAL MEETING · EHA EUROPEAN HEMATOLOGY ASSOCIATION

Spleen Responses (SVR35)

Selinexor 60 mg + Ruxolitinib

Efficacy Evaluable Patients	**Week 12:** ▪ **83.3%** achieved SVR35 **(10/12)** **Week 24:** ▪ **91.7%** achieved SVR35 **(11/12)**
Intent-to-Treat Patients	**Week 12:** ▪ **71.4%** achieved SVR35 **(10/14)** **Week 24:** ▪ **78.6%** achieved SVR35 **(11/14)**

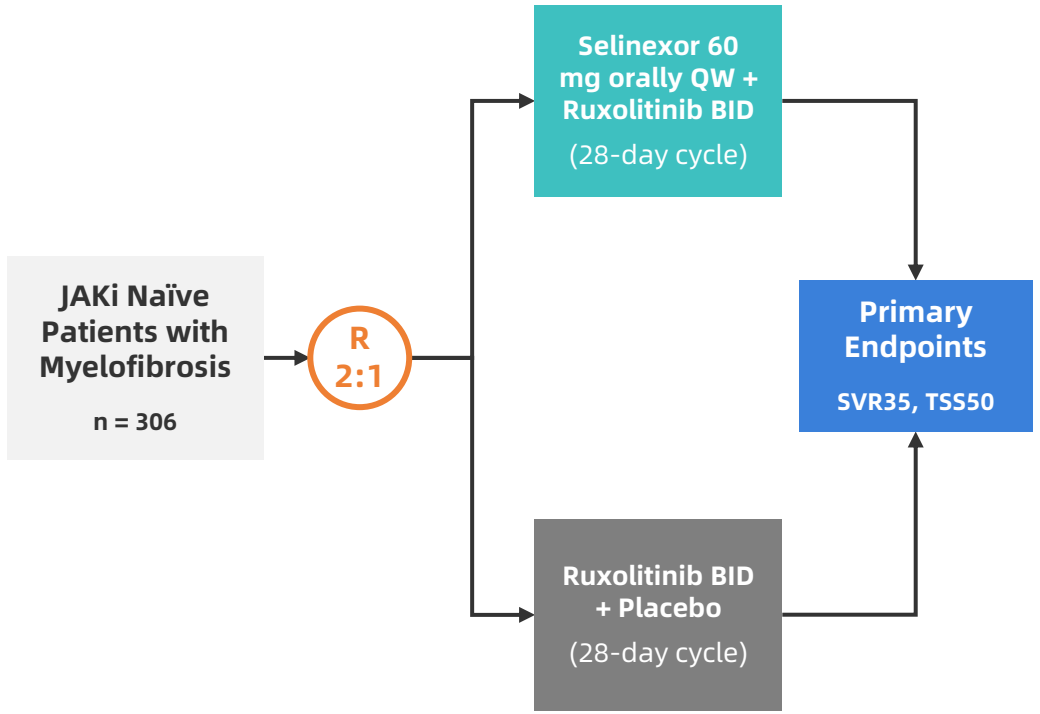
Reduction in Total Symptom Scores (TSS50)

Selinexor 60 mg + Ruxolitinib

Efficacy Evaluable Patients	**Week 12:** ▪ **80.0%** achieved TSS50 **(8/10)** **Week 24:** ▪ **77.8%** achieved TSS50 **(7/9)**
Intent-to-treat Patients	**Week 12:** ▪ **66.7%** achieved TSS50 **(8/12)** **Week 24:** ▪ **58.3%** achieved TSS50 **(7/12)**

Karyopharm initiated Phase III trial in June 2023 with 60 mg selinexor as the Recommended Dose in combination with ruxolitinib

Global Registrational Phase I/III Trial – "XPORT-MF-034" Study



Top-line Data Expected in 2025

Encouraging Exploratory Data of ATG-010 (Selinexor) As a Monotherapy in the Maintenance Therapy for TP53 Wild-type Endometrial Cancer Patients

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Encouraging Updated Exploratory Subgroup Analyses in the "SIENDO" Study*

Global Phase III Study Evaluating the Efficacy and Safety of Selinexor

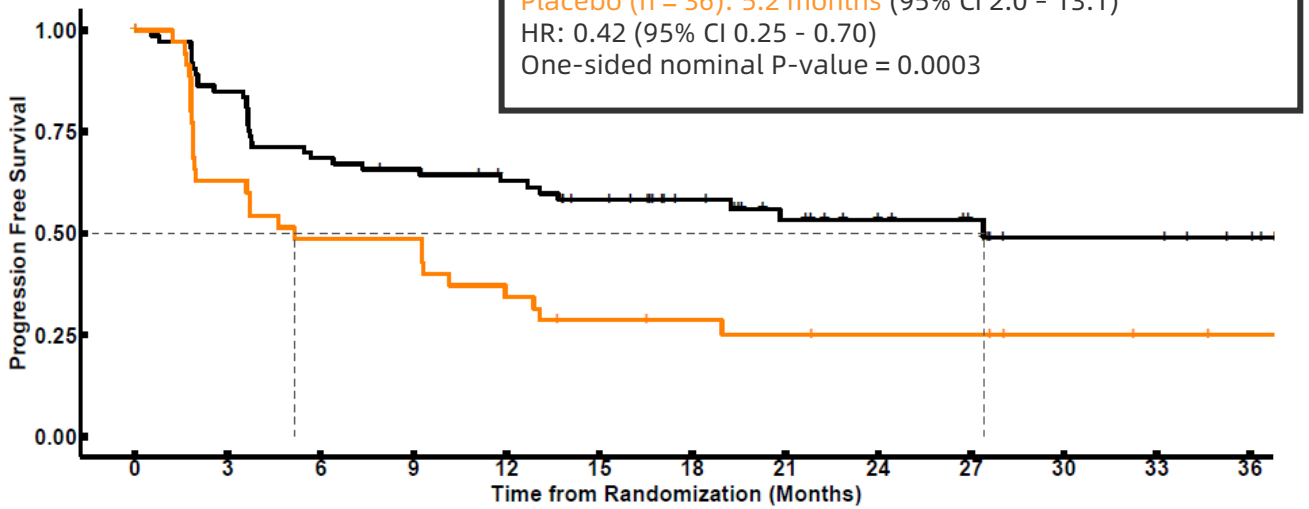
Karyopharm Therapeutics

ATG-010 (selinexor) as a monotherapy maintenance in **TP53 Wild-type Endometrial Cancer**

ASCO Plenary Series

Median Progression-free Survival (mPFS):

Selinexor (n = 77): 27.4 months (95% CI 13.1 - NR)
Placebo (n = 36): 5.2 months (95% CI 2.0 - 13.1)
HR: 0.42 (95% CI 0.25 - 0.70)
One-sided nominal P-value = 0.0003



Numbers at Risk

Selinexor	77	62	50	47	41	35	27	20	15	12	7	7	4
Placebo	36	22	17	17	12	9	8	7	6	6	4	3	2

Karyopharm's Pivotal Trial- "XPORT-EC-042" Study

TP53 Wild-type Endometrial Cancer

- Primary stage IV or recurrent endometrial cancer
- Received at least 12 weeks of platinum-based therapy +/- immunotherapy
- In partial response (PR) or complete response (CR) to chemotherapy

R 1:1

Selinexor 60 mg orally QW until PD
n = 110

Placebo Weekly
n = 110

Primary Analysis
PFS

Top-line Data Expected in Late 2024 - 2025

Source: Karyopharm Investor Presentation dated August 2nd, 2023
**The "SIENDO" study evaluates selinexor as maintenance therapy for all patients with advanced or recurrent endometrial cancer, and the data being shown is for TP53 wild-type only*

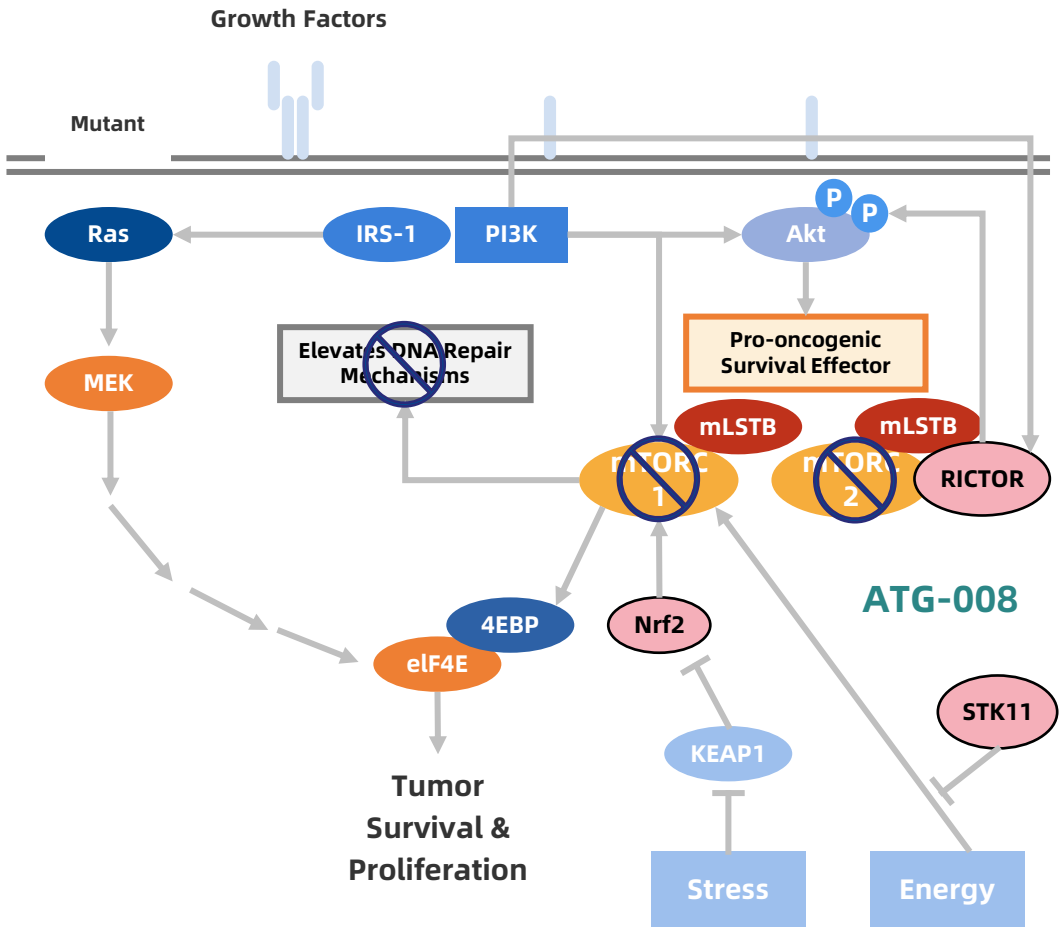
ATG-008 (Onatasertib): A Novel Second Generation mTORC1/2 Inhibitor

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**



Updated Encouraging Periodic Data of ATG-008 (Onatasertib) in "TORCH-2" Trial

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Encouraging Periodic Data of ATG-008 (Onatasertib) in Both CPI-naïve and CPI-pre-treated Advanced Cervical Cancer Patient Cohorts

ATG-008 (mTORC1/2i) 15 mg in combination with **toripalimab (Anti-PD-1 mAb)**

Overall Response Rate (ORR)

46.7%

Efficacy evaluable population
CPI-Naïve (14/30)

Overall Response Rate (ORR)

31.3%

efficacy evaluable population
CPI-treated (5/16)

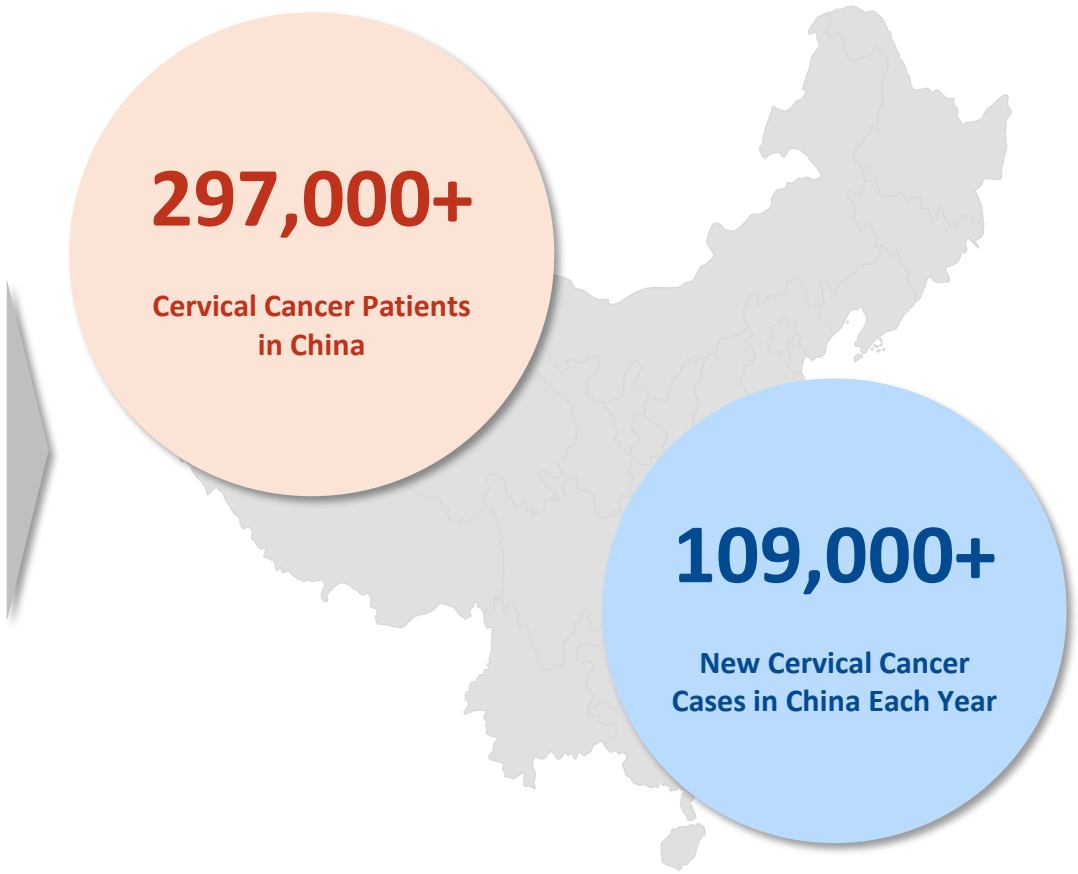
Median Progress Free Survival

7.20mths

Efficacy evaluable population
CPI-Naïve

Generally Well Tolerated

Huge Unmet Medical Needs in Advanced Cervical Cancer



Confirm Regulatory Pathway in 2023

Enrollment is ongoing for "TORCH-2" trial, periodic data as of September 13th, 2023

ATG-008 (Onatasertib): Deep Responses Observed in Cervical Cancer Patients of "TORCH-2" Study

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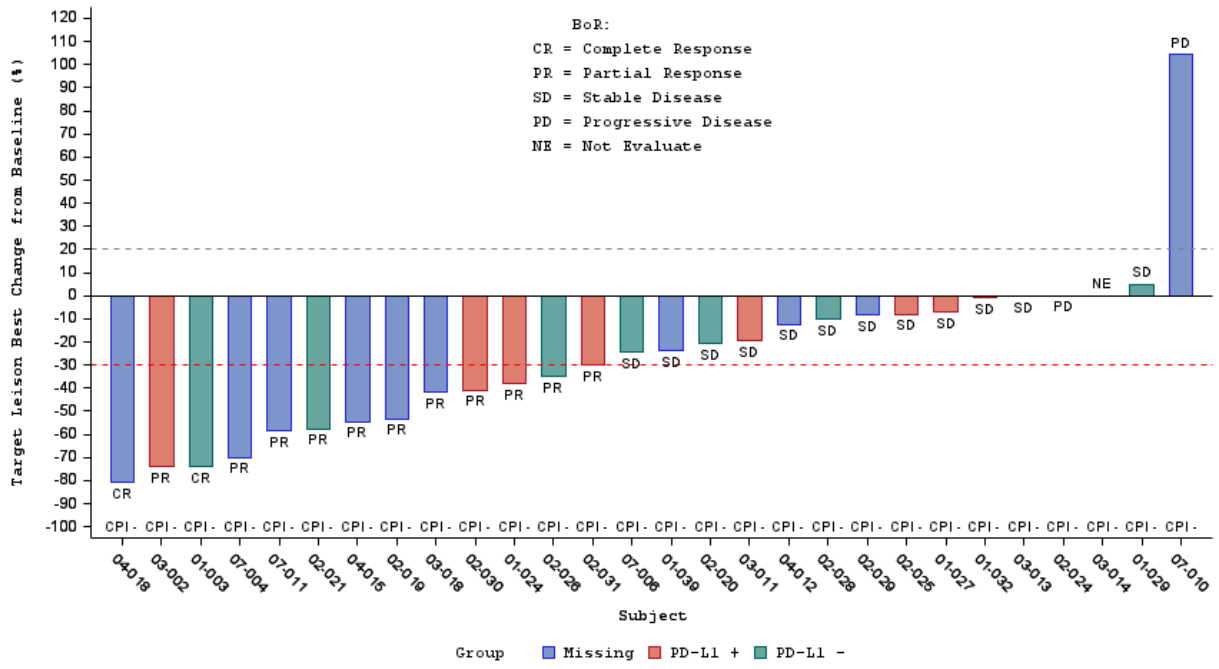
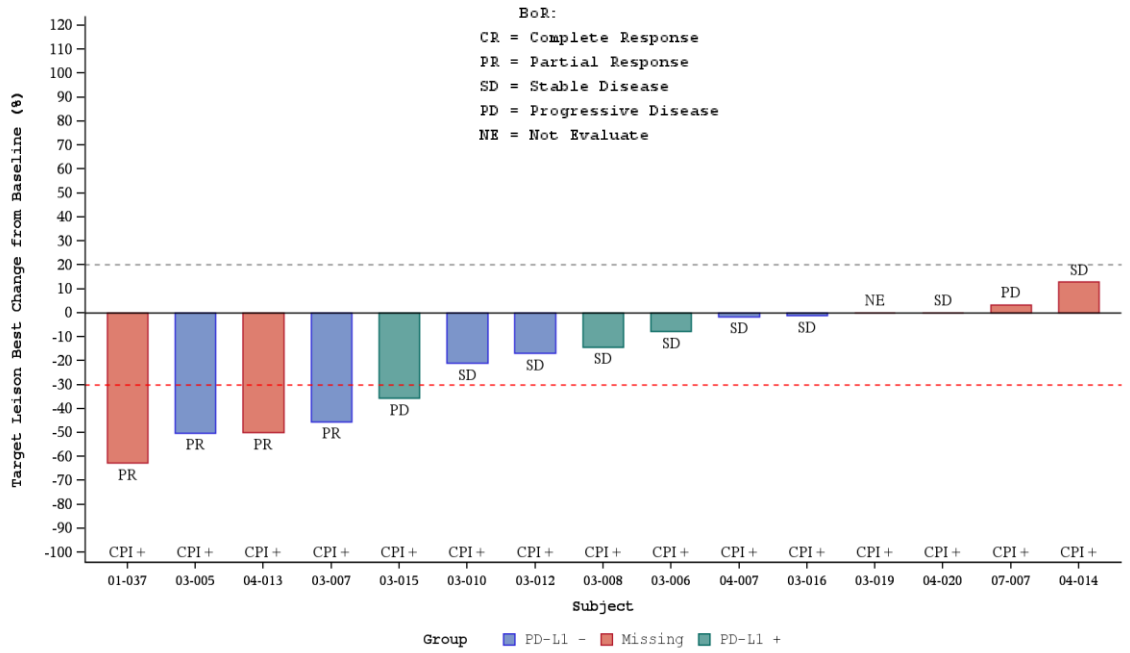
Preliminary Efficacy (Onatasertib 15mg, cervical cancer cohort, data as of September 13th, 2023)

- **31 CPI-naïve patients** received treatment, **30 patients** had at least 1 tumor assessment;
- **20 CPI-pre-treated patients** received treatment; **16 patients** had at least 1 tumor assessment;
- **ORR of CPI-naïve patients cohort is 46.7%** (EE 14/30, unconfirmed); **ORR of CPI pre-treated patients cohort is 31.3%** (EE 5/16, unconfirmed)

CPI-naïve Cervical Cancer Patients



CPI-pre-treated Cervical Cancer Patients



Enrollment is ongoing for "TORCH-2" trial, periodic data as of September 13th, 2023

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 (15mg) + Toripalimab (Data from "TORCH-2")	Pembrolizumab (Global Standard of Care)	AK104 (Only CPI Approved by CDE)
Mechanism of Action (MoA)	mTORC 1/2i + Anti-PD-1 mAb	Anti-PD-1 mAb	PD-1/CTLA-4 BsAb
Number of Patients	30 (EE) (CPI-naïve)	98 (ITT)	100 (FAS, ITT 111)
Prior Treatment Lines	≤2 (50.0%); ≥3 (50.0%)	≤2 (69.4%); ≥3 (30.6%)	≤2 (100%)
PD-L1	N, TPS≥1% (40.0%)	N, CPS≥1 (83.7%)	N
ORR	46.7%;	12.2%	33%
DCR	90.0%	30.6%	52%
PFS (months)	7.20 (4.57, NE)	2.1	3.75
OS (months)	NE	9.4	17.5
Response in AdCa	1/2	1/5	NE

Enrollment is ongoing for "TORCH-2" trial, periodic data as of September 13th, 2023

AdCa: Adenocarcinoma

Source: publications & primary research

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GLOBAL RIGHTS ASSETS

Global Rights Assets: A Clinical Stage Pipeline with Transformational Potentials

Assets	Target *(Modality)*	IND	Phase I	Antengene Rights	Partner
ATG-017 (Tizaterkib)[1]	ERK1/2 *(Small molecule)*	Monotherapy ± nivolumab for R/R Hem/Onc *(ERASER)*	with Bristol Myers Squibb	Global	ANTENGENE
ATG-101[2]	PD-L1/4-1BB *(Bispecific Antibody)*	Monotherapy for Hem/Onc *(PROBE & PROBE-CN)*			
ATG-037[3]	CD73 *(Small molecule)*	Monotherapy ± pembrolizumab for Hem/Onc *(STAMINA)*	with MERCK		
ATG-018	ATR *(Small molecule)*	Monotherapy for Hem/Onc *(ATRIUM)*			
ATG-022	Claudin 18.2 *(ADC)*	Monotherapy for Onc *(CLINCH)*			
ATG-031	CD24 *(Monoclonal Antibody)*	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

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

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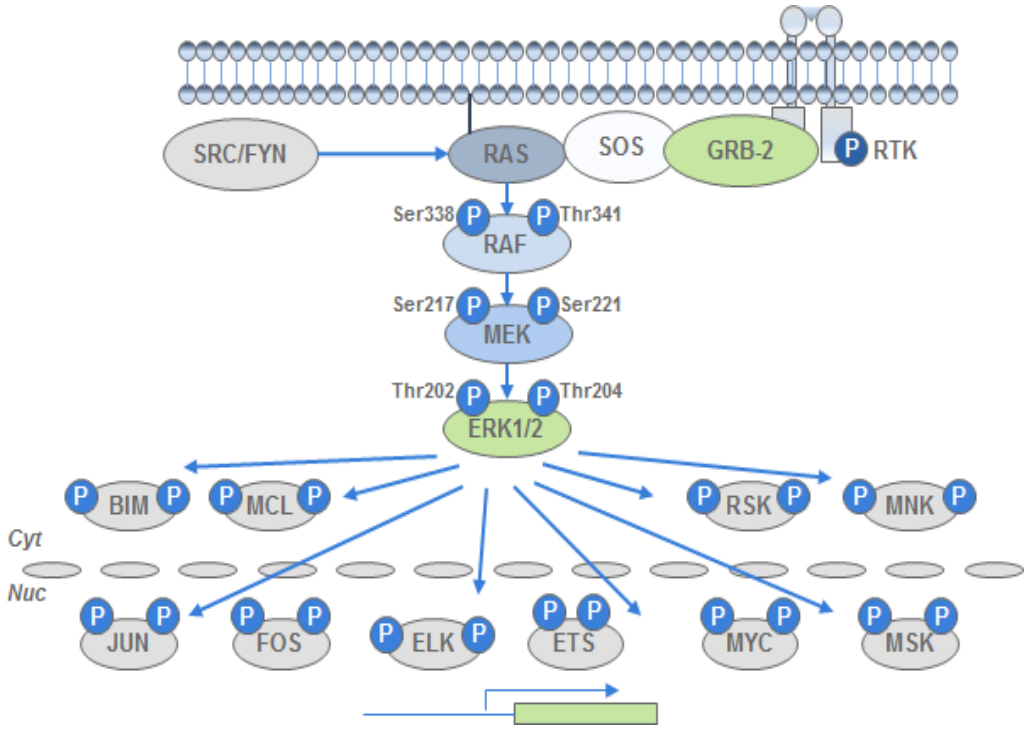
	ATG-017 (Tizaterkib)	ATG-101	ATG-037	ATG-018	ATG-022	ATG-031
Target	**ERK1/2**	**PD-L1/4-1BB**	**CD73**	**ATR**	**Claudin 18.2**	**CD24**
Modality	Small Molecule	Bispecific Antibody	Small Molecule	Small Molecule	ADC	Monoclonal Antibody
Differentiation	✓ **Higher potency** and dual IoC and PoA activity 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	✓ 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	✓ 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	✓ Better ***in vivo* efficacy** compared with benchmark in pre-clinical CDX tumor models ✓ Orally available	✓ **High affinity antibody (pM)**; Strong *in vivo* efficacy pre-clinically in Claudin 18.2 low expression PDX models ✓ Demonstrated an excellent safety profile in GLP toxicology studies	✓ **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 ➢ Monotherapy RP2D achieved ➢ Monotherapy dose expansion and **combo dose escalation with nivolumab initiated enrollment in July 2023**	➢ Phase I clinical trial **"PROBE"** ongoing in Australia and US ➢ Phase I clinical trial **"PROBE-CN"** ongoing in China ➢ Dose escalation studies approaching biologically active dose with **good tolerability** ➢ Reported **partial response** and **durable stable diseases** in patients treated at **low dose levels** ➢ 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; currently in dose escalation stage ➢ **13 patients** are undergoing the optional combination dose escalation with pembrolizumab	➢ Phase I clinical trial **"ATRIUM"** ongoing in Australia, currently enrolling patients in the 7th cohort in the dose escalation stage	➢ Phase I clinical trial **"CLINCH"** ongoing in Australia and China, enrolling patients in the 4th cohort ➢ **Partial response detected** at a dose lower than the expected efficacious dose range ➢ US FDA granted two consecutive orphan drug designations for the treatment of pancreatic cancer and gastric cancer in May 2023	➢ Phase I clinical trial **"PERFORM"** received IND clearance from the US FDA in May 2023 ➢ The **MD Anderson Cancer Center** will be the leading site for this clinical trial; Initiation of the trial is expected in Q4 2023

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

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

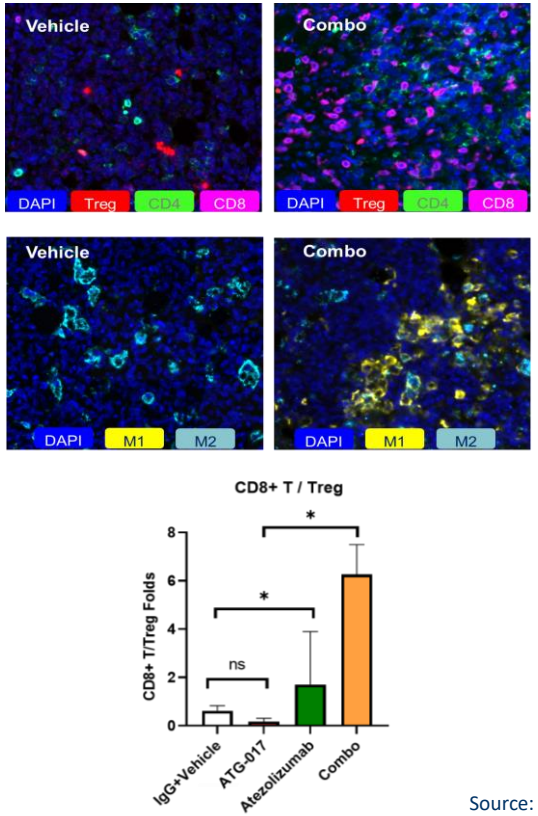
- Great clinical potential as a monotherapy or combination in multiple solid tumors and hematological malignancies that harbor activating alterations in the RAS-MAPK pathway
  - E.g. RASm NSCLC, Pancreatic, CRC, and Melanoma

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-017 (Tizaterkib) Has Broad Combinational Potential With Various IO Agents and Target Therapies

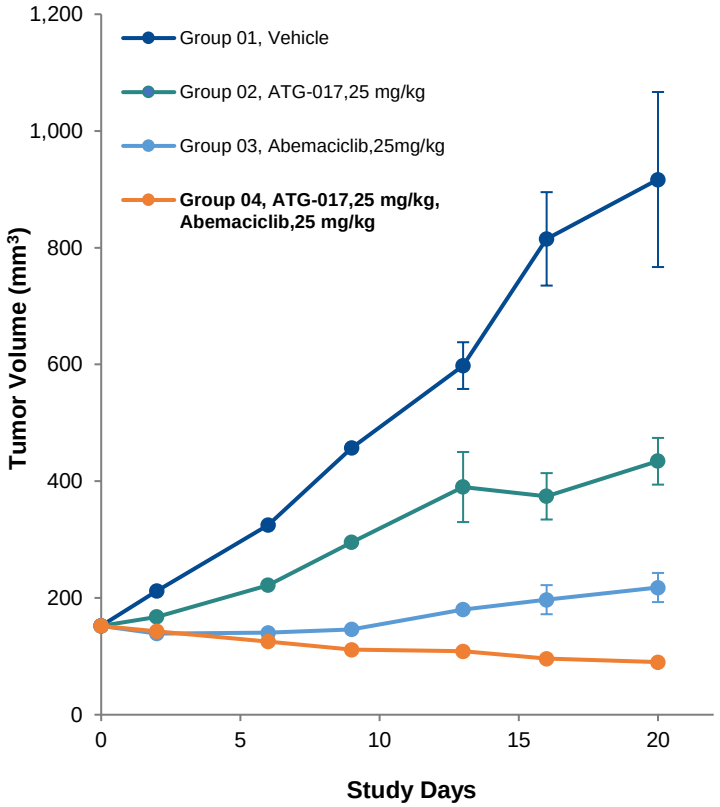
- ATG-017 showed *in vivo* synergism with inhibitors of MEK, EGFR, CDK4/6 and KRAS G12C
- ATG-017 modulates the tumor microenvironment and demonstrated synergism with immune checkpoint inhibitor
- Clinical trials evaluating ATG-017 in combination with other agents are being developed

In Vivo Synergy with Anti-PD-L1 in EL4 Syngeneic T cell Lymphoma CDX

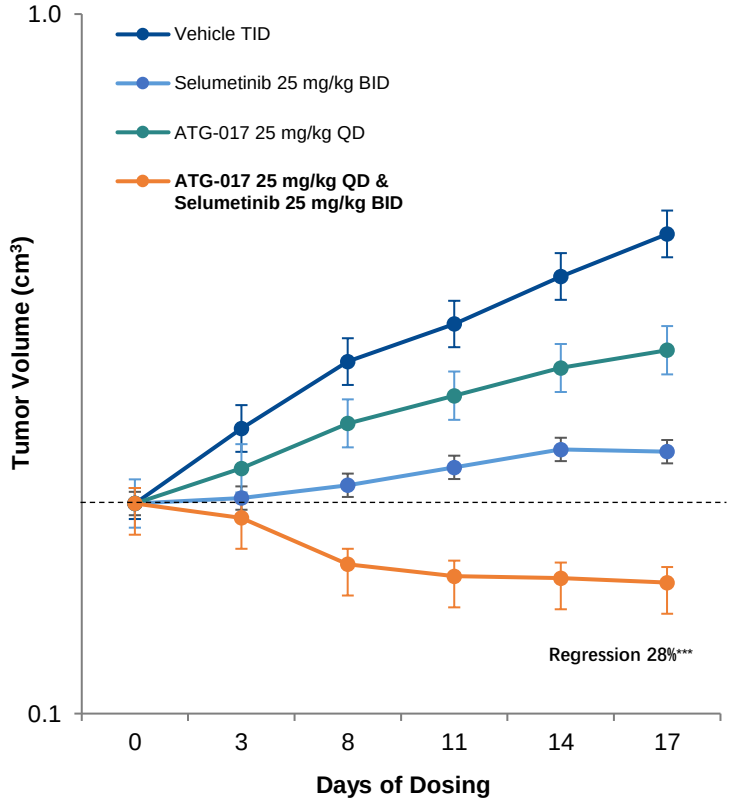


Source: SITC 2021

In Vivo Synergy with CDK4/6 Inhibitor in NCI-H358 NSCLC CDX



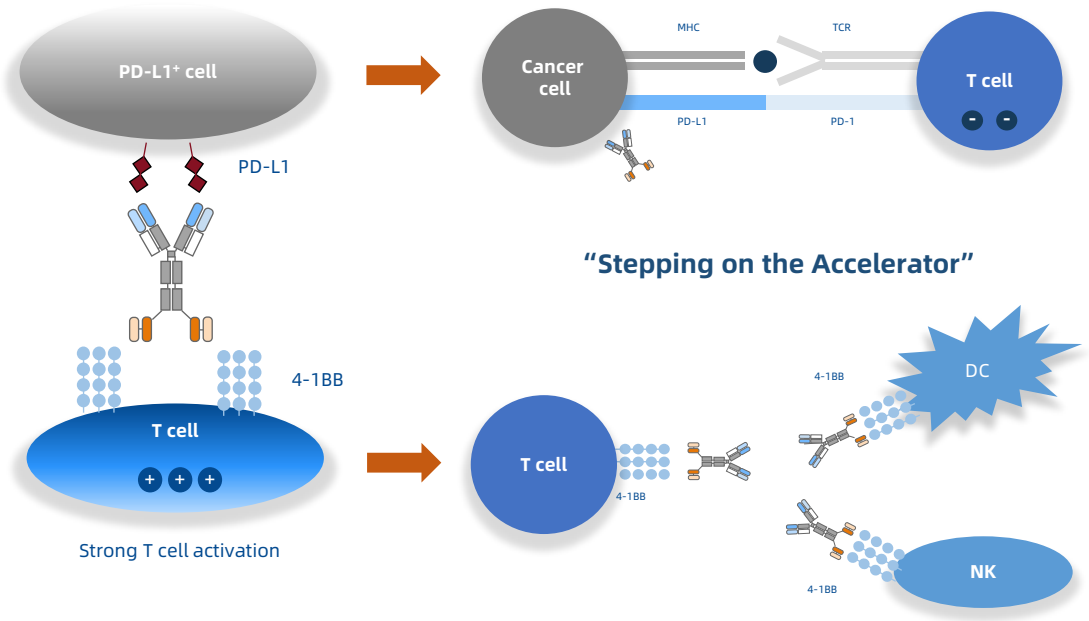
In Vivo Synergy with MEK Inhibitor in A549 ($KRAS^{G12S}$) NSCLC CDX



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

- 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"**

Source: 1. Prof Andrew Scott, ONJCRI, 2022

ATG-101 Induces Maximum Trimer Formation and >90% PD-L1 Receptor Occupancy at 2 mg/kg in Humans

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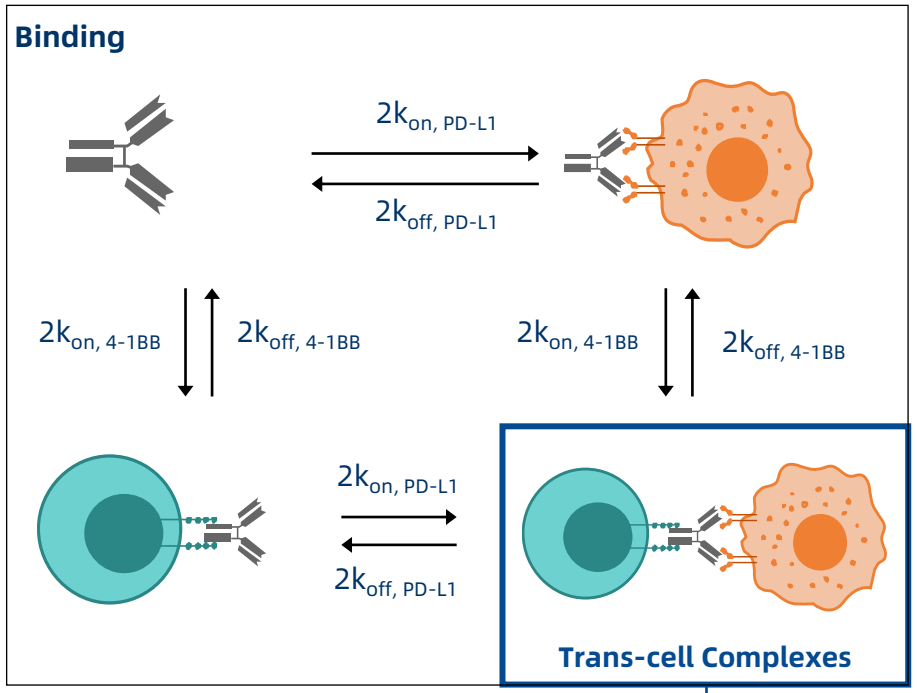
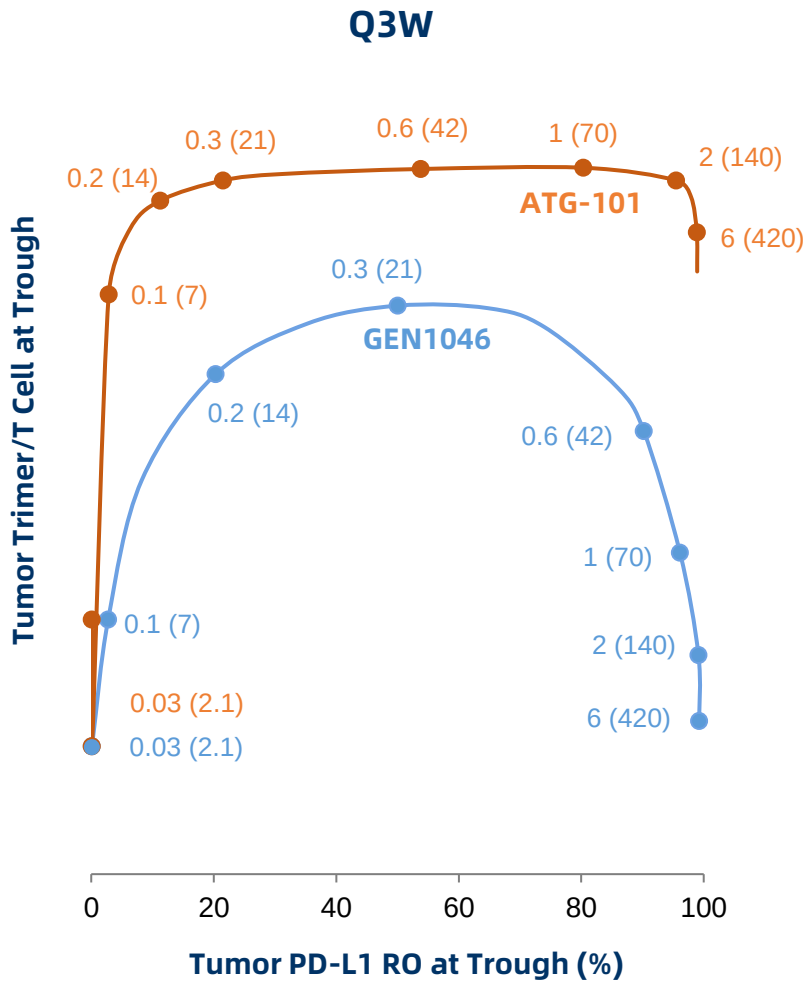
A Computational Semi-mechanistic Pharmacology Model Predicts that ATG-101 Induces Max Trimer Formation and >90% PD-L1 RO at 2mg/kg in Humans

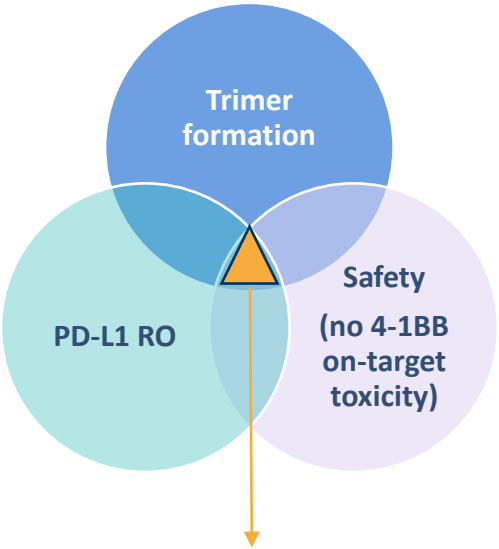
Model Structure and Strategy



Trans-cell complexes (i.e., trimers) are assumed to drive the **pharmacological activity of ATG-101**

Activation of Cytokine Release Cytotoxicity





Sweet Spot

The avidities of each arm of ATG-101 allows a dose level at which drug induces max trimer formation, >90% PD-L1 RO, with no 4-1BB on target toxicity

Source: SITC 2021

ATG-101 is Effective in Treating Anti-PD(L)1 Relapsed Tumor Models

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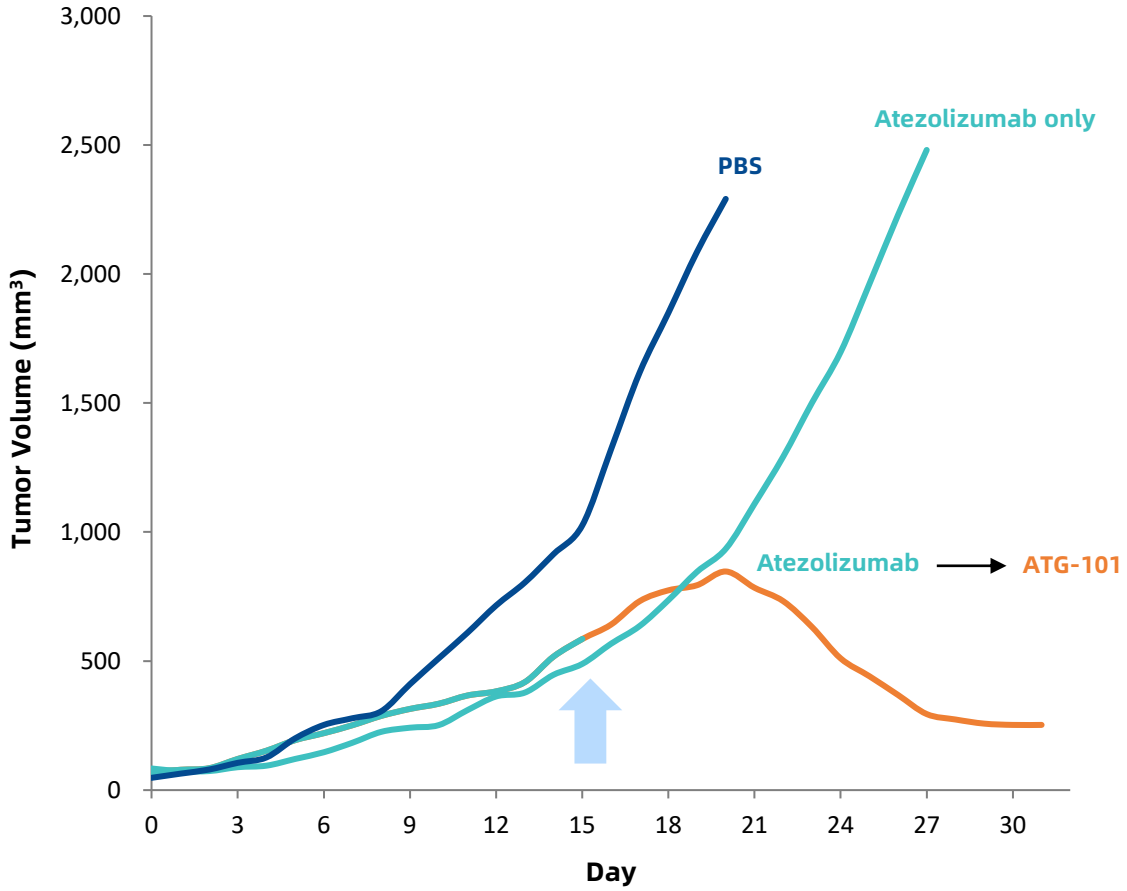
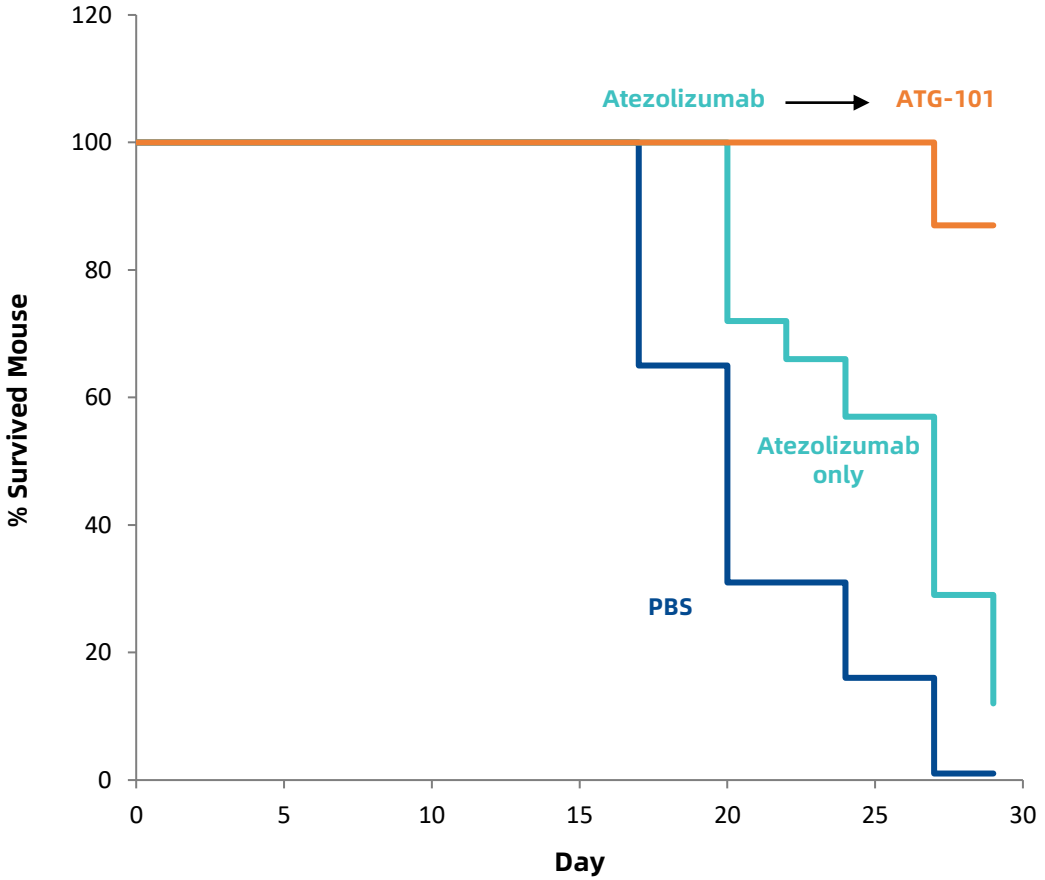
Anti-tumor Efficacy in Primary Anti-PD(L)1 Relapsed Tumor Models

Tumor Volume of Different Treatment Regimen Against Time



Survival Rate of Mouse (%) Against Time



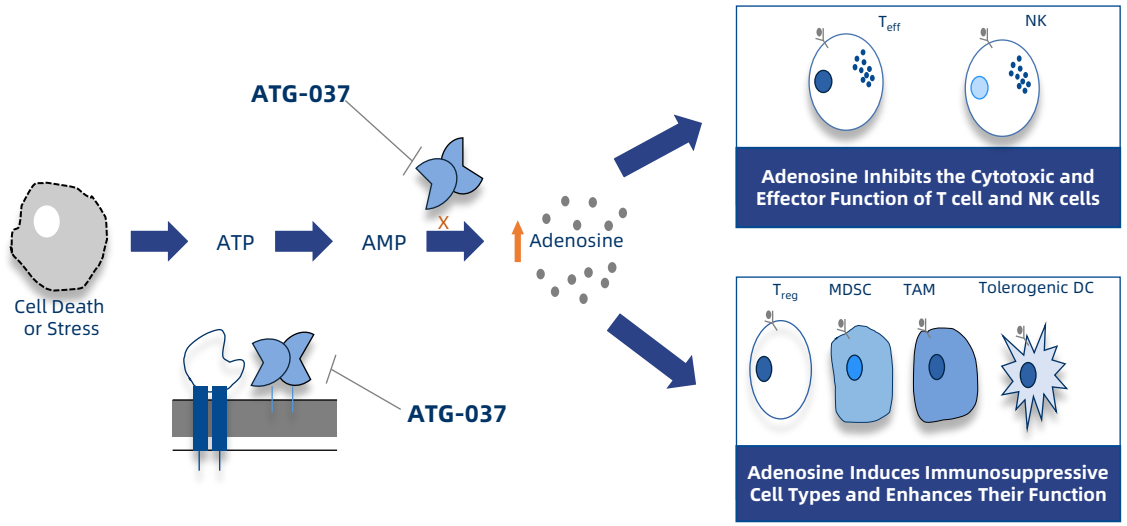
ATG-037: Orally Available Small Molecule Inhibitor of CD73 with Best-in-Class Potential

Summary of ATG-037

- Functions to **inhibit CD73** – the ecto-5'-nocleotidase 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**

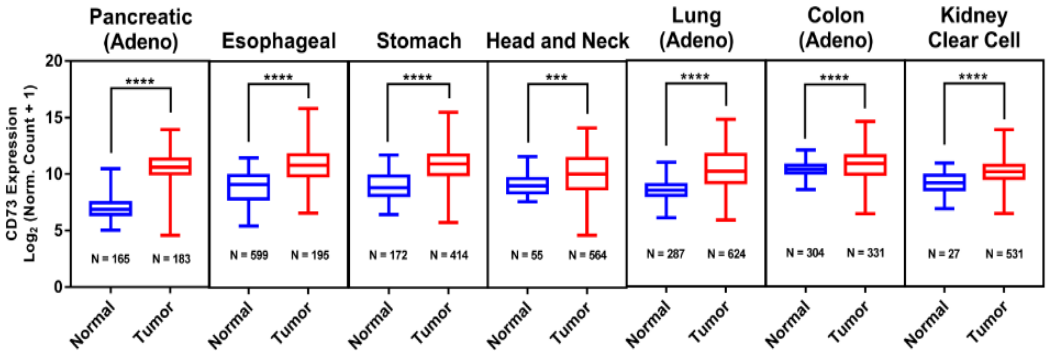


Excellent Safety Profile

- **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-037 Demonstrates *In Vivo* Synergy with Chemotherapy, Checkpoint Inhibitors and ATG-010 (Selinexor)

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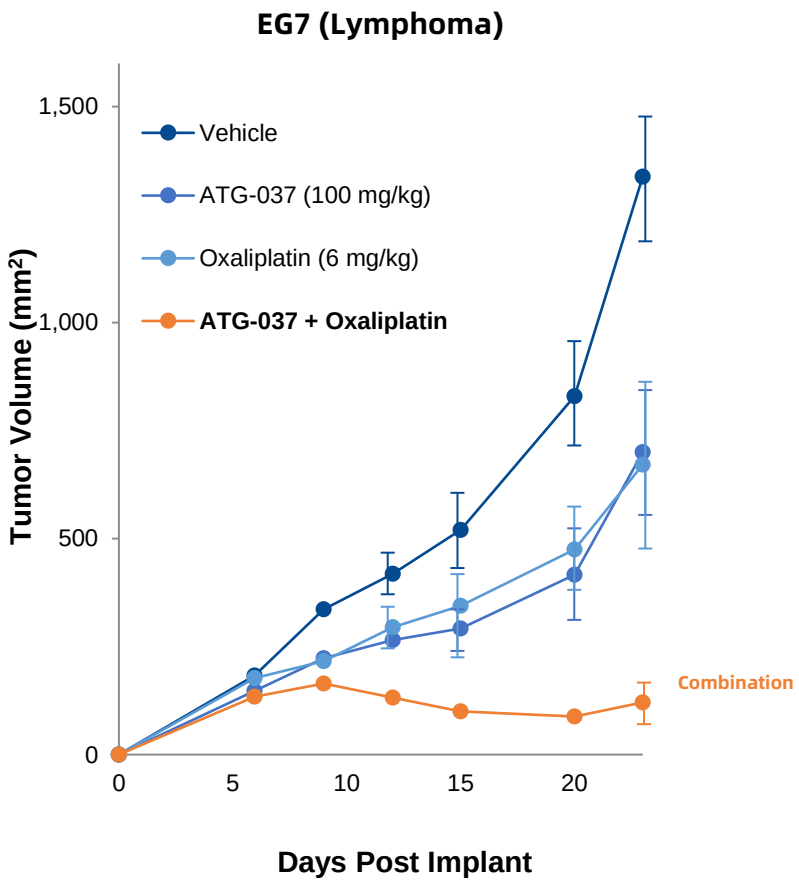
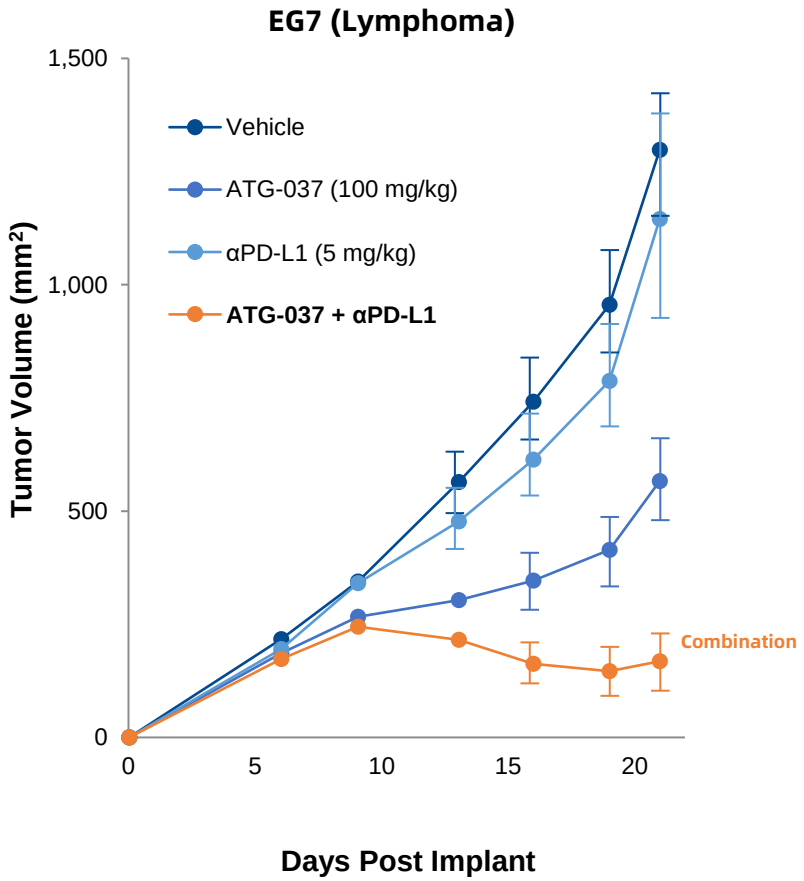
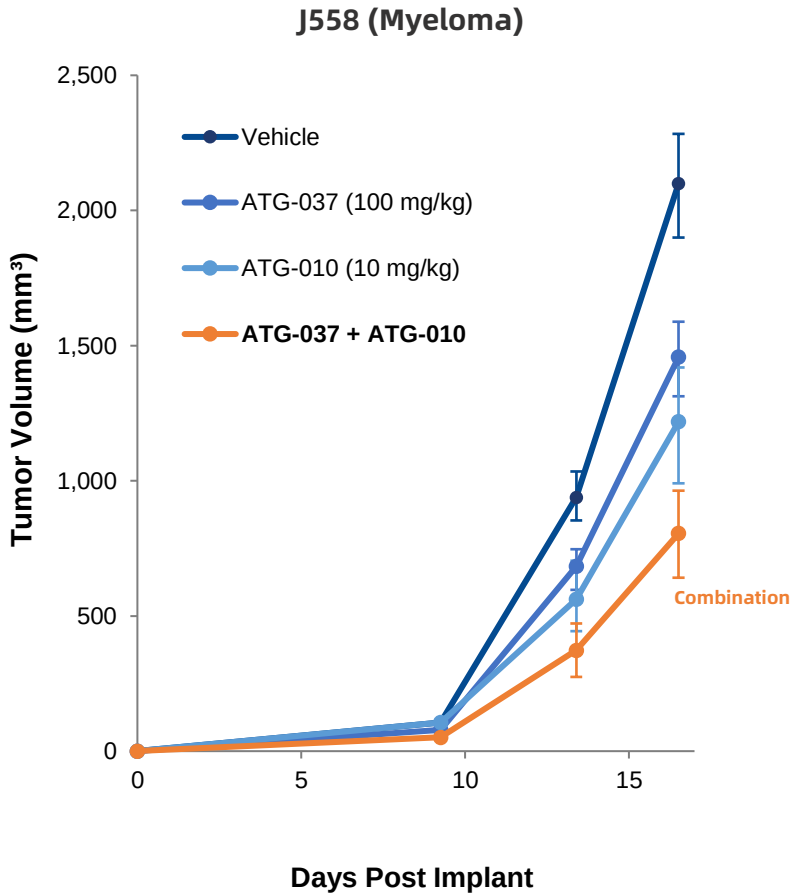
In Vivo Synergy with Chemotherapy in Mouse EG7 Lymphoma



In Vivo Synergy with Anti-PD-L1 in Mouse EG7 Lymphoma Model



In Vivo Synergy with ATG-010 (Selinexor) in Mouse J558 Myeloma Model



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

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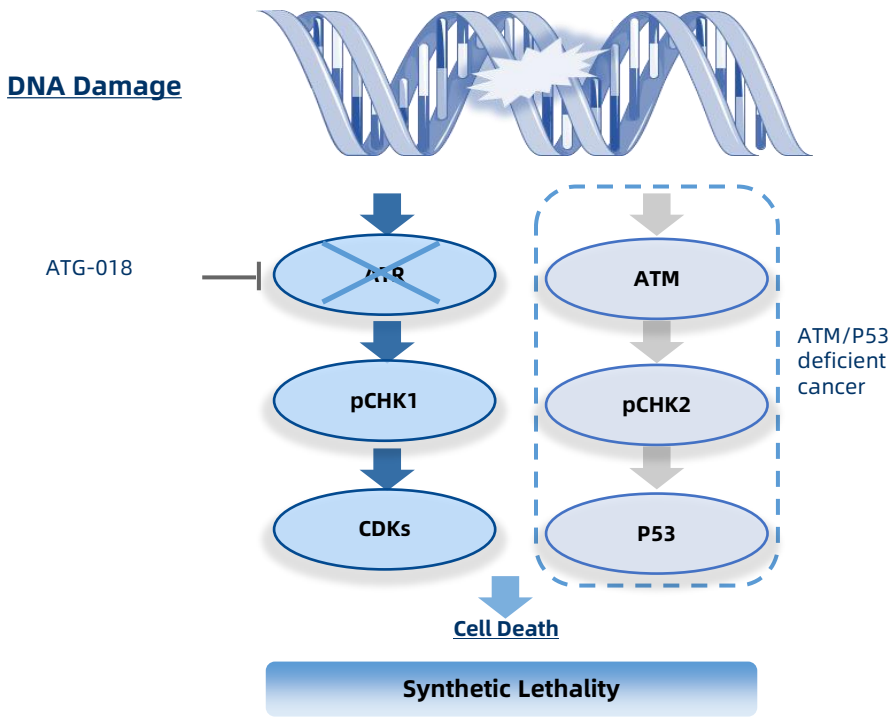
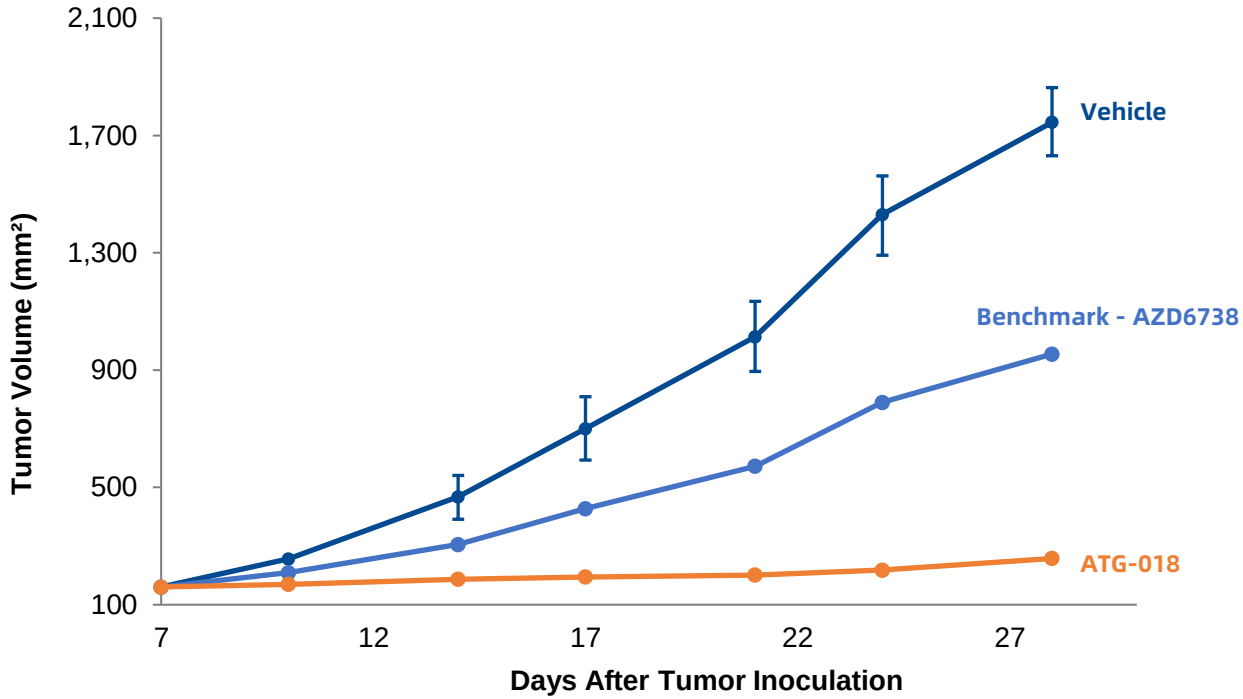
- Many patients with malignant tumors carry **genetic alternations** which correlate with **functional loss or deregulation of key DDR proteins**, most notably **p53** and **ATM**
- These tumors **extensively rely on ATR** for DNA repair
- ATG-018 can **inhibit DNA damage repair**, release tumor cells 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)**



ATM: ataxia-telangiectasia mutated; CDKs: cyclin-dependent kinases; pCHK1: phosphor-checkpoint kinase 1; pCHK2: phosphor-checkpoint kinase 2.

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

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Summary of ATG-022

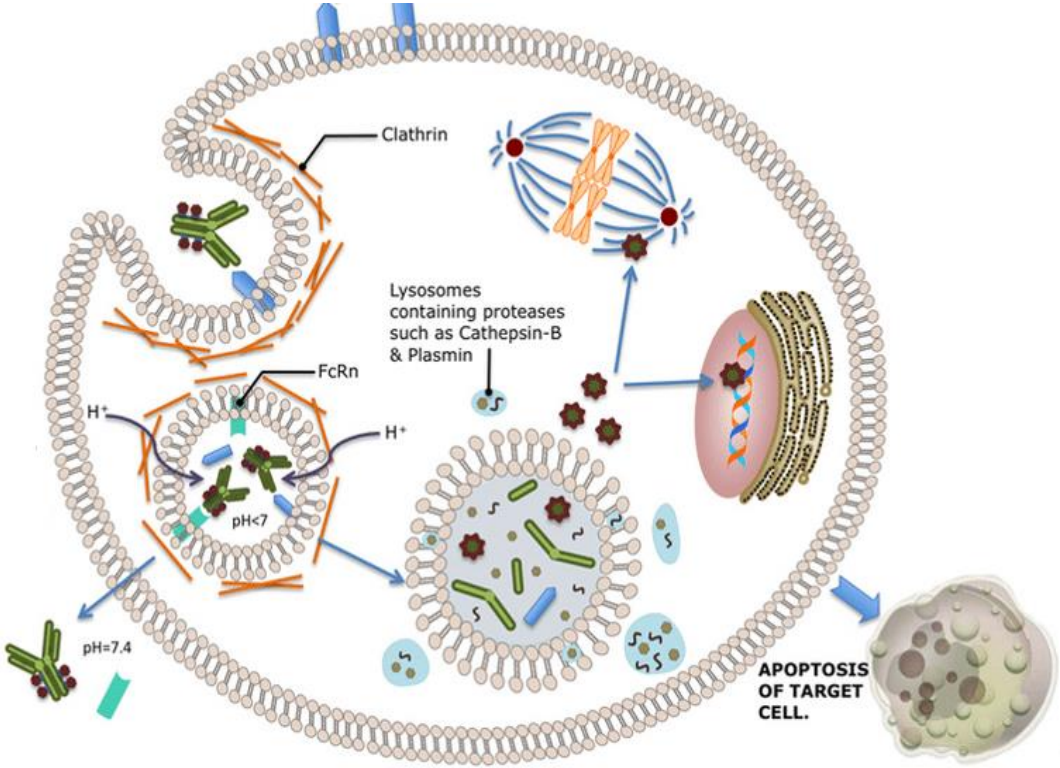
- Claudin 18.2 is a **tumor-associated antigen** overexpressed particularly in gastric, esophageal and pancreatic cancers, occasionally in other tumors including lung, ovarian, and head & neck malignancies
- Clinical ADC candidate with **vc-MMAE as linker payload (DAR4)**

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-022 Demonstrated Strong *In Vivo* Efficacy in Various Claudin 18.2 Level PDX Models

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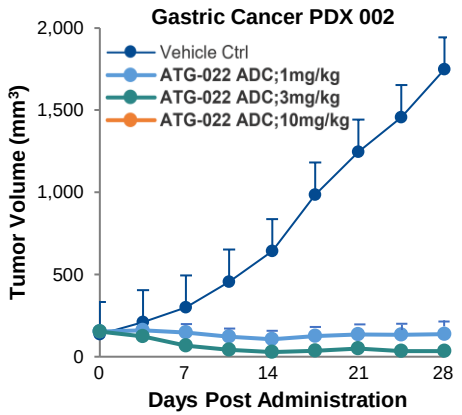
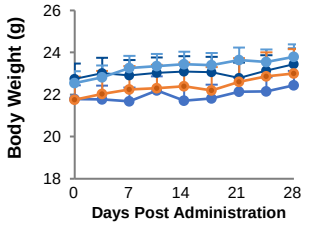
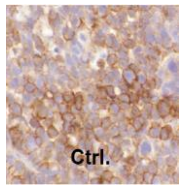
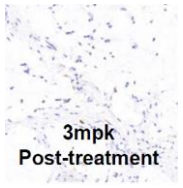
High Expression Level of Claudin 18.2

ATG-022 Induced Tumor Regression (TR) or Complete Remission (CR)

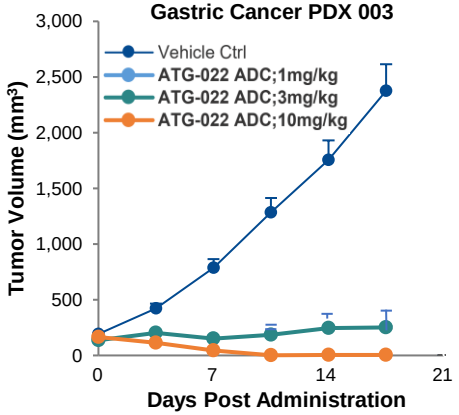


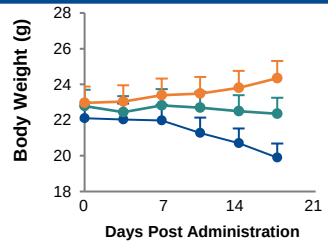


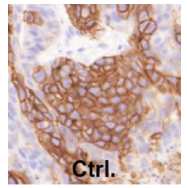


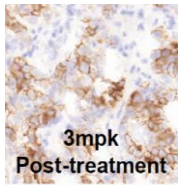


	CLDN18.2 Expression		TGI%		
Model	Positive%	IHC Intensity	1mpk	3mpk	10mpk
PDX002	90%	1+~2+	TR	TR	CR





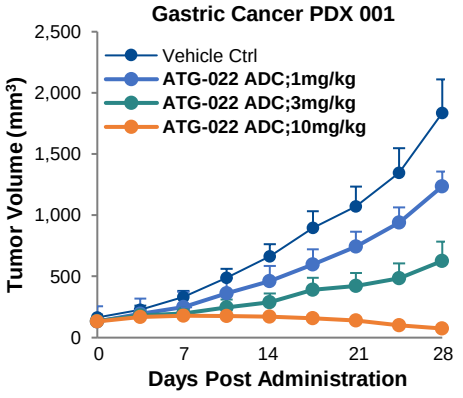


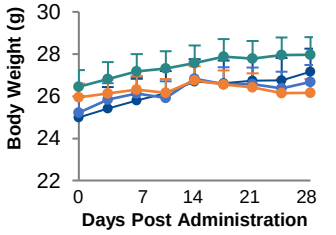


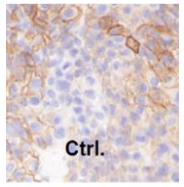
	CLDN18.2 Expression		TGI%	
Model	Positive%	IHC Intensity	3mpk	10mpk
PDX003	70%	2+~3+	94%	CR

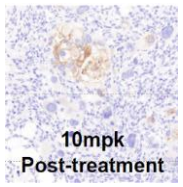
Moderate Expression Level of Claudin 18.2

ATG-022 Induced Tumor Regression (TR) or Complete Remission (CR)





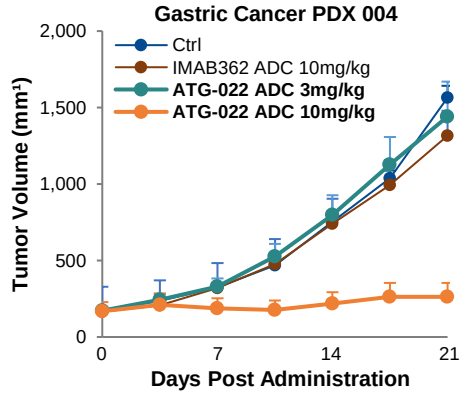


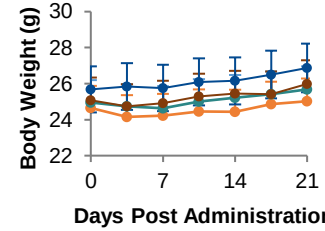


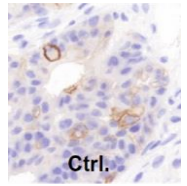
	CLDN18.2 Expression		TGI%		
Model	Positive%	IHC Intensity	1mpk	3mpk	10mpk
PDX001	60%	1+	35%	72%	TR

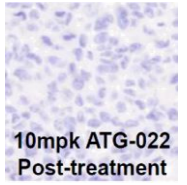
Extremely Low Expression Level of Claudin 18.2

ATG-022 Inhibited Tumor Growth









	CLDN18.2 Expression			TGI%	
Model	Positive%	IHC Intensity	BMK	3mpk	10mpk
PDX004	<5%	0~1+	NS	NS	93

Source: AACR 2022.

ATG-022 (Claudin 18.2 ADC): Phase I "CLINCH" Trial Enrollment Underway

Enrolling Patients with Advanced/Metastatic Solid Tumors

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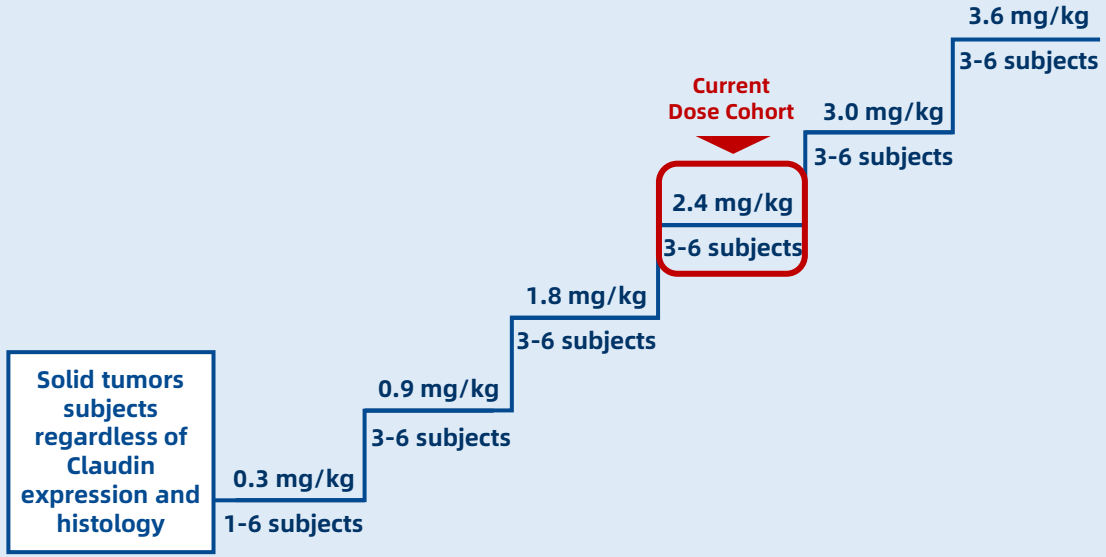
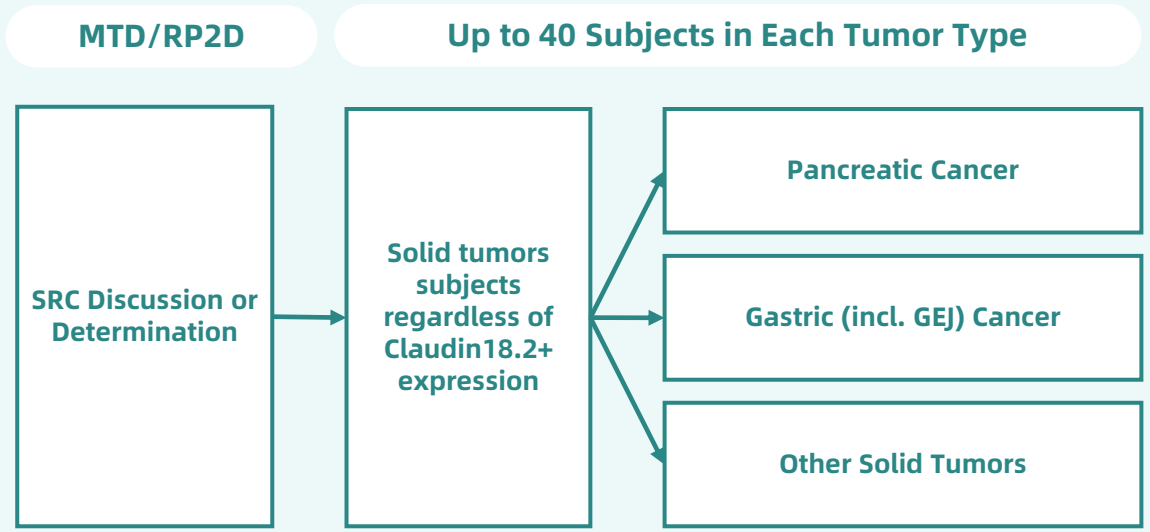
Phase I, Open-label, Multi-center, Dose-finding Study Ongoing with Multiple Centers in Australia and the Mainland of China

Phase Ia: Dose Escalation



Primary Objectives: Safety, tolerability. Define MTD and RP2D
Secondary Objectives: Evaluate preliminary efficacy (RECIST 1.1), measure ADA, CLDN18.2 expression
CLDN18.2 Status: No expression requirements

Phase Ib: Dose Expansion



Approximately 120 subjects, depending on the number of cohorts to be expanded.
3 cohorts (pancreatic, gastric, advanced solid tumors)
CLDN18.2+ tumors only. No prior CLDN18.2 agents

First Read out H1 2024

ADA: anti-drug antibody; MTD = maximally tolerated dose, RP2D = recommended Phase 2 dose

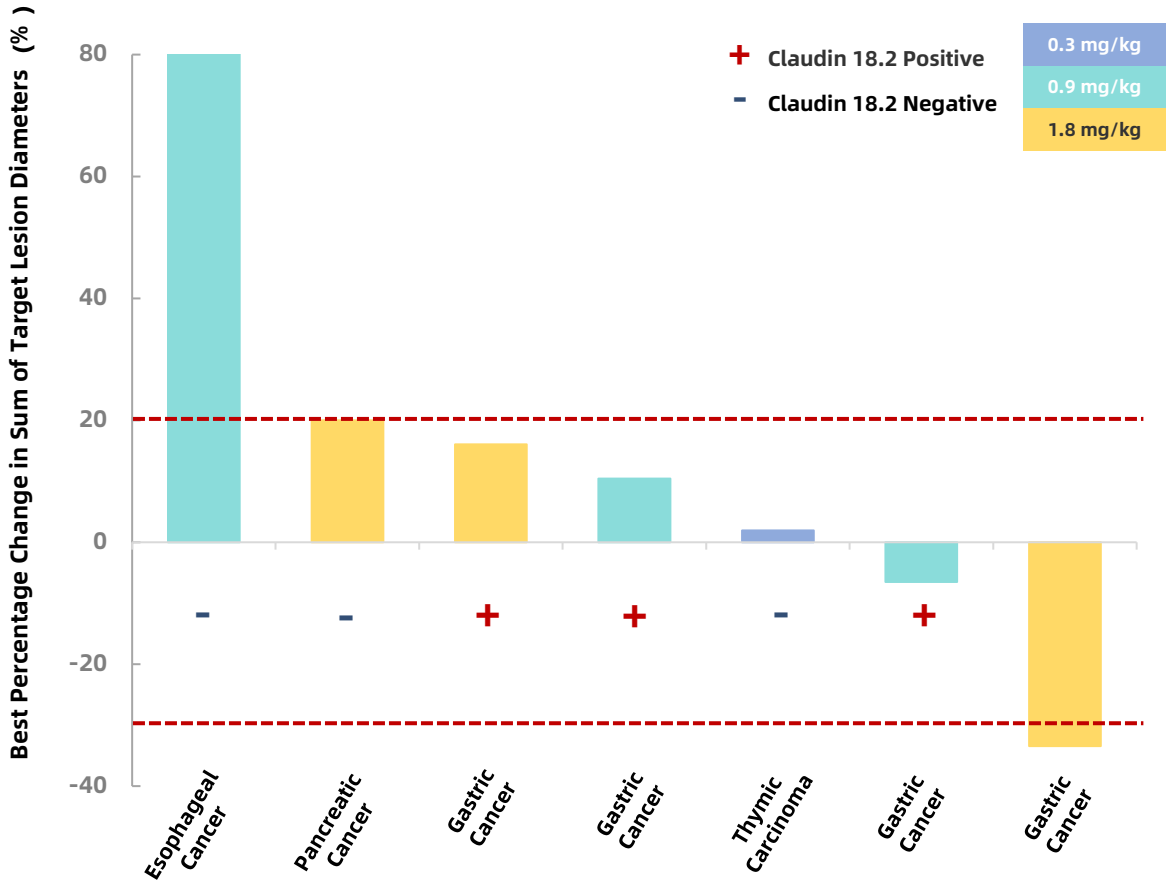
ATG-022 (Claudin 18.2 ADC): Preliminary Efficacy in the Phase I "CLINCH" Trial

ANTENGENE

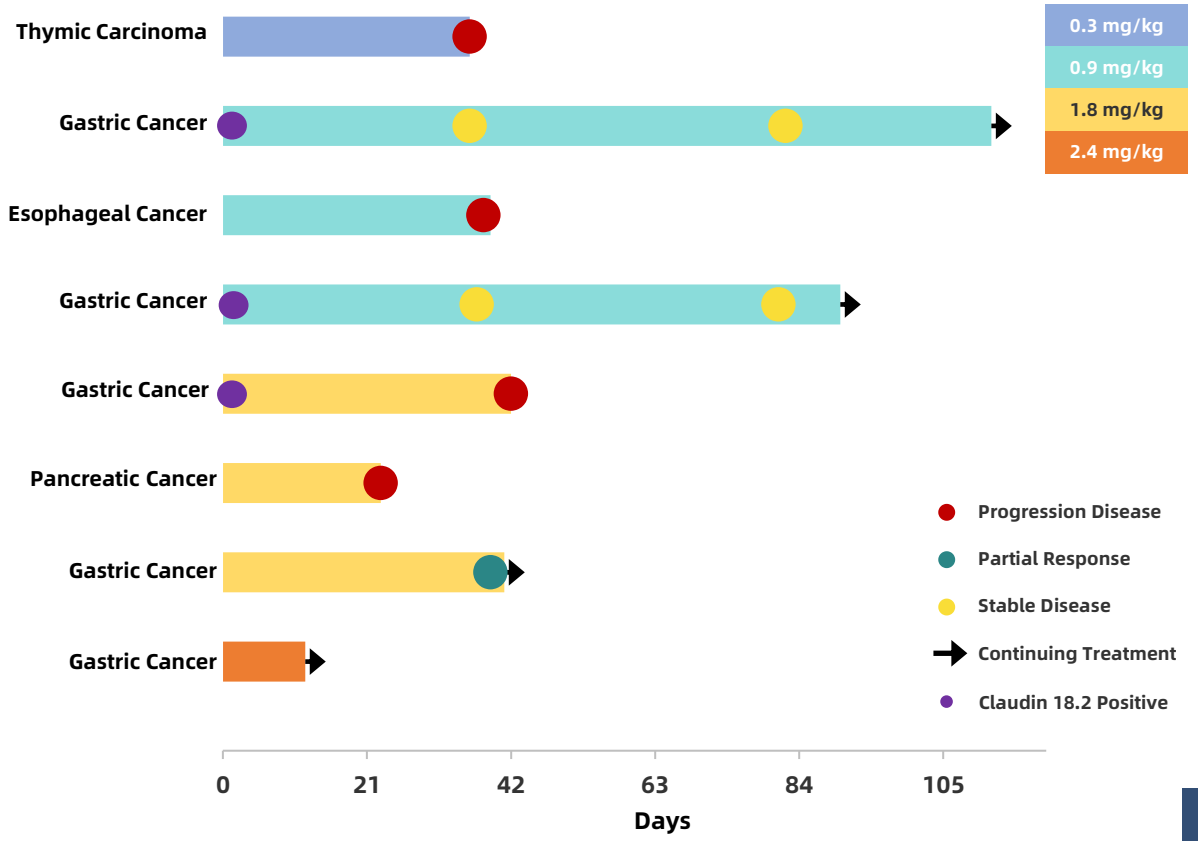
Preliminary Efficacy (as of August 20th, 2023)

- Currently in dose escalation stage, enrolment ongoing
- **7 patients** had at least the first tumor assessment data;
- **1 PR from 1.8mg/kg dose level observed**

Efficacy Summary - Waterfall Plot



Efficacy Summary - Swimmer Plot

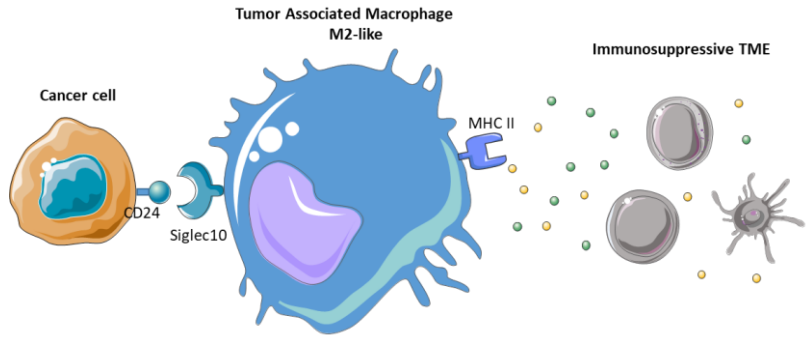


ATG-031: First-in-Class CD24 Antibody to Inhibit the "Don't Eat Me" Signal

ANTENGENE

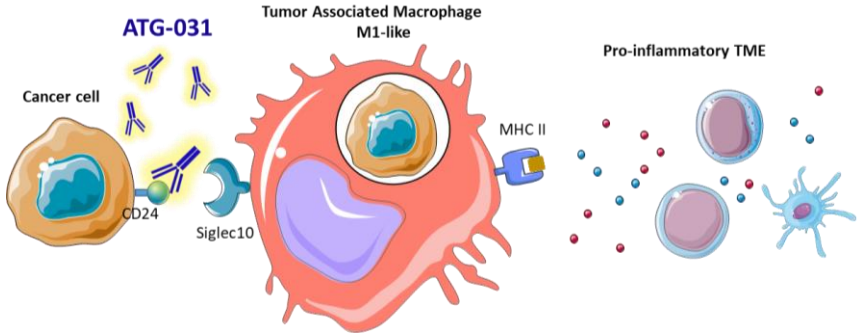
Summary of ATG-031

- 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**



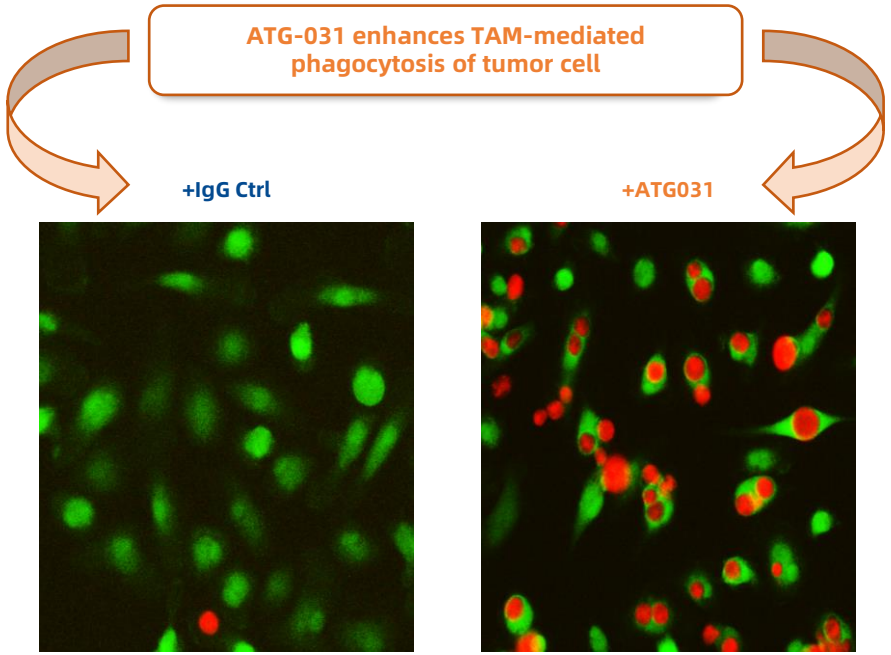
"Don't Eat Me"

- Reduced phagocytosis
- M2-like Tumor Associated Macrophage
- Immunosuppressive Tumor Microenvironment
- Less tumor antigen presentation
- In-activated T and NK cells



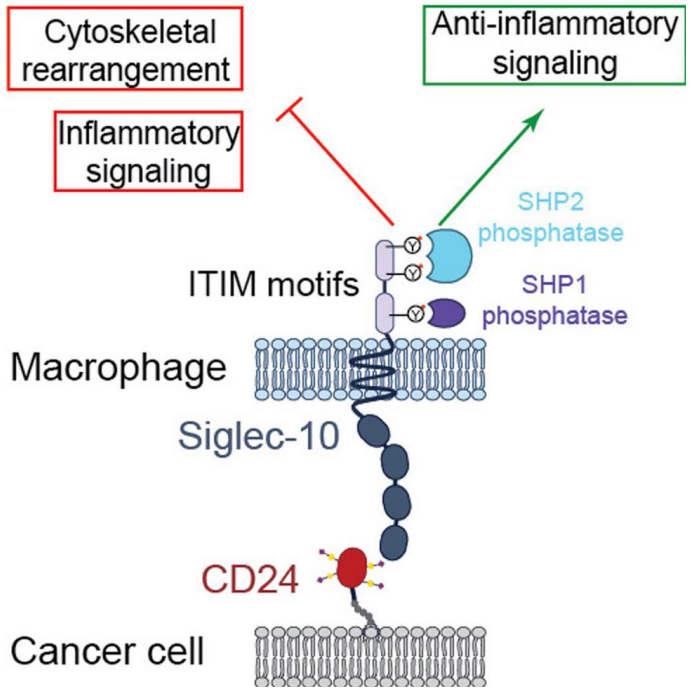
"Eat Me"

- Increased phagocytosis
- M1-like Tumor Associated Macrophage
- Pro-inflammatory Tumor Microenvironment
- Enhanced Tumor Antigen presentation
- Activated T and NK cells



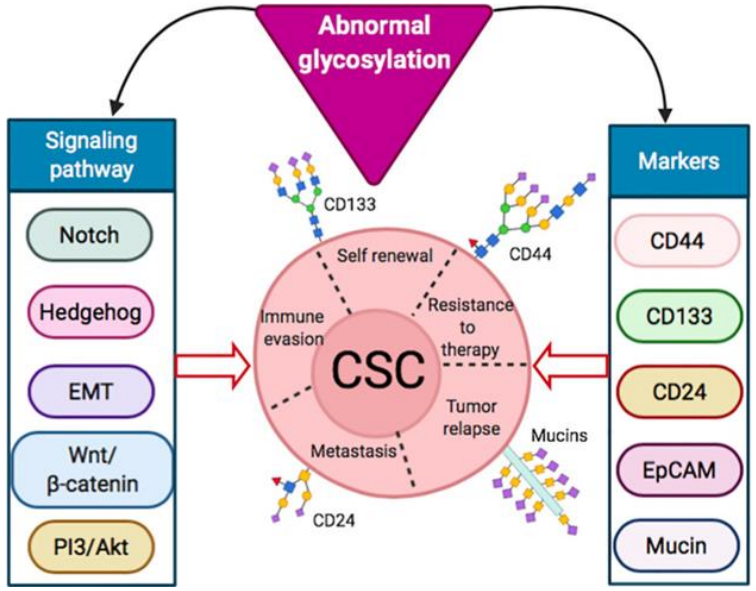
Rationale for Targeting CD24 in Cancer

CD24 is a "Don't eat me" Protein on Cancer Cell and Triggers Anti-inflammatory Signaling in the TME



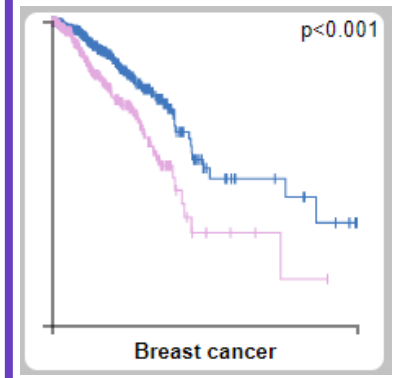
Nature. 2019; 572(7769): 392–396.

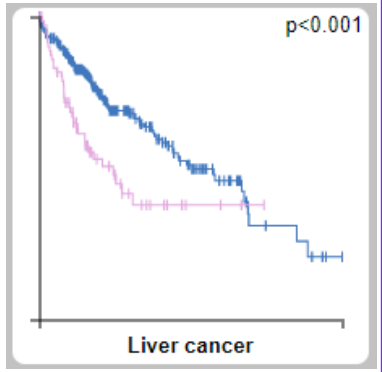
CD24 is a Marker of Cancer Stem Cells for Multiple Tumor Types, Such as Ovarian, Liver, Stomach and Pancreatic Cancer



Front Oncol. 2021; 11: 649338.

High Expression of CD24 is a Poor Prognostic Marker for Multiple Tumor Types



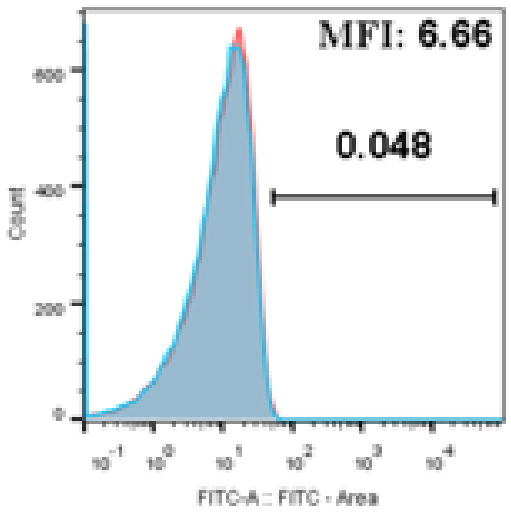


Human Protein Atlas

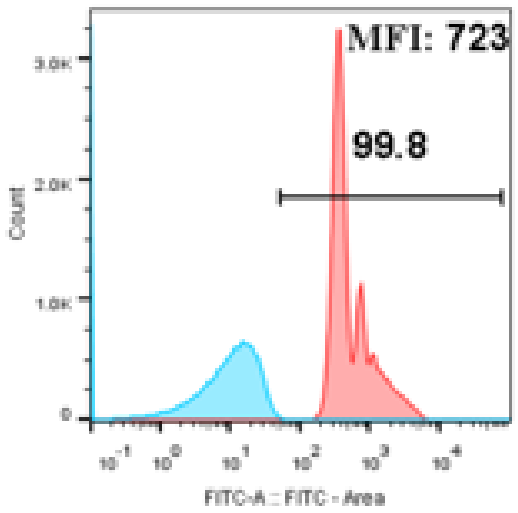
CD24 is Not Expressed on Human Red Blood Cells, Unlike CD47

- Due to the normal tissue distribution of CD47 (e.g. Expression on red blood cell), the clinical development of CD47 binding molecules has been hampered by the on-target-off-tumor toxicity, such as anemia
- **Unlike CD47, CD24 is not expressed on human red blood cells**

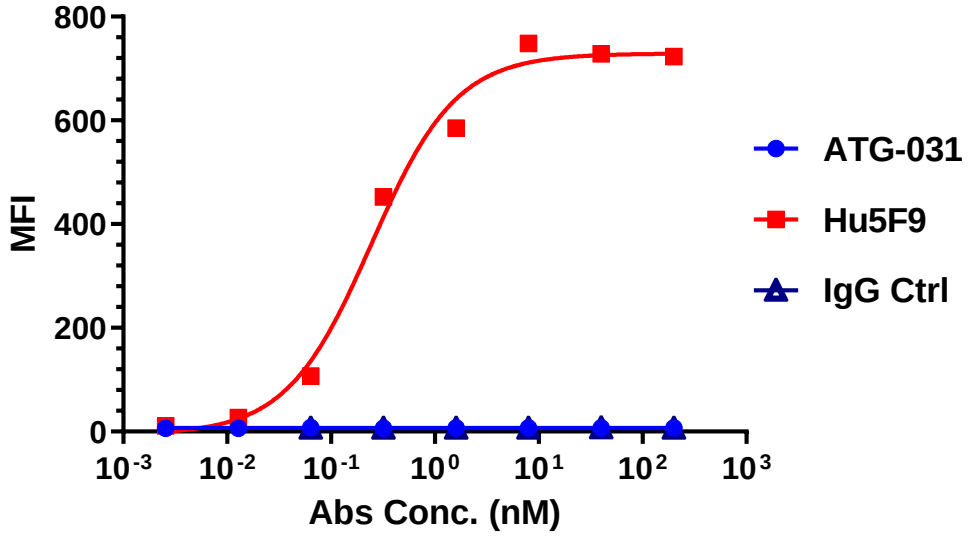
ATG-031



Anti-CD47

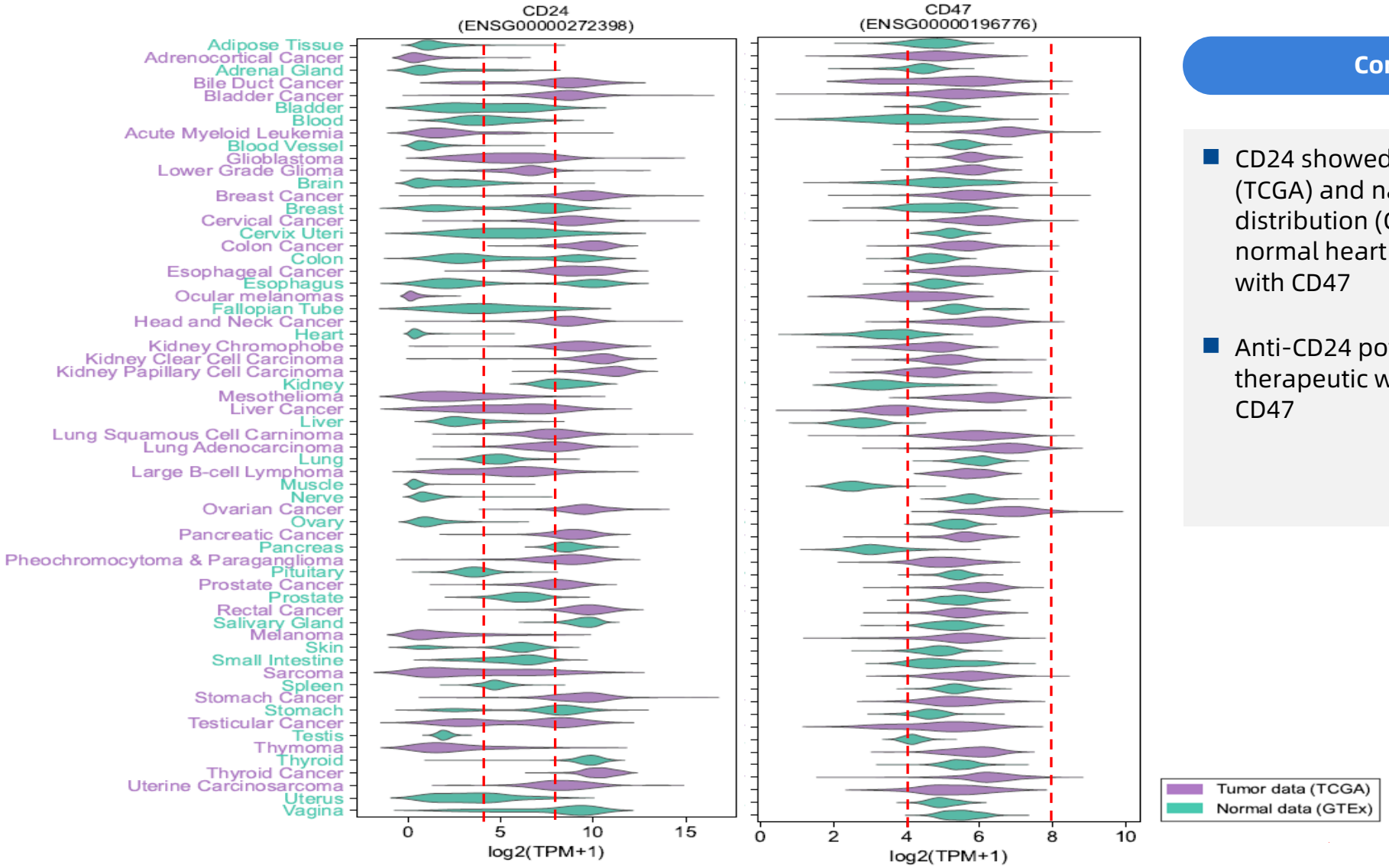


Human RBC



Human RBC Expressed CD47 but Not CD24

CD24 Has Higher Tumor Expression Compared to CD47



Comparison Analysis

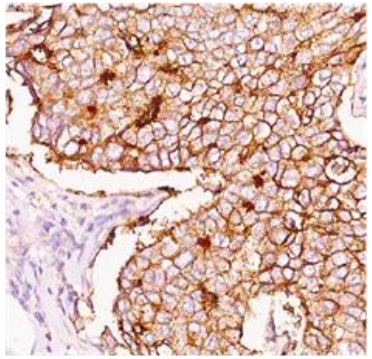
- CD24 showed much higher tumor expression (TCGA) and narrower normal tissue distribution (GTEx), with significantly lower normal heart and CNS expression, compared with CD47
- Anti-CD24 potentially has a larger therapeutic window compared with anti-CD47

CD24 is Over-expressed in Multiple Tumor Types

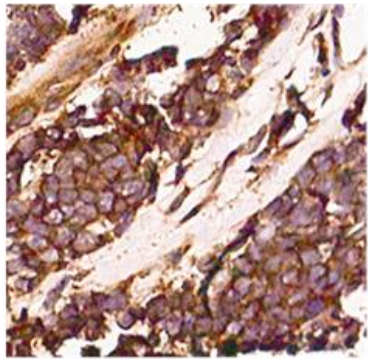
ANTENGENE

- A highly selective CDx antibody for IHC was developed in-house
- IHC staining on tumor tissue microarray revealed that 50-80% of patients with lung, breast, bladder, ovarian, or liver cancer have CD24 expression on tumor cell surface
- CD24 over expression was also detected in other solid tumor types and hematological malignancies

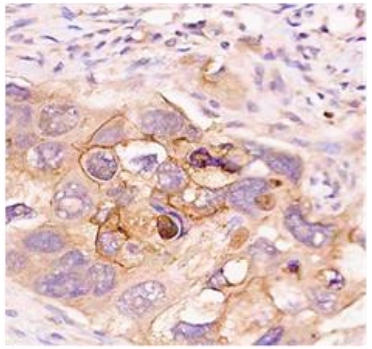
Breast Cancer



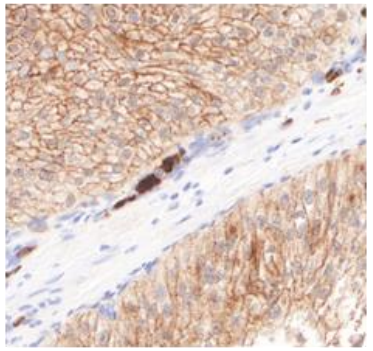
Small Cell Lung Cancer



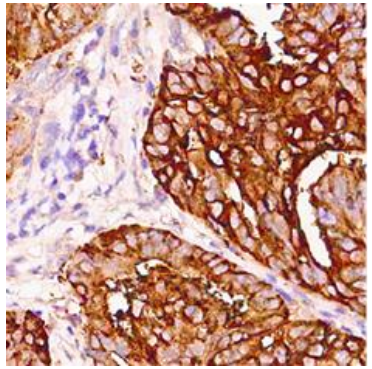
NSCLC-Sq



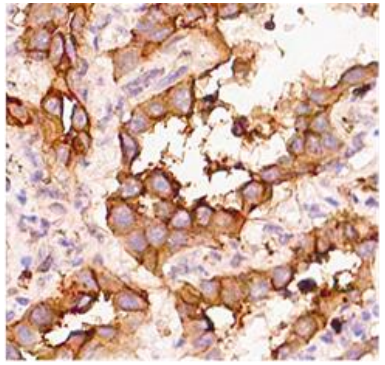
Bladder Cancer



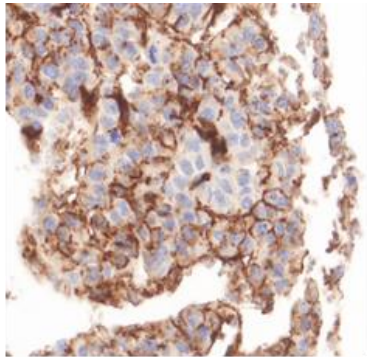
Ovarian Cancer



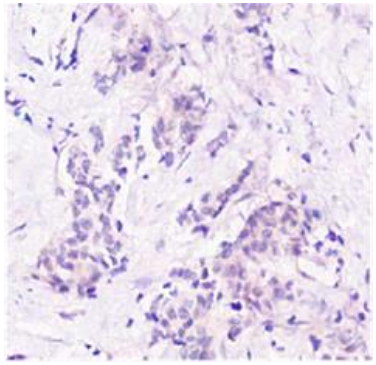
NSCLC-Adeno



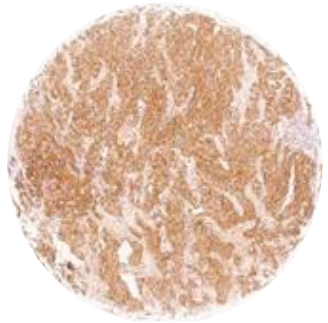
Liver Cancer



Negative Stained Tumor



CD24 Expression in Cancerous Tissue and Para-cancerous Normal Tissue



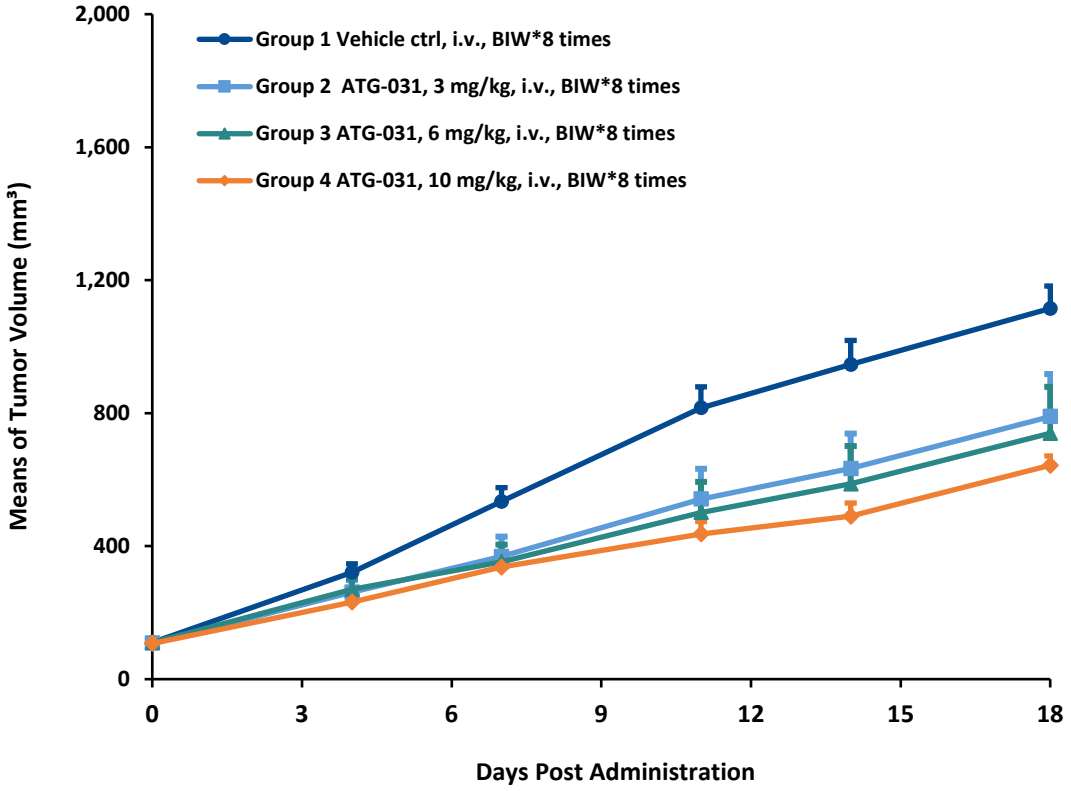
Breast Cancer Tissue

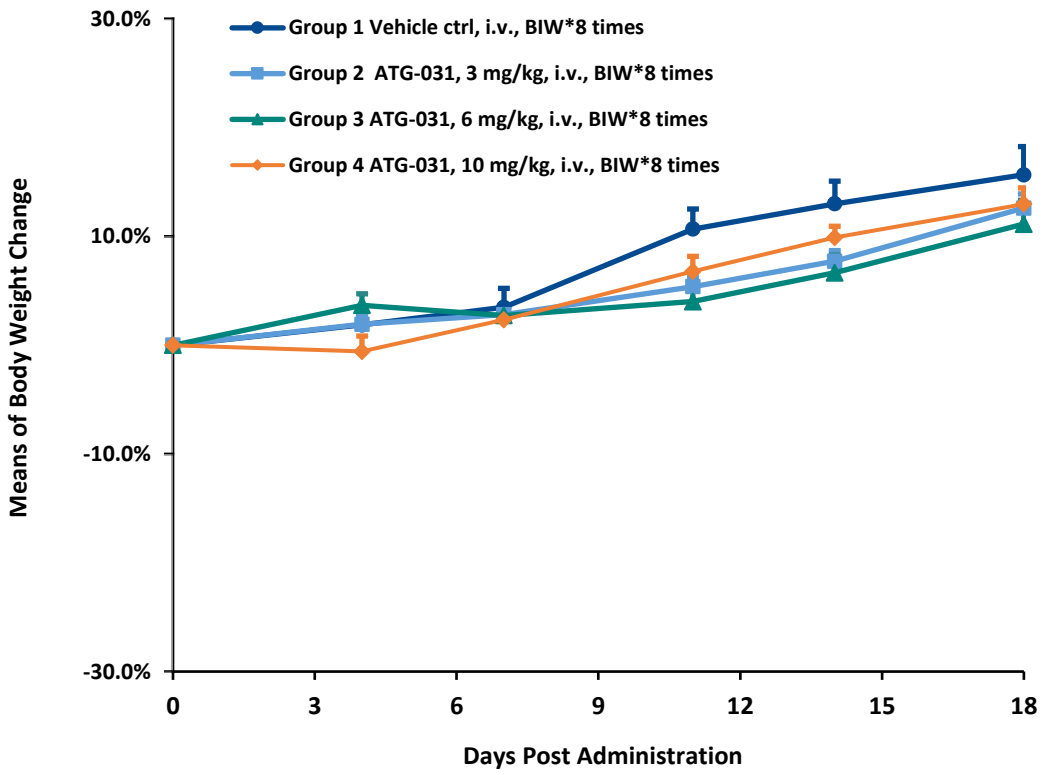
Para-cancerous Normal Tissue

ATG-031 Demonstrates Potent *In Vivo* Efficacy in Mouse Syngeneic Triple-Negative Breast Cancer Model

- CD24 is **highly expressed** in triple-negative breast cancer (TNBC)
- ATG-031 demonstrated **potent *in vivo* efficacy** in mouse syngeneic TNBC 4T1-hCD24 model

Single Agent Activity in Mouse Syngeneic 4T-1-hCD24 Triple-Negative Breast Cancer Model





ATG-031 Demonstrates *In Vivo* Single Agent Efficacy As Well As Synergism with Chemotherapy or Checkpoint Inhibitor

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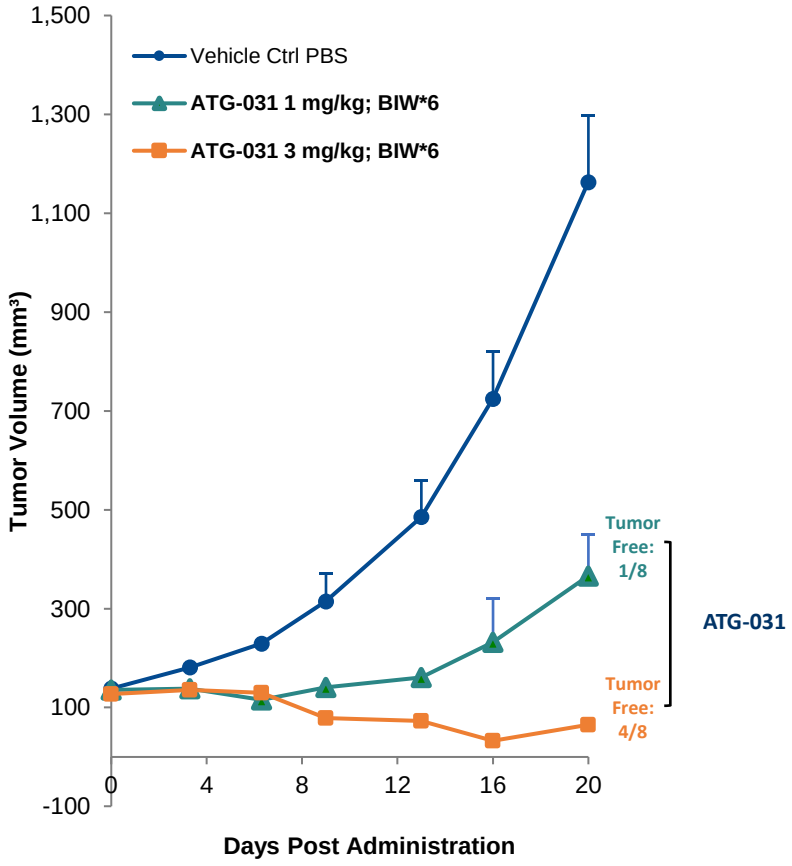
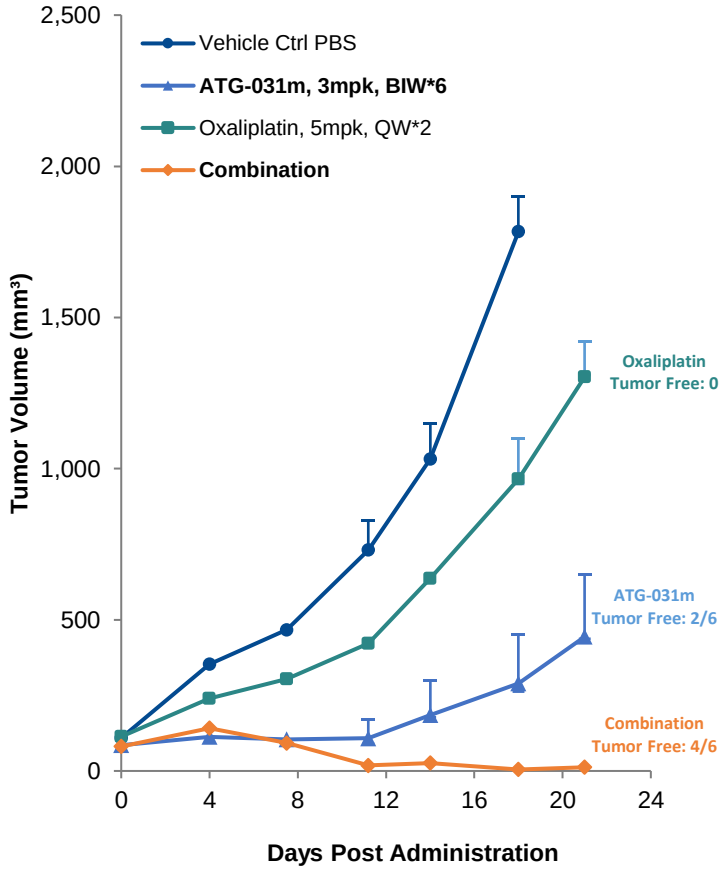
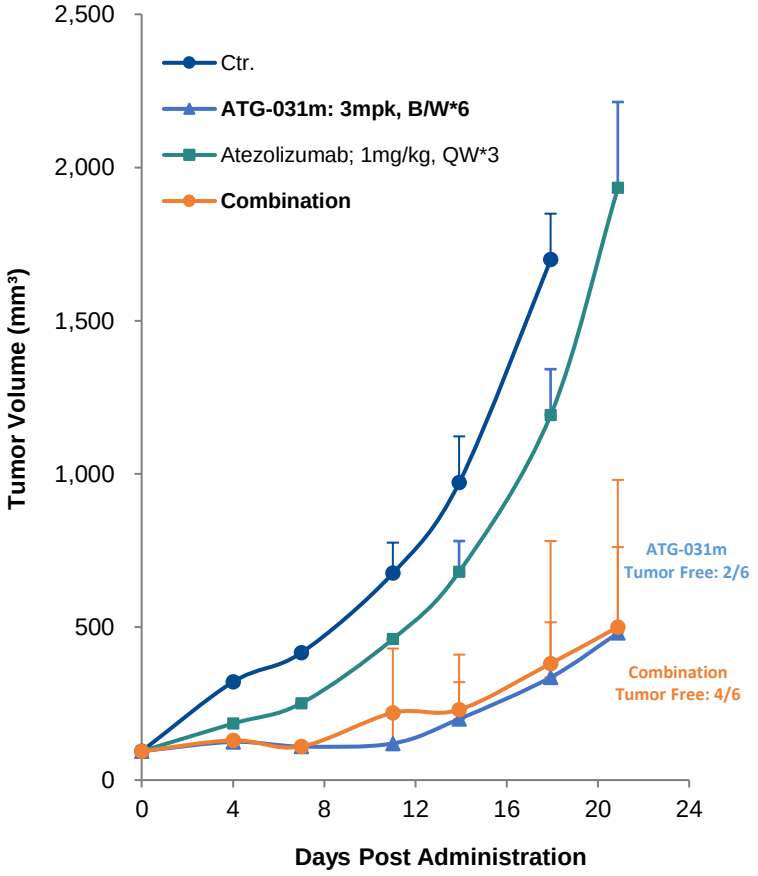
Single Agent Activity in MC38-hCD24 Mouse Tumor Model



In Vivo Synergy with Oxaliplatin in MC38-hCD24 Mouse Tumor Model



In Vivo Synergy with Anti-PD-L1 mAb in MC38-hCD24 Mouse Tumor Model



ATG-031 (CD24 mAb): Phase I "PERFORM" Trial Expected to Begin in Q4 2023

To Enroll Patients with Advanced Solid Tumors or B-cell Lymphomas

ANTENGENE

Received US FDA IND Clearance in May; Phase I Open Label, Multi-center, Dose-finding Study Starting in the United States

Phase Ia: Dose Escalation

Primary objectives:

Safety, tolerability. Define MTD and RP2D

Secondary objectives:

Evaluate preliminary efficacy and pharmacology

Phase Ib: Dose Expansion

RP2D dose evaluation as monotherapy or combo with chemotherapy or immunotherapy

First Site Initiation in Q4 2023
at the MD Anderson Cancer Center

ADA: anti-drug antibody; MTD = maximally tolerated dose, RP2D = recommended Phase 2 dose

Key Takeaways of ATG-031

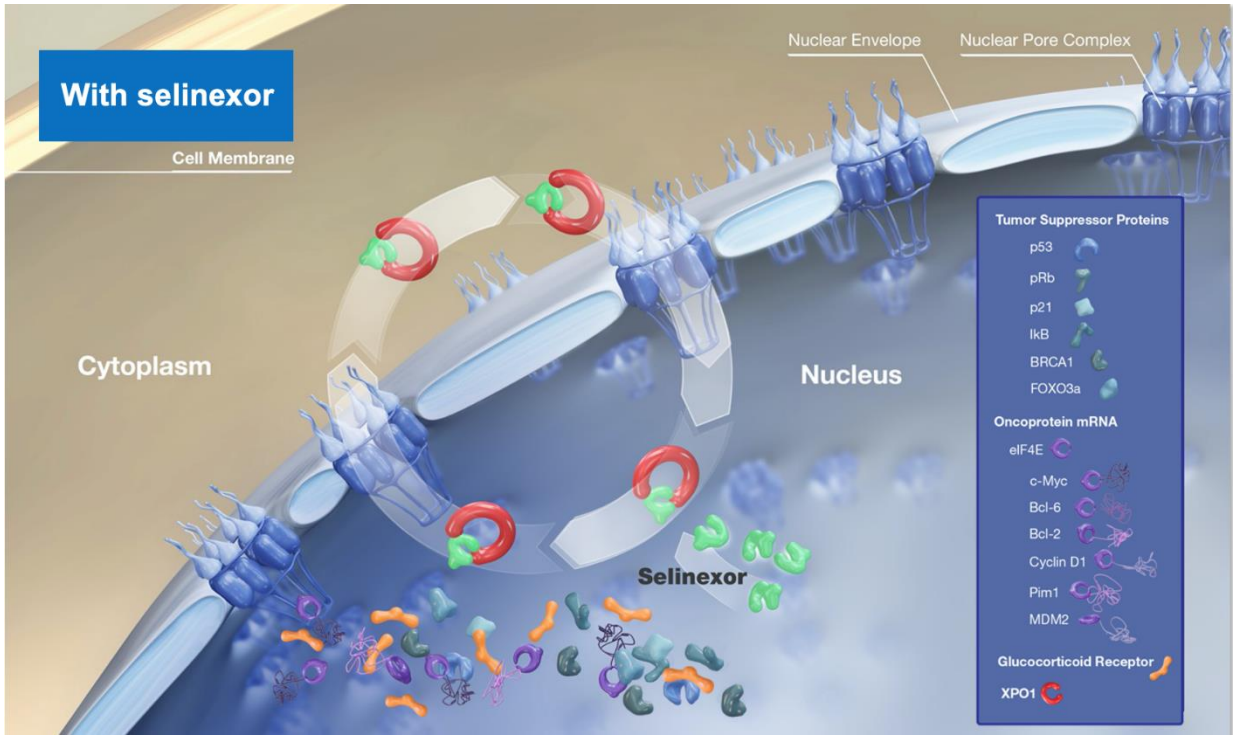
ANTENGENE

- **First-in-class humanized CD24 antibody**, which Inhibits the "Don't eat me" signal by **blocking the CD24-Siglec10 pathway**
- **Enhances macrophage-mediated phagocytosis of cancer cells**, and polarized M2 macrophages towards **anti-tumor M1 phenotype**
- Demonstrated **potent single agent efficacy** as well as **synergy** with Oxaliplatin or ICI in Mouse Tumor Models
- A companion diagnostic antibody has been developed for patient selection, **indicating potential priority evaluation in breast, lung, ovarian, liver and bladder cancers, as well as B-cell malignancies**
- **Well tolerated** in non-human Primates
- Phase I clinical trial "PERFORM" received **IND clearance from the US FDA in May 2023**

COMMERCIAL STAGE ASSET UPDATE

ANTENGENE

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 the Mainland of China and the APAC Regions

Regulatory Achievements

Approved in the Mainland of China
December 14th, 2021
Commercial Launch: May 2022

Approved in Australia
March 9th, 2022
Xd Regimen Reimbursement Listing: September 2022
XVd Regimen Reimbursement Listing: June 2023

Approved in South Korea
July 30th, 2021
Expected Reimbursement Listing: Q4 2023

Approved in Taiwan
October 21st, 2022
Expected Reimbursement Listing: Q1 2024

Approved in Singapore
March 1st, 2022
Cancer Drug List Inclusion: August 2023

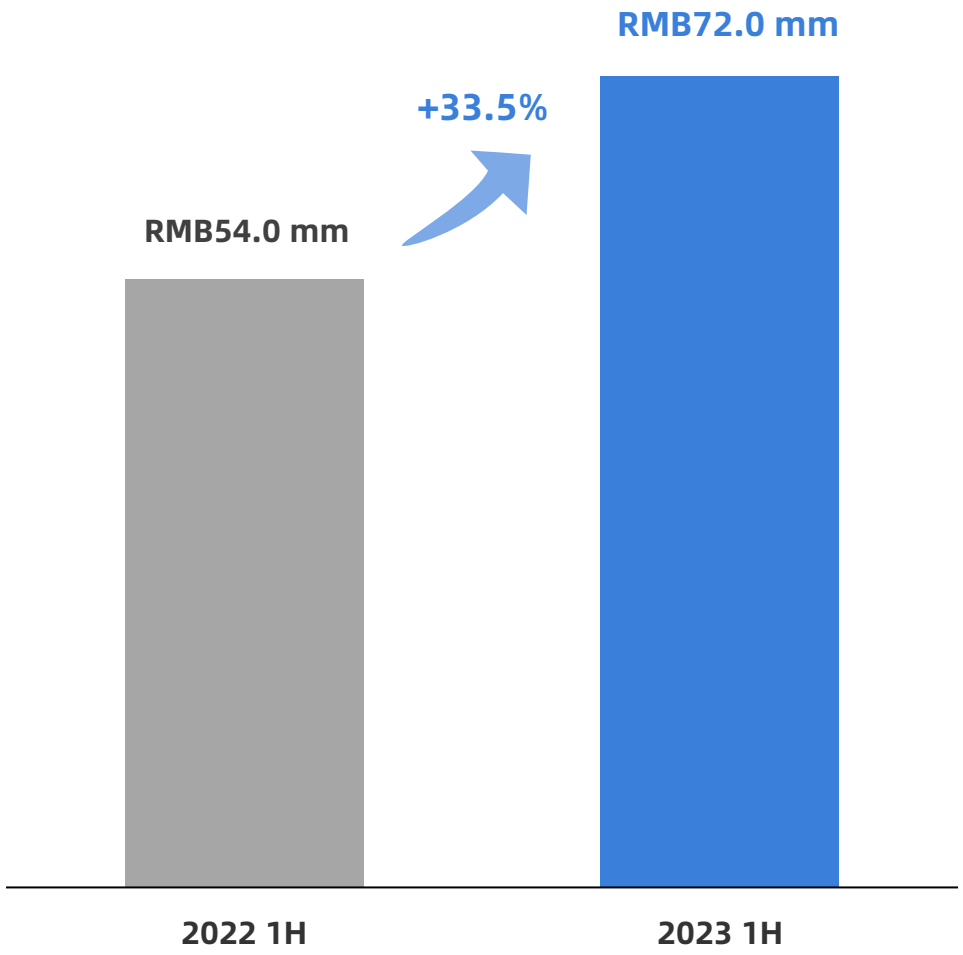
Approved in Hong Kong
July 17th, 2023
Commercial Launch: August 2023

Expansion into Stage II ASEAN Markets

NDA Submissions: Malaysia, Thailand, Indonesia

Next Wave of Markets: Philippines, Vietnam

XPOVIO® Commercialization



ASEAN NDA Schedule

ANTENGENE

XPOVIO®(selinexor)

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

Summary of Key Clinical Data for Selinexor In Diseases with Indication Expansion Potential

ANTENGENE

Multiple Myeloma

"BENCH" Study – China Bridging Study for 2L MM (SVd Regimen)

- Patient enrollment completed in July 2023
- sNDA submission expected in 2024

Clinical Data of "BOSTON" Study – Karyopharm's Registrational Trial in the US

SVd	76.4%	13.9mos	20.3mos
as Treatment Regimen	Overall Response Rate (ORR)	Median Progression-Free Survival (mPFS)	Median Duration of Response (mDOR)

Diffuse Large B-cell Lymphoma

"SEARCH" Study – China Bridging Study for R/R DLBCL

- Pre-NDA submission in June 2023; sNDA submission expected in August 2023

Clinical Data of "SADAL" Study – Karyopharm's Registrational Trial in the US

S	29.1%	9.3mos	9.0mos
as Treatment Regimen	Overall Response Rate (ORR)	Median Duration of Response (mDOR)	Median Overall Survival (mOS)

"DLBCL-030" Study – Global Registrational Study for 2L DLBCL

- On-going trial in collaboration with partner Karyopharm

Myelofibrosis

"MF-034" Study – Global Registrational Trial for 1L MF

- Karyopharm initiated Phase III trial in **June 2023** with **60 mg selinexor** as the recommended dose **in combination with ruxolitinib**

Encouraging Data Karyopharm Announced in AACR2023

91.7%	78.6%	77.8%	58.3%
Efficacy evaluable patients (11/12) achieved SVR35 at week 24	Intent-to-treat patients (11/14) achieved SVR35 at week 24	Efficacy evaluable patients (7/9) achieved TSS50 at week 24	Intent-to-treat patients (7/12) achieved TSS50 at week 24

Endometrial Cancer

"SIENDO" & "EC-042" Study – Global Phase III Trials for Maintenance Therapy of Endometrial Cancer

Encouraging Data of "SIENDO" Study

S	27.4mos
80 mg QW as Treatment Regimen	*vs. 5.2mos (Placebo)* Median Progression-Free Survival (mPFS)

Other Lymphomas

"SWATCH" Study – R/R NHL

- On-going trial in Mainland China
- Selinexor in combination with lenalidomide and rituximab

"TOUCH" Study – T/NK-cell Lymphoma

- On-going trial in Mainland China
- Selinexor in combination with GemOx/ICE/tislelizumab
- Clinical collaboration with BeiGene

Source: Dimopoulos, Meletios & Delimpasi, Sosana & Simonova, Maryana & Spicka, Ivan & Pour, Ludek & Kryachok, Irina & Gavriatopoulou, Maria & Pylypenko, Halyna & Auner, Holger & Leleu, Xavier & Doronin, Vadim & Kaplan, Polina & Hajek, Roman & Reuben, Benjamin & Dolai, Tuphan & Sinha, Dinesh & Arazy, Melina & Richardson, Paul & Bahlis, Nizar & Grosicki, Sebastian. (2020). Weekly selinexor, bortezomib, and dexamethasone (SVd) versus twice weekly bortezomib and dexamethasone (Vd) in patients with multiple myeloma (MM) after one to three prior therapies: Initial results of the phase III BOSTON study.. Journal of Clinical Oncology. 38. 8501-8501. 10.1200/JCO.2020.38.15_suppl.8501. Maerevoet M, Zijlstra JM, Follows G, Casasnovas RO, Vermaat JSP, Kalakonda N, Goy A, Choquet S, Van Den Neste E, Hill B, Thieblemont C, Cavallo F, De la Cruz F, Kuruvilla J, Hamad N, Jaeger U, Caimi P, Gurion R, Warzocha K, Bakhshi S, Sancho JM, Schuster M, Egyed M, Offner F, Vassilakopoulos TP, Samal P, Ku M, Ma X, Corona K, Chamoun K, Shah J, Shacham S, Kauffman MG, Canales M. Survival among patients with relapsed/refractory diffuse large B cell lymphoma treated with single-agent selinexor in the SADAL study. J Hematol Oncol. 2021 Jul 16;14(1):111. doi: 10.1186/s13045-021-01122-1. PMID: 34271963; PMCID: PMC8283921. AACR 2023. ASCO Plenary Series 2023.

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

ESMO — European Society for Medical Oncology

GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

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)

CSCO®

Multiple Myeloma

Relapsed/Refractory
- SVd
- SPd
- SDd
- SKd

Diffuse Large B-cell Lymphoma

Relapsed/Refractory
- S monotherapy

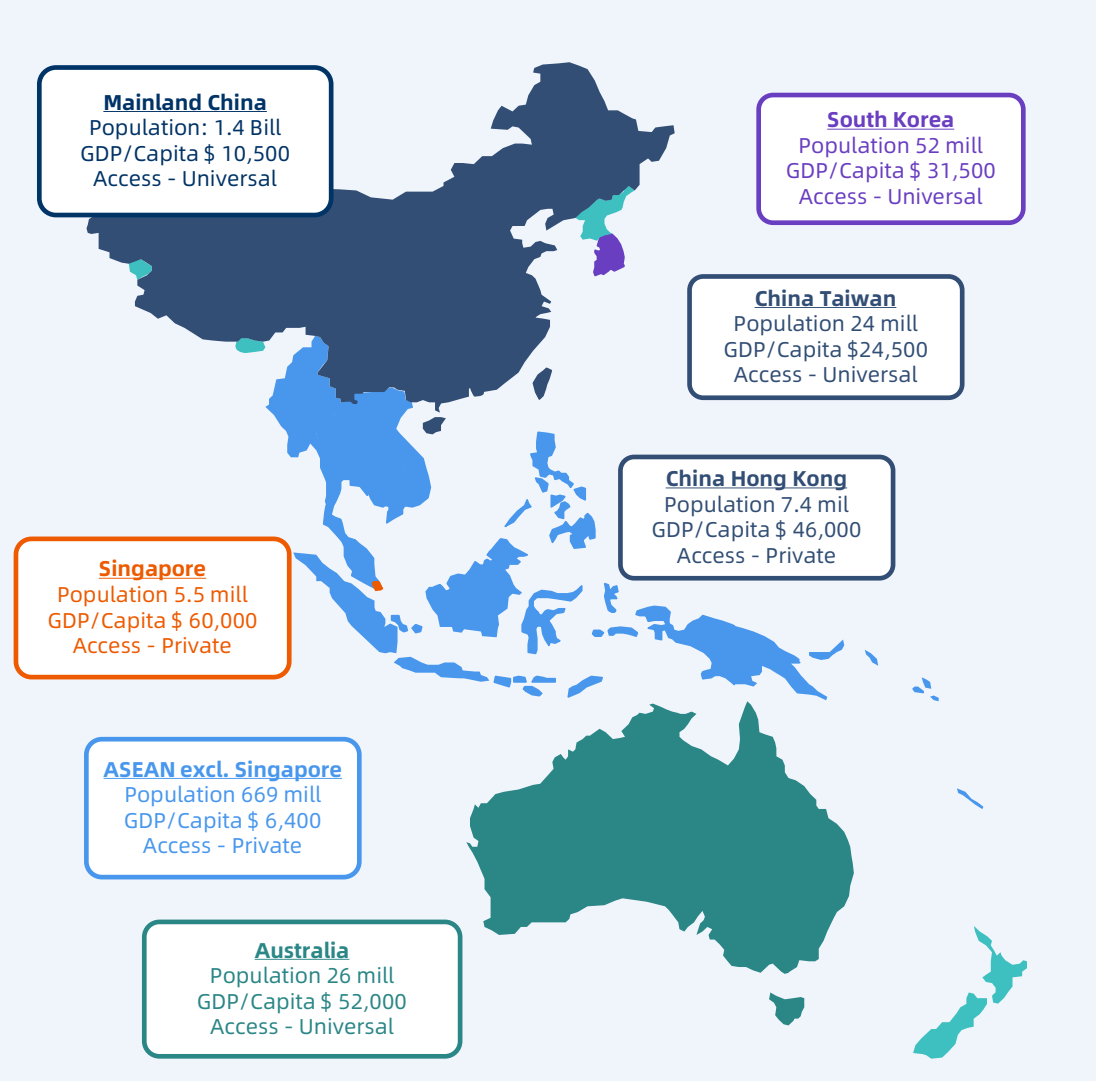
Chinese Medical Doctor Association
Chinese Medical Association

Multiple Myeloma

Relapsed/Refractory
- SVd
- SPd
- SDd
- SKd

** Some of the information in this presentation is from third-party studies and only provided to medical research professionals for academic purpose. Antengene is not responsible for the contents published by such external sources.*
*** Approved for RRMM by the US FDA, European EMA, Chinese NMPA, Korean MFDS, Singaporean HSA, Australian TGA, Taiwan TFDA, and Hong Kong DoH. Approved for RRDLBCL by the US FDA, Korean MFDS, Singaporean HSA, and Taiwan TFDA. As of Aug 11th, 2023.*

Antengene is Focused on Markets with Greatest Commercialization Potential



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

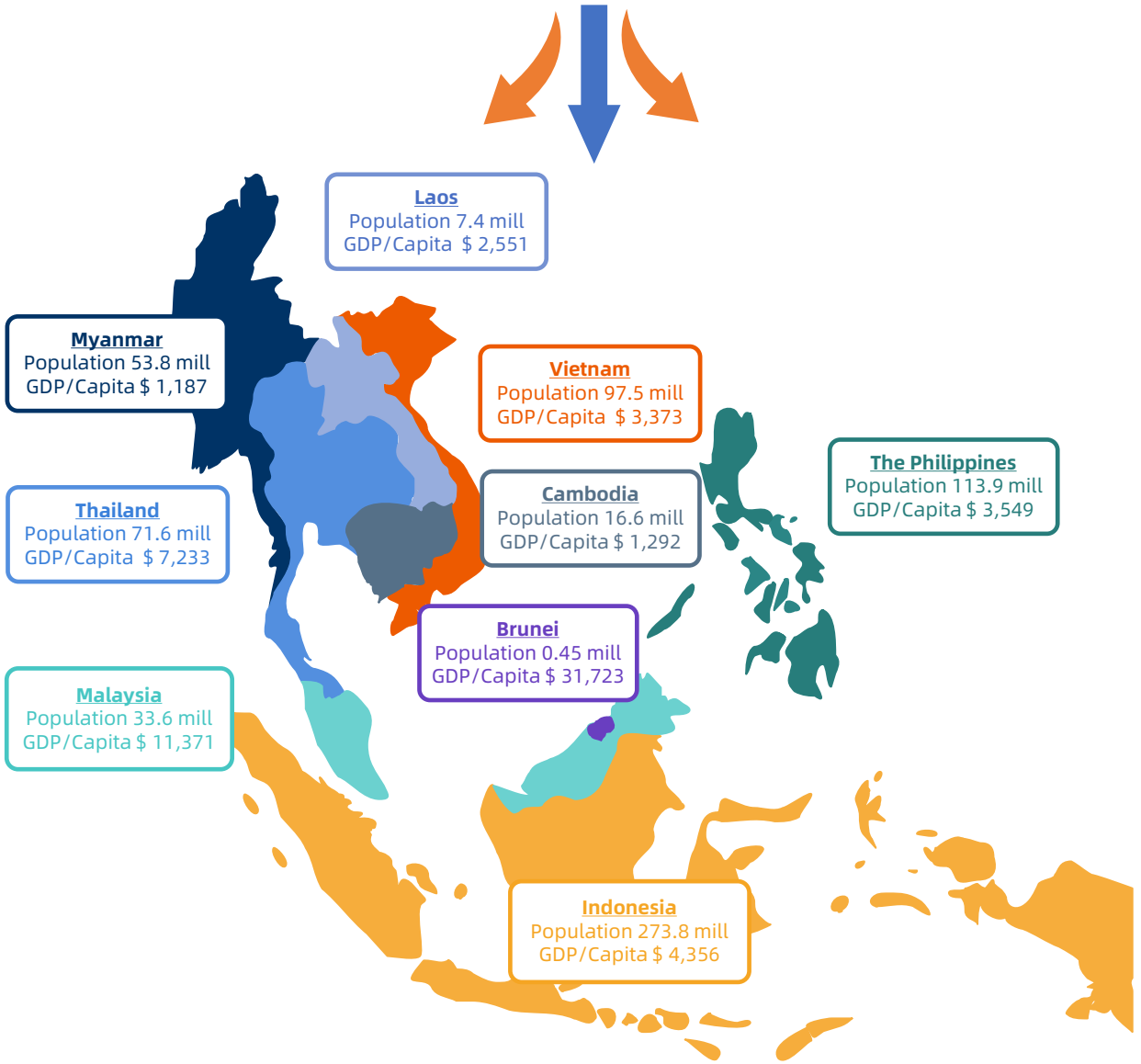
- High unmet need
- Reimbursed markets
- High GDP/capita

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



- 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

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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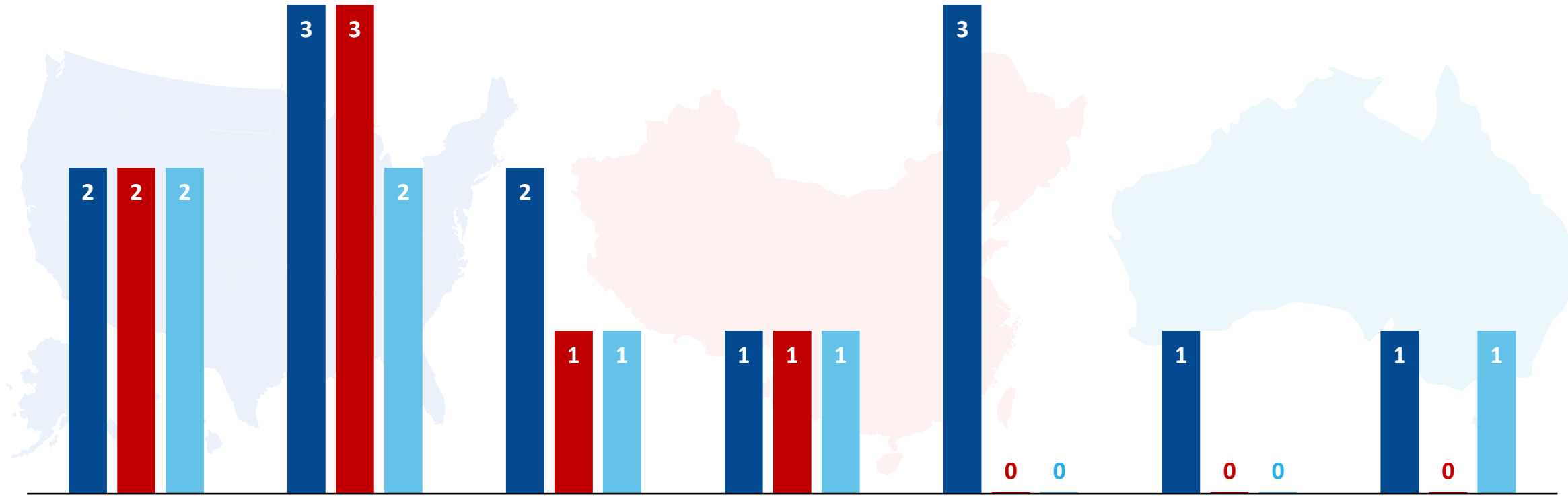
United States – 13 drugs | **China – 7 drugs** | **Australia – 7 drugs**



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

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COMMERCIALIZATION IN THE MAINLAND OF CHINA

Progress of XPOVIO® in the Mainland of China to Date

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Laying a Strong Foundation in Preparation for Future Indication Expansion and Commercial Success

Rapid Growth in Revenue Since Commercial Launch

塞利尼索片 20mg
希维奥®

Accumulated Revenue: RMB222.1 Million

(From Commercial Launch in May 2022 to June 30th, 2023)

Treatment Guidelines Recommendation

- ✓ **CSCO/CMDA/CMA/CACA Myeloma Guidelines Recommendation:**
  - the **X-base regimen** is **recommended** for first and multiple relapsed patients
- ✓ **CSCO Lymphoma Guidelines Recommendation:**
  - the **X-base regimen** is **recommended** for 2L+ rrDLBCL patients

Selinexor China Data Publications and Submissions

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

Well Established Business Channels**

80+ distributors across the Mainland of China

SPH 上海医药 SHANGHAI PHARMA | 国药集团 SINOPHARM | 华润医药商业 CR PHARMA COMM

Covered **130 DTP pharmacies** across the Mainland of China

上药云健康 | SPS 专业药房 | 邻客·智慧药房 | MEDOFFER 思派大药房 | 德信行大药房 | 圆心大药房

Achieved **60 hospital listings** in **19 provinces**

中国医学科学院血液病医院 INSTITUTE OF HEMATOLOGY & BLOOD DISEASES HOSPITAL, CHINESE ACADEMY OF MEDICAL SCIENCES & PEKING UNION MEDICAL COLLEGE | 西京医院 XIJING HOSPITAL

Attained **46 urban-customized commercial health insurance listings (Huiminbao)** covering over **55 million people**

** 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*
*** As of August 11th, 2023*

Antengene Entering into a Commercialization Partnership with Hansoh Pharma on XPOVIO® in the Mainland of China

ANTENGENE

Financial Terms	
Upfront Payment	Antengene will receive **up to RMB200 million** of upfront payments
Milestone Payments	Antengene is eligible to receive **up to RMB535 million** of milestone payments
Recording Revenue	Antengene will continue to **record revenues** from sales of XPOVIO® in the mainland of China
Service Fee	Hansoh Pharma will charge a **service fee** to Antengene

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Antengene will be responsible for:

1. **Clinical Development**
2. **Regulatory Approvals and Affairs**
3. **Product Supply and Distribution**

翰森製藥 HANSOH PHARMA

Hansoh Pharma will be **exclusively** responsible for **commercialization**

**RMB100 million of upfront payment shall be received upon signing, and pursuant to the Agreement and subject to the terms and conditions thereof, Antengene shall be eligible to receive up to RMB100 million of the remaining upfront payments*

Commercialization Partnership with Hansoh Pharma Aligns with Antengene's Strategic Goals

ANTENGENE

Significance of Collaboration

Recognition on the **commercial potential of XPOVIO®** in the Mainland of China

Maximizes the commercial potential of XPOVIO®, a first/only-in-class XPO1 inhibitor in the Mainland of China by **leveraging Hansoh Pharma's commercial infrastructure**

Improve access of XPOVIO® in the Mainland of China **in preparation for potential NRDL listing** and **expansion of indications**

Ensuring Commercial Success of XPOVIO® in the Mainland of China

Hansoh Pharma Has a Mature Commercialization Platform and Deep Experience in the Commercialzation of Oncology Products in the Mainland of China

ANTENGENE

Mature Commercialization Platform

Thousands
Of Sales Professionals in the Mainland of China

Extensive
Hospital Coverage Across the Mainland of China

翰森製藥
HANSOH PHARMA

Continuously Expanding
DTP Pharmacy Coverage

Proven Oncology Commercial Capability

10+ Oncology Products in Pipeline including;
2 Blockbuster Innovative Drugs and
5+ Hematology Products

阿美乐
甲磺酸阿美替尼

双向优化
豪森昕福
甲磺酸氟马替尼

Oncology Products Account for **>50%** of Hansoh Pharma's Total Revenue

Innovative Drugs Account for **>50%** of Hansoh Pharma's Total Revenue

Extensive Experience in NRDL Negotiations:
6 Innovative Drugs included in the China National Reimbursement Drug List

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COMMERCIALIZATION IN THE APAC MARKETS

Antengene's APAC Infrastructure Offers a Revenue Generating, Pan-APAC Commercialization Platform Scalable for Growth

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Scalable Business

Pipeline Assets

Approved and Pan-APAC Commercialized Asset

XPOVIO® (selinexor) 20 mg tablet

Approved in APAC for:

- Multiple Myeloma
- Diffuse Large B-cell Lymphoma

Indication Expansion Opportunity in:

- Myelofibrosis
- Endometrial Cancer

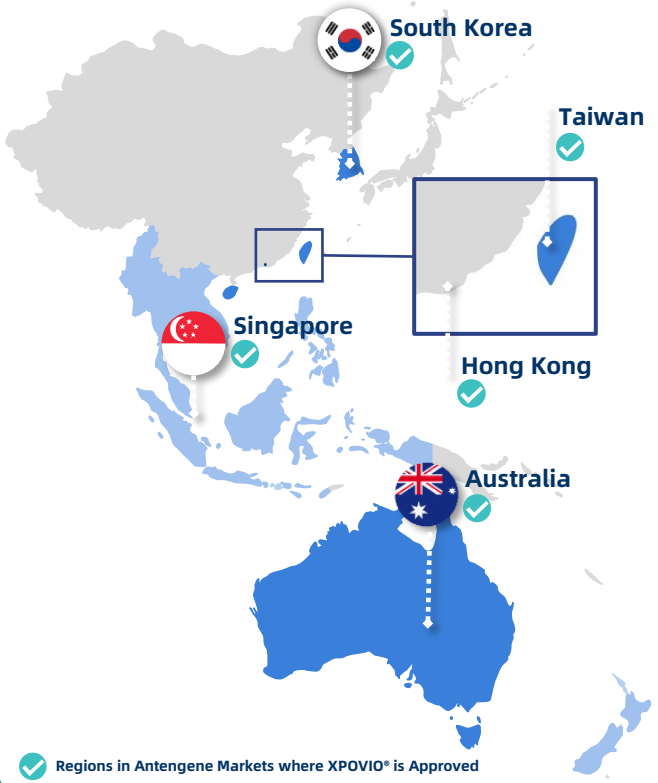
Next Wave of Candidates in the Pipeline

- **ATG-016** (Eltanexor; XPO1i)
- **ATG-008** (Onatasertib; mTORC1/2i)

Multiple In-licensing and CSO Opportunities

- **Multi-sourced platform sourcing opportunities from the US, Europe, China, and APAC**

Geographical Coverage



Stage II Markets

NDA Submissions

- Indonesia
- Malaysia
- Thailand

Next Wave of Markets

- Philippines
- Vietnam

Experienced Team

Thomas Karalis
Antengene Head of APAC Regions

Celgene · Bristol Myers Squibb · Lilly · Abbott

30+ Employees Across Functions and Geographies

Strong Track Record of APAC Dedicated Team

Revlimid (lenalidomide) capsules · Vidaza azacitidine for injection · Pomalyst (pomalidomide) capsules 1 · 2 · 3 · 4 mg · IDHIFA (enasidenib) tablets

Future Business Model

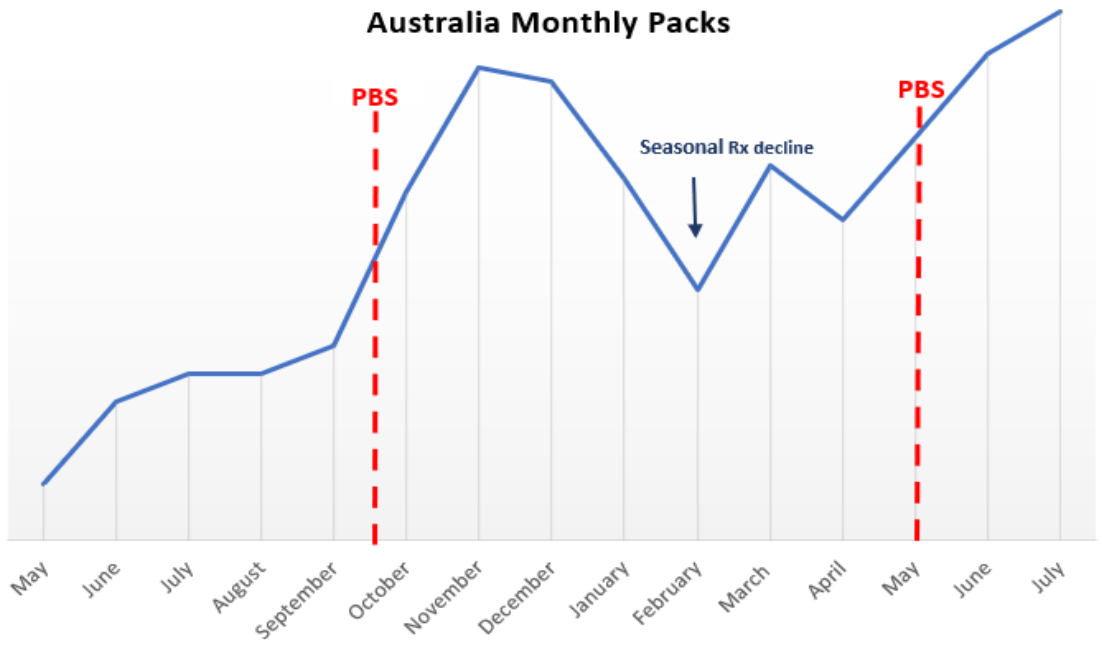
- **Portfolio Expansion – Product In-licensing**
- **Geographic Expansion**

Asia Pacific Markets – Executing on XPOVIO® Launch Plans

Excellent Launch Trajectory

Australia

- First multiple myeloma indication (Xd regimen) **reimbursed** on September 1st, 2022
  - XPOVIO® PBS listing achieved in **180 days**
  - Oncology medicines average is **496 days**
- Xd captured **~50% new patient share** of treated penta-refractory multiple myeloma patients
- Reimbursement of XVd regimen secured on **June 1st, 2023**
- Accelerated patient uptake with reimbursement expansion



Other Asia Pacific Markets

- XPOVIO® regulatory approvals in South Korea, Taiwan, Singapore, and Hong Kong
- 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, Malaysia & Indonesia Q4 2022**

Asia Pacific Markets 2023 Catalysts

	XVd in MM reimbursement and PBS listing June 1st
	Xd in MM reimbursement Q4 2023 through PE exemption pathway
Taiwan	**XVd** in MM and **X** in DLBCL reimbursement in Q1 2024
Hong Kong	**Xd** in MM regulatory approval - Achieved in July 17th, 2023
	XVd & Xd in MM Cancer Drug List Inclusion: August 1st, 2023

INVESTMENT HIGHLIGHTS

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2023 is a Catalyst-Rich Year for Antengene

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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-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
- **Preliminary data read out** of **ATG-022** (Claudin 18.2 ADC) "CLINCH" trial
- ✓ **First patient dosing: ATG-022** (Claudin 18.2 ADC)
- **First patient dosing: ATG-031** (CD24 mAb)

Multiple Regulatory Filings

- ✓ Selinexor (ATG-010) NDA filing in **Indonesia, Thailand** (MM SVd & Sd; DLBCL), and **Malaysia** (MM SVd & Sd)
- ✓ Selinexor (ATG-010) sNDA filing in **Hong Kong** (MM SVd; DLBCL)
- Selinexor (ATG-010) sNDA filing in **the Mainland of China** (DLBCL)
- Selinexor (ATG-010) sNDA filing in **South Korea** (MM SVd)

✓ = Achieved

Steady Stream of Catalysts Continue to Drive Value for Investors

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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 1,322mm of cash and bank balances as of 30th June 2023

ANTENGENE

ANTENGENE CORPORATION LIMITED
(SEHK: 6996.HK)

SEPTEMBER 2023

THANK YOU

TREATING PATIENTS BEYOND BORDERS