ANTENGENE INVESTOR PRESENTATION

TREATING PATIENTS BEYOND BORDERS

APRIL 2024

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COMPANY OVERVIEW

ANTENGENE

Antengene Priorities Today

4 Globally
First / Best-in-class Assets in Clinical Development

2 Asia Pacific Rights Assets
(1 Commercialized)

11 Ongoing Trials in China, Australia, and the United States

1 Technology Platform
(Proprietary "2+1" T Cell Engager Platform)

Cash and Bank Balances of RMB1,188mm to Advance Pipeline Development and Initiatives

2023 & 2024 YTD Achievements: Highlighting Efficacy of Globally First-/Best-in-Class Pipeline, Commercialization Partnership with Hansoh Pharma and XPOVIO® China NRDL Inclusion

ANTENGENE

Research & Development

4 Globally First / Best-in-Class Assets in Clinical Development

16 Poster/Journal Publications in 2023 and Early 2024

AACR ANNUAL MEETING 2023 Orlando | 2023 ASCO ANNUAL MEETING | sitc 2023 San Diego Nov. 1-5 | AACR ANNUAL MEETING 2024 • SAN DIEGO | Cancer Research

Global R&D

ATG-031 (CD24)
Monoclonal Antibody

- ✓ A total of **5 late stage cancer patients** have been treated
- ✓ To date, **no dose-limiting toxicities (DLTs)** have been observed
- ✓ **Stable disease (SD)**, with **objective tumor shrinkage**, has been observed in one **heavily pre-treated patient (7 prior lines of therapy)**

ATG-022 (Claudin 18.2)
Antibody-drug Conjugate

- ✓ **7 gastric cancer patients** (without pre-screening patients' Claudin 18.2 expression levels) have been treated with ATG-022
- ✓ Antengene has observed **one Complete Response (CR)** and **one Partial Response (PR, below the expected efficacious dose range)**
- ✓ Dose escalation is completed; **Phase II dose expansion is in-progress**

ATG-037 (CD73)
Small Molecule Inhibitor

- ✓ **3 PRs** observed in patients **previously treated with a checkpoint inhibitor** (CPI; 2 **melanoma** patients, 1 **non-small cell lung cancer** patient), demonstrating the **potential to reverse CPI resistance**
- ✓ Currently in the last cohort in dose escalation with **excellent safety profile**; will proceed to **dose expansion in H1 2024**

ATG-101 (PD-L1/4-1BB)
Bispecific Antibody

- ✓ **Durable responses** at starting doses with **no liver toxicities** observed
- ✓ Observed a PR in a patient with **metastatic colon adenocarcinoma** (microsatellite stability biomarker **(MSS; classified as cold tumors)**, liver metastasis, and three prior lines of therapy)

Asia Pacific R&D

ATG-008 (Onatasertib; mTORC1/2 Inhibitor)

- ✓ Progressing smoothly in the "TORCH-2" trial with **updated encouraging preliminary data*** in the cervical cancer cohort **(Data as of March 14th, 2024)**
  - **ORR** of **53.3%** (16/30) and **DCR** of **86.7%** (26/30) in **CPI-naïve** R/R cervical cancer
  - **ORR** of **23.1%** (6/26) and **DCR** of **84.6%** (22/26) in **CPI-treated** R/R cervical cancer

Discovery Science & Translational Medicine

AnTenGager™ Platform

- ✓ A proprietary novel "2+1" T cell engager platform that enables conditional T cell activation with **reduced risk of CRS**

ATG-042 (MTAP^{null} Selective PRMT5 Inhibitor)

- ✓ ATG-042 demonstrated better DMPK/ADME profile, brain penetrability and in vivo efficacy compared with clinical benchmark
- ✓ IND enabling study is ongoing, with IND targeting H1 2025

Commercial

Entered into a Commercialization Partnership with 翰森製藥 HANSOH PHARMA in the Mainland of China in August 2023

- ✓ **Inclusion of XPOVIO® in 2023 China's National Reimbursement Drug List (NRDL; MM Xd)**

Other Achievements in 2023:

- ✓ Reimbursement approval in **Australia** (MM XVd)
- ✓ Inclusion in the **Singapore Cancer Drug List**
- ✓ Reimbursement submission in **South Korea** (MM Xd) and **Taiwan** (MM XVd)
- ✓ Commercial launch in **Hong Kong** and **Macau**

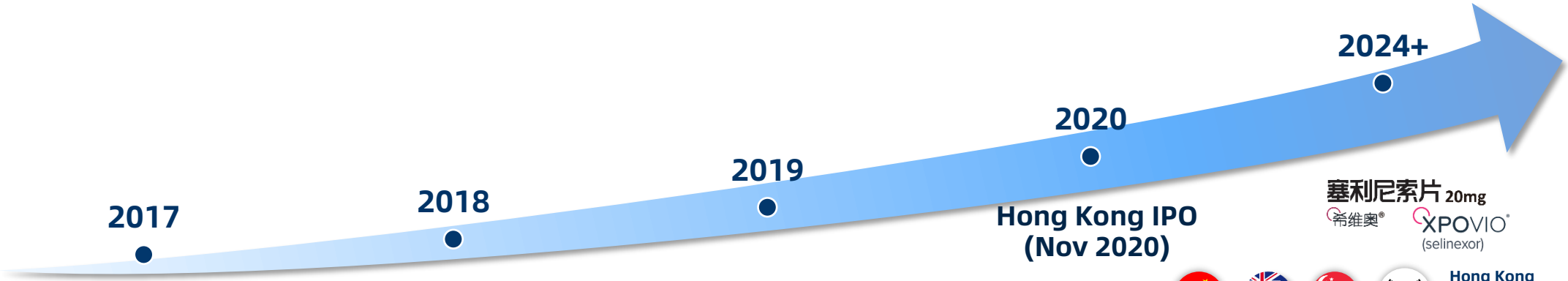
Priorities in 2024:

- ✓ sNDA approval for **"SEARCH" study in R/R DLBCL** and sNDA submission for **"BENCH" study in 2L+ MM** in the Mainland of China
- ✓ Reimbursement approval in **South Korea** (MM Xd)
- ✓ sNDA approval in **South Korea** (MM SVd) and **Hong Kong** (MM SVd; DLBCL), and NDA approval in **Indonesia, Thailand, and Malaysia**
- ✓ NDA submissions in the **Philippines and Vietnam**

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



Approval(s)					Hong Kong, Macau, 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 1,188mm
Selected Investors	Celgene | Bristol Myers Squibb Company Tigermed IMING VENTURE PARTNERS		药明康德 WuXi AppTec 博裕资本 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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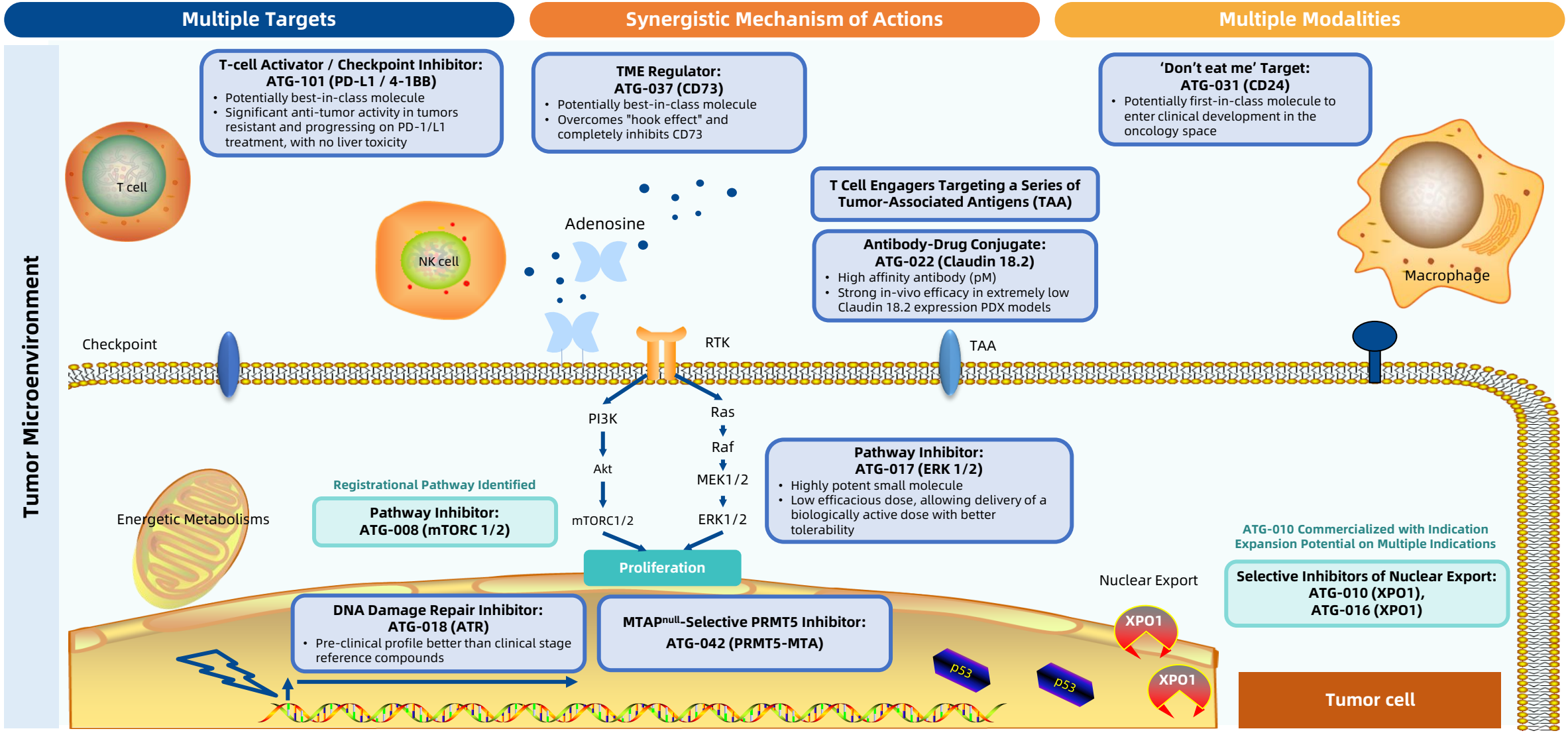

PIPELINE

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GLOBAL RIGHTS ASSETS

Global Rights Pipeline with Transformational Potentials

Assets	Target *(Modality)*	Pre-clinical	Phase I	Phase II	Antengene Rights	Partner
ATG-022	Claudin 18.2 *(ADC)*	Monotherapy for Onc *(CLINCH)*			Global	ANTENGENE
ATG-037	CD73 *(Small Molecule)*	Monotherapy ± pembrolizumab for Hem/Onc *(STAMINA)*		with MERCK Clinical Collaboration		
ATG-101[1]	PD-L1/4-1BB *(Bispecific Antibody)*	Monotherapy for Hem/Onc *(PROBE & PROBE-CN)*				
ATG-031	CD24 *(Monoclonal Antibody)*	Monotherapy for Hem/Onc *(PERFORM)*				
ATG-042	PRMT5-MTA *(Small Molecule)*	Hem/Onc				

Antengene Trials

[1]*Licensed from Origincell and Antengene has obtained exclusive global rights to develop, commercialize and manufacture ATG-101;*
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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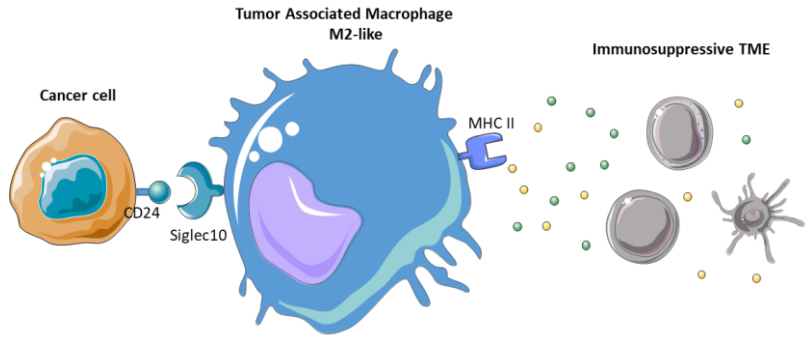
	ATG-031	ATG-022	ATG-037	ATG-101
Target	**CD24**	**Claudin 18.2**	**CD73**	**PD-L1/4-1BB**
Modality	Monoclonal Antibody	ADC	Small Molecule	Bispecific Antibody
Phase II	H1 2025	**Currently In-progress**	H1 2024	H2 2024
Differentiation	**Novel macrophage activator** targeting primarily on **solid tumors**	Targeting Claudin 18.2 **low expressors**	**Reversing** prior anti-PD-1 resistance	**Overcoming liver toxicities** of 4-1BB targeting therapies
Status	➢ Phase I clinical trial **"PERFORM"** received IND clearance from the US FDA in May 2023 and the first patient has been dosed in December 2023 ➢ First dose cohort has been completed, no dose-limiting toxicities (DLT) have been observed ➢ **Stable disease**, with **objective tumor shrinkage**, has been observed in one heavily pre-treated patient (7 prior lines of therapy)	➢ Currently enrolling patients in **Phase II dose expansion** ➢ Dose escalation segment of Phase I clinical trial **"CLINCH"** completed ➢ **Complete response and partial response detected** during dose escalation ➢ US FDA granted two consecutive orphan drug designations for the treatment of pancreatic cancer and gastric cancer in May 2023	➢ Currently in the last cohort in dose escalation in the Phase I clinical trial **"STAMINA"** in Australia, and China for monotherapy and combo with pembrolizumab; **Demonstrated excellent safety profile** ➢ Will proceed to dose expansion in mid-2024 ➢ **3 PRs** observed in patients **previously treated with a checkpoint inhibitor** (CPI; 2 **melanoma** patients, 1 **non-small cell lung cancer** patient), demonstrating the **potential to reverse CPI resistance**	➢ Phase I clinical trial **"PROBE"** ongoing in Australia and US ➢ Phase I clinical trial **"PROBE-CN"** ongoing in China ➢ **Reported partial response** and **durable stable diseases (SDs)** in patients treated at **low doses levels** ➢ US FDA granted an orphan drug designation for the treatment of pancreatic cancer in September 2022

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

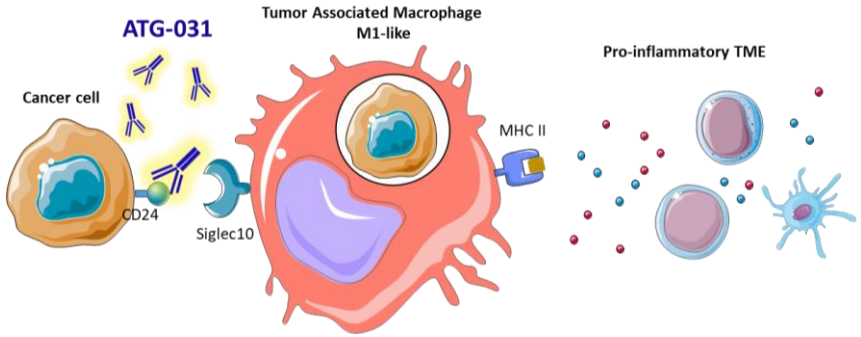
Summary of ATG-031

- CD24 is a novel "don't eat me" target not expressed in healthy erythrocytes, thus **potentially overcoming the pharmacological issues and red cell toxicity commonly seen with CD47 antibodies**
- **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**



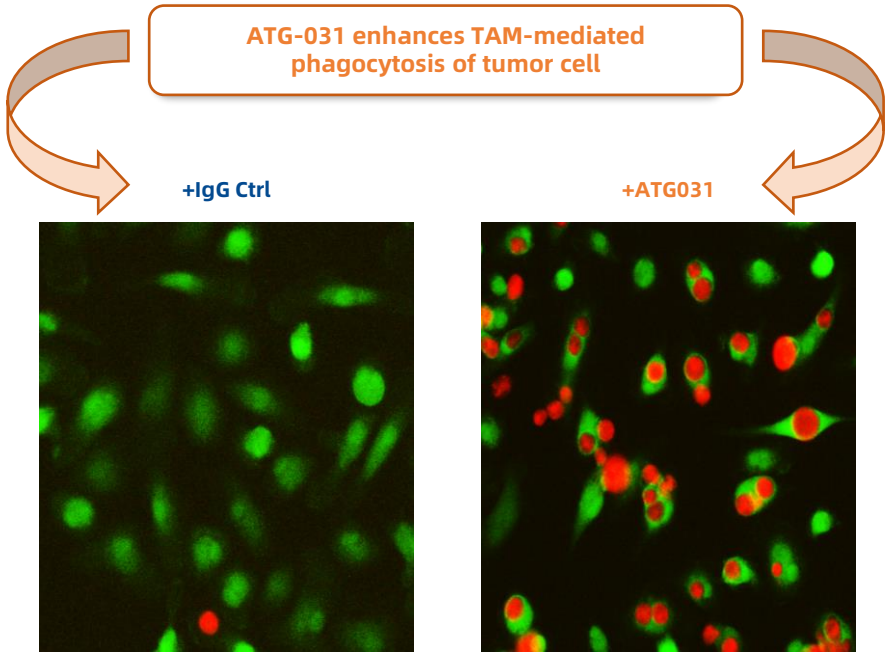
"Don't Eat Me"

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



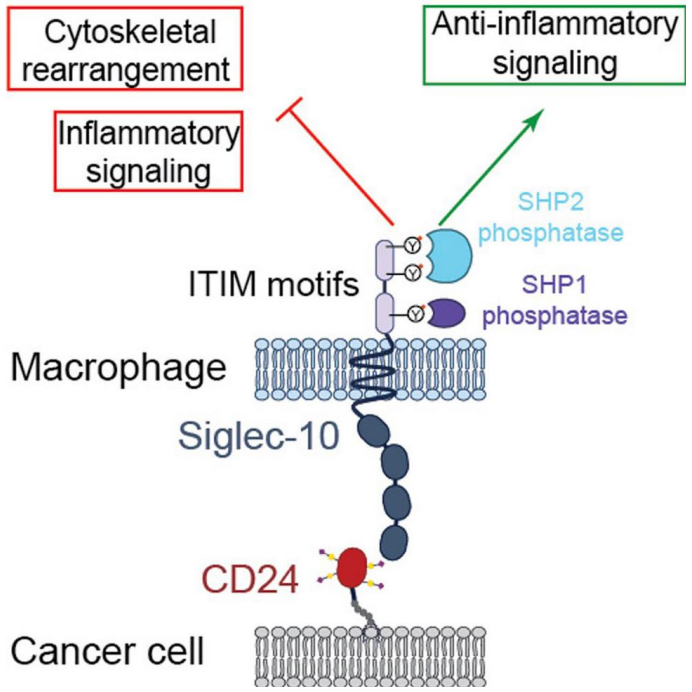
"Eat Me"

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



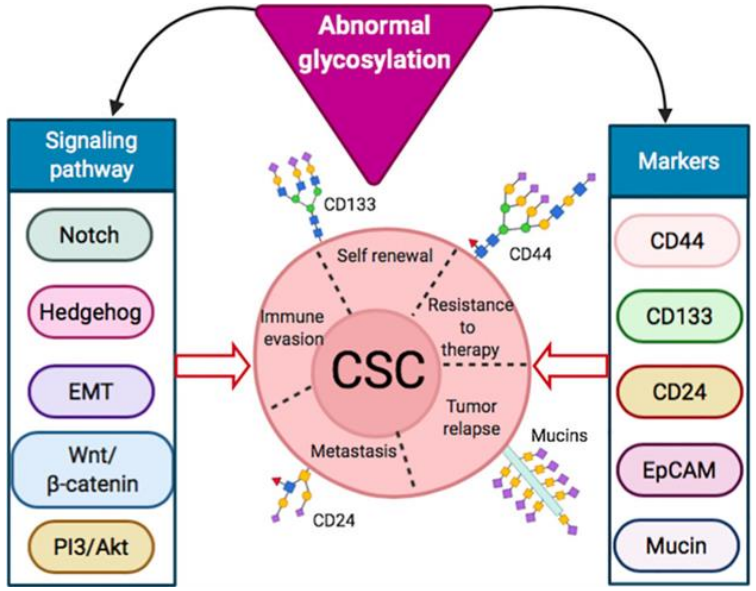
Rationale for Targeting CD24 in Cancer

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



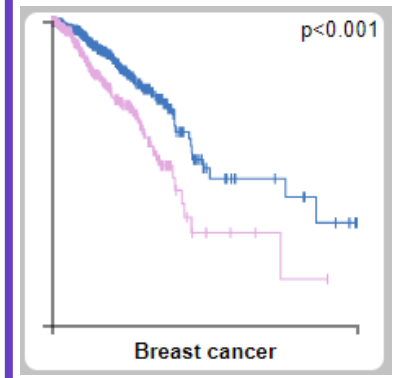
Nature. 2019; 572(7769): 392–396.

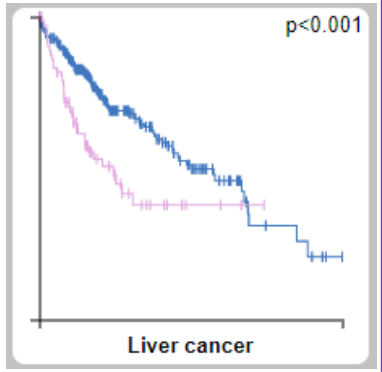
CD24 is a Marker of Cancer Stem Cells for Multiple Tumor Types, Such as Ovarian, Liver, Stomach and Pancreatic Cancer



Front Oncol. 2021; 11: 649338.

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





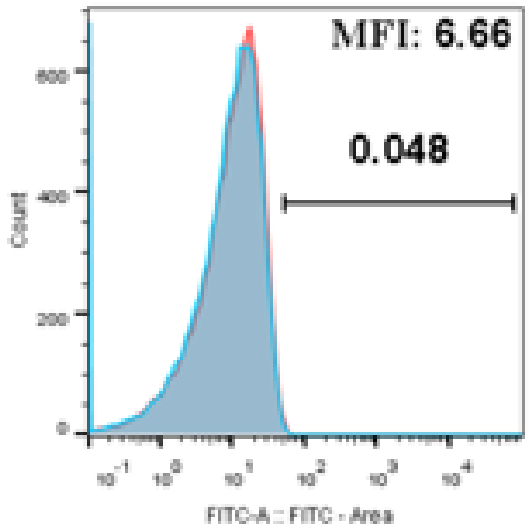
Human Protein Atlas

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

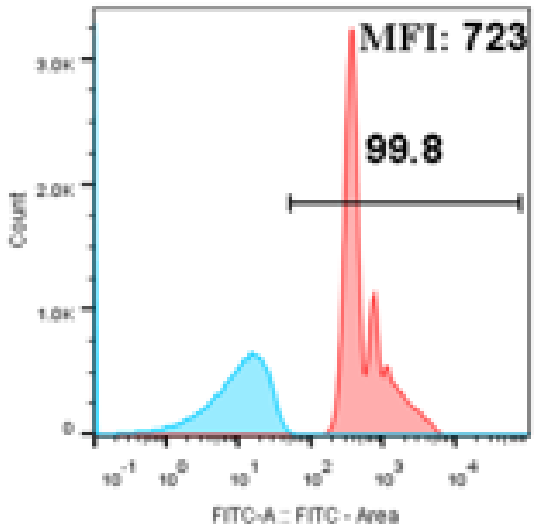
- Unlike CD47, CD24 is **not expressed on human red blood cells**
- The tumor specific expression pattern of CD24 **allows using of IgG1 subtype for blocking antibodies**

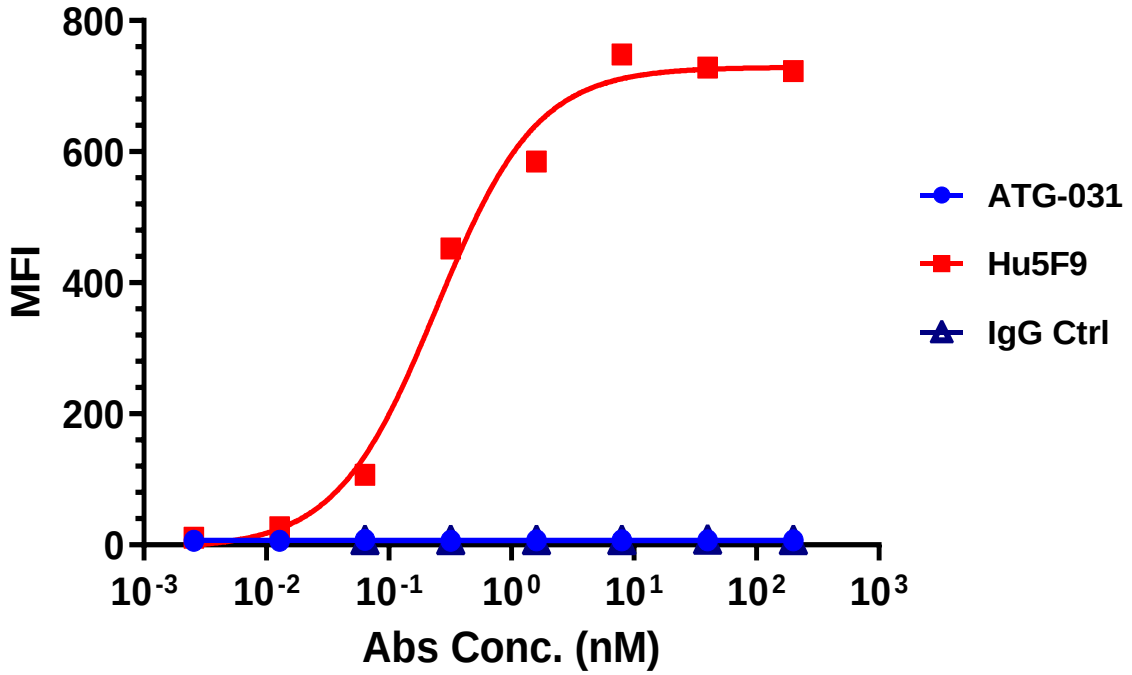
Human Red Blood Cells Expresses CD47 But Not CD24

CD24



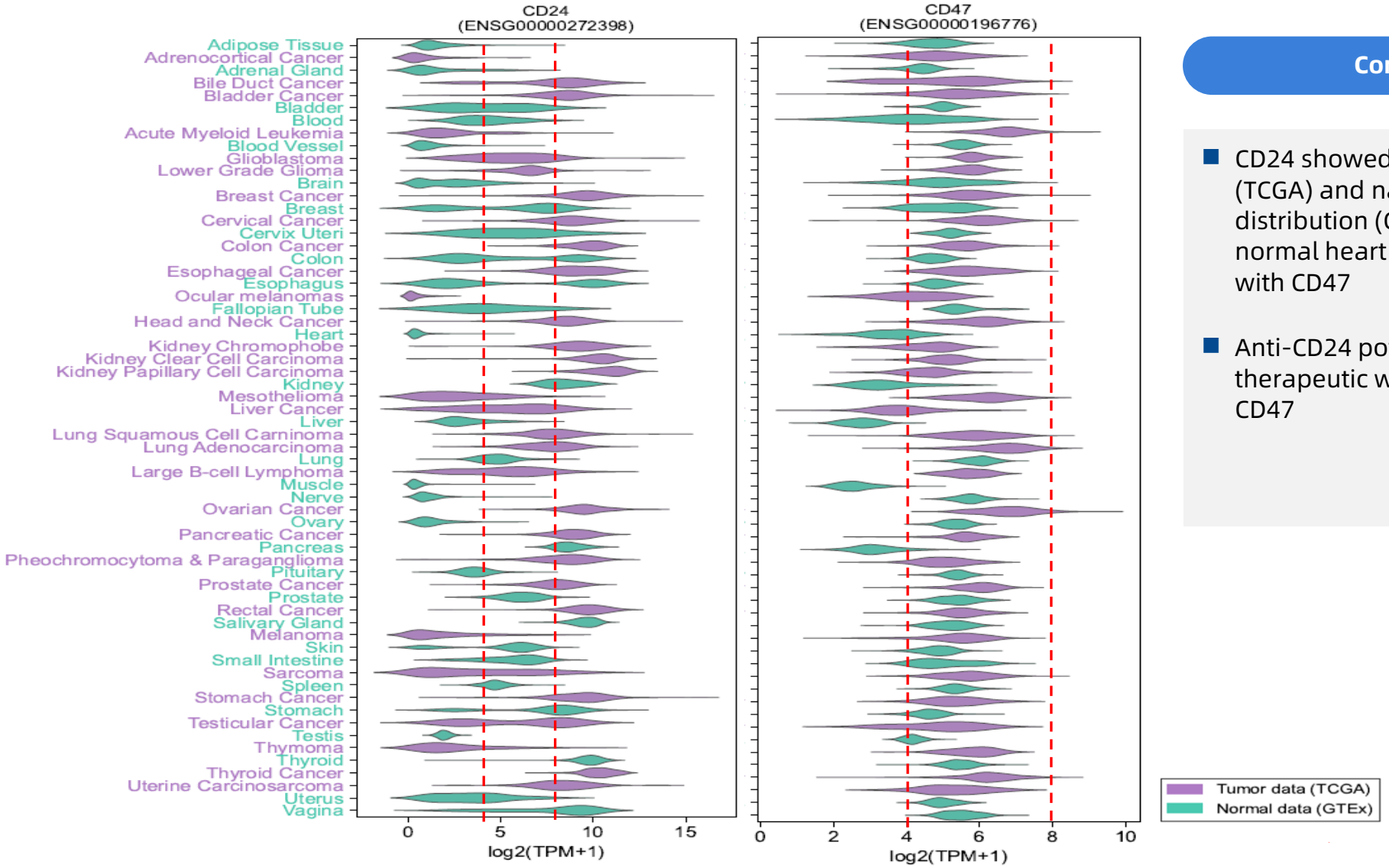
CD47





Source: SITC 2022

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

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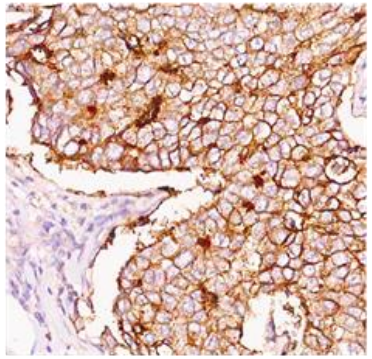
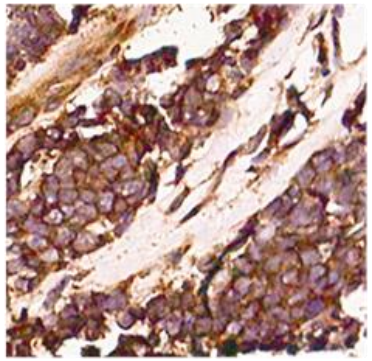
- A highly selective CDx antibody for IHC was developed in-house
- IHC staining on tumor tissue microarray revealed that 50-80% of patients with lung, breast, bladder, ovarian, or liver cancer have CD24 expression on tumor cell surface
- CD24 over expression was also detected in other solid tumor types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

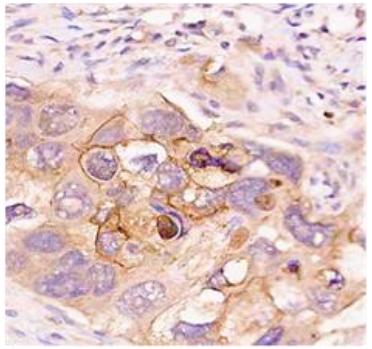
Breast Cancer



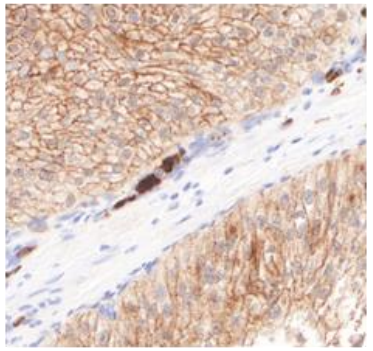
Small Cell Lung Cancer



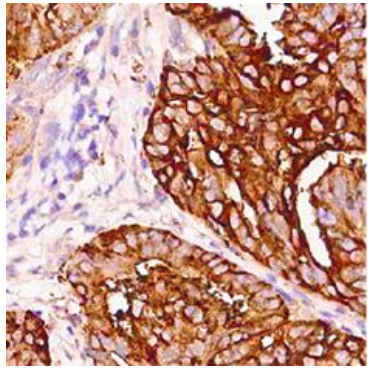
NSCLC-Sq



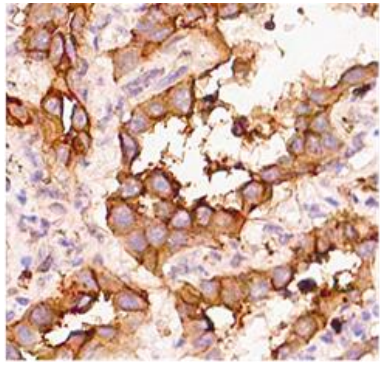
Bladder Cancer



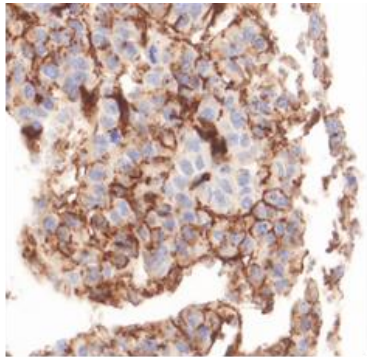
Ovarian Cancer



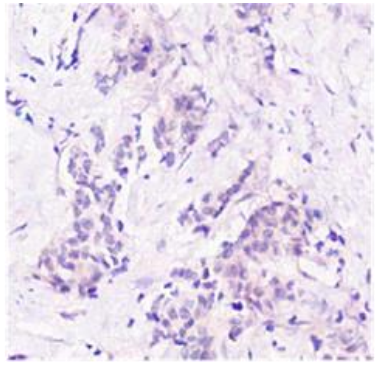
NSCLC-Adeno



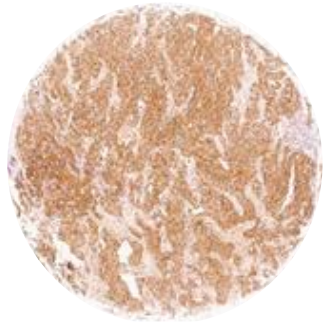
Liver Cancer



Negative Stained Tumor



CD24 Expression in Cancerous Tissue and Para-cancerous Normal Tissue



Breast Cancer Tissue

Para-cancerous Normal Tissue

A 20-hour Time-Lapse Imaging of ATG-031-Induced Phagocytosis

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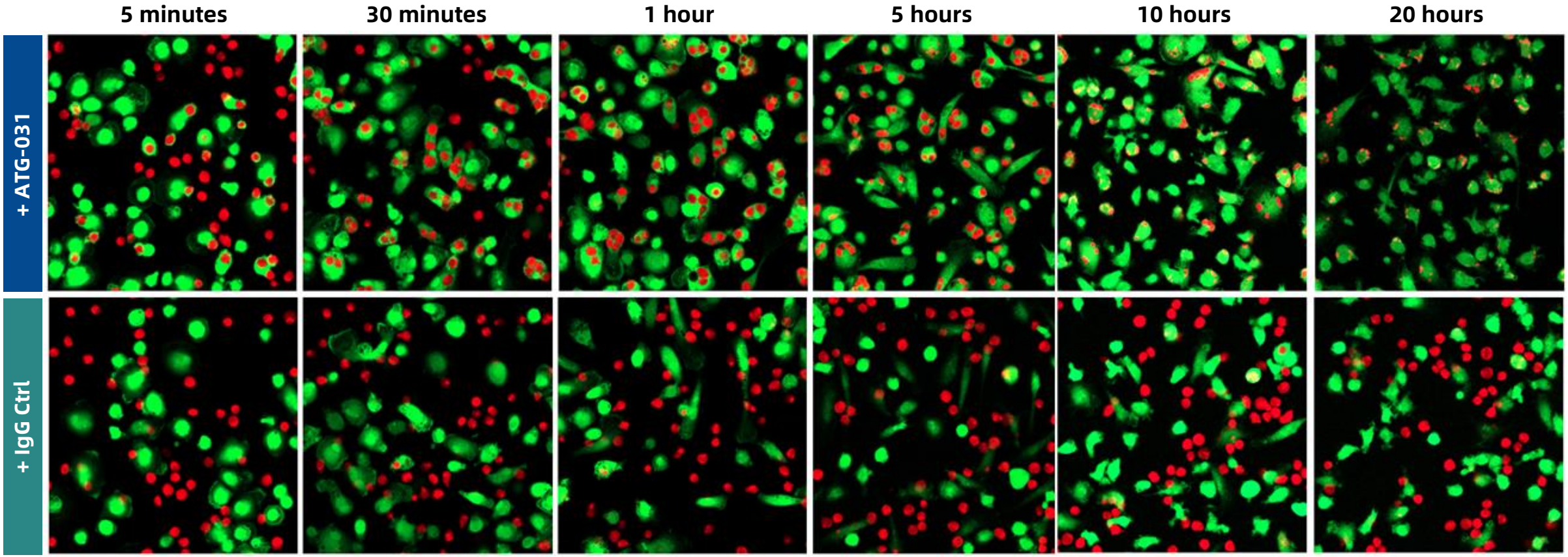
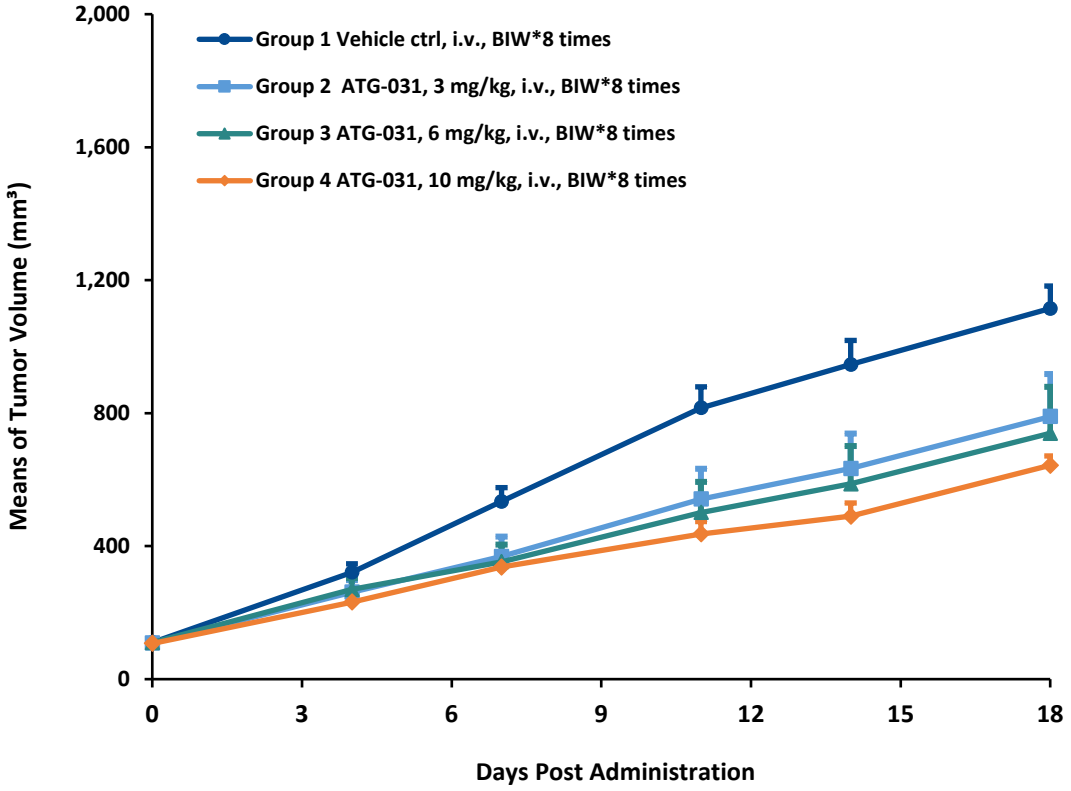
- Phagocytosis occurred **within 5 minutes** after the addition of ATG-031
- Leukemia cells were **completely digested within 10 hours**

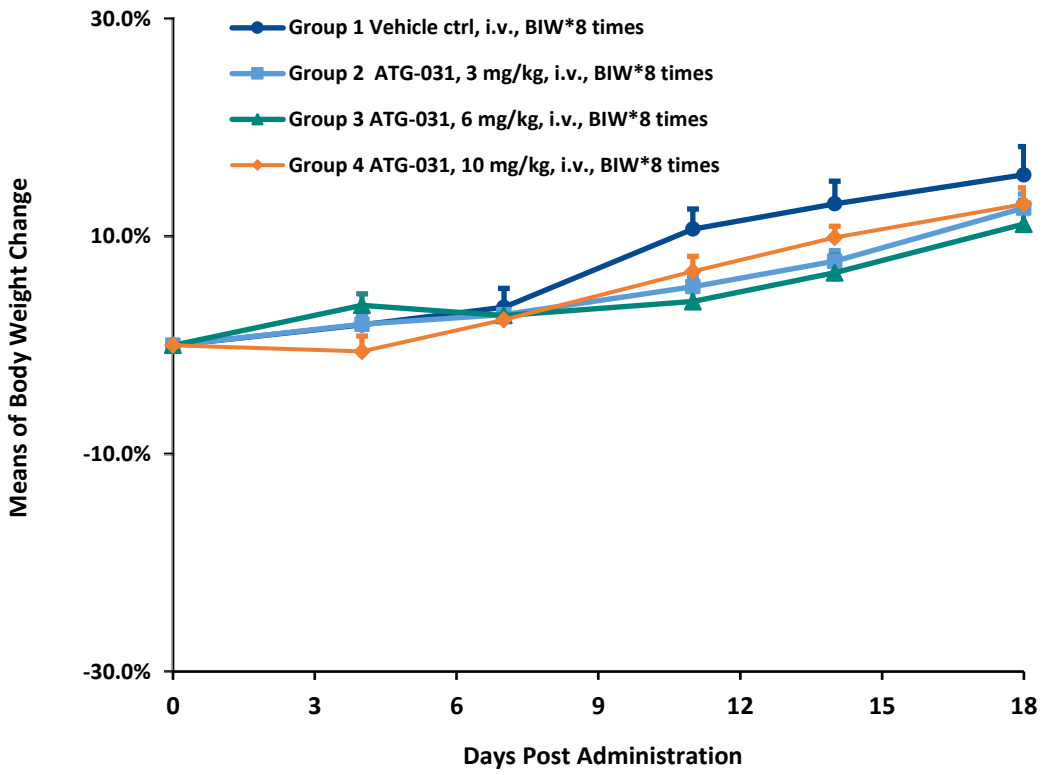


ATG-031 Demonstrates Potent *In Vivo* Efficacy in Mouse Syngeneic Triple-Negative Breast Cancer Model

- 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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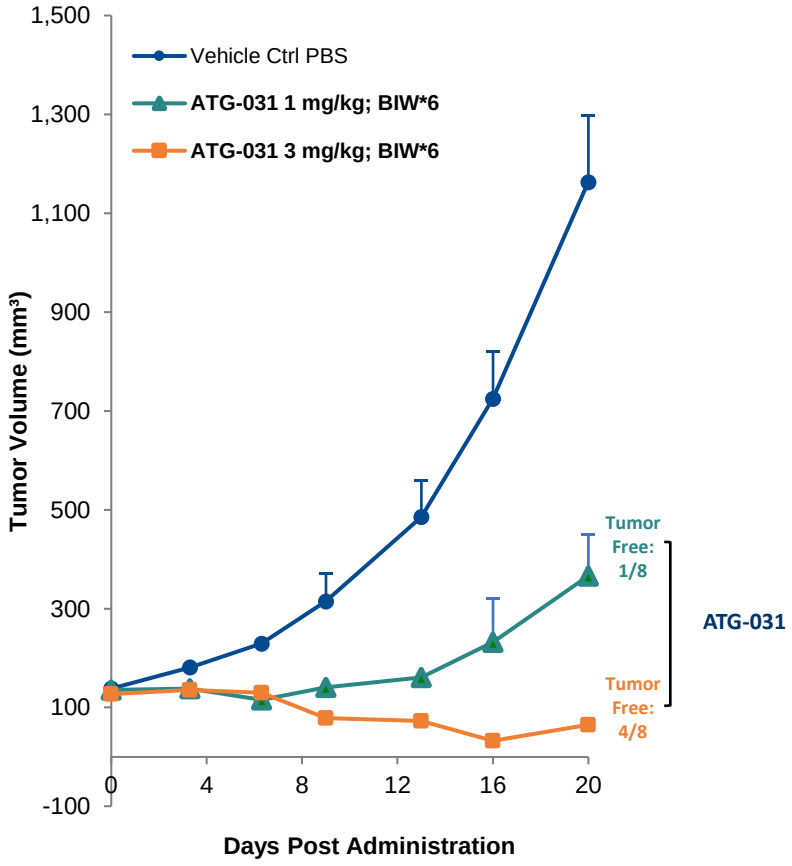
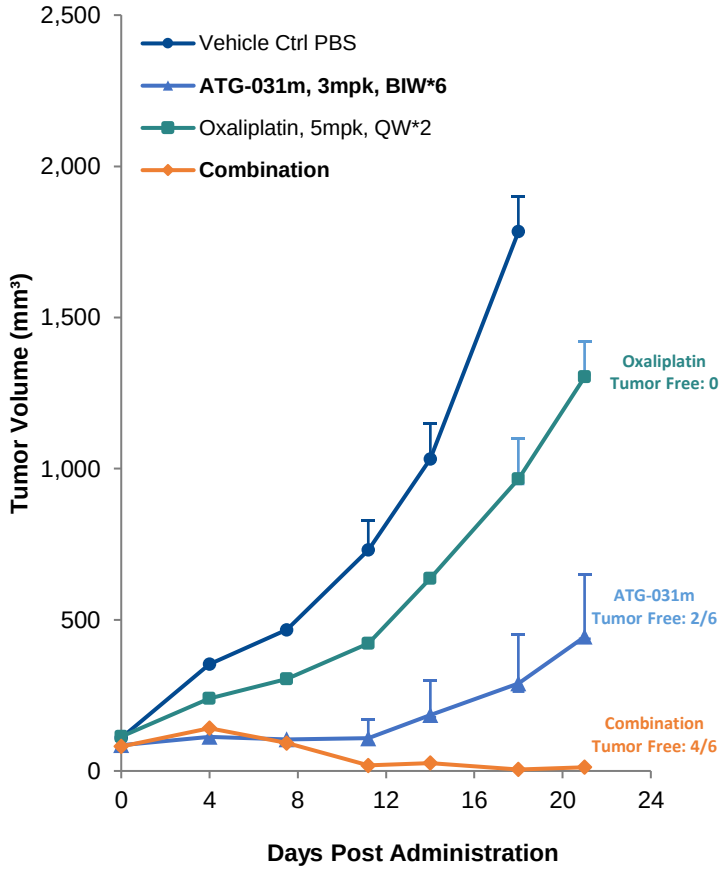
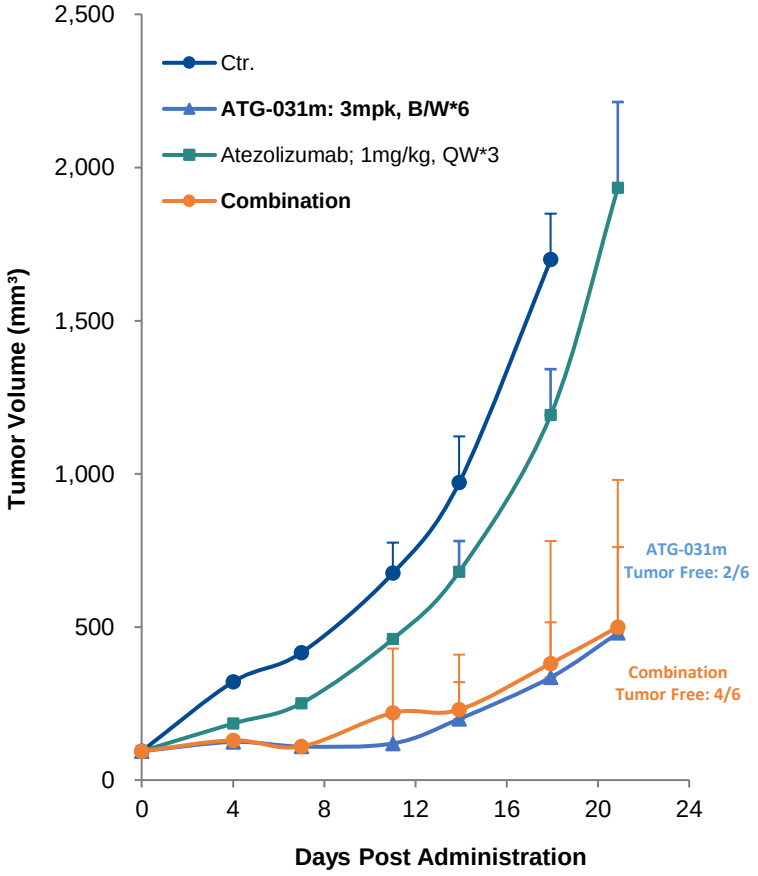
Single Agent Activity in MC38-hCD24 Mouse Tumor Model



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



Translational Study Identified Potential Indications for ATG-031

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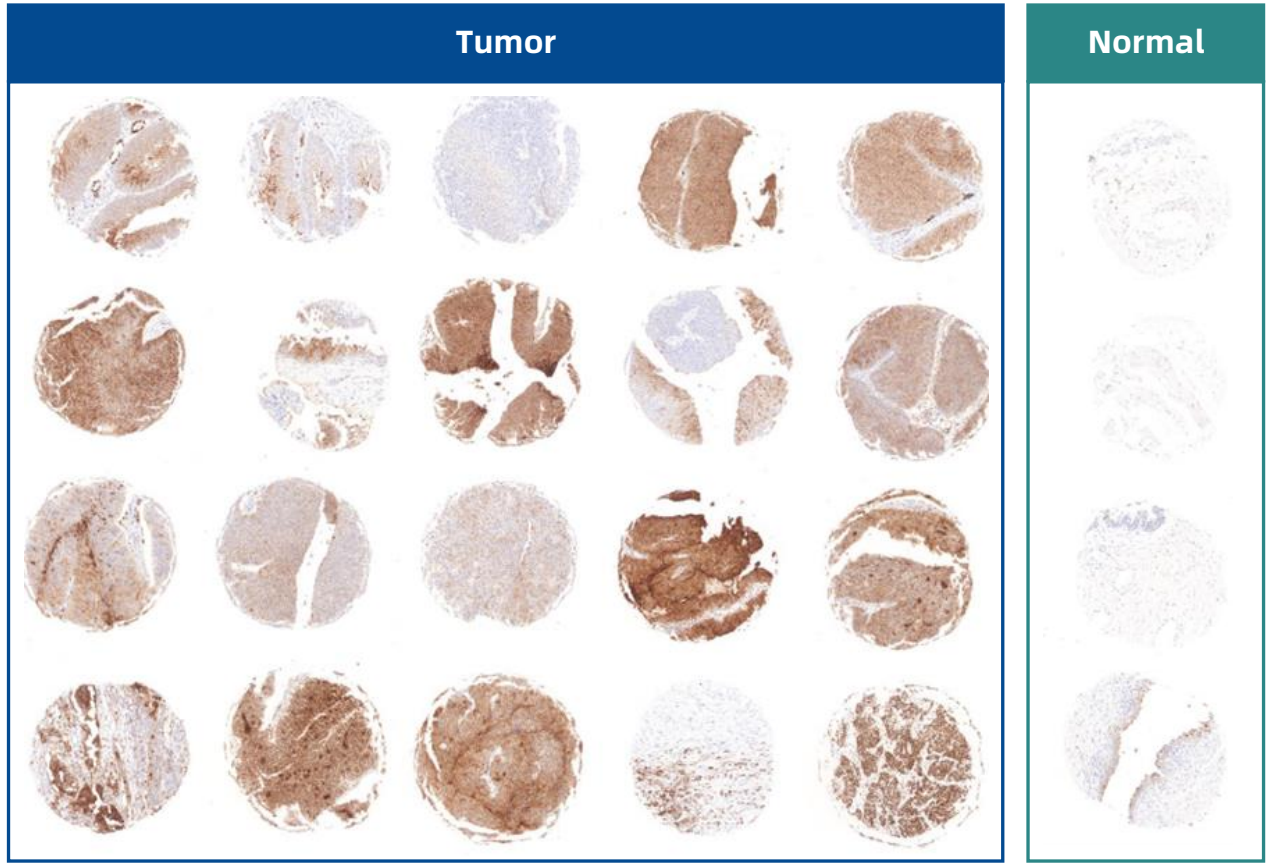
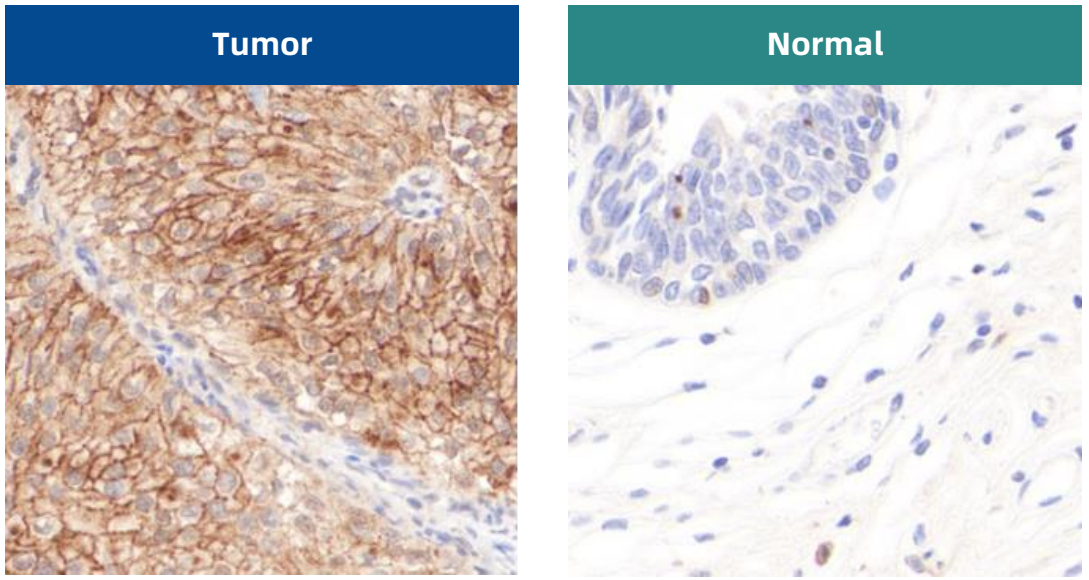
- CD24 is highly expressed in **breast cancer, ovarian cancer, small cell lung cancer, non-small cell lung cancer, liver cancer, bladder cancer, B cell lymphoma** and some other undisclosed **hematological malignancies**
- CD24 has been reported to be a **cancer stem cell marker** for many tumor types including but not limited to gastric cancer, cervical cancer and endometrial cancer
- An **in-house developed CDx antibody will be used in clinical trials** to study the expression of the target





Representative Tumor Type: Urothelial Cancer

- **Tumor: 19/20 positive, >50% 2+~3+ staining**
- **Normal bladder express very low level of CD24**

ATG-031 (CD24 mAb): Phase I "PERFORM" Trial Enrollment Underway

Enrolling Patients with Advanced Solid Tumors or B-cell Lymphomas

ANTENGENE

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

Completed the First Dosing Cohort in the Phase I Dose Escalation of "PERFORM" Trial

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

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

ANTENGENE

Summary of ATG-022

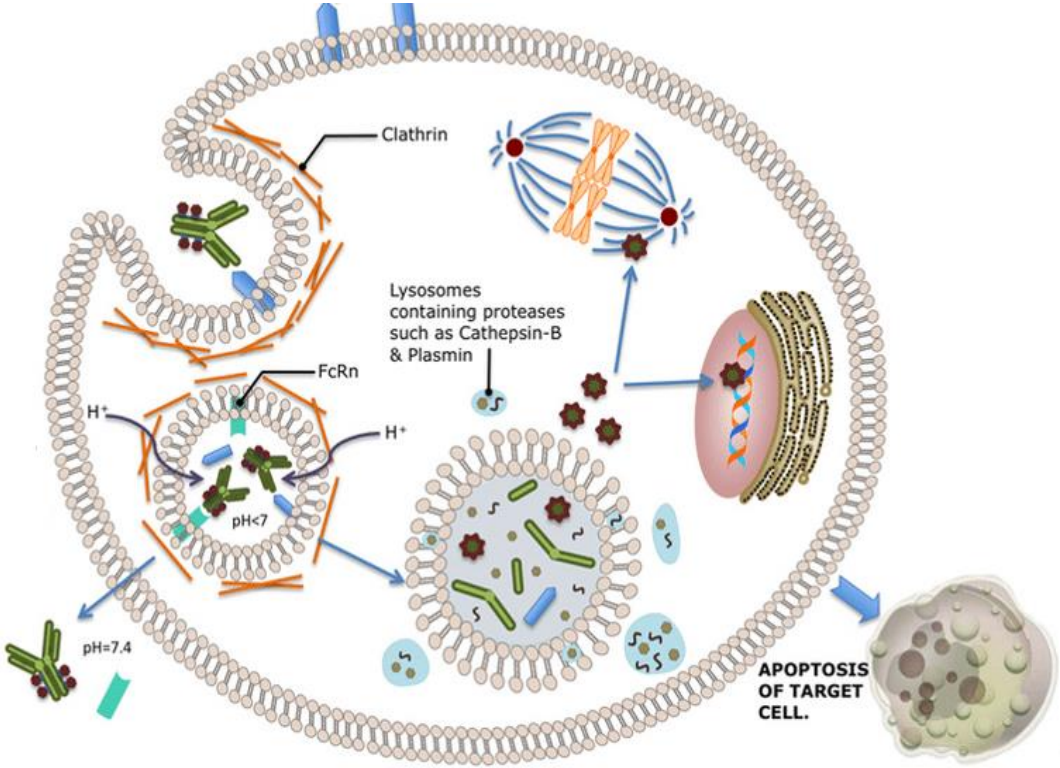
- Claudin 18.2 is a **tumor-associated antigen** overexpressed particularly in gastric, esophageal and pancreatic cancers, occasionally in other tumors including lung, ovarian, and head & neck malignancies
- Clinical ADC candidate with **vc-MMAE as linker payload (DAR4)**

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

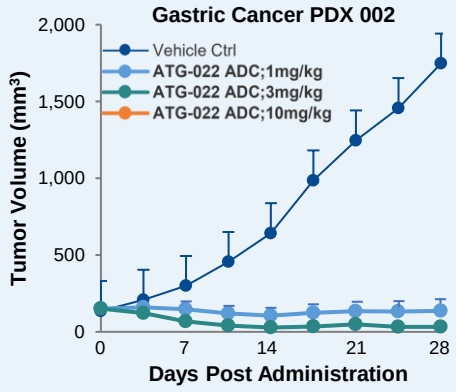


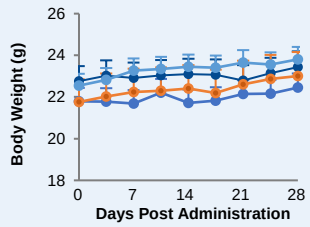
Christina Peters, Stuart Brown
Antibody-drug conjugates as novel anti-cancer chemotherapeutics

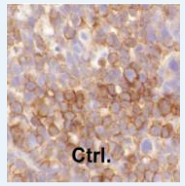
ATG-022 Demonstrated Strong *In Vivo* Efficacy in Various Claudin 18.2 Level PDX Models

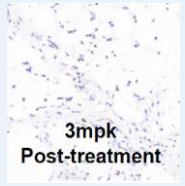
High Expression Level of Claudin 18.2

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

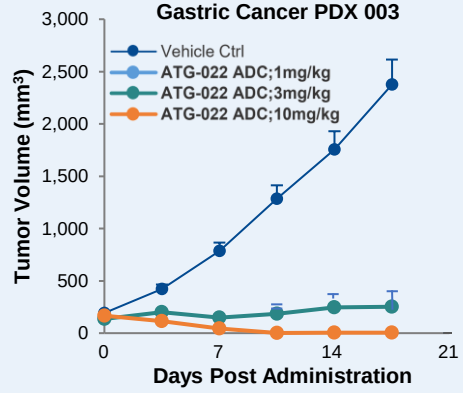


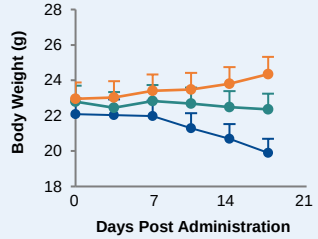


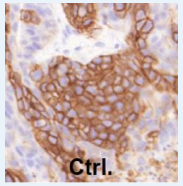


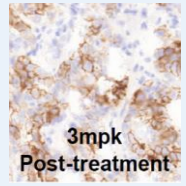


Model	CLDN18.2 Expression		TGI%		
	Positive%	IHC Intensity	1mpk	3mpk	10mpk
PDX002	90%	1+~2+	TR	TR	CR





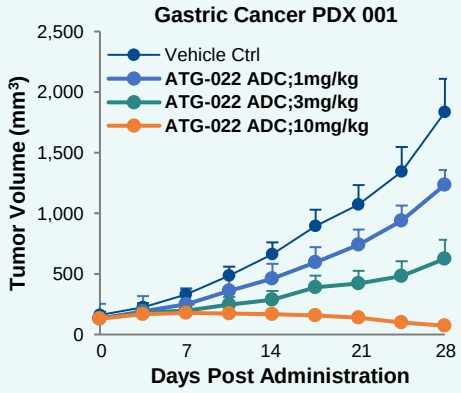


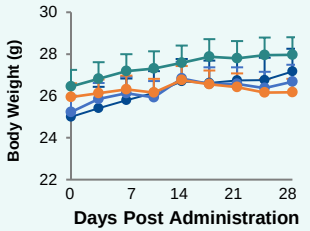


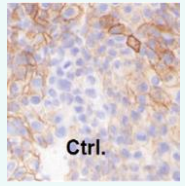
Model	CLDN18.2 Expression		TGI%	
	Positive%	IHC Intensity	3mpk	10mpk
PDX003	70%	2+~3+	94%	CR

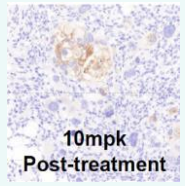
Moderate Expression Level of Claudin 18.2

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





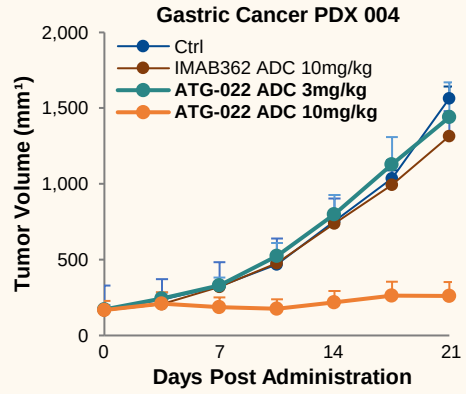


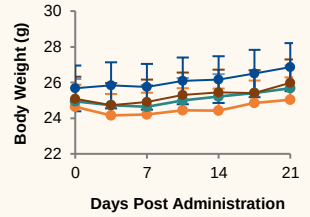


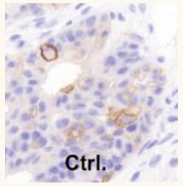
Model	CLDN18.2 Expression		TGI%		
	Positive%	IHC Intensity	1mpk	3mpk	10mpk
PDX001	60%	1+	35%	72%	TR

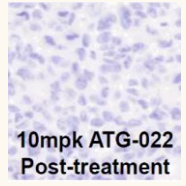
Extremely Low Expression Level of Claudin 18.2

ATG-022 Inhibited Tumor Growth









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

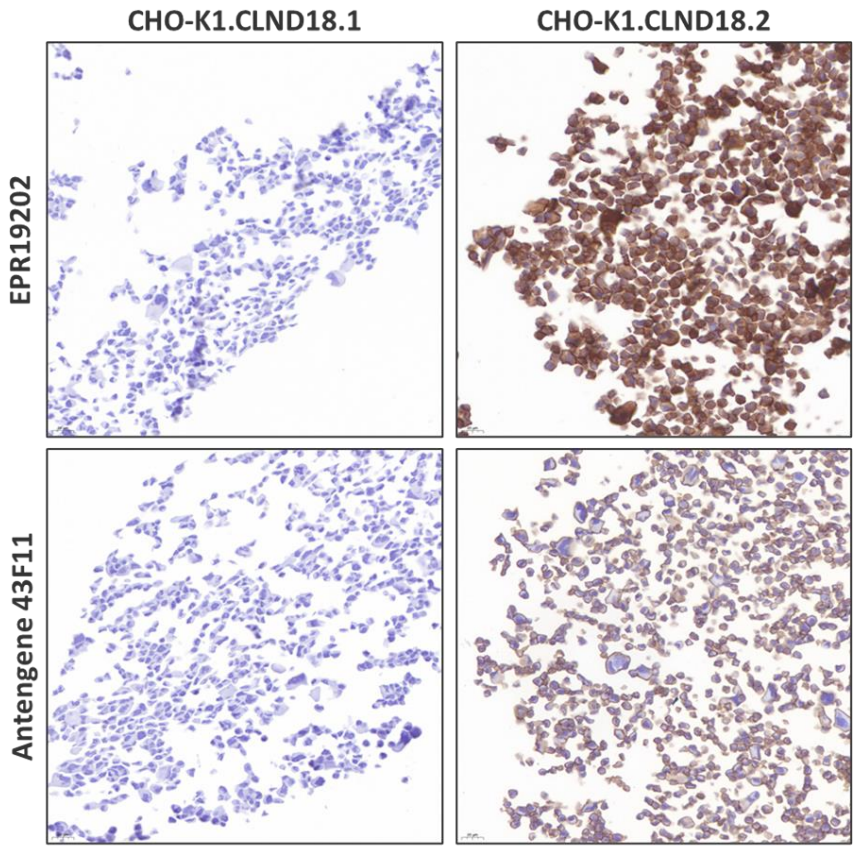
Source: AACR 2022.

Claudin 18.2 Targeted Companion Diagnostic Antibody to Support the Clinical Development of ATG-022

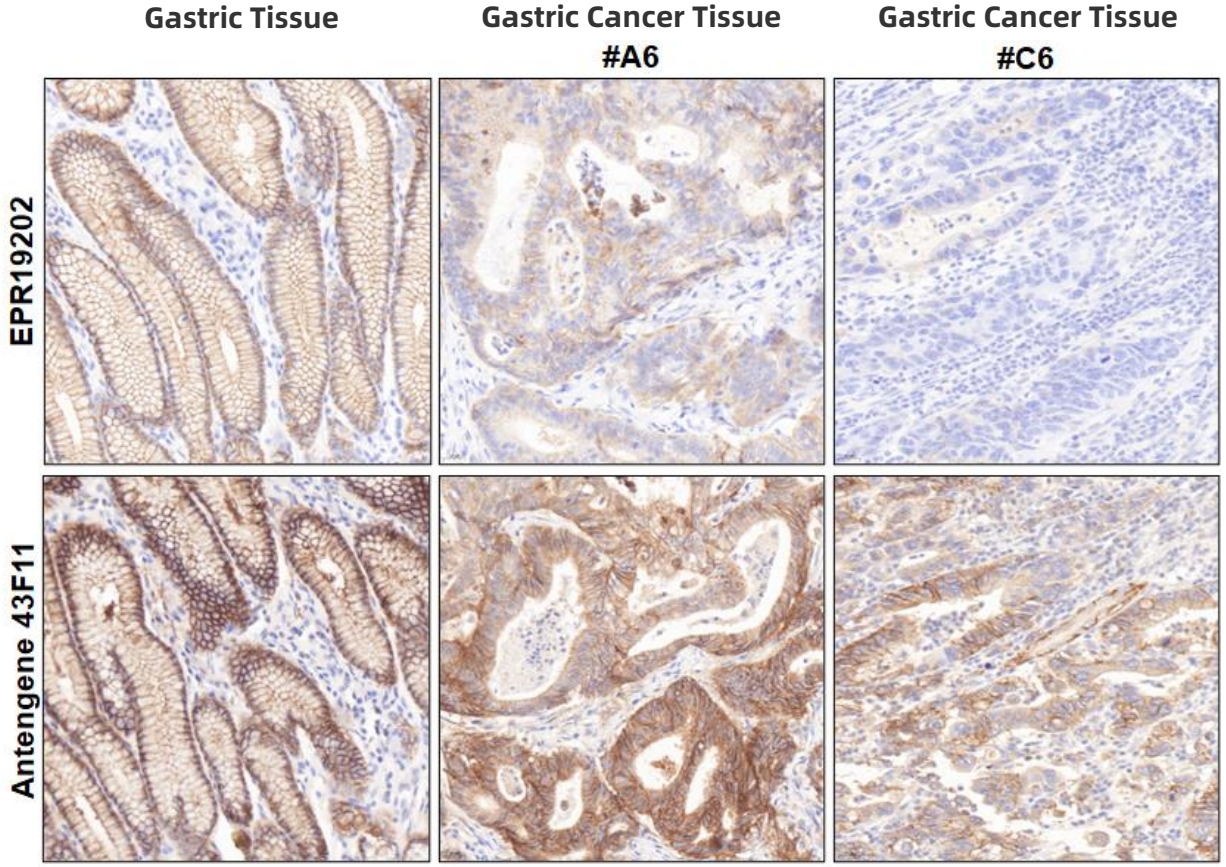
ANTENGENE

- **Higher sensitivity** compared with commercially-available kit
- Developed to support the **"CLINCH" study**

Antengene mAb Selectively Stains the Membrane of CLDN18.2-expressing Cells in IHC



Antengene mAb Exhibits Higher Sensitivity on Cancer Tissues Compared With EPR19202, Enables Recognizing of CLDN18.2 with Lower Expression Levels



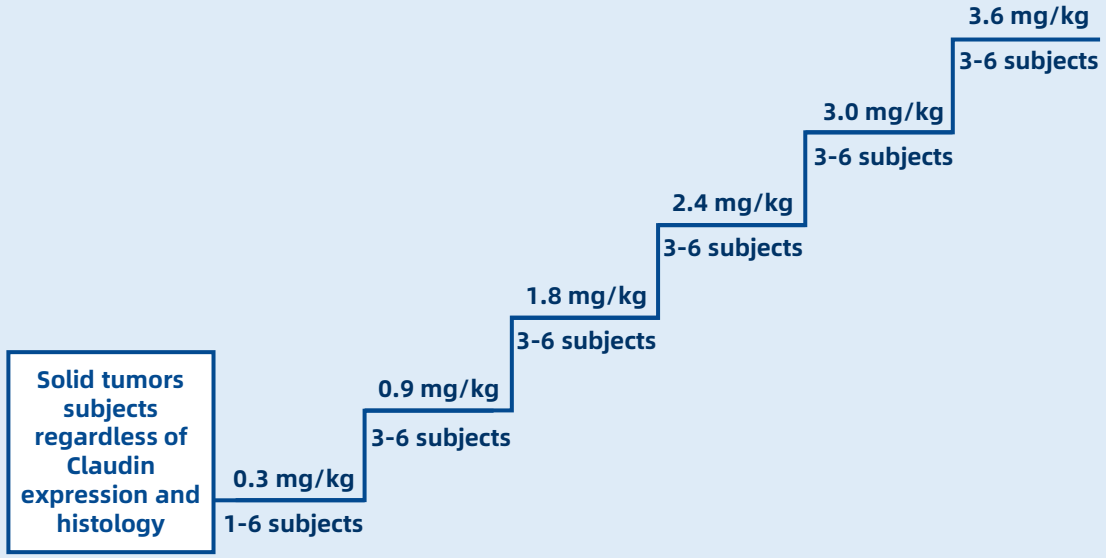
ATG-022 (Claudin 18.2 ADC): Phase I/II "CLINCH" Trial Enrollment Underway

Enrolling Patients with Advanced/Metastatic Gastric Cancer and Other Solid Tumors

ANTENGENE

Phase II Dose Expansion Study Ongoing with Multiple Centers in Australia and the Mainland of China

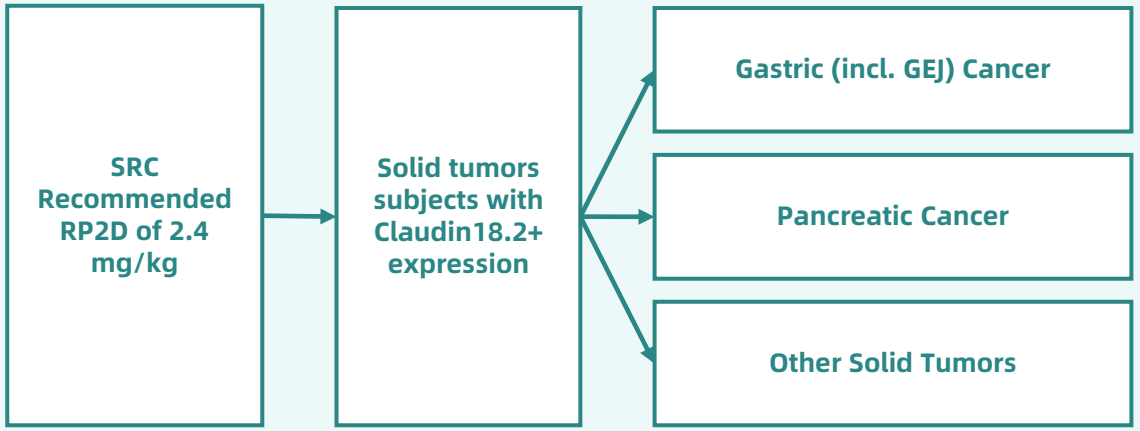
Phase I: Dose Escalation



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 II: Dose Expansion

RP2D (2.4 mg/kg) | Up to 40 Subjects in Each Tumor Type



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

Complete Response (CR) and Partial Response (PR) Detected in Dose Escalation Phase ;
Currently Enrolling Patients for the Dose Expansion Phase

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

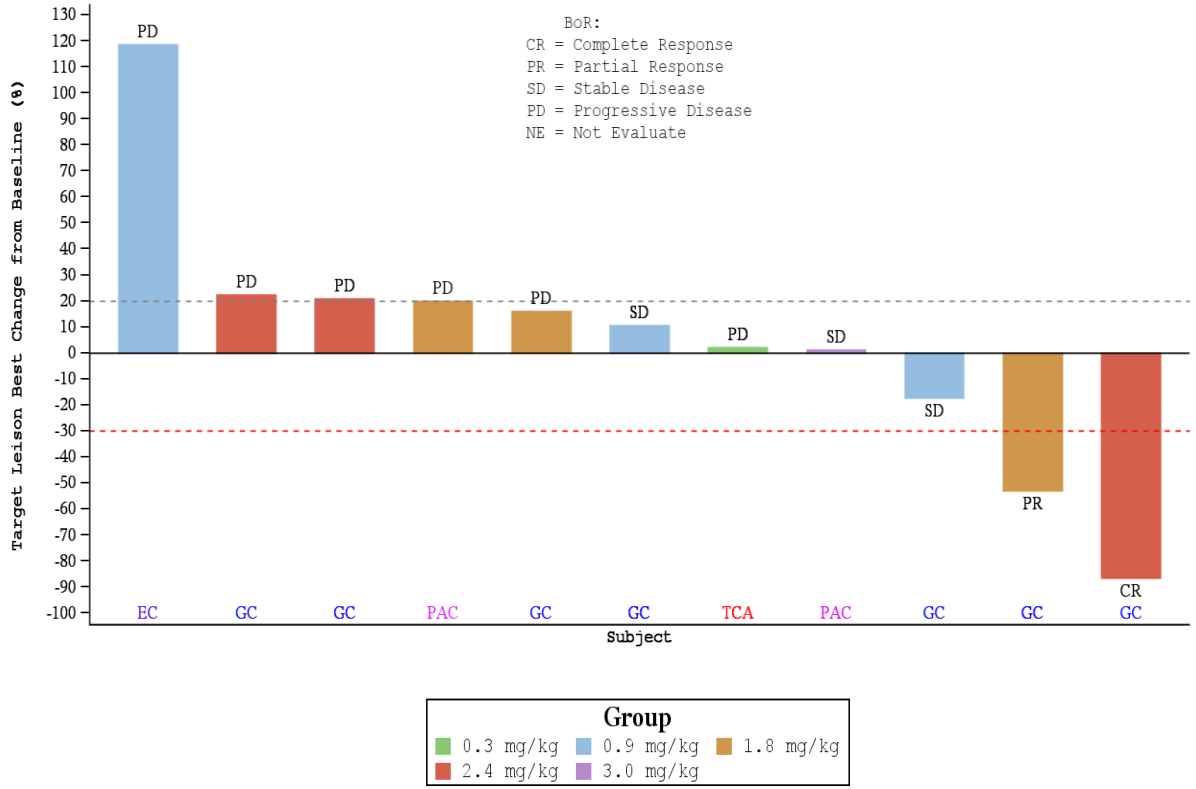
ATG-022 (Claudin 18.2 ADC): Preliminary Efficacy in the Phase I "CLINCH" Trial

ANTENGENE

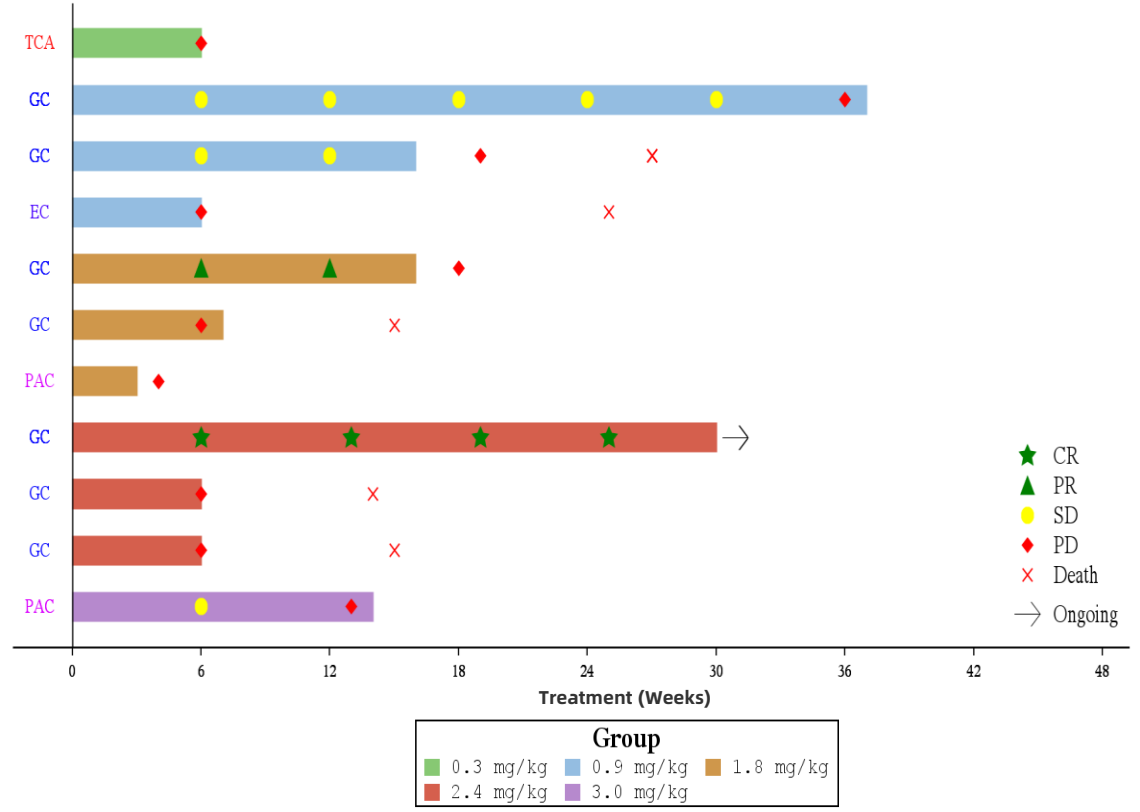
Preliminary Efficacy (as of March 18th, 2024)

- Dose escalation stage completed; **RP2D at 2.4 mg/kg** decided by SRC
- **2 responders** among 7 gastric cancer patients (without pre-screening patients' Claudin 18.2 expression levels)
- **1 CR from 2.4mg/kg dose level observed** (extremely low CLDN 18.2 expression) and **1 PR from 1.8mg/kg dose level observed** (CLDN 18.2 expression unknown)

Efficacy Summary - Waterfall Plot



Efficacy Summary - Swimmer Plot



Esophageal Cancer = EC; Gastric Cancer = GC; Pancreatic Cancer = PAC; Thymic Carcinoma = TCA

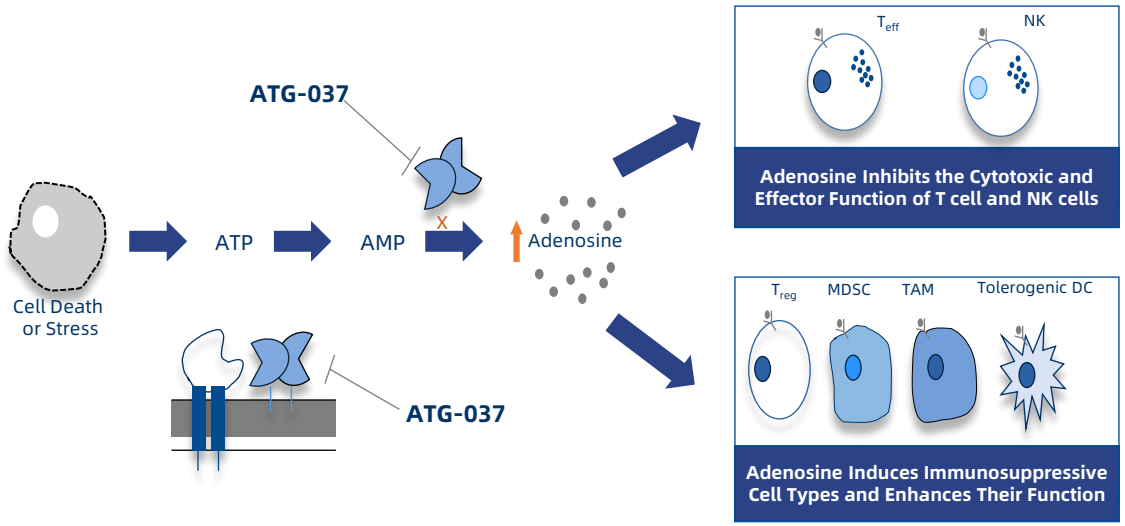
ATG-037: Orally Available Small Molecule Inhibitor of CD73 with Best-in-Class Potential

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**

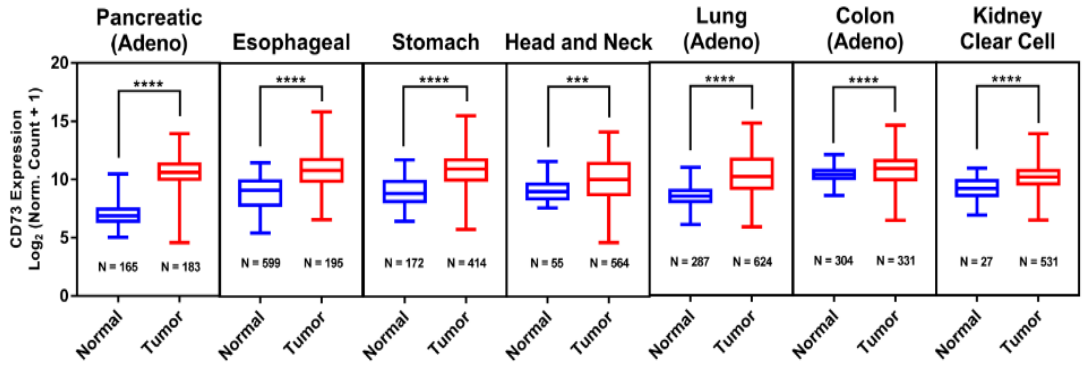


Excellent Safety Profile

- **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

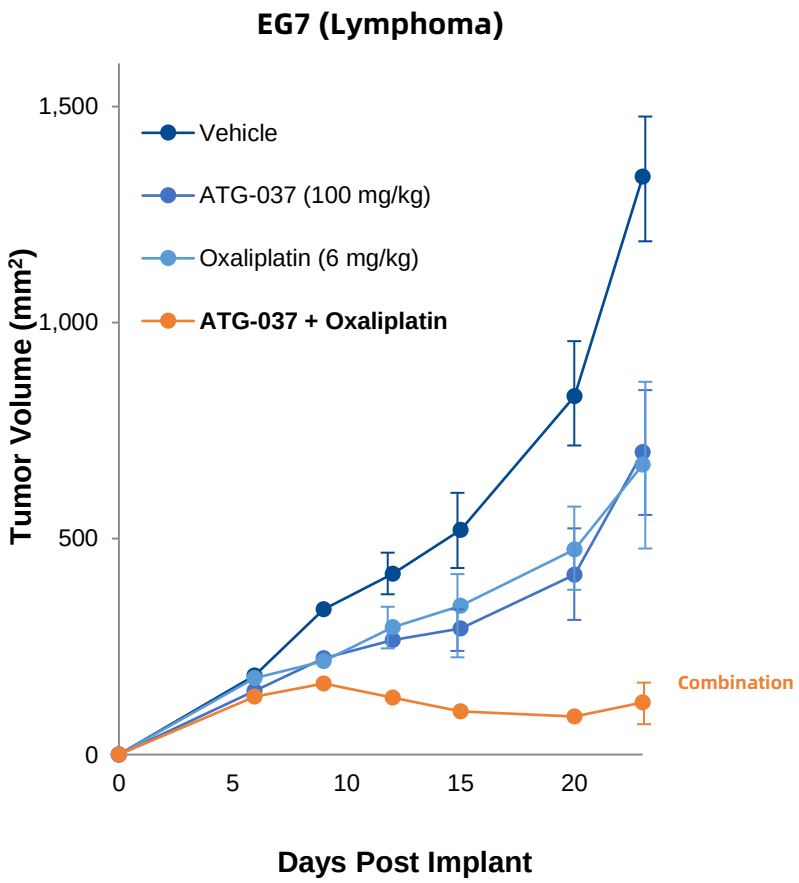
- Pancreatic, esophageal, gastric, non-small cell lung, colorectal, prostate, head and neck etc.



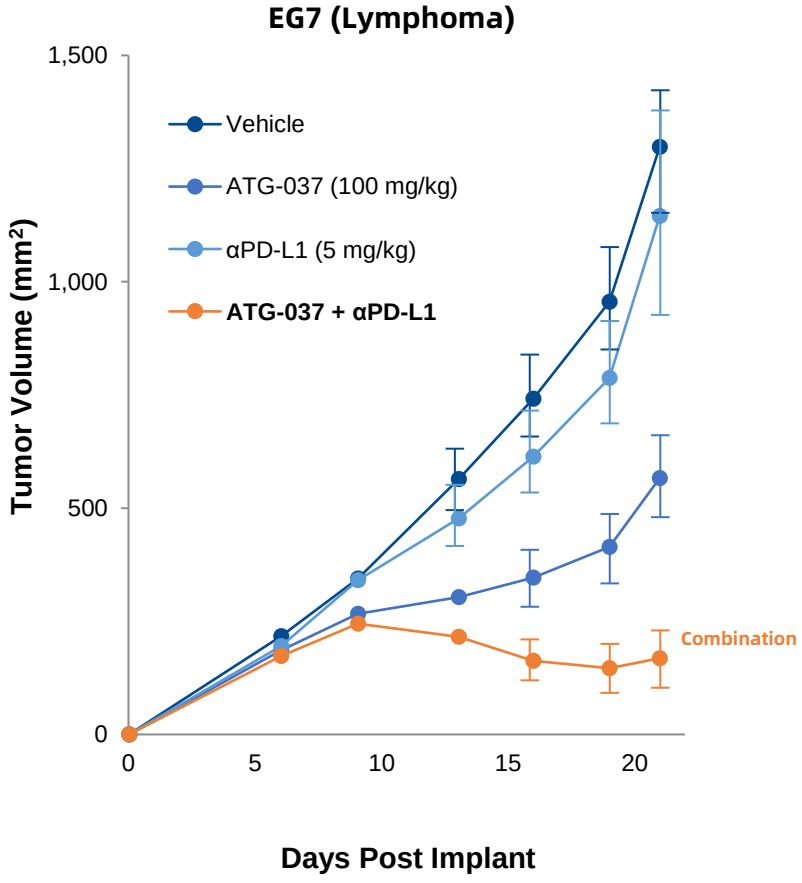
ATG-037 Demonstrates *In Vivo* Synergy with Chemotherapy, Checkpoint Inhibitors and ATG-010 (Selinexor)

ANTENGENE

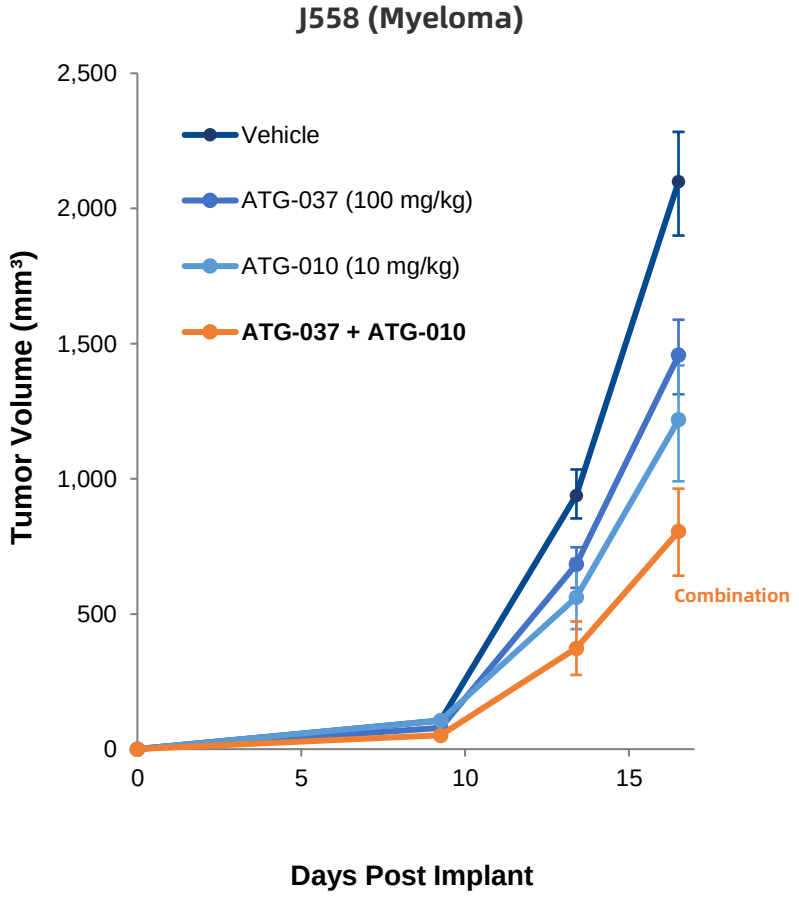
In Vivo Synergy with Chemotherapy in Mouse EG7 Lymphoma



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-037 (CD73): Phase I "STAMINA" Study Underway

Monotherapy and Combination with Anti-PD-1, Pembrolizumab

ANTENGENE

Phase I, Multi-center, Open Label, Dose-finding Study Ongoing in Australia and China

Phase I/Ib: Dose Escalation and Dose Expansion

Multi-center, open label study, starting in Australia and China

Evaluating monotherapy and combination therapy with pembrolizumab

Combination plan: 2 cycles of ATG-037 monotherapy, followed by combination with pembrolizumab

Patients and Dosing

Patients with locally advanced or metastatic solid tumors: Dose Expansion: CPI-naïve (CRPC, CRC, ovarian) and CPI-resistant (NSCLC, SCCHN, etc.)

Dose Escalation:
20, 60, 120, 240, 400, 600 mg, BID

Objectives of the Study

Primary Objectives:
Safety, tolerability monotherapy and pembrolizumab combination therapy. RP2D definition

Secondary Objectives:
Evaluate preliminary efficacy, characterize pharmacology (PK/PDx profile)

Completed Dosing the Last Dosing Cohort (600 mg BID) in Dose Escalation; 3 Patients Have Achieved Partial Response (PR); Proceeding to Dose Expansion Phase in mid-2024

CPI= Checkpoint inhibitor, CRPC = castration-resistant prostate cancer, CRC = colorectal cancer, NSCLC = non-small cell lung cancer, SCCHN = Squamous cell carcinoma of the Head and Neck, RP2D = recommended Phase 2 dose, PK = pharmacology, PD = pharmacodynamics

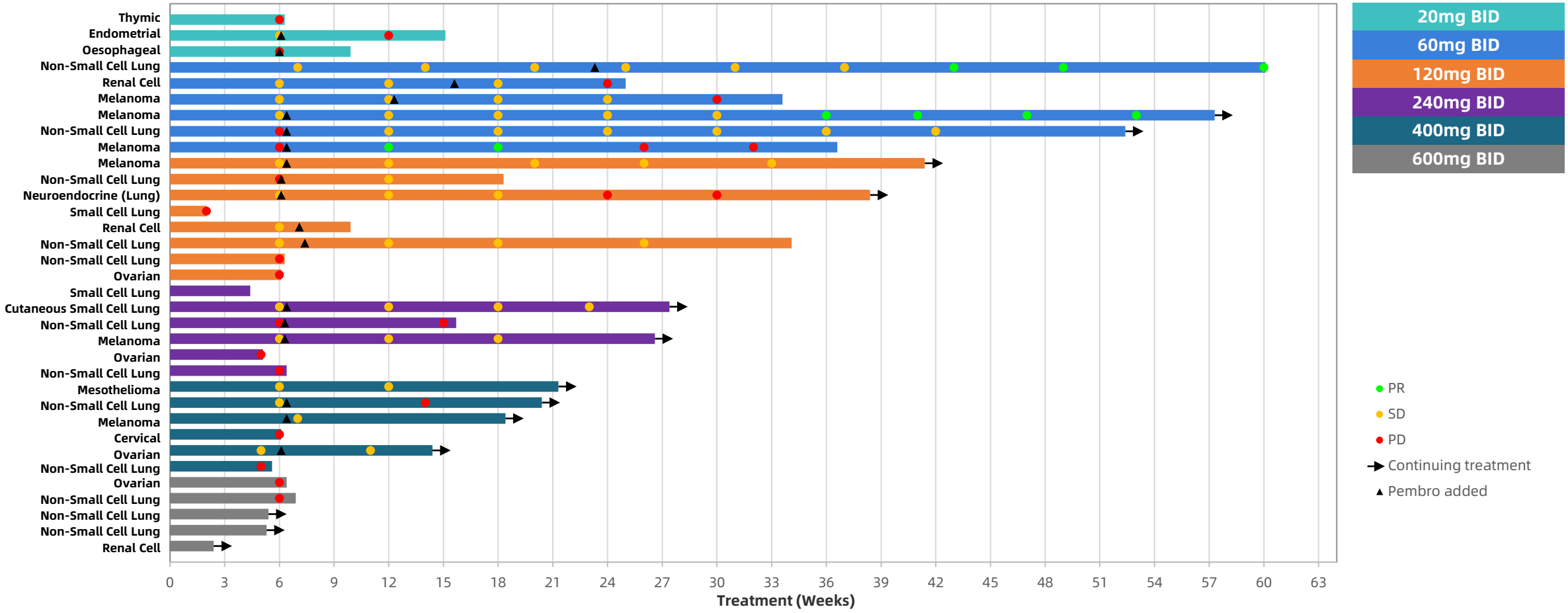
Clinical Collaboration with MERCK

ATG-037 (CD73): Swimmer Plot in the Phase I "STAMINA" Trial

ANTENGENE

Preliminary Data (as of March 14th, 2024)

- **3 PRs observed in patients previously treated with a checkpoint inhibitor** (CPI; 2 melanoma patients, 1 non-small cell lung cancer patient), **demonstrating the potential to reverse CPI resistance**
- Currently in the last cohort in dose escalation with **excellent safety profile**; will proceed to dose expansion in H1 2024



Preliminary data as of March 14th, 2024

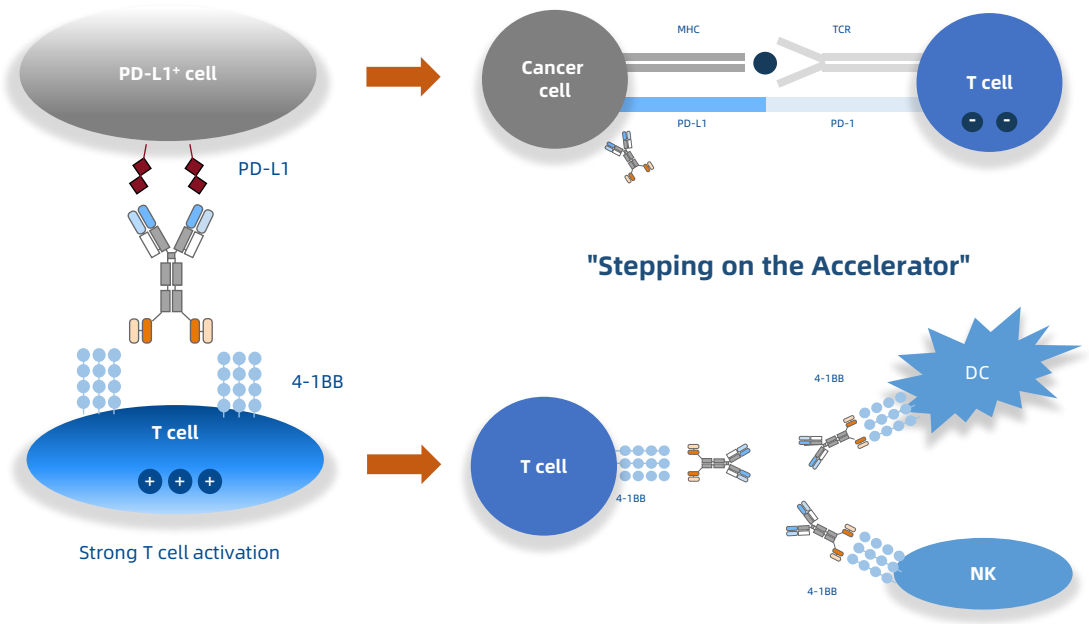
ATG-101 Has the Potential to Optimize PD-L1 Antagonism and Tumor-specific 4-1BB Agonism

ANTENGENE

Summary of ATG-101

- 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**
- 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"**

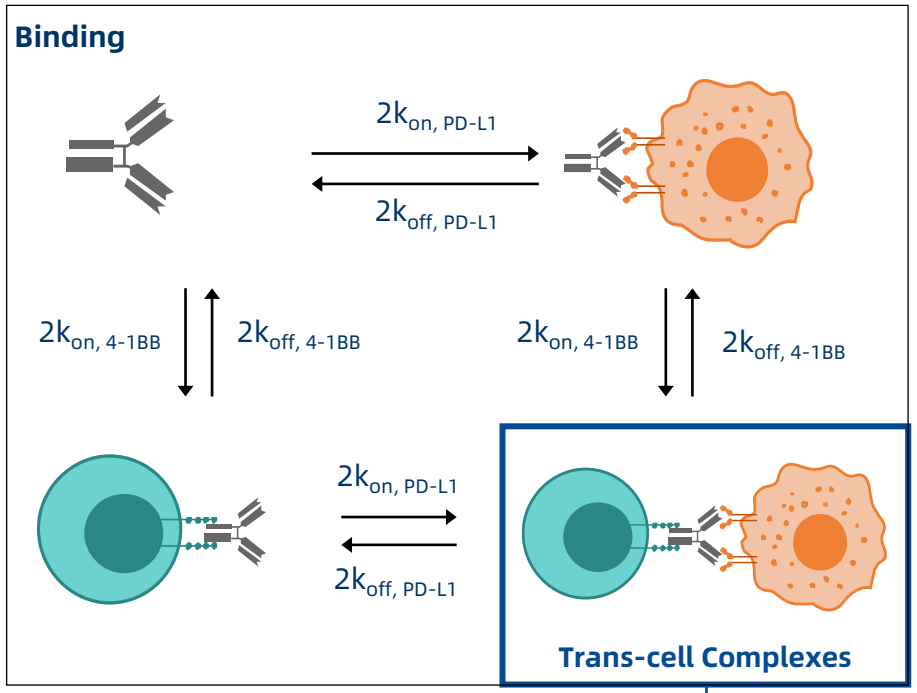
Source: 1. Prof Andrew Scott, ONJCRI, 2022

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

ANTENGENE

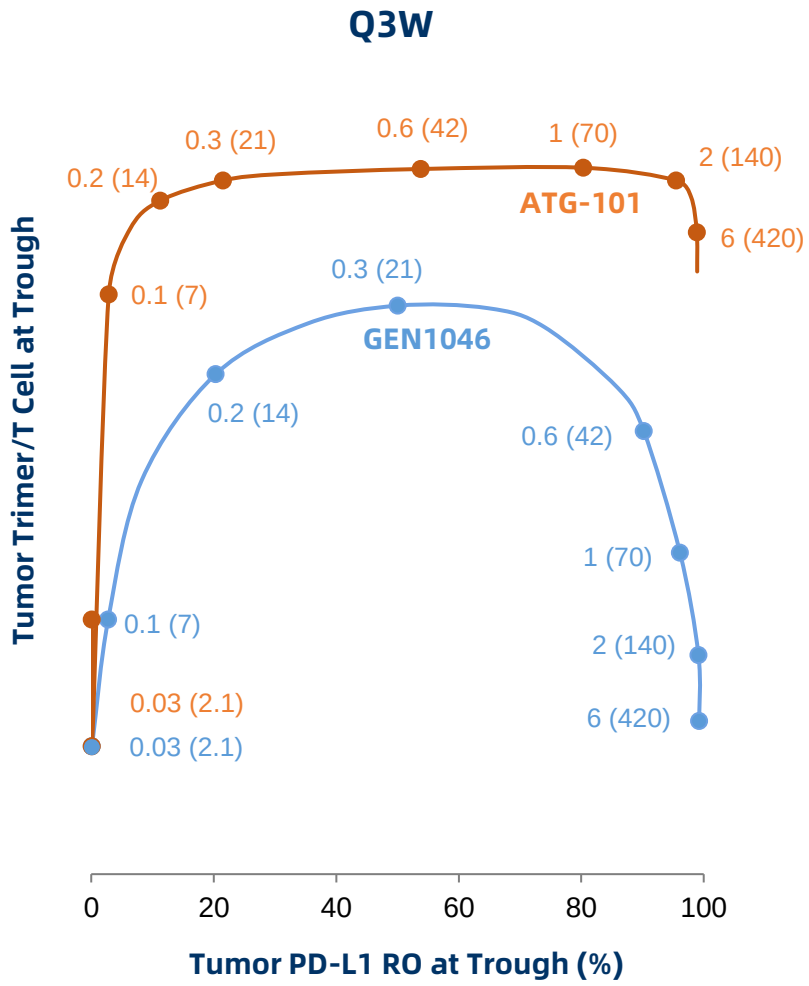
A Computational Semi-mechanistic Pharmacology Model Predicts that ATG-101 Induces Max Trimer Formation and >90% PD-L1 RO at 2mg/kg in Humans

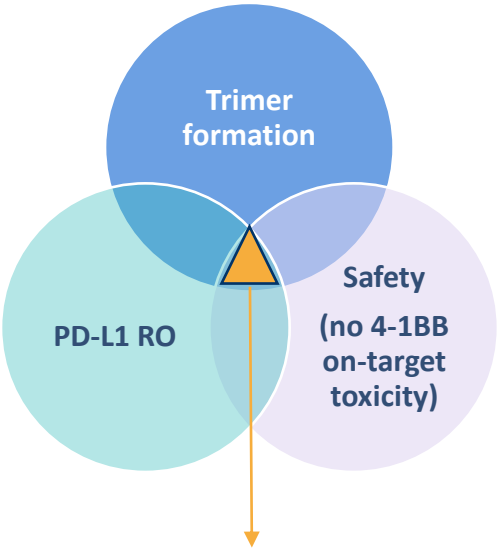
Model Structure and Strategy



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

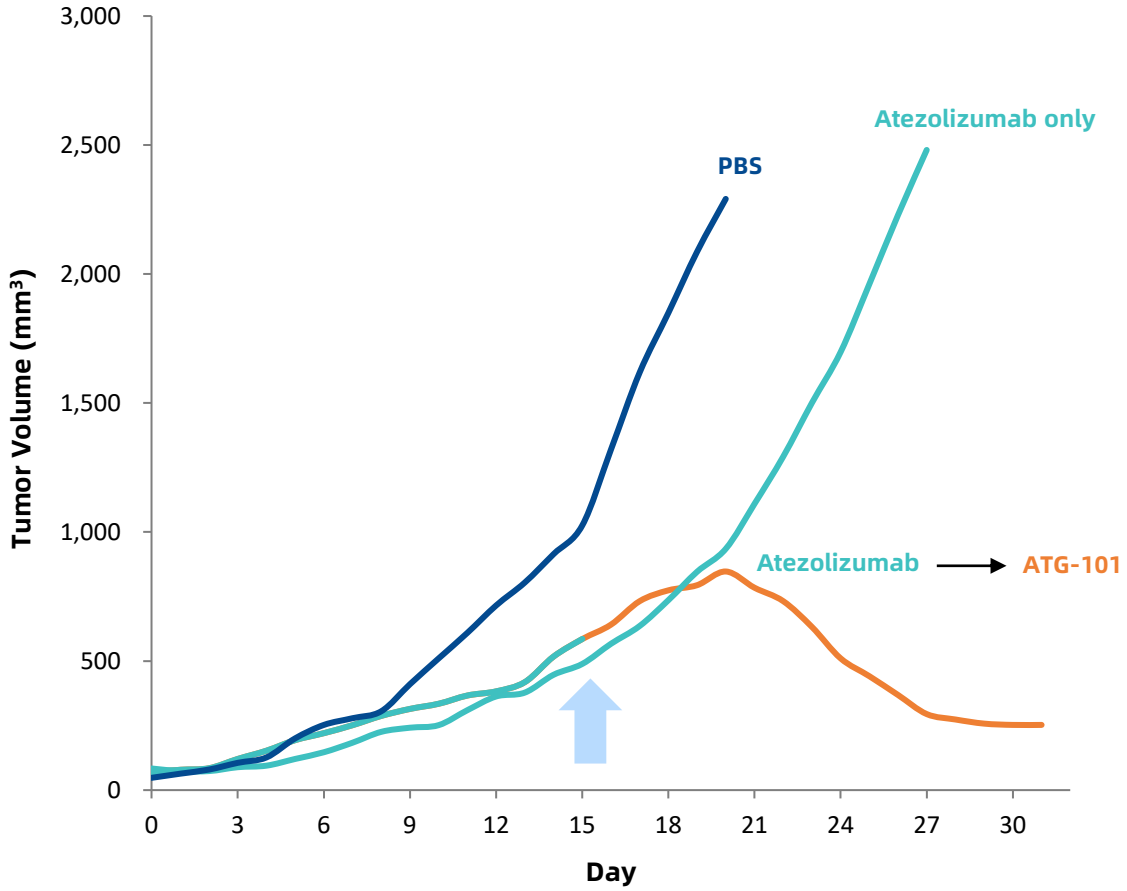
Source: SITC 2021

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

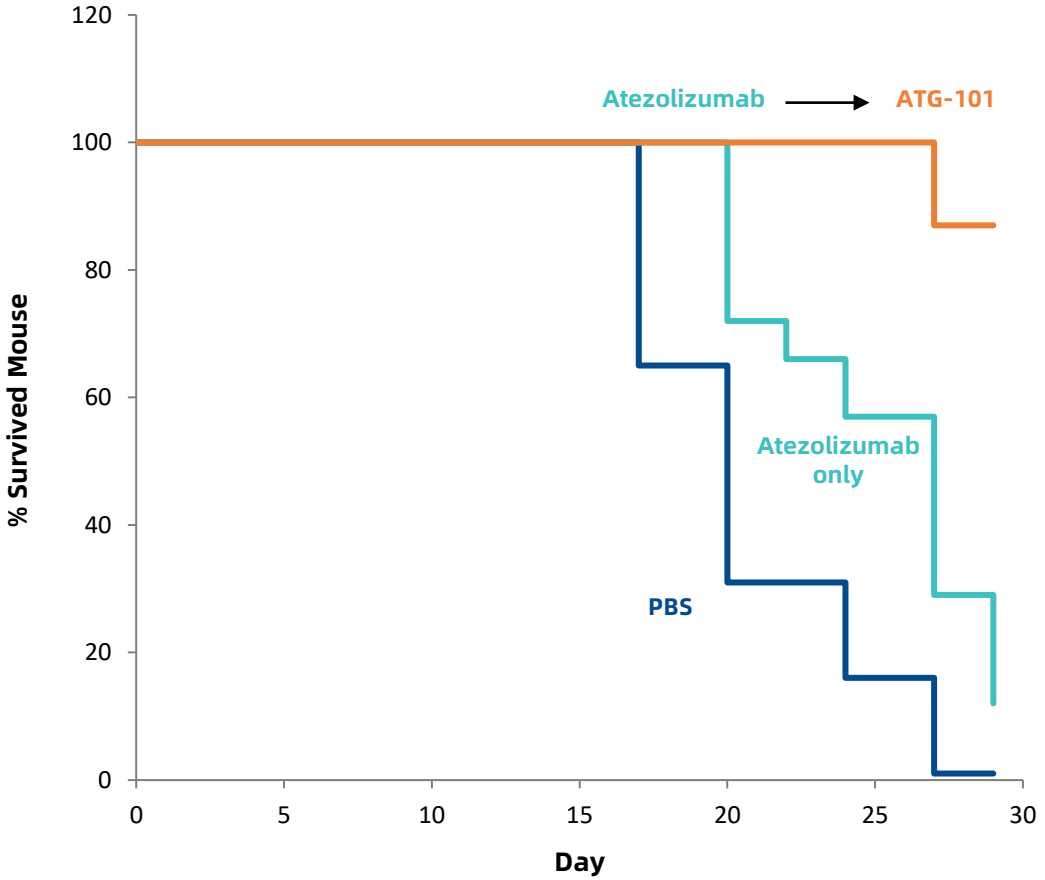
ANTENGENE

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-101 (PD-L1/4-1BB): Phase I "PROBE" Study Underway, ODD in Pancreatic Cancer

Enrolling Patients with Advanced Solid Tumors and B-cell Non-Hodgkin's Lymphoma

ANTENGENE

Phase I, Multi-center, Open Label, Dose-finding Study Ongoing in Multiple Centers in the U.S., Australia and China*

Phase Ia: Dose Escalation

Primary Objectives:
Safety, tolerability RP2D definition (60 subjects)

Secondary Objectives:
Evaluate standard efficacy, pharmacology, immunology, biomarkers, exploratory measurements (ADA, TME, biodistribution)

Phase Ib: Dose Expansion

Planning to evaluate efficacy and safety in multiple cohorts including CPI-resistant populations as well as "cold tumors"

- CPI-exposed patients: 2 cohorts
- CPI-naive patients: 6 solid tumor cohorts

Dose Escalation Studies **Arrived at Biologically Active Dose** with **Good Tolerability,** and has already **Reported Partial Response (PR)** and **Durable Stable diseases (SDs)** in Patients Treated at **Low Doses Levels;**
Phase I Dose Escalation to be Completed in H2 2024

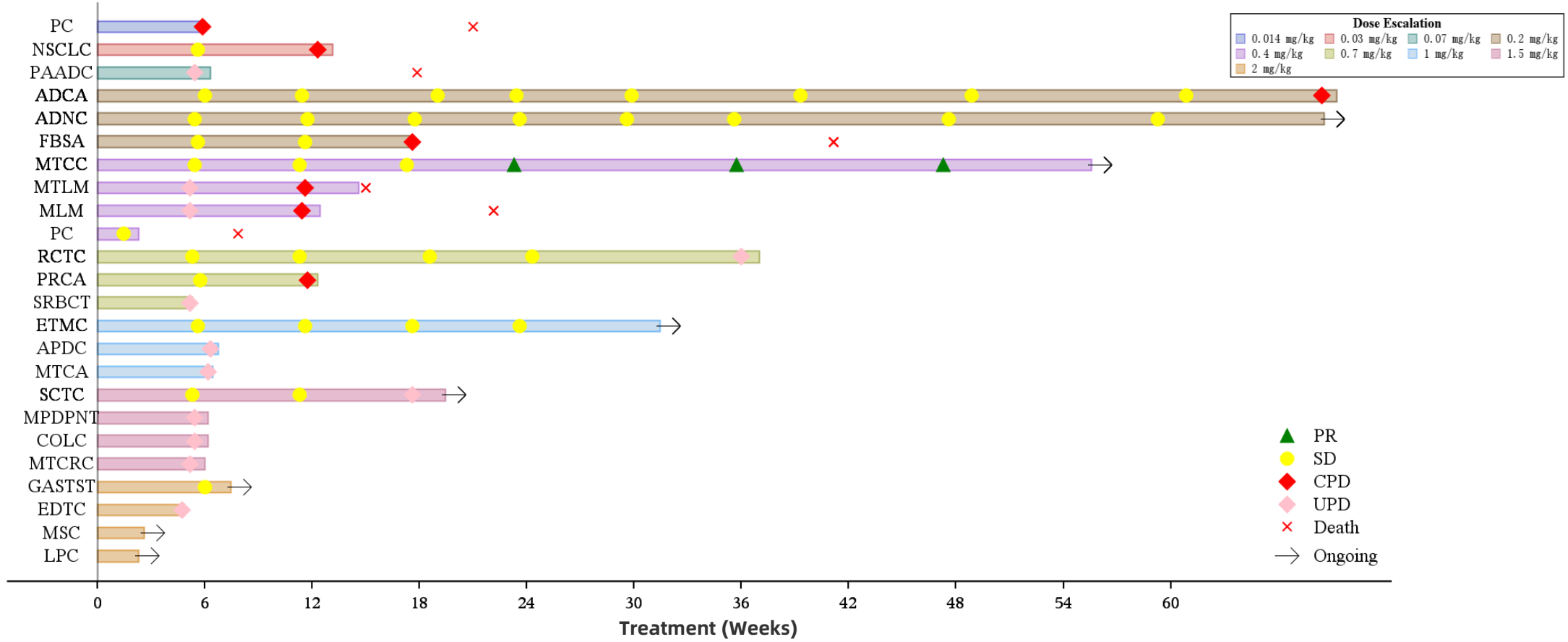
*PROBE-CN is underway in China; ADA: anti-drug antibody; BOIN: Bayesian optimal interval designs in higher dosing cohorts, CPI: checkpoint inhibitor; GBM: glioblastoma multiforme; HNSCC: head and neck squamous cell carcinoma; HPV: human papilloma virus;

ATG-101 (PD-L1/4-1BB): Durable Responses Observed in the "PROBE" Study for Patients with Advanced Solid Tumors and B-cell Non-Hodgkin's Lymphoma

ANTENGENE

Preliminary Data (as of March 14th, 2024)

- Currently in dose escalation stage, enrolment ongoing
- No significant liver toxicities observed
- 1 confirmed PR observed in a patient with **metastatic colon adenocarcinoma** (microsatellite stability biomarker **(MSS; classified as cold tumors)**
- Started to see durable stable disease (SD) from low doses; the longest treatment duration is **over 12 months**



Preliminary data as of March 14th, 2024

Adenoid Cystic Carcinoma = ADCA; Adenocarcinoma Of The Cervix = ADNC; Appendiceal Cancer = APDC; Colon Cancer = COLC; Endometrial Cancer = EDTC; Extraskeletal Myxoid Chondrosarcoma = ETMC; Fibrosarcoma = FBSA; Gastrointestinal Stromal Tumor = GASTST; Melanoma = MLM; Metastatic Colon Adenocarcinoma = MTCA; Metastatic Colon Cancer = MTCC; Metastatic Colorectal Cancer = MTCRC; Metastatic Melanoma = MTLM; Metastatic Poorly Differentiated Pancreatic Neuroendocrine Tumor; MPDPNT; Non-Small Cell Lung Cancer (Squamous) = NSCLC; Pancreatic Adenocarcinoma = PAADC; Pancreatic Cancer = PC; Papillary Renal Cell Carcinoma = PRCA; Rectal Cancer = RCTC; Small Round Blue Cell Tumors = SRBCT; Squamous Cell Thymic Carcinoma = SCTC

ANTENGENE

APAC RIGHTS ASSETS

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

ANTENGENE

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***		
			Combo with dexamethasone ***(STORM) - Partner's Pivotal Trial in the US*** — ***US, EU, UK, IL, 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, UK, IL, CA, SG, AU & TW sNDA approved***		
			Combo with IMID/PI/CD38 mAb and dexamethasone ***(STOMP)***		
		R/R Diffuse Large B-cell Lymphoma	**Monotherapy** ***(SEARCH)*** ★ — **sNDA Accepted, Priority Review Granted**	APAC[2]	Karyopharm Therapeutics
			Monotherapy ***(SADAL) - Partner's Pivotal Trial in the US**** — ***US , IL, SG, SK & TW sNDA approved***		
			Combo with R-GDP ***(DLBCL-030)*** ★		
		Myelofibrosis	**Combo with ruxolitinib** ***(MF-034)*** ★		
		R/R T-cell & NK-cell Lymphoma	**Combo with ICE/GemOx/tislelizumab** ***(TOUCH)*** **with** BeiGene **Clinical Collaboration**		
		Maintenance Therapy for Endometrial Cancer	**Monotherapy** ***(SIENDO)***		
			Monotherapy ***(EC-042) - Partner's Pivotal Trial in the US*** ★		
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 **Clinical Collaboration**	APAC[3]	Celgene, Bristol Myers Squibb Company

Antengene Trials[4] | Partner Trials[5] | Partner Global Trials in Antengene Region | ★ 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

* SADAL Study (DLBCL US Trial) approval is under the accelerated approval pathway; ** 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; CA: Canada; EU: Europe; IL: Israel; SG: Singapore; SK: South Korea; TW: Taiwan; UK: United Kingdom; US: United States;

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

Encouraging Preliminary Data in Treatment-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)

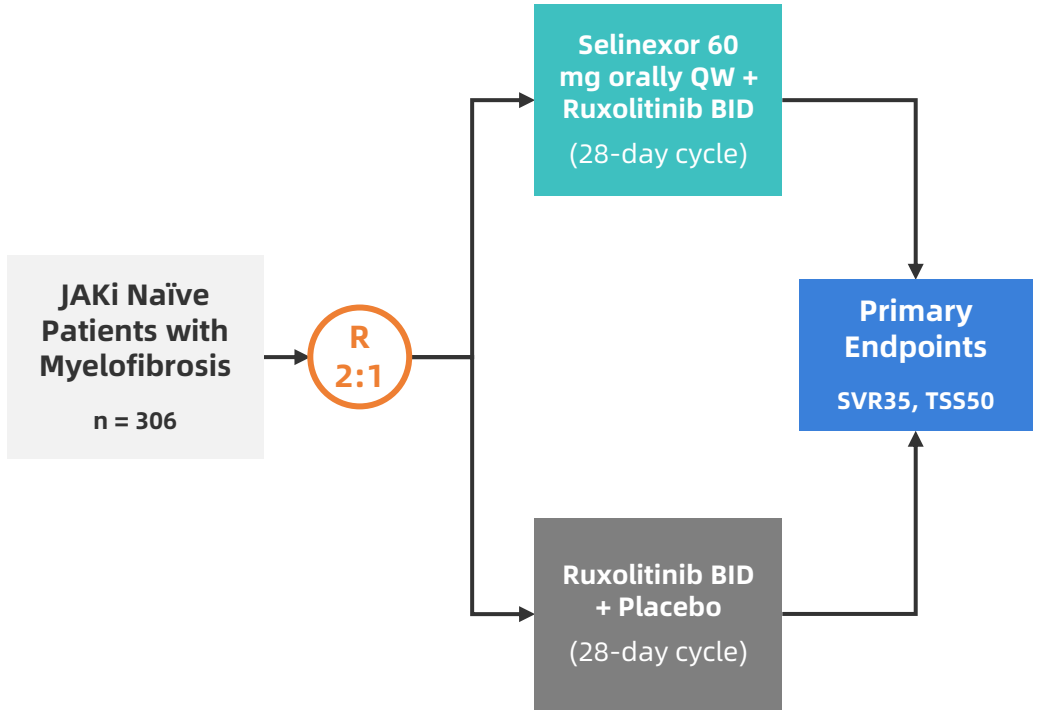
Selinexor 60 mg + Ruxolitinib

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

**Two patients discontinued prior to Week 24*
*** One patient discontinued prior to week 12; one patient with missing data at week 12, who subsequently discontinued prior to week 24.*
**** Two patients discontinued prior to Week 24 and one had missing data.*

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



Status:
- Topline data expected in 2025
- Currently in IND process across Antengene territories

NCT04562389
Sponsor: Karyopharm

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

ANTENGENE

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

Global Phase III Study Evaluating the Efficacy and Safety of Selinexor

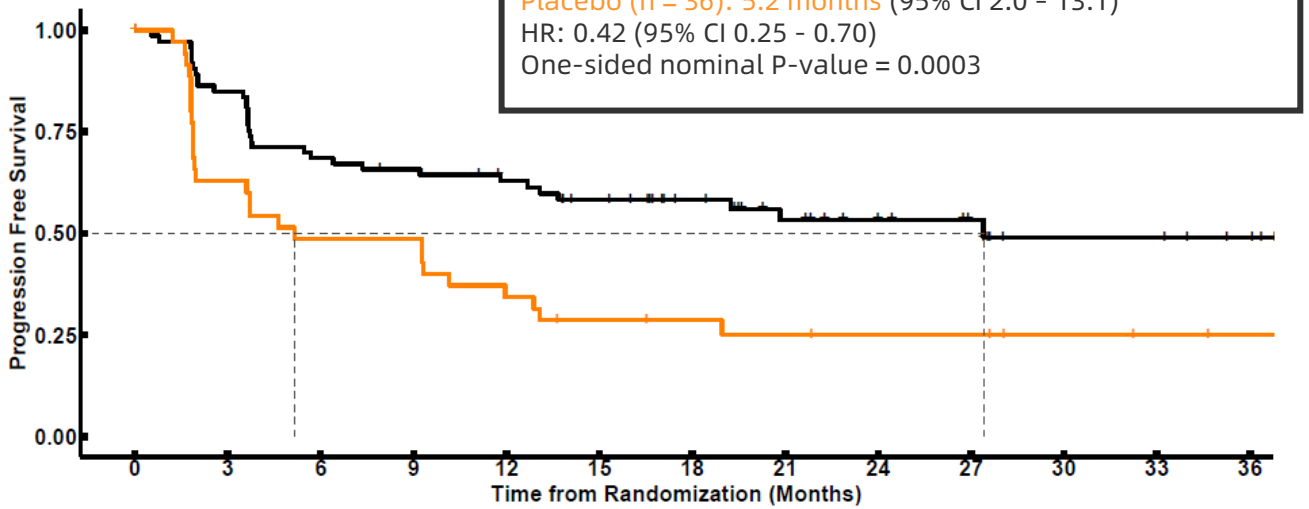
Karyopharm Therapeutics

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

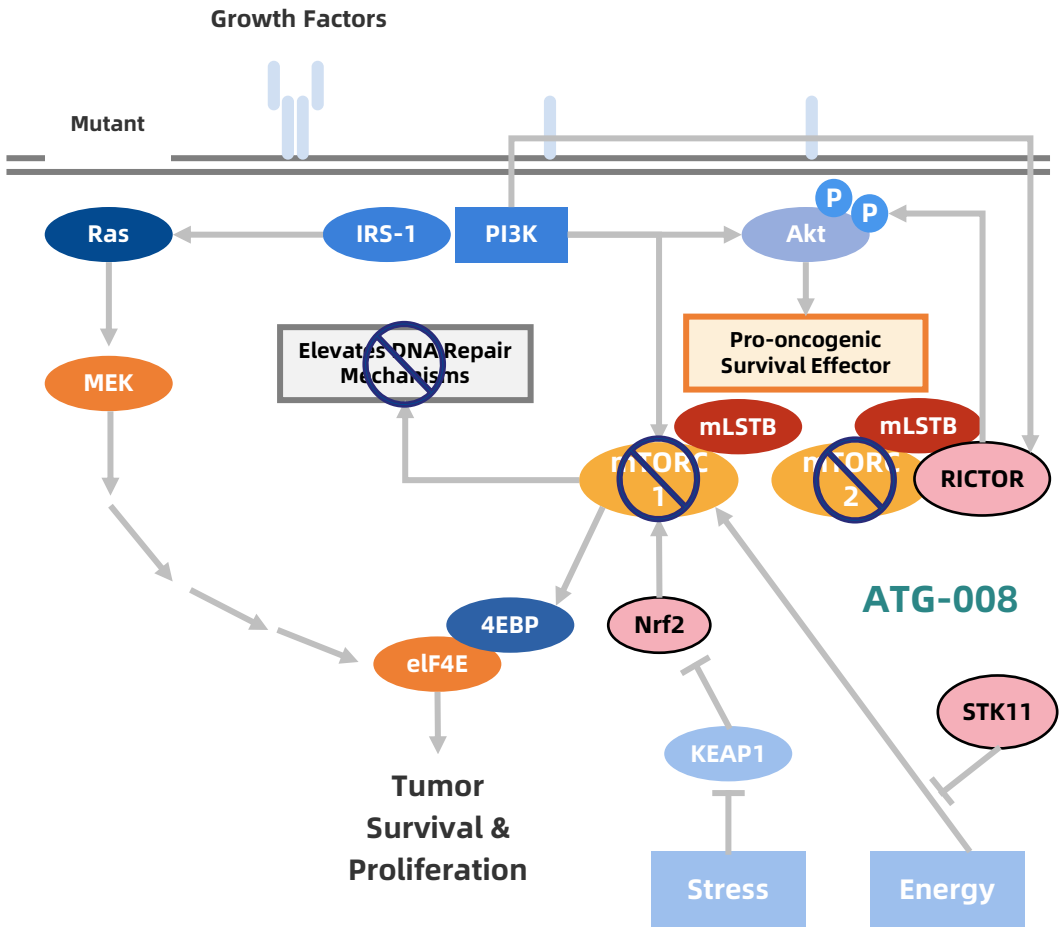
Top-line Data Expected in Late 2024 - 2025

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 Preliminary Data of ATG-008 (Onatasertib) in "TORCH-2" Trial

ANTENGENE

Encouraging Preliminary 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)

53.3%

Efficacy evaluable population
CPI-naïve (16/30)

Disease Control Rate (DCR)

86.7%

Efficacy evaluable population
CPI-naïve (26/30)

Overall Response Rate (ORR)

23.1%

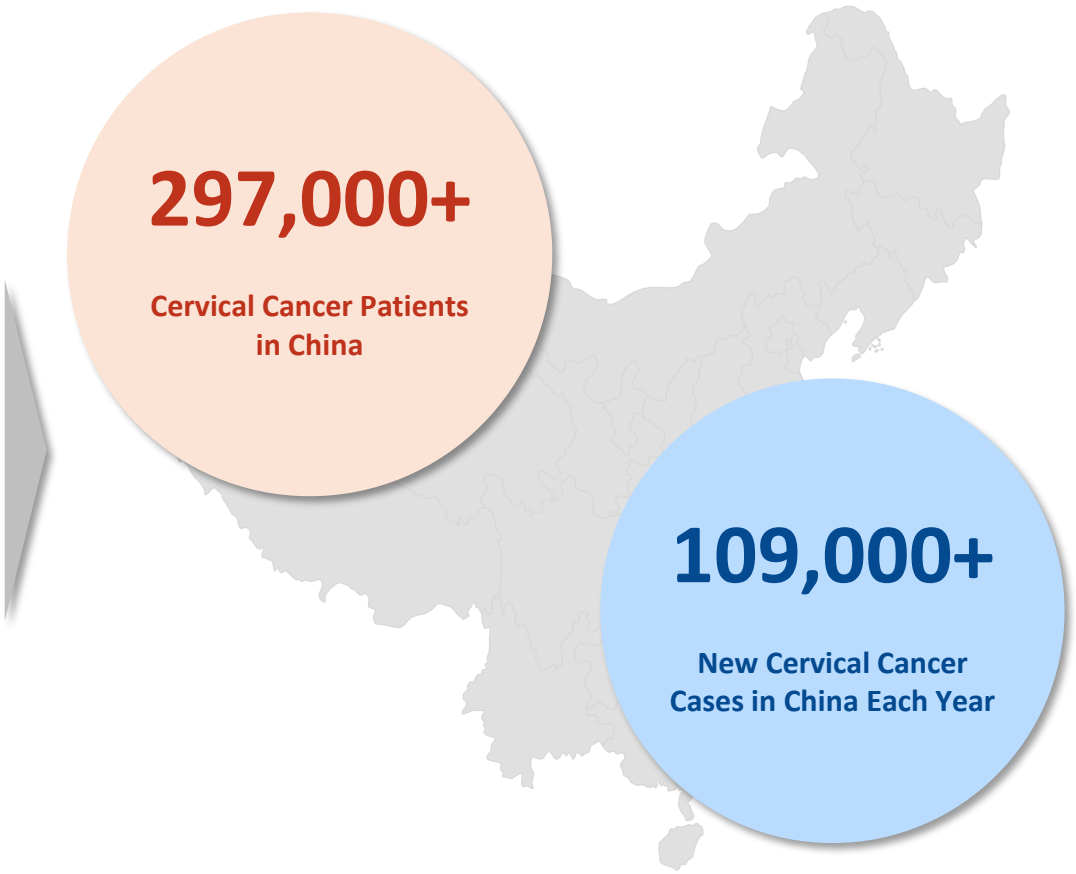
efficacy evaluable population
CPI-treated (6/26)

Disease Control Rate (DCR)

84.6%

efficacy evaluable population
CPI-treated (22/26)

Huge Unmet Medical Needs in Advanced Cervical Cancer



In Communication with the Regulators on a Registrational Pathway in Advanced Cervical Cancer

Enrollment is ongoing for "TORCH-2" trial, preliminary data as of March 14th, 2024

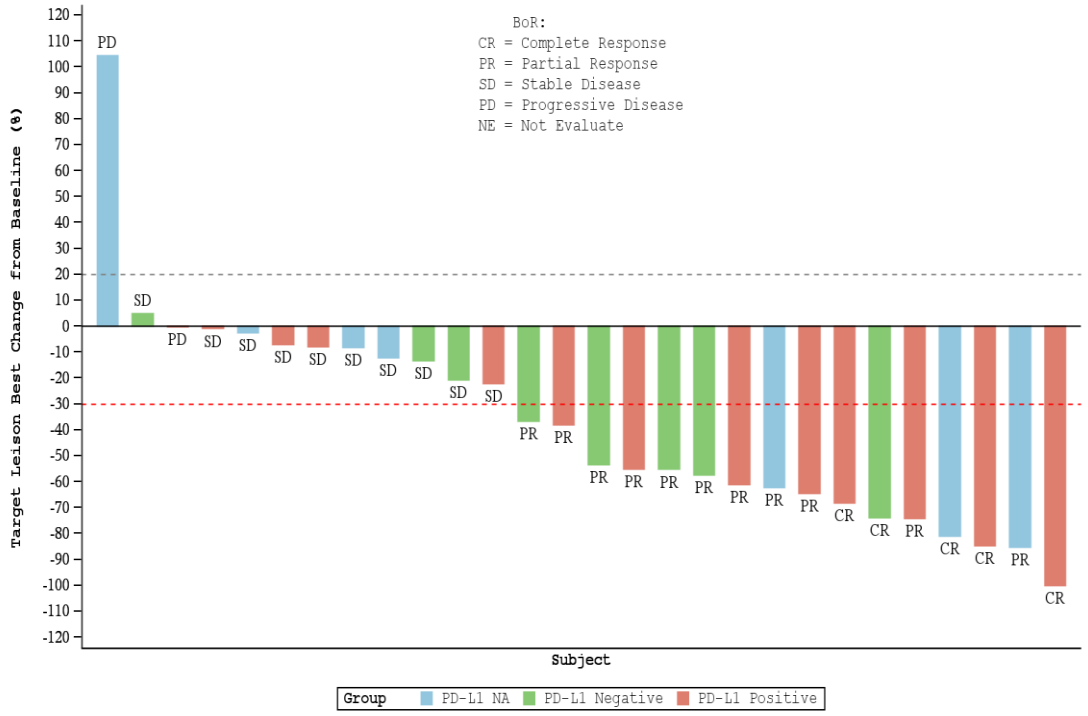
Promising Data from "TORCH-2" Study in CPI-naïve Cervical Cancer Patients

Deep and Durable Responses Were Observed Regardless of PD-L1 Expression Status

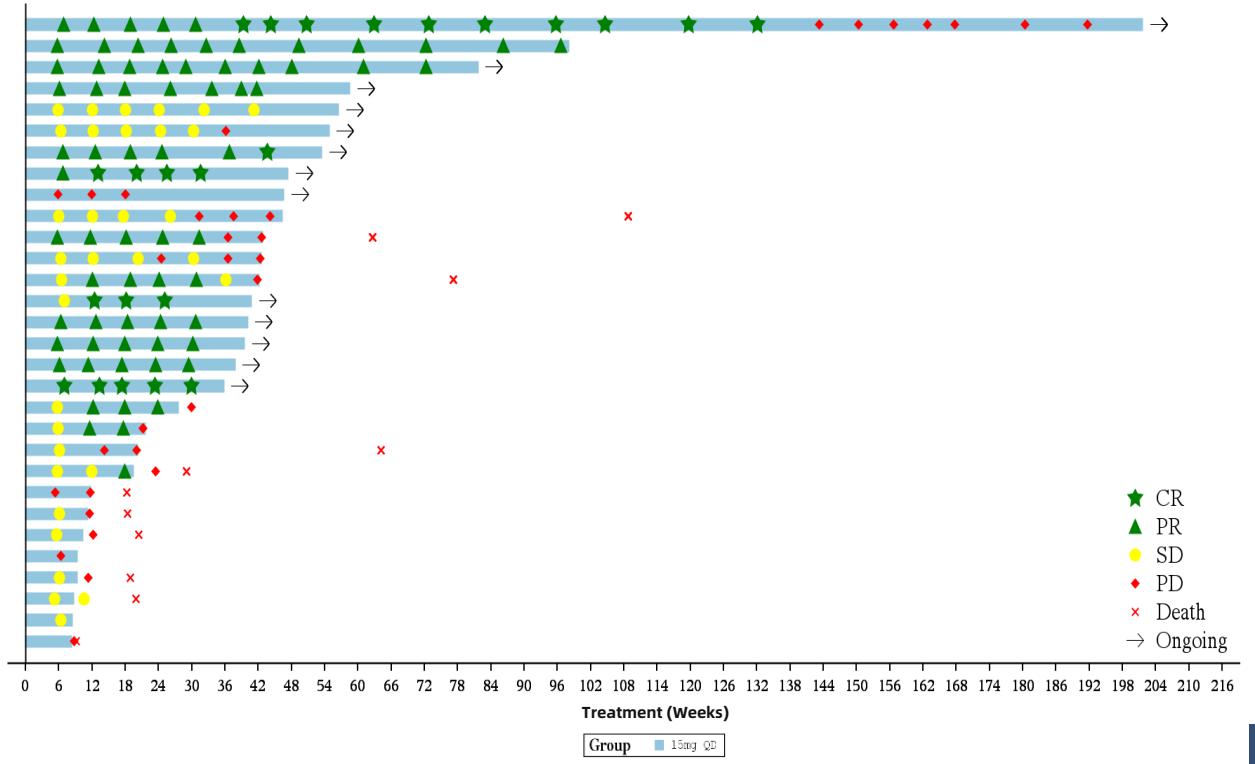
ANTENGENE

- As of March 14th, 2024, 30 evaluable CPI-naïve cervical cancer patients were evaluated for efficacy at RP2D ATG-008 15mg QD in combination with toripalimab 240mg Q3W
- The best overall response (BOR) was **4 complete responses (CR), 12 partial responses (PR), 10 stable diseases (SD), and 4 progressive diseases (PD)**
- The overall response rate **(ORR) was 53.3%**, disease control rate **(DCR) was 86.7%**
- The **ORR** was **61.5% (8/13), 55.6% (5/9), and 37.5% (3/8)** in **PD-L1 positive, PD-L1 negative, and PD-L1 status not available (NA) patients**, respectively

Efficacy Summary – Waterfall Plot



Efficacy Summary – Swimmer Plot



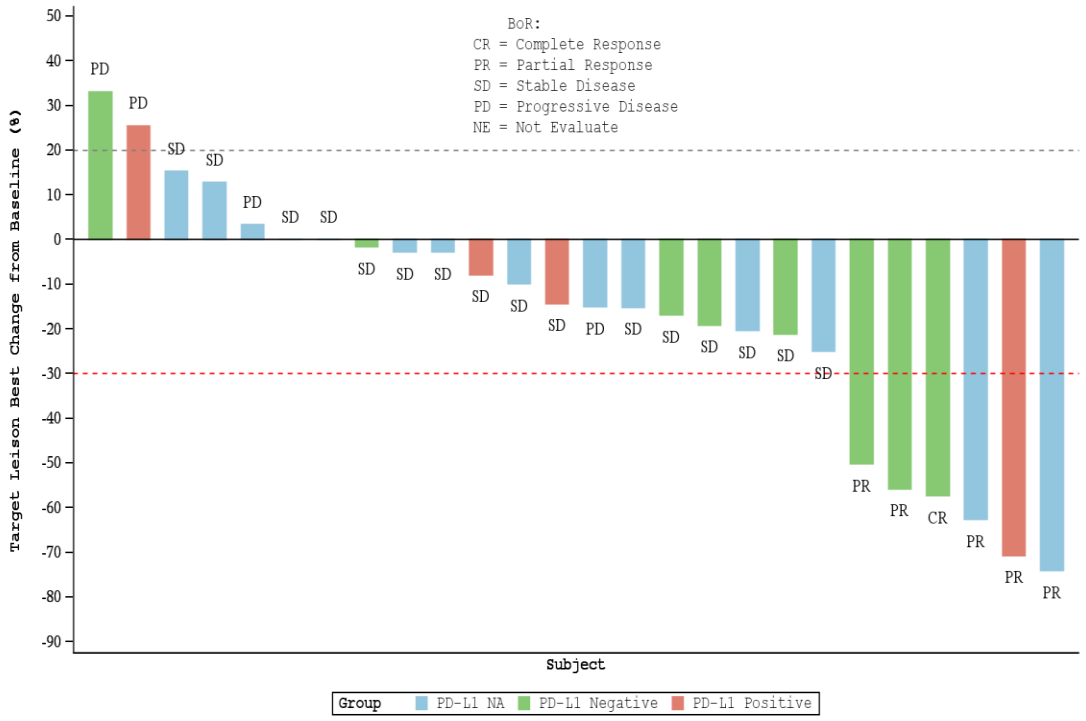
Preliminary data as of March 14th, 2024

Encouraging Preliminary Results from "TORCH-2" Study in CPI-pretreated Cervical Cancer Patients

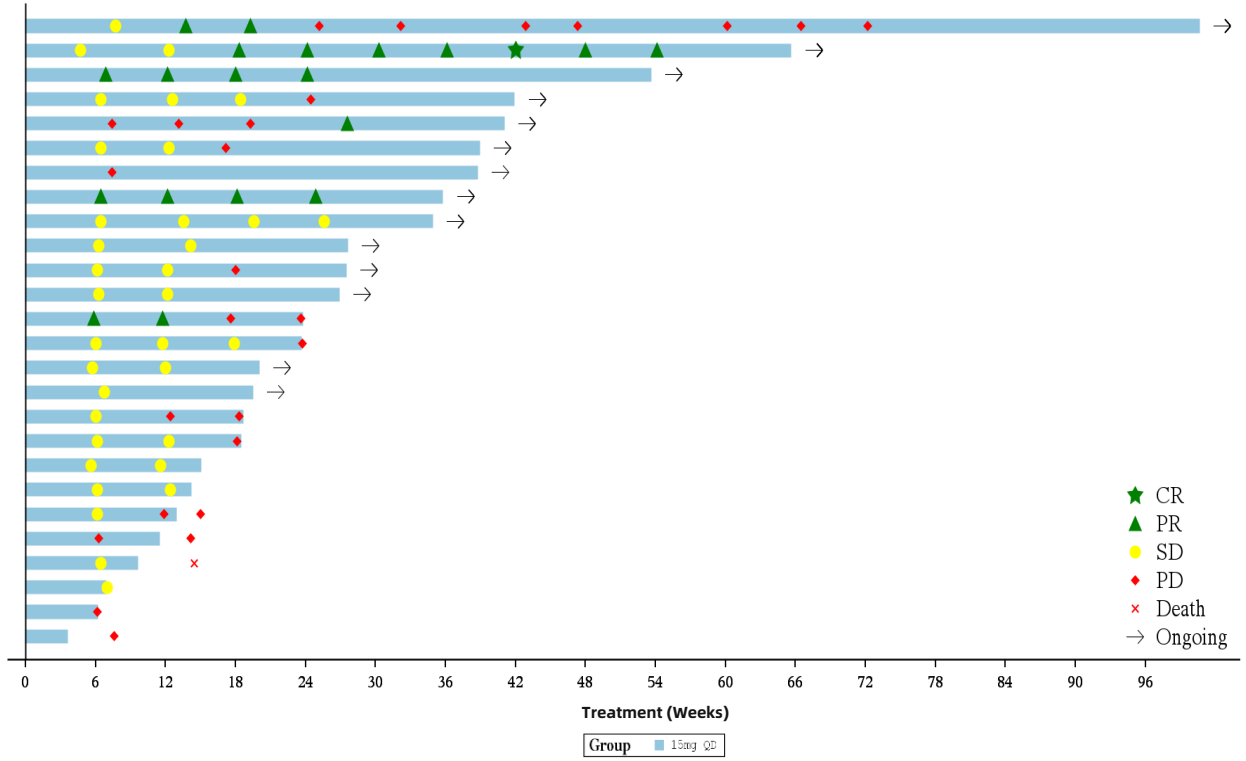
ANTENGENE

- As of March 14th, 2023, 26 CPI pre-treated cervical cancer patients were evaluated for efficacy at the RP2D ATG-008 15mg QD in combination with toripalimab 240mg Q3W
- The best overall response (BOR) included **1 complete response (CR), 5 partial responses (PR), 16 stable diseases (SD), and 4 progressive diseases (PD)**
- The overall response rate **(ORR) was 23.1%**, the disease control rate **(DCR) was 84.6%**
- Consistent safety profile with no new safety signals

Efficacy Summary – Waterfall Plot



Efficacy Summary – Swimmer Plot



Preliminary data as of March 14th, 2024

PRE-CLINICAL PIPELINE OVERVIEW

ANTENGENE

Scientific Recognition at Major Medical Conferences and Scientific Journals

ANTENGENE

14 Poster Publications and **1 Journal Publication** in 2023 and Early 2024

AACR American Association for Cancer Research ANNUAL MEETING 2023 Orlando

- ATG-031 (CD24 Monoclonal Antibody)
- ATG-017 (ERK1/2 Small Molecule Inhibitor)
- ATG-037 (CD73 Small Molecule Inhibitor)
- ATG-034 (LILRB4 Antagonist Antibody)
- ATG-008 (mTORC1/2 Small Molecule Inhibitor)

sitc Society for Immunotherapy of Cancer sitc 2023 San Diego Nov. 1–5

- ATG-031 (CD24 Monoclonal Antibody)
- ATG-101 (PD-L1/4-1BB Bispecific Antibody)
- ATG-034 (LILRB4 Antagonist Antibody)
- ATG-021 (GPRC5D/CD3 T-cell Engager)
- AnTenGager™ Platform

Cancer Research

- ATG-101 (PD-L1/4-1BB Bispecific Antibody)

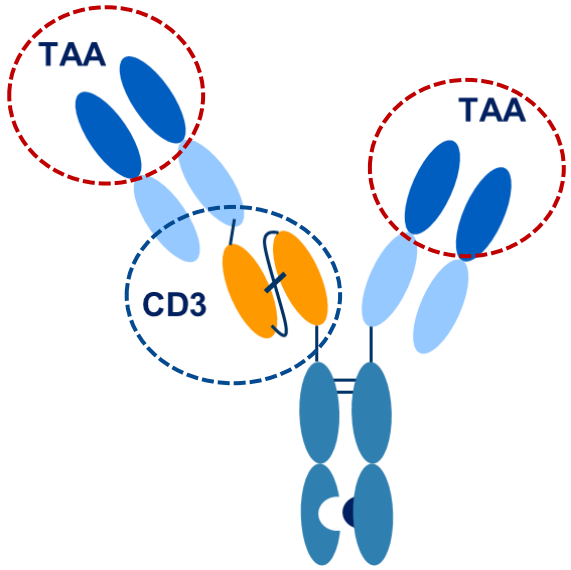
AACR American Association for Cancer Research ANNUAL MEETING 2024 • SAN DIEGO

- AnTenGager™ Platform
- ATG-042 (MTAP^{null}-selective PRMT5 Inhibitor)
- ATG-102 (LILRB4/CD3 T-cell Engager)
- Companion Diagnostic Antibody for ATG-022 (Claudin 18.2 ADC)

Research and Development Focusing on New Drug Modalities: T Cell Engager

AnTenGager™, a Novel "2+1" T Cell Engager Platform, Enables Conditional T Cell Activation with Reduced Risk of CRS

ANTENGENE



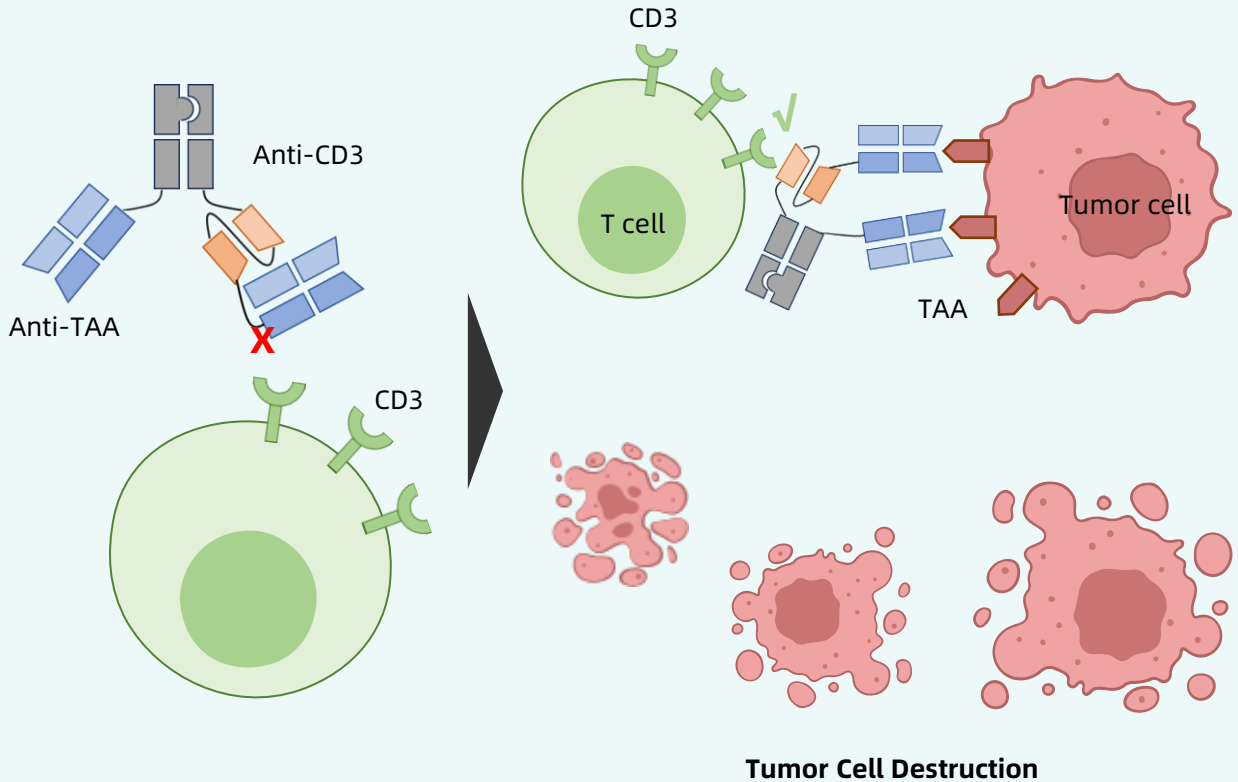
- **Bivalent binding** of tumor-associated antigen (TAA) **enables targeting of low-expressing target**

- In-house developed CD3 sequences with a **broad range of affinities,** binding to **unique conformational epitope**
- **Reduced CD3 binding in the absence of TAA- crosslinking**
- **Reduced risk of hook effect**

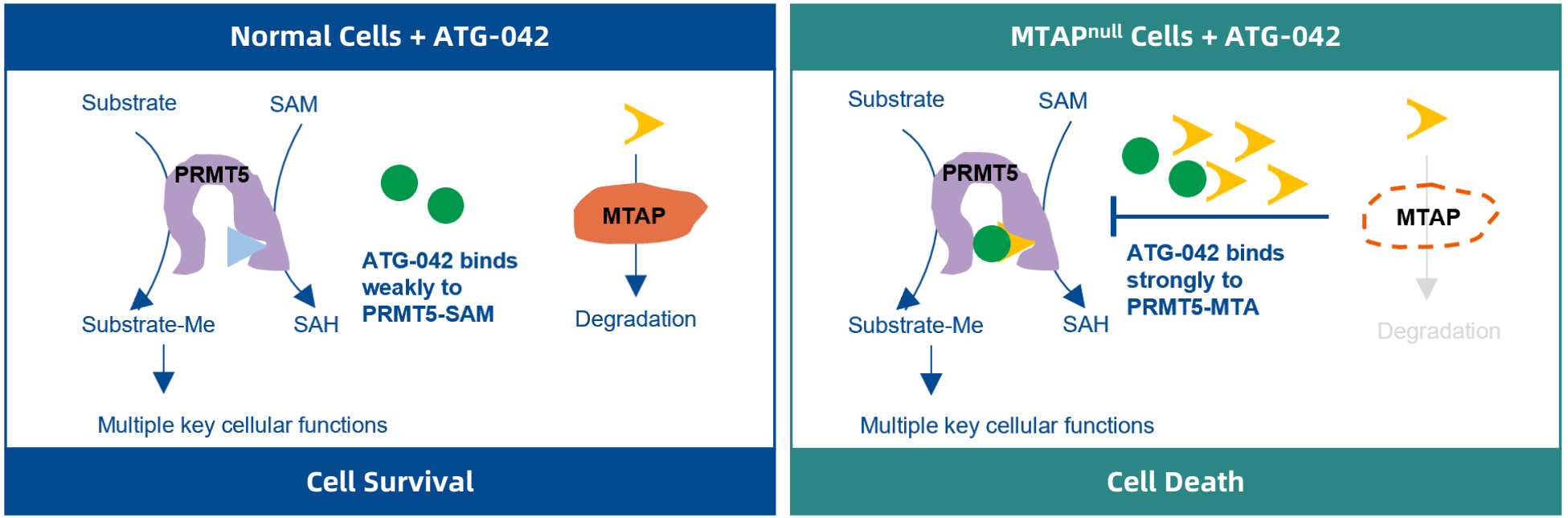
Advantages of the AnTenGager™ Platform

- Proprietary CD3 sequences binding to a unique epitope of CD3
- **Reduced binding** of CD3+ T cells **before tumor-associated antigen (TAA) crosslinking**
- **Reduced risk of cytokine release syndrome** and **hook effect** with **enhanced efficacy**
- **Good developability**
- Validated for multiple tumor-associated antigens

AnTenGager™ – Target (TAA)-Dependent CD3 Binding and Cytotoxicity



ATG-042, a Novel MTAP^{null}-Selective PRMT5 Inhibitor



PRMT5: Protein arginine methyltransferase 5

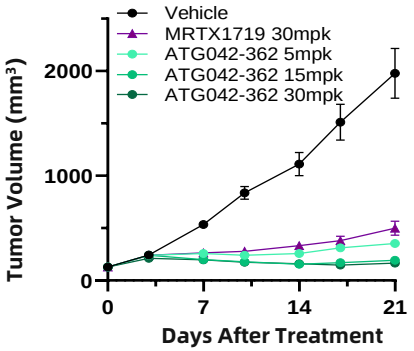
SAM: S-adenosylmethionine

SAH: S-adenosylhomocysteine

MTA: MethylthioadenosineMTAP: Methylthioadenosine phosphorylase

Summary and Developmental Progress

- **Pre-clinical candidate (PCC) was nominated** for ATG-042, a potential best-in-class MTAP^{null} selective PRMT5 inhibitor
- ATG-042 **preferably binds to the PRMT5-MTA over PRMT5-SAM complex, creates a synthetically lethal MTAP^{null} cancer-specific target,** and **leads to tumor cell death while sparing healthy cells**
- ATG-042 demonstrated **better DMPK/ADME profile, brain penetrability** and **in vivo efficacy** compared with clinical benchmark, MRTX1719
- IND enabling study is ongoing for ATG-042, with **IND targeting H1 2025**



Poster Presentation: AACR American Association for Cancer Research ANNUAL MEETING 2024 • SAN DIEGO

COMMERCIAL STAGE ASSET UPDATE

ANTENGENE

XPOVIO®: Steady Progress in Commercialization

ANTENGENE

Reimbursements and Commercialization Partnership with Hansoh Provide a Foundation for Wider XPOVIO® Access in Our Territories

XPOVIO® National Reimbursement Drug List (NRDL) Negotiations and Approval Occur in 2023 for 2024 Reimbursement

For the treatment of adult patients with **relapsed or refractory multiple myeloma** (R/R MM) whose disease is **refractory to at least one proteasome inhibitors (PIs), one immunomodulatory agent (IMiD), and an anti-CD38 monoclonal antibody (mAb)**

XPOVIO® Achieved an Expansion in the Insurance Coverage by the Australia Pharmaceutical Benefits Scheme and was added to the Singapore Cancer Drug List

Entered into a Commercialization Partnership with Hansoh Pharma in the Mainland of China

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

Multiple Treatment Guidelines Recommendation

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

Timeline of Events in 2023

Jun 1st	**XVd regimen** in 2L+ MM achieved reimbursement listing in **Australia**
Jul 17th	NDA Approval in **Hong Kong** (Xd in MM)
Aug 1st	**XVd and Xd regimen** in MM included in the **Singapore Cancer Drug List**
Aug 11th	Entered into a **collaboration agreement with Hansoh Pharma** for the commercialization of XPOVIO® in the Mainland of China
Aug 29th	Introduced a round of **voluntary price cut for XPOVIO®** (selinexor) in an effort to improve the drug's accessibility and affordability for patients
Dec 6th	NDA Approval in **Macau** (Xd in MM)
Dec 14th	Announces inclusion of XPOVIO® (selinexor) in **2023 China's NRDL**

Priorities in 2024

- sNDA approval for **"SEARCH" study in R/R DLBCL** and sNDA submission for **"BENCH" study in 2L+ MM** in the Mainland of China
- Reimbursement approval in **South Korea** (MM Xd)
- sNDA approval in **South Korea** (MM SVd) and **Hong Kong** (MM SVd; DLBCL), and NDA approval in **Indonesia, Thailand, and Malaysia**
- NDA submissions in the **Philippines and Vietnam**

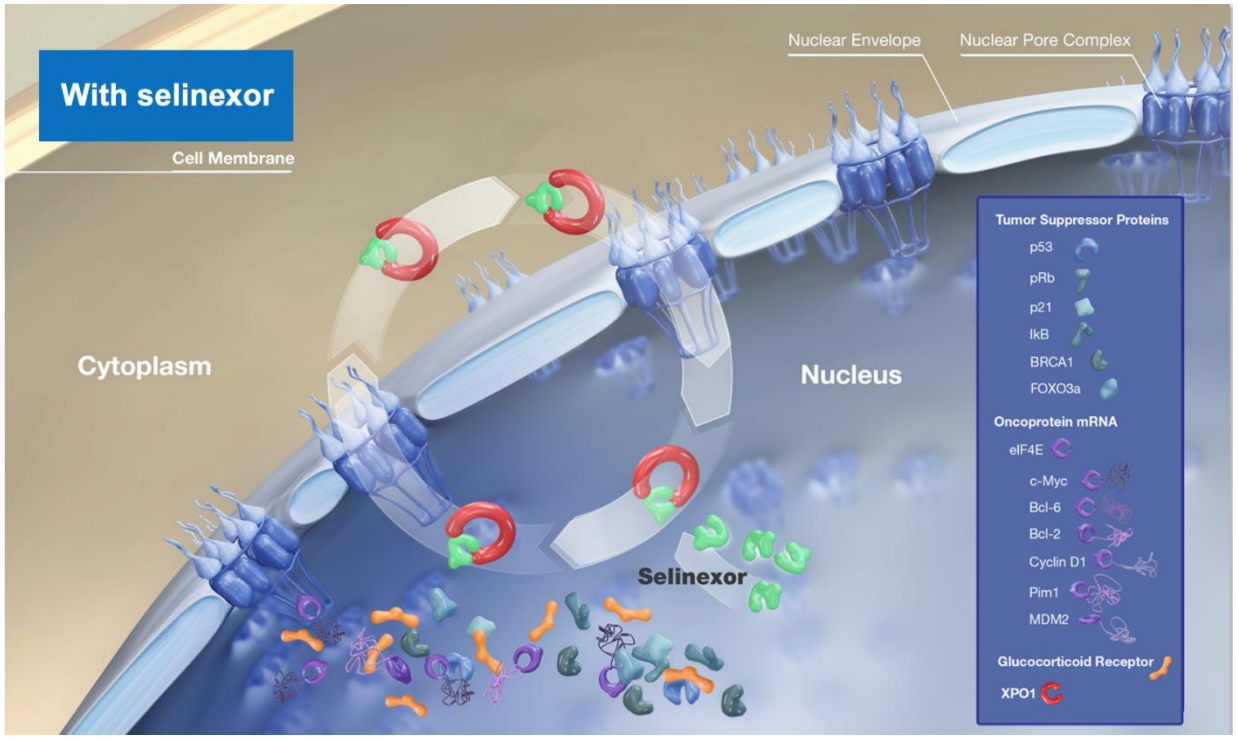
Indication Expansion Potential

Myelofibrosis
- **"XPORT-MF-034"** Study – Karyopharm initiated this Global Registrational Trial for 1L MF

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

T/NK-cell Lymphoma
- "TOUCH" Study – Ongoing trial in the Mainland of China (clinical collaboration with BeiGene)

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

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

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NCCN 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

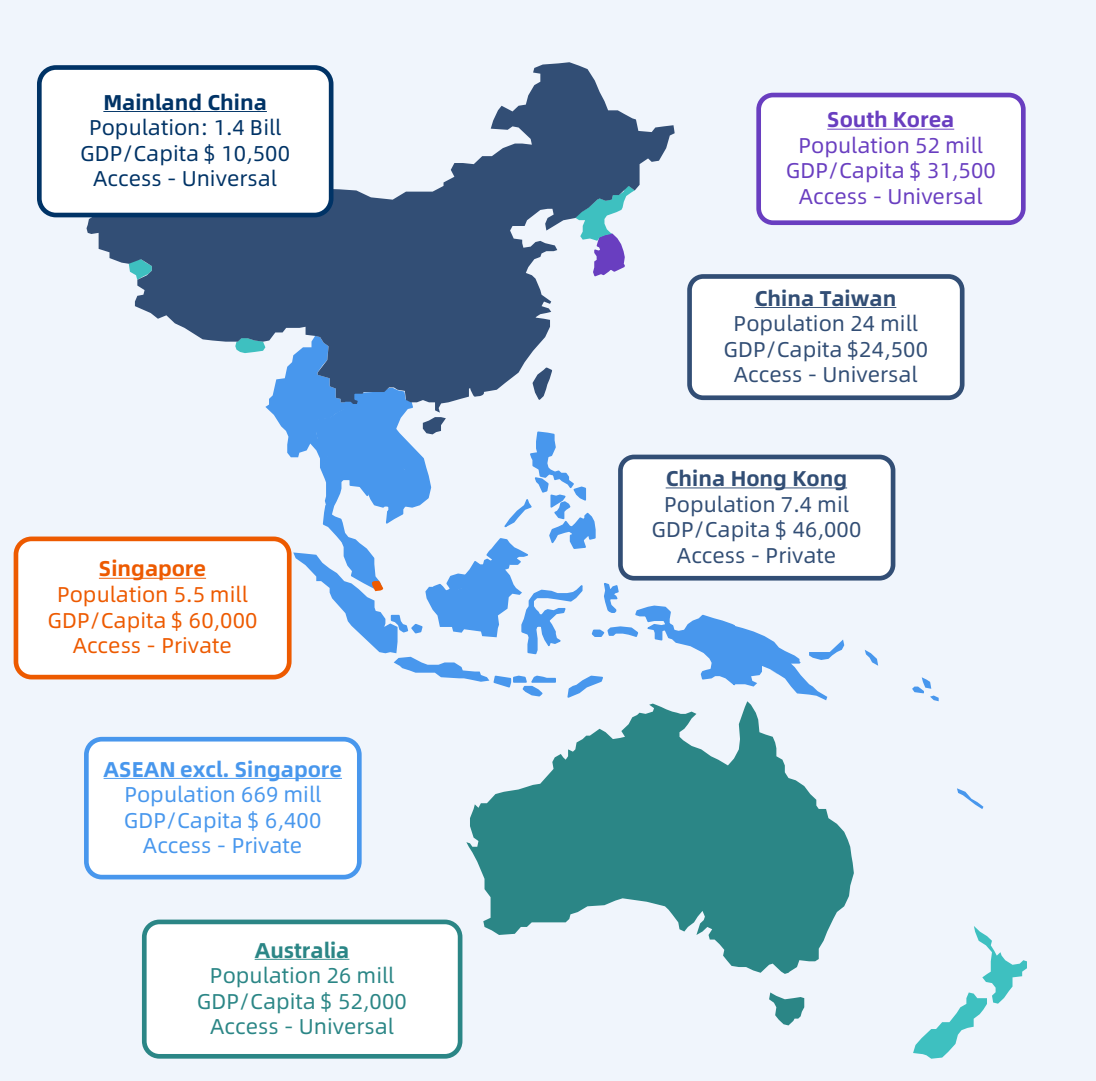
Chinese Medical Doctor Association
Chinese Medical Association

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:

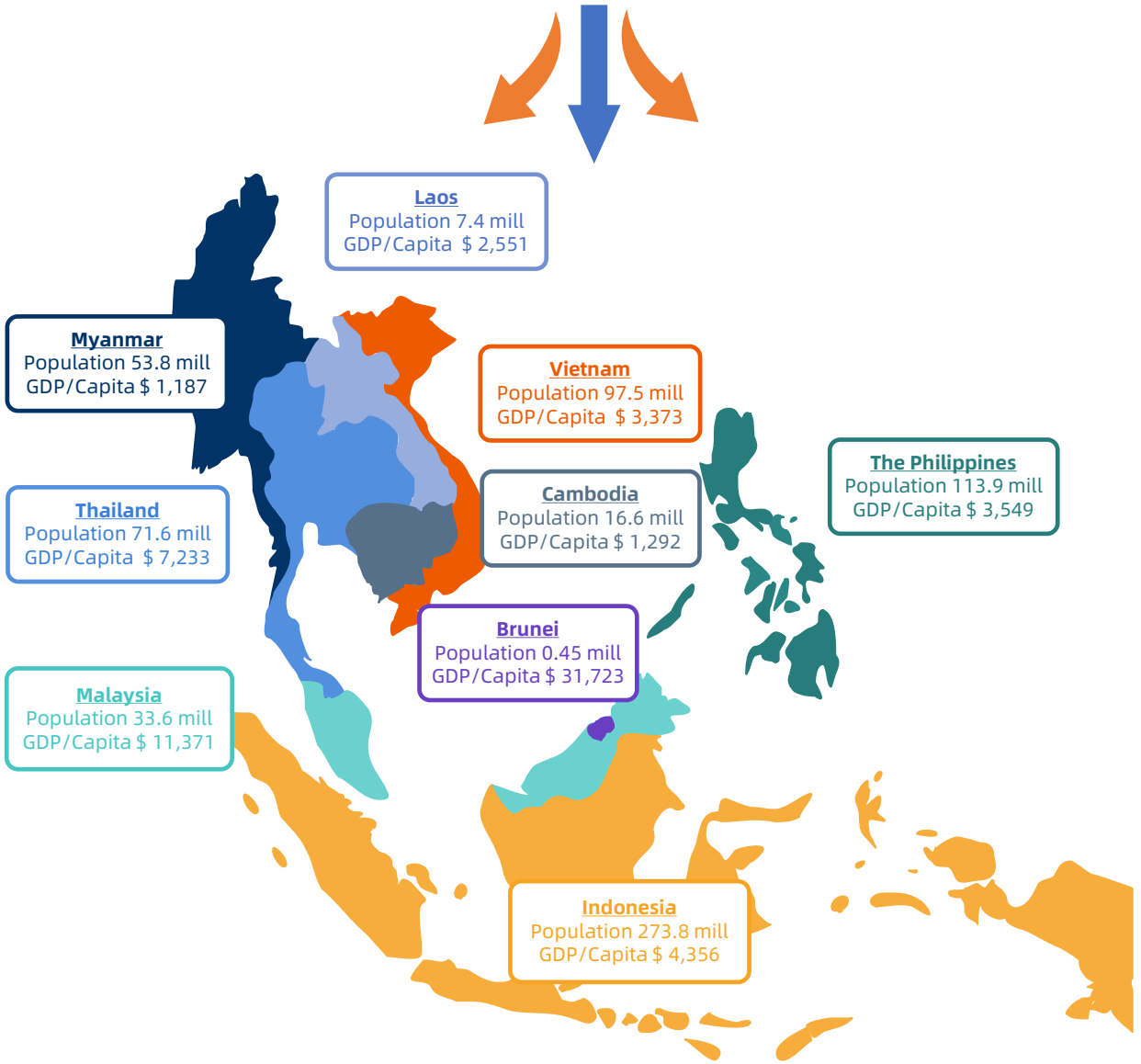
- High unmet need
- Reimbursed markets
- High GDP/capita

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

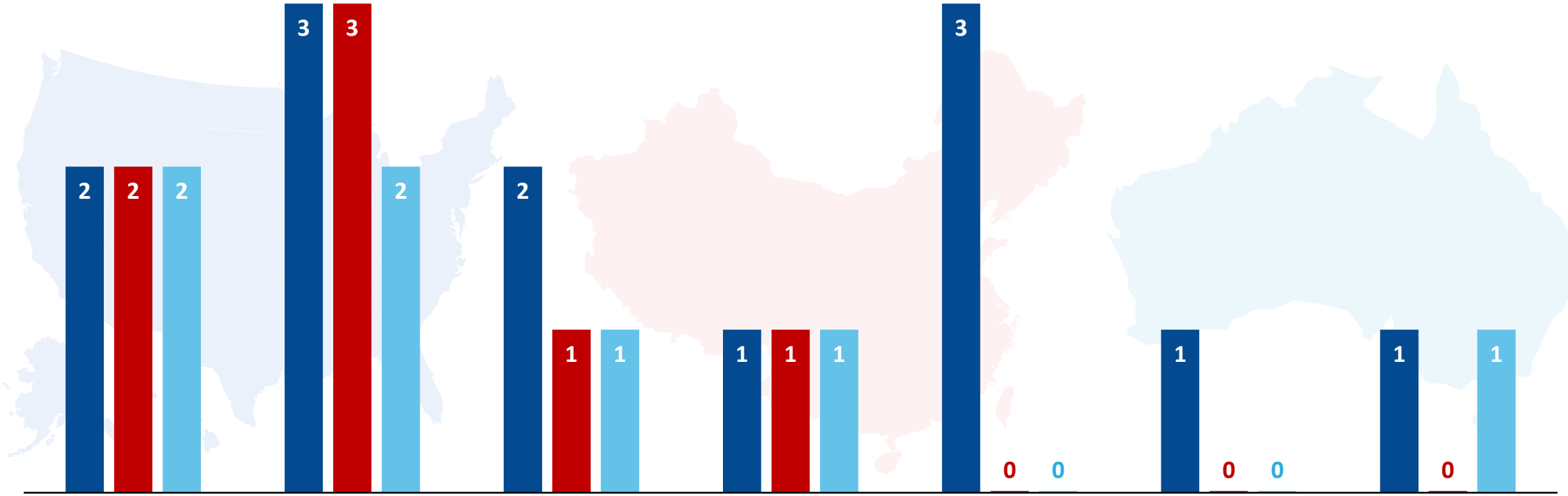
Fewer Multiple Myeloma Medicines Approved in China/Reimbursed in Australia Compared to the US – Launching with Less Competition Outside the US

ANTENGENE

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

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

ANTENGENE

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

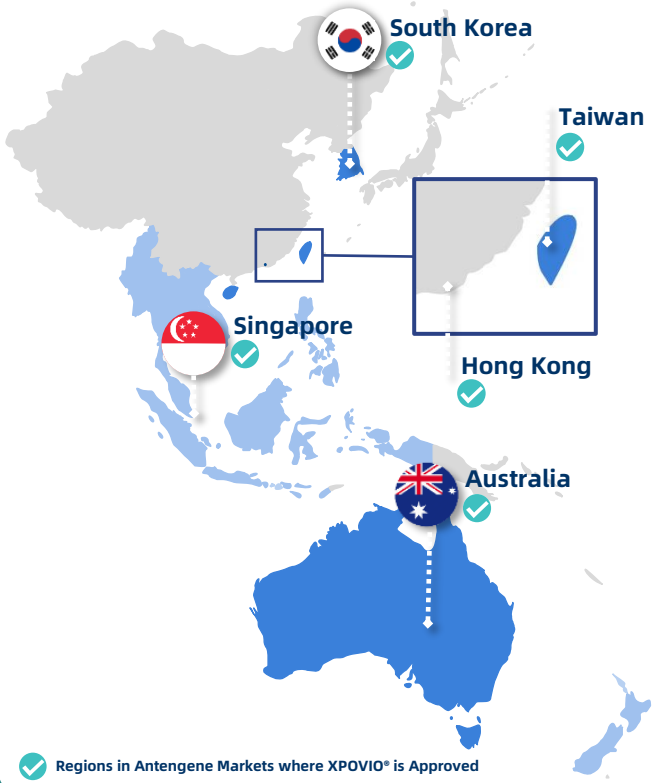
Next Wave of Candidates in the Pipeline

- **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**

INVESTMENT HIGHLIGHTS

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2024 Marks a Year Full of Catalysts for Antengene

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

Clinical Development Progress

- **Confirm regulatory pathway** of **ATG-008** (mTORC1/2i) in advanced cervical cancer
- **Completion of dose escalation and start dose expansion** of **ATG-037** (CD73i)
- **Completion of dose escalation and start dose expansion** of **ATG-101** (PD-L1/4-1BB BsAb)
- **Complete Phase II dose expansion** of **ATG-022** (Claudin 18.2 ADC) in **gastric cancer**
- **Preliminary data read out** of **ATG-031** (CD24 mAb) "PERFORM" trial

Selinexor Commercial Launch Across Asia Pacific

- Selinexor (ATG-010) sNDA approval in **China** (DLBCL)
- Selinexor (ATG-010) sNDA approval in **Hong Kong** (MM SVd; DLBCL)
- Selinexor (ATG-010) sNDA approval in **South Korea** (MM SVd)
- Selinexor (ATG-010) NDA approval in **Indonesia, Thailand** (MM SVd & Sd; DLBCL), and **Malaysia** (MM SVd & Sd)
- Reimbursement approval: **South Korea** (MM Xd)

Multiple Regulatory Filings

- Selinexor (ATG-010) sNDA filing in **the Mainland of China** (SVd in MM)
- Selinexor (ATG-010) sNDA filing in **South Korea** (MM SVd)
- Selinexor (ATG-010) NDA filing in **the Philippines & Vietnam**
- Reimbursement submission: **Taiwan** (MM XVd)

ANTENGENE

ANTENGENE CORPORATION LIMITED
(SEHK: 6996.HK)

APRIL 2024

THANK YOU

TREATING PATIENTS BEYOND BORDERS