Abbisko Therapeutics

1H23

1 Company Introduction

Abbisko: Clinical, R&D, and BD Steadily Advancing in 1H23, with a Strong Financial Position

Mid & Late Clinical Pipeline

- Pimicotinib (ABSK021)
  - Achieved **Breakthrough Therapy Designation recognitions (BTD/PRIME) in China, US, and Europe**
  - Conducted a global Phase III clinical trial of TGCT and completed **China FPI** in Apr and **US FPI** in Jul'23
  - **Acquired NMPA approval for a Phase II clinical study in cGvHD** in Jan and completed China FPI in Jun'23
  - **Acquired NMPA approval for a Phase II clinical study in 1L advanced pancreatic cancer** in Jun'23
- Irpagratinib (ABSK011) updated **Phase Ib** data in advanced HCC to be disclosed at ESMO 2023 with additional patient data
- Fexagratinib (ABSK091) **Phase II clinical trial** is ongoing in dose escalation
- ABSK043 (oral PD-L1 inhibitor) **Phase I clinical trial** is ongoing in dose escalation; preliminary efficacy data will be disclosed at ESMO 2023

Early Clinical Pipeline

- ABSK112 (next-gen EGFR Exon20ins inhibitor) IND approved by the FDA and we will start **Phase I clinical trial in NSCLC**
- ABSK012 (next-gen FGFR4 mutant inhibitor) received the orphan drug designation by the FDA for **Soft Tissue Sarcoma**
- ABSK061 (FGFR2/3 inhibitor) **Phase I clinical trial** is ongoing in dose escalation

BD Progress

- License-out deal with **Allist** (Greater China), up to $188m in aggregate for upfront, development and commercial milestone payments, plus sales-based royalty

Financial

- Cash and bank balance **~ $290 million**, sufficient for multiple years of operations
- 1H23 cash burn **~￥225M (~ $32M)**，and expected total annual cash burn **<=$75M**
- Revenue from BD, interest, and government subsidies amounted to **￥57M ($8M)**

Abbisko: Transitioning from Late Clinical Stage to Commercial Stage

Early Research Stage

- In-house discovered **14 PCCs with best-in-class potential**, **delivering 2~4 PCCs per year**:
  - R&D focus，R&D personnel **>150**;
  - Founded by top-notch industry veterans from Hansoh, Novartis etc., with discovery track record of blockbusters such as Almonertinib

Mid & Late Clinical Stage

- Entered into mid & late clinical stage:
  - **Pimicotinib (ABSK021) TGCT NDA submission expected in 2024**;
  - **At least 2 proof-of-concept assets** into critical clinical stage (**Irpagratinib (ABSK011)、Fexagratinib (ABSK091) from FGFR franchise; oral PD-L1**);
- Built a clinical team of ～**100** personnel; and a CMC laboratory fully operational with GLP certification;
- License-out of early assets with cash inflow (**1-2 deals per year**)

Commercial Stage

- Commercialization: enter **overseas markets through partnership**, develop domestic market through collaborations/self-built team;
- **Focus on cancer**, with potential expansion into other major disease areas;
- Become a **fully-fledged commercial stage biopharmaceutical** driven by product sales and BD out-licensing

2016-2022 | **2022-2025** | **2025 and beyond**

Seasoned Industry Veterans Dedicated to Develop Innovative Therapies

Yaochang Xu, Ph.D.

Chairman & CEO

Nanjing University

University of Chicago

30+ years of industry experience

Lilly

HANSOH PHARMA

NOVARTIS

Hongping Yu, Ph.D.

Co-Founder, SVP of Chemistry

Tsinghua University

University of British Columbia

20+ years of industry experience

MERCK

HANSOH PHARMA

NOVARTIS

Zhui Chen, Ph.D.

Co-Founder, SVP of Biology

Peking University

University of Texas at Austin

Duke University

15+ years of industry experience

Abbott

Johnson & Johnson

NOVARTIS

Zidong Zhang, Ph.D.

CFO

Fudan University

Boston University

Duke University

BAYER

Henlius

UBS

NOVOTECH The Asia Pacific CRO

Jing Ji M.D.

CMO

Fudan University

Shanghai Second Medical University

MSD AstraZeneca

gsk

SANOFI

Johnson & Johnson

Zhen Zhang, Ph.D.

VP, Head of CMC

Nanjing University

Rutgers, the State University of New Jersey

ChemPartner Dedicated to LifeScience

Bristol Myers Squibb

Johnson & Johnson

Yongyi Li, J.D.

General Counsel

Beijing Science & Technology University

Duke University

Lilly

LATHAM & WATKINS LLP

CardinalHealth

Jia Feng

Head of HR

Shanghai Jiao Tong University

SANOFI GENZYME

Johnson & Johnson

蚂蚁集团 ANT GROUP

Huimin Tian

Head of Operations

Nanjing University of Aeronautics & Astronautics

NOVARTIS

Hua Jiang, Ph.D.

Head of BD

East China University of Science & Technology

Chinese Academy of Science

NOVARTIS

Boehringer Ingelheim

Abbott

Independent Director of Abbisko

Lei Wang

Executive VP of AstraZeneca

Piaoyang Sun

Chairman of Hengrui Pharmaceuticals

Hongbin Sun

CFO of MicroPort

Our Oncology-Focused Pipeline Consists of BIC & FIC Assets, CSF-1R Near Commercialization, FGFR Franchise in POC, and Early-Stage Assets for BD and Clinics

CSF-1R (ABSK021) Near Commercialization

1. First TGCT indication in Phase III:
- ORR: 77%, BTD in US/CHN/Europe, potential BIC;
- Phase III in MRCT, for NMPA & FDA approval;
- Expected completion in early 2024, commercialization in 25/26, large patient population and potential

2. Expansion into other disease areas:
- cGvHD Phase II in progress, data expected by 2023;
- Potentials in ALS, Alzheimer

3. Active exploration in solid tumor areas:
- Trials planned in pancreatic cancer, osteosarcoma, glioblastoma

FGFR Franchise In POC

1. Huge unmet medical need of FGFR:
- ~1.9 million cases per year of FGFR aberrations globally, mainly in lung cancer, breast cancer, urothelial cancer, bile duct cancer, etc.;
- FGFR4 mutation in ~30% HCC patients (>350,000 worldwide)

2. Strong efficacy data:
- Irpagratinib (ABSK011) demonstrated strong efficacy in 2L HCC patients with high expression of FGF19, ORR: 15%-33.3%

3. High effectiveness against FGFR3:
- Fexagratinib (ABSK091) presented ORR of 31%-44% in 2L UC in FGFR3 mutants

Early-Stage Assets For BD and Clinics

1. Collaboration with global pharmaceutical:
- Partner with Eli Lilly in early stage development in non-oncology chronic disease areas

2. Advancing early-stage targets into clinics:
- Explore BD deals for early-stage assets, such as KRAS, oral PD-L1, 4th-gen EGFR, 2nd-gen Exon20, CD73, FGFR

3. BD deals for pre-clinical assets to generate early cash inflow:
- 2~4 PCCs per year, along with continuous BD deals to generate early cash flow, to expand indications and regions

	2025	2026	2027	2028	2029
Commercial	CSF-1R：CNS + Solid Tumor				
Clinical			FGFR4: 1L/2L HCC		
			FGFR 2/3: UC & Multiple Solid Tumors		
Pre-Clinical BD					EGFR (4th) KRAS CD73 …

We Entered into an Out-licensing Deal with Allist for ABK3376 (EGFR-TKI) in Mar'23, Exploring Discovery-Driven Out-licensing Partnership for Preclinical Compounds

EGFRm NSCLC Treatment Landscape

1L/2L

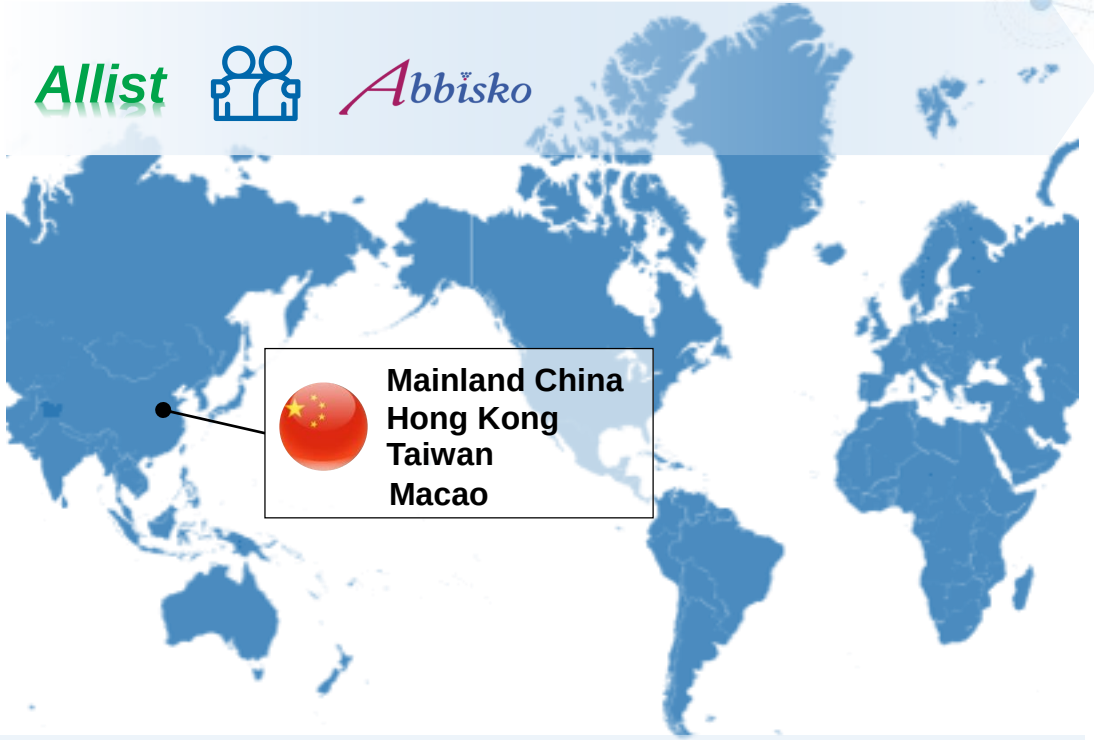
- **Osimertinib**
- **Almonertinib**
- **Furmonertinib**

C797S Drug-resistant Mutation

ABK3376

ABK3376 Highlights

- **Excellent and balanced inhibitory effect** against both primary and C797S mutations
- **Best-in-class selectivity** over EGFR-wild type to improve safety
- **Excellent brain penetration**
- **Strong synergy** with 3rd-gen EGFR-TKIs



- **Upfront and Milestone Payments**
  Up to **$188m** in aggregate for upfront, development and commercial milestone payments,
  $3m for upfront payments
- **Royalties**
  Based on net sales

Our Pipeline (Clinical)

Programs	Targets	Indications	Mono/Combo Therapy	IND	Phase I/Ia	Phase Ib/II	Phase III/NDA	Commercial Rights	Partner
Pimicotinib (ABSK021)	CSF-1R	TGCT ★	Mono					Global	
		cGvHD	Mono					Global	
		Solid Tumors	Mono/Combo					Global	
		ALS	Mono			Partner		Ex-Mainland China, HK and Macau	Sperogenix
Irpagratinib (ABSK011)	FGFR4	FGF19+HCC	Mono					Global	
			Combo			Combo with Roche anti-PD-L1 atezolizumab			
Fexagratinib (ABSK091)	pan-FGFR	FGFRalt UC	Mono			Partner		Global	AstraZeneca
			Combo			Combo with BeiGene anti-PD-1 tislelizumab			
		Other Solid Tumors	Mono					Global	
ABSK061	FGFR2/3	Solid Tumors	Mono					Global	
ABSK121	pan-FGFR mut.	Solid Tumors	Mono					Global	
ABSK112	EGFR Exon20	NSCLC	Mono					Global	
ABSK043	PD-L1 (oral)	Multiple Tumors	Mono					Global	
ABSK081	CXCR4	TNBC	Combo			Combo with Junshi anti-PD-1 toripalimab		Greater China	X4 PHARMACEUTICALS
		WHIM	Mono				Partner		

★ Breakthrough Therapy Designation (BTD/PRIME) ;

Abbreviations: ALS = amyotrophic lateral sclerosis; cGvHD = chronic graft-versus-host disease ; FGFRalt = FGFR altered; HCC = hepatocellular carcinoma; NSCLC = non-small cell lung cancer; RMS = rhabdomyosarcoma; TGCT = tenosynovial giant cell tumor; TNBC = triple-negative breast cancer; UC = urothelial cancer; WHIM = warts, hypogammaglobulinemia, infections and myelokathexis

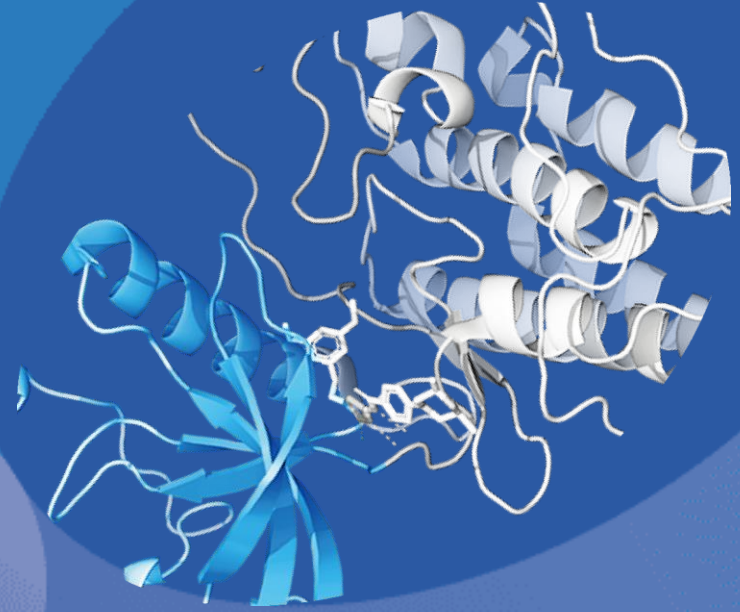
Our Pipeline (Preclinical)

Programs	Targets	Indications	Mono/Combo Therapy	Lead Optimization/PCC	IND-Enabling	IND	Commercial Rights	Partner
ABSK051	CD73	Multiple Tumors	Combo				Global	
ABSK012	FGFR4 mut.	RMS and Other Solid Tumors	Mono				Global	
ABK3376	EGFR-C797S	EGFRm NSCLC	Mono/Combo	Mono/Combo with Allist Furmonertinib mesylate		*Partner*	Ex-China	艾力斯
ABSK071	KRAS	Solid Tumors	Mono				Global	
P131	MTA Cooperative PRMT5	Multiple Tumors	Mono				Global	
P141	Undisclosed	Multiple Tumors	Mono				Global	
P151	Undisclosed	Non-oncology	Mono/Combo				Global	Lilly

Abbreviations: ALS = amyotrophic lateral scierosis; cGvHD = chronic graft-versus-host disease ; FGFRalt = FGFR altered; HCC = hepatocellular carcinoma; NSCLC = non-small cell lung cancer; RMS = rhabdomyosarcoma; TGCT = tenosynovial giant cell tumor; TNBC = triple-negative breast cancer; UC = urothelial cancer; WHIM = warts, hypogammaglobulinemia, infections and myelokathexis

2 Program Highlights

Pimicotinib (ABSK021), a Potential Best-in-class, Highly Selective CSF-1R Antagonist

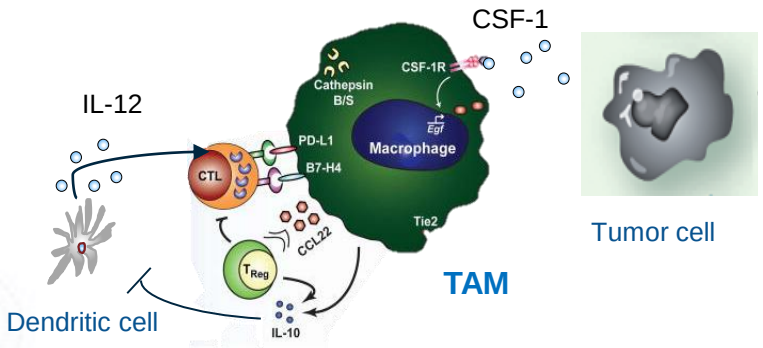


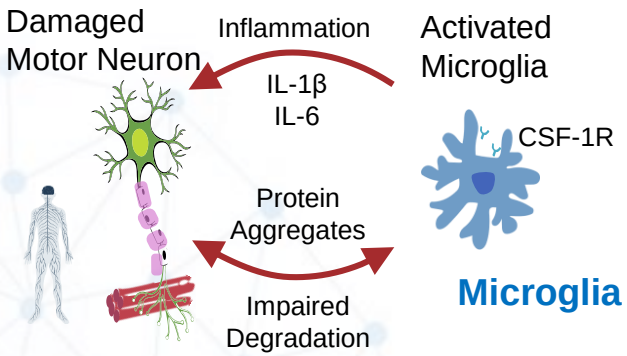
Abbisko Therapeutics Co., Ltd.

CSF-1R Is A Clinically Validated Target and Plays Critical Roles in Various Macrophage-Dependent Diseases with Significant Unmet Medical Needs

CSF-1R regulates many types of macrophages in human including:

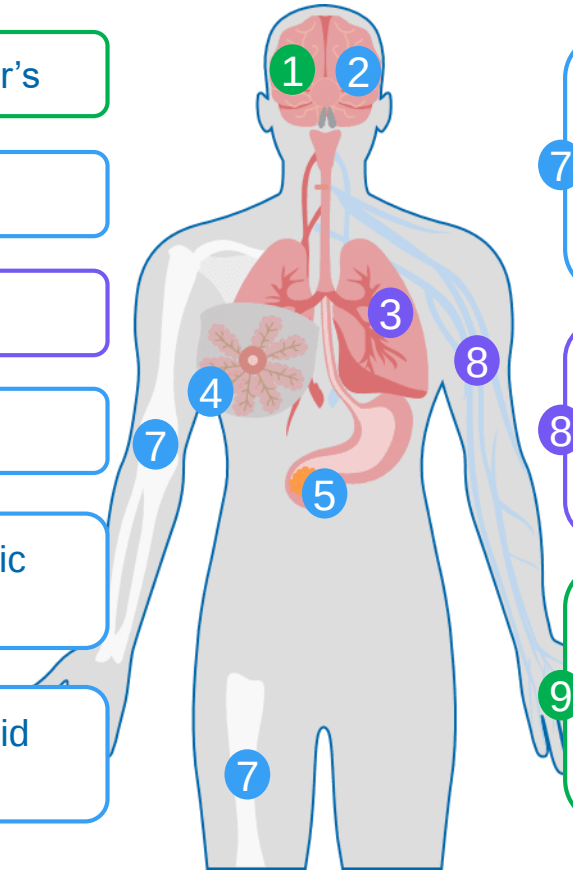
- Tumor-associated macrophage (TAM), which plays a critical role in anti-tumor immunity.
- Microglia, which modulates neurogenesis and the function of neuron, associated with many neurodegenerative diseases.





Neuro-degenerative | Oncology | Other TAs

1. Alzheimer's
2. GBM
3. IPF
4. TNBC
5. Pancreatic cancer
6. Other solid tumors



7 TGCT

1 approved drug only with **limited efficacy and high toxicity**

Turalio pexidartinib 200 mg capsules

8 GvHD

High mortality after onset

axatilimab

PoC from CSF-1R mAb

9 ALS

Short survival with limited treatment[1]

masitinib

25% delay in disease progression[2]

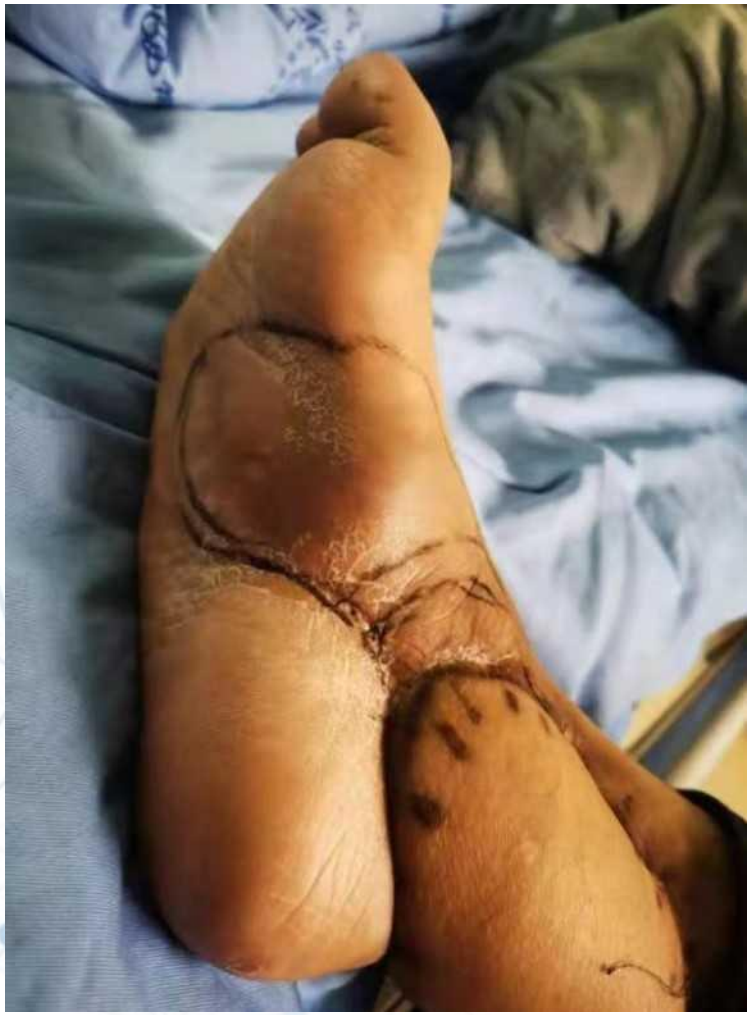
1. Majority patients die 2-5 year within diagnosis. 2. Non-selective CSF-1Ri masitinib trial in ALS show inhibition of CSF-1R leads to increased PFS from 16mo (control) to 20mo (N=218).

We Aim to Expand Pimicotinib (ABSK021) into Multiple CSF-1R-Dependent Therapeutic Areas with Multi-Billion Dollars Market Potential

Strategy	1 Accelerated development in TGCT	2 Expansion into other indications (many with potential orphan drug status)		3 Combo in broad oncology indications
Addressable patient no. (1)	TGCT ~60k ~14k	cGvHD	ALS ~43k ~19k	Solid Tumors >400k
Commercial potential (1)	>$1.5bn	>$3.5bn	>$1.5bn	>$6bn
Pimicotinib (ABSK021) Development Status	▪ 77% ORR, potential best-in-class ▪ BTD/PRIME in US/CHN/Europe ▪ In Phase III US/CHN	▪ In Phase II	▪ Trials in planning	▪ 1L pancreatic study approved by the CDE

1. Based on market research and internal analysis

TGCT Is A Disease with Large Patient Population and Significant Unmet Medical Needs Globally



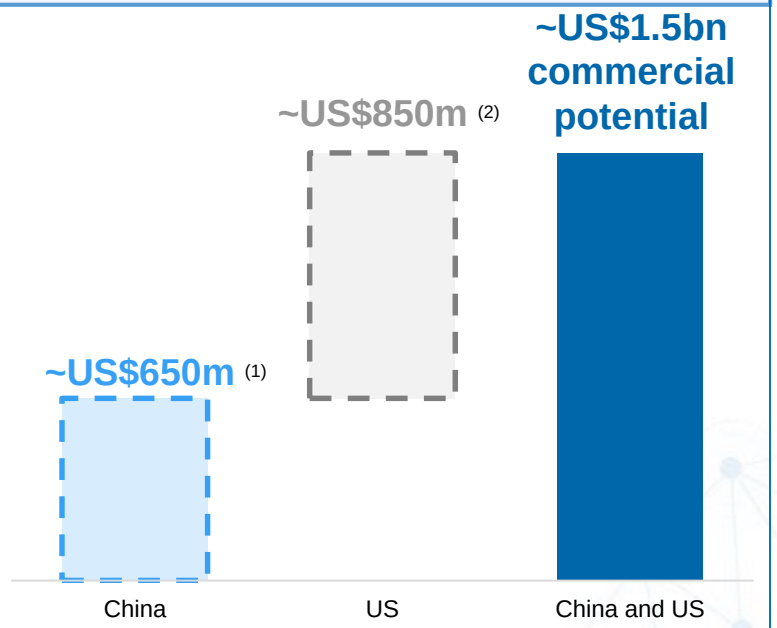
- Surgical resection is the standard treatment but with high recurrence rate.
- The only approved CSF-1R inhibitor, pexidartinib, has severe hepatotoxicity and was approved with black-box warning.

Commercial potential of CSF-1R inhibitors in TGCT (US$)

Annual incidence [3]:

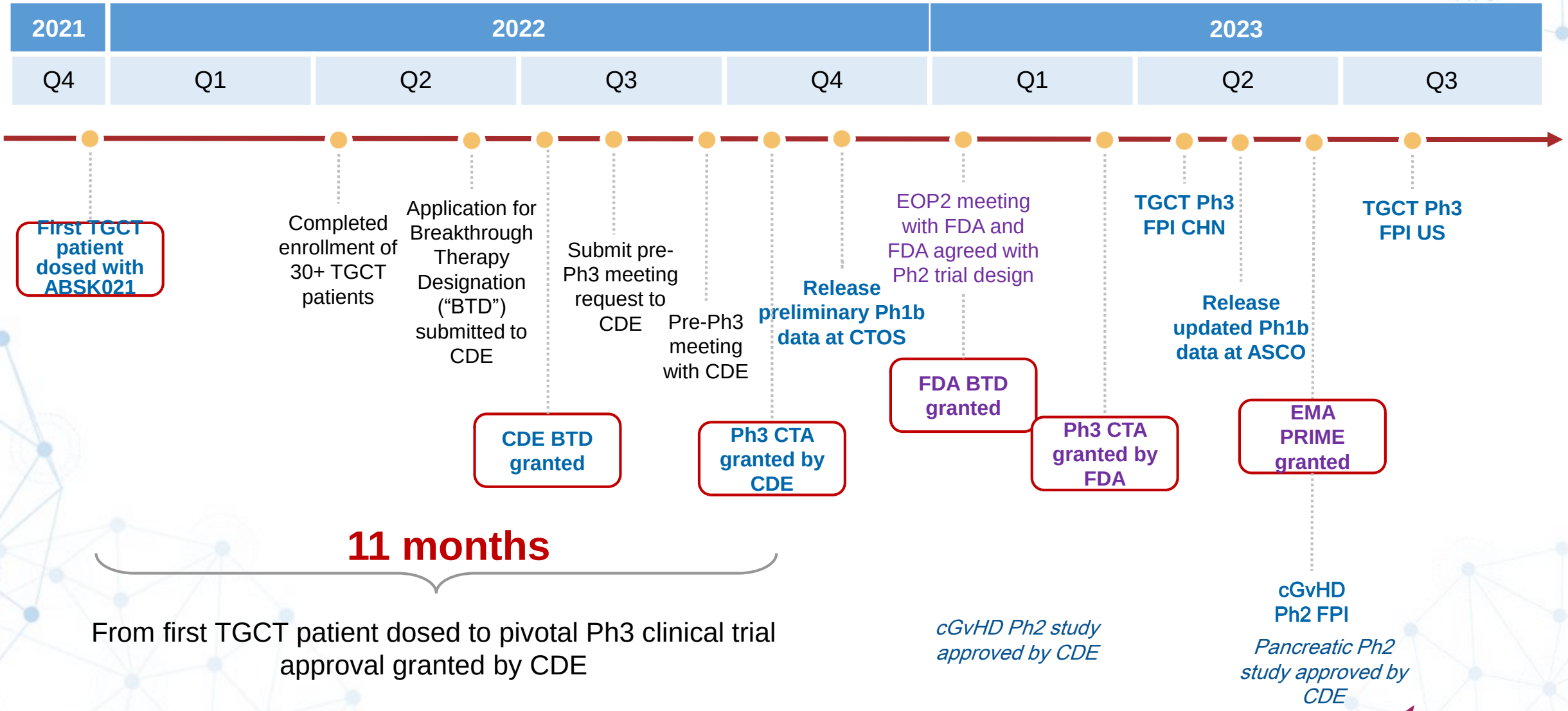
~14,000 in U.S.

~60,000 in China



1. Based on internal analysis
2. Based on estimates from Deciphera Pharmaceuticals
3. Based on annual incidence rate of 43 cases per million people

We Advance Clinical Development of Pimicotinib (ABSK021) Rapidly



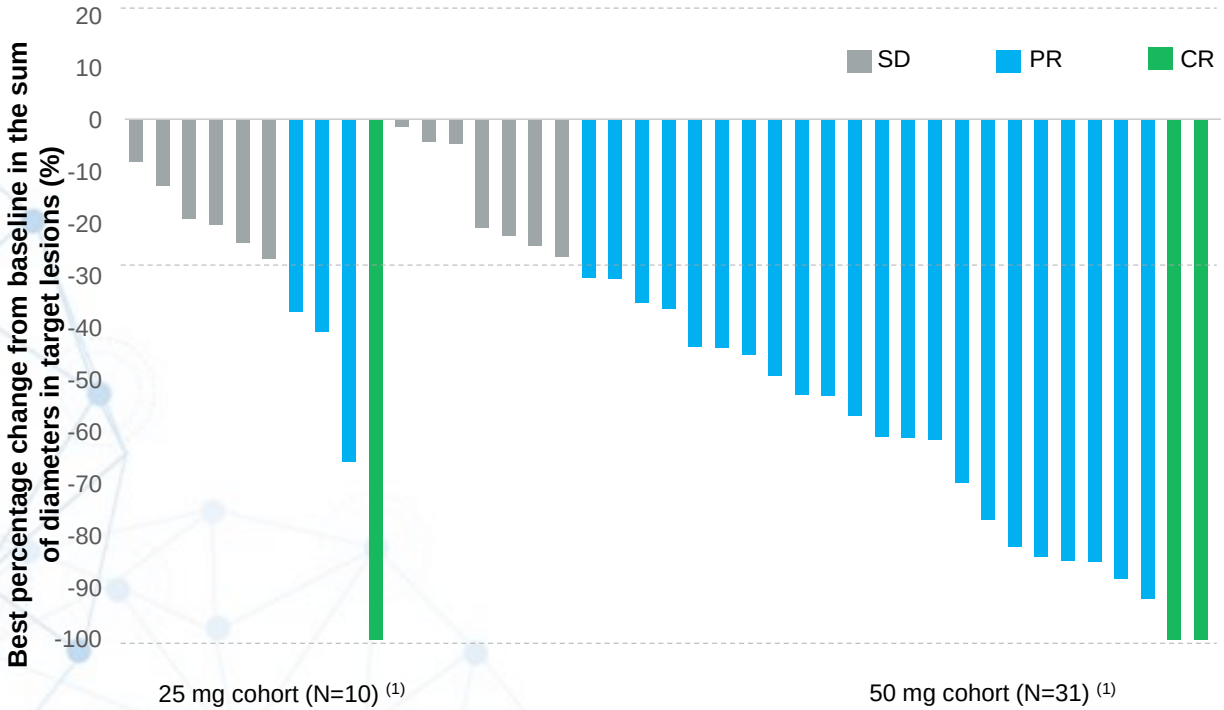
At ASCO 2023, We Reported Pimicotinib (ABSK021) 's Improved ORR at 77.4% with a Clean Safety Profile

Efficacy

- The preliminary ORR: **77.4%** (24/31, QD 50 mg) (by IRC, including **2 CR**), 100% DCR
- Dose dependency: ORR **40%** (4/10, QD 25 mg) (by IRC, including **1 CR**), compared with **77.4%** (24/31, QD 50 mg)

Safety

- Favorable safety profile at both cohorts with **no apparent hepatotoxicity**
- **89.8%** of patients remained on treatment, and median treatment duration were **9.3** months in 50 mg QD; the longest treatment duration was 12.5 months



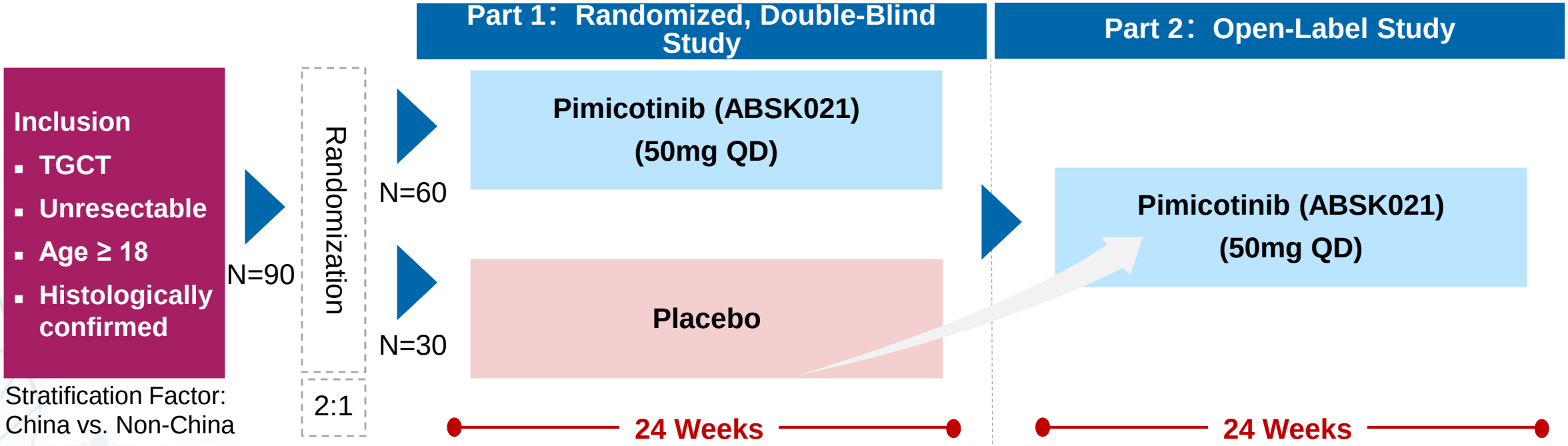
TEAE Rate ≥15% Preferred Term(2), n (%)	Grade 3/4	
	25 mg QD cohort (N=12)	50 mg QD cohort (N=37)
LDH increased	0	0
Blood CPK increased	0	1 (2.7)*
α-HBDH increased	0	0
AST increased	0	0
Amylase increased	0	0
ALT increased	0	0
Rash	0	0
Pruritus	0	0
Face edema	0	0
Dizziness	0	0
Somnolence	0	0

1. Ten out of 12 TGCT patients in 25 mg cohort have completed at least one post-dose tumor response assessment by IRC. And 31 out of 37 TGCT patients in 50mg cohort have completed at least one post-dose tumor response assessment by IRC. Cut-off date: 31 Dec 2022.

2. Cut-off date: 31 Dec 22. * This patient experienced extensive work-out.

The Global Multicenter Phase III Trial for TGCT Is Approved by the FDA and CDE, and Patient Enrollment Has Started in US and China

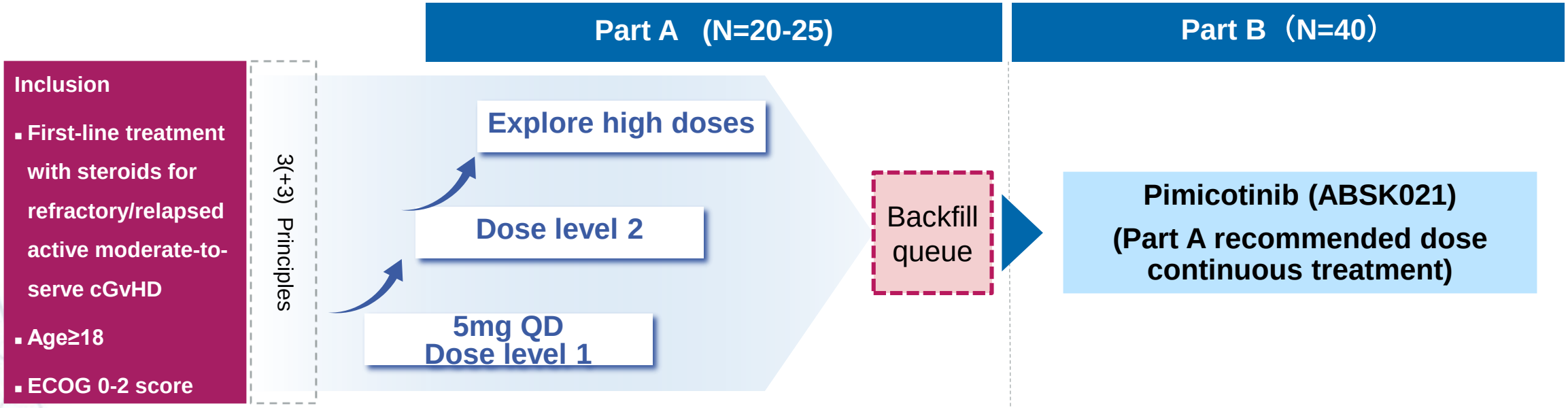
- A randomized, double-blind, placebo-controlled Phase III clinical study to evaluate the efficacy and safety of Pimicotinib (ABSK021) at the dose of 50mg QD in patients with Tenosynovial Giant Cell Tumor



- **Primary Endpoint:**
  - 25-Week ORR by Blinded Independent Review Committee (BIRC) based on RECIST 1.1
- **Secondary Endpoints:**
  - 25-Week ORR by BIRC based on Tumor Volume Score (TVS)
  - Mean change from baseline in Range of Motion (ROM) of the affected joint at Week 25

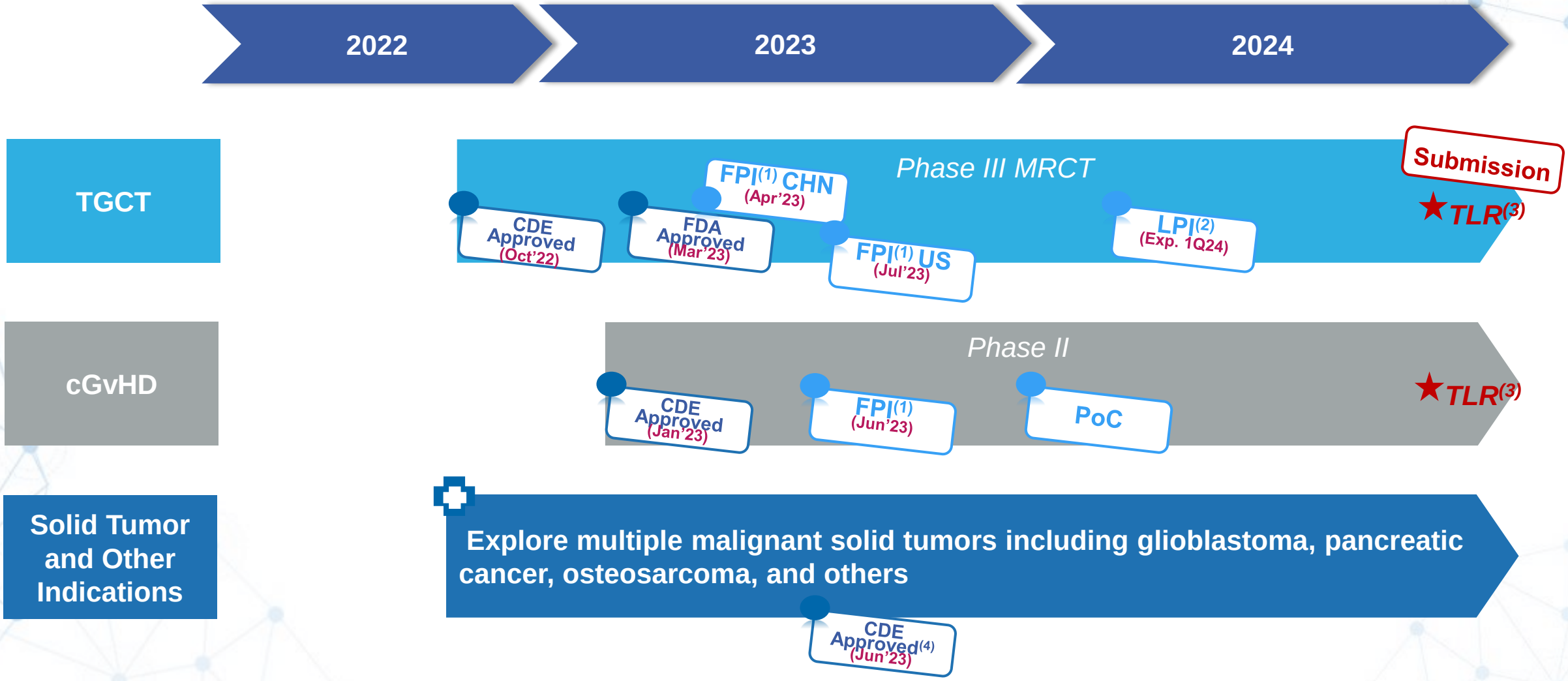
The Global Multicenter Phase II Trial for cGvHD Is Approved by the CDE, and Patient Enrollment Has Started in China

- A multicenter, single-arm, open-label Phase II clinical study designed to evaluate the efficacy and safety of Pimicotinib (ABSK021) in the treatment of patients with chronic graft-versus-host disease (cGvHD)



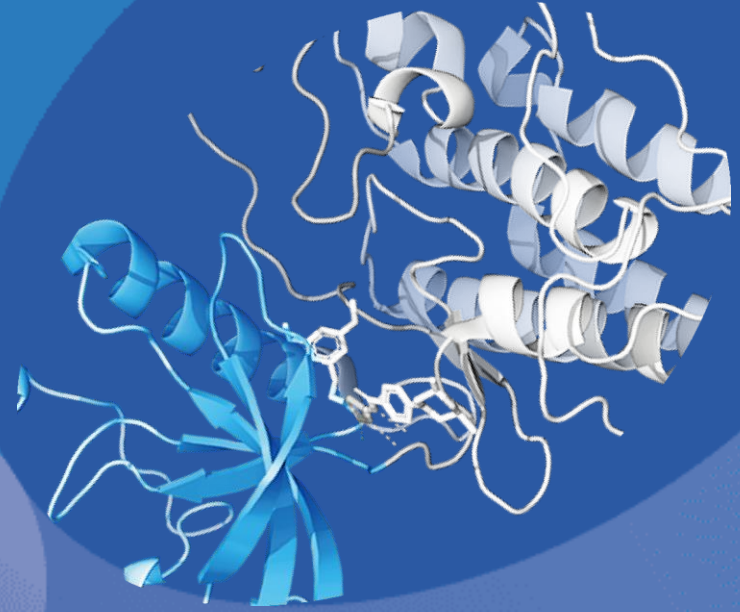
- **Primary Endpoint：**
  - The occurrence rate of dose-limiting toxicities (DLTs) within the DLT observation period for each dose can be evaluated in patients (Part A)
  - Overall response rate (ORR) assessed by the investigators based on the NIH 2014 consensus criteria after 6 cycles of treatment (Part B)
- **Secondary Endpoint：**
  - Other measures of efficacy included treatment failure-free survival (FFS), duration of response (DoR), best overall response rate during the treatment period, and organ-specific response rate
  - Safety and pharmacokinetic parameters

Pimicotinib (ABSK021) Clinical Progress and Future Development Plan



1. FPI: first patient in. 2. LPI: last patient in. 3. TLR: topline result. 4. Pancreatic Cancer.

FGFR Franchise with a Multi-Generation Approach



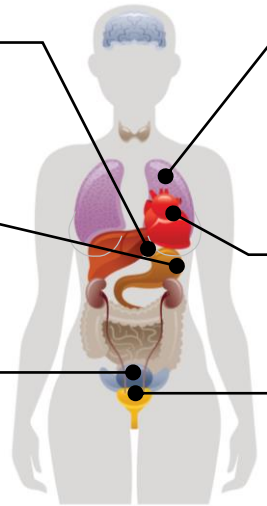
FGFRs Are Pan-Cancer Targets for Multiple Solid Tumors, with Large Unmet Medical Needs

FGFR aberrations occur across major cancer types[11] with ~1.9mn annual incidence globally

Cholangiocarcinoma
FGFR2 fusion in iCCA: 10-45%[8],[9]

Gastric cancer
FGFR-aberrations:10-30%[5],[6]

Endometrial cancer
FGFR-aberrations: 10-15%[3],[4]



Lung cancer
FGFR-aberrations: 6-24%[7],[8]

Breast cancer
FGFR-aberration: 7-23%[7]

Bladder cancer
FGFR-aberrations: 10-30%[3],[10]

FGFRs are clinically validated by recently approved pan-FGFR inhibitors:

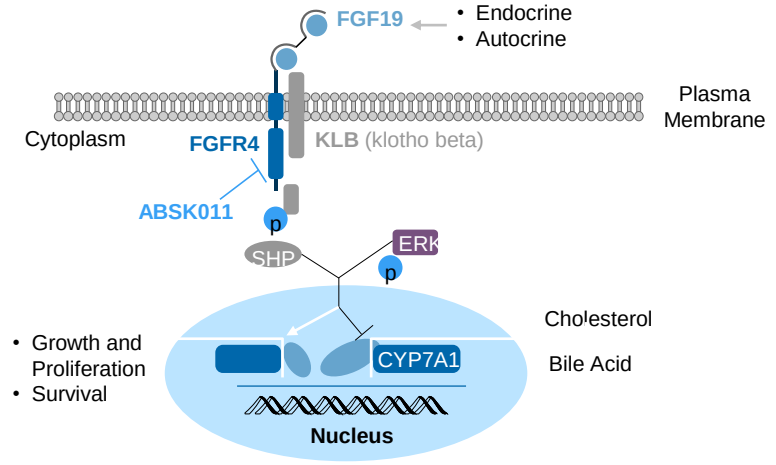
Balversa® (erdafitinib) 3, 4, 5 mg tablets

Pemazyre® (pemigatinib) tablets

TRUSELTIQ® (infigratinib) capsules

LYTGOBI® (futibatinib) tablets

Aberrant FGF19-FGFR4 pathway alterations occur in >350K cancer patients worldwide



- The FGFR4 ligand, FGF19, is frequently amplified and overexpressed in HCC and other tumor types
- FGF19 overexpression is found in **~30%** of total HCC patients, representing:
  - **~300k** new cases per year **globally**
  - **~150k** new cases per year **in China**
- Prior FGFR4 inhibitors demonstrated POC in clinic, but with limited efficacy

1. Joshi JJ, et al. Cancer Research 2017. 2.Frost & Sullivan. 3. Helsten et. al. CCR 2016. 4. Byron et. al. Plos one 2012. 5. Lengyel, etl. al. MDPI Life 2022. 6. Five Prime annual report 2020. 7. Krook et. al. BJC 2020. 8. Katoh M. Nat Rev Clin Onc 2019. 9. Jain et.al. JCO Precis Oncol 2018. 10. Weinstein et. al. Nature 2014. 11. Estimated from global annual incidence of FGF19+ HCC, FGFR4+ RMS, FGFR+ UC, FGFR+ Endometrial cancer, FGFR+ CCA, FGFR+ NSCLC, FGFR+ SCLC, FGFR+ GBM, FGFR+ BC, FGFR+ GC, and FGFR+ Achondroplasia (non-cancer FGFR3 genetic disorder patients), 2030 projected (GlobalCan, DRG)

Abbisko FGFR franchise with Multiple Next-Generation FGFR Inhibitors to Address Unmet Medical Needs for FGFR-Driven Patients

Indication coverage

	ABSK091 (pan-FGFR)	ABSK061 (FGFR2/3)	ABSK121 (pan-FGFR mutant)
Lung cancer, and other solid tumor[1]	Highly potent and selective inhibitor of FGFR subtypes 1, 2 and 3 Phase II	Highly selective FGFR2/3 inhibitor Phase I	Strong activity and broad coverage of all evaluable FGFR2/3 resistant mutations and wild type Phase I
HCC, RMS and other solid tumors		ABSK011 (FGFR4) Novel, highly selective inhibitor of FGFR4 Phase Ib / II	ABSK012 (FGFR4 mutant) Highly potent next-gen inhibitor of both wild-type and mutant FGFR4 IND-enabling

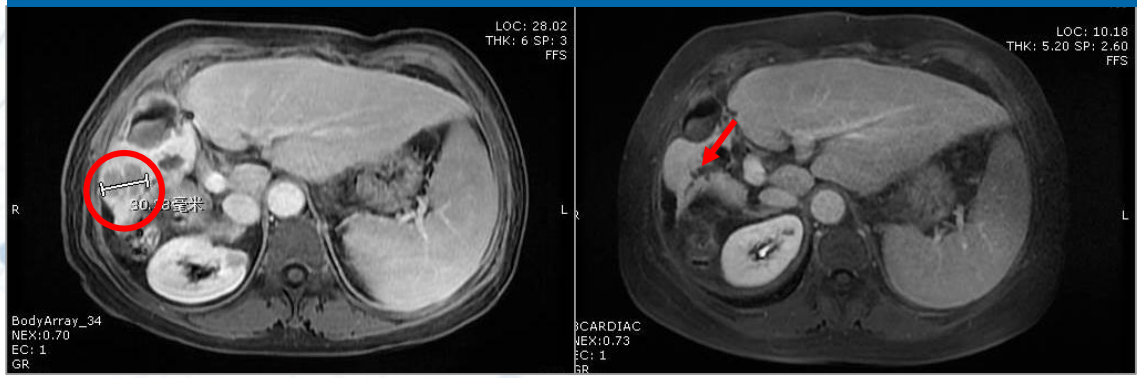
1. FGFR3 mutation is also found to cause majority of achondroplasia (non-oncology) patients

Irpagratinib (ABSK011) Demonstrated Favorable Efficacy and Safety Profile in 2L+ HCC

- **Promising preliminary efficacy** in HCC with FGF19 overexpression

	All FGF19 IHC+ HCC	High FGF19 IHC+ HCC	160mg BID FGF19 IHC+ HCC
N	27	18	6
Best of Response			
CR	0	0	1
PR	4	4	1
SD	16	10	1
ORR (%)	14.8%	**22.2%**	**33.3%**
mDOR	not available as treatment ongoing		

Baseline **Week 40, CR**



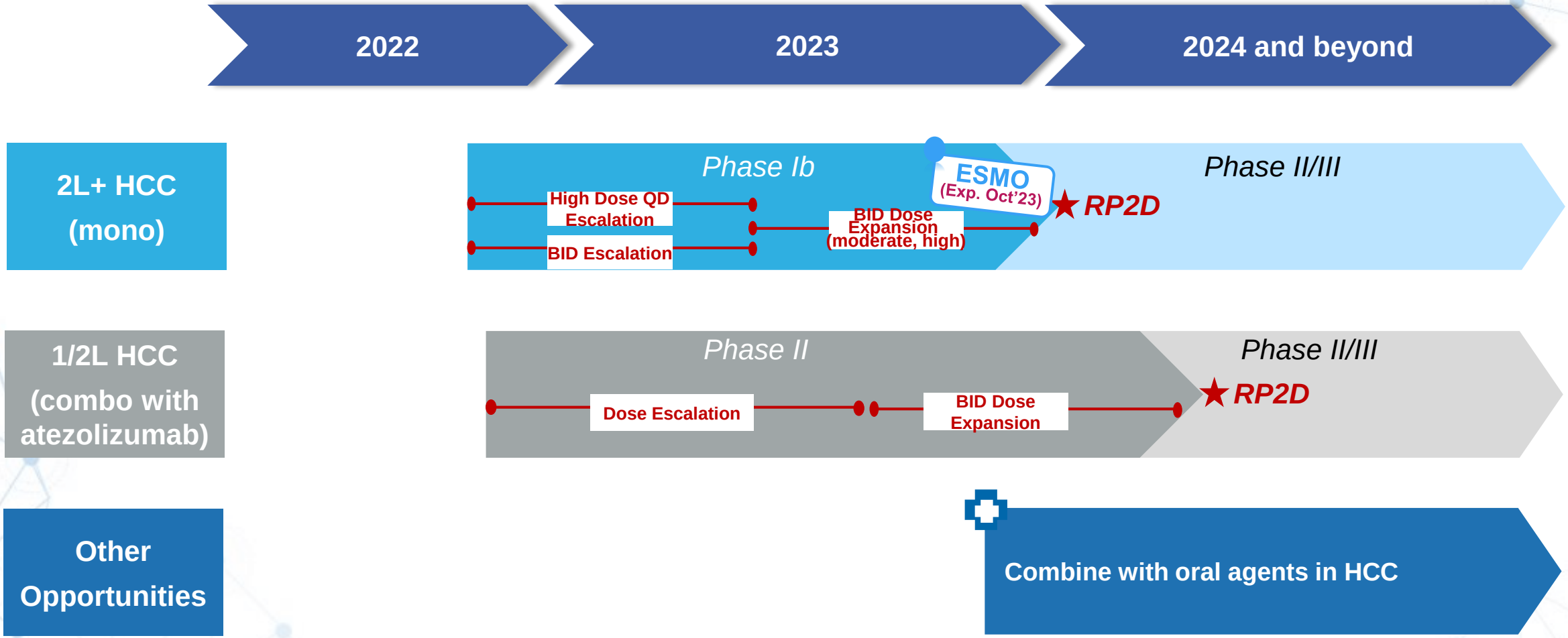
- **Excellent clinical safety profile** with low high-grade TEAE rate

TEAEs (1) by Preferred Term	Number (%) of Patients (N=48) (2)	
	All Grades	Grade ≥ 3
Diarrhoea	35 (72.9%)	1 (2.1%)
ALT elevation	32 (66.7%)	4 (8.3%)
AST elevation	22 (45.8%)	3 (6.3%)
TBIL elevation	17 (35.4%)	1 (2.1%)
Hypephosphatemia	15 (31.3%)	0
PLT decreased(3)	11 (22.9%)	0
DBIL increased	9 (18.8%)	1 (2.1%)
ALP increased	8 (16.7%)	0
Total bile acids increased	8 (16.7%)	0
Abdominal pain(4)	8 (16.7%)	1 (2.1%)
Hypoalbuminaemia	6 (12.5%)	0
Fatigue	5 (10.4%)	0
Weight decreased	5 (10.4%)	0
WBC decreased	5 (10.4%)	1 (2.1%)
Decreased appetite	5 (10.4%)	0
Hypokalaemia	5 (10.4%)	1 (2.1%)

- No drug related grade 4 or above AE was reported.
- Diarrhea was reported in 72.9% of patients, which is an expected on-target toxicity related to enhanced bile-acid secretion through inhibition of FGFR4. Most patients experienced low grade and only one patient (2.1%) experienced a Grade 3 diarrhea.
- Most ALT and AST elevations were transient and manageable with supportive care, and only a small number of patients needed dose interruption or reduction.
- No ocular and nail toxicity was reported.

1. TEAE, treatment emergent adverse event, cases in ≥ 10% patients are listed; 2. Patients from trial NCT 04906434 as of September 2022; 3. Included preferred terms of PLT decreased and Thrombocytopenia; 4. Included preferred terms of Abdominal pain, Abdominal pain lower, and Abdominal pain upper.

Future Development Plan for Irpagratinib (ABSK011)

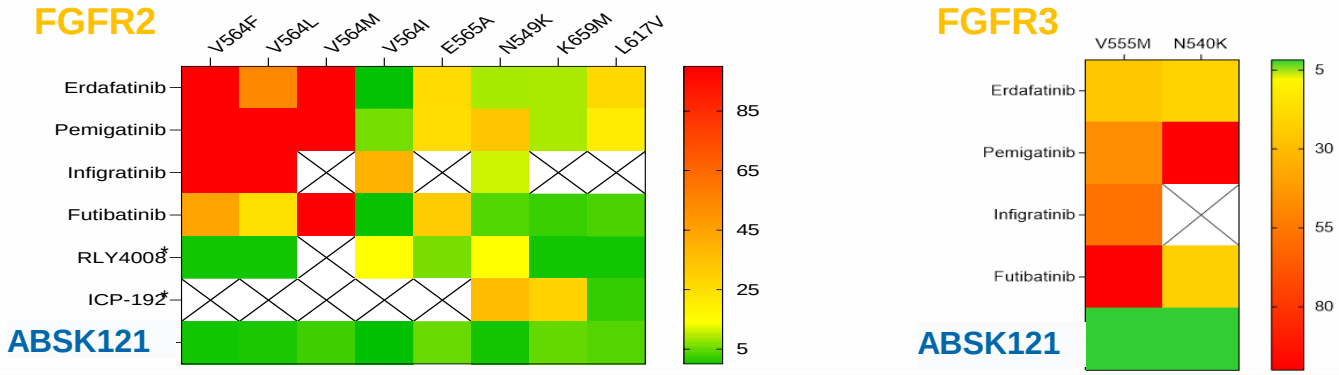


ABSK121: A Next-gen Pan-FGFR Inhibitor Overcoming FGFR Resistant Mutations

- ~7% of all human cancer have FGFR gene alterations; More than 1 million patients worldwide.
- Resistant mutations frequently occurred in UC and CCA patients treated with first-gen FGFR inhibitors and de novo in many other cancer types.
- ABSK121 is a globally leading 2nd-gen FGFR inhibitor that demonstrated strong activities overcoming a broad spectrum of resistant mutations and has entered into clinic.

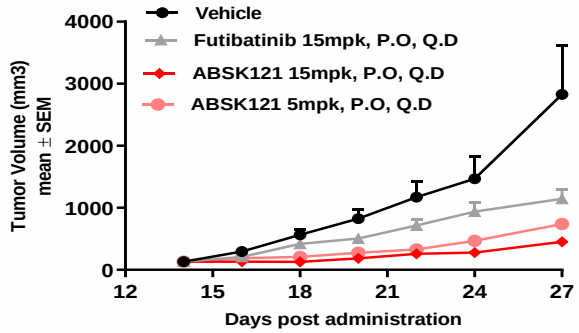
Superior activities against all evaluable FGFR2/3 resistant mutations with broader coverage than competitors

Fold change in cellular IC50 versus wild type

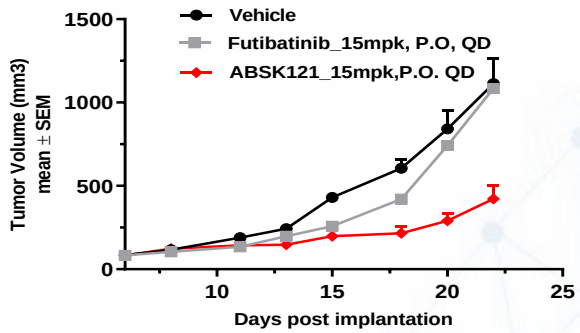


Significantly improved efficacy against FGFR2/3 resistant mutations in vivo over competitors

FGFR2-V564-dependent tumor model

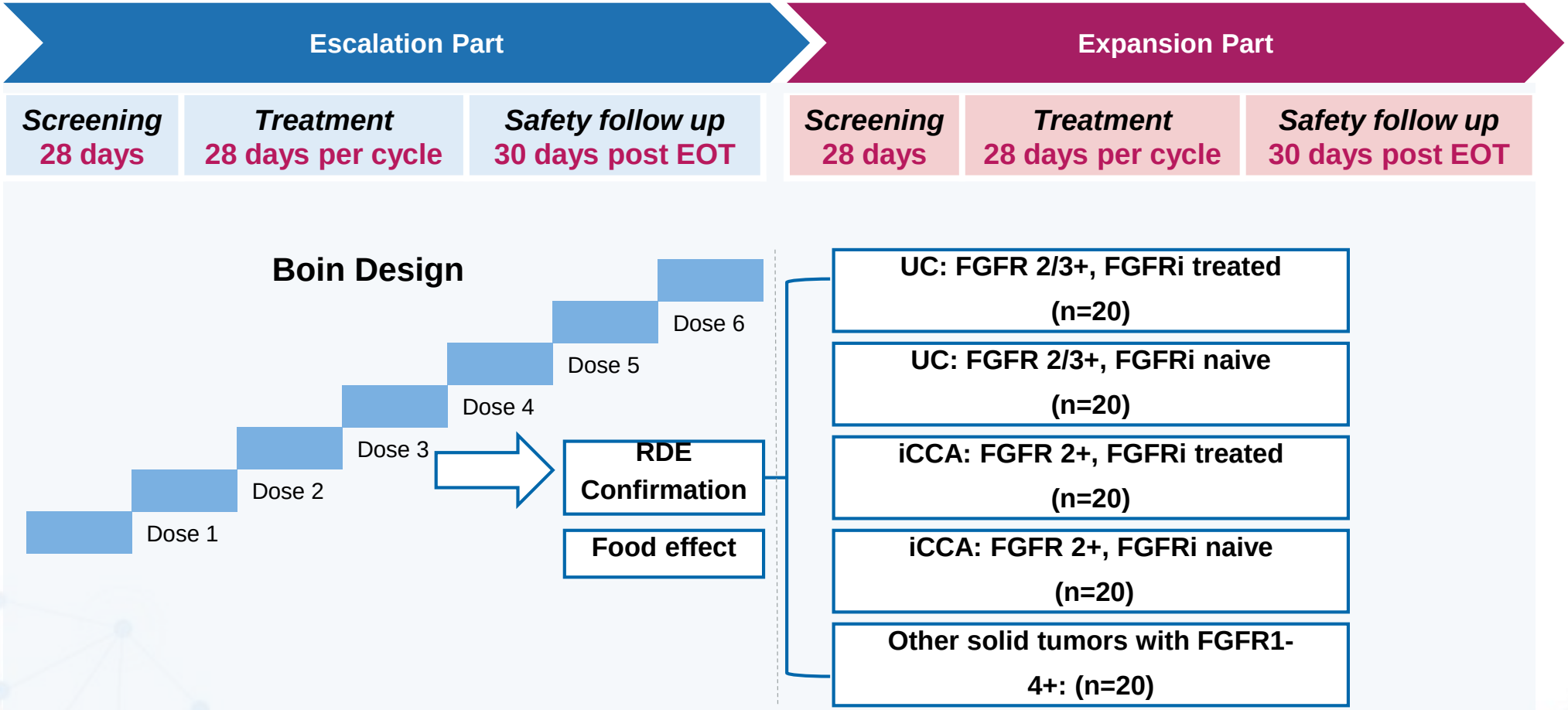


FGFR3-V555M-dependent tumor model



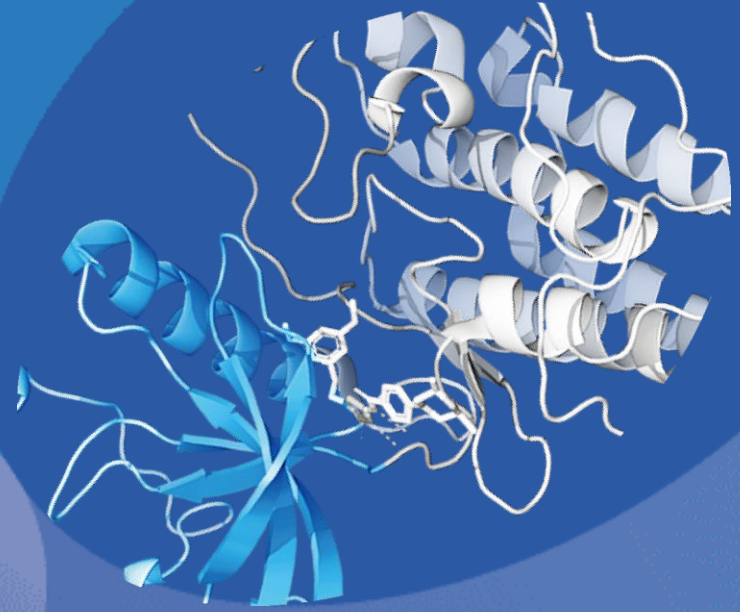
*Reported data from Relay, Innocare and Kinnate company investor presentation

ABSK121: First Patient Enrolled, as The First Human Study is Ongoing in both US and China



Sponsor may add or drop cohorts based on emerging data

Other Assets



IND Approval of ABSK112: A Next-gen EGFR Exon20ins Inhibitor with Improved Activity, Selectivity, and Brain Penetrating Ability

- Current Exon20ins inhibitors face significant challenges in efficacy and safety

Off-target toxicity – frequently associated with the approved and clinical stage EGFR-Exon20ins inhibitors, likely limiting their efficacy

Poor coverage – to a number of mutant variants, low activity and unable to entirely restrain

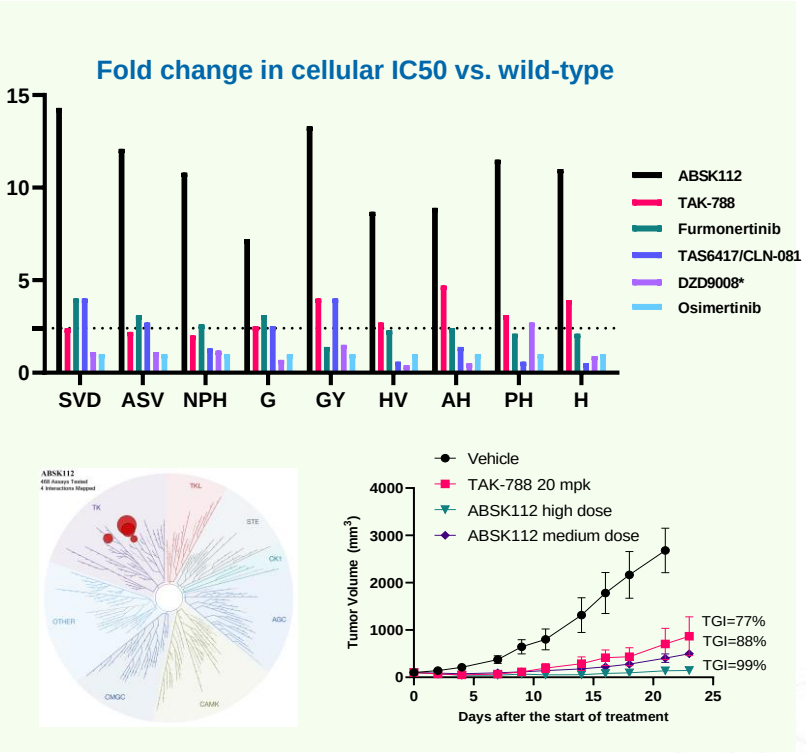
Lack brain penetration ability – incapable for the treatment of brain metastasis

- ABSK112 has excellent selectivity, broad spectrum mutation coverage, and brain penetrating ability

Excellent selectivity for Exon20ins mutations over wild-type EGFR and other RTKs to limit off-target toxicity

Superior in vivo efficacy – in various EGFR-Exon20ins xenograft models

Excellent brain penetration – demonstrated by preclinical Blood-brain barrier penetration and PK results



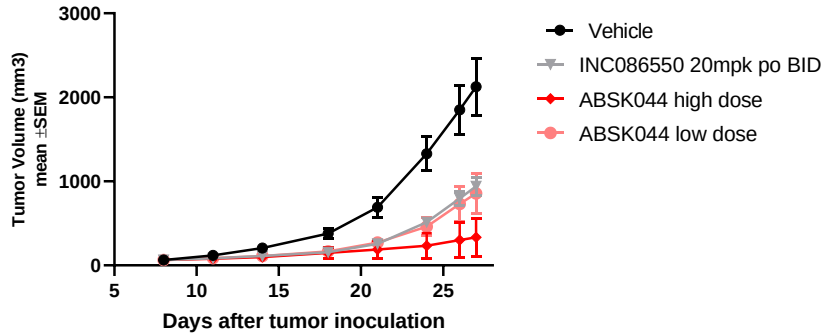
- US IND approval in July, 2023, initiating Phase I trial
- Scorpion Therapeutics reached $553m ($65m upfront) deal with Pierre Fabre in April, 2023, demonstrating great value of new-gen Exon20 inhibitor

ABSK044: A Brain-penetrating Oral PD-L1 SMW Inhibitor

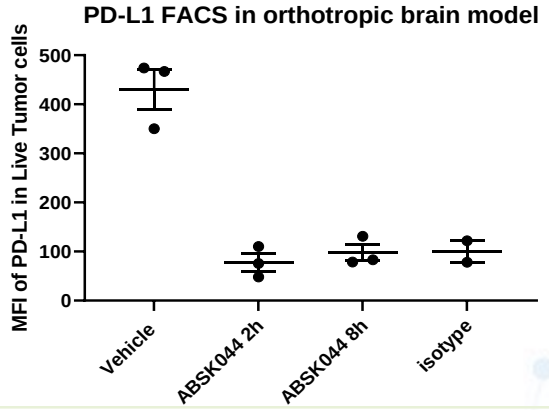
Building up an Oral PD-L1 Franchise with ABSK043

- **Strong market potential of oral PD-L1 small molecules**
  - Better access and safety management
  - Enhanced efficacy with limited immunogenicity
  - Lower cost and improved convenience
  - Blood-brain barrier penetrating ability to expand into treatment for CNS or brain metastasized tumors
- **1st-gen oral PD-L1 inhibitor ABSK043 well into Phase I study (initial data readout in ESMO, 2023)**
- **Discovery a 2nd-gen, brain-penetrating, oral PD-L1 inhibitor, ABSK044**
  - Excellent physicochemical and synthetic properties
  - Drug effectiveness equivalent to 1st inhibitor *in vivo* model
  - Superior bioavailability in multiple genera
  - Good brain penetration
  - Strong target engagement in brain tumor model

Superior Efficacy in Humanized Tumor Model

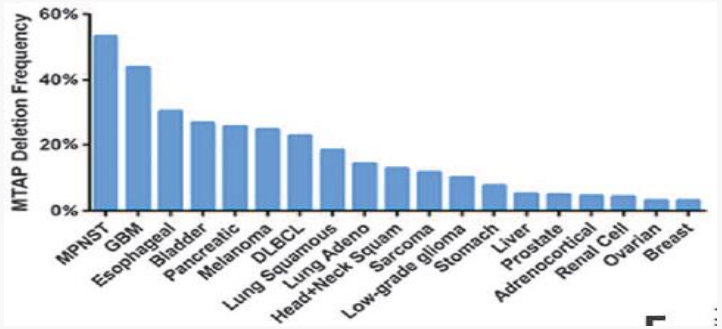


Abolishing Surface PD-L1 of Brain Tumor Cells



P131: Discovery of Next-gen MTA-Cooperative PRMT5 Inhibitors – High Selectivity Reduce Hematologic Toxicity and Side Effect

- **Large patient population and commercial potential as 10-15% of all human cancers harbor MTAP deletion, relying on MTA-PRMT5**

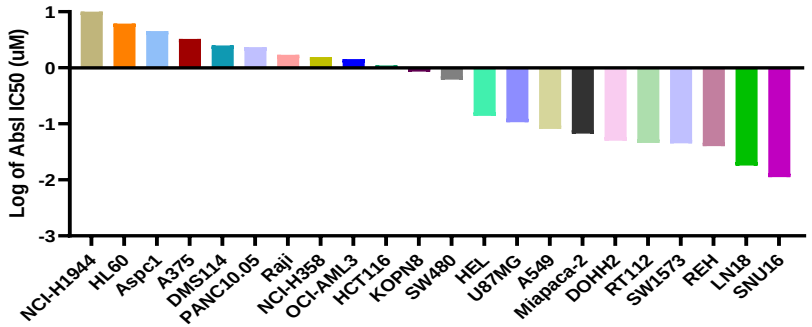


- **We have discovered 2nd-gen, MTA-cooperative PRMT5 inhibitors that** selectively inhibited MTAP-del cancer cells while sparing normal hematological cells, overcoming limitation of 1st-gen PRMT5 inhibitors.

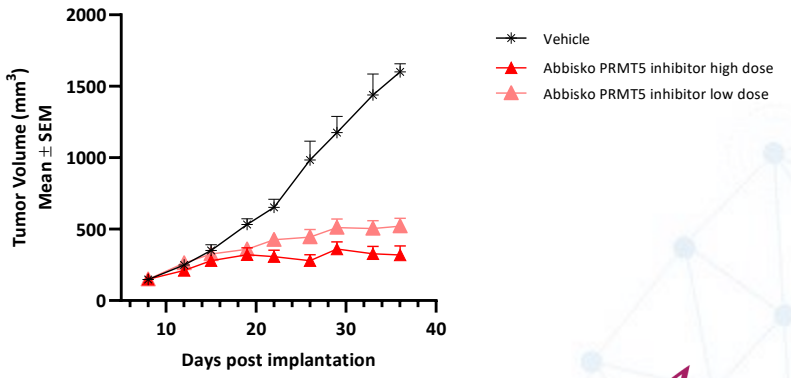
- **Excellent Drug-like Properties**
  - Potential brain penetration
  - Excellent ADME property
  - Superior in vivo efficacy

- **IND Expected in 2024**

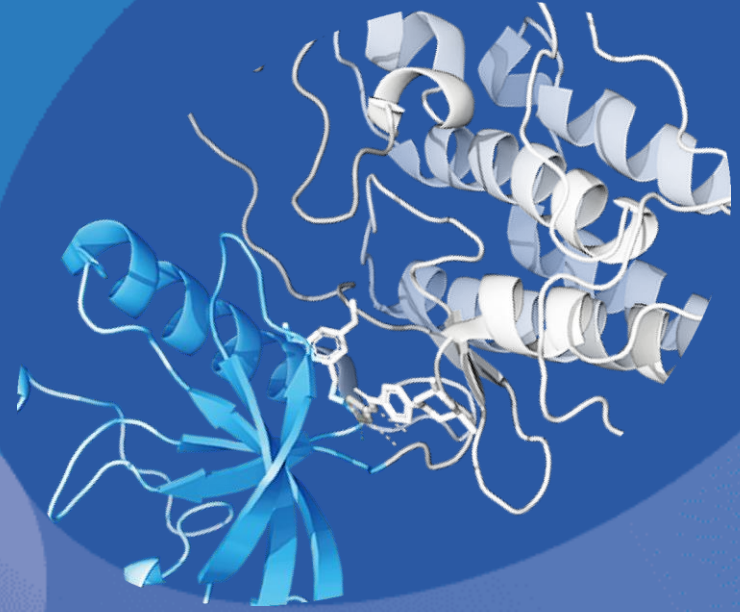
Robust Activity in MTAP-null Cancer Cell Lines and Non-lethal High Selectivity over MTAP WT Cell



Strong Anti-tumor Efficacy in MTAP-null Xenograft Models



2023 Milestones



We Have Achieved Several Milestones in 1H23 as Planned; FGFR4 2L HCC/Oral PD-L1 Efficacy Data will be Published at ESMO

Pipeline	Target	Clinical Trial	Stage	Event	2023	
Clinical candidates					**Target**	**Action**
Pimicotinib (ABSK021)	CSF-1R	TGCT	Phase III	✓ US Pivotal Trial Design Approval	1H	Mar'23
				✓ Global MRCT Pivotal Trial to Start	1H	Apr'23 CHN FPI Jul'23 US FPI
				✓ Extended Phase Ib Efficacy/Safety Results	1H	May'23 ASCO
		cGvHD	Phase II	▪ Preliminary Data Readout	2H	Jun'23 FPI
Irpagratinib (ABSK011)	FGFR4	2L HCC, mono	Phase Ib	▪ Extended Efficacy/Safety Results Including 2nd Dose Expansion	2H	Oct'23 ESMO
		1L/2L HCC, combo	Phase II	▪ Preliminary Data Readout	2H	2H
Fexagratinib (ABSK091)	Pan-FGFR	2L UC, mono	Phase II	▪ Extended Efficacy/Safety Results	2H	2H
ABSK043	PD-L1	Solid tumors	Phase I	▪ Preliminary Efficacy/Safety Results Readout	2H	Oct'23 ESMO
ABSK061	FGFR2/3	Solid tumors	Phase I	▪ Preliminary Phase Ia Data	2H	2H
ABSK121	FGFR mut.	Solid tumors	Phase I	✓ IND Approval in China	1H	Feb'23
				▪ FPI	2H	2H
IND-enabling candidates						
ABSK051	CD73	Multiple tumors	IND-enabling	▪ IND Filing	2H	2H
ABSK012	FGFR4 mut.	RMS and/or HCC	IND-enabling	▪ IND Filing	1H	2H
ABSK112	EGFR Exon20	NSCLC	Phase I	✓ IND Approval from FDA in US	2H	Jul'23


Thank You
Abbisko

Appendix 1：HCC Market Report

Dublin, Jan. 24, 2023 (GLOBE NEWSWIRE) -- The "Hepatocellular Carcinoma Treatment Market Forecast- Epidemiology & Pipeline Analysis 2022-2027" report has been added to ResearchAndMarkets.com's offering.

The global hepatocellular carcinoma treatment market is projected to be valued at **$7.33 billion in 2027**, from $2.8 billion in 2021, growing at a **CAGR of 17.39%** during 2022-2027.

According to published studies, liver cancer is a leading cause of cancer death worldwide, accounting for **more than 800,000 deaths and 900,000 new cases yearly**.

The author estimates that the prevalence of hepatocellular carcinoma will be **high in China, followed by the US and Japan in 2020**. The increasing prevalence of HCC is driving the hepatocellular carcinoma treatment market growth. According to estimates, more than **1 million people** will be affected with hepatocellular carcinoma annually by 2025.

Appendix 2：FDA Approved Treatments for HCC

First - line	Atezolizumab + Bevacizumab	Tremelimumab + Durvalumab	Lenvatinib	Sorafenib	
	mOS 19.2m mPFS 6.9m ORR 29.8%	mOS 16.4m mPFS 3.8m ORR 20.1%	mOS 13.6m mPFS 7.3m ORR 19%	mOS 10.7m mPFS 5.5m ORR 2%	
Subsequent - line	Nivolumanb + Ipilimumab	Pembrolizumab	Regorafenib	Cabozantinib	Ramucirumab (AFP>400 ng/ml)
	mOS 22.8m ORR 32%	mOS 13.2m mPFS 4.9m ORR 18%	mOS 10.6m mPFS 3.4m ORR 7%	mOS 10.2m mPFS 5.2m ORR 4%	mOS 8.5m mPFS 2.8m ORR 4.6%