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Agenda

1. Clinical Strategy Overview
2. Clinical Data Updates
3. Q&A
Clinical Strategy Overview
Strategy: Develop Next Gen Antibody to Enable Innovative Cancer Therapy

**KN035**
Subcutaneous PD-L1

**KN046**
Dual blockade of PD-L1 and CTLA-4

**KN026**
Dual blockade of HER2 domain II and IV

**KN019**
A safe option for autoimmune diseases

Subcutaneous PD-L1 for maintenance therapy

Enable earlier lines of therapies for improved efficacy and safety

Potential for all settings of HER2 aberration
Synergy with KN046 through immune modulation

Supplement to immunotherapies for AE management
Strategy: Develop Next Gen Antibody for Solid Tumors

HER2-positive, HER2-int/low and HER2-mutation
KN026-based combination & KN026+KN046

HER2-negative solid tumors
KN046 & KN046-based combination

Next Generation Immuno-oncology
Cornerstone Drug Strategy

Notes:
1. Herceptin’s label only covers Her-2 High, about 25% of breast cancer patients. While total Her-2 High, Midium and Low is about 80% of patients
2. Herceptin’s label only covers Her-2 High, about 10-18% of gastric cancer patients. While total Her-2 High, Midium and Low is about 40% of patients
# Strategy: Develop Next Gen Antibody to Enable Innovative Cancer Therapy

## KN046 KN026

<table>
<thead>
<tr>
<th>Program</th>
<th>Key indication</th>
<th>Preclinical</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>BLA</th>
</tr>
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<tbody>
<tr>
<td><strong>KN046</strong> (<strong>PD-L1/CTLA-4</strong>)</td>
<td>Thymic carcinoma</td>
<td></td>
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<td></td>
<td>NPC</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>NSCLC, 1L (<strong>KN046+CT</strong>)</td>
<td>Registration trial (in preparation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NSCLC, PD1/PD-L1 ref/rel (<strong>KN046 or KN046+TKI</strong>)</td>
<td>Registration trial (in preparation)</td>
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<tr>
<td></td>
<td>NSCLC, stage III (<strong>KN046+RT</strong>)</td>
<td>Registration trial (in preparation)</td>
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<tr>
<td></td>
<td>TNBC, 1L (<strong>KN046+nab-paclitaxel</strong>)</td>
<td>Registration trial (in preparation)</td>
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</tr>
<tr>
<td></td>
<td>TNBC, neoadjuvant</td>
<td>Registration trial (in preparation)</td>
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<tr>
<td></td>
<td>MSI-H/dMMR CRC, neoadjuvant</td>
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<tr>
<td></td>
<td>HCC, 1L (<strong>KN046+TKIs</strong>)</td>
<td>Registration trial (in preparation)</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>ESCC, 1L (<strong>KN046+CT,  KN046+CRT</strong>)</td>
<td>Registration trial (in preparation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>KN026</strong> (<strong>HER2 bispecific</strong>)</td>
<td>HER2-positive MBC, 1L (<strong>KN026+docetaxel</strong>)</td>
<td>Registration trial (in preparation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HER2/HR-positive MBC, late line (<strong>KN026+CDK4/6+fulvestrant</strong>)</td>
<td>Registration trial (in preparation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HER2-low MBC &amp; mGC/GEJ, late line (<strong>KN026</strong>)</td>
<td>Registration trial (in preparation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KN026+KN046</strong></td>
<td>HER2-positive mGC/GEJ (<strong>KN026+KN046</strong>)</td>
<td>Registration trial (in preparation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HER2-positive solid tumors (<strong>KN026+KN046</strong>)</td>
<td>Registration trial (in preparation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Strategy: Develop Next Gen Antibody to Enable Innovative Cancer Therapy

### KN035 KN019 and more

<table>
<thead>
<tr>
<th>Program</th>
<th>Key indication</th>
<th>Preclinical</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>BLA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KN035</strong> (subcutaneous anti-PD-L1)</td>
<td>MSI-H/dMMR solid tumors</td>
<td></td>
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<td></td>
<td></td>
<td>BLA</td>
</tr>
<tr>
<td></td>
<td>Biliary tract cancer</td>
<td></td>
<td></td>
<td></td>
<td>Registration trial (ongoing)</td>
<td>USA, China</td>
</tr>
<tr>
<td></td>
<td>Renal cell carcinoma</td>
<td></td>
<td></td>
<td></td>
<td>Registration trial (in preparation)</td>
<td>USA, China</td>
</tr>
<tr>
<td></td>
<td>Soft tissue sarcoma</td>
<td></td>
<td></td>
<td></td>
<td>Registration trial (in preparation)</td>
<td>USA, China</td>
</tr>
<tr>
<td><strong>KN019</strong> (CTLA-4 Ig)</td>
<td>Dose ranging in rheumatoid arthritis</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Renal transplantation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>USA, China</td>
</tr>
<tr>
<td></td>
<td>Subcutaneous formulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KN052</strong> (undisclosed bispecifics)</td>
<td>Solid tumors</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>KN053</strong> (undisclosed bispecifics)</td>
<td>Solid tumors</td>
<td></td>
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<tr>
<td><strong>KN055</strong> (undisclosed bispecifics)</td>
<td>Solid tumors</td>
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<tr>
<td><strong>KN058</strong> (undisclosed bispecifics)</td>
<td>Solid tumors</td>
<td></td>
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</table>
02

Clinical Data Updates
**Strategy: Develop Next Gen Antibody to Enable Innovative Cancer Therapy**

**KN046 update**

<table>
<thead>
<tr>
<th>KN035</th>
<th>KN046</th>
<th>KN026</th>
<th>KN019</th>
</tr>
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<tbody>
<tr>
<td>Subcutaneous PD-L1</td>
<td>Dual blockade of PD-L1 and CTLA-4</td>
<td>Dual blockade of HER2 domain II and IV</td>
<td>A safe option for autoimmune diseases</td>
</tr>
<tr>
<td><strong>Subcutaneous PD-L1 for maintenance therapy</strong></td>
<td><strong>Enable earlier lines of therapies for improved efficacy and safety</strong></td>
<td><strong>Potential for all settings of HER2 aberration</strong> Synergy with KN046 through immune modulation</td>
<td><strong>Supplement to immunotherapies for AE management</strong></td>
</tr>
</tbody>
</table>

**KN046**

- **Strategy:** Develop Next Gen Antibody to Enable Innovative Cancer Therapy

**KN019**

- A safe option for autoimmune diseases

**KN026**

- Dual blockade of HER2 domain II and IV

**KN035**

- Subcutaneous PD-L1

**Antigen presenting cell**

- Tumor antigen stimulus
- Tumor antigen recognition
- T-B cell interaction
- T cell activation
- Migration to tumor site
- T cell proliferation
- Antigen presentation
- T cell expansion
- T cell function
- T cell response
- T cell effector function
- T cell memory

**HER2**

- HER2 expression
- HER2 overexpression
- HER2 mutation
- HER2 amplification
- HER2 inhibition

**Clinical settings**

- Hereditary setting
- Treatment setting
- Clinical setting

**AE management**

- Anti-inflammatory effect
- Anti-tumor effect
- Anti-angiogenic effect
- Anti-infection effect
- Anti-survival effect
**KN046 : MOA and Clinical Study Design**

Mechanism of action of KN046

- Blocking CTLA-4 with B7 and PD-L1 with PD-1.
- Limited peripheral distribution reduces treatment-associated on-target off-tumor toxicity.
- IgG1 Fc domain, CTLA-4 blocking-mediated Treg cells deletion.

**Trial KN046-CHN-001**

**Eligibility**
- Men/Women ≥ 18 y/o
- ECOG 0 or 1
- Advanced/metastatic solid tumors
- Refractory/intolerant to standard of care
- Treatment by previous immune checkpoint inhibitors (ICIs) allowed

**Trial design**
- Dose escalation (mTPI-2)
- Dose expansion

<table>
<thead>
<tr>
<th>Dose Escalation</th>
<th>n = 30</th>
<th>n = 44</th>
<th>n = 6</th>
<th>n = 6</th>
<th>Total, n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose escalation, N</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>12</td>
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<tr>
<td>Prior ICIs, n</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
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<tr>
<td>Dose expansion, N</td>
<td>27</td>
<td>41</td>
<td>3</td>
<td>3</td>
<td>74</td>
</tr>
<tr>
<td>Prior ICIs, n</td>
<td>3</td>
<td>19</td>
<td>2</td>
<td>1</td>
<td>25</td>
</tr>
</tbody>
</table>

Represents patients previously treated by immune checkpoint inhibitors from each dose cohort and hereby reported in this presentation.
KN046-CHN-001 Efficacy Evaluation in ICI Refractory Patient

**Waterfall Plot**

Maximal Reduction from Baseline (%)

ORR=12.0%

Subjects

**Swimming Lane Plot**

Response-evaluable Subjects

- Partial Response (PR)
- Stable Disease (SD)
- Progressive Disease (PD)
- Not Evaluable (NE)
- Treatment Discontinuation
- Treatment Ongoing
- Response (CR/PR/uCR/uPR)
- New Lesions

Baseline

24 weeks

Baseline

18 weeks

Duration of Treatment (weeks)
Summary of KN046-CHN-001 in ICI Refractory Patient

KN046 showed a favorable safety profile and promising clinical benefit in advanced solid tumor patients who failed on prior ICIs therapy

- Patients enrolled are those who failed on prior immune checkpoint inhibitors therapy
- Grade ≥3 related TRAEs were experienced in 2 out of 29 patients (6.9%)
- Median progression free survival was 2.69 months (95%CI 1.31, 5.52)
- Median overall survival was not reached
- Objective responses rate was 12.0%
Promising Efficacy Data in 1L and 2L NSCLC Led to the Initiation of Pivotal Phase 3 Trial KN046-301

- KN046+carbo/paclitaxel in 1L sq-NSCLC
- KN046+carbo/pemetrexed in 1L non-sq NSCLC
- KN046 in 2L NSCLC (5 mg/kg)

*: preliminary efficacy data. Only 5/12 subjects have more than 2 post baseline tumor assessments
*: preliminary efficacy data. Only 15/31 subjects have more than 2 post baseline tumor assessments
# KN046 : Advancement in Registration Trials and Earlier Lines Development

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Timeline</th>
<th>Details</th>
</tr>
</thead>
</table>
| 1    | Initial global registration in thymic carcinoma and NPC | 2020 | Fast to market pivotal studies planned in thymic carcinoma and NPC  
• FPI planned in Q3/Q4 |
| 2    | Quick advance to pivotal phase 3 trials in major indications | 2020 – 2021 | First major pivotal study planned in NSCLC  
• FPI planned in Q3-Q4  
Follow on major pivotal studies planned in TNBC\(^{(1)}\) and ESCC |
| 3    | Fast move to earlier lines of development | 2020 – 2021 | NSCLC stage III  
• KN046+definitive RT  
TNBC neoadjuvant  
• KN046+chemotherapy |
| 4    | Develop next generation I-O combination | 2021 | Chemo-free 1L trial in HER2-positive GC/GEJ  
• KN026+KN046 |

**Notes:**
1. Preliminary result from phase II trial of KN046 in combination with Nab-Paclitaxel in 1L TNBC, I-O Naïve, has shown 5 out of 6 patients (PD-L1 >= 1%) have PR or CR
Subcutaneous PD-L1 for maintenance therapy

Enable earlier lines of therapies for improved efficacy and safety

Potential for all settings of HER2 aberration
Synergy with KN046 through immune modulation

Supplement to immunotherapies for AE management
KN026: MOA and Clinical Study Design

- Unmet need in cancers with HER2 aberration exists
- KN026 simultaneously binds two HER2 epitopes
- Unique binding results in novel mechanisms of action

**KN026 Phase I Study design**

<table>
<thead>
<tr>
<th>Part 1</th>
<th>Part 2</th>
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</thead>
<tbody>
<tr>
<td>3+3 Dose Escalation</td>
<td>Expansion Cohorts</td>
</tr>
<tr>
<td>No DLTs at any dose</td>
<td>HER2-Positive Breast Cancer</td>
</tr>
</tbody>
</table>

**KN026 Dose Escalation**

- 5 mg/kg QW
- 10 mg/kg QW
- 20 mg/kg Q2W
- 30 mg/kg Q2W
- 20 mg/kg Q2W
- 30 mg/kg Q3W
- 30 mg/kg Q3W
KN026-CHN-001 Pharmacokinetics and Safety

**Single Dose**

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>As of Jan. 22, 2020</th>
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<tbody>
<tr>
<td></td>
<td>5 mg/kg QW (n=3)</td>
</tr>
<tr>
<td></td>
<td>All Grade</td>
</tr>
<tr>
<td>Subjects with at least 1 KN026 related TEAE</td>
<td>3 (100%)</td>
</tr>
<tr>
<td>Pyrexia</td>
<td>1 (33.3%)</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>1 (33.3%)</td>
</tr>
<tr>
<td>Aspartate aminotransferase increased</td>
<td>0</td>
</tr>
<tr>
<td>Neutrophil count decreased</td>
<td>1 (33.3%)</td>
</tr>
<tr>
<td>White blood cell count decreased</td>
<td>2 (66.7%)</td>
</tr>
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</table>

**Multiple Dose**
KN026-CHN-001 Efficacy

KN026 is well tolerated and has demonstrated encouraging anti-tumor activity in HER2-positive breast cancer patients who have failed standard anti-HER2 therapies.

- HER2 positive breast cancer
- Median age: 54 (range: 31~69)
- Median exposure duration: 12 weeks (range: 4~62)
- Median prior lines of HER2 target therapies: 2 (range: 1~12)
# Efficacy Data in MBC : KN026 vs ZW25

<table>
<thead>
<tr>
<th></th>
<th>Trastuzumab+pertuzumab</th>
<th>ZW25</th>
<th>KN026</th>
</tr>
</thead>
</table>
| **Study population** | 2L HER2-positive BC (fail T)  
3L HER2-positive BC (fail T, P) | >2L HER2-positive BC | >2L HER2-positive BC |
| **Study**         | BO17929 (Cohort A, B)  
BO17929 (Cohort C) | ZW25 Phase I | KN026-CHN-001 |
| **Subject number** | 66; 17 | 20 | 56 (RP2Ds) |
| **Schedule**      | 800 mg loading + 400 mg  
Q3W | 20 mg/kg Q2W | 20 mg/kg Q2W; 30 mg/kg  
Q3W |
| **ORR**           | 24.2% (2L); 17.6% (3L) | 33% (all; 1/8 responder at 20  
mg/kg Q2W) | 32% |
| **DCR**           | 50%; 41.2% | 50% | 76.8% |
| **PFS (months)**  | 5.5 (2L); 2.5 (3L) | Approx. 3 months | 5.5 months |
| **AE**            | Diarrhea 64%  
Rash 26%  
Fatigue 33%  
Nausea 27%  
No change of LVEF | IRR 55%  
Diarrhea 52%  
Rash 21%  
LVEF not reported | Pyrexia 23.8%  
Diarrhea 19%  
No change of LVEF |

**Source:** ZW25 2018 ASCO; KN026 2020 ASCO; Jose’ Baselga 2009; Javier Corte’s 2012
**KN026 + KN046 : Synergistic MOA**

**Rational of the synergistic effect from KN026 plus KN046**

- Activation of HER2 pathway interferes STING pathway, key component in innate immunity
- Blocking HER2 pathway lift the inhibition to the innate immunity
- Anti-tumor activity further enhanced by activation of adaptive immunity by KN046
- Supported by early efficacy from IIT in Her2 expression/mut late line solid tumor
**KN026 + KN046 : Highly Differentiated Strategy in Late Line HER2+ Solid Tumors**

<table>
<thead>
<tr>
<th>Frequency of HER2-positive (HER2 IHC3+)</th>
<th>Tumor type</th>
<th>HER2 therapy approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 10%</td>
<td>Bladder cancer</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Gastroesophageal junction cancer</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Breast cancer</td>
<td>✓</td>
</tr>
<tr>
<td>5%-10%</td>
<td>Cholangiocarcinoma (extrahepatic)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Gastric cancer</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Cervical cancer</td>
<td>X</td>
</tr>
<tr>
<td>2%-5%</td>
<td>Uterine cancer</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Tumor of unknown of origin</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Colorectal cancer</td>
<td>X</td>
</tr>
<tr>
<td>&lt;2%</td>
<td>Ovarian (epithelial) cancer</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Head and neck carcinoma</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Non-small cell lung cancer</td>
<td>X</td>
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<tr>
<td></td>
<td>Intestinal malignancies</td>
<td>X</td>
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<tr>
<td></td>
<td>Pancreatic adenocarcinoma</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Cholangiocarcinoma (intrahepatic)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Prostate cancer</td>
<td>X</td>
</tr>
</tbody>
</table>

**Cohort 1:** late line, HER2-positive GC/GEJ (fail trastuzumab)

**Cohort 3:** late line, HER2-positive MBC (fail at least trastuzumab)

**Cohort 4:** late line, HER2-positive mUC

**Cohort 5:** late line, other HER2-positive solid tumors

*Min Yan 2015 (Benchmark XT, Ventana, USA) (n = 37,992)*
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Year</th>
<th>Details</th>
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<tbody>
<tr>
<td>1</td>
<td>Initial registration opportunity in 1L MBC</td>
<td>2020</td>
<td>First major pivotal study planned in first line MBC&lt;br&gt;• FPI planned in 4Q</td>
</tr>
<tr>
<td>2</td>
<td>Highly differentiated strategy in HER2-positive solid tumors</td>
<td>2020</td>
<td>Late line basket trial in HER2-positive solid tumors&lt;br&gt;• Pivotal trial planned late 2020</td>
</tr>
<tr>
<td>3</td>
<td>Move into all lines of BC</td>
<td>2021</td>
<td>2L trial in HER2-positive MBC with best-in-class profile&lt;br&gt;• KN026+CDK4/6i&lt;br&gt;• KN026+HER2-TKI+Ct&lt;br&gt;&lt;strong&gt;Neoadjuvant trial in HER2-positive ABC/EBC&lt;/strong&gt;&lt;br&gt;• KN026+KN046+Ct</td>
</tr>
<tr>
<td>4</td>
<td>Extend to HER2-low diseases</td>
<td>2022</td>
<td>1L trial in HER2-int/low/HR+MBC&lt;br&gt;• KN026+CDK4/6i+AI</td>
</tr>
<tr>
<td>5</td>
<td>Highly differentiated strategy in HER2-positive GC/GEJ</td>
<td>2021</td>
<td>Chemo-free 1L trial in HER2-positive GC/GEJ&lt;br&gt;• KN026+KN046</td>
</tr>
</tbody>
</table>

Notes:
1. KN026 mono trial in late-line GC has shown preliminary result of target lesion shrinkage for 4 out 7 patients (Her-2 low)
2. KN026 + KN046 trial in late-stage GI cancer has shown preliminary result of PR for 5 out 6 patients (Her-2 high)
Strategy: Develop Next Gen Antibody to Enable Innovative Cancer Therapy

KN035 update

<table>
<thead>
<tr>
<th>KN035</th>
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<th>KN026</th>
<th>KN019</th>
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- Subcutaneous PD-L1 for maintenance therapy
- Enable earlier lines of therapies for improved efficacy and safety
- Potential for all settings of HER2 aberration
  Synergy with KN046 through immune modulation
- Supplement to immunotherapies for AE management

KN035 update: Strategy: Develop Next Gen Antibody to Enable Innovative Cancer Therapy
**KN035 Registration Trial in MSI-H / dMMR Solid Tumors**

**Key Eligibility Criteria**

- Age ≥ 18 years
- Locally advanced or metastatic solid tumors
- Centrally confirmed MSI-H for colorectal cancer (CRC) and gastric cancer (GC), and locally confirmed dMMR for other tumors
- ≥ 1 prior line of therapy
- ECOG PS 0~1
- Measurable disease per RECIST 1.1

**Tumor assessments were every 8 weeks**

- Envafolimab 150 mg weekly
- Until PD, unacceptable toxicity, or withdrawal

**Survival follow-up**

- **Primary endpoint**: objective response rate (ORR) per RECIST v1.1 by blinded independent radiology review (BIRC).
- **Secondary endpoints**: duration of response (DoR), disease control rate (DCR), progression free survival (PFS) and overall survival (OS).
Efficacy Results in Subjects Who Had Completed ≥ 2 On-Study Tumor Assessments

<table>
<thead>
<tr>
<th>Drug Candidate</th>
<th>PEPI(n=39)</th>
<th>GC (n=11)</th>
<th>Total (n=50)</th>
<th>CRC failed F and O or I (n=24)</th>
<th>Other tumors (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed ORR (BIRC)</td>
<td>28.2%</td>
<td>36.4%</td>
<td>30.0%</td>
<td>54.2%</td>
<td>35.0%</td>
</tr>
<tr>
<td>DCR (BIRC)</td>
<td>59.0%</td>
<td>72.7%</td>
<td>62.0%</td>
<td>66.7%</td>
<td>65.0%</td>
</tr>
<tr>
<td>6-month DoR (BIRC)</td>
<td>63.0%</td>
<td>100.0%</td>
<td>71.9%</td>
<td>88.9%</td>
<td>100%</td>
</tr>
<tr>
<td>Median PFS (BIRC), months</td>
<td>4.9</td>
<td>11.1</td>
<td>6.6</td>
<td>11.1</td>
<td>5.6</td>
</tr>
<tr>
<td>Median OS, months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not reached</td>
</tr>
<tr>
<td>12-month OS rate</td>
<td>61.5%</td>
<td>68.2%</td>
<td>63.7%</td>
<td>90.5%</td>
<td>76.8%</td>
</tr>
</tbody>
</table>

Tumor response over time in overall population

Swimmer plot of disease status over time (a)

Spider plot of change in sum of diameters of target lesions by subjects over time (b)

- Safety profile was similar to other PD-(L)1 antibodies but without infusion reactions. No colitis or pneumonitis case was reported in the study.

Notes:
1. PEPI refers to the primary efficacy population for interim analysis, patients in the PEP who had at least two post-baseline tumor assessments
**Strategy : Develop Next Gen Antibody to Enable Innovative Cancer Therapy**

**KN019 update**

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- **Subcutaneous PD-L1 for maintenance therapy**
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**Supplement to immunotherapies for AE management**
**Overview of CTLA-4-Fusion Proteins**

- Function in the early stage of T-cell activation and may achieve efficient global downregulation of unwanted immune responses
- Clinically-validated for treatment of RA, idiopathic arthritis, psoriatic arthritis and prophylaxis of organ rejection after kidney transplant outside China
- Potentials to become a supportive therapy for mitigate IO treatment–induced immune disorders (N Engl J Med 2019; 380:2377-2379)
- Approx. 100,000 patients suffering below immune disorders in China without effective treatment
  - IrAEs in patients treated with immune checkpoint inhibitor therapy
  - Severe cytokine release syndrome (CRS) due to massive cytokine release by certain cell therapies (CAR-T and TCR-T) and CD3 agonists
  - Graft-versus-host diseases during leukemia treatment

**Major Lymphocytes and Signals for Activation & Maintenance of Immune Response**

**Inflammatory cascade**

**Early Immune Cells:**
- T-cell
- Macrophage
- B-cell

**Late Immune Cells:**

**Cytokines:**
- TNF-alpha
- IL-1
- IL-6

**Therapeutics**
- CTLA-4 Fusion (Orencia, Nulojix)
- Anti-CD20 (Rituxan)
- Anti-TNF-a (Enbrel, Humaira, Remicade)
- Recombine IL-1R anti-IL6 (Antemra)
# KN019 – Targeted Clinical Strategy

## Clinical Development Plan (China)

<table>
<thead>
<tr>
<th>Indication</th>
<th>Planned Trial Stage</th>
<th>Type of Therapy</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Phase I[1]</td>
<td>Mono, intravenous formulation</td>
<td></td>
<td></td>
<td>4Q 2017</td>
<td>1Q 2019</td>
<td></td>
</tr>
<tr>
<td>RA (targeting non-responders to TNF-α inhibitors)</td>
<td>Phase II[2]</td>
<td>Mono, intravenous formulation</td>
<td></td>
<td></td>
<td>4Q 2019</td>
<td>3Q 2021</td>
<td></td>
</tr>
</tbody>
</table>

### Abbreviations:
- mono = monotherapy

### Notes:
1. A double-blinded, placebo-controlled dose-escalation trial in healthy subjects
2. A multi-center, open-label, single arm clinical trial
3. A bioavailability study in healthy subjects to switch the administration of KN019 from intravenous formulation to subcutaneous formulation