康宁杰瑞
ALPHAMAB ONCOLOGY

Alphamab Oncology Presentation

January 2021

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Agenda

1. Company Overview
2. Pipeline Overview
3. Operation Progress
4. Q&A

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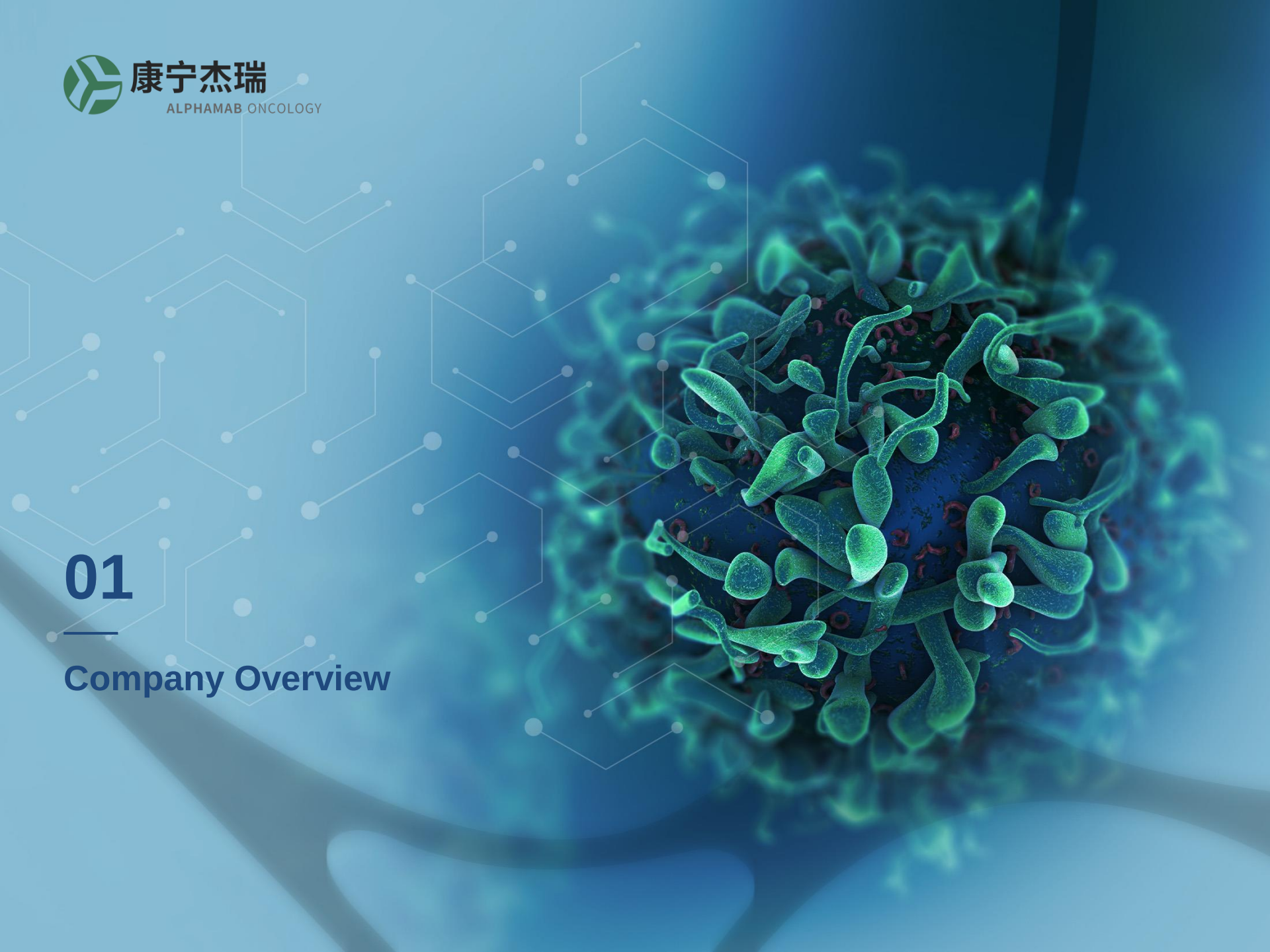
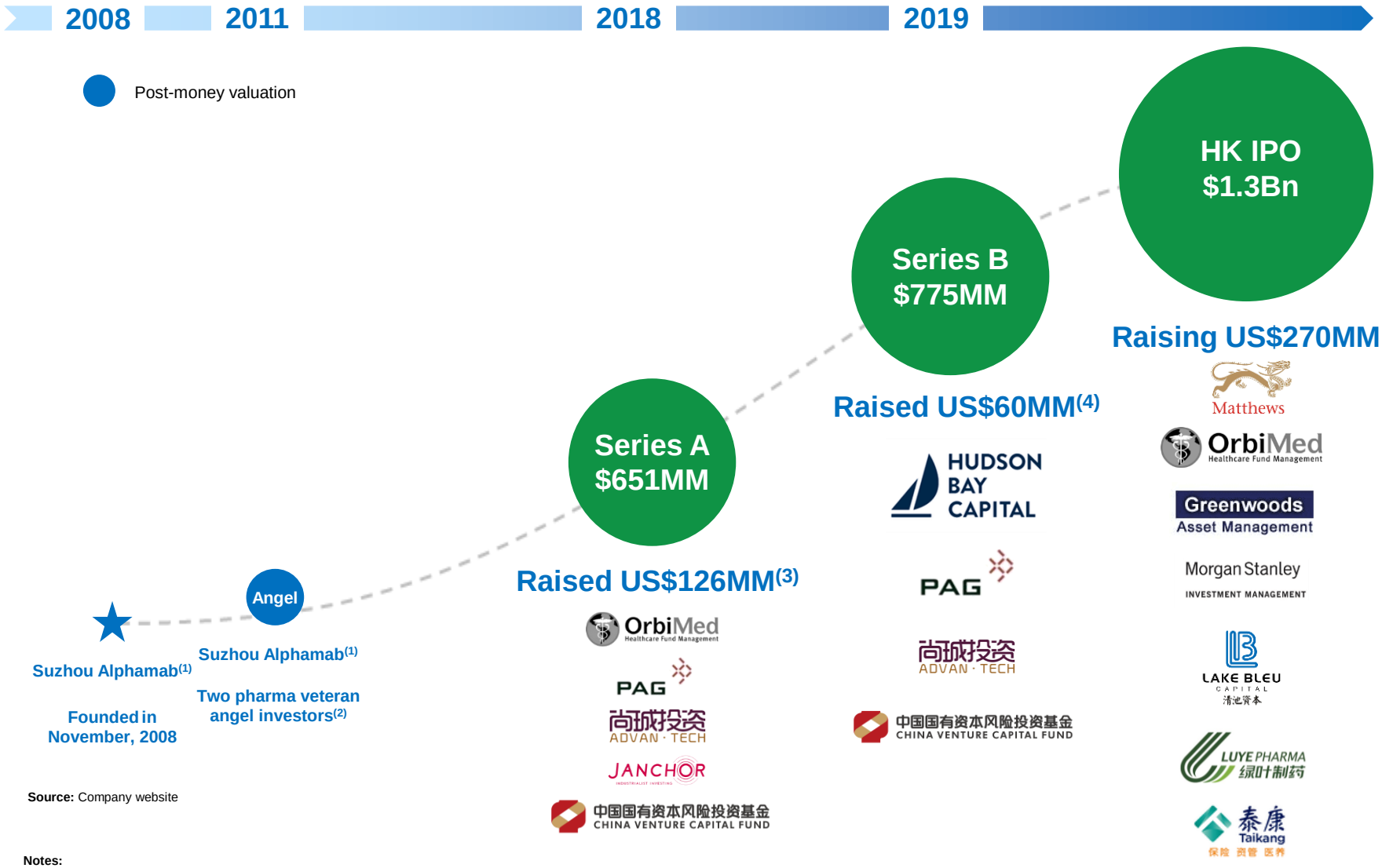


01

Company Overview

Support from Well-recognized Investors



Source: Company website

Notes:
1. Suzhou Alphamab, the predecessor of our Company, was founded in November 2008
2. Mr. Xitian Zhang and Mr. Chuanxiao Xue are shareholders and directors of Shihuida Pharma which has over RMB2bn of annual sales in recent years
3. Other investors include Southern Creation (Shanghai Kuokun) and HCC Investments
4. Other investors include Classic Insight and others

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We are a leading clinical-stage biopharmaceutical company in China with a fully-integrated proprietary biologics platform in bispecifics and protein engineering, delivering world-class innovative therapeutic biologics to cancer patients globally.

- Founded by a visionary scientist who has made contributions to over 100 patents and patent applications since 2011
- Strong in-house R&D contributed to the CMC processes of many biosimilar candidates including 4 out of 11 biosimilar BLAs filed in China from 2017 to 2019

- All in-house developed candidates
- Global rights (IP, Commercial)
- ＞30 ongoing global or China clinical trials

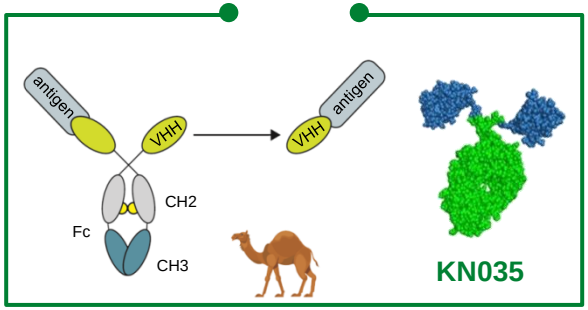
- All in-house developed proprietary platforms including sdAb, CRIB and CRAM
- Robust first-in-class global next-generation product pipeline: 16 products, with 1 BLA submitted, 3 in late clinical stage, and 3 IND enabling

- Fully-integrated platform consisting of drug discovery, development, manufacturing and near-term commercialization

Established R&D Platforms Continuously Advance R&D Pipeline

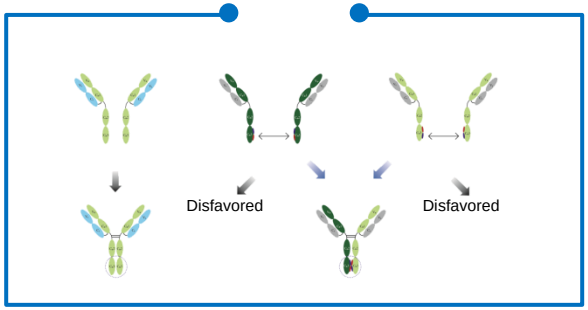
sdAb

- Smaller and stable with a compact structure
- Ideal building blocks for multifunctional biologics
- Proof-of-concept: KN035, KN046, KN052



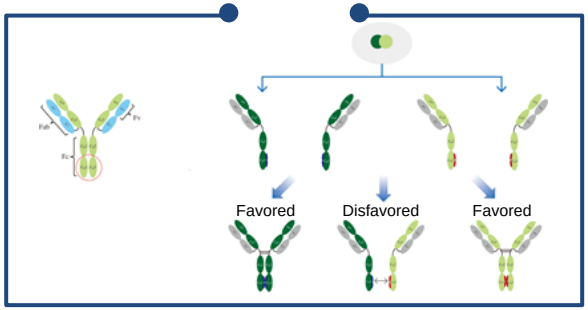
CRIB

- Maintain full-length antibody properties
- Optimized for commercial-scale manufacturing
- Proof-of-concept: KN026

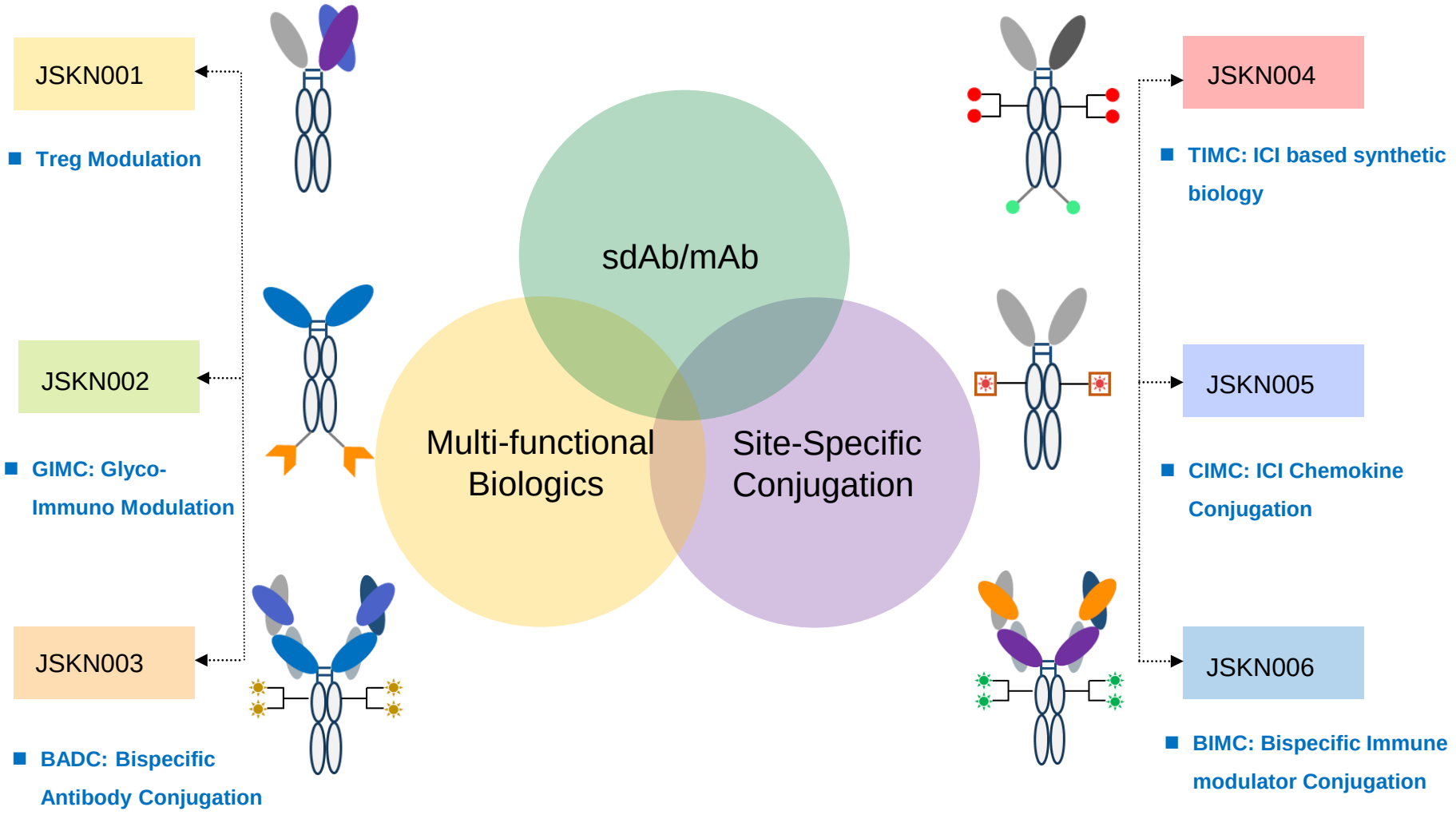


CRAM

- A single streamlined process to produce multiple mAbs with adjustable pre-determined ratio
- Potentially lower manufacturing and reduce regulatory hurdles



Expanded Multi-Functional Platforms Transform Next Generation R&D Portfolio



Strong Manufacturing Capabilities

- ✓ The Phase I (2x2,000L) production lines of our new manufacturing facilities has obtained "**Drug Production License**" by Jiangsu Provincial Drug Administration in 2020.
- ✓ Current capacity: **6,000L** (2x2,000L, 2x1,000L)
- ✓ Extra **6,000L** to be retrofit to current facility in 2022
- ✓ Additional **30,000L** manufacturing facility construction to be initiated in 2022

Our Strategy: Significant Pipeline Advancement Paves the Way for Strong Business Position

1. **Readiness for launch of highly differentiated KN035 in 2021H2**
2. **Forming next generation HER2 franchise from KN026, KN026-ADC and with KN046 combo**
3. **Defining and redefining new I-O backbone with KN046**
4. **Bringing evolutionary new molecular entities by protein engineering and synthetic biology integrated with translational research**
5. **Establishing global footprint through organic growth and extensive business development**

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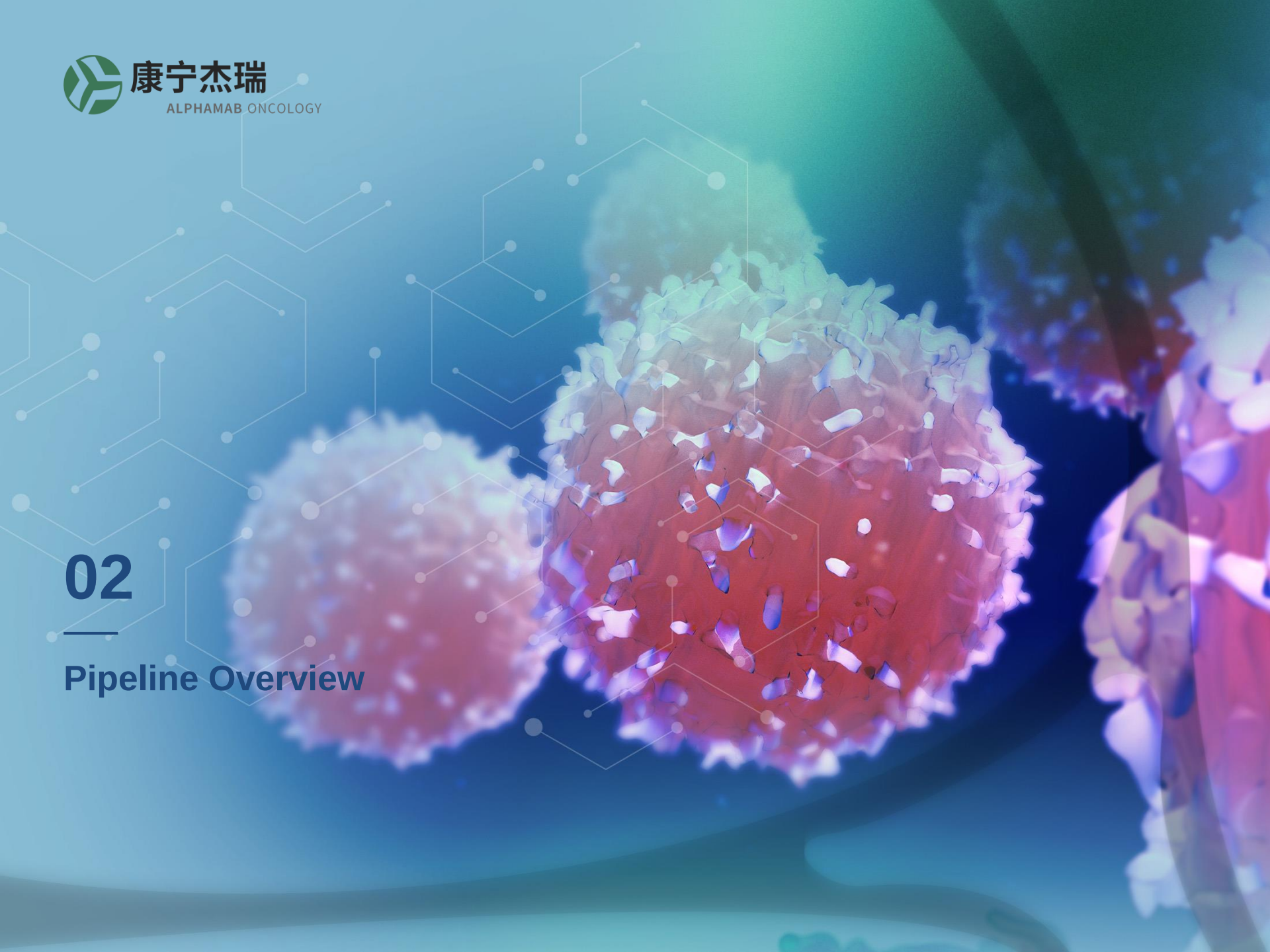

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Pipeline Overview

Pipeline overview

Stage	Drug candidates	Target(s)	Platform	Rights	Key Indications	Pre-clinical	Dose escala-tion	Proof of concept	Pivotal	NDA
Late-stage	**KN046**	PD-L1/CTLA-4 bispecific	sdAb/ mAb	Global	NSCLC, Thymic, HCC, Pancreatic, ESCC, TNBC					
	KN026	HER2/HER2 bispecific	CRIB	Global	HER2-positive BC, GC/GEJ					
	KN026 +KN046	Target therapy +IO combo	Biomarker driven	Global	HER2-positive solid tumors					
	KN035	Subcu PD-L1	sdAb/ mAb	Global Co-development	MSI-H, BTC, Sarcoma, TMB-H, MSS endometrial					**NDA submitted in 2020Q4**
Clinical/ IND	**KN019**	B7	Fusion protein	Global	RA, lupus, renal transplant, GvHD				**Phase II ongoing**	
	KN052	PD-L1/OX40 bispecific	CRIB	Global	Solid tumors	**IND in 2021**				
	Antibody for COVID-19	None RBD conformation specific	CRIB	Global	COVID-19	**IND in 2021**				
	JSKN-003	HER2 ADC	BADC	Global	HER2-positive/low solid tumors	**IND in 2021**				
Pre-clinical	**JSKN-001**	Undisclosed	CRIB	Global	Solid tumors					
	JSKN-002	Undisclosed	GIMC	Global	Solid tumors					
	JSKN-004	Undisclosed	TIMC	Global	Solid tumors					
	JSKN-005	Undisclosed	CIMC	Global	Solid tumors					
	JSKN-006	Undisclosed	BIMC	Global	Solid tumors					
	KN053	Undisclosed bispecific	sdAb/ mAb	Global	Solid tumors					
	KN055	Undisclosed bispecific	sdAb/mAb, fusion protein	Global	Solid tumors					
	KN058	Undisclosed bispecific	sdAb/mAb, fusion protein	Global	Solid tumors					

KN046 update

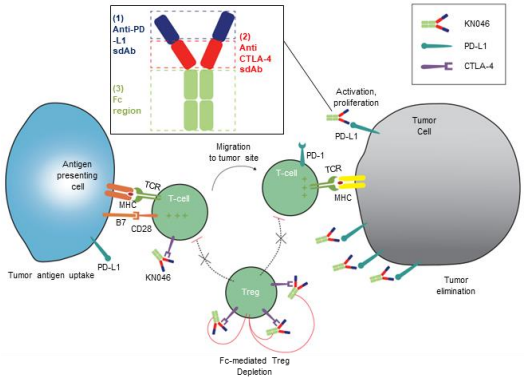
KN035	**KN046**	KN026	KN019
Subcutaneous PD-L1	Dual blockade of PD-L1 and CTLA-4	Dual blockade of HER2 domain II and IV	A safe option for autoimmune diseases

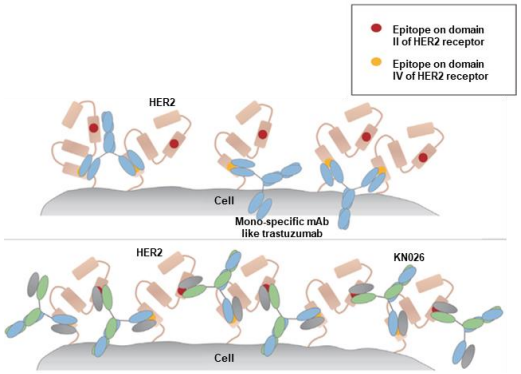
Subcutaneous PD-L1 for maintenance therapy

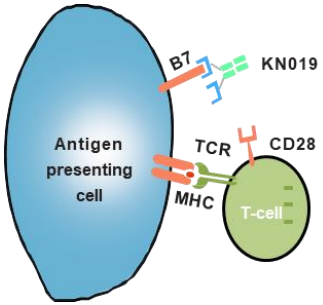
Enable earlier lines of therapies for improved efficacy and safety

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

Supplement to immunotherapies for AE management







KN046 Clinical Development Plan

Stage	Indication	Mono/Combo	Pre-clinical	Dose escala-tion	Proof of concept	Pivotal	NDA	Expected timeline
4 Pivotal trials	1L NSCLC, sq	+chemo					★	BLA 2022H1
	Thymic carcinoma	Mono					★	BLA 2022H1
	1L HCC	+Lenvatinib					★	BLA 2023H2
	PD-1 refractory NSCLC	+Lenvatinib					★	BLA 2023H1
key Phase 2 trials ongoing	Driver mutation positive NSCLC	+chemo						Ongoing
	1L Pancreatic	+chemo						Ongoing
	1L NSCLC	+RT						Ongoing
	1L TNBC	+nab-paclitaxel						Ongoing
	1L ESCC	+chemo						Ongoing
key Phase 2 trials to be launched	1L NSCLC	+Axitinib						FPI 2021H2
	Neoadjuvant NSCLC	+Lenvatinib						FPI 2021H2
	Neoadjuvant RCC	+Axitinib						FPI 2022H1

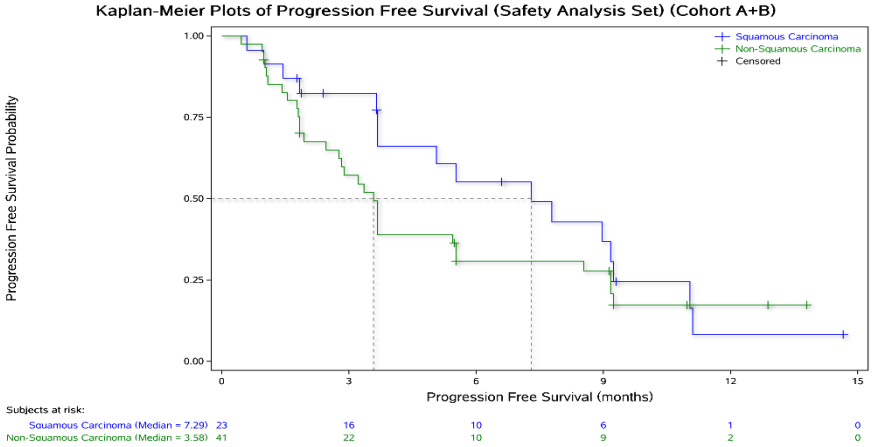
★ Registration Trial

Note: FPI – first patient in

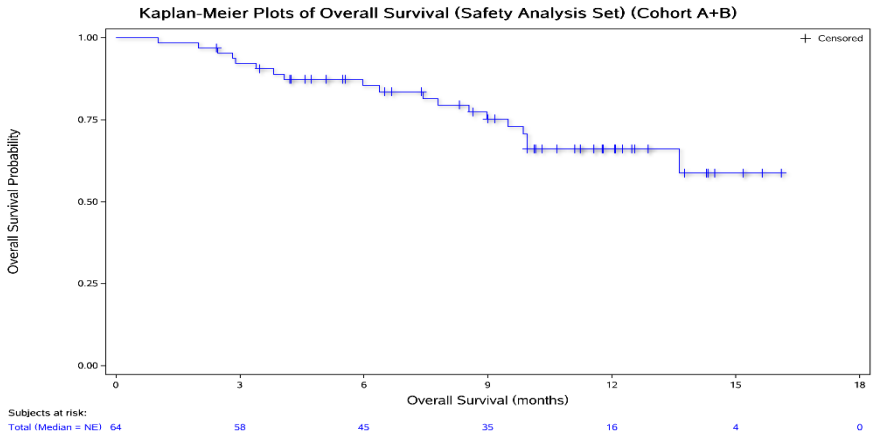
KN046-201 2L NSCLC

1 PFS and OS benefits for squamous and non-squamous NSCLC patients

PFS



OS



mPFS was 3.68 months (95%CI 3.35, 7.29)

- non-sq NSCLC, **3.58 months** (2.46,5.52)
- sq-NSCLC **7.29 months** (3.68,9.23)

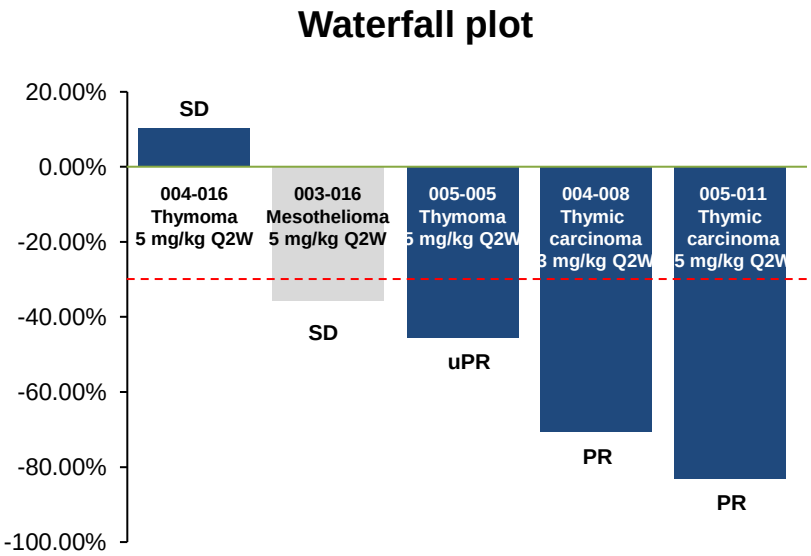
Median overall survival was not reached

- 6-month OS rate **85.6%**
- 12-month OS rates **69.7%**

2 Numerically higher PFS and OS than other PD-1s

Indication	Drug	Pt#	mPFS	mOS	Clinical trial
NSCLC 2L	**KN046**	**64**	**7.3(sq), 3.6(non-sq)**	**13.6(sq), Not reached (non-sq)**	**KN046-201**
NSCLC 2L	Pembro	394	3	9.3	Keynote001
NSCLC(non-sq) 2L	Nivo	292	2.3	12.2	CheckMate057
NSCLC(sq) 2L	Nivo	135	3.5	9.2	CheckMate017
NSCLC 2L	Nivo	37	2.3*(all doses)	14.9	CA209-003
NSCLC 2L	Pembro	344	3.9	10.4	Keynote010

KN046-AUS-01 in Rare Thoracic Tumors



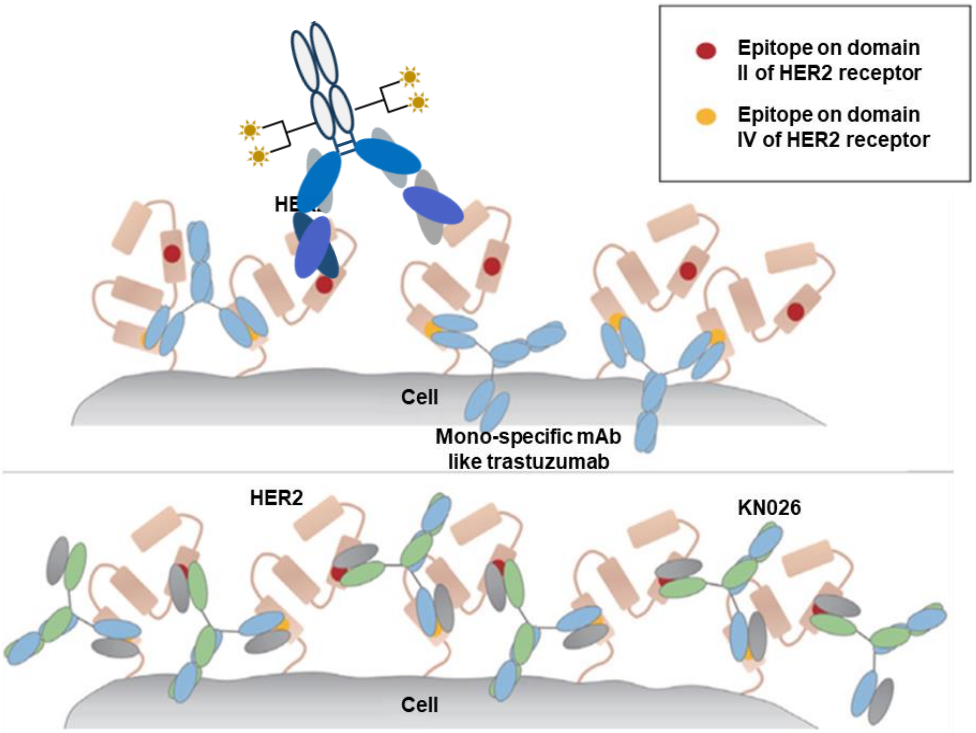
- **ODD (Orphan Drug Designation) awarded by US FDA**
- **Phase II registration trial in China and US initiated**

Response observed in 3 subjects with thymic epithelial out of 4 in total :

- ORR: **75% (3/4)**
- DCR: **100% (4/4)**

KN026 – HER2/HER2 BsAb
JSKN003 – HER2/HER2 BsAb – ADC

Mechanism of action



Highlights

1) Dual blockade of parallel HER2-related signaling pathways

- Binds two distinct epitopes of HER2 receptors which have been clinically validated by the Herceptin and Perjeta combination therapy
- Can induce synergistic inhibitory activities and potentially reduce drug resistance and relapse

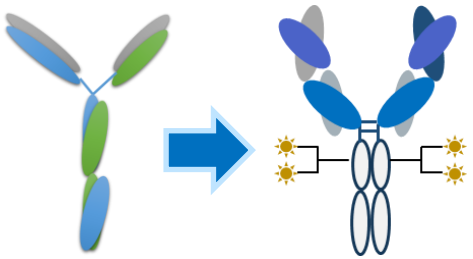
2) Enhanced multiple HER2 receptor binding and HER2 receptor internalization

- Crosslinking multiple HER2 receptors on the cell surface and promote HER2 internalization
- Binds Her2 more efficiently, particularly in low/intermediate expression
- Enhanced internalization of toxin to improve anti-tumor activity

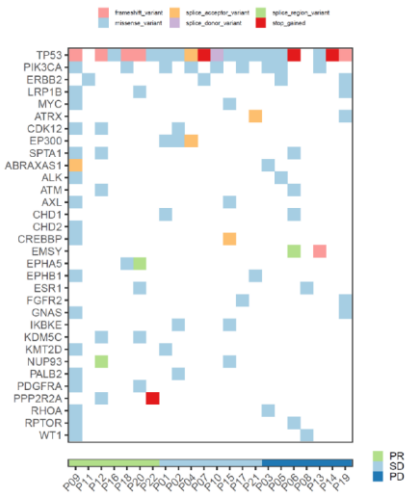
3) Fc-based BsAb with full effector functions

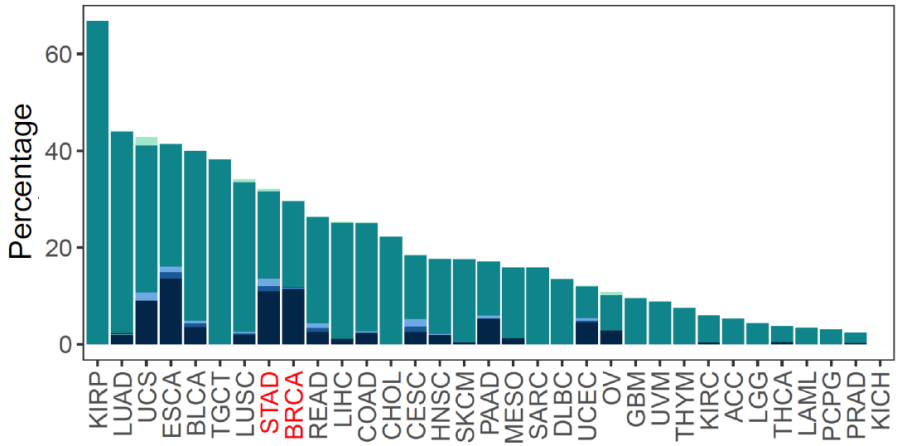
- Recruit immune cells to destroy HER2-overexpressing target cells
- Increased presence of KN026 on tumor cells leads to increased tumor killing by effector functions

KN026, JSKN003 Highlights



1. **Redefining anti-HER2 in breast cancer**
2. **Transforming anti-HER2 in gastric/gastroesophageal cancer**
3. **Tumor agnostic approach to all solid tumors**
4. **Predictive biomarker for differentiation**





KN026, JSKN003, KN026+KN046 combo Clinical Development Plan

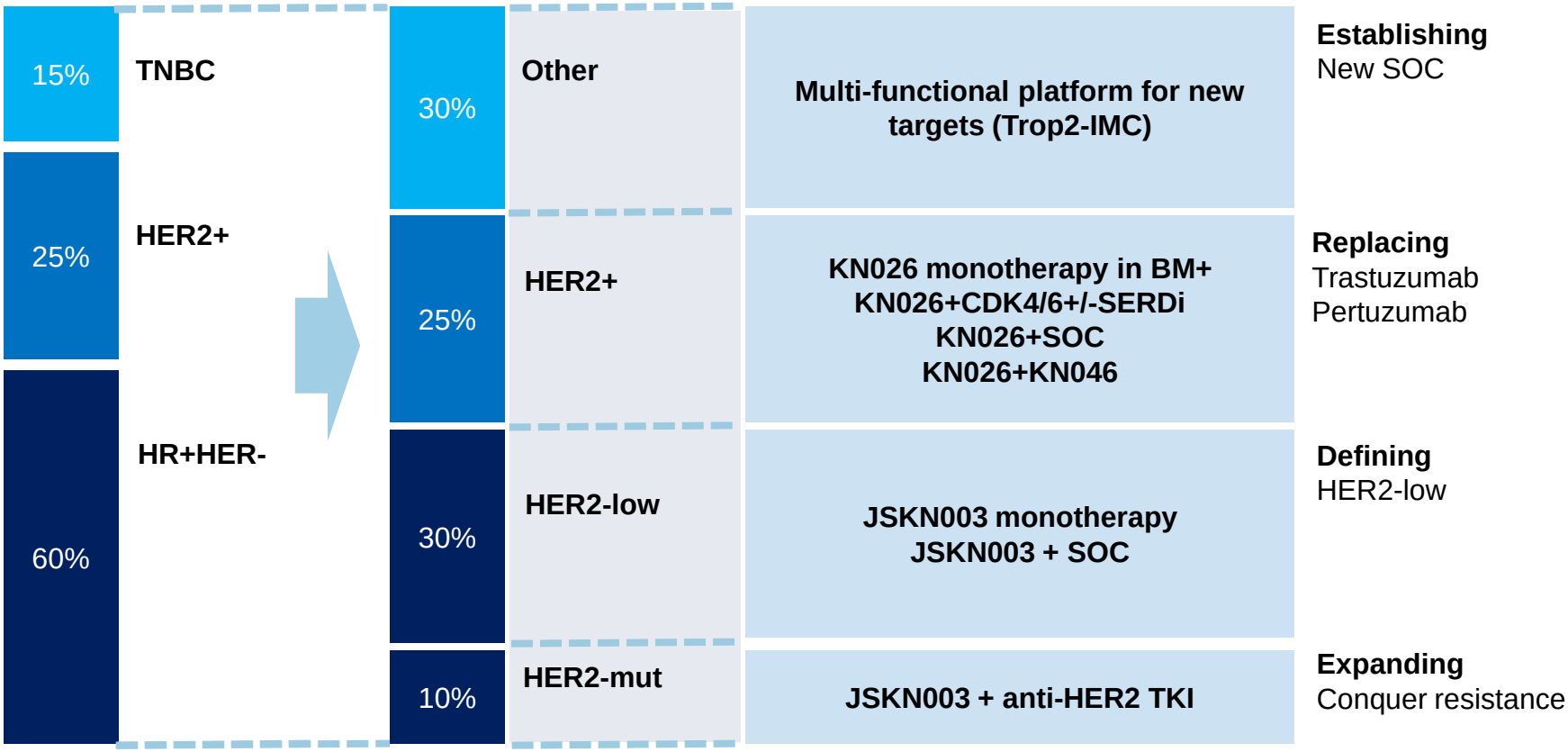
Stage	Trial	Combo/Mono	Expected timeline
HER2+BC	KN026-304	≥ 2L: KN026-based combination	BLA 2023H1 ★
	KN026-203, exploratory phase	≥ 2L: KN026 + KN046	Ongoing
	KN026-201 SANOFI	1L: KN026 + docetaxel	Ongoing
		≥ 2L: KN026 + pyrotinib/capecitabine	FPI 2021Q2
	KN026-205 Pfizer	≥ 2L: KN026 + palbociclib (+/- fulvestrant)	FPI 2021Q1
	KN026-208	Neoadjuvant: KN026 based combinations	FPI 2021Q3
HER2+GC/GEJ	KN026-203, primary efficacy phase	≥ 2L: KN026 + KN046	BLA 2023H2 ★
	KN026-303	Neoadjuvant: KN026 + KN035 + chemo	BLA 2023H2 ★
	KN026-302	1L: KN026 + KN046	BLA 2024H2 ★
	KN026-306	1L: KN026 + KN035 + chemo	BLA 2024H2 ★
	KN046-IST-02	1L: KN026 + KN046	Ongoing
		1L: KN026 + KN046 + reduced chemo	FPI 2021Q1
	KN026-202	≥ 2L: mono	Ongoing
HER2+ solid tumors	JSKN003-101	Late line: mono	BLA 2023H2 ★
	KN026-US-01	Late line: mono	Ongoing
	KN046-IST-02, exploratory phase	≥ 2L: KN026 + KN046	Ongoing
	KN026-203, exploratory phase	≥ 2L: KN026 + KN046	Ongoing
HER2-low solid tumors	JSKN003-101	Late line: mono	FPI 2022Q2

★ Registration Trial

Note: FPI – first patient in

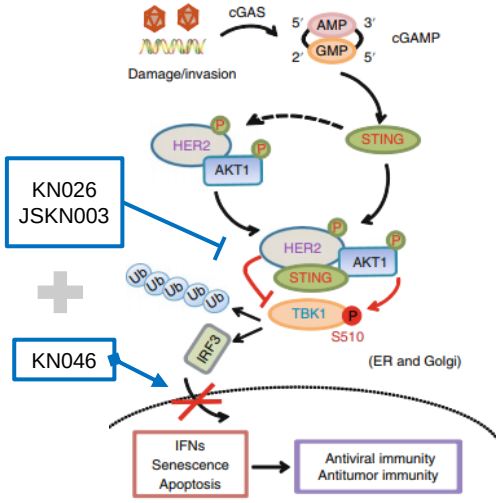
KN026, JSKN003, KN026+KN046 combo Highlights

Redefining anti-HER2 in breast cancer



Potential Superior Efficacy: 2L Gastric Cancer Studies

Target best in class profile with near-term US and China registration studies

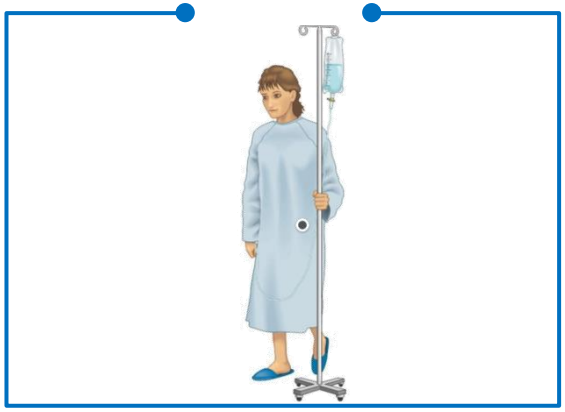


Note:

1. Pavlakis N, et al. J Clin Oncol. 2016;34:2728-2735
2. In-house meta analysis
3. Wilke H, et al. Lancet Oncol. 2014;15:1224-1235
4. Fuchs CS, et al. Lancet. 2014;383:31-39
5. ASCO GI 2021
6. K. Shitara et al NEJM; DOI: 10.1056/NEJMoa2004413
7. Lin Shen SITC 2020

KN035: Potential First-global Subcu PD-L1 with BLA Submitted

Intravenous Infusion vs. Subcutaneous Injection



Intravenous Infusion

Subcutaneous Injection

Favorable Partnership Term

- 3DMed to pay for all clinical and commercialization expenses
- Alphamab, Simcere and 3DMed partner for the commercialization of KN035's oncology indication in China

Advantages

- Better/quicker administration
- Preferred for patients with limited vein access
- Lower medical cost
- Prolonged half-life to support a less frequent dosing schedule
- Precedent for strong competitiveness: 4 years after launch, SC Herceptin represents **~50%** of Herceptin sales in European market

KN035 Efficacy Comparison: VS Pembrolizumab and Nivolumab in Advanced dMMR/MSI-H Soild Tumors

	Pembrolizumab			Nivolumab[3,4]	Envafolimab		
	KEYNOTE-164[1]		KEYNOTE-158[2]	CHECKMATE-142	KN035-CN-006		
Study population	CRC-cohort A (≥2 prior therapies CRC) • Local/central lab verified MSIH/dMMR;	CRC-cohort B (overall CRC) • Local/central lab verified MSIH/dMMR;	non-CRC (prior ≥ 1 line) • Local/central lab verified MSIH/dMMR	≥2 prior therapies CRC • Local/central lab verified MSIH/dMMR	≥2 prior therapies CRC • Central lab verified MSIH;	Overall CRC • Central lab verified MSIH;	Overall population (prior ≥ 1 line) • Site/central lab verified MSIH/dMMR;
Sample size	61	63	233	53	41	65	103
ORR, %; IRC	33% (27.9%*)	33% (32%*)	34.3%	28%	31.7%	43.1%	42.7%
mPFS, months	2.3	4.1	4.1	—	4.9	7.2	11.1
6-m PFS rate	— (43%*)	— (49%*)	—	—	48.8%	53.8%	57.7%
mOS (months)	31.4	not reached	23.5	—	not reached	not reached	not reached
6-m OS rate	— (87%*)	— (84%*)	—	—	80.5%	84.5%	82.4%
12-m OS rate	72%	76%	60.7%	73%	64.7%	72.9%	74.6%

*: KEYNOTE164 early published data [5,6]
3 drugs failed: failed with Fluorouracil, Oxaliplatin, Irinotecan
2 drugs failed: failed with Fluorouracil combined with oxaliplatin/irinotecan

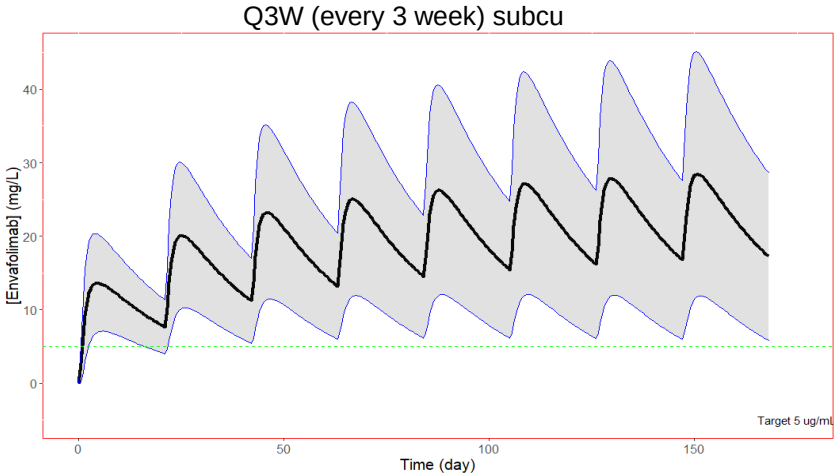
1. J Clin Oncol. 2020 Jan 1;38(1):11-19.
2. J Clin Oncol. 2020; 38 (1): 1-10.
3. Overman MJ, et al. Lancet Oncol. 2017; 18(9): 1182-1191.
4. Opdivo (nivolumab). Highlights of Prescribing Information. Reference ID: 4427750ite
5. Annals of Oncology. 2017; 28(S5): 128-129.
6. ASCO 2018 Annual Meeting, 3514.

KN035: Superior Safety Profile and Dosing Schedule

1 irAE Comparison of KN035 and similar products

All levels of incidence (%)	PD-1 inhibitor					PD-L1 inhibitor			
	Nivolumab[1] (n=1994)	Pembrolizumab[2] (n=2799)	Sintilimab[3] (n=540)	Toripalimab[4] (n=598)	Camrelizumab[5] (n=986)	Avelumab[6] (n=1629)	Durvalumab[7] (n=1889)	Atezolizumab[8] (n=2616*)	KN035 (n=390)
Immune-related pneumonia	3.1%	3.4%	6.9%	1.8%	2.7%	1.2%	5%	2.5%	0.5%
Immune-related colitis	2.9%	1.7%	0%	0%	0.2%	1.5%	-	1.0%[9*]	0%
Infusion reaction	6.4%	3.0%[10*]	-	-	-	25%	2.2%	1.3%	NA[#]
Immune-related endocrine diseases									
Hypothyroidism	9%	8.5%	8.5%	12.9%	20.5%	5%	11%	4.6%	11.8%
Hyperthyroidism	2.7%	3.4%	4.3%	4.8%	6.7%	0.4%	7%	1.6%	7.2%
Immune related myocarditis	< 1%	< 1%	0.6%	-	0.3%	< 1%	< 1%	< 1%	0.3%
Immune related hepatitis	1.8%	0.7%	3.5%	3.5%	9.1%	0.9%	12%	9%	2.8%

2 PK simulation support future change from QW to Q3W



*: Atezolizumab's immune-related colitis (1.0%; n+729); pembrolizumab's infusion reaction (3.0%; n=495)
-: Not reported
#: KN035 has no infusion reaction due to subcutaneous injection, and the incidence of injection site reaction is 5.1% (all Grade 1-2)

1. OPDIVO (nivolumab). HIGHLIGHTS OF PRESCRIBING INFORMATION. Reference ID: 4400635
2. KEYTRUDA (pembrolizumab). HIGHLIGHTS OF PRESCRIBING INFORMATION. Reference ID: 4492828
3. March 2019, Sintilimab (CXSS1800008) BLA technical review report by NMPA CDE
4. March 2019, Toripalimab(CXSS1800006) BLA technical review report by NMPA CDE
5. July 2019, Camrelizumab (CXSS1800009) BLA technical review report by NMPA CDE
6. BAVENCIO (avlumab). HIGHLIGHTS OF PRESCRIBING INFORMATION. Reference ID: 4433254
7. IMFINZI (durvalumab). HIGHLIGHTS OF PRESCRIBING INFORMATION. Reference ID: 4465139
8. TECENTRIQ (atezolizumab). HIGHLIGHTS OF PRESCRIBING INFORMATION. Reference ID: 4527935
9. Wang DY, et al. Onco 2017; 6: e1344805 10. Garon E B, et al. N Engl J Med, 2015, 372(21)

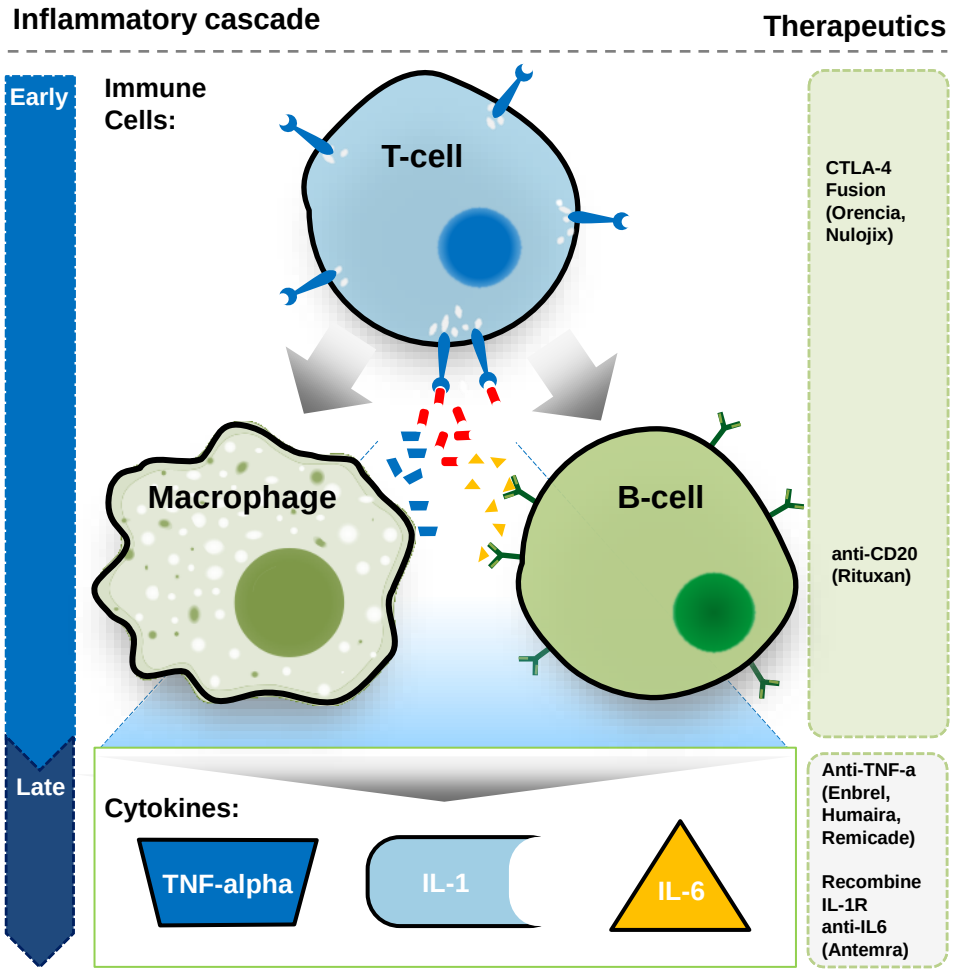
KN019: CTLA-4-Fusion Proteins - Immunosuppressant Drugs

Completed patient enrollment in China phase II RA study

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 autoimmune disease(e.g.TNF refractory RA) and prophylaxis of organ rejection after kidney transplant outside China
- Potentials to become a **supportive therapy for o 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



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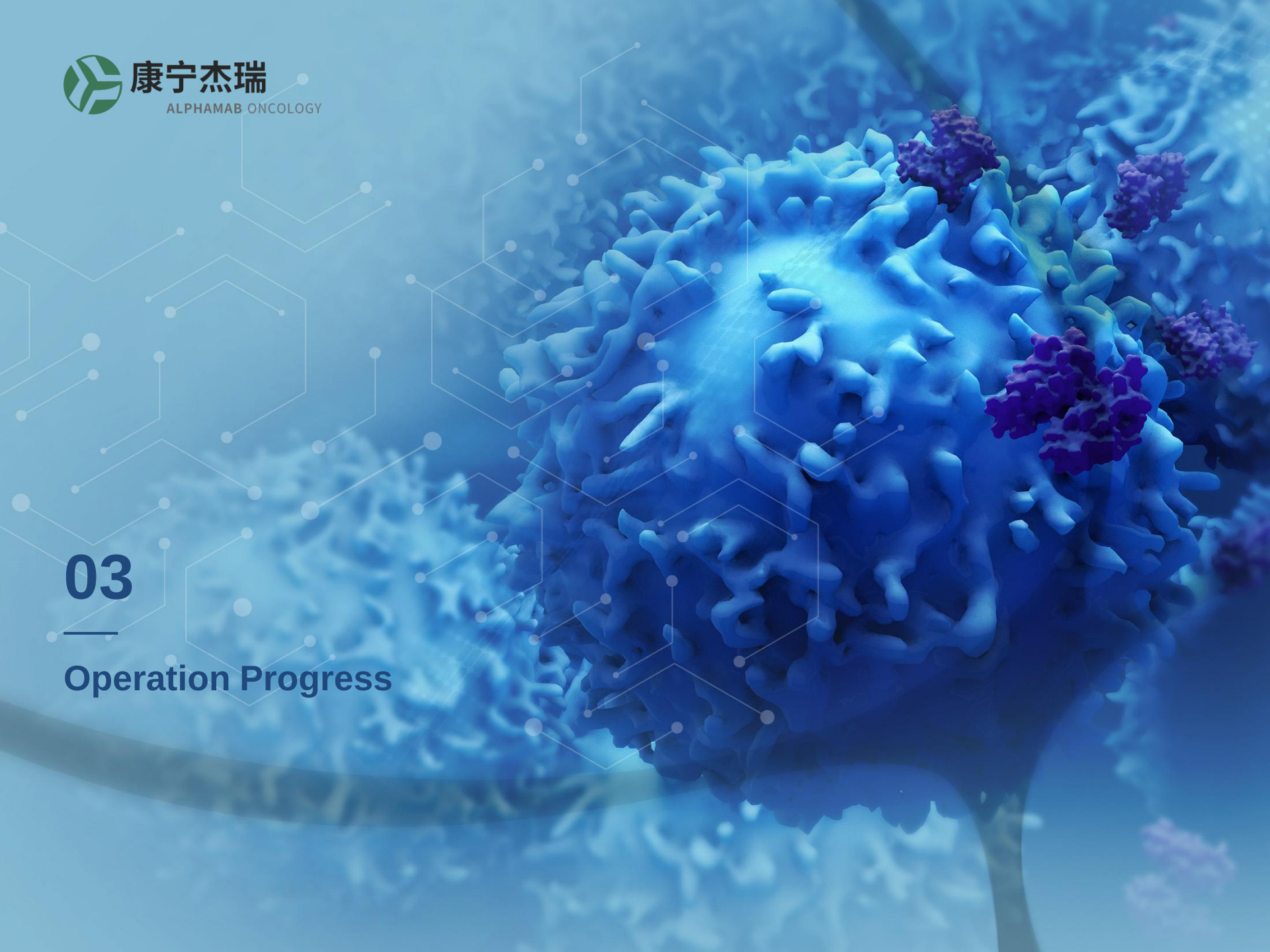
ALPHAMAB ONCOLOGY



03

Operation Progress

Business Development : comprehensive combo strategy

..to unlock KN046's full potential

Target	Combo Drug	Partner
VEGFR-1, -2, -3; c-CRAF, BRAF, mBRAF; FLT3; KIT; PDGFRβ; RET, RET/PTC	Donafenib Tosylate	**Zelgen** 泽璟制药
MET; VEGFR-2; AXL; MER; FLT-3	Ningetinib Toluenesulfonate CT053	**Sunshine Lake** 广东东阳光
ALK-1 (Activin Receptor-Like Kinase-1)	GT90001	**Kintor Pharmaceutical** 开拓药业
Wnt pathway Porcupine protein	XNW7201	**Sinovent** 信诺维
Focal adhesion kinase inhibitor	IN10018	**InxMed** 应世生物

Business Development : strong potential MNC interest in KN026

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

Target	Combo Drug	Partner
CDK4/6	Ibrance® (palbociclib)	Pfizer
Microtubule inhibitor	Taxotere®[3] (Docetaxel)	SANOFI

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
3. Sanofi has an exclusive option agreement for the strategic collaboration to advance clinical studies investigating KN026

Key Upcoming Milestones and Catalyst in 2021

1 IND

- IND Application for Her-2 ADC, KN052 and COVID-19 Antibody
- KN019 is converted to subcutaneous injection form to promote tumor/non-tumor indications

2 Registration Trials

- ENREACH-LUNG-01: KN046 first-line squamous non-small cell lung cancer Stage III completed enrollment with interim readout
- ENREACH-THYMIC: KN046 ≥ second-line thymic carcinoma Pivotal Phase II enrollment completed
- SEARCH-01: KN046+KN026 ≥ second-line Her-2 positive gastric cancer Pivotal Phase II is enrolled
- Initiates Phase II/III: KN046+lenvatinib, PD-L1/PD-1 progress NSCLC
- Initiates Pivotal Phase II: KN026+KN035+ chemotherapy and first-line Her-2 positive gastric cancer
- Initiates Pivotal Phase II: KN046+chemo pancreatic cancer and/or liver cancer

3 Key Data Release

- AACR (Apr, 2021): KN046-203 TNBC
- ASCO (Jun, 2021): 1)KN046-202 1L NSCLC; 2)KN026-202 GC; 3) KN026-203 KN046+KN026 in HER2-positive solid tumors; 4) KN046-204 1L ESCC; 5) KN046-202 driver mutation positive NSCLC
- ESMO (Sep, 2021): KN046-IST-05 1L HCC

4 Business Development

- ROW Codevelopment/Outlicense for KN035 and KN026

5 Commercialization

- KN035 (Envafolimab) MAA
- Budling a core commercial team

6 Manufacturing and Quality

- Pilot plant with advanced process technolgy
- Fill/Finish facility to meet global cGMP standard

7 Other

- State of art 12,000 m2 research lab to enable AI based protein design, engineering, process development and Cell and Gene Theraly

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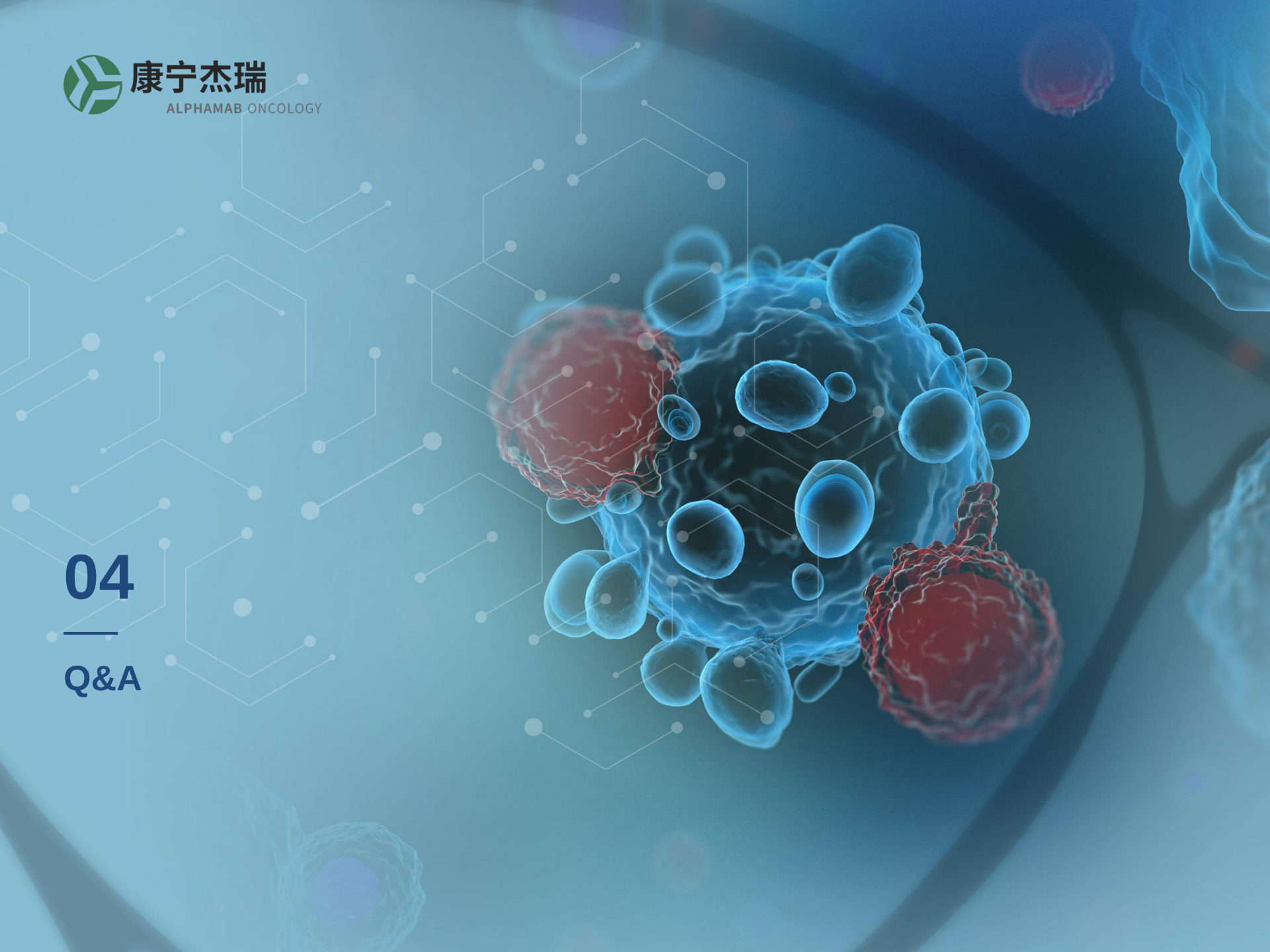

04

Q&A