Alphamab Oncology Presentation
January 2021
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Agenda

1. Company Overview
2. Pipeline Overview
3. Operation Progress
4. Q&A
Company Overview
Support from Well-recognized Investors

2008
2011
2018
2019

Post-money valuation

Series A
$651MM

Raised US$60MM\(^{(4)}\)

Series B
$775MM

Raised US$270MM

HK IPO
$1.3Bn

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

Source: Company website

Suzhou Alphamab\(^{(1)}\)
Two pharma veteran
angel investors\(^{(2)}\)

Founded in
November, 2008
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**.

### Track Record
- 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

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

### Innovation
- 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

### Integrated Platform
- 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

- **JSKN001**: Treg Modulation
- **JSKN002**: GIMC: Glyco-Immuno Modulation
- **JSKN003**: BADC: Bispecific Antibody Conjugation
- **JSKN004**: TIMC: ICI based synthetic biology
- **JSKN005**: CIMC: ICI Chemokine Conjugation
- **JSKN006**: BIMC: Bispecific Immune modulator Conjugation

**sdAb/mAb**

**Multi-functional Biologics**

**Site-Specific Conjugation**
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
Pipeline Overview
### Pipeline overview

<table>
<thead>
<tr>
<th>Stage</th>
<th>Drug candidates</th>
<th>Target(s)</th>
<th>Platform</th>
<th>Rights</th>
<th>Key Indications</th>
<th>Pre-clinical</th>
<th>Dose escalation</th>
<th>Proof of concept</th>
<th>Pivotal</th>
<th>NDA</th>
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<tbody>
<tr>
<td>Late-stage</td>
<td>KN046</td>
<td>PD-L1/CTLA-4</td>
<td>sdAb/mAb</td>
<td>Global</td>
<td>NSCLC, Thymic, HCC, Pancreatic, ESCC, TNBC</td>
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<td></td>
<td>KN026</td>
<td>HER2/HER2 bispecific</td>
<td>CRIB</td>
<td>Global</td>
<td>HER2-positive BC, GC/GEJ</td>
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<td>KN026 + KN046</td>
<td>Target therapy</td>
<td>Biomarker driven</td>
<td>Global</td>
<td>HER2-positive solid tumors</td>
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<td>KN035</td>
<td>Subcu PD-L1</td>
<td>sdAb/mAb</td>
<td>Global</td>
<td>MSI-H, BTC, Sarcoma, TMB-H, MSS endometrial</td>
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<td>Clinical/IND</td>
<td>KN019</td>
<td>B7</td>
<td>Fusion protein</td>
<td>Global</td>
<td>RA, lupus, renal transplant, GvHD</td>
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<td>KN052</td>
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<td>Antibody for COVID-19</td>
<td>None RBD conformation specific</td>
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<td>IND in 2021</td>
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</table>

**Notes:**
- NDA submitted in 2020Q4
- IND in 2021
- Phase II ongoing
KN046 update

**KN035**
- Subcutaneous PD-L1

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

Enable earlier lines of therapies for improved efficacy and safety

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

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

**KN019**
- A safe option for autoimmune diseases

Supplement to immunotherapies for AE management
<table>
<thead>
<tr>
<th>Stage</th>
<th>Indication</th>
<th>Mono/Combo</th>
<th>Pre-clinical</th>
<th>Dose escalation</th>
<th>Proof of concept</th>
<th>Pivotal</th>
<th>NDA</th>
<th>Expected timeline</th>
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<td>PD-1 refractory NSCLC</td>
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<td>key Phase 2 trials ongoing</td>
<td>Driver mutation positive NSCLC</td>
<td>+chemo</td>
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<td>1L Pancreatic</td>
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<td>1L NSCLC</td>
<td>+RT</td>
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<td>1L TNBC</td>
<td>+nab-paclitaxel</td>
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<td>1L TNBC</td>
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<td>+Lenvatinib</td>
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<td>Neoadjuvant RCC</td>
<td>+Axitinib</td>
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<td>FPI 2022H1</td>
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</tbody>
</table>

Note: FPI – first patient in
KN046-201 2L NSCLC

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

- 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

<table>
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<tr>
<th>Indication</th>
<th>Drug</th>
<th>Pt#</th>
<th>mPFS</th>
<th>mOS</th>
<th>Clinical trial</th>
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<td>NSCLC 2L</td>
<td>KN046</td>
<td>64</td>
<td>7.3(sq), 3.6(non-sq)</td>
<td>13.6(sq), Not reached (non-sq)</td>
<td>KN046-201</td>
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<td>NSCLC 2L</td>
<td>Pembro</td>
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<td>3</td>
<td>9.3</td>
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<td>292</td>
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<td>12.2</td>
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<td>NSCLC(sq) 2L</td>
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<td>3.5</td>
<td>9.2</td>
<td>CheckMate017</td>
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<tr>
<td>NSCLC 2L</td>
<td>Nivo</td>
<td>37</td>
<td>2.3*(all doses)</td>
<td>14.9</td>
<td>CA209-003</td>
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<tr>
<td>NSCLC 2L</td>
<td>Pembro</td>
<td>344</td>
<td>3.9</td>
<td>10.4</td>
<td>Keynote010</td>
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</table>
KN046-AUS-01 in Rare Thoracic Tumors

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

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

Waterfall plot

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

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

**Highlights**

- Epitope on domain II of HER2 receptor
- Epitope on domain IV of HER2 receptor
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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Trial</th>
<th>Combo/Mono</th>
<th>Expected timeline</th>
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<tbody>
<tr>
<td>HER2+BC</td>
<td>KN026-304</td>
<td>≥ 2L: KN026-based combination</td>
<td>BLA 2023H1</td>
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<tr>
<td></td>
<td>KN026-203, exploratory phase</td>
<td>≥ 2L: KN026 + KN046</td>
<td>Ongoing</td>
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<tr>
<td></td>
<td>KN026-201</td>
<td>1L: KN026 + docetaxel</td>
<td>Ongoing</td>
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<tr>
<td></td>
<td></td>
<td>≥ 2L: KN026 + pyrotinib/capecitabine</td>
<td>FPI 2021Q2</td>
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<td></td>
<td>KN026-205</td>
<td>≥ 2L: KN026 + palbociclib (+/- fulvestrant)</td>
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<td></td>
<td>KN026-208</td>
<td>Neoadjuvant: KN026 based combinations</td>
<td>FPI 2021Q3</td>
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<tr>
<td>HER2+GC/GEJ</td>
<td>KN026-203, primary efficacy phase</td>
<td>≥ 2L: KN026 + KN046</td>
<td>BLA 2023H2</td>
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<td></td>
<td>KN026-303</td>
<td>Neoadjuvant: KN026 + KN035 + chemo</td>
<td>BLA 2023H2</td>
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<td>KN026-302</td>
<td>1L: KN026 + KN046</td>
<td>BLA 2024H2</td>
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<td>KN026-306</td>
<td>1L: KN026 + KN035 + chemo</td>
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<td>KN046-IST-02</td>
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<td>1L: KN026 + KN046 + reduced chemo</td>
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<td>KN026-202</td>
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<td>JSKN003-101</td>
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<td>KN026-US-01</td>
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<td>KN026-203, exploratory phase</td>
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<td>JSKN003-101</td>
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</table>

Registration Trial  
Note: FPI – first patient in
Redefining anti-HER2 in breast cancer

- **TNBC** (15%):
  - HER2+ (25%)
  - HR+HER- (60%)

- **Other** (30%)
  - HER2+ (25%)
  - HER2-low (30%)
  - HER2-mut (10%)

- **New SOC**
  - Multi-functional platform for new targets (Trop2-IMC)

- **Replacing**
  - Trastuzumab Pertuzumab

- **Defining**
  - HER2-low

- **Expanding**
  - Conquer resistance

- KN026 monotherapy in BM+
  - KN026+CDK4/6+/-SERDi
  - KN026+SOC
  - KN026+KN046

- JSKN003 monotherapy
  - JSKN003 + SOC

- JSKN003 + anti-HER2 TKI
Potential Superior Efficacy: 2L Gastric Cancer Studies

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

Shiying Wu, 2019

ORR (%)

<5%  ~15%  ~28%  ~40%  ~45%  ~50%  ~55%  ~60%  ~65%  ~75%


Note:
2. In-house meta analysis
5. ASCO GI 2021
6. K. Shitara et al NEJM; DOI: 10.1056/NEJMoaw2004413
7. Lin Shen SITC 2020
KN035: Potential First-global Subcu PD-L1 with BLA Submitted

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

Intravenous Infusion vs. 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
## KN035 Efficacy Comparison: VS Pembrolizumab and Nivolumab in Advanced dMMR/MSI-H Soild Tumors

<table>
<thead>
<tr>
<th></th>
<th>Pembrolizumab</th>
<th>EE4</th>
<th>Nivolumab</th>
<th>EnveVilimab</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KEYNOTE-164</td>
<td>KEYNOTE-158</td>
<td>CHECKMATE-142</td>
<td>KN035-CN-006</td>
</tr>
<tr>
<td>Study population</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CRC-cohort A (≥2 prior therapies CRC)</td>
<td>CRC-cohort B (overall CRC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Local/central lab verified MSIH/dMMR;</td>
<td>Local/central lab verified MSIH/dMMR;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample size</td>
<td>61</td>
<td>63</td>
<td>233</td>
<td>53</td>
</tr>
<tr>
<td>ORR, %; IRC</td>
<td>33% (27.9%*)</td>
<td>33% (32%*)</td>
<td>34.3%</td>
<td>28%</td>
</tr>
<tr>
<td>mPFS, months</td>
<td>2.3</td>
<td>4.1</td>
<td>4.1</td>
<td>--</td>
</tr>
<tr>
<td>6-m PFS rate</td>
<td>(43%*)</td>
<td>(49%*)</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>mOS (months)</td>
<td>31.4</td>
<td>not reached</td>
<td>23.5</td>
<td>not reached</td>
</tr>
<tr>
<td>6-m OS rate</td>
<td>(87%*)</td>
<td>(84%*)</td>
<td>--</td>
<td>80.5%</td>
</tr>
<tr>
<td>12-m OS rate</td>
<td>72%</td>
<td>76%</td>
<td>60.7%</td>
<td>73%</td>
</tr>
</tbody>
</table>

* KEYNOTE164 early published data

4. Opdivo (nivolumab). Highlights of Prescribing Information. Reference ID: 4427750te

6. ASCO 2018 Annual Meeting, 3514.
### KN035: Superior Safety Profile and Dosing Schedule

#### 1. irAE Comparison of KN035 and similar products

<table>
<thead>
<tr>
<th></th>
<th>All levels of incidence (%)</th>
<th>PD-1 inhibitor</th>
<th>PD-L1 inhibitor</th>
<th>PD-L1 inhibitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nivolumab(^1) (n=1994)</td>
<td>Pembrolizumab(^2) (n=2799)</td>
<td>Sintilimab(^3) (n=540)</td>
<td>Toripalimab(^4) (n=598)</td>
</tr>
<tr>
<td><strong>Immune-related pneumonia</strong></td>
<td>3.1%</td>
<td>3.4%</td>
<td>6.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Immune-related colitis</strong></td>
<td>2.9%</td>
<td>1.7%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Infusion reaction</strong></td>
<td>6.4%</td>
<td>3.0%(^{10})</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Immune-related endocrine diseases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>9%</td>
<td>8.5%</td>
<td>8.5%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Hyperthyroidism</td>
<td>2.7%</td>
<td>3.4%</td>
<td>4.3%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Immune related myocarditis</td>
<td>&lt; 1%</td>
<td>&lt; 1%</td>
<td>0.6%</td>
<td>-</td>
</tr>
<tr>
<td>Immune related hepatitis</td>
<td>1.8%</td>
<td>0.7%</td>
<td>3.5%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

\(^*:\) 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)

#### 2. PK simulation support future change from QW to Q3W

**Q3W (every 3 week) subcu**

![PK simulation graph](image)

---

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. BAVENTIO (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
Major Lymphocytes and Signals for Activation & Maintenance of Immune Response

Inflammatory cascade

Early Immune Cells:

- T-cell
- Macrophage
- B-cell

Cytokines:

- TNF-alpha
- IL-1
- IL-6

Therapeutics

- CTLA-4 Fusion (Ocrenica, Nulojix)
- Anti-CD20 (Rituxan)
- Anti-TNF-a (Enbrel, Humaira, Remicade)
- Recombine IL-1R anti-IL6 (Antemra)

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 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

Completed patient enrollment in China phase II RA study
03
Operation Progress
## Business Development: comprehensive combo strategy

..to unlock KN046’s full potential

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

<table>
<thead>
<tr>
<th>Target</th>
<th>Combo Drug</th>
<th>Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microtubule inhibitor</td>
<td>Taxotere®(3) (Docetaxel)</td>
<td></td>
</tr>
</tbody>
</table>

**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 technology
- 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