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ALPHAMAB ONCOLOGY

2022 Interim Results Presentation

September, 2022

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Agenda

1. 2022 Overview
2. Clinical Progress
3. R&D Progress
4. Operation Progress
5. Financial Overview
6. Q&A

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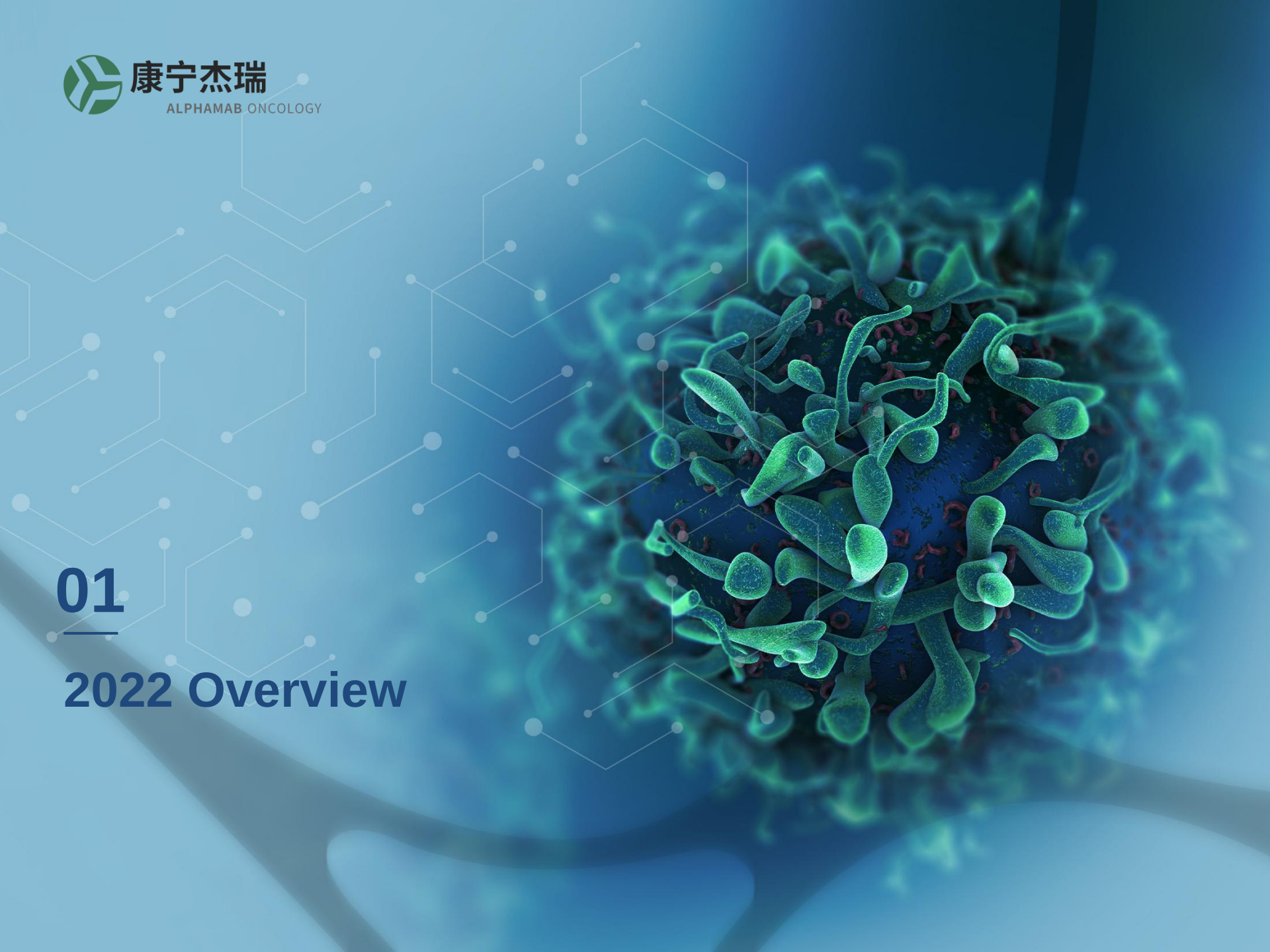

01

2022 Overview

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We are a leading 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

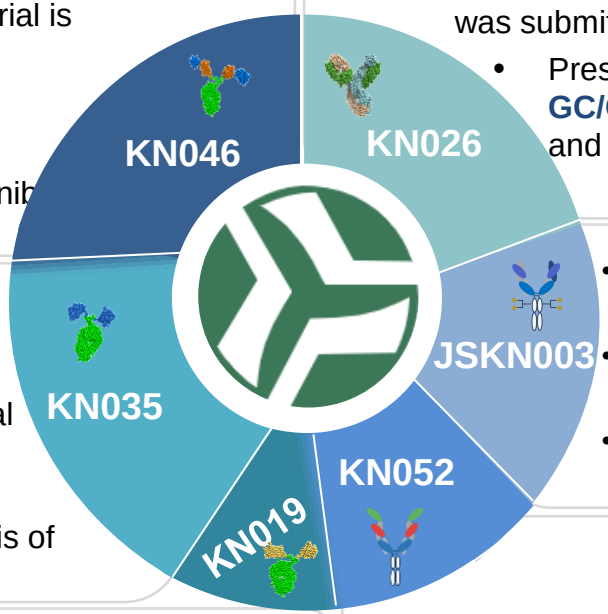
Clinical Pipeline overview

Stage	Drug candidates	Target(s)	Platform	Rights	Key Indications	Pre-clinical	Dose escalation	Proof of concept	Pivotal	NDA
Late-Stage	**KN046**	PD-L1/CTLA-4 bispecific	sdAb/mAb	Global	1L sq NSCLC, Refractory NSCLC, Thymic carcinoma, PDAC, HCC, ESCC, TNBC				Pre-NDA	
	KN026	HER2/HER2 bispecific	CRIB	Global	HER2-positive BC, GC/GEJ					
	KN026 +KN046	Target therapy +IO combo	Biomarker driven	Global	HER2-positive solid tumors					
	KN019	B7	Fusion protein	Global	Autoimmune		Phase II completed			
Launched	**KN035**	subQ PD-L1	sdAb/mAb	Global Co-development	MSI-H, BTC, Sarcoma, TMB-H, MSS endometrial					launched
Early-Stage	**KN052**	PD-L1/OX40 bispecific	CRIB	Global	Solid tumors					
	JSKN-003	HER2 ADC	BADC	Global	HER2 solid tumors					

Major progresses from January 2022 to August 2022

- **Sq NSCLC:** Completed the PFS interim analysis, in the period of OS data follow-up
- **PDAC:** more than 50% of subjects were enrolled in phase III clinical trial
- **PD-(L)1 Refractory NSCLC:** the dose exploratory phase was ongoing
- **Thymic carcinoma:** the pivotal clinical trial is ongoing in China and US
- **4** clinical data in the e-poster or abstract session at 2022 ASCO annual meeting
- **Advanced NSCLC**: Combined with Axitinib completed the FPI

- **≥2L GC/GEJ**: First patient was dosed in phase III clinical trial in combination with chemotherapy
- **HER2+ Solid Tumor:** KN026+KN046, completed the phase II clinical trial enrollment
- **1L GC/GEJ:** KN026+KN046 without chemotherapy, application of Phase III clinical trial was submitted and accepted by NMPA
  - Presented **2** clinical trial data of **HER2+ GC/GEJ, and Solid Tumor** at 2022 ASCO and AACR annual meeting



- **New dose of 300mg every 2 weeks**
- **BTC1:** Phase III clinical trial is ongoing
- Been included in three 2022 CSCO guidelines, i.e. Gastric Cancer, Colorectal Cancer and for Clinical Application of Immune Checkpoint Inhibitors
- **Sarcoma:** Completed the interim analysis of pivotal trial globally

- Phase I clinical trial is ongoing in Australia
- IND application for phase I clinical trial was submitted and accepted in China
- Completed the PCT patent application

- Completed the Phase II clinical trial(RA)

- IND application for phase I was approved by NMPA and the first patient was successfully dosed

Note: 1.BTC-Biliary tract cancer

Key Upcoming Milestones and Catalyst in 2022H2

Pivotal Trials Progress

- **KN046+chemo, 1L sq-NSCLC:** Continue the data follow-up of OS
- **KN046, ≥2L thymic carcinoma**: Advance the enrollment in China and US
- **KN046+chemo, 1L pancreatic cancer:** Complete 90% of all subjects enrollment for Phase III clinical trial
- **KN046+lenvatinib, PD-(L)1 refractory NSCLC:** Complete dose exploration
- **KN046+Lenvatinib, 1L HCC:** arrange for phase III clinical trial application
- Plan to apply for BTD[1] application in PDAC and HCC based on results of phase II clinical trial
- **KN046+KN026, Her2+1L GC:** Advance the pivotal trial
- **KN026+chemo, HER2+1L BC:** Plan to initiate the pivotal trial

Phase II Clinical Trial Data Release

ESMO(September, 2022)

1) KN046+KN026: 1L GC/GEJ
2) KN046: 1L NSCLC
3) KN046: 2L NSCLC
4) KN046: NSCLC failed EGFR-TKIs treatment

SABCS(Plan to release, December, 2022)

1) KN046: 1L TNBC
2) KN026: Neoadjuvant treatment for HER2+ BC
3) KN026: 1L HER2+ BC

new drug pipeline progress and others

- **JSKN003: Complete FPI in Australia,** and plan to **start the Phase I clinical trial in China**
- **KN052:** Completed the dose escalation
- Add **2** new drug candidates
- DP capacity increased by **150%**

Note：1 BTD: Breakthrough Therapy Designation. Whether it is approved needs to be reviewed by CDE

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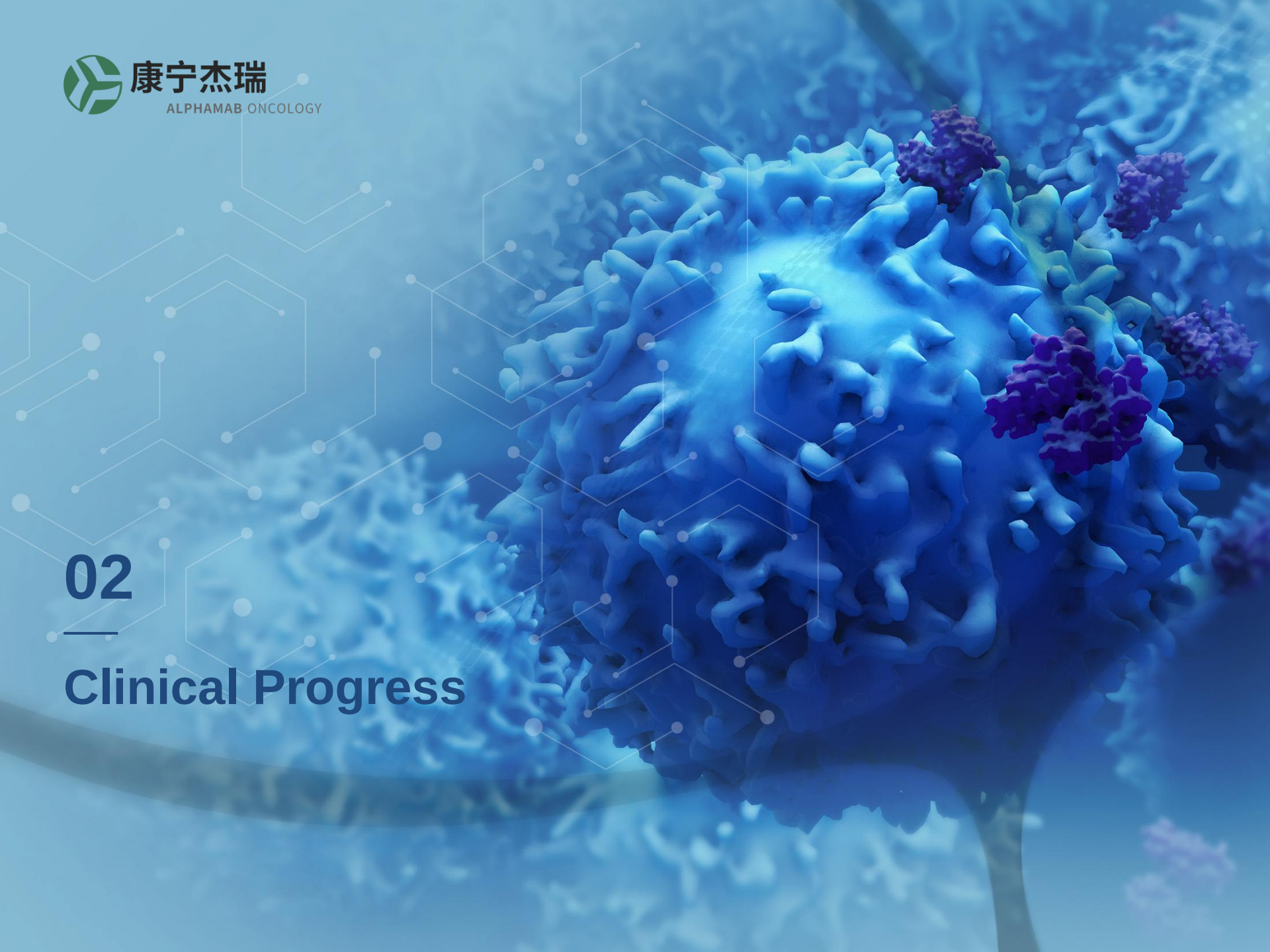


02

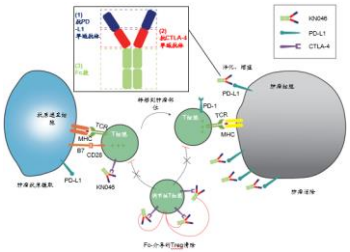
Clinical Progress

Clinical Progress

KN046

Dual blockade of PD-L1 and CTLA-4

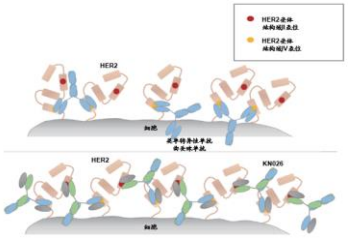
- More efficacy and safety
- Clinical Positioning
  - Big Indications
  - PD-(L)1 refractory
  - PD-(L)1 Inadequate response



KN026

Dual blockade of HER2 domain II and IV

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



KN035

Subcutaneous PD-L1 mAb

- The only PD-L1mAb worldwide that can be used for subcutaneous injection

KN052&JSKKN003

PD-L1/OX40 BsAb and HER2 bispecific ADC

- KN052
  - The tandem structure of PD-L1 antagonist and OX40 agonist
- JSKN003
  - Glycosite-specific conjugation
  - Benchmark DS-8201

Clinical Progress

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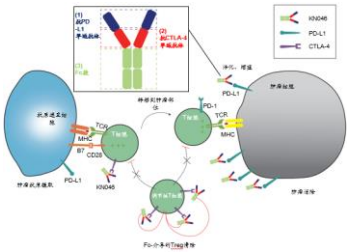

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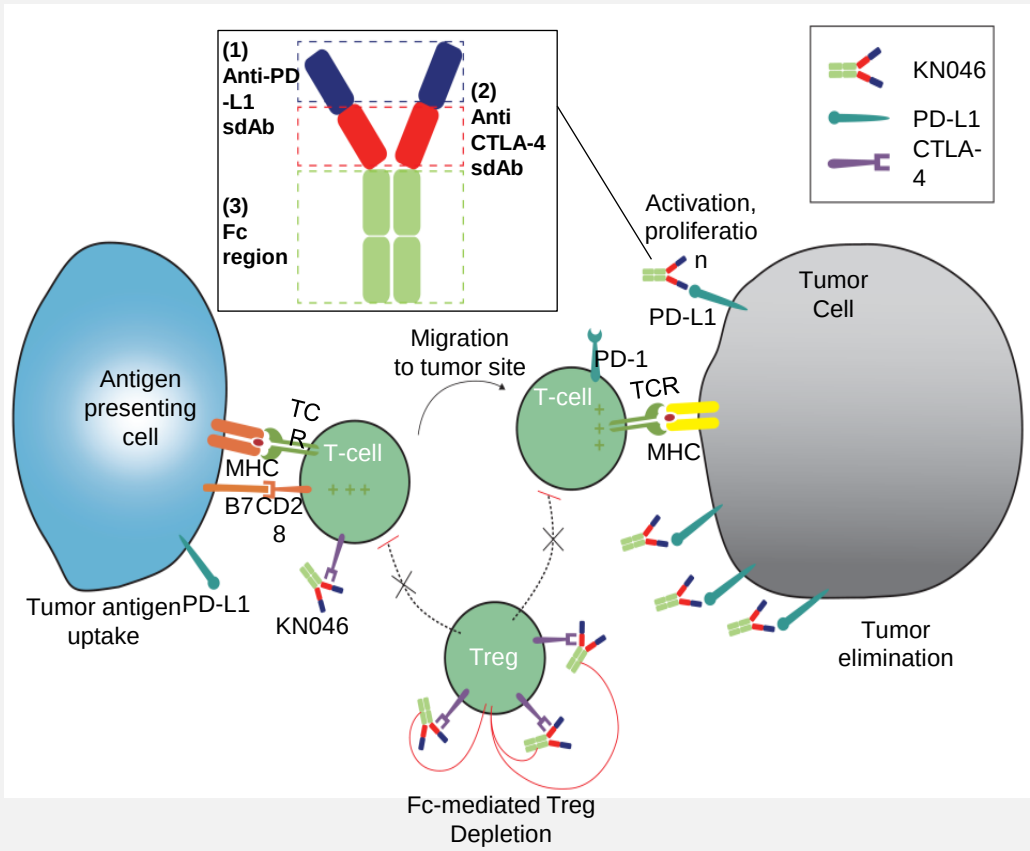
KN046: PD-L1/CTLA-4 BsAb

Mechanism of Action



Highlights

1) Targeted drug delivery

- Engineered to enable the anti-PD-L1 sdAb to dominate drug distribution
- Targeted drug delivery to enrich KN046 in tumor-related micro-environment and limit exposure to non-tumor tissues

2) Different CTLA-4 binding epitope

- Our anti-CTLA-4 sdAb mainly binds outside the interface and blocks the CTLA-4/B7 with steric hindrance
- Lead to a potentially improved safety profile

3) Preservation of Fc-mediated effector functions

- Preserves the full Fc functions for Treg Depletion

4) Strong Scientific base to support targeting CTLA-4 and PD-L1 with Bispecifics

KN046 Major Clinical Trials

Indication	Mono/ Combo	IND	Proof of concept	Pivotal	NDA
1L sq NSCLC	+chemo			Pre-NDA	
1L PDAC	+chemo				
≥2L Thymic carcinoma	Mono				
PD-(L)1 refractory NSCLC	+Lenvatinib				
1L HCC	+Lenvatinib				
1L NSCLC	+axitinib		FPI completed in August 8, 2022		
1L TNBC	+nab-paclitaxel				
1L ESCC	+chemo				

KN046: Preliminary Results in a Nutshell

Indication / Efficacy & Safety	KN046(Over 1,000 patients have been enrolled in clinical studies)						
	NSCLC, sq 1L	**PD-(L)1 refractory NSCLC**	**PDAC 1L**	**HCC 1L**	**Thymic carcinoma ≥2L**	**TNBC 1L**	**ESCC 1L**
Mono/Combo	+chemo	mono	+chemo	+Lenvatinib	mono	+chemo	+chemo
OS	**74.9%** (12 month same with 15 month)	**> 12 months** (mOS)	--	--	--	77.1% (15 months)	--
mPFS	5.5 months	2.8 months	--	--	--	**13.8 months**	--
ORR	57.6%	8.3%	**50%**	**57%**	75%	40%	58.3%
DCR	84.8%	50%	**95.5%**	**95%**	100%	96%	91.6%
TRAE≥Grade3	25.3%	--	27.6%	8%	33.3%	48.1%	13.3%
Trial Status	The interim analysis is undergoing and arrange for the BLA application	Phase III clinical trial is undergoing	The patient recruitments of phase III clinical trial is in progress	Plan to start the pivotal trial	The patient recruitments of pivotal trial is in progress in China and US	--	--

Pivotal Trials

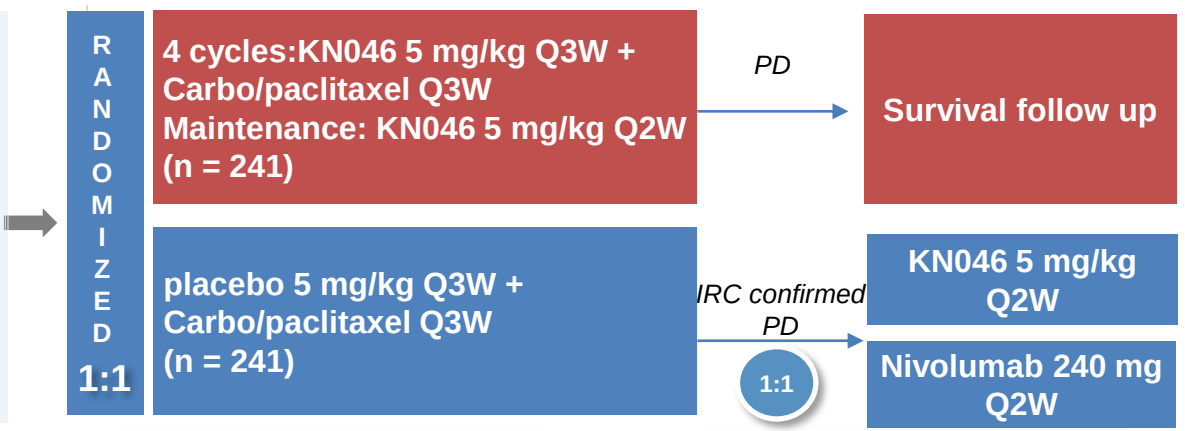
I. KN046 in big indication: NSCLC

KN046: 1L NSCLC (ENREACH-LUNG-01) –Pre-NDA

Inclusion criteria

1) Stage IIIb/c not amenable to curative CRT or stage IV squamous NSCLC
2) Systemic treatment naïve
3) No known EGFR mutation
4) Baseline measurable disease

Trial design



Stratification

- PD-L1 expression level(PD-L1 ≥1% vs PD-L1 <1%)
- Tumor Staging

Primary endpoint

- PFS
- OS

Key secondary endpoints

- ORR
- DCR
- DOR etc.

Updated data of phase II clinical trials in NSCLC will be released in 2022 ESMO meeting

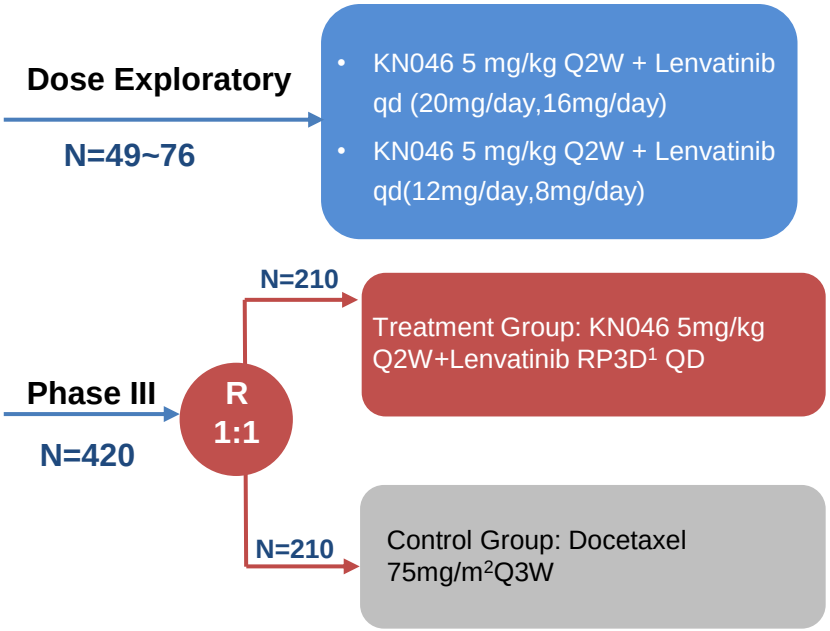
II. KN046 in PD-(L)1 refractory patients: NSCLC

KN046 in PD-(L)1 Refractory Patients with NSCLC (ENREACH-LUNG-02)

Inclusion criteria

- IIIB or IIIc, or IV (AJCC 8th edition), not suitable for radical treatment, or recurrence after radical radiotherapy or surgical resection
- Patients with advanced NSCLC who have **previously received 1L or 2L PD-(L)1 and platinum-containing dual-drug chemotherapy**, or
- Patients who have previously received **1L or 2L PD-(L)1 monotherapy** and not have received platinum-containing dual-drug chemotherapy

Trial Design



- the incidence of DLT
- Rate of severe Adverse events etc.

Primary endpoint:
- OS
- PFS

Secondary endpoint:
- ORR
- DCR
- DOR etc.

Note1：RP3D：recommended phase III dose

III. KN046 in indications with inadequate response to PD-(L)1:

- PDAC
- HCC
- Rare thoracic tumors
- TNBC
- ESCC

KN046-IST-04: ≥2L PDAC(2022 ASCO)

Trial Design: 21 patients（cohort 1) were enrolled. **52.4%** of patients have received second line and above systemic treatment. KN046（5mg/kg Q3W）was given until disease progression or intolerable toxicity

Efficacy: **9** patients were evaluable for efficacy with **1** PR and **3** SD; ORR was **11.1%** ; DCR was **44.4% ;** mPFS **was 2.1** months，mOS **was 7.5**months**; OS rate of** 6months and 9 months were **61.3% and 49.5%** respectively.

Products	KN046	irinotecan liposome+ 5-Fu/CF
Line	≥2L	2L
Comparable Trials	KN046-IST-04 [1]	NAPOLI-1
n	21	368
ORR	**11.1%**	16% （Asian subgroup 8.8%）
DCR	**44.4%**	47.1%
mPFS	**2.1 months**	3.1 months （Asian subgroup 4.0months）
mOS	**7.5 months**	6.1 months （Asian subgroup 8.9months）

Safety: The TRAE related to KN046 at grade 3 and above is**14.3%**

Note: KN046-IST-04 trial is ongoing，and the data is as of Jan. 10th ,2022；2. Evaluation criteria is RECIST v1.1；3. The median follow-up time in Cohort 1 is 13.1 months

KN046-303: Trial Design of Phase III Clinical Trial in the treatment of 1L PDAC(2022 ASCO)-1/2

Updated data results of KN046-IST-04

KN046-IST-04 Trial Design(Phase II):

53 newly treated patients (cohort 2) had received one-cycle of KN046 combined with nab-paclitaxel/gemcitabine treatment until disease progression or intolerable toxicity

KN046-IST-04 Efficacy(Phase II):

31 patients were evaluable for efficacy. **ORR** was **45.2%**[1] and **DCR** was **93.5%**. Based on these excellent preliminary results，the trial of KN046-303 (ENREACH-PDAC-01) was designed.

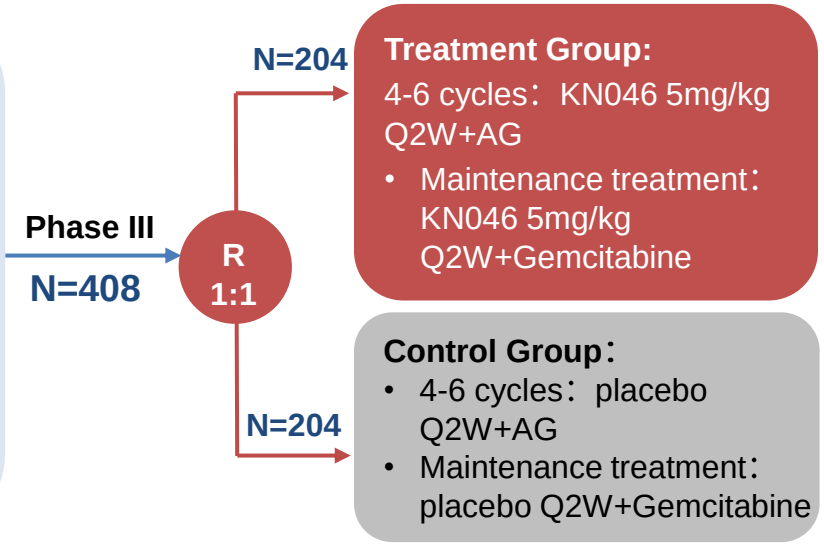
Note: 1. KN046-IST-04 is ongoing and the data is as of August 10, 2021；
2. Evaluation criteria is RECIST v1.1
3. The median follow-up time in Cohort 2 was 7.5 months.

KN046-303: Trial Design of Phase III Clinical Trial in the treatment of 1L PDAC(2022 ASCO)-2/2

Inclusion criteria

- Histologically or cytologically confirmed pancreatic ductal adenocarcinoma (including adenosquamous carcinoma)
- No prior systemic therapy for unresectable locally advanced or metastatic pancreatic cancer

Trial Design



Primary Endpoint
- OS

Secondary Endpoint:
- ORR
- PFS

- KN046-303 is a multicenter, randomized, double-blind, placebo-controlled Phase III clinical study
- Plan to complete 90% of patients enrollment at the end of the year

KN046-IST-05: 1L HCC(2022 ASCO)-1/2

Trial Design: Lenvatinib 12 mg/day (bodyweight [BW] ≥60 kg) or 8 mg/day (BW<60 kg) orally and KN046 5 mg IV on Day 1 of a 21-day cycle until disease progression or intolerable toxicity or 2 years

Efficacy: **55** patients with unresectable or metastatic advanced Barcelona Clinic Liver Cancer (BCLC) stage B or C were enrolled，among which **52** patients were evaluable for efficacy analysis according to RECIST v1.1: ORR was **51.9%** ; DCR was **86.5% ;** mPFS was **9.3months(7.0-NE); mOS and DOR were immature**

Comparable Trials	KN046-IST-05 [1]	KEYNOTE-524	Imbrave 150	Orient-32	RESCUE
Drug	KN046+Lenvatinib	pembrolizumab+ Lenvatinib	Atezolizumab+Bevacizumab	Sinti+ Bevacizumab	Camrelizumab+Apatinib
n	55（52 were evaluable）	100（Asian account for28%）	501	571	70
ORR	**51.9%**	36%	29.8%	20.5%	34.3%
DCR	**86.5%**	88%	74%	72%	77%
mPFS	**9.3 months（7.0-NE）**	8.6months	6.9months（Chinese subgroup 5.7months）	4.6months	5.7months
mOS	**Not achieved**	22months	19.2months（Chinese subgroup 24.0months）	Not achieved	Not achieved（OS rate of 18 months was 58.1%）

Note: 1. KN046-IST-05 trial is ongoing，and the data is as of Jan. 7th , 2022；2. Evaluation criteria is RECIST v1.1

KN046-IST-05: 1L HCC(2022 ASCO)-2/2

The most common grade ≥3 TRAEs include: hypertension, hyperbilirubinemia, proteinuria, elevated liver enzymes, low platelets, diarrhea, decreased appetite, decreased body weight, etc.

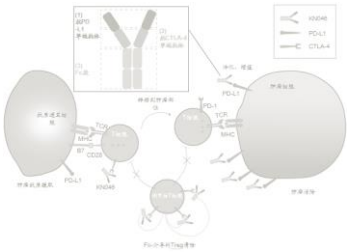
Comparable Trials	REFLECT	KEYNOTE-524	Imbrave 150	Orient-32	RESCUE
Drug	Lenvatinib	pembrolizumab+Lenvatinib	Atezolizumab+Bevacizumab	Sinti+ Bevacizumab	Camrelizumab+Apatinib
n	954	100 (Asian: 28%)	501	571	70
TRAE（all grd）	99%	95%	84%	98.9%	98.6%
≥ grade 3 TRAEs	57%	67%	37.8%（Chinese subgroup: 46%）	32%	78.6%
Most common ≥ grade 3 TRAEs	Hypertension: 24% Hyperbilirubinemia: 7% elevated liver enzymes of AST or GGT: 10% Low platelets: 5%	Hypertension: 17% elevated liver enzymes of AST: 11% Diarrhea: 5%	Hypertension: 15% elevated liver enzymes of AST or GGT: 10.6% Low platelets:3.3%	Hypertension: 14% Low platelets: 8.2% Proteinuria: 5%	Hypertension: 40% elevated liver enzymes of GGT: 18.6% Hyperbilirubinemia: 14.3% Neutropenia: 11.4%
Death	Not happened	13 patients dies, and 3 of them were treatment-related:3%	Not happened	6 patients (2%)	1 patient (1.4%)
TRAEs result in discontinuation	Lenvatinib: 20%	Lenvatinib:14% Pembrolizumab: 10% Both two drugs: 6%	Any drug：16% Both two drugs：7%	Any drug: 14%	Camrelizumab: 2.9% Apatinib: 15.7% Both two drugs: 17.1%

Clinical Progress-KN026

KN046

Dual blockade of PD-L1 and CTLA-4

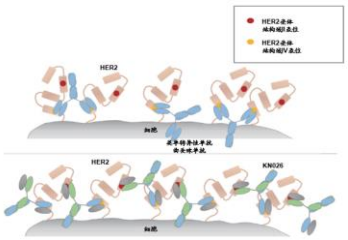
- More efficacy and safety
- Clinical Positioning
  - Big Indications
  - PD-(L)1 refractory
  - PD-(L)1 Inadequate response



KN026

Dual blockade of HER2 domain II and IV

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



KN035

- The only PD-L1mAb worldwide that can be used for subcutaneous injection

KN052&JSKKN003

PD-L1/OX40 BsAb and HER2 bispecific ADC

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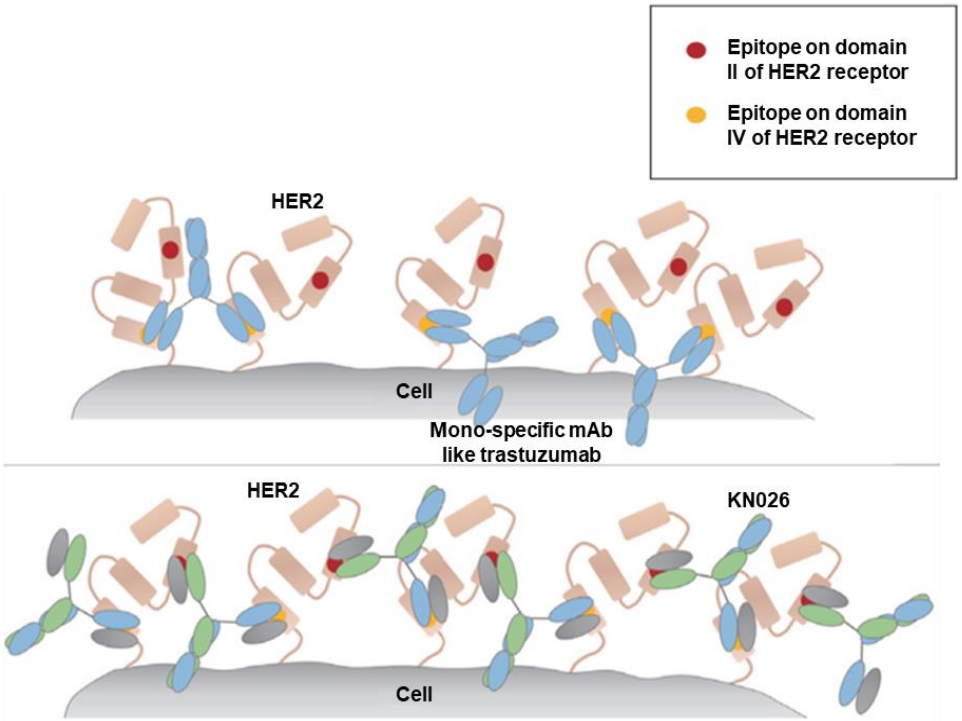
KN026 : HER2/HER2 BsAb

Mechanism of action



Highlights

- Dual blockade of parallel HER2-related signaling pathways
- Enhanced multiple HER2 receptor binding and internalization
- Fc-based BsAb with full effector functions

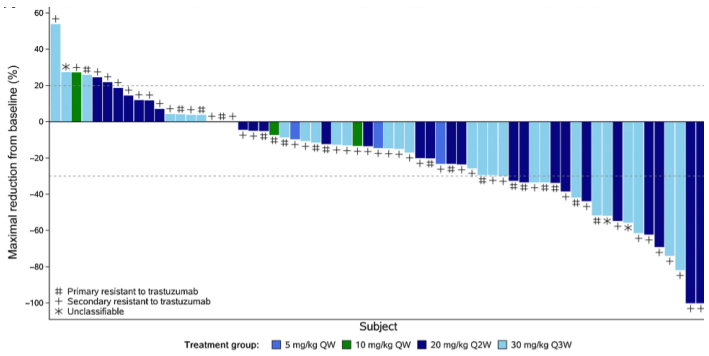
KN026 Major Clinical Trials: HER2+ Solid Tumor

Indication	Combo/Mono	IND	Proof of concept	Pivotal	NDA
≥ 2L GC/GEJ	+ chemo			Complete FPI in April 2022 CSPC	
1L GC/GEJ	+KN046			CSPC	
1LBC	+ chemo			CSPC	
Neoadjuvant therapy of BC	+ docetaxel				
Late line colorectal cancer	+ KN046				

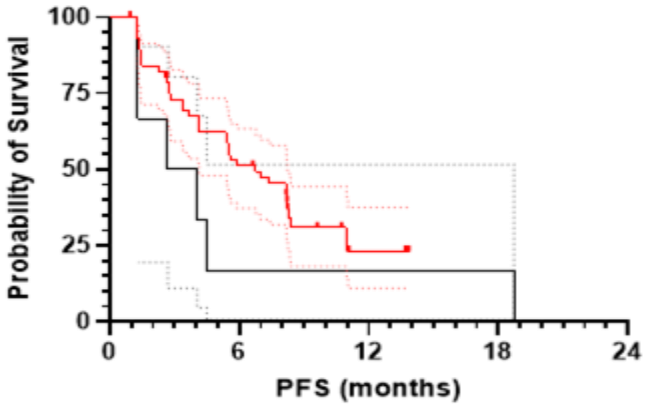
- In August 2021，we reached collaboration with CSPC related to breast cancer and GC/GEJ of KN026 in Chinese mainland, involving upfront payment of RMB150million and milestone payment of RMB850million and a double-digit sales commission.
- CSPC is responsible for the clinical development and registration application under the joint development committee and pay the cost.

KN026-CHN-001：the data was published in Clinical Cancer Research

Waterfall Plot (KN026 mono)



Swimmer Plot at RP2Ds (mPFS=6.8months)



About Subjects and efficacy

The trial included 57 patients at RP2Ds, of whom **52.6%** received **at least 3 oncology treatments**, **96.5%** received trastuzumab, **47.4%** received **anti-HER2 TKIs**, and **21.1%** received **anti-HER2 ADC therapy**

KN026 showed excellent antitumor activity at RP2Ds, with an overall **ORR of 28.1%, mPFS of 6.8 months**, and **good tumor inhibition in Her2-ADC and TKI-treated patients**:

- DCR is **71.9%** in patients treated **with trastuzumab or pertuzumab,** ORR is **28.1%**
- **DCR is 72.7% in patients treated with Her2-ADC,ORR is 9.1%**
- DCR is **64.3%** in patients treated with **Her2-TKI,** ORR is **25%**

CDK12 used as a biomarker for KN026 efficacy

- Translational research in 20 HER2-amplified patients further confirmed that co-amplification of CDK12 was a promising biomarker in predicting better response to KN026
- vs. no co-amplification: ORR of 50% vs. 0% and median PFS of 8.2 vs. 2.7 months, P = 0.05 and 0.04, respectively

Note：1. RP2Ds include 20mg/kg Q2W and 30mg/kg Q3W

KN026-202: 2L GC/GEJ(2022 ASCO)

Trial Design: 45 patients with HER2 expression and previously treated were enrolled. **42%** of patients have received second line and above systemic treatment**.** KN026 (10 mg/kg QW, 20 mg/kg Q2W, or 30 mg/kg Q3W) was given until disease progression or intolerable toxicity.

Efficacy: For 25 evaluable patients with **HER2 high expression**（**IHC3+ or IHC 2+ ISH+)**, among which **14** patients achieved PR. ORR was **56%** and mDOR was **9.7**months; mPFS was **8.3**months and mOS was **16.3** months.

For 14 evaluable patients with **HER2 low expression**（**IHC 1+/2+ ISH- or IHC 0/1+ISH+)** , ORR was **14%** and mDOR was **6.2** months; mPFS was **1.4** months and mOS was **9.6** months

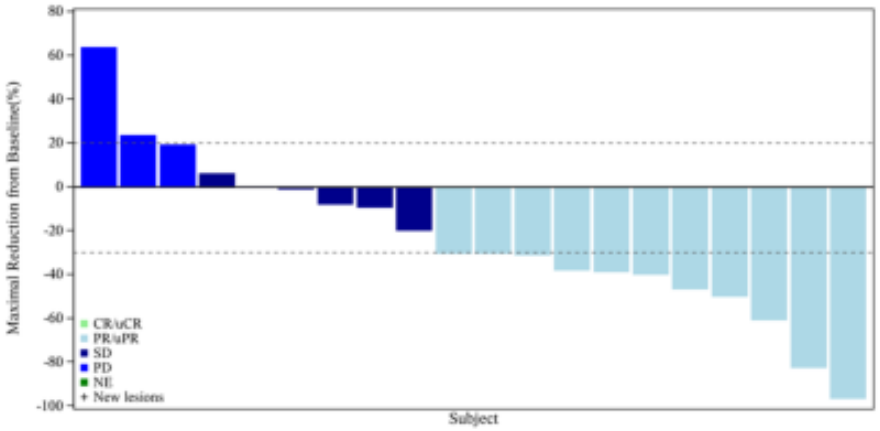
≥2L HER2+GC	KN026			Trastuzumab+Ramucirumab+Paclitaxel	DS-8201
	With HER2 high expression	Subgroup：Prior Trastuzumab treatment	With HER2 low expression	With HER2 high expression	With HER2 high expression
Comparable Trials	KN026-202 [1]			HER-RAM	DESTINY-Gastric01
n	25	14	14	45	187（Japan 79.7%;Korea 20.3%）
ORR	**56%**	**50%**	**14%**	55.6%	42%
mDOR	**9.7 months(4.2-NE)**	**7.0 months(2.8-NE)**	**6.2 months**	-	12.5months
mPFS	**8.3 months**	**5.5months**	**1.4 months**	7.2months	5.6 months
mOS	**16.3 months(11.0-NE)**	**14.9months(11.0-NE）**	**9.6 months**	13.6months	12.5months

Safety: Among 45 patients，5 TRAEs at grade 3 were observed in 4 patients.

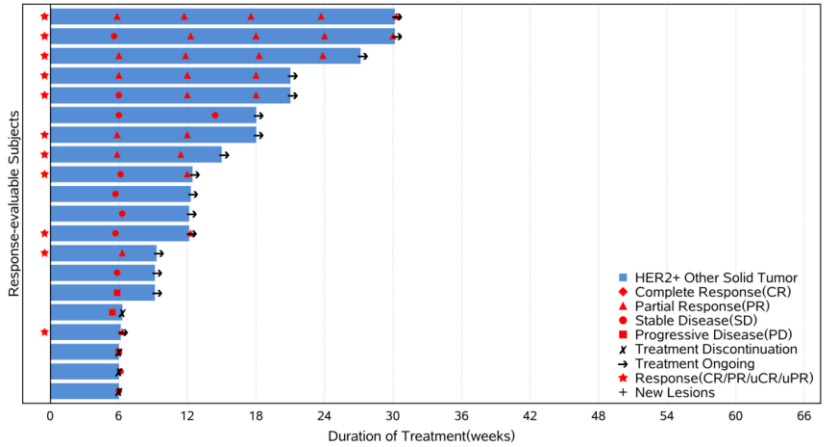
Note: 1. KN026-202 is ongoing and the data is as of October 29, 2022. The median follow-up time in HER2 high expression and low expression were 14.72months and 27.47months respectively; **2.** Evaluation criteria is RECIST v1.1

KN026-203: KN046+KN026 HER2+ Solid Tumor (2022 AACR)

Waterfall Plot



Swimming lane



Enrolled **24** patients with progression after ≥1L of prior systemic therapy, including **14** CRC patients, **4** NSCLC patients, **4** gallbladder cancer patients, **1** renal pelvis cancer patient and **1** pancreatic cancer patient

Efficacy: For **20** evaluable patients，**ORR** was **55%**，**DCR** was **85%**，**6-month PFS rate** was **84.1%**，Out of 11 evaluable CRC patients, **ORR** was **45.5%** and **DCR** was **90.9%**，

Safety:16.7% of patients had experienced ≥ grade 3 TRAEs, the most common TRAEs were infusion related reaction(29.2%), diarrhea(19.4%), vomiting, decreased appetite, etc.

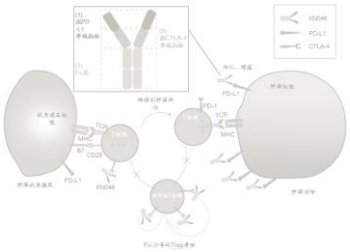
Note: 1. The trial is on going and the data is as of August 10 , 2021.

Clinical Progress-KN035

KN046

Dual blockade of PD-L1 and CTLA-4

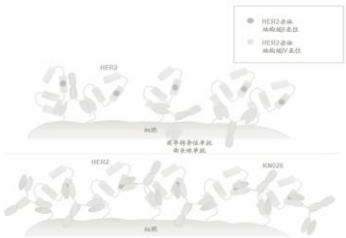
- More efficacy and safety



KN026

Dual blockade of HER2 domain II and IV

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



KN035

Subcutaneous PD-L1 mAb

- The only PD-L1mAb worldwide that can be used for subcutaneous injection

KN052&JSKKN003

PD-L1/OX40 BsAb and HER2 bispecific ADC

- KN052
  - The tandem structure of PD-L1 antagonist and OX40 agonist
- JSKN003
  - Glycosite-specific conjugation
  - Benchmark DS-8201

ENWEIDA(KN035): Conducting multiple clinical trials

Indication	Combo/Mono	IND	Proof of concept	Pivotal	NDA
≥2L MSI-H/dMMR advanced solid tumor	mono			**Launched on November 25, 2021**	
1L BTC	+chemo				
≥2L Sarcoma	mono			**worldwide**	
≥2L NSCLC	+chidamide				
≥2LTMB-H advanced solid tumor	mono				
≥2LEndometrial cancer	±lenvatinib				

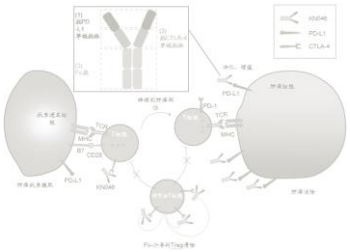
- In the first half of the year, the product income of Alphamab reached RMB 53.57million
- In August 2022, new dose of 300mg once every two weeks was approved
- Been included in three 2022 CSCO guidelines, i.e. Gastric Cancer, Colorectal Cancer and for Clinical Application of Immune Checkpoint Inhibitors

Clinical Progress-KN052 and JSKN003

KN046

Dual blockade of PD-L1 and CTLA-4

- More efficacy and safety



KN026

Dual blockade of HER2 domain II and IV

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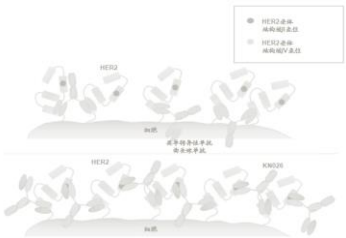

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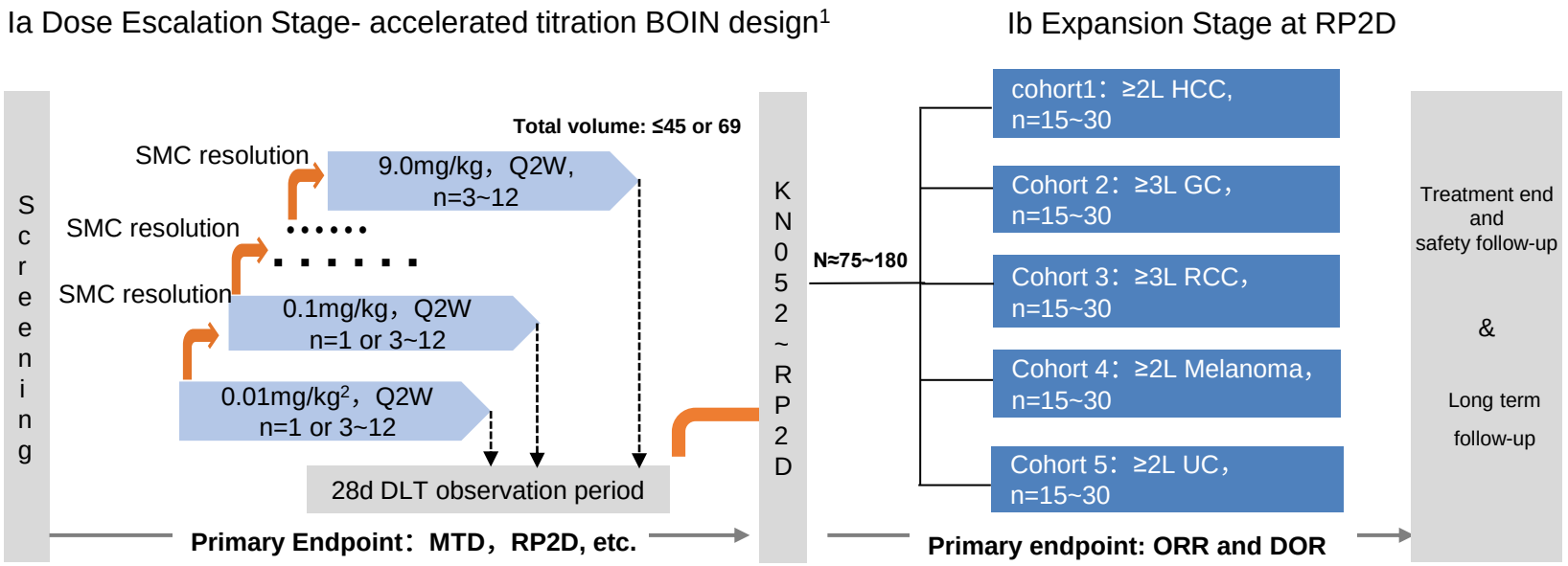
KN052&JSKKN003

PD-L1/OX40 BsAb and HER2 bispecific ADC

- KN052
  - The tandem structure of PD-L1 antagonist and OX40 agonist
- JSKN003
  - Glycosite-specific conjugation
  - Benchmark DS-8201

KN052: Anti-PD-L1/OX40 Bispecific Antibody



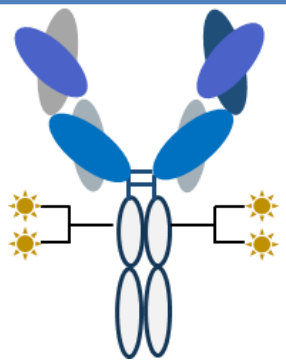
Feature of KN052 and Clinical Value of OX40

- PD-L1 antagonist and OX40 agonist activity in one molecule
- Tandem structure for antigen binding domain arrangement to attenuate anti-OX40 toxicity
- Wildtype IgG1 Fc with full Fc function
- OX40 is a key class of T cell costimulatory molecules, and OX40 and OX40L combine to increase the survival and expansion of effector T cells and memory T cells, increase cytokine secretion, and reduce the immune activity of Tregs
- Can be used as an adjuvant in combination with tumor vaccines and cell therapy

Note: 1. Phase Ia clinical trial adopts the accelerated titration BOIN design. At the beginning of the dose, only 1 subject enters the group, until DLT or the second ≥ level 2 toxicity appears, or the highest dose is reached. 2. A total of 8 doses, the starting dose is 0.01mg/kg

JSKN003: Anti-HER2 Paratopes Bispecific ADC

Product Structure

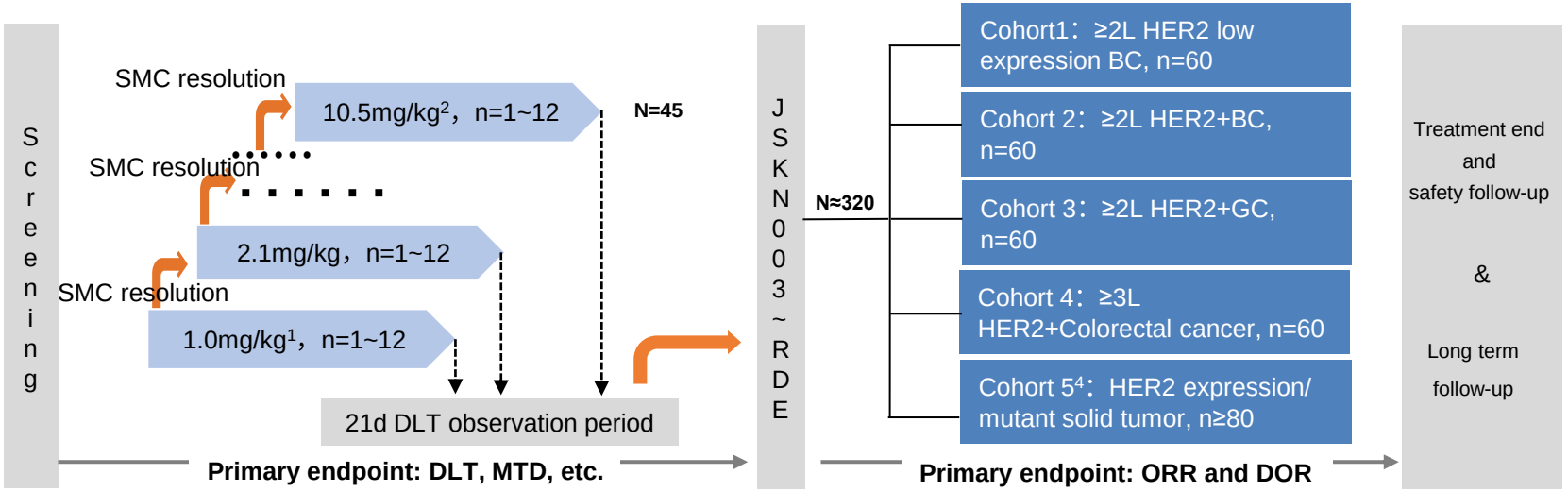


Feature and clinical strategies

- Targeting two different paratopes of HER2
- Glycosite-specific conjugation, DAR 3-4
- Better serum stability for better safety potential
- Benchmark against DS8201 and comparable with DS8201 in efficacy Models
- Pre-clinical studies have shown good tolerance
- Cover the HER2 high, medium and low expression solid tumors
- To accelerate the product launch, prioritize the late line treatment with single-arm development and advance the front line study simultaneously

Ia Dose Escalation Stage- accelerated titration BOIN design

Ib Expansion Stage at RDE[3]



Note: 1. A total of 9 doses, the starting dose is 1.0mg/kg
2. If the dose increases to 10.5mg/kg, it still does not reach MTD. The SMC decides whether to continue the dose increase
3. RDE: The recommended dose of cohort extension is selected by SMC according to Phase Ia data. Different cohort/tumor species can choose different RDE for extension
4. A solid tumors include but not limited to HER2 low -expression gastric cancer, HER2 positive biliary cancer, HER2 positive or HER2 gene mutation non-sq NSCLC

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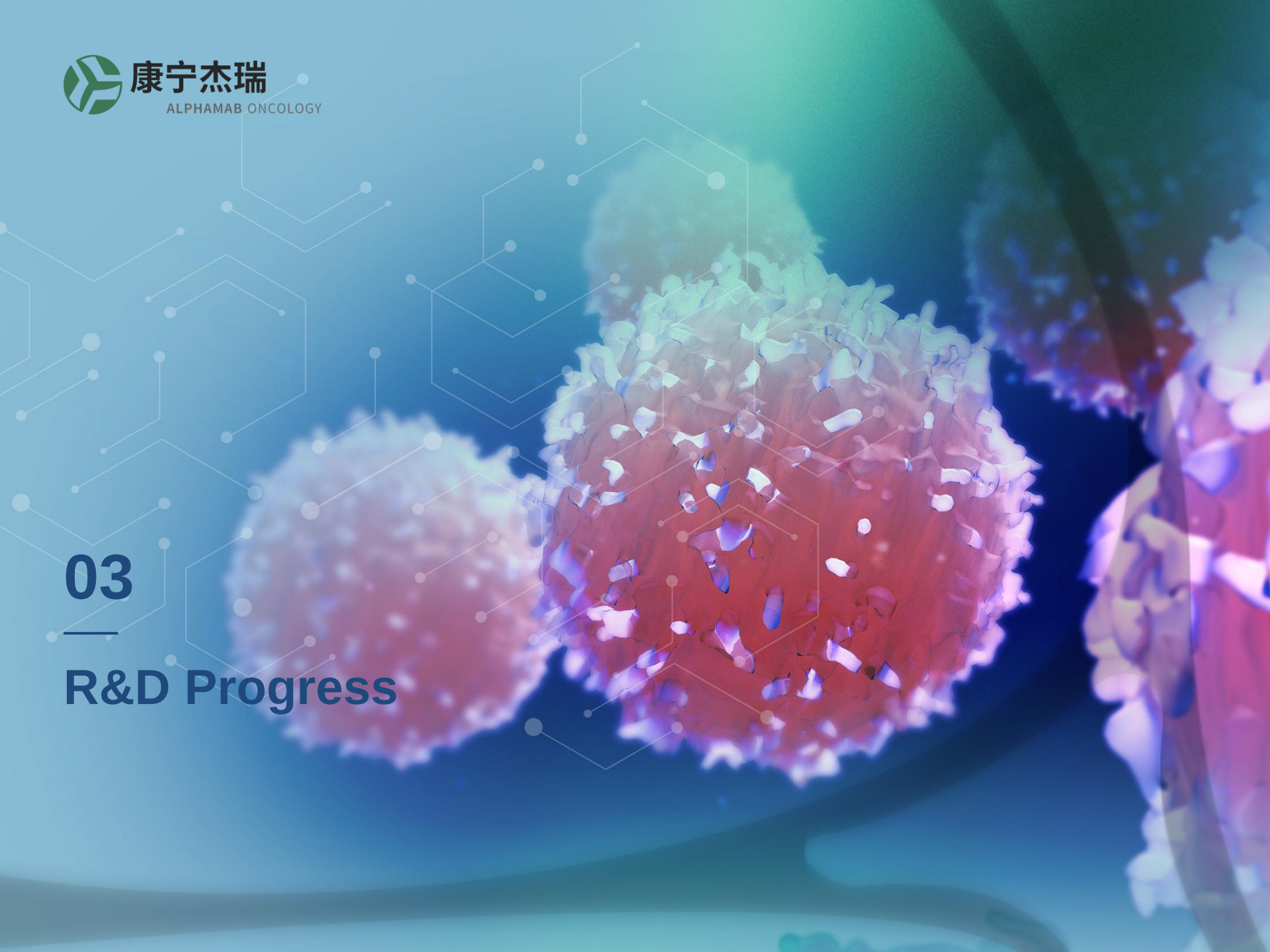
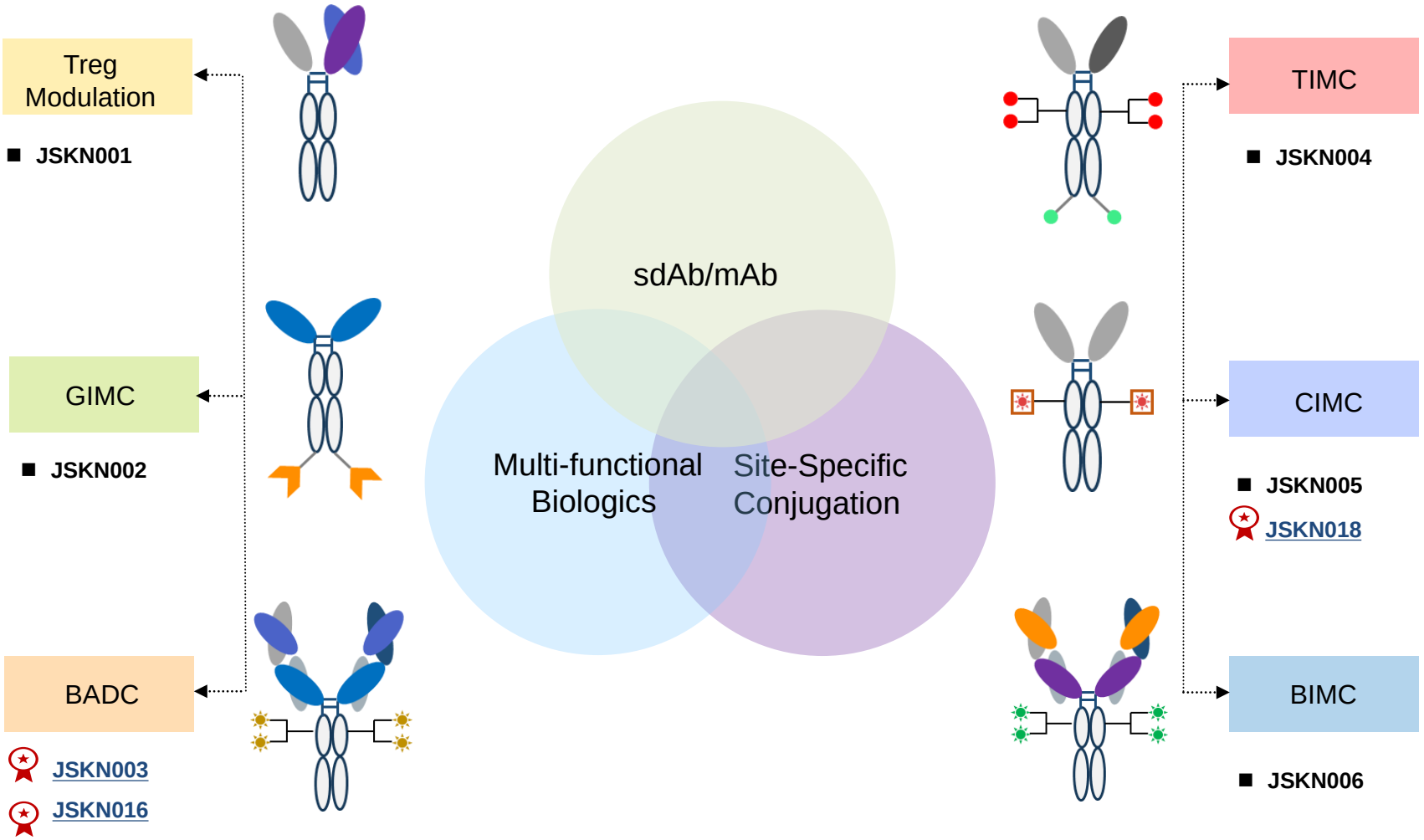


03

R&D Progress

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

Platforms of sdAb/mAb, CRIB and CRAM keep continuous improvement



Pre-clinical Pipeline overview

Candidates	Target(s)	Platform	Molecular optimization	Clinical candidates	IND	Global rights
JSKN-016	BADC	Solid tumors				
JSKN-018	CIMC	Solid tumors				
JSKN-008	sdAb/mAb	Maintenance therapy for solid tumors				
JSKN-001	CRIB	Solid tumors				
JSKN-002	GIMC	Solid tumors				
JSKN-004	TIMC	Solid tumors				
JSKN-005	CIMC	Solid tumors				
JSKN-006	BIMC	Solid tumors				

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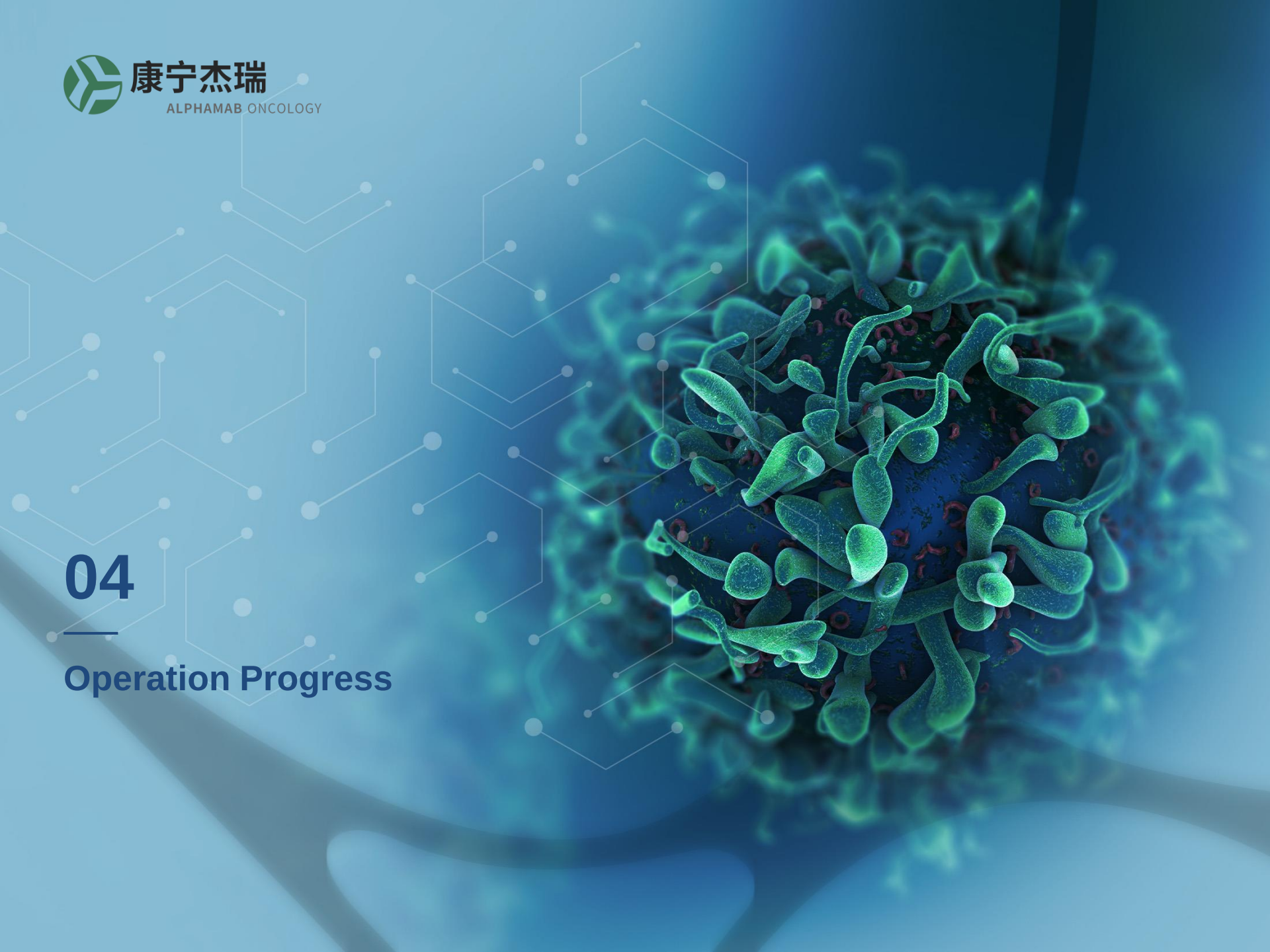

04

Operation Progress

Manufacturing Capabilities

Capacity planning

Current capacity：6,000L (2x2,000L，2x1,000L)

Capacity under construction：6,000L(3*2,000L)

Re-plan the production capacity：30,000L(6*5,000)

Total capacity: 42,000L

- KN046: Completed process verification, with a single batch output of more than **200,000** vials.
- KN035: Completed process scale-up, transfer and validation, with a single batch output of more than **30,000** vials.

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ALPHAMAB ONCOLOGY

05

Financial Highlight

Overview of Key Financial Data

Total Income	Product revenue	Net loss	R&D expenses	Cash on Account
75.26 million	53.57 million	147.32 million	216.40 million	1.71 billion
234.7% ↑	Rapid growth	44.9% ↓	Flat year-on-year	

Consolidated Statement of Comprehensive Income

(RMB'000)	For the year ended June 30	
	2022	**2021**
Revenue	53,569	-
Cost of Sales	(14,820)	-
Gross profit	38,749	-
Other income	21,686	22,503
Other gains and losses	63,628	(13,552)
R&D expenses	(216,399)	(231,947)
Administrative expenses	(44,097)	(38,131)
Finance costs	(10,876)	(6,237)
Loss before taxation	(147,309)	(267,364)
Income taxation	-	-
Loss for the period	**(147,309)**	**(267,364)**

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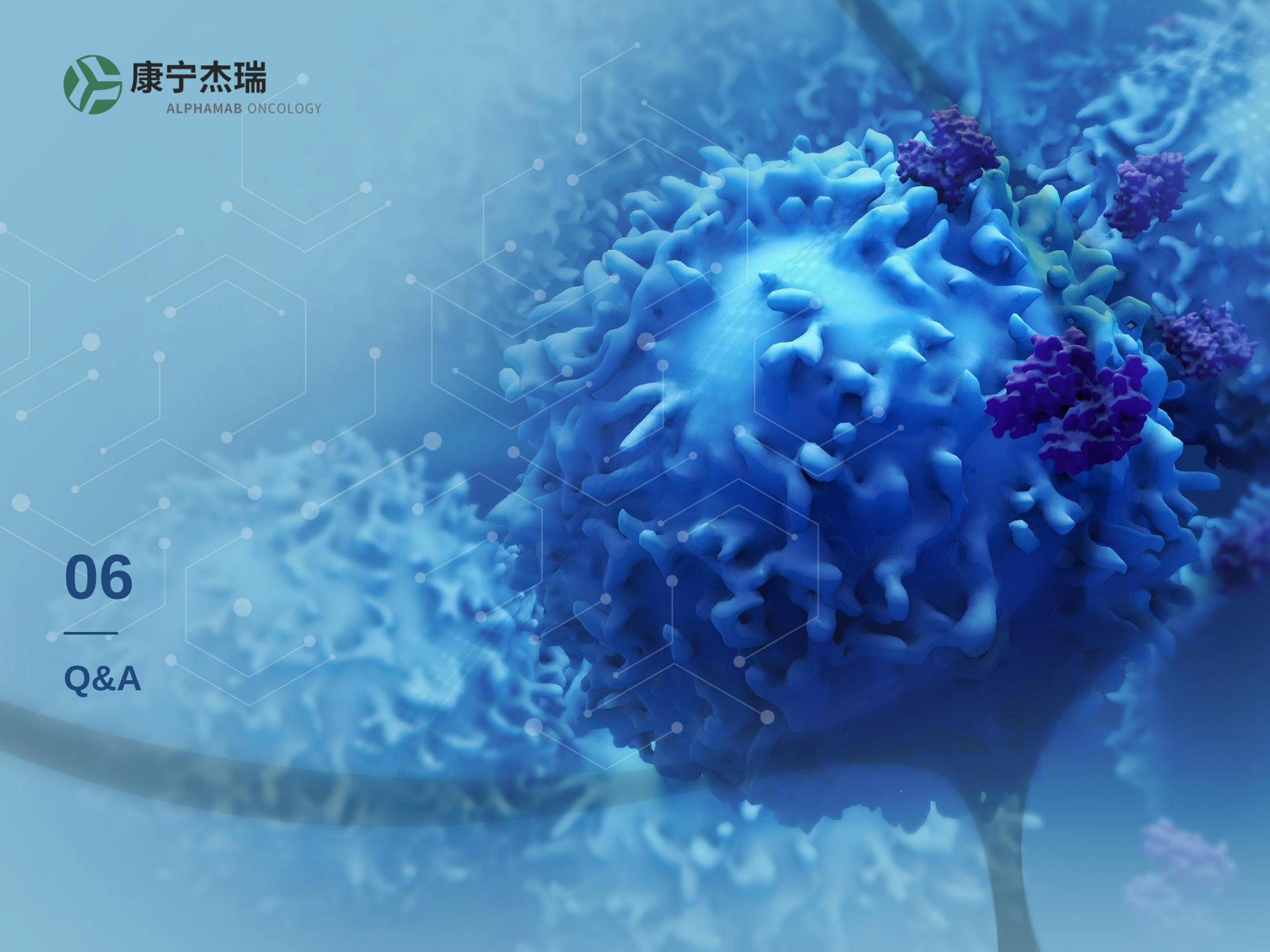

06

Q&A