基石药业
CSTONE
PHARMACEUTICALS

2023 Interim Results Presentation

August 16th, 2023

Stock Code: 2616. HK

Presentation Disclaimer

- By attending the meeting where this presentation is made, or by reading the presentation materials, you agree to be bound by the following:
- The information in this presentation has been prepared by representatives of CStone Pharmaceuticals (the "**Company**" and, together with its subsidiaries, the "**Group**") for use in presentations by the Group for information purpose. No part of this presentation will form the basis of, or be relied on in connection with, any contract or commitment or investment decision.
- Certain statements contained in this presentation and in the accompanying oral presentation, may constitute forward-looking statements. Examples of such forward-looking statements include those regarding investigational drug candidates and clinical trials and the status and related results thereto, as well as those regarding continuing and further development and commercialization efforts and transactions with third parties. Such statements, based as they are on the current analysis and expectations of management, inherently involve numerous risks and uncertainties, known and unknown, many of which are beyond the Company's control. Such risks include but are not limited to: the impact of general economic conditions, general conditions in the pharmaceutical industry, changes in the global and regional regulatory environment in the jurisdictions in which the Company's does business, market volatility, fluctuations in costs and changes to the competitive environment. Consequently, actual future results may differ materially from the anticipated results expressed in the forward-looking statements. In the case of forward-looking statements regarding investigational drug candidates and continuing further development efforts, specific risks which could cause actual results to differ materially from the Company's current analysis and expectations include: failure to demonstrate the safety, tolerability and efficacy of the Company's drug candidates, final and quality controlled verification of data and the related analyses, the expense and uncertainty of obtaining regulatory approval, the possibility of having to conduct additional clinical trials and the Company's reliance on third parties to conduct drug development, manufacturing and other services. Further, even if regulatory approval is obtained, pharmaceutical products are generally subject to stringent on-going governmental regulation, challenges in gaining market acceptance and competition. These statements are also subject to a number of material risks and uncertainties that are described in the Company's prospectus published onto the websites of the Company and The Stock Exchange of Hong Kong Limited and the announcements and other disclosures we make from time to time. The reader should not place undue reliance on any forward-looking statements included in this presentation or in the accompanying oral presentation. These statements speak only as of the date made, and the Company is under no obligation and disavows any obligation to update or revise such statements as a result of any event, circumstances or otherwise, unless required by applicable legislation or regulation.
- Forward-looking statements are sometimes identified by the use of forward-looking terminology such as "believe," "expects," "may," "will," "could," "should," "shall," "risk," "intends," "estimates," "plans," "predicts," "continues," "assumes," "positioned" or "anticipates" or the negative thereof, other variations thereon or comparable terminology or by discussions of strategy, plans, objectives, goals, future events or intentions.
- No representation or warranty, express or implied, is made as to, and no reliance should be placed on, the fairness, accuracy, completeness or correctness of the information, or opinions contained herein. The information set out herein may be subject to updating, revision, verification and amendment and such information may change materially.
- This presentation and the information contained herein is highly confidential and being furnished to you solely for your information and may not be reproduced or redistributed in any manner to any other person, in whole or in part. In particular, neither the information contained in this presentation, nor any copy hereof may be, directly or indirectly, taken or transmitted into or distributed in any jurisdiction which prohibits the same except in compliance with applicable securities laws. This presentation and the accompanying oral presentation contains data and information obtained from third-party studies and internal company analysis of such data and information. We have not independently verified the data and information obtained from these sources.
- By attending this presentation, you acknowledge that you will be solely responsible for your own assessment of the market and the market position of the Group and that you will conduct your own analysis and be solely responsible for forming your own view of the potential future performance of the business of the Group.

基石药业 CSTONE PHARMACEUTICALS

A Fully Integrated Biopharma With End-to-end Capabilities

5.5 years from inception to the first commercial launch

RESEARCH

Clinical insight driven modular R&D model

45+ IND approvals

10+ Discovery projects ongoing

DEVELOPMENT

Efficient, high-quality and innovative clinical dev. engine

11 NDA approvals

40+ Data presentations /publications

COMMERCIAL

Full capability of in-house commercialization

4 commercialized products

7 indications approved

3 territories coverage

2016 *CStone Inception*

2018 *Record Setting Series B Funding of $260m*

2019 *Listed on HKEx*

2020 *Strategic Partnership with Pfizer*

2021 *Approval and launch of Gavreto®, Ayvakit®, Cejemly®,* ***Fully integrated biopharma***

2022 *Approval and launch of Tibsovo®*

2023 *All 5 registrational trials of sugemalimab succeeded, overseas launch initiated (UK and EU MAA accepted)*

01 Business Achievements

2023YTD

2023YTD Achievements

A full-fledged biopharma with strong growth momentum in 2023YTD

Financial

as of June 30, 2023

Total revenue in 1H 2023

261.5

RMB Mn

(Flat YoY)

Sales of pharmaceutical products in 1H 2023

246.9

RMB Mn

(+53% YoY)

Net loss[1] in 1H 2023

(183.0)

RMB Mn

(Narrowed by 29% YoY)

Research & Development

as of Aug 15, 2023

2 *NDA approvals*

Pralsetinib

- 1L NSCLC
- NSCLC, MTC/TC

5 *NDAs currently under review*

Sugemalimab

- R/R ENKTL
- 1L GC/GEJC
- 1L ESCC
- 1L stage IV NSCLC
- 1L stage IV NSCLC

6 *Data publications / presentations*

10+ *Discovery projects in progress*

CS5001 ROR1 ADC	Ph1 study conducted in the U.S. and Australia, and has now expanded to include China
Lorlatinib ROS1	Patient recruitment completed in the pivotal study for ROS1-positive NSCLC
Domestic supply	Technology transfer application for avapritinib is under review by CDE; Technology transfer for pralsetinib ongoing with BE study initiated

Note: Total revenue in 1H2023 includes sales of pharmaceutical products (1H2023: 246.9m vs.1H2022: 161.4m, +53%) and royalty income of sugemalimab (1H2023: 14.6m vs. 1H2022: 13.1m, +12%), expecting milestone from GC/GEJC and ESCC approval by end of 2023 or early 2024.

[1] Net loss represents the loss for the period excluding the effect of certain non-cash items and onetime events, namely the share-based payment expenses.

Mainland China *Taiwan (China)* *United Kingdom* *European Union*

02

Pipeline Updates

Pioneering Revolutionary Treatments Addressing Critical Unmet Needs

Key Clinical Program

Significant value driver with leading position globally (Top 2 in position / best-in-class potential)

CS5001
(ROR1 ADC)

Commercial-stage Programs

Pralsetinib
(RET)

Avapritinib
(KIT/PDGFRA)

Ivosidenib
(IDH1)

Sugemalimab
(PD-L1)

Other Programs

CS1003
(PD-1; Global PhIII)

Pre-clinical
(CS2009, CS5005, CS5006, etc)

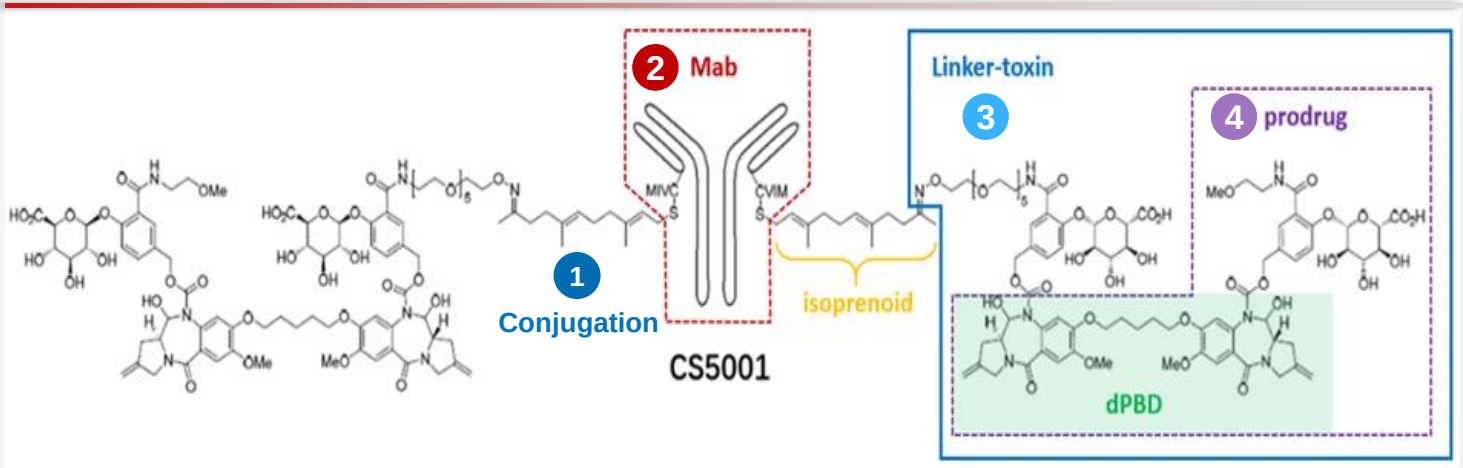
CS5001 (ROR1 ADC) (1/3)

Top 2 in position globally with Ph1 study ongoing in US, Australia and China

An ADC target for both hematological malignancies and solid tumors

- Largely absent in normal blood lymphocytes and adult tissues [1~3]
- Embryotic protein over-expressed by many hematological malignancies especially B-cell lymphomas [4, 5]
- Broadly expressed by solid tumors such as TNBC, ovarian cancer, and adeno-NSCLC [2,6~13]
- First-in-class molecule acquired by Merck for US$2.75Bn in Nov 2020 at Ph1

4 key differentiators support best-in-class potential:



Controlled quality and production

1 **Site-specific** conjugation technology, ConjuAll, enables a **homogenous** drug to **antibody ratio of 2**

Potentially less immunogenicity

2 **Fully human IgG1 mAb** v.s. humanized mAb of other ROR1-ADCs

Potentially wider therapeutic window

3 Proprietary **tumor-selective cleavable linker** (cleaved by β-glucuronidase), highly stable in serum

4 Proprietary **tumor-activated PBD dimer toxin prodrug** (released by β-glucuronidase)

1. Baskar et al, Clin Cancer Res 2008,14(2); 2. Balakrishnan et al, Clin Cancer Res 2017 23(12); 3. Uhrmacher et al, Leukemia Research 35 (2011) 1360; 4. Borcherding et al, Protein Cell 2014, 5(7):496–502; 5. Daneshmanesh et al, Leukemia & Lymphoma 2013,54(4): 843–850; 6. Zhang et al, PLoS ONE 2012 7(3): e31127; 7. Chien et al, Virchows Arch 2016, 468(5):589-95; 8. Henry et al, Transl Oncol. 2017, 10(3):346-356; 9. Zhang et al, Sci Rep. 2014, 24(4):5811; 10. Zheng et al, Sci Rep. 2016, 10(6):36447; 11. Liu et al, PLoS One. 2015,10(5):e0127092; 12. Henry et al, Gynecol Oncol. 2018, 148(3):576-584; 13. Zhou et al, Oncotarget 2017, 8(20):32864-32872

CS5001 (ROR1 ADC) (2/3)

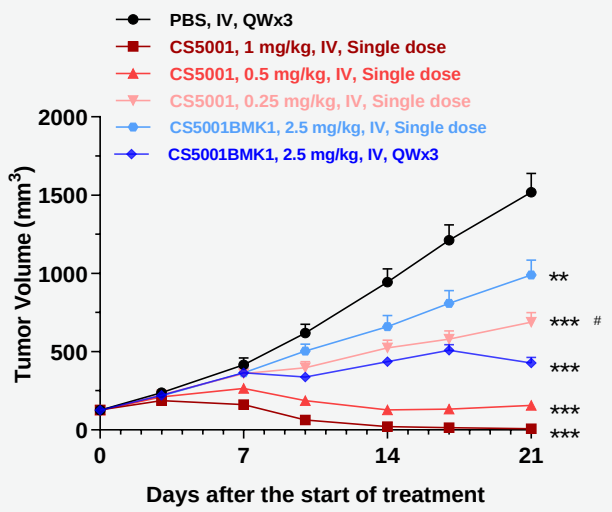
Outstanding pre-clinical data in both solid and hematological cancers

Data Highlights

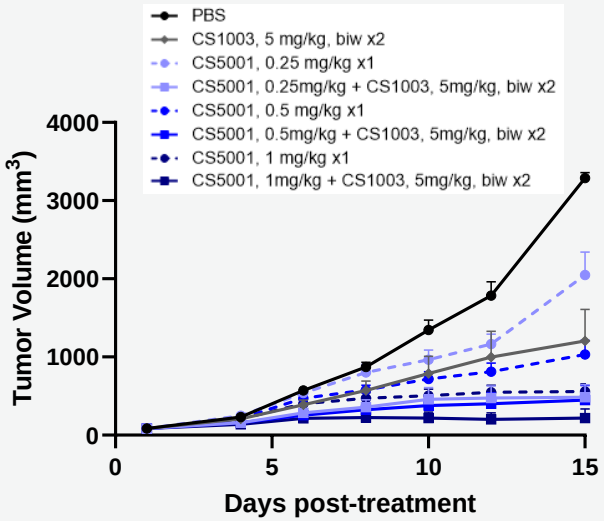
1. Given as a single dose in MCL (mantle cell lymphoma) xenograft models, CS5001 showed **superior efficacy than the benchmark MMAE-based ROR1 ADC** at a higher and more frequent dosing schedule, demonstrating its best-in-class potential
2. CS5001 demonstrated synergistic tumor growth inhibition when **combined with CS1003 (an anti-PD-1 mAb)**
3. An anti-ROR1 antibody clone has been identified with promising sensitivity and selectivity for immuno-histochemistry (IHC) detection to support **companion diagnostic** development enabling biomarker-driven patient selection

- CS5001 demonstrated **bystander effect** *in vitro* co-culture systems, suggesting that solid tumors with heterogenous/low expression of ROR1 can also benefit

1 Superior in vivo efficacy

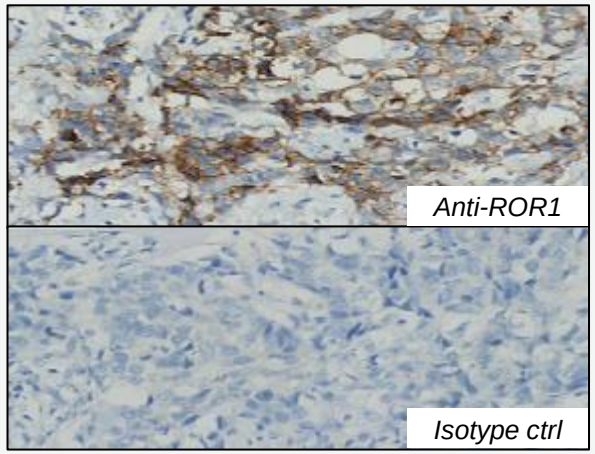


2 Combo with PD-1



3 Proprietary IHC mAb

developed in house for companion diagnostic



Human TNBC (IHC 2+)

*Note: ** p<0.01 and *** p<0.001 vs PBS; # p<0.05 vs CS5001BMK1 (benchmark) single dose*

CS5001 (ROR1 ADC) (3/3)

Dose finding Ph1 study ongoing in US, Australia and China

Development Progress

March 2023	Translational study results presented at World ADC Conference
April 2023	Global multi-regional Ph1 trial expanded to include China
Today	**Dose escalation to predicted efficacious range**; Well tolerated safety profile with no DLT observed; Expected linear PK exposure demonstrating excellent ADC stability; Anti-tumor activities observed
By end of 2023	Update on clinical safety and efficacy
1H 2024	Conference presentation on Ph1 data

Registration planned for 2024

Fast-to-market and cost-effective development pathways

Abbr.: DLT = Dose-limiting toxicity

Pralsetinib

FIC RET inhibitor supplemental NDA approval for 1L NSCLC in mainland China in 1H 2023

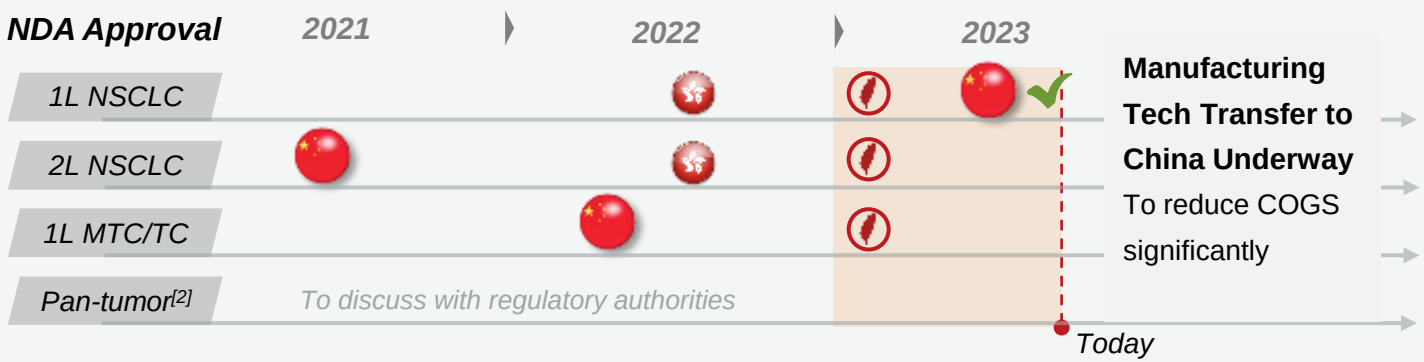
普吉华

~70K

annual newly diagnosed patients with RET-altered tumors in China[1]

2L NSCLC	• *ORR: 66.7%[4]* • *mPFS: 11.7mths[4]*
1L NSCLC	• *ORR: 83.3%[4]* • *mPFS: 12.7mths[4]*
1L MTC/TC	• *ORR: 73.1%[4]* • *mPFS: 15.7mths[4]*
Pan-tumor[2]	• *ORR: 57% (PoC)*

Development and Regulatory Progress



Commercial Progress

200+
hospitals and DTPs (Direct-to-patient pharmacy) listed as of today
Market Access

130+
commercial / government insurance programs inclusion
Affordability

80%+[3]
testing rate achieved, with improved accuracy by collaborating with NPQCC; established Lung Cancer Precision Alliance with BeiGene & Merck to maximize testing rate
RET testing

10
national guidelines, incl. 2023 CSCO NSCLC Clinical, CSCO Primary LC, 2022 CSCO MTC Clinical, etc.
National Guidelines

Drug Profile

Partner with blueprint MEDICINES [5]

Mainland China *Hong Kong (China)* *Taiwan (China)*

[1]. Clarivate DRG, 2025; [2]. Broad indications in RET+ solid tumors, i.e., colorectal, gastric, breast, liver, cervical, ovarian, esophageal and pancreatic cancers; [3]. In Top 200 hospitals; [4]. Data for Chinese patient population; [5]. Blueprint Medicines and associated logos are trademarks of Blueprint Medicines Corporation

Abbr.: FIC = first in class; NSCLC = non-small cell lung cancer, MTC = medullary thyroid cancer, TC = thyroid cancer, PAP = Patient Assistance Program; NPQCC = National Pathology Quality Control Center, CSCO = Chinese Society of Clinical Oncology

Data source: ESMO Asia 2022, Nature Medicine 2022, ATA 2021, 90th Annual Meeting of the American Thyroid Association 2021

Avapritinib

FIC KIT/PDGFRA inhibitor with potential to expand to indications beyond PDGFRA exon 18 GIST

泰吉华

~45K

annual newly diagnosed patients with ***PDGFRA*** exon 18 or ***KIT*** mutation tumors in China

PDGFRA exon 18 GIST	• *ORR: 70%[1]*
Advanced SM	• *ORR: 84%* • *24m OS: 87.7%*
Non-advanced SM	• *Statistically significant & clinically meaningful improvement in TSS*
KIT D816 or N822 mutant r/r AML	• ***Data to be published at conference/journal[1]***
KIT 17/18 mutant GIST (2L-4L)	• *mPFS was 19.3mths and ORR was 36.4% in 2L GIST[1]*

Drug Profile

Partner with blueprint MEDICINES [2]

Development and Regulatory Progress

	GIST		SM		KIT D816 or N822 mutant r/r AML
	PDGFRA exon 18	KIT 17/18 mutant (2-4L)	Advanced	Non-advanced	
China	Approved	Robust antitumor activity over SOC via retrospective analysis	Bridging registration trials explored with CDE		Promising efficacy observed in real world. IIT ongoing to generate data to be included in treatment guidelines
US Blueprint	Approved		Approved	Approved ✓	
EU Blueprint	Approved		Approved		

Tech transfer application including BE accepted by CDE, domestic supply expected in 2024

Commercial Progress

80+	**100+**	**80%[3]**	**5**
hospitals and DTPs (Direct-to-patient pharmacy) listed as of today	commercial / government insurance programs	testing rate achieved, with improved accuracy by collaborating with NPQCC	national guidelines, incl. Chinese guideline for diagnosis and treatment of SM
Market Access	**Affordability**	**PDGFRA exon 18/KIT testing**	**National Guidelines**

[1]. Data for Chinese patient population; [2]. Blueprint Medicines and associated logos are trademarks of Blueprint Medicines Corporation; [3]. In Top 100 hospitals
Abbr.: FIC = first in class; GIST = gastrointestinal stromal tumor; SM = systemic mastocytosis; AML = acute myeloid leukaemia; SOC = standard of care; IIT = investigator initiated trial; TSS = total symptom score; NPQCC = National Pathology Quality Control Center; BE = bio-equivalence; CDE = Center for Drug Evaluation
Data source: Clarivate DRG, 2025; ESMO 2021; ASH 2022; AAAAI 2023; ASCO 2023

Ivosidenib

FIC and the only IDH1 inhibitor approved in mainland China with potential for indication expansion

拓舒沃®

~45K

annual newly diagnosed patients with IDH1 mutation tumors in China[1]

R/R AML	• *CR: 36.7%*
1L AML (Combo)	• *EFS[2] HR: 0.33* • *mOS[3]: 29.3 mths (HR: 0.42)*
CCA	• *mPFS: 2.7 mths* • *HR: 0.37*
Glioma[4]	• ***mPFS: 13.6 mths (PoC)***
R/R MDS	• *CR: 44% ORR: 81% (PoC)*
Chondrosarcoma	• *Promising efficacy observed in clinical trial*

Drug Profile

Partner with SERVIER moved by you

Development and Regulatory Progress

	AML		CCA
	R/R[1]	1L	
	Approved	In regulatory discussion with CDE	In regulatory discussion with CDE
Servier	Approved	Approved	Approved
Servier		Approved	Approved

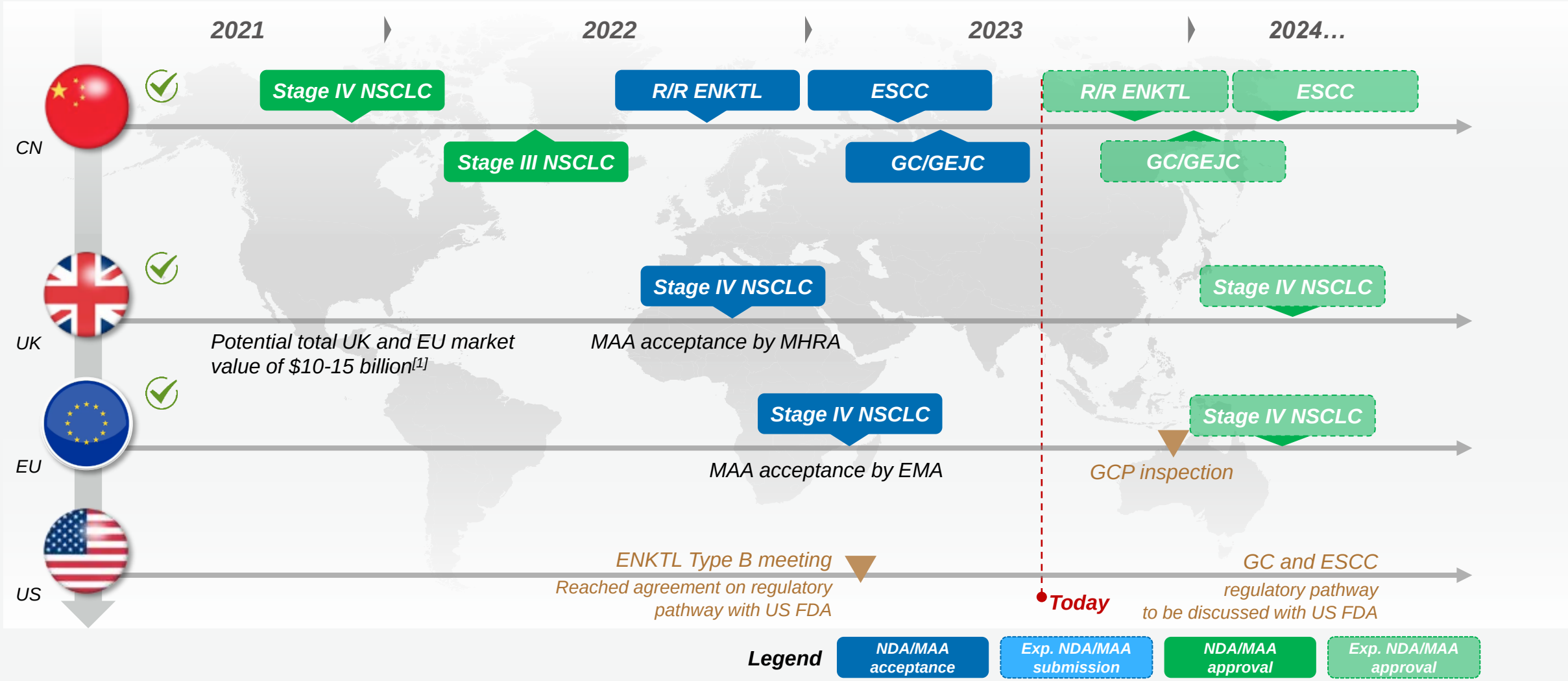
Commercial Progress (Launched in June 2022)

~80	**~100**	**80%**[5]	**6**
hospitals and DTPs (Direct-to-patient pharmacy) listed as of today	commercial / government insurance programs	testing rate achieved, with improved accuracy by collaborating with NPQCC	National guidelines, incl. CSCO Hematologic Malignancy, CACA Hematological Oncology, etc.
Market Access	**Affordability**	**IDH1 testing**	**National Guidelines**

Data source: Clarivate DRG; Globocan 2020; CStone analysis; NEJM; ClarIDHy Trial; J Clin Oncol. 2020 Oct 10; 38(29): 3398–3406.; [1]. Conditional NDA approval for this indication from NMPA; [2]. Event-free survival (EFS) for AGILE: the time from randomization until treatment failure (TF), relapse from remission, or death from any cause, whichever occurs first. TF is defined as failure to achieve CR by Week 24; [3]. Servier presented the updated data from Phase 3 AGILE study at ASCO 2023; [4]. Glioma is not part of the Field in the License Agreement between Servier and CStone; [5] In Top 200 hospitals. Abbr.: FIC = first in class; AML = acute myeloid leukemia, CCA = cholangiocarcinoma, MDS = myelodysplastic syndrome, R/R = Relapsed or Refractory, CR = complete response, NPQCC = National Pathology Quality Control Center, CSCO = Chinese Society of Clinical Oncology, CACA = China Anti Cancer Association; 1L AML: previously untreated IDH1-mutated AML who are not candidates for intensive chemotherapy (not less than 75 years old or who have comorbidities that preclude the use of intensive induction chemotherapy).

Sugemalimab

Expanding into global markets to maximize sugemalimab's asset value, in active discussion with global partners



[1] Data based on EvaluatePharma July 2021 & Cowen PD(L)1 market model update Dec 2019
Abbr.: MAA = marketing authorization application; MHRA = the Medicines and Healthcare products Regulatory Agency; EMA = the European Medicines Agency

Nofazinlimab (PD-1)

Global registrational study of nofazinlimab + lenvatinib for 1L HCC, with topline readout expected in Q1 2024

Front Runner

- Potentially the first PD-(L)1 + lenvatinib combo treatment approved for 1L HCC
- An attractive treatment option for 1L HCC pts
- Potential cost advantage vs. PD-(L)1 + avastin
- Potentially significant revenue from **global markets**

Drug Profile

Development Progress

Global phase III trial design approved by regulatory agencies including China NMPA, US FDA and EMA

March 2022 — Patient enrollment completed

June 2022 — Encouraging PoC data of nofazinlimab + lenvatinib in 1L HCC presented at ASCO

45%	90%	10.4
ORR	DCR	months mPFS

Q1 2024 — **Pivotal data readout expected (OS interim analysis)**

Abbr.: HCC = hepatocellular carcinoma; PoC = proof of concept; EMA = the European Medicines Agency; ORR = objective response rate; DCR = disease control rate; mPFS = median progression-free survival; OS = overall survival

New Research Strategy Yields 10+ Discovery Projects

Solid progress on multiple projects, seeking partnership opportunities

Multiple potential FIC/BIC discovery programs are at/near PCC

CS2009

PD-1 x VEGF x another IO target

Potential **FIC** next-generation IO backbone

- ✓ Target **3 critical immune-suppressive pathways** in the tumor microenvironment
- ✓ May **deepen response** of a PD(L)1-based therapy in large tumor types including NSCLC and HCC

Expect IND in 2024

ADCs

CS5005

Potential FIC

- ✓ **Potential FIC ADC** for multiple solid tumors
- ✓ Lead ADC candidate molecule shows **better therapeutic window compared to control drug (a peptide-coupled drug)**

Expect IND in 2024/25

CS5006

Novel ADC target

- ✓ Global FIC**, machine learning multi-omics algorithm** discovered novel tumor-associated antigens, express in multiple tumor types
- ✓ **Novel clinical PoC topoisomerase I inhibitor toxin**, stable hydrophilic linker (DAR8)

Expect IND in 2024/25

EX001

Cell Penetrating Therapeutic Platform

Potentially disruptive drug discovery and delivery platform

- ✓ Intracellularly deliver a variety of drug modalities to address the **"undruggable intracellular targets"**
- ✓ Cell-penetrating therapeutic modules with drug-like *in vivo* PK properties

Multiple PoCs with different drug modalities demonstrated in vitro

Current status or progress

Abbr.: FIC = first in class; BIC = best in class; IO = immune-oncology; PCC = preclinical candidate compounds; PoC = proof of concept; IND = investigational new drug

CStone's Innovative Portfolio Covers a Broad of Indications with Rapidly Growing Commercial Value

Precision Medicine

- **Pralsetinib** (commercial)
  FIC RET inhibitor
- **Avapritinib** (commercial)
  FIC KIT/PDGFRA inhibitor
- **Ivosidenib** (commercial)
  FIC and the only IDH1 inhibitor
- **Lorlatinib** (clinical)
  ROS1/ALK, co-dev with Pfizer

Immuno-oncology

- **Sugemalimab** (commercial)
  PD-L1, the first PD-(L)1 approved for stage III & IV NSCLC all comers
- **Nofazinlimab** (clinical)
  PD-1, front runner in PD-(L)1 + Lenvatinib for 1L HCC
- **CS1002** (clinical)
  CTLA4, co-dev with Hengrui

Pipeline 2.0

- **CS5001** (clinical)
  ROR1-ADC in leading position worldwide
- **CS2009** (pre-clinical)
  PD-1 x VEGF x another IO target
- **CS5005** (pre-clinical)
  Potential FIC ADC
- **CS5006** (pre-clinical)
  Novel ADC target

Data source: [1][2][3]. Clarivate DRG, 2025

03

Financial Highlights

1H 2023 Financial Results

Significantly lower operating loss on strong product sales +53% and stringent cost control

Mn RMB	1H 2023	1H 2022	Change
GROUP REVENUES	***261.5***	***261.8***	***0%***
Sales of Pharmaceutical Products [1]	246.9	161.4	+53%
Royalty Income [1]	14.6	13.1	+12%
License Fee Income	0.0	87.3	-100%
OPERATING EXPENSES *(Non-IFRS[2] Measures)*	***(381.2)***	***(443.3)***	***-14%***
Research and development expenses (Non-IFRS[2] Measures)	(198.1)	(218.9)	-9%
Selling, marketing and admin expenses (Non-IFRS[2] Measures)	(183.1)	(224.4)	-18%
LOSS FOR THE PERIOD *(Non-IFRS[2] Measures)*	***(183.0)***	***(257.1)***	***-29%***

Mn RMB	30th June 2023	31st December 2022	Change
CASH BALANCE [3]	***1,005.4***	***1,042.1***	***(36.7)***

Total Group Revenues of RMB 261.5Mn

- *Sales of Pharmaceutical Products +53% to RMB 246.9Mn*
- *Royalty Income +12% to RMB 14.6Mn*
- *Commercial gross profit margin [1] increased from 47% to 59%*
- *Expecting milestone from GC/GEJC and ESCC approval by end of 2023/early 2024*

Loss for 1H 2023 down 29% to RMB 183.0Mn

- *Lower spending on phase III registrational clinical trials*
- *Lower SG&A expenses with stringent cost control measures*
- *Loss for the period reduced by 47%, if adjusted one-time License Fee Income of 87.3Mn in H1 2022 (H1 2023: 183.0Mn vs. adjusted H1 2022: 344.4Mn)*

Cash Balance > RMB 1.0Bn

- *Significantly reduced operating cash burn*

[1] Commercial gross profit margin represents gross profit margin generated from sales of pharmaceutical products and royalty income. 1H 2022: RMB 81.7Mn (equals to total Gross profit RMB 169.0Mn less Gross Profit from License Fee Income of RMB 87.3m), 47% of commercial revenue vs. 1H 2023: RMB 153.4 Mn,59% of commercial revenue; [2] IFRS: International Financial Reporting Standards. Non-IFRS Measures represents the loss for the period excluding the effect of certain non-cash items and onetime events, namely the share-based payment expenses; [3] Cash balance includes cash and cash equivalents, and time deposits with original maturity over three months.

04

Catalysts

Expected Catalysts for the Next 12 Months

Assets		Catalysts	Date
Sugemalimab (PD-L1)	Marketed	NDA approval for R/R ENKTL in mainland China	By the end of 2023
	★	MAA approval for 1L stage IV NSCLC in EU	1H 2024
	★	MAA approval for 1L stage IV NSCLC in UK	1H 2024
		NDA approval for 1L GC/GEJ in mainland China	Late 2023/1H 2024
		NDA approval for 1L ESCC in mainland China	Late 2023/1H 2024
		Topline readout of the pre-specified OS final analysis for 1L GC/GEJ	3Q 2023
Lorlatinib (ROS1)	In pivotal trial	Topline readout and supplemental NDA filing for ROS1-positive NSCLC in mainland China	2024
Nofazinlimab (PD-1)	In pivotal trial	★ Topline readout in 1L HCC (in combination with lenvatinib)	1Q 2024
CS5001(ROR1 ADC)	In Ph1 trial	★ Update on clinical safety and efficacy	By the end of 2023
		★ Conference presentation on Ph1 data	1H 2024

★ Key value driver Marketed In pivotal trial In Ph1 trial

Abbr.: NDA = new drug application; ENKTL = Extranodal Natural KILLER/T Cell Lymphoma; NSCLC = non-small cell lung cancer; MAA = marketing authorization application; GC/GEJ = gastric adenocarcinoma/gastroesophageal junction adenocarcinoma; ESCC = esophageal squamous cell carcinoma; HCC = hepatocellular carcinoma

Thanks

Appendix

Well-balanced Oncology Portfolio of 14 Innovative Assets

Drug candidate	Rights	Indication	Pre-clinical	FIH	POC	Pivotal	NDA	Marketed	Approval CN	Approval TW	Approval HK	Approval US	Partner
Pralsetinib (RET)		2L NSCLC							✓	✓	✓	✓	blueprint MEDICINES
		1L NSCLC							✓	✓	✓	✓	
		1L MTC / TC							✓	✓			
		Multiple tumors											
Avapritinib (KIT/PDGFRA)		PDGFRA exon 18 GIST							✓	✓	✓	✓	blueprint MEDICINES
		SM[1]										✓	
Ivosidenib (IDH1)		R/R AML							✓			✓	SERVIER moved by you
		1L AML										✓	
Sugemalimab (PD-L1)		1L Stage IV NSCLC							✓				Pfizer Mainland China
		1L Stage IV NSCLC											
		Stage III NSCLC							✓				
		1L GC/GEJ											
		1L ESCC											
		R/R ENKTL											
		R/R ENKTL											
CS1003 (PD-1)		1L HCC											
Lorlatinib (ROS1/ALK)		NSCLC							✓ (ALK)			✓ (ALK)	Pfizer[3]
Fisogatinib (FGFR4)		HCC											blueprint MEDICINES
CS1002 (CTLA-4)		Solid tumors											Greater China
CS5001[2] (ROR1)		Solid tumors hematologic malignancies											LCB
CS2009 (PD1/ VEGF/another IO target)		Solid tumors											
CS5005 (Undisclosed ADC)		Solid tumors											
CS5006 (Undisclosed ADC)		Solid tumors											
CS6001 (Immuno-cytokine)		Solid tumors											
CS2008 (Undisclosed Multi-specific)		Solid tumors											

Note: Assets status denotes progress in the region(s) noted in the column titled "Rights"; CN = Mainland China, TW = Taiwan, China, HK = Hong Kong SAR, China, US = United States, FIH = First in Human, POC = Proof of Concept, NSCLC = Non-small Cell Lung Cancer, MTC = Medullary Thyroid Cancer, TC = Thyroid Cancer, GIST = Gastrointestinal Stromal Tumor, SM = Systemic Mastocytosis, GC/GEJ = gastric adenocarcinoma/gastroesophageal junction adenocarcinoma, ESCC = Esophageal Squamous Cell Carcinoma, R/R = Relapsed or Refractory, NKTL = Natural KILLER/T Cell Lymphoma, AML= Acute Myeloid Leukemia, HCC = Hepatocellular Carcinoma

1. POC was conducted in the U.S. and no clinical trials have been conducted in China; 2.CStone obtains the exclusive global right to lead development and commercialization of LCB71/CS5001 outside the Republic of Korea; 3. Co-development in Greater China

Greater China | Global | Korea | Singapore | Expedited registration

Industry Leading Management Team

Proven track record, oncology focus and complementary expertise

Jason Yang
MD, PhD

Chief Executive Officer

Pfizer · BeiGene · AMGEN · COVANCE

Archie Tse
MD, PhD

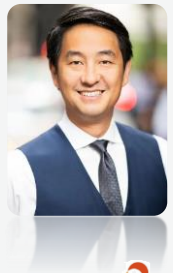
Chief Scientific Officer

MERCK · Daiichi-Sankyo · Memorial Sloan Kettering Cancer Center

Josh Zhou
MD

Greater China GM

McKinsey & Company · China Resources · sanofi · NOVARTIS



Michael Choi
MBA

Chief Business Officer

sparc · Pfizer · IQVIA · Huron CONSULTING GROUP

Yinghua Zhang

SVP, Operations

先声药业 Simcere · SMSD

Qingmei Shi
MD, PhD

SVP, Clinical Dev.

COVANCE · parexel

Jun Cheng

VP, Finance

和黄医药 HUTCHMED · Nestlé

Nicky Ni
MBA

VP, Board Secretary, Capital Markets & Business Planning

Deutsche Bank

Ye Zhao

VP, Head of Communications

PerkinElmer · CBMG Cellular Biomedicine Group · 宣泰医药 SINOTHERAPEUTICS

END