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Investor Presentation

Shanghai Junshi Biosciences Co., Ltd.

Aug, 2022

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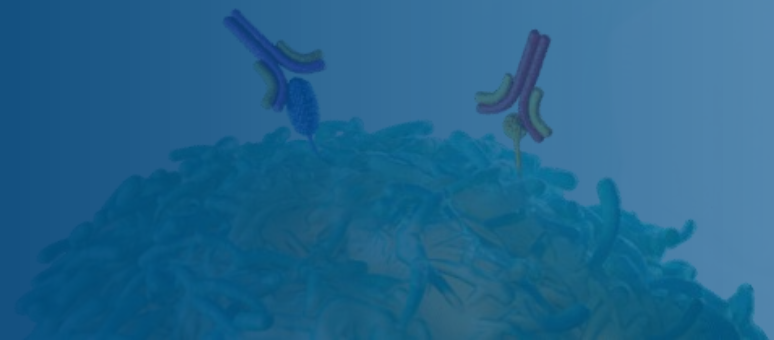
01 Company Overview

Our mission is to provide patients with treatment options that work better and cost less.



Company Snapshot: In China, For Global

Pipeline	**China**	• TUOYI® (Toripalimab): + 1L ESCC sNDA • JUNMAIKANG® (君迈康®): RA, AS, psoriasis approved, +5 sNDA accepted by the NMPA • IND Approved: JS112, JS107, JS001sc, JS105, JS203, JS116, JS113, TAB009/JS009 • IND Accepted: JS015

	Overseas	• Toripalimab:
		  • FDA accepted the resubmission of the BLA for NPC, **PDUFA action date on 23 Dec 2022**
		  • +1 SCLC ODD(FDA), +1 NPC ODD (European Commission)
		  • ASCO 2022, AACR 2022
		• FDA IND Approved：TAB009/JS009, JS105, JS110

COVID-19 Respond		• **Etesevimab(JS016):** FDA granted EUA for several indications associated with COVID-19, EUA approved in 15+ countries/regions
		• **VV116**：
		  • Approved in Uzbekistan
		  • International multi-center Ph3 clinical studies ongoing
		  • The domestic clinical study of VV116 Versus PAXLOVID reached primary and secondary endpoints

Business Development		• **Coherus:** Exercise the option program TAB006/JS006 • **Wigen Biomedicine:** Licensed 4 small molecule anti-tumor drugs • **Sun Yat-sen University Cancer Center:** Cooperated on application of a bacterium in a Synergist of an ICI
Capital Markets and Financial Results		• Revenue H1 ￥946M, R&D expenses H1 ￥1,062M • The bank balances and cash ~￥3,407M, Net profit excluding non-recurring gains and losses* ￥-946M • A Share issuance to target subscribers, expected to be no more than ￥3.969B • A Shares included in the CSI 500 Index and the SSE 180 Index

*According to CAS

R&D Pipeline Covering a Wide Variety of Therapeutic Areas

Pre-Clinical			Phase 1			Phase 2	Phase 3	Approved
JS011 Undisclosed Tumors	**JS120** IDH1 Tumors	**JS209** CD112R+TIGIT Tumors	**JS001sc** PD-1 Tumors	**JS019** CD39 Tumors	**JS112** Aurora A SCLC	**Tifcemalimab** BTLA Lung cancer, Melanoma, etc	**JS109** PARP Ovarian cancer	**Toripalimab** PD-1 Tumors
JS013 CD93 Tumors	**JS121** SHP2 Tumors	**JS211** PD-L1+Undisclosed Tumors	**JS003** PD-L1 Tumors	**JS101** Pan-CDK Breast cancer, etc.	**JS113** EGFR 4th Gen NSCLC	**JS005** IL-17A Psoriatic, spondylitis	**Bevacizumab** VEGF NSCLC	**Adalimumab** TNF-α Rheumatoid Arthritis, etc
JS015 DKK1 Tumors	**JS122** FGFR2 Tumors	**JS008** Undisclosed	**JS006(TAB006)** TIGIT Tumors	**JS105** PI3K-α Breast cancer, renal cell cancer	**JS116** KRAS Tumors		**Ongericimab** PCSK9 Hyperlipidemia	**Etesevimab*** S protein COVID-19
JS018 IL-2 Tumors	**JS123** ATR Tumors	**JS401** Undisclosed (RNAi) Metabolic diseases	**JS007** CTLA-4 Lung cancer, melanoma	**JS107** Claudin18.2 ADC Gastrointestinal cancer	**JS201** PD-1+TGF-β Tumors		**JT001(VV116)** RdRp COVID-19	
JS104 Pan-CDK Breast cancer, etc	**JS205** EGFR+cMet Tumors	**JS010** CGRP Migraine	**JS009(TAB009)** CD112R/PVRIG Tumors	**JS108** TROP2 ADC TNBC	**JS203** CD3+CD20 Tumors			
JS114 Nectin4 ADC Tumors	**JS206** IL2+PD-1 Tumors	**JT003(VV993)** 3CLpro COVID-19	**JS012** Claudin 18.2 Gastric cancer	**JS110** XPO1 Multiple myeloma, etc	**JS103** Uricase Hyperuricacidemia			
JS115 BCMA ADC Multiple myeloma	**JS207** PD-1+VEGF Tumors	**JT109** Vaccine ZIKA Virus	**JS014** IL-21 Tumors	**JS111** EGFR exon 20 NSCLC	**UBP1213sc** BLyS Systemic lupus erythematosus			
					JS026 S protein COVID-19			

- **Oncology**
- **Metabolism**
- **Immunology**
- **Neuroscience**
- **Infectious Disease**
- **Approved**
- **JunTop Biosciences Pipeline**

*** Received FDA Emergency Use Authorization**

Clinical Trials Approved by the FDA

Therapeutic Area	Drugs	Targets	Indications	Pre-Clinical / Phase I / Phase II / Phase III / BLA/NDA	Commercial Partners
Oncology	Toripalimab (JS001)	PD-1	NPC, HCC, ICC, EC, HNSCC, GC, etc	NPC BLA Accepted by the FDA	Coherus (US & Canada)
	Tifcemalimab (TAB004/JS004)	BTLA	Lung Cancer, Melanoma, Lymphoma, etc		
	JS006 (TAB006)	TIGIT	Tumors		Coherus (US & Canada)
	JS009 (TAB009)	CD112R/ PVRIG	Tumors		
	JS105	PI3K-α	Breast cancer, RCC		
	JS110	XPO1	Multiple myeloma, etc		
Infectious Disease	Etesevimab (JS016)	S protein	COVID-19	EUA approved in 15+ countries/regions	Eli Lilly (Outside of Greater China)

Upgrading Production Capacity, Transforming into Intelligent Manufacturing Through Digitalization

Shanghai Lingang
Production Base

- Under construction in accordance with **CGMP standard**
- **30,000L** fermentation capability in the first phase of the project
- Passed the GMP compliance inspection
- Passed the on-site inspection conducted by Lilly and **provided overseas clinical samples of JS016**
- **Digital "smart" factory**
- Responsible for the production of commercial batches of TUOYI® jointly with Wujiang production base

Suzhou Wujiang
Production Base

- **GMP certification**
- Construction completed in 2016
- **4,500L** fermentation capability

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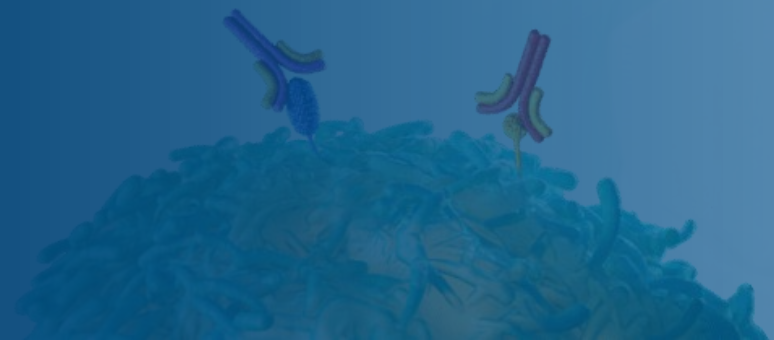
02 COVID Respond

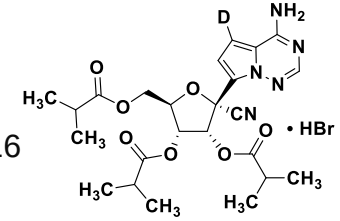
Our mission is to provide patients with treatment options that work better and cost less.

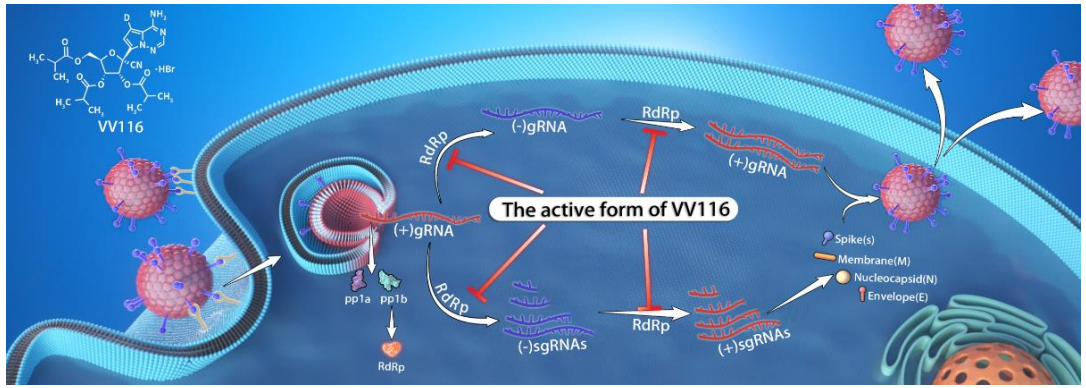


VV116 (JT001): Promising Oral Nucleoside Drug Against COVID-19

- In October 2021, Junshi and **Vigonvita Life Sciences**, incubator of SUSIMM, reached a cooperation and will jointly undertake the clinical development and industrialization of the oral nucleoside anti-SARS-CoV-2 drug candidate **VV116 (JT001):** on a global scale*
- In December 2021, **VV116 (JT001): was approved for the treatment of moderate to severe COVID-19 patients in Uzbekistan.**
- **International multi-center Phase 3 clinical studies are ongoing.**

VV116





VV116 targets the conserved viral RdRp, playing a crucial role in viral replication and transcription.

Positive preclinical results

- **A high barrier to drug resistance**, which means it is effective aginst WT and various variants (e.g. Alpha, Beta, Delta, Omicron)
- **Excellent in vitro efficacy**
- **High oral bioavailability (80% and 90% in rats and dogs)**
- **Significantly reduces the viral RNA copies and infectious virus titers in the lungs**
- **The results of in vitro bacterial reverse mutation test and chromosome aberration test are negative and there is no genetic toxicity**

nature › cell research › letter to the editor › article

Letter to the Editor | Open Access | Published: 28 September 2021

Design and development of an oral remdesivir derivative VV116 against SARS-CoV-2

Yuanchao Xie, Wanchao Yin, Yumin Zhang, Weijuan Shang, Zhen Wang, Xiaodong Luan, Guanghui Tian, Haji A. Aisa, Yechun Xu, Gengfu Xiao, Jia Li, Hualiang Jiang, Shuyang Zhang, Leike Zhang, H. Eric Xu & Jingshan Shen

Cell Research (2021) | Cite this article

*Cooperation territory: the whole world except for the following four territories, namely the five Central Asian countries, Russia, North Africa, and the Middle East.

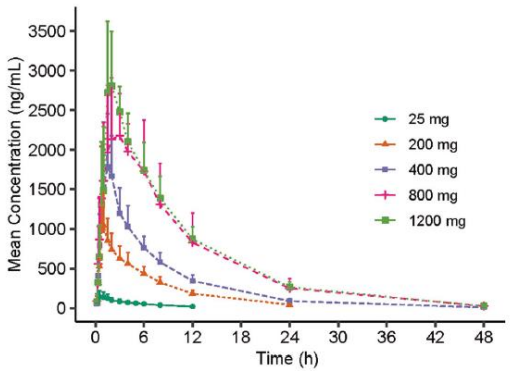
Source: Xie, Y., Yin, W., Zhang, Y. et al. Design and development of an oral remdesivir derivative VV116 against SARS-CoV-2. Cell Res (2021). https://doi.org/10.1038/s41422-021-00570-1

Positive Three Phase I Clinical Study Results on VV116(JT001)

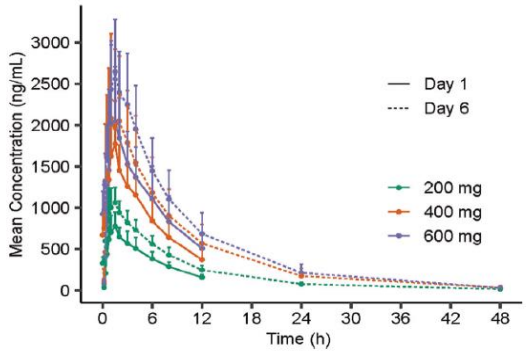
- Three Phase I clinical researches on healthy Chinese subjects have been completed, the results were published in ***Acta Pharmacologica Sinica.***
- **In terms of safety, VV116 has shown satisfactory safety and tolerability.** None of the three studies reported death, serious adverse events, grade three or higher adverse events, or adverse events leading to suspension or discontinuation of treatment. All adverse events were recovered without treatment or intervention. Compared with previously reported data for similar drugs, VV116 has a lower risk of hepatotoxicity.

Adverse events, *n* (%)	200 mg (*n* = 9)	400 mg (*n* = 9)	600 mg (*n* = 9)	Total VV116 (*n* = 27)	Placebo (*n* = 9)
Overall	3 (33.3)	5 (55.6)	6 (66.7)	14 (51.9)	5 (55.6)
VV116/placebo related	3 (33.3)	5 (55.6)	6 (66.7)	14 (51.9)	5 (55.6)
Severity					
Grade 1	3 (33.3)	5 (55.6)	6 (66.7)	14 (51.9)	4 (44.4)
Grade 2	0	0	0	0	1 (11.1)
Grade 3	0	0	0	0	0
Grade 4	0	0	0	0	0
Grade 5	0	0	0	0	0

adverse events in multiple ascending-dose study



The mean plasma 116-N1 concentration-time curves in each dose group after a single dose of VV116



The mean plasma 116-N1 concentration-time curves at Day 1 and Day 6 in multiple ascending-dose study

VV116 shows good pharmacokinetic characteristics

- Oral administration of VV116 is rapidly absorbed
- Repeated administration can maintain effective antiviral concentration
- Normal diet has no effect on the drug exposure of VV116

Source: Safety, tolerability, and pharmacokinetics of VV116, an oral nucleoside analog against SARS-CoV-2, in Chinese healthy subjects

VV116(JT001): First Clinical Study of China's Antiviral Oral Drug Against Omicron Published

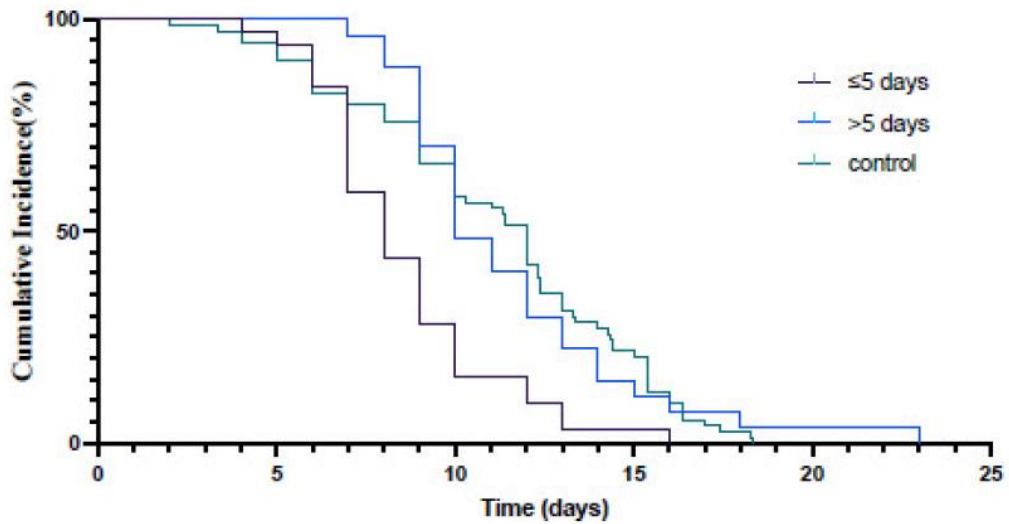
- On 18 May, 2022， the first clinical research of China's antiviral oral drug against SARS-CoV-2, VV116 (JT001) was published on ***Emerging Microbes& Infections***.
- This is an open, prospective cohort study to evaluate the safety and effectiveness of VV116 in patients hospitalized with the Omicron variant.

EMERGING MICROBES & INFECTIONS
2022, VOL. JUST-ACCEPTED, NO. JA, 1-22
https://doi.org/10.1080/22221751.2022.2078230

Open access

An Open, Prospective Cohort Study of VV116 in Chinese Participants Infected with SARS-CoV-2 Omicron Variants

Yinzhong Shen [1,#], Jingwen Ai[2,#], Na Lin[4,#], Haocheng Zhang[2,#], Yang Li[2,#], Hongyu Wang[2,#], Sen Wang[2], Zhen Wang[7], Tao Li[3], Feng Sun[2], Zhenyu Fan[4], Liqun Li[4], Yunfei Lu[4], Xianmin Meng[4], Hong Xiao[4], Huiliang Hu[4], Yun Ling[5], Feng Li[6], Hongdi Li[4], Chunmei Xi[4], Liping Gu[4], Wenhong Zhang[2,3,8,9], and Xiaohong Fan[6]



The results of the study shows that,

- In all participants enrolled, the SARS-CoV-2 nucleic acid shedding time was **9.92 days** in the VV116 group (*VS. 11.13 days in the control group*).
- Time from the first day of VV116 treatment to the first day for the negative nucleic acid testing is **3.52 days**.
- The SARS-CoV-2 nucleic acid shedding time for participants who took the experimental treatment within 5 days from the first positive test result in the VV116 group is was **8.56 days** *(VS. 11.13 days in the control group)*
- For safety profile, no serious adverse events were reported in both groups.

Source: Shen Y, Ai J, Lin N, Zhang H, Li Y, Wang H, Wang S, Wang Z, Li T, Sun F, Fan Z, Li L, Lu Y, Meng X, Xiao H, Hu H, Ling Y, Li F, Li H, Xi C, Gu L, Zhang W, Fan X. An Open, Prospective Cohort Study of VV116 in Chinese Participants Infected with SARS-CoV-2 Omicron Variants. Emerg Microbes Infect. 2022 May 17:1-22. doi: 10.1080/22221751.2022.2078230. Epub ahead of print. PMID: 35579892.

VV116 (JT001) Versus PAXLOVID for Early Treatment of Mild to Moderate COVID-19 in High-Risk Patients Reaches Primary Endpoint in Phase III Study

- ***The study reaches its primary endpoint(VV116 is statistically superior) and secondary efficacy endpoint***
- ***VV116 (JT001) has a good safety profile and its overall incidence of adverse events is lower than that of PAXLOVID***

- **Patients in the VV116 (JT001) arm exhibit a shorter time to sustained clinical recovery and achieve statistical superiority. This result demonstrates that VV116's ability to accelerate the alleviation of COVID-19 symptoms.**

- **There is no COVID-19 disease progression or death in the VV116 (JT001) arm or PAXLOVID arm.** VV116 (JT001) arm shows **a trend toward statistical superiority** to PAXLOVID in the time to sustained disappearance of clinical symptoms and the time to patient testing negative for SARS-CoV-2 for the first time.

VV116(JT001): International Multi-Center Ph3 Clinical Studies Ongoing

VV116 is under the stage of international multi-center phase 3 clinical studies, and several pivotal clinical studies for patients with mild to moderate and moderate to severe COVID-19 are in process.

01

An international multi-center, double-blind, randomized, placebo-controlled Phase III clinical study for the treatment of patients with mild to moderate COVID-19 (NCT05242042)

02

A multi-center, single-blind, randomized, controlled Phase III clinical study to evaluate the efficacy and safety of VV116 versus PAXLOVID for early treatment of patients with mild to moderate COVID-19 (Reached pre-specified primary endpoints and secondary efficacy endpoints)

03

An international multi-center, randomized, double-blind Phase III clinical study of the efficacy and safety of VV116 versus standard therapy for moderate-to-severe COVID-19 patients

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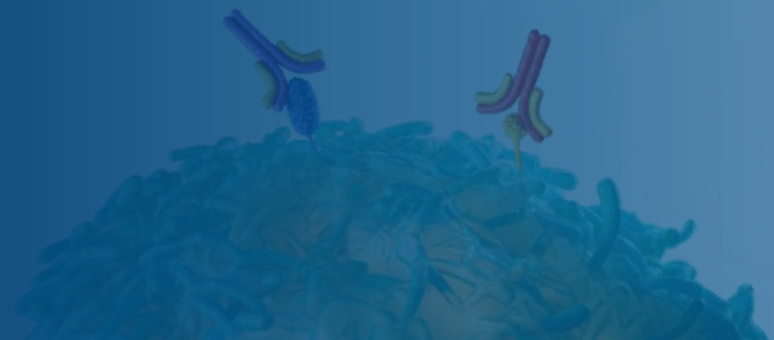
03 Core Commercialized Products

Our mission is to provide patients with treatment options that work better and cost less.



International Recognition and Overseas Progress

Before 2021	2021 Q1	Q2	Q3	Q4	2022 H1
FDA ODD Mucosal Melanoma	**FDA FTD Mucosal Melanoma**	ASCO 2021 39 studies presented - 2 oral reports, incl. 1 LBA - 15 poster presentations - 20+ online abstracts	**FDA BTD 1L NPC**	**FDA BLA NPC Accepted**	**FDA ODD SCLC**
FDA BTD ODD NPC	**FDA BLA NPC Filing**	ESTS 2021 ESCC perioperative	***Nature Medicine*** **IF=87.241** **Cover Article** **r/m NPC** **(JUPITER-02)**	**FDA ODD EC**	**FDA BLA NPC Resubmission Accepted**
FDA ODD Sarcoma	WCLC 2020 NSCLC	AACR 2021 3 studies selected - HCC perioperative - ESCC perioperative - SCLC Maintenance	WCLC 2021 1L NSCLC (CHOICE-01)		**European Commission ODD NPC**
	Journal of Clinical Oncology *IF=50.717* r/m NPC (POLARIS-02)		ESMO 2021 -11 studies presented - 1L ESCC (JUPITER-06)		AACR 2022 r/m NPC (JUPITER-02) ***Cancer Cell*** **IF=38.585** **1L ESCC** **(JUPITER-06)** ASCO 2022 - 30+ data release - covering 10+ cancers

US FDA
- **2** Breakthrough Therapy Designation
- **1** Priority Review
- **1** Fast Track
- **5** Orphan Drug Designation

European Commission
- **1** Orphan Drug Designation

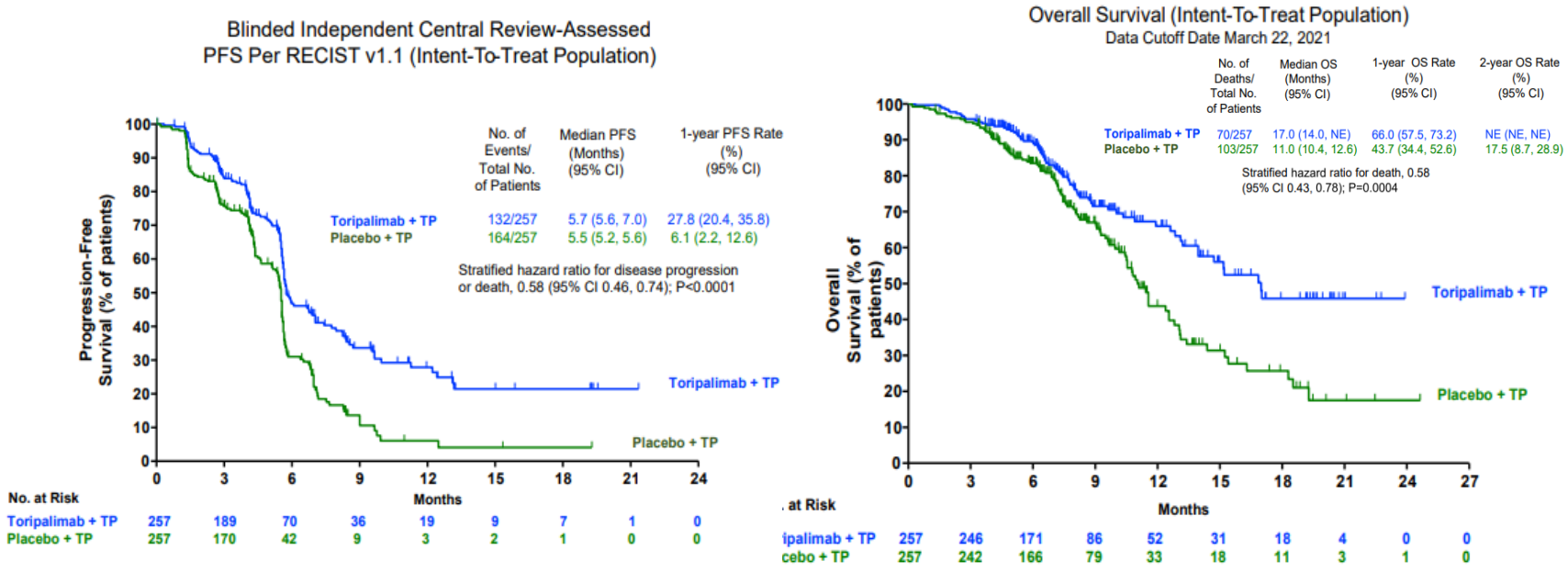
Progress of overseas clinical trials

Academic achievements

Toripalimab for 1L ESCC

- In May 2022, NMPA approved the sNDA for **toripalimab in combination with paclitaxel and cisplatin in the first-line treatment of patients with unresectable locally advanced/recurrent or distant metastatic ESCC**. This is the fifth indication approved for toripalimab in China.
- The approval of the sNDA is based on results from the JUPITER-06 study (NCT03829969): A randomized, double-blind, Phase 3 clinical trial comparing the efficacy and safety of toripalimab versus placebo in combination with TP as a first-line treatment for patients with advanced or metastatic ESCC.

Results from JUPITER-06



- ✓ **ESMO 2021 #1373MO**
- ✓ ***Cancer Cell***

Improvement in PFS: mPFS 5.7 vs. 5.5 months, reduced the risk of progression or deaths by 42% (HR=0.58，95% CI：0.46-0.74，P < 0.0001)

Improvement in OS: mOS 17.0 vs. 11.0 months, reduced the risk of deaths by 42% (HR=0.58，95% CI：0.43-0.78 , P=0.0004)

An outperformed ORR: 69.3% vs 52.1%, increased by 17.2%.

*JUPITER-06: A randomized, double-blind, Phase 3 clinical trial comparing the efficacy and safety of toripalimab versus placebo in combination with TP as a first-line treatment for patients with advanced or metastatic ESCC.
Source：Wang, Z. X., Cui, C., Yao, J., Zhang, Y., Li, M., Feng, J., ... & Wang, F. (2022). Toripalimab plus chemotherapy in treatment-naïve, advanced esophageal squamous cell carcinoma (JUPITER-06): A multi-center phase 3 trial. Cancer Cell.

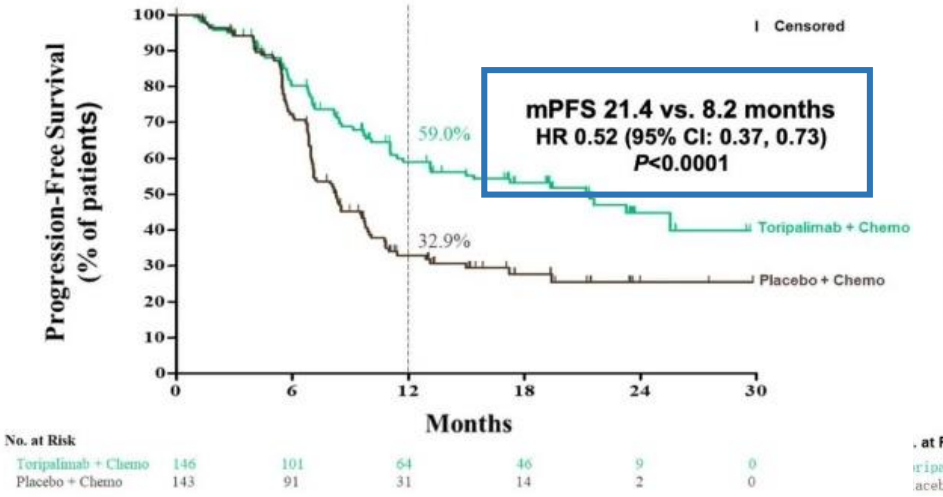
First US BLA Filling: Toripalimab for Nasopharyngeal Carcinoma (NPC)

- In Feb 2021, the sNDA for toripalimab as a treatment for patients with recurrent/metastatic NPC who **failed at least two lines of systemic therapy** was approved by the NMPA. This is the **world's first** NDA of anti-PD-1 mAb for the treatment of NPC. (*Included in the NRDL*).

- In Jul 2022, US FDA has accepted for review our resubmission of the BLA for toripalimab, in combination with gemcitabine and cisplatin, for the first-line treatment of patients with advanced recurrent or metastatic NPC and toripalimab monotherapy for the second-line or above treatment of recurrent or metastatic NPC after platinum-containing chemotherapy. **The PDUFA action date is on 23 December 2022.**

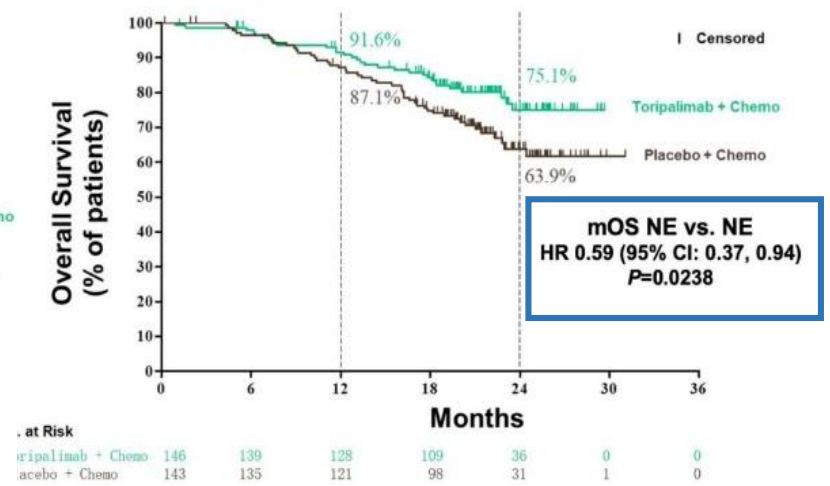
Results from JUPITER-02

	No. of Events/ Total No. of Patients	median PFS(95% CI) months	1-Yr PFS Rate (95% CI) %	2-Yr PFS Rate (95% CI) %
Toripalimab + Chemo	63/146	21.4 (11.7, NE)	59.0 (49.7, 67.2)	44.8 (34.4, 54.7)
Placebo + Chemo	87/143	8.2 (7.0, 9.8)	32.9 (24.6, 41.5)	25.4 (17.0, 34.8)



	No. of Deaths/ Total No. of Patients	median OS (95% CI) months	1-Yr OS Rate (95% CI) %	2-Yr OS Rate (95% CI) %
Toripalimab + Chemo	30/146	NE (NE, NE)	91.6 (85.6, 95.1)	75.1 (65.5, 82.4)
Placebo + Chemo	46/143	NE (NE, NE)	87.1 (80.4, 91.7)	63.9 (54.2, 72.1)

NE = not estimable



- ✓ **ASCO 2021 Plenary Session**
- ✓ ***Nature Medicine* Cover Article**
- ✓ **AACR 2022 #CT226**

Improvement in PFS: mPFS 21.4 vs. 8.2 months, HR=0.52 (95%CI: 0.37-0.73), P<0.0001)

41% reduction in risk of death

ORR 78.8% vs. 67.1% (P=0.022)

mDoR 18.0 vs. 6.0 months, HR=0.49 (95%CI:0.33-0.72)

No new safety signals were identified

*JUPITER-02 is the first international multi-center Phase III trial to prove the addition of toripalimab to GP as a first-line treatment for r/m NPC patients provided superior PFS and OS than GP alone.
Source: AACR 2022， *https://www.abstractsonline.com/pp8/#!/10517/presentation/20289*

Autoimmunity: JUNMAIKANG® (UBP1211) , Anti-TNF-α mAb

- Developed by Junshi and **Mabwell Bio**
- In March 2022, JUNMAIKANG® for the treatment of **rheumatoid arthritis, ankylosing spondylitis and psoriasis** received marketing approval from the NMPA, with the first prescription issued in May 2022.
- In August 2022, five supplemental applications for additional indications of JUNMAIKANG® for the treatment of **Crohn's disease, uveitis, polyarticular juvenile idiopathic arthritis, pediatric plaque psoriasis and pediatric Crohn's disease were accepted by the NMPA**.

Anti-TNF-α mAb is a new generation treatment of immunemediated inflammatory diseases with the special characteristics of being highly efficient, safe, and can be administrated conveniently.

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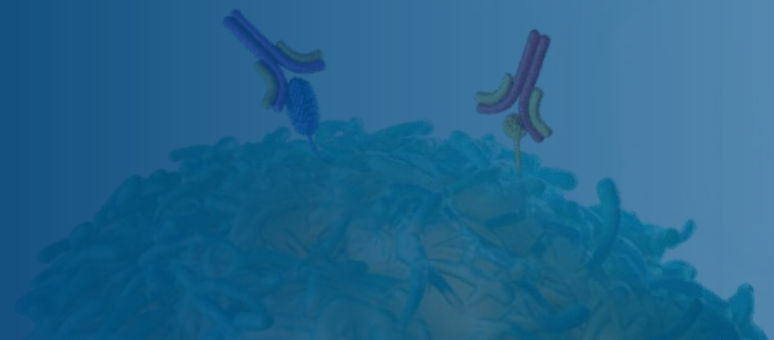
04 Oncology: Solutions to 3 Challenges in Immunotherapy

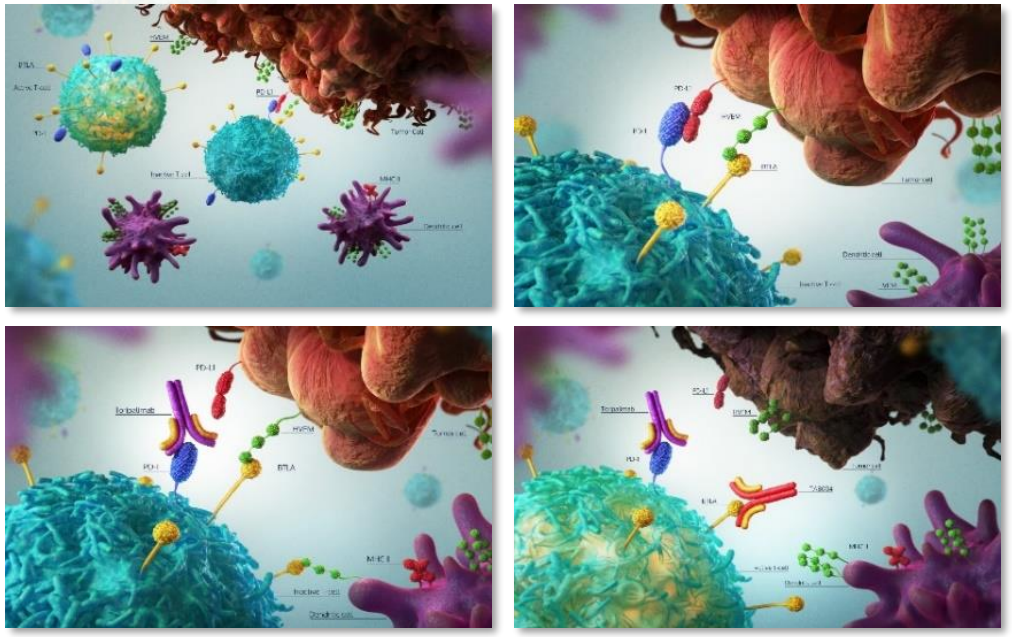
Our mission is to provide patients with treatment options that work better and cost less.



Solutions to Three Major Challenges in Anti–PD-(L)1 Immunotherapy

Three major challenges	Our solutions
1 Multiple inhibitory mechanisms exist in TME	Tifcemalimab (TAB004/JS004)：BTLA TAB006 (JS006) ： TIGIT TAB009 (JS009) ： CD112R …
2 Cold tumors usually do not respond to immunotherapy	JS013: CD93 JS019: CD39 …
3 Lack of tumor-specific T cells	JS014: Long-acting IL-21 …

Tifcemalimab (TAB004/JS004): the World's First-in-human Anti-BTLA mAb Against Tumor



- PD-1 like molecule expressed on activated T and B cells
- BTLA is co-expressed on the surface of activated lymphocytes (B and T cells) with PD-1
- HVEM (ligand on tumor cell) suppresses T-cell proliferation and cytokine release – ***Negative Signaling***
- Tumor expression of HVEM has been associated with poor prognosis and immune escape
- BTLA blockade promotes antigen-specific T cell response and works synergistically with toripalimab (anti-PD-1)

- **TAB004/JS004** is the world's first-in-human anti-tumor recombinant humanized anti-BTLA monoclonal antibody specific to BTLA independently developed by Junshi Biociences
- **The combination of TAB004/JS004 and Toripalimab** is a promising antitumor treatment strategy, which is expected to increase patients' response to immunotherapy and expand the range of potential beneficiaries
- The IND application was approved by the FDA and the NMPA in April 2019 and January 2020, respectively

ASCO22: First Clinical Data Release of TAB004/JS004(Tifcemalimab)

#2643

Phase Ia dose-escalation study of the anti-BTLA antibody tifcemalimab as a monotherapy in patients with advanced solid tumors

Figure 6. Changes in target lesion(s) over time

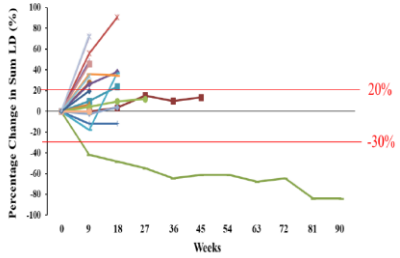
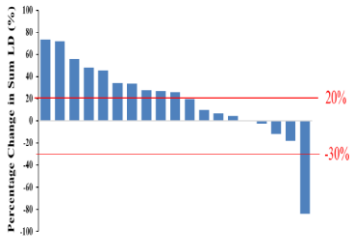


Figure 7. Best response of target lesion(s)



Efficacy:

- Among 19 evaluable patients as of April 30, 2022, **1 confirmed PR (Melanoma) and 7 SD** were observed (RECIST v1.1)
- The median duration of SD was **18 weeks**
  - 1 melanoma patient had previously progressed upon nivolumab and BRAF/MEK inhibitors treatments, has **continued PR for more than 18 months**

Safety and Tolerability:

- No Dose Limiting Toxicity (DLT) was observed
- All patients experienced at least one TEAE and 7 (28%) experienced grade 3 TEAEs. No grade 4 or 5 TEAE occurred.

#7578

Phase I study of the anti-BTLA antibody tifcemalimab as a single agent or in combination with toripalimab in relapsed/refractory lymphomas

Efficacy:

- As of April 26, 2022, Among 25 evaluable patients receiving monotherapy, **1 PR (follicular lymphoma) and 7 SD** were observed (Lugano criteria)
- Among 6 patients receiving the combination **(all progressed upon prior anti-PD-1 therapy)**, **3 PR (ORR 50%) and 1 SD** were observed

Safety and Tolerability:

- No DLT was observed in either monotherapy or combination dose escalation

Figure 4. Changes in target lesion(s) over time Monotherapy

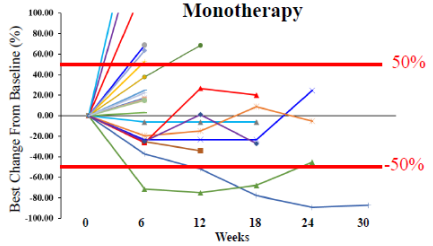


Figure 5. Best response of target lesion(s) Monotherapy

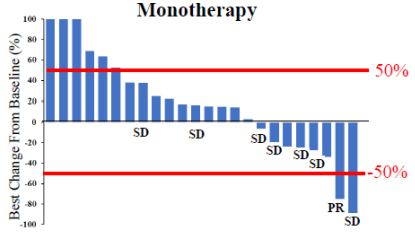


Figure 6. Changes in target lesion(s) over time Combination

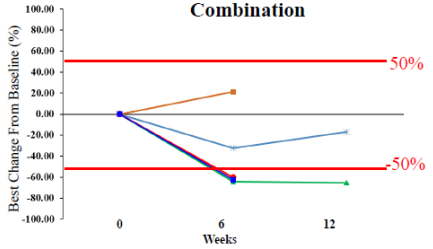
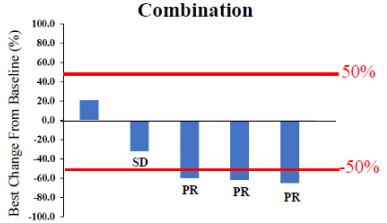
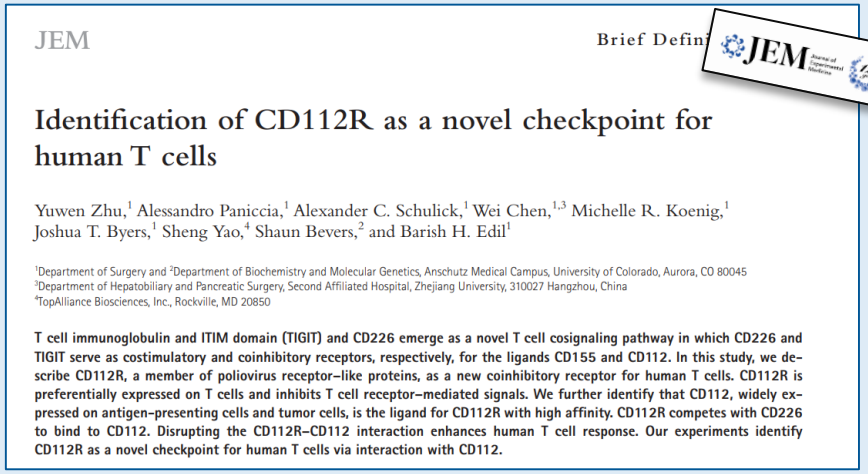


Figure 7. Best response of target lesion(s) Combination



Source: ASCO 2022

Novel Immune Checkpoint Inhibitors： Anti-CD112R & Anti-TIGIT



JEM Brief Defin

Identification of CD112R as a novel checkpoint for human T cells

Yuwen Zhu,[1] Alessandro Paniccia,[1] Alexander C. Schulick,[1] Wei Chen,[1,3] Michelle R. Koenig,[1] Joshua T. Byers,[1] Sheng Yao,[4] Shaun Bevers,[2] and Barish H. Edil[1]

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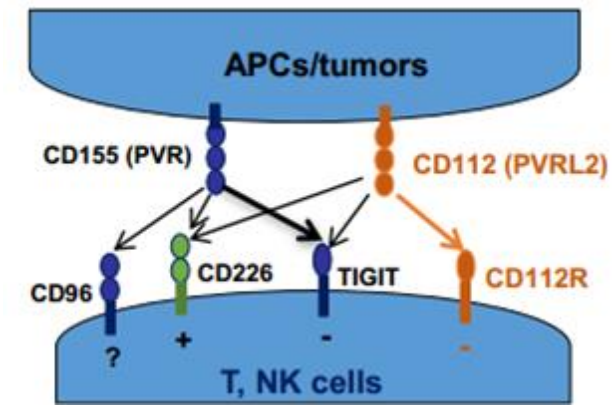
[3]Department of Hepatobiliary and Pancreatic Surgery, Second Affiliated Hospital, Zhejiang University, 310027 Hangzhou, China
[4]TopAlliance Biosciences, Inc., Rockville, MD 20850

T cell immunoglobulin and ITIM domain (TIGIT) and CD226 emerge as a novel T cell cosignaling pathway in which CD226 and TIGIT serve as costimulatory and coinhibitory receptors, respectively, for the ligands CD155 and CD112. In this study, we describe CD112R, a member of poliovirus receptor–like proteins, as a new coinhibitory receptor for human T cells. CD112R is preferentially expressed on T cells and inhibits T cell receptor–mediated signals. We further identify that CD112, widely expressed on antigen-presenting cells and tumor cells, is the ligand for CD112R with high affinity. CD112R competes with CD226 to bind to CD112. Disrupting the CD112R–CD112 interaction enhances human T cell response. Our experiments identify CD112R as a novel checkpoint for human T cells via interaction with CD112.



The TIGIT/CD226/CD96/CD112R axis

TAB009 (JS009)

- **CD112R(PVRIG) is a new immune checkpoint pathway discovered by Junshi from the origin.** Treatment of T cells with anti-CD112R in combination with PD-1 or TIGIT inhibitors further increased T cell activation and improved the efficacy of clinical treatment.
- JS009 is a recombinant humanized anti-CD112R monoclonal antibody injection independently developed by Junshi Biosciences, mainly for the treatment of advanced malignant tumors.
- **In April 2022, the IND application for the JS009 has been approved by the FDA.**
- **In August 2022, the IND application for the JS009 has been approved by the NMPA.**

TAB006 (JS006)

- **TIGIT** is another immunosuppressive target of the PVR family. Its ligands include PVR and CD112, and its binding site for CD112 is different from that of CD112R
- **JS006** is a specific anti-TIGIT monoclonal antibody injection developed independently by Junshi Biosciences, JS006 can specifically block the TIGIT-PVR inhibitory pathway and stimulate the activation of killing immune cell to secrete tumor-killing factors
- **In January 2021, the IND application for the JS006 has been approved by the NMPA. In February, the IND application for the JS006 has been approved by the FDA**
- **In January 2022, Coherus has also initiated the process to exercise its option to license JS006 (TIGIT-targeted antibody), in the US and Canada.**

JS009 + JS006 exhibits significant synergistic anti-tumor effects

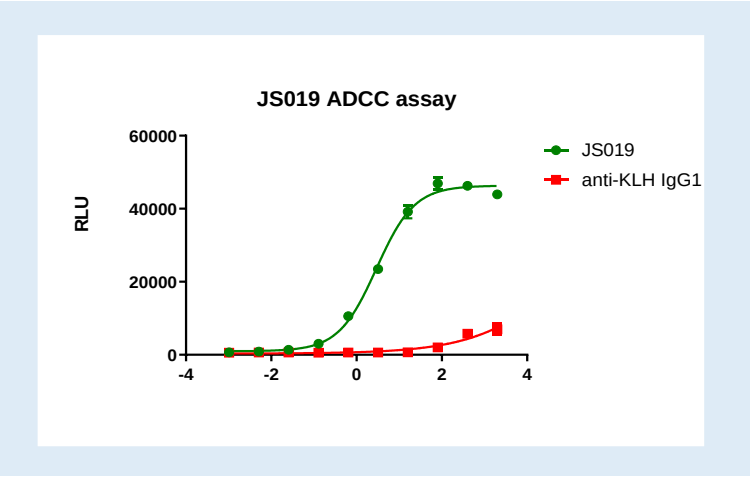
JS009 + TAB006/JS006 + toripalimab can further increase T cell activation and improve the efficacy of clinical treatment

Source： Zhu, Y., Paniccia, A., Schulick, A.C., Chen, W., Koenig, M.R., Byers, J.T., Yao, S., Bevers, S., & Edil, B.H. (2016). Identification of CD112R as a novel checkpoint for human T cells. The Journal of Experimental Medicine, 213, 167 - 176.

Turning ‘Cold’ Tumors into ‘Hot’ Tumors, Reshaping the Immune Microenvironment

JS013 Anti-CD93

- CD93 is one of the top genes in a previously reported human primary tumor angiogenesis gene signature, and CD93 overexpression in tumor vasculatures has been observed in many solid tumors, including pancreas cancer, kidney cancer, head and neck cancer, and colon cancer.
- Blockade of the CD93 pathway normalizes tumor vasculature to facilitate drug delivery and immunotherapy.
- JS013 has promising results in preclinical trials, the company will advance it to the clinical stage

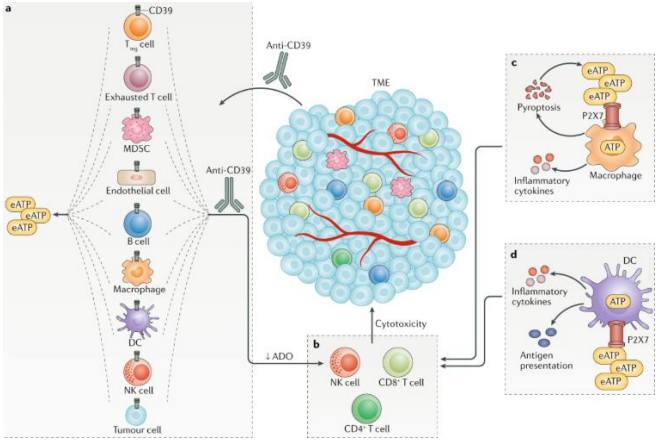


JS015 Anti-DKK1

- DKK1 (Dickkopf-1) is a secreted protein of the DKK family, which is highly expressed in multiple gastric cancer, gastroesophageal junction cancer, myeloma, liver cancer, lung cancer, ovarian cancer and other tumor cells, and can inhibit the canonical Wnt signaling pathway through negative feedback signals.
- JS015 binds to human DKK1 with high affinity, and can effectively block the interaction between DKK1 and its ligand LRP5/6 and activate the Wnt signaling pathway.
- JS015 can inhibit the immunosuppressive effect of DKK1 in the tumor microenvironment, thereby improving the ability of immune system to kill tumor cells.
- The pre-clinical in vivo pharmacodynamics showed that JS015 monotherapy, JS015 in combination with toripalimab injection, a commercialized product of the Company or in combination with paclitaxel exhibit significant anti-tumor effect. In addition, JS015 is well tolerated by animals.
- **In August 2022, the IND application for the JS015 has been accepted by the NMPA**

JS019 Anti-CD39 with Special MoA

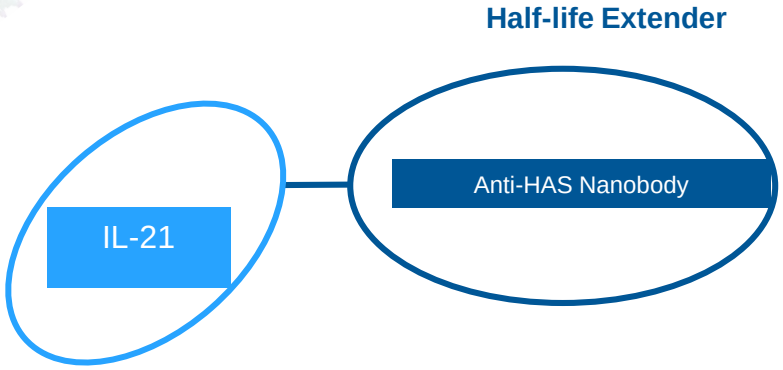
- CD39 is the enzyme responsible for the initial steps in the conversion of immune stimulatory extracellular adenosine triphosphate (ATP) to immune suppressive adenosine (ADO) in the tumor microenvironment, and plays an important role in the immune suppressive response in the tumor microenvironment.
- JS019 can achieve high drug efficacy while reducing potential systemic side effects by highly selectively targeting the high expression of CD39 in the tumor microenvironment.
- **In December 2021, the IND application for the JS019 has been approved by the NMPA**



1. Moesta A K, Li X Y, Smyth M J. Targeting CD39 in cancer[J]. Nature Reviews Immunology, 2020, 20(12): 739-755.

Activating T cells from the Origin

JS014: the World's First Long-acting IL-21



IL-21-hαHSA (No linker)

The active ingredient of JS014 is recombinant IL-21, a nanobody fusion protein of HSA, of which the half-life can be significantly prolonged through fusing anti HSA nanobodies

A re-engineered IL-21

with improved pharmacological properties,

enters the clinical stage

- Significantly increased half-life and exposure
- Improved stability and developability
- Single agent antitumor activity & synergistic with other therapeutic antibodies
- **In August 2021, the IND application for the JS014 has been approved by the NMPA**

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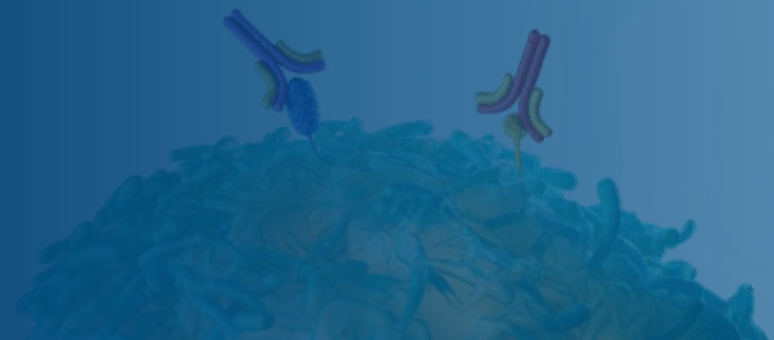
05 Other Modalities

Our mission is to provide patients with treatment options that work better and cost less.



ADC Platform

Validated Targets

Platform
Linker+Payload

POC Speed

Build Internal
Linker+Payload Platform

+

Novel Targets

Clinical Development

Synergize I/O

Global Competition

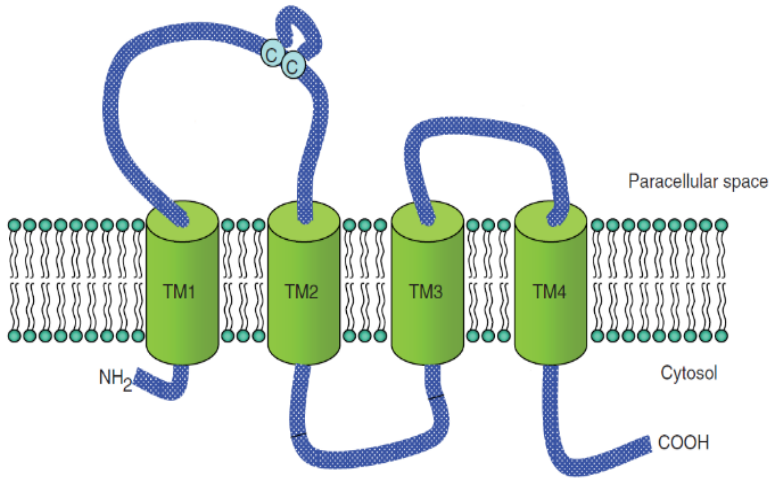
Undisclosed ADC candidate -1
Undisclosed ADC candidate -2

JS114,JS115

Undisclosed ADC candidate -3
Undisclosed ADC candidate -4

JS107

JS107：Anti-Claudin18.2 ADC



schematic of a claudin18 monomer

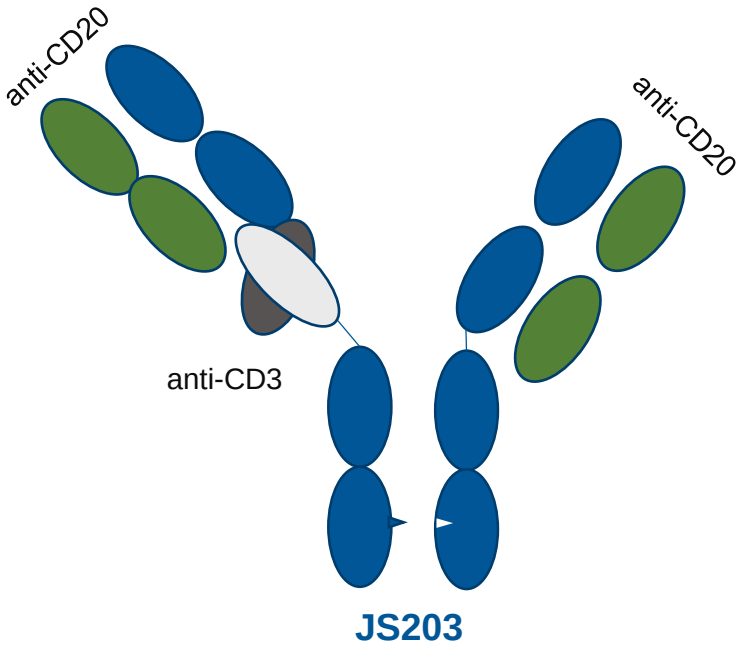
JS107 can bind to Claudin18.2 on the surface of tumor cells, enter into tumor cells through endocytosis, and release the small molecule toxin MMAE, which has a strong lethality to tumor cells.

- JS107 is a recombinant humanized anti-Claudin18.2 monoclonal antibody-MMAE (Monomethyl auristatin E) conjugate for injection developed independently by the Company. It is an antibody-drug conjugate (ADCs) targeting tumor-related protein Claudin18.2, and is intended to be used for the treatment of advanced malignant tumors, such as gastric cancer and pancreatic cancer.
- The pre-clinical in vivo pharmacodynamics showed that JS107 exhibits significant anti-tumor effect. In addition, animals have a good tolerance to JS107 and JS107 exhibits good safety.
- **In March 2022, the IND application for the JS107 has been approved by the NMPA**

JS203：Anti-CD20xCD3 Bispecific Antibody

Background

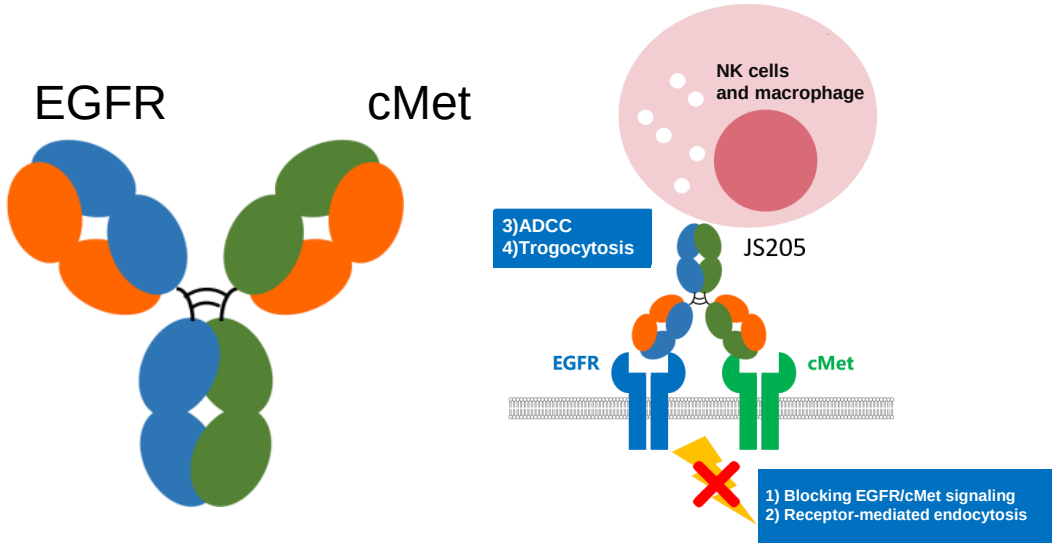
- JS203 is a recombinant humanized anti-CD20xCD3 bispecific antibody self-developed by the Company, mainly for the treatment of relapsed/refractory B-cell non-Hodgkin lymphoma.
- CD20 is a B lymphocyte restricted differentiation antigen and one of the most successful targets for B-cell lymphoma treatment. CD3 is an important marker on the surface of T cell. The main mechanism of T cell engaging bispecific antibodies is using CD3 as a mediator to activate T cells to specifically attack tumor cells.
- JS203 consists of anti-CD20 segment and anti-CD3 segment. By associating and activating T cells (binding to CD3) and lymphoma cells (binding to CD20), JS203 can enable T cells to kill lymphoma cells effectively. Pre-clinical in vivo pharmacodynamics shows that JS203 has a significant anti-tumor effect. In addition, JS203 is well tolerated by animals.



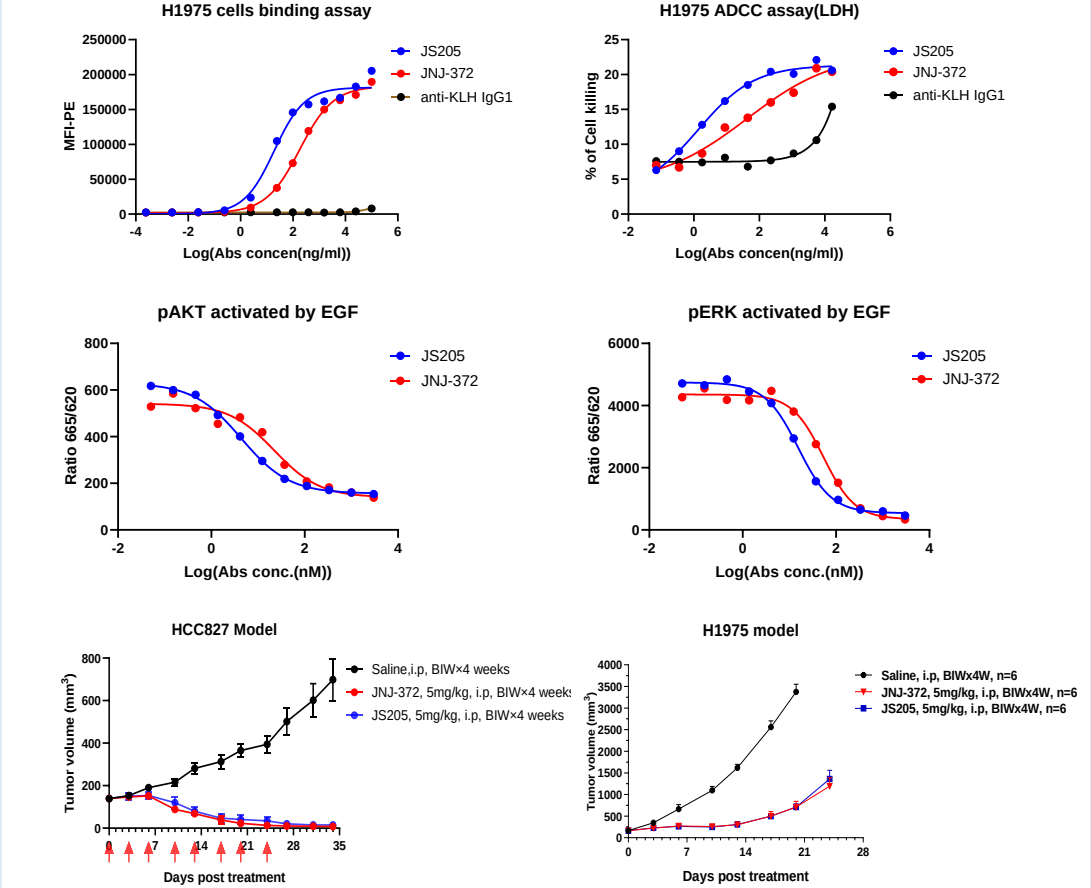
Status

- **In July 2022, the IND application for the JS203 has been approved by the NMPA**

JS205：Anti-EGFR×cMet Bispecific Antibody

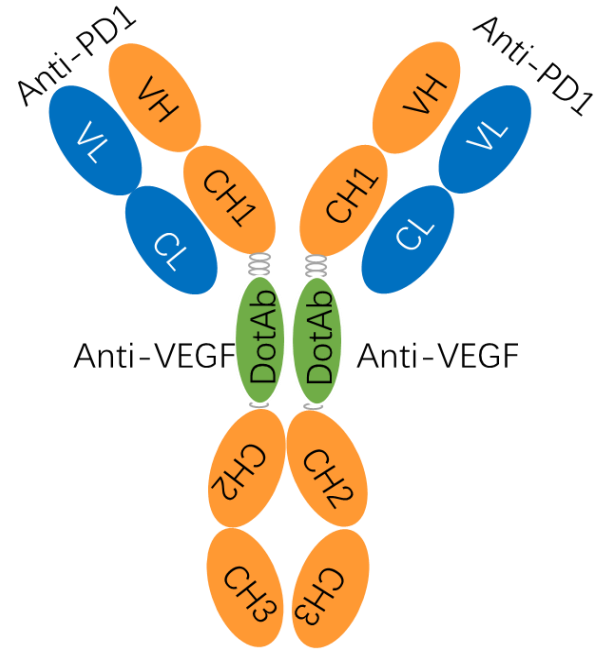


- JS205 is a bsAb targeting EGFR and cMET with a common light chain
- EGFR and cMET signaling pathway plays an important role in tumor development. EGFR×cMet bispecific antibody inhibits tumor growth through multiple mechanisms



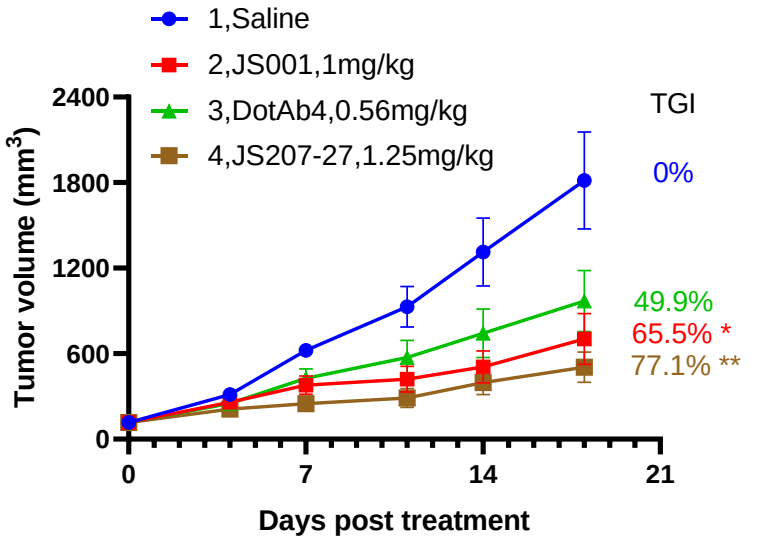
Preclinical studies

JS207：Anti-PD-1xVEGF Bispecific Antibody



Given the strong correlation between VEGF-A and PD-1 expression in the TME, the simultaneous blockade of these 2 targets by JS207 as a single agent might achieve higher target binding specificity and produce enhanced antitumor activity, with an improved safety profile, compared to the combo therapy.

In Vivo efficacy in MC38 model

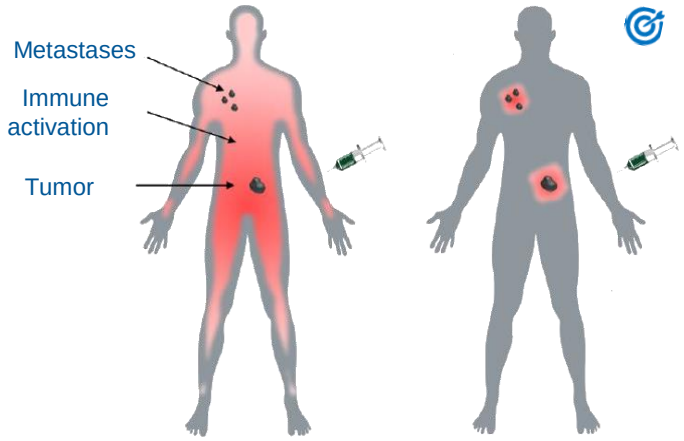


- Present enhanced anti-tumor efficacy when combined with anti-PD-1, showed comparable anti-tumor efficacy to combination therapy.
- Well tolerated in MC38 syngeneic hPD-1 mice when dosing 30 mg/kg, with no abnormal body weight changes or signs of toxicity.

The Next-generation of T-cell Engaging Cancer Immunotherapies：TwoGATE™

Junshi and Revitope collaborate in the research and development of the next-generation of T-cell engaging cancer immunotherapies.
Revitope will be responsible for designing up to 5 unique T-cell immunotherapeutic drugs against targets selected by the Company.

Background

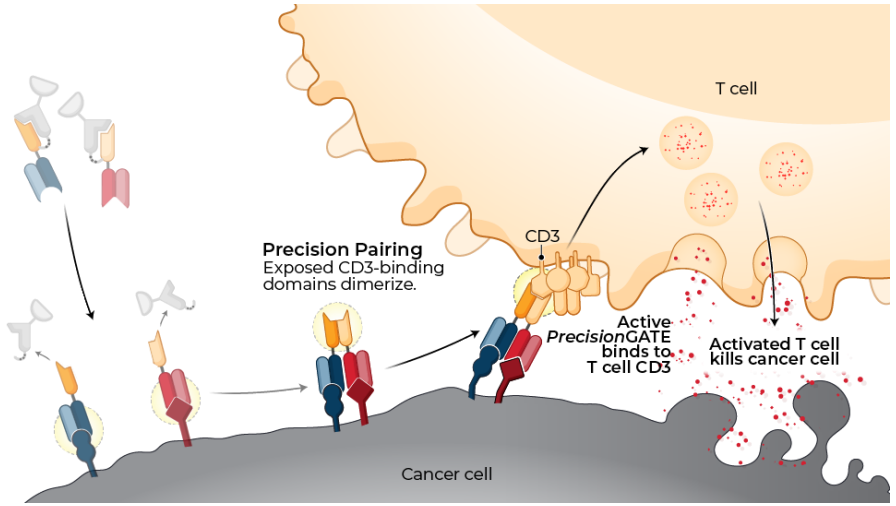


Conventional BsAb

TwoGATE™

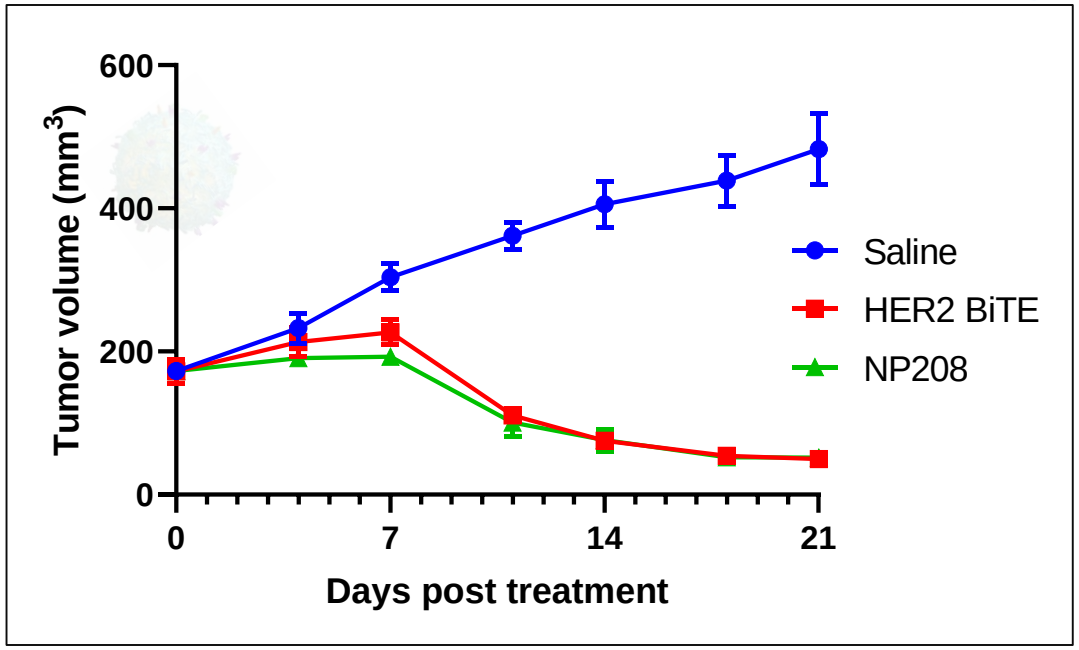
Because conventional bispecific antibody therapeutics can generate unwanted and substantial **"on-target, off-tumor"** toxicity, Revitope's two-component T-cell engaging antibody circuits are designed to permit specific recruitment and activation of T-cells exclusively by **tumor cells**, thereby reducing systemic toxicity.

MoA

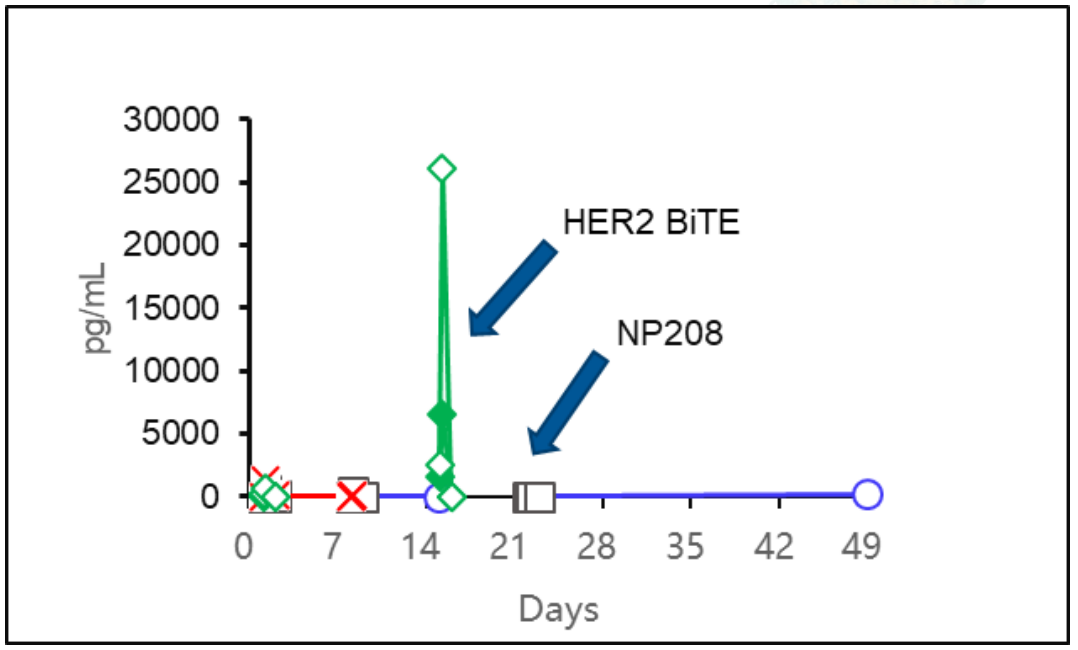


TwoGATE™ therapies **split** the CD3 paratope (the T-cell recognition domain) into two halves.. Only when the two molecules come together through **binding to their different tumor targets on the same tumor cell** can the two halves of the CD3 binding domain **recombine and create** a fully functional anti-CD3 domain.

TwoGATE™: 3rd Generation T-cell Engager Platform



Tumor volume growth curves of the mice after treatment



IL-6 serum levels after treatment

- TwoGATE™ is the 3rd Generation T-cell engager platform developed by Junshi and Revitope.
- Combining Revitope's unique tumor-specific safety gating mechanisms and Junshi's in-house targets, TwoGATE™ are designed to avoid cytokine release risks in peripheral blood (CRS) and instead direct a focused and powerful tumor-specific T cell response.
- TwoGATE™ moleculs show similar anti-tumor efficacies as 1st bispecific T-cell engager HER2 BiTE.
- The results from toxicity studies performed in cynomolgus monkeys display that, comparing with HER2 BiTE, TwoGATE™ molecules significantly reduce the risk for CRS.

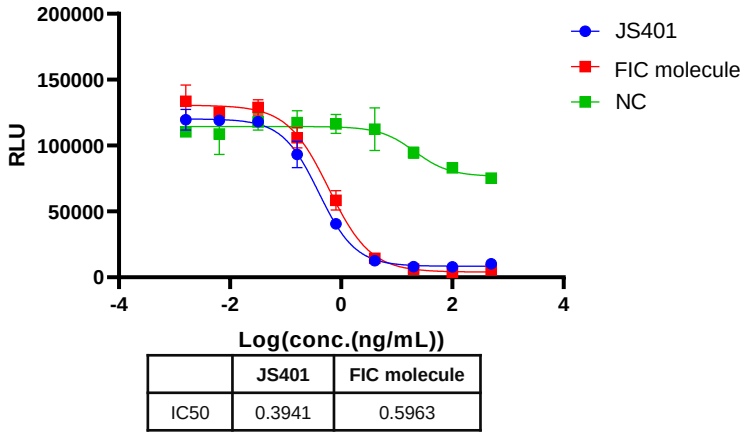
siRNA Drug：JS401

Mixed Hyperlipidemia：JS401

- The potentially first siRNA drug specific for this target in China
- Long-term effectiveness for mixed hyperlipidemia
- Plan to submit a Pre-IND in the near future

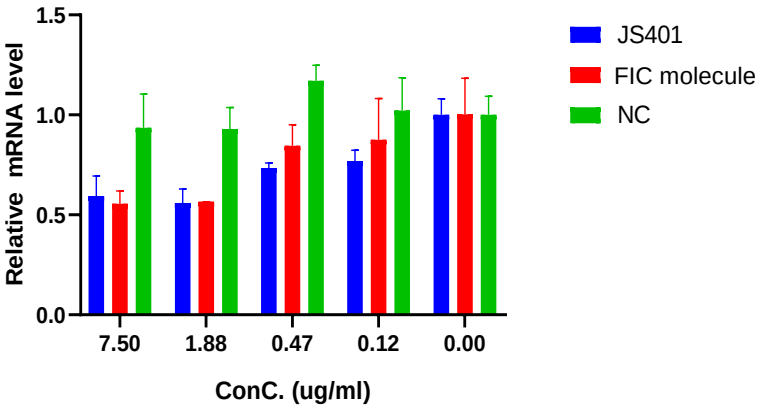
siRNA R&D Platform

- Our siRNA R&D platform is initially established with eight basic supporting systems that improve our developing efficiency
- Improve two crucial elements of siRNA drug developments: drug delivery system, and chemical structure modification

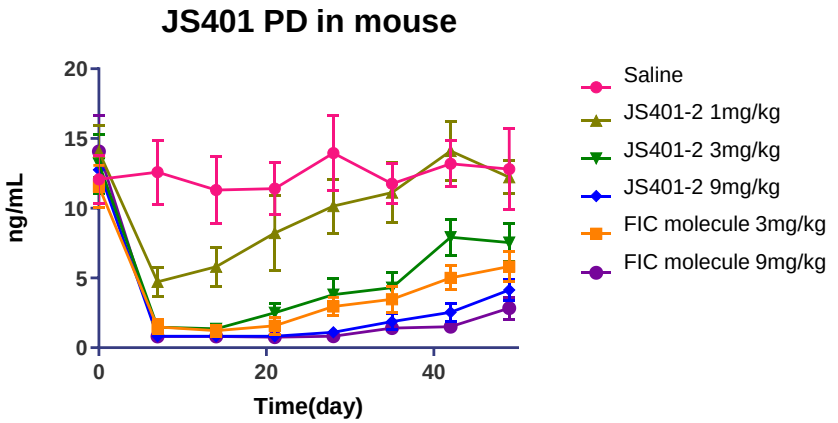


	JS401	FIC molecule
IC50	0.3941	0.5963

comparable in vitro activity to the FIC molecule in RGA



comparable in vitro activity of free uptake in monkey hepatocytes to the FIC molecule



comparable protein inhibitory activity in transgenic mice to the FIC molecule

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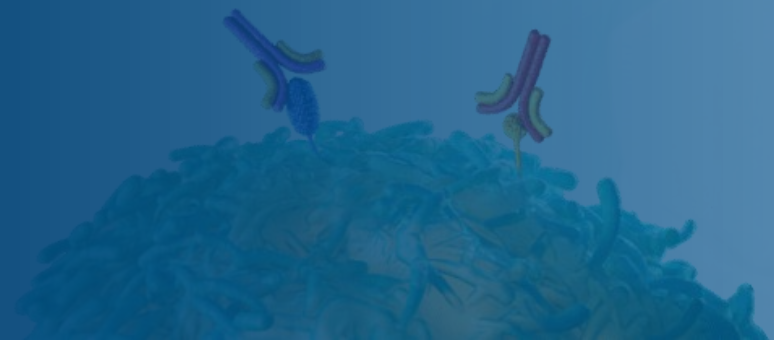
06 Strong Candidates in Clinical Stage

Our mission is to provide patients with treatment options that work better and cost less.



Toripalimab Pivotal Clinical Trials Strategy

the Company's exclusive or the domestic leading indications

GC Postoperative Adjuvant
Chemo Combo vs Chemo

HCC Postoperative Adjuvant
Mono vs Placebo

NSCLC Perioperative
Chemo Combo vs Chemo

ESCC Perioperative
Chemo Combo vs Chemo

NDA Accepted

NSCLC EGFR(-)
Chemo Combo vs Chemo

NSCLC EGFR(+)
Chemo Combo vs Chemo

TNBC
Combo with Albumin-bound paclitaxel vs Albumin-bound paclitaxel

SCLC
Chemo Combo vs Chemo

RCC
Combo with axitinib vs sunitinib

UC PD-L1(+)
Chemo Combo vs Chemo

Melanoma
Mono vs dacarbazine

Approved

NPC
Chemo Combo vs Chemo

Approved

ESCC
Chemo Combo vs Chemo

HCC
Combo with avastin vs sorafenib

HCC
Combo with lenvatinib vs lenvatinib

NMPA BTD

Mucosal Melanoma
Combo with axitinib vs pembrolizumab

Approved NRDL

Melanoma
Mono single arm

Approved NRDL

NPC
Mono single arm

Approved NRDL

UC
Mono single arm

GC
Mono single arm

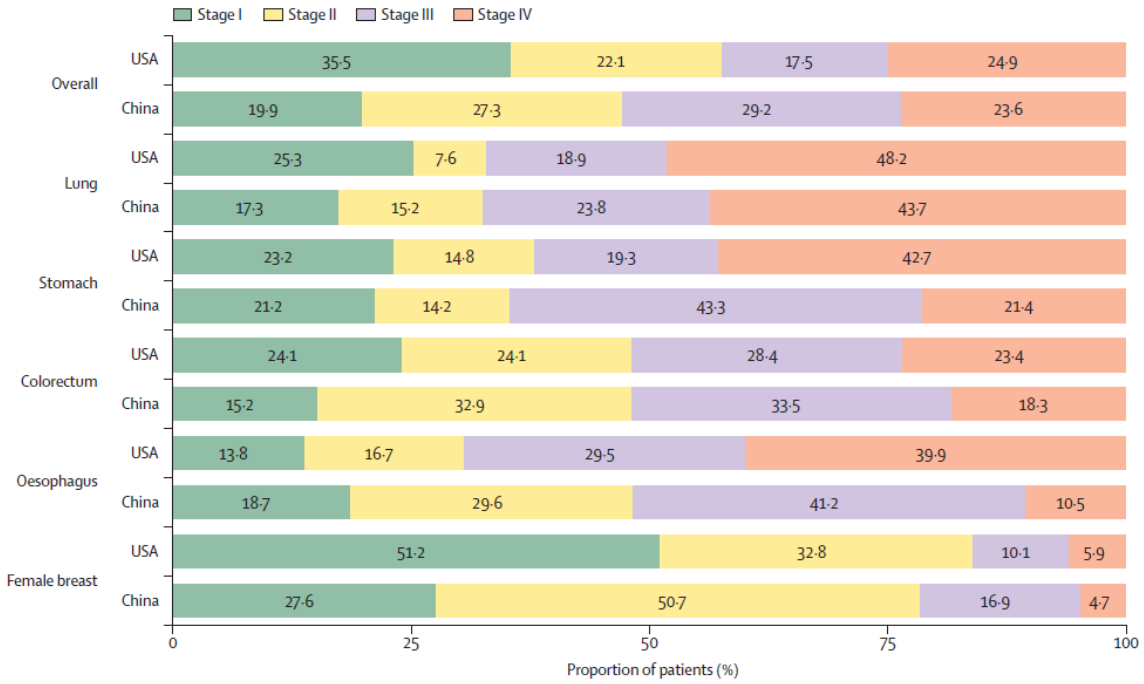
Postoperative Adjuvant/Perioperative | **First Line** | **≥ Second Line**

Promote the Use of Toripalimab in Frontline Treatment: the Strongest Postoperative Adjuvant/Perioperative Deployment in China

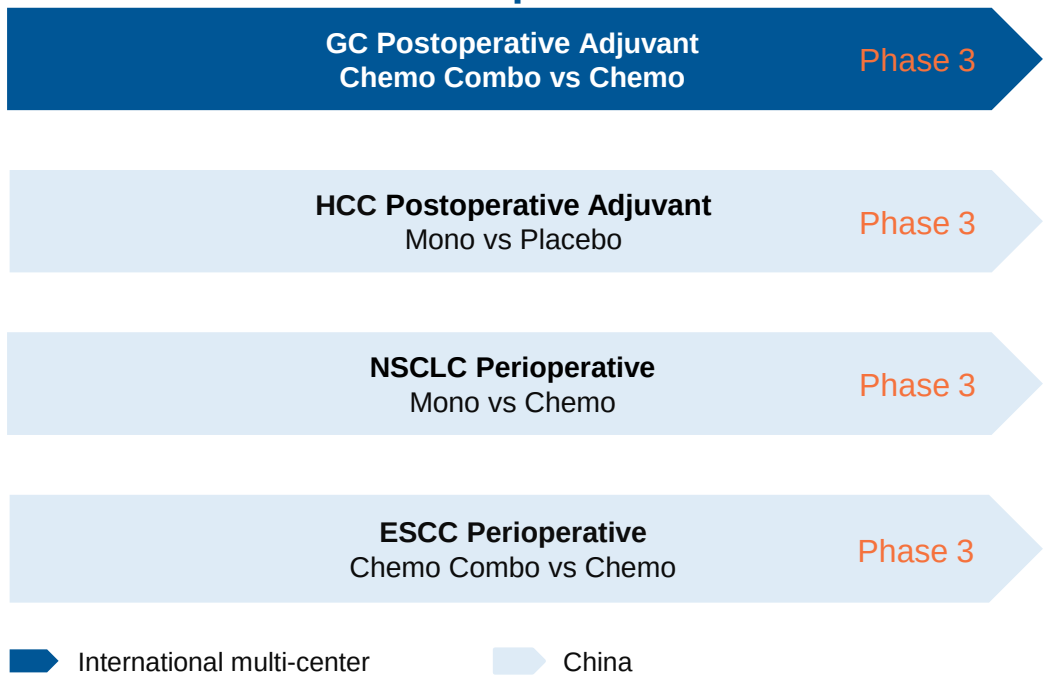
- The data from the China National Central Cancer Registry[1] shows that, **56.5% of the cancer patients were diagnosed at stage II or III** (when postoperative adjuvant/ perioperative therapy can be better applied) among top 5 cancers China. Therefore, with the improvement of cancer prevention awareness and early cancer detection, target group will continue to grow, leading to a market with large potential.

- Junshi has promoted the use of toripalimab in frontline treatment, with focus on postoperative adjuvant/perioperative therapy. The clinical trials **cover most common cancer types in China**, including gastric cancer, liver cancer, lung cancer, and esophageal squamous cell carcinoma, all of which are currently **in Phase 3**.

Stage distribution for Top 5 cancers in China



Postoperative Adjuvant/Perioperative Pipeline of Toripalimab



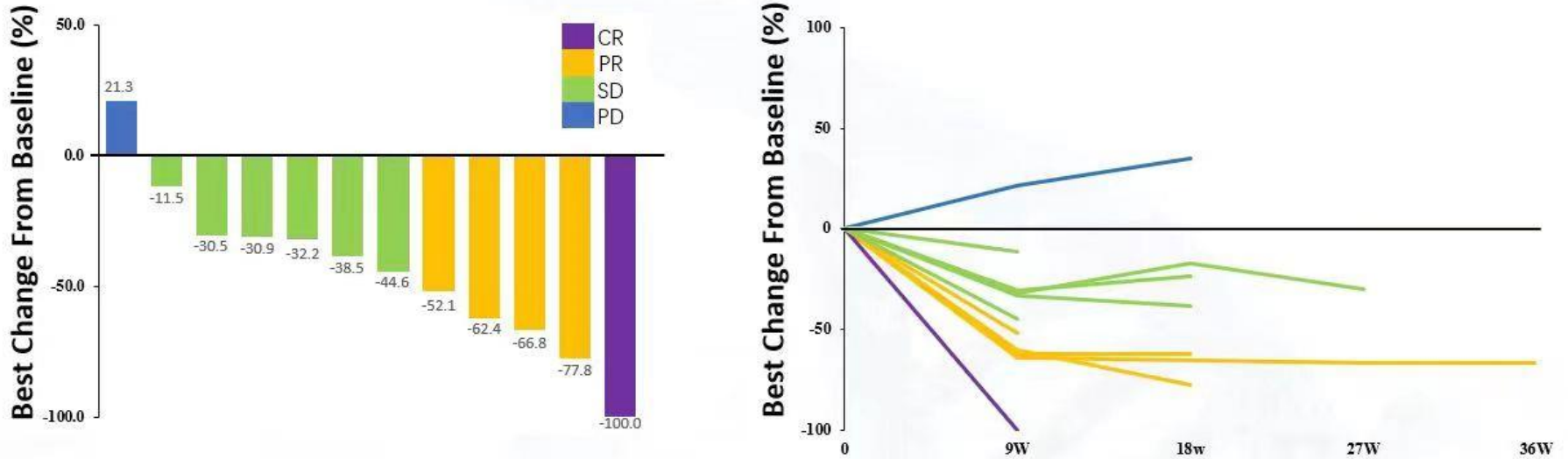
Source: Zeng, H., Ran, X., An, L., Zheng, R., Zhang, S., Ji, J.S., Zhang, Y., Chen, W., Wei, W., He, J. and HBCR Working Group, 2021. Disparities in stage at diagnosis for five common cancers in China: a multicentre, hospital-based, observational study. *The Lancet Public Health*, *6*(12), pp.e877-e887.

JS004/TAB004:
Clinical Trial Progress in China and Overseas

- **TAB004/JS004 has completed the dose-escalation stage in Phase Ia and entered the dose expansion stage in Phase Ib/II**
- **The combination clinical trials of TAB004/JS004 and Toripalimab are underway**
- Conduct further clinical studies on the safety and efficacy of TAB004/JS004 against multiple types of tumors (relapsed/refractory lymphoma, melanoma, squamous cell carcinoma of the head and neck, NPC, lung cancer, etc.) in China and the United States

Region	Study	Ongoing Clinical Trial	Treatment	Indication
US	**TAB004**	**1**	TAB004 Mono TAB004+Toripalimab	Dose Escalation and Expansion in Melanoma, Lymphoma, NSCLC, RCC/UCC, Other
China	**JS004**	**6**	JS004 Mono	Dose Escalation and Expansion Advanced Solid Malignancies
			JS004 Mono JS004+Toripalimab	Dose Escalation and Expansion Relapsed/Refractory Lymphoma
			JS004 Mono JS004+Toripalimab	Dose Escalation and Expansion Advanced Solid Malignancies
			JS004 Mono JS004+Toripalimab	Dose Escalation and Expansion HNSCC and NPC
			JS004+Toripalimab	HCC, CC, CRC, EC/GC
			JS004+Toripalimab	Safety Run-In and Expansion NSCLC, ES-SCLC

The Latest Results from Clinical Trial of TAB004 in Combination with Toripalimab in R/R HL

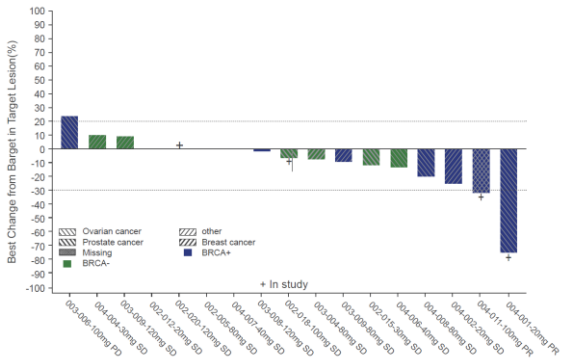


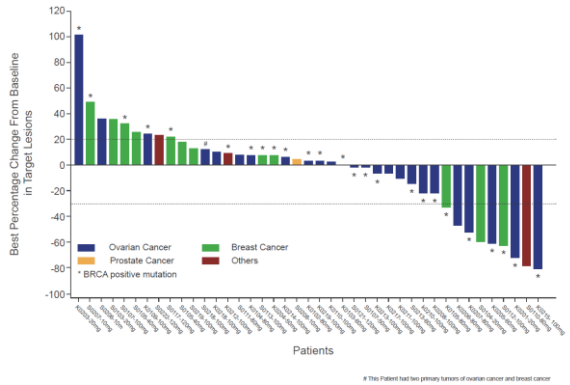
- Promising activity in patients (n=12) with relapsed classical Hodgkin's lymphoma refractory to prior anti-PD-1/PD-L1 refractory: **ORR 41.7%, DCR 83.3%**
- All 5 CR/PR have ongoing responses

Small Molecule Inhibitors for Cancer Therapy

JS109：PARP inhibitor

- Junshi and IMPACT entered into the JV Agreement for the R&D and commercialization of the drug.
- Senaparib (JS109) is a novel agent targeting PARP.
- We are conducting **a Phase II pivotal study** of JS109 monotherapy in treating advanced ovarian cancer patients with BRCA mutation, and **a Phase III study** of JS109 as the 1L maintenance treatment in platinum-sensitive advanced ovarian cancer patients. **Enrollment has been completed in the Phase III study.**
- **In August 2022, the fixed-dose combination capsules of senaparib and temozolomide for the treatment of adult patients with SCLC was granted orphan-drug designation by the FDA.**

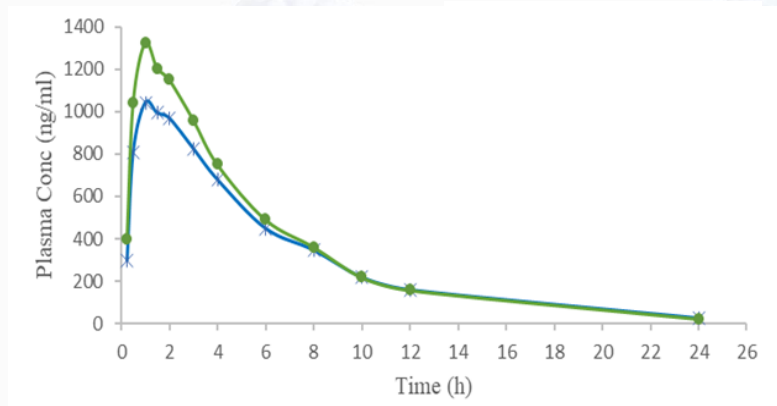




- Senaparib(JS109) has been well-tolerated with significant anti-tumor activity in both Chinese and Australian patients

JS105：PI3K-α inhibitor

- Developed by Junshi and Risen Pharma.
- JS105 is an oral small molecule inhibitor targeting PI3K-α and is primarily used in the treatment of patients with HR positive, HER-2 negative, PIK3CA-mutated advanced breast cancer.
- Pre-clinical studies have shown that JS105 is effective in animal models of breast cancer, and has better efficacy for patients with other solid tumors such as cervical cancer, renal cancer, colorectal cancer and esophageal cancer. JS105 has also demonstrated good safety.
- **In May 2022, the IND application was approved by the NMPA**
- **In July 2022, the IND application was approved by the FDA.**



JS105 shows good pharmacokinetic characteristics

Small Molecule Inhibitors for Cancer Therapy

JS110： XPO1 inhibitor

- **JS110** is a small molecule inhibitor of the nuclear export protein XPO1, which is clinically intended to treat patients with advanced tumors.
- According to the results of pre-clinical studies, JS110 specifically blocks the function of XPO1, and JS110 monotherapy or combination therapy can inhibit the growth of a variety of blood and solid tumors. Due to its unique mechanism of action, the development of JS110 is expected to bring new treatments to patients with advanced tumors.
- **In September 2021, the first patient has been dosed.**
- **In August 2022, the IND application was approved by the FDA.**

JS112： Aurora A inhibitor

- **JS112** is an oral small molecule Aurora A inhibitor
- JS112 is an oral small molecule Aurora A inhibitor Studies show that the use of Aurora A inhibitor in combination with $KRAS^{G12C}$ inhibitor can overcome resistance to $KRAS^{G12C}$ inhibitor, and Aurora A inhibitor and RB1 gene deletion or inactivation have a synthetic lethal effect, and can be used to treat RB1-deleted or inactivated malignant tumors, such as SCLC and TNBC.
- **In February 2022, the IND application was approved by the NMPA.**

JS111：EGFR exon 20 insertion and other uncommon mutation inhibitor

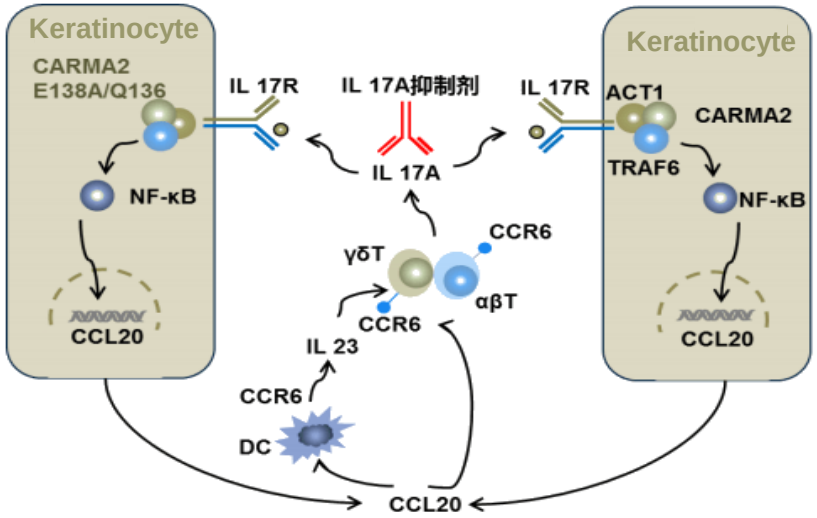
- **JS111** is a small molecule inhibitor that effectively inhibits uncommon EGFR mutations.
- Pre-clinical data showed that JS111 maintains the activity of inhibition for the common EGFR mutations such as T790M and selection of wild-type EGFR, while overcoming the insensitivity of the third-generation EGFR inhibitor for exon 20 insertion and other uncommon EGFR mutations.
- **In July 2021，the first patient has been dosed in the clinical trial of JS111.**

JS113：Fourth-generation EGFR inhibitor

- **JS113** is a first-in-class fourth-generation EGFR inhibitor and was intended for the treatment of EGFR-mutant NSCLC and other solid tumors.
- Preclinical data shows that the drug has good inhibitory activity towards primary and acquired EGFR mutants that are insensitive to third-generation EGFR inhibitors, and certain alternative pathway targets and immunosuppressive targets that are resistant to TKI. At the same time, it is highly selective against wild-type EGFR.。
- **In June 2022, the IND application was approved by the NMPA.**

Autoimmunity: JS005 (anti-IL-17A mAb)

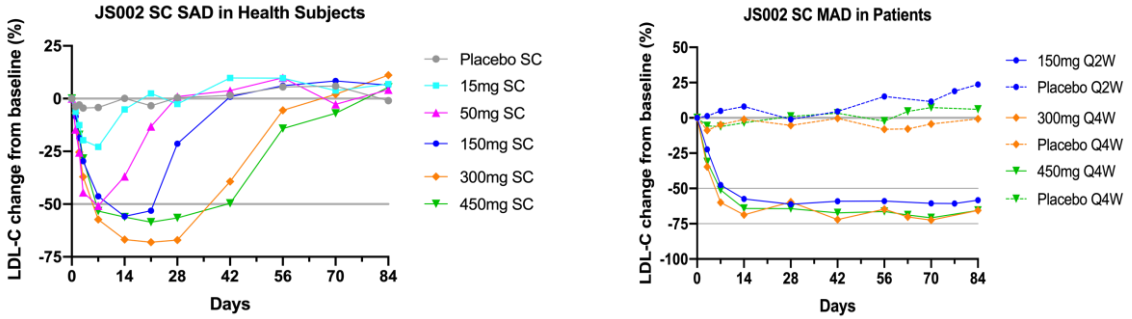
- JS005 is a specific anti-IL-17A mAb developed independently by Junshi.
- In preclinical studies, JS005 has shown efficacy and safety comparable to those of anti-IL-17 monoclonal antibodies that have been marketed. Data from preclinical study fully shows that JS005 has a clear target, definite efficacy, good safety, stable production process, and controllable product quality.
- **The Phase I clinical study of JS005 has completed, while three Phase II clinical studies on moderate to severe psoriasis, ankylosing spondylitis and non-radiographic axial spondyloarthritis are in progress.**



Metabolism：JS002 & UBP1213sc

Ongericimab (JS002)：Hyperlipidemia

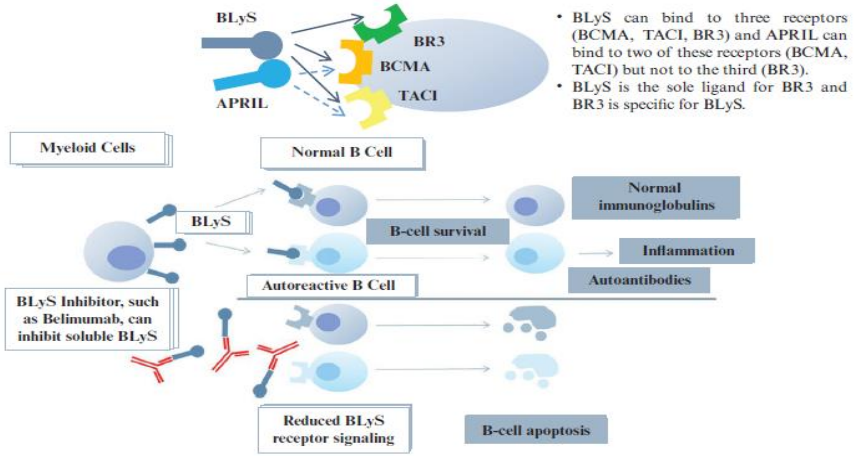
- JS002 is a recombinant humanized anti-PCSK9 mAb for injection independently developed by Junshi for the treatment of cardiovascular diseases. **Junshi is the first Chinese company to obtain clinical trial approval for the target drug.**
- In the completed Phase I and Phase II clinical research, ongericimab showed sound safety and tolerability profile with significant efficacy in lowering blood cholesterol by reducing LDL-C by 55% to 70% compared to the baseline.
- **Phase III clinical studies with larger patient population (including non-familial and heterozygous familial hypercholesterolemia) are ongoing.**
- **A Phase II clinical study in patients with homozygous familial hypercholesterolemia (rare disease) has completed enrollment.**



Notes: This is the primary analysis data, the final result is subject to the publication.

UBP1213sc：Systemic lupus erythematosus

- JS002 is a recombinant humanized anti-BLyS mAb independently developed by Junshi for the treatment of Systemic lupus erythematosus(SLE). SLE is a highly heterogeneous systemic autoimmune disease, and currently lacks radical treatment. **Junshi is the first Chinese company to obtain clinical trial approval for the target drug.**
- The route of administration is subcutaneous injection (SC), and patients can inject the drug by themselves after training, which improves the patient's compliance.
- **In November 2021, the IND application for UBP1213sc has been approved by the NMPA**



Expected Pipeline Milestones in 2022

Approvals

Toripalimab(PD-1)-1L ESCC [CN]

Toripalimab(PD-1)-1L NSCLC [CN]

Toripalimab(PD-1)- NPC [US]

Data Readouts

Toripalimab(PD-1)-1L SCLC

Toripalimab(PD-1)-1L HCC

Toripalimab(PD-1)-HCC Postoperative Adjuvant

Toripalimab(PD-1)-NSCLC Perioperative

JS004(BTLA)-Preliminary PhaseI/II Data

JS005(IL-17A)-AS & Psoriasis

JS109(PARP)-Ovarian Cancer

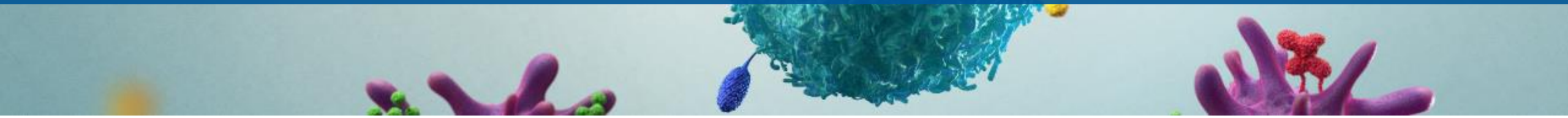
Pre-BLA/BLA

Toripalimab(PD-1)-1L SCLC [CN]

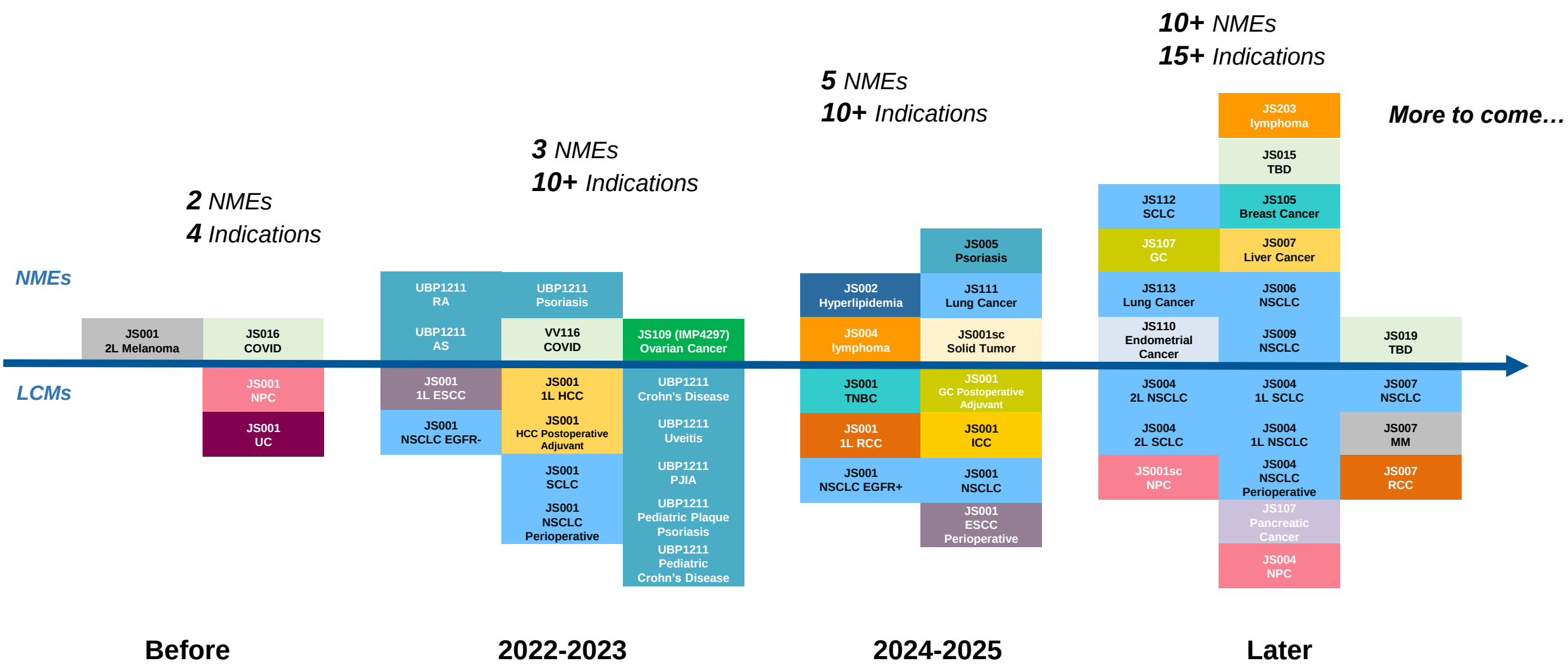
Toripalimab(PD-1)-1L HCC [CN]

Toripalimab(PD-1)-HCC Postoperative Adjuvant [CN]

Toripalimab(PD-1)-NSCLC Perioperative [CN]



Upcoming Commercial Launches



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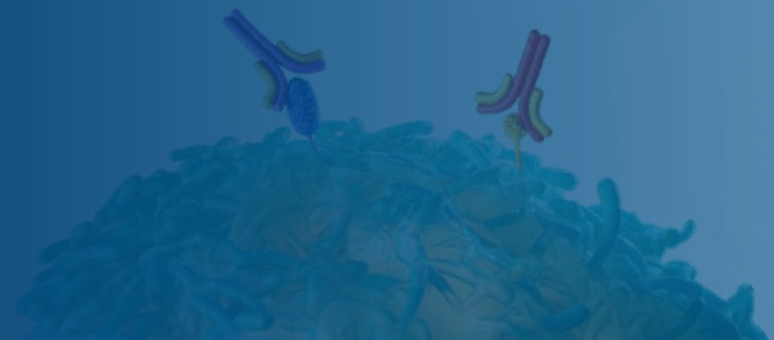
07 Commercialization

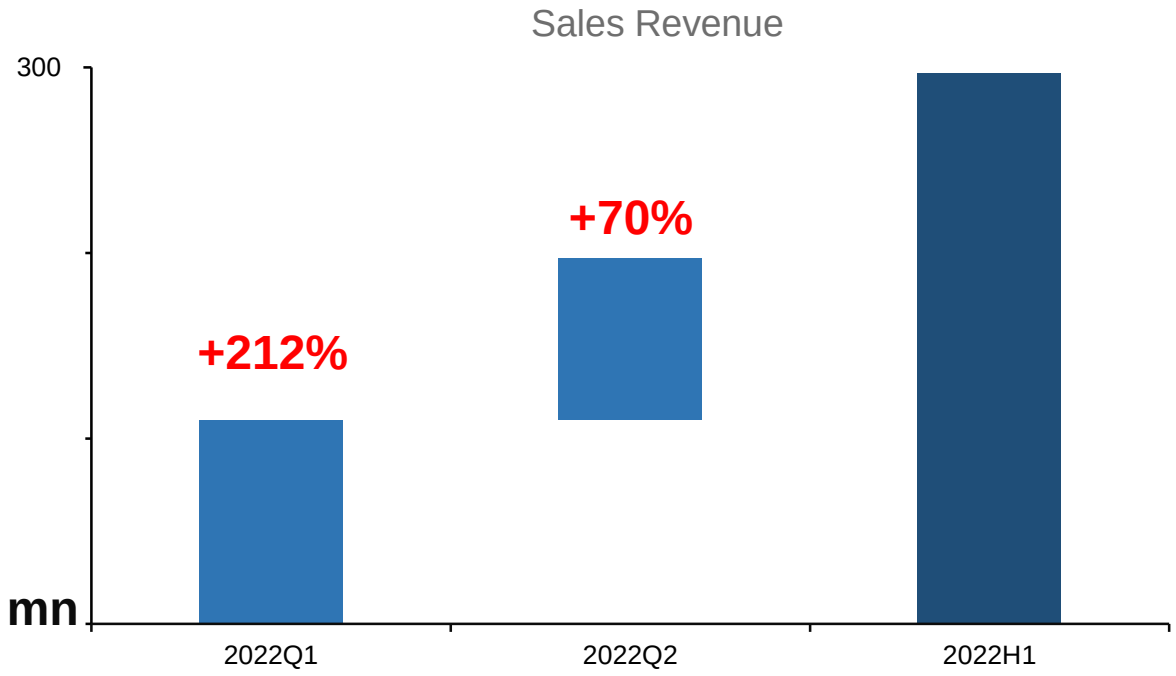
Our mission is to provide patients with treatment options that work better and cost less.



TUOYI® Continuing Steady Commercial Execution

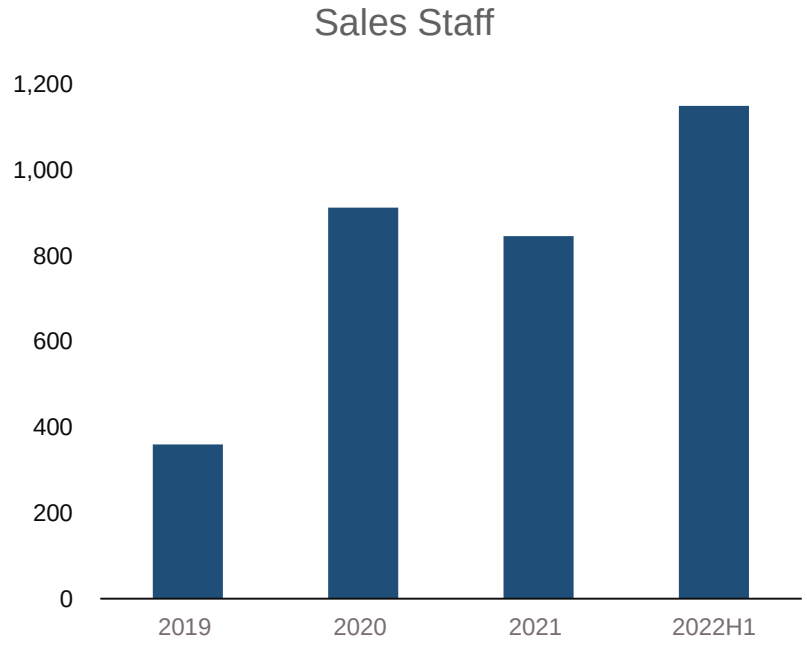
Product Sales

- TUOYI® achieved sales revenue of RMB298 million in the first half of 2022.
- The sales revenue of TUOYI® in the first quarter of 2022 increased by **212%** as compared with the fourth quarter of 2021.
- Although affected by the pandemic from April to May, the sales revenue in the second quarter of 2022 still increased by **70%** from the first quarter.



Commercialization Team

- Complete the adjustment to the commercialization team and have a commercialization team of more than 1,100 people.
- Complete the establishment and restoration of the marketing regional team.
- Supplement the core market personnel.



Domestic Commercialization

TUOYI® has been sold in **more than 4,000** medical institutions and **nearly 2,000** professional pharmacies and social pharmacies nationwide.

Fill the gaps in immunotherapy for patients with advanced NPC and non-selective patients with advanced UC in the NRDL

The **only** anti-PD-1 mAb used in the treatment of melanoma and NPC in the NRDL

Three indications of TUOYI® included in the NRDL

Included in supplementary medical insurance, reducing the burden on patients

The indications of TUOYI® that has been included in the NRDL were entitled to supplementary reimbursement under the NRDL in **113** provinces/cities

1L treatment for NPC has entered the medical insurance catalogues in **20** provinces/cities, for which supplementary medical insurance could be obtained in **61** provinces/cities

More large indications of TUOYI® will enter the commercial approval stage

The prospective layout of multi-indication perioperative clinical research is showing a strong advantage

Promising competitiveness in commercialization

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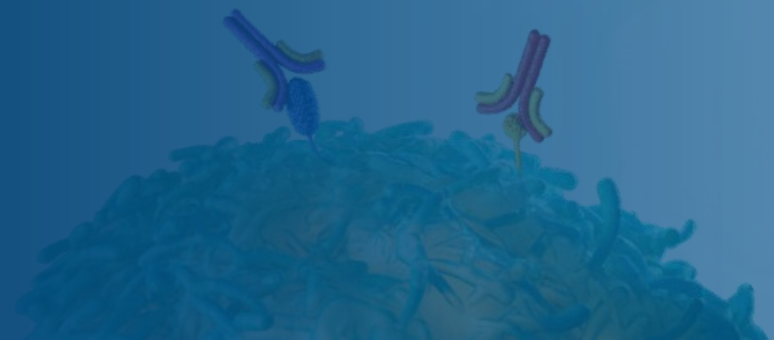
08 Future and Prospects

Our mission is to provide patients with treatment options that work better and cost less.



Future and Prospects

Speed up commercialization of our anti-SARS-CoV-2 Drugs such as VV116, broaden the COVID-19 drugs pipeline and contribute to the world's anti-pandemic efforts with domestic innovation

Accelerate clinical trials of TAB004/JS004, the world's first-in-human anti-BTLA mAb, in China and the United States, announce the readout of Phase I/II clinical data and expand the range of beneficiaries of immunotherapy through origin innovation

Promote marketing approval of TUOYI® in overseas market, establish the market position in the Coherus Territory and continue to expand the global commercialization network

With more large indications of TUOYI® enter the commercial approval stage, the gradual realization of the prospective layout advantages of multi-indication perioperative clinical research and the upgrade of production capacity of commercial production batches, the domestic sales of TUOYI® would begin to enter a positive cycle

THANK YOU