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2021 Annual Results Investor Presentation

Shanghai Junshi Biosciences Co., Ltd.

Apr, 2022

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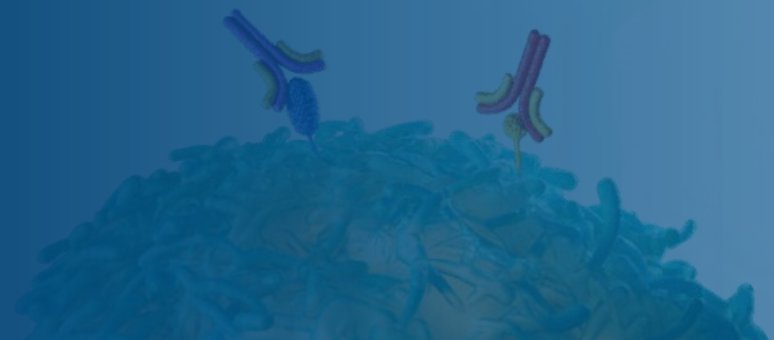
01 Company Overview

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



2021 Snapshot: International layout with a base in China

Global Development of TUOYI®

+3
sNDA approved by NMPA

2
sNDA accepted by NMPA

+2
Indications included in NRDL

3 ▸ 4 Orphan Drug Designation

+1 Breakthrough Therapy Designation

NPC
BLA accepted by FDA and granted Priority Review

ASCO
LBA at Plenary Session

Nature Medicine
Cover Article

COVID-19 Response

JS016, JS026, VV116, VV993
Combats COVID-19 with various drugs

Treatment of mild to moderate COVID-19 and post-exposure prophylaxis in all age groups
FDA EUA approved for etesevimab (+bamlanivimab)

>15
Countries and regions approved the EUA for COVID-19 treatment

> 700,000
Patients received the dual antibody therapy or bamlanivimab alone

> 35,000 hospitalizations prevented

> 14,000 deaths prevented

etesevimab(JS016)

Pipeline Expansion

30 ▸ 51+
Pipeline assets

Commercialization
Toripalimab, etesevimab, adalimumab

Phase 3
Ongericimab, VV116, Bevacizumab, PARP

Phase 2
BTLA, IL-17A

17 Phase 1
TIGIT, Claudin 18.2, CD39, EGFR exon 20, XPO1, BLyS…

25+ Early Stage (Pre-Clinical)
ZIKV, 3CLpro, IL-2, CD93, DKK1, EGFR 4th Gen, IDH1, SHP2, FGFR2, ATR

Collaborations Worldwide

Coherus

- Cooperation for **toripalimab** in the US and Canada
- Initiated the procedure to exercise the option of **anti-TIGIT** monoclonal antibody (JS006)

Eli Lilly

- Cooperation for **etesevimab** (JS016)
- Reached all the milestones agreed in the agreement regarding the overseas authorization of etesevimab to Eli Lilly

Immorna

- Established a JV, expanded to the field of **mRNA technology**

Vigonvitato

- JunTop Biosciences partnered with Vigonvita to jointly develop **VV116(JT001), VV993(JT003)**

Capital Structure Optimization, ESG Management Promotion

Capital Markets

- The Company's A shares and H shares were included in Northbound Trading under Shanghai-Hong Kong Stock Connect and the Stock Connect Southbound Trading
- The Company's A shares were included in the STAR 50 index and the FTSE Global Equity Index, the MSCI China A Onshore Index
- The Company's H shares were included in the HSCI, the Hang Seng SmallCap Index, the Hang Seng Healthcare Index, the Hang Seng Stock Connect Hong Kong Index, the Hang Seng Stock Connect Hong Kong MidCap & SmallCap Index
- Allotted and issued new H shares successfully, attracted many long-term institutional investors

ESG Rating

- Wind ESG and Sino-Securities Index granted the Company a rating of "A" and "AA" respectively

Retained & Expanded Management

- >2800 employees
- Keep improving the development of various outstanding talents

Participation in Charitable Activities

- RMB82.56 million in charitable activities of 2021
- Held **public lectures**, participated in the **charity donation program**, e.g. **medicine donation program** of Beijing Bethune Charitable Foundation and CSWEF.

Weathering Hard Times Together

- During the pandemic, the Company rapidly developed drugs for COVID-19 treatment.
- In March 2022, employees volunteered to serve as front-line nucleic acid testing volunteers after COVID-19 outbreaks in Shanghai
- Won 2020 COVID-19 Outstanding Contribution Award for Enterprise, 2021 Corporate Social Responsibility Award and many other honors

Financial Highlights

	FY 2021 RMB million	FY 2020 RMB million	Changes
Revenue	**4,025**	1,595	**152%**
R&D expenses	**2,069**	1,778	**16%**
Total comprehensive expenses	**719**	1,688	**-57%**
Net cash from financing activities	**2,666**		
Cash and cash equivalents	**3,505**		

- **The increase of total revenue** was mainly due to the income from technology out-licensing, new royalty fee and toripalimab sales during the reporting period
- **The increase of R&D expenses** was mainly due to: (i) increasing R&D investment, continuous diversification and expansion of product pipelines through independent R&D, co-development/license-in and other means; (ii) the acceleration of existing clinical projects' development
- **The decrease of total comprehensive expenses** was mainly due to the increase of out-licensing revenue partially offset by the increasing R&D and SG&A expenses
- **Net cash from financing activities was RMB2,666 million**, which was mainly due to (i) the successful placing of new H shares on the Main Board of HKEX, with a net cash flow of RMB2,105 million, (ii) JunTop Biosciences, a subsidiary of the Company, implemented the series A financing, with a net cash flow of RMB895 million
- **Cash and cash equivalents of approximately RMB3,505 million**
- In March 2022, the Board passed a resolution and proposed to issue no more than 70 million A Shares, the proceeds are expected to be no more than RMB3,980 million

Note: Financial data in this presentation is prepared under the International Financial Reporting Standards (IFRS).

R&D Pipeline Covering a Wide Variety of Therapeutic Areas

Pre-Clinical			Phase 1			Phase 2	Phase 3	Approved/ Under Review
JS011 Undisclosed Tumors	**JS113** EGFR 4th Gen NSCLC	**JS207** PD-1+Undisclosed Tumors	**JS001sc** PD-1 Tumors	**JS019** CD39 Tumors	**JS112** Aurora A SCLC	**JS004(TAB004)** BTLA Lung cancer, Melanoma, etc	**JS109** PARP Ovarian cancer	**Toripalimab** PD-1 Tumors ✓
JS013 CD93 Tumors	**JS114** Nectin4 ADC Tumors	**JS209** CD112R+TIGIT Tumors	**JS003** PD-L1 Tumors	**JS101** Pan-CDK Breast cancer, etc.	**JS201** PD-1/TGF-β Tumors	**JS005** IL-17A Psoriatic, spondylitis	**Bevacizumab** VEGF NSCLC	**Adalimumab** TNF-α Rheumatoid arthritis ✓
JS015 DKK1 Tumors	**JS115** BCMA ADC Multiple myeloma	**JS211** PD-L1+Undisclosed Tumors	**JS006(TAB006)** TIGIT Tumors	**JS107** Claudin18.2 ADC Gastrointestinal cancer	**JS103** Uricase Hyperuricacidemia		**Ongericimab** PCSK9 Hyperlipidemia	**Etesevimab*** S protein COVID-19
JS018 IL-2 Tumors	**JS116** KRAS Tumors	**JS008** Undisclosed	**JS007** CTLA-4 Lung cancer, melanoma	**JS108** TROP2 ADC TNBC	**UBP1213sc** BLyS Systemic lupus erythematosus		**JT001(VV116)** RdRp COVID-19	
JS104 Pan-CDK Breast cancer, etc	**JS203** CD3+CD20 Tumors	**JS401** Undisclosed (RNAi) Metabolic diseases	**JS012** Claudin 18.2 Gastric cancer	**JS110** XPO1 Multiple myeloma, etc	**JS026** S protein COVID-19			
JS105 PI3K-α Breast cancer, renal cell cancer	**JS206** IL2+PD-1 Tumors	**JS010** CGRP Migraine	**JS014** IL-21 Tumors	**JS111** EGFR exon 20 NSCLC				
JS120 IDH1 Tumors	**JS121** SHP2 Tumors	**JT003(VV993)** 3CLpro COVID-19						
JS122 FGFR2 Tumors	**JS123** ATR Tumors	**JT109** Vaccine ZIKA Virus						
JS009(TAB009) CD112R/PVRIG Tumors								

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

*** Received FDA Emergency Use Authorization**

R&D Progress of Toripalimab

Therapeutic Area	Medicine Codes	Clinical Trial Number	Indications	Pre-Clinical / Phase I / Phase II / Phase III / NDA	Locations	Note
Oncology	JS001 Toripalimab	NCT03013101	Melanoma (2L, mono)	NDA Approved by NMPA on 17 December 2018	China	
		NCT02915432	Nasopharyngeal carcinoma (3L, mono)	NDA Approved by NMPA in February 2021, BLA submitted to FDA Accepted	China	FDA BTD, ODD and Priority Review
		NCT03113266	Urothelial carcinoma (2L, mono)	NDA Approved by NMPA in April 2021	China	
		NCT03581786	Nasopharyngeal carcinoma (1L, combo with chemo)	NDA Approved by NMPA in November 2021, BLA submitted to FDA Accepted	Global	FDA BTD, Priority Review
		NCT03829969	ESCC (1L, combo with chemo)	NDA Accepted	China	FDA ODD
		NCT03856411	EGFR negative NSCLC (1L, combo with chemo)	NDA Accepted	China	
		NCT03924050	EGFR mutated TKI failed NSCLC (combo with chemo)	Pivotal registered clinical trial	China	
		NCT04772287	NSCLC (neoadjuvant)	Pivotal registered clinical trial	China	
		NCT04012606	SCLC (1L, combo with chemo)	Pivotal registered clinical trial	China	Completed subjects enrollment
		NCT04848753	ESCC (neoadjuvant)	Pivotal registered clinical trial	China	
		NCT03430297	Melanoma (1L, mono)	Pivotal registered clinical trial	China	
		NCT04085276	TNBC (combo with albumin-bound paclitaxel)	Pivotal registered clinical trial	China	
		NCT04523493	HCC (1L, combo with lenvatinib)	Pivotal registered clinical trial	Global	
		NCT04723004	HCC (1L, combo with bevacizumab)	Pivotal registered clinical trial	Global	Completed subjects enrollment
		NCT03859128	HCC (adjuvant)	Pivotal registered clinical trial	China	Completed subjects enrollment
		NCT02915432	Gastric carcinoma (3L, mono)	Pivotal registered clinical trial	China	
		NCT04394975	Renal cell carcinoma (1L, combo with axitinib)	Pivotal registered clinical trial	China	
		NCT04568304	Urothelial carcinoma (1L, PD-L1+)	Pivotal registered clinical trial	Global	
		NCT05180734	Gastric carcinoma (adjuvant)	Pivotal registered clinical trial	Global	
		/	Mucosal melanoma (combo with axitinib)		U.S.	FDA FTD ODD; NMPA BTD
		NCT03474640	Sarcoma		U.S.	FDA ODD

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**

Suzhou Wujiang

Production Base

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

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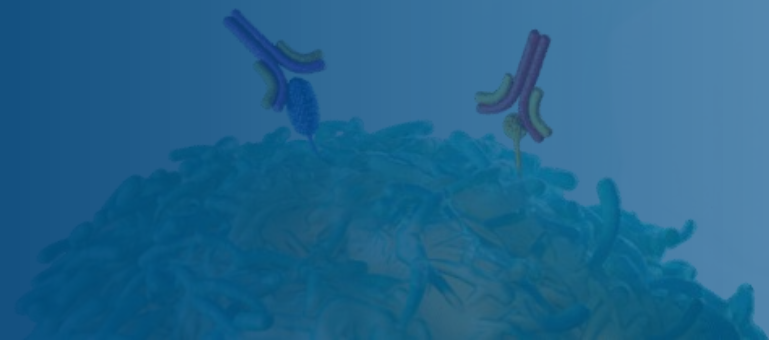
02 China's innovation helps the global fight against COVID-19

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



Many firsts, China speed

- Compressing the normal pre-clinical research time of antibody from 18 months to less than **4** months
- The **1st** report to evaluate the function of NAbs against SARS-CoV-2 in nonhuman primates
- The **1st** clinical trial on a NAb for COVID-19 carried on healthy subjects
- The **1st** NAb for COVID-19 to enter the clinical trial in China
- The **1st** Chinese-developed innovative biological drug approved for use in the U.S.
- The **1st** Chinese innovative drug recommended by NIH
- The **1st** Chinese-developed monoclonal antibody purchased by the U.S. government

Gained EUA in many countries and regions，purchased by many countries

- As of the end of the reporting period, more than **15** countries and regions have granted EUA for the JS016 and LY-CoV555 together
  - 2021/02, the therapy is authorized for treatment
  - 2021/09, the therapy is authorized for post-exposure prophylaxis
  - **2021/12, the EUA is expanded to include certain high-risk pediatric patients from birth to under 12 years old**. The therapy has been the first and only authorized neutralizing antibody therapy for emergency use in COVID-19 individuals under the age of 12.
- 2021/09, The U.S. government has made an additional purchase for etesevimab with **388,000** doses; European Commission has agreed to purchase up to **220,000** therapy doses
- 2021/11, The U.S. government made additional purchase for the therapy with **614,000** doses
- Till December, over **700,000** patients have been treated with etesevimab and bamlanivimab or bamlanivimab alone , potentially preventing more than **35,000 hospitalizations** and **at least 14,000 deaths** during the worst of the pandemic.

✓ **Reached all the milestones agreed in the agreement regarding the overseas authorization of etesevimab to Eli Lilly**

Active against multiple variants

- According to the paper *Tackling COVID-19 with neutralizing monoclonal antibodies* published in *CELL* in June 2021, as well as *the Reduced sensitivity of SARS-CoV-2 variant delta to antibody neutralization* published in *Nature* in June 2021, the combination therapy is effective against **B.1.1.7/Alpha variants** as well as **B.1.617.1/Kappa and B.1.617.2/Delta variants**

COVID-19 NAb

——Etesevimab

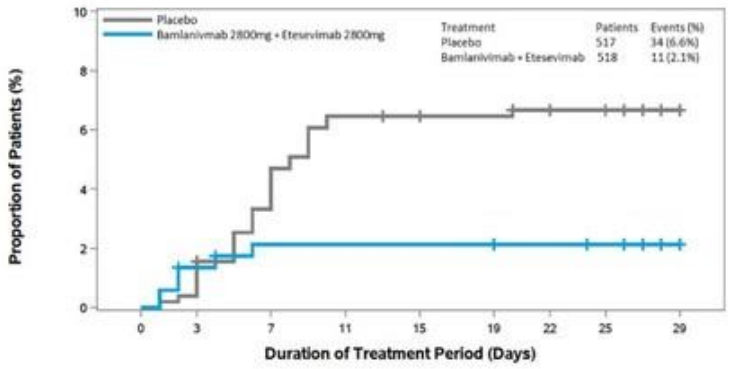
Remarkable Efficacy in a Combination Therapy Clinical Trial

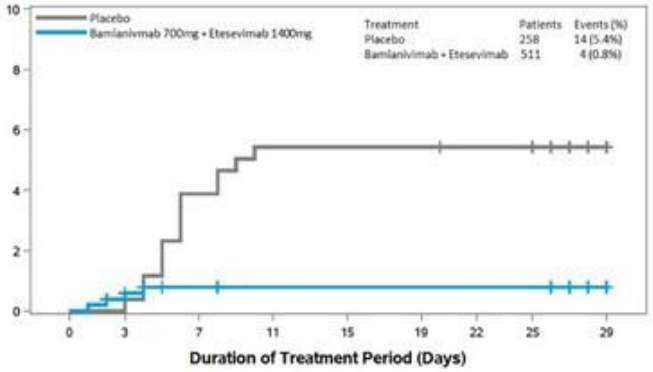
Clinical trial

A randomized, double-blind, placebo-controlled, phase II/III study to evaluate the efficacy and safety of LY-CoV555 and JS016 in participants with mild to moderate COVID-19 illness

Results

March 10, 2021, the new data from BlAZE-1 Phase III study demonstrates that LY-CoV555 and JS016 together **reduced COVID-19 related hospitalizations and deaths by 87%**





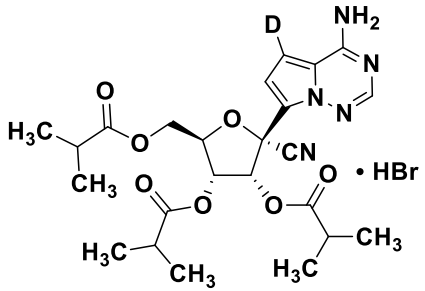
VV116: Promising oral Nucleoside drug Against COVID-19

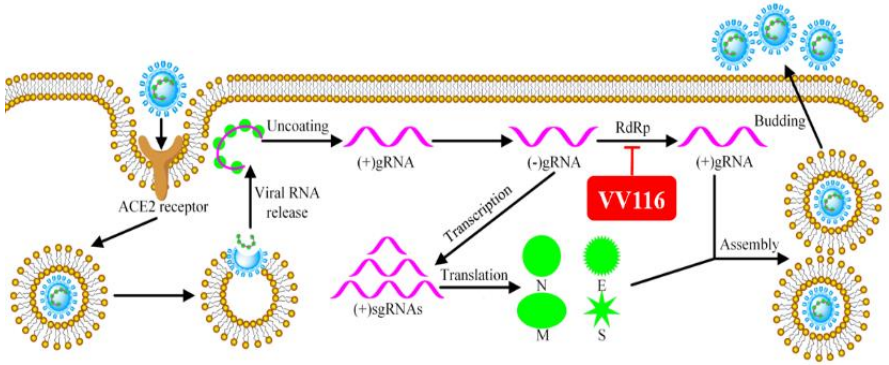
- In October 2021, Junshi Biosciences announced that the company and **Vigonvita Life Sciences**, incubator of SUSIMM, has reached a cooperation and will jointly undertake the clinical development and industrialization of the oral nucleoside anti-SARS-CoV-2 drug candidate **VV116** on a global scale[1].

- In December 2021, VV116 was approved for the treatment of moderate to severe COVID-19 patients **in Uzbekistan.**

- International multi-center clinical studies of VV116 are ongoing.

VV116



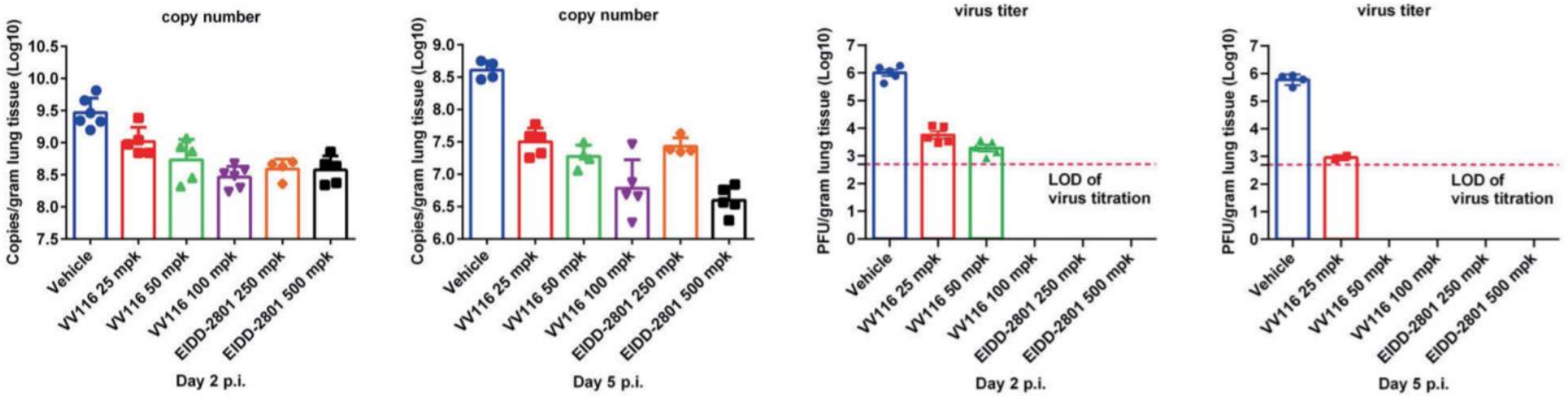


RdRp: Responsible for viral RNA synthesis, highly conserved active-site region, an important target for anti-SARS-CoV-2

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

Cell Research : Positive Preclinical Results of VV116

- The positive preclinical results of VV116 were published in Cell Research.



Viral RNA levels and infectious virus titers in lung tissues of control (vehicle-treated), VV116- and EIDD-2801-treated mice on day 2 and day 5

Recent preclinical results

- **VV116 has a high barrier to drug resistance, which means it is effective against WT and various variants** (eg Alpha, Beta, Delta, Omicron)
- **VV116 shows excellent in vitro efficacy**
- **The results of in vitro bacterial reverse mutation test and chromosome aberration test are negative and there is no genetic toxicity**
- **VV116 significantly reduces the viral RNA copies and infectious virus titers in the lungs**
  - Preclinical pharmacodynamics studies have shown that VV116 exhibits significant anti-coronavirus effects both in vivo and in vitro
  - In mouse models, VV116 can reduce the lung virus titer below the detection limit and show strong anti-coronavirus efficacy
- **VV116 has high oral bioavailability**
  - 80% and 90% in rats and dogs, respectively

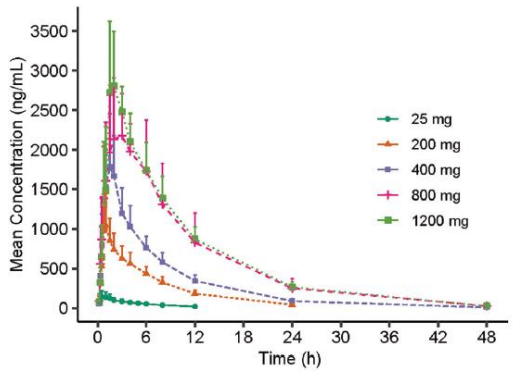
1. Xie, Y., Yin, W., Zhang, Y. et al. Design and development of an oral remdesivir derivative VV116 against SARS-CoV-2. Cell Res (2021).

Positive Three Phase I Clinical Study Results on VV116

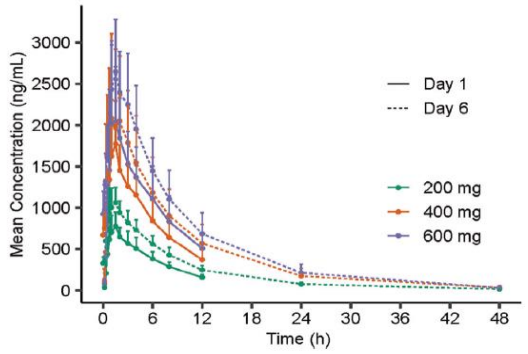
- **In terms of safety, VV116 has shown satisfactory safety and tolerability. None of the three studies reported death, serious adverse events, grade three or higher adverse events, or adverse events leading to suspension or discontinuation of treatment. All adverse events were recovered without treatment 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**

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

Clinical Trials of VV116 Well Underway

- A phase II clinical trial of VV116 was completed in subjects with moderate to severe COVID-19 in Uzbekistan , and the results of the study indicate that compared with standard therapy, the VV116 showed favorable safety and good efficacy.
- For moderate to severe COVID-19，an international multicenter phase III clinical trial has been initiated. The first patient has been enrolled and dosed in the trial.
- For mild to moderate COVID-19，an international multicenter phase II/III clinical study has been initiated. The first patient of the study has been enrolled and the study is being developed in multiple centers around the world.

Clinical Trials in Junshi Territory

Region	Status			
	Preclinical	IND	Phase 1	Phase 2/3
China				
Global (MRCT)				

VV993：Oral Anti-SARS-CoV-2 3CLpro inhibitor candidate

- In January 2022, Junshi Biosciences announced the cooperation with **Vigonvita Life Sciences** to jointly undertake the clinical development and commercialization of the Oral Anti-SARS-CoV-2 Treatment Candidate**VV993** on a global scale (excl. the five Central Asian countries)
- The discovery and early development are conducted by Shanghai Institute of Materia Medica (SIMM) , Chinese Academy of Sciences (CAS) and Wuhan Institute of Virology (WIV), CAS

3C-like protease (3CLpro) *is an essential protease that hydrolyses the viral polyproteins to produce functional proteins during SARS-CoV-2 replication. Based on nearly 100% sequence identity across current variants of concern (VOCs), it is considered as a highly conserved and very important* Anti-SARS-CoV-2 *therapeutic target.*

VV993 is a Safe Orally Bioavailable and Effective Anti-SARS-CoV-2 3CLpro inhibitor candidate

- VV993 has potent antiviral activity in the SARS-CoV-2 infected cells
- VV993 not only efficively reduce virus replication, but also significantly improve pathological changes caused by SARS-CoV-2 infection in mouse models
- VV993 has good orally bioavaiablity and safety without cardiotoxicity and neurotoxicity

Both of VV116 and VV993 are drug candidates developed against targets which are critical and conserved during the SARS-CoV-2 lifecycle. They can not only be used alone to exert distinct clinical activity, but also have combination potential with synergy effect.

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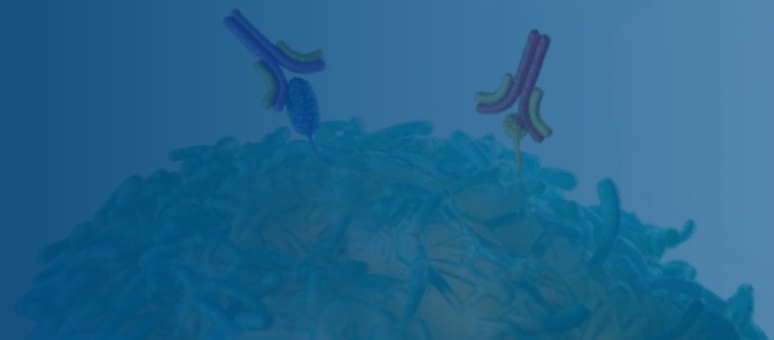
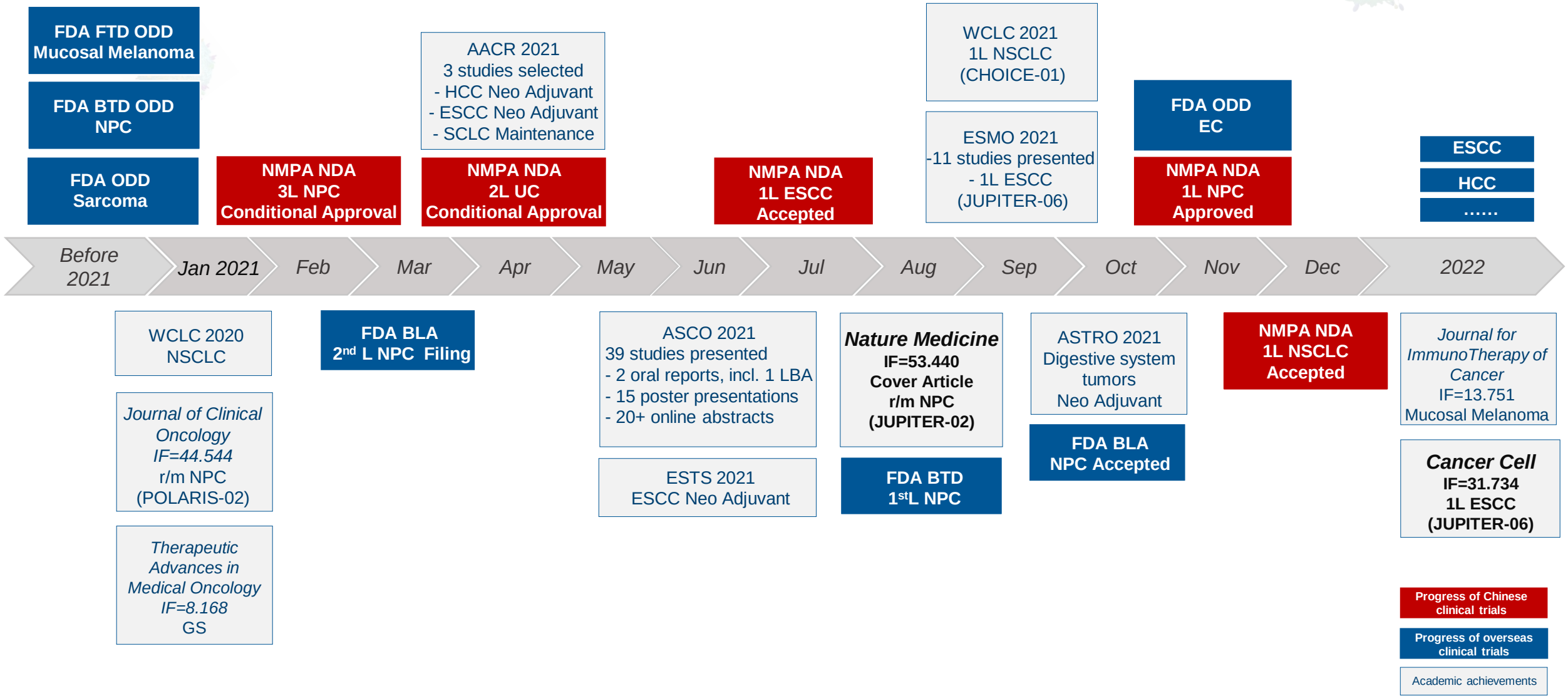
03 Core Commercialized Product

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



International Recognition and Overseas Progress of Toripalimab



Toripalimab in Nasopharyngeal Carcinoma (NPC)

- In Feb 2021, the supplemental NDA application of toripalimab in combination with chemotherapy for the first-line treatment of patients with advanced, r/m NPC was accepted by the NMPA. **In Nov 2021, it was approved by the NMPA**.

- **The data of toripalimab in 1L NPC was featured at ASCO 2021 in the plenary session on Sunday, June 6, 2021.**
- 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.

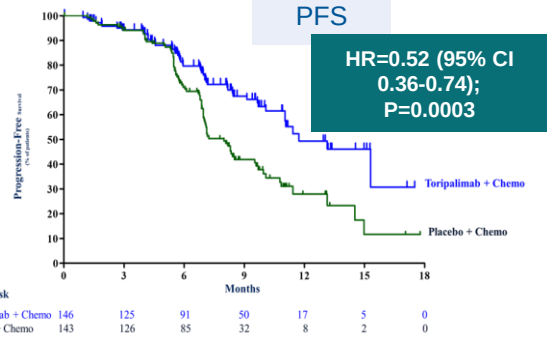
- US FDA has **accepted for review the BLAs** for toripalimab in combination with gemcitabine and cisplatin for the first-line treatment for patients with advanced recurrent or metastatic nasopharyngeal carcinoma (NPC) and toripalimab monotherapy for the second-line or above treatment of recurrent or metastatic NPC after platinum-containing chemotherapy.
- The FDA has granted **Priority Review Designation** for the toripalimab BLAs and set a Prescription Drug User Fee Act (PDUFA) action date for April 2022.
- The FDA is **not currently planning to hold an advisory committee** meeting to discuss the application.

Efficacy

- Significant improvement in PFS: mPFS 11.7 vs. 8.0 months
- mOS: not mature, but a 40% reduction in risk of death was observed in the toripalimab arm over the placebo arm
- A second interim OS analysis will be performed at pre-specified final PFS analysis followed by the final OS analysis

	No. of Events/ Total No. of Patients	Median Progression-free Survival, months (95% CI)	1-Yr Progression-free Survival Rate, % (95% CI)
Toripalimab + Chemo	49/146	11.7 (11.0, NE)	49.4 (36.4, 61.1)
Placebo + Chemo	79/143	8.0 (7.0, 9.5)	27.9 (18.0, 38.8)

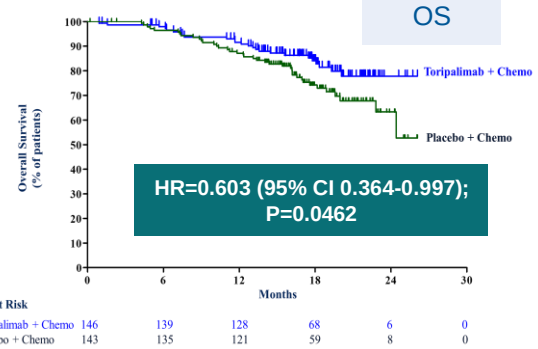
PFS



Interim Analysis Data cut-off Date: May 30, 2020

	No. of Deaths/ Total No. of Patients	Median Overall Survival (95% CI) *mo*	1-Yr Overall Survival Rate % (95% CI)	2-Yr Overall Survival Rate % (95% CI)
Toripalimab + Chemo	25/146	NE (NE, NE)	91.6 (85.6, 95.1)	77.8 (68.0, 85.0)
Placebo + Chemo	39/143	NE (22.8, NE)	87.1 (80.4, 91.7)	63.3 (49.8, 74.1)

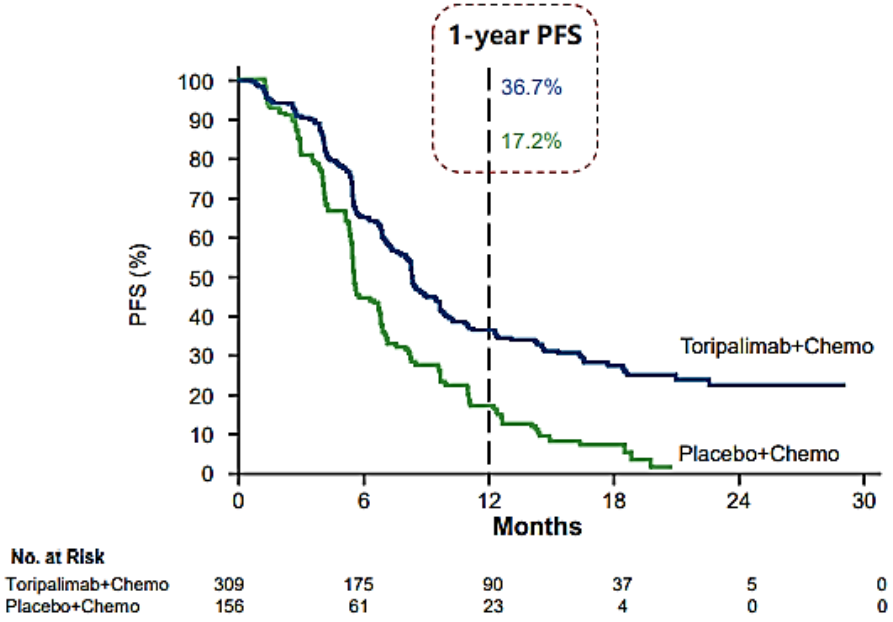
OS



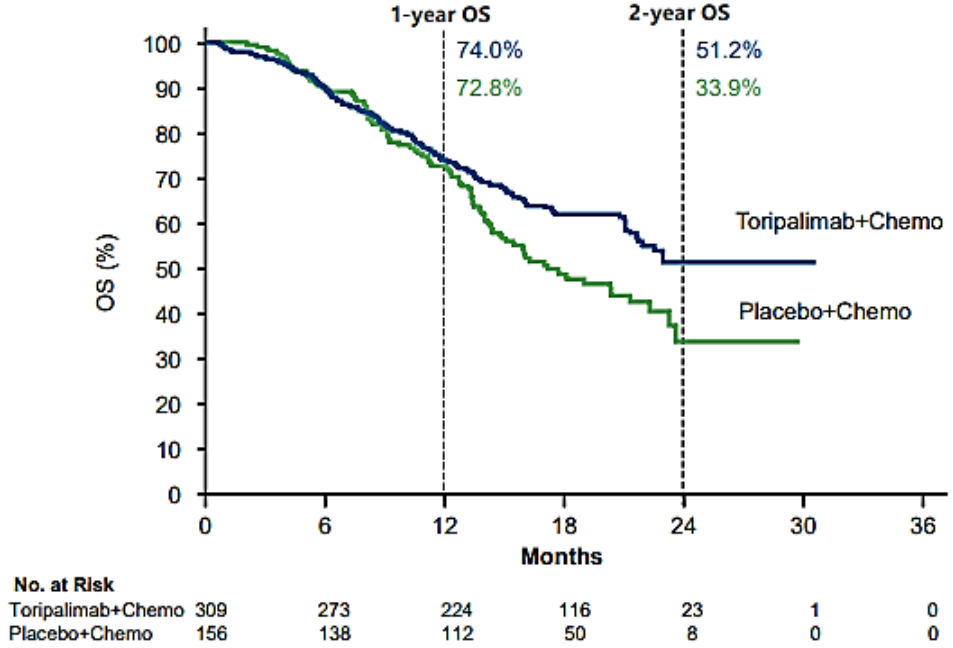
9-month OS update after PFS Interim Analysis on Feb 18, 2021

CHOICE-01:
Toripalimab in Combination with Chemotherapy as 1L Treatment for NSCLC

- CHOICE-01 (NCT03856411) is the first randomized, double-blind, placebo-controlled, multicenter Phase III study to enroll patients with advanced squamous and non-squamous NSCLC, as well as adding anti-PD-1 mAb to 1L chemotherapy in China
- Updated results and biomarker analyses were announced in an oral presentation at March ASCO Plenary Series



- Final PFS analysis in the ITT population: median PFS of **8.4 vs. 5.6 months**, a **51%** reduction in the risk of disease progression; The 1-year PFS rate in toripalimab arm was **more than twice** as high as that in placebo arm
- The PFS benefits were observed in toripalimab arm regardless of PD-L1/TMB expression



- A **statistically significant improvement** in OS was detected (**HR 0.69**, 95% CI [0.52, 0.92]; P =0.0099) with a **31%** reduction in the risk of death
- A trend for improved OS was observed in toripalimab arm regardless of PD-L1 expression

Toripalimab in ESCC: Results from JUPITER-06 Published in Cancer Cell

- 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.

- In Sep 2021, the study results were first presented in the ESMO 2021. In Mar 2022, the study was published in *Cancer Cell* (IF: 31.734): Toripalimab + TP chemotherapy showed superior PFS and OS over chemotherapy alone with a manageable safety profile. And these benefits can be observed across all PD-L1 expression subgroups.

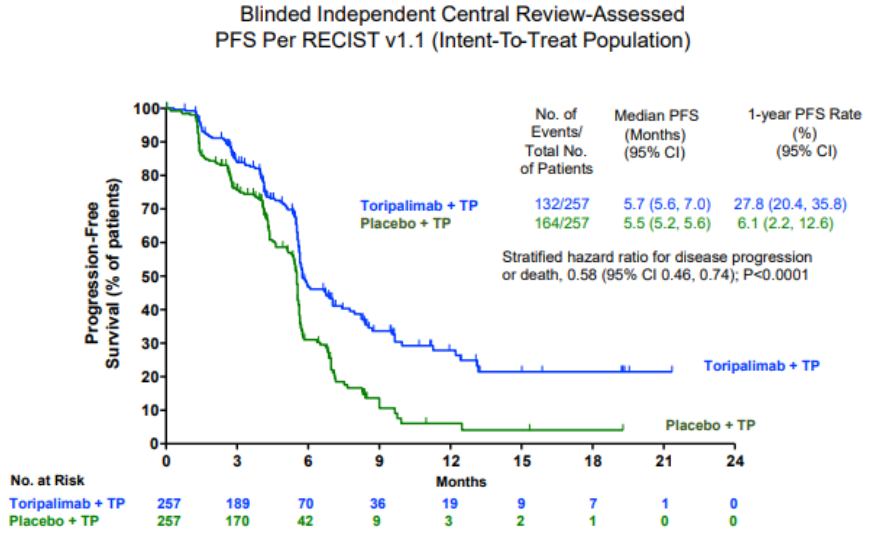
Positive Results

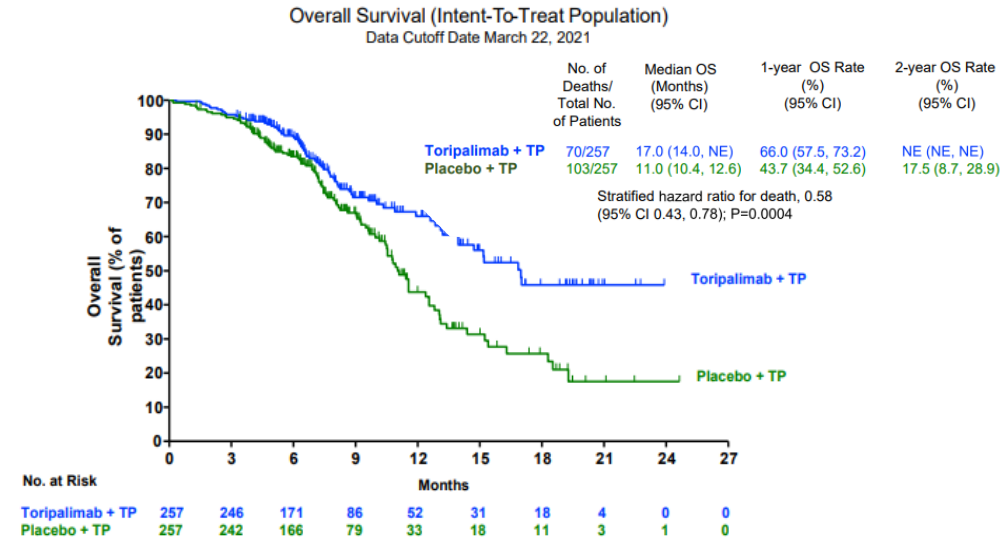
- **A statistically significant improvement in PFS** (mPFS 5.7 vs. 5.5 months) , reduced the risk of progression or deaths by 42% (HR=0.58，95% CI：0.46-0.74，P < 0.0001)

  PD-L1 expression subgroups:
  - CPS ≥ 1: 5.7 vs. 5.5 months（HR=0.58，95% CI：0.44-0.75）
  - CPS < 1: 5.7 vs. 5.6 months（HR=0.66，95% CI：0.37-1.19）

- **A significant 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)

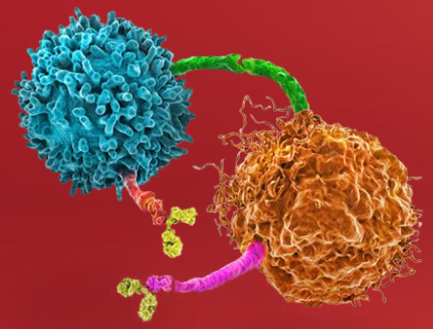
- **An outperformed ORR** (69.3% vs 52.1%), increased by 17.2%.





1. 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.

Exclusive Rights to Toripalimab in the U.S. and Canada Granted to Coherus



Junshi Biosciences grants Coherus the exclusive license to **toripalimab** and two option programs in the U.S. and Canada. Junshi also grants certain negotiation rights to Coherus for two additional checkpoint inhibitor antibodies.

In Jan 2022, Coherus has also initiated the process to exercise its option to license **TAB006/JS006 (TIGIT-targeted antibody),** in the US and Canada.

Data-driven sales——the core of overseas market

Key Contents of the Agreement

- An aggregate of US$1.11 billion of upfront payments, exercise fees and milestone payments
- Exclusive rights of toripalimab in US and Canada (20% royalty on annual net sales)
- Exclusive rights of JS006 in US and Canada (18% royalty on annual net sales)
- Negotiation rights for two additional checkpoint inhibitor antibodies
- Establishing a joint development committee
- A maximum of US$25 million R&D expenses per project per year

Upcoming Catalysts

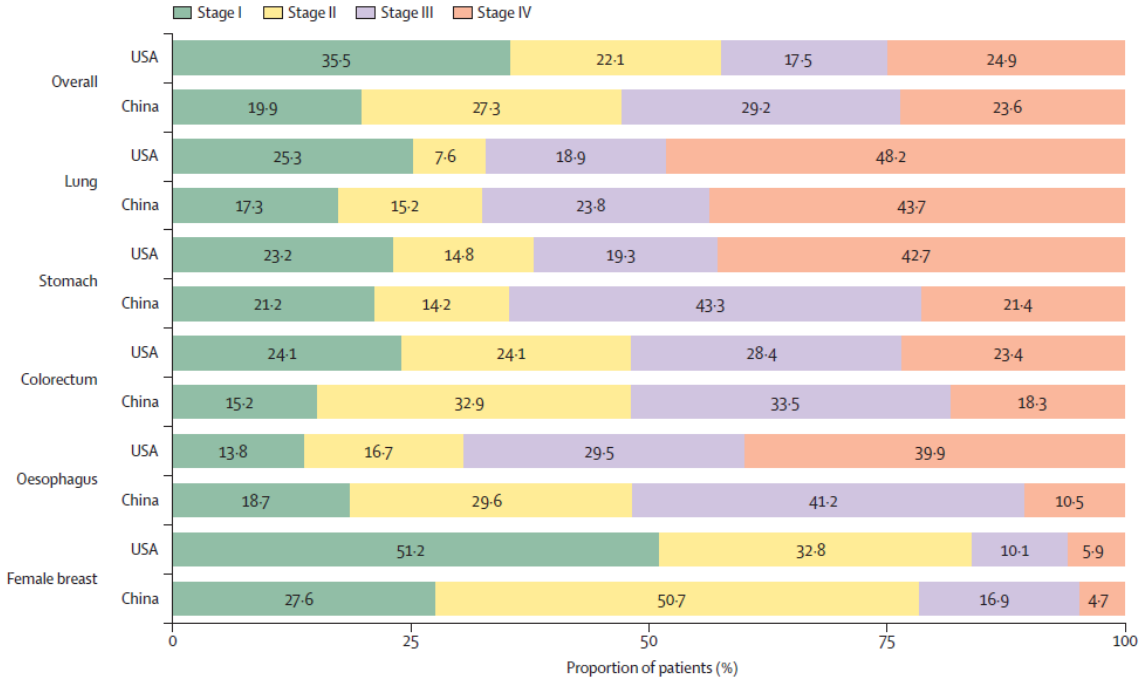
- **Clinical Data:** Data from toripalimab pivotal clinical program, TIGIT/PD-1 combination and other potential combination trials
- **Publications:** Abstracts in medical conferences such as ASCO and SITC, 5-year publication plan in both mono and combo settings
- **FDA Filings:** BLA filing of NPC with BTD, multiple additional filings and PDUFA actions in rare and prevalent indications
- **Commercial Launches:** Multiple U.S. launches expected between 2022 and 2026

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

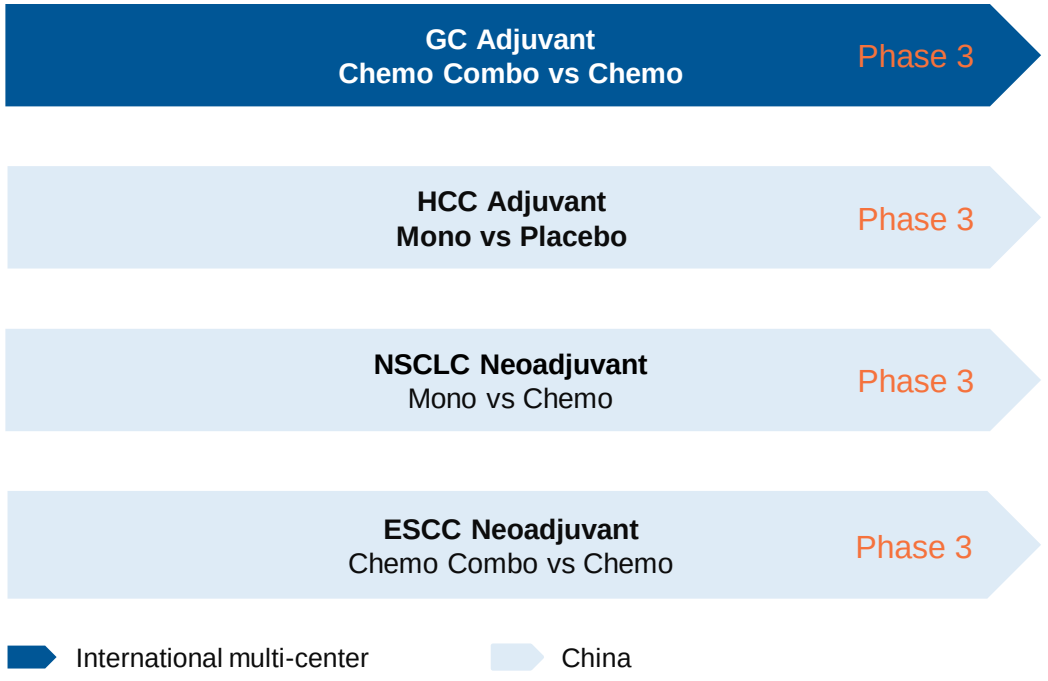
- The data from the China National Central Cancer Registry[1] shows that, **56.5% of the cancer patients were diagnosed at stage II or III** (when adjuvant/ neoadjuvant therapy can be better applied) among top 5 cancers China. Therefore, with the improvement of cancer prevention awareness and early cancer 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 adjuvant/neo-adjuvant 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



Adjuvant/Neoadjuvant Pipeline of Toripalimab



1. 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.

Toripalimab Pivotal Trials Layout

the Company's exclusive or the domestic leading indications

GC Adjuvant
Chemo Combo vs Chemo

HCC Adjuvant
Mono vs Placebo

NSCLC Neoadjuvant
Mono vs Chemo

ESCC Neoadjuvant
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

NDA Accepted

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

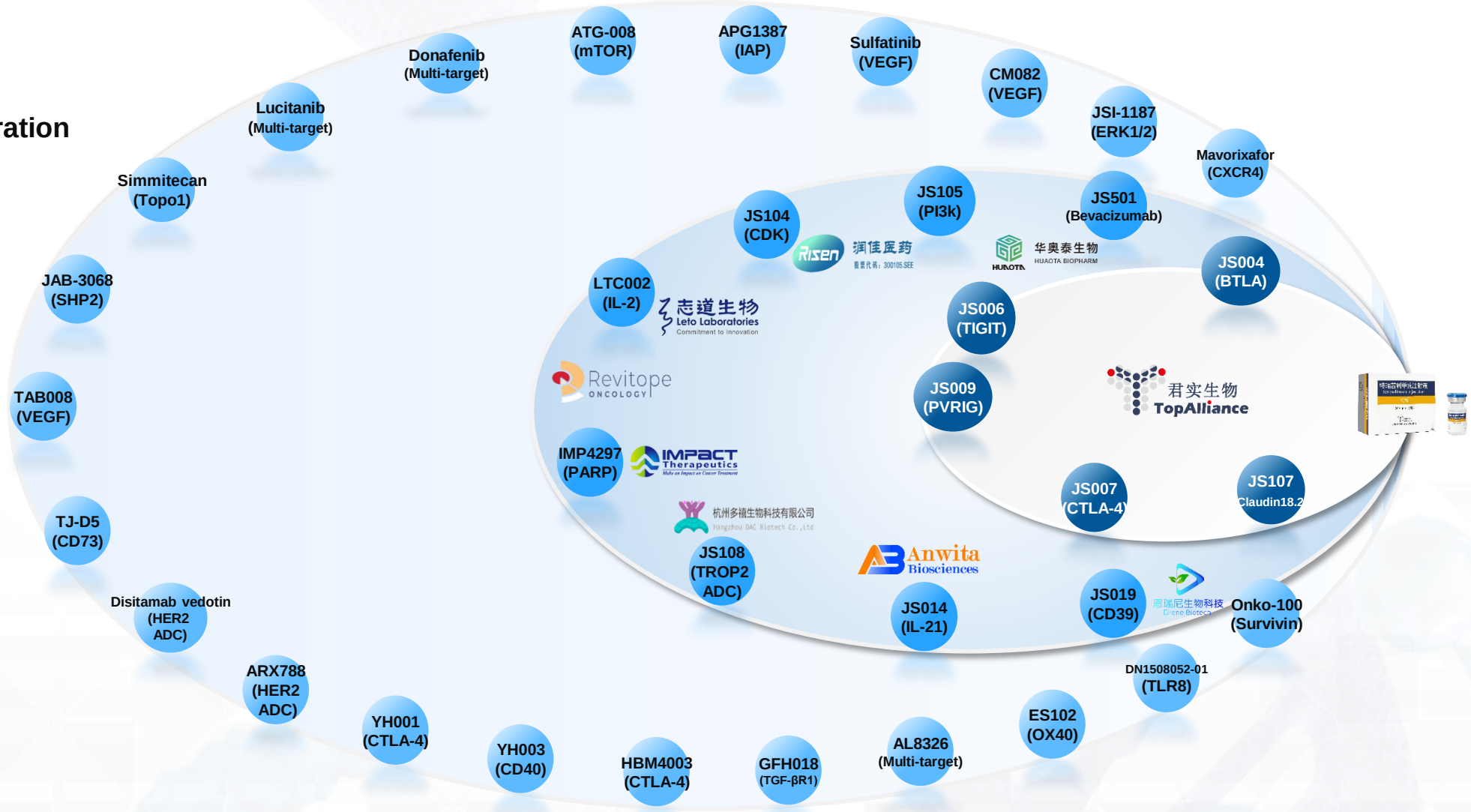
UC
Mono single arm

GC
Mono single arm

Adjuvant/Neoadjuvant | **First Line** | **≥ Second Line**

Well-Structured PD-1 Combo Solution

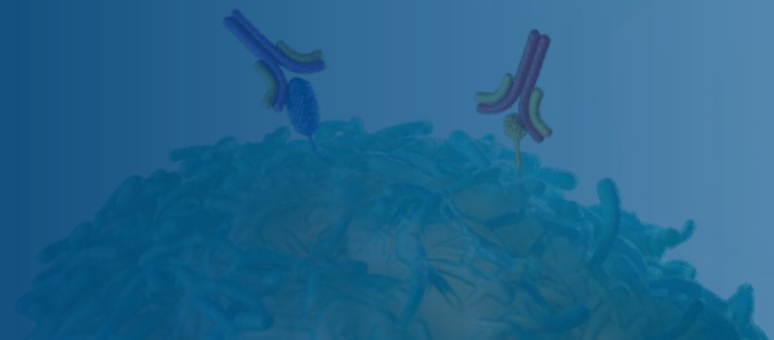
- In-house
- Co-development
- Clinical trial collaboration



君实生物
TopAlliance

04 Robust Portfolio in Core Therapeutic Areas

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



A Broad Modalities Portfolio Across Therapeutic Areas

51+ Candidates

6+ Modalities

Monoclonal antibodies, small molecules, polypeptide drugs, ADCs, bi-specific or multi-specific antibodies, nucleic acid drugs

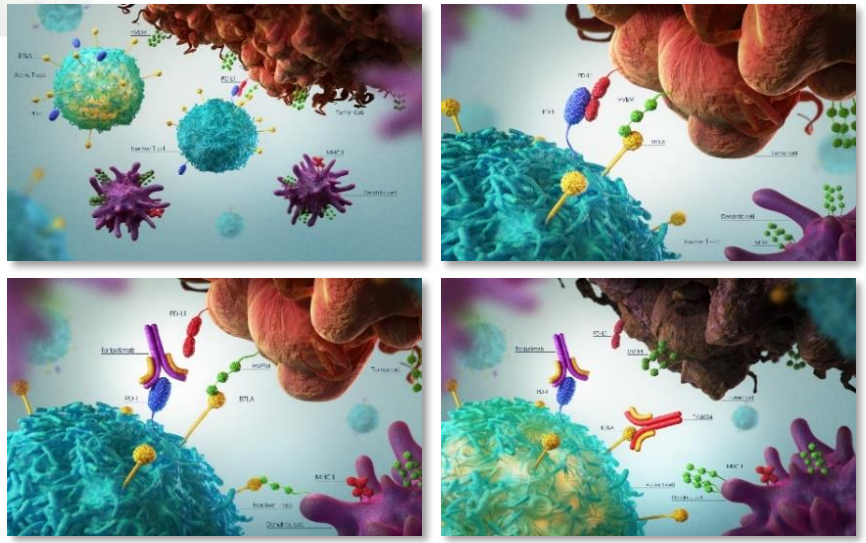
5 Therapeutic areas

Oncology	Metabolism	Immunology
Infectious Disease	Neuroscience	

Approved/ under review	**Toripalimab PD-1**	**Etesevimab* S protein**	**Adalimumab TNF-α**		
Phase 3	**JS109** PARP	**Bevacizumab VEGF**	Ongericimab PCSK9	**JT001(VV116)** Oral RdRp	
Phase 2	**JS004(TAB004)** BTLA	**JS005** IL-17A			
Phase 1	**JS001SC** PD-1	**JS003** PD-L1	**JS006(TAB006)** TIGIT	**JS012** Claudin 18.2	**JS019** CD39
	JS108 TROP2 ADC	**JS014** IL-21	**JS007** CTLA-4	**JS101** Pan-CDK	**JS110** XPO1
	JS111 EGFR exon 20	**JS201** PD-1/TGF-β	**JS112** Aurora A	**JS107** Claudin18.2 ADC	
	JS103 Uricase	**JS026** S protein	**UBP1213** BLyS		
Pre-clinical	**JS203** CD3+CD20	**JS114** Nectin4 ADC	**JS013** CD93	**JS104** Pan-CDK	**JS209** CD112R+TIGIT
	JS015 DKK1	**JS105** PI3K-α	**JS207** PD1+ Undisclosed	**JS115** BCMA ADC	**JS211** PD-L1+ Undisclosed
	JS018 IL-2	**JS116** KRAS	**JS206** IL2+PD-1	**JS011** 未予披露	**JS113** EGFR 4th Gen
	JS120 IDH1	**JS121** SHP2	**JS122** FGFR2	**JS123** **ATR**	**JS009(TAB009)** CD112R/PVRIG
	JS401 Undisclosed (RNAi)	**JS008** Undisclosed	**JT109** Vaccine ZIKV	**JT003(VV993)** Oral 3CLpro	**JS010** CGRP

1. *Received FDA Emergency Use Authorization

JS004/TAB004:
the World's First-in-human Anti-BTLA Monoclonal Antibody 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)

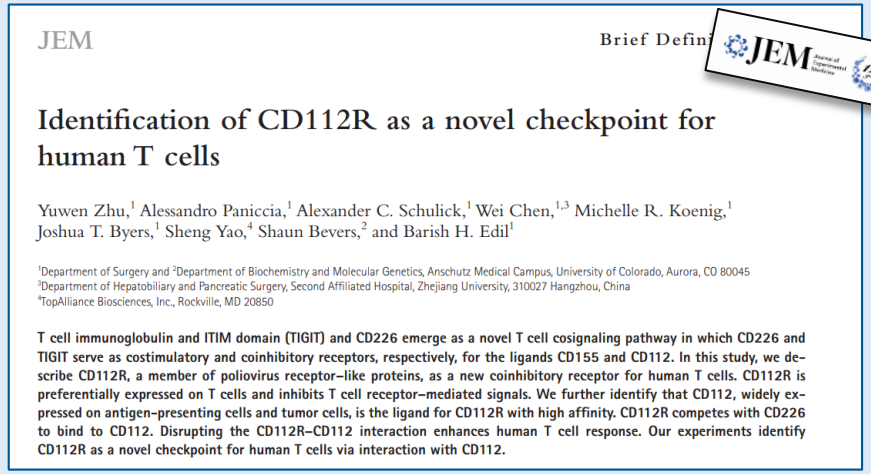
- **TAB004/JS004** is the world's first-in-human anti-tumor recombinant humanized anti-BTLA monoclonal antibody specific to BTLA independently developed by Junshi Biociences
- **The combination of TAB004/JS004 and Toripalimab** is a promising antitumor treatment strategy, which is expected to increase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

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	Indication	Design	N	2020 Q4	2021 Q1	2021 Q2	2021 Q3
US	**TAB004**	1	Advanced Solid Malignancies and Lymphoma	Dose Escalation and Expansion TAB004 Monotherapy	~500	Complete dose escalation			
				Dose Escalation and Expansion TAB004+ Toripalimab Combination				Start dose escalation	
China	**JS004**	6	Advanced Solid Malignancies（Including: Melanoma, HNSCC, NPC, LC) and Lymphoma	Dose Escalation and Expansion TAB004 Monotherapy	~632		Complete dose escalation		
				Dose Escalation and Expansion TAB004+ Toripalimab Combination				Start dose escalation	

New Immune Checkpoint Inhibitor: Anti-CD112R & Anti-TIGIT



JEM

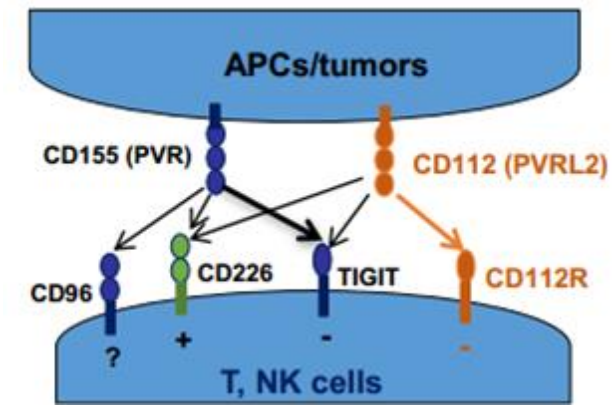
Brief Defin

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]

[1]Department of Surgery and [2]Department of Biochemistry and Molecular Genetics, Anschutz Medical Campus, University of Colorado, Aurora, CO 80045
[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 December 2021, the IND application for the JS009 has been accepted 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.**

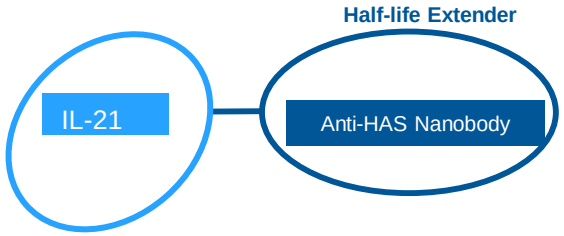
Pre-clinical data showed that JS009 in combination with JS006 exhibits significant synergistic anti-tumor effects

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.

A Comprehensive Landscape of Immuno-oncology

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

T cell activation



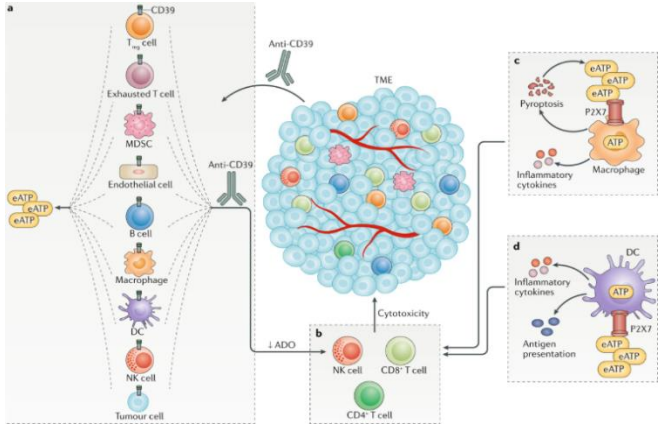
IL-21-hαHSA (No linker)

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

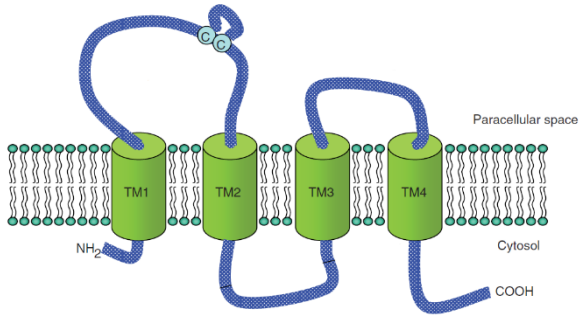
JS019 Anti-CD39 with Special MoA

TME regulation

- 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**



JS107 Anti-Claudin18.2 Monoclonal Antibody-MMAE Conjugate



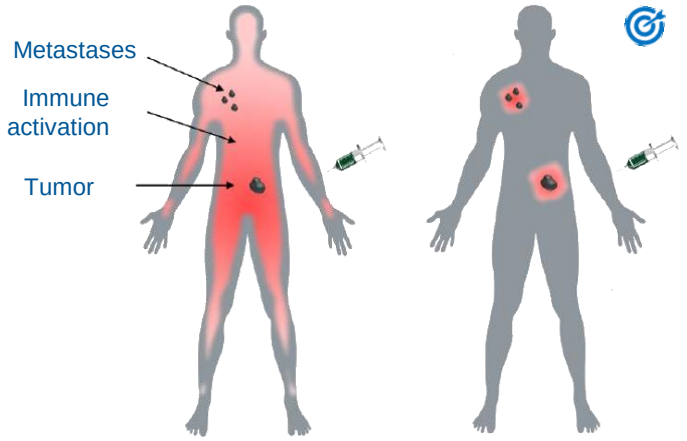
- JS107 is an antibody-drug conjugate (ADCs) targeting tumor-related protein Claudin18.2, and is intended to be used for the treatment of advanced malignant tumors, such as gastric cancer and pancreatic cancer
- The pre-clinical in vivo pharmacodynamics showed that JS107 exhibits significant anti-tumor 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**

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

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

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

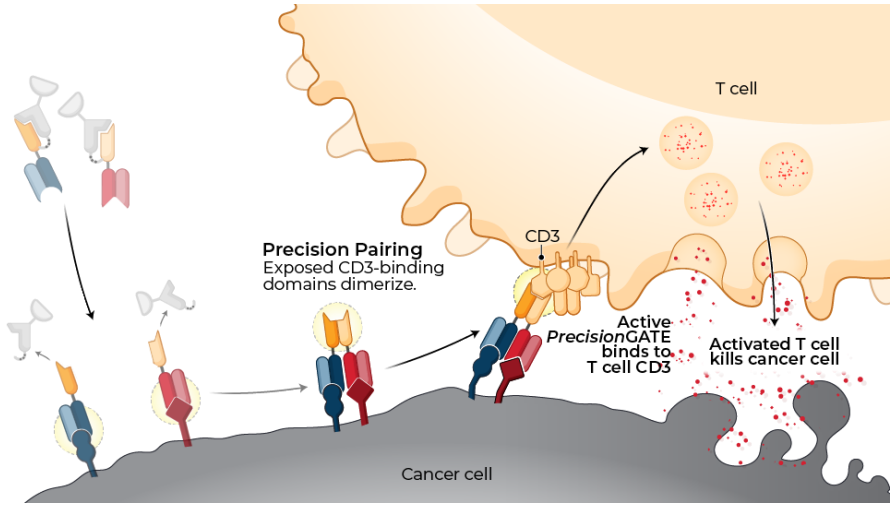


Conventional BsAb

PrecisionGATE™

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

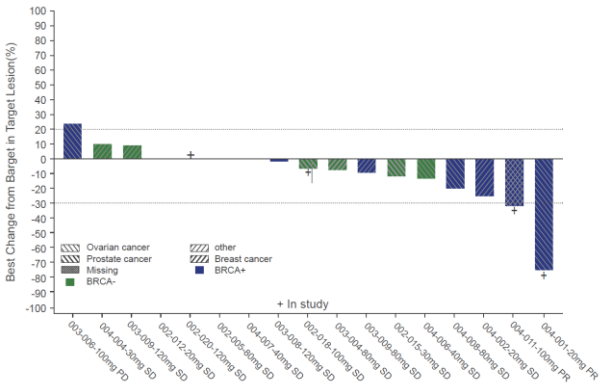


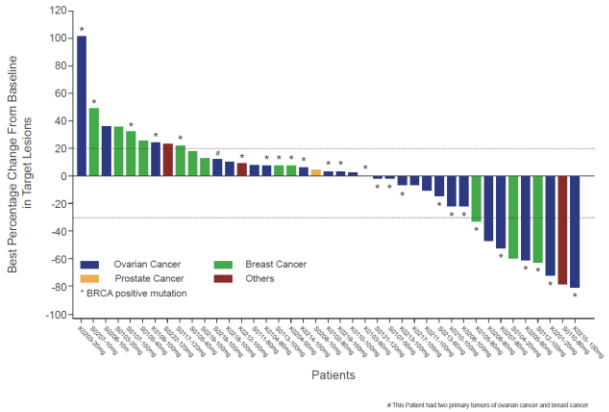
PrecisionGATE™ therapies **split** the CD3 paratope (the T-cell recognition domain) into two halves.. Only when the two molecules come together through **binding to their different tumor targets on the same tumor cell** can the two halves of the CD3 binding domain **recombine and create** a fully functional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

Small Molecule Inhibitor for Cancer Therapy

JS109：PARP inhibitor

- Senaparib (JS109) is a novel agent targeting PARP.
- Junshi and IMPACT entered into the JV Agreement for the R&D and commercialization of the drug.
- 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.**





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

JS110：XPO1 inhibitor

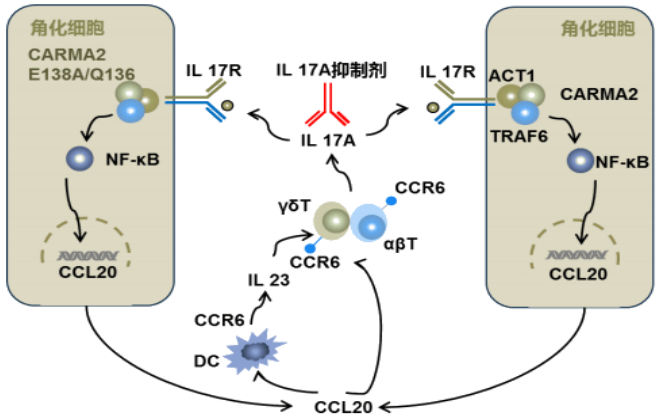
- **JS110** is a small molecule inhibitor of the nuclear export protein XPO1, which is clinically intended to treat patients with advanced tumors.
- According to the results of pre-clinical studies, JS110 specifically blocks the function of XPO1, and JS110 monotherapy or combination therapy can inhibit 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 the clinical trial of JS110.**

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.**

Immunology：JS005 & UBP1211

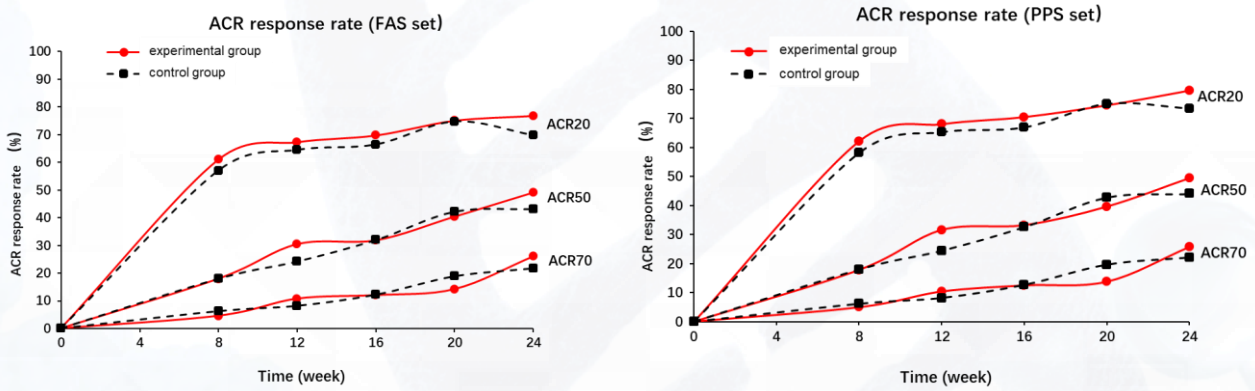
JS005：anti-IL-17A mAb



- JS005 is a recombinant humanized anti-IL-17A monoclonal antibody injection that targets autoimmune diseases including psoriasis
- In preclinical studies, JS005 has shown efficacy and safety comparable to those of marketed anti-IL-17 monoclonal antibodies
- **Phase II study is underway**

Junmaikang® (UBP1211)： anti-TNF-α-mAb

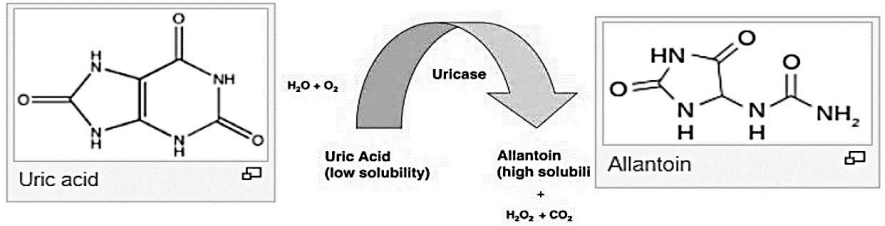
- UBP1211, a biosimilar of Humira (adalimumab)， is used to treat autoimmune diseases
- The clinical study results show that UBP1211 has similar efficacy, pharmacokinetics, safety and immunogenicity to Humira
- **In March 2022, UBP1211 for the treatment of rheumatoid arthritis, ankylosing spondylitis and psoriasis received marketing approval from the NMPA**



ACR20/50/70 response rates are similar for UBP1211and Humira in patients with moderately to severely active rheumatoid arthritis

Metabolism：JS002 & JS103

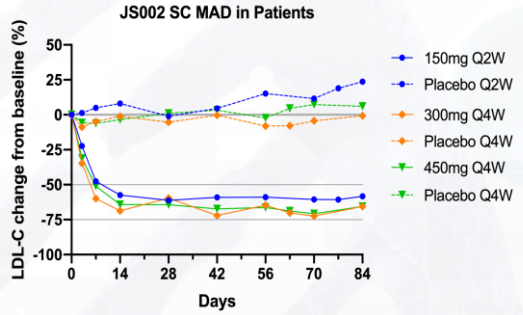
JS103：Hyperuricemia with or without Gout



- JS103 is a pegylated uricase derivative developed independently by the Company that is mainly used for the treatment of hyperuricemia with or without gout. JS103 catalyzes the oxidation of uric acid to form an allantoin with significantly higher solubility than that of uric acid, thereby achieving the effect of reducing blood uric acid
- **In May 2021, the IND application for the JS103 has been approved by the NMPA**

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 PRC company to obtain clinical trial approval for the target drug**
- **Phase III study is underway with a larger patient population**
- After a single dose of 15-450mg in healthy subjects, JS002 was shown to be effective in lowering LDL-C levels (50-70% reduction from baseline) at 150/300/450mg
- After multiple dosing of 150-450mg in patients with hyperlipidemia, the results showed that 150mg Q2W or 300/450mg Q4W dosing regimens can achieve maximum and stable LDL-lowering efficacy over the long term (55-75% reduction from baseline, comparable to imported drugs)



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

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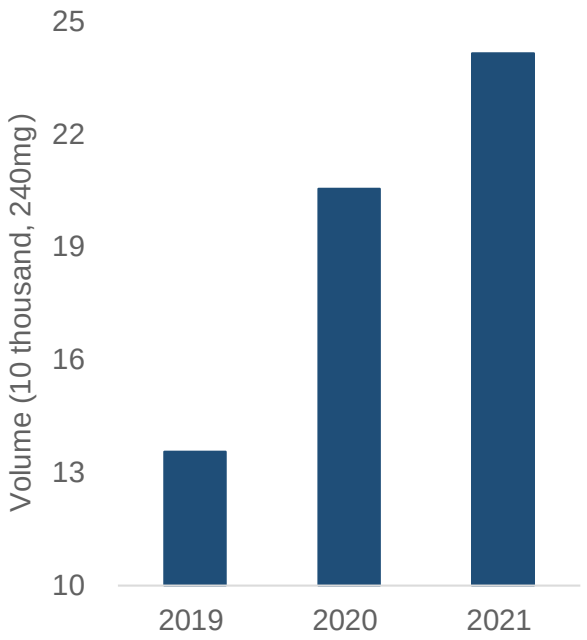
05 Commercialization

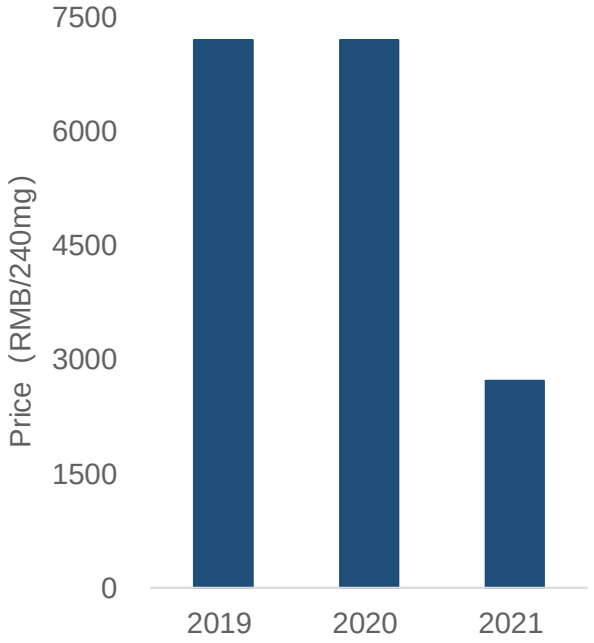
Our mission is to provide patients with treatment options that work better and cost less.

TUOYI® Continuing Steady Commercial Execution

Product Sales

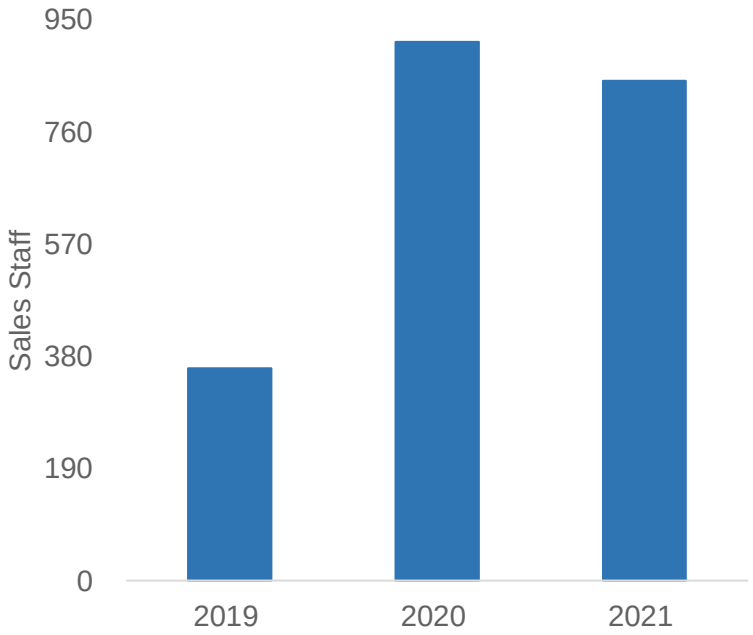
- TUOYI® achieved sales revenue of RMB412 million throughout the year in 2021
- TUOYI® sold 240,000 doses in 2021, which **rose 18%** year-over-year
- The terminal pricing of TUOYI® dropped by over 60% compared to the initial pricing in 2020





Commercialization Team

- Complete the adjustment to the commercialization team
- Complete the establishment and restoration of the marketing regional team
- Supplement the core market personnel



1. The dose is calculated by converting 80mg to 240mg.

Domestic Commercialization

We are confident that Junshi can gain **over 50%** market share in those tumor fields that had included in NRDL indications. With indications for other types of tumor being approved gradually, we would be able to **gain the market share we deserve**.

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

All approved 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 **102** cities

1L treatment for NPC has entered the medical insurance catalogues in **11** cities, for which supplementary medical insurance could be obtained in **51** 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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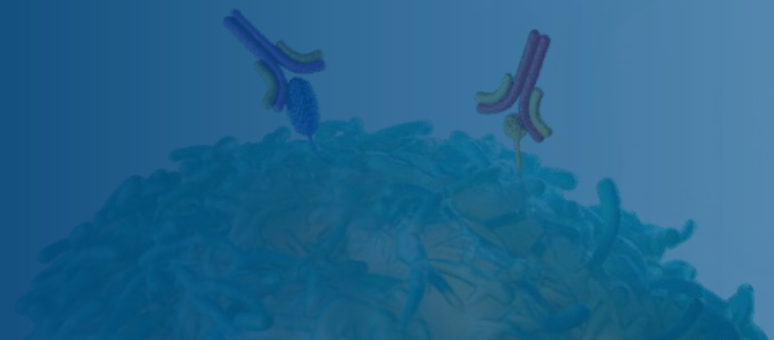
06 2022 Outlook

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



2022 Catalysts & Milestones

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