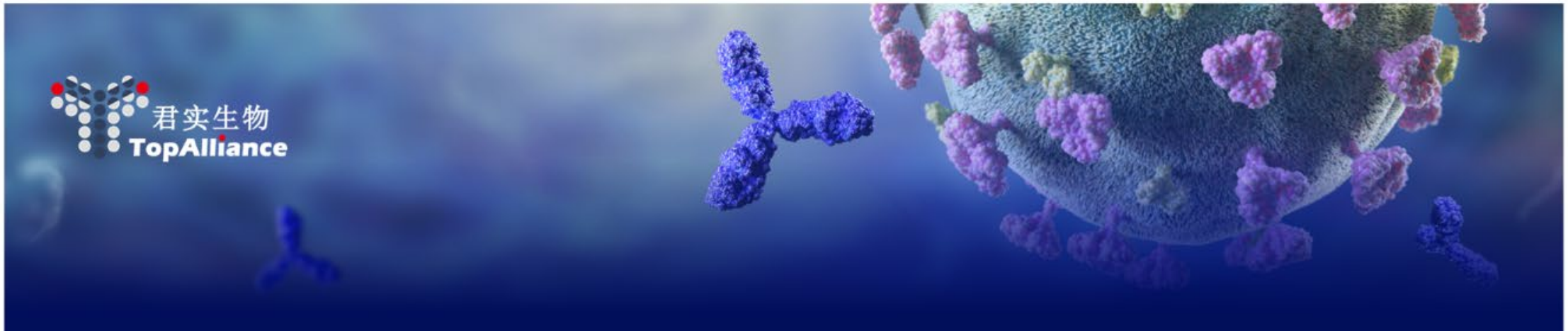
Junshi Biosciences

J.P.Morgan Healthcare Conference, January 2022

Dr. Ning Li
Chief Executive Officer



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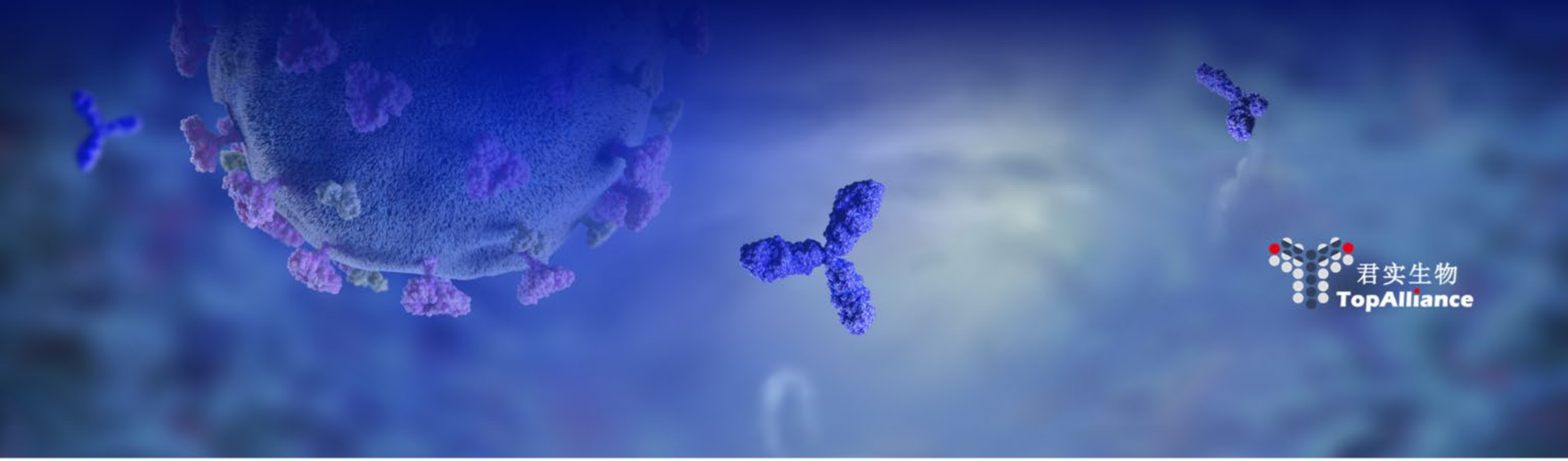

PART0: Company Overview

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

Snapshot 2021: Strengthen Our Global Development

Pipeline

30 ▶ 45
Pipeline assets

+3
sNDA approved by NMPA

2
sNDA accepted by NMPA

15+
IND filing accepted

+18%
R&D expenses[1]

International Recognition

3 ▶ 4
Orphan Drug Designation

+1
Breakthrough Therapy Designation

+2
BLAs accepted by FDA and granted Priority Review

ASCO
LBA at Plenary Session

Nature Medicine
Cover Article

3
FDA EUA approved for etesevimab (combo with bamlanivimab)

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

~1.3 mn
Doses of supply to the US and the EU

toripalimab
etesevimab

Business Development

+169%
Growth in revenue[1]

HK$ 2,565 mn
Aggregate gross proceeds from the placing of new H shares

RMB 1,275 mn
Series A funding for Juntuo Biosciences

Coherus
Cooperation for toripalimab

Lilly
Cooperation for etesevimab

1. 2021Q3 Data

R&D Pipeline Covering a Wide Variety of Therapeutic Areas

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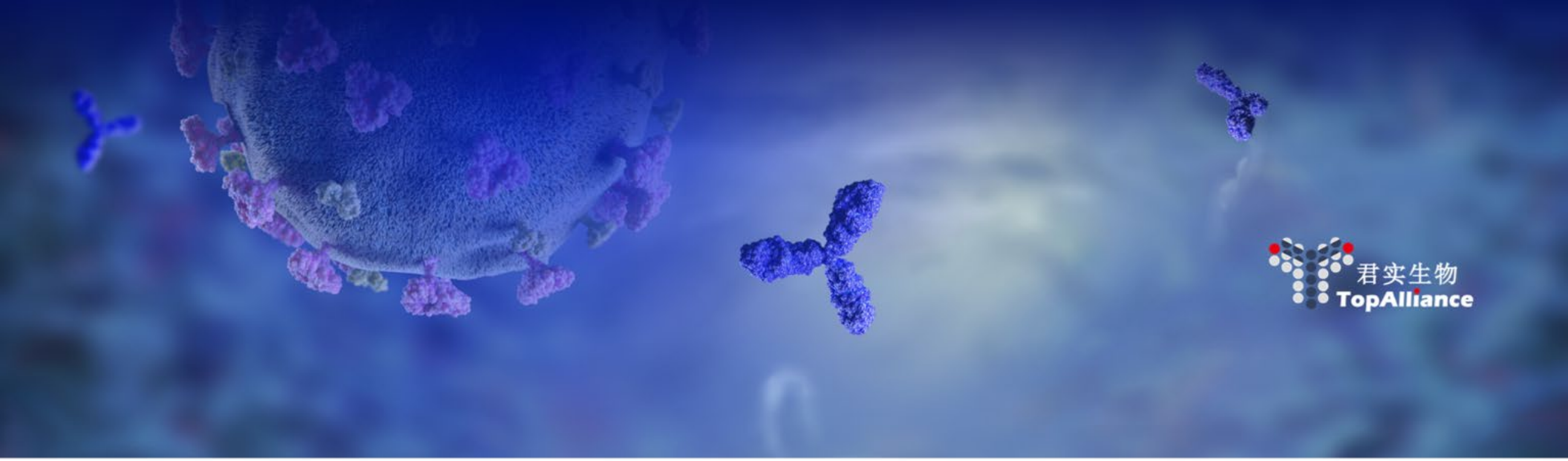
Pre-clinical			Phase I			Phase II	Phase III	Approved/ Under Review
JS011 Undisclosed Tumors	**JS113** EGFR 4th Gen NSCLC	**JS207** PD-1+Undisclosed Tumors	**JS001 SC** PD-1/L1 Tumors	**JS019** CD39 Tumors	**JS112** Aurora A SCLC	**JS004(TAB004)** BTLA Lung cancer, Melanoma, etc	**JS109** PARP Ovarian 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 Non-small cell lung cancer	**Adalimumab** Rheumatoid arthritis
JS015 Undisclosed 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			**VV116 *** Oral nucleoside analog COVID-19
JS104 Pan-CDK Breast cancer, etc.	**JS203** CD3+Undisclosed Tumors	**JS401** Undisclosed (RNAi) Metabolic diseases	**JS009(TAB009)** CD112R/PVRIG Tumors	**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	**JS012** Claudin 18.2 Gastric cancer	**JS111** EGFR exon 20 NSCLC				
			JS014 IL-21 Tumors					

Oncology
Metabolism
Immunology
Neuroscience
Infectious Disease
Approved

*Received Emergency Use Authorization



PART1: Core Commercialized Product

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

R&D Progress of Toripalimab

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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	
		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	
		/	Mucosal melanoma (combo with axitinib)		U.S.	FDA FTD ODD ; NMPA BTD
		NCT03474640	Sarcoma		U.S.	FDA ODD

International Recognition and Overseas Progress of Toripalimab

FDA FTD ODD
Mucosal Melanoma

FDA BTD ODD
NPC

FDA ODD
Sarcoma

FDA BLA
2nd L NPC Filing

ASCO 2021
39 studies presented
- 2 oral reports, incl. 1 LBA
- 15 poster presentations
- 20+ online abstracts

ESTS 2021
ESCC Neo Adjuvant

WCLC 2021
1L NSCLC
(CHOICE-01)

ESMO 2021
1L ESCC
(JUPITER-06)

FDA ODD
EC

NSCLC
SCLC
ESCC
TNBC
HCC
……

Before 2021 | Jan 21 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 2022

WCLC 2020
NSCLC

Journal of Clinical Oncology
IF=44.544
r/m NPC
(POLARIS-02)

Therapeutic Advances in Medical Oncology
IF=8.168
GS

AACR 2021
3 studies selected
- HCC Neo Adjuvant
- ESCC Neo Adjuvant
- SCLC Maintenance

Nature Medicine
IF=53.440
Cover Article
r/m NPC
(JUPITER-02)

FDA BTD
1stL NPC Filing

ASTRO 2021
Digestive system tumors
Neo Adjuvant

FDA BLA
NPC Accepted

Meet primary endpoint at interim analysis
1L NSCLC

Progress of overseas clinical trials

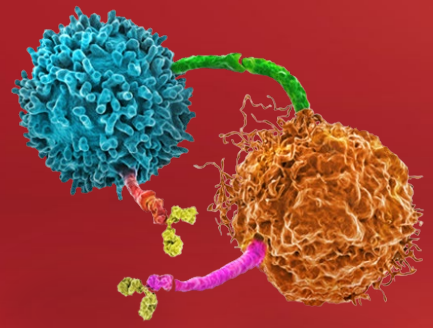
Academic achievements

Prevalence

Indications	China	Northern American	Europe	South-Eastern Asia	Others
LC	883,100	328,224	582,924	134,378	676,165
HCC	338,106	39,797	68,095	82,593	267,040
ESCC	313,121	23,544	57,655	13,998	191,432
NPC	186,908	7,756	17,323	101,117	69,403
TNBC	139,010	118,911	213,812	49,179	258,160
Melanoma	22,281	368,049	517,196	8,954	176,338

Source : WHO 2020

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.

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
- 20% royalty on annual net sales
- Exclusive rights of toripalimab in US and Canada
- Options to JS006 and JS018-1
- 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

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U.S. Filing Strategy for

NPC (BLAs accepted), Lung, ESCC, other indications

1L & 2L NPC

1L ESCC

1L NSCLC

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 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.

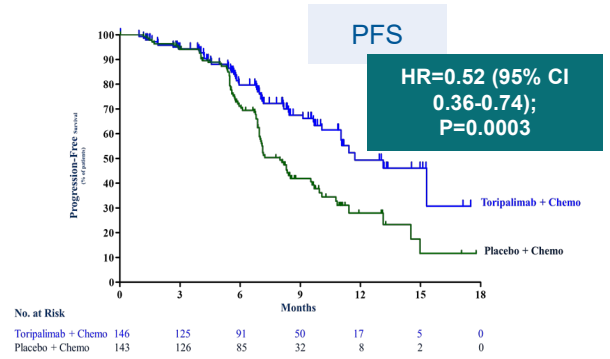
❑ Efficacy

- 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

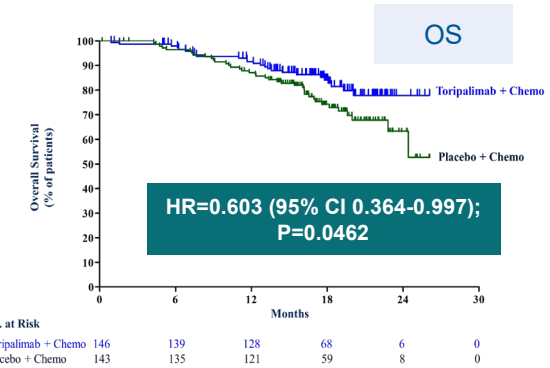
- A second interim OS analysis will be performed at pre-specified final PFS analysis followed by the final OS analysis

	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)



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)



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

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

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the Company's exclusive or the domestic leading indications

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
Melanoma
Mono single arm

Approved
NPC
Mono single arm

Approved
UC
Mono single arm

GC
Mono single arm

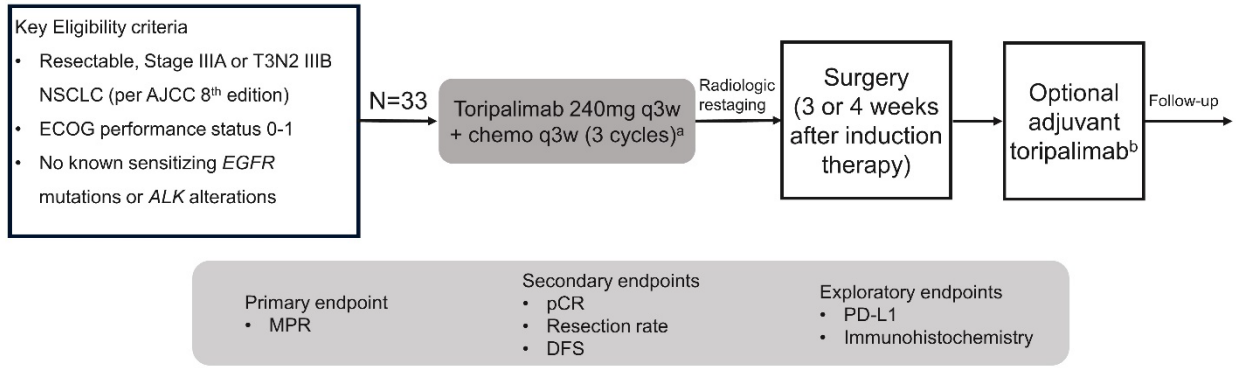
Adjuvant/Neoadjuvant | **First Line** | **≥ Second Line**

ASCO #8541: Neoadjuvant Toripalimab + Chemotherapy in Non-Small Cell Lung Cancer (NSCLC)

Background

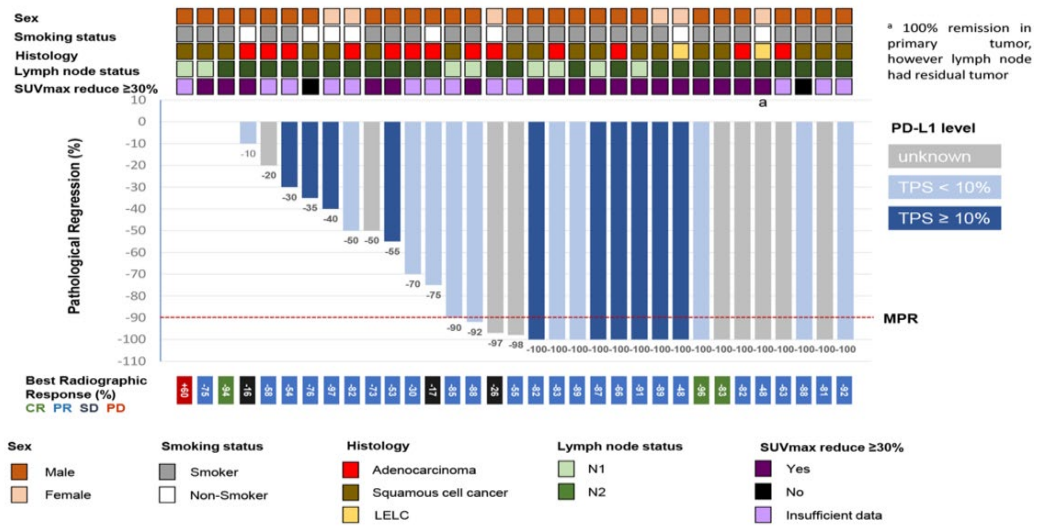
- Previous trials of neoadjuvant chemotherapy or chemoradiation following surgical resection is recommended in resectable stage III NSCLC, but these treatments provide modest survival benefits to patients with stage III NSCLC
- Neo TAP01 is a phase II trial evaluating toripalimab + chemotherapy as neoadjuvant treatment for resectable stage III NSCLC

Study Design



Database lock: April 15, 2021. The mean follow-up duration was 6.67 months.

Summary

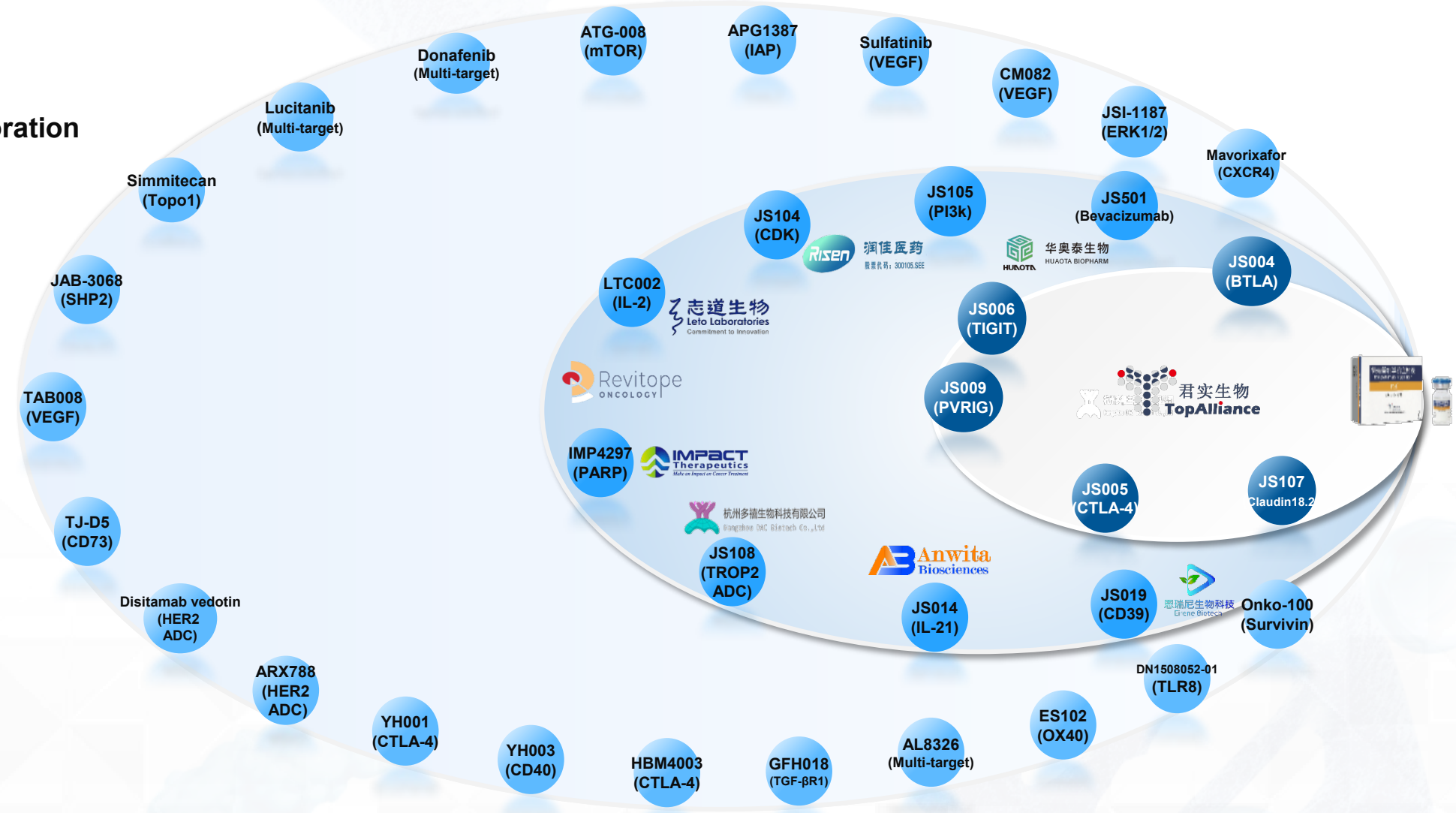


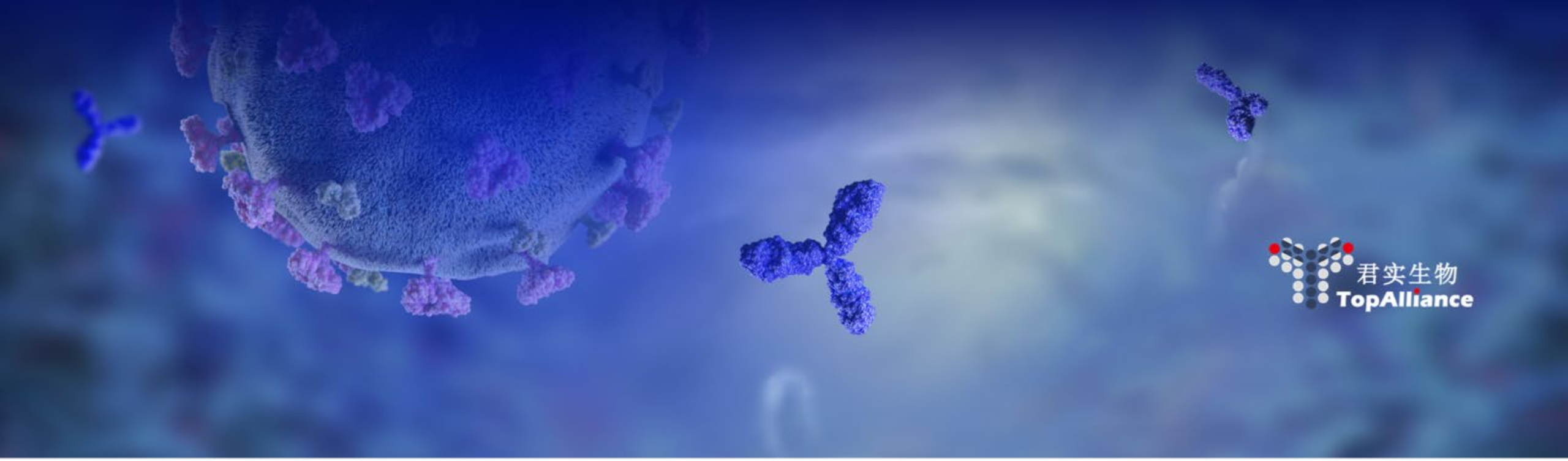
- R0 resection in 96.7% patients
- **MPR rate were 66.7% , pCR rates were 45.5%**
- The most common grade 3 TRAEs was anemia (2, 6.1%)
- Neo TAP01 is the second study and **the first** in the Asian population to show the benefits of neoadjuvant immunotherapy with chemotherapy for resectable stage III NSCLC

1. ASCO 2021

Well-Structured PD-1 Combo Solution

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





PART2: Junshi's Commitment in Anti-infectives

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 this announcement, 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.

Active against multiple variants

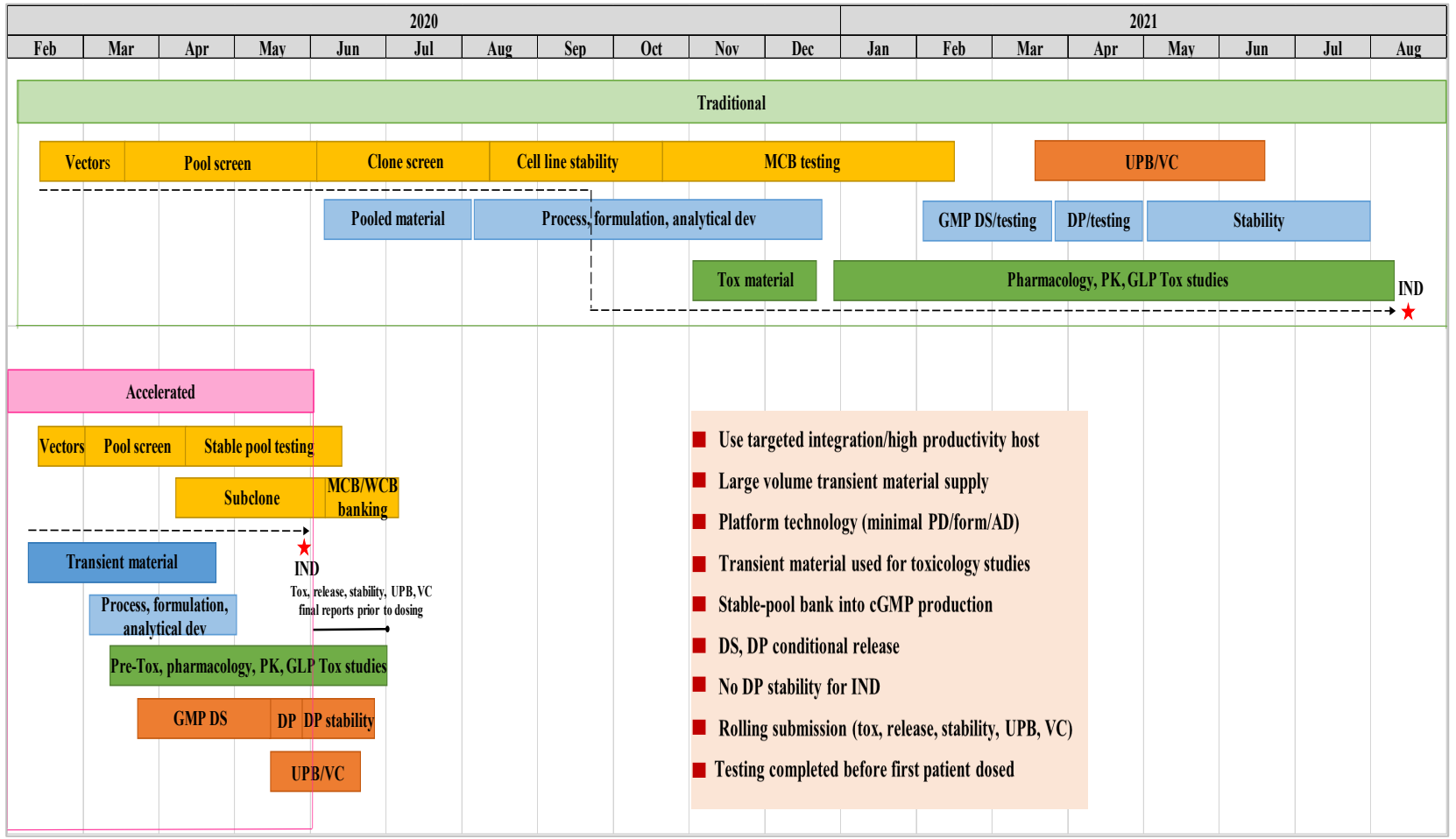
- According to the paper *Tackling COVID-19 with neutralizing monoclonal antibodies* published in *CELL* in June 2021, as well as *the Reduced sensitivity of SARS-CoV-2 variant delta to antibody neutralization* published in *Nature* in June 2021, the combination therapy is effective against **B.1.1.7/Alpha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

Covid-19 NAb

——Etesevimab

Process Development and Production

Pre-clinical research completed in 4 months, fast entry into clinical trials



Using a platform manufacturing process to shorten development time for monoclonal antibodies

- Transient transfection：Platform-based small-scale production process. In the process of production scale-up and simultaneously scaling up research
- Stable transfection：A platform-based 2000L scale stable transfection technology

Flexible use of transient and stable transfection processes to meet the requirements for phased samples

- 5L, 25L, 200L fast transient transfection production of hundreds of grams samples for product quality, efficacy and toxicology research
- 2000L GMP stable transfection production of tens of thousands of grams samples for clinical research
- The adoption of single-use technology to reduce production time

High quality, high expression, high purity and high yield

- High-density cell culture: Yields >7 g/L
- Product purity: >99%
- High product yield: >70%

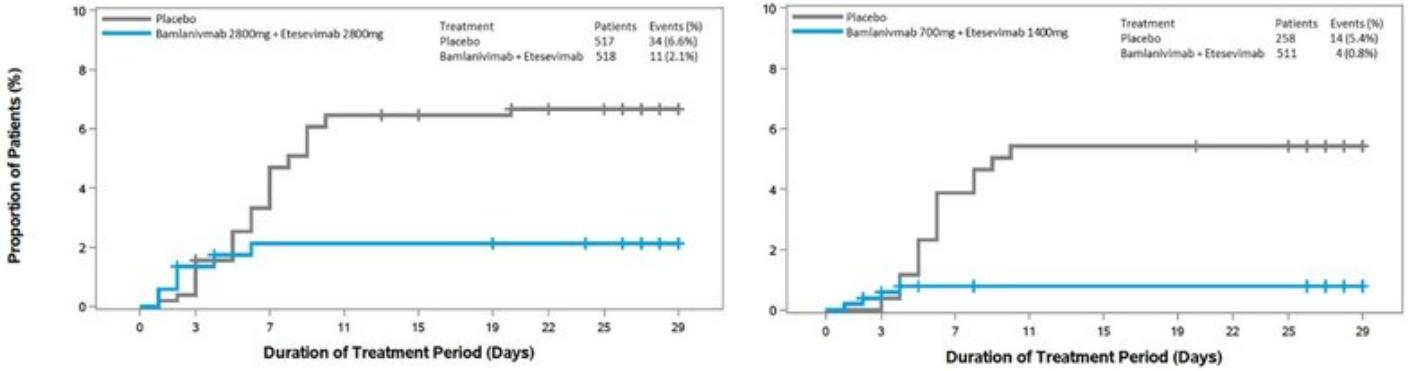
Remarkable Efficacy in a Combination Therapy Clinical Trial

Clinical trial

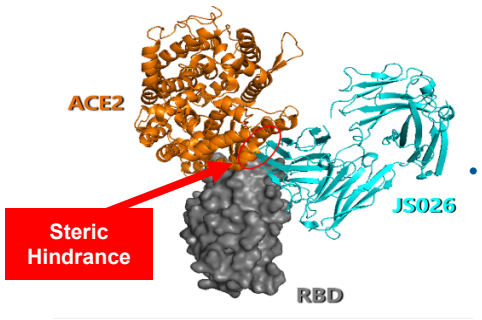
A randomized, double-blind, placebo-controlled, phase II/III study to evaluate the efficacy and safety of LY-CoV555 and JS016 in participants with mild to moderate COVID-19 illness

Results

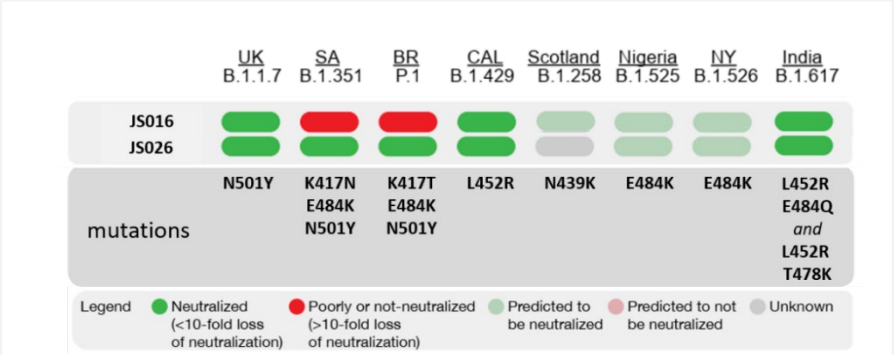
March 10, 2021, the new data from BIAZE-1 Phase III study demonstrates that LY-CoV555 and JS016 together **reduced COVID-19 related hospitalizations and deaths by 87%**



JS026: A New Antibody Treatment Against COVID-19



- JS026 injection is a recombinant fully human monoclonal antibody, which is mainly used to prevent and treat the COVID-19.
- JS026 targets the S1 subunit of the SARS-CoV-2 spike protein, binding to the RBD with high affinity, blocking the binding between RBD and the ACE2 in the host cell surface receptor, thereby further blocking the infection of host cells by SARS-CoV-2.
- **In October 2021, the IND application for JS026 has been accepted by NMPA. In November, the IND application was approved.**



JS026 and JS016 can be jointly used together to fight against various viral mutations effectively[1]

1. Internal Data

JS026 in combination with JS016 can be jointly used together to fight against various viral mutations effectively

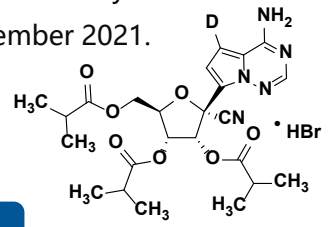
- JS026 shows excellent broad-spectrum virus-neutralizing activities
- JS026 has neutralizing activity against B.1.1.7 and B.1.351 variants
- The binding epitopes of JS026 do not overlap with that of JS016. Therefore, JS026 can be used in combination with JS016 to avoid viral escape.

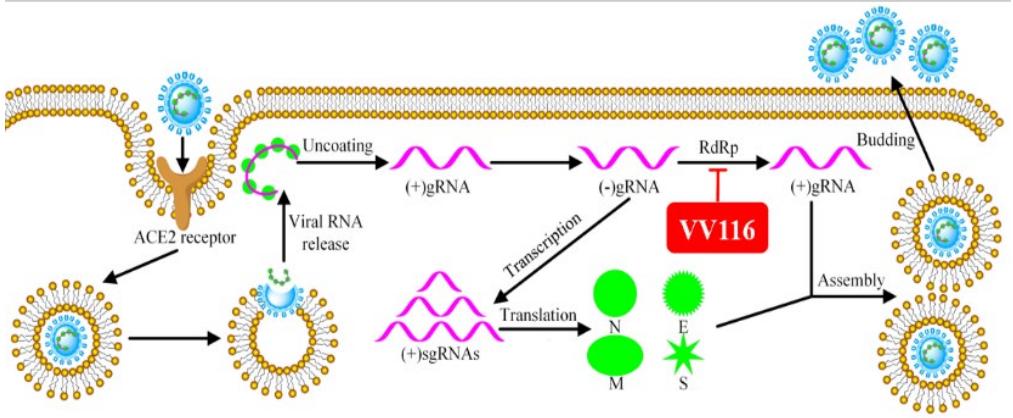
Promising oral Nucleoside drug Against COVID-19: VV116

- On 4 October 2021, Junshi announced that the company and **Vigonvita Life Sciences**, incubator of SUSIMM, have reached a cooperation and will jointly undertake the clinical development and industrialization of the oral nucleoside anti-coronavirus candidate **VV116** on a global scale

- **The IND applications** of VV116 have been submitted to the drug regulatory authorities in **China and Uzbekistan** respectively. The Ministry of Health of the Republic of Uzbekistan has granted the EUA for VV116 in December 2021.

VV116





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

Positive preclinical results

- **VV116 has a high barrier to drug resistance, which means it is effective against WT and various variants (eg Beta, Delta)**
- **VV116 shows excellent in vitro efficacy**
- **VV116 has high oral bioavailability**
  - 80% and 90% in rats and dogs, respectively
- **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.
- **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

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). https://doi.org/10.1038/s41422-021-00570-1

Juntuo Biosciences, the anti-Infectives Division of the Group

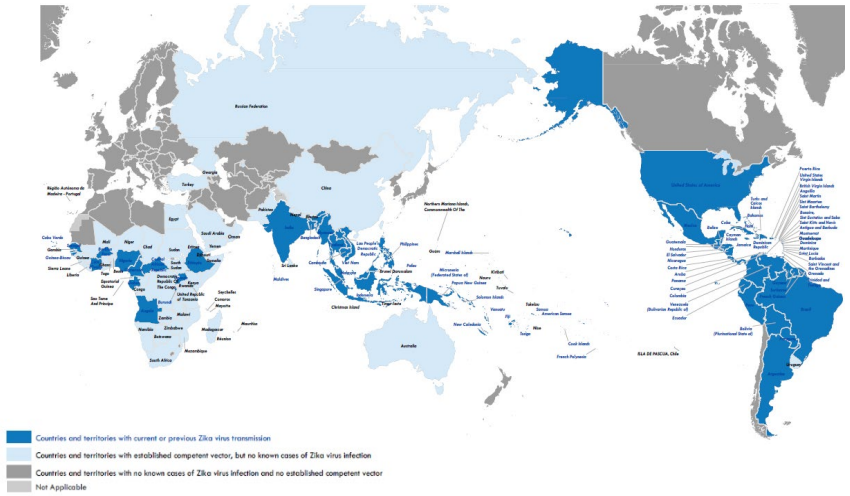
- Juntuo, a controlling subsidiary of Junshi, was founded in Aug 2021

- Juntuo conducted the Series A funding in Dec 2021. 14 investors subscribed for shares at the post-money valuation of RMB 4 billion. Through this funding round, Juntuo received proceeds amounting to 1.275 billion

- The proceeds will provide capital for Juntuo's R&D and production of vaccines and anti-infective drug pipeline

Collaborate with IMCAS Again： Novel ZIKV Vaccine

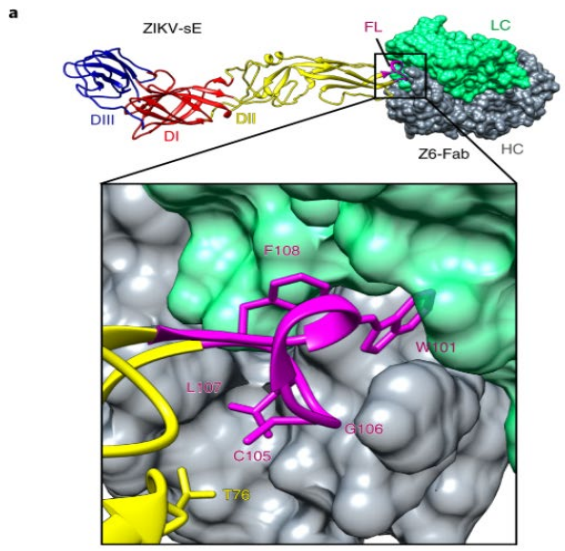
Junshi signs a collaboration agreement with the IMCAS to jointly develop ZIKV vaccine



Countries and territories with current or previous Zika virus transmission[1]

- ZIKV is a mosquito-borne pathogen belonging to the genus Flavivirus. And WHO declared it a Public Health Emergency of International Concern in 2016. ZIKV epidemic spread to 86 countries worldwide.
- No vaccine is yet available for the prevention or treatment of ZIKV infection worldwide.

- The ZIKV vaccine jointly developed by Junshi and IMCAS is based on the research results from the team of professor Gao Fu, an academician at the Chinese Academy of Sciences.
- The team of professor Gao Fu proposed a new strategy for a protective ZIKV vaccine to eliminate ADE of DENV [2] by the rational design of an improved ZIKV immunogens based on structural biology and the strategy will provide guide for the clinical use of the novel ZIKV vaccine.



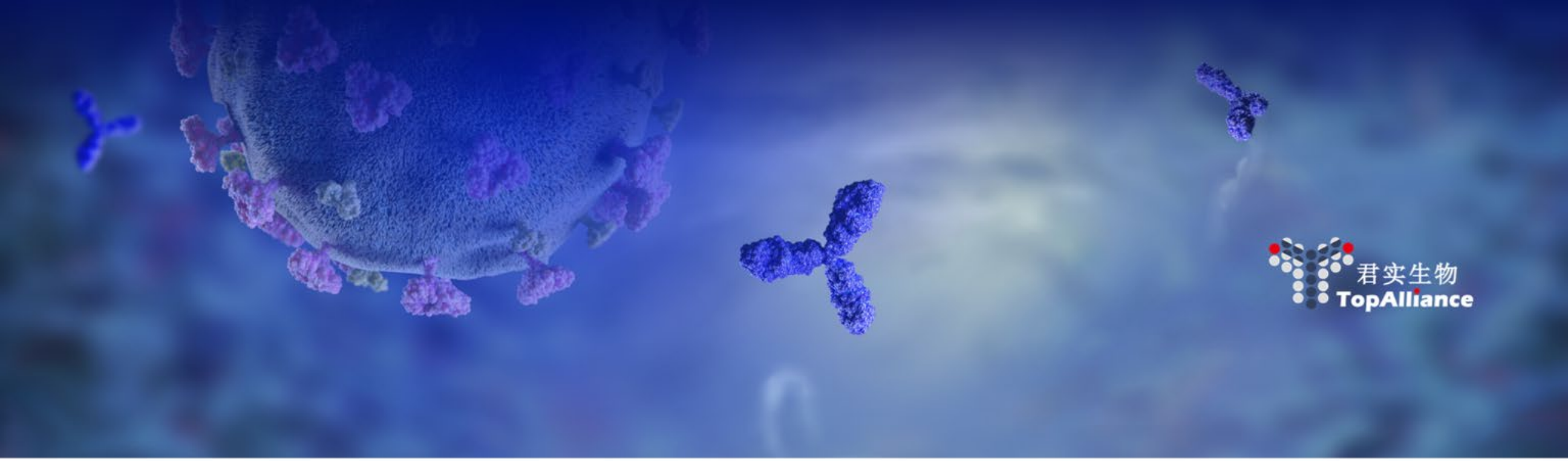
b

ZIKV-sE	H Chain	L Chain	Total contacts
P75		Y32 (6)[a]	6
T76		G28 (2) I29 (3) D30 (9) Y32 (1)	15
W101	Y35 (15) W49 (1) S52 (2) Y60 (31) Q100 (10)	L91 (5) Y94 (18) P96 (2)	84
G102	Y35 (1)		1
G104		Y94 (4)	4
C105		Y94 (10)	10
G106		L91 (5) N92 (3) N93 (8) Y94 (18)	34
L107	N103 (1)	Y32 (4) L91 (5) N92 (3)	13
F108	Y35 (5) Q100 (2) G102 (22) N103 (12)	Y32 (4) L91 (2)	47
G109		Y32 (5)	5
K110		Y32 (7)	7

[a]Numbers represent the number of atom-to-atom contacts analyzed by the contact program in CCP4 suite (the distance cutoff is 4.5 Å).

Rational design of ZIKV immunogens: engineering ZIKV immunogens

1. https://www.who.int/health-topics/zika-virus-disease#tab=tab_1
2. Dai, L., Xu, K., Li, J. et al. Protective Zika vaccines engineered to eliminate enhancement of dengue infection via immunodominance switch. Nat Immunol 22, 958–968 (2021).



PART3: 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

45 Candidates

7 Modalities

Monoclonal antibodies; bispecific antibodies; fusion proteins; small molecules; ADC; nucleic acid based medicines; vaccines

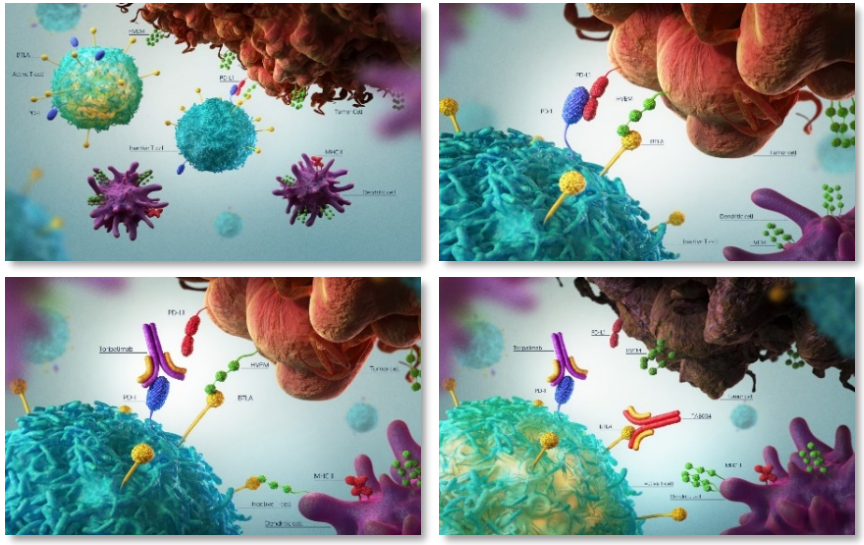
5 Therapeutic areas

Oncology	Metabolism	Immunology
Infectious Disease	Neuroscience	

Approved/ under review	**Toripalimab** PD-1	**Etesevimab*** S protein	**VV116*** Oral nucleoside analog	**Adalimumab** TNF-α	
Phase 3	**JS109** PARP	**Bevacizumab** VEGF	Ongericimab PCSK9		
Phase 2	**JS004(TAB004)** BTLA	**JS005** IL-17A			
Phase 1	**JS001 SC** PD-1/L1	**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	**JS009(TAB009)** CD112R/PVRIG	**JS107** Claudin18.2 ADC
	JS103 Uricase	**JS026** S protein	**UBP1213** BLyS		
Pre-clinical	**JS203** CD3+ Undisclosed	**JS114** Nectin4 ADC	**JS013** CD93	**JS104** Pan-CDK	**JS209** CD112R+TIGIT
	JS015 Undisclosed	**JS105** PI3K-α	**JS207** PD1+ Undisclosed	**JS115** BCMA ADC	**JS211** PD-L1+ Undisclosed
	JS018 IL-2	**JS116** KRAS	**JS206** IL2+PD-1	**JS401** Undisclosed (RNAi)	**JS008** Undisclosed
	JS011 Undisclosed	**JS113** EGFR 4th Gen	**JS010** CGRP		

1. *Received Emergency Use Authorization

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



- 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)

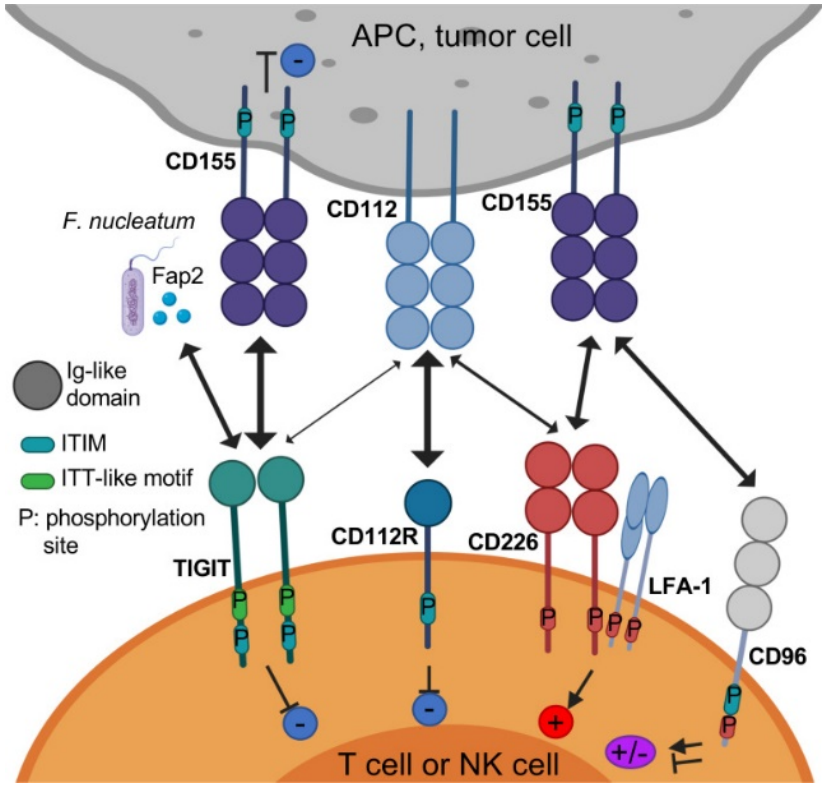
- **TAB004/JS004** is the world's first-in-human recombinant humanized anti-BTLA monoclonal antibody specific to BTLA independently developed by Junshi
- **The combination of TAB004/JS004 and Toripalimab** is a promising antitumor treatment strategy, which is expected to increase patients' response to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

JS004/TAB004:
Clinical Trial Progress in China and Overseas

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	5	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	

- **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

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



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, 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, 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 JS019 has been approved by the NMPA; In February, the IND application for the JS019 has been approved by the FDA**

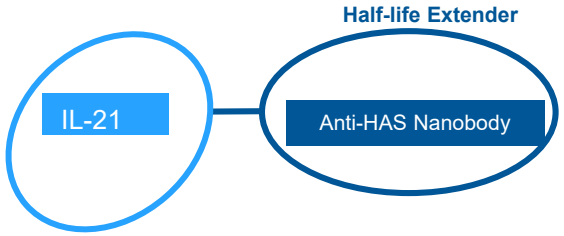
Pre-clinical data showed that JS009 in combination with JS006 exhibits significant synergistic anti-tumor effects

1. CHAUVIN JM, ZAROUR HM. TIGIT in cancer immunotherapy[J]. J Immunother Cancer,2020,8(2):e000957. doi: 10.1136/jitc-2020-000957. PMID: 32900861; PMCID: PMC7477968.

A Comprehensive Landscape of Immuno-oncology

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

T cell activation



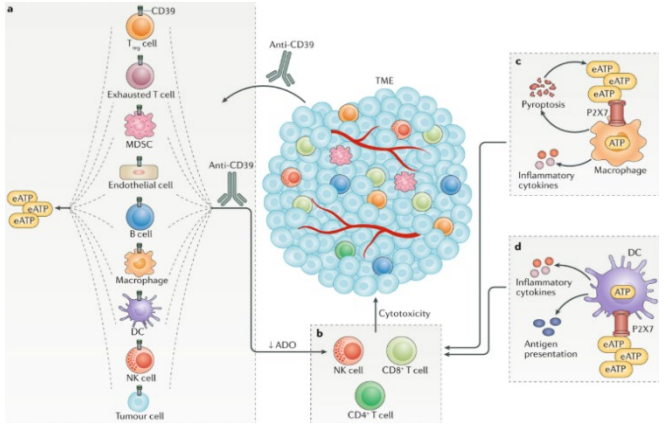
IL-21-hαHSA (No linker)

- 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

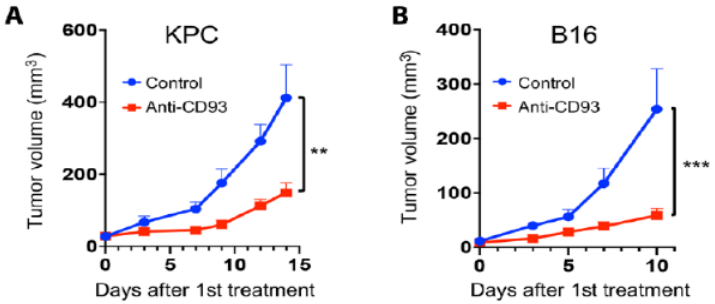
TME regulation

- 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**



JS013 Anti-CD93

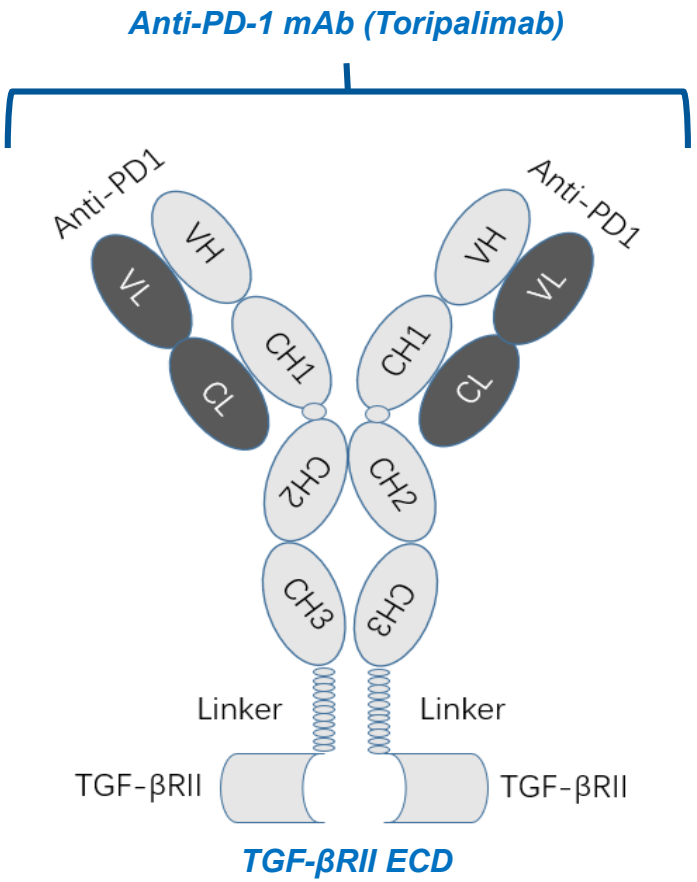
New emerging target in cancer immunotherapy



- 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.

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

BsAbs: JS201 Bifunctional Fusion Protein Simultaneously Targeting PD-1 and TGF-β



Recent Results

- Dual blockade of PD-1 and TGF-β signaling promote superior T cell activation than monotherapy in MLR assay.
- In vivo efficacy and PK/PD profile in Cyno with NOAEL of 100mg/kg indicate promising better efficacy than monotherapy, and tolerate safety.

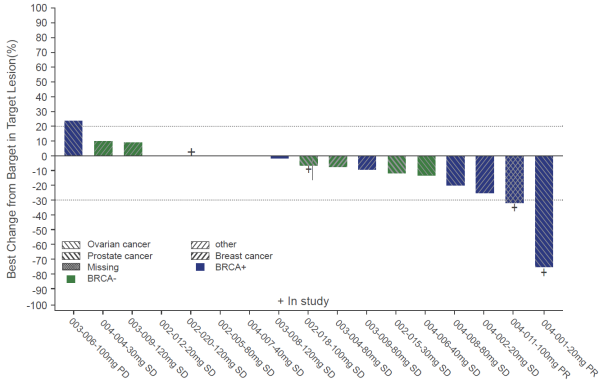
Status

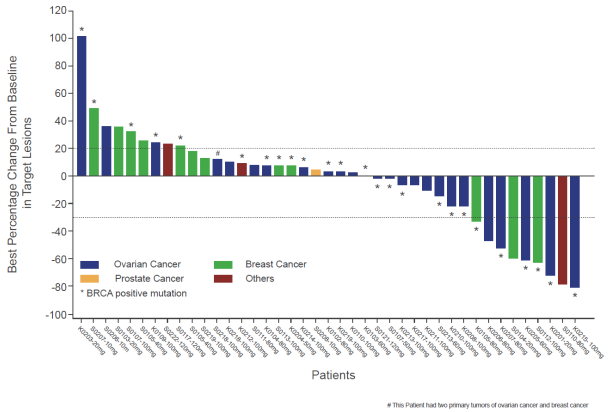
- **In July 2021，the first patient has been dosed in the clinical trial of JS201.**

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.**

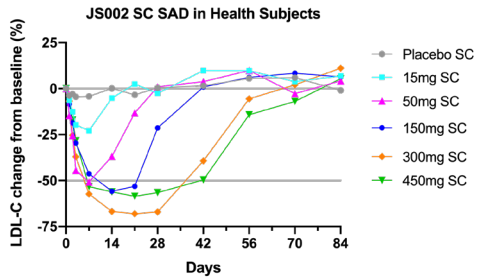
Metabolism：JS002 & JS103

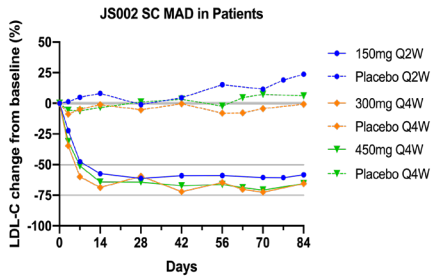
Ongericimab (JS002)：Hyperlipidemia

- 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**

Recent Results

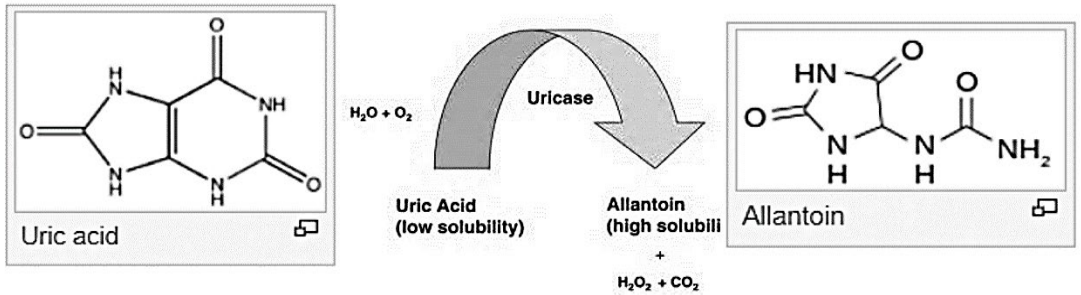
- After a single dose of 15-450mg in healthy subjects, JS002 was shown to be effective in lowering LDL-C levels (50-70% reduction from baseline) at 150/300/450mg
- After multiple dosing of 150-450mg in patients with hyperlipidemia, the results showed that 150mg Q2W or 300/450mg Q4W dosing regimens can 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

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**

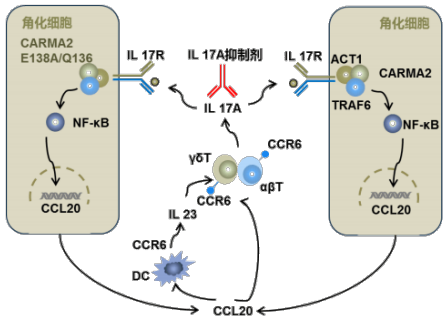
Immunology：UBP1213sc & JS005 & UBP1211

UBP1213sc

- UBP1213sc is a recombinant humanized anti-B lymphocyte stimulator (BLyS) monoclonal antibody, which is used to treat systemic lupus erythematosus (SLE)
- Anti-BLyS monoclonal antibody can inhibit the proliferation and survival of B cells by combining itself with soluble BLyS, so as to achieve long-term alleviation of SLE and reduce the recurrence of the disease
- **In November 2021, the IND application for the UBP1213sc has been approved by the NMPA**

JS005

- 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**



UBP1211

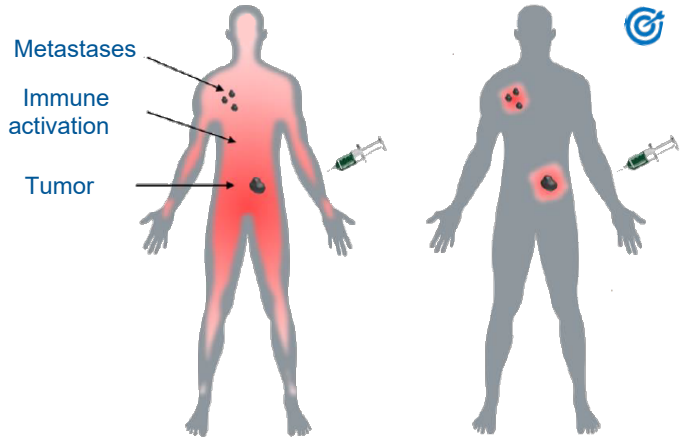
A recombinant humanized anti-TNF-α-monoclonal antibody injection, which targets autoimmune diseases such as rheumatoid arthritis.

- **The NDA application for the UBP1211 has been accepted by the NMPA**

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

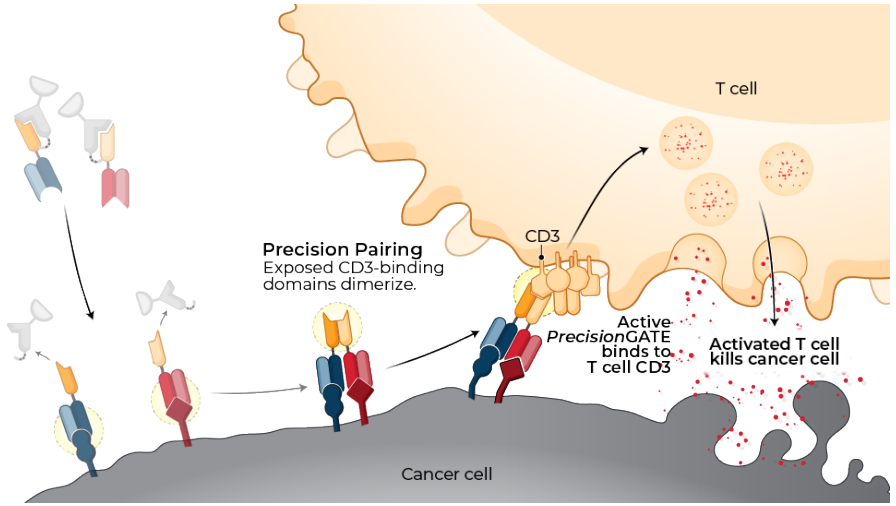


Conventional BsAb

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.

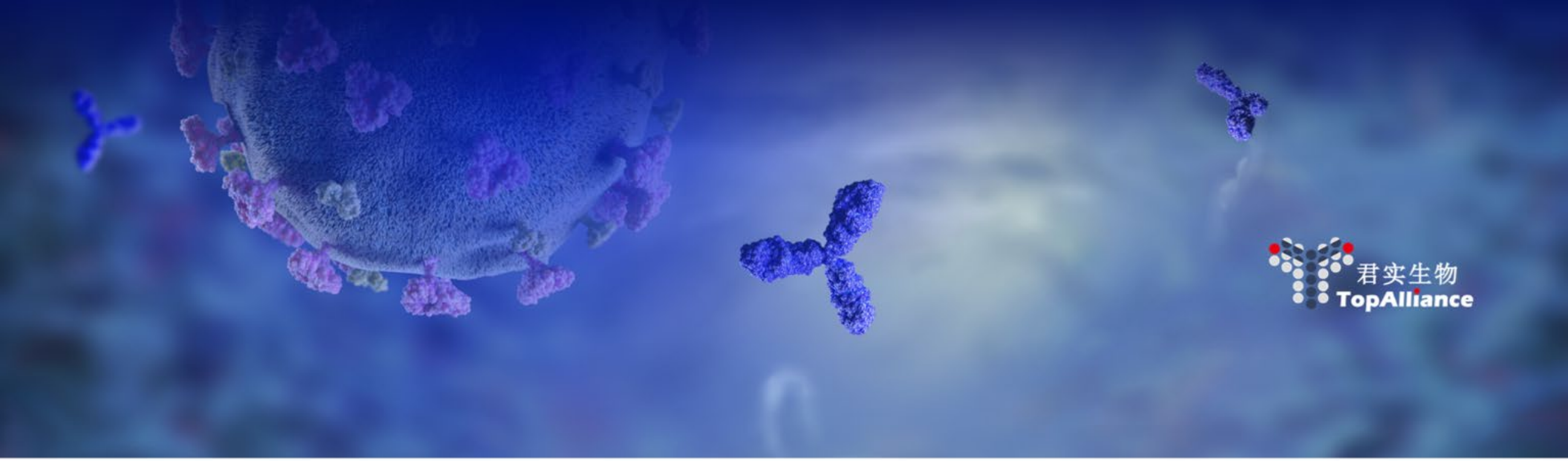
君实生物 TopAlliance

嘉晨西海 Immorna

- As the mRNA Technology Platform gradually matures, mRNA has progressed into a promising new class of medicine
- Immorna is an innovative drug research company that focuses on developing self-replicating and conventional mRNA-based therapeutics and vaccines
- Junshi and Immorna look forward to working together to develop more revolutionary therapeutics for patients worldwide through our mRNA Technology Platform

Junshi Biosciences Partners with Immorna to Develop mRNA-based Therapies

July 2021, Junshi announced that the company has established a joint venture with Immorna to develop and commercialize new drugs for the global market in the fields of cancer, infectious diseases, rare diseases, and other diseases, based on the mRNA technology and other technology platforms.



PART4: 2022 Outlook

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

2022 Catalysts that will Promote our Future Growth

君实生物 TopAlliance

	2021	2022
Regulatory Approval	Toripalimab(PD-1)- 3L NPC [CN] Toripalimab(PD-1)- 2L UC [CN] Toripalimab(PD-1)- 1L NPC [CN]	Toripalimab(PD-1)- NPC [US] Toripalimab(PD-1)-1L NSCLC [CN] Toripalimab(PD-1)-1L ESCC [CN]
BLA Submission	Toripalimab(PD-1)- 1L NPC [US] Toripalimab(PD-1)- ≥2L NPC [US] Toripalimab(PD-1)- 1L ESCC [CN] Toripalimab(PD-1)- 1L NSCLC [CN]	Toripalimab(PD-1)-1L SCLC [US/CN] Toripalimab(PD-1)-HCC Adjuvant [US/CN] Toripalimab(PD-1)-1L ESCC [US] Toripalimab(PD-1)-1L NSCLC [US]
Data Readout	Toripalimab(PD-1)- 1L ESCC	Toripalimab(PD-1)-NSCLC Neoadjuvant Toripalimab(PD-1)-HCC Adjuvant Toripalimab(PD-1)-1L SCLC Toripalimab(PD-1)-1L TNBC Toripalimab(PD-1)-1L HCC (Combo with Bevacizumab) Toripalimab(PD-1)-2L HNC Toripalimab(PD-1)-NSCLC EGFR+ JS002(PCSK9)-Hyperlipidemia JS004(BTLA-4) Preliminary PhaseI/II data readout JS005(IL-17A)-AS & Psoriasis JS109(PARP)-Ovarian Cancer JS201(PD-1/TGF-β)-Solid Tumor

Thank You