FY2020 Interim Results Presentation

上海君实生物医药科技股份有限公司

*Shanghai Junshi Biosciences Co., Ltd.**

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1. Overview

Business Highlights: FY2020 Interim Results

Sales Revenue

- Total revenue from sales reached RMB**575** million in the first half year of 2020, representing an **86**% increase compared with the first half year of 2019

R&D Expenses

- The R&D expenses were RMB709 million in the first half year of 2020
- Primarily due to promising progress of key clinical trials, more R&D collaboration and license-in expanding to small molecule drugs, ADC and COVID-19

Pipeline Expansion

- **21** drugs candidates
- Covering **5** major therapeutic areas including malignant tumors, autoimmune diseases, chronic metabolic diseases, neurologic diseases & infectious diseases

Indication Expansion

- **15** pivotal registered clinical trials for Toripalimab are being conducted
- Including: UC、NPC、melanoma、NSCLC、SCLC、TNBC、EC、HCC、GC& RCC

Removal of 「B」 Marker

- Obtained approval for the dis-application of Rules 18A.09 to 18A.11 of the Hong Kong Listing Rules
- The “B” marker ceased to be affixed to the Company’s stock name from 15 July 2020

List on STAR Market

- On July 15 2020, the Company was listed on SSE STAR market, stock code: 688180
- The total amount raised is RMB **4.836** Billion

Business Highlights: FY2020 Interim Results

Clinical Progress

- In April 2020, the first patient has been dosed in the Phase I clinical study of JS004
- In May 2020, the first subject has been dosed in the Phase I clinical study of JS005

IND Progress

- The IND application for JS108 has been approved in July 2020

NDA Progress

- In April and May 2020, the NDA filings of Toripalimab for NPC and UC were accepted by the NMPA
- The two NDA filings has been included in the process of **priority review** in July 2020

Orphan Drug Designation

- In March 2020, Toripalimab in combination with Axitinib for treatment of mucosal melanoma was granted the **orphan-drug designation** by the FDA

Combat the COVID-19 Pandemic

- In June, 2020, JS016 jointly developed together with IMCAS was approved to conduct Phase I clinical trial in China, and the enrollment of subjects was completed in July 2020
- The R&D and commercialization rights of JS016 outside Greater China was out-licensed to Lily

Deploy in Frontier field

- Collaborate with Revitope in the R&D 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

Our Robust Pipeline

Disease Areas	Candidates	Targets	Indications	Pre Clinical / Phase I / Phase II / Phase III / NDA	Origins
Oncology	JS001 (Toripalimab)	PD-1	Urothelial carcinoma, melanoma, mucosal melanoma, non-small cell lung cancer, triple negative breast carcinoma, esophageal carcinoma, nasopharyngeal cancer, hepatocellular carcinoma, solid tumors	NDA approved on 17 December 2018	In House
	JS003	PD-L1	Solid tumors	IND approved in August 2018	In House
	JS004	BTLA	Melanoma, lung cancer, lymphoma	IND approved on 18 April 2019	In House
	JS006	TIGIT	Solid tumors		In House
	JS007	CTLA-4	Lung cancer, melanoma		In House
	JS009	(Undisclosed)	(Undisclosed)		In House
	JS011	(Undisclosed)	(Undisclosed)		In House
	JS012	(Undisclosed)	(Undisclosed)		In House
	JS101	Pan-CDK	Breast cancer	IND approved in November 2018	In House
	JS104	Pan-CDK	Breast cancer	In licensing in February 2019	Co-development[1]
	JS105	PI3K-α	Breast cancer, kidney cancer, Hodgkin's lymphoma	In licensing in February 2019	Co-development[1]
	JS501	VEGF	Colon cancer, non-small cell lung cancer	In licensing in June 2019	50% Rights in-licensing[2]
	JS014	IL-21	Solid tumors	In licensing in June 2019	Co-development[3]
	JS108	TROP2	Triple negative breast carcinoma, small cell lung cancer, pancreatic cancer	IND approved in July 2020	Co-development[5]
Metabolic	JS002	PCSK9	Hyperlipidemia		In House
	JS008	(Undisclosed)	(Undisclosed)		In House
Auto-immunity	JS005	IL-17A	Psoriasis, Ankylosing spondylitis	IND approved in August 2019	In House
	UBP1211	TNF-α	Rheumatoid arthritis, psoriatic arthritis, psoriasis	NDA accepted in November 2019	Biosimilar
	UBP1213	BLyS	Systemic lupus erythematosus	IND approved in November 2016	Co-development[4]
Neurologic	JS010	(Undisclosed)	(Undisclosed)		In House
Infectious disease	JS016	S protein	COVID-19	IND approved in June 2020	Co-development[6]

[1] For further details, please refer to the Company's announcement dated 19 February 2019;
[2] For further details, please refer to the Company's announcement dated 24 June 2019;
[3] For further details, please refer to the Company's announcement dated 24 June 2019;
[4] For further details, please refer to the Company's Prospectus on page 217.
[5] For further details, please refer to the Company's announcement dated 21 July 2020;
[6] For further details, please refer to the Company's announcement dated 7 June 2020

■ Macromolecule
■ Small Molecule

2. Progress in Oncology Pipeline

Toripalimab Registration Pivotal Trials & Results

Adjuvant/Neo Adjuvant

- HCC Adjuvant
  JUPITER04 PIII
  Mono vs Placebo
- NSCLC Neo Adjuvant
  JUPITER09 PIII
  Mono vs Placebo

First Line

- NSCLC EGFR(-)
  JUPITER03 PIII
  Combo vs chemo
- NSCLC EGFR(+)
  JUPITER07 PIII
  Combo vs chemo
- TNBC
  JUPITER05 PIII
  Combo vs albumin-bound paclitaxel
- SCLC
  JUPITER08 PIII
  Combo vs chemo
- RCC
  JUPITER12 PIII
  Combo with Axitinib vs Sunitinib
- Melanoma
  JUPITER01 PIII
  Mono vs Dacarbazine
- NPC
  JUPITER02 PIII
  Combo vs chemo
- EC
  JUPITER06 PIII
  Combo vs chemo
- HCC
  JUPITER10 PIII
  Combo with Avastin vs Sorafenib
- HCC
  JUPITER11 PIII
  Combo with Lenvatinib vs Lenvatinib

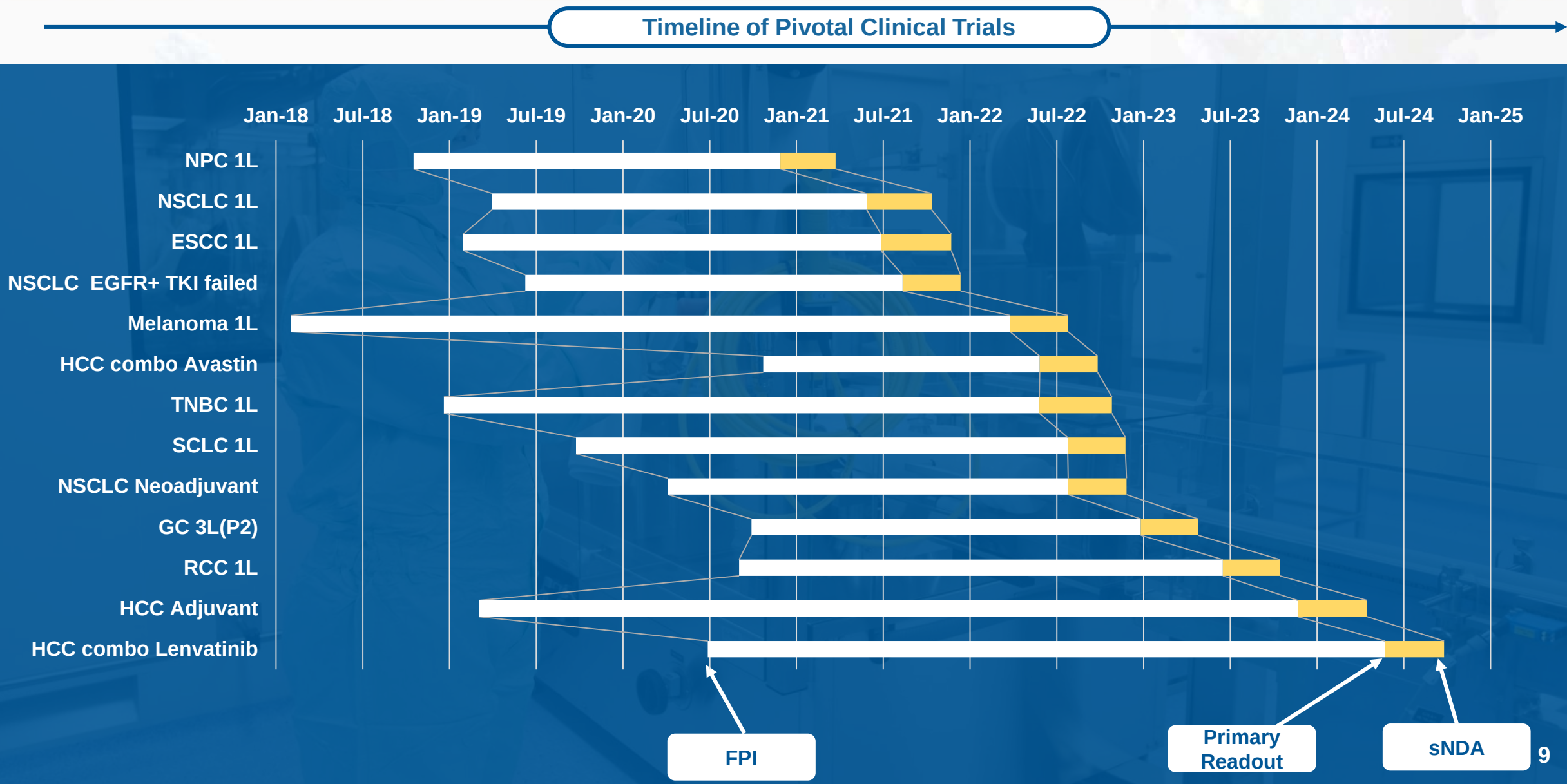
≥ 2nd Line

- Melanoma
  POLARIS01 PII
  Mono single arm
  Approved
- NPC
  POLARIS02 PII
  Mono single arm
  NDA Submitted
- UC
  POLARIS03 PII
  Mono single arm
  NDA Submitted
- GC
  POLARIS04 PII
  Mono single arm

The clinical results of major registration pivotal trials

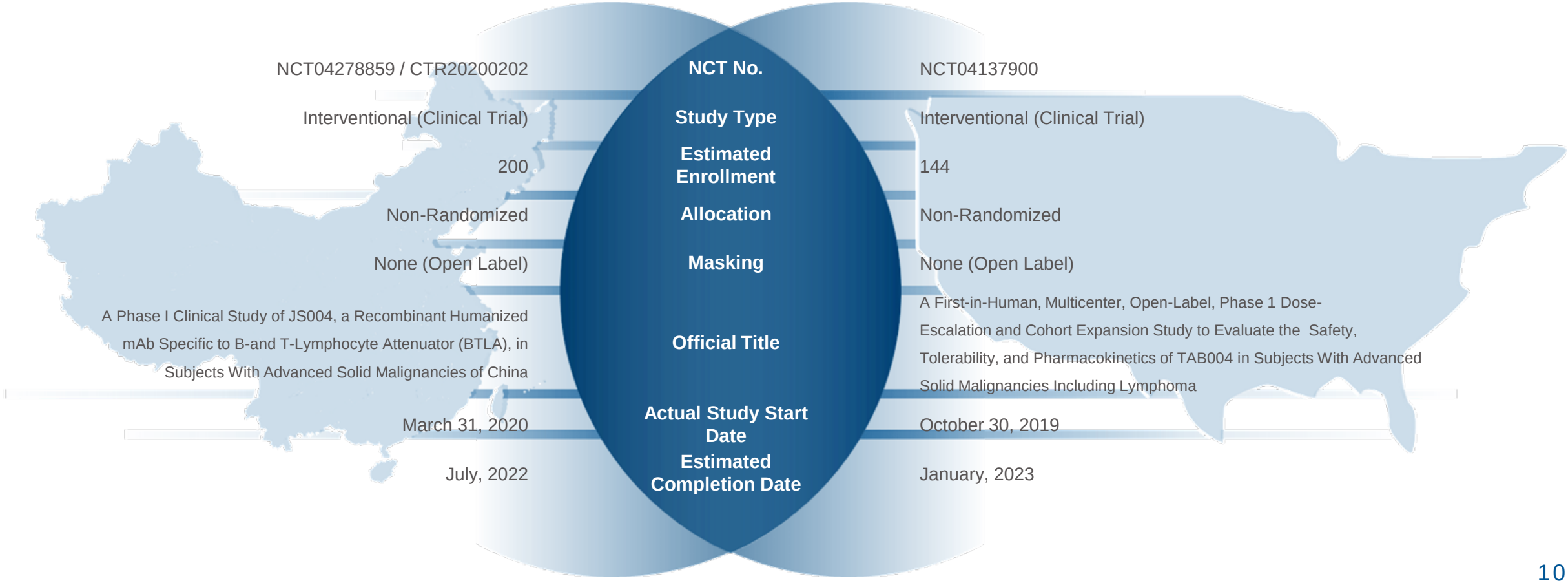
Indication	Advanced or metastatic urothelial carcinoma (Phase II)	Refractory or metastatic Nasopharyngeal carcinoma (Phase II)	Non-small cell lung carcinoma (with failing EGFR-TKI treatment, Phase II)	Advanced esophageal squamous cell carcinoma (Phase II)
ORR	25.2%	20.5%	50%	18.6%
DCR	45.0%	41.6%	87.5%	47.5%
N	151	190	40	59
Note	Clinical results after the completion of enrollment	Interim results for pivotal clinical trial	/	/

Timeline of Pivotal Clinical Trials



TAB004 first in Human anti-BTLA antibody for solid tumors

- In April 2019, TAB004/ JS004 was approved by the U.S. FDA for drug clinical trial, being the world's first anti-BTLA monoclonal antibody for injection approved for clinical trials
- In January 2020, the IND application of TAB004/JS004 was approved by the NMPA
- In October 2019, the first patient has been dosed in the U.S and in April 2020, the first patient has been dosed in China.



NCT04278859 / CTR20200202	NCT No.	NCT04137900
Interventional (Clinical Trial)	Study Type	Interventional (Clinical Trial)
200	Estimated Enrollment	144
Non-Randomized	Allocation	Non-Randomized
None (Open Label)	Masking	None (Open Label)
A Phase I Clinical Study of JS004, a Recombinant Humanized mAb Specific to B-and T-Lymphocyte Attenuator (BTLA), in Subjects With Advanced Solid Malignancies of China	Official Title	A First-in-Human, Multicenter, Open-Label, Phase 1 Dose-Escalation and Cohort Expansion Study to Evaluate the Safety, Tolerability, and Pharmacokinetics of TAB004 in Subjects With Advanced Solid Malignancies Including Lymphoma
March 31, 2020	Actual Study Start Date	October 30, 2019
July, 2022	Estimated Completion Date	January, 2023

Antibody-drug conjugates (ADCs) : Biological Missiles

- In December 2019, the Company gained the exclusive license for JS108 from DAC Biotech.
- JS108 comprises Trop2 monoclonal antibody and analogue of Tubulysin B covalently conjugated through smart linker.
- In July 2020, JS108 received IND approval by the NMPA.

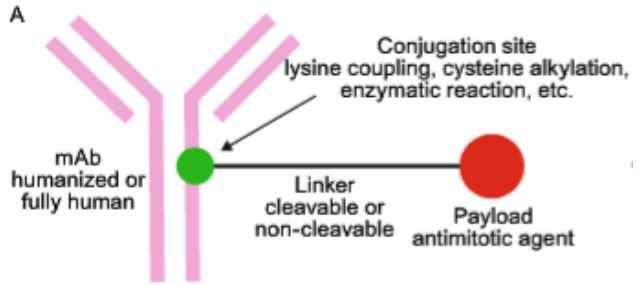
Overview and Mechanism of ADC

Overview

The antibody-drug conjugate (ADC), a monoclonal antibody conjugated with highly cytotoxic small molecules (payloads) through chemical linkers, is a novel therapeutic format and has great potential to make a paradigm shift in cancer chemotherapy. This new antibody-based molecular platform enables selective delivery of a potent cytotoxic payload to target cancer cells, resulting in improved efficacy, reduced systemic toxicity, and preferable pharmacokinetics (PK)/pharmacodynamics (PD) and bio distribution compared to traditional chemotherapy.

Structure of ADC

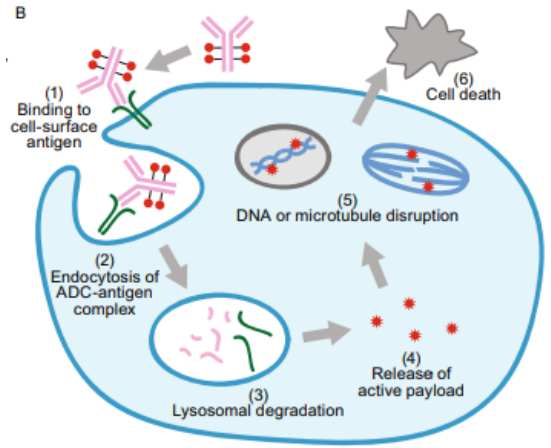
A general structure of an ADC containing a monoclonal antibody, a cleavable/non-cleavable chemical linker, and a cytotoxic payload. The linker is covalently linked to the monoclonal antibody at the conjugation site.



Source: Antibody-drug conjugates: recent advances in conjugation and linker chemistries

Mechanism of ADC

- Step 1: The ADC binds to its target cell-surface antigen receptor
- Step 2: To form an ADC-antigen complex, leading to endocytosis of the complex
- Step 3: The internalized complex undergoes lysosomal processing
- Step 4: And the cytotoxic payload is released inside the cell
- Step 5: The released payload binds to its target
- Step 6: Leading to cell death

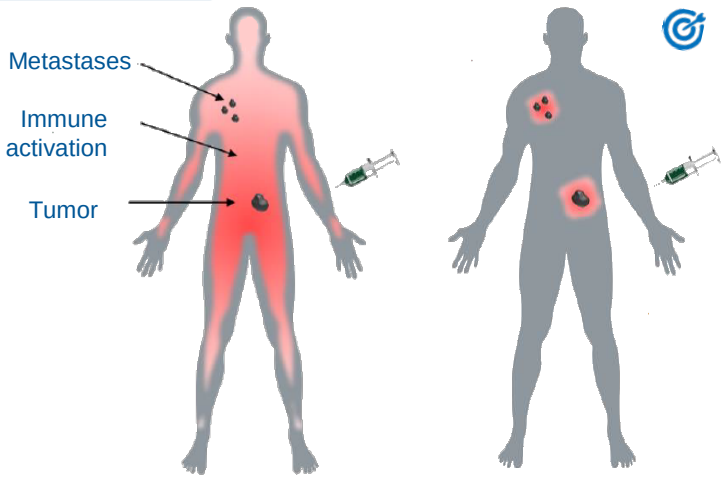


TEAC Tumor-specific Immunotherapies

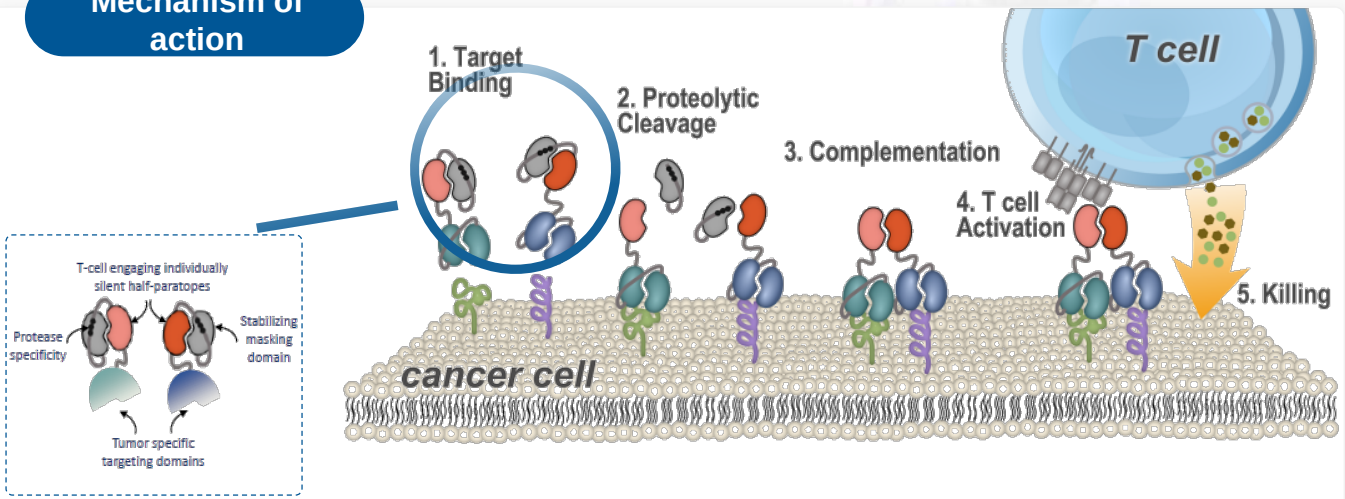
Junshi and Revitope will collaborate in the research and development of the next-generation of T-cell engaging cancer immunotherapies

Revitope will be responsible for designing up to 5 unique T-cell immunotherapeutic drugs against targets selected by the Company

Background



Mechanism of action

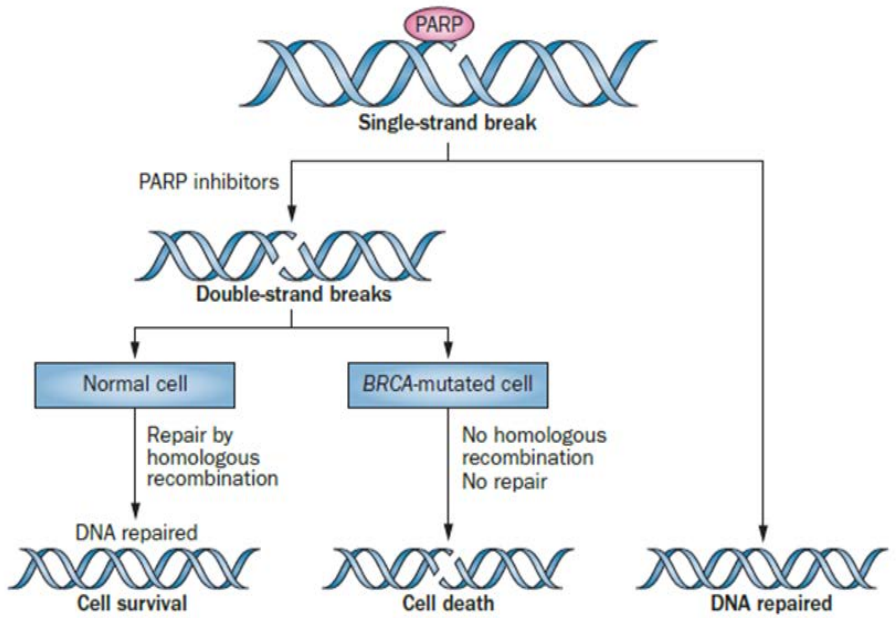


Because tumors typically do not express cell surface proteins unique to the tumor, conventional bispecific antibody therapeutics can generate unwanted and substantial **"on-target, off-tumor"** toxicity. Revitope's two-component T-cell engaging antibody circuits are designed to permit specific recruitment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

Though developed with traditional tumor targeting domains, TEAC therapies **split** the CD3 paratope (the T-cell recognition domain) into two halves, with one half on one molecule and the other half on the other molecule. This allows for true dual-antigen targeting to a unique tumor-specific address – two inputs coming together to enable one precision targeted output. 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 (a TEAC).

Synthetic Lethal Anticancer Therapeutics—PARP Inhibitor

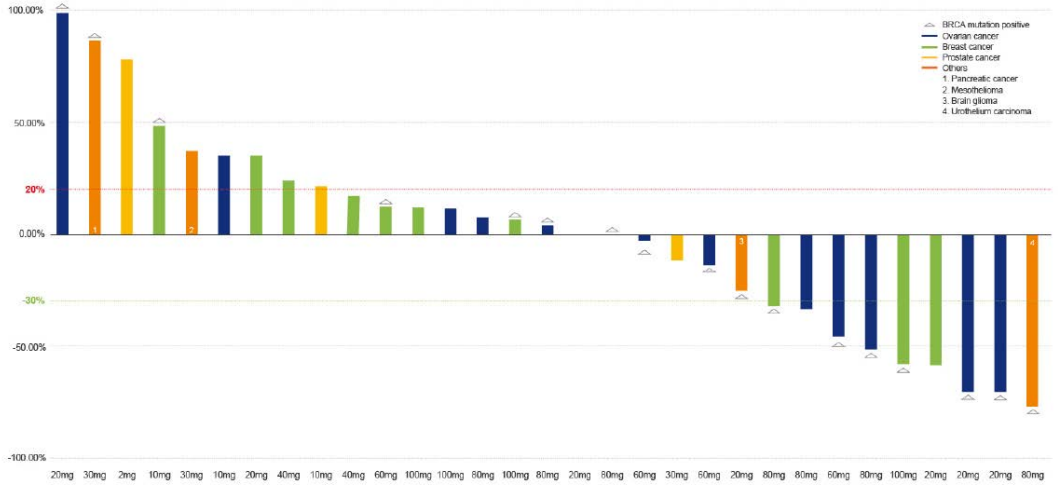
Mechanism of action



Synthetic lethality refers to the phenomenon for two non-lethal genes to be simultaneously inhibited, leading to cell death. PARP Inhibitor is the first drug to achieve clinical success by making use of the concept of synthetic lethality.

PARP is a DNA repair enzyme and gets involved in the repair process of DNA. Normal cells have double-insurance repair mechanisms. The protein produced by BRCA genes is an important component of another repair mechanism. If BRCA genes are normal, PARP inhibitor still cannot block the repair of cancer cells. But if BRCA genes do not work, PARP inhibitor will only kill cancer cells but not normal ones.

Preliminary data



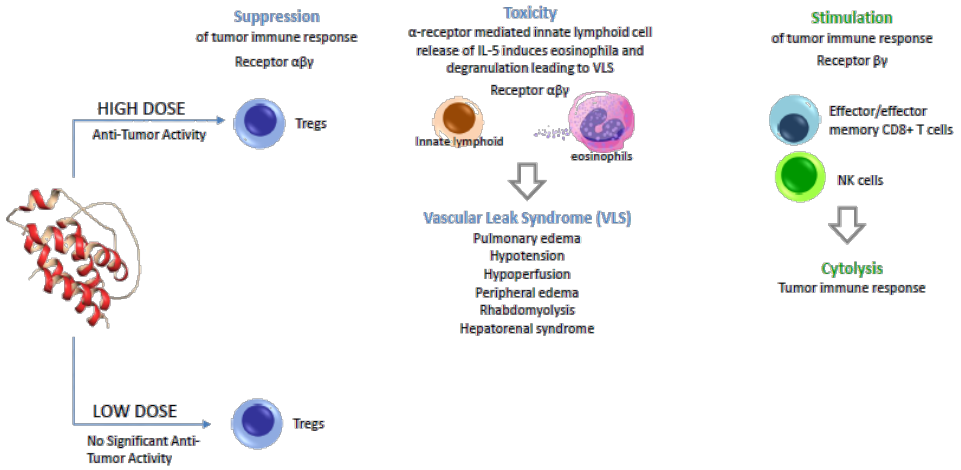
Preliminary data indicates that IMP4297 has the potential to be the best-in-class PARP inhibitor with wider therapeutic window and better safety profile

- Efficacy was observed from a lower dose of 20mg, which indicates that there is a six-fold treatment window
- MTD was not reached at doses up to 120 mg during the dose-escalation phase

China	2 mg (N=1)	5 mg (N=3)	10 mg (N=3)	20 mg (N=5)	40 mg (N=3)	60mg (N=5)	80mg (N=9)	100mg (N=7)	Total (N=36)
AE	1	3	3	5	3	5	9	7	36
TRAE	1	3	3	3	3	5	9	7	34
Grade≥ 3 AE	1	3	0	1	0	1	3	3	12
Grade≥ 3 TRAE	0	1	0	0	0	0	3	3	7
SAE	1	0	0	1	0	1	3	0	6
Serious TRAE	0	0	0	0	0	0	2	0	2
DLT	0	0	0	0	0	0	0	0	0
Dose modification due to AEs	0	0	0	0	0	0	1	1	2
Dose interrupted due to AEs	0	0	0	0	0	0	2	1	3
Exit trial due to AEs	0	0	0	0	0	0	0	0	0
Deaths due to AEs	0	0	0	1	0	0	1	0	2*

An Innovative IL-2

Background

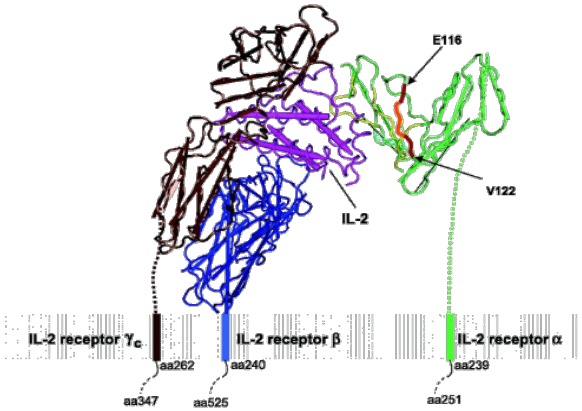


IL-2 binds to two different receptor forms:

IL-2 signaling is initiated by binding to IL-2R αβγ complex or IL-2Rβγ complex, but the two binding affinities are different

- At high affinity, it engages the IL-2R αβγ complex expressed on CD4+ immune suppressive regulatory T cells
- The IL-2R αβγ complex is also expressed on type 2 innate lymphoid cells and eosinophils. These cells mediate vascular leak syndrome (VLS), hypotension, pulmonary edema, and liver and kidney shock
- At lower affinity, it engages the IL-2Rβγ complex expressed on CD8+ T and NK cells. These cells are critical for anti-tumor responses

About LTC002



- IL-2 has adopted a unique and innovative way to block the binding to IL2Rα receptors and introduced additional disulfide into IL-2
- The additional disulfide can keep IL-2 more stable in its structure and also form a barrier to allow the IL-2 molecule to destroy the conjunct plane with the α receptor with minimal changes.
- The new designed mutants cannot bind to the endogenous α receptors in the body, but can bind to β and γ receptor subunits. Therefore, it inhibits the stimulation effects of IL-2 on Treg, while remains the stimulation effects on effector T cells, NK cells and other immune cells, and maximizes the anti-tumor activity of IL-2 drug

Enhance Pipeline through BD

Beijing

Co-development for an IL-2 drugs with Leto Laboratories

- Interleukin 2 (IL-2) is a globular glycoprotein that plays an important role in maintaining the normal functions of T lymphocyte and NK cell
- LTC002 has adopted a unique and innovative way to eliminate the interaction with α receptor subunits. Therefore, it may be beneficial to increase the effectiveness of treatment and reduce the side effects of treatment

Nanjing

Co-development for a small molecule anti-tumour drugs PARP inhibitor with Impact

- IMP4297 (Senaparib), a novel agent targeting PARP (poly-ADP ribose polymerase), has been completed two Phase I studies in China and Australia
- Preliminary data indicates that Senaparib had the potential to be the best-in-class PARP inhibitor with better safety profile and wider therapeutic window

Shanghai

Co-development for an Avastin biosimilar with Huaota Biosciences

- HOT-1010/JS501 is a recombinant humanized anti-VEGF monoclonal antibody injection, which has received clinical trial approval from NMPA and is in Phase I clinical trial.
- Selectively binds to human VEGF and blocks its biological activity, mainly used for the treatment of metastatic CRC and advanced, metastatic or recurrent NSCLC.

Hangzhou

Co-development for an anti-Trop2 monoclonal antibody – Tub196 conjugate with DAC Biotech

- DAC-002/JS108 is an anti-Trop2 monoclonal antibody conjugated with an ant-itubulin Tubulysin B analog through a smart linker.
- Mainly used to treat solid tumors such as Trop2-positive TNBC, SCLC and PC. Currently, an application for clinical trials has been submitted to and has been accepted by NMPA.
- The Company currently holds approximately 4.28% in the shares of DAC Biotech.

Suzhou

Co-development for two drug candidates with Risen pharma

- A pan-CDK inhibitor that can effectively inhibit the activity of a number of cyclin-dependent kinases, including CDK-1, CDK-2, CDK-4, CDK-6 and CDK-9.
- An oral α-specific PI3K inhibitor.

Cambridge

Co-development for the next-generation of T-cell engaging cancer immunotherapies with Revitope

- The parties will collaborate in the research and development of the next-generation of T-cell engaging cancer immunotherapies that utilize Revitope's proprietary dual-antigen targeting technology platform together with the Company's antibody technology platform
- Revitope's unique approach is based on a pair of tumor-targeted antibodies with a shared T-cell engaging domain which act as inactive pro-drugs unless they encounter cancer cells co-expressing both antigens.
- Revitope will be responsible for designing up to 5 unique T-cell immunotherapeutic drugs against targets selected by the Company.

San Francisco

Co-development for a novel IL-21 fusion protein with Anwita

- IL-21 is an active cytokine to stimulate the activation of innate and adaptive immune cells, such as natural killer (NK) cells and cytotoxic T cells.
- AWT008 is Anwita's proprietary IL-21 fusion protein with a prolonged half-life and improved in vivo antitumor activities in animal models. It is intended for development as single agent or in combination with other therapeutic agents.
- Subscribe for 20% of Anwita's outstanding shares.

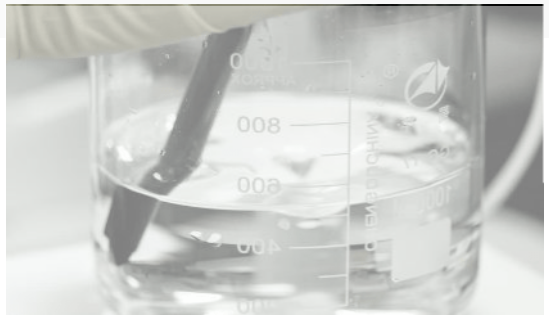
Well Structured PD-1 Combo Solution

01

In-House

JS004(BTLA),
JS005(CTLA-4), …

君实生物 TopAlliance



02

In-licensed

JS104(CDK),
JS105(PI3k),
JS501(Avastin Biosimilar),
JS014(IL-21),
JS108(TROP2 ADC)
IMP4297(PARP)
LTC002(IL-2)

华奥泰生物 HUAOTA BIOPHARM
Risen 润佳医药
杭州多禧生物科技有限公司 Hangzhou DAC Biotech Co.,Ltd
Anwita Biosciences
IMPACT Therapeutics
志道生物 Leto Laboratories Commitment to Innovation

03

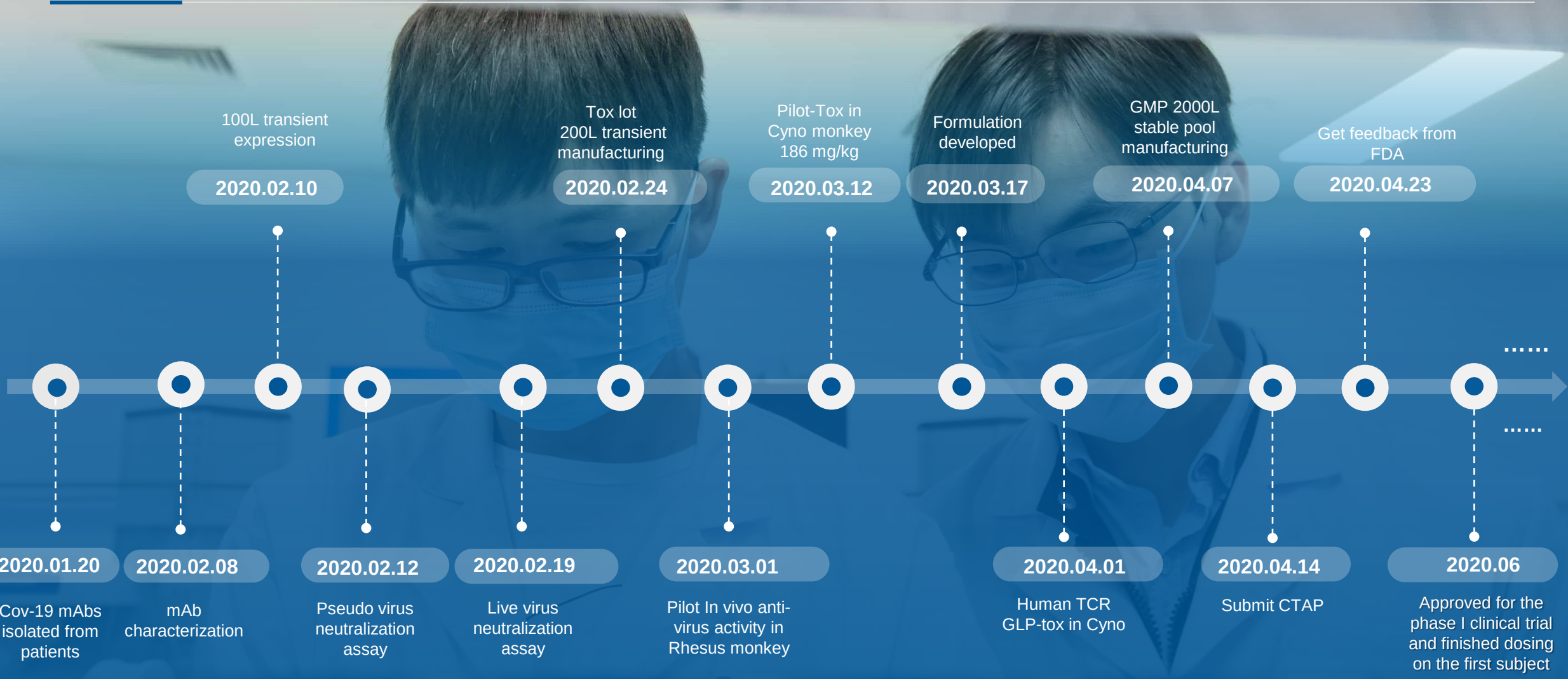
No-binding co-development

CM082(VEGF),
Sulfatinib(VEGF),
APG1387(IAP),
ATG-008(mTOR),
Donafenib(Multi-target),
Lucitanib(Multi-target),
Simmitecan(Topo1),
JAB-3068(SHP2)
TAB008(VEGF)
TJ-D5(CD73)
YH001(CTLA-4)
HBM4003(CTLA-4)
GFH018(TGF-βR1)
AL8326(Multi-target)
Mavorixafor(CXCR4)
…

亚盛醫藥 Ascentage Pharma
加科思 Jacobio
I-MAB BIOPHARMA 天境生物
海和生物 Haihe Biopharma
Zelgen 泽璟制药
HARBOUR BIOMED
东曜药业 TOT BIOPHARM
ATG ANTENGENE
Abbisko
BETTA PHARMACEUTICALS 贝达药业
EUCURE BIOPHARMA

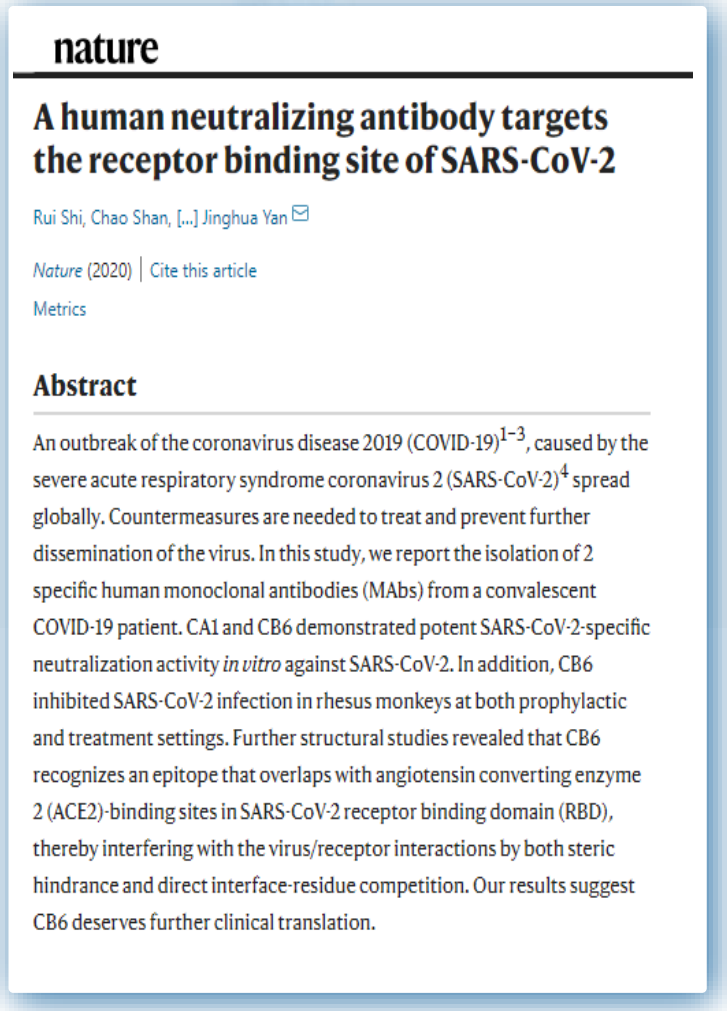
3. Progress in Other Therapeutic Areas

Project Milestones of JS016



Paper Publication

On May 26 2020, the preclinical research results of neutralizing antibody jointly developed by the IMCAS and Junshi were published online in Nature (IF 43.070).



nature

A human neutralizing antibody targets the receptor binding site of SARS-CoV-2

Rui Shi, Chao Shan, [...] Jinghua Yan

Nature (2020) | Cite this article

Metrics

Abstract

An outbreak of the coronavirus disease 2019 (COVID-19)[1–3], caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)[4] spread globally. Countermeasures are needed to treat and prevent further dissemination of the virus. In this study, we report the isolation of 2 specific human monoclonal antibodies (MAbs) from a convalescent COVID-19 patient. CA1 and CB6 demonstrated potent SARS-CoV-2-specific neutralization activity *in vitro* against SARS-CoV-2. In addition, CB6 inhibited SARS-CoV-2 infection in rhesus monkeys at both prophylactic and treatment settings. Further structural studies revealed that CB6 recognizes an epitope that overlaps with angiotensin converting enzyme 2 (ACE2)-binding sites in SARS-CoV-2 receptor binding domain (RBD), thereby interfering with the virus/receptor interactions by both steric hindrance and direct interface-residue competition. Our results suggest CB6 deserves further clinical translation.

Highlights

Neutralizing Antibody Trial in Non-human Primates

The paper represents the first report to evaluate the function of neutralizing MAbs against SARS-CoV-2 using nonhuman primates and would shed light on the design of dosing regimen in clinical trials.

Block the Binding Effectively

CA1 and CB6 demonstrated potent SARS-CoV-2-specific neutralization activity in vitro against SARS-CoV-2. In addition, CB6 inhibited SARS-CoV-2 infection in rhesus monkeys at both prophylactic and treatment settings.

Fc Modification

Given the potential risk of antibody dependent enhancement (ADE) effect as observed in SARS-CoV infection， researchers introduced the LALA mutation to the Fc portion of CB6 (CB6-LALA) to lower the risk of Fc-mediated acute lung injury.

License-Out COVID-19 Neutralizing Antibody to Lilly

In May 2020, the Company has entered into a Research Collaboration and License Agreementwith Lilly. Pursuant to the Agreement, the parties will collaborate in the research, development and commercialization of products relating to SARS-CoV-2 neutralizing antibodies (JS016), and Lilly is granted an exclusive license to conduct research and development activities, make and sell Junshi SARS-CoV-2 Antibodies outside of Greater China

Licensed Terms

- The Company grants an exclusive license to, among others, conduct R&D activities, make and sell of JS016 outside of Greater China.
- Lilly will pay to the Company an upfront fee of US$10 million
- Milestone payments of up to US$245 mn for each SARS-CoV-2 antibody (two antibody candidates in JS016)
- Double-digit royalties on the net sales of the product.

R&D Cooperation

- Both parties will establish a Joint Steering Committee to oversee and coordinate the R&D of Junshi SARS-CoV-2 Antibodies.
- The Company will, in collaboration with Lilly, continue to press forward with an IND application for Antibodies.

Lilly

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Potential Subscription

- Lilly undertakes to use commercially reasonable efforts to negotiate with the Company to subscribe for the Company's new H shares in the amount of US$75,000,000, in such terms and conditions to be mutually agreed
- The Potential Subscription is subject to, among other things, entering into of a formal subscription agreement and fulfillment of conditions precedent under such formal agreement to be entered into.

Clinical Trial Approved

On June 7, 2020, the company announced that SARS-CoV-2 monoclonal antibody injection (JS016) jointly developed together with IMCAS had been approved for the phase I clinical trial and finished dosing on the first subject at Huashan Hospital Affiliated to Fudan University.

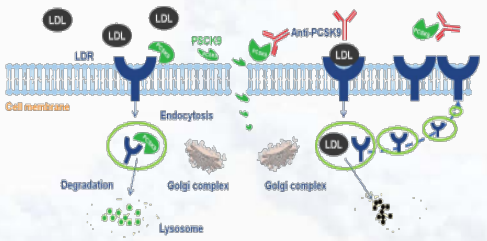
This is the **first** clinical trial on a neutralizing antibody for COVID-19 carried on healthy subjects in the world. JS016 is also the **first** neutralizing antibody for COVID-19 to enter the clinical trial in China.

The study is designed as a randomized, double-blind and placebo-controlled study, aiming at evaluating the **tolerability, safety and pharmacokinetic and immunogenicity** of JS016 among the Chinese population

Co-hosted by Professor **Zhang Jing** and Professor **Zhang Wenhong**, this experiment will provide evidence for exploring the prevention and treatment of COVID-19 with JS016 in the human body.

Other Core Products Development

JS002



a recombinant humanized anti-PCSK9 monoclonal antibody for injection independently developed by the Company for the treatment of cardiovascular diseases.

The Company is the first PRC company to obtain clinical trial approval for the target drug.

We have completed the Phase I clinical trial with the clinical trial center Fuwai Hospital to test the safety and tolerability of JS002 on voluntary subjects. At present, the Phase II clinical trial has completed.

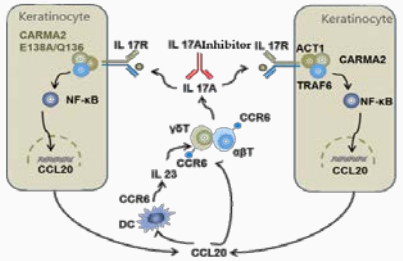
Currently, **the initiation of Phase III clinical studies with larger patient population are underway**.

UBP1211

a recombinant humanized anti-TNF-α-monoclonal antibody injection, which targets autoimmune diseases such as rheumatoid arthritis, and is a biosimilar of Humira (adalimumab)

The Company has submitted a NDA application for UBP1211 to NMPA and it was accepted in November 2019

JS005



a recombinant humanized anti-IL-17A monoclonal antibody injection, which targets autoimmune diseases including psoriasis.

In preclinical studies, JS005 has shown efficacy and safety comparable to those of marketed anti-IL-17 monoclonal antibodies.

The first subject was dosed in a Phase I clinical study of JS005 (a recombinant humanized anti-IL-17A monoclonal antibody for injection) in China in May 2020. At present, **the Phase I clinical study has completed random enrollment**.

4. Production & Commercialization

Our Production Base

Single-use bioprocessing platform for lower capital and operating costs, higher sustainability and flexibility

Suzhou Wujiang

Production Base

- Constructed in accordance with the **GMP Standard**
- Construction completed in 2016
- Commercial capacity **6 × 500L** bioreactors

Shanghai Lingang

Production Base

- Currently under construction in accordance with **cGMP standard**
- 5 production lines with a total of **30,000L** fermentation capability
- Drug GMP production license obtained

Commercialization Capability

Experienced and efficient commercialization team

The person in charge of the commercialization team has many years of senior management experience in oncology, and has served as the tumor drug sales director in many multinational pharmaceutical companies

AstraZeneca | BAYER | Roche | AMGEN

Marketing Department

Handle product positioning, market strategy and marketing activity planning

Sales Department

Formulate and implement sales strategies, promote academic activities, and manage and expand customers.

Channel Access Department

Take charge of sales channels and logistics, access-related work at all levels, and government affairs such as medical insurance

Product Medical Affairs Department

Engaged in clinical research, medical support, and product safety training, etc.

Operations Department

Assumed responsibility for administrative management, human resources, sales team efficiency, employee training and development, and finance and compliance management

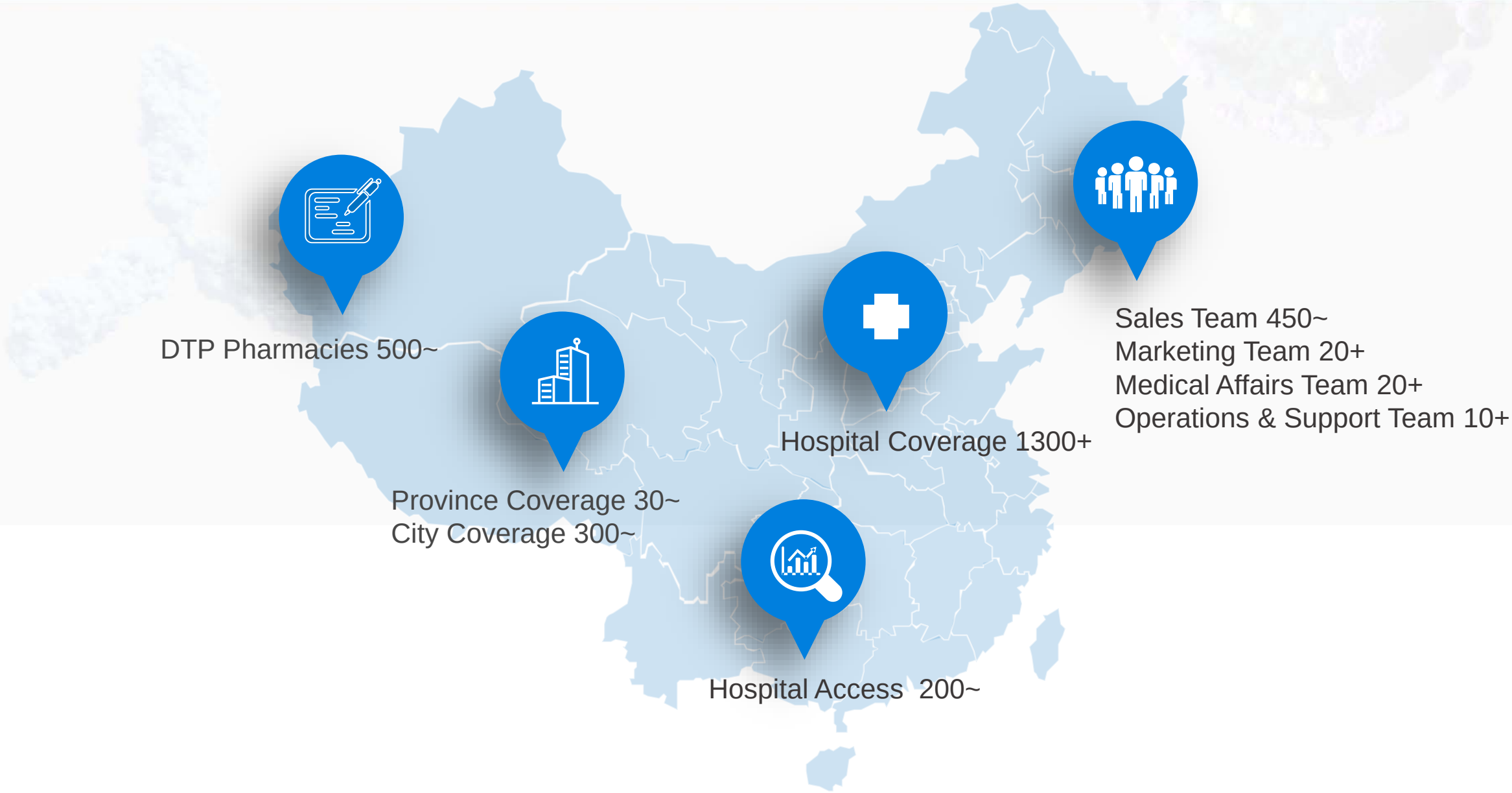
Scientific sales channels

The company prioritize the qualifications of dealers, reputation in the industry, and the matching degree with target hospitals and end customers.

Market promotion proposals in line with product features

The company attach great importance to the evidence from evidence-based medicine, take into account the product features of Toripalimab, regard pivotal clinical trials data as the basis, collect and pool together the use data in the real world, and transfer key information such as the drug use, therapeutic effect, and prevention of adverse reactions to the market for doctor and patient education.

Commercialization Capability Continues to Increase



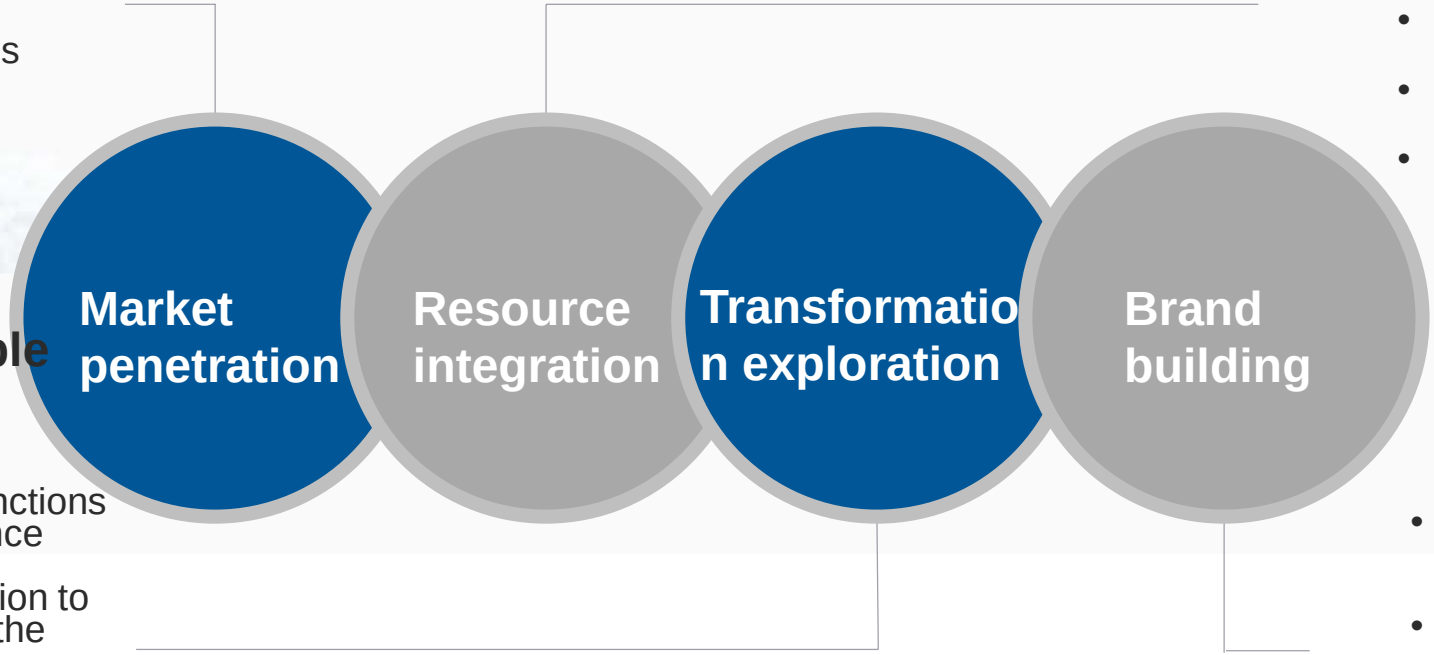
Establish an innovative R&D and commercial marketing model to comprehensively enhance the company's market competitiveness

Maximize the product potential

- Expand the team size;
- Broaden the market coverage and penetration;
- Optimize business channels to adapt to the company's long-term development strategy;
- Adopt an innovative patent payment mode and gain market access capability

Long-term sustainable development of the company

- Transform and enrich the functions of marketing staff and enhance core competitiveness;
- Conduct commercial promotion to transform the company into the best clinical diagnosis and treatment service provider based on scientific research;
- Reduce marketing costs and ensure the long-term interests of investors and shareholders;
- Adapt to industry trends and prevent risks.

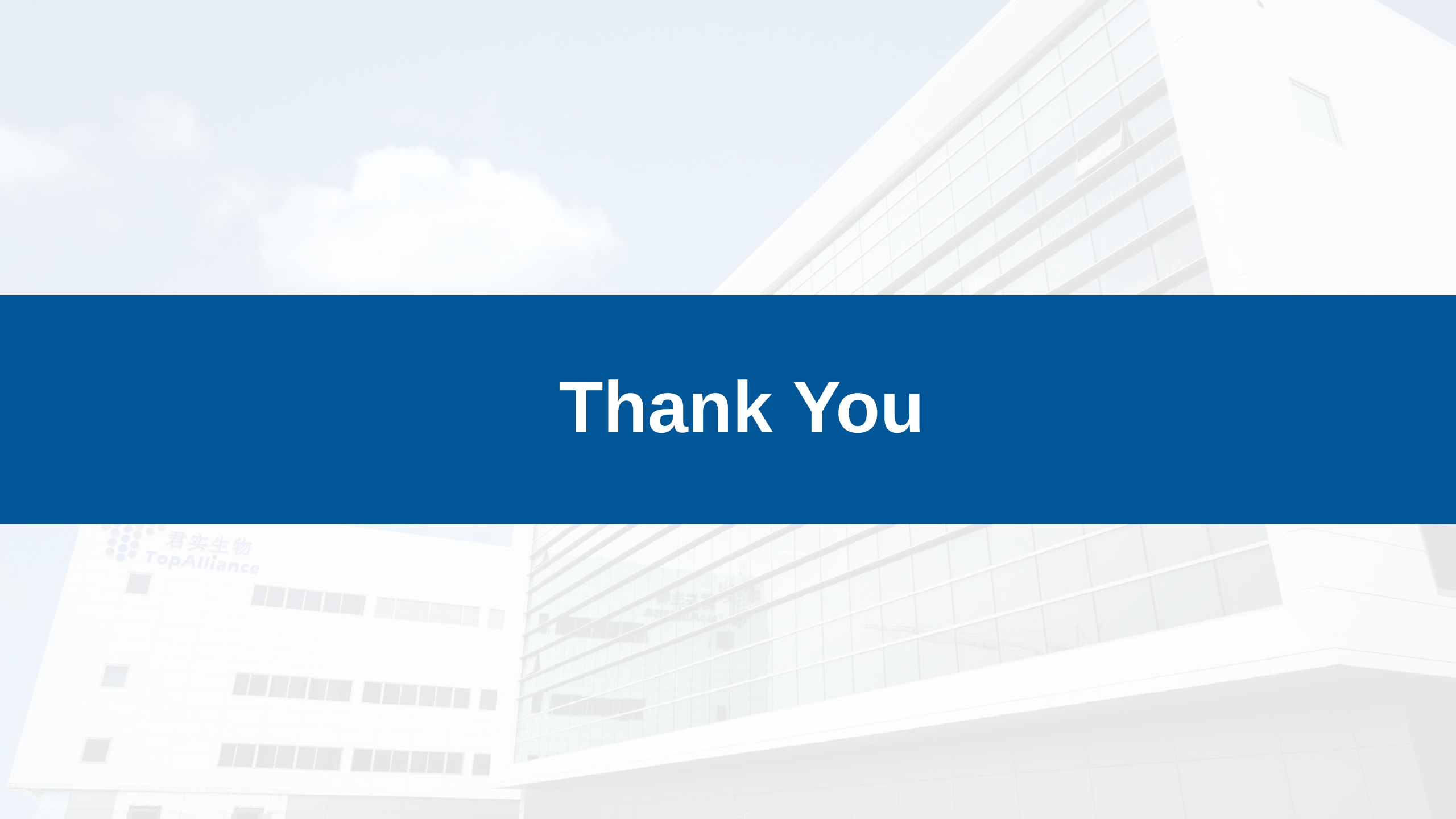


Maximize the efficiency

- Promote diversity of personnel capabilities;
- Promote the comprehensive increase in the speed of R&D;
- Adopt diversified commercial marketing means;
- Promote more full-fledged evidence-based medicine to support clinical diagnosis and treatment.

Beef up the corporate innovation apabilities

- Create a responsible corporate image through various forms of publicity;
- Prioritize the communication with the public and the government;
- Enhance academic influence and consolidate the position of innovation-driven leadership status;
- Innovate product pipelines to empower commercialization capabilities.



Thank You