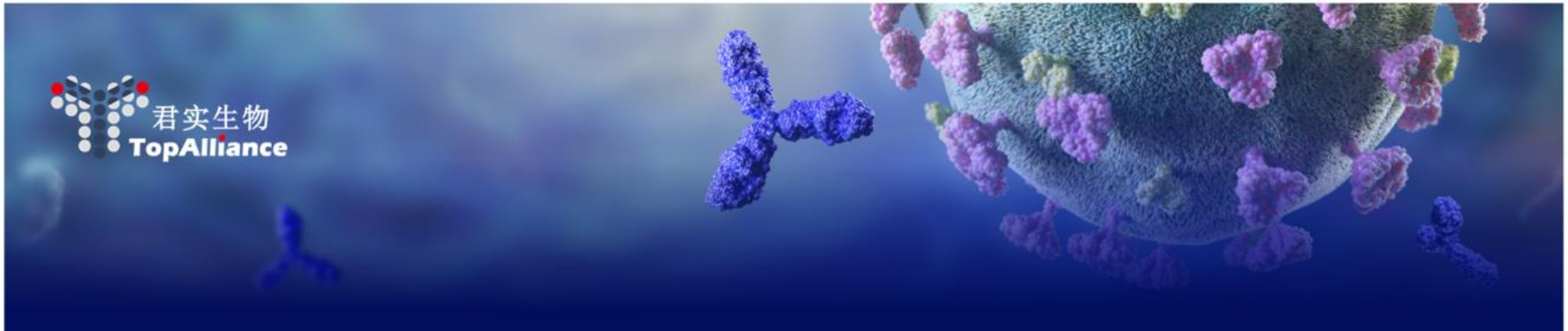
Company Presentation

Shanghai Junshi Biosciences Co., Ltd.

June, 2021



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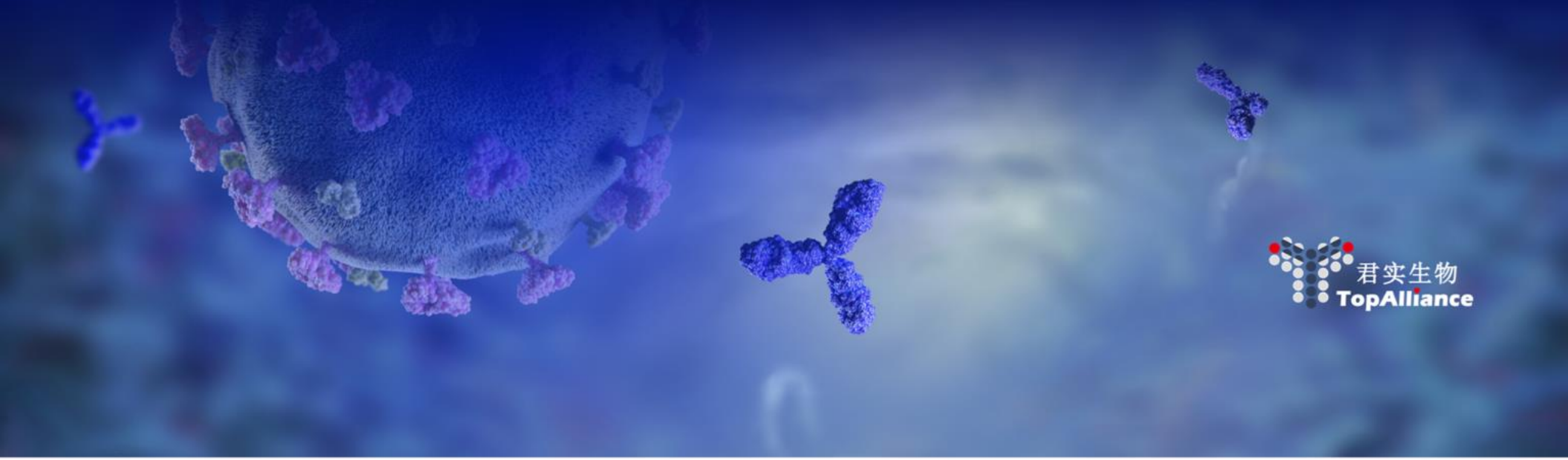


PART1: Introduction

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

Company Snapshot

Pioneer in Innovation

Develop the world's leading drugs, keep on exploring academic frontier

1st

- **JS001:** The 1st domestic anti-PD-1 mAb commercialized in China, the 1st domestic anti-PD-1 mAb submitted FDA BLA and has been granted ODD, BTD, FTD by FDA and NMPA
- **Etesevimab (JS016):** The 1st Chinese-developed innovative biological drug approved for use in the U.S. and the 1st domestic mAb purchased by the U.S. government
- Developing potential First in Class products around **BTLA, long-acting IL-21, CD112R** and other targets
- **JS002:** The 1st **anti-PCSK9** mAb from a RPC company obtaining IND approval from NMPA
- From 2019 to March 30 2021, **47 abstracts** were published at international conferences and **44 papers** were published in SCI journals with a cumulative impact factor of **371.61**

30 Drug Candidates in Pipeline

Including mAb, bsAbs, ADC, small molecule drugs with five therapeutic focus areas

2 Launch to Market

JS001
- Included in NRDL
- Granted Coherus an exclusive license in the U.S. and Canada
- Granted AstraZeneca part of the promotion right in mainland China

JS016(FDA EUA)
- JS016 licensed-out to LLY, approved by FDA EUA and purchased by the US government

1 NDA Accepted in November 2019

3 Phase III

1 Phase II

11 Phase I

12 Preclinical

International Strategic Operations

More than 10 partners from worldwide

志道生物 Leto Laboratories Commitment to Innovation
杭州多禧生物科技有限公司 Hangzhou DAC Biotech Co.,Ltd
RISEN 润佳医药 股票代码：300105.SEE
恩瑞尼生物科技 Eirene Biotech
Revitope ONCOLOGY
IMPACT Therapeutics Make an Impact on Cancer Treatment
微境生物医药
HUAOTA 华奥泰生物 HUAOTA BIOPHARM
Coherus BIOSCIENCES
Anwita Biosciences

Exploring the future with a long-term prospective

High growth in both revenue and R&D investment, well recognized by capital markets

- Total **operating revenue :**
- in 2020 : **RMB 1.595 billion** (+106%)
- in Q1 2021 : **RMB 1.615 billion** (+838.8%)
- **Net income** in Q1 2021: **RMB 377.32 million**, turning losses into profits
- R&D expenses in 2020: **RMB 1.78 billion** (+88%)
- Cash from financing activities in 2020: **RMB 4.4 billion** (mainly attributable to the listing on the SSE STAR Market)
- On July 15 2020, the Company was listed on the **SSE STAR market**, stock code: 688180. The net proceeds is RMB 4.497 billion
- The Company's A shares and H shares were included in the **Stock Connect Southbound Trading**
- The Company's H shares were included in **the Hang Seng Composite Index, the Hang Seng SmallCap Index, the Hang Seng Healthcare Index, the Hang Seng Stock Connect Hong Kong Index and the Hang Seng Stock Connect Hong Kong MidCap & SmallCap Index**
- The Company's A shares were included in the **STAR 50 index**

Competitive Positioning Backed by Fully Integrated R&D Platform

Human Transmembrane Receptor Protein Array and High-throughput Screening Platform

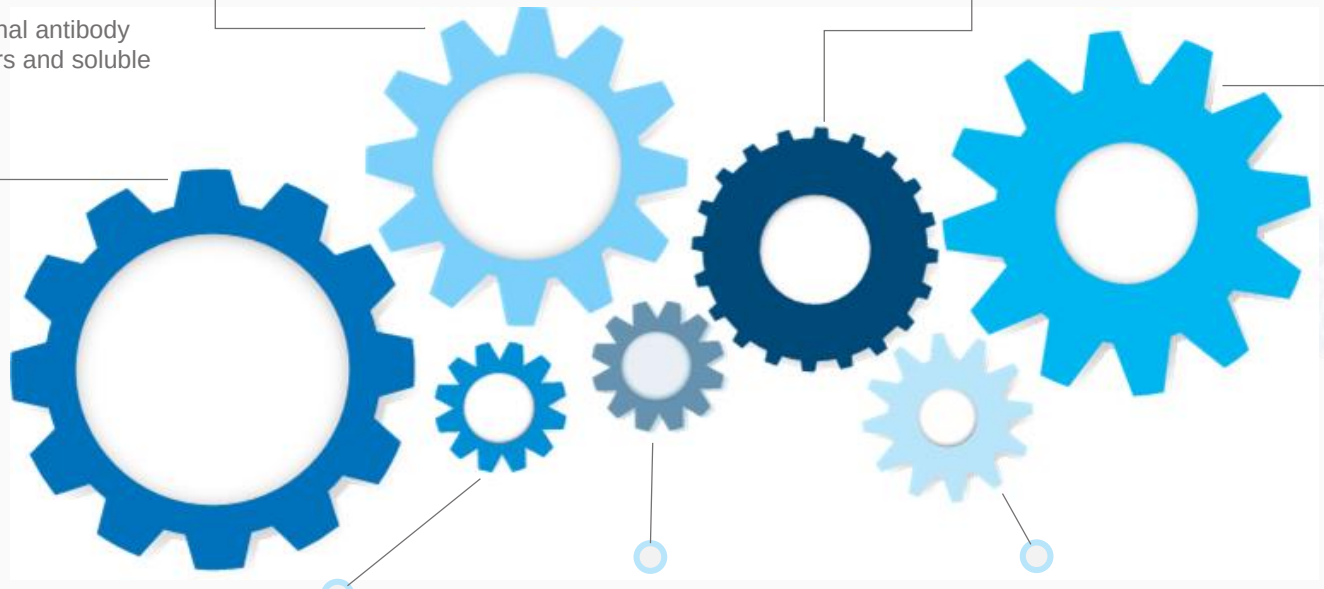
- Encompasses close to 5,000 human cell membrane proteins
- Increased avidity and a highly sensitive detection system
- Continuously expands the monoclonal antibody product line for cell surface receptors and soluble proteins

Automated High-efficiency Screening Platform for Antibody Selection and Functional Assays

- Greatly broadens the initial range of clinical drug candidate screening
- Helps to find optimal candidates
- Provides us with a basis for our R&D of innovative monoclonal antibodies and functional screening in vitro and in vivo

High-yield Stable Expression Cell Lines Screening and Establishment Platform

- Based on the internationally leading GS expression system (LONZA)
- To complete the establishment of high expression cell lines with significantly faster speed and higher titers than the traditional DHFR technology



Antibody Quality Research, Control and Assurance Platform

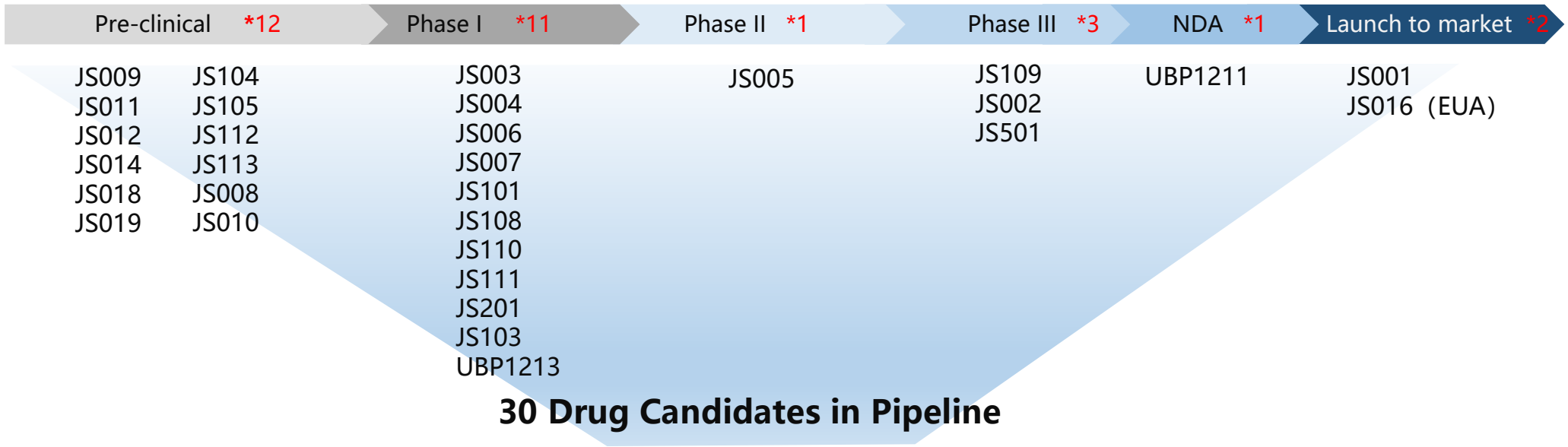
- Covering the quality assurance regarding suppliers, inputs, process, outputs and customers
- Ensuring our compliance with GMP standards

CHO Cell Fermentation Process Development Platform

Antibody Humanization and Construction Platform

Antibody Purification Process Development and Formulation Optimization Platform

Strong R&D Capability, Rich Portfolio of Products



30 Drug Candidates in Pipeline

The world's leading multiple innovation platforms

- Human Transmembrane Receptor Protein Array
- High-throughput Screening Platform
- Bispecific Antibody Platform
- PrecisionGATE™
- ADC Platform
- Unique PK Analysis Platform

A comprehensive drug target landscape

Immuno-Oncology	PD-1, BTLA, …	IL-21, IL-2	
	TIGIT & CD112R	CD39	
Other targeted therapies	PARP, PI3k-α, CDK	XPO1	
	EGFR exon 20 , EGFR 4th		

Different types of drugs

- mAbs
- bsAbs
- small molecule drugs
- ADC

A wide range of therapeutic areas

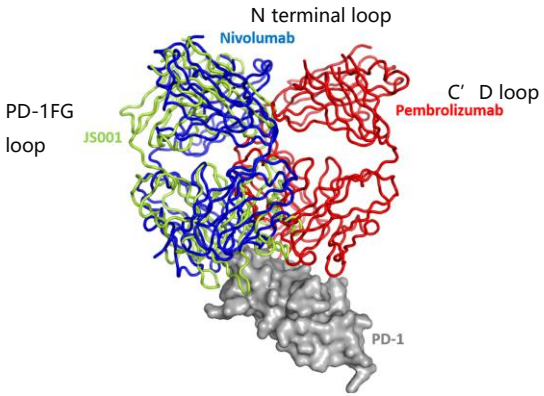
- Oncology
- Metabolic
- Autoimmune
- Neurological
- Infectious diseases

Features of Toripalimab

“Glycosylation-independent binding of monoclonal antibody toripalimab to FG loop of PD-1 for tumor immune checkpoint therapy.”
Liu H. et al. mAbs 11(4):681-690. doi: 10.1080/19420862.2019.1596513. Epub 2019 Apr 19.

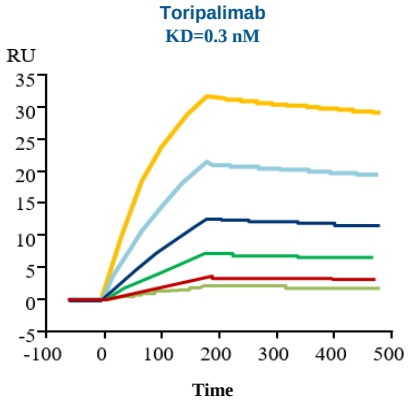
Distinct binding characteristics

- Unique CDR sequences and binding domains: PD-1 FG loop
- IP: IgG4/Kappa (CN104250302B) (PCT：WO2014/206107A1)



High affinity

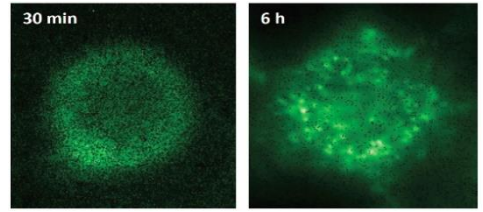
- The binding affinity of JS001 for PD-1 is about 0.3 nm as measured by Biacore T200
- The results show high binding affinity of JS001, which enables it to bind more firmly to the PD-1 receptors on T-cells and better prevent the binding between PD-1 and PD-L1/PD-L2 on tumor cells



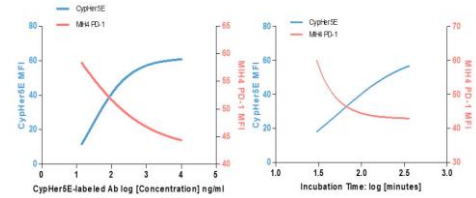
Strong internalization induction

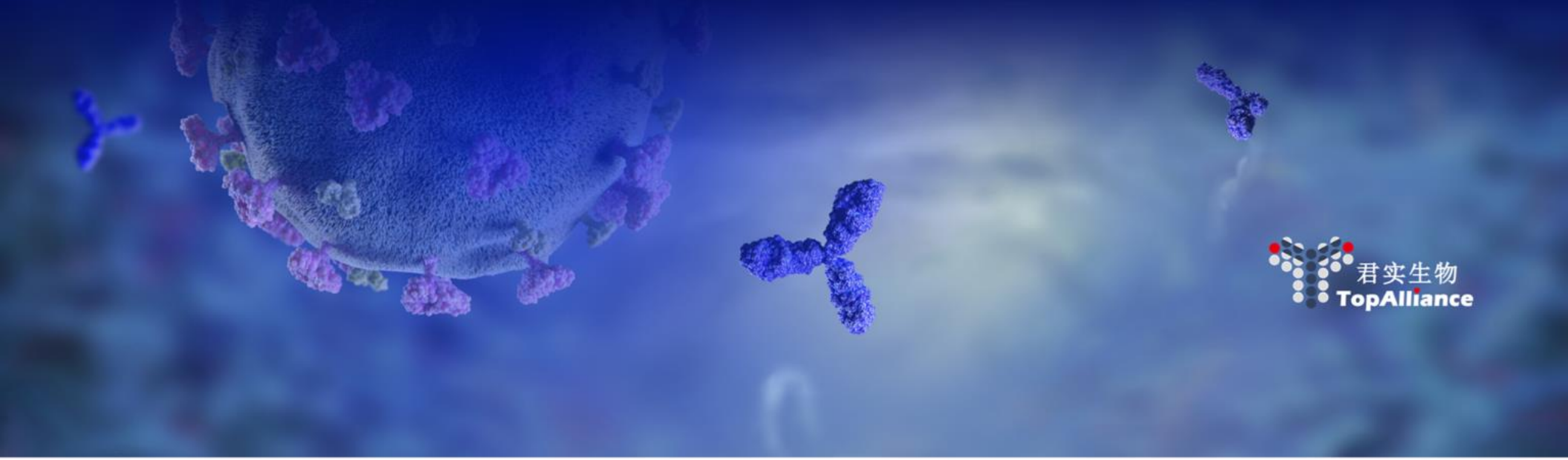
- Upon binding with the PD-1 receptor, JS001 blocks the interaction of PD-1 with PD-L1 and PD-L2 and simultaneously induces the internalization of the PD-1 receptor, thereby decreasing the expression of PD-1 on the surface of the cell membrane
- The bottom-right graphs show a decrease in PD-1 expression on the cell surface during internalization of JS001 by simultaneously staining the JS001 non-competitive anti-PD-1 monoclonal antibody (clone MIH4). A decrease in PD-1 expression can improve the reactivity of T-cells to the antigen. This mechanism does not rely on PD-1 ligand (PD-L1) expression

Immunofluorescence assay results



Flow cytometry results



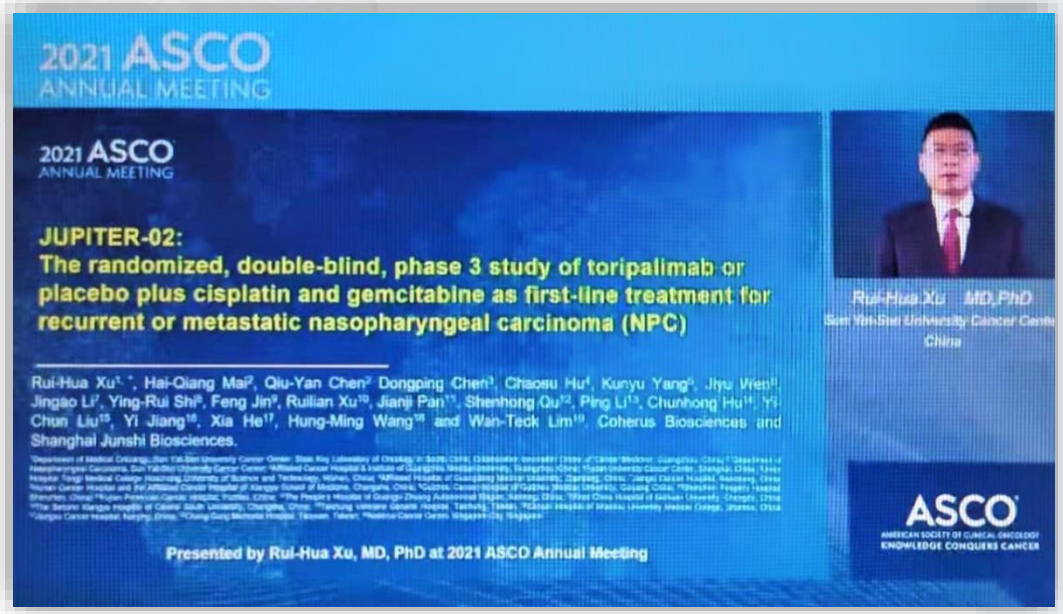


PART2: 2021 ASCO Highlights

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

ASCO 2021 Publications of Toripalimab

- *2021 American Society of Clinical Oncology (ASCO) Annual Meeting was held between **04 - 08 June 2021***
- ***39** research results of toripalimab were accepted for ASCO 2021, describing the antitumor activities observed from more than 10 cancer types of the nasopharynx, melanoma, lung, stomach, esophagus, liver, biliary duct, head and neck, and pancreas*



✓ **2 Oral Presentations**

- JUPITER-02 study (#LBA2)
- Neoadjuvant toripalimab+ axitinib for resectable mucosal melanoma (#9512)

✓ **Poster Presentations**

- Neoadjuvant toripalimab + chemotherapy in NSCLC (#8541)
- Perioperative toripalimabin combination with FLOT for resectable gastric/GEJ adenocarcinoma (#4050)
- LTHAIC study (#4083)
- 1L ICC (#4094, #4099)

✓ **20+ Online Abstracts**

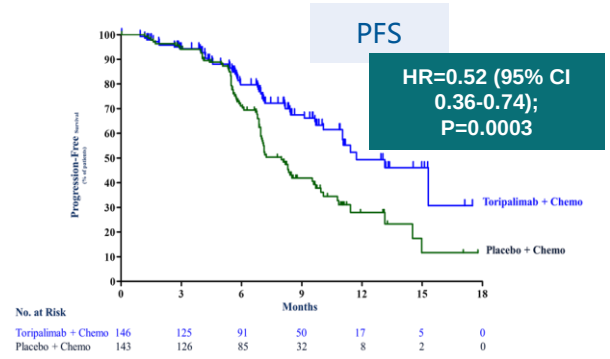
ASCO #LBA2: Toripalimab in 1L NPC

- In Feb 2021, the supplemental NDA application of toripalimab in combination with chemotherapy for the first-line treatment of patients with advanced, recurrent or metastatic NPC was accepted 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, OS than GP alone.

❑ Efficacy

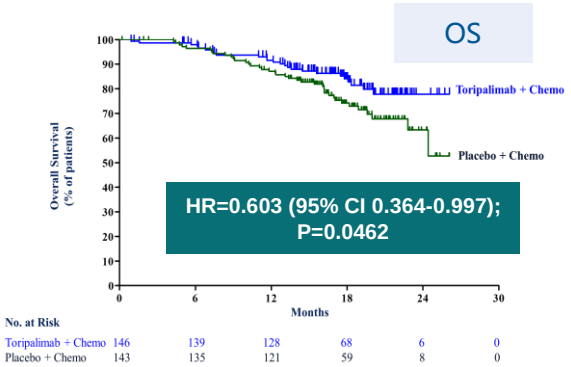
- Significant improvement in PFS：mPFS 11.7 vs. 8.0 months
- mOS: not mature, but a 40% reduction in risk of death was observed in the toripalimab arm over the placebo arm
- A second interim OS analysis will be performed at pre-specified final PFS analysis followed by the final OS analysis

	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

- ORR: 77.4% vs. 66.4%

Characteristic (%)	Toripalimab + GP (N=146)	Placebo + GP (N=143)
Objective Response Rate [a]	77.4	66.4
95% CI	(69.8, 83.9)	(58.1, 74.1)
P value	0.0335	
Best Overall Response [a]		
Complete Response	19.2	11.2
Partial Response	58.2	55.2
Stable Disease	10.3	13.3
Progressive Disease	3.4	5.6
Not evaluable	6.2	5.6
Non-CR/non-PD [b]	2.7	8.4
No evidence of disease [c]	0	0.7
Median DoR, (95%CI), months	10.0 (8.8, NE)	5.7 (5.4, 6.8)
HR (95%CI)	0.50 (0.33-0.78)	
P value	0.0014	

❑ Safety

- No new safety signals were identified with toripalimab added to GP

ASCO #9512:
Neoadjuvant toripalimab + axitinib for resectable mucosal melanoma

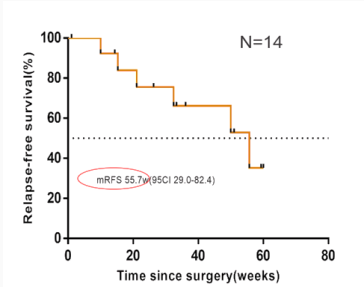
The study suggests that toripalimab + axitinib may provide a new promising neoadjuvant treatment approach for patients with resectable MuM.

❑ Promising Pathologic Response

- Pathologic response：28.6% (4/14 by 2020.12, 2pCR + 2pPR) and 30.0% (6/20 by 2021.03, 3pCR + 3pPR)
- mRFS reached 55.7 weeks
- Increased CD3+/CD8+T infiltration induced by neoadjuvant associated with pathologic response

Pathologic response	n=14[1] (N%)
pCR	2 (14.3)
pPR	2 (14.3)
pNR	9 (64.3)
Not evaluable	1 (7.14)
Pathologic response rate (%)	28.6[2]
CI 95%	8.4-58.1

mRFS[3]



❑ No new safety signals were identified with toripalimab plus axitinib as neoadjuvant therapy in mucosal melanoma

Adverse Events	No. of Patients (%)
Total TRAEs	21 (100.0)
TRAEs ≥ grade 3	6 (28.6)
SAEs	6 (28.6)
Treatment-related SAEs	6 (28.6)
TRAEs leading to discontinuation	2 (9.5)
TRAEs leading to death	0

❑ Improved mPFS(mRFS)

- Toripalimab for Treatment of 2L Melanoma:
  mPFS reached 3.6 months
- Axitinib+Toripalimab Combination Therapy for 1L Mucosal Melanoma:
  mPFS reached 7.5 months

1. Up to Dec 31 2021, total cohort n=21: 13 pts had received surgeries, 1 pt was inoperable for bone metastasis
2. Up to Mar 2021, pPR=30.0% (6/20) with1 new pCRand 1 new pPR.
3. Relapse-free survival from the surgery in all pts received surgery (RECIST1.1)

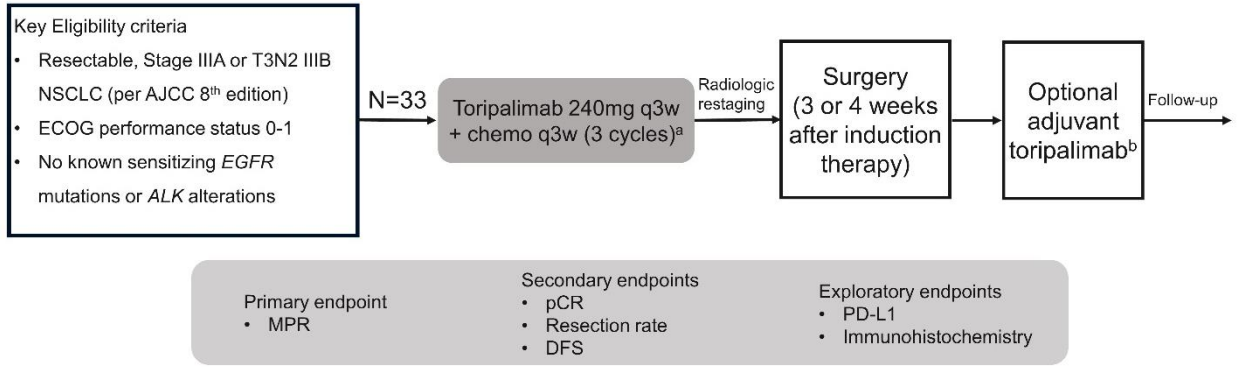
2021 ASCO, Toripalimab Prescription Information (Jan, 2019), 2020 ASCO

ASCO #8541: Neoadjuvant toripalimab + chemotherapy in NSCLC

Background

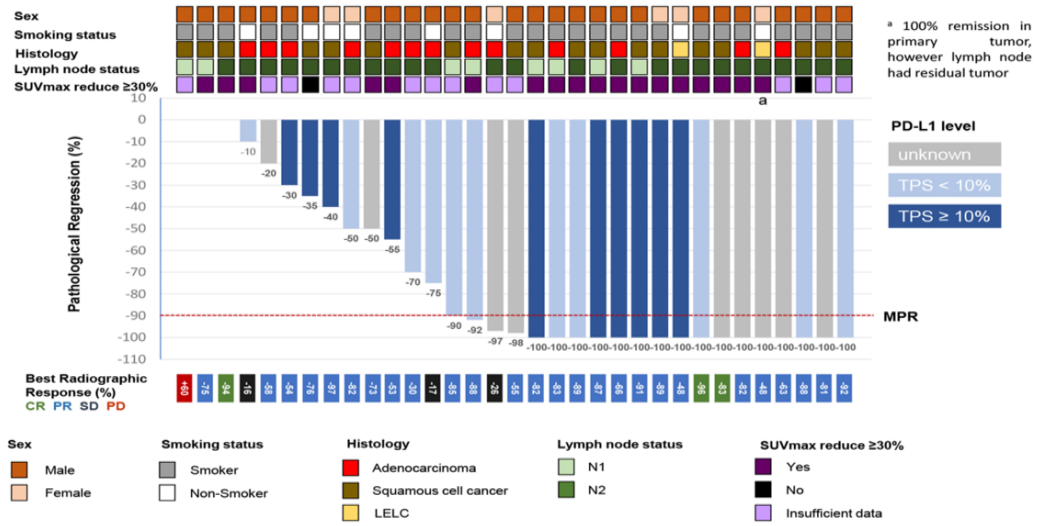
- Previous trails of neoadjuvant chemotherapy or chemoradiation following surgical resection is recommended in resectable stage III NSCLC, but these treatment provides modest survival benefits of patients with stage III NSCLC
- Neo TAP01 is a phase II trail evaluating toripalimab + chemotherapy as neoadjuvant 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 anemic (2, 6.1%)
- Neo TAP01 is the second study and **the first** in the Asian population to show the benefit of neoadjuvant immunotherapy with chemotherapy for resectable stage III NSCLC

1. ASCO 2021

ASCO #4050: Toripalimab in Gastric/GEJ adenocarcinoma

君实生物 TopAlliance

- Perioperative toripalimab in combination with FLOT for locally advanced resectable gastric/GEJ adenocarcinoma
- FLOT is the standard perioperative treatment for resectable gastric / GEJ adenocarcinoma. Toripalimab has shown remarkable clinical efficacy in various cancers
- To evaluates the addition of Toripalimabto FLOT for resectable patients

Perioperative toripalimab in combination with FLOT showed promising efficacy with high pCR and MPR rate and well tolerated safety profile in patients with resectable gastric/GEJ adenocarcinoma

❑ Adverse events

Adverse events (n=36) N (%)	Grad 1~2	Grad 3~4
Anorexia	23 (63.9)	
Nausea	21 (58.3)	
Vomiting	10 (27.8)	
Mucositis	3 (8.3)	
Diarrhoea	9 (25.0)	
Fatigue	24 (66.7)	
Dysuria	6 (16.7)	
anaemia	15 (41.7)	2 (5.6)
Leucopenia	14 (38.9)	9 (25.0)
Neutropenia	17 (47.2)	11 (30.6)
Thrombocytopenia	9 (25.0)	
Febrile neutropenia	2 (5.6)	
Lymphopenia	7 (19.4)	1 (2.8)
Headache	8 (22.2)	
Rash	6 (16.7)	1 (2.8)
AST elevation	9 (25.0)	1 (2.8)
ALT elevation	7 (19.4)	

❑ Histopathological tumor regression according Becker

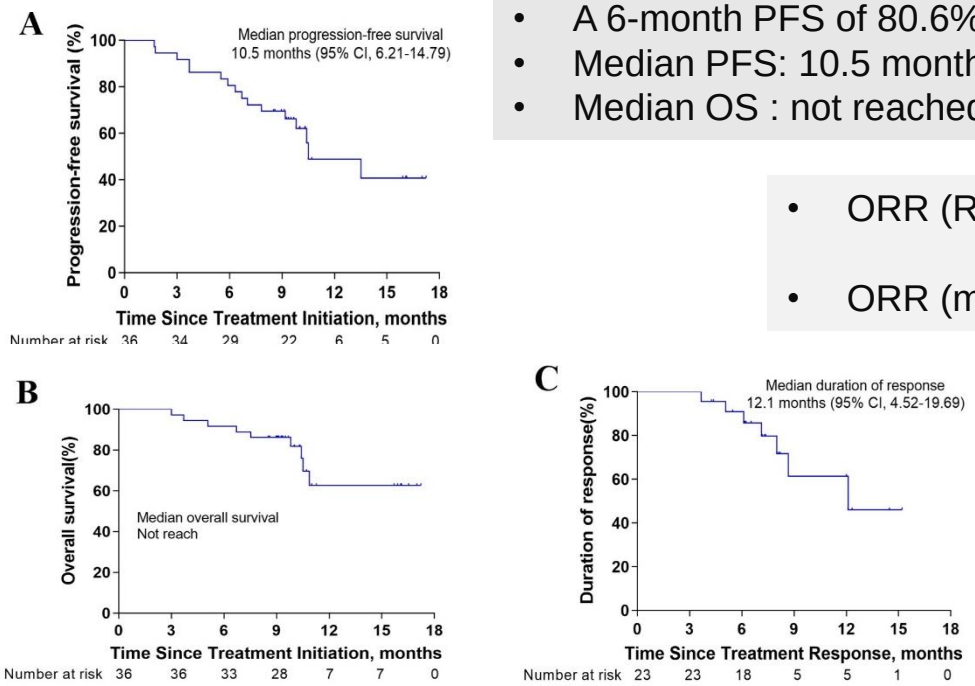
Patients N (%)	TRG0	TRG1	TRG2	TRG3
All (n=28)	7 (25.0)	5 (17.9)	12 (42.9)	4 (14.3)
Gastric (n=13)	2 (7.1)	2 (7.1)	7 (25.0)	2 (7.1)
GEJ (n=15)	5 (17.9)	3 (10.7)	5 (17.9)	2 (7.1)
MSI-H (n=2)	2			
Her-2neu positive (n=4)	1		2	1
EBER positive (n=2)			2	

- 36 patients were enrolled.
- 28 Patients received gastrectomy after neoadjuvant treatment
- 7 (25%) patients achieved pCR(TRG1a)
- 12 (42.9%) patients achieved MPR (TRG1a/b)

ASCO #4083: Toripalimab in HCC

- Toripalimab in HCC：Lenvatinib Plus Toripalimab and HAIC as a 1L Treatment for Advanced HCC(LTHAIC Study)
- Combining systemic and locoregional therapies represents a promising treatment strategy for patients with advanced HCC
- To investigate the efficacy and safety of combined lenvatinib and toripalimab plus HAIC as a 1L treatment in this patient population

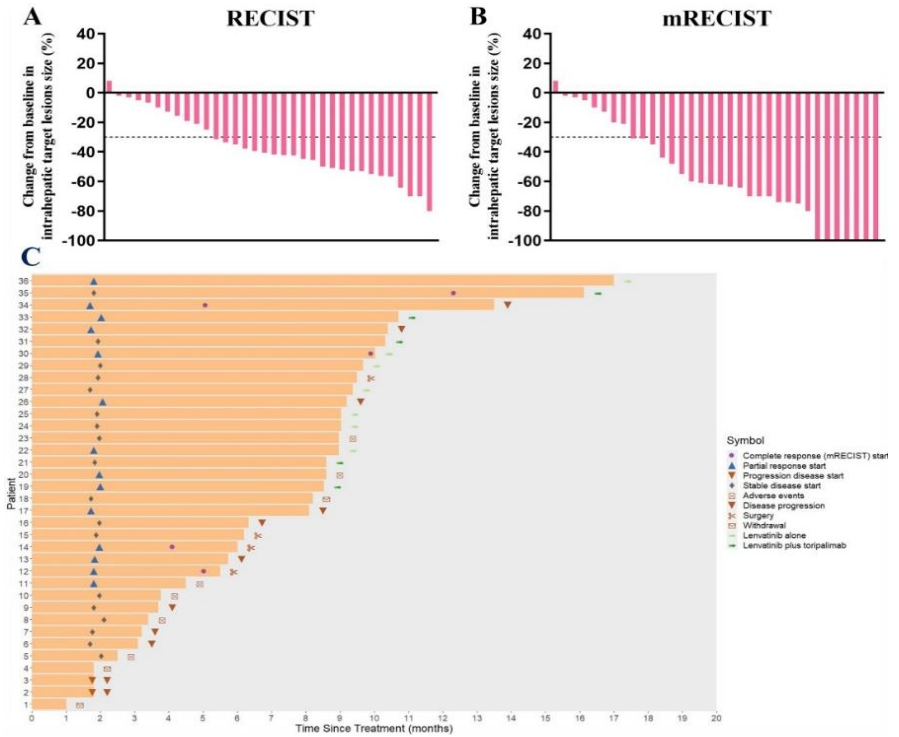
Combination treatment with lenvatinib and toripalimab plus HAIC showed promising antitumor activity and manageable toxicity in patients with advanced HCC



- A 6-month PFS of 80.6%
- Median PFS: 10.5 months
- Median OS : not reached

- ORR (RECIST): 63.9%
- ORR (mRECIST) :66.7%

Kaplan-Meier curves of progress-free survival , overall survival and duration of response



Best percentage change from baseline in intrahepatic target lesion and duration of treatment and response assessment of patients in the LTHAIC group

Toripalimab in 1L ICC

ASCO #4094

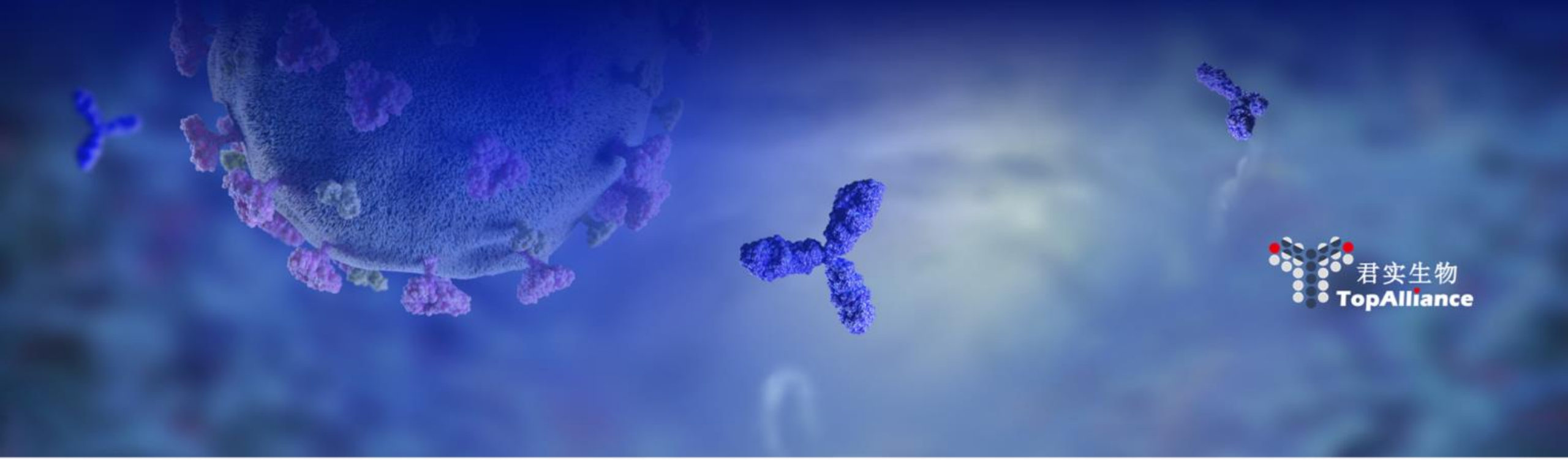
- **Chemotherapy + Toripalimab + Lenvatinib (NCT03951597)**
  - Remarkable efficacy with reasonable tolerability
  - Warrant further validation in a large randomized clinical trial

	All Patients (n=30)
ORR, n (%)	**24 (80.0%)** (95%CI: 16.4%~92.3%)
CR, n (%)	1 (3.3%)
DCR, n (%)	28 (93.3%) (95%CI:77.9%~99.2%)
PD, n (%)	1 (3.3%)
Drop-out, n (%)	1 (3.3%)
mDOR	9.8 months
mPFS	10 months
AEs ≥Grade 3, n (%)	15 (50%)
AEs ≥Grade 5, n (%)	0

ASCO #4099

- **Lenvatinib + Toripalimab (NCT04361331)**
  - Promising efficacy with reasonable safety profile
  - Offered and alternative treatment for advanced ICC who cannot tolerate gemcitabine based chemotherapy

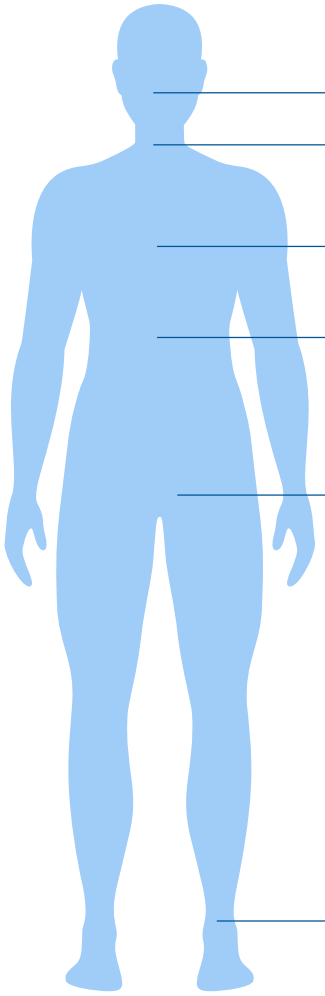
	All Patients (n=31)
ORR, n (%)	**10 (32.3%)** (95%CI: 16.7%~51.4%)
CR, n (%)	0 (0%)
PR, n (%)	10 (32.3%) (95%CI:16.7%~51.4%)
DCR, n (%)	23 (74.2%) (95%CI: 55.4%~88.1%)
PD, n (%)	8 (25.8%)
6-m OS, n (%)	27 (87.1%)
mPFS, mOS, mDOR	Not Reached
AEs ≥Grade 3, n (%)	10 (32.3%)
AEs ≥Grade 5, n (%)	0



PART3: Toripalimab Development Program

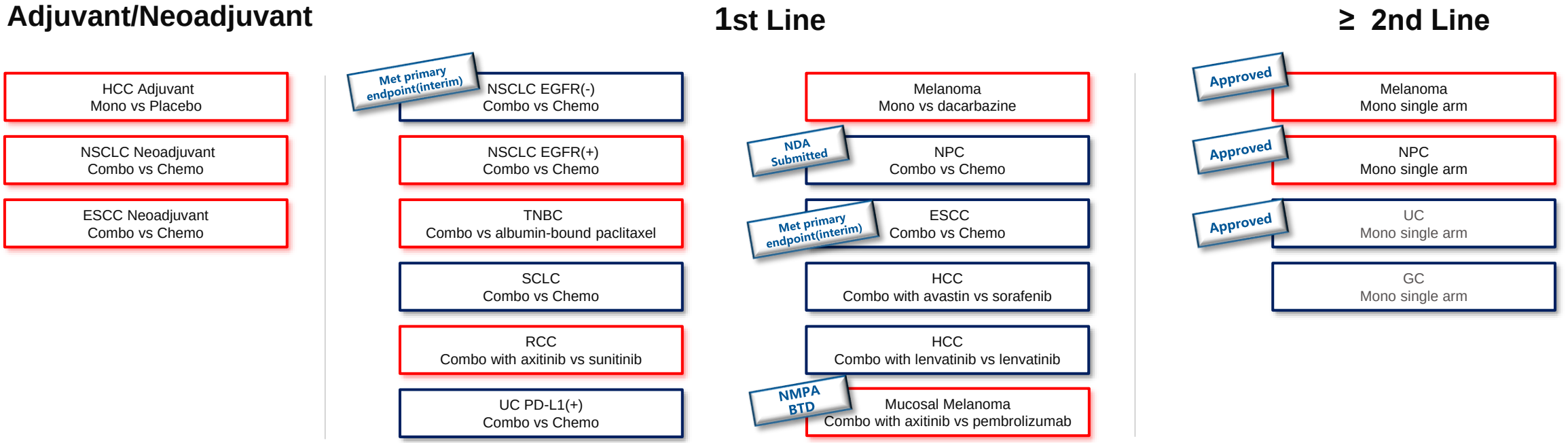
Our mission is to provide patients with treatment options that work better and cost less

Anti-tumor activity across multiple tumor types
Monotherapy and in combination



Clinical Trial Number	Indications	Pre Clinical / Phase I / Phase II / Phase III / NDA	Locations	Note
NCT02915432	Nasopharyngeal carcinoma (3L, mono)	NDA approved by NMPA in February 2021, and BLA submitted to FDA	China	FDA BTD and ODD
NCT03581786	Nasopharyngeal carcinoma (1L, combo with chemo)	NDA Accepted	Global	
NCT03829969	ESCC (1L, combo with chemo)	Pivotal registered clinical trial	China	Met primary endpoint (interim)
/	ESCC (neoadjuvant)	Pivotal registered clinical trial	China	
NCT04085276	TNBC (combo with albumin-bound paclitaxel)	Pivotal registered clinical trial	China	
NCT03856411	EGFR negative NSCLC (1L, combo with chemo)	Pivotal registered clinical trial	China	Met primary endpoint (interim)
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	
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	
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	
NCT03113266	Urothelial carcinoma (2L, mono)	NDA Approved by NMPA in April 2021	China	NDA Approved
NCT03474640	Sarcoma		U.S.	FDA ODD
NCT03013101	Melanoma (2L, mono)	Approved on 17 December 2018	China	NDA approved
NCT03430297	Melanoma (1L, mono)	Pivotal registered clinical trial	China	
/	Mucosal melanoma (combo with axitinib)		U.S.	FDA FTD ODD ; NMPA BTD

Toripalimab Pivotal Trials Layout and Strategy



International Clinical Development Strategy —— Toripalimab Pivotal Trials Layout

	China	U.S. & EU
Major Indication	• NSCLC (EGFR wt and mut) • Esophageal squamous cell carcinoma (ESCC) • Hepatocellular carcinoma (HCC) • Gastric cancer (GC)	• Lung cancer (NSCLC(EGFR wt, EGFR TKI Failed, Neo-adjuvant), SCLC) • Hepatocellular carcinoma (HCC)
Niche Indication	• Melanoma • Nasopharyngeal carcinoma (NPC) • Urothelial carcinoma (UC) • Triple-negative breast cancer (TNBC) • Renal cell carcinoma (RCC) • Small cell lung cancer (SCLC) • Soft tissue sarcoma	• Nasopharyngeal carcinoma[ODD&BTD&BLA] • Esophageal squamous cell carcinoma (ESCC) • Triple-negative breast cancer (TNBC) • Mucosal melanoma[ODD&FTD] • Urothelial carcinoma • Soft tissue sarcoma[ODD]

BLA: Biologics License Application; ODD: FDA Orphan Drug Designation; BTD: FDA Breakthrough Therapy Designation; FTD: FDA Fast Track Designation

First U.S. BLA filing: Recurrent / metastatic nasopharyngeal carcinoma

- In April 2020, the NDA for toripalimab as a treatment for patients with recurrent/metastatic NPC who failed at least two lines of systemic therapy was accepted by NMPA. And the indication was **granted conditional approval in February 2021.**This is the world's first NDA of anti-PD-1 monoclonal antibody for the treatment of recurrent/ metastatic NPC.
- In September 2020, this therapy received the FDA's **Breakthrough Therapy Designation.**
- **In Mar 2021, the rolling submission of the BLA for toripalimab to the FDA for the treatment of recurrent or metastatic NPC was initiated.**
- **Potential approval 1H 2022**

As of Feb 19, 2020, among all 190 patients assessed by an Independent Review Committee, 5 complete responses, 34 partial responses and 40 stable diseases were observed, for an objective response rate of 20.5%, and disease control rate of 40.0%. For 92 2L+ patients, the objective response rate was 23.9%.

The response was durable as the median DOR was 14.9 months.

The median PFS was 1.9 months and the median OS was 17.4 months.

Figure 1. Changes in target lesion(s) from baseline to best response from 159 patients with at least one post treatment evaluation

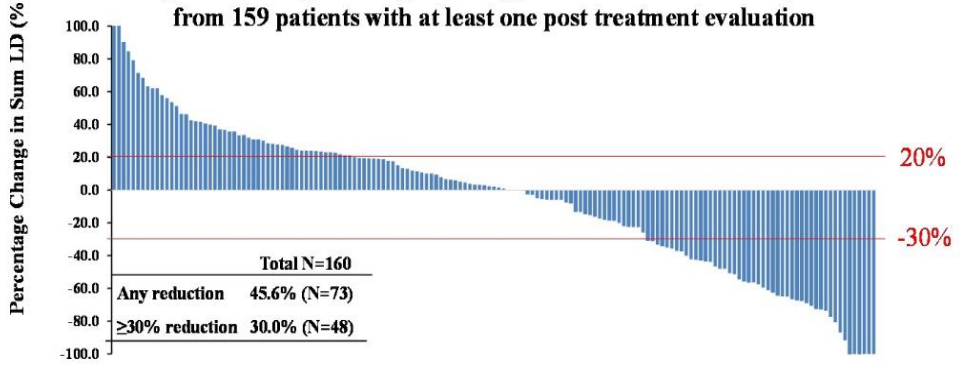
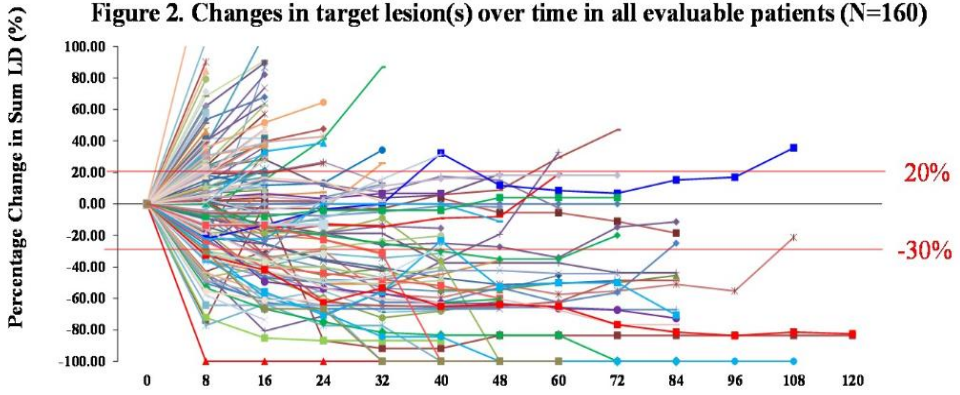
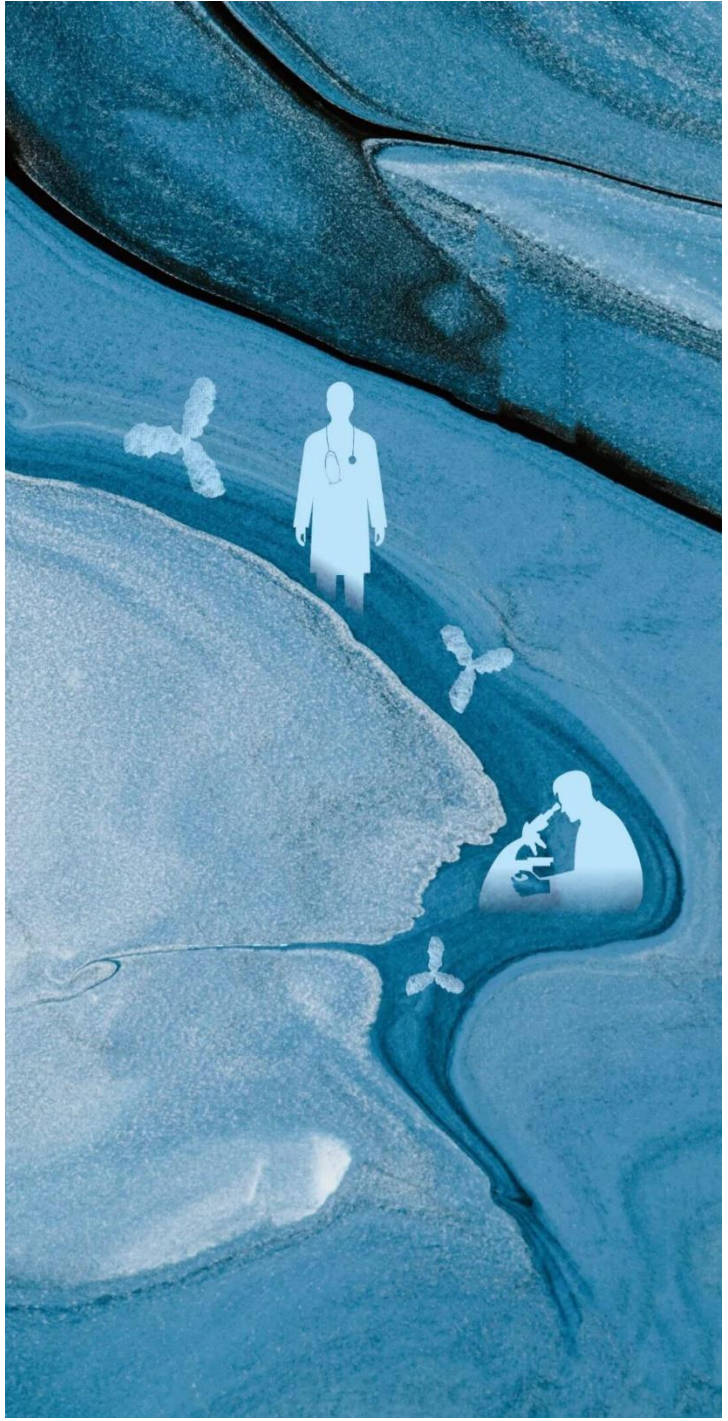


Figure 2. Changes in target lesion(s) over time in all evaluable patients (N=160)



U.S. Filing Strategy for Lung, ESCC, other Indications

Coherus and Junshi Biosciences to meet with FDA to discuss clinical data to support supplemental BLAs



- 1L NPC
- 1L ESCC
- 1L NSCLC

Toripalimab in Lung Cancer

Positive 1L NSCLC interim analysis reported in December 2020

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NSCLC (1L, chemo combo)

Total enrollment:	465 patients
Primary Endpoint:	PFS
Key Sec. Endpoints:	OS, ORR

Status:
- Dec 2020: Met primary PFS endpoint at interim analysis
- Final readout expected at year end

EGFR mutated TKI failed NSCLC (1L, chemo combo)

Total enrollment:	350 patients
Primary Endpoint:	PFS
Key Sec. Endpoints:	OS, ORR

Status:
- Enrollment completion expected by year end
- Final data expected in 2022

NSCLC (neoadjuvant)

Total enrollment:	406 patients
Primary Endpoint:	mPR
Key Sec. Endpoints:	EFS

Status:
- Enrollment completion expected by year end
- Final data expected in 2022

SCLC (1L, chemo combo)

Total enrollment:	420 patients
Primary Endpoint:	PFS, OS
Key Sec. Endpoints:	ORR

Status:
- Enrollment complete
- Final data expected in 2022

Additional toripalimab studies with data through 2022
ESCC, TNBC, HCC

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ESCC (1L, chemo combo)

Total enrollment:	500 patients
Primary Endpoint:	PFS, OS
Key Sec. Endpoints:	ORR

Status:
- Feb 2021: Met primary PFS and OS endpoints at interim analysis
- Data 2H 2021

TNBC (1L, chemo combo)

Total enrollment:	660 patients
Primary Endpoint:	PFS
Key Sec. Endpoints:	OS, ORR

Status:
- Enrollment completion expected by year end
- Final data expected in 2022

HCC (adjuvant)

Total enrollment:	402 patients
Primary Endpoint:	RFS
Key Sec. Endpoints:	TTR, OS

Status:
- Enrollment completion expected by year end
- Data readout expected in 2022

HCC (1L, Lenvatinib)

Total enrollment:	519 patients
Primary Endpoint:	PFS, OS
Key Sec. Endpoints:	ORR

Status:
- Enrollment completion expected by year end
- Data readout expected in 2022

Toripalimab NDA Plan & Adressable Patients in China

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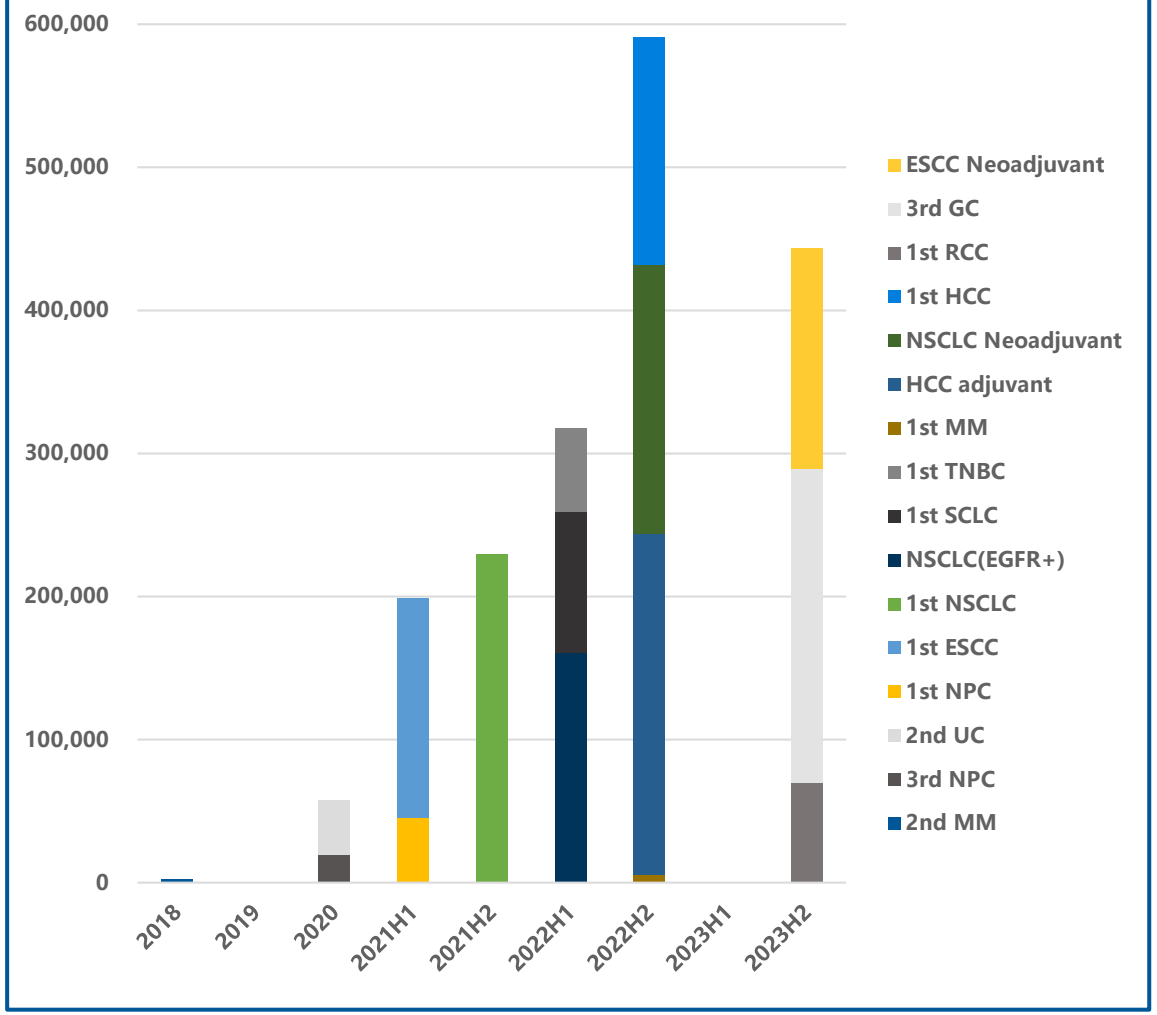
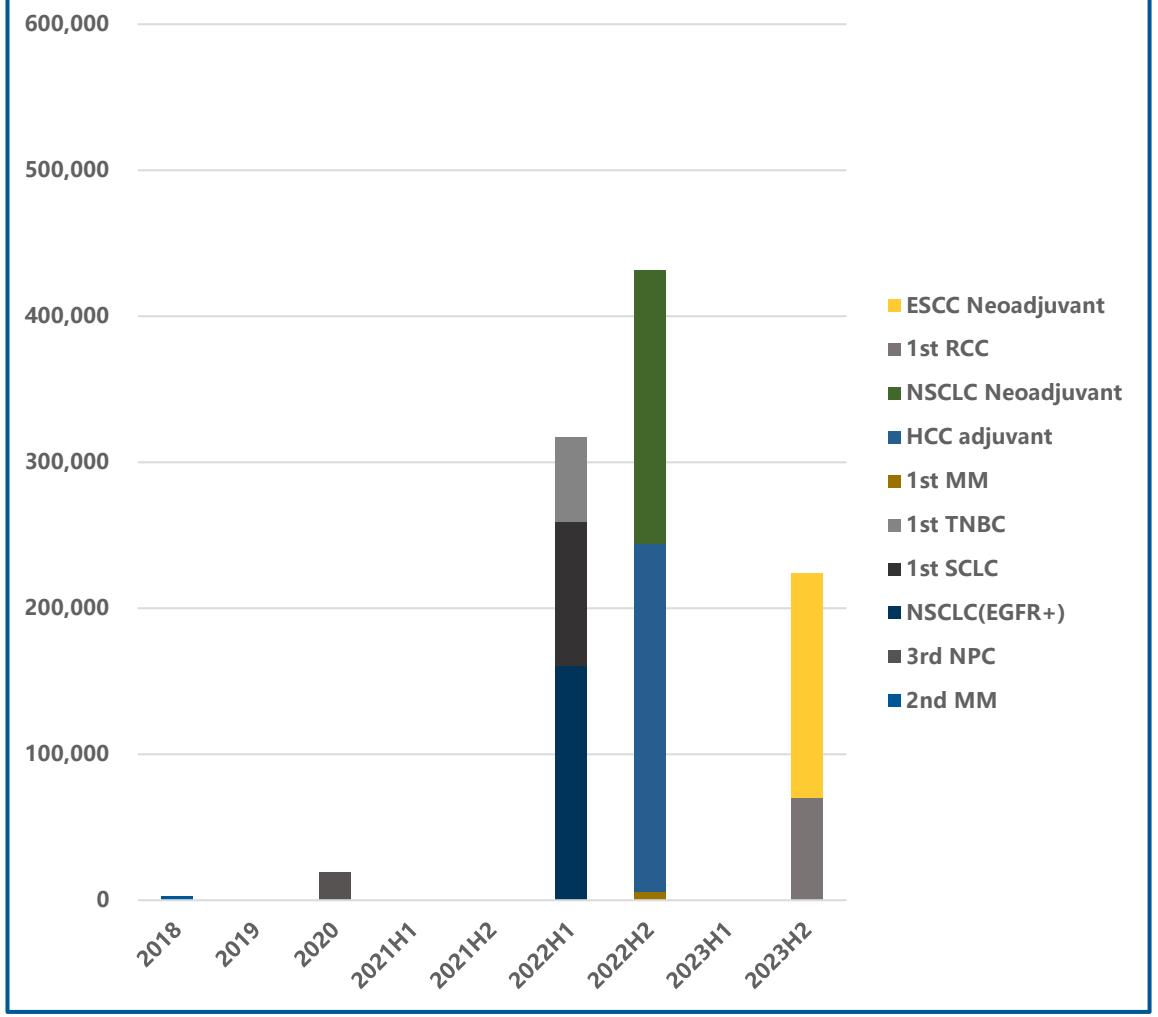
Toripalimab NDA Plan & Adressable Patients



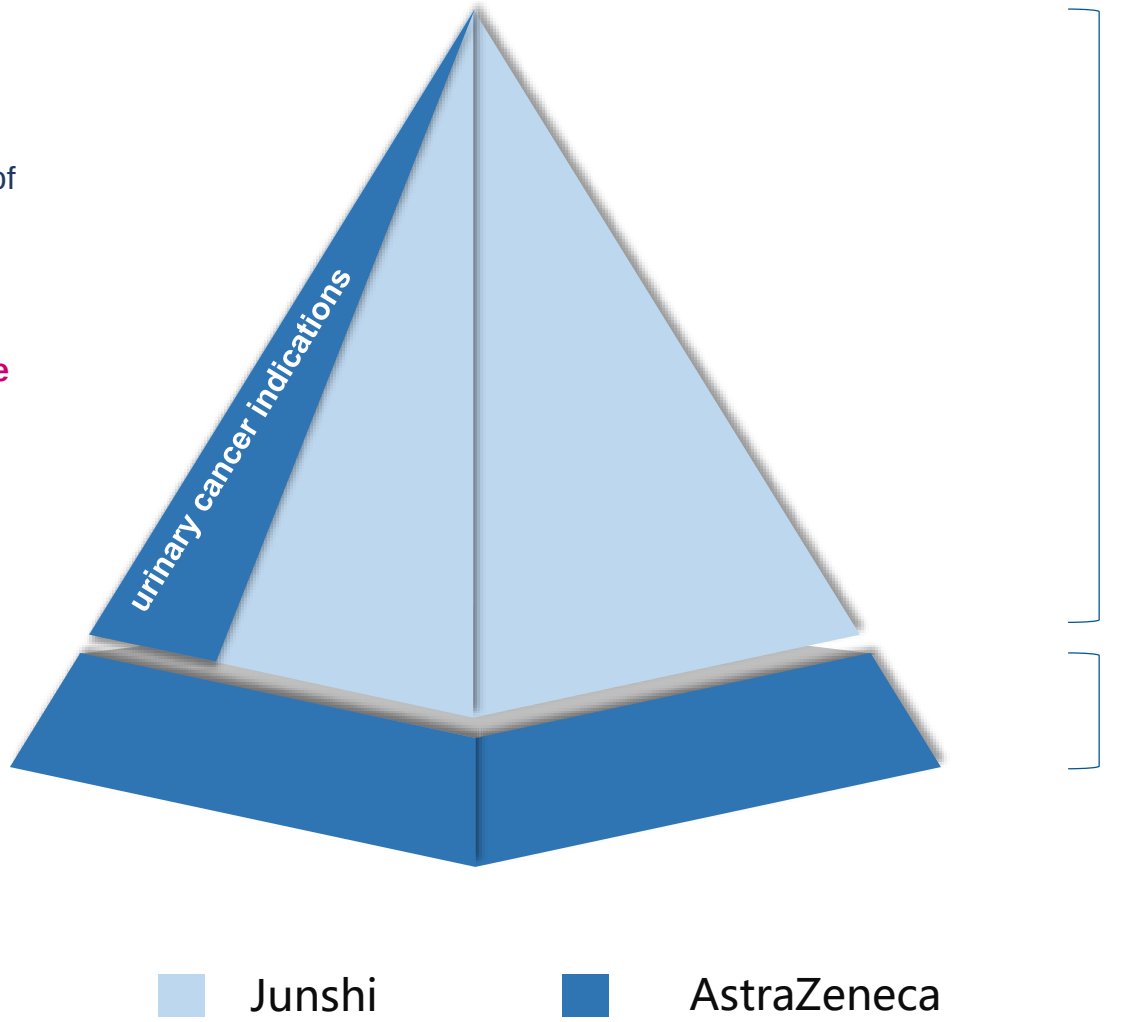
Toripalimab Leading Indications NDA Plan & Adressable Patients



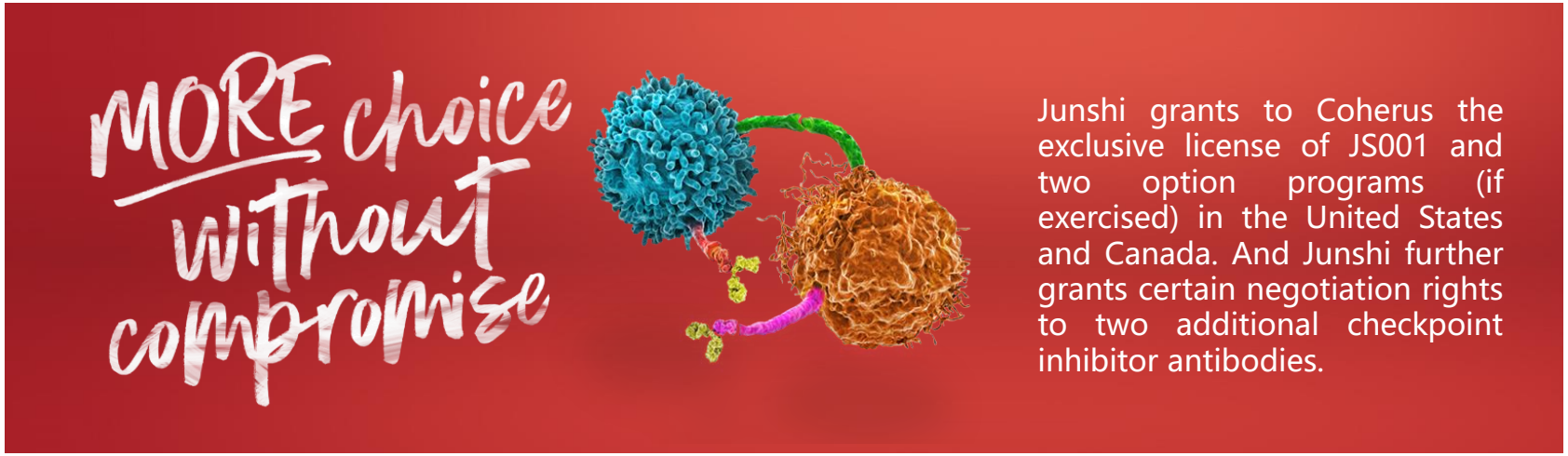
1. Resource: Internal forecast

Toripalimab:
Reaching a Collaboration Agreement with AstraZeneca

- From 28 February 2021, Junshi will grant **AstraZeneca** the exclusive promotion right of toripalimab Injection (trade name: TUOYI®) for the **urinary cancer indications** to be approved subsequently for marketing in mainland China and the exclusive promotion right for **all indications approved and to be approved in non-core urban areas**.
- Junshi will continue to be responsible for the promoting of other indications approved and to be approved excluding urinary cancer indications in core urban areas.



Exclusive rights of JS001 in the U.S. and Canada to Coherus



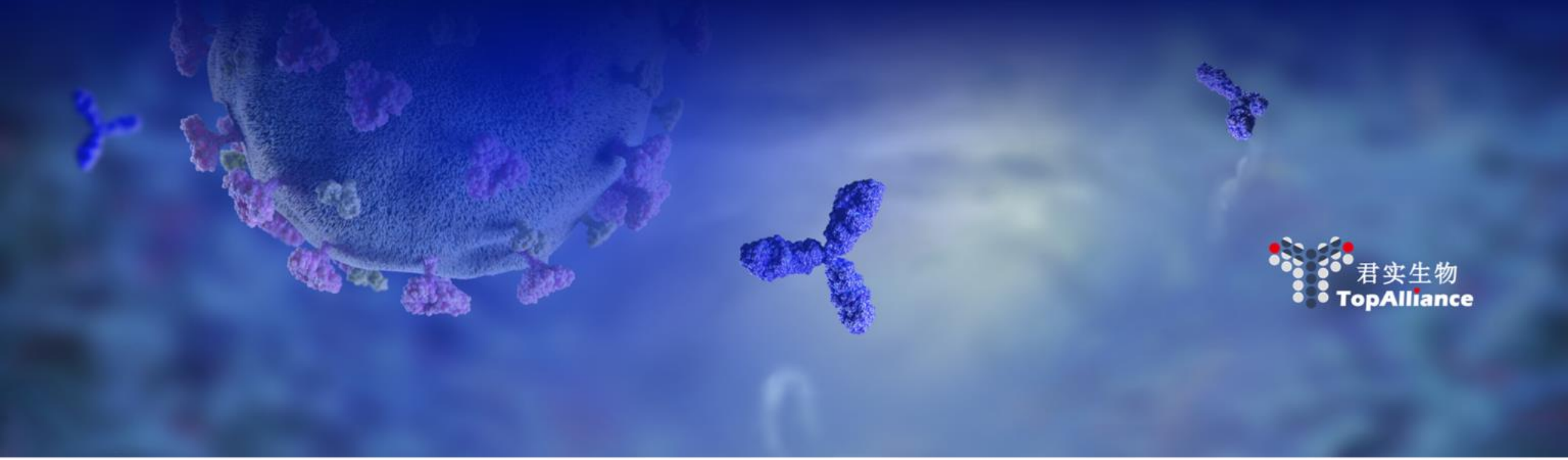
Junshi grants to Coherus the exclusive license of JS001 and two option programs (if exercised) in the United States and Canada. And Junshi further grants certain negotiation rights to two additional checkpoint inhibitor antibodies.

Key Contents of the Agreement

- An aggregate of US$ 1.11 billion of upfront payment, exercise fee and milestone payments
- 20% royalty on the annual net sales
- Exclusive rights of JS001 in US and Canada
- Options to JS006 and JS018-1
- Negotiation rights to 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/SITC, 5-year publication plan in both mono and combo settings
- **FDA Filings:** BLA filled of NPC with BTD, multiple additional filings and PDUFA actions in rare and prevalent indications
- **Commercial Launches:** Multiple U.S. launches expected in 2022-2026 timeframe



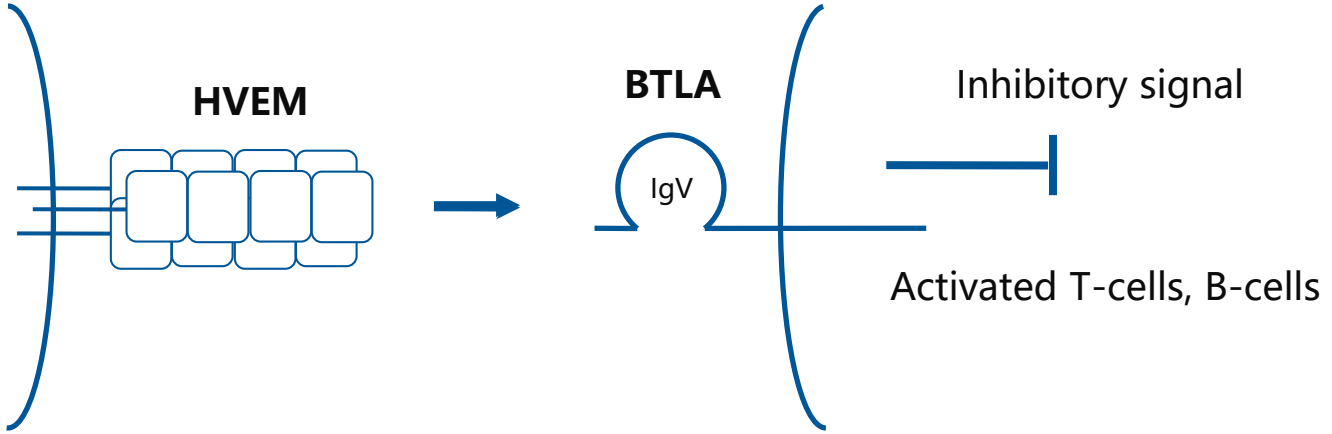
PART4: Looking Ahead

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

Clinical Candidates:
TAB004 /JS004 First in Human Anti-BTLA Antibody for Solid Tumors

Macrophage, DC, B-cells, T-cells,
Epithelial and Endothelial cells,
Neuronal cells

Overexpressed on tumors



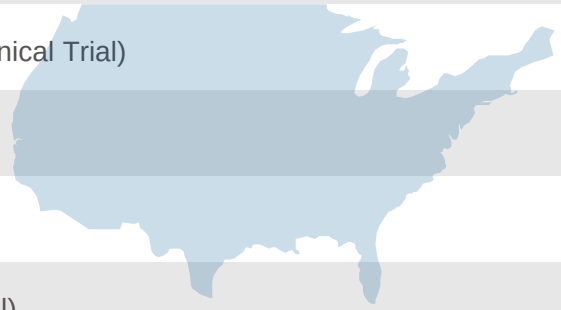
BTLA

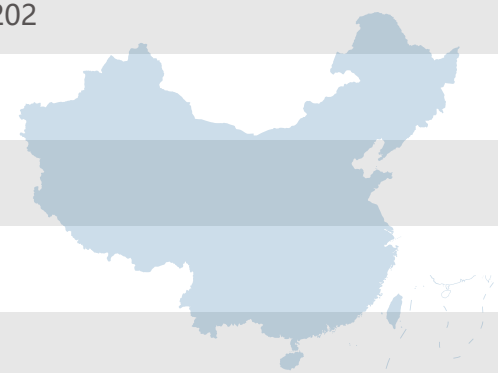
- PD-1-like molecule expressed on activated T- and B-cells
- In animal models of autoimmunity and inflammation (RA, SLE, EAE and Asthma), BTLA-deficient mice show enhanced T-cell activation and have exacerbated disease
- HVEM overexpressed in tumors and suppressed T-cell function through BTLA
- BTLA co-expresses with PD-1 on tumor specific T-cells from human melanoma and non-small cell lung cancer patients
- BTLA blockade promotes antigen-specific T-cell response and works synergistically with toripalimab (anti-PD-1)
- The IND application was approved by the FDA and the NMPA in April 2019 and January 2020, respectively; no competitor in clinical stage

1. BTLA is a parallel checkpoint with PD-1 to regulate lymphocyte activation.

Progress in Clinical Trials of JS004/TAB004 in China and the U.S.

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





NCT No.	NCT04137900	NCT04278859 / CTR20200202
Study Type	Interventional (Clinical Trial)	Interventional (Clinical Trial)
Estimated Enrollment	144	200
Allocation	Non-Randomized	Non-Randomized
Masking	None (Open Label)	None (Open Label)
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	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 in China
Actual Study Start Date	October 30, 2019	March 31, 2020
Estimated Completion Date	January, 2023	July, 2022

New Immune Checkpoint Inhibitor: JS009/TAB009 Anti-CD112R Monoclonal Antibody

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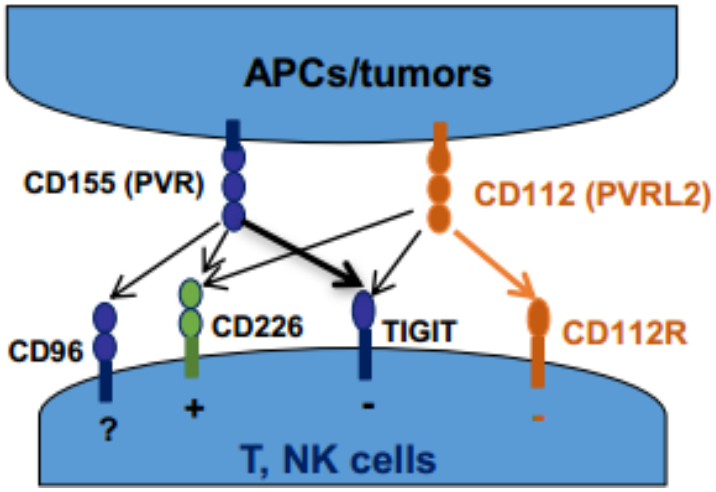
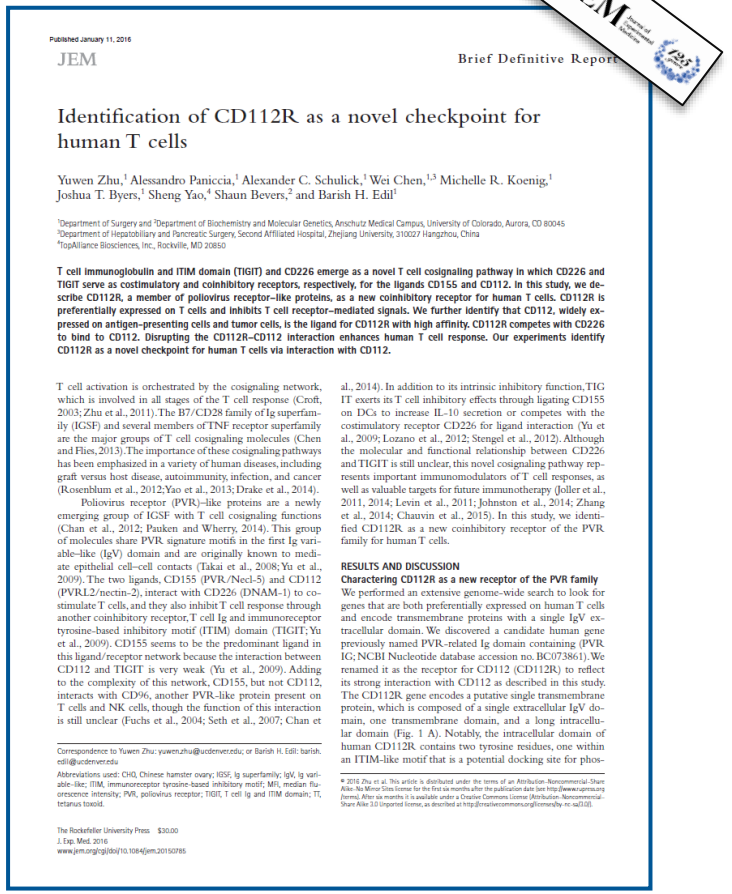
CD112R: A new immune checkpoint pathway discovered by Junshi from the origin

Anti-CD112R



- **CD112R(PVRIG)**, a inhibitory immune checkpoint.
- Treatment of T cells with anti-CD112R in combination with PD-1 or TIGIT inhibitors further increased T cell activation, improved the effect of clinical treatment.



Published January 11, 2016

JEM Brief Definitive Report

Identification of CD112R as a novel checkpoint for human T cells

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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.

T cell activation is orchestrated by the cosignaling network, which is involved in all stages of the T cell response (Croft, 2003; Zhu et al., 2011). The B7/CD28 family of Ig superfamily (IGSF) and several members of TNF receptor superfamily are the major groups of T cell cosignaling molecules (Chen and Flies, 2013). The importance of these cosignaling pathways has been emphasized in a variety of human diseases, including graft versus host disease, autoimmunity, infection, and cancer (Rosenblum et al., 2012; Yao et al., 2013; Drake et al., 2014).

Poliovirus receptor (PVR)–like proteins are a newly emerging group of IGSF with T cell cosignaling functions (Chan et al., 2012; Pauken and Wherry, 2014). This group of molecules share PVR signature motifs in the first Ig variable-like (IgV) domain and are originally known to mediate epithelial cell–cell contacts (Takai et al., 2008; Yu et al., 2009). The two ligands, CD155 (PVR/Necl-5) and CD112 (PVRL2/nectin-2), interact with CD226 (DNAM-1) to costimulate T cells, and they also inhibit T cell response through another coinhibitory receptor, T cell Ig and immunoreceptor tyrosine-based inhibitory motif (ITIM) domain (TIGIT; Yu et al., 2009). CD155 seems to be the predominant ligand in this ligand/receptor network because the interaction between CD112 and TIGIT is very weak (Yu et al., 2009). Adding to the complexity of this network, CD155, but not CD112, interacts with CD96, another PVR-like protein present on T cells and NK cells, though the function of this interaction is still unclear (Fuchs et al., 2004; Seth et al., 2007; Chan et al., 2014). In addition to its intrinsic inhibitory function, TIGIT exerts its T cell inhibitory effects through ligating CD155 on DCs to increase IL-10 secretion or competes with the costimulatory receptor CD226 for ligand interaction (Yu et al., 2009; Lozano et al., 2012; Stengel et al., 2012). Although the molecular and functional relationship between CD226 and TIGIT is still unclear, this novel cosignaling pathway represents important immunomodulators of T cell responses, as well as valuable targets for future immunotherapy (Joller et al., 2011, 2014; Levin et al., 2011; Johnston et al., 2014; Zhang et al., 2014; Chauvin et al., 2015). In this study, we identified CD112R as a new coinhibitory receptor of the PVR family for human T cells.

RESULTS AND DISCUSSION

Charactering CD112R as a new receptor of the PVR family

We performed an extensive genome-wide search to look for genes that are both preferentially expressed on human T cells and encode transmembrane proteins with a single IgV extracellular domain. We discovered a candidate human gene previously named PVR-related Ig domain containing (PVRIG; NCBI Nucleotide database accession no. BC073861). We renamed it as the receptor for CD112 (CD112R) to reflect its strong interaction with CD112 as described in this study. The CD112R gene encodes a putative single transmembrane protein, which is composed of a single extracellular IgV domain, one transmembrane domain, and a long intracellular domain (Fig. 1 A). Notably, the intracellular domain of human CD112R contains two tyrosine residues, one within an ITIM-like motif that is a potential docking site for phos-

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Abbreviations used: CHO, Chinese hamster ovary; IGSF, Ig superfamily; IgV, Ig variable-like; ITIM, immunoreceptor tyrosine-based inhibitory motif; MFI, median fluorescence intensity; PVR, poliovirus receptor; TIGIT, T cell Ig and ITIM domain; TT, tetanus toxoid.

The Rockefeller University Press $30.00
J. Exp. Med. 2016
www.jem.org/cgi/doi/10.1084/jem.20150785

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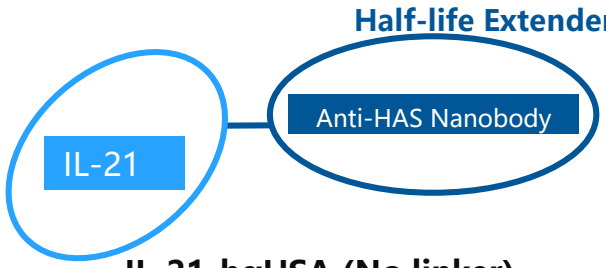
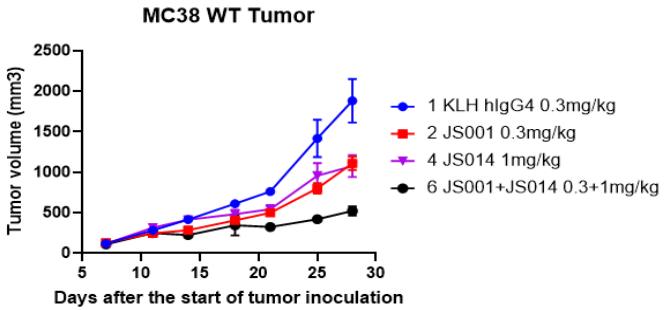
A Comprehensive Landscape of Tumor Immunology: JS014 & JS019

JS014 the world's first long-acting IL-21
T-cell activation

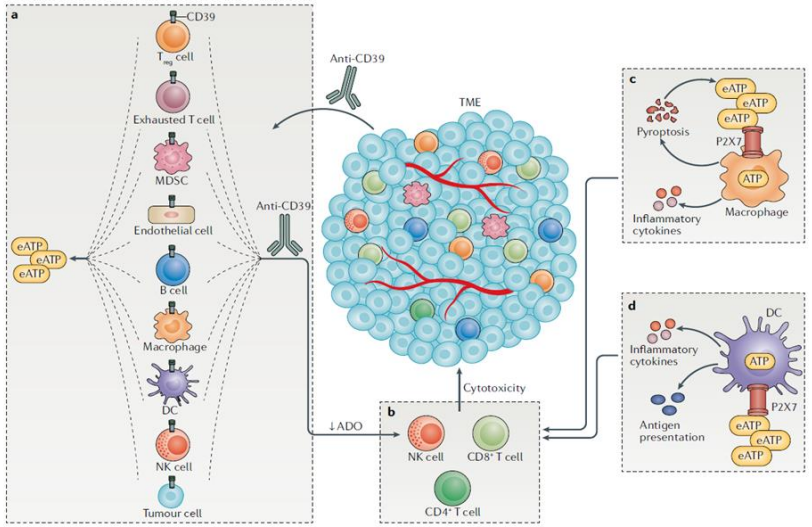


IL-21-hαHSA (No linker)

- Improved stability and developability
- Significantly improved PK profile
- Improved anti-tumor efficacy and in synergy with JS001



JS019 CD39
Tumor microenvironment regulation

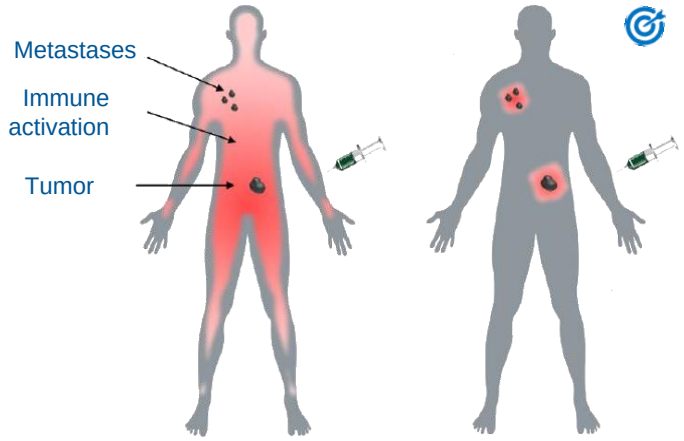


- Good tolerance up to 200 mg/kg in the preliminary toxicity evaluation

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

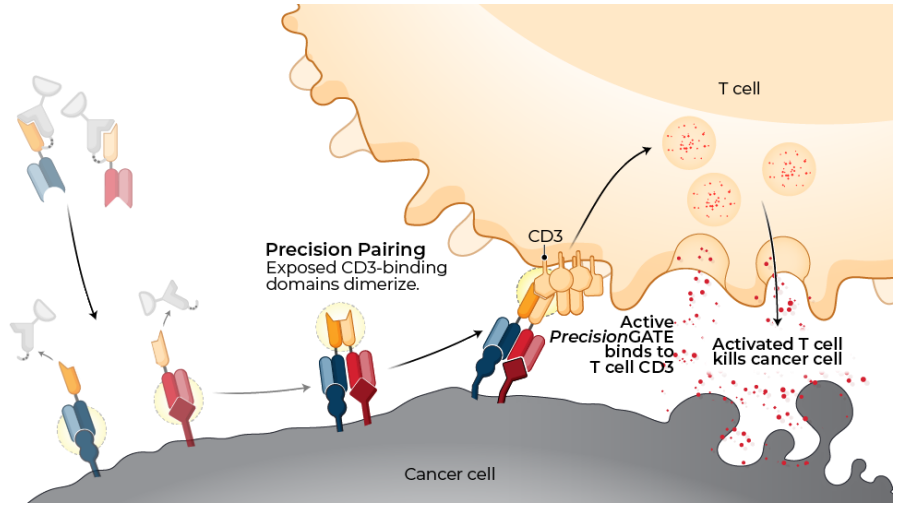


Conventional BsAb

PrecisionGATE™

Because 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.

MoA



PrecisionGATE™ 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.

Thank You