

2023 ANNUAL RESULTS CONFERENCE CALL

TREATING PATIENTS BEYOND BORDERS

MARCH 2024





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2023 OVERVIEW



Antengene Priorities Today





Cash and Bank Balances of RMB1,188mm to Advance Pipeline Development and Initiatives

2023 & 2024 YTD Achievements: Highlighting Efficacy of Globally First-/Best-in-Class Pipeline, Commercialization Partnership with Hansoh Pharma and XPOVIO® China NRDL Inclusion

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Best-in-Class		Asia Pacific R&D
Development	ANNUAL MEETING San Diego ANNUAL MEETING Research	
Global R&	 Progressing smoothly in the "TORCH-2" trial with updated encouraging preliminary data* in the cervical cancer cohort (Data as of March 14th, 2024) 	
ATG-031 (CD24) ✓ To date, no do	se-limiting toxicities (DLTs) have been observed	• ORR of 53.3% (16/30) and DCR of 86.7% (26/30) in CPI-naïve R/R cervical cancer
		• ORR of 23.1% (6/26) and DCR of 84.6% (22/26) in CPI-treated R/R cervical cancer
ATG-022 (Claudin 18.2)	rels) have been treated with ATG-022 is observed one Complete Response (CR) and one Partial , below the expected efficacious dose range)	Discovery Science & Translational Medicine
ATG-037 (CD73) Small Molecule Inhibitor	ved in patients previously treated with a checkpoint ; 2 melanoma patients, 1 non-small cell lung cancer onstrating the potential to reverse CPI resistance he last cohort in dose escalation with excellent safety	 AnTenGager™ Platform ✓ A proprietary novel "2+1" T cell engager platform that enables conditional T cell activation with reduced risk of CRS
ATG-101 (PD-L1/4-1BB) Bispecific Antibody → Observed a P (microsatellite	R in a patient with metastatic colon adenocarcinoma e stability biomarker (MSS; classified as cold	 ATG-042 (MTAP^{null} Selective PRMT5 Inhibitor) ✓ ATG-042 demonstrated better DMPK/ADME profile, brain penetrability and in vivo efficacy compared with clinica benchmark ✓ IND enabling study is ongoing, with IND targeting H1 2025
Entered into a Commercialization Partnership with	 Other Achievements in 2023: ✓ Reimbursement approval in Australia (MM XVd) ✓ Inclusion in the Singapore Cancer Drug List ✓ Reimbursement submission in South Korea (MM Xd) and Taiwan (MM XVd) 	 Priorities in 2024: ✓ sNDA approval for "SEARCH" study in R/R DLBCL and sNDA submission for "BENCH" study in 2L+ MM in the Mainland of China ✓ Reimbursement approval in South Korea (MM Xd) ✓ sNDA approval in South Korea (MM SVd) and Hong Kong (MM SVd; DLBCL), and NDA approval in Indonesia, Thailand, and Malaysia
	 4 Best-in-Class Assets in Clinical Development 16 MCR ANNUL Clobal R8 Marce O31 (CD24) Monoclonal Antibody ATG-031 (CD24) Monoclonal Antibody Stable diseas observed in or Stable diseas observed in or Stable diseas observed Stable	4 Best-in-Class Assets in Clinical Development 16 Image: Development 2023 ASCO Image: Development Amage: Development

Commercial launch in **Hong Kong** and **Macau**

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CLINICAL PIPELINE OVERVIEW





GLOBAL RIGHTS ASSETS

Global Rights Pipeline with Transformational Potentials



Assets	Target <i>(Modality)</i>	Pre-clinical	Phase I	Phase II	Antengene Rights	Partner
ATG-022	Claudin 18.2 (ADC)	Monotherapy for Onc <i>(CLINC</i>	н)			
ATG-0371	CD73 (Small Molecule)	Monotherapy ± pembrolizun	nab for Hem/Onc <i>(STAMINA)</i>	vith Olinical Collaboration		
ATG-101 ²	PD-L1/4-1BB (Bispecific Antibody)	Monotherapy for Hem/Onc ((PROBE & PROBE-CN)		🚯 Global	ANTENGENE
ATG-031	CD24 (Monoclonal Antibody)	Monotherapy for Hem/Onc (PERFORM)			
ATG-042	PRMT5-MTA (Small Molecule)	Hem/Onc				

Antengene Trials

¹ Licensed from Calithera Biosciences and Antengene has obtained exclusive global rights to develop, commercialize and manufacture ATG-037 ²Licensed from Origincell and Antengene has obtained exclusive global rights to develop, commercialize and manufacture ATG-101; Hem/Onc = hematological malignancies and solid tumors

Global Rights Pipeline Comprised of Clinical Stage Assets with First and/or Best-in-Class Potential



ANTENGENE **ATG-031 ATG-022 ATG-037 ATG-101** Claudin 18.2 Target **CD24 CD73** PD-L1/4-1BB Modality **Bispecific Antibody** Monoclonal Antibody ADC Small Molecule H1 2025 **Currently In-progress** H1 2024 H2 2024 Phase II Novel macrophage activator Targeting Claudin 18.2 **Reversing** prior anti-PD-1 **Overcoming liver toxicities of** Differentiation targeting primarily on low expressors 4-1BB targeting therapies resistance solid tumors > Currently in the last cohort in > Phase I clinical trial **"PERFORM"** dose escalation in the Phase I > Phase I clinical trial "PROBE" received IND clearance from the > Currently enrolling patients in clinical trial "STAMINA" in ongoing in Australia and US **Phase II dose expansion** US FDA in May 2023 and the first Australia, and China for patient has been dosed in monotherapy and combo with > Phase I clinical trial "PROBE-CN" pembrolizumab; Demonstrated December 2023 > Dose escalation segment of ongoing in China excellent safety profile Phase I clinical trial "CLINCH" \succ First dose cohort has been completed **Reported partial response** and > Will proceed to dose expansion in completed, no dose-limiting durable stable diseases (SDs) in mid-2024 toxicities (DLT) have been > Complete response and partial patients treated at low doses response detected during dose observed > 3 PRs observed in patients levels escalation previously treated with a > Stable disease, with objective checkpoint inhibitor (CPI; 2 > US FDA granted an orphan drug tumor shrinkage, has been > US FDA granted two consecutive melanoma patients, 1 non-small designation for the treatment of observed in one heavily preorphan drug designations for the cell lung cancer patient), pancreatic cancer in September treated patient (7 prior lines of treatment of pancreatic cancer demonstrating the potential to 2022 and gastric cancer in May 2023 therapy) reverse CPI resistance

ATG-031: First-in-Class CD24 Antibody to Inhibit the "Don't Eat Me" Signal



Summary of ATG-031

- CD24 is a novel "don't eat me" target not expressed in healthy erythrocytes, thus potentially overcoming the pharmacological issues and red cell toxicity commonly seen with CD47 antibodies
- First-in-class humanized CD24 mAb inhibits the "don't eat me" signal by blocking CD24-Siglec10 pathway and enhances macrophage-mediated phagocytosis of cancer cells
- **CDx antibody successfully developed** in-house for patient selection
- Potent single agent in vivo efficacy and synergy with chemotherapy or CPI





ATG-031 (CD24 mAb): Phase I "PERFORM" Trial Enrollment Underway

Enrolling Patients with Advanced Solid Tumors or B-cell Lymphomas



Phase I Open Label, Multi-center, Dose-finding Study Starting in the United States

Phase Ia: Dose Escalation	Phase Ib: Dose Expansion
Primary objectives: Safety, tolerability. Define MTD and RP2D	RP2D dose evaluation as monotherapy or combo with chemotherapy or immunotherapy
Secondary objectives: Evaluate preliminary efficacy and pharmacology	



Completed the First Dosing Cohort in the Phase I Dose Escalation of "PERFORM" Trial

Translational Study Identified Potential Indications for ATG-031



- CD24 is highly expressed in breast cancer, ovarian cancer, small cell lung cancer, non-small cell lung cancer, liver cancer, bladder cancer, B cell lymphoma and some other undisclosed hematological malignancies
- CD24 has been reported to be a cancer stem cell marker for many tumor types including but not limited to gastric cancer, cervical cancer and endometrial cancer
- An in-house developed CDx antibody will be used in clinical trials to study the expression of the target



ATG-022: An Anti-Claudin 18.2 ADC with Potent *In Vivo* Efficacy in Claudin 18.2 Very Low-Expression Tumors

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Summary of ATG-022

- Claudin 18.2 is a tumor-associated antigen overexpressed particularly in gastric, esophageal and pancreatic cancers, occasionally in other tumors including lung, ovarian, and head & neck malignancies
- Clinical ADC candidate with vc-MMAE as linker payload (DAR4)

Best-in-Class Potential

- High affinity antibody (pM grade) against Claudin 18.2 allows targeting of patients with low expression of Claudin 18.2
- Strong *in vivo* efficacy pre-clinically in PDX models with various Claudin 18.2 expression levels, including in tumors with extremely low Claudin 18.2 expression

Excellent Safety Profile

- Demonstrated an **excellent safety profile** in GLP toxicology studies
 - Induced complete tumor regression (tumor-free) in pre-clinical PDX model without affecting the body weight of the animal
- Displayed **high specificity** in Retrogenix's Cell Microarray Technology Experiment
 - ATG-022 mAb specifically interacted with Claudin 18.2, the primary target, on both fixed and live cells



Christina Peters, Stuart Brown Antibody-drug conjugates as novel anti-cancer chemotherapeutics

ATG-022 (Claudin 18.2 ADC): Phase I/II "CLINCH" Trial Enrollment Underway

Enrolling Patients with Advanced/Metastatic Gastric Cancer and Other Solid Tumors



Phase II Dose Expansion Study Ongoing with Multiple Centers in Australia and the Mainland of China



Complete Response (CR) and Partial Response (PR) Detected in Dose Escalation Phase ; Currently Enrolling Patients for the Dose Expansion Phase

ATG-022 (Claudin 18.2 ADC): Preliminary Efficacy in the Phase I "CLINCH" Trial



Preliminary Efficacy (as of March 18th, 2024)

- Dose escalation stage completed; RP2D at 2.4 mg/kg decided by SRC
- **2 responders** among 7 gastric cancer patients (without pre-screening patients' Claudin 18.2 expression levels)
- I CR from 2.4mg/kg dose level observed (extremely low CLDN 18.2 expression) and 1 PR from 1.8mg/kg dose level observed (CLDN 18.2 expression unknown)



Claudin 18.2 Targeted Companion Diagnostic Antibody to Support the Clinical Development of ATG-022



■ Higher sensitivity compared with commercially-available kit

Developed to support the "CLINCH" study

Antengene mAb Selectively Stains the Membrane of CLDN18.2-expressing Cells in IHC Antengene mAb Exhibits Higher Sensitivity on Cancer Tissues Compared With EPR19202, Enables Recognizing of CLDN18.2 with Lower Expression Levels





ATG-037: Orally Available Small Molecule Inhibitor of CD73 with Best-in-Class Potential



Summary of ATG-037

Functions to inhibit CD73 - the ecto-5'-nocleotidase that catalyzes the conversion of AMP to adenosine, a key immune suppressive molecule in the tumor microenvironment

Best-in-Class Potential

- Completely blocks CD73 activity and overcomes "hook effect" commonly seen in anti-CD73 antibodies
- Promising pre-clinical efficacy as monotherapy or in combination with standard of care (SoC) in both solid and liquid tumors
- Rescues T-cell functions in high AMP conditions

ATG-037 Adenosine Inhibit Cell Death or Stress ATG-037 Adenosine ATG-037 Adenosine Inhibit Adenosine Treg MDSC TA Adenosine Induces



Adenosine Induces Immunosuppressive Cell Types and Enhances Their Function

Excellent Safety Profile

- No ATG-037 related toxicity identified in GLP toxicology studies
 - Potential large therapeutic window
- No inhibition of CD39 and other related targets (up to 10 mM)

Broad Therapeutic Potential in Multiple Tumor Types

 Pancreatic, esophageal, gastric, non-small cell lung, colorectal, prostate, head and neck etc.



Monotherapy and Combination with Anti-PD-1, Pembrolizumab



Phase I, Multi-center, Open Label, Dose-finding Study Ongoing in Australia and China

Phase I/Ib: Dose Escalation and Dose Expansion	Patients and Dosing	Objectives of the Study
 Multi-center, open label study, starting in Australia and China Evaluating monotherapy and combination therapy with pembrolizumab Combination plan: 2 cycles of ATG-037 monotherapy, followed by combination with pembrolizumab 	 Patients with locally advanced or metastatic solid tumors: Dose Expansion: CPI-naïve (CRPC, CRC, ovarian) and CPI-resistant (NSCLC, SCCHN, etc.) Dose Escalation: 20, 60, 120, 240, 400, 600 mg, BID 	 Primary Objectives: Safety, tolerability monotherapy and pembrolizumab combination therapy. RP2D definition Secondary Objectives: Evaluate preliminary efficacy, characterize pharmacology (PK/PDx profile)



Completed Dosing the Last Dosing Cohort (600 mg BID) in Dose Escalation; 3 Patients Have Achieved Partial Response (PR); Proceeding to Dose Expansion Phase in mid-2024

CPI= Checkpoint inhibitor, CRPC = castration-resistant prostate cancer, CRC = colorectal cancer, NSCLC = non-small cell lung cancer, SCCHN = Squamous cell carcinoma of the Head and Neck, RP2D = recommended Phase 2 dose, PK = pharmacology, PD = pharmacodynamics

ATG-037 (CD73): Swimmer Plot in the Phase I "STAMINA" Trial



Preliminary Data (as of March 14th, 2024)

- 3 PRs observed in patients previously treated with a checkpoint inhibitor (CPI; 2 melanoma patients, 1 non-small cell lung cancer patient), demonstrating the potential to reverse CPI resistance
- Currently in the last cohort in dose escalation with excellent safety profile; will proceed to dose expansion in H1 2024



ATG-101 Has the Potential to Optimize PD-L1 Antagonism and Tumor-specific 4-1BB Agonism



Summary of ATG-101

- Efficacy of PD-1/PD-L1 targeting is well-demonstrated over the past decade
- 4-1BB is a T cell co-stimulatory receptor, the benefits of which have yet to be realized in the clinic
- Novel design of ATG-101: high affinity of PD-L1 and conditional activation of 4-1BB, results in 4-1BB agonist activity only when crosslinked by PD-L1-positive tumor cells
- Biodistribution murine model confirms PD-L1 drug localization¹



Excellent Safety Profile

- High affinity of PD-L1 and conditional activation of 4-1BB results in 4-1BB agonist activity only when crosslinked by PD-L1-positive tumor cells, reducing risk of 4-1BB related liver toxicity
 - No liver toxicity observed in GLP toxicology study in cynomolgus monkeys with dose up to 100 mg/kg

Broad Therapeutic Potential in Cancer

- Demonstrated potent *in vivo* efficacy in anti-PD-1/PD-L1 resistant and relapsed mouse tumor models
- Activates exhausted T cells *in vitro*, suggesting a potential in reversing T cell dysfunction and exhaustion
- Increases the infiltration, proliferation and activation of CD8+ T cells and the infiltration of Natural Killer T cells in the tumor microenvironment, thus rendering "cold" tumors "hot"

ATG-101 (PD-L1/4-1BB): Phase I "PROBE" Study Underway, ODD in Pancreatic Cancer

Enrolling Patients with Advanced Solid Tumors and B-cell Non-Hodgkin's Lymphoma



Phase I, Multi-center, Open Label, Dose-finding Study Ongoing in Multiple Centers in the U.S., Australia and China*

Phase Ia: Dose Escalation	Phase Ib: Dose Expansion
 Primary Objectives: Safety, tolerability RP2D definition (60 subjects) Secondary Objectives: Evaluate standard efficacy, pharmacology, immunology, biomarkers, exploratory measurements (ADA, TME, biodistribution) 	 Planning to evaluate efficacy and safety in multiple cohorts including CPI-resistant populations as well as "cold tumors" CPI-exposed patients: 2 cohorts CPI-naive patients: 6 solid tumor cohorts

Dose Escalation Studies Arrived at Biologically Active Dose with Good Tolerability, and has already Reported Partial Response (PR) and Durable Stable diseases (SDs) in Patients Treated at Low Doses Levels; Phase I Dose Escalation to be Completed in H2 2024

ATG-101 (PD-L1/4-1BB): Durable Responses Observed in the "PROBE" Study for Patients with Advanced Solid Tumors and B-cell Non-Hodgkin's Lymphoma

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Preliminary Data (as of March 14th, 2024)

- Currently in dose escalation stage, enrolment ongoing
- No significant liver toxicities observed
- I confirmed PR observed in a patient with metastatic colon adenocarcinoma (microsatellite stability biomarker (MSS; classified as cold tumors)
- Started to see durable stable disease (SD) from low doses; the longest treatment duration is over 12 months



Preliminary data as of March 14th, 2024

Adenoid Cystic Carcinoma = ADCA; Adenocarcinoma Of The Cervix = ADNC; Appendiceal Cancer = APDC; Colon Cancer = COLC; Endometrial Cancer = EDTC; Extraskeletal Myxoid Chondrosarcoma = FBSA; Gastrointestinal Stromal Tumor = GASTST; Melanoma = MLM; Metastatic Colon Adenocarcinoma = MTCA; Metastatic Colon Cancer = MTCC; Metastatic Colorectal Cancer = MTCRC; Metastatic Melanoma = MTLM; Metastatic Poorly Differentiated Pancreatic Neuroendocrine Tumor; MPDPNT; Non-Small Cell Lung Cancer (Squamous) = NSCLC; Pancreatic Adenocarcinoma = PAADC; Pancreatic Cancer = PC; Papillary Renal Cell Carcinoma = PRCA; Rectal Cancer = RCTC; Small Round Blue Cell Tumors = SRBCT; Squamous Cell Thymic Carcinoma = SCTC



APAC RIGHTS ASSETS

APAC Rights Assets: Pipeline of Commercial or Near NDA Stage Drugs with First-in-class/Best-in-class Potential



Antengene Target (Modality) Phase III/Pivotal Commercialization Assets Indication **Pre-clinical** Phase I Phase II NDA Partner Rights Combo with dexamethasone (MARCH) The Mainland of China NDA approved Combo with dexamethasone (STORM) - Partner's Pivotal Trial in the US US, EU, UK, IL, SK, SG, AU, TW & HK NDA approved **R/R Multiple Myeloma** Combo with bortezomib and dexamethasone (BENCH) **Enrollment Completed** Combo with bortezomib and dexamethasone (BOSTON) - Partner's Pivotal Trial in the US US, EU, UK, IL, CA, SG, AU & TW sNDA approved Combo with IMID/PI/CD38 mAb and dexamethasone (STOMP) sNDA Accepted Monotherapy (SEARCH) **Priority Review Granted ATG-0101** XPO1 APAC² Saryopharm (Selinexor) (Small molecule) R/R Diffuse Large B-cell Monotherapy (SADAL) - Partner's Pivotal Trial in the US* US , IL, SG, SK & TW sNDA approved Lymphoma Combo with R-GDP (DLBCL-030) **Myelofibrosis** Combo with ruxolitinib (MF-034) 🚺 BeiGene R/R T-cell & NK-cell Combo with ICE/GemOx/tislelizumab (TOUCH) Lymphoma **Clinical Collaboration** Monotherapy (SIENDO) Maintenance Therapy for Endometrial Cancer Monotherapy (EC-042) - Partner's Pivotal Trial in the US Celgene Cervical Cancer and ATG-008 mTORC1/2 君实生物 Combo with toripalimab (TORCH-2)** Other Advanced Solid with TopAlliance Bristol Myers Sauibb (Onatasertib) (Small molecule) Tumors Company **Clinical Collaboration** Partner Trials⁵ Antengene Trials⁴ Partner Global Trials in Antengene Region Registrational Trial

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* SADAL Study (DLBCL US Trial) approval is under the accelerated approval pathway: ** Investigator-initiated trials; R/R: relapsed/refractory; ND: newly diagnosed; MDS: myelodysplastic syndrome; CRC: colorectal cancer; PCC: prostate cancer; CAEBV: chronic active Epstein-Barr virus; NHL: non-Hodgkin lymphoma; Hem/Onc: hematological malignancies and solid tumors; R-GDP: Rituximab, Gemcitabine, Dexamethasone & Cisplatin; GemDX: Gemcitabine, Dxaliplatin; ICE: Ifosfamide, Carboplatin, Etoposide

AU: Australia; CA: Canada; EU: Europe; IL: Israel; SG: Singapore; SK: South Korea; TW: Taiwan; UK: United Kingdom; US: United States,

ATG-008 (Onatasertib): A Novel Second Generation mTORC1/2 Inhibitor

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Summary of ATG-008 (Onatasertib)

- Mammalian target of rapamycin (mTOR), a core component of two structurally distinct protein complexes (mTORC1 and mTORC2), regulates different cellular processes and is upregulated in multiple types of tumors
- When mTORC1 is inhibited, mTORC2 is upregulated. This increase in mTORC2 activity generates a surplus of phosphorylated PKB/AKT which, despite mTORC1 inhibition, inhibits apoptosis and promotes cell proliferation via alternative pathways
- mTORC1 and mTORC2 has to be inhibited simultaneously for good anti-tumor efficacy



- Second generation mTOR inhibitor, targeting both TORC1 and TORC2
- Demonstrated comprehensive mTOR inhibition, which could minimize development of resistance due to mTORC2 upregulation
- Encouraging initial clinical data in combination with anti-PD-1 mAb in the treatment of relapsed or metastatic cervical cancer



Updated Encouraging Preliminary Data of ATG-008 (Onatasertib) in "TORCH-2" Trial

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In Communication with the Regulators on a Registrational Pathway in Advanced Cervical Cancer

Promising Data from "TORCH-2" Study in CPI-naïve Cervical Cancer Patients

Deep and Durable Responses Were Observed Regardless of PD-L1 Expression Status





- As of March 14th, 2024, 30 evaluable CPI-naïve cervical cancer patients were evaluated for efficacy at RP2D ATG-008 15mg QD in combination with toripalimab 240mg Q3W
- The best overall response (BOR) was 4 complete responses (CR), 12 partial responses (PR), 10 stable diseases (SD), and 4 progressive diseases (PD)
- The overall response rate (ORR) was 53.3%, disease control rate (DCR) was 86.7%
- The ORR was 61.5% (8/13), 55.6% (5/9), and 37.5% (3/8) in PD-L1 positive, PD-L1 negative, and PD-L1 status not available (NA) patients, respectively



Encouraging Preliminary Results from "TORCH-2" Study in CPI-pretreated Cervical Cancer Patients



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As of March 14th, 2023, 26 CPI pre-treated cervical cancer patients were evaluated for efficacy at the RP2D ATG-008 15mg QD in combination with toripalimab 240mg Q3W

- The best overall response (BOR) included 1 complete response (CR), 5 partial responses (PR), 16 stable diseases (SD), and 4 progressive diseases (PD)
- The overall response rate (ORR) was 23.1%, the disease control rate (DCR) was 84.6%
- Consistent safety profile with no new safety signals



PRE-CLINICAL PIPELINE OVERVIEW



Scientific Recognition at Major Medical Conferences and Scientific Journals





Research and Development Focusing on New Drug Modalities: T Cell Engager AnTenGager[™], a Novel "2+1" T Cell Engager Platform, Enables Conditional T Cell Activation with Reduced Risk of CRS







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ATG-042, a Novel MTAP^{null}-Selective PRMT5 Inhibitor





Summary and Developmental Progress

- Pre-clinical candidate (PCC) was nominated for ATG-042, a potential best-in-class MTAP^{null} selective PRMT5 inhibitor
- ATG-042 preferably binds to the PRMT5-MTA over PRMT5-SAM complex, creates a synthetically lethal MTAP^{null} cancer-specific target, and leads to tumor cell death while sparing healthy cells
- ATG-042 demonstrated better DMPK/ADME profile, brain penetrability and in vivo efficacy compared with clinical benchmark, **MRTX1719**
- IND enabling study is ongoing for ATG-042, with **IND targeting H1 2025**





COMMERCIAL OVERVIEW



XPOVIO®: Steady Progress in Commercialization





FINANCIAL OVERVIEW



2023 Financial Highlights (For the Year Ended December 31st, 2023)



Cash and Bank Balances of RMB1,188mm to Advance Pipeline Development and Initiatives









CLOSING REMARKS



2024 Marks a Year Full of Catalysts for Antengene

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ANTENGENE CORPORATION LIMITED (SEHK: 6996.HK)

MARCH 2024

THANK YOU

TREATING PATIENTS BEYOND BORDERS