北京陈菊梅公益基金会
Beijing Chen Jumei Foundation

FORGING THE FUTURE

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国际肺癌前沿及创新论坛

INTERNATIONAL SUMMIT ON FRONTIERS AND INNOVATIONS IN LUNG CANCER

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中国创新升级 助力肿瘤全球化防控

Innovating from China: Powering the next wave of global cancer care

朱俊 博士 Dr. Jason Zhu

复宏汉霖执行董事，首席执行官 Henlius Executive Director and Chief Executive Officer

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Lung Cancer—The NO.1 cancer killer globally

Non-Small Cell Lung Cancer (NSCLC)

Accounts for approximately 85% and originates from larger cells in the lungs.

Small Cell Lung Cancer (SCLC)

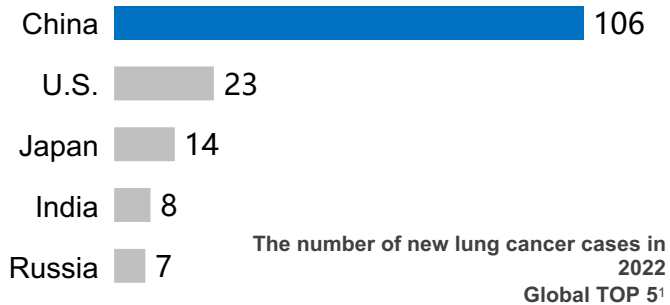
Accounts for approximately 15% of lung cancer cases and is more invasive with faster growth.

Annual global new cases

~ 2.4 million people[1]

The most common cancer worldwide

China's new lung cancer cases far exceed other countries



The number of new lung cancer cases in 2022
Global TOP 5[1]
Ten thousand people

Annual global mortality

~1.8 million people[1]

#1 Cancer killer for 30 Years, ~18.7% mortality rate

Global five-year survival has improved but remains suboptimal

China 29% NCC 2019~2021	**UK/DE 17%/21%** UK 2018[2] / DE 2020[3]
U.S. 28% SEER 2017	**Japan 35%** Ganjoho 2009-2011

1. World Health Organization. Cancer. https://www.who.int/news-room/fact-sheets/detail/cancer
2. Trends over 48 years in a one-number index of survival for all cancers combined, England and Wales (1971–2018): a population-based registry study Coleman, Michel P. et al. The Lancet Regional Health – Europe, Volume 56, 101385
3. https://www.krebsdaten.de/Krebs/EN/Content/Cancer_sites/Lung_cancer/lung_cancer_node.html

A Biopharma Company from China to the World

Benefiting **900,000+** Patients

9 marketed products

6 products approved for marketing overseas

~60 approved countries

Therapeutic Area

- Tumor
- Autoimmune
- Ophthalmology

Henlius Brings Hope to Lung Cancer Patients Worldwide

100,000+

lung cancer patients have benefited from treatment with Henlius' products

HANSIZHUANG®-Serplulimab

- Launched in ~40 countries
- First one anti-PD-1 approved globally for 1st Line ES-SCLC
- Indicated for sq/ns-NSCLC, ES-SCLC and ESCC

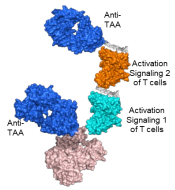
HANBEITAI®-Bevacizumab

- The 4th independently developed product by Henlius
- Indicated for advanced/metastatic, or recurrent NSCLC

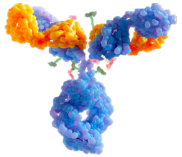
Henlius' international innovation capabilities span from R&D to production

Cutting-edge Innovation and Global R&D Capabilities

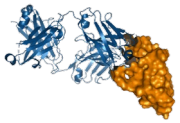
Three differentiated Technology Platforms with Global Competitiveness



Tri-specific T cell engager



Hanjugator™ ADC platform



HAI Club Platform

Global Clinical Development Operations and Regulatory Development

Globally Integrated Clinical Operations and Development Capabilities

20+ countries 1,000+ clinical research centers
10,000+ patients (over 1,700 ex-China)
Main countries/regions (China, the United States, Japan, Australia, etc.)
An in-house global clinical team of ~500 people

A Global Regulatory Affairs team with In-depth Knowledge of Global Regulatory Approval Pathways

9 launched products
6 approved overseas
4 launched in U.S. & Europe
Over 140 clinical trial approvals obtained across multiple countries and regions, including China, the US, Europe, Japan, and Australia.

International Leading Capabilities on Manufacturing and Quality Management

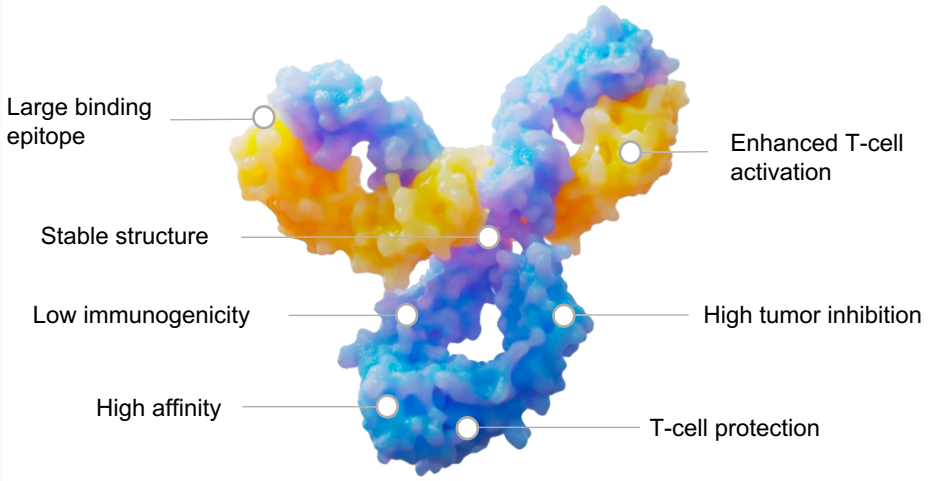
Three Plants:
Commercial GMP production exceeds 1,150 batches

Certified to GMP Standards in Multiple Countries and Regions
An International Standard QMS Throughout the Product Lifecycle

国家药品监督管理局 National Medical Products Administration
FDA
EMA EUROPEAN MEDICINES AGENCY
PIC/S PHARMACEUTICAL INSPECTION CO-OPERATION SCHEME
BADAN POM Badan Pengawas Obat dan Makanan
Agência Nacional de Vigilância Sanitária

HLX10: World's first anti-PD-1 mAb for the first-line treatment of SCLC

HLX10 (PD-1) Serplulimab



Launched

Esophageal squamous cell carcinoma

Lung cancer

Pipeline

Colorectal cancer

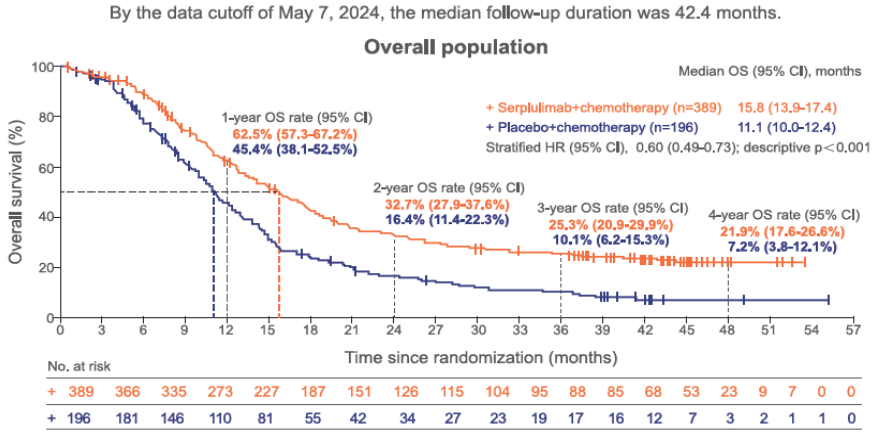
Gastric cancer

- ASTRUM-005 study long-term follow-up data, first release of 4-year OS rate: 21.9%
- LS-SCLC and colorectal cancer have completed patient enrollment
- ES-SCLC will submit to the US FDA for marketing application by 2026
- First patient dosed in Japan for small cell lung cancer bridge study
- Gastric cancer surgery phase clinical trial achieved positive results, supporting early submission, ushering in the era of chemo-free therapy

The world's first anti-PD-1 monoclonal antibody approved for first-line treatment of SCLC

2025 ASCO ANNUAL MEETING

Long-term results and patient-reported outcomes from the ASTRUM-005 study, first published 4-year OS rate: 21.9%



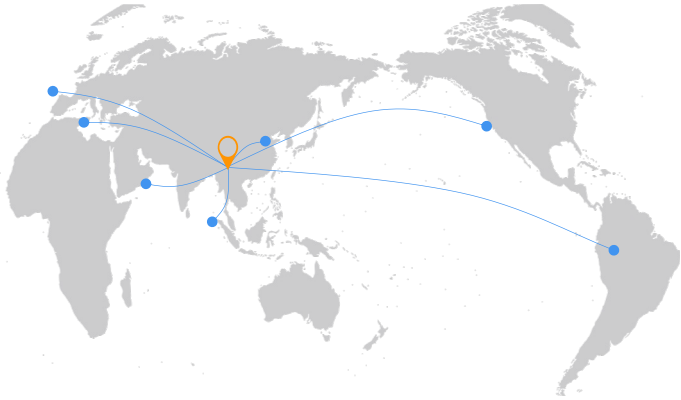
From East to West, the global launch plan will continue to advance patients worldwide.

Differentiated Indications:

- Positive results have been achieved in the perioperative clinical trial for gastric cancer, which is expected to change the treatment landscape
- Patient enrollment has been completed for the clinical trials of LS-SCLC and colorectal cancer

New Markets to Explore:

- U.S.: For ES-SCLC, >100 clinical sites have been activated, all enrollment has been completed; FDA BLA submission is planned in 2026 for LS/ES-SCLC
- Japan: Completed first patient dose in the Japanese bridging study for SCLC



Serplulimab gains EU orphan drug designation with demonstrated clinical benefit

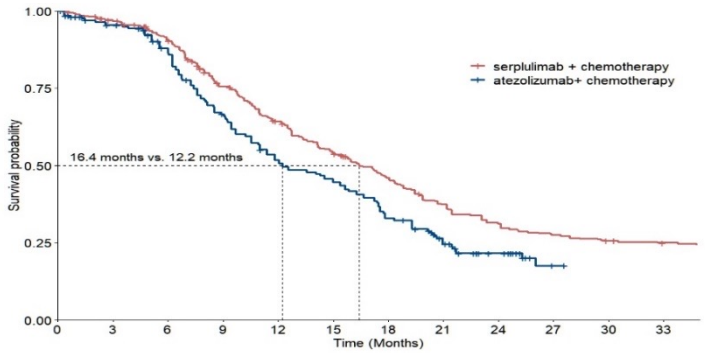
ASTRUM-005 vs. IMpower133

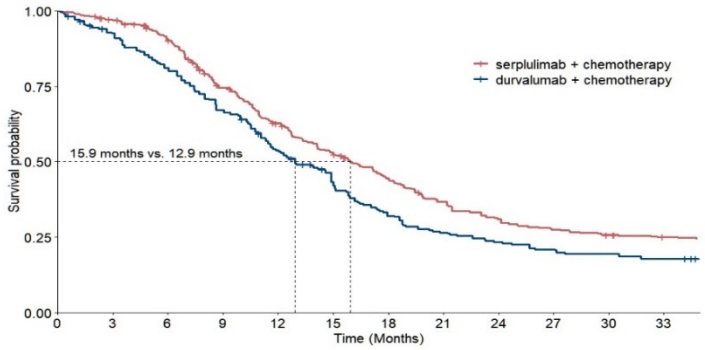
	MAIC
mPFS	5.5m vs. 5.2m
HR (95% CI)	0.73 (0.53, 0.99)
mOS	16.4m vs. 12.2m
HR (95% CI)	0.72 (0.51, 1.01)

ASTRUM-005 vs CASPAIN

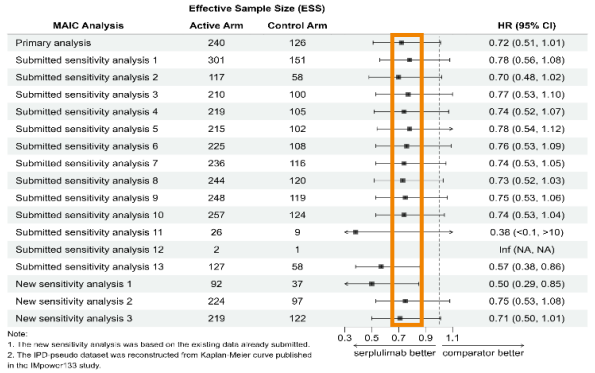
	MAIC
mPFS	5.5m vs. 5.1m
HR (95% CI)	0.70 (0.53, 0.94)
mOS	15.9m vs. 12.9m
HR (95% CI)	0.78 (0.57, 1.05)

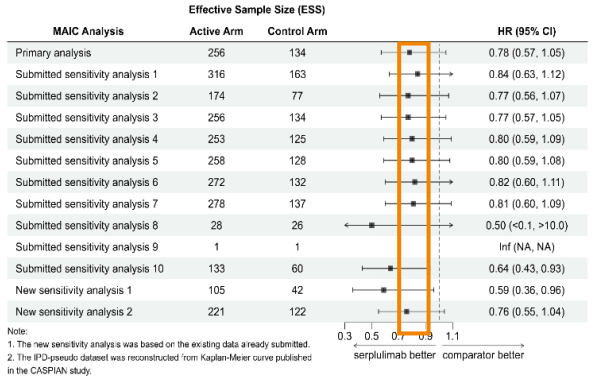
Both mOS and mPFS demonstrated superiority over the approved therapies of Atezolizumab+chemo and Durvalumab+chemo.





The highly consistent sensitivity analyses further confirm the robust and reliable clinical benefit of Serplulimab in treating ES-SCLC





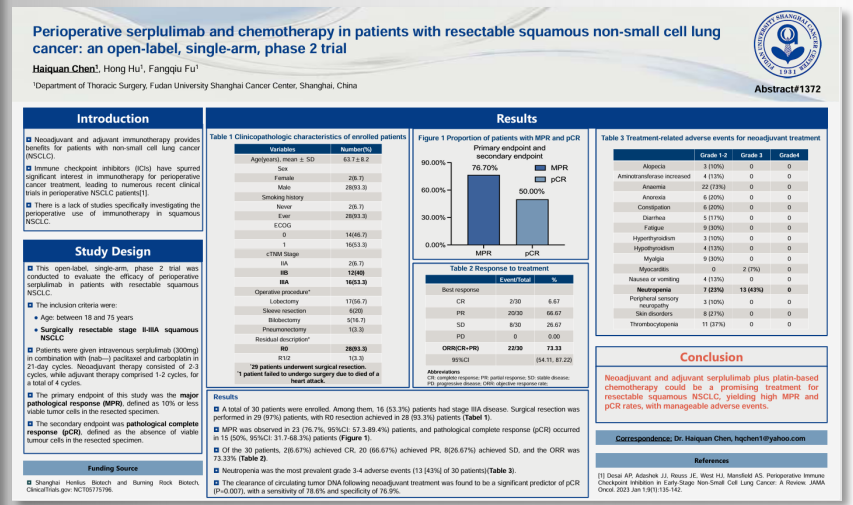
HLX10 (Serplulimab) granted orphan drug designation in the US & EU for SCLC

- Serplulimab: ASTRUM-005 试验个体患者数据（IPD，数据截止日期：2022.06.13）
- Atezolizumab: IMpower133 试验公开汇总数据（SV. Liu et al. J Clin Oncol, 2021）
- Durvalumab: CASPIAN 试验公开汇总数据（Paz-Ares L, et al. ESMO Open, 2022）

Serplulimab is dedicated to bringing long-term survival benefits to more lung cancer patients

Globally, there are ~744K new cases of sqNSCLC annually, with stage II-IIIA operable patients accounting for about 20% (~148K individuals). HLX10IIT21 in perioperative sqNSCLC yielded striking rates of **50% pCR and 76.7% MPR,** a marked improvement over prior regimens, enhancing hope for patient survival.

	Checkmate 816	Checkmate 77T	KEYNOTE-671	AEGEAN	Neotorch	RATIONALE 315	NADIM II	HLX10IIT21
Study drug	Nivolumab	Nivolumab	Pembrolizumab	Durvalumab	Toripalimab	Tislelizumab	Nivolumab	Serplulimab
Study Phase	III	III	III	III	III	III	II (IIT)	II (IIT)
Study design	3 cycles of neo-adjuvant + Adjuvant CT/RT	4 cycles of neo-adjuvant + 1y IO mono adjuvant	4 cycles of neo-adjuvant + 13 cycle IO mono adjuvant	4 cycles of neo-adjuvant + 12 cycle IO mono adjuvant	3 cycles of neo-adjuvant + 1 cycle CT + 13 cycle IO mono adjuvant	3-4 cycles of neo-adjuvant + 8 cycle IO mono adjuvant (Q6W)	3 cycles of neo-adjuvant IO comb CT + 6m IO mono adjuvant	2-3 cycles of neo-adjuvant IO comb CT+ 1-2 cycle adjuvant IO comb CT
Patient type	IB-IIIA (AJCC v7.)	IIA-IIIB(N2) (AJCC v8.)	Resectable Stage II, IIIA, and IIIB (N2)	IIA-IIIB	IIIA/B (ⅢA:67.3%)	II-IIIA	Resectable Stage IIIA-IIIB NSCLC	II-IIIA sqNSCLC
Ⅲ%vsII%	63.1% vs 36%	64% vs 35%	70.3% vs 29.7%	71.3% vs 28.4%	100.00%	58.4% vs 48.2%	--	53.3% vs 46.7%
Primary endpoint	pCR; EFS	EFS	EFS;OS	pCR;EFS	EFS;MPR	EFS;MPR/pCR	ITT: pCR	MPR; pCR
Underwent curative surgery	83% vs 75%	78% vs 77%	98.5% vs 95.3%	77.6% vs 76.7%	82.2% vs 73.3%	84.1% vs 76.2%	--	96.6%
Enrollment	358	461	797	802	404	453	86	30
sq vs. nsq	48.6% vs 51%	51% vs 49%	43.1% vs 59.6%	46.2% vs 53.6%	77.7% vs 22.3%	79.2% vs 19.9%	--	100% vs 0%
pCR%	24.0%	25.3%	18.1%	17.2%	24.8%	40.7%	37%	**50%**
MPR%	36.90%	35.40%	30.20%	33.30%	48.50%	56.20%	53%	**76.7%**
irAE%	--	---	25.3% vs 10.5%	23.5%vs 9.8%	42.1%vs 22.8%	unpublished	unpublished	--



BARCELONA 2024 ESMO congress

Perioperative serplulimab and chemotherapy in patients with resectable squamous non-small cell lung cancer: an open-label, single-arm, phase 2 trial

Haiquan Chen[1], Hong Hu[1], Fangqiu Fu[1]

[1]Department of Thoracic Surgery, Fudan University Shanghai Cancer Center, Shanghai, China

Abstract#1372

Introduction

Study Design

Results

Conclusion

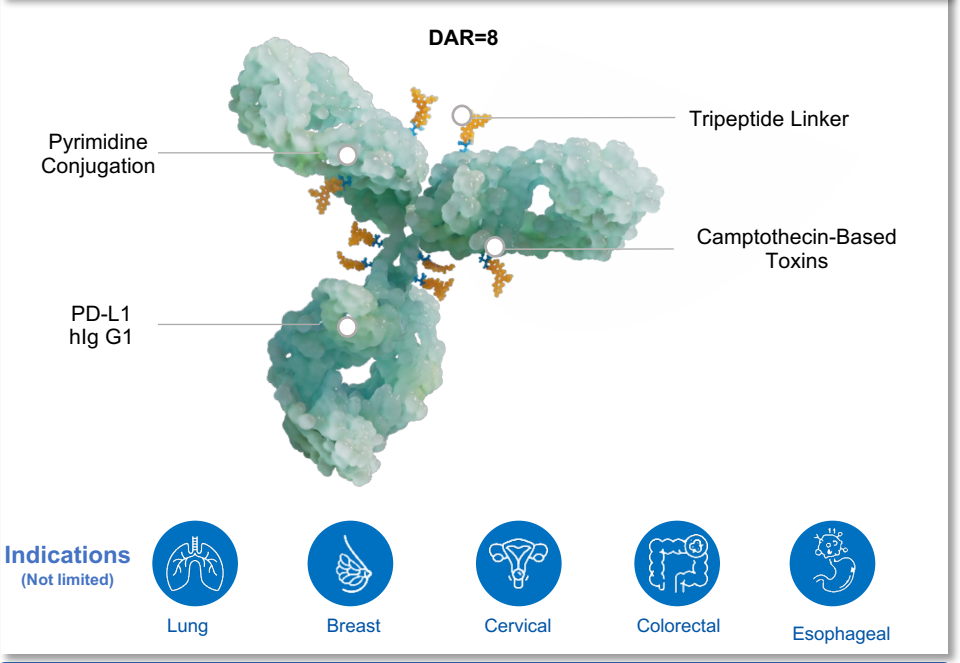
Neoadjuvant and adjuvant serplulimab plus platin-based chemotherapy could be a promising treatment for resectable squamous NSCLC, yielding high MPR and pCR rates, with manageable adverse events.

Correspondence: Dr. Haiquan Chen, hqchen1@yahoo.com

References

HLX43: a PD-L1 ADC with high efficacy, low toxicity, and I/O function, demonstrating prominent broad-spectrum anti-tumor potential

HLX43 (PD-L1 ADC)

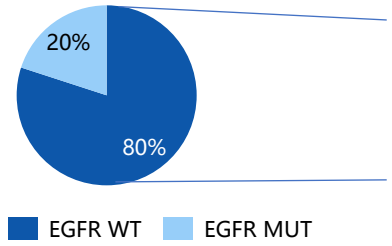


- It combines the dual efficacy of ADC and immunotherapy (I/O), and is expected to cover the entire patient population (not limited to PD-L1-positive patients)
- The Phase I clinical trial has demonstrated outstanding preliminary efficacy, with particularly remarkable performance in non-small cell lung cancer (NSCLC) and thymic squamous cell carcinoma
- It has obtained approvals in China, the United States, Australia, and Japan to initiate a Phase II international multi-center clinical trial (MRCT) for advanced NSCLC, making it the first domestically developed PD-L1 ADC to enter Phase II
- It is simultaneously advancing the development for multiple tumor types and actively exploring a variety of combination regimens, including combination therapy with Serplulimab.
- Granted ODD by the U.S. FDA in Thymic Epithelial Tumors (TETs)

NSCLC

Annual Global New Cases

~2.0mil [1,2]



EGFR wild-type: Large patient population and significant unmet clinical needs.

Multiple indications in clinical development. ★ With positive result

HER2- BC	CRC	GC	CC ★	TC (Rare Disease) ★
1960k	1930k	968k	661k	10~30k
PDAC	ESCC ★	OC	HNSCC	NPC ★
511k	380k	324k	824k	120k

HLX43 was well-tolerated across different doses, with no new safety signals observed. It demonstrated encouraging preliminary efficacy in patients with advanced solid tumors (including NSCLC and TSCC) who had failed previous standard treatments

A — Broad Therapeutic Effects

Outstanding efficacy across multiple tumor types, including TSCC, heavily treated NSCLC

B — Not Dependent on Biomarkers

It has demonstrated efficacy in a variety of NSCLC

- Regardless of the presence or absence of EGFR mutations
- Regardless of the presence or absence of brain metastases.

C — Favorable Safety Profile

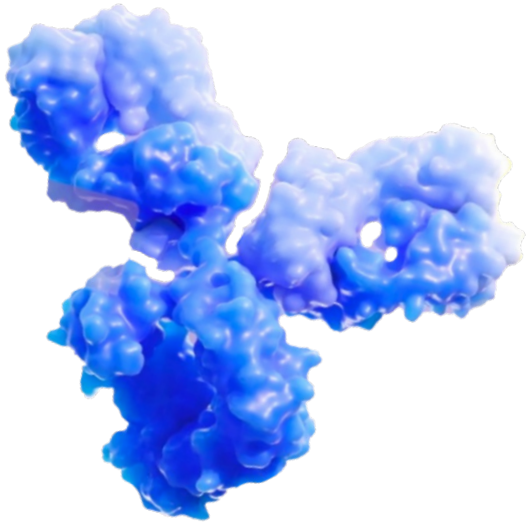
Low hematologic toxicity (grade ≥3 TRAE are rare), which provides strong support for its future expansion to first-line treatment and combination regimens

1. World Health Organization. Cancer. https://www.who.int/news-room/fact-sheets/detail/cancer
2. Leiter, A., Veluswamy, R.R. & Wisnivesky, J.P. The global burden of lung cancer: current status and future trends. Nat Rev Clin Oncol 20, 624–639 (2023).

HLX07 enables dual-target synergy, pioneering a new path for 1L-treatment of EGFR-high-expression sqNSCLC

HLX07 (EGFR)

Modified Humanized Monoclonal Antibody Targeting EGFR



Indication

First-line treatment of sqNSCLC with high EGFR expression (H-score ≥ 150)

*Approximately 89% of patients with sqNSCLC have high expression

- Compared with cetuximab, this product exhibits lower immunogenicity and better target affinity.
- Through Fc region engineering, HLX07 significantly extends the product's half-life; its 3-week administration frequency makes it more suitable for clinical combination with immuno-oncology products.
- Preclinical studies have shown that HLX07 has superior biological activity, can significantly inhibit the growth of tumor cells in different tumor models, and demonstrates strong synergy with the H-drug

The HLX10HLX07-sqNSCLC-201 study is a randomized, multicenter phase II dose-finding trial consisting of four parts, which evaluates multiple combinations of HLX07 (at different doses), Serplulimab, and chemotherapy. According to the updated data, the combination of HLX07, Serplulimab, and chemotherapy has demonstrated significant anti-tumor activity and durable efficacy in patients with EGFR-high-expression sqNSCLC

Positive Efficacy Signals (Median Follow-Up: 18.6 Months)

mPFS	DCR	ORR	mOS
17.4 months	100%	71.4%	Not Reached

VS.

8.0m	Pembrolizumab KEYNOTE-407	10.1m	Benmelstobart TQB2560-III-12	11.1m	Ivonescimab HARMONI-6

Favorable Safety Profile

- Common adverse events are controllable
- No new safety signals observed

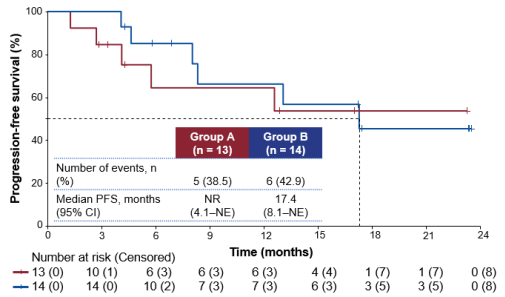
Significant Mechanistic Advantages

- Compared with cetuximab: lower immunogenicity and better target affinity
- Extended half-life and longer administration interval, making it more suitable for combination with I/O agents
- Demonstrated synergistic effects when combined with PD-1 inhibitors across different tumor models

Tumor Response Status

	Group A (n = 13)	Group B (n = 14)
ORR, % (95% CI)	69.2 (38.6–90.9)	71.4 (41.9–91.6)
DCR, % (95% CI)	**92.3** (64.0–99.8)	**100.0** (76.8–100.0)
Complete response, n (%)	0	0
Partial response, n (%)	9 (69.2)	10 (71.4)
Stable disease, n (%)	3 (23.1)	4 (28.6)
Progressive disease, n (%)	1 (7.7)	0
Not evaluable, n (%)	0	0

PFS Results Assessed by BICR (RECIST v1.1)



Henlius Pipeline: Poised for Multiple Breakthroughs in Lung Cancer

Pre-IND / IND

- HLX316
  B7H3 x Sialidase
  Solid Tumor
- HLX105
  Antibody-Fusion Protein
  Solid Tumor
- HLX318
  BAFF x TACI x BCMA
  Autoimmune Disease
- HLX37
  PD-L1 x VEGF Bispecific Antibody
  Solid Tumor
- HLX3901
  DLL3 x CD3 x CD28 Trispecific Antibody
  Small Cell Lung Cancer
- HLX3902
  STEAP1 x CD3 x CD28
  Trispecific Antibody
  Prostate Cancer
- HLX48
  EGFR x cMet Bispecific Antibody ADC
  Non-small cell lung cancer，Colorectal Cancer
- HLX41
  LIV-1 ADC
  Breast Cancer
- HLX97
  KAT6A/B
  ERα+Breast Cancer
- HLX18 (Nivolumab)
  PD-1
  Non-small cell lung cancer,Solid tumors such as melanoma

Phase I

- HLX6018
  GARP/TGF-β1
  Idiopathic Pulmonary Fibrosis
- HLX701(1)
  CD47–SIRPα Blocker
  Solid Tumor
- HLX42(2)
  EGFR ADC
  Solid Tumor
- HLX43(3) + HLX10(4)(Serplulimab)
  PD-L1 ADC + PD-1
  Solid Tumor
- HLX05(5)(Cetuximab)
  EGFR
  Metastatic Colorectal Cancer, Head and Neck Squamous Cell Carcinoma
- HLX15(6)(Daratumumab)
  CD38
  Multiple Myeloma
- HLX13(7)(Lpilimumab)
  CTLA-4
  Melanoma, hepatocellular carcinoma, etc.
- HLX17(Pembrolizumab)
  PD-1
  Solid tumors such as non-small cell lung cancer and triple-negative breast cancer

Phase II

- HLX10(4)(Serplulimab)+ HLX07(8)
  PD-1+EGFR
  Solid tumors such as squamous non-small cell lung cancer
- HLX10(4)(Serplulimab)+ HLX26 +Chemotherapy
  PD-1+LAG-3
  Non-small cell lung cancer 1L
- HLX07(8)
  EGFR
  Solid tumors such as cutaneous squamous cell carcinoma
- HLX53 + HLX10(4)(Serplulimab) + Bevacizumab
  TIGIT + PD-1 + VEGF
  Hepatocellular Carcinoma
- HLX22(9) + Trastuzumab Deruxtecan
  HER2
  HER2-low/HR+ Breast Cancer
- HLX43(3)
  PD-L1 ADC
  Solid tumors such as non-small cell lung cancer
- HLX208(10)
  BRAF V600E
  LCH/ECD，Melanoma, non-small cell lung cancer, etc.
- HLX208(10) + HLX10(4)(Serplulimab)
  BRAF V600E + PD-1
  Non-small cell lung cancer
- HLX79(11)+ HLX01(12)(Rituximab)
  Human Sialidase Fusion Protein + CD20
  Active Phase Glomerulonephritis

Phase III

- HLX10(4)(Serplulimab)+ Chemotherapy
  PD-1
  Extensive-Stage Small Cell Lung Cancer 1L
- HLX10(4)(Serplulimab)+ Chemotherapy
  PD-1
  Gastric Cancer Neoadjuvant/Adjuvant
- HLX10(4)(Serplulimab)+ Chemotherapy + Radiotherapy
  PD-1
  Limited-Stage Small Cell Lung Cancer 1L
- HLX10(4)(Serplulimab)+ Bevacizumab + Chemotherapy
  PD-1+VEGF
  Metastatic Colorectal Cancer 1L
- HLX04-O(13)
  VEGF
  Wet Age-Related Macular Degeneration
- HLX22(9) + Trastuzumab + Chemotherapy
  HER2+HER2
  Gastric Cancer
- HLX87(14)
  HER2 ADC
  HER2+ Breast Cancer
- HLX78(15)(Lasofoxifene)
  Selective Estrogen Receptor Modulator
  Breast Cancer

NDA

- HLX04-O(13)
  VEGF
  Wet Age-Related Macular Degeneration
- HLX14(16)(Denosumab) RANKL
  Osteoporosis, bone-related events, etc.
- HLX11(17)(Pertuzumab)
  HER2
  Breast Cancer

Approval

- HANSIZHUANG(Serplulimab)(4)
  PD-1
  sqNSCLC，ES-SCLC，nsqNSCLC，Esophageal Squamous Cell Carcinoma
- HANLIKANG(Rituximab)(12)
  CD20
  Non-Hodgkin Lymphoma, Chronic Lymphocytic Leukemia, Rheumatoid Arthritis (18)
- HANQUYOU(Trastuzumab)(19)
  HER2
  Breast Cancer，Metastatic Gastric Cancer
- HANDAYUAN(Adalimumab)(20)
  TNF-α
  Rheumatoid Arthritis, Ankylosing Spondylitis, Psoriasis, Uveitis, Polyarticular Juvenile Idiopathic Arthritis, Pediatric Plaque Psoriasis, Crohn's Disease, Pediatric Crohn's Disease
- HANBEITAI(Bevacizumab)(21)
  VEGF
  Metastatic Colorectal Cancer, Advanced, Metastatic, or Recurrent Non-Small Cell Lung Cancer, Recurrent Glioblastoma, Hepatocellular Carcinoma, Epithelial Ovarian Cancer, Fallopian Tube Cancer, or Primary Peritoneal Cancer, Cervical Cancer
- BILDYOS®(Denosumab) (16)
  RANKL
  Osteoporosis,etc
- BILPREVDA®(Denosumab) (16)
  RANKL
  Bone-related events, etc.
- HANNAIJIA(Neratinib) (22)
  HER1/HER2/HER4
  Intensive Adjuvant Therapy for Breast Cancer
- FUTUONING(Fovinaciclib) (23)
  CDK4/6
  HR+/HER2-Breast Cancer

Involving the field of lung cancer

Innovative Monoclonal Antibody
Innovative Fusion Protein Drug
Biosimilar Monoclonal Antibody
Innovative ADC Drug
Small-Molecule Drug
Innovative Multispecific Antibody
U.S. Bridging Trial
BLA Accepted by the FDA
EU Marketing Authorization
International Multicenter Clinical Trial
Approved for marketing globally

(1) Has exclusive rights in China (excluding Taiwan Region), multiple Southeast Asian countries, and other countries/regions. Currently, Phase Ib/IIa clinical studies are being conducted in China, the United States, and other locations.(2) Has obtained clinical trial approvals in China and the United States; has received Fast Track designation from the U.S. Food and Drug Administration (FDA).(3) Has obtained clinical trial approvals in China, the United States, Japan, and Australia.(4) Approved for marketing in nearly 40 countries including China, the United Kingdom, Germany, India, and Singapore. European trade name: Hetronifly®; commercial partners: KGBio / Fosun Pharma / Intas / Lotus.(5) Commercial partner: Shanghai Jingze.(6) Commercial partners: Dr. Reddy's, etc.(7) Commercial partners: Sandoz, etc.(8) Has obtained clinical trial approvals in China and the United States.(9) Has obtained clinical trial approvals in China, the United States, Japan, and the European Union (EU).(10) Has exclusive license in China.(11) Has exclusive license in China.(12) Approved for marketing in China, Peru, and other countries; China's first biosimilar; commercial partners: Fosun Pharma / Eurofarma / Abbott / Boston Oncology.(13) Marketing application in China has been accepted; has obtained clinical trial approvals in Australia, the United States, Singapore, the EU, and other countries/regions; commercial partner: Yisheng.(14) Has rights for development and exclusive commercialization in China and specific overseas countries/regions.(15) Has exclusive license in China; global enrollment for the international multi-center Phase III clinical study is ongoing; has obtained clinical trial approval in China.(16) Approved for marketing in the United States and the EU; marketing application in Canada has been accepted; commercial partner: Organon.(17) Marketing applications in China, the United States, and the EU have been accepted; commercial partner: Organon.(18) China's first rituximab approved for this indication.(19) Approved for marketing in over 50 countries including China, the United States, the United Kingdom, Germany, France, and Australia. U.S. trade name: HERCESSI; European trade name: Zercepac®; commercial partners: Accord / Cipla / Jacobson / Elea / Eurofarma / Abbott / KGBio / Getz.(20) Commercial partners: Fosun Wanbang / Getz Pharma.(21) Approved for marketing in China, Bolivia, and other countries; commercial partner: Eurofarma.(22) Has exclusive license in China.(23) Responsible for commercial promotion in China.

THANKS

北京陈菊梅公益基金会
Beijing Chen Jumei Foundation

科学引领未来：早期肺癌创新管线布局与展望

Science Leading the Future: Early-Stage Lung Cancer Pipeline and Strategic Outlook

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FORGING THE FUTURE

开创未来

国际肺癌前沿及创新论坛

INTERNATIONAL SUMMIT ON FRONTIERS AND INNOVATIONS IN LUNG CANCER

Henlius' R&D Strategic Plan

Major Modalities

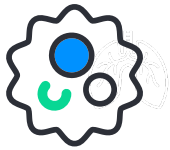
Antibody: mAb, bispecific, multi-specific

ADC: single payload, multiple payloads

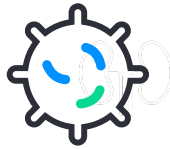
Fusion Protein: antibody fused with functional protein

Small Molecule

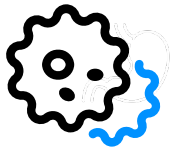
Key Indications



Tier1 Cancer: lung cancer, breast cancer, colon cancer



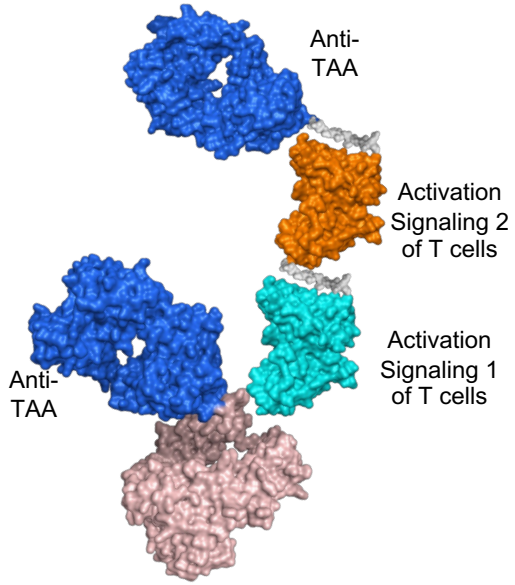
I&I Disease: IBD, SLE, atopic dermatitis, asthma, etc.



Tier2 Cancer: HCC, GC, PDAC, prostate cancer, etc.

Henlius' Technology Platforms

Tri-specific T cell engager

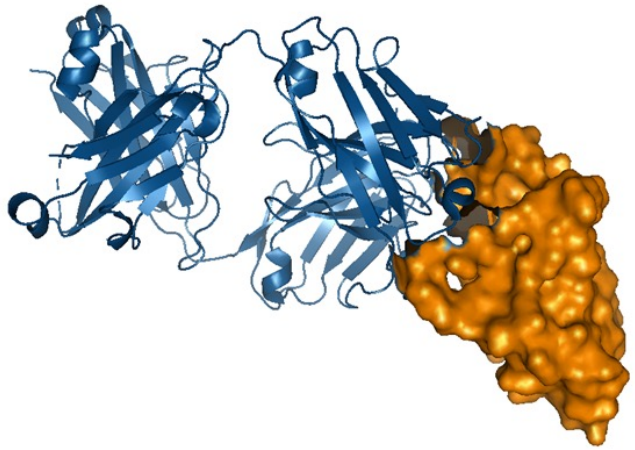


- **Persistent specific T-cell activation effect**
- **Better efficacy in tumor microenvironment**
- **Reduced occurrence of CRS**

Hanjugator™ ADC platform

- **Larger therapeutic window**
- **Overcome potential drug resistance**
- **Combination of toxins with multiple MOA**

HAI Club platform



- **Targets identification & validation**
- **Cost reduction and efficiency improvement**
- **Increasing the success rate of drug discovery**

Preclinical Pipeline Overview

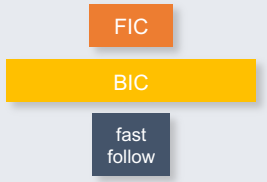
PCC to IND stage:

	MOLECULE	INDICATION	Novelty
1	**HLX37** PDL1xVEGF BsAb	Solid tumor	Fast Follow
2	**HLX3901** DLL3xDLL3xCD3xCD28 TCE	SCLC	BIC
3	**HLX316** B7H3-sialidase fusion protein	Solid tumor	FIC
4	**HLX97** KAT6 A/B inhibitor	BC	BIC
5	**HLX48** EGFRxcMet BsADC	NSCLC, CRC	BIC
6	**HLX3902** STEAP1xSTEAP1xCD3xCD28 TCE	Prostate cancer	BIC
7	**HLX41** LIV1 ADC	BC	BIC
8	**HLX403**	Solid tumor	BIC
9	**HLX49**	Solid tumor	BIC
10	**HLX85**	Solid tumor	FIC
11	**HLX402**	Solid tumor	FIC
12	**HLX109**	I&I disease	BIC

Discovery stage:

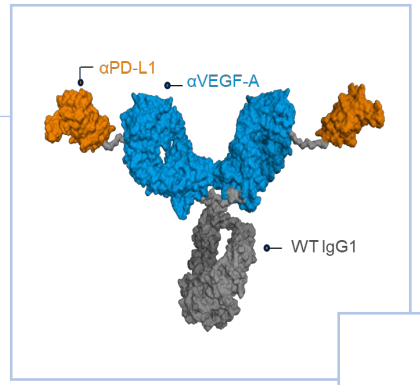
	MOLECULE	INDICATION	Novelty
1	**HLX68**	I&I disease	Fast Follow
2	**HLX67**	I&I disease	BIC
3	**HLX105** antibody fusion protein	Solid tumor	BIC
4	**HLX318** BAFFxTACIxBCMA fusion protein	I&I disease	BIC
5	**HLX320**	I&I disease	BIC
6	**HLX69**	CNS	Fast Follow
7	**HLX321**	Solid tumor	BIC
8	**HLX322**	Solid tumor	BIC
9	**HLX323**	Solid tumor	BIC
10	**HLX86**	Solid tumor	BIC
11	**HLX203**	Obesity	Fast Follow
12	**HLX204**	Obesity	FIC
13	**HLX108**	Solid tumor	FIC

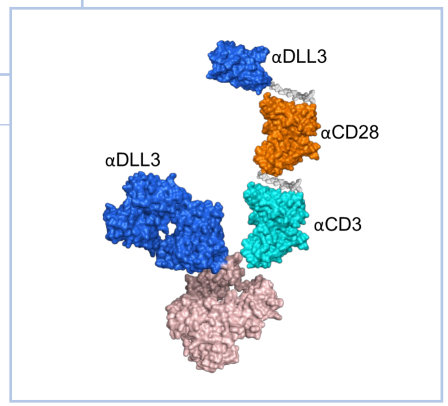
Ratio of FIC/BIC/fast follow:
5 : 16 : 4

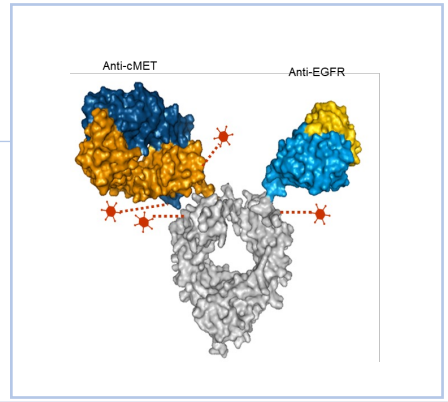


Preclinical Pipeline – Lung Cancer

MOLECULE	INDICATION
HLX37 PDL1xVEGF BsAb	Solid tumor
HLX3901 DLL3xDLL3xCD3xCD28 TCE	SCLC
HLX316 B7H3-sialidase fusion protein	Solid tumor
HLX97 KAT6 A/B inhibitor	BC
HLX48 EGFRxcMet BsADC	NSCLC, CRC
HLX3902 STEAP1xSTEAP1xCD3xCD28 TCE	Prostate cancer
HLX41 LIV1 ADC	BC
HLX403	Solid tumor
HLX49	Solid tumor
HLX85	Solid tumor
HLX402	Solid tumor
HLX109	I&I disease

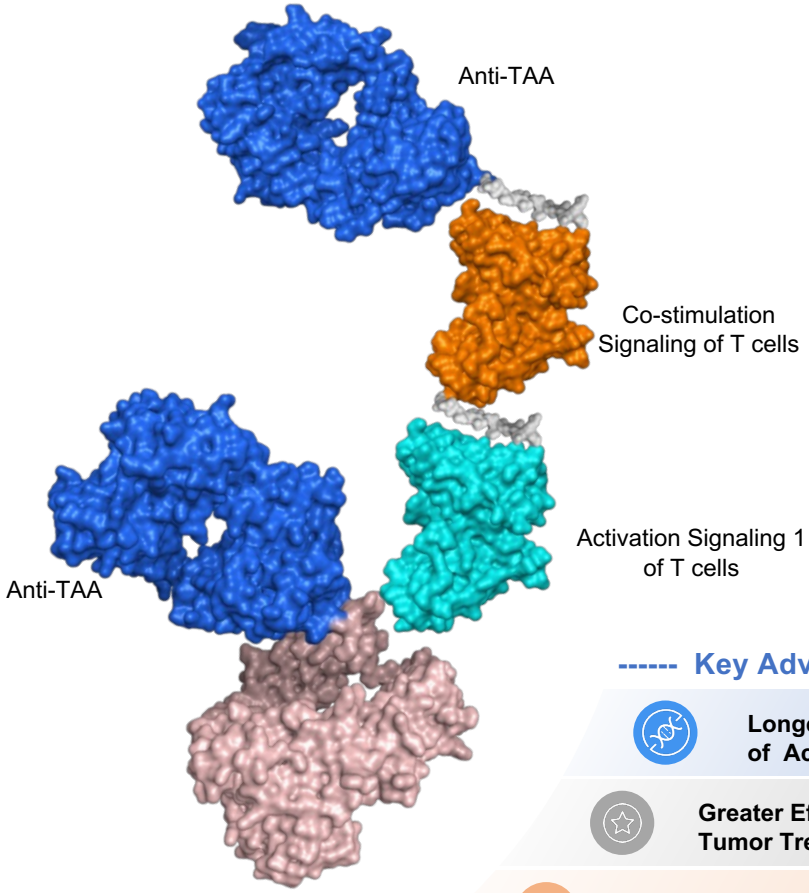






MOLECULE	INDICATION
HLX68	I&I disease
HLX67	I&I disease
HLX105 antibody fusion protein	Solid tumor
HLX318 BAFFxTACIxBCMA fusion protein	I&I disease
HLX320	I&I disease
HLX69	CNS
HLX321	Solid tumor
HLX322	Solid tumor
HLX323	Solid tumor
HLX86	Solid tumor
HLX203	Obesity
HLX204	Obesity
HLX108	Solid tumor

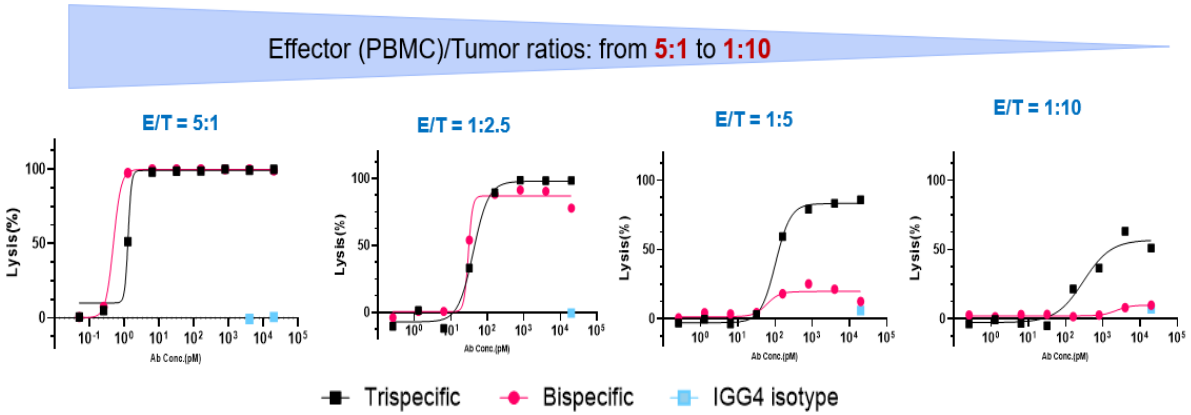
Henlius Advanced TAAxCD3xCD28 Multi-specific TCE Platform



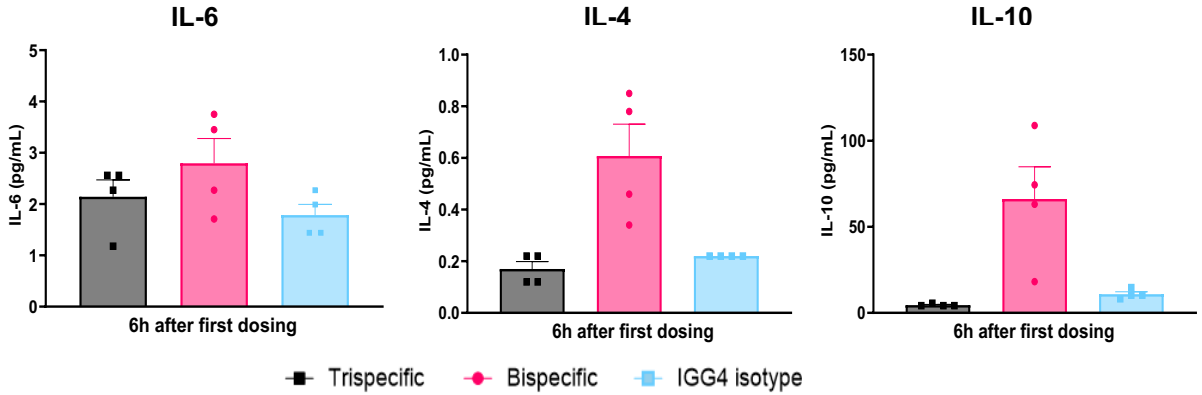
------ Key Advantages ------

- **Longer Persistence of Activated T Cell**
- **Greater Efficacy in Solid Tumor Treatment**
- **Enhanced Safety with Lower CRS Risks**

Efficacy: better in lower E/T ratio

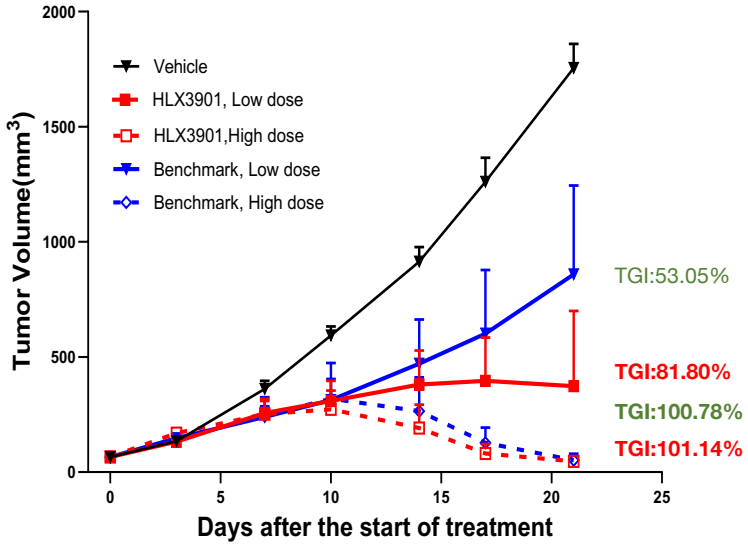


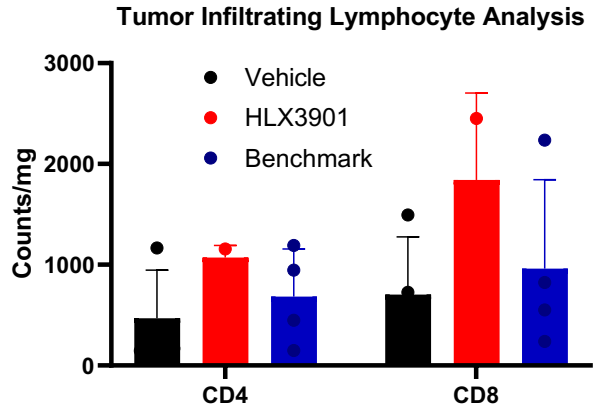
Safety: Lower CRS

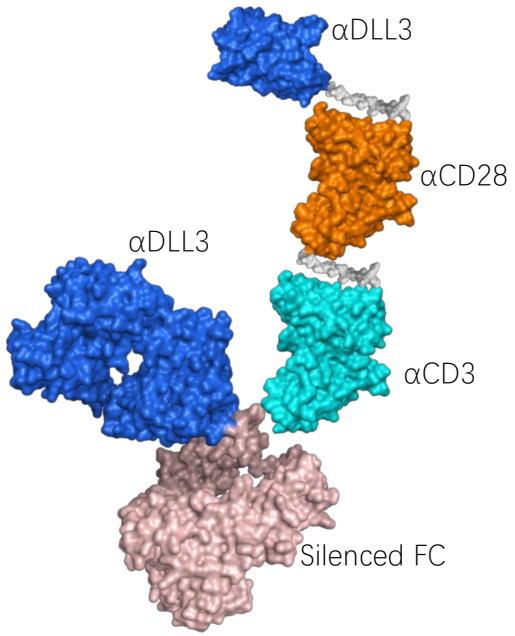


HLX3901: The “Best-in-Class” DLL3 TCE

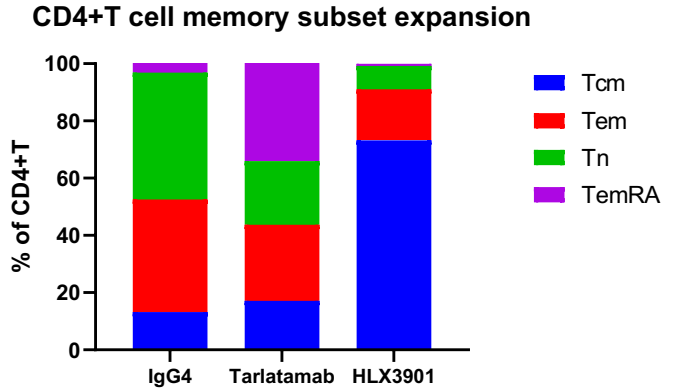
HLX3901 is more efficacious than competitor compounds in the SHP-77 model

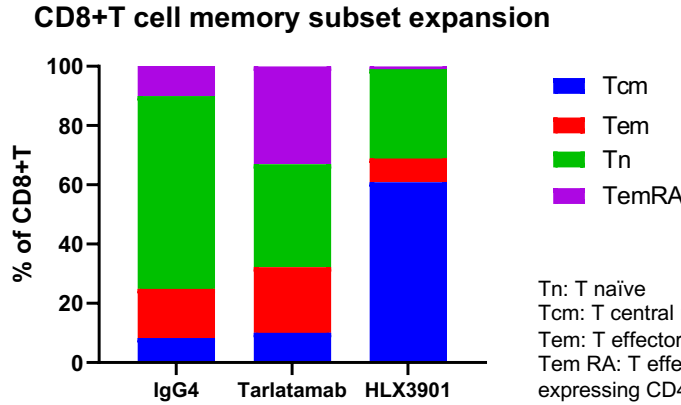






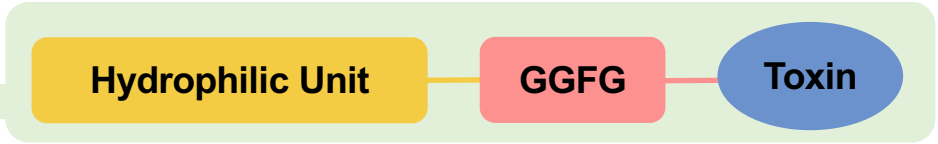
HLX3901 is More Effective in Inducing the Formation of Memory Cells





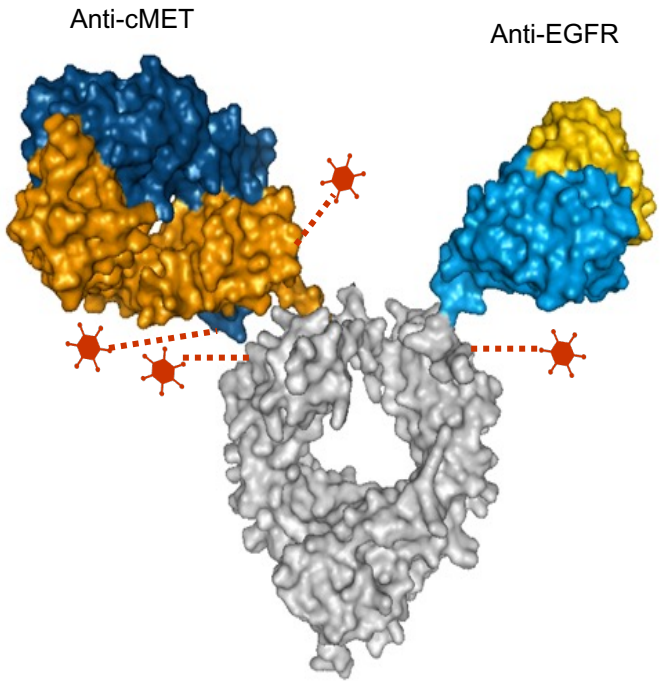
Tn: T naïve
Tcm: T central memory cells
Tem: T effector memory cells
Tem RA: T effector memory re-expressing CD45RA

Hanjugator ADC Platform with Enhanced Efficacy and Safety Profile



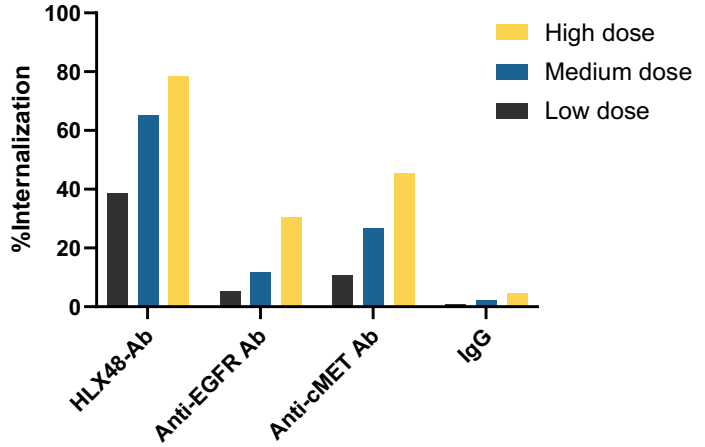
- Good safety profile, maximizes antibody function.
- Highly hydrophilic, compatible to various monoclonal and multi-specific antibodies.
- Excellent stability, minimal peripheral toxin release.
- Tenfold stronger bystander effect compared to Deruxtecan-conjugated ADCs, better efficacy, addresses tumor heterogeneity.

HLX48: Anti-EGFR X cMET ADC for NSCLC and CRC

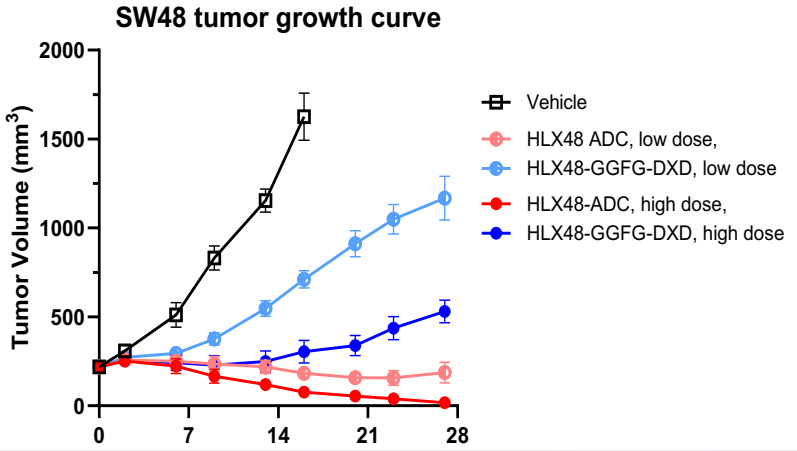


- A higher affinity for cMET and a lower affinity for EGFR is selected to mitigate toxicity
- Improved therapeutic window to maximize antibody function
- A stronger bystander effect, addressing the issue of tumor heterogeneity

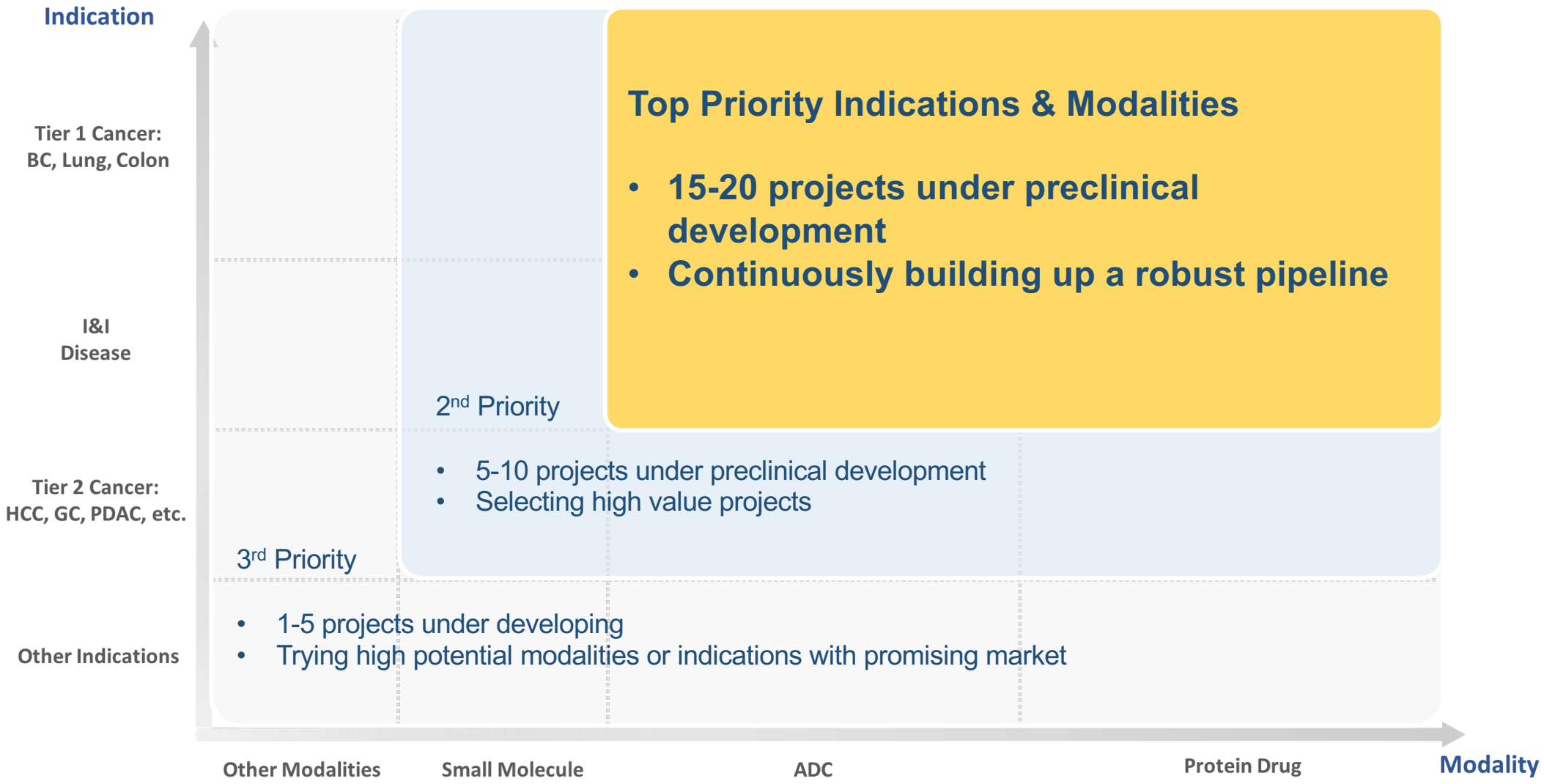
Bispecific Ab with higher internalization efficiency



HLX48 ADC is significantly more efficacious than HLX48-GGFG-DXD



Henlius R&D Landscape



THANKS