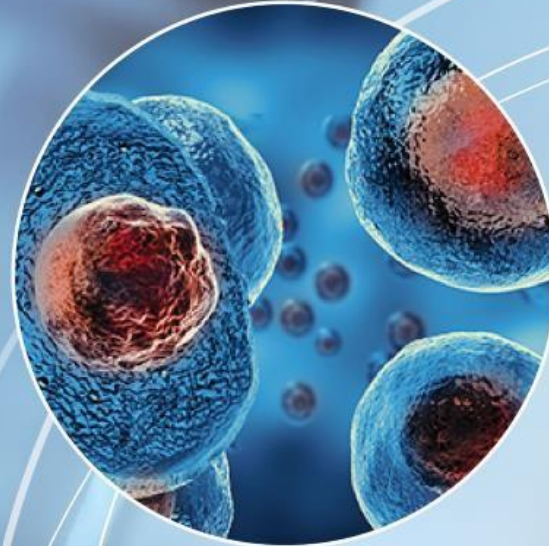


FY2020 Annual Results

March 2021

GENOR
BIOPHARMA



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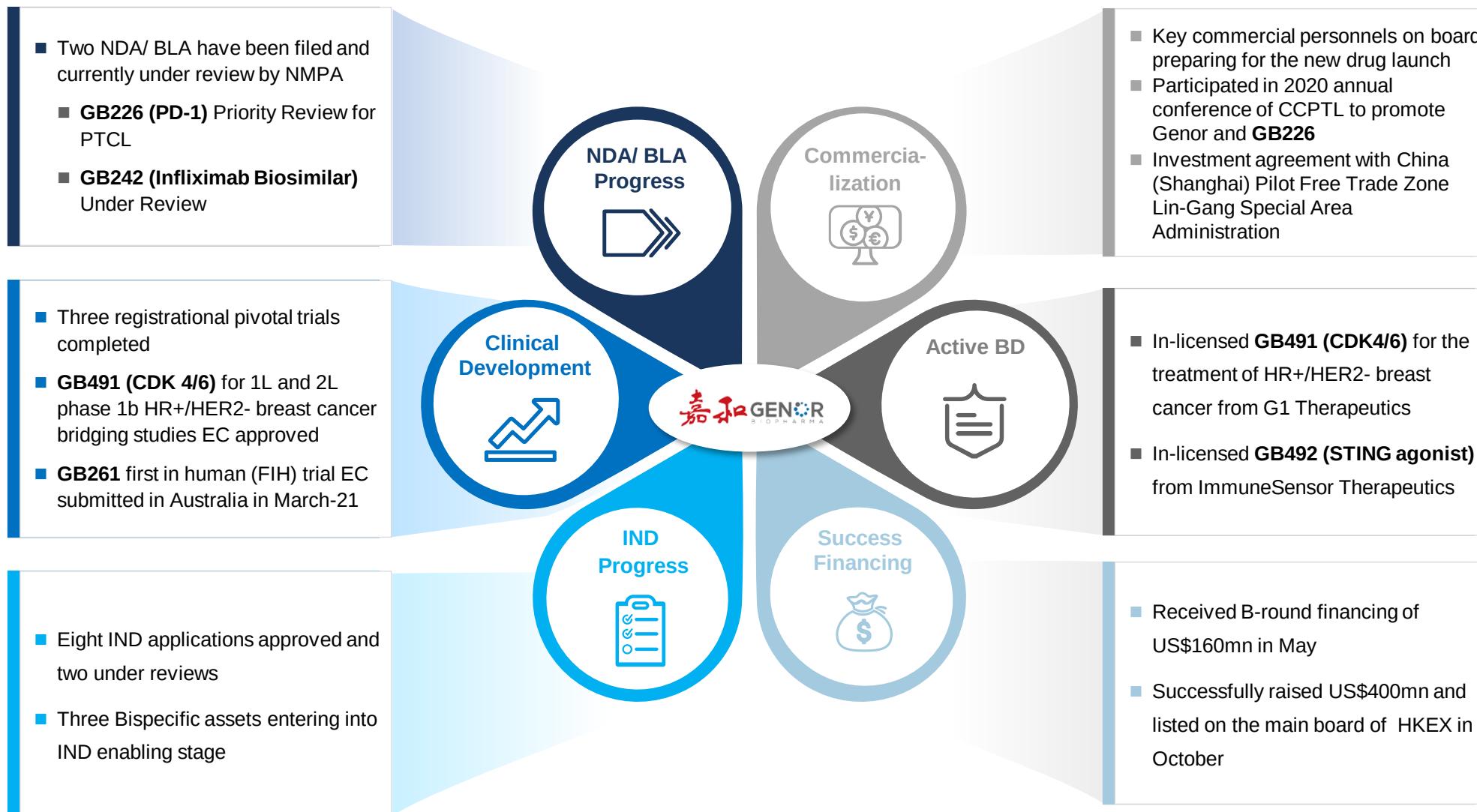
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Agenda





Business Highlights





A Broad Pipeline Targeting Large Therapeutic Areas

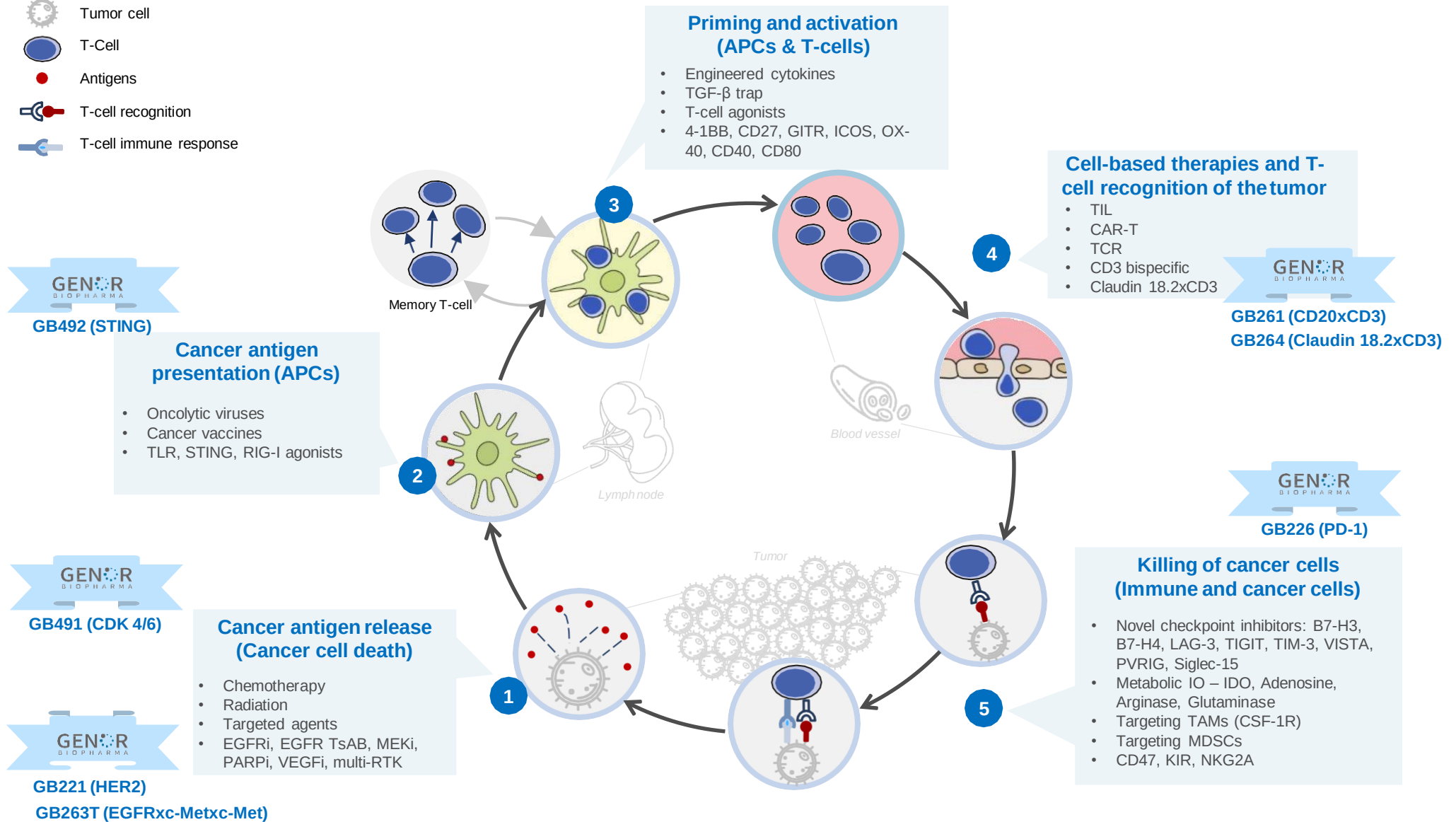
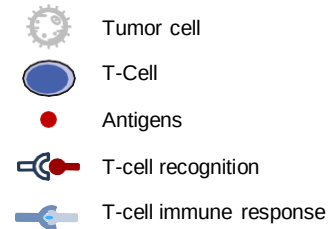
Product	Target/MoA (reference drug)	Indication	Classification	Commercial Rights	Pre – Clinical	IND	Phase 1	Phase 2	Phase 3	NDA Filing
GB491	CDK4/6+AI/SERD (combo w/ letrozole / fulvestrant)	1L HR+/HER2- BC	Novel (In-license)	APAC ex-JP ⁽¹⁾	IND Approval					
	CDK4/6+SERD (combo w/ fulvestrant)	2L HR+/HER2- BC			IND Approval					
					By G1 Therapeutics					
	CDK4/6+ EGFR (combo w/ osimertinib)	EGFR-Mutant NSCLC								
GB242	TNF- α (infliximab)	RA, AS, Ps, CD, UC	Biosimilar (In-house)	Worldwide	NDA under review					
	PD-1	r/r PTCL	Novel (In-license)	China	NDA under priority review					
2L+ Cervical Cancer		Pivotal								
GB226	ASPS									
	r/r PMBCL									
	PD-1+VEGFR (combo w/ fruquintinib)	2L/3L+ EGFR+ NSCLC								
		2L+ mCRC								
GB492	PD-1 (combo w/ GB226**)+STING	Solid Tumours	Novel (In-license)	APAC ex-JP ⁽²⁾	IND Accepted					
					By ImmuneSensor Therapeutics					
GB221	HER2	HER2+ 2L+ mBC	Novel (In-house)	Worldwide	***					
GB223	RANKL	GCTB, PMO	Novel (Co-develop)	Worldwide						
GB241	CD20 (rituximab)	1L DLBCL	Biosimilar (In-house)	Co-development						
GB224	IL-6	Inflammatory Disease	Novel (In-license)	China						
GB251	HER2 ADC	HER2+ 1L/2L+ mBC	Novel (Co-develop)	Worldwide						
GB261	CD20×CD3	NHL	Novel (In-house)	Worldwide	CTA submitted in Australia					
GB262	PD-L1×CD55	Cancers	Novel (In-house)	Worldwide						
GB263T	EGFR×c-Met×c-Met	NSCLC	Novel (In-house)	Worldwide						
GB264	Claudin 18.2×CD3	GI Cancers	Novel (In-house)	Worldwide						

Notes:

*** Denotes GB221 2L NDA expected to be filed in 2021; (1) Clinical trials are sponsored by G1 Therapeutics. (2) Clinical trial is sponsored by ImmuneSensor Therapeutics



Portfolio Strategy Centered Around the Cancer-Immunity Cycle

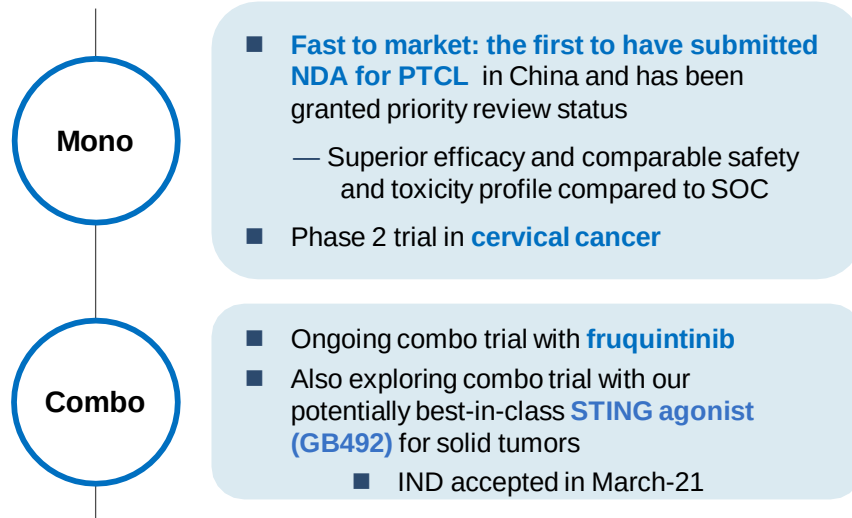




GB226 – Overall Strategy to Maximize Product Value

NDA accepted in July 2020, under priority review

Differentiated clinical strategy in mono and combo therapies



Actively advancing clinical trials in various indications in China

Product	Indication	Phase
GB226	r/r PTCL	NDA under priority review
	2L+ Cervical Cancer	Phase II (Pivotal)
	ASPS	Phase II
	r/r PMBCL	Phase II
	2L/3L+ EGFR+ NSCLC	Phase Ib
GB226+fruquintinib (VEGFR)	2L+ mCRC	Phase Ib
GB226+GB492 (STING)	Solid Tumours	IND accepted in Mar-21 Phase I/IIa ¹

Commercial strategy to drive GB226 launch success



Innovative sales model – establish capable in-house sales with CSO partnership to drive customer coverage and expedite patient penetration while launch



Build fundamental brand awareness in PTCL and selected other tumor segments through making insightful brand strategy and strong execution of marketing activates



Develop integrated access strategy to improve patient affordability for GB226 nationwide



Develop combo therapy strategy with other product is another key driver to maximize GB226 market opportunity, e.g. with EGFR TKI and STING

GB226 aims at 5~6% market share in China in next 5~10 years

¹ GB492 (IMSA101) is currently undergoing a phase 1 trial by ImmuneSensor Therapeutics in the US and we plan to evaluate GB492 in combo with GB226 in China

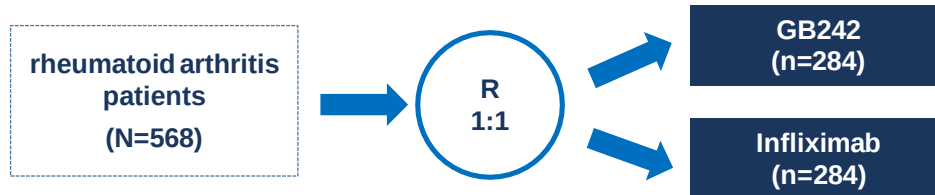


GB242 – Substantial Market Expansion for Autoimmune Diseases

NDA under review in November 2020

GB242 – Infliximab biosimilar

Phase 3 Study completed, NDA under review



Remicade has the most extensive indications approved in China among TNF-α

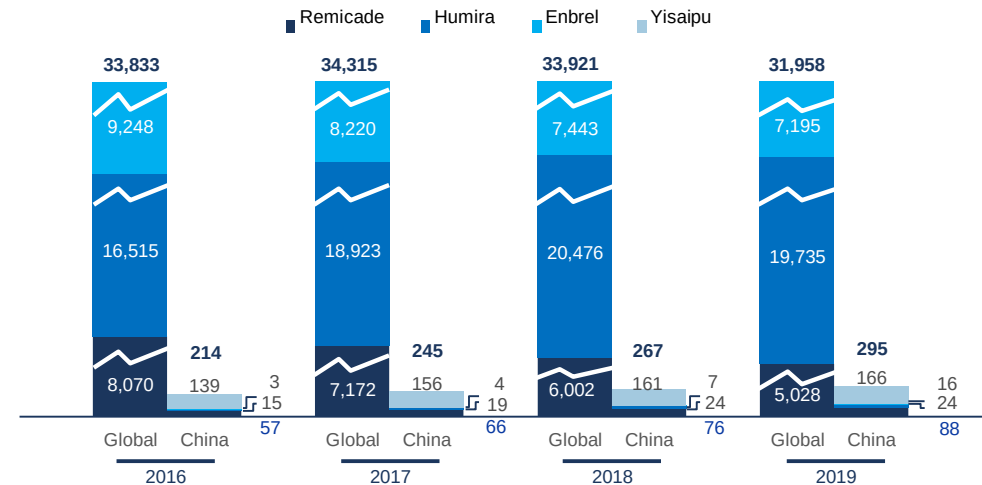
Brand Name	Generic Name	Company	Approval**	Indication
Yisaipu	Etanercept	3SBio	2005	RA, AS, Ps
Remicade	Infliximab	JNJ	2006	RA, AS, Ps, CD, UC
Humira	Adalimumab	AbbVie	2010	RA, AS, Ps, CD, UV
Enbrel	Etanercept	Pfizer	2010	RA, AS
Anbainuo	Etanercept	Hisun	2015	RA, AS, Ps
Simponi	Golimumab	Janssen Biologics	2017	RA, AS
Cimzia	Certolizumab	UCB	2019	RA
BAT1406	Adalimumab	Bio-Thera	2019	RA, AS, Ps, CD, UV
HS016	Adalimumab	Hisun	2019	RA, AS, Ps, CD, UV

Assets to address autoimmune market

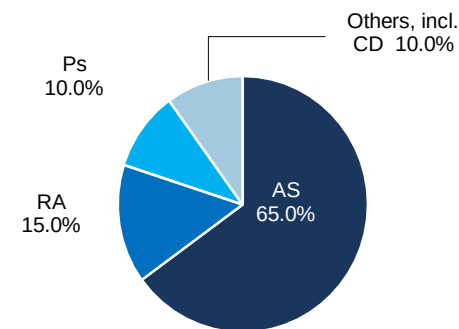
Product	Target indication	Target	Patient Size	Recruitment Status	Type of Therapy	Phase
GB242	RA, AS, Ps, CD, UC	TNFα	568	Enrollment completed	With MTX	3

Significant market expansion expected

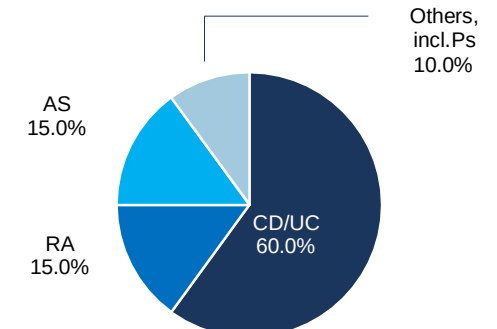
US\$m



Humira's sales distribution in China



Remicade's sales distribution in China



Abbreviations: RA=Rheumatoid Arthritis, AS=Ankylosing spondylitis, Ps=Psoriasis, CD=Crohn's disease; UC=Ulcerative Colitis

Source: Evaluate pharma, annual reports, CDE, China Insights Consultancy, public filings; *Aggregate sales for Yisaipu, Remicade, Humira and Enbrel; **CFDA/NMPA approval



GB491 (Lerociclib) – Potentially Best-in-Class CDK4/6 Inhibitor

Well-positioned to capture the huge Breast Cancer (eBC & mBC) and HNSCC markets with unmet medical needs

- Currently **completing phase 2a trial** in combo with fulvestrant conducted by G1 Therapeutics in the US

- We plan to **rapidly develop GB491 in HR+/HER2- BC**, with subsequent plans to expand our clinical programs to include **multiple other indications** with novel combinations



7 Landmark Studies
Incl. MONARCH-1/2/3,
PALOMA-2/3,
MONALEESA-2/3



MONARCH-E



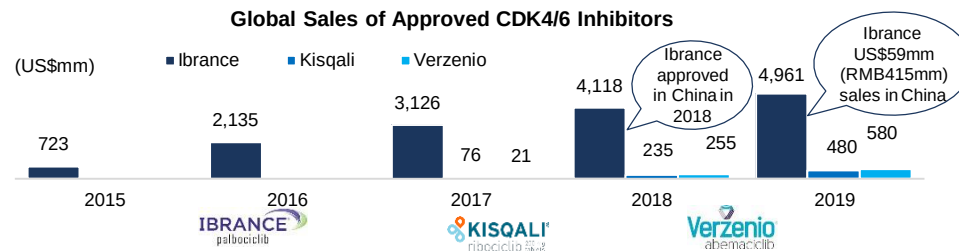
MONARCH-HER



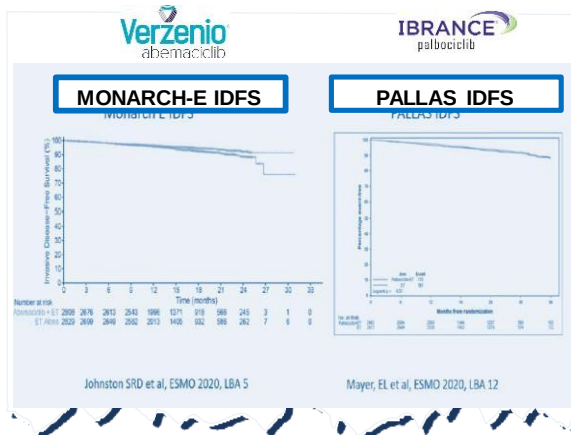
Lancet Oncol 2019;
20: 1295–305
(NCT02101034)

RMB30.3bn
by 2030

CDK4/6 is already an established treatment for HR+/HER2- mBC



Verzenio (Eli Lilly)'s successful MONARCH-E study in adjuvant setting eBC



- Continuous dosing** contributed to the success of MONARCH-E compared with intermittent therapy in PALLAS study
- Different** relative effects on CDK4/6
- Fewer drug discontinuations** in MONARCH-E compared with PALLAS (16.6% vs 42.2%)

We will be ahead of most of the competitors

Company	Drug	China Status	Setting	Registry / Approval Date	Patent Expiry
Pfizer	Ibrance	Launched	1L	Aug-18	Jan-23 ²
Eli Lilly	Verzenio	Launched	1L / Adjuvant	Dec-20	Nov-29
Novartis	Kisqali	Phase 3	1L / Adjuvant	Aug-18	Aug-29
Hengrui	SHR6390	Phase 3	1L / 2L	Apr-19	
Genor	Lerociclib	Bridging Studies	1 / 2L	March-21	
Fosun	FCN-437	Phase 2	1L	Aug-20	
Beta	BPI-1178	Phase 1/2a	1 / 2L	Feb-20	
Sihuan	XZP-3287	Phase 1	2 / 3L	Feb-18	
Betta	BPI-16350	Phase 1		Jan-19	
BeBetter	BEET-209	Phase 1		Sep-19	

Source: G1 Therapeutics, FDA, ESMO 2020, PubMed, CIC

¹ RMB1.7bn market is calculated based on roughly 100k HNSCC patients in China in 2030, 70% are HPV-unrelated, 20% penetration rate of CDK4/6 drugs, and roughly RMB120k annual price

² Potential extension to 2028



GB491 (Lerociclib) – Superior Efficacy Profile vs. Other CDK4/6i

1

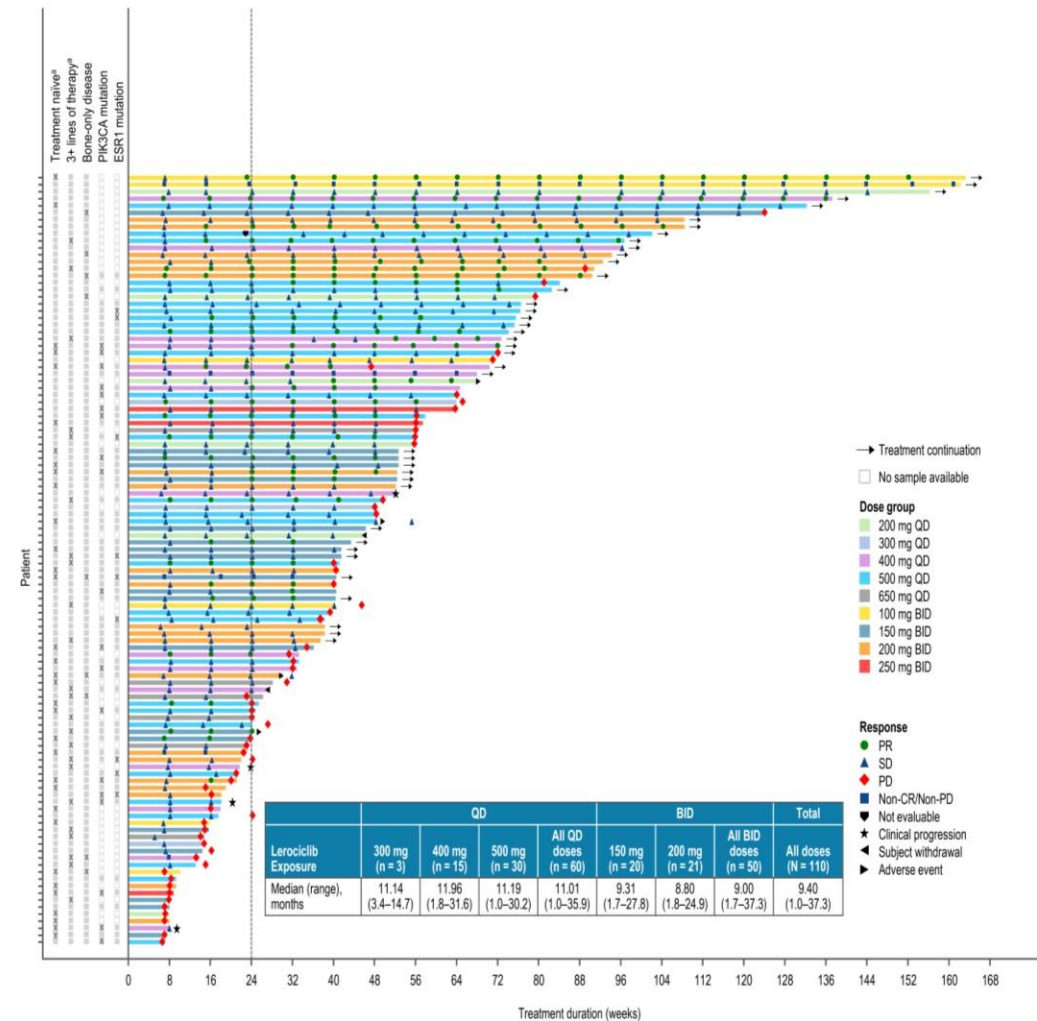
Higher ORR vs. Palbociclib in Paloma-3 Trial

	Lerociclib Phase 1/2a (ongoing) ¹	Eli Lilly Monarch-2	Pfizer Paloma-3	Novartis Monaleesa-3
Line setting	Median 2L+	1/2L	1L+ (2L 40%, 3L 25%)	1/2L
Treatment	Lerociclib+ fulvestrant	Abemaciclib + fulvestrant	Palbociclib+ fulvestrant	Ribociclib+ fulvestrant
ORR	31.6%	48.1% vs. 21.3%	24.6% vs. 10.9%	32.4% vs. 21.5%
CR	0	3.5% vs. 0	NA	1.7% vs. 0
PR	31.6%	44.7% vs. 21.3%	NA	30.8% vs. 21.5%
SD	47.4%	34.3% vs. 51.2%	NA	33.3% vs. 34.3%
DCR ²	79.0%	82.4% vs. 72.6%	NA	65.7% vs. 55.8%
mPFS	28.6 mo	16.4 vs. 9.3 mo	9.5 vs. 4.6 mo	20.5 vs. 12.8 mo

2

Strong efficacy data from POC study

Treatment duration and response by group in all patients



Source: G1 Therapeutics; CIC; ESMO 2020; Bisi J. E., Sorrentino J. A., et al; Oncotarget. 2017; 8: 42343-42358; Ping Chen, Nathan V. Lee, et al; Mol Cancer Therapeutics. October 1 2016 (15) (10) 2273-2281; DOI: 10.1158/1535-7163.MCT-16-0300; Dickler et al, Clin Cancer Res; 2017; Notes: ¹ 150mg BID group; ² DCR=CR+PR+SD.



GB491 (Lerociclib) – Better Tolerability vs. Other CDK4/6i

Favorable safety and tolerability profile

	Dose-Limiting Neutropenia	Monitoring Requirement	Dosing Holiday	QT Prolongation	DILI	Grade 3/4 Diarrhea	VTE
Ibrance®	×	×	×	—	—	—	—
Kisqali®	×	×	×	×	×	—	—
Verzenio®	×	×	—	—	×	×	×
Lerociclib	—	Potential for less monitoring	—	—	—	—	—

Note: QT Prolongation: a heart rhythm disorder; DILI=drug-induced liver injury; VTE=venous thromboembolism; x=inferior to lerociclib

No drug holiday required

Less dose-limiting neutropenia

Less gastrointestinal toxicity

No serious liver toxicity
(FDA warned on this point in Abemaciclib and Ribociclib's labels)

Potential less monitoring

Longer treatment duration requires therapeutics with **better tolerability**



Potentially best safety profile across the CDK4/6 drug class

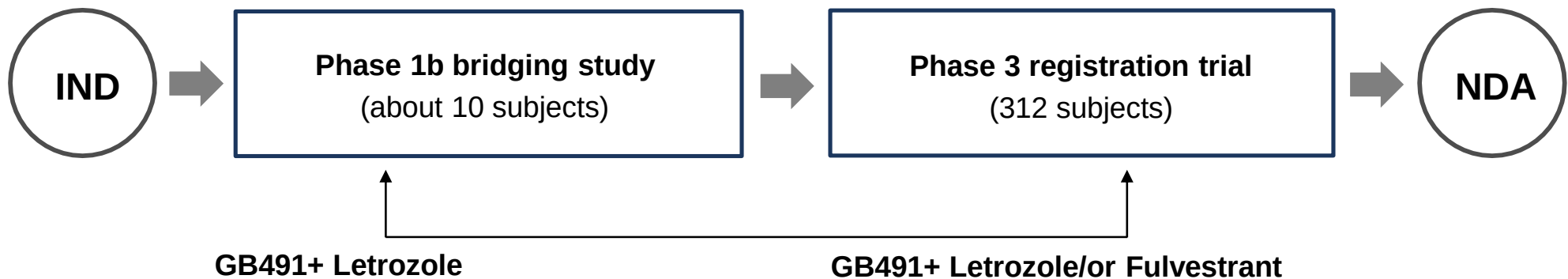
	Lerociclib ¹		Abemaciclib	Palbociclib	Ribociclib	
Trial	NCT02983071		MONARCH-2	PALOMA-3	MONALEESA-3	
Phase	I/IIa		III	III	III	
Line setting	Median 2L+		1/2L	1L+ (2L 40%, 3L 25%)	1/2L	
Treatment	Lerociclib + fulvestrant		Abemaciclib + fulvestrant	Palbociclib + fulvestrant	Ribociclib + fulvestrant	
AE (%)	All	Gr3/4	All	Gr3/4	All	Gr3/4
Neutropenia	55%	35%	46%	27%	70%	53%
Leukopenia	40%	15%	28%	9%	28%	14%
Nausea	15%	0%	45%	3%	45%	1%
Diarrhea	25%	0%	86%	13%	29%	1%

Source: G1 Therapeutics, FDA, ESMO 2020 poster; data cutoff: 17 Apr 2020
Note 1: for 150mg BID dosing group

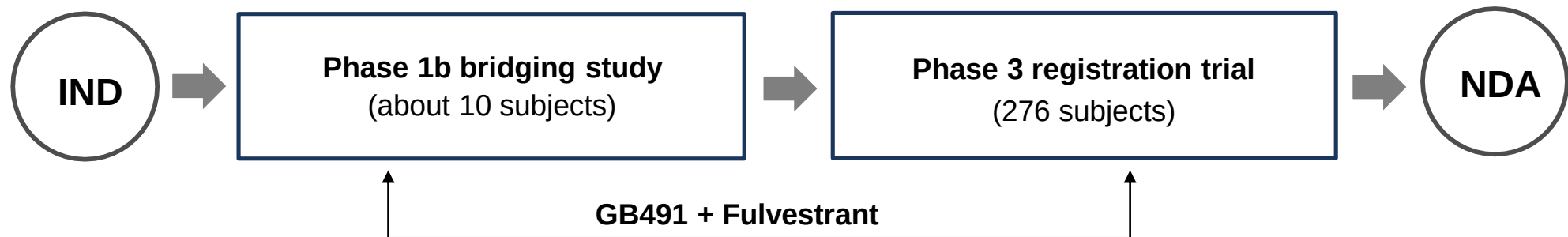


GB491 (Lerociclib) – Clinical & Regulatory Pathway in China

1L Advanced Breast Cancer



2L Advanced Breast Cancer



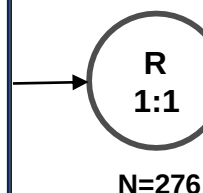


GB491 (Lerociclib) – Clinical Trial Design in China

Phase III GB491-004 Trial Design for 2L Advanced Breast Cancer

Key Eligibility Criteria:

- HR+ /HER2- Advanced Breast Cancer
- Pre/Perimenopausal or Postmenopausal ^a
- Relapsed on or within 1 year from completion of adjuvant ET with no subsequent ET received
- Relapsed >1 year from completion of adjuvant ET and then subsequently relapsed after receiving first-line ET
- Presented de novo disease and progressed on first-line ET
- No more than one line of chemotherapy for advanced disease



GB491 150mg BID PO
+
Fulvestrant 500mg Q4W IM ^b

Placebo BID PO
+
Fulvestrant 500mg Q4W IM ^b

Primary Endpoint:

- Investigator-assessed PFS

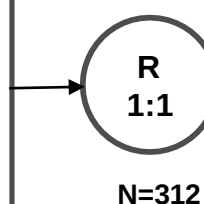
Secondary Endpoints:

- BIRC-assessed PFS
- OS
- ORR, DOR, CBR
- AE/SAE
- PK

Phase III GB491-005 Trial Design for 1L Advanced Breast Cancer

Key Eligibility Criteria:

- HR+ /HER2- Advanced Breast Cancer
- Pre/Perimenopausal or Postmenopausal ^a
- No prior systemic therapy for advanced disease
- Relapsed >1 year from completion of adjuvant ET with no subsequent ET received
- Presented de novo disease and no prior ET



GB491 150mg BID PO
+
Letrozole 2.5mg QD PO or
Fulvestrant 500mg Q4W IM ^b

Placebo BID PO
+
Letrozole 2.5mg QD PO or
Fulvestrant 500mg Q4W IM ^b

Note:

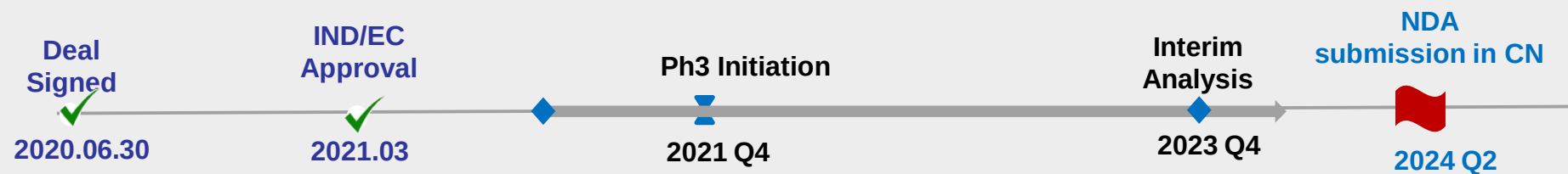
a. Goserelin should be administered Q4W only for pre/perimenopausal subjects.

b. Fulvestrant should be administered on C1D1 & C1D15, then Q4W from C2D1.

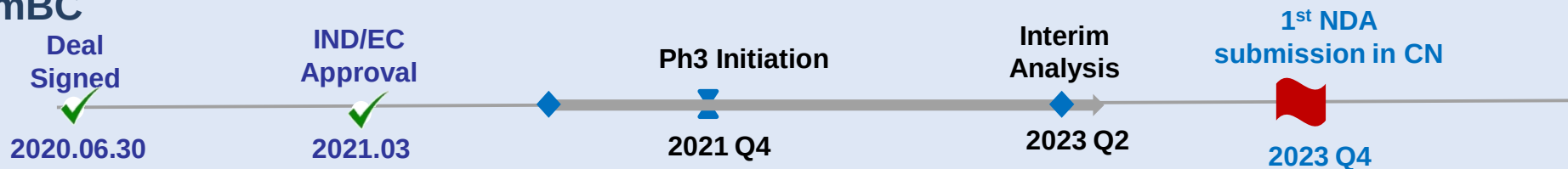


GB491 (Lerociclib) – Preliminary Timeline

1L mBC



2L mBC



← 8.5 months →

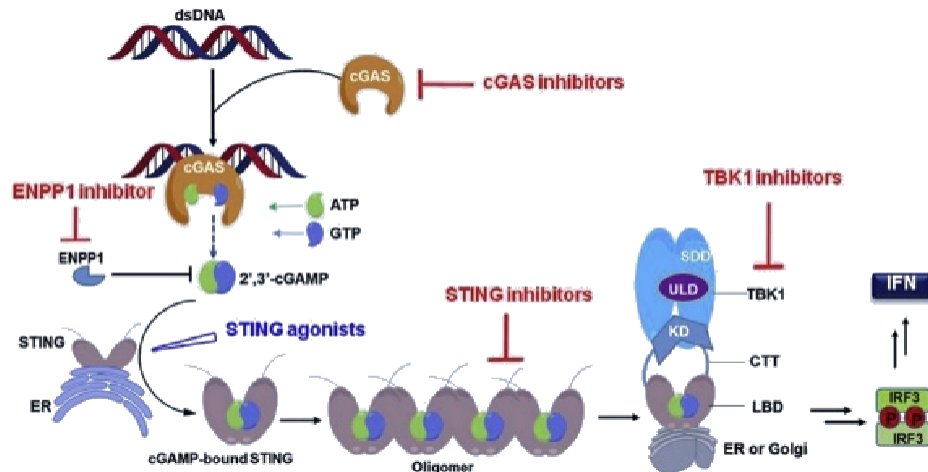
- CMC Development
- Pre-clinical and Clinical Supply
- CTA Submission and Approval



GB492 – A Potentially First-in-class STING Agonist in China

IND accepted by CDE in March 2021

Mechanism of Action



- STING is the major mediator of innate immune sensing of cancerous cells
- STING agonists can activate the cGAS-STING signaling and significantly enhance the efficacy of cancer immunity cycle when using in combo with other immune checkpoint inhibitors (ICI)

STING agonist, as an immune stimulatory therapy, may further increase the response of immune checkpoint inhibitors for patients

Merck's trial demonstrated **robust efficacy of PD-1 + STING combination therapy** comparing to single agent

- Preliminary data from Merck's Phase 1 clinical trial for a STING agonist as monotherapy and in combination with Keytruda, in patients with advanced solid tumors or lymphomas
 - The **combination arm had partial responses of 43%** (three out of the seven patients) in HNSCC
 - By contrast, **Keytruda monotherapy showed ORR of 18%** in KEYNOTE 012 trial in platinum-refractory HNSCC

GB492 in combo with GB226 (PD-1) is potentially the first-in-class therapy in China

- ImmuneSensor Therapeutics, our licensor, is currently conducting a Phase 1/2 trial for STING alone or in combo with ICI in the US for solid tumors
- We **plan to develop GB492 in combination with GB226 as a first-in-class therapy** for solid tumors in China

Multiple studies show that STING agonist may be used as a new immune stimulatory therapy

Maximum percentage change from baseline in target injected (Enestic) vs. Non-injected (Anenestic) lesions

PRELIMINARY RESULTS OF THE FIRST-IN-HUMAN (FIH) STUDY OF MK-1454, AN AGONIST OF STIMULATOR OF INTERFERON GENES (STING), AS MONOTHERAPY OR IN COMBINATION WITH PEMBROLIZUMAB (PEMBRO) IN PATIENTS WITH ADVANCED SOLID TUMORS OR LYMPHOMAS

Date
20 Oct 2018

Session
Poster Discussion session - Developmental therapeutics / investigational immunotherapy

Presenters
Kevin Harrington

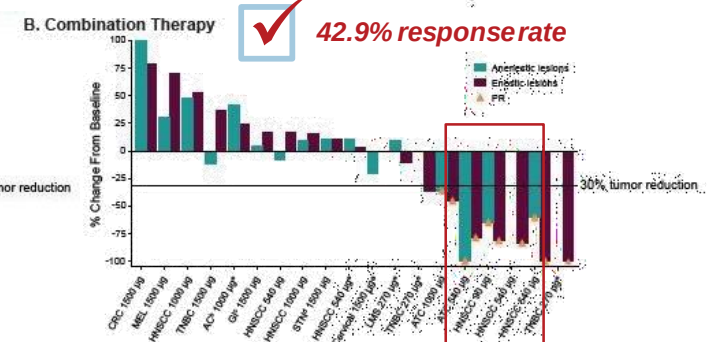
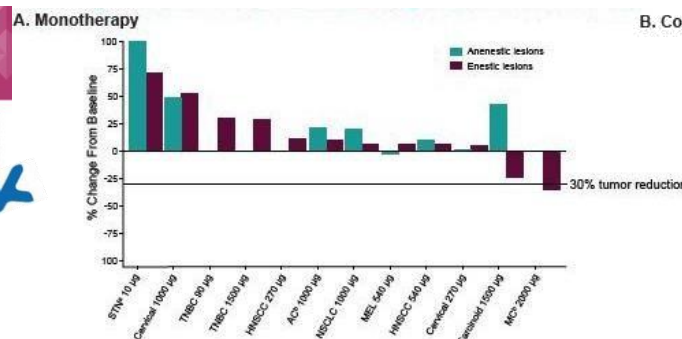
Authors
K.J. Harrington¹, J. Brody², M. Ingham³, J. Strauss⁴, S. Cemerski⁵, M. Wang⁶, A. Tse⁷, A. Khilani⁸, A. Marabelle⁹, T. Golan¹⁰

Author affiliations
More

Resources

MERCK

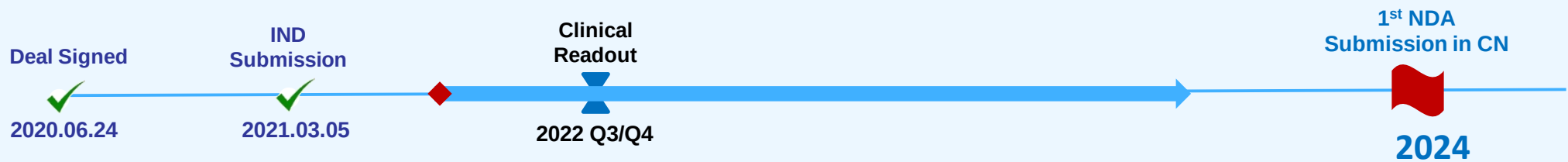
Abstract 5475



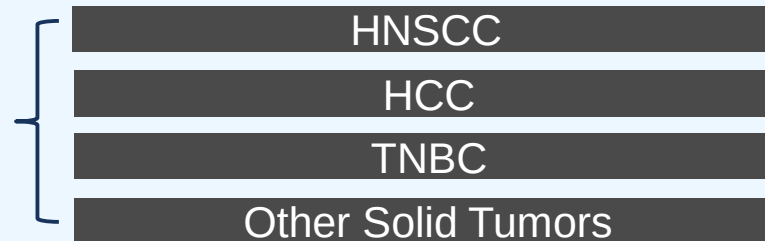
Source: CIC, ESMO



GB492 – Preliminary Timeline

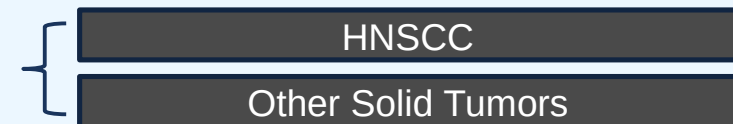


Combo with PD-1



Pivotal Studies in multiple tumor types

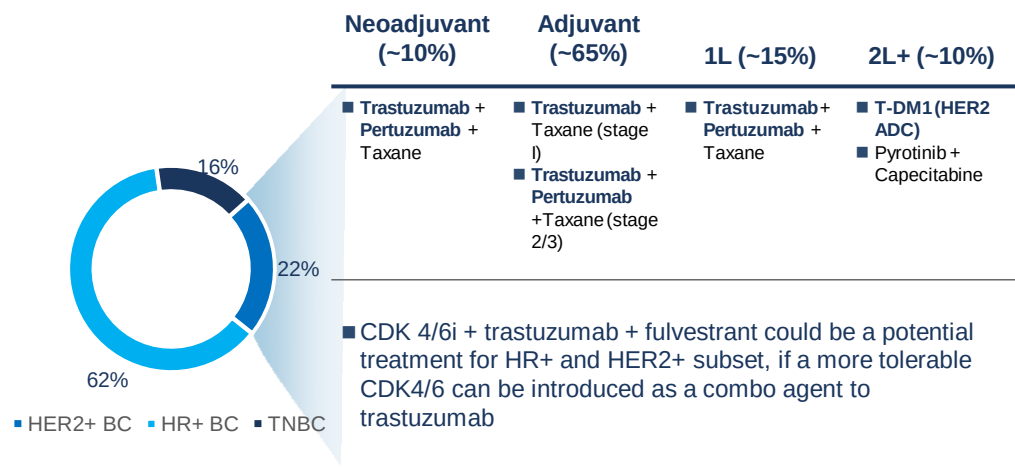
GB492 + PD-1



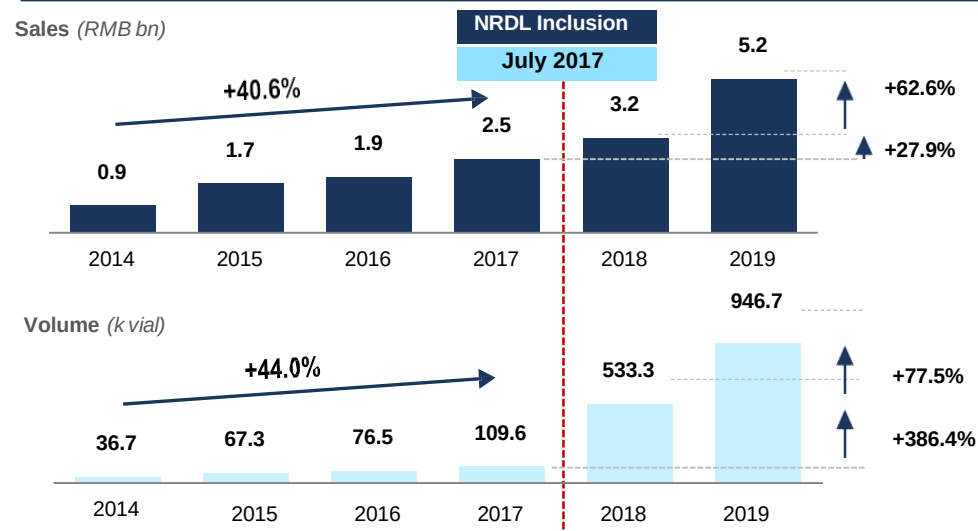


GB221 – Potentially First-Three-to-Market HER2-Targeting mAb in China

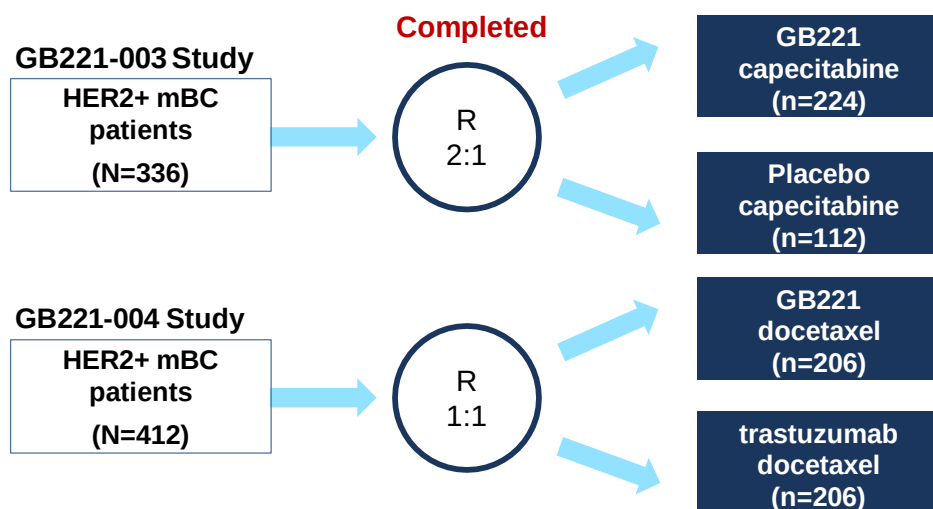
A complete set of HER2-targeting drugs covering all treatmentlines



Herceptin: Accelerated sales growth driven by NRDL inclusion ¹



NDA filing for 2L HER2+ mBC in 2021



GB221 is potentially first-three-to-market

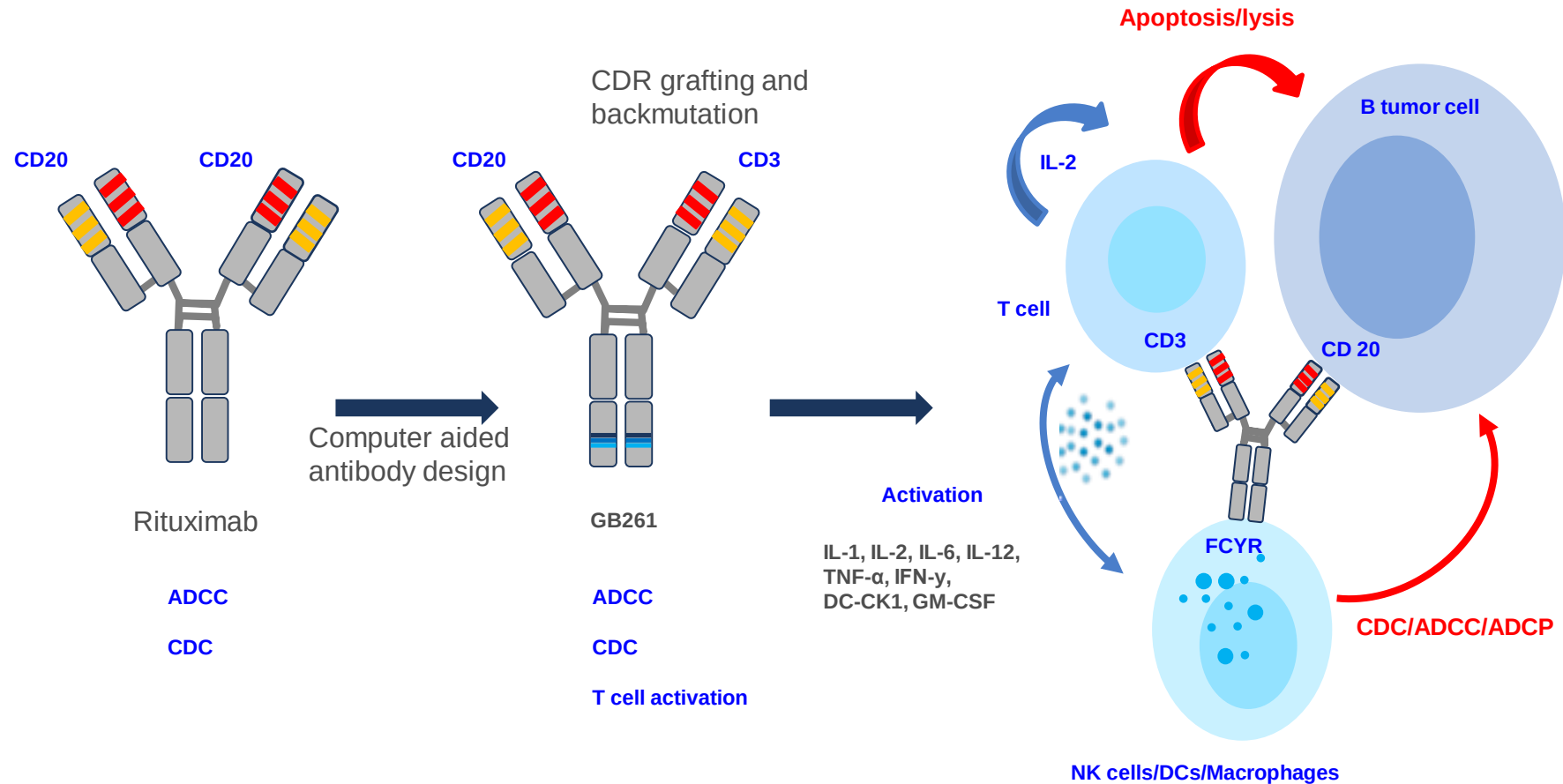
	Company	Drug	Clinical stage	Registry time
trastuzumab	Roche	Herceptin	Approved	Sep 2002
	3SBio	Cipterbin (inetetamab)	Approved	Jun 2020
	Henlius	Hanquyou/Zercepac	Approved	Aug 2020
	Genor	GB221	Phase 3	Sep 2016
	Hisun	HS022	Phase 3	Apr 2018
	CTTQ	TQ-B211	Phase 3	Oct 2018
	Hualan	HL02	Phase 3	Apr 2019
	Anke Bio	AK-HER2	Phase 3	May 2019

Source: NMPA, CDE, public filings, CIC.

Notes: ¹ Only includes Herceptin usage in HER2 positive breast cancer patients.



GB261 – A Highly Differentiated CD20xCD3 BsAb for B-cell Lymphoma

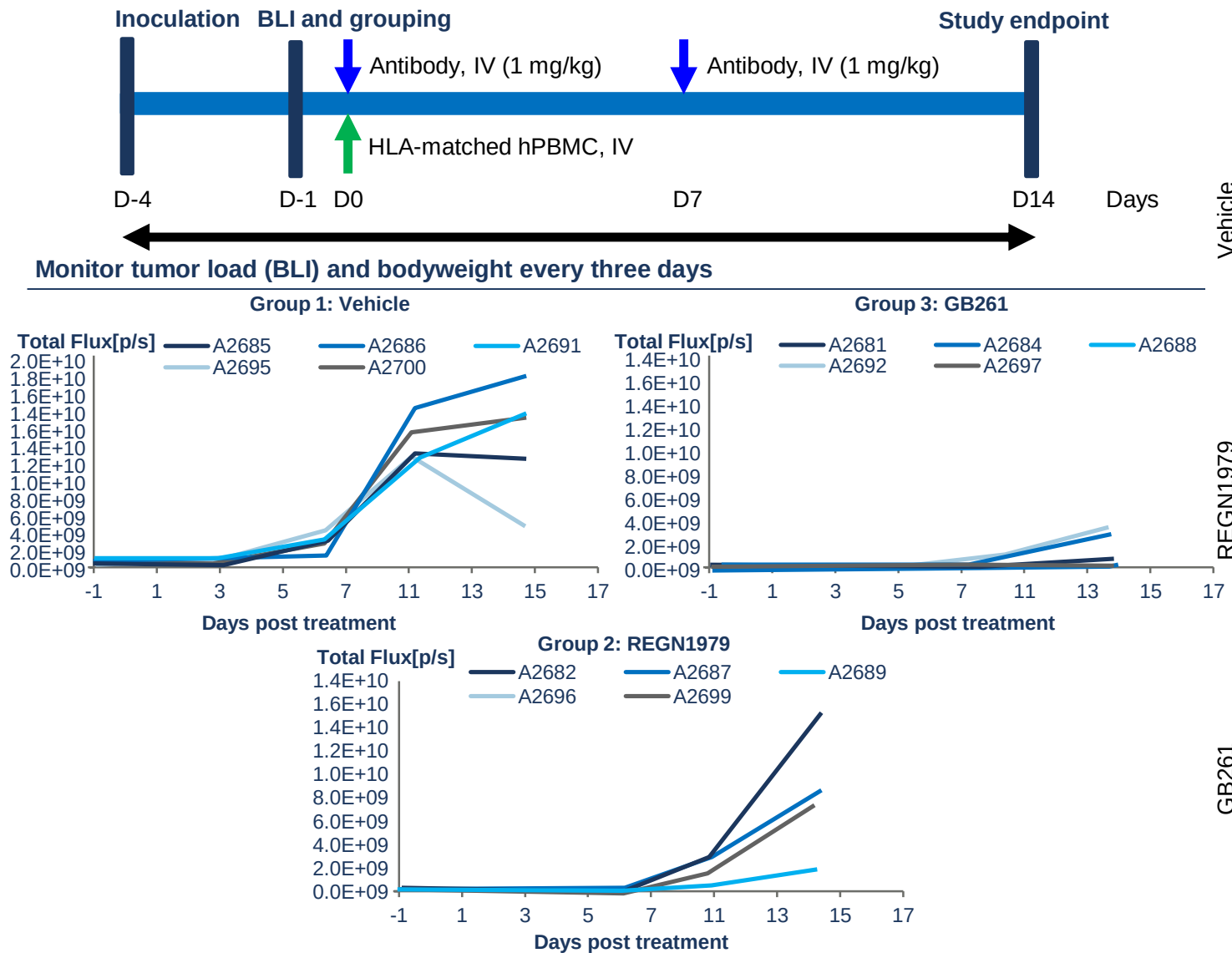


The first T-cell engager with super low CD3 binding affinity and maintaining Fc effector functions (ADCC and CDC) , rendering better safety and multiple mechanisms to better kill cancer cells.



GB261 significantly inhibited rituximab-resistant tumor growth (in vivo)

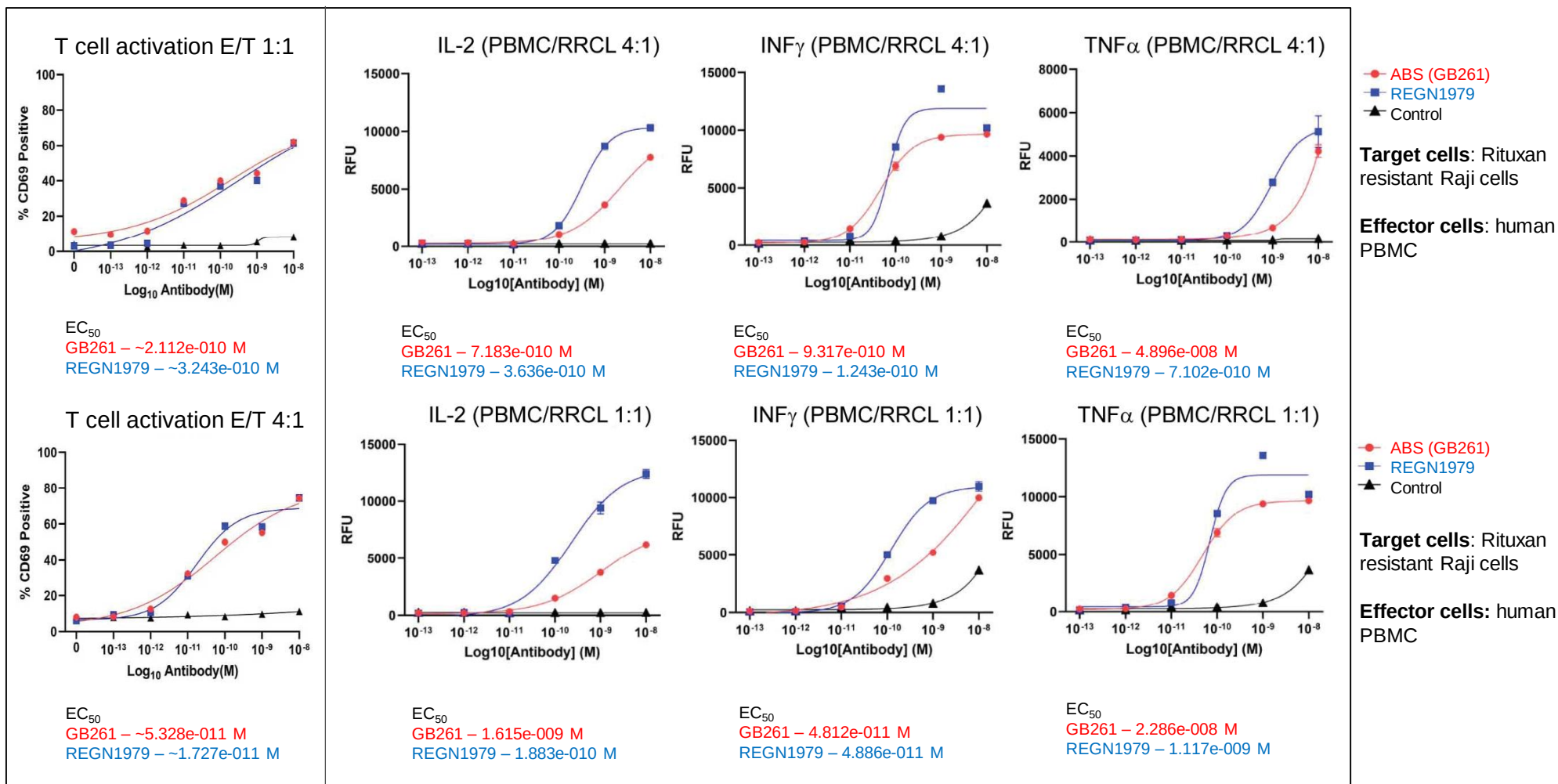
Study Purpose: Compare GB261 and REGN1979 analog for efficiency in treating Rituxan resistant NHL



GB261 induced more Rituxan-resistant Raji cell killing in PMBC-engrafted B-NDG mice than REGN1979 analog.



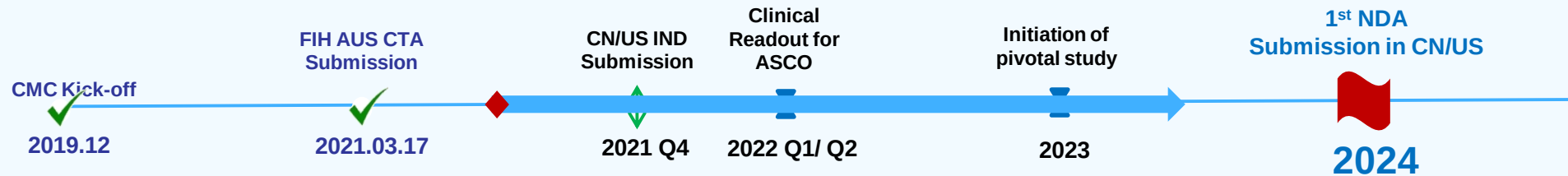
GB261 induces T cell activation with less cytokine releases



GB261 stimulates less cytokine release compared to that of REGN1979 analog.



GB261 – Preliminary Timeline

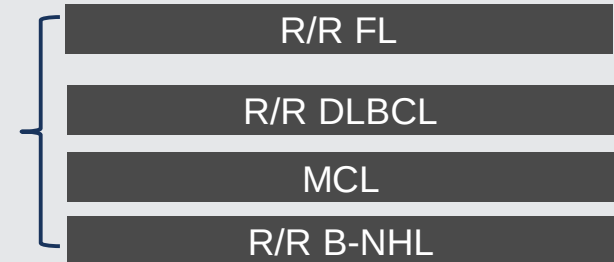


← 16 months →

- CMC Development (~6g/L; AB>80%)
- GLP Toxicity Study
- FIH Study Design

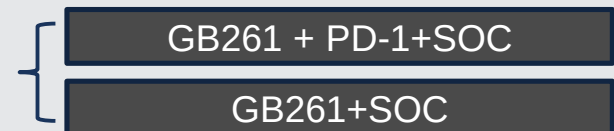
Fast to Market Strategy (Preliminary)

Single-Arm Trials in
CN/US/AUS



Large Indication Strategy

1L DLBCL* &
Other Indications



*Target NDA approval in 2025/2026



GB262 – the first BsAb induces both T cell activation and CDC

MOA Introduction

- Maintain PD-L1 binding affinity and lower CD55 binding affinity (CD55 is a cancer associated antigen needs extra design for safety/efficacy balance)
- Maintain PD-L1/PD-1 blocking function, enable PD-L1 co-internalization and down-regulation
- Maintain CD55 internalization, downregulation and CD55/CD97 blocking function
- Enable the designed drug candidate to have the best developability

Project Highlights

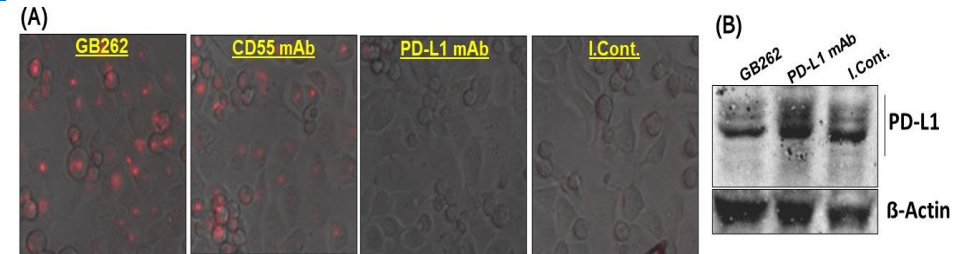
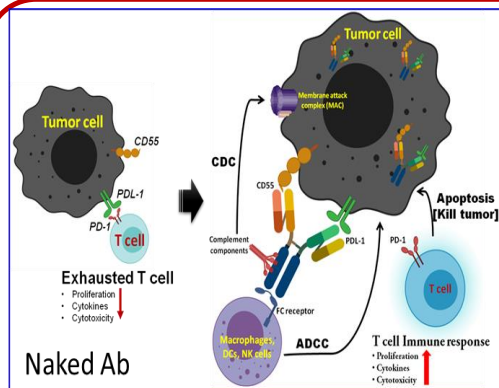
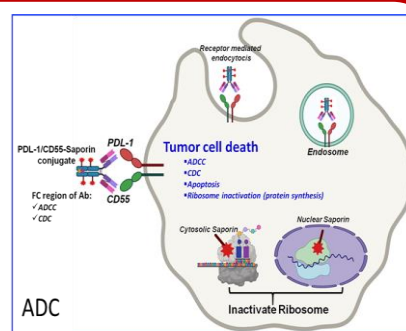


Fig 1. (A) Internalization of GB262 (indicated by red fluorescence signal) in PANC-1 cancer cell. (B) Internalization of GB262 leads to down regulation of PD-L1 in PANC-1 cancer cell.



Overall MOA of GB262 including T cell activation, ADCC, CDC



MOA of GB262-ADC showing its internalization into cancer cell and killing it

Market Analysis

First BsAb designed to induce co-internalization of *PD-L1* and *CD55* thus release cancer's repression on both T cell activation and on CDC. No competitor on the market.

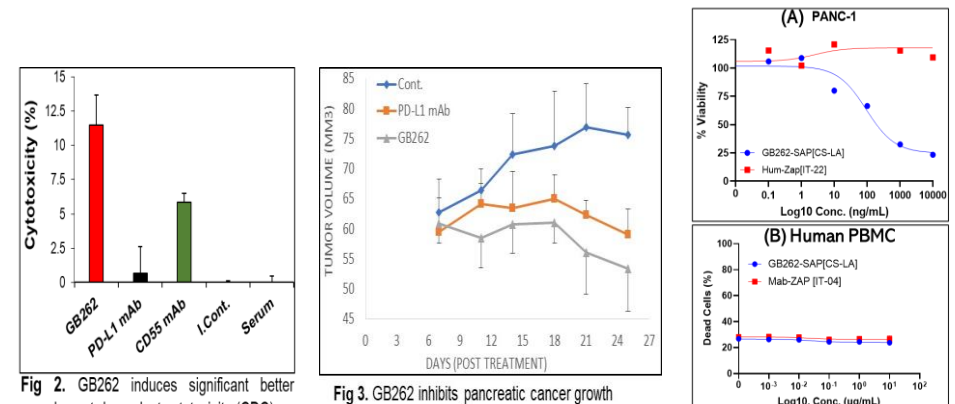


Fig 2. GB262 induces significant better complement-dependent cytotoxicity (CDC) on MIA paCa-2 cell compared to parental mAb.

Fig 3. GB262 inhibits pancreatic cancer growth similar to the parental PD-L1 mAb in human PBMC engrafted NDG mice model (CDC is not applicable in this model).

Fig 4. GB262-ADC kills pancreatic cancer cell (A) but not human PBMC (B).

Summary

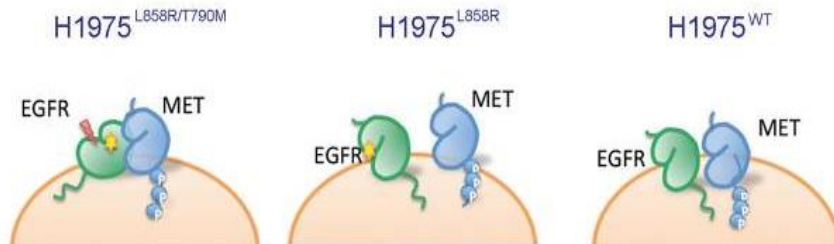
- GB262 induces PD-L1 internalization and downregulation, thus inhibits pancreatic cancer growth *in vivo*
- Targeting CD55 by GB262 leads to induction of CDC in cell-based assay
- GB262-ADC kills pancreatic cancer cell but not human PBMC in cell-based assay



GB263T – the First TsAb of EGFR/cMET/cMET Targeting NSCLC

MOA Introduction

- Project Mission: Best in class therapeutic Ab targeting both EGFR & cMET pathways
- Promote therapeutic efficacy on TKI resistant NSCLC
- Expanding therapeutic objective window on NSCLC by co-targeting EGFR (both wild-type and mutant EGFR) and C-Met expressing tumor cells
- Design the multi-specific antibody with great safety, efficacy and manufacturability balance
- Built-in new internalizing MOA for better targeting signal transduction pathways involving EGFR/EGF and C-Met/HGF



3rd generation TKIs:
osimertinib (TAGRISSO) and
rociletinib

1st generation TKIs: gefitinib and erlotinib
2nd generation TKIs afatinib and
dacomitinib

In addition to secondary **EGFR mutations**, bypass mechanisms such as **MET** or ERBB2 **amplification**, Hippo pathway inhibition, and insulinlike growth factor 1 receptor (IGF1R) activation also contribute to resistance to EGFR-TKIs

Market Analysis

First TsAb designed which binds to two different epitopes on cMET and one on EGFR resulting in enhanced internalization of the receptors and suppression of cancer cell proliferation. TsAb also shows enhanced cancer cell death

Project Highlights

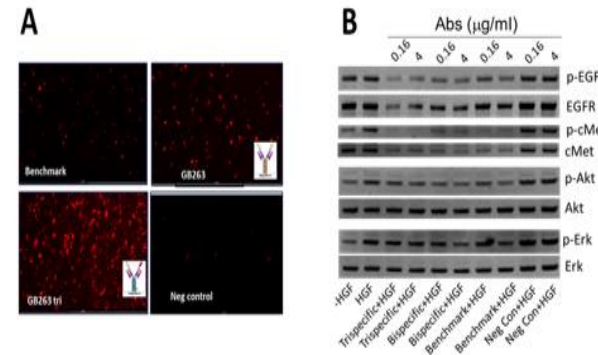


Fig 1. A) GB263 tri induces enhanced internalization of cMET/EGFR receptors (fluorescence red signal). **B)** Enhanced internalization for GB263 tri leads to increased reduction of cMET/EGFR and their phosphorylated proteins(all wells have equal protein content).

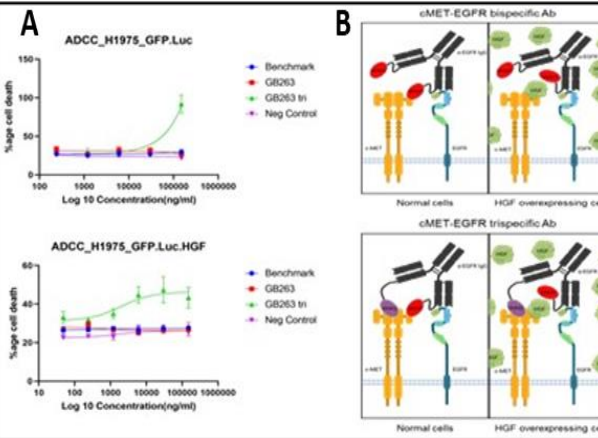


Fig 2 A) GB263 tri is more effective in cancer cell killing through ADCC. **B)** Schematic showing differences of cMET binding between GB263 and GB263 tri.

Summary

- GB263 tri has shown enhanced potential in internalizing into cancer cells that express cMET/EGFR.
- Internalization of GB263 tri leads to increased reduction in the levels of phospho EGFR and phospho cMET, and suppression of cancer cell proliferation
- GB263 tri also leads to enhanced cancer cell killing through ADCC



GB264 – A Highly Differentiated Claudin 18.2xCD3 for GI Cancers

Background

- Claudins are important components of the tight junctions that control flow of molecules in the intercellular space between epithelial cells
- Claudin18.2 is highly expressed in gastric and pancreatic adenocarcinoma
- Its restricted expression makes Claudin18.2 a potential target for the treatment of gastric and pancreatic cancer

Project Rationale

Designing a T cell engaging Bispecific antibody that targets Claudin18.2 expressing cancer cells with great safety, efficacy and manufacturability balance

Market Analysis

Approximately one million new cases of Gastric (stomach) cancer are diagnosed worldwide each year with five-year survival is ~5–20%

Project Highlights

Differentiation

- Better safety/efficacy balance
 - Lower T cell binding [Solve Safety Issue]
 - Enabled cancer specific Fc effector function (ADCC/CDC) [Benchmark does not]

Results

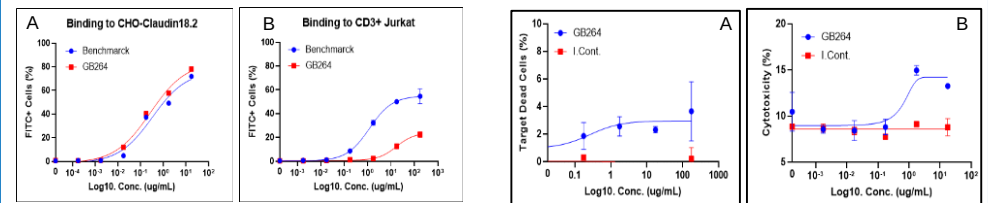


Fig 1. GB264 has similar binding ability to Claudin18.2+ cells compared to that of benchmark (A) and significantly lower binding ability to CD3+ cells compared to BM (B) .

Fig 2. GB264 specifically induces ADCC (A) and CDC (B) on Claudin18.2+ target cells.

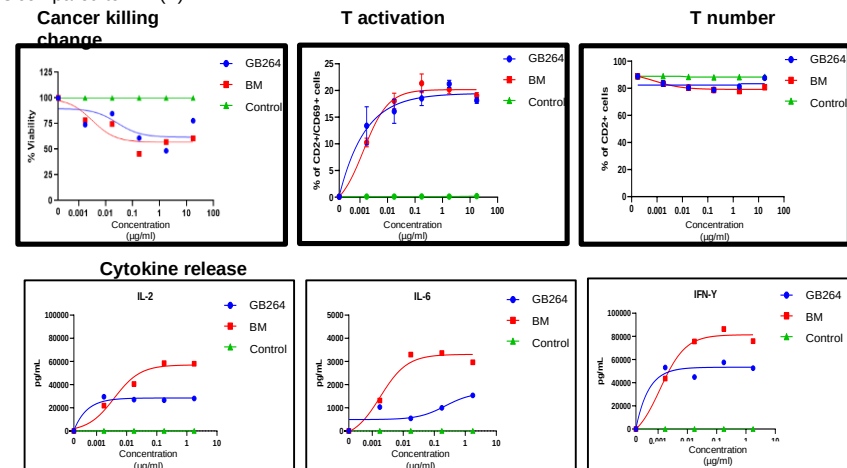


Fig 3. At E/T 5 to 1, GB264 has comparable cancer killing, T activation and less cytokine release compared to that of BM

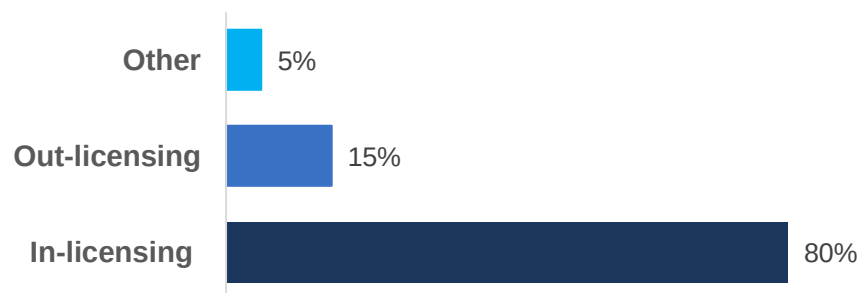
GB264 with two hlgG arms binding to CD3 to recruit T cell for activation and two VHHs targeting Claudin18.2 expressing cancer cells



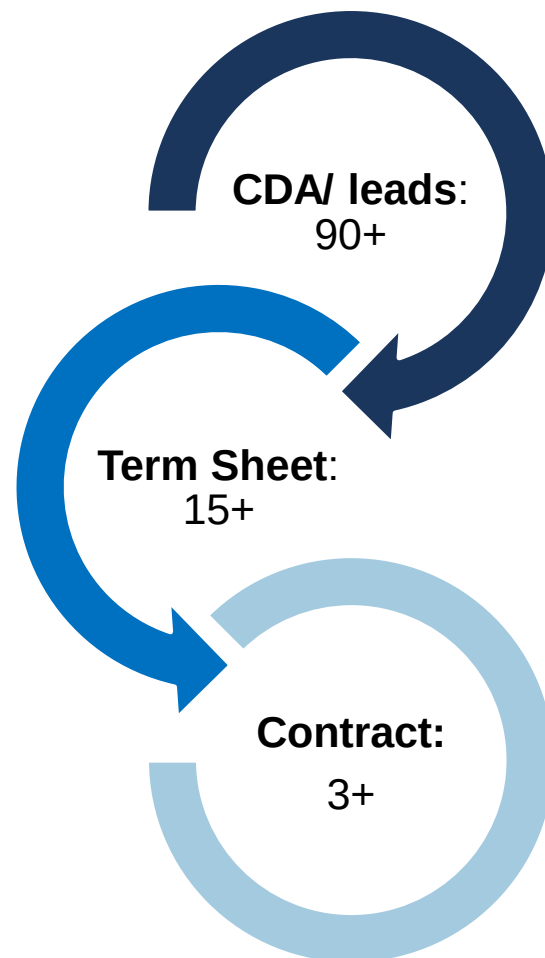
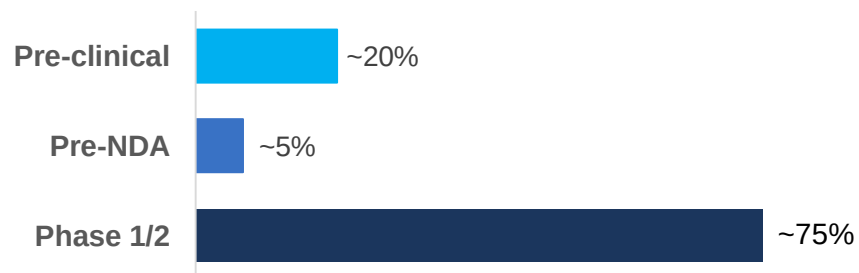
Transforming Pipeline – Licensing and Co-development

Team Structure: 70%+ staffs with Ph.D degree; 5+ consults;
3-5 in-depth analytical reports per quarter

By topic



By asset



2020-Present

- 2 in-licensing deals
- 1 co-development deal

3~5 more deals by December 2021



End-to-end Fully-integrated Biopharmaceutical Platform

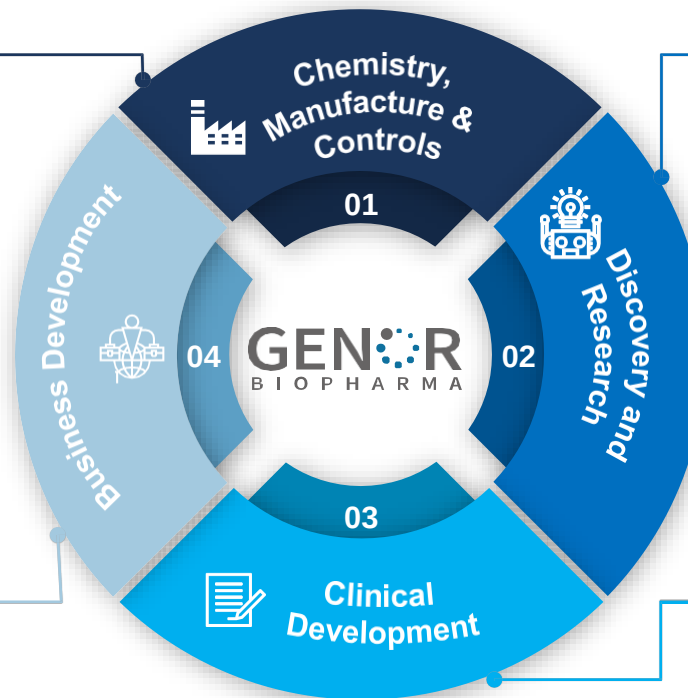
Fully-integrated, end-to-end biological platform encompasses all the key biologic drug development functionalities

- Strong CMC capabilities with extensive international experiences and **one decade of antibody technology development** in China
- **~8,000 m² commercial-ready GMP** manufacturing facility for both pivotal trial supplies and product launches, allowing us to meeting regulatory expectations smoothly
- **Commercial-ready continuous-flow cell culture technologies**, enabling us to manufacture product with **low costs**

- **Proactive and systematic approach** to evaluate assets for in-licensing opportunities
- **A proven track record** of collaborating with biopharmaceutical and biotechnology companies across the globe



- Benefitting from the global network and industry resources of **our shareholders**



- Strategically identify and select targets with proven or highly potential clinical benefits
- Leveraged our research hubs in **Shanghai** and **San Francisco** to develop **majority of** drug candidates in-house, especially focusing on **differentiated bi/tri-specific** Abs innovative drug discovery technologies



- **Research hubs in Shanghai and San Francisco**

- At their prior positions in China, our **core clinical team members** played key roles in the submission of more than **60 IND applications, 22 NDAs** and the **successful approvals and launches of 16 products**
- Strategically design clinical trials and select optimal regulatory pathways toward commercialization in China with **maximum efficiency** and speed



Commercialization-ready Manufacturing Capabilities

Yuxi, Yunnan Phase 3 and Future Commercial Manufacturing Site



Cutting-edge Continuous-flow Manufacturing Technologies

- With quality excellence and enhanced cost efficiencies, boasting state-of-the-art **concentrated fed-batch (CFB)** and **perfusion** technologies that allow us to generate **higher titer and yield with smaller bioreactors** than the conventional technologies, driving the high-end of the industry range (lower CapEx, OpEx and COGm)
- Designed to operate under GMP requirements, inherited from ~15yrs of Walvax commercial vaccine production



Bioreactors: 3 x 200L, 4 x 500L (~8,000 m² Floor Space)

- Supporting both pivotal trials and product launch (regulatory advantage), and avoid CMC Post-approval Manufacturing Changes
- Supporting our commercial manufacturing needs in the near future for, including but not limited to, our first three products (GB226, GB242 and GB22).

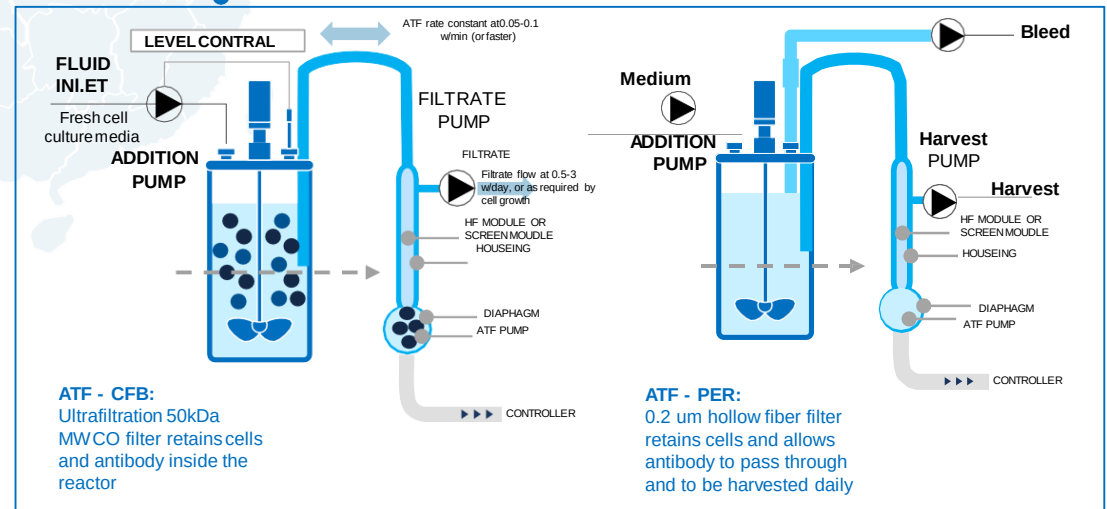


Yuxi,
Yunnan

Shanghai R&D Center with Pilot Plant for IND and Clinical Supplies

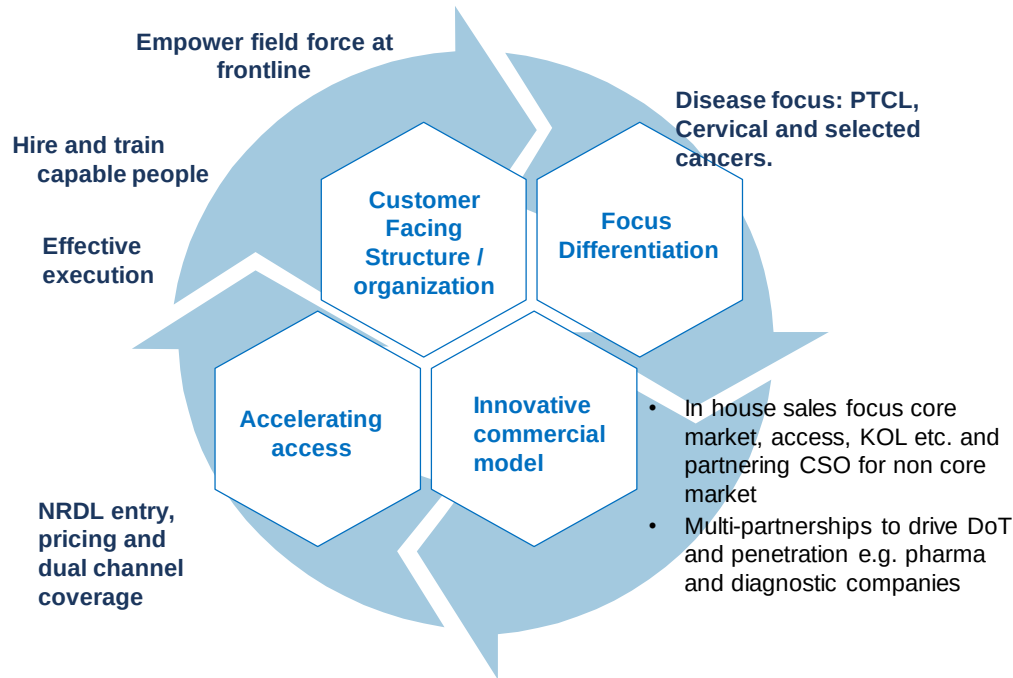
- Strong late-stage CMC capabilities with approximately one decade of technology precipitations since 2007. 20+ IND applications and most phase 1/2 clinical trials supported
- Process development: ATF-CFB and ATF-PER **continuous-flow cell culture technology development for higher titer and yield**; Antibody purification platform for DSP PD
- Quality: state-of-art, GMP-designed analytical and quality control platform for extensive product characterization, comparability study, QC method development and qualification, and product releases; QMS system designed to be compliant with GMP operations and NMPA, FDA, and ICH guidelines
- **New facility with over 43,000 sqm** to be built in Lin-Gang Special Area

Shanghai



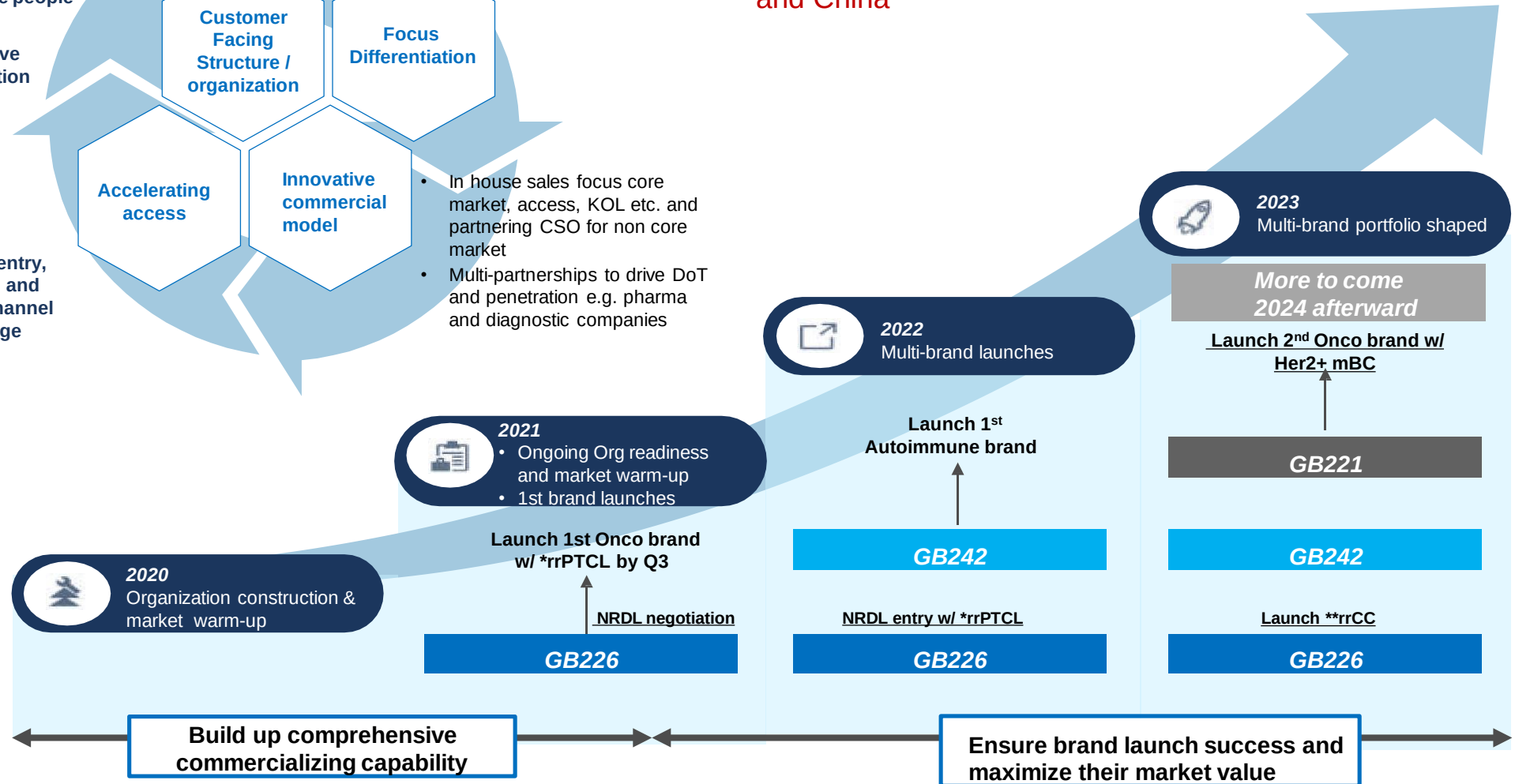


Genor Commercial Strategy and Future Outlook



GENOR commercial aims:

- To launch new product successfully in short-middle term
- To be a leading commercial team in long term in Asia and China



*rrPTCL refractory and relapsed peripheral T cell lymphoma, **rrCC refractory and relapsed cervical cancer



Innovative Commercial Model to Maximize Market Opportunity

(Build up in-house capable commercial team with CSO co-promotion, a hybrid sales model, to support the launch of late-stage candidates including GB226)

- GB226 with 1st indication PTCL expects to be launched in China by Q3, 2021
- In-house sales team set-up will be fully ready with configuring full commercial functions before GB226 launch
- Covers core lymphoma market and other defined segments while launch GB226, and will continue to expand sales force with GB226 NRDL entry in 2022 and other new indication approval in the future
- Select capable CSO and partners to increase market coverage, extend DoT and accelerate patient access

In-house sales and CSO joint effort for GB226 launch

Target to cover 80-90% PD1/L1 market by hybrid sales model

Commercial functions	Core market	Non core market
Sales	Genor in-house team	CSO
Marketing/medical	Genor team	CSO collaborates for activity
Supply/channel	Genor team	
Access strategy	Genor team e.g. NRDL, pricing	
Access execution	Genor team	CSO
CRM/data/training	Genor team	



* NRDL national reimbursement drug list in China



Seasoned Management Team with Proven Track Records



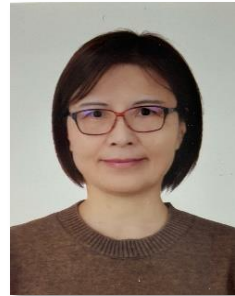
Dr. Feng GUO

Chief Executive
Officer



Dr. Jack HU

Chief Strategy
Officer, CFO



Dr. Shuhua HAN

Chief Scientific
Officer, CSO



Dr. Joe ZHOU

President
Executive Officer



Ms. Tong LI

Chief Medical
Officer, CMO



Mr. Wende CHEN

Chief Operation
Officer, COO



Dr. Steven KAN

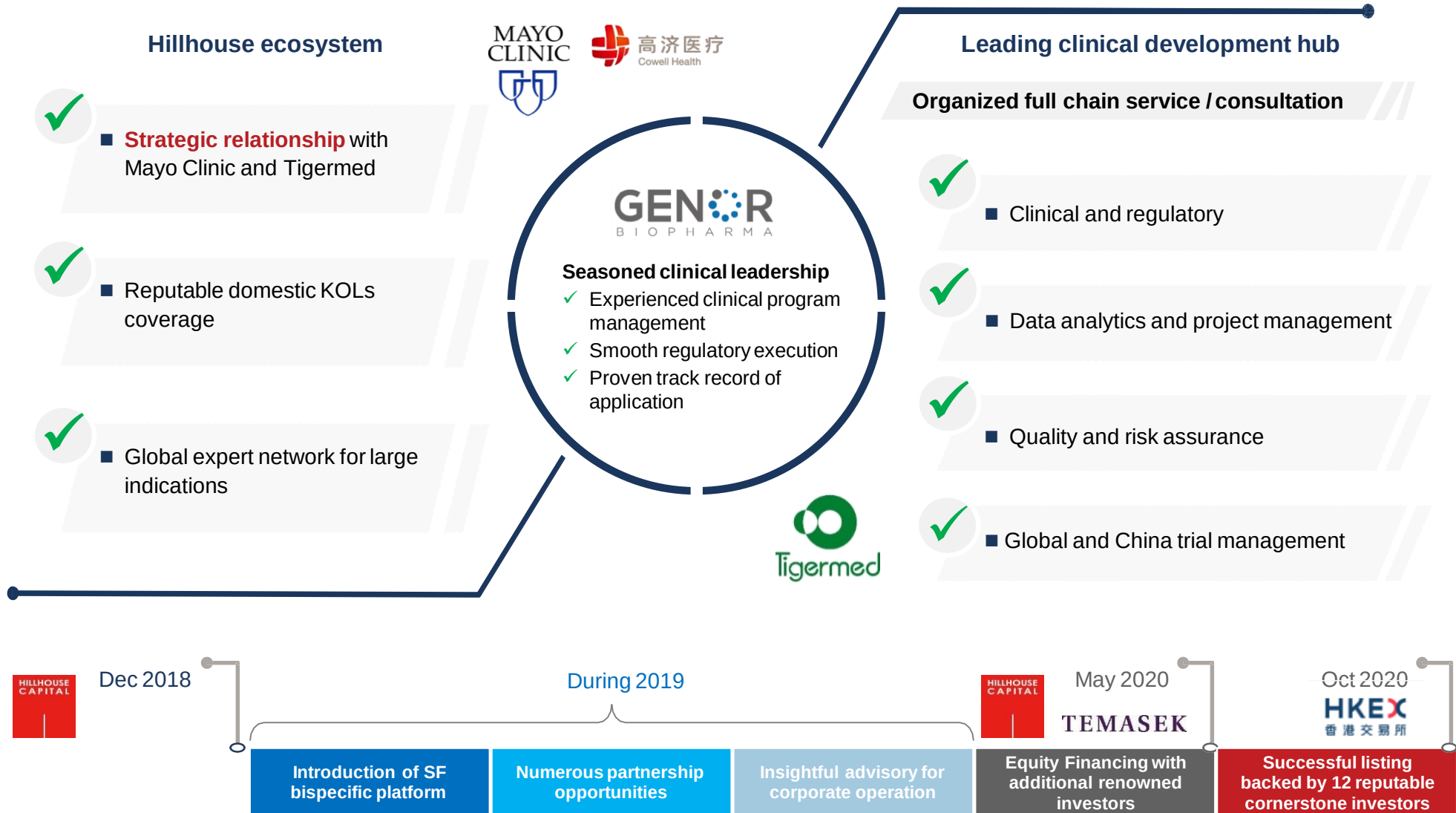
Chief Technology
Officer, CTO





Beneficiary of a Robust Ecosystem

Unparalleled KOL Network Strengthened by Broad Clinical Trial Offerings





Upcoming Events

GENOR
BIOPHARMA



Upcoming Milestones

Key Events	Timing
GB242 (TNF- α) – Manufacturing on-site inspection	2Q21
GB261 (CD20/CD3) – First Patient Enrollment in Australia	3Q21
GB491 (CDK4/6) – Toxicology Topline data	3Q21
GB491 (CDK4/6) – File IND for Phase 3 trial for 1L/2L HR+/HER2- mBC	3Q21
GB226 (PD-1) – NDA approval for r/r PTCL	3Q21
GB226 (PD-1) – Commercial Launch with 1st indication of r/r PTCL	3Q21
GB226 (PD-1) – Last Patient Enrollment for 2L Cervical Cancer	3Q21
GB221 (HER2) – NDA submission for 2L HER+ mBC	4Q21
GB491 (CDK4/6) – IND approval for Phase 3 trial for 1L /2L HR+/HER2- mBC	4Q21
GB491 (CDK4/6) – First Patient Enrollment for Phase 3 trial for 1L /2L HR+/HER2- mBC	4Q21
GB492 (STING) – First Patient Enrollment for solid tumor	4Q21
GB242 (TNF-α) – NDA approval	1H22
GB261 (CD20/CD3) – Initial POC Data	1H22
GB491 (CDK4/6) – Interim Data for 2L HR+/HER2- mBC	2Q23



Financial Overview

GENOR
BIOPHARMA



Financial Overview – Income Statement

RMB' million	Year ended 31 December	
	2020	2019
Revenue	10.3	13.0
Cost of revenue	(2.6)	(9.6)
Gross Profit	7.7	3.5
Administration expenses	(241.4)	(89.4)
Research and Development expenses	(696.6)	(438.8)
Other (expenses)/income-net	(4.4)	4.1
Other (losses)/gains-net*	(1,968.3)	0.1
Operating loss	(2,903.0)	(520.6)
Finance Income	3.7	0.6
Finance Costs	(137.0)	(3.7)
Finance costs-net	(133.3)	(3.1)
Loss before income tax	(3,036.3)	(523.6)
Income tax credit	5.8	0.9
Loss for the year	(3,030.5)	(522.7)



Revenue

- In 2020, we generated revenue of RMB 10.3mn

Expenses

- R&D expenses was mainly due to (i) increases of our ongoing clinical trials expenses and (ii) our employee salary and related benefit costs
- The increase in Administration Expenses was due to i) the increases of listing expenses and (ii) our employee salary and related benefit costs

Net loss for the year

- Net loss for the year was RMB 3,030.5mn

* Other losses mainly due to net fair value losses on preferred shares of Rmb 1,933.8mn

* All numbers are rounded to one decimal place



Financial Overview – Balance Sheet

Year ended 31 December

RMB' million	2020	2019
Cash and cash equivalents	2,929.7	253.5
Restricted bank deposits	2.0	-
Inventories	31.5	25.3
Contract cost	1.8	3.9
Other receivables, deposits and prepayments	108.7	44.6
Amounts due from related parties	27.8	20.9
Total Current Assets	3,101.4	348.2
Property, plant and equipment	200.3	191.4
Right-of-use assets	28.9	33.3
Intangible assets	156.9	94.3
Other receivables, deposits and prepayments	80.3	64.9
Deferred income tax assets	5.6	0.7
Total Non-Current Assets	472.0	384.6
Total Assets	3,573.4	732.8
Trade payables	91.7	103.4
Contract liabilities	4.9	11.8
Other payables and accruals	116.3	212.8
Lease liabilities	15.0	12.4
Amounts due to related parties	17.0	16.2
Deferred income	3.7	3.5
Total Current Liabilities	248.7	360.1
Contract liabilities	0.8	0.8
Lease liabilities	16.0	29.4
Amounts due to related parties	34.8	31.9
Deferred income	21.9	22.9
Deferred income tax liabilities	14.1	15.0
Other non-current liabilities	-	47.4
Total Non-Current Liabilities	87.6	147.3
Total Liabilities	336.3	507.4
Total Equities	3,237.1	225.5

Cash Balance

- As of December 31, 2020, our total cash and cash equivalents increased to Rmb 2,929.7mn.



* All numbers are rounded to one decimal place



Q&A

GENOR
BIOPHARMA