INNOCARE
诺诚健华

InnoCare Pharma (9969.HK, 688428.SH)
2023 Interim Results NDR

August 2023

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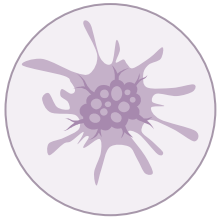
Our Vision

To Become
a **Global Biopharmaceutical Leader**
that Develops and Delivers
Innovative Therapies for Patients **Worldwide**

Oncology



Autoimmune

Our Therapeutic Focus

Strategy Execution Delivered Strong Growth & Development in 2023H1

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Commercialization

- Total revenue reached **RMB 378mn, +53.5% yoy growth**
  - Orelabrutinib sales **+47.8% yoy growth**
- Orelabrutinib rapid market penetration and hospital coverage after NRDL inclusion
- Highly experienced commercial team in hematology
- **Tafasitamab**
  - Approved for Urgent Clinical Use in the Hainan Province
  - Approved in Hong Kong
  - Access for Urgent Clinical Use in Big Bay Area

Progress of Internal R&D Pipeline

- **Orelabrutinib**
  - **r/r MZL NDA approved, first and only BTKi approved in China; r/r MCL approved in SG**
  - **r/r MCL US registrational trial finished patients enrollment, NDA submission in mid-2024**
  - **1L CLL/SLL registrational Phase III finished patients enrollment**, **NDA submission 2Q2024**
  - **1L DLBCL-MCD registrational Phase III** ongoing
  - **ITP PoC in PII, PIII registrational trial initiated**
  - **SLE PIIa positive, PIIb enrollment ongoing, interim results expected by end of 2024**
  - **MS PII: 24-week results: 92.3%** relative new Gd+T1 lesion reduction at 80mg QD compared to placebo arm
- **ICP-248 achieved FPI with excellent efficacy**
- **ICP-332 PII for AD will finish patients enrollment in Sept., result readout by end of 2023**
- **ICP-488** PI in healthy finished; early PoC in psoriasis cohorts started, PII initiated
- **ICP-723 registrational trial ongoing,** IND approved for pediatric arm
- **ICP-192 registration trial for cholangiocarcinoma**

License-in/Collaboration

- **ICP-B04, Tafasitamab+LEN**
  Finished enrollment in registrational trial, NDA submission 2Q2024
- **ICP-B02 (CD3*CD20)**
  Good efficacy observed in IV and SC cohorts
- **ICP-B05 (CCR8)**
  PI dose escalation ongoing

Platform

- Guangzhou manufacture facility is producing majority of commercial Orelabrutinib & all other clinical drug products
- Beijing biologics CMC facility started to operation
- Removed “B” in HKEx

Focus concerted efforts towards Company’s 2.0 objectives
Continue corporate culture of cost sensitive, strong execution & innovation

[1] ***PoC**: Proof of concept*

Research & Development
Product Pipeline – Liquid Cancer

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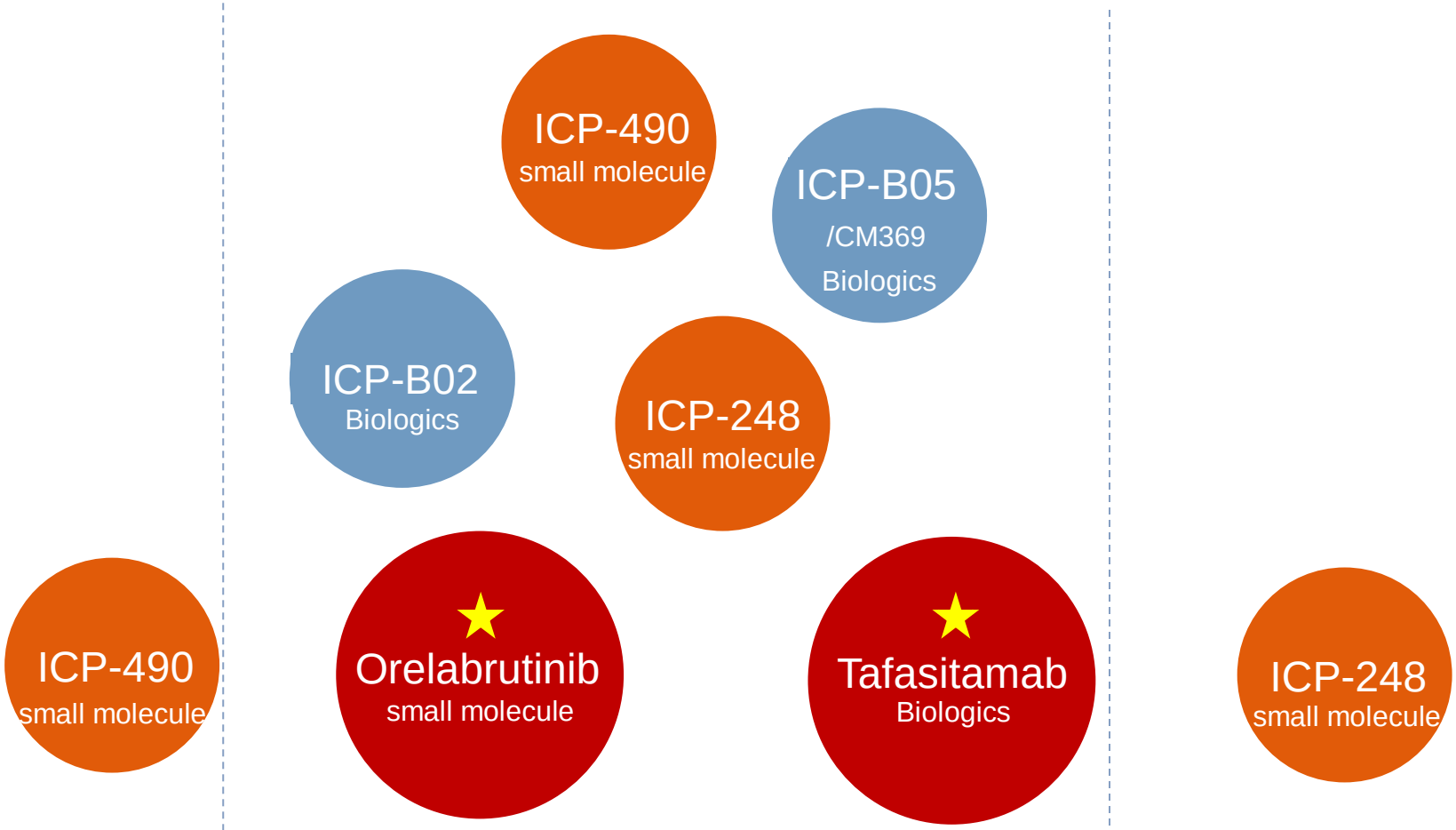
	Drug	Target	Indication(s)	Rights	IND Enabling	Dose Escalation PHIa	Dose Expansion PHIb	Dose Expansion PH2*	Pivotal Trial PH2**	Pivotal Trial PH3	Expected NDA Filing	Market
Liquid Cancer	ICP-022/ Orelabrutinib	BTK	r/r CLL/SLL		NDA approved: 25 Dec 2020							CHN
			r/r MCL		NDA approved: 25 Dec 2020							CHN,SG
			r/r MZL		NDA approved: 21 Apr 2023							CHN
			1L: CLL/SLL								2024	
			1L: MCL									
			1L: MCD DLBCL									
			r/r MCL		U.S. Development Status						2024	
	ICP-B04/ Tafasitamab	CD19	Tafa + LEN, r/r DLBCL								2024	HK
	ICP-B02	CD3 x CD20	Hemato-oncology		Dose escalating in IV&SC							
	ICP-248	BCL2	NHL/ALL/ Combo		Dose escalating							
	ICP-490	E3 Ligase	MM / DLBCL / Hemato-oncology		Dose escalating							
	ICP-B05	CCR8	Hemato-oncology		Dose escalating							

Listed drug | Registrational Trial | NDA | Commercial Product

Comprehensive Coverage for Hemato-oncology



MM	Others	CLL/SLL	MCL	MZL	WM	FL	CNSL	DLBCL	PTCL/ CTCL	AML	ALL	CML	Others
MM		NHL								Leukemia			

1 Commercialization Review

Increasing Sales Momentum in Orelabrutinib

Significant Growth of Net Sales

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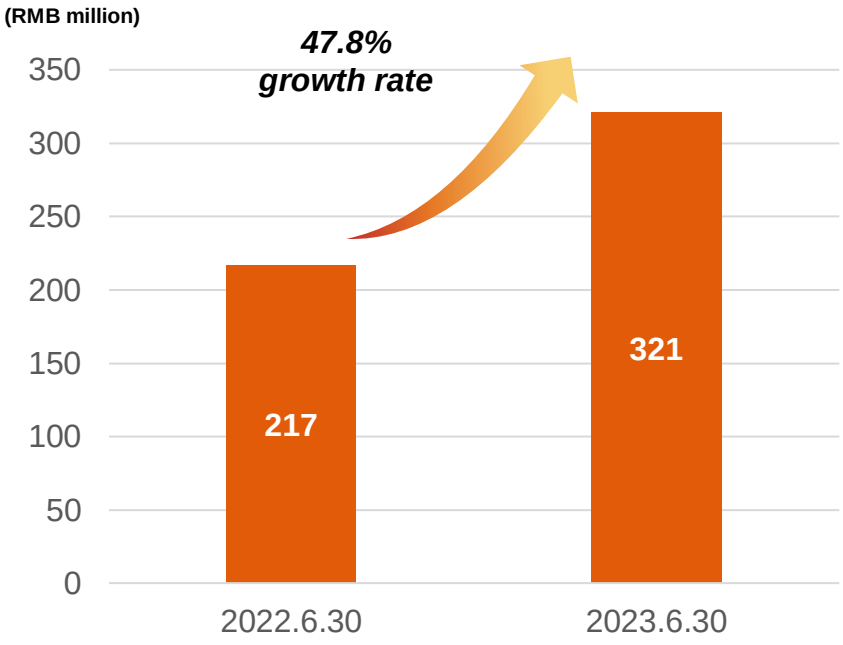


Successful Commercialization Strategy

- Net sales achieved **RMB 321mn** in 2023H1
- Swift implementation of NRDL[1] at local level
- Experienced and effective in-house commercial team
- Rapid coverage of hemato-oncology market in China
- **First and only BTKi for MZL in China**

MZL Approved in China

[1] ***Indications included in NRDL**: r/r Mantle Cell Lymphoma ("**MCL**") and r/r Chronic Lymphocytic Leukemia/Small Cell leukemia ("**CLL/SLL**")*

FPI to NDA took 1.5 years while FPI to launch to the market took 2.5 years

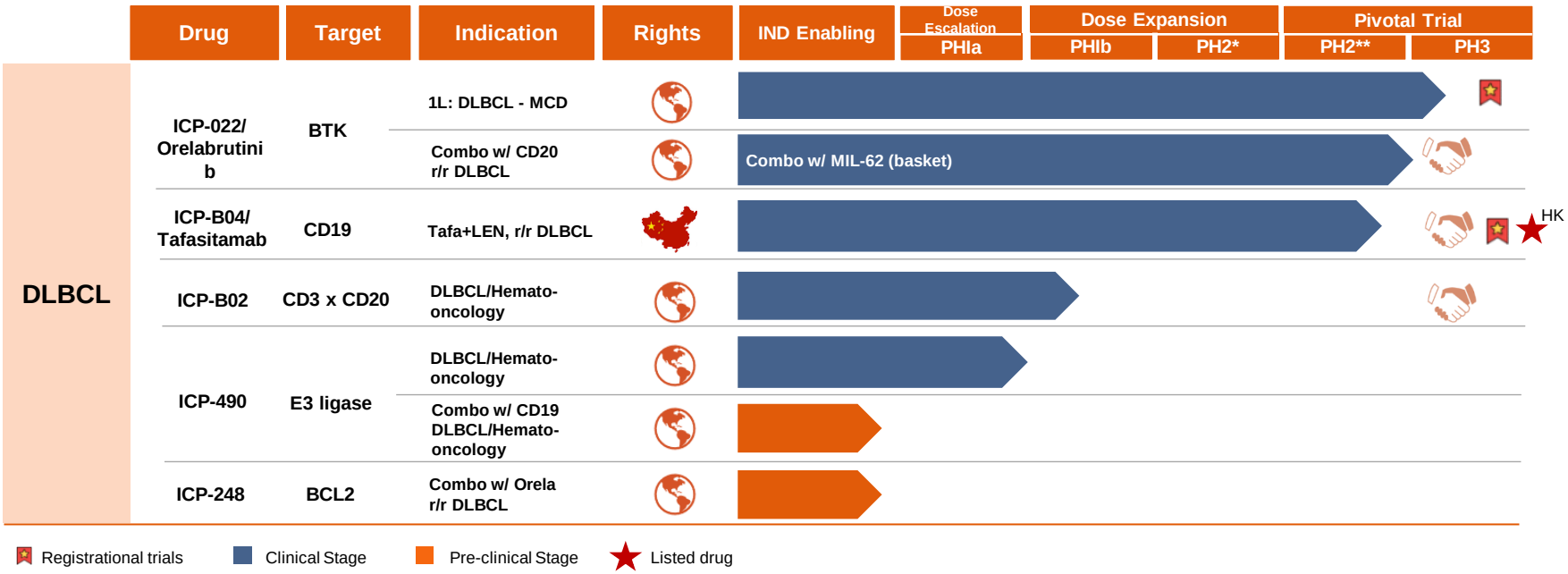
Strategies to Cover DLBCL

Orelabrutinib excellent safety profile for combo therapy

Tafasitamab CD19 Ab with improved ADCC/ADCP

ICP-490 E3 ligase modulator High selectivity/affinity Lenalidomide resistant

CD3xCD20 Highly potent, convenient w/ subQ Safety and convenient for late line patients



1 Major Program Update
Orelabrutinib: Potential Best-in-class BTKi for B-cell Malignancies

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- **Improved Safety and Robust Efficacy Profile, No severe AF case observed after 850+ patient dosed.**

Efficacy Profile

r/r CLL/SLL

	Orelabrutinib (ICP-CL-00103, N=80)[1]	Ibrutinib Resonate (n=195) [2]	Acalabrutinib ASCEND (n=155) [3]	Zanubrutinib (BGB-3111-205, N=91) [4]
Median Follow-up Time	47 months	44 months	36 months	34 months
ORR	93.8%	91%	93%	87.9%
CR / CRi	**30%**	9%	5%	6.6 %
PR / nPR	52.5%	78%	78%	69.2%
PR-L	11.3%	4%	10%	12.1%

Safety Profile

Adverse events of special interest	Orelabrutinib N=550* (%)	Ibrutinib N= 1,476[1] (%)	Acalabrutinib N= 1,029 [2] (%)	Zanubrutinib N= 629 [3,4] (%)
Any grade diarrhea	6.0%	43.8%	31%	20%
>= Grade 3 Atrial fibrillation	**0**	4.0%	1.1%	0.6%
Second primary malignancies	0.4%	10%	12%	9%
Major hemorrhage	1.1%	4% #	2.7%	3%
≥ Grade 3 Infection	9.6%	21%	19%	23%

r/r MCL (N=106, median follow time of 39.4 months)

- 83% patients achieved ORR and 87.7% patients achieved disease control.
- CR rate, by conventional CT method, increased to 36.8% and it was expected a higher rate of in depth response may occur with prolonged treatment.
- The median PFS was 27.4 month and the median OS was not reached.

r/r MZL (N=90, median follow time of 24.3 months)

- **First BTKi for MZL in China.**
- ORR was 58.9% assessed by independent review committee ("IRC").
- The median duration of response ("DOR") was 34.3 months (95% CI).
- The estimated 12-month PFS and OS were 82.8% and 91%.

Sources: Imbruvica Prescribing Information, Jan 2019
Pooled Analysis of Safety Data from Clinical Trials Evaluating Acalabrutinib Monotherapy in Hematologic Malignancies, John C. Byrd, et al., Blood, 2017; 130:4326
NDA/BLA Multi-disciplinary Review and Evaluation, 210259Orig1s000, Center for Drug Evaluation and Research
Pooled Analysis of Safety Data from Monotherapy Studies of the Bruton Tyrosine Kinase (BTK) Inhibitor, Zanubrutinib (BGB-3111), in B-Cell Malignancies, S. Tam C., et al., European Hematology Association, Jun 15, 2019; 266776, PS1159; Xu W, et al. J Hematol Oncol . 2020 May 11;13(1):48.; Huang X, et al. Cancer Med. 2018 Apr;7(4):1043-55.; Byrd JC, et al. 2017 ASCO poster 272.
Ghia P, et al. J Clin Oncol . 2020 May 27;JCO1903355
"Safety Analysis of Four Randomized Controlled Studies of Ibrutinib in Patients with Chronic Lymphocytic or Mantle Cell Lymphoma" by Susan O'Brien, et al., Original Study, 2018; 18(10), 648-657. e15
Efficacy data cut off data: 2022.12.30 (MCL & CLL/SLL); 2022.10.9 (WM)

- *Safety profile Note: Data cut off date 2022.12.24*
- *"≥ Grade 3, serious, or any grade central nervous system bleeding events.#two cases, one with intracranial hemorrhage (65-year old patient with >10 years hypertension) and the other with vitreous hemorrhage which was assessed as unlikely related to the treatment of orelabrutinib.** Data cutoff date October 31, 2020. § one AML and one bladder cancer (based on TEAEs irrespective of causality assessment).¥ ≥ Grade 3, serious, or any grade central nervous system bleeding events. # From 2,838 pts who received ibrutinib in 27 clinical trials ## Bruising and petechiae excluded.1 Imbruvica US prescribing information2 Calquence US prescribing information3 Brukinza US prescribing information 4 Brukinza NDA Multi-Discipline Review*

Major Program Update

Tafasitamab: Potential Best Therapy for r/r DLBCL

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Current Status and Further Development

- **Registrational trial for r/rDLBCL finished enrollment in mainland China, NDA submission 2Q2024, NDA approval in 1-2Q2025**
- **Approved for Urgent Clinical Use in the Hainan Province**
- **BLA was approved in Hong Kong and approved for pilot use in GBA**

Competitive Landscape: Selected Novel Therapy in r/r DLBCL

Company	Target	Therapy	Phase	ORR (%)	CR (%)	mDOR (m)	mPFS (m)	mOS (m)
Incyte/InnoCare	**CD19**	**Tafasitamab + Lenalidomide**	**Approved ex-China**	**57.5**	**40**	**43.9**	**11.6**	**33.5**
ADC Therapeutics	CD19 ADC	Loncastuximab tesirine	**Approved ex-China**	48.3	24.1	10.25	4.93	9.92
Roche	CD79b ADC	Polatuzumab vedotin + BR vs BR	**Approved**	42 vs 18	23 vs 3	12.6 vs 7.7	9.5 vs 3.7	12.4 vs 4.7
Roche	CD20/CD3	Glofitamab	BLA	52	39	10.4	3.8	11.5
Amgen/ Beigene	CD19/CD3	Blinatumomab	II	43	19	11.6	3.7	5.0
Regeneron/ Zai Lab	CD20/CD3	Mosunetuzumab	II	33	21	N/A	N/A	N/A
AbbVie	BCL2	Venetoclax+R+Pola	II	65	31	5.8	4.4	11

Source: Frost & Sullivan Analysis as of the end of 2022; Insight; Pharma Intelligence

3 Major Program Update

ICP-248 (BCL2 Inhibitor): Best Combination Partner for Orelabrutinib

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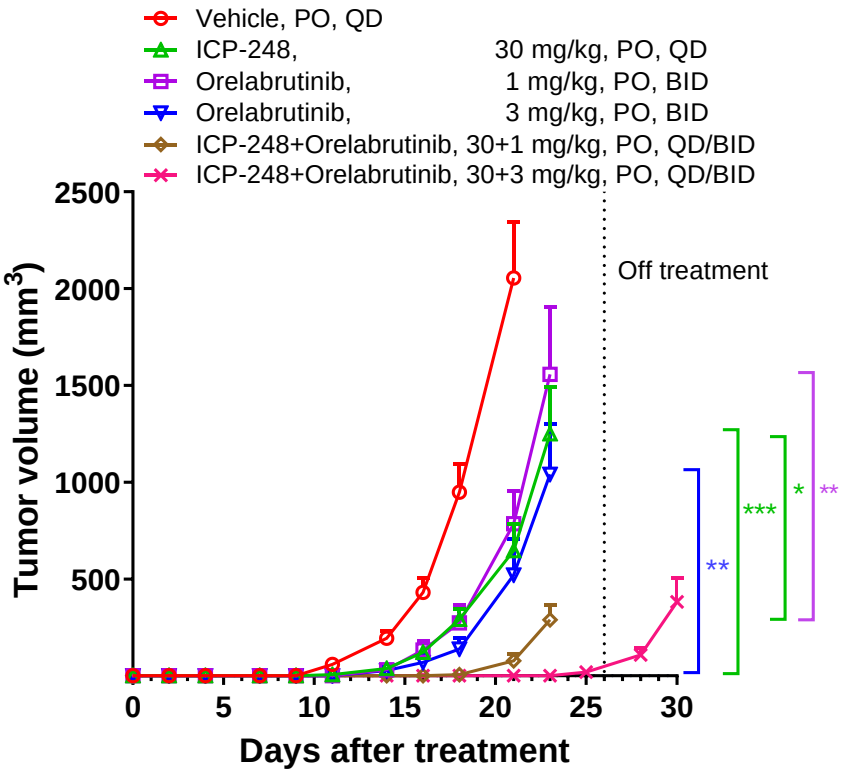
Phase I dose escalation in NHL

- Phase 1 dose escalation in patients with r/rCLL/SLL, r/rMCL and other NHL underway; Excellent PK profile
- Four patients dosed that show outstanding efficacy (**2 CR with uMRD out of 3 evaluated**)
- Great **combo potential with Orelabrutinib** for global markets

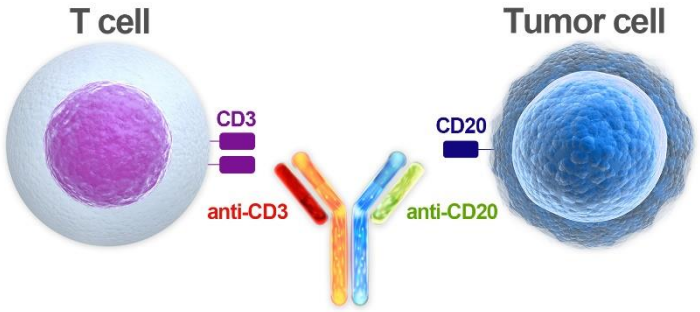
Dose level	Subject #	Lines of prior Tx	Diagnosis	DLT	SAE	Overall Assessment	MRD
100mg	1	4 (BTKi failure)	r/r MCL	No	No	**CR**	**PB uMRD**
100mg	2	3 (BTKi failure)	r/r SLL	No	No	**CR**	**BM uMRD by Flow**
100mg	3	1	r/r CLL	No	No	SD	**NA**

Combination of ICP-248 and Orelabrutinib showed superior anti-tumor activity compared to monotherapy



Major Program Update

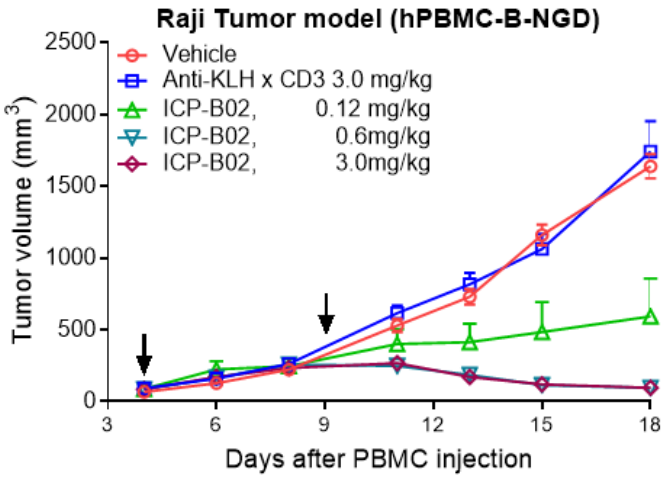
ICP-B02: Potential Best-in-class CD3 x CD20 BsAb



ICP-B02 Clinical Development Plan Targets Multi-indications and Settings

- Dose escalation of IV cohorts completed, 1st SC cohort completed
- Good efficacy observed in both IV and SC cohorts in **FL and DLBCL patients**
- **Well tolerated with no DLT observed,** low grade and manageable CRS
- SC formulation improves safety and convenience
- Significant potential across a broad range of indications in NHL as **mono or combo therapies.**

Superior anti-tumor activity



Major Program Update

ICP-490: Highly Potent Next Generation CRBN Modulator

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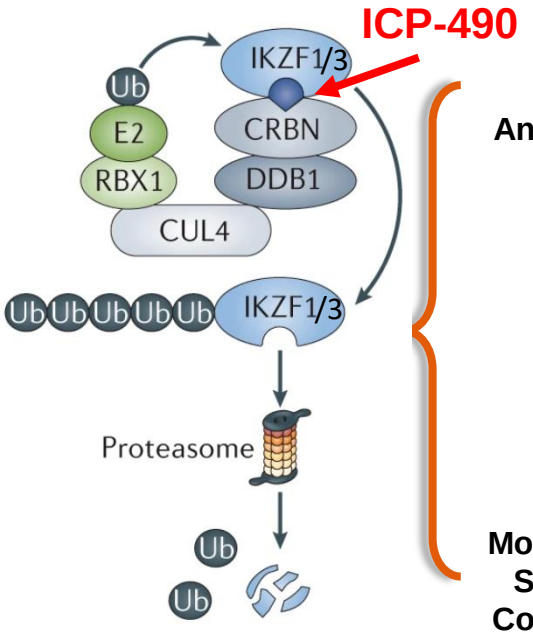
Blockbuster Potential for Multi-indications

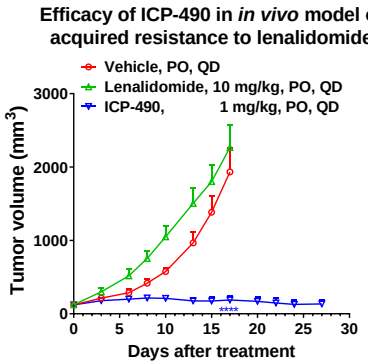
- **Superiority in potency** and overcomes acquired resistance to lenalidomide
- **Synergy with therapies** such as anti-CD38, anti-CD20, anti-CD19 mAbs etc., strong rationale for combination in the clinic
- **Revolutionary treatment of MM**
- **Immense potential in hemato-oncology, including MM, NHL as a mono therapy or in combo with others**



Direct Anti-Myeloma Effects

Immune Modulation for Synergistic Combinations

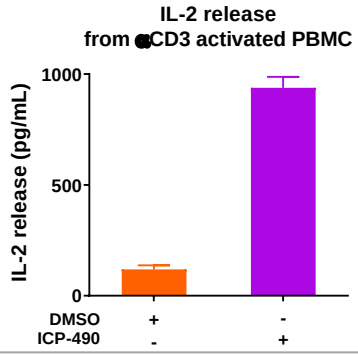
• **Overcomes acquired resistance**



MM

r/r MM
1L MM

• **Increases IL-2 modulates immune**

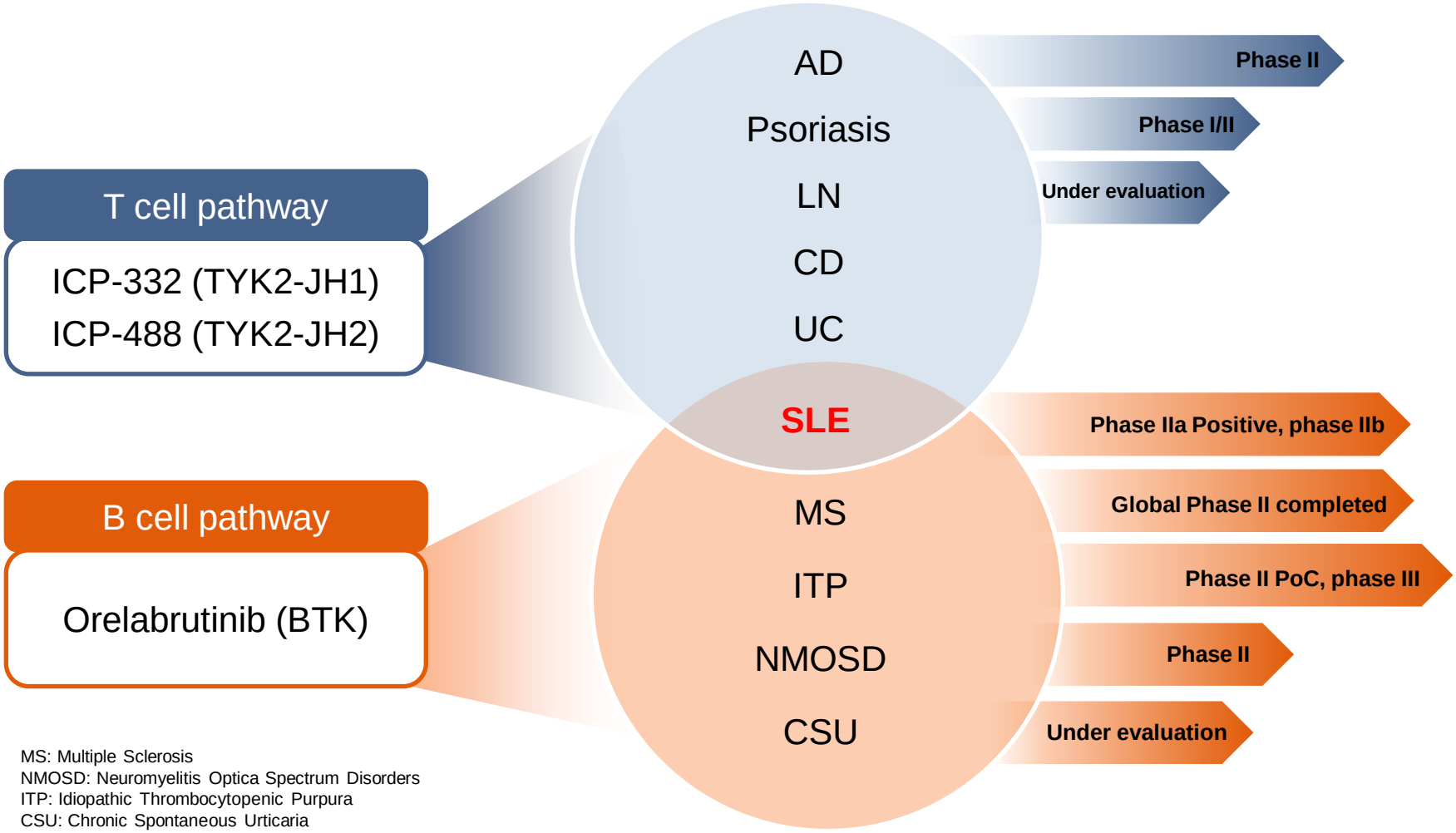


MM
NHL

MM
NHL
(CLL/SLL, MCL, MZL, WM, FL, DLBCL, etc.)

Source a: Reference: a: Jan, M., Sperling, A. S., and Ebert, B. L. (2021). Cancer therapies based on targeted protein degradation — lessons learned with lenalidomide. Nature Reviews Clinical Oncology 18, 401-417.

Autoimmune Disease Strategy



MS: Multiple Sclerosis
NMOSD: Neuromyelitis Optica Spectrum Disorders
ITP: Idiopathic Thrombocytopenic Purpura
CSU: Chronic Spontaneous Urticaria
SLE: Systemic Lupus Erythematosus
AD: Atopic Dermatitis
LN: Lupus Nephritis
CD: Crohn's disease
UC: Ulcerative Colitis

1 Major Program Update

Orelabrutinib (ICP-022): Phase III Registrational Trial for ITP Initiated

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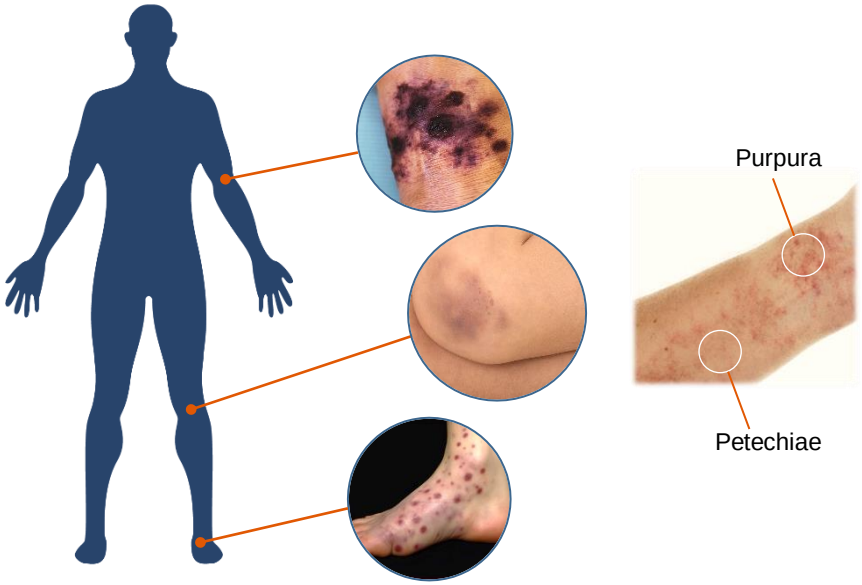
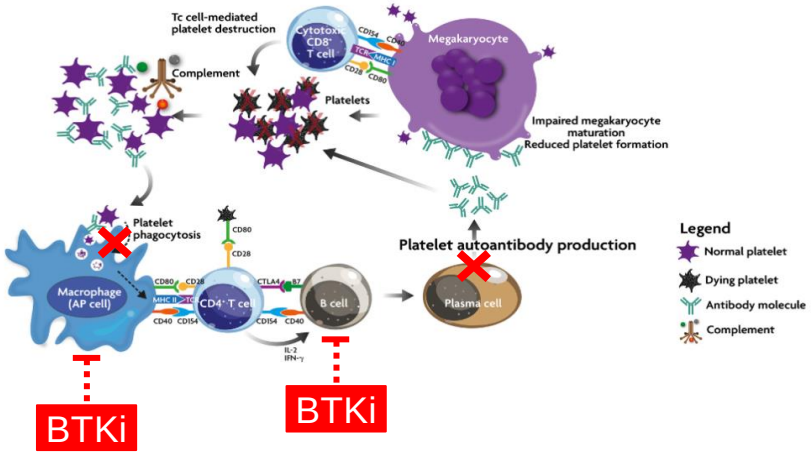
Immune Thrombocytopenia



BTKi's advantage in ITP

- Decreased macrophage (Fcγ receptor)–mediated platelet destruction
- Reduced production of pathogenic autoantibodies



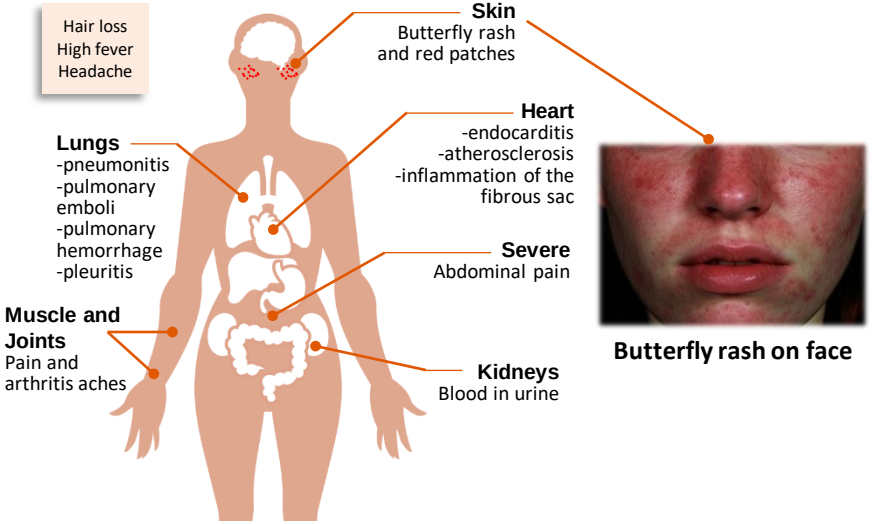
- Phase II: **40% patients met the primary endpoint at 50mg QD**
- Phase III: registrational trial being initiated in China
- Frontline BTK inhibitor gets approved for AID
- Considering global markets

Source: Drew Provan, John W. Semple, DOI:https://doi.org/10.1016/j.ebiom.2022.103820

2 Major Program Update

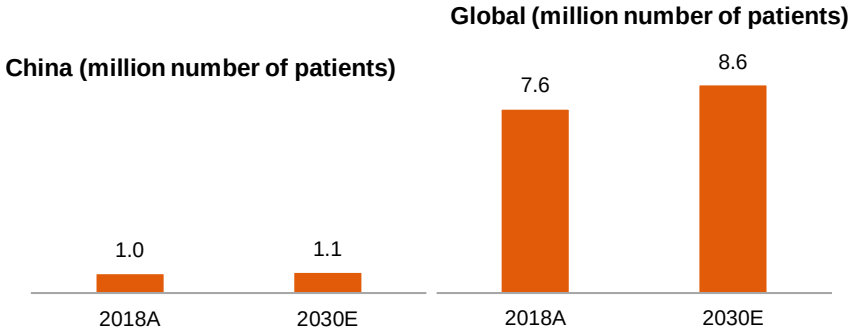
Orelabrutinib (ICP-022): SLE Phase IIa Positive Results Lead to Further Development

Systemic Lupus Erythematosus

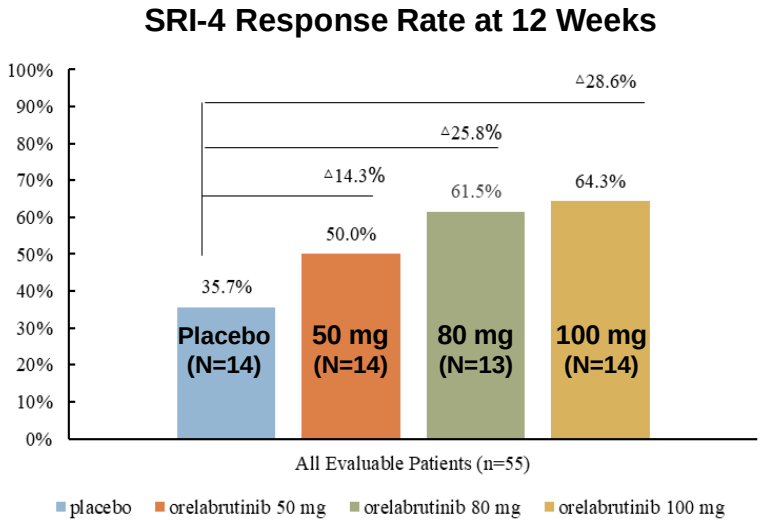


Butterfly rash on face

SLE Prevalence



SLE Phase II Study Results[1]



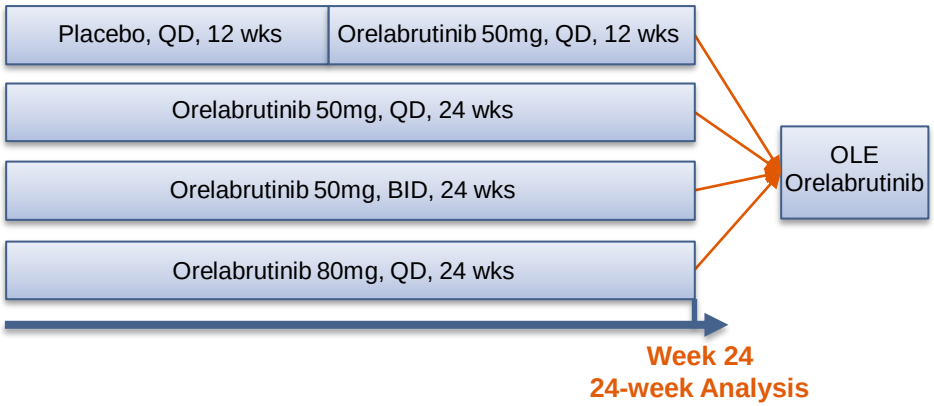
- SLE Responder Index ("SRI")-4 response rates increased in a dose dependent manner
- Trends of reduction in proteinuria level and improvement of immunologic bio-markers[2]
- The **only BTK inhibitor ever** shown efficacy in Phase II SLE trials
- **PIIb enrollment ongoing, interim results expected by end of 2024**

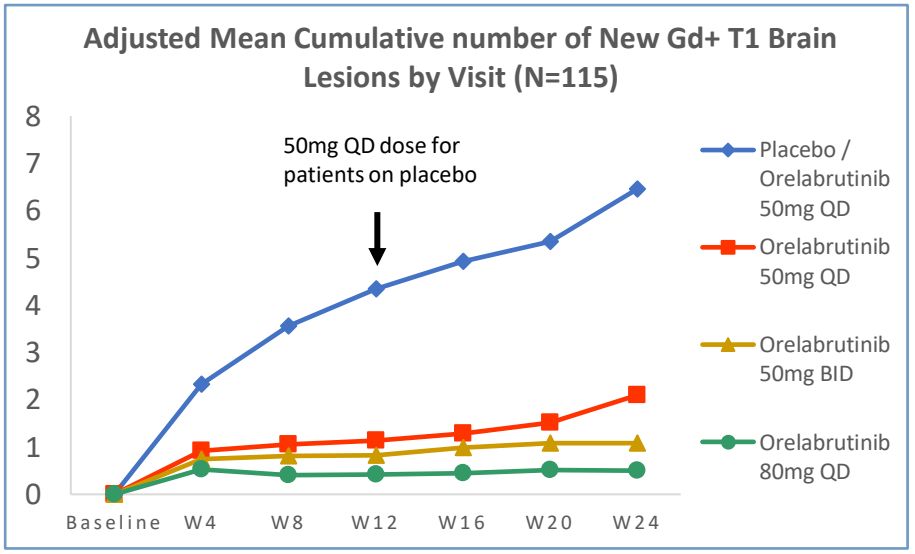
*[1] The Phase IIa trial evaluated the safety and efficacy of Orelabrutinib plus standard of care verse placebo plus standard of care ("**SoC**") in patients with mild to moderate SLE*

[2] Reduced immunoglobulin G and increased complements C3 and C4 were observed

3 Major Program Update: MS Phase II Results

Orelabrutinib (ICP-022): Potential Best-in-class BTKi for Multiple Sclerosis





Key Findings

- All orelabrutinib groups achieved T1 new lesion control after 4 weeks of treatment, and the effect is sustained up to 24 weeks
- **92.3%** relative reduction achieved in cumulative number of new Gd + T1 lesions 24 weeks at **80mg QD** compared to placebo arm
- **Best-in-class** profile

Cumulative number of New Gd+ T1 Lesion from Week 4 to Week 24	Placebo / Orela 50mg QD (N=27)	Orela 50mg QD (N=30)	Orela 50mg BID (N=29)	Orela 80mg QD (N=29)
Adjusted mean cumulative number (95% CI) of lesions from W4 to W24	6.45 (3.62, 11.52)	2.10 (0.62, 7.11)	1.08 (0.30, 3.81)	0.50 (0.09, 2.74)
Percent reduction		**67.4** (-22.0, 91.3)	**83.3** (33.2, 95.8)	**92.3** (56.5, 98.6)
P-value		**0.0958**	**0.0114**	**0.0037**

Notes: The adjusted mean cumulative number, percent reduction (orelabrutinib vs placebo) associated with the 95%CI and p-value are estimated from a poisson regression model with a pearson scale parameter with a log link function and offset by log number of scans as of that visit. Baseline number of Gd+ T1 brain lesions is included in the model as a continuous covariate.
The above analyses are based on PHS population that includes all randomized subjects, but excludes the subjects who missed any one of the three MRI data points within first 12 weeks due to Covid-19 or unexpected events including Ukraine war and early termination per US FDA partial clinical hold.

Major Program Update

ICP-332:TYK2 JH1 Inhibitor for Oral Treatment of AD and Other Indications

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Atopic Dermatitis

ICP-332 (TYK-2, JH1)

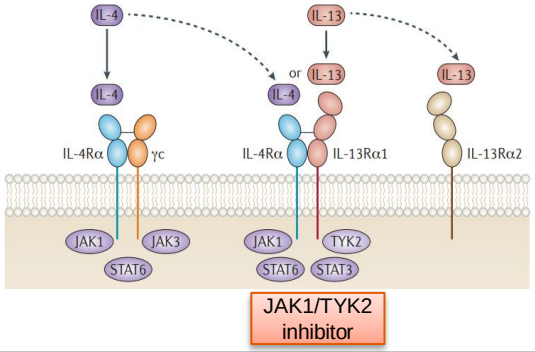
- Phase I study: SAD, MAD, food effect completed
  - Demonstrated a dose proportional and favorable PK profile, no significant food effect observed
  - Safe and well-tolerated, **no significant decrease of platelet and hemoglobin (JAK2-related AE) observed** and **no DLT observed**
- **Phase II** trial for **atopic dermatitis** (80 and 120 mg QD doses) will finish patients enrollment in Sept. 2023, study readout by end of 2023

Selectivity

Drug	TYK2 vs. JAK1 (fold)	TYK2 vs. JAK2 (fold)	JAK1 vs. JAK2 (fold)
ICP-332	~40	~400	10

Evaluate JAK1/TYK2 inhibitor for AD and other indications

Strategies: Targeting Type 2 Inflammation by JAK-Inhibitor



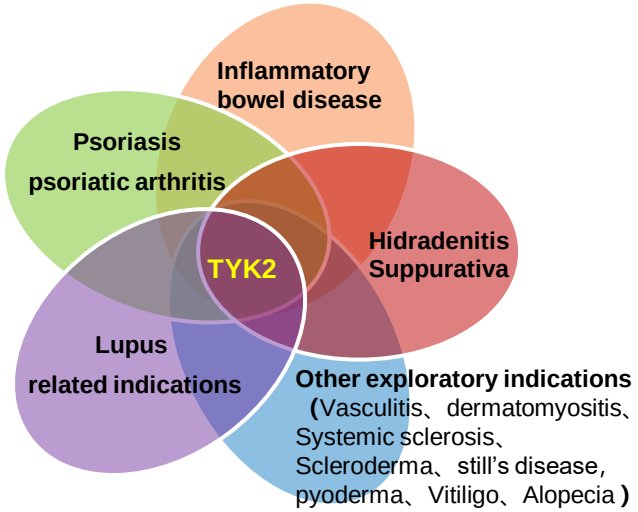
Source: Global Burden of Disease (GBD) study 2022

Major Program Update

ICP-488:TYK2 JH2 Inhibitor for Oral Treatment for Psoriasis and Other Indications

Psoriasis

Indications to be developed

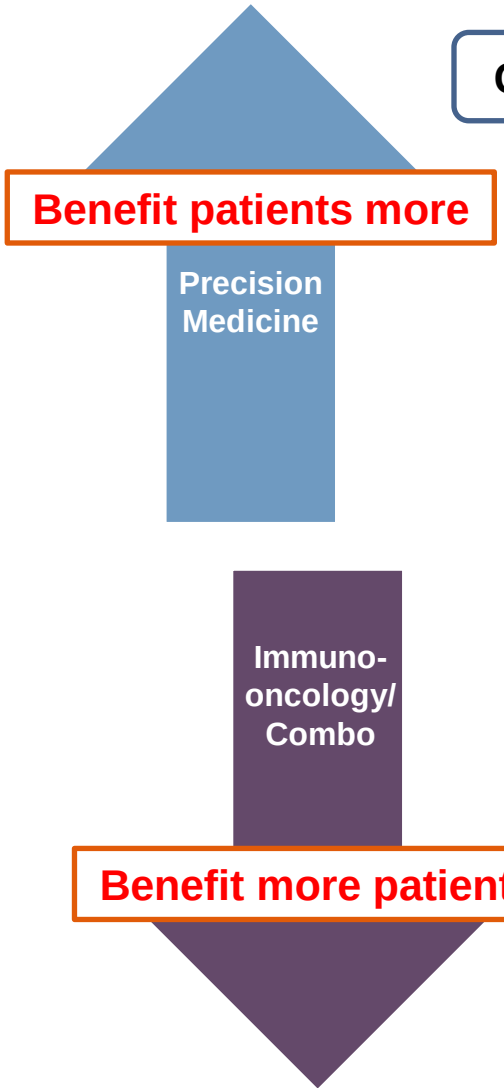


ICP-488 (TYK-2, JH2)

- An oral, potent and allosteric TYK2 inhibitor that selectively binds to the JH2 pseudokinase domain **with no activities on JAK1-3**
- Phase I study
  - Completed SAD (maximum dosage to 36mg), MAD and food effects arms, **no DLT observed**
  - 2 cohorts of **psoriasis patients for early PoC**
- Phase II being initiated
  - Potential to show significant advantages in safety profiles verse other JAK family inhibitors.

Source: Silvio Danese, MD, PhD, Laurent Peyrin-Biroulet, MD, PhD, Selective Tyrosine Kinase 2 Inhibition for Treatment of Inflammatory Bowel Disease: New Hope on the Rise, Inflammatory Bowel Diseases, Volume 27, Issue 12, December 2021, Pages 2023–2030

Solid Tumor Strategy



Giving the right medicine, to the right patient, at the right time

- **ICP-723 (Zurletrectinib)**
  80-90% ORR observed in patients with various type of solid tumors carrying **NTRK fusion** at dosages of **8 mg and above**
- **ICP-192 (Gunagratinib)**
  20 mg showed **efficacy in cholangiocarcinoma patients** with **52.9% ORR, 94.1% DCR**

RTKi	EGFRi	VEGFi	KRASi	RAFi
MEKi	CDK4/6i	PD-1/PD-L1	ICI	

ICP-189 SHP-2

ICP-B05 CCR8

Cornerstone of Combination Therapy

1 Major Program Update

ICP-723: Favorable Clinical Results with Potential Best-in-Class Profile

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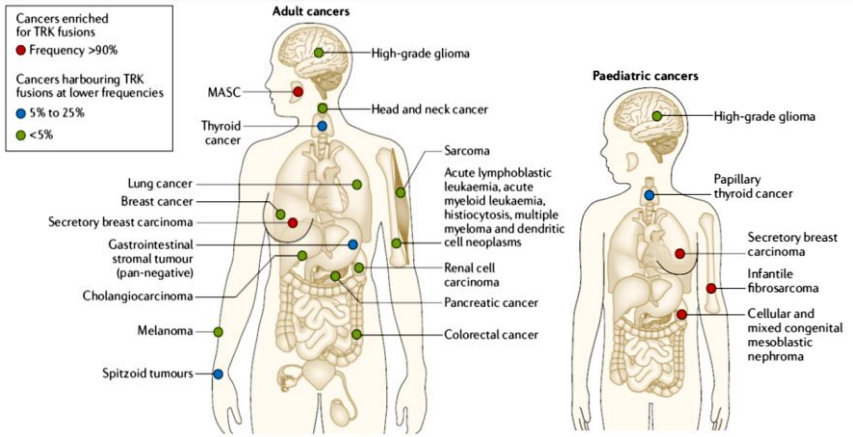
ICP-723 (Zurletrectinib,TRK)

- **2nd generation TRKi overcomes acquired resistance to 1st generation TRKi**
- Phase I study demonstrated favorable PK profile and excellent anti-tumor activity
- **No DLTs** observed in Phase I dose escalation study (1-20 mg)
- **Phase II registration trial** for NTRK gene abnormalities ongoing, **80-90% ORR, NDA submission expected by end of 2024**
- **1 PR in larotrectinib-resistant patient**
- IND for **pediatric patients** approved
- Exploring in patients with ROS1 mutations

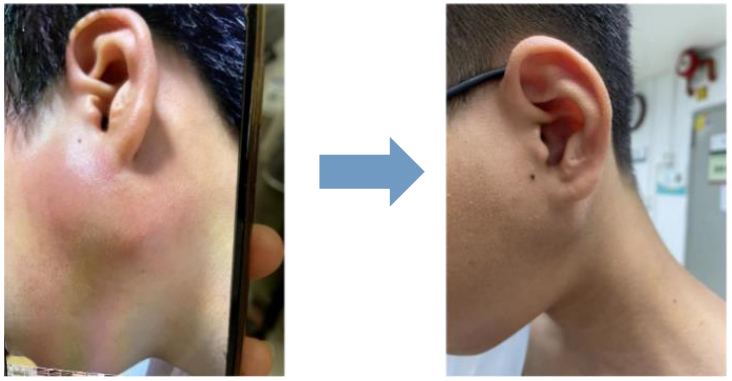
NTRK Gene Fusion Mutation is an Oncogenic Driver for a Variety of Cancer Types



A Case in the Adolescent Arm

Before the treatment of ICP-723

15 days after dosing ICP-723



2 Major Program Update

ICP-192: Promising Safety and Efficacy in Phase II Trials

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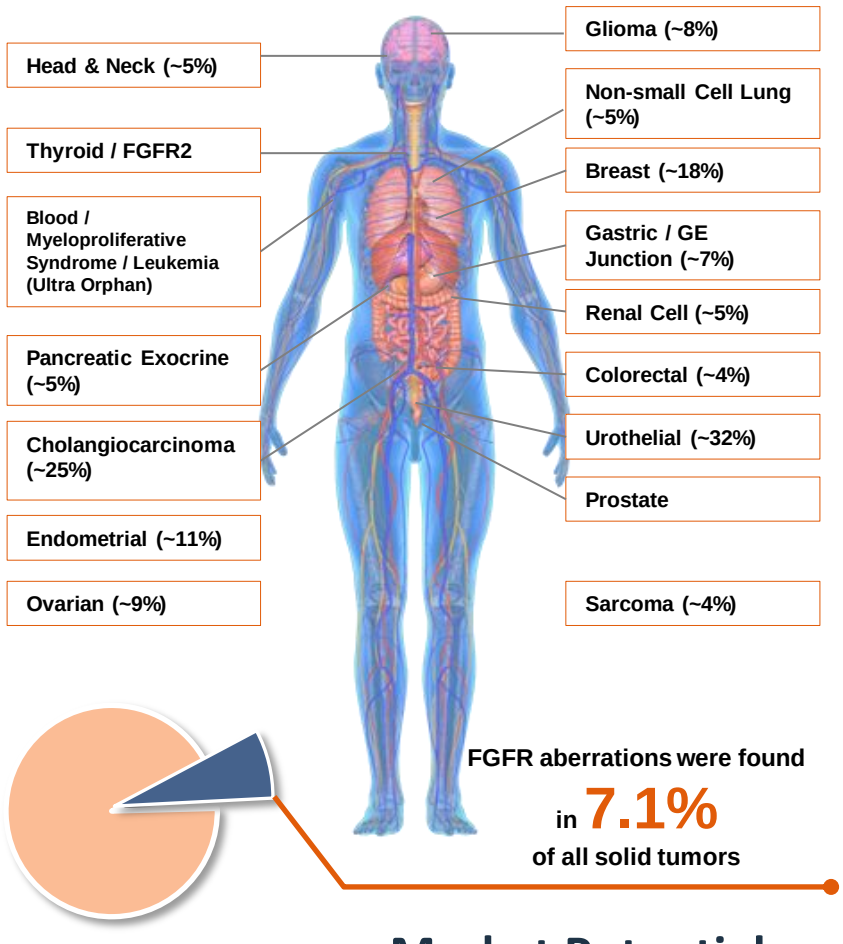
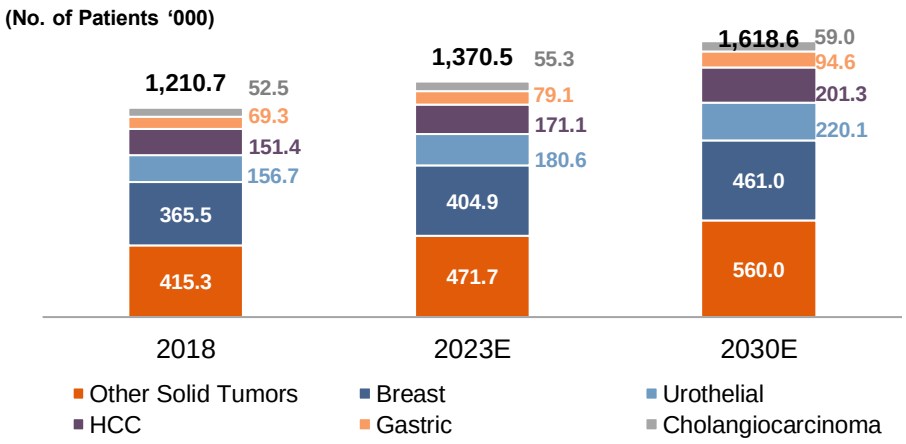
ICP-192 (Gunagratinib, FGFR)

- Finished phase I dose-escalation **2 mg to 26 mg, no DLT observed**
- Safe and well-tolerated in patients with advanced solid tumors
- **Registrational trial is ongoing at 20 mg in cholangiocarcinoma**
- Exploring multiple other indications in solid tumor

Frequency of All Currently Known FGFR 1, 2, 3 and 4 Aberrations



A Glance at FGFR Mutation by Solid Tumor Types Worldwide



Market Potential

Source: Frost & Sullivan Analysis
Source: Helsten et al., 2015, Clinical Cancer Research

Major Program Update

ICP-189: Potentially Best-in-Class and First-in-Class SHP2 Inhibitor with Large Potential in Combinational Treatments

ICP-189 Phase I in Advanced Solid Tumors

- Phase I does escalation to 120 mg QD cohort with no DLT observed
- **1 Confirmed PR** observed in a cervical cancer patient at 20 mg QD dose
- Potential class leading safety profile
- **IND accepted for combo with EGFRi in NSCLC**
- Demonstrated robust single agent activity in multiple xenograft models with strong PK/PD correlation and synergistic anti-tumor effects in combination with multiple targeted therapies targeting RAF/MEK/ERK, EGFR, CDK4/6, FGFR and anti-PD-1 *in vitro* and *in vivo*

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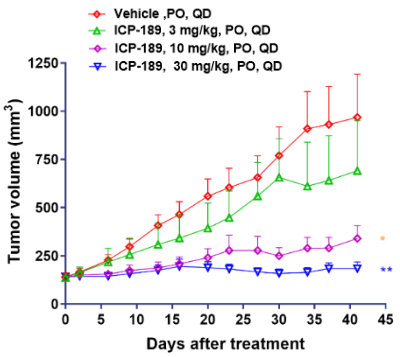
ICP-189
SHP2 inhibitor

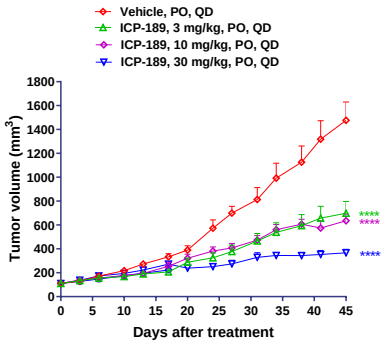
Furmonertinib
EGFR inhibitor

Significant Anti-Tumor Effect in Tumor Models Driven by $KRAS^{G12C}$ Mutation and EGFR Over-expression

NCI-H358 ($KRAS^{G12C}$)



KYSE520 (EGFR)



Research & Development

Product Pipeline – Autoimmune & Solid Tumor

Listed drug | Registrational Trial | NDA | Commercial Product

Anticipated Milestones & Catalysts in Next 12 Months

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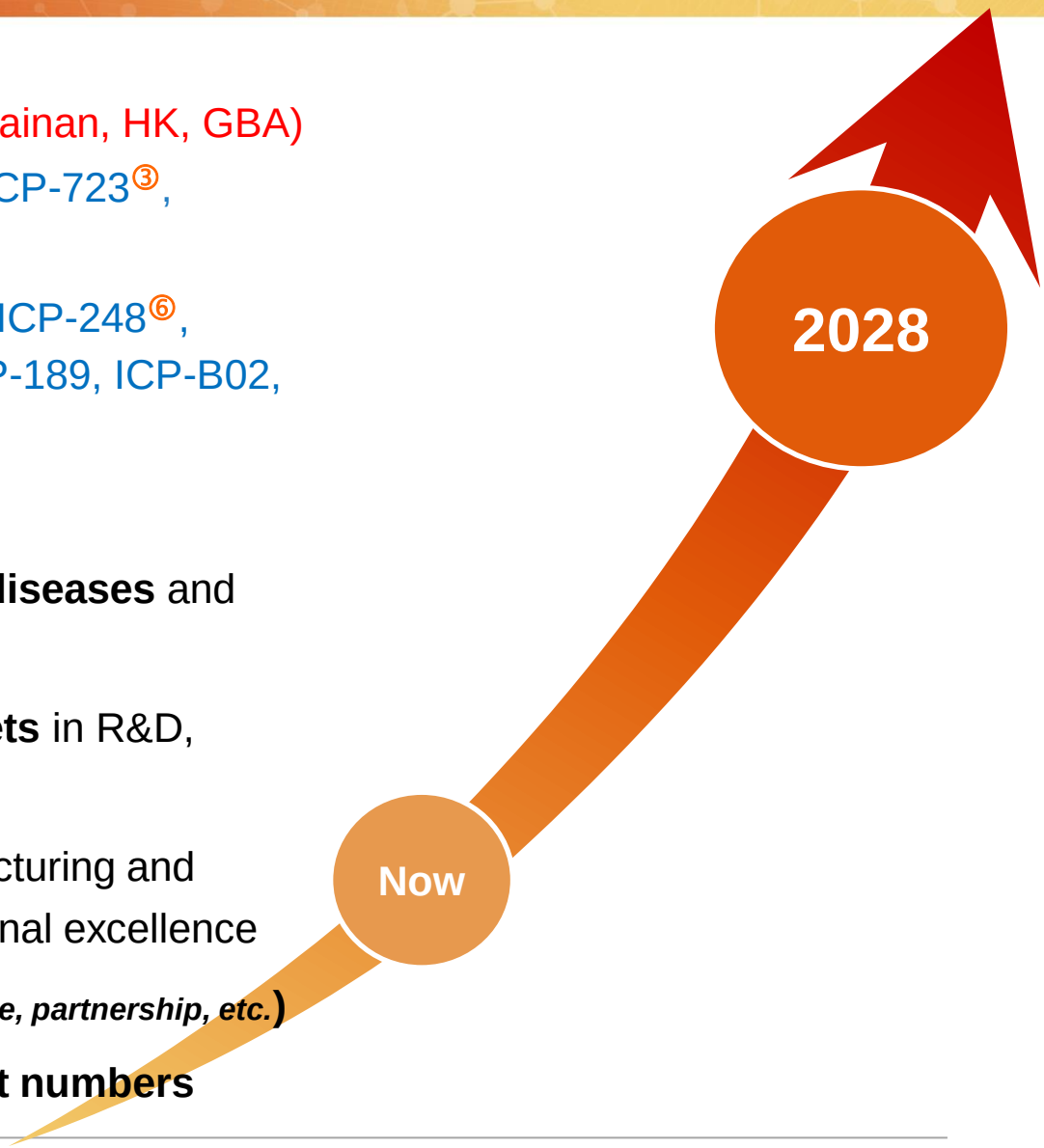
Liquid Cancer	■ **Orelabrutinib** ❑ **1L CLL/SLL NDA submission** ❑ **r/r MCL NDA submission in the U.S.**	■ **Tafasitamab** ❑ **NDA submission in mainland China**
	■ **ICP-248** ❑ **Preliminary data readout; U.S. IND filing** ❑ **Combo with Orelabrutinib for CLL/SLL in the U.S. and CN** ❑ **Phase II pivotal study in r/r CLL/SLL**	
Auto-immune Diseases	■ **Orelabrutinib** ❑ **Complete SLE PIIb patient enrollment, interim readout by end of 2024** ❑ **Complete ITP PIII patient enrollment** ❑ **MS path-forward**	■ **ICP-332** ❑ **Phase II AD data readout** ❑ **Phase III study initiation** ■ **ICP-488** ❑ **PoC in psoriasis; PII psoriasis initiation**
Solid Tumors	■ **ICP-189** ❑ **Phase I data readout** ❑ **Start combo study with EGFR in NSCLC**	■ **ICP-723: Complete patient enrollment of registrational trial; NDA submission** ■ **ICP-192: Strive to complete patient enrollment**

Company 2.0 Objective: Provide More Innovative Drugs to Patients

- ✓ **≥ 6 commercial products**
  - Marketed: Orela-Hema①， Tafa* (Hainan, HK, GBA)
  - 2025-6: Tafa② (China mainland)， ICP-723③, ICP-192④

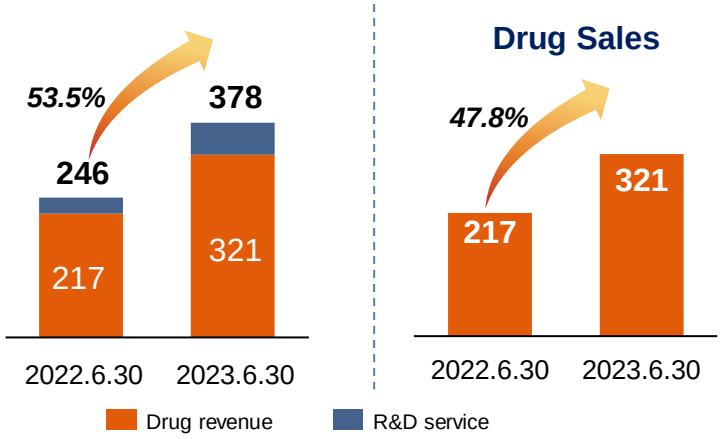
    2027-8: Orela-AID⑤ (*ITP, SLE, MS*); ICP-248⑥, ICP-332⑦, ICP-488⑧, ICP-490, ICP-189, ICP-B02, ICP-B05…..
- ✓ **A recognized leader in hematology**
- ✓ A strong competitor in **autoimmune diseases** and solid tumor
- ✓ Additional 5-10 **well-positioned assets** in R&D, unique research platforms
- ✓ Powerful engine in R&D, BD, manufacturing and commercialization platforms, operational excellence
- ✓ **3-4 products globalization (*out-license, partnership, etc.*)**
- ✓ **Annual revenue reaches significant numbers**



Financial Review
Key Financials for 2023H1

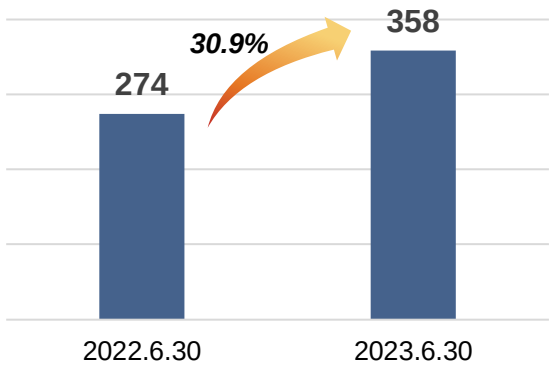
Revenue

(RMB mn)



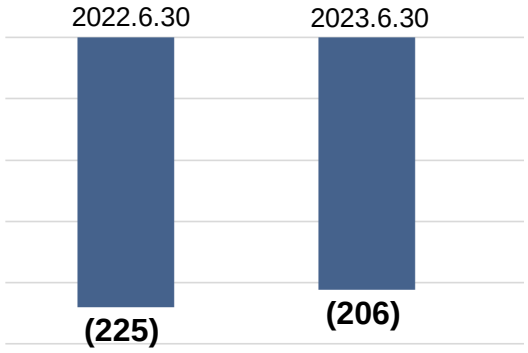
R&D Costs

(RMB mn)



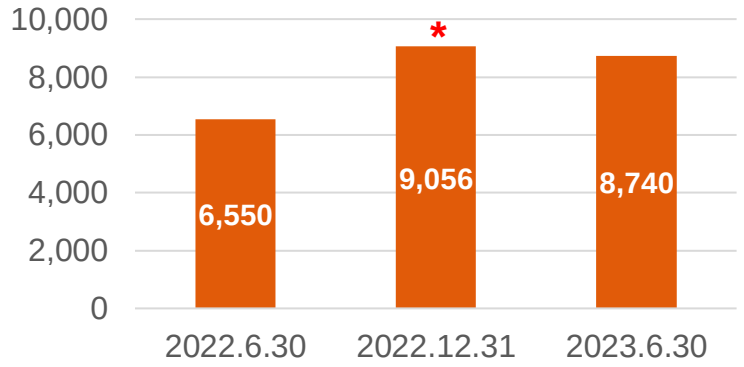
Loss for the Period (Non-HKFRS[1])

(RMB mn)



Cash and Cash Equivalents[2]

(RMB mn)



[1] *Non-HKFRS: excluding foreign exchange and share-based compensation impact*
[2] *Cash and cash equivalents = investments measured at fair value investments, cash and bank balance, interest receivable*
* *Successful STAR Board listing on Sept. 21, 2022*

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Science Drives Innovation for the Benefit of Patients