



# INVESTOR PRESENTATION

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30 March 2023





This presentation contains discussions of investigational products that are under preclinical or clinical investigation and which have not yet been approved for marketing by the U.S. Food and Drug Administration (FDA). Investigational products are currently limited by Federal law to investigational use, and no representations are made as to their safety or effectiveness for the purposes for which they are being investigated.

# Apollomics: Innovative biopharma company

*dedicated to leaving no cancer patient behind*

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## Precision Medicine

Targeting difficult to treat cancers



## Vebreltinib

Highly specific c-Met inhibitor with 3 near term NDA/sNDA opportunities

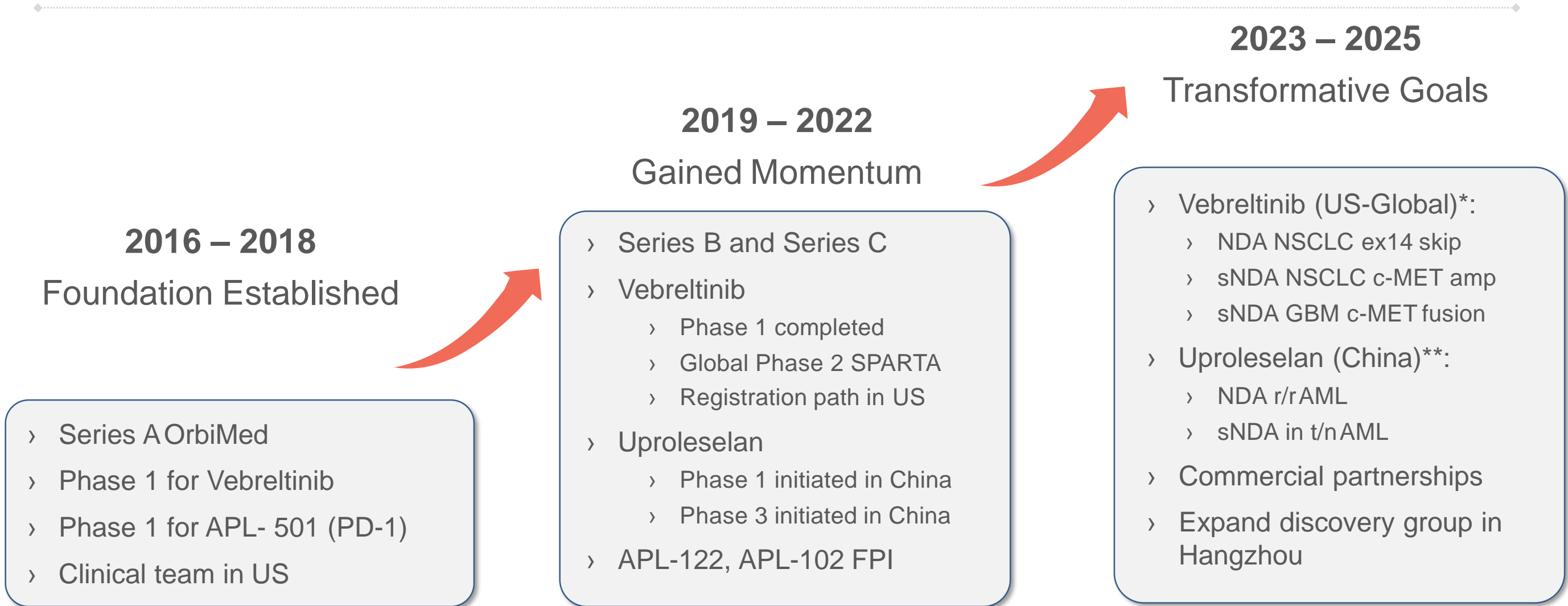


## Uproleselan

E-selectin antagonist in late-stage trials in acute myeloid leukemia



# Growth: From Discovery to Clinical towards Commercial



\*Assuming successful APL-101 Phase II clinical trials and/or results of Phase III clinical trials available and supportive for the anticipated NDA/sNDA

\*\*Assuming results of APL-106 Phase III clinical trials available and supportive for an NDA/sNDA

# Seasoned Executives at Apollomics



**Guo-Liang Yu**  
PhD  
Co-founder  
Chairman and CEO

## Serial Entrepreneur

- Founder of Epitomics; Executive Chairman of Crown Bioscience
- 30+ years experience
- 300+ patents; 30+ publications
- U.C. Berkeley, Harvard, Human Genome Sciences



**Sanjeev Redkar**  
PhD, MBA  
President &  
Co-founder

- 28 years in oncology drug development
- 5 NDAs, 5 NCEs and 15 INDs/CTAs in previous roles
- Matrix Pharmaceuticals, SuperGen, Astex, Otsuka



**Kin-Hung Peony Yu**  
MD,  
Chief Medical Officer

- 20+ years in global clinical development leadership: IND, Phase 1, 2, 3, and 4 studies
- Multiple successful NDAs in US, China, Japan, and MAAs in EU in prior roles - Stanford, FibroGen, Anesiva, J&J, Elan



**Jane Wang**  
PhD  
Chief Scientific  
Officer

- 20 years in drug discovery
- Focus in oncology, inflammation, and CNS
- 60 patents and 29 publications in prior roles
- Pfizer, NIH, Schering Plough, Wuxi



**Brianna MacDonald**  
JD  
SVP & General  
Counsel







- 15 years' experience
- Stanford University, BA
- Harvard Law School, JD
- Covington & Burling LLP, Google LLC, Verily Life Sciences LLC



**Raymond Low**  
CPA,  
VP Finance,  
Corporate Controller

- 22 years' experience
- B Com University of South Africa, CMA England
- Rstar, Therasense, AXT, Sciclone Pharmaceuticals

# Our Pipeline

	 Drug Candidate	 Target	 Category	 IP Rights	 Mono / Combo	 Indications	Status						
							Discovery	Preclinical	IND	Phase 1	Phase 2	Phase 3	NDA
Tumor Inhibitors	★ APL-101 Vebreltinib	c-Met	Small molecule	Global <sup>1</sup>	Mono	NSCLC, GBM, other solid tumors	Phase 2 SPARTA Global Study in cMet Dysregulated Cancers						
	APL-122	ErbB1/2/4	Small molecule	Global <sup>2</sup>	Mono	ErbB1/2/4 positive cancers	Phase 1 Dose Escalation and Expansion Study						
	APL-102	Multiple Kinases	Small molecule	Global	Mono	Solid tumors	Phase 1 Dose Escalation and Expansion Study						
Anti-Cancer Enhancers	★ APL-106 Uproleselan	E-Selectin	Small molecule	China	+ Chemo	r/r AML, newly diagnosed AML	Phase 1 PK and tolerability study						
	APL-108	E-Selectin	Small molecule	China	+ Chemo	MM	Phase 3 Bridging Study in r/r AML						
Immuno-oncology Drugs	APL-501	PD-1	Biologic	Global <sup>3</sup>	Mono	Solid tumors	Phase 1 Dose Escalation Study						
	APL-502	PD-L1	Biologic	Global <sup>3</sup>	Mono	Multiple tumor types							
	APL-810	G17-neutralization	Biologic	US, China	Mono	Gastrointestinal (GI) cancers							
	APL-801	CD40 and PD-L1	Biologic	Global	Mono	Multiple tumor types							

★ Core Programs

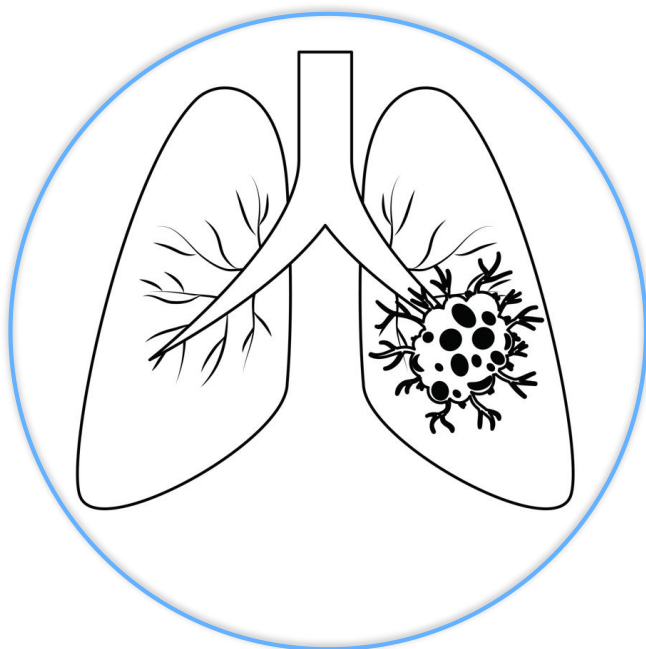
IP – Intellectual Property  
GBM – Glioblastoma Multiforme  
r/r AML – Relapsed or Refractory Acute Myeloid Leukemia  
NSCLC – Non-Small Cell Lung Cancer  
MM – Multiple Myeloma

<sup>1</sup> excluding China, Hong Kong and Macau  
<sup>2</sup> excluding China, Hong Kong and Taiwan  
<sup>3</sup> excluding China

# Vebreltinib (APL-101) c-Met TKI

~ \$10B market opportunity in NSCLC With c-MET Dysregulation

## NSCLC



**188,000 US incidence\***  
**1.8 million worldwide\***

## \$3B market opportunity\*\*

c-Met dysregulated Non-Small Cell Lung Cancer ("NSCLC") population

- Exon-14 skip mutation (1L, 2L) ~ **6,300 patients\***
- c-Met amplifications, denovo ~ **2,500 patients\*\*\***
- c-Met amplifications, resistance driven ~ **3,100 patients\*\*\***

## \$7B market opportunity\*\*

Epidermal Growth Factor Receptor (EGFR) mutated NSCLC population

- 1L EGFR+ in combination with osimertinib ~ **20,700 patients\***

Source:

\* Biomedtracker

\*\* Management estimates for the US market for 2022 calculated by multiplying number of patients with an estimated drug price

\*\*\* Management estimates based on prevalence from Drillon et al 2016 - Targeting MET in Lung Cancer mentions and prevalence of NSCLC from Biomedtracker

# Regulatory Landscape of c-MET inhibitors TKI

## Approved c-MET inhibitor TKIs

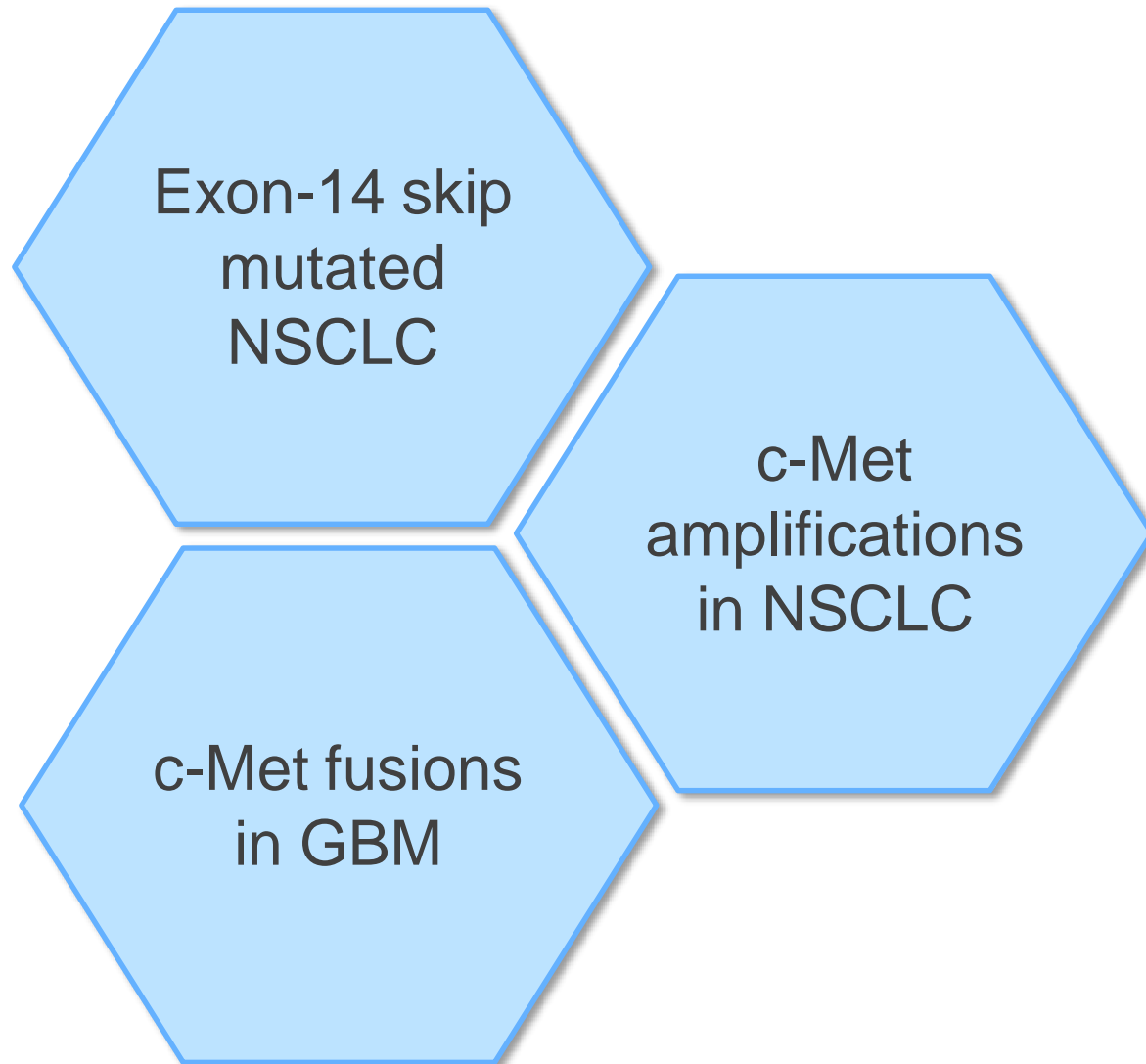
Agent*	Manufacturer(s)	MOA	Line of Therapy*	Biomarker (NGS)	U.S. FDA Approval	EU5 EMA Approval	JP MHLW Approval	CN NMPA Approval
Patients with MET mutations								
<b>Orpathys®</b> (savolitinib)	HutchMed and AstraZeneca (CN)	MET inhibitor	Relapsed / refractory or 1L, chemotherapy ineligible	NSCLC w/ MET Ex14 skipping	None	None	None	Jun-21 (conditional)
<b>Tabrecta®</b> (capmatinib)	Novartis (U.S., EU5, JP)	MET inhibitor	1L	NSCLC w/ MET Ex14 skipping	May-20 (accel) Aug-22 (full)	June-22	Jun-20	None
<b>Tepmetko®</b> (tepotinib)	Merck KGaA (U.S., JP)	MET inhibitor	Unresectable advanced / recurrent	NSCLC w/ MET Ex14 skipping	Feb-21 (accel)	Dec-21	Mar-20 (conditional)	None

Estimated US Pricing**:			
Tabrecta	400mg BID	150mg, 200mg/ 56 tabs (\$11K)	\$22K/mo
Tepmetko	450mg QD	225mg/ 30 tabs (\$11k)	\$22k/mo

• mAb = monoclonal antibody; mono = monotherapy; + = combination with; accel = accelerated approval; cond = conditional approval.  
 \*These approvals are current as of the date of publication of this report and stated line of therapy is an approximation if not explicitly stated in the regulatory label; please refer to official product labels for most current approval status and nuanced description of the approved indications by market.  
 \*\* Management's estimates based on public information on Drugs.com



# Vebreltinib: 3 Indications for near term NDA/sNDA submissions



## Vebreltinib



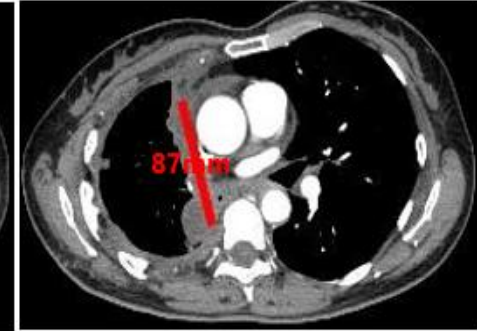
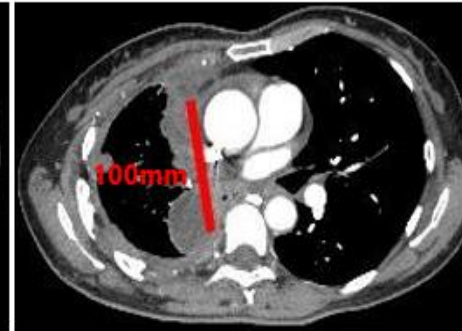
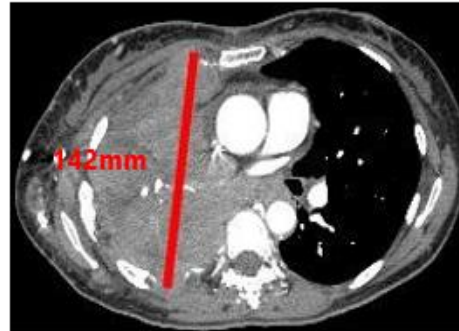
*Global Multicohort Phase 2 – Non-Small Cell Lung cancer, Glioblastoma (“GBM”), various solid tumors with c-Met dysregulation*

- ✓ Highly specific c-Met inhibitor
  - ✓ Brain penetration
  - ✓ Safety data available from over 370 patients worldwide
- ✓ Biomarkers to target c-Met patients
  - ✓ Strong IP
- ✓ Orphan drug designation by FDA
  - ✓ ~ 140 patients treated in Apollomics SPARTA trial ongoing in 13 countries and 90+ sites
  - ✓ Registrational Phase 2 study in NSCLC with exon 14 skip or c-Met amplification (China)
  - ✓ Phase 2/3 GBM with PTPRZ1-MET fusion (China)
- ✓ Potential combo therapy w/EGFR inhibitors, etc., with huge potential
  - ✓ Potential other tumors: Gastrointestinal, renal, thyroid, etc.

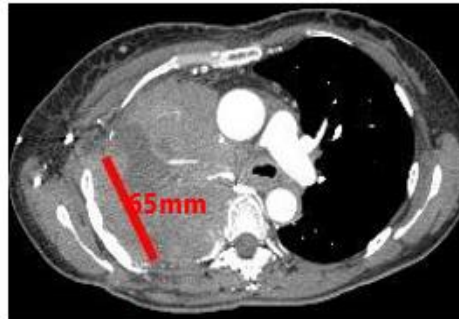
# Activity in a Patient with Primary NSCLC Lesions and Brain Metastasis

*NSCLC with c-Met amplification*

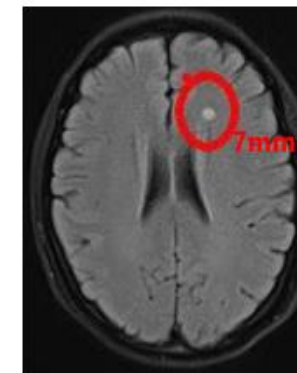
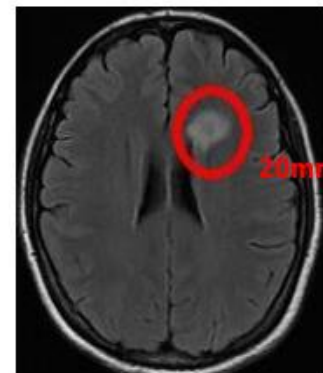
Lung Lesion 1



Lung Lesion 2



Brain Lesion



Baseline

Cycle 1  
Partial Response

Cycle 3  
Partial Response

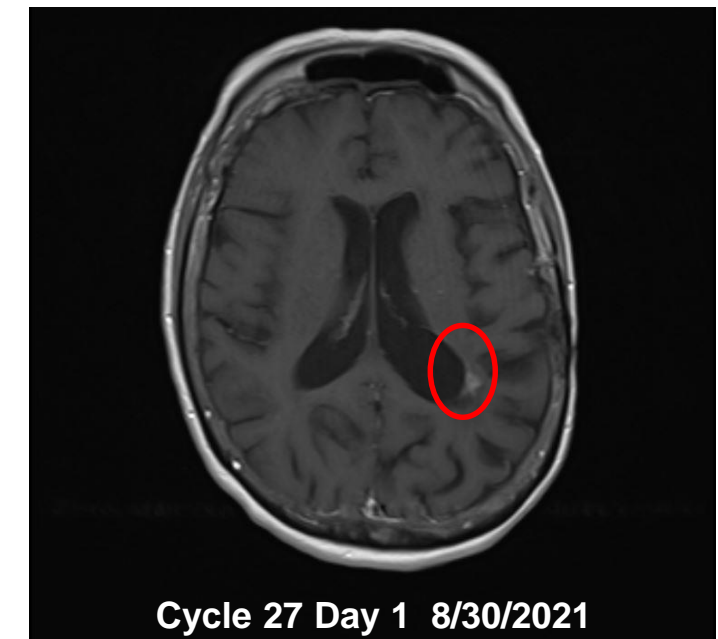
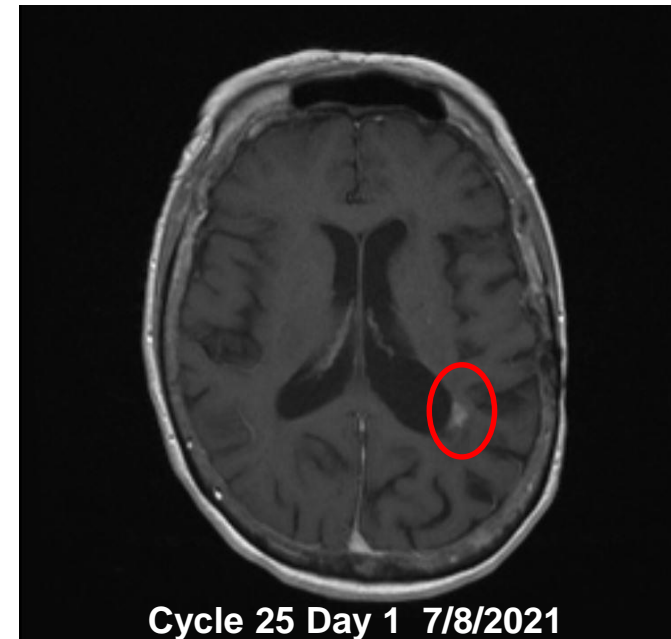
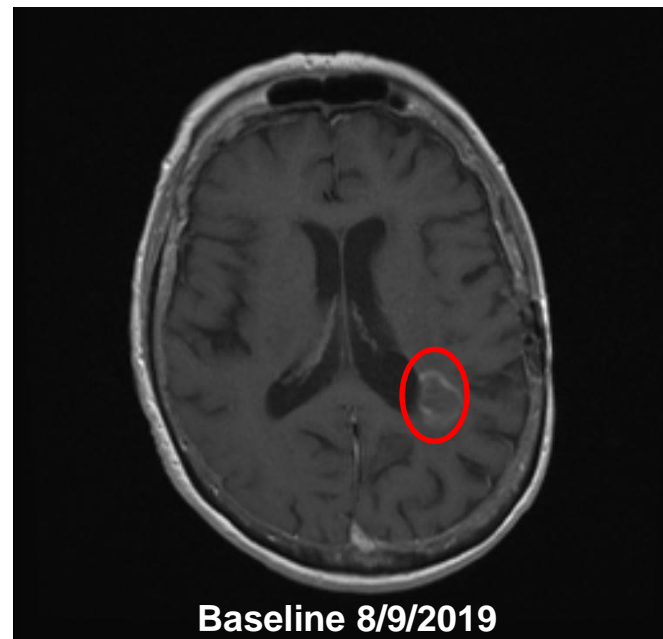
Source: Yilong Wu et al, Presentation on Phase 1 Open Investigation of the Safety and Tolerability of Bozitinib Enteric Capsules in Late-Stage NSCLC with c-Met Amplification (NCT02896231/CTONG160), at the Annual Conference of Chinese Society of Clinical Oncology in 2019

# Activity in a Glioblastoma Patient with c-MET Amplification

## On treatment for 2+ Years

- 78-yr old female, GBM since May 2015, c-Met Amplification, target lesion Lt Subependymal
- Received 3 prior lines of therapies (Temodar 2015-2017, Avastin 2017-2018, Nivolumab 2018-2019)
- C1D1: 04Sep2019; 2+ yr treatment, durable response

Visit	Product of Perpendicular Diameters
Screening	285
Cycle 3 Day 1	285
Cycle 5 Day 1	300
Cycle 7 Day 1	252
Cycle 9 Day 1	119
Cycle 11 Day 1	96
Cycle 13 Day 1	98
Cycle 15 Day 1	96
Cycle 17 Day 1	75
Cycle 19 Day 1	56
Cycle 21 Day 1	96
Cycle 23 Day 1	60
Cycle 25 Day 1	60
<b>Cycle 27 Day 1</b>	<b>25</b>



Longest Axis	19	12	05
Perpendicular Measurement	15	05	05
Product of Perpendicular Diameters	285	60	25

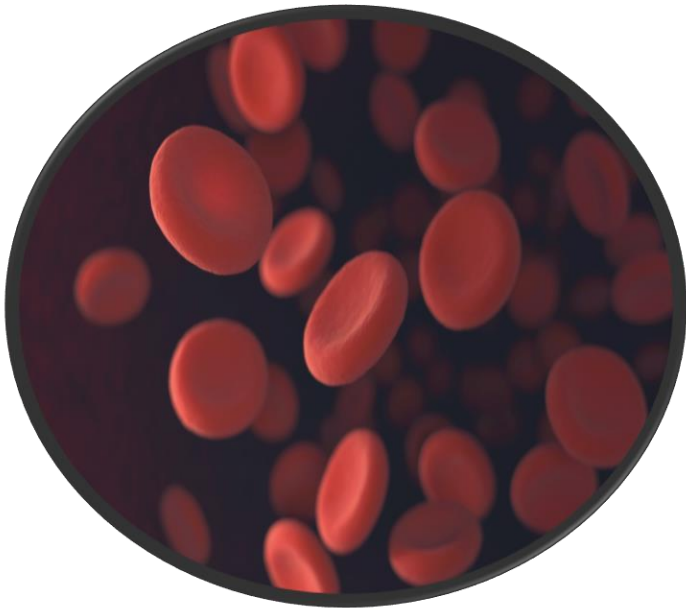
# Vebreltinib – Additional Indications

- › EGFR resistance & c-Met amplification
- › Other solid tumors with c-Met alterations, beyond lung & brain
  - › Gastrointestinal cancers: colon, stomach, pancreatic, liver, cholangiocarcinoma
  - › Renal cell cancer
  - › Thyroid cancer
  - › Prostate cancer
  - › Breast cancer
  - › Ovarian, and other female reproductive tract



# Uproleselan (APL-106) seeks to address \$1.4B market for AML

## AML



**29,400 incidence in  
China\***

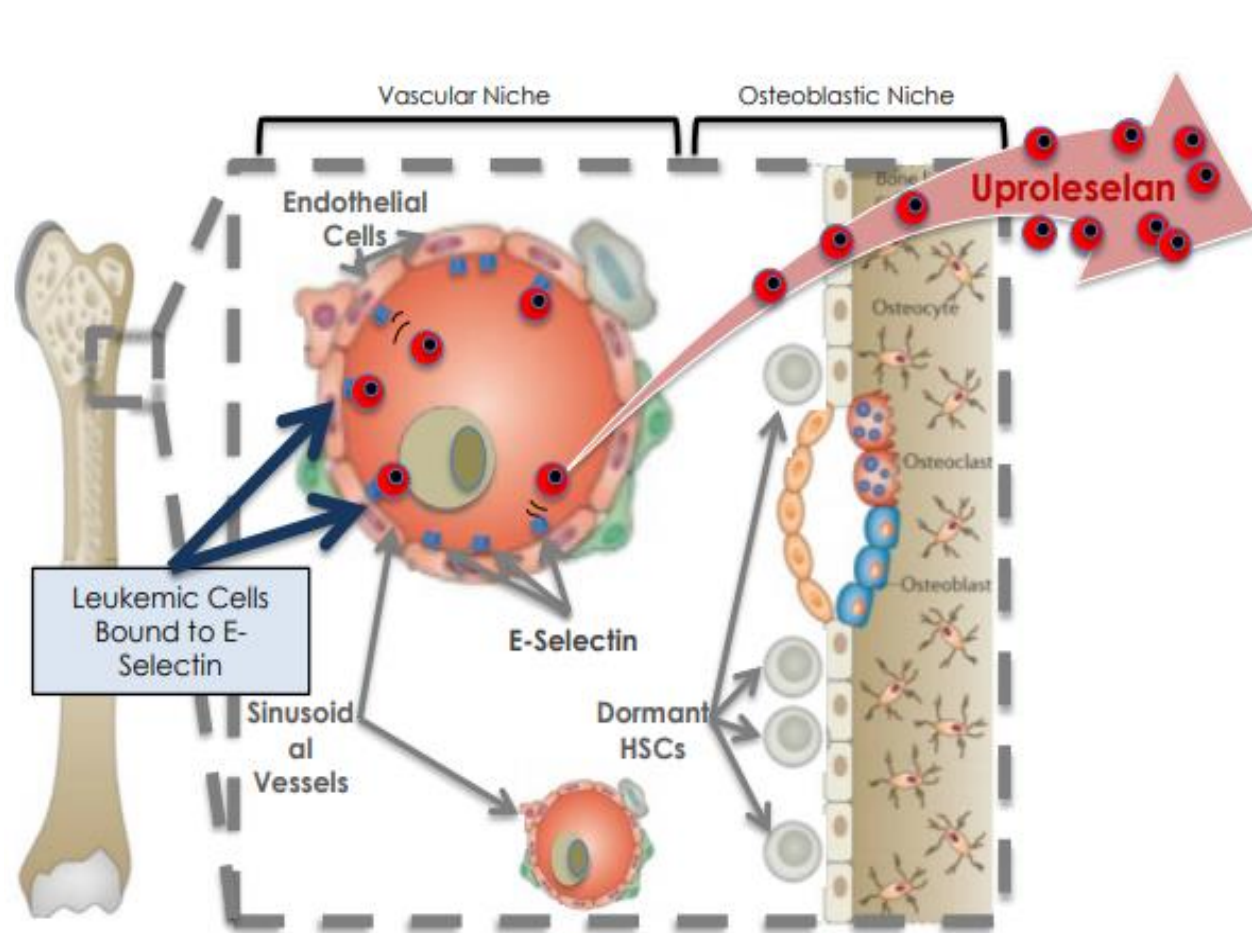
## **\$1.4B total AML market opportunity in China\*\***

### Acute Myeloid Leukemia

- 1L treatment naïve AML ~ **16,400 patients\***
- Relapsed refractory AML ~ **12,600 patients\***
- AML patients unfit for chemotherapy ~ **8,800, patients\***

# Uproleselan (APL-106) First-In-Class E-Selectin Antagonist

*Enhances efficacy of chemotherapy & reduces mucositis (from chemotherapy)*



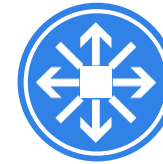
Source: GlycoMimetics



Prevents trafficking of tumor cells to the bone marrow



Disrupts cell adhesion-mediated drug resistance (CAMDR) within bone marrow microenvironment



Inhibits activation of cancer survival pathways (e.g. NF-κB)



Protects normal HSCs through quiescence enhancement and ability for self-renewal



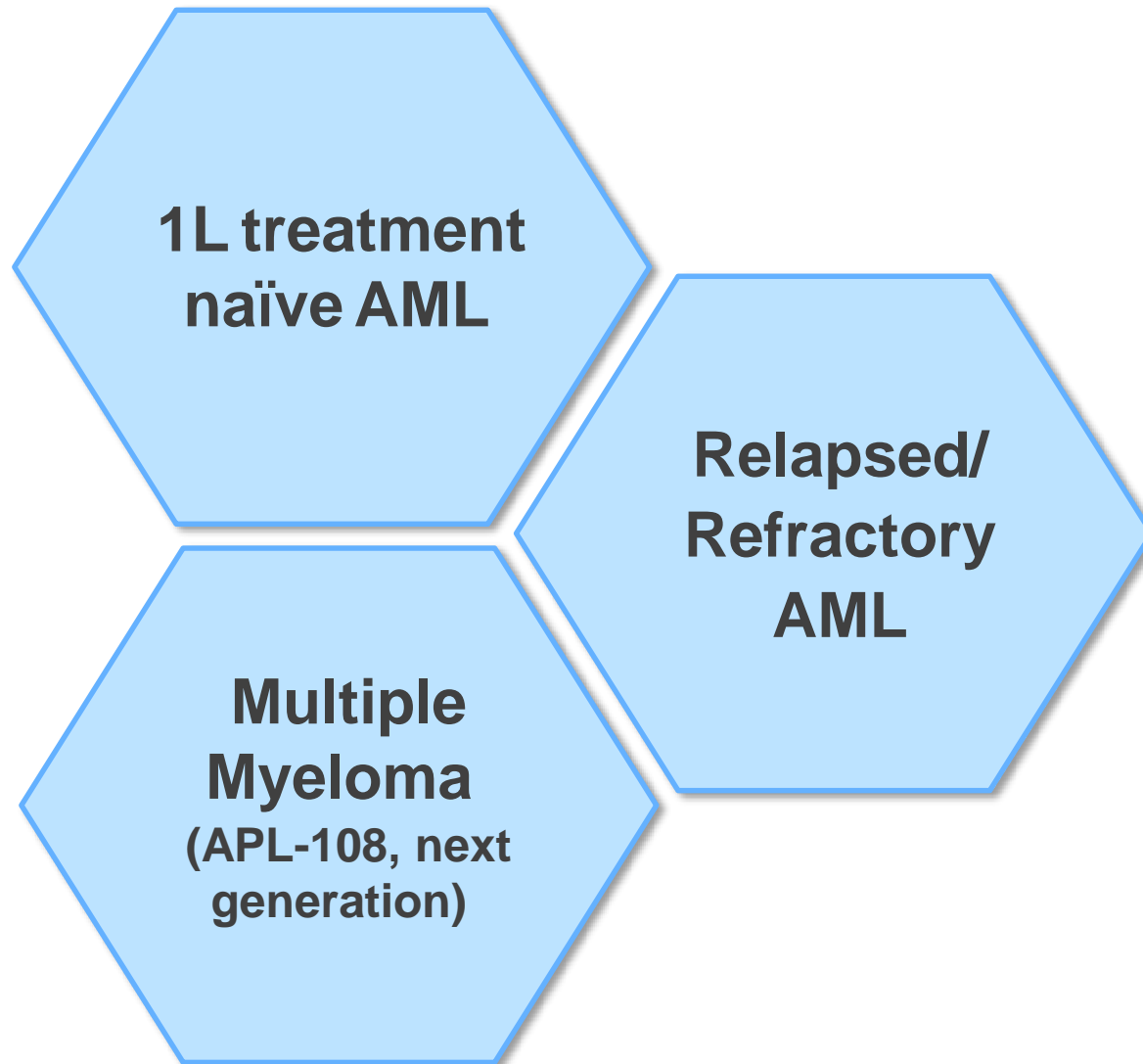
Reduces chemotherapy-associated toxicity (e.g. severe mucositis)



2<sup>nd</sup> generation GMI-1678 (APL 108) has equivalent activity to APL-106 in preclinical studies, but at an approximately 1,000-fold lower dose

# APL-106 Phase 3 Clinical trials in AML with near term readouts

*E-Selectin Inhibitor: first-in-class*



## Uproleselan (APL-106)

*AML- Phase 3 in China*

- ✓ First-in-Class E-Selectin Antagonist
  - ✓ MoA addresses resistance pathways in AML
- ✓ Potential broad utility across AML
  - ✓ Strong IP protection for combination with chemotherapy, novel biomarker.
- ✓ FDA & NMPA Breakthrough Therapy Designations
  - ✓ FDA Fast Track Designation
  - ✓ r/r AML Phase 3 China Bridging, N=140 subjects
  - ✓ r/r AML Phase 3 US/Global enrollment completed 2021, N~ 380 subjects
  - ✓ 1L AML Phase 2/3 US: N up to 670 subjects
- ✓ Impressive CR/CRI, MRD negativity, and overall survival in r/r & L1 AML in Phase 1/2
  - ✓ APL-108 (higher potency, subcutaneous) for Multiple Myeloma and other solid tumors

# Uproleselan (APL-106) Efficacy and Safety Data from US Phase 2 Trial

## Enhanced Efficacy

	Relapsed / Refractory AML N=47	Newly Diagnosed AML N=25
Response Data: CR/CRi	41%	72%
Response Data: MRD Negative Rates	69%	56%
Survival Outcomes	Median Overall Survival (OS): 8.8 Months	Median Event Free Survival (EFS): 9.2 Months Median Overall Survival (OS): 12.6 Months

## Improved Tolerability to Chemotherapy – oral mucositis



# Uproleselan (APL-106) Global Clinical Programs in Acute Myeloid Leukemia

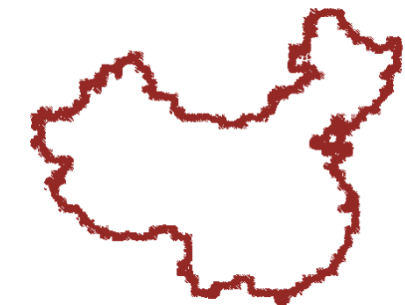
## GlycoMimetics Global Studies

- › GMI-Sponsored Global Phase 3 trial in r/r AML; FULLY ENROLLED
- › NCI-Sponsored Trial in Newly Diagnosed AML “Fit” for Chemo; Target interim analysis 2022
- › UC Davis IST - Newly Diagnosed AML “Unfit” for Chemo; combo with venetoclax + azacytidine; N=25 subjects

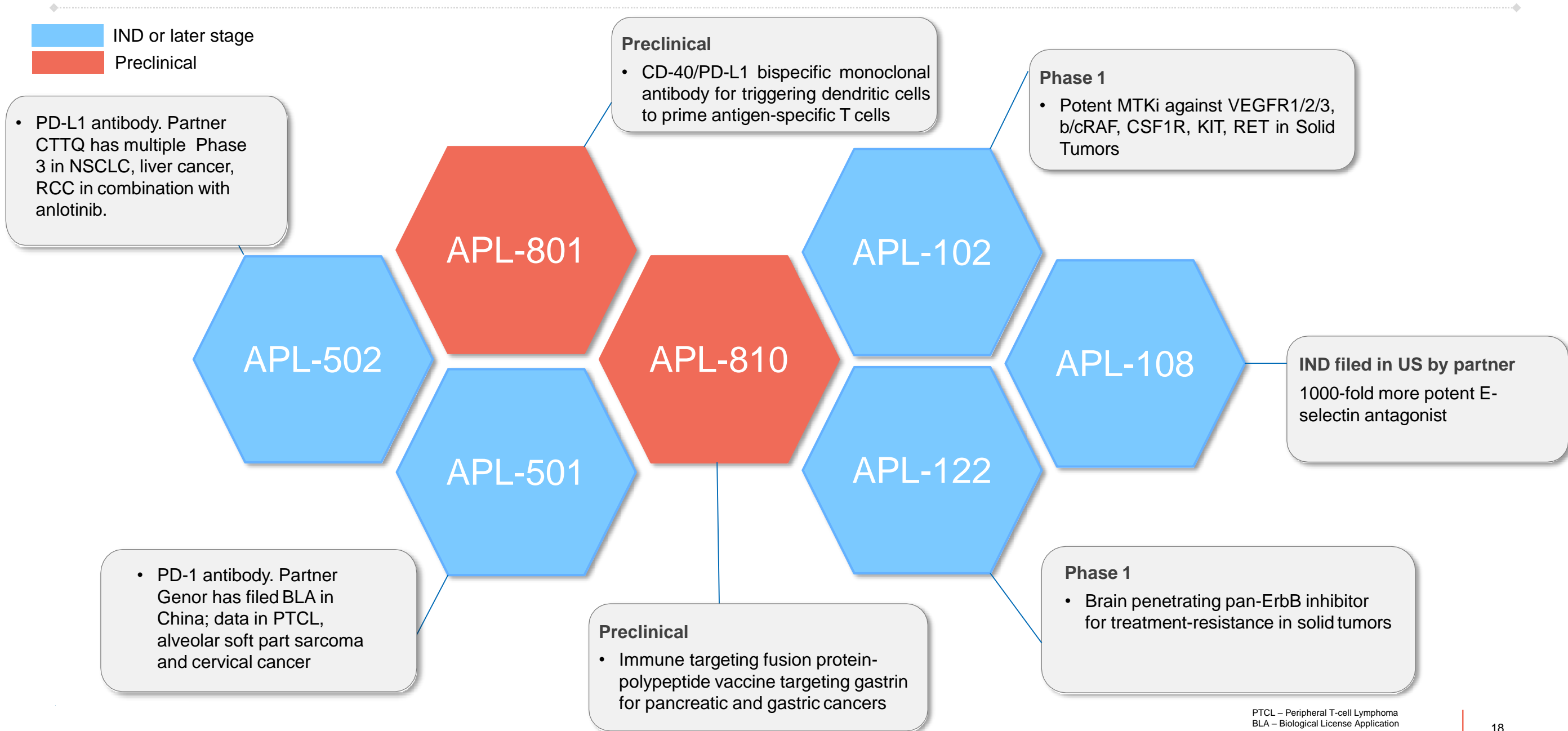


## Apollomics China Studies

- › Phase 1 PK Study (N=12 subjects; ongoing)
- › Phase 3 Bridging Study in r/r AML (ongoing)

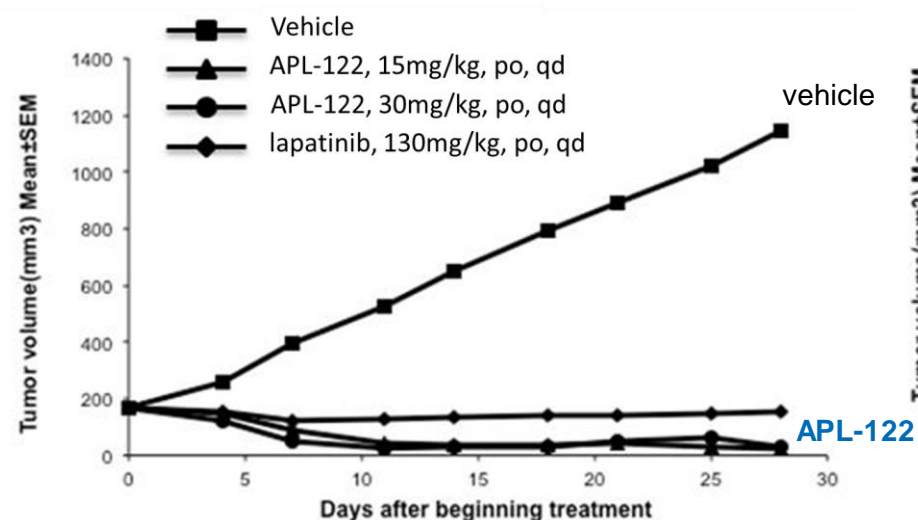


# Pipeline of Early Clinical and Preclinical Programs

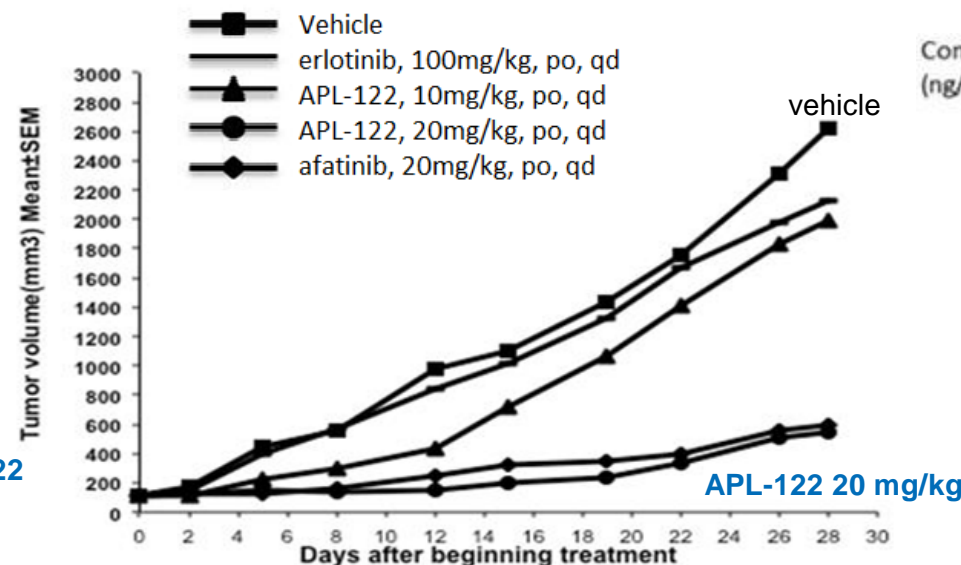


# APL-122: Potent panERB Inhibitor Overcomes Treatment-Resistance In Solid Tumors & Crosses BBB to Address Brain Metastases

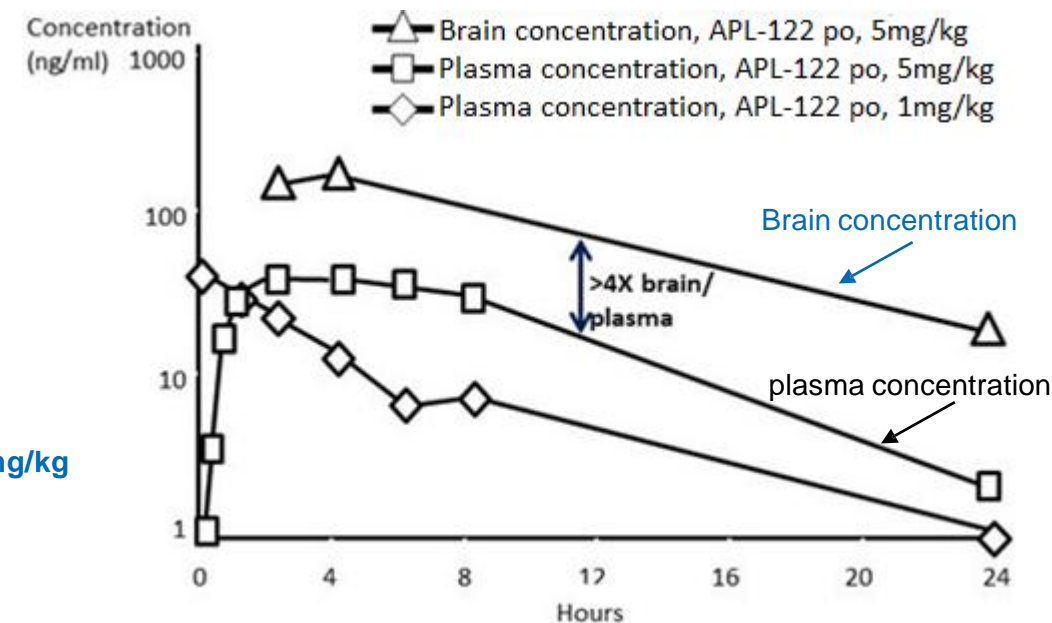
APL-122 Effective In Treatment-resistant gastric cancer (HER2+) N87 xenograft



APL-122 Effective In Treatment-resistant NSCLC (T790M+) H1975 xenograft



APL-122 enters brain and is retained in CNS at higher than plasma levels



- ErbB/HER crosstalk correlated with anti-ErbB therapy resistance
- APL-122- Inhibition of multiple ErbB family members to overcome resistance
- APL-122 & c-Met inhibitor combo may further limit drug resistance because HER2 amp+ and MET amp+ are mechanisms of acquired resistance

- 50% of HER2+ breast cancer and more than 33% of EGFR+ NSCLC develop CNS progression

# APL-102: Potent Multitargeted kinase inhibitor against VEGFR1/2/3, b/cRAF, CSF1R, KIT, RET in Solid Tumors

- Unique kinase profile with inhibition of several other key **immuno-oncogenic drivers**
- Tumor regression in 52 PDX models, including gastric, colorectal, esophageal, and lung cancer
- HCC PDX model: APL-102 achieved larger reduction in tumor volume
- Phase 1 study – ongoing

