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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
InnoCare at a Glance

1. Experienced founders and strong management team with an excellent track record

2. Fully integrated biopharmaceutical platform with strong in-house R&D capabilities

3. Worldwide rights to all product candidates

4. Strategically focused pipeline of potential best/first-in-class targeted therapies
   - Potential best-in-class late-stage BTK inhibitor targeting B cell malignancies, NDAs for two lead indications submitted and accepted for review by the NMPA in November 2019 and March 2020
   - Potential best-in-class pan-FGFR and first-in-class FGFR4 inhibitor
   - Second-generation small-molecule pan-TRK inhibitor designed to treat patients with NTRK fusion-positive cancers
   - Potential first-in-class BTK inhibitor targeting SLE and other autoimmune diseases

5. Culture of innovation, efficiency, and excellence: 4 clinical stage assets and 1 drug candidate with 2 NDAs filed since founding of the Company in 2015
Fully-integrated Biopharma Company

Drug Discovery
All Products Developed In-house
- 90+ research scientists
- Beijing R&D center – 8,300 m²
  - Chemistry, biology and CMC labs
  - 800 m² AAALAC-like animal facility
- Nanjing R&D center – 3,350 m²
  - A state-of-the-art solid-state research lab
  - Diagnostic and biology platform

Target Identification
Protein Structure Aided Drug Design
Prof. Yigong Shi
- Expertise in structure biology
- Deep understanding of cancer biology

Novel Target Identification
Prof. Zemin Zhang
- Single cell sequencing platform
- Big Data analysis

Commercialization
- Building Sales & Marketing force
  - Chief Commercial Officer on board
  - Key functional heads on board
  - Team of ~140 by product launch in 2020
- Unrivalled medical collaboration

Clinical Development
Unparalleled Clinical Execution
- ~80 Clinical development personnel
- All China trials managed in-house
- 100+ Clinical sites initiated
- 15+ trials ongoing

Manufacturing
65,000 m² manufacturing facility in Guangzhou
- Designed to comply with both Chinese and international drug manufacturing standards
- Consisted of 46 employees as of June, 2020
- Est Completion: 2020

4 Clinical stage assets
- Potential best-in-class BTK inhibitor targeting 2020 market launch
- 7 at IND enabling stage

Marketing Medical Sales Strategy Government Relations

Structure aided design + Gene Data Novel I-O Target
Top-notch Executives & Advisors

Dr. Jisong Cui
Co-founder and CEO
- 20+ years of experience in research and development and company management in the pharmaceutical industry
- Former CEO and CSO of BioDuro, a PPD Company
- Former Head of Early Development Team, Cardiovascular Diseases at Merck US
- Former Fellow at The Howard Hughes Medical Institute
- The 17th President of the Sino-American Pharmaceutical Professional Association (SAPA)

Prof. Yigong Shi
Co-founder, President of Scientific Advisory Board
- Elite Structural Biologist
- President and Founder of Westlake University
- Academician of the Chinese Academy of Sciences
- Foreign Associate of the National Academy of Sciences of the U.S. and European Molecular Biology Organization
- Professor of Tsinghua University and Princeton University

Dr. Rick Xu
CMO
- 28 years of experience in clinical development
- Roche, Former Senior Medical Director
- Pfizer, Former Senior Associate Director
- University of Missouri-Kansas City, Former Fellow

Shaojing Tong
CFO
- UBS AG, Former Healthcare Equity Research Analyst
- Merrill Lynch Asia, Former Equity Research Analyst
- Mehta Partners LLC, Former Equity Research Analyst

Dr. Xiangyang Chen
CTO
- 20+ years of drug discovery experience
- BioDuro, Former Executive Director of Medicinal Chemistry
- Pfizer, Former Principal Scientist
- Albert Einstein College of Medicine, Former Postdoctoral Researcher

Xiaodong Jin
CCO
- 20+ years of experience in product commercialization
- Sanofi (China), General Manager of Cardiovascular Business Unit
- Abbott China, General Manager of Abbott Diabetes Care and Head of Greater China
- Novartis Beijing, more than 13 years

Prof. Zemin Zhang
Scientific Advisory Board Member
- Professor at Peking University
- Former head of the bioinformatics division at Genentech Inc., USA

Prof. Zhanguo Li
Scientific Advisory Board Member
- World-class specialist in rheumatoid immunotherapy
- Director of the Clinical Immunology Center / Rheumatism Immunology Department at Peking University People's Hospital

Prof. Arnold Levine
Scientific Advisory Board Member
- Professor emeritus at Institute of Advanced Study, Princeton
- US National Academy of Sciences member

James Deng
Sales & Marketing Advisor
- GM of Becton Dickinson's Greater China business
- Former CEO and president of Novartis Pharmaceuticals China

Prof. Zhanguo Li
Scientific Advisory Board Member
- Professor at Peking University
- Former head of the bioinformatics division at Genentech Inc., USA
### Product Pipeline

#### Balanced Drug Portfolio Targeting Both Proven and Novel Pathways

<table>
<thead>
<tr>
<th>Drug</th>
<th>Target</th>
<th>Indication(s)</th>
<th>Worldwide Rights</th>
<th>Pre-clinical Development</th>
<th>IND</th>
<th>Phase I</th>
<th>Phase II(2)</th>
<th>Phase III</th>
<th>NDA Filing</th>
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<tbody>
<tr>
<td>ICP-022/</td>
<td>BTK</td>
<td>r/r CLL/SLL</td>
<td>☑</td>
<td></td>
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<td></td>
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<td>Accepted and given priority review status 1Q 2020</td>
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<tr>
<td>Orelabrutinib (1)</td>
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<td>r/r MCL</td>
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<td>Accepted and given priority review status 2Q 2020</td>
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<td></td>
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<td>r/r MZL</td>
<td>☑</td>
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<td>r/r WM</td>
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<td>1L: CLL/SLL</td>
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<td></td>
<td></td>
<td>r/r non-GCB DLBCL</td>
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<td>(double mutation)</td>
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<td>Combo w/ MIL-62 (basket)</td>
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<td></td>
<td></td>
<td>B-cell malignancies (basket)</td>
<td>☑</td>
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<td></td>
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<td>SLE</td>
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<tr>
<td>ICP-192(3)</td>
<td>pan-FGFR</td>
<td>Cholangiocarcinoma</td>
<td>☑</td>
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<td>Urothelial cancer</td>
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<td>pan-FGFR (basket)</td>
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<tr>
<td>ICP-105(4)</td>
<td>FGFR4</td>
<td>HCC</td>
<td>☑</td>
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<td>IND approved by FDA 2Q 2020</td>
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<tr>
<td>ICP-723(5)</td>
<td>pan-TRK</td>
<td>NTRK fusion-positive cancers</td>
<td>☑</td>
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<td></td>
<td></td>
<td></td>
<td>IND approved by NMPA 2Q 2020</td>
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<tr>
<td>ICP-332(6)</td>
<td>TYK2</td>
<td>Autoimmune diseases</td>
<td>☑</td>
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<tr>
<td>ICP-189(7)</td>
<td>SHP2</td>
<td>Solid tumors</td>
<td>☑</td>
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<tr>
<td>ICP-490(7)</td>
<td>E3 ligase</td>
<td>Hematology</td>
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</tbody>
</table>

**Registral trials**

*Abbreviations: CLL = Chronic Lymphocytic Leukemia; SLL = Small Lymphocytic Lymphoma; MCL = Mantle Cell Lymphoma; MZL = Marginal Zone Lymphoma; CNSL = Central Nervous System Lymphoma; GCB = Germinal Center B-cell; DLBCL = Diffuse Large B-Cell Lymphoma; WM = Waldenstrom’s Macroglobulinemia; FL = Follicular Lymphoma; SLE = Systemic Lupus Erythematosus; HCC = Hepatocellular Carcinoma.*
Recent Development and Upcoming Milestones

- Submitted two NDAs to the NMPA for r/r CLL/SLL and r/r MCL, both of which have been accepted and granted priority review earlier this year. Over 300 patients dosed with Orelabrutinib across all of our B-cell malignant cancer trials in total.

- Completed collection of 12-month follow-up data for both indications and plan to present them at the 2020 American Society of Hematology annual meeting.

- Phase II trial of WM was endorsed as a registrational trial by NMPA. Enrollment is expected to complete in fourth quarter of 2020.

- Received approval from the NMPA to initiate a Phase III trial of Orelabrutinib as a first-line treatment for CLL/SLL.

- First patient was enrolled to a combinational basket trial with MIL-62, a next generation CD20 antibody.

- Initiated a Phase II study of Orelabrutinib in patients with r/r non-GCB DLBCL sub-population with double mutations, with first patient enrolled in second quarter of 2020.

- In the U.S., we are conducting a Phase I basket trial for B-cell malignancies, which is anticipated to be completed by the end of the year. We are currently in the process of amending the protocol to rapidly initiate Phase II.

- We are conducting a Phase IIa trial for SLE and enrolled the first patient already.
Recent Development and Upcoming Milestones (cont’d)

**ICP-192**
- Two patients with FGFR gene aberrations **achieved partial responses** and two patients with FGFR gene aberrations **achieved stable disease** in the dose escalation study.
- **Completed first patient** dosing of phase II for **both cholangiocarcinoma and urothelial cancer** in the first half of 2020.
- **In the US, IND was approved** in April 2020 and first patient enrollment is anticipated in Q3 of 2020.

**ICP-105**
- We expect the dose escalation trial to be completed in the fourth quarter of 2020.

**ICP-723**
- A **second-generation small molecule pan-TRK inhibitor** with high selectivity and favorable safety profile, which could **overcome acquired resistance to the first generation TRK inhibitor**.
- **IND application for ICP-723 was approved by the NMPA in May 2020**.
- First patient enrollment expected in Q4 of 2020. We are considering initiating clinical trials in the U.S. to further explore its market and therapeutic potential.
Key Pre-clinical Drug Candidates

In addition to our four clinical stage candidates, our pipeline includes more molecules at IND-enabling stage, of which three are considerable important to supplement our existing pipeline.

<table>
<thead>
<tr>
<th>Asset Overview</th>
<th>Indication</th>
<th>Planned IND Application</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICP-332</strong></td>
<td>▪ A small-molecule inhibitor of TYK2, a non-receptor tyrosine kinase that mediates immune signaling</td>
<td>▪ Mechanism of action: TYK2 mediates IL-23, IL-12 and Type I IFN-driven immune and pro-inflammatory signaling pathways that are critical in the cycle of chronic inflammation central to immune-mediated diseases</td>
<td>▪ Early 2021</td>
</tr>
<tr>
<td></td>
<td>▪ T-cell mediated autoimmune diseases, disorders, such as psoriasis, IBD and SLE</td>
<td></td>
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</tr>
<tr>
<td><strong>ICP-189</strong></td>
<td>▪ An oral allosteric inhibitor of SHP2 with excellent selectivity over other phosphatases</td>
<td>▪ Mechanism of action: a non-receptor protein tyrosine phosphatase involved in mediating RAS signaling pathway and immune checkpoint pathway for regulation of cellular proliferation and survival</td>
<td>▪ Second half of 2021</td>
</tr>
<tr>
<td></td>
<td>▪ Solid tumors as a single agent and/or in combinations with other antitumor agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ICP-490</strong></td>
<td>▪ An orally small molecule inhibitor that modulates the immune system and other biological targets</td>
<td>▪ Mechanism of action: by specifically binding to CRL4&lt;sub&gt;CRBN&lt;/sub&gt;-E3 ligase complex, it induces ubiquitination and degradation of transcription factors including Ikaros and Aiolos</td>
<td>▪ Relapsed/refractory multiple myeloma, diffuse large B cell lymphoma (DLBCL) and autoimmune diseases</td>
</tr>
<tr>
<td></td>
<td>▪ Second half of 2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ICP-332
ICP-189
ICP-490
Section 1

Business Highlights
Bruton’s Tyrosine Kinase (“BTK”) is a key component of the B-cell receptor signaling pathway, which is an important regulator of cell proliferation and cell survival in various lymphomas (mainly NHL). BTK inhibitors block B-cell receptor (“BCR”) induced BTK activation and its downstream signaling. Successful blockage of BTK activation would result in growth inhibition and cell death of B-cells.

BTK is a proven target for the treatment of malignant B lymphomas with significant market potential:
- Only 3 BTK inhibitors approved globally and 2 approved in China
- BTK inhibitor global sales reached US$4.5 billion in 2018
- Currently approved BTK inhibitors, however, have demonstrated common toxicities, some of which are believed to be attributable to the off-target effects of these drugs, such as diarrhea, bleeding and atrial fibrillation

Potential to treat autoimmune diseases such as systemic lupus erythematosus, rheumatoid arthritis, multiple sclerosis, pemphigus and lupus nephritis.
Advantages and Highlights

1. Improved Target Selectivity
   - **Orelabrutinib**: Significant inhibition of only BTK by >90% and NO significant inhibition of other kinases
   - **Ibrutinib**, **Acalabrutinib**, **Zanubrutinib**: Significant inhibition of kinases other than BTK

2. Favorable PK/PD Profile and Better Target Occupancy
   - The better bioavailability of Orelabrutinib tablet enables:
     - **Once-daily** administration at low dosage
     - Near 100% 24-hr BTK occupancy in blood

3. Improved Safety and Robust Efficacy Profile

---

Orelabrutinib is a potential best-in-class late-stage BTK inhibitor

Our “Point-of-Differentiation”

<table>
<thead>
<tr>
<th>INNOCARE</th>
<th>Beigene</th>
<th>AstraZeneca</th>
<th>Johnson &amp; Johnson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orelabrutinib</td>
<td>Zanubrutinib</td>
<td>Acalabrutinib</td>
<td>Ibrutinib</td>
</tr>
</tbody>
</table>

- **Late-stage Approved**
- **Target Selectivity**
- **Safety**
- **Once-daily**
Improved Target Selectivity

Orelabrutinib (ICP-022) : Potential Best-in-class BTK Inhibitor Targeting B-cell Malignancies (cont’d)

• At 1 μM against 456 kinases in a KINOMEscan, orelabrutinib shows significant inhibition of only BTK by >90% and demonstrates no significant inhibition of other kinases.

Ibrutinib

• At 1 μM concentration, ibrutinib inhibited (>90%) not only BTK but also over a dozen other kinases including EGFR, TEC and BMX.

Acalabrutinib

• At 1 μM concentration, acalabrutinib showed off-target activity.

Zanubrutinib

• At 1 μM concentration, zanubrutinib inhibited multiple kinases.

Favorable PK/PD Profile

Post-dosing plasma exposure profile

**Orelabrutinib (ICP-022): Potential Best-in-class BTK Inhibitor Targeting B-cell Malignancies (cont’d)**

**Lower bioavailability at their respective dosage compared to orelabrutinib**

**Abbreviations: SD = single dose; QD = once daily; BID = twice daily**


Better Target Occupancy

BTK occupancy

- **Near 100% occupancy for 24 hrs** at ≥50 mg
- **NO decrease in BTK occupancy between 4 and 24 hrs post-dosing**
- <80% occupancy at 420 mg
- Decrease in BTK occupancy between 4 and 24 hrs post-dosing
- <90% occupancy at 100mg BID
- Decrease in BTK occupancy between 4 and 24 hrs post-dosing

Abbreviations: SAD = single ascending dose; MAD = multiple ascending dose

Improved Safety and Robust Efficacy Profile

<table>
<thead>
<tr>
<th>Efficacy Profile</th>
<th>Safety Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Best response assessment by CT</strong></td>
<td><strong>Adverse events of special interest</strong></td>
</tr>
<tr>
<td><strong>ORR</strong> 85.9% (10.5 months)</td>
<td>orelabrutinib N=200 (%)</td>
</tr>
<tr>
<td><strong>CR</strong> 27.3%</td>
<td>ibritinib N=1,124 (%)</td>
</tr>
<tr>
<td><strong>PD</strong> 9.1%</td>
<td>acalabrutinib N=612 (%)</td>
</tr>
<tr>
<td><strong>SD</strong> 5.1%</td>
<td>zanubrutinib N=671(%)</td>
</tr>
</tbody>
</table>

| **Best response assessment by PET** | **Major bleeding** (2) |
| **ORR** 85.7% | 0.5% (1 case) |
| **CR** 53.6% | 3.0% |
| **PR** 32.1% | 2.0% |
| **PD** 3.8% | 2.7% |

| **ORR** 88.8% (8.7 months) | **Diabetes** |
| **CR** 57.5% | 7.0% (1 case for G3) |
| **PR-L** 27.5% | 39.0% |
| **PD** 8.3% | 38.4% |
| **SD** 5.0% | 18.2% |

| **CR/CRI** 3.8% | **Secondary malignancy** |
| **ORR** 88.8% | 0.5% (1 case) |
| **CR** 53.6% | 10.0% |
| **PR** 32.1% | 10.6% |
| **PD** 14.3% | 7.9% |

| **CR/CRI** 3.8% | **Grade 3 or Grade 4 Hypertension** |
| **ORR** 85.7% | 2.5% |
| **CR** 57.5% | 5.0% |
| **PR** 32.1% | 2.5% |
| **PD** 14.3% | 3.1% |

| **SD** 5.0% | ≥ Grade 3 Infection |
| **PR** 32.1% | 16.0% |
| **PD** 9.1% | 24.0% |
| **SD** 5.1% | 18.0% |

Abbreviations: CR=complete response, PR=partial response, PR-L=partial response with lymphocytosis, SD=stable disease, PD=progressive disease, ORR=objective response rate, DRC=disease control rate, DOR=duration of response

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, 2102590Rig1s000, 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
“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
Rapid Clinical Development for Treatment of B-cell Malignancies

**Orelabrutinib (ICP-022): Potential Best-in-class BTK Inhibitor Targeting B-cell Malignancies (cont’d)**

- **CLL/SLL**
  - 2018: Ethics Committee Approval
  - 2018 Apr: First patient in
  - 2019 Feb: Patient enrollment for Phase II completed (80)
  - 2019 Aug: Last patient in Phase II trial completed 6 treatment cycles
  - 2019 Nov: CLL/SLL NDA submitted and accepted for review
  - **80 patients completed enrollment in 10 months**
  - **<1 yr to submit NDA from enrollment completion**
  - 2018: Ethics Committee Approval
  - 2018 Apr: First patient in
  - 2019 Feb: Patient enrollment for Phase II completed (80)
  - 2019 Aug: Last patient in Phase II trial completed 6 treatment cycles
  - 2019 Nov: CLL/SLL NDA submitted and accepted for review

- **MCL**
  - 2018: Ethics Committee Approval
  - 2018 Apr: First patient in
  - 2019 Apr: Patient enrollment for phase II completed (106)
  - 2019 Oct: Last patient in Phase II trial completed 6 treatment cycles
  - 2020 Mar: MCL NDA submitted and accepted for review
  - **106 patients completed enrollment in 12 months**
  - **<1 yr to submit NDA from enrollment completion**

**Proven clinical development capabilities**
Prevalence of SLE and other major autoimmune diseases (RA, MS, Psoriasis and LN) expected to grow rapidly

**SLE**

<table>
<thead>
<tr>
<th>China Prevalence (MM)</th>
<th>Global Prevalence (MM)</th>
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<tbody>
<tr>
<td>2018A</td>
<td>2030E</td>
</tr>
<tr>
<td>1.0</td>
<td>1.1</td>
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<tr>
<td>7.6</td>
<td>8.6</td>
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**Other major autoimmune diseases**

<table>
<thead>
<tr>
<th>China Prevalence (MM)</th>
<th>Global Prevalence (MM)</th>
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<tbody>
<tr>
<td>2018A</td>
<td>2030E</td>
</tr>
<tr>
<td>12.9</td>
<td>13.7</td>
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<tr>
<td>113.6</td>
<td>129.4</td>
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Abbreviations: LN = lupus nephritis, MS = multiple sclerosis, RA = rheumatoid arthritis

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**Rapidly Growing SLE Therapeutic Market Size**

US$Bn

<table>
<thead>
<tr>
<th>Year</th>
<th>Global</th>
<th>China</th>
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<tbody>
<tr>
<td>2014</td>
<td>0.8</td>
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<td>2018</td>
<td>1.2</td>
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<tr>
<td>2030E</td>
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<td>21.3%</td>
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<table>
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<th>Year</th>
<th>Global</th>
<th>China</th>
<th>CAGR</th>
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<td>2014</td>
<td>0.2</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>0.2</td>
<td></td>
<td>7.3%</td>
</tr>
<tr>
<td>2030E</td>
<td>2.1</td>
<td></td>
<td>21.7%</td>
</tr>
</tbody>
</table>

---

**SLE Competitive Landscape: Orelabrutinib vs. Other BTKi at Clinical Stage**

<table>
<thead>
<tr>
<th>Generic Name/Drug Code</th>
<th>Company</th>
<th>Global Filing Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orelabrutinib</td>
<td>INNOCare</td>
<td>Phase I (China)</td>
</tr>
<tr>
<td>Fenebrutinib</td>
<td>Roche</td>
<td>Phase II</td>
</tr>
<tr>
<td>Evobrutinib</td>
<td>Merck KGaA</td>
<td>Phase II</td>
</tr>
<tr>
<td>ABBV-105</td>
<td>AbbVie</td>
<td>Phase II</td>
</tr>
<tr>
<td>BIIB068</td>
<td>Biogen</td>
<td>Phase I</td>
</tr>
<tr>
<td>AC0058</td>
<td>ACEA Pharma</td>
<td>Phase I</td>
</tr>
<tr>
<td>SN1011</td>
<td>SinoMab</td>
<td>Phase I</td>
</tr>
</tbody>
</table>

---

**NO BTKi approved for the treatment of SLE in the global market**

---

**Huge unmet medical needs**

Source: Frost & Sullivan Analysis
Orelabrutinib (ICP-022): Potential First-in-class BTK Inhibitor for Autoimmune Diseases (Cont’d)

Robust Pre-clinical Efficacy Profile in Both SLE and RA

- Initiated a **Phase Ib/IIa trial in combination** with standard of care treatment for SLE in China, and completed first patient enrollment
- Explore orelabrutinib in other autoimmune diseases, such as LN, MS and pemphigus

Abbreviations: Anti-dsDNA = Anti-double-standard DNA; mpk = mg/kg.

**Orelabrutinib’s pre-clinical efficacy in SLE mouse model**
- Significant reduction of SLE-associated biomarkers
- Improvement of survival in MRL/lpr mice

**Effect of orelabrutinib on clinical scores of arthritis in CIA rat model**
- Dose-dependent reduction of proinflammatory cytokines, ameliorated arthritis histopathology scores
- Prevention of joint destruction

**Representative micro-computed tomography images of rat ankle joints**
- Orelabrutinib reduced erosive bone changes and prevented bone loss
- Vehicle-treated group showed severe and widespread bone loss

**Orelabrutinib’s pre-clinical efficacy in arthritis rat model**
FGFR Clinical and Market Potential

Market Potential

FGFR aberrations were found in **7.1%** of all solid tumors

Source: Helsten et al., 2015, Clinical Cancer Research

FGFR Mutation by Cancer Types Globally (incidence, solid tumor), 2018–2030E

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>2018 (in thousand)</th>
<th>2023E (in thousand)</th>
<th>2030E (in thousand)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glioma</td>
<td>52.8</td>
<td>79.1</td>
<td>201.3</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>151.4</td>
<td>180.8</td>
<td>220.1</td>
</tr>
<tr>
<td>Thyroid / FGFR2</td>
<td>365.5</td>
<td>404.9</td>
<td>461.0</td>
</tr>
<tr>
<td>Blood / Myeloproliferative Syndrome / Leukemia (Ultra Orphan)</td>
<td>415.3</td>
<td>471.7</td>
<td>560.0</td>
</tr>
<tr>
<td>Non-small Cell Lung</td>
<td>156.7</td>
<td>171.1</td>
<td>244.6</td>
</tr>
<tr>
<td>Renal Cell</td>
<td>47.1</td>
<td>54.8</td>
<td>70.1</td>
</tr>
<tr>
<td>Colorectal</td>
<td>113.9</td>
<td>125.6</td>
<td>151.4</td>
</tr>
<tr>
<td>Pancreatic Exocrine</td>
<td>156.7</td>
<td>180.8</td>
<td>220.1</td>
</tr>
<tr>
<td>Cholangiocarcinoma</td>
<td>3%</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td>Endometrial</td>
<td>7%</td>
<td>11%</td>
<td>20%</td>
</tr>
<tr>
<td>Prostate</td>
<td>25%</td>
<td>32%</td>
<td>43%</td>
</tr>
<tr>
<td>Other Solid Tumors</td>
<td>3%</td>
<td>18%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: Frost & Sullivan analysis

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

- Glioma (~8%)
- Non-small Cell Lung (~5%)
- Breast (~18%)
- Gastric / GE Junction (~7%)
- Renal Cell (~5%)
- Colorectal (~4%)
- Cholangiocarcinoma (~25%)
- Urothelial (~32%)
- Prostate
- Sarcoma (~4%)

Source: Helsten et al., Clin Cancer Res 2016 (22), 257-267; FGFR2 fusions in iCCA: Graham et al. Hum Pathol 2014 (45), 1630-1638; Jain et al. JCO Precis Oncol 2018 (2) 1-12; Frost & Sullivan analysis
Favorable Pre-clinical Profile with Improved Target Selectivity and High FGFR Inhibitory Potency

**Kinase dendrogram shows improved target selectivity**

At 1 μM concentration in a KINOMEScan assay, inhibited only FGFR1-4 by >90% and showed **no obvious inhibition of other kinases**

**Favorable pre-clinical efficacy shown in multiple models harboring FGFR abnormalities**

**Similar inhibitory potency when compared to erdafitinib**

At 1 μM concentration, inhibited not only FGFR1-4 but also over a dozen other kinases

Source: Perera T. et al, Molecular Cancer Therapeutics 2017, 16(6), 1010-20. Doi: 10.1158/1535-7163.MCT-16-0589
ICP-192: Potential Best-in-class Pan-FGFR Inhibitor (cont’d)

Completed Phase I clinical trials and commenced Phase IIa clinical trials

Advantages and Highlights

1. Improved Target Selectivity

2. High FGFR Inhibitory Potency

3. Favorable Pre-clinical Efficacy Profile
ICP-192: Potential Best-in-class Pan-FGFR Inhibitor (cont’d)

One of the most advanced pan-FGFR inhibitors under clinical development in China

Clinical program

Phase I Completed

- Two patients with FGFR gene aberrations **achieved partial responses** and two patients with FGFR gene aberrations **achieved stable disease** in the dose escalation study
- Well tolerated and no treatment-related DLT
- Dose-proportional exposure increase
- PD marker observed at 8mg QD

Trials Underway

In China
- Cholangiocarcinoma with FGFR2 fusions, completed **first patient dosing** in the first half of 2020
- Urothelial cancer with FGFR2/3 alterations, completed **first patient dosing** in the first half of 2020

In the US
- **IND was approved** in April 2020 and first patient enrollment is anticipated in Q3 of 2020
ICP-105: Potential First-in-class FGFR4 Inhibitor

First-in-class Potential as FGFR4 inhibitor for HCC

- Currently no marketed FGFR4 inhibitors globally
- The only China-based biotech that internally discovered and developed a clinical stage FGFR4 inhibitor

Pre-clinical Results

- Superior target selectivity of (>90%) effective inhibition of FGFR4 but no other kinases
- Promising anti-tumor efficacy in HCC mouse models

ICP-105’s Clinical Program

Ongoing and Planned Trials

- Phase I trial in China as a monotherapy in solid tumor patients
- Safe and well-tolerated (from preliminary data)
- Plan to initiate a Phase II trial in HCC patients with FGFR4 pathway overactivation

Significant Market Opportunity

- HCC incidence globally: 756,972 in 2018 to ~1.0 million in 2030
- HCC incidence in China: 360,181 in 2018 to ~473,000 in 2030
- 20% of HCC patients demonstrate FGFR4 aberrant signaling

Robust Pre-clinical Profile

Tumor size reduction in HCC mouse model

0 5 10 15 20
0 500 1000 1500 2000 2500
Vehical, PO, BID ICP-105, 10 mg/kg, PO, BID ICP-105, 30 mg/kg, PO, BID ICP-105, 100 mg/kg, PO, BID

Tumor Volume (mm^3)
ICP-723: Second Generation pan-TRK Inhibitor

Pre-clinical Results

- Superior in vivo and in vitro anti-tumor activity
- Highly selective
- Overcome acquired resistance to first generation TRK inhibitor
- Attractive PK/PD profile
- Favorable tolerability and safety profile

Distribution and frequency of NTRK fusions in adult

- Cancers enriched for TRK fusions:
  - Frequency > 90%
- Cancers harboring TRK fusions at lower frequencies:
  - 5% to 25%
  - < 5%

1. NTRK fusion-positive cancers and TRK inhibitor therapy Emiliano Cocco, Maurizio Scaltriti and Alexander Drilon
Section 2

Growth Strategies
Growth Strategies

1. Develop, commercialize and expand Orelabrutinib in B-cell malignancies
2. Continue the development of ICP-192 and ICP-105 for solid tumors in China and worldwide
3. Develop ICP-723 for solid tumors in China and worldwide
4. Develop Orelabrutinib and other potential candidates for autoimmune diseases
5. Expand our pipeline through in-house discovery and business development efforts
Commercialization Strategy

- In a Staggered Approach Corresponding with the Launch Timeline of Orelabrutinib
- Already had over 40 sales and marketing figures on board

At Launch and Before Orelabrutinib Enters the NRDL

120-140 sales and marketing team
Covering

300 Nationally Leading Hospitals
Expansion

~200 sales and marketing team
Covering

800+ Nationally Leading Hospitals

When Orelabrutinib Included in the NRDL

James Deng
Sales & Marketing Advisor
- GM of Becton Dickinson’s Greater China business
- Former CEO and president of Novartis Pharmaceuticals China

Yi Zhang
Sales & Marketing Leadership Member
- Former director of sales in China at Janssen
- Responsible for the sales of Imbruvica in China

Dr. Zhichao Si
Sales & Marketing Leadership Member
- Former therapeutic area leader of hematology at Janssen
- Responsible for launching Imbruvica in China

Xiaodong Jin
Chief Commercial Officer
- Sanofi (China), GM of Cardiovascular Business Unit
- Abbott China, GM of Abbott Diabetes Care and Head of Greater China
- Beijing Novartis, more than 13 years

Dr. Jinghua Chang
Director of Market Access
- Former Head of Marketing Access Strategy at Novartis
- Responsible for the marketing access strategy

Yue Ren
Director of Channel and Customer Management
- Former commercial strategy leader at Janssen
- Responsible for distributor management and channel optimization

Chief Commercial Officer
- Sanofi (China), GM of Cardiovascular Business Unit
- Abbott China, GM of Abbott Diabetes Care and Head of Greater China
- Beijing Novartis, more than 13 years

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- Abbott China, GM of Abbott Diabetes Care and Head of Greater China
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- Beijing Novartis, more than 13 years

Chief Commercial Officer
- Sanofi (China), GM of Cardiovascular Business Unit
- Abbott China, GM of Abbott Diabetes Care and Head of Greater China
- Beijing Novartis, more than 13 years
World-class Manufacturing Facility

To Meet Commercial Scale Production and Comply with GMP Requirements

Guangzhou Subsidiary

46 Employees

65,000m² Under construction

1 Billion Pill Capacity Annually

Present

2020

2H2020 Acquire a Manufacturing License

2021

1H2021 Complete Test Method and Process Transfer

2H2021 Complete an On-site Inspection by NMPA

2022

... Complete

To Satisfy The Commercial Needs For At Least Next Five Years

Further expansion

+ 30,000m²

Covers The Entire Production Process

Spray drying
Dispensing
Dry granulation
Wet granulation and drying
Blending
Compression
Capsule filling
Coating and blister packaging
Bottling

Under construction

1
Commercial-scale OSD Production Line

2
Pilot-scale OSD Production Lines

1 Billion Pill Capacity Annually

Complete
Key Financials Updates

### Research and Development Costs

<table>
<thead>
<tr>
<th>(RMB mm)</th>
<th>2019 H1</th>
<th>2020 H1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Cost</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>Share-Based Compensation</td>
<td>95</td>
<td>231</td>
</tr>
<tr>
<td>Third Party Contracting Cost</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Direct Clinical Trial Expenses</td>
<td>31</td>
<td>20</td>
</tr>
<tr>
<td>Depreciation and Amortisation</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### Administrative Expenses

<table>
<thead>
<tr>
<th>(RMB mm)</th>
<th>2019 H1</th>
<th>2020 H1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Cost</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Share-based compensation</td>
<td>3,291</td>
<td>47</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Professional fees</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Listing expense</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>31-Dec-2018</td>
<td>31-Dec-2019</td>
</tr>
</tbody>
</table>

### Cash and Cash Equivalents

<table>
<thead>
<tr>
<th>(RMB mm)</th>
<th>31-Dec-2018</th>
<th>31-Dec-2019</th>
<th>30-Jun-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>2,046</td>
<td>2,372</td>
<td>4,440</td>
</tr>
<tr>
<td>Net Cash</td>
<td>1,029</td>
<td>1,246</td>
<td>3,291</td>
</tr>
</tbody>
</table>

1. unaudited
2. Cash balance = investments measured at fair value through profit or loss + investments measured at amortised + cash and bank balance.
   Net cash = cash balance – convertible loan – loans and borrowings – loans from a related party.
**Income Statement**

**For the six months ended 30 June**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td>593</td>
<td>748</td>
</tr>
<tr>
<td><strong>Gross Profit</strong></td>
<td>593</td>
<td>748</td>
</tr>
<tr>
<td><strong>Other Income and Gains</strong></td>
<td>51,207</td>
<td>50,574</td>
</tr>
<tr>
<td>Selling and Distribution Expenses</td>
<td>(669)</td>
<td>(7,629)</td>
</tr>
<tr>
<td>Research and Development Costs</td>
<td>(94,831)</td>
<td>(231,157)</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>(16,084)</td>
<td>(47,483)</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>(23,714)</td>
<td>(32,831)</td>
</tr>
<tr>
<td><strong>Fair Value Changes of Convertible Redeemable Preferred Shares</strong></td>
<td>(236,962)</td>
<td>(141,579)</td>
</tr>
<tr>
<td>Finance Costs</td>
<td>(1,400)</td>
<td>(485)</td>
</tr>
<tr>
<td>Share of Profits and Losses of Joint Ventures</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Loss Before Tax</strong></td>
<td>(321,860)</td>
<td>(409,842)</td>
</tr>
<tr>
<td><strong>Loss for the Year / Period</strong></td>
<td>(321,860)</td>
<td>(409,842)</td>
</tr>
<tr>
<td><strong>Loss for the Year / Period Excluding Fair Value Changes</strong></td>
<td>(84,898)</td>
<td>(268,263)</td>
</tr>
</tbody>
</table>

1. unaudited

1. **Revenue** was mainly generated from providing research and development services to biopharmaceutical companies; no product sales have been generated to date. Our sources of revenue are expected to become more diversified once our pipeline drug candidates, including Orelabrutinib, launch into the market upon approval.

2. **Other Income and Gains**
   - Includes RMB 26.8m and RMB 40.1mm of bank interest income in 1H2019 and 1H2020 respectively;
   - Mainly comprised of government grants received from the PRC local government authorities to support our R&D activities. All conditions related to these government grants have been fulfilled.

3. **Fair Value Changes of Convertible Redeemable Preferred Shares** represents fair value increase of preferred shares issued by us from prior financing rounds.
## Balance Sheet

### Non-Current Assets

<table>
<thead>
<tr>
<th></th>
<th>As at 31 December</th>
<th>June 30,¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY2018</td>
<td>FY2019</td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>4,908</td>
<td>48,479</td>
</tr>
<tr>
<td>Goodwill</td>
<td>3,125</td>
<td>3,125</td>
</tr>
<tr>
<td>Other Intangible Assets</td>
<td>36,947</td>
<td>37,011</td>
</tr>
<tr>
<td>Right-of-use Assets</td>
<td>13,053</td>
<td>86,311</td>
</tr>
<tr>
<td>Investments in Joint Ventures</td>
<td>1,159</td>
<td>1,159</td>
</tr>
<tr>
<td>Other Non-current Assets</td>
<td>78,463</td>
<td>30,861</td>
</tr>
<tr>
<td><strong>Total Non-current Assets</strong></td>
<td><strong>137,655</strong></td>
<td><strong>206,946</strong></td>
</tr>
</tbody>
</table>

### Current Assets

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY2018</td>
<td>FY2019</td>
</tr>
<tr>
<td>Trade Receivables</td>
<td>44</td>
<td>37</td>
</tr>
<tr>
<td>Deposits, Prepayments and Other Receivables</td>
<td>17,788</td>
<td></td>
</tr>
<tr>
<td>Investments Measured at Fair Value through Profit or Loss</td>
<td>169,054</td>
<td></td>
</tr>
<tr>
<td>Investments Measured at Amortised Cost</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Cash and Bank Balances</td>
<td>1,876,618</td>
<td>2,291,773</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>2,063,504</strong></td>
<td><strong>2,408,747</strong></td>
</tr>
</tbody>
</table>

¹ unaudited

Cash and cash equivalents as of 30 June 2020 amounted to RMB4,440mm, which includes:

- Investments Measured at Fair Value through Profit or Loss and Investments Measured at Amortised Cost (wealth management products denominated in RMB)
- Cash and Bank Balance
### Balance Sheet (Cont’d)

#### Current Liabilities

<table>
<thead>
<tr>
<th></th>
<th>As at 31 December</th>
<th>June 30, (^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY2018</td>
<td>FY2019</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Payables</td>
<td>2,193</td>
<td>8,197</td>
</tr>
<tr>
<td>Loans and Borrowings</td>
<td>50,395</td>
<td>–</td>
</tr>
<tr>
<td>Other Payables and Accruals</td>
<td>5,397</td>
<td>41,528</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>90</td>
<td>645</td>
</tr>
<tr>
<td>Lease Liabilities</td>
<td>5,332</td>
<td>6,204</td>
</tr>
<tr>
<td>Loans from a Related Party</td>
<td>8,882</td>
<td>9,098</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>72,289</td>
<td>65,672</td>
</tr>
<tr>
<td><strong>Net Current (Liabilities) / Assets</strong></td>
<td>1,991,215</td>
<td>2,343,075</td>
</tr>
<tr>
<td><strong>Total Assets Less Current Liabilities</strong></td>
<td>2,128,870</td>
<td>2,550,021</td>
</tr>
</tbody>
</table>

#### Non-current Liabilities

<table>
<thead>
<tr>
<th></th>
<th>As at 31 December</th>
<th>June 30, (^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY2018</td>
<td>FY2019</td>
</tr>
<tr>
<td>Convertible Redeemable Preferred Shares</td>
<td>1,934,750</td>
<td>4,213,772</td>
</tr>
<tr>
<td>Convertible Loan</td>
<td>957,269</td>
<td>1,117,176</td>
</tr>
<tr>
<td>Lease Liabilities</td>
<td>7,791</td>
<td>3,394</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>61,398</td>
<td>157,389</td>
</tr>
<tr>
<td>Deferred Tax Liabilities</td>
<td>6,036</td>
<td>6,036</td>
</tr>
<tr>
<td><strong>Total Non-current Liabilities</strong></td>
<td>2,967,244</td>
<td>5,497,767</td>
</tr>
</tbody>
</table>

#### Equity

<table>
<thead>
<tr>
<th></th>
<th>As at 31 December</th>
<th>June 30, (^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY2018</td>
<td>FY2019</td>
</tr>
<tr>
<td>Share Capital</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Reserves</td>
<td>(904,304)</td>
<td>(3,004,714)</td>
</tr>
<tr>
<td>Non-controlling Interests</td>
<td>65,927</td>
<td>56,964</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>(838,374)</td>
<td>(2,947,746)</td>
</tr>
</tbody>
</table>

\(^1\) unaudited

**Convertible Redeemable Preferred Shares**

Represents fair value of preferred shares issued by us from prior financing rounds.
Notes:

1. Denotes the Company’s Core Product Candidate, orelabrutinib (ICP-022)
2. For indications of r/r CLL/SLL, r/r MCL and r/r WM, the registrational trial for NDA submission is the Phase II clinical trial based on the communications with the NMPA. Confirmatory Phase III clinical trials will be required after the Company receives conditional approvals from the NMPA based on the results of these two registrational Phase I and Phase II clinical trials
3. Phase II trials for cholangiocarcinoma and urothelial cancer have both had first-patient dosed. ICP-192 IND approved by FDA, Phase I first patient enrolled anticipated in the third quarter of 2020.
4. Expect to complete the Phase I trial for HCC in the fourth quarter of 2020
5. IND for NTRK fusion-positive cancers received permission from the NMPA in the second quarter of 2020
6. Expect to submit an IND application for autoimmune diseases to the NMPA in the first quarter of 2021
7. IND anticipated to be submitted for ICP-189 and ICP-490 to the NMPA in the second half of 2021
8. The Company also has four undisclosed IND-enabling stage candidates currently under development