Jacobio 2023 Annual Presentation

April 2024

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Key Milestones and Catalyst Events

2023 Annual Results

Glecirsaib (JAB-21822, KRAS G12C inhibitor) & JAB-3312 (SHP2 inhibitor)

≥2L NSCLC (glecirasib monotherapy)	• Patient enrollment for pivotal trial finished in Sep 2023. • Pre-NDA submission of CMC portion finished in Sep 2023. • Pre-NDA submission of clinical portion finished in Mar 2024.
≥2L PDAC (glecirasib monotherapy)	• Single arm Phase II pivotal trial approved by CDE in July 2023. The very first KRAS G12Ci entered pivotal trial globally. • BTD designation by CDE in Aug 2023. • First Patient In (FPI) in Oct 2023.
≥2L Multi-tumors basket (glecirasib monotherapy)	• Impressive clinical outcome. • Single arm Phase II pivotal trial in communication with CDE.
1L NSCLC (glecirasib combo with JAB-3312)	• Enrolled ~200 pts, among which ~100 were 1L NSCLC pts. • Phase III registrational trial approved by CDE in Feb 2024. • The very first SHP2i entered registrational trial globally.
Advanced CRC (glecirasib combo w/ cetuximab)	• Phase I/II trial ongoing of glecirasib monotherapy or combo with cetuximab to treat advanced CRC. • Phase III registrational trial of glecirasib monotherapy or combo with cetuximab to treat ≥3L CRC in communication with CDE.

Other clinical programs

JAB-8263 (BET inhibitor)

- Efficacy: Clinical benefits observed of JAB-8263 monotherapy in solid tumors and hematological malignancies during Phase I dose escalation.
- Improved SVR and TSS of JAB-8263 monotherapy in MF (myelofibrosis) patients.
- Safety: Well-tolerated in solid tumors and hematological malignancies. Most TRAEs were G1 and G2.

JAB-2485 (Aurora kinase A inhibitor)

- Phase I dose escalation ongoing in China and U.S.

JAB-BX102 (anti-CD73 mAb)

- Phase I dose escalation ongoing.

New IND approval

- JAB-30355 (p53 Y220C reactivator)
- JAB-26766 (PARP7 inhibitor)
- JAB-BX300 (anti-LIF mAb)
- JAB-24114 (glutamine-utilizing enzymes (GUE) inhibitor)

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2023 Annual Results

International Conference Presentations

2023 ESMO (Oral Presentation)

- Glecirasib in combination with JAB-3312 in patients with KRAS G12C mutated solid tumors

144 patients enrolled in 7 dose regimes, among which 58 were 1L NSCLC

All 1L NSCLC pts: ORR 65.5% (38/58), DCR 100% (58/58)

RP2D cohort: ORR 86.7% (13/15), DCR 100% (15/15)

2024 ASCO-GI (Oral Presentation)

- Glecirasib monotherapy in patients with pancreatic cancer and other solid tumors

≥2L PDAC:

cORR 41.9% (13/31), DCR 93.5% (29/31), mPFS 5.6 m, mOS 10.7 m

Multi-tumors basket patients (biliary tract cancer, gastric cancer, small bowel cancer):

cORR 57.9% (11/19), DCR 84.2% (16/19), mPFS 7.0 m

2023 JCA-AACR (Poster Presentation)

- Glecirasib monotherapy and in combination with cetuximab in patients with advanced colorectal cancer

Advanced CRC:

Monotherapy: cORR 33.3% (11/33), DCR 90.9% (30/33), mPFS 6.9 m

Combo with cetuximab: cORR 62.8% (27/43), DCR 93% (40/43)

2023 AACR (Poster Presentation)

- **$KRAS^{multi}$ inhibitor (JAB-23425) preclinical data**
- **CD73-STING iADC preclinical data**
- **AURKA inhibitor (JAB-2485) preclinical data**

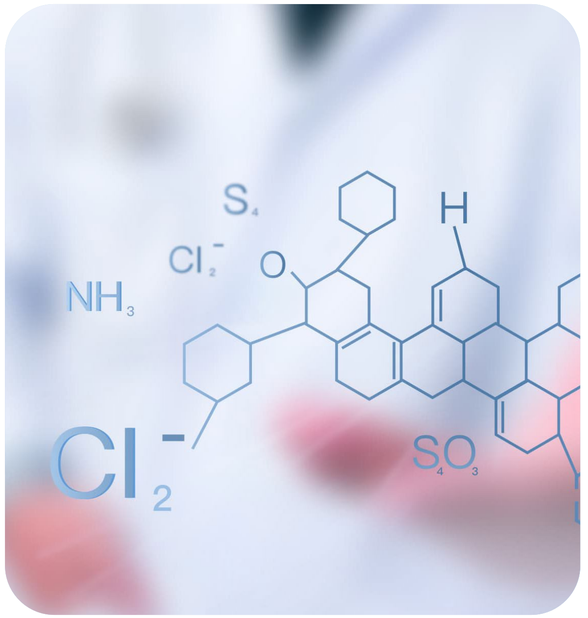
2024 Key Milestones and Catalyst Events (1/2)

Events	Expected Timing
NDA submission	
Glecirasib (JAB-21822) monotherapy in ≥2L NSCLC	**Q2 2024**
Pivotal trials	
Glecirasib (JAB-21822) in combination with JAB-3312 to treat 1L NSCLC: Phase III registrational trial initiation	**Q3 2024**
Glecirasib (JAB-21822) monotherapy or in combination with cetuximab in ≥3L CRC: Phase III registrational trial approval*	Q2 2024
Other Clinical Milestones	
JAB-8263 (BETi) Phase II trial initiation	**H2 2024**
JAB-30355 (p53 Y220C reactivator) Phase I trial initiation	H2 2024
JAB-2485 (AURKAi) RP2D	Q2 2024
JAB-BX102 (anti-CD73 mAb) RP2D	Q2 2024
New INDs	
JAB-23E73 (KRAS^{multi}i) IND submission	**Q2 2024**
JAB-BX400 (HER2-STING iADC) clinical candidate nomination	H2 2024

** In communication with CDE*

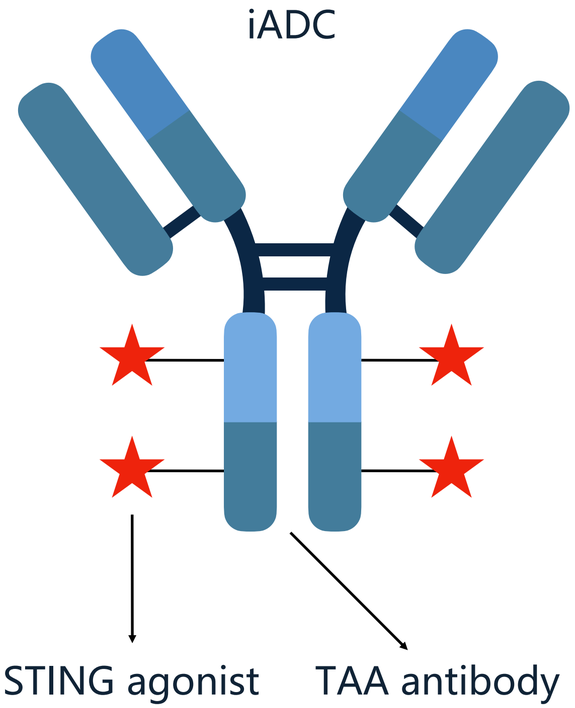
2024 Key Milestones and Catalyst Events (2/2)

Data publication		Expected Timing
Clinical data publication		
ASCO	Long-term safety and efficacy data of glecirasib in combination with JAB-3312 in solid tumors	June 2024 (oral presentation)
EHA	Clinical data of JAB-8263 dose escalation/expansion in hematologic malignancies	June 2024 (abstract submitted)
Medical conference	Registrational Phase II trial results of glecirasib monotherapy in ≥2L NSCLC	H2 2024
Preclinical data publication		
AACR	JAB-30355 (p53 Y220C reactivator) preclinical data	April 2024 (poster presentation)
AACR	JAB-26766 (PARP7 inhibitor) preclinical data	April 2024 (poster presentation)



Technology Platform

- Leveraging our IADD platform for developing novel drugs toward “undruggable" targets and serving as payloads for iADC



Jabobio’ s Induced Allosteric Drug Discovery (IADD) platform enables small molecule development toward undruggable targets including SHP2, KRAS, P53, Myc etc.

In-house iADC products with innovative payloads developed utilizing IADD platform, promote the infiltration of immune cells to tumors and converts “cold” tumors to “hot” tumors.

Pipeline Focusing on Oncogenic Pathways

Pathway	Asset	Target	Status	Indication
RAS	JAB-3312	SHP2	Phase III	1L NSCLC (combined with JAB-21822)
	JAB-21822 (Glecirasib)	KRAS G12C	NDA in Q2 2024	≥2L NSCLC
			Pivotal Phase II	≥2L PDAC
			Phase III	1L NSCLC (combined with JAB-3312)
	JAB-23E73	KRAS^{multi}	IND enabling	solid tumors
	JAB-22000	KRAS G12D	Lead	solid tumors
MYC	JAB-BX300 (mAb)	LIF	IND approved	solid tumors
	JAB-8263	BET	Phase I (US and CN)	MF and solid tumors
	JAB-2485	Aurora Kinase A	Phase I (US and CN)	solid tumors
	JAB-24114	GUE	IND approved	Hema/solid tumors
P53	JAB-30355	P53 Y220C	Phase I (US and CN)	solid tumors
	JAB-31000	P53 R282W	Hits to Lead	solid tumors
I/O	JAB-26766	PARP7	IND approved	solid tumors
	JAB-BX102 (mAb)	CD73	Phase I (CN)	solid tumors
	JAB-BX400 (iADC)	HER2-STING	Clinical candidate in H2 2024	solid tumors
	JAB-BX500 (iADC)	CD73-STING	Preclinical	solid tumors

GUE: glutamine utilizing enzymes

Targeting “Undruggable” Targets

Global Competitive Landscape of KRAS G12C Inhibitors

Product	Indications				
	≥2L NSCLC monotherapy	1L NSCLC combo with JAB-3312	≥2L PDAC monotherapy	≥3L CRC combo with cetuximab	Multi-tumors basket mono
Glecirasib (Jacobio)	**NDA submission in China (April 2024)**	**Phase III registrational trial initiation in Q3 2024** The only "oral + oral" treatment in phase III registration trial globally	**Pivotal trial started in Sep 2023 in China In communication with FDA for a pivotal trial** The only KRAS G2Ci entered a registration trial in ≥2L PDAC	**Phase III registrational trial in communication with CDE**	**Impressive clinical outcome Single arm Phase II pivotal trial in communication with CDE**
Sotorasib (Amgen)	NDA in US (2021) NDA in EU (2022, withdraw in 2023)	Phase III ongoing (combo with chemo, i.v.)	Progress not reported	Phase III data readout (combo with panitumumab)	Progress not reported
Adagrasib (Mirati/BMS)	NDA in US (2022) NDA in EU (2024)	Phase III ongoing (combo with anti-PD-1, i.v.)	Progress not reported	sNDA accepted by FDA (combo with cetuximab)	Progress not reported
IBI-351 (GenFleet/Innovent)	NDA submission in China (Q4 2023)	Progress not reported	Progress not reported	Phase I/II (combo with cetuximab)	Progress not reported
Garsorasib (InventisBio/Chia Tai Tianqing)	NDA submission in China (Q4 2023)	Progress not reported	Progress not reported	Phase I/II (combo with cetuximab)	Progress not reported

Cross Trial Comparison with Marketed KRAS G12Ci Monotherapy in ⩾ 2L NSCLC

Product	Efficacy		Safety	
	ORR	mPFS	≥G3 TRAE	Major GI TRAE
Glecirasib[1] (Jacobio)	**42.5% (17/40)**	**9.6 m**	**23%**	**diarrhea: 4.5% nausea: 5.7% vomiting: 2.9%**
Sotorasib[2] (Amgen)	28.1% (48/171)	5.6 m	33.1%	diarrhea: 31.7% nausea: 19% vomiting: 7.9%
Adagrasib[3] (Mirati/BMS)	42.9% (48/112)	6.5 m	43.1%	diarrhea: 62.9% nausea: 62.1% vomiting: 47.4%

- Patient enrollment for pivotal trial of glecirasib monotherapy in ≥ 2L NSCLC has been finished in Sep 2023. NDA will be submitted to China CDE in April 2024.

1. Efficacy data on file- 2023-8-1
2. 2022 ESMO Congress, CodeBreak200
3. 2022 ASCO Annual Meeting, Abstract #9002

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Competitive Landscape of KRAS G12Ci in ⩾2L PDAC

Treatment	ORR (%)	mPFS (m)	mOS (m)	≥Gr3 TRAE	Data Source
Glecirasib (Jacobio)	**41.9% (14/31)**	**5.6**	**10.7**	**25%**	**2024 ASCO GI**
Sotorasib (Amgen)	21%	4.0	6.9	15.8%	CodeBreaK100[1]
Adagrasib (Mirati)	33.3%	5.4	8.0	27%	KRYSTAL-1[2]
Divarasib/GDC-6036 (Roche)	42.9%	Not reported	Not reported	Not reported	N Engl J Med[3]
LY3537982 (Lily)	42%	Not reported	Not reported	Not reported	2023 AACR
SOC in US: nal-IRI + 5-FU/LV	7.7%	3.1	6.1	87%*	NAPOLI-1[4]
SOC in China: HR070803+ 5-FU/LV	12.75%	4.21	7.39	53.1%	2022 ESMO

1. Strickler J et al N Eng J Med 2023,388: 22-23;
2. Bekaii-Sabb, T et al J Clin Onco 2023, 25:4097-4105;
3. Sacher et al N Engl J Med. 2023 Aug 24; 389 (8) : 710-721;
4. Wang-Gillam, A et al Lancet 2016; 387: 545-557;

**Safety data from NAPOLI-3*

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Impressive Clinical Outcome of Glecirasib Monotherapy in ⩾2L Multi-Tumors Basket

Tumor Type	N	Confirmed ORR, n(%)	DCR, n(%)
Multi-tumors basket	19	11 (57.9%)	16 (84.2%)
Biliary tract cancer	7	5 (71.4%)	7 (100%)
Gastric cancer	3	2 (66.7%)	3 (100%)
Small bowel cancer	3	3 (100%)	3 (100%)

- KRAS G12C mutation is a well-recognized oncogenic driver in solid tumors, with a mutation frequency of 1.2% in biliary tract cancer, 0.6% in gastric cancer, 3.14% in small bowel cancer, 3.26% in appendix cancer, 1.45% in endometrial cancer,, 0.8% in cervical cancer, and 0.4% in OC[1,2,3,4]。

1. Nassar AH, Adib E, Kwiatkowski DJ. Distribution of KRASG12C Somatic Mutations across Race, Sex, and Cancer Type. N Engl J Med. 2021 Jan 14; 384 (2) : 185-187.
2. Shields MD, Marin-Acevedo JA, Pellini B. Immunotherapy for Advanced Non-Small Cell Lung Cancer: A Decade of Progress. Am Soc Clin Oncol Educ Book. 2021 Mar.
3. Lee JK, Sivakumar S, Schrock AB, et al. Comprehensive pan-cancer genomic landscape of KRAS altered cancers and real-world outcomes in solid tumors. NPJ Precis Oncol . 2022 Dec.
4. Thein KZ, Biter AB, Banks KC, et al. Identification of KRASG12C Mutations in Circulating Tumor DNA in Patients With Cancer. JCO Precis Oncol . 2022 Jul; 6:e2100547.

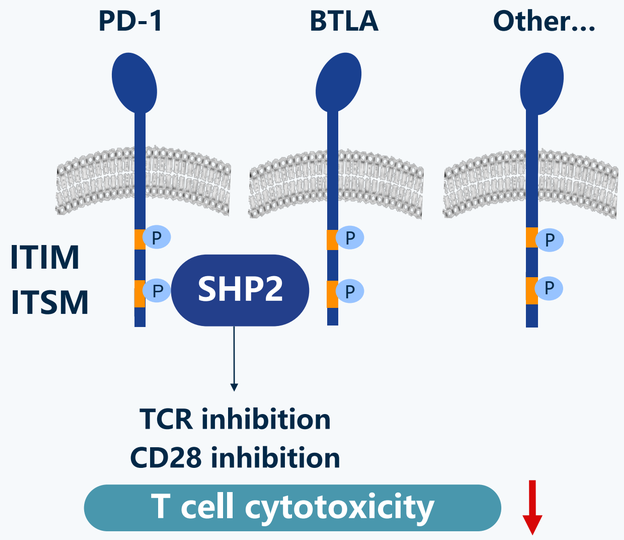
Competitive Landscape of KRAS G12Ci in advanced 2L CRC

Company	Treatment	ORR (%)	DCR (%)	mPFS	Data Source
Jacobio	**Glecirasib: 800 mg QD**	**33.3% (11/33)**	**90.9% (30/33)**	**6.9 m**	**2023 JCA-AACR**
	Glecirasib: 800 mg QD Cetuximab	**62.8% (27/43)**	**93% (40/43)**	**Not reached**	
Mirati/BMS	Adagrasib: 600 mg BID	19% (8/43)	86% (37/43)	5.6 m	2022 NEJM
	Adagrasib: 600 mg BID Cetuximab	46% (13/28)	100% (28/28)	6.9 m	
Amgen	SOC (TAS-102 or regorafenib)	0% (0/54)	46.3%	2.2 m	2023 ESMO
	Sotorasib: 960 mg QD Panitumumab	26.4% (14/53)	71.7%	5.6 m	

SHP2 Functions in both RAS Signaling and Immune Checkpoint Regulation

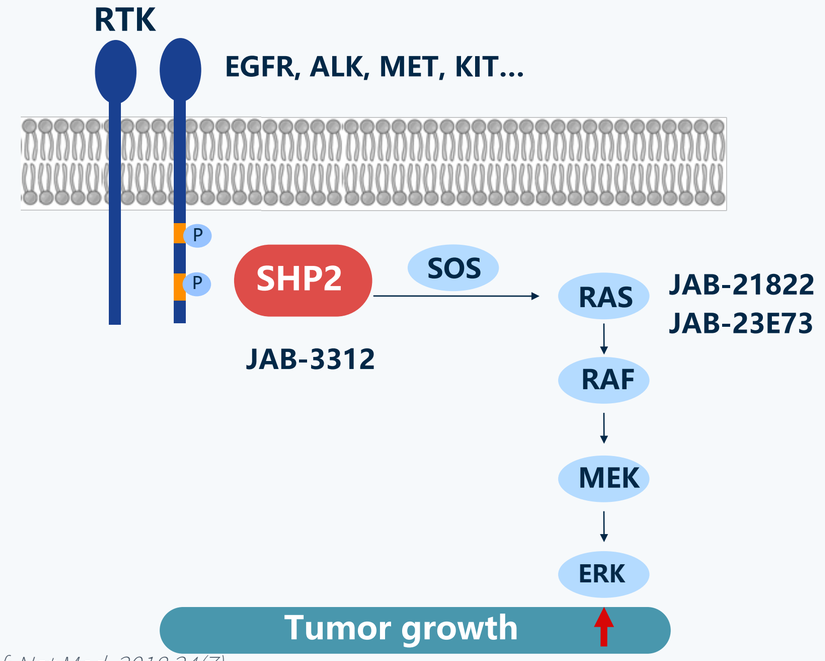
- SHP2 Inhibition Sensitizes Diverse Oncogene-Addicted Solid Tumors to re-Treatment with Targeted Therapy

Immune checkpoint in T cells



Ref: Science. 2017 31;355(6332):1428-1433.
Cell Rep. 2019 11;27(11):3315-3330.e7
Cancer Res. 75(3) February 1, 2015

RAS pathway in tumor cells



Ref: Nat Med. 2018 24(7).
Sci Signal. 2019 28:12(583)

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JAB-3312: the Most Potent SHP2 Inhibitor

	JAB-3312	TNO155 (Reported)	PF-07284892 (Reported)
Biochemical IC50 (nM)	**1.5**	11[a]	21 nM[c]
p-ERK Inhibition IC50 (nM)	**0.2-1.2**	11[a]	1.7-27 nM[c]
Cellular Proliferation IC50 (nM)	**0.7-3.0**	100[a]	Not reported
Dosing Regimen	**1-10 mg QD or intermittent**	10-20 mg TNO155 BID intermittent[b]	20-80 mg twice weekly[d]
RP2D	**2-3 mg 1 week on/1 week off**	10 mg BID 2 weeks on/1 week off[b]	40 mg twice weekly[d]

- In preclinical studies, JAB-3312 is 10-20 fold more potent than other clinical stage SHP2 inhibitors (TNO-155 and PF-07284892)
- In clinical studies, the dose of AB-3312 is 1/10~1/20 of other clinical stage SHP2 inhibitors (TNO-155 and PF-07284892)

a. 2020 AACR
b. 2023 WCLC
c. Cancer Discov. 2023
d. 2023 ASCO

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Global Competitive Landscape of SHP2i

Company	Treatment	Indication	ORR (%)	DCR (%)	Data source
Jacobio	**JAB-3312: 2/3 mg QD or intermittent glecirasib**	**KRAS G12C+ 1L NSCLC**	**65.5% (38/58)**	**100% (58/58)**	**2023 ESMO**
			86.7% (13/15) RP2D	**100% (15/15)**	
		≥2L NSCLC KRAS G12Ci-naive	**55.2% (16/29)**	**100% (29/29)**	
Novartis	TNO155: 10-20 mg BID Intermittent JDQ443	≥2L NSCLC KRAS G12Ci-naive	33.3% (4/12)	83.3% (10/12)	2023 WCLC
Pfizer	PF-07284892: 20-80 mg twice weekly lorlatinib or encorafenib and cetuximab or binimetinib	ALK/ROS1 fusion+ cancers (5 pts), 4 BRAFV600E+ CRCs (4 pts), 9 MAPK mutant cancers (9 pts)	3 PR pts (2 lorlatinib (ALKi), 1 binimetinib (MEKi) combination)		2023 ASCO

- As of August 04, 2023, 144 patients were treated with glecirasib combined with JAB-3312 in 7 dosage cohorts. Among them, 58 patients were 1L NSCLC. 15 1L NSCLC patients were treated with the optimal dose: 800 mg glecirasib QD + 2 mg JAB-3312 1 week on/1 week off. (2023 ESMO)
- As of Jan. 31, 2024, ~200 patients were treated with glecirasib combined with JAB-3312. Among them, ~100 patients were 1L NSCLC. (2024 ASCO)

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Competitive Landscape in 1L NSCLC

Treatment	Indication	ORR (%)	DCR (%)	≥Gr3 TRAE	TRAEs caused 12Ci discontinuation	References
Glecirasib + JAB-3312 (800 mg QD+2 mg [1/1]) (Jacobio)	**1L NSCLC with KRAS G12C**	**86.7% (13/15)**	**100% (15/15)**	**36.7% (N=49)**	**2% (N=49)**	**2023 ESMO**
Sotorasib + Carboplatin+ Pemetrexed (Amgen)	1L NSCLC with KRAS G12C	65% (13/20)	100% (20/20)	53%	16%	2023 WCLC
		88.9% (24/27)	Not reported	72.4% (3.4% gr5)	Not reported	2023 ASCO
Adagrasib + Pembrolizumab (Mirati/BMS)	1L NSCLC with KRAS G12C & PD-L1≥50%	63.3% (32/51)	84% (43/51)	65% (N=148, 1% gr5)	6% (N=148)	2023 ESMO
SOC (Pembrolizumab + Carboplatin+ Pemetrexed)	1L NSCLC with PD-L1<1%	32.30%	84.6%	67.2%	Not applicable	KEYNOTE-189
	1L NSCLC with 1%≤PD-L1≤49%	48.4%				
SOC (Pembrolizumab)	1L NSCLC with PD-L1 ≥50%	44.8%	Not reported	26.6%	Not applicable	KEYNOTE-24

- As of August 04, 2023, 144 patients were treated with glecirasib combined with JAB-3312 in 7 dosage cohorts. Among them, 58 patients were 1L NSCLC. 15 1L NSCLC patients were treated with the optimal dose: 800 mg glecirasib QD + 2 mg JAB-3312 1 week on/1 week off. (2023 ESMO)
- As of Jan. 31, 2024, ~200 patients were treated with glecirasib combined with JAB-3312. Among them, ~100 patients were 1L NSCLC. (2024 ASCO)

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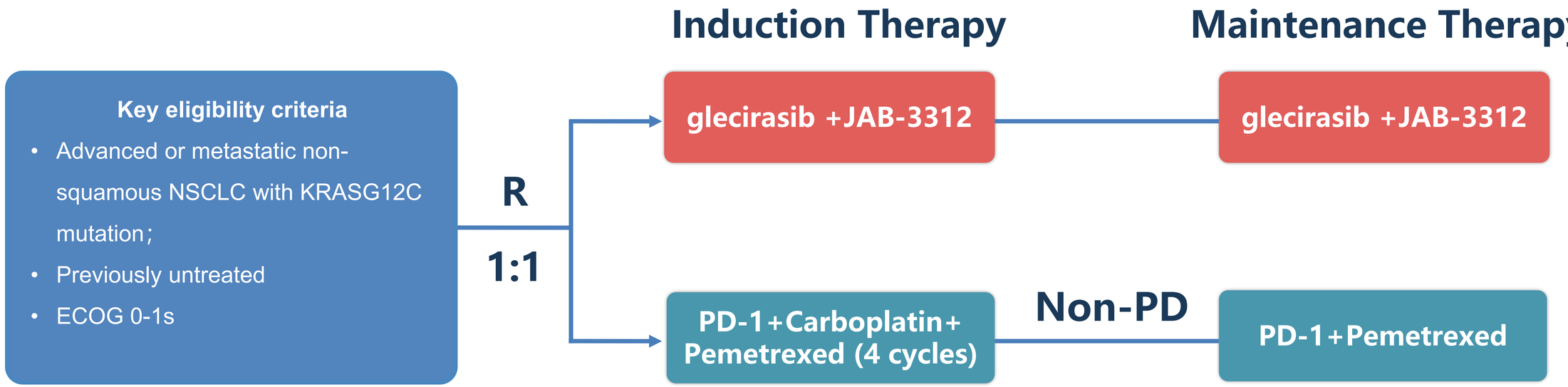
Pivotal Trial Design for Glecirasib Combined with JAB-3312 in 1L NSCLC



Primary endpoint:
- PFS per IRC

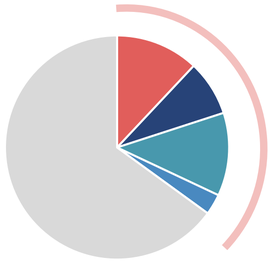
Secondary endpoints:
- PFS per investigator
- ORR, DOR, DCR, TTR, and IRC per investigator and IRC
- OS
- Safety and tolerability, PK

JAB-23E73: a First-in-Class Orally Bioavailable KRASmulti Inhibitor

PDAC

KRAS mt total ~90%

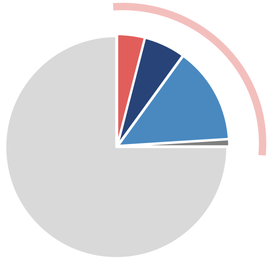
KRAS G12D	~36%	KRAS G12V	~27%
KRAS G12R/S/A G13, Q61H	~36%	KRAS G12C	~2%



CRC

KRAS mt total ~35%

KRAS G12D	~12%	KRAS G12V	~8%
KRAS G12R/S/A G13, Q61H	~12%	KRAS G12C	~3-4%



NSCLC

KRAS mt total ~25%

KRAS G12D	~4%	KRAS G12V	~6%
KRAS G12C	~14%		

KRAS G12D | KRAS G12V | KRAS G12C | KRAS G12R/S/A, G13D, Q61H | Other KRAS mt | WT KRAS

- 23% of human cancers harbor KRAS mutations
- 2,700,000 new cancer cases per year with KRAS mutations in worldwide
- JAB-23E73 inhibits the activity of multiple KRAS mutants (G12D, V, A, R, G13D, Q61H) in both RAS (ON) and RAS (OFF) states (binding affinity in pM for GDP KRAS and nM for GTP KRAS)
- JAB-23E73 potently inhibits the KRAS dependent cell lines (KRAS mutation and WT amplification), while showing good selectivity over KRAS independent cell lines (KRAS WT without amplification in tumor and normal cells), which ensures a better safety window
- JAB-23E73 is an oral bioavailable KRAS inhibitor and exhibits good PK properties.
- No inhibition to HRAS and NRAS.
- Tumor regression is achieved in multiple KRAS mutant xenografts.
- IND submission in Q2 2024

1. ZehirA, et al. Nat Med. 2017;23(6)703-713.
2. KrakstadC, et al. PLoSOne. 2012;7(12):e52795.
3. NIH TCGA: The Cancer Genome Atlas. February 11, 2021.
4. Dunnett-Kane V, et al. Annals of Oncology, 2020, 31(7).
5. Prior I A, et al. Cancer Research, 2020, 80(14):canres.3682.2019.

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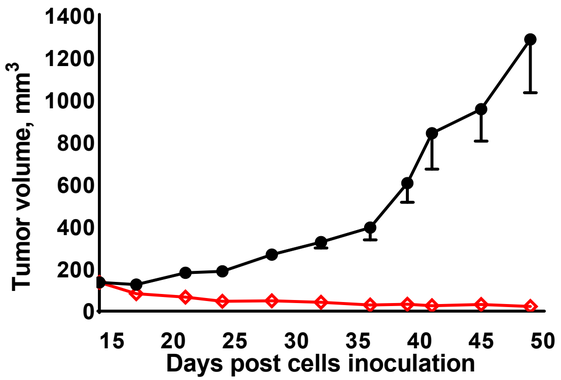
JAB-23E73 Leads to Tumor Regression in Multiple KRAS Mutant Xenografts

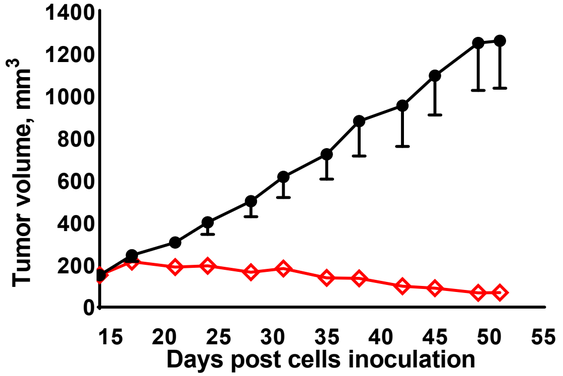
Lung Cancer

NCI-H441 (Lung, KRAS ^{G12V}) Xenografts



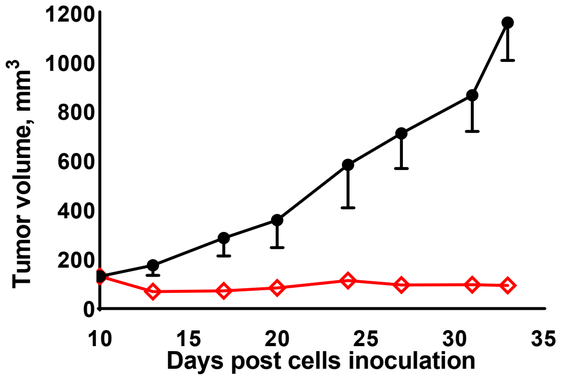
Pancreas Cancer

Capan-2 (Pancreas, KRAS ^{G12V}) Xenografts



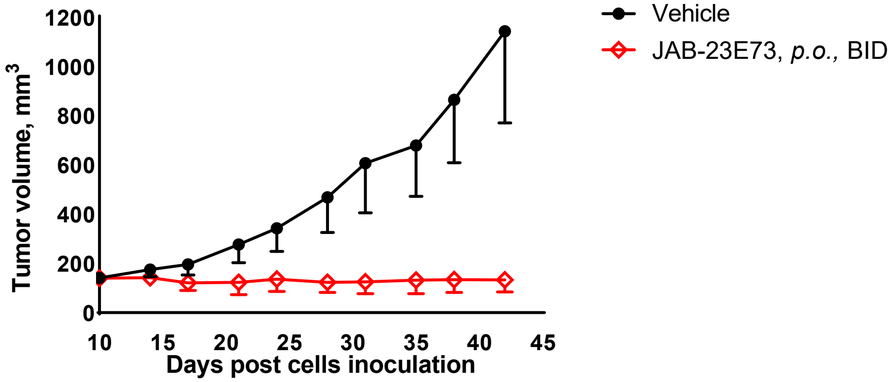
Colon Cancer

LS513(Colon, KRAS ^{G12D}) Xenografts



Colon Cancer

LoVo (Colon, KRAS ^{G13D}) Xenografts



Comparison between JAB-23E73 and other RAS Inhibitors

Assay	Potency	JAB-23E73	BI-compound[1]	RMC-6236[2]	LY4066434[3]
Biochemical assay	GDP-KRAS (IC50)	~1 nM	~5 nM	No data	No data
	GTP-KRAS (IC50)	5-150 nM	~ 5500 nM	50-500 nM	12 nM (G12V) by BiBRET
	N and HRAS selectivity	> 3000 fold[a]	> 200 fold	Equal potency	74-108 fold by BiBRET
Cell-based assay	KRAS G12D, V (IC50)	< 20 nM	> 100 nM	1- 27 nM	8-63 nM
	Selectivity to KRAS independent cell lines[b]	500-5000 fold	> 100 fold	> 1000 fold	>100 fold
	Selectivity to H, NRAS	>1000 fold	>500 fold	Equal potency	NO data
Oral, F%	Rodent and non-rodent	20-95% in rodent and non-rodent species	No non-rodent species PK data	24-33%, multiple species	19-43%, in rodent and non-rodent species
PK/PD	Maximal pERK inhibition	~80%	~60%	No data	~80-90%

- JAB-23E73 was highly potent to KRAS mutants while had good selectivity over H and NRAS.
- JAB-23E73 showed good PK properties in different species, which led to tumor regression in KRAS mutant Xenograft models

a. *Calculated from GDP-bound RAS;*
b. *b. KRAS independent tumor cells have normal KRAS copy numbers.*

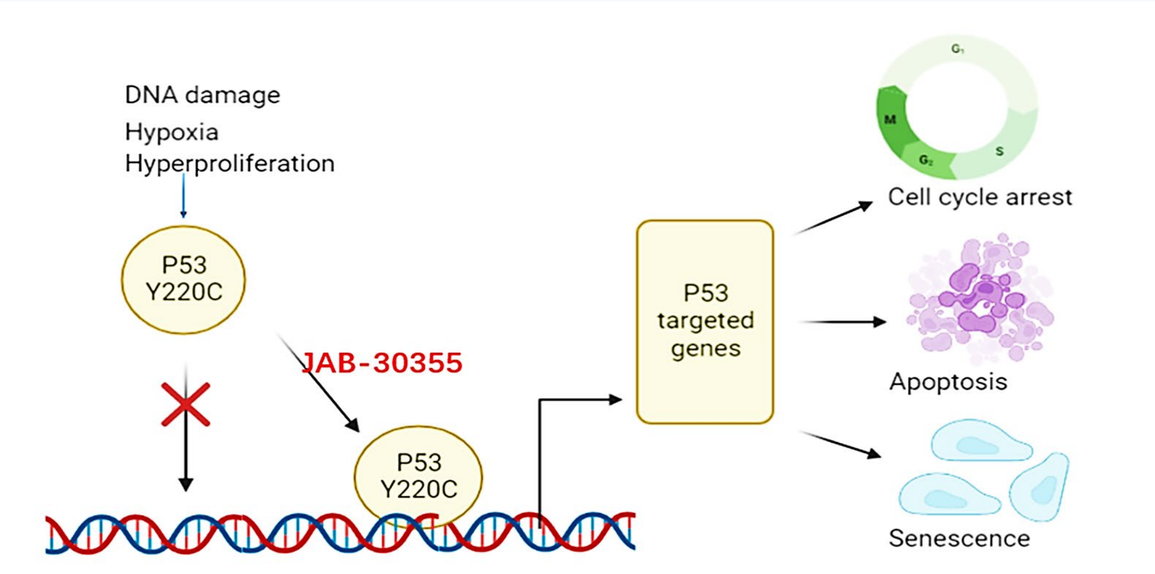
1. Nature 619, 160–166 (2023); 2. https://www.revmed.com/media;
3. https://www.loxooncology.com/docs/publications/eortc-2023_pan-kras-preclinical-poster.pdf

Jacobio

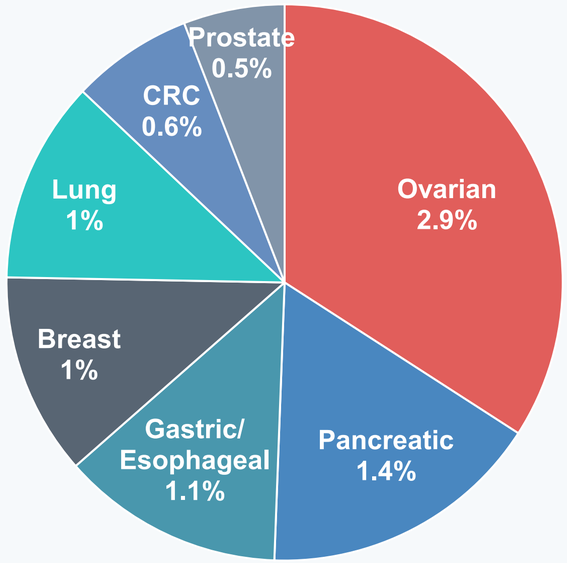
P53: the Most Commonly Mutated Gene in Cancer

- P53 is a major tumor suppressor involved in regulating multiple cellular processes, such as cell cycle arrest, DNA repair, apoptosis, senescence, etc.
- P53 Y220C mutation is associated with 100,000 new cancer cases per year.
- P53 Y220C mutation accounts for 1% of solid tumor patients in > 30 different tumor types.

JAB-30355 MOA



Frequency of p53 Y220C in solid tumors



https://tp53.isb-cgc.org/

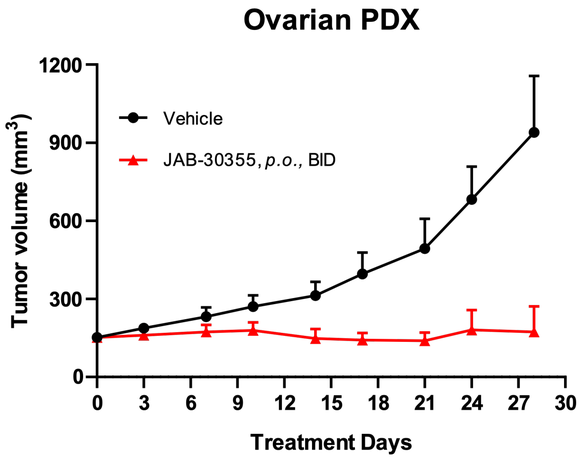
JAB-30355: a Potent Oral P53 Y220C Reactivator

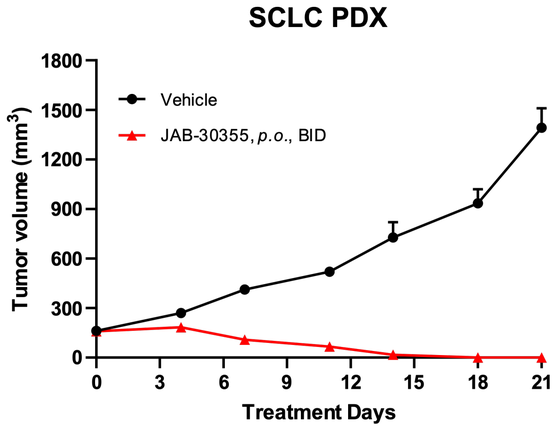
JAB-30355 Profile

- PMV pharma initiated a single arm Phase II pivotal trail with their p53 Y220C reactivator, PC14586, in Q1 2024. RP2D is 2000 mg QD. Combination therapy with PD-1 mAb is ongoing
- JAB-30355 is 2-3 folds more potent (double digit nanomolar biochemical IC50) than PC14586
- **Based on the exposure (AUC) in toxicity studies, the safety window of JAB-30355 is 5-25 times**
- **Predicted clinical dose of JAB-30355 is about 1000 mg QD, half of that of PC14586**
- IND was approved in March 2024
- Programs targeting other p53 mutations are ongoing

Assay		JAB-30355	PMV-cmpd*
Biophysics SPR assay	Affinity KD (nM)	**1.68**	7.95
	EC_{50} (nM)	**69.70**	154
	Maximal recovery of p53 active conformation	**76.2%**	58.7%
Biochemical HTRF assay	EC_{50} (nM)	**23.29**	35.50

Strong Antitumor Efficact





JAB-8263: a Highly Potent BET Inhibitor

MOA

BET is a family of proteins with bromodomains (BRDs). BET is frequently overexpressed in human tumors . BET family controls the transcription of a wide range of oncogenes, including c-Myc, by recognizing acetylated histones and recruiting transcription factors and transcription elongation complex.

Preclinical study

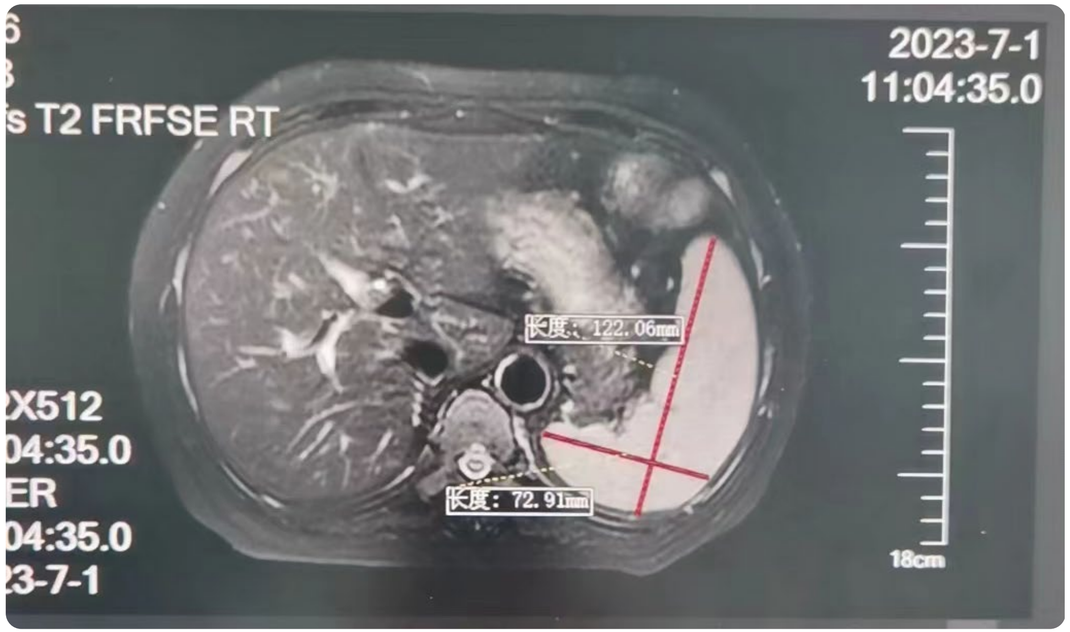
- JAB-8263 is a potent BET inhibitor, with an IC50 of ~0.20 nM. (IC50 of pelabresib from MorphoSys is ~39 nM)
- JAB-8263 could maintain 80-90% inhibition of the downstream target, c-Myc, for more than 48 hours.
- When given at 1/10 dose of BMS-986158, JAB-8263 showed equivalent anti-tumor efficacy in AML, MM, and SCLC xenograft models.

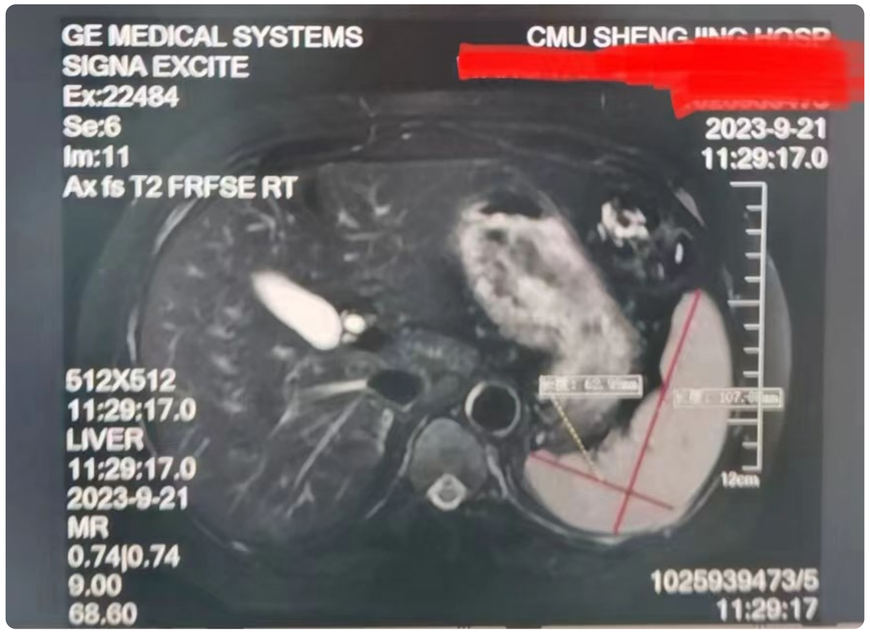
Clinical study

- JAB-8263 is well tolerated in patients with solid tumors and hematological malignancies. Most TRAEs were G1 and G2.
- Clinical benefits of JAB-8263 monotherapy in solid tumors and hematological malignancies were observed during Phase I dose escalation.
- Improved SVR and TSS with JAB-8263 monotherapy in MF patients.
- Phase II trial is planned in H2 2024.
- Clinical data of JAB-8263 dose escalation/expansion in hematologic malignancies have been submitted to 2024 EHA Congress.

MF Case Report

One MF patient treated with 0.125 mg JAB-8263 QD





- SVR improvement: 33% at 2.5 m, 50.22% at 8.5 m
- TSS improvement: MPN-SAF 34 (baseline) ~ 6 (C3D1), MPN-SAF 34 (baseline)~ 5(C10D1)

JAB-8263: the Most Potent BET Inhibitor in Clinical Development

	JAB-8263	Pelabresib[1]	BMS-986158[2]
Clinical dosage	0.3~0.4 mg QD consecutive	125 mg QD 14 d on/7 d off	0.5~3.75 mg QD 5 d on/2 d off

- Phase 3 study of pelabresib (CPI-0610, MorphoSys) combined with JAK1 inhibitor (ruxolitinib, Novartis) in JAK inhibitor-naïve myelofibrosis patients demonstrateed statistically significant improvement in spleen volume reduction and strong positive trend in total symptom score.
- MorphoSys plans to submit for NDA of pelabresib in the U.S. and Europe in mid-2024.
- Novartis has entered into an agreement to make a voluntary public takeover offer to acquire MorphoSys for €2.7 billion.

1. 2023 ASH. Pelabresib in combination with ruxolitinib for JAKi treatment-naive patients with myelofibrosis: results of the MANIFEST-2 randomized, double-blind, Phase 3 study
2. 2023 ASH

JAB-2485: a Highly Selective Aurora Kinase A Inhibitor

MOA

Aurora kinase A (AURKA) is a regulator of mitosis, and also participates in Myc signaling and KRAS signaling.

Preclinical study

- JAB-2485 is a highly potent AURKA inhibitor, with 1500-fold selectivity over AURKB and AURKC
- JAB-2485 showed superior antitumor efficacy than LY3295668 (a selective AURKAi from Lilly) in SCLC models and across tumor type CDX models
- No inhibition on AURK B/C, JAB-2485 induces minimal pre-clinical myelosuppression.
- JAB-2485 shows strong anti-tumor activity and good tolerability as monotherapy and in combination with chemotherapies (such as docetaxel, paclitaxel, cisplatin) and the BET inhibitor JAB-8263 in various tumors models.

Clinical study

- Phase I dose escalation is ongoing is China and U.S.
- RP2D will be determined in Q2 2024.

Immuno-oncology

iADC: STING agonist as a Novel Payload

STING Agonist Reprograms TME to Overcome ICI Resistance and Convert "Cold" Tumors into "Hot" Tumors

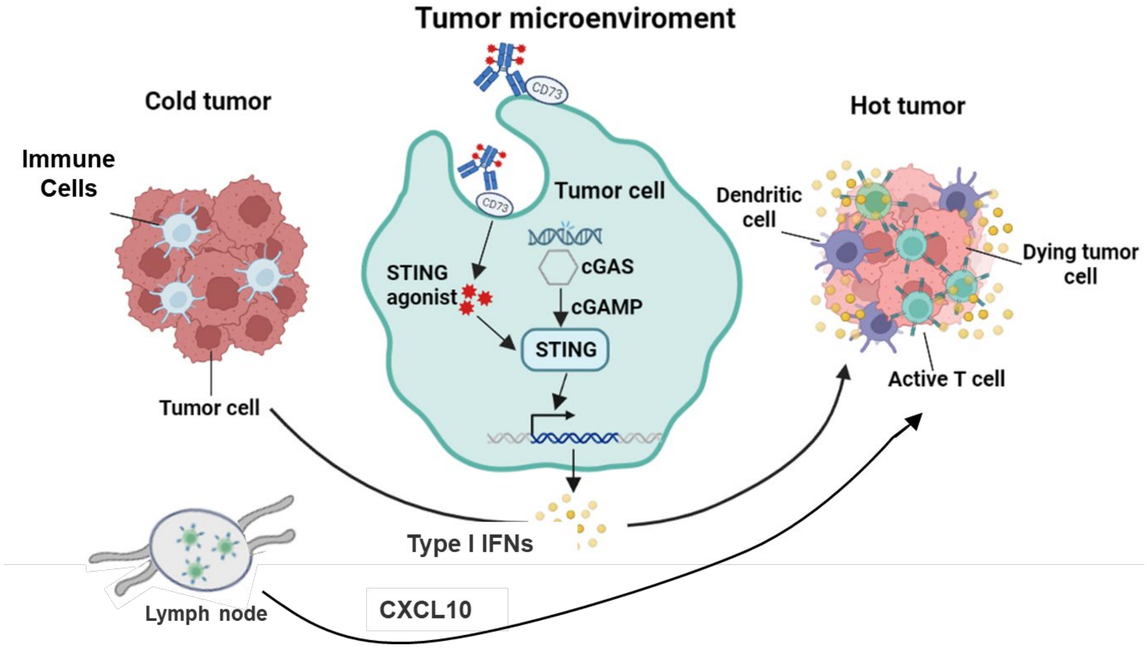
Rational

- iADCs targeted deliver STING agonists into tumor cells
- STING agonists promote CXCL10 secretion, which then recruits immune cells infiltrating into tumors
- STING agonists promote secretion of type I IFNs, which can active immune cells
- Turn "cold" tumors into "hot" tumors

STING agonists developed by Jacobio

- Non-CDN small-molecule: good stability in tissue
- High potency: IC50 of 0.1 nM-11 nm
- High water solubility: > 1 mg/mL @ pH 6~7 (better plasma stability and safety profile)
- Low permeability: Papp (A-B) < 1 ×10-6, cm/s (low free-payload uptake by non-targeted cells)

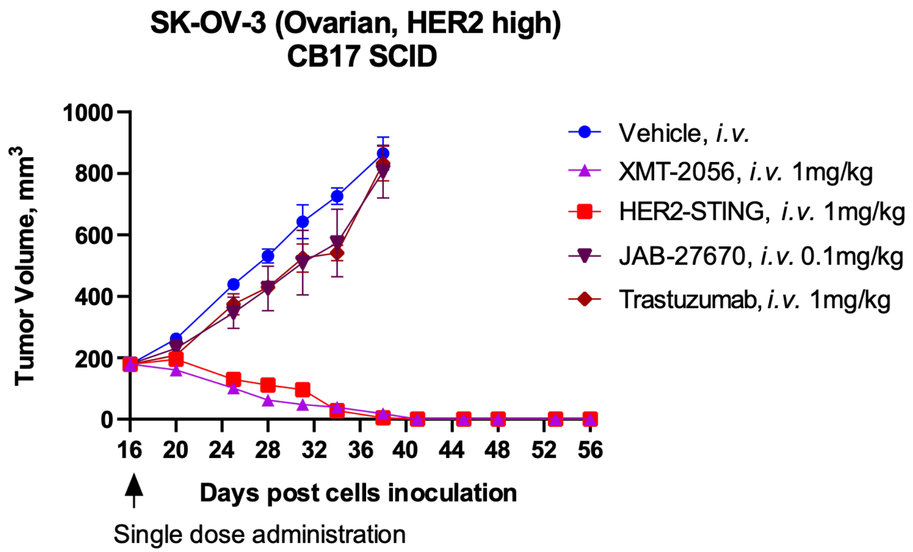
iADCs promote immune cell infiltration into solid tumors, and boost antitumor immunity



- **Clinical candidate for HER2-STING iADC will be nominated in H2 2024**
- **Other TAA targeting iADCs are under development**

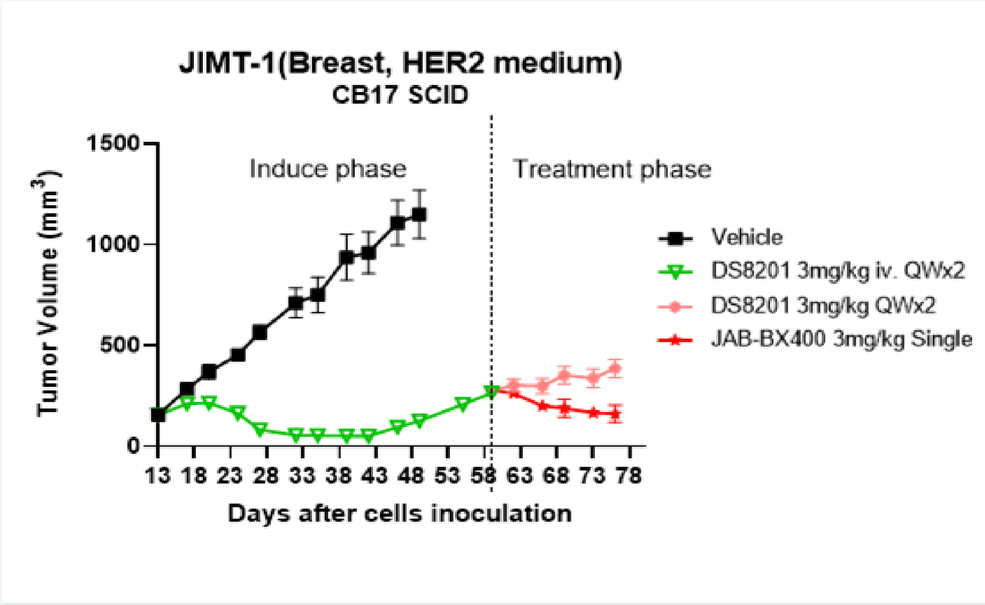
JAB-BX400 (HER2-STING) is Effective in Cold Tumor and DS-8201 Resistant Tumor Models

Cold tumor Model



JAB-BX400 (HER2-STING iADC) and XMT-2056 (Mersana’ s HER2-STING iADC) lead to tumor regression for more than 2 weeks in SK-OV-3 xenograft model after a single dose of 1 mg/kg. No anti-tumor effects for JAB-27670 (STING agonist) or trastuzumab (anti-HER2 mAb).

DS-8201 Resistant Tumor Model

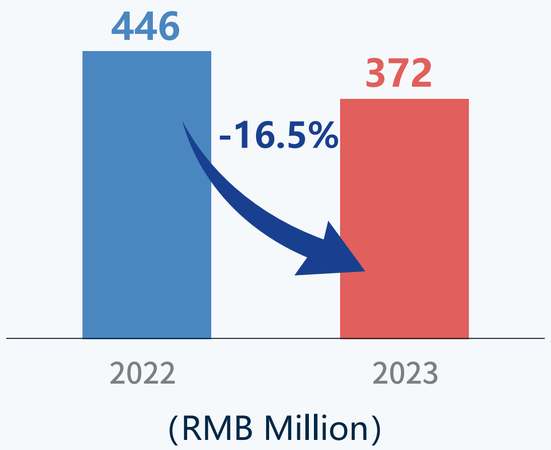


BX400 (HER2-STING iADC) is effective in DS8201 resistant tumors.

On Target to Capture the Global Market

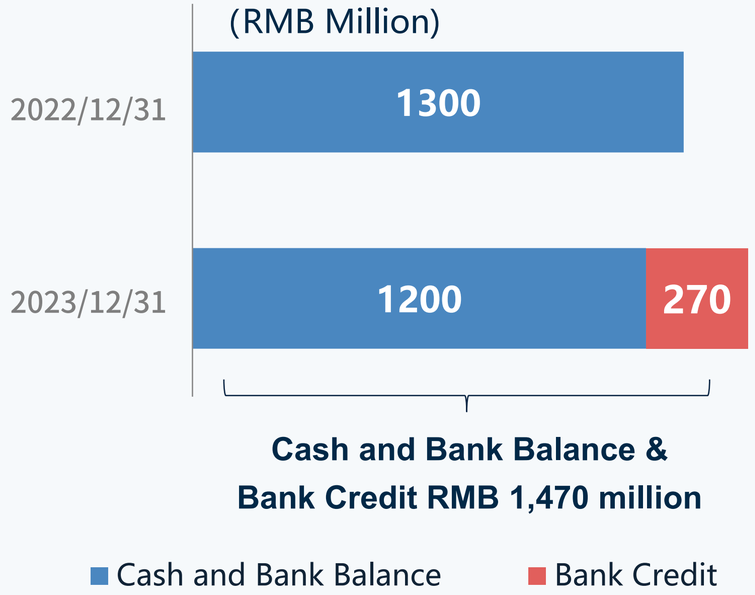
FY23 Financial Highlights

R&D Expenses



We will continue to optimize existing resources and prioritize the advancement of core projects.

3-Year Cash Runway



Major Cash Flow Items

Cash flows generated from operating and financing activities – RMB342 million

- **RMB139M** from share placement
- **RMB70M** from AbbVie collaboration
- **RMB60M** from the contribution in Beijing Jacobio by Beijing E-town
- **RMB73M** from bank borrowings

Cash used in financing activities – HKD6.12 million

- Repurchased a total of **1.8 million shares of** the Company which have been all cancelled.

Company Strategy

FIC & Global Top 3

Key projects on validated oncogenic signaling pathways rank among the top three in the world

In-house R&D

Focus on in-house R&D by leveraging our IADD and iADC platforms

Global Market

Explore MNC partnership to capture global market

Thank you!