# DELIVERING GROWTH THROUGH SCIENCE & VISION

## FY2022 RESULTS & BUSINESS UPDATE

February 28, 2023

Nasdaq/AIM:HCM | HKEX:13

HUTCHMED

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# HUTCHMED 2022

## STRATEGIC FOCUS

- ✓ **Global vision unchanged** access to our medicines for patients worldwide
- ✓ **Portfolio prioritization**
- ✓ **Global partnering approach** Takeda licensing agreed

## PRODUCTS & PIPELINE PROGRESS

### LATE STAGE

- ✓ Fruq FRESCO-2 global Ph III (CRC)
- ✓ Fruq FRUTIGA China Ph III (GC)
- ✓ Savo SAVANNAH data (2L NSCLC)

### 2ND WAVE

- ✓ Sovle ESLIM Ph III enrolled (ITP)
- ✓ Amdiz reg Ph II enrolled (FL)
- ✓ Taz bridging enrolled in 2023 (FL)

## CHINA COMMERCIAL DELIVERY

- ✓ **Goal to become a profitable, sustainable business**
- ✓ **Oncology/Immunology rev. +37% (+41% CER)** in line with guidance
- ✓ **Combined in-market sales +70%** for ELUNATE®, SULANDA® & ORPATHYS®

CER = at constant exchange rate.
In-market sales = For ELUNATE® and ORPATHYS®, represents total sales to third parties as provided by Lilly and AstraZeneca , respectively; and ELUNATE® sales to other third parties as invoiced by HUTCHMED.

# Agenda

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1 **Commercial delivery**
*Novel oncology products continue to bring growth*

**Hong Chen**
*Chief Commercial Officer*

2 **Financial review & outlook**
*Underpinned by strong financial & strategic fundamentals*

**Johnny Cheng**
*Chief Financial Officer*

3 **Strategic partnerships**
*Optimizing ex-China development & commercialization*

**Karen Atkin**
*Chief Operating Officer*

4 **Late-stage pipeline**
*15+ potential NDAs & sNDAs in the next 3 years*

**Michael Shi**
*Chief Medical Officer & Head of R&D*

5 **Our strategy**
*Revenue growth & strategic actions on path to profitability*

**Weiguo Su**
*Chief Executive Officer & Chief Scientific Officer*

Q&A

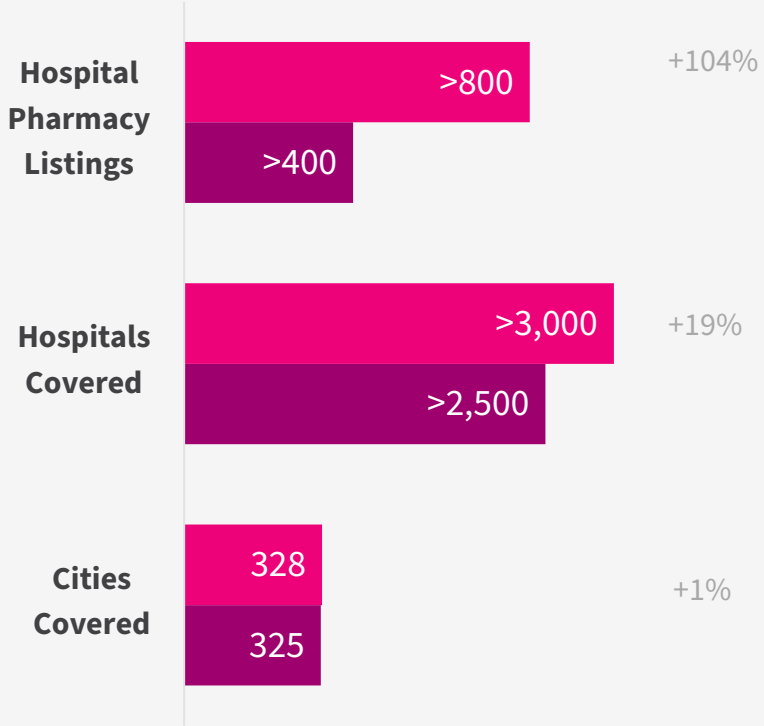
1

# Commercial coverage

China sales benefitting from robust & carefully planned commercial infrastructure

## Robust on-the-ground presence

*Dec 31, 2022 vs. Dec 31, 2021*




## Commercial organization at optimal scale, with capacities to grow sales further

- **900+ oncology commercial team**
- **>33,000 oncology physicians covered** (+14% vs. 2021)
- **500+ more hospitals covered** versus 2021
- **Many more and highly effective digital promotion events held** to mitigate the COVID challenges, e.g.
  - **ELUNATE®: 7,200 events** (+50% vs 2021), with **>215,000 HCP attendances in 2022** (+115% vs. 2021)
  - **SULANDA®: 4,900 events** (+53% vs 2021), with **>120,000 HCP attendances in 2022** (+110% vs. 2021)

1

# ELUNATE® (fruquintinib) remains market leader in 3L CRC

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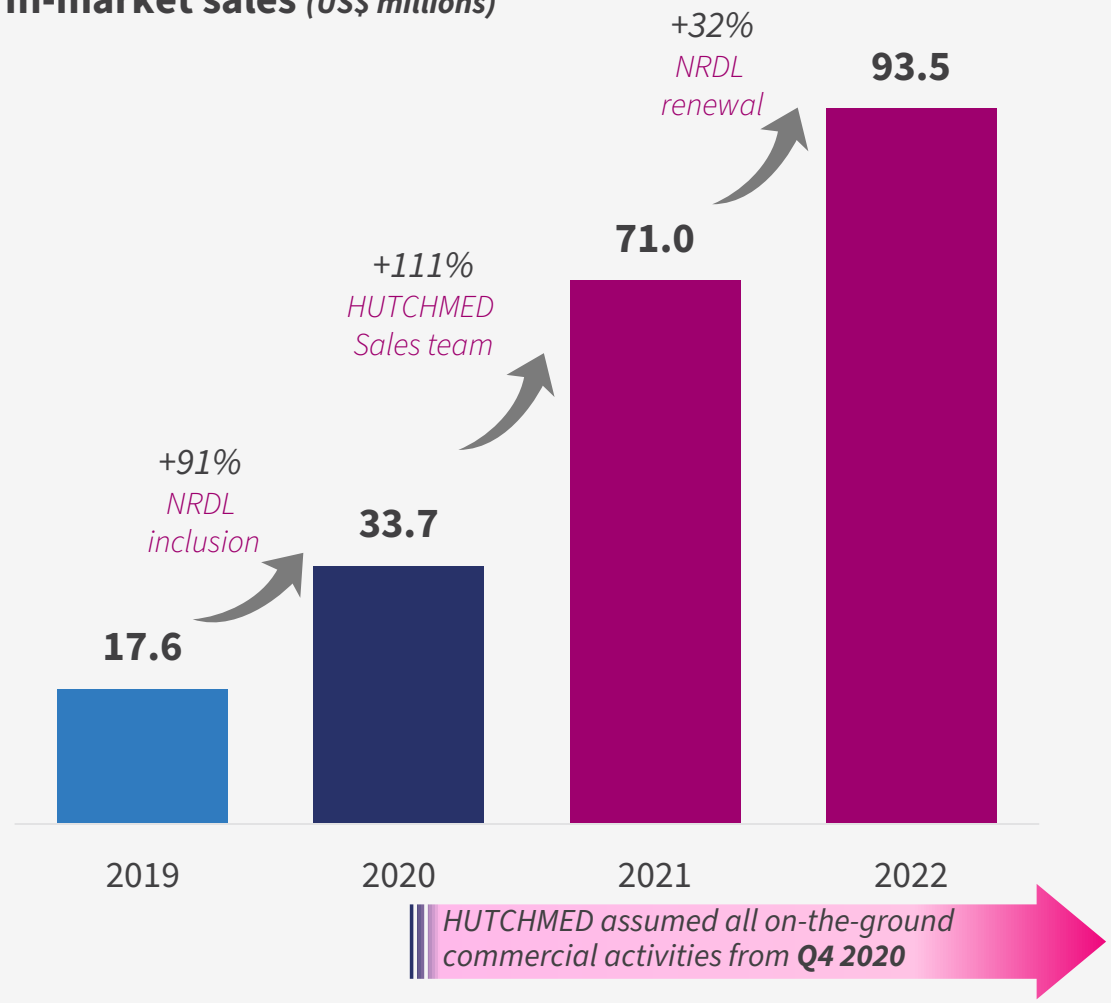
ELUNATE®
Fruquintinib Capsules

**In-market sales** ***(US$ millions)***




## Continuing to increase new patients treated in 2022

- **~32,000 est. new patients** treated, up ~45% versus 2021

## Strong competitive position

- Inclusion in ***CSCO & CACA CRC Guidelines***[1]
- **Maintaining leadership in patient share in 3L CRC** (IQVIA[2]) despite later launch

| | Q4-18 | Q4-19 | Q4-20 | Q4-21 | Q4-22 |
|---|---|---|---|---|---|
| **ELUNATE®** | 2% | 25% | 33% | 39% | **44%** |
| **STIVARGA®** | 29% | 32% | 35% | 34% | 29% |

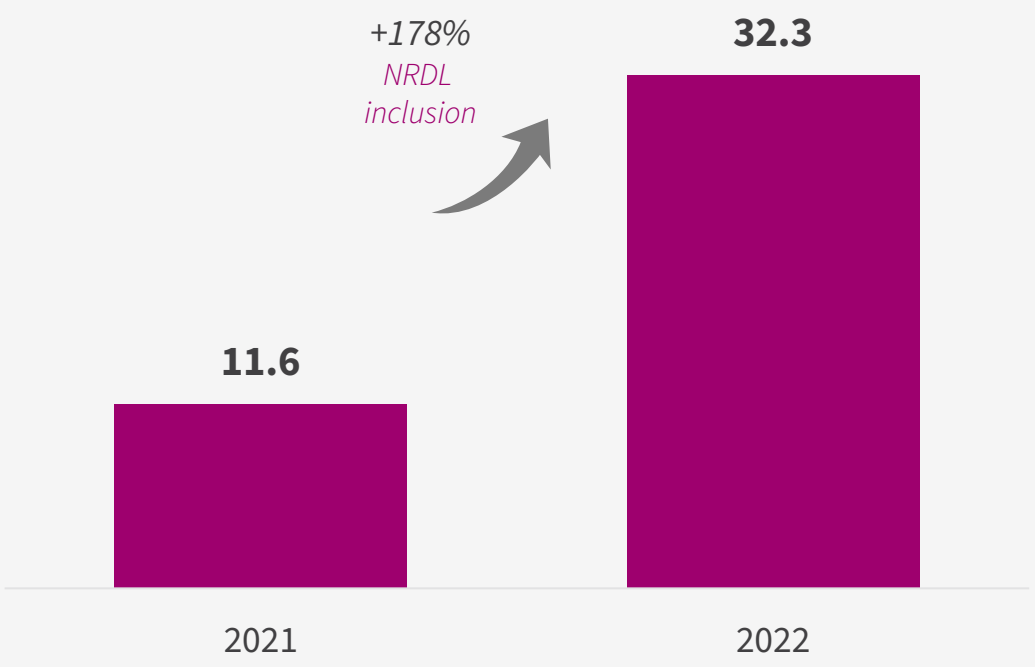
[1] New treatment guidelines with Chinese Society of Clinical Oncology (CSCO) and Chinese Anti-Cancer Association (CACA).
[2] IQVIA audit data in proprietary post-launch research panel of mainly Class 3 hospitals in Top 30 cities in China.

1

# SULANDA® (surufatinib) China momentum building

## NRDL inclusion allowing wider patient access in 2022

**In-market sales** ***(US$ millions)***




### Impact of NRDL inclusion

- Sales value increased 178% despite the 52% price reduction in NRDL negotiation
- **~17,000 est. new patients** treated, up ~250% vs 2021

### 2022 focus on expanding access & awareness

- Included in ***CSCO & CACA NENs Guidelines***[1] and ***China GEP NETs Expert Consensus***
- Ranked the 2nd brand in NET market since Q3 2022, **surpassed Sutent® & Afinitor®** (IQVIA[2])

| Q3 2022 | SANDOSTATIN® | SULANDA® | SUTENT® | AFINITOR® | Other |
|---|---|---|---|---|---|
| Rx share | 42% | **16%** | 14% | 10% | 18% |

[1] New treatment guidelines with Chinese Society of Clinical Oncology (CSCO) and Chinese Anti-Cancer Association (CACA).
[2] IQVIA NET Tracking Study October 2022.

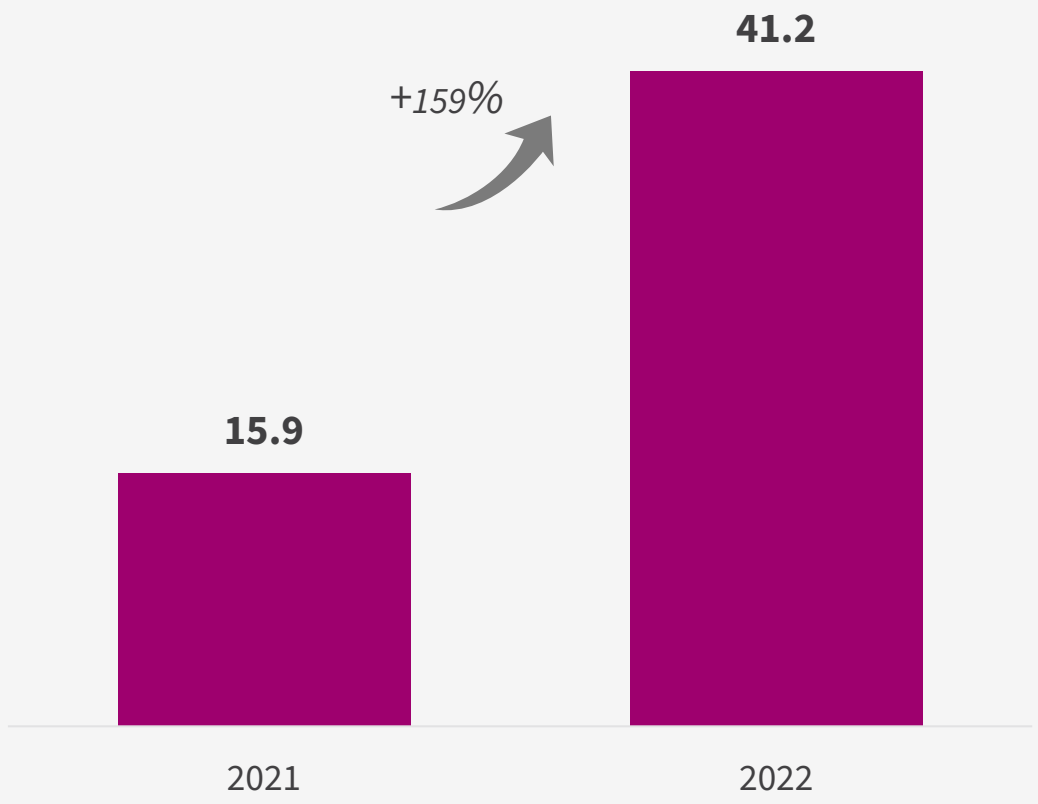
1

# ORPATHYS® (savolitinib) first-in-class MET inhibitor

## The first and only selective MET TKI in China

沃瑞沙®
Orpathys®
赛沃替尼片

**In-market sales** ***(US$ millions)***




- **2022 revenues driven by self-pay patients,** and benefitted from a full year of availability (vs ~ 6 months in 2021)
- Brand share more than doubled since end of 2021
- **NRDL inclusion from March 1, 2023**
- **Inclusion in 5 new treatment guidelines**
  - NHC, CSCO, CACA, CMA, CTONG [1]

**AZ a strong China commercial partner**

- **Top lung cancer franchise** synergies
- MET diagnostic testing is now recommended as SOC for late-stage NSCLC

[1] New treatment guidelines with National Health Commission (NHC), Chinese Society of Clinical Oncology (CSCO), Chinese Anti-Cancer Association (CACA), China Medical Association (CMA), Chinese Thoracic Oncology Group (CTONG).

2

# Continuing growth of Oncology revenues

Oncology consolidated revenues guidance for 2023: **$450-$550 million**
*(including partial recognition of upfront payment from Takeda, subject to closing)*




| *(US$ in millions)* | **FY2022** | **FY2021** | *% Change* | **FY2022** | **FY2021** | *% Change* |
|---|---|---|---|---|---|---|
| | **In-market Sales[1]** | | | **Consolidated Revenues** | | |
| ELUNATE® (fruquintinib) | $93.5 | $71.0 | *+32%* | $69.9 | $53.5 | *+31%* |
| SULANDA® (surufatinib) | $32.3 | $11.6 | *+178%* | $32.3 | $11.6 | *+178%* |
| ORPATHYS® (savolitinib) | $41.2 | $15.9 | *+159%* | $22.3 | $11.3 | *+97%* |
| TAZVERIK® (tazemetostat) | $0.1 | – | – | $0.1 | – | – |
| **Product Sales[2]** | **$167.1** | **$98.5** | ***+70%*** | **$124.6** | **$76.4** | **+63%** |
| Other R&D Service income | | | | $24.2 | $18.2 | *+33%* |
| Milestone payment | | | | $15.0 | $25.0 | *-40%* |
| **Total** | | | | **$163.8** | **$119.6** | **+37%** |

[1] Total sales to third parties provided by Lilly (ELUNATE®), AstraZeneca (ORPATHYS®) and HUTCHMED (ELUNATE® , SULANDA® and TAZVERIK®);
[2] For ELUNATE® represents manufacturing fees, commercial service fees and royalties paid by Lilly , and sales to other third parties invoiced by HUTCHMED; for ORPATHYS® represents manufacturing fees and royalties paid by AstraZeneca; for SULANDA® and TAZVERIK®, represents the Company's sales of the products to third parties.

2

# Well-financed position – on path to sustainable business

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**Condensed Consolidated Balance Sheets**
*(US$ in millions)*

| | Dec 31, 2022 | Dec 31, 2021 |
|---|---|---|
| Assets | | |
| Cash, cash equivalents & short-term investments | 631.0 | 1,011.7 |
| Accounts receivable | 98.0 | 83.6 |
| Other current assets | 110.9 | 116.8 |
| Property, plant and equipment | 75.9 | 41.3 |
| Investments in equity investees | 73.8 | 76.5 |
| Other non-current assets | 39.8 | 42.8 |
| Total assets | 1,029.4 | 1,372.7 |
| Liabilities and shareholders' equity | | |
| Accounts payable | 71.1 | 41.2 |
| Other payables, accruals and advance receipts | 264.6 | 210.9 |
| Bank borrowings [1] | 18.1 | 26.9 |
| Other liabilities | 38.7 | 54.2 |
| Total liabilities | 392.5 | 333.2 |
| Company's shareholders' equity | 610.4 | 986.9 |
| Non-controlling interests | 26.5 | 52.6 |
| Total liabilities and shareholders' equity | 1,029.4 | 1,372.7 |

## As of Dec 31, 2022

### Cash Resources:

- **$631m cash** / cash eq. / ST inv. [2]
  - Including short-term investment of $318m
- **$140m** unutilized banking facilities
  - $90m unutilized fixed asset loan facility

### Others:

- **$34m** additional cash at SHPL JV

## Impact of Takeda transaction

- **$400m** upfront payment on closing

[1] Bank borrowings $18.1m under non-current liabilities as of Dec 31, 2022 (Dec 31, 2021: $26.9m under current liabilities); [2] Short-term investments: deposits over 3 months.

2

# Oncology sales growth & Other Ventures income

## Help offset R&D investment

| **Condensed Consolidated Statements of Operations** *(US$ in millions, except share and per share data)* | Year ended Dec 31, 2022 | 2021 |
|---|---|---|
| Revenues: | | |
| Oncology/Immunology – Marketed Products | 124.6 | 76.4 |
| Oncology/Immunology – R&D | 39.2 | 43.2 |
| Oncology/Immunology consolidated revenues | 163.8 | 119.6 |
| Other Ventures | 262.6 | 236.5 |
| Total revenues | 426.4 | 356.1 |
| Operating expenses: | | |
| Costs of revenues | (311.1) | (258.2) |
| R&D expenses | (386.9) | (299.1) |
| Selling & general admin. expenses | (136.1) | (127.1) |
| Total operating expenses | (834.1) | (684.4) |
| | (407.7) | (328.3) |
| Gain on divestment of an equity investee | – | 121.3 |
| Other expense, net | (2.7) | (8.7) |
| Loss before income taxes & equity in earnings of equity investees | (410.4) | (215.7) |
| Income tax benefit/(expense) | 0.3 | (11.9) |
| Equity in earnings of equity investees, net of tax | 49.7 | 44.7 |
| Equity in earnings of divested equity investee, net of tax | – | 15.9 |
| Net loss | (360.4) | (167.0) |
| Less: Net income attrib. to non-controlling interests | (0.4) | (27.6) |
| Net loss attributable to HUTCHMED | (360.8) | (194.6) |
| *Losses/share attributable to HUTCHMED – basic & diluted (US$ per share)* | *(0.43)* | *(0.25)* |
| *Losses/ADS attributable to HUTCHMED – basic & diluted (US$ per ADS)* | *(2.13)* | *(1.23)* |

### Total Consolidated Revenues up 20% to $426m

- Oncology revenues up 37% to **~$164m** (2021: ~$120m)
- **$15m** development milestone from AZ (for initiation of SAFFRON study)

### R&D spending supporting 15+ registration enabling programs

- **R&D expenses up 29% to ~$387m**

### Our share of SHPL JV's income partially offsets our R&D investment

- Net income attributable to HUTCHMED from equity investees up 11% to ~**$50m** (2021: ~$45m)

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# Our partnership strategy is focused on 3 main activities


**ORPATHYS® worldwide** AstraZeneca

- Launched in China
- 7 registration studies in NSCLC, PRCC & gastric cancer


- **Fruquintinib worldwide ex-China** Takeda
- Surufatinib Japan and ex-China
- Sovleplenib ex-China
- HMPL-760 3G BTKi ex-China
- HMPL- 306 IDH1/2i ex-China


- **ELUNATE® China** Lilly
- Tazemetostat IPSEN Innovation for patient care
- NDA stage or approved products to leverage our strong HUTCHMED China Commercial team

3

# Two major global partnerships

## Broadens development and potential commercialization while increasing bandwidth to advance pipeline

| | STAGE OF DEVELOPMENT at licensing | SCOPE | FURTHER DEVELOPMENT & LAUNCH | FINANCIAL TERMS |
|---|---|---|---|---|
| Takeda<br>**Fruquintinib** | • **Launched in China** with leading market share<br>• **U.S. FDA NDA** rolling submission underway<br>• **Europe & Japan filings** being prepared | Takeda responsible for<br>• **All territories ex-China** (U.S., Japan, Europe & ROW)<br>• **All development, manufacturing, selling & marketing** | • **Launch readiness**<br>• Indications beyond mCRC being evaluated<br>• HUTCHMED ongoing programs in China may inform decisions | • **Upfront: $400m***<br>• **Additional: $730m**<br>• **Tiered royalties from 2024*** consistent with commercial-launch stage licensing transactions |
| AstraZeneca<br>**Savolitinib** | • INDs submitted<br>• First-in-human studies pending in Australia & China | • **HCM leads China** development<br>• **AZ leads ex-China** development<br>• **AZ responsible for global commercial** | • **AZ launched in China**<br>• **NRDL listing** March 2023<br>• **7 Registration studies ongoing** in China / U.S. / ROW in several NSCLC subtypes, PRCC & gastric<br>• **Could file NDA in 2024** | • Upfront: $20m<br>• Additionally paid to date: $65m ($120m potential)<br>• Expense reimbursement<br>• 9-18% tiered royalty ex-China<br>• 30% flat royalty in China |

*Payable on closing of the transaction. Royalties subject to approval and sales.
Note: AstraZeneca ex-China royalties subject to certain adjustments with respect to the approval of savolitinib in PRCC, and the amount of any contribution by AstraZeneca to the Phase III development in PRCC.

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# HUTCHMED's deep & broad portfolio

## 12 molecules in development

| PRODUCT | MOA | INDICATIONS | PARTNER | CHINA[1] | GLOBAL[1] |
|---|---|---|---|---|---|
| **Fruquintinib** | VEGFR 1/2/3 | Colorectal, gastric, EMC, RCC (multiple I/O & TKI combos) | Lilly (China)[3] Takeda (Ex-China)[4] | **Marketed** (Colorectal); **Preparing filing** (Gastric) **Ph.III ongoing** (RCC) **Ph.II reg-intent ongoing** (EMC) | **Preparing filings** in U.S., E.U., Japan based on positive MRCT (Colorectal) |
| **Savolitinib** | MET | NSCLC, kidney, gastric, colorectal[2] (multiple I/O & TKI combos) | AstraZeneca (Worldwide)[5] | **Marketed** (NSCLC mono) **Ph.III** (NSCLC combo) **Ph.II reg-intent** (Gastric) | **Ph.II/III global** (multiple NSCLC) **Ph.III global** (PRCC) |
| **Surufatinib** | VEGFR 1/2/3, FGFR1 & CSF-1R | NET, NEC (multiple I/O combos) | None[6] | **Marketed** (NET, pNET) **Ph.III** (NEC) | **Ph. III ready** US, EU **PMDA consultation** for JNDA filing |
| **Amdizalisib** | PI3Kδ | B-cell malignancies – indolent NHL | None[6] | **Ph.II reg-intent** (FL & MZL) **Ph.II combo with tazemetostat** | Ph. II; de-prioritized |
| **Sovleplenib** | Syk | ITP, B-cell malignancies | None[6] | **Ph. III** (ITP) **TBD** (NHL) | Ph. II |
| **Tazemetostat** | EZH2 | Solid tumors, hematological malignancies | IPSEN Innovation for patient care (ex-China)[7] | **Marketed** (ES & FL, Hainan) **Bridging** (3L FL) | Marketed by Ipsen[8] Global **Ph. Ib/III** (2L FL combo) |
| **HMPL-453** | FGFR 1/2/3 | Cholangiocarcinoma | None | Ph.II reg-intent study in preparation | - |
| **HMPL-306** | IDH 1/2 | Hematological malignancies, solid tumors | None[6] | Ph. I | Ph. I; de-prioritized |
| **HMPL-295** | ERK (MAPK pathway) | Solid tumors | None | Ph. I | - |
| **HMPL-760** | 3G BTK | Hematological malignancies | None[6] | Ph. I | Ph. I; de-prioritized |
| **HMPL-653** | CSF-1R | Solid tumors | None | Ph. I | - |
| **HMPL-A83** | CD47 | mAb – solid tumors, hematological malignancies | None | Ph. I | - |

[1] Represents the most advanced clinical trial stage and indication; [2] Investigator initiated trials (IITs); [3] HCM has WW rights ex-China; Subject to meeting pre-agreed sales targets, Lilly will pay HUTCHMED an estimated total of 70%-80% of ELUNATE® sales in the form of royalties, manufacturing costs and service payments; [4] subject to customary closing conditions, including completion of antitrust reviews; [5] AZ has WW rights: China (30% royalty), ex-China (9-18% tiered royalty); [6] Open to partnering outside of Greater China ; [7] HCM has commercial & development rights in Greater China; [8] Tazemetostat was developed by and is marketed in the U.S. by Epizyme, Inc., which was acquired by Ipsen SA in August 2022.

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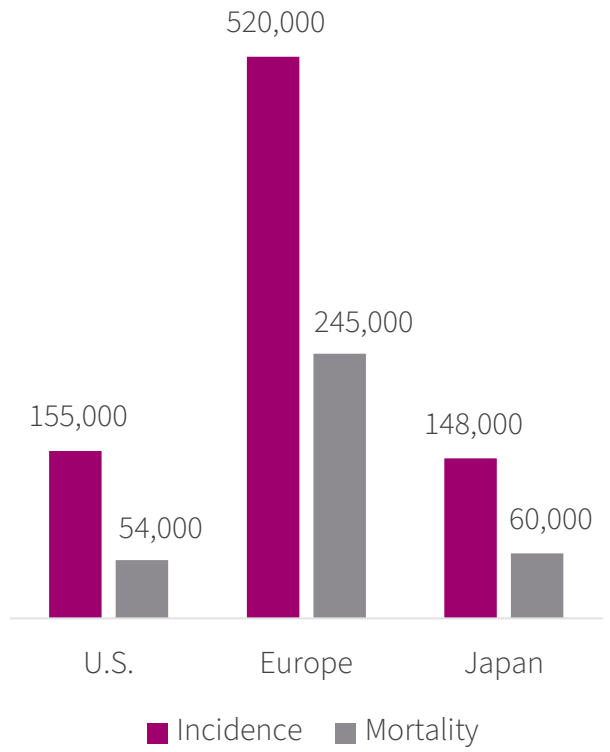
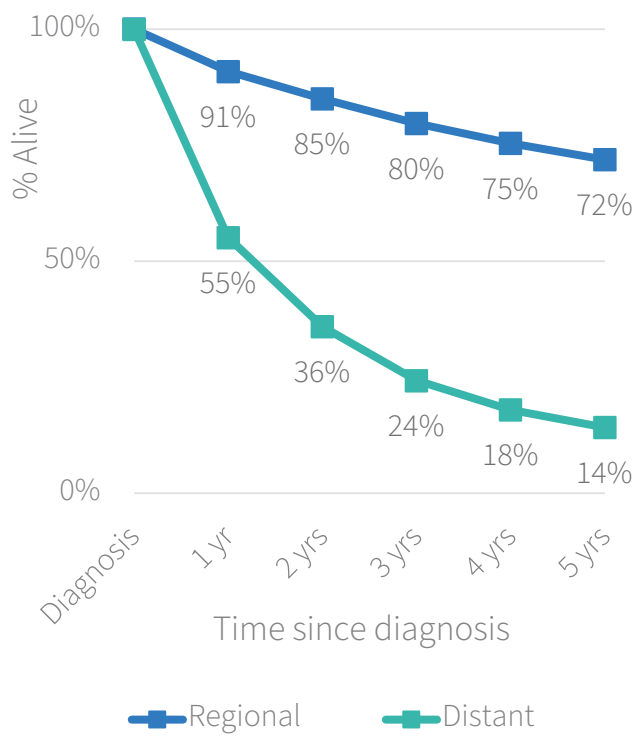
# Colorectal cancer a significant burden…

…but there are still limited treatment options for most patients

## High CRC incidence and deaths across the globe [1]




## Patients with advanced CRC have lower relative survival rate [2]




## Unmet medical need

- **Limited use of approved 3L treatments**
  - Regorafenib (approved Q3 2012)
  - TAS-102 (approved Q3 2015)
- **Chemotherapy, anti-VEGF & anti-EGFR agents used across all lines**
- **Newer treatment options focus on discrete actionable mutations**
  - ~10% BRAF mutation [3]
  - ~15% MSI-H or dMMR [4]
  - 3-5% HER2 alterations [5]


[1] International Agency for Research on Cancer; [2] SEER; [3] D'Haene N, et al. Clinical application of targeted next-generation sequencing for colorectal cancer patients: a multicentric Belgian experience. *Oncotarget*. 2018;9(29):20761-20768. Published 2018 Apr 17. doi:10.18632/oncotarget.25099; [4] André T, et al. Pembrolizumab in Microsatellite-Instability-High Advanced Colorectal Cancer. *N Engl J Med*. 2020;383(23):2207-2218. doi:10.1056/NEJMoa2017699; [5] Ahcene Djaballah S, Daniel F, Milani A, Ricagno G, Lonardi S. HER2 in Colorectal Cancer: The Long and Winding Road From Negative Predictive Factor to Positive Actionable Target. *Am Soc Clin Oncol Educ Book.* 2022;42:1-14. doi:10.1200/EDBK_351354.

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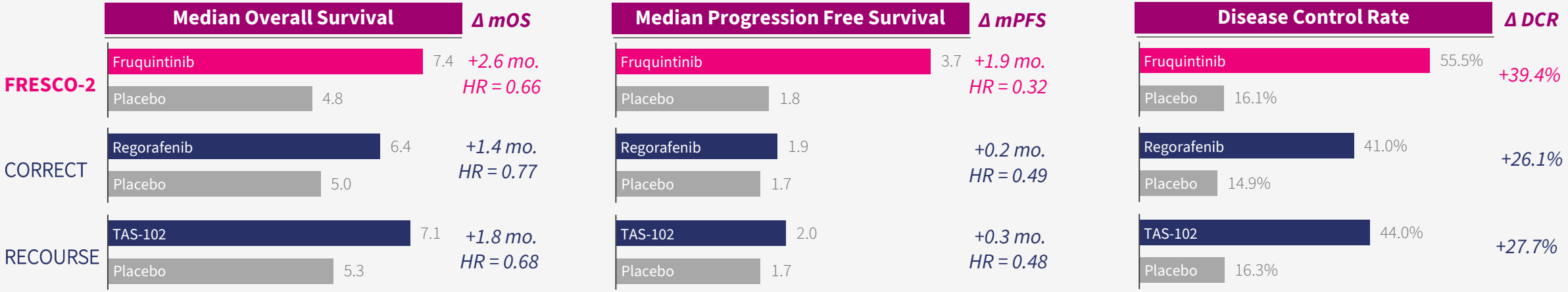
# Fruquintinib's FRESCO-2 showed a highly competitive profile

HUTCHMED

ESMO 2022

## FRESCO-2 results have potential to change clinical practice worldwide




**Fruquintinib is well tolerated with a safety profile consistent with the previously established monotherapy profile**

| Tolerability | FRESCO-2 [1] | | CORRECT [2] | | RECOURSE [3] | |
|---|---|---|---|---|---|---|
| | Fruquintinib | Placebo | Regorafenib | Placebo | TAS-102 | Placebo |
| **Discontinuation due to AE** | **20%** | **21%** | **17%** | **12%** | **4%** | **2%** |
| **TEAE Grade ≥ 3** | **63%** | **50%** | **54%** | **14%** | **69%** | **52%** |
| **Major TEAE Grade ≥ 3** | | | | | | |
| Hypertension | 14% | 1% | 7% | 1% | n/a | n/a |
| Hand-foot syndrome | 6% | 0% | 17% | <1% | n/a | n/a |
| Asthenia / fatigue | 8% | 4% | 15% | 9% | 7% | 9% |
| Other AEs of note | n/a | | • Blackbox warning on hepatoxicity<br>• Monitor liver function prior to and during treatment | | • Severe myelosuppression<br>• Obtain complete blood counts prior to and on day 15 of each cycle | |

Note: Illustrative comparison only. No head-to-head studies have been conducted. Study parameters differ.

[1] ESMO 2022, LBA25; [2] Grothey A, et al. Regorafenib monotherapy for previously treated metastatic colorectal cancer (CORRECT): an international, multicentre, randomised, placebo-controlled, phase 3 trial. *Lancet*. 2013;381(9863):303-312. doi:10.1016/S0140-6736(12)61900-X; [3] Mayer RJ, et al. Randomized trial of TAS-102 for refractory metastatic colorectal cancer. *N Engl J Med*. 2015;372(20):1909-1919. doi:10.1056/NEJMoa1414325.

4

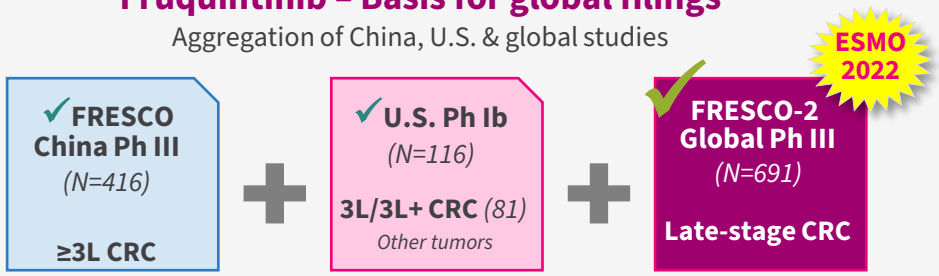
# FRESCO-2 MRCT, consistent with FRESCO, basis for filings

HUTCHMED

## Initiated US rolling NDA submission; plan to complete filings in the U.S., Europe and Japan in 2023

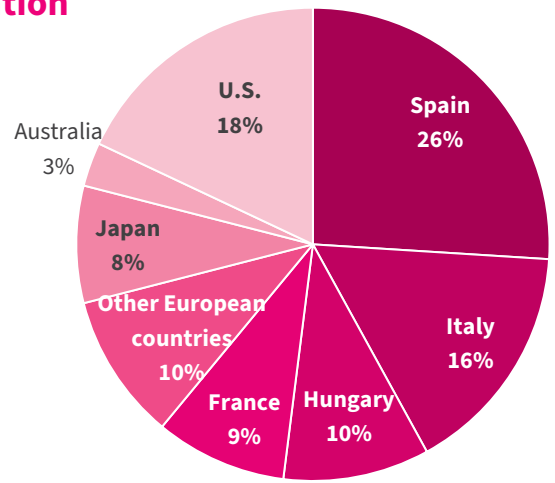
### Fruquintinib – Basis for global filings

Aggregation of China, U.S. & global studies




**FRESCO-2 MRCT** started after regulatory consultation in U.S., Europe & Japan

- **U.S. Fast Track Designation**
  for ≥3L mCRC & potential for rolling submission
- **Primary endpoint is overall survival**
  - 691 patients
  - ~150 sites
  - 14 countries
  - Recruited in ~15 months




### Consistency of effect across late-stage settings enriches the continuum of care

| | FRESCO-2 [1] | | FRESCO [2] | |
|---|---|---|---|---|
| | **Fruq** (n=461) | **Placebo** (n=230) | **Fruq** (n=278) | **Placebo** (n=138) |
| **Prior Tx** | | | | |
| VEGFi | 97% | 96% | 30% | 30% |
| EGFRi as % of RASwt | >100% | >100% | ~25% | ~25% |
| TAS-102 | 52% | 53% | 0% | 0% |
| Regorafenib | 9% | 8% | 0% | 0% |
| Both TAS-102 & rego | 39% | 40% | 0% | 0% |
| **mOS,** mo. | **7.4** (+2.6) | **4.8** | **9.3** (+2.7) | **6.6** |
| [95% CI] | [6.7-8.2] | [4.0-5.8] | [8.2-10.5] | [5.9-8.1] |
| *HR* | *0.66* | | *0.65* | |
| *(95% CI, p-value)* | *(0.55-0.80, p<0.001)* | | *(0.51-0.83, p<0.001)* | |
| **mPFS,** mo. | **3.7** (+1.9) | **1.8** | **3.7** (+1.9) | **1.8** |
| [95% CI] | [3.5-3.8] | [1.8-1.9] | [3.7-4.6] | [1.8-1.8] |
| *HR* | *0.32* | | *0.26* | |
| *(95% CI, p-value)* | *(0.27-0.39, p<0.001)* | | *(0.21-0.34, p<0.001)* | |
| **DCR** | **55.5%** | **16.1%** | **62.2%** | **12.3%** |
| | DCO: June 24, 2022 | | DCO: January 17, 2017 | |


[1]ESMO 2022, LAB25. Dasari NA, Lonardi S et al. LBA25 - FRESCO-2: A global phase III multiregional clinical trial (MRCT) evaluating the efficacy and safety of fruquintinib in patients with refractory metastatic colorectal cancer. 12 Sep 2022, Proffered Paper session 2: GI, lower digestive Session. Annals of Oncology (2022) 33 (suppl_7): S808-S869. 10.1016/annonc/annonc1089; [2] Li J, et al. Effect of Fruquintinib vs Placebo on Overall Survival in Patients With Previously Treated Metastatic Colorectal Cancer: The FRESCO Randomized Clinical Trial. *JAMA*. 2018;319(24):2486-2496. doi:10.1001/jama.2018.7855.

4

# FRUTIGA: combo with paclitaxel in 2L gastric cancer

sNDA filing in H1 2023; data will be submitted for presentation at an upcoming scientific conference

## FRUTIGA Trial

***File sNDA with NMPA in H1 2023***

**Dual primary endpoints:**

✓ Progression free survival: clinically and statistically sign. improvement

- Overall survival: improvement not statistically significant per the pre-specified statistical plan

**Secondary endpoints:**

✓ ORR ✓DCR ✓ DoR

**Safety profile consistent with previously reported studies**

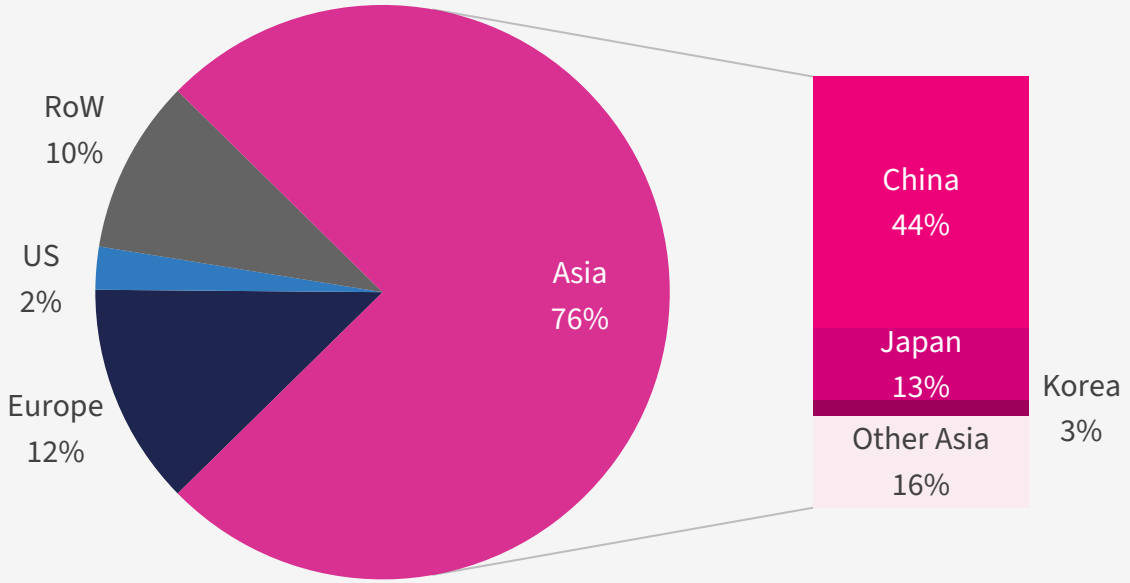
**Eligible patients**
- Gastroesophageal junction or gastric cancer
- Progressed after 1st line chemo w/ fluoropyrimidine & platinum

| **Fruquintinib** + Paclitaxel N=350 | **Placebo** + Paclitaxel N=350 |
|---|---|

## 5th MOST COMMONLY DIAGNOSED CANCER WORLDWIDE DISPROPORTIONATELY AFFECTS ASIA

- **1.09 million** new patients globally
- **China, Japan & Korea account for ~60%** of newly diagnosed

Annual incidence of gastric cancer by geography




International Agency for Research on Cancer

4

# Savolitinib – major late-stage expansion

**7 registrational studies** – 3 global & 4 in China

## GLOBAL – *led by AstraZeneca*

### 2/3L TAGRISSO® refractory NSCLC w/ MET aberration

1

- ***SAVANNAH study*** – continue evaluation for potential accelerated approval; first data presentation at WCLC

### 2/3L TAGRISSO® refractory NSCLC w/ MET aberration

2

- Savolitinib + TAGRISSO® Phase III registration study –$15 million milestone from AstraZeneca – ***SAFFRON Study*** initiated in 2022

### MET-driven Papillary Renal Cell Carcinoma (PRCC)

3

- Savolitinib + IMFINZI® vs. SUTENT® monotherapy vs. IMFINZI® monotherapy Phase III registration study
- FPI in October 2021 – ***SAMETA Study***

## CHINA – *led by HUTCHMED*

### MET Exon14 skipping NSCLC

4

- NDA conditional approval in June 2021
- ***Confirmatory Phase IIIb study*** – FPI September 2021

### 2L EGFR TKI refractory NSCLC w/ MET amplification

5

- Savolitinib + TAGRISSO® Phase III registration study
- FPI in November 2021 – ***SACHI Study***

### 1L EGFRm+ NSCLC w/ MET overexpression

6

- Savolitinib + TAGRISSO® Phase III registration study
- FPI in September 2021 – ***SANOVO Study***

### Gastric cancer w/ MET amplification

7

- ***Single arm study with potential for registration***
- FPI in July 2021

4

# Sovleplenib progressing towards NDA in 2023 in ITP

HUTCHMED

Highly differentiated oral syk inhibitor with breakthrough therapy designation in China

## Treatment landscape for chronic ITP

### SYK a validated target – targets B cells & macrophages

- Fostamatinib approved in the U.S.; international consensus report considers evidence for fostamatinib use to be robust [1]
- ASH guideline considers evidence for fostamatinib use in 2L patients insufficient [2]

| Agent | Response (1x PLT ≥50×10$^9$/L) | Durable response | Response after discontinuation |
|---|---|---|---|
| **TPO-RA treatment increases platelet production** | | | |
| NPLATE® (romiplostim) [2] | 79-88% (24 wks) | 38-61% (6/8 visits, wks 16-24) | 14% sustained response ≥ 6 mths after discont. |
| PROMACTA® (eltrombopag) | 59-70% (6 wks) [3] | 60% (6/8 visits, wks 18-26) [4] | ~50% maintained response |
| **Treatments to decrease platelet destruction** | | | |
| RITUXAN® (rituximab) | 67% (4 wks) | Median response duration 27-36 months | |
| **TAVALISSE®** (fostamatinib)[5] | **44%** (12 wks) | **24-26%** (4/6 visits in wks 14-24) | **n/a** |

## Sovleplenib

### Results from China Phase I/II in R/R primary ITP

- Oral, fast onset of efficacy – ORR 80%, Durable ORR 40%
- Robust efficacy in heavily pre-treated patients
- Similar efficacy with or without prior TPO/TPO-RA therapies

***Breakthrough Therapy Designation** in China*

| ASH 2021 | **Sovleplenib** – *300 mg, once daily* | | |
|---|---|---|---|
| | **Double-blinded Pts** *8 + 16 wks* | **Cross-over Pts** *16 wks* | **Total** |
| ORR: n (%) | 75.0% (12/16) | 100.0% (4/4) | 80.0% 16/20) |
| Durable ORR: n (%) | 31.3% (5/16) | 75.0% (3/4) | 40.0% (8/20) |

***ESLIM-01 pivotal Phase III study recruitment completed Dec 2022***

As of June 15, 2021. ASH 2021 #16. Yang H, Zhou Y, Hu JY, et al. Safety, Pharmacokinetics and Preliminary Efficacy of HMPL-523 in Adult Patients with Primary Immune Thrombocytopenia: A Randomized, Double-Blind and Placebo-Controlled Phase 1b Study. *Blood* 2021; 138 (Supplement 1): 16. doi: https://doi.org/10.1182/blood-2021-149895

[1] Provan D, Arnold DM, Bussel JB, et al. Updated international consensus report on the investigation and management of primary immune thrombocytopenia. Blood Adv. 2019;3(22):3780-3817. doi:10.1182/bloodadvances.2019000812; [2] Study 1 & 2 from USPI; [3] Study 773A and B from US PI; [4] RAISE study from US PI; [5] US PI; [6] Neunert C, Terrell DR, Arnold DM, et al. American Society of Hematology 2019 guidelines for immune thrombocytopenia [published correction appears in Blood Adv. 2020 Jan 28;4(2):252]. Blood Adv. 2019;3(23):3829-3866. doi:10.1182/bloodadvances.2019000966 .

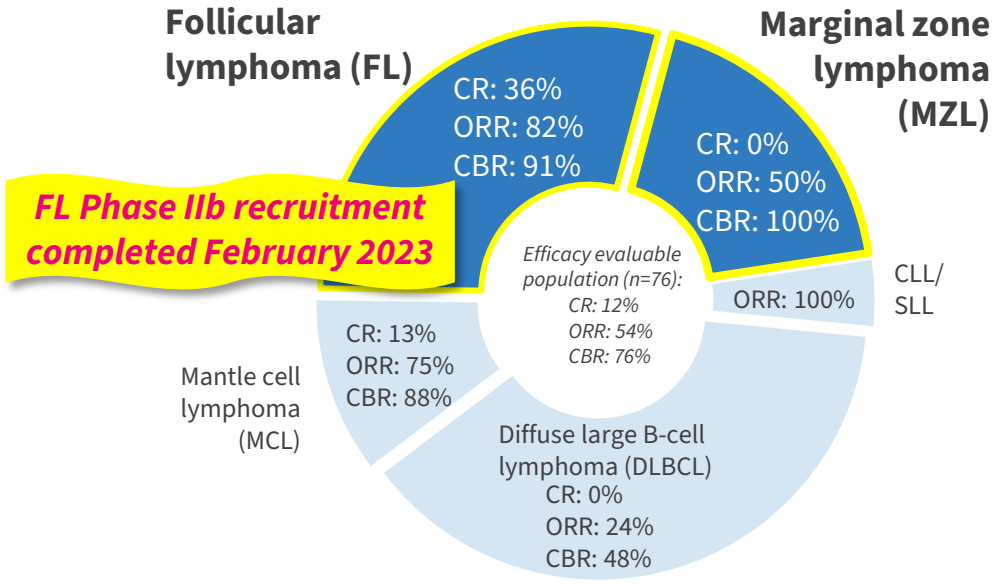
4

# Amdizalisib progressing towards NDA in 2023 in FL

## China registration studies supported by differentiated proof-of-concept data

### Encouraging single agent activity in indolent NHL [1]

***Breakthrough Therapy Designation** in China*




Phase Ib data as of June 15, 2021.

### Highly favorable safety profile

| | Amdizalisib [1] 30mg QD | Zydelig® *(idelalisib)* [2] | Aliqopa® *(copanlisib)* [2] | Copiktra® *(duvelisib)* [2] |
|---|---|---|---|---|
| **n** | **90** | 146 | 168 | 442 |
| **Neutropenia*** | 29% / 11% | 53% / **28%** | 32% / **29%** | 63% / **43%** |
| **Leukopenia** | 21% / 4% | na | 36% / 27% | 29% / 8%* |
| **Anemia** | 12% / 4% | 28% / 2%* | na | 20% / 11% |
| **Thrombocytopenia** | <10% / 2% | 26% / 6%* | **22% / 8%** | **17% / 10%** |
| **Diarrhea** | 11% / 2% | **47% / 14%** | 36% / 5% | **50% / 23%** |
| **Rash** | 16% / 6% | 21% / 4% | 15% / 2% | 31% / 9% |
| **ALT increased** | 27% / 0% | 50% / **19%** | na / 2% | 40% / **8%** |
| **AST increased** | 19% / 0% | 41% / **12%** | na / 2% | 37% / **6%** |
| **Pyrexia** | <10% / 1% | 28% / 2% | Na | 26% / 2% |
| **Pneumonia** | 18% / 13% | 25% / 16% | 21% / 14%** | 21%/15% |
| **Hypertension** | <10% / 0% | na | **35% / 29%** | na |
| **Hyperglycemia** | <10% / 0% | na | **54% / 34%** | na |
| **AES leading to:** | | | | |
| **Discontinuation** | 5.6% | 23% | 24% | 35% |
| **Dose reduction** | na | 41% | 24% | 23% |
| **Dose interruption** | na | | 64% | 64% |
| **Current status** | In late-stage development for iNHL | Approved 2L+CLL; Withdrawn SLL, FL | Approved 2L+ FL | Approved 2L+ CLL/SLL; Withdrawn 2L+ FL |

Note: Illustrative comparison only. No head-to-head studies have been conducted. Study parameters differ. *Laboratory values; **Lower respiratory tract infections;

[1] ESMO 2021: Cao J, et al. #833O - A phase Ib study result of HMPL-689, a PI3Kδ inhibitor, in Chinese patients with relapsed/refractory lymphoma. *Annals of Oncology* (2021) 32 (suppl_5): S773-S785. doi: 10.1016/annonc/annonc676.; [2] US Prescribing Information.

4

# Tazemetostat: China development strategy

## Bridging study for rapid registration and indication expansion through combinations

### Encouraging combo activity with R²

**Preliminary efficacy**

Median follow-up was 11.2 months
41/44 were efficacy evaluable*

ASH 2022

| Best Overall Response [a] (%) | TAZ + R² (n=41) [b] |
|---|---|
| **Objective response rate** | **98%** |
| Complete response [c] | 51% |
| Partial response | 46% |
| Stable disease | 2% |
| Progressive disease | 0 |

[a] Overall, there were 31 PET-CT–based responses and 10 CT-based responses. For complete response, 19 were PET-CT–based responses and 2 was a CT-based response.
CT, computed tomography; KM, Kaplan-Meier; mDOR, median duration of response; mPFS, median progression-free survival; NE, not evaluable; ORR, objective response rate; PET, positron emission tomography; R², lenalidomide plus rituximab; TAZ, tazemetostat.
DCO: June 14, 2022

**No new safety signals identified in Phase 1b data of this study**

### Current status

**Monotherapy bridging study in 3L+ R/R follicular lymphoma**

- FPI in July 2022 – **LPI H2 2023, file 2024**

**SYMPHONY-1 study – combo w/ R² global Phase III in 2L follicular lymphoma**

- FPI September 2022 in China

**Hainan Health Tourism Policy**

- U.S. FDA approved oncology drugs channel in Hainan Province

**Combo study with amdizalisib** (PI3Kδi)

- FPI February 2023
  **to target relapsed/refractory lymphomas**

Revlimid + Rituximab (R²) is a registered trademark of Celgene Corporation, a Bristol Myers Squibb company.
ASH 2022 abstract #954

4

# HUTCHMED registration/potential registration studies

## 15+ programs for six drug candidates supporting potential near-term NDA filings

| Drug | Study | Target Disease | Region | Design (N, arms, 1° endpoint) | Status | Est. (s)NDA filing if positive |
|---|---|---|---|---|---|---|
| FRUQ | **FRESCO-2** | 3L+ colorectal cancer | Global | ~690, treatment vs. BSC, OS | US, EU, JP filings to complete in 2023 | Started Dec '22 |
| FRUQ | **FRUTIGA** | 2L GC, combo with chemo | China | ~700, combo vs. chemo, OS & PFS | To file sNDA in China | H1 2023 |
| SOVLE | **ESLIM-01** | 2L immune thrombocytopenia | China | ~180, 2 arms (placebo), DRR | LPI Dec '22 | H2 2023 |
| AMDIZ | **3L FL** | 3L follicular lymphoma | China | ~100, 1 arm, ORR | LPI Feb '23 | H2 2023 |
| SURU | **Bridging** | Neuroendocrine tumors | Japan | ~34, 1 arm, ORR | FPI Sept '21 | H2 2023 |
| SAVO* | **Confirmatory** | NSCLC, MET Exon 14 alteration | China | ~160, 1 arm, ORR | FPI Aug '21 | 2024 |
| FRUQ | **2L EMC** | 2L EMC, combo with PD-1 | China | ~130, 1 arm, ORR | FPI Oct '21 | 2024 |
| AMDIZ | **2L MZL** | 2L marginal zone lymphoma | China | ~80, 1 arm, ORR | FPI Apr '21 | 2024 |
| TAZ^ | **Bridging** | 3L follicular lymphoma | China | ~40, 2 arms (EZH2+ or wt), ORR | FPI Jul '22 | 2024 |
| SAVO* | **GASTRIC** | 2L GC, MET amplified | China | ~75, 1 arm, ORR | FPI Jul '21 | 2024 |
| SAVO* | **SACHI** | 2L EGFR TKI refractory NSCLC, MET+ | China | ~250, combo vs. chemo, PFS | FPI Nov '21 | 2024 |
| SAVO* | **SAVANNAH** | 2/3L Tagrisso® refractory NSCLC, MET+ | Global | New cohort for pot. AA | FPI Jan '19 Re-opened in Sept 2022 | 2024 |
| SURU | **SURTORI-01** | 2L NEC, combo with PD-1 | China | ~190, combo vs. chemo, OS | FPI Sep '21 | 2024 |
| FRUQ | **2L RCC** | 2L RCC, combo with PD-1 | China | ~260, 2 arms, PFS | FPI Oct '22 | 2025 |
| SOVLE | **wAIHA** | 2L wAIHA | China | ~110, 2 arms (placebo), Hb response | FPI Sep '22 | 2025 |
| SAVO* | **SANOVO** | 1L EGFRm+ NSCLC, MET+ | Global | ~320, combo vs. Tagrisso, PFS | FPI Sep '21 | 2026 |
| SAVO* | **SAMETA** | MET driven PRCC, combo with PD-L1 | Global | ~200, 3 arms combo vs. monos, PFS | FPI Oct '21 | 2026 |
| SAVO* | **SAFFRON** | 2/3L Tagrisso® refractory NSCLC, MET+ | Global | ~320, combo vs. chemo, PFS | FPI Nov '22 | 2026 |

*In collaboration with AstraZeneca ^ In collaboration with Ipsen.

4

# Clinical deliverables in 2023

HUTCHMED

To make significant progress with multiple late-stage programs

## Regulatory activities

| | | |
|---|---|---|
| **Fruquintinib** mono<br>*US, EU, Japan for 3L+ CRC* | → | Complete regulatory filings<br>H1 2023 for US, EU & JP to follow |
| **Fruquintinib** + chemo<br>*China for 2L GC* | → | Initiate sNDA filing<br>H1 2023 |
| **Surufatinib** mono<br>*Japan for refractory NET** | → | Initiate consultation<br>Mid-2023 |

## Readout & potential NDA filing

| | | |
|---|---|---|
| **Sovleplenib** mono<br>*China for 2L ITP* | → | H2 2023 |
| **Amdizalisib** mono<br>*China for 3L FL** | → | H2 2023 |

## Continued progress on additional registration studies

| | | |
|---|---|---|
| **Savolitinib** mono<br>*China confirm. for NSCLC, MET ex14* | → | Complete recruitment<br>Mid 2023 |
| **Fruquintinib** + sintilimab<br>*China for 2L EMC** | → | Complete recruitment<br>Mid 2023 |
| **Amdizalisib** mono<br>*China for 2L MZL** | → | Complete recruitment<br>Mid 2023 |
| **Tazemetostat** mono<br>*China for 3L FL** | → | Complete recruitment<br>H2 2023 |
| **Savolitinib** + osimertinib<br>*Intl for 2L NSCLC, MET+** | → | Complete recruitment<br>H2 2023 |
| **Fruquintinib** + sintilimab<br>*China for 2L RCC* | → | Complete recruitment<br>H2 2023 |
| **Savolitinib** mono<br>*China for 2L GC, MET+** | → | Readout from Phase II part<br>H1 2023 |
| **Sovleplenib** mono<br>*China for 2L wAIHA** | → | Fully enroll Phase II part<br>H1 2023 |

*Based on bridging study, Phase II registration study, or Phase II/III study design

5

# The path to a sustainable business…

HUTCHMED medium-term & long-term strategy

**AMBITION**
to mature into a profitable biopharma from an emerging growth co

**VISION UNCHANGED**: discovering, developing & bringing new innovative medicines to patients worldwide

## 2022

**1st global MRCT** delivered

**2nd sNDA-enabling** Phase III

**Peak year** for cash burn

## Target 2025 to be self-sustaining

6-7 products potentially launched in China

## 2023 – 2024

**Reduction in R&D** costs

**Continued revenue growth** from new indications / regions

**Global commercialization** through partnerships

## Growth & operating leverage

Blockbuster in-market sales

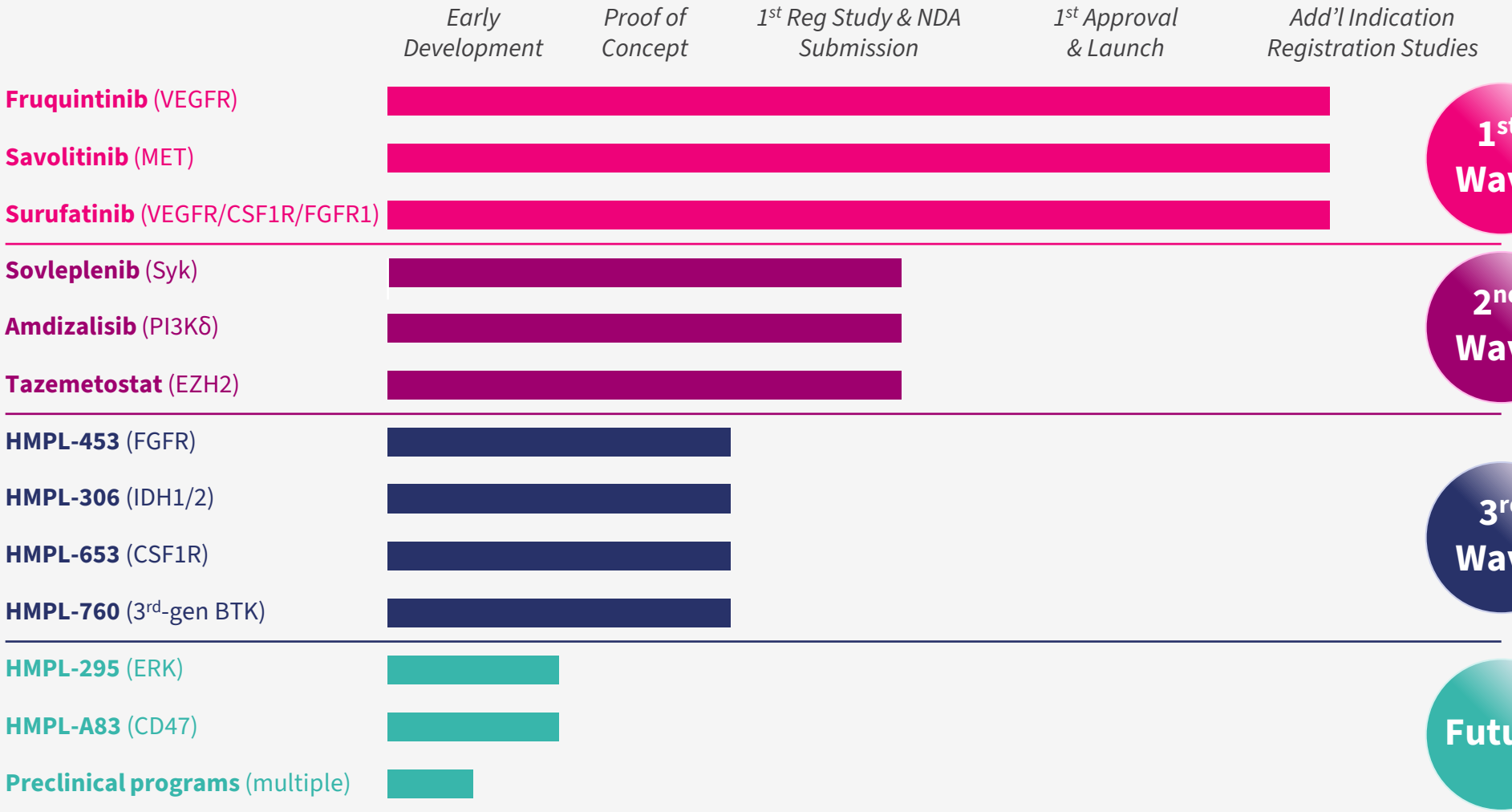
Accelerating China growth

Royalties from ex-China sales

5

# …underpinned by several near-term pipeline waves

## Next potential new indications & medicines



# Q&A

**Weiguo Su**
*Chief Executive Officer & Chief Scientific Officer*

**Johnny Cheng**
*Chief Financial Officer*

**Karen Atkin**
*Chief Operating Officer*

**Hong Chen**
*Chief Commercial Officer*

**Michael Shi**
*Chief Medical Officer & Head of R&D*

**Zhenping Wu**
*EVP, Pharmaceutical Science & Manufacturing*

**Mark Lee**
*Corporate Finance & Development*

**Charles Nixon**
*General Counsel*

HUTCHMED


www.hutch-med.com

# APPENDIX

# HUTCHMED's deep leadership team

## World-class team with track record of success in HUTCHMED & multinational pharma

### Executive Management Committee

**Dr. Weiguo Su**
Chief Executive Officer &
Chief Scientific Officer

Pfizer

**Mr. Johnny Cheng**
Chief Financial Officer

Bristol Myers Squibb
Nestlé
KPMG

**Dr. Michael Shi**
Head of R&D and
Chief Medical Officer

TRANSCENTA
NOVARTIS
Pfizer MERCK

**Dr. Karen Atkin**
Chief Operating Officer

AstraZeneca

**Dr. Zhenping Wu**
Pharmaceutical
Sciences

Roche Pfizer

**Dr. Junjie Zhou**
General Manager, SHPL

SANOFI

**Mr. Hong Chen**
Chief Commercial Officer,
China

Bristol Myers Squibb
NOVARTIS

**Dr. May Wang**
Business Dev. &
Strategic Alliances

Lilly

**Mr. Mark Lee**
Corporate Finance
& Development

CREDIT SUISSE

**Ms. Yiling Cui**
Government Affairs

SPH
Bristol Myers Squibb

**Mr. Charles Nixon**
General Counsel

CK HUTCHISON

**Ms. Selina Zhang**
Human Resources

NOVARTIS
HENG RUI PHARMACEUTICALS

**Dr. Thomas Fu**
Quality

Pfizer
AstraZeneca

Company logos denote prior experience.

# A global science-focused biopharma

## Fully integrated R&D and commercialization platform

### Global novel **drug discovery & manufacturing** operations

**20+ years** novel drug discovery – **13 clinical-stage innovative NMEs**[1] discovered in-house

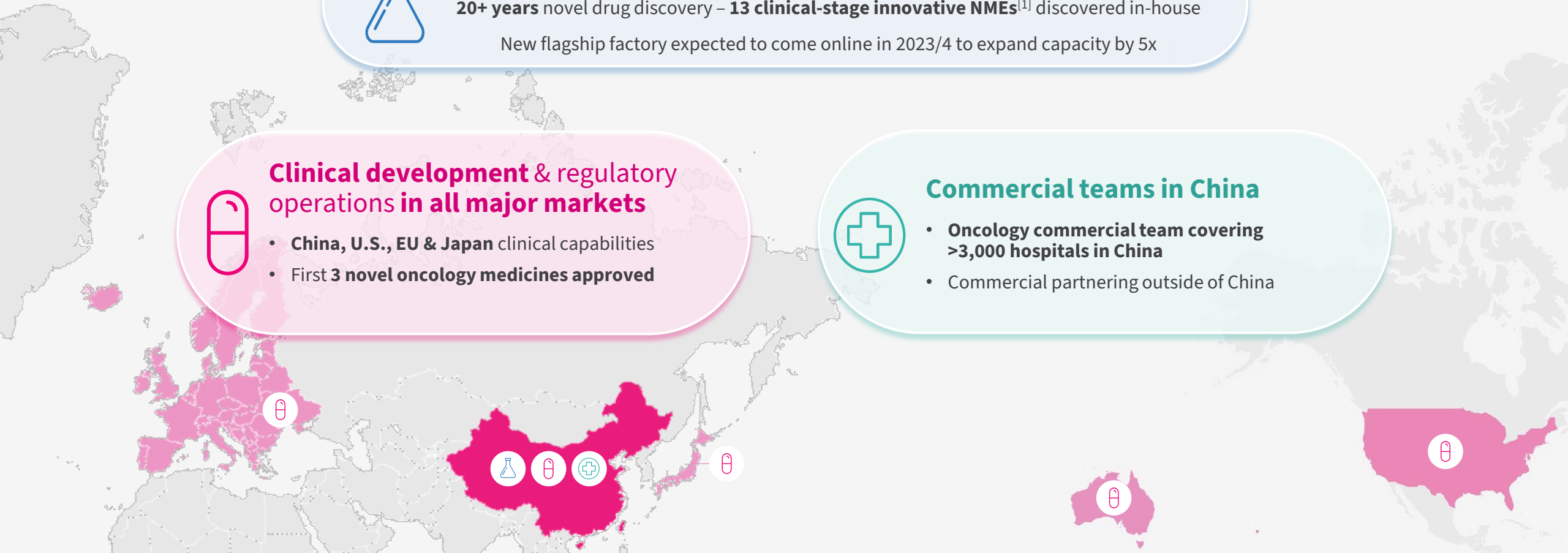
New flagship factory expected to come online in 2023/4 to expand capacity by 5x

### **Clinical development** & regulatory operations **in all major markets**

- **China, U.S., EU & Japan** clinical capabilities
- First **3 novel oncology medicines approved**

### Commercial teams in China

- **Oncology commercial team covering >3,000 hospitals in China**
- Commercial partnering outside of China



[1] Excludes in-licensed compound tazemetostat. Includes two clinical stage NMEs being developed by Inmagene.

# Takeda is the right partner for HUTCHMED to maximize the potential of fruquintinib

HUTCHMED

- **Clinical development** & regulatory operations **in all major markets**
- Global novel **drug discovery & manufacturing** operations
- **Commercial capabilities in China**

+

Takeda

- **Industry leader with global oncology and GI presence**
- **Consistent track record of success**
- **Shared values and ambitions**

# Takeda: A Global Biopharmaceutical Company

HEADQUARTERS
**TOKYO, JAPAN**

GLOBAL HUB
**CAMBRIDGE, MA, USA**

**~40** NEW MOLECULAR ENTITY CLINICAL STAGE ASSETS

PRESENCE: APPROX. IN
**80** COUNTRIES & REGIONS

**30+** MANUFACTURING SITES

**3** RESEARCH SITES

**200+**
PARTNERSHIPS TO HELP US BRING INNOVATION TO PATIENTS

Source: Takeda, January 2023.

FY21 REVENUE


Convenience translation of reported JPY figures into USD using rate of 121.44 JPY/USD, the Noon Buying Rate certified by the Federal Reserve Bank of New York on March 31, 2022.

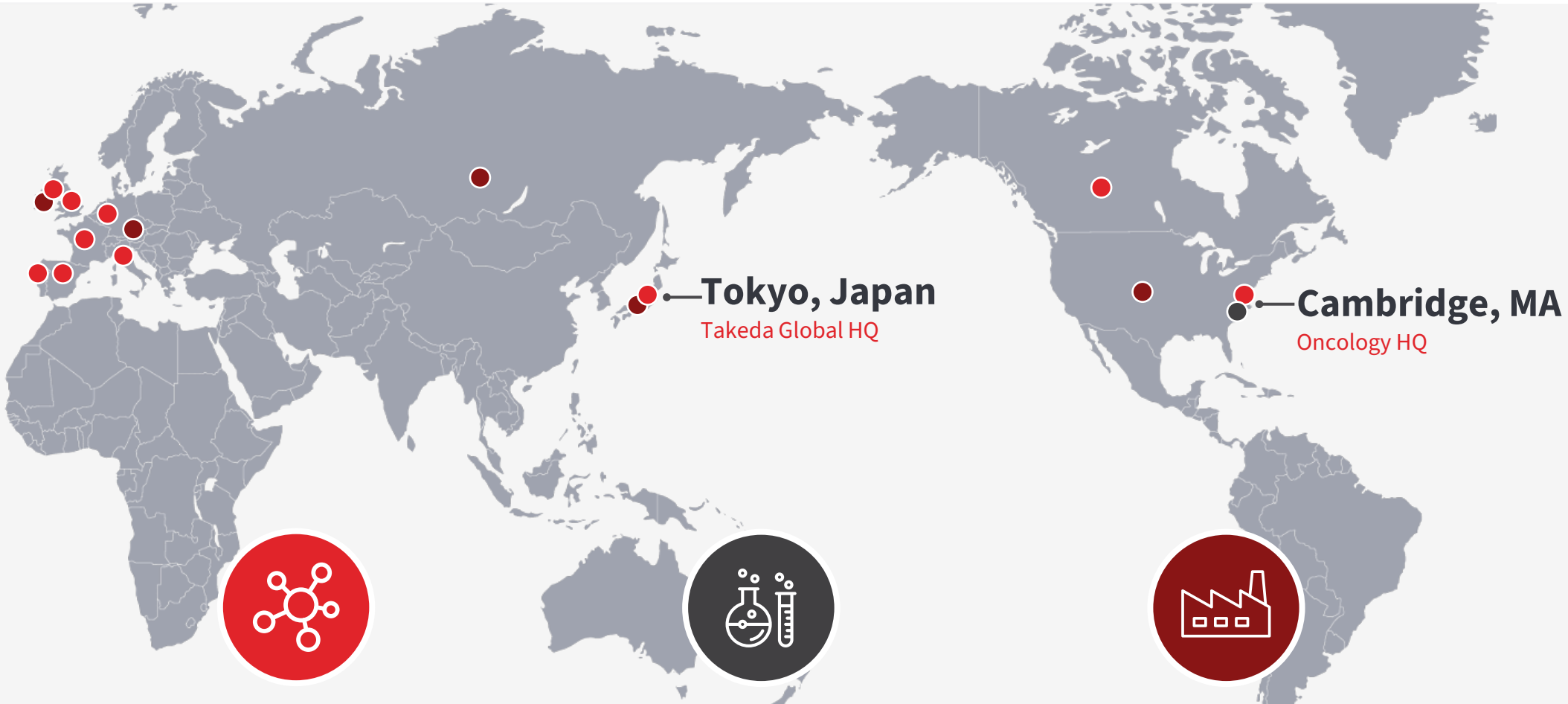
FOUNDED IN
**1781**
OSAKA, JAPAN

## PEOPLE

TOP EMPLOYER® IN
**39**
COUNTRIES & 4 REGIONS


UNLESS OTHERWISE NOTED ALL NUMBERS AS OF JUNE 2022

# Takeda's Oncology Business Unit has a strong global presence




Oncology hubs in
**10 countries**

R&D Center
**in Cambridge, MA**

Oncology
manufacturing centers in
**5 countries**

Source: Takeda, January 2023.

# Deep legacy in hematologic cancers; growing portfolio in solid tumors

## Best-in-class development and commercialization capabilities in oncology

### Global

NINLARO® (ixazomib) capsules 4mg | 3mg | 2.3mg

ALUNBRIG® BRIGATINIB 80mg | 90mg | 30mg TABLETS

EXKIVITY® mobocertinib 40 mg capsules

### U.S.

ICLUSIG® (ponatinib) tablets 45mg / 30mg / 15mg / 10mg

VELCADE® (bortezomib)

### Japan

ADCETRIS® brentuximab vedotin | for injection

Vectibix® (panitumumab)

Zejula™ niraparib capsules 100 mg

LEUPLIN®

CABOMETYX™ (cabozantinib) tablets 60 mg 40 mg 20 mg

### Europe

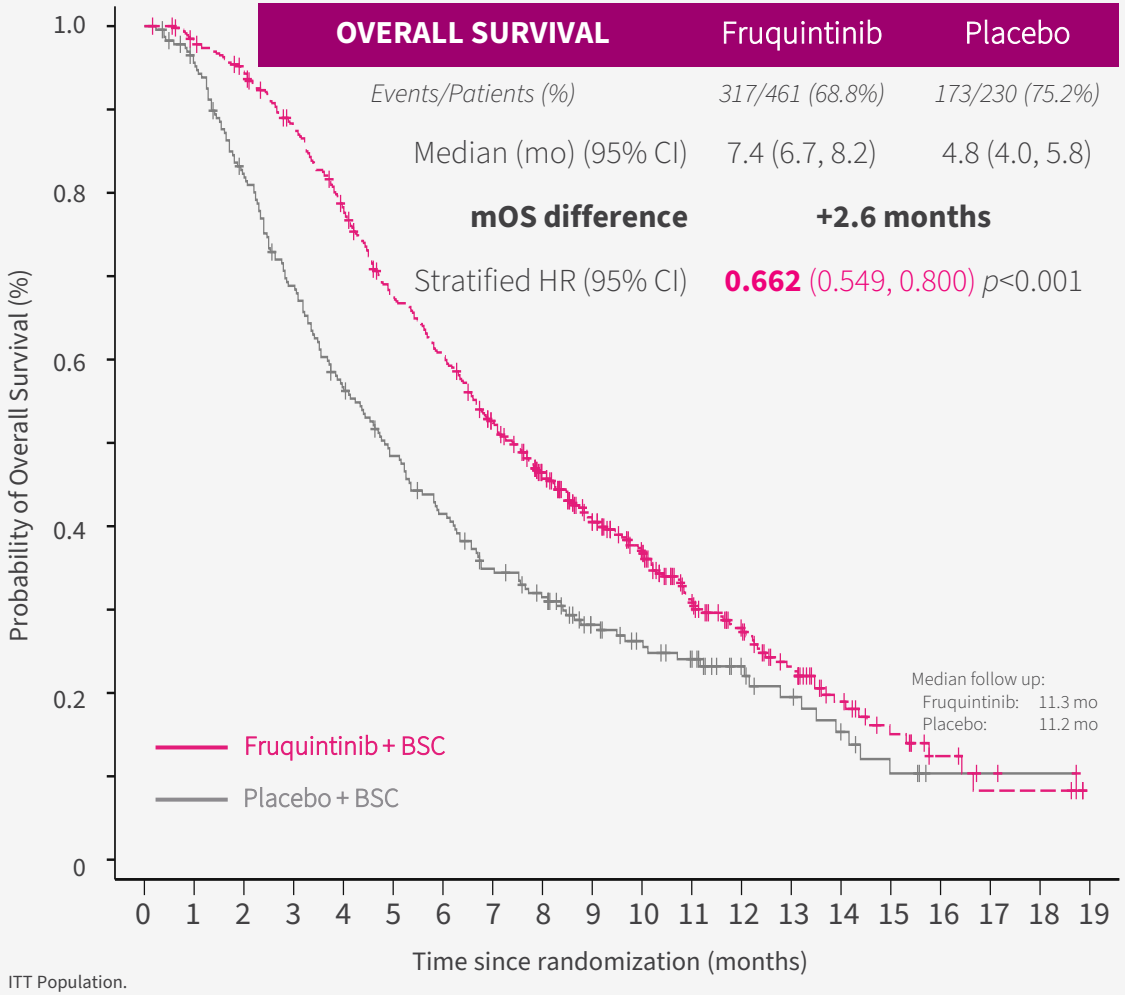
ADCETRIS® brentuximab vedotin | for injection

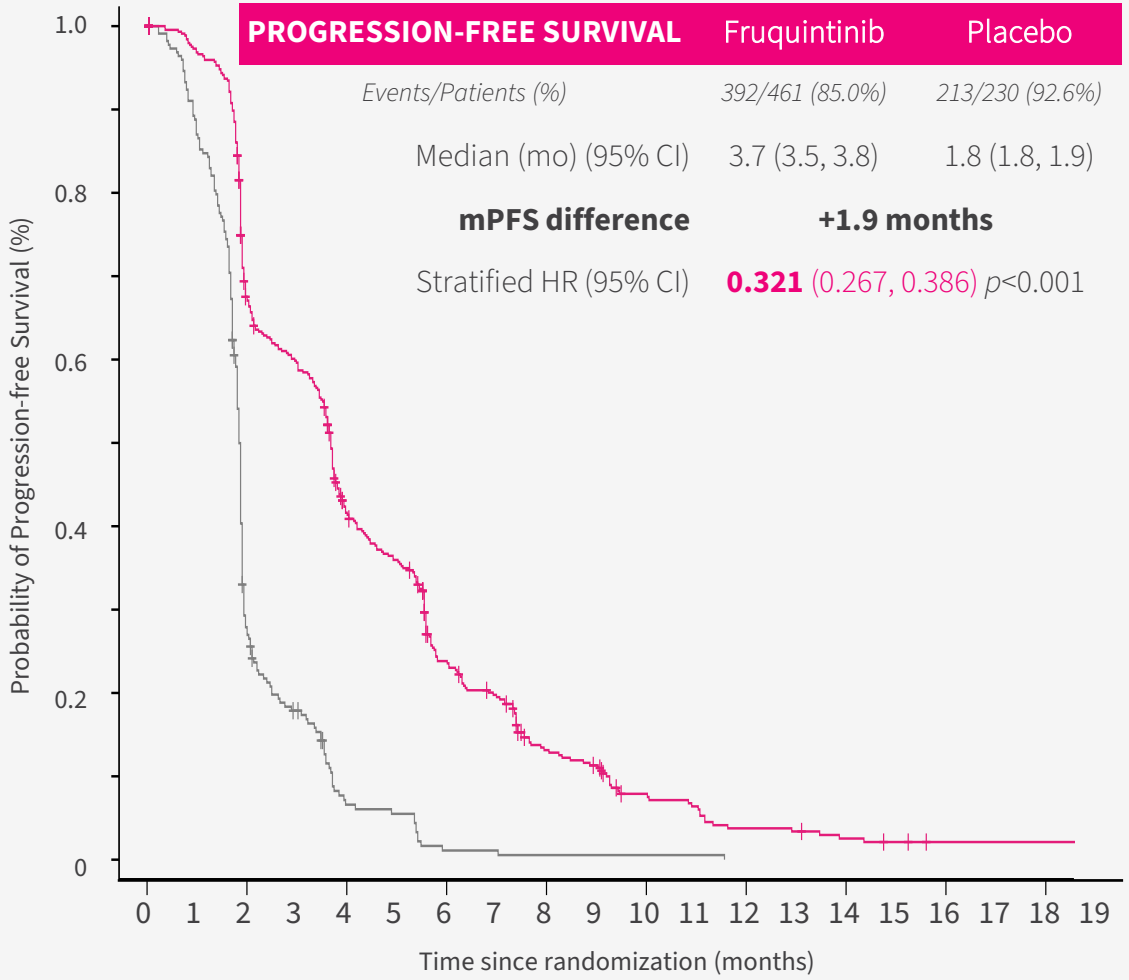
Mepact® mifamurtide

Source: Takeda, January 2023.

# FRESCO-2 met OS 1º Endpoint & PFS 2º Endpoint

**"FRESCO-2 results are consistent with those of FRESCO and support a new global oral treatment option for patients with refractory mCRC, which enriches the continuum of care for these patients."** – ESMO 2022 [1]




ITT Population.

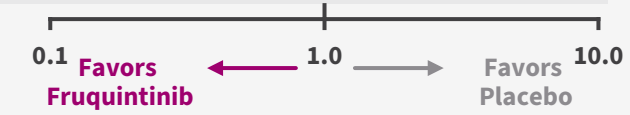
[1] ESMO 2022, LBA25. Dasari NA, et al. LBA25 - FRESCO-2: A global phase III multiregional clinical trial (MRCT) evaluating the efficacy and safety of fruquintinib in patients with refractory metastatic colorectal cancer. 12 Sep 2022, Proffered Paper session 2: GI, lower digestive Session. Annals of Oncology (2022) 33 (suppl_7): S808-S869. 10.1016/annonc/annonc1089.

# Positive FRESCO-2 OS & PFS consistent across all subgroups

HUTCHMED

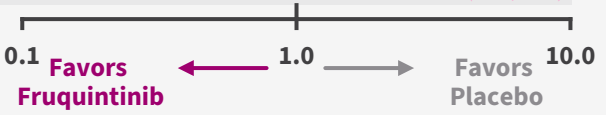
## Overall Survival by subgroups

| | | Fruq n/N | Pbo n/N | HR (95% CI) |
|---|---|---|---|---|
| ITT Population | | 317/461 | 173/230 | 0.662 (0.549, 0.800) |
| Age | < 65 years | 171/247 | 89/119 | 0.694 (0.534, 0.903) |
| | >= 65 years | 146/214 | 84/111 | 0.648 (0.494, 0.851) |
| Sex | Female | 149/216 | 61/90 | 0.828 (0.609, 1.125) |
| | Male | 168/245 | 112/140 | 0.584 (0.456, 0.749) |
| ECOG PS | 0 | 121/196 | 67/102 | 0.775 (0.573, 1.050) |
| | 1 | 196/265 | 106/128 | 0.571 (0.449, 0.728) |
| Race | Caucasian | 260/367 | 145/192 | 0.696 (0.567, 0.854) |
| | Asian | 24/43 | 14/18 | 0.377 (0.171, 0.833) |
| | African American | 7/13 | 5/7 | 0.550 (0.135, 2.231) |
| | Other | 26/38 | 9/13 | 1.199 (0.478, 3.008) |
| Region | N. America | 50/82 | 29/42 | 0.620 (0.387, 0.995) |
| | Europe | 237/329 | 130/166 | 0.688 (0.554, 0.855) |
| | Asia Pacific | 30/50 | 14/22 | 0.631 (0.321, 1.241) |
| Duration of Metastatic Disease | ≤ 18 months | 30/37 | 8/13 | 0.605 (0.260, 1.406) |
| | > 18 months | 287/424 | 165/217 | 0.642 0.529, 0.779) |
| Primary Tumor Site at 1st Diagnosis | Colon | 195/279 | 109/137 | 0.672 (0.528, 0.855) |
| | Rectum | 99/143 | 49/70 | 0.633 (0.446, 0.900) |
| | Colon & Rectum | 23/39 | 15/23 | 0.686 (0.339, 1.388) |
| RAS Status | WT | 119/170 | 62/85 | 0.667 (0.489, 0.909) |
| | Mutant | 198/291 | 111/145 | 0.683 (0.539, 0.865) |
| # of Prior Tx Lines in Metastatic Disease | ≤ 3 lines | 80/125 | 45/64 | 0.714 (0.488, 1.043) |
| | 3 lines | 237/336 | 128/166 | 0.645 (0.519, 0.802) |
| Prior VEGFi | Yes | 306/445 | 167/221 | 0.683 (0.565, 0.827) |
| | No | 11/16 | 6/9 | 0.193 (0.024, 1.557) |
| Prior EGFRi | Yes | 127/180 | 64/88 | 0.689 (0.507, 0.936) |
| | No | 190/281 | 109/142 | 0.666 (0.524, 0.846) |
| Prior TAS-102 or Regorafenib | TAS-102 | 165/240 | 88/121 | 0.723 (0.557, 0.938) |
| | Regorafenib | 25/40 | 12/18 | 0.772 (0.379, 1.573) |
| | Both | 127/181 | 73/91 | 0.600 (0.447, 0.805) |
| Liver Metastases | Yes | 255/339 | 132/156 | 0.576 (0.465, 0.713) |
| | No | 62/122 | 41/74 | 0.771 (0.513, 1.158) |




## Progression Free Survival by subgroups

| | | Fruq n/N | Pbo n/N | HR (95% CI) |
|---|---|---|---|---|
| ITT Population | | 392/461 | 213/230 | 0.321 (0.267, 0.386) |
| Age | < 65 years | 214/247 | 111/119 | 0.329 (0.255, 0.424) |
| | >= 65 years | 178/214 | 102/111 | 0.314 (0.241, 0.410) |
| Sex | Female | 190/216 | 81/90 | 0.351 (0.263, 0.468) |
| | Male | 202/245 | 132/140 | 0.302 (0.237, 0.385) |
| ECOG PS | 0 | 169/196 | 90/102 | 0.264 (0.197, 0.354) |
| | 1 | 223/265 | 123/128 | 0.351 (0.277, 0.446) |
| Race | Caucasian | 312/367 | 176/192 | 0.313 (0.255, 0.383) |
| | Asian | 37/43 | 17/18 | 0.286 (0.140, 0.584) |
| | African American | 9/13 | 7/7 | 0.081 (0.014, 0.468) |
| | Other | 34/38 | 13/13 | 0.525 (0.248, 1.110) |
| Region | N. America | 64/82 | 36/42 | 0.261 (0.163, 0.417) |
| | Europe | 283/329 | 158/166 | 0.324 (0.261, 0.401) |
| | Asia Pacific | 45/50 | 19/22 | 0.271 (0.144, 0.509) |
| Duration of Metastatic Disease | ≤ 18 months | 35/37 | 11/13 | 0.361 (0.166, 0.787) |
| | > 18 months | 357/424 | 202/217 | 0.300 (0.249, 0.363) |
| Primary Tumor Site at 1st Diagnosis | Colon | 241/279 | 127/137 | 0.294 (0.231, 0.375) |
| | Rectum | 118/143 | 64/70 | 0.315 (0.225, 0.441) |
| | Colon & Rectum | 33/39 | 22/23 | 0.386 (0.202, 0.739) |
| RAS Status | WT | 145/170 | 76/85 | 0.333 (0.245, 0.454) |
| | Mutant | 247/291 | 137/145 | 0.318 (0.254, 0.399) |
| # of Prior Tx Lines in Metastatic Disease | ≤ 3 lines | 108/125 | 57/64 | 0.280 (0.192, 0.409) |
| | 3 lines | 284/336 | 156/166 | 0.334 (0.270, 0.412) |
| Prior VEGFi | Yes | 377/445 | 206/221 | 0.335 (0.278, 0.402) |
| | No | 15/16 | 7/9 | 0.020 (0.001, 0.385) |
| Prior EGFRi | Yes | 154/180 | 79/88 | 0.325 (0.239, 0.440) |
| | No | 238/281 | 134/142 | 0.310 (0.247, 0.391) |
| Prior TAS-102 or Regorafenib | TAS-102 | 210/240 | 111/121 | 0.367 (0.287, 0.470) |
| | Regorafenib | 29/40 | 16/18 | 0.292 (0.139, 0.611) |
| | Both | 153/181 | 86/91 | 0.285 (0.212, 0.382) |
| Liver Metastases | Yes | 297/339 | 149/156 | 0.291 (0.234, 0.362) |
| | No | 95/122 | 64/74 | 0.334 (0.235, 0.476) |




ESMO 2022, LBA 25

# Savolitinib – EGFRm+ NSCLC w/ MET aberration

TAGRISSO® combo rationale now even stronger in SAFFRON Phase III NSCLC population

## Novel biomarker and patient enrichment strategy driven by SAVANNAH

WCLC 2022

| N=185* 300mg QD | MET-high IHC90+ and/or FISH10+ | | MET-low IHC50–90 and/or FISH 5-10 | |
|---|---|---|---|---|
| **Prevalence among patients screened** | 34% | | 28% | |
| Prior Chemo | 20% | No prior chemo subset | 18% | No prior chemo subset |
| Number of patients | n=108 | n=87 | n=77 | n=63 |
| **ORR,** [95% CI] | 49% [39–59] | 52% [41–63] | 9% [4–18] | 10% [4–20] |
| **mDoR,** [95% CI] | 9.3 mo. [7.6–10.6] | 9.6 mo. [7.6–14.9] | 6.9 mo. [4.1–16.9] | 7.3 mo. [4.1–NC] |
| **mPFS,** [95% CI] | 7.1 mo. [5.3–8.0] | 7.2 mo. [4.7–9.2] | 2.8 mo. [2.6–4.3] | 2.8 mo. [1.8–4.2] |

*Evaluable for efficacy defined as dosed patients with measurable disease at baseline who had ≥2 on-treatment RECIST scans.
Excludes eight patients with invalid or missing test results for IHC90+ and/or FISH10+ status, these patients were excluded from the subgroup analyses based on MET levels.

## SAFFRON MRCT enrolling (NCT05261399)

- Locally advanced or metastatic NSCLC
- Progression on 1L/2L TAGRISSO® (osimertinib) therapy, no prior chemo
- EGFRm and MET-high

N=324
1:1

Savolitinib 300 mg BID
+
Osimertinib 80 mg QD

Platinum-based doublet chemotherapy

WCLC 2022 Abstract # EP08.02-140.

# Abbreviations

*ADS = American depositary share.*
*AIHA = autoimmune hemolytic anemia.*
*ALK = anaplastic lymphoma kinase.*
*ALL = acute Lymphoblastic Leukemia*
*AML = acute myeloid leukemia.*
*ASCO = American Society of Clinical Oncology.*
*ASCO GI = ASCO (American Society of Clinical Oncology) Gastrointestinal Cancers Symposium*
*ASH = American Society of Hematology*
*bsAb = bi-specific antibody*
*BID = twice daily.*
*BRAF = B-Raf.*
*BSC = best supportive care.*
*BTK = bruton's tyrosine kinase.*
*CBCL= cutaneous B-cell lymphoma.*
*CI = confidence interval.*
*CLL/SLL = chronic lymphocytic leukemia and small lymphocytic lymphoma*
*CRC = colorectal cancer.*
*CRL = complete response letter.*
*CSF-1R = colony-stimulating factor 1 receptor.*
*DCO = data cutoff*
*DDI = drug-drug interactions.*
*Deutsche Bank AG = Deutsche Bank AG, Hong Kong Branch.*
*DLBCL = diffuse large B-cell lymphoma*
*dMMR = deficient mismatch*
*DoR = duration of response.*
*DRR = durable response rate.*
*epNET = extra-pancreatic neuroendocrine tumor.*
*EGFR = epidermal growth factor receptor.*
*EGFRm+ = epidermal growth factor receptor mutated.*
*EMA = European Medicines Agency.*
*EMC = endometrial cancer.*
*Epizyme = Epizyme Inc.*
*ERK = extracellular signal-regulated kinase.*
*ES = epithelioid sarcoma.*
*EU = European Union.*
*EZH2 = enhancer of zeste homolog 2.*
*FISH = fluorescence in situ hybridization.*
*FISH5+ = MET amplification as detected by FISH with MET copy number ≥ 5 and/or MET: CEP signal ratio ≥ 2.*
*FISH10+ = MET amplification as detected by FISH with MET copy number ≥ 10.*
*FDA = Food and Drug Administration.*
*FGFR = fibroblast growth factor receptor.*
*FL = follicular lymphoma.*
*FPI = first patient in.*
*GAAP = Generally Accepted Accounting Principles.*
*GC = gastric cancer.*
*GI = gastrointestinal.*
*HBYS = Hutchison Whampoa Guangzhou Baiyunshan Chinese Medicine Company Limited.*
*HKEX = The Main Board of The Stock Exchange of Hong Kong Limited.*
*HL = Hodgkin's lymphoma.*
*HSBC = The Hongkong and Shanghai Banking Corporation Limited.*
*Hutchison Sinopharm = Hutchison Whampoa Sinopharm Pharmaceuticals (Shanghai) Company Limited.*
*IDH = Isocitrate dehydrogenase.*
*In-market sales = total sales to third parties provided by Eli Lilly (ELUNATE®), AstraZeneca (ORPATHYS®) and HUTCHMED (SULANDA® and TAZVERIK®).*
*HCPs = healthcare professionals*
*IHC = immunohistochemistry.*
*IHC50+ = MET overexpression as detected by IHC with 3+ in ≥ 50% tumor cells.*
*IHC90+ = MET overexpression as detected by IHC with 3+ in ≥ 90% tumor cells.*
*iNHL = indolent Non-Hodgkin's Lymphoma.*
*I/O = Immuno-oncology.*
*IND = Investigational New Drug (application).*
*IR = independent review.*
*IRC = independent review committee.*
*ITP = Immune thrombocytopenia purpura.*
*Lilly = Eli Lilly and Company.*
*MAA = Marketing Authorization Application.*
*MAPK pathway = RAS-RAF-MEK-ERK signaling cascade.*
*Mab = monoclonal antibody.*
*MCL = mantle cell lymphoma.*
*MDS/MPN = myelodysplastic/myeloproliferative neoplasms*
*MET = mesenchymal epithelial transition factor.*
*MRCT = multi-regional clinical trial.*
*MSI-H = high levels of microsatellite instability.*
*MSS = microsatellite stable.*
*MZL = marginal zone lymphoma.*
*na = not available.*
*NDA = New Drug Application.*
*NEC = neuroendocrine carcinoma.*
*NETs = neuroendocrine tumors.*
*NHL = Non-Hodgkin's Lymphoma.*
*NME = new molecular entity*
*NR = not reached.*
*NRDL = National Reimbursement Drug List.*
*NSCLC = non-small cell lung cancer.*
*ORR = objective response rate.*
*OS = overall survival.*
*QD = once daily.*
*PD = progressive disease.*
*PD-L1 = programmed cell death ligand 1.*
*PFS = progression-free survival.*
*PI3Kδ = phosphoinositide 3-kinase delta.*
*PJP = pneumocystis jirovecii pneumonia.*
*PMDA = Pharmaceuticals and Medical Devices Agency.*
*pNET= pancreatic neuroendocrine tumor.*
*PRCC = papillary renal cell carcinoma.*
*PTCL = peripheral T-cell lymphomas.*
*R&D = research and development.*
*ROS-1 = c-ros oncogene 1.*
*SHPL = Shanghai Hutchison Pharmaceuticals Limited.*
*SOC = standard of care.*
*Syk = spleen tyrosine kinase.*
*TNBC = triple negative breast cancer.*
*TGCT = tenosynovial giant cell tumor.*
*TKI = tyrosine kinase inhibitor.*
*TPO-RA = thrombopoietin receptor agonists.*
*Tx = treatment.*
*VEGF = vascular endothelial growth factor.*
*VEGFR = vascular endothelial growth factor receptor.*
*wAIHA = warm antibody autoimmune hemolytic anemia.*
*WM/LPL = Waldenström macroglobulinemia and lymphoplasmacytic lymphoma.*
*WT = wild-type.*
*WCLC = IASLC World Conference on Lung Cancer.*