

DELIVERING GROWTH THROUGH SCIENCE & VISION

CORPORATE PRESENTATION

March 31, 2023

Nasdaq/AIM:HCM | HKEX:13


HUTCHMED





Safe harbor statement & disclaimer

The performance and results of operations of the HUTCHMED Group contained within this presentation are historical in nature, and past performance is no guarantee of future results.

This presentation contains forward-looking statements within the meaning of the “safe harbor” provisions of the U.S. Private Securities Litigation Reform Act of 1995. These forward-looking statements can be identified by words like “will,” “expects,” “anticipates,” “future,” “intends,” “plans,” “believes,” “estimates,” “pipeline,” “could,” “potential,” “first-in-class,” “best-in-class,” “designed to,” “objective,” “guidance,” “pursue,” or similar terms, or by express or implied discussions regarding potential drug candidates, potential indications for drug candidates or by discussions of strategy, plans, expectations or intentions. You should not place undue reliance on these statements. Such forward-looking statements are based on the current beliefs and expectations of management regarding future events, and are subject to significant known and unknown risks and uncertainties. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those set forth in the forward-looking statements. There can be no guarantee that any of our drug candidates will be approved for sale in any market, that any approvals which are obtained will be obtained at any particular time, or that the sales of products marketed or otherwise commercialized by HUTCHMED and/or its collaboration partners (collectively, “HUTCHMED’S Products”) will achieve any particular revenue or net income levels. In particular, management’s expectations could be affected by, among other things: unexpected regulatory actions or delays or government regulation generally, including, among others, the risk that HUTCHMED’S ADSs could be barred from trading in the United States as a result of the Holding Foreign Companies Accountable Act and the rules promulgated thereunder; the uncertainties inherent in research and development, including the inability to meet our key study assumptions regarding enrollment rates, timing and availability of subjects meeting a study’s inclusion and exclusion criteria and funding requirements, changes to clinical protocols, unexpected adverse events or safety, quality or manufacturing issues; the inability of a drug candidate to meet the primary or secondary endpoint of a study; the impact of the COVID-19 pandemic or other health crises in China or globally; the inability of a drug candidate to obtain regulatory approval in different jurisdictions or the utilization, market acceptance and commercial success of HUTCHMED’S Products after obtaining regulatory approval; competing drugs and product candidates that may be superior to, or more cost effective than, HUTCHMED’S Products and drug candidates; the impact of studies (whether conducted by HUTCHMED or others and whether mandated or voluntary) or recommendations and guidelines from governmental authorities and other third parties on the commercial success of HUTCHMED’S Products and candidates in development; the costs of developing, producing and selling HUTCHMED Products; the ability of HUTCHMED to meet any of its financial projections or guidance and changes to the assumptions underlying those projections or guidance; global trends toward health care cost containment, including ongoing pricing pressures; uncertainties regarding actual or potential legal proceedings, including, among others, actual or potential product liability litigation, litigation and investigations regarding sales and marketing practices, intellectual property disputes, and government investigations generally; and general economic and industry conditions, including uncertainties regarding the effects of the persistently weak economic and financial environment in many countries and uncertainties regarding future global exchange rates. For further discussion of these and other risks, see HUTCHMED’s filings with the U.S. Securities and Exchange Commission, on AIM and with The Stock Exchange of Hong Kong Limited. HUTCHMED is providing the information in this presentation as of this date and does not undertake any obligation to update any forward-looking statements as a result of new information, future events or otherwise.

This presentation is intended for investors only. Information concerning pharmaceuticals (including compounds under development) contained within this material is not intended as advertising or medical advice.

Some of the clinical data in this presentation relating to HUTCHMED’S products or its investigational drug candidates is from

pre-clinical studies or early phase, single-arm clinical trials. When such data or data from later stage trials are presented in relation to other investigational or marketed drug products, the presentation and discussion are not based on head-to-head trials between HUTCHMED’S investigational drug candidates and other products unless specified in the trial protocol. HUTCHMED is still conducting pre-clinical studies and clinical trials and, as additional patients are enrolled and evaluated, data on HUTCHMED’S investigational drug candidates may change.

In addition, this presentation contains statistical data, third-party clinical data and estimates that HUTCHMED obtained from industry publications and reports generated by third-party market research firms, including Frost & Sullivan, IQVIA, independent market research firms, clinical data of competitors, and other publicly available data. All patient population, market size and market share estimates are based on Frost & Sullivan or QuintilesIMS/IQVIA research, unless otherwise noted. Although HUTCHMED believes that the publications, reports, surveys and third-party clinical data are reliable, HUTCHMED has not independently verified the data and cannot guarantee the accuracy or completeness of such data. You are cautioned not to give undue weight to this data. Such data involves risks and uncertainties and are subject to change based on various factors, including those discussed above.

Nothing in this presentation or in any accompanying management discussion of this presentation constitutes, nor is it intended to constitute or form any part of: (i) an invitation or inducement to engage in any investment activity, whether in the United States, the United Kingdom, Hong Kong or in any other jurisdiction; (ii) any recommendation or advice in respect of any securities of HUTCHMED; or (iii) any offer or an invitation to induce an offer by any person for the sale, purchase or subscription of any securities of HUTCHMED.

No representation or warranty, express or implied, is made as to, and no reliance should be placed on, the fairness, accuracy, completeness or correctness of the information, or opinions contained herein. Neither HUTCHMED, nor any of HUTCHMED’S advisors or representatives shall have any responsibility or liability whatsoever (for negligence or otherwise) for any loss howsoever arising from any use of this presentation or its contents or otherwise arising in connection with this presentation. The information set out herein may be subject to updating, completion, revision, verification and amendment and such information may change materially.

All references to “HUTCHMED” as used throughout this presentation refer to HUTCHMED (China) Limited and its consolidated subsidiaries and joint ventures unless otherwise stated or indicated by context. This presentation should be read in conjunction with HUTCHMED’S results for the year ended December 31, 2022 and HUTCHMED’S other SEC filings and announcements published in accordance with the Rules Governing the Listing of Securities on The Stock Exchange of Hong Kong Limited copies of which are available on HUTCHMED’S website (www.hutch-med.com).

Use of Non-GAAP Financial Measures - This presentation includes certain non-GAAP financial measures. Please see the section of the HUTCHMED results announcement titled “Non-GAAP Financial Measures and Reconciliation” for further information relevant to the interpretation of these financial measures and reconciliations of these financial measures to the most comparable GAAP measures.

Company names and logos are trademarks of their respective holders.



STRATEGIC FOCUS

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



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[®]

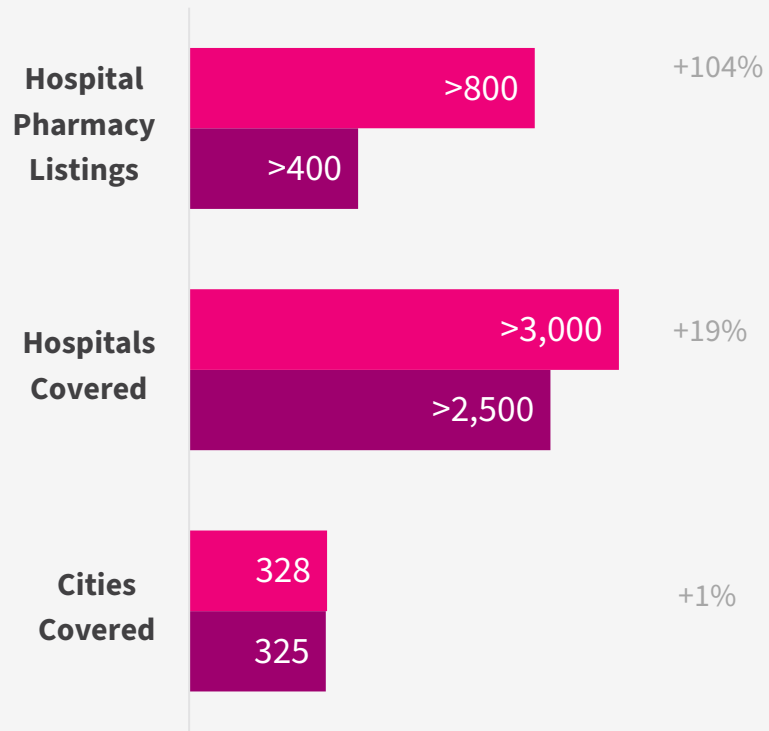


Commercial coverage

China sales benefitting from robust & carefully planned commercial infrastructure

Robust on-the-ground presence

Dec 31, 2022 vs. Dec 31, 2021



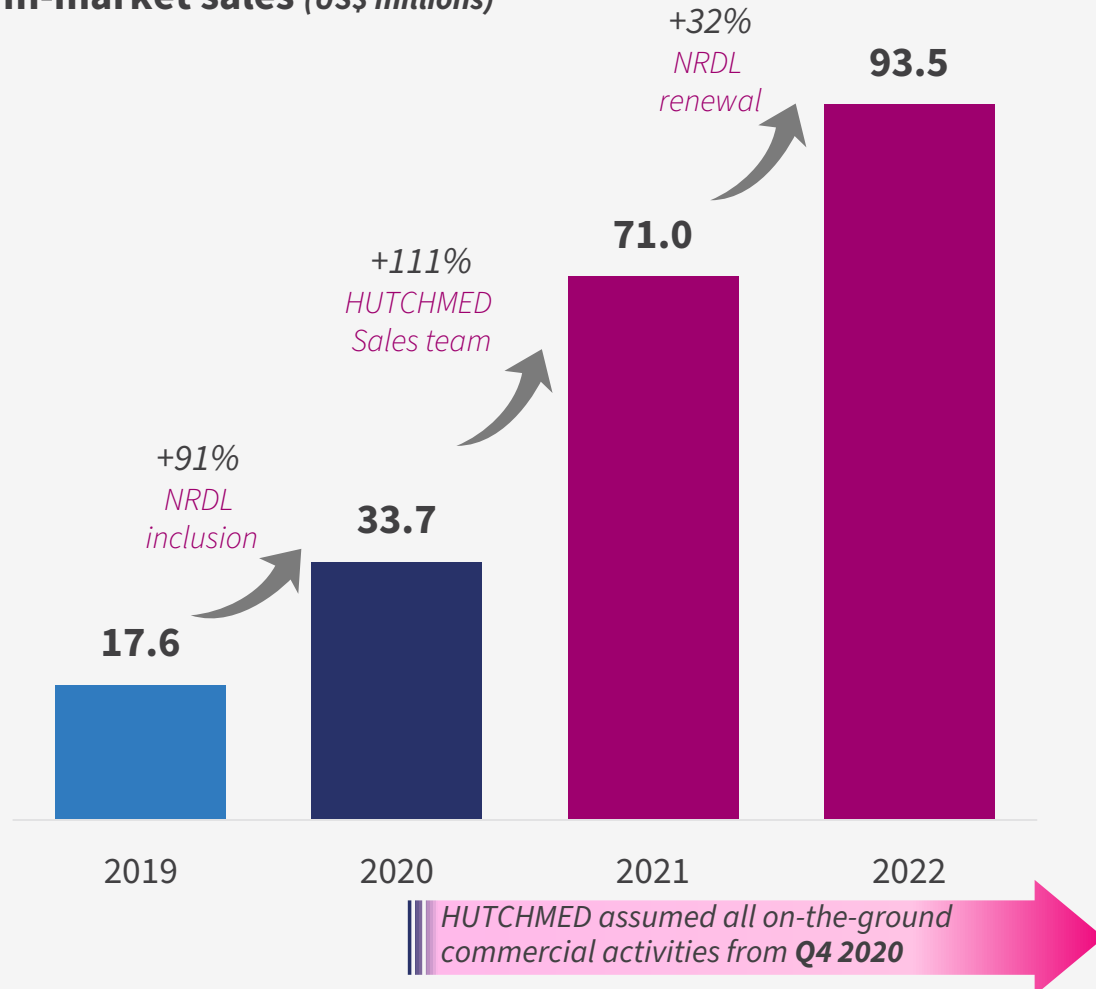
Commercial organization at optimal scale, with capacities to grow sales further

- **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)



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

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.

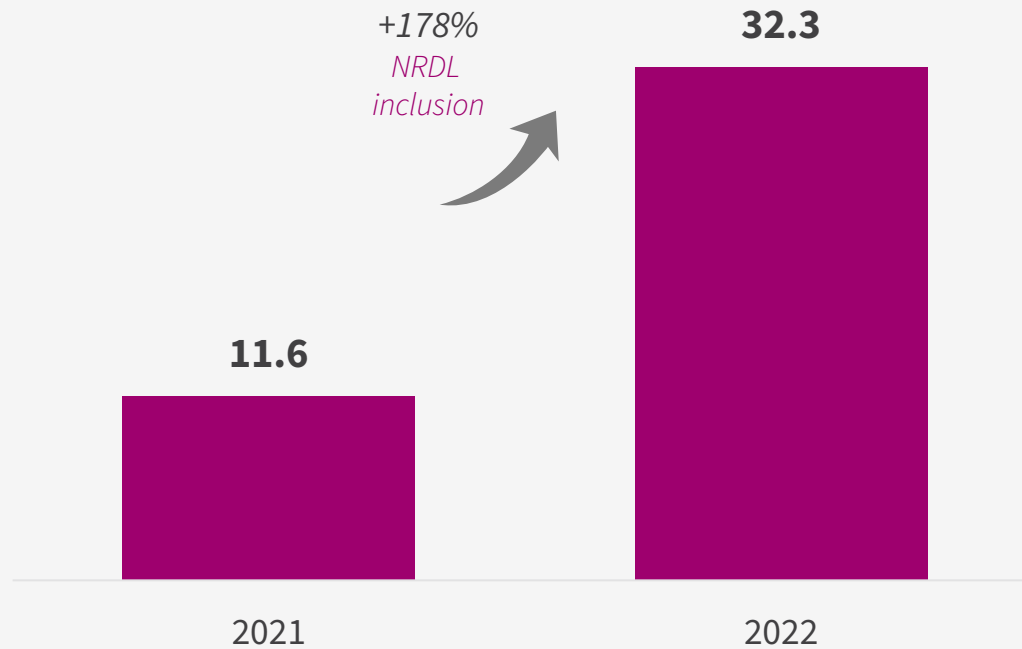
SULANDA[®] (surufatinib) China momentum building

NRDL inclusion allowing wider patient access in 2022

HUTCHMED



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

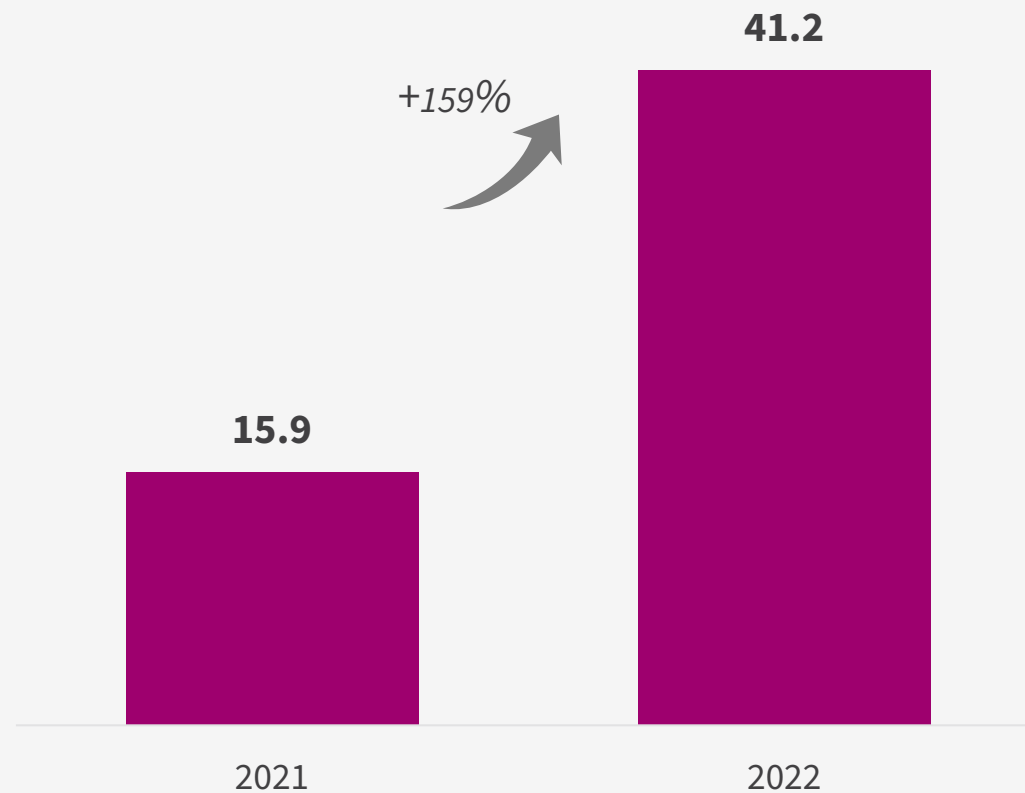
ORPATHYS[®] (savolitinib) first-in-class MET inhibitor

The first selective MET TKI in China

HUTCHMED



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).

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.

Well-financed position – on path to sustainable business

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

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)
<i>Losses/share attributable to HUTCHMED – basic & diluted (US\$ per share)</i>	<i>(0.43)</i>	<i>(0.25)</i>
<i>Losses/ADS attributable to HUTCHMED – basic & diluted (US\$ per ADS)</i>	<i>(2.13)</i>	<i>(1.23)</i>

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)

Our partnership strategy is focused on 3 main activities

Global Strategic Partnerships

ORPATHYS® worldwide 

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

Next Wave of Global Strategic Partnerships



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

Products for China

- **ELUNATE® China** 
- Tazemetostat 
- NDA stage or approved products to leverage our strong HUTCHMED China Commercial team

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
 Fruquintinib	<ul style="list-style-type: none"> • Launched in China with leading market share • U.S. FDA NDA rolling submission underway • Europe & Japan filings being prepared 	<p>Takeda responsible for</p> <ul style="list-style-type: none"> • All territories ex-China (U.S., Japan, Europe & ROW) • All development, manufacturing, selling & marketing 	<ul style="list-style-type: none"> • Launch readiness • Indications beyond mCRC being evaluated • HUTCHMED ongoing programs in China may inform decisions 	<ul style="list-style-type: none"> • Upfront: \$400m • Additional: \$730m • Tiered royalties from 2024* consistent with commercial-launch stage licensing transactions
 Savolitinib	<ul style="list-style-type: none"> • INDs submitted • First-in-human studies pending in Australia & China 	<ul style="list-style-type: none"> • HCM leads China development • AZ leads ex-China development • AZ responsible for global commercial 	<ul style="list-style-type: none"> • AZ launched in China • NRDL listing March 2023 • 7 Registration studies ongoing in China / U.S. / ROW in several NSCLC subtypes, PRCC & gastric • Could file NDA in 2024 	<ul style="list-style-type: none"> • Upfront: \$20m • Additionally paid to date: \$65m (\$120m potential) • Expense reimbursement • 9-18% tiered royalty ex-China • 30% flat royalty in China

*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.

HUTCHMED's deep & broad portfolio

12 molecules in development

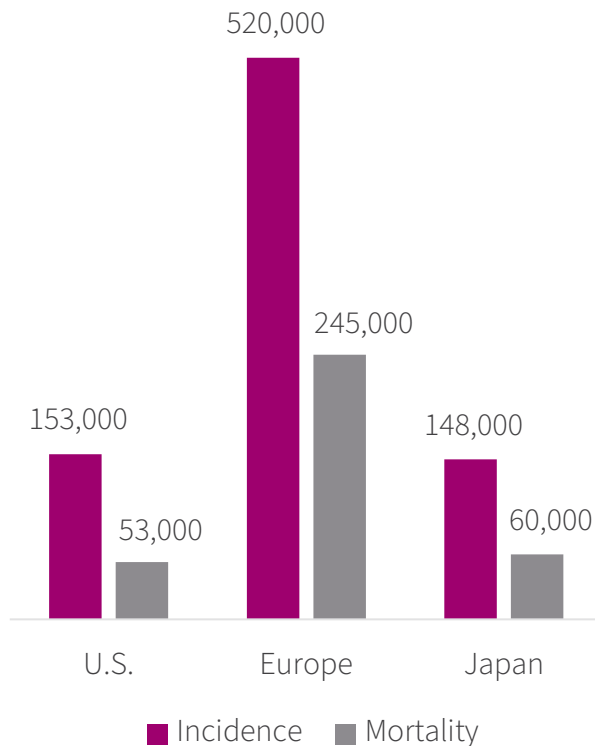
PRODUCT	MOA	INDICATIONS	PARTNER		CHINA ^[1]	GLOBAL ^[1]
Fruquintinib	VEGFR 1/2/3	Colorectal, gastric, EMC, RCC (multiple I/O & TKI combos)	 (China) ^[3]	 (Ex-China) ^[4]	Marketed (Colorectal); Preparing filing (Gastric) Ph.III ongoing (RCC) Ph.II reg-intent ongoing (EMC)	Preparing filings in U.S., E.U., Japan based on positive MRCT (Colorectal)
Savolitinib	MET	NSCLC, kidney, gastric, colorectal ^[2] (multiple I/O & TKI combos)	 (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	 (ex-China) ^[7]		Marketed (ES & FL, Hainan) Bridging (3L FL) Global Ph. Ib/III (2L FL combo)	Marketed by Ipsen ^[8]
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] 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] Takeda has WW rights outside of mainland China, Hong Kong and Macau; [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.

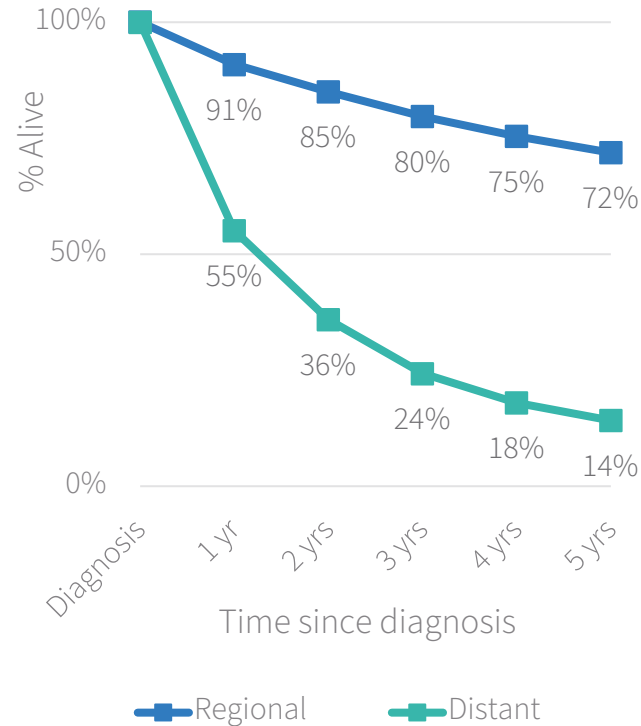
Colorectal cancer a significant burden...

...but there are still limited treatment options for most patients

High CRC incidence and deaths across the globe [1] [2]



Patients with advanced CRC have lower relative survival rate [3]



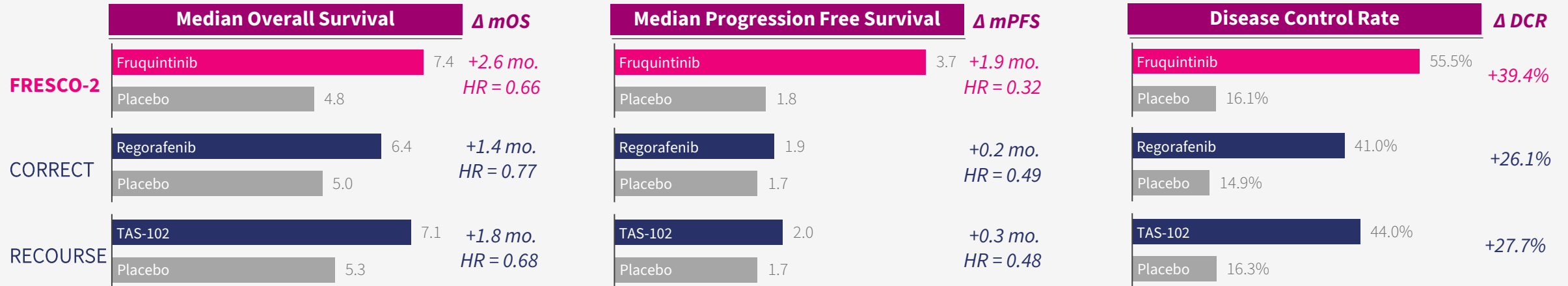
Unmet medical need

- **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 [4]
 - ~15% MSI-H or dMMR [5]
 - 3-5% HER2 alterations [6]

Fruquintinib's FRESCO-2 showed a highly competitive profile



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 \geq 3	63%	50%	54%	14%	69%	52%
Major TEAE Grade \geq 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		<ul style="list-style-type: none"> Blackbox warning on hepatotoxicity Monitor liver function prior to and during treatment 		<ul style="list-style-type: none"> Severe myelosuppression 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.

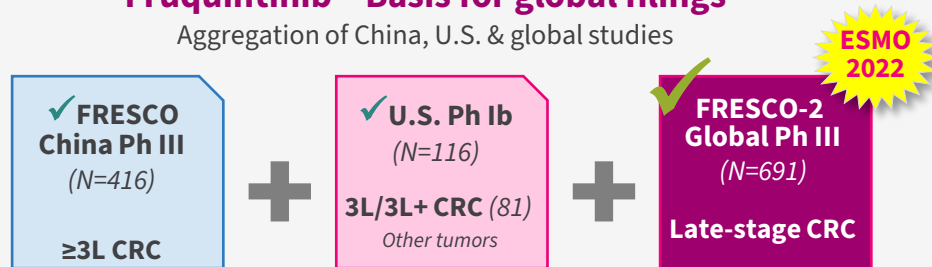
[1] ESMO 2022, LBA25; [2] Grothey A, et al. Regorafenib monotherapy for previously treated metastatic colorectal cancer (CORRECT): an international, multicentre, randomised, placebo-controlled, phase 3 trial. *Lancet*. 2013;381(9863):303-312. doi:10.1016/S0140-6736(12)61900-X; [3] Mayer RJ, et al. Randomized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

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

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

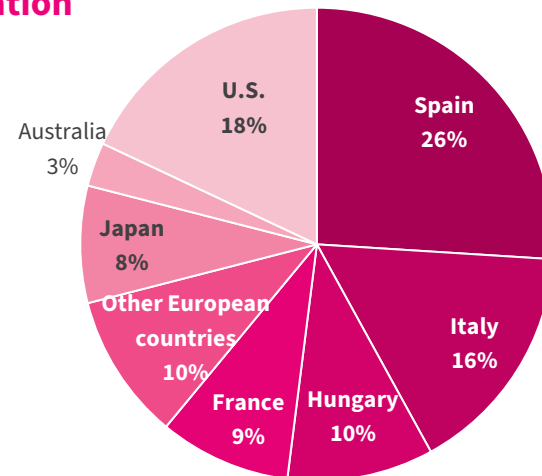


FRESCO-2 MRCT started after regulatory consultation in U.S., Europe & Japan

- **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	4.8	9.3	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	1.8	3.7	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.

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

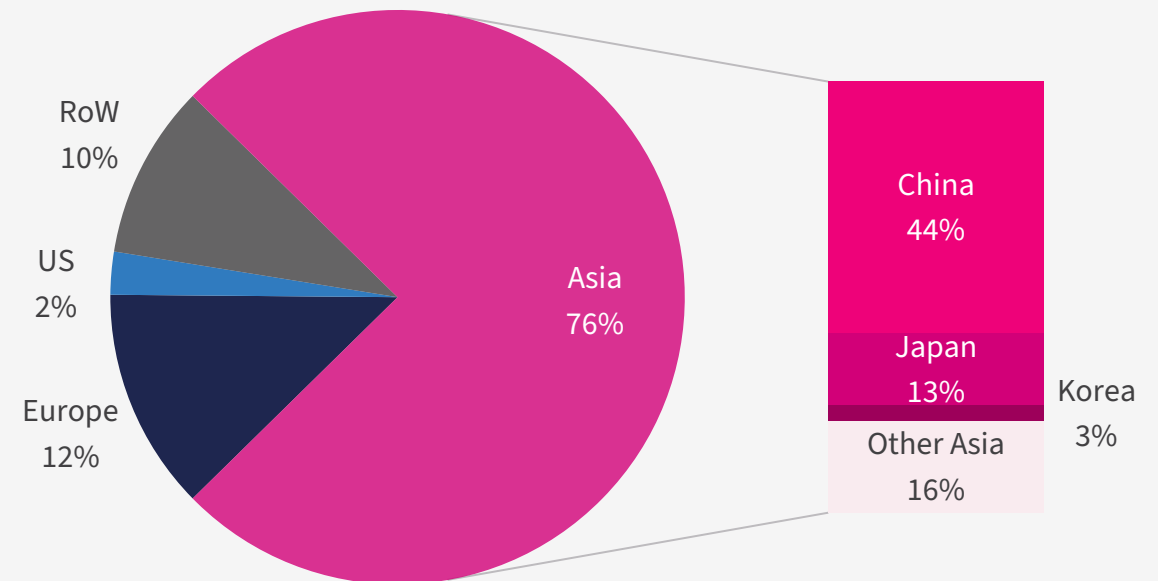
Placebo

+
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



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

Sovleplenib progressing towards NDA in 2023 in ITP

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 by U.S. FDA and EMA

- 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 $\geq 50 \times 10^9/L$)	Durable response	Use of rescue medication	Response after discontinuation ^[1]
TPO-RA treatment increases platelet production				
NPLATE® (romiplostim) ^[3]	79-88% (24 weeks)	38-61% (6/8 visits, weeks 16-24)	20-26% (vs 57-62%)	14% sustained response ≥ 6 mths after discont.
PROMACTA® (eltrombopag)	59-70% (6 weeks) ^[4]	60% (6/8 visits, weeks 18-26) ^[5]	18% (vs 40%) ^[5]	~50% maintained response
Treatments to decrease platelet destruction				
RITUXAN® (rituximab) ^{[1] [6]}	~60% (4 weeks of tx)	20-25%	n/a	Median duration 27-38 months
TAVALISSE® (fostamatinib) ^[3]	43% (12 weeks)	16-18% (4/6 visits, weeks 14-24)	30% (vs 45%)	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**

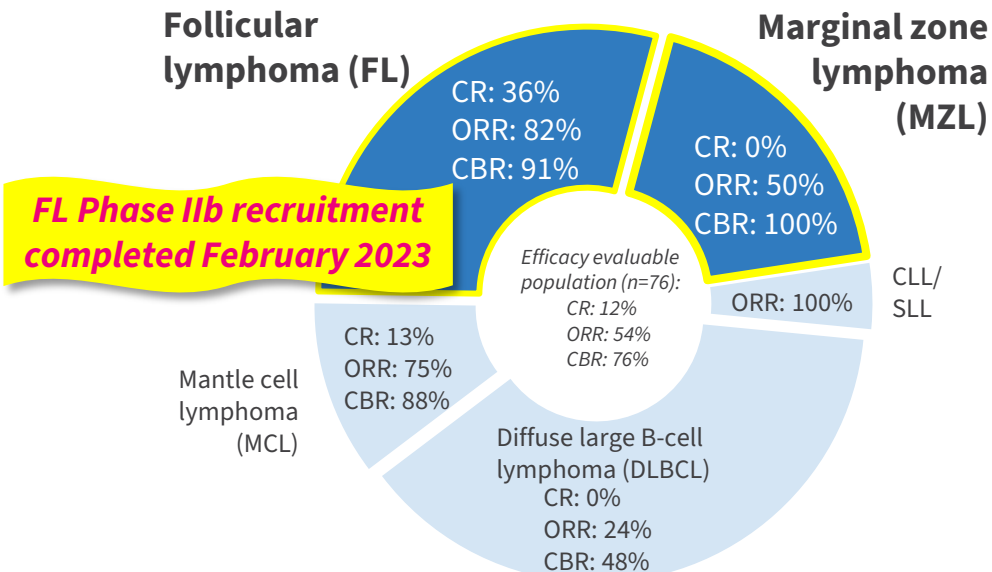
As of June 15, 2021. ASH 2021 #16. Yang H, Zhou Y, Hu JY, et al. Safety, Pharmacokinetics and Preliminary Efficacy of HMPL-523 in Adult Patients with Primary Immune Thrombocytopenia: A Randomized, Double-Blind and Placebo-Controlled Phase 1b Study. *Blood* 2021; 138 (Supplement 1): 16. doi: <https://doi.org/10.1182/blood-2021-149895>

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	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. #8330 - 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.

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*



Best Overall Response ^a (%)	TAZ + R ² (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

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+	China	~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

Clinical deliverables in 2023

To make significant progress with multiple late-stage programs

Regulatory activities

Fruquintinib mono <i>US, EU, Japan for 3L+ CRC</i>	→	✓ US NDA rolling submission EU & JP to follow in 2023
Fruquintinib + chemo <i>China for 2L GC</i>	→	Initiate sNDA filing H1 2023
Surufatinib mono <i>Japan for refractory NET*</i>	→	Initiate consultation Mid-2023

Readout & potential NDA filing

Sovleplenib mono <i>China for 2L ITP</i>	→	H2 2023
Amdizalisib mono <i>China for 3L FL*</i>	→	H2 2023

Continued progress on additional registration studies

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

The path to a sustainable business...

HUTCHMED medium-term & long-term strategy



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

Growth & operating leverage

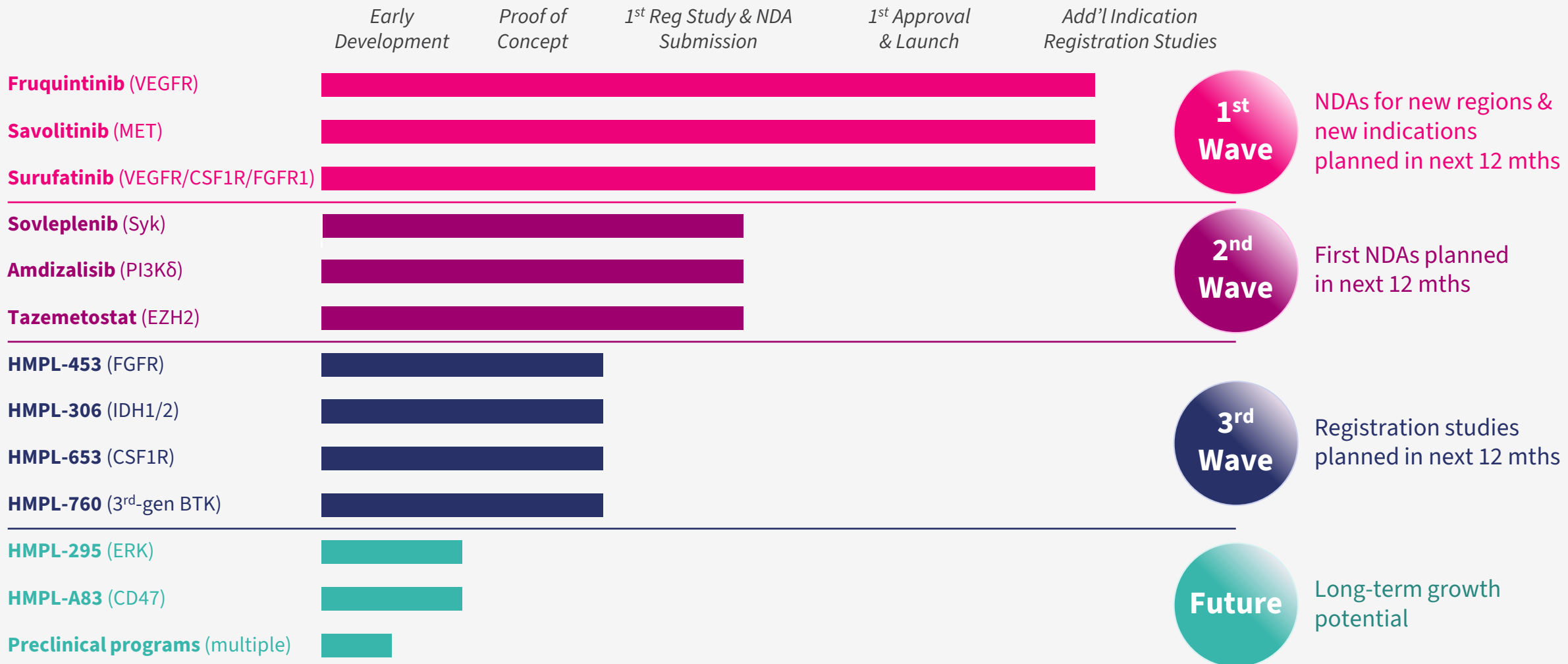
- Blockbuster in-market sales
- Accelerating China growth
- Royalties from ex-China sales

2023 – 2024

- Reduction in R&D costs**
- Continued revenue growth** from new indications / regions
- Global commercialization** through partnerships

...underpinned by several near-term pipeline waves

Next potential new indications & medicines



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



Mr. Johnny Cheng
Chief Financial Officer



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



Dr. Karen Atkin
Chief Operating Officer



Dr. Zhenping Wu
Pharmaceutical
Sciences



Dr. Junjie Zhou
General Manager, SHPL



Mr. Hong Chen
Chief Commercial Officer,
China



Dr. May Wang
Business Dev. &
Strategic Alliances



Mr. Mark Lee
Corporate Finance
& Development



Ms. Yiling Cui
Government Affairs



Mr. Charles Nixon
General Counsel



Ms. Selina Zhang
Human Resources



Dr. Thomas Fu
Quality



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



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.

TOP EMPLOYER® IN

39

COUNTRIES & 4 REGIONS

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

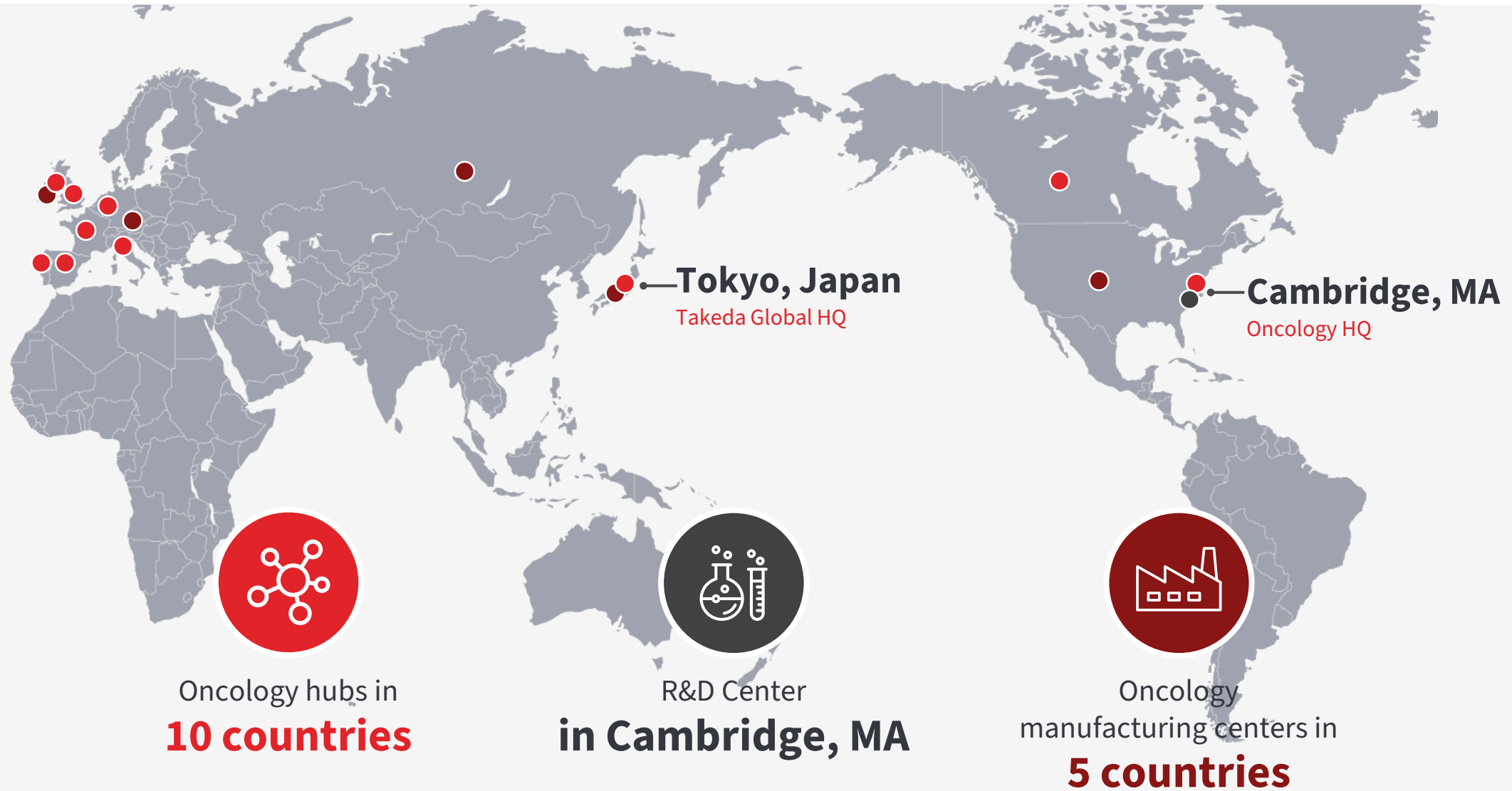
OSAKA, JAPAN

PEOPLE



UNLESS OTHERWISE NOTED ALL NUMBERS AS OF JUNE 2022

Takeda's Oncology Business Unit has a strong global presence



Deep legacy in hematologic cancers; growing portfolio in solid tumors

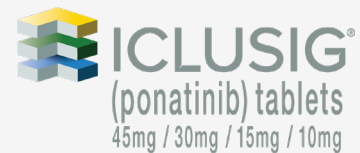


Best-in-class development and commercialization capabilities in oncology

Global



U.S.



Japan

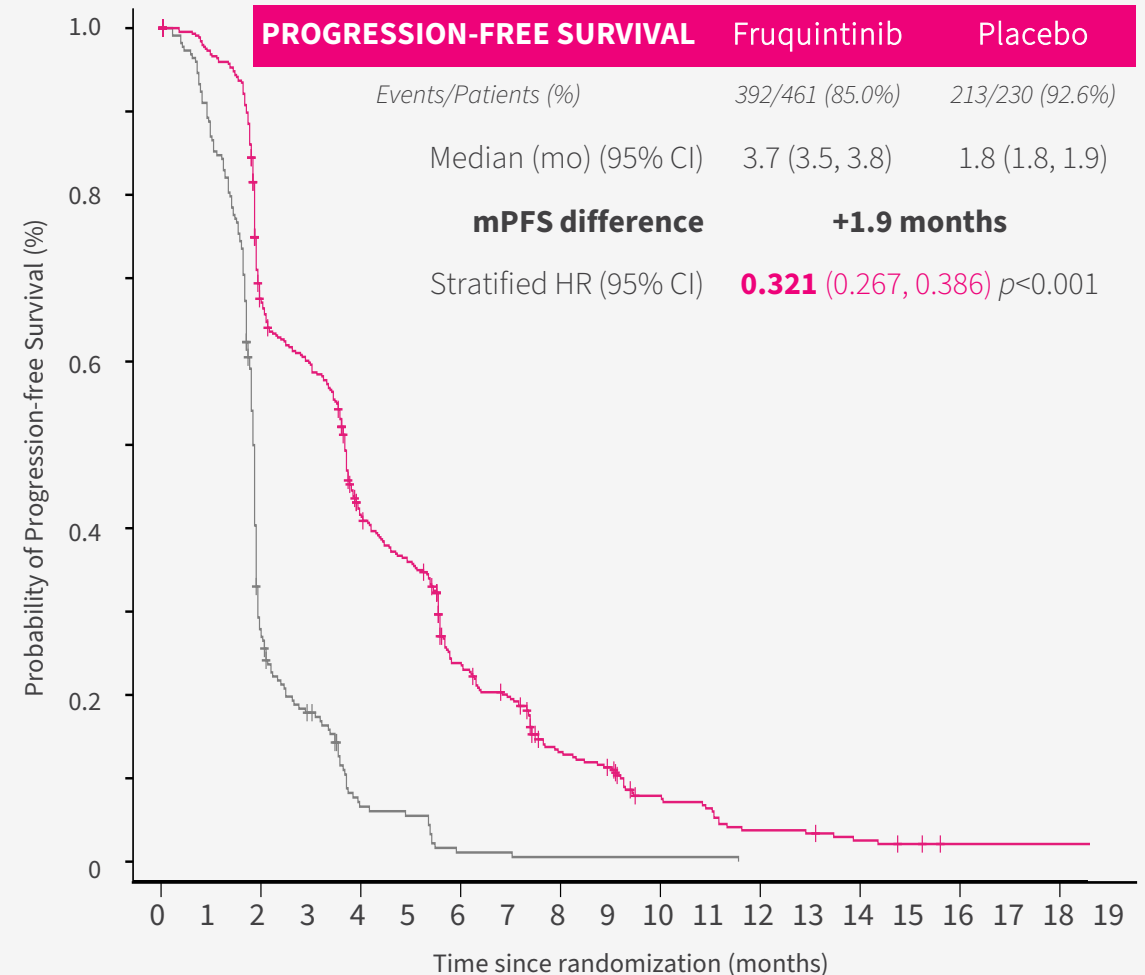
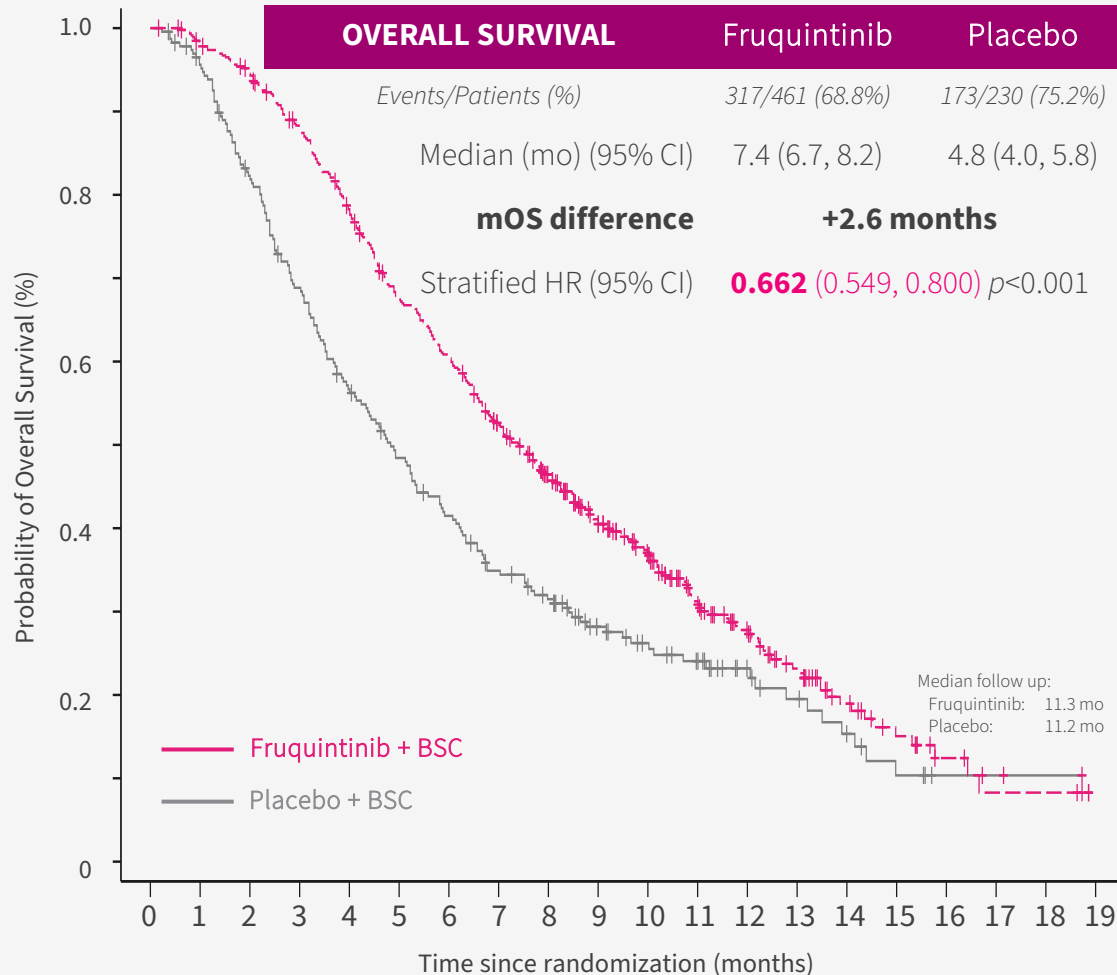


Europe



FRESCO-2 met OS 1° Endpoint & PFS 2° 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

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	0.694 (0.534, 0.903)
	>= 65 years	146/214	0.648 (0.494, 0.851)
Sex	Female	149/216	0.828 (0.609, 1.125)
	Male	168/245	0.584 (0.456, 0.749)
ECOG PS	0	121/196	0.775 (0.573, 1.050)
	1	196/265	0.571 (0.449, 0.728)
Race	Caucasian	260/367	0.696 (0.567, 0.854)
	Asian	24/43	0.377 (0.171, 0.833)
	African American	7/13	0.550 (0.135, 2.231)
Region	N. America	50/82	0.620 (0.387, 0.995)
	Europe	237/329	0.688 (0.554, 0.855)
	Asia Pacific	30/50	0.631 (0.321, 1.241)
Duration of Metastatic Disease	≤ 18 months	30/37	0.605 (0.260, 1.406)
	> 18 months	287/424	0.642 (0.529, 0.779)
Primary Tumor Site at 1 st Diagnosis	Colon	195/279	0.672 (0.528, 0.855)
	Rectum	99/143	0.633 (0.446, 0.900)
	Colon & Rectum	23/39	0.686 (0.339, 1.388)
RAS Status	WT	119/170	0.667 (0.489, 0.909)
	Mutant	198/291	0.683 (0.539, 0.865)
# of Prior Tx Lines in Metastatic Disease	≤ 3 lines	80/125	0.714 (0.488, 1.043)
	3 lines	237/336	0.645 (0.519, 0.802)
Prior VEGFi	Yes	306/445	0.683 (0.565, 0.827)
	No	11/16	0.193 (0.024, 1.557)
Prior EGFRi	Yes	127/180	0.689 (0.507, 0.936)
	No	190/281	0.666 (0.524, 0.846)
Prior TAS-102 or Regorafenib	TAS-102	165/240	0.723 (0.557, 0.938)
	Regorafenib	25/40	0.772 (0.379, 1.573)
	Both	127/181	0.600 (0.447, 0.805)
Liver Metastases	Yes	255/339	0.576 (0.465, 0.713)
	No	62/122	0.771 (0.513, 1.158)

0.1 Favors Fruquintinib ← 1.0 → Favors Placebo 10.0

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	0.329 (0.255, 0.424)
	>= 65 years	178/214	0.314 (0.241, 0.410)
Sex	Female	190/216	0.351 (0.263, 0.468)
	Male	202/245	0.302 (0.237, 0.385)
ECOG PS	0	169/196	0.264 (0.197, 0.354)
	1	223/265	0.351 (0.277, 0.446)
Race	Caucasian	312/367	0.313 (0.255, 0.383)
	Asian	37/43	0.286 (0.140, 0.584)
	African American	9/13	0.081 (0.014, 0.468)
Region	N. America	64/82	0.261 (0.163, 0.417)
	Europe	283/329	0.324 (0.261, 0.401)
	Asia Pacific	45/50	0.271 (0.144, 0.509)
Duration of Metastatic Disease	≤ 18 months	35/37	0.361 (0.166, 0.787)
	> 18 months	357/424	0.300 (0.249, 0.363)
Primary Tumor Site at 1 st Diagnosis	Colon	241/279	0.294 (0.231, 0.375)
	Rectum	118/143	0.315 (0.225, 0.441)
	Colon & Rectum	33/39	0.386 (0.202, 0.739)
RAS Status	WT	145/170	0.333 (0.245, 0.454)
	Mutant	247/291	0.318 (0.254, 0.399)
# of Prior Tx Lines in Metastatic Disease	≤ 3 lines	108/125	0.280 (0.192, 0.409)
	3 lines	284/336	0.334 (0.270, 0.412)
Prior VEGFi	Yes	377/445	0.335 (0.278, 0.402)
	No	15/16	0.020 (0.001, 0.385)
Prior EGFRi	Yes	154/180	0.325 (0.239, 0.440)
	No	238/281	0.310 (0.247, 0.391)
Prior TAS-102 or Regorafenib	TAS-102	210/240	0.367 (0.287, 0.470)
	Regorafenib	29/40	0.292 (0.139, 0.611)
	Both	153/181	0.285 (0.212, 0.382)
Liver Metastases	Yes	297/339	0.291 (0.234, 0.362)
	No	95/122	0.334 (0.235, 0.476)

0.1 Favors Fruquintinib ← 1.0 → Favors Placebo 10.0

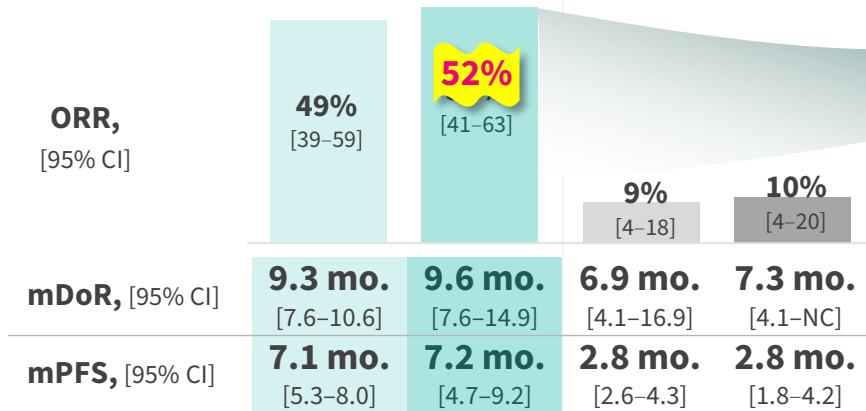
Savolitinib – EGFRm+ NSCLC w/ MET aberration

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



Novel biomarker and patient enrichment strategy driven by SAVANNAH

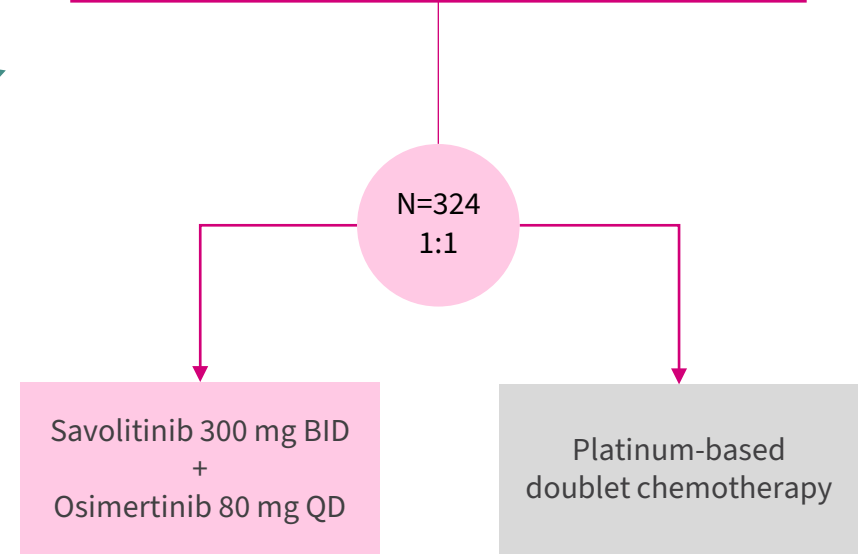
N=185* 300mg QD	MET-high IHC90+ and/or FISH10+		MET-low IHC50-90 and/or FISH 5-10	
Prevalence among patients screened	34%		28%	
Prior Chemo	20%	No prior chemo subset	18%	No prior chemo subset
Number of patients	n=108	n=87	n=77	n=63



*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



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 $\geq 50\%$ tumor cells.
IHC90+ = MET overexpression as detected by IHC with 3+ in $\geq 90\%$ 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.
PI3K δ = 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.