DELIVERING GROWTH THROUGH SCIENCE & VISION

CORPORATE PRESENTATION

May 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 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 to finish enrollment 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.

Highlights

1 **Commercial delivery**

Novel oncology products continue to bring growth

2 **Financial review & outlook**

Underpinned by strong financial & strategic fundamentals

3 **Strategic partnerships**

Optimizing ex-China development & commercialization

4 **Late-stage pipeline**

15+ potential NDAs & sNDAs in the next 3 years

5 **Our strategy**

Revenue growth & strategic actions on path to profitability

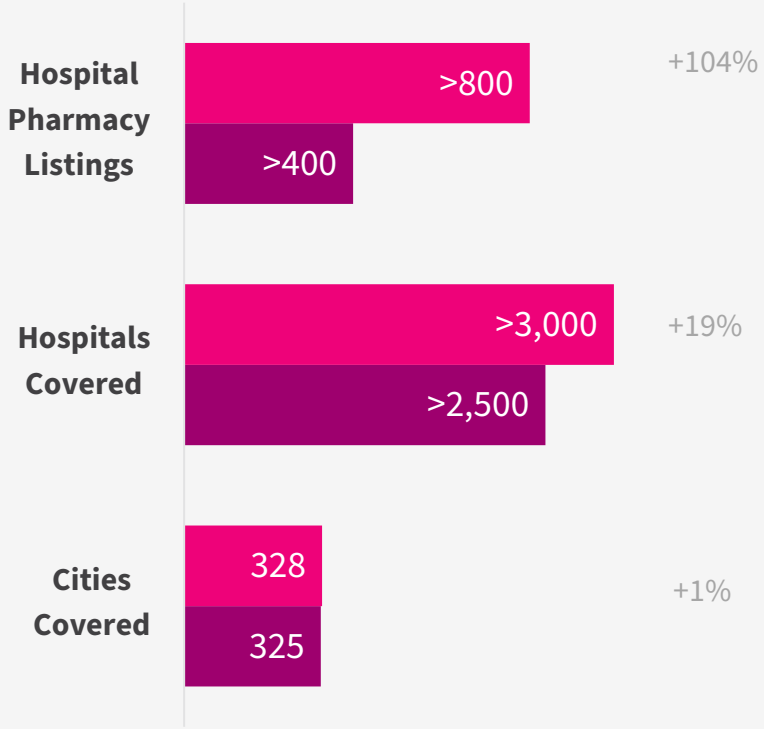
1

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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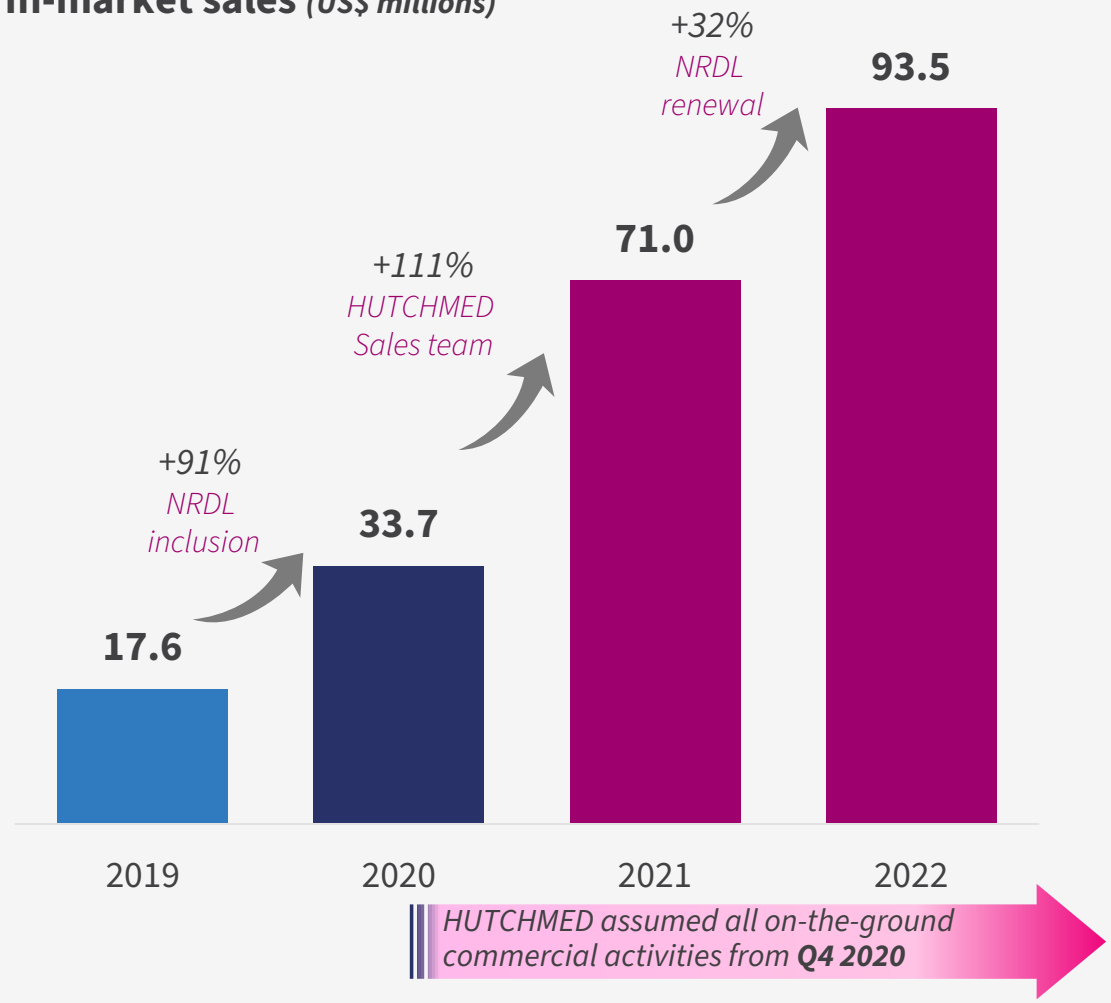
ELUNATE®
Fruquintinib Capsules

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%

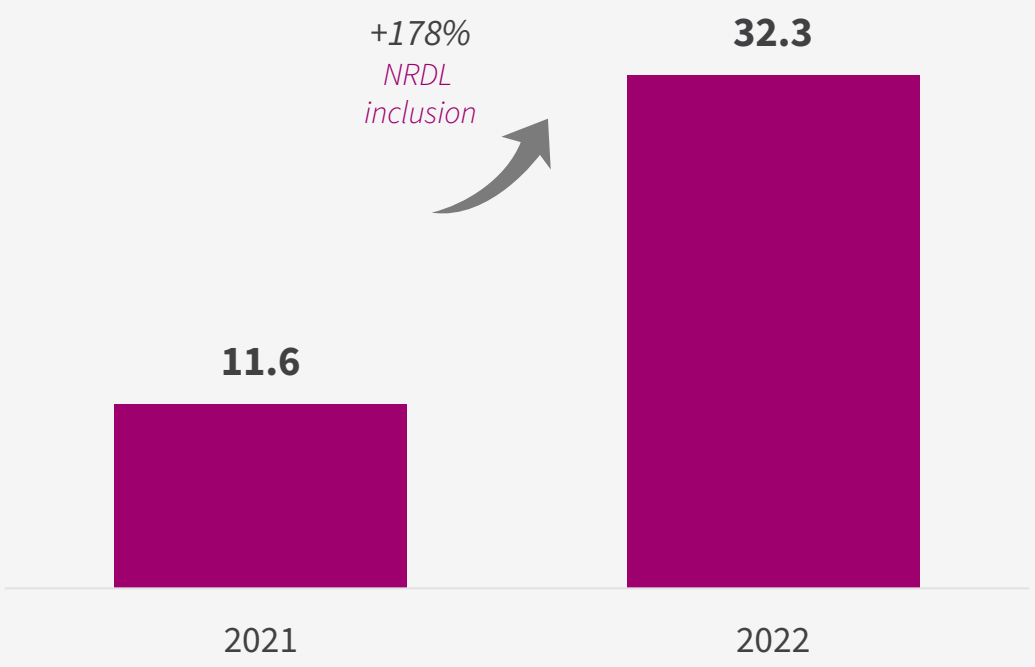
[1] New treatment guidelines with Chinese Society of Clinical Oncology (CSCO) and Chinese Anti-Cancer Association (CACA).
[2] IQVIA audit data in proprietary post-launch research panel of mainly Class 3 hospitals in Top 30 cities in China.

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.

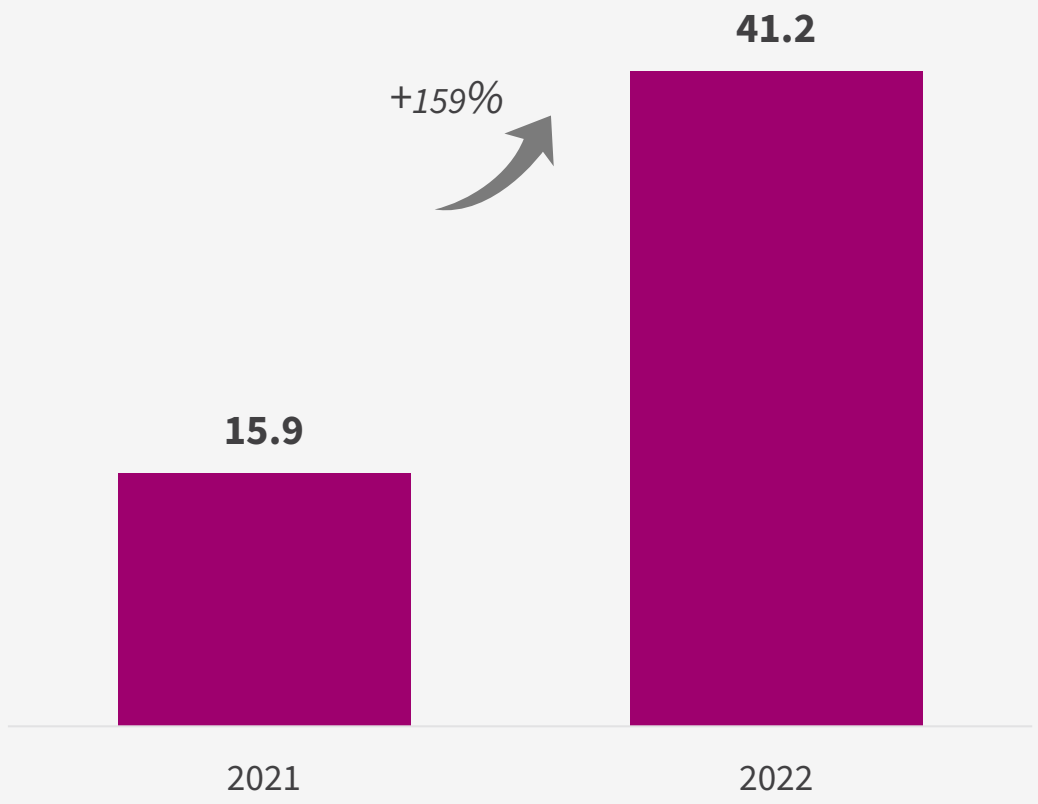
1

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

The first 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)

(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** payment was made 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)

3

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 **Fruquintinib**	• **Launched in China** with leading market share • **U.S. FDA NDA** rolling submission under way • **Europe & Japan filings** being prepared	Takeda responsible for • **All territories ex-China** (U.S., Japan, Europe & ROW) • **All development, manufacturing, selling & marketing**	• **Launch readiness** • Indications beyond mCRC being evaluated • HUTCHMED ongoing programs in China may inform decisions	• **Upfront: $400m** • **Additional: $730m** • **Tiered royalties from 2024*** consistent with commercial-launch stage licensing transactions
AstraZeneca **Savolitinib**	• INDs submitted • First-in-human studies pending in Australia & China	• **HCM leads China** development • **AZ leads ex-China** development • **AZ responsible for global commercial**	• **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**	• 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.

4

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); **sNDA accepted** (Gastric) **Ph.III** (RCC) **Ph.II reg-intent** (EMC)	**NDA filed in the US** **Preparing filings** in E.U. and 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) **Ph.II/III** (wAIHA) **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** (IHCC)	-
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	-

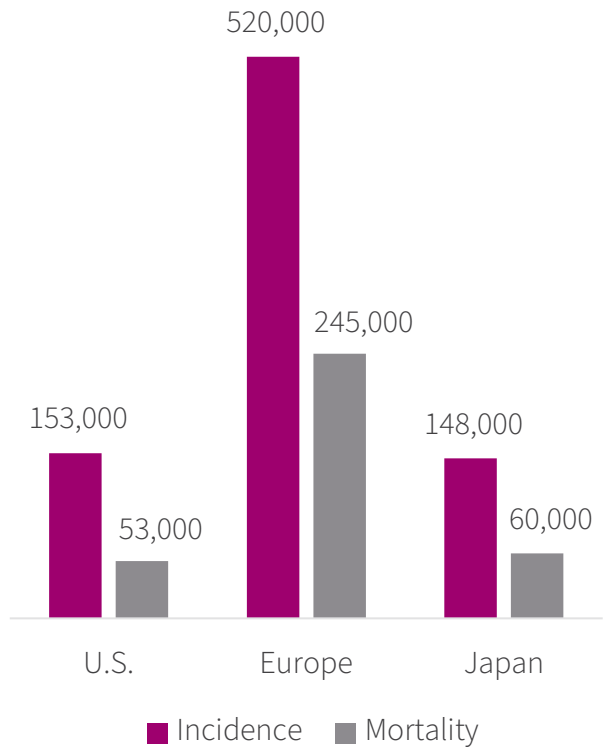
[1] Represents the most advanced clinical trial stage and indication; [2] Investigator initiated trials (IITs); [3] Subject to meeting pre-agreed sales targets, Lilly will pay HUTCHMED an estimated total of 70%-80% of ELUNATE® sales in the form of royalties, manufacturing costs and service payments; [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.

4

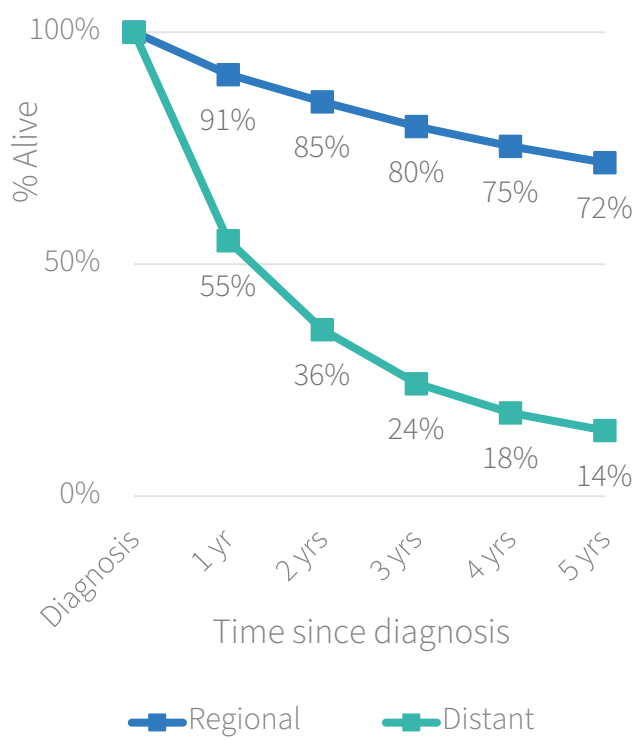
Colorectal cancer a significant burden…

…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]

[1] International Agency for Research on Cancer; [2] Siegel RL, et al. Colorectal cancer statistics, 2023 [published online ahead of print, 2023 Mar 1]. *CA Cancer J Clin*. 2023;10.3322/caac.21772. doi:10.3322/caac.21772; [3] SEER; [4] 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; [5] 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; [6] Ahcene Djaballah S, et al. 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.

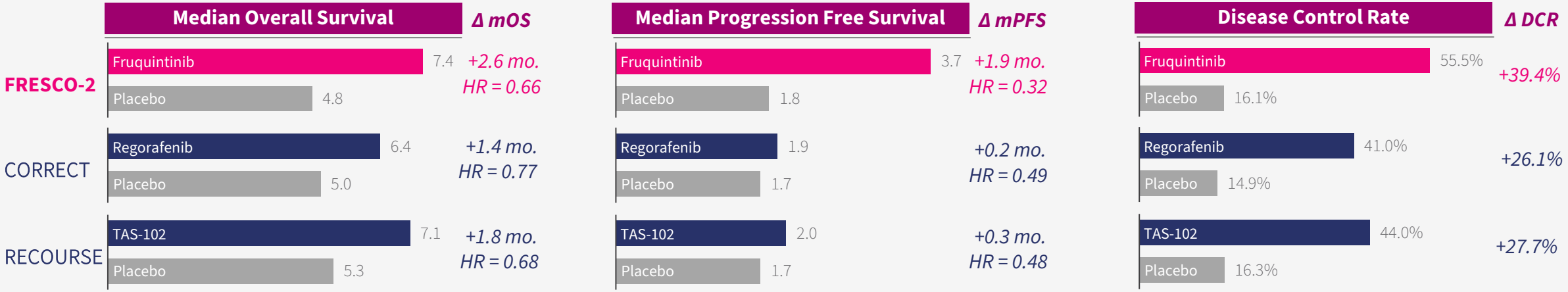
4

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 • Monitor liver function prior to and during treatment		• 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.

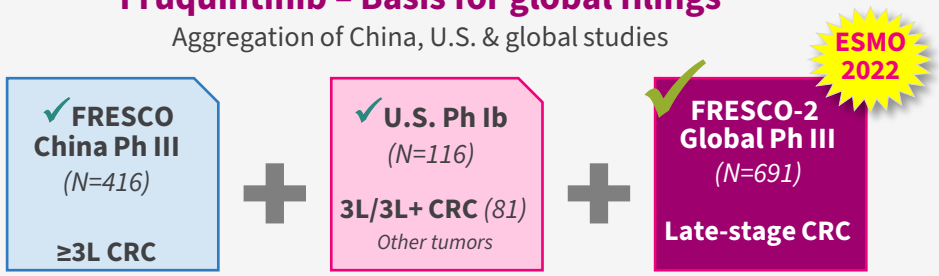
4

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

Completed US rolling NDA submission; plan to complete filings in Europe and Japan in 2023

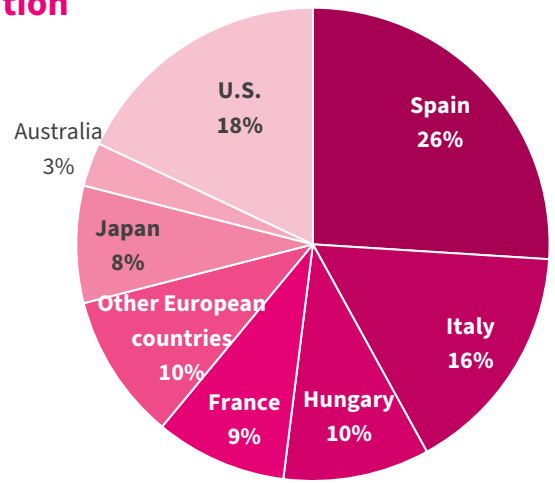
Fruquintinib – Basis for global filings

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 accepted April 2023; data will be submitted for presentation at an upcoming scientific conference

FRUTIGA Trial

sNDA with NMPA accepted April 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

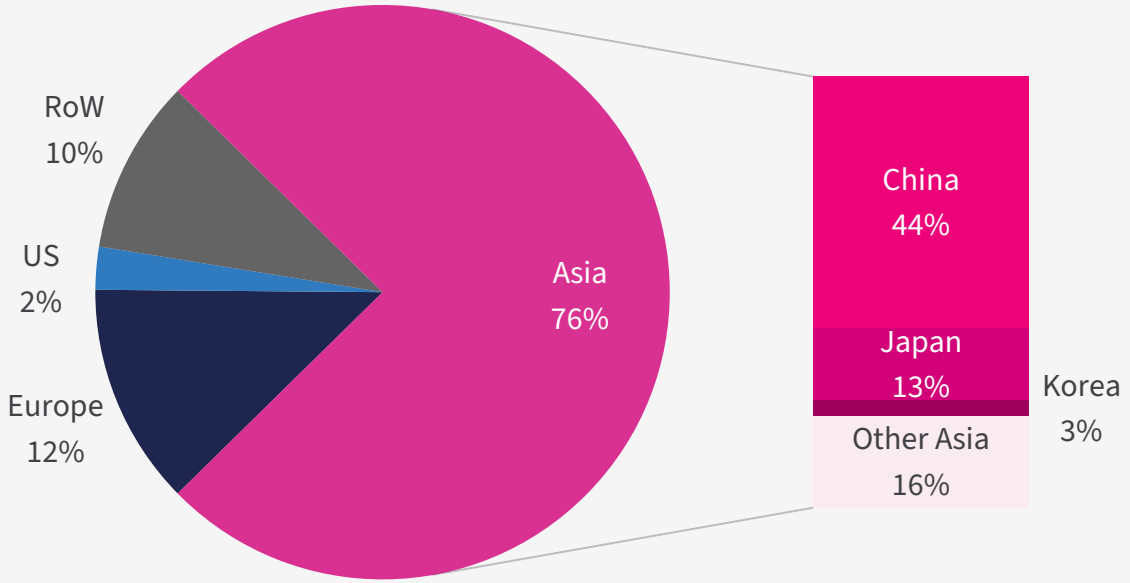
Eligible patients
- Gastroesophageal junction or gastric cancer
- Progressed after 1st line chemo w/ fluoropyrimidine & platinum

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*

1 2/3L TAGRISSO® refractory NSCLC w/ MET aberration

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

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

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

3 MET-driven Papillary Renal Cell Carcinoma (PRCC)

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

CHINA – *led by HUTCHMED*

4 MET Exon14 skipping NSCLC

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

5 2L EGFR TKI refractory NSCLC w/ MET amplification

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

6 1L EGFRm+ NSCLC w/ MET overexpression

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

7 Gastric cancer w/ MET amplification

- ***Single arm study with potential for registration***
- Registration cohort FPI March 2023

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 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 ≥50×10⁹/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

	Sovleplenib – *300 mg, once daily*		
	Double-blinded Pts *0-24 weeks*	**Cross-over Pts** *9-24 weeks*	**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)
Use of rescue medication	6% (1/16)	0	5% (1/20)

ESLIM-01 pivotal Phase III study recruitment completed Dec 2022

Liu X, et al. Sovleplenib (HMPL-523), a novel Syk inhibitor, for patients with primary immune thrombocytopenia in China: a randomised, double-blind, placebo-controlled, phase 1b/2 study [published online ahead of print, 2023 Apr 4]. *Lancet Haematol.* 2023;S2352-3026(23)00034-0. doi:10.1016/S2352-3026(23)00034-0

[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] Neunert C, 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; [3] USPI; [4] Study 773A and B from US PI; [5] RAISE study from US PI; [6] Not FDA approved for ITP.

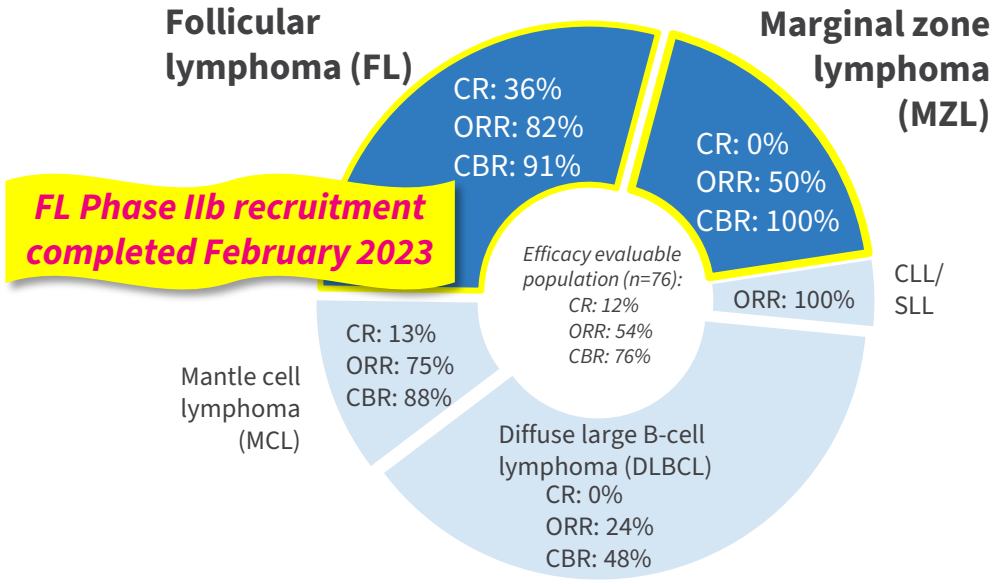
4

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

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 filing completed, EU, JP filings in 2023	Started Dec '22
FRUQ	**FRUTIGA**	2L GC, combo with chemo	China	~700, combo vs. chemo, OS & PFS	sNDA in China accepted	April 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*	**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
SAVO*	**GASTRIC**	2L GC, MET amplified	China	~75, 1 arm, ORR	FPI Jul '21 Reg. cohort opened Mar 2023	2025
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 Aug '22	2026
453	**IHCC, FGFR2**	IHCC, FGFR2 fusion	China	~130, 1 arm, ORR	FPI Sept '20 Reg. cohort opened Mar 2023	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 *US, EU, Japan for 3L+ CRC*	→	✓ **US NDA rolling submission** EU & JP to follow in 2023
Fruquintinib + chemo *China for 2L GC*	→	✓ **China sNDA filing accepted April 2023**
Surufatinib mono *Japan for refractory NET**	→	Initiate consultation Mid-2023

Readout & potential NDA filing

Sovleplenib mono *China for 2L ITP*	→	H2 2023
Amdizalisib mono *China for 3L FL**	→	H2 2023

Continued progress on additional registration studies

Savolitinib mono *China confirm. for NSCLC, MET ex14*	→	Complete recruitment Mid 2023
Fruquintinib + sintilimab *China for 2L EMC**	→	Complete recruitment Mid 2023
Amdizalisib mono *China for 2L MZL**	→	Complete recruitment H2 2023
Tazemetostat mono *China for 3L FL**	→	Complete recruitment H2 2023
Savolitinib + osimertinib *Intl for 2L NSCLC, MET+**	→	Complete recruitment H2 2023
Fruquintinib + sintilimab *China for 2L RCC*	→	Complete recruitment H2 2023
Savolitinib mono *China for 2L GC, MET+**	→	✓ **Readout from interim analysis at AACR 2023**
↗ **HMPL-453** mono *China for IHCC, FGFR2 fusion**	→	**Readout from Ph Ib/II at ASCO 2023**
Sovleplenib mono *China for 2L wAIHA**	→	Fully enroll Phase II part H1 2023

↗ Added in 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

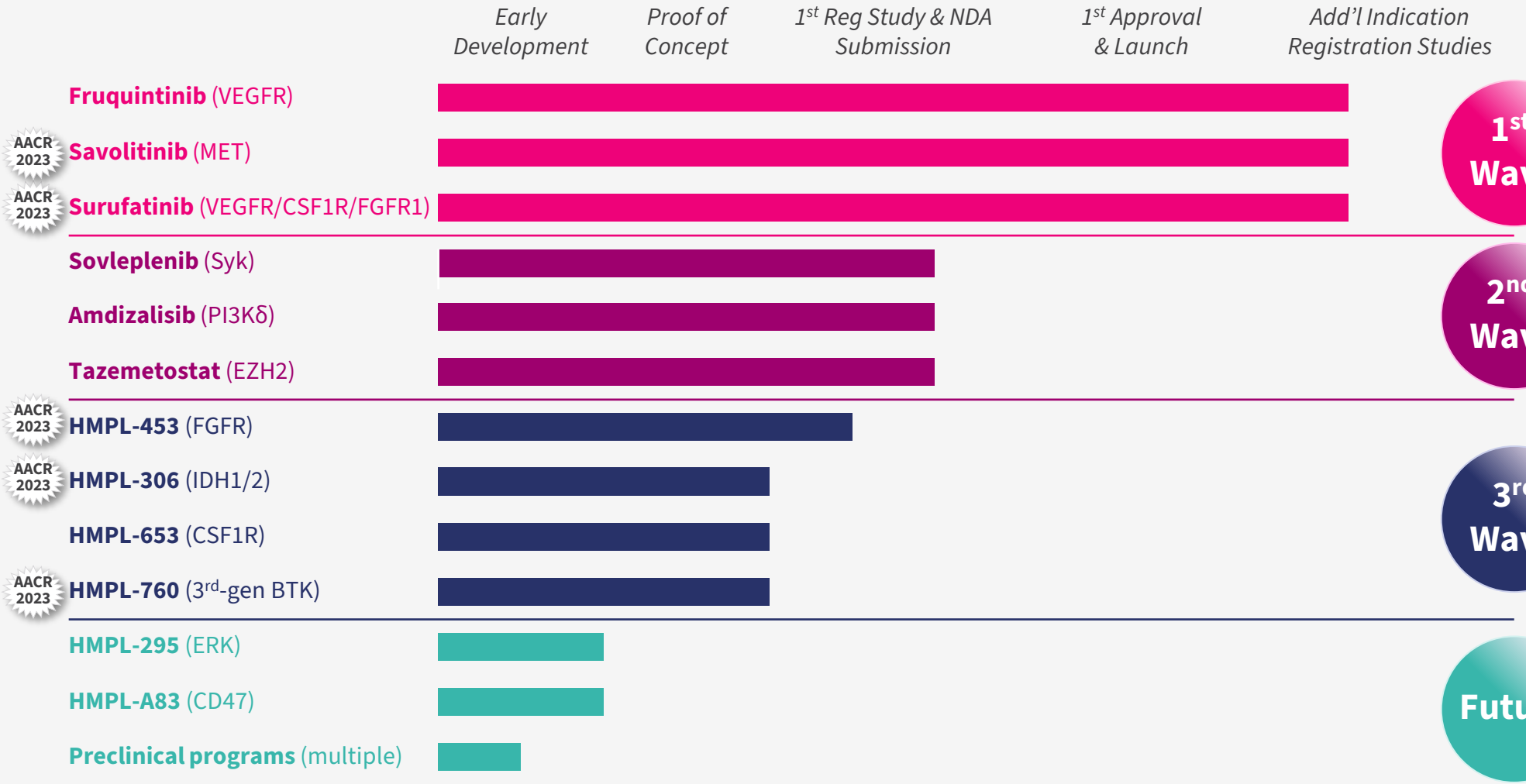
Accelerating China growth

Royalties from ex-China sales

5

…progressing the pipeline to maximize the value of each asset

Next potential new indications & medicines



1st Wave

Grow launched products:
NDAs for new regions & new indications

2nd Wave

New launches in China:
First NDAs planned in next 12 mths

3rd Wave

Progress 3rd wave:
Entering into registration studies in next 12 mths

Future

Long-term growth potential

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

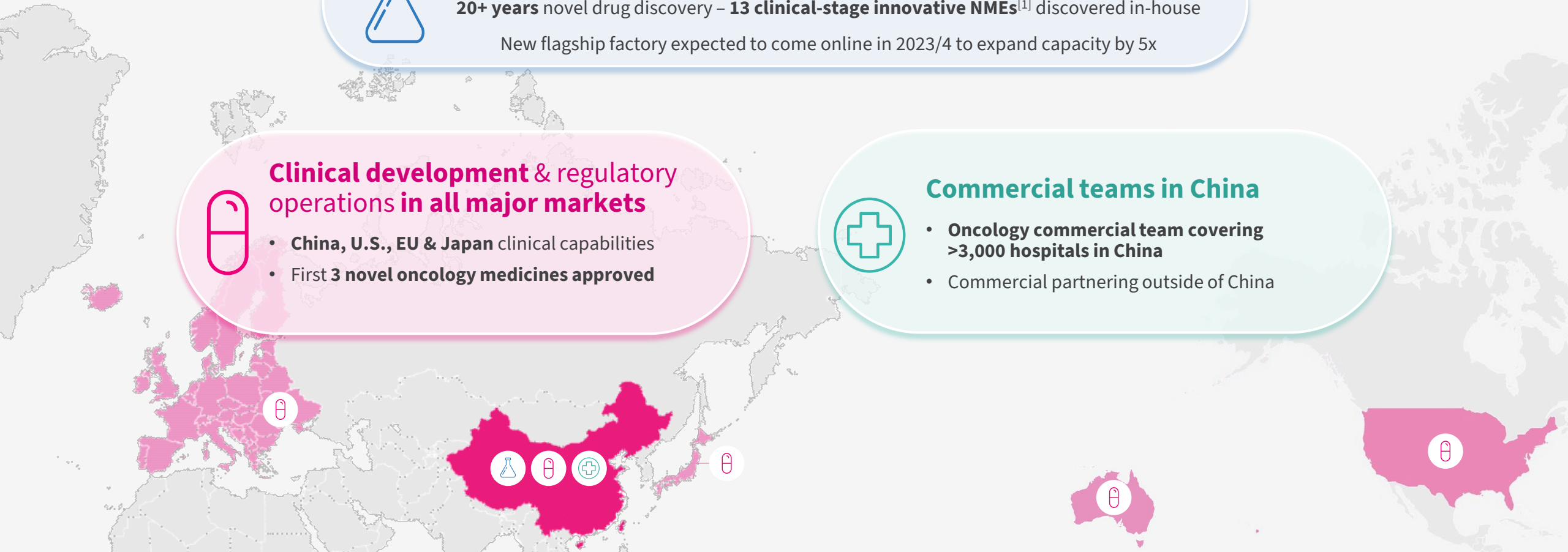
New flagship factory expected to come online in 2023/4 to expand capacity by 5x

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.

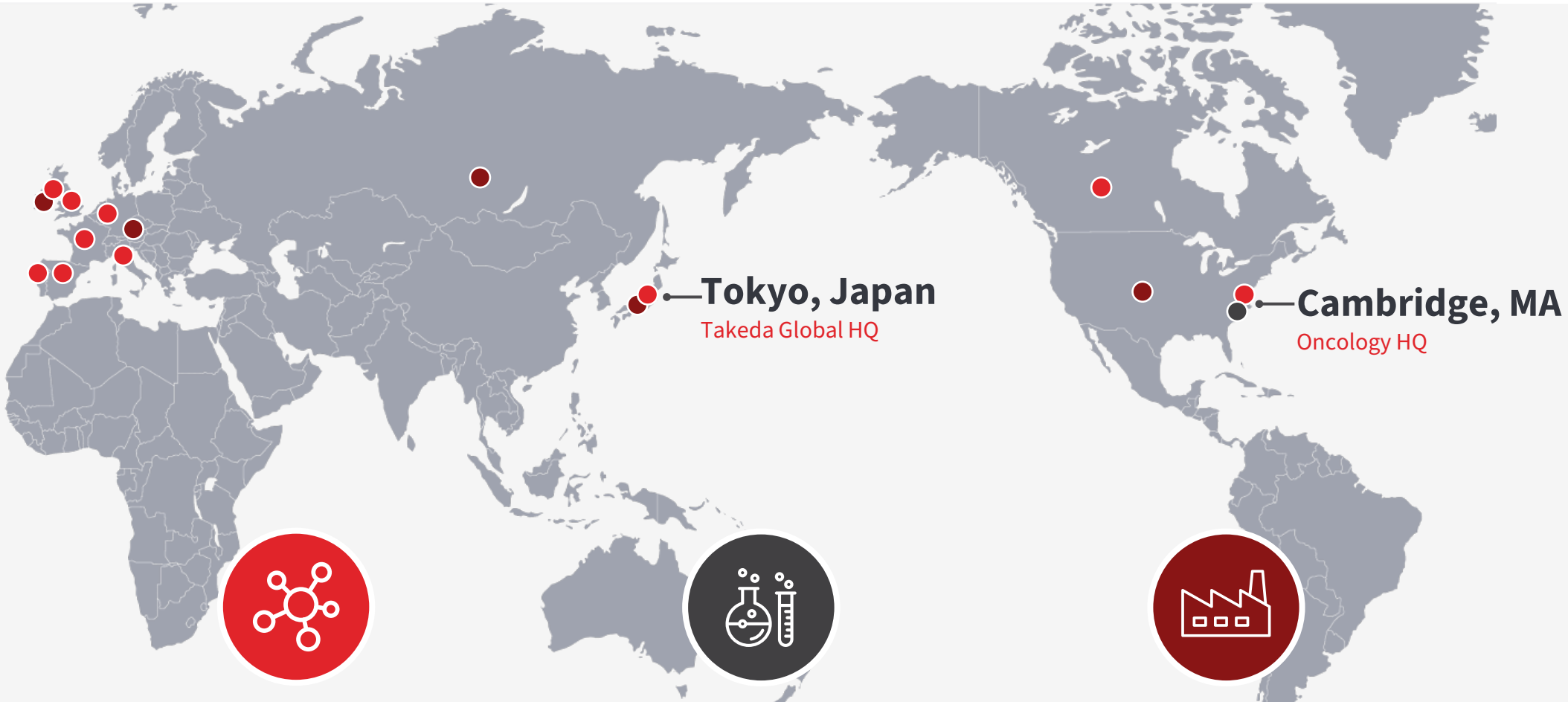
FOUNDED IN
1781
OSAKA, JAPAN

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

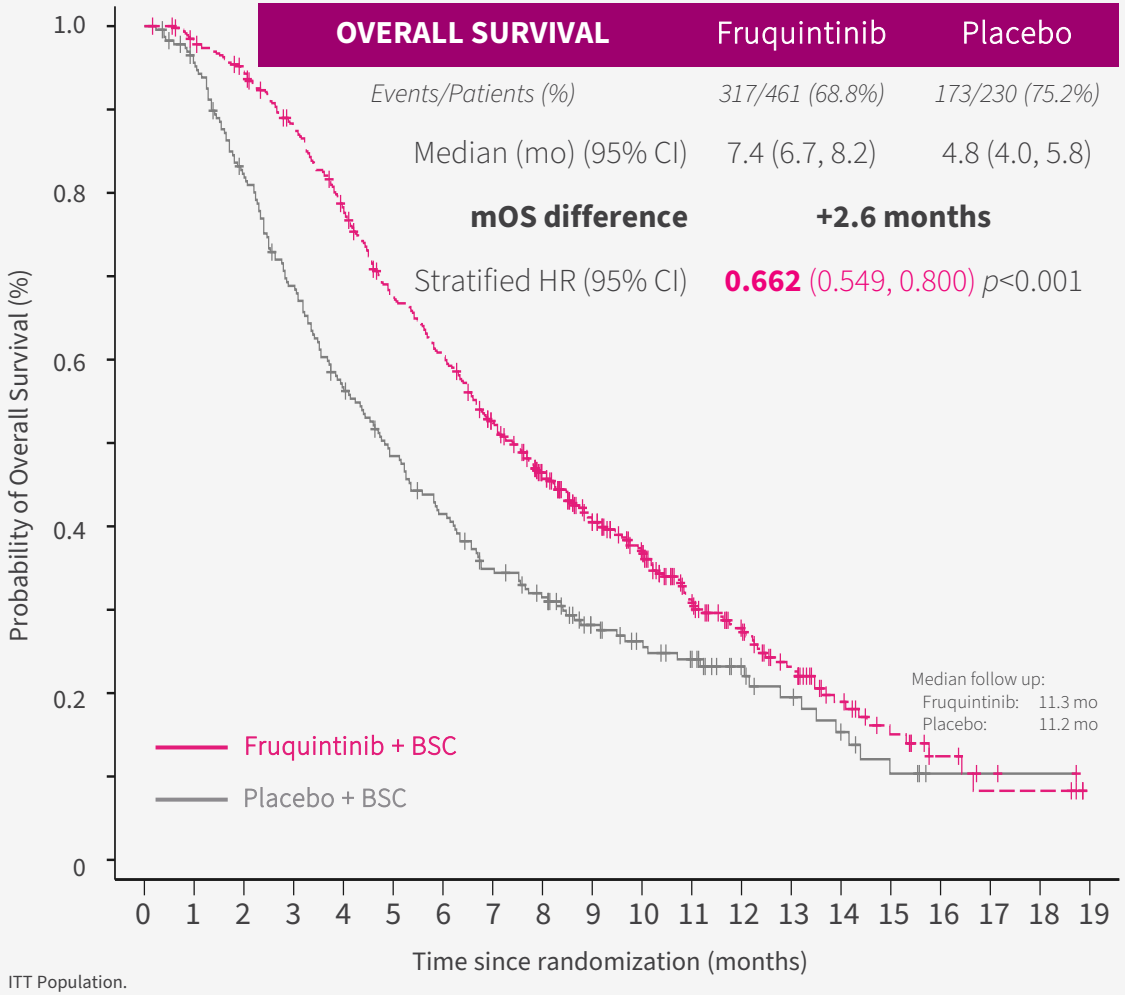
ADCETRIS® brentuximab vedotin | for injection

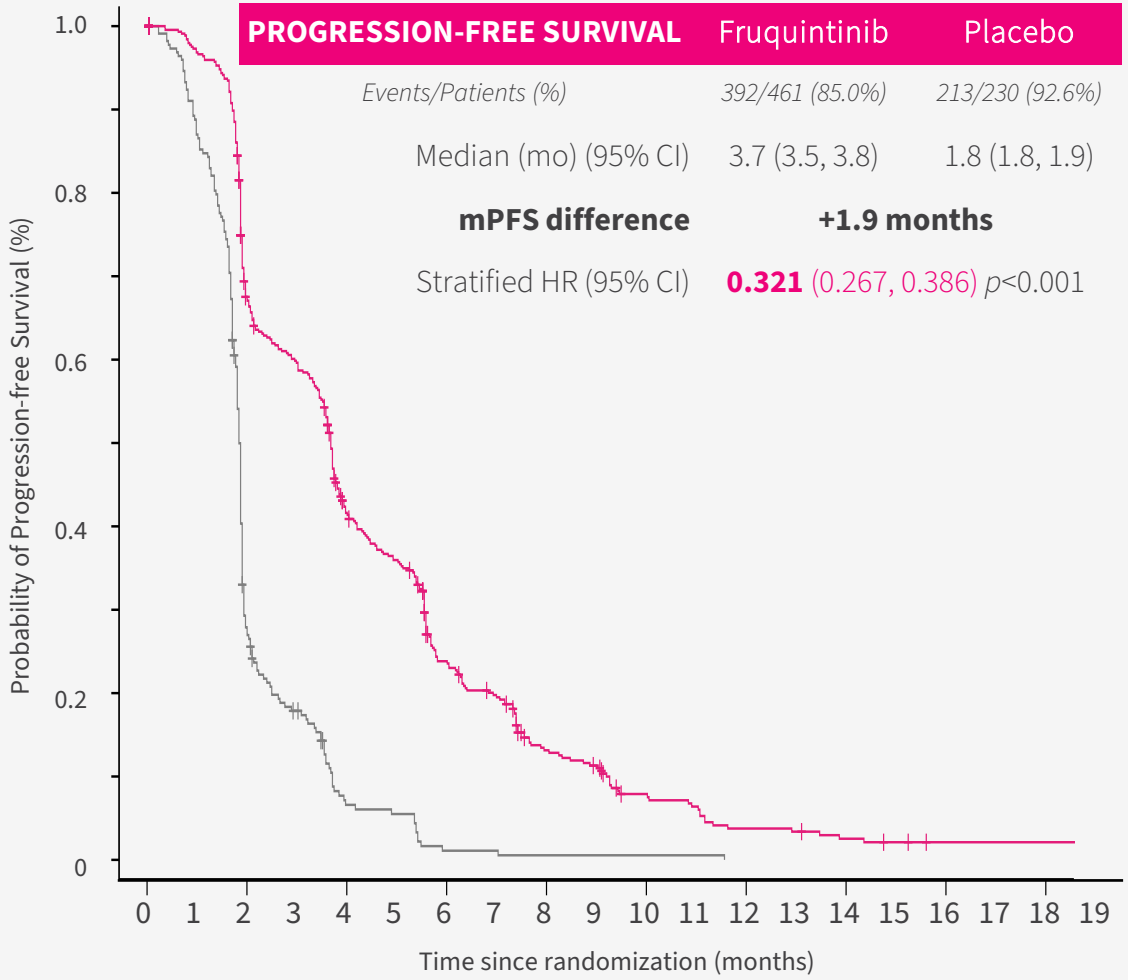
Mepact® mifamurtide

Source: Takeda, January 2023.

Fruquintinib: 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]





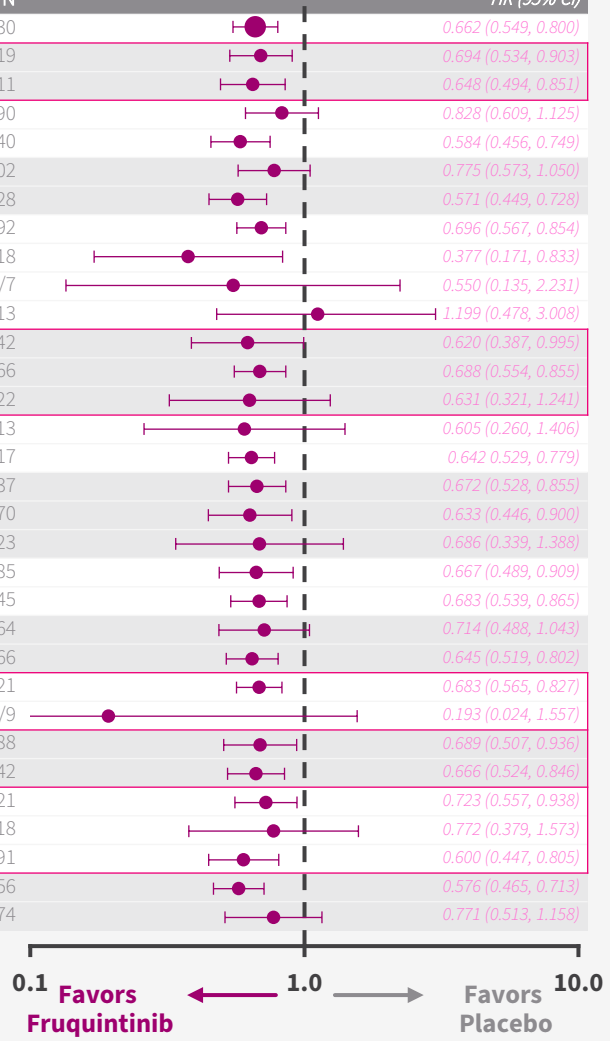
ITT Population.

[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.

Fruquintinib: Positive FRESCO-2 OS & PFS consistent across all subgroups

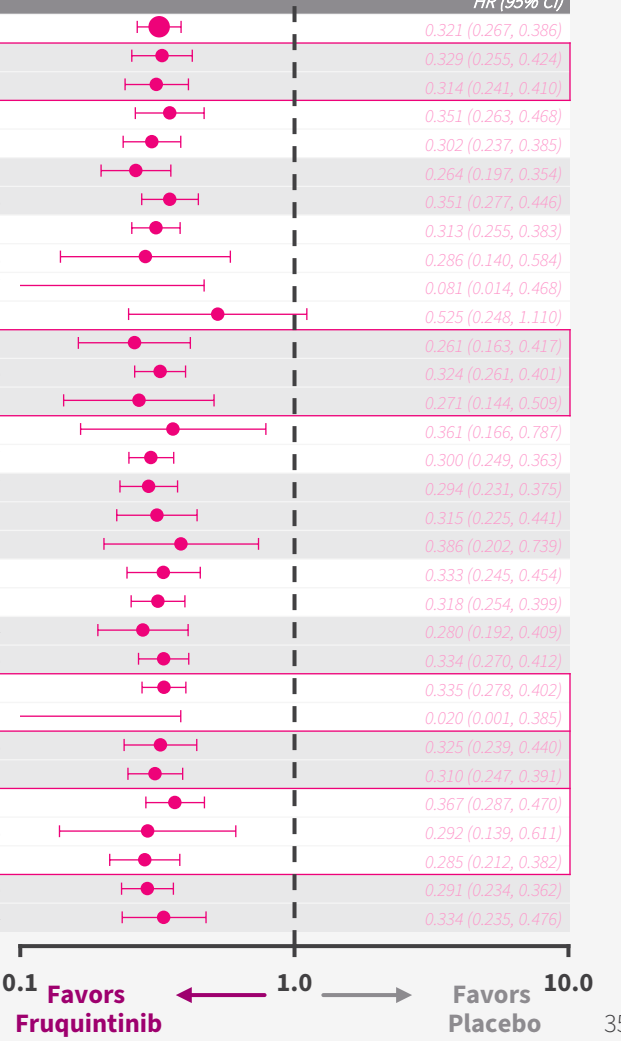
Overall Survival by subgroups

		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	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

Fruquintinib: PD-1 inhibitor combinations

HUTCHMED

2021 ASCO ANNUAL MEETING

Durable benefit seen in advanced colorectal cancer

ASCO 2021

ABSTRACT	Fruq mono Ph. III (FRESCO)	Fruq mono Ph. III (FRESCO-2)	Fruq + sintilimab[1]		Lenvatinib + pembrolizumab[2]
Prior lines of tx	≥2	5 (median)	≥2	≥2	94% ≥2
RP2D VEGFRi dose *(n)*	5mg QD 3w/1w *(278)*	5mg QD 3w/1w *(456)*	5mg QD 2w/1w *(22)*	3mg QD (22)	20mg QD *(32)*
Data cut-off	Jan 17, 2017	Jun 24, 2022	Jan 5, 2021	Jan 5, 2021	April 10, 2020
ORR	4.7% [2.1-7.2]	1.5% [0.4-2.7]	27.3% [10.7-50.2]	18.2% [5.2-40.3]	22% [9-40]
DCR	62.2%	55.5%	95.5% [77-99]	77.3% [54.6-92.2]	47% [29-65]
mPFS, months	**3.7 *[3.7–4.6]***	***3.7 [3.5-3.8]***	**6.9 *[5.4-8.3]***	**4.2 [2.9-9.5]**	**2.3 [2.0-5.2]**
OS, months	9.3 [8.2–10.5]	7.4 [6.7-8.2]	11.8 [8.8 – NR]	NR	7.5 [3.9-NR]

[1] ASCO 2021 *J Clin Oncol* 39, 2021 (suppl 15; abstr 2514) 5mg QD 2w/1w is RP2D ; [2] ASCO 2021, DOI: 10.1200/JCO.2021.39.15_suppl.3564 *J Clin Oncol* 39, no. 15_suppl (May 20, 2021) 3564-3564.

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.

Savolitinib: for gastric cancer enrolling registration cohort

Phase II registration cohort proceeding with BID dosing

China study registration cohort enrolling (NCT04923932)

- *MET*-amplified
- Locally advanced or metastatic GC/ GEJ adenocarcinomas
- At least one line of prior systemic anti-tumor therapy

BID cohort (n=10)
Comparable ORR
More favorable safety profile
Further 60 pts being enrolled

AACR 2023 [1]

QD cohort (n=24)

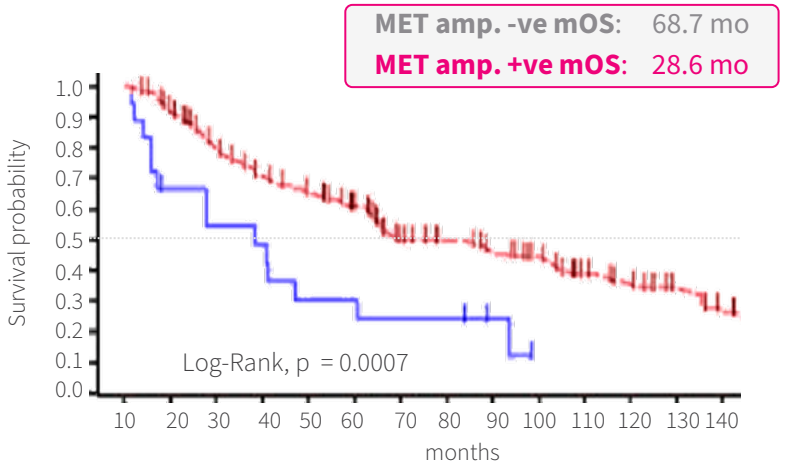
	BID	QD
Duration of exposure	*2.4 months*	*3.3 months*
SAEs	20%	38%
TEAEs, Grade ≥3	20%	58%
TRAEs, Grade ≥3	0%	38%
Hepatic disorders, Grade ≥3	0%	29%
TEAEs leading to discontinuation	0%	13%

DCO: January 20, 2023

5th MOST COMMONLY DIAGNOSED CANCER WORLDWIDE DISPROPORTIONATELY AFFECTS ASIA [2]

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

MET+ gastric cancer is more aggressive [3]



[1] AACR 2023 Abstract # CT152; [2] International Agency for Research on Cancer; [3] Catenacci DV, et al. MET tyrosine kinase receptor expression and amplification as prognostic biomarkers of survival in gastroesophageal adenocarcinoma. *Cancer*. 2017;123(6):1061-1070. doi:10.1002/cncr.30437.

Surufatinib: Monotherapy efficacy across NETs

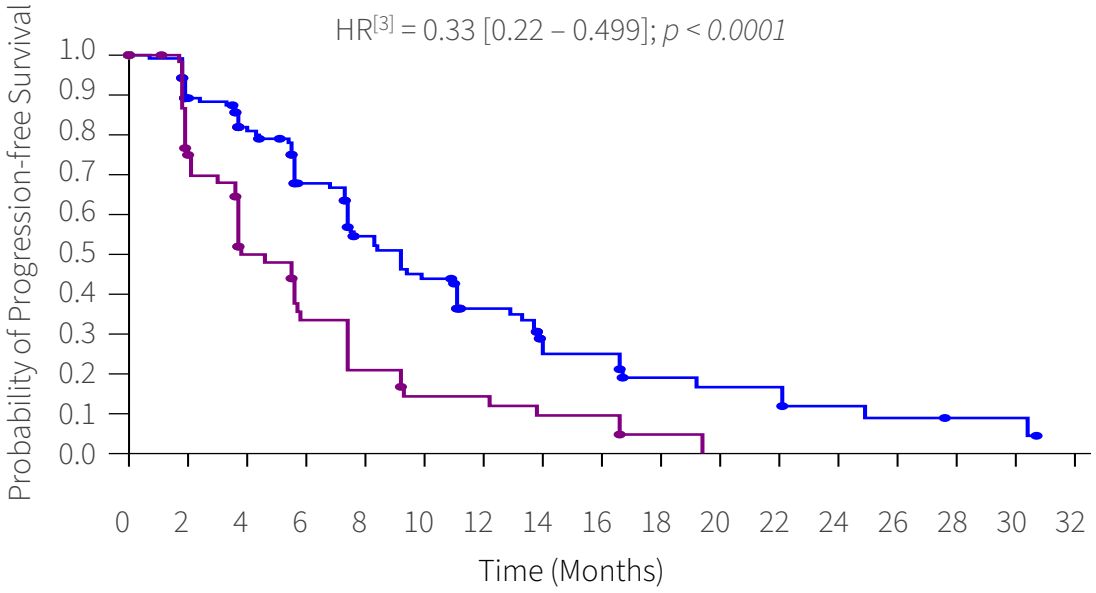
Proven single-agent efficacy: SANET-ep & SANET-p Phase IIIs met endpoints at interim

Non-Pancreatic[1] *(SANET-ep, n=198 – ESMO 2019)*

Surufatinib: 9.2 months [7.4 – 11.1]

Placebo: 3.8 months [3.7 – 5.7]

HR[3] = 0.33 [0.22 – 0.499]; *p < 0.0001*

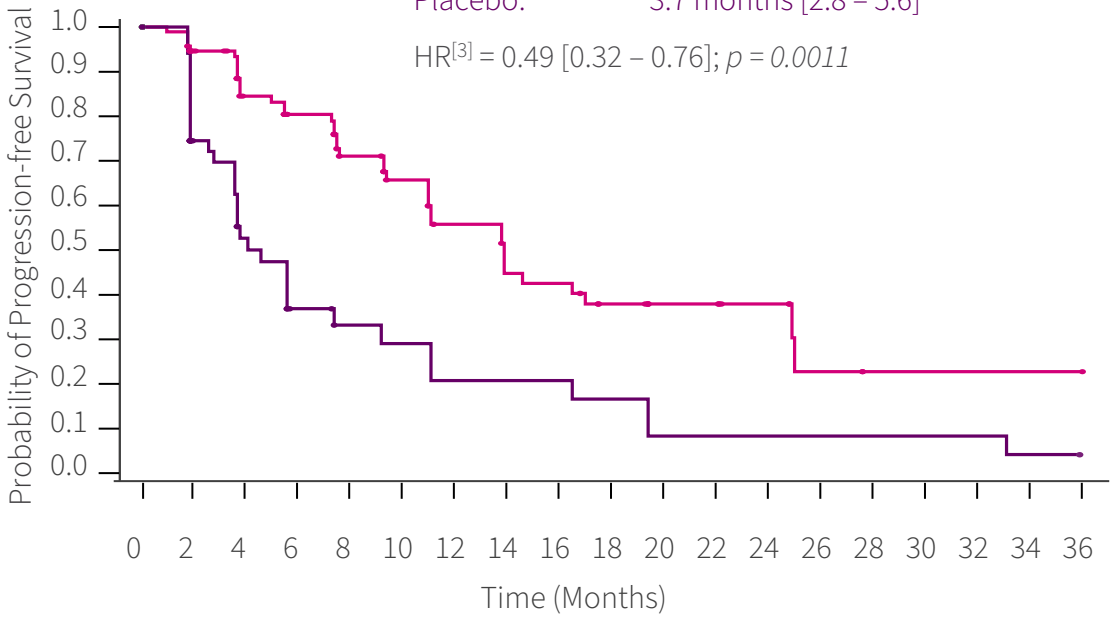


Pancreatic[2] *(SANET-p, n=172 – ESMO 2020)*

Surufatinib: 10.9 months [7.5 – 13.8]

Placebo: 3.7 months [2.8 – 5.6]

HR[3] = 0.49 [0.32 – 0.76]; *p = 0.0011*



[1] Xu J, Shen L, Zhou Z, et al. Surufatinib in advanced extrapancreatic neuroendocrine tumours (SANET-ep): a randomised, double-blind, placebo-controlled, phase 3 study. Lancet Oncol. 2020;21(11):1500-1512. doi:10.1016/S1470-2045(20)30496-4; [2] Xu J, Shen L, Bai C, et al. Surufatinib in advanced pancreatic neuroendocrine tumours (SANET-p): a randomised, double-blind, placebo-controlled, phase 3 study. Lancet Oncol. 2020;21(11):1489-1499. doi:10.1016/S1470-2045(20)30493-9 ; [3] P-value is obtained from the stratified one-sided log-rank test; Hazard ratio is obtained from stratified Cox model; CI, confidence interval; HR, hazard ratio.

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.