亞盛醫藥
Ascentage Pharma

ASCENTAGE PHARMA GROUP INTERNATIONAL
亞盛醫藥集團

(Incorporated in the Cayman Islands with limited liability)

(Stock Code: 6855)

Voluntary Announcement

Ascentage Pharma Delivers Oral Report at the 2022 American Society of Hematology (ASH) Annual Meeting on the Latest Data Results of APG-2575 In Combination with BTKi in Patients with R/R CLL/SLL

Ascentage Pharma Group International (the "**Company**" or "**Ascentage Pharma**") is pleased to announce that it has released preliminary results from a global Phase II study of lisaftoclax (APG-2575), a key member of the Company's apoptosis-targeting pipeline, as a monotherapy or in combination with CALQUENCE® (acalabrutinib) or rituximab in patients with relapsed or refractory chronic lymphocytic leukemia/small lymphocytic lymphoma (R/R CLL/SLL), in an oral presentation at the American Society of Hematology (ASH) 64th Annual Meeting & Exposition (New Orleans, Louisiana, US).

The ASH Annual Meeting is one of the largest gatherings of the international hematology field, featuring world-class advances on cutting-edge scientific and clinical research in hematology. Ascentage Pharma had results from 5 of its clinical trials selected for 4 oral presentations at this year's ASH Annual Meeting. In addition, the relevant progress of various key product candidates of the Company have been selected for 4 poster Presentations (with 3 poster presentations being research conducted by investigators based on real-world evidence).

These data of lisaftoclax (APG-2575) reported in the oral presentation at this year's ASH Annual Meeting are as follows:

Lisaftoclax (APG-2575) Safety and Activity as Monotherapy or Combined with Acalabrutinib or Rituximab in Patients (pts) with Treatment-Naïve, Relapsed or Refractory Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (R/R CLL/SLL): Initial Data from a Phase 2 Global Study

- Format: Oral Presentation
- Abstract: 160386
- Session: 642. Chronic Lymphocytic Leukemia: Clinical and Epidemiological: Drugs in Development and COVID-19

- Time: December 12, 2022, Monday, 5:15 p.m. (US Eastern Time)/December 13, 2022, Tuesday, 6:15 a.m. (Beijing Time)

- Highlights:

  - Lisaftoclax, a specific Bcl-2 inhibitor, is active in patients with R/R CLL/SLL, including patients whose disease harbored del(17p) and had progressive disease (PD) after BTKi therapies. This is the first report of lisaftoclax combined with acalabrutinib or rituximab in patients with CLL/SLL.

  - Patients with R/R CLL/SLL were treated daily with oral lisaftoclax (400, 600, and 800 mg) alone or combined with continuous acalabrutinib or rituximab for six 28-day cycles. Primary objectives were to determine the recommended Phase II dose (RP2D), safety, and efficacy, including ORRs of lisaftoclax alone and combined with acalabrutinib or rituximab. Patients underwent lisaftoclax daily ramp-up over 4 to 6 days, with the monitoring of TLS. Dose ramp-up was followed by Cycle 1 Day 1 (C1D1) of lisaftoclax target doses of 400, 600, or 800 mg. Patients in the combination groups completed ramp-up, as well as an additional 7 days of lead-in of lisaftoclax at the target dose, before acalabrutinib or rituximab was added on C1D8, and then treated until PD or unacceptable toxicity was observed.

  - As of December 5, 2022, 164 patients had been enrolled. The lisaftoclax monotherapy cohort enrolled a total of 46 patients, with a median age of 60.5 (range, 41-80) years. The rituximab combination cohort enrolled a total of 39 patients, with a median age of 64 (34-75). The acalabrutinib combination cohort enrolled a total of 79 patients, with a median age of 64 (18-80). Of all patients, 16 (9.8%) were treatment-naïve and 19 (11.6%) had received prior treatment with BTKis. In the combination cohorts (n = 118), 25 patients had the TP53 mutation and/or del(17p), and 34 patients had unmutated IGHV. Median treatment duration with lisaftoclax monotherapy was 16.5 (range, 1-36) cycles, 11 (range, 0-21) cycles for the rituximab combination, and 11 (range, 1-24) cycles for the acalabrutinib combination.

  - Safety: Common adverse events (AEs) of any grade in all cohorts included neutropenia, diarrhea, and infections. Common AEs of grade ≥ 3 in the lisaftoclax monotherapy cohort included neutropenia (30.3%), COVID-19 infections (28%), anemia (15%), thrombocytopenia (6.5%), and pneumonia (6.5%). Common AEs of grade ≥ 3 in the rituximab combination cohort mainly included neutropenia (21%) and anemia (8%), thrombocytopenia (5%). Common AEs of grade ≥ 3 in the acalabrutinib combination cohort mainly included neutropenia (23%), COVID-19 infections (11.5%), anemia (10%), and thrombocytopenia (6.4%). First onset of grade ≥ 3 cytopenias mainly occurred during ramp-up or C1 and infrequently after C2. Grade ≥ 3 neutropenia was manageable with growth factor support. A total of 4 patients met Howard criteria for TLS (2 clinical TLS/2 laboratory TLS)e, and 2 with clinical TLS fully recovered and showed responses at 600 mg. No dose-limiting toxicities (DLTs) were observed, and no drug-drug interactions were observed in either combination group.

  - Preliminary efficacy: ORRs were 67% (29/43) in the monotherapy group, including 67% (4/6) in patients who were BTKi resistant or intolerant; 98.6% (72/73) in the acalabrutinib combination cohort, including 98% (56/57) in relapsed/refractory patients, 100% (16/16) in treatment-naïve patients, and 88% (7/8) in prior BTKi resistant or intolerant patients; and 79% (27/34) in the rituximab combination cohort.

- Conclusions: Initiated with a daily dose ramp-up, lisaftoclax alone or combined with acalabrutinib or rituximab had a manageable safety profile and favorable clinical activity in patients with treatment-naïve or R/R CLL/SLL.

Cautionary Statement required by Rule 18A.05 of the Rules Governing the Listing of Securities on The Stock Exchange of Hong Kong Limited: We cannot guarantee that we will be able to obtain further approval for, or ultimately market APG-2575 successfully.

By order of the Board
Ascentage Pharma Group International
Dr. Yang Dajun
Chairman and Executive Director

Suzhou, People's Republic of China, December 13, 2022

As at the date of this announcement, the Board of Directors of the Company comprises Dr. Yang Dajun as Chairman and executive Director, Dr. Wang Shaomeng and Dr. Lu Simon Dazhong as non-executive Directors, and Mr. Ye Changqing, Dr. Yin Zheng, Mr. Ren Wei and Dr. David Sidransky as independent non-executive Directors.