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 Presents Latest Data of APG-1252 (Pelcitoclax) in Combination with Osimertinib for NSCLC at 2023 ESMO

Ascentage Pharma Group International (the "**Company**" or "**Ascentage Pharma**") is pleased to announce that it has released the latest clinical data of its dual Bcl-2/Bcl-xL inhibitor, APG-1252 (pelcitoclax), combined with osimertinib for the treatment of patients with EGFR-mutant non-small cell lung cancer (NSCLC) in a mini oral at the 2023 European Society of Medical Oncology (ESMO) Congress.

Developed by Ascentage Pharma, APG-1252 (pelcitoclax) is a potential best-in-class novel dual Bcl-2/Bcl-xL inhibitor that can restore the apoptosis of cancer cells by selectively inhibiting Bcl-2 and Bcl-xL proteins, thus delivering its therapeutic effects on a range of solid tumors including NSCLC and hematologic malignancies.

The clinical data of APG-1252 (pelcitoclax) presented at the ESMO Congress this year demonstrated promising therapeutic utility of APG-1252 (pelcitoclax) combined with osimertinib in patients with EGFR-mutant NSCLC. Those results show that among the 26 EGFR-tyrosine kinase inhibitor (TKI)-naïve patients, 21 partial responses (PRs) were observed, resulting in an objective response rate (ORR) of 80.8%; while among the 16 EGFR-TKI naïve patients with TP53 and EGFR-mutations, 14 PRs were observed, resulting in an ORR of 87.5%.

Highlights of the data on APG-1252 (pelcitoclax) presented at the 2023 ESMO Congress are as follows:

Updated study results of APG-1252 (pelcitoclax) combined with osimertinib in patients (pts) with EGFR-mutant non-small-cell lung cancer (NSCLC)

- **Format:** Mini Oral
- **Abstract number:** 5586
- **Date and Time:** October 22, 2023 (Sunday), 02:30 PM – 02:35 PM (Madrid Time)/October 22, 2023 (Sunday), 08:30 PM – 08:35 PM (Beijing Time)

- **Category:** NSCLC, metastatic

- **Highlights**

  - ➢ This open-label, multi-center, Phase Ib study being conducted in China was designed to evaluate the safety, tolerability, pharmacokinetics (PK), and antitumor activity of pelcitoclax in combination with osimertinib in patients with EGFR-mutant NSCLC.

  - ➢ As of April 21, 2023, 64 patients were enrolled with a median age of 56 years. To the 13 patients enrolled in the dose escalation phase, pelcitoclax was administered intravenously once weekly (QW) at 160 mg (n=6) and 240 mg (n=7); while osimertinib was orally administered once daily (QD) at 80 mg, in 21-day cycles. After establishing 160 mg as the recommended Phase II dose (RP2D) of APG-1252 (pelcitoclax), the study enrolled another 51 patients into the dose-expansion phase that divided the 64 patients into 3 cohorts: Cohort 1 included patients with disease resistant to first-generation EGFR-TKIs (n=8), Cohort 2 included patients with disease resistant to third-generation EGFR-TKIs (n=29), Cohort 3 included patients whose disease was previously untreated with EGFR-TKIs (n=27).

  - ➢ Efficacy results: In the 26 efficacy-evaluable EGFR-TKI naïve patients, 21 partial responses (PRs) were observed, resulting in an ORR of 80.8%. In the 16 EGFR-TKI-naïve patients with TP53 and EGFR mutations, 14 PRs were observed, resulting in an ORR of 87.5% and a median progress-free survival (mPFS) of 16.39 months (95%Cl, 8.11-NR). Furthermore, preliminary biomarker data from patients resistant to third-generation EGFR-TKIs suggest that the combination regimen can potentially prolong the PFS of patients with high Bcl-xL expressions.

  - ➢ Safety results: A total of 59 patients (92.2%) experienced treatment-emergent adverse events (TEAEs), of whom only 13 (20.3%) experienced grade≥3 AEs. The most common TEAEs included increased aspartate aminotransferase (68.8%) and alanine aminotransferase (64.1%), reduced platelet counts (43.8%), increased serum amylase (29.7%), and increased blood creatinine (28.1%).

  - ➢ Conclusions: According to the preliminary results, APG-1252 (pelcitoclax) in combination with osimertinib showed favorable tolerability in patients with EGFR-mutant NSCLC, and the potential for improving the prognosis of EGFR-TKI-naïve patients with TP53 – and EGFR-mutant NSCLC. In patients resistant to third-generation EGFR-TKIs, those with higher Bcl-xL expressions achieved better responses. These encouraging findings warrant further clinical investigations.

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-1252 (pelcitoclax) successfully.

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

Suzhou, People's Republic of China, October 23, 2023

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.