

# 2024 Annual Results Presentation

26 March, 2025

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# Agenda



**Highlights**

1

**Business  
Overview**

2

**R&D**

3

**Financial  
Review**

4

**Q&A**

5



# 01 Highlights

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# 2024 Annual Results Abstract



## Revenue

**16.5%**  
YOY

Bn RMB

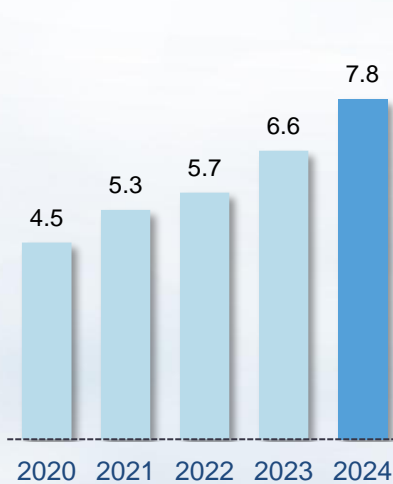


## Gross profit

**17.9%**  
YOY

GPM: 86.0%

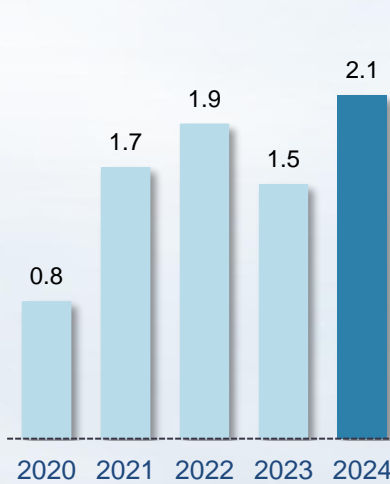
Bn RMB



## Net profit attributable to parent

**34.9%**  
YOY

Bn RMB



## Net Profit Attributable to Owners of the Parent Adjusted for Non-Operating Items

**18.8%**  
YOY

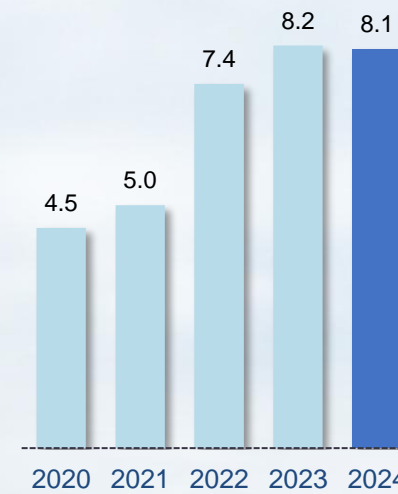
Bn RMB



## Financial Resource

**8.1<sub>Bn</sub>**

Bn RMB



# 2024年业务里程碑



## Hematology/ Oncology

- Studies of **TPIAO®** were presented at APASL, sharing TCP in CLDT patients

- TPIAO®** Pediatric ITP approved

- «Primary liver cancer diagnosis and treatment guidelines (2024)» recommend **TPIAO®** for CLDT

- «Clinical Guidelines for Renal Transplantation » recommend **TPIAO®** for Renal Transplantation TCP

- TPIAO®** Phase III Study of CLDT achieved Primary Endpoint

- TPIAO®** NDA of CLDT was accepted by CDE

- Studies of **Inetetamab** were selected in ESMO 2024, reflecting its efficacy and safety in BC neoadjuvant treatment
- Te Ai Sheng®** approved to launch

- Cooperation with Haihe Biopharma in respect of commercialization rights of **Paclitaxel Oral Solution** in Mainland China and HK.

- 707** Partial PhII data was disclosed at 2025 JPM conference

## Nephrology

- SSS06** PhIII Study of CKD anemia Achieve Primary Endpoint

- Remitch®** launch ceremony was successfully held

- Studies of **Inetetamab** were selected for the 2024- year ASCO

- NDA of **NuPIAO(SSS06)** was accepted by CDE

**TPIAO, Cipterbin renewed NRDL 2024; Remitch included in NRDL 2024**

- Cooperation with Sunshine Lake Pharma in respect of commercialization rights of **Clifutinib** in Mainland China.
- strategic cooperation with **NK Celltech**
- Participated in the A+ financing for **C-ray**

- Cooperation with **Duality Biologics** in respect of commercialization rights of **DB1303** in the Territory



## Autoimmune

- Tacrolimus Cream** NDA approved
- Anti-IL-5 Ab (610)** Ph II study of Eosinophilic asthma achieved Primary Endpoint
- Anti-IL-4R Ab (611)** Ph III study of Adult AD complete FP enrollment

- Anti-IL-4R Ab (611)** Ph II study of CRSwNP achieved Primary Endpoint
- Anti-IL-17 Ab (608)** Ph III study of PsO achieved Primary Endpoint

- Anti-BDCA2 Ab(626)** IND of SLE and CLE approved by CDE, after the IND approved by FDA

- Anti-IL-17 Ab (608)** NDA of PsO was accepted by CDE

- Anti-TL1A Ab(627)** IND accepted by CDE, while it approved by FDA

## Dermatology

- Anti-IL-1β Ab (613)** Ph III study of AG complete FP enrollment

- Zhejiang Wan Sheng has officially changed its name to **3S Mandi**

- Cooperation with Hybio Pharmaceutical in respect of commercialization rights of **Semaglutide** (weight control)

- Mandi** won **No.1** among Tmall JD and Tiktok in "Double 11" festival "
- Winlevi®** complete all patient enrollment in the Ph III bridging trial of Acne



## 02 Business Overview

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# TPIAO- Global Exclusive Commercialized rhTPO



## Revenue of TPIAO, 2024

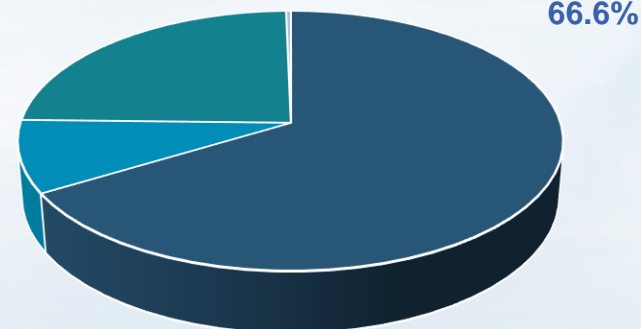
RMB Mn



1

## Top 1 market share

67%<sup>1</sup> market share in terms of sales, still tops the first position in rhTPO products



■ TPIAO

■ Class B (Oral TPO-RA)

■ Class A (Interleukin-11)

■ Class C (Romiplostim)



1. 数据来源: IQVIA, Markets scale includes rhTPO, IL-11, TPO-RA and Romiplostim



# TPIAO: Maintain competitive edge in diversified Market



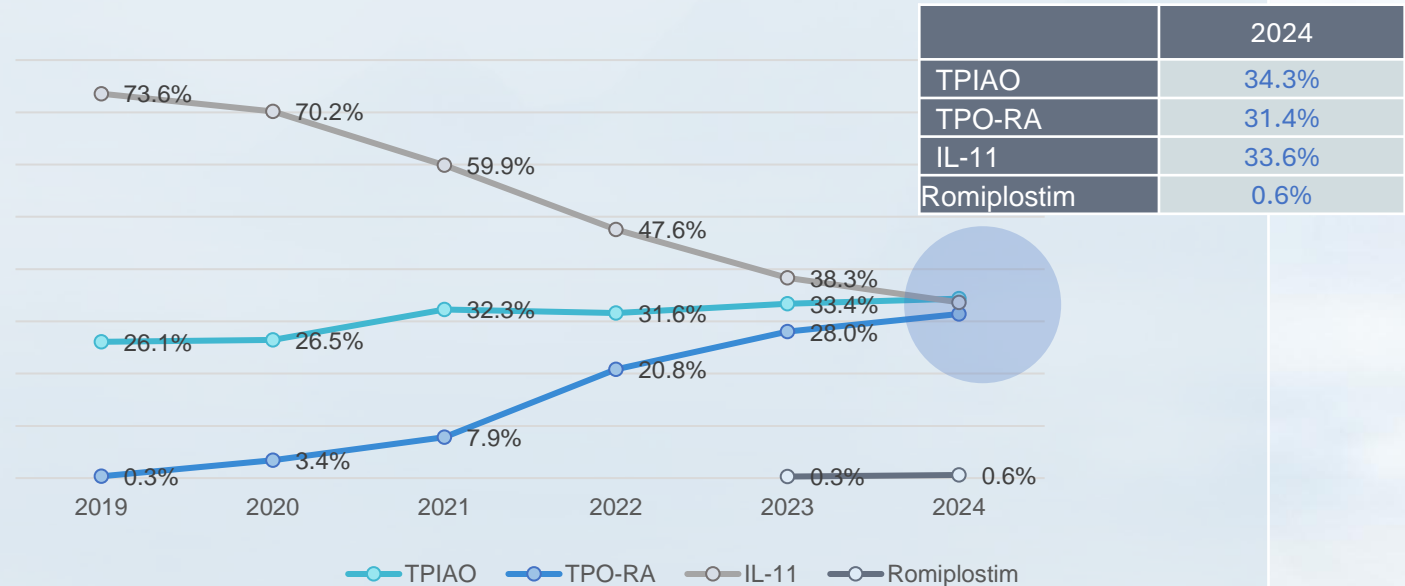
## Competitive Advantage

- ✓ **The only** specific ascending plate drug with CIT indication;
- ✓ Guideline recommend **1A**, evidence-based
- ✓ **Fast onset** time, efficacy reflect in 3-7 days
- ✓ No liver toxicity, no risk of bone marrow fibrosis, no risk of thrombosis, **high safety**
- ✓ Daily dosage, **facilitates Hematological indicators monitoring and adjustment of dosage**

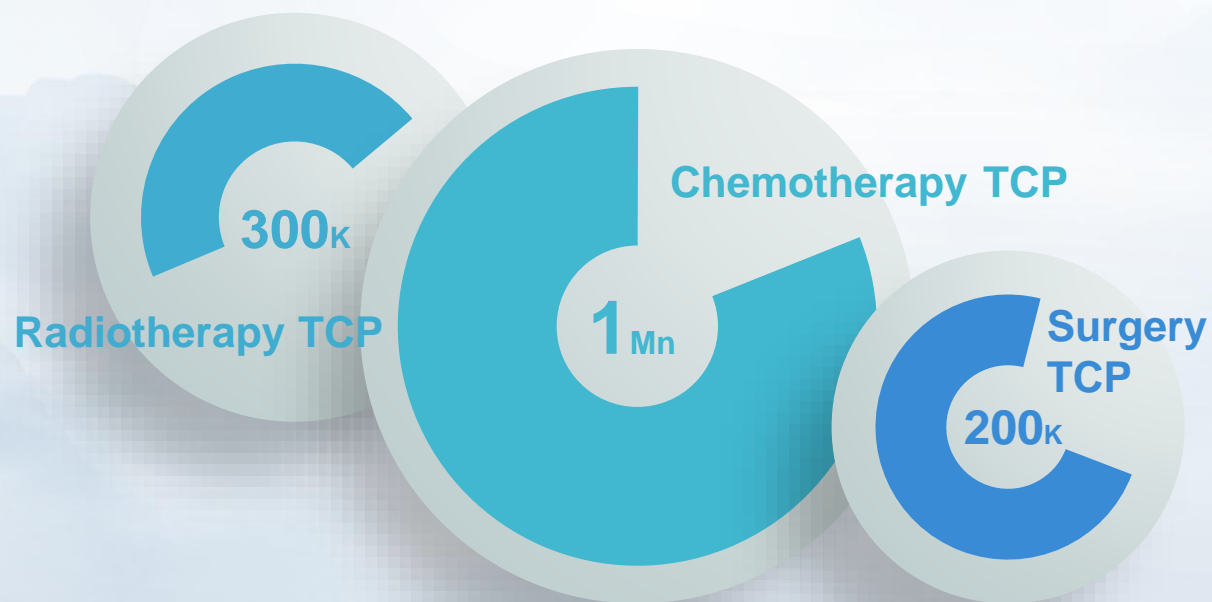
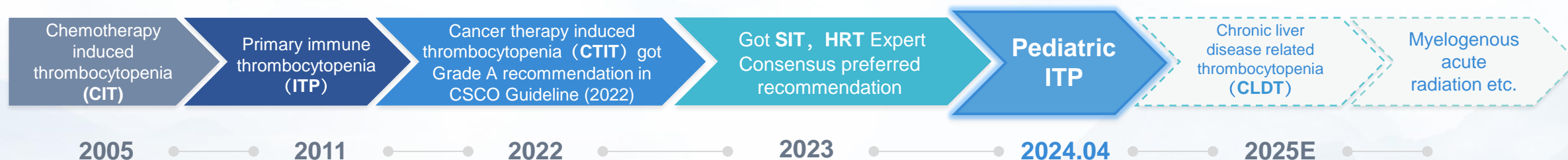
## TPIAO, TPO-RA and Romiplostim:

## Jointly take replacement of IL-11

### Market share of Thrombopoietic agents -sales volume



# TPIAO- Improving Cancer Patients Coverage



## Chemo-therapy TCP

- Chemotherapy composed of multiple cytotoxic components, which may lead to cumulative hematological toxicities;

## Targeted therapy TCP

- Targeted therapy with small molecule tyrosine kinase inhibitors causes 20% incidence of TCP ; some of them will high the rate up to 54%
- ADC therapy moved to initial treatment plan in Clinical Guidance, lead to a higher incidence of TCP

## Immune therapy TCP

- PD-1/PD-L1 inhibitors have a probability of about 10% to cause grade 1-4 TCP

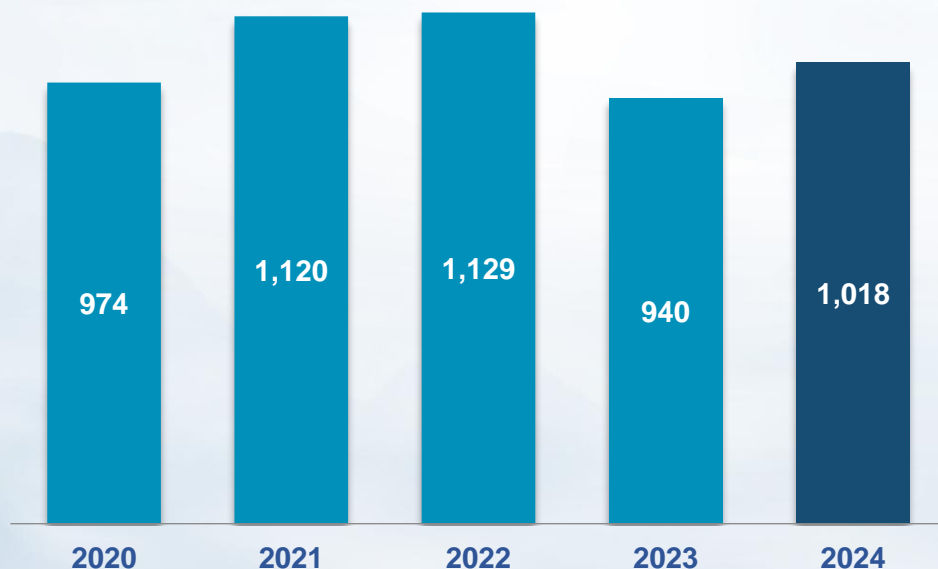
# rhEPO- EPIAO & SEPO



## Revenue of rhEPO, 2024

RMB Mn

YOY: 8.3%

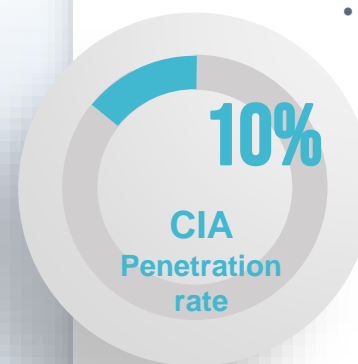


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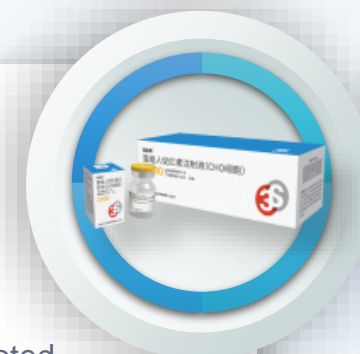
## TOP 1 Market share

Two brands dominate **42%**<sup>1</sup> market share, preside Top 1 position in terms of EPO market share

- EPIAO® quality standard is consistent with **EU Pharmacopeia**
- CKD anemia, CIA and Perioperative anemia is included **in NRDL**



- Treatment guidelines<sup>2</sup> promoted standardized treatment, **enhance penetration rate** in CIA
- 4Mn patients in cancer, 2.3Mn in Chemo-therapy, with **single-digit CIA treatment penetration rate**



1. Data source of market share: IQVIA

2. "Practice Guidelines for Cancer Induced Anemia 2022" added 36000IU for primary recommendations for MDS; .NHC " 2021 Document for Improvement of Quality Control ( [2021] no.51) "

# Mandi – Effective & Reliable Hair Growth Drug



## Revenue of Mandi, 2024

RMB Mn



2<sup>nd</sup> Generation

## Mandi Foam

- Approved with OTC in Jan 2024;
- Innovative technology, fill the gap for skin sensitive population

**第二代**  
【HFC透皮技术+0丙二醇】  
泡沫剂

**第一代**  
【含丙二醇的喷雾剂】  
搽剂/酊剂

**NEW 新一代**

**01**  
5倍渗透速度<sup>[1]</sup>  
跨细胞输送  
吸收更快

**02**  
8周平均起效<sup>[2]</sup>  
速率提升30%

**03**  
0添加丙二醇  
丙二醇过敏人群会  
瘙痒、红肿、起痘

米诺地尔泡沫剂  
5% MINOXIDIL FOAM

浙江正生医药科技有限公司

[1]数据来源：渗透性透皮实验数据，酊剂渗透速率为0.0265±0.0065，泡沫剂渗透速率为0.2578±0.1264，约为5倍渗透速度 [2]数据来源：Olson EA, Whiting D, Bergfeld W, Miller J, Hordinsky M, Wansel R, et al. A multicenter, randomized, placebo-controlled, double-blind clinical trial of a novel formulation of 5% minoxidil topical foam versus placebo in the treatment of androgenetic alopecia in men. J Am Acad Dermatol. 指出米诺地尔泡沫剂平均8周起效

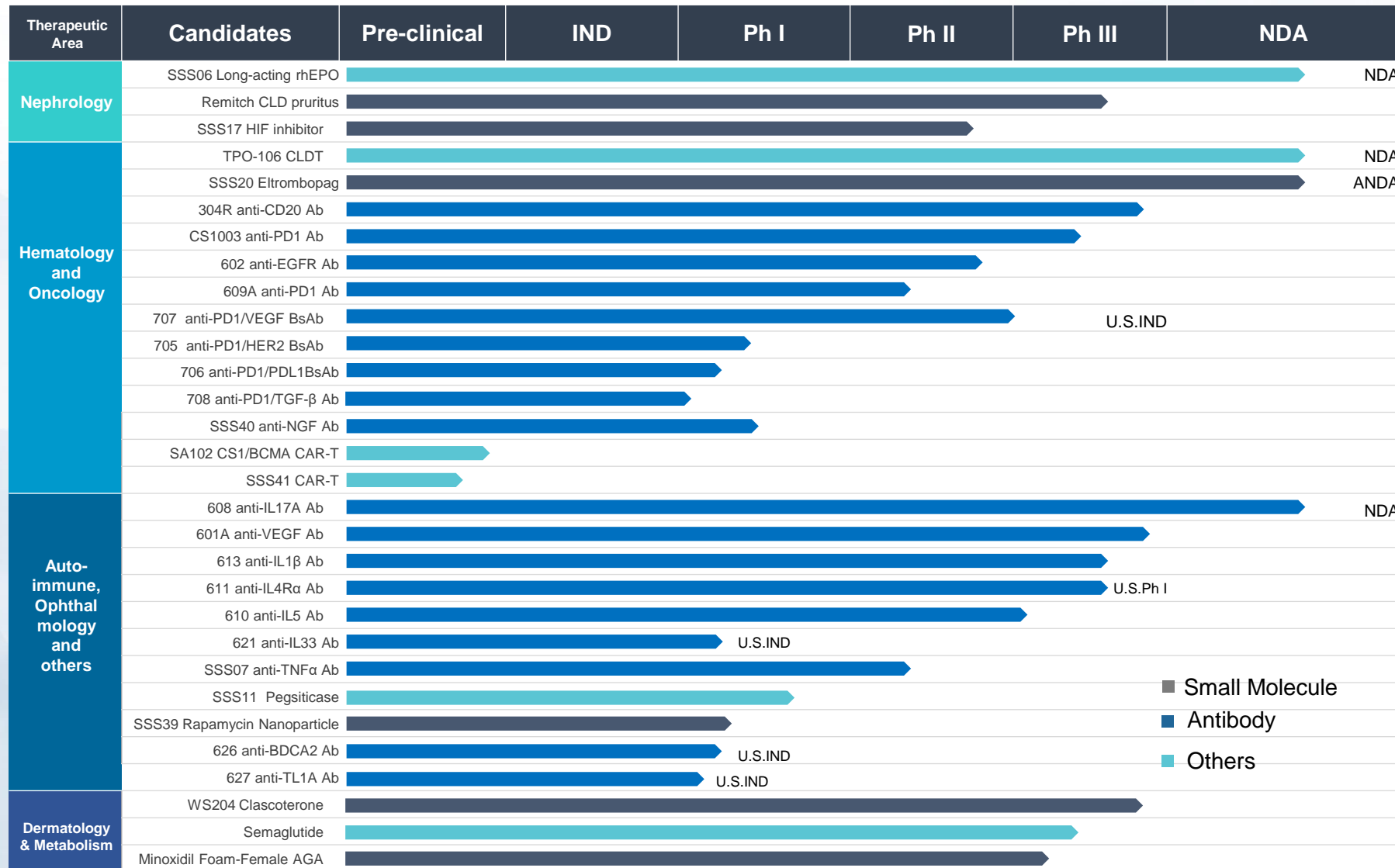


## 03 R&D

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# R&D Pipeline-30 Candidates



# Innovation into Achievements



## 1 product Included in NRDL

- Remitch: Included into NRDL 2024

## 2 products renewed in NRDL

- TPIAO、Cipterbin: Renewed in NRDL 2024

## 3 products launched to market

- Mandi Foam
- Eltrombopag Dry Suspension (Te Ai Sheng)
- Apremilast Tablets

1

2

3

4

## 4 NDAS accepted by CDE

### ➤ SSS06 NuPIAO

NDA of CKD anemia was accepted by CDE

### ➤ 608 anti-IL-17A mAb

NDA of Adult PsO was accepted by CDE

### ➤ TPIAO

NDA of CLDT was accepted by CDE

### ➤ Eltrombopag Tablets

ANDA of ITP was accepted by CDE



# Revenue about to Diversified



## Mandi

minoxidil tincture



## EPO

Recombinant Human Erythropoietin Injection



## TPIAO

Recombinant Human Thrombopoietin Injection



## YSP

Recombinant Human TNF- $\alpha$  Receptor II:IgG Fc Fusion Protein for Injection

Potential Peak Sales: 10 Bn+

## Semaglutide

Obesity

## Winlevi®

Clascoterone Cream

## Remitch

Nalfurafine Hydrochloride Orally Disintegrating Tablet

## SSS06

2<sup>nd</sup> generation rESP Injection

## SSS17

HIF Inhibitor

## 柏瑞素

Paclitaxel Oral Solution

## DB-1303

Her-2 ADC

## 克立福替尼

Clifutinib Besylate

## CS1003

Anti-PD-1Ab

## 608

Anti-IL-17A Ab

## 613

Anti-IL-1 $\beta$  Ab

## 611

Anti-IL-4R Ab

## 610

Anti-IL-5 Ab

~2024

2025-2027

# 4 BD Cooperations-Expanding Commercial Territory



## Semaglutide (Obesity)



2024 Apr

- Cooperation with **Hybio**
- Obtain the exclusive rights of **R&D, registration, production and commercialization** of Semaglutide within the authorized territory<sup>1</sup>

### R&D Progress:

Completed Phase III patients enrollment



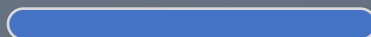
## Paclitaxel Oral Solution



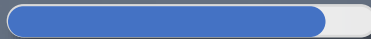
2024 Oct

- Cooperation with **Haihe Biopharma**
- Obtain the **exclusive rights of commercialization** of Paclitaxel Oral Solution in Mainland China and HK

NDA approved for Advanced gastric cancer



Ph III study of Breast cancer completed



## Clifutinib Besylate



2024 Nov

- Cooperation with **Sunshine Lake Pharma**
- Obtain the **exclusive commercialization rights** of Clifutinib in Mainland China

Ph III study of FLT3-ITD mutation AML in progress



## DB-1303 Her-2 ADC



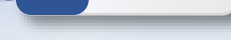
2024 Dec

- Cooperation with **Duality Biologics**
- Obtain the **exclusive commercialization rights** of DB-1303 in the authorized territory<sup>2</sup>

Advanced HER2+ EC has been granted Breakthrough Therapy designation by CDE



Other studies of Her-2 positive indications are in R&D progress



1. China and Mexico, Brazil and other countries and some countries online channels

2. Mainland China, Hong Kong and Macau

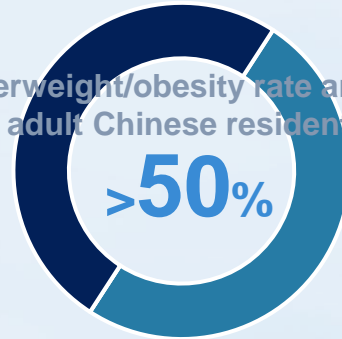
# Face Weight Management Broad Market- Semaglutide



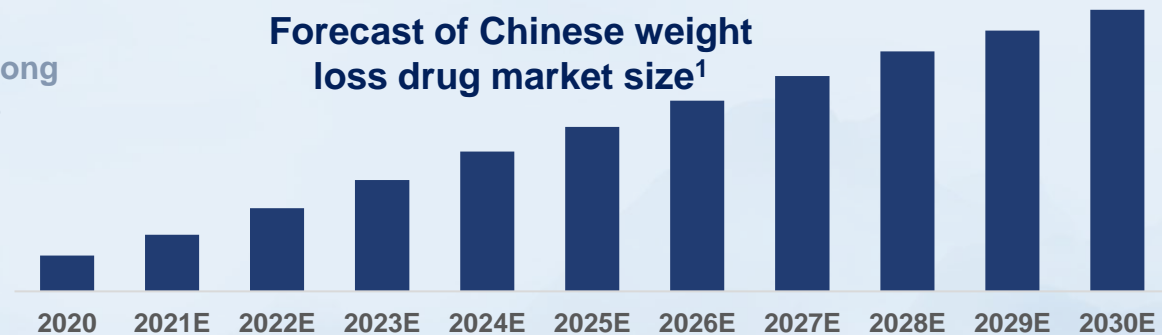
Chinese number of  
obese people  
(Est. 2030):

**329** mn<sup>1</sup>

Overweight/obesity rate among  
adult Chinese residents



Forecast of Chinese weight  
loss drug market size<sup>1</sup>



**Semaglutide: Globally recognized safe and effective weight management products**

- Dec. 2017  
FDA approved **diabetes mellitus type 2**
- Jun. 2021  
FDA approved **weight management**
- Mar. 2024  
FDA approved **heart disease protection in obese patients**
- Jun. 2024  
NMPA approved **weight management i**



Mean weight  
loss occurred  
within 68 weeks



The risk of  
cardiovascular  
events was  
reduced

Obesity

Phase III Complete Pt enroll

The first  
batch of IND  
approval in  
China

Reach a  
wide range  
of people  
online

Sectors  
echelon layout



# BD cooperation-Paclitaxel Oral Solution



LIPORAXEL®

## The exclusive oral formulation of paclitaxel in the world

- Haihe Biopharma is responsible for the development and registration
- NDA of GC<sup>1</sup> has been approved in Sep 2024, BC<sup>2</sup> Ph III study has been completed

Leading the new model of  
**Cancer Home-based Treatment**



## Efficacy

The mOS of patients with gastric cancer was 9.13 months<sup>3</sup>, increased by 40% to the control group of 6.54 months

## Safety

Significantly reduced peripheral neuropathy, allergic reactions, myalgia and other side effects, hair loss incidence was significantly reduced (59.3% V.S. 34.7%)<sup>4</sup>

## Facilitation

Dose without pre-treatment, no hospitalization management for patients

## Synergy

Synergy the academic ability of 3SBio in Oncology

## Population size of indications:

~500<sub>k</sub>

- ✓ advanced gastric cancer
- ✓ Recurrent/advances Her-2 negative BC
- ✓ Tumor patients with intolerance to other injectable dosage forms

### China market:

2024:  
Herceptin  
subcutaneous  
injection sales:

1.2 Bn RMB

2024 Jan:  
**PHESGO**  
(Pertuzumab and  
Trastuzumab  
Subcutaneous Injection)  
**Launched in  
China**

2024 Nov:  
PHESGO  
**Included in  
NRDL**



1. GC, gastric cancer: applicable to the treatment of advanced gastric cancer patients with disease progression during or after treatment with first-line fluorouracil-containing regimens;  
2. BC, Breast Cancer Indications: First-line chemotherapy (no previous systemic chemotherapy) for recurrent or metastatic HER2-negative breast cancer

3. Phase III Clinical Trials for Advanced Gastric Cancer in China  
4. South Korea Key Phase III Gastric Cancer Clinical Trial, Data Source Haihe Drug Prospectus



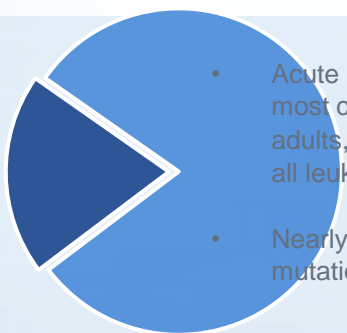
# BD cooperation- Clifutinib

## Clififatinib Besylate Tablets: First-In-Class Highly Specific FLT3 Inhibitor

Expected to be the first domestic FLT3-ITD mutation of relapsed/refractory AML targeted therapy drug

AML cases in China in 2023:

~40k



- Acute myeloid leukemia (AML) is the most common type of leukemia in adults, accounting for about 80% of all leukemias
- Nearly 30% of AML patients with FLT3 mutations

China AML Drug Market Size Forecast<sup>1</sup>



### Unmet clinical needs of Existing treatments

- Traditional treatment includes chemotherapy and allo-HSCT make high recurrence rate (>50%), and low 5-year survival rate (<50%).the overall survival rate is also less than 50%

### Targeted therapy recommend by guidelines

- CSCO Guideline<sup>3</sup> recommend target drugs to I-Line treatment for all Phases FLT3 Mutation AML patients

### Market size has potential to improve

- Only one drug with the same target has been approved in China, but it has not entered NRDL, which caused the low coverage of patients, and the market scale does not fully reflect the clinical demand.

Clinical situation

Clifutinib

### Exact Clinical Efficacy

- A new generation of highly specific FLT3 inhibitors with phase I clinical efficacy and the maximum reduction of cardiac toxicity risk;

### Expect to submit NDA

- Using Phase III CR/CRh rate as a surrogate endpoint for NDA has been approved by CDE; Except to submitted NDA in 2026<sup>2</sup>

### Professional Sales Team

- Synergy the academic ability of 3SBio in Hematological Oncology

1.Source: Frost Sullivan

2、廣東東陽光藥業招股书（申报版本）

3. CSCO Guidelines for the Diagnosis and Treatment of Malignant Hematological Diseases2024

# BD Cooperation- DB-1303 (Her2 ADC)



## DB-1303

a 3<sup>rd</sup> generation HER2- ADC

- ✓ Synergy 3SBio commercialization capabilities in oncology space
- ✓ Strategic deployment of HER-2+ treatments

No. of potential patients

>300k

### HER2-Low Breast Cancer

Half of BC patients are HER2-low;  
# of domestic patients ~ **200k**

Leading  
domestic ADC  
treatment

High  
Demand

Only 1 ADC (Enhertu®) launched for HER2-low patients relapsed/refractory after chemotherapy

DB-1303 is explored for more potential indications to cover broader patient population

### Her-2+ Breast Cancer

Total # of domestic  
patients ~ **100k**

Marketed scale exceed  
~ **1 Bn RMB**

Superior  
Efficacy

DB-1303 demonstrated ORR of 58.5% and DCR of 94.1% in patients with HER2+ EC; it has shown promising efficacy in patients with HER2+ and Her2-low BC.

### HER2+ Endometrial Cancer

Total population of HER2+ EC patients  
in China

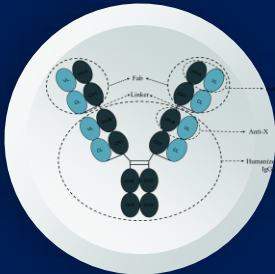
~ **50K/Year**

Innovative

DB-1303 is the most clinically advanced HER2 ADC for HER2+ EC globally with Fast Track designation and Breakthrough Therapy Designation from the FDA, as well as CDE

# Hematology & Oncology Pipeline



| Candidates   | Indications   | IND                             | Ph I | Ph II | Ph III |
|--|---|---------------------------------|------|-------|--------|
| <div>707</div> <div>anti-VEGF/PD-1 BsAb</div> <div></div> <div>CLF<sup>2</sup> (common light chain Linear-Fabs-IgG) BsAb platform</div> | Monotherapy 1L PD-L1+NSCLC  | CDE approved to start Phase III |      |       |        |
|  | 1L NSCLC in Comb with Chemo   | U.S. IND                        |      |       |        |
|  | mCRC  |                                 |      |       |        |
|  | EC/PROC   |                                 |      |       |        |
|  | Partnership with Biokin Pharma: 2025 Feb, Strategic cooperation to jointly explore combination of 707 and BL-B01D1 (a BsAb ADC targeting EGFR × HER3) as a potential treatment for solid tumors |                                 |      |       |        |
| <div>705</div> <div>anti-PD-1/HER2 BsAb</div>  | HER2+ Advanced Solid Tumors   | U.S. IND                        |      |       |        |
| <div>706</div> <div>anti-PD-1/PD-L1 BsAb</div>   | Advanced Solid Tumors   |                                 |      |       |        |
| <div>708</div> <div>anti-PD1/TGF-β BaAb</div>  | Advanced Solid Tumors   |                                 |      |       |        |
| <div>SSS40</div> <div>Anti-NGF Ab</div>  | Bone Metastasis Cancer Pain   |                                 |      |       |        |

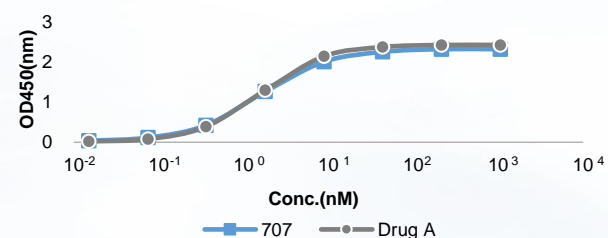
# 707:Preclinical Data Shows On Par or Improved Binding and Inhibition

## 707 has Demonstrated Superior Activity at Lower Doses Compared to Another Late-Stage Drug (Drug A)

- 707 exhibits **comparable or better potency** than another comparable late-stage drug, Drug A
- 707 is approximately **7-fold more potent in inhibiting HUVEC proliferation**, indicating stronger inhibitory effects on VEGF-induced angiogenesis
- In the presence of VEGF, 707 exhibits **enhanced binding affinity for PD-1** and stronger internalization by T cells, followed by translocation to lysosomes and VEGF depletion

### VEGF Binding Affinity is Similar to Drug A...

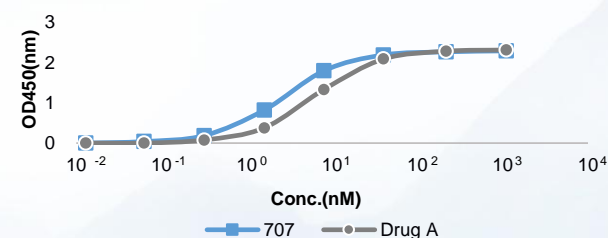
coat: VEGF165-his 1µg/mL



| VEGF165 | Mean (nM) | SD    | P1 (nM) | P2 (nM) | Top   | Bottom |
|---------|-----------|-------|---------|---------|-------|--------|
| 707     | 1.394     | 0.119 | 1.31    | 1.478   | 0.020 | 2.330  |
| Drug A  | 1.434     | 0.071 | 1.484   | 1.383   | 0.031 | 2.432  |

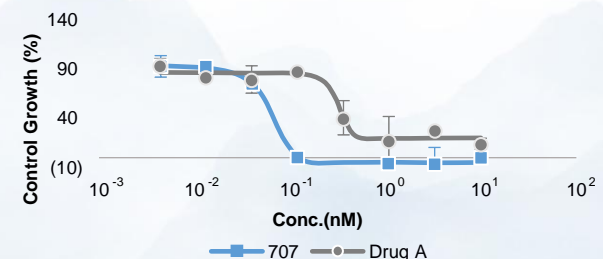
### ... with Improved PD-1 Binding Affinity

coat: PD1-his 2µg/mL



| PD-1   | Mean (nM) | SD    | P1 (nM) | P2 (nM) | Top   | Bottom |
|--------|-----------|-------|---------|---------|-------|--------|
| 707    | 2.661     | 0.070 | 2.611   | 2.710   | 0.014 | 2.287  |
| Drug A | 6.137     | 0.012 | 6.128   | 6.145   | 0.006 | 2.320  |

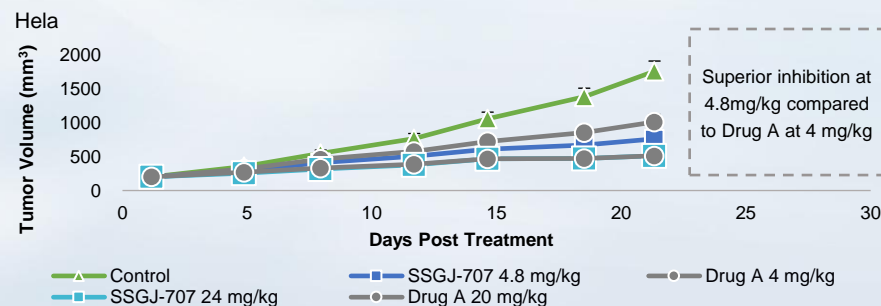
### ... and Stronger Inhibition of HUVEC Proliferation



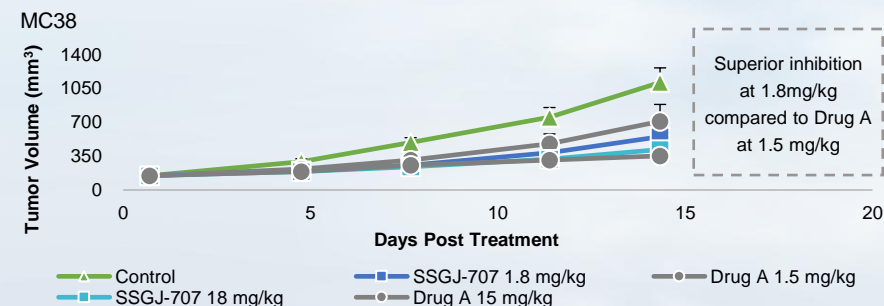
| HUVEC  | Mean (nM) | SD    | P1 (nM) | P2 (nM) | Top    | Bottom  |
|--------|-----------|-------|---------|---------|--------|---------|
| 707    | 0.465     | 0.036 | 0.440   | 0.491   | 93.06% | (4.63%) |
| Drug A | 3.573     | 0.381 | 3.303   | 3.842   | 86.69% | 20.19%  |

## VEGF and PD-1 Inhibitory Effects Better than Drug A at Lower Doses, Comparable at Higher Doses

### In Vivo VEGFi Efficacy



### In Vivo PD-1i Efficacy



707 has shown **no adverse safety effects** on the cardiovascular or respiratory system, with **NOAEL of 150 mg/kg** after repeated doses



# 707:Summary of Ph I &Ph II Data From Ongoing Trials



| 707 part of Ph II Data Analysis |                                    |  |                          |   |  |  |
|---------------------------------|------------------------------------|--|--------------------------|---|--|--|
| Phase (Trail)                   | Phase 1a/1b                        | Phase 2  |                          | Phase 2   |  | Phase 2  |
| Indication                      | Advanced Solid Tumor               | 1L PD-L1+ NSCLC without EGFR/ALK alterations, ECOG 0-1, PD-L1 TPS ≥ 1% |                          | 1L NSCLC without EGFR/ALK alterations, ECOG 0-1   |  | ≥ 3L mCRC RASm or BRAFm, non-MSI-H or pMMR<br>1L mCRC RASm or BRAFm, non-MSI-H or pMMR |
| Dosing Group                    | 707 Monotherapy                    |  | 707 with Chemotherapy    |   | 707 Mono   | 707 Combo  |
| Dosing Regimen                  | 0.2 to 30 mg/kg QW<br>45 mg/kg Q3W | NSQ:<br>5 to 30 mg/kg Q3W  | SQ:<br>5 to 30 mg/kg Q3W | NSQ:<br>5 to 20 mg/kg Q3W + pemetrexed + carboplatin<br>PD-1/L1i + pemetrexed + carboplatin | SQ:<br>5 to 20 mg/kg + paclitaxel + carboplatin<br>PD-1/L1i + paclitaxel + carboplatin | 10 mg/kg Q2W<br>10 mg/kg Q3W or Q2W + chemo  |
| N                               | 85 (164 Estimated)                 | 83 (120 Estimated)   |                          | 108 (235 Estimated)   |  | 7 (3)<br>61 (3)  |
| Overall Efficacy                | 10 mg/kg (2)                       |  | NSQ 10 mg/kg             | SQ 10 mg/kg   |  |  |
| ORR                             | Total: 14% (1)                     | 70.8% (5)  |                          | 58.30%  | 81.30%   | PR: 33.30%<br>PR: 36.3% (6)  |
| DCR                             | Total: 59.6% (1)                   | 100.0% (5)   |                          | 100%  | 100%   | SD: 66.7%(4)<br>SD: 63.60%   |
| PFS                             | --                                 | --   |                          | --  | --   | PD: 0%<br>PD: 0  |
| Overall Safety                  | Total                              | 10 mg/kg Q3W   |                          | 10 mg/kg Q3W  |  |  |
| TRAE %                          | 89.40%                             | 88.20%   |                          | 55.60%  |  | --   |
| TRAE % (Gr3+)                   | 33.30%                             | 23.50%   |                          | 8.90%   |  | --   |

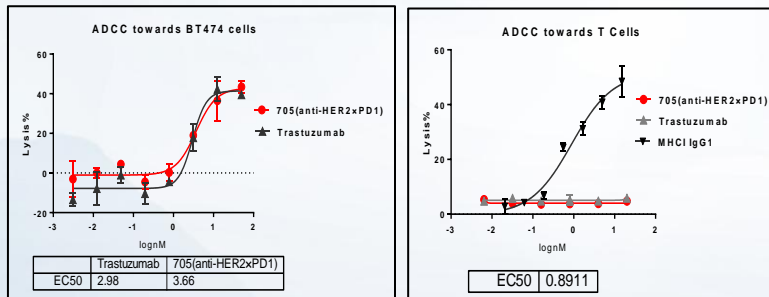
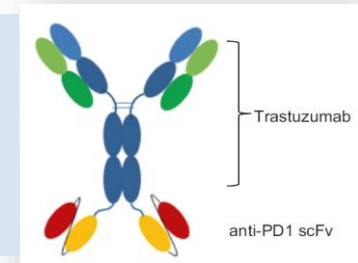
# 705:Treat on HER2 Expressing Tumors through Immunotherapy



## 705

### anti-PD1/HER2 BsAb

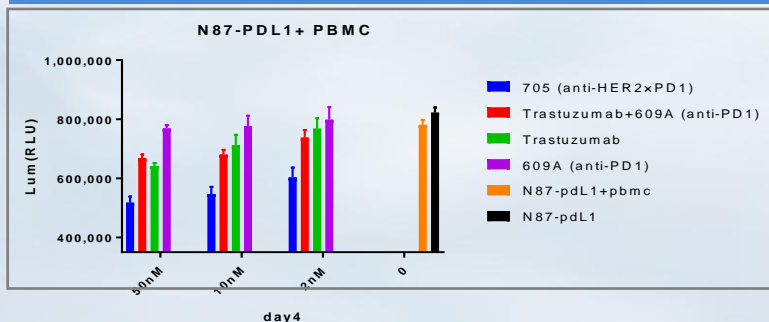
- 705 connects ScFv of anti-PD1 to the heavy chain Fc segment of Trastuzumab through GGGGS, and simultaneously inhibits PD-1/PD-L1 signaling pathway and HER2 signaling pathway, which combines targeted therapy and immunotherapy, is expected to achieve more effective tumor immune monitoring



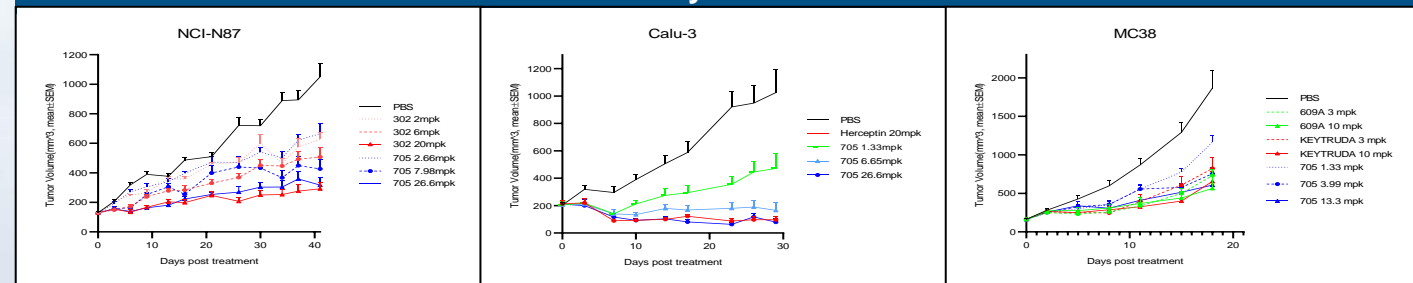
**705 mediates the unique T-cell activation activity of the bispecific antibody through PD-1 synapses, achieving multiple tumor cell killing mechanisms**

- ✓ 705 mediates the ADCC effect to selectively kill tumor cells but not activated T cells;
- ✓ PD-1 was induced to rearrange on the surface of T cells and form immune clusters between T cells and tumor cells, which greatly activated the tumor killing activity of T cells.

**705 activated T cells to achieve double-antibody superposition effect**



**705 demonstrat significant tumor suppression activity across a variety of tumor models**



Human Gastric Tumor Cell

Human Lung Tumor Cell

Mouse Intestinal Tumor Cell

# 705-Phase I Clinical Data



## 705 Phase I Trail Clinical Data (HER2+) Advanced Solid Tumor

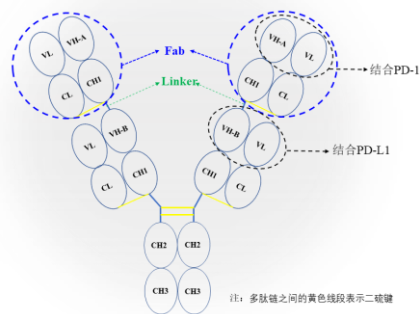
| ID     | Indication                                   | Prior Treatment Lines              | HER2 Expression | PD-L1 Expression | Dosing Regimen | Response Evaluation |
|--------|--|------------------------------------|-----------------|------------------|----------------|---------------------|
| S07005 | Breast Infiltrating Ductal Carcinoma         | 4L Failed (HER2 Therapy Failed)    | IHC 3+          | CPS 40           | 0.3mg/kg QW    | PD                  |
| S08001 | Urothelium Carcinoma                         | 4L Failed (RC-48, IO Failed)       | IHC 3+          | CPS 5            | 0.3mg/kg QW    | PD                  |
| S05014 | Breast Infiltrating Ductal Carcinoma         | 2L Failed (HER2 Therapy Failed)    | IHC 2+ ISH +    | CPS 20           | 1mg/kg Q3W     | PR (-84.96%)        |
| S01003 | Breast Infiltrating Ductal Carcinoma         | 1L Failed (HER2 Therapy Resistant) | IHC 2+ ISH +    | CPS 20           | 1mg/kg QW      | PD                  |
| S08002 | Platinum-Resistant Epithelial Ovarian Cancer | 3L Failed                          | IHC 3+          | CPS 2            | 3mg/kg QW      | PR (-35.8%)         |
| S08008 | gastric adenocarcinoma                       | 2L Failed (HER2 Therapy Failed)    | IHC 3+          | CPS 20           | 10mg/kg Q3W    | PR (-37.5%)         |



# 706- Phase I Clinical Data

706

anti PD-1/PD-L1 BsAb



The 706 molecule features a heavy chain C-terminal Fv segment that binds to PD-L1, and a Fab segment that binds to PD-1.

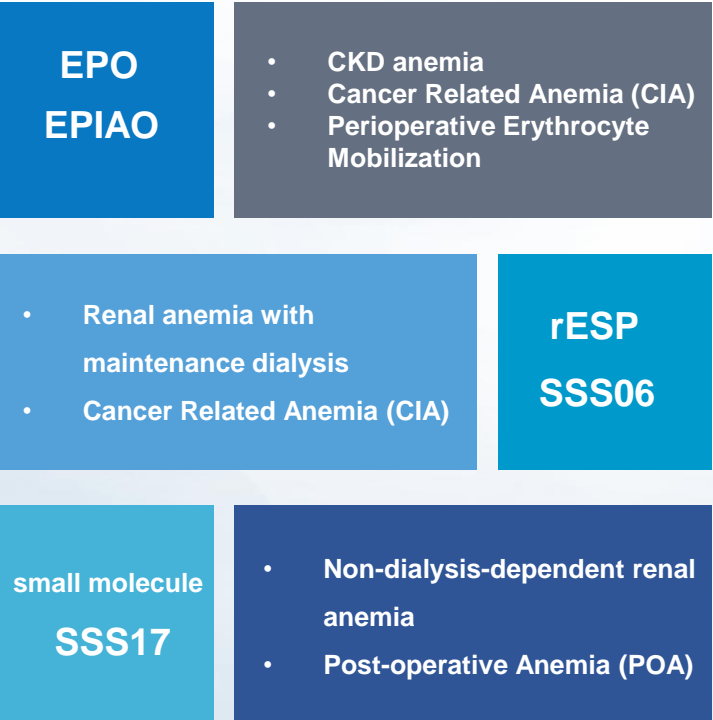
## 706 Phase I Trail Clinical Data (Advanced Solid Tumor)

| ID     | Indication            | Prior Treatment Lines                    | PD-L1 Expression | Dosing Regimen | Response Evaluation              |
|--------|-----------------------|--|------------------|----------------|----------------------------------|
| S01001 | GEJ                   | 2L Failed (IO-R)                         | CPS=1            | 0.01mg/kg QW   | WEEK6:SD(-11%)<br>WEEK12:SD(-9%) |
| S04004 | nsqNSCLC              | 1L Failed (Dato-Dxd Failed, IO-R)        | TPS < 1%         | 0.1mg/kg QW    | WEEK6:SD(+3%)                    |
| S04005 | EGFR+/MET14 +nsqNSCLC | 2L Failed Ochitinib and Sevatinib Failed | TPS ≥ 50%        | 0.1mg/kg QW    | WEEK6:SD(+9%)                    |
| S04003 | sqNSCLC               | 1L Failed (IO-R)                         | TPS 1-49%        | 0.1mg/kg QW    | WEEK6:SD(+8%)                    |



# Nephrology –More Pipelines & Indications

## SSS06: High-glycosylated long-acting rESP



**CKD anemia:** NDA accepted for review in 2024.7

**CIA:** Phase II approved to proceed in 2024.12

- **Fill the** gap in domestic long-acting erythropoietin
- Q3W **dosing at longer intervals**

Renal anemia with maintenance dialysis(CKD)

☐ ☐ ☐ **NDA**

Cancer Related Anemia (CIA)

**Ph II** ☐ **approved** ☐ **to proceed** ☐

## SSS17: HIF inhibitors with the longest half-life

**CDK**

- QW for renal anemia in non-dialysis patients, BIC
- Phase II data showed efficacy was accurate

Renal anemia with maintenance dialysis(CKD)

☐ **Phase II** ☐ ☐

Post-operative Anemia (POA)

**IND** ☐ ☐ ☐

**POA**

- P.O. has better compliance for postoperative patients with limited mobility
- Lower AESI such as thrombosis and hypertension, given iron depletion is avoided

**QW**

**P.O.**

1. Compared with existing HIF inhibitors on the market, SSS17 has the longest half-life (about 91h). ;  
2. Phase II trial data of the proposed clinical dose (22mg) group;



# New Choice for Teenagers in Acne- Winlevi®



## WS204 Clascoterone cream

Acne vulgaris in 12 years and older

**Bridging Trial** **Phase III** All patients enrolled

Clinical trial shows:

**Winlevi®**  
could reduce the  
emergence of  
acne,  
blackheads,  
whiteheads



Twice  
daily

**W4** treatment  
observes acne  
reduced;

**W12** treatment  
shows obvious  
improvement

**1<sup>st</sup>** new mechanism of action  
in acne approved by the  
FDA in 40 years

- Approved by FDA in November 2021<sup>1</sup>

**12** years older

- Global 1<sup>st</sup> external topical androgen receptor inhibitor for the acne vulgaris in patients aged 12 years or older

**1.09** Mn

- Winlevi® is already the most prescribed branded topical acne drug in the US . By June 2024, it generated over 1.09 mn prescriptions<sup>2</sup>



**WINLEVI® is the only cream for acne treatment  
targeting sebum production**

--By inhibiting the activity of sebaceous androgens and  
reducing sebum production to reduce inflammation<sup>1</sup>

1: [www.winlevi.com](http://www.winlevi.com)

# Key Candidate-Autoimmune



## Launched

indications cover:  
RA, AS, PsO

## Pipeline&New Indication

Cover AD、CRSwNP、COPD、moderate to severe asthma, AG,etc.

## Pre-Clinical

build FIC/BIC candidate

Build the

**most competitive**  
Autoimmune Pipeline in China

|                       | Indication             | IND | Ph I | Ph II | Ph III | NDA            |
|-----------------------|------------------------|-----|------|-------|--------|----------------|
| 608<br>anti-IL-17A Ab | Moderate-to-severe PsO |     |      |       |        | NDA acceptable |
|                       | AS                     |     |      |       |        |                |
|                       | Nr-axSPA               |     |      |       |        |                |
| 613<br>anti-IL-1β Ab  | AG                     |     |      |       |        | 2025E          |
|                       | PGF                    |     |      |       |        |                |
| 611<br>anti-IL-4R Ab  | Adult AD               |     |      |       | US.IND | 2026E          |
|                       | Adolescent AD          |     |      |       |        |                |
|                       | Pediatric AD           |     |      |       |        |                |
|                       | CRSwNP                 |     |      |       |        |                |
|                       | COPD                   |     |      |       |        |                |
| 610<br>anti-IL-5 Ab   | Eosinophilic asthma    |     |      |       |        | 2027E          |
| 621<br>anti-IL-33 Ab  | COPD                   |     |      |       | US.IND |                |
| 626<br>anti-BDCA2 Ab  | SLE                    |     |      |       | US.IND |                |
|                       | CLE                    |     |      |       | US.IND |                |
| 627<br>anti-TL1A Ab   | UC                     |     |      |       | US.IND |                |

## Dermatology

45 Mn

## Rheumatism

24 Mn

## Respiratory

14 Mn

Autoimmune: with a huge patient base

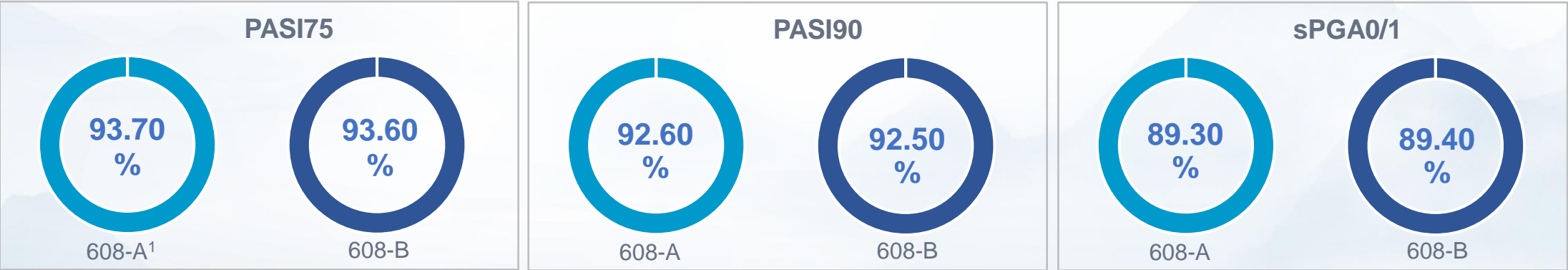


# Autoimmune: 608 (anti IL-17A mAb) in PsO

## 608: Achieving a “Cure” aspiration for PsO Treatment

Dosing interval extended to Q4W or Q8W in maintenance after 12 weeks :

W52: Efficacy of PASI75、sPGA0/1 and PASI90 responses was highly effective and sustained



|                   | 608 <sup>[1]</sup> |       | DrugC <sup>[2]</sup> | Drug-D <sup>[3]</sup> | Secuchiumab <sup>[4]</sup> |       | Etchizumab <sup>[5]</sup> |
|-------------------|--------------------|-------|----------------------|-----------------------|----------------------------|-------|---------------------------|
| 组别                | 608-A              | 608-B | 240mg                | 200mg                 | 300mg                      | 150mg | 80mg Q2W                  |
| W12 Response Rate |                    |       |                      |                       |                            |       |                           |
| PASI 100          | 42.9%              | 33.9% | 36.6%                | 30.2%                 | 32.7%                      | 20.1% | 33%                       |
| W52 Response Rate |                    |       |                      |                       |                            |       |                           |
| PASI 100          | 63.6%              | 56.8% | 63.1%                | 59.7%                 | 42.1%                      | 31.5% |                           |
| PASI 90           | 88.6%              | 84.2% | 80.9%                | 84.1%                 | 82.1%                      | 66.7% |                           |

### Dosing Plan for PsO

#### Q4W and Q8W

Higher Efficacy

Strong Compliance

Differentiation Competitive

[1]608A group: 160 mg W0 +80 mg Q2W (first 12 weeks) +80 mg Q4W group; 608B group: 160 mg Q4W (first 12 weeks) +160 mg Q8W group

[2] project c: data source document DOI: 10.1016/j.jaad. 2024.09.031

[3] D project: data source document DOI: 10.1093/bjd/ljae062;

[4] Data source: Scuzumab instruction manual (March 09, 2020) and document DOI:10.1097/CM 9.00000000000001163;

[5] Data source Ichizumab instruction sheet (December 29, 2020) and literature DOI:10.1097/JD 9.00000000000000244, all efficacy data are from pivotal registry Phase 3 studies in percent response

# Autoimmune:613 anti-IL-1 $\beta$ mAb



## 613: Comprehensive Disease Management for Gouty Arthritis Patients



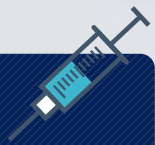
Enrollment of Phase III **Acute Gouty Arthritis (AG)** was completed, with positive interim analysis results



**Gouty Arthritis (PGF)** Phase II results are positive and pre-III communication is ongoing



Progress ranks **No.2 in China**

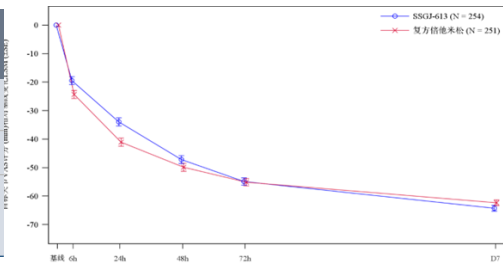


One dose prevents recurrence for 3~6 months

### Acute Phase: both phase III endpoints were achieved

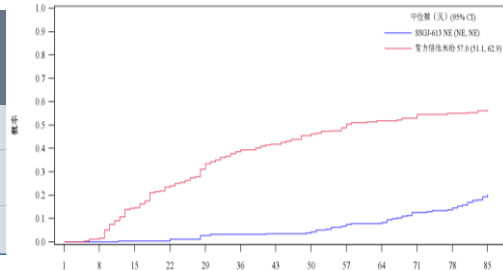
#### Primary endpoint 1: 72h VAS score change from baseline

| 72h VAS score(mm)   | 613              | Compound Betamethasone |
|---|------------------|------------------------|
| change from baseline  | -55.6            | -54.7                  |
| 95%CI   | -0.8 (-4.4, 2.7) |                        |
| Upper limit of 95%CI between the two groups was 2.7mm, less than the preset non-inferiority threshold (10mm), <b>non-inferiority result was supported</b> |                  |                        |



#### Primary endpoint 2: 12W recurrence period in days

| Recurrence period in days (W12)                | 613               | Compound Betamethasone |
|--|-------------------|------------------------|
| Mean (days)                                    | not achieved      | 57                     |
| HR(95%CI)                                      | 0.23 (0.17, 0.32) |                        |
| <b>P&lt;0.0001, superiority is established</b> |                   |                        |



### Intermittent phase: a single dose can effectively prevent acute attacks

- ✓ Reduce AG arthritis recurrence rate
- ✓ Reduce proportion of AG attacks
- ✓ Delay the onset of the first AG attack
- ✓ Shorten the duration of AG attacks

| Group  | 613-100 mg (N=53) | 613-200 mg (N=52) | Colchicine 0.5 mg (N=51) |
|--|-------------------|-------------------|--------------------------|
| relative risk of acute gout episodes per capita (RR) | 0.38 <b>62%</b>   | 0.43 <b>57%</b>   |                          |
| median time to first acute gout attack*              | not achieved      | not achieved      | not achieved             |
| HR   | 0.61 <b>39%</b>   | 0.62 <b>38%</b>   |                          |
| Duration of gout attack (days)                       | 1.35              | 1.67              | 6.7                      |

# Autoimmune:611 anti IL-4R mAb



## 611 Indications:

- Adult AD: **Phase III enrolment completed.** Phase II trial shows better performance than control group.
- Adolescents AD: **Phase II enrolment completed**
- AD in Children: **Phase Ib/II enrolment completed**
- CRSwNP: **Phase III trial is enrolling patients, phase II study shows significant efficacy**
- COPD: **Phase II enrollment completed, interim result is positive.**



**200 million patients  
in China**

70 million AD, 20 million  
CRSwNP, 106.40 million  
COPD



**11.6 billion USD**

Benchmarked product sales:  
Dupliuzumab

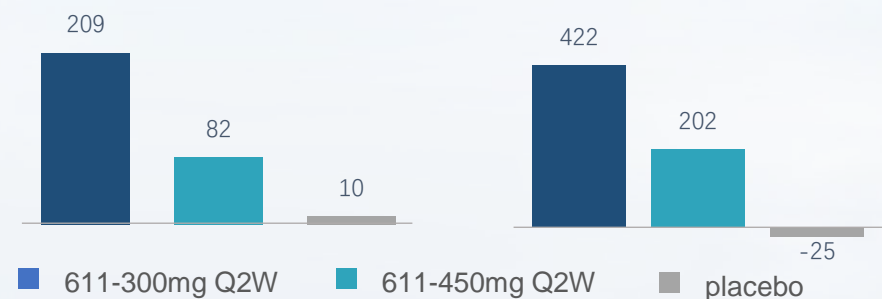
### Adolescents AD: Ph Ib/II shows significant efficacy

- ✓ 611 shows obvious efficacy in EASI-75, IGA 0/1, EASI-90, EASI-50 and other therapeutic indexes in the treatment of adolescents AD, as well as in relieving pruritic, and showed higher response trend than that of similar products.

|                          | EASI 75 <sup>3</sup> | IGA 0 /1 <sup>4</sup> | EASI 90 <sup>3</sup> | EASI 50 <sup>3</sup> | NRS ≥4 <sup>5</sup> |
|--------------------------|----------------------|-----------------------|----------------------|----------------------|---------------------|
| 611 <sup>1</sup><br>N=41 | 63.4%                | 51.2%                 | 46.3%                | 87.8%                | 51.2%               |
| DUPIXENT®2<br>N=82       | 41.5%                | 24.4%                 | 23.2%                | 61.0%                | 36.6%               |

### COPD: Significant improved patient lung function (FEV1)

- ✓ The W16 data, 300mg Q2W group showed significant efficacy; FEV1 improvement were more significant on patients with EOS≥300 cells /μL COPD during the screening period





# Autoimmune: 610 anti IL-5 mAb



## 610: Ranks NO.1 Clin-progress in China

- Phase III in Eosinophilic Asthma is enrolling, progress ranks No.1 in China.
- Clinical exploration on:

Dosing  
Regimen for  
various  
population

Lower Dosing  
during  
Maintenance

Explore  
longer dosing  
intervals  
(Q8W)



19.92 Million

Severe Eosinophilic Asthma Patients

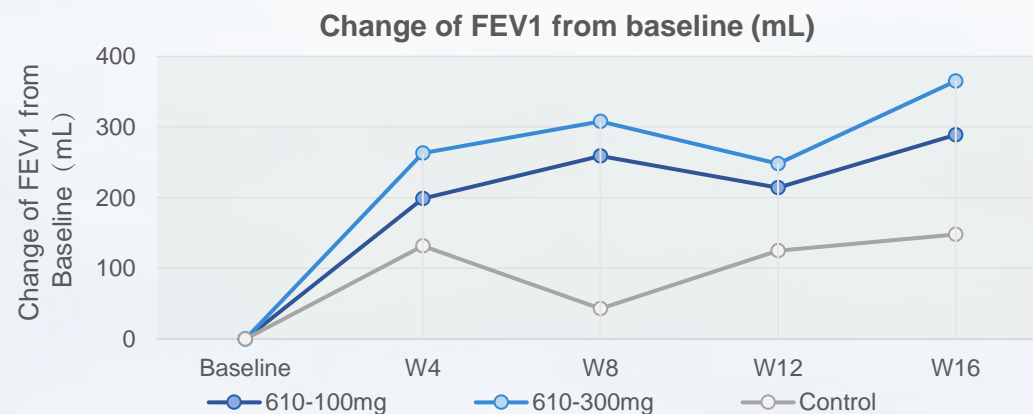


2.1 Bn USD

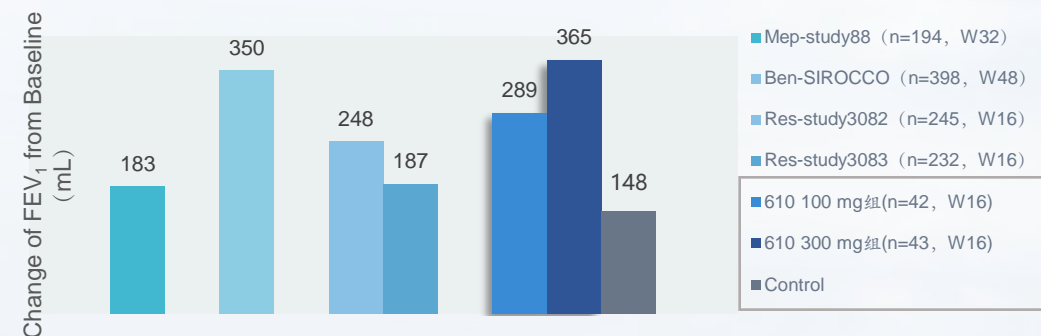
Benchmark Sales of  
Mepolizumab in 2023

## Phase II showed Significant Efficacy

- ✓ Therapeutic effects were observed within 4 to 8 weeks post-administration, with pulmonary function improved observed from FEV1 compared with placebo



- ✓ Improved the pulmonary function of asthma patients, and shows a better trend than its similar products



Note: Mep=Mepolizumab; Ben=Benralizumab, Res=Reslizumab.

# 626: 2<sup>nd</sup> Generation BDCA2 mAb with BIC Potential



|   | SSGJ-626   |
|---|--|
| Mechanism                                     | Through inhibiting plasmacytoid dendritic cell (pDC), the secretion of IFN $\alpha$ was inhibited. Thus regulating the activity of a range of immune cells |
| BDCA2 affinity                                | <b>Strong</b><br>(KD: 2.48E-11)  |
| Degree of humanization                        | <b>Very high</b><br>(There were no revertant mutations in either light or heavy chain)   |
| Inhibit the secretion of IFN $\alpha$ and IgM | <b>Very strong</b> (IC <sub>50</sub> 20 folds+ stronger than Litifilimab)  |
| In vivo efficacy in animals                   | <b>Strong</b>  |
| Fc function optimize                          | Extend PK, strengthen Fc effect  |
| R&D Situation                                 | US:IND approved<br>China: Phase I ongoing  |

## Anti-BDCA2 Ab: SLE Ph II shows significant efficacy

- Two hallmarks of SLE are IFN $\alpha$  and anti-nucleic acid autoantibody, so it has been proved that targeting IFN $\alpha$  and B cells (producing antibodies) can effectively control the disease
- Disclosed clinical data show that Litifilimab has shown promising efficacy in clinical phase II trials in SLE

## Huge Marketing Potential



- The global market for SLE drugs is expected to reach **US \$16.9 billion in 2030**, of which biologics will reach **US \$14.2 billion**, while the Chinese market is expected to reach **US \$4.3 billion**, of which biologics will reach **US \$3.2 billion**
- Benlysta**, anti-B Lymphocyte stimulator (BLyS) mAb, its annual global sales in 2023 reached **\$1.63 billion**, with a growth rate of **18%** compared to 2022
- Anifrolumab**, the anti-IFN $\alpha$ R mAb developed by AZ, which will be launched in July 2021, will achieve annual sales of **\$280 million** in 2023 and is expected to become a blockbuster drug with annual sales of **more than \$1 billion** in 2029
- Litifilimab**, Biogen's anti-BDCA2 mAb met all primary and secondary endpoints in two CLE and SLE Phase II trials, and multiple Phase III trials are currently underway

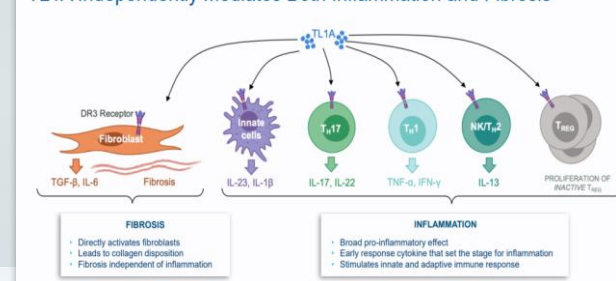
# 627 : 1st IND approved TL1A mAb in China



## TL1A —A Breakthrough Target for Inflammatory Bowel Disease (IBD) Treatment:

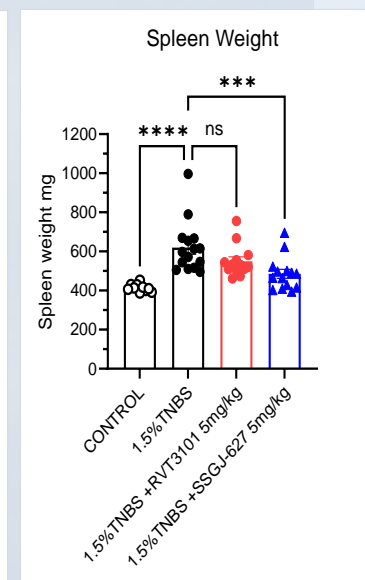
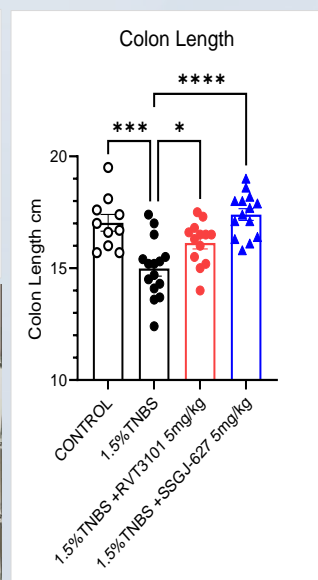
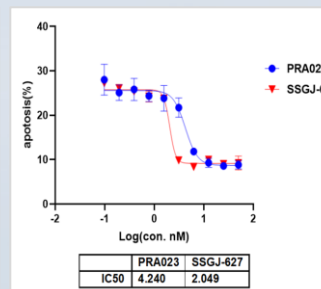
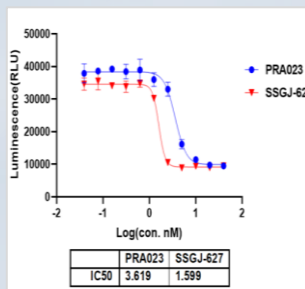
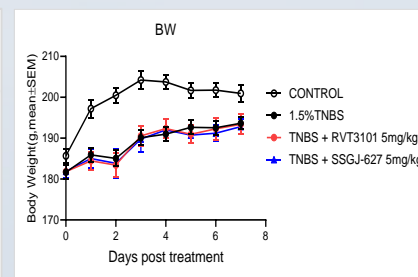
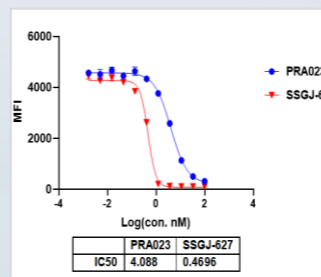
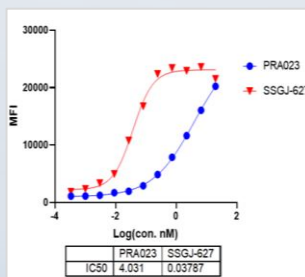
| Modality            | Target | Representative Drug | Clinical status | Indications | Characteristics   |
|---------------------|--------|---------------------|-----------------|-------------|---|
| Small molecule      | JAK1   | Upadacitinib        | Ph3             | CD          | Short half-life, drug resistance  |
| Bio-pharmaceuticals | TNF-a  | Adalimumab          | Approved        | CD/UC       | Insufficient response rate  |
|                     | IL23   | Risankizumab        | Approved        | CD/UC       | Affects both the Th1 and Th17 pathways. The remission rate is approximately 15% higher than that of the placebo.  |
|                     | TL1A   | RVT-3101            | Ph3             | CD/UC       | Affects both Th1 and Th17 pathways, and simultaneously affects NKT cells and fibroblasts; approximately 25% higher remission rate placebo, with significant effects on CD and UC. Low dosing frequency, long - lasting efficacy |
|                     |        | TEV-48574           | Ph2             | CD/UC       |   |
|                     |        | PRA023              | Ph2             | CD/UC       |   |

### TL1A Independently Mediates Both Inflammation and Fibrosis



## SSGJ-627: Independent-developed anti-TL1A mAb

- Effective inhibition of colonic inflammation and obstruction in animal models. **Significantly better pre-clinical efficacy** than positive control.
- Superior pre-clinical results among the class, **potential BIC**.
- Through **long-acting modifications**, the dosing interval has been further extended.



# 601A: Anti-VEGF mAb



## 601A: BRVO Phase III met the primary endpoint

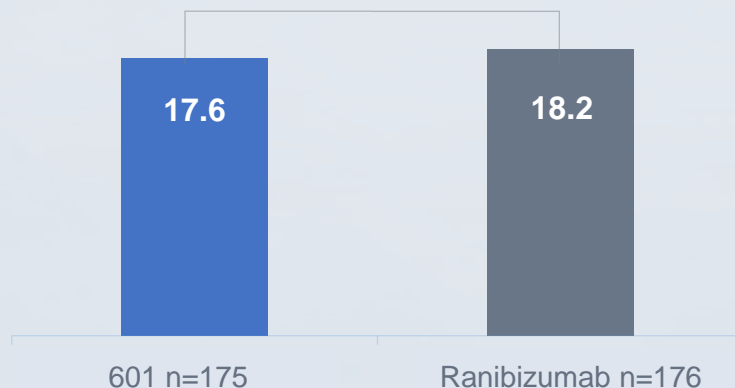
- 601 vs Ranibizumab (Control Group) for BRVO-Induced Macular Edema: At 24 weeks post-treatment, the improvement in best-corrected visual acuity (BCVA) of subjects at 24 weeks post-treatment **met the primary endpoint**.

### The change in BCVA from baseline at wk-24

Least Squares Mean Difference: -0.6 (95%CI: -2.4, 1.)

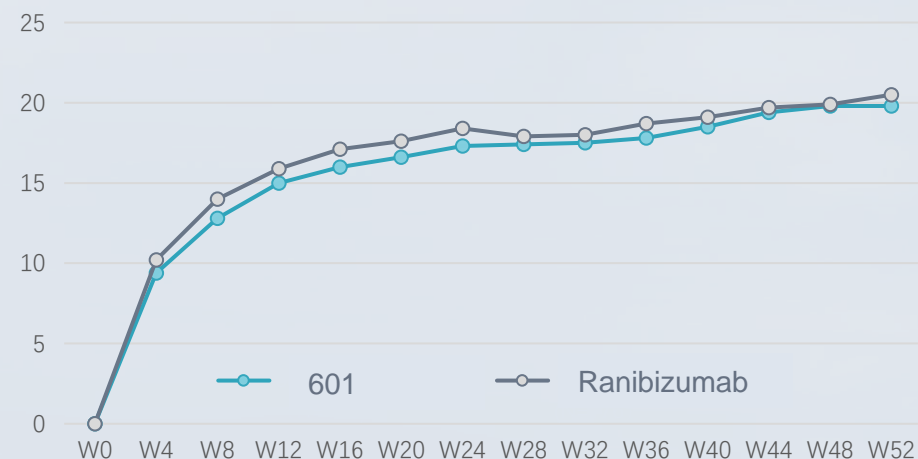
p-value: < 0.0001

BCVA change from baseline (letters)



- ✓ The dosing frequency during the core treatment period and the extended treatment period (PRN phase) is similar for both the 601 group and Ranibizumab group.
- ✓ Efficacy is observed as early as the first dose in the core treatment period (at Wk-4), with continued improvement up to Week 52, followed by sustained stability.
- ✓ Throughout the trial, the trend of BCVA improvement in the 601 group is consistent with that of Ranibizumab group.

### The change in BCVA from baseline



- ✓ At Week 24, the least squares mean (LSM) improvement from baseline in the 601 group and Ranibizumab group was 17.6 letters and 18.2 letters, respectively (ETDRS chart  $\geq 3$  lines).
- ✓ The least squares mean difference (LSMD) was -0.6 (95% CI: -2.4, 1.3) letters. The lower limit of the 95% confidence interval was greater than the pre-defined non-inferiority margin of -5 letters, confirming that the **non-inferiority test was met**.





## 04 Financial Review

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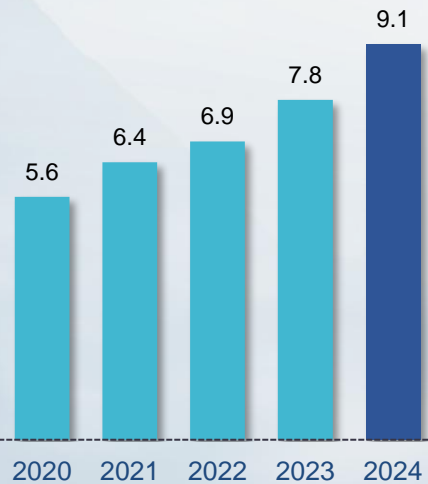
# Financial Analysis



## Revenue

**16.5%** YOY

Bn RMB

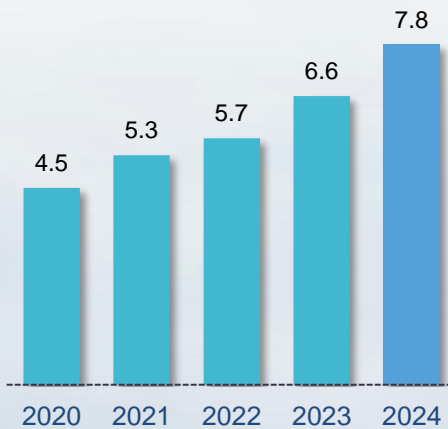


## Gross Profit

**17.9%** YOY

Bn RMB

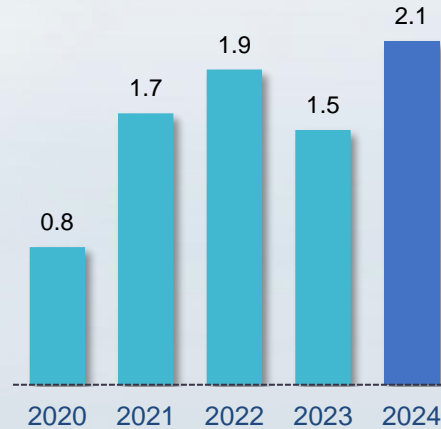
Gross profit ratio: **86.0%**



## Net Profit Attributable to Parent

**34.9%** YOY

Bn RMB



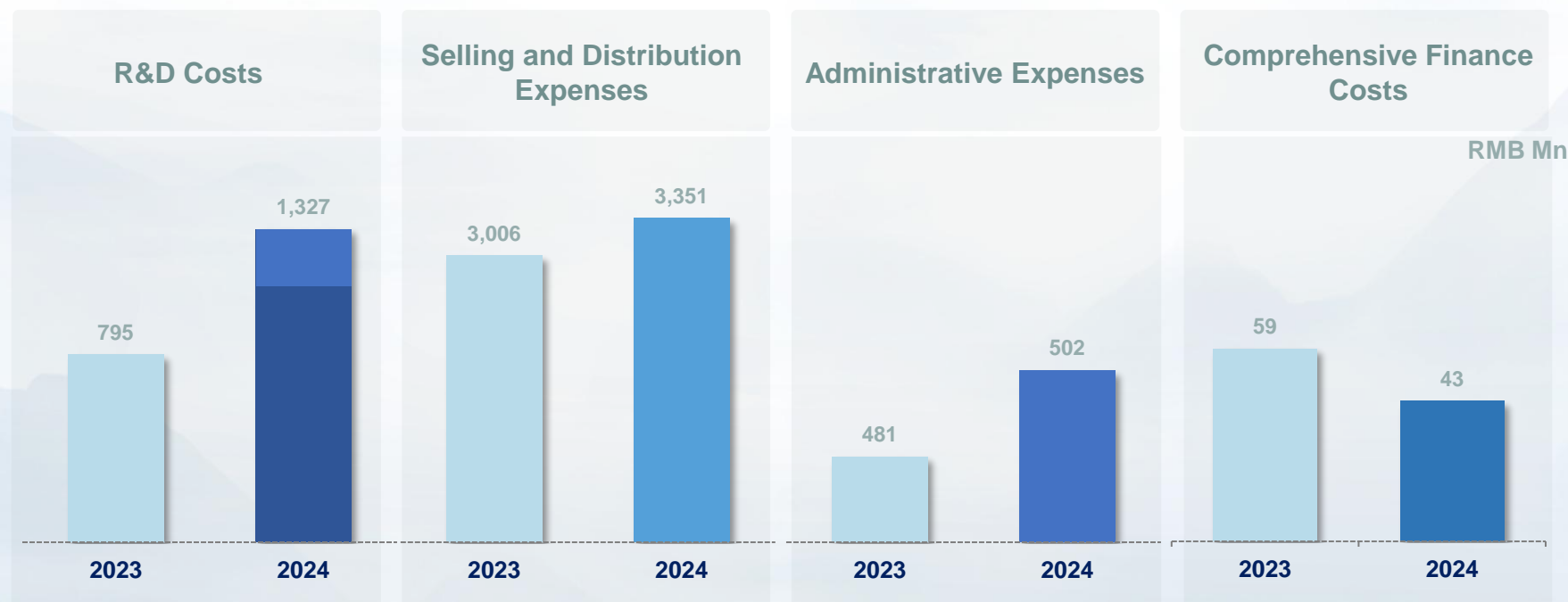
## Net Profit Attributable to Owners of the Parent Adjusted for Non-Operating Items

**18.8%** YOY

Bn RMB



# 研发费用率提升，综合财务成本进一步下降



| R&D Costs Ratio |       | Selling and Distribution Expenses Ratio |       | Administrative Expenses Ratio |      | Comprehensive Finance Costs Ratio |      |
|-----------------|-------|---|-------|-------------------------------|------|-----------------------------------|------|
| 2023            | 2024  | 2023                                    | 2024  | 2023                          | 2024 | 2023                              | 2024 |
| 10.2%           | 14.6% | 38.5%                                   | 36.8% | 6.2%                          | 5.5% | 0.8%                              | 0.5% |

## Increased R&D Costs

- Up-front&Milestone payment for BD deals
- Clinical research on BsAbs and other key candidates
- R&D in pre-Clinical

## Decreased Comprehensive Finance Costs

- Interest revenue and Financing costs totaled 43 Mn RMB
- Comprehensive Finance Costs ratio 0.5%, decreased with comparison with 0.8% of 2023

# Obtained IFC Long-tern Loan Credit





三生制药  
3SBIO INC.



IFC  
International  
Finance  
Corporation  
WORLD BANK GROUP

中华人民共和国财政部  
Ministry of Finance of the People's Republic of China

国际财金合作司

2024年06月17日 星期一

当前位置: 首页 > 工作动态 > 项目动态

**国际金融公司执董会批准三生制药贷款项目**

2024年3月18日, 国际金融公司 (IFC) 执董会按照简化程序批准了三生制药贷款项目。三生制药集团总部位于辽宁沈阳, 主要从事生物制药产品, 以解决在癌症及护理、肾脏病学以及其他领域的重大医疗需求。

IFC 拟向三生制药集团提供两笔总额最高为2亿美元等值的7年期人民币贷款, 以支持和改善创新药在中国以及其他发展中国家的供应和可负担性。

发布日期: 2024年03月28日

Obtained International Finance Corporation (IFC) granting  
**\$ 200 mn**  
equivalents long-term low-interest loan credit

The first partner of IFC in the biopharmaceutical industry in China

This year's **largest funding project** in the biopharmaceutical industry

Further **optimized** the company's cash flow and **financing structure**

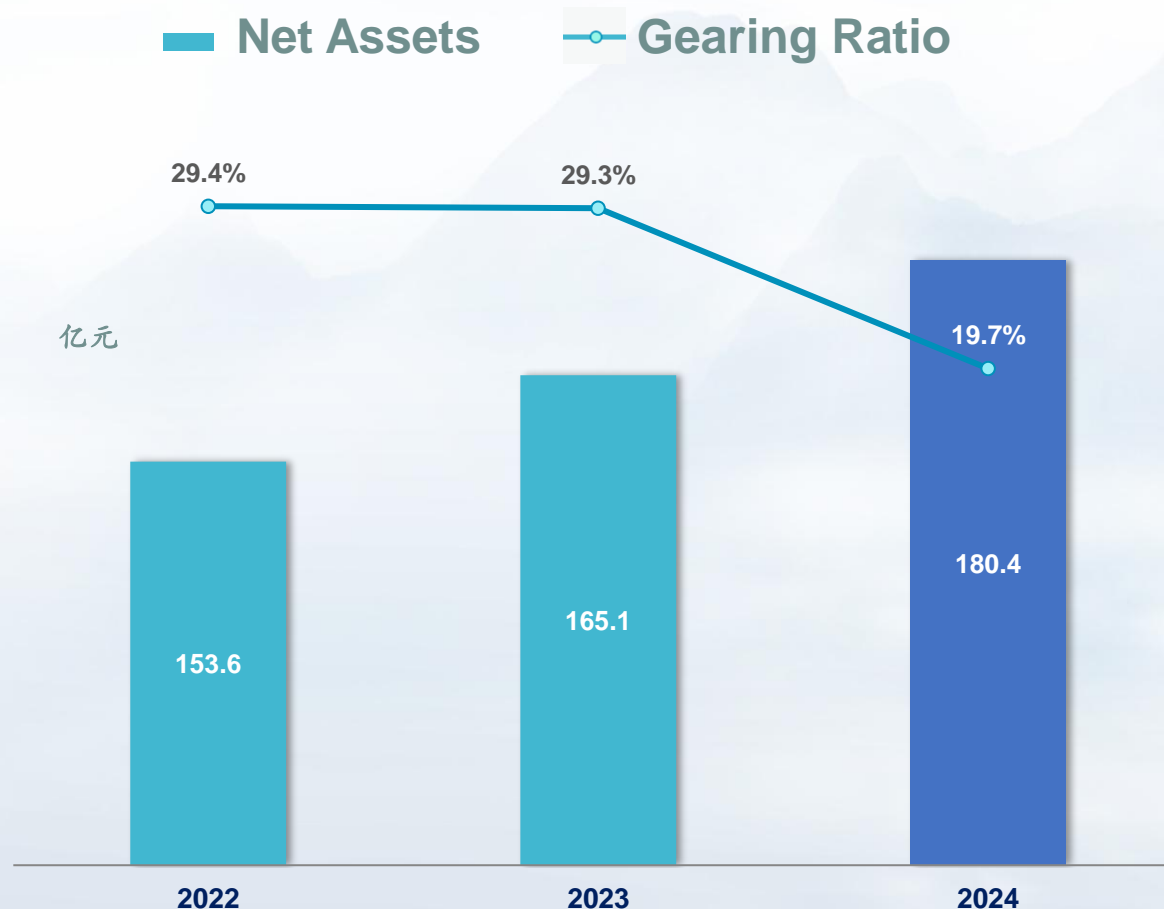
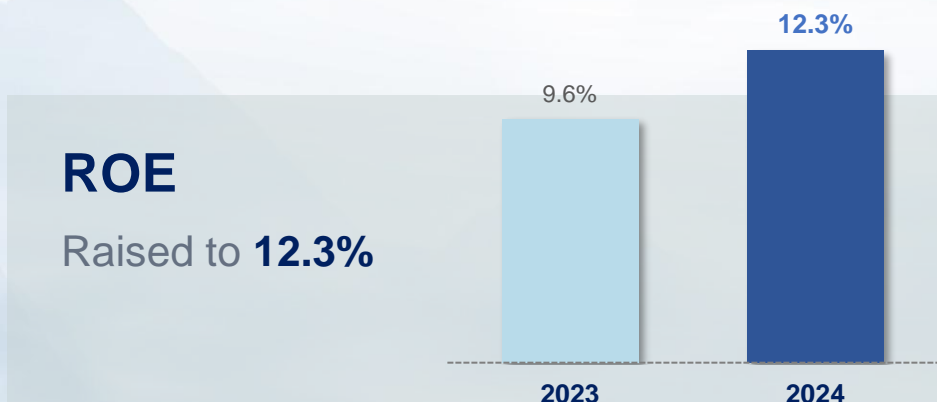
Supported by IFC's international resources to help the company **explore overseas emerging markets**

It is also an excellent practice for Chinese biopharmaceutical enterprises in the **ESG** field

# Asset Structure Optimized



|                            | 2024    | 2023    |
|----------------------------|---------|---------|
| Total Assets               | 24.2 Bn | 23.6 Bn |
| Net Assets                 | 18.0 Bn | 16.5 Bn |
| Gearing Ratio <sup>1</sup> | 19.7%   | 29.3%   |



# Abundant Cash Asset Reserves



## Operating Net Inflow

**3.2** Bn

RMB Bn



## Financial Resource

**8.1** Bn

RMB Bn



■ 2020 ■ 2021 ■ 2022 ■ 2023 ■ 2024



# Innovative Early-Stage R&D Platform



Strategically Investing in FIC/BIC Start-ups and Empower 3S R&D from Long-term Perspective

2024 Nov

Lead the A+++  
financing round  
of NK CellTech



三生制药  
3SBIO INC.



恩凯赛药  
NK CELLTECH

2024 Nov

Participate in  
the A+ financing  
round of C-RAY



三生制药  
3SBIO INC.



C-RAY  
通瑞生物

**NK Cell Tech — Discovery and development of innovative technology of NK cell therapy**

- Unique ABCDE-NK® industrial production platform **with allogeneic peripheral blood NK cell expansion & cryopreservation and clinical "spot" level** (a single blood supply can produce trillion-level NK cells)
- In 2024, **two NK cell products** have obtained the **US FDA** and **China CDE IND approval**, respectively. Multiple ongoing IIT programs in the **non-oncology field**

**C-Ray Therapeutics — Innovative radiopharmacology drugs' R&D, manufacturing, clinical application and commercialization**

- Built nearly **30000 m²** of radiopharmacology research and production plant;; obtained **the first grade A "Radiation Safety License"** for innovative radiopharmaceutical enterprise; **13 cGMP high standard** workshops in line with the requirements of **US FDA, Chinese NMPA and EU EMA**
- The team has accumulated rich experience in **68Ga, 64Cu, 18F, 89Zr, 177Lu, 225Ac** and other isotope labeling of small molecules, peptides, antibody drugs, and the ability covered **all stages from pilot test to commercial production**



## Sufficient Financial Resource

Nearly **RMB 8 bn** available  
Over **RMB 2 bn** operating cash net  
inflow annually

## Flexible Cooperation Model

Support diverse cooperation model  
such as **license-in, CSO, CDMO,**  
**license-out etc.**, exploring more  
opportunities with our partners

## Professional R&D Support

Near **700** scientists, accounting for  
over **10%** of total staff, R&D expense  
of over **10%** of revenue

## License-Out

- Promote the innovative products independently developed by the Group's technology platform to go to **the global market**
- Complementary advantages, actively cooperate with external partners to maximize **the commercial value** of innovative products

## License-In

- Combined with marketing resources, allocated of high-value blockbuster products in advantageous field to achieve continuous expansion of **commercial scale**
- Strategic layout medium and long-term echelon construction of pipelines, seek **new targets, new technologies**, committed to meet clinical unmet needs

## Comprehensive Facilities

**6 manufacturing plants** with **100KL+**  
cost-effective manufacturing capabilities,  
covering **small molecule, large**  
**molecule, CGT, mRNA** etc.

## Strong Commercialization Platform

Near **3,000** sales and marketing employees  
**Experienced digital marketing team**  
Covers over **2,900** Grade III hospitals and  
altogether around **10,000** hospitals

## Focused Therapeutic Area

Focus on advantageous therapeutic  
area, including **hematology,**  
**oncology, nephrology, autoimmune,**  
**dermatology** etc.

# Shareholder Return



## Shareholder Return



Declared Dividend for 2024:

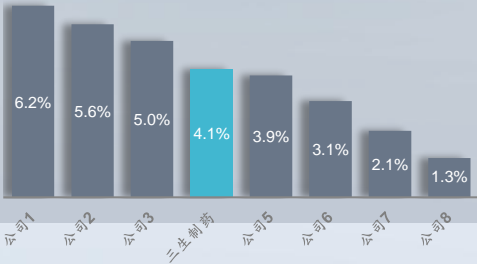
**0.25** HKD/Share



- Proactive and close communication with investors, conducting **over 100** online and face-to-face NDR in 2024;
- We actively serve the interests of our shareholder and address their concerns.



- Dividends and repurchase amount totaled 860mn HKD, accounting for over **40%** of net profit of 2023
- Dividends distributed **620mn** HKD, dividend ratio 4.1%<sup>1</sup>;



- Repurchased **270mn** HKD in 2024, rank ahead among healthcare companies in HK stock market<sup>2</sup>

| 排名 | 可比公司 | 回购金额 |
|----|------|------|
| 1  | 公司1  | 19.4 |
| 2  | 公司2  | 17.2 |
| 3  | 公司3  | 7.5  |
| 4  | 三生制药 | 2.7  |
| 5  | 公司4  | 2.4  |
| 6  | 公司5  | 1.1  |
| 7  | 公司6  | 1.1  |
| 8  | 公司7  | 1.0  |

1. Dividend yield: Calculated based on the closing price on the dividend payment date  
2. Source: Wind; Comparable companies: biopharmaceutical companies listed on HKEx with market cap more than 5 bn HKD

## 05 Q&A

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# THANKS

**3SBio Inc. (1530.HK)**  
**Investor Relations**  
**[ir@3sbio.com](mailto:ir@3sbio.com)**

珍爱生命 · 关注生存 · 创造生活  
CHERISH LIFE CARE FOR LIFE CREATE LIFE