August 2024 I Nasdaq: APLM

# Corporate Presentation

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# Company Highlights

Innovative biotechnology company focusing on developing oncology therapies that target specific molecular pathways to enhance standard-of-care

**Vebreltinib – near-term NDA opportunity**

**Vebreltinib – a highly potent, de-risked and differentiated MET Inhibitor with best-in- and first-in-class potentials**

- Pivotal Phase 2 SPARTA in MET dysregulated lung cancers and pan-tumor types with multiple anticipated near-term clinical and regulatory catalysts
- Potential NDA submission in 2026
- Recently approved in China as monotherapy in 2 indications by Avistone

**Strategic Partnerships to expand pipeline and indications**

- Strategic collaborations to expand market opportunities
- Company based in the U.S. with clinical trial sites across 10+ countries

**Finance**

- $26M cash as of 6/30/24
- Runway into 3Q25

# Robust and Differentiated Pipeline with Multiple Upcoming Catalysts

| Drug Candidate | IP Rights | Mono / Combo | Indications | Preclinical | IND | Phase 1 | Phase 2 | Phase 3 | Recent / Anticipated Milestones |
|---|---|---|---|---|---|---|---|---|---|
| **Vebreltinib (APL-101)** **(MET inhibitor)** *FDA Orphan Drug Designation* | Global[1] | Mono | MET Exon 14 NSCLC (1L/2L/3L) | **Pivotal Phase 2 SPARTA Global Study** | | | | | Data update 2H24; Approved in China Nov '23 (Avistone) |
| | | | MET amplified NSCLC (2L+) | **Pivotal Phase 2 SPARTA Global Study** | | | | | Data update 1H25, possible pre-NDA meeting 2H25 |
| | | | MET fusions (CNS and non-CNS) | **Phase 2 SPARTA Global Study** | | | | | Apollomics data August '24; Avistone Data at ASCO '24; Approved in China April '24 |
| | | + EGFR inhibitors | 2L EGFR + MET NSCLC | **Phase 2 SPARTA Global Study** | | | | | |
| | | + Osimertinib (EGFR inhibitor) | 1L EGFR + MET NSCLC | **Investigator-initiated Proof of Concept Trial** | | | | | Data update 2H24 |
| **Uproleselan (APL-106)** **(E-Selectin inhibitor)** *NMPA Breakthrough Designation* | China | + Chemo | r/r AML | **Phase 3 Bridging Study in r/r AML in China** | | | | | Completed enrollment 4Q23; study closeout in progress with anticipated readout in 1H25 |

IP – Intellectual property; EGFR - epidermal growth factor receptor; NSCLC - non-small cell lung cancer; r/r AML - relapsed or refractory acute myeloid leukemia.
[1]Excluding China, Hong Kong and Macau.

# Vebreltinib Overview

MET inhibitor

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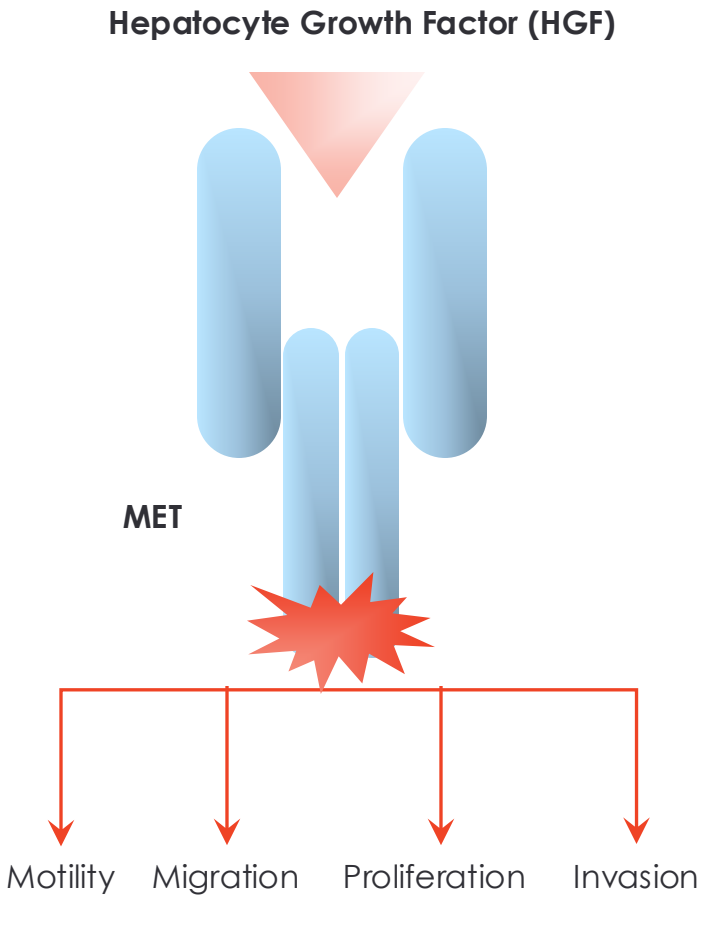
# MET Dysregulations in Cancer - Multiple Therapeutic Opportunities

## c-MET is a receptor tyrosine kinase found on epithelial cells in many organs

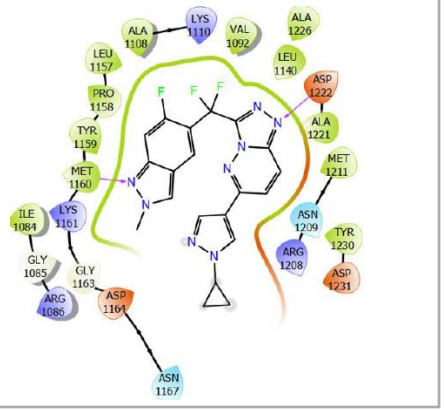



| | Tumor / Mutation Type | Outcome | Incidence | Status* |
|---|---|---|---|---|
| Cancer-causing (Rarely co-occur) | **NSCLC with MET Exon14 Skipping** | Extended signaling | 3%-4% of NSCLC | ORR, DOR in >100 patients |
| | **NSCLC with MET Amplification (de novo)** | Higher number of receptors signaling | 1%-5% of NSCLC | ORR, DOR in >100 patients |
| | **GBM with PTPRZ1-MET Fusions** | HGF-independent signaling | 14% of low-grade gliomas | OS from randomized trial in 84 patients |
| | **Solid Tumors with MET Fusions** | HGF-independent signaling | 0.1-0.3% of all solid tumors | ORR in 14 patients |
| Treatment-resistance causing | **EGFRm NSCLC with MET amplification (acquired)** | Higher number of receptors signaling | 15-50% of NSCLC progressed on EGFR, ALK, ROS1, KRASi | IST in progress |

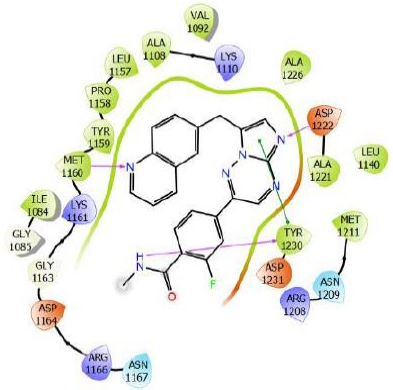
DOR-duration of response; GBM–glioblastoma multiforme; NSCLC-non-small cell lung cancer; ORR-overall response rate; OS-overall survival.
*Status represents combined Apollomics (global ex-China) and Avistone (China) clinical trials data.

# Vebreltinib: A Highly Specific MET Inhibitor, Discovery Benchmarked vs. Capmatinib

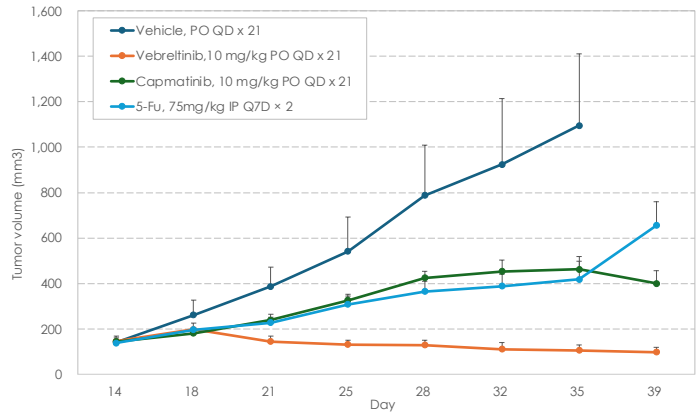
**Vebreltinib**



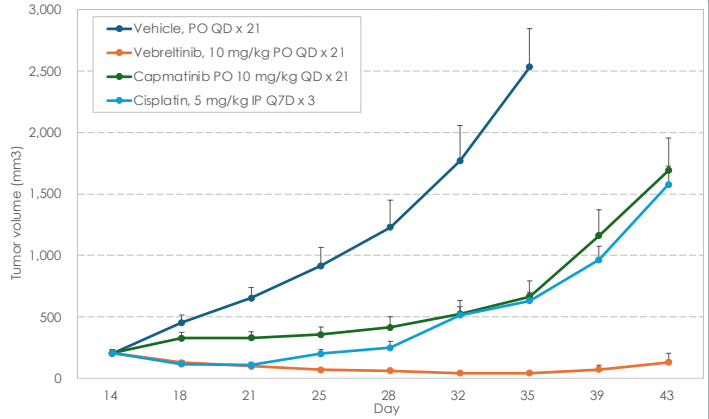

**Capmatinib**




**Gastric Cancer PDX Model MKN45**

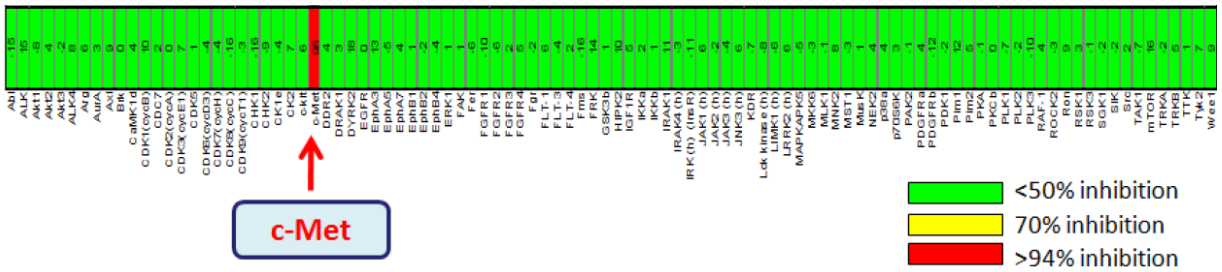



**Lung Cancer PDX Model LU1901**




Vebreltenib has stronger binding due to difluoromethylene substitutes for the Val 1092 hydrophobic pocket

**Screening of 100 kinases at 2 µM single dose**




- Unique structure and biopharmaceutical properties to effectively inhibit MET
- Only inhibits c-Met in screening of 473 kinases at 1 µM
- $K_i$ = 2.2 nM on inhibition of *in vitro* enzyme activity

Poster #2096 AACR 2017 and data on file.

# Pivotal Phase 2 SPARTA Trial Design

## Global, multi-cohort, single-arm, open label Phase 2 Study to support multiple indications*

| | Screening | Vebreltinib 200 mg BID 28-day cycle | Follow-Up Until Progression |
|---|---|---|---|
| | **Mutation** | **Cohort / Indication** | Primary endpoint: ORR based on RECIST 1.1 supported by DOR |
| Cancer-causing | MET Exon14 Skipping | NSCLC 1L (MET inhibitor naïve) | |
| | | NSCLC 2L/3L (MET inhibitor naïve) | |
| | MET Amplification (de novo) | NSCLC harboring MET amplification and wild-type EGFR (MET inhibitor naïve) | |
| | MET Fusions (pan-tumor) | Primary tumors with MET alterations (MET inhibitor naïve) | |
| Treatment-resistance causing | MET Amplification (acquired) | EGFR mutated NSCLC with acquired MET amplification (combo) | |

DOR-duration of response; EGFR-epidermal growth factor receptor; NSCLC-non-small cell lung cancer; ORR-overall response rate.
*Other cohorts included in the Phase 2 SPARTA trial (not currently recruiting)are: cohort C: Basket of tumor types except primary CNS tumors, MET amplification (MET inhibitor naïve); cohort D: Basket of tumor types except primary CNS tumors, harboring MET gene fusions (METi naïve); cohort F: Basket of tumor types with over expression of HGF & Over-expression of MET; MET WT.

# Vebreltinib Showed Best- and First-in-Class Potential Among Approved and Investigational MET Inhibitors*

| | | **Vebreltinib[1]** *Investigational* | **Capmatinib[2] (Tabrecta)** *Approved in US/EU* | **Tepotinib[3] (Tepmetko)** *Approved in US/EU* | **Savolitinib[4] (Orpathys)** *Approved in China* | **Telisotuzumab[5] (Teliso-V)** *Investigational* | **Amivantamab[6] (Rybrevant)** *Approved* |
|---|---|---|---|---|---|---|---|
| | | Small Molecule | Small Molecule | Small Molecule | Small Molecule | MET ADC | MET-EGFR Bispecific Antibody |
| 1L NSCLC with MET exon 14 skipping | ORR (N)<br>mDOR | 66% (n=71)<br>16.5 mos | 68% (N=60)<br>16.6 mos | 57% (N=164)<br>40% DoR ≥12 mos | 46% (N=28)<br>5.6 mos | N/A | 56% (N=16) |
| 2L+ NSCLC with MET exon 14 skipping | ORR (N)<br>mDOR | 61% (n=36)<br>16.7 mos | 44% (N=100)<br>9.7 mos | 45% (N=149)<br>36% DoR ≥12 mos | 41% (N=42)<br>5.6 mos | N/A | 46% (N=28) |
| 2L+ MET Amplified NSCLC *de novo* | ORR (N) | 30% (n=10)<br>In highest GCN | 12% GCN 6 to <10<br>29% GCN ≥10 | 29% (N=17) | N/A | N/A | Pursuing<br>Unpublished |
| Non-CNS tumors with MET fusions | ORR (N) | 43% (n=14) | N/A | N/A | N/A | N/A | N/A |
| Recurrent GBM with PTPRZ1 MET fusions | HR<br>mOS | 48% reduction in risk of death in OS; mOS 6.3 vs 3.4 mos | N/A | N/A | N/A | N/A | N/A |
| 2L+ MET overexpressing NSCLC | ORR<br>mDOR | N/A | N/A | N/A | N/A | 35% MET high<br>9.0 mos (N=78)<br>23% MET inter<br>7.2 mos (N=83) | N/A |

DOR-duration of response; GCN-gene copy numbers; HR-hazard ratio; ORR-overall response rate; OS-overall survival.
*Cross-trial comparisons.
1. Data from KUNPENG and SPARTA trials as of 5/31/2023 for MET Ex14 skip NSCLC. 2. Capmatinb Package Inset from Full Approval; Wolf et al 2020.
3. Tepotinib package insert from Full Approval; Xuining Le et al 2023. 4. Savolitinib data from Zhu et al Cancers 2023. 5. LUMINOSITY trial for monotherapy; Abbvie Press Release Nov 2023. 6. CHRYSALIS study Leighl et. al. ESMO 2023

# NSCLC with MET Ex14 Skipping

Vebreltinib

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# Baseline Characteristics of MET Ex14 Skip NSCLC Patients in SPARTA (Apollomics Global Study) & KUNPENG (Avistone China Study)

| | apollomics SPARTA[1] | Avistone 鞍石生物 KUNPENG[2] |
|---|---|---|
| Trial Design | Multicohort Open-Label Phase II study of vebreltinib (200 mg BID) | |
| Endpoint | Primary endpoint ORR based on RECIST 1.1, supported by DOR | |
| Regions | U.S., Canada, EU, APAC (ex-China) | China |
| Inclusion Criteria | MET exon 14 skipping NSCLC: include 1L & 2L+ patients identified by NGS, unresectable or metastatic disease | |
| 1L patients (efficacy set for U.S. NDA) | N=36 | N=35 |
| GCN<4: | n=28 | n=28 |
| Median age, years (range) | 75.0 (53, 86) | 71.0 (53, 90) |
| Female (%) | 58.3% | 48.6% |
| Non-smokers | 52.8% | 65.7% |
| ECOG 0 | 33.3% | 14.3% |
| ECOG 1 | 66.7% | 85.7% |
| Histology at diagnosis: % Adenoma | 88.9% | 88.6% |

BID-twice a day; DOR-duration of response; ORR-overall response rate.

1. Apollomics Data on File. 2. Preliminary Results of Phase II KUNPENG Study of Vebreltinib in Patients (Pts) with Advanced NSCLC Harboring c-MET Alterations. Poster Presentation. ESMO 2023.

# Vebreltinib Demonstrated Robust Response Rate in Patients with MET Ex14 Skip NSCLC

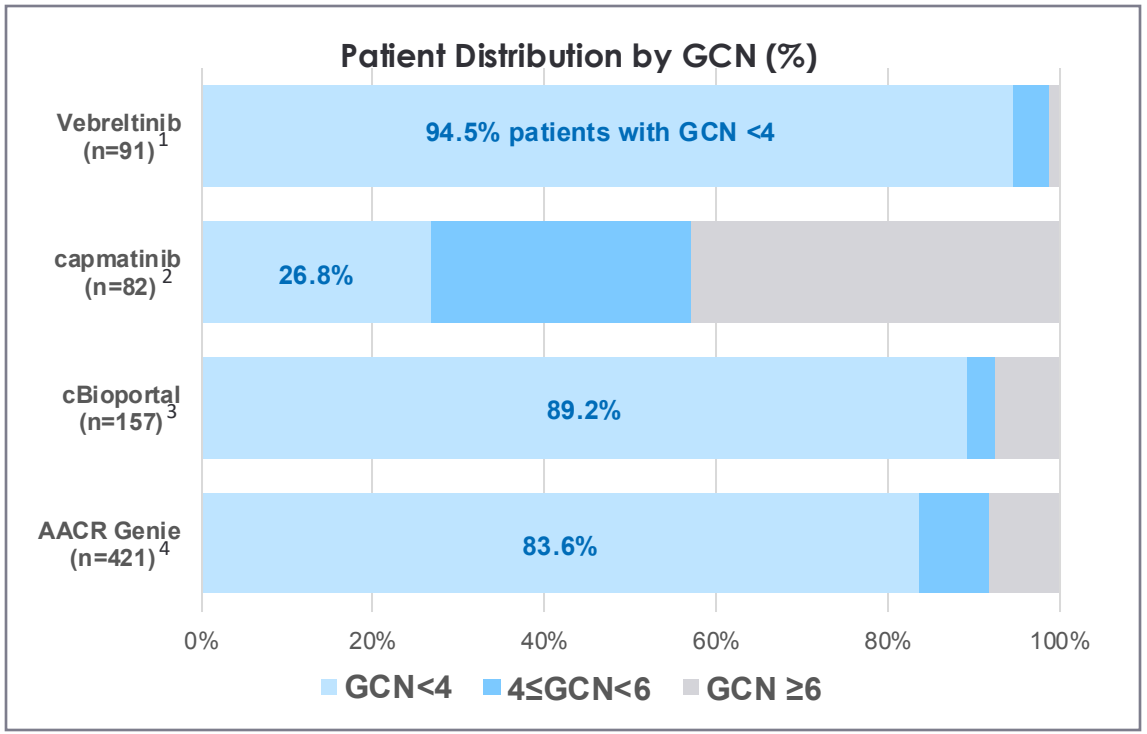
| | 1L NSCLC Patients | | | 2L+ NSCLC Patients | | |
|---|---|---|---|---|---|---|
| **MET Ex14 Skip NSCLC CCAS*** | **SPARTA-II (N=36)** | **KUNGPENG (N=35)** | **Combined (N=71)** | **SPARTA-II** (N=19)** | **KUNGPENG (N=17)** | **Combined (N=36)** |
| Confirmed ORR | 55.6% | 77.1% | **66.2%** | 52.6% | 70.6% | **61.1%** |
| 95% CI | (38.1, 72.1) | (59.9, 89.6) | **(54.0, 77.0)** | (28.9, 75.6) | (44.0, 89.7) | **(43.5, 76.9)** |
| mDOR (Months) | 11.2 | 17.1 | **16.5** | 10.6 | 16.7 | **16.7** |
| 95% CI | 6.0, NE | 9.2, NE | **9.2, 23.0** | 1.1, NE | 3.7, NE | **5.4, NE** |
| DOR ≥12 Months | 35.8% | 60.5% | **52.2%** | 30.9% | 61.4% | **53.8%** |
| DCR (%)<br>95% CI | 91.7%<br>(77.5, 98.2) | 97.1%<br>(85.1, 99.9) | **94.4%**<br>**(86.2, 98.4)** | 73.7%<br>(48.8, 90.9) | 94.1%<br>(71.3, 99.9) | **83.3%**<br>**(67.2, 93.6)** |

- Multivariate analysis did not identify any single factor for outcome differences; small sample size may be the reason
- Combining SPARTA and KUNPENG data for a Met Exon 14 Skipping NDA will require adequate explanation of differences in study populations and outcomes (KUNPENG data must be representative of a US patient population)

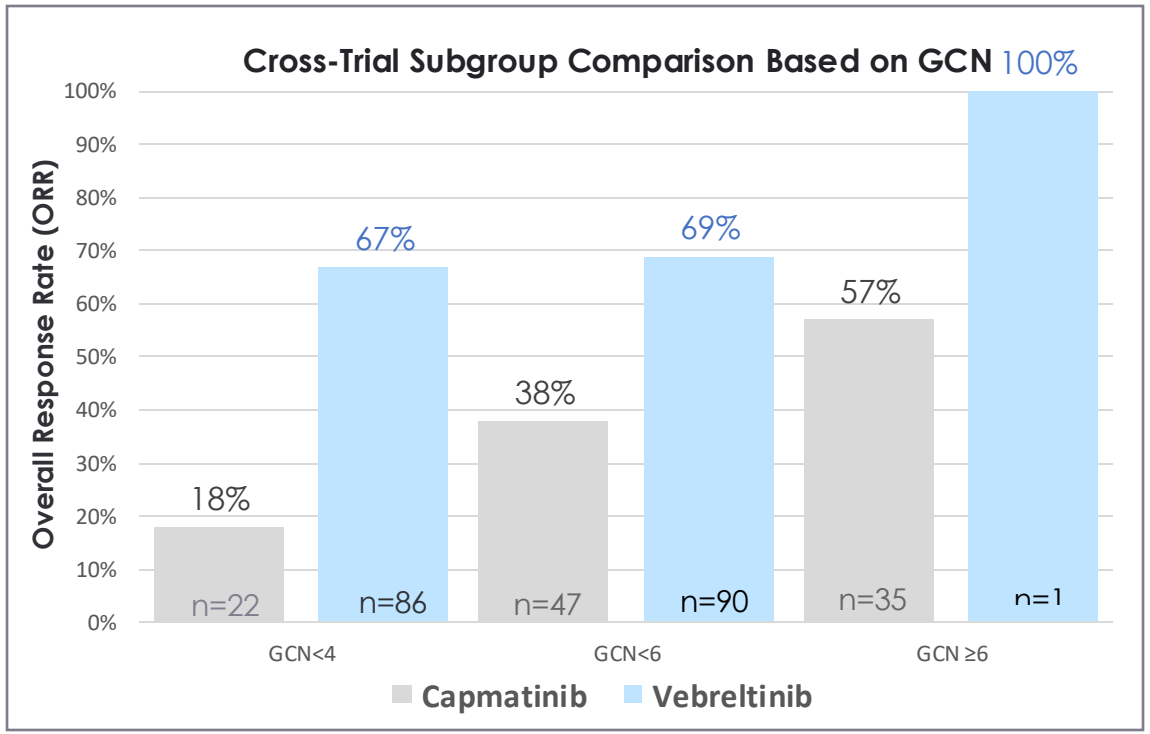
*DOR-duration of response; ORR-overall response rate.*
*Patients who first dosed prior to 2023-05-31 in SPARTA-II CCAS population and patients who first dosed prior to 2021-12-31 in KUNGPENG are included. ** Patients with last IO use < 90 days in SPARTA-II are excluded. Based on data available up to 2023-10-26. Patients with central tissue NGS confirmed MET Ex14 Skip NSCLC. NE - not estimable yet.

# Capmatinib, but not Vebreltinib, has Limited Efficacy in 1L and 2L+ Patients With MET Exon 14 Skip Without Overlapping MET Amplification

- Co-occurring MET Exon 14 skip and MET Amplification found only in a small proportion of patients with NSCLC
- MET Amplification is defined by gene copy numbers (GCN): GCN<4 no over-lapping MET Amplification; GCN ≥6 over-lapping MET Amplification




Capmatinib trial population was skewed for NSCLC with co-occurring MET Ex 14 and MET Amplification mutations




Combined data for 1L/2L/3L shown. Vebreltinib responses by GCN are consistent between SPARTA and KUNPENG.

NSCLC-non-small cell lung cancer.

1. Vebreltinib Efficacy In METex14 Mutant NSCLC With or Without Concurrent MET Amplification, MET GCN Status Distributions Compared With Public Databases. IASLC NA Conference on Lung Cancer. December 2023. 2. Capmatinib basis for FDA NDA approval summary (p.78). 3. cBioportal for Cancer Genomics. 4. AACR Project GENIE database.

# NSCLC with *de novo* MET Amplification

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# 2L+ MET Amplified NSCLC

- Incidence 1% to 5% of *de novo* MET amplified NSCLC
- 2L+ MET Amp+ NSCLC patients have high unmet medical need, no approved target therapy
  - Novartis declared futility for capmatinib in MET amplification NSCLC: ORR 12% with GCN (gene copy number) 6 to <10, ORR 29% with GCN ≥10[1]

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- Vebreltinib is being evaluated in MET amplified NSCLC (*de novo*) with GCN ≥6
- In February 2024, FDA advised enrolling additional patients in the ongoing SPARTA study to enable accelerated approval based on ORR

## Estimated timeline

**1H25:** Enrollment of incremental patients in SPARTA to be completed

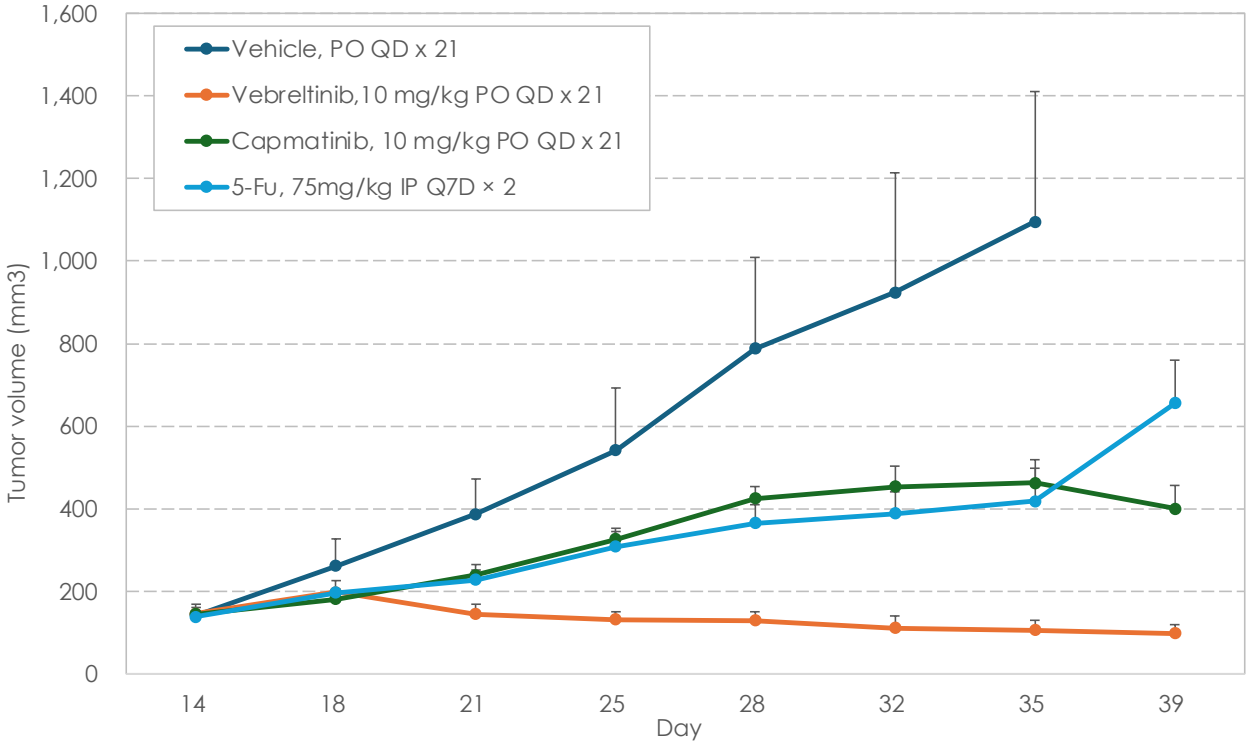
**2026:** Potential NDA submission for accelerated approval for 2L+ MET amplified NSCLC

GCN-gene copy number; NSCLC-non-small cell lung cancer.

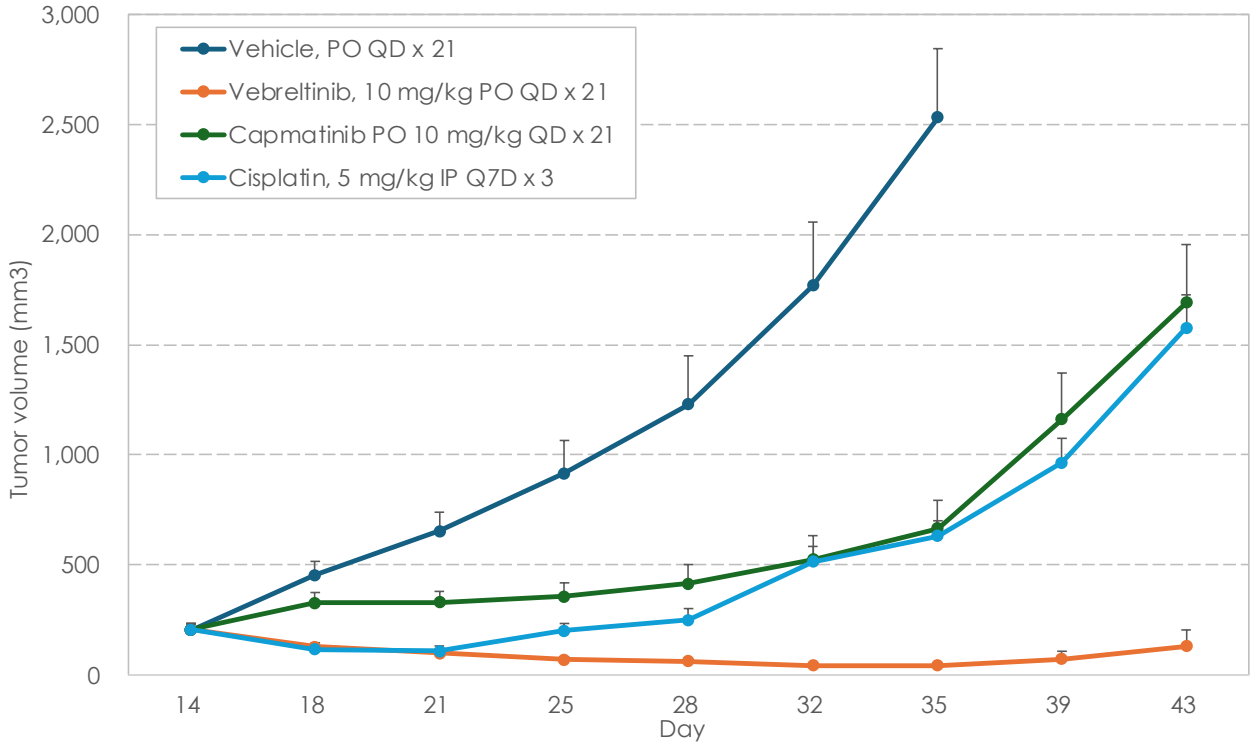
1. Wolf J, et al. N Engl J Med. 2020;383(10):944-957.

# Vebreltinib Compares Favorably to Capmatinib in MET Amp Tumor Models

## Gastric Cancer PDX Model MKN45 – Met amplified[1]




## Lung Cancer PDX Model LU1901 – Met amplified[1]




PDX-patient-derived xenograft.

1. Bozitinib, a highly selective inhibitor of c-MET, demonstrates robust activity in gastric, lung, hepatic and pancreatic in vivo models. Poster Presentation. AACR 2017.

# GCN Testing Used to Identify Patients with Met Amplification in Clinical Trials

| | Apollomics | Avistone | Novartis |
|---|---|---|---|
| | SPARTA-II (Historical) | KUNGPENG | GEOMETRY |
| Test | Local NGS, central NGS and local FISH | Central FISH | Central FISH |
| Vendor | Caris tissue NGS or Predicine ctDNA blood test | Kreatech FISH (MET and CEP7) | Abbott Vysis FISH (MET) |

ORR analysis in patients with MET Amp in SPARTA is currently confounded since a mix of tests have been utilized

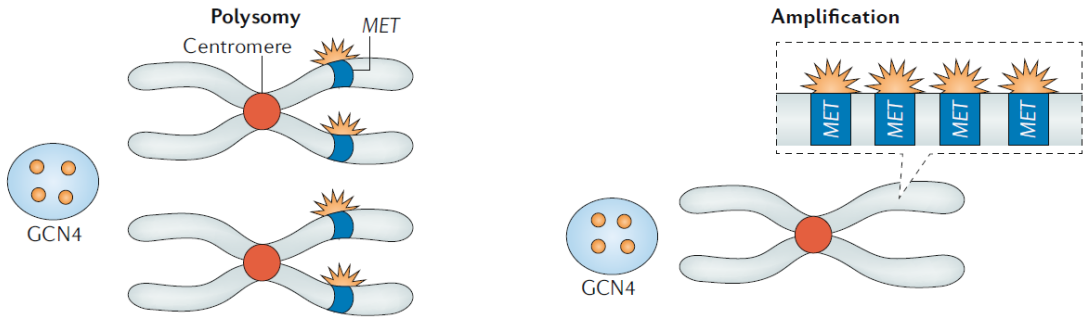
Moving forward patients with MET Amp will be identified/enrolled only using central FISH test

FISH-fluorescence in situ hybridization; NGS-next generation sequencing.

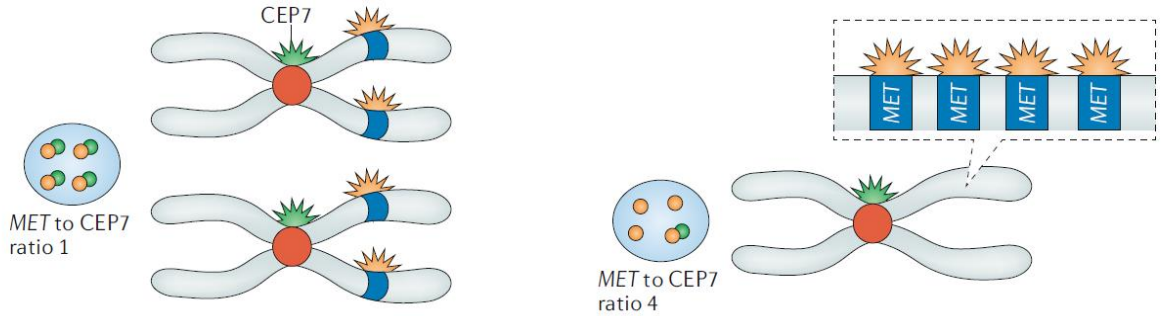
# GCN Testing by FISH Identifies True MET Amplification

## Diagnosis of MET Amplified cancer[1]

**NGS does not enable differentiation between polysomy and true MET amplification**




**FISH (MET + CEP7) enables MET amplification to be confirmed by adding a probe targeting repetitive regions of the (CEP7)**



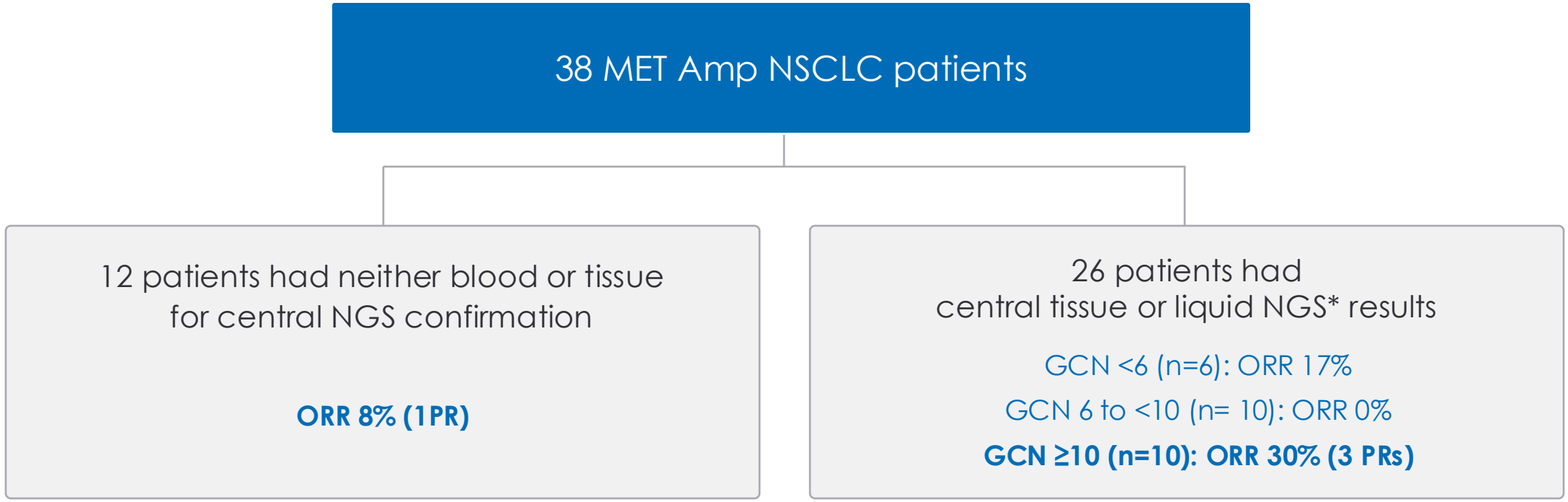

**Use of MET/CEP7 ratio determined by FISH is a better biomarker to detect MET Amp amplification in patients**

FISH-fluorescence in situ hybridization; GCN-gene copy number.

1. Guo R, et al. *Nat Rev Clin Oncol*. 2020;17(9):569-587.

# Encouraging Early MET Amp NSCLC Data in SPARTA, Albeit Confounded by Testing Methods Used

ORR analysis in historical patients with MET Amp in SPARTA is confounded because the NGS tests used have an effective GCN threshold too low to be specific.




**Preliminary results from SPARTA support continued evaluation in Met Amp+ NSCLC using central FISH[1,2]**
**Future SPARTA patients with MET Amp will be identified/enrolled only using central FISH test**

GCN-gene copy number; ORR-overall response rate; PR-partial response.
*The low response in GCN 6 to <10 by NGS may be due to polysomy.
1. Apollomics Data on File. 2. Wolf J, et al. *N Engl J Med*. 2020;383(10):944-957.

# MET Fusion

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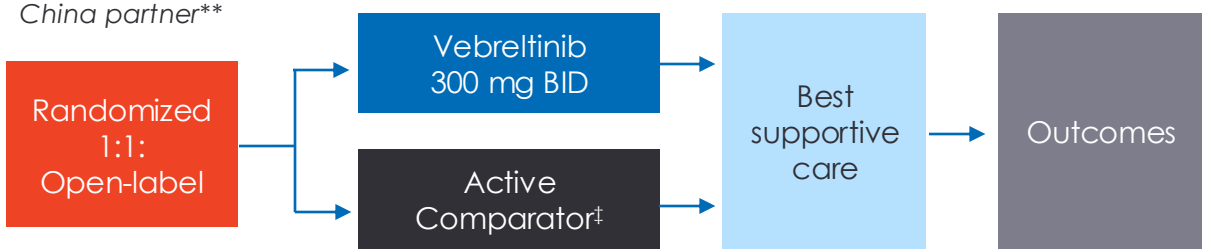
# Vebreltinib Approved for Glioblastoma with PTPRZ1-MET fusion in China*

PTPRZ1-MET fusion-positive high-grade glioma is a serious illness with an unmet medical need

**Phase 2/3 FUGEN randomized study supporting vebreltinib approval in China[1,†]:**

Avistone 鞍石生物

*China partner***




**Results:**

- Relative reduction in risk of death in vebreltinib monotherapy arm: **48%**
- Median overall survival (OS): **6.3 months** with vebreltinib vs **3.4 months** with active control

*Primary endpoint: overall survival*

*Secondary endpoints: overall response rate, progression-free survival*

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***Preliminary Results* with vebreltinib treatment:**

- Median OS in 25 patients with recurrent **relapsing CNS tumors** with MET alterations treated: **6.5 months**
- Median OS in 8 out of these 25 patients with centrally confirmed **ZM fusion glioma** was also **6.5 months**

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1. Apollomics Announces Approval of Vebreltinib in China as a First-in-Class Treatment for Gliomas with MET Fusion Gene. Press Release. April 25, 2024. *Vebreltinib was approved by China NPMA on April 23, 2024. **Avistone holds exclusive rights to vebreltinib in China, Hong Kong and Macau. Apollomics retains exclusive rights in the rest of the world, including the U.S. †Key eligibility criteria included: ZM fusion gene positive, sGBM, tumor recurrence after the standard treatment, KPS ≥ 60, able to swallow and retain oral medication. ‡Active comparators included choice of temozolamide, etoposide or cisplatin.

# Encouraging Preliminary Vebreltinib SPARTA Phase 2 Trial Data in Patients with non-CNS Met Fusions

Overall incidence of 0.1-0.3% across all solid tumors

Incidence may increase due to the increased NGS accessibility makes patient identification increasingly practical

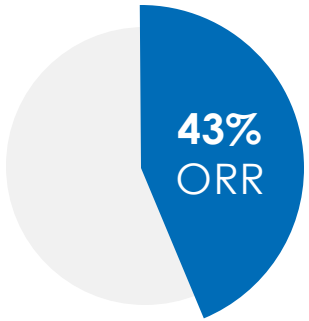
## SPARTA Met fusion cohort (n=14)

**Cancer types**

NSCLC (n=6), lung sarcomatoid carcinoma (n=1), intrahepatic bile duct (n=2), colon (n=1), pancreatic (n=1), breast cancer (n=1), head and neck (n=1), esophageal (n=1)

**Previous Treatment(s)**

1L (n=2)
2L+ (n=12)




**Preliminary results based on Independent central radiology review using RECIST v1.1**

1 CR in 3L metastatic NSCLC and 5 PRs (3 NSCLC, 1 pancreatic cancer, and 1 intrahepatic bile duct cancer)

| | |
|---|---|
| **mOS:** 12.4 months | **mDOR:** 5.6 months* |
| **mPFS:** 4.5 months | **Median time to response**: 3.7 months |

NGS-next generation sequencing; NSCLC-non-small cell lung cancer; mDOR-median duration of response; ORR-overall response rate; mOS-median overall survival; mPFS-median progression-free survival. *Longest DOR was 18 months.

# NSCLC with *acquired* MET Amplification as resistance

## Vebreltinib Combination Approaches

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# MET Amplification Drives TKI Treatment-Resistance Mechanism

## Summary of clinical studies identifying MET amplification as mechanism of resistance in oncogene-driven NSCLC[1]

| NSCLC Molecular Subset | Prior Targeted Therapy | Sample Type | % MET Amplification |
|---|---|---|---|
| EGFR | Following 2L Osimertinib | Plasma (n=83) | 19% |
| | | Tumor tissue (n=32) | 22% |
| | | Tumor tissue (n=42) | 14% |
| | | Tumor tissue (n=41) | 10% |
| EGFR | Following 1L Osimertinib | Plasma (n=91) | 15% |
| | | Tumor tissue (n=27) | 7% |
| ALK | Crizotinib, or next-generation ALK inhibitors | Post-treatment tissue (n=101) OR plasma (n=106) | 13% |
| RET | Selpercatinib or pralsetinib | NA (n=23) | 15% |
| ROS1 | Lorlatinib | NA (n=17) | 6% |
| KRAS | Adagrasib | Tissue and/or plasma (n=10) | 20% |

**Opportunity for Vebreltinib combination therapy to overcome treatment-resistance in NSCLC and other cancers**

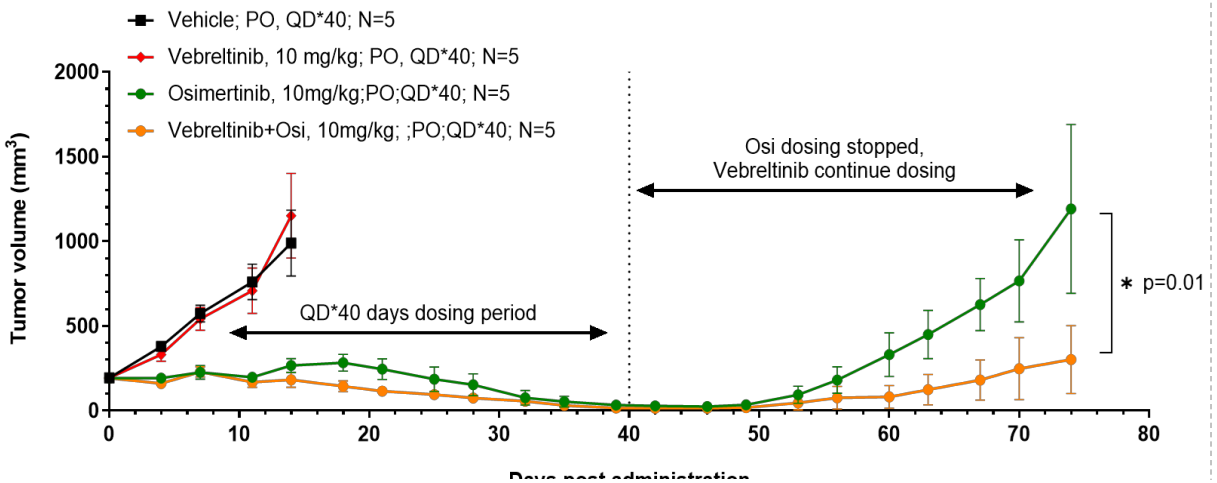


ALK-anaplastic lymphoma kinase; EGFR-epidermal growth factor receptor; KRAS-Kirsten rat sarcoma viral oncogene; RET-rearranged during transfection; ROS1-ROS proto-oncogene 1; TKI – tyrosine kinase inhibitors.

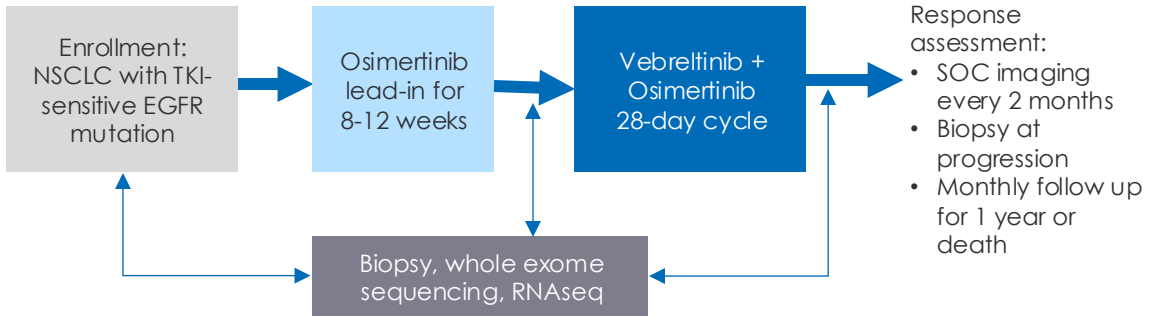
1. Coleman N, et al. *ESMO Open*. 2021;6(6):100319.

# Vebreltinib and Osimertinib Combo Delays MET-Dependent Resistance in NSCLC EGFRm MET Amp Preclinical Model

## Upfront Combination of Vebreltinib and Osimertinib May Prevent MET-Dependent Resistance in NSCLC EGFRm MET Amp+ PDX Preclinical Model[1]




## IST Phase I/II study exploring safety and efficacy of vebreltinib + osimertinib in 1L EGFR-mutated metastatic NSCLC[2]




**Goal is to extend DOR by delaying MET driven EGFR resistance**
**Topline readout from the IST trial of Vebreltinib and Osimertinib in NSCLC EGFRm MET Amp+ anticipated 2H24**

DOR-duration of response; EGFR-epidermal growth factor receptor ; IST–investigator-sponsored trial; SOC-standard of care; TKI–tyrosine kinase inhibitor.

1. Apollomics Data on File. 2. Phase I/II study exploring safety and efficacy of APL-101 plus frontline osimertinib in EGFR-mutated metastatic nonsmall cell lung cancer. IASLC World Conference on Lung Cancer. Poster presentation . September 2023.

# Path Towards Approval

Vebreltinib

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# Extensive Safety Dataset of >600 Patients for Supporting Potential NDA

*Vebreltinib Exposure In Patients Support NDA*

| Tumor Types | Trial | Subjects on Study |
|---|---|---|
| NSCLC | Ph 1 trial, China* | 37 |
| | Ph 2 KUNPENG trial, China* | 145 |
| | Ph 3 KUNPENG II trial, China* | 18 |
| NSCLC – combo with EGFRi | Ph1/2 NSCLC with EGFR+, MET amp | 44 |
| Multi-tumor types | Ph 1 SPARTA trial, Global** | 17 |
| Multi-cohort (majority NSCLC) | Ph 2 SPARTA trial, Global** | 271 |
| GBM | Ph 1 GBM trial, China* | 18 |
| | Ph 2/3 FUGEN trial, China* | 43 |
| Combo (in HCC and RCC) | APOLLO | 20 |
| | **Total Patients** | **613** |

**Additional healthy volunteers: n >170**

EGFRi-epidrernal growth factor receptor inhibitor; HCC-hepatocellular carcinoma; RCC-renal cell carcinoma; NSCLC – non-small cell lung cancer.
*PLB1001: KUNPENG Trial in China, FUGEN trial in China. **Vebreltinib: global SPARTA Trials in 10+countries.

# Vebreltinib Demonstrated an Acceptable Safety Profile to Date

## Treatment-Related Adverse Events Reported in >10% NSCLC with MET Ex14[1,*]

| | SPARTA-II (N=33) | | KUNGPENG (N=50) | | Combined (N=83) | |
|---|---|---|---|---|---|---|
| | All Grades n (%) | Grade ≥ 3 n (%) | All Grades n (%) | Grade ≥ 3 n (%) | All Grades n (%) | Grade ≥ 3 n (%) |
| Any Treatment-Related TEAEs | 31 (93.9) | 12 (36.4) | 49 (98.0) | 23 (46.0) | 80 (96.4) | 35 (42.2) |
| Edema | 24 (72.7) | 4 (12.1) | 41 (82.0) | 7 (14.0) | 65 (78.3) | 11 (13.3) |
| Hypoalbuminaemia | 6 (18.2) | 0 | 15 (30.0) | 0 | 21 (25.3) | 0 |
| Alanine aminotransferase increased | 8 (24.2) | 2 (6.1) | 12 (24.0) | 4 (8.0) | 20 (24.1) | 6 (7.2) |
| Anaemia | 3 (9.1) | 0 | 13 (26.0) | 1 (2.0) | 16 (19.3) | 1 (1.2) |
| Blood creatinine increased | 2 (6.1) | 0 | 14 (28.0) | 0 | 16 (19.3) | 0 |
| Electrocardiogram QT prolonged | 0 | 0 | 15 (30.0) | 1 (2.0) | 15 (18.1) | 1 (1.2) |
| Nausea | 8 (24.2) | 0 | 7 (14.0) | 0 | 15 (18.1) | 0 |
| Pruritus | 3 (9.1) | 0 | 11 (22.0) | 0 | 14 (16.9) | 0 |
| Aspartate aminotransferase increased | 6 (18.2) | 2 (6.1) | 7 (14.0) | 3 (6.0) | 13 (15.7) | 5 (6.0) |
| Platelet count decreased | 3 (9.1) | 0 | 8 (16.0) | 2 (4.0) | 11 (13.3) | 2 (2.4) |
| Weight increased | 0 | 0 | 11 (22.0) | 0 | 11 (13.3) | 0 |
| Hypocalcemia | 1 (3.0) | 0 | 9 (18.0) | 0 | 10 (12.0) | 0 |
| Hypoproteinemia | 0 | 0 | 10 (20.0) | 0 | 10 (12.0) | 0 |
| Lipase increased | 1 (3.0) | 1 (3.0) | 9 (18.0) | 2 (4.0) | 10 (12.0) | 3 (3.6) |
| Amylase increased | 4 (12.1) | 0 | 5 (10.0) | 0 | 9 (10.8) | 0 |
| Rash | 4 (12.1) | 0 | 5 (10.0) | 0 | 9 (10.8) | 0 |
| Vomiting | 3 (9.1) | 0 | 6 (12.0) | 0 | 9 (10.8) | 0 |

*Edema includes edema peripheral, generalized edema, face edema, edema, localized edema, edema genital, eyelid edema, peripheral swelling, scrotal edema, and penile edema.

1. Vebreltinib Efficacy In METex14 Mutant NSCLC With or Without Concurrent MET Amplification, MET GCN Status Distributions Compared With Public Databases. IASLC NA Conference on Lung Cancer. December 2023. This dataset includes 1L and 2L+ MetEx14 skip NSCLC subjects with available GCN status.

# Vebreltinib Anticipated Regulatory Path in the U.S.

**July 2023**

*"FDA acknowledged that Apollomics may have a path towards* ***traditional approval in the context of their current clinical trials****."*

*"FDA acknowledged that* ***Apollomics proposal to pool data from SPARTA and KUNGPENG appears acceptable****; however, given the limitations stated above a final determination will be made upon review of the data submitted to a potential marketing application."*

**Feb 2024**

FDA guided the following:

- 1L MET Ex14 NSCLC : Explain the difference in ORR between KUNPENG and SPARTA and provide 12-month follow-up
- 2L+ MET amplified NSCLC (de novo) with GCN ≥6: enroll additional patients in SPARTA
- Recurrent GBM with PTPRZ1-MET Fusions: additional information on the epidemiology of PTPRZ1 MET fusion and on the randomized study needed to determine data requirement for this indication in the U.S.

**2H25**

Anticipated pre-NDA meeting after data from additional Met Amp patients are available

**1H26**

**Target vebreltinib FDA NDA submission:**

**1H26:** MET Amp+ NSCLC

GBM–glioblastoma multiforme; NSCLC–non-small cell lung cancer.

# Market Opportunity for Vebreltinib Monotherapy in the U.S.[1-7]


| | MET amp (multiple tumors) | HGF+ MET gene WT (pan tumor) | MET ex14 skip (3-4% of 1L NSCLC) | MET amp (1-5% of 2L NSCLC) | MET fusion (pan tumor) | GBM w/ MET fusion |
|---|---|---|---|---|---|---|
| **No. of Patients** | 20,000 | 15,000 | 6,800 | 5,800 | 5,000 | 1,500 |
| **Treatment Duration (mo)[8]** | 10 | 10 | 18 | 10 | 10 | 6 |
| **Cost per month** | $22,000 | $22,000 | $22,000 | $22,000 | $22,000 | $40,000 |

GBM–glioblastoma multiforme; HGF-hepatocyte growth factor; NSCLC–non-small cell lung cancer.

1. Drillon et al 2016. 2. Bao et al 2014. 3. Caris AACR 2016 Poster. 4. Sun et. al. 2023. 5. TGCA Atlas Internal Analysis. 6. Biomedtrackker. 7. Coleman et al ESMO 2021. 8 *Estimated treatment duration based upon 1.5 mos. time to response plus actual/assumed DOR; EGFR+ MET amp assumptions: 238,340 US lung cancer incidence, 81% NSCLC, 30% MET amp resistance.*

# Market Opportunity for Vebreltinib Combination Therapy in the U.S.[1-7]


**EGFRm, 1L NSCLC**
***40% MET over-expressed***
*POC provided by MARIPOSA*

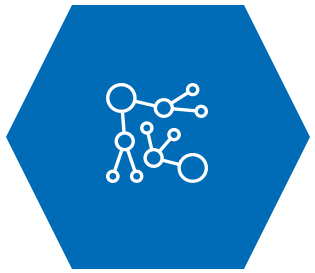

**EGFRm, MET Amp+**
**NSCLC acquired resistance**


**Combo w/ ALK, ROS, KRAS, etc. Other target+, MET Amp+, NSCLC acquired resistance**

| | | | |
|---|---|---|---|
| **No. of Patients** | 11,600 | 8,700 | 2,600 |
| **Treatment Duration (mo)[8]** | 24 | 10 | 10 |
| **Cost per month** | $22,000 | $22,000 | $22,000 |

EGFRm-epidermal growth factor receptor mutated; GBM–glioblastoma multiforme; NSCLC–non-small cell lung cancer.
1. Drillon et al 2016. 2. Bao et al 2014. 3. Caris AACR 2016 Poster. 4. Sun et. al. 2023. 5. TGCA Atlas Internal Analysis. 6. Biomedtrackker. 7. Coleman et al ESMO 2021. 8 *Estimated treatment duration based upon 1.5 mos. time to response plus actual/assumed DOR; EGFR+ MET amp assumptions: 238,340 US lung cancer incidence, 81% NSCLC, 30% MET amp resistance.*

# Vebreltinib - a Differentiated and De-Risked MET Inhibitor With Significant Market Opportunity



Designed with a unique structure and biopharmaceutical properties to effectively inhibit MET

Demonstrated activity with early onset of response in 1L and 2L+ MET Ex14 skip NSCLC

Best- and first-in class potential in multiple oncology indications

Recent approvals in MET Ex14 skip NSCLC and in Glioblastoma with PTPRZ1-MET fusion in China (Avistone)

Opportunity to combine data from KUNPENG and SPARTA trials for NDA submission in 2026

Multi-billion-dollar market potential as monotherapy and in combination with other targeted therapies

# Multiple Near-Term Catalysts Upcoming for Lead Programs

## 2024

- 1Q: Vebreltinib FDA meeting
- 2Q: Vebreltinib data presentation at AACR
- 2H: Vebreltinib IST combo with Osimertinib – data update
- 2H: Data update for vebreltinib MET Ex14 NSCLC

## 2025

- 1H: Additional MET Amp+ subjects treated in SPARTA and data update
- 2H: FDA pre-NDA meeting for MET Amp+ NSCLC

## 2026

- 1H: vebreltinib FDA NDA submission for MET Amp+ NSCLC

# Company Highlights

Innovative biotechnology company focusing on developing oncology therapies that target specific molecular pathways to enhance standard-of-care

**Vebreltinib – near-term NDA opportunities**

**Vebreltinib – a highly potent, de-risked and differentiated MET Inhibitor with best-in- and first-in-class potentials**

- Pivotal Phase 2 SPARTA in MET dysregulated lung cancers and pan-tumor types with multiple anticipated near-term clinical and regulatory catalysts
- Potential NDA submission in 2026
- Recently approved in China as monotherapy in 2 indications by Avistone

**Strategic Partnerships to expand pipeline and indications**

- Strategic collaborations to expand market opportunities
- Company based in the U.S. with clinical trial sites across 10+ countries

**Finance**

- $26M cash as of 6/30/24
- Runway into 3Q25

Thank you

Nasdaq: APLM

apollomicsinc.com