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BeyondSpring

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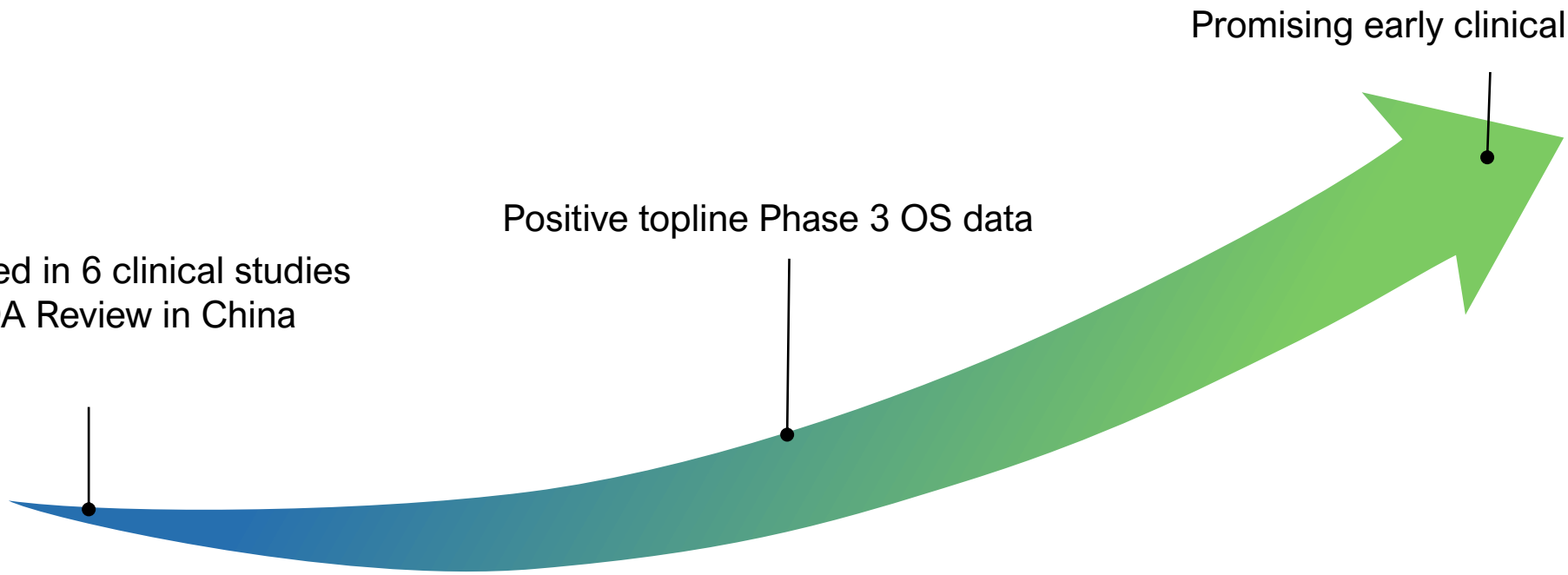
Company Highlights

Positive Ph3 Data in 2 Indications	Positive Phase 3 data in 2 indications with Lead Asset - Plinabulin
Global Regulatory Strategy	China NDA review ongoing in CIN; preparing to file NDA in NSCLC
Deep Pipeline	Compelling pipeline of additional indications
Intellectual Property	Strong IP and technology protection
Premier Partnerships	Key commercial partnership in China

Plinabulin Franchise

Clinical Confirmation → **Expand** → **Transform**



CIN	NSCLC	Multiple Cancers (I/O Combo)

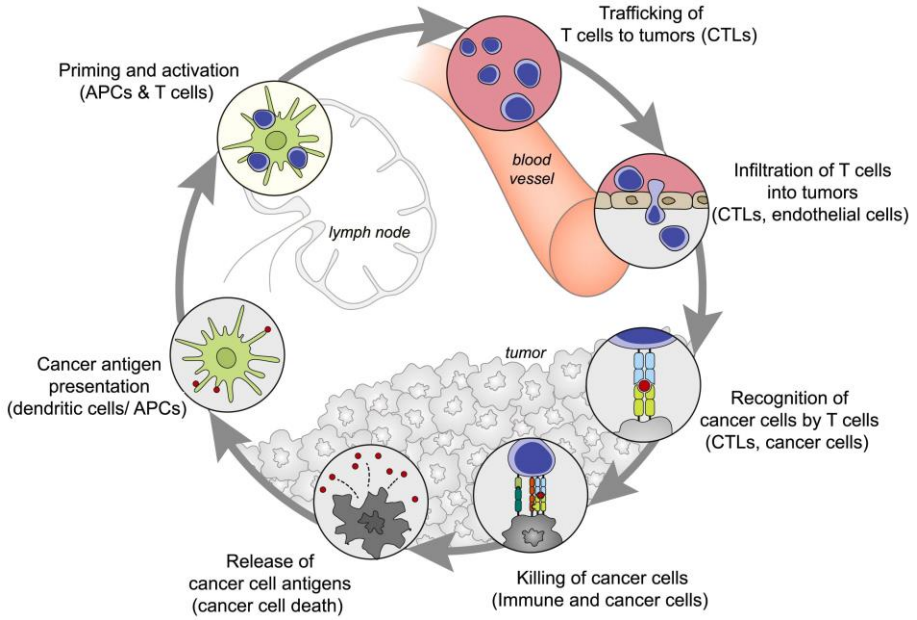
Mechanism with Broad Applications

Plinabulin Induces Dendritic Cell Maturation (the most potent APC), a Key Step in Initiating Anti-Cancer Durable Response

2 Plinabulin

Hit the Gas
Stimulates maturation of dendritic cells to increase antigen presentation

Dendritic cells are the most important antigen-presenting cells



3 Checkpoint Inhibitors

Release The Brakes
Optimize T cell response

1 Radiation/Chemotherapy

Release Tumor antigens
For more potent anti-cancer effect

1 + 2 + 3 = Optimal Immuno-Oncology Response

Pipeline

	Indication/Target	Program	Preclinical	Phase 1	Phase 2	Phase 3	Trial Name / Collaborator
Late stage	**NSCLC (2nd/3rd line)**	Plinabulin + Docetaxel					DUBLIN-3
Late stage	**CIN Prevention**	Plinabulin; Plinabulin + Pegfilgrastim					PROTECTIVE-1 & PROTECTIVE-2
Investigator Initiated Trials	**SCLC (2nd/3rd line)**	Plinabulin + PD-1 + CTLA-4					Bristol Myers Squibb; Rutgers
Investigator Initiated Trials	**7 cancers (PD-1/PD-L1 failed)**	Plinabulin + PD-1/PD-L1 + Radiation					The University of Texas MD Anderson Cancer Center
Investigator Initiated Trials	**AHCT (hematopoietic stem cell transplantation) in Multiple myeloma**	Plinabulin + Pegfilgrastim					Memorial Sloan Kettering Cancer Center
Early Stage	**Preclinical assets**	BPI-002, BPI-003, BPI-004					
SEED Therapeutics	**KRAS and additional targets**	Targeted Protein Degradation (TPD) Molecule Glue Platform					SEED Therapeutics
SEED Therapeutics	**Multiple Targets**	TPD (Molecular Glue)					Lilly

BeyondSpring Subsidiaries: 1) Dalian Wanchunbulin Pharmaceuticals Ltd., which owns China rights to Plinabulin, and 2) Seed Therapeutics, a target protein degradation company.

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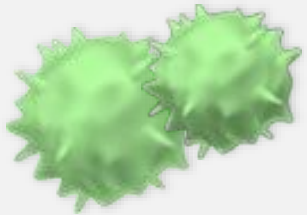
Chemotherapy-Induced Neutropenia (CIN) Prevention Indication

CIN Is an Unmet Medical Need in Week 1 After Chemotherapy

Despite widespread G-CSF use, CIN is #1 reason for FN, ER visits, hospitalization, sepsis, mortality, and chemotherapy dose reduction and disruption[1]

Short-term

G-CSF is more effective in week 2 after chemo in raising neutrophil, which leaves a significant clinical gap in week 1



Patients less Protected in week 1 after Chemotherapy with G-CSF

Long-term

Chemotherapy's anti-cancer effectiveness is linear to its dose

Reduction in Relative Dose Intensity (RDI) of Chemotherapy

Reduction in Overall Survival[2]

The Unmet Medical Need: Week 1 "Neutropenia Vulnerability Gap" (NVP)

- >75% clinical complications occur in week 1 after chemo, which G-CSF cannot protect

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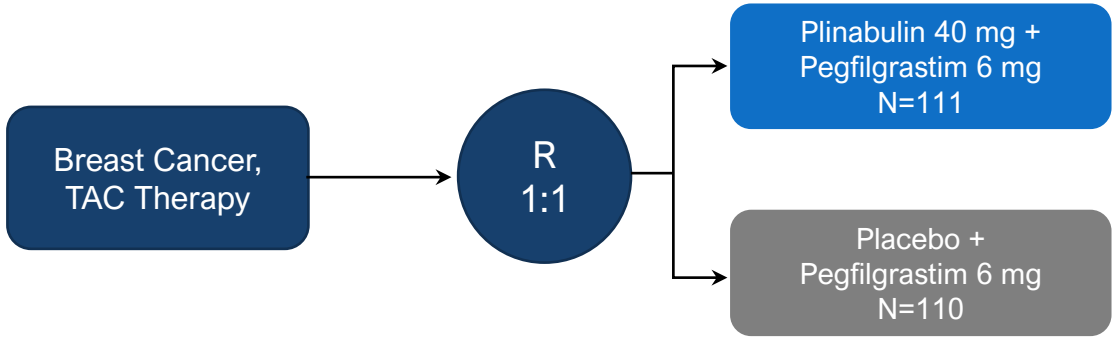
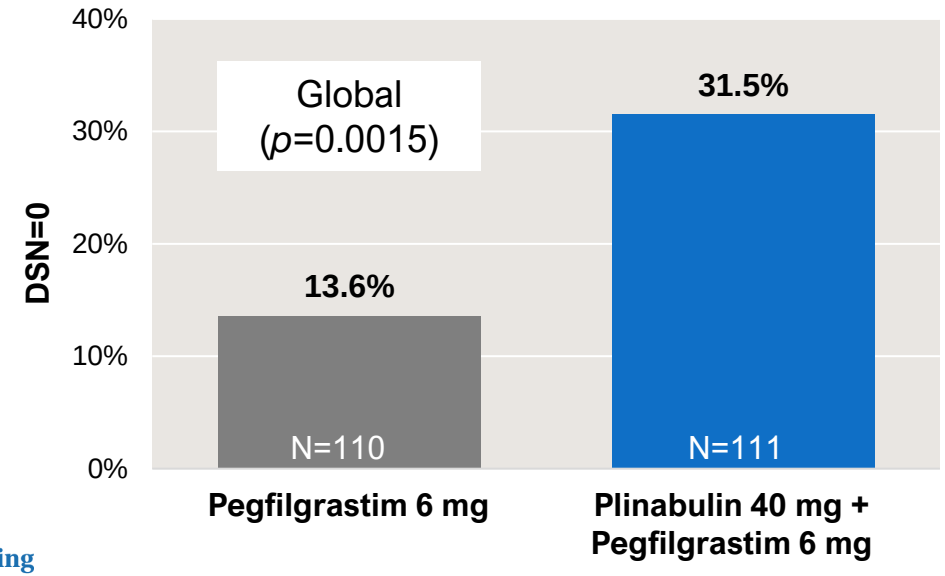
Source: 1 Lalami Y, Klastersky J.. Crit. Rev Oncol Hematol. 2017; 120:163-179. 2 Bonadonna G, Valagussa P, Moliterni A et al. Adjuvant cyclophosphamide, methotrexate, and fluorouracil in node-positive breast cancer. N Engl J Med 1995;332:901-906.

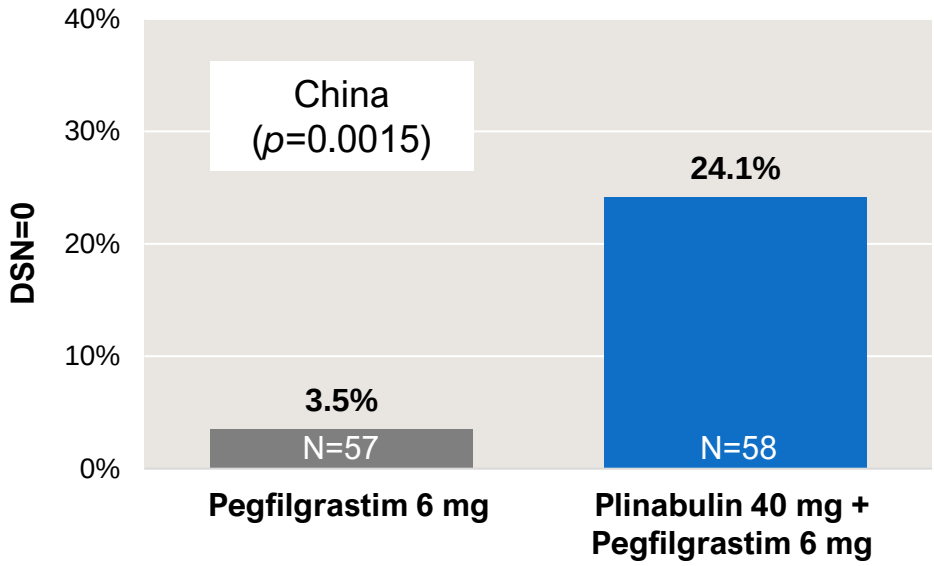
Met Primary Endpoint in PROTECTIVE-2 Phase 3 Study

Design: Double blind, global study (19 centers); 4 cycles



Results: Proportion of Patients with NO Grade 4 Neutropenia (or DSN= 0 Days) in Cycle 1





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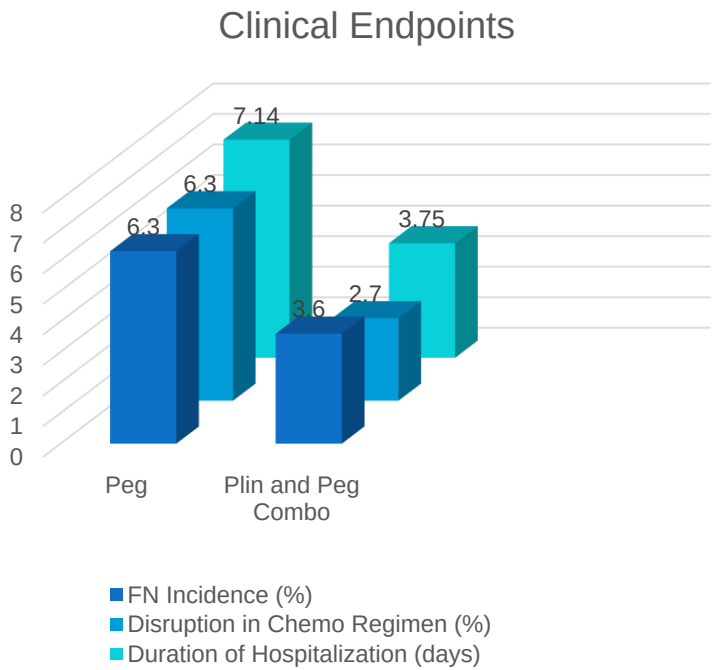
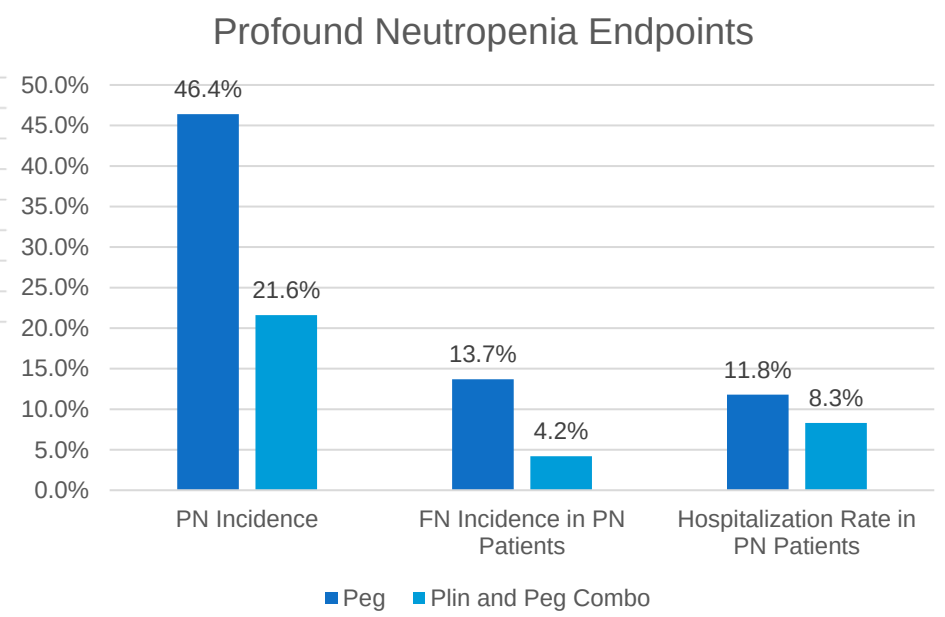
The Combination with Superior Improvement in Clinically Meaningful Endpoints Compared to Pegfilgrastim Alone

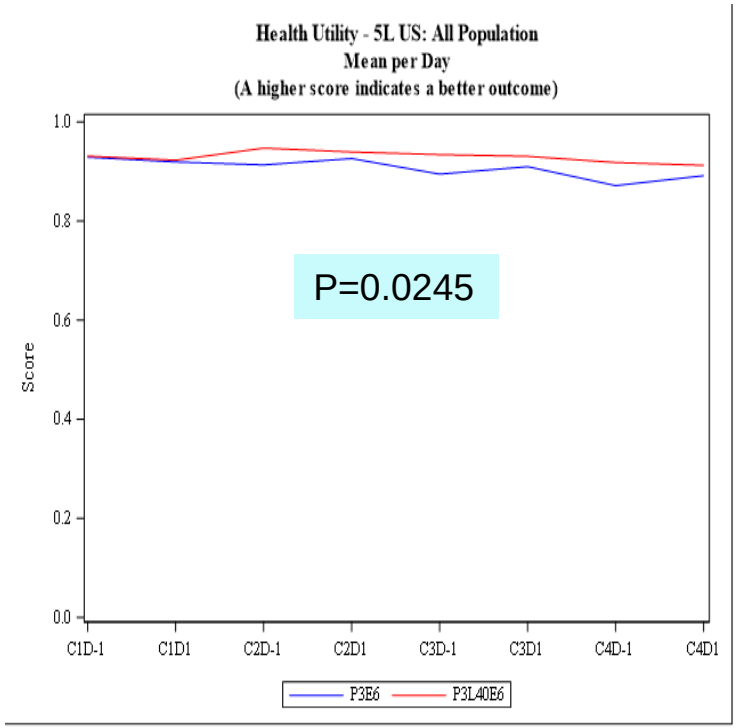
Reduction of Incidence and Severity of FN and Hospitalization



Reduction of Profound Neutropenia (PN) Related Benefits



Improvement of Quality of Life



June 2021 ASCO Presentations

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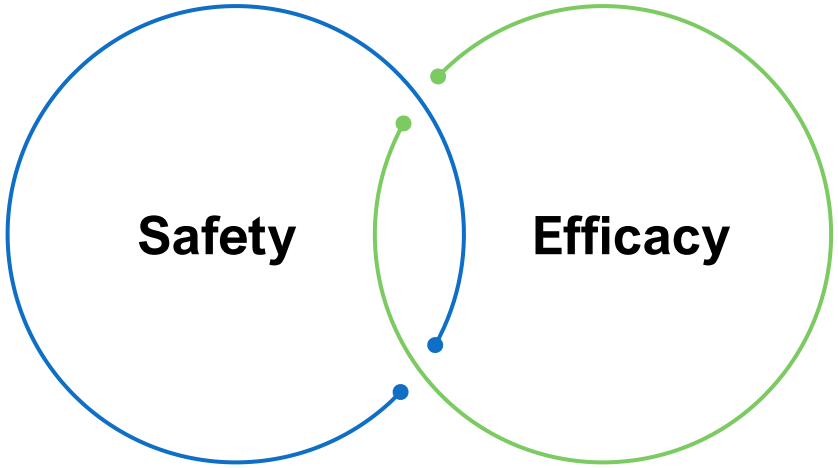
2nd/3rd Line NSCLC Indication

Severe Unmet Medical Needs – 2nd/3rd Line NSCLC, EGFR Wild Type

- Large patient population with limited treatment options
  - EGFR wild type: ~85% western NSCLC and ~70% of Asian NSCLC patients
  - With immunotherapies moved to first line, Docetaxel-based therapies are the mainstay therapy
  - TKIs are worse than docetaxel[1]
- Docetaxel-based Therapies (SOC)
  - Limited efficacy
  - >40% severe neutropenia

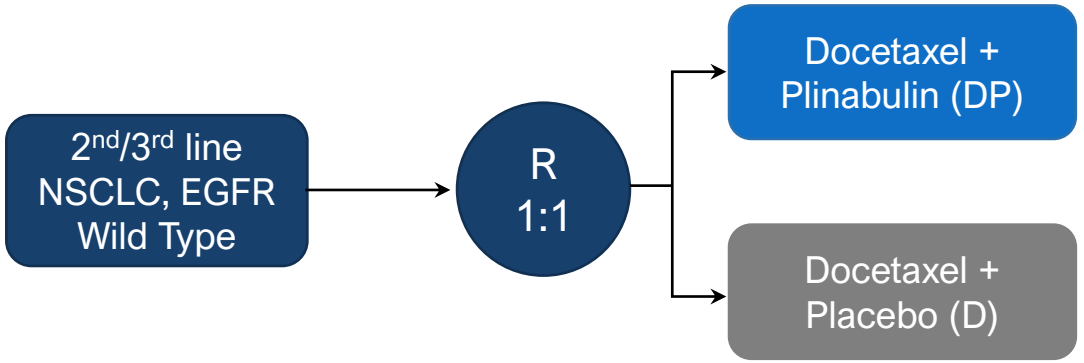


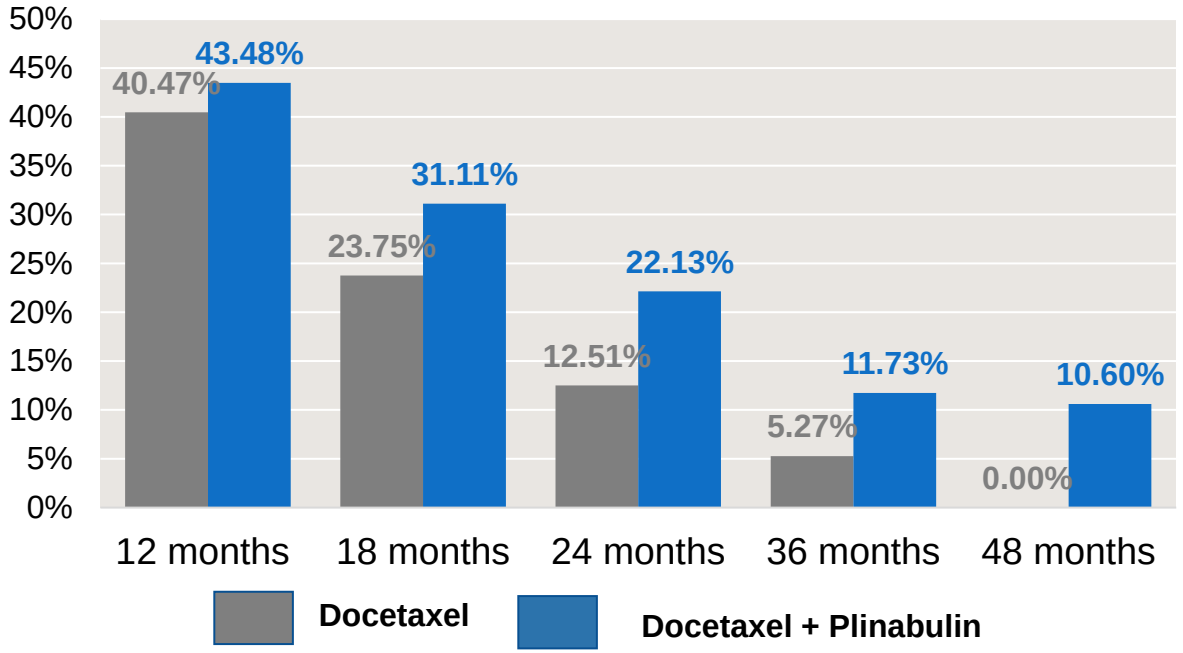
Since Nivolumab's approval 6 years ago, no new agent with a novel mechanism has been approved in this indication.

1 Lancet Oncol. 2013 Sep;14(10):981-8.

Met Primary Endpoint of OS in DUBLIN-3 Phase 3 Trial

Design: Single-Blinded (blinding for patients only), global study, around 60 sites

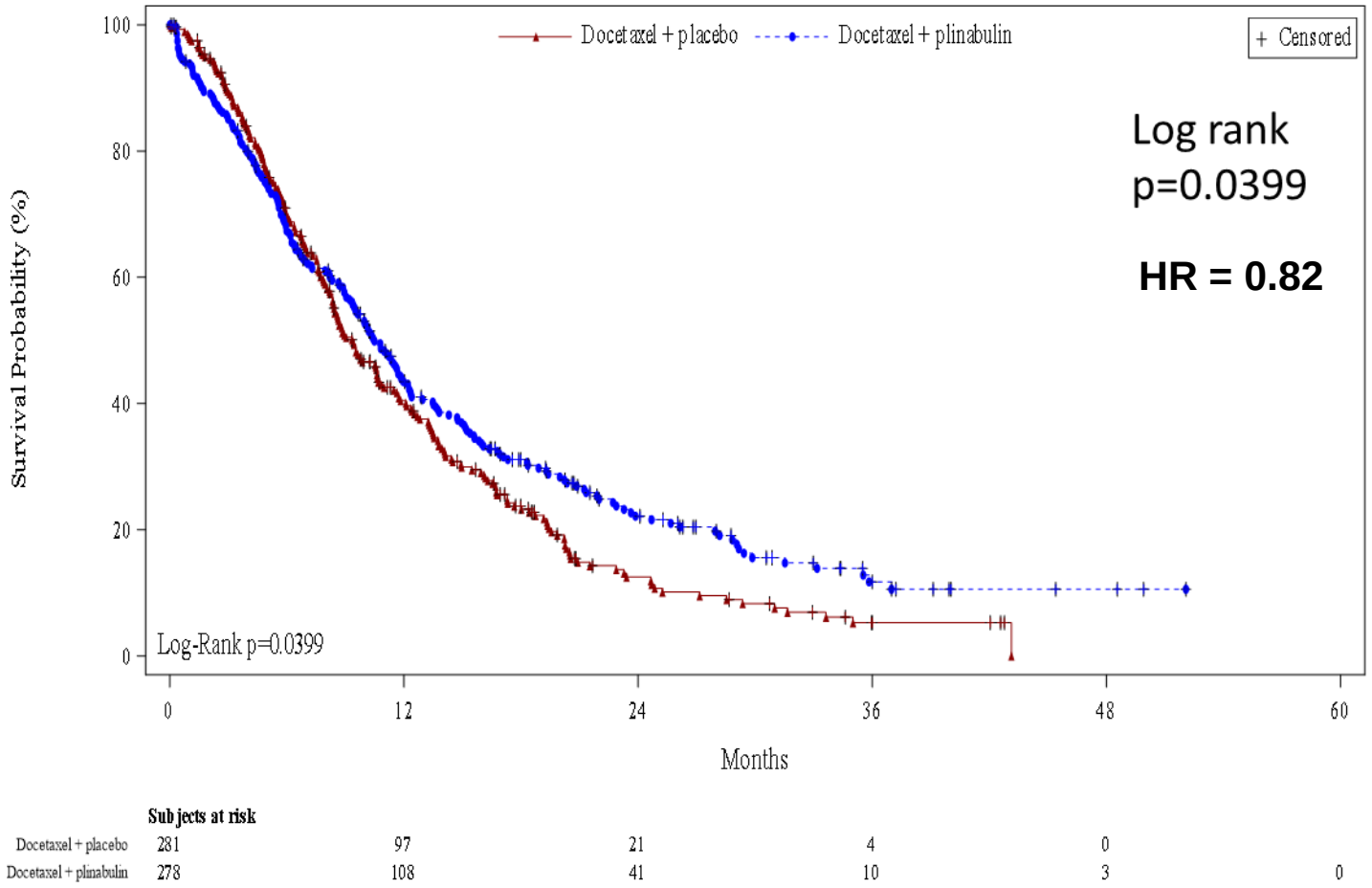




Results:

- Significantly increased OS rate;
- Doubling of OS rate in 24M, 36M, and 48M OS rate in DP (10.6%) vs D (0%).

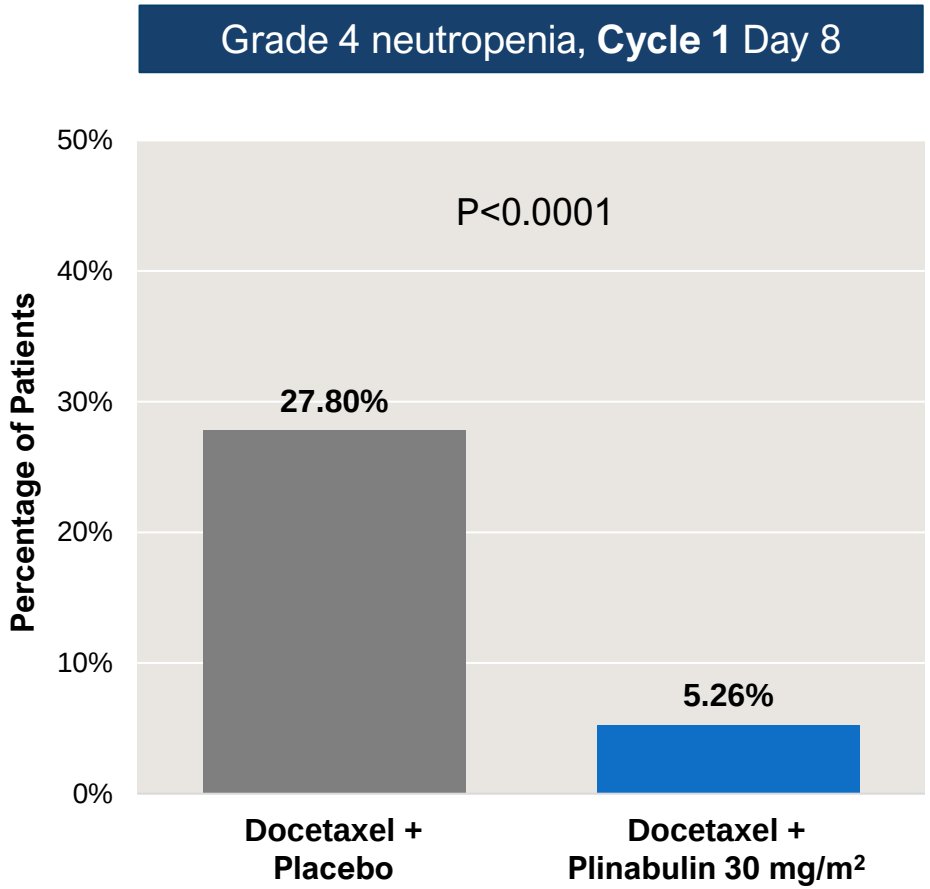
Met Primary Objective in Overall Survival (OS)

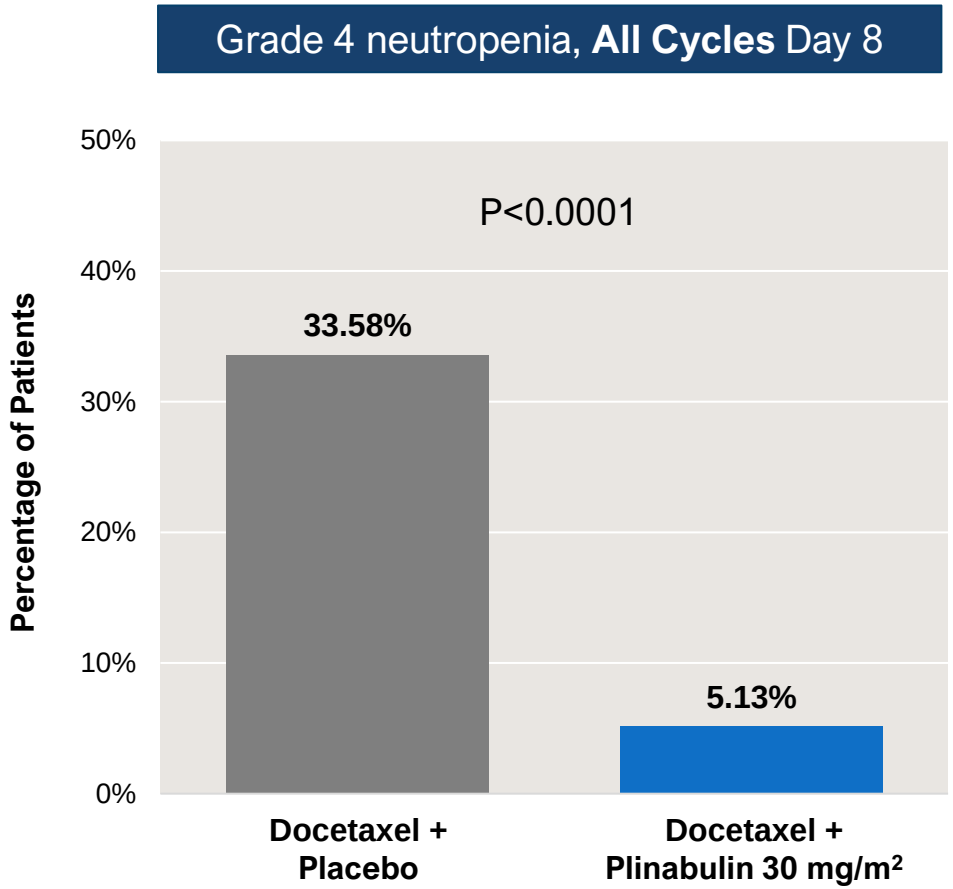


ITT population	Docetaxel (75 mg/m2) N=281	Plinabulin (30 mg/m2) + Docetaxel (75 mg/m2) N=278
OS (Months)	Mean OS (SE): 12.77 (0.676) Median OS (95% CI): 9.4 (8.4, 10.7)	Mean OS (SE): 15.08 (0.848), p=0.0332 Median OS (95% CI): 10.5 (9.3, 11.9) Log-rank p=0.0399; HR = 0.82 (0.68,0.99)

Significant Reduction in Grade 4 Neutropenia

Cycle 1 Day 8 and All Cycles Day 8

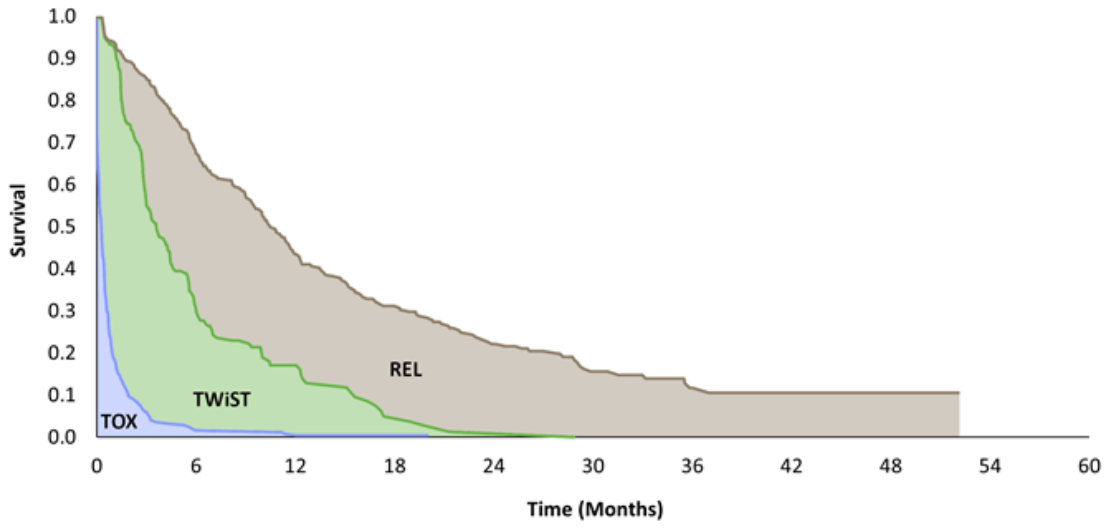




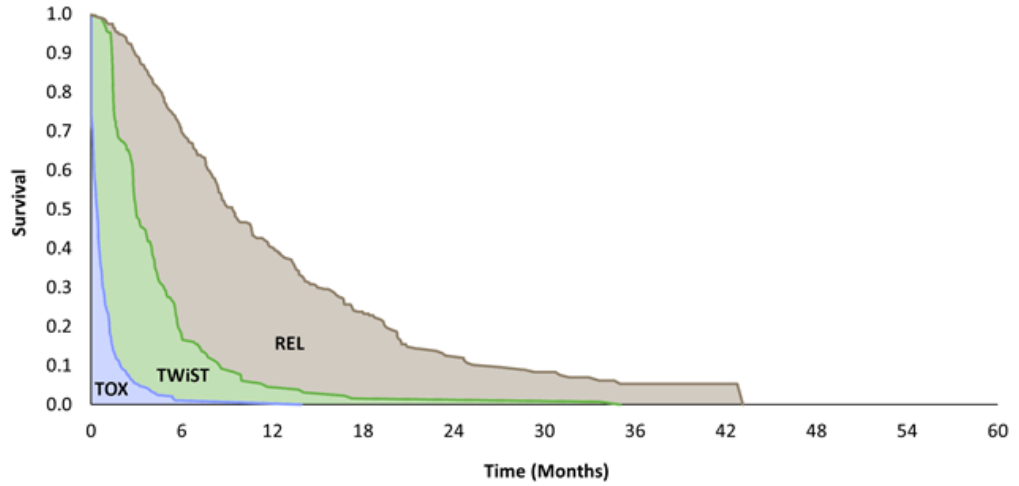
Significant Improvement in Quality of Life Benefit

Q-TWiST (Quality-Adjusted Time Without Symptoms of Disease and Toxicity)

Plinabulin + Docetaxel



Docetaxel alone



Q-TWiST Gain	Relative Gain to OS Restricted Mean	Relative Gain to Q-TWiST
1.93	15.11%	18.43%
	(1.72% to 30.63%)	(2.07% to 37.20%)
	p-value=0.0396	p-value=0.0393

Clinically Meaningful Improvement of >18% in Q-TWiST.

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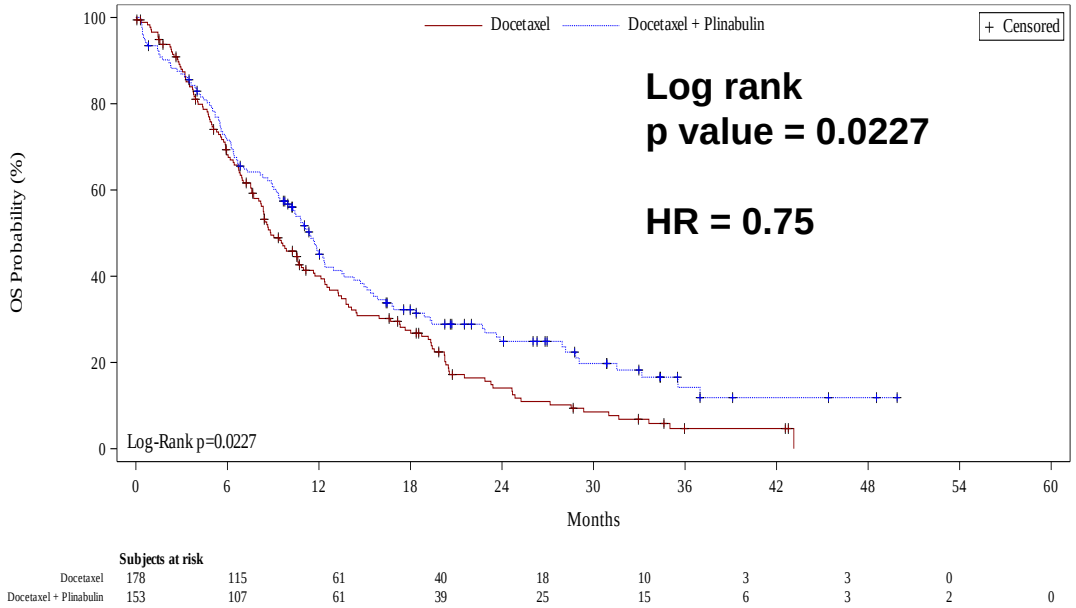
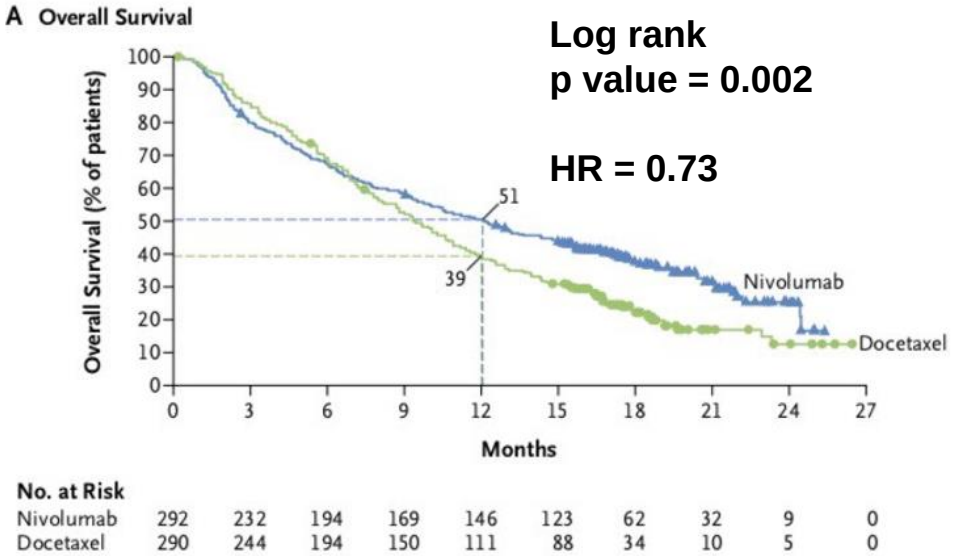
Significant OS Benefit in Non-squamous NSCLC (2nd/3rd Line)

Plinabulin + Docetaxel vs. Docetaxel



Nivolumab (PD-1) vs. Docetaxel [1]



Plinabulin + Docetaxel had OS extension comparable to that of Nivolumab vs. docetaxel in Non-squamous NSCLC

	Dublin-3: Non-Squamous NSCLC (tumor > 1 cm) - Presented at ASCO 2022			Nivolumab: Non-Squamous NSCLC - NEJM 2015[1]		
	Docetaxel +Placebo (D)	Docetaxel +Plinabulin (DP)	**Extension; P Value/Risk ratio**	Docetaxel (D)	Nivolumab (PD-1)	**Extension; P Value/Risk ratio**
Patient Number	178	153		290	292	
OS median（M）	**8.8**	**11.4**	**2.6 M; p=0.0227; HR 0.75**	**9.4**	**12.2**	**2.8 M; P=0.002; HR 0.73**
PFS median (M) - PI evaluation	**3.2**	**3.7**	**0.5 M, p=0.0774; HR 0.79**	**4.2**	**2.3**	**-1.9 M; P=0.39; HR=0.92**

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1. Borghaei et al. NEJM 373(17): 1627 (2015)

Potential Benefit of Plinabulin + Docetaxel in NSCLC (2nd/3rd line)

With PD-1/PD-L1 moving to 1st line NSCLC, plinabulin + docetaxel could be the potential choice, with benefits vs. Docetaxel.

- **Significant survival benefit, with more pronounced survival benefit in non-squamous NSCLC population;**
- **Significant neutropenia reduction;**
- **Significant QoL benefit.**

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Immuno-Oncology Combinations

Plinabulin as Potential Cornerstone Add-on Therapy to Current I/O Regimens to Address Severe Unmet Medical Needs

PD-1/PD-L1 Inhibitors
- $30B global annual sales

→ Potential to greatly expand the addressable market

Current Severe Unmet Medical Needs

- **2/3rd Line**: PD-1/PD-L1 resistant patients
- **1st Line**: PD-1 + chemo double efficacy of PD-1, but with CIN risk
- **High immune-related SAE**: PD-1 or PD-1+CTLA-4
- **"Cold" Tumor**: PD-1/PD-L1 non-responsive tumor

Plinabulin:
APC Inducer
with easy
administration →

Plinabulin Clinical Development

- Plinabulin + I/O + chemo/radiation
- Plinabulin is developed as a CIN prevention agent (pan cancer, pan chemo)
- Plinabulin+PD-1+CTLA-4 in SCLC
- • Plinabulin+ I/O + chemo/radiation
  • Plinabulin + chemo

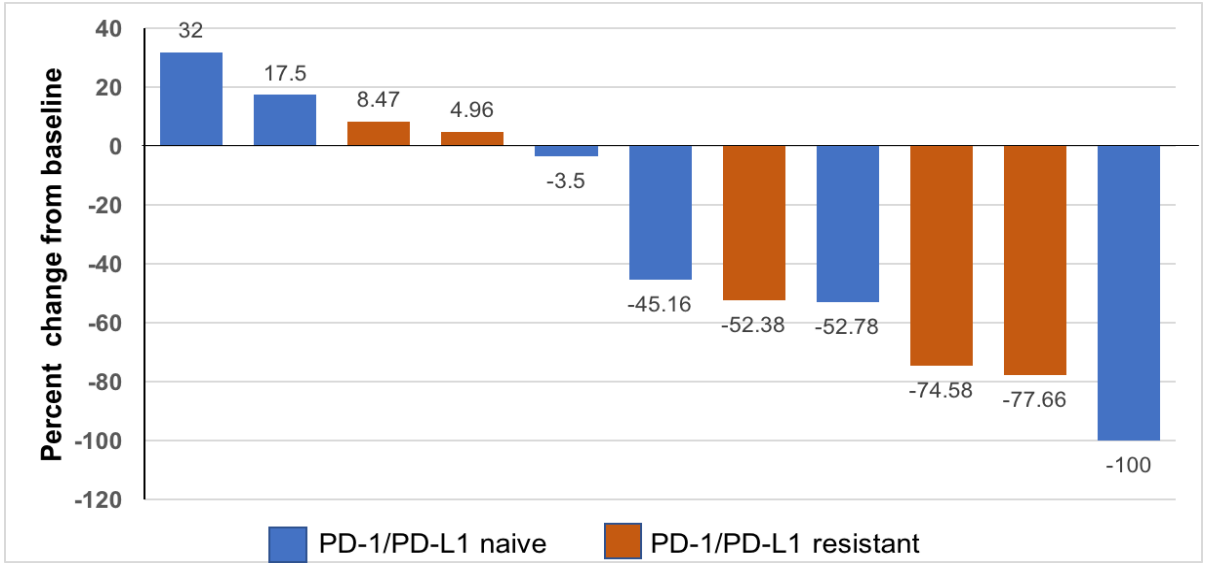
Promising Efficacy (Phase I) Plinabulin + PD-1 + CTLA-4 Inhibitors in 2nd/3rd line SCLC

Efficacy Analysis (ASCO 2021 Presentation)

Efficacy Analysis	PD-1/PD-L1 therapy naïve (n= 6)	PD-1/PD-L1 resistant (n=7)
Number of patients with PR* (ORR)	3 (50%)	3 (43%)

***PR –Partial Response - RESIST 1.1 : At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.**

Waterfall plot of best overall response in target lesions compared to baseline



Treatment Regimen:

- First 4 cycles with Plinabulin + PD-1 + CTLA-4 inhibitors;
- Cycle 5 and later cycles: Plinabulin + PD-1 inhibitor.

13 patients were evaluable for efficacy, with 6 patients had PR (ORR 46%).

- There were 3 PRs in PD-1/PD-L1 therapy naïve patients (3/6; 50%).
- There were 3 PRs in PD-1/PD-L1 resistant patients (3/7; 43%).
- These 3 patients continued treatment for 3 months, 10 months and 34 months (still ongoing).

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Regulatory Pathway & Commercial Plan

Regulatory Pathway

Near-Term

CIN: Ongoing NDA package review in areas such as Clinical, Clinical Pharmacology, Preclinical Pharmacology, Toxicology, Biostatistics, and Compliance by CDE at NMPA in China; Seek regulatory clarity in the US.

NSCLC: Ongoing preparation to file for NDA package in China expected in 2023; Seek regulatory clarity in the US.

Long-Term

Seek regulatory clarity and additional approvals in countries around the world.

Commercial Partner Hengrui for Plinabulin in Greater China

Exceptional synergy between plinabulin and Hengrui pipeline

➢ Hengrui is the leader in oncology product R&D and commercialization in China

- Established in 1970; Listed on Shanghai Stock Exchange in 2000 (Shanghai stock exchange ticker: 600276)
- 24,000 employees globally, primarily in Greater China; with >10,000 people in sales and marketing in China

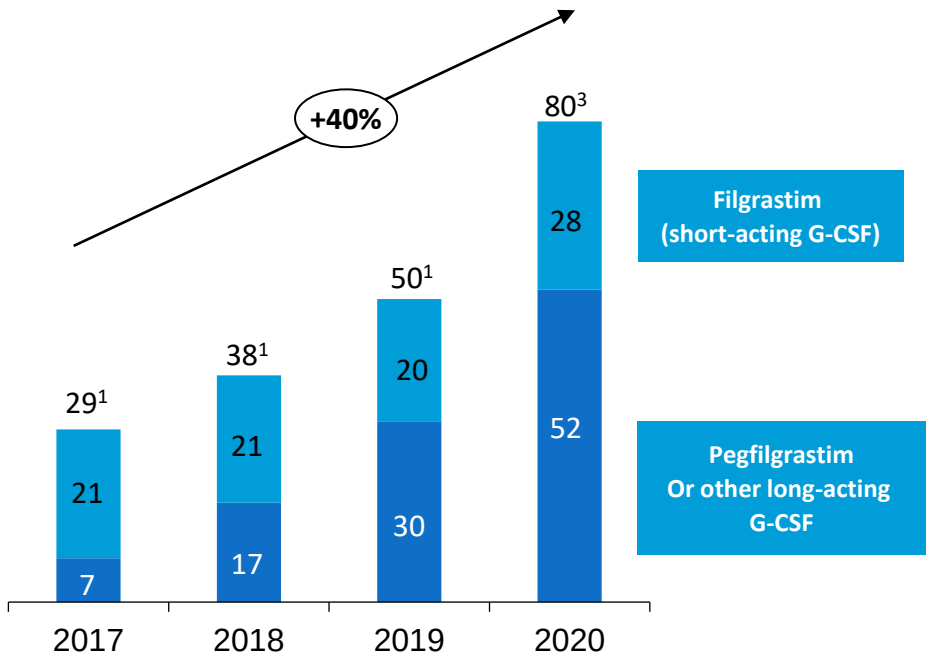
➢ Superior pipeline synergy with plinabulin in Greater China, allowing for faster market penetration and product combinations in new cancer indications

- Hengrui's top selling oncology products in China (sales in 2021) include:
  - ✓ **Ranks in top 3 sales in long-lasting G-CSF's[1]** – (CIN indication: plinabulin + G-CSF – NDA priority review in China)
  - ✓ **#1 sales in Docetaxel[1]** – (NSCLC indication: plinabulin + docetaxel – phase 3 completed meeting OS endpoint, plan for NDA filing in 1H 2022)
  - ✓ **#1 sales in PD-(L)1 inhibitor[1]** – (Multiple tumor indications: plinabulin + PD-1 + chemo/radiation; plinabulin + PD-1 + CTLA-4 – phase 1/2 development)

1. MENET Database

Commercial Potential in CIN Prevention Market in China

G-CSF product sales in China (¥100,000,000 RMB)



Overview of marketed long-acting G-CSF products in China[2]

Product	Company	Availability	Cost per cycle (Original)	Cost per cycle (price paid by insurance)	Medical Insurance (year)
津优力	CSPC 石药集团	2012	¥ 7,810	¥ 1,620	2017
新瑞白	齐鲁制药	2015	¥ 3,450	¥ 1,620	2017
艾多	恒瑞	2018	¥ 6,800	¥ 3,080	2019
申力达	鲁南	2021	-	¥ 1,537	-

- **G-CSF sales in 2020 was 8 billion RMB ($1.1 billion USD) with average annual growth of >40%;**
- **Long-acting G-CSF annual sales in 2020 was 5.2 billion RMB ($720 M USD), with average annual growth >50%.**

Source: 1 IQVIA MIDAS, 2 Yaozh.com, 3 TF Securities

Summary

Positive Ph3 Data in 2 Indications	Positive Phase 3 data in 2 indications with Lead Asset - Plinabulin
Global Regulatory Strategy	China NDA review ongoing in CIN; preparing to file NDA in NSCLC
Deep Pipeline	Compelling pipeline of additional indications
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Premier Partnerships	Key commercial partnership in China

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