Coherus – Junshi Biosciences Post ASCO Conference Call

June 7, 2021

Forward Looking Statements

Except for the historical information contained herein, the matters set forth in this primer are forward-looking statements within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995, including, but not limited to, the risk that the parties are unable to obtain clearance under the Hart-Scott Rodino Antitrust Improvements Act, from the Committee on Foreign Investment in the United States, or any other statute or regulatory agency having jurisdiction with respect to the proposed transactions; our ability to advance toripalimab and other product candidates through development and registration, as well as the potential timing for regulatory filings, data readouts and other milestones or catalysts; our ability to develop toripalimab for the treatment of nasopharyngeal carcinoma or other indications; and our ability to successfully commercialize toripalimab and other products in the future; our ability to develop toripalimab as a combination therapy; Coherus' ability to successfully apply its capabilities developed for the oncology environment to the checkpoint inhibitor market or to establish toripalimab's position in the United States and Canadian markets; Coherus' ability to successfully compete against entrenched large competitors in the oncology and checkpoint inhibitor markets; the completion of ongoing pivotal clinical trials evaluating toripalimab; Coherus' ability to facilitate the first BLA filing for toripalimab with the FDA for nasopharyngeal carcinoma during 2021, and additional BLAs through 2023; and Coherus' 2021 and 2022 projected milestones. Such forward-looking statements involve substantial risks and uncertainties that could cause Coherus' actual results, performance or achievements to differ significantly from any future results, performance or achievements expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others, the risks and uncertainties caused by the COVID-19 pandemic; the risks and uncertainties inherent with commercialization; the risks and uncertainties of the clinical development and regulatory approval process, including (but not limited to) the timing of Coherus' regulatory filings; the risk that Coherus is unable to complete commercial transactions and other matters that could affect the availability or commercial potential of Coherus' biosimilar drug candidates; risks and uncertainties in executing collaboration agreements and other joint ventures; and the risks and uncertainties of possible patent litigation. All forward-looking statements contained in this press release speak only as of the date on which they were made. Coherus undertakes no obligation to update or revise any forward-looking statements. For a further description of the risks and uncertainties that could cause actual results to differ from those expressed in these forward-looking statements, as well as risks relating to Coherus' business in general, see Coherus' Quarterly Report on Form 10-Q for the three months and nine months ended March 31, 2021, filed with the Securities and Exchange Commission on May 6, 2021 and its future periodic reports to be filed with the Securities and Exchange Commission. Our results for the quarter ended March 31, 2021 are not necessarily indicative of our operating results for any future periods.

Coherus – Junshi BioSciences
Post- ASCO Conference Call Participants

Ruihua Xu, MD, PhD

President and Professor
Sun Yat-sen University
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Denny Lanfear

CEO
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Sheng Yao, PhD

Executive Director and SVP of
Junshi Biosciences
CEO of TopAlliance Biosciences

Patricia Keegan, MD

Chief Medical Officer,
TopAlliance Biosciences

Agenda

• **Coherus-Junshi Biosciences Partnership**	**Denny Lanfear**
• Introduction to Toripalimab	Dr. Sheng Yao
• Recap - JUPITER-02 ASCO Plenary Presentation	Dr. Ruihua Xu
• Toripalimab Development Program	Dr. Patricia Keegan
• Looking Ahead	Denny Lanfear
• Q&A	

Transformational strategic alliance launches Coherus into rapidly growing immuno-oncology market

- Coherus acquired U.S., Canada rights to anti-PD-1 antibody toripalimab
- Complementary strengths: Junshi Biosciences' R&D capabilities and Coherus' U.S. commercial expertise
- First BLA filling for nasopharyngeal carcinoma (NPC) with breakthrough therapy designation in mid 2021
- Potential for multiple additional toripalimab BLAs in next three years, including for lung cancer
- Long-term growth potential through PD-1 combinations including with Junshi Biosciences' TIGIT, eIL-2, and other molecules

Torpalimab pivotal development program spans 19 studies across 12 tumor types

TORIPALIMAB, PD-1 Inhibitor

Organ Group	Indication	Dose Escalation/Expansion (Phase 1 / Phase 2)	Pivotal (Phase 2 / Phase 3)	BLA Submision	Approved/Marketed*	Notes
Head and Neck	Nasopharyngeal carcinoma (3L, mono)	→	→	→		Rolling BLA submission; FDA Breakthrough Therapy Designation
	Nasopharyngeal carcinoma (1L, combo with chemo)	→	→			Data presented at ASCO 2021
Lung	EGFR negative NSCLC (1L, combo with chemo)	→	→			Met PFS primary endpoint in Interim Analysis
	EGFR mutated TKI failed NSCLC (combo with chemo)	→	→			
	NSCLC (neoadjuvant)	→	→			
	SCLC (1L, combo with chemo)	→	→			
Breast	TNBC (combo with albumin-bound paclitaxel)	→	→			
Gastrointestinal	ESCC (1L, combo with chemo)	→	→			Met PFS and OS primary endpoints in Interim Analysis
	ESCC (neoadjuvant)	→	→			
	HCC (1L, combo with lenvatinib)	→	→			
	HCC (1L, combo with bevacizumab)	→	→			
	HCC (adjuvant)	→	→			
	Gastric carcinoma (3L, mono)	→	→			
Genitourinary	Urothelial carcinoma (2L, mono)	→	→			Approved in China
	Urothelial carcinoma (1L, PD-L1+)	→	→			
	Renal cell carcinoma (1L, combo with axitinib)	→	→			
Skin	Melanoma (2L, mono)	→	→			Approved in China
	Melanoma (1L, mono)	→	→			
	Mucosal melanoma (combo with axitinib)	→				FDA Orphan Drug Designation
Multiple	Soft Tissue Sarcoma	→				FDA Orphan Drug Designation

Potential for multiple additional toripalimab BLAs including lung cancer

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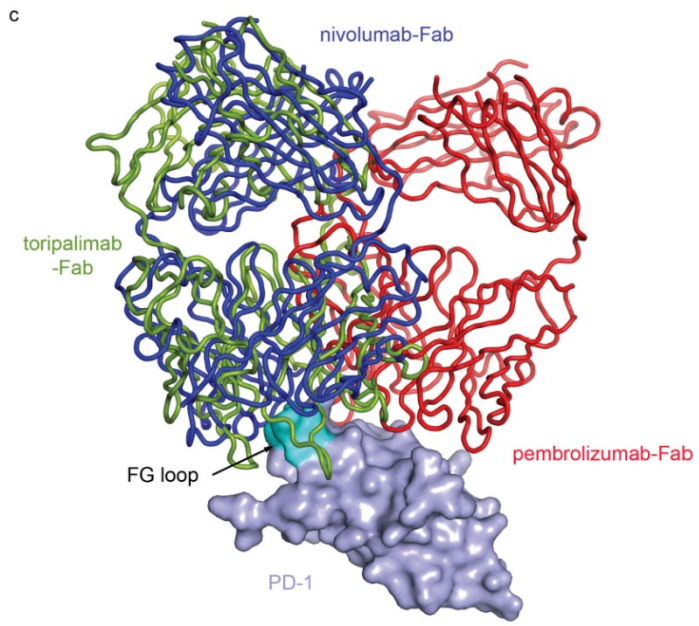
Toripalimab Receptor Binding Optimized During Design Phase for Unique Domain Interaction

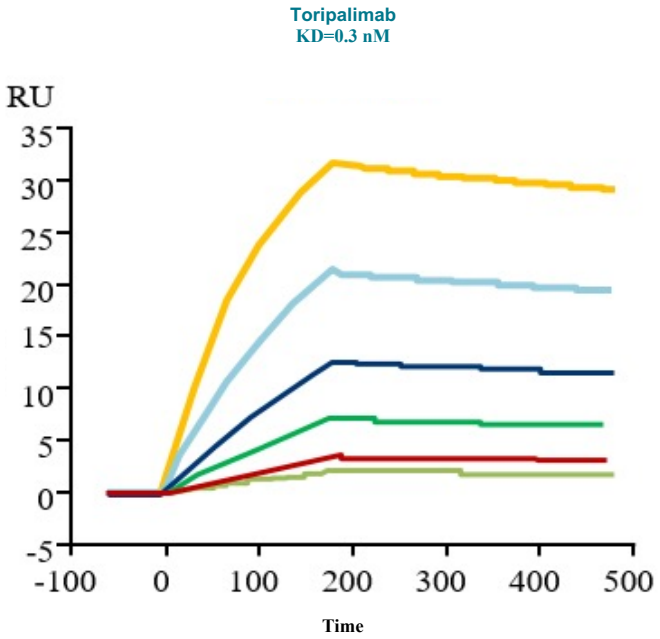
Comparative binding of PD-1 targeting mAbs



- Toripalimab (JS001): recombinant humanized anti-PD-1 monoclonal antibody
  - IP: IgG4/Kappa (CN104250302B) (PCT： WO2014/206107A1)
- Optimized during discovery and early development with unique CDR sequences and binding domains: PD-1 FG loop

Source: Glycosylation-independent binding of monoclonal antibody toripalimab to FG loop of PD-1 for tumor immune checkpoint therapy." Liu H. et al. mAbs 11(4):681-690. doi: 10.1080/19420862.2019.1596513. Epub 2019 Apr 19

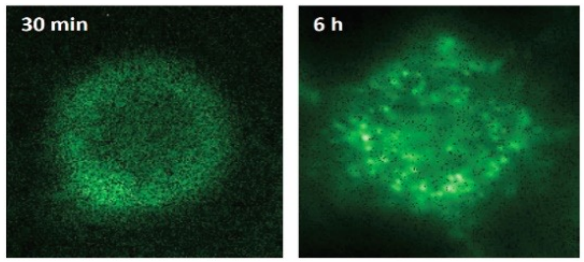
Toripalimab: Strong PD-1 Receptor Binding Affinity



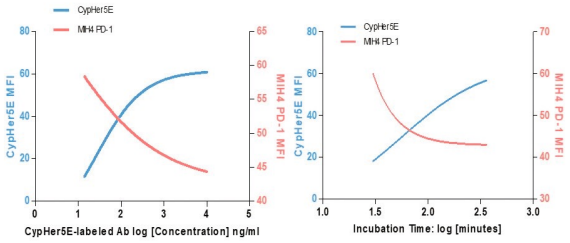
- The binding affinity of JS001 for PD-1 is about 0.3 nm as measured by Biacore T200
- This high binding affinity enables it to bind more firmly to the PD-1 receptors on T-cells and better prevent the binding between PD-1 and PD-L1/PD-L2 on tumor cells

Toripalimab: Strong PD-1 Receptor Internalization Induction

Immunofluorescence assay



Flow cytometry



- Upon binding with the PD-1 receptor, JS001 blocks the interaction of PD-1 with PD-L1 and PD-L2 and **simultaneously induces the internalization of the PD-1 receptor**, thereby decreasing the expression of PD-1 on the surface of the cell membrane
- Flow cytometry shows **decrease in PD-1 expression on the cell surface during internalization of JS001** by simultaneously staining the JS001 non-competitive anti-PD-1 monoclonal antibody (clone MIH4)
- A decrease in PD-1 expression can improve the reactivity of T-cells to the antigen. This mechanism **does not rely on PD-1 ligand (PD-L1) expression**

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2021 ASCO ANNUAL MEETING

JUPITER-02:
The randomized, double-blind, phase 3 study of toripalimab or placebo plus cisplatin and gemcitabine as first-line treatment for recurrent or metastatic nasopharyngeal carcinoma (NPC)

Rui-Hua Xu, MD, PhD
Sun Yat-Sen University Cancer Center, China

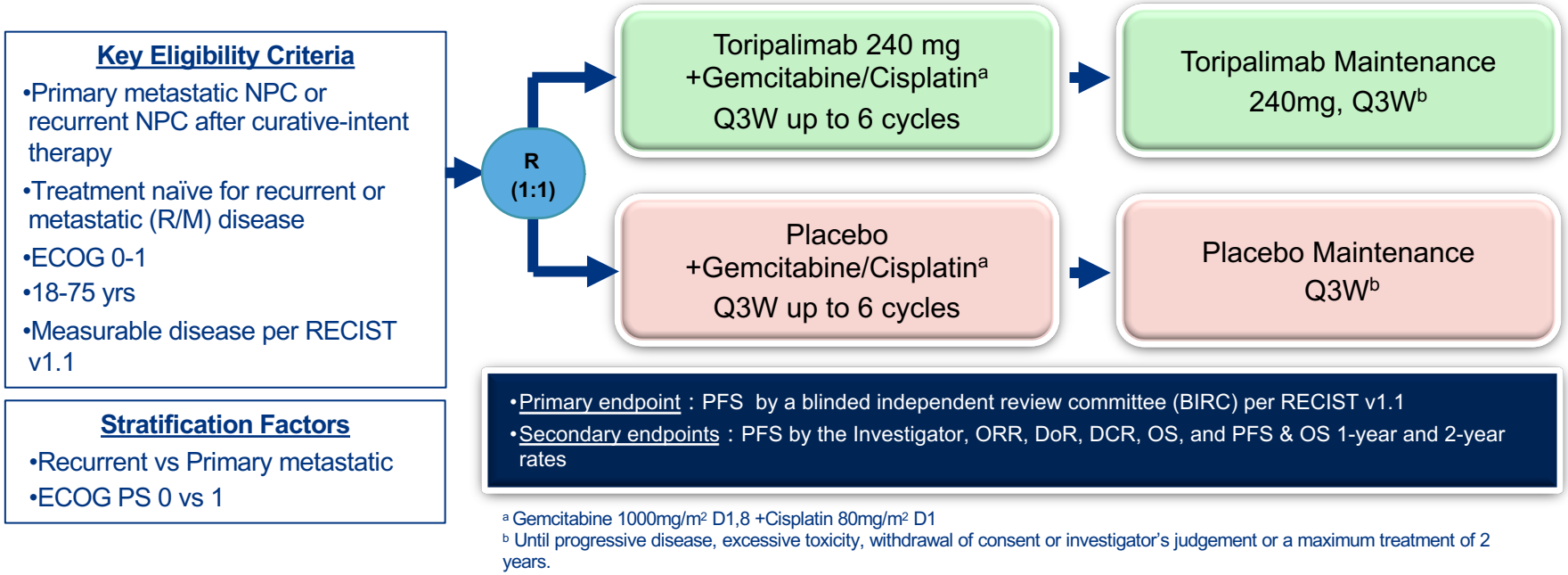
May 28, 2021

Background

- Nasopharyngeal carcinoma (NPC) is an endemic malignancy in Southern China and Southeast Asia.
  - The incidence rate is 1.2 per 100,000 in the world and 3.0 per 100,000 in China [1].
- Limited treatment options for recurrent or metastatic (R/M) NPC patients.
  - Gemcitabine plus Cisplatin (GP) chemotherapy is the current standard first-line therapy for recurrent or metastatic (R/M) NPC worldwide [2,3].
- Toripalimab, a humanized IgG4K monoclonal antibody specific for human PD-1, was approved for third-line treatment of R/M NPC in February 2021 by the National Medical Product Administration in China [4].
  - POLARIS-02: ORR 20.5%, mDoR 12.8 months, mPFS 1.9 months, mOS 17.4 months in the ITT population[4].
- JUPITER-02：A global, double-blind, placebo-controlled Phase III study evaluating GP chemotherapy in combination with toripalimab or placebo as first line treatment in patients with R/M NPC [5].

1. Chen YP et al. *Lancet* 2019; **394**(10192): 64-80.
2. Zhang L et al. *Lancet* 2016; 388(10054): 1883-92.
3. NCCN/ASCO/CSCO/ESMO Guidelines
4. Wang FH et al. *J Clin Oncol* 2021; **39**(7): 704-12.
5. ClinicalTrials.gov Identifier: NCT03581786

JUPITER-02：Study Design (ClinicalTrials.gov identifier: NCT03581786)



[a] Gemcitabine 1000mg/m² D1,8 +Cisplatin 80mg/m² D1
[b] Until progressive disease, excessive toxicity, withdrawal of consent or investigator's judgement or a maximum treatment of 2 years.

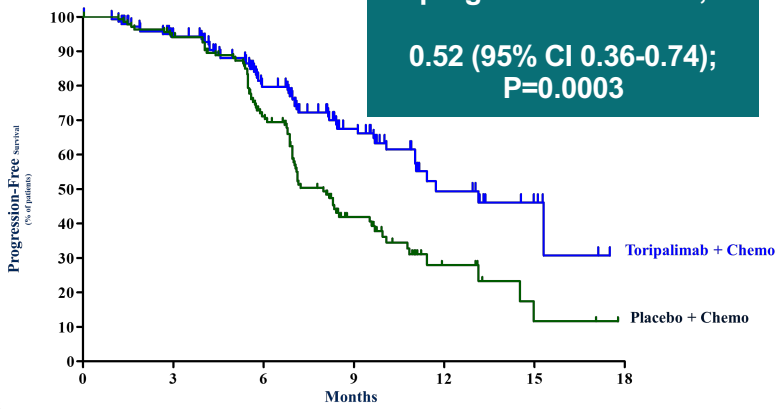
★ From November 2018 to October 2019, a total of 408 patients were screened from 35 sites from mainland China, Taiwan and Singapore, and 289 patients were randomized. 146 to the toripalimab arm and 143 to the placebo arm.

Progression-Free Survival by BIRC per RECIST v1.1 and Preliminary Overall Survival

	No. of Events/ Total No. of Patients	Median Progression-free Survival, months (95% CI)	1-Yr Progression-free Survival Rate, % (95% CI)
Toripalimab + Chemo	**49/146**	**11.7 (11.0, NE)**	**49.4 (36.4, 61.1)**
Placebo + Chemo	79/143	8.0 (7.0, 9.5)	27.9 (18.0, 38.8)

Stratified HR for disease progression or death,

0.52 (95% CI 0.36-0.74); P=0.0003



No. at Risk

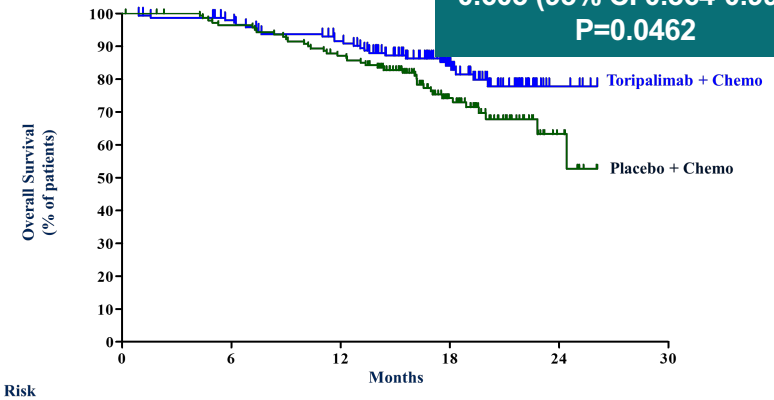
Toripalimab + Chemo	146	125	91	50	17	5	0
Placebo + Chemo	143	126	85	32	8	2	0

Interim Analysis Data cut-off Date: May 30, 2020

	No. of Deaths/ Total No. of Patients	Median Overall Survival (95% CI) *mo*	1-Yr Overall Survival Rate % (95% CI)	2-Yr Overall Survival Rate % (95% CI)
Toripalimab + Chemo	**25/146**	**NE (NE, NE)**	**91.6 (85.6, 95.1)**	**77.8 (68.0, 85.0)**
Placebo + Chemo	39/143	NE (22.8, NE)	87.1 (80.4, 91.7)	63.3 (49.8, 74.1)

Stratified HR for death,

0.603 (95% CI 0.364-0.997); P=0.0462



No. at Risk

Toripalimab + Chemo	146	139	128	68	6	0	
Placebo + Chemo	143	135	121	59	8	0	

Nine-month OS update after PFS Interim Analysis on Feb 18, 2021

Progression Free Survival by BIRC in Key Subgroups

Subgroup	No. of Patients	Unstratified Hazard Ratio (95% CI)
Overall	289	0.51 (0.356-0.728)
Age		
<=50 yr	166	0.42 (0.261-0.648)
>50 yr	123	0.65 (0.373-1.126)
Sex		
Female	49	0.41 (0.187-0.889)
Male	240	0.54 (0.360-0.806)
Baseline ECOG		
0	164	0.51 (0.317-0.811)
1	125	0.49 (0.281-0.861)
Baseline disease stage		
Recurrent	172	0.46 (0.284-0.750)
Metastatic	117	0.57 (0.333-0.981)
Baseline EBV copy number		
<2000	108	0.59 (0.313-1.114)
>=2000	181	0.46 (0.300-0.717)
Baseline PD-L1 expression level		
TC>=1% or IC>=1%	218	0.59 (0.388-0.893)
TC<1% and IC<1%	45	0.35 (0.153-0.808)

Toripalimab Better Placebo Better

Data cut-off date: 30/May/2020

Response and Duration of Response by BIRC per RECIST v1.1

Characteristic (%)	Toripalimab + GP (N=146)	Placebo + GP (N=143)
Objective Response Rate [a]	77.4	66.4
95% CI	(69.8, 83.9)	(58.1, 74.1)
P value	0.0335	
Best Overall Response [a]		
Complete Response	19.2	11.2
Partial Response	58.2	55.2
Stable Disease	10.3	13.3
Progressive Disease	3.4	5.6
Not evaluable	6.2	5.6
Non-CR/non-PD [b]	2.7	8.4
No evidence of disease [c]	0	0.7
Median DoR, (95%CI), months	10.0 (8.8, NE)	5.7 (5.4, 6.8)
HR (95%CI)	0.50 (0.33-0.78)	
P value	0.0014	

Treatment Emergent Adverse Events (TEAEs)

Patients[a], n (%)	Toripalimab + GP (N=146)		Placebo + GP (N=143)	
	Any grade	Grade≥3	Any grade	Grade≥3
Any AEs	146 (100.0)	130 (89.0)	143 (100.0)	128 (89.5)
AEs related to study drug[b,c]	139 (95.2)	118 (80.8)	139 (97.2)	119 (83.2)
Immune-related AEs[c]	58 (39.7)	11 (7.5)	27 (18.9)	1 (0.7)
AEs leading to discontinuation	11 (7.5)	10 (6.8)	7 (4.9)	5 (3.5)
Infusion reactions	6 (4.1)	0	6 (4.2)	0
Fatal AEs	4 (2.7)	4 (2.7)	4 (2.8)	4 (2.8)
Incidence ≥ 30%				
Leukopenia	133 (91.1)	90 (61.6)	135 (94.4)	83 (58.0)
Anemia	129 (88.4)	69 (47.3)	135 (94.4)	57 (39.9)
Neutropenia	125 (85.6)	84 (57.5)	133 (93.0)	91 (63.6)
Nausea	101 (69.2)	2 (1.4)	119 (83.2)	4 (2.8)
Vomiting	98 (67.1)	3 (2.1)	94 (65.7)	3 (2.1)
Thrombocytopenia	93 (63.0)	48 (32.9)	89 (62.2)	41 (28.7)
Decreased appetite	78 (53.4)	1 (0.7)	84 (58.7)	0 (0)
Constipation	57 (39.0)	0 (0)	64 (44.8)	0 (0)
Aspartate aminotransferase increased	55 (37.7)	2 (1.4)	44 (30.8)	2 (1.4)
Alanine aminotransferase increased	53 (36.3)	1 (0.7)	57 (39.9)	0 (0)
Fatigue	52 (35.6)	2 (1.4)	51 (35.7)	3 (2.1)
Pyrexia	45 (30.8)	2 (1.4)	31 (21.7)	1 (0.7)
Hypothyroidism	45 (30.8)	0 (0)	24 (16.8)	0 (0)
Neuropathy peripheral	44 (30.1)	0 (0)	41 (28.7)	1 (0.7)
Diarrhea	44 (30.1)	3 (2.1)	33 (23.1)	0 (0)
Hyponatremia	37 (25.3)	13 (8.9)	52 (36.4)	6 (4.2)

Conclusion

- JUPITER-02 is the first international Phase III trial to prove the addition of toripalimab to GP as a first-line treatment for R/M NPC patients provided superior PFS, OS than GP alone.
  - Significant improvement in PFS：mPFS 11.7 vs. 8.0 months, HR=0.52 (95%CI: 0.36-0.74), p=0.0003
  - Although mOS was not mature in either arm, a 40% reduction in risk of death was observed in the toripalimab arm over the placebo arm.
  - A second interim OS analysis will be performed at pre-specified final PFS analysis followed by the final OS analysis.
- No new safety signals were identified with toripalimab added to GP.
- Toripalimab plus GP represents a new standard of care as 1st line therapy for patients with R/M NPC.

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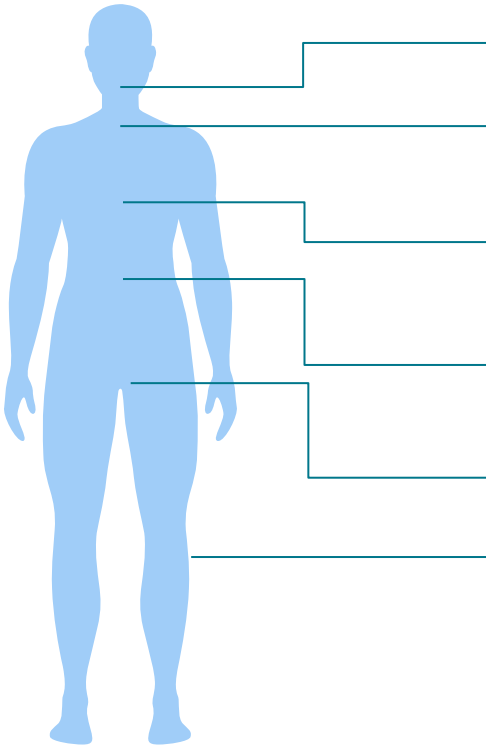
Anti-tumor activity across multiple tumor types

Monotherapy and in combination



	Study Design	Results
Nasopharyngeal carcinoma	≥2L, Mono, N=190	ORR: 20.5%, mDoR 12.8 mo, mOS: 17.4 mo
	1L, +chemo, N=12	ORR: 75%, DCR: 83%
Esophageal squamous cell carcinoma	≥2L，Mono，N=60	ORR：18.6%，DCR: 47.5%
	1L，+chemo，N=12	ORR：67%，DCR: 91.7%
	1L，+NabP/S-1 Neoadjuvant，N=24	ORR: 79.17%，DCR: 100%
Lung cancer	EGFR + NSCLC, +PEM/CARBO, N=40	ORR: 50%, DCR: 87.5%, mPFS: 7 mo
	≥2L NSCLC, Mono, N=41	ORR: 7.1%, DCR: 39.3%, mPFS: 2.8 mo, mOS: 13.8 mo
Intrahepatic Cholangiocarcinoma	1L, +GEMOX/Lenvatinib, N=30	ORR: 80%, DCR: 93.3%
Biliary Tract Tumors	1L, +GS, N=39	ORR: 20.6%, DCR: 85.3%, mPFS: 6.7 mo
Pancreatic Adenocarcinoma	1L, +AG, N=11	ORR: 27.3%, DCR: 81.8%, mPFS: 7 mo
RCC	≥2L, +Axitinib, N=32	ORR: 25%, DCR: 84%, mPFS: 14.8 mo
Colorectal Cancer	≥3L, +Regorafenib, N=39	ORR: 15.2%, DCR: 36.4%, mPFS: 2.6 mo, mOS: 15.5 mo
Urothelial Cancer	2L, Mono, N=151	ORR: 25.8%, mDoR 19.7 mo, mOS: 14.6 mo
Melanoma	2L, Mono, N=128	ORR: 17.3%, DCR: 57.5%, mDoR 25.6 mo, mPFS: 3.6 mo, mOS: 22.2 mo
	1L, Mucosal Melanoma, +Axitinib, N=33	ORR: 48.5%, DCR: 84.8%, mDoR 13.7 mo, mPFS: 7.5 mo, mOS: 20.7 mo
Neuroendocrine Neoplasms	≥2L, Mono, N=40	ORR: 20%, DCR: 35%, mPFS: 2.5 mo, mOS: 7.8 mo
Lymphoma	≥2L, Mono, N=11	ORR: 90.9%, DCR: 90.9%, mPFS: 8.3 mo

Pivotal toripalimab development program

Adjuvant / Neoadjuvant

- HCC Adjuvant
  JUPITER-04 P3
  Mono vs placebo
- NSCLC Neoadjuvant
  JUPITER-09 P3
  Mono vs placebo
- ESCC Neoadjuvant
  Combo vs chemo

First Line

- NSCLC EGFR(-)
  JUPITER-03 P3
  Chemo combo vs chemo
- NSCLC EGFR(+)
  JUPITER-07 P3
  Chemo combo vs chemo
- TNBC
  JUPITER-05 P3
  Chemo combo vs chemo
- SCLC
  JUPITER-08 P3
  Chemo combo vs chemo
- RCC
  JUPITER-12 P3
  Combo w axitinib vs sunitinib
- UC
  PD-L1+
  Chemo combo vs chemo
- Melanoma
  JUPITER-01 P3
  Mono vs dacarbazine
- NPC
  JUPITER-02 P3
  Chemo combo vs chemo
- EC
  JUPITER-06 P3
  Chemo combo vs chemo
- HCC
  JUPITER-10 P3
  Combo w bevacizumab
  vs sorafenib
- HCC
  JUPITER-11 P3
  Combo w lenvatinib
  vs lenvatinib
- Mucosal Melanoma P3
  Combo with axitinib
  vs pembrolizumab

≥2nd Line

- Melanoma
  POLARIS01 P2
  Mono single arm
- NPC
  POLARIS02 P2
  Mono single arm
- UC
  POLARIS03 P2
  Mono single arm
- GC
  POLARIS04 P2
  Mono single arm

Four toripalimab pivotal trials in lung cancer

Positive 1L NSCLC interim analysis reported December 2020

NSCLC (1L, chemo combo)

Total enrollment:	465 patients
Primary Endpoint:	PFS
Key Sec. Endpoints:	OS, ORR

Status:
Dec 2020: Met primary PFS endpoint at interim analysis
Final readout expected at year end

EGFR mutated TKI failed NSCLC (1L, chemo combo)

Total enrollment:	350 patients
Primary Endpoint:	PFS
Key Sec. Endpoints:	OS, ORR

Status:
Enrollment completion expected by year end
Final data expected in 2022

NSCLC (neoadjuvant)

Total enrollment:	406 patients
Primary Endpoint:	mPR
Key Sec. Endpoints:	EFS

Status:
Enrollment completion expected by year end
Final data expected in 2022

SCLC (1L, chemo combo)

Total enrollment:	420 patients
Primary Endpoint:	PFS, OS
Key Sec. Endpoints:	ORR

Status:
Enrollment complete
Final data expected in 2022

Additional toripalimab studies with data through 2022

ESCC, TNBC and HCC

ESCC (1L, chemo combo)

Total enrollment:	500 patients
Primary Endpoint:	PFS, OS
Key Sec. Endpoints:	ORR

Status:
Feb 2021: Met primary PFS and OS endpoints at interim analysis
Data 2H 2021

TNBC (1L, chemo combo)

Total enrollment:	660 patients
Primary Endpoint:	PFS
Key Sec. Endpoints:	OS, ORR

Status:
Enrollment completion expected by year end
Final data expected in 2022

HCC (adjuvant)

Total enrollment:	402 patients
Primary Endpoint:	RFS
Key Sec. Endpoints:	TTR, OS

Status:
Enrollment completion expected by year end
Data readout expected in 2022

HCC (1L, lenvatinib combo)

Total enrollment:	519 patients
Primary Endpoint:	PFS, OS
Key Sec. Endpoints:	ORR

Status:
Enrollment completion expected by year end
Data readout expected in 2022

Toripalimab Approval History in China

Dec 2018	First domestic PD-1 approved in China – Tuoyi® - second line treatment for patients with locally advanced or metastatic melanoma
Feb 2021	Supplemental NDA approval for third line treatment of patients with recurrent or metastatic nasopharyngeal carcinoma
Apr 2021	Supplemental NDA approval for second line treatment of patients with locally advanced or metastatic urothelial carcinoma (Commercialization partnered with AstraZeneca)

Extensive toripalimab safety database

Incidence of irAEs	Toripalimab（N=943）	
	All Grades	≥ Grade 3
Pneumonitis	2.5%	1.0%
Diarrhea and colitis	0.3%	0.2%
Hepatitis	3.8%	3.5%
Nephritis	0.4%	0.4%
Myocarditis	0.3%	0.1%
Myositis	0.2%	0.2%
Pancreatitis	0.5%	0.0%
Hypothyroidism	14.5%	0.0%
Hyperthyroidism	6.4%	0.0%
Thyroiditis	0.5%	0.0%
Hyperglycemia and type 1 diabetes	2.2%	0.8%
Adrenal insufficiency	0.5%	0.0%
Pituitary insufficiency	0.3%	0.2%
Skin adverse events	3.9%	0.4%
Thrombocytopenia	1.3%	1.2%

First PD-1 to be approved in China where it is marketed as Tuoyi

- 2L Melanoma - Dec 2018
- 3L Nasopharyngeal Carcinoma - Feb 2021
- 2L Urothelial Carcinoma - April 2021 (partnered with AstraZeneca)

Data is from prescribing information about toripalimab for the second-line treatment of unresectable or metastatic melanoma, third-line treatment of advanced nasopharyngeal carcinoma and second-line treatment of advanced urothelial carcinoma (April 2021)

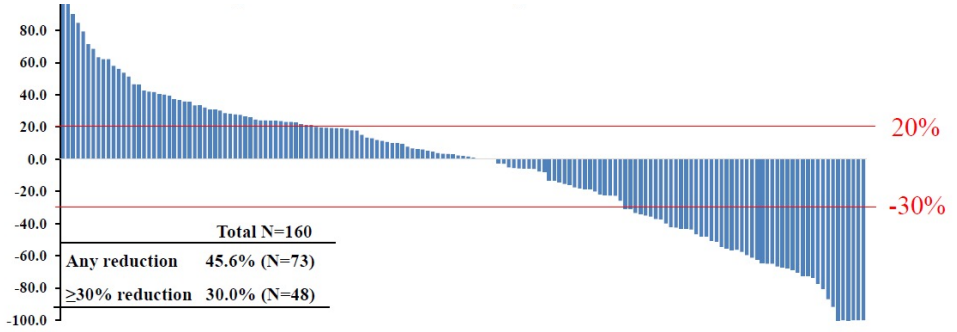
First U.S. BLA filing: Recurrent / metastatic nasopharyngeal carcinoma

- Breakthrough therapy designation with FDA
- Rolling submission underway
- Potential approval 1H 2022

Efficacy in pivotal 3L Nasopharyngeal Carcinoma – Published January 2021 (JCO)

Changes in target lesion(s) from baseline to best response from 159 patients with at least one post treatment evaluation

Percentage Changes in Sum LD (%)



1 Approved by China's National Medical Products Administration in December 2018 for unresectable or metastatic melanoma who have failed previous systemic therapies

U.S. Filing Strategy for Lung, ESCC, other indications

Coherus and Junshi Biosciences plan to meet with FDA to discuss clinical data to support supplemental BLAs

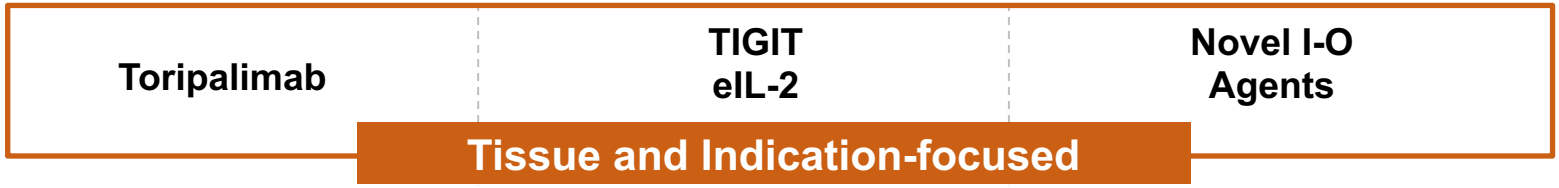
- 1L NPC
- 1L NSCLC
- 1L ESCC

Agenda

• Coherus-Junshi Biosciences Partnership	Denny Lanfear
• Introduction to Toripalimab	Dr. Sheng Yao
• Recap - JUPITER-02 ASCO Plenary Presentation	Dr. Ruihua Xu
• Toripalimab Development Program	Dr. Patricia Keegan
• **Looking Ahead**	**Denny Lanfear**
• Q&A	

Long-term strategy includes both fast-follower and transformative assets synergistic with toripalimab

PD-1 "Backbone"	+	Fast-Follower	+	Transformational
• File and launch NPC • Expand monotherapy label in lung, other • Establish partnerships with 3rd parties to drive toripalimab utilization		• Evaluate and partner Junshi assets (options and ROFN) • Co-formulate to create LCM "super brand" • Internal pipeline or selective in-licensing		• Seek opportunities to step-change cancer care (TME, myeloid cells, T-Cell priming expansion) • Internal pipeline or selective in-licensing



Options and ROFNs in the Coherus-Junshi collaboration provide fast-follower opportunities

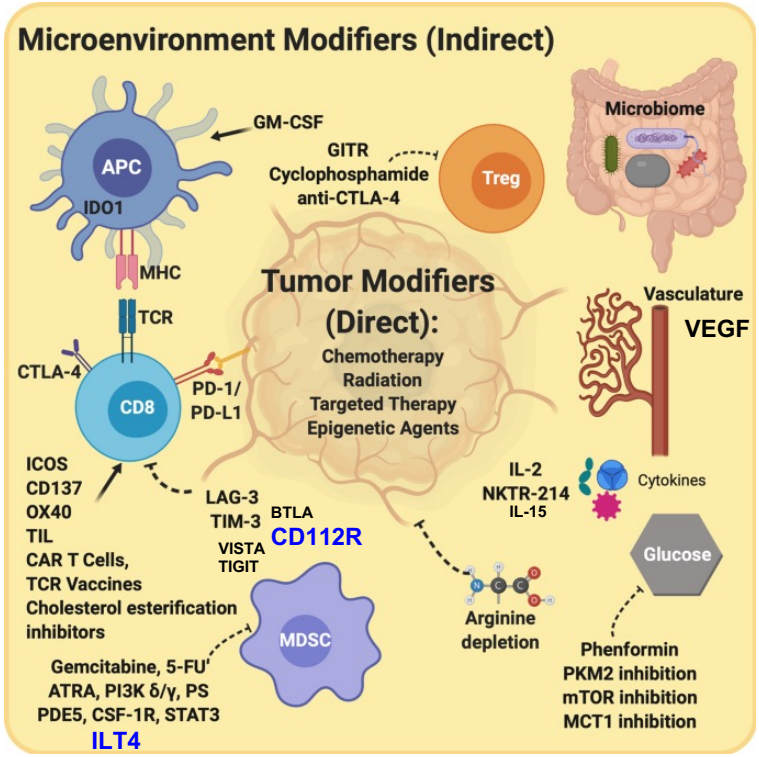
Options to two clinically validated targets

- **JS006, Anti-TIGIT** – Immune inhibitory checkpoint that limits anti-tumor response. Demonstrated synergy in combination with anti-PD(L)1. JS006 is currently in Phase 1 clinical development.
- **JS018, Engineered IL-2** – Cytokine that helps effector T cells proliferate and expand for more efficient killing of target tumor cells

Certain negotiation rights to two undisclosed targets

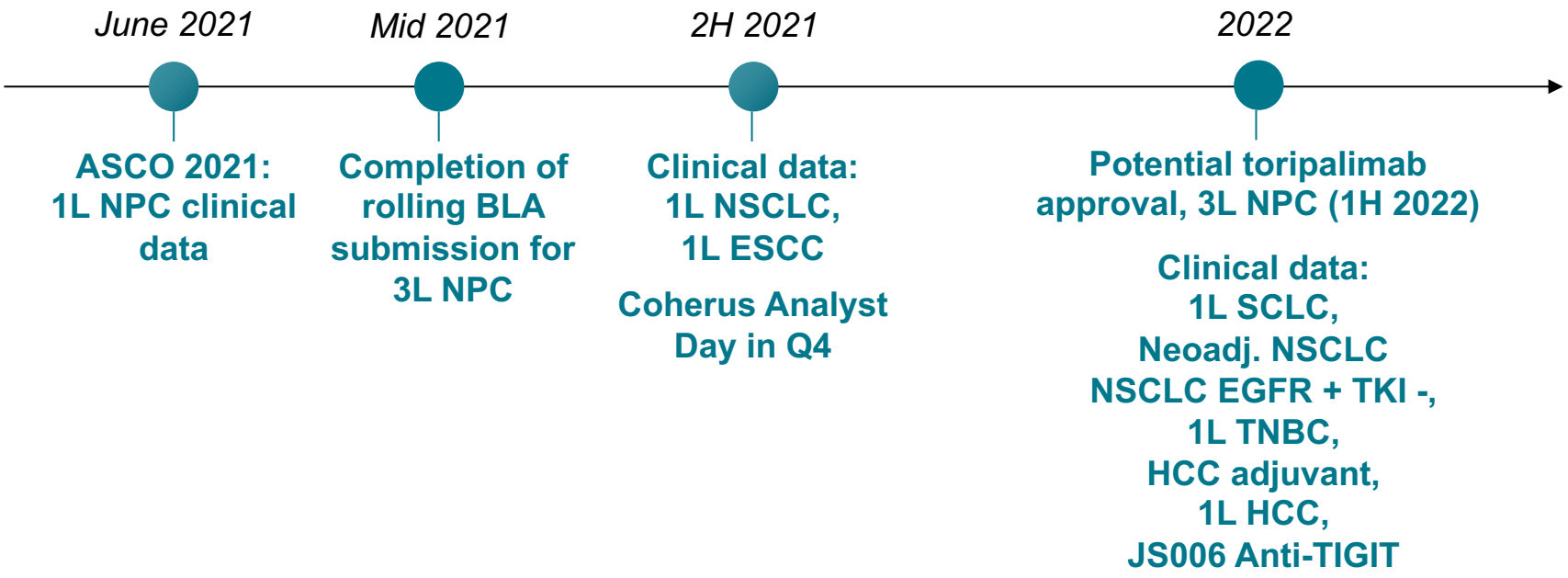
- Clinically validated target that works synergistically with PD-1 in the activation and augmentation of anti-tumor immunity
- Novel immune inhibitory molecule closely related to TIGIT that can independently inhibit the anti-tumor immune response

Beyond PD-1 and fast follower combinations:
Transformational approaches in the tumor micro-environment



- **Enhancing antigen presentation and T cell priming**
- **Enhancing T-cell migration and infiltration into the tumor**
- **Expansion of T Cells through cytokines**
- **Overcoming T Cell exhaustion with immune checkpoint blockade**
- **Inhibiting T Reg activity, preferentially in the TME**
- **Inhibiting myeloid cell mediated immune suppression in the TME**

Key catalysts in the next 18 months from the Junshi Biosciences – Coherus collaboration



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Speaker biographies

Dr. Ruihua Xu

President and Professor in the Department of Medical Oncology
Sun Yat-Sen University (SYSU) Cancer Center, Guangzhou, China

- Specializes in GI medical oncology and is a renowned oncology expert in China
- President of SYSU Cancer Center since 2014
- Visiting associate professor in MD Anderson Cancer Center since 2002 to 2005
- Vice-president of Chinese Society of Clinical Oncology (CSCO), and the Chair of Chinese Medical Oncology Group of Colorectal Cancer
- Committee member of ASCO
- Primary research interests include the development of novel drugs for GI cancer, the design and conduct of phase I and II clinical to test these drugs, and transnational research focused on developing prognostic and predictive markers in patients with GI cancer.
- Established international reputation in GI cancer, served as a Steering Committee member in several global trials, and now leading several clinical trials in China
- Published more than 150 peer-reviewed papers, including some papers in renowned journals such as Journal of Clinical Oncology, Hepatology, Cancer Research, Leukemia, Clinic Cancer Research and Cancer

Sheng Yao PhD

CEO and Executive Director, TopAlliance Biosciences

- Co-founder of Shanghai Junshi Pharma and TopAlliance Biosciences
- Research fellow in immunology at the Mayo Clinic College of Medicine and Johns Hopkins University
- Trained under the guidance of immunotherapy pioneer, Dr. Lieping Chen
- B.S. Biotechnology from Peking University and PhD from Albert Einstein College of Medicine

Patricia Keegan MD

Chief Medical Officer, TopAlliance Biosciences

- Former Acting Associate Director of Medical Policy Oncology Center for Excellence (OCE), Office of the Commissioner, U.S. Food and Drug Administration (FDA)
- Division Director of Oncology Products (16 years)
- Deputy Director Division of Clinical Trial Design and Analysis (4 years)
- Chief and Medical officer at Oncology Branch (8 years)
- Clinical Assistance Professor and medical oncologist at University of North Carolina at Chapel Hill
- B.S in Biology from University of Illinois Champaign-Urbana and M.D. from Loyola University Stritch School of Medicine
- Completed residency in internal medicine at the Loyola University Medical Center, Maywood, Illinois, and a fellowship in medical oncology at Roswell Park Memorial Institute, Buffalo, New York

Denny Lanfear
CEO and Chairman, Coherus Biosciences

- In 2010, founded Coherus BioSciences with the vision of improving the public's access to high-quality, life-changing medicines
- Prior to Coherus, founded and served as CEO of two other companies: Saronyx, Inc., a drug development software services company, and the biopharmaceutical company InteKrin Therapeutics
- 1986 through 1999, served various senior leadership roles at Amgen, including Vice President of Process Development and Vice President of Market Development
- B.S. degrees in Chemical Engineering and Biochemistry from Michigan State University and an M.B.A. from the Anderson School of Management at the University of California, Los Angeles