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Nasdaq: APLM

Investor Presentation

- September 2023

apollomicsinc.com

Cautionary Statement

Regarding forward-looking statements

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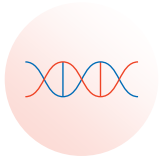
• Apollomics: Innovative Biopharma Company

Dedicated to Leaving No Cancer Patient Behind

Strengths



Precision Medicine

Targeting difficult to treat cancers

Cross-border Development

Clinical Regulatory teams in US and China

Value Drivers

Vebreltinib

Highly specific c-Met inhibitor

- ✓ Best-in-class potential
- ✓ ~$10B market opportunity in c-Met dysregulated Non-Small Cell Lung Cancer (NSCLC) in U.S. alone
- ✓ 3 near term NDA/ sNDA opportunities in NSCLC & GBM in U.S.
- ✓ NDA in MetEx14 NSCLC submitted in China (partner)
- ✓ Ongoing global registrational Phase 2 trial SPARTA trial in MetEx14 NSCLC with readout expected 2H 2023

Uproleselan

E-selectin antagonist

- ✓ First-in-class
- ✓ Phase 3 trials in Acute Myeloid Leukemia (AML) - relapsed/refractory, treatment naïve and unfit AML
- ✓ Breakthrough Therapy Designation – FDA & NMPA
- ✓ Global Phase 3 readout (partner) in 2Q 2024
- ✓ Phase 3 bridging study in China ongoing

• HGF/Met Pathway is Activated in Multiple Dysregulations

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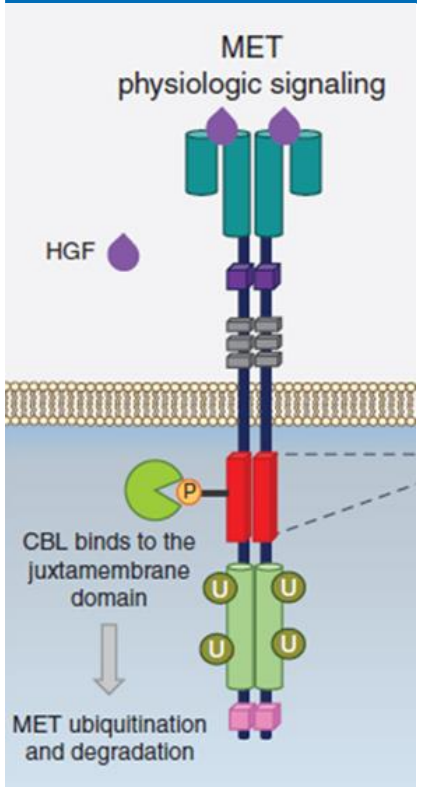
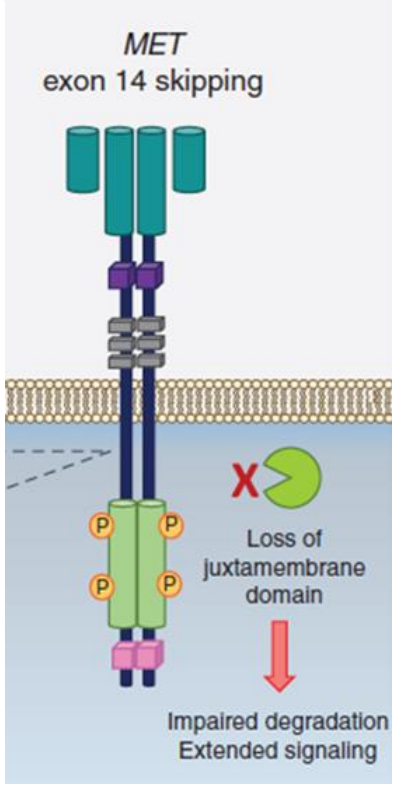
Wild Type HGF-dependent



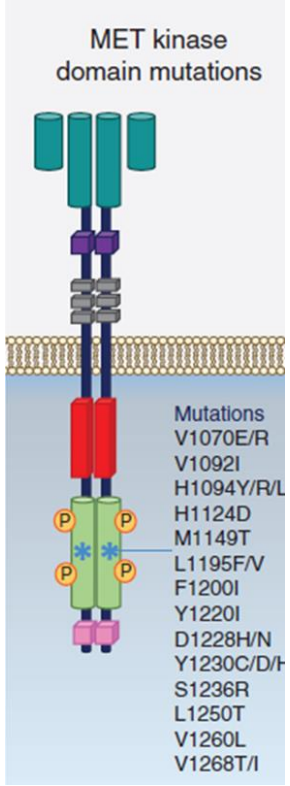
Genomic Alteration HGF-independent



Clinically Validated
NSCLC-mono

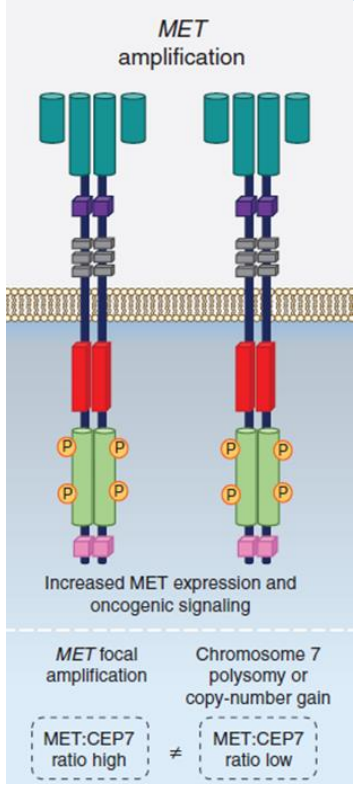
Ongoing Clinical Validation
Brain Mets
R/R Patients

Genomic Alteration HGF-independent



Open Clinical Hypothesis
Pan-cancer

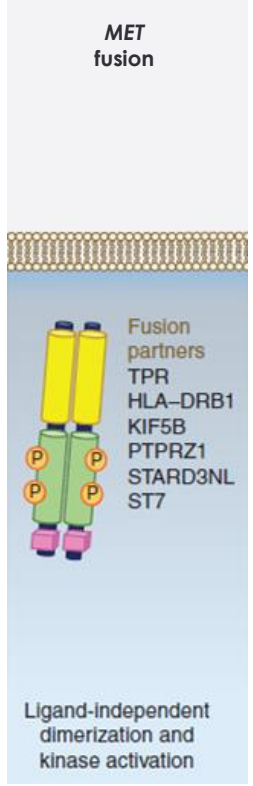
Gene Amplification HGF-independent



Ongoing Clinical Validation
NSCLC (Driver-):mono
NSCLC-(Driver+):combo

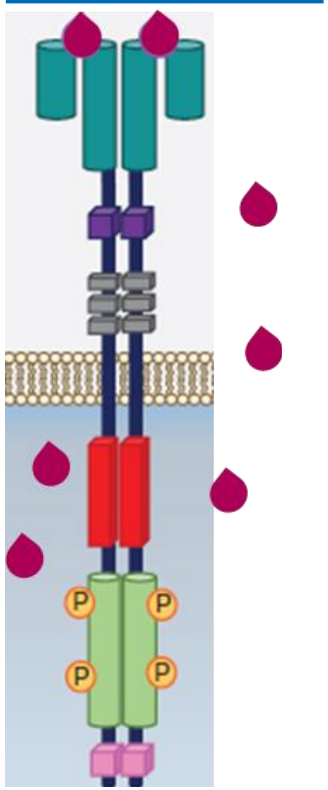
Open Clinical Hypothesis
Pan-cancer

Gene Rearrangement HGF-independent



Ongoing Clinical Validation
NSCLC -mono
GBM -mono
Pan-cancer -mono

Autocrine HGF

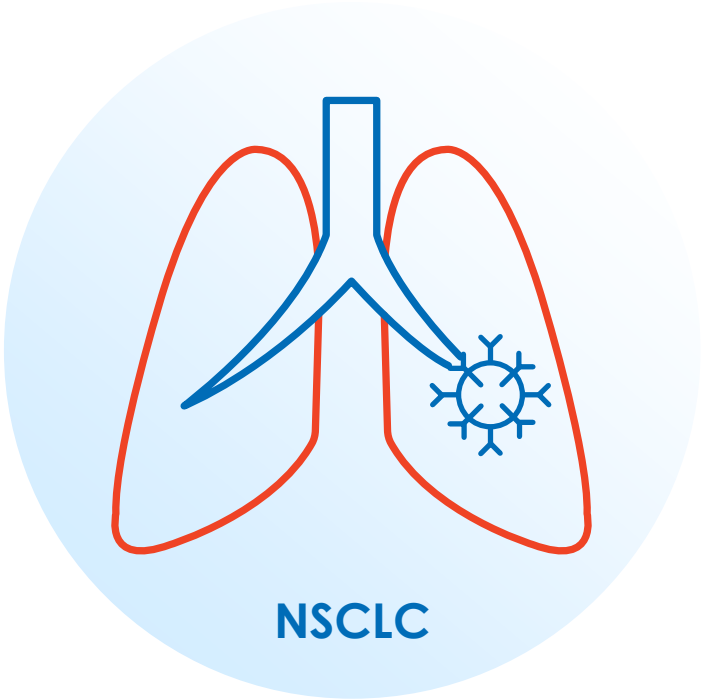


Open Clinical Hypothesis
Pan-cancer

G. Recondo., J. Che., P.A. Jänne., M.M Awad; Cancer Discovery 2020

• Vebreltinib (APL-101) c-Met TKI

~$10B Market Opportunity in NSCLC with c-MET Dysregulation



NSCLC

188,000 U.S. Incidence*
1.8 million worldwide*

$3B Market Opportunity**

c-Met dysregulated Non-Small Cell Lung Cancer (NSCLC) population	
Exon-14 skip mutation (1L, 2L)	~6,300 patients*
c-Met amplifications, denovo	~2,500 patients***
c-Met amplifications, resistance driven	~3,100 patients***

$7B Market Opportunity**

c-Met dysregulated NSCLC population	
1L EGFR+ in combination with Osimertinib	~20,700 Patients*

** Biomedtracker*

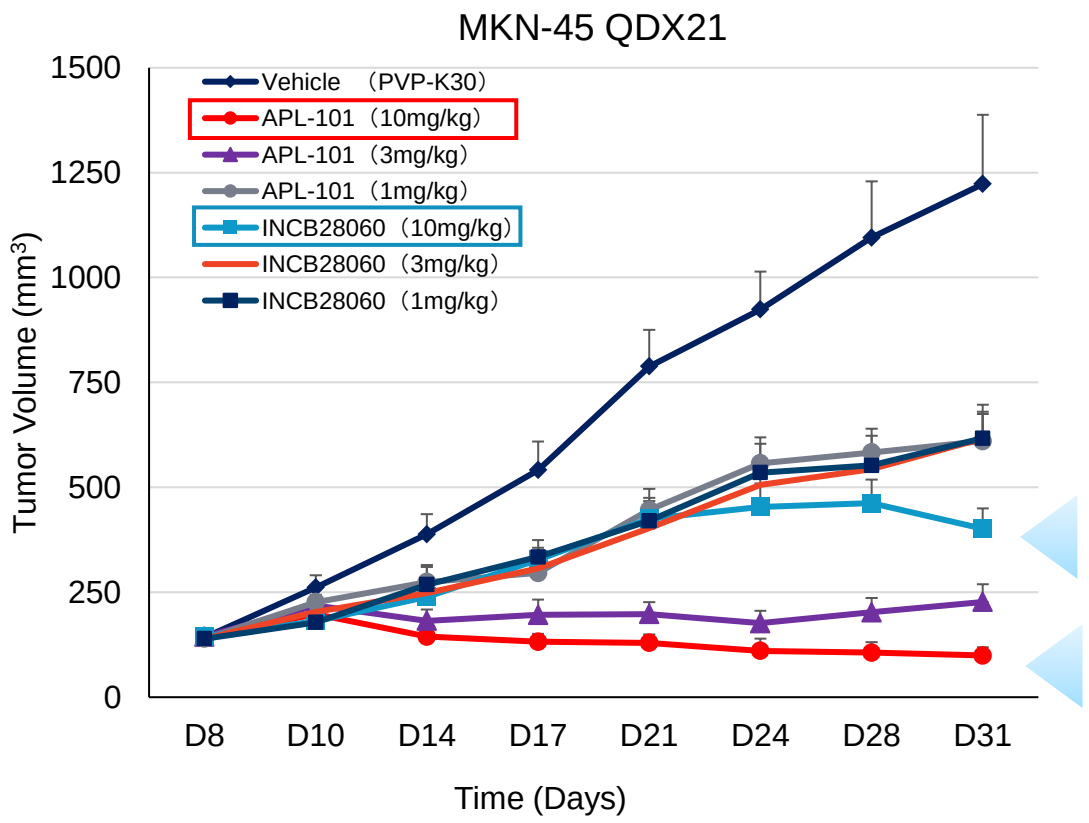
*** Management estimates for the US market for 2022 calculated by multiplying number of patients with an estimated drug price*

**** Management estimates based on prevalence from Drillon et al. 2016 – Targeting MET in Lung Cancer mentions and prevalence of NSCLC from Biomedtracker*

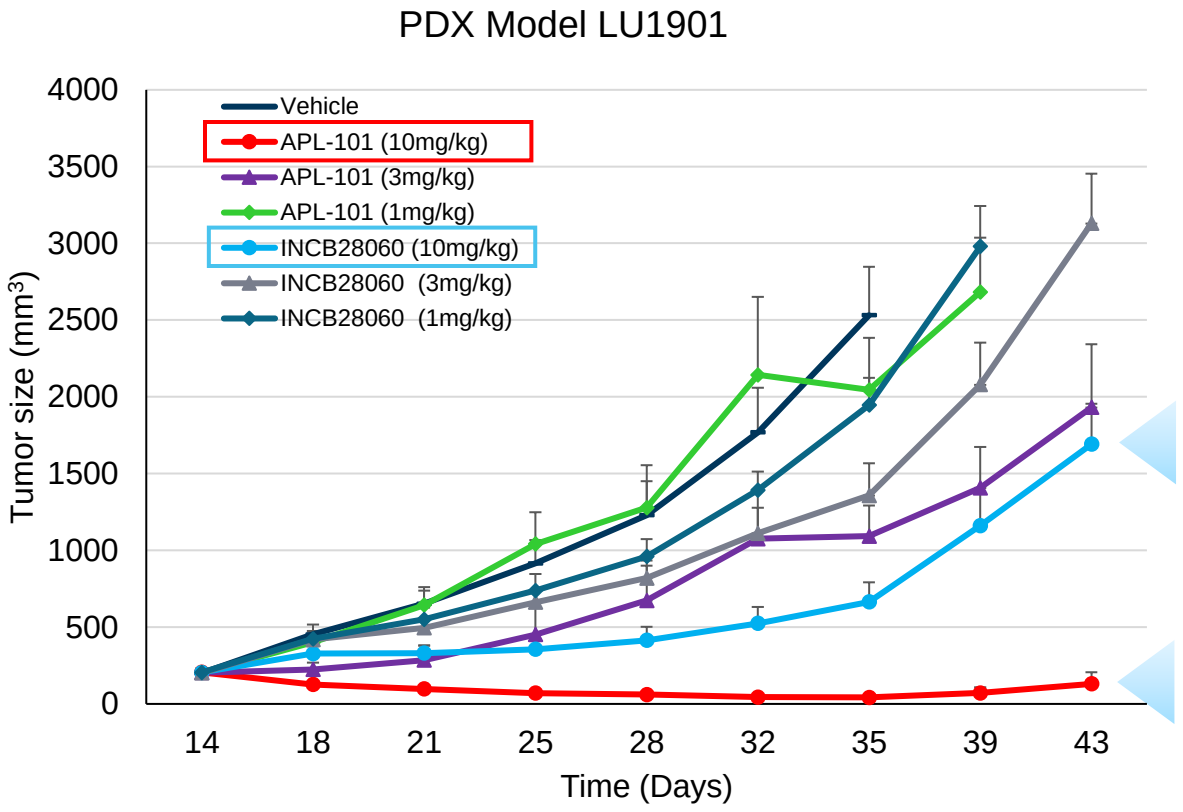
• Vebreltinib – Preclinical Differentiation Addressing cMET Amplification

Compares Favorably to Capmatinib*

Favorable to Capmatinib in a Gastric Cancer MKN45 – Met amplified



Favorable to Capmatinib in a LUNG PDX Model LU1901 – Met amplified



Poster #2096 AACR 2017

** capmatinib= INC-B28060*

• cMET Inhibitors Approved for Met Exon 14 skip NSCLC in the US

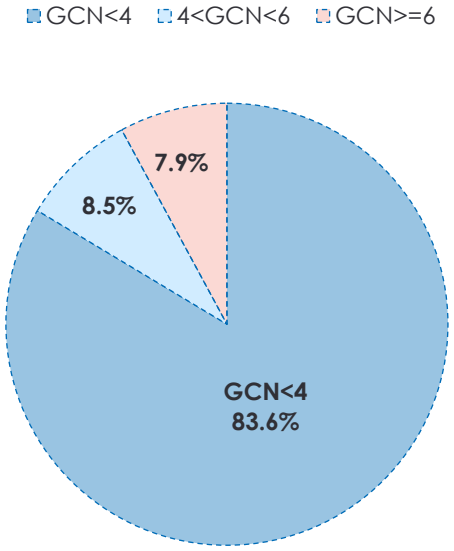
	Capmatinib (marketed, Phase II data[1]) Full Approval		**Tepotinib** (marketed, Phase II data[2]) Accelerated Approval		**Vebreltinib** China Phase 2 + Global SPARTA Phase 2 (Ongoing)	
Indication	Metastatic NSCLC with exon 14 skipping mutation		Metastatic NSCLC with exon 14 skipping mutation		Metastatic NSCLC with exon 14 skipping mutation	
	Naïve (N=60)	Previously Treated (N=100)	Naïve (N=69)	Previously Treated (N=83)	Naïve and Previously Treated Cohorts	
ORR (Objective Response Rate)	68%	44%	43%	43%	China Phase 1 72% ORR in cMet dysregulated NSCLC China Phase 2 NDA submitted SPARTA Phase 2 ongoing	
mDOR (median Duration of Response)	16.6 months	9.7 months	10.8 months	11.1 months		
DCR (Disease Control Rate)	96%	78%				
mPFS (median Progression-Free Survival)	12.4 months	5.4 months				
mOS (median Overall Survival)	20.8 months	13.6 months				

Note: 1. NCT02414139, ORR time frame: at least 18 weeks; Patients: 97(28 naïve patients; 69 previously treated patients). Source: FDA
Locations: United States, Argentina, Austria, Belgium, France, Germany, Israel, Italy, Japan, Korea(Republic of), Lebanon, Mexico, Netherlands, Norway, Russian Federation, Singapore, Spain, Sweden, Taiwan, United Kingdom
2. NCT02864992, ORR time frame: baseline up to 20 months; Patients: 152(69 naïve patients; 83 previously treated patients)
Locations: United States, Austria, Belgium, China, France, Germany, Israel, Italy, Japan, Korea(Republic of), Netherlands, Poland, Spain, Switzerland, Taiwan. Source: FDA

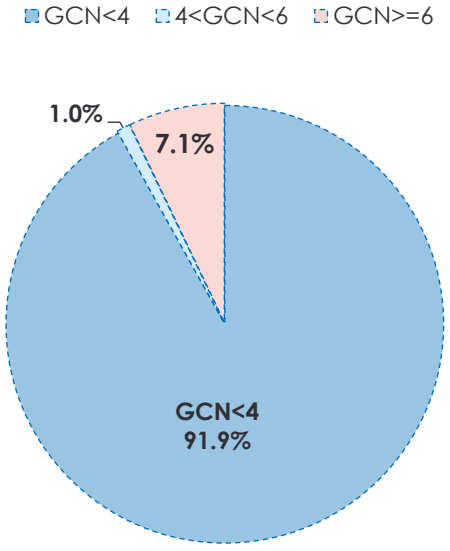
• Lack of Evidence for Adequate Treatment for a Majority of Met Ex14 NSCLC Patients

- Co-occurrence of Met amplification with Met Ex14 skip mutation is uncommon in NSCLC

AACR Genie Database
Met Exon 14 skip NSCLC (n=421)
(%)



cBioportal Database
Met Exon 14 skip NSCLC (n=157)
(%)



- GEOMETRY capmatinib trial enriched with a higher proportion of NSCLC with MET exon 14 skip patients with co-occurring MET amplification (GCN>=6) with higher ORR
- A subgroup analysis of response by GCN shows lower ORR (18%) in NSCLC with exon 14 skip patients with GCN < 4 (no co-occurring MET amplification)

Capmatinib NSCLC exon14 skip	GCN < 4	GCN < 6	GCN >=6	GCN <10	GCN >= 10
N	22	47	35	67	15
Total N with GCN Available	82	82	82	82	82
% of pts out of 82 (GCN ct)	**26.8%**	**57.3%**	**42.7%**	**81.7%**	**18.3%**
ORR (%)	**18%**	**38%**	**57%**	**43%**	**60%**

APL-101-01 SPARTA Phase 2 Study Design

Primary Endpoint:
Overall Response Rate

Secondary Endpoint:
Duration of Response

Currently 450+ patients dosed with APL-101/ PLB1001

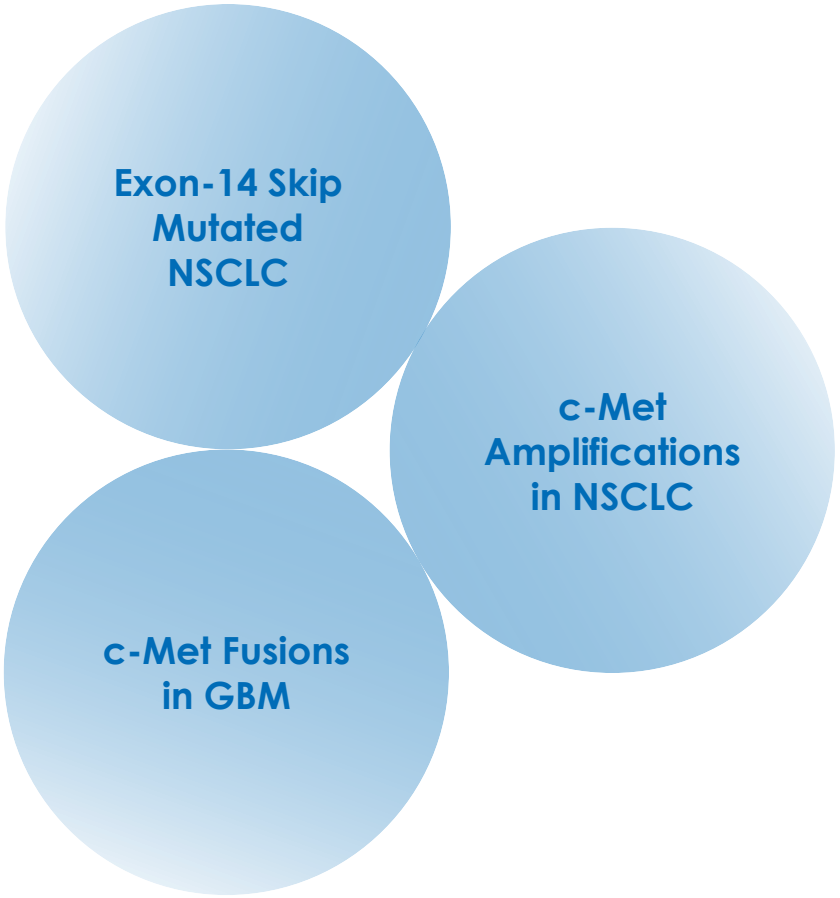
Tumor Types	Protocol Number	Subjects on Study (N)
NSCLC	PLB1001-2013012-01*	37
	PLB1001-II-NSCLC-01*	112
Multi-tumor types	APL-101-01 Ph1	17
Multi-cohort	APL-101-02 Ph 2	222
GBM	PLB1001-I-GBM-01*	18
	PLB1001-II-GBM-01*	43
Combo-HCC+RCC	APOLLO	20
	Total Patients	469

* *Studies beginning with PLB are studies sponsored by our partner, Pearl*

Healthy volunteers N> 120

Cohort A1	EXON 14 Skipping NSCLC (MET inhibitor naïve) 1L (Stage 1=15, Stage 2=31)
Cohort A2	EXON 14 Skipping NSCLC (MET inhibitor naïve) 2L/3L (N=60)
Cohort B	EXON 14 Skipping NSCLC (MET inhibitor experienced) (Stage 1=10, Stage 2=19)
Cohort C	Basket of tumor types except primary CNS tumors, MET amplification (MET inhibitor naïve) (Stage 1=10, Stage 2=50)
Cohort C-1	NSCLC harboring MET amplification and wild-type EGFR (MET inhibitor naïve) (Stage 1=10, Stage 2=36)
Cohort D	Basket of tumor types except primary CNS tumors, harboring MET gene fusions (MET inhibitor naïve) (Stage 1=10, Stage 2=36)
Cohort E	Primary CNS tumors with MET alterations (MET inhibitor naïve) (Stage 1=10, Stage 2=30)

• Vebreltinib: 3 Near Term NDA/sNDA Opportunities



Vebreltinib

Global Multicohort Phase 2—Non-small Cell Lung cancer, Glioblastoma (GBM), various solid tumors with c-Met dysregulation

- High specific c-Met inhibitor
- Brain penetration
- Safety data available from over 450 patients worldwide

- Biomarkers to target c-Met patients
- Strong IP

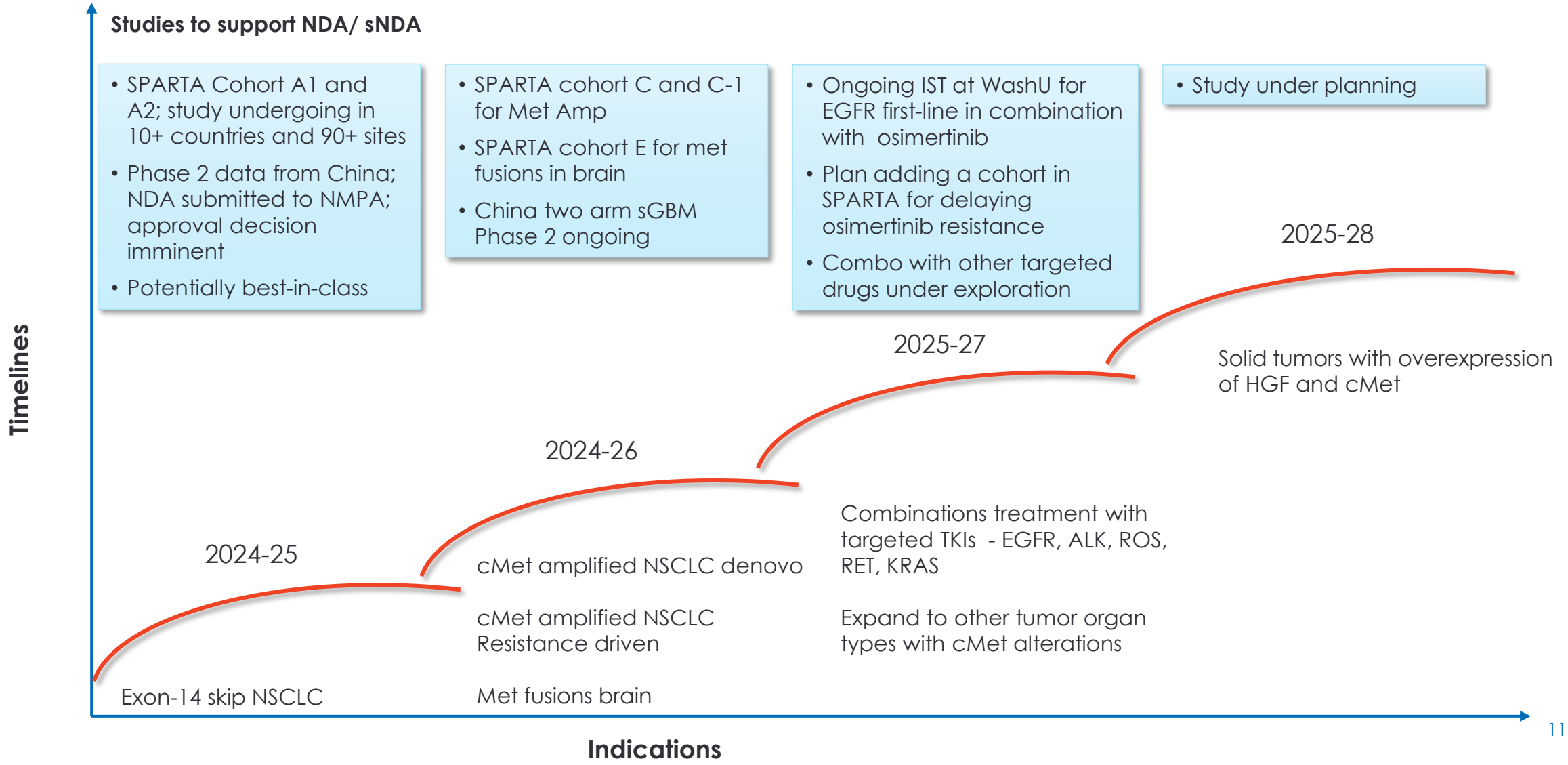
- Orphan drug designation by FDA
- >220 patients treated in ongoing Apollomics SPARTA multi-cohort trial in 13 countries and 90+ sites
- Registrational Phase 2 study in NSCLC with exon 14 skip or c-Met amplification (China)
- NDA for Exon14 skipping NSCLC in China; Submitted by partner in Sept. 2022; Priority review for conditional approval
- Phase 2/3 GBM with PTPRZ1-MET fusion (China)

- Potential combo therapy w/EGFR inhibitors, etc., with huge potential
- Potential other tumors: Gastrointestinal, renal thyroid, etc.

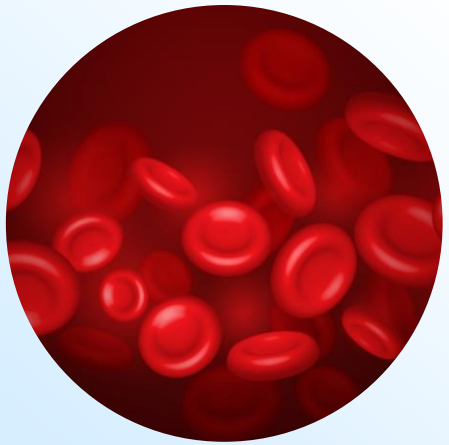
NSCLC – Non-Small Cell Lung Cancer
GBM – Glioblastoma Multiforme

• Vebreltinib: Commercialization and Lifecycle

Series of opportunities beyond Met Exon14 skip NSCLC



• Uproleselan (APL-106) Seeks to Address $1.4B Market for AML



AML

29,400 incidence in China*

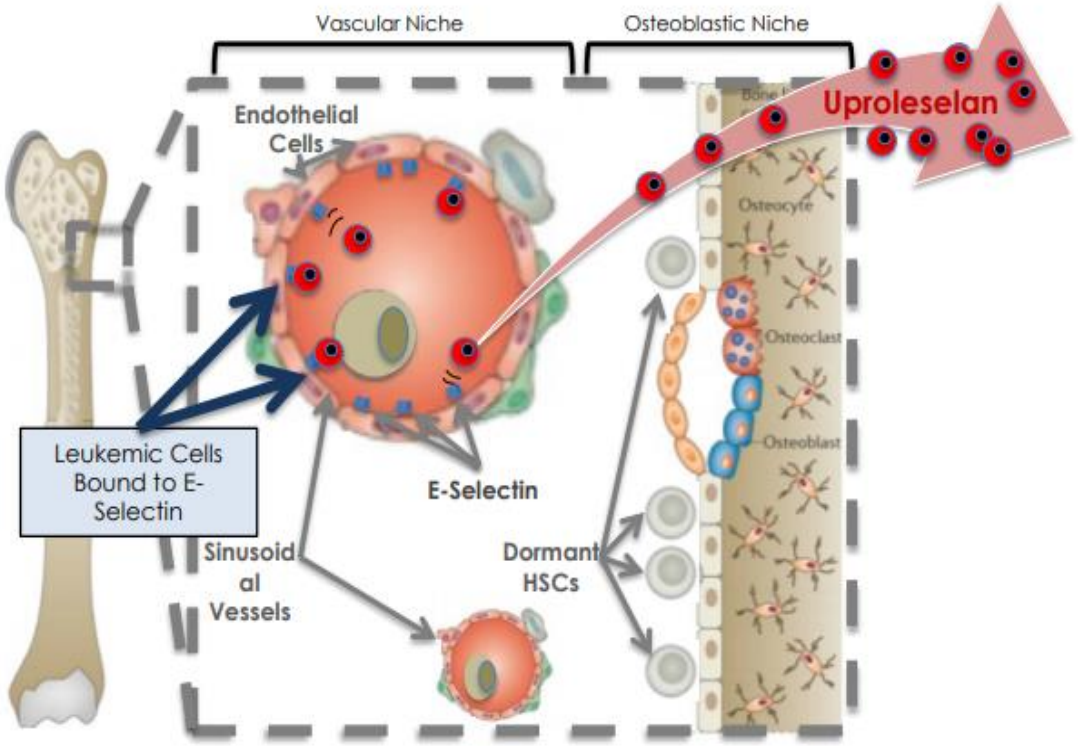
$1.4B total AML market opportunity in China**

Acute Myeloid Leukemia	
1L treatment naïve AML	~ 16,400 patients*
Relapsed refractory AML	~ 12,600 patients*
AML patients unfit for chemotherapy	~ 8,800, patients*

*Source: *IQVIA Market Research;*
***management estimates for China Market arrived at using patient numbers and average price estimated by IQVIA*

• Uproleselan (APL-106) First-In-Class E-Selectin Antagonist

Enhances Efficacy of Chemotherapy & Reduces Mucositis (from Chemotherapy)



- Prevents trafficking of tumor cells to the bone marrow
- Disrupts cell adhesion-mediated drug resistance (CAMDR) within bone marrow microenvironment
- Inhibits activation of cancer survival pathways (e.g. NF-kB)
- Protects normal HSCs through quiescence enhancement and ability for self-renewal
- Reduces chemotherapy-associated toxicity (e.g. severe mucositis)
- 2nd generation GMI-1678 (APL 108) has equivalent activity to APL-106 in preclinical studies, but at an approximately 1,000-fold lower dose

Source: GlycoMimetics

• Uproleselan (APL-106) Efficacy and Safety Data from US Phase 2 Trial

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Enhanced Efficacy		
	Relapsed / Refractory AML N=47	**Newly Diagnosed AML N=25**
Response Data: CR/CRi	**41%**	**72%**
Response Data: MRD Negative Rates	**69%**	**56%**
Survival Outcomes	Median Overall Survival (OS): **8.8 Months**	Median Event Free Survival (EFS): **9.2 Months** Median Overall Survival (OS): **12.6 Months**

Improved Tolerability to Chemotherapy – oral mucositis

DeAngelo et al Blood Feb 2022

r/r AML – Relapsed or Refractory Acute Myeloid Leukemia
MRD – Minimal Residual Disease
CR – Complete Remission;
CRi – Complete Remission with incomplete count recovery

• Uproleselan (APL-106) Global Clinical Programs in Acute Myeloid Leukemia

GlycoMimetics Global Studies

- GMI-Sponsored Global Phase 3 trial in r/r AML; FULLY ENROLLED
- NCI-Sponsored Trial in newly-diagnosed AML "Fit" for chemo; Target interim analysis 2023
- UC Davis IST – Newly-diagnosed AML "Unfit" for Chemo; combo with venetoclax + azacytidine; N=25 subjects
- Wash. U IST - GI Toxicity prophylaxis during melphalan-conditioned autologous Hematopoietic Cell Transplantation (Auto-HCT) for Multiple Myeloma (MM); N=51 subjects

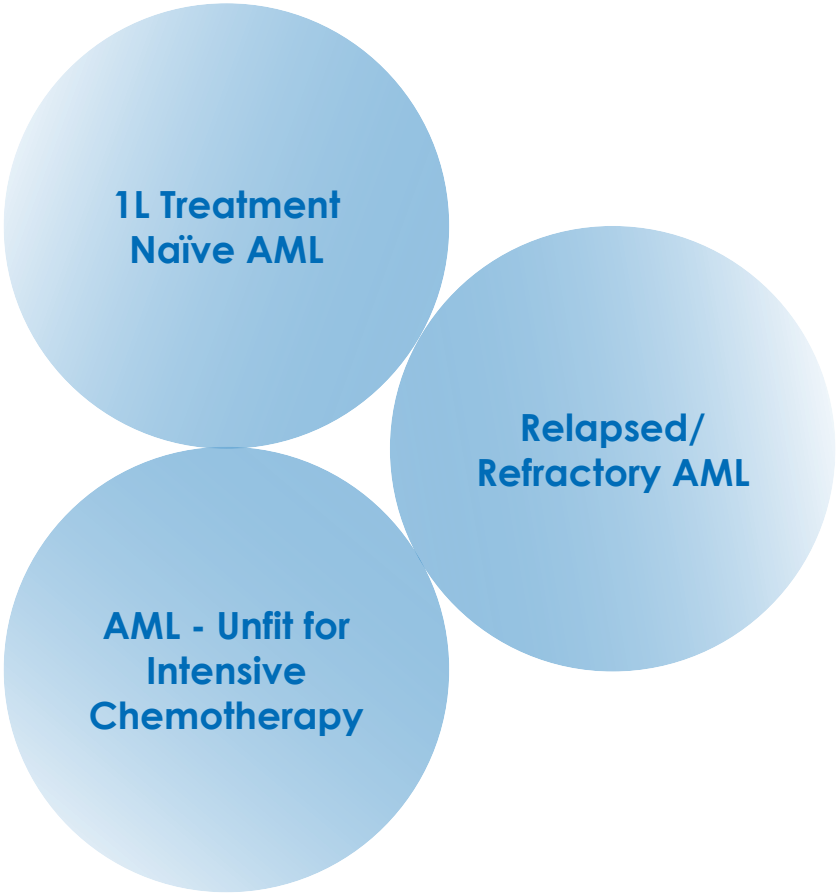
Apollomics China Studies

- Phase 1 PK Study (N=12 subjects; ongoing)
- Phase 3 Bridging Study in r/r AML (ongoing)

r/r AML – Relapsed or Refractory Acute Myeloid Leukemia
IST – Investigators Sponsored Trial
PK - Pharmacokinetic

• APL-106 Phase 3 Clinical Trials in AML with Near Term Readouts

E-Selectin Inhibitor: First-in-class



Uproleselan (APL-106)

AML-Phase 3 in China

- First-in-Class E-Selectin Antagonist
- MoA addresses resistance pathways in AML

- Potential broad utility across AML
- Strong IP protection for combination with chemotherapy, novel biomarker

- FDA &NMPA Breakthrough Therapy Designations
- FDA Fast Track Designation
- r/r AML Phase 3 China Bridging Study, N=140 subjects
- r/r AML Phase 3 US/Global enrollment completed by partner in 2021, n=388 subjects; readout anticipated by partner in 2Q 2024
- 1L treatment naïve AML Phase 2/3 US by NCI Alliance: N up to 670 subjects; enrollment 250 subjects is complete with EFS as readout

- Impressive CR/Cri, MRD negativity, and overall survival in r/r & 1L AML in Phase 1/2
- APL-108 (higher potency, subcutaneous) for Multiple Myeloma and other solid tumors

AML – Acute Myeloid Leukemia
SubQ – Subcutaneous
IP – Intellectual Property

• Our Pipeline

Tumor Inhibitors | Anti-Cancer Enhancers | Immuno-oncology Drugs

IP – Intellectual Property
GBM – Glioblastoma Multiforme
r/r AML – Relapsed or Refractory Acute Myeloid Leukemia
NSCLC – Non-Small Cell Lung Cancer
MM – Multiple Myeloma
1 excluding China, Hong Kong and Macau
2 excluding China, Hong Kong and Taiwan
3 excluding China

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Key Value-Driving Programs with Significant Revenue Opportunities

Drug Candidate	Target	Category	IP Rights	Mono / Combo	Indications	Status
APL-101 Vebreltinib	c-Met ★	Small molecule	Global[1]	Mono	Met Exon 14 NSCLC	Phase 2 SPARTA Global Study in cMet Dysregulated Cancers
					Met amplified NSCLC	Phase 2 SPARTA Global Study in cMet Dysregulated Cancers
					Met fusion GBM	Phase 2 SPARTA Global Study in cMet Dysregulated Cancers
APL-106 Uproleselan	E-Selectin ★	Small molecule	China	+ Chemo	r/r AML, newly diagnosed AML	Phase 1 PK and tolerability study
					r/r AML, newly diagnosed AML	Phase 3 Bridging Study in r/r AML

Robust Pipeline of Early Clinical and Preclinical Programs Under Development

APL-122	ErbB1/2/4	Small molecule	Global[2]	Mono	ErbB1/2/4 positive cancers	Phase 1 Dose Escalation and Expansion Study
APL-102	Multiple Kinases	Small molecule	Global	Mono	Solid tumors	Phase 1 Dose Escalation and Expansion Study
APL-108	E-Selectin	Small molecule	China	+ Chemo	MM	
APL-501	PD-1	Biologic	Global[3]	Mono	Solid tumors	Phase 1 Dose Escalation Study
APL-502	PD-L1	Biologic	Global[3]	Mono	Multiple tumor types	
APL-810	G17-neutralization	Biologic	US, China	Mono	Gastrointestinal (GI) cancers	
APL-801	CD40 and PD-L1	Biologic	Global	Mono	Multiple tumor types	

★ *Core programs*

Seasoned Executives at Apollomics

Guo-Liang Yu
PhD
Co-founder, Chairman & CEO

Serial Entrepreneur

- Founder of Epitomics; Executive Chairman of Crown Bioscience
- 30+ years experience, 300+ patients, 30+ publications
- U.C. Berkeley, Harvard, Human Genome Sciences

Sanjeev Redkar
PhD, MBA
President & Co-founder

- 28 years in oncology drug development
- 5 NDAs, 5 NCEs and 15 INDs/CTAs in previous roles
- Matrix Pharmaceuticals, SuperGen, Astex, Otsuka

Kin-Hung Peony Yu
MD
Chief Medical Officer

- 20+ years in global clinical development leadership: IND, Phase 1, 2, 3, and 4 studies
- Multiple successful NDAs in US, China, Japan, and MAAs in EU in prior roles – FibroGen, Anesiva, J&J, Elan
- Stanford trained physician

Jane Wang
PhD
Chief Scientific Officer

- 20 years in drug discovery
- Focus in oncology, inflammation, and CNS
- 60 patients and 29 publications in prior roles
- Pfizer, NIH, Schering Plough, Wuxi

Chinglin Lai
PhD
SVP Biostatistics and Data Management

- 27 years' experience in drug development across broad range of therapeutic areas
- Contributed to approvals of 5 products in US and EU
- Jazz Pharmaceuticals, Intrabiotics, & Alza Corporation
- Ph.D. in Applied Statistics, UC Riverside

Raymond Low
CPA
VP Finance & Corporate Controller

- 22 years' experience
- B.Com. University of South Africa, CMA England
- Rstar Therasense, AXT, Sciclone Pharmaceuticals

CNS – Central Nervous System
NIH – National Institutes of Health
NCE – New Chemical Entity
MAA – Marketing Authorization Application
NDA – New Drug Application
IND – Investigational New Drug Application
CTA – Clinical Trial Application

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