# Summit Therapeutics ESMO Update & Q3 2025 Earnings Call

October 20, 2025
8:00am ET

# Forward Looking Statement

Any statements in this press release about the Company's future expectations, plans and prospects, including but not limited to, statements about the clinical and preclinical development of the Company's product candidates, entry into and actions related to the Company's partnership with Akeso Inc., the Company's anticipated spending and cash runway, the therapeutic potential of the Company's product candidates, the potential commercialization of the Company's product candidates, the timing of initiation, completion and availability of data from clinical trials, the potential submission of applications for marketing approvals, the expected timing of BLA submissions, potential acquisitions, statements about the previously disclosed At-The-Market equity offering program ("ATM Program"), the expected proceeds and uses thereof, the Company's estimates regarding stock-based compensation, and other statements containing the words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "would," and similar expressions, constitute forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including the Company's ability to sell shares of our common stock under the ATM Program, the conditions affecting the capital markets, general economic, industry, or political conditions, including the effects of geopolitical developments, domestic and foreign trade policies, and monetary policies, the results of our evaluation of the underlying data in connection with the development and commercialization activities for ivonescimab, the outcome of discussions with regulatory authorities, including the Food and Drug Administration, the uncertainties inherent in the initiation of future clinical trials, availability and timing of data from ongoing and future clinical trials, the results of such trials, and their success, global public health crises, that may affect timing and status of our clinical trials and operations, whether preliminary results from a clinical trial will be predictive of the final results of that trial or whether results of early clinical trials or preclinical studies will be indicative of the results of later clinical trials, whether business development opportunities to expand the Company's pipeline of drug candidates, including without limitation, through potential acquisitions of, and/or collaborations with, other entities occur, expectations for regulatory approvals, laws and regulations affecting government contracts and funding awards, availability of funding sufficient for the Company's foreseeable and unforeseeable operating expenses and capital expenditure requirements and other factors discussed in the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of filings that the Company makes with the Securities and Exchange Commission. Any change to our ongoing trials could cause delays, affect our future expenses, and add uncertainty to our commercialization efforts, as well as to affect the likelihood of the successful completion of clinical development of ivonescimab. Accordingly, readers should not place undue reliance on forward-looking statements or information. In addition, any forward-looking statements included in this press release represent the Company's views only as of the date of this release and should not be relied upon as representing the Company's views as of any subsequent date. The Company specifically disclaims any obligation to update any forward-looking statements included in this press release.





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HARMONi-6

*Akeso Sponsored Trial*

# Phase III study of ivonescimab plus chemotherapy versus tislelizumab plus chemotherapy as first-line treatment for advanced squamous non-small cell lung cancer (HARMONi-6)

Shun Lu[1], Fang Yang[2], Zhou Jiang[3], Longhua Sun[4], Lin Wu[3], Zhengxiang Han[5], Yun Fan[6], Yanqiu Zhao[7], Xingya Li[8], Haipeng Xu[9], Xiangjiao Meng[10], Ying Cheng[11], Zhiye Zhang[12], Zhiwei Chen[1], Hui Luo[13], Qin Shi[14], Xuelei Ma[15], Xuezhen Ma[16], Zhongmin Zhang[17], Michelle Xia[18]

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**19 October 2025**

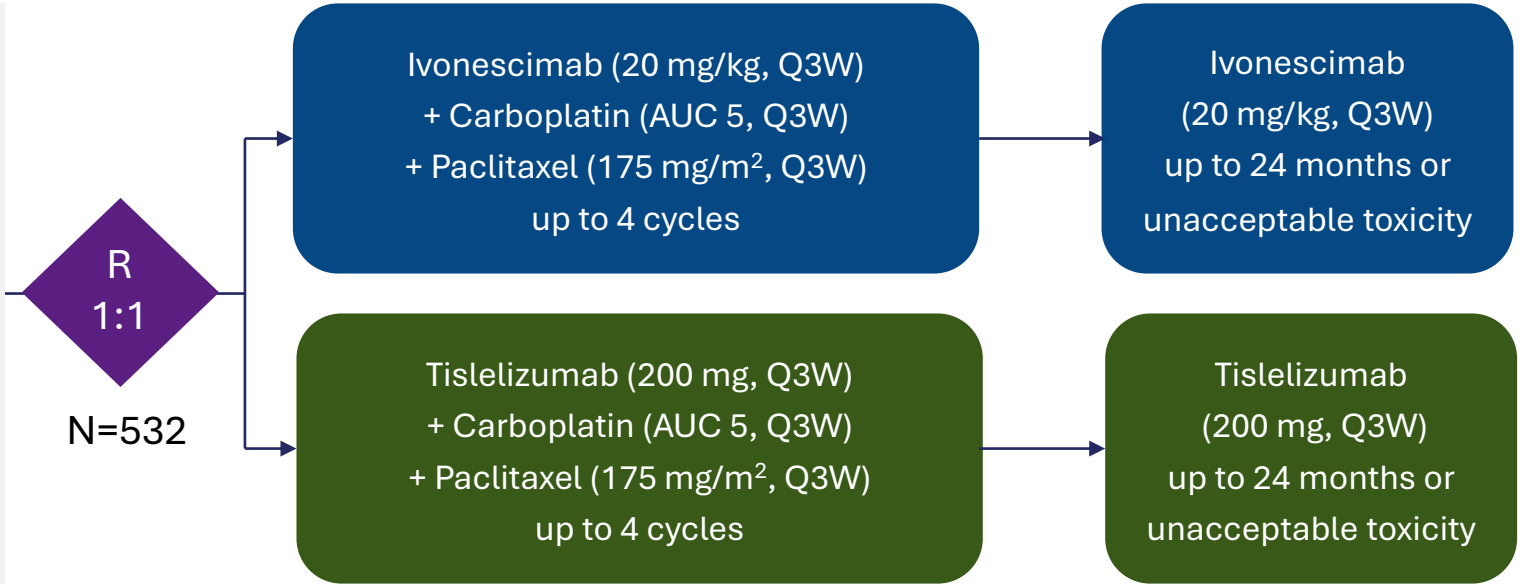
# Study Design

HARMONi-6
Akeso Sponsored Trial

## A multicenter, randomized, double-blind, parallel-controlled phase III study

### Key Eligibility Criteria

- Pathologically confirmed sq-NSCLC
- Stage IIIB-IV
- No prior systemic therapy
- No EGFR mutations or ALK rearrangements
- ECOG PS 0 or 1




**Stratification Factors:**

- Stage: IIIB/IIIC vs. IV
- PD-L1 TPS: ≥1% vs. <1%

**Data cutoff date: February 28, 2025**

**Endpoints:**

- **Primary endpoint: PFS by IRRC per RECIST v1.1**
- Key secondary endpoint: OS
- Secondary endpoints: PFS by INV, ORR, DCR, DoR, TTR and safety

Abbreviation: ALK, anaplastic lymphoma kinase; ECOG PS, Eastern Cooperative Oncology Group performance score; R, randomization; AUC, area under the curve; Q3W, every three weeks; IRRC, independent radiology review committee; RECIST v1.1, response evaluation criteria in solid tumors version 1.1; PFS, progression-free survival; OS, overall survival; INV, investigator; ORR, overall response rate; DCR, disease control rate; DoR, duration of response; TTR, time to response.





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HARMONi-6 conducted in China fully sponsored and managed by Akeso, Inc.

# Baseline Characteristics

HARMONi-6
Akeso Sponsored Trial

| Characteristics, n(%) | | Ivonescimab + chemo (N=266) | Tislelizumab + chemo (N=266) |
|---|---|---|---|
| **Age, years** | < 65 | 135 (50.8) | 139 (52.3) |
| | ≥ 65 | 131 (49.2) | 127 (47.7) |
| **Sex** | Male | 256 (96.2) | 238 (89.5) |
| | Female | 10 (3.8) | 28 (10.5) |
| **ECOG PS*** | 0 | 42 (15.8) | 42 (15.8) |
| | 1 | 224 (84.2) | 222 (83.5) |
| **Smoking history** | Never | 21 (7.9) | 37 (13.9) |
| | Current/Former | 245 (92.1) | 229 (86.1) |
| **Disease stage** | IIIB/IIIC | 21 (7.9) | 20 (7.5) |
| | IV | 245 (92.1) | 246 (92.5) |
| **Tumor characteristics** | Central type | 178 (66.9) | 158 (59.4) |
| | Major blood vessel encasement | 49 (18.4) | 44 (16.5) |
| | With cavity | 24 (9.0) | 23 (8.6) |
| | With hemoptysis history | 86 (32.3) | 79 (29.7) |
| **PD-L1 TPS** | <1% | 105 (39.5) | 105 (39.5) |
| | ≥ 1% | 161 (60.5) | 161 (60.5) |
| | 1-49% | 112 (42.1) | 99 (37.2) |
| | ≥ 50% | 49 (18.4) | 62 (23.3) |
| **Metastases sites** | ≥3 metastatic sites | 42 (15.8) | 39 (14.7) |
| | Liver metastases | 28 (10.5) | 45 (16.9) |
| | Brain metastases | 9 (3.4) | 17 (6.4) |

*Two patients' ECOG PS were missing in the tislelizumab plus chemotherapy arm.





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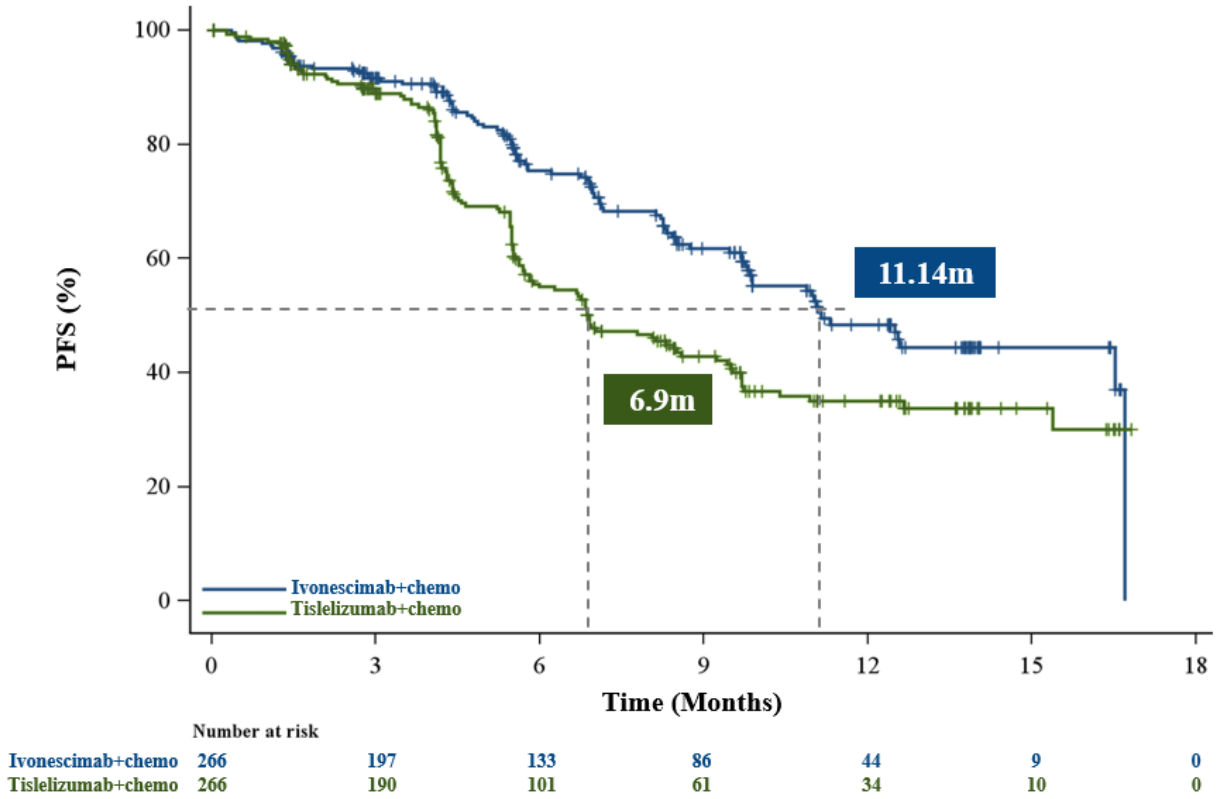
# Primary endpoint: PFS by IRRC

HARMONi-6
Akeso Sponsored Trial

**Ivonescimab+chemo demonstrated a statistically significant improvement in PFS vs. tislelizumab+chemo with HR=0.60, representing a 4.2 months improvement in mPFS.**




| | Ivonescimab + chemo (N=266) | Tislelizumab + chemo (N=266) |
|---|---|---|
| **mPFS, months (95% CI)** | **11.14** (9.86, NE) | 6.90 (5.82, 8.57) |
| **Stratified HR (95% CI)** | **0.60** (0.46, 0.78) | |
| **p-value** | **<0.0001** | |

Median Follow-up: 10.28 months

Consistent PFS benefit by investigator-assessment: HR = 0.64 (95% CI: 0.50, 0.84)

Abbreviation: mPFS, median progression-free survival; NE, not estimable; HR, hazard ratio; CI, confidence interval.





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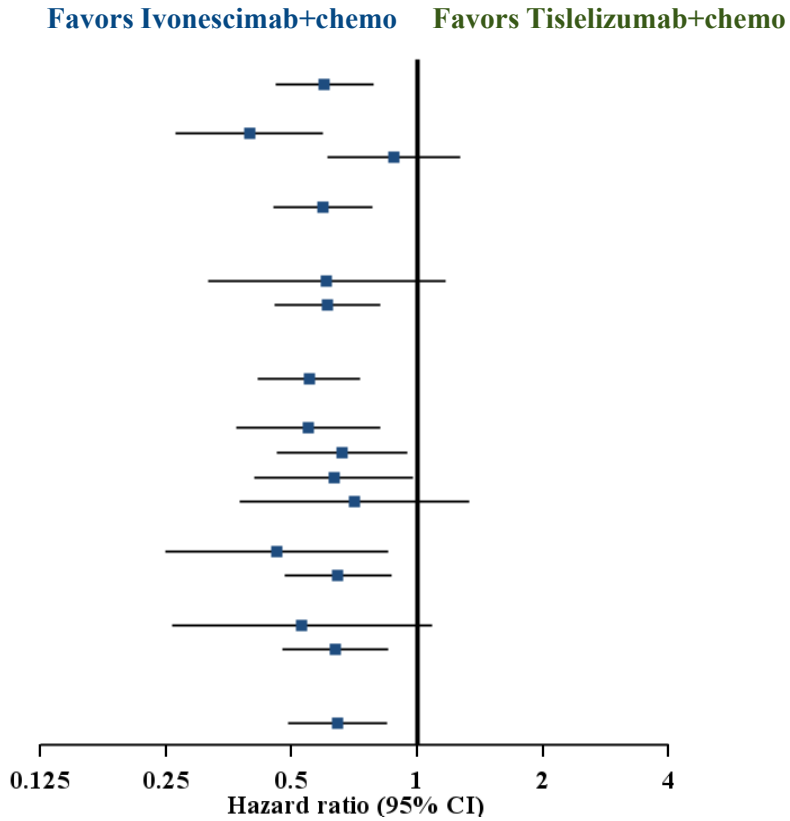
# Subgroup Analysis of PFS by IRRC

HARMONi-6
*Akeso Sponsored Trial*

- PFS benefit favored ivonescimab across all key subgroups.
- Observed important baseline imbalances in the older patient subgroup (Age ≥65), such as target lesion size, brain metastases. After adjusting for these covariates, the adjusted HR for Age ≥65 was 0.69.

| Characteristic | Ivonescimab+chemo Events/Number of Subjects | Tislelizumab+chemo Events/Number of Subjects | Hazard ratio (95% CI) |
|---|---|---|---|
| Overall | 94/266 | 127/266 | 0.60 (0.46, 0.78) |
| Age, years | | | |
| <65 | 37/135 | 69/139 | 0.40 (0.26, 0.59) |
| ≥65 | 57/131 | 58/127 | 0.88 (0.61, 1.27) |
| Sex | | | |
| Male | 90/256 | 118/238 | 0.59 (0.45, 0.78) |
| Female | 4/10 | 9/28 | |
| ECOG PS | | | |
| 0 | 16/42 | 21/42 | 0.61 (0.32, 1.17) |
| 1 | 78/224 | 106/222 | 0.61 (0.45, 0.82) |
| Disease Stage | | | |
| IIIB/IIIC | 12/21 | 8/20 | |
| IV | 82/245 | 119/246 | 0.55 (0.41, 0.73) |
| PD-L1 TPS | | | |
| <1% | 42/105 | 58/105 | 0.55 (0.37, 0.82) |
| ≥1% | 52/161 | 69/161 | 0.66 (0.46, 0.95) |
| 1-49% | 35/112 | 47/99 | 0.63 (0.41, 0.98) |
| ≥50% | 17/49 | 22/62 | 0.71 (0.37, 1.33) |
| ≥3 metastases sites | | | |
| Yes | 17/42 | 26/39 | 0.46 (0.25, 0.85) |
| No | 77/224 | 101/227 | 0.64 (0.48, 0.87) |
| Liver metastases | | | |
| Yes | 11/28 | 24/45 | 0.53 (0.26, 1.08) |
| No | 83/238 | 103/221 | 0.64 (0.48, 0.85) |
| Brain metastases | | | |
| Yes | 2/9 | 11/17 | |
| No | 92/257 | 116/249 | 0.64 (0.49, 0.85) |




If the number of events at a level of a subgroup is less than 10, the median PFS and hazard ratio will not be provided.





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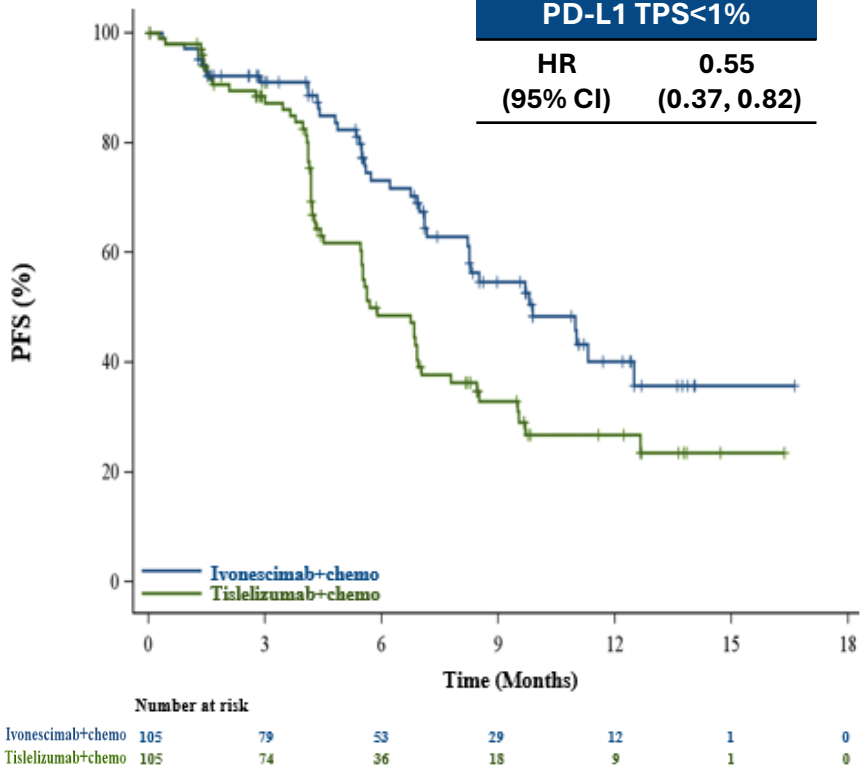
# PFS in different PD-L1 expression Subgroups

HARMONi-6
Akeso Sponsored Trial

## Ivonescimab showed meaningful PFS improvement over tislelizumab regardless of PD-L1 expression.

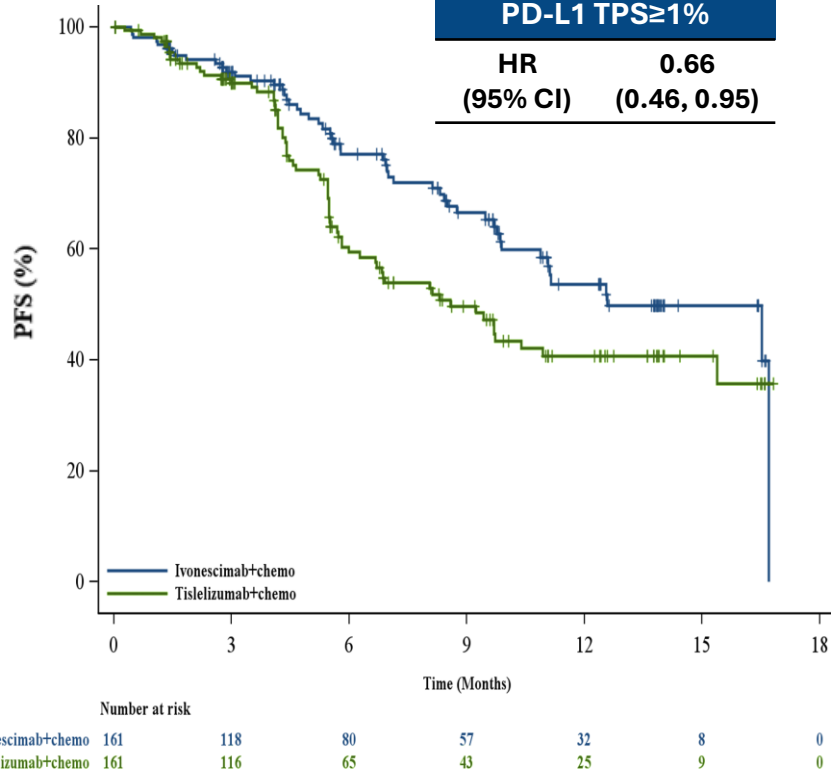
**PD-L1 TPS<1%**

| HR (95% CI) | 0.55 (0.37, 0.82) |
|---|---|



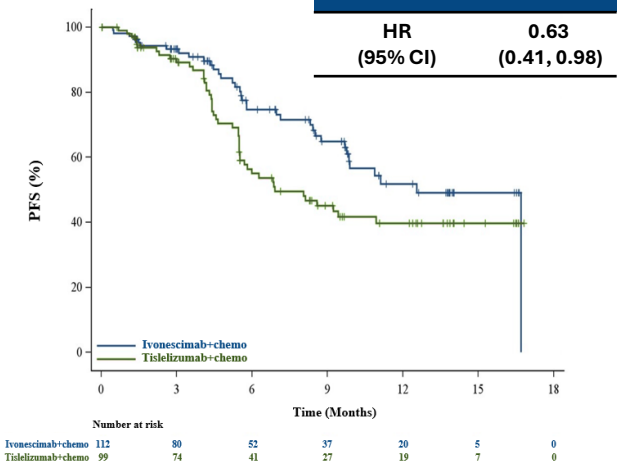

**PD-L1 TPS≥1%**

| HR (95% CI) | 0.66 (0.46, 0.95) |
|---|---|



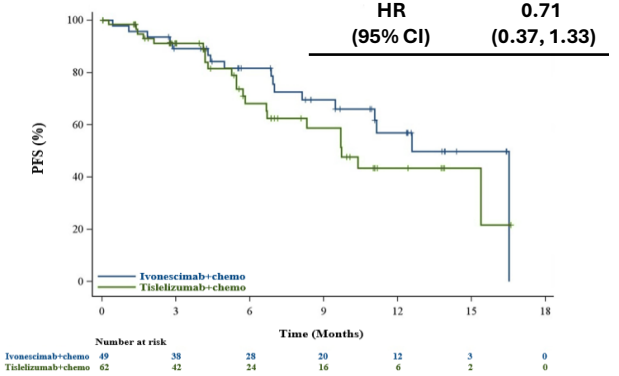

**PD-L1 TPS 1-49%**

| HR (95% CI) | 0.63 (0.41, 0.98) |
|---|---|




**PD-L1 TPS ≥50%**

| HR (95% CI) | 0.71 (0.37, 1.33) |
|---|---|




Median Follow-up: 10.28 months





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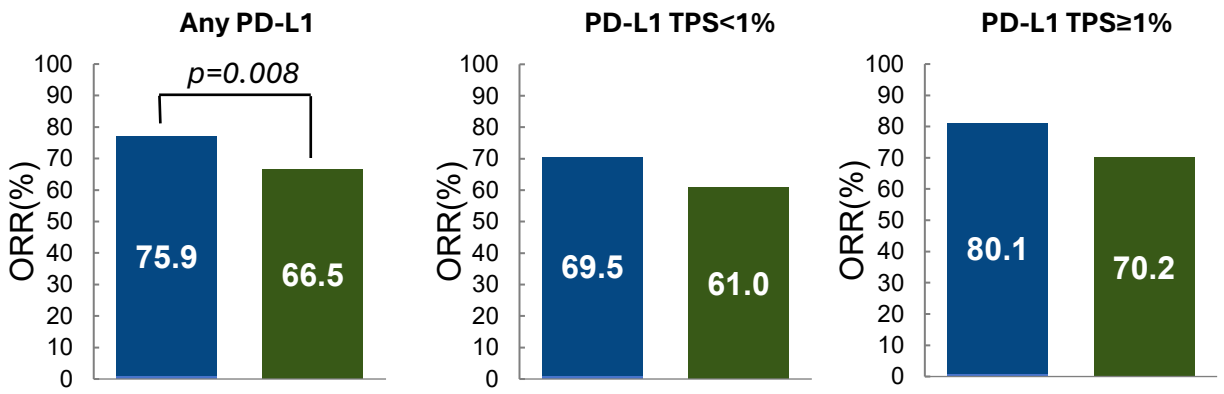
# ORR and DoR by IRRC

HARMONi-6
Akeso Sponsored Trial

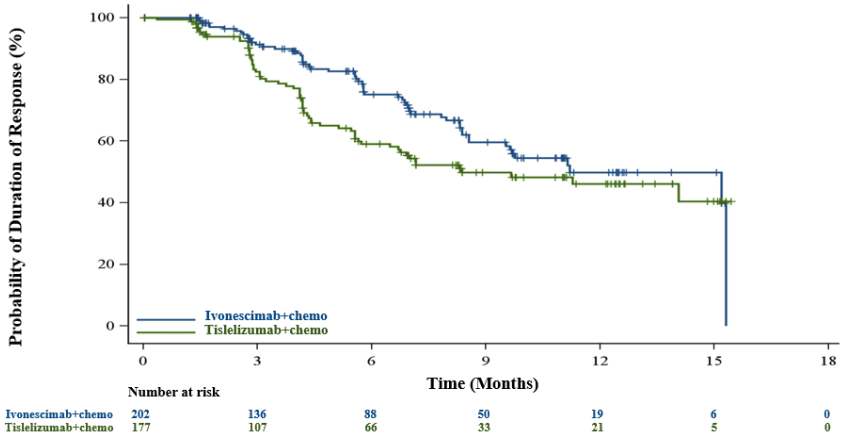
**Tumor response was higher and more durable in the ivonescimab arm.**

## ORR by IRRC




| | Ivonescimab + chemo (N=266) | Tislelizumab + chemo (N=266) |
|---|---|---|
| **BOR, n (%)** | | |
| **CR** | 1 (0.4) | 0 |
| **PR** | 201 (75.6) | 177 (66.5) |
| **SD** | 39 (14.7) | 60 (22.6) |
| **PD** | 6 (2.3) | 15 (5.6) |

## DoR by IRRC




| | Ivonescimab + chemo (N=202) | Tislelizumab + chemo (N=177) |
|---|---|---|
| **mDoR, months (95% CI)** | **11.20** (8.54, NE) | 8.38 (5.72, NE) |
| **p-value** | 0.0219 | |

Abbreviation: BOR, best overall response; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; NE, not estimated.





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HARMONi-6 conducted in China fully sponsored and managed by Akeso, Inc.

# Safety Summary

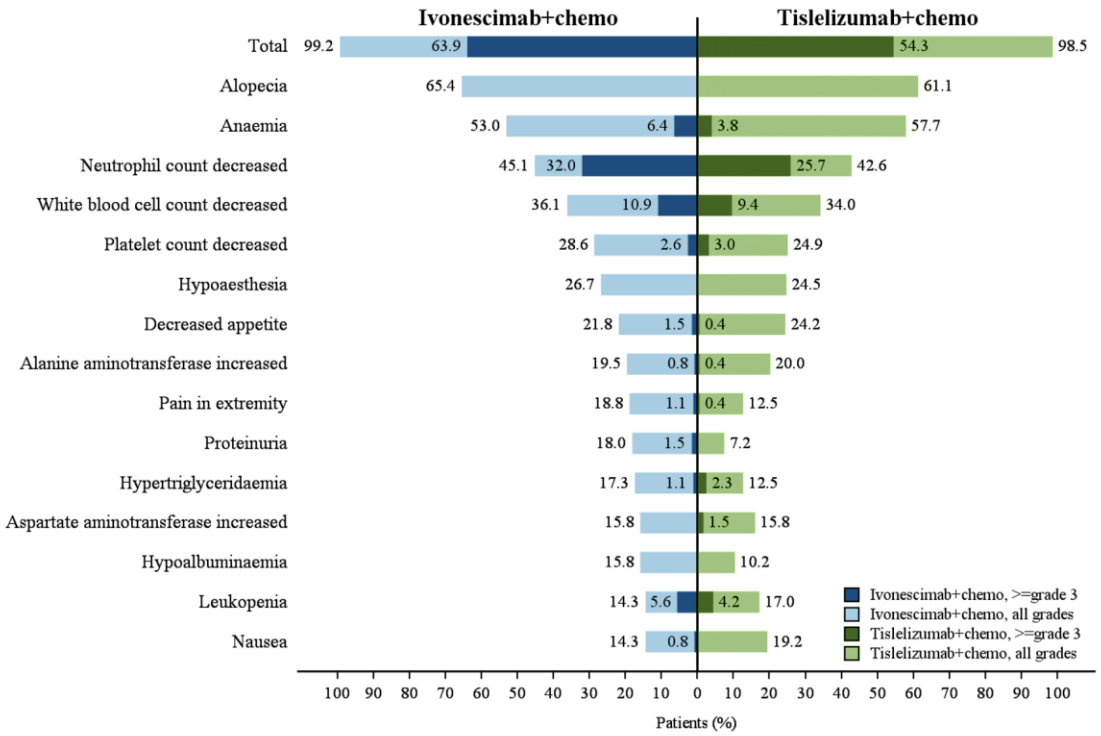
HARMONi-6
Akeso Sponsored Trial

## Ivonescimab plus chemotherapy showed a manageable safety profile in squamous NSCLC.

| | Ivonescimab + chemo (N=266) | Tislelizumab + chemo (N=265) |
|---|---|---|
| **TRAE** | 264 (99.2) | 261 (98.5) |
| Grade ≥ 3 TRAE | 170 (63.9) | 144 (54.3) |
| Serious TRAE | 86 (32.3) | 80 (30.2) |
| Leading to ivonescimab or tislelizumab discontinuation | 9 (3.4) | 11 (4.2) |
| Leading to death | 8 (3.0) | 10 (3.8) |

Abbreviation: TRAE, treatment-related adverse events.

### Most common TRAEs (incidence ≥15%)





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# Immune-Related and VEGF-Related AEs

HARMONi-6
Akeso Sponsored Trial

**Ivonescimab exhibited similar irAEs to tislelizumab.**

| Immune-related AEs | Ivonescimab + chemo (N=266) | Tislelizumab + chemo (N=265) |
|---|---|---|
| **Any grade** | 73 (27.4) | 67 (25.3) |
| Grade ≥3 irAE | 24 (9.0) | 27 (10.2) |
| Serious irAE | 23 (8.6) | 26 (9.8) |
| Leading to ivonescimab or tislelizumab discontinuation | 3 (1.1) | 6 (2.3) |
| Leading to death | 0 | 1 (0.4) |

**Possibly VEGF-related AEs occurred more frequently in the ivonescimab arm, most of which were grade 1-2.**

| Possibly VEGF-Related AEs[#] | Ivonescimab + chemo (N=266) | | Tislelizumab + chemo (N=265) | |
|---|---|---|---|---|
| | Any Grade | Grade ≥3 | Any Grade | Grade ≥3 |
| **Any** | 123 (46.2) | 20 (7.5) | 60 (22.6) | 6 (2.3) |
| Proteinuria | 72 (27.1) | 6 (2.3) | 29 (10.9) | 0 |
| Haemorrhage | 57 (21.4) | 5 (1.9) | 25 (9.4) | 2 (0.8) |
| Hypertension | 27 (10.2) | 8 (3.0) | 12 (4.5) | 3 (1.1) |
| Arterial thromboembolism | 3 (1.1) | 3 (1.1) | 0 | 0 |
| Venous thromboembolism | 2 (0.8) | 0 | 3 (1.1) | 1 (0.4) |
| Fistula | 1 (0.4) | 0 | 0 | 0 |

[#] AE terms were grouped terms.

Abbreviation: VEGF, vascular endothelial growth factor; AEs, adverse events; irAEs, immune-related adverse events.





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HARMONi-6 conducted in China fully sponsored and managed by Akeso, Inc.

# Conclusion

HARMONi-6
Akeso Sponsored Trial

- Ivonescimab plus chemotherapy significantly improved PFS for advanced squamous NSCLC first-line treatment compared with tislelizumab plus chemotherapy in HARMONi-6 in China.
  - **mPFS: 11.14 vs. 6.90, HR=0.60 (95%CI: 0.46, 0.78), p<0.0001**
  - PFS benefit favored ivonescimab plus chemotherapy across all key subgroup
    - **PD-L1 TPS＜1%: HR=0.55; TPS≥ 1%: HR=0.66**
- Tumor response was higher and more durable in the ivonescimab plus chemotherapy arm.
- OS was not matured at this time and will be reported later.
- Ivonescimab plus chemotherapy showed a manageable safety profile in squamous NSCLC, consistent with previous experience.

Ivonescimab plus chemotherapy showed a statistically significant improvement in PFS with manageable safety profile, which may serve as a future advancement in the standard of care for patients with advanced squamous NSCLC: HARMONi-3 study on-going globally.





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# Acknowledgement

HARMONi-6
Akeso Sponsored Trial

- All patients participating in the study as well as their families.
- All investigators and team members involved in this trial.
- Akeso Biopharma Inc. who sponsored this study.

## Ivonescimab plus chemotherapy versus tislelizumab plus chemotherapy as first-line treatment for advanced squamous non-small-cell lung cancer (HARMONi-6): a randomised, double-blind, phase 3 trial

*Zhiwei Chen*, Fang Yang*, Zhou Jiang*, Longhua Sun*, Lin Wu*, Zhengxiang Han, Yun Fan, Yanqiu Zhao, Xingya Li, Haipeng Xu, Xiangjiao Meng, Ying Liu, Zhiye Zhang, Hui Luo, Xuelei Ma, Xuezhen Ma, Qin Shi, Zhongmin Zhang, Runxiang Yang, Pingli Wang, Pinhua Pan, Xiaohong Ai, Jie Li[1], Xingxiang Pu, Zhiwu Wang, Jian Fang, Ming He, Yong He, Shuliang Guo, Juan Li, Hongbiao Wang, Junqiang Zhang, Qian Chu, Xuewen Liu, Shenpeng Ying, Hongcheng Wu, Hongmei Sun, Yinghua Ji, Ming Zhou, Chao Cao, Kejing Tang, Zhengguo Li, Dairong Li, Zhihong Zhang, Jie Li[2], Jianya Zhou, Hongzhong Yang, Yingying Du, Hui Yang, Jian Shi, Hualin Chen, Wenting Li, Dongmei Lu, Mingxiu Hu, Zhongmin Maxwell Wang, Baiyong Li, Michelle Xia, Shun Lu*

https://doi.org/10.1016/S0140-6736(25)01848-3

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# Ivonescimab Development Plan

## Summit therapeutics

### Phase 3

***Planned and Ongoing Studies Sponsored by Summit Therapeutics***

- *2L+ NSCLC EGFR+: Enrollment Complete* — HARMONi
- *1L NSCLC: Enrolling* — HARMONi-3
- *1L NSCLC: Enrolling* — HARMONi-7
- *1L CRC: Not Yet Enrolling* — HARMONi-GI3

### Revolution Medicines Collaboration

RAS(ON) + ivonescimab in multiple solid tumors

### Investigator Sponsored Trials*

30+ Approved Trials Being Initiated

### M.D. Anderson Collaboration Initiated*

5+ Pre-clinical and Clinical Ongoing Trials

## Akesobio

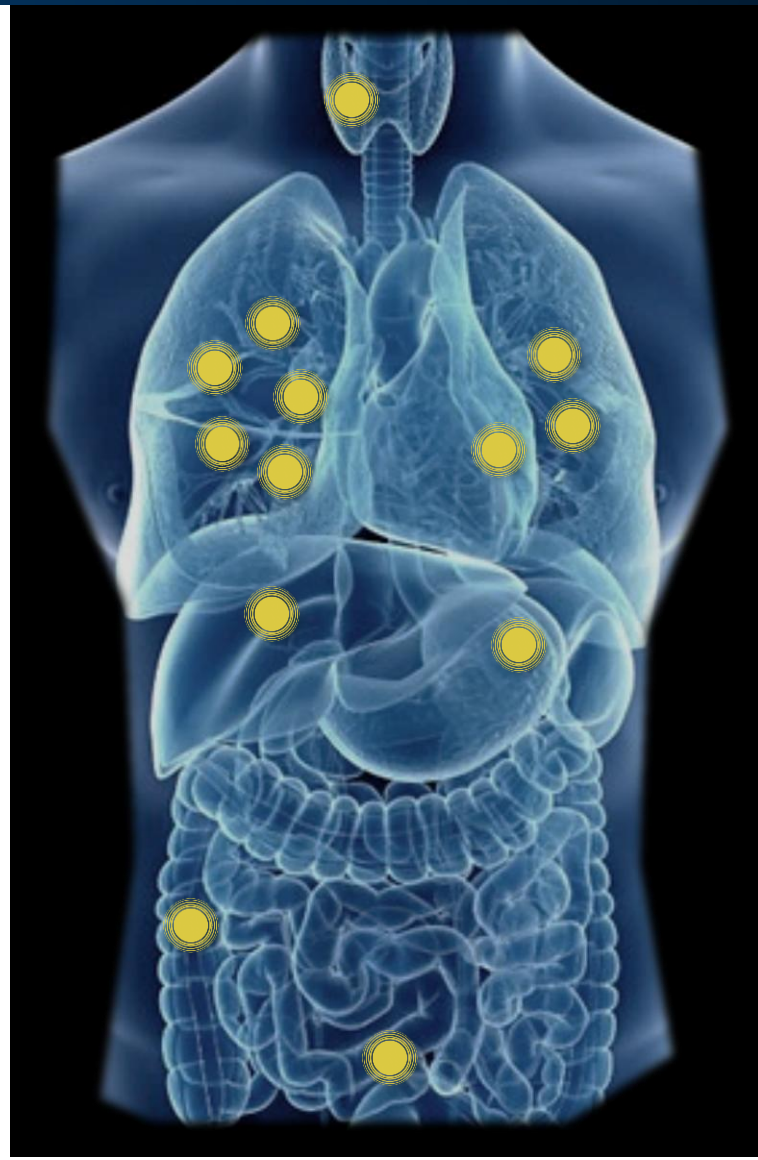
### Phase 3

***Conducted in China Fully Sponsored and Managed by Akeso***

- *2L+ NSCLC EGFR+:* HARMONi-A
- *1L NSCLC:* HARMONi-2
- *1L NSCLC:* HARMONi-6
- *2L+ NSCLC:* HARMONi-8A
- *SCLC:* HARMONi-9
- *1L TNBC:* HARMONi-BC1
- *1L HNSCC:* HARMONi-HN1
- *1L Biliary Tract:* HARMONi-GI1
- *1L Pancreatic:* HARMONi-GI2
- *1L Colorectal:* HARMONi-GI6

### Phase 1-2

Breast
Head & Neck
Gastric / GEJ
Hepatocellular
Gynecologic
Ovarian



*ISTs, M.D. Anderson collaboration trials not sponsored by Summit.

Akeso Phase III clinical trials from Akeso's 2025 First Half Interim Results (prnewswire.com; akesobio.com) and/or clinicaltrials.gov; Summit Therapeutics Press Release Revolution Medicines. Jun 30, 2025

Abbreviations: 1L=first-line; 2L=second-line; CDP=clinical development plan; CRC=colorectal cancer; EGFR=epidermal growth factor receptor; GEJ=gastroesophageal junction; HNSCC=head and neck squamous cell carcinoma; NSCLC=non small cell lung cancer; SCLC=small cell lung cancer; TNBC=triple negative breast cancer.





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# HARMONi-3 Clinical Trial Update

HARMONi-3
*Summit Sponsored Trial*

- **Protocol Amendment:**
  - PFS and OS statistical analyses for both dual primary endpoints will be conducted separately by histology (i.e., two separate ITT analyses for squamous and non-squamous)
  - Expected enrollment: 600 squamous, 1,000 non-squamous to sufficiently power each endpoint
  - Analyses for squamous and non-squamous may be conducted at separate times, once the prespecified number of events in each cohort is reached
- **Timing Expectations:**
  - Squamous expected to complete enrollment H1 2026 and reach prespecified number of events for PFS analysis H2 2026
    - An interim analysis for OS may be conducted at a similar time
  - Non-squamous expected to complete enrollment H2 2026 and reach prespecified number of events for PFS analysis in H1 2027
    - An interim analysis for OS will be conducted based upon reaching a prespecified number of events





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# Ivonescimab + Chemo vs. Pembrolizumab + Chemo

HARMONi-3

*Summit Sponsored Trial*

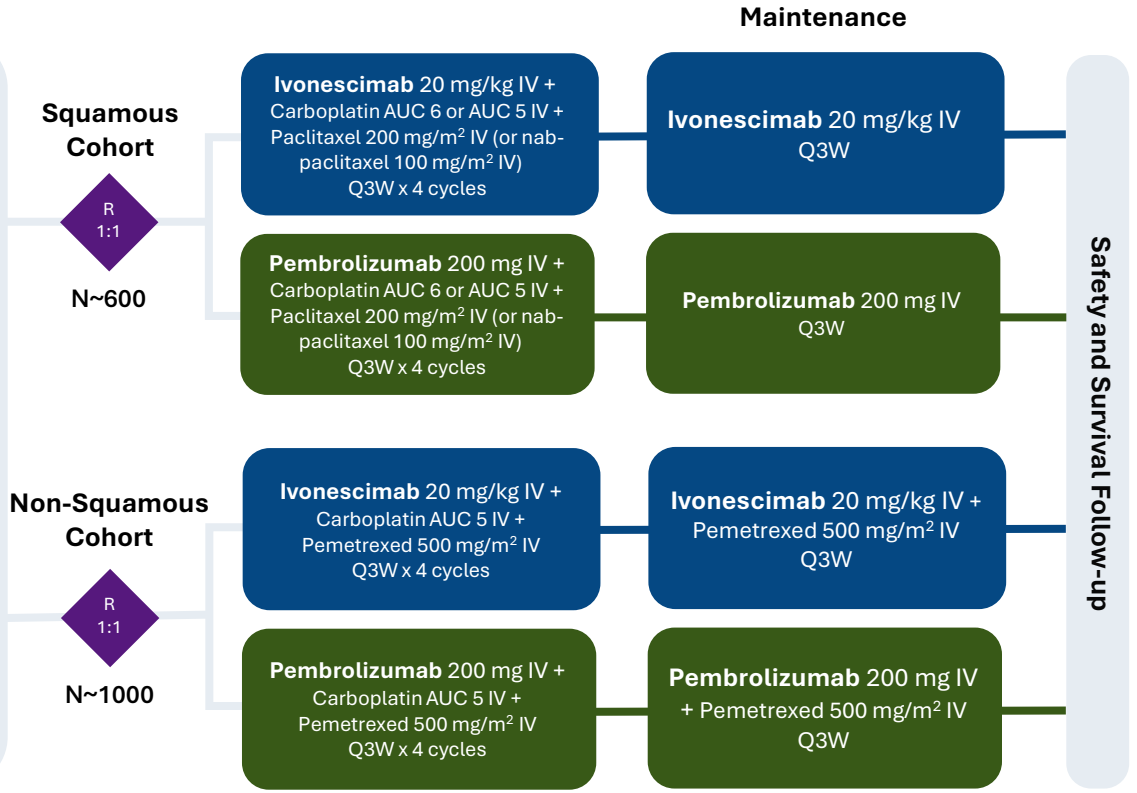
Randomized, Double-Blind, Phase 3 Study
1L Metastatic Non-Small Cell Lung Cancer (NSCLC)
NCT05899608

### Key Inclusions

- 1L Stage IV squamous and non-squamous NSCLC

### Key Exclusions

- Known actionable mutations for which 1L approved agents are available
- Symptomatic CNS metastases
- Major blood vessel or organ invasion
- Active autoimmune disease




Randomization by NSCLC Histology Cohort (squamous and non-squamous)

## Endpoints

### Primary

- OS, PFS by investigator assessment

### Secondary

- ORR, DCR, DOR by investigator assessment, safety, PK, immunogenicity

HARMONi-3. ClinicalTrials.gov identifier: NCT05899608 Updated Mar 21, 2025, Accessed on May 20, 2025

Abbreviations: 1L=first-line; chemo=chemotherapy; CNS=central nervous system; DCR=disease control rate; DOR=duration of response; GI=gastrointestinal; ORR=overall response rate; OS=overall survival; PD-1=programmed cell death protein 1; PD-L1=programmed cell death-ligand 1; PFS=progression-free survival; PK=pharmacokinetics; Q3W=every 3 weeks; R=randomization; RECIST=Response Evaluation Criteria in Solid Tumors; TC=tumor cell; TPS=tumor proportion score; vs.=versus.





Ivonescimab is an investigational therapy not presently approved by any regulatory authority other than China's National Medical Products Administration (NMPA).

# Ivonescimab + Chemo vs. Bevacizumab + Chemo

Randomized, Double-Blind, Phase 3 Study
1L Unresectable Metastatic Colorectal Cancer (CRC)

HARMONi-GI3
*Summit Sponsored Trial*

### Key Criteria

- Metastatic CRC
- Not a candidate for surgical resection or local therapy
- No prior systemic therapy for metastatic disease
- ECOG PS 0-1
- MSI-high/dMMR status excluded
- BRAF V600E mutation excluded

R
1:1

**N=600**

**Ivonescimab**
20 mg/kg + mFOLFOX6
Q2W x 8 cycles

**Ivonescimab** 20 mg/kg
+ 5-FU/LV Q2W
maintenance

**Bevacizumab**
5 mg/kg + mFOLFOX6
Q2W x 8 cycles

**Bevacizumab**
5mg/kg + 5-FU/LV
Q2W
maintenance

## Endpoints

### Primary

- PFS by IRRC

### Secondary

- OS, ORR and DOR by IRRC, Safety, PK, Immunogenicity

Abbreviations: 5-FU=5-fluorouracil; CRC=colorectal cancer; DCR=disease control rate; dMMR=mismatch repair deficient; DOR=duration of response; ECOG PS=Eastern Cooperative Oncology Group performance status; HRQoL=health-related quality of life; IRRC = independent radiology review committee; LV=leucovorin; mFOLFOX6=modified FOLFOX6 [Oxaliplatin + Leucovorin + 5-fluorouracil (5-FU)]; MSI=microsatellite instability; ORR=objective response rate, OS=overall survival; PFS=progression-free survival; PK=pharmacokinetics; R=randomization; Q2W=every 2 weeks.





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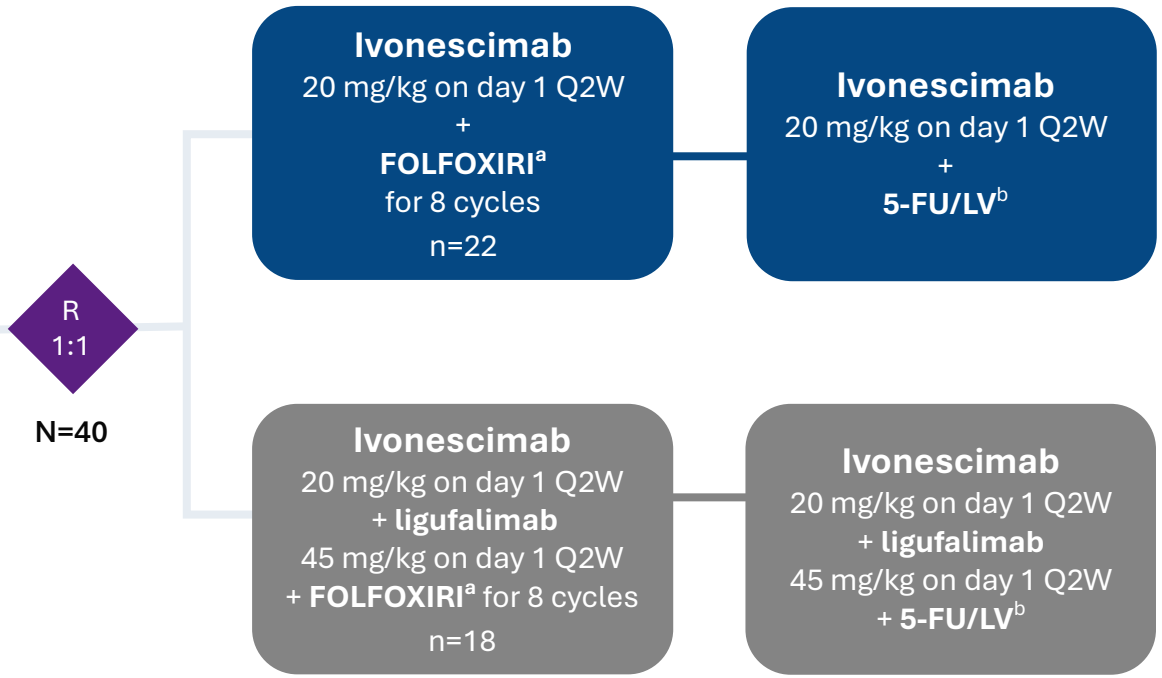
# AK112-206: Study Design

## Phase 2: *Akeso Sponsored Study*

(Presented at ESMO 2024)

### Key Eligibility Criteria

- No prior systemic therapy for recurrent or metastatic CRC
- Not suitable for surgical resection or local therapy
- ECOG PS 0 or 1
- Measurable disease per RECIST v1.1
- Patients with known MSI-high or dMMR tumors were excluded




### Endpoints

**Primary**

- ORR (investigator assessed) based on RECIST v1.1
- Safety

**Secondary**

- DCR, DOR, TTR, PFS, OS

Data Cutoff: Feb 29, 2024

[a]5-FU 2400-2800 mg/m$^2$ as 46-48 h continuous IV infusion starting on day 1 Q2W + LV 400 mg/m$^2$ IV on day 1 Q2W + oxaliplatin 85 mg/m2 IV on day 1 Q2W + irinotecan 150-165 mg/m$^2$ IV on day 1 Q2W
[b]5-FU 2400-2800 mg/m$^2$ as 46-48 h continuous IV infusion starting on day 1 Q2W + LV 400 mg/m$^2$ IV on day 1 Q2W

**Phase 1 and 2 data generated and analyzed by Akeso.**

A Study of AK112 With or Without AK117 in Metastatic Colorectal Cancer. ClinicalTrials.gov identifier: NCT05382442. *https://clinicaltrials.gov/study/NCT05382442*. (Accessed 2024 September 09). Deng et al. ESMO 2024. Mini oral presentation #514MO.

Abbreviations: 5-FU=5-fluorouracil; CRC=colorectal cancer; DCR=disease control rate; dMMR=mismatch repair deficient; DOR=duration of response; ECOG PS=Eastern Cooperative Oncology Group performance status; FOLFOXIRI=5-FU/LV + oxaliplatin + irinotecan; h=hour; IV=intravenous; LV=leucovorin; mCRC=metastatic colorectal cancer; MSI=microsatellite instability; ORR=objective response rate, OS=overall survival; PFS=progression-free survival; Q2W=every 2 weeks; R=randomization; RECIST v1.1=Response Evaluation Criteria in Solid Tumors, version 1.1; TTR=time to response





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AK112-206 conducted in China fully sponsored and managed by Akeso, Inc.

# AK112-206: Efficacy Data

(Presented at ESMO 2024)

## Ivonescimab plus Chemotherapy in CRC; Phase 2: *Akeso Sponsored Study*

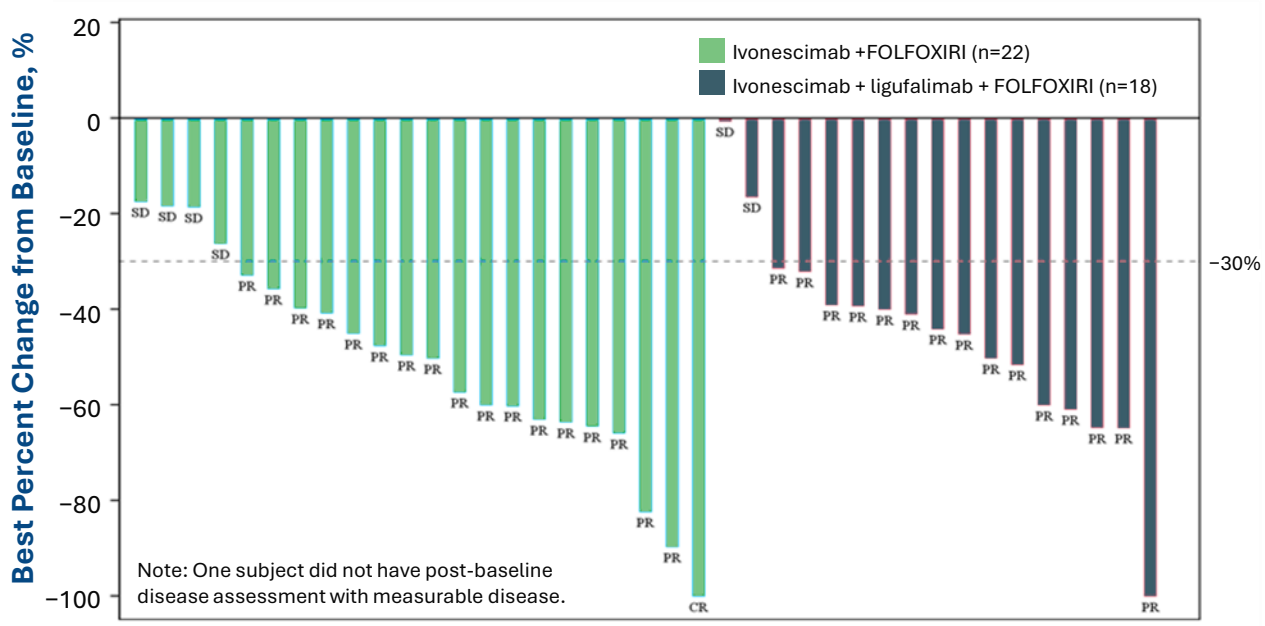
### Summary of Efficacy

| Response[a] | Ivonescimab + FOLFOXIRI (n=22) | Ivonescimab + ligufalimab + FOLFOXIRI (n=17[b]) |
|---|---|---|
| **Investigator-assessed ORR** | | |
| n | 18 | 15 |
| ORR (95% CI), % | 81.8 (59.7-94.8) | 88.2 (63.6-98.5) |
| **Investigator-assessed DCR** | | |
| n | 22 | 17 |
| DCR (95% CI), % | 100 (84.6-100) | 100 (80.5-100) |

[a]Median (range) duration of follow up: 9.0 months (6.3-11.3) for ivonescimab + FOLFOXIRI and 9.6 months (4.6-11.3) for ivonescimab + ligufalimab + FOLFOXIRI.
[b]1 patient had no post-baseline tumor assessment.

Data Cutoff: Feb 29, 2024

### Best Percent Change From Baseline




Data Cutoff: Feb 29, 2024

**Phase 1 and 2 data generated and analyzed by Akeso.**

Deng et al. ESMO 2024. Mini oral presentation #514MO.
Abbreviations: CI=confidence interval; CR=complete response; CRC=colorectal cancer; DCR=disease control rate; FOLFOXIRI=5-FU/LV + oxaliplatin + irinotecan; ORR=objective response rate; PR=partial response; SD=stable response





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AK112-206 conducted in China fully sponsored and managed by Akeso, Inc.

# AK112-206: Safety Data

(Presented at ESMO 2024)

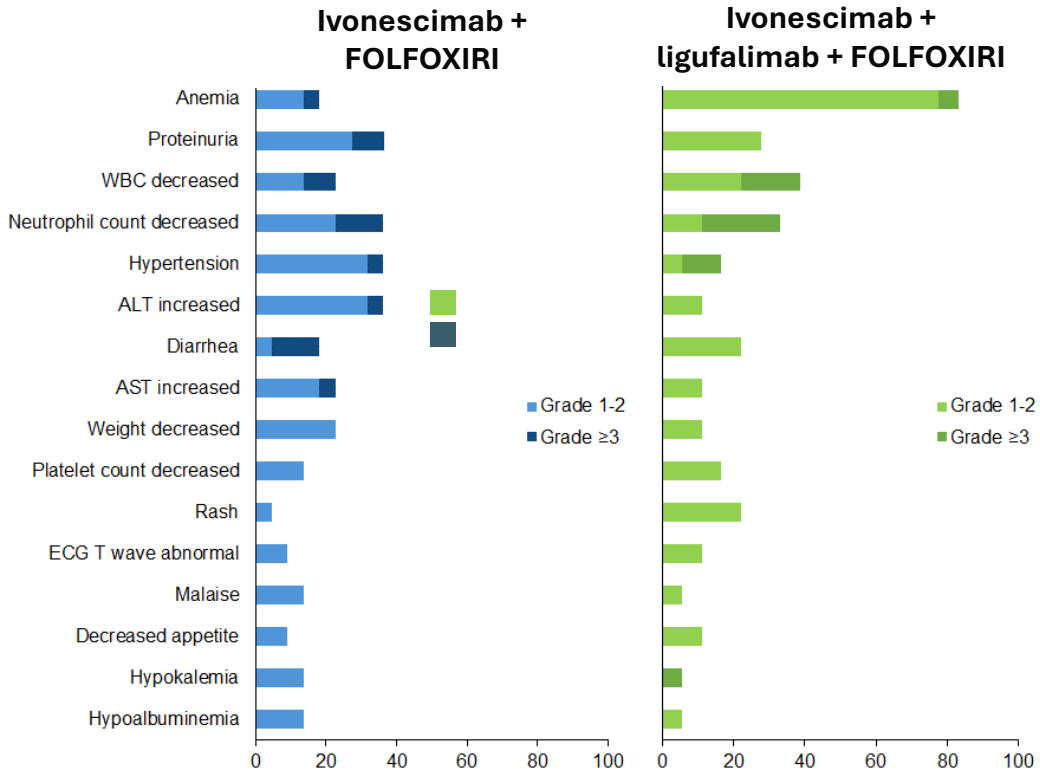
## Ivonescimab plus Chemotherapy in CRC; Phase 2: *Akeso Sponsored Study*

### Summary of TRAEs

| Adverse Event | Ivonescimab + FOLFOXIRI (n=22) | Ivonescimab + ligufalimab + FOLFOXIRI (n=18) |
|---|---|---|
| TEAEs with Grade ≥3, n (%) | 15 (68.2) | 12 (66.7) |
| TESAE, n (%) | 5 (22.7) | 3 (16.7) |
| TEAEs leading to permanent discontinuation, n (%) | 0 | 1 (5.6) |
| TRAEs with Grade ≥3, n (%) | 12 (54.5) | 8 (44.4) |
| TRSAE, n (%) | 5 (22.7) | 2 (11.1) |
| TRAEs leading to permanent discontinuation, n (%) | 0 | 1 (5.6) |

Data Cutoff: Feb 29, 2024

### Most Common TRAEs (≥10% overall)




**Phase 1 and 2 data generated and analyzed by Akeso.**

Deng et al. ESMO 2024. Mini oral presentation #514MO.

Abbreviations: ALT=alanine aminotransferase; AST=aspartate aminotransferase; CRC=colorectal cancer; ECG=electrocardiogram; FOLFOXIRI=5-FU/LV + oxaliplatin + irinotecan; TEAE=treatment-emergent adverse event; TESAE=serious TEAE; TRAE=treatment-related adverse event; TRSAE=serious TRAE; WBC=white blood cell.

# Ivonescimab Development Plan

## Summit therapeutics

### Phase 3

***Planned and Ongoing Studies Sponsored by Summit Therapeutics***

- *2L+ NSCLC EGFR+: Enrollment Complete* — HARMONi
- *1L NSCLC: Enrolling* — HARMONi-3
- *1L NSCLC: Enrolling* — HARMONi-7
- *1L CRC: Not Yet Enrolling* — HARMONi-GI3

### Revolution Medicines Collaboration

RAS(ON) + ivonescimab in multiple solid tumors

### Investigator Sponsored Trials*

30+ Approved Trials Being Initiated

### M.D. Anderson Collaboration Initiated*

5+ Pre-clinical and Clinical Ongoing Trials

## Akesobio

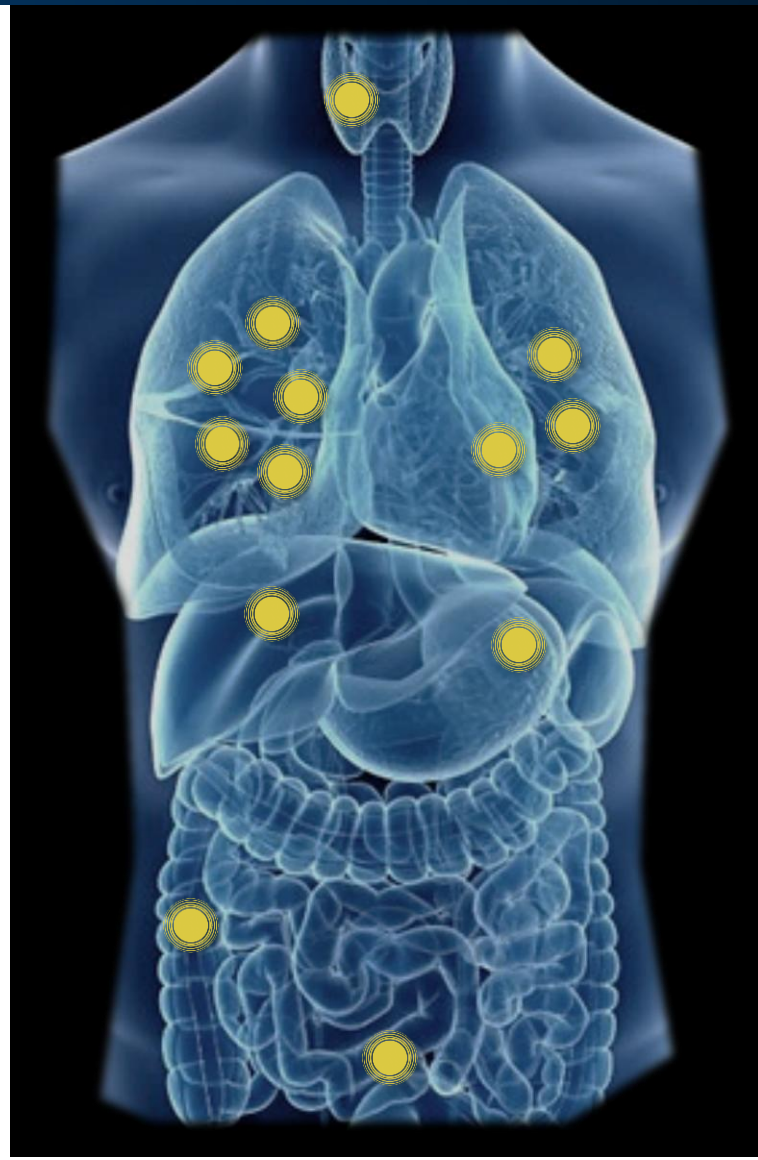
### Phase 3

***Conducted in China Fully Sponsored and Managed by Akeso***

- *2L+ NSCLC EGFR+:* HARMONi-A
- *1L NSCLC:* HARMONi-2
- *1L NSCLC:* HARMONi-6
- *2L+ NSCLC:* HARMONi-8A
- *SCLC:* HARMONi-9
- *1L TNBC:* HARMONi-BC1
- *1L HNSCC:* HARMONi-HN1
- *1L Biliary Tract:* HARMONi-GI1
- *1L Pancreatic:* HARMONi-GI2
- *1L Colorectal:* HARMONi-GI6

### Phase 1-2

Breast
Head & Neck
Gastric / GEJ
Hepatocellular
Gynecologic
Ovarian



*ISTs, M.D. Anderson collaboration trials not sponsored by Summit.

Akeso Phase III clinical trials from Akeso's 2025 First Half Interim Results (prnewswire.com; akesobio.com) and/or clinicaltrials.gov; Summit Therapeutics Press Release Revolution Medicines. Jun 30, 2025

Abbreviations: 1L=first-line; 2L=second-line; CDP=clinical development plan; CRC=colorectal cancer; EGFR=epidermal growth factor receptor; GEJ=gastroesophageal junction; HNSCC=head and neck squamous cell carcinoma; NSCLC=non small cell lung cancer; SCLC=small cell lung cancer; TNBC=triple negative breast cancer.





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# Additional Comments, Questions & Answers