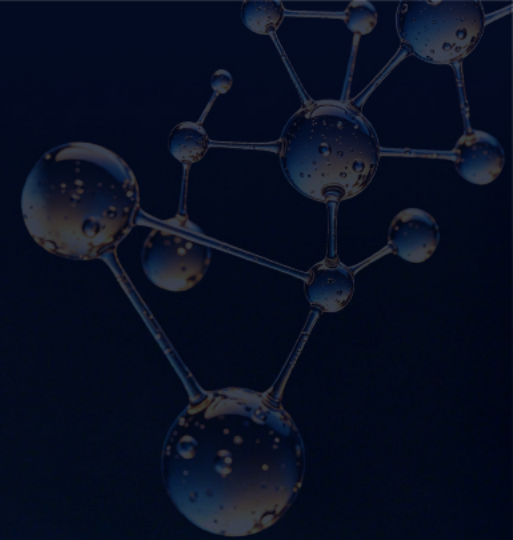




2026 WCLC: GFH375 Oral Presentation Data Review

Sept. 2026



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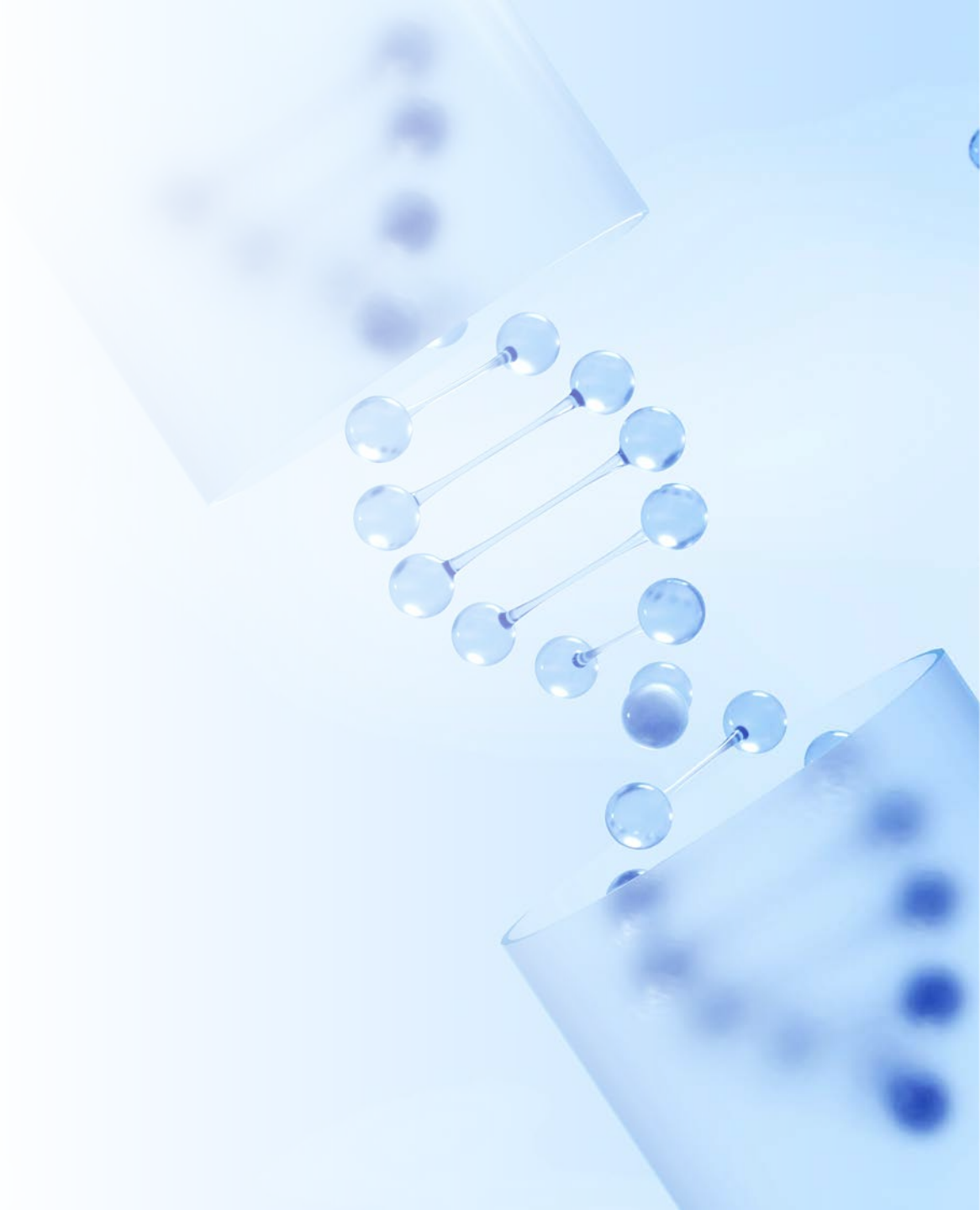
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PART **01**

**Study background of
GFH375 across tumor types**



From FPI to Global Stage: Druggability, Execution and Results

2024

2025

2026

2024.7 FPI

First patient dosed in
China's study

Start Point of
Clinical Development

D+11Months

2025.6 ASCO Oral

66 pts' data in solid-tumor trial

2025.9 WCLC Oral

142 pts data in solid-tumor trial

2025.10 ESMO Oral

PhII PDAC data selected for LBA

**2025.11 Initiation of PhIII
Mono Trial for PDAC**

**World's first phIII trial of an oral
KRAS G12Di**

D+16M

2026.2 NSCLC BTD

**First in China to have received BTD for
oral KRAS G12Di**

2026.4 PDAC BTD

Oral KRAS G12Di for pancreatic cancer

2026.6 ASCO Oral

World's first dedicated data of RASi for CCA

**2026.7 Initiation of PhIII
Mono Trial for NSCLC**

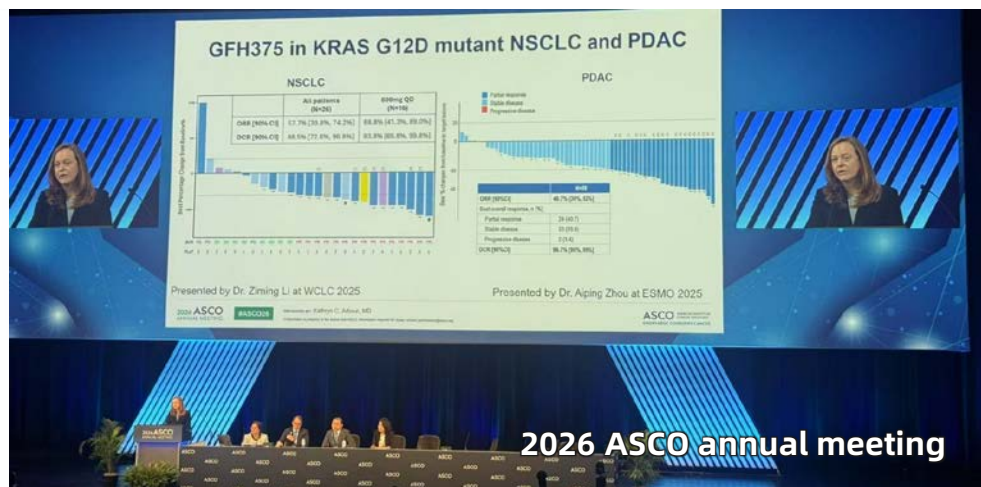
GFH375's 2nd PhIII study

D+24M

2026.9 WCLC Oral

PhII NSCLC data

Robust Druggability Supported by Consistent Efficacy and Safety Profile



GFH375's promising efficacy across multiple malignancies earns commentator recognition at 2026 ASCO

We see a truly impressive response rate in CCA, a refractory disease. And I will mention that we saw data earlier for this agent in NSCLC and pancreatic cancer, with response rates presented at the same dose 600 mg QD as clearly an active agent.

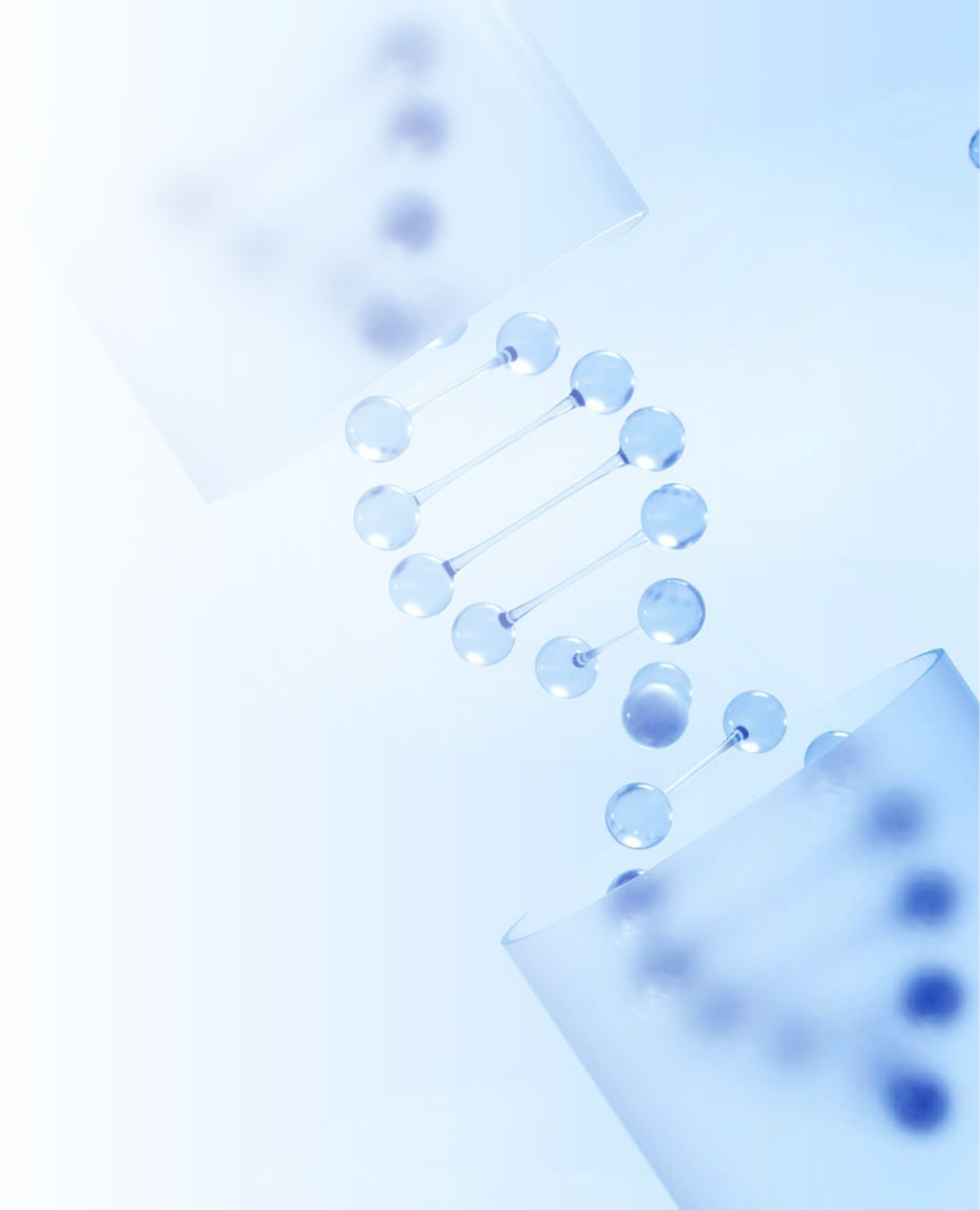
It is not surprising the response rate is lower in CRC. I really credit the authors for even presenting the data here. We have to understand what the baseline is and to know how much benefit we're really adding to these combos, which will likely be required.

By commentator Kathryn Arbor, M.D., Memorial Sloan Kettering Cancer Center

		2025 ESMO: PDAC	2026 ASCO: CCA	2026 ASCO: CRC	2026 WCLC: NSCLC
Efficacy	600 mg QD (RP2D)	N=59	N=18	N=28	N=71
	ORR	40.7%	44.4%	11%	59.2% (cORR 52.1%)
	DCR	96.7%	94.4%	71%	93.0%
	Data cutoff	Sept. 27, 2025	Apr. 20, 2026		Sept. 4, 2026
Safety		600mg QD (N=66)	400-600 mg QD (N=20)	400-750 mg QD (N=41)	600 mg QD (N=75)
	TRAEs ≥ Grade 3	31.8%	40%	26.8%	41.3%
	TRAEs leading to discontinuation	3%	0	4.9%	4%
	TRAEs leading to dose interruption	27.3%	40%	24.4%	37.3%
	SAEs	13.6%	5%	9.8%	21.3%
	Data cutoff	Aug. 27, 2025	Dec. 12, 2025		Jun. 17, 2026

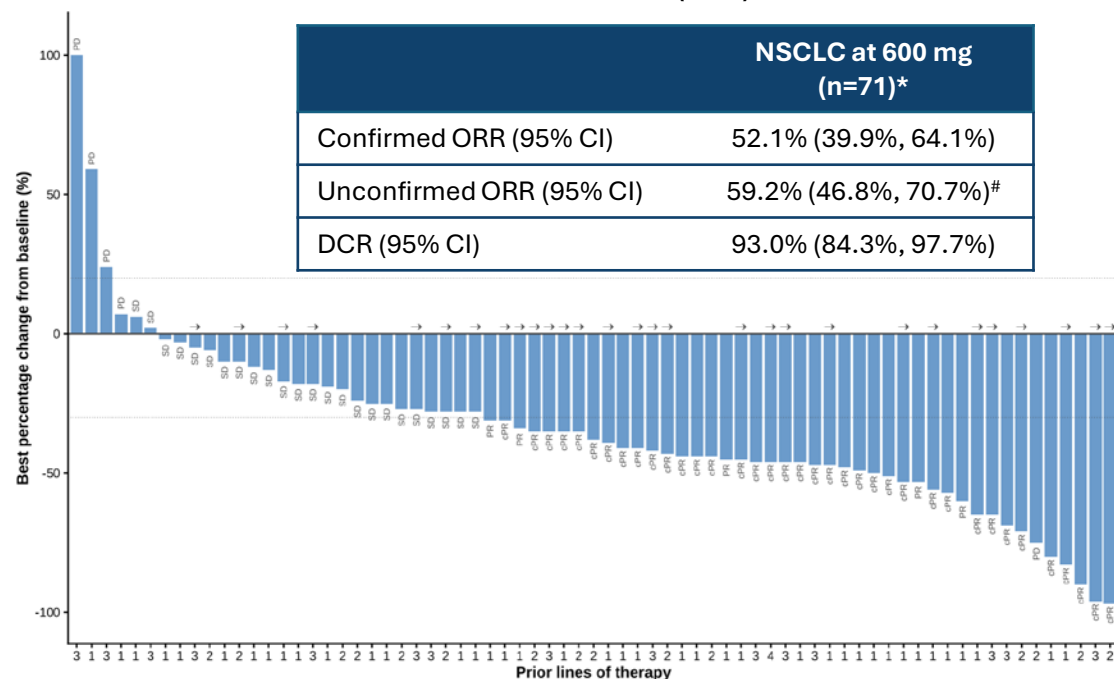
PART **02**

GFH375 oral presentation study data review



Objective Response

- Among the 71 patients with at least one post-treatment efficacy evaluation, ORR was 59.2% (42/71), confirmed ORR was 52.1% (37/71).
- Among the 9 patients with brain metastases and at least one post-treatment evaluation, ORR was 55.6% (5/9)[&].



Data cut-off date: 04 Sep 2026.

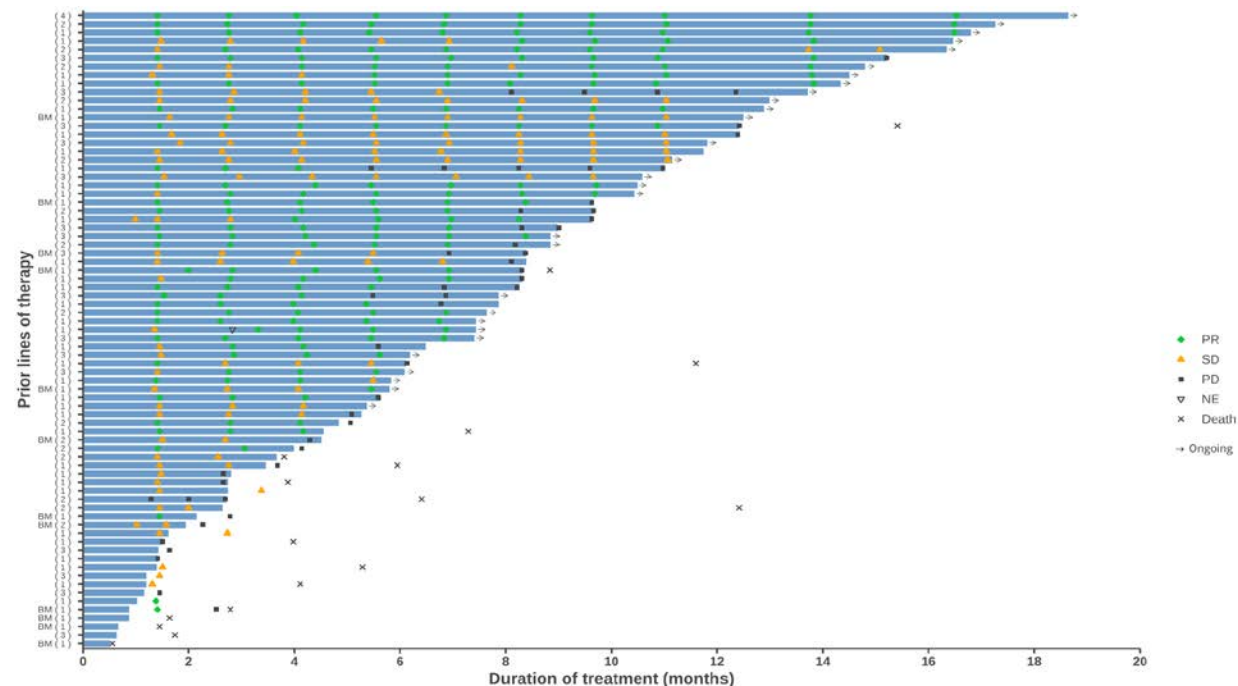
* Four patient dropped out early without post-baseline tumor assessment (2 due to death, 1 due to patient's global deterioration of health, and 1 due to physician's decision), 3 among whom had baseline brain metastases.

[#] One was ongoing and pending for confirmed PR. Four patients achieved PR but discontinued before response confirmation: 1 dropped out due to AE (G4 hepatic function abnormal and recovered after discontinuation), 2 had disease progression at the second assessment, and 1 had stable disease at the later assessments.

[&] No cerebral metastatic lesions were chosen as target lesions among the patients.

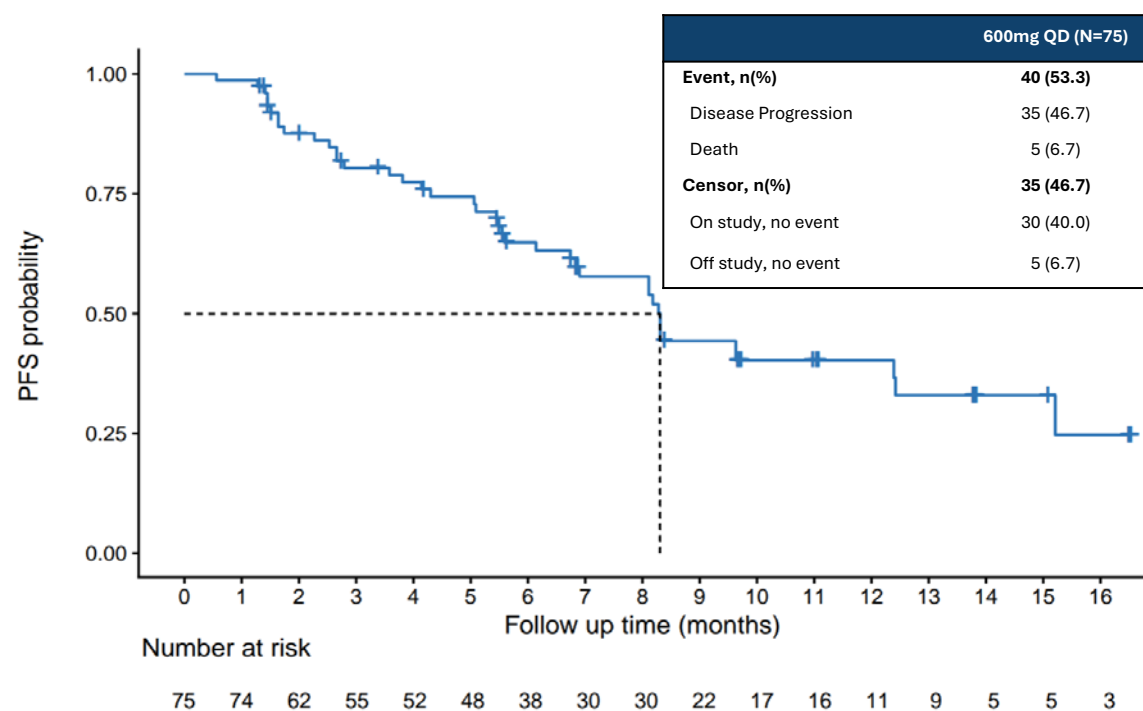
Abbreviation: BM, brain metastases; CI, confidence interval; cPR, confirmed partial response; DCR, disease control rate; NE, not evaluable; ORR, objective response rate; PD, progressive disease; PR, partial response; SD, stable disease.

- Median (range) time to response: 1.4 months (1.4-8.3 months)
- Median duration of response: 8.3 months (95% CI: 6.3, NA)

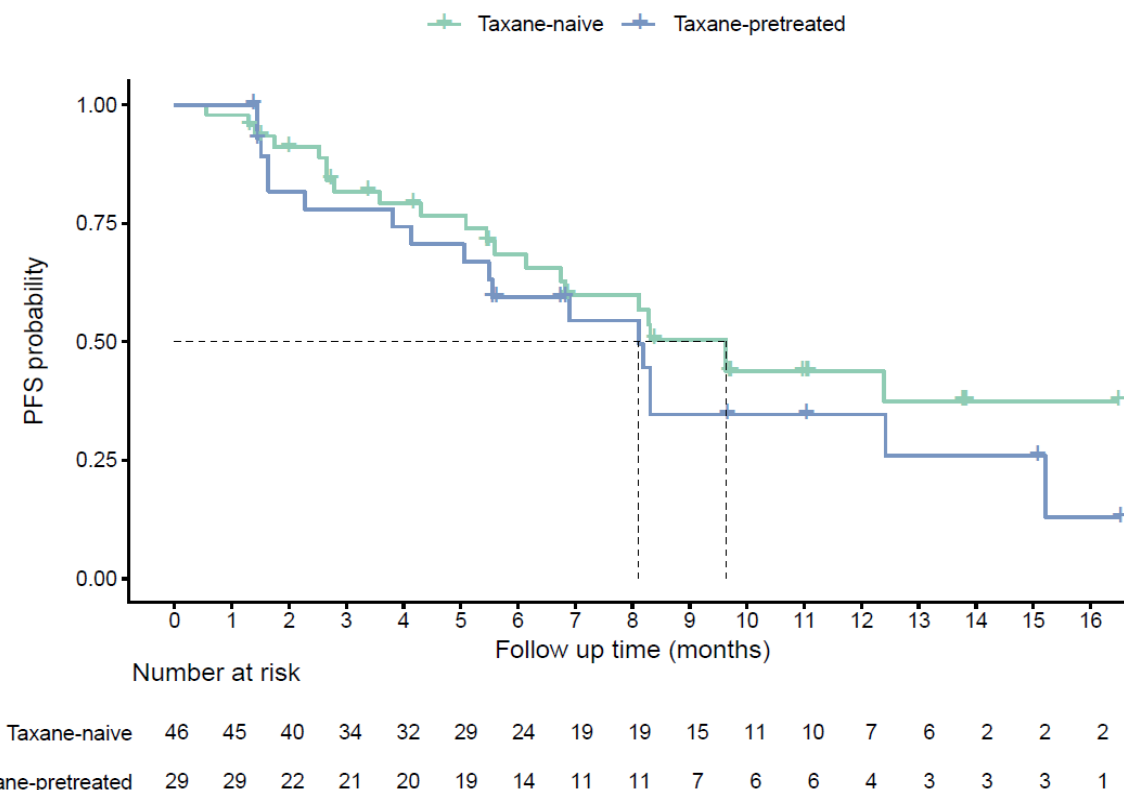


PFS and OS

- Median PFS was 8.3 months (95% CI: 6.8, NA) with median follow-up time 11.0 months.
 - Among taxane-naïve patients, median PFS was 9.6 months (95% CI: 6.7, NA)
 - Among taxane-pretreated patients, median PFS was 8.1 months (95% CI: 5.5, NA)
- Median OS was not reached (95% CI: 15.4 m, NA) with median follow-up time 11.2 months. 12-months OS rate was 77.0% (95% CI: 66.9%, 88.7%).



Data cut-off date: 04 Sep 2026.

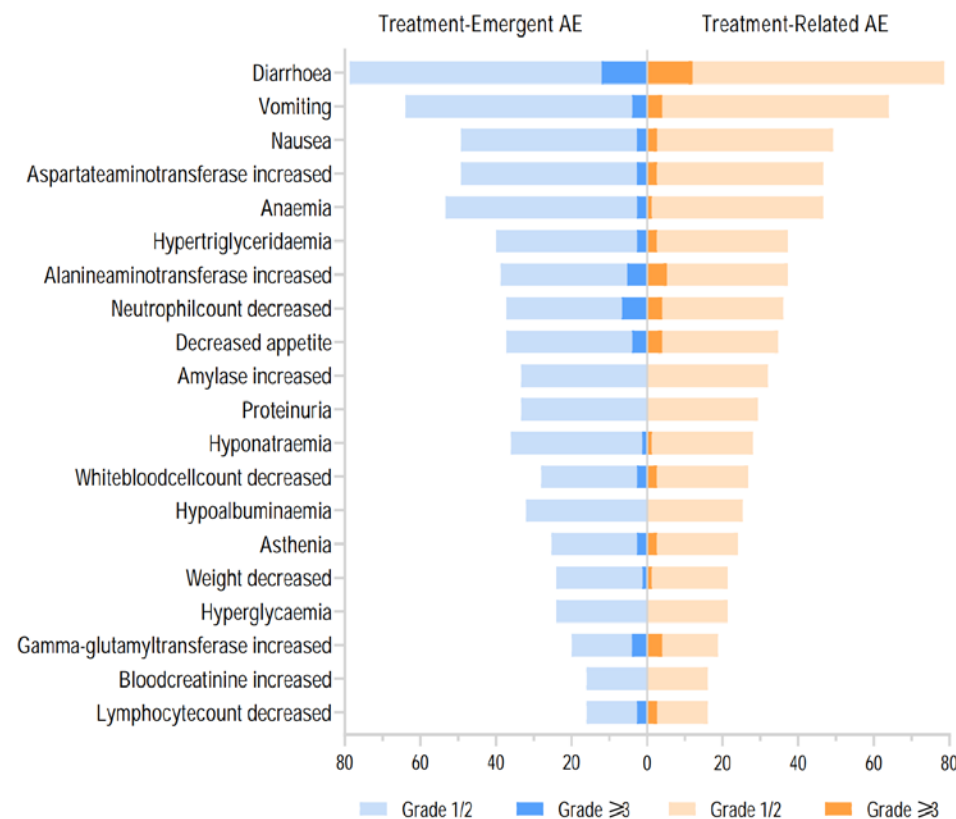


Safety in Patients with NSCLC

- GFH375 presented a manageable safety profile in pretreated NSCLC patients.
- The safety profile was consistent with prior reports¹⁻³, without new safety signals.
- Common TRAEs were gastrointestinal, hematological AEs and transaminitis; most were grade 1 or 2 and recovered with supportive treatment.

Adverse events, n(%)	600 mg QD (N=75)
TEAEs	
All grades	75 (100)
Grade ≥3	42 (56.0)
Leading to discontinuation	6 (8.0)
Leading to reduction	19 (25.3)
Leading to interruption	33 (44.0)
SAE	27 (36.0)
Leading to death	5 (6.7)
TRAEs	
All grades	75 (100)
Grade ≥3	31 (41.3)
Leading to discontinuation	3 (4.0)
Leading to reduction	19 (25.3)
Leading to interruption	28 (37.3)
SAE	16 (21.3)
Leading to death	0

Data cut-off date: 17 June 2026.



TEAEs and TRAEs occurred in ≥15% of patients

The median exposure time to GFH375 in all NSCLC patients at 600 mg was 5.3 months (range: 0.5-16.1) by the cut-off date. The mean relative dose intensity was 89.8%.

Abbreviations: SAE, serious adverse event; TEAE, treatment emergent adverse event; TRAE, treatment related adverse event.

¹Lu S, et al. MA02.07. Journal of Thoracic Oncology, 20, S59-S60. ²Zhou A, et al. LBA84. Annals of Oncology, 36S1626. ³Zhu L, et al. J Clin Oncol 44, 3008-3008(2026).

Three KRAS G12D Inhibitors Advance into Phase III Treating NSCLC

Compay	Product	Ph I/II mono trial in 2L+ NSCLC					Initiation of PhIII trial for NSCLC
		RP2D	Sample size for efficacy data	Confirmed ORR	DCR	Cutoff date	
GenFleet	GFH375	600 mg QD	71	52.1%	93%	Sept. 4, 2026 (2026 WCLC)	2026.7 (mono)
RevMed	RMC-9805 (zoldonrasib)	1200 mg QD	27	52%	93%	Dec. 1, 2025 (2026 AACR)	2026.8 (combo with Keytruda, platinum-based chemo and pemetrexed)
Astellas	ASP3082 (setidegrasib) (IV)	600 mg QW	45	33%	NE	Nov. 10 (2026 NEJM)	2026.5 (mono)

Cross-trial Comparison – Baseline Characteristics in 2L+ NSCLC

	GFH375 600 mg QD (N=75)	RMC-9805 1200 mg QD (N=27)
Trial	NCT06500676	NCT06040541
Prior lines of therapy	1-4 (42.7% ≥2 prior lines, 22.7% ≥3 prior lines)	1-2 (67% with one prior line, 33% with two prior lines)
Prior therapies	- ICI - Platinum-based chemo 38.7% of patients pretreated with taxanes (including docetaxel)	- ICI - Platinum-based chemo (Docetaxel-naïve)
Metastases	Brain (16%), bone (37.3%), liver (13.3%)	Brain (19%)
Cutoff Date	Sept. 4, 2026 (2026 WCLC)	Dec. 1, 2025 (2026 AACR)

Cross-trial Comparison – Efficacy in 2L+ NSCLC

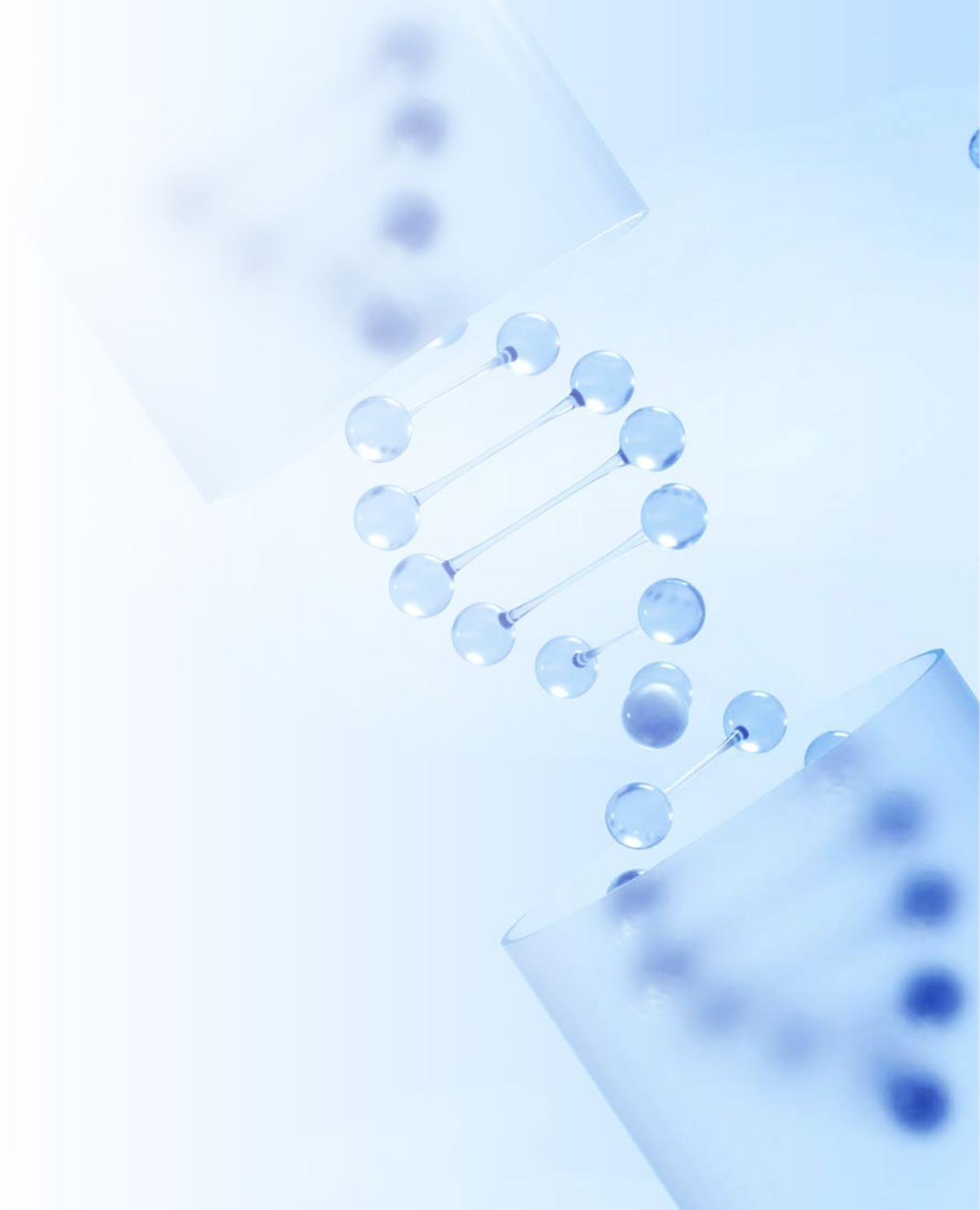
	GFH375 600 mg QD	RMC-9805 1200 mg QD
Confirmed ORR	52.1% (95%CI: 39.9%, 64.1%)	52% (95%CI: 32%, 71%)
DCR	93% (95% CI: 84.3%, 97.7%)	93% (95%CI: 76%, 99%)
Median follow-up	11m	13.1m
PFS	9.6m (95% CI: 6.7, NA) – taxane (including docetaxel)-naïve patients 8.3m (95% CI: 6.8, NA) – all patients including taxane-treated 8.1m (95% CI: 5.5, NA) – taxane-pretreated patients	11.1m (95% CI: 5.3, NE) - docetaxel-naïve patients
12m OS-rate	77% (95% CI: 66.9%, 88.7%)	73% (95% CI: 52%, 86%)
Data cutoff date	Sept. 4, 2026 (2026 WCLC)	Dec. 1, 2025 (2026 AACR)

Cross-trial Comparison – Safety in 2L+ NSCLC and Solid Tumor Patients

		GFH375 600 mg QD (N=75, Chinese NSCLC patients)	VS-7375 600-900 mg QD American solid tumor pts, after 1 cycle (≥29 days)		RMC-9805 1200 mg QD in American NSCLC patients (N=40)
			600 mg QD (N=51)	900 mg QD (N=22)	
TRAEs (Any grade)	Diarrhea	78.7%	24%	18%	30%
	Vomit	64%	20%	9%	33%
	Nausea	49.3%	18%	14%	43%
	Anemia	46.7%	6%	5%	10%
	AST increase	46.7%	No clinically meaningful drug-related liver toxicity observed		10%
	Rash	below the statistical threshold			18%
TRAEs≥3		41.3%	Diarrhea 4%	Nausea 5%	13%
TRAEs leading to discontinuation		4%	NE		5%
Data cutoff date		Jun. 17, 2026 (2026 WCLC)	Jun.12, 2026 (VSTM website)		Dec. 1, 2025 (2026 AACR)

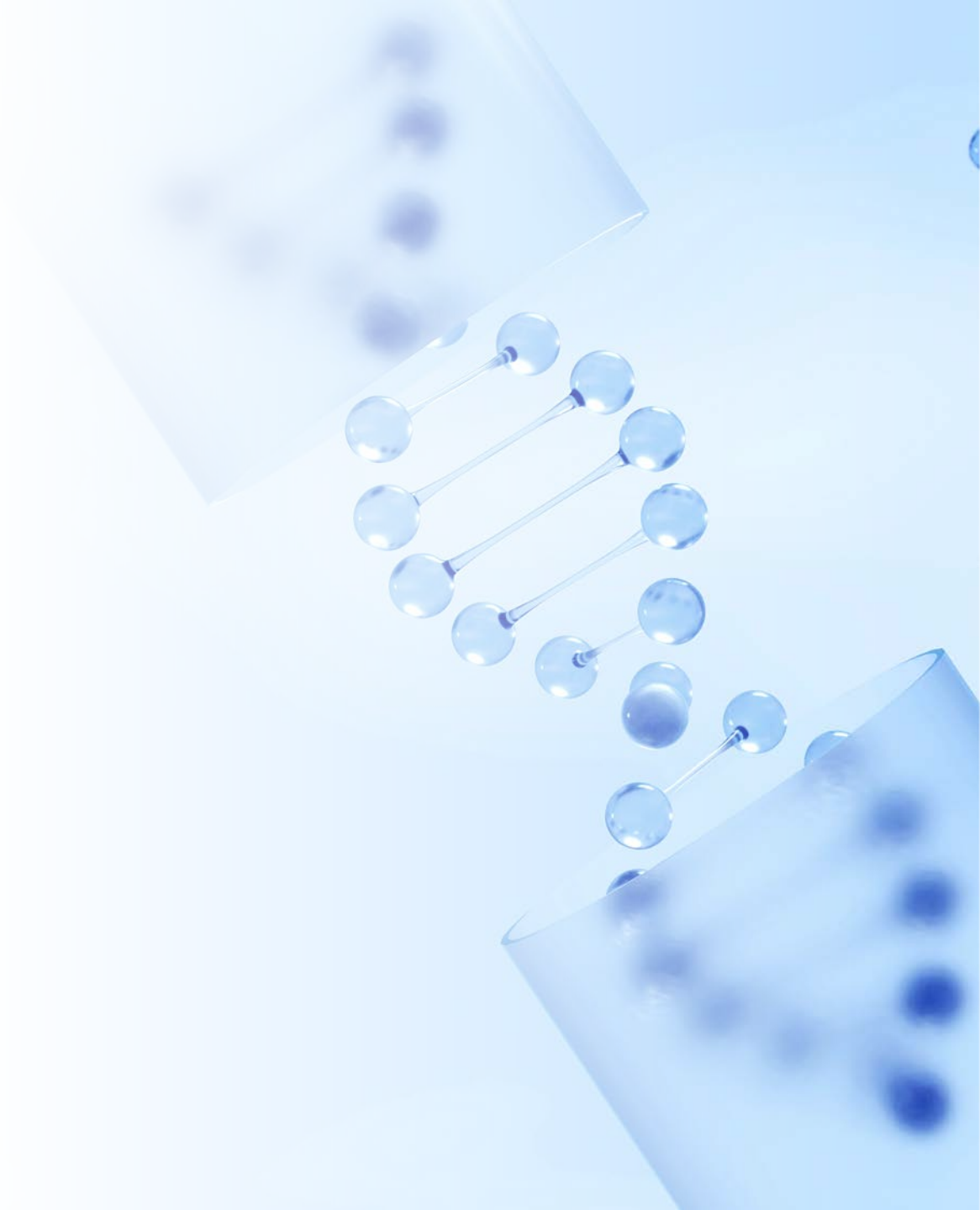
PART **03**

Q&A



04 *PART*

Summary and outlook



Two RAS Inhibitors' Study Data Accepted for Full Submission of LBA at 2026 ESMO



GFH375 combined with cetux
KRAS + EGFR

Combo/PDAC, CRC

GFH276
Pan RAS inhibitor

Mono/Solid tumors

Recap of GFH375 Phase I Data Published in Nature Medicine



52.5
Impact Factor

Phase I treating KRAS G12D-mutant solid tumors
Published online on Sept. 15

Six Launches in 2026/2027 Support Solid Commercialization Prospects

GFH375 (KRAS G12D inhibitor)

PDAC

Late-line, mono

1st-line, combo with chemo

NSCLC

Late-line, mono

CRC

3rd-line, combo with cetux

GFH276 (Pan RAS inhibitor)

PDAC

Late-line, mono

1st-line, combo with chemo



Innovation, in expedition