ASTRUM-005 Randomized Clinical Trial

1L Serplulimab vs. Placebo added to Chemotherapy on Survival Patients with ES- SCLC

FOSUN PHARMA USA INC.

Effect of First-Line Serplulimab vs Placebo Added to Chemotherapy on Survival in Patients With Extensive-Stage Small Cell Lung Cancer

The ASTRUM-005 Randomized Clinical Trial

Importance Programmed cell death ligand 1 inhibitors combined with chemotherapy has changed the approach to first-line treatment in patients with extensive-stage small cell lung cancer (SCLC). It remained unknown whether adding a programmed cell death 1 (PD-1) inhibitor to chemotherapy provided similar or better benefits in patients with extensive-stage SCLC, which would add evidence on the efficacy of checkpoint inhibitors in the treatment of extensive-stage SCLC.

Objective To evaluate the efficacy and adverse event profile of the PD-1 inhibitor serplulimab plus chemotherapy compared with placebo plus chemotherapy as first-line treatment in patients with extensive-stage SCLC.

Design, Setting, and Participants This international, double-blind, phase 3 randomized clinical trial (ASTRUM-005) enrolled patients at **114 hospital sites in 6 countries** between September 12, 2019, and April 27, 2021. Of **894 patients who were screened, 585 with extensive-stage SCLC who had not previously received systemic therapy were randomized.** Patients were followed up through October 22, 2021.

Interventions Patients were randomized 2:1 to receive either 4.5 mg/kg of serplulimab (n = 389) or placebo (n = 196) intravenously every 3 weeks. All patients received intravenous carboplatin and etoposide every 3 weeks for up to 12 weeks.

Main Outcomes and Measures The primary outcome was overall survival (prespecified significance threshold at the interim analysis, 2-sided $P < .012$). There were 13 secondary outcomes, including progression-free survival and adverse events.

Results Among the 585 patients who were randomized (mean age, 61.1 [SD, 8.67] years; 104 [17.8%] women), 246 (42.1%) completed the trial and 465 (79.5%) discontinued study treatment. All patients received study treatment and were included in the primary analyses. As of the data cutoff (October 22, 2021) for this interim analysis, the median duration of follow-up was 12.3 months (range, 0.2-24.8 months). The median overall survival was significantly longer in the serplulimab group (15.4 months [95% CI, 13.3 months-not evaluable]) than in the placebo group (10.9 months [95% CI, 10.0-14.3 months]) (hazard ratio, 0.63 [95% CI, 0.49-0.82]; $P < .001$). The median progression-free survival (assessed by an independent radiology review committee) also was longer in the serplulimab group (5.7 months [95% CI, 5.5-6.9 months]) than in the placebo group (4.3 months [95% CI, 4.2-4.5 months]) (hazard ratio, 0.48 [95% CI, 0.38-0.59]). Treatment-related adverse events that were grade 3 or higher occurred in 129 patients (33.2%) in the serplulimab group and in 54 patients (27.6%) in the placebo group.

Conclusions and Relevance Among patients with previously untreated extensive-stage SCLC, serplulimab plus chemotherapy significantly improved overall survival compared with chemotherapy alone, supporting the use of serplulimab plus chemotherapy as the first-line treatment for this patient population.

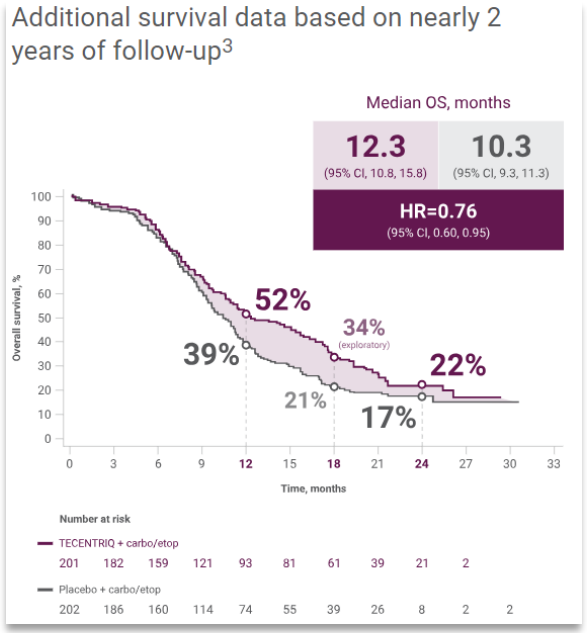
Trial Registration ClinicalTrials.gov Identifier: NCT04063163

Serplulimab Yielded 15.8 mOS at 32 Months Follow-up

FOSUN PHARMA USA INC.

TECENTRIQ® atezolizumab — Roche

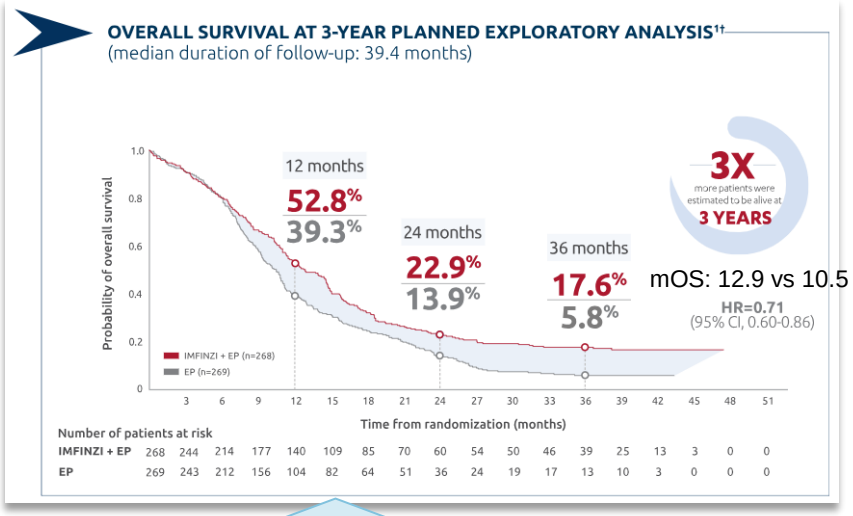
2-year OS Data



Tecentriq demonstrated OS benefit with up to 2 years of follow-up, but has not shared 3-year OS data despite being first-to-market

IMFINZI® durvalumab — AstraZeneca

3-year OS Data



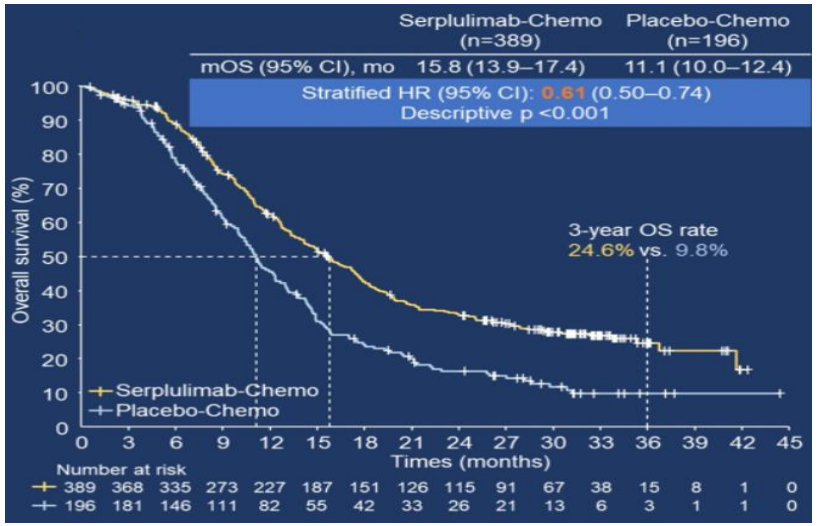
Imfinzi + EP[1] has demonstrated ~3x OS benefit vs. EP[1] alone at 3 years

In ASTRUM-005**, 585** patients were enrolled. **31.5%** of patients were **non-Asian.**

By the data cutoff of June 13, 2023 (data presented at **ASCO 2024),** with a median follow-up of **31.6 mo,** Serplulimab showed a **mOS** of **15.8 mo. vs. 11.1 mo** in the placebo arm[2]**, stratified HR** (95% CI): **0.61** (0.50-0.74), descriptive **p<0.001.**

Serplulimab

31.6-month OS Data



Serplulimab may significantly increase 3-year OS benefit compared to SOC competitors; Caucasian and Asian patients show comparable outcomes

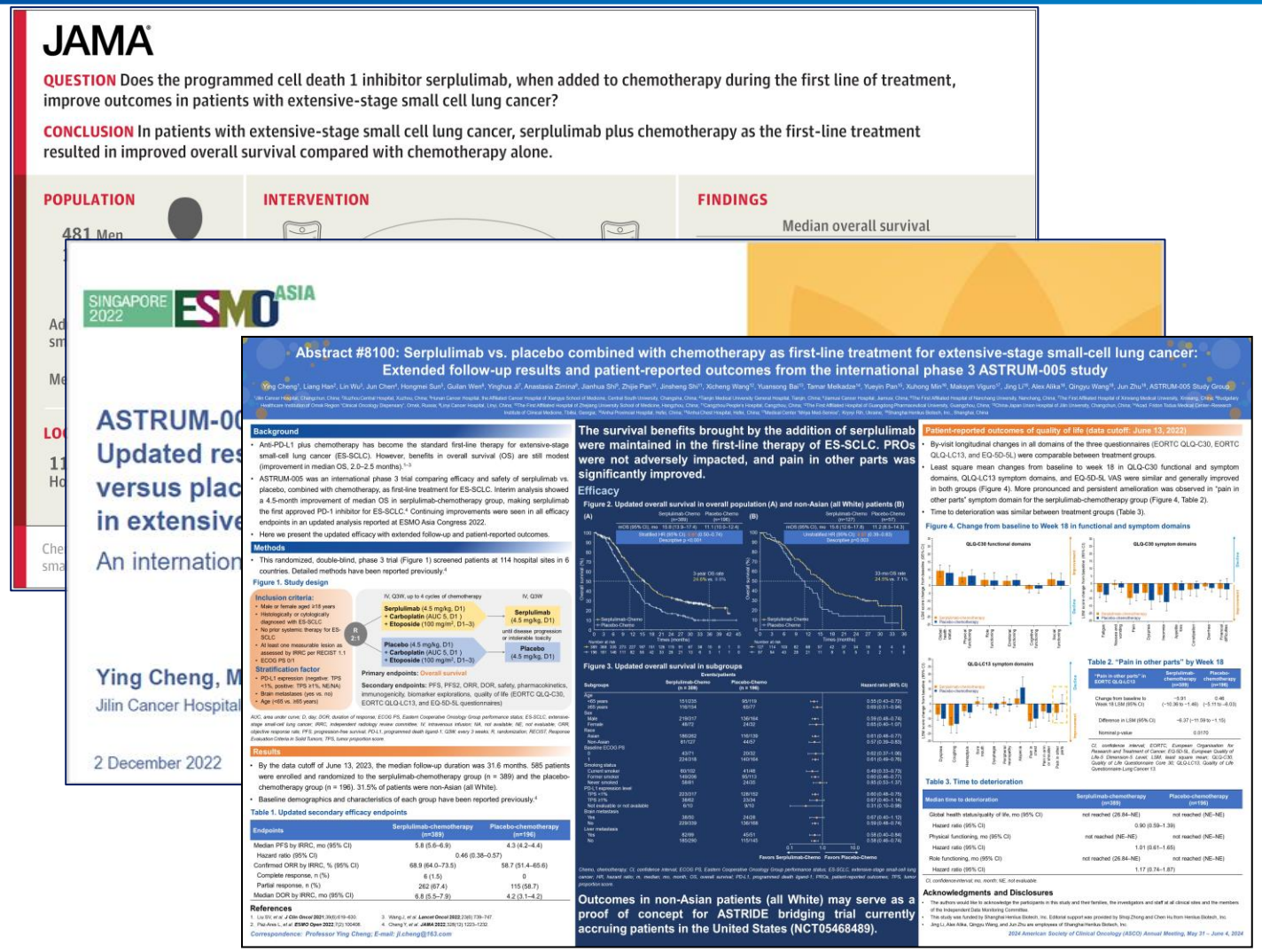
Therapy	3-year OS (Global)
Placebo + Chemo	9.8% (95% CI 5.6–15.4)
Serplulimab + Chemo	24.6% (95% CI 19.5–30.1)

Sources:
Tecentriq HCP website; Imfinzi HCP website; Henlius Corporate Presentation

1. Platinum based chemotherapy: carboplatin or cisplatin + etoposide.
2. ASTRUM-005 used placebo as a comparator and these results are not reflective of a head-to-head trial with actual standard of care including immunotherapy.

ASTRUM Data Presented in Leading Journals and Conferences

FOSUN PHARMA USA INC.



Past presentations

High priority **Publications** from the **US perspective:**

Smoking-related genomic mutation patterns in patients with small cell lung cancer treated in ASTRUM-005 study

Abstract accepted and to be presented at ESMO 24

Serplulimab MoA

Full manuscript submitted to mAB (IF 5.3)

ASTRUM-005 Long term Follow-up: Backbone of regulatory filing in the US

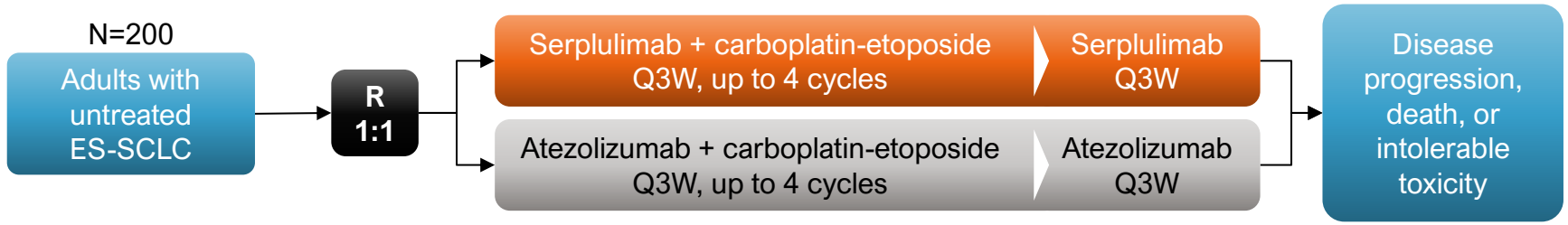
Full manuscript submitted to Cancer Discovery (IF 28.2)

Planned

ASTRIDE Trial Design - U.S. Bridging Trial Ongoing

First study in ES-SCLC with current SOC as the comparator arm

Study design: Phase 3, randomized, open-label study



Key endpoints

Primary: OS

Secondary: PFS, ORR, DOR, QoL, PK/PD, correlative biomarker analyses

Safety: AEs

Key inclusion criteria

- 18 years and older
- Histologically or cytologically diagnosed with ES-SCLC
- ≥1 measurable lesion
- Stable and treated brain metastases
- ECOG PS 0 or 1
- No significant organ dysfunction
- Expected survival ≥12 weeks

Key exclusion criteria

- Histologically or cytologically confirmed mixed-stage SCLC
- Prior systemic SCLC treatments
- Grade 2 peripheral neuropathy
- Ejection fraction <50% or NYHA class III to IV cardiac insufficiency
- Pregnant or breastfeeding females

Enrollment

Aligned with FDA requirements for diversity and inclusion of minorities in clinical trials

AE=adverse event, DOR=duration of response, ORR=objective response rate, OS=overall survival, PD=pharmacodynamic, PFS=progression-free survival, PK=pharmacokinetic, QoL=quality of life.
Data on File, Protocol Number HLX10-005-SCLC301-E, Fosun Pharma USA.