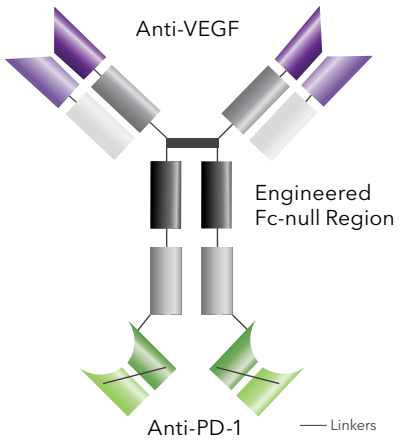
HARMONi Phase 3 Clinical Trial

Patients With EGFR+ NSCLC Who Have Progressed After 3rd Generation EGFR-TKI (osimertinib) / NCT06396065[1]

HARMONi

Ivonescimab: Most Advanced PD-1/VEGF Bispecific Antibody in Clinical Development in the U.S. and EU.*
Brings two validated mechanisms in oncology[2-4] into ONE novel tetravalent molecule.



Ivonescimab simultaneously engages both PD-1 & VEGF

Globally 1,600+ patients have been treated with ivonescimab across Summit and Akeso Inc. clinical trials. Summit is actively recruiting 150 patients in the U.S., Canada and Europe; the overall study will include over 400 patients worldwide.

HARMONi PHASE 3 STUDY DESIGN

Locally advanced or metastatic non-squamous NSCLC:

- → Positive sensitive EGFR mutation
- → Progressed on 1st/2nd generation EGFR-TKI with negative T790, or on 3rd generation EGFR-TKI
- → ECOG = 0 or 1
- → Regardless of PD-L1 expression

(N~420)

1:1

Group A
Ivonescimab 20 mg/kg Q3W
+Pemetrexed 500 mg/m² Q3W
+Carboplatin AUC 5 Q3W
4 cycles (3 weeks/cycle)

→ **Group A**
Ivonescimab 20 mg/kg Q3W
+Pemetrexed 500 mg/m² Q3W
Maintenance Period

Group B
Placebo Q3W
+Pemetrexed 500 mg/m² Q3W
+Carboplatin AUC 5 Q3W
4 cycles (3 weeks/cycle)

→ **Group B**
Placebo Q3W
+Pemetrexed 500 mg/m² Q3W
Maintenance Period

Treatment Until
- → Intolerable toxicity
- → No clinical benefit (Investigator assessment)
- → Initiation of a new anti-tumor therapy
- → Complete 24 months of treatment

Safety and Survival Follow up

Primary Endpoints: OS, PFS assessed by irRC
Secondary Endpoints: ORR by irRC, DoR, safety and tolerability

KEY ELIGIBILITY CRITERIA

- Expected survival ≥3 months
- Locally advanced (Stage IIIB/IIIC) or metastatic (Stage IV) non-squamous NSCLC that has progressed on 3rd generation EGFR-TKI (e.g., osimertinib)
- At least 1 measurable noncerebral per RECIST v1.1 lesion
- Adequate organ and hematologic function
- Prior treatment with one non-EGFR therapy is allowed (i.e amivantamab, REQORSA, etc,). Prior treatment with immune checkpoint inhibitors, anti-angiogenic therapy and chemotherapy (including ADCs) remain exclusionary
- Tumor does not surround important blood vessels or invade the surrounding vital organs and blood vessels. Lesions with necrosis or cavitation applies only to pulmonary parenchymal lesions (ie, not lymph nodes etc)
- No symptomatic metastases of the central nervous system
- No history of esophageal gastric varices, severe ulcers or wounds that do not heal
- No history of severe bleeding tendencies or coagulopathy, or hemoptysis within last 4 weeks

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

*There are no known PD-1-based bispecific antibodies approved by the U.S. Food and Drug Administration ("FDA") or the European Medicines Agency ("EMA").

Ivonescimab: Designed to Potentially Improve the Balance of Anti-tumor Activity & Safety[5,6]

Brings two validated mechanisms in oncology[2-4] into ONE novel tetravalent molecule

Cooperative Binding

Potential to drive synergistic anti-tumor activity[5-7]

Simultaneous blocking of PD-1 & VEGF[5-7]

Increased Avidity in the Tumor Microenvironment (TME)

VEGF increases affinity to **PD-1 by >18X**[7]

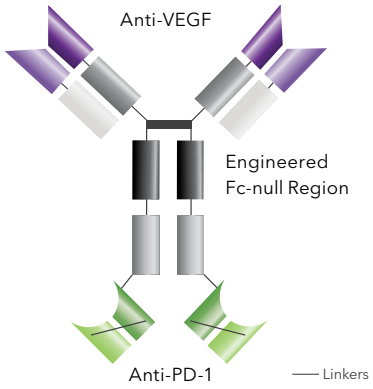
PD-1 increases affinity to **VEGF by >4X**[7]

(in vitro)

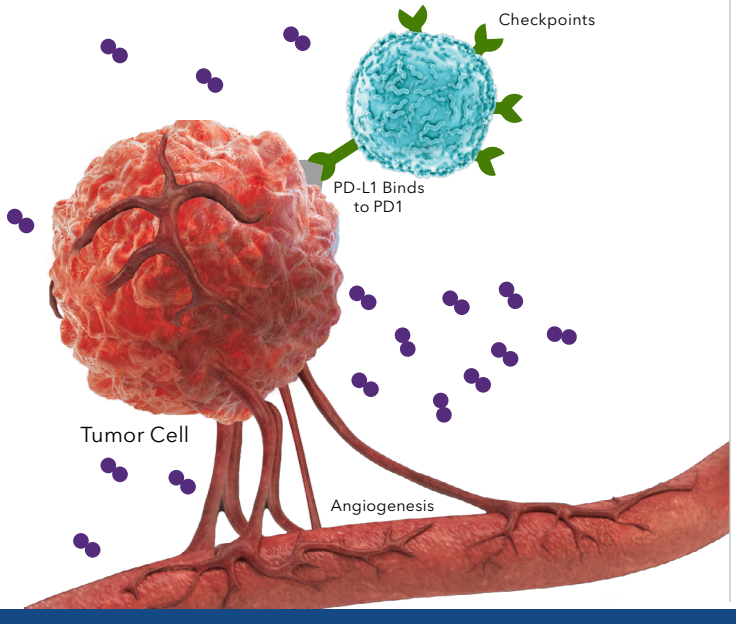
Enhanced Activity of T Cells

VEGF dimer leads to potential interconnection of ivonescimab molecules, which may increase activity of T cells[7]

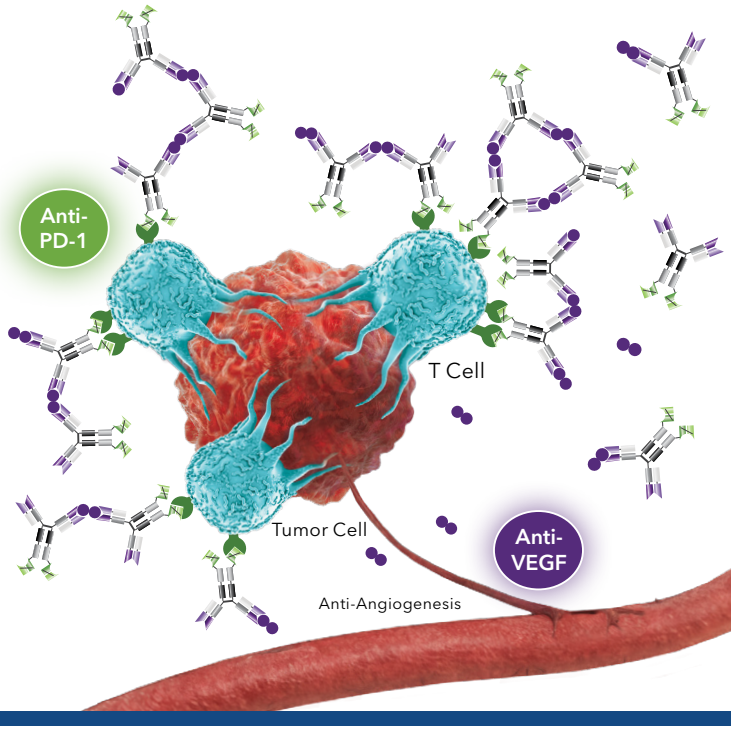
(in vitro)



Tumor Microenvironment



Tumor Microenvironment with Ivonescimab Cooperative Binding



Images for illustrative purposes only.

VEGF Dimer PD-1 Receptor in T Cell

For more information contact medinfo@smmttx.com

1. Phase III Study of AK112 for NSCLC Patients. ClinicalTrials.gov identifier: NCT06396065. *https://clinicaltrials.gov/study/NCT06396065*. (Accessed 2024, May 14).; **2.** Manegold C, et al. *J Thorac Oncol* 2017;12(2):194-207.; **3.** Pardoll, D. *Nat Rev Cancer* 2012;12(4):252-64.; **4.** Tamura R, et al. *Med Oncol* 2020;37(1):2.; **5.** Zhao Y, et al. *eClinicalMedicine*.2023; 3(62): 102106.; **6.** Wang L, et al. *J Thorac Oncol*. 2024 Mar;19(3):465-475.; **7.** Zhong T, et al. AACR-NCI-EORTC International Conference 2023.Poster #B123,Abstract #35333, Boston, MA, USA.

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