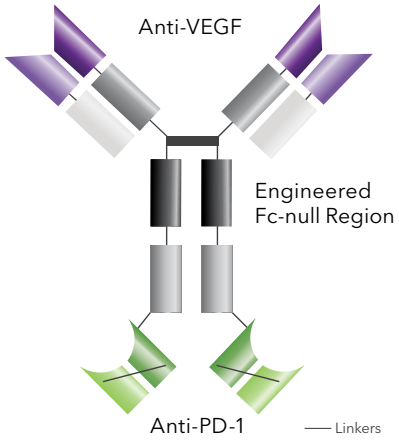
HARMONi-3 Phase 3 Clinical Trial

1L Metastatic Squamous NSCLC

HARMONi-3

Ivonescimab: Most Advanced PD-1/VEGF Bispecific Antibody in Clinical Development in the U.S. and EU.*

Brings two validated mechanisms in oncology[1,2,3] into ONE novel tetravalent molecule.



Ivonescimab simultaneously engages both PD-1 & VEGF.

To-date 825+ patients have been treated with ivonescimab in clinical trials in China and Australia. Summit is actively recruiting 250+ patients in the U.S., Canada and Europe; the overall study will include approximately 400 patients worldwide.

HARMONi-3 PHASE 3 STUDY DESIGN NCT05899608

1L Metastatic Squamous NSCLC:

- → Untreated metastatic squamous NSCLC
- → ECOG 0 or 1

Stratification Factors:

- → Sex (female vs male)
- → Age (<65 vs ≥65 years)
- → Geographical region: East Asia vs ROW
- → Liver or brain metastases at study entry (present vs absent)

(N~400)

1:1

Group A
Ivonescimab + carboplatin + paclitaxel (or nab-paclitaxel) Q3W
4 cycles: (3 weeks/cycle)

Group B
Pembrolizumab + carboplatin + paclitaxel (or nab-paclitaxel) Q3W
4 cycles: (3 weeks/cycle)

Group A
Ivonescimab Q3
(maintenance up to 24 mo)

Group B
Pembrolizumab Q3
(maintenance up to 24 mo)

Treatment Until

- → Intolerable toxicity
- → No clinical benefit
- → Initiation of a new anti-tumor therapy
- → 24 months of treatment

Primary Endpoint: OS
Secondary Endpoint: PFS by Inv, ORR, safety, PK

Safety and Survival Follow up

KEY ELIGIBILITY CRITERIA

- Metastatic (Stage IV) NSCLC
- Histologically or cytologically confirmed squamous NSCLC
- Patients must have Tumor Proportion Score (TPS) with PD-L1 expression percent
- No prior systemic treatment for metastatic NSCLC. No histologic or cytopathologic evidence of the presence of small cell lung carcinoma, or non-squamous NSCLC histology
- No known actionable genomic alterations in EGFR, ALK, ROS1 or genes for which first-line approved therapies are available
- No radiologically documented evidence of major blood vessel invasion, encasement by cancer, or evidence of intratumor cavitation
- No symptomatic CNS metastases or CNS metastasis ≥1.5 cm
- No history of bleeding tendencies or coagulopathy and/or clinically significant bleeding symptoms or risk within 4 weeks (including GI bleeding, hemoptysis)

Ivonescimab is an investigational therapy that is not approved by any regulatory authority.

*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").

1. Manegold et al., (2016); JTO 12:2.194-207.; **2.** Pardoll, Drew M. (2012) *Nature Reviews Cancer* vol. 12,4 :252-64.; **3.** Tamura et al., (2020) Med Oncol 37:2, 10.1007.

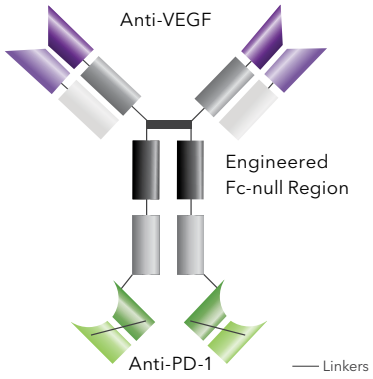
Ivonescimab: Most Advanced PD-1/VEGF Bispecific Antibody in Clinical Development in the U.S. and EU*

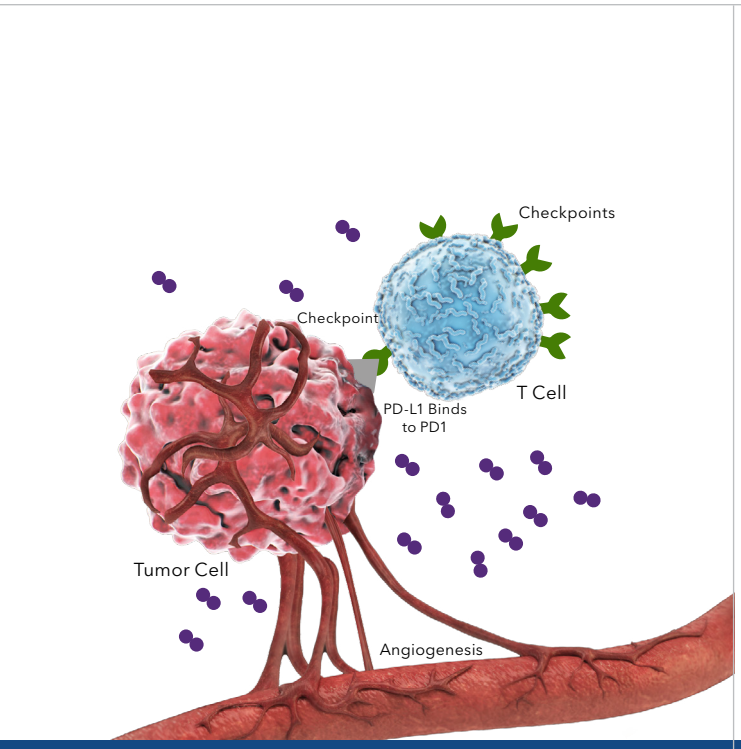
Brings two validated mechanisms in oncology[1,2,3] into ONE novel tetravalent molecule

Designed to Optimize the Balance of Anti-tumor Activity and Safety[4,5]

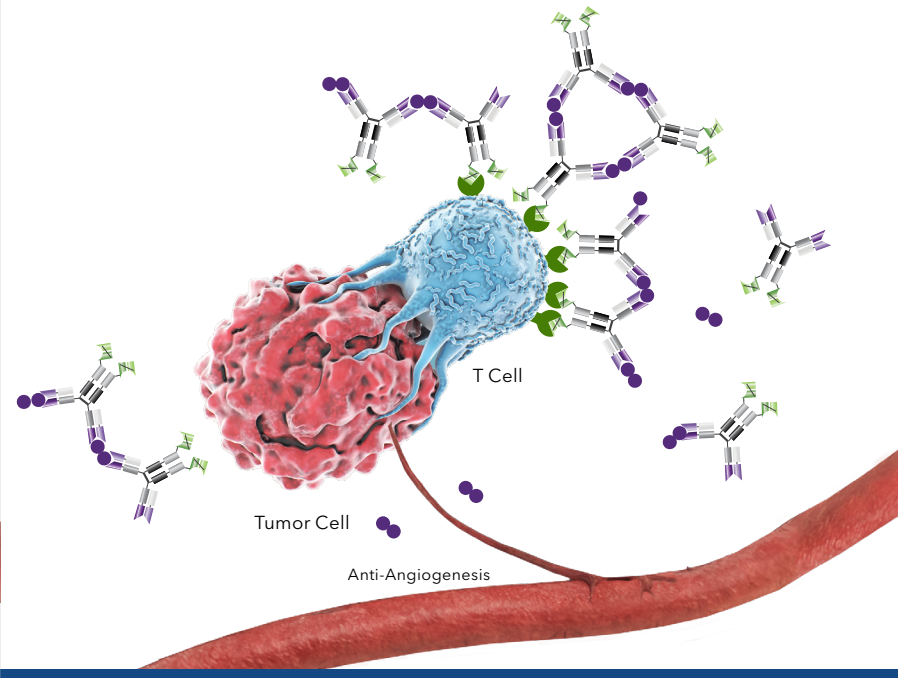
Cooperative Binding

- Presence of VEGF increases binding of PD-1 by >10-fold in-vitro[6]
- VEGF dimer leads to potential interconnection of multiple ivonescimab molecules, which may lead to increased binding of T-cells in-vitro[6]





Without Ivonescimab PD-1/VEGF Bispecific Antibodies



With Ivonescimab PD-1/VEGF Bispecific Antibody Cooperative Binding

VEGF Dimer PD-1 Receptor in T Cell

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Intended for Clinical Site Staff Use Only

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Summit therapeutics