BerGenBio

VIRTUAL EUROPEAN BIOTECH INVESTOR DAY
SOLEBURY_TROUT

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BerGenBio corporate overview

World leaders in understanding AXL biology

AXL tyrosine kinase mediates aggressive disease:
immune evasion, therapy resistance & metastatic cancer, fibrosis and viral infection

Selective AXL inhibitors have the potential to treat many serious unmet medical needs

Pipeline opportunities in multiple aggressive diseases

2 selective AXL inhibitors in clinical development

Bemcentinib (oral *once-a-day* pill)
Tilvestamab (mAb)

Bemcentinib broad Phase II program
Monotherapy and combos with CPI, targeted & chemo

Biomarker correlation, parallel CDx development

Bemcentinib clinical data points 2020:
AML (chemo-combo)
NSCLC (KEYTRUDA combo) **COVID19** (mono)

Resourced to deliver milestones

Listed on Oslo Børs: BGBIO

Clinical trial collaborations
Merck, UKRI, and leading academic centres EU & USA

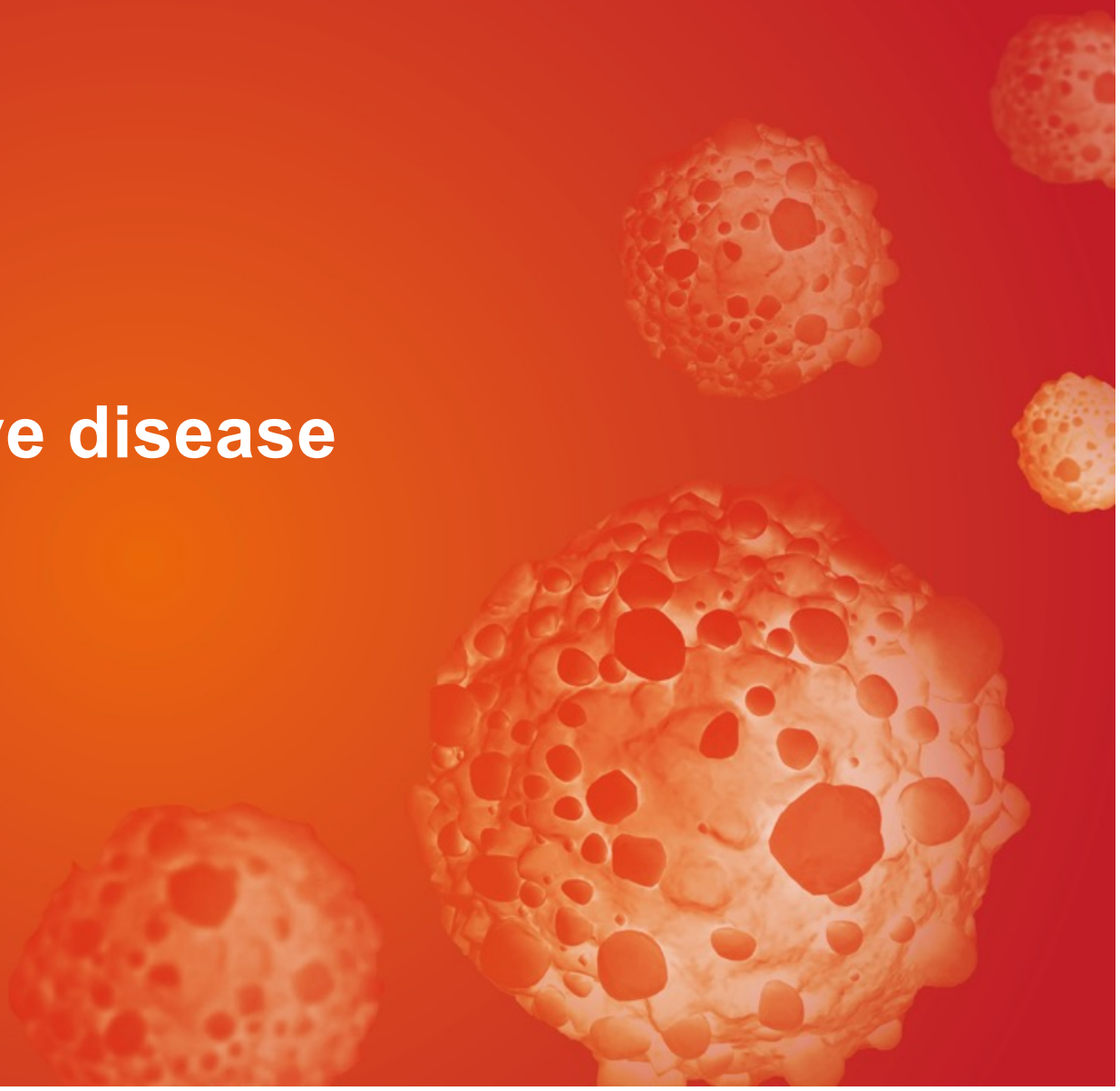
40 staff at two locations:
HQ & R&D in Bergen, Norway;
Clinical Development in Oxford, UK

Cash Q1'20 NOK419m,
(+ PIPE NOK500m May'20)

Recent highlights

Dec 2019	Presented preliminary clinical data from Ph II combination trial of bemcentinib and LDAC in **AML** patients at ASH Complete responses (CR) reported with long duration
Jan 2020	Met Primary end point of ORR in phase II clinical trial in **NSCLC** (cohort B) in 2L IO refractory patients Bemcentinib in combination with KEYTRUDA® meets primary end point and progress to stage 2 of the study cohort
Jan 2020	Private placement NOK220m
May 2020	FPI **COVID19** rPhII ACCORD-2 trial UK Govt selected bemcentinib as first experimental compound to enter fully funded seamless platform trial for efficacy and safety
May 2020	Private placement NOK500m
June 2020	Interim phase II clinical and translational data in IO refractory **NSCLC** Bemcentinib in combination with KEYTRUDA, 6 of 7 cAXL-positive patients report clinical benefit with 2.5 fold improvement mPFS.

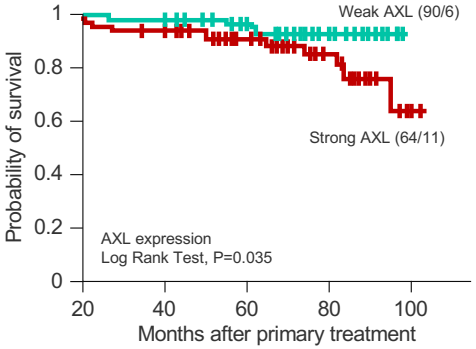
AXL drives aggressive disease



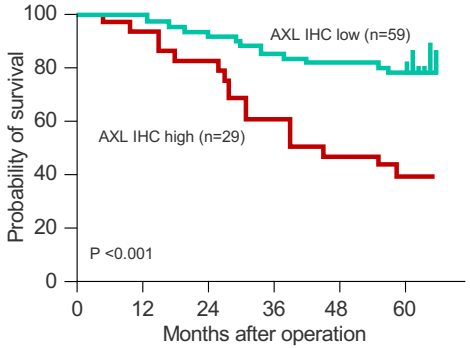
AXL is independent negative prognostic factor in a broad variety of cancers

Strong AXL expression correlates with poor survival rate

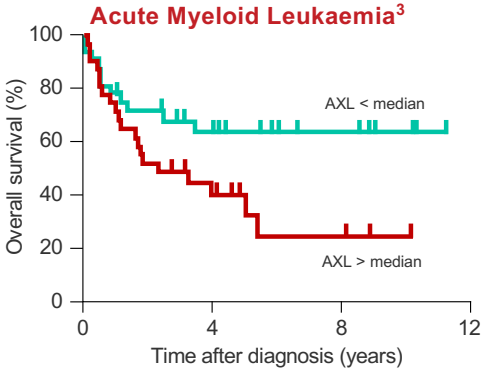
Breast carcinoma[1]



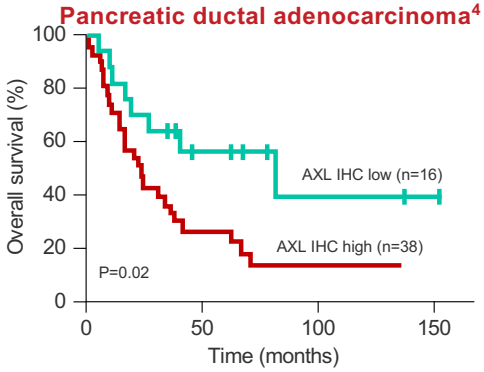
Lung adenocarcinoma (NSCLC)[2]



Acute Myeloid Leukaemia[3]



Pancreatic ductal adenocarcinoma[4]



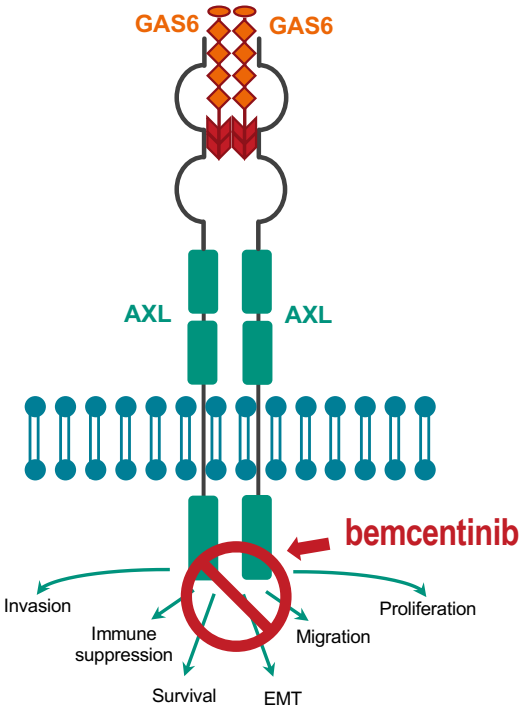
Broad evidence of AXL linked with poor prognosis[5]

Astrocytic brain tumours
Breast cancer
Gallbladder cancer
GI
• Colon cancer
• Oesophageal cancer
• Gastric cancer
Gynaecological
• Ovarian cancer
• Uterine cancer
HCC
HNC
Haematological
• AML
• CLL
• CML

Melanoma
Mesothelioma
NSCLC
Pancreatic cancer
Sarcomas
• Ewing Sarcoma
• Kaposis sarcoma
• Liposarcoma
• Osteosarcoma
Skin SCC
Thyroid cancer
Urological
• Bladder cancer
• Prostate cancer
• RCC

1 Gjerdrum, 2010; 2 Ishikawa, 2012; 3 Ben-Battala, 2013; 4 Song, 2010, 5 supported by > 100 publications

AXL Biology



- AXL mediates multiple survival mechanisms used by cancers:
  - Chemo drug resistance, immune evasion, metastasis
- AXL mediates viral entry to host cells and reduces anti-viral immunity

- AXL is a member of the Tyro3, AXL, Mer (TAM) family of receptor tyrosine kinases, activated by Growth Arrest Specific Factor (Gas6) - involved in phagocytosis of apoptotic cells
- AXL a receptor tyrosine kinase that is important for regulating innate immune cells.[1]
- AXL levels are elevated by cellular stress and is strongly associated with inflammatory diseases including cancer and fibrosis.[2]
- It functions as a homeostatic regulator in adult tissues and organ systems that are subject to continuous challenge and renewal throughout life – immune, nervous, vascular and reproductive
- AXL drives cancer progression, immune evasion, and resistance to targeted therapies.[3]
- AXL is a key suppressor of the type I interferon response and is targeted by viruses to block the anti-viral immunity.[4]
- AXL is used by several different enveloped viruses (e.g. Ebola, Zika) to enter cells.[5]

Very low expression under healthy physiological conditions	Elevated AXL signaling strongly associated with cancer progression, immune evasion, drug resistance and metastasis	AXL mediates viral entry to cells and dampening of viral immune response

[1]Lemke Cold Spring Harb Perspect Biol 2013; [2]Zagórska Nat Immunol 2014, Ludwig Cancer Res 2018, Espindola, Am J Respir Crit Care Med. 2018;[3]Gay, Br J Cancer 2013; [4]Chen Nat Microbiol 2018; [5]Moller-Tank Virology 2014;

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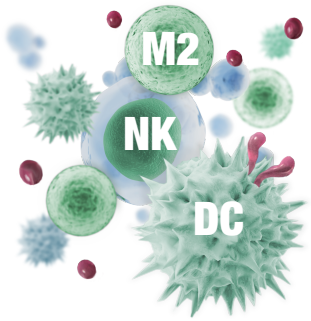
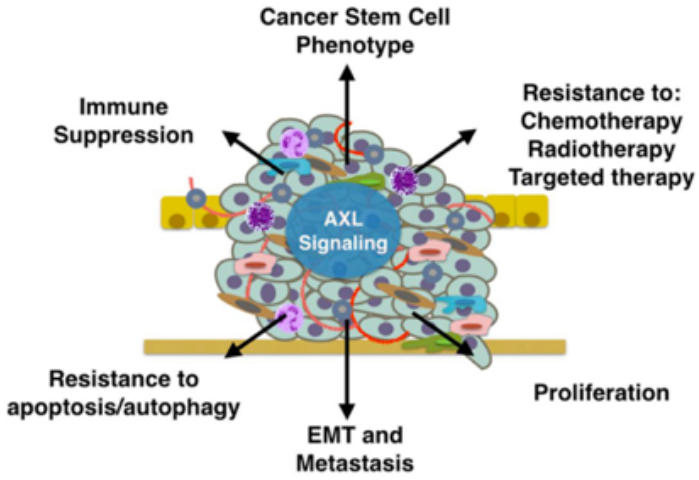
AXL is a key survival mechanism 'hijacked' by aggressive cancers and drives drug resistance, immune-suppression & metastasis

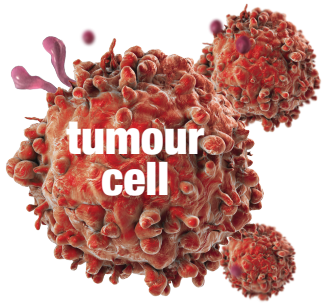
very low expression under healthy physiological conditions → overexpressed in response to hypoxia, inflammation, cellular stress & drug treatment → overexpression correlates with worse prognosis in most cancers



AXL upregulated and activated on immune cells and suppresses the innate immune response

- M1 to M2 macrophage polarisation[1]
- Decreased antigen presentation by DCs[2]
- Prevent CD8+ T cell mediated cell death[3]
- Activates Treg cells through DCs and macrophages[4]





AXL upregulated and activated on the tumour cell and causes cancer escape and survival

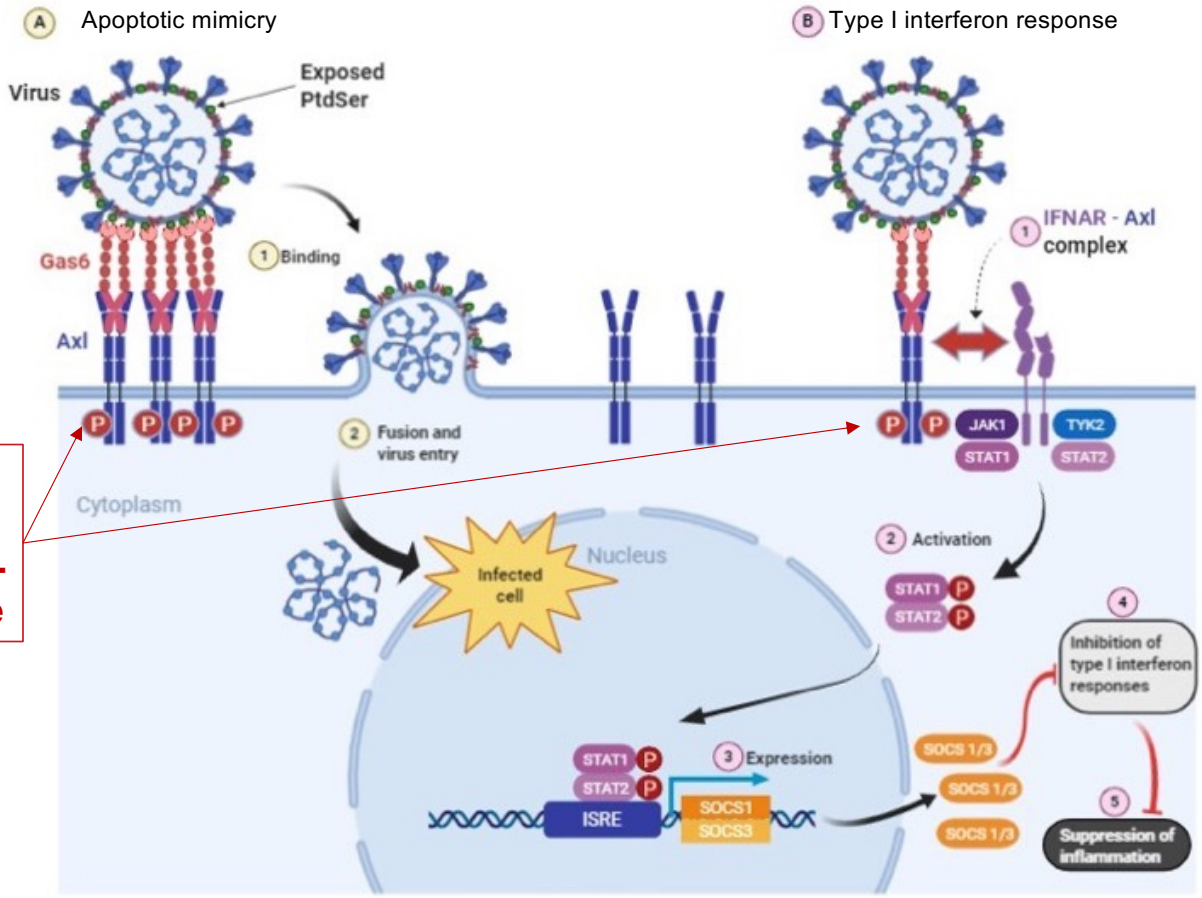
- Acquired drug resistance
- Immune cell death resistant
- Metastasis
- AXL is a unique type I interferon (IFN) response checkpoint

DC- dendritic cells Treg – Regulatory T Cell

1.Ludvig *et al* Can Res, 2018; Davidsen *et al.,* submitted 2.Kurowska-Stolarska *et al* Nature Comm 2017; Rothlin *et al* Cell 2007 3.Ludvig et al Can Res, 2018; 4. Huang *et al* Eur J Immunol 2015 Jun;45(6):1696-705. Davidsen et al., submitted

AXL is targeted by enveloped viruses to enter cells and dampen the viral immune response

Enveloped viruses display phosphatidylserine that is recognized by GAS6, the AXL receptor ligand, that mediates viral entry through “apoptotic mimicry”.



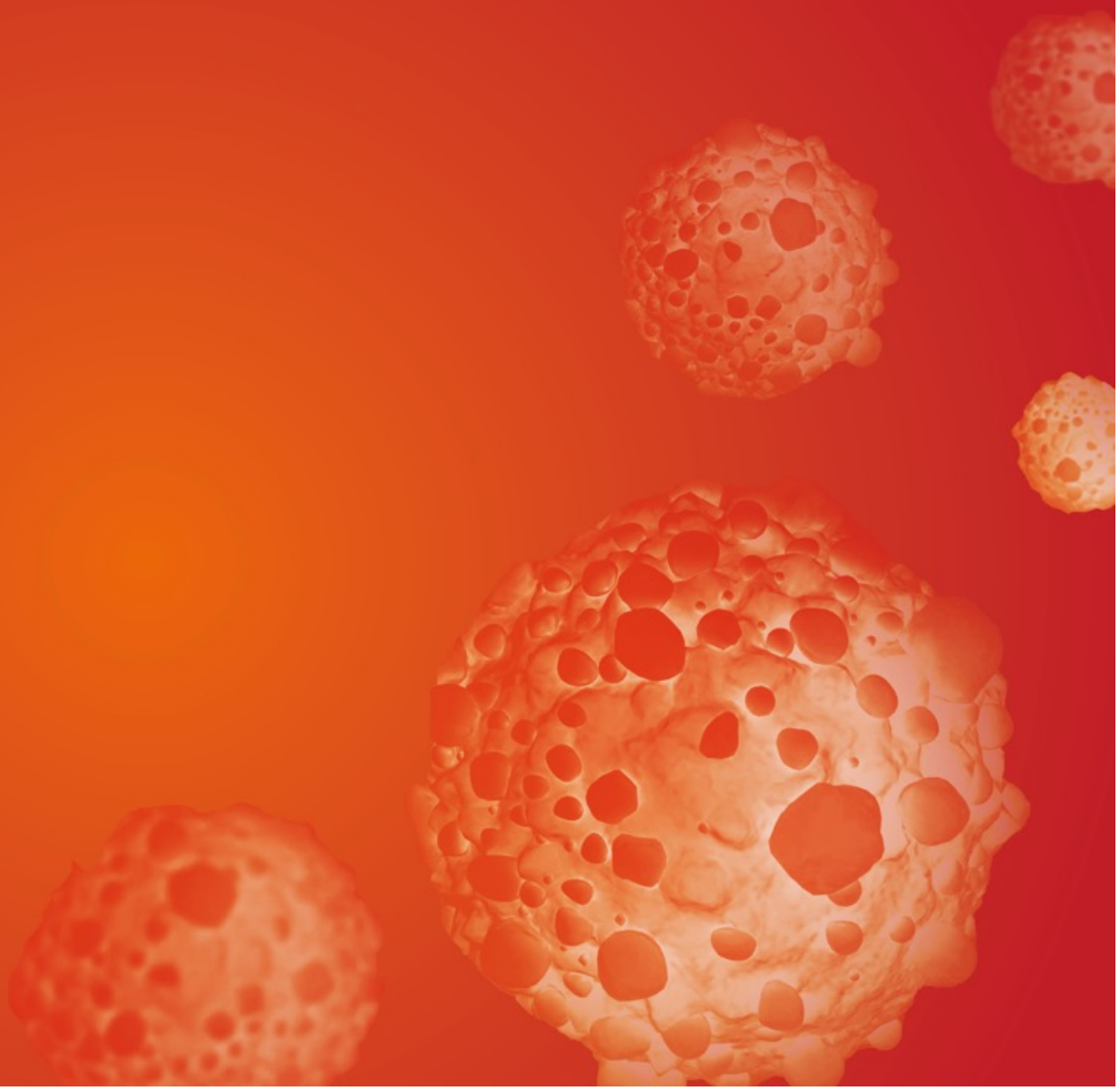
Viral-mediated AXL receptor activation dampens type I interferon responses, a key anti-viral defence mechanism for all cells

bemcentinib blocks AXL-dependent viral entry and enhances anti-viral interferon response

Bemcentinib potently inhibits SARS-CoV-2 infection of cells.[1]

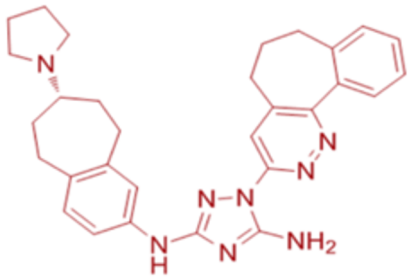
[1] Maury IOWA unpublished / Meertens L *et al. Cell Host & Microbe* 2012, *12*:544 / Chen J *et al. Nat Microbiol* 2018 *3*:302

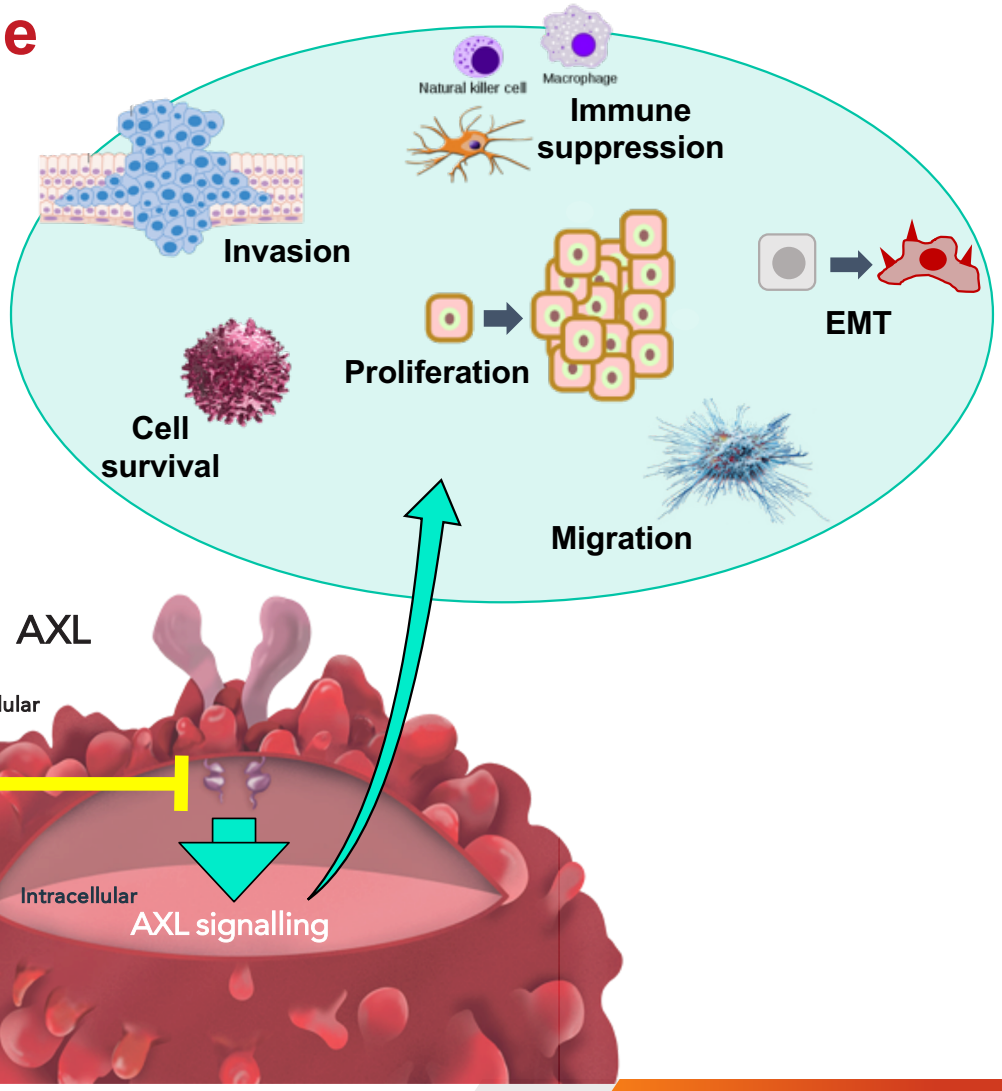
Bemcentinib



Bemcentinib – Oral small molecule TKI, highly selective for AXL

- Highly selective, orally bioavailable small molecule, administered once a day, in phase II clinical trials
- Clinical PoC in NSCLC & AML, broad ILS support
- Excellent safety and biomarker correlation reported





Bemcentinib is formerly known as BGB324

BerGenBio pipeline of sponsored clinical trials and near term news flow

Candidate	Targeted Indication	Discovery	Preclinical	Phase I	Phase II	Registrational	Next expected news**
Bemcentinib monotherapy	>2L AML	Ph II safety and POC efficacy demonstrated in 39 patient trial					
Bemcentinib combination with LDAC	2L AML	Ph IIb Safety demonstrated, efficacy POC expansion study- 20 pts.					Q4'20 Update clinical & translational data[1]
Bemcentinib combination with Keytruda MERCK	2L NSCLC chemo refractory	Ph II POC efficacy demonstrated in 50 patient trial, end points met					Q2'20 Updated Survival data[2]
	2L NSCLC CPI refractory	Ph II stage 1, 13 pts. met ORR proof of concept end point			Expansion 16 pts.		Q2'20 Stage 1 clinical and translational data[2]
	2L NSCLC CPI+chemo refractory	Ph II POC study ongoing 29 pts					Q4'20 Stage 1 preliminary interim clinical and translational data[3/4]
Tilvestamab (BGB149)	TBA	Ph Ia HV complete		Ph Ib in set up			
*BGB601**		Ph I Terminated (change in clinical plan and drug supply)					*Update by collaborators*

*Development Out licensed to ADCT
** Increased uncertainty due to COVID crisis
CPI – checkpoint inhibitor
mOS – median overall survival

1 ASH – American Society of Heamatology (Dec 5-8)
2 Next Gen Immuno Oncology (25th June)
3 SITC – Society of Immunotherapy of Cancer (Nov10-15)
4 WCLC – World Congress of Lung Cancer (Jan 26-29 2021)

BerGenBio pipeline of Investigator Sponsored Trials (ISTs)

Candidate	Sponsor	Targeted Indication	Dimensions	Phase I	Phase II	Registrational	Next expected news*
Bemcentinib	Uni. Hospital Southampton / UKRI funded	COVID19	Monotherapy	Randomised Phase II – 15 day treatment			Stage 1 IA Q3/4
	European MDS Cooperative Group	2L AML	Monotherapy	open-label, single-arm , phase II study.			Fully recruited. Q4'20 ASH
		2L MDS	Monotherapy	open-label, single-arm , phase II study			
	Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins	Recurrent Glioblastoma	Monotherapy	Set up			FPI Q2 [recruitment of hold due to COVID-19]
	University of Leicester MERCK	Relapse Mesothelioma	+ pembrolizumab	Set up			FPI Q2 [recruitment of hold due to COVID-19]
	Haukeland University Hospital	1L Metastatic Melanoma	+ pembrolizumab or +Dabrafenib/Trametinib	Randomised Phase II			Biomarker Analysis Q3
	UT Southwestern Medical Center	2-4L Stage 4 NSCLC	+ docetaxel	Ph I safety study			RP2D Q3 [recruitment of hold due to COVID-19]
	UT Southwestern Medical Center	1L metastatic or recurrent PDAC	+ Nab-paclitaxel+ Gemcitabine+ Cisplatin	Ph I safety study			[recruitment of hold due to COVID-19]

* Increased uncertainty due to COVID crisis

Bemcentinib clinical development in COVID19

ACCORD-2 trial

To evaluate the efficacy and safety in hospitalized COVID19 patients

First compound selected by UK Govt. COVID19 Therapeutic Task Force

Trial funded by UK Govt.

A multicentre, randomised Phase II (120 patients) seamless Phase III transition option

BerGenBio's bemcentinib selected as a potential treatment for COVID-19

- Preclinical data suggest that bemcentinib is potentially useful for the treatment of early SARS-CoV-2 infection, as it selectively inhibits AXL kinase activity

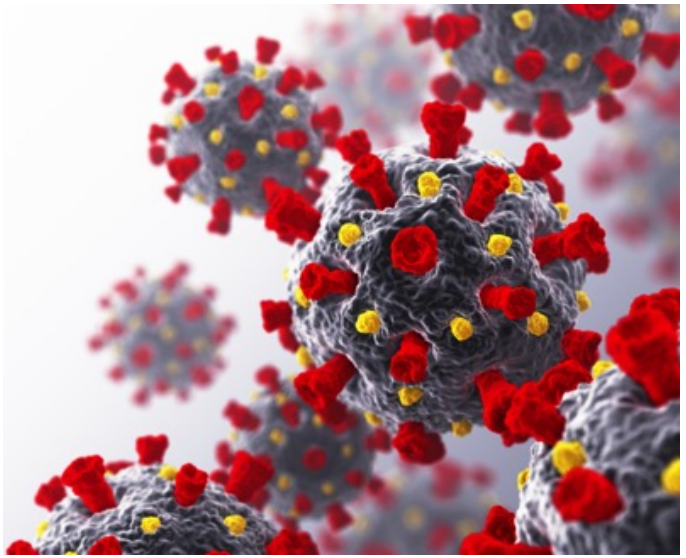
- Bemcentinib selected as the first candidate to be fast-tracked in a new UK national multi-centre randomised Phase II clinical trial initiative to investigate potential treatments for hospitalised COVID-19 patients

- ACCORD (**AC**celerating **C**OVID-19 **R**esearch & **D**evelopment platform) is an Investigator Sponsored Trial, is funded by the UK Department of Health and Social Care and UK Research and Innovation

- National Institute for Health Research (NIHR) Southampton Biomedical Research Centre is the sponsor, Professor Tom Wilkinson is the Chief Investigator of ACCORD-2

- Study is a collaboration between the UK Government Scientific Office, the NIHR's Biomedical Research centres and clinical research company IQVIA

- The study is open, recruiting and will test 120 patients across 9 UK NHS hospital trusts.



Ref. BGBC003 / NCT02488408

Bemcentinib clinical development in Acute Myeloid Leukemia (AML) and Myelodysplastic syndromes (MDS)

Objective: to evaluate the safety and efficacy of bemcentinib in AML and MDS

Bemcentinib monotherapy in patients relapsed AML or MDS

Bembentinib in combination with low-dose cytarabine (LDAC) in 1L newly diagnosed or relapsed patients with AML

Bembentinib in combination with LDAC in 2L relapsed patients with AML

Acute Myeloid Leukaemia (AML)

Most common type of acute leukaemia in adults[1]

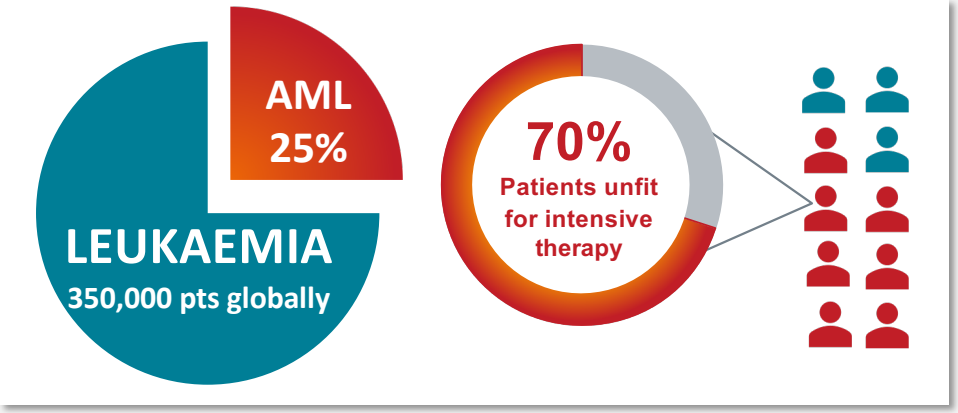
AML is a rare aggressive cancer of the blood and bone marrow characterised by difficult to treat malignancies

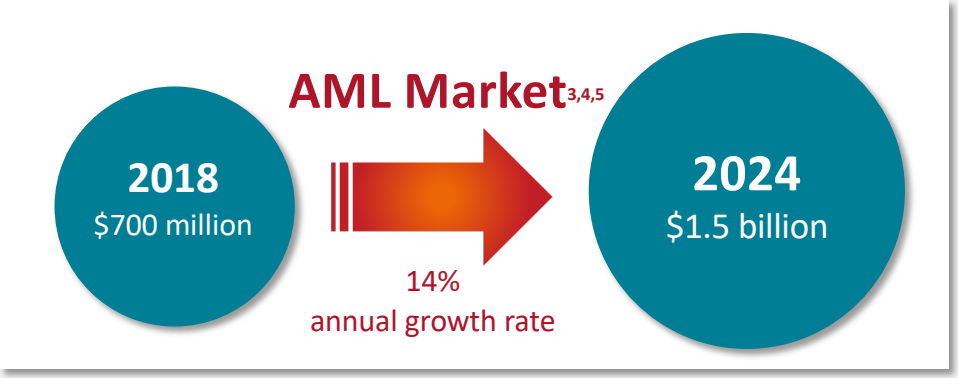
~ 21,000 new cases diagnosed and >11,000 deaths in the US in 2018[2]

AML makes up 32% of all adult leukaemia cases

Occurs in a predominantly elderly, frail patient population; 68% of patients diagnosed with AML were aged >60 years [6]

5 year survival rates of 3-8% in patients over 60 years old [7]

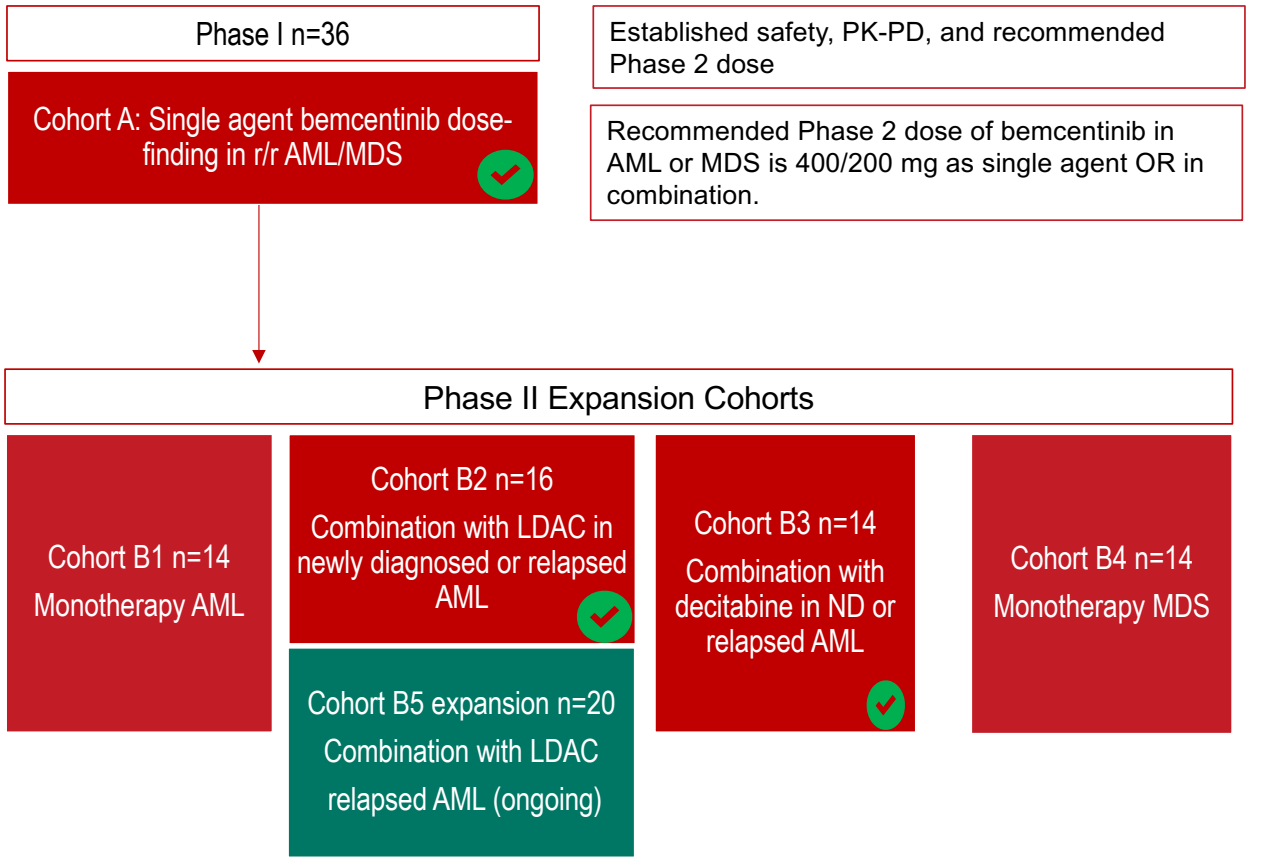




(1) Cancer.gov; (2) SEER; (3) https://www.who.int/selection_medicines/committees/expert/20/applications/AML_APL.pdf?ua=1ble
(4) https://www.cancer.net/cancer-types/leukemia-acute-myeloid-aml/statistics (5) https://www.businesswire.com/news/home/20190319005442/en/ (6) http://asheducationbook.hematologylibrary.org/content/2010/1/62.long, (7) https://www.ncbi.nlm.nih.gov/books/NBK65996/

(BGBC003)

Bemcentinib clinical development in Acute Myeloid Leukemia / Myeloid Dysplastic Syndrome r/r elderly patients, with no approved SoC.



Phase I monotherapy

- ✓ safety
- ✓ efficacy
- ✓ biomarker correlation

Phase II expansion cohorts

- ✓ safety in combination
- ✓ efficacy in LDAC combination
- ✓ biomarker correlation

Cohort B5

- ✓ Expand LDAC combo
- ✓ Anticipate read out ASH ‘20
- ✓ Guide registration path

LDAC = Low Dose Cytarabine

Reported clinical efficacy

Mono therapy
r/r elderly AML
n=27

ASH 2018

sAXL biomarker
sAXl low 14/27

52%

CR/Cri/CRp
sAXl low 6/14

43%

mDOR 3.1mo. (5.5*mo.)

*Historic controls***
CR/Cri/CRp: 24%

LDAC Combination
1L & 2L AML
n=14

ASH 2019

1L
CR/Cri 4/6
66%
mDOR ***>12Mo.***

2L R/R
CR/CriCRp 4/8
50%
mDOR ***5Mo.***

Responses occurred early, improved over time and included poor risk, previously treated patients. Bemcentinib appears well tolerated in combination with LDAC.

2L cohort expansion ongoing

* including 2 patients with low dose decitabine ** blood advances 2018 Apr 24, 923-932

Ref. BGBC008 / NCT03184571

Bemcentinib clinical development in 2L Non Small Cell Lung Cancer (NSCLC)

Objective: to improve the effectiveness of immune check point inhibitor (CPI) (pembrolizumab/Keytruda) refractory NSCLC patients, with a well tolerated, effective, and convenient drug

A) Chemotherapy refractory patients

B) CPI refractory patients

C) CPI + Chemotherapy refractory patients

NSCLC causes more cancer related deaths than breast, colon, pancreas and prostate combined

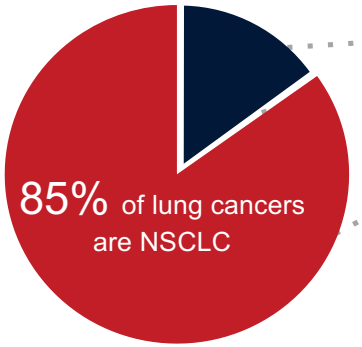
The largest cancer killer, most patients depend on drug therapy

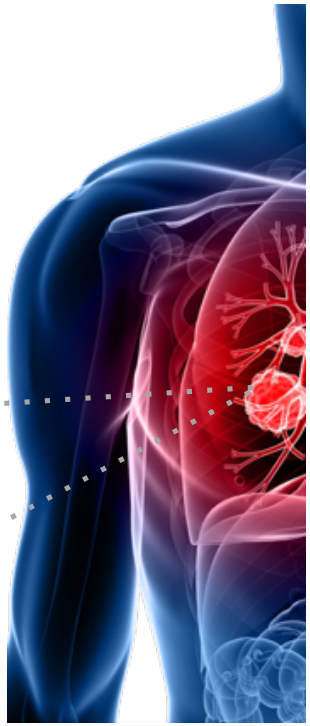
The most common type of cancer

2.09 million new cases of lung cancer diagnosed/yr worldwide, making up 11.6% of all cancer cases[1]

1.76 million lung cancer deaths/yr worldwide[1]

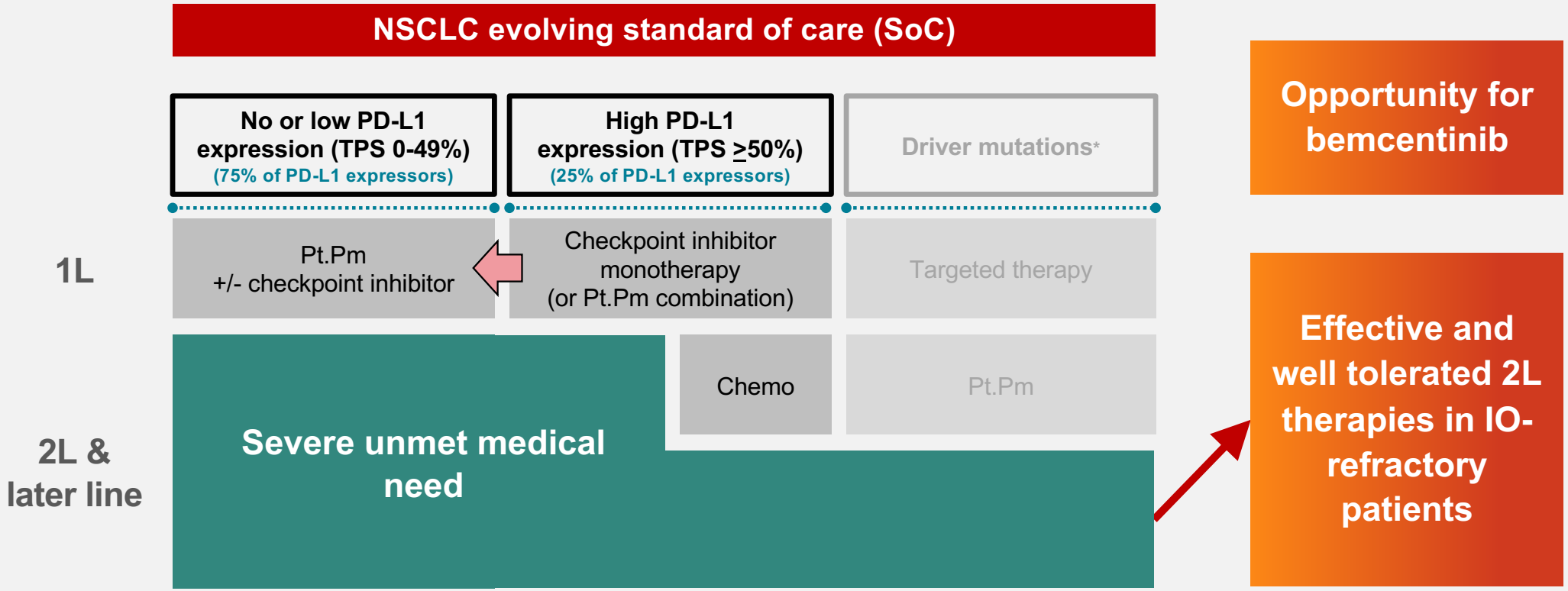
5-year survival rate is 3.5% in patients with PD-L1 <1%, and **12.6%** in patients PD-L1 1-49%





(1) fortunebusinessinsights.com/industry-reports/non-small-cell-lung-cancer-therapeutics-market-100484

Rapidly emerging SoC creates opportunities for novel effective, chemo free regimens

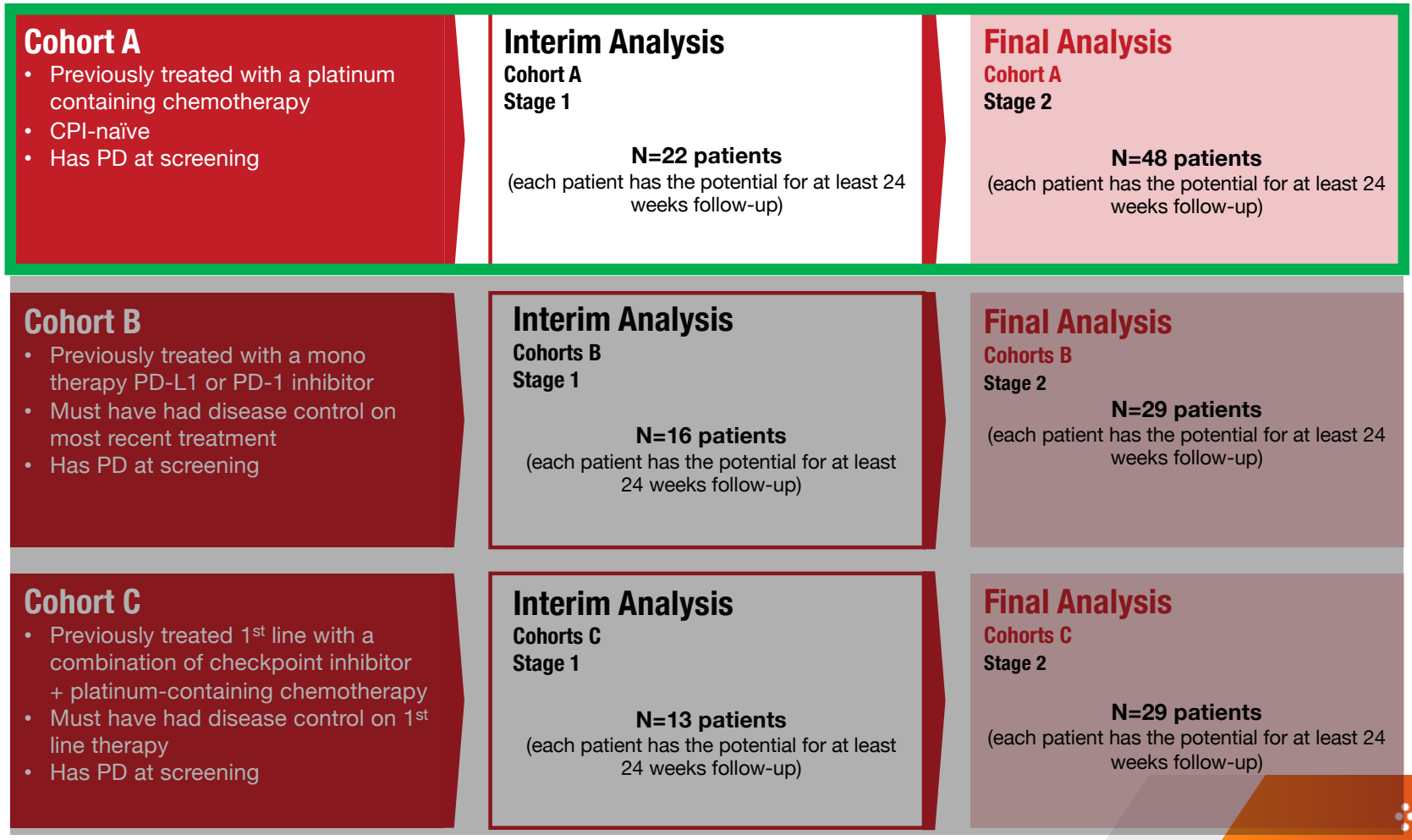


* Mutations / rearrangements with available targeted therapies such as EGFR and ALK; make up 15-25% of total aNSCLC population

Cohort A

BGBC008: Study Design

Open-label multi-center single arm phase II study



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Cohort A

Patient Disposition and Demographics

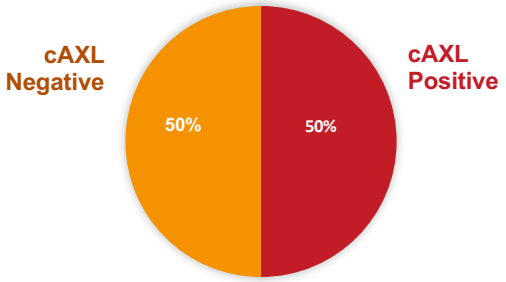
Patient disposition	N
Screened	74
Enrolled	50
Evaluable	44
Ongoing	4

Disease mutations	N (%)
None	36 (72)
KRAS	7 (14)
TP53	2 (4)
EGFR	3 (6)
Other	4 (8)

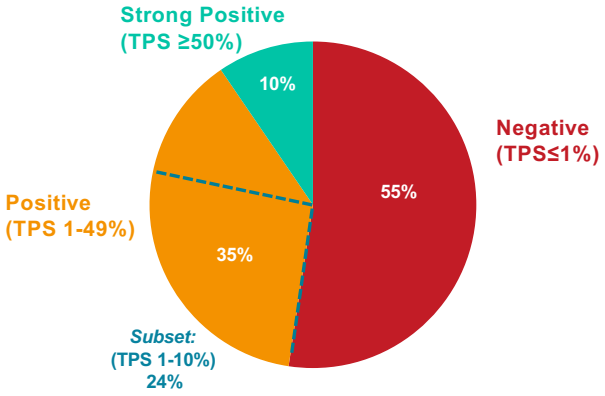
Patient demographics		N (%)
Age	Median	65
	Range	39-82
ECOG at screen	0	22 (44)
	1	28 (56)
Sex	Female	20 (40)
Smoking Status	Smoker	10 (20)
	Ex-smoker	29 (58)
	Never smoked	10 (20)
	Unknown	1 (2)

Biomarkers

cAXL status
n = 30



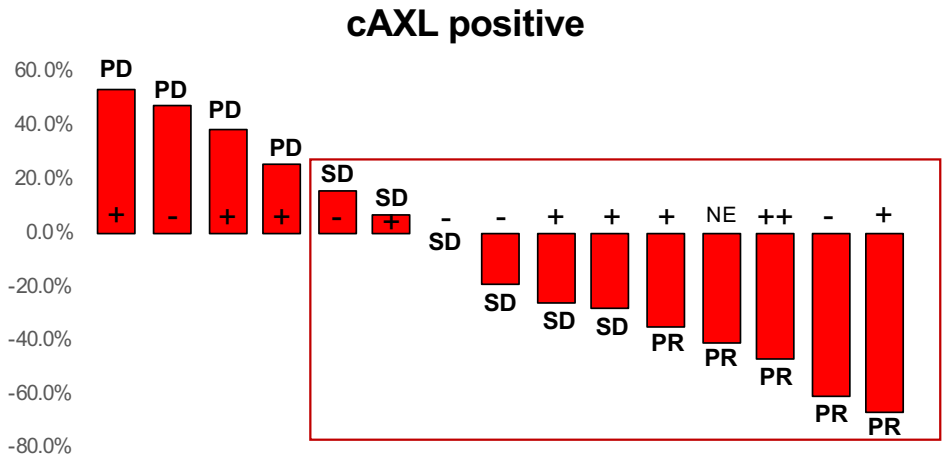
PD-L1 status
n = 37

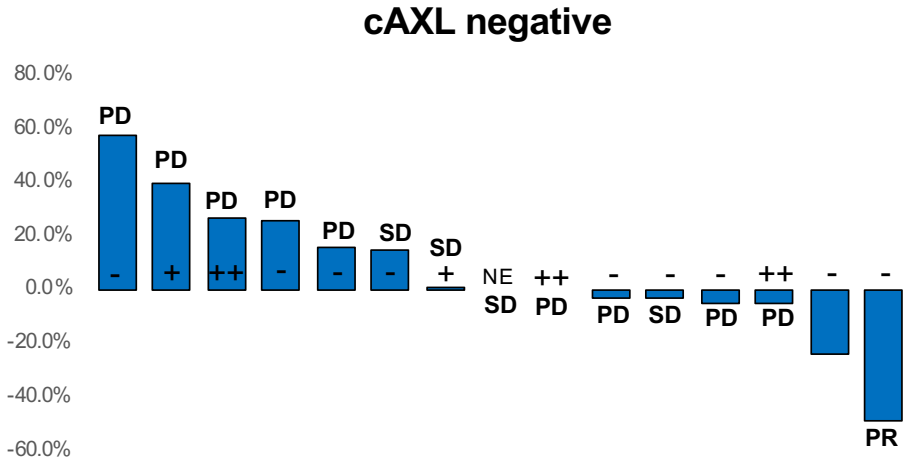


*Data cutoff:17 Apr 2020

Cohort A

Change in tumour size from baseline in cAXL-evaluable patients only





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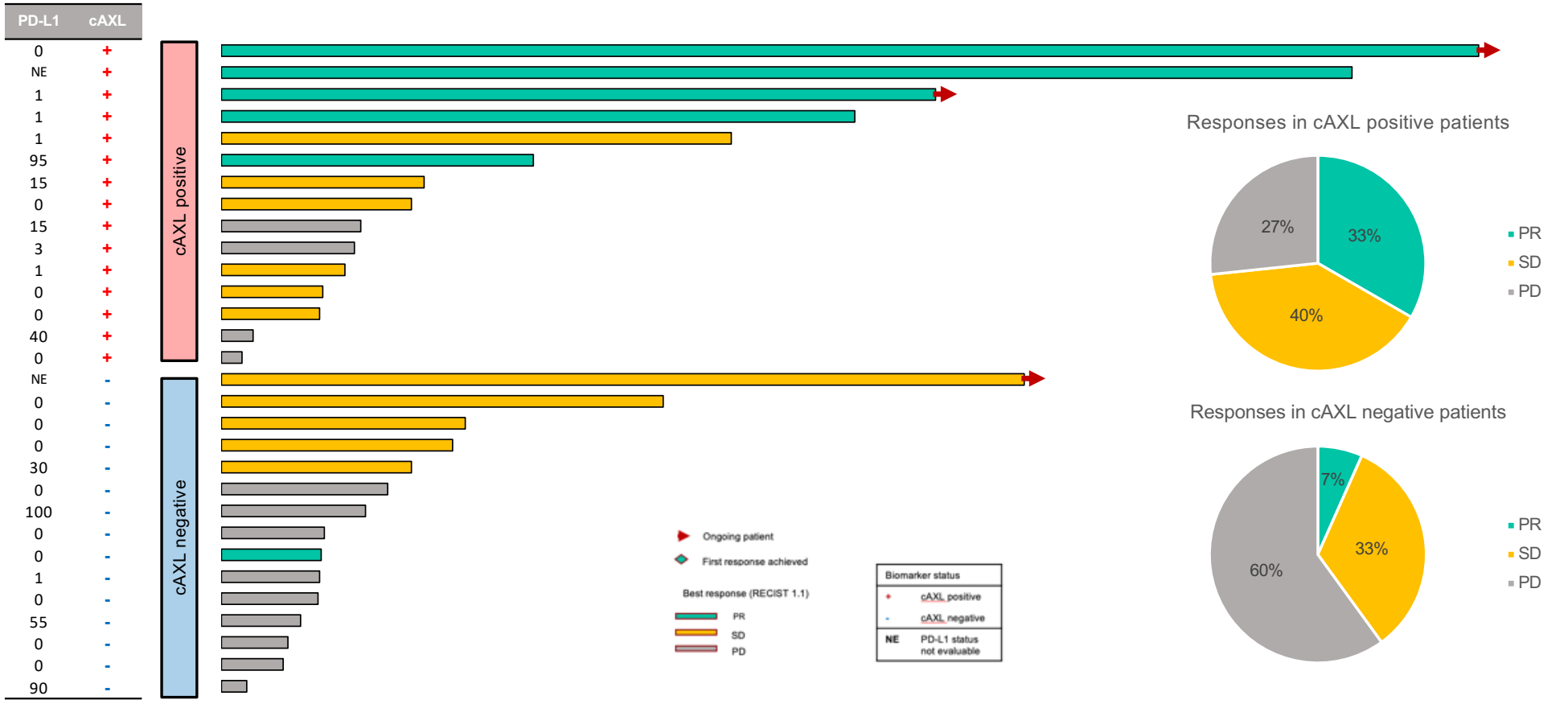
Cohort A

Time on treatment in patients evaluable for cAXL



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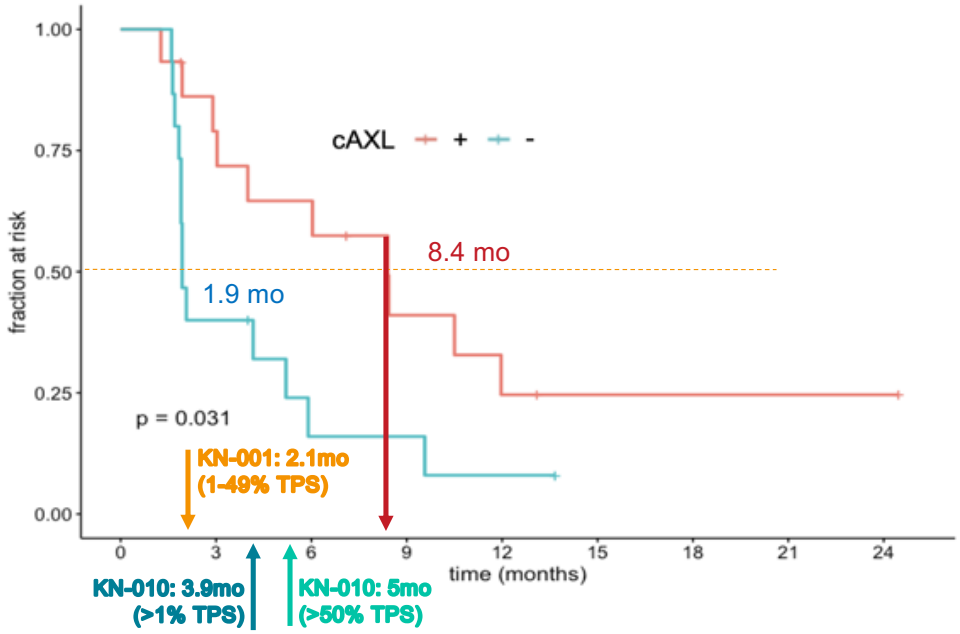
Cohort A

Enhanced survival in cAXL +ve patients with addition of bemcentinib to pembrolizumab

AXL is an adverse prognostic biomarker

mPFS 8.4 months in cAXL+ patients



Cohort	mOS	12-mo OS
Cohort A – cAXL +ve pts**	**17.3 mo***	**79%**
Cohort A – cAXL -ve pts**	12.4 mo*	60%
BGB Cohort A – all pts**	12.6 mo*	64%* (up to 67%)
CheckMate-057 (Opdivo)	12.2 mo	51%
KEYNOTE-010 (Keytruda)	10.4 mo	43.2%

*OS data still maturing, current calculation (cut-off survival: 28-May-2020)
**pts who have been on study treatment for at least 1 cycle (n=42)

- 4-fold improvement in PFS in cAXL +ve vs. cAXL -ve patients.
- 12 mo OS in cAXL positive patients 79% vs 60% in cAXL negative patients
- Clinical benefit reflected in mOS of cAXL +ve patients vs. cAXL -ve
- cAXL -ve patient survival data is comparable to historic controls

Data cut-off: 17-April-2020

Source: KN-001: Garon et al NEJM 2015; KN-010: Herbst et al, Lancet 2016; CheckMate-057: Borghaei et al, NEJM 2015

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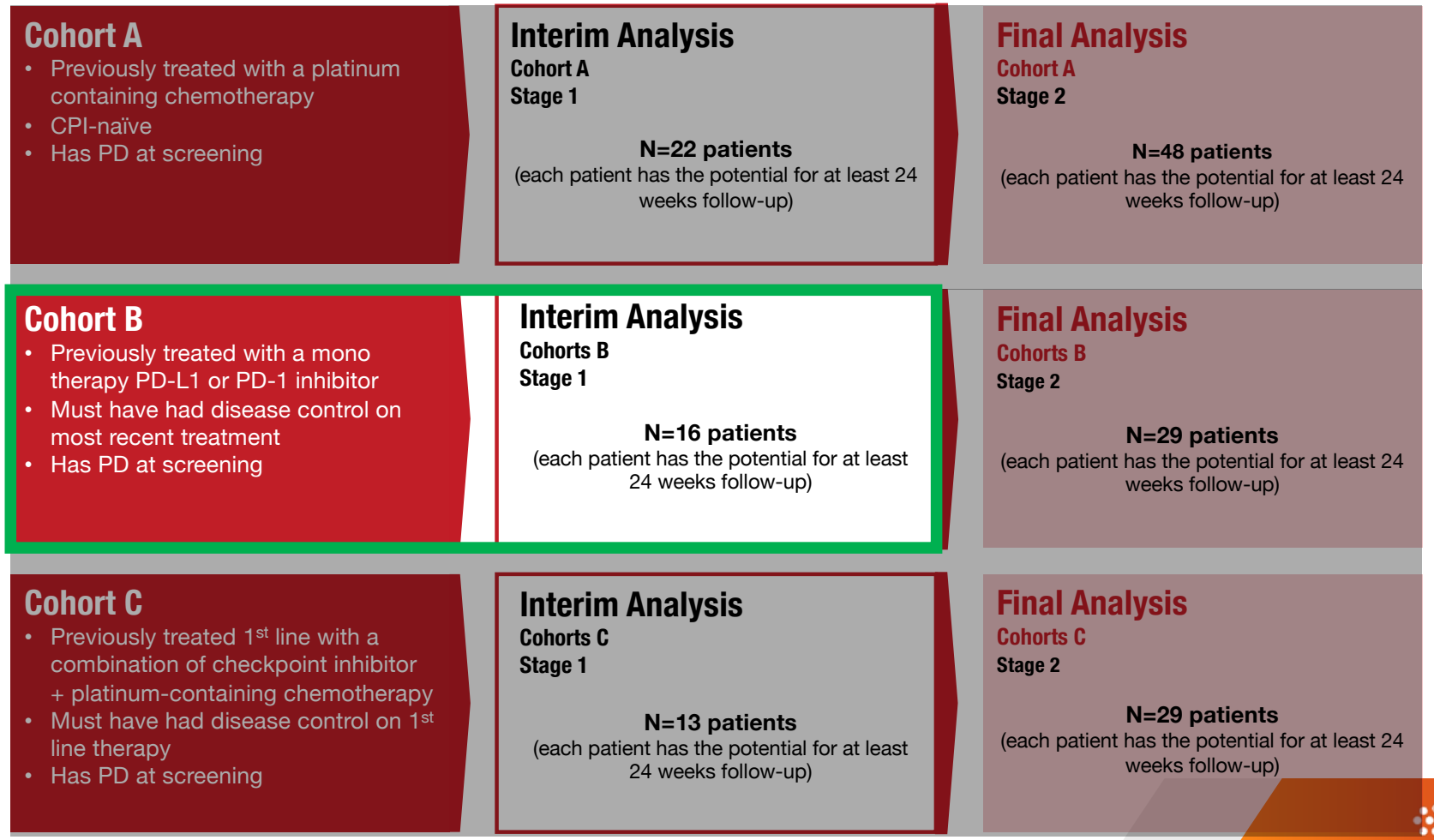
Cohort B1

BGBC008: Study Design

Open-label multi-center single arm phase II study

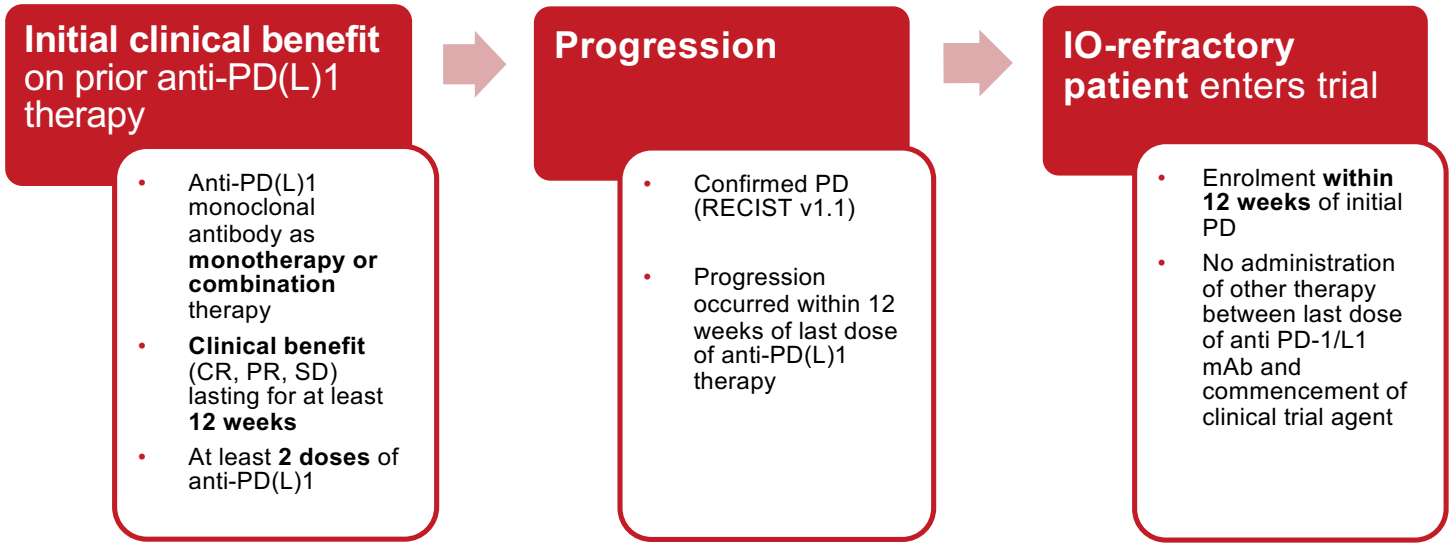


BerGenBio

Cohort B1

Bemcentinib + KEYTRUDA in CPI refractory patients

CHECK POINT INHIBITOR REFRACTORY PATIENTS: precise and specific definition



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Cohort B1

Patient Disposition and Demographics

Patient disposition	N
Screened	21
Enrolled	16
Evaluable*	15
Ongoing	3

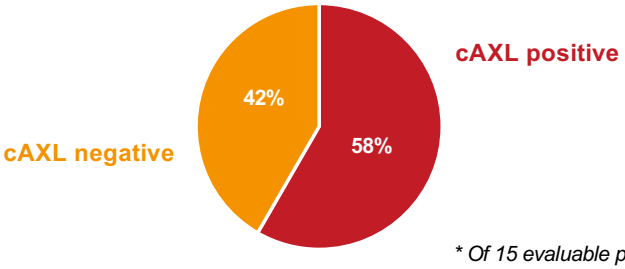
* with at least 1 post-baseline scan assessment

Disease mutations	N (%)
None	13 (81)
KRAS	2 (13)
BRAF	1 (6)

Patient demographics		N (%)
Age	Median	64,5
	Range	40-76
ECOG at screen	0	6 (38)
	1	10 (63)
Sex	Female	3 (19)
	Male	13 (81)
Smoking status	Smoker	6 (38)
	Ex-smoker	8 (50)
	Never smoked	0 (0)
	Unknown	1 (6)

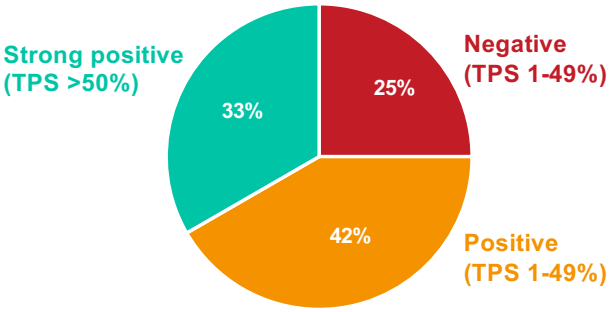
Biomarkers

cAXL status
n = 12*



** Of 15 evaluable patients, 3 not evaluable for AXL*

PD-L1 status
n = 12**



*** Of 15 evaluable patients, 3 not evaluable for PD-L1*

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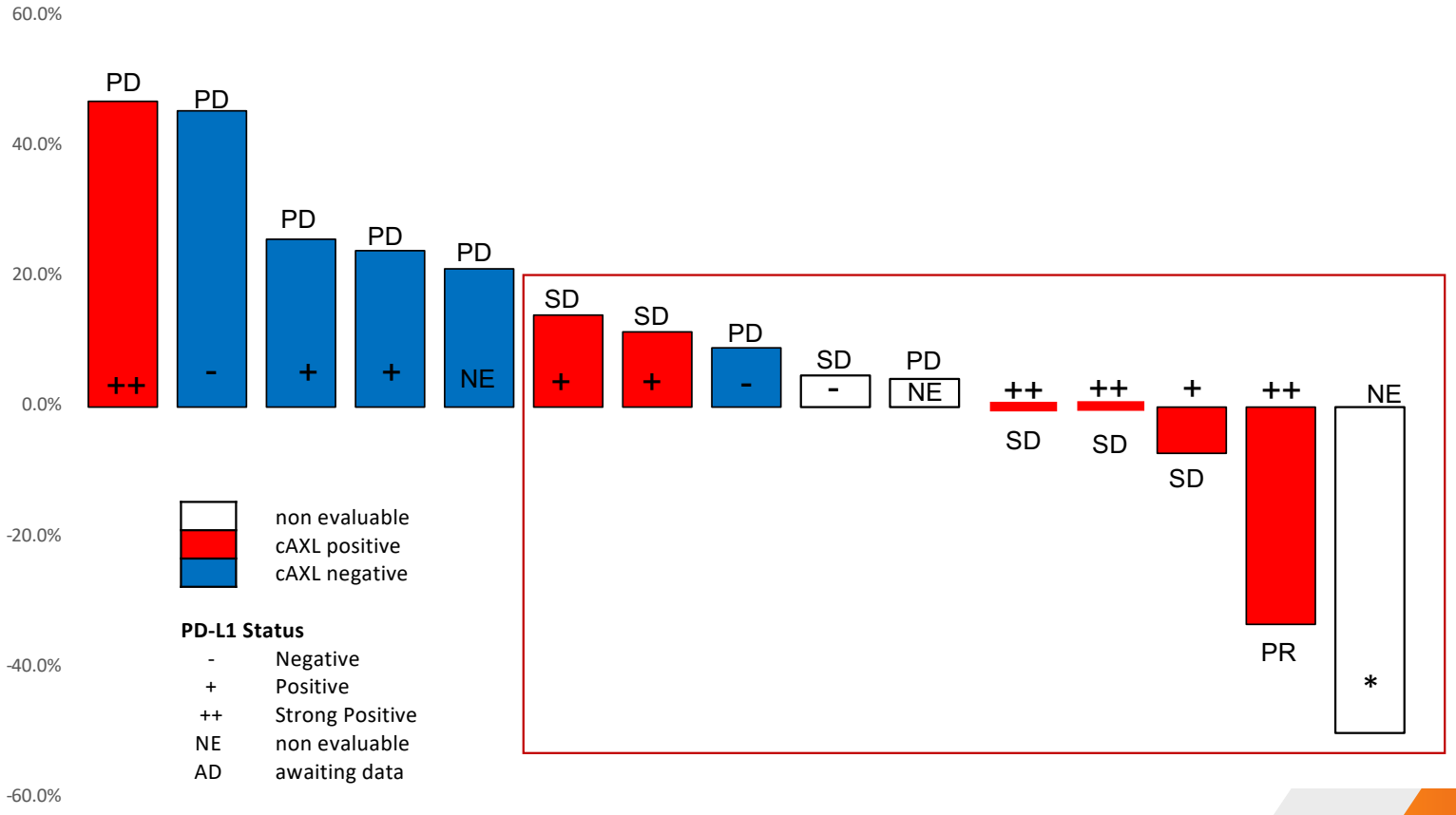
Cohort B1

Best % change in sum of target lesions from baseline



Data cut-off: 17-April-2020

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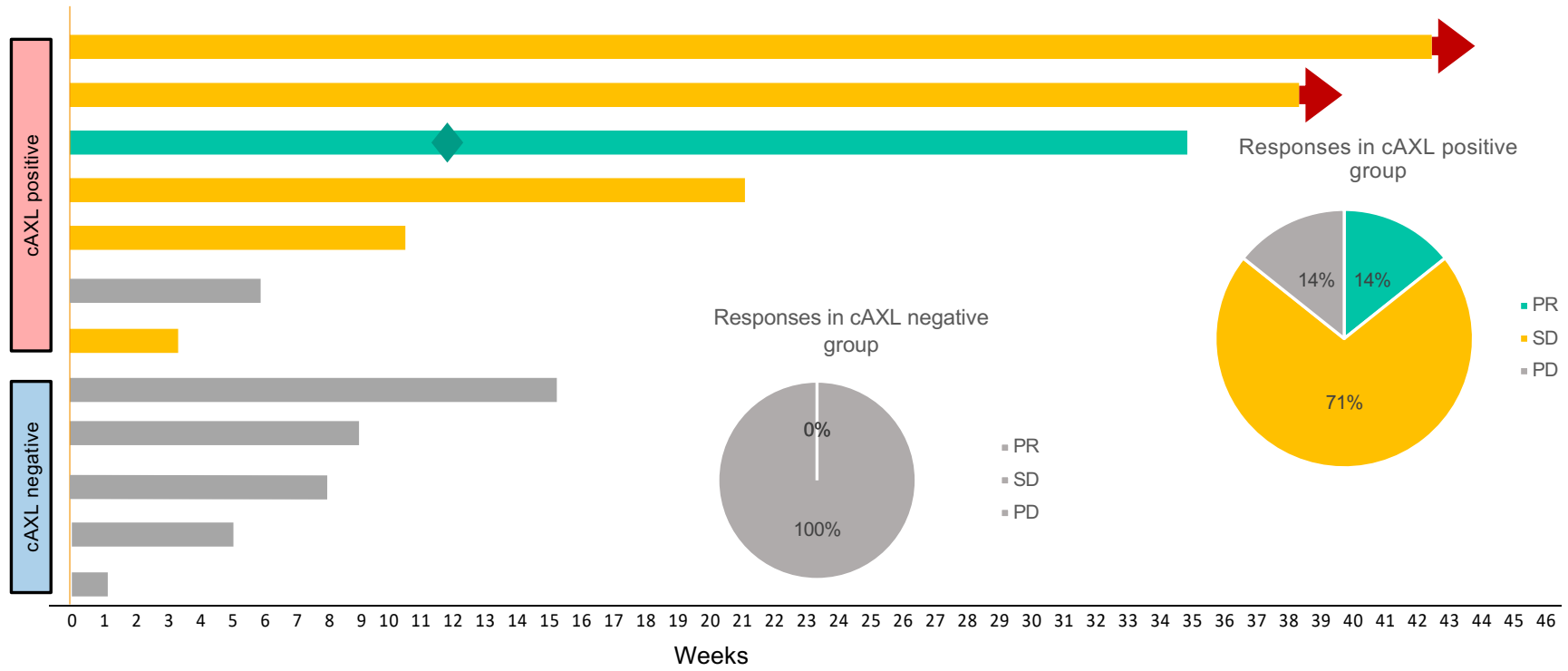
Cohort B1

Time on treatment in patients evaluable for cAXL

Pre Tx	PD-L1	cAXL
1L P	20	+
2L A/O	65	+
1L A	95	+
2L P	15	+
2L N	100	+
2L P	95	+
1L I/N	2	+
2L P	35	-
2L N	30	-
2L A	0	-
2L C	NE	-
2L P/O	0	-



\+ cAXL positive

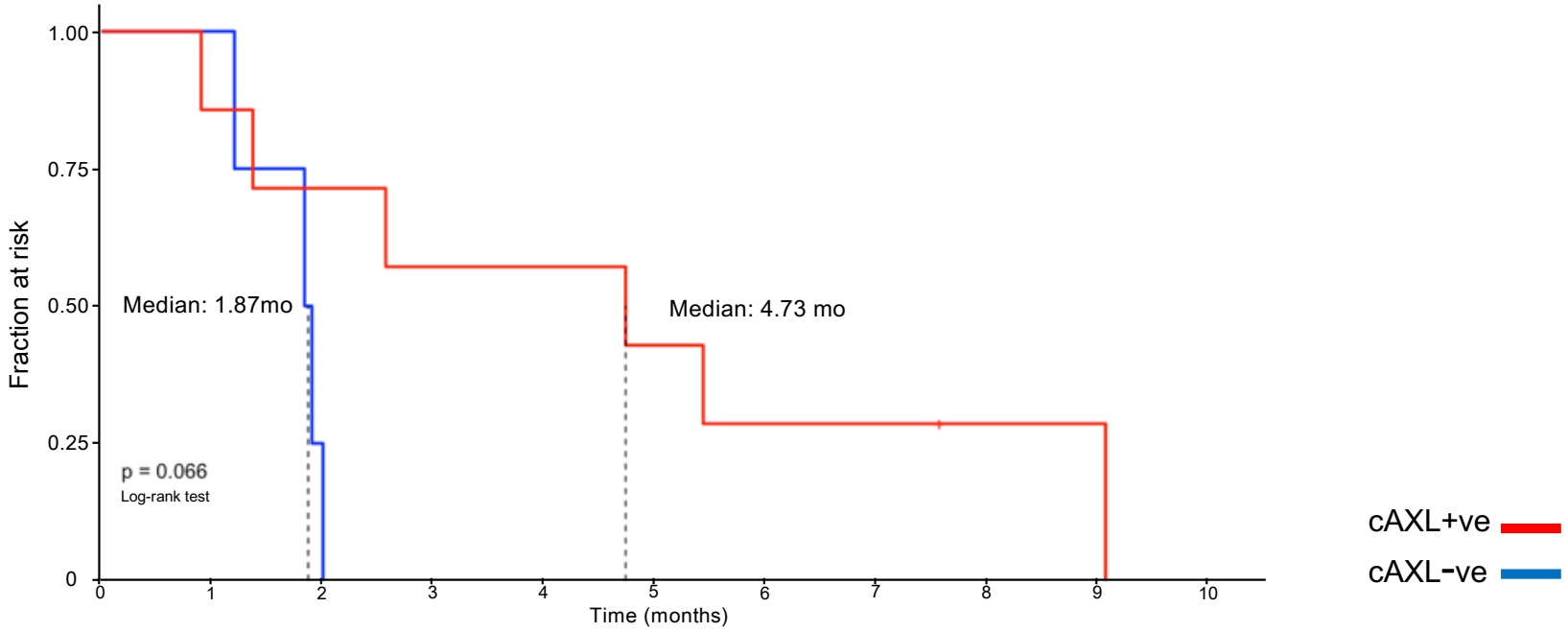
\- cAXL negative

Previous immunotherapy (1 or 2L)
P: pembrolizumab; **A**: atezolizumab; **N**: nivolumab; **C**: cetrelimab; **I**: ipilumimab; **O**: other

Data cut-off: 17-April-2020

Cohort B1

mPFS improvement in cAXL +ve patients



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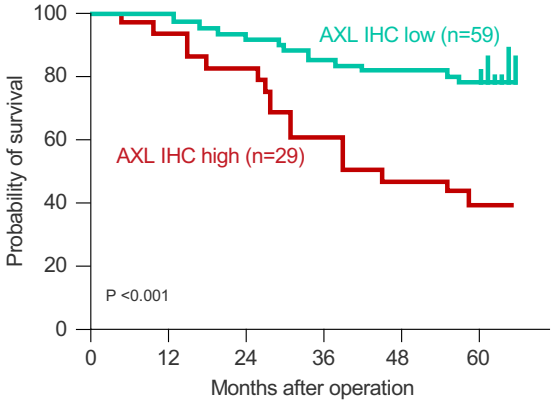
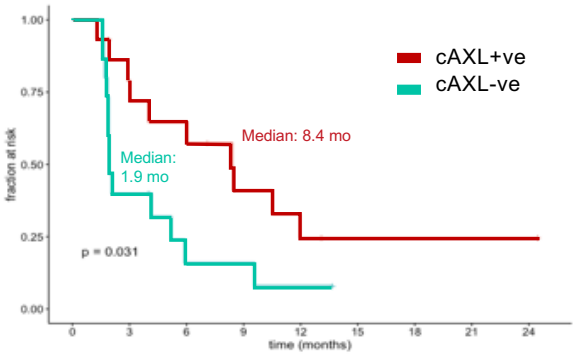
AXL expression defines a poor prognosis subgroup of NSCLC

cAXL+ patients have significantly enhanced survival with bemcentinib + pembrolizumab in CPI-naïve and -refractory patients

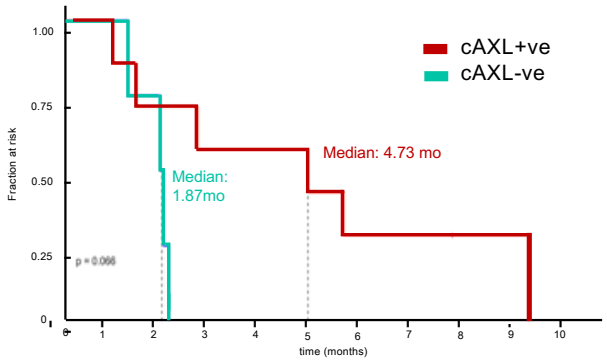
In NSCLC, the AXL expression encodes poor-prognosis[1]: defines expectations of the control arm



Cohort A PFS : CPI-naïve



Cohort B1 PFS: CPI-refractory



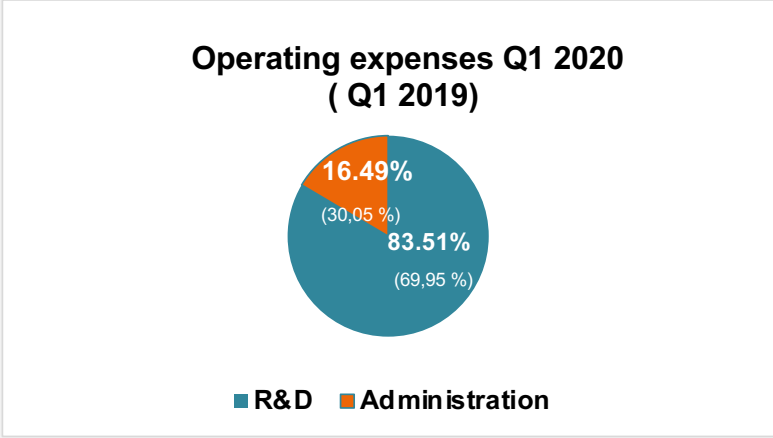
BIOLOGY = RATIONALE = OUTCOME

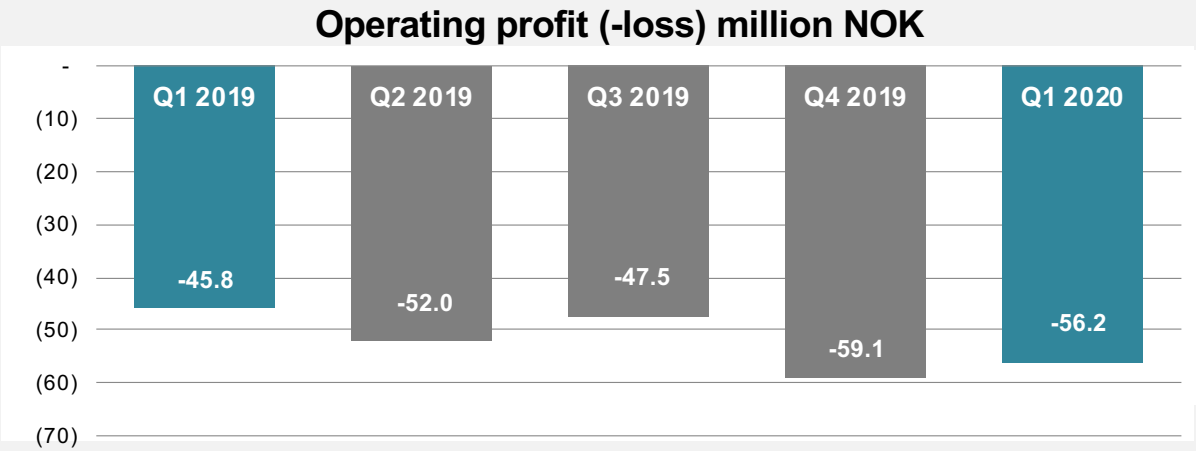
[1]Ishikawa, 2012

Finance & News Flow

Key financial figures

(NOK million)	Q1 2020	Q1 2019	FY 2019
Operating revenues	0,0	8,7	8,9
Operating expenses	56,2	54,5	213,3
Operating profit (-loss)	-56,2	-45,8	-204,4
Profit (-loss) after tax	-48,6	-44,3	-199,3
Basic and diluted earnings (loss) per share (NOK)	-0,73	-0,81	-3,43
Net cash flow in the period	158,9	-54,2	-107,2
Cash position end of period	419,4	306,7	253,6

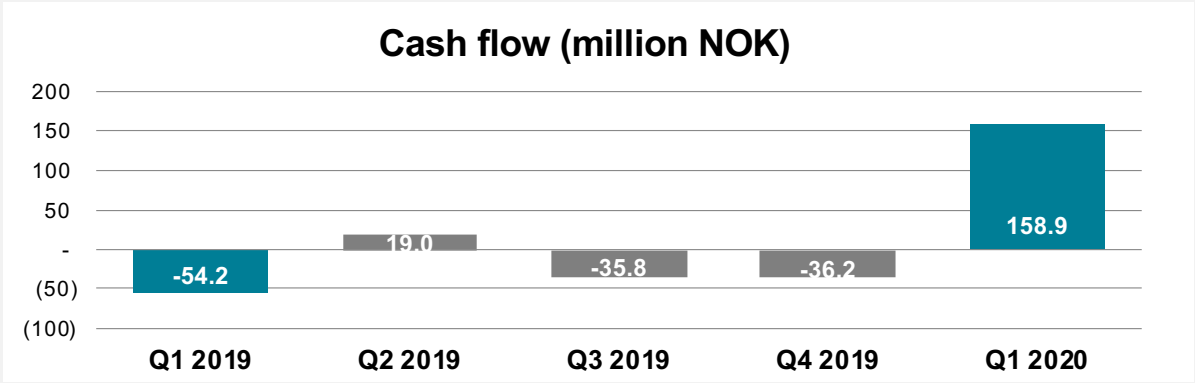




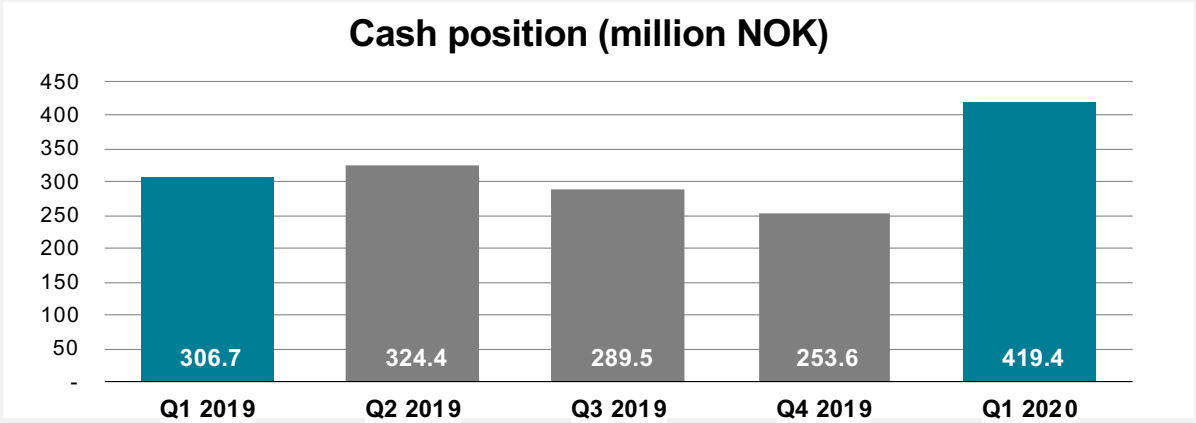
- Well controller overhead costs.
- Increased head count as part of a planned organisational build out in preparation for late stage clinical development. Clinical team, regulatory team and supply chain team have been build out

http://www.bergenbio.com/investors/reports/quarterly-reports/

Cash flow and cash position



- Q1 cash flow include proceed from Private Placement in January/February raising gross NOK 229.9m.
- Quarterly average cash burn (Q419 – Q420) NOK 49.6m (USD 5.6m)



- Cash position Q1 2020 NOK 419.4 million (USD 39.9m)
- Private Placement May 2020 additional cash NOK 500.0m (USD 48.3m)
- Cash position gives runway to deliver key milestones from ongoing clinical trials.

Analyst coverage

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Link to reports from Trinity Delta:
https://www.bergenbio.com/investors/analyst-coverage/

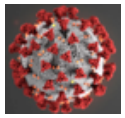
Expected Newsflow 2020

Next-Gen
25th June
NSCLC
Bem + KEYTRUDA

SITC
10-15 Nov
NSCLC
Bem + KEYTRUDA

WCLC
26-29 Jan
NSCLC
Bem + KEYTRUDA

2020 MAY JUN JUL AUG SEP OCT NOV DEC 2021



ACCORD-2

ASH
5-8 Dec
AML
Bem + LDAC update

ASCO-SITC: Clinical Immuno-Oncology symposium, San Francisco
ASCO: American Society of Clinical Oncology, Chicago
WCLC: World Conference of Lung Cancer, Toronto
ESMO: European Society of Medical Oncology, Munich
AACR: American Association for Cancer Research, Chicago
EHA: European Hematology Association, Stockholm
SITC: Society for Immunotherapy of Cancer, DC
ASH: American Society for Hematology, San Diego

BerGenBio Investment case

- World leaders in understanding and clinical leverage of AXL biology: oncology, fibrosis and virology
- 2 *first-in-class* selective AXL inhibitors in clinical development: *bemcentinib & tilvestamab*
- Companion Diagnostic parallel development based on proprietary biomarkers: cAXL and sAXL
- Bemcentinib phase II clinical POC in 2L AML and NSCLC
- Fast Track designation in 2L AML
- Strong cash position to deliver milestones and prepare for registration studies

Thank you.

Questions