H1/Q2 2021 REPORT, HIGHLIGHTS AND FINANCIALS

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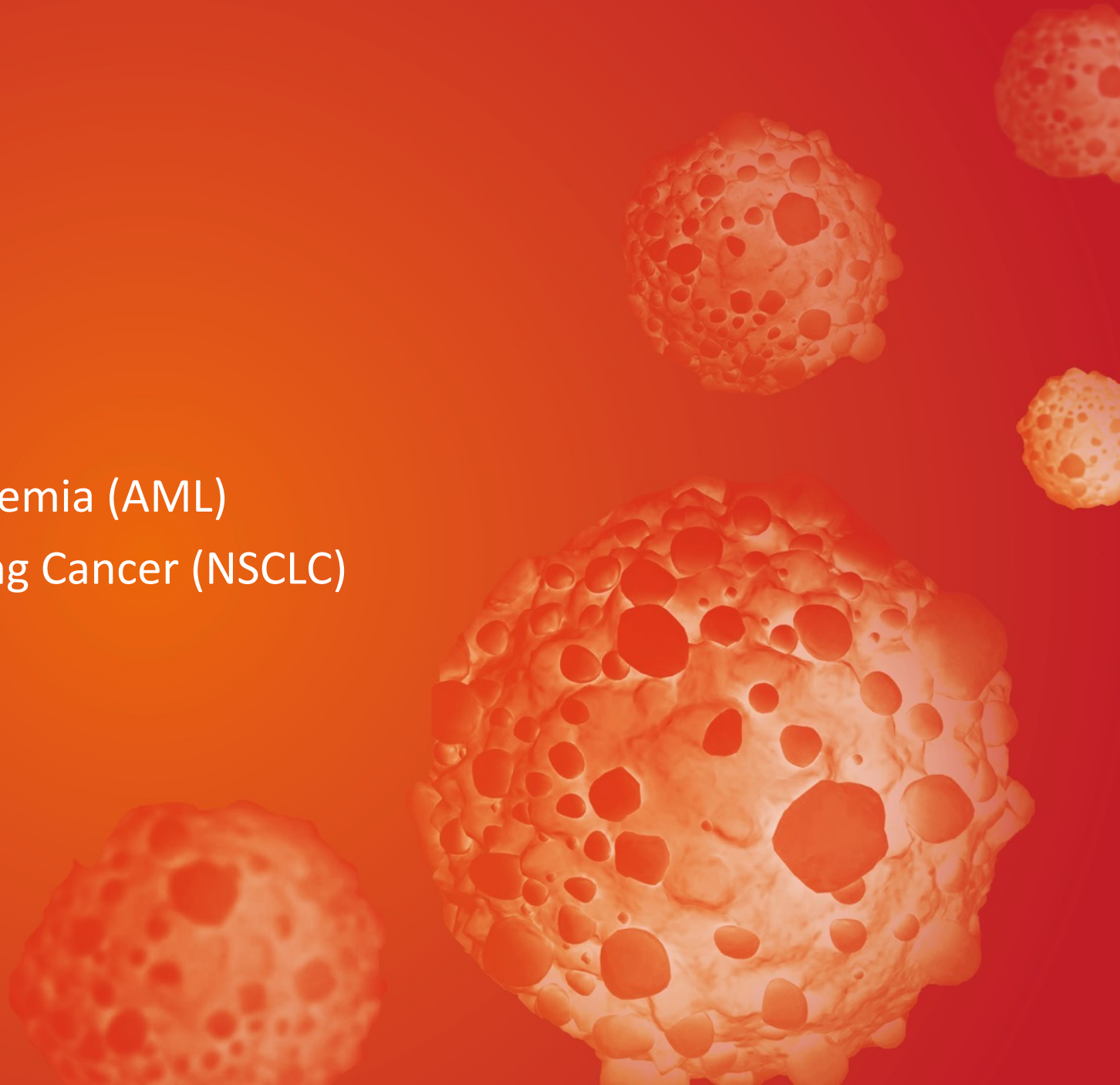
AGENDA

1. Q2 and Recent Highlights
2. AXL inhibitors
3. Bemcentinib clinical trial update:
    - COVID-19
    - Relapse Acute Myeloid Leukaemia (AML)
    - Refractory Non-Small Cell Lung Cancer (NSCLC)
4. Tilvestamab
5. Finance Report
6. 2021 Highlights & Outlook



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H1/Q2 2021 Summary and out look

COVID-19 impact	Operational adjustments are established, WFH remains in the UK. Sites/Patient recruitment remain slow
Organisation	Growth and development to support regulatory engagement and late stage trials
Bemcentinib COVID-19 AML NSCLC	 - Encouraging data from 2 rPhII trials suggest potential effective treatment option - *mOS* preliminary data are encouraging, regulatory alignment is ongoing - On going Ph II in CPI refractory patients, data pending
Tilvestamab	- Ongoing Phase Ib
Regulatory	- Active engagement with regulators seeking alignment for AML and COVID-19 - FDA Fast Track designation awarded for 2L NSCLC
Partners	Ongoing discussions with Governments and Industry Partners
Cash	NOK 574m
Outlook	Clinical data in AML and COVID 19 is encouraging. Seeking Regulatory alignment for registration trials. Strong organization and well financed for current activities and immediate milestones.

Q2 and recent highlights

Apr 2021

- Update from Phase II trials assessing bemcentinib in hospitalised COVID-19 patients. Latest data from BGBC020 and ACCORD2 show bemcentinib was well tolerated, and survival benefit for bem treated patients

May 2021

- Pre-clinical and mechanistic data presented at Virtual Immunology 2021
- Top Line data from phase II trial assessing bemcentinib in hospitalised COVID-19 patients: post-hoc analysis identified 60% of patients with most severe disease report significant benefit from bemcentinib treatment

Jun 2021

- Encouraging preliminary survival and response data from on-going phase II study an AML was presented at EHA
- End-of-trial data from a Phase I/II study of bemcentinib in combination with erlotinib in patients with advanced non -small cell lung cancer (NSCLC) at the American Society of Clinical Oncology (ASCO) Annual Meeting.

July 2021

- Late Breaking Abstract at ECCMID 2021 presented COVID-19 trial data from BGBC020 and ACCORD2
  - Increased survival of 96.6% in bemcentinib arm vs. 91.2% in standard of care arm
  - Significantly reduced likelihood (69%) of progression to ventilation in higher severity patients
  - Significantly increased likelihood (88%) of shorter time to recovery or discharge in higher severity patients
  - Clinical evidence of anti-viral mechanism of action
  - Preclinical analysis highlights bemcentinib's potential against COVID-19 variants

AXL mediates aggressive disease

Very low expression under healthy physiological conditions

AXL signaling is upregulated by hostile cellular microenvironment and viral infection

Cancer
- Immune evasive
- Drug resistant
- Metastatic

Elevated AXL signaling strongly associated with cancer progression, immune evasion, drug resistance and metastasis

Viral infection
- SARS-CoV-2
- Ebola
- Zika

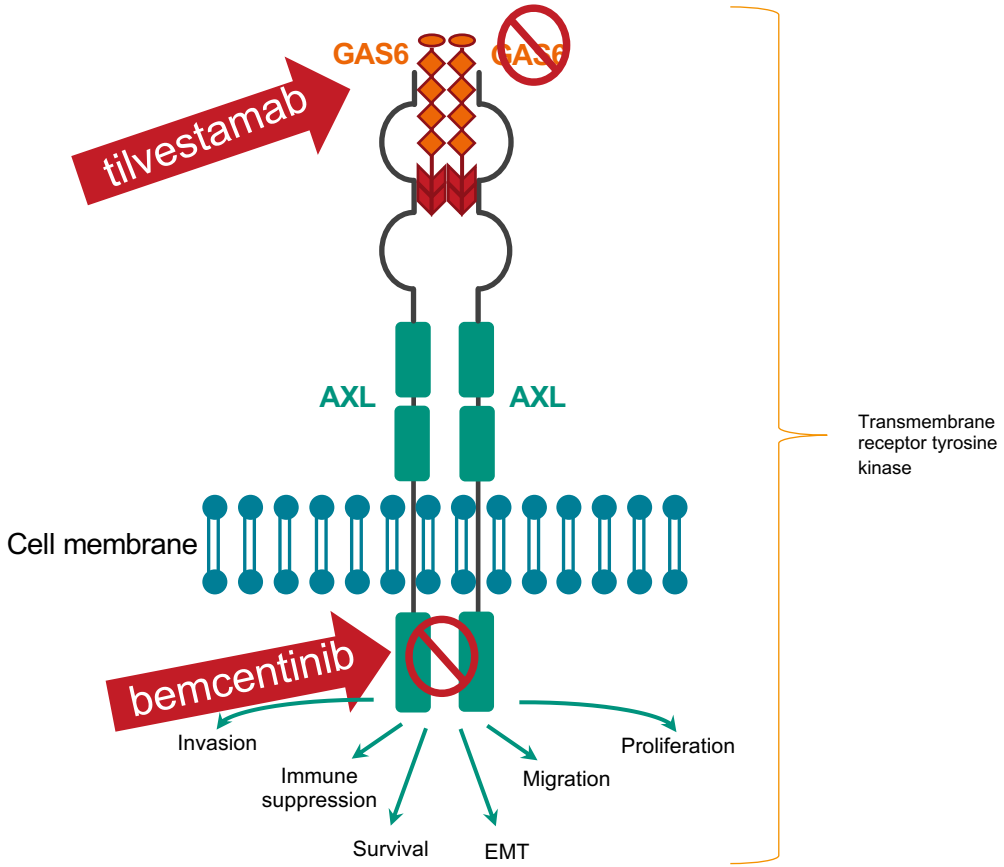
AXL mediates viral entry to cells and dampening of viral immune response

Fibrosis
- Renal
- NASH
- IPF
- MF
- COPD

Axl regulates cellular plasticity implicated in fibrotic pathologies e.g., EMT, EndMT, Macrophage polarity

First in class selective AXL inhibitors

Bemcentinib & Tilvestamab block AXL signaling



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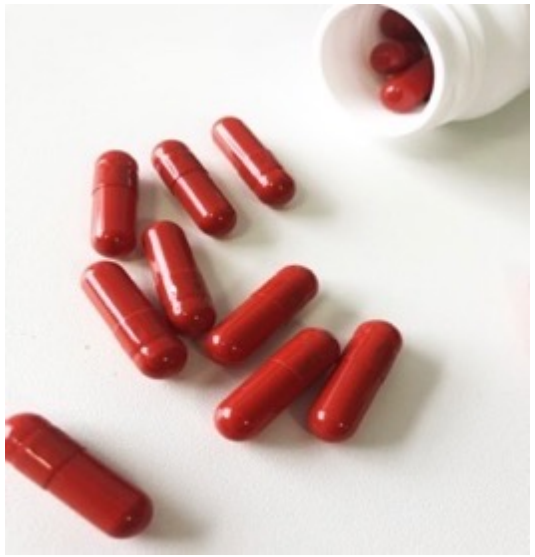
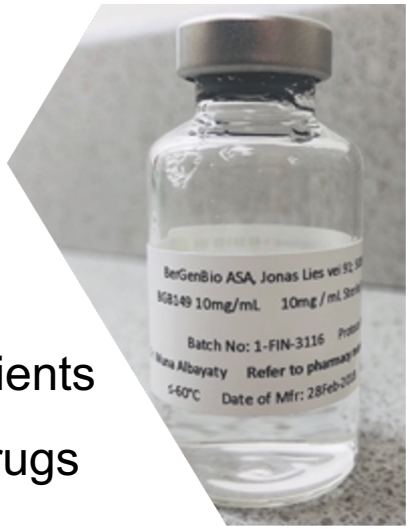
Two first-in-class, potent, highly selective AXL inhibitors in clinical development

Bemcentinib*



- Oral, once a day
- Size 0 capsule
- Stable simple drug product
- Favorable Safety and tolerability confirmed >400 patients
- Combines well with other drugs
- Phase III ready

Tilvestamab**



- Fully humanized mAb,
  - functionally blocking
- Biweekly infusion
- Robust manufacture and stable formulation
- High affinity, displaces GAS6
- Phase Ia complete
  - No DLTs, dose proportionate PK-PD
- Phase Ib/IIa ongoing
  - Serial biopsies to confirm PK-PD

* In licensed from Rigel Pharmaceuticals Inc, 2011 – Global development and commercialization rights

** Developed by BerGenBio, wholly owned asset

Pipeline of sponsored clinical trials

Candidate	Targeted Indication	Preclinical	Phase I	Phase II	Registrational
Bemcentinib monotherapy	Hospital COVID-19 patients				
Bemcentinib monotherapy	>2L AML				
	2L MDS				
Bemcentinib combination with LDAC	2L AML				
Bemcentinib combination with Pembrolizumab	2L NSCLC chemo refractory				
	2L NSCLC CPI refractory			Part 1 recruitment completed → Part2	
MERCK	2L NSCLC CPI+chemo refractory			Part 1 recruitment completed	
Tilvestamab (BGB149)	Phase Ia / Ib		Phase Ia complete → Ib		

recruitment ongoing

Completed recruitment

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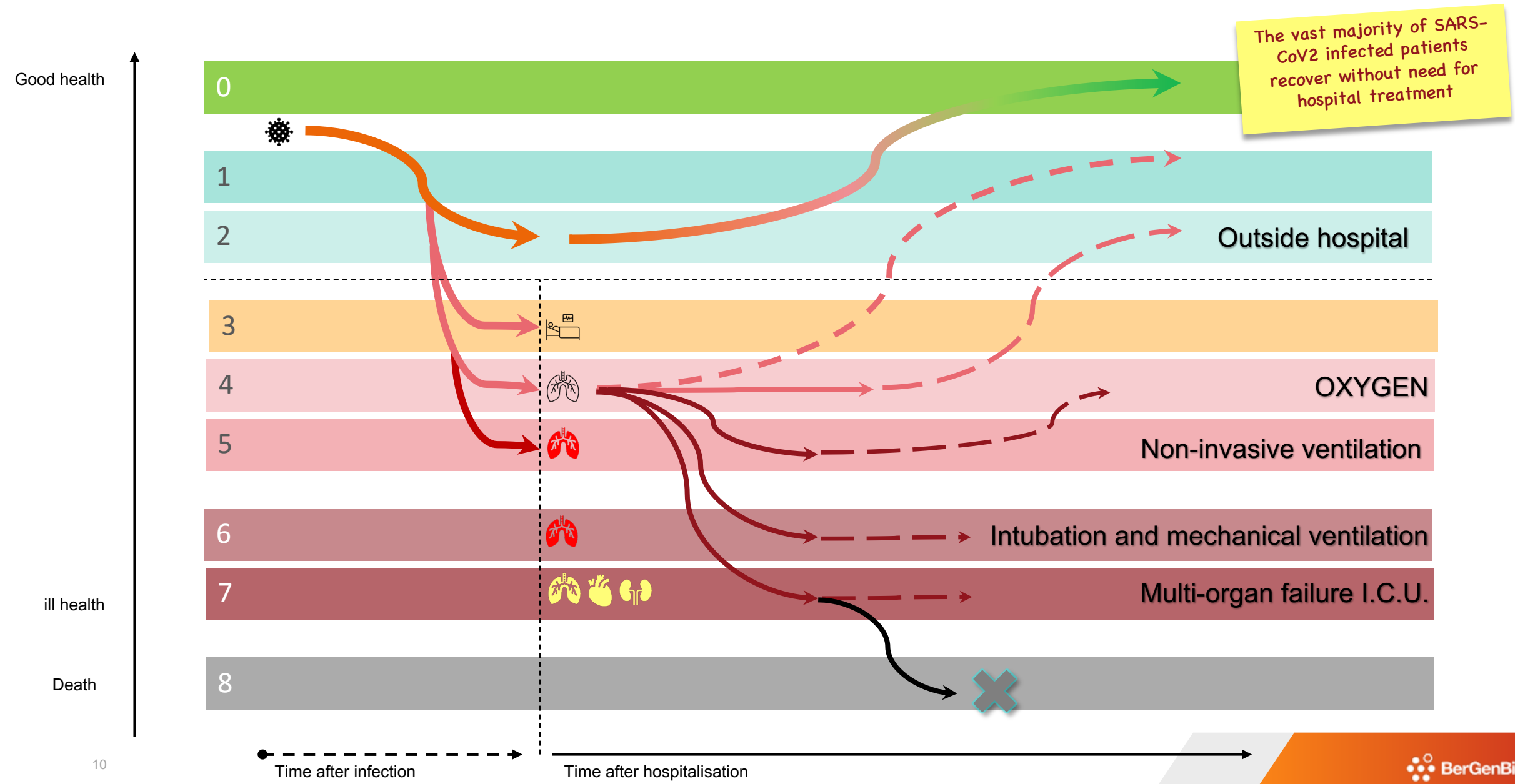
TWO RANDOMISED PHASE II STUDIES ASSESSING BEMCENTINIB IN HOSPITALISED COVID-19 PATIENTS

ECCMID 2021: European Congress of Clinical Microbiology and Infectious Diseases

- Survival to day 29 - 96.6% vs 91.2% with SoC alone
- Reduced likelihood of progression of pulmonary distress to require ventilation – 69% lower than SoC in higher severity patients
- Increased likelihood of shorter time to recovery or discharge – 88% greater than SoC in higher severity patients

WHO 9-point scale – graded increase in pulmonary support



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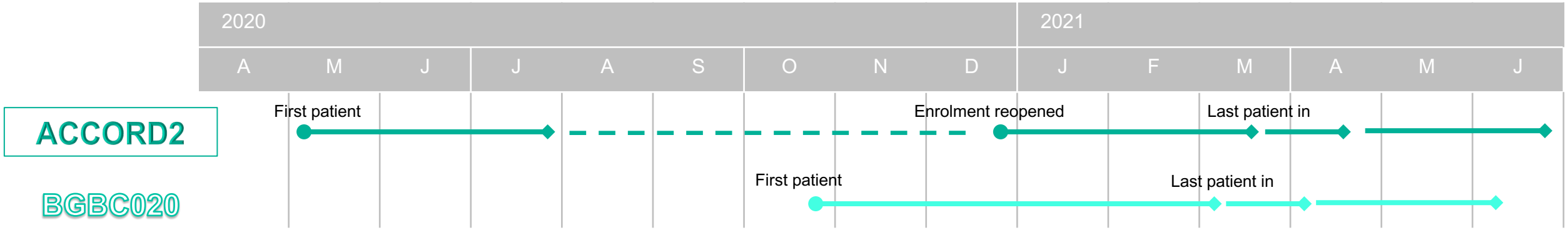
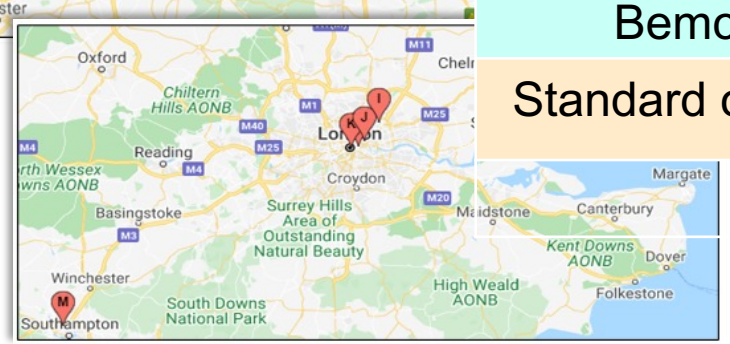
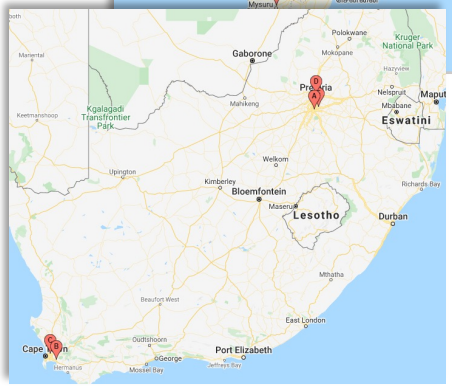
Bemcentinib: two exploratory phase 2 COVID19 studies





	UK	India	South Africa	Total
Bemcentinib	30	30	28	**88**
Standard of Care	34	30	27	**91**
				179



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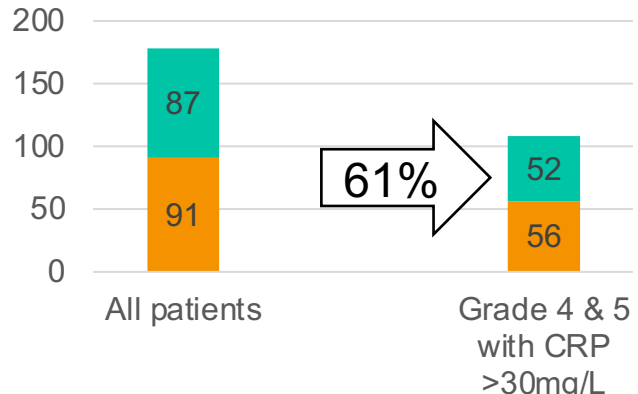
Baseline patient characteristics and Safety

Post-hoc exploratory analysis identified 61% subset of patients affected by more severe disease, benefited from bemcentinib

		BGBC020			ACCORD2		
Baseline WHO OCS	Baseline Intent to use steroid	Bemcentinib	SOC	Total	Bemcentinib	SOC	Total
3	N/A	6	5	11	3	0	3
4	No	11	10	21			
	Yes	36	36	72	21	25	46
5	No	1	1	2			
	Yes	4	5	9	5	8	13
Total		58	57	115	29	33	62
CRP	>30mg/L	27	30	57	22	26	48
Proportion of patients				50%			77%



5 Most Commonly reported Adverse Event (by PT)

Preferred Term	Bemcentinib +SoC n=86		SoC n=89		Total N=175	
	n	%	n	%	n	%
Diarrhoea	8	9	2	2	10	6
ALT increased	8	9	1	1	9	5
Hyperglycaemia	4	5	3	3	7	4
Headache	4	5	2	2	6	3
Pulmonary embolism	1	1	5	6	6	3

4 patients discontinued bemcentinib due to adverse events (myocardial infarction - 1, raised ALT - 1, prolonged QTc - 1, septic shock and acute renal failure - 1)
1 interrupted bemcentinib due to diarrhoea

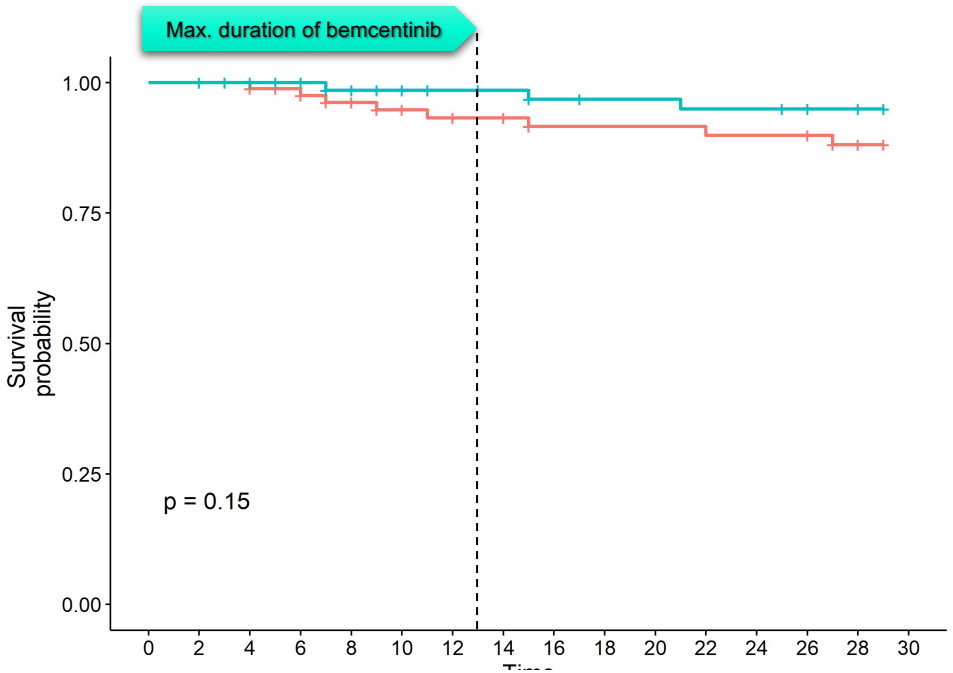
No SUSAR

IDMC review; no safety or tolerability signal of concern for further development in this COVID19 patient population.

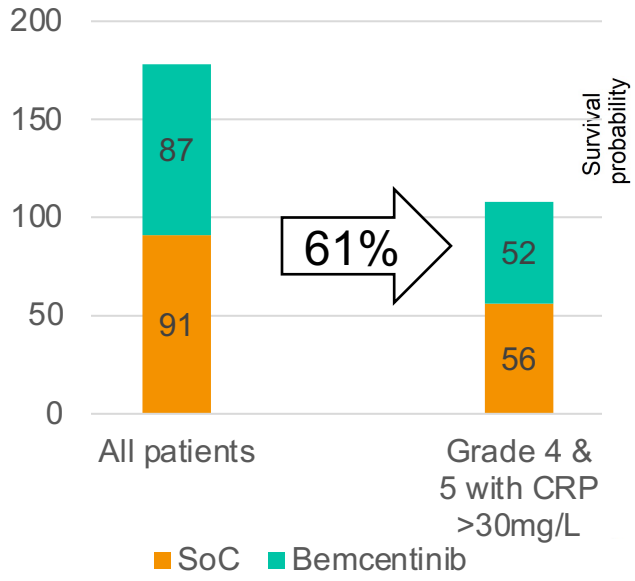
Survival (day 29 after enrolment)

survival of 96.6% in bemcentinib arm vs. 91.2% in standard of care

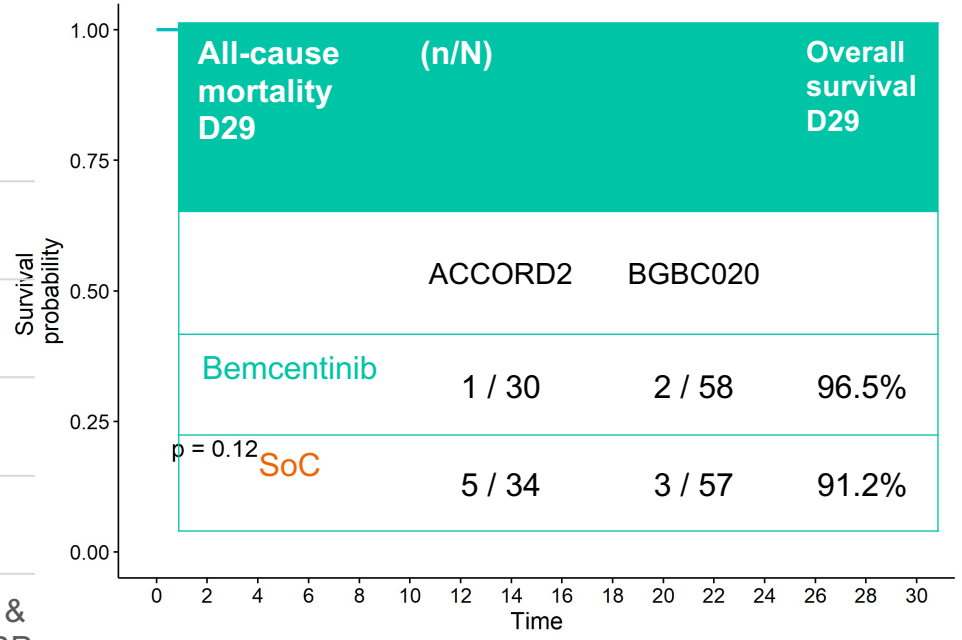
All participants



HR=0.388 95% C.I.(0.103, 1.462)



WHO scores of 4 & 5 at baseline AND screening CRP≥30mg/L

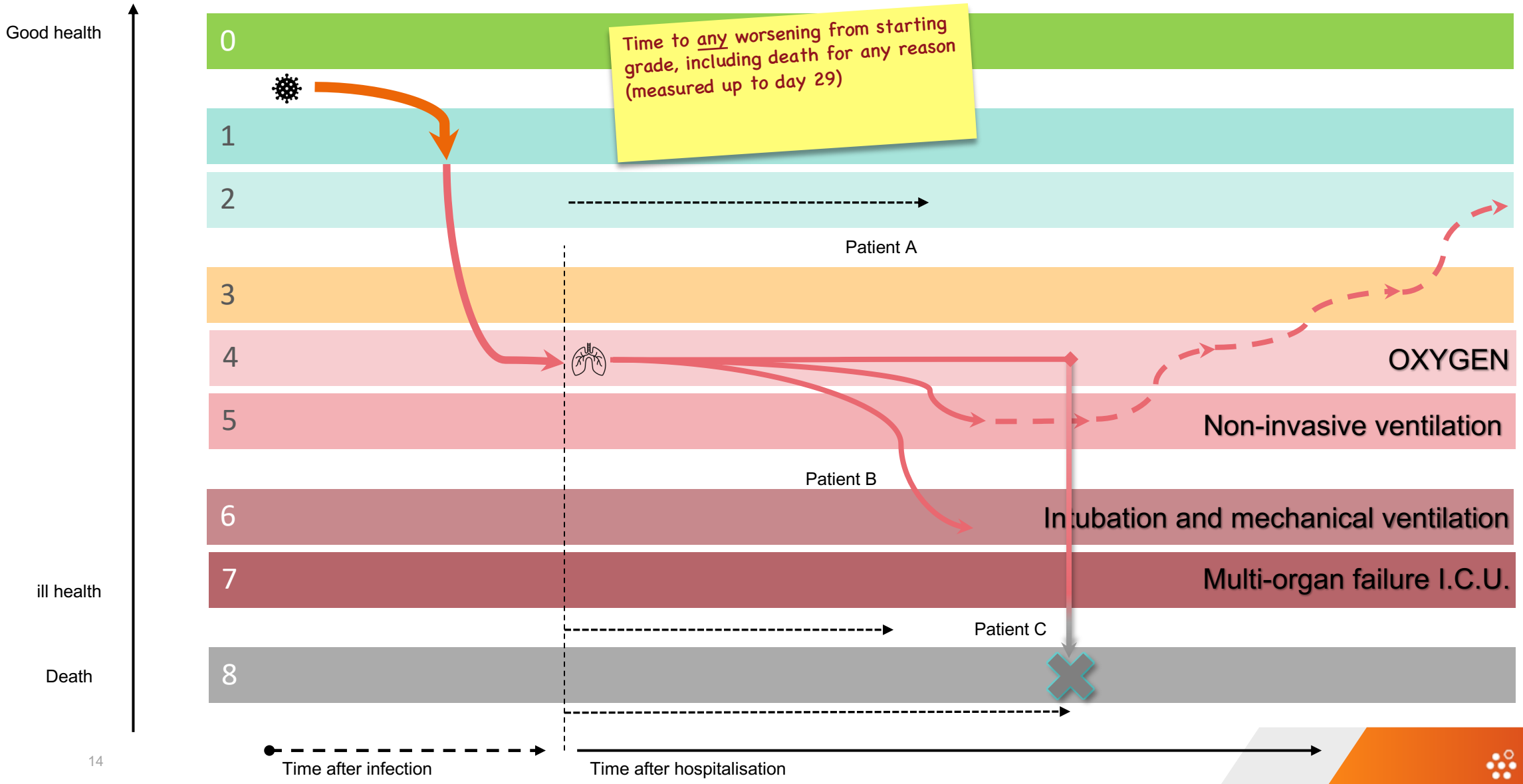


All-cause mortality D29	(n/N)		Overall survival D29
	ACCORD2	BGBC020	
Bemcentinib	1 / 30	2 / 58	96.5%
p = 0.12 SoC	5 / 34	3 / 57	91.2%

HR=0.306 95% C.I. (0.063, 1.472)

SoC
Bemcentinib

Key Secondary endpoint – time to any worsening (incl death)



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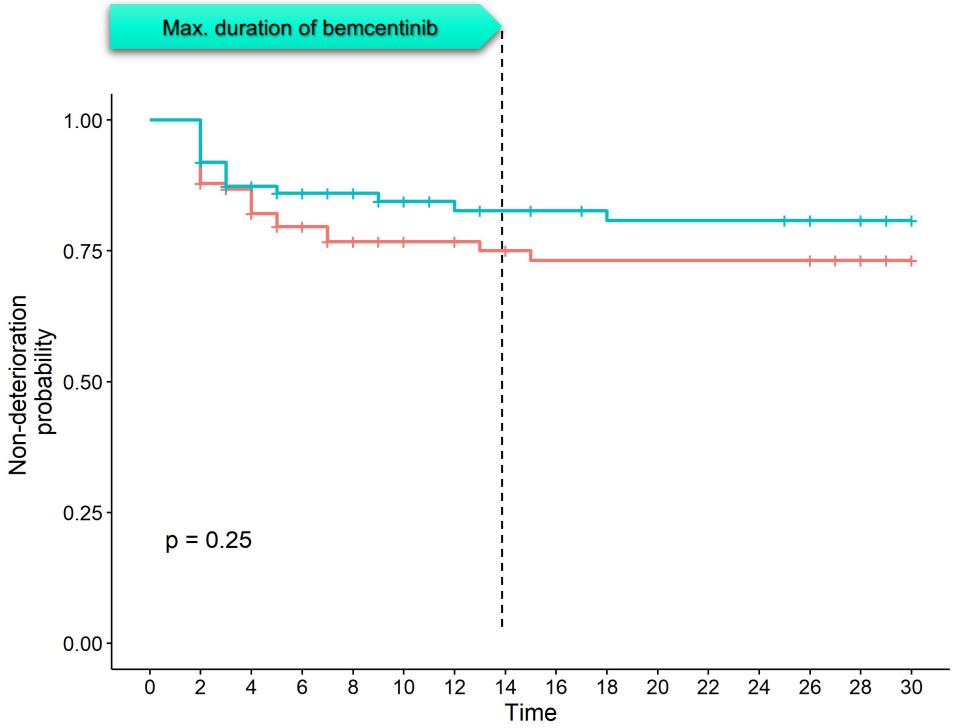
Time to worsening by ≥1 grade in WHO score

Significantly reduced likelihood (69%) of progression to ventilation in higher severity pts.

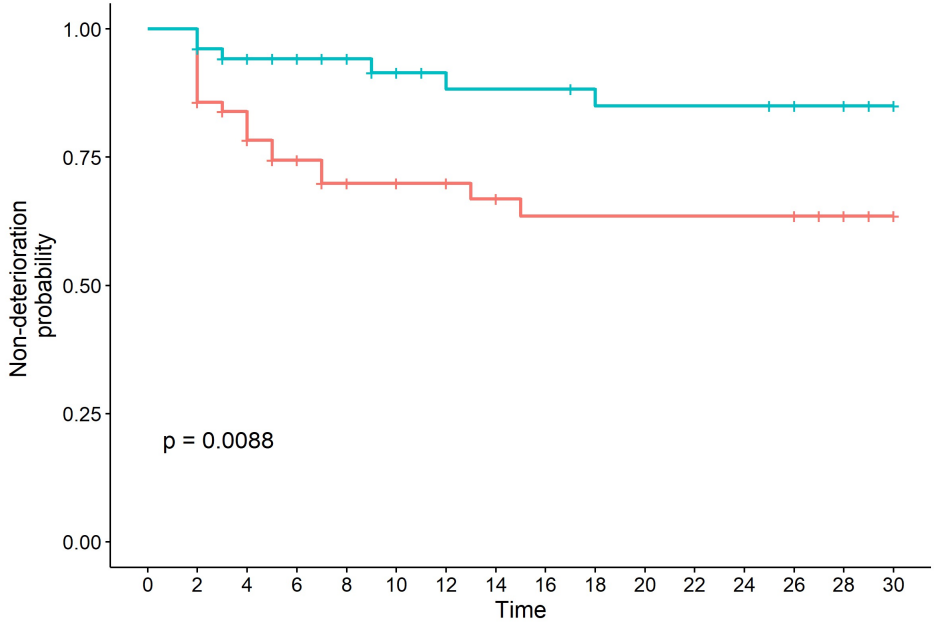
All participants



HR=0.679 95% C.I. (0.352, 1.309)

61%

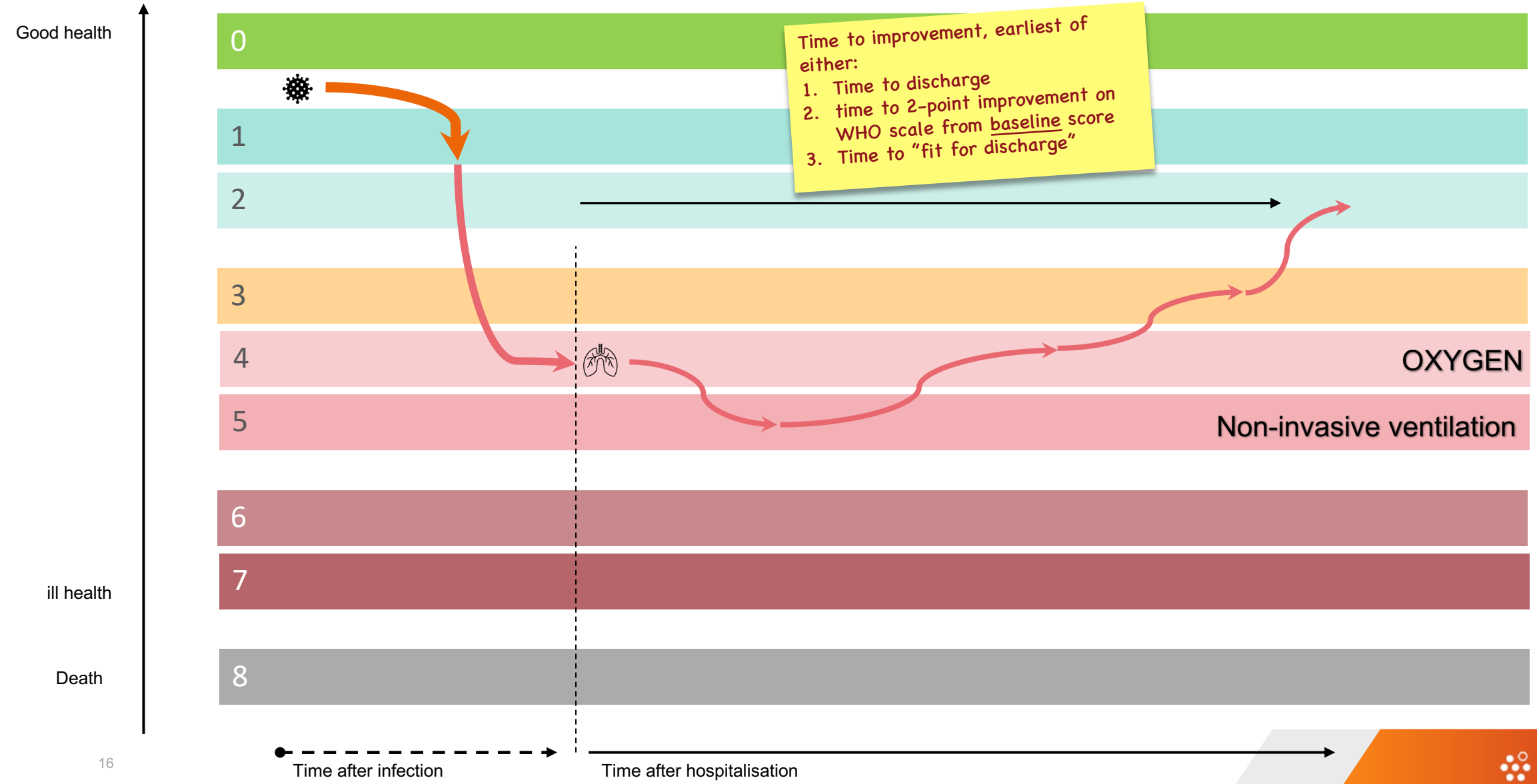
WHO scores of 4 & 5 at baseline
AND screening CRP≥30mg/L



HR=0.310 95% C.I. (0.123, 0.781)

SoC
Bemcentinib

Primary endpoint – time to improvement (recovery or discharge)



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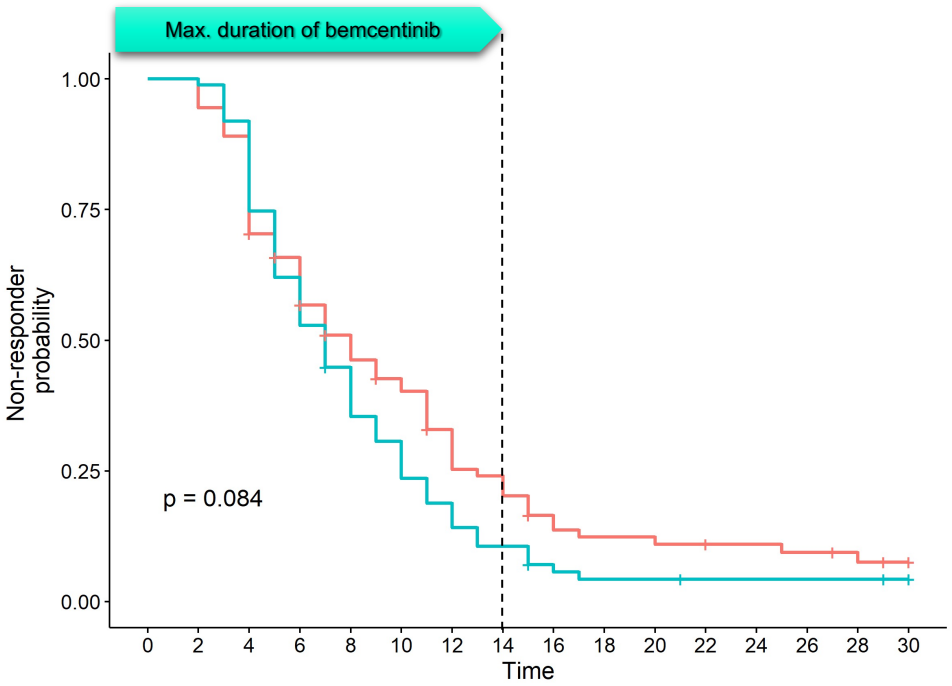
Primary endpoint: time to recovery or discharge

Significantly increased likelihood (88%) of shorter time to recovery or discharge in higher severity pts.

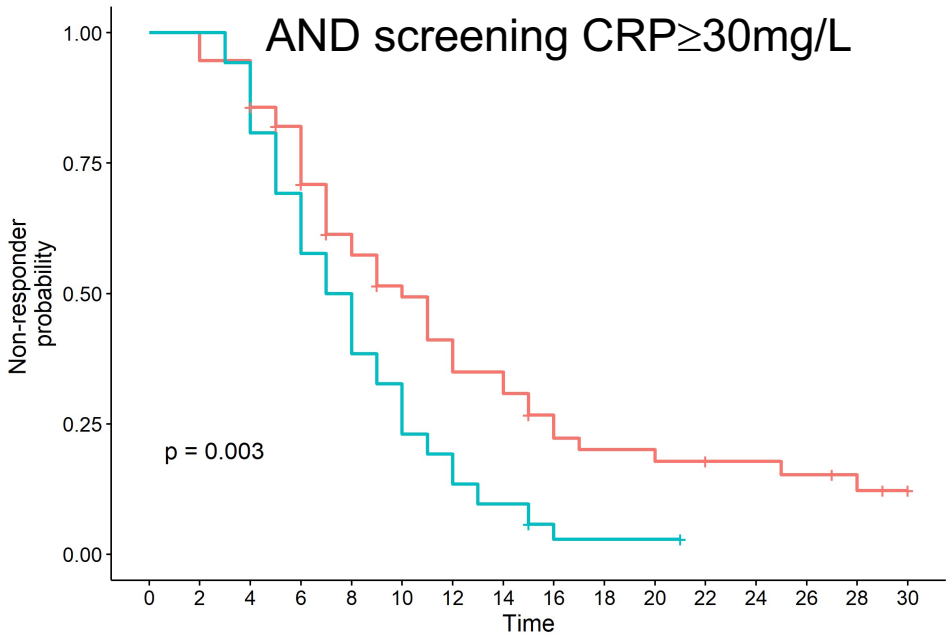
All participants



HR=1.318 95% C.I. (0.964, 1.802)

61%

WHO scores of 4 & 5 at baseline
AND screening CRP≥30mg/L

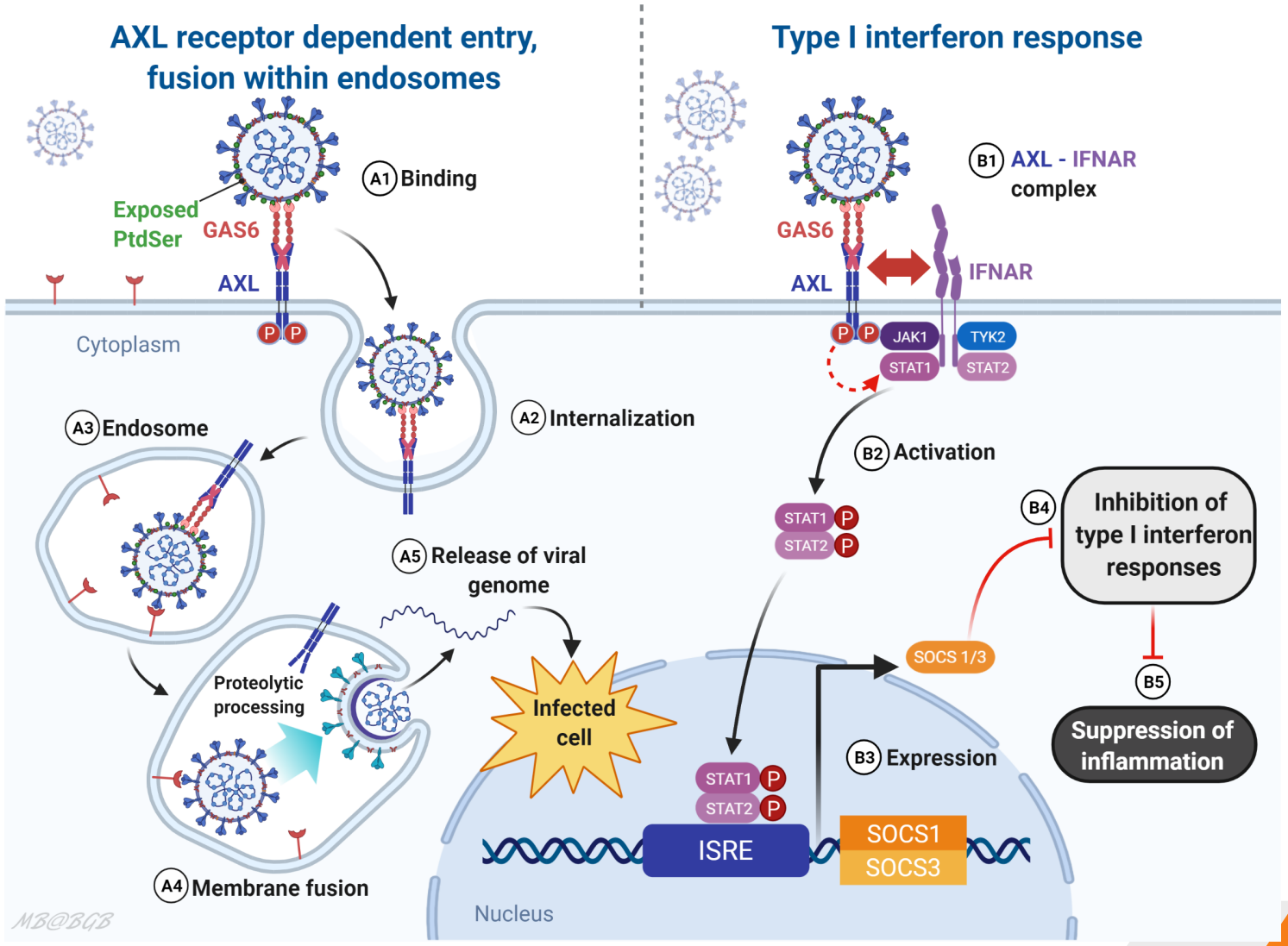


HR=1.884 95% C.I. (1.236, 2.871)

SoC
Bemcentinib

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

"*apoptotic mimicry*"
Enveloped viruses display phosphatidylserine, which is recognized by GAS6, the AXL receptor ligand, that mediates viral entry via endosomal pathway

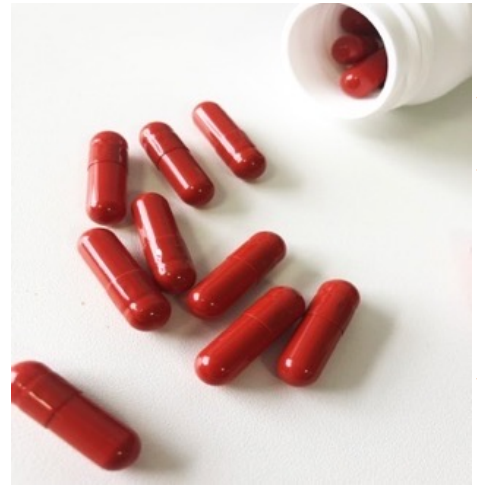


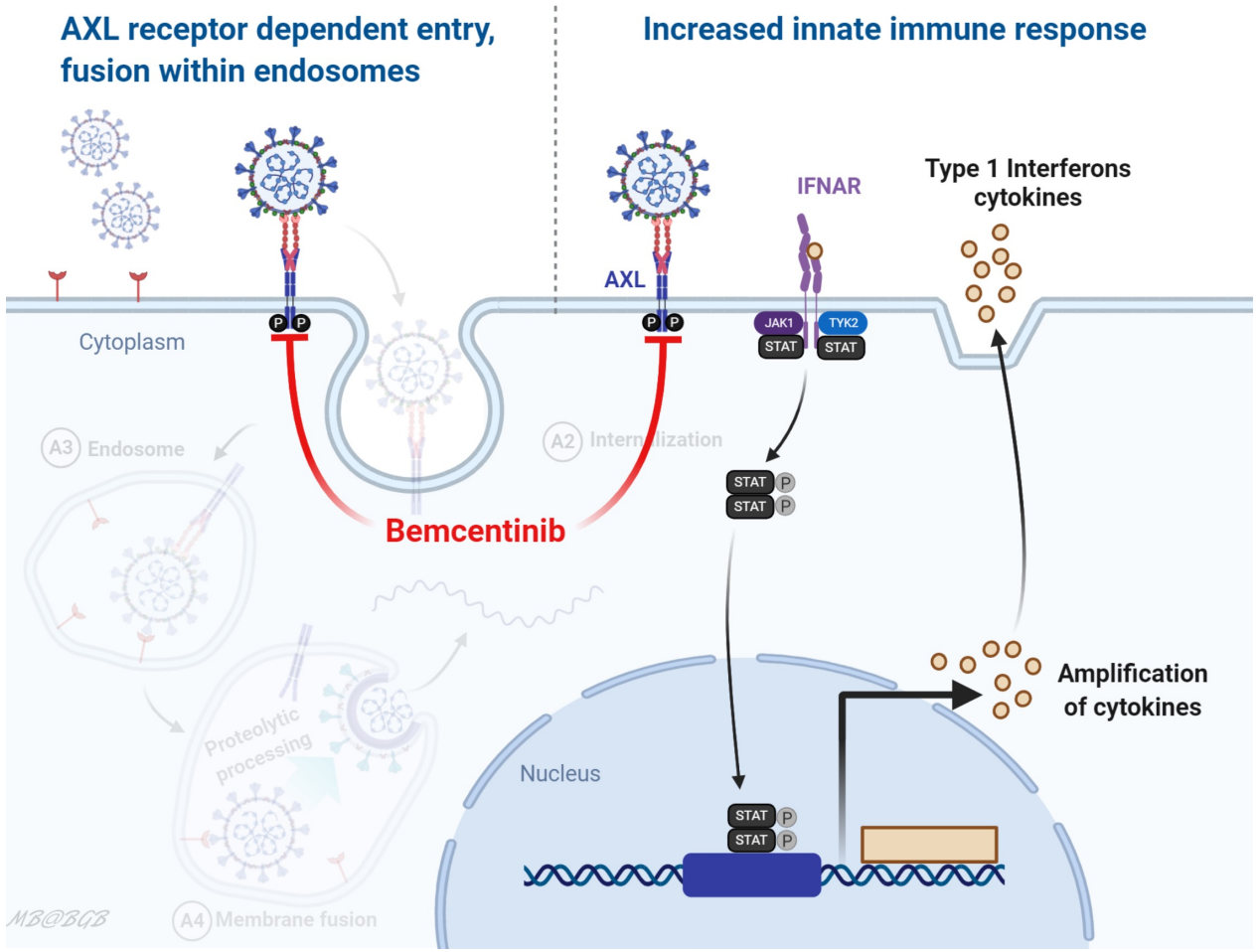
Viral-mediated AXL receptor activation dampens type I interferon responses, key to cellular anti-viral defence mechanism

BerGenBio R&D day, Nov 2020; Prof Wendy Maury 1h9min
https://vimeo.com/477021607

Meertens L *et al. Cell Host & Microbe* 2012, *12*:544 / Chen J *et al. Nat Microbiol* 2018 *3*:302

Bemcentinib acts on two host pathways
prevents viral infection and promotes innate immunity





Bemcentinib:

- **blocks AXL-dependent viral entry**

  and

- **enhances anti-viral interferon response**

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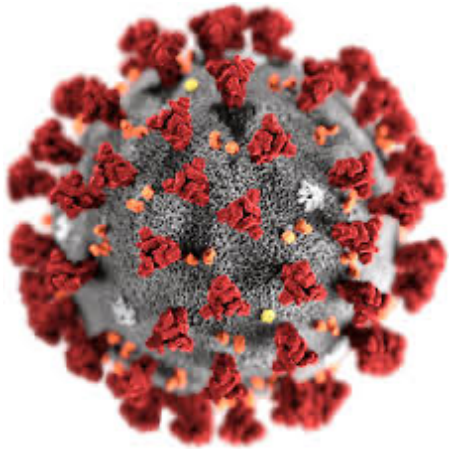
Summary Bemcentinib potential treatment for COVID-19



In **hospitalised** patients, **requiring oxygen** but not intubated across a diverse range of healthcare scenarios in three continents

When added to corticosteroid based standard-of-care therapy, a finite course of daily oral therapy with bemcentinib:

Showed evidence for therapeutic benefit on meaningful clinical endpoints

- Survival to day 29 - 96.6% vs 91.2% with SoC alone
- Reduced likelihood of progression of pulmonary distress to require ventilation – 69% lower than SoC in higher severity patients
- Increased likelihood of shorter time to recovery or discharge – 88% greater than SoC in higher severity patients

Clinical data adds support to pre-clinical evidence for bemcentinib - host-targeted anti-viral mechanism of action on SARS-CoV2:

- Impairing viral cell entry
- Enhancing innate type-1 IFN immune response to virus
- Independent of variant(s)

This signal of therapeutic benefit, requires confirmation in a prospectively designed placebo RCT – magnitude of effect indicates the requisite study population for statistical power, would likely be of modest size.

Next steps include continued engagement with regulatory agencies, Governments and industry partners

Bemcentinib clinical development in:

Acute Myeloid Leukaemia

- ✓ FDA granted Orphan status in AML
- ✓ FDA granted Fast Track Designation in AML

Defining a new patient population: **relapsed AML**

- ✓ Patients have failed HMA +/- BCL2, FLT3 or IDH inhibitors
- ✓ Encouraging Patient Benefit Reported
- ✓ EHA conference

Acute Myeloid Leukaemia (AML)

Most common type of acute leukaemia in adults[1]

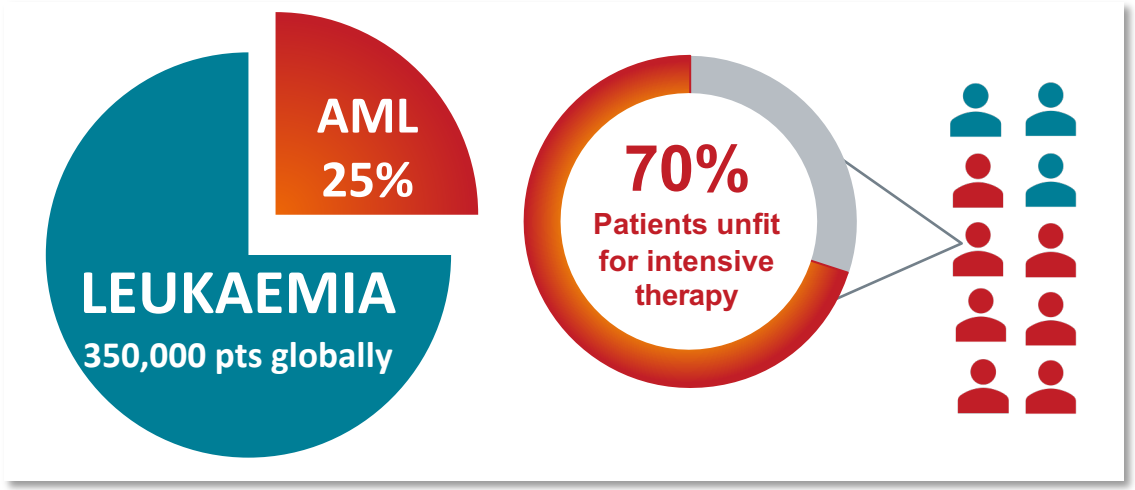
AML is a rare aggressive cancer of the blood and bone marrow characterised by difficult to treat malignancies

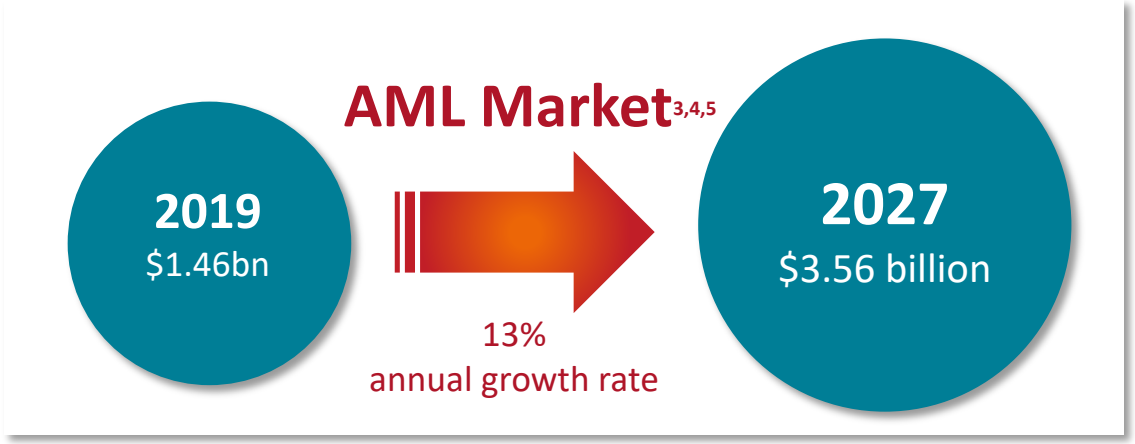
~ 20,000 new cases diagnosed and >10,000 deaths in the US in 2018[2]

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]

<u>Standard of Care:</u>
1L: 66% CR/CRi, mOS 14.7mo.[8]
Relapse: mOS 4.7mo.[9]
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/ (8) VIALE A & C 9 Leukemia Research Volume 90, March 2020, 106314

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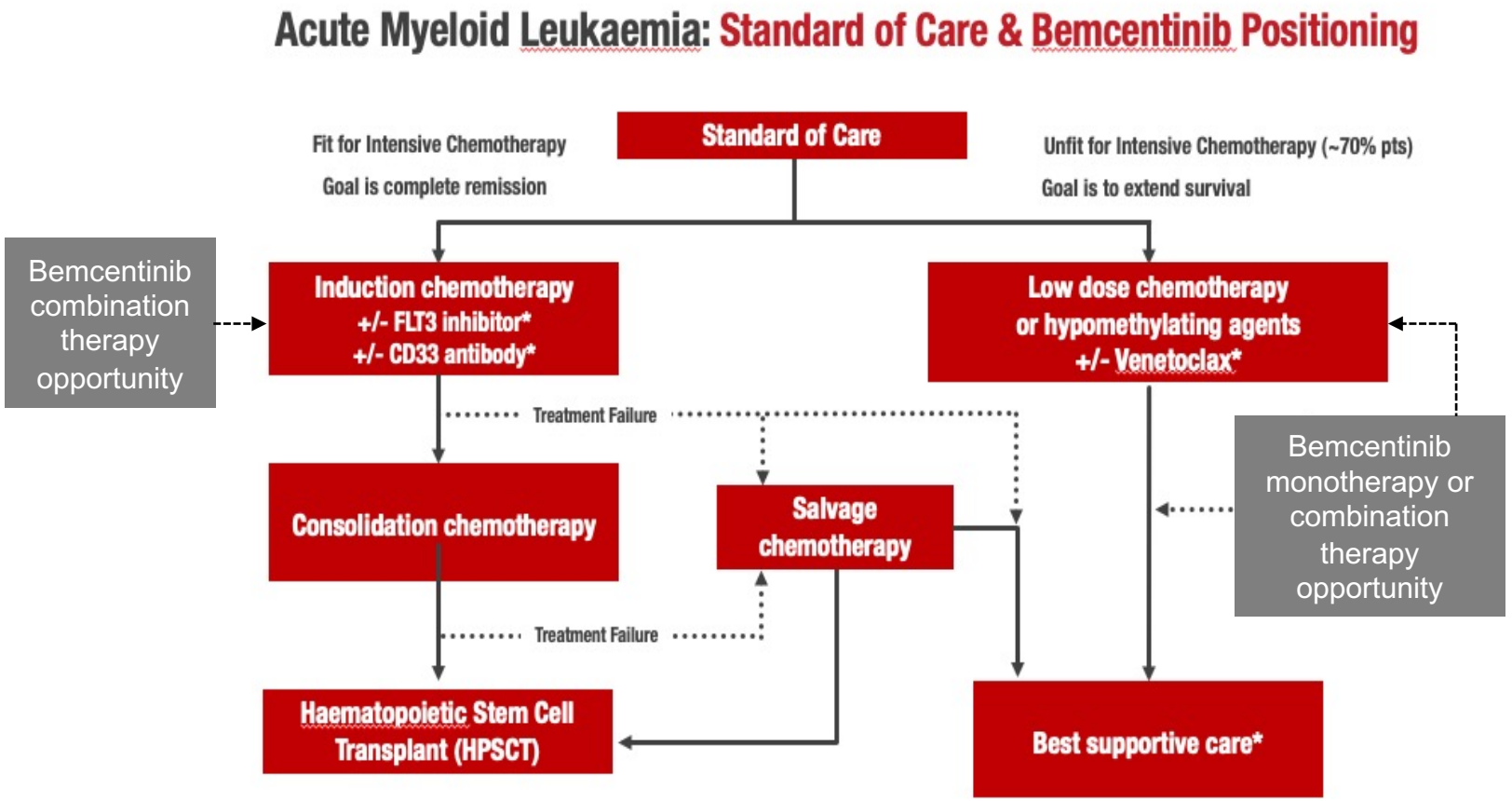
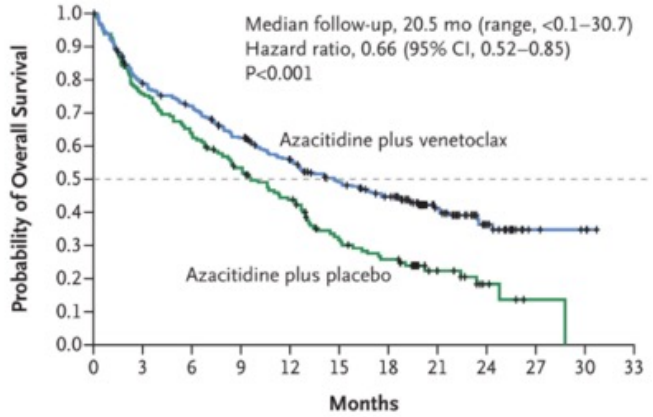
Relapse AML – the need for new treatment options



First Line Treatment

- Evolved to include venetoclax in combination with HMA or low-dose cytarabine
- CR/CRi 65% rate and mOS of 14.7mo[1]
- Relapse patients mOS 4.7mo[2]



1. VIALE-A NCT02993523
2. Leukemia Research Volume 90, March 2020, 106314

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Phase I/II study in elderly AML patients unfit for intensive chemo and transplant

Phase 1 n=36

Single agent bemcentinib dose-finding in r/r AML/MDS

- Established safety and recommended Phase 2 dose
- sAXL biomarker potentially predictive of CR/CRi at 43%
- Translational research confirmed immuno-therapy mechanism of action

Phase 2 Expansion Cohorts

Cohort B1 n=14

Monotherapy AML

Cohort B2 n=16

Combination with LDAC in newly diagnosed or relapsed AML

Cohort B5 expansion

Combination with LDAC relapsed AML (ongoing)

Cohort B3 n=14

Combination with decitabine in ND or relapsed AML

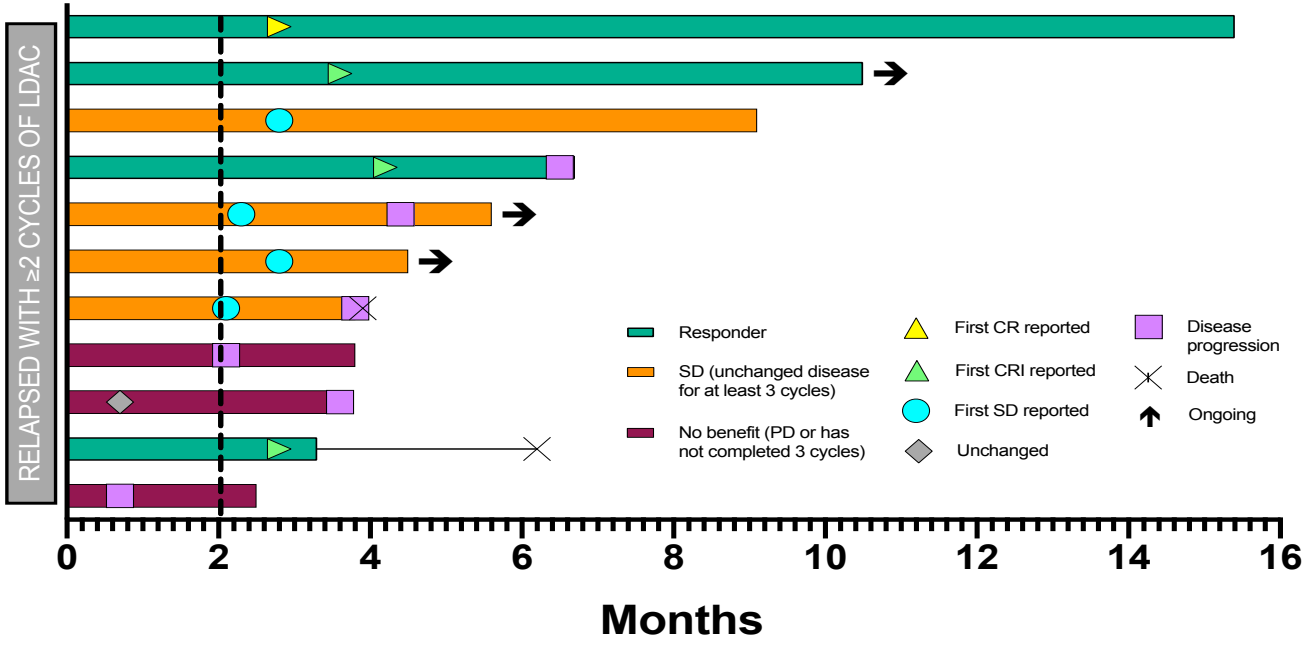
Cohort B4 n=14

Monotherapy MDS

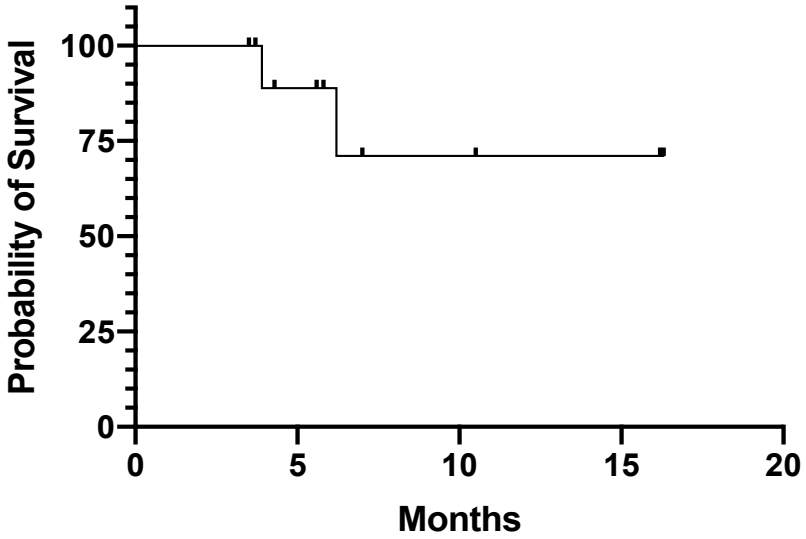
LDAC = Low Dose Cytarabine
AML = Acute Myeloid Leukaemia
MDS = Myelodysplastic syndromes

Preliminary Efficacy assessment for relapsed AML pts with ≥ 2 cycles of Bemcentinib+LDAC (n=11*)

Time on Treatment



Overall survival



*Subset of patients who demonstrated increased clinical benefit and response rates had the following characteristics:

- Continued treatment beyond 8 weeks (56 days), and
- received ≥2 cycles of Bem+LDAC
- BM assessment beyond 8 weeks

mOS not reached

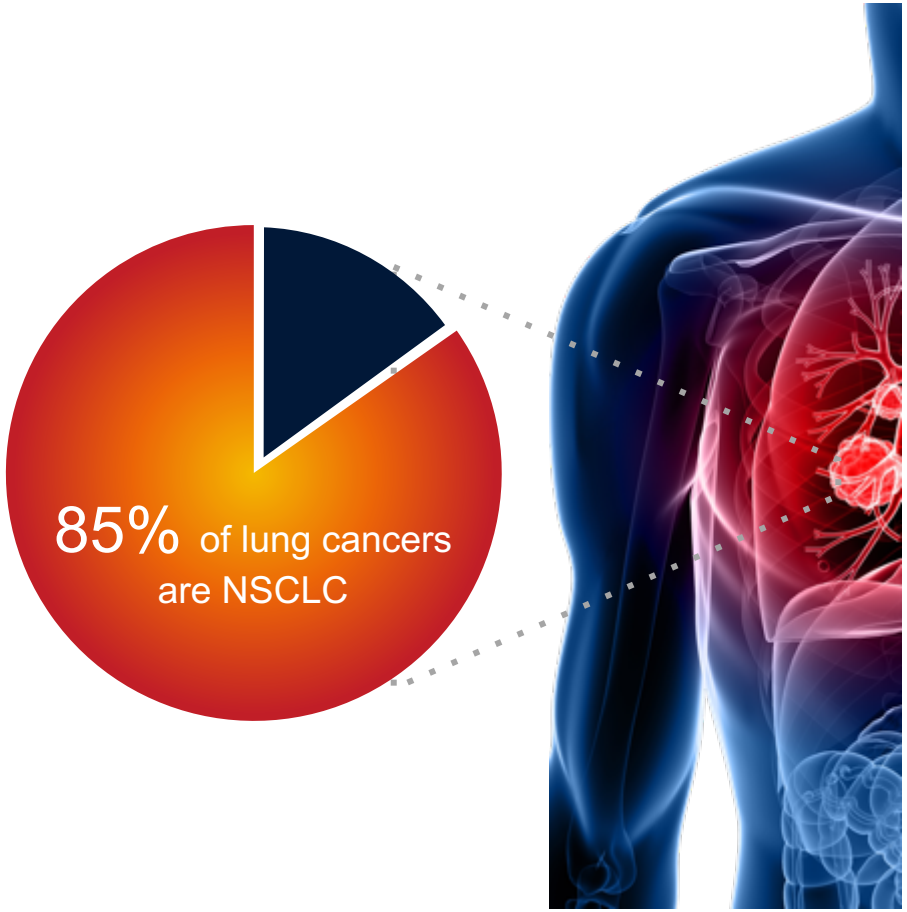
6 months OS = 70%
12 months OS = 70%

* Cut-off 30th April 2021

Bemcentinib clinical development in:

Refractory NSCLC with bemcentinib/pembrolizumab combination

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



The largest cancer killer, most patients depend on drug therapy

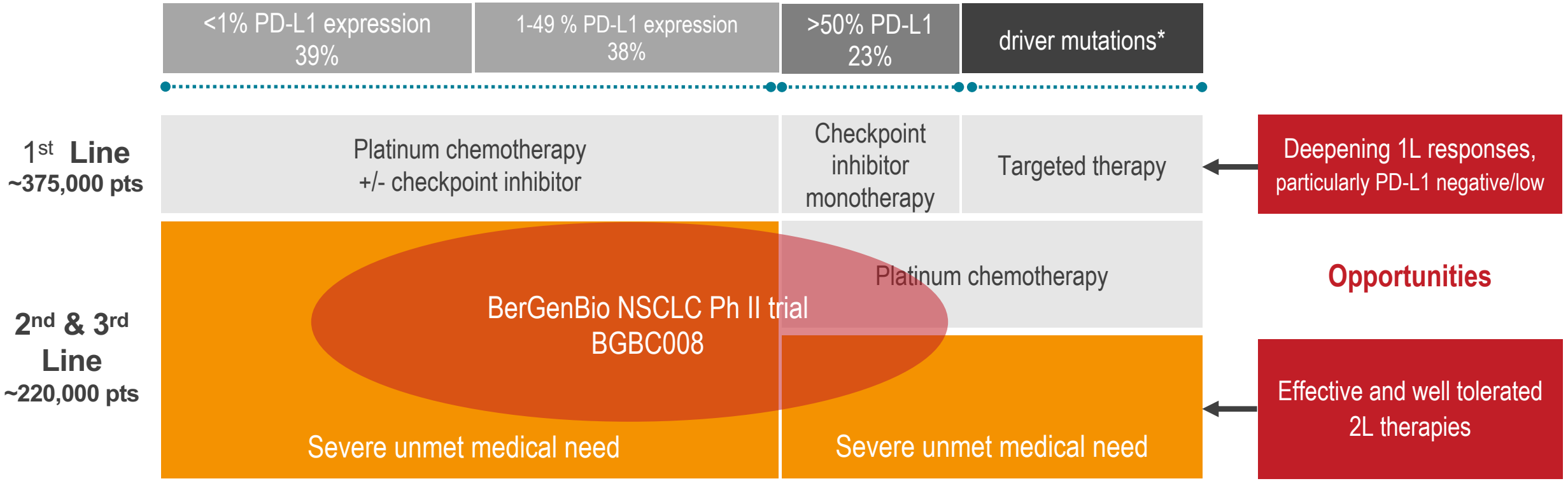
- 2.09 million new cases of lung cancer diagnosed/yr worldwide, making up 11.6% of all cancer cases[1]
- 1.76 million lung cancer deaths/yr worldwide[1]
- NSCLC market opportunity $39bn
- In the U.S, 5-year survival rate is approximately 18.6%, and **4.7%** in patients with distant metastases[2]

Non-small cell lung cancer is the most common type of lung cancer, making up 80-85% of lung cancers

(1) Globocan 2018 (2) SEER

Non-Small Cell Lung Cancer (NSCLC)

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



* Mutations / rearrangements with available targeted therapies such as EGFR and ALK

Summary Update:
2L ad. NSCLC Study with bemcentinib + pembrolizumab

Cohort A • Previously treated with a platinum containing chemotherapy • CPI-naïve • Has PD at screening	**Interim Analysis** **Stage 1** **N=22 patients**	**Final Analysis COMPLETE** **Stage 2** **N=48 patients** ➢Encouraging Survival in cAXL+
Cohort B • Previously treated with a mono therapy PD-L1 or PD-1 inhibitor • Must have had disease control on most recent treatment • Has PD at screening	**Interim Analysis** **Stage 1** **N=16 patients** ➢Encouraging mPFS in cAXL+	**Recruitment ONGOING** **Stage 2** **N=29 patients**
Cohort C • Previously treated 1st line with a combination of checkpoint inhibitor + platinum-containing chemotherapy • Must have had disease control on 1st line therapy • Has PD at screening	**Interim Analysis** **Stage 1** **N=13 patients** ➢ ORR and biomarker data pending	**Pending** **Stage 2** **N=29 patients**

U.S. Food and Drug Administration (FDA) has granted Fast Track designation for bemcentinib in combination with an anti-PD-(L)1 agent for the treatment of patients with AXL -positive advanced/metastatic non-small cell lung cancer (NSCLC)

FDA Fast Track Designation

Recognition

- ✓ The first formal recognition by a regulator of AXL-positive patients as a discernible patient population
- ✓ BerGenBio has developed proprietary biomarkers and companion diagnostic assays for selection of AXL positive patients, the cAXL assay is validated for clinical trial use
- ✓ Retrospective analysis of patients in clinical trials suggest approximately 50% of patients are cAXL positive, and it is these patients that achieve the clinical responses and extended survival benefit previously reported.

Benefits of Fast Track

Kalkine Image (Source: FDA)

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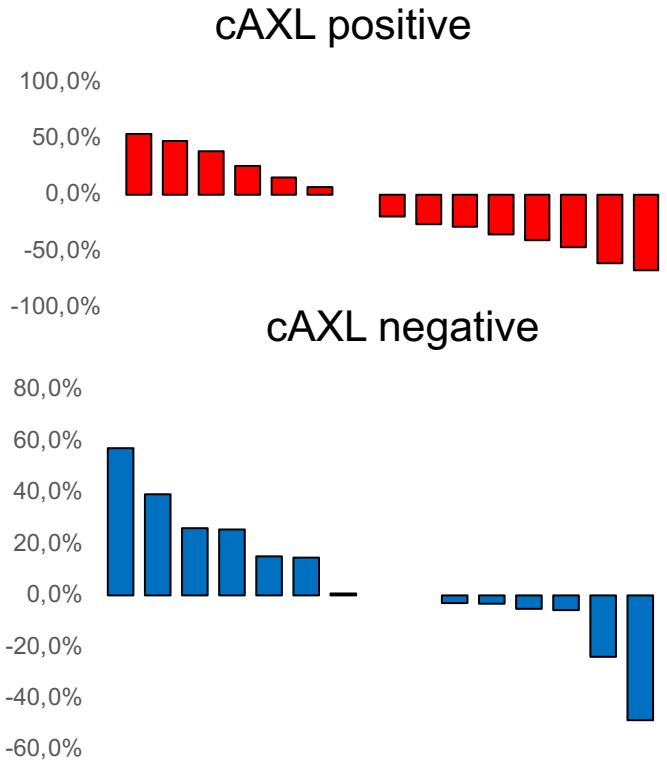
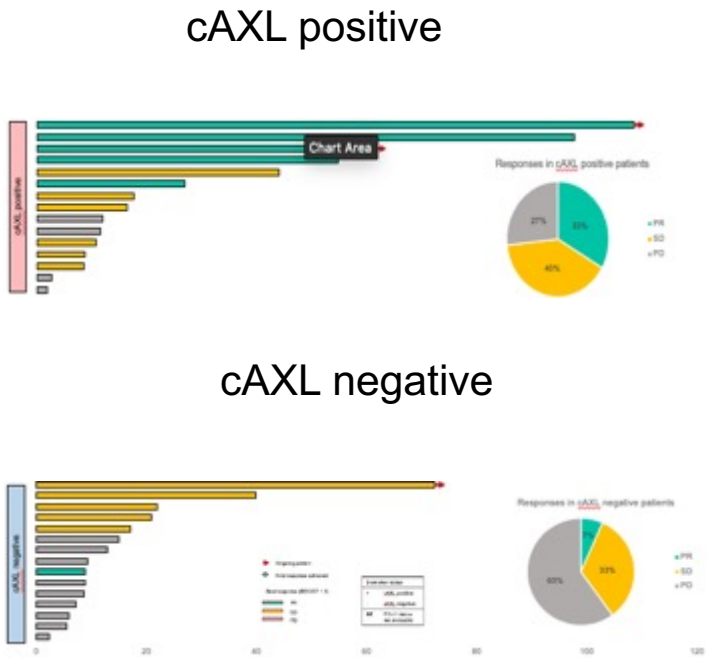
Cohort A

cAXL predicts response and survival benefit with Bemcentinib + Pembrolizumab in 2L NSCLC CPI naïve patients

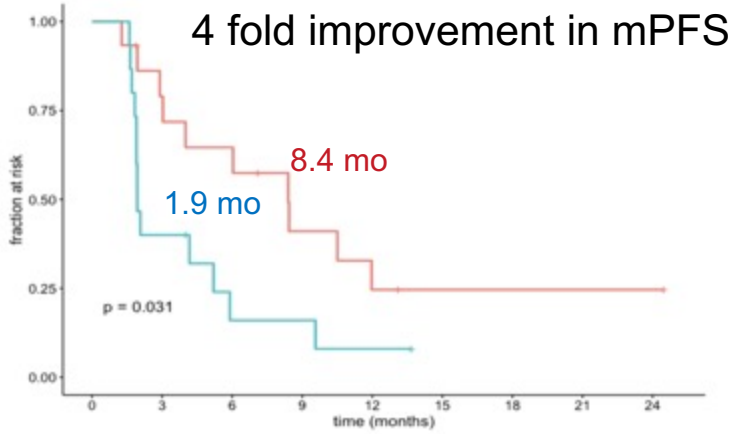
Change in tumor size



Duration of response



Survival benefit



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%

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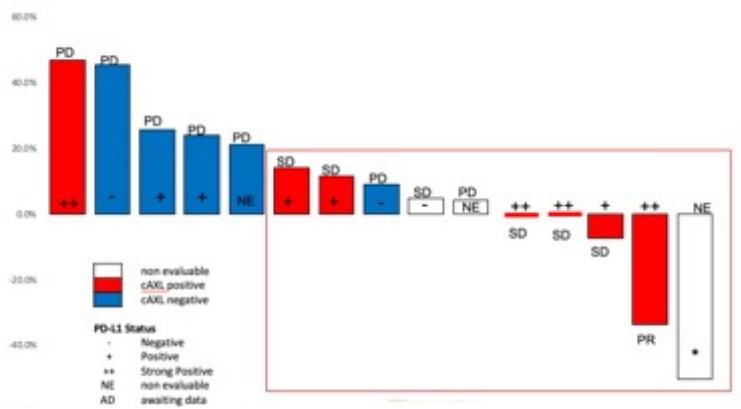
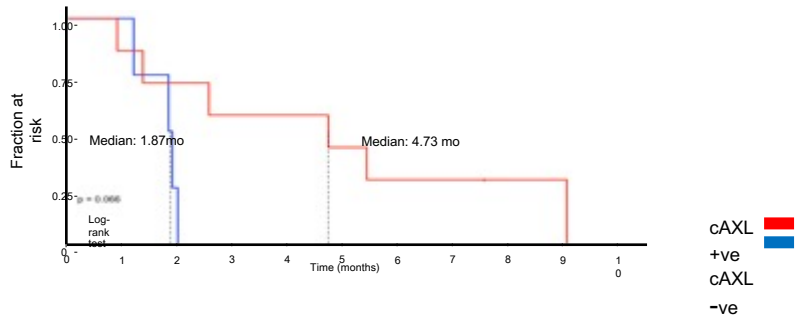
Cohort B1

cAXL predicts improved patient outcomes from Bemcentinib + Pembrolizumab in 2L NSCLC CPI refractory patients

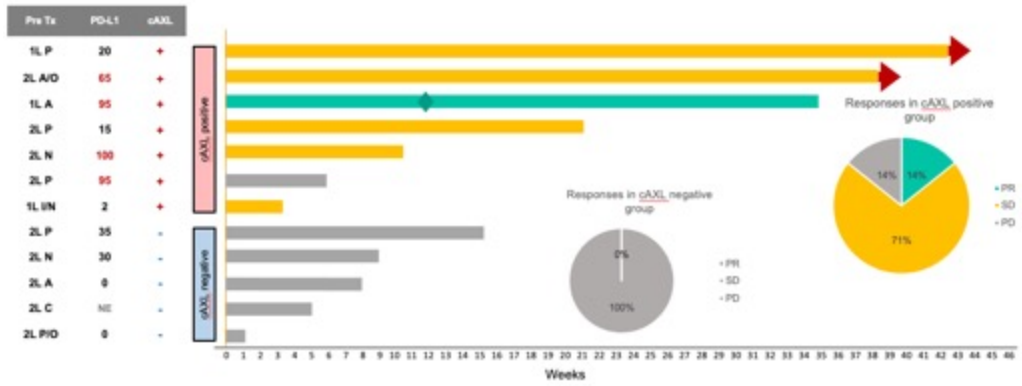
Change in tumour size



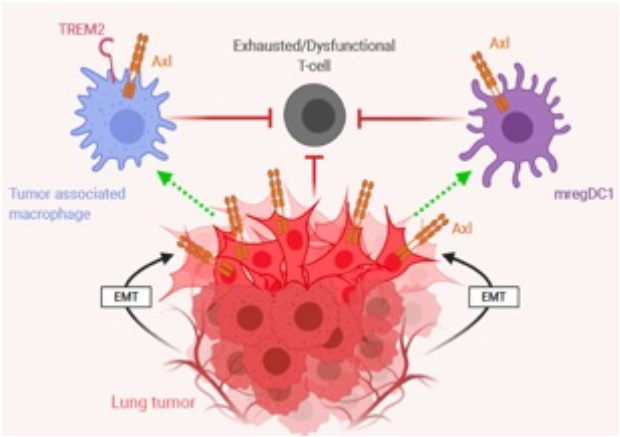
2.5 fold improvement in median progression free survival



Duration of response



AXL^{+ve} immune suppressive cells identified



IASLC 2020 World Conference on Lung Cancer Singapore

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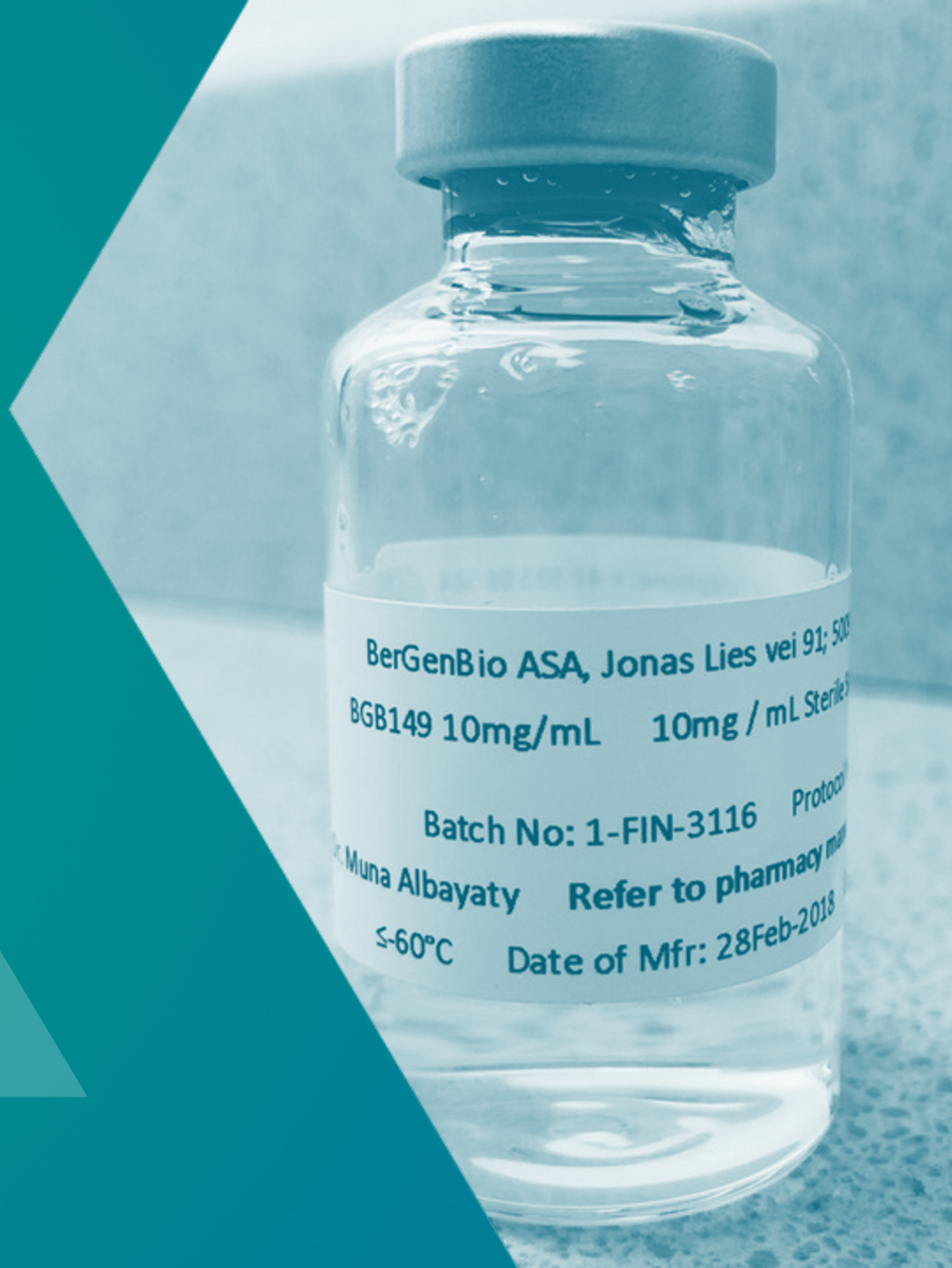
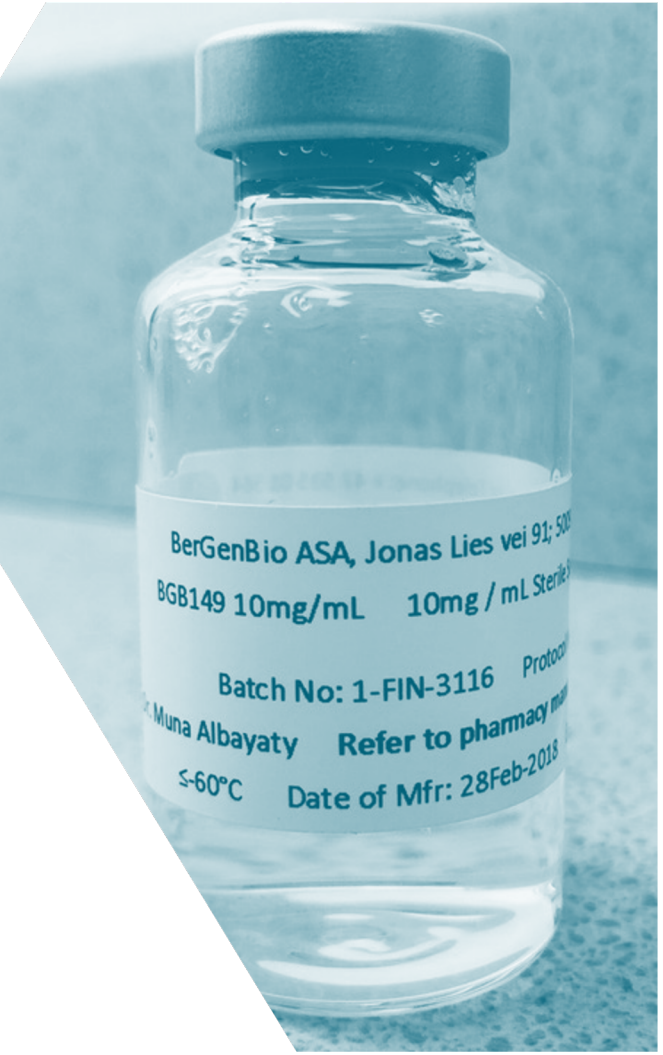
Tilvestamab (BGB149)
anti-AXL monoclonal antibody



Ref. BGB149-101 / NCT03795142

TILVESTAMAB: Anti-AXL monoclonal antibody



Functional blocking fully-humanised IgG1 monoclonal antibody

Binds human AXL, blocks AXL signalling

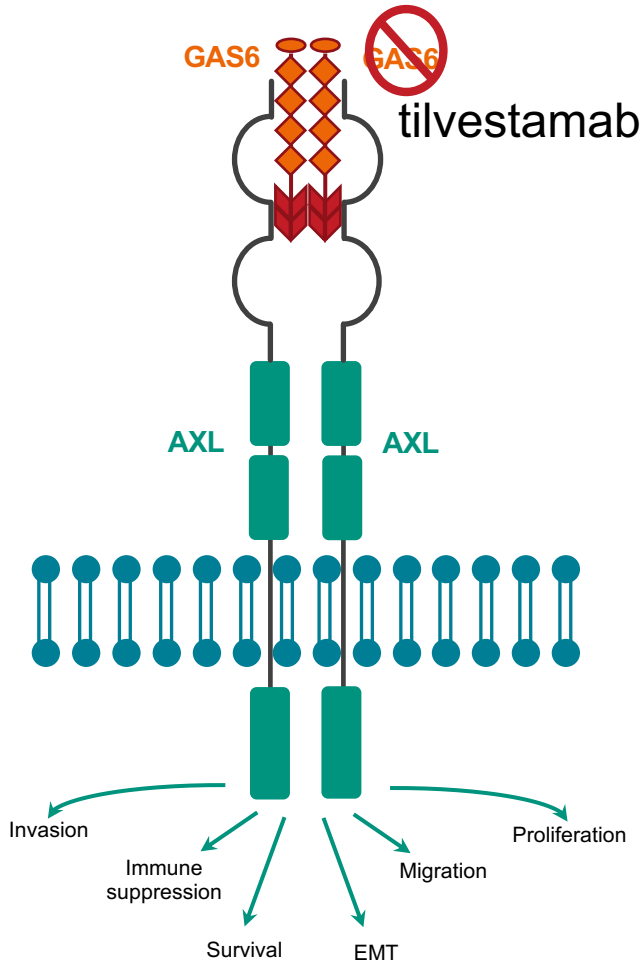
High affinity (KD: 500pM), displaces GAS6
Anti-tumour efficacy demonstrated *in vivo*

Robust manufacturing process established, 18 months stability

Phase Ia healthy volunteer SAD study complete

Safety – no dose limiting toxicity seen up to 3mg/kg dose
Pharmacokinetics - exposure predictable with dose proportional Cmax increase
Confirmatory evidence of *in* vivo target engagement with sAXL -- stabilisation in circulation

Phase I SAD trial complete
Phase Ib/IIa MAD ongoing



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Tilvestamab development plan

2020

Phase Ia safety study

Complete

24 Healthy Volunteers

2021

Ph Ib safety study – ongoing

12-24 HGSOC[1] patients

3 dose levels / serial biopsies

Primary End Pt: Safety and PK

Secondary: immunogenicity, PD, ORR, PFS, DCR, cAXL

Ph IIa POC

Safety – no dose limiting toxicity seen up to 3mg/kg dose

Pharmacokinetics - exposure predictable with dose proportional Cmax increase

Confirmatory evidence of *in* vivo target engagement with sAXL -- stabilisation in circulation

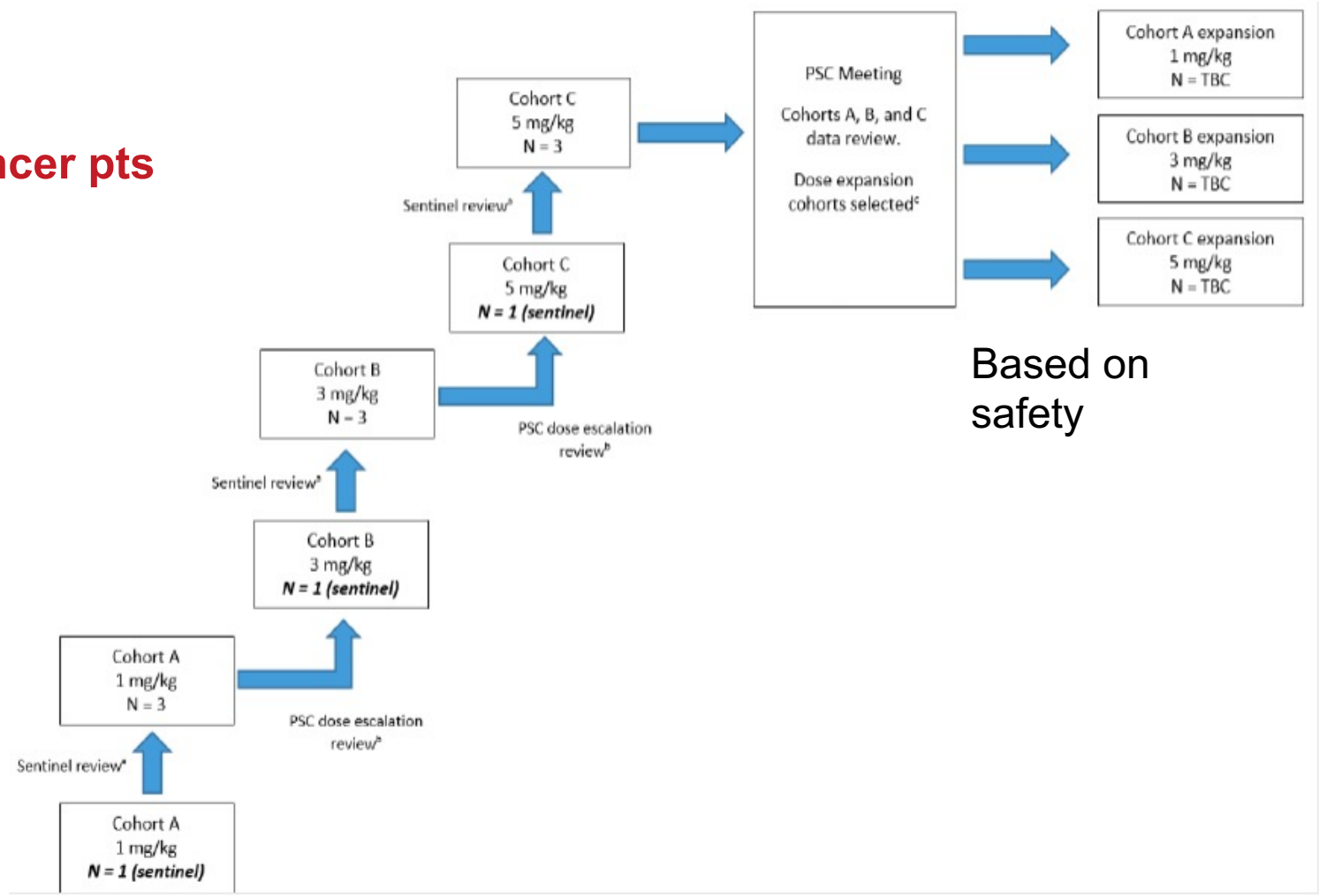
1. High Grade Serous Ovarian Cancer

Tilvestamab multiple ascending dose finding safety and pharmacokinetics study

BGB149-102

Study in platinum resistant ovarian cancer pts

- High AXL in 70% of available OC population
- Biopsy patients selected up front – high success rate
- Good experience across global centres of mandatory sequential biopsy
- MAD study will ensure PK/PD across dose range to facilitate phase II dose confirmation
- Strong probability of success for Proof of Mechanism



Based on safety

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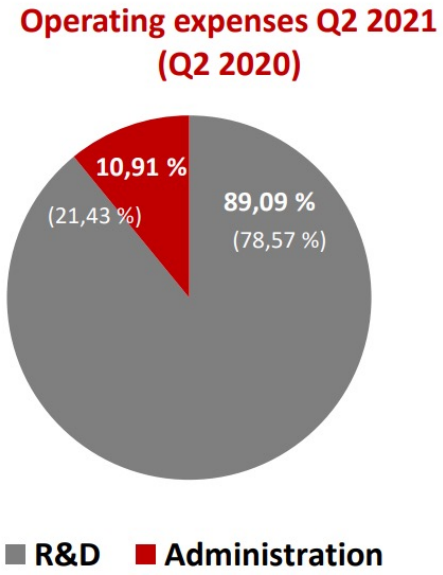
Finance Report

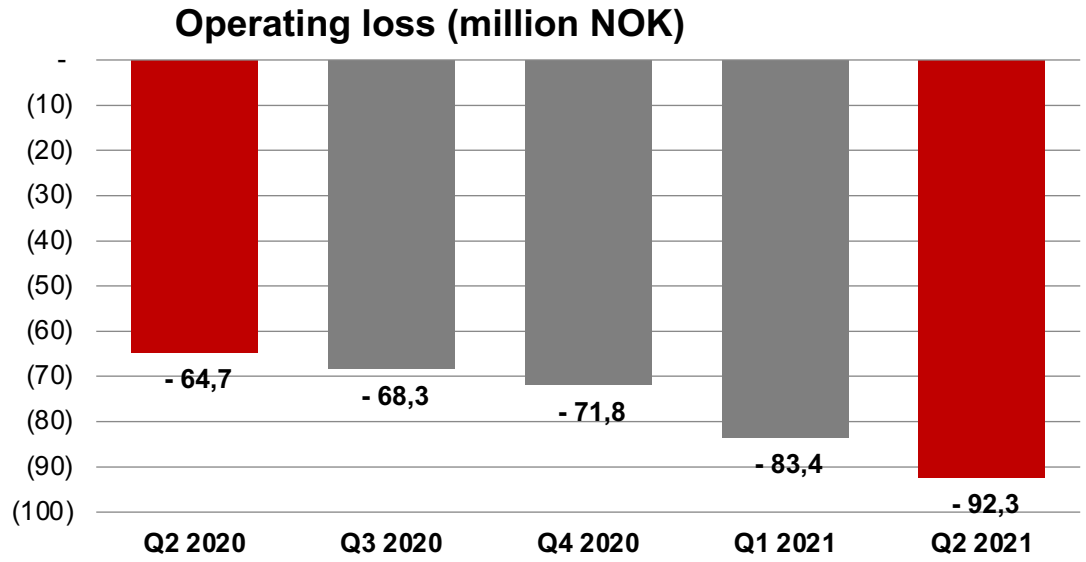
CFO Rune Skeie

BerGenBio

Key financial figures

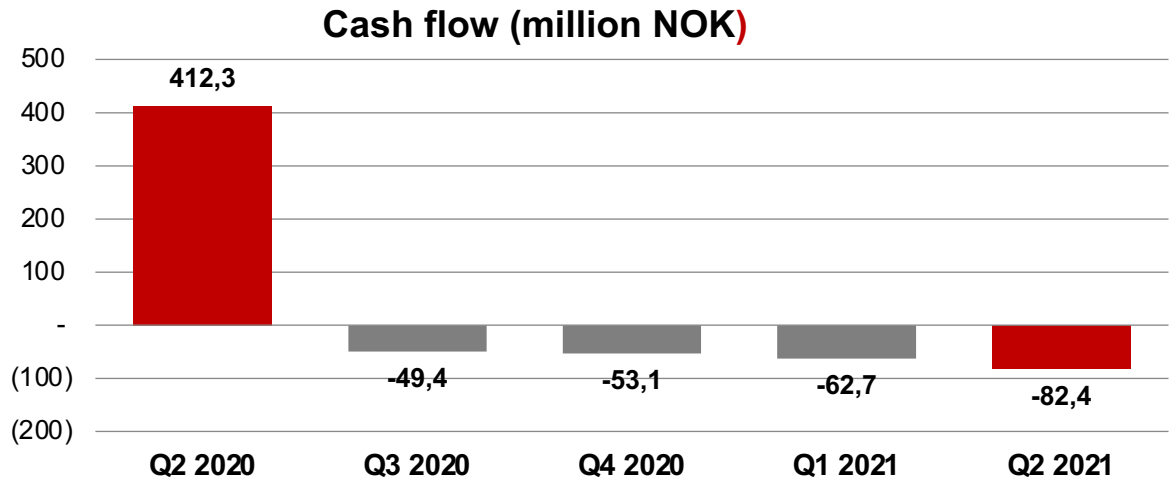
(NOK million)	Q2 2021	Q2 2020	YTD 2021	YTD 2020	FY 2020
Operating revenues	0,0	0,0	0,0	0,0	0,6
Operating expenses	92,3	64,7	175,7	121,0	261,7
Operating profit (-loss)	-92,3	-64,7	-175,7	-121,0	-261,1
Profit (-loss) after tax	-88,9	-67,3	-170,1	115,8	-257,0
Basic and diluted earnings (loss) per share (NOK)	-1.02	-0.86	-1.94	-1.59	-3.43
Net cash flow in the period	-82,4	412,3	-144,2	571,3	468,8
Cash position end of period	574,0	828,4	574,0	828,4	721,6





- Increased operating expenses in the second quarter 2021 compared to second quarter 2020 is attributed to new clinical studies and organisational expansion in preparation for late- stage development.
- Well managed overhead costs
- Over 89 % of operating expenses is attributable to Research & Development activities

Cash flow and cash position



Cash burn operating activities Q2 2021

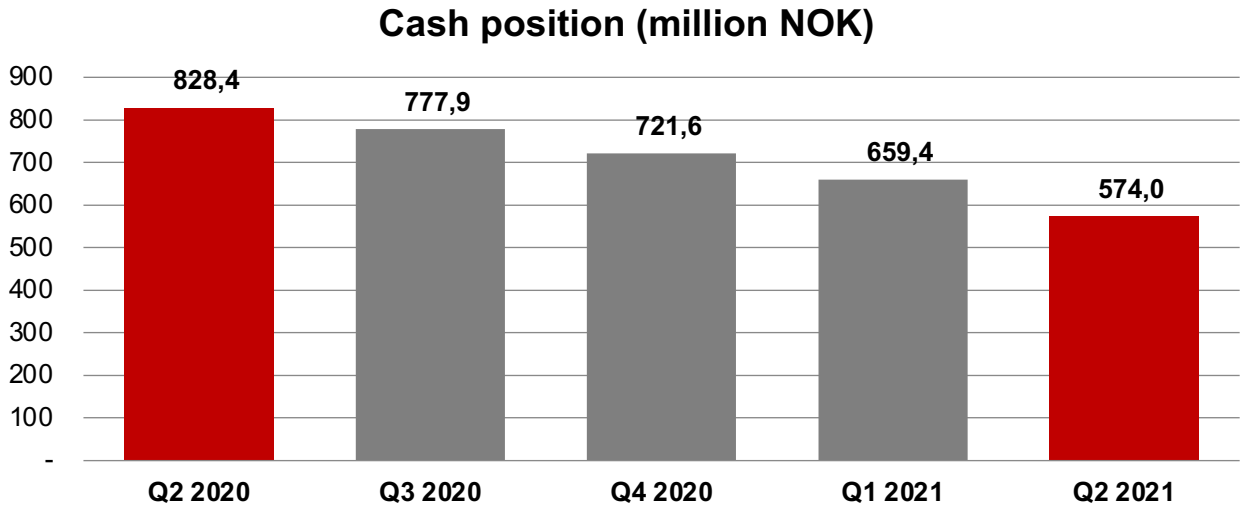
84.4 / 10.0

NOK million USD million

Quarterly average cash burn (Q2 2020-Q2 2021)

61.9 / 6.9

NOK million USD million



Cash position Q2 2021

574.0 / 67.1

NOK million USD million

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Financial Calendar 2021

17 August 2021: Half-year report 2021

16 November 2021: Quarterly Report Q3 2021

15 February 2021: Quarterly Report Q4 2021

2021 Highlights & Outlook

BerGenBio

Value Driving Milestones

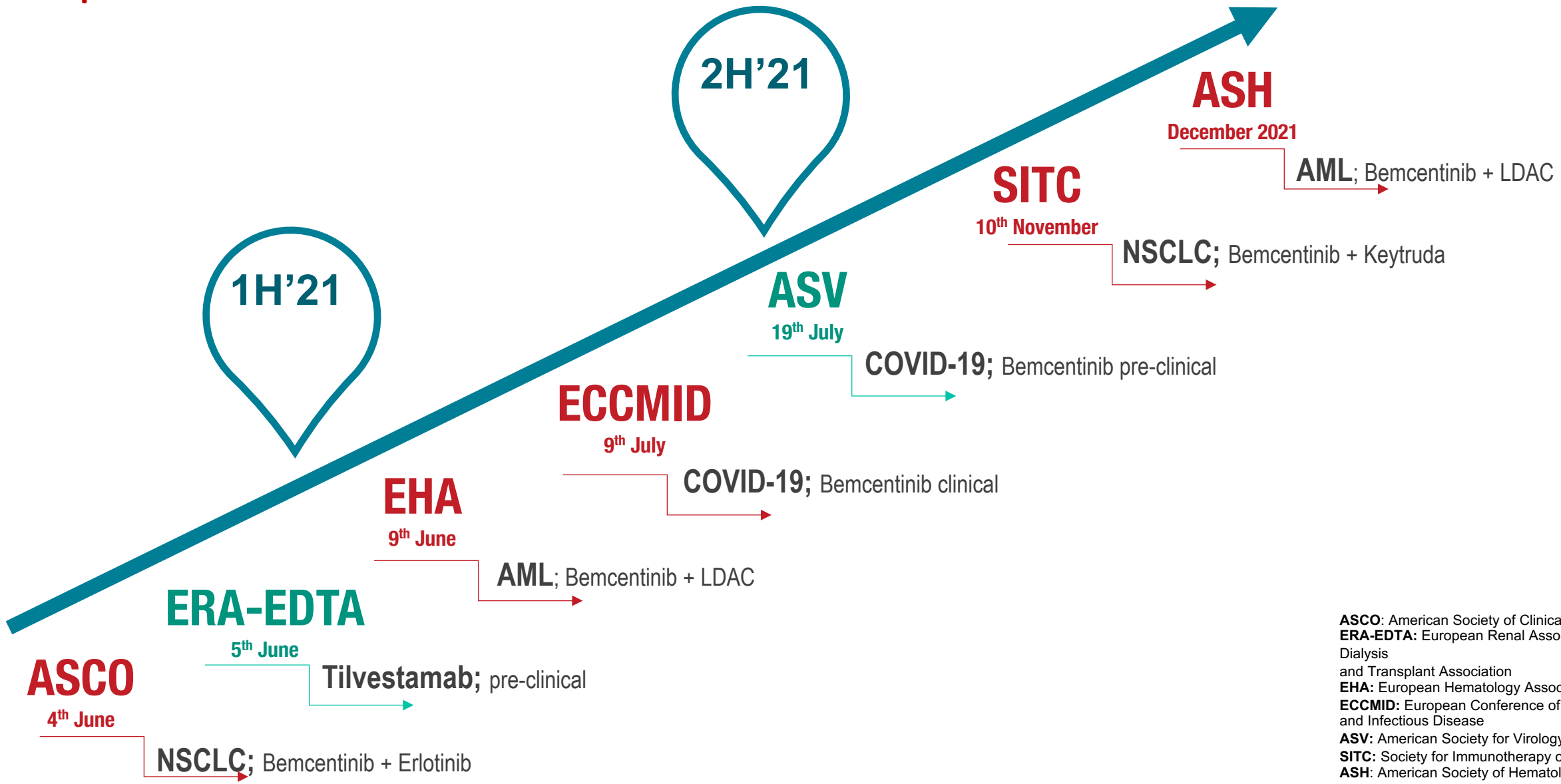
2020

Bemcentinib in COVID-19 Ph II	2L NSCLC data	Relapse AML and MDS data	Tilvestamab Phase Ia/Ib
Two rPh II - UK - India & South Africa	Interim data - 2.5 x mPFS in cAXL patients	Preliminary data confirms a new significant patient population	Phase Ia complete. Phase Ib PK-PD translational study initiated

2021

Data COVID-19 Phase II	COVID-19 Development	AML mOS data & regulatory alignment	Tilvestamab Ph II
Top line data	Determine development & regulatory options	- Survival data - Regulatory alignment	- Prepare to Initiate Ph II

Expected news flow at conferences in 2021



ASCO: American Society of Clinical Oncology
ERA-EDTA: European Renal Association & European Dialysis and Transplant Association
EHA: European Hematology Association
ECCMID: European Conference of Clinical Microbiology and Infectious Disease
ASV: American Society for Virology
SITC: Society for Immunotherapy of Cancer
ASH: American Society of Hematology

BerGenBio – Investment highlights

Near term milestones

Regulatory alignment:

COVID-19

AML

Diversified Clinical Pipeline

AML (FT/Orphan)

Covid-19

NSCLC (FT)

MDS

Multiple ISTs

TWO first in class selective AXL inhibitors

Bemcentinib - oral once-a-day capsule

Tilvestamab – humanised functionally blocking mAb

Pioneering biology

World leaders in understanding AXL biology, as a mediator of aggressive cancer, fibrosis and viral infections

Well resourced organisation

Experienced Oxford based R&D team

Industry & academic partnership and collaborations

AML – Acute Myeloid Leukaemia
MDS – Myelodysplastic Syndrome
NSCLC – Non-Small Cell Lung Cancer
IST – Investigator Sponsored Trial
AXL – Receptor Tyrosine Kinase AXL