

A photograph of a medical consultation. A young male doctor with dark hair and a beard, wearing a white lab coat and a yellow stethoscope, is examining an elderly male patient. The patient, wearing glasses and a blue and white checkered shirt, is seated and looking towards the doctor. The background is a blurred hospital or clinic setting.

DNB HealthCare Conference

15th December 2022



Forward Looking Statements

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About BerGenBio

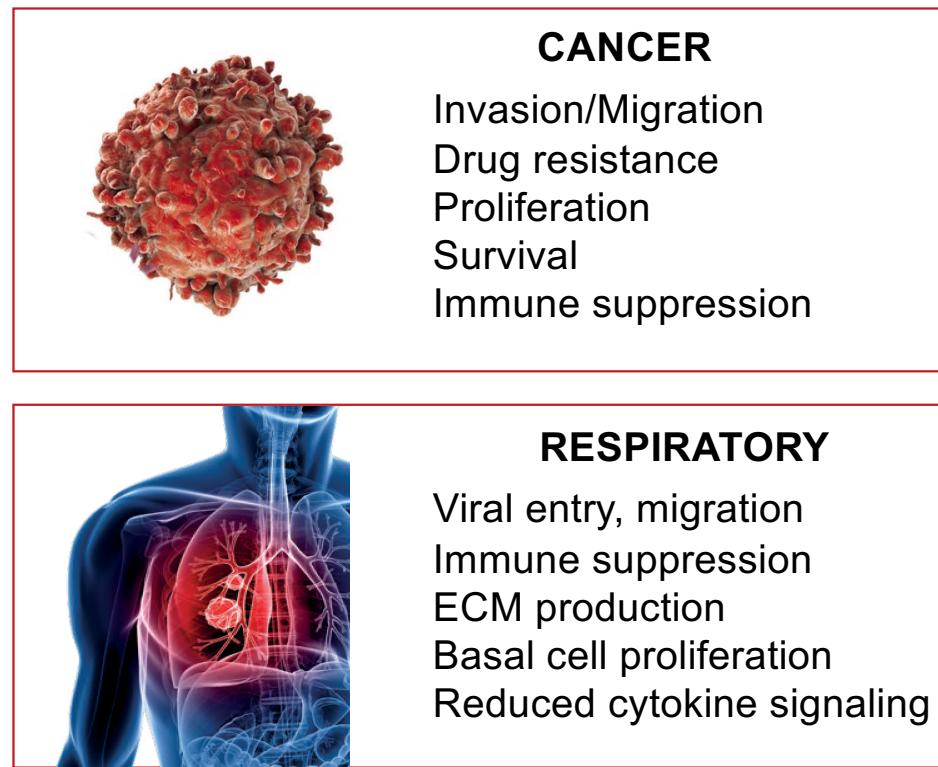
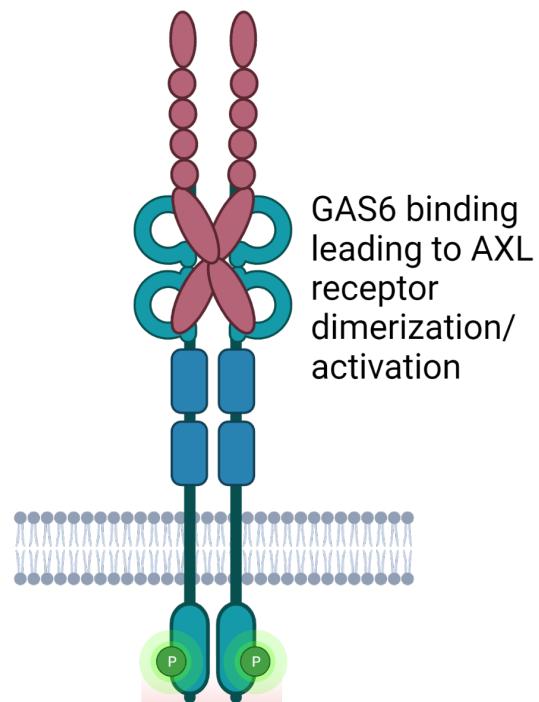
www.bergenbio.com

Oslo Euronext: BGBIO

- The **leading company in targeting AXL** biology to prevent the progression of serious diseases
- Our lead compound **Bemcentinib** is an oral, potent and **highly selective inhibitor** of the receptor tyrosine kinase AXL
- **Bemcentinib** has been administered in more than 600 patients and is currently being advanced in two significant opportunities:
 - **1st line NSCLC STK11m**
 - **Hospitalized COVID-19**
- **Tilvestamab a highly selective mAb** has completed Ph1 – partnering process initiated
- Laser-focused to **deliver clear value drivers** within next 12-18 months



AXL activation results in several deleterious effects in both cancer and severe respiratory infections



BerGenBio Clinical Pipeline

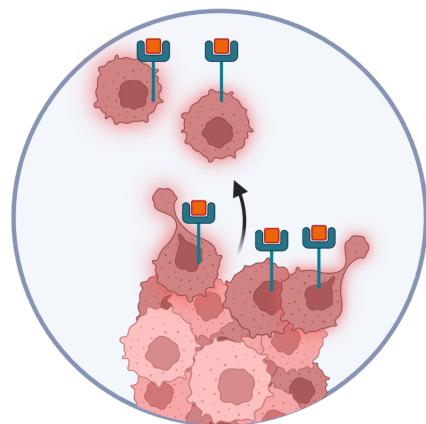
	Candidate	Targeted Indication	Preclinical	Phase I	Phase II	Partner
Oncology	Bemcentinib	1L STK11m NSCLC				
	Bemcentinib	2L NSCLC				 MERCK
	Bemcentinib	R/R AML				
	Mipasetamab uzoptirine	Solid Tumors			Fully out-licensed mAb	 ADC THERAPEUTICS
Viral	Bemcentinib	COVID-19				 EU SOLIDACT Part of EU-RESPONSE
Fibrosis	Tilvestamab	Biomarker study in ovarian cancer				

5 Note: Bemcentinib is also being studied in Investigator Led Trials in glioblastoma, 2L lung cancer, melanoma, pancreatic cancer and mesothelioma;

STK11 mutated Non-Small Cell Lung Cancer (STK11m NSCLC)

**A significant opportunity for Bemcentinib to
address a significant unmet medical need**

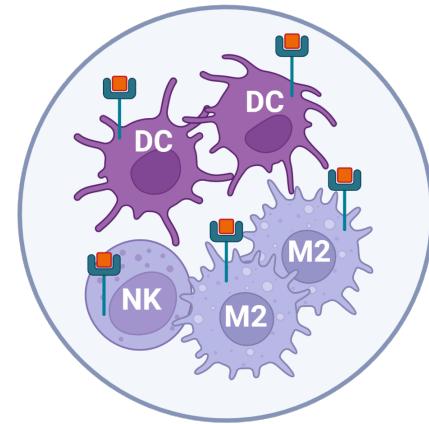
Clinical trials substantiate the relevance of key mechanisms in AXL inhibition by bemcentinib in NSCLC



BGBIL005: 2L+ NSCLC

Reversal of
cancer cell
survival
and escape

Ph2 (completed)
bemcentinib + docetaxel in 2L+ NSCLC
Anti-tumor activity in previously
treated, advanced NSCLC
82% DCR: 35% PR and 47% SD rates

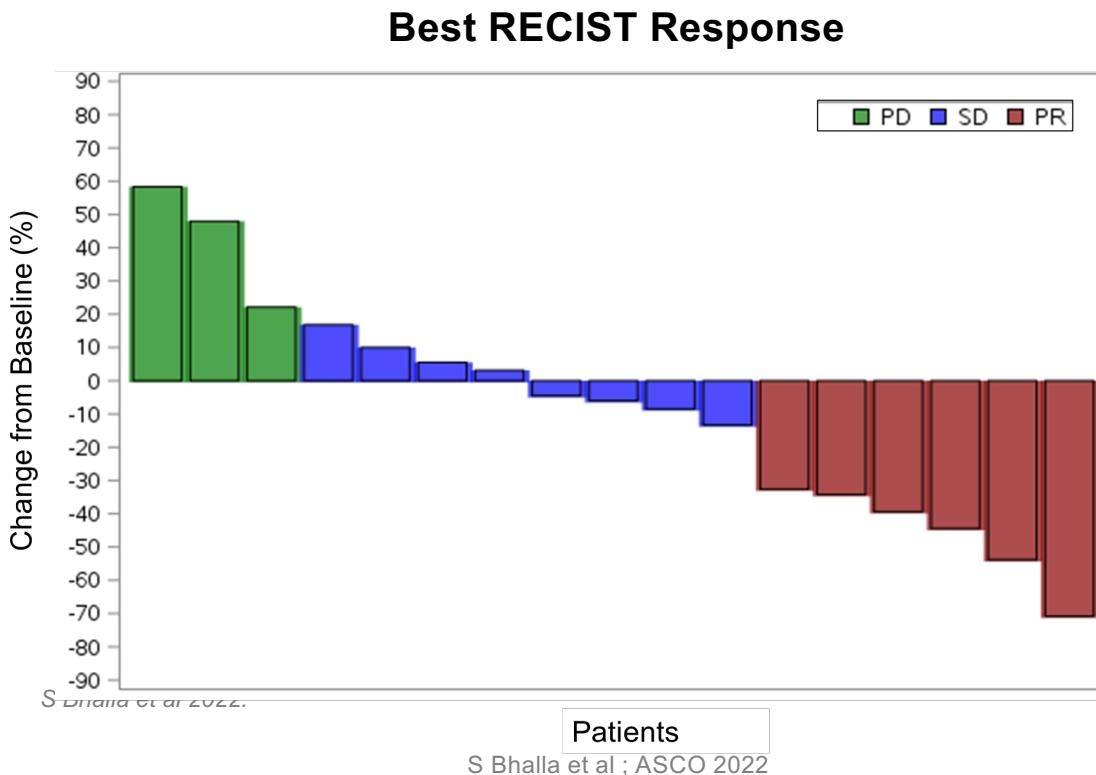


BGBC008: 2L NSCLC

Improved
innate
immune
response

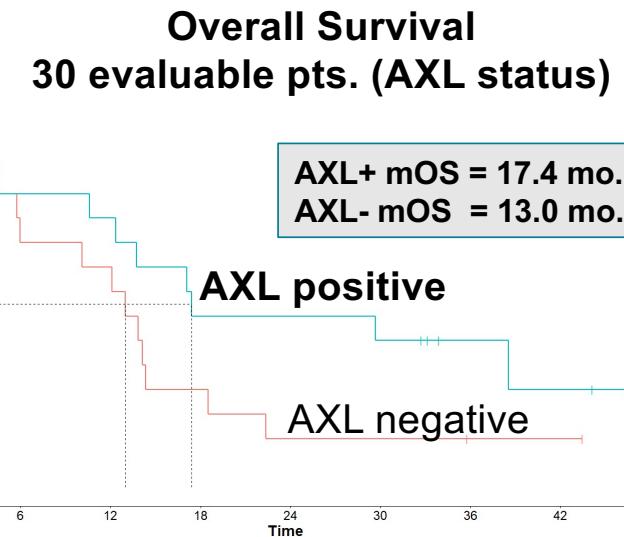
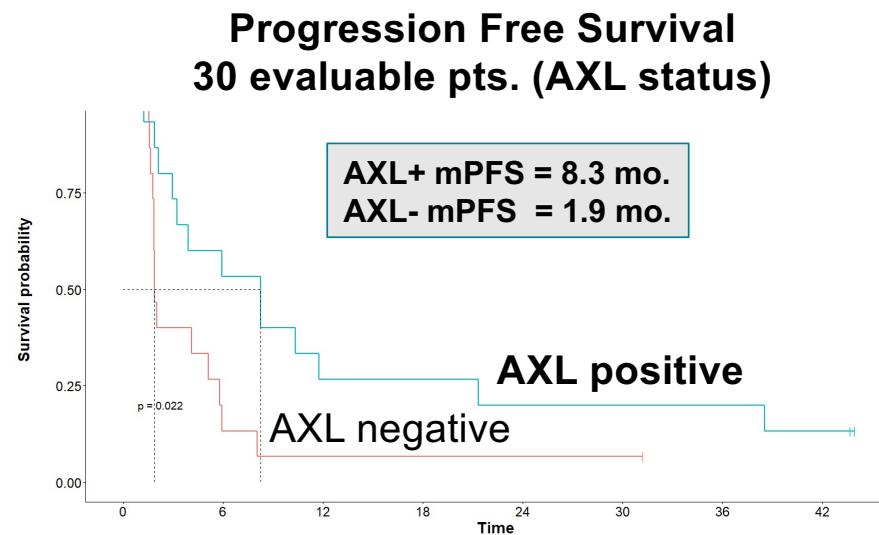
Ph2 (completed)
bemcentinib + pembrolizumab in 2L
NSCLC
Immature data suggests PFS &
OS benefits in AXL+ pts

2L+ NSCLC (BGBIL005): combination of bemcentinib and docetaxel compares favorably vs. historical docetaxel data



- Overall response rate (ORR) of 35% compared to docetaxel (6-8%)*
- 47% of patients had stable disease as the best radiographic response
- Most common TRAEs: neutropenia, diarrhea, fatigue and nausea; non-hematological grade ≥ 3 toxicities were rare

2L NSCLC (BGBC008): bemcentinib + pembrolizumab in AXL+ (50%) pts show benefit ~ equal to 1L NSCLC pts



End-point	2L Bem + pembro 2L (AXL+)	1L pembro + chemo Keynote-189*
PFS, mos.	8.3	9.0
OS, mos.	17.4	22.0

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Note: immature data, study on-going

*Source: Merck press release September 2022

Bemcentinib has no significant safety issues vs. other relevant therapies

Existing 200mg/daily bemcentinib dose is ~ 2x the expected Ph2 dose

	Bemcentinib + pembrolizumab 200mg fixed	Pembrolizumab Monotherapy* 200mg fixed	Sotorasib monotherapy	Adagrasib monotherapy
Population	2L	1L	2L KRASG12C	2L KRASG12C
Dose Modifications				
Discontinuation rate	7%	9%	7%	7%
Dose reduction	14%	NR**	22%	52%
Dose interruption	25%	NR**	NR**	61%
Top TRAEs , all grades				
Diarrhea	39%	12%	32%	63%
Decreased appetite	30%	17%	NR	24%
AST increase	29%	31%	15%	25%
ALT increase	29%	33%	15%	28%
Blood creat. Incr.	29%	NR	NR	26%
Nausea	22%	12%	19%	62%
Vomiting	16%	13%	8%	47%

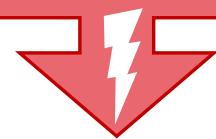
AXL activation reduces apoptosis and promotes an immune suppressed microenvironment

Cancer cell survival and escape

AXL activation in cancer cells causes:

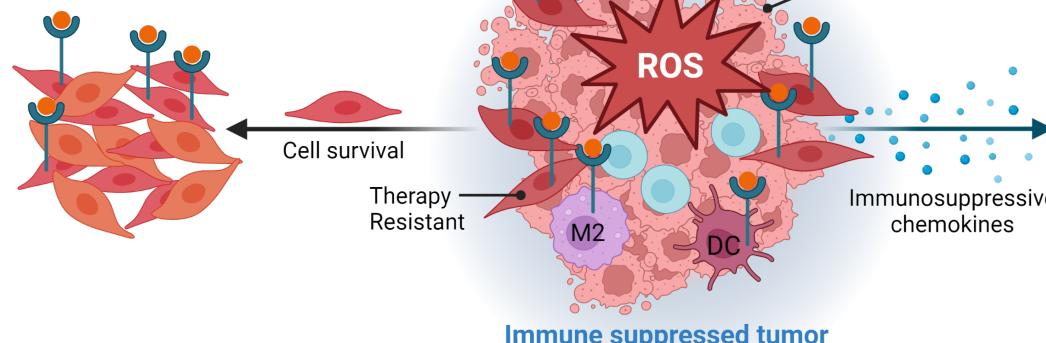
- Survival and drug resistance
- EMT and Metastasis
- Resistance to DNA damage
- Decreased immunogenicity
- Resistance to immune mediated cell death

Oxidative stress
Inflammation
Hypoxia
Drug treatment



ROS

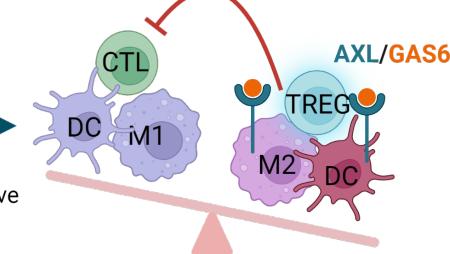
Apoptosis



Suppression of innate immune response

AXL activation in immune suppressive cells causes:

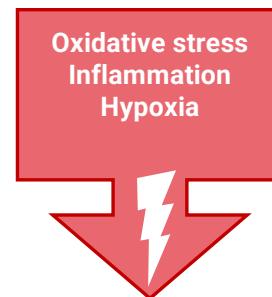
- M2 macrophage polarization
- Decreased antigen presentation by DCs
- Exclusion of CTLs from the tumor
- Decreased NK cell activity



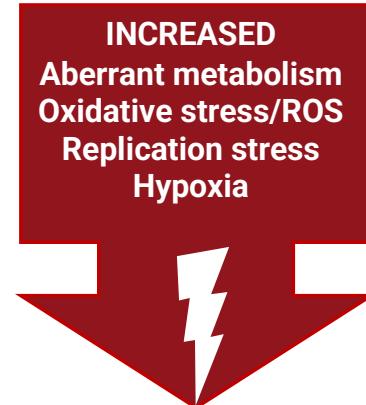
STK11m causes high oxidative stress, hypoxia, inflammation – resulting in almost universal AXL expression / activation

- Low AXL expression / activation under healthy physiological conditions and becomes activated in response to inflammation, hypoxia, cellular stress or drug treatment
- Cancer cells use the AXL pathway to sense stress triggering molecular mechanisms to ensure the survival or escape from the toxic environment (ROS, replication stress, hypoxia)
- STK11m have phenotypic characteristics (high cellular stress and immune evasion) known to drive increased levels of AXL expression and activation

Non STK11m Tumor

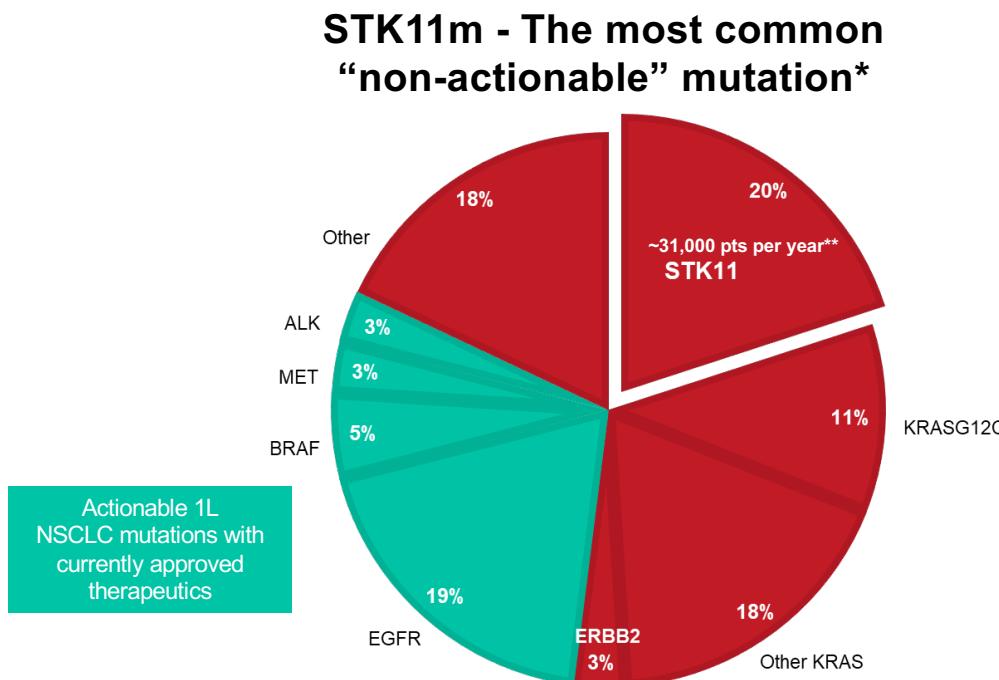


STK11m Tumor



AXL expression and activation

STK11m NSCLC a significant unmet medical need ...



Currently result in poor prognosis with anti-PD-1/L1 + chemo SOC

- ❖ Lower response rate
- ❖ Shorter overall survival and PFS
- ❖ Reduced response to current chemo and immunotherapy
- ❖ No targeted therapy currently available

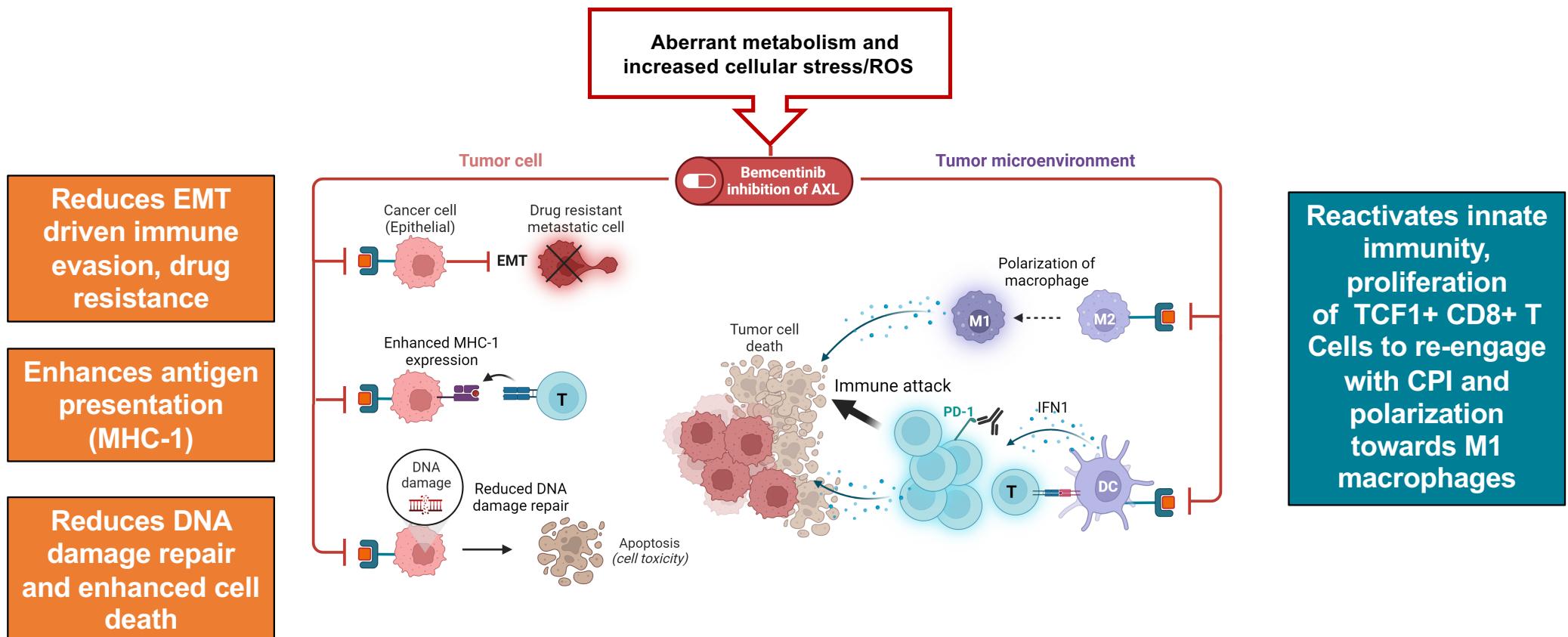
* Sources: Oncogenic driver mutations in non-small cell lung cancer: Past, present and future, *World J Clin Oncol.* 2021 Apr 24; 12(4): 217–237

Prognostic Impact of KRAS Mutation Subtypes in Metastatic Lung Adenocarcinoma, *J.Thor.Onc.* 2015; 10(3):431-437

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** Source: Global Data estimate in US, UK, Fr, Gr, Sp, It

... which can be targeted by bemcentinib to potentiate current SOC efficacy in STK11m NSCLC



1L NSCLC Phase 1b/2a initiated

Bemcentinib + SoC (pembrolizumab + doublet chemo)

Phase 1b Safety & Feasibility (US) Dose escalation (75, 100 & 150 mg) n=9-30	Phase 2a (US & EU) Expansion of dose(s) identified in Ph 1b N=40+
<p>1L Advanced/ Metastatic Non-Squamous NSCLC pts</p> <p>Newly diagnosed, Any PDL1 status, no actionable mutations STK11 or AXL status not required</p> <p>Traditional 3+ 3 design</p>	<p>1L Advanced/ Metastatic Non-Squamous STK11m NSCLC pts</p>
<p>Endpoints</p> <p>Primary: Safety/ Tolerability (DLT) Secondary: ORR, DCR, DOR, OS</p>	<p>Endpoints</p> <p>Primary: ORR Secondary: Safety, DOR, DCR, PFS, Time to Progression, OS, PK exposure</p>

- Initiated Ph1b and planning for first patient in Q4 2022 (in all comers)
- Ph 2a expansion in STK11m patients may start while last dose cohort is on-going in Ph 1b
 - Primary endpoint – efficacy ; safety secondary
- Data from Ph 1b expected to be available 2H23

Bemcentinib in 1L STK11m NSCLC

A unique opportunity in a significant market with high unmet medical need

A significant unmet market with a strong rationale for AXL inhibition in combination with SOC

- STK11m represents a significant population within 1L NSCLC
- 1L STK11m NSCLC shows inferior survival outcomes on todays' SOC
- Data suggests that **1L STK11m pts almost universally have AXL overexpression/activation**
- **STK11m patients are characterized by: severely immuno-suppressed tumor environment**, high levels of ROS, EMT and oxidative stress, resulting in poor prognosis

Data from our 2L NSCLC trials supports benefits of AXL inhibition with bemcentinib

- **BGBIL005: Improved efficacy in combination with docetaxel** - demonstrates the potential for the delay of chemoresistance
- **BGBC008*: Improved efficacy in pts with activated AXL** - showing PFS and OS outcomes similar to 1L patients – demonstrating the importance of AXL as a driver of disease progression
- Early retrospective **clinical data (BGBC008*) support benefit in STK11m patients**

*immature dataset; final data expected H1 2023

Hospitalized COVID-19

Bemcentinib offers a novel approach to effectively treat hospitalized COVID-19 patients



Bemcentinib is a promising treatment modality in hospitalized COVID-19 in an evolving market

- Strong package of preclinical and clinical data supports bemcentinib's unique triple MoA's in severe respiratory diseases including COVID-19:
 - **Prevention of viral entry**
 - **Increased immune response to virus**
 - **Ability to repair lung tissue damage**
- Preclinical data points to "universal" efficacy regardless of SARS-CoV variant and in other severe respiratory diseases
- Two prior bemcentinib COVID-19 Ph2 studies show trends towards improved survival, delay of disease progression
- Recent events with potentially competitive hospitalized COVID-19 product candidates are supportive of BGB's approach to generate a robust dataset in the 500-patient hospitalized COVID-19 EUSolidAct study initiated in Q3 2022

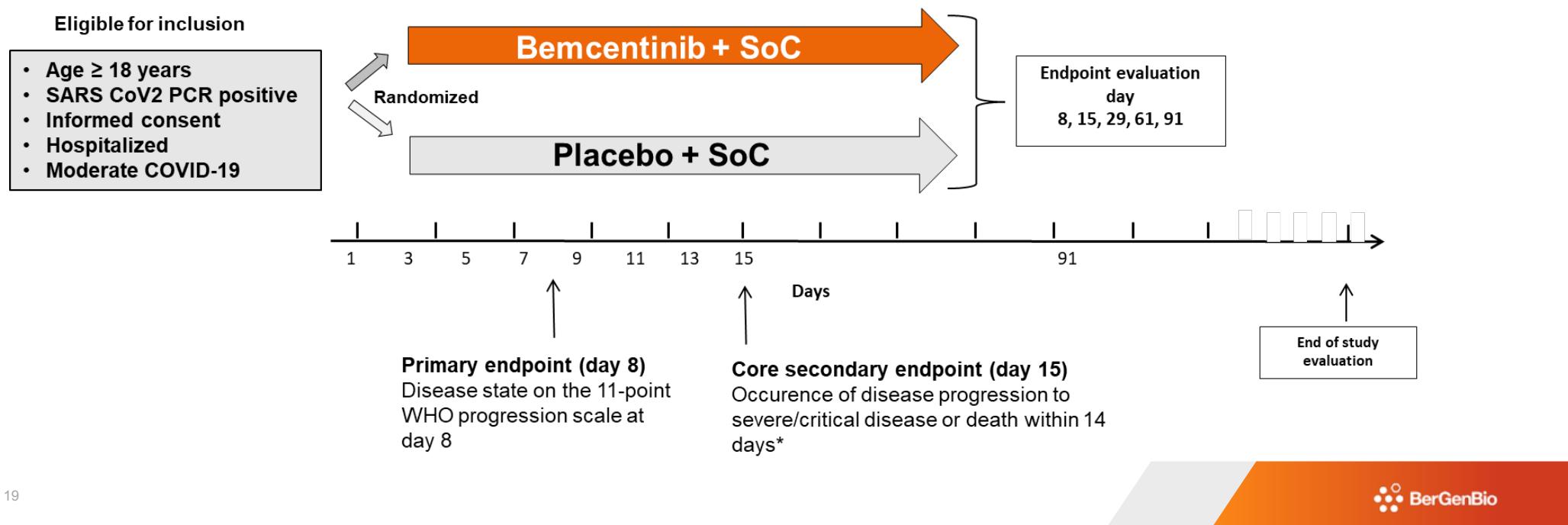
Phase 2b (EU-SolidAct platform) enrolling Hospitalized COVID-19

Platform

- Demonstrated ability to recruit hospitalized COVID-19 patients
- Baricitinib recently approved in COVID-19 was studied under the platform

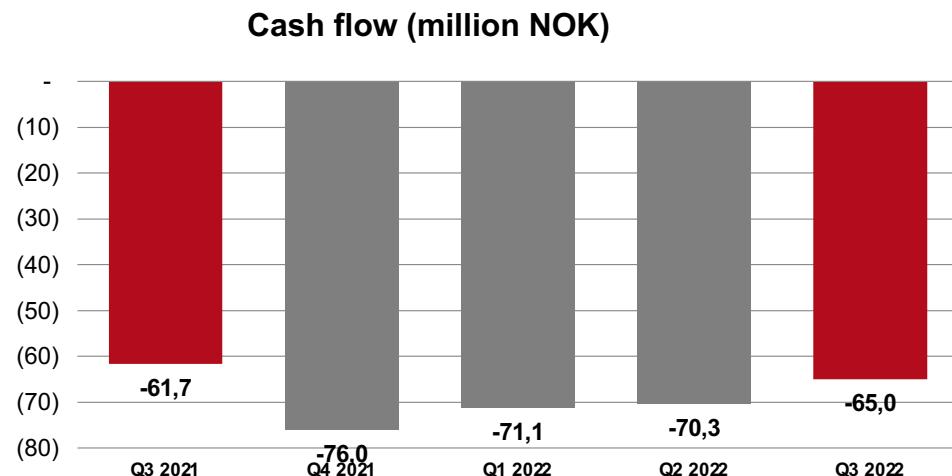
Study design

- Reflects evolving nature of disease behaviour due to effect of vaccines and variants
- Primary endpoint selected with consultation with EU and informed by data generated in two previous COVID-19 studies



Key Q3 2022 financials

Cash flow and cash position Q3 2022



Cash burn operating activities Q3 2022

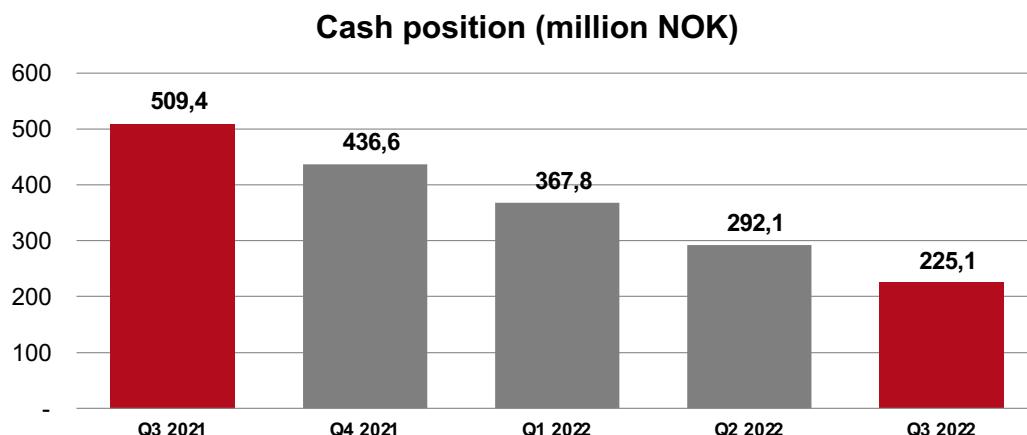
65.8 / 6.6

NOK million / USD million

Quarterly average net cash burn (Q3 2021 – Q3 2022)

71.5 / 7.8

NOK million / USD million



Cash position Q3 2022

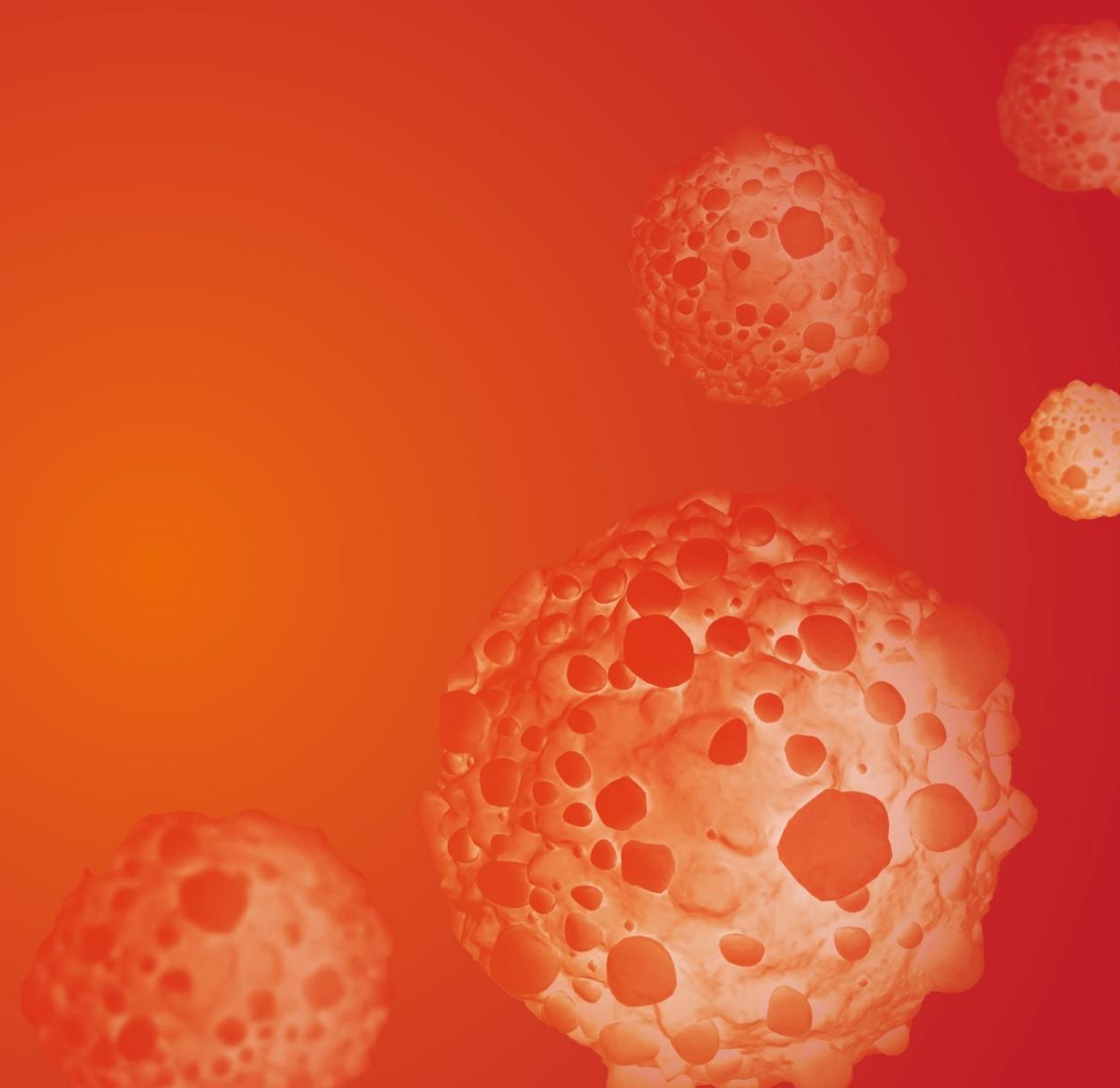
225.1 / 20.7

NOK million / USD million

Post period:

Secured a NOK 100 (USD 9.5) million loan facility

Key Catalysts



Key catalysts

1L STK11m NSCLC

- 2L NSCLC (BGBC008) final data early H1 2023
- 2L+ NSCLC (BGBIL005) final data early H1 2023
- 1L NSCLC Ph 1b data H2 2023
- 1L NSCLC STK11m Ph 2a trial initiated H2 2023
- Additional pre-clinical data on STK11m (H1 2023)

Other

- 2L AML (BGBC003) final data early H1 2023
- Glioblastoma (BGBIL013) final data H2 2023
- Melanoma (BGBIL006) final data H2 2023

Hospitalized COVID-19 patients

- Phase 2b (EU-SolidAct) data (H2 2023)
- Additional preclinical data on respiratory infections (H2 2023)



Thank you!

