



Next Generation Cancer Therapies

August 2020

Forward-looking statements

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**Committed to improving lives
and outcomes of people living
with cancer**



Next-generation cancer therapies

Trilaciclib

First-in-class
myelopreservation
therapy

Rintodestrant

Potential best-in-class
oral SERD

Lerociclib

Differentiated
oral CDK4/6
inhibitor

Preparing for next stage of growth

**R&D and
commercial
expertise**

to bring trilaciclib to
patients in the U.S.

**Trilaciclib
launch 1H21**

co-promotion with
Boehringer
Ingelheim

**Rintodestrant
data 2H21**

combination with
palbociclib

**Strong cash
position**

funds operations
into 2022

**What if we can improve the
chemo experience for
people living with cancer?**



Current chemotherapy landscape

~1 M
U.S. patients
receive
chemotherapy
annually



Chemotherapy
remains the cornerstone
of treatment
for most cancers

Myelosuppression

is currently an unavoidable consequence of chemo that impacts patient safety, QoL and costs to the HC system

Neutropenia and
anemia

Impaired anti-tumor
immunity

Hospitalizations and
unscheduled office
visits

Risk of infection:
G-CSF use,
associated
bone pain

Chemotherapy dose
delays and
reductions

RBC transfusions
and ESA rescue

Fatigue

Risk of bleeding:
platelet transfusions

Patient experience of myelosuppression: burdensome and far-reaching

89%

OF CANCER PATIENTS

with myelosuppression rate it as having
a moderate to major impact on their life*

“...the overall fatigue was the worst. It stole my energy and joy for both life and family. It made me want to quit chemo numerous times.”

“I don’t feel like doing ANYTHING some days. It’s like depression but completely physical. Of course, everyone’s trying to be supportive. And I have my own obligations, but I feel like a burden.”

“...it so happened I had a father dying in the hospital and I was strictly forbidden from entering a hospital (except my own).”

Our solution:
Trilaciclib

First-in-class

myelopreservation therapy
that has the potential to make
chemotherapy safer, improve
the patient experience, and in
some settings, help patients
live longer

Our solution: trilaciclib

Phase 2 trial findings:



Preserves bone marrow and immune system function from damage by chemo



Protects patients from the dangerous side effects of myelosuppression



In some settings, may help **patients live longer**



Can be **incorporated into multiple chemo regimens**, including I/O + chemo



30-minute IV infusion prior to chemo; **given first time and every time** chemo is administered

- ✓ **Breakthrough Therapy Designation for SCLC**
- ✓ **NDA submitted June 2020**
- ✓ **U.S. co-promotion with Boehringer Ingelheim**

Opportunity to improve patient outcomes across multiple indications

~1 million* patients in planned indications

69,000

Small Cell
Lung Cancer

>350,000

Adjuvant Breast
Cancer

>600,000

Colorectal Cancer

20,000

Metastatic
Triple-Negative
Breast Cancer

First potential indication: small cell lung cancer (SCLC)

In three randomized trials, trilaciclib reduced chemotherapy-related toxicity and need for rescue interventions


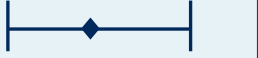



- ✓ Significant improvement in patient experience, notably **less fatigue**
- ✓ **Less neutropenia and anemia**
- ✓ **Reduced G-CSF usage and transfusions**
- ✓ NDA submitted June 2020

Treatment experience in SCLC

Patient survey findings* (patients not enrolled in trilaciclib trials)

- 88% of SCLC respondents reported that myelosuppression **had moderate to major impact on their life**
- Of those, 63% noted fatigue as their biggest myelosuppressive issue
- Of those who noted fatigue, average rating of 8.4 on 10-point scale of how bothersome fatigue was

Patient Reported Outcomes data (n=235) (pooled from three randomized, placebo-controlled, double-blind trials)

Subscale	<<Trilaciclib Better Placebo Better>>	Hazard Ratio (95% CI)
Fatigue		0.56 (0.37, 0.85)
Functional Well-being		0.44 (0.28, 0.70)
Physical Well-being		0.62 (0.39, 0.97)
Anemia – Trial Outcome Index		0.53 (0.34, 0.83)
Functional Assessment of Cancer Treatment - Anemia		0.46 (0.29, 0.72)
1		

Updated from data presented at MASCC 2019

Significant multi-lineage myelopreservation benefits support improved patient experience*

		PLACEBO + CHEMO	TRILA + CHEMO	
	Patients (intent-to-treat population)	119	123	P-VALUE**
Neutrophils	Mean duration (days) of severe neutropenia in cycle 1 (SD)	4 (5.1)	0 (1.8)	<0.0001
	Occurrence of severe neutropenia	63 (52.9%)	14 (11.4%)	<0.0001
	Occurrence of G-CSF administration	67 (56.3%)	35 (28.5%)	<0.0001
	Incidence of G-CSF administration (event rate per 100 cycles)	40.6	16.4	<0.0001
Red Blood Cells	Occurrence of Grade 3/4 anemia	38 (31.9%)	25 (20.3%)	0.0279
	Occurrence of ESA administration	14 (11.8)	4 (3.3%)	0.0254
	Occurrence of RBC transfusions on/after 5 weeks	31 (26.1%)	18 (14.6%)	0.0252
	Incidence of RBC transfusions on/after 5 weeks (event rate per 100 weeks)	3.1	1.5	0.0027
Platelets	Occurrence of Grade 3/4 thrombocytopenia	43 (36.1%)	24 (19.5%)	0.0067

Roadmap to establish new standard of care

Barriers

Myelosuppression under-recognized as unmet need

Entrenched “rescue” behaviors

Access environment for supportive care especially challenging

Critical Success Factors



Increase Awareness of Impact of Chemo Induced Myelosuppression on Lives of Patients

- Increase awareness of impact on patients
- Build strong KOL and other critical stakeholders



Establish Trilaciclib’s Multi-Lineage, Myelopreservation Benefit as SOC in SCLC

- Advance inclusion across all relevant guidelines
- Drive rapid awareness among early adopters
- Demonstrate value



Optimize Early Experience

- Minimize access barriers at launch
- Ensure swift adoption to formularies, pathways, EMR systems and order sets at key accounts

Executional Excellence at Launch

Field Sales Force

Medical Affairs

Marketing Strategy

Market Access

Bringing trilaciclib to SCLC patients in the U.S.



**Key functional capabilities at G1:
Marketing, Market Access, Medical Affairs**



**Co-promotion agreement with experienced
Boehringer Ingelheim oncology sales force**

Commercial Objectives



**Increase awareness of
impact of chemo-induced
myelosuppression on
lives of patients**



**Establish trilaciclib's
multi-lineage,
myelopreservation
benefit as SOC in SCLC**



**Optimize early
experience by
ensuring access**

Bringing trilaciclib to patients



Boehringer
Ingelheim

3-year co-promotion in
U.S. for first potential
indication of SCLC



Development and
commercialization rights
in Greater China

Pursuing additional indications: breast cancer

Preliminary survival benefit observed in mTNBC randomized trial



- ✓ Patients able to tolerate more cycles of chemo, without increased toxicity
- ✓ Reduced rate of RBC transfusions
- ✓ Patient-reported outcomes data support improved patient experience
- ✓ Significant improvement in OS; final data in 4Q20

Preliminary overall survival benefit in mTNBC

	Control (GC only) (Group 1)	Trilaciclib + GC (Group 2)	Trilaciclib + GC (Group 3)	Trilaciclib + GC (Group 2+3)
ITT population	N = 34	N = 33	N = 35	N = 68
Median OS (months)	12.6	20.1	17.8	20.1
HR		0.33	0.34	0.36
p-value		0.028	0.0023	0.0015
Median PFS (months)	5.7	9.4	7.3	8.8
HR		0.60	0.59	0.59
p-value		0.13	0.12	0.063

Hypothesis: trilaciclib's preservation of immune system function during chemo drives OS benefit

Breast cancer neoadjuvant trial: I-SPY 2 initiated in 2Q20

Goals of Phase 2 trial

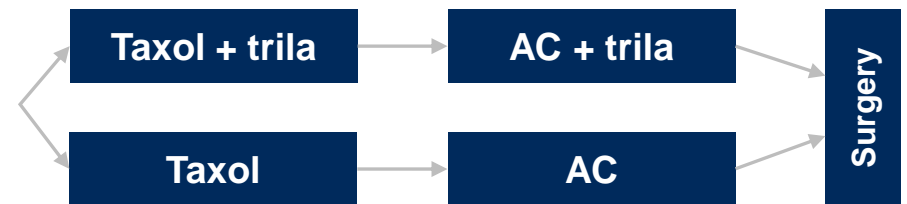
- Evaluate trilaciclib in a broadly-used chemo regimen (Taxol + AC)
- Evaluate trilaciclib in all breast cancer sub-types (ER+, HER2+, TNBC)
- Endpoints: pathological complete response (pathCR), myelopreservation
- Data in 2023

Neoadjuvant breast cancer with high risk of recurrence → could be any HR or HER2 status (10 biomarker subtypes)

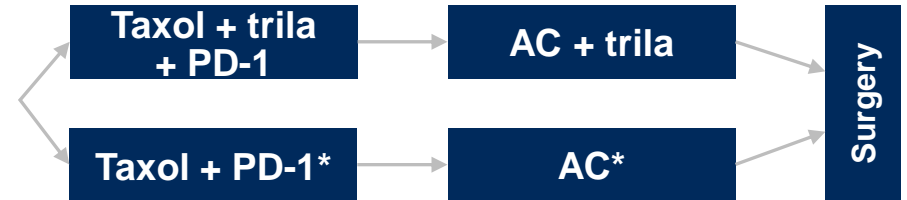


Four-arm Bayesian design

Chemotherapy + trilaciclib



Chemotherapy + PD-1 + trilaciclib



AC = adriamycin and cyclophosphamide

* Taxol + PD-1 followed by AC will potentially be historical data

Pursuing additional indications: metastatic colorectal cancer (mCRC)

Primary endpoints: myelopreservation measures



- ✓ Initiating Phase 3 trial in 4Q20
- ✓ Trial design incorporates FDA feedback
- ✓ Myelopreservation, PRO, and survival endpoints
- ✓ Data in 2023

Next steps for trilaciclib across multiple indications

SCLC

- ✓ **NDA submission in June 2020**
- PDUFA date assigned in August 2020 (pending acceptance)
- Launch-ready early 2021

Breast Cancer

- ✓ **Initiated I-SPY2 trial in 2Q20**
- Final OS data from mTNBC trial in 4Q20

Colorectal Cancer

- ✓ **Completed FDA pre-Phase 3 meeting**
- Initiate Phase 3 trial in 4Q20

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Rintodestrant

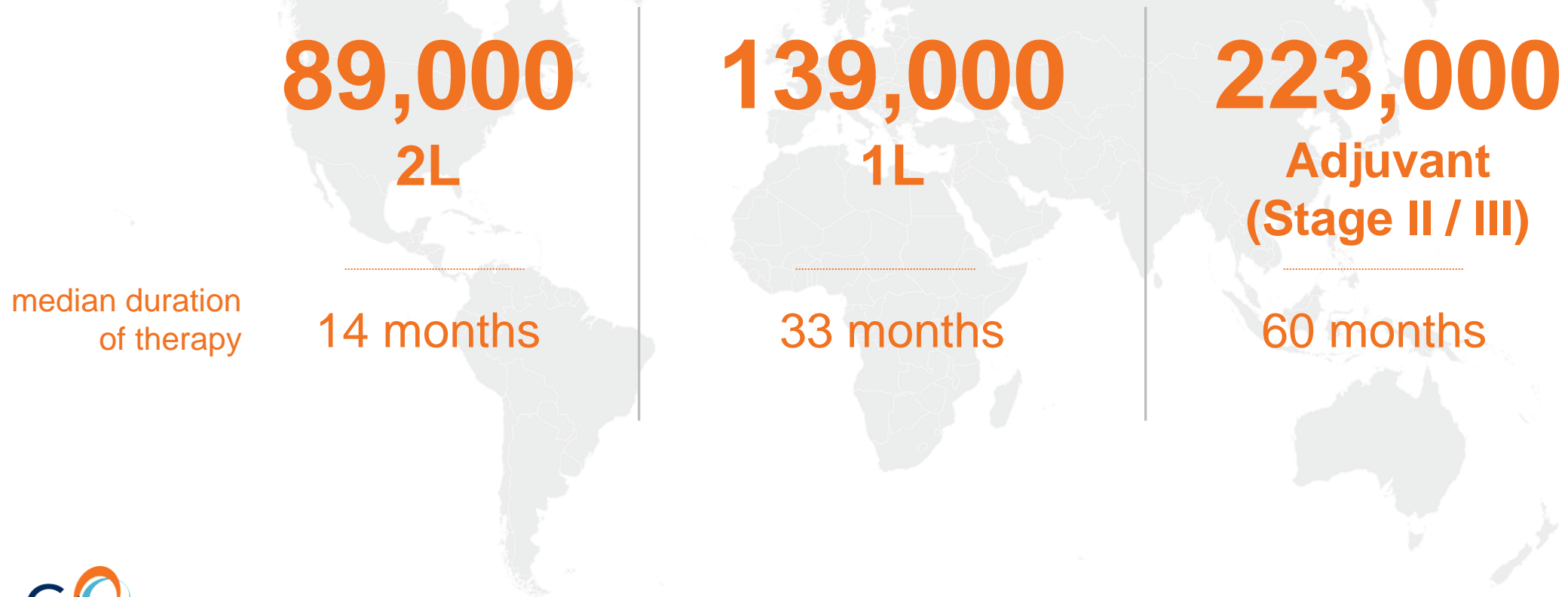
Potential best-in-class
oral SERD

Lerociclib

Differentiated
oral CDK4/6
inhibitor

Significant potential to improve ER+ breast cancer treatment

>450,000 2L, 1L, and adjuvant ER+ BC patients globally



Improving options for ER+, HER2- breast cancer

- ER degradation shown to be most effective means of blocking estrogen signaling in ER+, HER2- breast cancer
- Only available SERD is fulvestrant – painful intramuscular injections

Opportunity to improve options in first-line and adjuvant settings with oral SERD

Rintodestrant Phase 1 data: well tolerated with proof-of-concept anti-tumor activity

Well tolerated; favorable safety profile observed at all dose levels

No dose-limiting toxicities observed; maximum tolerated dose not reached

AEs mostly Grade 1, no bradycardia or cytopenias

¹⁸F-FES PET scans:
ER occupancy ≥ 80% in doses ≥ 600 mg

Preliminary evidence of **anti-tumor activity** in heavily pre-treated population

Assessing the potential of rintodestrant

**Phase 1/2a program
w/ ~110 patients
enrolled by YE20:
additional data 4Q20**

- 67 patients enrolled in Phase 1/2a trial, including expansion cohorts of 600 mg and 1,000 mg monotherapy
- **800 mg QD selected as dose for further development**
- **Initiated additional arm in 2Q20 (~40 patients) to evaluate rintodestrant (800 mg) + palbociclib**

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Lerociclib: differentiated oral CDK4/6 inhibitor

	DOSE-LIMITING NEUTROPENIA	MONITORING REQUIREMENT	DOSING HOLIDAY	QT PROLONGATION	DILI	GRADE 3/4 DIARRHEA	VTE
Ibrance®	X	X	X	—	—	—	—
Kisqali®	X	X	X	X	X	—	—
Verzenio®	X	X	—	—	X	X	X
lerociclib	—	Potential for less monitoring	—	—	—	—	—

Differentiated PK and tolerability profile

Continuous dosing (no holiday) with fewer dose-limiting toxicities

Potential for less CBC monitoring, reducing patient & physician burden

Global agreements accelerate further development



Development and
commercialization rights
in U.S., EU, Japan
and other markets



Development and
commercialization rights
in Asia-Pacific
(except Japan)

2020 – 2021: key milestones

	1H20	2H20	2021
TRILACICLIB	<ul style="list-style-type: none"> ✓ SMALL CELL LUNG CANCER NDA submission ✓ U.S. commercial collaboration 		SMALL CELL LUNG CANCER U.S. launch
	<ul style="list-style-type: none"> ✓ BREAST CANCER Initiate I-SPY 2 trial 	BREAST CANCER OS update from Phase 2 TNBC trial	
	<ul style="list-style-type: none"> ✓ COLORECTAL CANCER FDA pre-Phase 3 meeting 	COLORECTAL CANCER Initiate Phase 3 trial	
RINTODESTRANT	<ul style="list-style-type: none"> ✓ Initiate Phase 2 trial arm (palbociclib combination) 	Monotherapy data update	Rinto/palbociclib data update
LEROCICLIB	<ul style="list-style-type: none"> ✓ Global development/commercialization agreements 	Data update	

Preparing for next stage of growth

**R&D and
commercial
expertise**

to bring trilaciclib to
patients in the U.S.

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launch 1H21**

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**Strong cash
position**

funds operations
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G1 Therapeutics: improving outcomes in cancer treatment



Trilaciclib: near-term commercial opportunity to improve outcomes for patients receiving chemo



Rintodestrant: potential best-in-class oral SERD



Global rights to rintodestrant and trilaciclib (ex-China) provide options for additional value-creating partnerships



Well funded with cash runway into 2022

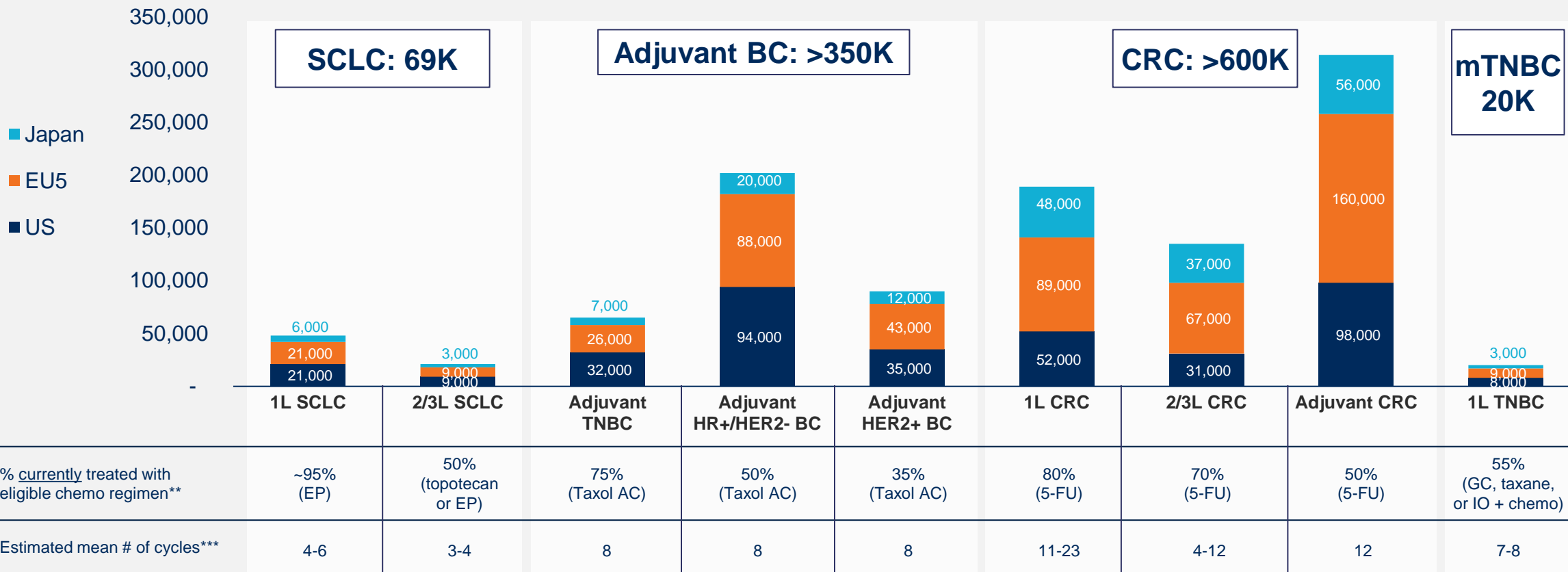


Appendix

Potential to improve outcomes across tumor types

Trilaciclib used first time, and every time, patient receives chemotherapy

Global Chemotherapy Treated Incident Patients (G7)*



*Source: Secondary epi sources, 2027 estimates

**EP refers to any regimen that includes etoposide + platinum; GC refers to gemcitabine/carboplatin; Taxol AC refers to Taxol + Adriamycin and cyclophosphamide; 5-FU refers to any regimen that includes fluorouracil (e.g., FOLFOX). In addition to CRC, pancreatic cancer, gastroesophageal cancer and squamous cell carcinoma of the head and neck (SCCHN) are also treated with 5-FU regimens (% currently treated with 5-FU regimens varies by tumor type and region)

***Source: SCLC and TNBC: G1 Therapeutics' completed trials; CRC and Adjuvant BC: number of cycles for eligible chemo regimens from Decision Resources Group Treatment Landscape and Forecast Assumptions 2019 Reports (CRC and BC)