



Optimizing Chemotherapy, Advancing Survival

May 4, 2022



Forward-Looking Statements

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G1 Therapeutics

Trilaciclib Has Potential to be a Transformational Therapy



- Commercializing COSELA™ in extensive-stage small cell lung cancer
 - Only FDA approved product offering proactive multilineage myeloprotection
 - Experiencing a variety of tailwinds, including excellent reimbursement
- New fully deployed G1 sales team focused on improving customer access and pace of adoption
- Unique, transient CDK4/6 inhibition enables “pipeline-in-a-molecule” development
 - Proactive multilineage myeloprotection increases tolerance for chemotherapy
 - Protects immune system from damage from various chemotherapy backbones
 - May improve immune response when combined w/ complementary mechanisms
- Clinical pipeline entering multi-year data-rich period; initial readouts in:
 - 4Q 2022: 1L bladder cancer, ADC combination, and MOA Phase 2 data
 - 1Q 2023: 1L CRC Phase 3 data
 - 2H 2023: 1L TNBC Phase 3 data
 - 2023+: Additional data from combination trials with novel antitumor agents
- Cash runway into 2024

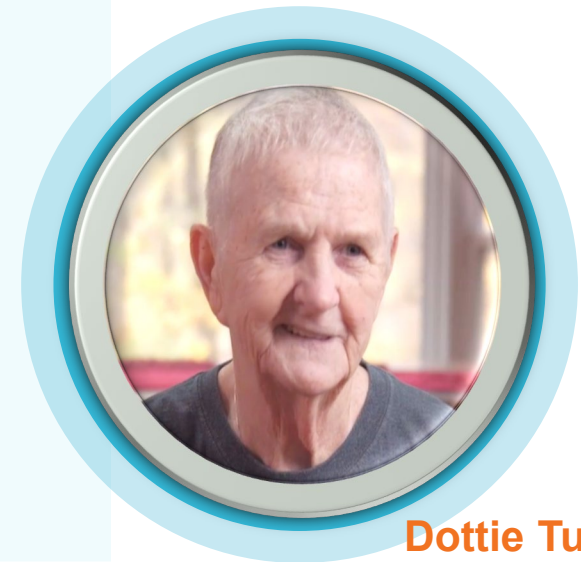
G1 Therapeutics

Making a Difference in the Lives of People Living with Cancer

*I've had lung cancer twice, and **the first chemotherapy regimen nearly took my life** because my blood cell counts dropped so low. After being hospitalized and rescued, I continued to experience such profound exhaustion that I couldn't shower by myself, and I'd fall when getting out of bed.*

I told myself I'd never get chemotherapy again.

*This time around, my doctor prescribed a drug that helped protect against the worst of the side effects I'd experienced. **I can't say enough about the difference it's made in my life.** I have the energy to live my life normally, even though I know I'm still battling the cancer. **It's scary to think I almost decided to give up.***



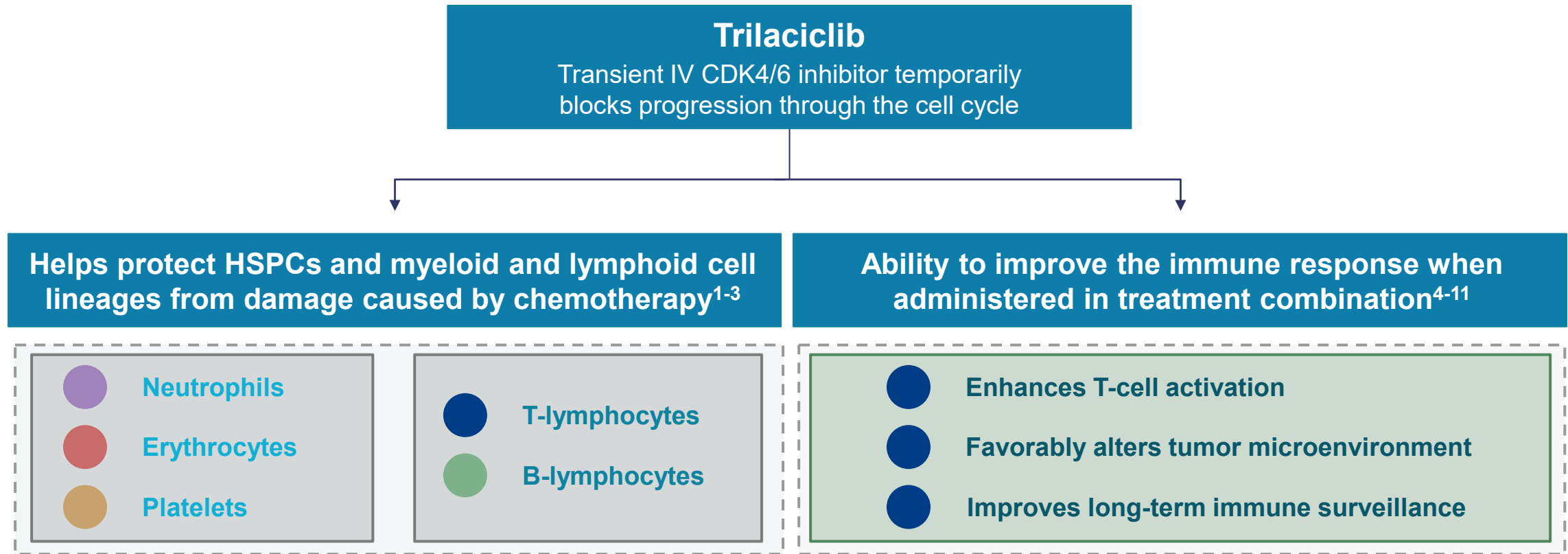
Dottie Turner
SCLC patient,
receiving COSELA

Achievement of Key 2021 Goals Positions G1 for Pivotal 2022

- ✓ Received FDA approval for COSELA™ (trilaciclib) following breakthrough designation and priority review
- ✓ Launched COSELA for U.S. patients with extensive-stage small cell lung cancer in 1Q 2021
- ✓ Received dual NCCN guideline endorsement, permanent J-code, and NTAP for COSELA
- ✓ Initiated five clinical trials: 2 Phase 3 trials and 3 Phase 2 trials; initial data expected in 4Q22 and 2023
- ✓ Initiated preclinical work to assess potential synergy of trilaciclib with a variety of mechanisms
- ✓ Strategically utilized equity and debt financing vehicles to extend cash runway into 2024
- ✓ Trilaciclib registration and marketing authorization application accepted by NMPA in China (Simcere)
- ✓ Fully deployed new G1 sales force in 1Q22 to accelerate trial and uptake of COSELA

Strong and decisive execution lays foundation for growth in 2022

Transient CDK4/6i Leads to Multiple Downstream Effects



Unique Attributes of Trilaciclib



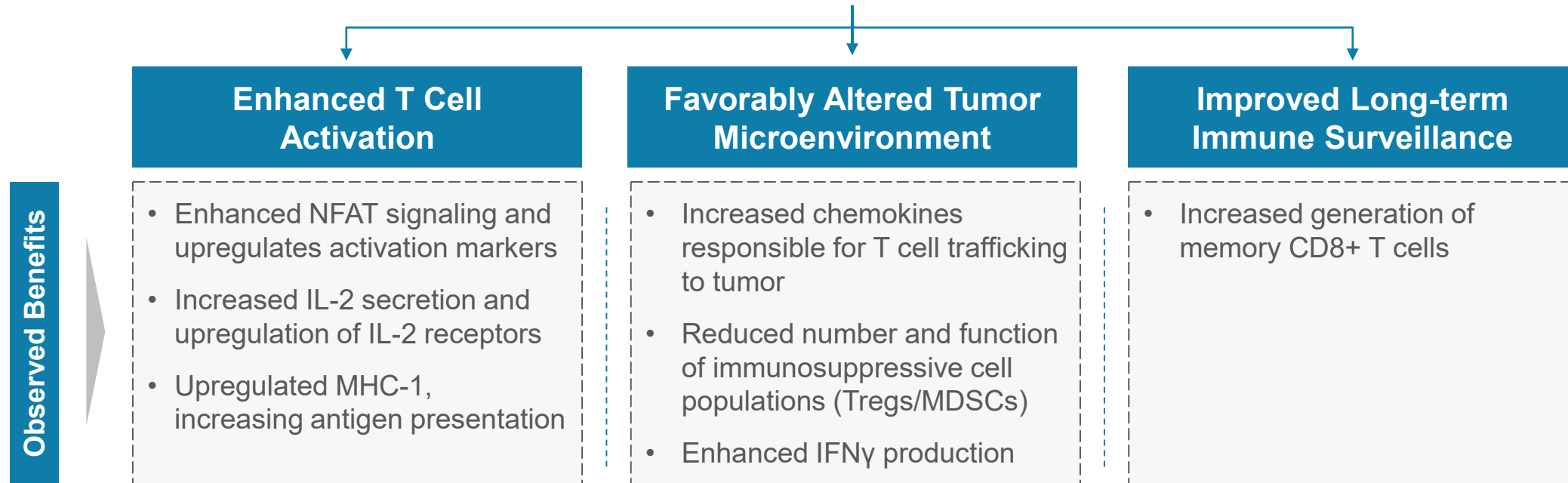
Controlled administration and clean G1 arrest reduces hematologic AEs caused by chemotherapy and may increase ability to receive longer treatment durations

Transient CDK4/6 inhibition modulates multiple immune functions while also allowing beneficial T cell proliferation which may improve patients' anti-tumor immune response

The unique profile of trilaciclib is anticipated to drive robust patient benefits of myeloprotection and/or increased anti-tumor immunity based on treatment setting

Immunomodulatory Properties of Trilaciclib

Immunomodulatory Properties Being Confirmed in Ongoing Studies¹⁻⁸



Trilaciclib's meaningful immunomodulatory properties provide strong rationale to further evaluate new treatment combinations across tumor types

Pursuing Trilaciclib Across Three Growth Platforms

Myeloprotection

1

Protecting the bone marrow from the damaging consequences of myelotoxic chemo:

- Common SCLC regimens¹
- 5-FU based regimens²
- Other myelotoxic regimens²

Reduction in Hematologic AEs

Anti-Tumor Efficacy²

2

Preserving / activating the immune system with chemo:

- Alternative to I/O treatment
- Following I/O treatment
- In tumors less responsive to I/O

Improved Survival (+ chemo)

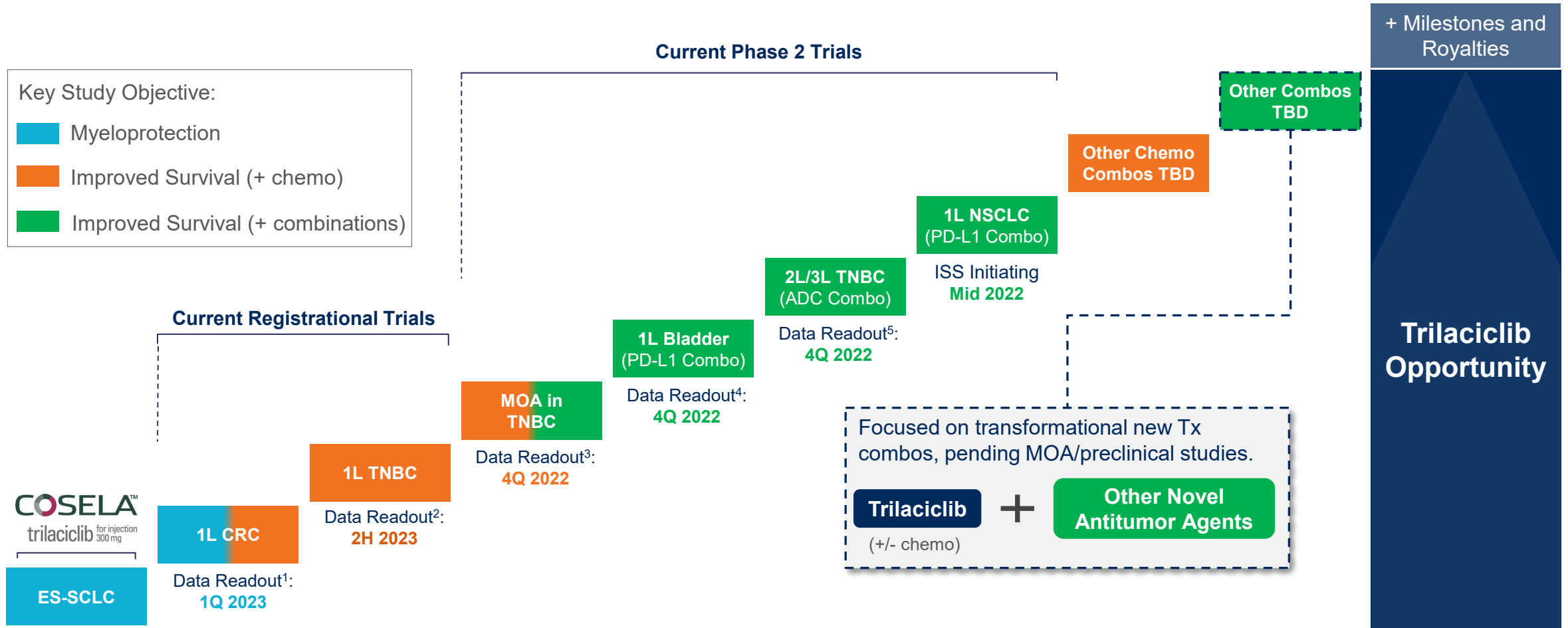
3

Improving the efficacy of immunotherapy and targeted combinations:

- Prior to / with PD-(L)1 inhibitors
- With Antibody Drug Conjugates
- With other agents / triple combinations

Improved Survival (+ combinations)

Pipeline-in-a-Molecule Opportunity Beyond ES-SCLC Launch



COSELA™
trilaciclib for injection
300 mg

ES-SCLC

- 1L CRC data readout in 1Q 2023 expected to include results for myeloprotection and Objective Response Rate (ORR) endpoints
- 1L TNBC data readout in 2H 2023 expected to include interim results for Overall Survival (OS)
- MOA in Neoadjuvant TNBC data readout in 4Q 2022 expected to include results for immune endpoints (e.g., CD8⁺ / Treg ratio)
- 1L Bladder Cancer (in combination with an anti-PD-L1) initial data in 4Q 2022 expected to include ORR and myeloprotection endpoints
- 2L / 3L TNBC (in combination with an ADC) initial data in 4Q 2022 expected to include ORR and myeloprotection endpoints



COSELA (trilaciclib) Commercial Update

COSELA's Opportunity to Impact Many ES-SCLC Lives

~30k ES-SCLC Patients Treated Annually in the U.S.¹

1L Treated Patients^{1,2}
17.5k

2L Treated Patients^{1,3}
9.5k

3L Treated Patients^{1,4}
2.5k

ES-SCLC patients predominantly treated with highly myelosuppressive chemo regimens

- Opportunity for innovation given aggressiveness of disease (1L median OS ~1 year⁵)
- Standard treatment includes 4 to 6 cycles of chemo

Exceptionally strong reimbursement by both Medicare and commercial payors

- ~60% Medicare
- ~30% Commercial
- ~10% Medicaid/Other

Myelosuppression Has Historically Been Treated with Lineage Specific Interventions

MYELOSUPPRESSION

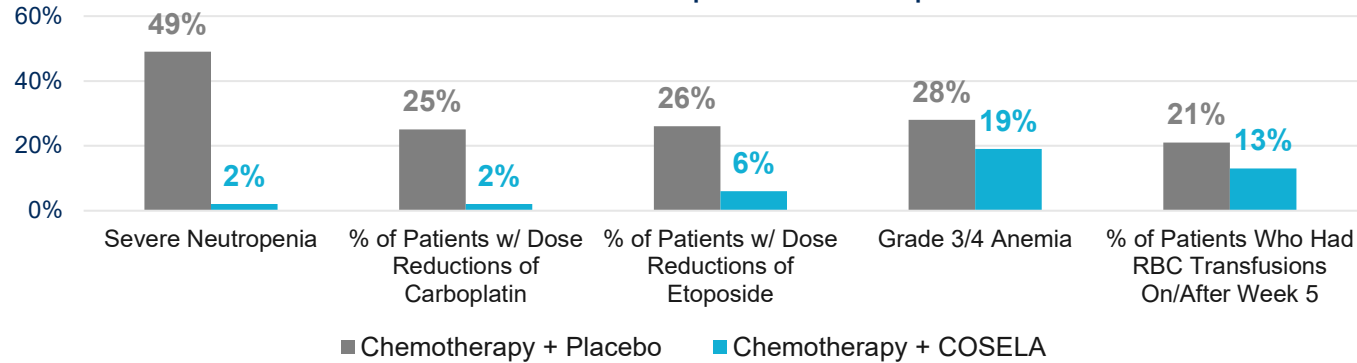
An unavoidable consequence of chemo that impacts patient safety, healthcare system costs and QoL

HEMATOLOGIC EVENT:	NEUTROPENIA	ANEMIA	THROMBOCYTOPENIA
CONSEQUENCE:	Risk of infection	Fatigue	Risk of bleeding
RESPONSE:	G-CSF use	RBC transfusions and ESA rescue	Platelet transfusions
	Increased healthcare costs and G-CSF- associated bone pain	Chemotherapy dose reductions and delays	Hospitalizations and unscheduled patient care

COSELA is the first and only proactive multilineage myeloprotection therapy to decrease the incidence of chemotherapy-induced myelosuppression in ES-SCLC

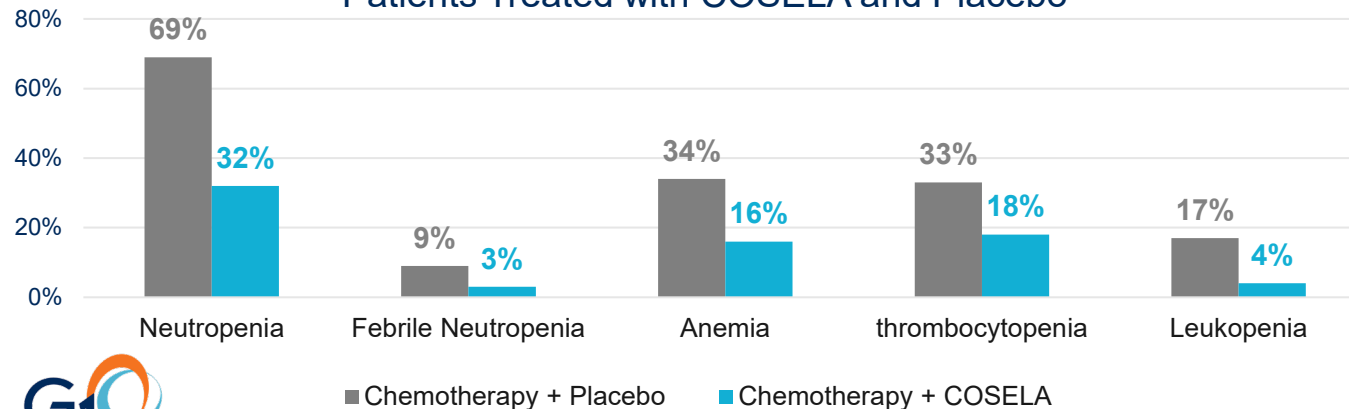
COSELA's Innovative Multilineage Impact Helps Manage Multiple Myelosuppressive Consequences

Reduced Incidence of Multi-lineage Myelosuppression in 1L SCLC
Treated with COSELA and Etoposide/Carboplatin/Atezolizumab¹



¹COSELA™ (trilaciclib) label, 10003 Rev. 2/2021 US-2100006

Reduced Grade 3/4 Hematological Adverse Reactions Occurring in
Patients Treated with COSELA and Placebo²



COSELA demonstrated reductions in multiple myelosuppressive consequences and hematologic adverse events across multiple randomized SCLC studies

Commercial Tailwinds and Headwinds

Tailwinds

- Only product offering proactive multilineage myeloprotection
- High awareness and intention to use
- Exceptional reimbursement coverage
- Strong user experience and reordering amongst early adopters
- Fits within clinic workflow



Headwinds

- Understanding of burden of myelosuppression
- Embedded existing reactive paradigm
- Need for education across multiple functions within customer organization

**G1 sales team deployed nationwide to re-establish sales growth;
Transition from Sales Agreement with BI complete**

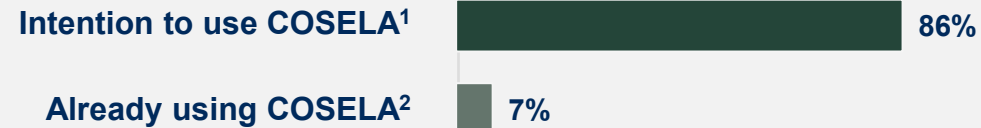
1Q22 Commercial Highlights

- March 2022: First month of promotion solely by G1 Oncology Sales Account Managers (OSAMs)
- G1 OSAMs drove 38% monthly volume growth in March 2022 over February
- 55 top 100 organizations utilizing COSELA; nine new top 100 orgs in 1Q2022
- High rate of re-orders in top 100 organizations
- Median vial volume in Top 100 organizations increased by 140% in 1Q22 compared to 4Q21
- Shifted proportion of business toward top 100 organizations (60:40 by end of 1Q22)
- Reimbursement coverage remains excellent
- Maintained over 80% brand awareness
- Intention to use is >85%; half of aware respondents anticipate using COSELA in the next two months

Turning 'Intention to Use' into 'Usage and Uptake'

Key Account Access is Key to Adoption

Most Oncologists Intend to Use COSELA



Reasons frequently cited for delay in prescribing

- Limited engagement with sales reps
- Lack of education on label and use
- Lack of education on MOA and clinical data
- Lack of information on insurance coverage

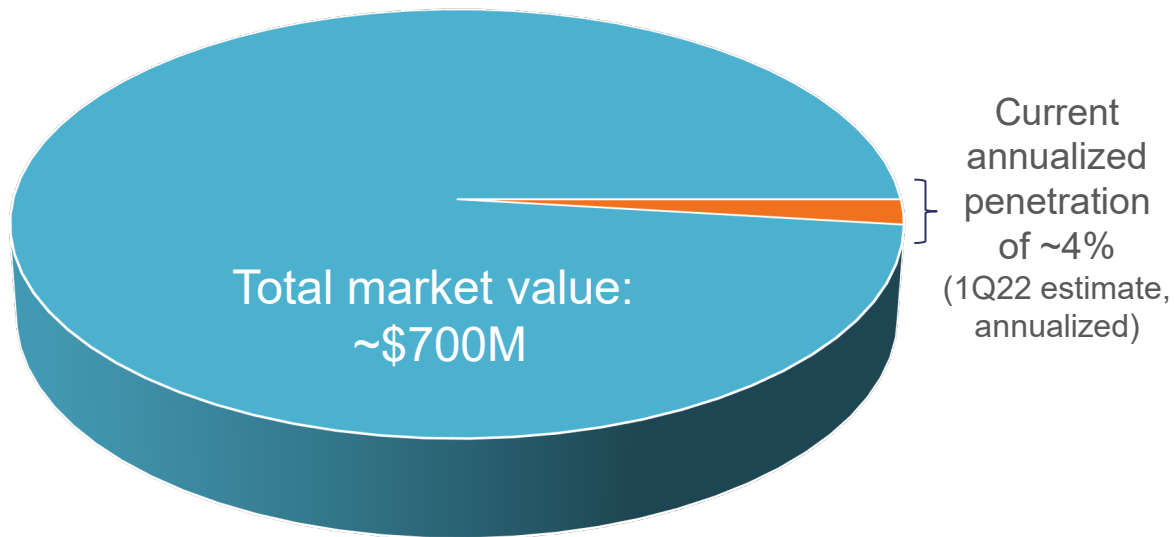
Focus of G1 Sales Force

- Promote with prescribing oncologists
- Educate on label and appropriate usage
- Foster clinical advocacy
- Incorporate into office workflow
- Support reimbursement

G1 sales force expected to rapidly improve usage and adoption

Improved Execution Provides Strong Growth Potential

Currently ~20K Eligible ES-SCLC Patients
(1L / 2L patients receiving indicated chemotherapy)



Penetration into eligible market will be driven by

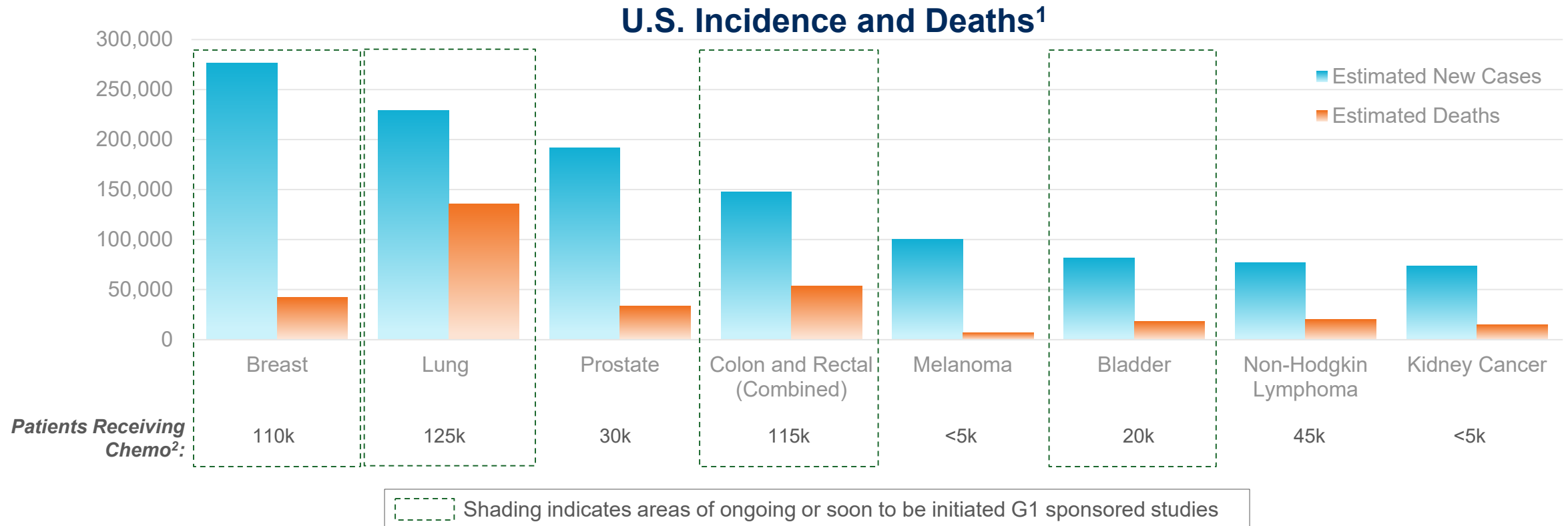
- New G1 COSELA-focused sales force
- Improved access to prescribers
- Exceptional reimbursement coverage
- Driving shift from 'intention to use' to 'usage and uptake'
- Only product offering proactive multilineage myeloprotection

Executing on optimized commercial plan to accelerate adoption of COSELA for ES-SCLC



Trilaciclib Clinical Program

Aggressively Pursuing Development in Common Tumor Types



G1 has initiated sponsored and supported studies in many of the most common and deadly tumor types

Broad Portfolio of Trilaciclib Clinical Studies

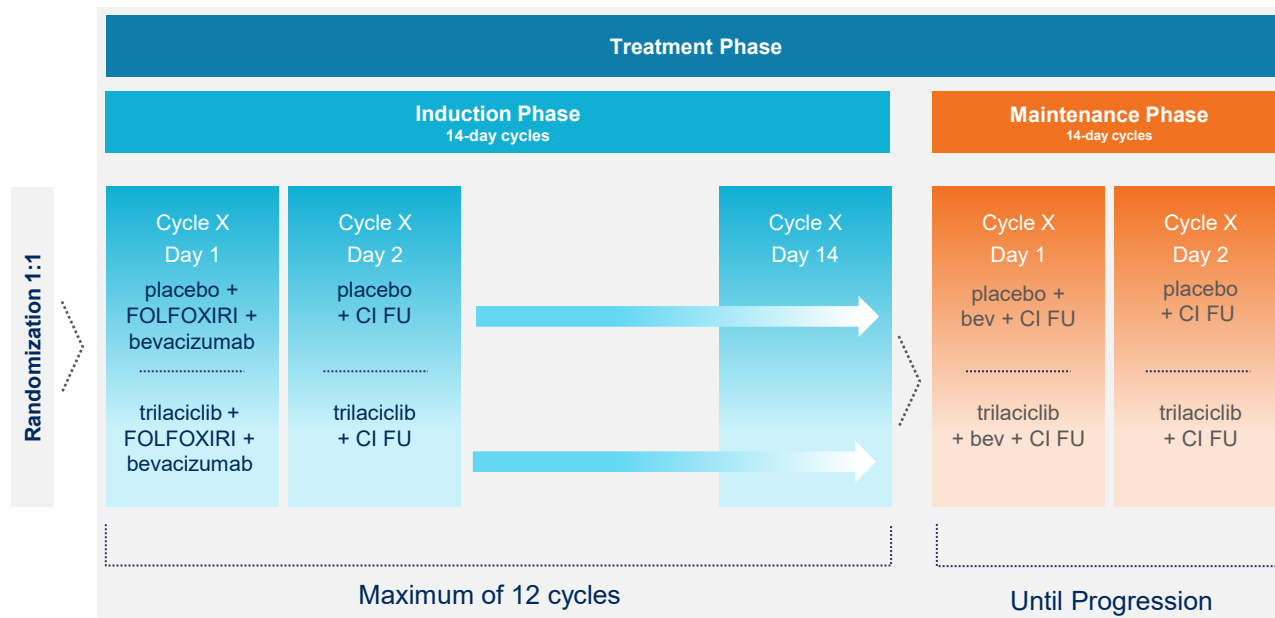
Multiple Common Tumor Types

Cancer Type	Indication	Study Size	Phase 2	Pivotal	Approval
Lung	ES-SCLC	--	Approved by U.S. FDA (Feb 2021)		
	1L NSCLC (ISS) <i>Checkpoint + chemo combo</i>	~105	To be initiated mid 2022		
Colorectal	1L CRC	~300	PRESERVE 1: Ongoing		
Breast	1L TNBC	~170	PRESERVE 2: Ongoing		
	ADC combination <i>2L/3L TNBC</i>	~45	ADC Combo Study: Ongoing		
	Mechanism of Action <i>Neoadjuvant TNBC</i>	~30	MOA Study: Ongoing		
Bladder	1L Bladder <i>Checkpoint combination</i>	~90	PRESERVE 3: Ongoing		

Continuing to expand development effort with a focus on combining trilaciclib with complementary assets to improve survival

Ongoing First-Line CRC Pivotal Trial: PRESERVE 1

FOLFOXIRI: most efficacious chemo regimen but highly myelosuppressive
Potential to significantly expand FOLFOXIRI usage supported by market research



PRIMARY ENDPOINT:
Myeloprotection

SECONDARY ENDPOINTS:
PFS/OS, PRO

TARGET ENROLLMENT:
~300 participants

PATIENTS TREATED UNTIL
PROGRESSION

MULTI-DAY CHEMO REGIMEN

Initial results in early 1Q 2023

**Strong support from preclinical models for the benefits of trilaciclib
in combination with 5-FU-based chemo regimens**

Ongoing 1L TNBC Pivotal Trial: PRESERVE 2

Initial positive evidence of efficacy across subsets and line of treatment in Phase 2 trial¹
Evaluating 1L checkpoint-naïve and post-checkpoint patients



PRIMARY ENDPOINT:
Overall survival

SECONDARY ENDPOINTS:
PRO, myeloprotection
measures, PFS/ORR

TARGET ENROLLMENT:
~170 1L participants

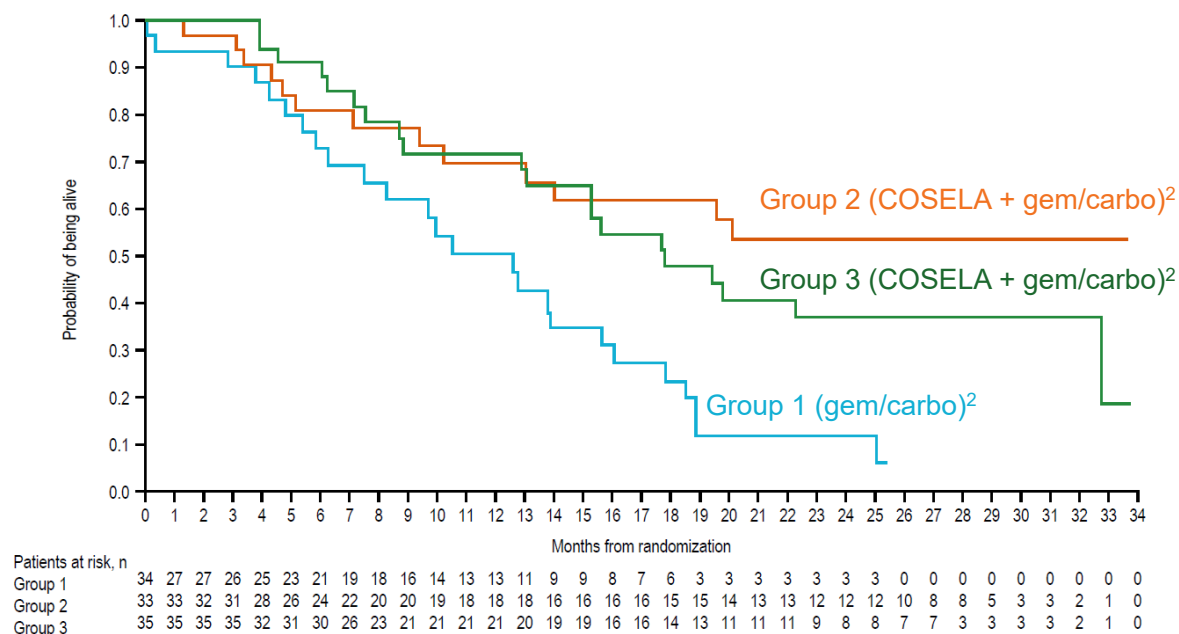
Initial results in 2H 2023

2L arm discontinued due to shift in treatment paradigm for 2L mTNBC caused by rapid update of Trodelvy in 2L setting

**Pivotal study evaluating trilaciclib in 1L mTNBC (PD-L1 positive and negative patients)
building upon robust OS benefit observed in prior Phase 2 study**

Observed Robust OS Improvement in mTNBC Phase 2

Overall Survival in Intent-to-Treat Population¹



Treatment Group ²	Median OS, months	Hazard Ratio (95% CI)	P Value
Group 1: (gem/carbo)	12.6	-	-
Group 2: (gem/carbo + trilaciclib)	Not Reached	0.31 (0.15-0.63)	0.0016
Group 3: (gem/carbo + trilaciclib)	17.8	0.40 (0.22-0.74)	0.0004

Observed a robust statistically significant improvement in Overall Survival for both trilaciclib schedules

OS Improvement Observed, Regardless of PD-L1 Status

Overall Survival for PD-L1 Positive Tumors¹

Treatment Group ²	Patients	Median OS (95% CI), Months	Hazard Ratio (95% CI)	P Value
Group 1: (gem/carbo)	17	10.5 (6.3 – 18.8)	-	-
Group 2 and 3: (gem/carbo + trilaciclib)	32	32.7 (17.7 – NR)	0.34 (0.2 – 0.7)	0.004

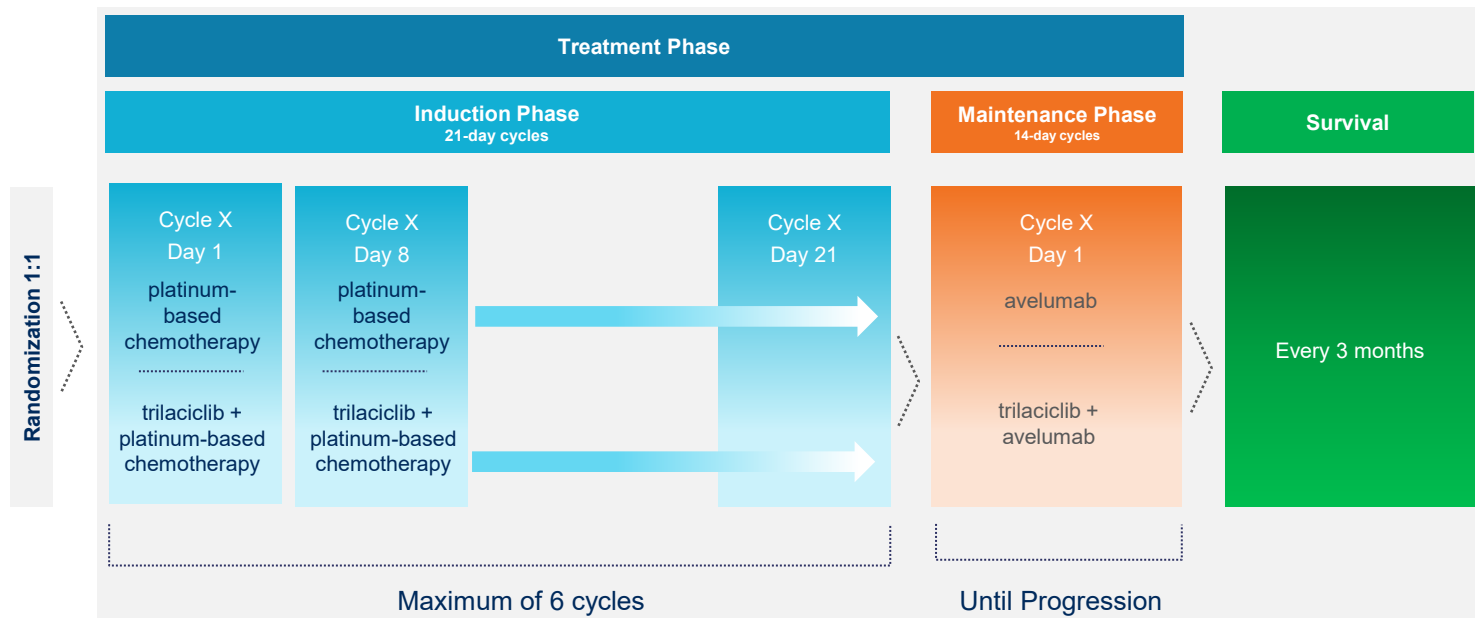
Overall Survival for PD-L1 Negative Tumors¹

Treatment Group ²	Patients	Median OS (95% CI), Months	Hazard Ratio (95% CI)	P Value
Group 1: (gem/carbo)	10	13.9 (12.6 – NR)	-	-
Group 2 and 3: (gem/carbo + trilaciclib)	26	17.8 (13.1 – NR)	0.48 (0.2 – 1.2)	0.093

Overall Survival improvement was observed regardless of tumor PD-L1 status (greater effect in PD-L1 positive tumors)

Ongoing Phase 2 Bladder (mUC) Study: PRESERVE 3

Building on strong rationale for trilaciclib + chemo + checkpoint inhibitor; data to date suggest potential for synergistic effect in known immunogenic tumor



PRIMARY ENDPOINT:
PFS

SECONDARY ENDPOINTS:
ORR, DCR, DOR, OS,
myeloprotection measures

TARGET ENROLLMENT:
~90 participants

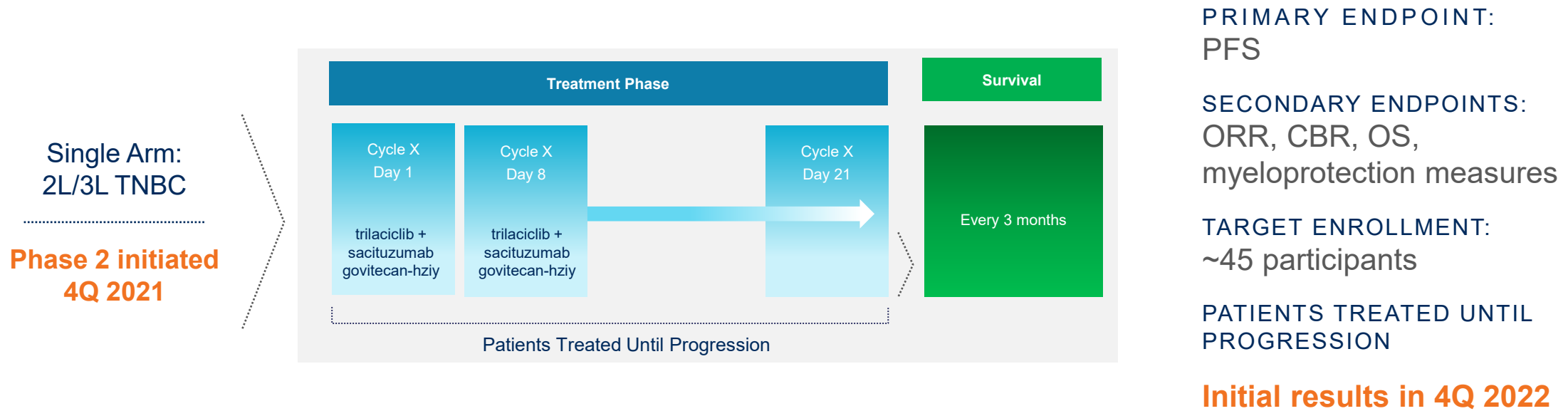
PATIENTS TREATED UNTIL
PROGRESSION

Initial results in 4Q 2022

Phase 2 study will provide meaningful data for trilaciclib in a known immunogenic setting; expected to help define future combination studies

Ongoing Phase 2 ADC Combination Study: 2L/3L Metastatic TNBC

Evaluate synergistic combo potential of trilaciclib and sacituzumab govitecan-hziy, each of which have individually demonstrated clinically meaningful OS improvements in TNBC



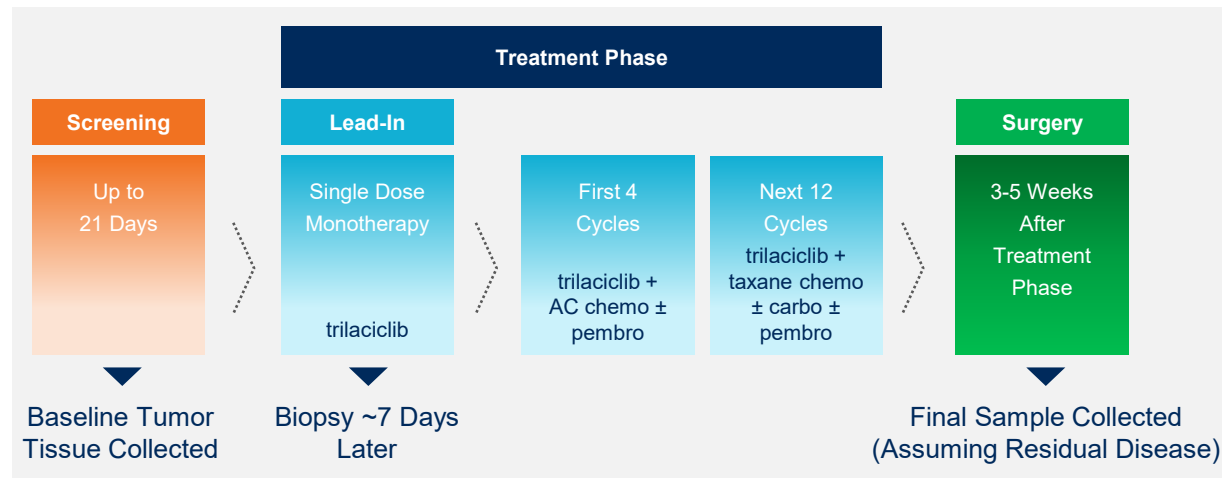
Strong belief in clinical rationale underlying this combo; data generated will be instructive in evaluating future ADC combo possibilities

Ongoing Phase 2 Mechanism of Action Study: Neoadjuvant TNBC

Confirm immune-based properties of trilaciclib and its potential role in increasing the anti-tumor efficacy of chemotherapy with and without a checkpoint inhibitor

Single Arm:
Early-stage TNBC

Phase 2 initiated
4Q 2021



PRIMARY ENDPOINT:
Immune-based MOA

SECONDARY ENDPOINTS:
pCR, immune response and
profiling measures

TARGET ENROLLMENT:
~30 participants

Initial results in 4Q 2022

Data generated from MOA study will inform design of future additional pivotal studies across multiple tumor types and treatment combinations

Efficiently Managing Capital Heading into Pivotal 2022

Potential for Meaningful Incremental Value from Out-Licensed Assets

Cash runway into 2024

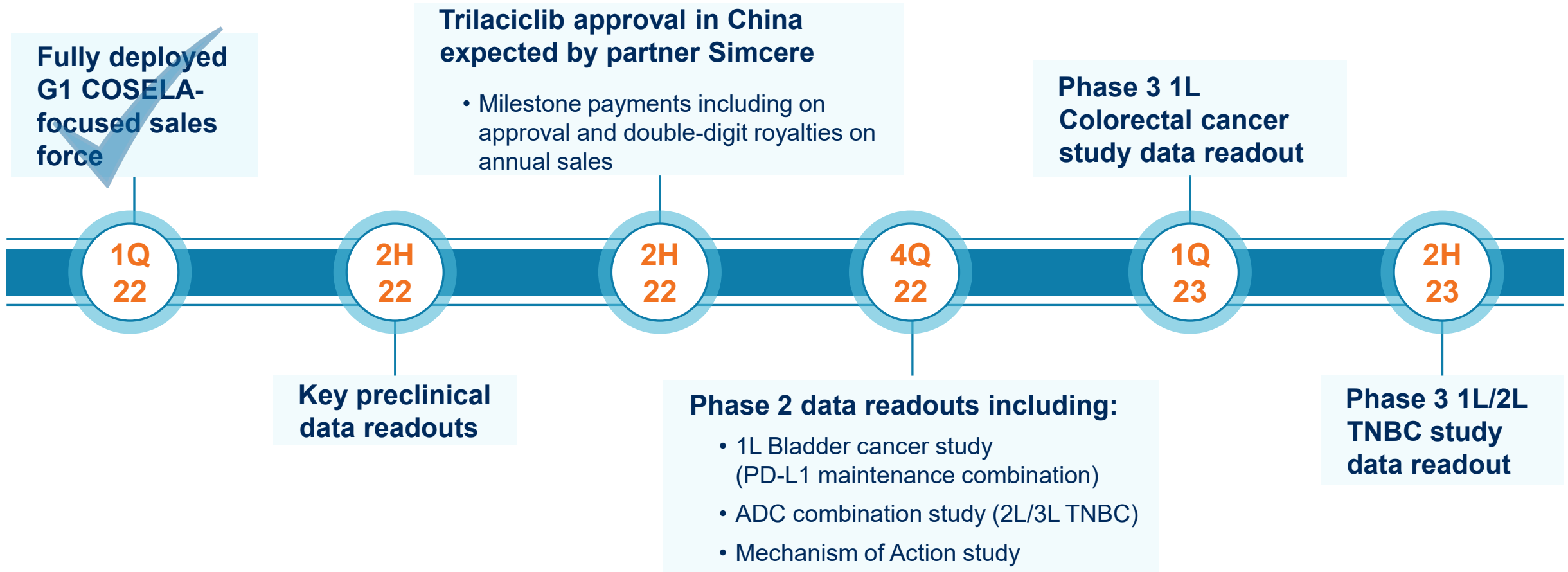
- \$183M in cash and cash equivalents as of March 31, 2022
 - Includes \$75M drawn in 3Q21 from Hercules \$150M debt facility
 - Additional \$25M of debt facility currently available but not yet drawn

Additional potential proceeds from licensing agreements



Strong capital position; potential for \$475 million in milestone payments (as of 3/31/22) plus royalties

Upcoming Key Milestones



Appendix

About COSELA™ (trilaciclib) for Injection

Indication

COSELA™ (trilaciclib) is indicated to decrease the incidence of chemotherapy-induced myelosuppression in adult patients when administered prior to a platinum/etoposide-containing regimen or topotecan-containing regimen for extensive-stage small cell lung cancer.

Important Safety Information

COSELA is contraindicated in patients with a history of serious hypersensitivity reactions to trilaciclib.

Warnings and precautions include injection-site reactions (including phlebitis and thrombophlebitis), acute drug hypersensitivity reactions, interstitial lung disease (pneumonitis), and embryo-fetal toxicity.

The most common adverse reactions (>10%) were fatigue, hypocalcemia, hypokalemia, hypophosphatemia, aspartate aminotransferase increased, headache, and pneumonia.

This information is not comprehensive. Please click here for full Prescribing Information.

<https://www.g1therapeutics.com/cosela/pi/>