COSELA™ Kickoff
Analyst & Investor Summit

April 9, 2021

Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Words such as "may," "will," "expect," "plan," "anticipate," "estimate," "intend" and similar expressions (as well as other words or expressions referencing future events, conditions or circumstances) are intended to identify forward-looking statements. Forward-looking statements in this presentation include, but are not limited to, those relating to the therapeutic potential of COSELA™(trilaciclib), COSELA may fail to achieve the degree of market acceptance for commercial success, COSELA's possibility to improve patient outcomes across multiple indications, our reliance on partners to develop and commercial licensed products, and the impact of pandemics such as COVID-19 (coronavirus), and are based on the company's expectations and assumptions as of the date of this presentation. Each of these forward-looking statements involves risks and uncertainties. Factors that may cause the company's actual results to differ from those expressed or implied in the forward-looking statements in this presentation are discussed in the company's filings with the U.S. Securities and Exchange Commission, including the "Risk Factors" sections contained therein and include, but are not limited to, the company's ability to complete a successful commercial launch for COSELA (trilaciclib), the company's ability to complete clinical trials for, obtain approvals for and commercialize any of its product candidates other than COSELA; the company's initial success in ongoing clinical trials may not be indicative of results obtained when these trials are completed or in later stage trials; the inherent uncertainties associated with developing new products or technologies and operating as a commercial-stage company; and market conditions. Except as required by law, the company assumes no obligation to update any forward-looking

G1 THERAPEUTICS

Agenda

Welcome
Will Roberts, Vice President, Investor Relations
& Corporate Communications

Introduction to COSELA™ (trilaciclib)
Jack Bailey, Chief Executive Officer

COSELA Commercial Strategy and U.S. Launch Update
Soma Gupta, Chief Commercial Officer
Marc Chioda, PharmD, Vice President, Medical Affairs
Evan Hicks, Vice President, Marketing

COSELA Brand Strategy
Evan Hicks, Vice President, Marketing

Educating Physicians on COSELA's Clinical & Cost Benefits
Marc Chioda, PharmD, Vice President, Medical Affairs

Moderated Expert Panel
Jared Weiss, MD
Tajuana Bradley, MS, FNP-BC
Moderator: Marc Chioda, PharmD

Q&A
G1 Management

Closing
Jack Bailey, Chief Executive Officer

G1 THERAPEUTICS

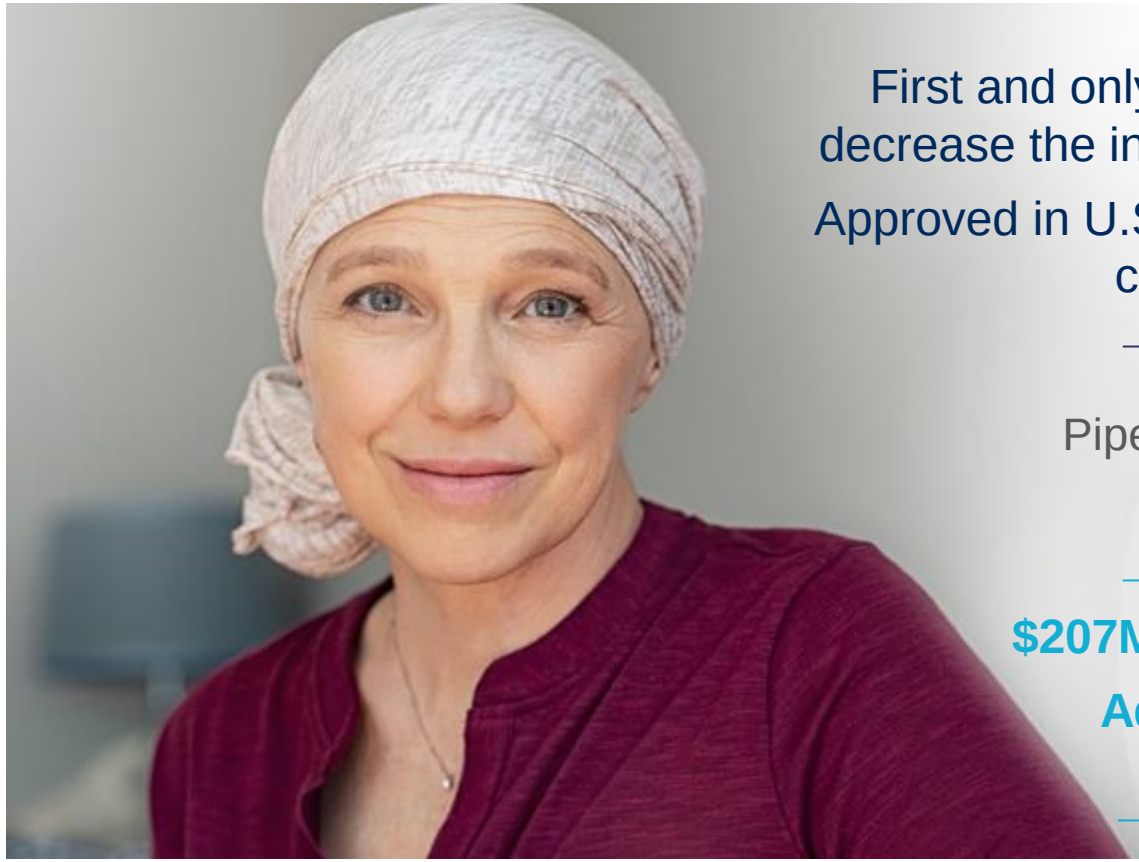
NOW APPROVED
COSELA™
trilaciclib for injection 300 mg

Introduction to COSELA™ (trilaciclib)

Jack Bailey
Chief Executive Officer

COSELA is a Potential Cornerstone Therapy

COSELA™
trilaciclib for injection 300 mg



First and only proactive multilineage myeloprotection therapy to decrease the incidence of chemotherapy-induced myelosuppression

Approved in U.S. for treatment of patients with extensive-stage small cell lung cancer receiving chemotherapy

Pipeline-in-a-molecule development opportunity

Tumor agnostic development program

$207M cash on hand (as of December 31, 2020)

Additional $86.4M in net proceeds from ATM during 1Q21

Focused on maximizing the development and commercialization of COSELA

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Chemo to Remain Mainstay Therapy Despite Shortcomings

Over 1 million cancer patients receive chemo in North America each year

- Cost-efficient and effective treatment option expected to remain backbone of SoC
- Established high water-mark that has proven difficult to exceed head-to-head
- Immunotherapy with chemo has demonstrated improved results in many tumors

Two Critical Areas of Unmet Need

1 Proactively reducing the damaging consequences of chemotherapy

2 Meaningfully improving overall survival in broad populations

High unmet need for new therapies that can significantly reduce myelosuppression and meaningfully improve overall survival across patient populations

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COSELA: Novel Approach Designed to Address Shortcomings of Chemo

COSELA
Transient IV CDK4/6 inhibitor
Temporarily blocks progression through the cell cycle

Leads to multiple potential downstream effects

Helps protect HSPCs and myeloid and lymphoid cell lineages from damage caused by chemotherapy[1-3]

- Neutrophils
- Erythrocytes
- Platelets
- T-lymphocytes
- B-lymphocytes

Ability to improve the immune response when administered with chemotherapy[4-9]

- Enhances T-cell activation
- Favorably alters tumor microenvironment

Potential to benefit patients receiving chemotherapy across multiple tumor types

1. Weiss J, et al. Ann Oncol. 2019 Oct; 30(10): 1613–1621. 2. He S, et al. Sci Transl Med. 2017;9:eaal3986. 3. Bisi JE, et al. Mol Cancer Ther. 2016;15:783-93. 4. Tan A, et al. Lancet Oncol. 2019 Sep 28. 5. Zhang J, et al. Nature. 2018;553:91-95. 6. Jerby-Arnon L, et al. Cell. 2018;175:984-997. 7. Goel S, et al. Nature. 2017;548:471-475. 8. Deng J, et al. Cancer Discov. 2018;:216-233. 9. O'Shaugnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06.

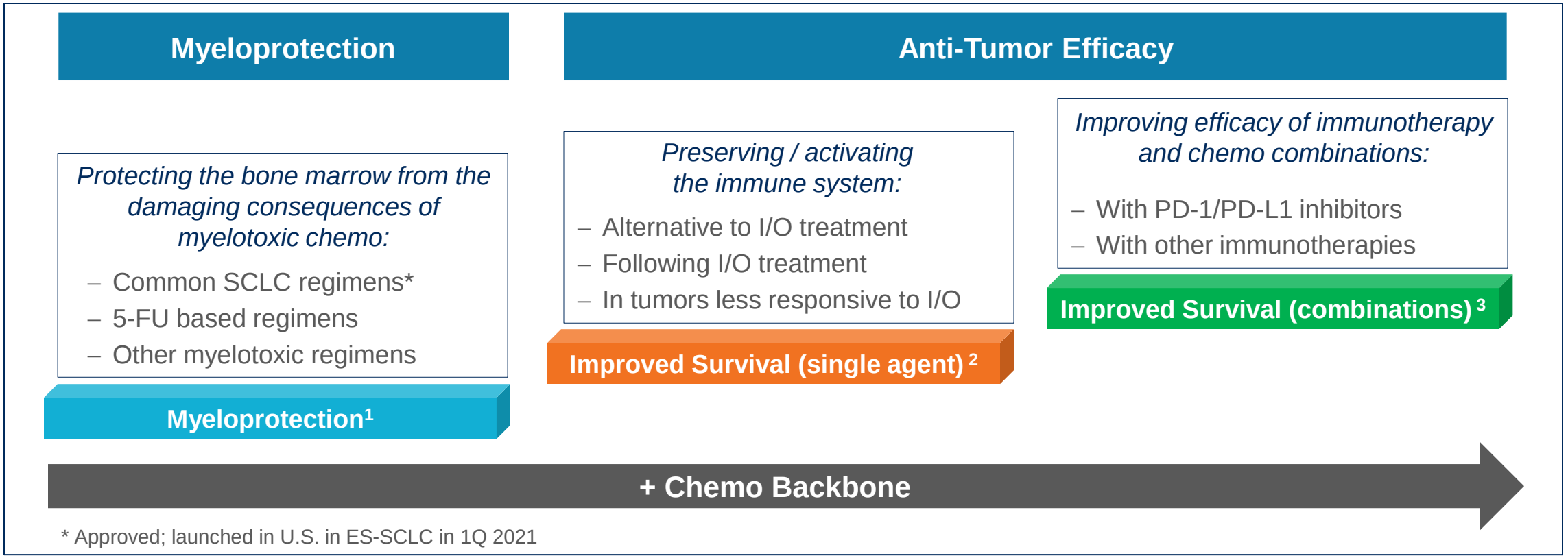
COSELA
A Pipeline-in-a-Molecule

Myeloprotection Impact[1-5]		Anti-Tumor Efficacy[6-11]
▪ **Reduced** rate of hematologic adverse events (less neutropenia, anemia, thrombocytopenia) ▪ **Decreased** rescue interventions and costs (less transfusions, G-CSF, hospitalizations) ▪ **Improved** aspects of patients' quality of life	**Helps protect myeloid cell lineages**	▪ **Increased** patients' ability to receive longer duration of chemotherapy-based regimens
	Helps protect lymphoid cell lineages	▪ **Protected** the immune system from damage by chemotherapy
	Ability to improve immune response	▪ **Enhanced** T-cell activation and favorably alters the tumor microenvironment

Approved as myeloprotective therapy in ES-SCLC with most common chemotherapy regimens; increased anti-tumor efficacy being evaluated in additional trials

1. Weiss J, et al. Ann Oncol. 2019 Oct; 30(10): 1613–1621. 2. He S, et al. Sci Transl Med. 2017;9:eaal3986. 3. Bisi JE, et al. Mol Cancer Ther. 2016;15:783-93. 4. Weiss et al. MASCC Oral Presentation, Abstract #MASCC9-0845. 5. Tan A, et al. Lancet Oncol. 2019 Sep 28. 6. Ferrarotto et al., 2020 North America Conference on Lung Cancer (NACLC), Abstract # OA03.08. 7. Zhang J, et al. Nature. 2018;553:91-95. 8. Jerby-Arnon L, et al. Cell. 2018;175:984-997. 9. Goel S, et al. Nature. 2017;548:471-475. 10. Deng J, et al. Cancer Discov. 2018;:216-233. 11. O'Shaugnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06.

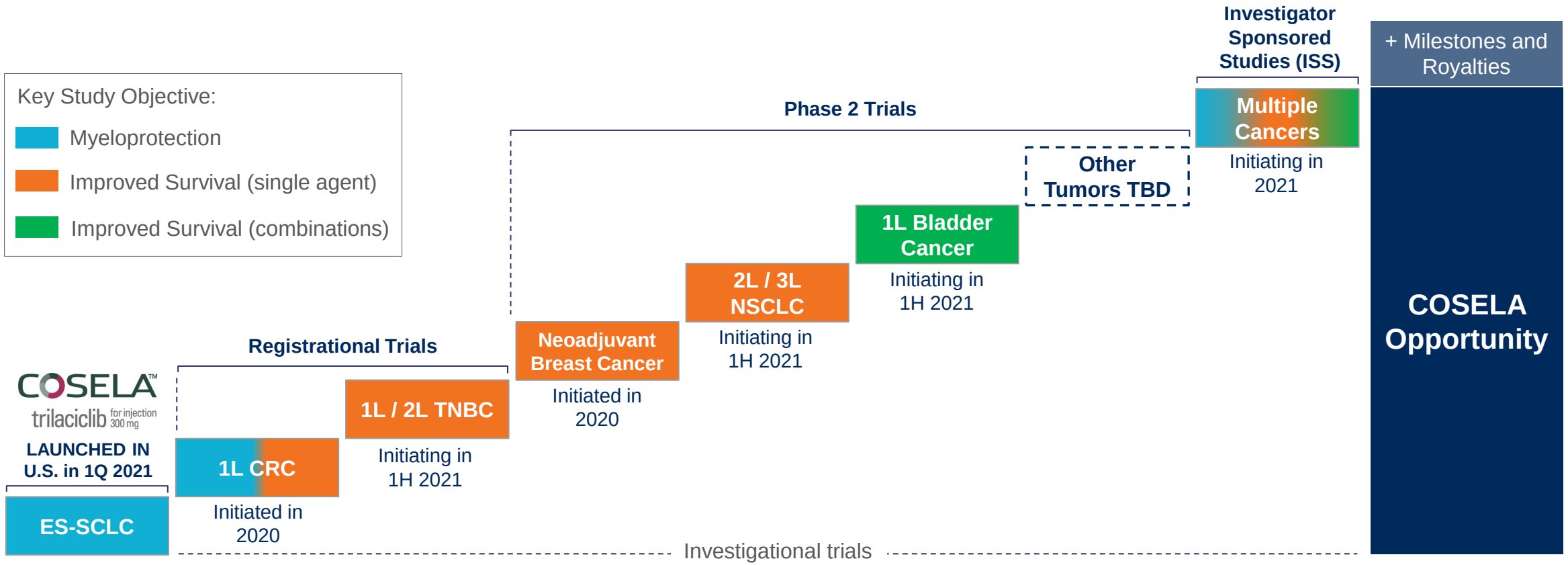
Significant Expansion Opportunities for COSELA



Optimizing development plan across three core growth platforms will enable COSELA to benefit as many patients as possible

1. Shown in pivotal trials in ES-SCLC; being explored in pivotal trial in 1L CRC.
2. To be/being explored in trials in 1L CRC (pivotal), 1L/2L TNBC (pivotal), neoadjuvant breast cancer (Ph2), and 2L/3L NSCLC (Ph2).
3. To be explored in trial in 1L bladder cancer (Ph2).

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



Aggressively pursuing development in areas of high strategic importance where COSELA is most likely to provide meaningful benefits to patients

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trilaciclib for injection 300 mg

Approved by U.S. Food and Drug Administration 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 (ES-SCLC)

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NOW APPROVED

COSELA™

trilaciclib for injection 300 mg

COSELA Commercial Strategy and U.S. Launch Update

Soma Gupta
Chief Commercial Officer

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Vice President, Medical Affairs

Evan Hicks
Vice President, Marketing

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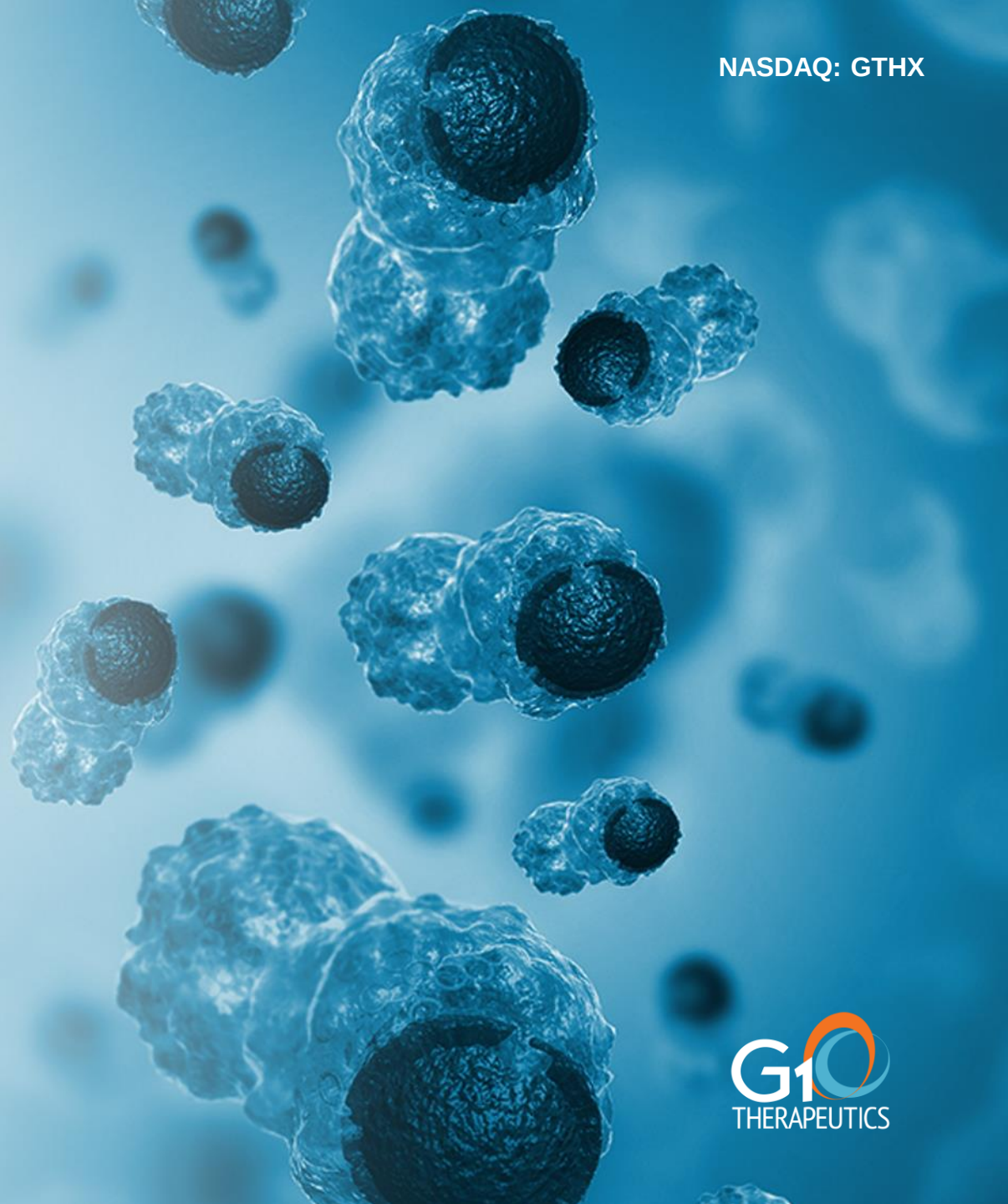
Why the Market Needs COSELA



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Small Cell Lung Cancer (SCLC) Overview

A Devastating, Aggressive Type of Lung Cancer

Demographics

69 | Median Age at Diagnosis

1.0 : 1.1 | Male:Female Ratio

>80% | of SCLC Deaths Attributed to Smoking

Outcomes

3% | 5-year Survival for ES-SCLC

>48% | SCLC Patients Experience Grade 3/4 Neutropenia

>22% | Develop Grade 3/4 Anemia in 1L

"[Upon hearing the diagnosis,] I was absolutely crushed, devastated beyond belief. I didn't speak to anyone for two months. I couldn't speak without crying. As far as my husband, he didn't hear anything after the 1st sentence. It was absolutely devastating."

– Patient

"It was sad to see her start treatment, but also that this is what we're going to do as the path forward, it was a little reassuring that they're going to get on top of it & keep going."

– Caregiver

Sources: Kantar Health CancerMPact US Treatment Architecture SCLC (June 2020); data on file

ES-SCLC Patients Begin Treatment with Chemotherapy and are at Risk of Developing Chemotherapy-Induced Myelosuppression (CIM)

~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 predominately treated with highly myelosuppressive chemo regimens

- Limited successful innovation given aggressiveness of disease (1L median OS ~1 year[5])
- Standard treatment includes 4 to 6 cycles of chemo

Standard of care chemotherapy regimens can damage HSPCs in the bone marrow due to the targeting of all dividing cells, which can lead to clinically significant multilineage myelosuppression

1. Based on incidence of 25k for all SCLC with 81% of patients being diagnosed at Extensive Stage; Decision Resources Group, Small Cell Lung Cancer Disease Landscape & Forecast, March 2020.
2. Based on 22k 1L SCLC total patients (20K de novo ES-SCLC and 2K late relapse LS-SCLC) treated at an assumed 80% treatment rate (from 2020 internal primary market research).
3. Based on 12.5k 2L SCLC total patients (11k progressed 1L SCLC and 1.5k early relapse LS-SCLC) treated at an assumed 72% treatment rate (from 2020 internal primary market research).
4. Based on 5k 3L SCLC total patients treated at an assumed 50% treatment rate (from 2020 internal primary market research).
5. Demonstrated in COSELA G1T28-02 and G1T28-05 study control arms

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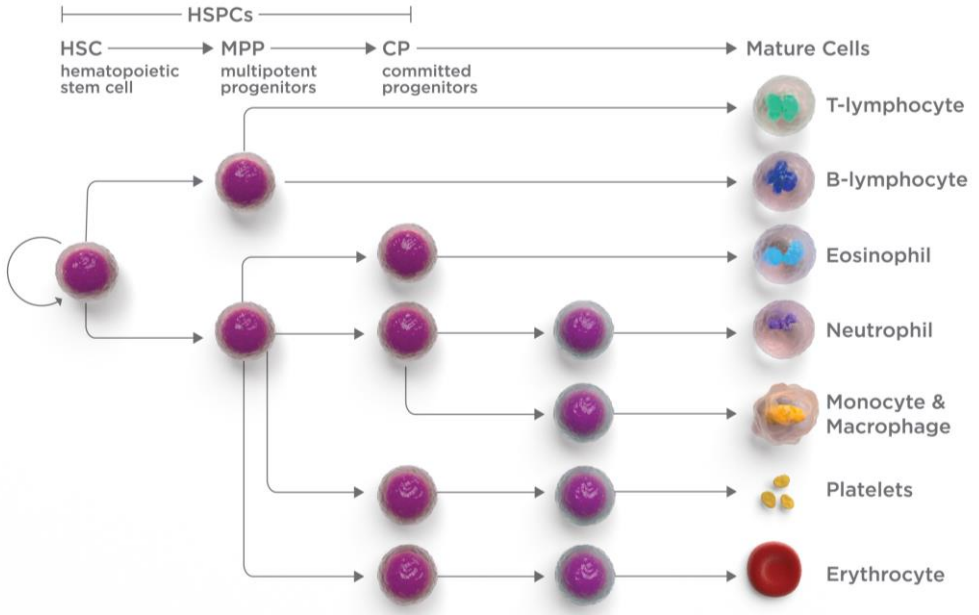
Chemotherapy Induced Myelosuppression

Manifests as Neutropenia, Anemia, and Thrombocytopenia

Myelosuppression Overview

- **Myelosuppression** results from impaired hematopoietic stem and progenitor cells in bone marrow (BM) and peripheral blood
  - **Neutropenia** is the most chronic or common form of myelosuppression and results in long-term **increased risk of infection**
  - **Anemia** can cause **extreme fatigue and cardiac issues** due to iron deficiency
  - **Thrombocytopenia** causes platelet deficiency, leading to **poor coagulation and potentially significant blood loss**

Hematopoietic Stem Cell Differentiation

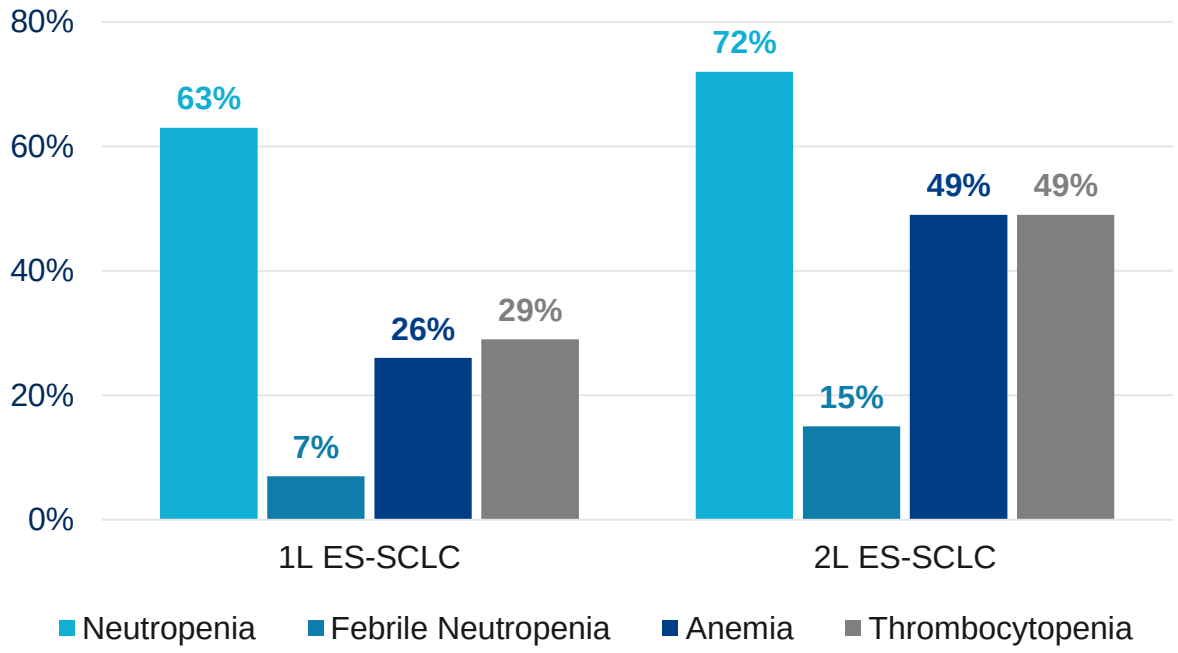


Until the approval of COSELA, there weren't any interventions to help prevent damage to HSPCs, the source of all blood cell lineages

CP: Common Progenitors; ESAs: Erythropoietin stimulating agents; G-CSF: Granulocyte-Colony Stimulating Factor; HSC: Hematopoietic Stem Cell; MPP: Multi Potent Progenitor

Multilineage Adverse Events from Myelosuppression are Associated with Higher Hospitalization Rates

Incidence of Grade 3+ Adverse Events In 1L and 2L ES-SCLC Patients on Standard of Care Treatments*[2-4]



Hospitalizations among Patients >65 Years with ES-SCLC

(N =5,855 patients)

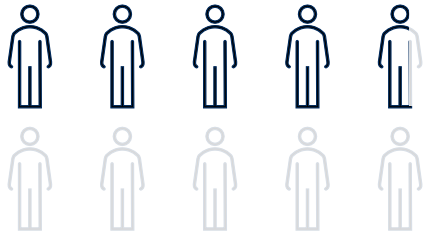
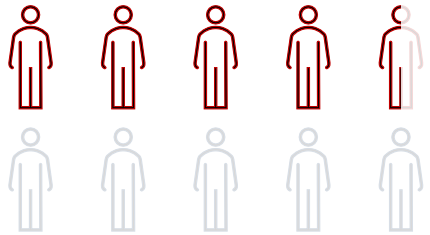
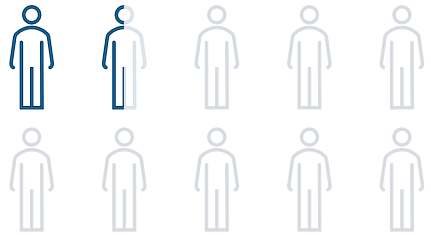
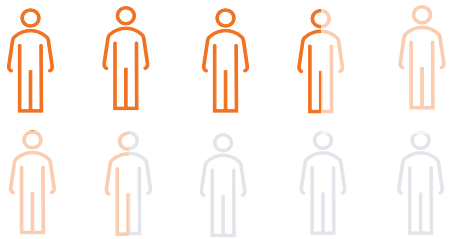
- All cause hospitalization rates were **91%**, and disease-related+ hospitalization rates were **56%**[1]
- Patients had, on average, one disease-related hospitalization with a mean duration of stay of **7.5 days**[1]

*Note: 1L ES-SCLC shows average AE incidence of patients treated with etoposide + carboplatin + atezolizumab, etoposide + carboplatin, and etoposide + cisplatin, weighted by market share; 2L ES-SCLC shows average AE incidence of patients treated with topotecan, etoposide + carboplatin, and etoposide + cisplatin, weighted by market share

+Includes cancer-directed treatment, medical encounters, or discharge records for inpatient admission with lung cancer ICD-9-CM code

Sources: 1. Karve, SJ et al. BMC Health Serv Res. 2014; 14: 555. 2.Data on file; 3. Lara, PN et al. Journal of Clinical Oncology 27, no. 15 (May 20, 2009) 2530-2535.; 4. Baize, N et al. Journal of Thoracic Oncology, Volume 14, Issue 10, S246

Myelosuppression is Managed with Lineage Specific Interventions

	G-CSFs	RBC Transfusions or ESA	Platelet Transfusions	Chemo Dose Reductions or Delay
% SCLC Pts Requiring Intervention[1]	49% 	43 to 47% 	15% 	~33% to 66% 
Risks / Consequences of Intervention	Associated bone pain	Infection, transfusion reactions, immunosuppression, increased thrombotic events, burden to patients of time spent receiving transfusions, tumor progression (ESAs)[2,4]	Multi-transfused patients become refractory to platelet infusions and fail to achieve adequate platelet count[3]	Added burden on the healthcare system due to disruption in patient treatment and need for additional healthcare visits and stress on patients from not receiving their planned chemotherapy treatment

Result: Increased healthcare resource utilization and burden given additional treatment costs and unscheduled infusion chair time

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Sources: 1 Epstein, R et al. Journal of Clinical Oncology 38, no. 15_suppl.e19300; 2. Corey-Lisle PK, et al. Ther Adv Med Oncol. 2014;6:146–53. 3. Data on file 4. Rodgers GM, et al. J Natl Compr Canc Netw. 2012;10:628–53

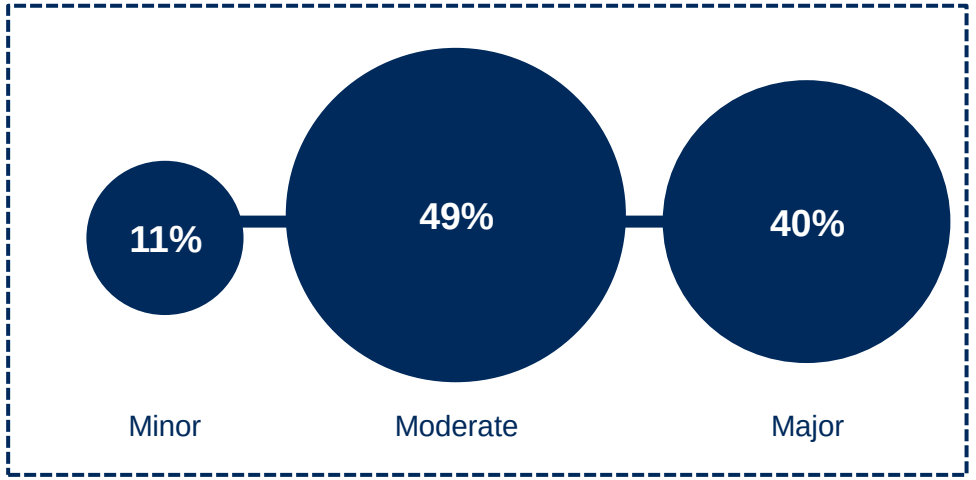
Most Chemo Patients Report Significant Myelosuppression

89% of patients with CIM in a patient reported survey cited a moderate-to-major impact on Quality of Life, despite current standard of care interventions

Patients with Myelosuppression

*N = 301 patients treated with chemo who experienced one or more episodes of myelosuppression**

Patient-Reported Myelosuppression Impact on QoL[1]

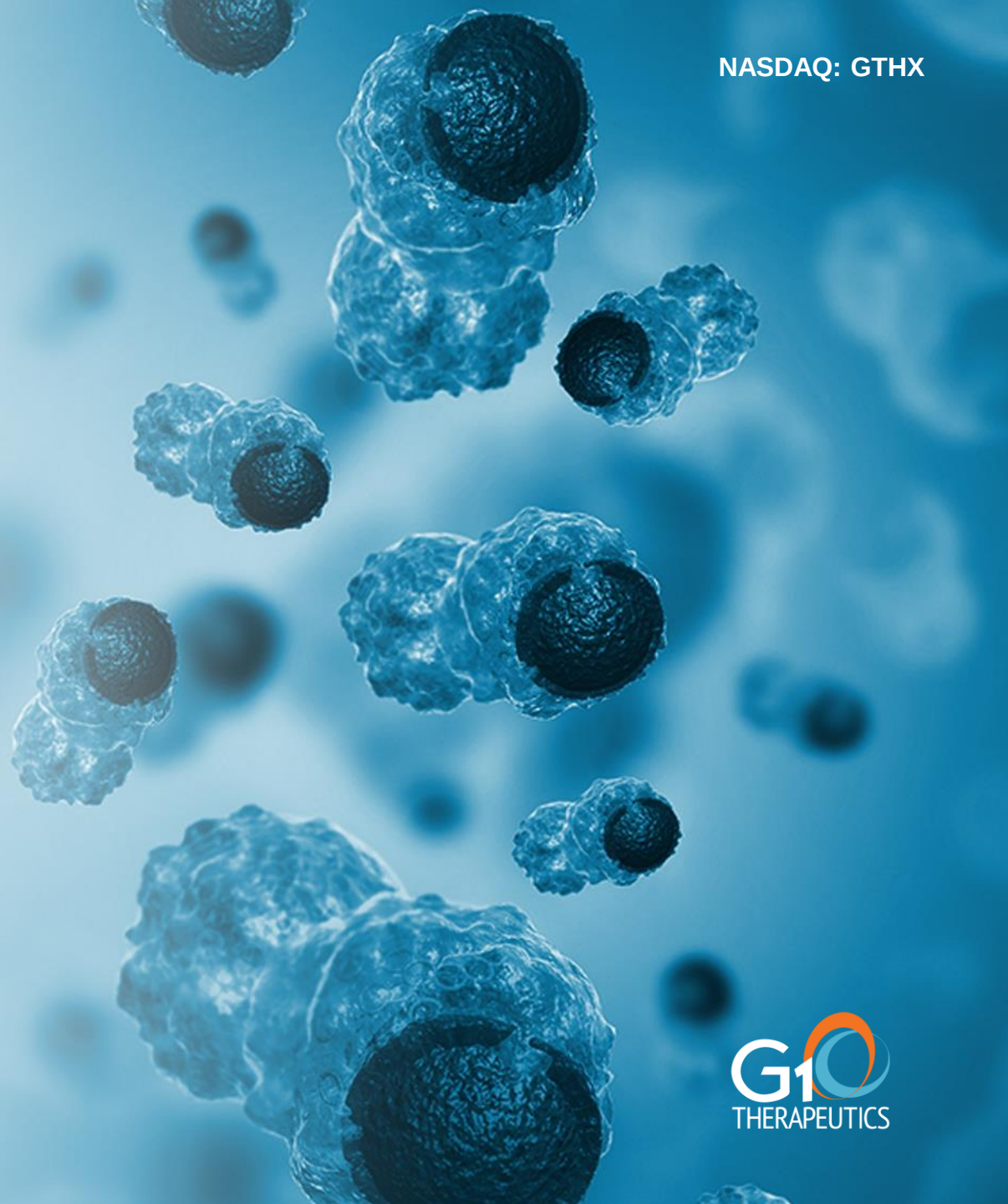


HSPC = hematopoietic stem and progenitor cells

Protecting HSPC-derived cell lines could translate into improved health-related quality of life (HRQoL) experienced as symptomatic fatigue and physical and functional well-being

*Lung, breast and colorectal cancer patients; myelosuppression episodes include anemia, neutropenia, lymphopenia, and thrombocytopenia
**Trial Outcome Index – measure of patient physical well-being and side effects of disease & treatment, FACT – PRO measure of Physical Well-Being (PWB), Social/Family Well-Being (SWB), Emotional Well-Being (EWB), & Functional Well-being (FWB) plus additional anemia and fatigue-related questions
Sources: 1. Epstein, R et al. Adv Ther. 2020; 37(8): 3606–3618 2. Data on file

Who Can Be Helped with COSELA



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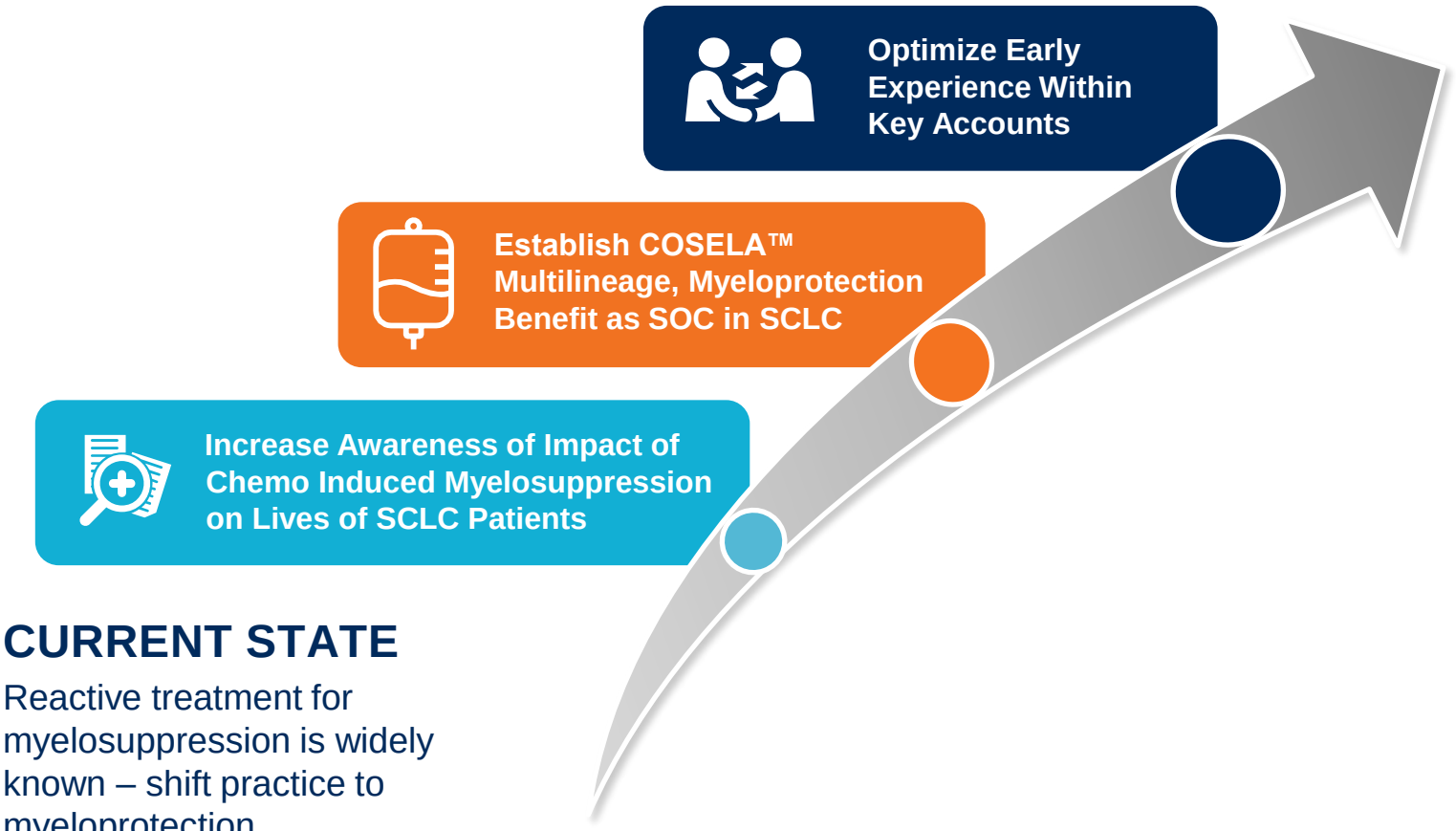
Enabling the Paradigm Shift



CURRENT STATE

Reactive treatment for myelosuppression is widely known – shift practice to myeloprotection

FUTURE STATE

Oncologists, nurses & payers **understand multilineage myeloprotection** & adopt COSELA as part of the **new standard of care in ES-SCLC**

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COSELA™

trilaciclib for injection 300 mg

Approved by U.S. Food and Drug Administration 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 (ES-SCLC)

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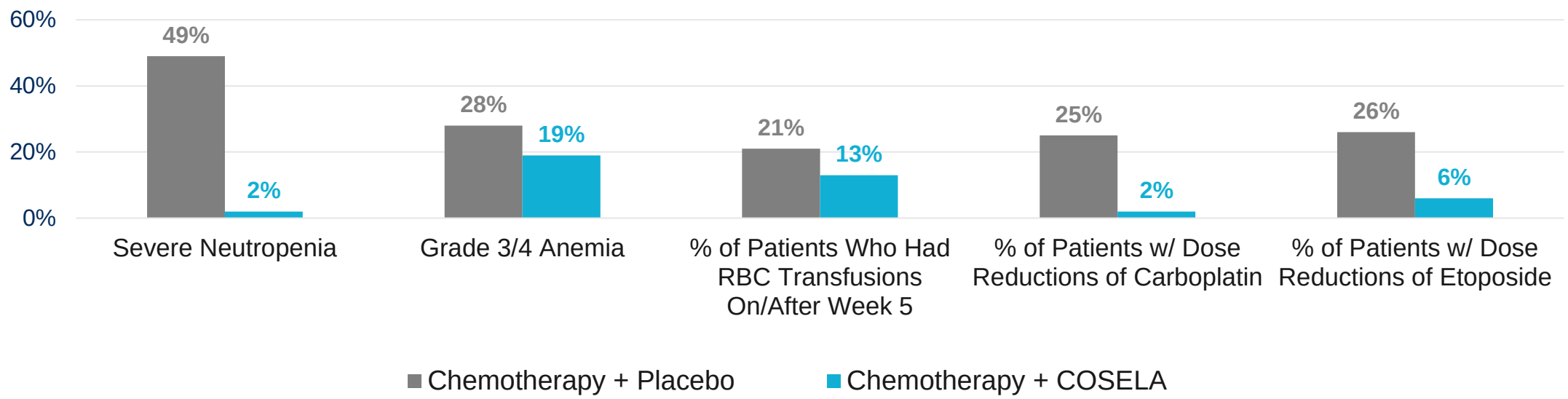
COSELA Proactively Helps Protect Against Multiple Myelosuppressive Consequences

COSELA™ trilaciclib for injection 300 mg

Reduced Incidence of Multi-lineage Myelosuppression in 1L SCLC Treated with Etoposide/Carboplatin/Atezolizumab[1]



Clinical Results: COSELA demonstrated reductions in multiple myelosuppressive consequences

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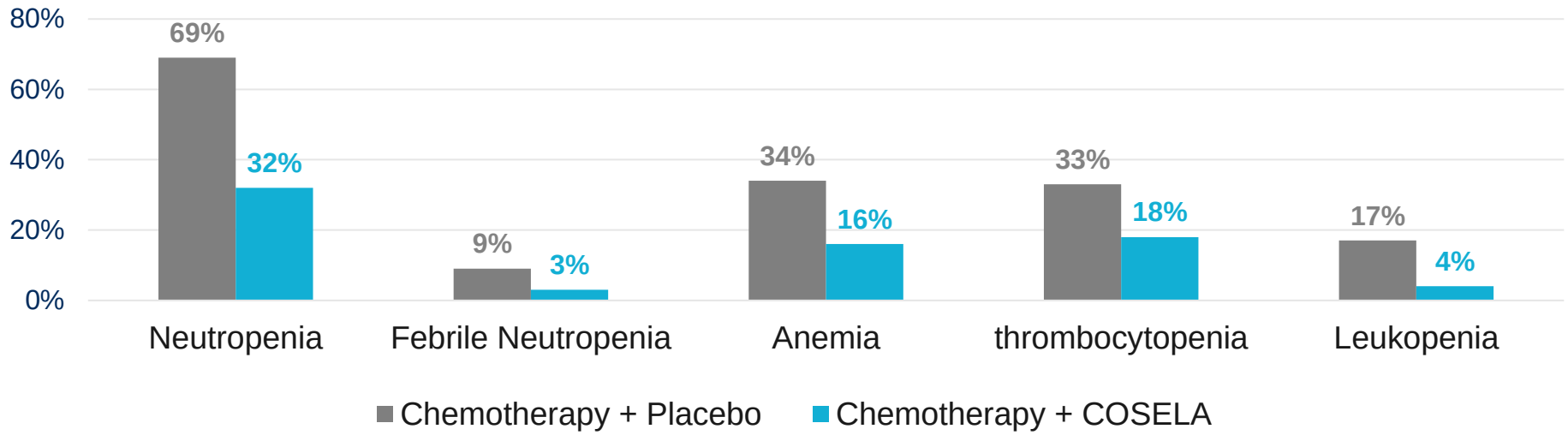
[1]COSELA™ (trilaciclib) label, 10003 Rev. 2/2021 US-2100006

COSELA's Hematologic Adverse Reactions Summary is Meaningful to HCPs

COSELA™ trilaciclib for injection 300 mg

Grade 3/4 hematological adverse reactions occurring in patients treated with COSELA and placebo



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

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1. Weiss et al., 2020 American Society of Clinical Oncology (ASCO), Abstract #384.

COSELA Expected to Drive Significant Payor/Hospital Savings

Average Total Annual Cost Per Patient with a Grade 3/4 Hematologic Event (Jan 2016 – Dec 2019)[1]

Neutropenia	$131,047
Anemia	$95,954
Thrombocytopenia	$90,053

Average total annual cost per patient *without a* grade 3/4 hematologic event:	$67,802

Cost savings from less hematologic events largely driven by:

- **Reduced interventions (e.g., G-CSF, ESA)**
- **Fewer required transfusions**
- **Fewer complications and hospitalizations**

Payor Impact: COSELA's ability to reduce the severe hematologic consequences of chemotherapy expected to result in a budget-neutral to savings-positive impact

1. Epstein et al, Journal of Clinical Oncology May 25, 2020; 38, no. 15_suppl

Opportunity to Improve Quality of Life with COSELA

89% of cancer patients with myelosuppression rate it as having a moderate to major impact on their life[1]:

"…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."

"**Did not get out as much, not able to work**,
always feeling tired."

COSELA may help patient functioning in ES-SCLC patients:

Median Time to Deterioration[2]

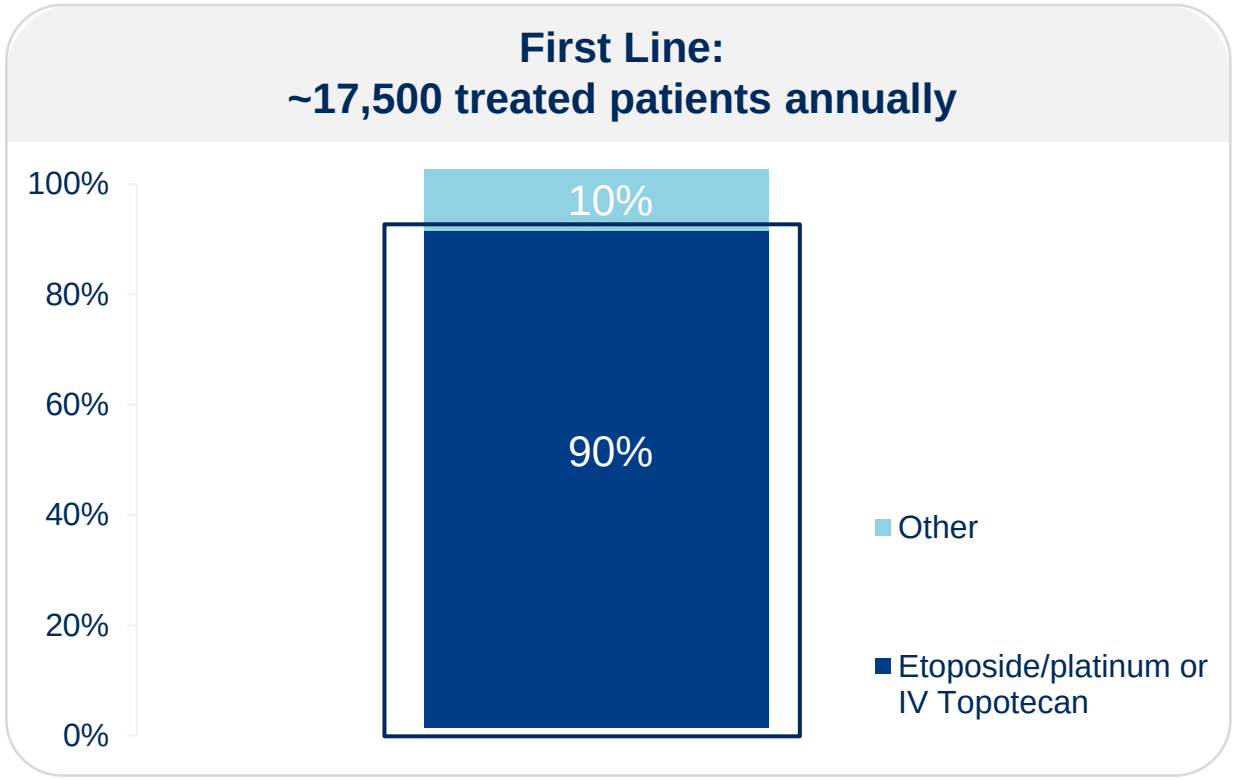
(pooled data from three randomized, placebo-controlled, double-blind trials)

Measure	Placebo (months)	Trilaciclib (months)	Improvement (months)
Fatigue	2.3	7.0	**4.7**
Anemia –TOI (Trial Outcome Index)	3.8	7.2	**3.4**
Functional Well Being	3.8	7.6	**3.8**

Patient Benefit: Proactive protection enables better quality of life for patients in this palliative treatment setting

1. Epstein et al, Patient Burden and Real-World Management of Chemotherapy-Induced Myelosuppression: Results from an Online Survey of Patients with Solid Tumors; Advances in Therapy, July 2020
2. Weiss et al., MASCC Oral Presentation 2019, Abstract #MASCC 9-0845

COSELA Label Covers Majority of 1L ES-SCLC Patients



COSELA is indicated to decrease the incidence of chemo-induced myelosuppression when administered prior to a platinum/etoposide or topotecan-containing regimen for ES-SCLC

COSELA's Label Includes Multi-Lineage Data

Important to Health Care Providers

COSELA™ trilaciclib for injection 300 mg

SIGNIFICANTLY REDUCED THE INCIDENCE AND DURATION OF SEVERE NEUTROPENIA (PRIMARY ENDPOINTS)

96% reduction in severe neutropenia with COSELA + E/P/A Regimen and **0 days** of severe neutropenia in Cycles 1 vs **4** days without COSELA (P<0.0001)

Adjusted relative risk 0.038 (95% CI, 0.008, 0.195) and mean difference -3.6 (95% CI, -4.9, -2.3)

DECREASED RATE OF DOSE REDUCTIONS (SECONDARY ENDPOINT)

The rate of all-cause chemotherapy dose reductions (events per 100 cycles) was significantly lower with COSELA: **2.1** vs **8.5** without COSELA (P=0.0195)

Adjusted relative risk 0.242 (95% CI, 0.079, 0.742)

INCIDENCE OF GRADE 3/4 ANEMIA AND RED BLOOD CELL (RBC) TRANSFUSIONS (SECONDARY ENDPOINTS)

The incidence of Grade 3/4 anemia was **28%** without COSELA vs **19%** with COSELA, and the incidence of RBC transfusions was **21%** without COSELA vs **13%** with COSELA

Adjusted relative risk 0.663 (95% CI, 0.336, 1.310) and 0.642 (95% CI, 0.294, 1.404), respectively

INTEGRATED SAFETY ACROSS STUDIES

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

"All the hematological AEs are lower. They are all advantages."

– Oncologist

"…it's a new MOA that covers all your problems at once. It's affecting all of it, not just one."

– Oncologist

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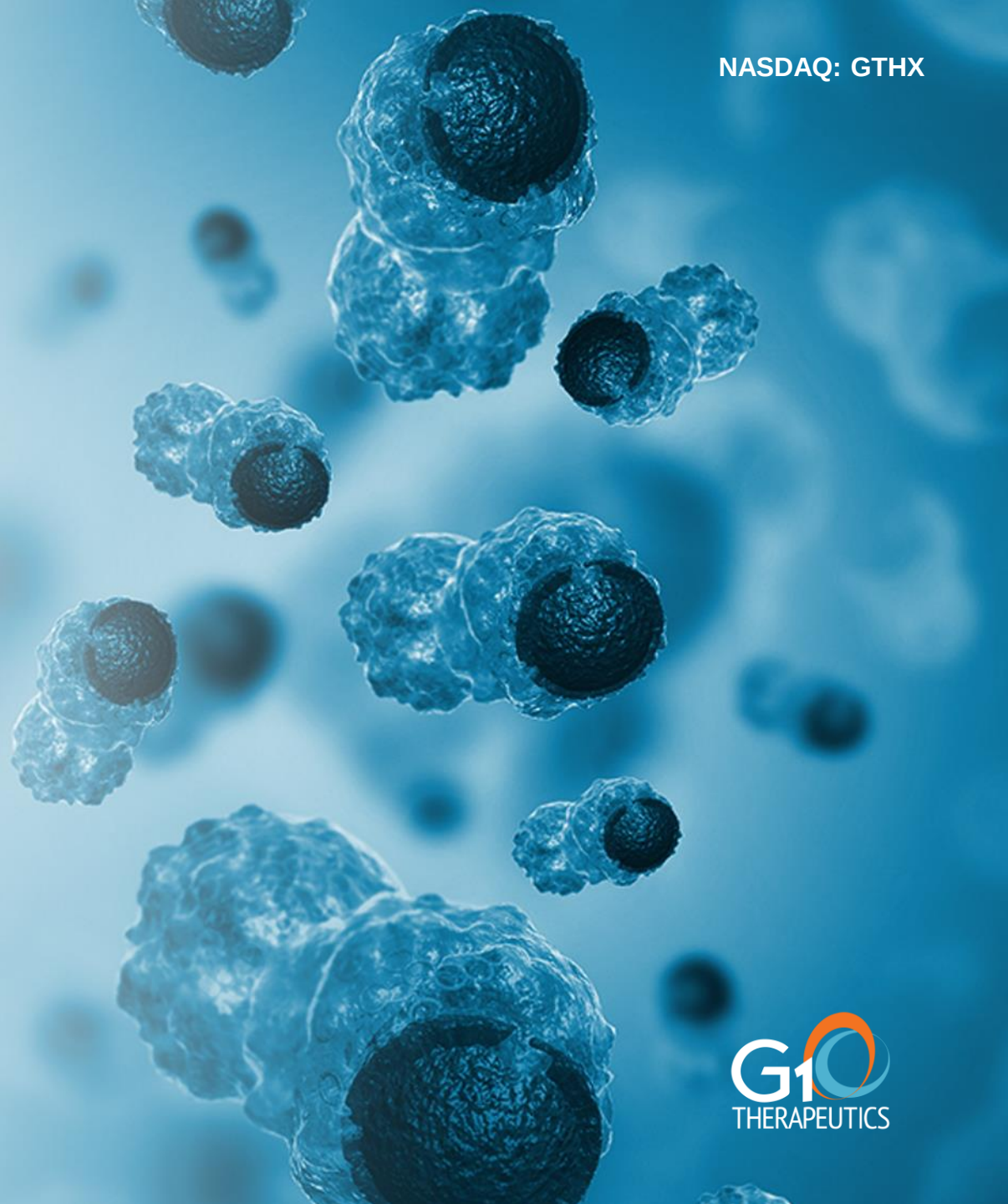
NASDAQ: GTHX

Physician Insights on COSELA



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COSELA Advantages

Neutropenia Efficacy:

“Wow. That's potentially game changing on myelosuppression in general, duration of neutropenia and incidence of neutropenia.”

“This will revolutionize how we do things.”

Mechanism of Action:

“Transiently arrests, it's a new MOA that covers all your problems at once. The advantage is that it prevents it. We are being proactive instead of reactive. It's affecting all of it, not just one.”

Multilineage Profile:

“This is all inclusive, it’s got everything. It involves all three cell lines – whites, reds, and platelets, that’s pretty darn good.”

“This is great – killing two birds with one stone.”

Dosing & Administration:

“30-minute infusion on the same day, so the patient doesn’t have to come back the next day.”

“This would be practice-changing.”

Safety & Tolerability:

“As far as toxicity, in the opposite theme, nothing was worse. That's all positive with the intervention.”

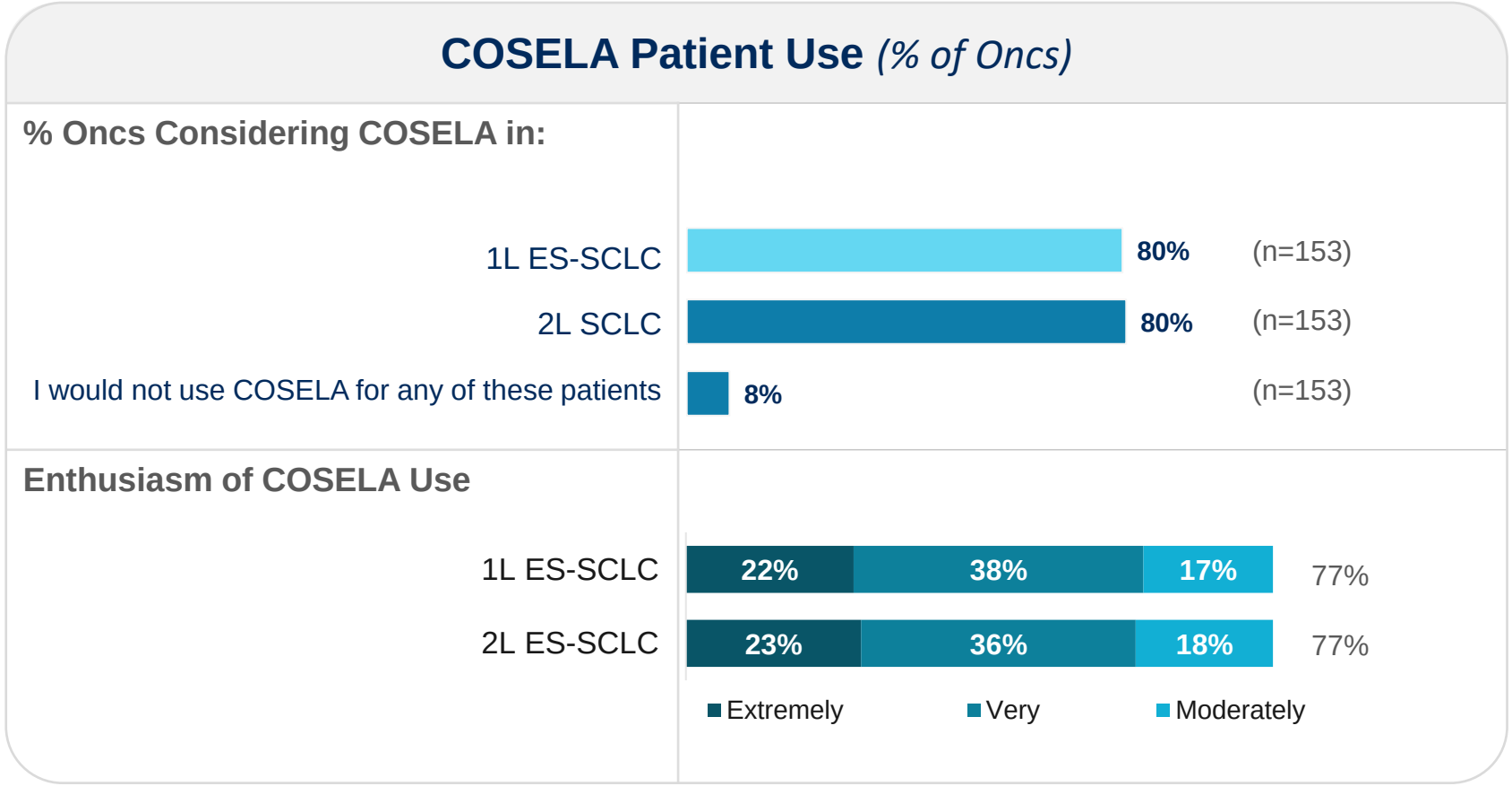
“18% vs 33% thrombocytopenia. Half the rate of anemia and a third febrile neutropenia is impressive. It's all impressive.”

Strong Early Enthusiasm for COSELA

80% of Oncologists Would Consider Using COSELA

COSELA™ trilaciclib for injection 300 mg

COSELA Patient Use *(% of Oncs)*



G1 THERAPEUTICS

COVID-19 Impact

Increased Proactive Behavior With Current Single-Lineage G-CSFs

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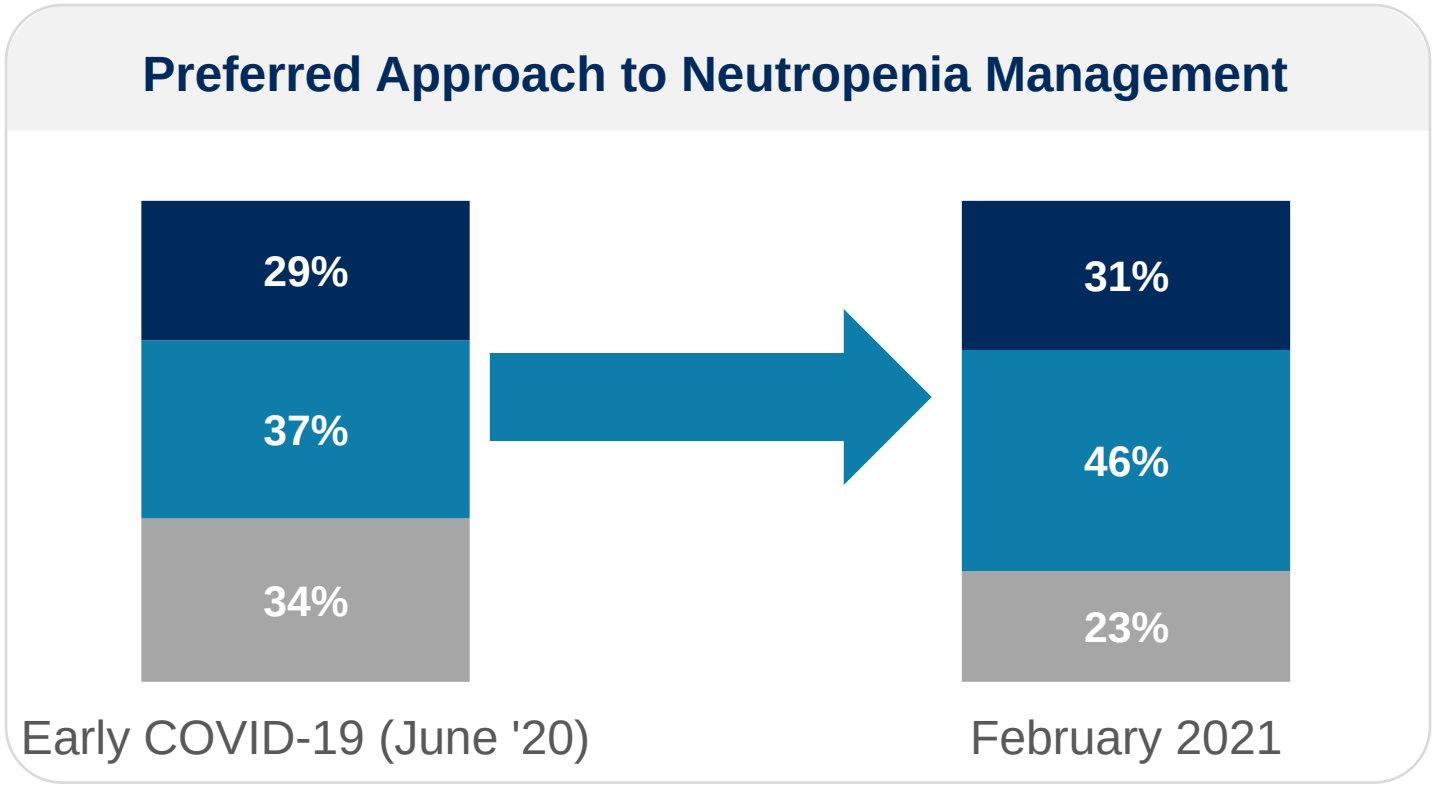
- Use G-CSF as primary prophylaxis for all ES-SCLC patients
- Use G-CSF as primary prophylaxis for Higher Risk ES-SCLC patients
- Do NOT use G-CSF as primary prophylaxis for ES-SCLC patients



HCPs who use G-CSF prophylactically in Cycle 1 are more likely to be adopters of COSELA since they are already trying to be proactive

COSELA Fits Easily into Chemotherapy Workflow

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1. Electronic order for chemotherapy regimen (incl. supportive medications) decided by care team

2. Nurse/pharmacist verifies order

   Admin schedules patient for infusion

3. Office staff verifies patient benefits (e.g. prior authorization)

**order sets may be used*

4. Pharmacy orders drug

5. Pharmacist confirms infusion & prepares drugs for infusion

6. Infusion nurse confirms order & administers drugs to patient

G1 THERAPEUTICS

Sources: Huron Primary Research (06/2020) J Oncol Pract. 2011 Jul;7(4):213-8; Appl Clin Inform. 2015; 6(4): 638–649.

Inclusion of COSELA in Opt-in/Opt-out Order Sets Will Result in Highest Likelihood to Prescribe

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Increasing Degree of Supportive Care Prescribing Automation

Exception Request *(Not on formulary)*	Manual Write-In *(On formulary and available in EHR)*	Separate menu for supportive care *(No prompt)*	Separate menu for supportive care *(Written prompt)*	Listed with chemo regimen* *(Bundled Opt-In)*	Auto-included with chemo regimen *(Bundled Opt-Out)*
Exception Based Supportive Care Prescribing		**Physician Driven Supportive Care Prescribing**		**Institution Driven Supportive Care Prescribing**	

Insights

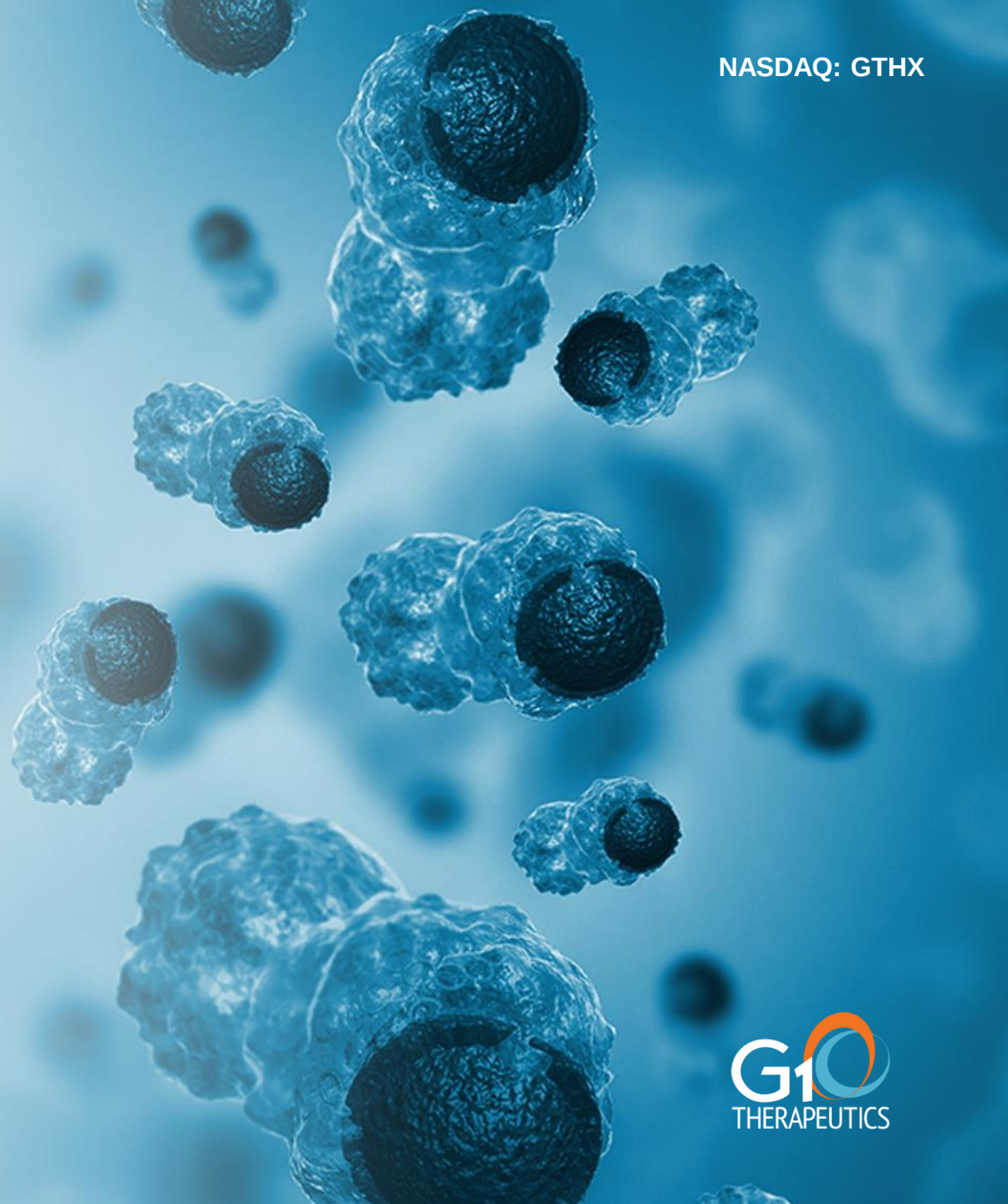
- A correlation between ordering automation and prescribing is anticipated for COSELA (similar to that found for G-CSF)
- Oncologists reported highest likelihood to prescribe in scenarios where COSELA is bundled with chemotherapy
- Requiring physicians to request access (i.e., exception request) will have a significant negative impact on prescribing

G1 THERAPEUTICS

Source: Huron Quantative Pricing Survey (07/2020)

NASDAQ: GTHX

COSELA Pricing Insights



G1 THERAPEUTICS

COSELA Presents a Strong Value Proposition

COSELA addresses an unmet need for a single treatment for all forms of myelosuppression and can potentially reduce costly hospitalizations for febrile neutropenia.

Unmet Need

Myelosuppression is common in SCLC; each form of myelosuppression requires a different treatment, creating need for multilineage myeloprotection.

+

Clinical Benefit

COSELA is a single product that protects SCLC patients from multiple forms of myelosuppression caused by chemotherapy and improves patients' quality of life.

+

Cost Offset

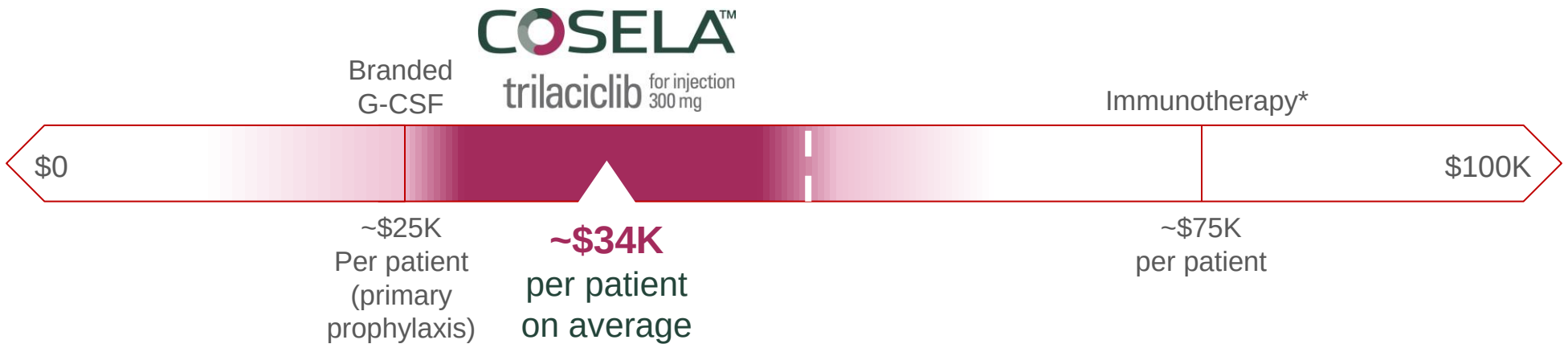
Cost-effectiveness modeling found that COSELA, when priced at $8,500 per cycle*, could lead to a net monetary benefit due to reduction in chemo-related AEs.

*Translates to $1,417 per vial

COSELA is Strategically Priced

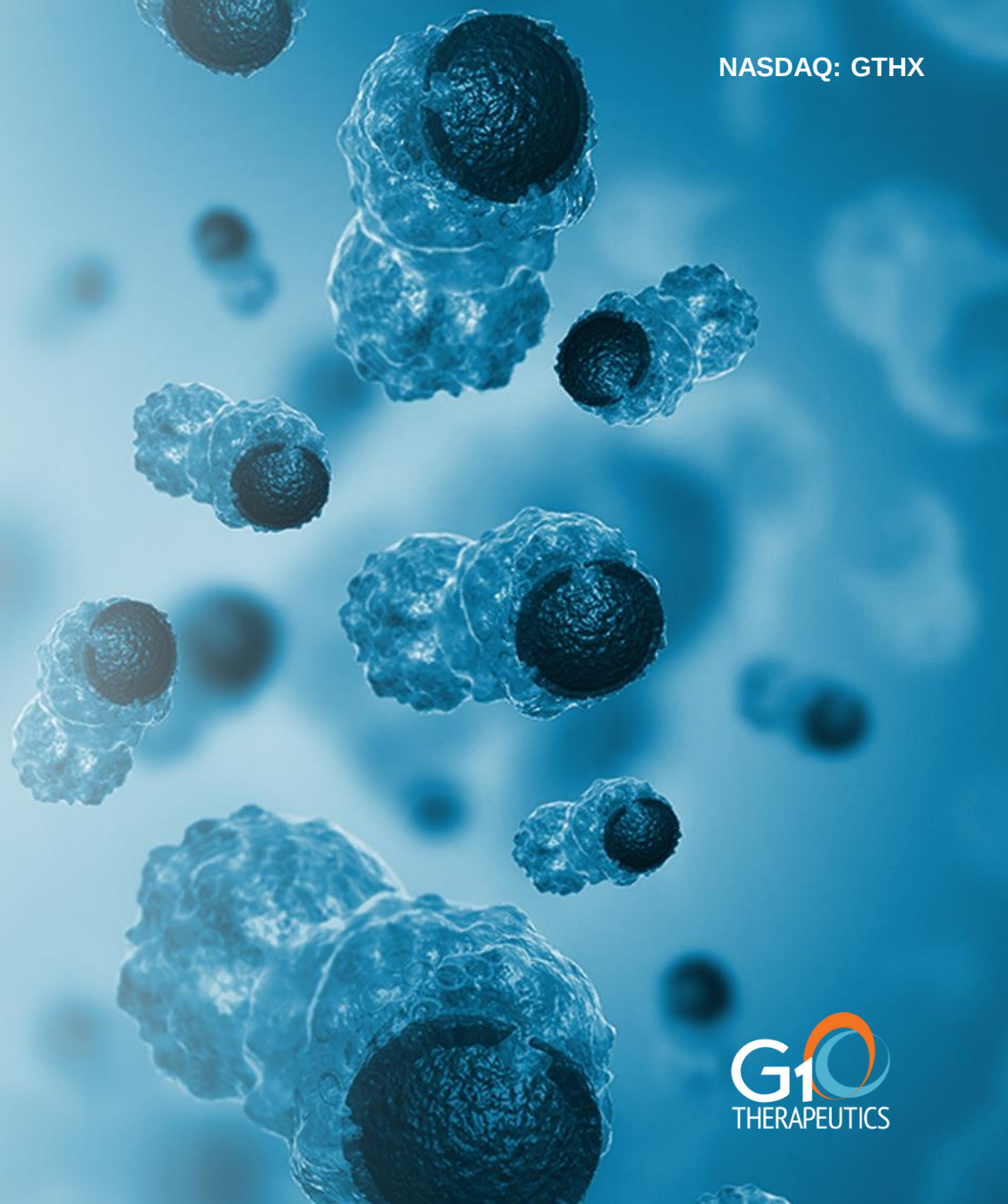
WAC per vial = $1,417

Based on clinical trial experience, most 1L ES-SCLC patients on average will receive 2 vials per dose, 3 doses per chemotherapy cycle, and 4 chemotherapy cycles (24 vials total)



G1 analyses suggest COSELA pricepoint will enable access in ES-SCLC; expected to be budget-neutral to savings-positive

Launch Plans and Priorities



G1 THERAPEUTICS

Critical Success Factors for COSELA Launch

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Critical Success Factor #1

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

Critical Success Factor #2

Establish COSELA's *Proactive, Multilineage* Myeloprotection Benefit as SOC in SCLC

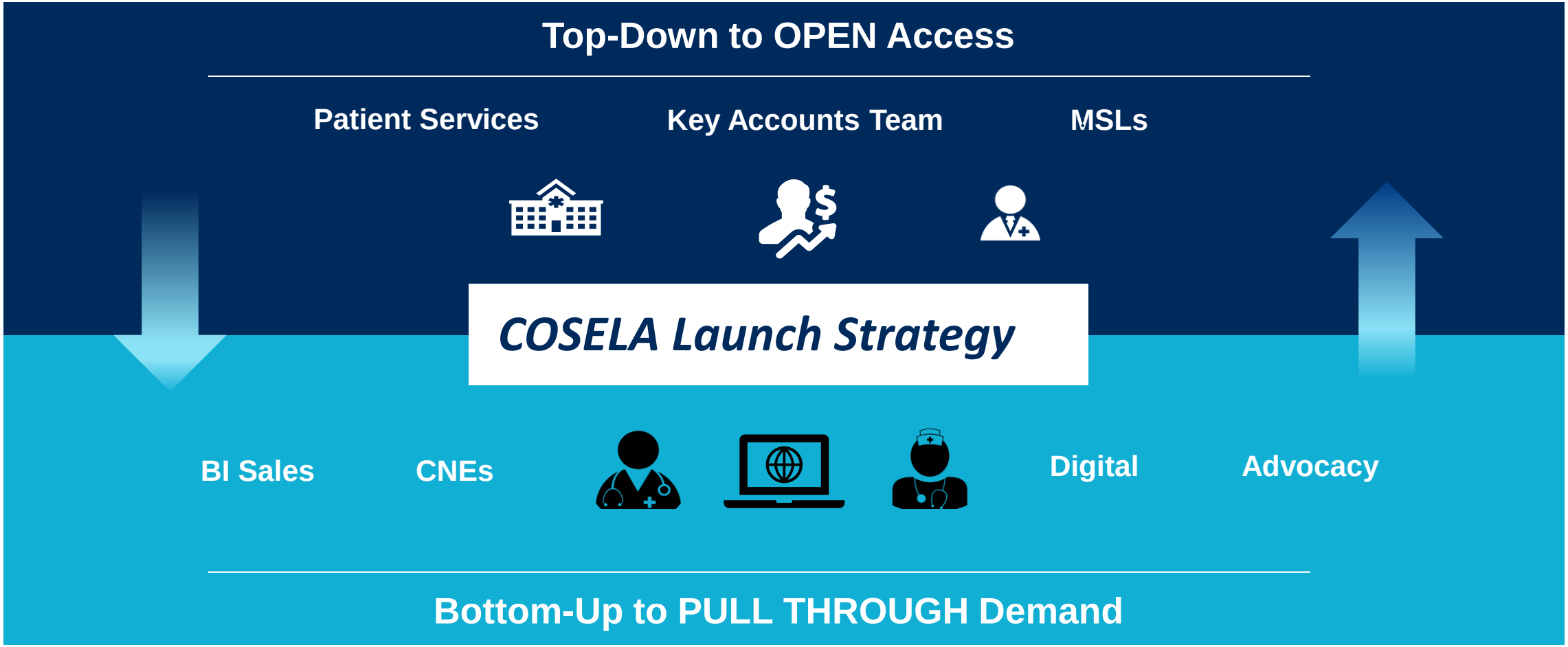
Critical Success Factor #3

Optimize Early Experience Within Key Accounts

G1 THERAPEUTICS

COSELA Go-To-Market Strategy

Leverages Top-Down and Bottom-Up Approach



G1 Built a Launch Team with Strong Oncology Launch Experience Across all Functions

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Field Sales and Support	Patient Advocacy	Market Access	Marketing	Customer Insights & Analytics	Medical Affairs
○ Boehringer Ingelheim (BI) Partnership ○ ~60 Sales Consultants ○ Field Operations ○ Training ○ Clinical Nurse Educators	○ PAG Partner Engagement ○ Program Development and Execution ○ Social Influencer Identification & Engagement	○ Payor Account Managers ○ Key Account Managers ○ Patient Services and Reimbursement	○ HCP Marketing ○ Key Customer Marketing ○ Digital Marketing ○ Market Access Marketing	○ Forecasting ○ Market Research ○ Sales Force Analytics ○ Commercial IT	○ Medical Science Liaisons ○ Medical Information and Communication ○ HEOR Oncology

The G1 team has launched over 20 oncology assets across more than 15 pharma and biotech companies

G1 THERAPEUTICS

Targets Informed by SCLC Volume and Likelihood of Early Adoption

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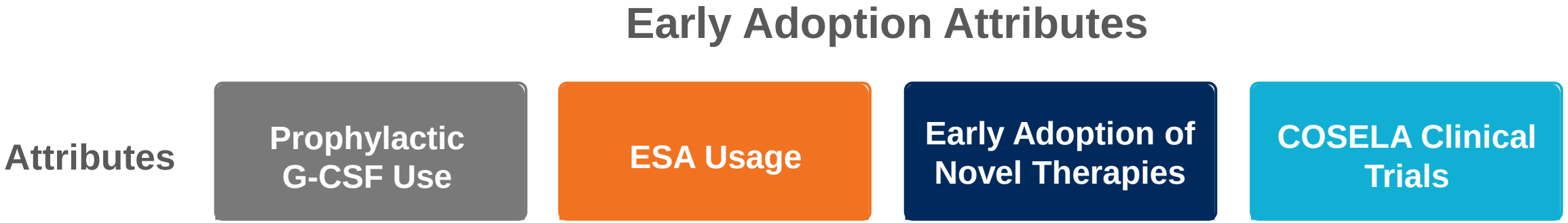

Various HCP attributes were identified as likely predictors of early adoption of COSELA

G1 THERAPEUTICS

Boehringer Ingelheim Partnership

Decision to Partner Informed by 90% Overlap on Existing Targets

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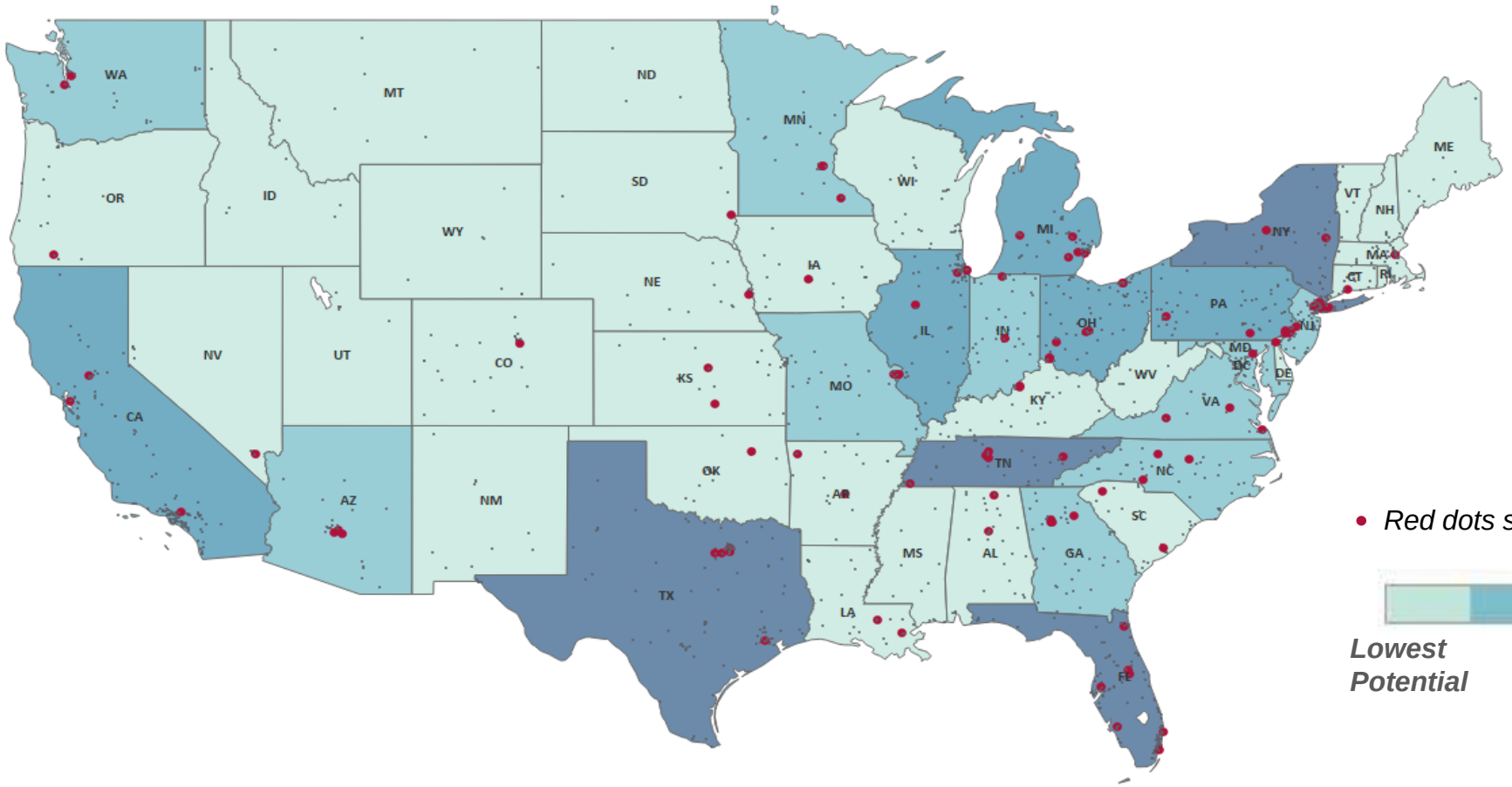

G1 THERAPEUTICS

Boehringer Ingelheim (BI) Agreement

Provides Customer Facing Sales Force for Launch of COSELA

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G1 granted BI co-exclusive right to co-promote COSELA in U.S. and Puerto Rico for SCLC for three years (starting at first commercial sale)

- G1 will lead marketing, market access, key accounts and medical engagement initiatives
- BI will lead sales force engagements using its own salesforce and personnel

BI oncology salesforce (~60) already marketing GILOTRIF® (afatinib), a NSCLC therapy, to target HCPs

- ~90% overlap in targets

G1 paid BI for pre-launch activities at BI starting in July 2020; all other payments are based on net sales of COSELA

- Aligns incentives with BI to ensure successful launch of COSELA
- Data exchange and reporting between G1 and BI explicitly outlined in agreement

G1 THERAPEUTICS

Nurses Play Key Role in Chemotherapy Supportive Care

Nurse Education is Critical

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Nurse Meets with Patient to Discuss "What to Expect" & Provide Hope

Nurse Manages Treatment (Supportive Care & Therapeutics)

Nurse Follows Up with Patient Post-Treatment

G1 THERAPEUTICS

Oncology Nurse Education is Key to COSELA Launch

G1 has deployed clinical nurse educators for COSELA dosing & administration

Description

Team of full time and part time experienced oncology nurses

Purpose

Education of clinic nurses for COSELA dosing & administration, prior to first dose

Priority Focus

Nurses, NPs, PAs

Strategic Approach to Patient Advocacy

Adopting a Rare Disease Model

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Stage 1: Build/Strengthen the Relationships

Relationship development, advocacy education, initial program development

Stage 2: Expand Engagement and Activation

Strategic collaboration, unique educational programming, bridge to COSELA information and access

- Establish / **build relationships** with key advocacy groups; focus on lung cancer and oncology nursing
- Support targeted existing programs to **demonstrate organizational commitment**
- **Increase understanding** of myelosuppression / myeloprotection, COSELA data and MOA
- **Gather insights** about community needs, key areas of interest to inform potential future collaborations
- **Develop partnered strategic programs** to enable PAGs to be the voice to and from patients on the impact of myelosuppression / availability of therapeutic options

GO2 FOUNDATION FOR LUNG CANCER · LUNGEVITY Find it. Treat it. Live. · ONS Where Oncology Nurses Connect · LCFA Lung Cancer Foundation of America

LUNG CANCER INITIATIVE of North Carolina · COA Community Oncology Alliance · ASCO · APSHO · CANCERcare

G1 THERAPEUTICS

Market Access Progressing to Plan

Discussions with Payers On Track

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Payers

GPO

Key Accounts

Patient Services

- COSELA is priced responsibly and strategically
- Pre- and post approval meeting suggest positive reception
  - Meetings to date with payers: **~85% of covered lives**

- Concerted focus at C-suite level with large GPOs

- Resources & team to expedite inclusion onto clinic/hospital formularies and order sets via EHR adoption efforts

---

- G1 to One™ Patient Service and Support provides access and reimbursement solutions

G1 to One

G1 THERAPEUTICS

Verbatim Feedback During Initial Meetings is Positive

"This drug is very interesting with lots of opportunity to improve patient care."

"Already discussed trila at P&T, do not see any problem getting added to formulary."

- Key hospital in Southeast

"Currently, we suppress the bone marrow, then stimulate it. Using Trilaciclib before chemotherapy and preserving the bone marrow has the potential to have a greater long-term benefit than bone marrow stimulation."

- National Payor

"I applaud G1 for finding a way to achieve one therapy to address myelosuppression as opposed to the multiple treatments we use now."

- National Payor

"Wow this company is going places! Exciting project with so many possibilities."

- Key IDN in Midwest

"Very positive feedback from those involved in the trials, physicians said the result was very noticeable."

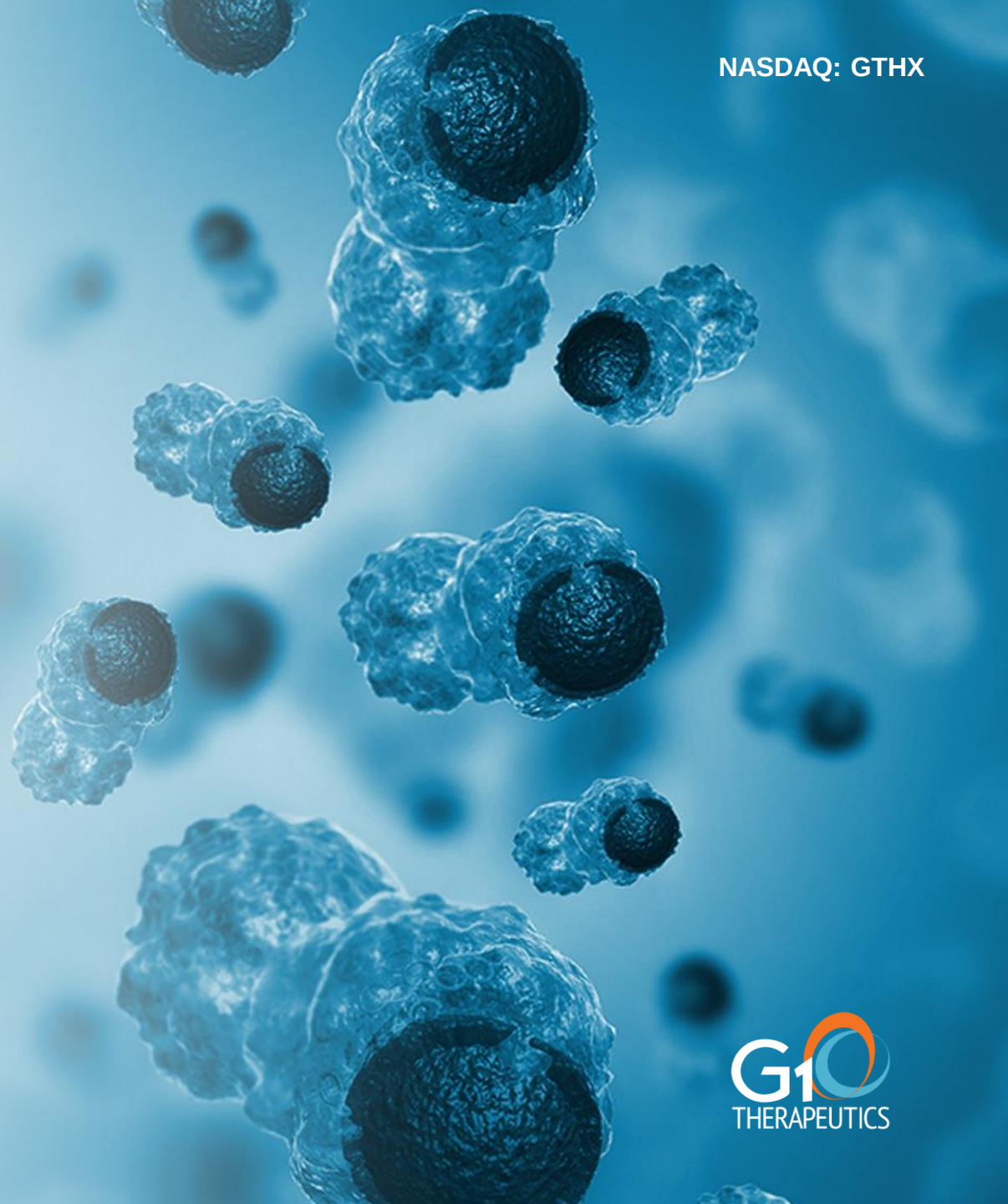
"Talked with Dr. and starting to build regimens to include trila."

- Key community practice in Southeast

"Something like this product could potentially remove the burden of coming back to the center, allow patients to stay in their rural communities."

- Key IDN in Midwest

What Does Success Look Like



G1 THERAPEUTICS

Critical Milestones as Early Indicators of Success

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1Q 2021 | 2Q 2021 | 3Q 2021 | 4Q 2021

- **Approval**
  - **Promotion Activated**
  - **Product in Channel**
  - **1st Sale**
  - **Inclusion in guidelines**

In Process

- Institution Formulary Reviews
- Payor Reviews
- EMR / Order Sets
- J-Code/C-Code/NTAP

G1 THERAPEUTICS

Key Launch Metrics to be Provided Quarterly

Potential Examples of Leading % Lagging Indicators of Interest and Uptake

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Leading Indicators: *Examples*	 **Payer reviews completed and lives covered**	 **Activity metrics for BI salesforce**	 **Unaided awareness**	 **Aided awareness**
Lagging Indicators: *Examples*	 **Sales to clinics and hospitals**	 **Total number of organizations that have ordered**	 **Top 100 orgs that have ordered / re-ordered**	 **% sales from community vs academic**

G1 THERAPEUTICS

NOW APPROVED

COSELA™

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COSELA Brand Strategy

Evan Hicks

Vice President, Marketing

G1 THERAPEUTICS

Enabling the Paradigm Shift

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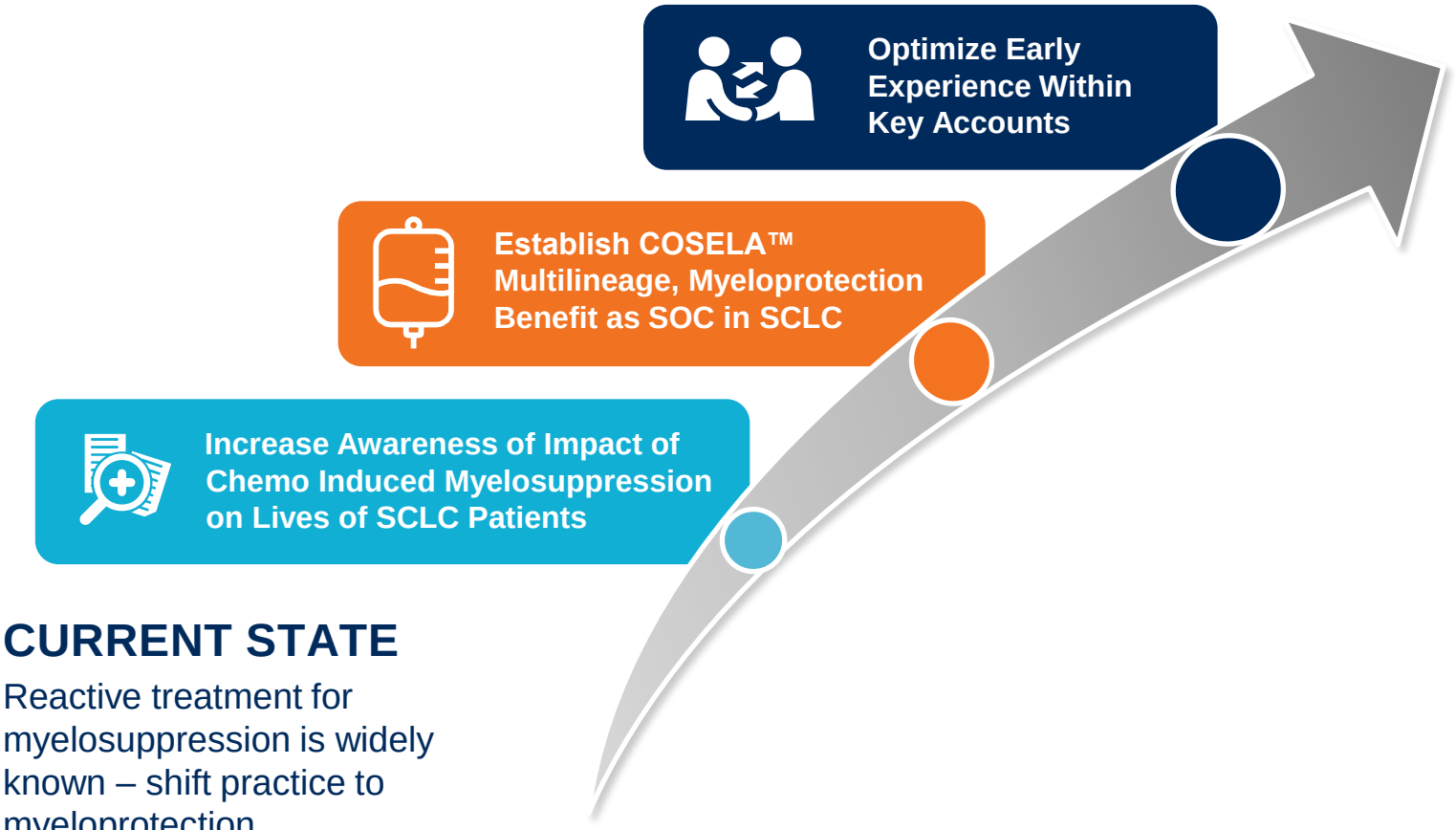

CURRENT STATE

Reactive treatment for myelosuppression is widely known – shift practice to myeloprotection

FUTURE STATE

Oncologists, nurses & payers **understand multilineage myeloprotection** & adopt COSELA as part of the **new standard of care in ES-SCLC**

G1 THERAPEUTICS

COSELA Launch Priorities and Opportunities

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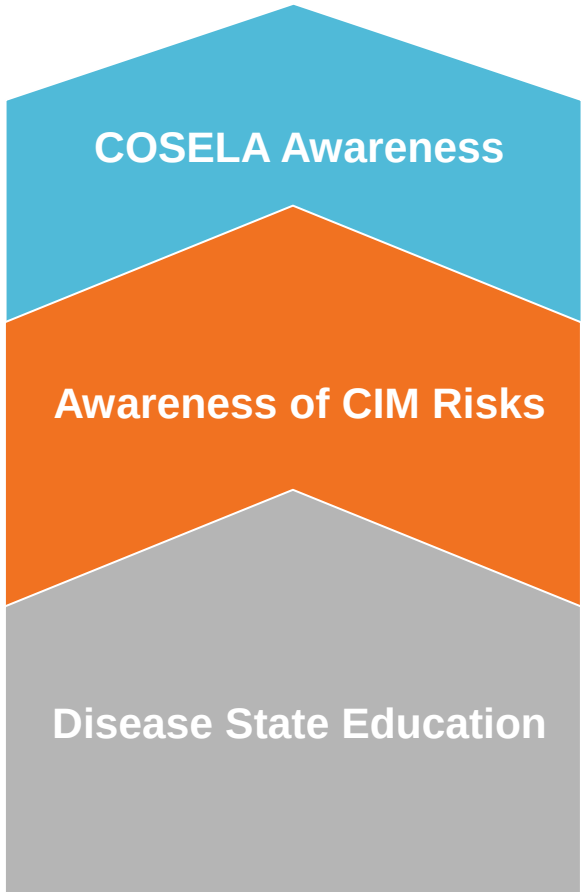
Critical Success Factors	Key Opportunities
Increase Awareness of Impact of Chemo-Induced Myelosuppression on Lives of SCLC Patients ✓ **Increase awareness** of impact on patients and gaps in rescue interventions ✓ **Build strong partnerships** with KOLs & Nursing, Pharmacy, and Patient Advocacy Organizations	▪ DSE Campaign engagement is well above benchmarks (~30%) indicating interest ▪ Awareness of non-neutropenia concerns of CIM increasing (24% in June to 47% in Feb mentioning)
Establish COSELA's *Proactive, Multilineage* Myeloprotection Benefit as SOC in SCLC ✓ **Advance inclusion** across all relevant guidelines ✓ **Drive rapid awareness** of differentiated MOA & clinical profile among early adopters ✓ **Demonstrate value**	▪ Proactive multilineage protection is resonating ▪ Suite of digital resources being deployed ▪ Ability for in person Sales engagement is increasing
Optimize Early Experience Within Key Accounts ✓ **Minimize market access barriers** at launch ✓ **Ensure swift adoption** to formularies, pathways, EMR systems and order sets at key accounts ✓ Provide **robust patient/account support** services	▪ Early engagement at majority of key accounts ▪ Compelling value story and contract for GPOs ▪ Focused effort to drive EHR/Order set updates

G1 THERAPEUTICS

Pre-Approval Metrics Indicate Strong Foundation on Which to Launch COSELA



- **51% aided awareness** prior to approval (↑ from ~30% in Q3'20)

- **~75%** oncologists using prophylactic G-CSF in Cycle 1 for at least some of their SCLC patients
- Almost **half** of oncologists and more than **two-thirds** of nurses are moderately to significantly more concerned with the impact of CIM as a result of COVID-19

- Digital Campaign: **98%** reached and **~30%** of tier 1-3 customers engaged
- Steady **increase** in unaided mentions of non-neutropenia related concerns related to CIM
- **Increase** in agreement with key statements regarding current treatments for CIM

Sources: Custom Market Research conducted with oncologists (70% community / 30% academic) in Aug 2020 (n=102), Nov 2020 (n=101) and Feb 2021 (n=75)

COSELA Core Message Platform

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The First and Only Myeloprotection Therapy: Proactively Helps Protect Against Multiple Myelosuppressive Consequences

Proactive Protection

Multilineage

MOA

The first and only therapy for proactive, multilineage myeloprotection

Neutropenia Efficacy

Significantly Reduced the Incidence & Duration of Severe Neutropenia

96% reduction in the incidence of severe neutropenia

0 days of severe neutropenia in Cycle 1 vs 4 days without COSELA

RBC Events

Incidence of Grade 3/4 Anemia & RBC Transfusions

Incidence of Grade 3/4 anemia was 28% without COSELA™ compared to **19%** with COSELA.

Incidence of RBC transfusions was 21% without COSELA vs **13%** with COSELA.

Dose Reductions

Decreased Rate of Dose Reductions

Rate of all-cause chemotherapy dose reductions (events per 100 cycles) was significantly lower with COSELA™: **2.1 vs 8.5** without COSELA

Dosing

Dosed first time, every time with chemotherapy in ES-SCLC

G1 THERAPEUTICS

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

Campaign Introducing COSELA to HCPs

NOW APPROVED

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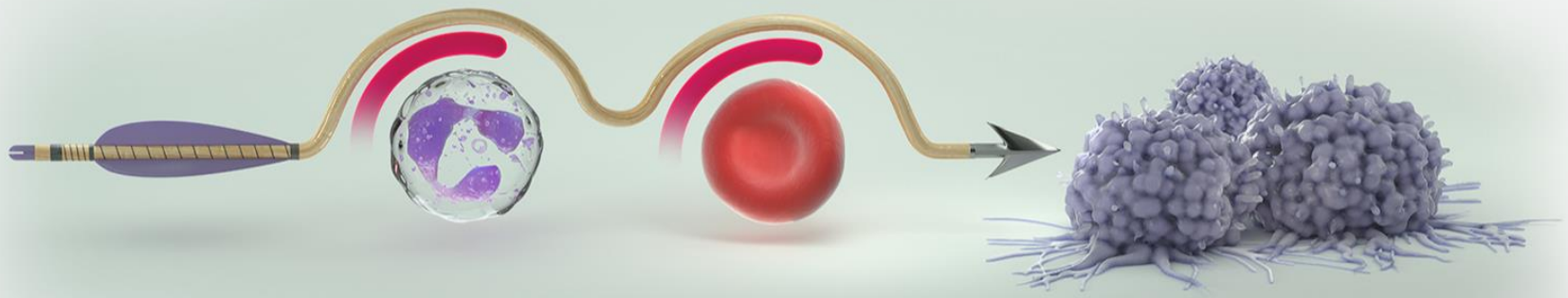
NEW to decrease the incidence of chemotherapy-induced myelosuppression in patients when administered prior to a platinum/etoposide-containing regimen or topotecan-containing regimen

FOR EXTENSIVE-STAGE SMALL CELL LUNG CANCER (ES-SCLC)

SPARE THE MARROW. SPEAR THE TUMOR.

COSELA HELPS PROTECT AGAINST MYELOSUPPRESSION, WHILE CHEMOTHERAPY TARGETS CANCER CELLS

COSELA™ (trilaciclib) helps protect hematopoietic stem and progenitor cells (HSPCs), the source of blood cell lineages



FDA BREAKTHROUGH THERAPY DESIGNATION

Proactively help protect against multiple myelosuppressive consequences with the first and only myeloprotection therapy

G1 THERAPEUTICS

Robust Set of Promotional Programs Designed to Accelerate Launch

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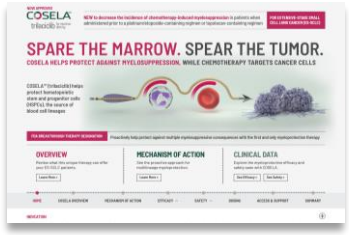
National Broadcast	**Personal Promotion** 	**Veeva Approved Emails**
Lead Generation Alerts McKESSON ION Solutions	**Clinical Nurse Educators** Syneos Health	**Speakers Bureau** PW PHYSICIANS WORLD
HCP & Patient Websites	**Multichannel Non-Personal Campaign** Google	**Patient Support Program: G1 to One & Support** G1 to One Patient Support Program

G1 THERAPEUTICS

Digital Strategy & Approach

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Awareness & Engagement

- Announce launch and **build immediate awareness** of COSELA
- Engage targets in content to **drive understanding** of clinical data and encourage trial
- Ensure COSELA remains **top of mind** with targets

Targeted & Multichannel

- Leverage oncology/nurse target lists to ensure ads are **reaching the right customers**
- Track HCP level data to **drive deep engagement**
- Through pixel retargeting, **ensure reminder messages** follow customer

Measurement & Optimization

- Regularly monitor KPIs across campaign and **measure versus benchmarks**
- **Continually adjust** publisher and channel mix based on performance
- **Measure digital lift** with key targets

G1 THERAPEUTICS

Educating Physicians on COSELA's Clinical & Cost Benefits

Marc Chioda, PharmD

Vice President, Medical Affairs

G1 THERAPEUTICS

Patient Experience of Myelosuppression

Burdensome and Far Reaching

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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)."

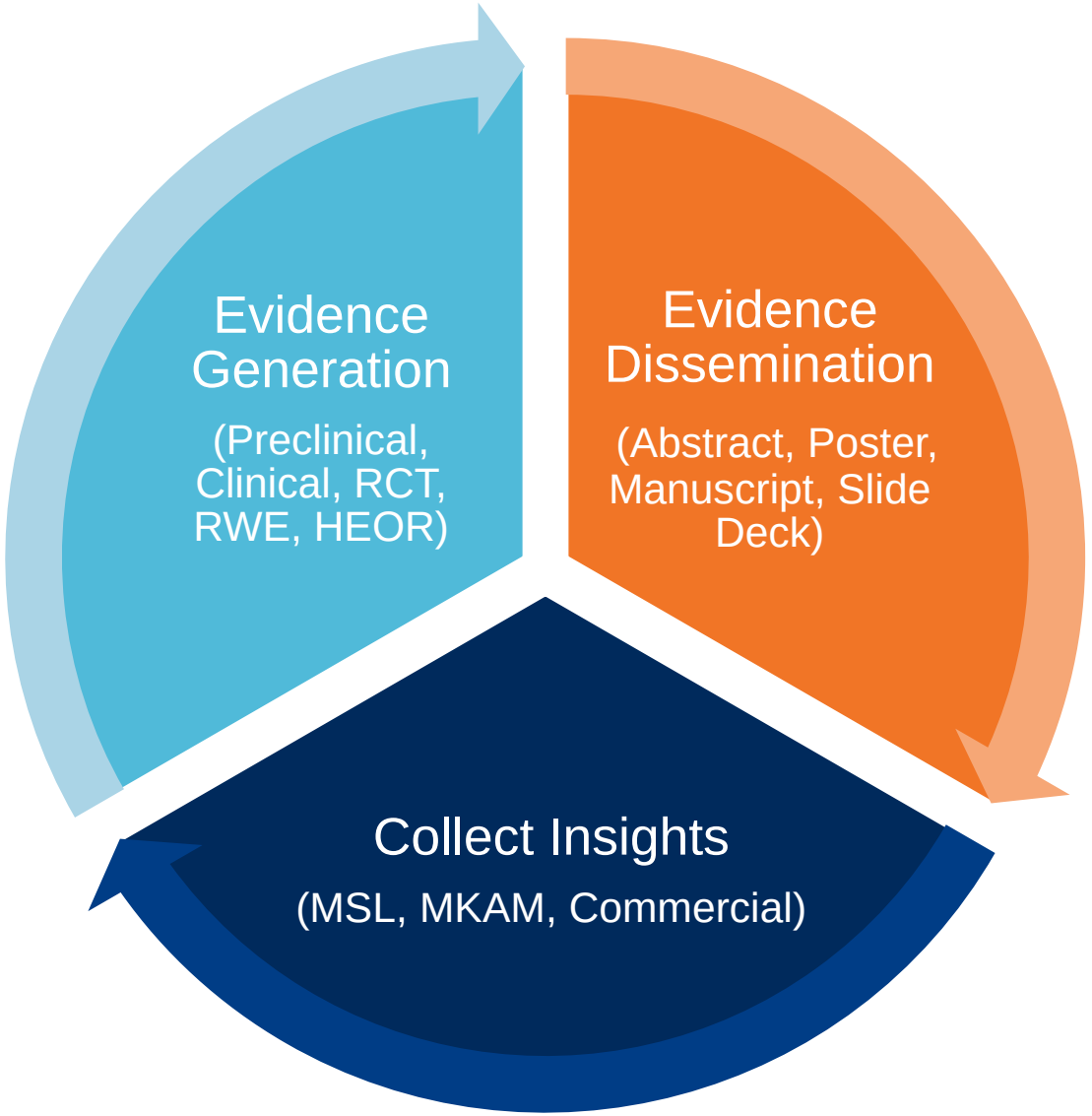
G1 THERAPEUTICS

*Sterling IRB-reviewed online survey in 4Q19 of 301 patients treated with chemotherapy within past 12 months who experienced myelosuppression; respondents: 51% breast cancer; 33% lung cancer; 16% colorectal cancer; manuscript in preparation

Goals for a Successful U.S. ES-SCLC Launch

Barriers	Key Initiatives	
Myelosuppression under-recognized as unmet need	 **Increase Awareness of the Burden of Illness (BOI)**	• **Increase awareness** of the significant multi-lineage impact of myelosuppression on clinical outcomes, costs, and patients' QoL
Entrenched "reactive" behaviors	 **Establish COSELA's Multi-Lineage, Myeloprotection Benefit as SOC in SCLC**	• **Educate** prescribers, payers, and patients on the benefits of COSELA's proactive multi-lineage protection
Access environment for supportive care especially challenging	 **Optimize Early Experience**	• **Gain inclusion** into relevant guidelines / pathways • **Enable appropriate patient access** • **Ensure ease of use** for prescribers / nurses / staff

Medical Affairs Life Cycle Management



Increase Awareness of Significant Multi-Lineage Impact of Myelosuppression on Clinical Outcomes, Costs, and Patients' QoL

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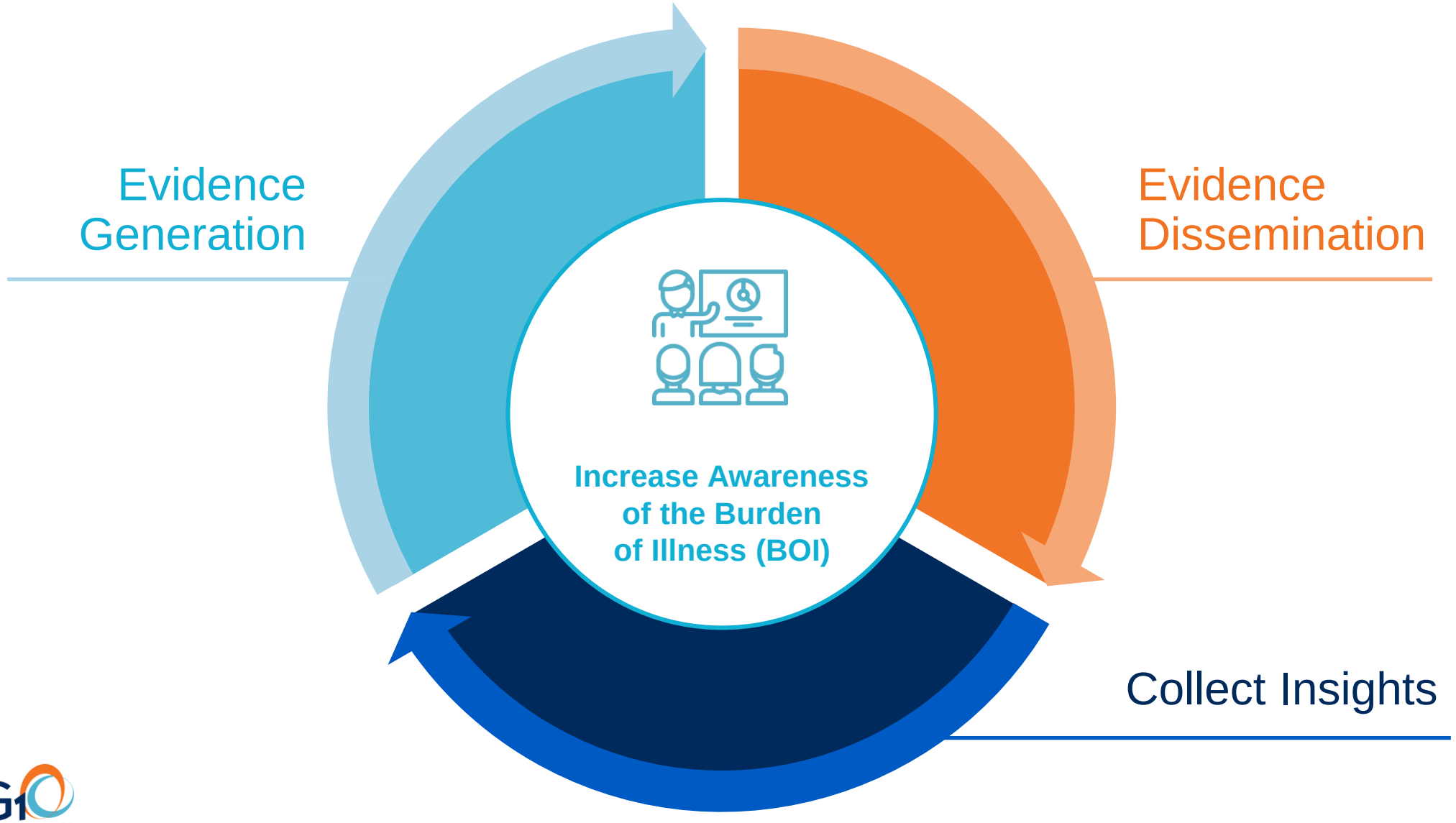

G1 THERAPEUTICS

Completed Studies Clarify the Real-World Burden of Myelosuppression

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Projects	Key messages	Perspectives	Dissemination
Patient Survey BOI	Data from an online patient survey showing impact of chemotherapy-induced myelosuppression on aspects of daily living	• Patients	• ISPOR 2020 poster • ASCO 2020 e-abstract • Adv Ther 2020 manuscript
Health System Chart Review BOI	• Incidence, frequency and duration of CIM among chemo-treated SCLC • Patients with CIM had higher cost than without CIM	• HCP	• ASCO 2020 e-abstract • Manuscript (in press)
SEER Medicare BOI	• Prevalence and treatment pattern of SCLC • % inpatient admission with CIM	• HCP • Medicare payer	• ISPOR 2021 Virtual Poster

Epstein RS, et al. Value in Health. 2020;23:1_suppl:S82–S83. Epstein RS, et al. J Clin Oncol. 2020;38:15_suppl:e19299. Epstein RS, et al. Patient Burden and Real-World Management of Chemotherapy-Induced Myelosuppression: Results from an Online Survey of Patients with Solid Tumors. Adv Ther. 2020;37(8):3606-3618. Epstein RS, et al. J Clin Oncol. 2020;38:15_suppl:e19300

BOI: Burden of Illness; CIM: Chemotherapy-induced myelosuppression; CBA: Cost-Benefit Analysis; NMB: Net Monetary Benefit; BIM: Budget Impact Model

Epstein RS, et al. Patient Burden and Real-World Management of Chemotherapy-Induced Myelosuppression: Results from an Online Survey of Patients with Solid Tumors. Adv Ther. 2020;37(8):3606-3618.

Patient Registry to Capture Spectrum of Patient Experience

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LUNGevity – Project PEER Longitudinal Patient Registry

Objectives

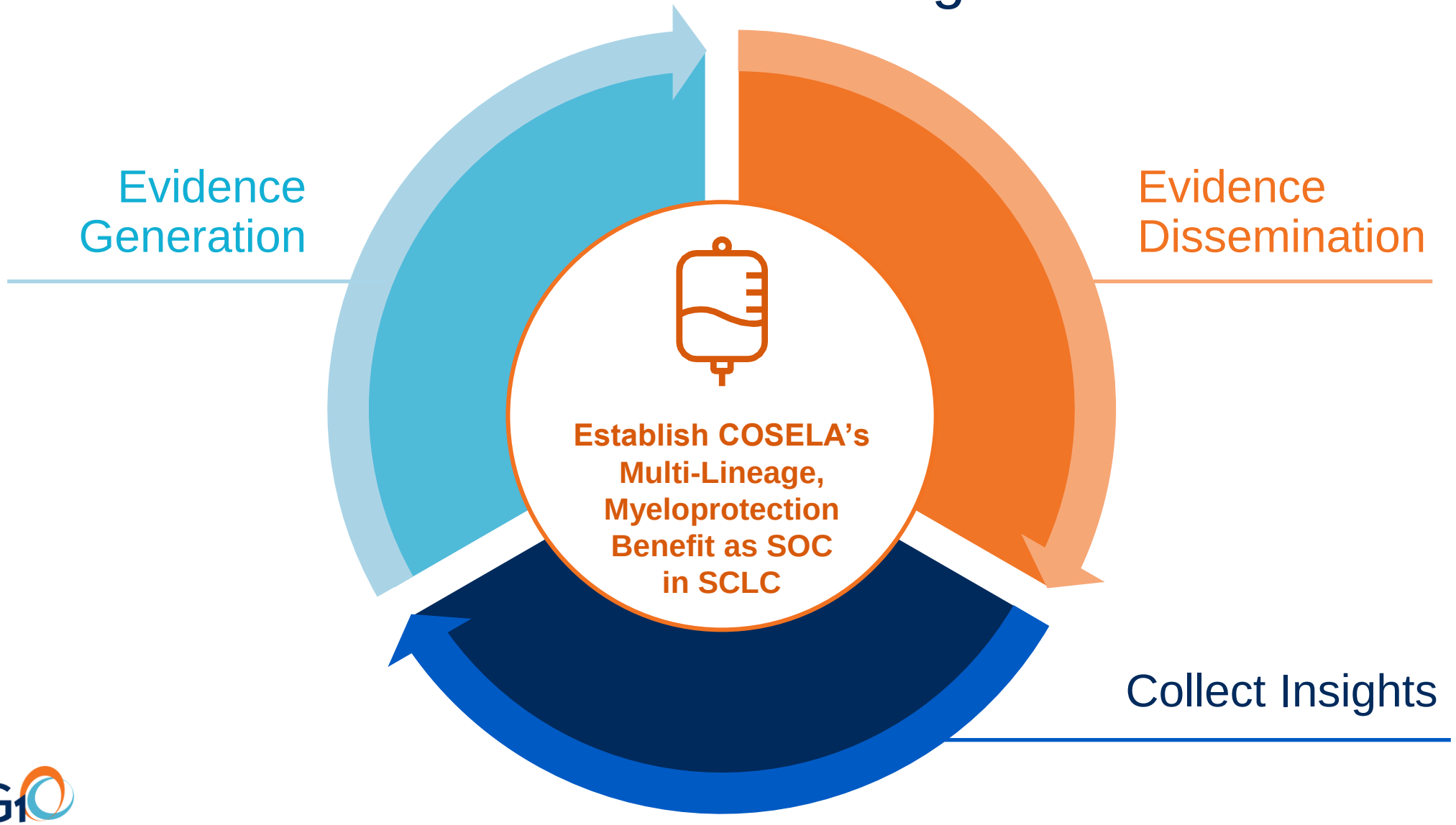
- Test the hypothesis that different classes of therapies (chemo, IO, TKI, XRT, surgery) and the exact point of a patient's treatment journey (line of therapy) impacts patient experience and compare findings with clinical trials
- Collect PROs across lines of therapy

Description

- Longitudinal: monthly surveys for 1 year (2-year recruitment)
- N=1200 patients + 300 caregivers (est. n=50 SCLC patients)
- Global, all stages/histologies
- PROs to measure the burden of myelosuppression

G1 THERAPEUTICS

Educate Prescribers, Payers, and Patients on Benefits of COSELA's Proactive Multi-Lineage Protection



Pursuing Multiple Opportunities to Generate Additional Clinical Evidence

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Company Sponsored Trials

- Three randomized, double-blind, placebo-controlled trials in ES-SCLC
- Additional ad hoc analyses (datamining)
- Translational biomarker analyses

Investigator Sponsored Studies

- Areas of interest posted to G1 website
- Receiving encouraging applications

Real World Data

- Retrospective chart reviews
- Insurance claims data analysis
- Prospective non-interventional studies
- Registries
- Healthcare resource utilization

Clinical Dataset

G1 THERAPEUTICS

Robust Publication Plan and Evidence Base

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Burden of Illness

CIM **places significant real-world burden** on patients[1-3] and the healthcare system[4,5]

Clinical Value

COSELA **reduces the incidence of neutropenia, anemia & related hospitalizations**[6-16]

Humanistic Value

COSELA **improves patient physical and functional well-being** by preventing worsening of fatigue, and improving HRQoL[12,17,18]

Economic Value

COSELA **reduces the incidence of myelosuppression events, the use of rescue interventions and other healthcare resource utilization**, including hospitalizations related to CIM and sepsis[6-18]

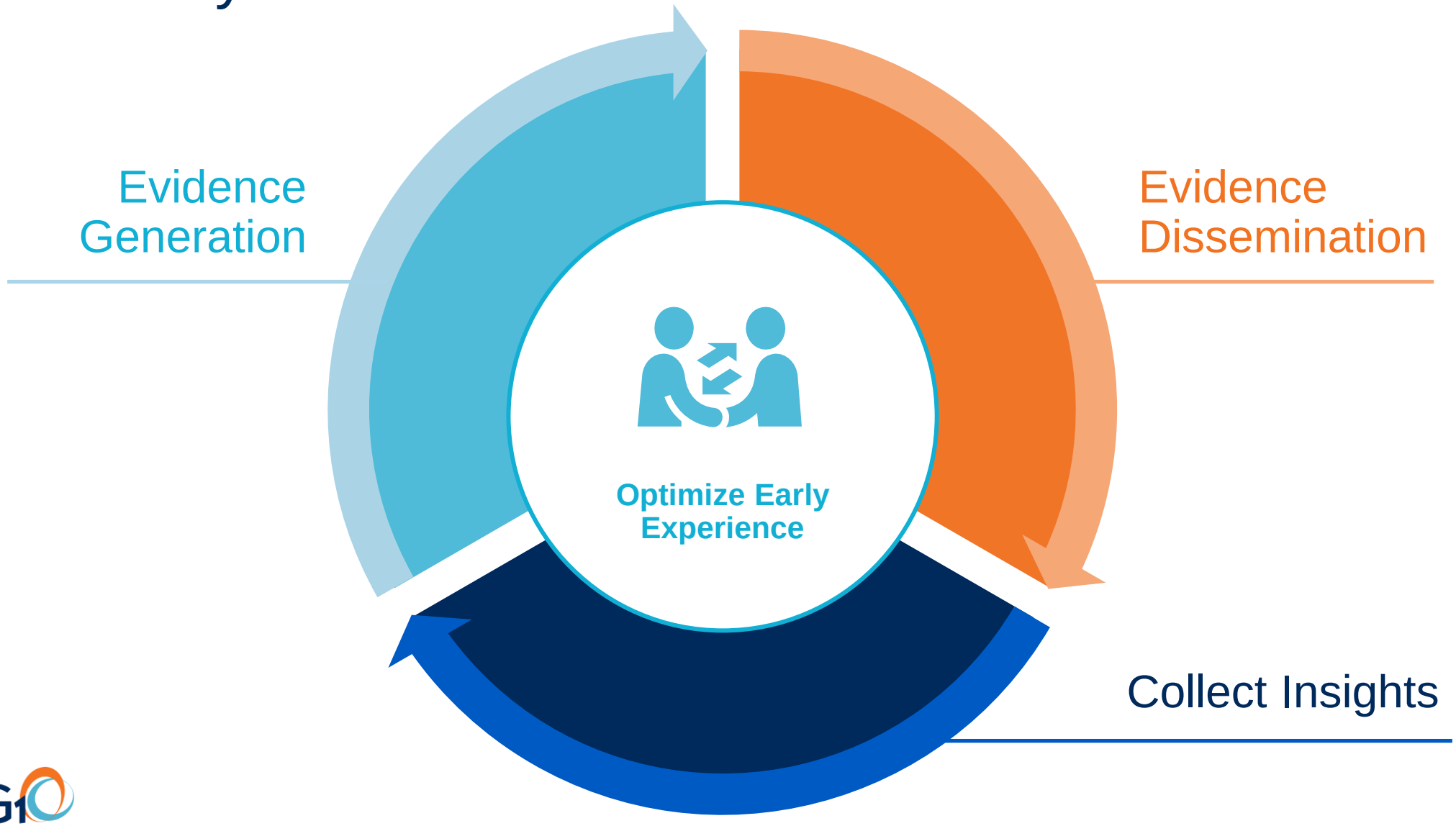
40+ manuscripts and conference presentations since 2015; 16 manuscripts in print and targeting another 12+ in 2021

G1 THERAPEUTICS

1. Epstein R, et al. Adv Ther. 2020;37(8):3606-18 2. Epstein R, et al. ISPOR poster. 2020; Abstract #PCN333 3. Epstein R, et al. Patient Prefer Adherence. 2020 4. Epstein R, et al. J Manag Care Pharm. 2020 5. Epstein R, et al. ASCO eabstract. 2020; Abstract #e19300 6. Weiss JM, et al. Ann Oncol. 2019;30:1613–21 7. Hart LL, et al. ASCO oral. 2019; Abstract #8505 8. Daniel D, et al. ESMO poster. 2019; Abstract #1742PD 9. Weiss JM, et al. ASCO poster. 2020; Abstract #384 10. Ferrarotto R, et al. NACLC oral. 2020 11. Subramanian J, et al. NACLC poster. 2020 12. Beck T, et al. NACLC poster. 2020 13. Hussein M, et al. NACLC poster. 2020 14. Hart LL, et al. Lung Cancer. 2020 15. Daniel D, et al. Int J Cancer. 2020 16. Aapro M, et al. Cancer. 2020 17. Weiss J, et al. MASCC/ISOO oral. 2019; Abstract #MASCC9-0845 18. Weiss JM, et al. Oncol Ther. 2020

Enable Appropriate Patient Access and Ensure Ease of Use by HCPs

COSELA™ trilaciclib for injection 300 mg



G1 THERAPEUTICS

Upcoming Health Economics Presentations

COSELA Payor Budget Impact Model

- Accepted as a virtual poster presentation at AMCP April 12-16, 2021
- *"A budget impact assessment of trilaciclib when prescribed to decrease the incidence of chemotherapy-induced myelosuppression in adult patients with extensive-stage small cell lung cancer"*

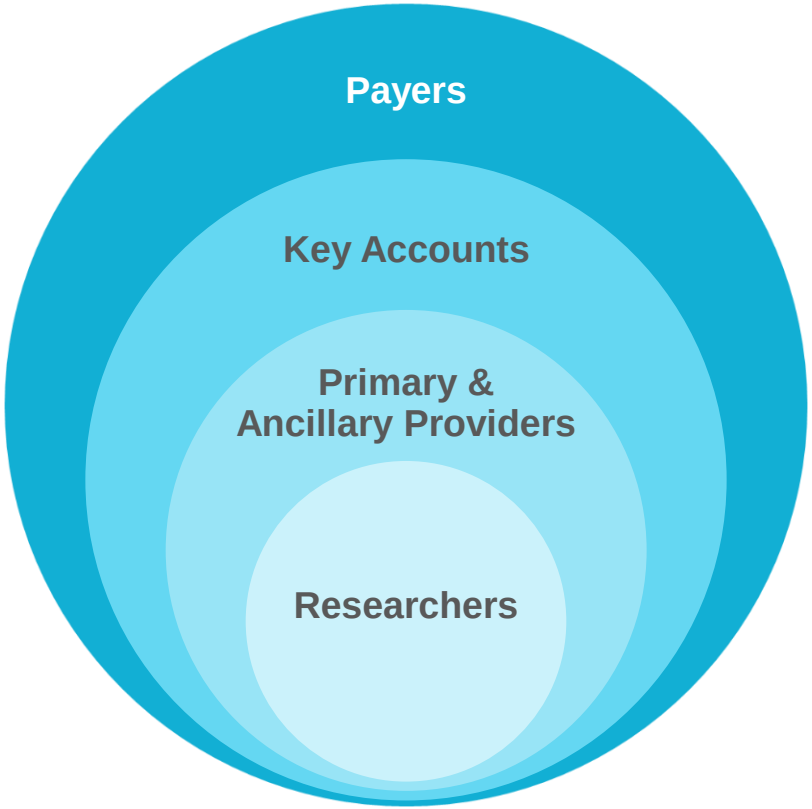
COSELA Cost Benefit Analysis

- Accepted as a virtual poster presentation at ISPOR May 17-20, 2021
- *"Cost-benefit analysis of trilaciclib for the prevention of chemotherapy-induced myelosuppression in extensive-stage small cell lung cancer"*

Supporting Our Customer Base

COSELA™ trilaciclib for injection 300 mg

- **Experienced field medical team with diverse backgrounds**
  - G1 field medical affairs staff includes group dedicated to market access initiatives
  - BI MSLs providing additional launch support
- **Lockstep partnership with payer and key account market access initiatives**
- **Over 300 top KOLs included in engagement plans**
  - Invitations to educate other providers in the practice
  - Heightened interest in partnership



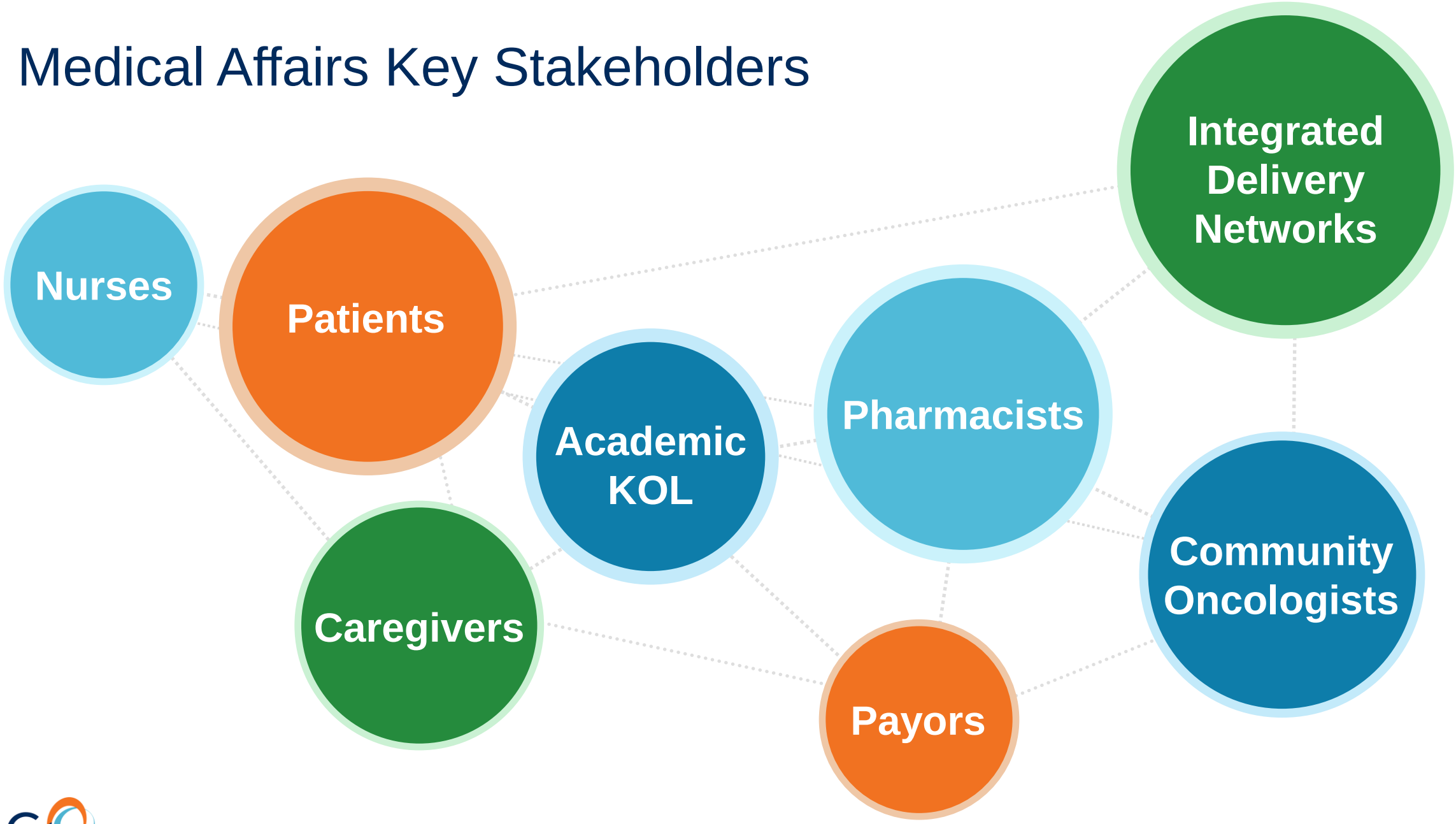
"This drug is a no brainer and valuable for patients."
- Oncology Care Model Pharmacist

"Something like this product could potentially remove the burden of coming back to the center, allow patients to stay in their rural communities."
- Pharmacy Administrator

"Let's schedule another call. I'll invite the clinical pharmacist that oversees our investigational drug service and epic builds."
- SCLC Provider who voiced enthusiasm about using COSELA

G1 THERAPEUTICS

Medical Affairs Key Stakeholders



NOW APPROVED

COSELA™

trilaciclib for injection 300 mg

Moderated Expert Panel

Jared Weiss, MD

Thoracic and Head/Neck Oncologist & Associate Professor

Division of Oncology, University of North Carolina at Chapel Hill

Tajuana Bradley, MS, FNP-BC

Nurse Practitioner, Georgia Cancer Specialists

G1 THERAPEUTICS

Important Safety Information

COSELA 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 (ES-SCLC).

CONTRAINDICATION

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

WARNINGS AND PRECAUTIONS

Injection-Site Reactions, Including Phlebitis and Thrombophlebitis

- COSELA administration can cause injection-site reactions, including phlebitis and thrombophlebitis, which occurred in 56 (21%) of 272 patients receiving COSELA in clinical trials, including Grade 2 (10%) and Grade 3 (0.4%) adverse reactions. Monitor patients for signs and symptoms of injection-site reactions, including infusion-site pain and erythema during infusion. For mild (Grade 1) to moderate (Grade 2) injection-site reactions, flush line/cannula with at least 20 mL of sterile 0.9% Sodium Chloride Injection, USP or 5% Dextrose Injection, USP after end of infusion. For severe (Grade 3) or life-threatening (Grade 4) injection-site reactions, stop infusion and permanently discontinue COSELA. Injection-site reactions led to discontinuation of treatment in 3 (1%) of the 272 patients.

Acute Drug Hypersensitivity Reactions

- COSELA administration can cause acute drug hypersensitivity reactions, which occurred in 16 (6%) of 272 patients receiving COSELA in clinical trials, including Grade 2 reactions (2%). Monitor patients for signs and symptoms of acute drug hypersensitivity reactions. For moderate (Grade 2) acute drug hypersensitivity reactions, stop infusion and hold COSELA until the adverse reaction recovers to Grade ≤1. For severe (Grade 3) or life-threatening (Grade 4) acute drug hypersensitivity reactions, stop infusion and permanently discontinue COSELA.

Interstitial Lung Disease/Pneumonitis

- Severe, life-threatening, or fatal interstitial lung disease (ILD) and/or pneumonitis can occur in patients treated with cyclin-dependent kinases (CDK)4/6 inhibitors, including COSELA, with which it occurred in 1 (0.4%) of 272 patients receiving COSELA in clinical trials. Monitor patients for pulmonary symptoms of ILD/pneumonitis. For recurrent moderate (Grade 2) ILD/pneumonitis, and severe (Grade 3) or life-threatening (Grade 4) ILD/pneumonitis, permanently discontinue COSELA.

Important Safety Information

Embryo-Fetal Toxicity

- Based on its mechanism of action, COSELA can cause fetal harm when administered to a pregnant woman. Females of reproductive potential should use an effective method of contraception during treatment with COSELA and for at least 3 weeks after the final dose.

ADVERSE REACTIONS

- Serious adverse reactions occurred in 30% of patients receiving COSELA. Serious adverse reactions reported in >3% of patients who received COSELA included respiratory failure, hemorrhage, and thrombosis.
- Fatal adverse reactions were observed in 5% of patients receiving COSELA. Fatal adverse reactions for patients receiving COSELA included pneumonia (2%), respiratory failure (2%), acute respiratory failure (<1%), hemoptysis (<1%), and cerebrovascular accident (<1%).
- Permanent discontinuation due to an adverse reaction occurred in 9% of patients who received COSELA. Adverse reactions leading to permanent discontinuation of any study treatment for patients receiving COSELA included pneumonia (2%), asthenia (2%), injection-site reaction, thrombocytopenia, cerebrovascular accident, ischemic stroke, infusion-related reaction, respiratory failure, and myositis (<1% each).
- Infusion interruptions due to an adverse reaction occurred in 4.1% of patients who received COSELA.
- The most common adverse reactions (≥10%) were fatigue, hypocalcemia, hypokalemia, hypophosphatemia, aspartate aminotransferase increased, headache, and pneumonia.

DRUG INTERACTIONS

- COSELA is an inhibitor of OCT2, MATE1, and MATE-2K. Co-administration of COSELA may increase the concentration or net accumulation of OCT2, MATE1, and MATE-2K substrates in the kidney (e.g., dofetilide, dalfampridine, and cisplatin).

To report suspected adverse reactions, contact G1 Therapeutics at 1-800-790-G1TX or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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Q&A

COSELA™ Kickoff
Analyst & Investor Summit

April 9, 2021