Advancing our Mission to Improve the Lives of Those Affected by Cancer

June 2023

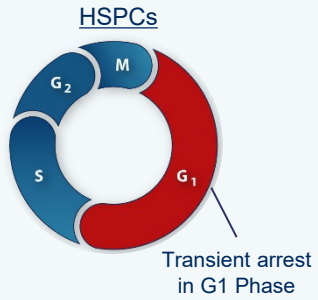
Forward-Looking Statements

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 expectations for the commercial success of COSELA® (trilaciclib), our ability to accelerate adoption of COSELA in the treatment of small cell lung cancer, the therapeutic potential of trilaciclib in the treatment triple negative breast cancer, and other cancers, our ability to generate data to maximize trilaciclib's applicability to future treatment paradigms, our reliance on partners to globally develop and commercial licensed products, our financial position and need for additional capital, our ability to extend our cash through the readouts from our ongoing clinical trials. the association between gene expression profiles demonstrated by the Phase 2 Mechanism of Action Trial results and the improved clinical outcome, that trilaciclib's greatest effect is on longer term endpoints including OS rather than earlier efficacy measures, and that the reason why trilaciclib's greatest effect on longer term endpoints is because of its immune-mediated mechanism of action. In addition, COSELA may fail to achieve the degree of market acceptance for commercial success, and the impact of pandemics such as COVID-19 (coronavirus), are based on our expectations and assumptions as of the date of this presentation. Each of these forward-looking statements involves risks and uncertainties. Factors that may cause our actual results to differ from those expressed or implied in the forward-looking statements in this presentation are discussed in our filings with the U.S. Securities and Exchange Commission, including the "Risk Factors" sections contained therein and include, but are not limited to, our ability to successfully commercialize COSELA; our ability to complete clinical trials for, obtain approvals for and commercialize additional indications of COSELA and any of our product candidates other than COSELA; our initial success in 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. Lerociclib is not approved by the FDA. Except as required by law, we assume no obligation to update any forward-looking statements contained herein to reflect any change in expectations, even as new information becomes available.

G1 THERAPEUTICS®

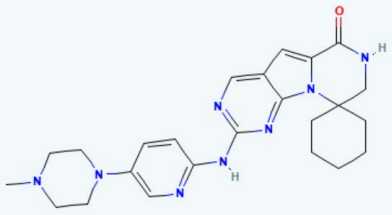
Evolution of G1: Building Upon Unique Product - Trilaciclib

Original Premise



To protect HSPCs from damage caused by chemo through transient G1 arrest

Unique Product



Rationally designed and optimized a unique IV transient CDK4/6 inhibitor

Initial Indication

Demonstrated robust myeloprotection across three randomized SCLC studies

Robust OS in TNBC

OS hazard ratios in Ph2:

0.31 – 0.40

Improved survival in randomized trial consistent with immune-modulation

Dual Benefits

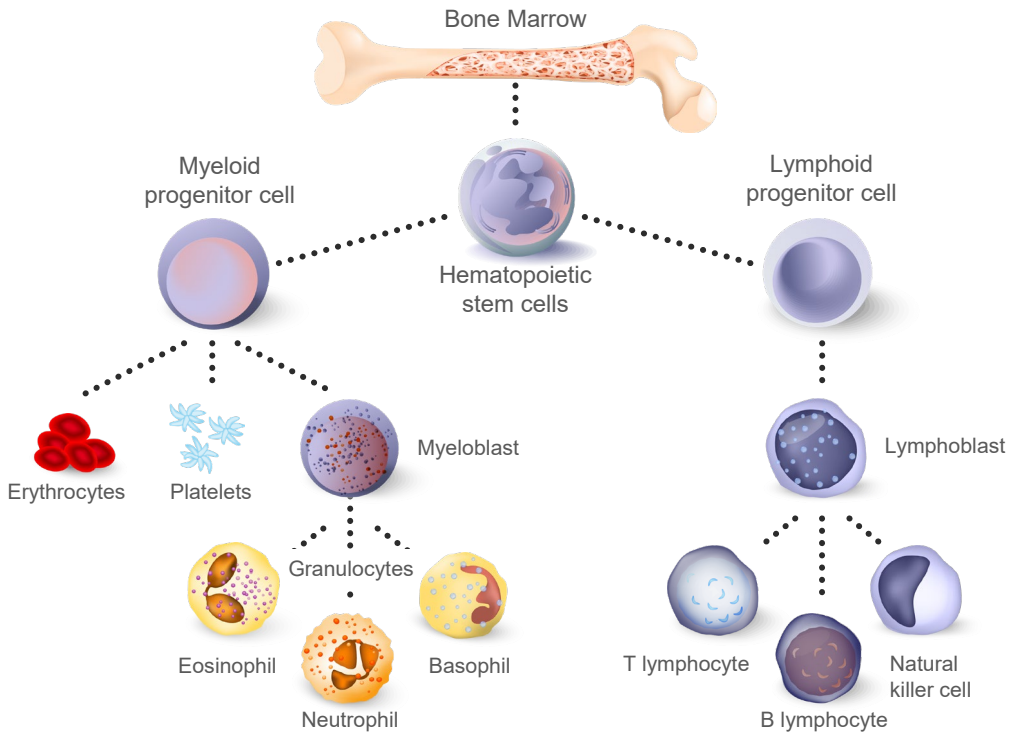
Potential to improve overall survival through:

1. Protect immune system from damage
2. Enhanced anti-tumor immunity

Aggressively investigating dual benefit impact across multiple tumor types

Maximizing the dual benefits of trilaciclib with the potential to improve overall survival

Myeloprotection: Protecting Bone Marrow from Cytotoxic Damage



Potential Benefits of Myeloprotection

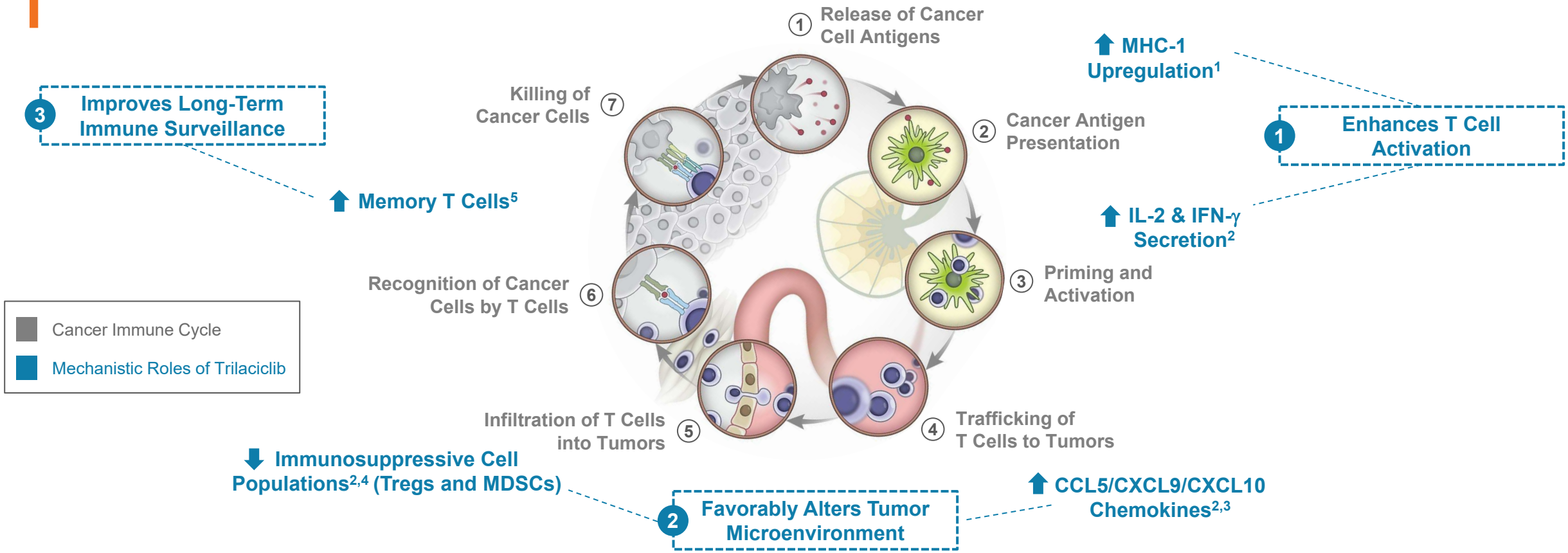
- Improves patients' QoL
- Decreases rescue interventions, hospitalizations, associated costs
- Protects immune system function from damage by cytotoxic therapy
- Enables patients to tolerate greater exposure to cytotoxic therapy

Trilaciclib helps protect HSPCs and myeloid and lymphoid cell lineages from damage caused by cytotoxic therapy - providing multiple potential benefits

Hematopoietic tree adapted from 'Hematopoietic Tree, Plasma Cell', National Cancer Institute Visuals Online: https://visualsonline.cancer.gov/details.cfm?imageid=7177

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.

Potential to Enhance Anti-Tumor Immunity



Trilaciclib enhances multiple immunological processes – providing synergistic benefit in combination with chemotherapy, ADCs and checkpoint inhibitors

Cancer immunity cycle graphic adapted from Chen & Mellman. Oncology Meets Immunology: The Cancer-Immunity Cycle. Immunity. 2013;39(1):1-10. doi:10.1016/j.immune.2013.07.012.
1. Goel S, DeCristo MJ, et al. CDK4/6 inhibition triggers anti-tumour immunity. Nature. 2017. 2. Deng J, Wang ES, Jenkins RW, et al. CDK4/6 inhibition augments antitumor immunity by enhancing T-cell activation. Cancer Discov. 2018;8(2):216-233. doi:10.1158/2159-8290.CD-17-0915.
3. Uzhachenko R, et al. Metabolic modulation by CDK4/6 inhibitor promotes chemokine-mediated recruitment of T cells into mammary tumors. Cell Rep. 2021;35(1):108944/j.celrep.2021.108944. 4. Lai AY, et al. CDK4/6 inhibition enhances antitumor efficacy of chemotherapy and immune checkpoint inhibitor combinations in preclinical models and enhances T-cell activation in patients with SCLC receiving chemotherapy. Journal for ImmunoTherapy of Cancer. 2020; 8:e000847. doi:10.1136/ jitc-2020-000847. 5. Lelliott EJ, et al. CDK4/6 Inhibition Promotes Antitumor Immunity through the Induction of T-cell Memory. Cancer Discov. 2021 Oct;11(10):2582-2601. DOI: 10.1158/2159-8290.CD-20-1554; and Heckler M, Ali LR, et al. Inhibition of CDK4/6 promotes CD8 T-cell memory formation. Cancer Discov. 2021 Oct;11(10):2564-2582. doi: 10.1158/2159-8290.CD-20-1540

2023 Priorities

Drive COSELA Sales Growth	• Continued progress in 1Q23: Month-over-month volume growth, March was highest month LTD • 21% vial volume growth over 4Q23; 103% volume growth over 1Q22 • Guiding to between $50M and $60M in 2023 net COSELA revenue
Execute on Four Ongoing Clinical Trials	• 1L TNBC: 1Q 2024 pivotal readout[1]; high confidence based on Ph. 2 data • 2L / 3L TNBC (ADC): Results show reduced adverse events; OS results expected in 1Q 2024 • Neoadjuvant TNBC (MOA): Results support immune mechanism of action; trial complete • 1L bladder (mUC): PFS data expected mid-2023; longer-term efficacy (OS) expected in 1Q 2024
Efficiently Extend Capital	• Ensure cash runway well beyond each of our clinical trial readouts

Note: TNBC: Triple negative breast cancer; ADC: antibody drug conjugate; AE: adverse event; MOA: Mechanism of Action; mUC: Metastatic urothelial carcinoma; PFS: Progression free survival; CR: Complete response: DOR: Duration of response.

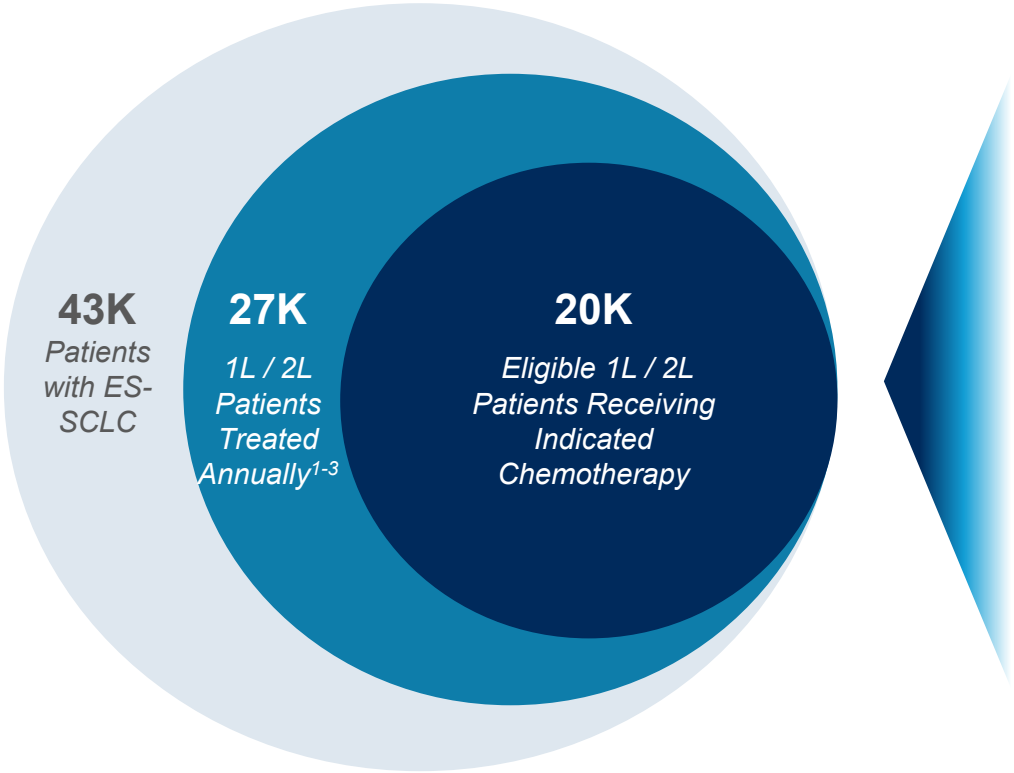
[1]1L TNBC data readout in 1Q 2024 expected to include interim results for Overall Survival (OS); event-driven interim OS analysis to be conducted by its DMC in 1Q 2024

Driving COSELA® (trilaciclib) Growth in ES-SCLC

COSELA in ES-SCLC: Opportunity to Impact Many Lives

COSELA trilaciclib for injection 300 mg

U.S. ES-SCLC Patient Population (2022)



- **Demonstrated reductions in multiple myelosuppressive consequences and hematologic adverse events**
  - Across multiple randomized SCLC studies and Real-World Evidence studies
- **ES-SCLC patients predominantly treated with highly myelosuppressive chemo regimens**
  - Opportunity for innovation given aggressiveness of disease (1L median OS ~1 year[4])
  - Standard treatment includes ~4 cycles of chemo
- **Strong reimbursement, majority in Medicare**

COSELA can significantly improve the chemotherapeutic experience and improve the lives of patients with ES-SCLC

1. Based on incidence of 29k for all SCLC with 80% of patients being diagnosed at Extensive Stage; *Cerner Enviza, CancerMPact, Patient Metric Dashboards 2021.*
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 internal analysis and primary market research).
3. Based on 12.3k 2L SCLC total patients (10.8k progressed 1L SCLC and 1.5k early relapse LS-SCLC) treated at an assumed 72% treatment rate (from internal analysis and primary market research).
4. Demonstrated in COSELA G1T28-02 and G1T28-05 study control arms.

G1 THERAPEUTICS

COSELA: 1Q23 Update

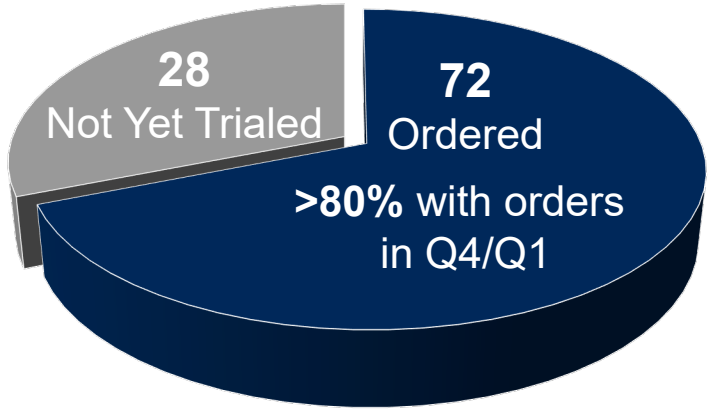
- $10.5M in net sales of COSELA
  - 21% vial volume growth over 4Q23; 103% volume growth over 1Q22
- Continued progress in 1Q23
  - Average vial volumes per day grew each month in the quarter
  - Volume strength continued: March was highest month launch to date
  - All 3 of our regions experienced double-digit quarter-over-quarter growth
  - 19 organizations ordered >100 vials in 1Q23
- Volume based contracts contribute to growth opportunity
  - Volumes in our contracted customers increased 50% during the quarter
  - By the end of 1Q23, ~15% of our business was with customers with a volume agreement
- Strength continues in number of new accounts
  - 95 new accounts in 1Q23 – consistent with 4Q22
  - >80% reorder rate among Top 100 using COSELA

Performance in 1Q23 confirms significant growth opportunity remains in ES-SCLC

* Last update provided on May 3, 2023

Progress with Account Depth and Breadth
Top 100 Organizations

COSELA trilaciclib for injection 300 mg



- 72 of Top 100 US customer organizations have trialed COSELA launch to date (3 new in 1Q23*)
  - 35% of US market potential in these 72 Top 100 organizations

- Focus remains on driving depth
  - 14% depth in Top 100 organizations
  - 18% depth across all organizations with utilization

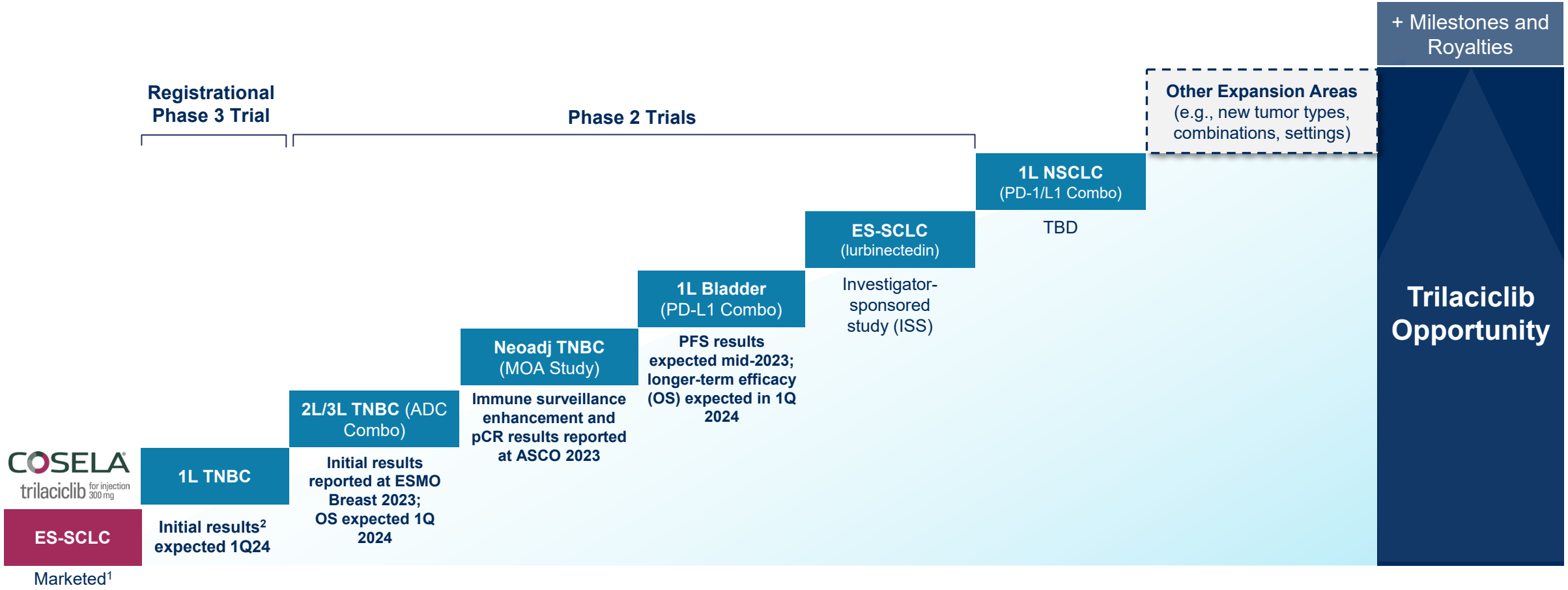
Continued breadth of trial, especially in Community, with opportunity to grow depth

G1 THERAPEUTICS

* As of 5/26/23

Executing on Ongoing Clinical Trials

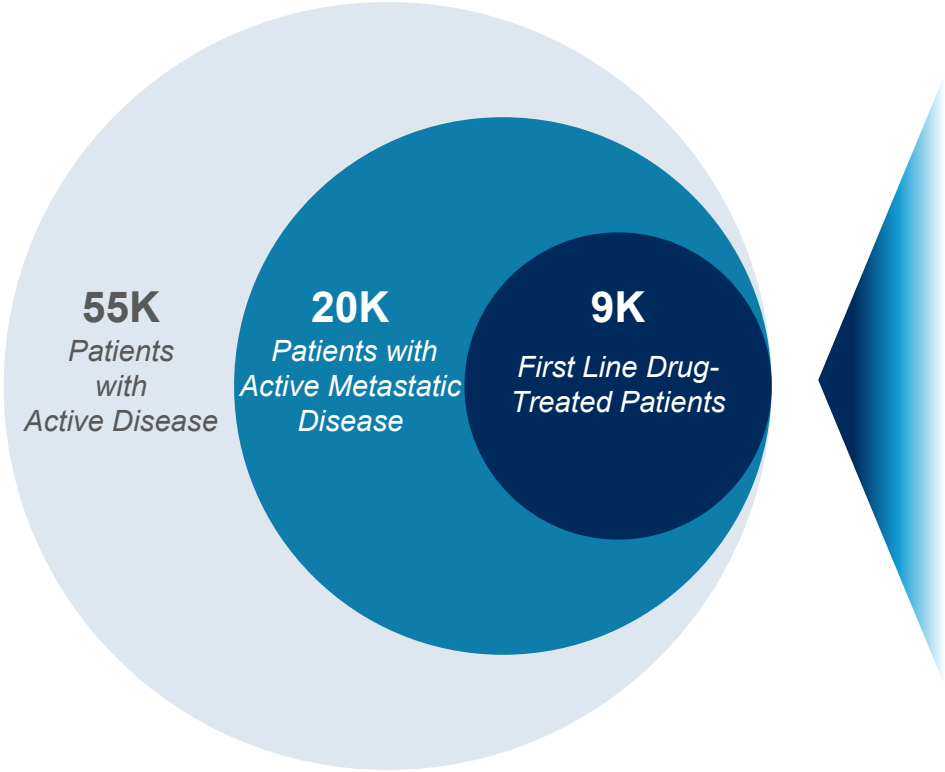
Marketed Product Providing Pipeline-in-a-Molecule



1. COSELA is marketed in the U.S. by G1 and conditionally approved in Greater China to be marketed by our partner, Simcere conditionally approved in Greater China to be marketed by our partner, Simcere. Trilaciclib is an investigational drug in all other indications and its safety and efficacy has only been established in ES-SCLC
2. 1L TNBC data readout in 1Q 2024 expected to include interim results for Overall Survival (OS); event-driven interim OS analysis to be conducted by its DMC in 1Q 2024

1L TNBC: Important Area of High Unmet Need

U.S. TNBC Patient Population (2021)[1]



- **TNBC tumors are aggressive and difficult to treat**
  - Categorized by lack of HR expression and HER2 gene amplification
  - Trilaciclib demonstrated robust survival benefit with chemo in Ph2
- **Chemo +/- targeted therapy remains first-line TNBC SoC**
  - ~9k annual first-line drug treated TNBC patients in the U.S.
  - Targeted therapies only demonstrated benefit in subpopulations
- **Trilaciclib demonstrated broad benefit in Randomized Phase 2**
  - Benefit observed across PD-(L)1+ and PD-(L)1- subpopulations
  - Patients receive 4 vials of trilaciclib for each 3-week cycle

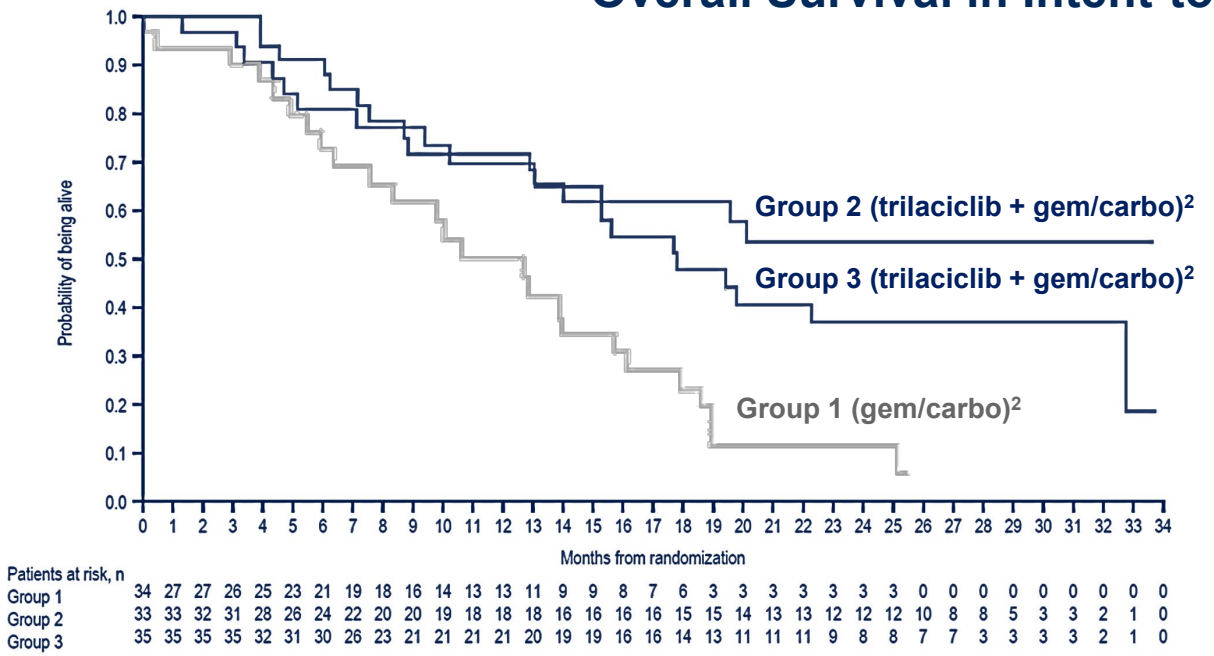
Potential to meaningfully increase overall survival across 1L TNBC subpopulations

1. Estimates from Kantar Health CancerMPact Patient Metrics, and internal analysis and primary research

Observed Robust OS Improvement in mTNBC

Foundational Data for PRESERVE 2: Completed Randomized Phase 2 Trial

Overall Survival in Intent-to-Treat Population[1]



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

Fast Track Designation granted as a result of these data (July 2021)

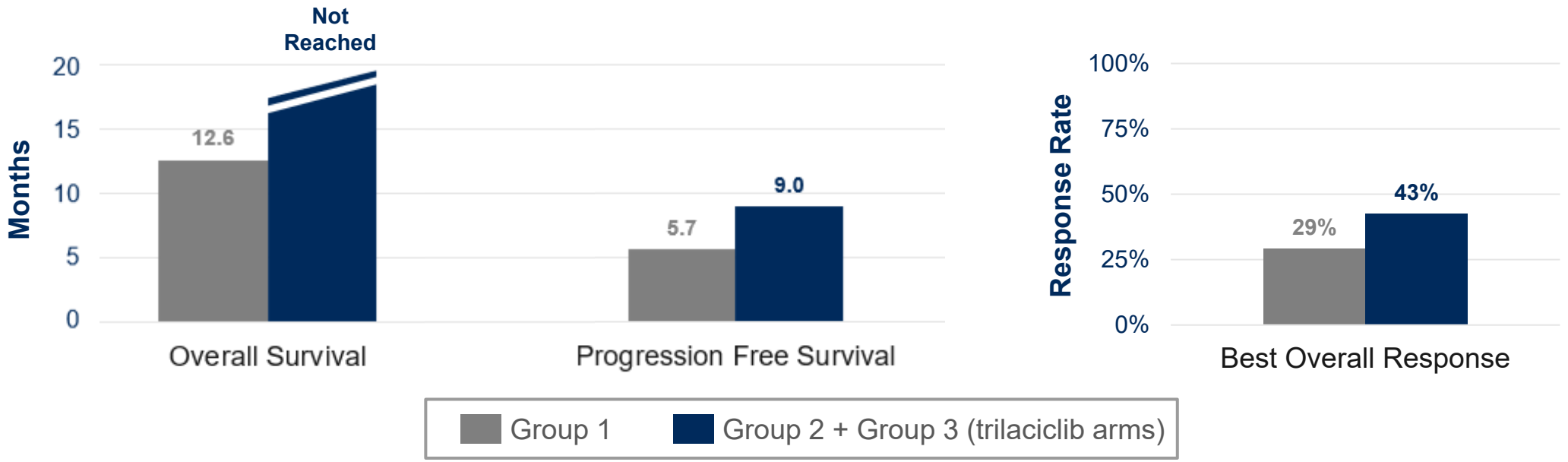
1. O'Shaughnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06. Note: primary endpoints relating to reduction in severe neutropenia not achieved in this study.
2. Patients randomized to receive gem/carbo chemotherapy only (Group 1) or gem/carbo plus one of two dosing schedules of COSELA: COSELA administered on the day of chemotherapy (Group 2) or COSELA administered the day prior to and the day of chemotherapy (Group 3).

Overall Survival Most Significant Effect in mTNBC Study

Randomized Phase 2: Combination with Chemotherapy

Greatest Effect ⟵ ⟶ ***Least Effect***

P-Values	0.001	0.108	0.235

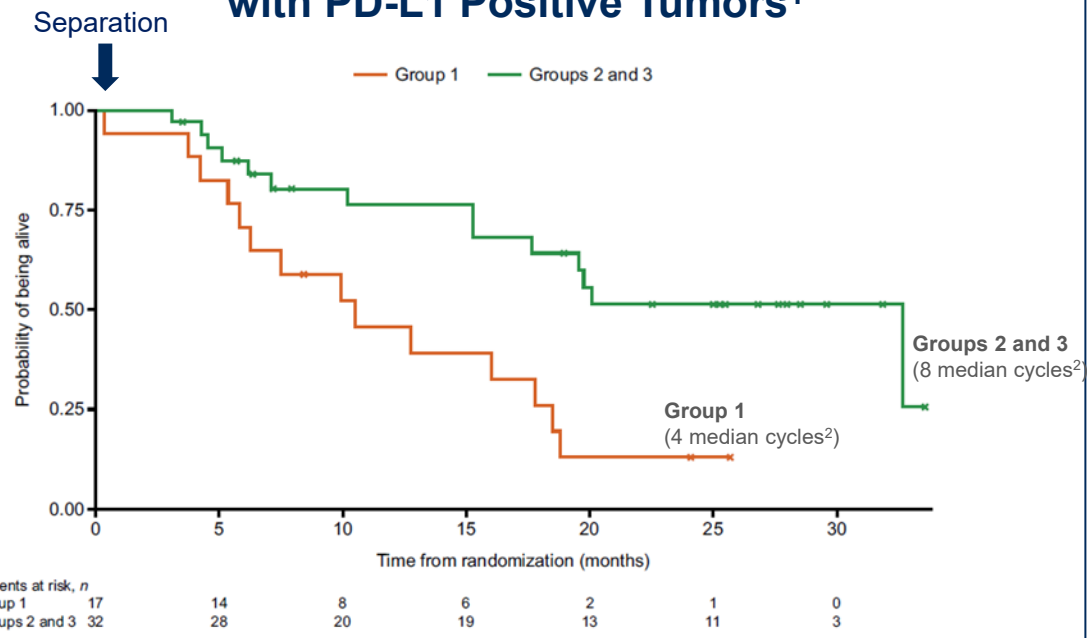


Trilaciclib demonstrated the most robust effect on OS, consistent with its observed immunomodulatory effects

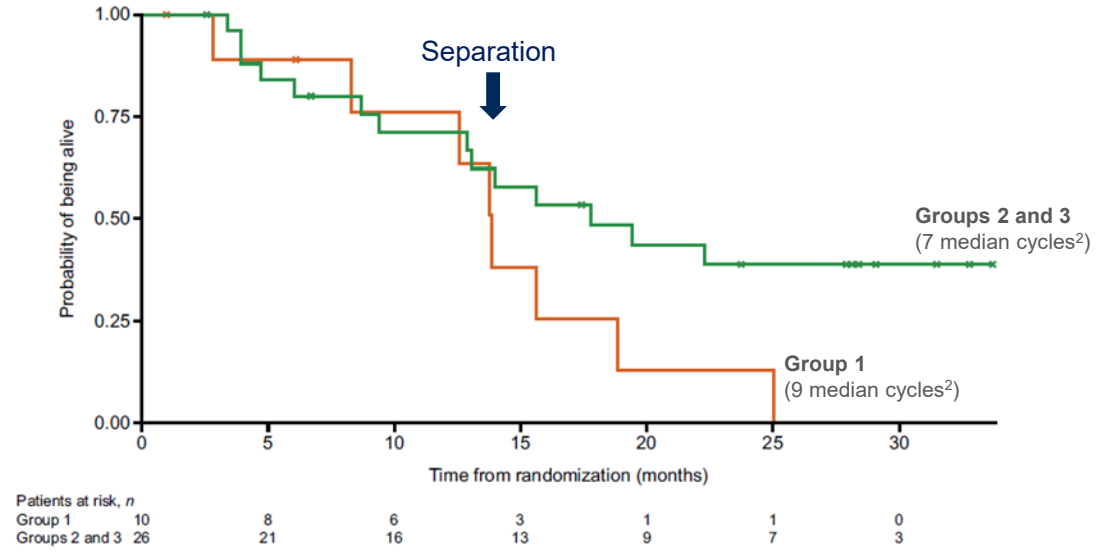
1. O'Shaughnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06. Note: primary endpoints relating to reduction in severe neutropenia not achieved in this study.
2. Patients randomized to receive gem/carbo chemotherapy only (Group 1) or gem/carbo plus one of two dosing schedules of trilaciclib : trilaciclib administered on the day of chemotherapy (Group 2) or trilaciclib administered the day prior to and the day of chemotherapy (Group 3).

Tumor PD-L1 Status Influences OS Curve Separation

Overall Survival for Patients with PD-L1 Positive Tumors[1]



Overall Survival for Patients with PD-L1 Negative Tumors[1]



Both trilaciclib subgroups appear to demonstrate an "I/O-tail" with OS separation for PD-L1 negative tumors occurring after ~15 months

1. Tan AR, Wright GS, Trilaciclib Prior to Chemotherapy in Patients with Metastatic Triple-Negative Breast Cancer: Final Efficacy and Subgroup Analysis from a Randomized Phase II Study. Clinical Cancer Research, 2022.
2. Median treatment cycles from internal data (May 2020 data snapshot)

OS Improvement Observed, Regardless of PD-L1 Status

Overall Survival for PD-L1 Positive Tumors[1]

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 Tumors[1]

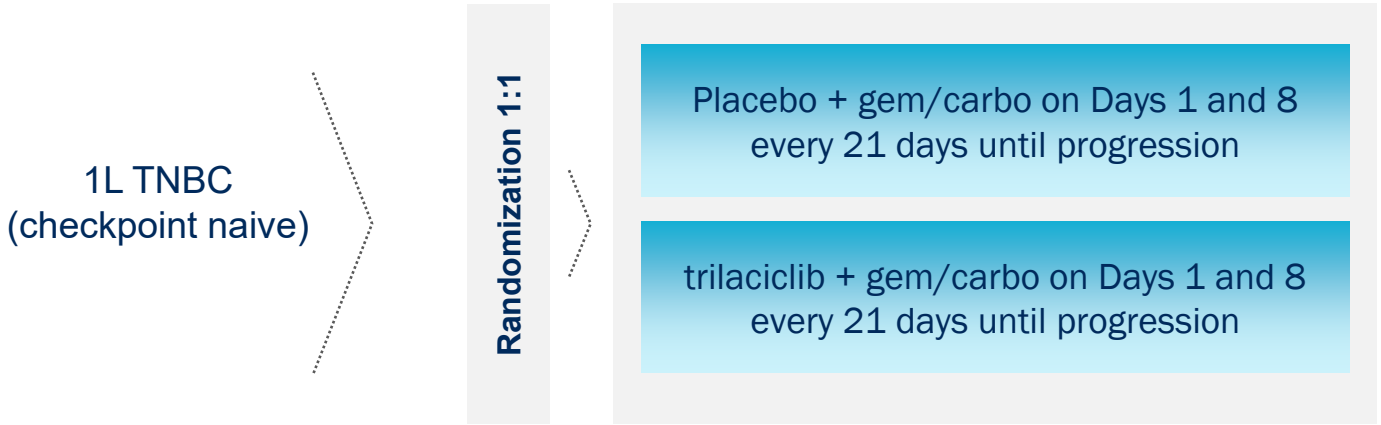
Treatment Group[2]	Patients	Median OS (95% CI), Months	Hazard Ratio (95% CI)	*P* Value
Group 1: (gem/carbo)	10	13.9 (12.6 – NR)	-	-
Group 2 and 3: (gem/carbo + trilaciclib)	26	**17.8** (13.1 – NR)	**0.48** (0.2 – 1.2)	0.093

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

1. O'Shaughnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06. Note: primary endpoints relating to reduction in severe neutropenia not achieved in this study.
2. Patients randomized to receive gem/carbo chemotherapy only (Group 1) or gem/carbo plus one of two dosing schedules of COSELA: COSELA administered on the day of chemotherapy (Group 2) or COSELA administered the day prior to and the day of chemotherapy (Group 3).

Ongoing First-Line TNBC Ph3 Pivotal Trial: PRESERVE 2

Initial positive evidence of efficacy across subsets and line of treatment in Phase 2 trial[1]
Evaluating 1L patients (PD-L1 positive and negative patients)



PRIMARY ENDPOINT:
Overall Survival

SECONDARY ENDPOINTS:
PFS, ORR, PRO,
myeloprotection measures

ENROLLMENT COMPLETE:
187 participants

Interim OS analysis expected in 1Q 2024

Pivotal study evaluating trilaciclib in mTNBC building upon robust OS benefit observed in prior randomized Phase 2 study

1. O'Shaughnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06

Three Ongoing Phase 2 Proof of Concept Studies

Proof of Concept Study	Key Goals of Phase 2 Study Related to Trilaciclib
2L / 3L TNBC (ADC trial) (Enrollment complete; n=30)	1. Evaluated **myeloprotection benefits with an ADC** (sacituzumab govitecan-hziy in this study)[1] 2. Determined whether increased cytotoxic exposure and potential synergy **increases PFS / OS** ***Additional results including PFS presented at ESMO Breast 2023; OS in 1Q 2024***
Neoadjuvant TNBC (MOA trial) (Enrollment complete; n=24)	1. Clinically **confirmed mechanistic effects** that drive increased immunomodulation[2] 2. Evaluated if there is an **anti-tumor efficacy signal in early stage TNBC** patients ***Results including pCR presented at ASCO 2023***
1L Bladder Cancer (Enrollment complete; n=92) ***Results including PFS and DOR expected midyear 2023; OS in 1Q 2024***	1. Demonstrate ability to **increase survival across additional tumors**[3] 2. Evaluate if **synergistic benefits with a CPI** observed preclinically is translatable to humans

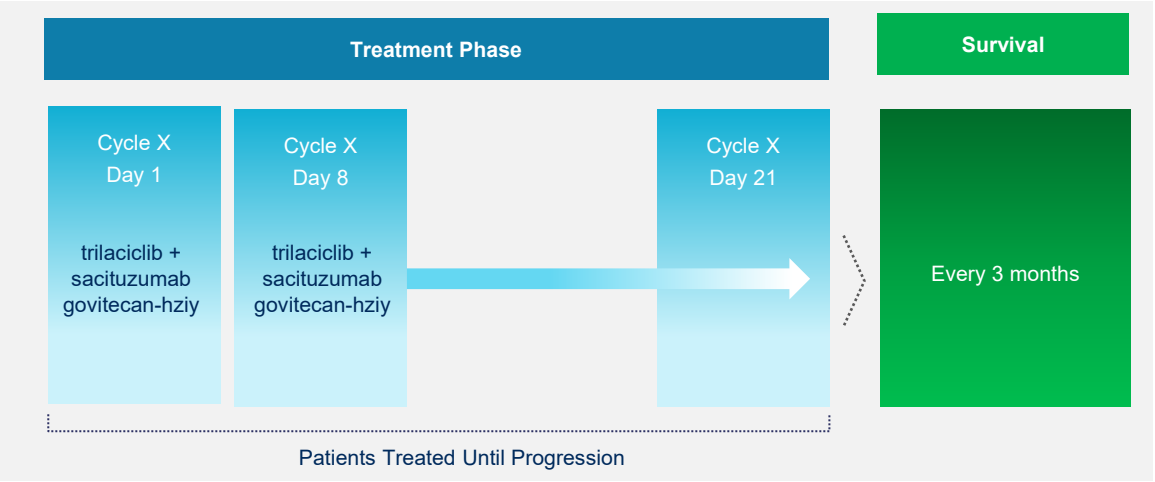
1. Results presented at European Society for Medical Oncology, May10, 2023
2. Results presented at American Society of Clincal Oncology, June 4, 2023
3. Initial data including ORR endpoints announced in press release January 4, 2023

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

Initial Results Presented at ESMO Breast 2023

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

Single Arm:
2L/3L TNBC



PRIMARY ENDPOINT:
PFS

SECONDARY ENDPOINTS:
ORR, CBR, OS,
myeloprotection measures

ENROLLMENT COMPLETED:
30 patients

PATIENTS TREATED UNTIL PROGRESSION

OS results expected in 1Q24

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

G1 THERAPEUTICS®

Results from Phase 2 ADC Combination Study

Overall Survival (OS) Results Expected in the First Quarter of 2024

Results Confirm Benefit of Trilaciclib in Reducing Adverse Events Related to an ADC

Summary of Treatment Related Adverse Events (TRAE) in patients receiving trilaciclib in combination with sacituzumab govitecan-hziy		
Phase 2 trial of trilaciclib in combination with sacituzumab (SG): TRAEs (n=30)		
Adverse Event	**Any Grade**	**Grade 3-4**
Neutropenia	**30%**	**13%**
Diarrhea	**27%**	**3%**
Nausea	30%	3%
Alopecia	33%	0%
Fatigue	47%	0%
Anemia	**10%**	**0%**
Vomiting	17%	3%

Summary of TRAEs in patients receiving sacituzumab govitecan-hziy[1] (Includes TEAEs with a ≥ 10% increase with sacituzumab vs. chemotherapy)		
ASCENT (no trilaciclib): TRAEs (n=258)		
Adverse Event	**Any Grade**	**Grade 3-4**
Neutropenia	**63%**	**51%**
Diarrhea	**59%**	**10%**
Nausea	57%	3%
Alopecia	46%	0%
Fatigue	45%	3%
Anemia	**34%**	**8%**
Vomiting	29%	1%

Cutoff: 3 April 2023

Phase 2 Initial Efficacy Results (n=30)

- On-target effect of trilaciclib reduces (>50%) rates of multiple AEs vs. single agent ADC safety profile (ASCENT trial)
- Highly pretreated population: Most (76%) pts received prior PD-(L)1 inhibitor treatment compared to ASCENT (27%)
  - Initial ORR (25%) in overall population consistent with ORR in PD-(L)1 pretreated population in ASCENT (28%)
  - mPFS of 4.1 months consistent with pretreated population in ASCENT (4.2 months)
- Initial ORR (35%) higher in patients with PD-L1(+) tumors relative to overall study population
  - Consistent with expectation based on the ability of trilaciclib to enhance anti-tumor immunity

ESMO results highlight ability of trilaciclib to reduce adverse events, including on target effects on neutropenia and diarrhea

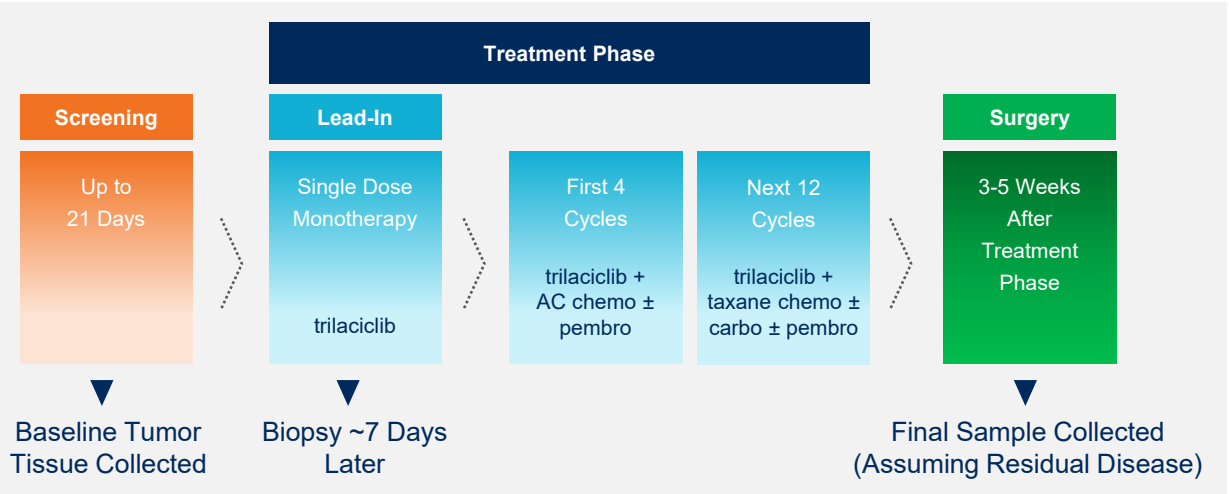
Note: TEAE = Treatment emergent adverse event

1. Adapted from Bardia A, et al. Sacituzumab Govitecan in Metastatic Triple-Negative Breast Cancer. N Engl J Med 2021;384:1529-41. DOI: 10.1056/NEJMoa2028485. Table S1
2. Adapted from Bardia A, *et al.* Sacituzumab Govitecan in Metastatic Triple-Negative Breast Cancer. N Engl J Med 2021;384:1529-41. DOI: 10.1056/NEJMoa2028485. Figures S5 and 2

Phase 2 Neoadjuvant TNBC: Mechanism of Action (MOA) Study
Results Presented at ASCO 2023

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



PRIMARY ENDPOINT:
Immune-based MOA

SECONDARY ENDPOINTS:
pCR, immune response and profiling measures

ENROLLMENT COMPLETED:
24 patients

Data inform design of future additional studies across multiple tumor types and treatment combinations

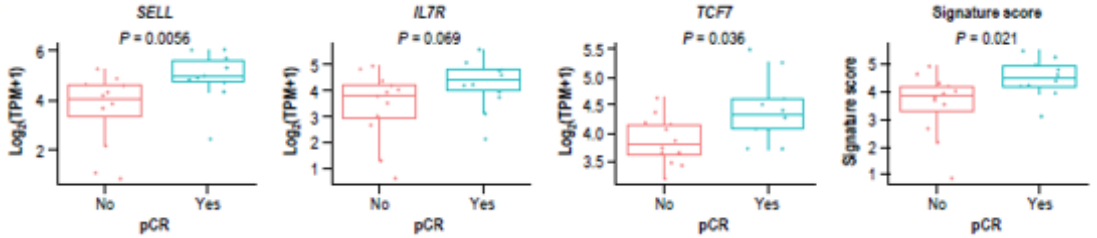
Results from Phase 2 MOA Study in Neoadjuvant TNBC
Confirms Role of Trilaciclib in Increasing Pool of Functional Memory T Cells

Baseline Correlates of Clinical Outcome: pCR

- TIL infiltration is associated with better outcomes
- pCR rate is higher (78%) in pts with PD-L1(+) tumors relative to that of the overall enrolled pt population
  - pCR rate in the overall enrolled population (42%) is comparable to that of standard neoadjuvant therapy
- Consistent with expectation, the pCR rate was higher (75%) in pts with an immune-inflamed tumor microenvironment (TME) vs. immune-excluded or immune desert TME
- The tumor status of four enrolled pts converted from PD-L1(-) at baseline to PD-L1(+) after trilaciclib monotherapy

Immunomodulatory Effects of Single Dose of Trilaciclib monotherapy

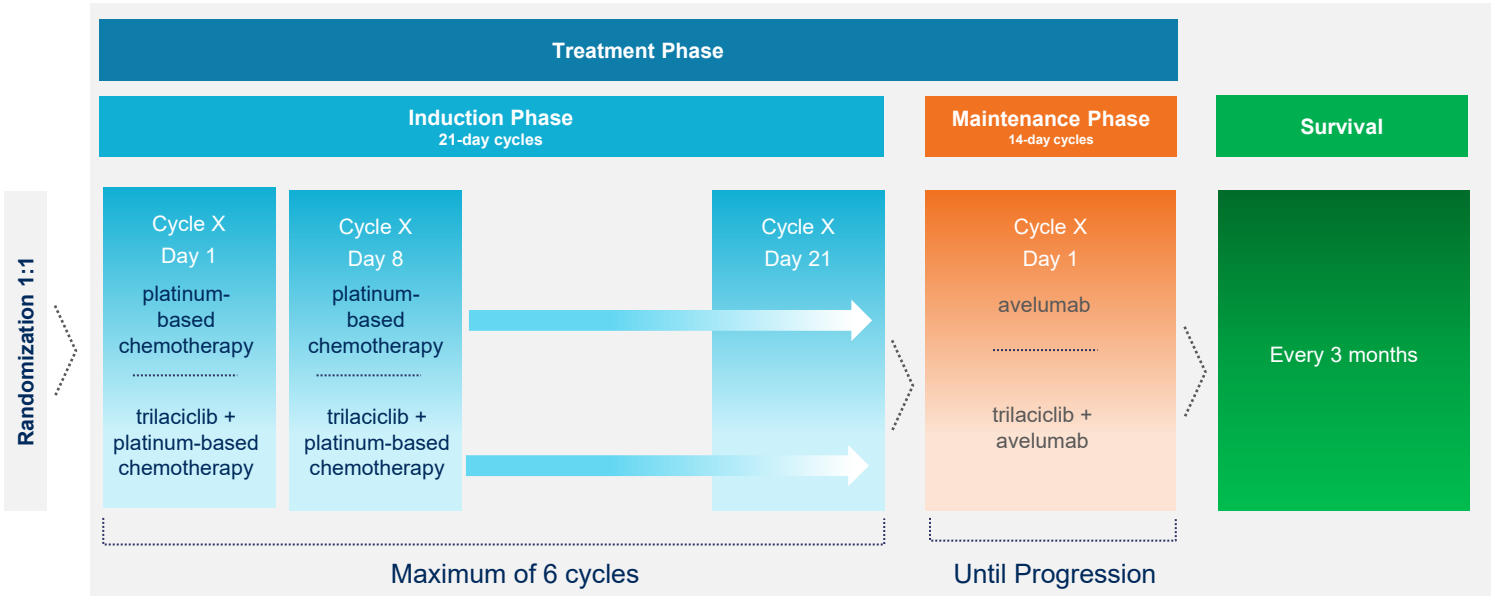
- Trilaciclib enhances number & function of CD8+ T cells in the TME:
  - Increased number of CD8+ T cells and GZMB+ cells (surrogate marker for T cell function) with statistical significance in pts achieving a pCR
  - Increase in stromal TILs within the TME
- Fifty-nine (59) genes differentially expressed in pts achieving pCR
- Significant enrichment in pathways associated with immune modulation that were not observed at baseline
- Key genes associated with memory T cells increased from baseline to Day 7



ASCO results confirm mechanism that favorably alters tumor microenvironment following single administration of trilaciclib

Phase 2 Bladder (mUC) Study: PRESERVE 3

Building on strong rationale for trilaciclib in a known immunogenic tumor; focused on ability to increase PFS in checkpoint combination



PRIMARY ENDPOINT:
PFS

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

ENROLLMENT COMPLETED:
92 participants

PATIENTS TREATED UNTIL PROGRESSION

PFS data expected mid-2023; longer-term efficacy (OS) expected in 1Q 2024

Phase 2 study will provide meaningful data to help define future combination studies

Initial Results from Phase 2 Bladder Study

- Confirmed objective response rate (ORR) per RECIST v1.1 was comparable between arms
  - ORR was 40.0% (n=18/45) and 46.7% (n=21/45) in the trilaciclib and control arms, respectively
  - Longer-term follow-up required to characterize additional anti-tumor endpoints:
    - Median duration of confirmed objective response (DOR)
    - PFS (primary endpoint of the study)
- Safety and tolerability profile is generally consistent with expectations for patients treated with gemcitabine plus cisplatin/carboplatin and avelumab maintenance in 1L mUC
  - DMC has recommended the study continue as planned

Potentially Ideal Treatment Settings for Future Studies

1. **Myeloprotection: Enabling increased cytotoxic exposure while protecting immune system**
   - **ADCs** (in areas ADC monotherapy may become SoC)
   - **ADC Combinations** (in areas ADC combinations may become SoC)
   - **Other Highly Myelotoxic Regimens**

2. **Immunomodulation: Improving overall immune response**
   - **CPI + Chemo/ADC** (in immunogenic tumors)
   - **CPI Maintenance**
   - **Future CPI Combos** (e.g., PD-(L)1i + anti-LAG3; PD-(L)1i + anti-CD73)

Efficiently Extending Capital

Cash Runway Expected Well Beyond Readouts from Ongoing Clinical Trials

$116.3M in cash, cash equivalents, and marketable securities as of March 31, 2023

2Q23: Strengthened balance sheet through non-equity dilutive monetization of Simcere Milestones/royalties

- Simcere will buy out the remaining milestones and royalties on sales of COSELA in Greater China for up to $48 million
- $30M received in 2Q23; additional up to $18M associated with positive pivotal TNBC results

Completed expense reduction post-PRESERVE 1 results

Additional potential proceeds from existing license agreements

Lerociclib	嘉和 GENOR BIOPHARMA Asia PAC	Up to **$40M** in milestones; tiered royalties on annual net sales
	EQRx™ US, EU, Japan	Up to **$290M** in milestones; tiered royalties on annual net sales
CDK2 Discovery Platform	Incyclix BIO Formerly Arc Therapeutics	Milestones and sales-based royalties

Potential for over $330 million in milestone payments (as of 3/31/23) plus royalties

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