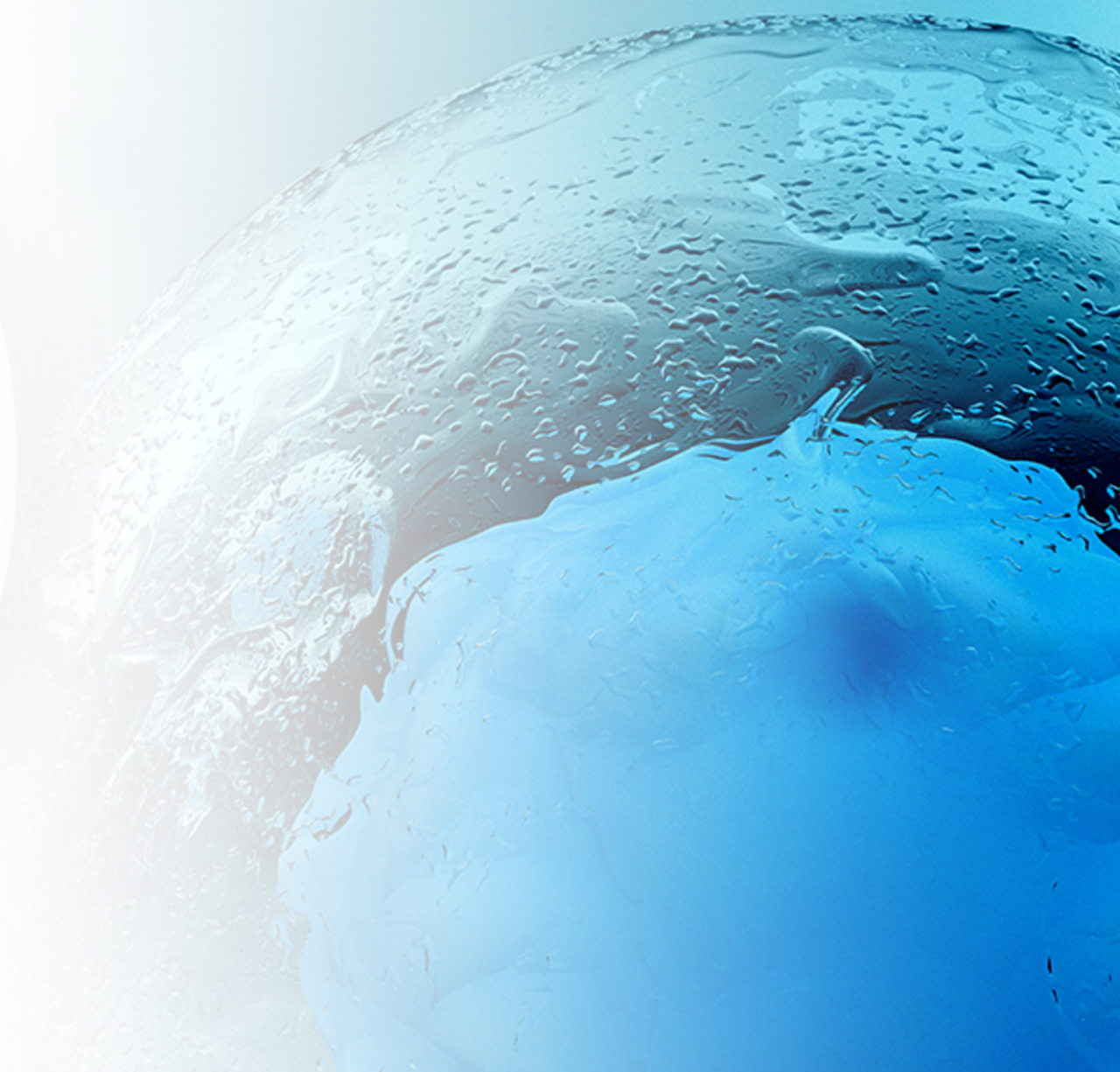




NOW APPROVED
COSELA™
trilaciclib for injection
300 mg

Optimizing Chemotherapy, Advancing Survival

February 16, 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), rintodestrant and lerociclib, COSELA's possibility to improve patient outcomes across multiple indications, rintodestrant's potential to be best-in-class oral SERD, 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 clinical trials for, obtain approvals for and commercialize any of its product candidates; 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 development-stage company; and market conditions. Rintodestrant and lerociclib are not approved by the FDA. The safety or effectiveness of rintodestrant and lerociclib have not been established by the FDA. Except as required by law, the company assumes no obligation to update any forward-looking statements contained herein to reflect any change in expectations, even as new information becomes available.

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Transformed Company; Pivotal 2021

2020

COSELA™ (trilaciclib)

Rintodestrant

Lerociclib

CDK2
Discovery Platform



OUT-LICENSED



OUT-LICENSED

2021

COSELA is a cornerstone therapy:

The first and only therapy to help protect against chemotherapy-induced myelosuppression for ES-SCLC patients receiving certain chemotherapy treatments

Pipeline-in-a-molecule development opportunity

Rintodestrant + palbociclib Phase 2 data expected 2Q

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

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COSELA™
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**Streamlined company focused on maximizing
the development and commercialization of COSELA**

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 the best results in many tumors

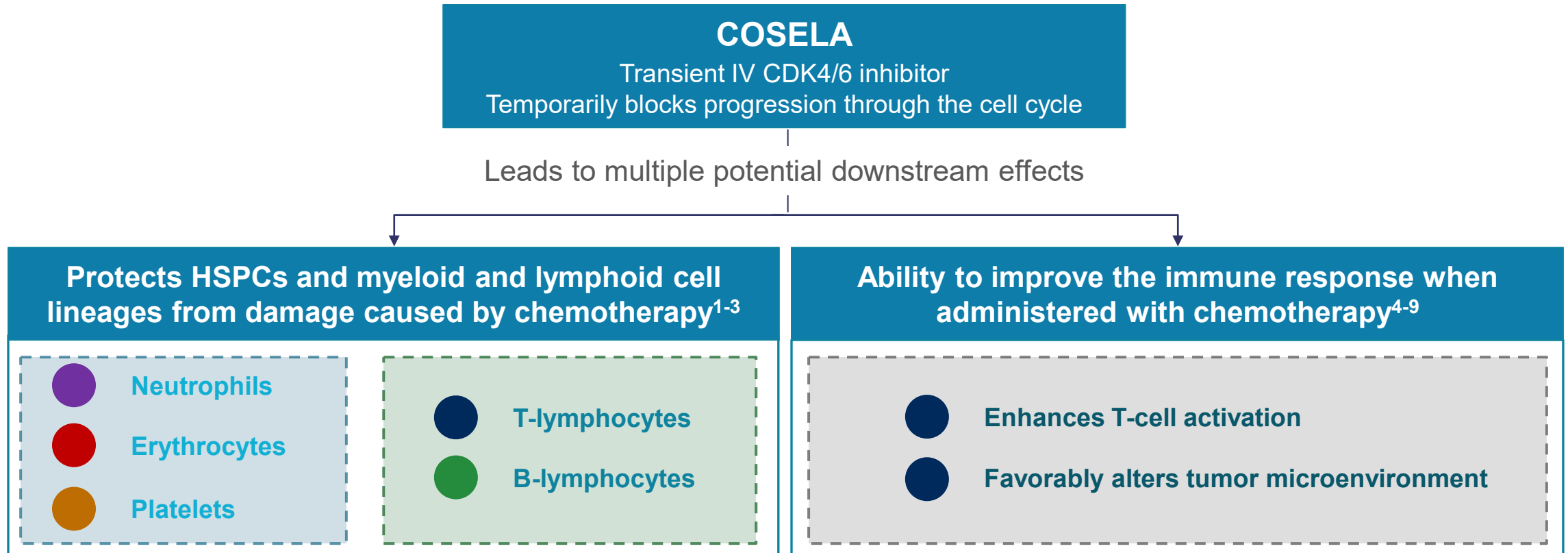
Two Critical Areas of Unmet Need

1 Proactively reducing the damaging consequences of chemotherapy

2 Meaningfully improving overall survival in broad populations

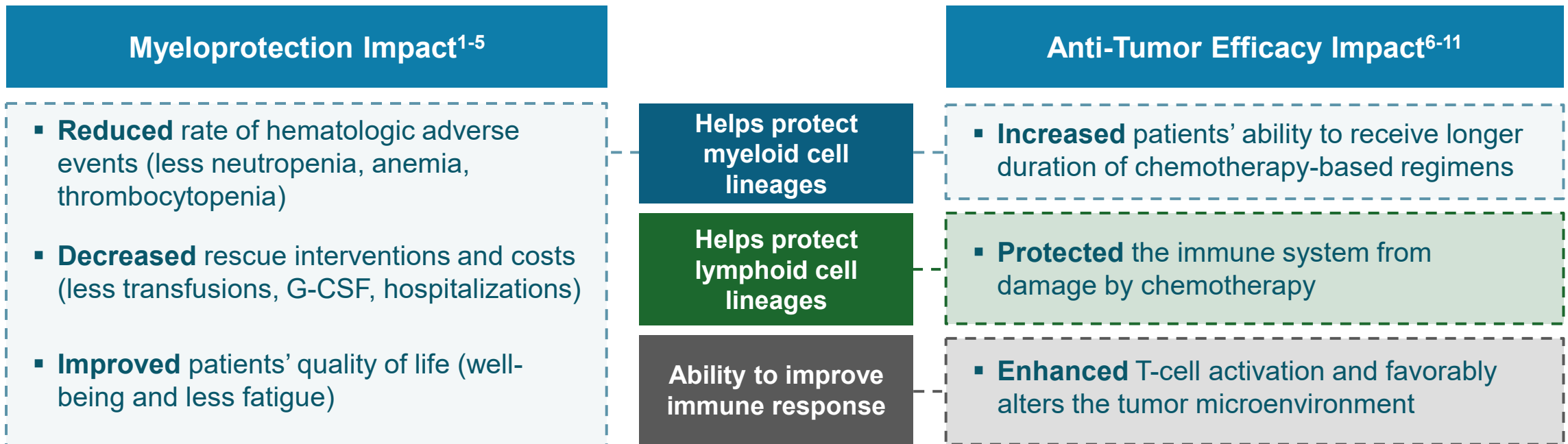
High unmet need for new therapies that can significantly reduce myelosuppression and meaningfully improve efficacy across patient populations

COSELA: Novel Approach to Address Shortcomings of Chemo



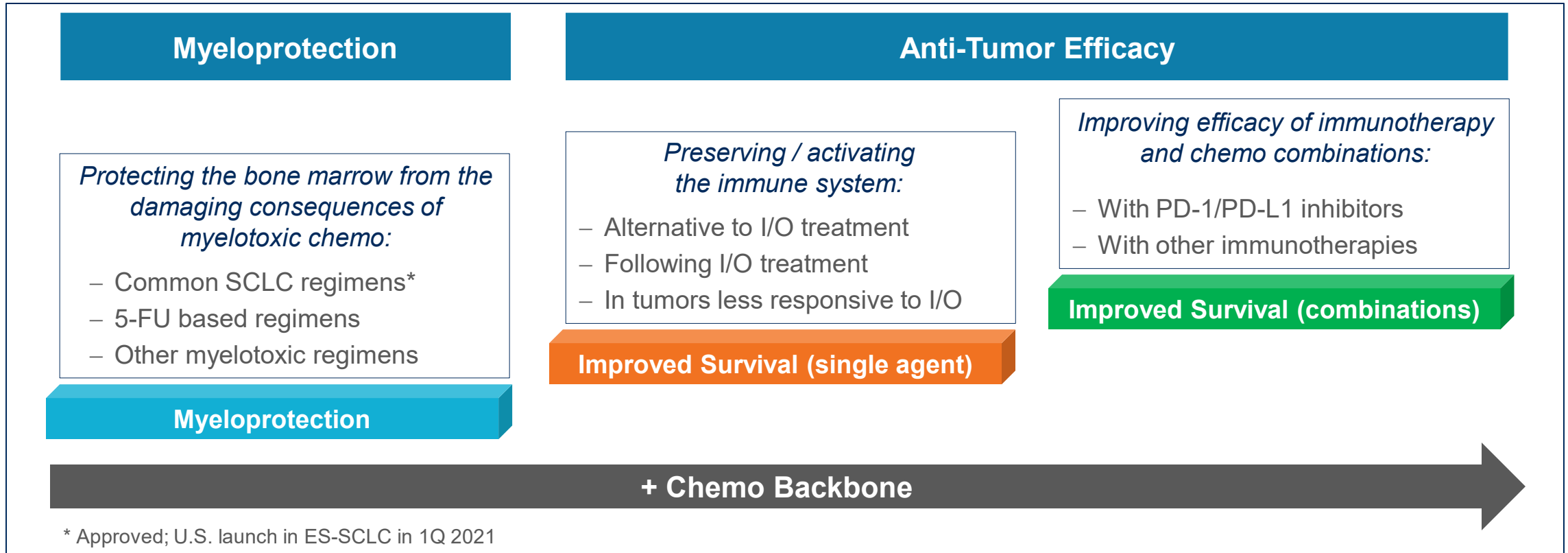
Potential to benefit patients receiving chemotherapy across multiple tumor types

COSELA Demonstrated Meaningful Benefits Across Studies



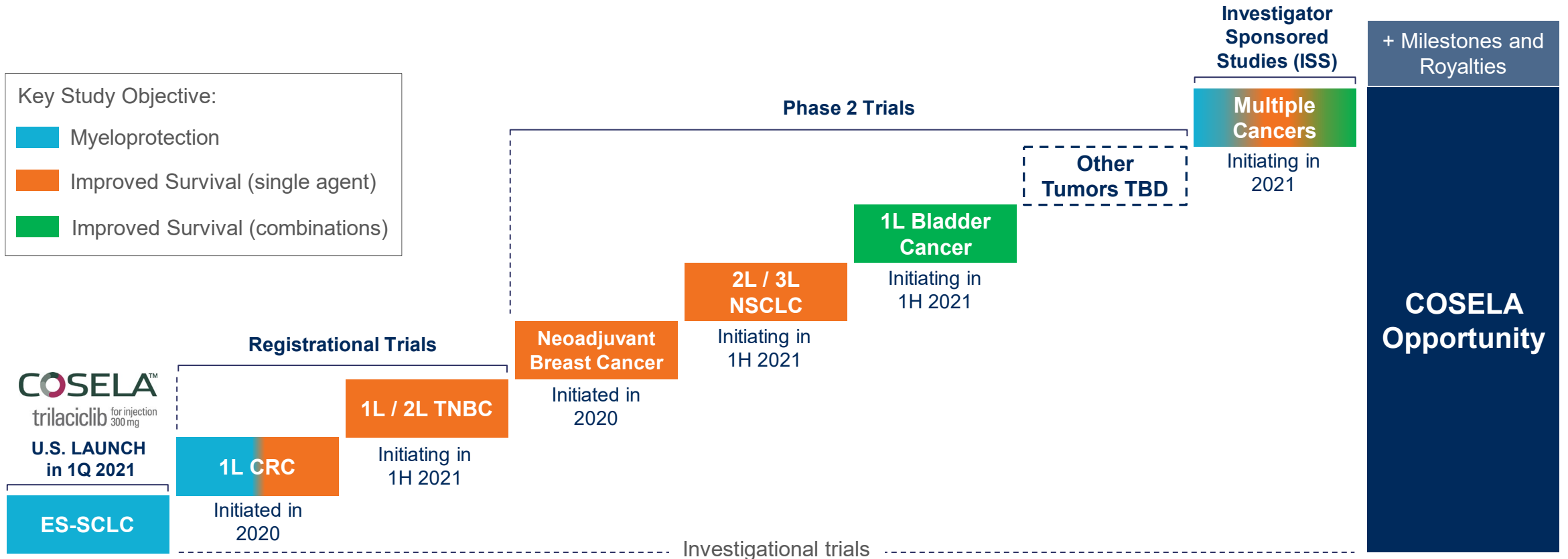
Approved as myeloprotective therapy in ES-SCLC with certain chemotherapy regimens; increased anti-tumor efficacy being evaluated in additional trials

Significant Expansion Opportunities for COSELA



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

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

2021 Key Objectives

1. Obtain U.S. approval for ES-SCLC and successfully launch COSELA in 1Q
2. Establish COSELA as Standard of Care for ES-SCLC patients in the U.S.
3. Maximize long-term value of COSELA by executing robust development plan
4. Evaluate partnership options for rintodestrant following combination data readout in 2Q
5. Continue managing investor capital efficiently

Focused on successfully launching COSELA in ES-SCLC and accelerating development into other areas where chemotherapy is used

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NOW APPROVED

COSELATM

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

COSELA Prescribing Information Highlights¹

Study 1:

COSELA Prior to Etoposide, Carboplatin, and Atezolizumab

Patients with newly diagnosed ES-SCLC not previously treated with chemotherapy

Endpoint	COSELA 240 mg/m ² (N=54)	Placebo (N=53)	Adjusted 1-Sided p-value
Primary Endpoint			
DSN ² in Cycle 1 - days Mean (SD)	0 (1.0)	4 (4.7)	<0.0001
Number (%) of patients with severe neutropenia	1 (1.9%)	26 (49.1%)	<0.0001
Key Secondary Endpoints			
Number of all-cause dose reductions, event rate per cycle	0.021	0.085	0.0195
Number (%) of patients with RBC transfusion on/after 5 weeks	7 (13.0%)	11 (20.8%)	--
Number (%) of patients with G-CSF administration	16 (29.6%)	25 (47.2%)	--

¹See important safety information and detail on additional studies in the U.S. Package Insert and at COSELA.com

²DSN = Duration of Severe Neutropenia

Pharmacodynamics

Trilaciclib increased the percentage of cells arrested in G1 up to 32 hours post-infusion for all bone marrow progenitor subsets evaluated... this transient G1 arrest of hematopoietic stem cells contributed to the **myeloprotective effect** of trilaciclib.

Safety (pooled, n=240)

The most common adverse reactions occurring in ≥10% of patients were fatigue, hypocalcemia, hypokalemia, hypophosphatemia, aspartate aminotransferase increased, headache and pneumonia.

Grade 3/4 hematological adverse reactions occurring in patients treated with COSELA and placebo, respectively, included:

- neutropenia (32% and 69%)
- febrile neutropenia (3% and 9%)
- anemia (16% and 34%)
- thrombocytopenia (18% and 33%)
- leukopenia (4% and 17%)

COSELA Approved: U.S. Launch in 1Q21

Broad Coverage of ES-SCLC

- Label covers a majority of patients
 - Including those treated with I/O
 - Indicated for broad myelosuppression (vs just neutropenia)
- Multilineage myeloprotection mechanism
- All three studies with key endpoints represented
- 30-minute infusion within 4 hours of chemotherapy; will fit into oncologist practice workflow

Pre-Launch Activities Complete

- Identified HCP targets
- Profiled key accounts
- Engaged payors
- Educated leading patient advocacy organizations
- Executed strategic pricing strategy

Product Launch Ongoing

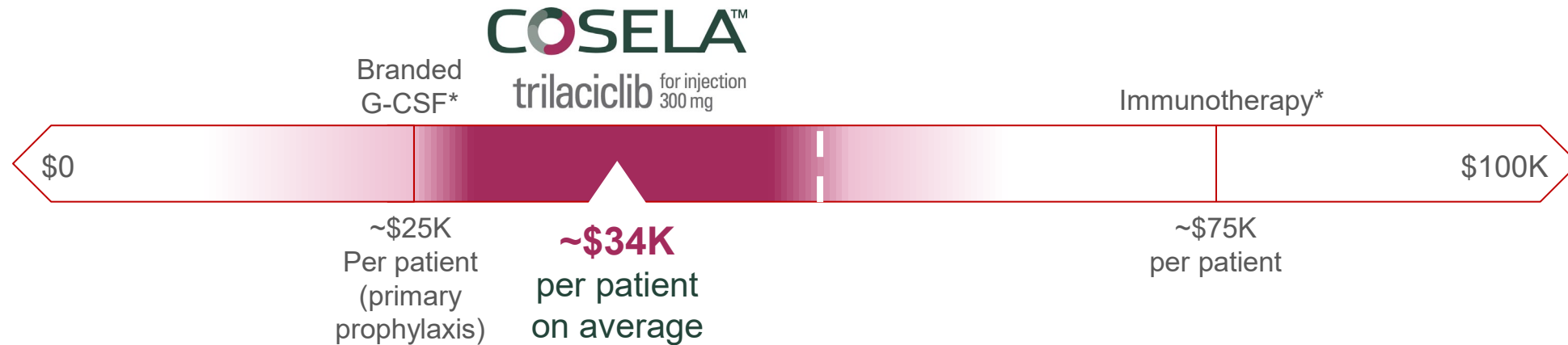
- G1 launch comms plan underway
 - ✓ National accounts team reaching key provider networks
 - ✓ Communicating approval with targeted payer customers
 - ✓ Boehringer Ingelheim field sales team¹ notifying priority accounts, initiating customer interaction
 - ✓ Clinical nurse educators scheduling in-service meetings
 - ✓ MSLs responding to customers
 - ✓ G1-to-One pt. support hub launched

This important new treatment is available to the majority of patients with ES-SCLC undergoing chemotherapy in the U.S.

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

G1 to One: Single Source for Access & Affordability

One-stop hub to ensure excellence in COSELA patient support



- Benefits investigation
- Prior authorization and appeals support
- Out of pocket assistance
- Access to PAP for therapy for eligible patients
- Support for patients getting started on COSELA

Opportunity to Meaningfully Impact Many 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 predominately treated with highly myelosuppressive chemo regimens

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

Payor research and discussions indicate potential broad patient access to COSELA

- ~60% of ES-SCLC patients covered by Medicare (expect Medicare to cover label at launch)

COSELA provides a meaningful improvement for ES-SCLC patients and has potential to generate near-term revenue to further support ongoing development

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

1 Increase Awareness of Myelosuppression

Increase awareness of the significant multi-lineage impact of myelosuppression on clinical outcomes, costs, and patients' QoL

2 Communicate the Unique Benefits of COSELA

Educate prescribers, payers, and patients on the benefits of COSELA's proactive multi-lineage protection

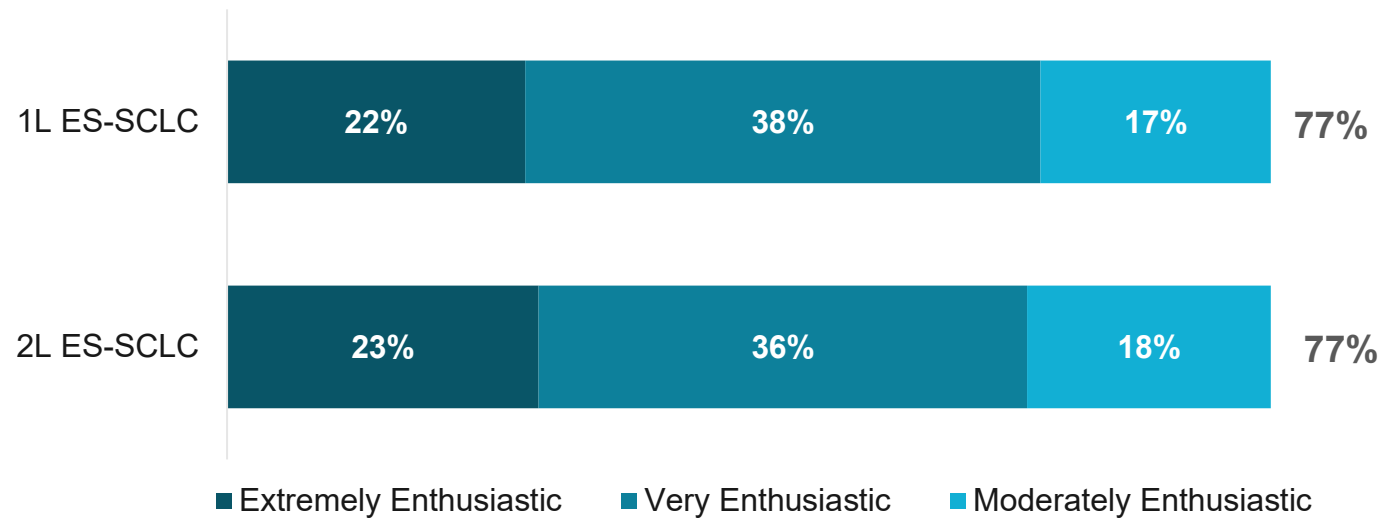
3 Optimize Early Experience

Gain inclusion into relevant guidelines / pathways; enable broad patient access; and ensure ease of use for prescribers / nurses / staff

Focused on ensuring patients with ES-SCLC can benefit from COSELA first time and every time they are treated with chemotherapy

Prescribers are Enthusiastic to Use COSELA

Prescriber Enthusiasm to Use COSELA for Patients with ES-SCLC Following Education



Source: internal market research conducted July 2020 (n=153 oncologists)

Education will be key to establish COSELA as a Standard of Care for patients with ES-SCLC receiving chemotherapy

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The Burden of Chemotherapy

MYELOSUPPRESSION

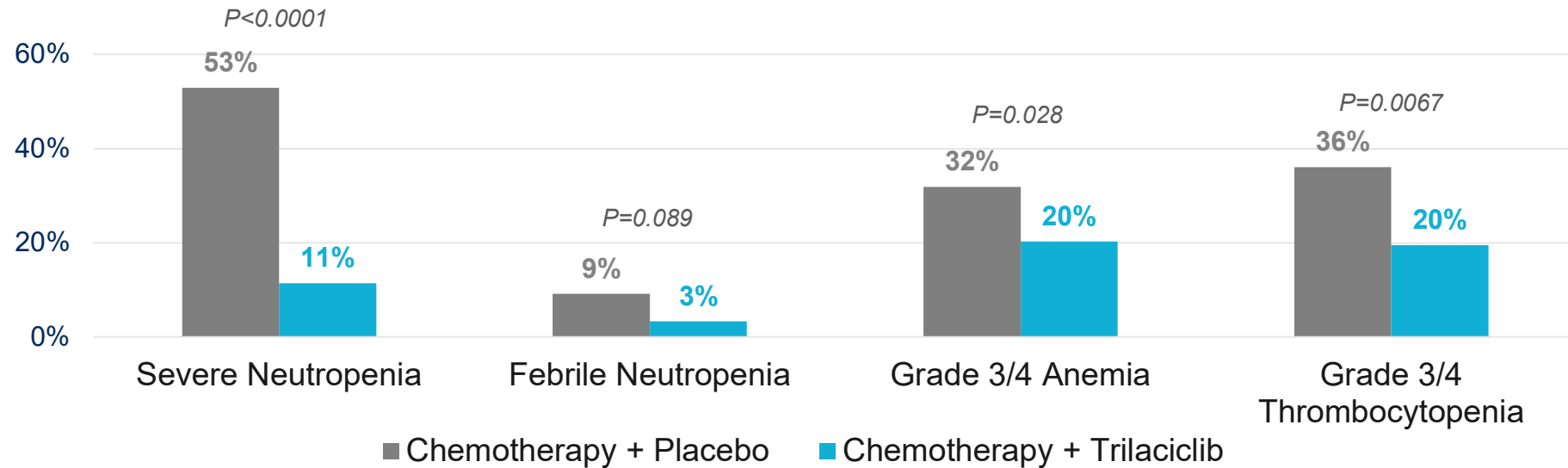
An unavoidable consequence of chemo that impacts patient safety, healthcare system costs and QoL

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

Myelosuppression can have a significant negative impact on clinical outcomes, healthcare costs, and overall patient quality of life

COSELA Meaningfully Reduces Myelosuppression in ES-SCLC

Reduced Incidence of Multi-lineage Myelosuppression in 1L–3L ES-SCLC¹ (pooled data across our 3 randomized placebo-controlled double-blind trials)



Clinical Results: COSELA consistently demonstrated meaningful reductions in hematologic adverse events across multiple randomized ES-SCLC studies

COSELA Can Drive 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

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 life¹:

“...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 Deterioration²

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

Measure	Placebo (months)	COSELA (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

Opportunity for COSELA to Become Standard of Care in ES-SCLC

Clinical Results

Meaningfully reduces myelosuppression in ES-SCLC

Payer Impact

May provide cost savings for system (COSELA expected to be budget neutral or better)

Patient Benefits

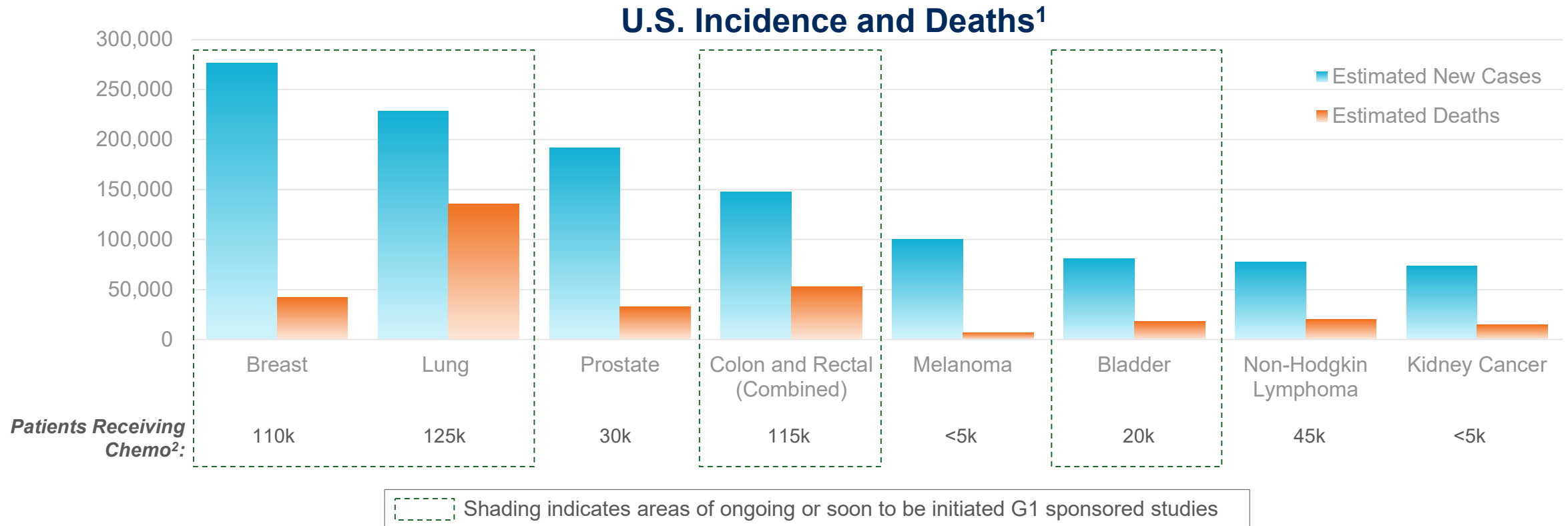
Meaningfully improves the overall quality of life for patients based on patient-reported data

**Heightened awareness of myelosuppression due to the COVID pandemic
may further encourage adoption of COSELA as a Standard of Care**

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Aggressively Pursuing Development in Common Tumor Types



**G1 has / will soon initiate sponsored studies
in many of the most common and deadly tumor types**

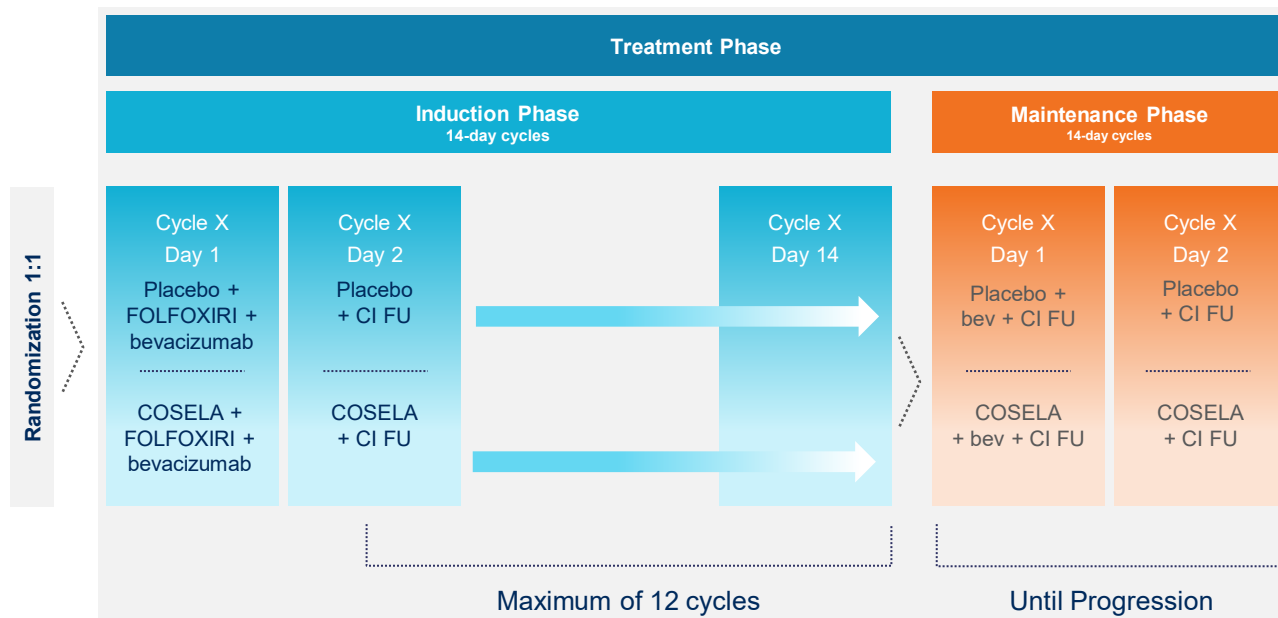
Broad Portfolio of Studies Across Common Tumor Types

Cancer Type	Indication	Study Size	Phase 2	Phase 3	Approval
Lung	ES-SCLC	NA	Approved by U.S. Food and Drug Administration		
	2L / 3L NSCLC (Post-checkpoint treatment)	TBD	Starting 1H 2021		
Colorectal	1L CRC	~300	Ongoing		
Breast	1L TNBC ¹	~170	Starting 1H 2021		
	2L TNBC ¹ (Post-checkpoint treatment)	~80	Starting 1H 2021		
	Neoadjuvant	Adaptive	Ongoing		
Bladder	1L Bladder (Checkpoint combination)	TBD	Starting 1H 2021		

Two registrational studies will be ongoing by mid 2021 in addition to multiple Phase 2 studies to evaluate COSELA in several treatment settings / tumor types

Ongoing First-Line CRC Pivotal Trial

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

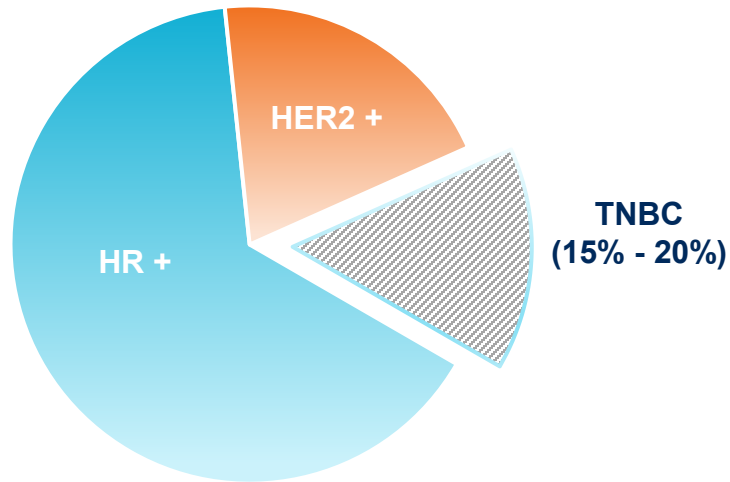
PATIENTS TREATED UNTIL
PROGRESSION

MULTI-DAY CHEMO
REGIMEN

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

Metastatic TNBC is an Area of High Unmet Need

Breast Cancer Subtypes

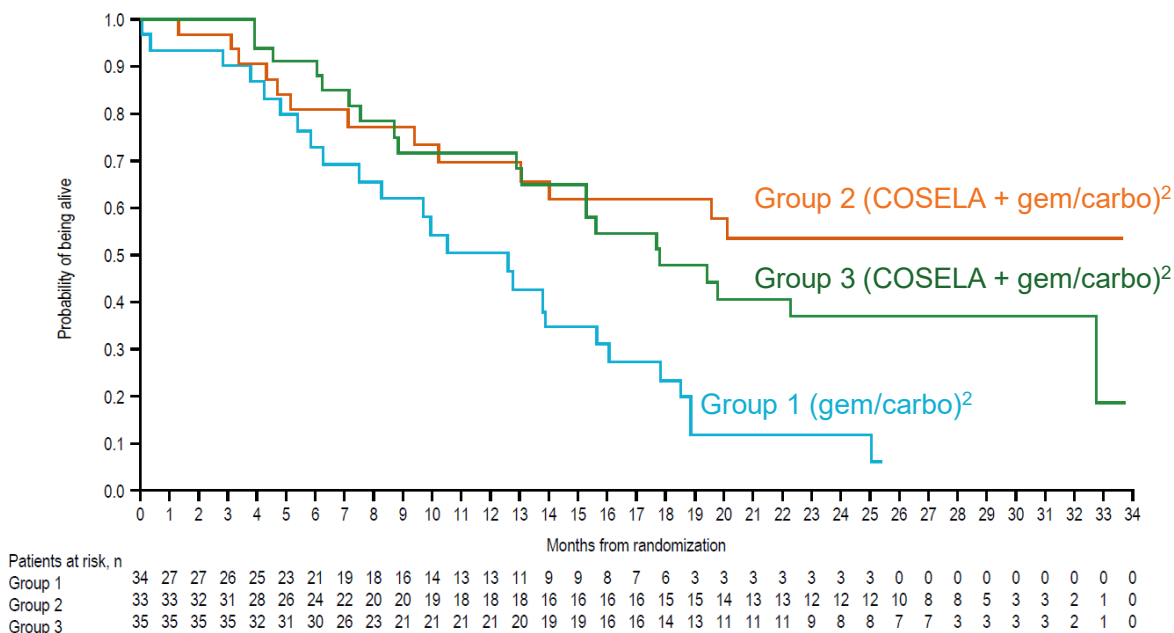


- TNBC tumors categorized by lack of HR expression and HER2 gene amplification
- Tumors are aggressive and difficult to treat
- Targeted therapies only demonstrated benefit in subpopulations (e.g., PD-L1 agents, PARPs)
- Antibody Drug Conjugates (ADCs) demonstrated OS improvement in 3L to date, but have associated toxicity

Urgent need for new therapies that extend Overall Survival with decreased toxicity

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 + COSELA)	Not Reached	0.31 (0.15-0.63)	0.0016
Group 3: (gem/carbo + COSELA)	17.8	0.40 (0.22-0.74)	0.0004

Observed a robust statistically significant improvement in Overall Survival for both COSELA 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 + COSELA)	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 + COSELA)	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)

Initiating TNBC Phase 3 Trial (1L and 2L Cohorts) in 1H 2021

Strong evidence of efficacy across subsets and line of treatment in Phase 2 trial¹
Evaluating 1L checkpoint-naïve and 2L checkpoint-experienced patients

Cohort 1:
1L TNBC
(checkpoint naïve)

Cohort 2:
2L TNBC
(post-checkpoint)

Randomization 1:1

GC on Days 1 and 8 every 21 days until progression

COSELA + GC on Days 1 and 8 every 21 days until progression

PRIMARY ENDPOINT:
Overall survival

SECONDARY ENDPOINTS:
PRO, myeloprotection measures, PFS/ORR

TARGET ENROLLMENT:
~170 1L and ~80 2L participants

Pivotal study evaluating COSELA in mTNBC (PD-L1 positive and negative patients) complements ongoing I-SPY 2 Phase 2 Neoadjuvant BC study

Initiating Two Additional COSELA Phase 2 Trials in 1H 2021

1L Bladder Study (anti-PD-L1 combination)

Strong rationale for COSELA + chemo + I/O in 1L bladder cancer

- Known immunogenic tumor responsive to chemo + I/O
- Data suggests synergistic effect of COSELA + checkpoint¹⁻³
- Similar chemo as TNBC study (gemcitabine/platinum)
- Benefits of treating patients until progression

Interim data expected in late 2022

- Primary aim to evaluate anti-tumor efficacy
- Randomized open-label study design

2L / 3L NSCLC Study (post-checkpoint)

Important area to demonstrate benefits of COSELA in post-checkpoint setting

- Known immunogenic tumor
- COSELA mechanism is distinct from checkpoints
- High unmet need as treatment options limited in 2L / 3L
- Complementary commercial fit with SCLC indication

Interim data expected in early 2023

- Primary aim to evaluate anti-tumor efficacy
- Randomized double-blind study

Important future expansion areas for COSELA with data available in next 2 – 3 years

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Rintodestrant Demonstrated a Favorable Oral SERD* Profile in Clinical Trials

Fulvestrant is currently only SERD available

- Proven approach but painful intramuscular injections limit use to 2L and preclude use in earlier lines of therapy
- An oral SERD has potential to move into earlier lines of ER-positive breast cancer therapy

Rintodestrant monotherapy Phase 1b findings to date:

- Favorable tolerability - AEs mostly Grade 1 or Grade 2
- Strong ER target engagement/occupancy with evidence of anti-tumor activity in heavily pre-treated patients

40-patient Phase 2 combination trial with CDK4/6 inhibitor palbociclib ongoing; data in 2Q21

Phase 2 combination data will be important to help secure partner to fund Phase 3 investment

* SERD = Selective Estrogen Receptor Degradar

Next steps will be evaluated following data readout expected in 2Q21

2021 Key Objectives

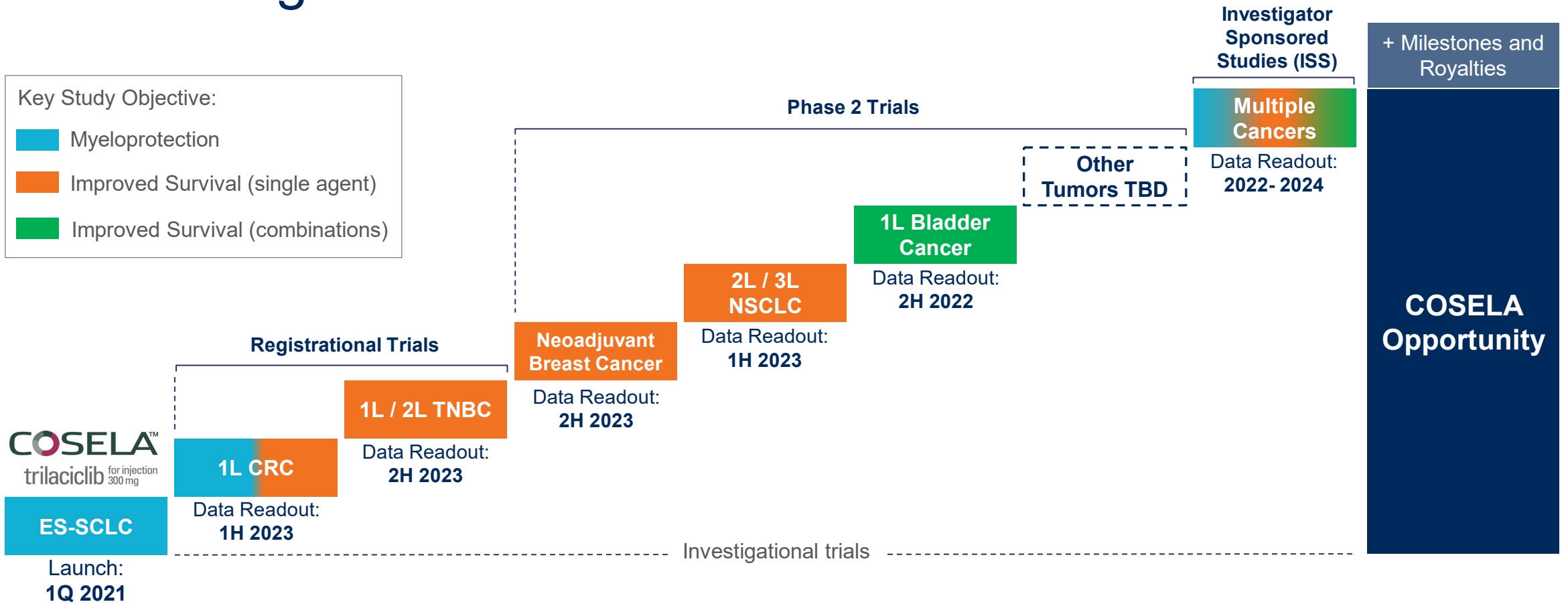
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5. **Continue managing investor capital efficiently**

Continue to Efficiently Manage Capital

- **~\$207M cash at year-end 2020 provides runway into second half of 2022**
- **Efficiently executing plan with lean organization of ~125 FTEs**
 - Utilizing capital efficient promotion arrangement with Boehringer Ingelheim for COSELA U.S. launch in SCLC
 - Expect to leverage co-development opportunities with partner Simcere for potential cost and timing efficiencies
- **Access to debt facility up to \$100M total (\$20M drawn to date)**
- **Potential future milestones (up to \$486M) and royalties from licensing agreements**

**Efficiently managing capital with a lean organization
and benefiting from existing partnership arrangements**

Maximizing Value of COSELA



Expect ES-SCLC launch in 1Q 2021 and multiple data readouts to drive expansion and long-term growth