41st Annual J.P. Morgan Healthcare Conference

Wednesday January 11, 1:30 PM PT

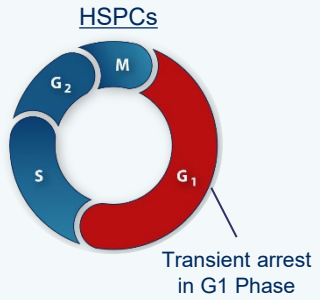
Advancing our Mission to Improve the Lives of those Affected by Cancer

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 of colorectal cancer, triple negative breast cancer, and other cancers, our ability to generate data to maximize trilaciclib's applicability to future treatment paradigms, and our reliance on partners to globally develop and commercial licensed products. 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.

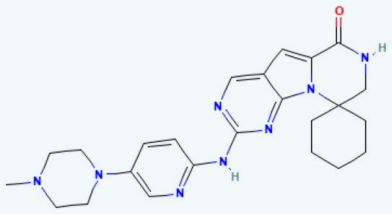
Evolution of G1: Building Upon Unique Product - Trilaciclib

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. Increased cytotoxic exposure
2. Enhanced anti-tumor immunity

Aggressively investigating dual benefit impact across multiple tumor types

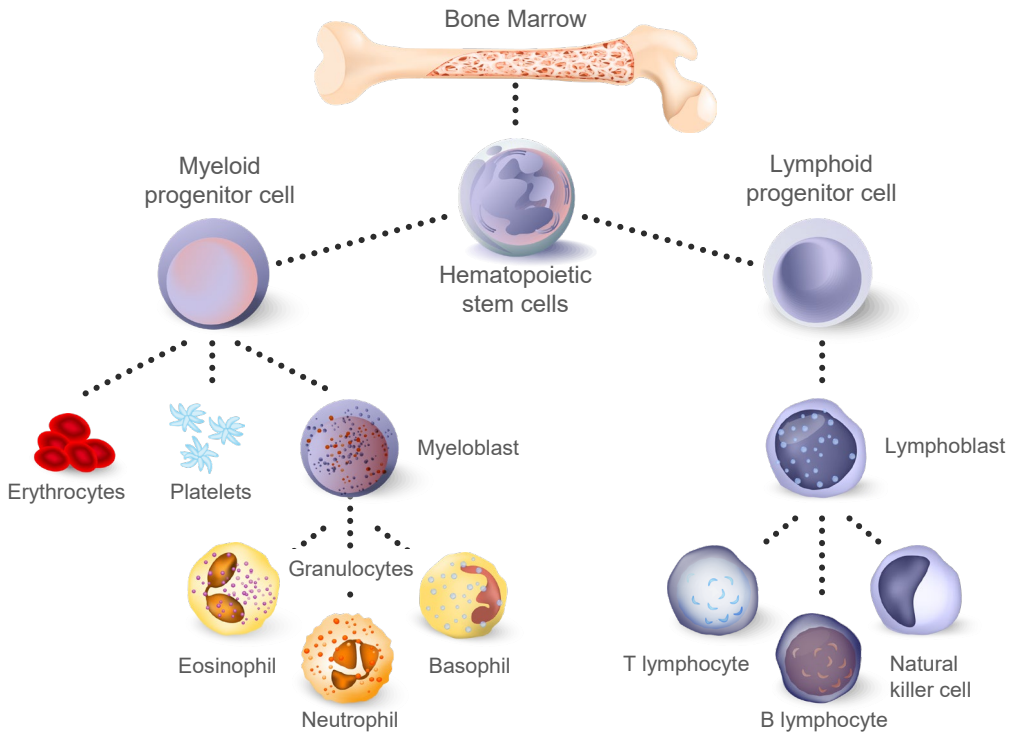
Maximizing the dual benefits of trilaciclib with the potential to improve overall survival

2023: Establishing the Foundation for Near-Term Growth

Two meaningful near-term commercial opportunities	• 1L CRC: February 2023 pivotal / 4Q 2023 PFS data; large opportunity with potential launch in early 2024 • 1L TNBC: 2H 2023 pivotal readout; high confidence based on Ph. 2 data with potential launch in late 2024
Ph2 readouts to inform additional pivotal studies	• 2L / 3L TNBC (ADC): Initial efficacy data expected in 2Q 2023; preliminary data suggests reduced AEs • Neoadjuvant TNBC (MOA): Pathologic CR data expected in 2Q 2023; initial data supported immune MOA • 1L mUC**:** Longer term anti-tumor efficacy endpoints, including PFS and DOR, expected in mid-2023
Considerable growth potential remaining in ES-SCLC market	• COSELA trial usage at key accounts has been encouraging but limited depth remains a challenge • Refocusing commercial resources on largest opportunities to drive increased depth
Positioning company for global expansion and long-term growth	• Planning to secure a partner for global expansion (beyond U.S. and China) in 2023 • Evaluating additional late-stage studies for 2H 2023 initiation; pursuing research next generation products • Strengthened financial position heading into data-rich period with $52.4M net proceeds from 4Q 2022 offering

Note: CRC: Colorectal cancer; TNBC: Triple negative breast cancer; MOA: Mechanism of Action; mUC: Metastatic urothelial carcinoma; PFS: Progression free survival; CR: Complete response: DOR: Duration of response.

Myeloprotection: Protecting Bone Marrow from Cytotoxic Damage



Potential Benefits of Myeloprotection

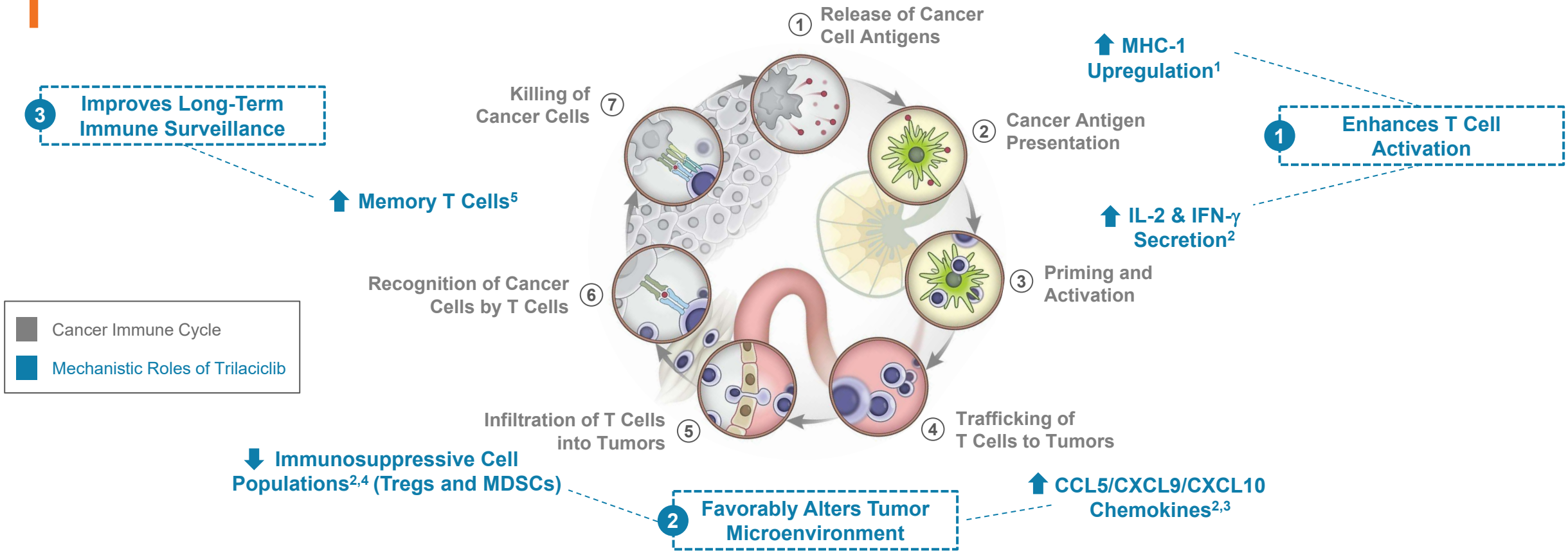
- Improves patients' QoL
- Decreases rescue interventions, hospitalizations, associated costs
- Protects immune system function from damage by cytotoxic therapy
- Enables patients to tolerate greater exposure to cytotoxic therapy

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.

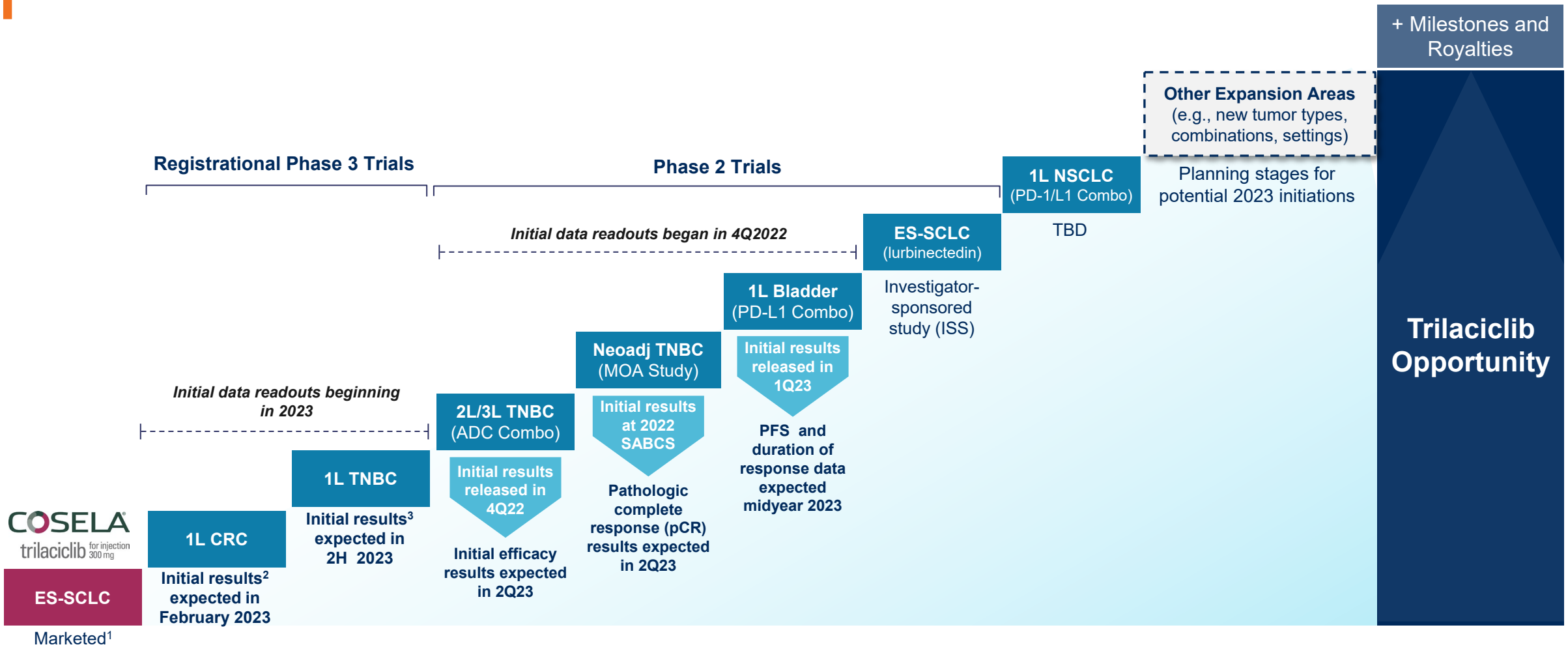
Potential to Enhance Anti-Tumor Immunity



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

Marketed Product Providing Pipeline-in-a-Molecule

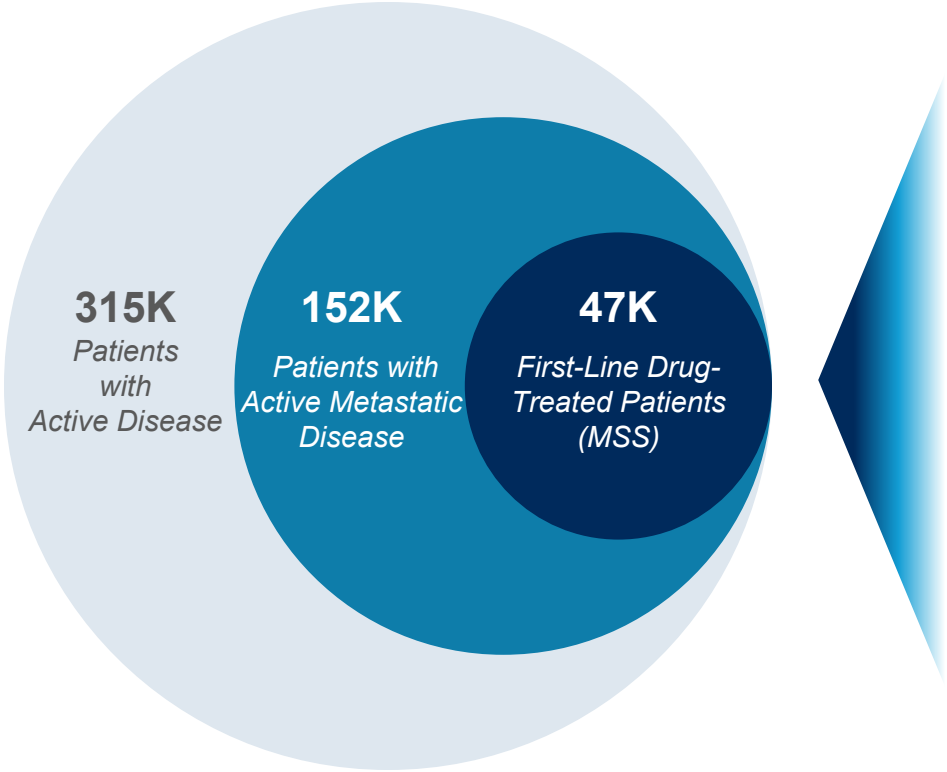


1. COSELA is marketed in the U.S. by G1 and conditionally approved in Greater China to be marketed by our partner, Simcere conditionally approved in Greater China to be marketed by our partner, Simcere. Trilaciclib is an investigational drug in all other indications and its safety and efficacy has only been established in ES-SCLC
2. 1L CRC data readout in 1Q 2023 expected to include results for myeloprotection and early indicators for anti-tumor efficacy: Initial PFS expected 4Q 2023
3. 1L TNBC data readout in 4Q 2023 expected to include interim results for Overall Survival (OS); event-driven interim OS analysis to be conducted by its DMC in 4Q 2023

Phase 3 Data in 2023: CRC and TNBC

1L CRC: Significant Near-Term Opportunity

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



- **Chemotherapy remains primary backbone for mCRC**
  - Majority of patients have microsatellite stable (MSS) tumors
  - ~47k annual first-line drug-treated MSS CRC patients in the U.S
- **FOLFOXIRI only used in ~10% to ~20% of U.S. patients**
  - Most efficacious regimen but currently limited due to toxicities
  - Typically reserved for younger healthier patients with larger tumors
- **Significant potential to expand FOLFOXIRI usage**
  - Meaningfully reducing adverse events would address critical hurdle
  - Further increasing efficacy would be transformative advancement

Trilaciclib has potential to optimize the tolerability and efficacy of FOLFOXIRI and meaningfully improve care for patients living with metastatic CRC

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

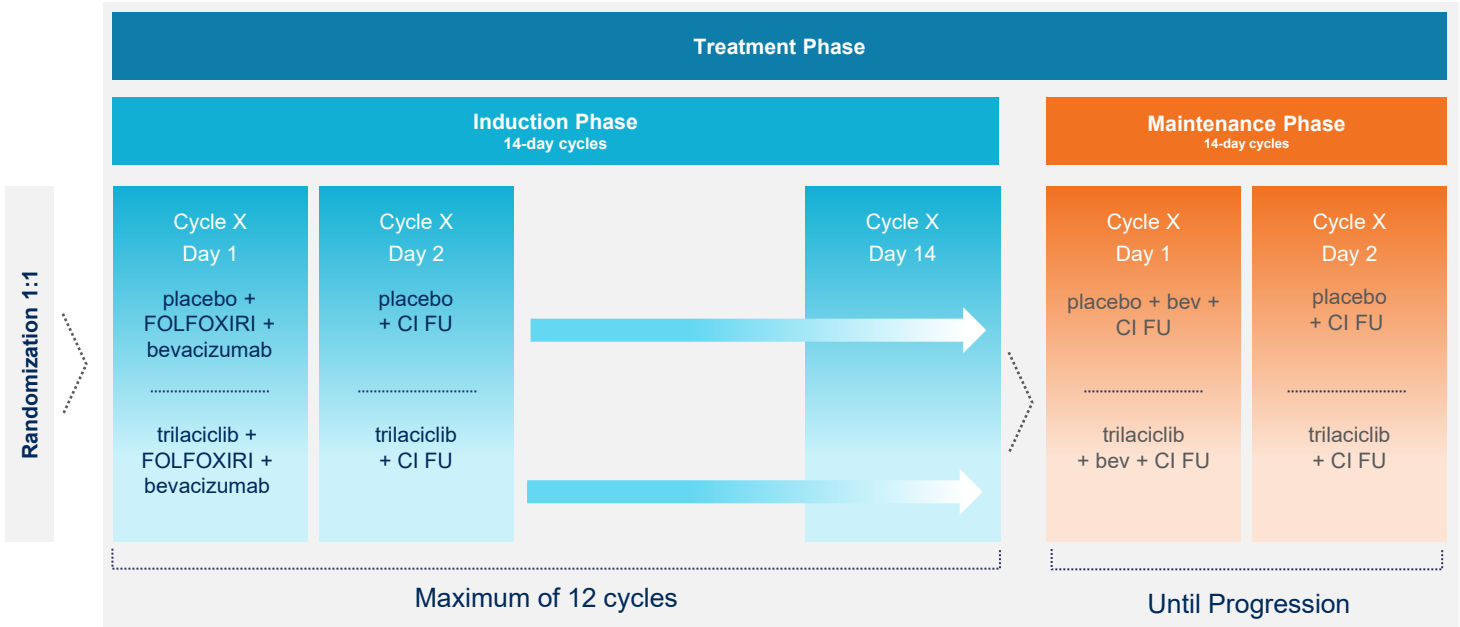
FOLFOXIRI: Most Efficacious; Tolerability Issues Limit Use

	FOLFOXIRI + bevacizumab[1] (N = 846)	Doublet + bevacizumab[1] (N = 851)	P Value[1]
Efficacy Data:			
ORR	64.5%	53.6%	<.001
Median PFS	12.2	9.9	<.001
Median OS	28.9	24.5	<.001
Most Common Adverse Events: *(Grade 3 - 4 AEs occurring > 5%)*			
Neutropenia[2]	45.8%	21.5%	<.001
Diarrhea	17.8%	8.4%	<.001
Arterial Hypertension	7.8%	7.8%	.938
Febrile Neutropenia	6.3%	3.7%	.019
Nausea	5.5%	3.0%	.016
Venous Thromboembolism	5.5%	5.7%	.892
Mucositis	5.1%	2.9%	.024

1. Meta -analysis: Cremolini C, et al. Individual Patient Data Meta-Analysis of FOLFOXIRI Plus Bevacizumab Versus Doublets Plus Bevacizumab as Initial Therapy of Unresectable Metastatic Colorectal Cancer. J Clin Oncol 2020;38:3314 -3324
2. Note: Grade 4 neutropenia ~19% for FOLFOXIRI + bevacizumab and ~7% for doublet + bevacizumab based on TRIBE2 results (Cremolini, et al. Upfront FOLFOXIRI plus bevacizumab and reintroduction after progression versus mFOLFOX6 plus bevacizumab followed by FOLFIRI plus bevacizumab in the treatment of patients with metastatic colorectal cancer (TRIBE2): a multicentre, open-label, phase 3, randomised, controlled trial. Lancet Oncol 2020; 21: 497–507.

Ongoing Ph3 First-Line CRC Pivotal Trial: PRESERVE 1

Evaluating trilaciclib prior to FOLFOXIRI/bevacizumab in 1L CRC (pMMR/MSS) patients



PRIMARY ENDPOINT:
Myeloprotection: SN during Induction & DSN Cycles 1-4

SECONDARY ENDPOINTS:
PRO, PFS, OS

ENROLLMENT COMPLETED:
326 participants

Myeloprotection results in February 2023; Initial PFS expected 4Q 2023

Positive myeloprotection results enables sNDA submission; initial PFS data likely available prior to any future launch

Three Key Areas for 1L CRC February Data Readout

1 Impact on Severe Neutropenia

- *Primary Endpoints* – Achieving myeloprotection endpoints enables sNDA submission

2 Additional Tolerability Benefits

- *Grade 3 or 4 Diarrhea* – Reducing severe diarrhea would improve FOLFOXIRI tolerability
- *Patient Reported Outcomes* – Potential for patients to feel meaningfully better while on treatment

3 Potential for Improving Survival

- *Treatment Exposure* – Increasing exposure/duration could signal potential for improved PFS / OS

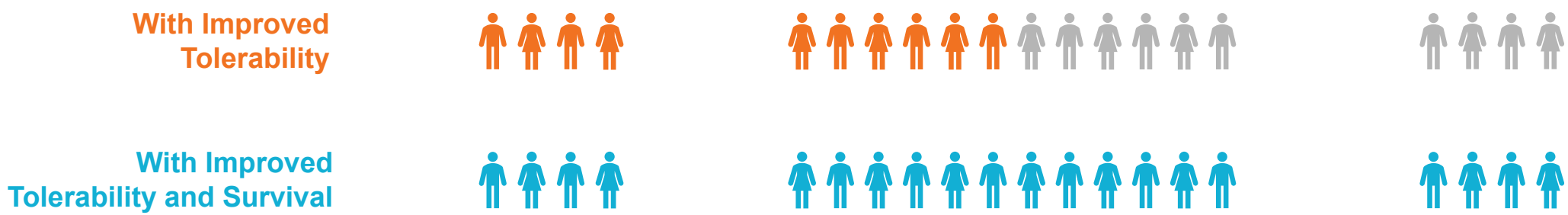
February data readout will clarify the overall opportunity in 1L CRC

G1 THERAPEUTICS

Potential to Become Standard of Care in 1L CRC

First-Line CRC Treated Patients (MSS)

U.S. Patients by Standard 1L Treatment Option

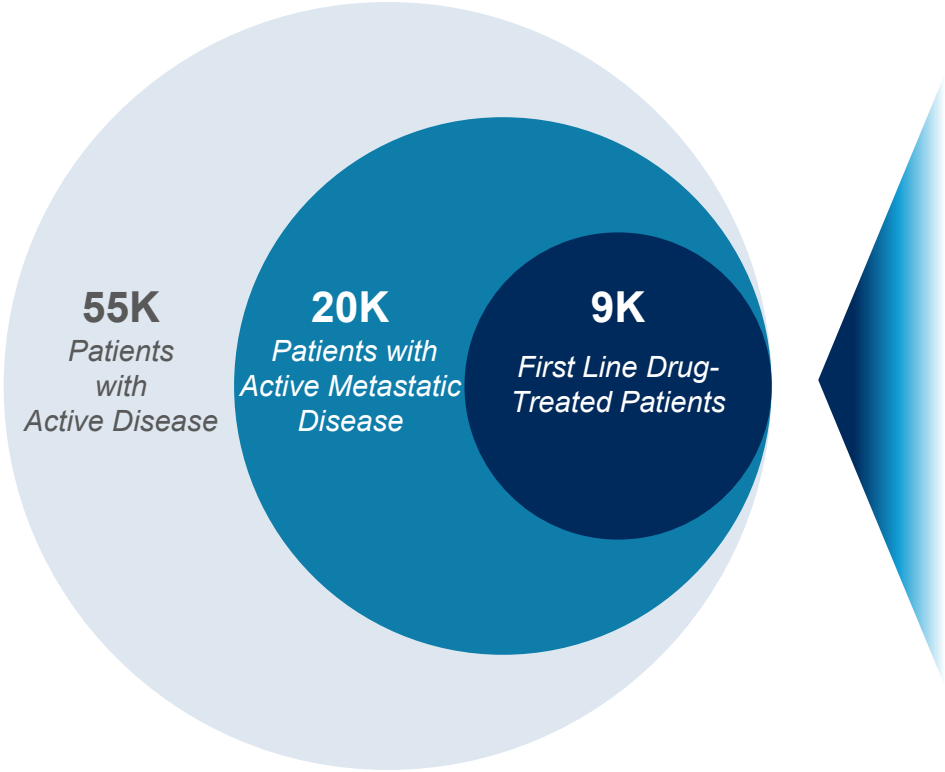


Trilaciclib could optimize the most efficacious treatment regimen with potential to improve tolerability and increase survival

Note: Figure above is for illustrative purposes.

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

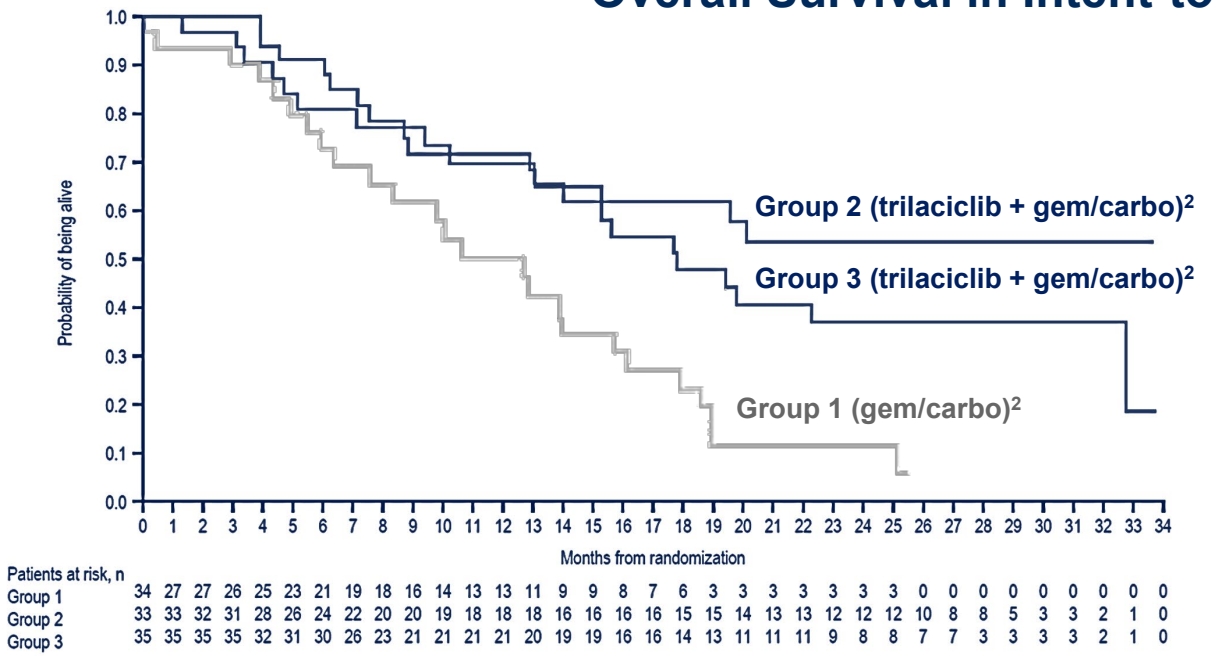
Potential to meaningfully increase overall survival across 1L TNBC subpopulations

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)

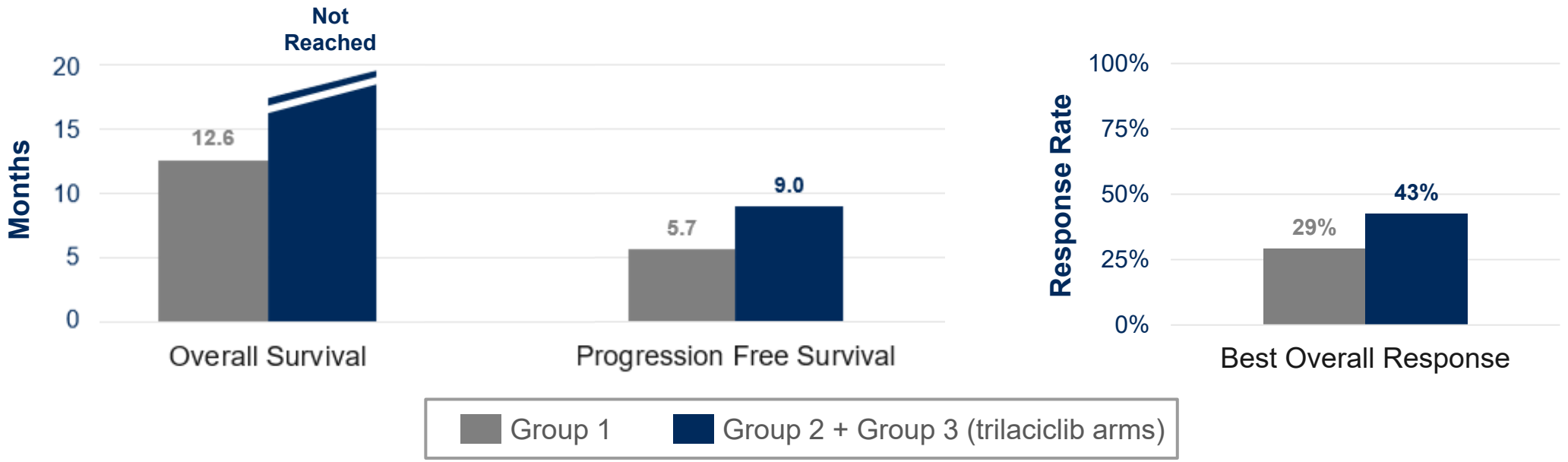
1. O'Shaughnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06. Note: primary endpoints relating to reduction in severe neutropenia not achieved in this study.
2. Patients randomized to receive gem/carbo chemotherapy only (Group 1) or gem/carbo plus one of two dosing schedules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

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]

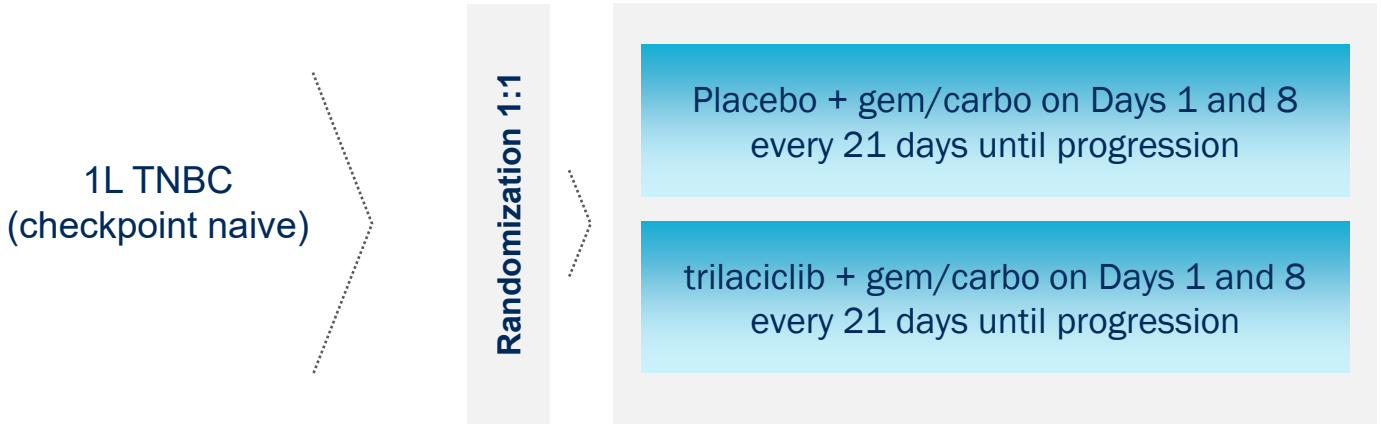
Treatment Group[2]	Patients	Median OS (95% CI), Months	Hazard Ratio (95% CI)	*P* Value
Group 1: (gem/carbo)	10	13.9 (12.6 – NR)	-	-
Group 2 and 3: (gem/carbo + trilaciclib)	26	**17.8** (13.1 – NR)	**0.48** (0.2 – 1.2)	0.093

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 at 70%
of events expected in 2H 2023**

**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

Ongoing Phase 2 Studies and Future Development

Three Ongoing Phase 2 Proof of Concept Studies

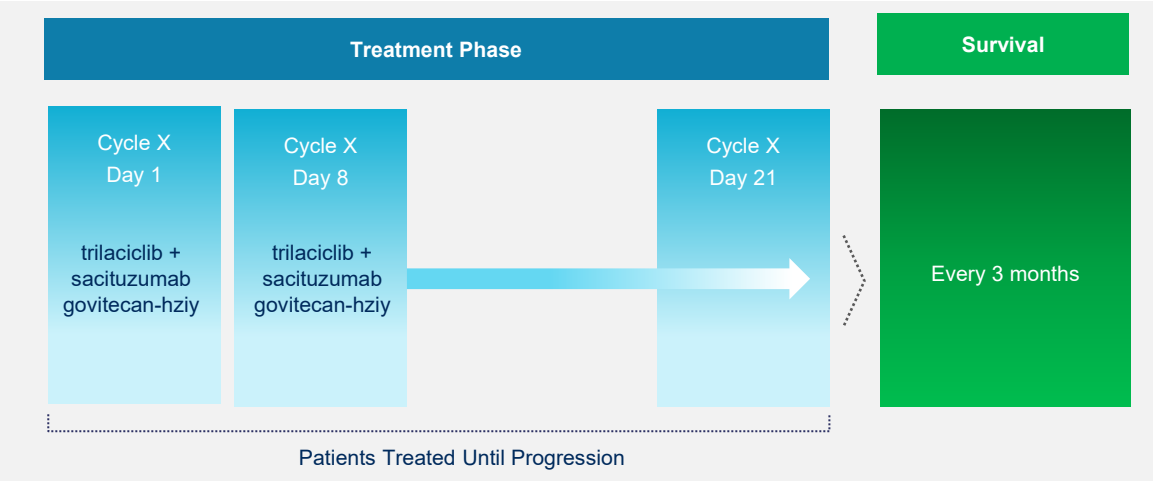
Proof of Concept Study	Key Goals of Study Related to Trilaciclib
2L / 3L TNBC (Phase 2)	1. Evaluate **myeloprotection benefits with an ADC** (sacituzumab govitecan in this study)[1] 2. Determine whether increased cytotoxic exposure and potential synergy **increases PFS / OS**
Neoadjuvant TNBC (Phase 2)	1. Clinically **confirm mechanistic effects** that appear to be driving increased immunomodulation[2] 2. Evaluate if there is an anti-tumor efficacy **signal in early stage** TNBC patients
1L Bladder Cancer (Phase 2)	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. Preliminary myeloprotection data for first 18 patients announced in press release November 11, 2022
2. Preliminary change in CD8+ T-cell / Treg ratio announced in press release on December 7, 2022
3. Initial data including ORR endpoints announced in press release January 4, 2023

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

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

Single Arm:
2L/3L TNBC



PRIMARY ENDPOINT:
PFS

SECONDARY ENDPOINTS:
ORR, CBR, OS,
myeloprotection measures

TARGET ENROLLMENT:
Up to 40 participants

PATIENTS TREATED UNTIL PROGRESSION

PFS data expected 2Q 2023

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

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Initial Results from Phase 2 ADC Combination Study

Adverse events in patients receiving trilaciclib in combination with sacituzumab govitecan-hziy (n=18)

Summary of TEAEs (≥ 15% of patients) in patients receiving trilaciclib in combination with sacituzumab govitecan-hziy		
Adverse Event	*Any Grade*	*Grade 3-4*
Fatigue	44%	0%
Nausea	39%	0%
Constipation	28%	0%
Diarrhea	**28%**	**0%**
Headache	28%	0%
Neutropenia	**22%**	**17%**
Decreased Appetite	22%	0%
Leukopenia	17%	17%
Abdominal Pain Upper	17%	0%
Alopecia	17%	0%

Summary of other relevant TEAEs in patients receiving trilaciclib in combination with sacituzumab govitecan-hziy		
Adverse Event	*Any Grade*	*Grade 3-4*
Anemia	6%	0%
Febrile Neutropenia	0%	0%
Thrombocytopenia	0%	0%

Cutoff: 14 October 2022

Adverse events in patients receiving sacituzumab govitecan-hziy (n=258)

Summary of TEAEs in patients receiving sacituzumab govitecan-hziy*[1]		
Adverse Event	*Any Grade*	*Grade 3-4*
Fatigue	52%	4%
Nausea	62%	<4%
Constipation	37%	<1%
Diarrhea	**65%**	**11%**
Headache	18%	1%
Neutropenia	**64%**	**52%**
Decreased Appetite	28%	2%
Leukopenia	17%	10%
Abdominal Pain Upper	21%	3%
Alopecia	47%	0%

Summary of other relevant treatment-related adverse events in patients receiving sacituzumab govitecan-hziy[2]		
Adverse Event	*Any Grade*	*Grade 3-4*
Anemia	34%	8%
Febrile neutropenia	6%	6%
Thrombocytopenia	5%	2%

*Only includes subset of TEAEs reported in patients receiving trilaciclib and sacituzumab govitecan-hziy

Preliminary data highlight potential to reduce adverse events, including on target effects on neutropenia and diarrhea

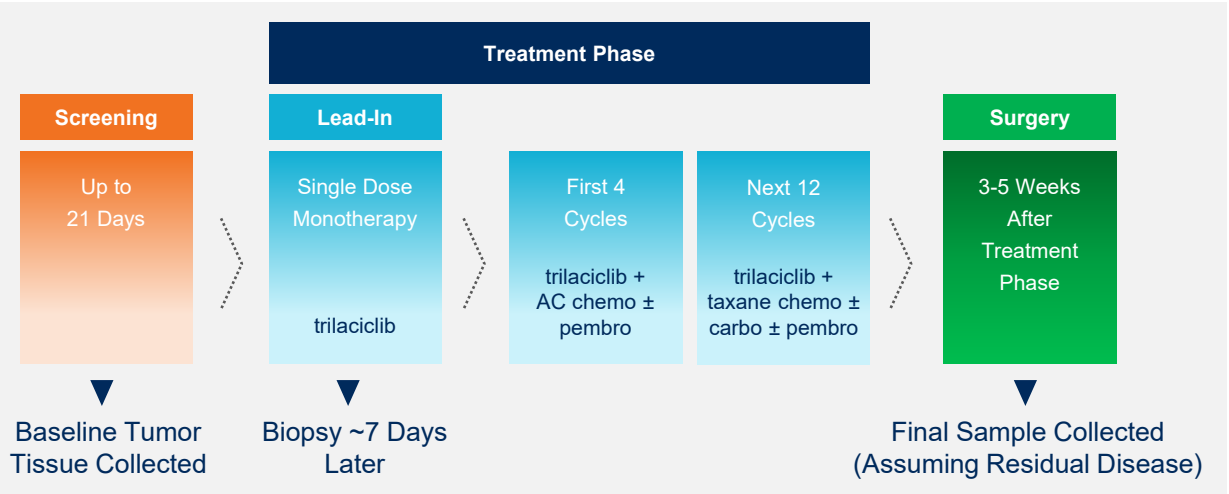
Note: TEAE = Treatment emergent adverse event

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. Table 3

Phase 2 Neoadjuvant TNBC: Mechanism of Action (MOA) Study

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

pCR data expected 2Q 2023

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

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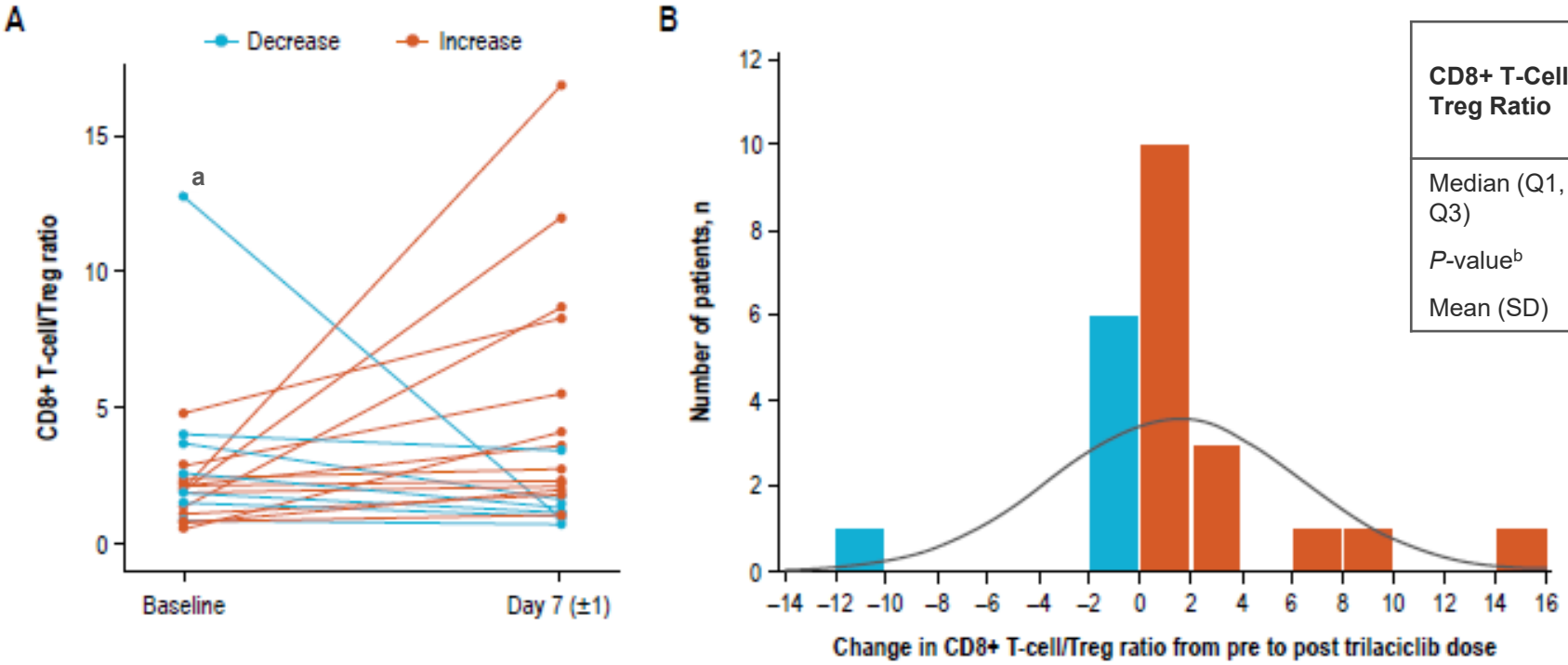
Initial Results from Phase 2 MOA Study in Neoadjuvant TNBC

Change in CD8+ T-cell / Treg Ratio in Tumor Tissue Over 7 Days Post Trilaciclib Monotherapy (N=23); Per Patient (A) and Overall (B)



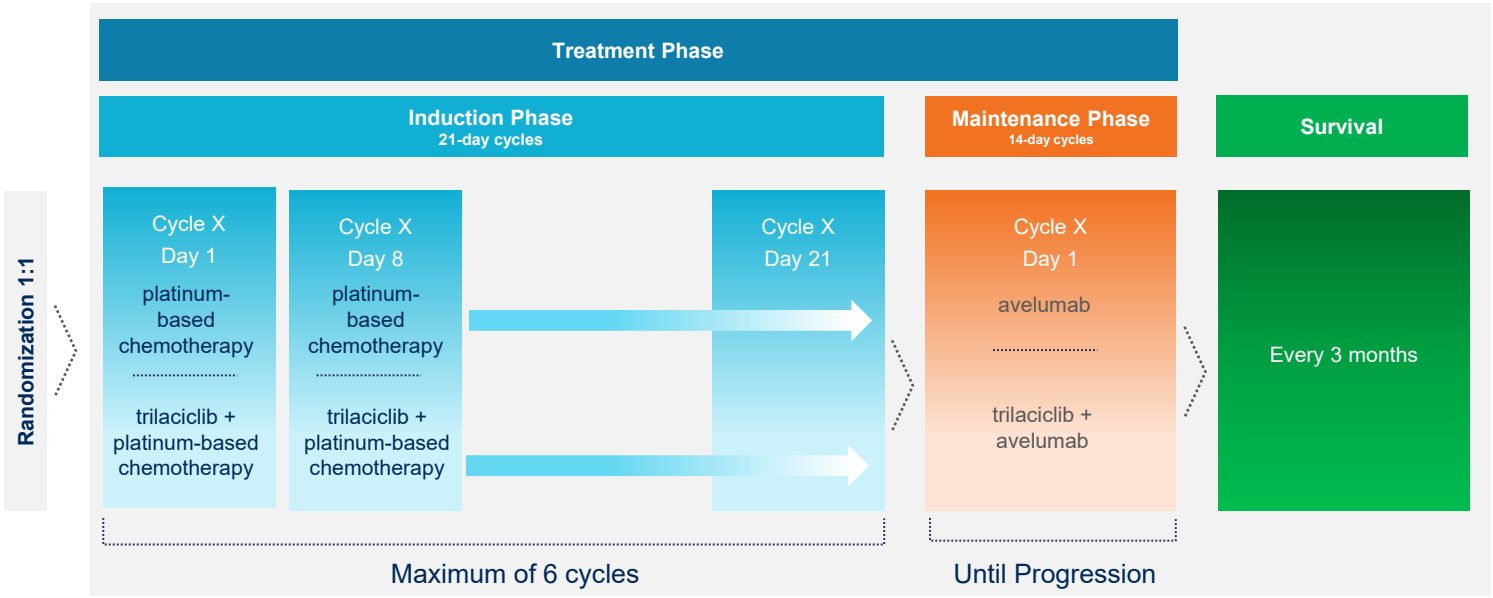
CD8+ T-Cell/ Treg Ratio	Baseline, Pre-Trilaciclib Dose (n = 23)	Day 7 (+/- 1), Post-Trilaciclib Dose (n = 23)	Change, Post – Pre Dose (n = 23)
Median (Q1, Q3)	2.0 (1.4, 2.6)	2.2 (1.4, 4.0)	0.3 (-0.5, 2.7)
P-value[b]	-	-	0.101
Mean (SD)	2.6 (2.436)	3.8 (3.979)	1.3 (4.784)

Initial data suggests favorable alterations in tumor microenvironment following single administration of trilaciclib

[a] Patient had TNBC with neuroendocrine features
[b] Calculated using the Wilcoxon signed-rank test
CD8: Cluster of differentiation 8; Q: Quarter; Treg: regulatory T cell.

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 and duration of response expected mid-2023

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** (e.g., other GI tumors)

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

Focused on ideal treatment settings where trilaciclib has unique ability to further improve survival in combination with important leading and emerging treatments

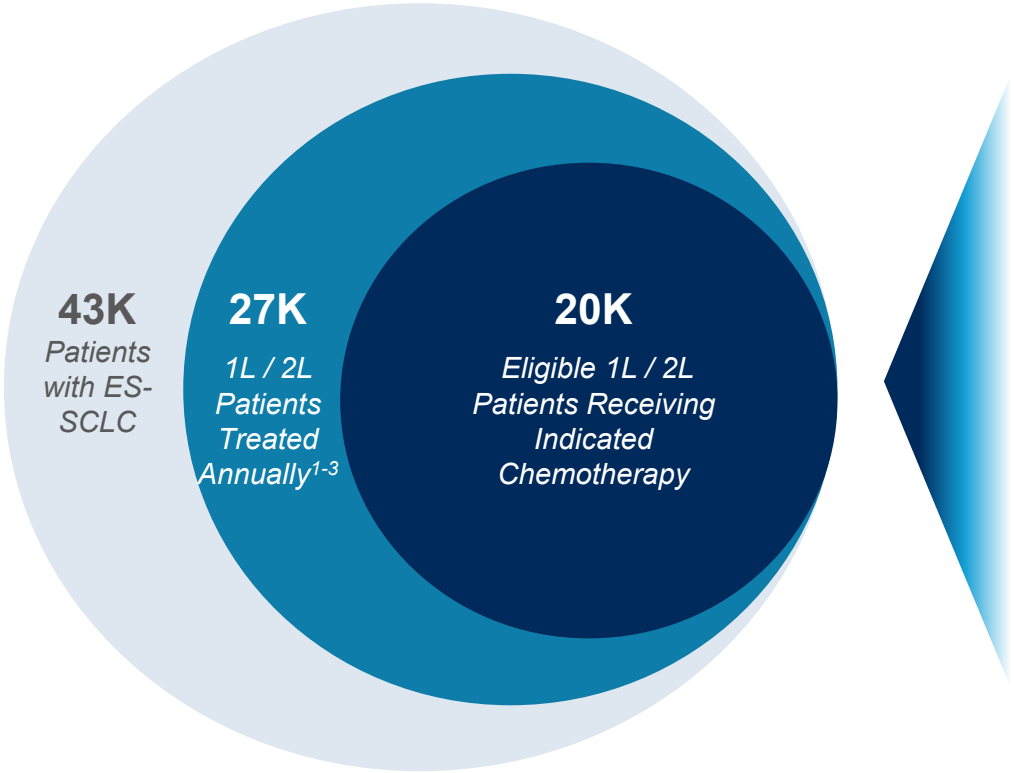
G1 THERAPEUTICS®

COSELA® (trilaciclib) 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)



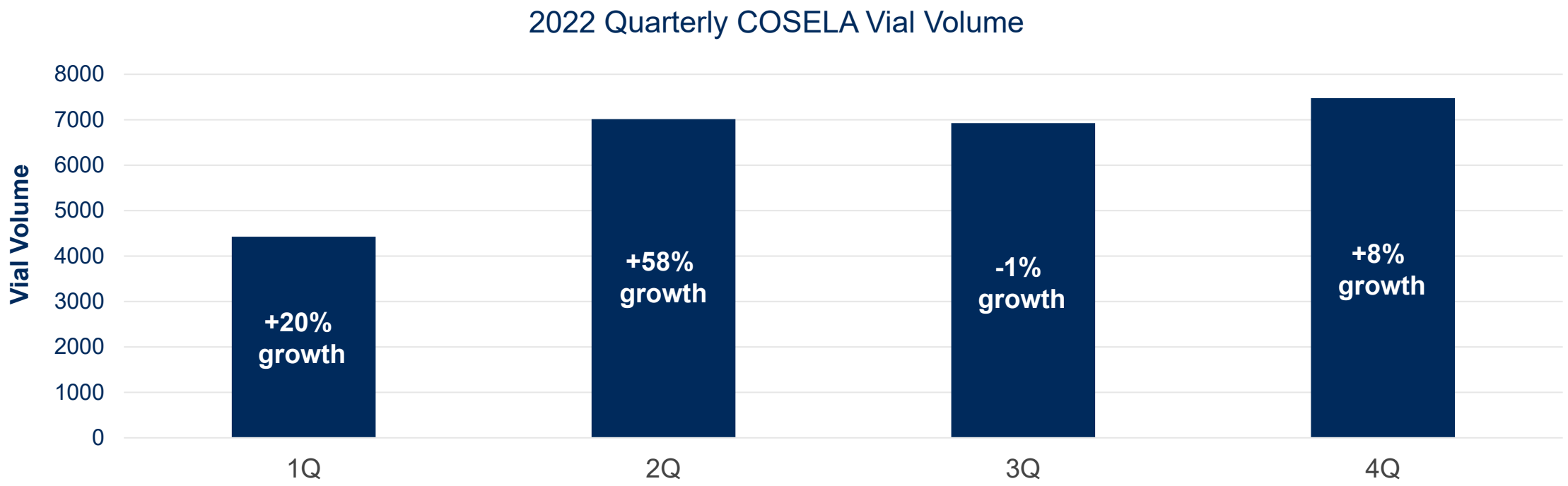
- **Demonstrated reductions in multiple myelosuppressive consequences and hematologic adverse events**
  - Across multiple randomized SCLC studies and Real-World Evidence studies
- **ES-SCLC patients predominantly treated with highly myelosuppressive chemo regimens**
  - Opportunity for innovation given 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

Eight Percent (8%) Vial Volume Growth in 4Q22

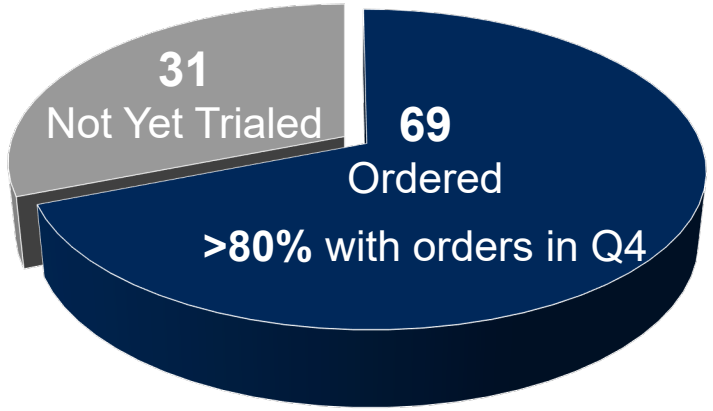


5-10% current penetration; considerable growth potential remaining in ES-SCLC market

Note: Growth figures above represent sequential quarterly growth

Progress with 4Q22 Account Depth and Breadth
Top 100 Organizations

COSELA trilaciclib for injection 300 mg



- 69 of Top 100 US customer organizations have trialed COSELA launch to date (8 new in 4Q22)
  - >30% of US market potential in these 69 Top 100 organizations

- Depth continues to be the challenge
  - 14% depth in Top 100 organizations
  - 17% depth across all organizations with utilization

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

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Response to Challenges in ES-SCLC Market

Challenges to Building Depth

- Relatively rare tumor type
  - Variable incidence across territories
  - Not top of mind when even large clinics have only one or two eligible patients at a time
  - Reluctance to make systematic changes in process for small number of patients
- Short duration of chemotherapy treatment
  - <90-day duration of chemotherapy for most patients means no continuing business quarter to quarter
- Palliative care focus
  - Many physicians prefer to dose reduce or delay given poor survival prognosis
  - Academic organizations more focused on implementing change for survival outcomes

Actions Being Taken

- Community Clinic Focus
  - Multiple volume-based contracts in place for Q1 (more anticipated)
  - Patient Reported Outcome focus of promotion
  - Specialist EMR team to support clinic adoption
- Optimizing field deployment for community clinics
  - 29 territories with highest opportunity
  - Virtual hybrid sales representative augmenting enhanced digital marketing for unstaffed territories
- Medically-led model for academic centers
  - Scientific engagement with academic lung experts

Refocusing commercial resources on largest opportunities to drive increased depth

G1 THERAPEUTICS

Significantly Larger Commercial Opportunity in 1L CRC

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1L/2L ES-SCLC	Comparing Opportunity Characteristics	1L CRC
• **~20K** addressable patients	**Addressable Market**	• **~47K** addressable patients
• **~4 cycles** over ~3 months (**~24 vials** of trilaciclib)	**Duration of Therapy**	• **~12-24 cycles** over ~6-12 months (**~48-96 vials** of trilaciclib)
• **Smaller patient population** skewed to **Medicare**	**Patient Mix**	• **Higher patient frequency;** even mix of **Commercial and Medicare**
• Typically, **poorer prognosis** at diagnosis • Trilaciclib primarily **supportive care** in this setting	**Therapeutic Goals**	• **Better prognosis** facilitates more aggressive therapeutic approaches • Trilaciclib may enable a **more efficacious regimen** and **increase OS**

Broader use in 1L CRC may help increase awareness and adoption of trilaciclib in ES-SCLC patients

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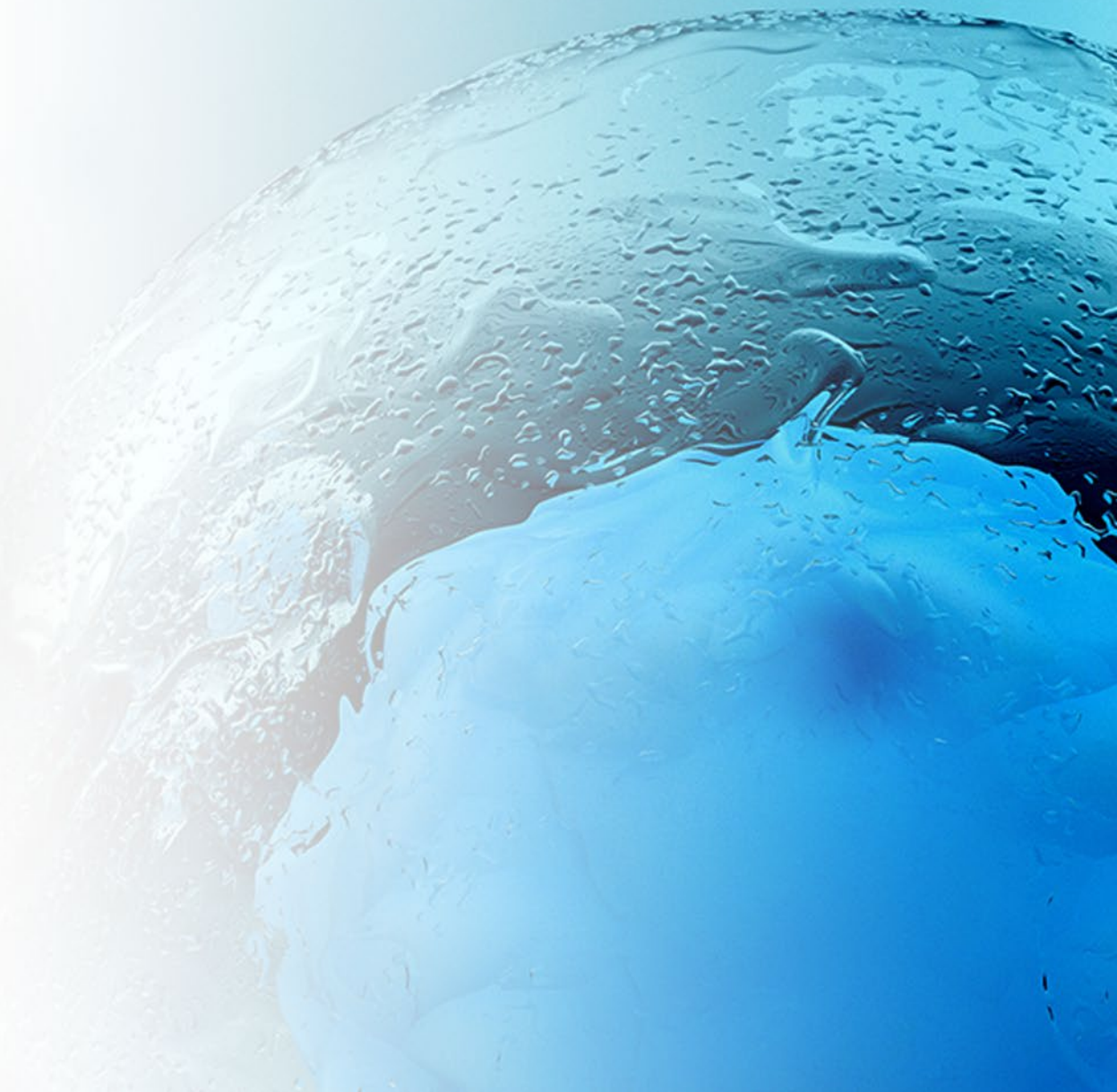
Conclusion



Efficiently Managing Capital

Potential for Meaningful Incremental Value from Out-Licensed Assets

$123M in cash, cash equivalents, and marketable securities as of Sept. 30, 2022

- Additional $25M of debt facility currently available but not yet drawn

Additional $52.4M in net proceeds from 4Q22 public offering

Additional potential proceeds from existing license agreements

Trilaciclib	Simcere Greater China (COSELA approved)	**$13M** milestone in 3Q22 for approval in China; up to **$156M** in milestones; double-digit royalties on annual net sales
Lerociclib	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 $461 million in milestone payments (as of 12/31/22) plus royalties

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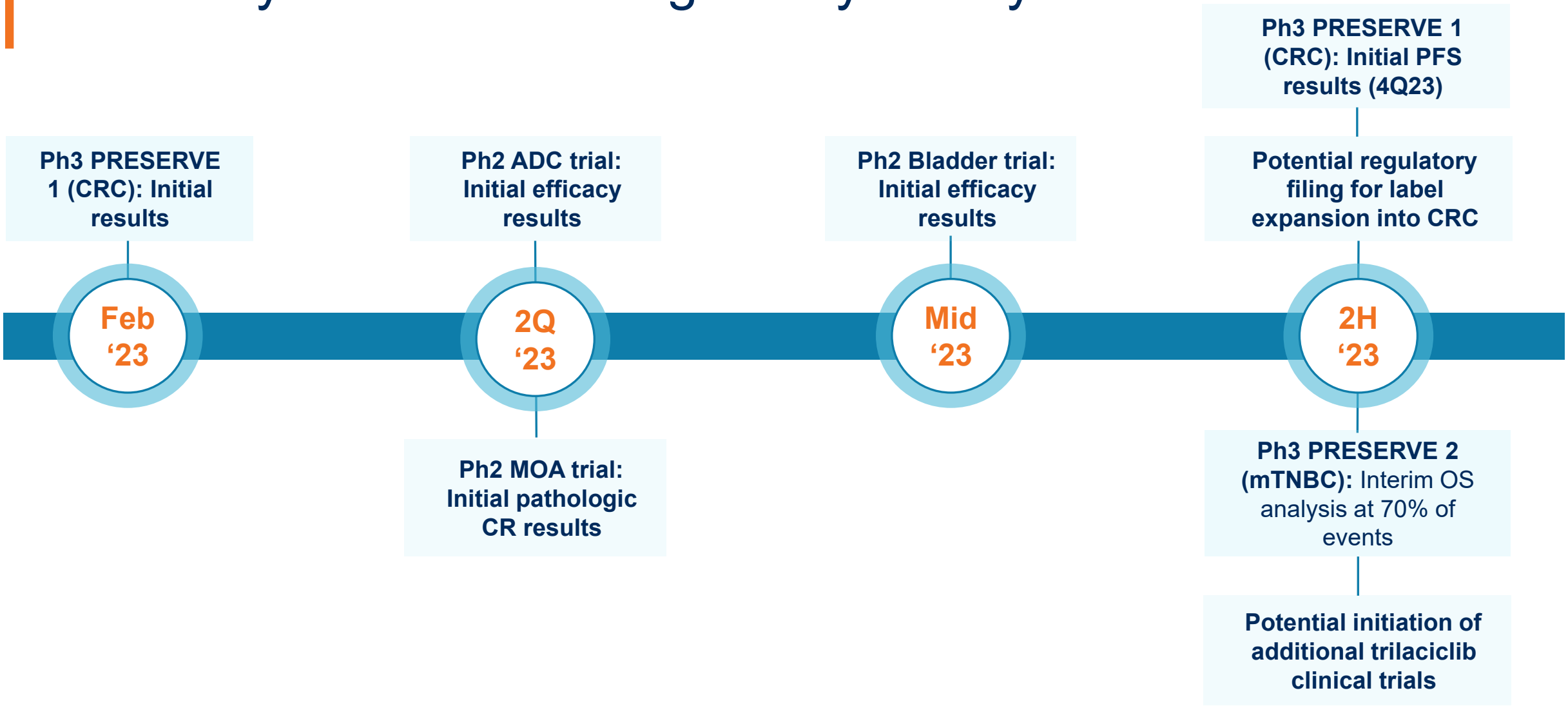
2023 Key Clinical and Regulatory Catalysts



G1 Therapeutics

Unique Investment Opportunity Poised for Near-Term Growth

Near-Term Commercial Opportunities

- **1L CRC:** Pivotal data February 2023; potential early 2024 lauch
- **1L TNBC:** Interim OS 2H 2023; given fast-track designation with potential 2024 launch

Multiple Phase 2 Data Readouts

- Additional data from three Ph2 studies in 2023
- Will inform additional late-stage studies

Growth Potential in Marketed Indication

- Considerable growth potential remaining in ES-SCLC market
- Focusing on increasing depth at top accounts

Global Expansion

- Planning to secure a partner for global expansion in 2023
- Pursuing research on next generation products