42\textsuperscript{nd} Annual J.P. Morgan Healthcare Conference

Wednesday January 10, 1:30 PM PT

\textit{Developing and Delivering Next Generation Therapies that Improve the Lives of People Living with 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," "could," "believe," "goal," "projections," "indicate," "potential," "opportunity," 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 further develop and expand the use of COSELA in the treatment of extensive-stage small cell lung cancer, the therapeutic potential of trilaciclib in the treatment triple-negative breast cancer and with ADCs, that trilaciclib’s greatest effect is on longer term endpoints including OS, that trilaciclib may improve long-term immune surveillance for additional benefit after treatment, the expectation that achievement of the OS endpoint in the ongoing PRESERVE 2 Phase 3 clinical trial is expected to enable global regulatory submissions in 2024 and beyond, that G1’s cash runway is expected to extend into 2025, that impact from platinum based chemotherapy shortages have begun to abate, global expansion, and that achieving the OS primary endpoint in the Phase 3 TNBC trial may serve as a catalyst for global expansion plans. In addition, COSELA may not achieve the degree of market acceptance for commercial success, the potential to demonstrate trilaciclib + gem/carbo as 1L TNBC standard of care, 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 that may cause our actual results to materially differ from those expressed or implied in such statements. Investors, potential investors, and others should give careful consideration to these risks and uncertainties. Applicable risks and uncertainties 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; the dependence on the commercial success of 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; chemotherapy shortages and market conditions. 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.

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## G1 Therapeutics: Opportunities for Significant Growth

<table>
<thead>
<tr>
<th>Unique Marketed Product in U.S. with Growing Revenue</th>
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<tbody>
<tr>
<td>• Novel product that provides meaningful patient benefits via transient G1 arrest of HSPC’s and T-Cells</td>
</tr>
<tr>
<td>• Established U.S. commercial infrastructure with growing revenue in initial ES-SCLC indication</td>
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<table>
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<tr>
<th>Potential to Transform 1L TNBC Treatment</th>
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<tbody>
<tr>
<td>• Phase 3 readout provides important potential near-term global commercial opportunity (interim analysis in 1Q)</td>
</tr>
<tr>
<td>• Robust OS observed in randomized Phase 2 with improvement continuing with subsequent therapies</td>
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<table>
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<tr>
<th>Opportunity to Improve Safety and Efficacy of Leading ADCs</th>
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<tbody>
<tr>
<td>• Phase 2 with sacituzumab govitecan serves as proof-of-concept for trilaciclib in TROP2 ADC combinations</td>
</tr>
<tr>
<td>• Observing robust safety and tolerability improvements with potential survival benefit</td>
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<table>
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<tr>
<th>Positioned for Global Expansion and Future Growth</th>
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<tbody>
<tr>
<td>• Evaluating additional late-stage studies and conducting research into next generation products</td>
</tr>
<tr>
<td>• Planning to secure a partner for global expansion following a successful 1L TNBC readout</td>
</tr>
<tr>
<td>• Anticipated cash runway into 2025</td>
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</tbody>
</table>

Note: HSPC’s: Hematopoietic stem and progenitor cells, ES-SCLC: Extensive Stage Small Cell Lung Cancer, TNBC: Triple negative breast cancer; ADC: antibody-drug conjugate
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Unique Marketed Product in U.S. with Growing Revenue

Potential to Transform 1L TNBC Treatment

Opportunity to Improve Safety and Efficacy of Leading ADCs

Positioned for Global Expansion and Future Growth
Trilaciclib Mechanism of Action
Temporarily Blocks Progression through Cell Cycle Via Transient CDK4/6 Inhibition

Key Benefits
- Protects Bone Marrow and Immune System from Cytotoxic Damage During Treatment
- Improves Long-Term Immune Surveillance for Additional Benefit After Treatment

Potential Benefits
- Transiently arrests HSPCs and T cells in G1 Phase
Unique Product Attributes for Robust Transient G1 Arrest

Critical Characteristics of Trilaciclib Enabling Robust Transient G1 Arrest

- **IV administration**: Precisely timed effect through rapid IV onset
- **Potent and selective CDK4 and CDK6 inhibition**: Robust G1 arrest through targeted activity
- **Short half-life**: Optimizes ability for T-cells to proliferate

These attributes are critical to maximize the benefits of transient CDK4/6 inhibition
Potential for Strong Growth within U.S. ES-SCLC Market

~20K ES-SCLC Patients in U.S. Receive Indicated Chemotherapy

$700M+ Market Opportunity

~10% Current Market Penetration

Satisfaction with COSELA® (trilaciclib)

- High satisfaction among active prescribers driven by fewer hospitalizations and protection of multiple cell lineages

Meaningful opportunity to continue growing share in $700M+ U.S. ES-SCLC market, with high levels of satisfaction expressed by existing prescribers

1. Based on ~20k patients and $36,600 current WAC pricing for 24 vials of trilaciclib (assumed 4 cycles per patient based on standard 1L ES-SCLC chemotherapy regimens)
2. According to active prescriber data from internal ATU Tracking Studies, Q3 2023, which is further supported by Real World Evidence
3. Prescriber data from internal ATU Tracking Studies, Q3 2023
COSELA U.S. Growth Regained Momentum in 4Q23

2023 Quarterly COSELA Vial Volume and Growth in U.S.

- Platinum chemotherapy shortage hindered 2Q and 3Q growth
  - Combination with platinum chemotherapy comprises large portion of COSELA use (~90%)
- Impact from platinum-based chemotherapy shortages has begun to abate in 4Q
  - 19% increase in volume over 3Q23
  - >50% increase in volume over 4Q22

COSELA vial volume regained meaningful growth in fourth quarter of 2023 upon easing of platinum chemotherapy shortages

Note: Growth figures above represent sequential quarterly growth
Potential for Future Development and Expansion in ES-SCLC

Ongoing clinical studies and real-world-evidence will help guide future development and expansion efforts in ES-SCLC.

**Expected Future Data in ES-SCLC**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Lurbinectedin Combination (Phase 2)</th>
<th>Topotecan Combination Post-Marketing Study</th>
<th>Real World Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2L ES-SCLC</td>
<td>2L ES-SCLC</td>
<td>1L/2L ES-SCLC</td>
<td></td>
</tr>
<tr>
<td>Combination</td>
<td>Lurbinectedin</td>
<td>Topotecan</td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>~30 Patients</td>
<td>~300 Patients</td>
<td>NA</td>
</tr>
<tr>
<td>Enrollment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Details</td>
<td>Evaluating myeloprotection and efficacy</td>
<td>Evaluating OS from U.S. Claims data</td>
<td></td>
</tr>
<tr>
<td>Sponsor</td>
<td>UNC Lineberger</td>
<td>G1</td>
<td>G1</td>
</tr>
</tbody>
</table>

1. Gajra et al., presented at October 2023 ASCO Quality Care Symposium
Agenda

Unique Marketed Product in U.S. with Growing Revenue

Potential to Transform 1L TNBC Treatment

Opportunity to Improve Safety and Efficacy of Leading ADCs

Positioned for Global Expansion and Future Growth
Metastatic TNBC: Important Area of High Unmet Need

U.S. Patient Populations
(U.S. Market Size Estimates)¹

1L TNBC
9K Treatable Patients
(~$450M Market Opportunity)

2L TNBC
7K Treatable Patients
(~$350M Market Opportunity)

3L TNBC
5K Treatable Patients
(~$250M Market Opportunity)

Metastatic TNBC is an aggressive cancer with limited treatment options

Cytotoxic therapy remains SoC (+/- immunotherapy based on subpopulation)

Trilaciclib demonstrated broad benefit in 1L/2L/3L TNBC randomized Phase 2
- Benefit observed across PD-L1+ and PD-L1- subpopulations
- Granted Fast Track Designation by FDA for locally advanced or metastatic TNBC

Potential for trilaciclib to transform treatment in metastatic TNBC

1. Based on Clarivate DRG data, primary market research, and internal analysis to estimate the addressable U.S. population in 2024
2. Market size estimates based on $48,700 current WAC pricing for 32 vials of trilaciclib (mean of ~8 cycles of trilaciclib received in prior mTNBC Phase 2 study)
Observed Robust OS Improvement in Randomized Phase 2


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).

Patients in the trilaciclib arms had ~60-70% reduction in the risk of all cause death
Overall Survival Most Significant Effect

Trilaciclib demonstrated the most robust effect on OS, consistent with its ability to protect the immune system and improve long-term immune surveillance.

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 Across PD-L1 Subpopulations

Overall Survival for Patients with PD-L1 Positive Tumors

<table>
<thead>
<tr>
<th></th>
<th>Chemo (Group 1)</th>
<th>Trilaciclib (Groups 2 / 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients (n)</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>Median OS (months)</td>
<td>10.5</td>
<td>32.7</td>
</tr>
<tr>
<td>HR</td>
<td>0.34</td>
<td></td>
</tr>
<tr>
<td>P value</td>
<td>0.004</td>
<td></td>
</tr>
</tbody>
</table>

Overall Survival for Patients with PD-L1 Negative Tumors

<table>
<thead>
<tr>
<th></th>
<th>Chemo (Groups 1)</th>
<th>Trilaciclib (Groups 2 / 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients (n)</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Median OS (months)</td>
<td>13.9</td>
<td>17.8</td>
</tr>
<tr>
<td>HR</td>
<td>0.48</td>
<td></td>
</tr>
<tr>
<td>P value</td>
<td>0.093</td>
<td></td>
</tr>
</tbody>
</table>

OS improvement observed regardless of patients’ tumor PD-L1 status

OS Increased Over Time with Subsequent Therapies

Patients Receiving Subsequent Therapies
Statistically significant; \( p = 0.001 \)

- Trila (Groups 2/3): Any SACT Median OS = 32.7
- Chemo (Group 1): Any SACT Median OS = 12.8

Patients Not Receiving Subsequent Therapies

- Trila (Groups 2/3): No SACT Median OS = 9.4
- Chemo (Group 1): No SACT Median OS = 5.4

Note: SACT: Subsequent Anti-Cancer Therapy.

1. Goel S, Patients with Metastatic Triple-Negative Breast Cancer who Receive trilaciclib prior to cytotoxic chemotherapy exhibit improved survival after receiving subsequent anticancer therapy, San Antonio Breast Cancer Symposium (SABCS), December 5-9, 2023, POS-06-12.

OS benefit continued to increase in the trilaciclib arm as patients received subsequent therapies.
OS from Start of Subsequent Therapy Exceeds Benchmarks

Median OS of 14 months from the start of subsequent 2L+ chemotherapy compares favorably to control and historical benchmarks

1. Goel S, Patients with Metastatic Triple-Negative Breast Cancer who Receive trilaciclib prior to cytotoxic chemotherapy exhibit improved survival after receiving subsequent anticancer therapy, San Antonio Breast Cancer Symposium (SABCS), December 5-9, 2023, PO2-06-12.
Ongoing 1L TNBC Phase 3 Builds Upon Phase 2 Results

Evaluating 1L TNBC patients with PD-L1 positive and negative tumors

**PRIMARY ENDPOINT:**
Overall Survival

**SECONDARY ENDPOINTS:**
PFS, ORR, PRO, myeloprotection measures

**STATUS:**
174 Patients Enrolled in mITT¹
Interim OS Analysis in Q1 2024

Potential to demonstrate trilaciclib + gem/carbo as 1L TNBC standard of care with meaningfully improved OS continuing to increase with subsequent therapies

1. mITT is an adjusted Intent to Treat population for the removal of 13 patients that were enrolled in the study from Ukraine.
Agenda

Unique Marketed Product in U.S. with Growing Revenue

Potential to Transform 1L TNBC Treatment

**Opportunity to Improve Safety and Efficacy of Leading ADCs**

Positioned for Global Expansion and Future Growth
Clinical Rationale for Combining Trilaciclib with ADCs

1. **Improve Safety and Tolerability**
   - Reduce myelotoxicity and diarrhea associated with leading TROP2 ADCs (improve tolerability profiles and enable expansion into earlier stage settings)

2. **Protect Immune System Function**
   - Minimize long-term damage to immune system from cytotoxic payloads (maintain T cell populations responsible for long-term anti-tumor immunity)

3. **Improve Long-term Immune Surveillance**
   - Increase immune system’s ability to recognize and eliminate tumor cells (enhance long-term outcomes following ongoing and subsequent therapies)

**Potential for trilaciclib to meaningfully improve efficacy and safety of leading ADCs**
2L+ TNBC in Combination with SG (“ADC Study”)

Evaluating synergistic combo potential of trilaciclib and sacituzumab govitecan

**Single Arm: 2L/3L TNBC**

**Treatment Phase**
- Cycle X Day 1: trilaciclib + SG
- Cycle X Day 8: trilaciclib + SG
- Cycle X Day 21: trilaciclib + SG

**Survival**
- Every 3 months

**Primary Endpoint:** PFS

**Secondary Endpoints:** OS, ORR, CBR, myeloprotection measures

**Patients Enrolled:** 30 participants

Strong clinical rationale underlying a trilaciclib + TROP2 ADC combination
ADC Study Safety and Tolerability

Meaningful reduction in on-target adverse events compared to SG historical data

1. Trilaciclib + SG data from 2Jan2024 data cut; median number of cycles received 6 with 3 patients remaining on study drug
## ADC Study Preliminary Efficacy Metrics

<table>
<thead>
<tr>
<th></th>
<th>ORR</th>
<th>Median PFS</th>
<th>Clinical Benefit&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Median OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trilaciclib + SG</td>
<td>23%</td>
<td>4.1 months</td>
<td>47%</td>
<td>17.9 months&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>SG (Historical from ASCENT&lt;sup&gt;3&lt;/sup&gt;)</td>
<td>35%</td>
<td>5.6 months</td>
<td>45%</td>
<td>12.1 months</td>
</tr>
</tbody>
</table>

Note: Patients in ongoing ADC Study have relatively similar baseline characteristics as ASCENT with exception of greater prior PD-L1 inhibitor treatment (73% in ongoing ADC study vs. 29% in ASCENT).

Largest benefit expected in OS, consistent with MOA and previous data.

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<sup>1</sup> Clinical Benefit calculated as confirmed responses + partial responses + stable disease for at least 6 months

<sup>2</sup> Data cutoff for trilaciclib + SG: 4Jan2024 ("OS data not mature")

Encouraging OS trend with estimated 12-month survival currently 59%; next OS data cut expected mid-2024

1. Data cutoff for trilaciclib + SG: 4 Jan 2024 (*OS data not mature*)
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Unique Marketed Product in U.S. with Growing Revenue

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Opportunity to Improve Safety and Efficacy of Leading ADCs

Positioned for Global Expansion and Future Growth
Trilaciclib Well Positioned Across TNBC Treatment Settings

Existing trilaciclib data and ongoing studies to provide roadmap for future commercialization and additional late-stage development opportunities

1. Proof of concept demonstrated in neoadjuvant TNBC patients with PD-L1 positive tumors (given encouraging pCR data in this subpopulation)
2. Phase 2 Investigator Sponsored Study conducted by Atrium Health Levine Cancer Institute
Global Opportunities to be Pursued through Partnership

- Intentionally did not submit filings outside the U.S. and China prior to efficacy data
- TNBC data expected to enable reimbursement in these other territories
- Planning for partnership discussions following successful Ph3 readout

Anticipate successful 1L TNBC data to be catalyst for global expansion plans
### Efficiently Managing Capital with Cash Runway into 2025

#### Key Capital Allocation Actions Taken in 2023

<table>
<thead>
<tr>
<th>Reduced Operating Expenses</th>
<th>Strengthened Balance Sheet</th>
<th>Increased Financial Flexibility</th>
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<tbody>
<tr>
<td>- Reduced headcount / identified savings</td>
<td>- Received $27M in net proceeds in sale of Greater China royalties&lt;sup&gt;1&lt;/sup&gt;</td>
<td>- Reduced existing debt outstanding from $75M to $50M</td>
</tr>
<tr>
<td>- 2023 op-ex over 30% lower than 2022</td>
<td>- Potential for additional $18M related to NDA filing / approval of TNBC in China&lt;sup&gt;2&lt;/sup&gt;</td>
<td>- Amended loan agreement to alleviate more restrictive cash covenants&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
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</table>

Ended year with increased flexibility and ~$82M in cash, cash equivalents, and marketable securities

### Anticipate cash runway into 2025

1. Received $27M in net proceeds after local withholding taxes from partner in China (Sincere) in exchange for relieving them of future royalty payments on sales in Greater China.
2. Potential to receive additional $18M in milestones from Sincere pending NDA filing and approval of a TNBC indication for trilaciclib in China.
3. Amended existing loan agreement with Hercules Capital by lowering minimum cash covenant and removing existing revenue covenant (in exchange for a conditional borrowing base limit)
G1 Focus and Long-Term Vision

1. Maximize Exciting COSELA (trilaciclib) Franchise
   - Initial commercial engine for U.S. region
   - ES-SCLC: Potential for category leadership across space
   - TNBC: Meaningful growth area for further expansion
   - ADC Combinations

2. Expand Portfolio with Complementary Assets
   - Next Gen Products
     - Leverage learnings for compound discovery
   - Business Development
     - Commercial and pipeline expansion opportunities

Long-Term Growth Potential
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