



42nd Annual J.P. Morgan Healthcare Conference

Wednesday January 10, 1:30 PM PT

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

Unique Marketed Product in U.S. with Growing Revenue	<ul style="list-style-type: none">• Novel product that provides meaningful patient benefits via transient G1 arrest of HSPC's and T-Cells• Established U.S. commercial infrastructure with growing revenue in initial ES-SCLC indication
Potential to Transform 1L TNBC Treatment	<ul style="list-style-type: none">• Phase 3 readout provides important potential near-term global commercial opportunity (interim analysis in 1Q)• Robust OS observed in randomized Phase 2 with improvement continuing with subsequent therapies
Opportunity to Improve Safety and Efficacy of Leading ADCs	<ul style="list-style-type: none">• Phase 2 with sacituzumab govitecan serves as proof-of-concept for trilaciclib in TROP2 ADC combinations• Observing robust safety and tolerability improvements with potential survival benefit
Positioned for Global Expansion and Future Growth	<ul style="list-style-type: none">• Evaluating additional late-stage studies and conducting research into next generation products• Planning to secure a partner for global expansion following a successful 1L TNBC readout• Anticipated cash runway into 2025

Agenda

Unique Marketed Product in U.S. with Growing Revenue

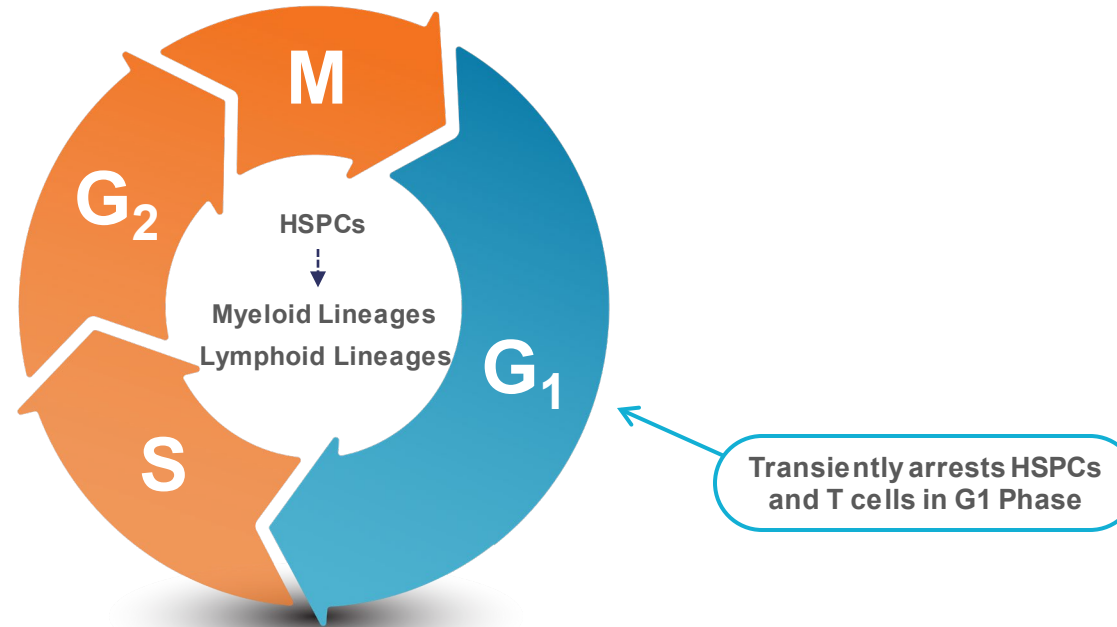
Potential to Transform 1L TNBC Treatment

Opportunity to Improve Safety and Efficacy of Leading ADCs

Positioned for Global Expansion and Future Growth

Trilaciclib Mechanism of Action

Temporarily Blocks Progression through Cell Cycle Via Transient CDK4/6 Inhibition



Potential Benefits

Protects Bone Marrow and Immune System from Cytotoxic Damage During Treatment

Improves Long-Term Immune Surveillance for Additional Benefit After Treatment

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



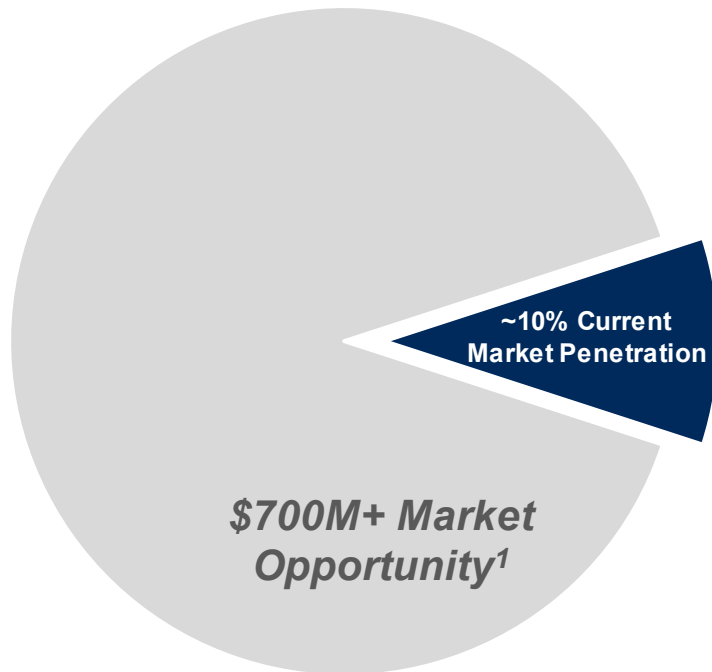
Short half-life

Optimizes ability for T-cells to proliferate

These attributes are critical to maximize the benefits of transient CDK4/6 inhibition

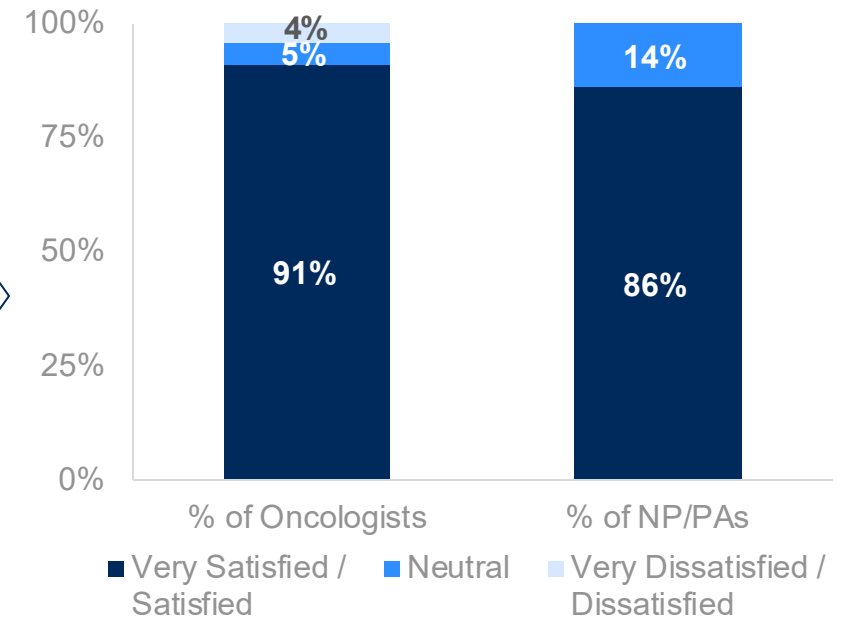
Potential for Strong Growth within U.S. ES-SCLC Market

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



High satisfaction among active prescribers driven by fewer hospitalizations and protection of multiple cell lineages²

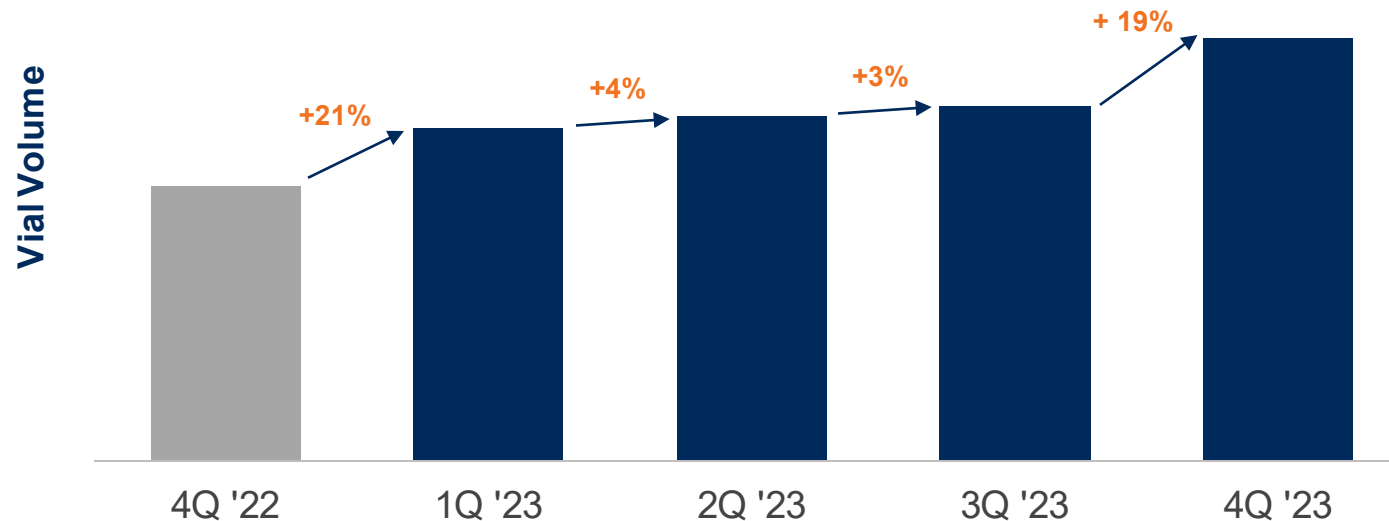
Satisfaction with COSELA[®] (trilaciclib)³



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

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

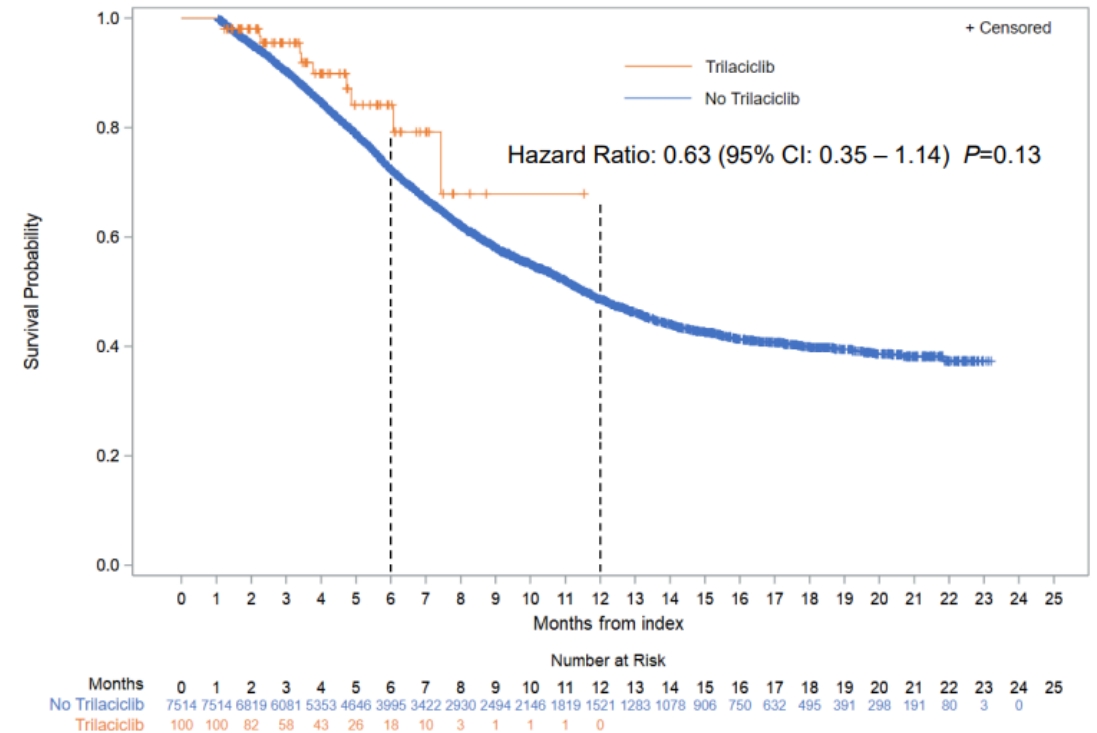
COSELA vial volume regained meaningful growth in fourth quarter of 2023 upon easing of platinum chemotherapy shortages

Potential for Future Development and Expansion in ES-SCLC

Expected Future Data in ES-SCLC

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

Initial Overall Survival Data from Real-World Evidence Study¹



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

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)

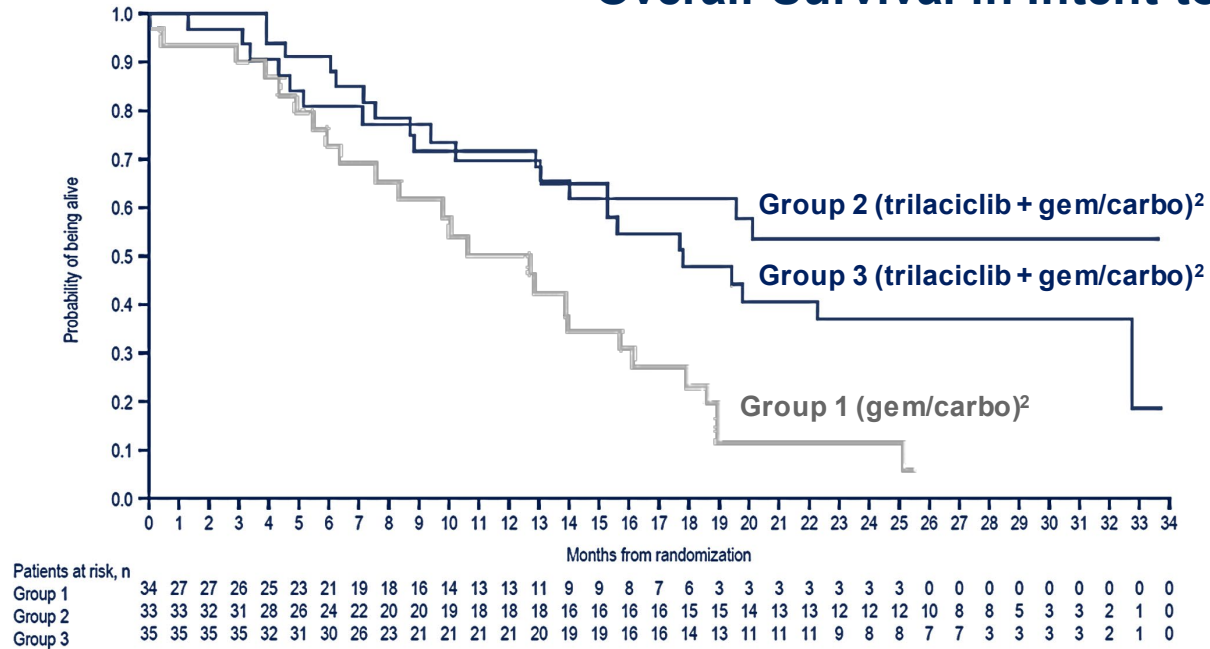
Trilaciclib demonstrated broad benefit in 1L/2L/3L TNBC randomized Phase 2

- 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

Observed Robust OS Improvement in Randomized Phase 2¹

Overall Survival in Intent-to-Treat Population¹



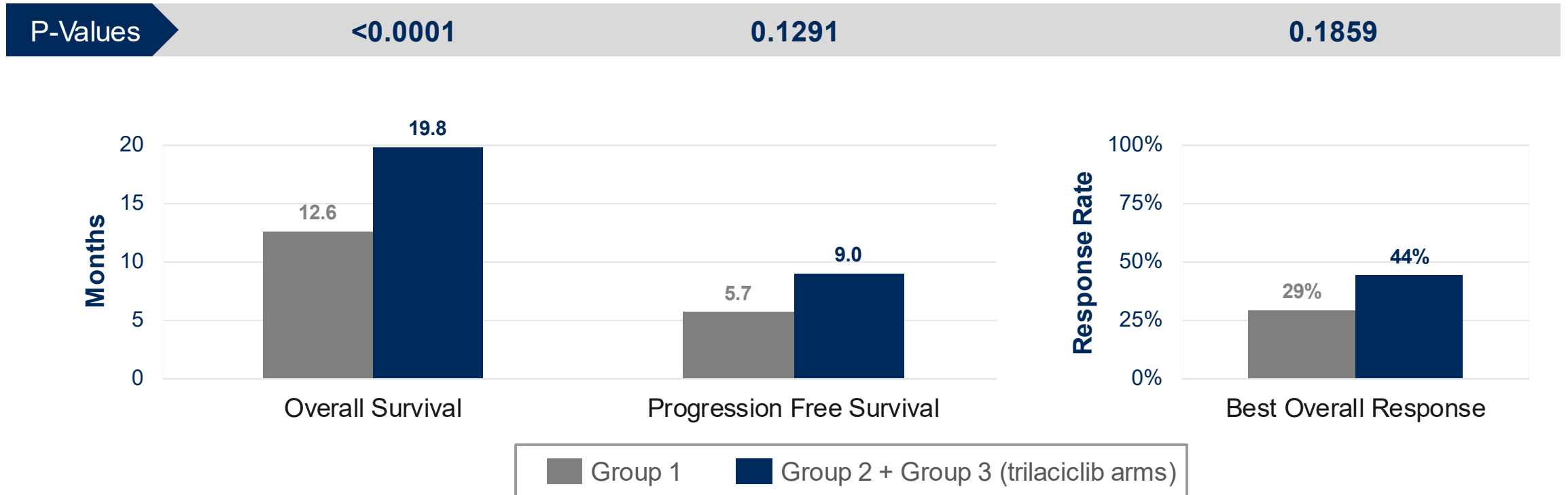
Treatment Group ²	Median OS, months	Hazard Ratio (95% CI)	P Value
Group 1: (gem/carbo)	12.6	-	-
Group 2: (gem/carbo + trilaciclib)	Not Reached	0.31 (0.15-0.63)	0.0016
Group 3: (gem/carbo + trilaciclib)	17.8	0.40 (0.22-0.74)	0.0004

Patients in the trilaciclib arms had ~60-70% reduction in the risk of all cause death



1. Tan et al., Clin Cancer Res (2022) 28 (4): 629-636
 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).

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

OS Improvement Observed Across PD-L1 Subpopulations

Overall Survival for Patients with PD-L1 Positive Tumors

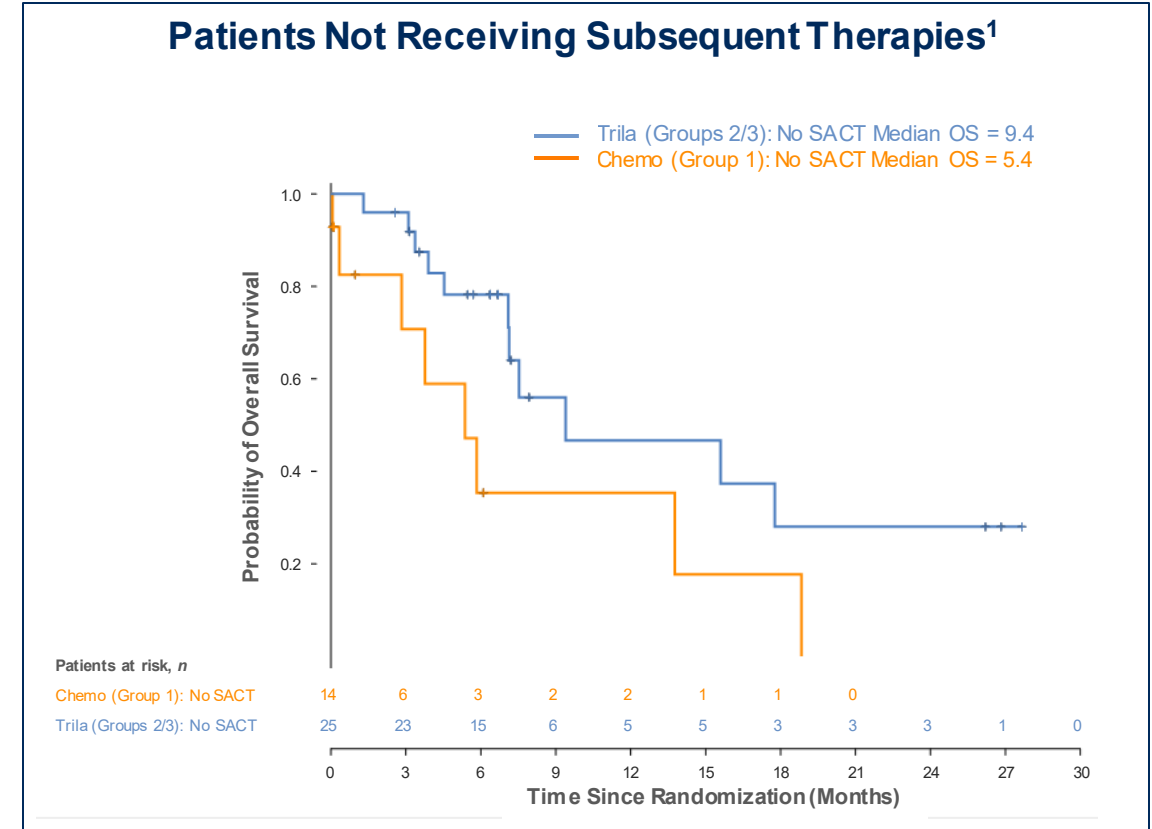
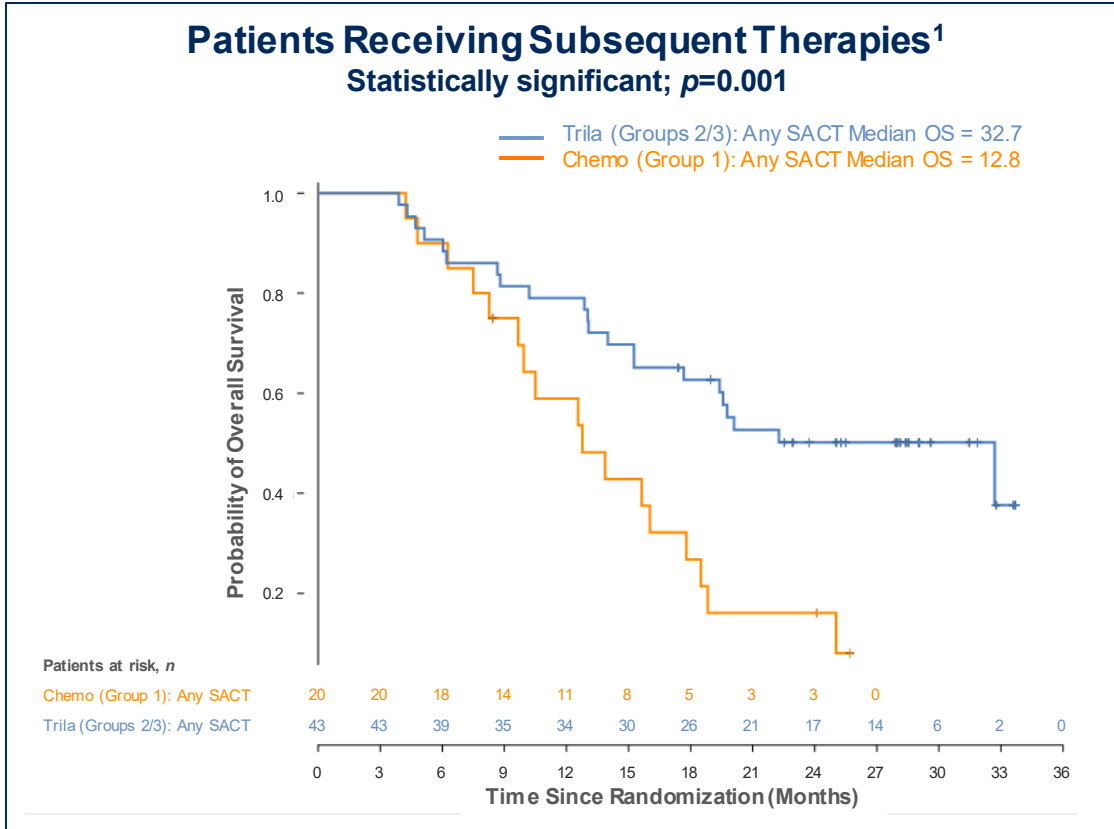
	Chemo (Group 1)	Trilaciclib (Groups 2 / 3)
Patients (<i>n</i>)	17	32
Median OS (<i>months</i>)	10.5	32.7
HR		0.34
P value		0.004

Overall Survival for Patients with PD-L1 Negative Tumors

	Chemo (Groups 1)	Trilaciclib (Groups 2 / 3)
Patients (<i>n</i>)	10	26
Median OS (<i>months</i>)	13.9	17.8
HR		0.48
P value		0.093

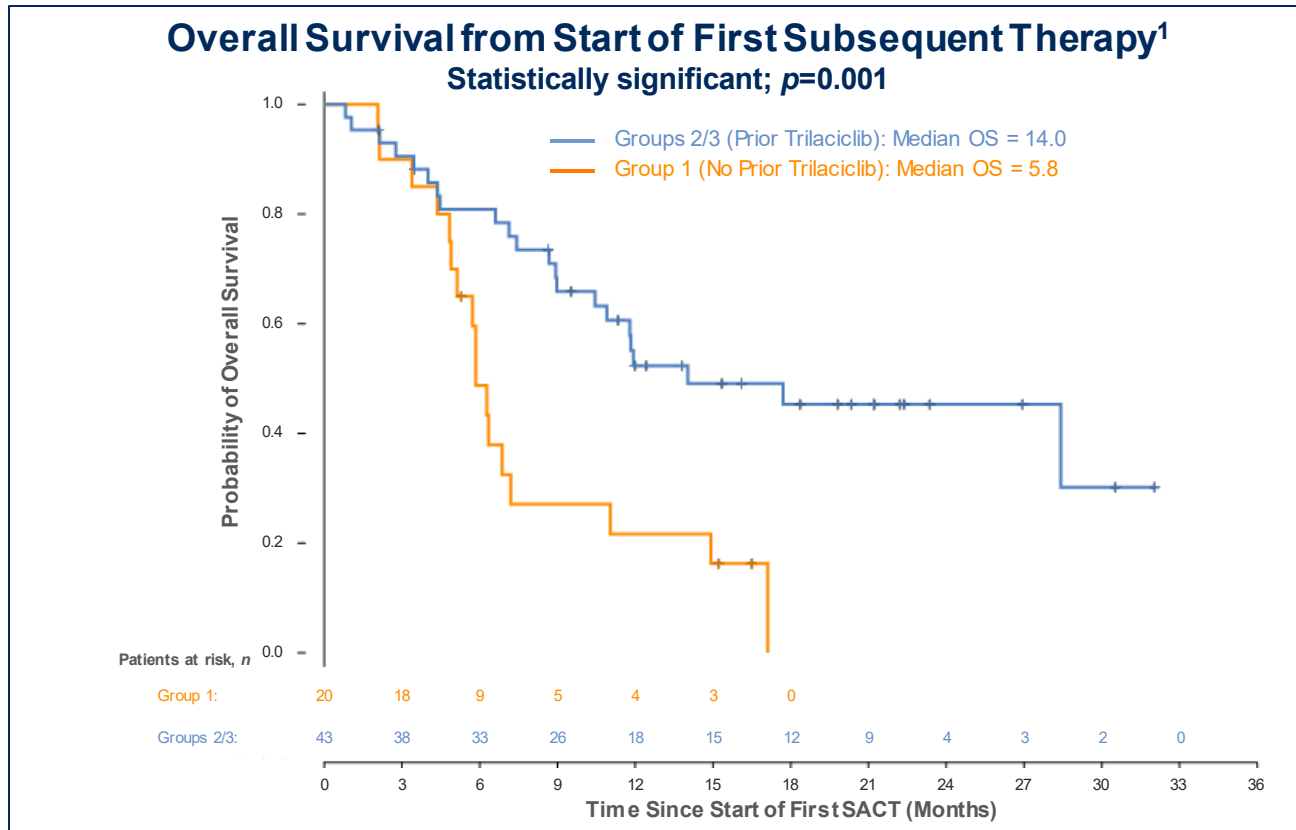
OS improvement observed regardless of patients' tumor PD-L1 status

OS Increased Over Time with Subsequent Therapies



OS benefit continued to increase in the trilaciclib arm as patients received subsequent therapies

OS from Start of Subsequent Therapy Exceeds Benchmarks



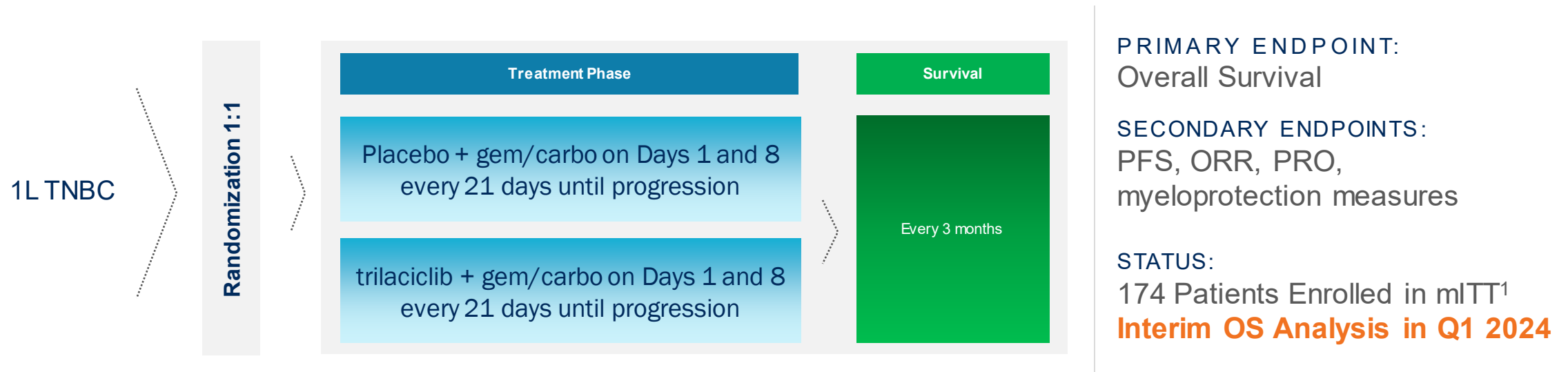
Subsequent Therapy Administered in Phase 2 (2L+ TNBC)	Median OS ¹ (months)
Chemotherapy (Groups 2 / 3 – <u>prior trilaciclib</u>)	14.0
Chemotherapy (Group 1 – no prior trilaciclib)	5.8

Historical Benchmarks from ASCENT (2L+ TNBC)	Median OS ² (months)
Sacituzumab govitecan (“SG”)	12.1
Chemotherapy	6.7

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

Ongoing 1L TNBC Phase 3 Builds Upon Phase 2 Results

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



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

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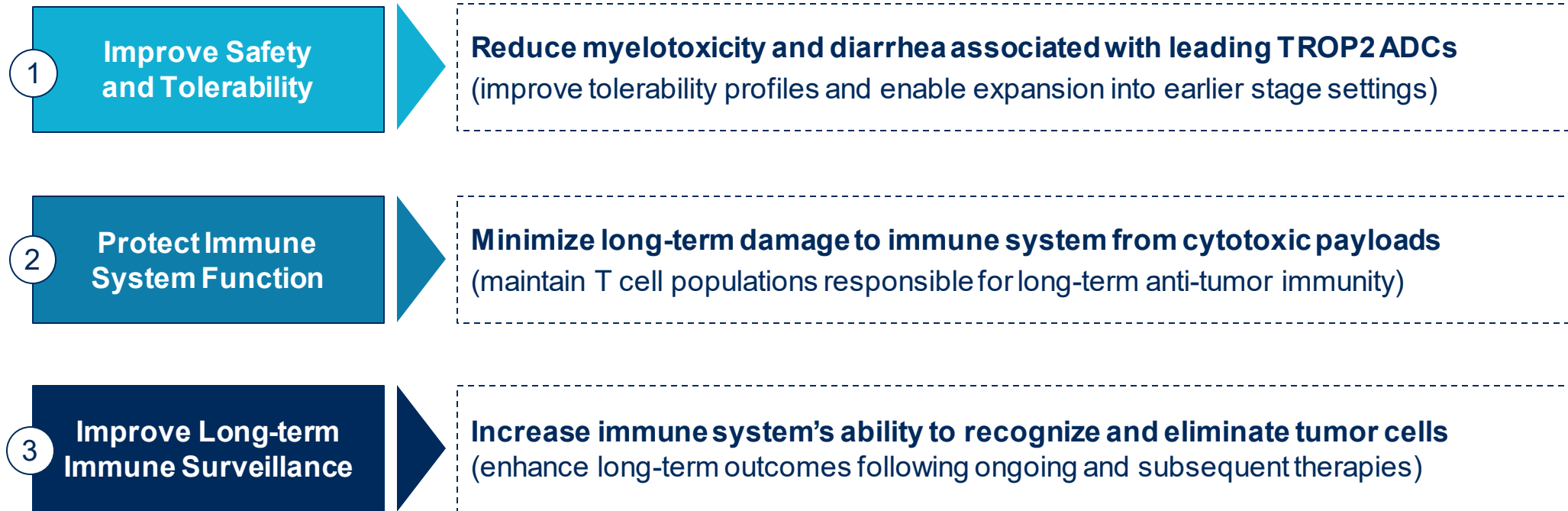
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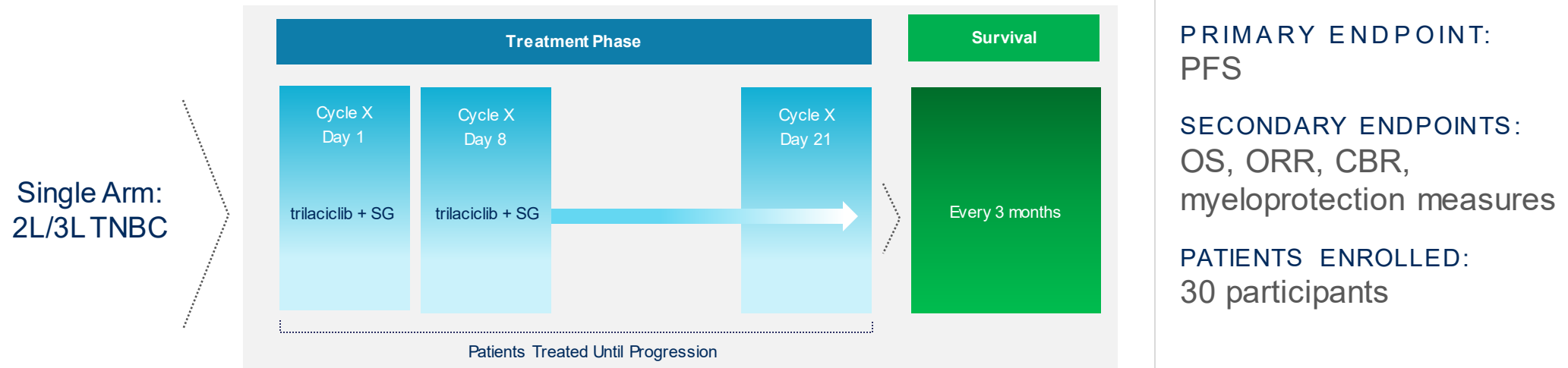
Clinical Rationale for Combining Trilaciclib with ADCs



Potential for trilaciclib to meaningfully improve efficacy and safety of leading ADCs

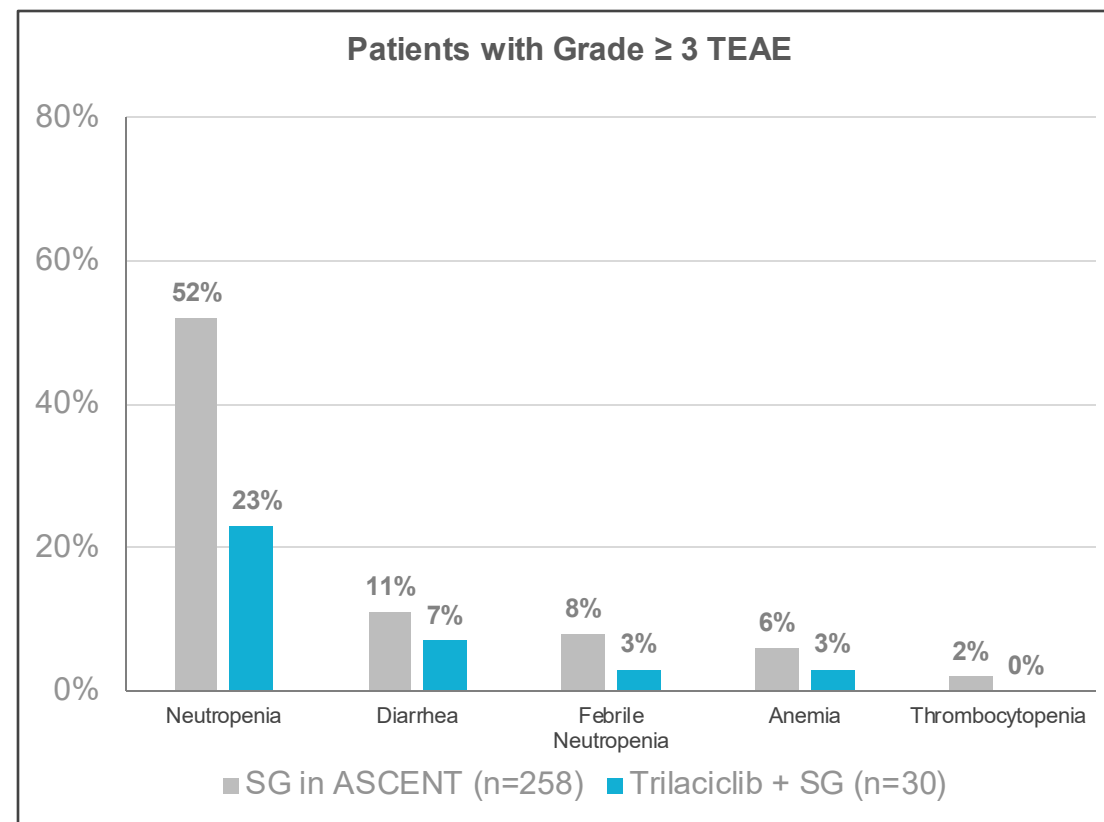
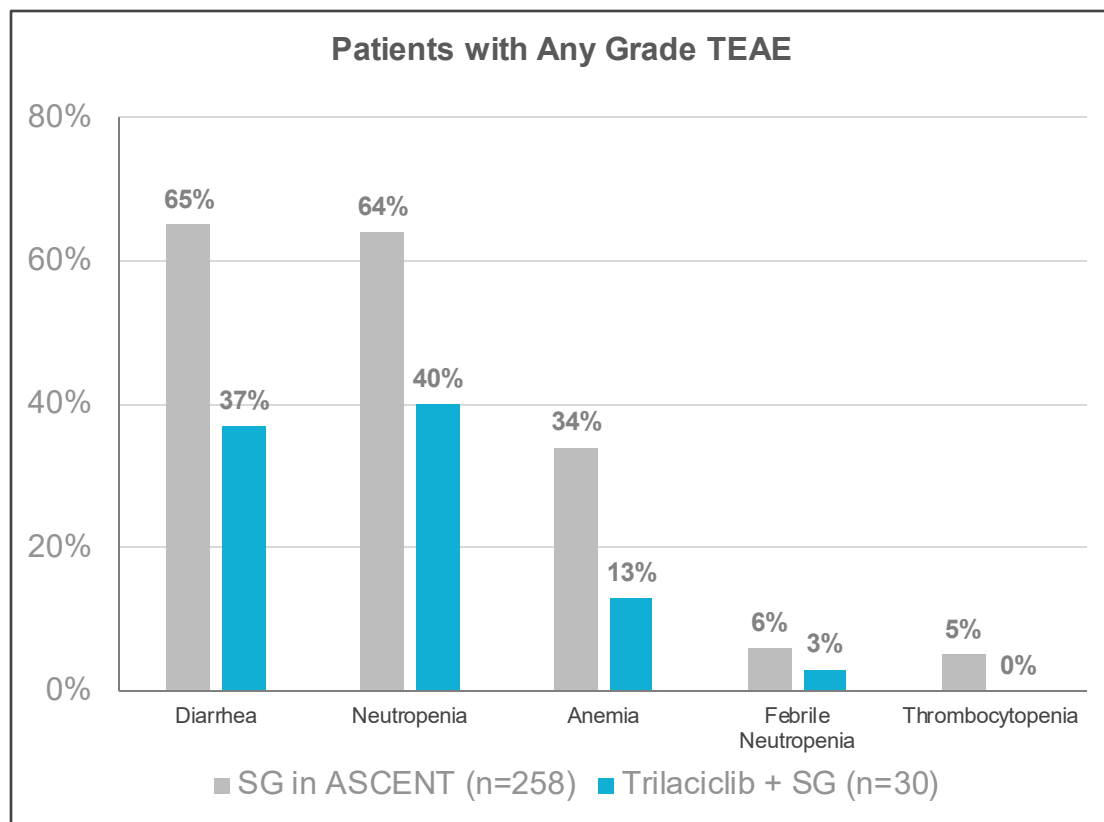
2L+ TNBC in Combination with SG (“ADC Study”)

Evaluating synergistic combo potential of trilaciclib and sacituzumab govitecan



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

ADC Study Preliminary Efficacy Metrics¹

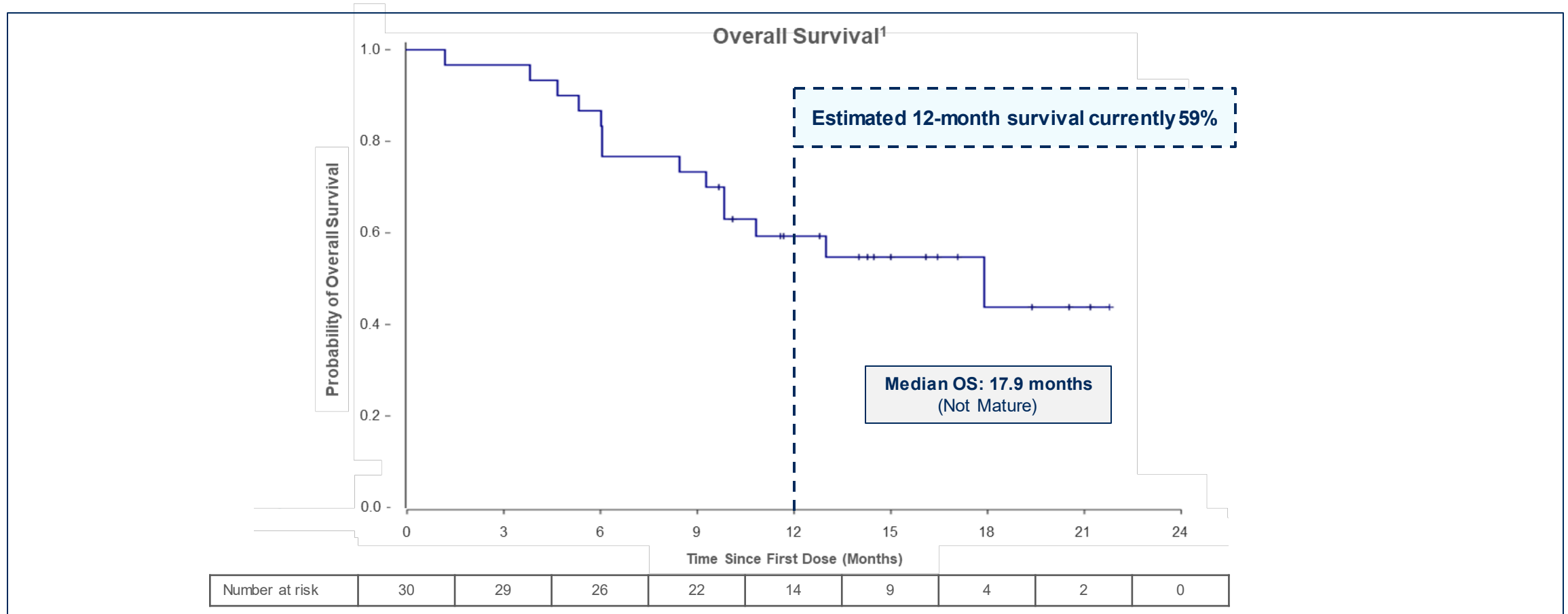
	ORR	Median PFS	Clinical Benefit ¹	Median OS
Trilaciclib + SG	23%	4.1 months	47%	17.9 months ²
SG (Historical from ASCENT ³)	35%	5.6 months	45%	12.1 months

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

Median overall survival for Trilaciclib + SG currently 17.9 months

ADC Study Preliminary OS (Kaplan-Meier)¹



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



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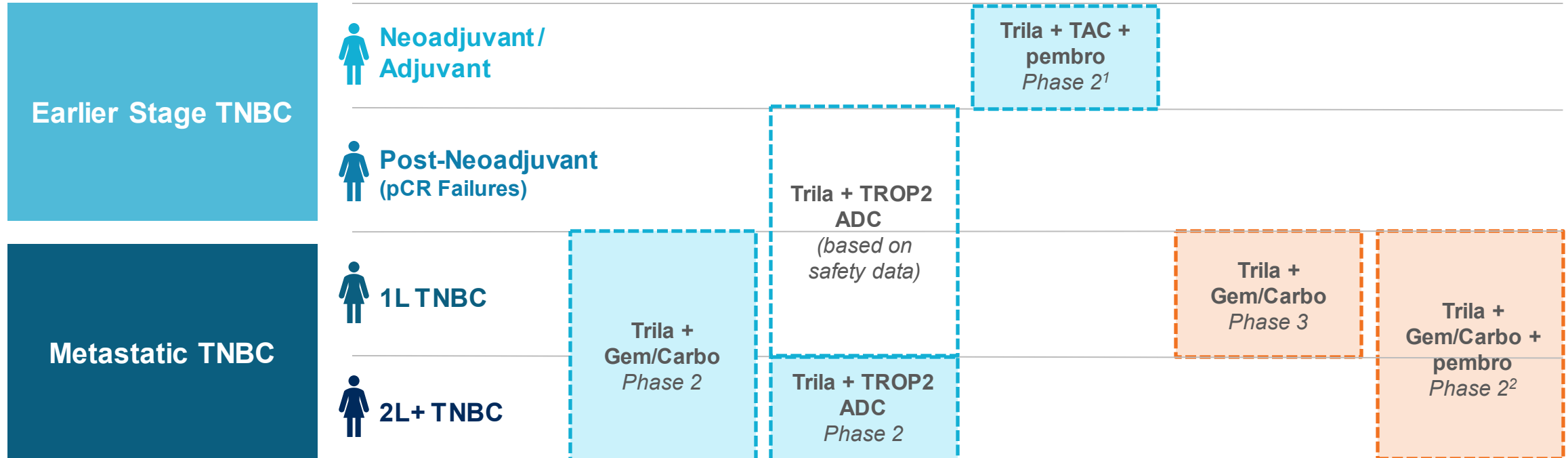
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Trilaciclib Well Positioned Across TNBC Treatment Settings

Proof of Concept Demonstrated

Current Ongoing Studies



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

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

Reduced Operating Expenses

- Reduced headcount / identified savings
- 2023 op-ex over 30% lower than 2022

Strengthened Balance Sheet

- Received \$27M in net proceeds in sale of Greater China royalties¹
- Potential for additional \$18M related to NDA filing / approval of TNBC in China²

Increased Financial Flexibility

- Reduced existing debt outstanding from \$75M to \$50M
- Amended loan agreement to alleviate more restrictive cash covenants³

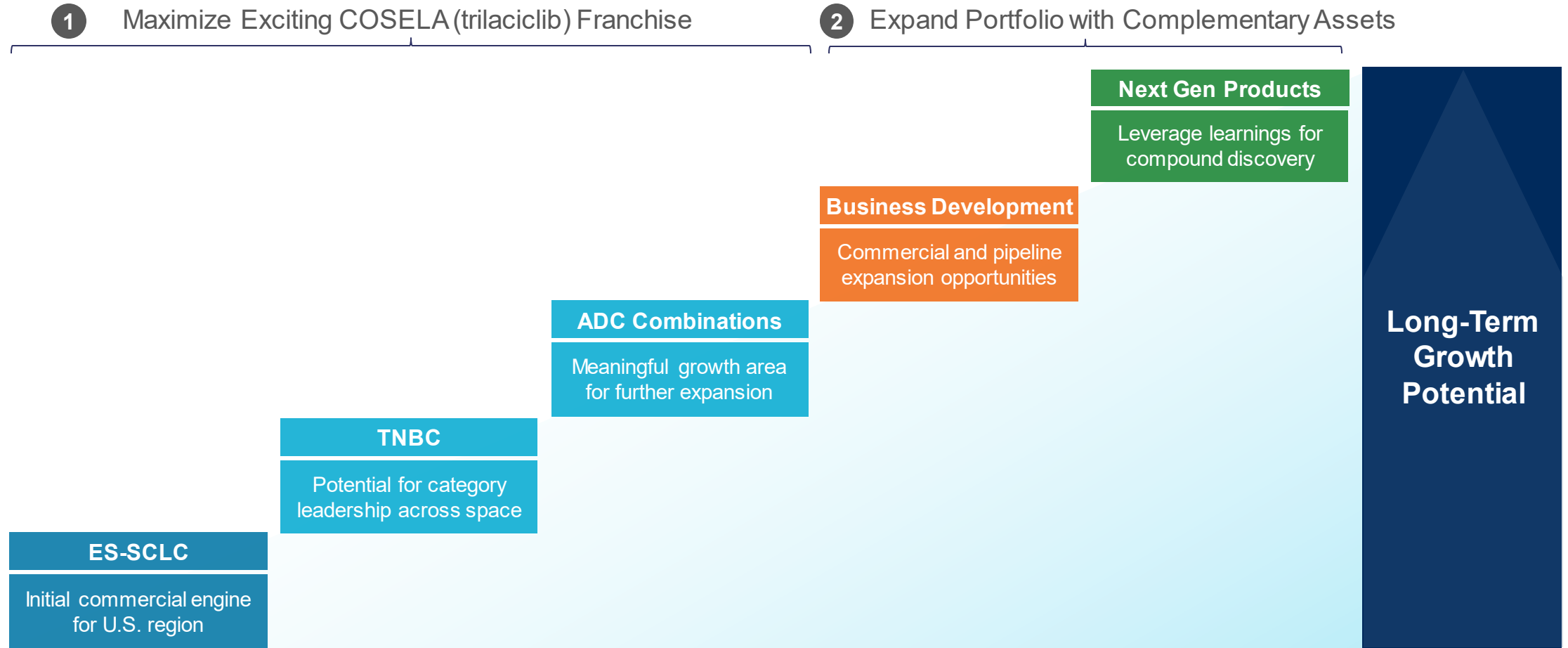
Ended year with increased flexibility and ~\$82M in cash, cash equivalents, and marketable securities

Anticipate cash runway into 2025



1. Received \$27M in net proceeds after local withholding taxes from partner in China (Simcere) in exchange for relieving them of future royalty payments on sales in Greater China.
2. Potential to receive additional \$18M in milestones from Simcere 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





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