Item 2.02    Results of Operations and Financial Condition
As of December 31, 2023, G1 Therapeutics, Inc.’s cash, cash equivalents and investments balance was approximately $82 million.

Item 7.01    Regulation FD Disclosure.
Attached to this Current Report on Form 8-K as Exhibit 99.1 is a presentation (the “Presentation”), which is incorporated herein by reference. The Company will use the Presentation in various meetings with securities analysts, investors, and others beginning January 8, 2024.

Pursuant to General Instruction B.2 of Current Report on Form 8-K, the information contained in, or incorporated into, Item 7.01, including the Presentation attached hereto as Exhibit 99.1, is being furnished and shall not be deemed “filed” for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference into any registration statement or other filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference to such filing.

Item 9.01    Financial Statements and Exhibits.
(d) Exhibits

Exhibit No.    Description

99.1    Presentation dated January 2024

104    Cover Page Interactive Data File (embedded within the Inline XBRL document)
Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

G1 THERAPEUTICS, INC.

By: /s/ Monica Roberts Thomas
   Monica Roberts Thomas
   General Counsel

Date: January 8, 2024
42\textsuperscript{nd} 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 2026, 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 dependences 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.

G1Therapeutics® and G1Therapeutics logo and COSELA® and COSELA logo are trademarks of G1 Therapeutics, Inc. ©2024 G1 Therapeutics, Inc.
## G1 Therapeutics: Opportunities for Significant Growth

<table>
<thead>
<tr>
<th>Unique Marketed Product in U.S. with Growing Revenue</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential to Transform 1L TNBC Treatment</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunity to Improve Safety and Efficacy of Leading ADCs</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positioned for Global Expansion and Future Growth</th>
</tr>
</thead>
<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>
</tr>
</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
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

- Transiently arrests HSPCs and T cells in G1 Phase
- 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

Satisfaction with COSELA® (trilaciclib)

<table>
<thead>
<tr>
<th>% of Oncologists</th>
<th>% of NP/PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied / Satisfied</td>
<td>Very Dissatisfied / Dissatisfied</td>
</tr>
<tr>
<td>91%</td>
<td>4%</td>
</tr>
<tr>
<td>86%</td>
<td>14%</td>
</tr>
</tbody>
</table>

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 at $36,600 current WAC pricing for 24 vials of trilaciclib (assumed 4 cycles per patient based on standard IV 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

<table>
<thead>
<tr>
<th>Expected Future Data in ES-SCLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
</tr>
<tr>
<td>2L ES-SCLC</td>
</tr>
<tr>
<td>Combination</td>
</tr>
<tr>
<td>Details</td>
</tr>
<tr>
<td>Sponsor</td>
</tr>
</tbody>
</table>

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

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)³

<table>
<thead>
<tr>
<th>TNBC Level</th>
<th>Patients</th>
<th>Market Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1L TNBC</td>
<td>9K</td>
<td>~$450M</td>
</tr>
<tr>
<td>2L TNBC</td>
<td>7K</td>
<td>~$350M</td>
</tr>
<tr>
<td>3L TNBC</td>
<td>5K</td>
<td>~$250M</td>
</tr>
</tbody>
</table>

### Metastatic TNBC

- 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

---

¹: Based on Clarivate CRG data, primary market research, and internal analysis to estimate the addressable U.S. population in 2024
²: Market size estimated based on $8C/500 current WAC pricing for 30 vials of 10mg/mL (mean of 8 cycles of trilaciclib received in prior mTNBC Phase 2 study)
Observed Robust OS Improvement in Randomized Phase 2

Overall Survival in Intent-to-Treat Population

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

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

2. Patients randomized to receive gem/carmo chemotherapy (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.

2. Patients randomized to receive gemcitabine chemotherapy only (Group 1) or one of two dosing schedules of trilaciclib - trilaciclib administered the day prior to and the day of chemotherapy (Group 2) or trilaciclib administered the day prior to 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>0.48</td>
</tr>
<tr>
<td>P value</td>
<td>0.004</td>
<td>0.093</td>
</tr>
</tbody>
</table>

#### Overall Survival for Patients with PD-L1 Negative 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>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

1. Tae et al., Clin Cancer Res (2022) 28 (9) 629-636
OS Increased Over Time with Subsequent Therapies

Patients Receiving Subsequent Therapies
Statistically significant; p=0.001

Patients Not Receiving Subsequent Therapies

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

Note: SACT, Subsequent Anti-Cancer Therapy.
1. Excl. 5 Patients with Metastatic Triple-Negative Breast Cancer who Receive Trilaciclib prior to cytotoxic chemotherapy exhibit improved survival after receiving subsequent anti-cancer therapy. 3rd Annual Breast Cancer Symposium (SABCS), December 5-9, 2023, PO2-06-12.
OS from Start of Subsequent Therapy Exceeds Benchmarks

**Overall Survival from Start of First Subsequent Therapy**

Statistically significant; p<0.001

<table>
<thead>
<tr>
<th>Subsequent Therapy Administered in Phase 2 (2L+ TNBC)</th>
<th>Median OS (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemotherapy (Groups 2/3 — prior trilaciclib)</td>
<td>14.0</td>
</tr>
<tr>
<td>Chemotherapy (Group 1 — no prior trilaciclib)</td>
<td>5.8</td>
</tr>
</tbody>
</table>

**Historical Benchmarks from ASCENT (2L+ TNBC)**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Median OS (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacituzumab govitecan (“SG”)</td>
<td>12.1</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>6.7</td>
</tr>
</tbody>
</table>

**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 systemic 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 mITT
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 analysis for the removal of 13 patients that were enrolled in the study from Ukraine.

---

**Legend:**
- 1L TNBC: Tumors Not Otherwise Specified
- Randomization 1:1
- Treatment Phase: Every 3 months
- Survival: Every 3 months
- Placebo + gem/carbo on Days 1 and 8 every 21 days until progression
- Trilaciclib + gem/carbo on Days 1 and 8 every 21 days until progression

---

17
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

Patients Treated Until Progression

PRIMARY ENDPOINT:
PFS

SECONDARY ENDPOINTS:
OS, ORR, OSR, 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 CelestMMI data cut. Median number of cycles received is 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</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 months²</td>
</tr>
<tr>
<td>SG (Historical from ASCENT³)</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.

Median overall survival for Trilaciclib + SG currently 17.9 months

---

1. Clinical Benefit calculated as confirmed responses + partial responses + stable disease for at least 6 months
2. Data cutoff for trilaciclib + SG: 2024-01-04
ADC Study Preliminary OS (Kaplan-Meier)

Encouraging OS trend with estimated 12-month survival currently 59%; next OS data cut expected mid-2024.
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 Well Positioned Across TNBC Treatment Settings

- **Trilaciclib Proof of Concept Demonstrated**
  - Neoadjuvant / Adjuvant
  - Post-Neoadjuvant (pCR Failures)
  - 1L TNBC
  - 2L+ TNBC
- **Current Ongoing Studies**
  - Trila + TAC + pembrolizumab
  - Trila + TROP2 ADC
  - Trila + Gem/Carbo

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>
</tr>
</thead>
<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>
</tbody>
</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 first partner in China (Gicou) (in exchange for royalty term of future royalty payments on sales in Greater China).
2. Potential to receive additional $18M in reliance on Gicou's pending IND filing and approval of a TNBC indication for metastatic in China.
3. Amended existing loan agreement with Merrimack Capital by lowering minimum cash covenant and removing existing revenue covenant (in exchange for a conditioned borrowing base limit).

---

<sup>1</sup> Received $27M in net proceeds after local withholding taxes first partner in China (Gicou) (in exchange for royalty term of future royalty payments on sales in Greater China).
<sup>2</sup> Potential to receive additional $18M in reliance on Gicou’s pending IND filing and approval of a TNBC indication for metastatic in China.
<sup>3</sup> Amended existing loan agreement with Merrimack Capital by lowering minimum cash covenant and removing existing revenue covenant (in exchange for a conditioned borrowing base limit).
G1 Focus and Long-Term Vision

1. Maximize Exciting COSELA (trilaciclib) Franchise
   - Initial commercial engine for U.S. region

2. Expand Portfolio with Complementary Assets
   - Business Development
     - Commercial and pipeline expansion opportunities
   - ADC Combinations
     - Meaningful growth area for further expansion

Next Gen Products
- Leverage learnings for compound discovery

- TNBC
  - Potential for category leadership across space

- ES-SCLC
  - Initial commercial engine for U.S. region
Recent 2023 Presentations Highlight Benefit of Trilaciclib

American Society of Clinical Oncology (ASCO)
- Reduces adverse events related to ADC
- Immune-mediated MOA protects immune system from ADC damage

European Society for Medical Oncology (ESMO)
- MOA may improve immune surveillance

San Antonio Breast Cancer Symposium (SABCS)
- Highlights clinical impact of trilaciclib MOA
- Patients receiving trilaciclib + chemotherapy prior to subsequent anticancer experience improved survival compared to chemo alone

ASCO Quality Care Symposium (ASCO QC)
- Improved survival in SCLC patients (HR 0.63)
- Odds of severe myelosuppression reduced by >70%
- Lower rate of hospitalizations

International Society for Pharmacoeconomics and Outcomes Research (ISPOR)
- Consistent risk of myelosuppression after chemo among patients with SCLC

Medical Meeting Presentations Reinforce Significant Potential for Trilaciclib
2L+ TNBC (“ADC Study”) Patient Baseline Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Trilaciclib (n=30)</th>
<th>SG in ASCENT (n=235)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age, years (range)</td>
<td>55 (39–75)</td>
<td>58 (29–82)</td>
</tr>
<tr>
<td>Female, n (%)</td>
<td>26 (87)</td>
<td>189 (80)</td>
</tr>
<tr>
<td>White</td>
<td>5 (17)</td>
<td>78 (33)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1 (3)</td>
<td>5 (2)</td>
</tr>
<tr>
<td>ECOG PS, n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>29 (67)</td>
<td>120 (64)</td>
</tr>
<tr>
<td>1</td>
<td>11 (33)</td>
<td>107 (54)</td>
</tr>
<tr>
<td>Stage at Screening, n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locally advanced</td>
<td>2 (7)</td>
<td>NA</td>
</tr>
<tr>
<td>Metastatic</td>
<td>28 (93)</td>
<td>NA</td>
</tr>
<tr>
<td>TNBC at diagnosis, n (%)</td>
<td>26 (87)</td>
<td>165 (70)</td>
</tr>
<tr>
<td>PD-L1 Status, n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>19 (63)</td>
<td>NA</td>
</tr>
<tr>
<td>Negative</td>
<td>6 (21)</td>
<td>NA</td>
</tr>
<tr>
<td>BRCA 1/2 mutation status, n (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>17 (57)</td>
<td>133 (57)</td>
</tr>
<tr>
<td>Positive</td>
<td>2 (7)</td>
<td>4 (1)</td>
</tr>
<tr>
<td>Median previous anticancer regimen, n</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Prior PD-L1 treatment, n (%)</td>
<td>22 (73)</td>
<td>67 (29)</td>
</tr>
</tbody>
</table>