Developing and Delivering Next Generation Therapies that Improve the Lives of People Living with Cancer

May 2024
Forward-Looking Statements

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# G1 Therapeutics: Opportunities for Significant Growth

| Unique Marketed Product in U.S. with Growing Revenue | • Novel product that provides meaningful patient benefits via transient G1 arrest of HSPCs and T-Cells  
• Established U.S. commercial infrastructure with growing revenue in initial ES-SCLC indication |
| --- | --- |
| Potential to Transform 1L TNBC Treatment | • Late 2Q24 (est.) Phase 3 final readout would provide important potential global commercial opportunity  
• Robust OS observed in randomized Phase 2 with improvement continuing with subsequent therapies |
| Opportunity to Improve Safety and Efficacy of Leading ADCs | • Phase 2 with sacituzumab govitecan serves as proof-of-concept for trilaciclib in TROP2 ADC combinations  
• Following compelling initial results in January, mature efficacy results to be presented at ASCO 2024 |
| Positioned for Global Expansion and Future Growth | • Evaluating additional late-stage studies and conducting research into next generation products  
• Planning to secure a partner for global expansion on a successful 1L TNBC readout  
• Anticipated cash runway into 3Q 2025 |

Note: HSPCs: Hematopoietic stem and progenitor cells, ES-SCLC: Extensive Stage Small Cell Lung Cancer, 1L: First line, TNBC: Triple negative breast cancer; OS: overall survival, ADC: antibody-drug conjugate, ASCO: American Association of Clinical Oncology
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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
- Transiently arrests HSPCs and T cells in G1 Phase

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

Satisfaction with COSELA® (trilaciclib)

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

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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. 1L market penetration as of 1Q 2024
3. According to active prescriber data from internal ATU Tracking Studies, Q3 2023, which is further supported by Real World Evidence
4. Prescriber data from internal ATU Tracking Studies, Q3 2023
Strong COSELA Growth Expected in 2024

1Q24 Highlights
• $14.1M in net COSELA sales
• 4% quarterly vial volume growth; 33% growth over 1Q23
• Localized/regional variability masked strong execution and growth  
  • 30% growth in West region  
  • 20% growth in customers covered by Strategic accounts
• Enhanced and added new contracted customers
• Added three new top 100 accounts through April (78 total)
• 63 top 100 accounts ordered during quarter; highest since launch

April 2024 Highlights
• Highest volume & ex factory sales month since launch
• ~30% growth by large customers with slow start to 1Q24
• Double digit growth in contracted customers

Sales trends support confidence in COSELA net sales guidance of $60M to $70M
## 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>Setting</td>
<td>2L ES-SCLC</td>
<td>2L ES-SCLC</td>
<td>1L/2L ES-SCLC</td>
</tr>
<tr>
<td>Combination</td>
<td>Lurbinectedin</td>
<td>Topotecan</td>
<td>Chemotherapy</td>
</tr>
<tr>
<td>Target Enrollment</td>
<td>~30 Patients</td>
<td>~300 Patients</td>
<td>NA</td>
</tr>
<tr>
<td>Details</td>
<td>Evaluating myeloprotection and efficacy</td>
<td>Evaluating overall survival (“OS”)</td>
<td>Evaluating OS from U.S. Claims data</td>
</tr>
<tr>
<td>Sponsor</td>
<td>UNC Lineberger</td>
<td>G1</td>
<td>G1</td>
</tr>
</tbody>
</table>

1. Huan et al., Assessment of Hospitalizations and Cytopenia Events Among Patients with Extensive Stage Small Cell Lung Cancer (ES-SCLC) Receiving Chemotherapy with Trilaciclib; ASCO Quality Care Symposium, October 2023, Abstract 531
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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
Metastatic TNBC: Important Area of High Unmet Need

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

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

**Metastatic triple negative breast cancer (“mTNBC”) is aggressive 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 triple negative breast cancer**

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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

<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>
Overall Survival in Phase 2: Most Significant Effect

Trilaciclib indicated 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>Trilacilib (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>Trilacilib (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 in Phase 2 regardless of patients’ tumor PD-L1 status**

OS Increased Over Time with Subsequent Therapies

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

Patients Not Receiving Subsequent Therapies

Increasing OS benefit observed in the trilaciclib arm as patients received subsequent therapies

Note: SACT: Subsequent Anti-Cancer Therapy.  
1. Goel S et al., 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.
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.
Potential to demonstrate trilaciclib + gem/carbo as 1L TNBC standard of care with meaningfully improved OS continuing to increase with subsequent therapies.
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
Evaluating synergistic combo potential of trilaciclib and sacituzumab govitecan (“SG”)

Single Arm: 2L/3L TNBC

Treatment Phase

Cycle X Day 1
trilaciclib + SG

Cycle X Day 8
trilaciclib + SG

Cycle X Day 21

Survival

Every 3 months

Patients Treated Until Progression

PRIMARY ENDPOINT: PFS
SECONDARY ENDPOINTS: OS, ORR, CBR, myeloprotection measures
Status: 30 participants
Mature results to be presented at ASCO 2024

Strong clinical rationale underlying a trilaciclib + TROP2 ADC combination
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\(^1\)
**Data Cutoff January 4, 2024**

<table>
<thead>
<tr>
<th></th>
<th>ORR</th>
<th>Median PFS</th>
<th>Clinical Benefit(^1)</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(^2)</td>
</tr>
<tr>
<td>SG (historical from ASCENT(^3))</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

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1. Clinical Benefit calculated as confirmed responses + partial responses + stable disease for at least 6 months
2. Data cutoff for trilaciclib + SG: 4Jan2024 ("OS data not mature")
1. Data cutoff for trilaciclib + SG: 4Jan2024 (*OS data not mature*)

ADC Study Preliminary OS (Kaplan-Meier)$^1$
Data Cutoff January 4, 2024

Encouraging initial OS trend with estimated 12-month survival 59%

1. Data cutoff for trilaciclib + SG: 4Jan2024 (*OS data not mature*)
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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 Well Positioned Across TNBC Treatment Settings

## Proof of Concept Demonstrated

<table>
<thead>
<tr>
<th>Neoadjuvant / Adjuvant</th>
<th>Post-Neoadjuvant (pCR Failures)</th>
<th>1L TNBC</th>
<th>2L+ TNBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trila + TROG2 ADC</td>
<td>Trila + Gem/Carbo Phase 2</td>
<td>Trila + Gem/Carbo Phase 3</td>
<td>Trila + Gem/Carbo + pembro Phase 2^2</td>
</tr>
<tr>
<td>(based on safety data)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Current Ongoing Studies

<table>
<thead>
<tr>
<th>Neoadjuvant / Adjuvant</th>
<th>Post-Neoadjuvant (pCR Failures)</th>
<th>1L TNBC</th>
<th>2L+ TNBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trila + TAC + pembro Phase 2^1</td>
<td>Trila + TROG2 ADC (based on safety data)</td>
<td>Trila + Gem/Carbo Phase 3</td>
<td>Trila + Gem/Carbo + pembro Phase 2^2</td>
</tr>
</tbody>
</table>

## 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
Cash Runway Expected into the Third Quarter of 2025

### 1Q24 Financial Results and 2024 Guidance

<table>
<thead>
<tr>
<th>Continued Growth Through 1Q24</th>
<th>Robust Growth Expected in 2024</th>
<th>Optimizing Cost Structure</th>
<th>Efficiently Managing Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1Q24 net COSELA revenue of $14.1M; +34% YoY</td>
<td>2024 COSELA net revenue guidance of between $60M and $70M</td>
<td>2024 OpEx expected to be 15% to 20% lower than 2023</td>
<td>$50M-$60M cash position expected at YE 2024</td>
</tr>
<tr>
<td>1Q24 total revenue of $14.9M</td>
<td></td>
<td></td>
<td>$5M Genor milestone payment expected in 2H24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Upfronts + up to $135M in milestones via Pepper Bio licensing of lerociclib</td>
</tr>
</tbody>
</table>

Cash runway expected to be sufficient to fund operations into the third quarter of 2025
G1 Focus and Long-Term Vision

1. Maximize Exciting COSELA (trilaciclib) Franchise
   - Initial commercial engine for U.S. region
   - Potential for category leadership across space

2. Expand Portfolio with Complementary Assets
   - ADC Combinations
     - Meaningful growth area for further expansion
   - TNBC
   - ES-SCLC
     - Initial commercial engine for U.S. region
   - Next Gen Products
     - Leverage learnings for compound discovery
   - Business Development
     - Commercial and pipeline expansion opportunities

Long-Term Growth Potential