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BeiGene Mid-Year 2019 Clinical Data Wrap-Up

June 20, 2019

Welcome

Howard Liang, Ph.D., CFO and Chief Strategy Officer

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This presentation and the accompanying oral presentation contains data and information obtained from third-party studies and internal company analysis of such data and information. BeiGene has not independently verified the data and information obtained from these sources. Forward-looking information obtained from these sources is subject to the same qualifications noted above.

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Agenda

Welcome – *Howard Liang, Ph.D.*

Introduction – *John V. Oyler*

Zanubrutinib – *Jane Huang, M.D.*

- Pooled safety data summary
- Phase 3 in WM: MYD88^{WT} cohort
- Phase 2 in R/R CLL/SLL
- Phase 1 in WM cohort
- Phase 1 in MCL cohort
- Phase 2 in R/R MCL summary
- Phase 1b Combination with Obinutuzumab in R/R FL and CLL

Tislelizumab – *Eric Hedrick, M.D.*

- Phase 2 in R/R cHL
- Phase 1 NPC cohort

Key Takeaways – *Eric Hedrick, M.D.*

Q&A

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Introduction

John V. Oyler, Chairman, Co-Founder and CEO

Business Updates

Regaining tislelizumab worldwide rights

- Termination of collaboration agreement with Celgene ahead of pending BMS-Celgene merger
- BeiGene to receive $150M payment from Celgene
- Early resolution in the best interest of the asset and both companies
- Minimal interruption in clinical execution – BeiGene has been leading 90% of the Phase 3 or potentially registration-enabling trials for tislelizumab
- Full options available commercially, from going alone, to co-promotion, to out-licensing – we will seek to maximize the value of the asset

Regulatory progress

- Tislelizumab and zanubrutinib approvals in China expected in 2019
- Tislelizumab filed for urothelial carcinoma in China in May
- ABRAXANE® filed for pancreatic cancer in China in May

Clinical progress

- Executing towards enrollment completion in 2019 for a large number of Phase 3 or potentially registration-enabling trials
- Progress will be updated in quarterly earnings releases
- Expect data readouts in 2019 / 2020 from a large number of key Phase 3 or potentially registration-enabling studies for zanubrutinib, tislelizumab and pamiparib

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Tislelizumab's Advanced Development Status

Global Trials (China and ROW)	NSCLC	Phase 3 (n=800) in 2L NSCLC tislelizumab vs. docetaxel Primary endpoint: OS Initiated in Nov. 2017	
	HCC	Phase 3 (n=640) in 1L HCC tislelizumab vs. sorafenib Primary endpoint: OS Initiated in Jan. 2018	Phase 2 (n=225) in 2L/3L HCC tislelizumab monotherapy Primary endpoint: ORR by IRC Initiated in Apr. 2018, enrollment completed in 1Q:19
	ESCC	Phase 3 (n=450) in 2L ESCC tislelizumab vs. single-agent chemo (paclitaxel, docetaxel, or irinotecan) Primary endpoint: OS Initiated in Jan. 2018	Phase 3 (n=480) in 1L advanced ESCC tislelizumab or placebo + platinum- and fluoropyrimidine-based chemo Co-primary endpoints: PFS and OS Initiated in Dec. 2018
	GC	Phase 3 (n=720) in 1L advanced GC tislelizumab or placebo + platinum- and fluoropyrimidine-based chemo Co-primary endpoints: PFS and OS Initiated in Dec. 2018	R/R NK/T-cell lymphomas: Phase 2 (n=90) in 1L R/R Mature T- and NK- Neoplasms tislelizumab monotherapy Primary endpoints: ORR Initiated in Apr. 2018
China Trials	NSCLC	Phase 3 (n=320) in 1L Stage IIIB or IV non-squamous NSCLC Tislelizumab+ chemo (platinum-pemetrexed) vs. chemo Primary endpoint: PFS Initiated in Jul. 2018	Phase 3 (n=340) in 1L Stage IIIB or IV squamous NSCLC Tislelizumab+ paclitaxel and carboplatin combo or nab-paclitaxel and carboplatin combo vs. paclitaxel and carboplatin combo Primary endpoint: PFS Initiated in Aug. 2018
	UC	Pivotal phase 2 (n=110) in 2L UC tislelizumab monotherapy Primary endpoint: ORR Initiated in Jul. 2017, enrollment completed in 3Q:18, NDA accepted May 2019	cHL: Pivotal phase 2 (n=70) in R/R cHL tislelizumab monotherapy Primary endpoint: ORR Initiated in Apr. 2017, enrollment completed in 4Q:17, NDA accepted in Aug 2018
	MSI-H or dMMR solid tumors	Phase 2 (n=60) in MSI-H or dMMR solid tumors tislelizumab monotherapy Primary endpoint: ORR Initiated in Sept. 2018	NPC: Phase 3 (n=256) in 1L tislelizumab + chemo (gemcitabine plus cisplatin) vs. placebo + chemo Primary endpoint: PFS Initiated in Apr. 2019

Enrollment complete

Enrollment expected to complete in 2019

Enrollment expected to complete in 2020-2021

2,714 patients currently enrolled in these trials

2,950 total patients dosed across all tislelizumab studies

*Tislelizumab dosage 200mg every three weeks, Q3W. Global Ph3 trial in Stage III NSCLC is run by Celgene; global Ph2 in R/R/ NK/T-cell lymphoma and Ph2 trial in MSI-H or dMMR solid tumors in China are potentially registrational-enabling trials. ORR: Overall response rate; PFS: Progression-free survival; cCRT: concurrent chemoradiotherapy; IRC: Independent Review Committee; ITT: Intent-to-treat

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Zanubrutinib

Jane Huang, M.D., CMO, Hematology

Zanubrutinib Pooled Safety

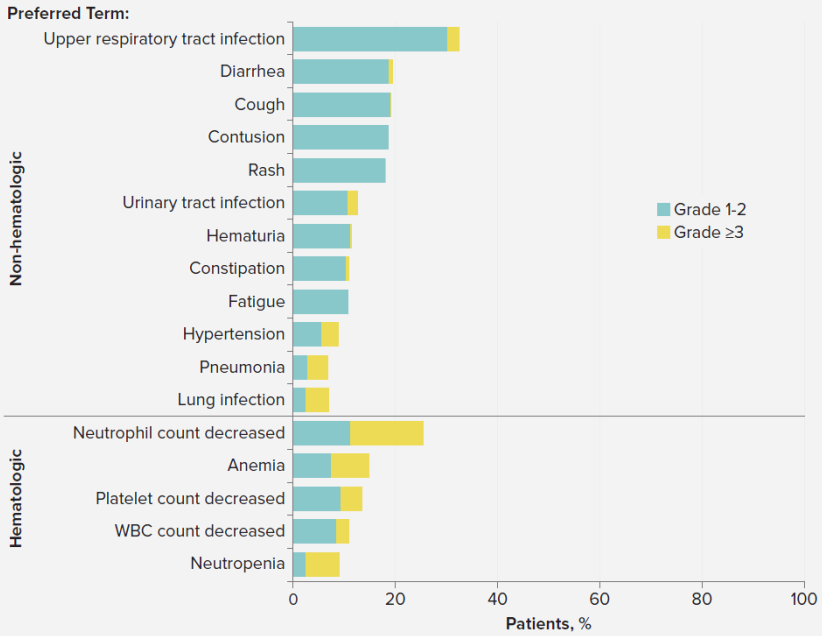
Abstract PS1159

24th European Hematology Association Congress

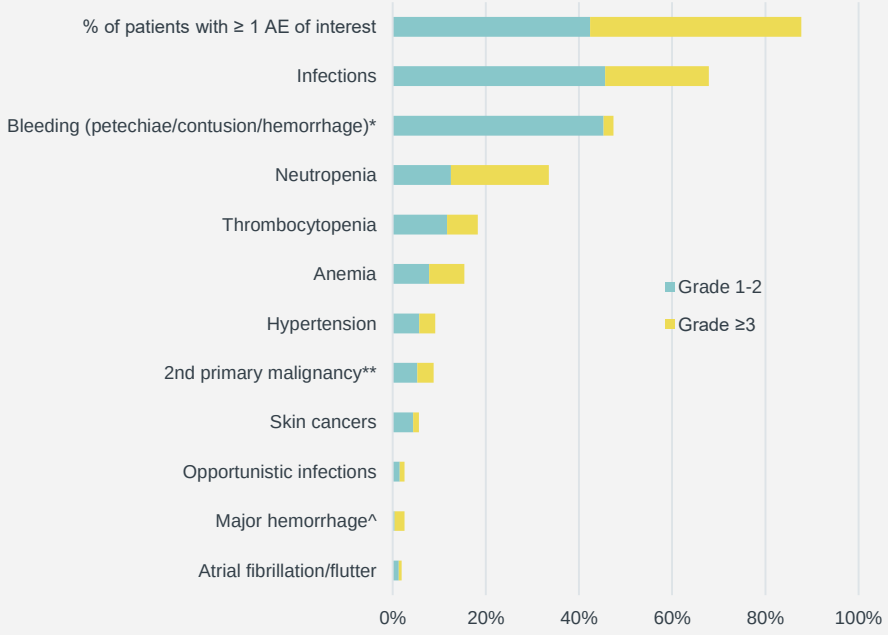
Jane Huang, M.D., CMO, Hematology

Zanubrutinib Monotherapy Studies Pooled Safety Data (n=682)

Most Common AEs (All Grade in ≥10% or Grade 3 or Higher in ≥ 3%)



AEs of Interest by Category



Median exposure 13.4 months. * Inclusive of major hemorrhage; events consist primarily of grade 1-2 mucocutaneous bleeding.
** Inclusive of skin cancers (primarily basal cell [3.5%] and squamous cell carcinomas [2.2%]).
^ Includes any serious or grade ≥3 bleeding event or central nervous system bleed of any severity grade

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Pooled Safety Data*

	Zanubrutinib EHA 2018[1]	Zanubrutinib EHA 2019[2]	Acalabrutinib[6]	Ibrutinib	Background Rate
n	476	682	612	756[5]; 1,124[b]; 1,605[c]	2,090[4]-2,152[3]
Major hemorrhage % (Gr≥3) [events/100 pt. yrs.]	2% (2%)	2.5% (2.1%) [2.07]	2.8% (2.0%) -	4%[5] 3%[5] [3.0[3]]	 [1.9[3]]
Atrial fibrillation % (Gr≥3) [events/100 pt. yrs.]	~2% (0.2%)	1.9% (0.6%) [1.56]	2.9% (1.0%) -	9%[c] (4.1%)[c] [3.3[4]]	 [0.84[4]]
Diarrhea (Gr≥3)	~15% (1%)	19.4% (0.9%)	40% (2.1%)	39%[c] (3%)[c]	
Median exposure, mo (25th-75th percentile) (range)[#]	7.0 (0.02-36.05)	13.4 (6.1-19.6)	18.5 (0.03-37.4)[#]	14.8mo[ca]	

* Pooled safety data from separate trials and sources. Limitations regarding cross-trial comparisons apply.

Sources: 1 Tam et al, EHA 2018; 2 Tam et al, EHA 2019; 3 Caron, F Blood Advances 1:12 2019; 4 Leong, D Blood 128:1 2016; 5 O'Brien S Clin Lymphoma Myeloma & Leukemia 18:10 2018; 6 Byrd et al, ASH 2017; a Median treatment duration; b Data from label out of 1,124 patients; c Data from label out of 1,605 patients

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Zanubrutinib Phase 3 in WM: MYD88^{WT} Cohort

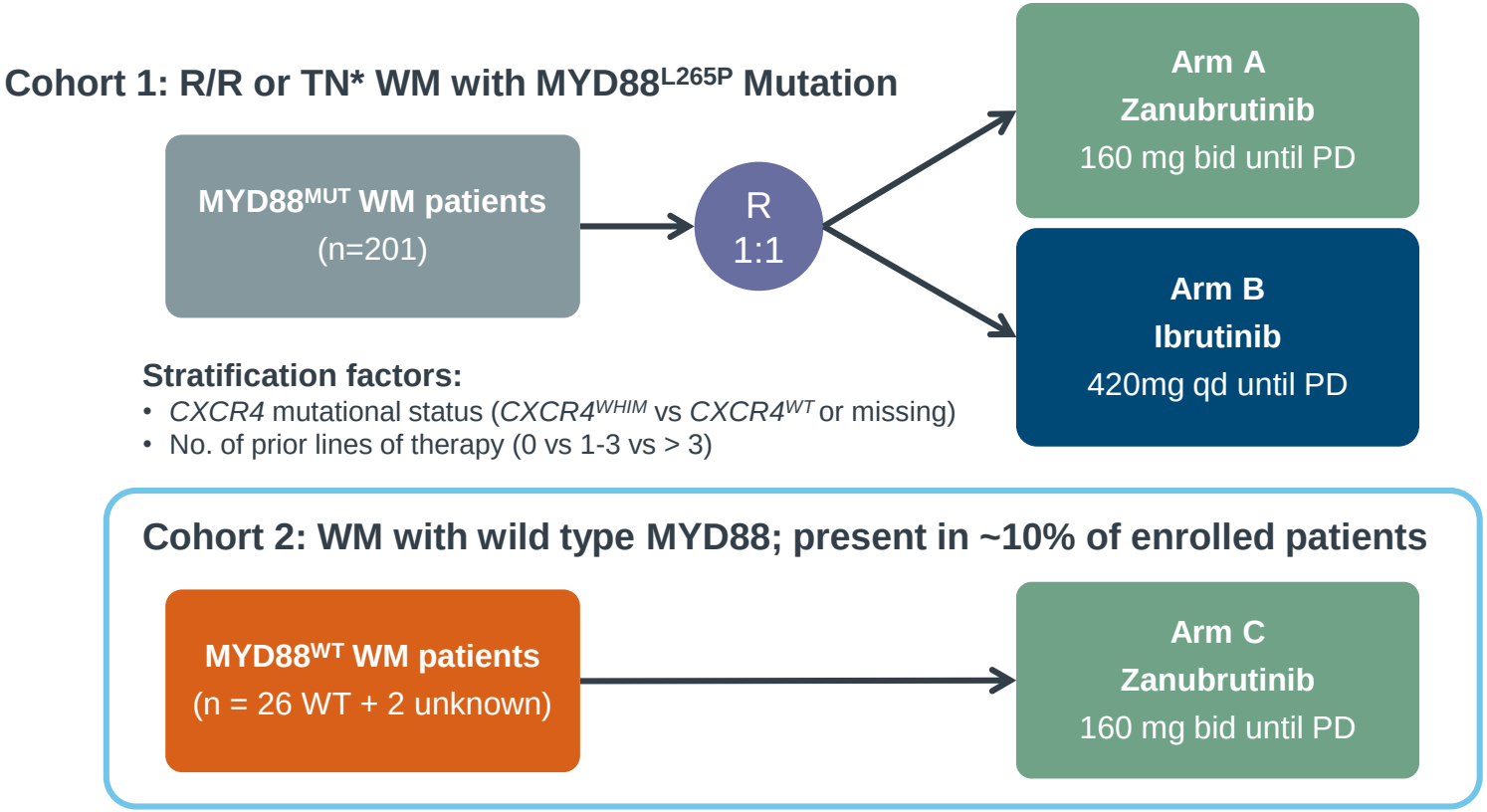
Abstract PF487

24th European Hematology Association Congress

Jane Huang, M.D., CMO, Hematology

Trial Design: Phase 3 in WM, MYD88^{WT} Cohort

Data cut: Feb 28, 2019



bid, twice daily; PD, progressive disease; qd, once daily; R/R, relapsed/refractory; TN, treatment-naïve; *TN must be unsuitable for standard chemoimmunotherapy. *EUDRACT 2016-002980-33; NCT03053440*

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Patient and Disease Characteristics

Data cut: Feb 28, 2019

Characteristic	Total (n=26)
Age, years, median (range)	71.5 (39-87)
Gender, n (%)	
Male	14 (53.8)
Female	12 (46.2)
ECOG performance status, n (%)	
0	9 (34.6)
1	14 (53.8)
2	3 (11.5)
Prior treatment status	
Treatment-naïve, n (%)	5 (19.2)
Relapsed/refractory (R/R), n (%)	21 (80.8)
Number of prior therapies for R/R patients, median (range)	1 (1-5)
Extramedullary Disease present at baseline	13 (50.0)
Genotype, n (%)	
$MYD88^{WT}/CXCR4^{WT}$	23 (88.5)
$MYD88^{WT}/CXCR4^{WHIM}$	1 (3.8)
$MYD88^{WT}$/CXCR4 unknown	2 (7.7)

ECOG, Eastern Cooperative Oncology Group.

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Best Response

Data cut: Feb 28, 2019

Best response, n (%)	Total (n=26)
Overall response rate (ORR)	21 (80.8)
Major response rate (MRR, PR or better)	14 (53.8)
VGPR	6 (23.1)[a,b]
PR	8 (30.8)[b]
MR	7 (26.9)
SD	4 (15.4)
PD	1 (3.8)
Time to MR, med (range), mo	
Months	2.9 (1.9 -7.4)
Study follow-up time, med (range), mo	
Months	12.2 (2.3 - 21.7)

[a]One patient achieved IgM complete response (normalized IgM and negative immunofixation since Cycle 11, with bulky extramedullary disease improving).
[b]Including pts confirmed by next-generation sequencing of no other activating MYD88 mutations: 3 of 6 VGPR (including IgM CR); 3 of 8 PR.
CR, complete response; MR, minor response; PD, progressive disease; PR, partial response; SD, stable disease; VGPR, very good partial response.

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Adverse Events Overview

Data cut: Feb 28, 2019

Treatment Emergent Adverse Event	n (%)
Patients with ≥1 AE grade ≥3	12 (46.2)
Patients with ≥1 serious AE	8 (30.8)
AE leading to treatment discontinuation	2[a] (7.7)
Fatal AE	0
AE of interest (BTK inhibitor class)	
Bleeding/petechiae/bruising of any grade Most commonly grade 1 contusion	9 (34.6) 4 (15.4)
Diarrhea	5 (19.2)
Hypertension	5 (19.2)
Grade 3 or 4 cytopenia	4 (15.4)
Grade 3 or 4 infections	3 (11.5)
Second malignancy[b]	3 (11.5)
Major hemorrhage[c]	2 (7.7)
Atrial fibrillation/flutter	0

2 patients discontinued due to AEs
- Grade 4 subdural hemorrhage
- Grade 3 diarrhea

Major hemorrhage occurred in 2 patients
- Gastric ulcer hemorrhage
- Periorbital hematoma, subdural hematoma, and subdural hemorrhage; treatment was permanently discontinued per protocol

No fatal treatment emergent AEs or atrial fibrillation/flutter events have been reported

Common adverse events (> 15% of patients) include, all grades (Gr≥3): hypertension 19.2%(11.5%), diarrhea 19.2%(7.7%), pneumonia 15.4%(3.8%), upper respiratory tract infection 15.4%, muscle spasm 15.4%, contusion 15.4%, constipation 15.4%

AE, adverse event; SAE, serious adverse event.
[a]Grade 4 subdural hemorrhage (related) and grade 3 diarrhea (related). [b]Basal cell carcinoma (n=2) and Queyrat erythroplasia (n=1). [c]Defined as any-grade ≥3 hemorrhage or any-grade CNS hemorrhage: gastric ulcer hemorrhage; 1 patient had periorbital hematoma, subdural hematoma, and subdural hemorrhage.

Zanubrutinib Cohort 2 MYD88^{WT} Results Consistent with Phase 1

Data cut: Feb 28, 2019

Best response, n (%)	Phase 3 cohort 2 (n=26)	Phase 1[1] (n=8)
		EHA 2019
ORR	**21 (80.8)**	**7(87.5)**
MRR	**14 (53.8)**	**5(62.5)**
CR / VGPR	6 (23.1)[a,b]	2(25.0)
PR	8 (30.8)	3(37.5)
MR	7 (26.9)	2(25.0)
SD	4 (15.4)	1(12.5)
PD	1 (3.8)	0
Study follow-up time, median (range)		
Months	12.2 (2.3 - 21.7)	24.3 (4.1-45.7)*

Phase 1 safety summary for full WM n=77 cohort. Patients with an event n (%): Patients with ≥1 AE grade ≥3 40 (51.9); Patients with ≥1 serious AE 36[1] (46.8); AE leading to treatment discontinuation 8[2] (10.4); Fatal AE 5c (6.5). [1]Includes serious AEs possibly related to zanubrutinib (n=6): hemothorax+pleural effusion+anemia (n=1), atrial fibrillation (n=1), colitis (n=1), febrile neutropenia (n=1), pneumonia (n=1), and cellulitis (n=1); septic arthritis relatedness was unknown. [2]Abdominal sepsis (fatal), septic arthritis (fatal), worsening bronchiectasis (fatal), gastric adenocarcinoma (fatal), prostate adenocarcinoma, metastatic neuroendocrine carcinoma, acute myeloid leukemia, and breast cancer (each n=1).

[a]One patient achieved IgM complete response (normalized IgM and negative immunofixation since Cycle 11, with bulky extramedullary disease improving).
[b]Including the patient who had CXCR4 frameshift mutation. 1 Tam et al, EHA 2019; 1 Safety summary below; * Follow up for full WM cohort.

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Zanubrutinib Phase 2 in R/R CLL/SLL in China (ICML)

Abstract 015

15th International Conference on Malignant Lymphoma

Jane Huang, M.D., CMO, Hematology

Trial Design: Phase 2 in R/R CLL/SLL in China

R/R CLL/SLL Key Criteria

Inclusion Criteria
- ≥18 years old
- At least one treatment indication
- Measurable lesion

Exclusion Criteria
- Richter syndrome
- Insufficient organ function

→ **Zanubrutinib 160 mg bid until progression, intolerable toxicity, or end of study**

Objectives
- Primary: IRC-assessed ORR
- Secondary: PFS, DOR, TTR, safety
- Exploratory: Biomarkers

Response assessment
- iwCLL 2008 criteria for CLL (with modification for PRL (Cheson, Hallek 2012))
- CT-based assessment according to Lugano Classification for SLL[1]

bid, twice a day; CLL, chronic lymphocytic leukemia; DOR, duration of response; IRC, independent review committee; PK, pharmacokinetics; SLL, small lymphocytic lymphoma; TTR, time to response.

1. Cheson BD et al. *J Clin Oncol*. 2014;32(27):3059-3067.

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Patient and Disease Characteristics

Data cut: Dec 14, 2018

Baseline Characteristics	n = 91
Median age (range), years	61.0 (35 - 87)
Male, n (%)	52 (57.1)
Late stage [a], n (%)	63 (69.2)
Prior therapy, n (%)	
Alkylator (including bendamustine)	68 (74.7)
Purine analog	52 (57.1)
Anti-CD20 antibody	54 (59.3)
Refractory to last therapy, n (%)	72 (79.1)
ECOG PS 0/1, n (%)	88 (96.7)
Bulky disease, n (%)	
LDi ≥5 cm	40 (44.4)
Beta-2 microglobulin >3.5 mg/L, n (%)	68 (74.7)

Baseline Characteristics	n = 91
Splenomegaly, n (%)	56 (61.5)
Hepatomegaly, n (%)	11 (12.1)
Absolute lymphocyte count, n (%)	
<25 $\times 10^9$/L	57 (62.6)
25 – 100 $\times 10^9$/L	26 (28.6)
>100 $\times$ 10^9/L	8 (8.8)

Genetic Characteristics	n = 91
TP53 mutation and/or 17p deletion, n (%)	22 (24.2)
IGHV unmutated, n (%)	51 (56.0)
Cytogenetic abnormalities, n (%)	
17p deletion	17 (18.7)
11q deletion	20 (22.0)
13q deletion	41 (45.1)
Trisomy 12	21 (23.1)

[a] Percentages are based on number of CLL patients with Binet C and SLL patients with stage III and IV.
ECOG PS, Eastern Cooperative Oncology Group performance status.

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Best Response

Data cut: Dec 14, 2018

Response by IRC	n = 91
ORR including PR-L, n (%)	77 (84.6)
BOR, n (%)	
Complete response (CR) Partial response (PR) Partial response with lymphocytosis (PR-L) Stable disease (SD) Progressive disease (PD)	3 (3.3) 54 (59.3) 20 (22.0) 4 (4.4) 4 (4.4)
Not evaluable [a]	3 (3.3)
Discontinued prior to first post-baseline assessment	3 (3.3)

The ORR was 91.2% (83.4, 96.1) and the PR or higher rate was 72.5% (62.2, 81.4) as assessed by investigators

High concordance rate for overall response assessments was 91.2% between IRC and investigator assessments

Median study follow-up 15.08 months

[a]Missing anatomy imaging for 2 patients, and without evidence of response maintenance for at least 2 months for 1 patient, separately.
BOR, best overall response.

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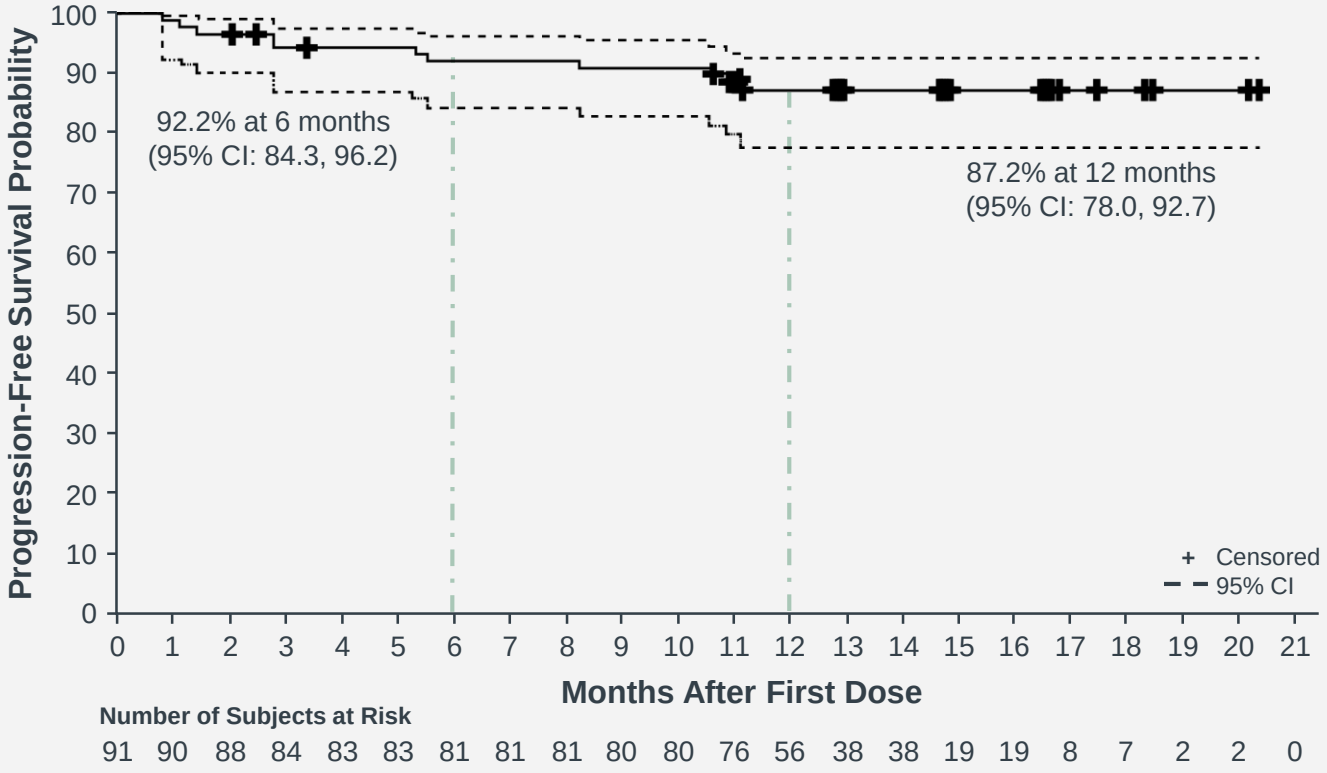
Progression-Free Survival

Data cut: Dec 14, 2018

The median follow-up time for PFS was 12.9 months (0.8, 20.4)

Median PFS has not been reached



CI, confidence interval; PFS, progression-free survival.

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TEAE Regardless of Causality

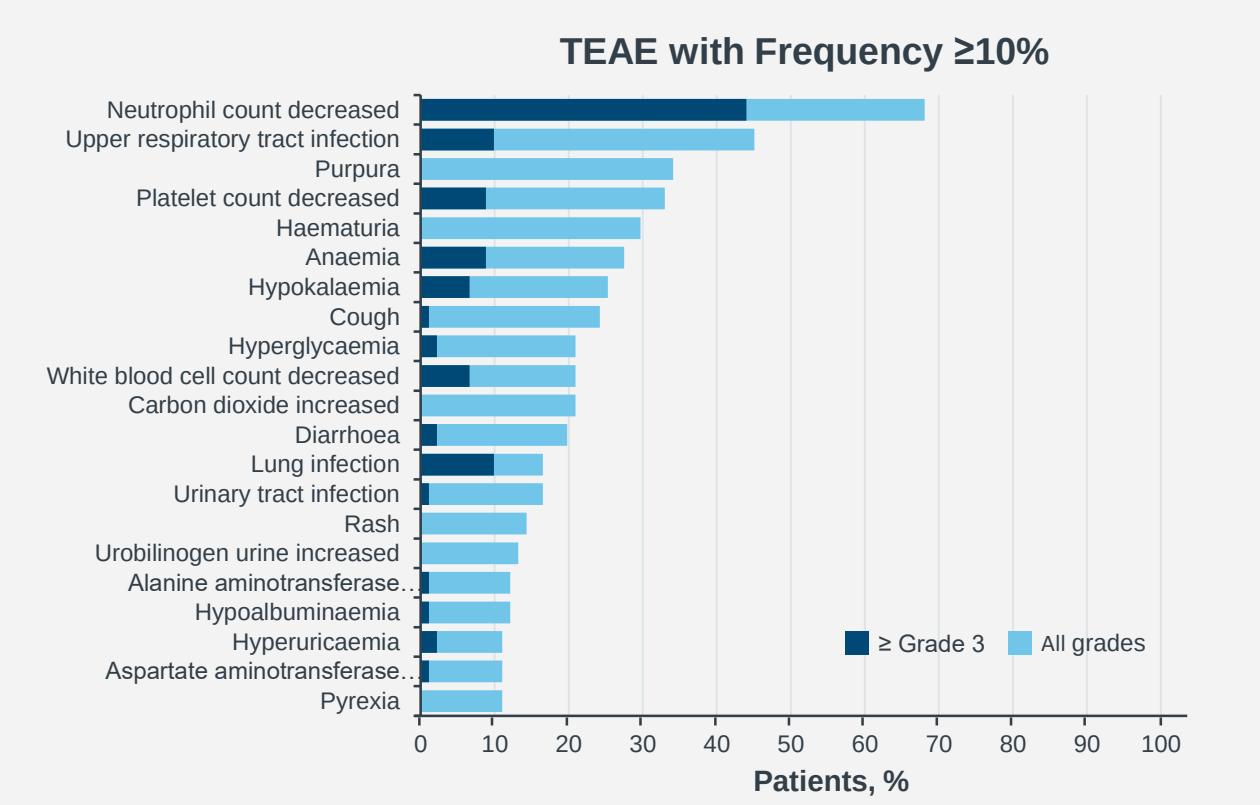
Data cut: Dec 14, 2018

Serious AEs were reported in 33% patients and grade ≥3 AEs were reported in 76%.

There were 8 patients reported AEs leading to treatment discontinuation

Three patient-reported AEs leading to death, all within 30 days of last dose

- Lung infection / cardiac failure / respiratory (unlikely related)
- Cardiopulmonary failure (unlikely related)
- MODS (not related) in the setting of disease progression
- These were determined unlikely or unrelated to zanubrutinib treatment



ALT, alanine aminotransferase; AST, aspartate aminotransferase; TEAE, treatment-emergent adverse event; MODS, multiple organ dysfunction syndrome

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Ibrutinib in Chinese Patients with R/R CLL

	Ibrutinib	
Trial	PCI-32765CLL3002*	
Arms	Ibrutinib	Rituximab
	Investigator	Investigator
n	107	53
mFU months	17.8	
ORR% (w/o PR-L)	45%	5.6%
ORR% (including lymphocytosis)	57%	5.6%
CR	1.9%	0
PR	43%	5.6%
PR-L	11%	0

AEs, n (%); Ibrutinib (n=86) All Grade (%) Grade 3 or 4 (%) Rituximab (n=42) All Grade (%) Grade 3 or 4 (%): Diarrhea 25 (29.1), 2 (2.3), 3 (7.1), 0; Nasopharyngitis 14 (16.3), 1 (1.2), 1 (2.4), 0; Pneumonia 22 (25.6), 17 (19.8), 7 (16.7), 4 (9.5); Upper respiratory tract infection 20 (23.3), 6 (7.0), 4 (9.5), 1 (2.4); Rash 20 (23.3), 1 (1.2), 4 (9.5), 0; Cough 19 (22.1), 1 (1.2), 2 (4.8), 0; Thrombocytopenia 15 (17.4), 5 (5.8), 1 (2.4), 0; Leukocytosis 12 (14.0), 12 (14.0), 0, 0; Fatigue 13 (15.1), 0, 3 (7.1), 0; Musculoskeletal Pain 13 (15.1), 0, 0, 0; Lymphocyte count increased 10 (11.6), 8 (9.3), 0, 0; Lactate dehydrogenase increased 9 (10.5), 2 (2.3), 1 (2.4), 0; Vertigo 9 (10.5), 0, 0, 0; Neutrophil count decreased (62.8), (37.2), (54.8), (33.3); Platelet count decreased (65.1), (15.1), (45.2), (9.5); Hemoglobin decreased (46.5), (1.2), (26.2), (0).

Source: *Ibrutinib Chinese label

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Other Zanubrutinib Studies

Jane Huang, M.D., CMO, Hematology

Updated WM Cohort Safety and Efficacy from Global Phase 1 (EHA)

Data cut: Sep 16, 2018

Best response, n (%)	All Efficacy Evaluable (n=73)	TN Patients (n=24)	R/R Patients (n=49)
ORR	67 (92)	23 (96)	44 (90)
CR	1(1)	0(0)	1(2)
VGPR	30 (41)	7 (29)	23 (47)
PR	29 (40)	14 (58)	15 (31)
MR	7 (10)	2 (8)	5 (10)
Study follow-up, median (range), mo	23.9 (4.4-45.7)	12.3 (5.9-28.0)	24.8 (4.4-45.7)

Adverse Event Overview Event	n (%)	
Patients with ≥1 AE Grade ≥3	40	(51.9)
Patients with ≥1 serious AE	36[a]	(46.8)
AE leading to treatment discontinuation	8[b]	(10.4)
Fatal AE	5[c]	(6.5)

AE of special interest n(%): Petechiae/purpura/contusion 34 (44.2), Diarrhea 13 (16.9), Hypertension 9 (11.7), Major hemorrhage 2 (2.6), Atrial fibrillation/flutter 4 (5.2); Major hemorrhage defined as any grade ≥3 hemorrhage or any-grade central nervous system hemorrhage, gastrointestinal hemorrhage (n=1), grade 3 hemorrhagic cystitis (n=1).

[a]Includes serious AEs possibly related to zanubrutinib (n=6): hemothorax+pleural effusion+anemia (n=1), atrial fibrillation (n=1), colitis (n=1), febrile neutropenia (n=1), pneumonia (n=1), and cellulitis (n=1); septic arthritis relatedness was unknown. [b]Abdominal sepsis (fatal), septic arthritis (fatal), worsening bronchiectasis (fatal), gastric adenocarcinoma (fatal), prostate adenocarcinoma, metastatic neuroendocrine carcinoma, acute myeloid leukemia, and breast cancer (each n=1). [c]Septic arthritis (patient also reported disease progression), worsening bronchiectasis, abdominal sepsis, gastric adenocarcinoma, and scedosporium infection (each n=1).

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Updated MCL Cohort Safety and Efficacy from Global Phase 1 (ICML)

Data cut: Dec 13, 2018

Best response, n (%)	All Efficacy Evaluable (n=48)	TN (n=11)	R/R (n=37)
Follow-up for efficacy-evaluable pts, median (range), mo	16.7 (1.6-38.2)	8.3 (1.6-27.9)	19.4 (1.9-38.2)
ORR, n (%)	41 (85.4)	9 (81.8)	32 (86.5)
CR, n (%)	14 (29.2)	3 (27.3)	11 (29.7)
PR, n (%)	27 (56.3)	6 (54.5)	21 (56.8)

Adverse Event Overview Event, n (%)	Overall (n=53)
Patients with ≥1 AE Grade ≥3	29 (54.7)
Patients with ≥1 serious AE	20[a] (37.7)
AE leading to treatment discontinuation	10[b] (18.9)
Fatal AE	5[c] (9.4)

The majority of pts were assessed via CT-scan; PET scan was optional, per trial protocol.
Best overall response was upgraded in 3 patients based on PET assessment.

[a]SAEs determined to be possibly related to zanubrutinib (n=4): grade 3 leukocytosis, grade 3 peripheral edema + grade 3 worsening back pain, grade 3 cellulitis, grade 3 subdural hematoma. [b]Grade 5 Cerebral infarction, grade 5 pneumonia, grade 5 worsening congestive cardiac failure, grade 3 acute kidney injury + grade 3 ANCA vasculitis, grade 3 pneumonia, grade 3 peripheral edema (related), grade 4 myelodysplastic syndrome, grade 3 renal hematoma, grade 2 small cell lung cancer, grade 3 subdural hematoma (related) (each n=1). One additional patient was reported as progressive disease but also had grade 5 sepsis + grade 2 fever. [c]Cerebral infarction (n=1), pneumonia (n=1), worsening congestive cardiac failure (n=1), sepsis (n=2). All determined to be unrelated to study drug.

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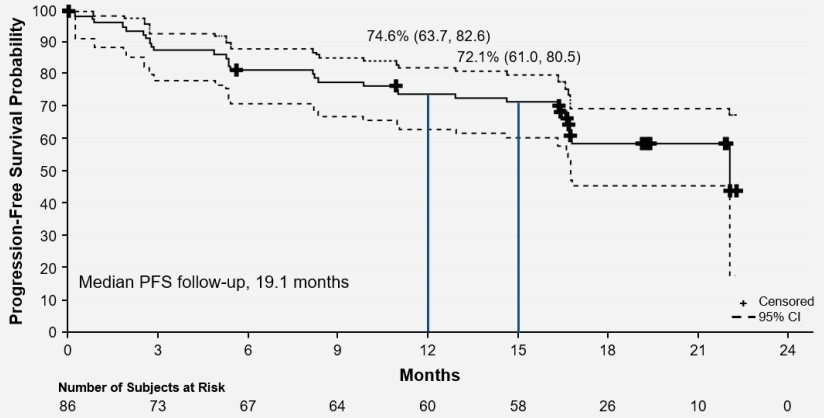
Updated Data from Zanubrutinib Phase 2 China Pivotal Study in R/R MCL (ICML)

Data cut: Feb 15, 2019

Best response, n (%)	Data cutoff Mar 2018 n = 85[a]		Data cutoff Feb 15, 2019 n = 86
	INV	IRC	INV
ORR	72 (84.7)	71 (83.5)	72 (83.7)
CR	62 (72.9)	50 (58.8)	67 (77.9)
PR	10 (11.8)	21 (24.7)	5 (5.8)
SD	1 (1.2)	2 (2.4)	1 (1.2)
PD	8 (9.4)	6 (7.1)	8 (9.3)
Discontinued prior to first assessment	4 (4.7)	5 (5.9)	5 (5.8)
No evidence of disease	-	1 (1.2)	-
Median follow-up, mo	9	9	18.4



Note: Only 4 patients were at risk at the last event time.

Summary of TEAEs Regardless of Causality, n (%): Grade ≥3 TEAEs, 36 (41.9); Serious TEAEs, 21 (24.4); TEAEs leading to study drug discontinuation, 8 (9.3); TEAEs leading to death[1] 5 (5.8)[2] {Death[3] 2 (2.3), Pneumonia 1 (1.2), Cerebral hemorrhage 1 (1.2), Traffic accident 1 (1.2)}. [1]Death within 30 days of last dose of zanubrutinib. [2]Four events related, 1 event unrelated (traffic accident). [3]One subject discontinued treatment due to disease progression prior to death.

[a]The efficacy report was based on modified safety population which excluded patient 20612006 who had local pathological diagnosis of MCL only but did not have confirmation of MCL by central review.

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Updated Data from Zanubrutinib in Combination with Obinutuzumab Remains Consistent in More Patients

	TN CLL/SLL (n = 20)	R/R CLL/SLL (n = 25)	R/R FL (n = 36)
Follow-up median (range), mo	28.8 (13.9 - 34.8)	28.9 (7.9 – 36.9)	20.1 (2.3-37.2)
Best response, n (%)			
ORR	20 (100.0)	23 (92.0)	26 (72.2)
CR*	6 (30.0)	7 (28.0)	14 (38.9)
PR	14 (70.0)	16 (64.0)	12 (33.3)
SD	0	2 (8.0)	6 (16.7)
PD	0	0	4 (11.1)
ORR for Del(17p) or p53	6 (100)	8 (80)	n/a

Safety summary, n (%) for CLL/SLL (n = 45) FL (n=36) : Patients with any AE 45 (100.0) 35 (97.2); Patients with any treatment related AE 43 (95.6) 30 (83.3); Patients with ≥1 grade ≥3 AE 33 (73.3) 19 (52.8); Patients with AEs leading to treatment discontinuation 4 (8.9)[a] 3 (8.3)[b]. Patients with AE leading to death 1 (2.2%), squamous cell carcinoma in patient with a history of squamous cell carcinoma. [a]CLL/SLL: patient with a history of squamous cell carcinoma discontinued due to squamous cell carcinoma, disseminated cryptococcal infection, pneumonia, and neoplasm. [b]R/R FL: lethargy, ascites, and back pain.

*3 out 6 tested in PB were MRD negative at <10-4.

FL, follicular lymphoma; SD, stable disease.

Source: Tam et al, ICML 2019

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Tislelizumab

Eric Hedrick, M.D., Chief Advisor

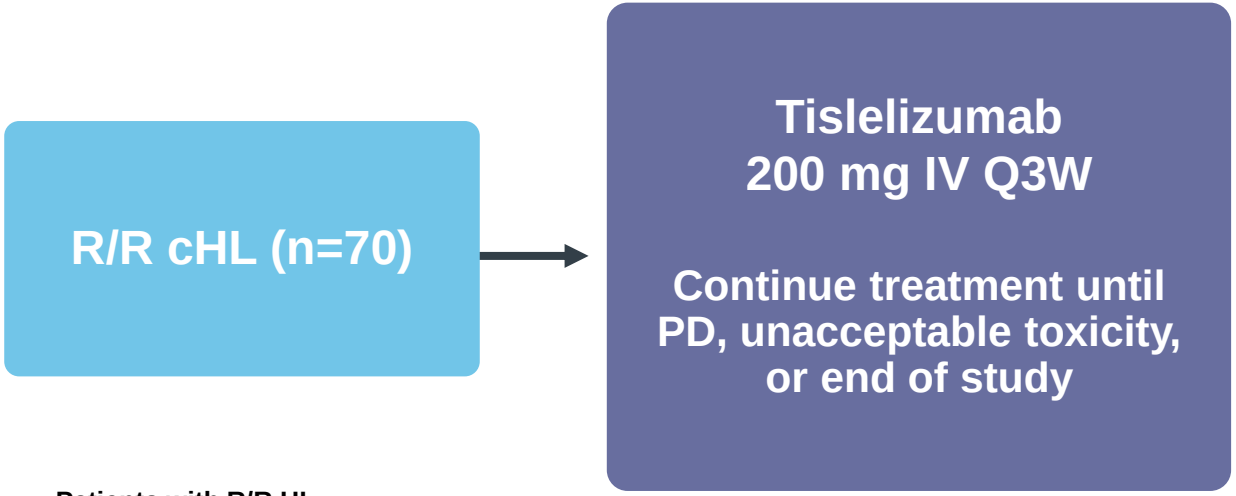
Tislelizumab Pivotal Phase 2 in R/R cHL (EHA)

Abstract PF469

24th European Hematology Association Congress

Eric Hedrick, M.D., Chief Advisor

Trial Design: Tislelizumab in Phase 2 in R/R cHL



Primary endpoint:
- ORR assessed by IRC

Key Secondary endpoints:
- DOR, PFS, CR rate, TTR

Patients with R/R HL

- Failed to achieve a response or progressed after ASCT *or* received ≥ 2 prior lines of systemic therapy for cHL and was not an ASCT candidate

Response assessments:

- Responses were assessed by IRC using PET-based imaging according to the Lugano Classification (Cheson 2014)

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Patient and Disease Characteristics

Data cut: Nov 26, 2018

Baseline Characteristics	Total (n=70)
Age (years), median (range)	32.5 (18, 69)
Age group <65 / 65-74 years, n (%)	66 (94.3) / 4 (5.7)
Sex, male / female, n (%)	40 (57.1) / 30 (42.9)
Time since first diagnosis of cHL (months), median (range)	25.33 (4.6, 262.3)
Stage IV at study entry, n (%)	42 (60.0)
Bulky disease*, n (%)	8 (11.4)
Bone marrow involvement, n (%)	22 (31.4)
B-symptom(s), n (%)	26 (37.1)
Ineligible for prior ASCT†, n (%)	
Failure to achieve an objective response to salvage chemotherapy	53 (75.7)
Inadequate stem cell collection or unable to collect stem cells	2 (2.9)
Co-morbidities	2 (2.9)
Prior lines of systemic therapy, median (range)	3 (2-11)
Type of prior therapy, n (%)	
Chemotherapy	70 (100.0)
Radiotherapy	21 (30.0)
ASCT	13 (18.6)
Immunotherapy‡	15 (21.4)
Brentuximab vedotin	4 (5.7)

*Mediastinal mass ratio of 0.33 or size of any single node/nodal mass ≥10 cm in diameter.
†All received ≥ 2 prior regimens.
‡Immunotherapy included brentuximab vedotin, rituximab, cytokine-induced killer cell transfusion, thalidomide, and lenalidomide.

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Best Responses

Data cut: Nov 26, 2018

Best response*, n (%)	n=70 IRC
ORR (CR+PR), n (%) [95% CI]†	61 (87.1) [77,93.9]
Complete response	44 (62.9)
Partial response	17 (24.3)
Stable disease	3 (4.3)
Progressive disease	5 (7.1)
Died before any postbaseline tumor assessment‡	1 (1.4)

*Response Criteria: Lugano 2014
†1-sided Clopper-Pearson 95% CI.
‡Died due to disease progression, not related to study drug.

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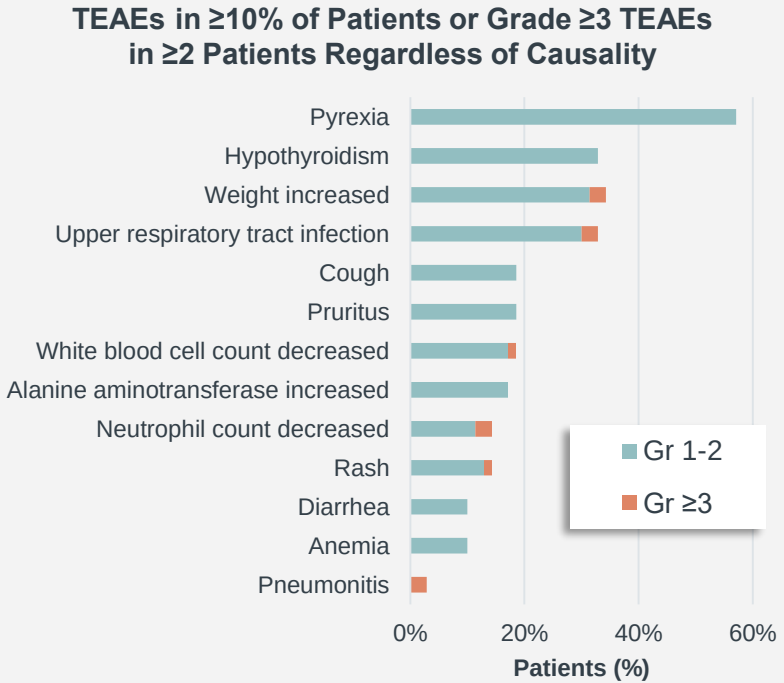
Summary of Adverse Events

Data cut: Nov 26, 2018

Consistent type and frequency of immune-related AEs

TEAE, n (%)	n=70
Grade ≥3 TEAE	21 (30)
Serious TEAE	12* (17.1)
TEAE leading to treatment discontinuation	4† (5.7)
TEAE leading to death	0 (0.0)
Immune-related (ir) TEAEs (by aggregate category)	
≥1 irTEAE	27 (38.6)
Thyroid disorder	16 (22.9)
Pneumonitis	5 (7.1)
Skin adverse reactions	6 (8.6)
Myositis / rhabdomyolysis / cardiomyopathy‡	1 (1.4)
Nephritis and renal dysfunction	1 (1.4)
Other immune-related reactions (lipase increased)	1 (1.4)



*SAEs in all 11 patients determined to be possibly related to tislelizumab.
†Pneumonitis (n = 2), focal segmental glomerulosclerosis (n = 1), organizing pneumonia (n = 1).
‡Blood creatine phosphokinase increased.
TEAE, treatment-emergent adverse events by individual preferred term.

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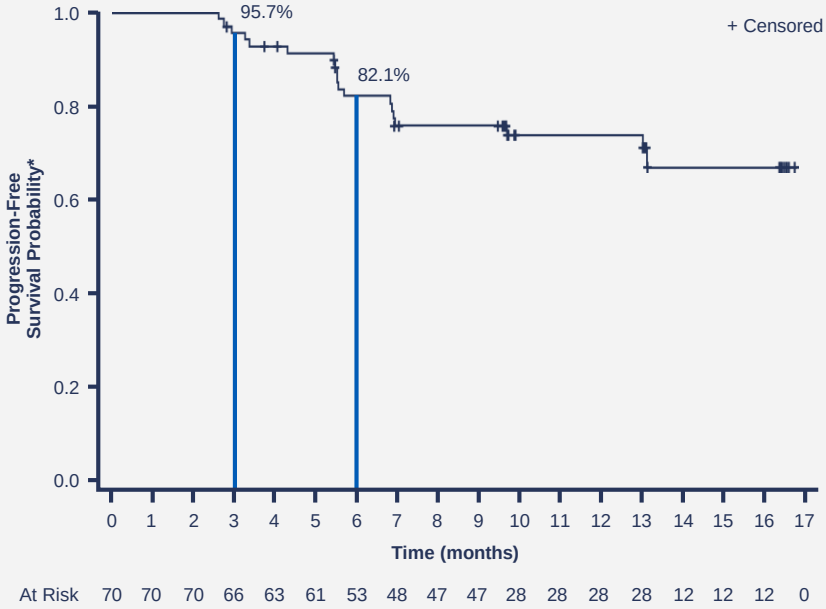
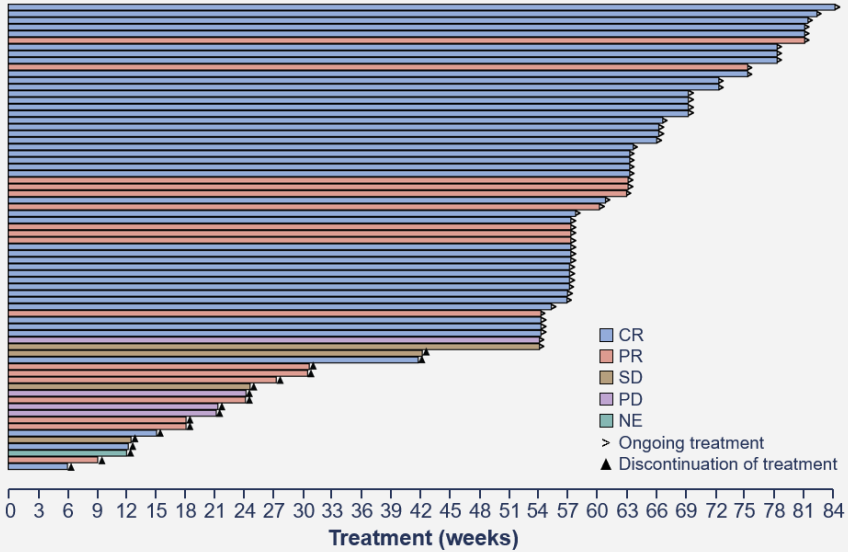
Progression-Free Survival – 91% of CRs Were Ongoing

Data cut: Nov 26, 2018

40 of 44 CR's and 10 of 17 PRs ongoing





The majority of patients achieved a response by the first response assessment

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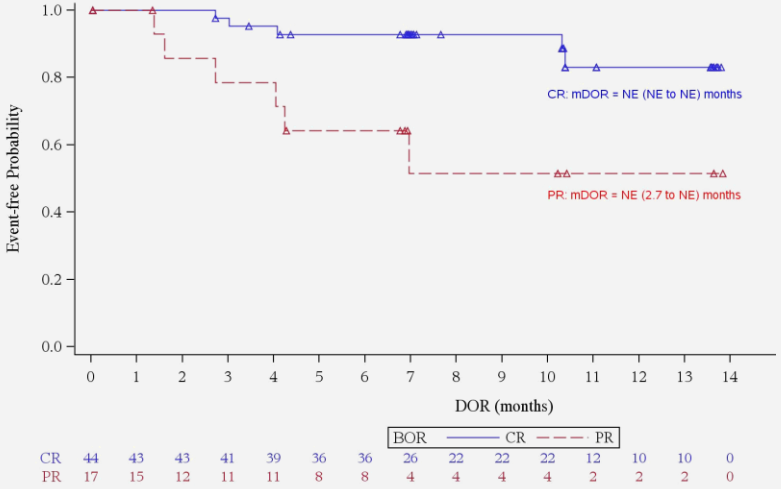
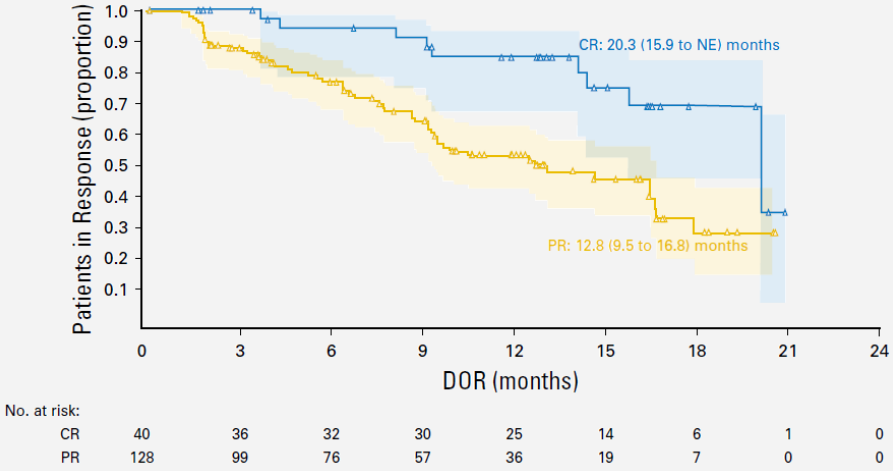
Durability of CRs on Tislelizumab Appears Similar to Other PD-1 Antibodies in cHL*

Data cut: Nov 26, 2018

Tislelizumab DOR curves by response
BGB-A317-203



Nivolumab DOR curves by response
CM-205 study



*Data from separate trials. Limitations regarding cross-trial comparisons apply.
*Response criteria in tislelizumab study: Lugano 2014
**Response criteria in nivolumab study: Cheson 2007, confirmation of radiographic CR by PET.
Sources: BeiGene data on file; J Clin Oncol 36:1428-1439.

BeiGene

Tislelizumab in NPC (ASCO)

Abstract 2556

American Society of Clinical Oncology

Eric Hedrick, M.D., Chief Advisor

Tislelizumab Nasopharyngeal Carcinoma Cohort from Global Phase 1

		NPC (n=21)
Median age, years (min, max)		48 (35, 61)
Sex	Male	17 (81)
	Female	4 (19)
Prior anticancer radiotherapy		21 (100)
Prior anticancer therapy regimens	0	1 (5)
	1	6 (29)
	2	4 (19)
	≥3	10 (48)
ECOG status	0	8 (38)
	1	13 (62)
Histologic grade	Poorly differentiated	2 (10)
	Undifferentiated	16 (76)
	Unknown	3 (14)
Tumor stage	Locally advanced	3 (14)
	Metastatic	18 (86)
PD-L1 status	PD-L1 positive (PD-L1+)*	16 (76)
	PD-L1 negative (PD-L1-)*	4 (19)
	Unknown	1 (5)

Preliminary Antitumor Activity

- A total of 21 patients were evaluable for antitumor activity, defined as any patient who had measurable disease at baseline and at least one postbaseline tumor assessment
- A total of nine patients (n=8, PD-L1+; n=1, PD-L1-) achieved a confirmed PR, nine patients (n=6, PD-L1+; n=2, PD-L1-; n=1, unknown) achieved confirmed SD
- Confirmed ORR was 43% (95% confidence interval [CI]: 21.8-66.0)
  - CBR and DCR were 62% (95% CI: 38.4-81.9) and 86% (95% CI: 63.7-97.0), respectively
- Median duration of response was 8.3 months (95% CI: 3.9, not reached); follow-up time for responders was 4.8 months (95% CI: 2.1-11.1)

Data presented as n (%) except for age.

*PD-L1-positive status defined as ≥10% of tumor cells with PD-L1 membrane staining, as retrospectively assessed by central lab; †PD-L1-negative status defined as <10% of tumor cells with PD-L1 membrane staining, as retrospectively assessed by central lab. NPC, nasopharyngeal carcinoma; PD-L1, programmed cell death ligand-1.

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Key Takeaways

Eric Hedrick, M.D., Chief Advisor

Zanubrutinib

Key Takeaways

- Results from non-randomized MYD88WT cohort of Phase 3 trial in WM confirmed activity of zanubrutinib in this difficult-to-treat population, with ORR and VGPR rates consistent with results from MYD88WT patients treated in Phase 1
- First presentation of pivotal Phase 2 data in Chinese patients with relapsed or refractory CLL demonstrated efficacy consistent with the experience with zanubrutinib in Western CLL patients
- Updated integrated safety analysis of data from 682 patients with a median exposure of 13.4 months continues to show low rates of atrial fibrillation, serious bleeding, and diarrhea
- Updated pivotal China R/R MCL data demonstrated high CR rate
- Zanubrutinib / GAZYVA combination appears highly active in FL and supports ongoing pivotal Phase 2 trial

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Tislelizumab

Key Takeaways

- Follow-up from the Phase 2 study of tislelizumab in Chinese patients with classical Hodgkin's lymphoma confirms a high complete response rate and encouraging durability of complete responses
- ASCO data show encouraging activity of tislelizumab in nasopharyngeal cancer and supports ongoing Phase 3
- Tislelizumab is under CDE review for approval in cHL and urothelial cancer in China, and the broad Phase 3 program is maturing, with initial read-out in HCC and completion of enrollment to multiple trials in 2019

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Q&A


BeiGene
Thank You

Backup

PD-1 Inhibitor Data in R/R cHL*

Pembrolizumab and Nivolumab

	Pembrolizumab[1]		Nivolumab[2]
Company	Merck		BMS
n	210		243
Eligibility	ASCT-ineligible OR ASCT-failure Prior brentuximab vedotin[a]		ASCT-failure Prior brentuximab vedotin[a]
Prior Lines, med (range)	4 (1-12)		4 (2-15)
Prior therapy ASCT Brentuximab Vedotin	 129 (61%) 150 (71%)		 243 (100%) 180 (74%)
Follow-up (med)	15.9 months		18 months
Response Criteria	Cheson 2007	Lugano 2014	Cheson 2007
ORR	**71%**	**73%**	**69%**
CR	**25%**	**31%**	**16%**
PR	47%	42%	53%
SD	12%	8%	19%

* Data from separate trials. Limitations regarding cross-trial comparisons apply.

Sources: 1 Blood 2017 130:4085; 2 JCO 2018

[a] Prior brentuximab vedotin required for 2 of 3 study cohorts

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Reported PD-1 Inhibitor Data in R/R cHL*

Sintilimab and Camrelizumab

	Sintilimab[1]	Camrelizumab[2]
Company	Innovent	Hengrui
n	96	66
Eligibility	≥ 2 prior lines of therapy[a]	≥ 2 prior lines of therapy[a]
Prior Lines, med (range)	3 (1-13)	3 (2-10)
Prior therapy ASCT Brentuximab Vedotin	 18 (19%) NR	 9 (14%) 5 (8%)
Follow-up (med)	14	>6
Response Criteria	Cheson 2007	Lugano 2014
ORR	**85%**	**85%**
CR	**29%**	**30%**
PR	56%	54%
SD	13%	12%

* Data from separate trials. Limitations regarding cross-trial comparisons apply.

Sources: 1 ASCO 2019 (Abstract 7533); 2 CSCO 2018

[a] ineligibility for ASCT was not required

BeiGene

Reported PD-1 Inhibitor Data in R/R cHL

Tislelizumab

	Tislelizumab[1]
Company	BeiGene
n	70
Eligibility	ASCT-ineligible ASCT-failure
Prior Lines, med (range)	3 (2-11)
Prior therapy ASCT Brentuximab Vedotin	 13 (19%) 4 (5.7%)
Follow-up (med)	13 mo
Response Criteria	Lugano 2014
ORR	**87%**
CR	**63%**
PR	24%
SD	4%

Sources: 1 Song Et al., EHA 2019

[a] ineligibility for ASCT was not required