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CASI - Highlights

• EVOMELA® launched in China
  – Strong growth in sales, with 2020 full-year projected revenue of $15 million* and project 50%+ growth in 2021
• Initiating regulatory submission and registration studies in China for Thiotepa in 2021
• CNCT19: CD19 CAR-T Cell Therapy
  – Granted Breakthrough Therapy Designation and on track for 2021 year end China NDA submission
• BI-1206: Checkpoint Inhibitor Targeting FcγRIIB
  – Phase 1 trial 6 responders (including 2 CR) out of 9 evaluable Non-Hodgkin’s Lymphoma (“NHL”) patients
• CID-103: Anti-CD38 mAb
  – Phase 1 trial site initiation in Q1 2021
• CB-5339: Novel Target VCP/p97 small molecule inhibitor
  – Potential for use in broad range of hematologic malignancies and solid tumors
  – Two active Phase 1 trials in dose escalation

* The Company’s full year 2020 revenues are preliminary and are subject to the completion of the Company’s 2020 audit. Complete full year 2020 financial results will be reported in March.
### Clinical Assets

#### U.S. FDA-Approved Products In-Licensed for Greater China Region

<table>
<thead>
<tr>
<th>Indication</th>
<th>In-Licensed</th>
<th>CTA Filing &amp; Review</th>
<th>Phase 2 Registration Trial</th>
<th>NDA Filing &amp; Review</th>
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<tbody>
<tr>
<td>EVOMELA</td>
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<tr>
<td>Multiple Myeloma</td>
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<td></td>
<td>Licensed and Commercially Available in China</td>
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#### China Developed Innovative Cell Therapy with Co-Commercialization Rights

<table>
<thead>
<tr>
<th>Indication</th>
<th>Pre-Clinical</th>
<th>CTA Filing &amp; Review</th>
<th>Phase 1</th>
<th>Phase 2 Registration Trial</th>
<th>NDA Filing &amp; Review</th>
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<tbody>
<tr>
<td>CNTC19 (Autologous anti-CD19 T-cell therapy)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hodgkin’s Lymphoma</td>
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<tr>
<td></td>
<td>Acute Lymphoblastic Leukemia (&quot;ALL&quot;)</td>
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#### Investigational Innovative Drug Candidate In-Licensed for Greater China Region

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<tr>
<th>Indication</th>
<th>IND / IMDP</th>
<th>Phase 1</th>
<th>Phase 2</th>
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<tbody>
<tr>
<td>BI-1206 (anti-FcyRIIB antibody)</td>
<td>Non-Hodgkin’s Lymphoma&lt;sup&gt;2&lt;/sup&gt;</td>
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<td></td>
<td>Solid Tumors&lt;sup&gt;3&lt;/sup&gt;</td>
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<th>Phase 3</th>
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<td>CB-5339 (VCP/P97 Inhibitor)</td>
<td>AML/MDS&lt;sup&gt;4&lt;/sup&gt;</td>
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<td>Solid Tumors&lt;sup&gt;5&lt;/sup&gt;</td>
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#### Investigational Innovative Drug Candidate with Global IP and Commercial Rights

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<th>Phase 1</th>
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<th>Phase 3</th>
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<tr>
<td>CID-103 (Anti-CD 38 mAb)</td>
<td>Multiple Myeloma</td>
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<sup>1</sup> Clinical development is the responsibility of Juventas Cell Therapy Ltd.  
<sup>2</sup> In combination with rituximab. Trial conducted by BioInvent.  
<sup>3</sup> In combination with pembrolizumab. Trial conducted by BioInvent.  
<sup>4</sup> Trial conducted by Cleave Therapeutics.  
<sup>5</sup> Trial conducted by National Cancer Institute.
Global Senior Management Team

Wei-Wu He, PhD
Chairman and CEO

Larry Zhang, President

Alex Zukiwski, MD,
Chief Medical Officer

Jim Goldschmidt, PhD,
SVP, Business Development

Cynthia Hu, JD,
COO (US), General Counsel & Secretary
CASI China Management Team

- Thomas Zhang, China Commercial GM (CASI China)
- Cissy Wang, COO (CASI China)
- Junping Chen, PhD Medical Director (CASI China)
- Jonathan You, GM of R&D and Mfg. Site (CASI WUXI)
- Michael Wu, Regulatory Director (CASI China)
EVOMELA®
EVOMELA® Launched in China

• Launched in mid-August 2019 – $4.1 million revenue for 2019, projected $15 million* revenue for 2020, with full-year 2021 revenue guidance of more than 50% growth over 2020

• Only form of melphalan injectable commercially available in China

• Used in preparative regimen for autologous stem cell transplant (“ASCT”), 1st line treatment for multiple myeloma. Provides best choice due to:
  − Lack of propylene glycol solvent
  − Stability and improved handling for pharmacists/nurses/physicians

• Prior to EVOMELA’s entry into the Chinese market, an average of 800 stem cell transplants per year were conducted in the multiple myeloma (MM) treatment setting. In 2020, more than 2,600 patients were treated with EVOMELA, accelerating the adoption of stem cell transplantation as a standard of care in the MM treatment setting

* The Company’s full year 2020 revenues are preliminary and are subject to the completion of the Company’s 2020 audit. Complete full year 2020 financial results will be reported in March.
 Potential patient pool in China market: ~14,000-23,000 patients

CNCT19

CD19 CAR-T Therapy
Partner: Juventas
CNCT19 – Cell Therapy Targeting Clinically Validated CD19 With Significant China Opportunity

- Targets CD19, B-cell surface protein – validated target for B-cell derived hematological malignancies
- There are currently two FDA approved CD19 CAR-Ts: Yescarta® and Kymriah®, with over $1 billion sales in 2020. Nothing approved in China yet.
- CD19-targeted CAR therapies have demonstrated consistently high antitumor efficacy in children and adults with relapsed B-ALL, CLL, and B-NHL
- CNCT19 – CD19 CAR derived from clone HI19α (HI19α-4-1BB-ζ CAR)
- Significant China market opportunity
  - Through the collaboration with Juventas, CASI may be potentially among the first to locally develop, manufacture and commercialize non-imported CD19 CAR-T therapy in China at a substantially lower cost than imported therapies
- Established commercial team of 70+ hematology oncology specialists and relationships with key hospitals, pharmacies and KOLs

1. CLL - Chronic lymphocytic leukemia; R/R B-ALL – Relapsed/Refractory ALL; B-NHL – Relapsed/Refractory B-Cell NHL
2. CASI estimate
CNCT19 – Interim Phase 1 clinical trial data demonstrates favorable safety profile in patients with R/R B-ALL

**Key Phase 1 Study Parameters:**

- 20 patients treated with CD19 CAR-T cells and included in study analysis
- Median dose of infused CNCT19 cells was $1.82 \times 10^6$ /kg body weight

**Encouraging Early Results:**

- Total CR/CRi rate was ~90% at day 28, in which MRD negative CR/CRi rate was ~70%
- After median follow-up of 17 months (range, 0.2-19.8), the median OS for the entire cohort of patients was 9.6 months (~95% CI, 4.2-15.0), and the median RFS was 9 months (~95% CI, 6.7-11.3)
- CNCT19 has potent anti-leukemia activities in patients with R/R B-ALL

**Manageable Safety Profile:**

- Controllable CRS- and neurotoxicity related AEs
CNCT19 + HDT/ASCT – Pilot study suggests favorable safety profile in patients with R/R B-NHL

Key Pilot Study Parameters:

- Median dose of infused CNCT19 cells was $2 \times 10^6$ per kg body weight (range, 1.7-4 $\times 10^6$)

Encouraging Early Results:

- CR rate at 3 months and 6 months was 70% and 62.5%, respectively
- Median PFS and OS were not reached; estimated PFS and OS at 12 months was 66.7% and 77.1%, respectively
- Median times to neutrophil and platelet engraftment was 11 days (range, 8-32) and 17 days (range, 8-265), respectively

Safety Profile:

- 92.3% patients experienced grade 1 CRS with no grade 2 CRS or higher; managed with tocilizumab and glucocorticoids; grade 4 ICANS occurred in two patients, resolved after glucocorticoids treatment
- CNCT19 infusion following HDT/ASCT could be safely administered in R/R large B-NHL patients
- More patients achieved sustained remission compared with those who received anti-CD19 CAR-T therapy alone

Preliminary results support further investigation of combination of CAR-T cellular immunotherapy with HDT/ASCT
CNCT19 – Juventas Development Timeline

- B-NHL Phase 2 / registration trial currently enrolling in China
- B-ALL Phase 2 / registration trial to be initiated in Q1 2021
- Breakthrough Therapy Designation received in December 2020 from China CDE for B-ALL indication
- China NDA submission targeted by Juventas before 2021 year end

<table>
<thead>
<tr>
<th>December 2019</th>
<th>2020</th>
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Breakthrough Therapy Designation December 2020
BI-1206

Checkpoint Inhibitor Targeting
FcγRIIB
Partner: BioInvent
BI-1206 – The First Checkpoint Inhibitor Directed Towards Monoclonal Antibody Receptor Interaction

- First-in-class in hematology – no direct competitors
- Fully human monoclonal antibody (“mAb”) that targets FcγRIIB
- Acts like a Checkpoint Inhibitor, blocking FcγRIIB interaction to unleash antibody-mediated activation of the immune response against cancer
- High unmet need for chemotherapy-free, safer options in 2L and 3L treatment
  - Can potentially be used with all therapeutic mAbs that rely on ADCC/CDC for efficacy (Rituximab, Trastuzumab, Cetuximab, etc.) across multiple tumor types, akin to PD-1 pembrolizumab, in 1L indications and R/R settings
- Granted Orphan Drug Designation by the FDA for MCL in January 2019
FcγRIIB – Single Inhibitory Antibody Checkpoint To Unlock Anti-Cancer Immunity In Both Liquid And Solid Tumors

Antibody Checkpoints

Activating receptors
- FcγRIla
- FcγRIIa
- FcγRIIIa

Inhibitory receptors
- FcγRIIb

Activates

Innate Immune System
Part of the immune system that kills tumor cells, but also activates and shapes the adaptive immune system.

Adaptive immune System
Part of the immune system that eliminates the pathogens and/or prevents their growth.

T-Cell Checkpoints

Activating receptors
- CD28
- GITR
- CD137
- CD27

Inhibitory receptors
- CTLA-4
- OX40
- PD-1
- TIM-3
- BTLA
- VISTA
- LAG-3
- HVEM
BI-1206 – Immune System Can Kill Tumor Cell With FcγRIIB Receptor Blocked

The immune cells fail to attack the tumor cell

With the FcγRIIB-receptor blocked, the immune system can kill the tumor cell

- BI-1206 blocks FcγRIIB receptor, suppressing tumor’s protection. Its activity helps restore and enhance rituximab’s effect
  - Prevents FcγRIIB receptor from removing therapeutic antibody from its receptor, allows better, prolonged mAb anti-tumor activity
  - With the FcgRIIB-receptor blocked, a better anti-tumor activity is engaged allowing the immune system to find and kill the tumor cell

Teige I. et al, Frontiers in Immunol, 2019
Phase 1/2a Clinical Trial in Combination with Rituximab (“RTX”)

- A multicenter, open label, Phase 1/2a study in relapsed or refractory indolent NHL (iNHL) patients enriched with Mantle Cell Lymphoma – approximately 24 patients across sites in the U.S. & EU

- High proportion of patients expressing FCyRIIB in enriched population

- High unmet medical need – despite the availability of targeted therapies
BI-1206 in NHL – Encouraging Responses From Patients Completing Induction Cycle Including Two Enduring CRs

- To date, 15 patients enrolled in Part A
- 9 patients have been evaluated for response, 2 still on treatment
  - Two complete responses (one at 30mg, one at 70mg)
  - Both complete responses continue today, 12-24 months out
  - One MCL patient with blastoid histology who achieved complete depletion of peripheral tumor cells and achieved a PR
  - Four partial responses (one at 30mg, three at 70mg)
  - Two patients (100 mg) not evaluated for response yet
- Next steps:
  - Read-out from 2 patients at 100mg in coming weeks, including one MCL patient with blastoid histology
  - 3rd patient being recruited
  - Determine RP2D and start Part B
BI-1206 in NHL - Favorable Safety Profile And Manageable IRRs

DLTs were associated to Infusion-related reactions (IRR’s):

- Two cases of thrombocytopenia:
  - **Only lab values, no clinical signs or bleeding**
  - All patients have recovered rapidly, and lab values return to normal within days
- Two cases of transient increase in ALT and AST (liver enzymes)
  - **Only lab values, no signs or symptoms, no bilirubin increases**
  - All patients have recovered rapidly, and lab values return to normal within days

*CR: complete response; PR: partial response; DLT: dose limiting toxicity*
Phase 1/2a Clinical Trial in Combination with Pembrolizumab

• A multicenter, open label, Phase 1/2a study in adults with advanced solid tumors who have relapsed or are refractory to anti-PD-1 or anti-PD-L1 therapy – approximately 60 patients across sites in the U.S. and SWE

• High unmet medical need – despite the availability of targeted therapies

• Strong rationale for combination, as FcγRs have been shown to modulate the activity of immune checkpoint inhibitors

• Local overexpression of FcγRIIB may determine resistance to anti-PD-1 therapy
BI-1206 Upcoming Key Milestones

• Select RP2D, and move to expansion phase (part B) of the study (same patient population)

• Include China in global clinical development strategy: implement part B of the study

• EoP1 meeting with FDA planned for Q3 2021
  – Discuss RP2D and new Phase 2 study design (potential pivotal study)

• Start implementation of new Phase 2 study in the U.S., Europe and China

• Determine quickest path to registration
  – Orphan drug designation in MCL obtained
  – Fast track designation
  – Breakthrough therapy designation
CASI – BioInvent Partnership: Developing and commercializing BI-1206 in China

• Leverages CASI’s expertise, clinical/medical teams and established relationships with hematology KOLs, hospitals, medical centers and pharmacies to accelerate development and commercialization of BI-1206 in China
  - CASI China can contribute significant amount of protocol patients to accelerate recruitment of global pivotal study

• Generate clinical data on BI-1206 rapidly in China to support global development program and reach value inflection points quickly
  - For Innovative Product BLA filing in China, local Phase 1 (PK/PD) study plus global pivotal trial are required

• BI-1206 for NHL – complements CASI’s Hem-Onc focus

• CASI has exclusive China development and commercialization rights
CB-5339

VCP/P97 Inhibitor
Partner: Cleave Therapeutics
Novel target - VCP/p97

• VCP is a AAA ATPase enzyme that extracts and unfolds proteins, essential for cancer cell survival
• Disruption of DNA damage response and protein homeostasis pathways drive cancer cells to apoptosis
• Cancer cells differentially sensitive

Lead Product - CB-5339

• A 2nd generation small molecule inhibitor of VCP/p97 with biochemical potency of 9 nM
• ATP-competitive and binds primarily to the D2 ATPase domain of VCP/p97
• Potential for use in broad range of hematologic malignancies and solid tumors
• Two active Phase 1 trials in dose escalation
  • AML/MDS trial sponsored by Cleave Therapeutics
  • Solid tumors/advanced lymphomas trial sponsored by National Cancer Institute
VCP/p97 Inhibition Plays a Key Role Regulating Protein Degradation and Drives Cytotoxic Buildup of Proteins in the Endoplasmic Reticulum

Endoplasmic Reticulum Association Degradation (ERAD)

- Critical to protein homeostasis
- Extraction of proteins for proteasomal degradation
- Inhibition causes irresolvable proteotoxic stress driving cancer cell death in solid tumors and MM indications
- Potential to combine well with multiple myeloma agents and others in the unfolded protein response
DNA damaging agents, such as 7+3, are standard of care in AML – but patients develop resistance due to upregulation of DNA damage response proteins\(^1\)

VCP/p97 plays a key role in this response - involved in chromatin remodeling as well as extraction / turnover of DDR proteins\(^2\)-\(^4\)

Impairment of VCP/p97 activity induces chromatin stress, reduces double strand break (DSB) repair and cell survival after ionizing radiation\(^2\)

Mechanistic studies validate VCP/p97 role in DNA damage repair in AML and translates to efficacy in vivo and in vitro\(^5\)

VCP/p97 activity crucial for regulation of RNF8 at DSBs, which is critical for 53BP1 recruitment to DNA damage\(^6\)

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VCP/p97 is an Attractive Broad Oncology Target

- Cleave’s agent, CB-5339, has impressive efficacy across a broad panel of cancer cell lines with IC$_{50}$s in the sub-100nM for the most sensitive lines.
- Hematologic malignancies such as AML and multiple myeloma rank as some of the most sensitive across multiple experiments.
- Solid tumors with high levels of protein turnover such as pancreatic and neuroendocrine also have high sensitivity.
Cleave CB-5339 Phase 1 Study Focused on AML/MDS

Open to R/R AML/MDS and Myeloid Malignancies

• CB-5339 dosed orally QD on days 1-4 each week
• 28-day cycles and DLT window
• Intrapatient escalation permitted
• Study open at sites in the US and Australia

Favorable safety profile to date through multiple dose escalation cohorts

• Data to date supports achieving therapeutic exposure without the off target visual toxicity that halted development of Cleave’s first-generation VCP/p97 inhibitor (CB-5083)
Scientific Rationale for CB-5339 in Acute Myeloid Leukemia

- VCP/p97 has an emerging role in chromatin associated degradation and the DNA damage response (DDR) that can be leveraged to drive genomic stress and cytotoxicity in cancer.

CB-5339 demonstrates strong activity in AML cell lines.
CID-103

Fully human IgG1 anti-CD38 mAB
CID-103: Fully human IgG1 anti-CD38 monoclonal antibody

- Exclusive global rights
- Phase 1 trial target expected to start in Q1 2021
- Fully human IgG1 anti-CD38 mAb recognizing a unique epitope
- No overt infusion related reactions observed
- Encouraging preclinical efficacy & safety profile compared to other anti-CD38 mAbs

- Demonstrates greater antibody-dependent cellular cytotoxicity (ADCC) activity over Daratumumab and other anti-CD38 mAbs
- *In vivo* activity outperforms Daratumumab and other anti-CD38 mAbs
- Survival improvement observed in Daudi, Ramos and Raji Xenograft models
Rapid Growth of Anti-CD38 Market

Blockbuster Darzalex surpasses $3B in Annual Sales

- Multiple Myeloma Market Opportunity:
  - **USA:** 32,270 new cases/year;
  - **China:** 20,100 new cases/year;
  - **Worldwide:** 140,000 new cases/year per/year

- Daratumumab (J&J’s Darzalex®) approved in U.S. and EU for Multiple Myeloma (FDA 2015; EMA 2016) – Over $3 billion in annual sales

- Isatuximab (Sanofi’s Sarclisa®) approved in U.S. for R/R Multiple Myeloma (March 2020)

- Investigational anti-CD38 antibodies:
  - Mor202 (Morphosys) Phase 3
  - TAK079 (Takeda) Phase 1/2
  - GBR 1342 (Glenmark) bispecific in Phase 1

*Sources: Genmab A/S Press Releases, BioCentury*
CID-103 (TSK011010) – Potential Advantage over Competitor CD38 mAbs

CID-103 Targets a Different CD38 Epitope

CID-103 Demonstrates Higher ADCC Activity over Daratumumab and Isatuximab

*Sources: AACR; Cancer Res 2018;78(13 Suppl):Abstract nr 3812. TUSK Therapeutics Internal Reports*
CID-103 Demonstrates Survival Advantage over Competitor CD38 mAbs

**TSK011010 in vivo activity outperforms Darzalex, Isatuximab and MOR-202**

**Experimental details:** CB17 SCID mice, n=8/group
- do i.v. injection Daudi, Ramos or Raji cells
- 10mg/kg for each Ab i.p., start d5, twice a week for 3 weeks.

Daudi (high CD38 expression) | Ramos (med-CD38 expression) | Raji (low CD38 expression)

- **TSK011010 shows strong therapeutic activity against B cell lymphomas**
- **TSK011010 ensures**
  - higher survival rate than Darzalex in Daudi, Ramos and Raji models
  - higher survival rate than Research grade “Isatuximab” and “Mor202” in Ramos model
CID-103 Demonstrates Decreased RBC Binding And Decreased Interference With Pre Transfusion Test Methods

- Saturable concentration-dependent binding to three CD38-expressing malignant cell lines
- Low binding to RBCs that was not detected by most blood bank test methods independent of CID-103 concentration
- No interference seen using automated Tango and IH 1000; significantly less RBC interference relative to daratumumab

**“CID-103, an anti-CD38 monoclonal antibody, demonstrates decreased RBC binding and decreased interference with pre-transfusion test methods.”**

Judith Aeschlimann1, Randall W. Velliquette1, Amanda Hu, et al.
No Overt Infusion Related Reactions Observed with CID-103 in Cynomolgus Monkeys

- Non-GLP Non-Human Primate Dose Range Finding Study:
  - No immediate systemic reaction (cytokine-release like syndrome) observed (16 animals dosed 0.03 to 10 mg/kg) in the Dose-Range Study in Cynomolgus monkeys

- GLP Non-Human Primate Toxicity Study:
  - No clinical observations suggesting an Infusion Related Reaction in any animal in the GLP Toxicology Study (32 Cynomolgus monkeys tested)

*Sources: Tusk Therapeutics Internal Reports*
Thank You