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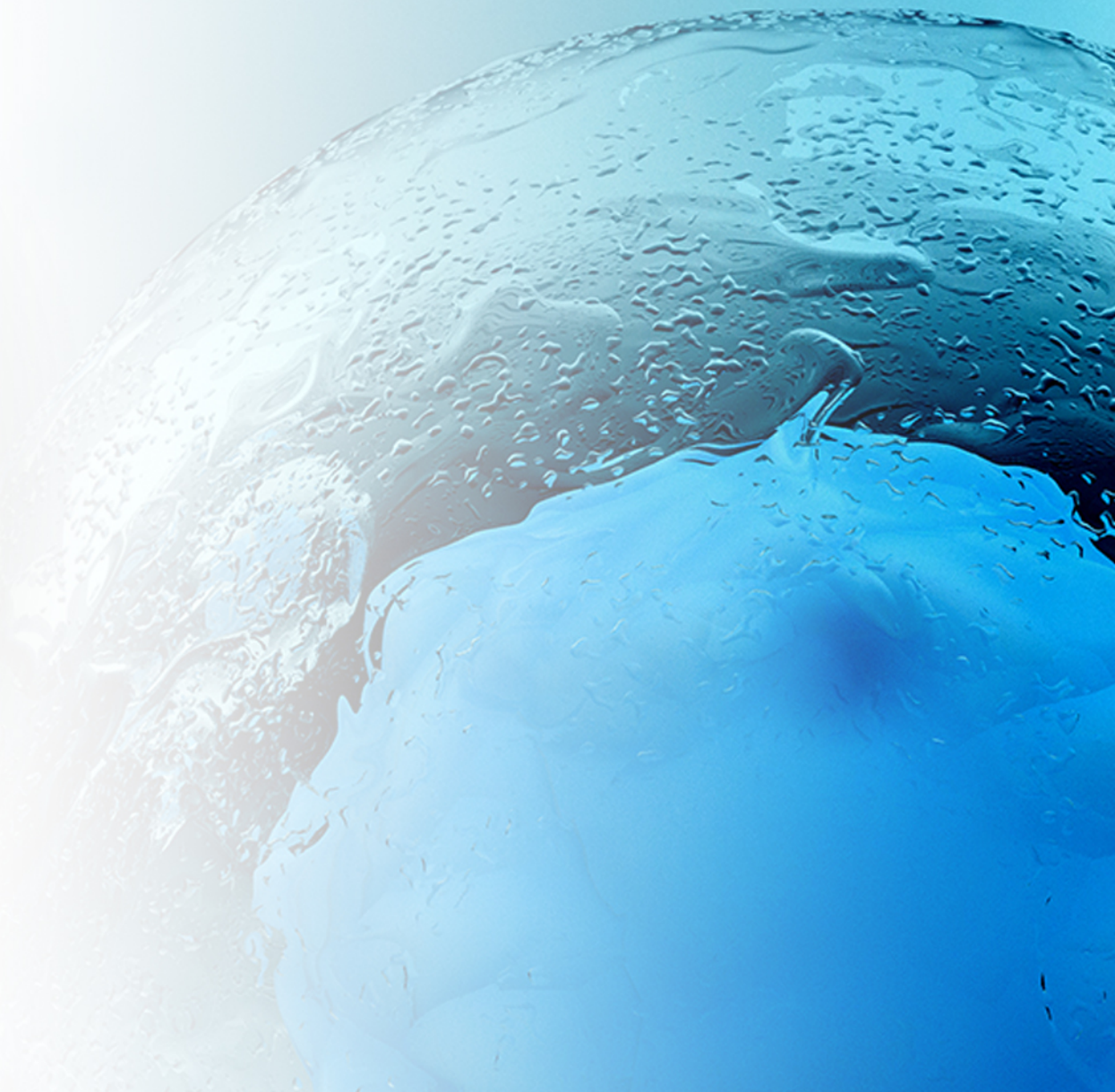
trilaciclib for injection 300 mg

G1 THERAPEUTICS

Optimizing Chemotherapy, Advancing Survival

August 2021



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" 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 the therapeutic potential of COSELA™(trilaciclib), rintodestrant and lerociclib, COSELA's possibility to improve patient outcomes across multiple indications, rintodestrant's potential as an oral SERD, our reliance on partners to develop and commercial licensed products, and the impact of pandemics such as COVID-19 (coronavirus), and are based on the company's expectations and assumptions as of the date of this presentation. Each of these forward-looking statements involves risks and uncertainties. Factors that may cause the company's actual results to differ from those expressed or implied in the forward-looking statements in this presentation are discussed in the company's filings with the U.S. Securities and Exchange Commission, including the "Risk Factors" sections contained therein and include, but are not limited to, the company's ability to complete clinical trials for, obtain approvals for and commercialize any of its product candidates; the company's initial success in ongoing 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 development-stage company; and market conditions. Rintodestrant and lerociclib are not approved by the FDA. The safety or effectiveness of rintodestrant and lerociclib have not been established by the FDA. Except as required by law, the company assumes no obligation to update any forward-looking statements contained herein to reflect any change in expectations, even as new information becomes available.

G1 THERAPEUTICS

G1 Therapeutics
COSELA (trilaciclib) is a Cornerstone Therapy

COSELA™
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First and only proactive multilineage myeloprotection therapy to decrease the incidence of chemotherapy-induced myelosuppression

Approved in U.S. for treatment of patients with extensive-stage small cell lung cancer receiving chemotherapy

Pipeline-in-a-molecule development opportunity

Late-stage tumor agnostic development program

$244M cash on hand
(as of June 30, 2021)

Focused on the development and commercialization of COSELA

G1 THERAPEUTICS

Chemo to Remain Mainstay Therapy Despite Shortcomings

Over 1 million cancer patients receive chemo in North America each year

- Cost-efficient and effective treatment option expected to remain backbone of SoC
- Established high water-mark that has proven difficult to exceed head-to-head
- Immunotherapy with chemo has demonstrated the best results in many tumors

Two Critical Areas of Unmet Need

1 Proactively reducing the damaging consequences of chemotherapy

2 Meaningfully improving overall survival in broad populations

High unmet need for new therapies that can significantly reduce myelosuppression and meaningfully improve efficacy across patient populations

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COSELA: Novel Approach Designed to Address Shortcomings of Chemo

COSELA
Transient IV CDK4/6 inhibitor
Temporarily blocks progression through the cell cycle

Leads to multiple potential downstream effects

Helps protect HSPCs and myeloid and lymphoid cell lineages from damage caused by chemotherapy[1-3]

- Neutrophils
- Erythrocytes
- Platelets
- T-lymphocytes
- B-lymphocytes

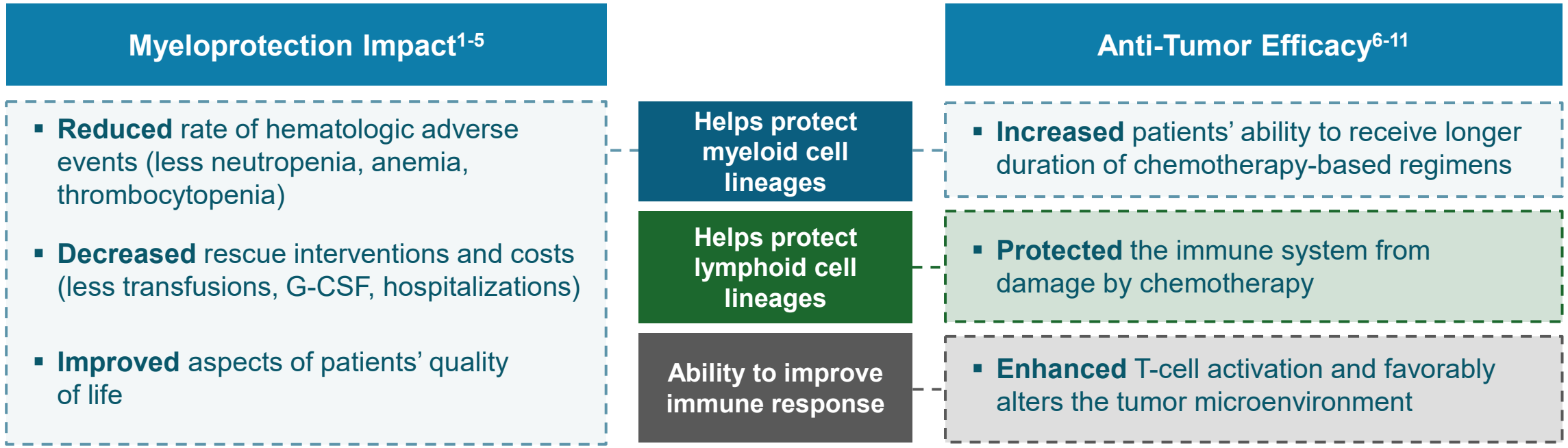
Ability to improve the immune response when administered with chemotherapy[4-9]

- Enhances T-cell activation
- Favorably alters tumor microenvironment

Potential to benefit patients receiving chemotherapy across multiple tumor types

1. Weiss J, et al. Ann Oncol. 2019 Oct; 30(10): 1613–1621. 2. He S, et al. Sci Transl Med. 2017;9:eaal3986. 3. Bisi JE, et al. Mol Cancer Ther. 2016;15:783-93. 4. Tan A, et al. Lancet Oncol. 2019 Sep 28. 5. Zhang J, et al. Nature. 2018;553:91-95. 6. Jerby-Arnon L, et al. Cell. 2018;175:984-997. 7. Goel S, et al. Nature. 2017;548:471-475. 8. Deng J, et al. Cancer Discov. 2018;:216-233. 9. O'Shaugnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06.

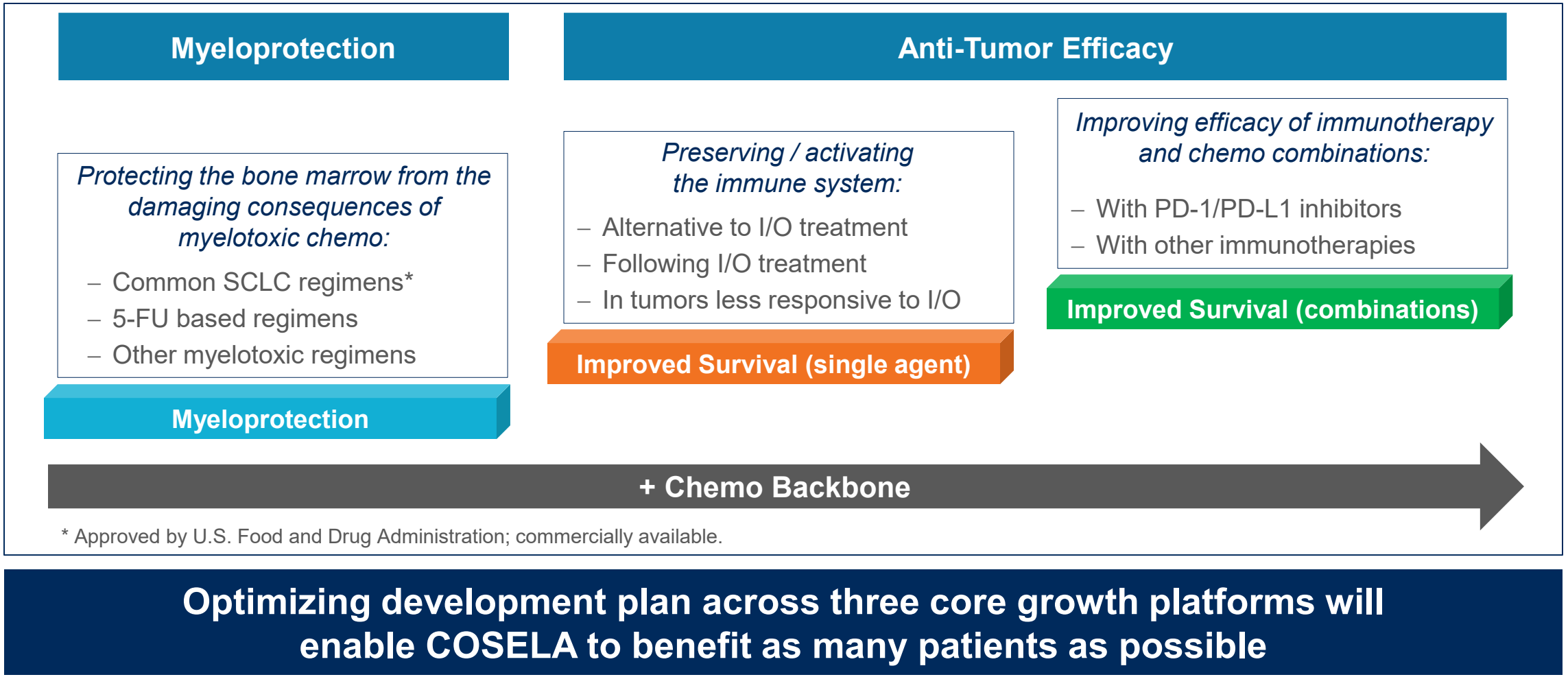
COSELA Demonstrated Meaningful Benefits Across Studies



Approved as myeloprotective therapy in ES-SCLC with most common chemotherapy regimens; increased anti-tumor efficacy being evaluated in additional trials

1. Weiss J, et al. Ann Oncol. 2019 Oct; 30(10): 1613–1621. 2. He S, et al. Sci Transl Med. 2017;9:eaal3986. 3. Bisi JE, et al. Mol Cancer Ther. 2016;15:783-93. 4. Weiss et al. MASCC Oral Presentation, Abstract #MASCC9-0845. 5. Tan A, et al. Lancet Oncol. 2019 Sep 28. 6. Ferrarotto et al., 2020 North America Conference on Lung Cancer (NACLC), Abstract # OA03.08. 7. Zhang J, et al. Nature. 2018;553:91-95. 8. Jerby-Arnon L, et al. Cell. 2018;175:984-997. 9. Goel S, et al. Nature. 2017;548:471-475. 10. Deng J, et al. Cancer Discov. 2018;:216-233. 11. O'Shaugnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06.

Significant Expansion Opportunities for COSELA



Optimizing development plan across three core growth platforms will enable COSELA to benefit as many patients as possible

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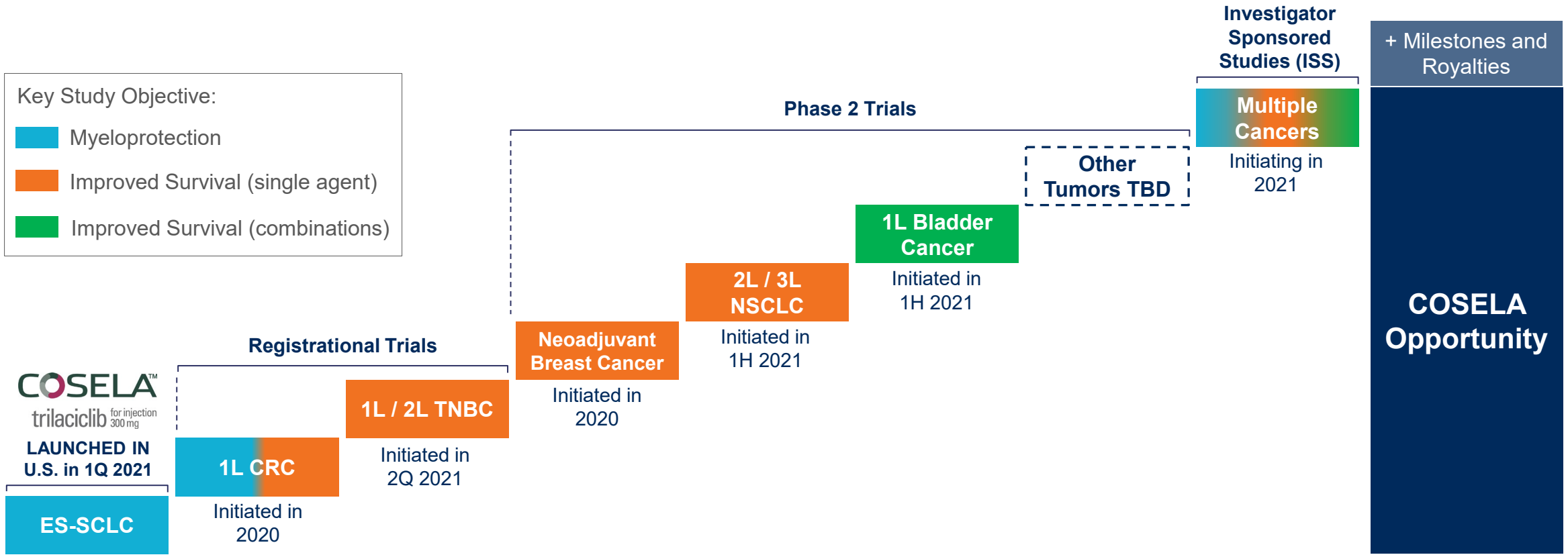
Pipeline-in-a-Molecule Opportunity Beyond ES-SCLC Launch



Aggressively pursuing development in areas of high strategic importance where COSELA is most likely to provide meaningful benefits to patients

G1 THERAPEUTICS

2021 Key Objectives

1. Obtain U.S. approval for ES-SCLC and successfully launch COSELA in 1Q
2. Establish COSELA as Standard of Care for ES-SCLC patients in the U.S.
3. Maximize long-term value of COSELA by executing robust development plan
4. Evaluate partnership options for rintodestrant following combination data readout in 2Q
5. Continue managing investor capital efficiently

Focused on successfully launching COSELA in ES-SCLC and accelerating development into other areas where chemotherapy is used

G1 THERAPEUTICS

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NOW APPROVED

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Approved by U.S. Food and Drug Administration to decrease the incidence of chemotherapy-induced myelosuppression in adult patients when administered prior to a platinum/etoposide-containing regimen or topotecan-containing regimen for extensive-stage small cell lung cancer

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COSELA Prescribing Information Highlights[1]

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Study 1:
COSELA Prior to Etoposide, Carboplatin, and Atezolizumab

Patients with newly diagnosed ES-SCLC not previously treated with chemotherapy

Endpoint	COSELA 240 mg/m^2 (N=54)	Placebo (N=53)	Adjusted 1-Sided p-value
Primary Endpoint			
DSN[2] in Cycle 1 - days Mean (SD)	0 (1.0)	4 (4.7)	<0.0001
Number (%) of patients with severe neutropenia	1 (1.9%)	26 (49.1%)	<0.0001
Key Secondary Endpoints			
Number of all-cause dose reductions, event rate per cycle	0.021	0.085	0.0195
Number (%) of patients with RBC transfusion on/after 5 weeks	7 (13.0%)	11 (20.8%)	--
Number (%) of patients with G-CSF administration	16 (29.6%)	25 (47.2%)	--

[1]See important safety information and detail on additional studies in the U.S. Package Insert and at COSELA.com

[2]DSN = Duration of Severe Neutropenia

Pharmacodynamics

Trilaciclib increased the percentage of cells arrested in G1 up to 32 hours post-infusion for all bone marrow progenitor subsets evaluated… this transient G1 arrest of hematopoietic stem cells contributed to the **myeloprotective effect** of trilaciclib.

Safety (pooled, n=240)

The most common adverse reactions occurring in ≥10% of patients were fatigue, hypocalcemia, hypokalemia, hypophosphatemia, aspartate aminotransferase increased, headache and pneumonia.

Grade 3/4 hematological adverse reactions occurring in patients treated with COSELA and placebo, respectively, included:

- neutropenia (32% and 69%)
- febrile neutropenia (3% and 9%)
- anemia (16% and 34%)
- thrombocytopenia (18% and 33%)
- leukopenia (4% and 17%)

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COSELA's Label Includes Multi-Lineage Data
Important to Health Care Providers

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SIGNIFICANTLY REDUCED THE INCIDENCE AND DURATION OF SEVERE NEUTROPENIA (PRIMARY ENDPOINTS)

96% reduction in severe neutropenia with COSELA + E/P/A Regimen and **0 days** of severe neutropenia in Cycles 1 vs **4** days without COSELA (P<0.0001)

Adjusted relative risk 0.038 (95% CI, 0.008, 0.195) and mean difference -3.6 (95% CI, -4.9, -2.3), respectively

DECREASED RATE OF DOSE REDUCTIONS (SECONDARY ENDPOINT)

The rate of all-cause chemotherapy dose reductions (events per 100 cycles) was significantly lower with COSELA: **2.1** vs **8.5** without COSELA (P=0.0195)

Adjusted relative risk 0.242 (95% CI, 0.079, 0.742)

INCIDENCE OF GRADE 3/4 ANEMIA AND RED BLOOD CELL (RBC) TRANSFUSIONS (SECONDARY ENDPOINTS)

The incidence of Grade 3/4 anemia was **28%** without COSELA vs **19%** with COSELA, and the incidence of RBC transfusions was **21%** without COSELA vs **13%** with COSELA

Adjusted relative risk 0.663 (95% CI, 0.336, 1.310) and 0.642 (95% CI, 0.294, 1.404), respectively

INTEGRATED SAFETY ACROSS STUDIES

The most common adverse reactions (≥10%) were fatigue, hypocalcemia, hypokalemia, hypophosphatemia, aspartate aminotransferase increased, headache, and pneumonia

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COSELA Presents a Strong Value Proposition

COSELA addresses an unmet need for a single treatment for all forms of myelosuppression and can potentially reduce costly hospitalizations for febrile neutropenia.

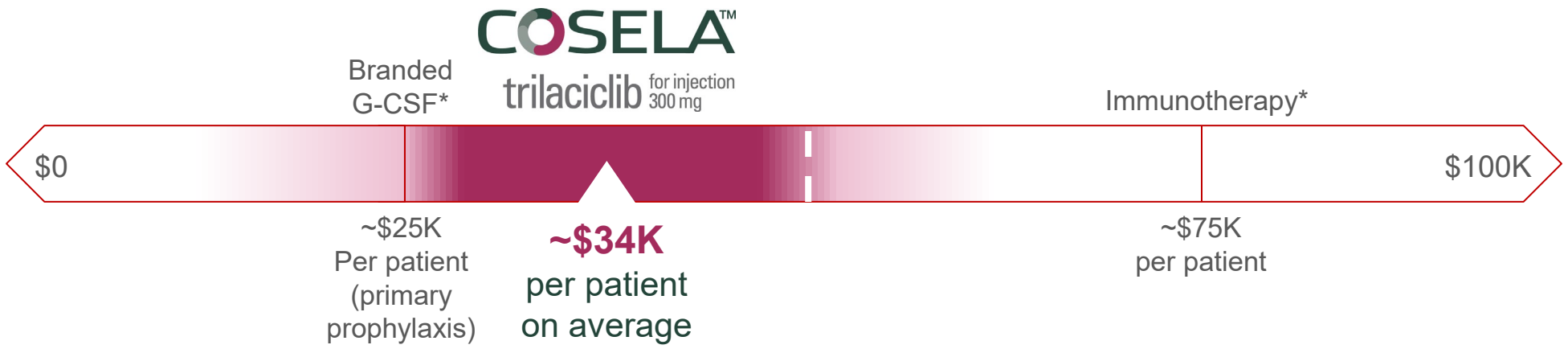
UNMET NEED	+	CLINICAL BENEFIT	+	COST OFFSET
Myelosuppression is common in SCLC; each form of myelosuppression requires a different treatment, creating need for multilineage myeloprotection.		COSELA is a single product that protects SCLC patients from multiple forms of myelosuppression caused by chemotherapy and improves patients' quality of life.		Budget impact modeling found that COSELA, when priced at $1,417 per vial lead to a net budgetary benefit due to reduction in chemo-related AEs[1].

[1] *A Budget Impact Assessment of Trilaciclib for Decreasing the Incidence of Chemotherapy-Induced Myelosuppression in Adult Patients with Extensive-Stage Small Cell Lung Cancer*. Baris Denz et al. Virtual Academy of Managed Care Pharmacy (ACMP) meeting. 2021.

COSELA is Strategically Priced

WAC per vial = $1,417

Based on clinical trial experience, most 1L ES-SCLC patients on average will receive 2 vials per dose, 3 doses per chemotherapy cycle, and 4 chemotherapy cycles (24 vials total)



G1 analyses suggest COSELA pricepoint will enable access in ES-SCLC; expected to be budget-neutral to savings-positive

*G-CSF helps white blood cells recover from chemotherapy; immunotherapies help the immune system fight cancer.
COSELA is approved to help protect against chemotherapy-induced myelosuppression for ES-SCLC patients receiving certain chemotherapy treatments.

G1 to One: Single Source for Access & Affordability

One-stop hub to ensure excellence in COSELA patient support

- Benefits investigation
- Prior authorization and appeals support
- Out of pocket assistance
- Access to PAP for therapy for eligible patients
- Support for patients getting started on COSELA

COSELA U.S. Launch Ongoing

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Broad Coverage of ES-SCLC

- Label covers a majority of patients
  - Including those treated with I/O
  - Indicated for broad myelosuppression (vs just neutropenia)
- Multilineage myeloprotection mechanism
- All three studies with key endpoints represented
- 30-minute infusion within 4 hours of chemotherapy; will fit into oncologist practice workflow

Pre-Launch Activities Complete

- Identified HCP targets
- Profiled key accounts
- Engaged payors
- Educated leading patient advocacy organizations
- Executed strategic pricing strategy

Executing on Product Launch

- COSELA launch ongoing
  - 2Q21: $2.5M in revenue from first full quarter of availability
  - National accounts team reaching key provider networks
  - Communicating with payer customers
  - Boehringer Ingelheim field sales team[1] initiating customer interaction
  - Clinical nurse educators scheduling in-service meetings
  - MSLs responding to customers
  - G1-to-One pt. support hub launched

This important new treatment is available to the majority of patients with ES-SCLC undergoing chemotherapy in the U.S.

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[1]Three-year agreement where Boehringer Ingelheim leads sales force engagement initiatives for COSELA in the U.S. for the initial ES-SCLC indication. The agreement does not extend to additional indications.

Opportunity to Meaningfully Impact Many Lives

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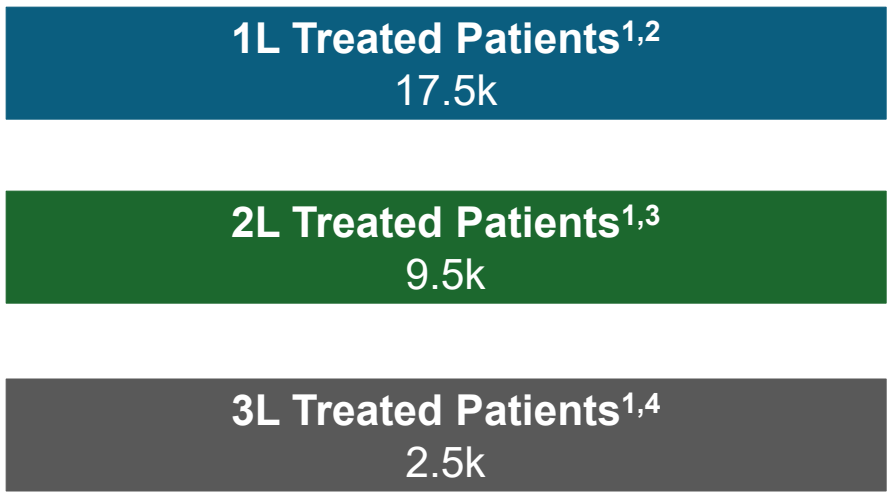
~30k ES-SCLC Patients Treated Annually in the U.S.[1]



ES-SCLC patients predominately treated with highly myelosuppressive chemo regimens

- Limited successful innovation given aggressiveness of disease (1L median OS ~1 year[5])
- Standard treatment includes 4 to 6 cycles of chemo

Payor research and discussions indicate potential broad patient access to COSELA

- ~60% of ES-SCLC patients covered by Medicare (expect Medicare to cover label at launch)

COSELA provides a meaningful improvement for ES-SCLC patients and has potential to generate near-term revenue to further support ongoing development

1. Based on incidence of 25k for all SCLC with 81% of patients being diagnosed at Extensive Stage; *Decision Resources Group, Small Cell Lung Cancer Disease Landscape & Forecast, March 2020.*
2. Based on 22k 1L SCLC total patients (20K de novo ES-SCLC and 2K late relapse LS-SCLC) treated at an assumed 80% treatment rate (from 2020 internal primary market research).
3. Based on 12.5k 2L SCLC total patients (11k progressed 1L SCLC and 1.5k early relapse LS-SCLC) treated at an assumed 72% treatment rate (from 2020 internal primary market research).
4. Based on 5k 3L SCLC total patients treated at an assumed 50% treatment rate (from 2020 internal primary market research).
5. Demonstrated in COSELA G1T28-02 and G1T28-05 study control arms.

G1 THERAPEUTICS

Three Core Goals for a Successful U.S. ES-SCLC Launch

1 Increase Awareness of Myelosuppression	Increase awareness of the significant multi-lineage impact of myelosuppression on clinical outcomes, costs, and patients' QoL
2 Communicate the Unique Benefits of COSELA	Educate prescribers, payers, and patients on the benefits of COSELA's proactive multi-lineage protection
3 Optimize Early Experience	Gain inclusion into relevant guidelines / pathways; enable broad patient access; and ensure ease of use for prescribers / nurses / staff

Focused on ensuring patients with ES-SCLC can benefit from COSELA first time and every time they are treated with chemotherapy

Strong Early Enthusiasm for COSELA

80% of Oncologists Would Consider Using COSELA*

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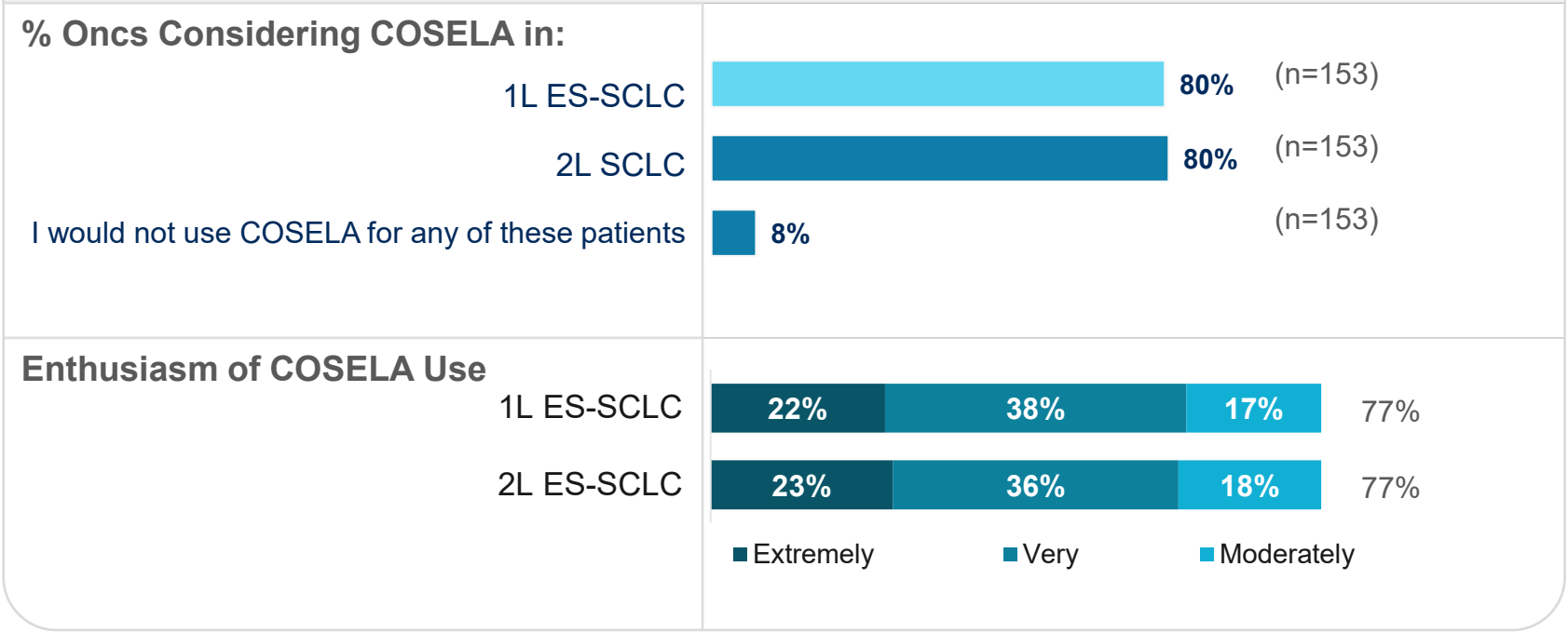
COSELA Patient Use *(% of Oncs)*



Education will be key to establish COSELA as a Standard of Care for patients with ES-SCLC receiving chemotherapy

*As of April 9, 2021

COVID-19 Impact

Increased Proactive Behavior With Current Single-Lineage G-CSFs

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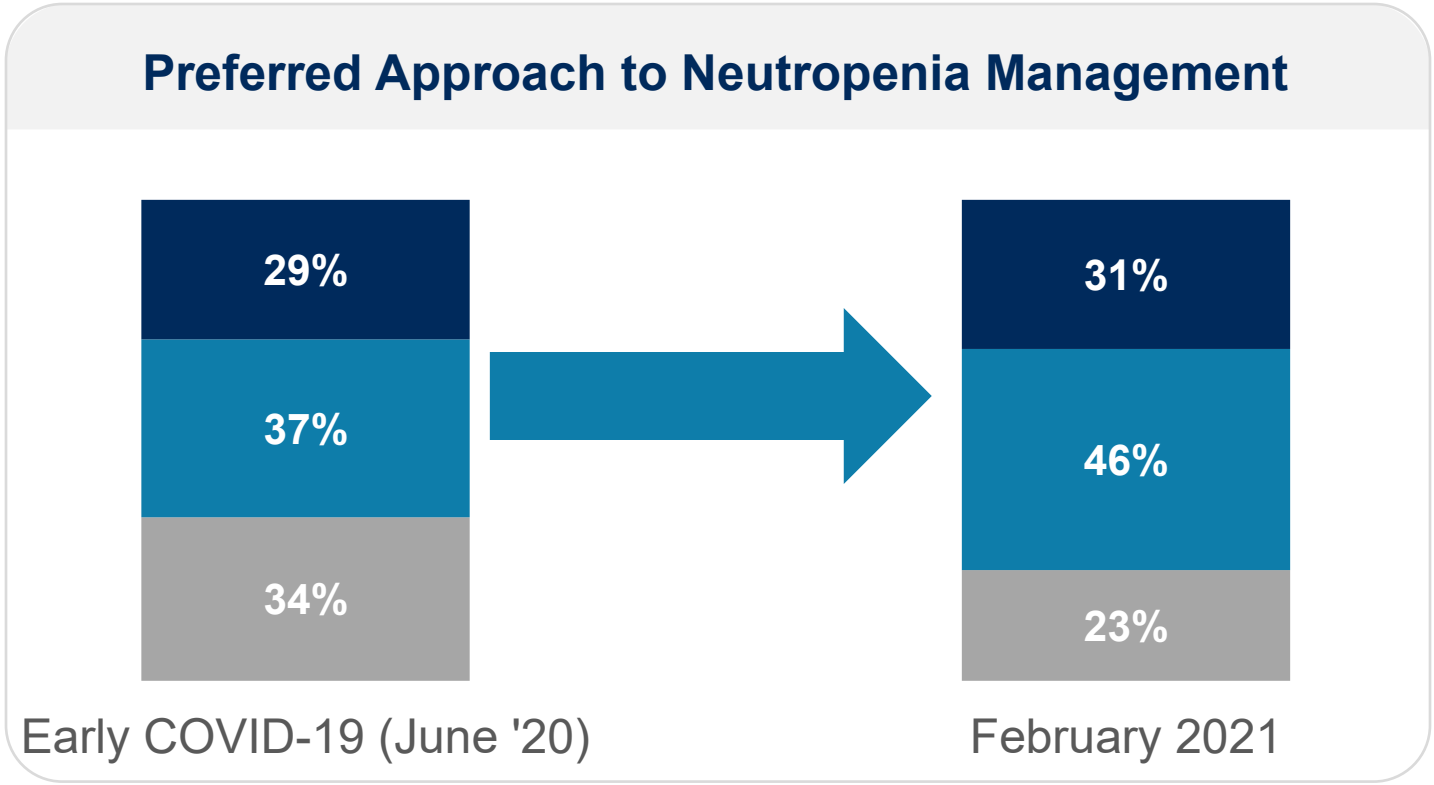
- Use G-CSF as primary prophylaxis for all ES-SCLC patients
- Use G-CSF as primary prophylaxis for Higher Risk ES-SCLC patients
- Do NOT use G-CSF as primary prophylaxis for ES-SCLC patients



HCPs who use G-CSF prophylactically in Cycle 1 are more likely to be adopters of COSELA since they are already trying to be proactive

G1 THERAPEUTICS

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4. Evaluate partnership options for rintodestrant following combination data readout in 2Q
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G1 THERAPEUTICS

The Burden of Chemotherapy

Myelosuppression is Managed with Lineage Specific Interventions

MYELOSUPPRESSION

An unavoidable consequence of chemo that impacts patient safety, healthcare system costs and QoL

HEMATOLOGIC EVENT:	**NEUTROPENIA**	**ANEMIA**	**THROMBOCYTOPENIA**
CONSEQUENCE:	Risk of infection	Fatigue	Risk of bleeding
RESPONSE:	G-CSF use (associated bone pain)	RBC transfusions and ESA rescue	Platelet transfusions
	Increased healthcare costs	**Chemotherapy dose reductions and delays**	**Hospitalizations and unscheduled patient care**

Myelosuppression can have a significant negative impact on clinical outcomes, healthcare costs, and overall patient quality of life

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COSELA Proactively Helps Protect Against Multiple Myelosuppressive Consequences

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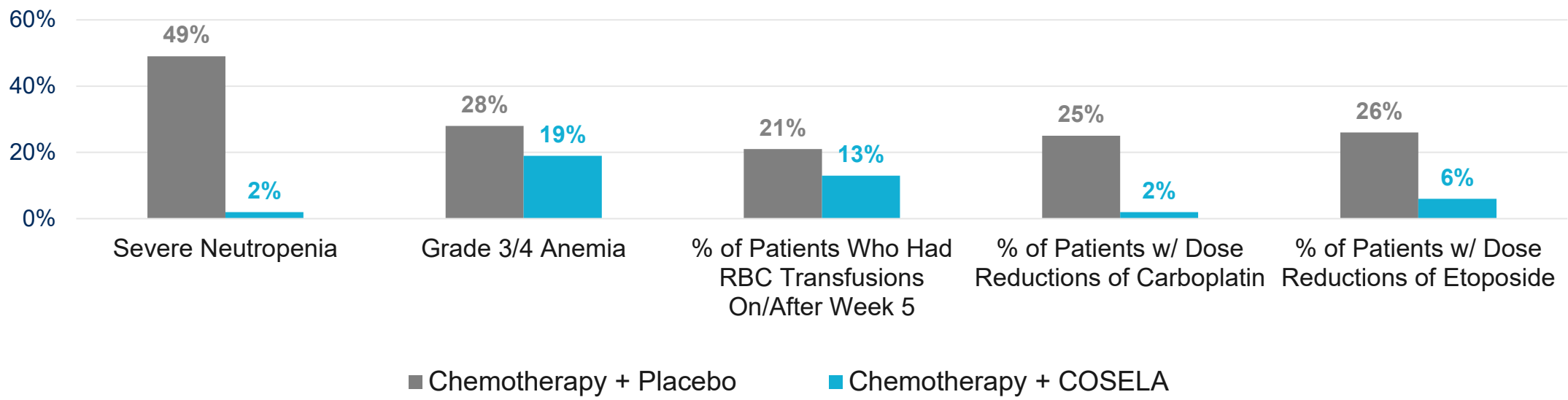
Reduced Incidence of Multi-lineage Myelosuppression in 1L SCLC Treated with Etoposide/Carboplatin/Atezolizumab[1]



Clinical Results: COSELA demonstrated reductions in multiple myelosuppressive consequences

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[1]COSELA™ (trilaciclib) label, 10003 Rev. 2/2021 US-2100006

COSELA's Hematologic Adverse Reactions Summary is Meaningful to HCPs

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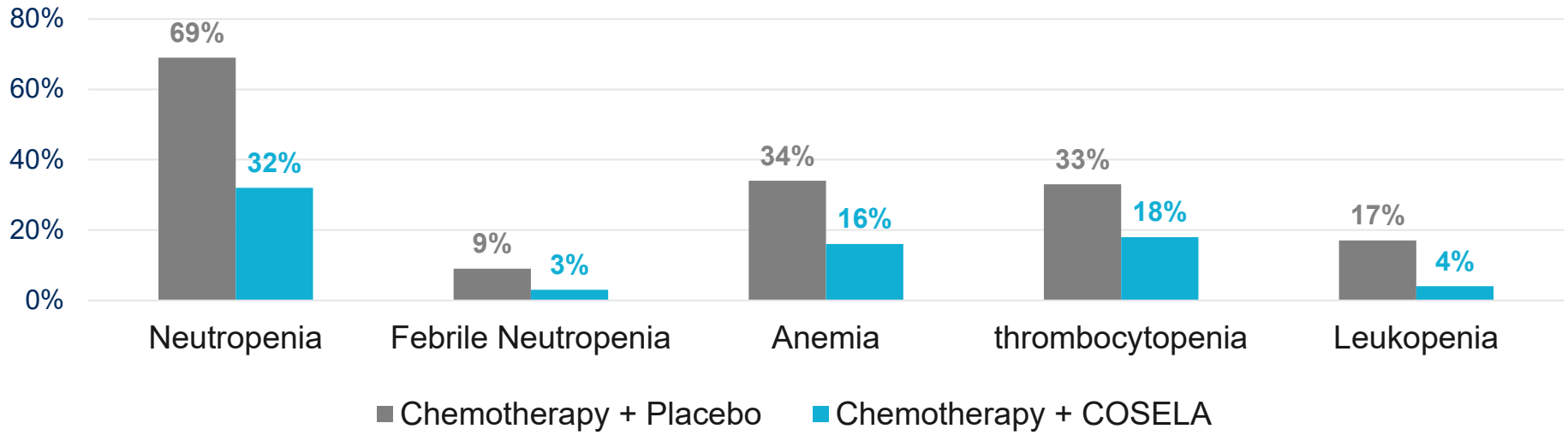
Grade 3/4 hematological adverse reactions occurring in patients treated with COSELA and placebo



COSELA demonstrated reductions in hematologic adverse events across multiple randomized SCLC studies

G1 THERAPEUTICS

1. Weiss et al., 2020 American Society of Clinical Oncology (ASCO), Abstract #384.

COSELA Can Drive Payor/Hospital Savings

Total Budget Savings over 5 Years Associated with the Introduction of COSELA

AE Management	
Neutropenia	$2,098,963
Febrile Neutropenia	$149,537
Anemia	$530,213
Thrombocytopenia	$1,189,330
Total AE management	$3,968,042
Prophylactic use of G-CSFs	$211,932
Total	$475,774
Per Member Per Month (PMPT)	$0.008

In a hypothetical plan with one million members:

- The incremental cost of COSELA to a payer is projected to be offset by reductions in costs of managing AEs related to myelosuppression
- Deterministic sensitivity analysis suggests that the spectrum of expected financial impact associated with COSELA could result in cost savings of:
  - Up to $685,671 overall
  - Up to $0.011 per member per month over five years

Payor Impact: The net financial impact of COSELA on top of standard treatments is estimated to be a budgetary cost saving

Deniz et al., *Academy of Managed Care Pharmacy* (ACMP) meeting, April 12-16, 2021

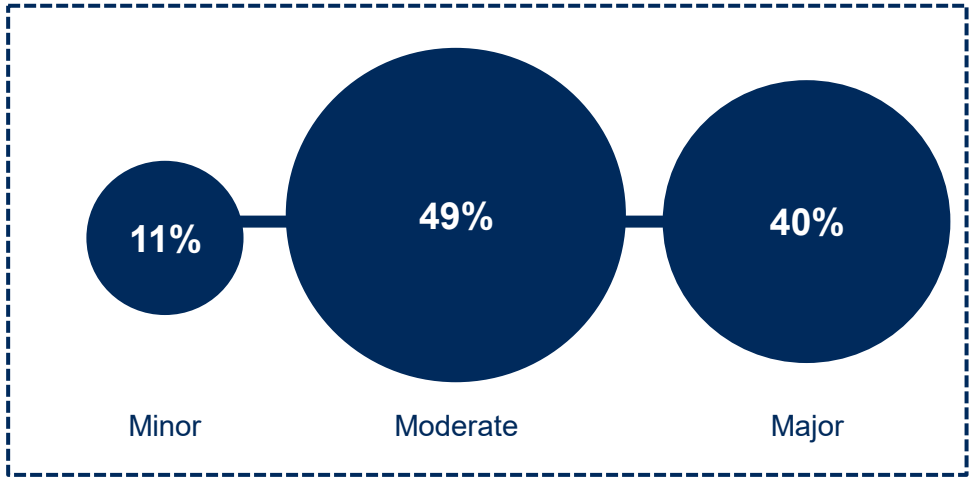
Most Chemo Patients Report Significant Myelosuppression

89% of patients with CIM in a patient reported survey cited a moderate-to-major impact on Quality of Life, despite current standard of care interventions

Patients with Myelosuppression

*N = 301 patients treated with chemo who experienced one or more episodes of myelosuppression**

Patient-Reported Myelosuppression Impact on QoL[1]



Protecting HSPC-derived cell lines could translate into improved health-related quality of life (HRQoL) experienced as symptomatic fatigue and physical and functional well-being

HSPC = hematopoietic stem and progenitor cells

*Lung, breast and colorectal cancer patients; myelosuppression episodes include anemia, neutropenia, lymphopenia, and thrombocytopenia
**Trial Outcome Index – measure of patient physical well-being and side effects of disease & treatment, FACT – PRO measure of Physical Well-Being (PWB), Social/Family Well-Being (SWB), Emotional Well-Being (EWB), & Functional Well-being (FWB) plus additional anemia and fatigue-related questions
Sources: 1. Epstein, R et al. Adv Ther. 2020; 37(8): 3606–3618 2. Data on file

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Opportunity to Improve Quality of Life with COSELA

89% of cancer patients with myelosuppression rate it as having a moderate to major impact on their life[1]:

"…the overall fatigue was the worst.
It stole my energy and joy for both life and family.
It made me want to quit chemo numerous times."

"**I don't feel like doing ANYTHING some days.**
It's like depression but completely physical."

"**Did not get out as much, not able to work**,
always feeling tired."

COSELA may help patient functioning in ES-SCLC patients:

Median Time to Deterioration[2]

(pooled data from three randomized, placebo-controlled, double-blind trials)

Measure	Placebo (months)	COSELA (months)	Improvement (months)
Fatigue	2.3	7.0	**4.7**
Anemia –TOI (Trial Outcome Index)	3.8	7.2	**3.4**
Functional Well Being	3.8	7.6	**3.8**

Patient Benefit: Proactive protection enables better quality of life for patients in this palliative treatment setting

G1 THERAPEUTICS

1. Epstein et al, Patient Burden and Real-World Management of Chemotherapy-Induced Myelosuppression: Results from an Online Survey of Patients with Solid Tumors; Advances in Therapy, July 2020
2. Weiss et al., Effects of Trilaciclib on Chemotherapy-Induced Myelosuppression and Patient-Reported Outcomes in Patients with Extensive-Stage Small Cell Lung Cancer: Pooled Results from Three Phase II Randomized, Double-Blind, Placebo-Controlled Studies; Clinical Lung Cancer, March 2021

Opportunity for COSELA to Become Standard of Care in ES-SCLC

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Clinical Results
Meaningfully reduces myelosuppression in ES-SCLC

Payer Impact
May provide cost savings for system (COSELA expected to be budget neutral or better)

Patient Benefits
Meaningfully improves the overall quality of life for patients based on patient-reported data

Heightened awareness of myelosuppression due to the COVID pandemic may further encourage adoption of COSELA as a Standard of Care

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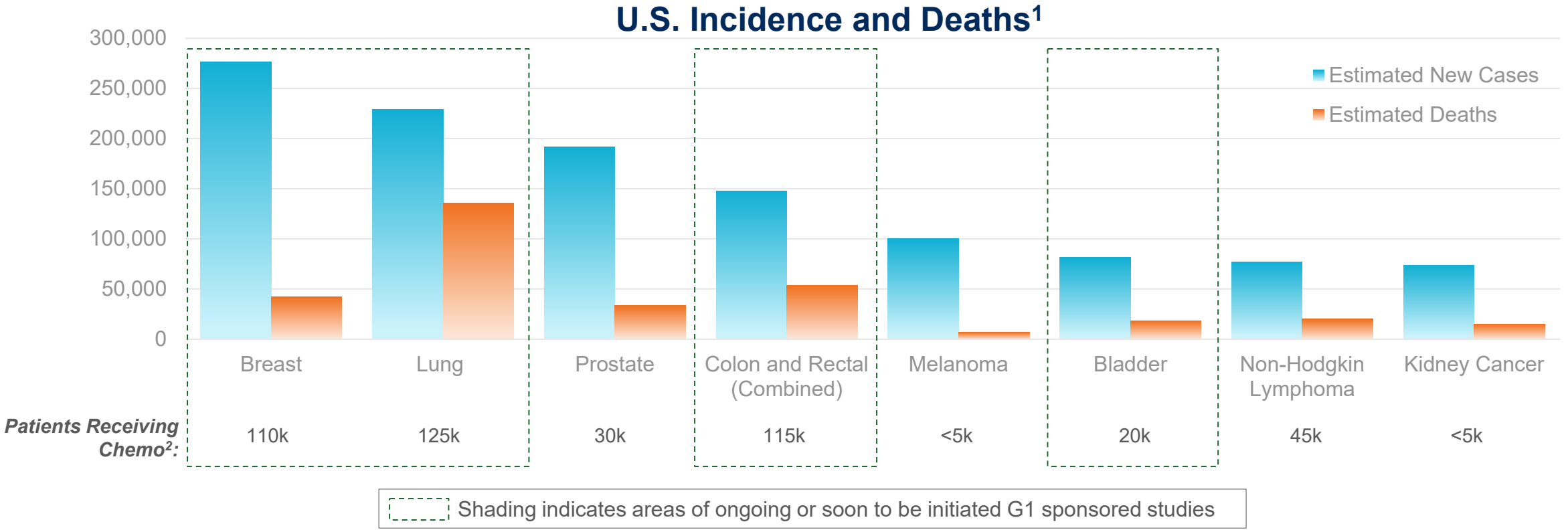
G1 THERAPEUTICS

Aggressively Pursuing Development in Common Tumor Types



G1 has / will soon initiate sponsored studies in many of the most common and deadly tumor types

1. Estimated new cases and deaths from National Cancer Institute for 2020.
2. Estimated patients receiving chemotherapy from Kantar Health CancerMPact Patient Metrics, 2019 data based on IQVIA BrandImpact regimen shares and Kantar Health Treatment Architecture 2019 survey data for patients receiving chemo (rounded to nearest 5,000 patients).

Broad Portfolio of Studies Across Common Tumor Types

Cancer Type	Indication	Study Size	Phase 2	Phase 3	Approval
Lung	ES-SCLC	NA	Approved by U.S. Food and Drug Administration		
	2L / 3L NSCLC (Post-checkpoint treatment)	~146	PRESERVE 4: Ongoing		
Colorectal	1L CRC	~300	PRESERVE 1: Ongoing		
Breast	1L TNBC[1]	~170	PRESERVE 2: Ongoing		
	2L TNBC[1] (Post-checkpoint treatment)	~80	PRESERVE 2: Ongoing		
	Neoadjuvant	Adaptive	I-SPY2: Ongoing		
Bladder	1L Bladder (Checkpoint combination)	TBD	PRESERVE 3: Ongoing		

Two registrational studies underway; additional Phase 2 studies to evaluate COSELA in multiple treatment settings / tumor types to initiate in 2Q21

1/2/3L, first-/second-/third-line; CRC, colorectal cancer; ES-SCLC, extensive-stage small cell lung cancer; FDA, U.S. Food and Drug Administration; NSCLC, non-small cell lung cancer; TNBC, triple-negative breast cancer.

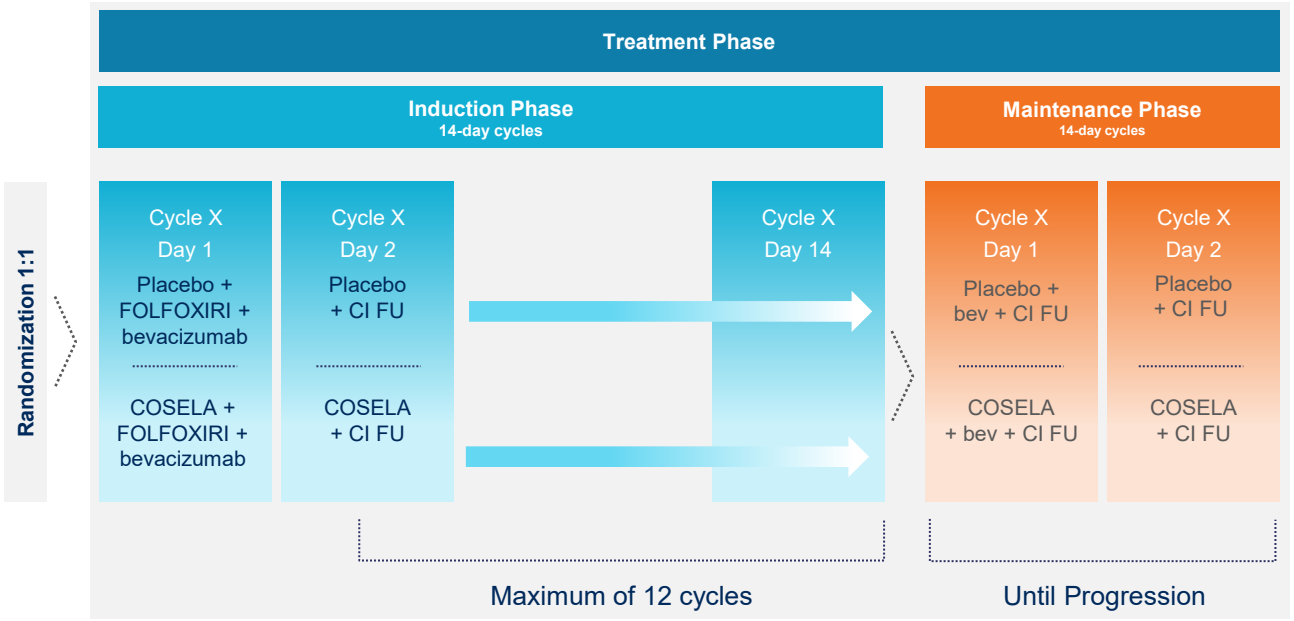
*1L TNBC and 2L TNBC cohorts being conducted under one study protocol.

The safety and efficacy of an investigational use of an approved product have not been established or approved by the FDA or other regulatory authorities.

Ongoing First-Line CRC Pivotal Trial: PRESERVE 1

FOLFOXIRI: most efficacious chemo regimen but highly myelosuppressive

Potential to significantly expand FOLFOXIRI usage supported by market research



PRIMARY ENDPOINT:
Myeloprotection

SECONDARY ENDPOINTS:
PFS/OS, PRO

TARGET ENROLLMENT:
~300 participants

PATIENTS TREATED UNTIL PROGRESSION

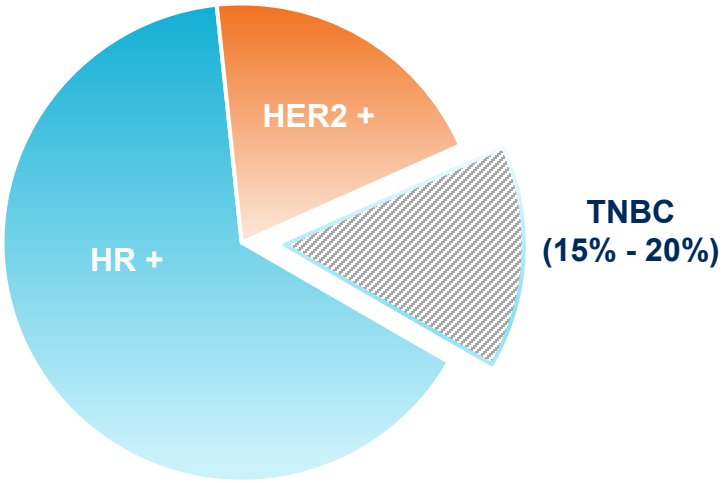
MULTI-DAY CHEMO REGIMEN

Strong support from preclinical models for the benefits of COSELA in combination with 5-FU-based chemo regimens

G1 THERAPEUTICS

Metastatic TNBC is an Area of High Unmet Need

Breast Cancer Subtypes



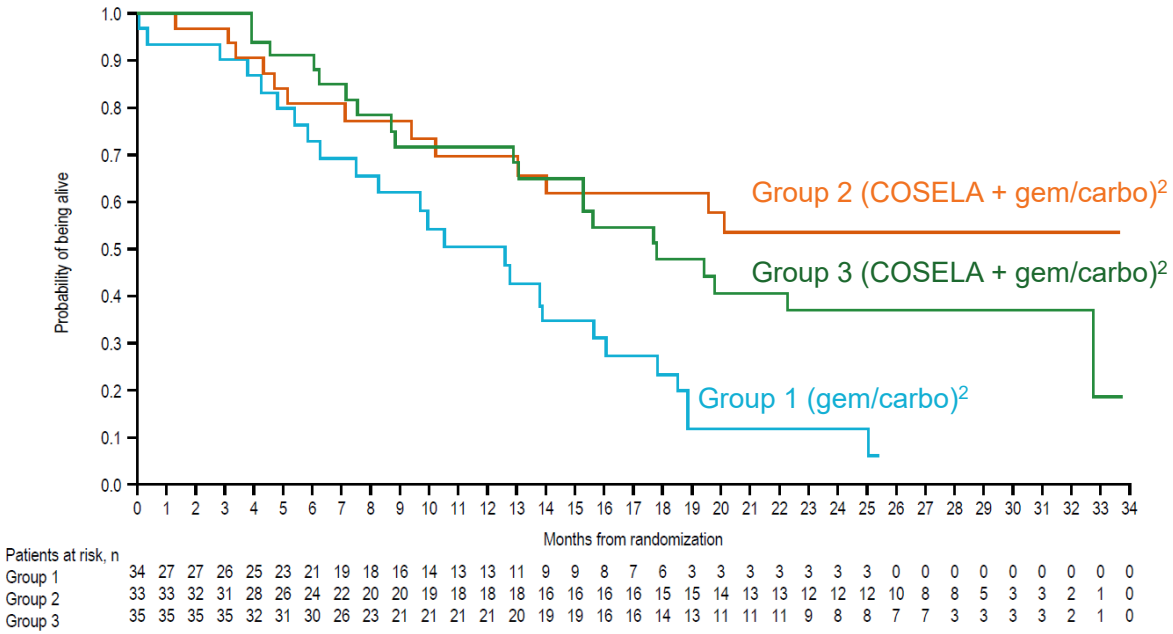
- TNBC tumors categorized by lack of HR expression and HER2 gene amplification
- Tumors are aggressive and difficult to treat
- Targeted therapies only demonstrated benefit in subpopulations (e.g., PD-L1 agents, PARPs)
- Antibody Drug Conjugates (ADCs) demonstrated OS improvement in 3L to date, but have associated toxicity

Urgent need for new therapies that extend Overall Survival with decreased toxicity

G1 THERAPEUTICS

Observed Robust OS Improvement in mTNBC Phase 2

Overall Survival in Intent-to-Treat Population[1]



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

Observed a robust statistically significant improvement in Overall Survival for both COSELA schedules

1. O'Shaughnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06. Note: primary endpoints relating to reduction in severe neutropenia not achieved in this study.
2. Patients randomized to receive gem/carbo chemotherapy only (Group 1) or gem/carbo plus one of two dosing schedules of COSELA: COSELA administered on the day of chemotherapy (Group 2) or COSELA administered the day prior to and the day of chemotherapy (Group 3).

OS Improvement Observed, Regardless of PD-L1 Status

Overall Survival for PD-L1 Positive Tumors[1]

Treatment Group[2]	Patients	Median OS (95% CI), Months	Hazard Ratio (95% CI)	*P* Value
Group 1: (gem/carbo)	17	10.5 (6.3 – 18.8)	-	-
Group 2 and 3: (gem/carbo + COSELA)	32	**32.7** (17.7 – NR)	**0.34** (0.2 – 0.7)	0.004

Overall Survival for PD-L1 Negative Tumors[1]

Treatment Group[2]	Patients	Median OS (95% CI), Months	Hazard Ratio (95% CI)	*P* Value
Group 1: (gem/carbo)	10	13.9 (12.6 – NR)	-	-
Group 2 and 3: (gem/carbo + COSELA)	26	**17.8** (13.1 – NR)	**0.48** (0.2 – 1.2)	0.093

Overall Survival improvement was observed regardless of tumor PD-L1 status (greater effect in PD-L1 positive tumors)

1. O'Shaughnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06. Note: primary endpoints relating to reduction in severe neutropenia not achieved in this study.
2. Patients randomized to receive gem/carbo chemotherapy only (Group 1) or gem/carbo plus one of two dosing schedules of COSELA: COSELA administered on the day of chemotherapy (Group 2) or COSELA administered the day prior to and the day of chemotherapy (Group 3).

G1 THERAPEUTICS

Ongoing TNBC Pivotal Trial (1L / 2L Cohorts): PRESERVE 2

Strong evidence of efficacy across subsets and line of treatment in Phase 2 trial[1]
Evaluating 1L checkpoint-naïve and 2L checkpoint-experienced patients

PRIMARY ENDPOINT:
Overall survival

SECONDARY ENDPOINTS:
PRO, myeloprotection measures, PFS/ORR

TARGET ENROLLMENT:
~170 1L and ~80 2L participants

Pivotal study evaluating COSELA in mTNBC (PD-L1 positive and negative patients) complements ongoing I-SPY 2 Phase 2 Neoadjuvant BC study

1. O'Shaughnessy et al., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PD1-06

Two COSELA Phase 2 Trials Initiated in 1H 2021

1L Bladder Study (anti-PD-L1 combination)

PRESERVE 3

Strong rationale for COSELA + chemo + I/O in 1L bladder cancer

- Known immunogenic tumor responsive to chemo + I/O
- Data suggests synergistic effect of COSELA + checkpoint[1-3]
- Similar chemo as TNBC study (gemcitabine/platinum)
- Benefits of treating patients until progression

Clinical collaboration with Merck KGaA, Darmstadt, Germany, Pfizer for checkpoint inhibitor avelumab

Ongoing; interim data expected in late 2022

- Primary aim to evaluate anti-tumor efficacy
- Randomized open-label study design

2L/3L NSCLC Study (post-checkpoint)

PRESERVE 4

Important area to demonstrate benefits of COSELA in post-checkpoint setting

- Known immunogenic tumor
- COSELA mechanism is distinct from checkpoints
- High unmet need as treatment options limited in 2L / 3L
- Complementary commercial fit with SCLC indication

Ongoing; interim data expected in early 2023

- Primary aim to evaluate anti-tumor efficacy
- Randomized double-blind study

Important future expansion areas for COSELA with data available in next 2 to 3 years

1. Lai et al., Journal for ImmunoTherapy of Cancer 2020; 8:e000847. doi:10.1136/jitc-2020-000847.
2. Deng et al., Cancer Discov. 2018;8(2):216- 33.
3. Daniel et al., 2019 European Society for Medical Oncology (ESMO), Abstract # 1742PD

2021 Key Objectives

1. Obtained U.S. approval for ES-SCLC and successfully launched COSELA in 1Q
2. Establish COSELA as Standard of Care for ES-SCLC patients in the U.S.
3. Maximize long-term value of COSELA by executing robust development plan
4. **Evaluate partnership options for rintodestrant following combination data readout in 2Q**
5. Continue managing investor capital efficiently

G1 THERAPEUTICS

Rintodestrant Demonstrated a Favorable Oral SERD* Profile in Clinical Trials

Fulvestrant is currently only SERD available

- Proven approach but painful intramuscular injections limit use to 2L and preclude use in earlier lines of therapy
- An oral SERD has potential to move into earlier lines of ER-positive breast cancer therapy

Rintodestrant monotherapy Phase 1b findings to date[1]:

- Favorable tolerability - AEs mostly Grade 1 or Grade 2
- Strong ER target engagement/occupancy with evidence of anti-tumor activity in heavily pre-treated patients

Data from 40-patient Phase 1b combination arm with palbociclib presented at ASCO[2]:

- Patients had high degree of prior chemo in the advanced setting (48%); tend to respond less well to CDK4/6 inhibitors in combination with ETs
- Very well tolerated; no reported discontinuations due to TEAEs
- No ocular toxicity or bradycardia observed, both common with some other oral SERDs
- 60% CBR24 achieved in full analysis set
- 73% CBR24 in early relapse

* SERD = Selective Estrogen Receptor Degrader

Currently evaluating partnering options for rintodestrant

G1 THERAPEUTICS

[1]Aftimos *et al*., 2020 San Antonio Breast Cancer Symposium (SABCS), Poster #PS12-04
[2]Maglakelidze *et al*., American Society of Clinical Oncology (ASCO), Poster #1063

2021 Key Objectives

1. Obtained U.S. approval for ES-SCLC and successfully launched COSELA in 1Q
2. Establish COSELA as Standard of Care for ES-SCLC patients in the U.S.
3. Maximize long-term value of COSELA by executing robust development plan
4. Evaluate partnership options for rintodestrant following combination data readout in 2Q
5. **Continue managing investor capital efficiently**

G1 THERAPEUTICS

Opportunity to Generate Meaningful Incremental Value from Out-Licensed Assets

Trilaciclib	Out-licensed Greater China	Simcere	Up to $156M in milestones; double-digit royalties on annual net sales
Rintodestrant			Combination data presented at ASCO 2021; Potential opportunity to out-license
Lerociclib	Out-licensed US EU, Japan Asia PAC	EQRx	Up to $290M in milestones; tiered royalties on annual net sales
		GENOR BIOPHARMA	Up to $40M in milestones; tiered royalties on annual net sales
CDK2 Discovery Platform	Out-licensed	ARC THERAPEUTICS Connecting science and patients	

Potential Total Milestones of $486 Million; $475 Million Remaining as of June 30, 2021

G1 THERAPEUTICS

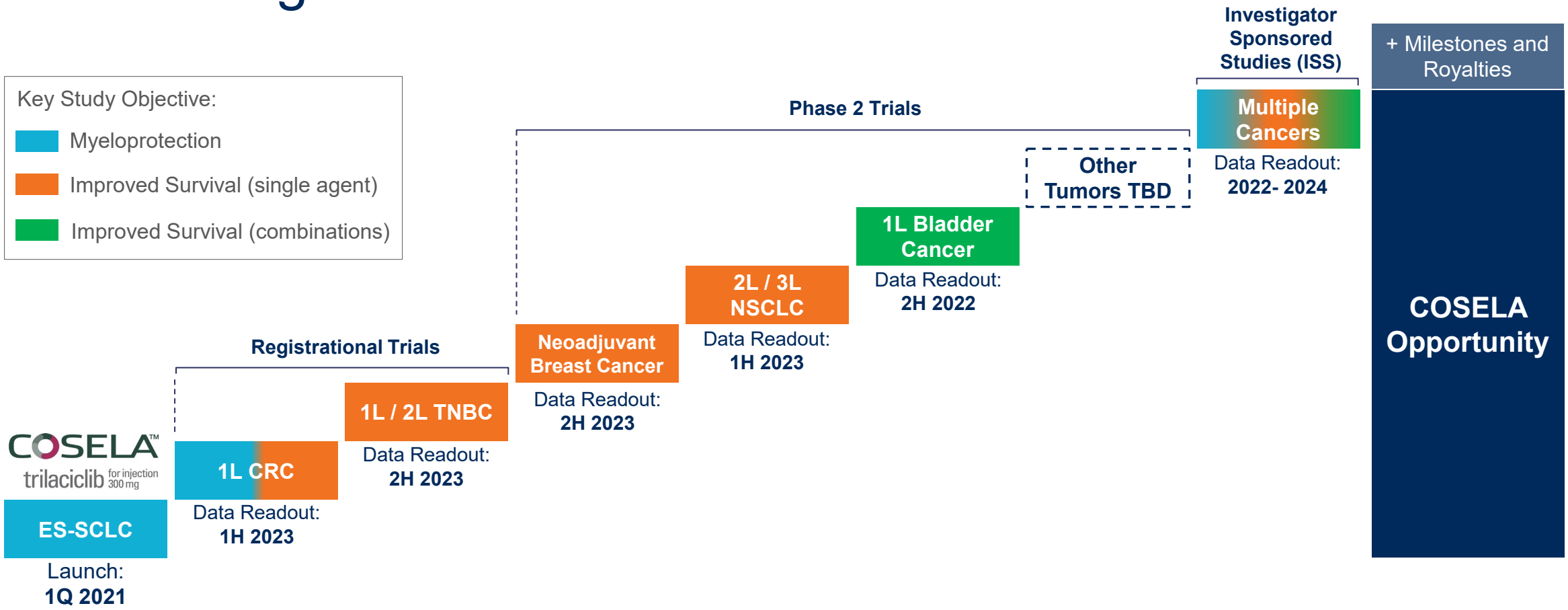
Continue to Efficiently Manage Capital

- **Cash runway into 2023**
  - $244M in cash and cash equivalents as of June 30, 2021
- **Efficiently executing plan with lean organization of ~125 FTEs**
  - Utilizing capital efficient promotion arrangement with Boehringer Ingelheim for COSELA U.S. launch in SCLC
  - Expect to leverage co-development opportunities with partner Simcere for potential cost and timing efficiencies
- **Access to debt facility up to $100M total ($30M drawn to date)**
- **Potential future milestones (up to $475M) and royalties from licensing agreements**

Efficiently managing capital with a lean organization and benefiting from existing partnership arrangements

G1 THERAPEUTICS

Maximizing Value of COSELA



Multiple data readouts to drive expansion and long-term growth