BerGenBio ASA (OSE: BGBIO)

Corporate update: March 2019

BerGenBio

Disclaimer

Certain statements contained in this presentation constitute forward-looking statements. Forward-looking statements are statements that are not historical facts and they can be identified by the use of forward-looking terminology, including the words "anticipate", "believe", "intend", "estimate", "expect", "will", "may", "should" and words of similar meaning. By their nature, forward-looking statements involve a number of risks, uncertainties and assumptions that could cause actual results or events to differ materially from those expressed or implied by the forward-looking statements. Accordingly, no assurance is given that such forward-looking statements will prove to have been correct. They speak only as at the date of the presentation and no representation or warranty, expressed or implied, is made by BerGenBio ASA or its affiliates ("BerGenBio"), or by any of their respective members, directors, officers or employees that any of these forward-looking statements or forecasts will come to pass or that any forecast result will be achieved and you are cautioned not to place any undue influence on any forward-looking statement. BerGenBio is making no representation or warranty, expressed or implied, as to the accuracy, reliability or completeness of this presentation, and neither BerGenBio nor any of its directors, officers or employees will have any liability to you or any other person resulting from the use of this presentation.

BGBIO – Investment Highlights

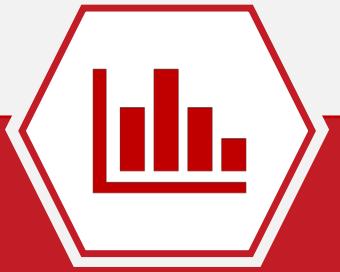
AXL inhibitors – potential cornerstone of cancer therapy

Leaders in developing selective AXL inhibitors

Bemcentinib (Ph2), AXL-antibody BGB149 (Ph1), AXL ADC ADCT-601 (Ph1)

AXL is a novel oncology target to overcome immune evasion, therapy resistance & spread

Pipeline opportunities in multiple cancers and fibrosis



Ph2 data in AML & NSCLC with selective AXL inhibitor bemcentinib

Monotherapy and combinations with immune-, targeted and chemotherapies

Biomarker correlation across programme, parallel CDx development

AXL positive patients:
43% ORR in R/R AML/MDS (monotherapy)
40% ORR in 2L NSCLC (KEYTRUDA combo)

Late stage clinical trials to start H2'19

Resourced to deliver significant milestones

Clinical trial collaborations with Merck and leading academic centres

AXL antibody out licensed to ADC Therapeutics SA

38 staff at two locations:
HQ & R&D in Bergen, Norway;
Clinical Development in Oxford, UK

Cash NOK 360m/USD 41m

Increasing profile and recognition of bemcentinib at international clinical congresses in 2018

January	February	March	April	May	June	July	August	September	October	November	December

ASCO-SITC
Lung cancer, TNBC and AML trial update

- ✓ KEYTRUDA combo well tolerated
- ✓ Bemcentinib induces diversification of T-cell receptor repertoire (AML)

AACR
Preclinical Update

Bemcentinib increases efficacy of checkpoint inhibitors

ASCO
NSCLC, AML, Melanoma and biomarker update

Bemcentinib enhances responses to
- ✓ IO,
- ✓ chemo,
- ✓ targeted therapies
- ✓ and has monotherapy efficacy

EHA
AML trial update

Responses to bemcentinib monotherapy correlated with AXL biomarker

WCLC
Lung cancer trials update

- ✓ 40% ORR in AXL+ pts in combo w/ KEYTRUDA
- ✓ Improved PFS in combo with erlotinib and chemo

ESMO
Biomarker update

- ✓ AXL biomarkers identified
- ✓ Melanoma clinical update
- ✓ AXL's role in low-risk MDS (pre-clinical)

SITC
NSCLC data late breaking

Late-breaking abstract: 5.9m PFS in AXL+ previously treated NSCL in combo w/ KEYTRUDA (c80% improvement in AXL+ pts vs AXL-)

ASH
AML trial data update

43% CR/Cri/CRp rate in AXL biomarker positive pts

Key data presented in Q4 supports future strategy for late-stage clinical development of bemcentinib in AML/MDS and NSCLC

ASCO-SITC: Clinical Immuno-Oncology symposium, San Francisco
ASCO: American Society of Clinical Oncology, Chicago
WCLC: World Conference of Lung Cancer, Toronto
ESMO: European Society of Medical Oncology, Munich
AACR: American Association for Cancer Research, Chicago
EHA: European Hematology Association, Stockholm
SITC: Society for Immunotherapy of Cancer, DC
ASH: American Society for Hematology, San Diego

Two significant late stage development opportunities

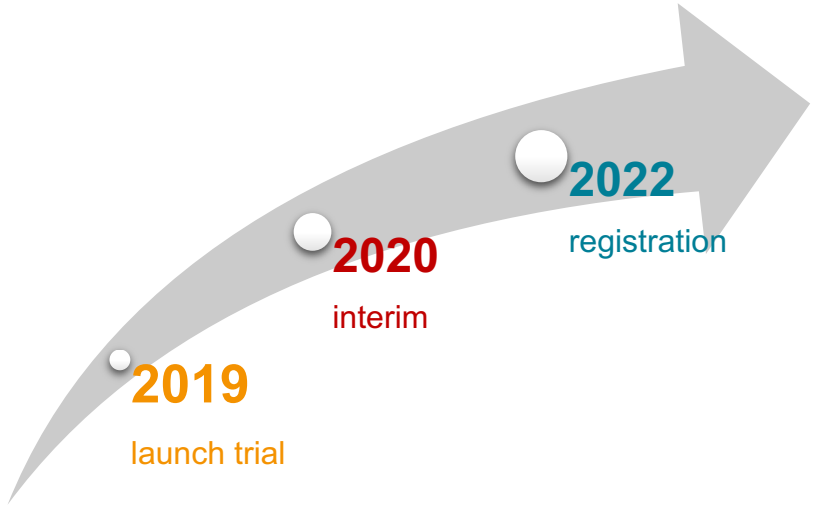
2L AML
monotherapy

1L NSCLC
+ anti-PD(L)1 inhibitor

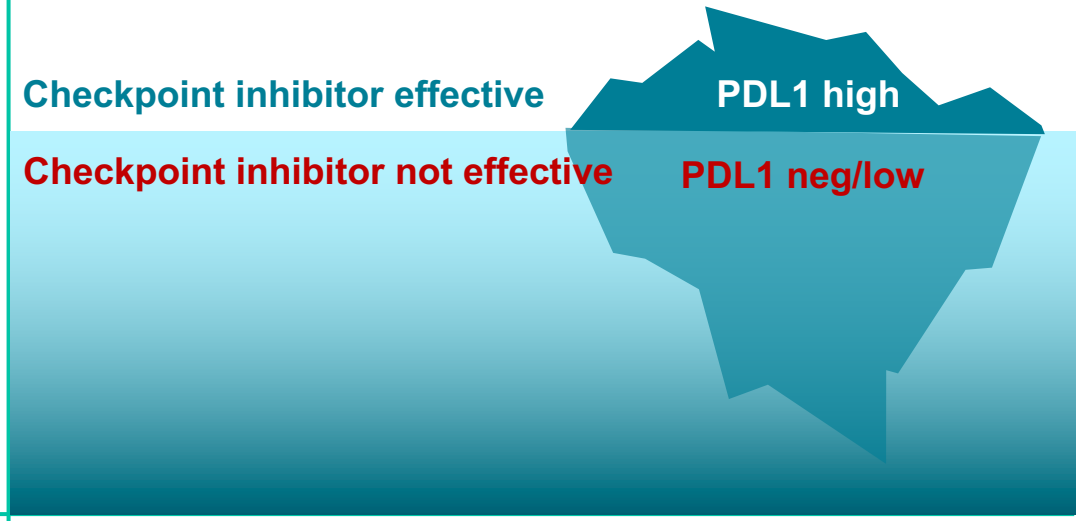
Bemcentinib

First-in-class oral, selective AXL inhibitor

Defined patient population, potential first & accelerated path to registration



Potential to significantly increase addressable patient population



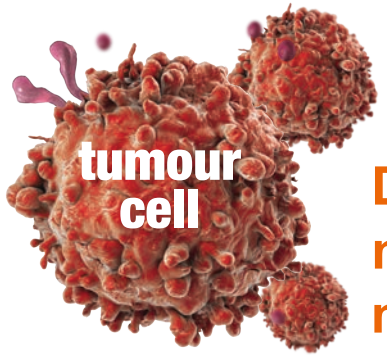
Effective and safe monotherapy treatment option for frail patient population

Unlock promise of IO combo in larger patient population through effective biomarker

BerGenBio

AXL drives aggressive cancer

AXL receptor tyrosine kinase drives aggressive disease including therapy resistant, immune-evasive tumours

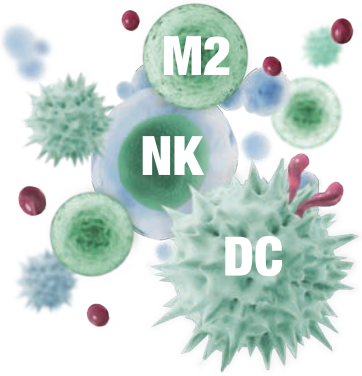


Drives tumour cell plasticity: non-genetic resistance mechanism

AXL drives features of aggressive cancer:

- Acquired therapy resistance
- Immune escape
- Metastasis

Key suppressor of innate immune response



AXL is an innate immune checkpoint:

- M1 to M2 macrophage polarisation
- Decreased antigen presentation by DCs
- Immunosuppressive cytokine profile

very **low** expression under healthy **physiological conditions** (ko mouse phenotypically normal)

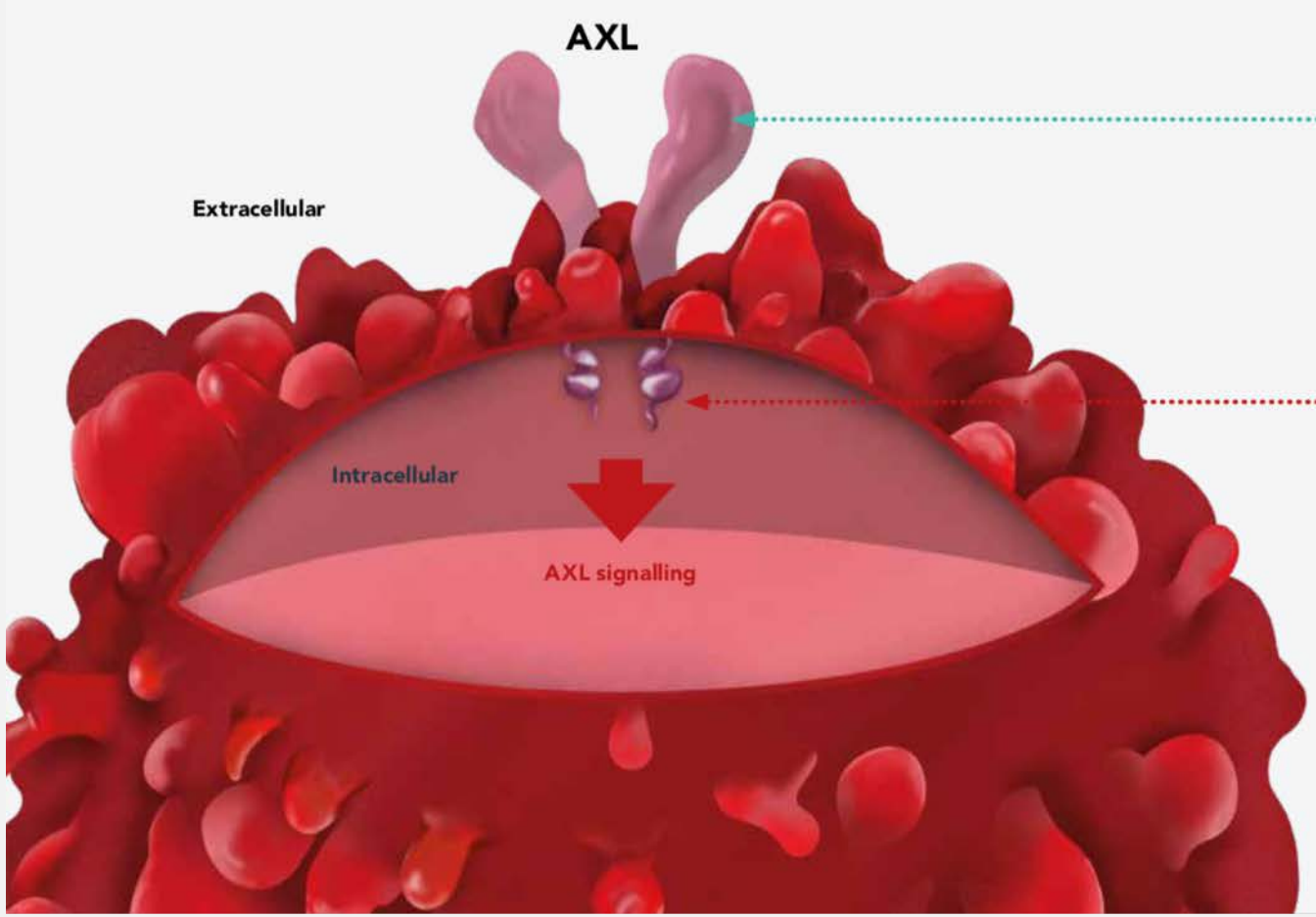
overexpressed in response to **hypoxia, immune reaction, cellular stress** / therapy

overexpression correlates with **worse prognosis in most cancers**

BerGenBio

Two AXL-targeting drug candidates in clinical development

Block AXL signalling, reverse aggressive tumour traits & counteract immune escape



BGB149

> Wholly owned anti-AXL antibody
> Highly selective to human AXL
> Robust, scalable manufacturing process

Bemcentinib (BGB324)

> Orally bioavailable small molecule TKI
> Highly selective for AXL
> Straight forward CMC

Bemcentinib: once-a-day pill

Highly selective, orally bioavailable small molecule, administered once a day, in phase II clinical trials

Blocks AXL signalling, reverses aggressive tumour traits & counteracts immune escape

Clinical PoC in AML and NSCLC as a monotherapy and in combination

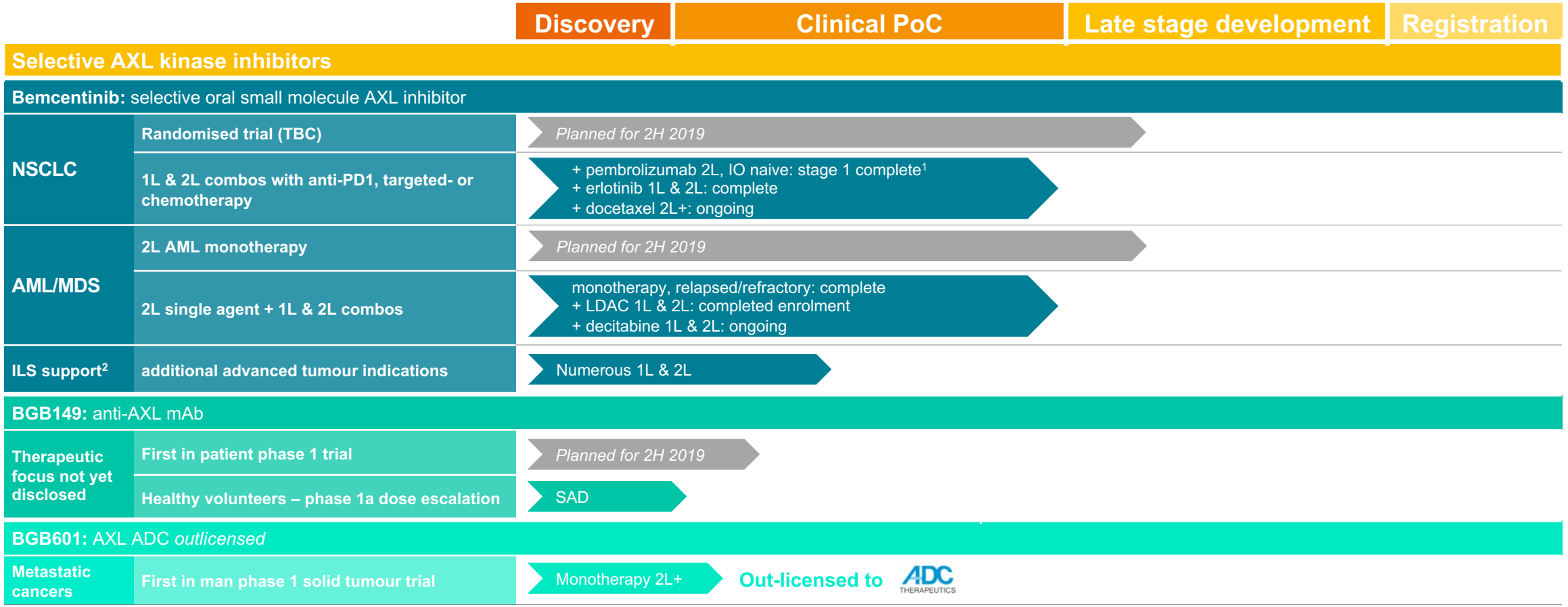
Correlation of clinical efficacy with AXL biomarkers observed

Excellent clinical safety profile, ca. 200 pts treated

Randomised, late stage clinical trials planned to start in H2 2019

Portfolio of selective AXL inhibitors

Late stage programme in NSCLC and AML planned for H2 2019

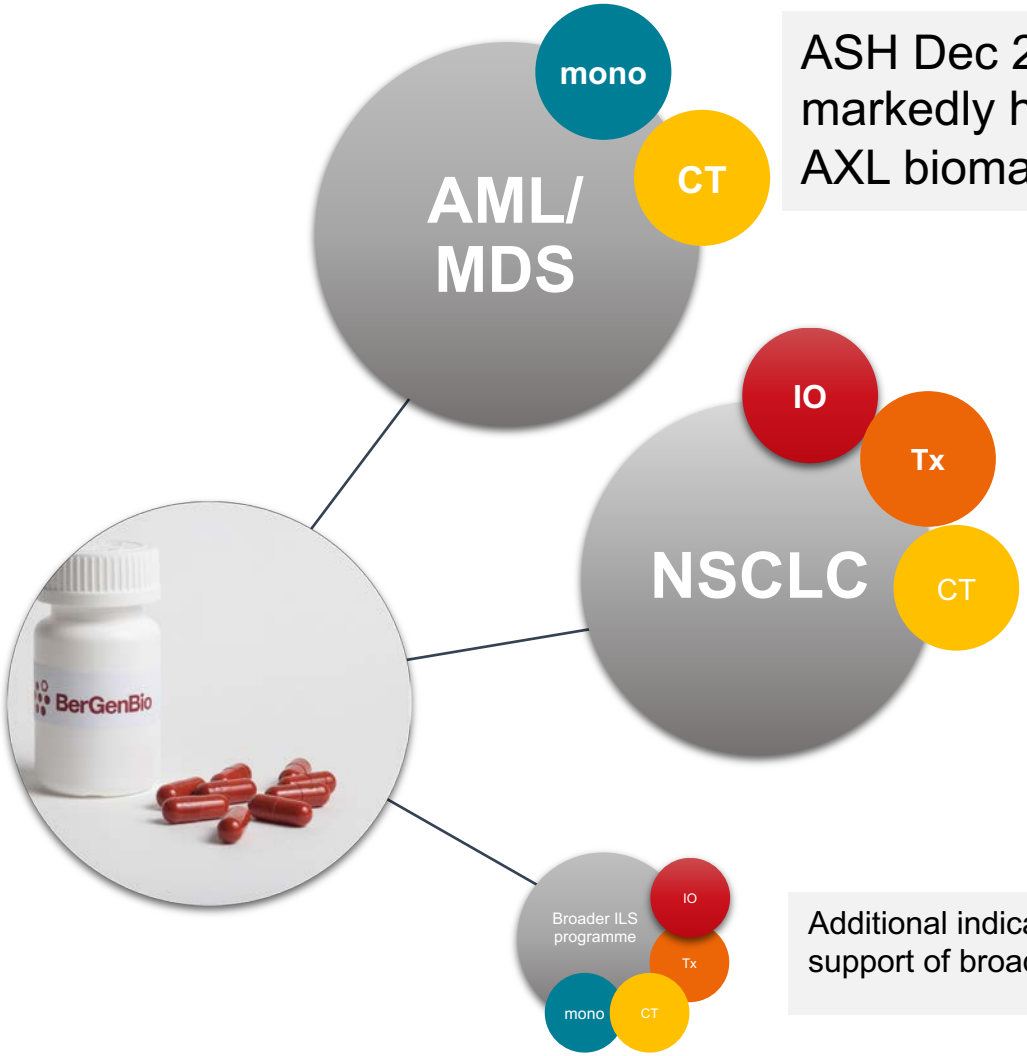


(1): Clinical trial collaboration with Merck & Co, no preferential rights (2) Investigator initiated trial programme, BerGenBio does not act a regulatory sponsor

Clinical Development opportunities for bemcentinib

	Clinical Proof-of-concept	Late stage clinical trials 2019
Monotherapy opportunities Selected, biomarker directed, indications	**AML / MDS (complete)** **Glioblastoma (ongoing, IIT)** **EMT signature selected (potential)**	→
Chemotherapy combos Improve responses in hard to treat settings	**AML / MDS + LDCT** **Pancreatic, (IIT in set-up)** **NSCLC (ongoing, IIT)**	⇢
Immunotherapy combos Target resistance, enlarge addressable pt population	**NSCLC (PD-L1 all comers)** • **IO naïve (ongoing, stage 1 complete)** **Melanoma, (ongoing, IIT)** **Mesothelioma (IIT in set-up)** **Bladder ++, CAR-T combos (under consideration)**	→
Targeted therapy combos Target resistance, enlarge addressable pt population	**NSCLC + EGFRi (complete)** **Melanoma, (ongoing, IIT)** **PARPi combos ++ (under consideration)**	⇢
Earlier line opportunities Radiotherapy and maintenance opportunities	**Multitude of maintenance opportunities given very favourable safety profile**	

Clinical development focus: Leukaemia & Lung Cancer



ASH Dec 2018, **bemcentinib monotherapy in R/R AML/MDS:** markedly higher response rate in patients identified by the AXL biomarker: ORR of 43%

SITC Nov 2018, **combination with KEYTRUDA in 2L NSCLC:** Superior response rate and PFS in AXL positive patients – ORR of 40% and ca. 6 months PFS

Additional indications with strong rationale and KOL endorsement are being pursued through active support of broad ILS programme

PFS = Progression Free Survival ORR= Overall Response rate

Companion Diagnostics Programme

Biomarkers and Assays

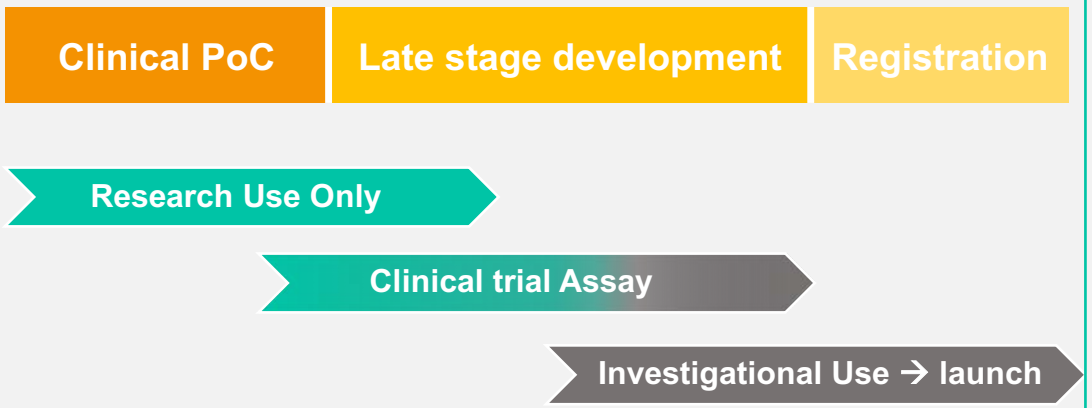
AXL IHC

✓ Improved ORR and PFS in AXL +ve NSCLC pts treated with bemcentinib + KEYTRUDA*

AXL liquid biopsy

✓ Improved response in relapsed/refractory AML/MDS with lower plasma amounts of inactive AXL (soluble AXL)

Contemporaneous regulatory approval strategy



* independent of PDL1, BGBC008 trial in 2L, IO naive NSCLC, all comers

Ref. BGBC003 / NCT02488408

Bemcentinib in myeloid malignancies: monotherapy & combos

PoC clinical data from monotherapy, combination data in H1 2019

- ***43% ORR in AXL +ve R/R AML and MDS patients***
- ***chemo combos in 1L ongoing***

MDS & AML: Disease characteristics

New strategies to treat **older & relapsed/ refractory patients** is an urgent, unmet need

Myelodysplastic syndromes (MDS)
(pre-leukaemia or smoldering leukaemia)

Occurs when the blood-forming cells in the bone marrow (the soft inner part of certain bones, where new blood cells are made), become abnormal. This leads to low numbers of one or more types of blood cells.

~ 40,000 new cases
per year (U.S. only)[3]

Most diagnoses made in
70s or 80s[1]

MDS 40% risk of developing into AML.[4]

Acute Myeloid Leukaemia (AML)

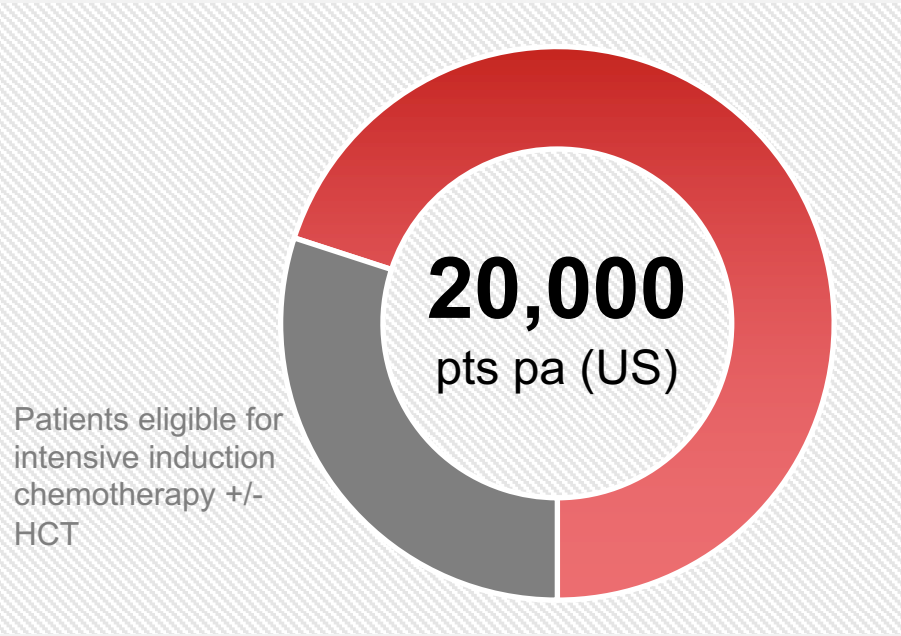
Cancer of the myeloid line of blood cells, characterized by rapid growth of abnormal cells that build up in the bone marrow and blood and interfere with normal blood cells

~ 20,000 new cases
diagnosed and >10,000 deaths (2018, U.S.)[2]

Most common type of
acute leukaemia in adults[1]

(1) Cancer.gov; (2) SEER; (3) Cogle CR, Craig BM, Rollison DE, List AF. Incidence of the myelodysplastic syndromes using a novel claims-based algorithm: high number of uncaptured cases by cancer registries. Blood. 2011;117(26):7121. Epub 2011 Apr 29. (4) AAMDS

Favourable safety profile opens treatment opportunity for a large group of AML & MDS



Up to 70% not eligible for intensive regimens

1L: low intensity therapy +/- venetoclax

bemcentinib combo opportunity

2L: targeted therapy* or best supportive care

IDH1/2 FLT3

bemcentinib monotherapy opportunity

The primary treatment goal is the induction of complete remission followed by a stem cell transplant if available. A large number of patients however relapse after initial remission or fail to respond, this is particularly common among patients unable to tolerate intensive induction therapy.

* In R/R AML, targeted inhibitors are approved for patients harbouring IDH1, IDH2 or FLT3 mutations

Ref. BGBC003 / NCT02488408

Phase II PoC in AML/high risk MDS:
Monotherapy and combination with LDCT*

Relapsed/refractory AML & high-risk MDS

up to 75 pts

Monotherapy (completed)

R/R AML & MDS
N = 36 pts

43%
CR/Cri/CRp

Ca. half of patients found to be AXL biomarker positive

Immune activation and clonal stabilisation observed

Combinations

Decitabine combo
1L AML, N = 14 pts

Cytarabine combo
1L AML, N = 14 pts

Chemo combinations ongoing

- **Top line data Q1'19**

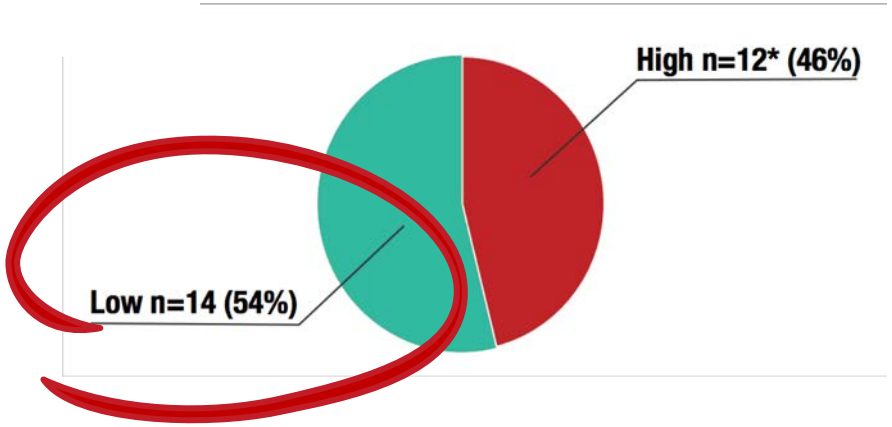
Endpoints

Primary
safety / ORR
Secondary
RFS
OS
biomarkers

*LDCT: approved low dose chemotherapy regimens

Bemcentinib monotherapy exhibits potent anti-leukaemic activity 2L R/R patients

Biomarker:
Soluble AXL (sAXL) at screen:
Inversely correlated with AXL receptor activity



Superior response rate in patients positive for AXL biomarker

	Overall (n=27)		sAXL low (n=14)		sAXL high (n=11)	
	n	%	n	%	n	%
CR/CRi/CRp	6	22%	6	43%	0	0%
SD	8	30%	3	21%	5	45%
PD*	13	48%	5	36%	6	55%
ORR	**6**	**22%**	**6**	**43%**	**0**	**0%**

- 2 evaluable patients were not evaluable for sAXL status
- Monotherapy responses. One additional response was reported in combination with decitabine for a total of 7 responses in phase I/II.
- 1 CR, 4 CRi, 1 CRp

* PD includes patients who progressed or came off study before having completed 3 cycles of treatment.

Median age of all patients: 74.5

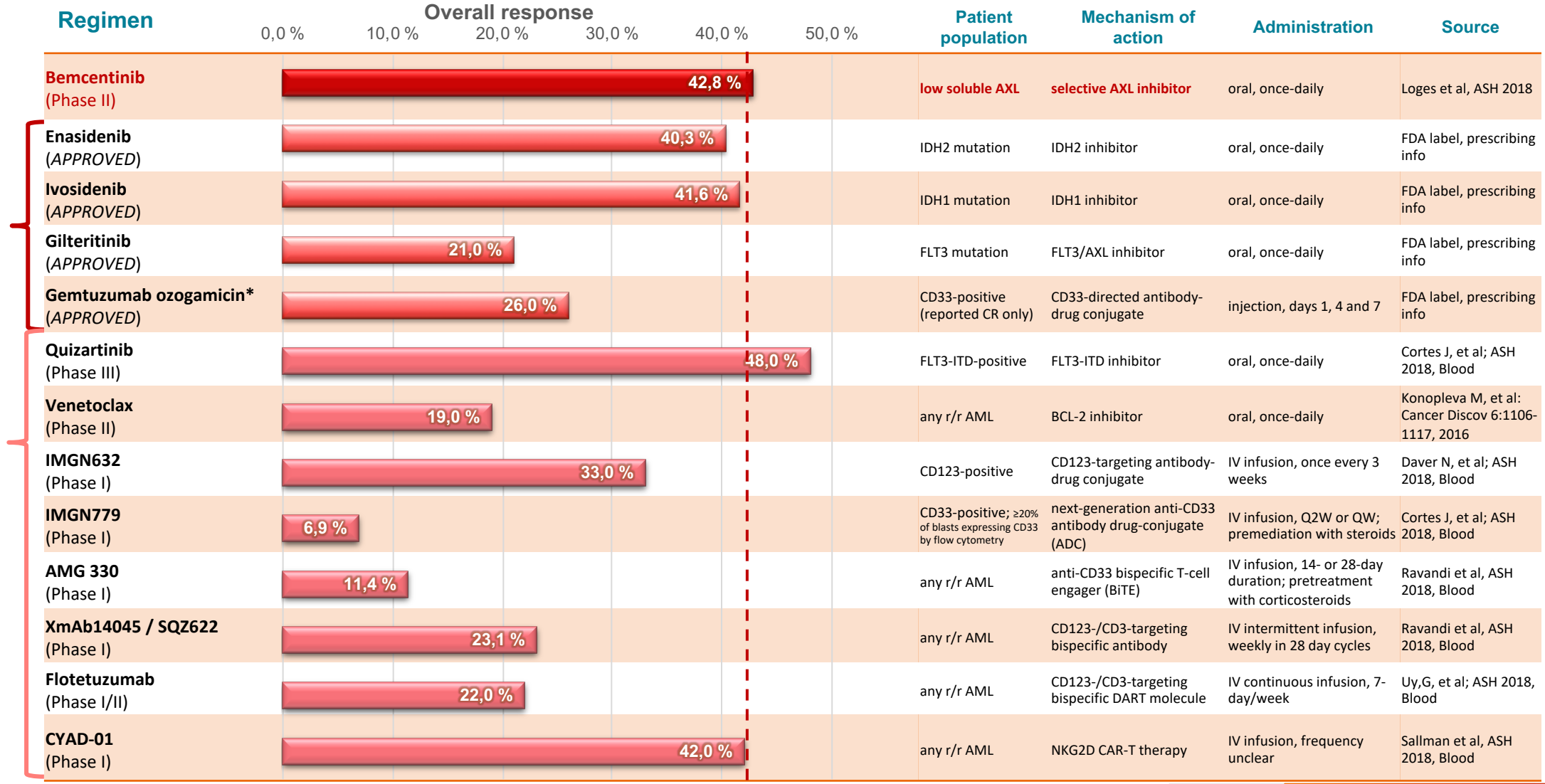
Responses included poor risk and secondary disease

✓**Bemcentinib monotherapy is well tolerated: mild and manageable side effect profile with low incidence of Grade 3/4 events**

✓**Low incidence of hematological adverse effects**

Intention-to-treat population included 36 patients, 9 of whom were not evaluable for efficacy (8 were exposed to treatment for <21 days, 1 was a first line patient). sAXL levels were available for 25 evaluable patients.
Source: Loges, et al. ASH 2018.

Monotherapy shows promising efficacy in comparison to approved & emerging regimens



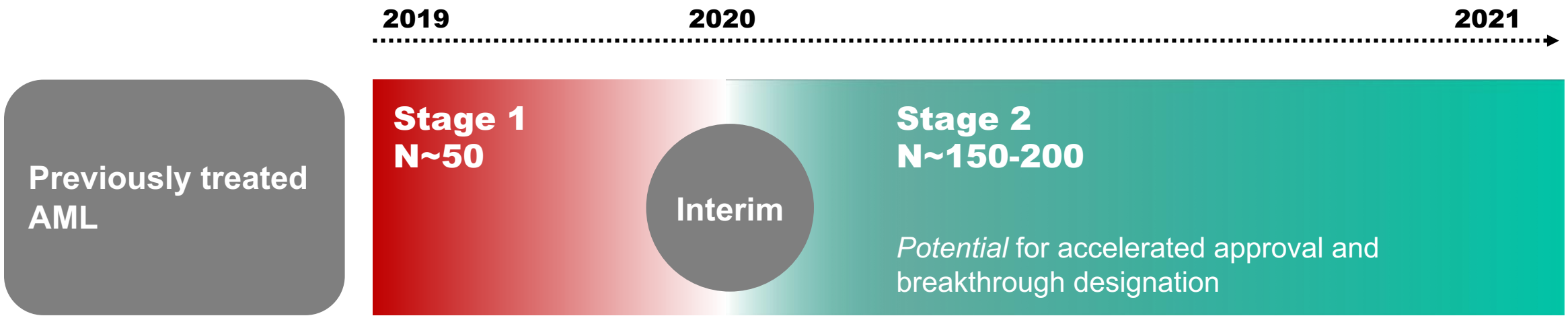
	Regimen	Patient population	Mechanism of action	Administration	Source
	Bemcentinib (Phase II)	**low soluble AXL**	**selective AXL inhibitor**	oral, once-daily	Loges et al, ASH 2018
Approved, limited pt populations only	**Enasidenib** (*APPROVED*)	IDH2 mutation	IDH2 inhibitor	oral, once-daily	FDA label, prescribing info
	Ivosidenib (*APPROVED*)	IDH1 mutation	IDH1 inhibitor	oral, once-daily	FDA label, prescribing info
	Gilteritinib (*APPROVED*)	FLT3 mutation	FLT3/AXL inhibitor	oral, once-daily	FDA label, prescribing info
	Gemtuzumab ozogamicin* (*APPROVED*)	CD33-positive (reported CR only)	CD33-directed antibody-drug conjugate	injection, days 1, 4 and 7	FDA label, prescribing info
Emerging therapies in R/R AML presented at ASH	**Quizartinib** (Phase III)	FLT3-ITD-positive	FLT3-ITD inhibitor	oral, once-daily	Cortes J, et al; ASH 2018, Blood
	Venetoclax (Phase II)	any r/r AML	BCL-2 inhibitor	oral, once-daily	Konopleva M, et al: Cancer Discov 6:1106-1117, 2016
	IMGN632 (Phase I)	CD123-positive	CD123-targeting antibody-drug conjugate	IV infusion, once every 3 weeks	Daver N, et al; ASH 2018, Blood
	IMGN779 (Phase I)	CD33-positive; ≥20% of blasts expressing CD33 by flow cytometry	next-generation anti-CD33 antibody drug-conjugate (ADC)	IV infusion, Q2W or QW; premediation with steroids	Cortes J, et al; ASH 2018, Blood
	AMG 330 (Phase I)	any r/r AML	anti-CD33 bispecific T-cell engager (BiTE)	IV infusion, 14- or 28-day duration; pretreatment with corticosteroids	Ravandi et al, ASH 2018, Blood
	XmAb14045 / SQZ622 (Phase I)	any r/r AML	CD123-/CD3-targeting bispecific antibody	IV intermittent infusion, weekly in 28 day cycles	Ravandi et al, ASH 2018, Blood
	Flotetuzumab (Phase I/II)	any r/r AML	CD123-/CD3-targeting bispecific DART molecule	IV continuous infusion, 7-day/week	Uy,G, et al; ASH 2018, Blood
	CYAD-01 (Phase I)	any r/r AML	NKG2D CAR-T therapy	IV infusion, frequency unclear	Sallman et al, ASH 2018, Blood

*Gemtuzumab ozogamacin delivers a cytotoxic agent to cells expressing CD33. It was withdrawn from the market in 2010 and only recently re-introduced.

BerGenBio

Late stage development in AML:

Monotherapy activity is registerable endpoint in previously treated AML



BerGenBio

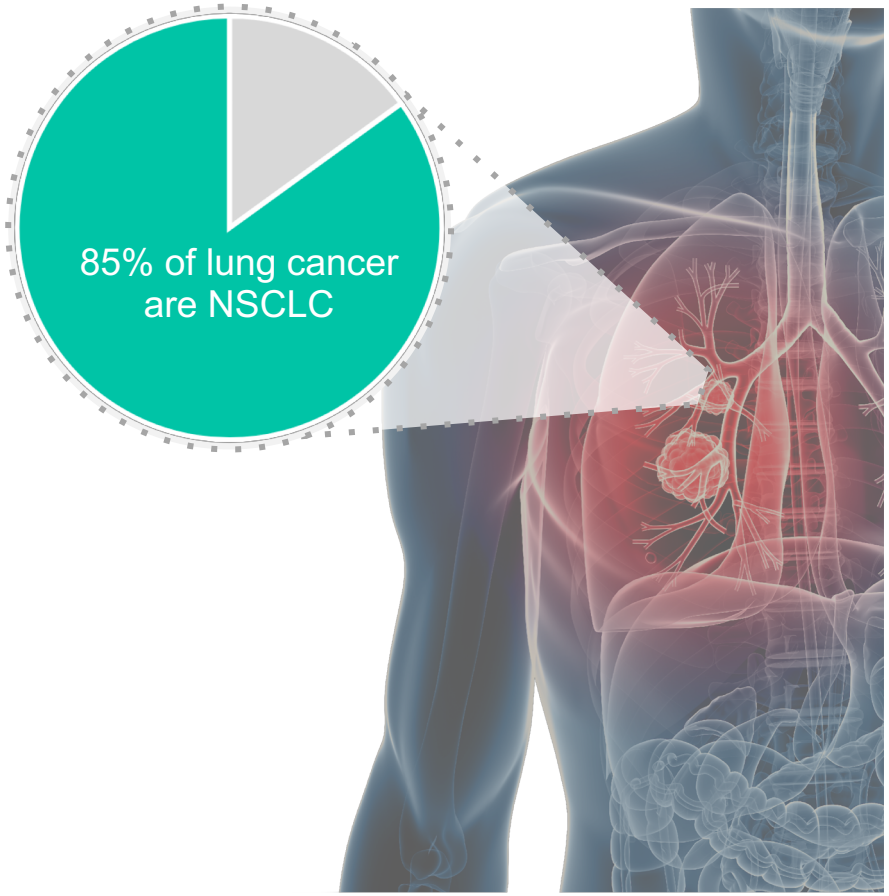
Ref. BGBC008 / NCT03184571

Bemcentinib in NSCLC: Combination with anti-PD(L)1

PoC data in combo with KEYTRUDA, previously treated, IO naïve NSCLC:

- ***27% ORR in PD-L1 –ve patients***
- ***40% ORR in AXL+ve patients***

NSCLC causes more cancer related deaths than breast, colon, pancreas and prostate combined



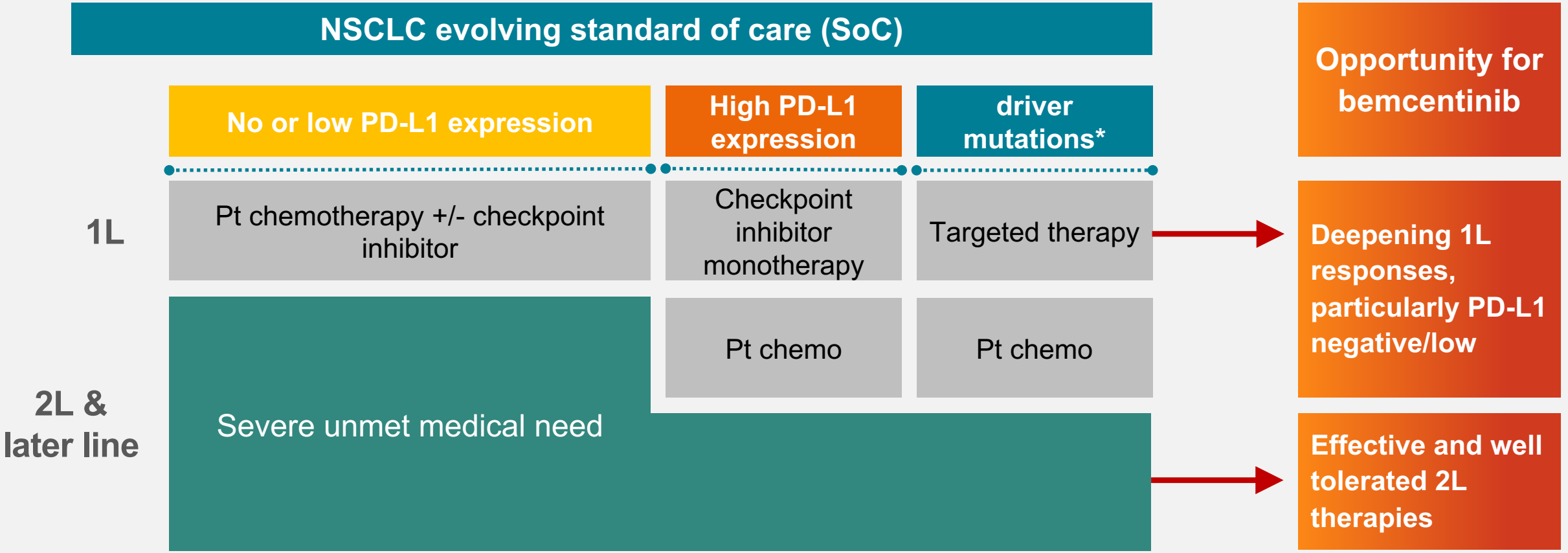
The largest cancer killer, most patients depend on drug therapy

- 2.09 million new cases of lung cancer diagnosed/yr worldwide, making up 11.6% of all cancer cases[1]
- 1.76 million lung cancer deaths/yr worldwide[1]
- In the U.S, 5-year survival rate is approximately 18.6%, and **4.7%** in patients with distant metastases[2]

Non-small cell lung cancer is the most common type of lung cancer, making up 80-85% of lung cancers

(1) Globocan 2018 (2) SEER

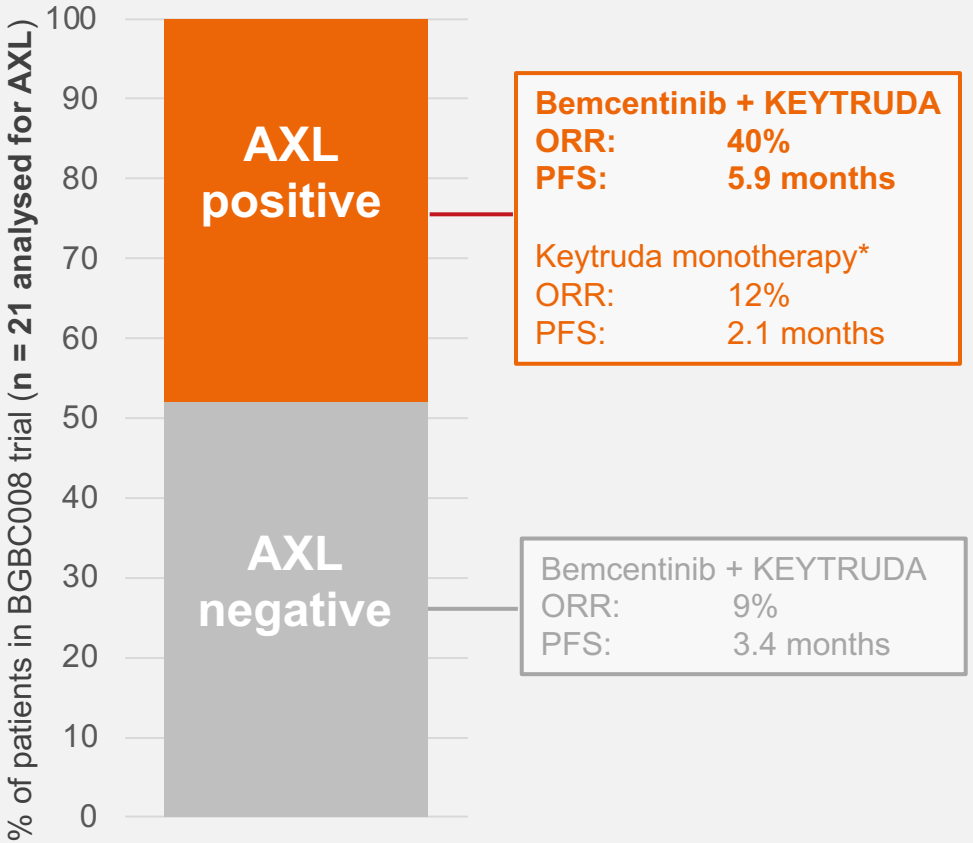
Rapidly emerging SoC creates opportunities for novel effective, chemo free regimens

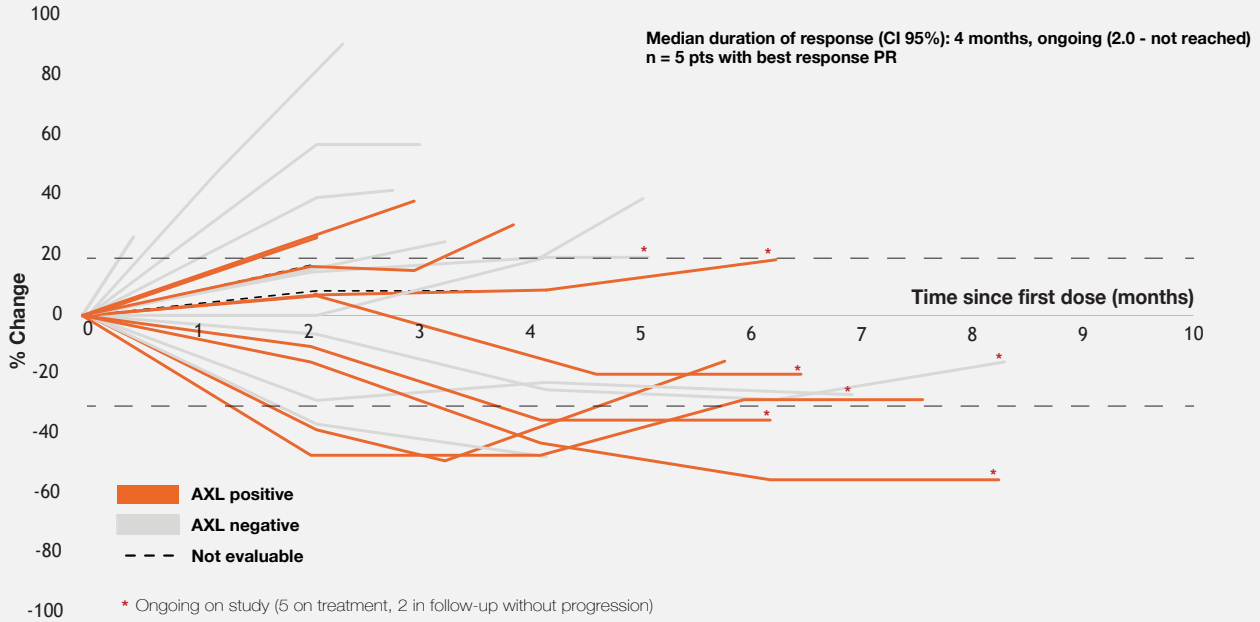


* Mutations / rearrangements with available targeted therapies such as EGFR and ALK

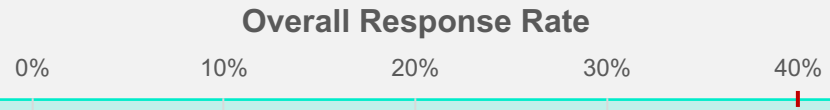
Ref. BGBC008 / NCT03184571

2L PoC data bemcentinib + KEYTRUDA: Superior efficacy in AXL +ve pts. Previously treated NSCLC, IO naive





Promising efficacy in comparison to approved monotherapy and emerging combinations*

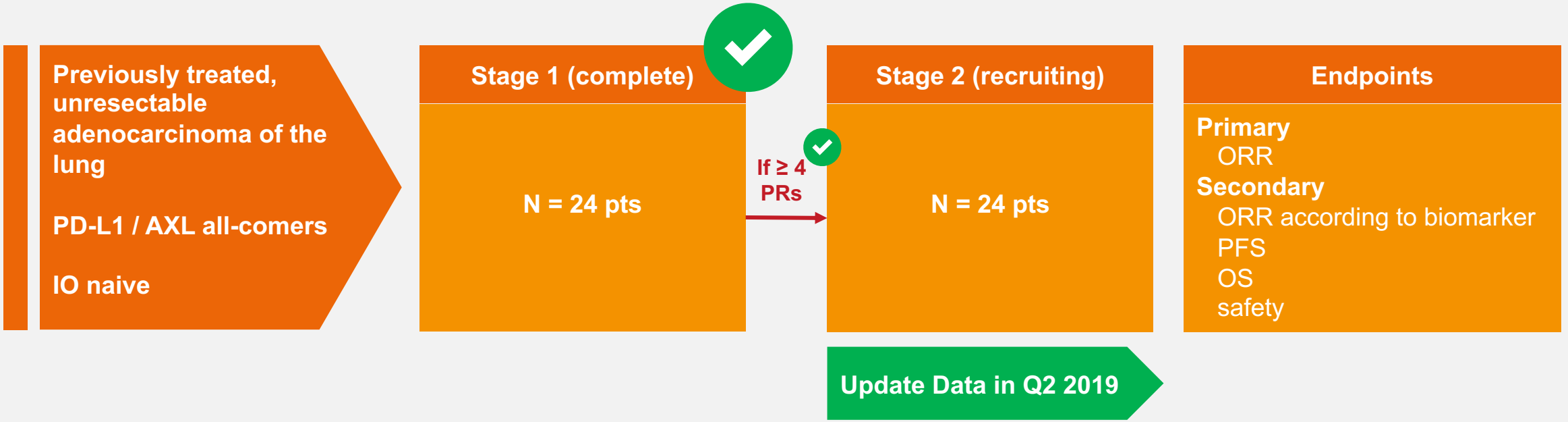


Regimen	Overall Response Rate	PFS	Patient details / Biomarker	Mechanism of action	Administration	Source
Bemcentinib + pembrolizumab (Phase II)	n=10, 40%	5.9 mo	AXL positive, any PD-L1 (TPS 0-49% in 70%)	selective AXL inhibitor	oral, once daily	Krebs, M, et al; SITC 2018
Pembrolizumb (APPROVED)	n=344, 18%	3.9 mo	PD-L1 positive (TPS>1%)	PD-1 inhibitor	IV infusion, once every 3 weeks	FDA label, prescribing info
Atezolizumab (APPROVED)	n=425, 14%	2.8 mo	any PD-L1 (55% PD-L1 positive)	PD-L1 inhibitor	IV infusion, once every 3 weeks	FDA label, prescribing info
Nivolumab (APPROVED)	n=135, 20%	3.5 mo	any PD-L1 (53% PD-L1 positive), squamous	PD-1 inhibitor	IV infusion, once every 2 weeks	FDA label, prescribing info
Nivolumab (APPROVED)	n=292, 19%	2.3 mo	any PD-L1 (54% PD-L1 positive), non-squamous	PD-1 inhibitor	IV infusion, once every 2 weeks	FDA label, prescribing info
Epacadostat + pembrolizumab (Phase I/II)	n=70, 29%	4.0 mo	prior treatment w/ CT; IO-naive; responses regardless of PD-L1 (no details provided)	selective inhibitor of IDO1 enzyme	oral, twice daily	Villaruz, L, et al; WCLC 2018 abstract
HBI-8000 + nivolumab (Phase Ib/II)	n=8, 38%	not yet available	includes CPI-naïve and – experienced patients	HDAC class I & IIb inhibitor	oral, twice weekly	Khushalani, N, et al; SITC 2018
TSR-042 (Phase I)	n=32, 25%	not yet available	PD-L1 low (TPS 0-49%)	PD-1 inhibitor	IV infusion, once every 3 weeks	Perez, D, et al; SITC 2018
TSR-022 + TSR-042 (Phase I)	n=31, 13%	not yet available	patients include IO-naive and -experienced; all responses in PD-L1 positive (TPS>1%)	anti-TIM-3 antibody + anti-PD-1, respectively	IV infusion, once every 3 weeks	Davar, D, et al; SITC 2018
Ramucirumab + pembrolizumab (Phase Ia/b)	n=11, 18%	9.7 mo	PD-L1 negative (TPS<1%)	anti-VEGFR2	IV infusion, once every 3 weeks	Herbst, R, et al; ASCOPubs 2018, JCO

*emerging therapies presented at SITC, similar patient populations

Ref. BGBC008 / NCT03184571 – clinical trial collaboration with Merck & Co.

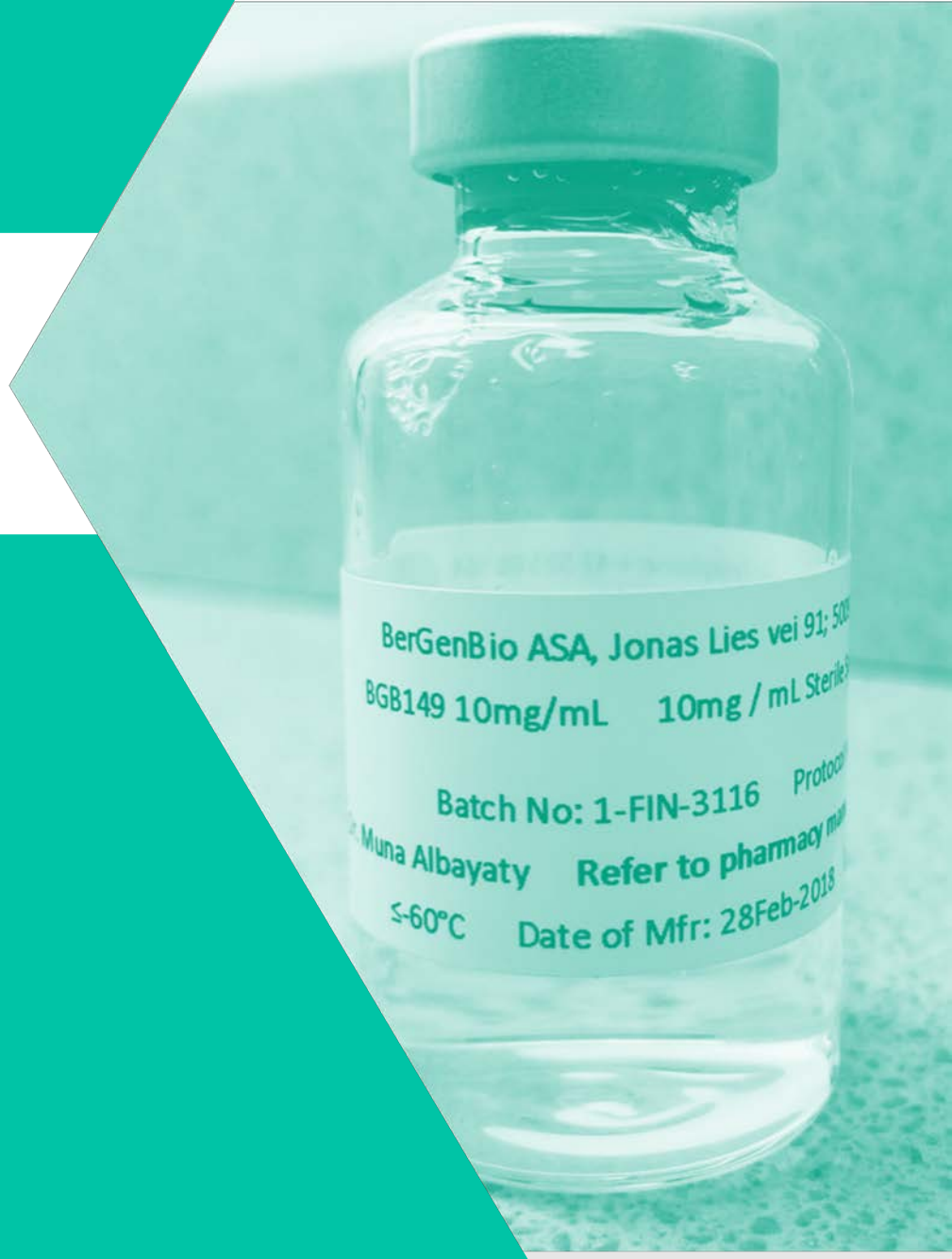
Phase II 2L NSCLC study of bemcentinib with KEYTRUDA



Key objectives

- Evaluate safety of the combination and response to treatment with the combination
- Characterise patients by PD-L1 and AXL status
- Evaluate efficacy of patients by biomarker status, and assess predictive qualities of biomarkers
- Assess survival measures in patients by biomarker status

BGB149 – a monoclonal anti-AXL antibody



BerGenBio

Ref. BGB149-101 / NCT03795142

BGB149: Anti-AXL monoclonal antibody

Phase I clinical trial initiated January 2019

Functionally blocking humanised monoclonal antibody

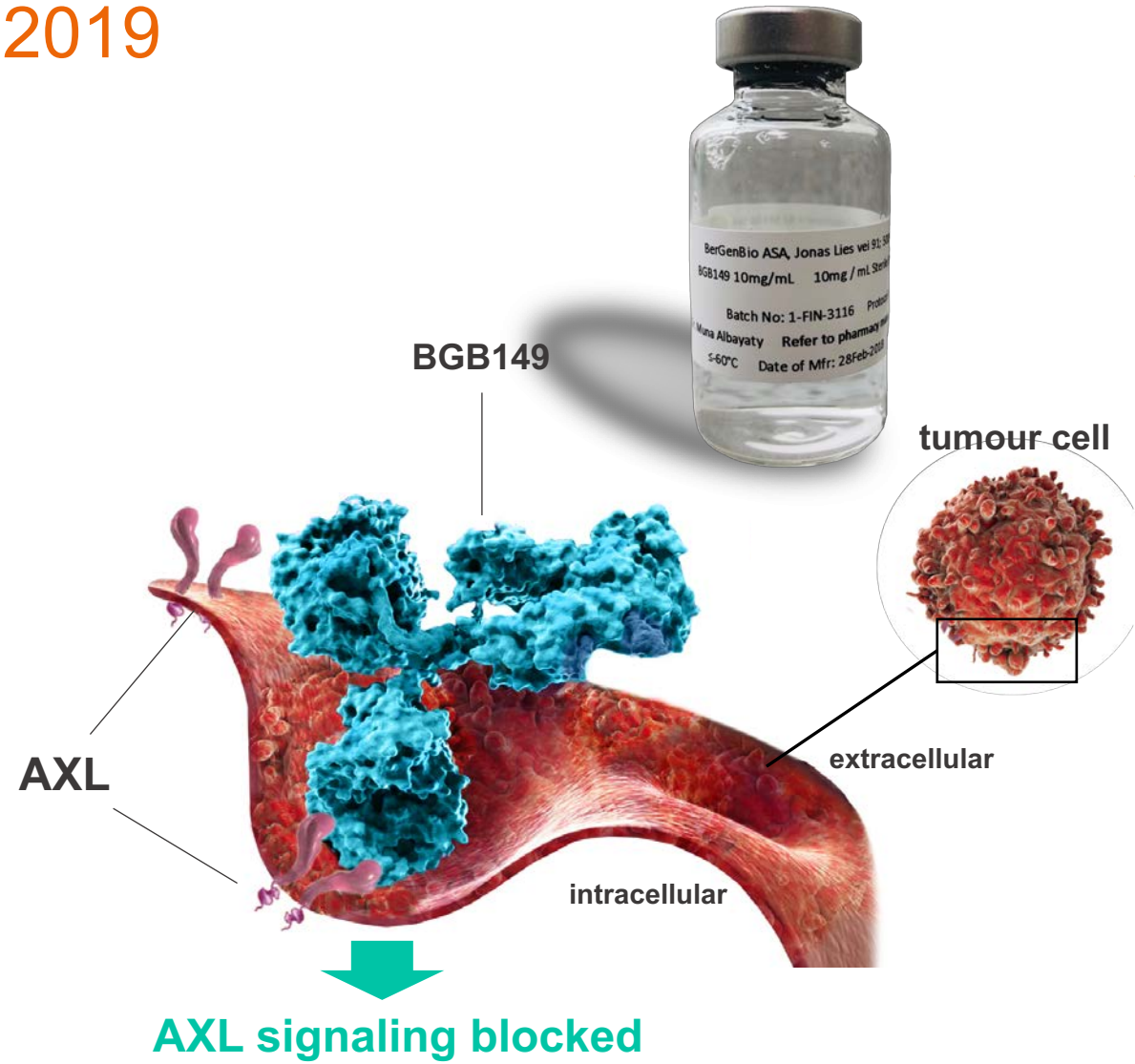
Binds human AXL, blocks AXL signalling

High affinity (KD: 500pM), Anti-tumour efficacy demonstrated *in vivo*

Robust manufacturing process established, 18 months stability

First-in-human healthy volunteer Phase I study initiated
- Up to 36 subjects
- Safety, PK/PD

First-in-patient trial expected in H2 2019

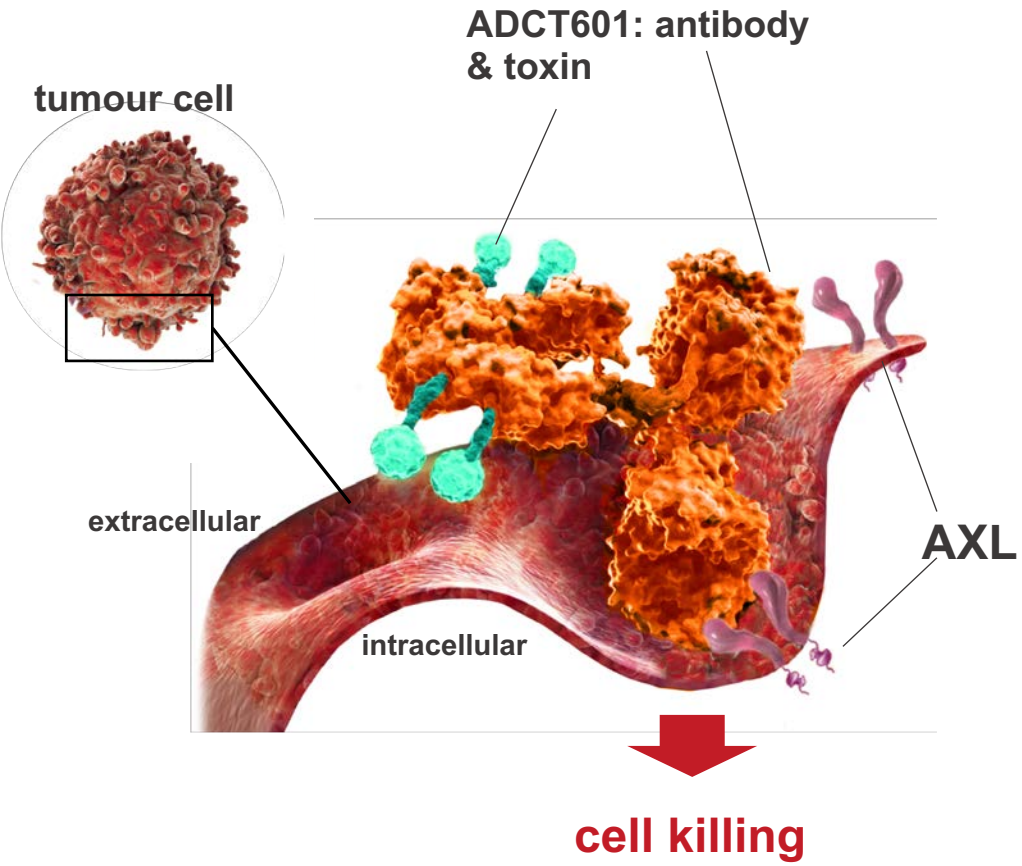


BerGenBio

ADCT-601 – AXL ADC

Out-licensed to ADC Therapeutics (ADCT)

BGB601/ADCT-601: Anti-AXL ADC
Phase 1 in solid tumours started January 2019



Antibody Drug Conjugate (ADC)

Targets human tumour AXL, induces cell death when internalised

Potent and specific anti-tumour activity demonstrated preclinically[1]

First-in-human Phase I study initiated in Jan 2019

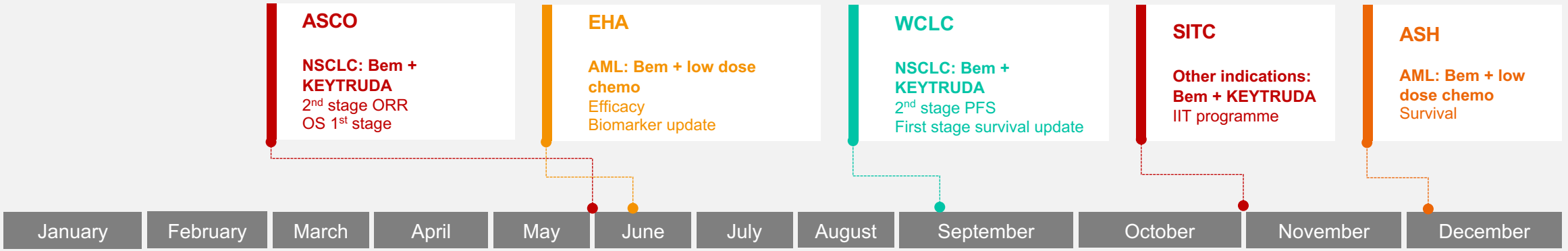
- Solid tumours
- Up to 75 patients
- Safety, PK/PD, preliminary efficacy

Based on anti-AXL antibody BGB601 licensed from BerGenBio

(1) AACR 2018

Near term goals and news flow

Expected newsflow in 2019



Q1
- 1L/2L AML chemo combo top line data
- Complete recruitment stage 2 bem + KEYTRUDA (NSCLC)

Q2/Q3
- **Initiate randomised programme**
- Complete Phase 1 BGB149

Q4
- Initiate first-in-patient trials BGB149

ASCO-SITC: Clinical Immuno-Oncology symposium, San Francisco
ASCO: American Society of Clinical Oncology, Chicago
WCLC: World Conference of Lung Cancer, Toronto
ESMO: European Society of Medical Oncology, Munich

AACR: American Association for Cancer Research, Chicago
EHA: European Hematology Association, Stockholm
SITC: Society for Immunotherapy of Cancer, DC
ASH: American Society for Hematology, San Diego

Upcoming company news flow and value creating catalysts

Strategic priority		Goals	
Late stage clinical trials with bemcentinib	H2 2018 H2 2018 H1 2019 H2 2019 H2 2020	Clinical PoC monotherapy AML Clinical PoC combo in NSCLC Clinical PoC combo in AML Start late stage clinical programme Interim read-out late stage clinical programme	✓ ✓
Develop Companion Diagnostics	H2 2018 H2 2020 H2 2021	Identify candidates that correlate with efficacy Validate candidates in late stage clinical programme Clinical assay developed	✓
BGB149 anti-AXL antibody programme	H2 2018 H2 2019 H2 2020	Initiate first-in-man phase I trial Initiate first-in-patient phase Ib trial Interim readout	✓
Maximise value for bemcentinib	H1 2019	Initiate pipeline opportunities for bemcentinib via ISTs	✓

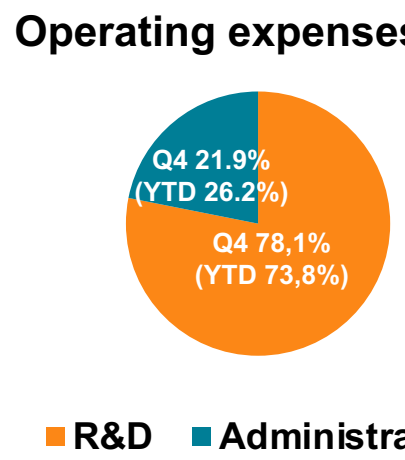
IST Investigator Sponsored Trials

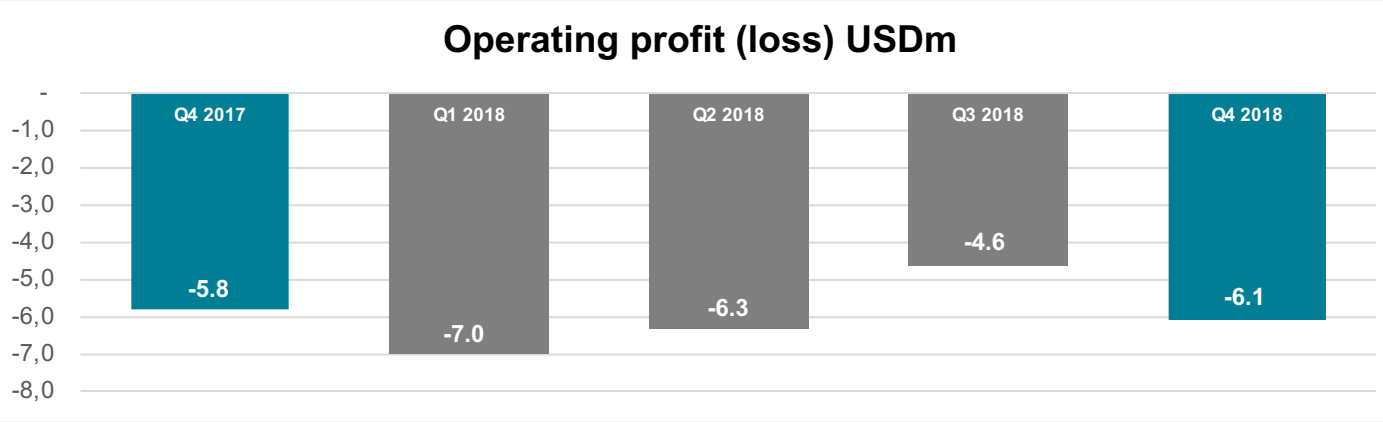
Finance

BerGenBio

Key financial figures

(USD million)	Q4 2018	Q4 2017	FY 2018	FY 2017
Operating revenues	**0.3**	0	**0.3**	0
Operating expenses	**6.3**	5.8	**24.2**	22.2
Operating profit (loss)	**-6.1**	-5.8	**-23.9**	-22.2
Profit (loss) after tax	**-6.1**	-5.8	**-23.6**	-22.0
Basic and diluted earnings (loss) per share (USD)	**-0.11**	-0.12	**-0.44**	-0.48
Net cash flow in the period	**-4.5**	-3.5	**-1.0**	25.2
Cash position end of period	**41.5**	45.1	**41.5**	45.1



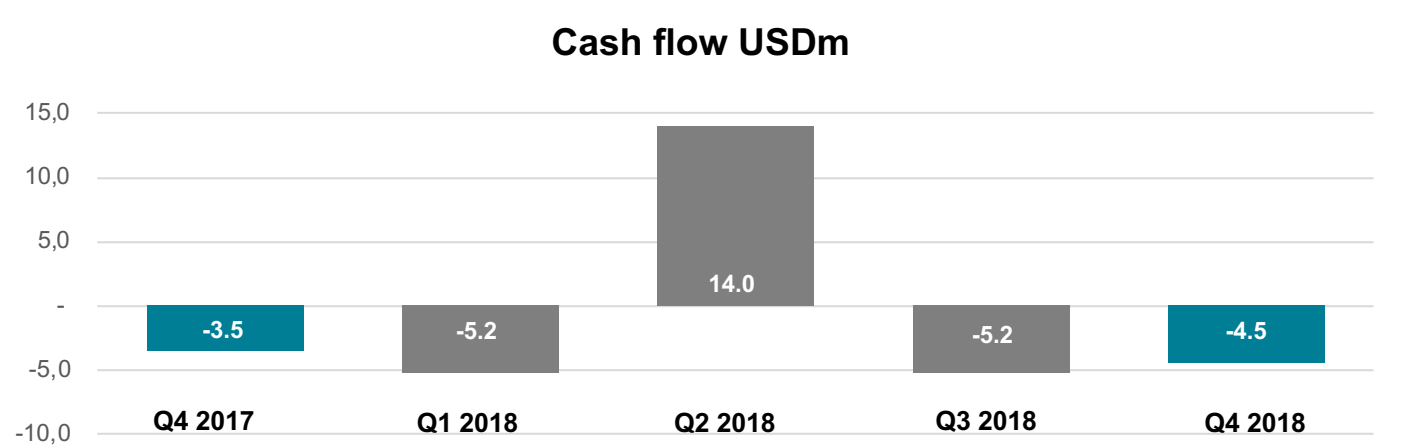


- Effective organisation
- 78.1% (YTD 73.8%) of operating expenses in Q4 2018 attributable to Research & Development activities

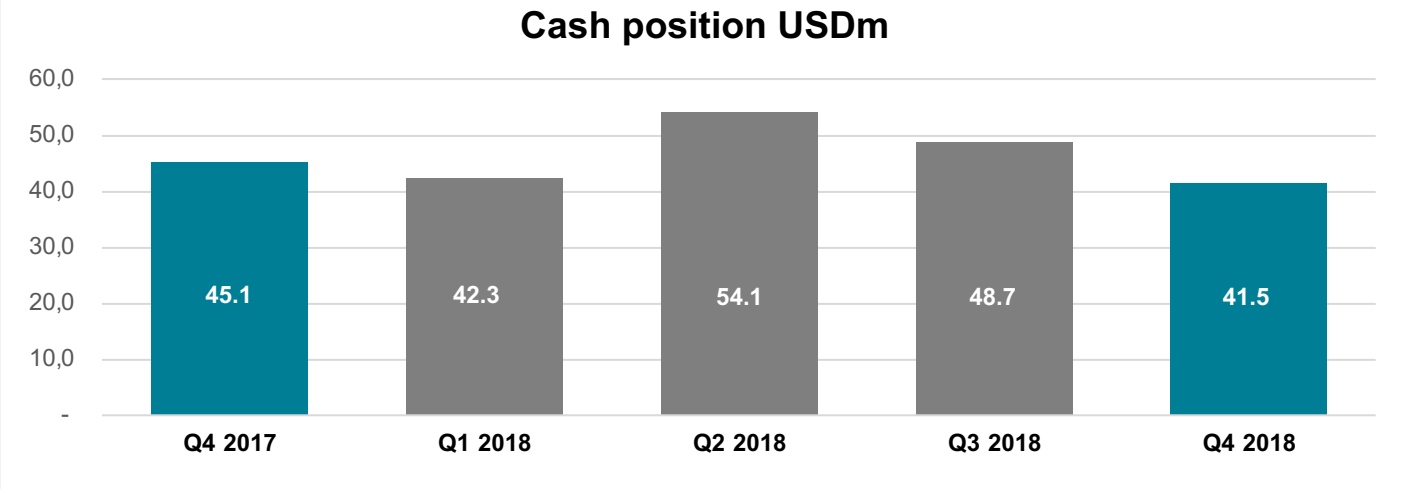
- Q4 18 operating loss reflecting level of research and development activities in the quarter
  - Revenue USD 0.3 million, licence revenue triggered by pre-clinical milestone (ADCT-601)
  - Stage 2 of NSCLC combination with Keytruda re-opened in Q4 18 and ongoing (mandatory safety review in Q3 18)

http://www.bergenbio.com/investors/reports/quarterly-reports/

Cash flow and cash position



- Private placement Q2,18 strengthened cash position - gross funds raised USD 24m
- Quarterly cash burn average 2018 at USD 5.7 million



- Cash position gives runway to deliver key clinical read outs from ongoing clinical studies
- Cash runway into 2020 based on current burn rate

BGBIO – Summary

AXL inhibitors – potential cornerstone of cancer therapy

Pipeline opportunities in multiple cancers and fibrosis

Ph2 data in AML & NSCLC with selective AXL inhibitor bemcentinib

Late stage clinical trials to start H2’19

Resourced to deliver significant milestones

Cash NOK 360m/USD 41m