BerGenBio

Developing first-in-class drugs to treat aggressive cancer

First Quarter 2017 presentation

May 23rd 2017

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Q1 Achievements
R&D programs are progressing to plan - solid foundation to build value

BGB324

- **Phase II clinical development program opened and enrolling**
  - Lung cancer study in combination study with erlotinib opened first and second line cohorts.
  - Lung cancer study in combination with docetaxel opened & dosed first patients
  - Melanoma study in combination with targeted & I-O therapies opened and dosed first patients
- **Collaborative agreement with Merck & Co (MSD)**
  - Phase II combination trials (2) with MSD's immune checkpoint inhibitor KEYTRUDA® (pembrolizumab) in patients with advanced lung and triple negative breast cancer

Pipeline

- Clinical candidate BGB149 was nominated, a humanized anti-Axl monoclonal antibody
  - Cell line development and manufacturing of the antibody is underway with a leading biologics contract manufacturer.

AACR*

- Two presentations at AACR 2017: 1) Randomized Phase II Melanoma study 2) BGB324 blocks resistance to check point inhibitors

Corporate

- IPO
  - Closed 7 April, gross proceeds of NOK 400 million
  - Ticker : ' *BGBIO* '
- Cash of NOK 95.4 million at end of Q1 2017 (excludes proceeds from IPO)
- Stein H. Annexstad was elected Chair of the Board
- Registered wholly owned subsidiary BerGenBio Limited, to facilitate UK organization

*AACR: American Association of Cancer Researchers

BerGenBio – First-in-class Axl inhibitors for multiple aggressive cancers

90% of cancer deaths result from tumors spreading, becoming immune evasive and drug resistant

Axl is a **key mediator** of these traits in a broad range of cancers

BerGenBio is a **world-leader** in Axl biology and is developing an exciting **pipeline** of Axl inhibitors

BGB324 initially addressing an annual market potential of **USD 11 Billion**

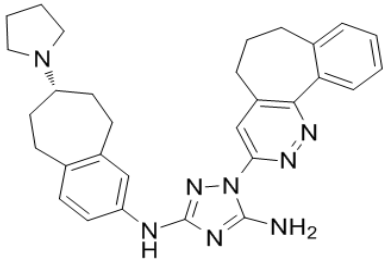
BGB324 – First-in-class, highly selective oral Axl inhibitor

Investigational Medicinal Product

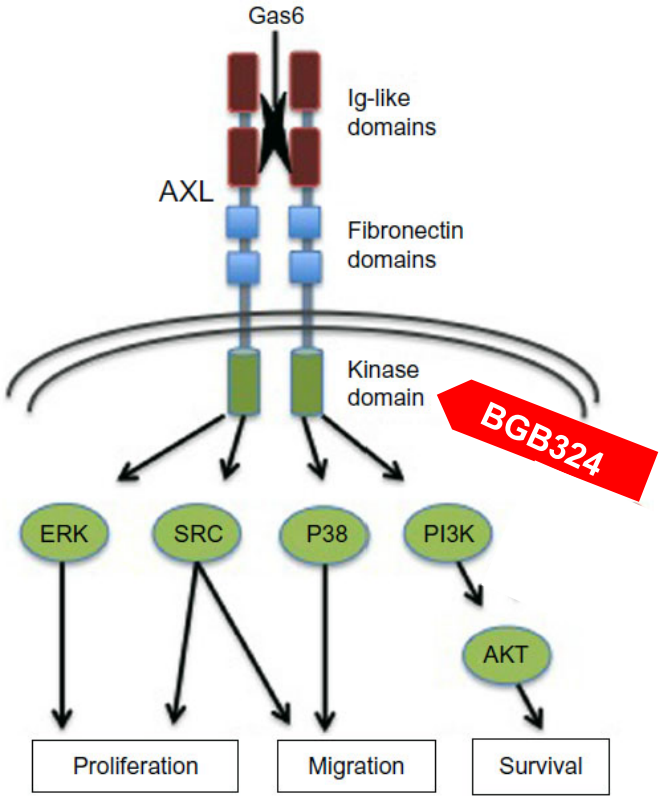
- 100mg capsules, standard pharmaceutical formulation
- 3yr shelf life
- Low 'cost of goods' (COGs)
- Patients take medicines home, one-a-day dose

Drug substance

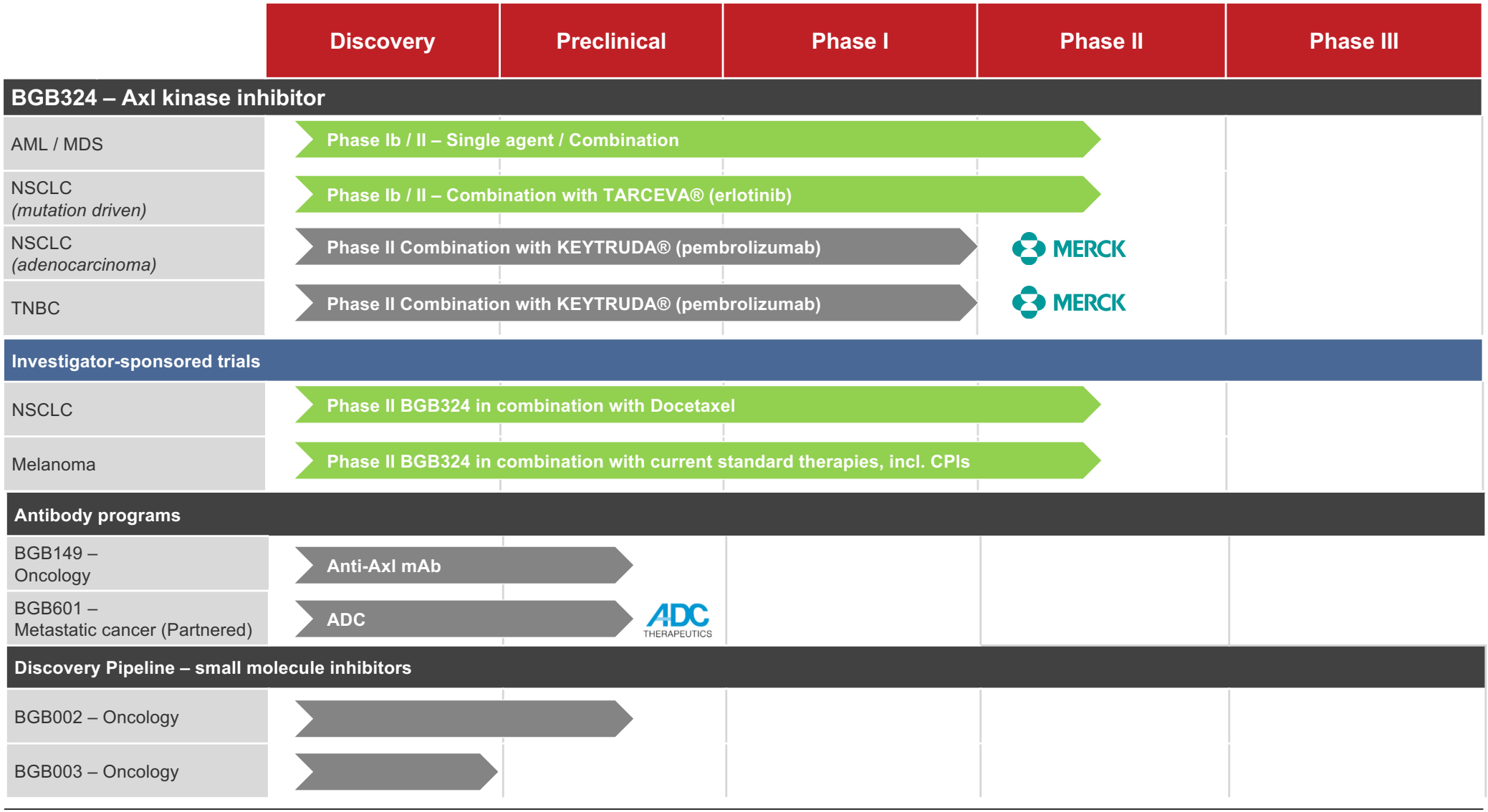
- Licensed from Rigel Inc. 2011
- Highly selective and potent
- Orally bioavailable
- Orphan status in US for AML
- Well tolerated: suitable for long term therapy
- Wide therapeutic index: suitable for combination with existing drugs



Mode of Action



Strategic pipeline will drive value creation



Compelling Phase Ib clinical data for BGB324

AML/MDS

- Elderly AML/MDS patients
- Relapsed & refractory
  - Heavily pretreated
- Single agent

- **32% clinical benefit rate**
- **Correlation with diagnostic**
- Well tolerated (up to >15 months)

NSCLC

- Stage IV metastatic patients
- Heavily pretreated
  - Exhausted existing licensed drugs
- Single agent

- **1 year PFS in 25% of patients**

NSCLC

- Stage IV metastatic patients
  - With EGFR mutation
  - Heavily pretreated
- Second line setting
  - Combination with erlotinib

- **50% clinical benefit rate**
  - Disease stabilization > 4 months
- One patient ongoing > 21 months

BGB324 has generated strong efficacy data in patients with *no other existing* treatment options

Q1 Status of BGB324 clinical trials

BerGenBio sponsored clinical trials

AML/MDS

single agent and combination with cytarabine

- 8 sites open in Norway, Germany and USA
- Completion of dose-escalation phase; safety, confirmation of RP2D
- Enrolment open for dose-expansion phase

NSCLC

combination with TARCEVA (erlotinib)

- 6 sites open in USA
- Phase II arms were opened and patient enrolment started in Q1 2017
  - First line setting : prevention of acquired resistance to erlotinib
  - Second line setting : reversal of resistance to erlotinib

NSCLC

MERCK

combination with KEYTRUDA

- FDA IND approval received
- EU CTA submissions made in UK, Norway and Spain. UK approval received
- Site activation program underway

TNBC

MERCK

combination with KEYTRUDA

- FDA IND approval received in March,
- EU CTA submissions made in UK, Norway and Spain. UK approval received
- Site activation program underway

Investigator sponsored clinical trials

NSCLC

combination with docetaxel

- Open and enrolling patients at 1 site, Dallas TX. Additional sites planned
- Sponsored by Dr. Gerber/UTSW & South Plains Oncology Consortium (SPOC)

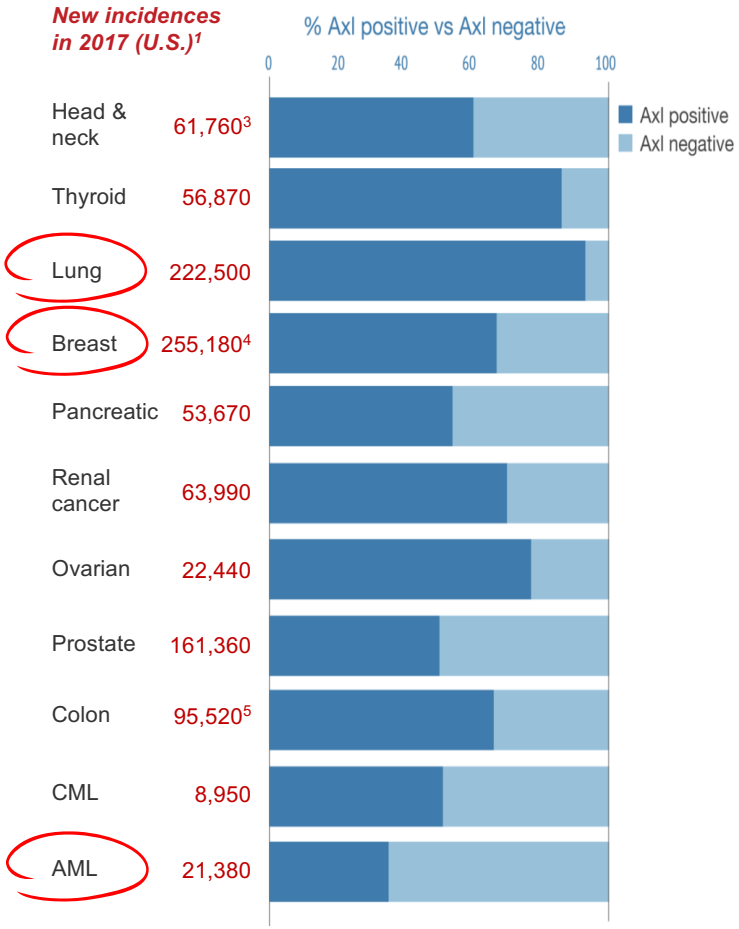
Melanoma

combination with KEYTRUDA or TAFINLAR / MEKINIST

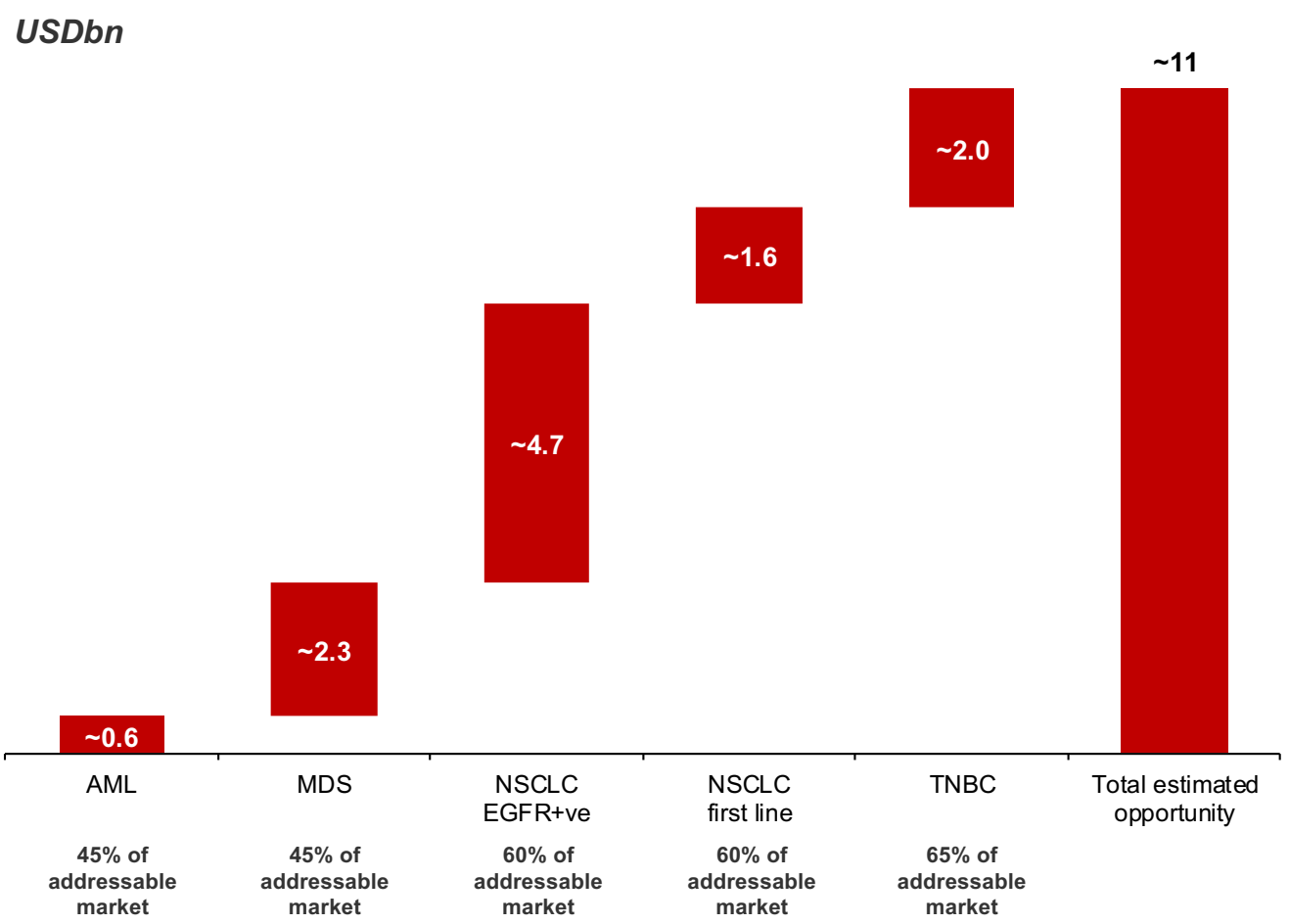
- Randomized Phase II combination trial mimics real-world setting
- Open and enrolling patients in Bergen, additional sites planned
- Comprehensive program of explorative biomarkers in collaboration with Massachusetts Institute of Technology and Harvard Medical School

BGB324 - Blockbuster potential – addressable market ~$11bn in selected indications

Most common tumours express high Axl levels



Estimated annual market opportunity per indication[6]



1) SEER Program – National Cancer Institute (National Institute of Health) http://seer.cancer.gov/; 3) Cancer.net; 4) Figure for male and female breast cancer; 5) Excluding rectum; 6) Estimates by Alacrita Consulting

Annual Market Potential for BGB324 in Leukemia

Target patient population

- AML relapsed/refractory
- Age 60 or older
- Actively receiving treatment
- pAxl +

Target patient population (prevalence)	
USA (2017)[1]	3,848
Axl +ve (45%)	**1,731**

Cost of comparable drugs (US cost/pt/yr)[2]	
Gleevec (Imatinib) (CML)	**$230k**
Iclusig (CML)	$224.5k
Sprycel (CML)	$165.4k

Prevalence in other Major Markets[1]		Average price compared to USA[3]
Japan	1,546	50%
EU5	2,998	50%
Total Axl +ve (45%)	**2,045**	

Total market potential

$635m

[1] Datamonitor Healthcare ("DMHC AML treatment datapack_12.19.2016.xls") Prevalent R/R AML patients over 60 years of age that are actively receiving treatment.; [2] PriceRx September 2016; assumes patient treated for 12 months; [3] "Biotech Forecasting & Valuation" David FS et al (2016)

Annual Market Potential for BGB324 in Myeloid Dysplastic Syndrome

Patient population[4]

- High risk MDS
- pAxl +

Patient population (prevalence)	
USA (2011)[1]	60,000
High risk (23%)[2]	13,800
Axl +ve (45%)	**6,210**

Cost of comparable drugs (US cost/pt/yr)[3]	
Revlimid (MDS)	**(USA) $240k**

Prevalence in other Major Markets[1]		Average price compared to USA[6]
Japan	nd[5]	50%
EU5	60,000	50%
Total high risk Axl +ve (45%)	**6,210**	

Total market potential

$2.25bn

[1] Mikkael, 2011; [2] IWG 2012 data, www.dacogen.com/MDS-Incidence-and-Prevalence.aspx; [3] PriceRx September 2016; assumes patient treated for 12 months; [4] Proportion of patients that are second line, decitabine failures is not available; [5] Prevalence not easily available in Japan; [6] "Biotech Forecasting & Valuation" David FS et al (2016)

Annual Market Potential for BGB324 in Lung Cancer in combination with erlotinib

Target patient population

- NSCLC, non-squamous
- EGFR+ patients
- Stage III and IV and distant relapse
- First line or maintenance therapy

Target patient population (prevalence)[1]	
USA (2017)	13,883

Cost of comparable drugs (US cost/pt/yr)[2]	
Tarceva (NSCLC EGFR+)	$106k
Tagrisso (NSCLC, T790M)	**$200k**
Gilotrif (NSCLC, EGFR exon 19 deletion or exon 20 L858R)	$110k

Prevalence in other Major Markets[1]		**Average price compared to USA[4]**
Japan	8,234	50%
EU5	12,223	50%

Total market potential

$4.7bn

[1] Datamonitor Healthcare ("Non-Small Cell Lung Cancer Epidemiology Forecast.xls"): Prevalent patient population, EGFR+ NSCLC, Stage III and IV, pharmacologically treated with first line or maintenance therapy; [2] PriceRx September 2016; assumes patient treated for 12 months; [3] "Biotech Forecasting & Valuation" David FS et al (2016); [4] "Biotech Forecasting & Valuation" David FS et al (2016)

Annual Market Potential for BGB324 in Lung Cancer in combination with KEYTRUDA

Target patient population

- NSCLC
- Stage IV + distant relapse
- First line
- Not EGFR+
- Not ALK+
- PD-L1 >50%

Target patient population (prevalence)	
USA (2017)[1]	**11,065**
PD-L1+ (30%)[3]	**3,320**

Cost of comparable drugs (US cost/pt/yr)[2]	
Opdivo (NSCLC)	**$185k**
Keytruda (NSCLC)	$136.4k
Crizoinib (ALK+)	$115k

Prevalence in other Major Markets[1]		Average price compared to USA[4]
Japan	10,792	50%
EU5	25,024	50%
PDL1+ve	**10,745**	

Total market potential

$1.6bn

[1] Datamonitor Healthcare ("Non-Small Cell Lung Cancer Epidemiology Forecast.xls"): Prevalent patients, with Stage IV receiving first line pharmacologic therapy, not EGFR+ or ALK+; [2] PriceRx September 2016; assumes patient treated for 12 months; [3] https://www.keytruda.com/hcp/nsclc/efficacy-first-line-treatment/; [4] "Biotech Forecasting & Valuation" David FS et al (2016)

Annual Market Potential for BGB324 in Breast Cancer in combination with KEYTRUDA

Target patient population

- TNBC Stage IV patients & distant relapse
- receiving second line therapy and beyond
- pAxl+ 50%[3]

Target patient population (prevalence)	
USA (2017)[1]	8,852
Axl+ve (50%)[3]	**4,426**

Cost of comparable drugs (US cost/pt/yr)[2]	
Herceptin (Her2+ breast)	**$253k**
Tykerb (Her2+ breast)	$93k
Afinitor (advanced HR+ breast)	$188k

Prevalence in other Major Markets[1]		Average price compared to USA[4]
Japan	2,283	50%
EU5	15,000	50%
Axl+ve	**8,640**	

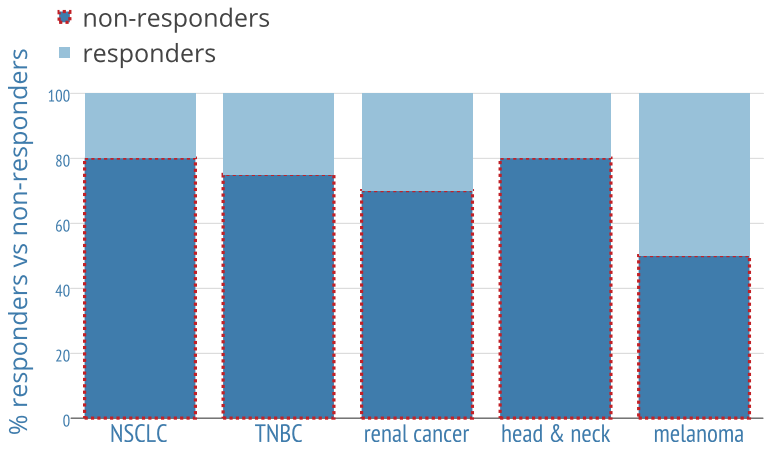
Total market potential

$2bn

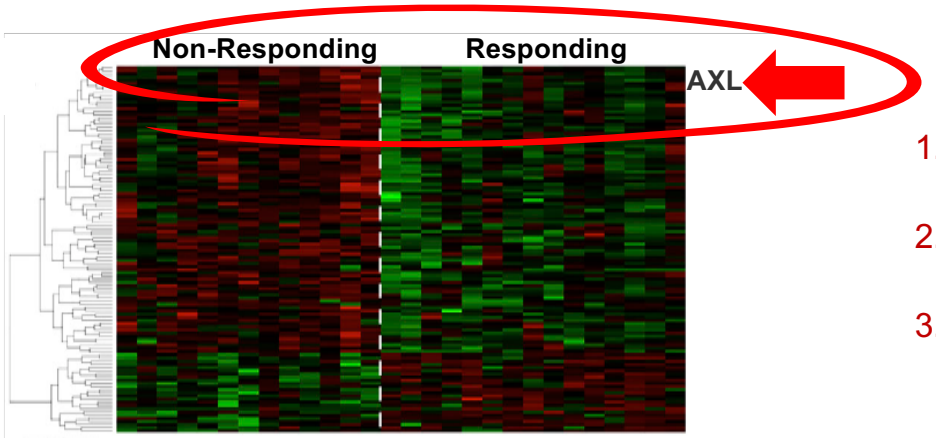
[1] Datamonitor Healthcare ("Breast Cancer Epidemiology Forecast.xls"): Prevalent Stage IV TNBC patients receiving second line, third line or fourth line therapy; [2] PriceRx September 2016; [3] Breast Cancer (2016) 2, 16033 ("Axl-associated tumor inflammation as a poor prognostic signature in chemotherapy-treated triple-negative breast cancer patients"); [4] "Biotech Forecasting & Valuation" David FS et al (2016)

Strong rationale for combining BGB324 with checkpoint inhibitors

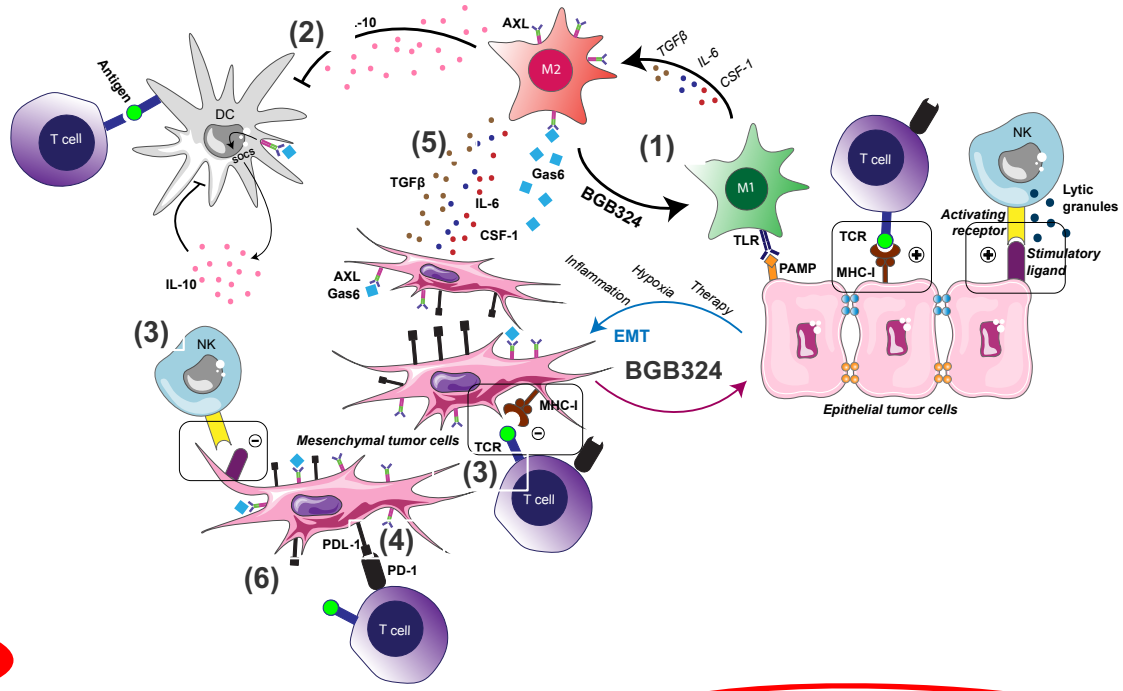
Checkpoint inhibitors work for only a few patients



Axl is upregulated in checkpoint inhibitor resistant melanoma



AXL drives immune evasion



1. Polarization of M1 macrophages towards immunosuppressive M2
2. Prevention of dendritic cell maturation
3. Prevention of immunological synapse for proper tumor cell killing
4. Increase expression of immune checkpoint ligands (PDL-1 &2)
5. Enhancement of anti-inflammatory cytokine secretion
6. Down regulation of tumor cell MHC expression

Source: Chouaib, 2014; Hugo, 2016

Phase II studies in combination with KEYTRUDA™

Collaboration with Merck & Co. (MSD)

- Clinical collaboration to evaluate BGB324 in combination with Merck's checkpoint inhibitor KEYTRUDA
- Axl's role in suppressing immune response provides strong rationale for evaluating BGB324 with KEYTRUDA – complementary modes of action could provide clinical synergies
- BGB324 will prevent EMT and allow CTLs to engage with aggressive mesenchymal cancer cells. By blocking the Axl signal the cancer cells will not be able to limit the immune infiltrates or function in the tumor micro environment
- BerGenBio is sponsoring two Phase II clinical trials (see below)

KEYTRUDA™ (pembrolizumab)

KEYTRUDA is a therapeutic antibody that increases the ability of the body's immune system to detect and destroy tumor cells.

KEYTRUDA blocks the drug target PD-1 thereby activates T lymphocytes (CTLs)

KEYTRUDA is approved in the US for the treatment of:

- first-line treatment of metastatic NSCLC - high PD-L1 expression
- metastatic NSCLC where the tumors express PD-L1
- unresectable or metastatic melanoma
- recurrent or metastatic head and neck squamous cell carcinoma
- Hodgkin's lymphoma

Sales of KEYTRUDA were USD 1.4bn in 2016

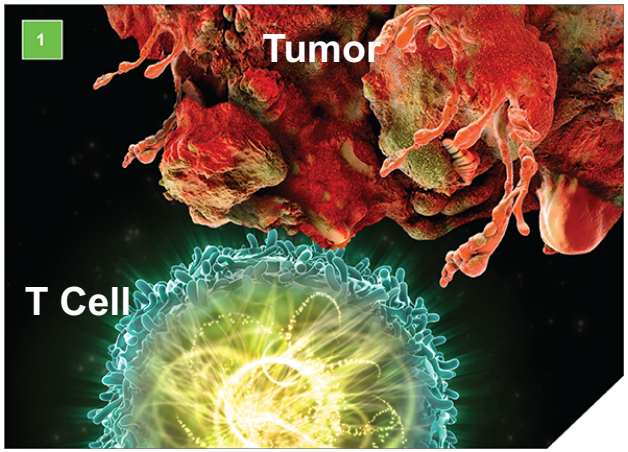
BGB324/KEYTRUDA Combination Trials – planned to start in 1H 2017

- **NSCLC – Phase II multi-centre study in patients with previously treated unresectable adenocarcinoma of the lung**
- **TNBC – Phase II multi-centre study in patients with previously treated, locally advanced TNBC.**
- **Biomarker studies will be conducted in parallel to support the development of companion diagnostics to identify patients most suitable for treatment with a combination of BGB324 and KEYTRUDA, ie patients that are Axl + and PD-L1 +**

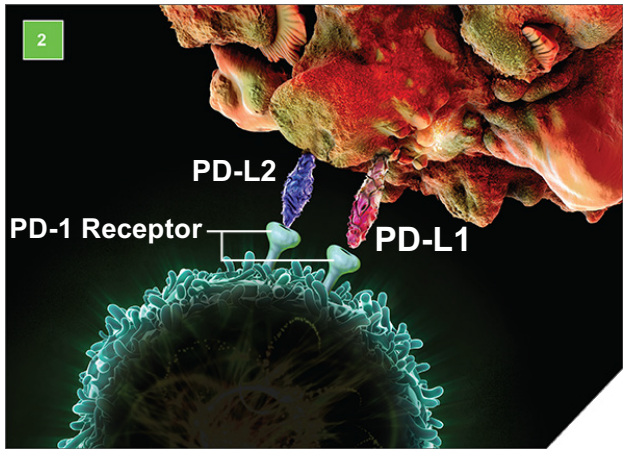
PD-L1 and PD-L2 Block T Cells from Attacking Cancer Cells

PD-1 inhibition with Keytruda reactivates T cells to attack and kill cancer cells

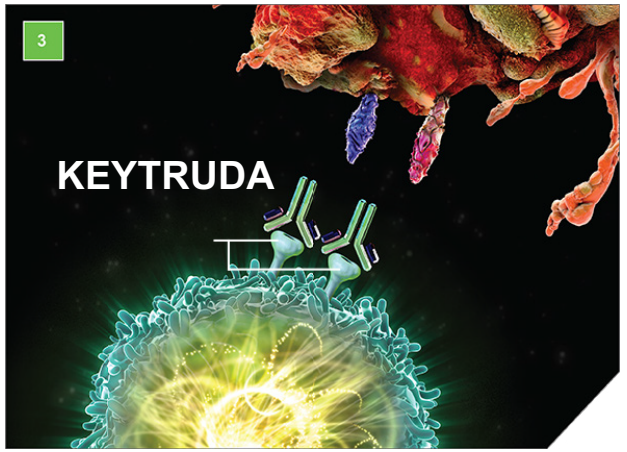
- PD-1 is an antigen expressed on the surface of activated T-cells
- PD-1 interacts with its ligands PD-L1 and PD-L2 expressed on cancer and surrounding cells
- This inhibits activation of T lymphocytes and prevents an anti-tumor immune response



Normal immune response
When functioning properly, T cells are activated and can attack tumor cells.



Tumor evasion and T-cell deactivation
Some tumors can evade the immune system through the PD-1 pathway. The PD-L1 and PD-L2 ligands on tumors can bind with PD-1 receptors on T cells to inactivate the T cells



T-cell reactivation with KEYTRUDA
KEYTRUDA binds to the PD-1 receptor and blocks its interaction with PD-L1 and PD-L2, which helps restore the immune response. While having an effect on the tumor, this could also affect normal, healthy cells

Real-world Randomised Phase II in Melanoma Investigator Led Studies: additional value drivers

Study objectives

- Assess the safety and efficacy of BGB324 given together with standard treatment, pembrolizumab or dabrafenib and trametinib, compared to standard treatment alone

Primary outcome :

- Objective Response Rate
- Number of participants with treatment-related adverse events

Secondary outcome :

- Progression Free Survival
- Duration of response
- Overall Survival

Design

Experimental:

- Arm 1:
  - BGB324 + pembrolizumab (first line)
- Arm 2:
  - BGB324 + dabrafenib and trametinib (first line)

Active Comparators:

- Pembrolizumab
- Dabrafenib and trametinib

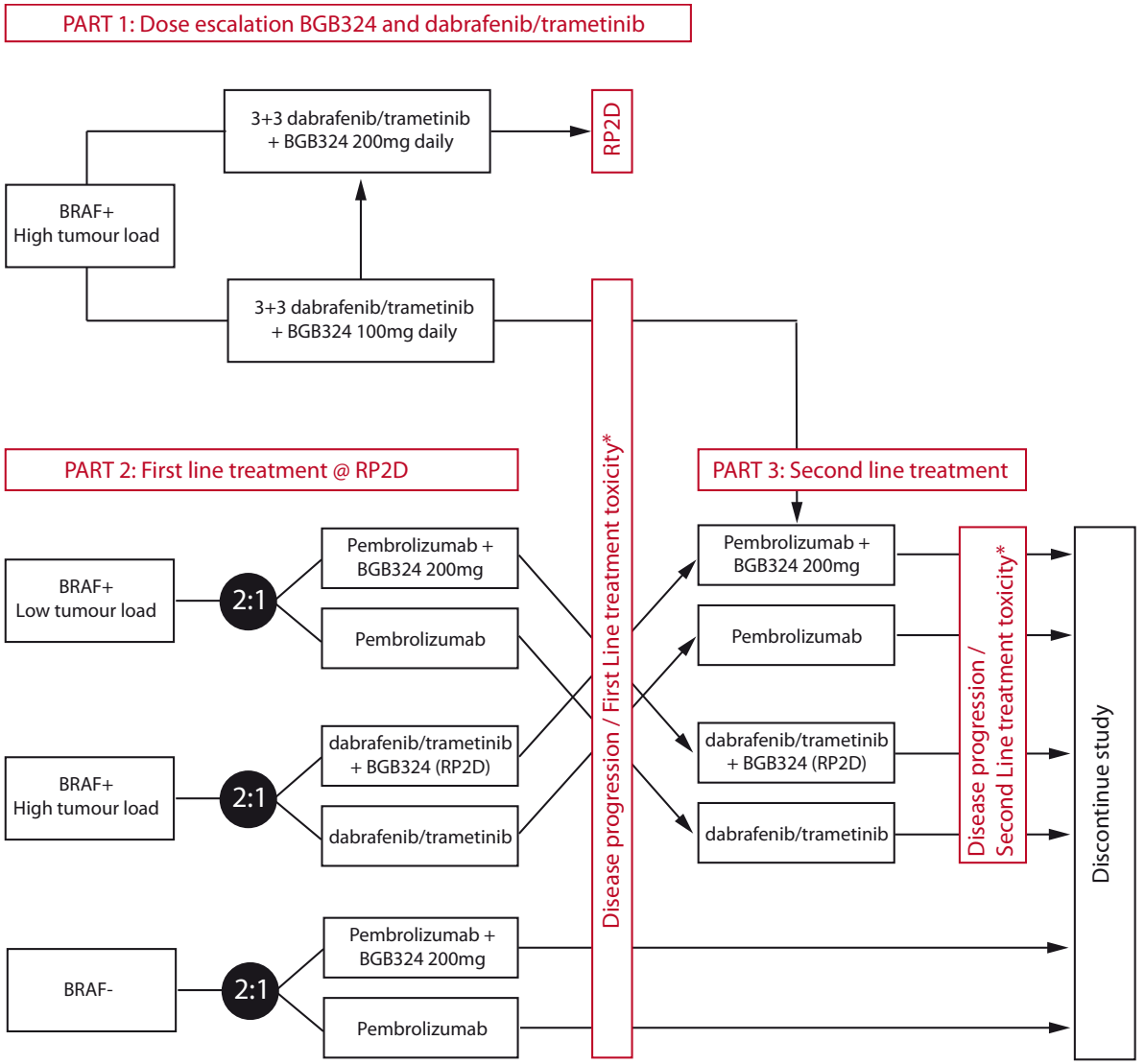
Participants and collaborators

- Comprehensive programme of explorative biomarker analyses to complement the clinical assessments
  - Norwegian clinical investigators
  - Massachusetts Institute of Technology (MIT)
  - Harvard Medical School
- NOK17 million grant
  - awarded by the Norwegian Health Authorities
  - recognition of the high degree of innovation, excellent clinical rationale and high scientific value

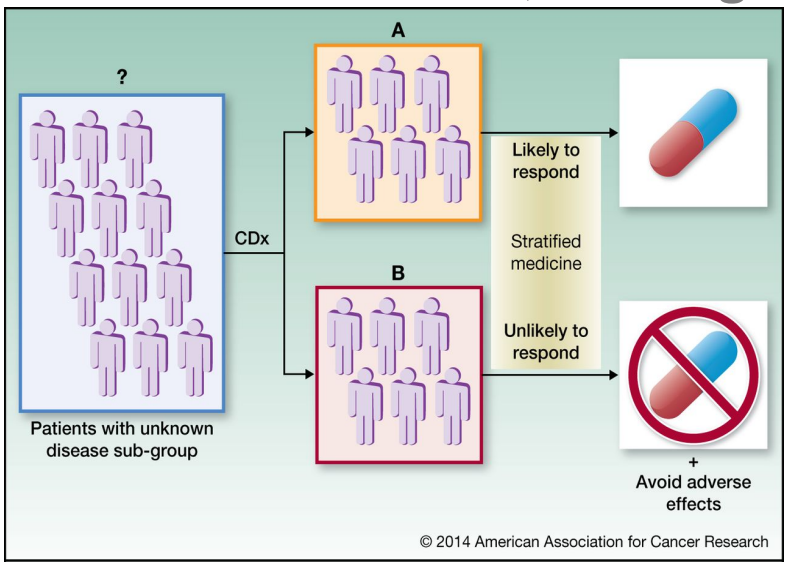
Significant AACR coverage

- Poster presented at AACR in April by the Principal Investigator Dr. Oddbjørn Straume, consultant oncologist at Haukeland University Hospital and Professor at the University of Bergen Center for Cancer Biomarkers
- Attracting significant attention by leading experts in melanoma treatment. Also covered on AACR – TV with an interview and presentation.

Phase II Melanoma Trial
Real-world study with BGB324 in a randomized controlled design



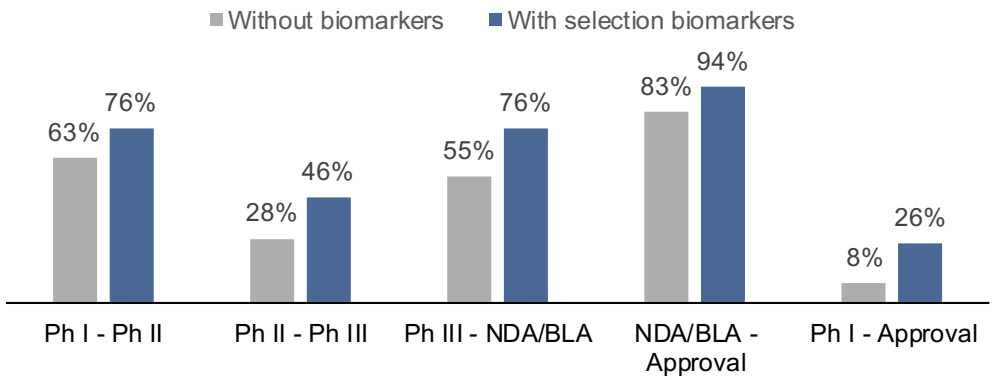
Companion diagnostics
reduce risk, add significant clinical and regulatory advantage



- Companion diagnostics are used to select patients that are expected to benefit from a particular drug
  - Significantly increases the likelihood of a positive response
- Allows for smaller and faster clinical trials
  - Significant value added to NPV calculations
- Targeted therapies with patient selection diagnostic more likely to achieve a premium price

Potential benefits from a successful companion diagnostic

Increased probability of clinical trial success

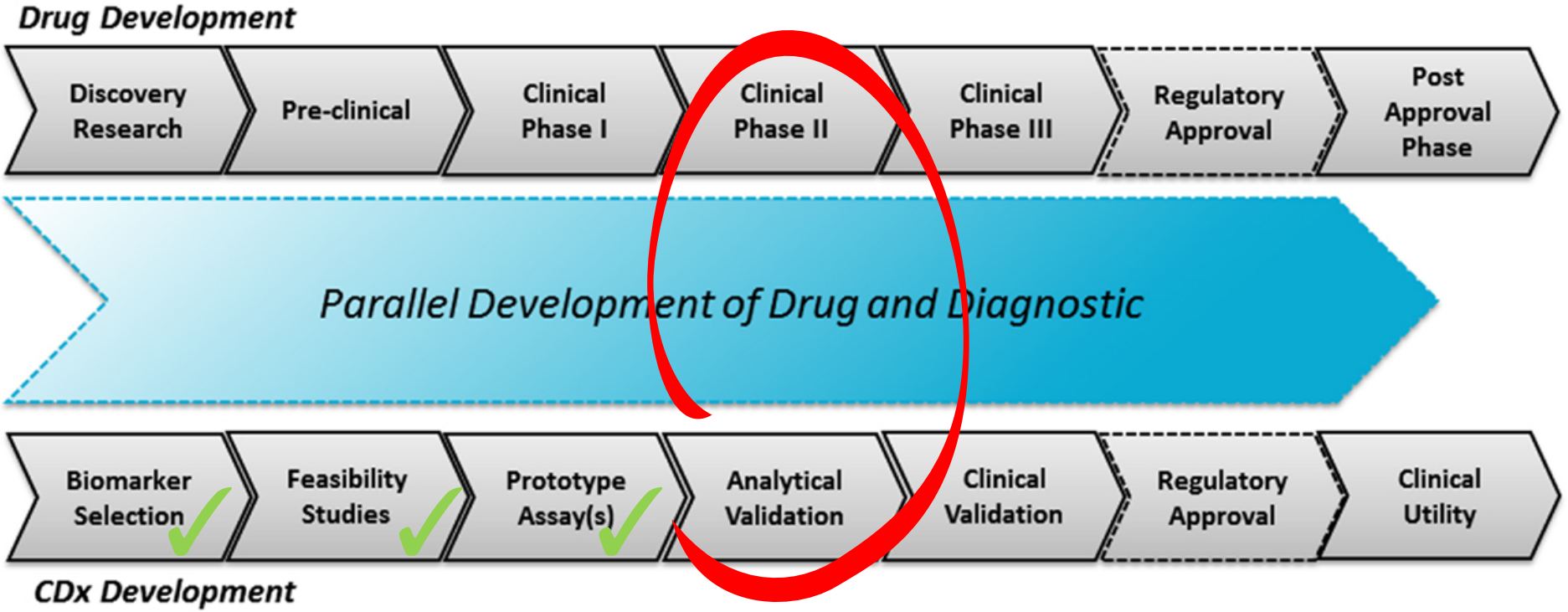


Increased likelihood of accelerated approval With enriched smaller trials

Accelerated	Patients in pivotal trial	Patients in safety assessment	Program duration (years)
Nivolumab (Hodgkin's Disease)	95	263	4
Venetoclax (CLL with 17p deletion)	106	240	5
Alectinib (ALK + NSCLC)	225	253	4
Traditional			
Cabozantinib (RCC)	658	331	11
Elotuzumab (multiple myeloma)	646	318	7
Ramucirumab (gastric cancer)	355	568	8

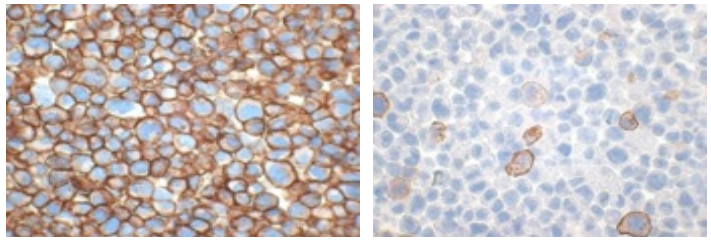
Source: American Association for Cancer Research, Alacrita Consulting

Parallel development of companion diagnostic
A high value product in its own



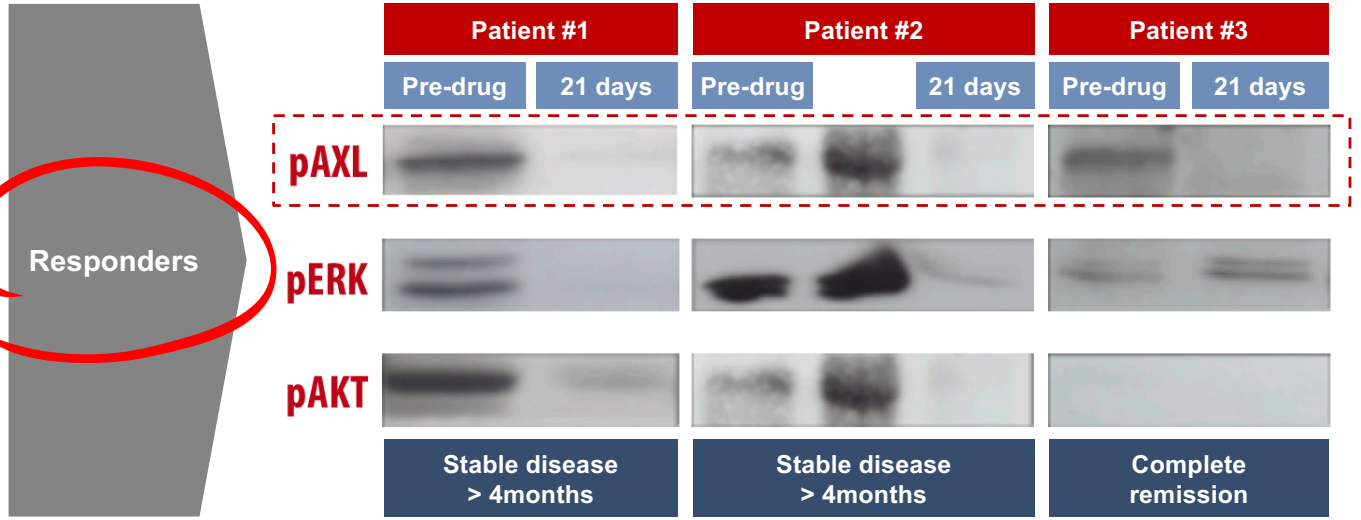
Immunohistochemistry assay for Axl expression

Axl +ve cell line **Axl -ve cell line**

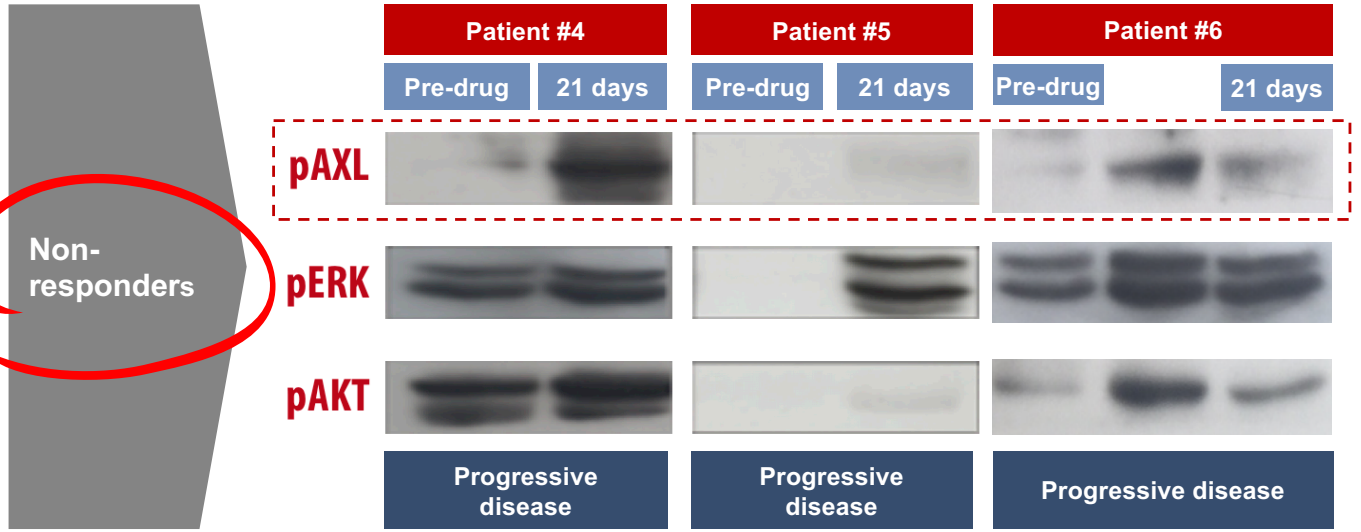


H-score validation during phase II

Prototype Companion Diagnostic
Predictive biomarker allows selection of patients that respond



- Activated Axl (pAxl) down after 21 days
- Less activated downstream signalling proteins
- ***pAxl positive patients show objective clinical response, as determined by pre-treatment screen of bone marrow***



- Activated Axl (pAxl) absent pre-drug
- More activated downstream signalling proteins

Source: Abstract presentation at ASH, 2016

Summary of our Clinical development plan to deliver Phase II data in high-value indications

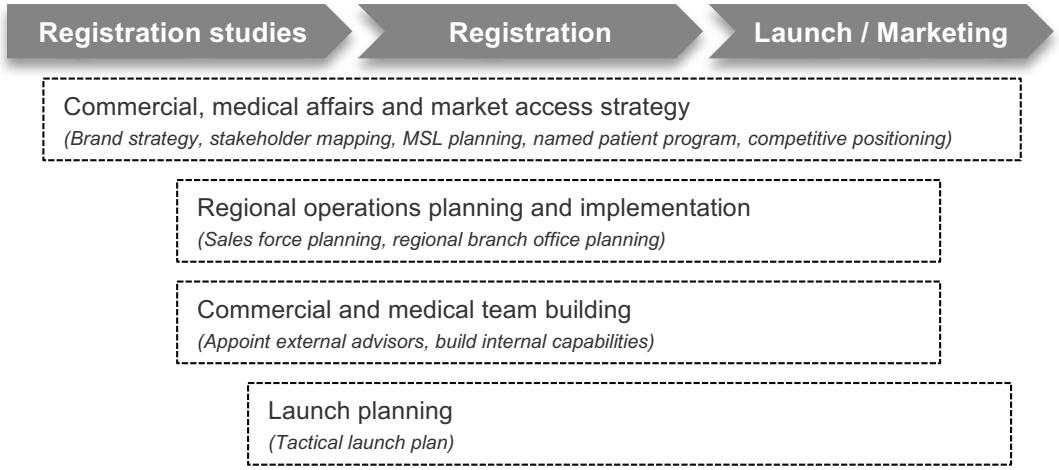
	2017	2018	
	Phase II		*Phase II Clinical Data*
BGB324	*Ongoing* AML and MDS – Single agent / Combination		✓
	Ongoing NSCLC (mutation driven) – Combination with erlotinib		✓
	NSCLC (adenocarcinoma) – Combination with KEYTRUDA		✓
	TNBC – Combination with KEYTRUDA		✓
Companion diagnostic	*Ongoing* Method validation validation and collection of reference data set		*Validated CDx* ✓
BGB149	Manufacture and IND enabling work	First-in-man trials	*Phase I Clinical Data* ✓

BGB324 – Set to become a highly attractive and valuable asset

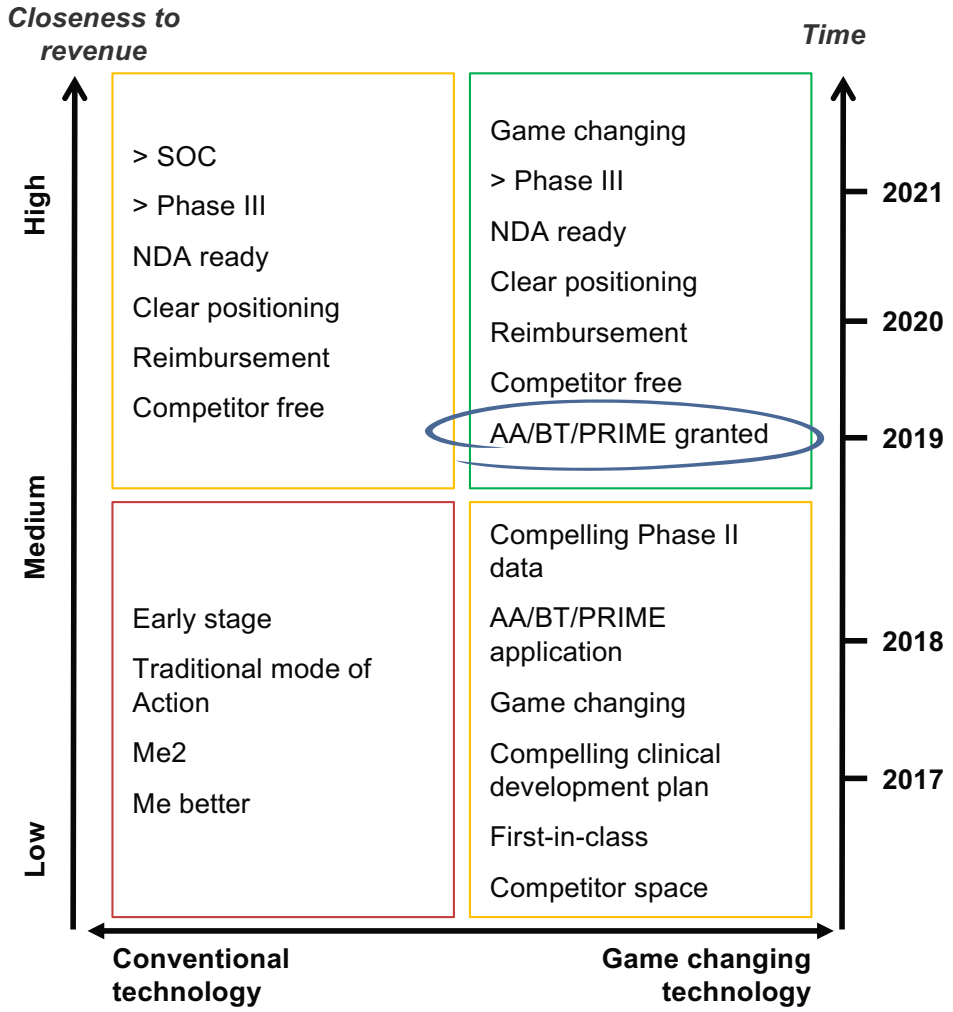
Commercializing strategy for BGB324

- Maintain clinical development and progression into registration trials
- Clear commercialization route for smaller indications in certain regions
- First-in-class drug with broad clinical application potentially triggering interest from bigger pharma

Commercial planning in parallel with registration trails



Late stage, first-in-class assets will be highly sought after



Significant corporate development activities in Q1

IPO and listing on OSE

- Completed 7 April 2017, ticker BGBIO
- Raise of NOK 400 million in gross proceeds
- New and existing investors participated (approximately 2,000 shareholders)

Board of Directors strengthened

- Stein Holst Annexstad appointed as Non-executive Chair
  - Senior industry experience at executive and board levels, including former executive of Dyno Industrier AS, CEO of Nycomed AS (subsequently merged with Amersham Plc and thereafter merged with GE), and Chairman of Algeta ASA

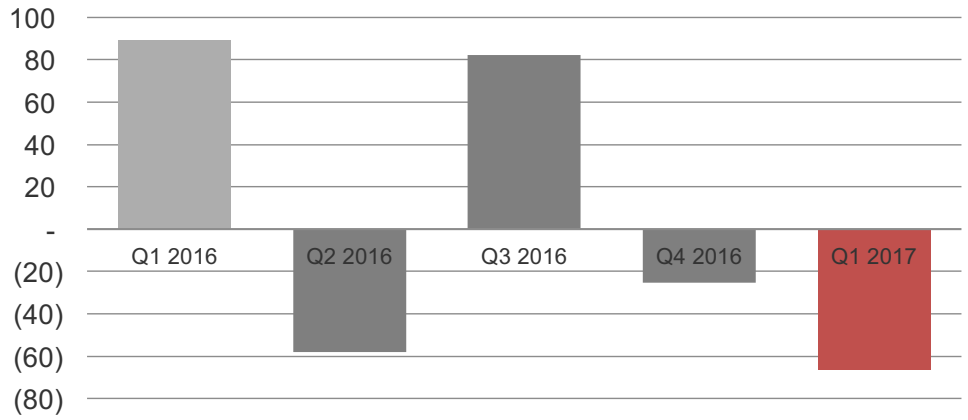
UK operations established

- BerGenBio Ltd established in Oxford, UK
  - To facilitate efficient management of UK based staff and facilities

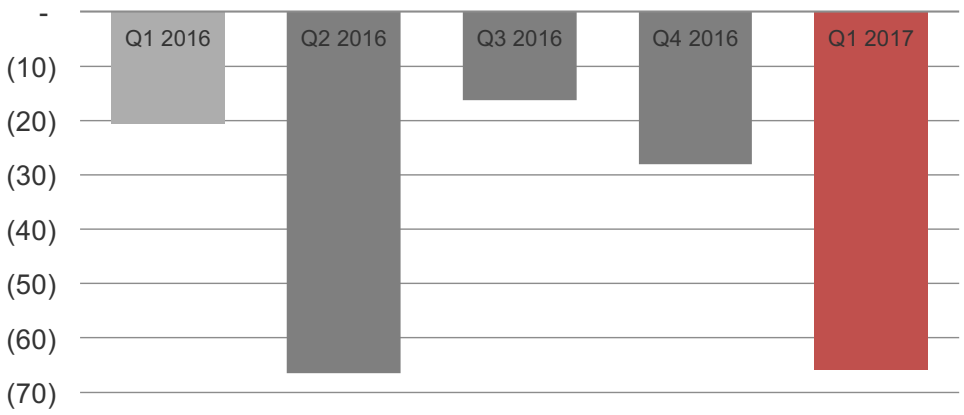
Key financials Q1 2017

(NOK million)	Q1 2017	Q1 2016	FY 2016
Operating revenues	-	-	-
Operating expenses	65.8	20.7	131.6
Operating profit (loss)	(65.8)	(20.7)	(131.6)
Profit (loss) after tax	**(65.1)**	**(20.3)**	**(129.8)**
Basic and diluted earnings (loss) per share (NOK)	(1.93)	(75.21)	(419.68)
Cash position end of period	95.4	163.2	161.8

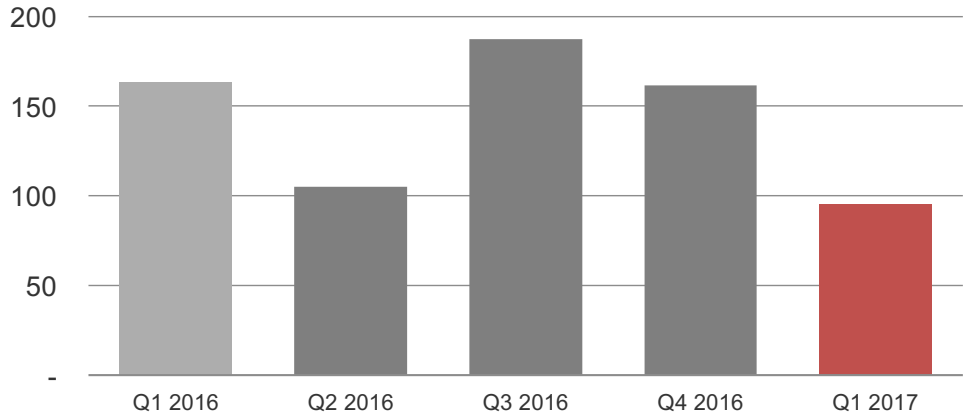
Cash flow



Operating loss



Cash position



- Operating expenses in Q1 2017 impacted by NOK 27.8 million (USD 3.3 million) Phase II milestone payment to Rigel Pharmaceuticals Inc.
- Net proceeds from the IPO approximately NOK 375 million – received in April
- NOK 15.7 million grant awarded from the Research Council of Norway to support investigator-led studies – terms being negotiated

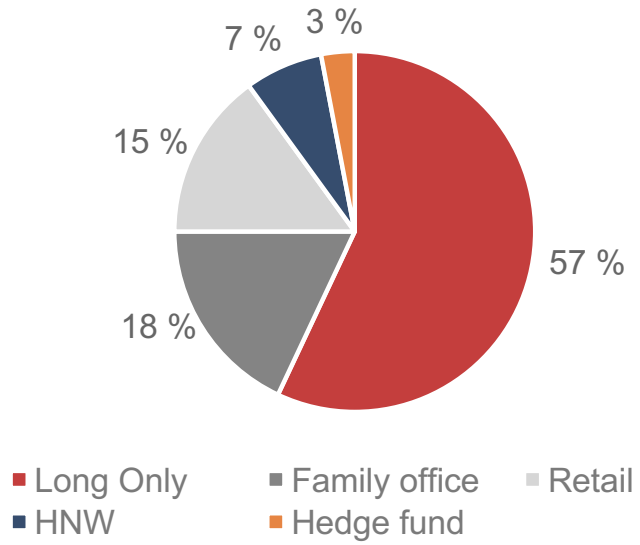
Shareholder base (post IPO)

SHAREHOLDER	# SHARES	%
METEVA AS	14,923,000	30.00
INVESTINOR AS	6,609,800	13.29
SARSIA SEED AS	2,117,900	4.26
VERDIPAPIRFONDET ALFRED BERG GAMBA	1,852,500	3.72
MP PENSJON PK	1,780,300	3.58
NORSK INNOVASJONSKAPITAL II AS	1,273,100	2.56
JPMORGAN CHASE BANK, N.A., LONDON	1,272,000	2.56
DATUM INVEST AS	1,209,200	2.43
SARSIA DEVELOPMENT AS	1,195,000	2.40
BERA AS	1,084,800	2.18
VPF NORDEA AVKASTNING	972,354	1.95
VERDIPAPIRFONDET ALFRED BERG NORGE	845,000	1.70
KLP AKSJENORGE	830,067	1.67
VERDIPAPIRFONDET HANDELSBANKEN	720,000	1.45
VPF NORDEA KAPITAL	700,000	1.41
KOMMUNAL LANDSPENSJONSKASSE	627,188	1.26
VERDIPAPIRFONDET ALFRED BERG AKTIV	552,500	1.11
BIRK VENTURE AS	552,063	1.11
STATOIL PENSJON	440,000	0.88
VERDIPAPIRFONDET NORDEA NORGE PLUS	360,000	0.72

Share facts

Currency	NOK
Market	Oslo (NOK)
ISIN code	NO0010650013
Ticker code	BGBIO
Industry	Biotechnology
Market Capitalization	NOK 1.1 bn
Number of Shares	49,742,200
Number of shareholders	1,854

Shareholding by investor type in IPO



Updated as of 22th May 2017

Strategic value drivers

- **First-in-class drugs** targeting aggressive cancers
- **$11bn addressable market** just from ongoing sponsored studies

- **BGB324 in multiple phase II studies**
  - Single agent & in combination with current standard of care and checkpoint inhibitors
  - Demonstrate broad potential of BGB324 in many different cancers
  - Collaboration with Merck
  - Companion Diagnostic to enrich future trials, accelerate approval, higher reimbursement
  - Clear Phase III & registration strategy

- **Pipeline of drug candidates** (in addition to BGB324)
  - BGB149, an anti-Axl monoclonal antibody, differentiated from BGB324
  - Axl ADC drug candidate - partnered program with ADC Therapeutics S.a.r.L.

- **Commercialization:** Strategic flexibility retained:
  - High value, first-in-class drug candidates are attractive targets for partnering and M&A
  - Go-to market possibilities in enriched patient populations
  - High visibility with strong news flow and multiple value driving inflection points

Key progress and future milestones

Lung cancer (NSCLC) study with BGB324 in combination with TARCEVA opened (first and second line cohorts)	✔
IPO – NOK 400m to fund BGB324 Phase II clinical program and BGB149 into the clinic	✔
Data presentations as American Association for Cancer Research (AACR)	✔
Investigator-led Phase II trial opened, first NSCLC patients dosed with BGB324 in combination with docetaxel	✔
Investigator-led Phase II trial opened, first melanoma patients dosed with BGB324 in combination with KEYTRUDA or targeted therapy	✔
Phase II – TNBC study with BGB324 in combination with KEYTRUDA	Q2 2017
Phase II – Advanced lung cancer study with BGB324 in combination with KEYTRUDA	Q2 2017
Presentation of interim data from Phase II study of BGB324 in AML/MDS	2H 2017
Presentation of Interim data from Phase II study of BGB324 in EGFR+ NSCLC	2H 2017
Initiation of Phase I for BGB149	2H 2018
Phase II Clinical proof-of-concept data from BGB324 studies	**2H 2018**
- AML/MDS - single agent/combination	
- NSCLC (EGFR+) – combination with erlotinib	
- NSCLC (adenocarcinoma) – combination with KEYTRUDA	
- TNBC – combination with KEYTRUDA	

Summary and outlook

- Multiple Phase II programs with BGB324 are open and recruiting (4/6)
- Strong financial position to advance clinical and pipeline development through high-value inflection points
- Strong news flow drives value and supports high industry profile
- Continued corporate development to strengthen teams and drive the strategy
- Clear strategy to develop and commercialize assets

BerGenBio

Thank you.

For further information please visit www.bergenbio.com

Developing first-in-class drugs to treat aggressive cancer

Glossary

AA	Accelerated approval
ADC	Antibody drug conjugate
ALK	Alkaline phosphatase
AML	Acute myeloid leukemia
BLA	Biologic license application
BT	Breakthrough therapy
CAB	Clinical advisory board
CBR	Clinical benefit rate
CDx	Companion diagnostic
CLIA	Clinical Laboratory Improvement Amendments
CLL	Chronic lymphocytic leukemia
CPI	Checkpoint inhibitor
CR	Complete response
CTL	Cytotoxic T-lymphocytes
ECG	Electrocardiogram
EGFR	Epidermal growth factor receptor
ELISA	Enzyme-linked immunosorbent assay
EMT	Epithelial-to-mesenchymal transition
EU5	France, Germany, Italy, Spain, United Kingdom
FDA	US Food and Drug Administration
GLP	Good Laboratory Practice
IHC	Immunohistochemistry
mAb	Monoclonal antibody
MDS	Myeloid dysplastic syndrome
NDA	New drug application
NSCLC	Non-small cell lung cancer
pAxl	Phosphorylated Axl (activated Axl)
PD	Progressive disease
PR	Partial response
RCC	Renal carcinoma
RP2D	Recommended Phase II Dose
RTK	Receptor tyrosine kinase
TAM	Tyro, Axl, Mer (family of kinases)
TNBC	Triple negative breast cancer
sAxl	Soluble Axl
SD	Stable disease
SoC	Standard of Care
QTcF	QT inverval, a measure of time in the heart’s electrical cycle