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Genscript Biotech Corporation

金斯瑞生物科技股份有限公司 *

(Incorporated in the Cayman Islands with limited liability)

(Stock Code: 1548)

VOLUNTARY ANNOUNCEMENT RESEARCH AND DEVELOPMENT UPDATE

The board (the “**Board**”) of directors (the “**Directors**”) of the Genscript Biotech Corporation (“**Company**”) is pleased to announce that Legend Biotech Corporation (“**Legend Biotech**”), a non-wholly owned subsidiary of the Company, whose shares are listed by way of American Depositary Shares on the Nasdaq Global Select Market in the United States (the “**U.S.**”), announced that eight company-sponsored abstracts were accepted at the 2022 American Society of Clinical Oncology Annual Meeting (the “**2022 ASCO Annual Meeting**”) and at the 2022 Hybrid Congress of European Hematology Association (“**2022 EHA Hybrid Congress**”).

The presentations will provide updates from the CARTITUDE clinical development program, which evaluates ciltacabtagene autoleucel (CARVYKTI™, cilta-cel), a B-cell maturation antigen (“**BCMA**”)-directed chimeric antigen receptor T-cell (“**CAR-T**”) therapy, for multiple myeloma (“**MM**”).

Longer-term results from CARTITUDE-1, two years following the last patient in, will be presented as posters at the 2022 ASCO Annual Meeting and 2022 EHA Hybrid Congress. CARTITUDE-1 is a Phase 1b/2 study in heavily pretreated patients with relapsed or refractory multiple myeloma (“**RRMM**”), which supported the recent approval of CARVYKTI™ by the U.S. Food and Drug Administration (“**FDA**”).

Updated data from Cohorts A and B of the CARTITUDE-2 study will also be presented. The multicohort study evaluates the safety and efficacy of cilta-cel in various MM settings including earlier lines. Data from Cohort A, which includes patients who had progressive MM after 1-3 prior lines of therapy and were lenalidomide-refractory, will be presented as a poster discussion at the 2022 ASCO Annual Meeting and as a poster at the 2022 EHA Hybrid Congress. Data from Cohort B, which includes patients who experienced early relapse after initial therapy including a proteasome inhibitor and an immunomodulatory drug, will be presented as a poster at the 2022 ASCO Annual Meeting and an oral presentation at the 2022 EHA Hybrid Congress. Additional data will also be presented at both meetings including analyses from the real-world LocoMMotion study, a prospective multinational study of real-life standard of care treatments in routine clinical practice for patients with RRMM.

A selected list of abstracts from the meetings can be found below.

Presentations at the 2022 ASCO Annual Meeting (3–7 June 2022)

Abstract No.	Title	Information
Abstract #8028 Poster	Phase 1b/2 study of ciltacabtagene autoleucel, a BCMA-directed CAR-T cell therapy, in patients with relapsed/refractory multiple myeloma (CARTITUDE-1): Two years post-LPI	Session : Hematologic Malignancies Title — Plasma Cell Dyscrasia Date/ : Saturday, 4 June 2022, Time 9:00AM–12:00PM EDT Location : Hall A & On Demand
Abstract #8020 Poster Discussion	Biological correlative analyses and updated clinical data of ciltacabtagene autoleucel (cilta-cel), a BCMA-directed CAR-T cell therapy, in lenalidomide (len)-refractory patients (pts) with progressive multiple myeloma (MM) after 1–3 prior lines of therapy (LOT): CARTITUDE-2, cohort A	Session : Hematologic Malignancies Title — Plasma Cell Dyscrasia Date/ : Saturday, 4 June 2022, Time 5:30–7:00PM EDT Location : Hall A, E451 & On Demand
Abstract #8029 Poster	Biological correlative analyses and updated clinical data of ciltacabtagene autoleucel (cilta-cel), a BCMA-directed CAR-T cell therapy, in patients with multiple myeloma (MM) and early relapse after initial therapy: CARTITUDE-2, cohort B	Session : Hematologic Malignancies Title — Plasma Cell Dyscrasia Date/ : Saturday, 4 June 2022, Time 9:00AM–12:00PM EDT Location : Hall A & On Demand
Abstract #8031 Poster	Subgroup analyses in patients with relapsed/refractory multiple myeloma (RRMM) receiving real-life current standard of care (SOC) in the LocoMMotion study	Session : Hematologic Malignancies Title — Plasma Cell Dyscrasia Date/ : Saturday, 4 June 2022, Time 9:00AM–12:00PM EDT Location : Hall A & On Demand
Abstract #8030 Poster	Health-related quality of life (HRQoL) in patients with relapsed/refractory multiple myeloma (RRMM) receiving real-life current standard of care (SOC) in the LocoMMotion study	Session : Hematologic Malignancies Title — Plasma Cell Dyscrasia Date/ : Saturday, 4 June 2022, Time 9:00AM–12:00PM EDT Location : Hall A & On Demand

Presentations at the 2022 EHA Hybrid Congress (9–12 June 2022)

Abstract No.	Title	Information
Publication #S185 Oral Presentation	CARTITUDE-2 Cohort B: Updated Clinical Data and Biological Correlative Analysis of Ciltacabtagene Autoleucel in Patients with Multiple Myeloma and Early Relapse After Initial Therapy	Session : Relapsed/refractory myeloma: BCMA-directed therapies Title Date/ : Sunday, 12 June 2022, Time : 4:30–5:45PM CEST Location : Hall A2-A3
Publication #P961 Poster	Ciltacabtagene Autoleucel, a BCMA-Directed CAR-T Cell Therapy, in Patients with Relapsed/Refractory Multiple Myeloma: 2-Year Post LPI Results from the Phase 1b/2 CARTITUDE-1 Study	Session : Poster session Title Date/ : Friday, 10 June 2022, Time : 4:30–5:45PM CEST
Publication #P959 Poster	Ciltacabtagene Autoleucel in Lenalidomide-Refractory Patients with Progressive Multiple Myeloma After 1-3 Prior Lines of Therapy: CARTITUDE-2 Biological Correlative Analyses and Updated Clinical Data	Session : Poster session Title Date/ : Friday, 10 June 2022, Time : 4:30–5:45PM CEST
Publication #P899 Poster	Real-world Assessment of Treatment Patterns and Outcomes in Patients with Lenalidomide-Refractory Relapsed/Refractory Multiple Myeloma from the Optum Database	Session : Myeloma and other monoclonal gammopathies — Clinical Title Date/ : Friday, 10 June 2022, Time : 4:30–5:45PM CEST
Publication #P958 Poster	Real-life Current Standard of Care in Patients with Relapsed/Refractory Multiple Myeloma: Subgroup Analyses from the LocoMMotion Study	Session : Poster session Title Date/ : Friday, 10 June 2022, Time : 4:30–5:45PM CEST
Publication #P960 Poster	Health-related quality of life in the LocoMMotion study of Real-Life Current Standard of Care in Patients with Relapsed/Refractory Multiple Myeloma.	Session : Poster session Title Date/ : Friday, 10 June 2022, Time : 4:30–5:45PM CEST

Abstract No.	Title	Information
Publication #P971 Poster	Adjusted Comparison of Patient Reported Outcomes from CARTITUDE-1 and LocoMMotion Comparing Ciltacabtagene Autoleucel Versus Real World Clinical Practice in Triple-Class Exposed Multiple Myeloma	Session : Myeloma and other Title monoclonal gammopathies — Clinical Date/ : Friday, 10 June 2022, Time 4:30–5:45PM CEST
Publication #P904 Poster	Ciltacabtagene Autoleucel vs Treatments from Real-World Clinical Practice for Triple Class Exposed Patients with Multiple Myeloma: Adjusted Comparisons Based on CARTITUDE-1 and the EMMY French Cohort	Session : Myeloma and other Title monoclonal gammopathies — Clinical Date/ : Friday, 10 June 2022, Time 4:30–5:45PM CEST

About CARVYKTI™ (Ciltacabtagene autoleucel; cilta-cel)

CARVYKTI™ is a BCMA-directed, genetically modified autologous T-cell immunotherapy, which involves reprogramming a patient's own T-cells with a transgene encoding a chimeric antigen receptor (CAR) that identifies and eliminates cells that express BCMA. BCMA is primarily expressed on the surface of malignant MM B-lineage cells, as well as late-stage B-cells and plasma cells. The CARVYKTI™ CAR protein features two BCMA targeting single domain antibodies designed to confer high avidity against human BCMA. Upon binding to BCMA-expressing cells, the CAR promotes T-cell activation, expansion, and elimination of target cells.

In December 2017, Legend Biotech entered into an exclusive worldwide license and collaboration agreement with Janssen Biotech, Inc. to develop and commercialize cilta-cel.

CARVYKTI™ received U.S. FDA approval for the treatment of adult patients with RRMM in February 2022. In April 2022, the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) conferred a positive opinion for the marketing authorization of CARVYKTI™ to the European Union. In addition to U.S. Breakthrough Therapy Designation granted in December 2019, cilta-cel received a Breakthrough Therapy Designation in China in August 2020. Cilta-cel also received Orphan Drug Designation from the U.S. FDA in February 2019 and from the European Commission in February 2020.

About CARTITUDE-1

CARTITUDE-1 (NCT03548207) is an ongoing Phase 1b/2, open-label, single arm, multi-center trial evaluating cilta-cel for the treatment of adult patients RRMM, who previously received at least three prior lines of therapy including a proteasome inhibitor (PI), an immunomodulatory agent (IMiD) and an anti-CD38 monoclonal antibody. Of the 97 patients enrolled in the trial, 99 percent were refractory to the last line of treatment and 88 percent were triple-class refractory, meaning their cancer did not respond, or no longer responds, to an IMiD, a PI and an anti-CD38 monoclonal antibody.

About CARTITUDE-2

CARTITUDE-2 (NCT04133636) is an ongoing Phase 2 multicohort study evaluating the safety and efficacy of cilta-cel in various clinical settings. Cohort A included patients who had progressive MM after 1–3 prior lines of therapy, including PI and IMiD, were lenalidomide refractory, and had no prior exposure to BCMA-targeting agents. Cohort B included patients with early relapse after initial therapy that included a PI and IMiD. The primary objective was to evaluate the percentage of patients with negative minimal residual disease (MRD).

About LocoMMotion

LocoMMotion (NCT04035226) is a prospective non-interventional study evaluating the safety and efficacy of real-life standard-of-care treatments under routine clinical practice over a 24-month period in patients with RRMM. This study aims to understand the effectiveness of current standards of care in heavily pretreated patients with RRMM (reflecting real-world practice in the patient population progressing after PIs, IMiDs and anti-CD38 antibodies).

Cautionary Note Regarding Forward-Looking Statements

Statements in this announcement about future expectations, plans and prospects, as well as any other statements regarding matters that are not historical facts, constitute “forward-looking statements” within the meaning of The Private Securities Litigation Reform Act of 1995. These statements include, but are not limited to, statements relating to Legend Biotech’s strategies and objectives; statements relating to CARVYKTI™, including Legend Biotech’s expectations for CARVYKTI™, such as Legend Biotech’s manufacturing and commercialization expectations for CARVYKTI™ and the potential effect of treatment with CARVYKTI™; statements about submissions for cilta-cel to, and the progress of such submissions with, the U.S. FDA, the European Medicines Agency (EMA), the Chinese Center for Drug Evaluation of National Medical Products Administration (CDE) and other regulatory authorities; the anticipated timing of, and ability to progress, clinical trials, including patient enrollment; the submission of Investigational New Drug (IND) applications to, and maintenance of such applications with, regulatory authorities; the ability to generate, analyze and present data from clinical trials; and the potential benefits of Legend Biotech’s product candidates. The words “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “will,” “would” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors. Legend Biotech’s expectations could be affected by, among other things, uncertainties involved in the development of new pharmaceutical products; unexpected clinical trial results, including as a result of additional analysis of existing clinical data or unexpected new clinical data; unexpected regulatory actions or delays, including requests for additional safety and/or efficacy data or analysis of data, or government regulation generally; unexpected delays as a result of actions undertaken, or failures to act, by our third party partners; uncertainties arising from challenges to Legend Biotech’s patent or other proprietary intellectual property protection, including the uncertainties involved in the U.S. litigation process; competition in general; government, industry, and general public pricing and other political pressures; the duration and severity of the COVID-19 pandemic and governmental and regulatory measures implemented in response to the evolving situation; as well

as the other factors discussed in the “Risk Factors” section of the Legend Biotech’s Annual Report filed with the Securities and Exchange Commission on 31 March 2022. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described in this announcement as anticipated, believed, estimated or expected. Any forward-looking statements contained in this announcement speak only as of the date of this press release. The Company and Legend Biotech specifically disclaims any obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.

Shareholders and potential investors of the Company are advised to pay attention to investment risks and exercise caution when they deal or contemplate dealing in the securities of the Company.

By Order of the Board
Genscript Biotech Corporation
Meng Jiange
Chairman and Executive Director

Hong Kong, 18 May 2022

As at the date of this announcement, the executive Directors are Mr. Meng Jiange, Ms. Wang Ye and Dr. Zhu Li; the nonexecutive Directors are Dr. Zhang Fangliang, Dr. Wang Luquan, Mr. Pan Yuexin and Ms. Wang Jiafen; and the independent nonexecutive Directors are Mr. Guo Hongxin, Mr. Dai Zumian, Mr. Pan Jiuan and Dr. Wang Xuehai.

* *For identification purposes only*