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
LEGEND BIOTECH ANNOUNCES PRESENTATIONS AT THE 2023 ASH ANNUAL MEETING

Reference is made to the announcement of Genscript Biotech Corporation (the "**Company**", together with its subsidiaries, the "**Group**") dated 2 November 2023.

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, has issued a press release on 11 December 2023 (New York Time) announcing Patient-Reported Outcome (PRO) data from the Phase 3 CARTITUDE-4 study from an oral presentation and data from two other presentations at the 2023 American Society of Hematology Annual Meeting (the "**ASH Annual Meeting**").

Patient-Reported Outcomes from the CARTITUDE-4 Study Showed Clinically Meaningful Improvements in Health-Related Quality of Life and Reductions in Multiple Myeloma Symptoms Following Treatment with CARVYKTI® (ciltacabtagene autoleucel)

PRO data from the Phase 3 CARTITUDE-4 study from an oral presentation at the ASH Annual Meeting (Abstract #1063) showed clinically meaningful improvement in health-related quality of life following a single CARVYKTI® (ciltacabtagene autoleucel; cilta-cel) infusion in adults lenalidomide-refractory multiple myeloma (MM) who received one to three prior lines of therapy (LOT), compared to patients treated with the standard of care (SOC) treatment regimens of either pomalidomide, bortezomib and dexamethasone (PVd) or daratumumab, pomalidomide and dexamethasone (DPd). The PRO data also demonstrated meaningful reductions in disease-specific symptoms after a single infusion for patients in the CARVYKTI® arm, while patients in the SOC treatment arm trended toward worsening or lower degrees of improvement from baseline for most domains and symptoms.

Eligible patients in the CARTITUDE-4 study had lenalidomide-refractory MM, and had one to three prior LOT, including a proteasome inhibitor (PI) and an immunomodulatory drug. 419 patients were randomized, with 208 patients in the CARVYKTI® arm and 211 patients in the SOC arm. At the clinical cut-off on 1 November 2022, 99 patients in the CARVYKTI® arm and 66 patients in the SOC arm had baseline and 12-month PRO assessments, representing data prior to disease progression. When compared to SOC, patients who received the CARVYKTI® infusion exceeded clinically meaningful thresholds for average improvement from

baseline to 12 months in global health status (10.1 points vs. -1.5 points), pain (-10.2 points vs. -3.9 points), and the visual analogue scale (8.0 points vs. 1.4 points).

When compared to SOC, the PRO data for CARVYKTI® neared clinically meaningful thresholds when evaluating improvements in fatigue (-9.1 points vs. 2.8 points) and emotional functioning (9.5 points vs. 2.2 points), and numerically favored CARVYKTI® for all other domains established by the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Core 30 (EORTC QLQ-C30; 100-point scale). The median time until MM symptom worsening in the CARVYKTI® arm was 23.7 months compared to 18.9 months in the SOC arm (hazard ratio [HR], 0.42), as measured with the Multiple Myeloma Symptom and Impact Questionnaire (MySIm-Q; 5-point scale).

CARTITUDE-4 As-Treated Analysis Illustrated Favorable Progression-Free Survival (PFS) Rate

An additional analysis of the CARTITUDE-4 study data was presented as a poster (Abstract #4866) at the ASH Annual Meeting. At the clinical cut-off, 176 of the 208 patients were randomized to the CARVYKTI® treatment arm. The median age of this patient population was 61 years and 34 percent had received 1 prior LOT. At a median follow-up of 16 months following randomization, 22 percent of patients received one bridging therapy cycle, 59 percent received two cycles and 18 percent received 3 cycles, and disease burden was effectively controlled across the as-treated patient set during bridging therapy.

At 12 months following infusion, the PFS rate was 85 percent, and the overall survival (OS) rate was 92 percent. Median PFS had not been reached. The overall response rate (ORR) was 99 percent and 86 percent of patients achieved complete response or better (>CR). Of the minimum residual disease- (MRD) evaluable patients (n=144), 77 percent achieved both MRD negativity and >CR.

The most common CAR-T cell-related toxicity was Cytokine Release Syndrome (CRS) at 76 percent (1 percent grade 3), the neurotoxicity rate was 21 percent (3 percent grade 3/4), and Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) occurred in 5 percent of patients (no grade 3/4). Other neurotoxicities occurred in 17 percent of patients (2 percent grade 3/4). By the clinical cut-off, CRS and ICANS had resolved in all patients.

Data from CARTITUDE-2 Cohorts A and B Demonstrated Deep and Durable Responses

During a second oral presentation, longer term efficacy and safety data from CARTITUDE-2 cohorts A and B were also presented at the ASH Annual Meeting (Abstract #1021). At a median follow-up of approximately 29 months, patients with lenalidomide-refractory MM after one to three lines of therapy (Cohort A) and those with early relapse (Cohort B) that were treated with CARVYKTI® in earlier lines of therapy experienced deep and durable responses.

In both Cohort A (n=20) and Cohort B (n=19), treatment with CARVYKTI® led to overall response rates of 95 percent (≥CR, 90 percent) and 100 percent (≥CR, 90 percent), respectively. In Cohort A, the 24-month PFS rate was 75 percent, and the 24-month OS rate was 75 percent. As for cohort B, the 24-month PFS and OS rates were 73 percent and 84 percent, respectively. There were no new CAR-T-related safety signals for Cohorts A and B, however one additional CAR-T related cell neurotoxicity (grade 2) was reported in cohort B.

Other Information

For details in relation to CARVYKTI® (ciltacabtagene autoleucel; cilta-cel), CARTITUDE-4, CARTITUDE-2 and Multiple Myeloma, please refer to the voluntary announcement of the Company dated 2 November 2023.

For details of the indications and usage, important safety information and warnings and precautions of CARVYKTI®, please refer to the press release as published on Legend Biotech's website available at https://investors.legendbiotech.com/press-releases.

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 expectations for cilta-cel, expectations for Legend Biotech's product candidates based on clinical trial results, the potential effect of treatment with cilta-cel 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 product 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 Legend Biotech's Annual Report on Form 20-F filed with the Securities and Exchange Commission on 30 March 2023 and other filings and furnishings made by Legend Biotech with the U.S. Securities and Exchange Commission on EDGAR at www.sec.gov. 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 announcement. The Group and Legend Biotech specifically disclaim any obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.

This announcement has been issued in the English language with a separate Chinese language translation. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

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, 12 December 2023

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

* *For identification purposes only*