**ALPHAMAB ONCOLOGY**

**康寧傑瑞生物製藥**

*(Incorporated in the Cayman Islands with limited liability)*

**(Stock Code: 9966)**

# VOLUNTARY ANNOUNCEMENT

# RESEARCH UPDATES ON A PHASE I/II CLINICAL STUDY OF JSKN003 FOR THE TREATMENT OF ADVANCED SOLID TUMORS FOR PRESENTATION AT 2024 ASCO ANNUAL MEETING

This announcement is made by Alphamab Oncology (the "**Company**", together with its subsidiaries, the "**Group**") on a voluntary basis to inform the shareholders (the "**Shareholders**") and potential investors of the Group about the latest business advancement of the Group.

The board (the "**Board**") of directors (the "**Directors**") of the Company is pleased to announce that the research results of a phase I/II clinical study (study code: JSKN003-102) ("**JSKN003-102**") of JSKN003 in patients with advanced solid tumors, have been presented during a poster session (Abstract number: 3031, Poster number: 176) at the 2024 ASCO Annual Meeting, which have also been presented at the Company's website at http://www.alphamabonc.com, correspondingly. Such research results are summarized as below.

## EVALUATION OF THE SAFETY, PHARMACOKINETICS AND EFFICACY OF JSKN003 IN PATIENTS WITH ADVANCED SOLID TUMORS: A PHASE I/II CLINICAL STUDY

JSKN003-102 is a phase I (dose escalation and dose expansion) and phase II (cohort expansion) study conducted in Chinese patients with advanced solid tumors. The research results of the phase I of JSKN003-102 are disclosed as below.

As of April 5, 2024, 46 patients were enrolled and received JSKN003 (Q3W) across six dose levels, among which,

- 1 patient at the dose of 2.1mg/kg, 10 patients at the dose of 4.2mg/kg, 14 patients at the dose of 5.2mg/kg, 15 patients at the dose of 6.3mg/kg, 3 patients at the dose of 7.3mg/kg, and 3 patients at the dose of 8.4mg/kg;

- 34 patients (73.9%) had at least three prior lines of systemic treatment, 28 patients (60.9%) had received anti-HER2 treatment and 21 patients (45.7%) had received anti-HER2 ADC treatment;

- 25 patients with BC, 11 patients with gastric cancer, 8 patients with colorectal cancer, 1 patient with lung cancer and 1 patient with ovarian cancer.

The median duration of treatment was 19.2 weeks (range: 3 to 52 weeks), with 26 patients (56.5%) remained on treatment.

- ***Safety:*** Among all the enrolled patients, 9 patients (19.6%) experienced grade 3 TRAEs, and no higher-grade TRAEs were observed. Treatment-related SAEs were reported in 3 patients (6.5%), with 1 patient experienced grade 3 nausea and 2 patients experienced grade 2 ILD. No DLT events were observed. Meanwhile, no TRAEs led to treatment discontinuation, and the trial has not yet reached the MTD.

- ***Pharmacokinetics:*** Following a single dose, the exposure of JSKN003 increased with dose escalation, and the mean half-life of JSKN003 was approximately 5 days for 6.3mg/kg. No significant accumulation was observed after four treatment cycles. The systemic exposure of free payload was significantly lower than that of JSKN003, demonstrating the stability of JSKN003 in circulation.

- ***Efficacy:*** Among the 45 evaluable patients, the ORR and DCR were 51.1% (95% CI: 35.8 to 66.3) and 93.3% (95% CI: 81.7 to 98.6), respectively. Specifically:

    - for patients with HER2 IHC 1+, IHC 2+ and IHC 3+, the ORR was 14.3% (95% CI: 0.4 to 57.9), 35.0% (95% CI: 15.4 to 59.2) and 83.3% (95% CI: 58.6 to 96.4), respectively;

    - for patients who received prior anti-HER2 treatment and prior anti-HER2 ADC treatment, the ORR was 57.1% (95% CI: 37.2 to 75.5) and 57.1% (95% CI: 34.0 to 78.2), respectively;

    - for the 15 patients with HER2-positive BC and the 5 patients with HER2-positive gastric cancer, the ORR was 73.3% (95% CI: 44.9 to 92.2) and 80.0% (95% CI: 28.4 to 99.5), respectively; and

    - for the 9 patients with HER2-low expressing BC and the 5 patients with HER2-low expressing gastric cancer, the ORR was 33.3% (95% CI: 7.5 to 70.1) and 20.0% (95% CI: 0.5 to 71.6), respectively.

**Conclusions:**

JSKN003 was well tolerated at doses ranging from 2.1mg/kg to 8.4mg/kg every 21 days.

- No DLT was observed, and the MTD has not been reached yet.

- The safety profile was manageable, with a low occurrence of hematotoxicity and ILD (2 patients experienced grade 2 ILD).

JSKN003 demonstrated encouraging anti-tumor activity in heavily pretreated patients during the dose escalation stage below the MTD.

- The ORR was 51.1% in all efficacy evaluable patients across HER2-low expressing and HER2-positive patients.

- For prior anti-HER2 treated patients, the ORR was 57.1%.

- For BC, the ORR was 73.3% in 15 HER2-positive patients and 33.3% in 9 HER2-low expressing patients.

**ABOUT JSKN003**

JSKN003 is a biparatopic HER2-targeting ADC, of which a topoisomerase I inhibitor is linked to the N-glycosylation site of the antibody KN026 (a recombinant humanized anti-HER2 bispecific antibody) via the glycosite-specific conjugation. The click reaction-based conjugation confers better serum stability than maleimide-Michael reaction-based conjugation. The biparatopic HER2 targeting enables JSKN003 to have a stronger internalization induction and bystander killing effect, leading to potent anti-tumor activity in HER2 expression tumors. Currently, a phase I clinical trial in Australia and phase I/II clinical trials in China of JSKN003 are undergoing. A phase III clinical trial of JSKN003 in China is also actively advancing.

**ABOUT THE COMPANY**

The Company is a leading biopharmaceutical company in China with a fully integrated proprietary biologics platform in bispecific and protein engineering. The Company's highly differentiated in-house pipeline consists of monoclonal antibodies, bispecific antibodies, and ADCs in staggered development status in oncology, including, among others, one approved for marketing by the National Medical Products Administration of China (國家藥品監督管理局) and three in late clinical stage. The Company has developed various technologies and platforms of antibody-based therapies for oncology treatment and expertise in this regard. Benefitting from the proprietary protein engineering platforms and structure-guided molecular modeling expertise, the Company is able to create a new generation of multi-functional biological drug candidates that could potentially benefit patients globally.

**DEFINITIONS AND GLOSSARY OF TECHNICAL TERMS**

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| "2024 ASCO Annual Meeting" | the 2024 annual meeting of American Society of Clinical Oncology, the world's leading professional organization for physicians and oncology professionals caring for people with cancer |
| "95% CI" | 95% confidence interval, a commonly used concept in biostatistics, meaning in approximately 95 out of 100 times, the interval will contain the true mean value |
| "ADC(s)" | antibody-drug conjugate(s) |
| "BC" | breast cancer |
| "China" | the People's Republic of China |
| "DCR" | disease control rate |
| "DLT" | dose-limiting toxicities |
| "HER2" | human epidermal growth factor receptor 2 |

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| "IHC" | Immunohistochemistry, which tests whether or not the cancer cells have HER2 receptors and/or hormone receptors on their surface. If the IHC results are 1+, diagnosis is HER2 low expression; if the IHC results are 2+, the HER2 status is not clear, and it needs to be tested with *in situ* hybridization to clarify the result; and if the IHC results are 3+, diagnosis is HER2-positive |
| "ILD" | interstitial lung disease |
| "MTD" | maximum tolerated dose |
| "ORR" | objective response rate |
| "Q3W" | once every three weeks |
| "SAE(s)" | serious adverse event(s) |
| "TRAE(s)" | treatment-related adverse event(s) |
| "%" | per cent |

**Cautionary Statement required by Rule 18A.05 of the Rules Governing the Listing of Securities on The Stock Exchange of Hong Kong Limited:** The Company cannot guarantee that it will be able to develop and/or ultimately market JSKN003 and KN026 successfully. Shareholders and potential investors of the Company are advised to exercise due care when dealing in the shares of the Company.

By Order of the Board
**Alphamab Oncology**
**Dr. XU Ting**
*Chairman and Executive Director*

Hong Kong, June 3, 2024

*As at the date of this announcement, the Board comprises Dr. XU Ting as the chairman of the Board and executive Director and Ms. LIU Yang as executive Director, and Dr. GUO Zijian, Mr. WEI Kevin Cheng and Mr. WU Dong as independent non-executive Directors.*