Transcenta Holding Limited

創勝集團醫藥有限公司

(registered by way of continuation in the Cayman Islands with limited liability)

(Stock Code: 6628)

VOLUNTARY ANNOUNCEMENT

BUSINESS UPDATE ON OSEMITAMAB (TST001) FOR G/GEJ CANCER WITH NEW OS DATA FROM FIRST-LINE TRIPLE COMBO TRIAL UNVEILED AT 2025 ASCO ANNUAL MEETING

Key Efficacy Outcomes

- ***Median overall survival (mOS) was 20.4 months in all 82 patients enrolled.***
- ***In 26 patients with CLDN18.2 expression ≥40% (2+ intensity) and known PD-L1 CPS, mOS reached 21.7 months, mPFS 16.6 months, cORR 68%, and mDoR 16.5 months at a 22.6-month median follow-up.***

This announcement is made by Transcenta Holding Limited (the "**Company**") on a voluntary basis to inform the shareholders and potential investors of the Company about the latest business update. Capitalized terms used herein but no otherwise defined shall have the same meaning ascribed thereto in the prospectus of the Company dated September 14, 2021

The board of directors of the Company (the "**Board**") is pleased to announce the updated results from the Cohort-G of an ongoing Phase II trial for Osemitamab (TST001) plus Nivolumab and CAPOX as the first-line treatment for patients with advanced G/GEJ cancer (TranStar102). The findings were showcased in a poster presentation (Abstract #4032) at the 2025 ASCO Annual Meeting in Chicago, IL, U.S..

New data, reinforcing earlier encouraging results from the Osemitamab (TST001) triple combo trial, revealed a median overall survival (mOS) of 20.4 months in all the 82 patients enrolled in the study regardless of CLDN18.2 status at a median follow-up of 22.6 months. In the 26 patients who have CLDN18.2 expression on at least 40% of the tumor cells with 2+ or higher staining intensity (≥40%, ≥2+) per 14G11 IHC LDT assay and PDL1 known, the mOS reached 21.7 months and the median progression-free survival (mPFS) was 16.6 months. The confirmed objective response rate (cORR) was 68% with a median duration of response (mDoR) of 16.5 months in this population.

The safety profile from the updated data was consistent with previously presented data (2024 ESMO poster), and was primarily characterized by manageable on-target-off-tumor effects, such as nausea, vomiting and hypoalbuminemia, most of which were Grade 1 or 2 in severity.

Osemitamab (TST001) is the second most advanced CLDN18.2-targeting antibody in global development and has received Orphan Drug Designation from the U.S. FDA for the treatment of patients with gastric or gastroesophageal junction (G/GEJ) and pancreatic cancers. Patient enrollment for the Phase I/II clinical trial in China (NCT04495296) is complete, and the study is now in the follow-up stage. Phase III trial initiation is currently underway.

"The updated Cohort-G data indicates that Osemitamab (TST001), when used in combination with checkpoint inhibitor and chemotherapy, can deliver prolonged overall survival and progression-free survival benefits especially for patients with CLDN18.2≥40%, ≥2+ expression regardless of PD-L1 CPS compared with the historical data of existing standard of cares or emerging therapies," said Dr. Charlie Qi, the Company's Executive Vice President, Head of Global Clinical Development, "These favorable outcomes deepen our commitment to advance this treatment through accelerated clinical trials, with the ultimate goal of making it available to patients globally."

"Our confidence in the Osemitamab (TST001) triple combo trial is further strengthened by this updated Cohort-G data," said Professor Lin Shen, Director, department of Gastrointestinal Oncology and Phase I Clinical Trial Center at Peking University Cancer Hospital; and Principal Investigator of the trial, "These promising data suggest that Osemitamab (TST001) can offer meaningful clinical benefits to patients with advanced G/GEJ cancer, improving their survival and quality of life."

A brief profile of the study is as follows:

Cohort-G from Transtar102 study (NCT04495296) was designed to evaluate the safety and preliminary efficacy of Osemitamab (TST001) plus Nivolumab and CAPOX as the first-line treatment for patients with G/GEJ cancer. Key eligible criteria included HER2 negative or unknown, unresectable locally advanced or metastatic G/GEJ cancer, regardless of CLDN18.2 or PD-L1 expression and treatment naïve for advanced disease. CLDN18.2 and PD-L1 status were analyzed retrospectively using IHC 14G11 LDT assay and PD-L1 IHC 28-8 pharmDx at a central laboratory.

About Osemitamab (TST001)

Osemitamab (TST001) is a high affinity humanized anti-CLDN18.2 monoclonal antibody with enhanced antibody-dependent cellular cytotoxicity ("**ADCC**"). It has shown potent anti-tumor activities in tumor xenograft models. Osemitamab (TST001) is the second CLDN18.2 targeting antibody being developed globally. Osemitamab (TST001) was generated using the Company's Immune Tolerance Breaking Technology (IMTB) platform. Osemitamab (TST001) kills CLDN18.2 expressing tumor cells by mechanisms of ADCC. Leveraging advanced bioprocessing technology, the fucose content of Osemitamab (TST001) was significantly reduced during the production, which further enhanced NK cells mediated ADCC activity of Osemitamab (TST001). Osemitamab (TST001) has been granted Orphan Drug Designation in the U.S. by FDA for the treatment of patients with gastric or gastroesophageal junction (G/GEJ) and pancreatic cancer.

Cautionary statement: We cannot guarantee that we will be able to develop, or ultimately market Osemitamab (TST001) 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
Transcenta Holding Limited
Xueming Qian
Executive Director, Chairman and Chief Executive Officer

Hong Kong, June 2, 2025

As at the date of this announcement, the board of directors of the Company comprises Dr. Xueming Qian as executive Director, chairman and chief executive officer, Dr. Li Xu as non-executive Director and Mr. Jiasong Tang, Mr. Zhihua Zhang, Dr. Kumar Srinivasan and Ms. Helen Wei Chen as independent non-executive Directors.