TransThera Sciences (Nanjing), Inc.
藥捷安康(南京)科技股份有限公司

(A joint stock company incorporated in the People's Republic of China with limited liability)

(Stock Code: 2617)

VOLUNTARY ANNOUNCEMENT

TransThera Sciences (Nanjing), Inc. announces poster presentation for pivotal phase II trial clinical data of Tinengotinib monotherapy in pre-treated FGFR2-altered cholangiocarcinoma at 2026 ASCO

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

The Company announced the poster presentation at the 2026 American Society of Clinical Oncology (ASCO) in Chicago to discuss the clinical data of tinengotinib monotherapy in Chinese patients with advanced, fibroblast growth factor receptor (FGFR) inhibitor refractory/relapsed cholangiocarcinoma (CCA).

Title: Tinengotinib (TT-00420) in Advanced/Metastatic FGFR2-Altered Cholangiocarcinoma Following Prior Chemotherapy and FGFR inhibitor treatment: Results from a Phase II Study (FIRST-08)

Form of Presentation: Poster
Poster Board: 116
Presentation Time: May 30, 2026, 9:00 AM-12:00 PM CDT

FGFR inhibitors have a proven role in the treatment of chemotherapy-refractory, FGFR2-altered CCA. However, subsequent treatment options for advanced CCA after failure of chemotherapy and FGFR inhibitor are limited. Tinengotinib (TT-00420), a novel multikinase inhibitor, potently inhibited FGFR2 fusion/rearrangement and acquired resistant FGFR2 kinase domain mutations. Here the efficacy and safety of tinengotinib in FGFR2-altered CCA patients who have progressed on prior FGFR inhibitor are presented. The results were from an open-label, multicenter Phase II study conducted in China (FIRST-08).

Results:

As of December 27, 2025, 50 patients with advanced CCA were enrolled and treated with tinengotinib (10 mg once daily). Median follow-up time was 12.0 months. All patients had at least one line of chemotherapy, and one prior FGFR inhibitor. 40% had ≥ 3 prior systemic regimens. 66% had prior immunotherapy, and 46% had received other targeted therapies beyond FGFR inhibitor.

- Tinengotinib demonstrated durable clinical anti-tumor activity and a manageable safety profile in heavily pretreated CCA patients with FGFR2 fusion/rearrangement following prior chemotherapy and FGFR inhibitor therapy.

  - The objective response rate (ORR) by blinded independent central review (BICR) was 28.0% with 14 confirmed partial responses, and median duration of response (DoR) was 8.5 (5.6~12.5) months. The disease control rate (DCR) was 82.0%.

  - The median progression free survival (PFS) was 6.1 (4.4~8.3) months.

  - The median overall survival (OS) was 20.7 (11.8~ -) months, with the 18 months survival rate 51.8%.

- A global phase III pivotal study is currently open to further evaluate the efficacy and safety of tinengotinib in FGFR2-altered CCA patients who progressed on chemotherapy and FGFR inhibitor. (NCT05948475).

- Meanwhile, a domestic Phase III confirmatory trial is underway to evaluate the efficacy and safety of Tinengotinib versus chemotherapy in patients with unresectable advanced or metastatic intrahepatic CCA harboring FGFR2 fusion/rearrangement or mutation, who have relapsed or progressed following first-line systemic therapy in the prior treatment. (CTR20255200)

About Tinengotinib

Tinengotinib is an internally discovered, NDA stage, multi-kinase inhibitor that exerts antitumor effects by targeting FGFRs/VEGFRs, mitotic kinases Aurora A/B and Janus kinases (JAK). Ongoing clinical trials conducted globally have revealed the potential of tinengotinib to be efficacious in various solid tumors, such as cholangiocarcinoma, prostate cancer, breast cancer, and liver cancer. It was granted the Orphan Drug Designation (ODD) and Fast Track Designation (FTD) by the FDA for the treatment of CCA, the Orphan Drug Designation (ODD) for the treatment of biliary tract cancer by the European Medicines Agency (EMA), the Priority Review and Approval Procedure and the Breakthrough Therapy Designation (BTD) by the National Medical Products Administration (NMPA) in China for the treatment of CCA.

Warning under Rule 18A.08(3) of the Listing Rules: There is no assurance that the relevant products will ultimately be successfully developed and marketed by the Company.

By order of the Board
TransThera Sciences (Nanjing), Inc.
藥捷安康(南京)科技股份有限公司
Dr. Frank Wu
Chairman and Chief Executive Officer

Hong Kong, 31 May, 2026

As at the date of this announcement, the Board comprises: (i) Dr. Frank Wu and Mr. Wu Di as executive directors; (ii) Ms. Jia Zhongxin as a non-executive director; and (iii) Mr. Li Shu Pai, Ms. Chui Hoi Yam and Ms. Zheng Zhelan as independent non-executive directors.