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GenFleet Therapeutics (Shanghai) Inc.
勁方醫藥科技(上海)股份有限公司
(A joint stock company incorporated in the People's Republic of China with limited liability)
(Stock Code: 2595)

VOLUNTARY ANNOUNCEMENT
Favorable Phase II Efficacy Data of GFH375 (Oral KRAS G12D Inhibitor) Monotherapy in Pretreated NSCLC Presented in Oral Session at 2026 World Conference on Lung Cancer (WCLC)

This announcement is made by GenFleet Therapeutics (Shanghai) Inc. (the "**Company**" or "**GenFleet**", together with its subsidiaries, the "**Group**") on a voluntary basis to inform the shareholders and potential investors of the Company about the latest business updates of the Group.

The board of directors of the Company (the "**Board**") is pleased to announce the updated phase II data of GFH375 monotherapy in pretreated KRAS G12D-mutant non-small cell lung cancer (NSCLC) were released in an oral presentation at the World Conference on Lung Cancer (WCLC) on September 14 local time in Seoul. The presentation demonstrated encouraging efficacy of GFH375 at the 600 mg QD dose level in NSCLC patients, with nearly 100% of enrolled patients having distant metastases and over 40% having received at least two prior lines of therapy. As of the data cutoff date, 71 patients had undergone at least one post-treatment evaluation, with an objective response rate (ORR) of 59.2%, a confirmed objective response rate (cORR) of 52.1% and a disease control rate (DCR) of 93%. In addition, the median progression-free survival (mPFS) reached 9.6 months (with median follow-up time of 11 months) among taxane-naïve patients, and the 12-month overall survival rate (OS rate) was 77% (with median follow-up time of 11.2 months) among all patients.

"It is the second selection of GFH375's NSCLC study data into the WCLC annual meeting, demonstrating encouraging efficacy in a larger patient population for pretreated NSCLC. Building on phase I/II data, GFH375 was the first to have received Breakthrough Therapy Designation (BTD) in China for pretreated KRAS G12D-mutant NSCLC and has entered the world's first phase III study of an oral KRAS G12D inhibitor in NSCLC ('Kylin-Flight 01') this year. GenFleet features a comprehensive RAS-inhibiting portfolio spanning diverse targets, molecular modalities and clinical programs, including GFH375 that is being evaluated in both monotherapy and first-line combination regimens for NSCLC. We are confident in advancing the 'Kylin-Flight 01' study and look forward to

continued positive progress of multiple GFH375 regimens." stated Yu Wang, M.D., Ph.D., Chief Medical Officer of GenFleet.

Oral Presentation: Efficacy and Safety of GFH375 Monotherapy in Advanced KRAS G12D-Mutant NSCLC Patients (Abstract No. 2333)
Presenter: Prof. Ziming Li, Shanghai Chest Hospital

As of September 4, 2026, 75 patients with KRAS G12D-mutant NSCLC were orally administered with GFH375 at 600 mg QD, of whom 98.7% had distant metastases, including bone metastases (37.3%), brain metastases (16%), and liver metastases (13.3%). All patients had received prior platinum-based chemotherapy and immune checkpoint inhibitor (ICI) therapy before the enrollment (90.7% had received these two prior therapies concurrently); 42.7% had received at least two prior lines of therapy; 38.7% had received taxanes (including docetaxel); 64% had received ICI therapy within 90 days prior to their first GFH375 dosing. The mPFS was 8.3 months among all the patients and was 8.1 months among taxane-pretreated patients; the median OS (mOS) was not reached.

As of June 17, 2026, a total of 75 patients treated with GFH375 monotherapy demonstrated manageable safety and tolerability. The most common treatment-related adverse events (TRAEs) included diarrhea, vomiting, and nausea; the majority were graded 1-2 and recovered with supportive treatments. Grade≥3 TRAEs were primarily diarrhea and ALT elevation. TRAEs were generally manageable with no TRAEs-related deaths. No new safety signals were observed compared with previously reported GFH375 monotherapy safety data. The study data suggested that compared with patients taking ICI (anti-PD1/PD-L1 antibody) over 90 days before the first dosing of GFH375, those with ICI exposure within 90 days showed poorer safety and tolerability, especially with higher rates of grade≥3 TRAEs including hepatotoxicity (16.7% vs 0%).

About GFH375/VS-7375

GFH375 is an orally active, potent, highly selective small-molecule KRAS G12D (ON/OFF) inhibitor designed to bind to the protein of KRAS G12D non-covalently, blocking its interaction with downstream effector proteins and thereby disrupting the sustained activation of downstream pathways and effectively inhibiting tumor cell proliferation. Preclinical studies demonstrated dose-and duration-dependent inhibition of tumor growth by GFH375 monotherapy; GFH375 also demonstrated low off-target risk in kinase selectivity and safety target assays. GenFleet entered into a license and early-stage development collaboration with Verastem Oncology ("**Verastem**") to advance three novel oncology discovery programs related to RAS/MAPK pathway-driven cancers. The collaboration provides Verastem with an exclusive option to obtain a license for each of the three compounds in the collaboration after the successful completion of pre-determined milestones in a Phase I trial. Verastem selected GFH375/VS-7375, an oral KRAS G12D (ON/OFF) inhibitor, as its lead program from the collaboration in December 2023 and the license for GFH375 that was exercised in January 2025 is the first one from this collaboration. The licenses would give Verastem development and commercialization rights outside of China while GenFleet would retain rights inside of China.

Forward-looking Statements

Specific information in this announcement may contain or constitute forward-looking words that are not historical facts. They can be identified by using forward-looking terminology, such as “predict”, “believe”, “plan”, “forecast”, “expect”, “will”, “may”, “should” and other words of similar meanings. Based on the management’s current beliefs, plans, estimates and expectations of the Company’s operation and market trends subject to changes beyond control, the forward-looking terminology reflects the Company’s beliefs, plans, estimates and expectations of future development. Actual outcome in the future may differ significantly from forward-looking words owing to market, policy, and R&D uncertainties, among others. Subject to the above-mentioned uncertainties, the Company makes no expressed or implied guarantee as to the accuracy, completeness or feasibility of this presentation, and you are cautioned not to solely rely on such forward-looking words. Neither the company nor any of its directors, officers, employees, shareholders, agents, related parties, consultants or representatives will be liable to you or any other person for consequences resulting from using this presentation. Investors are advised to exercise due diligence with reference to the company’s official disclosures for decision-making.

GLOSSARY OF TECHNICAL TERMS

「ALT」	Alanine Aminotransferase
「BTD」	Breakthrough Therapy Designation
「cORR」	confirmed overall response rate
「cPR」	confirmed partial response
「DCR」	disease control rate
「ICI」	immune checkpoint inhibitor
「KRAS」	Kirsten RAS, a member of the RAS family of proteins
「MAPK」	mitogen-activated protein kinase, a family of proteins involved in transmitting signals from cell surface receptors to the nucleus
「mOS」	median overall survival
「NSCLC」	non-small cell lung cancer
「ORR」	overall response rate

「OS rate」	overall survival rate
「PD-1/PD-L1」	programmed death-1 / programmed death-ligand 1
「PFS」	progression free survival
「QD」	quaque die
「RAS」	ras sarcoma, a family of proteins that are critical regulators of cellular signaling pathways; it primarily includes HRAS, KRAS, and NRAS
「TRAEs」	Treatment-related adverse events
「WCLC」	World Conference on Lung Cancer

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, or ultimately market GFH375 successfully. Shareholders and potential investors of the Company are advised to exercise caution when dealing in the shares of the Company.

By order of the Board
GenFleet Therapeutics (Shanghai) Inc.
Dr. Qiang LU
Chairman and Executive Director

Hong Kong, September 15, 2026

As at the date of this announcement, the Board comprises: (i) Dr. Qiang LU, Dr. Jiong LAN and Ms. ZHANG Wei as executive directors; (ii) Mr. ZHU Jingyang and Ms. TAO Sha as non-executive directors; and (iii) Ms. Christine Shaohua LU-WONG, Dr. ZHOU Demin and Mr. LI Bo as independent non-executive directors