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Nanjing Leads Biolabs Co., Ltd.
南京维立志博生物科技股份有限公司

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

(Stock Code: 9887)

VOLUNTARY ANNOUNCEMENT
ABSTRACTS OF SIX STUDIES PUBLISHED AT 2026 ESMO

This announcement is made by Nanjing Leads Biolabs Co., Ltd. (the “**Company**”, together with its subsidiaries, the “**Group**”) on a voluntary basis to inform shareholders and potential investors of the Company about the latest business development of the Company.

The Company is pleased to announce that the full abstracts of six studies of its self-developed LBL-024 (Opamistomig, an anti-PD-L1/4-1BB bispecific antibody) and LBL-034 (GPRC5D/CD3 bispecific T-Cell engager, TCE), covering clinical studies, translational research and meta-analyses, have been published on the official website of 2026 Annual Meeting of the European Society for Medical Oncology (“**2026 ESMO**”). The data collectively demonstrate trends of durable responses and long-tail survival benefits with LBL-024 across multiple immunologically “cold tumors,” supporting its potential as a pan-tumor therapy, and highlight the differentiated capabilities of the Company’s X-body and TCE technology platforms. Notably, three studies of LBL-024 and LBL-034 have been selected for Proffered Paper presentations at 2026 ESMO, including one study selected as a Late-Breaking Abstract (“**LBA**”). Detailed and updated data from these studies will be presented during the oral presentations at the 2026 ESMO.

LBL-024 AS FIRST-LINE TREATMENT FOR EP-NEC (ABSTRACT NO. 5836)

As of April 3, 2026, the study had enrolled 69 patients with advanced extrapulmonary neuroendocrine carcinoma (“**EP-NEC**”) who had not received prior systemic therapy. Sixty-five patients were evaluable for efficacy, and the median follow-up for the overall population was 16.9 months.

Across all dose levels, the median duration of response (“**mDoR**”) was 10.2 months and the median overall survival (“**mOS**”) had not yet matured. In the 6 mg/kg and 15 mg/kg dose groups, the mDoR was 15.5 months and 10.2 months, respectively, and the 15-month overall survival (“**OS**”) rates were 63.6% and 58.4%, respectively.

Among patients with PD-L1-positive disease (combined positive score (“**CPS**”) ≥ 1), the 15-month OS rate was 66.7% in each of the 6 mg/kg and 15 mg/kg dose groups. Among patients with PD-L1-negative disease (CPS < 1), the corresponding 15-month OS rates were 57.1% and 53.6%, respectively.

No dose-limiting toxicities (“**DLTs**”) were observed. Treatment-related adverse events (“**TRAEs**”) were primarily chemotherapy-induced myelosuppression, and no severe hepatotoxicity was observed.

EP-NEC is a rapidly progressing disease with a poor prognosis, and historical data indicate an mOS of approximately 12 months with first-line platinum-based chemotherapy. In this study, the median follow-up was approaching 17 months while the mOS had not been reached, suggesting that survival benefit continued to accrue and that the survival curve exhibited a long-tail trend.

LBL-024 AS FIRST-LINE TREATMENT FOR BTC (ABSTRACT NO. 5649)

As of April 1, 2026, 20 patients with advanced biliary tract cancer (“**BTC**”) had been enrolled in the safety lead-in phase. The median age was 61 years. The cohort included two patients with gallbladder cancer, 13 with intrahepatic cholangiocarcinoma and five with extrahepatic cholangiocarcinoma; 85.0% of patients had metastatic disease.

The overall objective response rate (“**ORR**”) was 55.0% and the disease control rate (“**DCR**”) was 100.0%. Among patients with PD-L1-positive disease (CPS ≥ 1), the ORR was 100.0%.

TEAEs primarily comprised chemotherapy-related hematologic toxicities, including leukopenia, neutropenia and anemia. No new safety signals were observed.

Patients with PD-L1-negative disease (CPS < 1) accounted for 60% of the study population, compared with generally less than 30% in comparable first-line BTC studies, while other baseline characteristics were broadly comparable. Follow-up for the abstract data was limited, and updated follow-up data are expected to be presented at 2026 ESMO.

TRANSLATIONAL STUDY OF LBL-024 IN MSS COLORECTAL CANCER (ABSTRACT NO. 5512)

In a preclinical translational study of microsatellite-stable (“**MSS**”) colorectal cancer, LBL-024 demonstrated dose-dependent tumor growth inhibition. Tumor growth inhibition by tumor volume was 69.27%, 94.53% and 99.84% in the 2 mg/kg, 8 mg/kg and 30 mg/kg groups, respectively. In the 30 mg/kg group, complete tumor regression was achieved in two of five mice. At molar-equivalent doses, LBL-024 demonstrated greater antitumor activity than pembrolizumab.

The study further demonstrated that intratumoral soluble 4-1BB levels were several dozen times higher than peripheral levels, consistent with the design of conditional activation within the tumor. Tumor-infiltrating T cells increased in a dose-dependent manner: the proportion of CD3+ cells increased from 30.84% in the control group to as high as 68.92%, while the proportion of CD8+ cells increased from 56.05% to as high as 88.72%. The proportion of immunosuppressive regulatory T cells decreased from 9.58% to as low as 1.71%, and intratumoral cytokines, including TNF- α and IFN- γ , increased in a dose-dependent manner.

These findings indicate that LBL-024 induces intratumoral immune activation and reshapes the tumor microenvironment by conditionally activating local CD8+ T cells and reducing immunosuppressive regulatory T cells. The mechanism is consistent with the efficacy signals and safety profile observed in clinical studies of LBL-024 and supports further clinical development in MSS colorectal cancer and other immunotherapy-resistant solid tumors.

LBL-034 FOR RELAPSED OR REFRACTORY MULTIPLE MYELOMA (ABSTRACT NO. 4727)

As of March 31, 2026, 56 heavily pretreated patients with relapsed or refractory multiple myeloma (“**RRMM**”) had been enrolled. The median number of prior lines of therapy was five. Of the patients enrolled, 73.2% were triple-class exposed, 57.1% were penta-drug exposed, 28.6% had previously undergone autologous stem cell transplantation, 16.1% had previously received BCMA CAR-T therapy and 23.2% had extramedullary disease (“**EMD**”).

Among 55 efficacy-evaluable patients, the median follow-up was 16.0 months, the median progression-free survival (“**mPFS**”) was 15.8 months and the mDoR had not been reached.

At doses of 400–1,200 $\mu\text{g/kg}$, the 18-month progression-free survival (“**PFS**”) rate was 58.0%. Among 23 patients who achieved a complete response or better, the 18-month PFS rate was 87.7%, the median time to complete response or better was 3.94 months and the minimal residual disease-negative rate at a sensitivity of 10^{-5} was 72.7%.

Among high-risk patients with EMD, the ORR was 75.0%, the median time to response was 3.07 months, the mPFS was 11.5 months and the 18-month PFS rate was 46.9%.

LBL-034 demonstrated a favorable safety profile. There was only one event of Grade 3 or higher cytokine release syndrome (“**CRS**”), and no treatment-related deaths occurred.

The results demonstrate deep and durable responses in heavily pretreated and high-risk patients with RRMM while maintaining a low incidence of severe CRS, supporting the effectiveness and safety of the conditional T-cell redirection and activation mechanism of the Company’s TCE technology platform.

ABOUT LBL-024 (OPAMTISTOMIG)

LBL-024 is a bispecific antibody simultaneously targeting PD-L1 and 4-1BB, with the potential to become a pan-tumor IO 2.0 cornerstone therapy that offers survival benefits. To date, LBL 024 has been evaluated in clinical studies for 14 indications, including one pivotal single arm registrational clinical study, one confirmatory Phase III clinical study and nine proof-of concept studies, covering multiple major cancer types and “cold tumors.” Among the seven tumor types in which LBL-024 has been clinically validated, LBL-024 has demonstrated outstanding clinical value and broad therapeutic prospects, including extrapulmonary neuroendocrine carcinoma (EP-NEC), non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC), biliary tract cancer (BTC), hepatocellular carcinoma (HCC), esophageal squamous cell carcinoma (ESCC) and ovarian cancer (OC).

Leveraging our self-developed X-body™ platform with full intellectual property rights, LBL 024 achieves conditional activation of 4-1BB, relieving PD-1/PD-L1 immunosuppression while enhancing 4-1BB-regulated T-cell activation, achieving a synergistic effect in eliminating tumors. LBL-024 demonstrates a safety profile comparable to PD-1/PD-L1 inhibitors and greater potential for broad-spectrum cancer treatment. In particular, activation of 4-1BB can reactivate exhausted T cells and substantially promote their proliferation, making 4-1BB targeted therapies potentially suitable for the treatment of immunologically “cold tumors” that are resistant or unresponsive to PD-1/PD-L1 inhibitors, and may bring long-lasting survival benefits.

In October 2024, LBL-024 was granted Breakthrough Therapy Designation by the NMPA, and in November 2024, it received Orphan Drug Designation from the U.S. Food and Drug Administration (the “**FDA**”). In January 2026, LBL-024 was granted Fast Track Designation by the FDA and Orphan Drug Designation in the European Union. In September 2026, LBL-024 was granted Orphan Drug Designation by Japan’s Ministry of Health, Labour and Welfare (“**MHLW**”). In October 2026, it received Fast Track Designation from the FDA for the first-line treatment of advanced BTC.

In July 2026, the Marketing Authorization Application of LBL-024 as an innovative biological product was included in the NMPA’s priority review and approval procedure and was formally accepted in August 2026. LBL-024 is expected to become the world’s first approved 4-1BB antibody drug, the world’s first approved agonistic antibody drug and the world’s first approved therapy targeting EP-NEC.

ABOUT LBL-034

LBL-034 is a humanized bispecific T-cell engager (TCE) targeting GPRC5D and CD3, developed using the Company's proprietary LeadsBody™ platform. LBL-034 employs a 2:1 structural design comprising two high-affinity Fab domains targeting GPRC5D and one single-chain variable fragment targeting CD3. It is designed to selectively target GPRC5D-positive tumor cells and conditionally activate T cells, thereby reducing the risks of cytokine release, systemic toxicity and T-cell exhaustion while enabling potent, sustained antitumor activity.

LBL-034 has demonstrated encouraging efficacy signals in preclinical and clinical studies. Breakthrough clinical data for LBL-034 monotherapy in RRMM were presented in the opening oral presentation at the 2025 American Society of Hematology Annual Meeting, and further updated clinical data have been selected for a Proffered Paper presentation at 2026 ESMO. LBL-034 received Orphan Drug Designation from the FDA in October 2024 and Fast Track Designation from the FDA in January 2026. A Phase III clinical study of LBL-034 is currently in preparation.

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, LBL-024 and LBL-034, 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
Nanjing Leads Biolabs Co., Ltd.
南京维立志博生物科技股份有限公司
Dr. KANG XIAOQIANG
*Chairman, Executive Director and
Chief Executive Officer*

Nanjing, PRC, October 19, 2026

As at the date of this announcement, the board of directors of the Company comprises: (i) Dr. Kang Xiaoqiang (Chairman of the Board), Dr. Lai Shoupeng and Mr. Zuo Honggang as executive Directors; (ii) Mr. Zhang Yincheng, Dr. Chen Renhai and Dr. Wu Fenglan as non-executive Directors; and (iii) Dr. Zhang Hongbing, Mr. Du Yilong and Ms. Du Jiliu as independent non-executive Directors.