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EDDING GENOR GROUP HOLDINGS LIMITED

亿腾嘉和医药集团有限公司

(Incorporated in the Cayman Islands with limited liability)

(Stock Code: 6998)

VOLUNTARY ANNOUNCEMENT

FIRST-IN-HUMAN PHASE I STUDY DATA OF GB268 PRESENTED AT THE ESMO CONGRESS 2026

This announcement is made by Edding Genor Group Holdings Limited (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. References are made to the announcements of the Company dated 2 July, 6 August and 11 October 2026 in relation to the progress of GB268.

The board (the “**Board**”) of directors (the “**Director(s)**”) of the Company is pleased to announce that preliminary data from the first-in-human Phase I clinical study of GB268, the Company’s highly differentiated and innovative PD-1/CTLA-4/VEGF trispecific antibody, were presented in poster (Presentation Number: 1963P) at the European Society for Medical Oncology (“**ESMO**”) Congress 2026. The study evaluated the safety and tolerability, pharmacokinetics, pharmacodynamics, and preliminary antitumor activity of single-agent GB268 in previously treated patients with advanced solid tumors.

KEY HIGHLIGHTS

Preliminary antitumor activity observed in the typically immunologically “cold” tumor HR+/HER2- breast cancer – in the HR+/HER2- breast cancer cohort (n = 21), the objective response rate (ORR) was 19.0% (4/21) and the disease control rate (DCR) was 81.0% (17/21), with responses first observed at 10 mg/kg; all four patients with partial response (PR) had received a CDK4/6 inhibitor plus endocrine therapy, and one had also received a TROP2 ADC.

Preliminary antitumor activity observed across multiple tumor types – in the ovarian cancer cohort (n = 6), the ORR was 33.3% (2/6) and the DCR was 50.0% (3/6), with one response in each of the 20 mg/kg and 40 mg/kg cohorts; both responders had platinum-resistant disease and had previously received anti-VEGF therapy; in the non-small cell lung cancer (NSCLC) cohort (n = 13), the ORR was 15.4% (2/13) and the DCR was 69.2% (9/13); in squamous NSCLC, the ORR was 28.6% (2/7) and the DCR was 71.4% (5/7); responses occurred in the 20 mg/kg and 30 mg/kg cohorts, respectively; both responders had received prior immunotherapy plus platinum-based chemotherapy, with PD-L1 CPS of 55 and 32, respectively.

Responses not relying on PD-L1 expression levels – in the HR+/HER2- breast cancer cohort, PD-L1 status was available for three of the four PR patients, and all three had a PD-L1 CPS < 5; both PR patients in the ovarian cancer cohort had low PD-L1 expression (PD-L1 CPS was 8 and 1, respectively); suggesting that GB268 also has antitumor activity in PD-L1 low-expression populations.

GB268 was well tolerated across the 1–40 mg/kg dose range, and the maximum tolerated dose (MTD) was not reached – among 107 patients with advanced solid tumors, grade ≥ 3 treatment-related adverse events (TRAEs), immune-related adverse events (irAEs), and VEGF-related adverse events occurred in 25.2%, 8.4%, and 0.9% of patients, respectively; no colitis was observed, and no new safety signals were identified. One patient in the 40 mg/kg cohort experienced a dose-limiting toxicity (DLT) consisting of grade 3 pneumonitis and grade 4 immune-mediated myocarditis, both of which resolved following treatment; no DLTs were observed at any other dose level.

Key Highlights of the Poster Presentations:

Preliminary Efficacy Across Multiple Tumor Types

As of the data cutoff on 15 September 2026, single-agent GB268 showed antitumor activity across tumor types, including the immunologically “cold” tumor types HR+/HER2- breast cancer and ovarian cancer. Efficacy by indication cohort is described below.

Table 2. Antitumor activity of GB268 by tumor type.

Response, n (%)	HR+/HER2- breast cancer (N = 21)	NSCLC (N = 13)	TNBC (N = 12)	Ovarian cancer (N = 6)	RCC (N = 1)	Colorectal cancer (N = 13)	HCC (N = 10)
ORR, n (%)	4 (19.0)	2 (15.4)	1 (8.3)	2 (33.3)	1 (100)	0	0
PR, n (%)	4 (19.0)	2 (15.4)	1 (8.3)	2 (33.3)	1 (100)	0	0
SD, n (%)	13 (61.9)	7 (53.8)	5 (41.7)	1 (16.7)	0	8 (61.5)	5 (50.0)
PD, n (%)	4 (19.0)	4 (30.8)	6 (50.0)	3 (50.0)	0	5 (38.5)	5 (50.0)
DCR, n (%)	17 (81.0)	9 (69.2)	6 (50.0)	3 (50.0)	1 (100)	8 (61.5)	5 (50.0)

ADC, antibody–drug conjugate; CPS, combined positive score; DCR, disease control rate; HR+, hormone receptor–positive; ORR, objective response rate; PD, progressive disease; PR, partial response; SD, stable disease; HCC, hepatocellular carcinoma; NSCLC, non-small cell lung cancer; RCC, renal cell carcinoma; TNBC, triple-negative breast cancer.

1. HR+/HER2- Breast Cancer

In 21 evaluable patients, the ORR was 19.0% (4/21) and the DCR was 81.0% (17/21), with responses first observed at 10 mg/kg; all four PR patients had received a CDK4/6 inhibitor plus endocrine therapy, and one had also received a TROP2 ADC; PD-L1 status was available for three of the four PR patients, and all three had a PD-L1 CPS < 5.

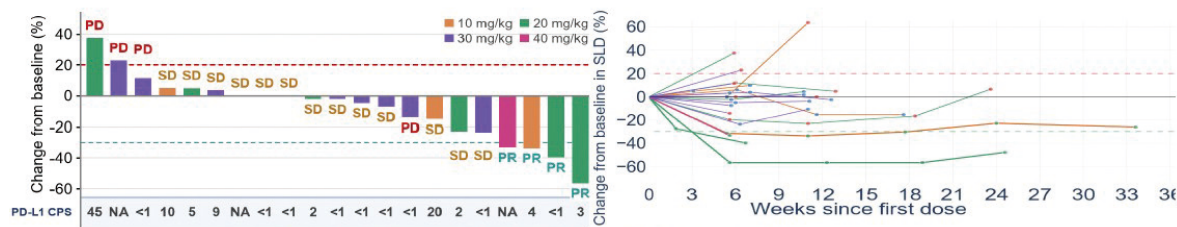


Figure 2a. Antitumor activity of single-agent GB268 in HR+/HER2- breast cancer.

2. *Non-Small Cell Lung Cancer (NSCLC)*

In 13 evaluable patients, the ORR was 15.4% (2/13) and the DCR was 69.2% (9/13); in squamous NSCLC, the ORR was 28.6% (2/7) and the DCR was 71.4% (5/7). Responses occurred in the 20 mg/kg and 30 mg/kg cohorts, respectively; both responders had squamous disease and had received prior immunotherapy plus platinum-based chemotherapy, with PD-L1 CPS of 55 and 32, respectively.

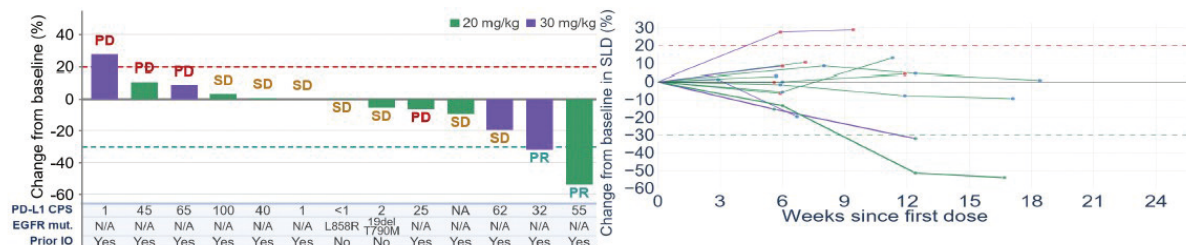


Figure 2b. Antitumor activity of single-agent GB268 in non-small cell lung cancer.

3. Ovarian Cancer

In 6 evaluable patients, the ORR was 33.3% (2/6) and the DCR was 50.0% (3/6), with one response in each of the 20 mg/kg and 40 mg/kg cohorts; both responders had platinum-resistant disease and had previously received anti-VEGF therapy, with PD-L1 CPS of 8 and 1, respectively.

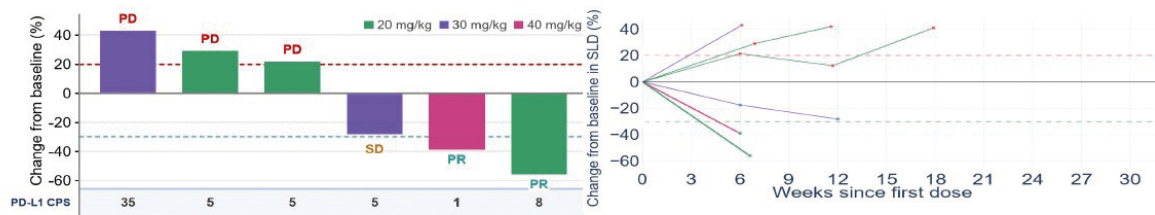


Figure 2c. Antitumor activity of single-agent GB268 in ovarian cancer.

Phase I Clinical Study: Safety, Efficacy and Pharmacokinetic/Pharmacodynamic (PK/PD) Profiles

This is a first-in-human, open-label, multicenter Phase I monotherapy study (NCT06934616) with accelerated titration followed by 3 + 3 dose escalation, then dose expansion, enrolling previously treated patients with advanced solid tumors. Dose escalation comprised seven cohorts – six every-3-week (Q3W) cohorts (1, 3, 10, 20, 30, and 40 mg/kg IV) plus one 20 mg/kg every-2-week (Q2W) cohort; dose expansion comprised three Q3W cohorts at 10, 20, and 30 mg/kg. The primary endpoint was safety and tolerability (dose-limiting toxicities DLTs and maximum tolerated dose MTD).

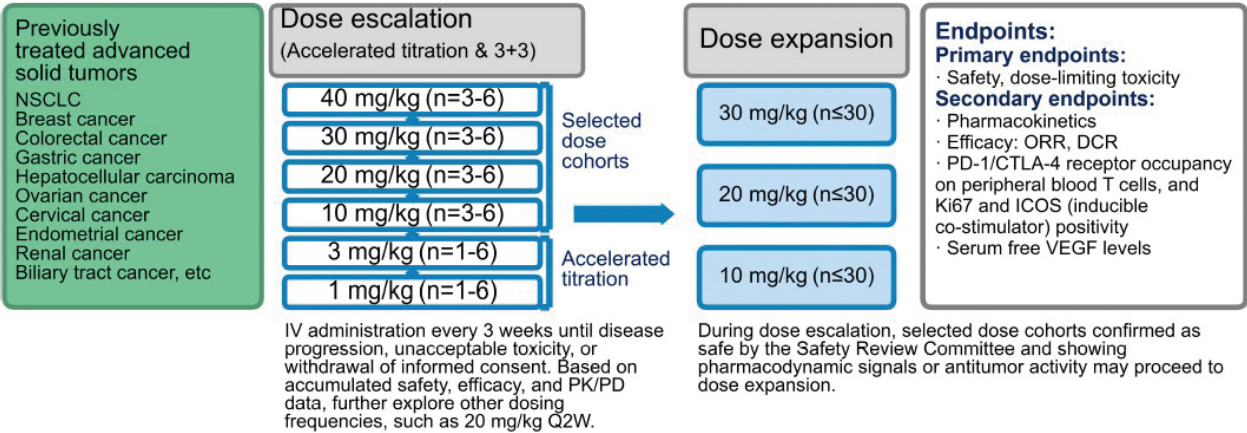


Figure 1. Study design. Dose escalation and dose expansion cohorts.

1. Patient Demographics and Baseline Characteristics

As of 15 September 2026, 107 patients had been enrolled; dose escalation was complete, and dose expansion was ongoing. All enrolled patients were Asian, with a median age of 57 years (range 29–74); tumor types included breast cancer (36.4%), non-small cell lung cancer (13.1%), colorectal cancer (13.1%), and hepatocellular carcinoma (11.2%), among others; 44.9% had received 2–3 prior lines of therapy, 25.2% had received prior immunotherapy, and 40.2% had received prior anti-angiogenic therapy. As of the data cutoff, the median treatment duration was 69 days (range 19–278) and the median follow-up was 75 days (range 19–278 days)

Table 1. Patient demographics and baseline characteristics (N = 107).

Characteristic	Overall (N = 107)	Characteristic	Overall (N = 107)
Median age, years (range)	57 (29–74)	Previous immunotherapy, n (%)	27 (25.2)
Male, n (%)	38 (35.5)	Previous anti-angiogenic therapy, n (%)	43 (40.2)
ECOG PS 0, n (%)	49 (45.8)	Tumor type, n (%)	
ECOG PS 1, n (%)	58 (54.2)	Breast cancer	39 (36.4)
Asian, n (%)	107 (100)	Non-small cell lung cancer	14 (13.1)
Previous lines of therapy, n (%)		Colorectal cancer	14 (13.1)
1 line	34 (31.8)	Hepatocellular carcinoma	12 (11.2)
2–3 lines	48 (44.9)	Ovarian cancer	6 (5.6)
> 3 lines	19 (17.7)	Others	22 (20.6)

Data cutoff: 15 September 2026; median treatment duration, 69 days, (range, 19–278); median follow-up, 75 days (range, 19–278).

2. *Favorable Safety and Tolerability*

GB268 was well tolerated across the 1–40 mg/kg dose range; dose escalation was completed as planned, and the MTD was not reached. One patient in the 40 mg/kg Q3W cohort experienced a DLT consisting of grade 3 pneumonitis and grade 4 immune-mediated myocarditis, both of which resolved following treatment; no DLTs were observed at any other dose level.

Treatment-related adverse events (TRAEs) were predominantly grade 1–2; grade ≥ 3 TRAEs occurred in 25.2% of patients; among TRAEs reported in $\geq 10\%$ of patients, grade ≥ 3 events each occurred in less than 2% of patients. Grade ≥ 3 immune-related adverse events (irAEs) and VEGF-related adverse events occurred in 8.4% and 0.9% of patients, respectively; no colitis was observed, and no new safety signals were identified.

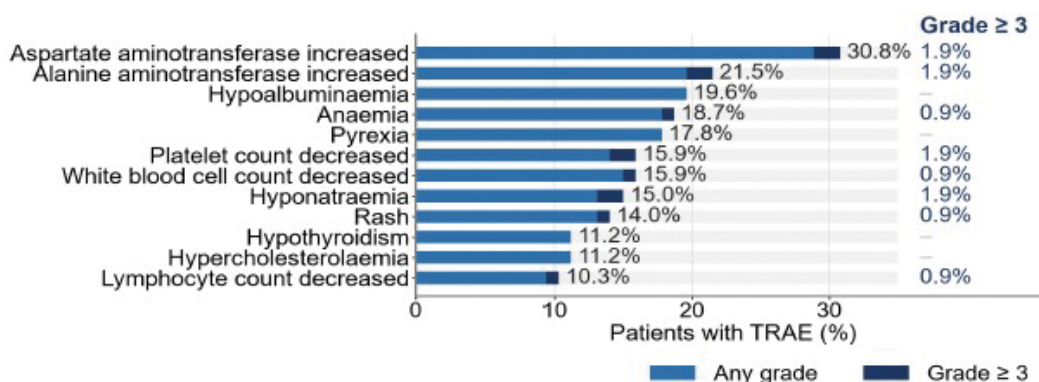


Figure 3. Any-grade treatment-related adverse events reported in $\geq 10\%$ of patients (N = 107).

Favorable Pharmacokinetic and Pharmacodynamic Profiles

1. Pharmacokinetics

GB268 exhibited dose-proportional exposure over the 10–30 mg/kg Q3W dose range, a terminal elimination half-life of approximately 12 days and an accumulation ratio of 1.4–1.7 with repeated dosing.

2. Receptor Occupancy (RO)

T-cell PD-1/CTLA-4 receptor occupancy (RO) was complete at ≥ 10 mg/kg.

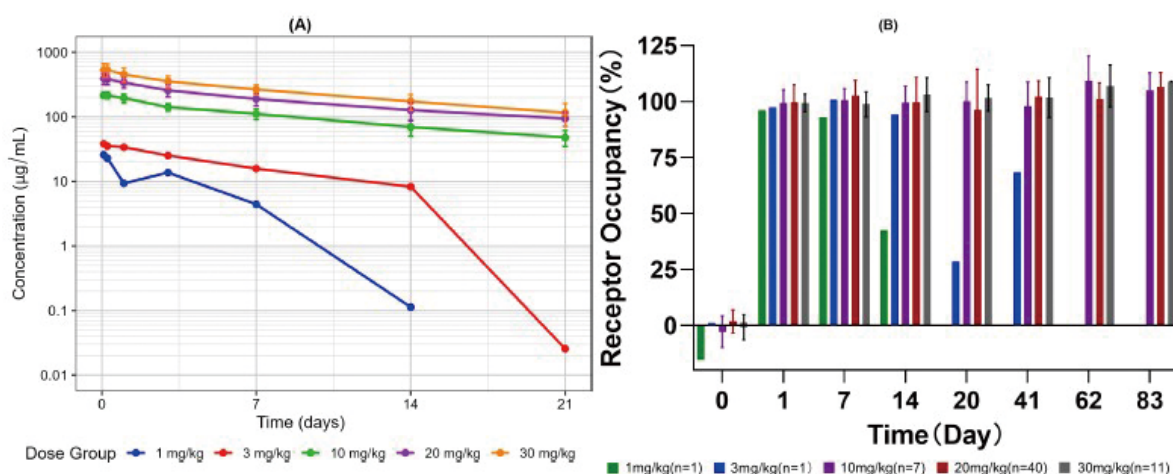


Figure 4. Pharmacokinetics and pharmacodynamics of GB268.

(A) Serum concentration–time profile; (B) PD-1/CTLA-4 receptor occupancy on peripheral blood T cells.

By Order of the Board
Edding Genor Group Holdings Limited
Mr. Ni Xin
Chairman and Executive Director

Hong Kong, 23 October 2026

As of the date of this announcement, the Board comprises Mr. Ni Xin and Dr. Han Shuhua as executive Directors; Dr. David Guowei Wang and Mr. Yu Tieming as non-executive Directors; and Dr. Xu Qing, Mr. Chen Wen and Ms. Zheng Jingjing as independent non-executive Directors.