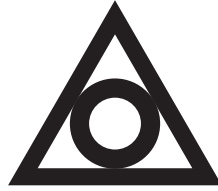


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SINO BIOPHARMACEUTICAL LIMITED
中國生物製藥有限公司

(Incorporated in the Cayman Islands with limited liability)

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(Stock code: 1177)

VOLUNTARY ANNOUNCEMENT
DATA FROM TWO CLINICAL STUDIES OF TQB2102 “HER2 BIPARATOPIC ADC”
PRESENTED AT 2026 ESMO

The board of directors (the “**Board**”) of Sino Biopharmaceutical Limited (the “**Company**”, together with its subsidiaries, the “**Group**”) announces that the data from two clinical studies of TQB2102 “HER2 biparatopic ADC”, a national Category 1 innovative drug independently developed by the Group’s subsidiary, Chia Tai Tianqing Pharmaceutical Group Co., Ltd. (“**CTTQ**”), was presented at the European Society of Medical Oncology (ESMO) Congress 2026. These presentations have been selected for the Proffered Paper, Late-Breaking Abstract (LBA) and Rapid Oral sessions of the congress, respectively.

About TQB2102

TQB2102 is a next-generation HER2 biparatopic antibody-drug conjugate (ADC) that simultaneously targets the ECD2 and ECD4 domains of HER2. Utilizing a cleavable linker and a topoisomerase I inhibitor payload, it overcomes the limitations of conventional HER2 monoclonal antibodies or single-target ADCs and further enhances the cross-linking of receptors and the efficiency of endocytosis, thereby broadening coverage of tumor heterogeneity and overcoming single-target resistance.

Proffered Paper, LBA

Title: APEX-Breast01: TQB2102 versus chemotherapy in HER2-low recurrent or metastatic breast cancer (r/m BC): Results from a randomized phase 3 study

Study Design:

This is a multicenter, randomized, controlled Phase 3 clinical study that enrolled patients with HER2-low (IHC 1+ or 2+/ISH-) recurrent/metastatic breast cancer who had not previously received chemotherapy for advanced disease, including both HR-positive and HR-negative patients. Subjects were randomized in a 1:1 ratio to the TQB2102 group or the investigator-selected chemotherapy group. The primary endpoint is progression-free survival (PFS) in the HR-positive/HER2-low population, as assessed by the Blinded Independent Review Committee (BIRC), while the key secondary endpoint is PFS in the overall HER2-low population, as assessed by the BIRC.

As of 31 May 2026, a total of 543 patients had been enrolled (269 in the TQB2102 group and 274 in the chemotherapy group). In the TQB2102 and chemotherapy groups, respectively, IHC 1+ accounted for 58.4% and 57.7%; prior taxane therapy in the non-metastatic setting accounted for 61.3% and 60.9%; visceral metastases accounted for 81.4% and 77.7% (including 60.2% and 50.7% with liver metastases); brain metastases accounted for 4.5% and 4.7%; ≥ 3 metastatic sites accounted for 67.7% and 59.5%; and ECOG Performance Status (PS) score of 1 accounted for 64.7% and 61.7%. Among the 461 HR-positive patients, all had received prior endocrine therapy in both groups, and prior CDK4/6 inhibitor use accounted for 90.8% and 91.8%, respectively.

Clinical Data:

- 1. Significant improvement of PFS and a clear trend toward OS benefit:** In the HR+/HER2-low population, median PFS was 16.4 months in the TQB2102 group versus 5.5 months in the chemotherapy group (HR = 0.29, 95% CI 0.22–0.39; $P < 0.0001$). In the overall HER2-low population, median PFS was 16.4 months in the TQB2102 group versus 5.5 months in the chemotherapy group (HR = 0.29, 95% CI: 0.22–0.38; $P < 0.0001$). A clear trend toward OS benefit was observed in both the HR+/HER2-low population and the overall HER2-low population, with HR being 0.47 and 0.44, respectively. In HR-/HER2-low patients, the PFS benefit (HR = 0.27) and the trend toward OS benefit (HR = 0.21) were consistent with those observed in the overall population. Significant improvements in PFS were observed across all patient subgroups, including those with different HER2 expression levels, with or without visceral metastases, and with prior CDK4/6 inhibitor resistance.
- 2. Superior tumor remission and prolonged duration of response:** In the overall HER2-low population, the objective response rates (ORR) in the TQB2102 group and the chemotherapy group were 68.8% and 31.0%, respectively, while the median duration of response (DoR) was 15.0 months and 7.1 months, respectively. The clinical benefit rates (CBR) were 78.8% and 44.2%, respectively.
- 3. Manageable safety profile, with a low incidence of interstitial lung disease (ILD):** The most common Grade ≥ 3 treatment-related adverse events (TRAEs) in both groups were neutropenia (30.1% vs 23.3%) and leukopenia (21.6% vs 14.0%). The incidence of TRAEs leading to discontinuation was 1.5% in both groups, and the incidence of TRAEs leading to death was 0.4% in both groups. In the TQB2102 group, the incidence of treatment-related ILD was only 2.2%, including 1.1% with Grade ≥ 3 ILD, and no ILD-related deaths were reported.

Breast cancer is the second most common cancer worldwide and the most common malignant tumor among women, with approximately 2.4 million new cases annually worldwide^[1]. Of all breast cancers, HER2-low breast cancer accounts for approximately 45%~55%^[2]. TQB2102 is the first HER2 biparatopic ADC in the world to report positive Phase III clinical study data. In patients with HER2-low recurrent/metastatic breast cancer, TQB2102 demonstrated a statistically significant and clinically meaningful improvement in PFS compared to chemotherapy, and showed a clear trend toward OS benefit. Leveraging its favorable balance of efficacy and safety, TQB2102 is expected to become a best-in-class treatment option for HER2-low breast cancer.

Rapid Oral

Title: TQB2102, a Novel HER2 Bispecific Antibody-Drug Conjugate, Combined with Benmelstobart (TQB2450) with or without Capecitabine as First-Line Therapy for HER2-Positive Advanced Gastric/Gastroesophageal Junction Cancer: A Phase II Study

Study Design:

This is an exploratory, multicenter Phase II clinical study (TQB2102-II-04) that enrolled patients with HER2-positive, unresectable locally advanced or metastatic gastric/gastroesophageal junction cancer (GC/GEJC) who had not previously received systemic therapy for advanced disease. The study included three cohorts: TQB2102 7.5 mg/kg in combination with benmelstobart (doublet Arm A), TQB2102 7.5 mg/kg in combination with benmelstobart and capecitabine (triplet Arm B), and TQB2102 6 mg/kg in combination with benmelstobart and capecitabine (triplet Arm C). The primary endpoint was objective response rate (ORR).

As of 3 September 2026, a total of 86 patients had been enrolled (25 in Arm A, 37 in Arm B, and 24 in Arm C).

Clinical Data:

1. **Significant tumor remission:** ORR was 69.6%, 75.8%, and 95.8% in Arms A, B, and C, respectively; DCR was 95.7%, 100%, and 100%, respectively.
2. **Encouraging PFS signals:** Median PFS was 12.68 months (95% CI 5.78–NR), 11.04 months (95% CI 9.07–NR), and NR (PFS data for Arm C were not yet mature) in Arms A, B, and C, respectively. Among patients with CPS ≥ 1 , median PFS was 12.68 months (95% CI 7.43–NR), 12.39 months (95% CI 8.51–NR), and NR, respectively.
3. **Favorable safety profile:** Adverse events were generally manageable across arms. The most common TRAEs were hematologic and gastrointestinal adverse events, most of which were grade 1 or 2, and no new safety signals were identified. The incidence of grade ≥ 3 TRAEs was 60.0%, 78.4%, and 58.3% in Arms A, B, and C, respectively. No TRAEs leading to discontinuation of TQB2102 occurred in Arm C.

The results indicate that TQB2102 in combination with benmelstobart and capecitabine, as a first-line treatment regimen, demonstrated significant antitumor activity and a manageable safety profile in patients with HER2-positive GC/GEJC. Based on the efficacy and safety results across all dose groups, 6 mg/kg has been selected as the recommended dose for the subsequent Phase III study.

In September 2026, the marketing application for TQB2102 was accepted by the Center for Drug Evaluation (CDE) of China's National Medical Products Administration for the treatment of adult patients with unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer who have not received prior chemotherapy in the recurrent or metastatic setting. TQB2102 is currently being evaluated in multiple Phase III clinical studies covering different levels of HER2 expression and multiple tumor types, including HER2-low breast cancer, neoadjuvant and later-line treatment for HER2-positive breast cancer, as well as later-line treatment for HER2-positive biliary tract cancer and colorectal cancer. Among these, three indications, namely HER2-low breast cancer, neoadjuvant treatment for HER2-positive breast cancer, and advanced colorectal cancer, have been granted Breakthrough Therapy Designation by the CDE, further highlighting the broad application potential of TQB2102 in the treatment of HER2-expressing solid tumors.

Sources:

- [1] Sung H, Filho AM, Laversanne M, Ferlay J, Siegel RL, Soerjomataram I, Jemal A, Bray F (2026). Global cancer statistics 2024: GLOBOCAN estimates of incidence and mortality worldwide for 34 cancers in 186 countries. *CA Cancer J Clin*.
- [2] TARANTINO P, HAMILTON E, TOLANEY SM, et al. HER2-low breast cancer: pathological and clinical landscape[J]. *J Clin Oncol*, 2020, 38(17): 1951-1962.

By order of the Board
Sino Biopharmaceutical Limited
Tse, Theresa Y Y
Chairwoman

Hong Kong, 26 October 2026

As at the date of this announcement, the Board of the Company comprises five executive Directors, namely Ms. Tse, Theresa Y Y, Mr. Tse Ping, Ms. Cheng Cheung Ling, Mr. Tse, Eric S Y and Mr. Tse Hsin and six independent non-executive Directors, namely Mr. Lu Zhengfei, Ms. Lu Hong, Mr. Zhang Lu Fu, Dr. Li Kwok Tung Donald, Dr. Chen Lieping and Dr. Lu Bai.