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康宁杰瑞

ALPHAMAB ONCOLOGY

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康寧傑瑞生物製藥

(Incorporated in the Cayman Islands with limited liability)

(Stock Code: 9966)

**VOLUNTARY ANNOUNCEMENT
RESULTS OF A PHASE I/II CLINICAL STUDY OF JSKN033 IN PATIENTS
WITH CC FOLLOWING FAILURE OF STANDARD TREATMENT WERE
PRESENTED AT THE 2026 ESMO CONGRESS AS
A RAPID ORAL PRESENTATION**

This announcement is made by Alphamab Oncology (the “**Company**”, together with its subsidiaries, the “**Group**”) on a voluntary basis to inform the shareholders (the “**Shareholders**”) and potential investors of the Group about the latest business advancement of the Group.

The board (the “**Board**”) of directors (the “**Directors**”) of the Company is pleased to announce that the results of a phase I/II clinical study of JSKN033 (a high-concentration subcutaneous co-formulation consisting of a HER2 bispecific ADC and a PD-L1 immune checkpoint inhibitor) in patients with CC following failure of standard treatment in China (study code: JSKN033-102) were presented at the 2026 ESMO Congress as a rapid oral presentation.

JSKN033-102 is an open-label, multicenter, phase I/II clinical study conducted in China in patients with recurrent or metastatic CC or other advanced or metastatic solid tumors. Patients enrolled had experienced disease progression after, or were intolerant to, at least one prior line of standard treatment. The study is designed to evaluate the safety, tolerability, pharmacokinetics and anti-tumor activity of JSKN033, and to determine the maximum tolerated dose and/or the RP2D.

As of June 20, 2026, a total of 64 patients with CC had been enrolled and received JSKN033 monotherapy, including 28 patients at the dose of 6.7mg/kg and 36 patients at the dose of 8.4mg/kg. The median age was 54 years and the median follow-up was 6.8 months. Among all enrolled patients, 71.9% were categorized as HER2-no-expressing (IHC 0) and 50.0% were categorized as PD-L1-negative (CPS <1). All patients had previously received platinum-based chemotherapy; 75.0%, 56.3% and 10.9% had previously received immunotherapy, bevacizumab and ADC, respectively; and 31.3% had previously received three or more lines of systemic anti-tumor therapy. Efficacy and safety data are presented below:

- **Efficacy:**
 - Among the 62 efficacy-evaluable patients as of June 20, 2026, the ORR was 41.9% and the DCR was 90.3%. PFS was calculated using the safety analysis set of 64 patients. The overall mPFS was 7.0 months and the six-month PFS rate was 51.0%.

- In the 8.4mg/kg group, JSKN033 demonstrated encouraging anti-tumor activity: the ORR was 52.9%, the DCR was 94.1%, the mPFS was 8.2 months and the six-month PFS rate was 65.1%. Consistent efficacy was observed across subgroups stratified by HER2 expression, PD-L1 CPS, prior immunotherapy and prior bevacizumab treatment.
- **Safety:**
 - As of June 10, 2026, the safety analysis set comprised all 64 patients enrolled. Grade 3 or above TRAEs occurred in 26.6% of patients. Injection site reaction, predominantly Grade 1-2, was the most common TRAE. No TRAEs led to dose reduction, discontinuation or death. Interstitial lung disease occurred in 2 patients (3.1%), including one Grade 3 event.
- **Conclusions:** As the RP2D, 8.4mg/kg of JSKN033 exhibits encouraging efficacy and a manageable safety profile in patients with previously treated CC, and has the potential to provide a new and effective treatment option for patients. These data support the ongoing phase III study JSKN033-301, which is evaluating JSKN033 in patients with recurrent or metastatic CC following failure of platinum-based chemotherapy and PD-1/PD-L1 inhibitor treatment.

ABOUT JSKN033

JSKN033 is a global first high-concentration subcutaneous co-formulation with JSKN003, the HER2 bispecific ADC and Envafolelimab, the PD-L1 single domain antibody, developed by the Group. JSKN003 is a biparatopic HER2-targeting ADC, of which a topoisomerase I inhibitor is linked to the N glycosylation site of the antibody Anbenitamab (KN026) (a recombinant humanized anti-HER2 bispecific antibody) via the glycosite-specific conjugation. Envafolelimab is a Fc fusion protein consisting of humanized anti-PD-L1 single domain antibody and human Immunoglobulin G1 Fc fragment, which has been approved by the NMPA as the global-first subcutaneous injection PD-L1 inhibitor in November 2021.

JSKN033 combines the benefits of immunotherapy and ADCs while enhancing safety and convenience through subcutaneous administration. Currently, multiple phase II clinical studies are progressing smoothly, including studies of JSKN033 in combination with platinum-based chemotherapy as first-line treatment for advanced cervical cancer and JSKN033 monotherapy as second-line or later treatment for cervical cancer and endometrial cancer. JSKN033 has also received approval from the CDE to initiate a phase III clinical study of JSKN033 monotherapy for the treatment of recurrent or metastatic cervical cancer following failure of platinum-based chemotherapy and PD-1/PD-L1 inhibitor treatment.

ABOUT THE COMPANY

The Company is a leading biopharmaceutical company in the PRC with a fully integrated proprietary technology platform in ADCs, bispecific antibodies and multi-functional protein engineering. The Company's highly differentiated in-house pipeline consists of ADCs, monoclonal antibodies and bispecific antibodies in staggered development status in oncology, including, among others, two products approved for marketing by the NMPA and multiple products in phase III or pivotal clinical trial stages. The Company has developed various technologies and platforms of antibody-based therapies for oncology treatment and expertise in this regard. Benefiting from the proprietary protein engineering platforms and structure-guided molecular modeling expertise, the Company is able to create a new generation of multi-functional biological drug candidates that could potentially benefit patients globally.

DEFINITIONS AND GLOSSARY OF TECHNICAL TERMS

“2026 ESMO Congress”	European Society for Medical Oncology Congress for the year of 2026
“ADC(s)”	antibody-drug conjugate(s)
“CC”	cervical cancer
“CDE”	the Center for Drug Evaluation of the NMPA (國家藥品監督管理局藥品審評中心)
“CPS”	combined positive score
“DCR”	disease control rate
“HER2”	human epidermal growth factor receptor 2
“IHC”	Immunohistochemistry, which tests whether or not the cancer cells have HER2 receptors and/or hormone receptors on their surface. If the IHC results are 1+, diagnosis is HER2 low expression; if the IHC results are 2+, the HER2 status is not clear, and it needs to be tested with ISH to clarify the result; and if the IHC results are 3+, diagnosis is HER2-positive
“mPFS”	median progression-free survival
“NMPA”	National Medical Products Administration of China (國家藥品監督管理局)
“ORR”	objective response rate
“PD-1”	programmed cell death protein 1, an immune checkpoint receptor expressed on some T-cells, B-cells and macrophages that turns off the T-cell mediated immune response as part of the process that discourages a healthy immune system from attacking other cells in the body
“PD-L1”	programmed death ligand 1, a protein on the surface of a normal cell or a cancer cell that can attach to PD-1 on the surface of the T-cell that causes the T-cell to turn off its ability to kill the cancer cell

“PFS”	progression-free survival
“RP2D”	recommended phase II dose
“TRAE(s)”	treatment-related adverse event(s)
“%”	per cent

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 and/or ultimately market JSKN033 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
Alphamab Oncology
Dr. XU Ting
Chairman and Executive Director

Hong Kong, October 26, 2026

As at the date of this announcement, the Board comprises Dr. XU Ting as the chairman of the Board and executive Director and Ms. LIU Yang as executive Director, Mr. CHO Man as non-executive Director, and Mr. WU Dong, Ms. WONG Yan Ki Angel and Dr. GAO Xiang as independent non-executive Directors.