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
PHASE II CLINICAL DATA OF TECOTABART VEDOTIN "CLDN18.2 ADC" FOR FIRST-LINE TREATMENT OF GASTRIC CANCER PRESENTED AT 2026 ASCO

The board of directors (the "**Board**") of Sino Biopharmaceutical Limited (the "**Company**", together with its subsidiaries, the "**Group**") announces that the Phase II clinical data of tecotabart vedotin "CLDN18.2 ADC" (research and development code: LM-302), an innovative drug independently developed by LaNova Medicines Limited ("**LaNova Medicines**", a wholly-owned subsidiary of the Group), for the first-line treatment of gastric or gastroesophageal junction adenocarcinoma (GC/GEJ) was presented at the 2026 American Society of Clinical Oncology (ASCO) Annual Meeting. As shown by the results[1], LM-302 in combination with a PD-1 monoclonal antibody (with or without chemotherapy) demonstrated encouraging anti-tumour activity and a manageable safety profile in the first-line treatment of CLDN18.2-positive advanced GC/GEJ. In particular, the doublet regimen of LM-302 combined with a PD-1 monoclonal antibody demonstrated efficacy comparable to that of the triplet regimen, while exhibiting superior tolerability, thus supporting the initiation of further large-scale clinical studies.

A total of 71 subjects with GC/GEJ were enrolled in this study, including 39 subjects in the doublet therapy cohort (LM-302 + PD-1) and 32 subjects in the triplet therapy cohort (LM-302 + PD-1 + chemotherapy). The proportions of patients with low CLDN18.2 expression (≥25%) were 82.1% and 84.4%, respectively, with median follow-up periods of 18.73 months and 16.21 months, respectively.

In the overall population, the median progression-free survival (PFS) was 10.68 months in the doublet therapy group and 12.55 months in the triplet therapy group. Among patients with low CLDN18.2 expression (≥25%), the median PFS was 15.18 months for the doublet regimen and 15.21 months for the triplet regimen, while the median overall survival (OS) was 18.30 months and 18.14 months, respectively. The OS event rates were 45.2% (14/31) and 26.9% (7/26), respectively, indicating that the efficacy of the treatment groups was generally comparable.

No treatment-related deaths occurred in either group. The incidence of Grade ≥3 treatment-related adverse events (TRAEs) were 66.7% in the doublet therapy group and 81.3% in the triplet therapy group. Treatment-emergent adverse events (TEAEs) leading to dose reduction were reported in 17.9% and 43.8% of patients, respectively, and TEAEs leading to treatment discontinuation were reported in 23.1% and 31.3% of patients, respectively. As compared with the triplet regimen, the LM-302 + PD-1 doublet regimen demonstrated superior tolerability while maintaining comparable efficacy.

Gastric cancer remains one of the most prevalent and lethal malignancies worldwide. Global estimates indicate approximately 1.04 million new cases and 705,000 deaths annually, with China accounting for approximately 383,000 new cases and 277,000 deaths[2]. Currently, the standard first-line treatment for advanced unresectable gastric cancer remains chemotherapy combined with immune checkpoint inhibitors (ICIs), achieving a median OS of only about 14–20 months, underscoring the substantial unmet need for more effective therapies. In recent years, CLDN18.2 has been one of the most promising precision therapeutic targets in gastric cancer. However, existing CLDN18.2 monoclonal antibody regimens predominantly benefit patients with high CLDN18.2 expression, and the associated chemotherapy-related toxicities continue to compromise long-term tolerability and quality of life. Consequently, developing next-generation regimens that offer superior efficacy, broader patient applicability and reduced chemotherapy burden represents a critical priority in the current gastric cancer treatment landscape.

Based on the positive results of this study, the world's first Phase III registrational clinical study (LM302-03-201) evaluating a "chemotherapy-free" first-line regimen for gastric cancer was officially launched in April 2026. The study aims to investigate LM-302 in combination with a PD-1 monoclonal antibody as an alternative to traditional chemotherapy regimens, aiming to provide patients with CLDN18.2-positive gastric cancer a novel first-line treatment option that delivers durable efficacy, improved tolerability and enhanced quality of life.

ABOUT LM-302

LM-302 is a CLDN18.2-targeting antibody-drug conjugate (ADC) independently developed by LaNova Medicines. It consists of a recombinant humanised monoclonal antibody conjugated to the small-molecule toxin MMAE. Beyond its precise targeting of CLDN18.2-positive tumor cells, LM-302 leverages the "bystander effect" of MMAE to eradicate adjacent tumor cells with low or heterogeneous target expression. Furthermore, LM-302 can induce immunogenic cell death (ICD), and it produces a synergistic anti-tumour effect when used in combination with a PD-1 monoclonal antibody, thereby providing an important basis of mechanism for the combination treatment featuring "ADC + immunotherapy".

Sources:

[1] Efficacy and safety of tecotabart vedotin plus toripalimab with or without chemotherapy as first-line treatment for CLDN18.2-positive advanced gastric or gastroesophageal junction adenocarcinoma: Phase II study results. 2026 ASCO (Abstract #4045).

[2] WHO

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

Hong Kong, 1 June 2026

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