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

(Incorporated in the Cayman Islands with limited liability)
Website: www.sbpgroup.com
(Stock code: 1177)

VOLUNTARY ANNOUNCEMENT
DATA FROM PHASE III CLINICAL STUDY OF BENMELSTOBART IN COMBINATION WITH ANLOTINIB AS FIRST-LINE TREATMENT FOR NON-SQUAMOUS NON-SMALL CELL LUNG 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, Chia Tai Tianqing Pharmaceutical Group Co., Ltd. ("**CTTQ**"), a subsidiary of the Group, presented data from a Phase III clinical trial evaluating benmelstobart in combination with platinum-based chemotherapy followed by benmelstobart in combination with anlotinib as first-line treatment for non-squamous non-small cell lung cancer (NSCLC) in the form of a Late Breaking Abstract (LBA) at the 2026 American Society of Clinical Oncology (ASCO) Annual Meeting.

This is the second head-to-head Phase III study in which benmelstobart in combination with anlotinib has demonstrated superior efficacy over tislelizumab in combination with standard chemotherapy, following the positive result previously observed in squamous NSCLC. Notably, this is the first Phase III trial globally to report a positive outcome in first-line non-squamous NSCLC versus an immune checkpoint inhibitor (ICI) plus chemotherapy.

In this randomised controlled Phase III clinical trial, 596 subjects with locally advanced (stage IIIB/C) or recurrent/metastatic NSCLC were enrolled and randomised in a 1:1 ratio to the study group or the control group. Patients in the study group received benmelstobart plus platinum-based chemotherapy followed by benmelstobart plus anlotinib, while those in the control group received tislelizumab plus platinum-based chemotherapy. The primary endpoint was progression-free survival (PFS) as evaluated by the Independent Review Committee (IRC) according to RECIST 1.1.

In the overall population, the median PFS in the study group and control group were 14.42 months vs 8.34 months, respectively, with the HR=0.67 (95% CI 0.52, 0.86). Subgroup analyses showed that almost all subgroups benefited from the benmelstobart plus anlotinib regimen. In particular, in patients with PD-L1 TPS < 1%, the median PFS in the study group and control group were 12.45 months vs 6.54 months, respectively, with the HR=0.61 (95% CI 0.43, 0.86). In terms of the safety, no significant difference was observed between the study group and control group in the incidence of treatment-emergent adverse events (TEAEs) leading to study discontinuation or death, and the overall safety profile was manageable.

Lung cancer ranks first in both incidence and mortality among all malignancies worldwide and in China. NSCLC accounts for 80–85% of all lung cancer cases[1]. Non-squamous NSCLC is one of the major subtypes of NSCLC, accounting for approximately 65% of all cases[2–3]. Nearly half of patients with this subtype are ineligible for targeted therapy due to the absence of driver gene mutations; the current standard treatment regimen, immune checkpoint inhibitor plus platinum-based chemotherapy, yields a PFS of only 8–9 months, offering limited long-term benefit to patients.

The combination of an anti-angiogenic agent with an immune checkpoint inhibitor has demonstrated synergistic efficacy across multiple tumor types. The combination of benmelstobart (a humanised anti-PD-L1 monoclonal antibody) and anlotinib (a small molecule multi-targeting tyrosine kinase inhibitor) independently developed by the Group has previously been approved for the treatment of extensive-stage small cell lung cancer, endometrial cancer, renal cell carcinoma and alveolar soft part sarcoma. In NSCLC, this combination regimen has demonstrated superiority over a PD-1 plus chemotherapy in two head-to-head Phase III trials. In particular, a marketing application for the first-line treatment of squamous NSCLC has been submitted to the CDE, which is expected to offer a new treatment option for a larger lung cancer patient population.

References:

[1] Bray F, Laversanne M, Sung H, et al. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries[J]. CA: a cancer journal for clinicians, 2024, 74(3): 229-263.

[2] Han B, Zheng R, Zeng H, et al. Cancer incidence and mortality in China, 2022[J]. Journal of the National Cancer Center, 2024, 4(1):1-10.

[3] Morgensztern D, Ng S H, Gao F, et al. Trends in stage distribution for patients with non-small cell lung cancer: a national cancer database survey[J]. Journal of Thoracic Oncology, 2010, 5(1): 29-33.

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.