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**ALPHAMAB ONCOLOGY**

**康寧傑瑞生物製藥**

*(Incorporated in the Cayman Islands with limited liability)*

**(Stock Code: 9966)**

## **VOLUNTARY ANNOUNCEMENT**

### **RESEARCH UPDATES ON A PHASE I/II CLINICAL TRIAL OF JSKN033 FOR PRESENTATION AT SITC 2024**

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 (“**Directors**”) of the Company is pleased to announce that the research updates of a phase I/II clinical trial of JSKN033 (“**JSKN033-101**”) independently developed by the Group for the treatment of HER2-expressing advanced or metastatic solid tumors, have been presented for the first time as a poster in the Late-Breaking Abstract session at the SITC 2024, which have also been presented at the Company’s website at <http://www.alphamabonc.com>, correspondingly. Such research results are summarized as below.

JSKN033-101 is an open-label, multicenter and first-in-human phase I/II clinical trial designed to evaluate the safety, tolerability, and preliminary anti-cancer efficacy of JSKN033 in patients with advanced HER2-expressing solid tumor (IHC $\geq$ 1+) or HER2-mutant NSCLC.

#### **JSKN033, an Innovative Subcutaneous-Injected Fixed-Dose Combination of Biparatopic anti-HER2 ADC and PD-L1 inhibitor in Advanced Solid Tumor**

As of October 14, 2024, 11 patients were enrolled in the dose escalation phase and had received JSKN033 monotherapy across 5 dose levels, among which, 1 patient at the dose of 1.1mg/kg, 1 patient at the dose of 2.3mg/kg, 3 patients at the dose of 4.5mg/kg, 3 patients at the dose of 5.6mg/kg, and 3 patients at the dose of 6.7mg/kg.

- **Safety:** The most common TRAEs were injection site reactions, all of which were grade 1 and usually resolved within 2 weeks without any treatment or with antihistamines. No DLT was observed. There were no significant differences in the incidence of TRAEs across dose levels.

- **Efficacy:** Among the 10 efficacy evaluable patients, 3 patients showed PR, while 5 patients demonstrated SD, resulting in an 80% DCR.
  - JSKN033 exhibited anti-tumor activity in patients from the dose of 4.5mg/kg.
  - All 3 patients showed PR achieved PR at their first post-baseline scans:
    - o 2 patients were treated at the dose of 5.6mg/kg, among which, 1 patient had HR+/HER2- BC with four lines or higher of prior therapy, and the other patient had HER2-mutated NSCLC that had progressed after immunotherapy, chemotherapy, and HER2-TKI treatment.
    - o 1 patient with triple-negative BC who had previously received Nab-Paclitaxel and radiotherapy was treated at the dose of 6.7mg/kg.
  - 7 patients remained on treatment to the data cut-off date.

**Conclusions:** JSKN033 presented a favorable safety profile and encouraging anti-tumor activity in heavily treated patients with solid tumors. These data further demonstrated the potential of combing immunotherapy and ADC and supported further exploration of JSKN033.

## **ABOUT JSKN033**

JSKN033 is a global first subcutaneous formulation with JSKN003, the HER2 bispecific antibody-conjugated drug and Envafolimab, the PD-L1 monoclonal 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 KN026 (a recombinant humanized anti-HER2 bispecific antibody) via the glycosite-specific conjugation. Envafolimab is a Fc fusion protein consisting of humanized anti-PD-L1 single domain antibody and human Immunoglobulin G1 (IgG1) Fc fragment, which has been approved by the NMPA as the global-first subcutaneous injection PD-L1 inhibitor in November 2021.

## **ABOUT THE COMPANY**

The Company is a leading biopharmaceutical company in China with a fully integrated proprietary technology platform in bispecific antibodies, multifunctional protein engineering and ADC. The Company's highly differentiated in-house pipeline consists of monoclonal antibodies, bispecific antibodies, and ADCs in staggered development status in oncology, including, among others, one approved for marketing by the NMPA and three in late clinical stage. The Company has developed various technologies and platforms of antibody-based therapies for oncology treatment and expertise in this regard. Benefitting 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

“ADC(s)”	antibody-drug conjugate(s)
“BC”	breast cancer
“DCR”	disease control rate
“DLT”	dose-limited toxicity
“HER2”	human epidermal growth factor receptor 2
“HER2-”	human epidermal growth factor receptor 2-negative
“HR+”	hormone receptor-positive
“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 0, diagnosis is HER2-negative; 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 in situ hybridization to clarify the result; and if the IHC results are 3+, diagnosis is HER2-positive
“NMPA”	National Medical Products Administration of China (國家藥品監督管理局)
“NSCLC”	non-small cell lung cancer
“PD-L1”	programmed death ligand 1
“PR”	partial response
“SD”	stable disease
“SITC 2024”	2024 annual meeting of the Society for Immunotherapy of Cancer
“TKI”	tyrosine kinase inhibitors, a class of pharmaceuticals that inhibits tyrosine kinases to keep cancer cells from growing
“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, or ultimately market JSKN033, JSKN003 and KN026 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, November 10, 2024

*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 Dr. GUO Zijian, Mr. WEI Kevin Cheng and Mr. WU Dong as independent non-executive Directors.*