News Release

Media Contacts:
Noah Reymond
Phone: +31 621 38 5718
Email: NReymond@its.jnj.com

Sarah Jones
Phone: +44 7917 849 211
Email: SJones39@its.jnj.com

Investor Relations:
Rachel Kruper
Phone: +1 732-524-6164
Email: rkruper@its.jnj.com

Janssen Announces New Data Supporting Safety Profile and Efficacy of Amivantamab and Lazertinib Combination for Patients with Non-Small Cell Lung Cancer (NSCLC) and EGFR Mutations

*Presentations at the International Association for the Study of Lung Cancer (IASLC) 2022 World Conference on Lung Cancer (WCLC) Span Relapsed/Refractory Disease and Frontline Treatment in Patients with EGFR (*epidermal growth factor receptor) *Positive Non-Small Cell Lung Cancer*

BEERSE, BELGIUM, 26 July 2022 – The Janssen Pharmaceutical Companies of Johnson & Johnson today announced new data from the Phase 1/1b CHRYSALIS-2 study (NCT04077463) cohort evaluating the safety profile and tolerability of the combination of amivantamab with the third-generation epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) lazertinib with platinum-based chemotherapy (carboplatin and pemetrexed) in patients with relapsed/refractory non-small cell lung cancer and EGFR mutations.[1] These findings and additional updates, including data on amivantamab in combination with lazertinib in the frontline setting for patients with NSCLC and with EGFR exon 19 deletion mutations

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or L858R activating mutations,[2] will be presented at the IASLC 2022 WCLC hosted by the IASLC August 6-9 in Vienna, Austria.

CHRYSALIS-2 (NCT04077463) is an ongoing clinical trial evaluating amivantamab in combination with lazertinib and lazertinib as a monotherapy in patients with advanced NSCLC with EGFR mutations.[3] Results from the amivantamab, lazertinib, carboplatin and pemetrexed combination cohort (n=20) will be featured in a mini oral presentation (Abstract #MA07.04) at the IASLC 2022 WCLC.[1] Enrolled participants received a median of two prior lines of therapy.[1] Prior therapies included osimertinib (n=14), gefitinib (n=3), afatinib (n=3), and platinum-based chemotherapy (n=5), among others.[1,4]

After a median follow-up of 7.1 months, the combination of amivantamab and lazertinib with carboplatin and pemetrexed, yielded an overall response rate (ORR) of 50 percent (95 percent confidence interval [CI]; 27-73), with 15 out of 20 patients remaining on treatment.[4] Five participants discontinued treatment; two due to chemotherapy-related adverse events (AEs) and three due to disease progression.[1] The observed safety profile of this treatment combination was consistent with the known safety profile of each individual agent; no evidence of new safety signals or additional toxicity were observed.[4] The most common treatment-emergent adverse events (AEs) included neutropenia (85 percent), rash (75 percent), infusion-related reaction and stomatitis (60 percent each), fatigue and paronychia (50 percent each), and thrombocytopenia and nausea (40 percent each).[4]

"Patients with relapsed/refractory non-small cell lung cancer with EGFR mutations currently have few treatment options. For them, the promise of precision medicine has the potential to change the trajectory of their disease," said Alexander Spira, M.D., Ph.D., FACP, CEO and Clinical Director of NEXT Oncology Virginia and study investigator.[‡] "The data we've seen with the combination of amivantamab with lazertinib and chemotherapy further demonstrate the potential of this treatment

combination for these patients and we are optimistic about future study to improve outcomes for those with EGFR-positive non-small cell lung cancer."

These data support additional ongoing Janssen Phase 3 studies focused on the assessment of amivantamab and lazertinib with platinum-based chemotherapy for patients with NSCLC who have EGFR mutations and high unmet need. Janssen is currently recruiting patients for the Phase 3 MARIPOSA-2 (NCT04988295) study to evaluate this cohort on or after osimertinib failure.[5]

Separately, updated data from the frontline, treatment-naive cohort of the Phase 1 CHRYSALIS study (NCT02609776) will be featured in a poster presentation (Abstract #P1.16-01).[2] CHRYSALIS is an ongoing study evaluating the safety, pharmacokinetics and preliminary efficacy of amivantamab as a monotherapy and in combination with lazertinib in patients with advanced NSCLC and various EGFR mutations.[6] Patients enrolled in the treatment-naïve cohort had NSCLC characterised by either an EGFR exon 19 deletion (n=11) or L858R mutation (n=9), with 50 percent having co-mutations in TP53 gene.[2] All 20 patients had partial response (ORR of 100% [95% CI, 83.2–100.0]) after a median follow up of 7 months.[2] After a median follow-up of 22.3 months, 14 patients (70 percent) were progression-free and remained on therapy.[2] Two patients with L858R mutations remained on treatment after their disease progressed.[2] At the time of data cut off, 14 patients (70.0%) are progression-free and remain on therapy, including 9 of 11 (81.8%) with EGFR ex19del and 5 of 9 (55.6%) with L858R.[2]

The safety profile of the combination of amivantamab and lazertinib was consistent with previous reports and no new safety signals were identified.[2] Treatment-related AEs of Grade ≥3 severity occurred in five patients (25 percent).[2] One patient had a treatment-related AE of interstitial lung disease which led to treatment discontinuation.[2] Janssen is also evaluating this treatment combination in the frontline setting for patients with EGFR-mutated NSCLC in the ongoing Phase 3 MARIPOSA study (NCT04487080).[7]

"Janssen's presence at this year's World Conference on Lung Cancer demonstrates our determined efforts to improve outcomes for people with non-small cell lung cancer in Europe, especially those whose disease is characterised by specific genetic mutations and who tend to be underserved by the current standard of care," said Dr Catherine Taylor, Vice President, Medical Affairs for Europe, Middle East and Africa, Therapeutic Area Strategy, Jan-Cil Zug. "We see the potential of combination regimens in delaying disease progression in treatment-naïve patients and are committed to evaluating this further, as well as addressing treatment resistance challenges in those with relapsed/refractory disease."

Janssen will also share data that highlight the utility of next-generation sequencing (NGS) in identifying patients with NSCLC who may benefit from targeted treatment in a mini oral presentation (Abstract #MA12.05).[8] In Canada, results showed that compared with single-gene testing strategies, NGS testing resulted in a higher percentage of identified mutations, a shorter time to appropriate targeted therapy and lower total testing costs per patient.[8]

About amivantamab

The European Commission granted Conditional Marketing Authorisation for amivantamab in December 2021 for the treatment of adult patients with advanced NSCLC with activating epidermal growth factor receptor (EGFR) exon 20 insertion mutations, after failure of platinum-based therapy.[9] Amivantamab is the first approved treatment in the European Union specifically targeting EGFR exon 20 insertion mutations for NSCLC.[10,11,12] Amivantamab also received accelerated approval by the U.S. Food and Drug Administration (FDA) in May 2021 for the treatment of adult patients with locally advanced or metastatic NSCLC with EGFR exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy.[13]

Amivantamab is being studied in multiple clinical trials, including:

- As first-line therapy in the Phase 3 MARIPOSA (NCT04487080) study assessing amivantamab in combination with lazertinib, a novel third-generation EGFR tyrosine kinase inhibitor (TKI), against osimertinib and against lazertinib alone in untreated advanced EGFR-mutated NSCLC.[7]
- The Phase 3 MARIPOSA-2 (NCT04988295) study assessing the efficacy of lazertinib, amivantamab and carboplatin-pemetrexed versus carboplatin-pemetrexed in patients with locally advanced or metastatic EGFR exon 19 deletion or exon 21 L858R substitution NSCLC after osimertinib failure.[5]
- The Phase 1/1b CHRYSALIS-2 (NCT04077463) study evaluating amivantamab in combination with lazertinib and lazertinib as a monotherapy in patients with advanced NSCLC with EGFR mutations.[3]
- The Phase 3 PAPILLON (NCT04538664) study assessing amivantamab in combination with carboplatin-pemetrexed versus chemotherapy alone in patients with advanced or metastatic EGFR-mutated NSCLC and exon 20 insertion mutations.[14]
- The Phase 1 PALOMA (NCT04606381) study assessing the feasibility of subcutaneous (SC) administration of amivantamab based on safety and pharmacokinetics and to determine a dose, dose regimen and formulation for amivantamab SC delivery.[15]

About Lazertinib

Lazertinib is an oral, third-generation, brain-penetrant, EGFR TKI that targets both the T790M mutation and activating EGFR mutations while sparing wild type-EGFR.[16] Interim safety and efficacy results from the lazertinib Phase 1-2 study were published in *The Lancet Oncology* in 2019. In 2018, Janssen Biotech, Inc. entered into a license and collaboration agreement with Yuhan Corporation for the development of lazertinib.[17]

About the CHRYSALIS-2 Study

CHRYSALIS-2 (NCT04077463) is a Phase 1/1b open-label, multicentre study evaluating the safety, tolerability and preliminary anti-tumour activity of lazertinib, a novel third-generation EGFR TKI, as a monotherapy and in combination with

amivantamab in adults with advanced NSCLC.[3] The Phase 1 portion consists of confirming the tolerability of the recommended Phase 2 dose of lazertinib as a monotherapy.[3] The Phase 1b portion consists of assessing the tolerability and identifying the recommended Phase 2 combination dose of lazertinib when combined with amivantamab, and the Phase 1b expansion consists of four cohorts: three to evaluate lazertinib in combination with amivantamab and one to assess two potential biomarker strategies to identify probability of tumour response to the combination of lazertinib and amivantamab.[3] Enrolment in Cohort A has completed, and additional enrolment in Cohort B (exon 20 insertion mutations), C (atypical mutations) and D (post-osimertinib, biomarker validation) are ongoing.[3]

About Non-Small Cell Lung Cancer

In Europe, it is estimated that 477,534 patients were diagnosed with lung cancer in 2020, with around 85 percent diagnosed with NSCLC.[18,19] Lung cancer is Europe's biggest cancer killer, with more deaths than breast cancer and prostate cancer combined.[18] The main subtypes of NSCLC are adenocarcinoma, squamous cell carcinoma and large cell carcinoma.[19] Among the most common driver mutations in NSCLC are alterations in EGFR, which is a receptor tyrosine kinase supporting cell growth and division.[20] EGFR mutations are present in 16 to 19 percent of Caucasian patients with NSCLC and present in 37 to 41 percent of Asian patients who have NSCLC adenocarcinoma.[21] The five-year survival rate for all people with metastatic NSCLC and EGFR mutations treated with EGFR TKIs is less than 20 percent.[22]

About the Janssen Pharmaceutical Companies of Johnson & Johnson

At Janssen, we're creating a future where disease is a thing of the past. We're the Pharmaceutical Companies of Johnson & Johnson, working tirelessly to make that future a reality for patients everywhere by fighting sickness with science, improving access with ingenuity, and healing hopelessness with heart. We focus on areas of medicine where we can make the biggest difference: Cardiovascular, Metabolism, & Retina; Immunology; Infectious Diseases & Vaccines; Neuroscience; Oncology; and

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Learn more at www.janssen.com/emea/. Follow us at www.twitter.com/JanssenEMEA for our latest news. Janssen Research & Development, LLC; Janssen-Cilag, S.A. and Janssen Biotech, Inc. are part of the Janssen Pharmaceutical Companies of Johnson & Johnson.

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‡Dr. Spira has served as a consultant to Janssen; he has not been paid for any media work.

Cautions Concerning Forward-Looking Statements

This press release contains "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995 regarding amivantamab and lazertinib. The reader is cautioned not to rely on these forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialise, actual results could vary materially from the expectations and projections of Janssen Research & Development, LLC any of the other Janssen Pharmaceutical Companies, and/or Johnson & Johnson. Risks and uncertainties include, but are not limited to: challenges and uncertainties inherent in product research and development, including the uncertainty of clinical success and of obtaining regulatory approvals; uncertainty of commercial success; manufacturing difficulties and delays; competition, including technological advances, new products and patents attained by competitors; challenges to patents; product efficacy or safety concerns resulting in product recalls or regulatory action; changes in behaviour and spending patterns of purchasers of health care products and services; changes to applicable laws and regulations, including global health care reforms; and trends toward health care cost containment. A further list and descriptions of these risks, uncertainties and other factors can be found in Johnson & Johnson's Annual Report on Form 10-K for the fiscal year ended January 3, 2021, including in the sections captioned "Cautionary Note Regarding Forward-Looking Statements" and "Item 1A. Risk Factors," and in the company's most recently filed Quarterly Report on Form 10-Q, and the company's subsequent filings with the Securities and Exchange Commission. Copies of these filings are available online at www.sec.gov, www.jnj.com or on request from

Johnson & Johnson. None of the Janssen Pharmaceutical Companies nor Johnson & Johnson undertakes to update any forward-looking statement as a result of new information or future events or developments.

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[1] Marmarelis et al. Amivantamab and Lazertinib in Combination With Platinum-Based Chemotherapy in Relapsed/Refractory EGFR-Mutant NSCLC. IASLC WCLC 2022.
[2] Cho et al. Amivantamab and Lazertinib in Treatment-Naïve EGFR-Mutant Non-small Cell Lung Cancer (NSCLC). IASLC WCLC 2022.
[3] ClinicalTrials.gov. A Study of Lazertinib as Monotherapy or in Combination With Amivantamab in Participants With Advanced Non-small Cell Lung Cancer. Available at: https://clinicaltrials.gov/ct2/show/NCT04077463. Accessed July 2022.
[4] Marmarelis et al. IASLC WCLC 2022 Oral presentation. Amivantamab and lazertinib in combination with platinum-based chemotherapy in relapsed/refractory EGFR-mutant NSCLC Presentation. IASLC WCLC on (Aug 6–9) 2022, at Vienna, Austria.
[5] ClinicalTrials.gov. A Study of Amivantamab and Lazertinib in Combination With Platinum-Based Chemotherapy Compared With Platinum-Based Chemotherapy in Patients With Epidermal Growth Factor Receptor (EGFR)-Mutated Locally Advanced or Metastatic Non- Small Cell Lung Cancer After Osimertinib Failure (MARIPOSA-2). https://clinicaltrials.gov/ct2/show/NCT04988295. Accessed July 2022.
[6] ClinicalTrials.gov. Study of Amivantamab, a Human Bispecific EGFR and cMet Antibody, in Participants With Advanced Non-Small Cell Lung Cancer. Available at: https://clinicaltrials.gov/ct2/show/NCT02609776. Accessed July 2022.
[7] ClinicalTrials.gov. A Study of Amivantamab and Lazertinib Combination Therapy Versus Osimertinib in Locally Advanced or Metastatic Non-Small Cell Lung Cancer (MARIPOSA). Available at: https://clinicaltrials.gov/ct2/show/NCT04487080. Accessed July 2022.
[8] Sheffield et al. Economic Impact of Delaying Care With Single-Gene Testing Versus Next-Generation Sequencing in Non-small Cell Lung Cancer. IASLC WCLC 2022.
[9] Pharmaceutical Companies of Johnson and Johnson. (2021 December 10). Janssen EMEA Receives Conditional Marketing Authorisation for amivantamab, the First Treatment Approved for Patients With Advanced Non-Small Cell Lung Cancer (NSCLC) With EGFR Exon 20 Insertion Mutations [Press Release]. https://www.businesswire.com/news/home/20211210005550/en/Janssen-EMEA-Receives-Conditional-Marketing-Authorisation-for-RYBREVANT%C2%AE-%E2%96%BC-amivantamab-the-First-Treatment-Approved-for-Patients-With-Advanced-Non-Small-Cell-Lung-Cancer-NSCLC-With-EGFR-Exon-20-Insertion-Mutations
[10] European Medicines Agency. amivantamab CMA Approval. December 2021.
[11] Remon, J et al. EGFR exon 20 insertions in advanced non-small cell lung cancer: A new history begins. Cancer Treatment Reviews. 90 (2020).
[12] European Medicines Agency. amivantamab Summary of Product Characteristics. December 2021.
[13] US FDA. FDA grants accelerated approval to amivantamab-vmjw. 2021. US FDA website. Available at: https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-amivantamab-vmjw-metastatic-non-small-cell-lung-cancer. Accessed July 2022.
[14] ClinicalTrials.gov. A Study of Combination Amivantamab and Carboplatin-Pemetrexed Therapy, Compared With Carboplatin-Pemetrexed, in Participants With Advanced or Metastatic Non-Small Cell Lung Cancer Characterized by Epidermal Growth Factor Receptor (EGFR) Exon 20 Insertions (PAPILLON). Available at: https://clinicaltrials.gov/ct2/show/NCT04538664. Accessed July 2022.
[15] Clinicaltrials.gov. A Study of Amivantamab Subcutaneous (SC) Administration for the Treatment of Advanced Solid Malignancies. https://clinicaltrials.gov/ct2/show/NCT04606381. Accessed July 2022.
[16] Ahn, J. et al. Lazertinib in patients with EGFR mutation-positive advanced non-small-cell lung cancer: results from the dose escalation and dose expansion parts of a first-in-human, open-label, multicentre, phase 1–2 study. Lancet Oncology. 2019. 20 (12): 1681-1690.
[17] Biospace. Yuhan Press Release. Yuhan Announces License And Collaboration Agreement With Janssen For A Novel, Investigational Lung Cancer Therapy (2018). Available at: https://www.biospace.com/article/yuhan-announces-license-and-collaboration-agreement-with-janssen-for-a-novel-investigational-lung-cancer-therapy-/Last accessed July 2022.
[18] Globocan 2020. Estimated number of incident cases deaths in 2020, Europe, both sexes, all ages. Available at: www.gco.iarc.fr. Accessed July 2022.
[19] Zappa C et al. Non-small cell lung cancer: current treatment and future advances. Transl Lung Cancer Res 2016; 5(3): 288–300.

[20] Wee, P & Wang, Z. Cancers 2017. Epidermal Growth Factor Receptor Cell Proliferation Signaling Pathways Volume: 9 Issue: 12 Pages: 52
[21] Zhang et al. The prevalence of EGFR mutation in patients with non-small cell lung cancer: a systematic review and meta-analysis. Oncotarget 2016. 7 (48): 78985 – 78993.
[22] Lin JJ, Cardarella S, Lydon CA, Dahlberg SE, Jackman DM, Jänne PA, et al. Five-Year Survival in EGFR-Mutant Metastatic Lung Adenocarcinoma Treated with EGFR-TKIs. *J Thorac Oncol*. 2016 Apr;11(4):556-65.