NEWS RELEASE

Avenzo Therapeutics Presents Positive Preliminary Results from the Phase 1 Study of AVZO-1418, a Potentially Best-in-Class EGFR/HER3 Bispecific Antibody-Drug Conjugate, at the 38th EORTC-NCI-AACR Symposium

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Pan-tumor potential with responses across six dose levels and five of eight tumor types (EGFRm NSCLC, UC, CRC, SCCHN, NSCLC-WT)

63% ORR in a pretreated EGFRm NSCLC population, the majority of whom were 3rd line or later; multiple responses ≥24 weeks

Favorable safety profile demonstrated with low incidence of Grade 3/4 hematologic TEAEs (6% neutrophil count decreased, 4% anemia) at doses up to 5.5 mg/kg every two weeks

Rapid development plan with global expansion to pursue monotherapy and combinations in multiple tumor types ongoing

SAN DIEGO--(BUSINESS WIRE)-- **Avenzo Therapeutics, Inc.** (“Avenzo”), a clinical-stage biotechnology company developing next-generation oncology therapies, today announced positive preliminary clinical data from the Phase 1 portion of the Phase 1/2 AVENTINE-1 study evaluating AVZO-1418 in patients with locally advanced or metastatic solid tumors. The data highlight the pan-tumor potential of AVZO-1418 with objective responses observed across five of eight tumor types. Preliminary efficacy data also showed an objective response rate (ORR) of 63% in 19 evaluable patients with heavily pretreated epidermal growth factor receptor (EGFR)-mutant non-small cell lung

cancer (NSCLC), the majority of whom were in 3rd line or later. AVZO-1418 also demonstrated a favorable safety profile with a low incidence of Grade 3/4 hematologic adverse events. The data are being presented as a poster at the 38th EORTC-NCI-AACR Symposium in Barcelona, Spain, on November 18, 2026, from 12:00 p.m. to 7:00 p.m. CET.

“AVZO-1418 has shown encouraging preliminary activity across multiple tumor types, pointing to its potential as a pan-tumor therapy,” said Dr. Stephen Liu, Division Chief of Hematology/Oncology at MedStar Georgetown University Hospital, part of the MedStar Georgetown Cancer Institute. “I am especially encouraged by the strong efficacy signal and tolerability of AVZO-1418 in patients with EGFR-mutant NSCLC, the majority of whom received a prior 3rd generation EGFR TKI and platinum-based chemotherapy and have limited next options.”

Clinical Data for AVENTINE-1, Phase 1/2 Study of AVZO-1418

As of the October 19, 2026 data cutoff, 61 patients with advanced solid tumors had received AVZO-1418 in the Phase 1 dose-escalation and backfill portion of the Phase 1/2 AVENTINE-1 study at doses of 2 to 6 mg/kg every two weeks (Q2W) or 6 mg/kg every three weeks (Q3W).

Patients included those with NSCLC-wild-type (NSCLC-WT) (n=20), EGFR-mutant NSCLC (EGFRm NSCLC) (n=19), colorectal cancer (CRC) (n=6), biliary tract cancer (BTC) (n=4), squamous cell carcinoma of the head and neck (SCCHN) (n=4), urothelial cancer (UC) (n=3), and other solid tumors (n=5). The backfill portion of the study was enriched for EGFRm NSCLC based on the strong early efficacy signal.

All patients (n=61) had received a median of two prior lines of systemic therapy in the advanced or metastatic setting (range 1 to 6), with 41% having received two prior lines of systemic therapy and 34% having received three or more prior lines. 84% of patients had received platinum-based chemotherapy and 54% had received anti-PD-(L)1 immunotherapy.

Patients with EGFRm NSCLC (n=19) had received a median of two prior lines of systemic therapy in the advanced or metastatic setting (range 1 to 4), with 47% having received two prior lines of systemic therapy and 16% having received three or more prior lines. 58% of patients had received platinum-based chemotherapy and all had received a prior 3rd generation EGFR tyrosine kinase inhibitor (TKI). At baseline, 63% of patients had an exon 19 deletion and 32% had an exon 21 L858R mutation.

Preliminary Safety Results

The overall safety population included 61 patients, with 48 patients treated at 2 to 5.5 mg/kg Q2W dose levels and 13 patients treated at 6 mg/kg Q2W and Q3W dose levels.

AVZO-1418 was generally well tolerated in the 2 to 5.5 mg/kg Q2W group (n=48)

- No dose-limiting toxicities (DLTs) were observed.
- Treatment-emergent adverse events (TEAEs) reported in >20% of patients were nausea, alopecia, fatigue, anemia, vomiting, stomatitis, headache, constipation, and decreased appetite. The majority of these events were Grade 1 or 2.
- Anemia and neutrophil count decreased were reported as TEAEs in 33% and 19% of patients, with Grade 3/4 events reported in 4% and 6%, respectively.
- Prophylactic granulocyte colony-stimulating factor (G-CSF) was not required in the study.

The 6 mg/kg dose level, dosed by actual body weight, exceeded the maximum tolerated dose (MTD) on both the Q2W and Q3W schedules, with two DLTs reported in each cohort.

Preliminary Efficacy Results

Preliminary efficacy data were available for 48 evaluable patients with measurable disease at baseline and at least one evaluable post-baseline scan. An additional seven patients remained on treatment and had not yet reached a post-baseline scan at the data cutoff date, and six patients were off treatment prior to an evaluable post-baseline scan for reasons other than disease progression.

Data are as of the cutoff date of October 19, 2026, with efficacy follow-up through November 5, 2026.

Responses were assessed by the investigator using Response Evaluation Criteria in Solid Tumors (RECIST) v1.1. The ORRs reported below include confirmed partial responses and unconfirmed partial responses in patients who remain on treatment awaiting confirmatory scans.

Preliminary efficacy results across all tumor types suggest pan-tumor potential (n=48)

- **Responses were observed across six dose levels in five of eight tumor types**(EGFRm NSCLC, UC, CRC, SCCHN, NSCLC-WT).
- **ORR was 38%**(18 of 48 patients; 95% confidence interval (CI), 24.0%–52.6%), including 16 patients with confirmed partial responses (one patient with CRC confirmed their response after the efficacy follow up date), and two patients with unconfirmed partial responses who remained on treatment awaiting confirmatory scans.
- **26 of 48 patients remained on treatment** as of the data cutoff date, including 17 of 18 responders.
- **13 patients had been on treatment for 24 weeks or longer.**

Strong efficacy signal in patients with EGFRm NSCLC, majority of whom were previously treated with both a

3rd generation EGFR TKI and platinum-based chemotherapy (n=19)

- **ORR was 63%**(12 of 19 patients; 95% CI, 38.4%–83.7%), including 10 patients with confirmed partial responses and two with unconfirmed partial responses who remained on treatment awaiting confirmatory scans, with multiple responses for 24 weeks or longer.
- **100% of patients achieved tumor reduction on their first post-baseline scan.**
- **15 of 19 patients remained on treatment** as of the data cutoff date, including:
    - 11 responders.
    - Four patients with tumor reductions (three with >20% reduction from baseline) awaiting their next scans.
- Responses were observed across five dose levels.

“We believe the preliminary data for AVZO-1418, with responses in five of eight tumor types, support its potential as a broadly active, pan-tumor therapy,” said Mohammad Hirmand, M.D., Co-founder and Chief Medical Officer of Avenzo Therapeutics. “We’re particularly excited by the strong signal in EGFR-mutant NSCLC, where patients urgently need new treatment options. We are pursuing a rapid development plan that includes global expansion and further evaluation in multiple tumor types, with the goal of bringing this potentially transformative therapy to patients as quickly as possible.”

About AVZO-1418

AVZO-1418 is a potentially best-in-class EGFR/HER3 bispecific antibody-drug conjugate (ADC) in development for locally advanced or metastatic solid tumors. It is designed with higher binding affinity for HER3 than EGFR to enhance delivery of its topoisomerase I inhibitor payload to EGFR/HER3-expressing tumors while limiting effects on healthy tissue. This dual-targeting approach may support activity across multiple tumor types, including EGFR-mutant non-small cell lung cancer. AVZO-1418 is being evaluated as monotherapy in the Phase 1 portion of the Phase 1/2 AVENTINE-1 study, with combination regimens also planned. Avenzo holds exclusive global rights, excluding Greater China, from DualityBio to develop, manufacture and commercialize AVZO-1418.

About Avenzo Therapeutics

Avenzo Therapeutics is a clinical-stage biotechnology company focused on developing next-generation oncology therapies for patients. The company’s pipeline includes potentially differentiated small molecules and bispecific antibody-drug conjugates (ADCs). Avenzo’s small molecule inhibitors, AVZO-021 and AVZO-023, are novel, highly potent and selective inhibitors of CDK2 and CDK4, respectively, which are key enzymes involved in cell cycle regulation. AVZO-021 has completed enrollment in a Phase 1 study as monotherapy in advanced solid tumors and in combination with fulvestrant in HR+/HER2- metastatic breast cancer. AVZO-021 and AVZO-023 are being

evaluated in the Phase 1/2 ORION-1 study in HR+/HER2- metastatic breast cancer, where AVZO-023 is administered in combination with endocrine therapy, with or without AVZO-021. Avenzo's first ADC drug candidate, AVZO-1418, is a potentially differentiated EGFR/HER3 bispecific ADC that is being studied in the AVENTINE-1 Phase 1/2 study for the treatment of advanced solid tumors. Avenzo's second ADC drug candidate, AVZO-103, is a potentially differentiated Nectin4/TROP2 bispecific ADC that is being studied in the BEACON-1 Phase 1/2 study for the treatment of advanced solid tumors. Avenzo is headquartered in San Diego, California. For more information, visit us at **www.avenzotx.com** or on **LinkedIn**.

Forward-Looking Statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These statements include, without limitation, statements regarding the potential therapeutic benefits, clinical activity, safety, tolerability and differentiation of AVZO-1418; AVZO-1418's potential as a broadly active, pan-tumor therapy, including in EGFR-mutant NSCLC; the potential for AVZO-1418's dual-targeting design to enhance tumor-selective payload delivery while limiting effects on healthy tissue; the development strategy for AVZO-1418, including the pace of development, geographic expansion and ongoing and planned evaluation as monotherapy and in combination regimens across multiple tumor types; the potential to obtain FDA approval and to bring new treatment options to patients; the potential differentiation and continued development of Avenzo's oncology pipeline; and other statements that are not historical facts. Forward-looking statements are based on Avenzo's current expectations and assumptions and are subject to risks and uncertainties that could cause actual results to differ materially from those expressed or implied. These risks and uncertainties include the early-stage nature of Avenzo's clinical programs; the risk that preliminary results from small patient populations may change with additional patients and longer follow-up and may not be predictive of subsequent results; the risk that unconfirmed responses may not be confirmed and that observed responses may not be durable; the risk that additional or more severe adverse events, including dose-limiting toxicities, may emerge; the risk that the proposed mechanism of action or observed clinical activity may not translate into a differentiated safety or efficacy profile or clinical benefit across tumor types; delays or difficulties in initiating, enrolling, expanding or completing clinical trials, including combination studies and studies in additional countries; the risk that ongoing or planned trials may not demonstrate adequate safety and efficacy to support continued development or regulatory approval; Avenzo's dependence on collaboration partners and other third parties for development, manufacturing and clinical trial activities; and Avenzo's ability to obtain sufficient funding to advance its product candidates. Actual results and the timing of events could differ materially from those anticipated in such forward-looking statements as a result of these risks and uncertainties. You should not place undue reliance on these forward-looking statements, which are made only as of the date hereof or as of the dates indicated in the forward-looking statements. Avenzo expressly disclaims any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements contained herein to reflect any change in its expectations with regard thereto or any change in events,

conditions or circumstances on which any such statements are based.

Avenzo Therapeutics Contacts:
Annie Chang
Investor Relations
achang@avenzotx.com

Carla Taub
Media Relations
ctaub@avenzotx.com

Source: Avenzo Therapeutics, Inc.