

Legend Biotech Corporate Presentation

January 2025



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Statements in this presentation about future expectations, plans and prospects, as well as any other statements regarding matters that are not historical facts, constitute “forward-looking statements” within the meaning of The Private Securities Litigation Reform Act of 1995.

These statements include, but are not limited to, statements relating to Legend Biotech's strategies and objectives; statements relating to CARVYKTI® (ciltacabtagene autoleucel; ciltacel), including patient population of CARVYKTI®, Legend Biotech's expectations for CARVYKTI®, including manufacturing expectations for CARVYKTI®; and statements about regulatory submissions for CARVYKTI®, statements related to Legend Biotech's ability to achieve operating profit; statements related to Legend Biotech's cash runway; the progress of such submissions with the FDA, the EMA and other regulatory authorities; expected results and

timing of clinical trials; Legend Biotech's expectations on advancing their pipeline and product portfolio; and the potential benefits of Legend Biotech's product candidates. The words “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “will,” “would” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors. Legend Biotech's expectations could be affected by, among other things, uncertainties involved in the development of new pharmaceutical products; unexpected clinical trial results, including as a result of additional analysis of existing clinical data or unexpected new clinical data; unexpected regulatory actions or delays, including requests for additional safety and/or efficacy data or analysis of data, or government regulation generally; unexpected delays as a result of actions undertaken, or failures to act, by our third party partners; uncertainties arising from challenges to Legend Biotech's patent or other proprietary intellectual property protection, including the uncertainties involved in the U.S. litigation process; competition in general; government, industry, and general product pricing and other political pressures; as well as the other factors discussed in the “Risk Factors” section of Legend Biotech's Annual Report on Form 20-F for the year ended December 31, 2023, filed with the Securities and Exchange Commission (SEC) on March 19, 2024 and Legend Biotech's other filings with the SEC.

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Legend Biotech Highlights

9 Years
Since
Inception

One of the earliest companies to engineer CAR-T cells for the BCMA protein

2,400+

Employees

~300 Dedicated to R&D

1

Marketed Product:
CARVYKTI®
(ciltacabtagene
autoleucel; cilta-cel)^{1,2}

11

Pipeline Programs Covering:

- Hematologic malignancies
- Solid tumors

3

Core Technologies:

- CAR-T, including universal CAR
- CAR-NK
- $\gamma\delta$ – T³

6

Global Manufacturing Sites for CARVYKTI®:

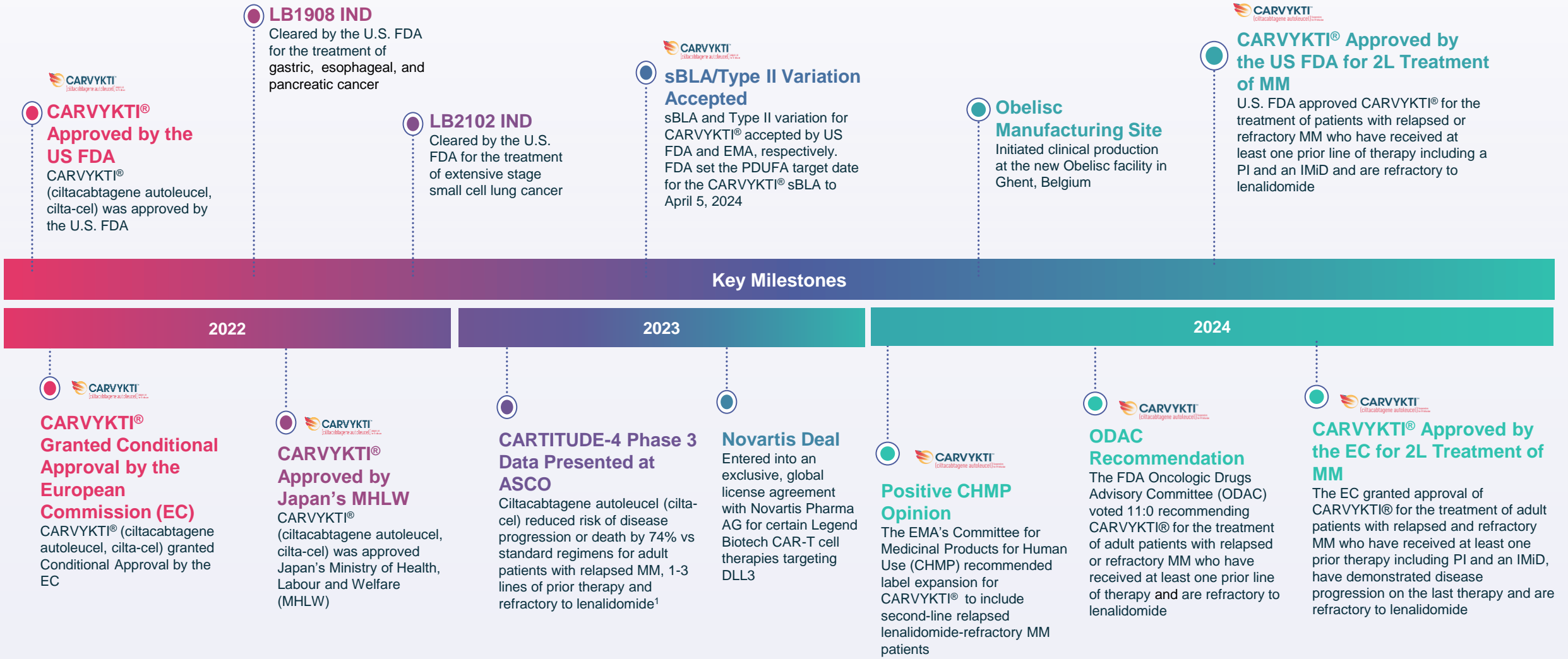
- 1 site in US
- 2 sites in EU (Ghent)⁴
- 2 sites in China⁴
- 1 Novartis site

\$1.2 Bn

in Cash and Cash Equivalents, and Time Deposits⁵

1. In collaboration with J&J; 2. Please read Prescribing Information for full safety information: <https://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/CARVYKTI-pi.pdf>; 3. gamma delta T cells; 4. EU and China manufacturing site construction is in progress; 5. As of September 30, 2024

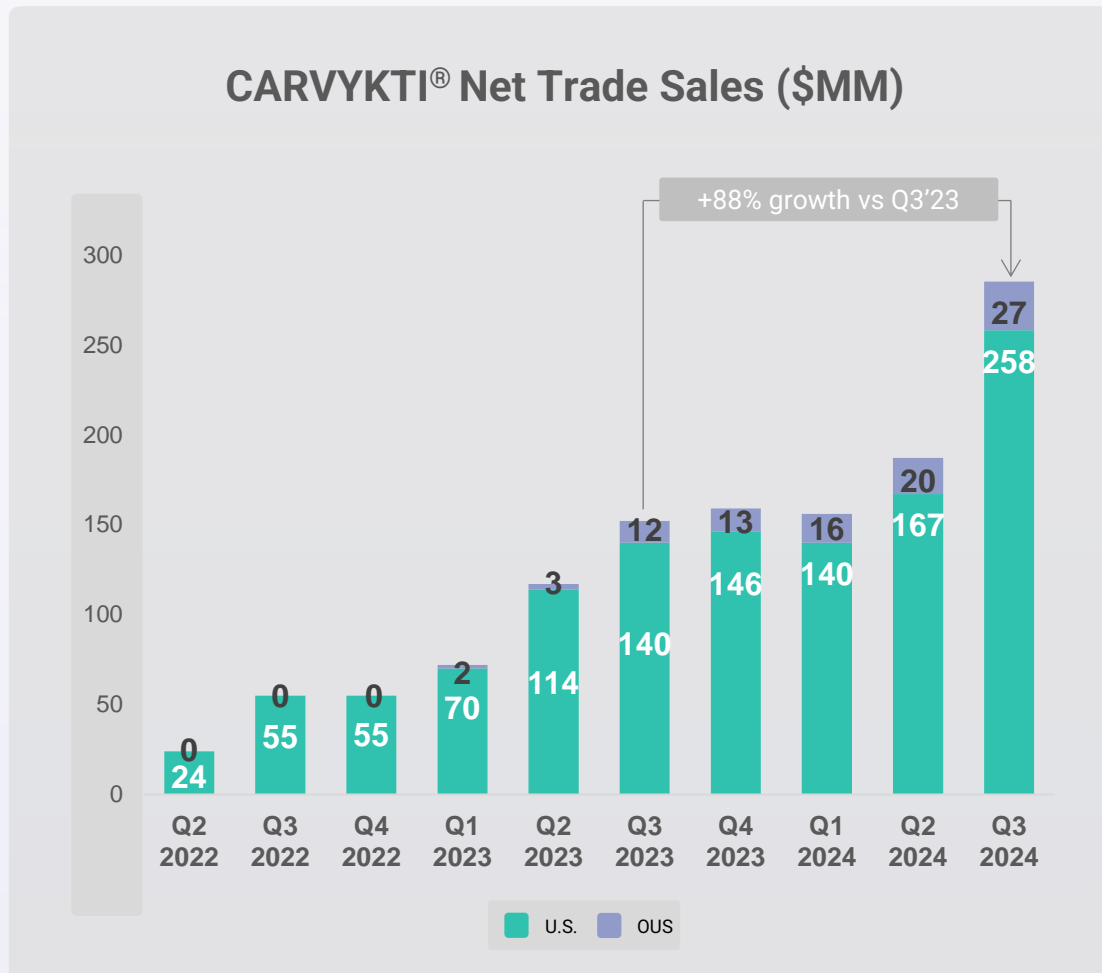
Key Milestones Achieved



¹Dhawal et al. ASCO Annual Meeting; June 2-6, 2023; Chicago, IL & Virtual; Abstract #LBA106

CARVYKTI® Uptake Continues

Continued market penetration, population in earlier lines of treatment represents significant opportunity for continued growth



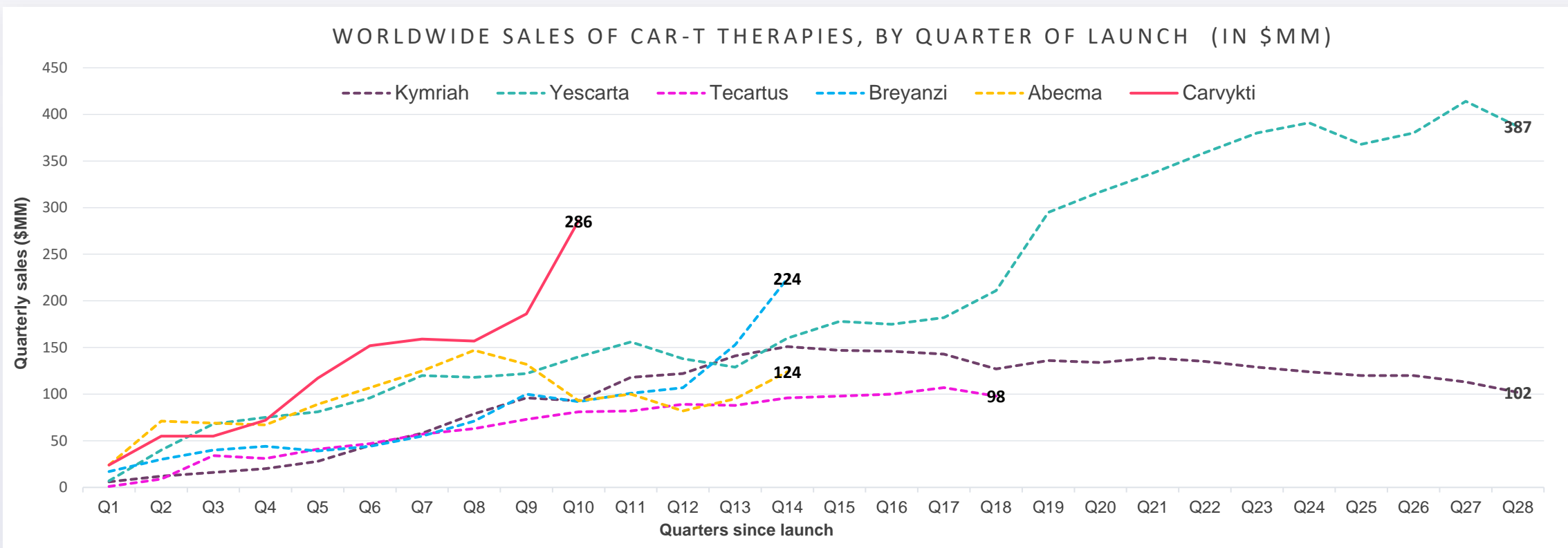
	YoY Growth	QoQ Growth
U.S.	84%	54%
OUS	125%	35%
Global	88%	53%

- U.S. QoQ growth of 54% primarily driven by:
 - Share gains & strength of 2L+ demand
 - Capacity expansion
 - Continued manufacturing efficiencies
- OUS QoQ growth of 35% primarily driven by:
 - Capacity expansion
 - Ongoing launch strength, with a growing commercial footprint in Germany, Austria, Brazil, and Switzerland

A New Standard for CAR-T Launches

CARVYKTI® - INDUSTRY LEADING EARLY LAUNCH PERFORMANCE

FIRST TEN QUARTERS OUTPERFORMING HISTORICAL CAR-T LAUNCHES



Pioneer and Leader in Cell Therapy

A Fully Integrated Global Leader in Cell Therapy



MARKET-LEADING MULTIPLE MYELOMA (MM) CAR-T THERAPY

- Received positive CHMP opinion and ODAC recommendation for the treatment of patients with relapsed and lenalidomide refractory MM in earlier lines of therapy
- Received FDA and EC approval for relapsed and lenalidomide-refractory MM with at least one prior line of therapy
- Demonstrated PFS and OS benefit vs standard therapies in 2L+ RRMM in CARTITUDE-4



COMPELLING MM PROGRAM AND AN INNOVATIVE PIPELINE

- Cilta-cel demonstrates consistently deep and durable responses across clinical trials with a manageable safety profile
- De-risked Phase 3 Programs present opportunities to unlock value in earlier line MM indications
- Additional pre- / early clinical stage programs targeting both hematologic and solid tumor indications



MANUFACTURING EXPERTISE DEVELOPED THROUGH GLOBAL COLLABORATION WITH J&J*

- Cilta-cel development collaboration combines Legend's leadership in cell therapy with J&J's* expertise in global drug development
- Expanding manufacturing capacity in the US and China and building large-scale manufacturing facilities in the EU



INTEGRATED CELL THERAPY PLATFORM

- In-house antibody generation and CAR-T specific functional screening technologies
- Early clinical proof-of-concept, working with KOLs in China, the US and globally
- Autologous and allogeneic platforms enable sustainable growth and scalability to address future commercial demand
- Strong intellectual property position

KOL, key opinion leaders

*Legal entity to the agreement is Janssen Biotech, Inc.; collaboration established in December 2017



Global R&D Strategy

Institutional R&D Model that accelerates Cell Therapy Discovery and Development



People: ~300 employees

One of the largest global cell therapy R&D teams



Science: Global

innovation
development
US, China, Europe



Patients: Potential **best-in-class** proprietary technology platforms



IP: Strong intellectual property position

CLINICAL DEVELOPMENT



Clinical programs in US



Clinical programs in China

CORE TECHNOLOGIES

CAR-T

NK

$\gamma\delta$ - T

PRODUCT PLATFORMS

Autologous

Allogeneic

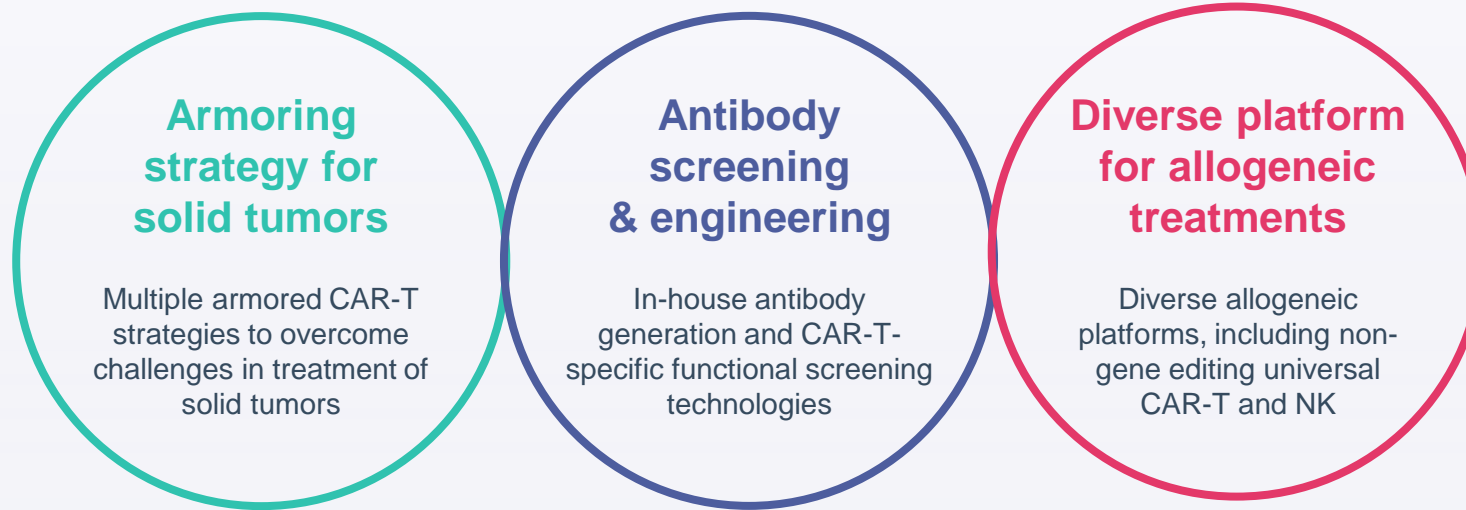
DISEASE AREAS

Hematologic malignancies

Solid tumors

Our Differentiated R&D Approach

Potential best-in-class proprietary technology platforms and end-to-end capability



Antibody Screening Platforms

High-throughput antibody screening and engineering capability, including single-domain antibodies generated from llama and conventional antibodies



Binding Domain Selection and Construct Design

Proprietary methodology to optimize the selection of binding domains and design CAR-T constructs with two or more antigen-binding domains



Pre-clinical Validation

Robust *in vitro* and *in vivo* screening platforms to prioritize pipeline assets



Clinical Proof of Concept

Efficient clinical translation with IND and IIT studies, working with KOLs in US and China

Our Pipeline

Global US China



Cilta-cel Clinical Studies

PHASE 1

PHASE 2

PHASE 3

BCMA-directed autologous therapy

LEGEND-2[†]
RRMM
NCT03090659

CARTIFAN-1^{*}
RRMM
NCT03758417

CARTITUDE-1^{*}
RRMM
NCT03548207

CARTITUDE-2^{*}
MM
NCT04133636

CARTITUDE-4^{*}
RRMM
1-3 Prior Lines
NCT04181827

CARTITUDE-5^{*}
NDMM
Transplant Not Intended
NCT04923893

CARTITUDE-6^{*}
NDMM
Transplant Eligible
NCT05257083

Johnson & Johnson

Additional Pipeline Assets

PRECLINICAL

PHASE 1

Autologous Therapies

AUTOIMMUNE[†]
(CD19 X CD20 X CD22)

NHL[†] / ALL[†]
(CD19 X CD20 X CD22)[†]

MM[†]
(CD19 X GPRC5D),
(GPRC5D)

COLORECTAL[†]
(GCC)

SCLC & LCNEC^{†##}
(DLL3)



GASTRIC & PANCREATIC[†]
(CLAUDIN 18.2)

Allogeneic Therapies

AUTOIMMUNE
(CD19 X BCMA)

NHL[†]
(CD20)
CAR-αβ T

NHL[†]
(CD19 X CD20)
CAR-γδ T

MM[†]
(BCMA)
CAR-γδ T

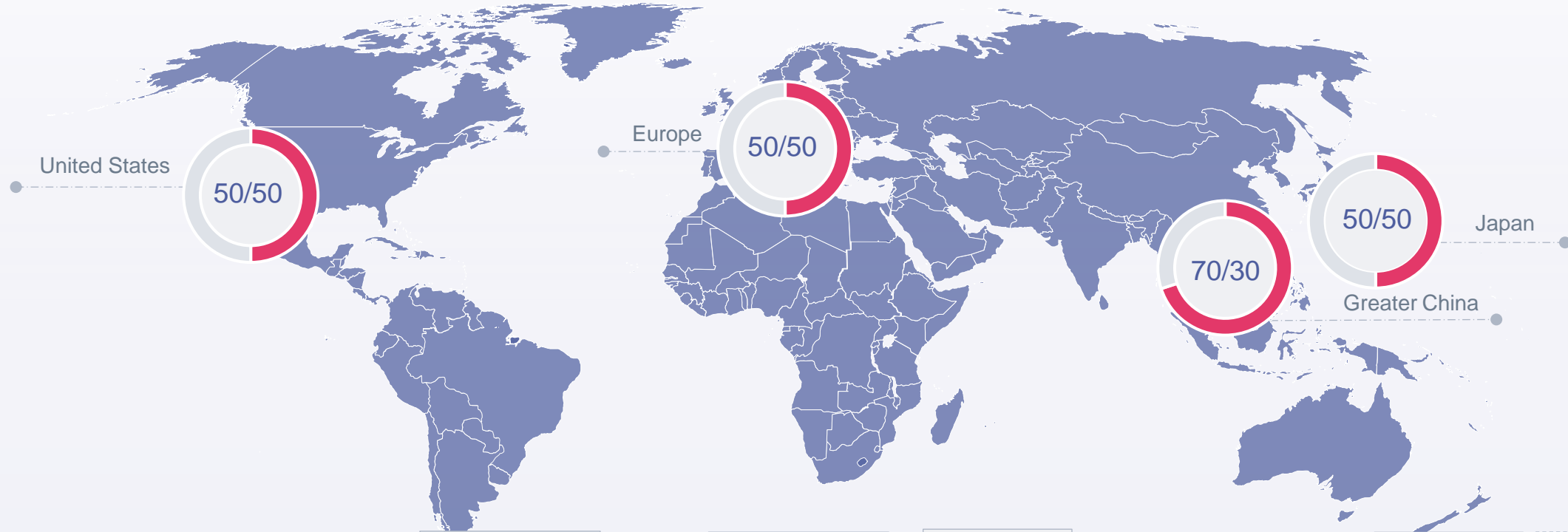
MM[†]
(BCMA)
CAR-NK

*In collaboration with Janssen, Pharmaceutical Companies of Johnson & Johnson. [†]Phase 1 investigator-initiated trial in China. ^{††}IND applications have been cleared by the U.S. FDA. ^{†††}Subject to an exclusive license agreement with Novartis Pharma AG. The safety and efficacy of the agents and/or uses under investigation have not been established. There is no assurance that the agents will receive health authority approval or become commercially available in any country for the uses being investigated. Additionally, as some programs are still confidential, certain candidates may not be included in this list.
INDICATIONS: ALL: acute lymphoblastic leukemia; LCNEC: large cell neuroendocrine carcinoma; MM: multiple myeloma; NDMM: newly diagnosed multiple myeloma; NHL: non-Hodgkin lymphoma; RRMM: relapsed or refractory multiple myeloma; SCLC: small cell lung cancer
TARGETS: BCMA: B-cell maturation antigen; DLL3: delta-like ligand 3; GCC: guanylyl cyclase C; GPRC5D: G-protein coupled receptor, family C, group 5, member D



Legend and J&J Global Collaboration

Worldwide collaboration and license agreement to develop and commercialize cilta-cel



*On August 3, 2023, Legend Biotech received a payment in the amount of \$15 million for the EMA's acceptance of the Type II Variation Application for CARVYKTI®, in accordance with Legend Biotech's license and collaboration agreement with Janssen (Janssen Agreement). In September 2023, Legend Biotech received a milestone payment of \$20 million in connection with the FDA's acceptance of the sBLA, in accordance with the Janssen Agreement.

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CARVYKTI® Regulatory Approval Progress



ENDPOINTS NEWS

FDA approves J&J and Legend's Carvykti for second-line multiple myeloma

BioWorld™

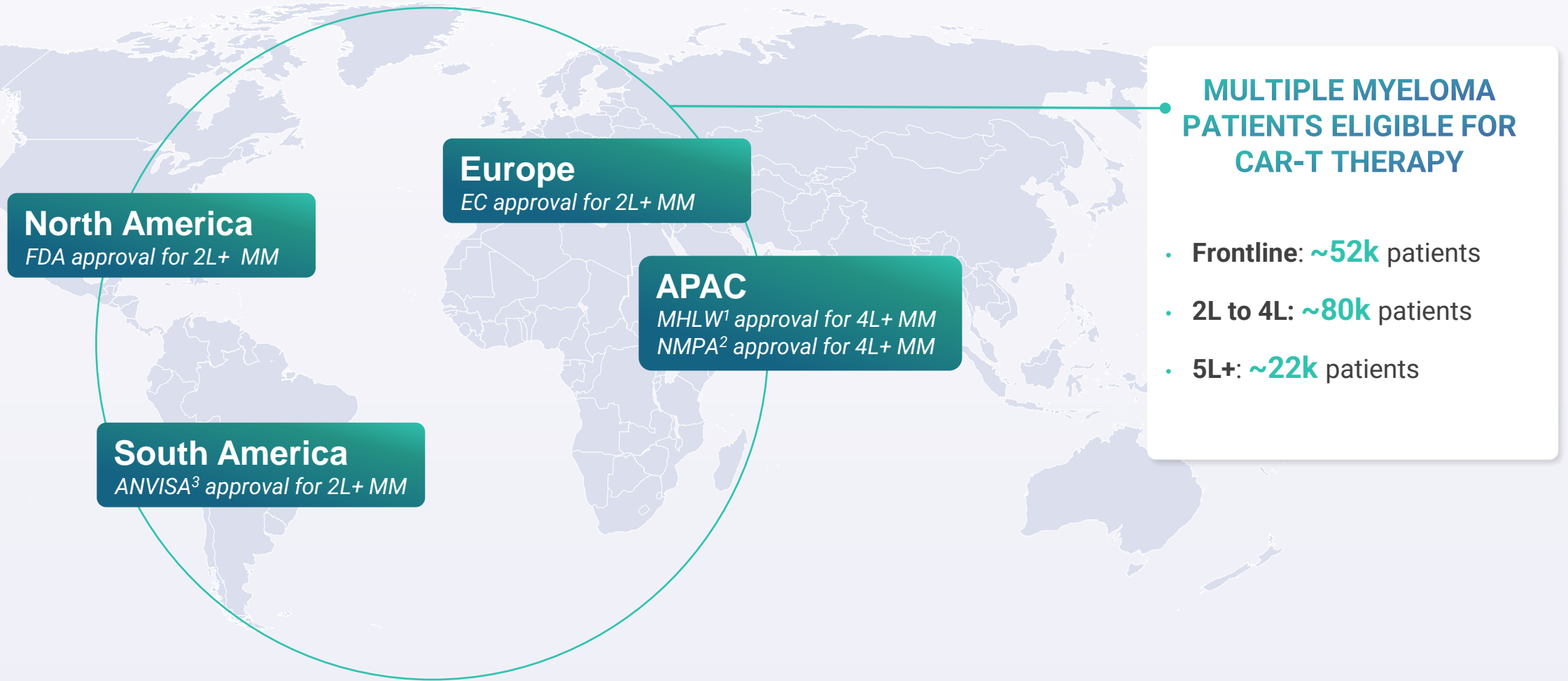
FDA expands Legend, J&J's Carvykti with 'best-case' label in MM

- ✓ Approved for patients with RRMM in:
 - U.S. (2L+)* – **first and only BCMA-targeted therapy approved by FDA for treatment of 2L+ MM**
 - E.U. (2L+)*
 - Brazil (2L+)*
 - Japan (4L+)
 - China (4L+)
- ✓ Supported by **extensive, long-term clinical data** available across multiple lines of therapy for MM
- ✓ **Commercially available** in US, Germany, Austria and Brazil
- ✓ **Well-positioned** to build upon existing commercial footprint to continue growing market share

*Based on CARTITUDE-4 data demonstrating statistically significant and clinically meaningful improvement in progression free survival with CARVYKTI over SOC



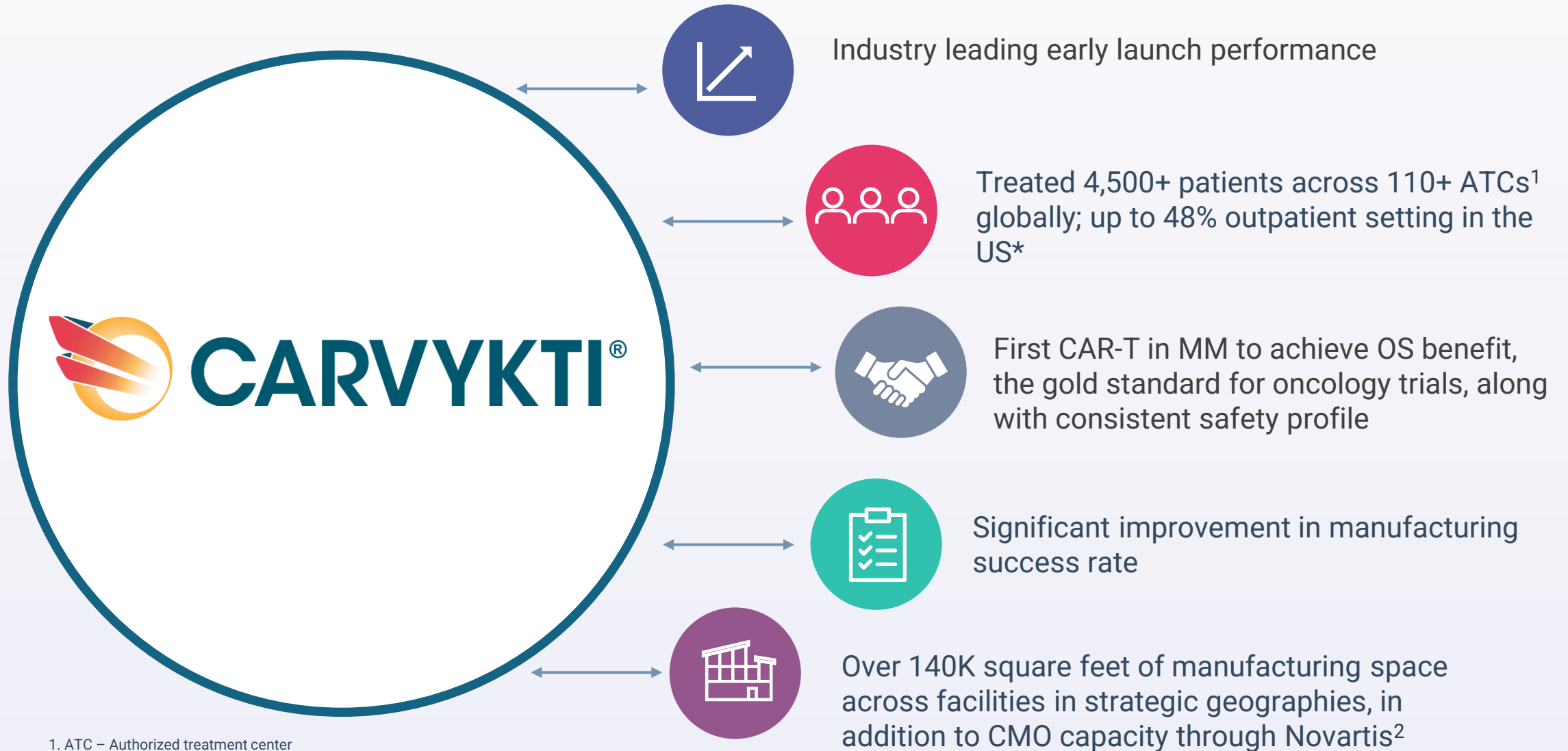
Unlocking the Blockbuster Global Market Opportunity



1. MHLW is the Ministry of Health, Labour and Welfare in Japan. 2. NMPA is the National Medical Products Administration in China. 3. ANVISA is the Brazilian Health Regulatory Agency, Agência Nacional de Vigilância Sanitária.

2L denotes second-line. 4L denotes fourth-line. 5L+ denoted fifth-line and beyond.

Unleashing the Strength of CARVYKTI®



1. ATC – Authorized treatment center
2. Novartis Pharmaceuticals Corporation
- * Based US Claims Data that is still maturing

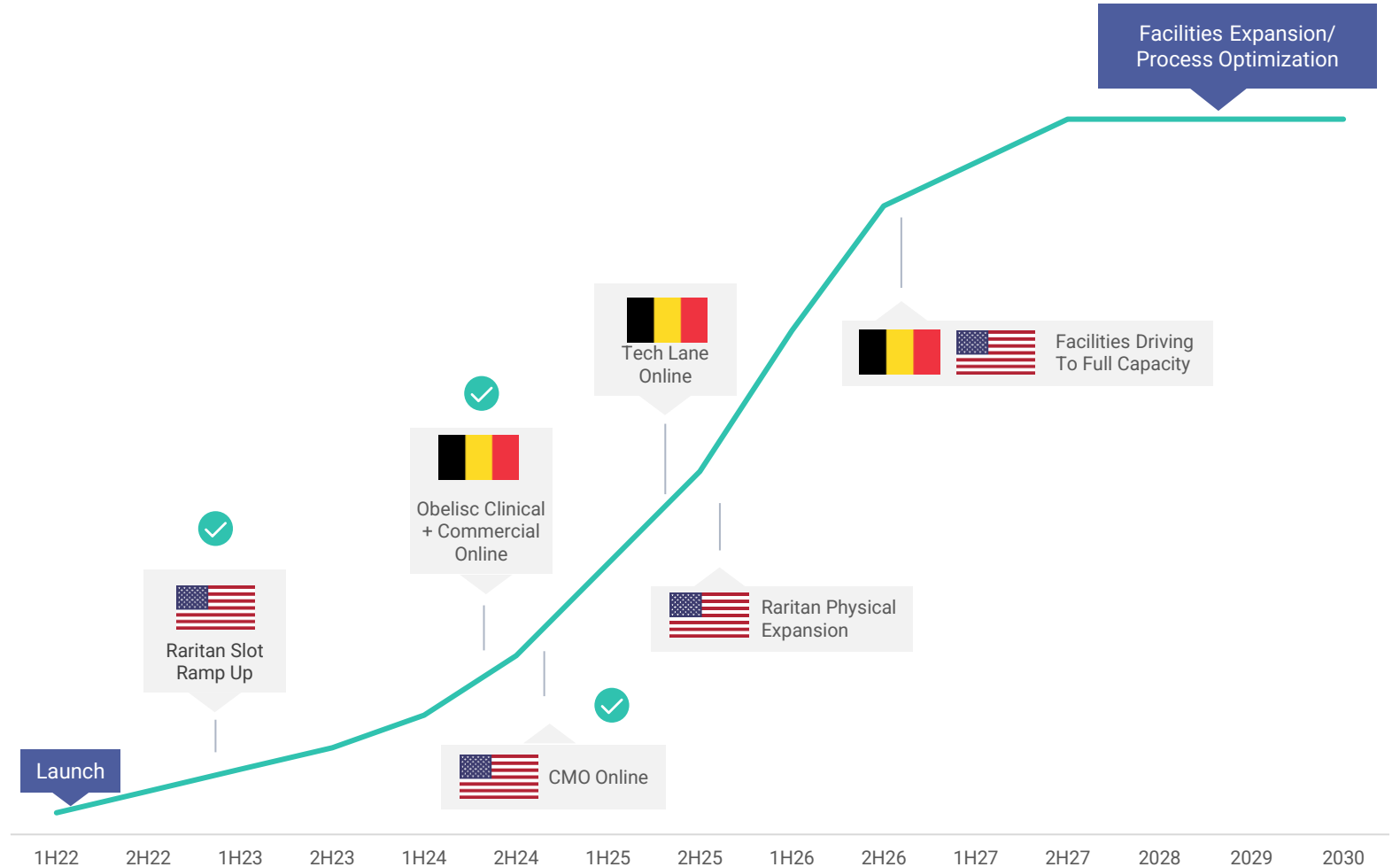
US and EU CARVYKTI® Supply Overview

RECENT PROGRESS

- Started commercial production at Obelisc facility in Ghent in September 2024
- Initiated clinical production at Novartis facility in July 2024

UPCOMING MILESTONES

- Initiate commercial production at Novartis facility in 1H 2025
- Initiate commercial production at Tech Lane facility in 2H 2025
- New section approval expected in Raritan facility in 2H 2025

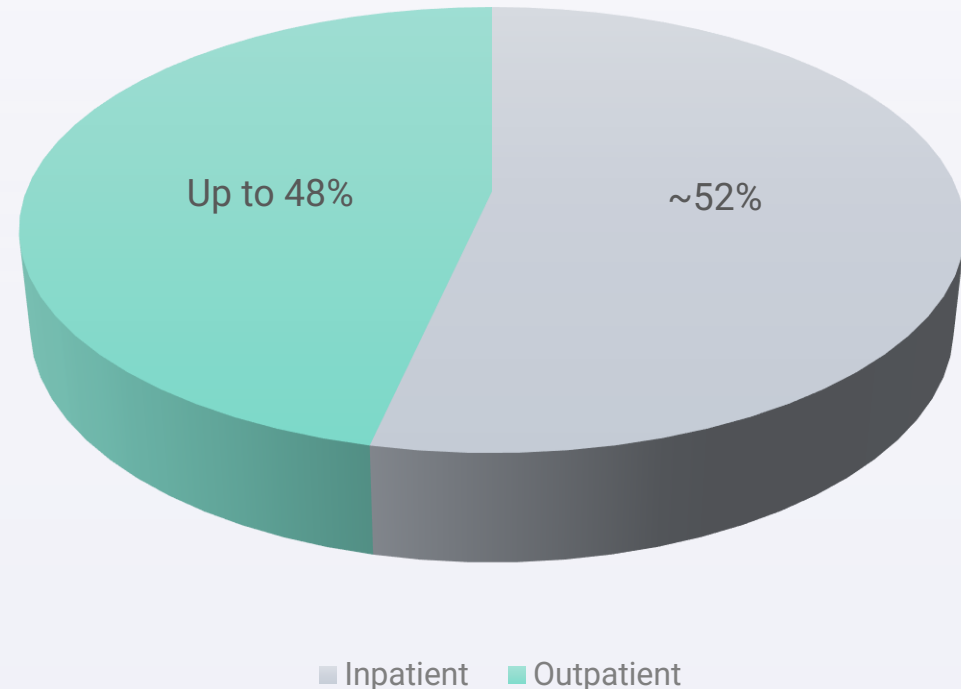


Outpatient Administration of CARVYKTI® is Extensive

Outpatient is a key expansion opportunity

- Extensive use of CARVYKTI in outpatient setting is a key differentiator
 - Unique delayed CRS¹ onset allows for outpatient administration options to best serve patient needs
- Patients and caregivers prefer to return home after treatment
- Support hospital infrastructure for the increased 2L+ patient population in community setting
- Expect majority of CARVYKTI patients will be treated in outpatient setting by year end 2025

CARVYKTI® Treatment Setting Volume: U.S.



Outpatient treatment represents **up to 48%** of CARVYKTI volume across **82 ATCs** in the U.S.

1. CRS – Cytokine release syndrome

Global Manufacturing Footprint

US Facilities



Raritan, NJ

US / EU / JP / ROW Launch/
Commercial Site for CARVYKTI®

- ✓ GMP Operational
- Approval of new Raritan section expected in 2H25



Somerset, NJ

US / EU / JP Legend Clinical Supply
Site for Pipeline Programs

EU Facilities



Ghent, Belgium – Tech Lane

Future Commercial Site for
CARVYKTI®

- Construction ongoing



Ghent, Belgium – Obelisc

Commercial Site for CARVYKTI®

- ✓ Clinical production started January 2024 and commercial production started in September 2024

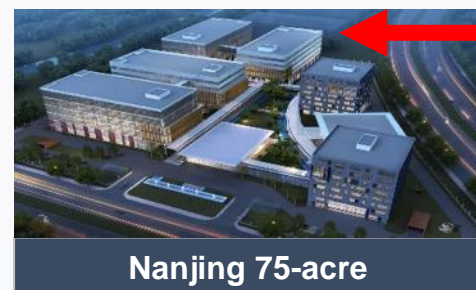
China Facilities



Nanjing

Legend China Clinical Supply Site for
Pipeline Programs & Potential China
Launch Site for CARVYKTI®

- ✓ GMP Operational



Nanjing 75-acre

Potential Future Commercial Site
for CARVYKTI®

- Construction ongoing

Building E

Recent and Upcoming Anticipated Milestones

RECENT MILESTONES

ANTICIPATED MILESTONES

Establishing a strong foundation for CARVYKTI® market penetration

- ✓ Obtained FDA approval for CARVYKTI® in 2L+ relapsed and lenalidomide-refractory MM.
- ✓ Obtained EMA approval for CARVYKTI® in 2L+ relapsed and lenalidomide-refractory MM.

- Continue executing global launches for CARVYKTI® in 2L+ therapy.

Strengthening our manufacturing capabilities

- ✓ Initiated commercial production at new Obelisc facility in Ghent in Sep 2024.
- ✓ Entered into Master Manufacturing and Supply Services Agreement with Novartis*.

- Approval of new Raritan section in 2H25

Unlocking value across our broader pipeline

- ✓ Completed enrollment in CARTITUDE-5 in July 2024.
- ✓ Made investments in a new, state-of-the-art R&D facility in Philadelphia.

- Complete enrollment in CARTITUDE-6.
- Advance pipeline programs.

*Novartis Pharmaceuticals Corporation

Cilta-cel Clinical Development

Multiple Myeloma: Blood Cancer with a High Unmet Need



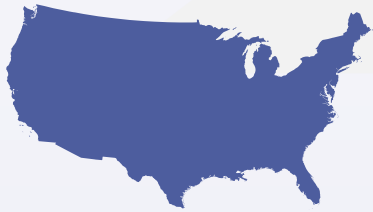
3RD MOST COMMON BLOOD CANCER

accounting for **14%** of all hematologic cancer¹



187,952

NEW CASES WORLDWIDE IN 2022,
accounting for 1% of worldwide
new cancer cases^{1,2}



US: Incidence is
32,258, with
mortality of 13,067³



EUROPE: Incidence is
50,092, with mortality
of 31,969⁴

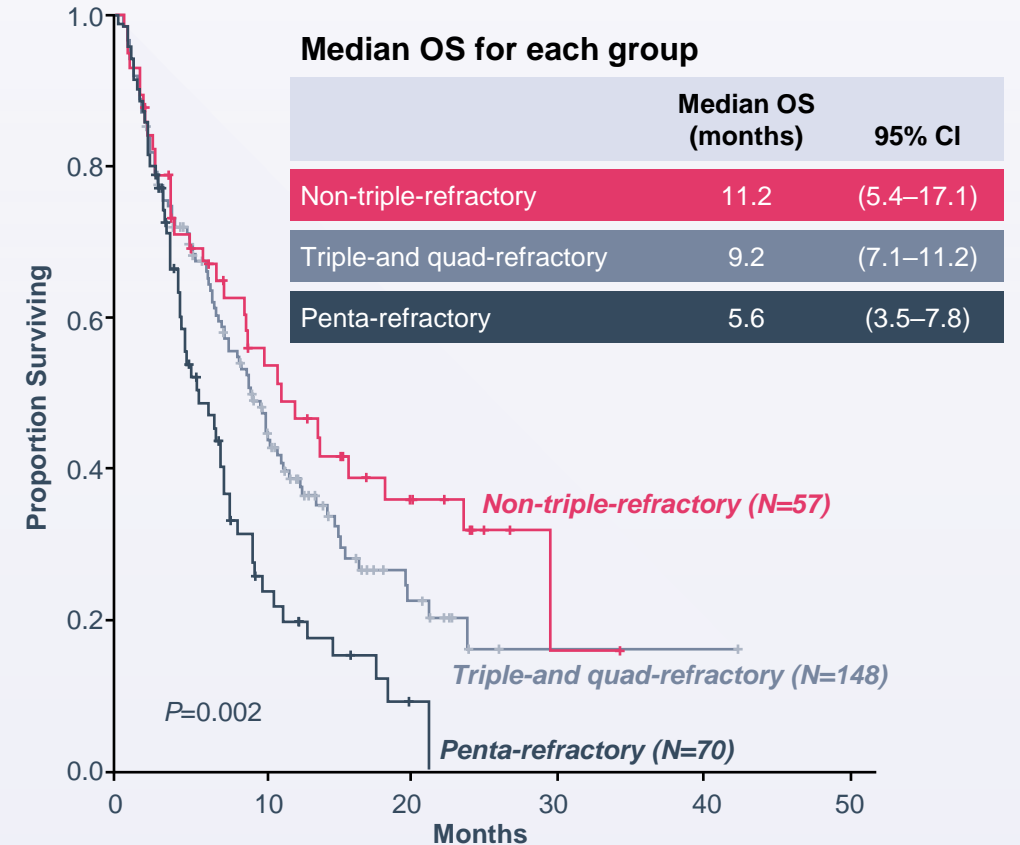


CHINA: Incidence is
30,300, with mortality
of 18,622⁵

**POOR SURVIVAL OUTCOMES IN MULTIPLE REFRACTORY
MM**

Median OS < 12 months

in patients refractory to anti-CD38, ≥ 1 PI(s) and / or ≥ 1 IMiD(s)⁶



CI, confidence interval; PI, Proteasome Inhibitor; IMiD, immunomodulatory drug; MM, multiple myeloma; OS, overall survival

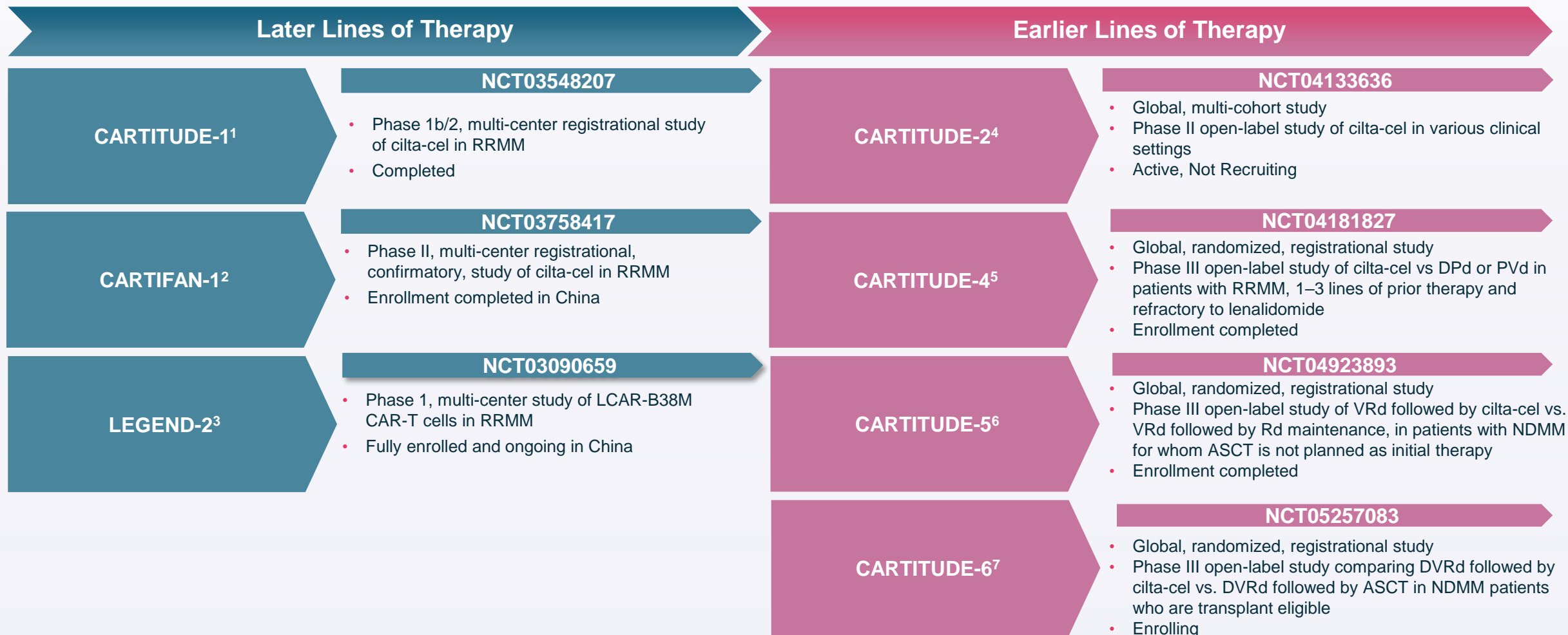
1. Globocan 2022 World Fact Sheet: <https://gco.iarc.who.int/media/globocan/factsheets/cancers/35-multiple-myeloma-fact-sheet.pdf>. Accessed March 2024. 2. Globocan 2022 World Fact Sheet: World.

<https://gco.iarc.who.int/media/globocan/factsheets/cancers/35-multiple-myeloma-fact-sheet.pdf>. Accessed March 2024. 3. Globocan 2022 World Fact Sheet: United States of America.

<https://gco.iarc.who.int/media/globocan/factsheets/populations/840-united-states-of-america-fact-sheet.pdf>. Accessed March 2024. 4. Globocan 2022 World Fact Sheet: Europe. <https://gco.iarc.who.int/media/globocan/factsheets/populations/908-europe-fact-sheet.pdf>. Accessed March 2024. 5. Globocan 2020 World Fact Sheet: China. <https://gco.iarc.who.int/media/globocan/factsheets/populations/160-china-fact-sheet.pdf>. Accessed March 2024. 6. Gandhi UH, et al. Leukemia.

2019;33:2266-75.

Clinical Program - Cilta-cel Studies in Multiple Myeloma



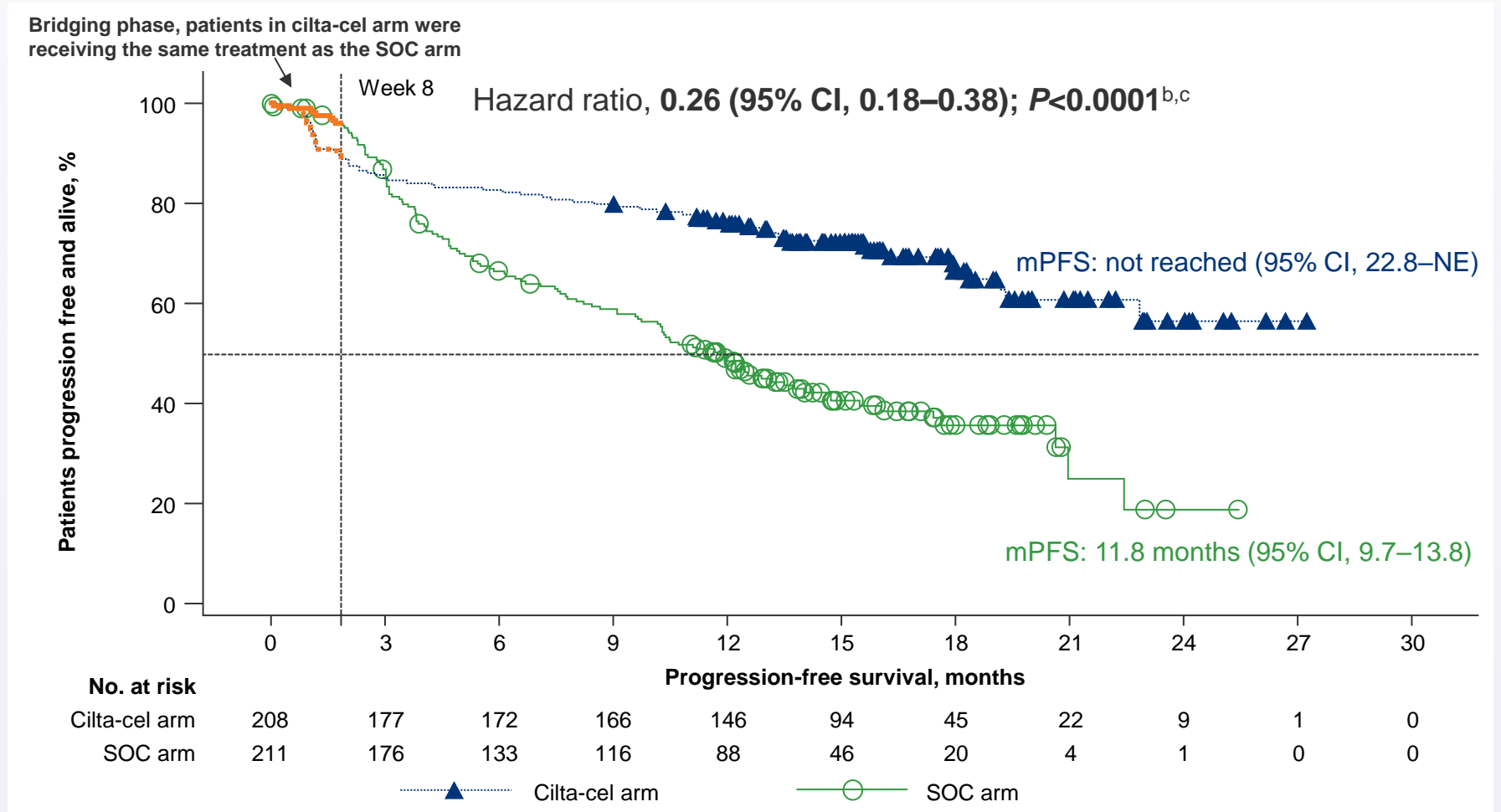
ASCT, autologous stem cell transplant; DPd, daratumumab, pomalidomide, dexamethasone; DVRd, daratumumab, bortezomib, lenalidomide, dexamethasone; EU, European Union; JP, Japan; NDMM, newly diagnosed multiple myeloma; PVd, pomalidomide, bortezomib, dexamethasone; RRMM, relapsed and/or refractory multiple myeloma; SoC, standard of care; US, United States; VRd, bortezomib, lenalidomide, dexamethasone.

¹ Clinicaltrials.gov: NCT03548207. ² Clinicaltrials.gov: NCT03758417. CARTIFAN-1 is registration study for China only; ³ Clinicaltrials.gov: NCT03090659. ⁴ Clinicaltrials.gov: NCT04133636. ⁵ Clinicaltrials.gov: NCT04181827 ⁶ Clinicaltrials.gov: NCT04923893. ⁷ Clinicaltrials.gov: NCT05257083. CARTITUDE-6 is a collaborative study sponsored by the European Myeloma Network.

CARTITUDE-4: Primary Endpoint – PFS (ITT Population)

Cilta-cel vs SOC

- 12-month PFS rate: 76% vs 49%
- SOC performed as expected



^aMedian follow-up, 15.9 months. ^bConstant piecewise weighted log-rank test. ^cHazard ratio and 95% CI from a Cox proportional hazards model with treatment as the sole explanatory variable, including only progression-free survival events that occurred >8 weeks post randomization.

cilta-cel, ciltacabtagene autoleucel; HR, hazard ratio; ITT, intent-to-treat; mPFS, median progression-free survival; NE, not estimable; SOC, standard of care.

CARTITUDE-4: TEAEs

Select TEAE ≥15%, n (%)	Safety population			
	Cilta-cel (n=208)		SOC (n=208)	
	Any grade	Grade 3/4	Any grade	Grade 3/4
Any AE	208 (100)	201 (96.6)	208 (100)	196 (94.2)
Serious AE	92 (44.2)	67 (32.2)	81 (38.9)	70 (33.7)
Hematologic	197 (94.7)	196 (94.2)	185 (88.9)	179 (86.1)
Neutropenia	187 (89.9)	187 (89.9)	177 (85.1)	172 (82.2)
Anemia	113 (54.3)	74 (35.6)	54 (26.0)	30 (14.4)
Thrombocytopenia	113 (54.3)	86 (41.3)	65 (31.3)	39 (18.8)
Lymphopenia	46 (22.1)	43 (20.7)	29 (13.9)	25 (12.0)
Infections	129 (62.0)	56 (26.9)	148 (71.2)	51 (24.5)
Upper respiratory tract ^a	39 (18.8)	4 (1.9)	54 (26.0)	4 (1.9)
Lower respiratory tract ^b	19 (9.1)	9 (4.3)	36 (17.3)	8 (3.8)
COVID-19 ^c	29 (13.9)	6 (2.9)	55 (26.4)	12 (5.8)

- **Hematologic TEAEs most common**
 - 85–90% **neutropenia**, almost all grade 3/4
 - Most high-grade cytopenias **resolved to grade ≤2 by day 30**
 - Grade 3/4 infections similar between arms
- **Second primary malignancies:**
 - Cilta-cel, 4.3% (n=9); most commonly cutaneous/noninvasive and hematologic
 - SOC, 6.7% (n=14); most commonly cutaneous/noninvasive^d
- **Deaths due to TEAEs**
 - Cilta-cel, n=10^e (7 due to COVID-19^f)
 - SOC, n=5^g (1 due to COVID-19)

^aIncludes preferred terms upper respiratory tract infection, nasopharyngitis, sinusitis, rhinitis, tonsillitis, pharyngitis, laryngitis, and pharyngotonsillitis. ^bIncludes preferred terms lower respiratory tract infection, pneumonia, and bronchitis. ^cTreatment-emergent COVID-19 only; includes preferred terms COVID-19, COVID-19 pneumonia, and asymptomatic COVID-19. ^dWith 1 case of peripheral T-cell lymphoma in the cilta-cel arm. ^e7 due to COVID-19, and 1 each due to neutropenic sepsis, pneumonia, and respiratory failure. ^f3 of 7 who died from COVID-19 were unvaccinated prior to cilta-cel. These COVID-19–related deaths contributed to the higher number of fatal events in the first year. ^g1 each due to COVID-19, progressive multifocal leukoencephalopathy, respiratory tract infection, septic shock, and pulmonary embolism. AE, adverse event; cilta-cel, ciltacabtagene autoleucel; TEAE, treatment-emergent adverse event; SOC, standard of care.

CARTITUDE-4: CRS and CAR-T Cell-Related Neurotoxicity

AEs, n (%)	As-treated patients (n=176)				
	Any grade	Grade 3/4	Median time to onset, days	Median duration, days	Resolved, n
CRS	134 (76.1)	2 (1.1)	8	3	134
Neurotoxicity ^a	36 (20.5)	5 (2.8)			
ICANS	8 (4.5)	0 ^b	10	2	8
Other ^c	30 (17.0)	4 (2.3)			
Cranial nerve palsy ^d	16 (9.1)	2 (1.1)	21	77	14
Peripheral neuropathy	5 (2.8)	1 (0.6)	63	201	3
MNT	1 (0.6)	0	85	–	0

In the cilta-cel as-treated population:

- 30 patients had non-ICANS neurotoxicities^c
 - 16 cranial nerve palsies (14 recovered)
 - 5 peripheral neuropathies
 - 1 MNT (grade 1)
- **Lower incidence and severity of CRS, ICANS, MNTs, and some cytopenias^e observed with CARTITUDE-4 vs CARTITUDE-1**
 - Cilta-cel may be better tolerated when used earlier in treatment
 - Effective bridging therapy enables better control of tumor burden prior to CAR-T infusion
 - MNTs were lower likely related to patient management strategies implemented to mitigate this risk

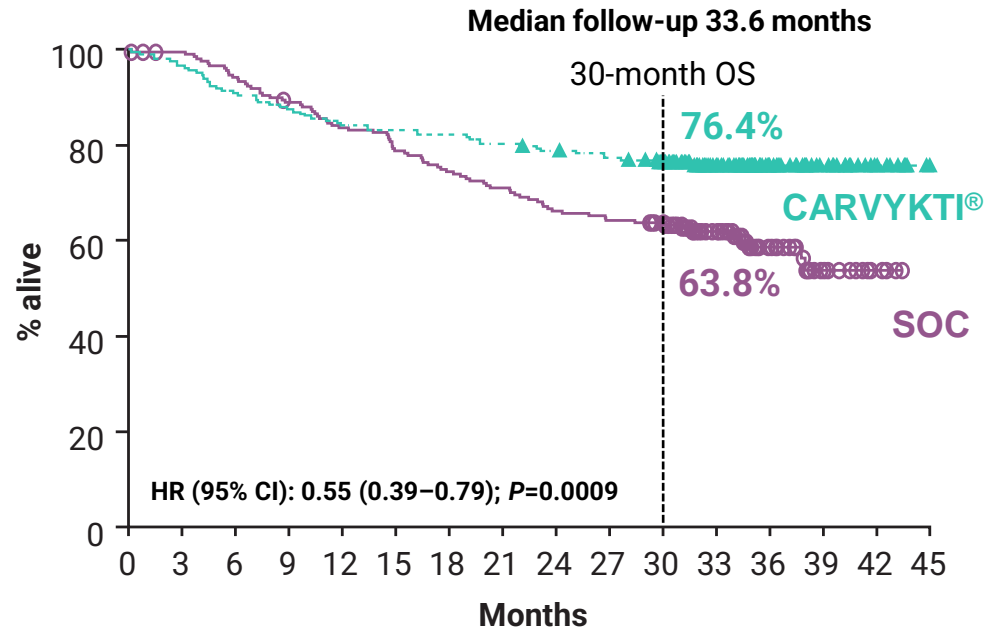
^aThere were no fatal neurotoxicities. ^bGrade 3 syncope reported as a symptom of grade 2 ICANS. ^cOther neurotoxicities include AEs reported as CAR-T cell neurotoxicity that are not ICANS or associated symptoms.

^dCranial nerve palsies most commonly affected cranial nerve VII; supportive measures included corticosteroids (14 patients). No clear risk factors for cranial nerve palsies have been identified, and the mechanism is not understood. ^eData for cytopenias not shown.

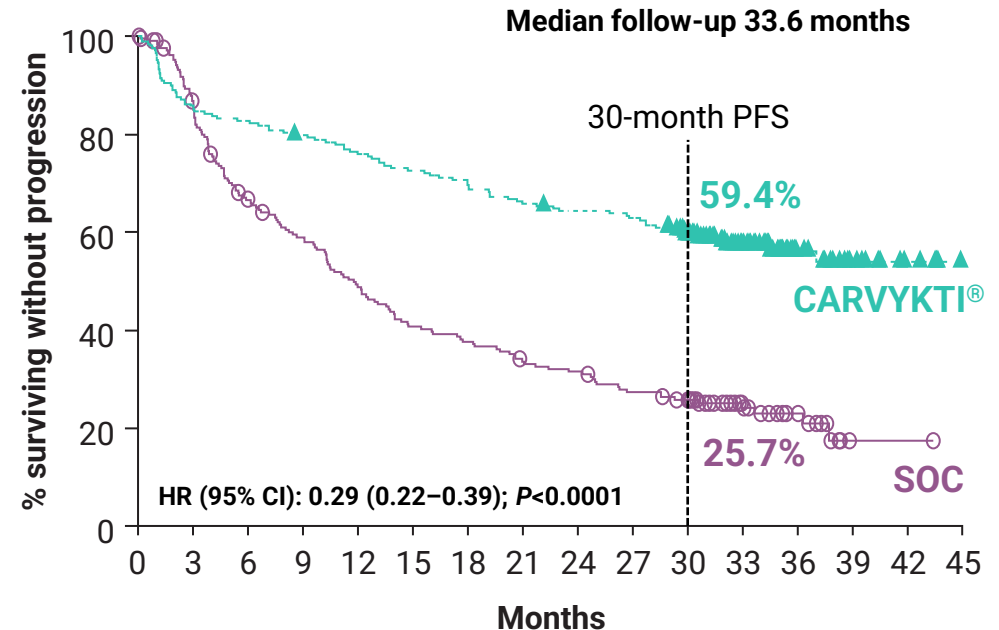
AE, adverse event; CAR-T, chimeric antigen receptor T cell; cilta-cel, ciltacabtagene autoleucel; CRS, cytokine release syndrome; DPd, daratumumab, pomalidomide, and dexamethasone; ICANS, immune effector cell-associated neurotoxicity syndrome; MNT, movement and neurocognitive treatment-emergent adverse event.

CARVYKTI® - First CAR-T in MM to Achieve OS Benefit, the Gold Standard for Oncology Trials

CARVYKTI® Significantly Improved OS



CARVYKTI® Maintained Significant Improvement in PFS



- Long-term CARTITUDE-4 update^{1,2}: A one-time CARVYKTI® infusion significantly **prolonged overall survival** and **improved quality of life**
- **45% reduction in risk of death** with CARVYKTI® vs SOC in patients with lenalidomide-refractory MM after 1–3 prior LOT
- **~70% reduction in risk of progression or death** in patients who received CARVYKTI®
- **Median OS and PFS were not reached** with CARVYKTI®
- **Safety profile was consistent** with previous analysis and **no new cases of cranial nerve palsy or MNT** reported for the CARVYKTI® arm since previous report



1. Mateos, et al. Overall Survival (OS) With Ciltacabtagene Autoleucl (Cilta-cel) Versus Standard of Care (SoC) in Lenalidomide (Len)-Refractory Multiple Myeloma (MM): Phase 3 CARTITUDE-4 Study Update. International Myeloma Society 2024 Annual Meeting. September 2024.

2. San-Miguel J, et al. N Engl J Med 2023;389:335-47.

OS: overall survival; PFS: progression-free survival; SOC: standard of care; MM: multiple myeloma; LOT: line(s) of therapy; MNT: movement and neurocognitive treatment-emergent adverse event

Long-term CARTITUDE-4 Update (34 months): Safety Profile Consistent With Previous Analysis

Infections	Cilta-cel (n=208)	SOC (n=208)
Treatment-emergent infections, %		
All grade	63.5	76.4
Grade 3/4	28.4	29.8
Deaths due to TE- and non-TE infections, n	16	19
In first year, n	13	8
In second year, n	2	8

Cause of death	Cilta-cel (n=208)	SOC (n=208)
Deaths, n	50	82
Due to progressive disease	21	51
Due to TEAE	12	8

- **Both arms had grade 3/4 TEAE around 97%; most frequently cytopenia**

^aMultiple SPMs could occur in the same patient.

AML, acute myeloid lymphoma; cilta-cel, ciltacabtagene autoleucel; CNP, cranial nerve palsy; EBV, Epstein-Barr virus; MDS, myelodysplastic syndrome; MNT, movement and neurocognitive treatment-emergent adverse event; TE, treatment-emergent; TEAE, treatment-emergent adverse event; SOC, standard of care; SPM, second primary malignancy.

1. San-Miguel J, et al. *N Engl J Med* 2023;389:335-47.

Presented by M-V Mateos at the 21st International Myeloma Society (IMS) Annual Meeting; September 25–28, 2024; Rio de Janeiro, Brazil

SPM	Cilta-cel (n=208)	SOC (n=208)
SPMs, n (%)	27 (13.0)	24 (11.5)
Hematologic ^a	7 (3.4)	1 (0.5)
MDS, n	4	0
Progressed to AML, n	2	–
AML, n	1	0
Peripheral T-cell lymphoma, n	2	0
EBV-associated lymphoma, n	0	1
Cutaneous/non-invasive ^a	15 (7.2)	15 (7.2)
Non-cutaneous/invasive ^a	6 (2.9)	8 (3.8)

- **No new cases of cranial nerve palsy or MNT for the cilta-cel arm since the previous report¹**

Select Programs in Clinical Development

LB1908 (LCAR-C18S): Legend CAR-T Targeting CLDN18.2

For gastric cancer, esophageal cancer and pancreatic cancer



TARGET

- Claudins (CLDN) are a family of tight junction proteins¹
- CLDN18.2 is expressed in gastric cancer and pancreatic cancer²
- CLDN18.2 is highly conservative cross species



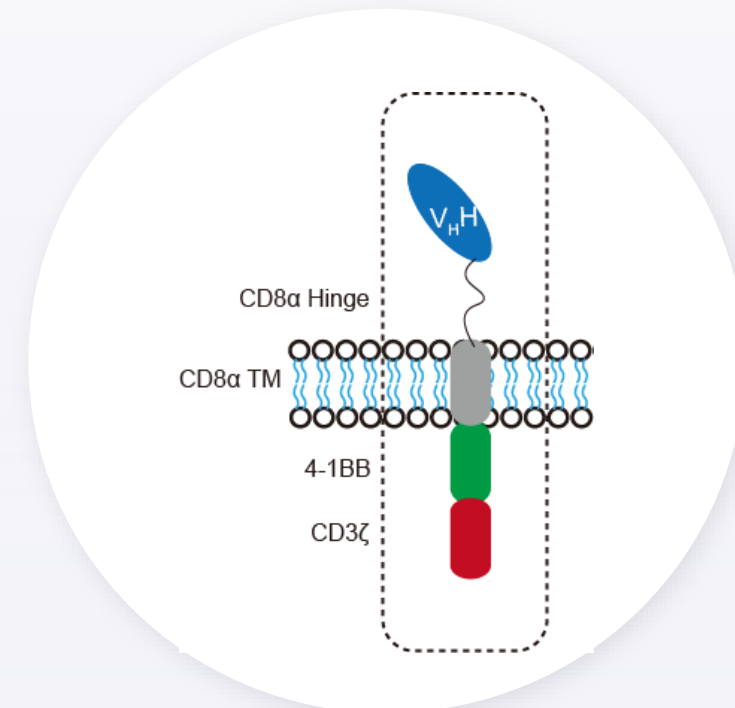
MOA/SCIENTIFIC RATIONALE

- LB1908 targets CLDN 18.2 via a proprietary VHH antibody
- High selectivity against the closely related CLDN 18.1



CLINICAL DEVELOPMENT STRATEGY

- POC achieved in IIT with 43 patients enrolled
 - Adult Claudin 18.2 positive patients with recurrent or metastatic advanced solid tumors (including advanced gastric cancers and non-gastric cancers) and have failed prior lines of systemic treatment
- US IND was cleared on June 1, 2022
- Orphan Drug Designation was granted by FDA on November 22, 2022
- The US clinical trial is actively recruiting at five sites as of August 2024.



LB2102: Legend Armored CAR-T Targeting DLL-3

For SCLC



TARGET

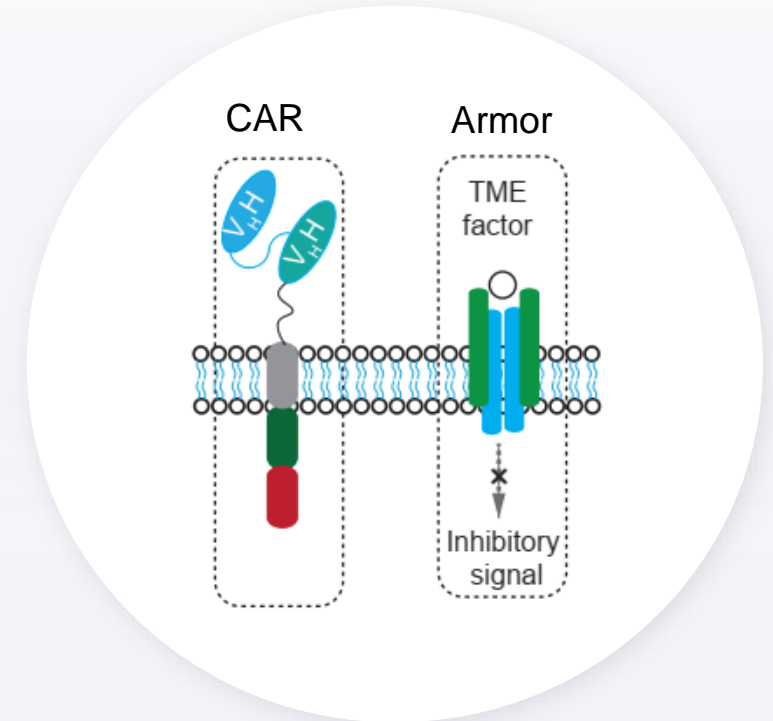
- DLL-3, a promising target with prevalent & homogeneous expression in SCLC (~80% positive) and other neuroendocrine tumors
- Minimal to no expression in normal tissues
- SCLC has limited treatment options & high unmet needs

MOA/SCIENTIFIC RATIONALE

- Tandem humanized binders with high affinity and specificity
- An armor overcoming suppressive TME to promote CAR-T cell expansion, persistence and infiltration

PRECLINICAL & CLINICAL DEVELOPMENT STRATEGY

- Well-tolerated *in vivo* in s.c and pulmonary orthotopic xenograft models
- US IND was cleared on November 21, 2022
- Orphan Drug Designation was granted by FDA on June 21, 2023
- Announced exclusive, global license agreement with Novartis to advance certain DLL3-targeted CAR-T therapies, including LB2102, in November 2023
- The US clinical trial is actively recruiting at four sites as of August 2024



Our Strengths

Why Legend continues to show growth and excellent performance



Promising Clinical Data

Deep and durable anti-tumor responses observed in heavily pretreated patients with RRMM with cilta-cel*



Global Collaboration

Global collaboration with Janssen for the development of cilta-cel with ongoing clinical trials



Fully Integrated Platform

End-to-end R&D and manufacturing capabilities with multiple core technologies and platforms



Strong Leadership

Experienced team with expertise in drug discovery, development and commercialization

*A Biologics License Application seeking approval of cilta-cel has been approved by the U.S. FDA and commercialized under the brand name CARVYKTI®. The product has also been approved by the Ministry of Health, Labour and Welfare in Japan and received conditional marketing authorization by the European Medicines Agency.

THANK YOU