Genmab Announces that Janssen Will Stop Studies of Daratumumab in Combination with Anti-PD-(L)1

Company Announcement

- Based on a recent planned review, the Data Monitoring Committee (DMC) recommends Phase Ib/II study of daratumumab plus atezolizumab (anti PD-L1 antibody) in patients with previously treated non-small cell lung cancer to be terminated.
- Phase I MMY2036 study of daratumumab plus JNJ-63723283 (anti PD-1 antibody) in patients with multiple myeloma, discontinued.
- Health Authorities have been informed about these events and Janssen has contacted its partner companies conducting daratumumab and anti-PD-(L)1 combination studies to discuss ceasing enrollment and dosing of the combination while the data is being further investigated.

Copenhagen, Denmark; May 26, 2018 – Genmab A/S (Nasdaq Copenhagen: GEN) announced today that following a planned review, the DMC has recommended that the Phase Ib/II study (CALLISTO/LUC2001) of daratumumab in combination with atezolizumab versus atezolizumab monotherapy in patients with previously treated advanced or metastatic non-small cell lung cancer should be terminated. In addition the phase I MMY2036 study of daratumumab plus JNJ-63723283, an anti PD-1 antibody in patients with multiple myeloma will be discontinued.

The DMC determined that there was no observed benefit within the combination treatment arm, daratumumab plus atezolizumab, over atezolizumab monotherapy, and recommended termination of the study. In addition to the lack of benefit, the DMC noted a numerical increase in mortality-related events in the combination arm.

Based on these findings, Janssen has made the decision also to discontinue the MMY2036 study, which was evaluating a combination of daratumumab and anti-PD-1 (JNJ-63723283) in patients with Multiple Myeloma. Janssen has informed Health Authorities about these events and has contacted its partner companies conducting daratumumab and anti-PD-(L)1 combination studies to discuss ceasing enrollment and dosing of the combination while the data is being further investigated.

In August 2012, Genmab granted Janssen an exclusive worldwide license to develop, manufacture and commercialize daratumumab.

"While we are disappointed that the studies will be discontinued, Genmab fully supports Janssen’s decision as patient safety is paramount in drug development. We look forward to gaining a better understanding of the data upon further analysis. We are pleased that the development program for daratumumab remains expansive and continues to benefit patients with Multiple Myeloma" said Jan van de Winkel, Ph.D., Chief Executive Officer of Genmab.

About the LUC2001 study
This randomized, multicenter, Phase Ib/II study includes 98 patients with previously treated advanced or metastatic NSCLC. Patients will be randomized to receive daratumumab at 16 milligrams per kilogram (mg/kg) weekly for 3 cycles and on day 1 of every 21-day cycle thereafter. Atezolizumab will be administered at 1,200 mg on day 2 of Cycle 1 and on day 1 of every 21-day cycle thereafter. Patients will continue to receive treatment until disease progression or unacceptable toxicity. Patients in the atezolizumab monotherapy arm with confirmed disease progression will be eligible to crossover to the daratumumab plus atezolizumab arm, if they meet the crossover eligibility criteria. The primary endpoint
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of the study is percentage of patients with ORR, defined as percentage of patients with PR or CR as defined by Response Evaluation Criteria in Solid Tumors (RECIST).

About MMY2036 study
This randomized, multicenter, multiphase study includes up to 386 patients with relapsed or refractory multiple myeloma. Approximately 6 subjects will be enrolled in Part 1 (a safety run-in cohort) followed by 80 subjects randomly assigned in a 1:1 ratio to the 2 treatment arms in Part 2 (Phase 2). After all subjects in Part 2 are followed-up for approximately 4 months, it will be determined, based on review of all available data, whether to initiate Part 3 (Phase 3) of this study, where an additional 300 subjects will be randomly assigned in a 1:1 ratio to the 2 treatment arms. Patients are randomized to receive JNJ 63723283 (PD-1 antibody) administered in combination with daratumumab, compared with daratumumab alone. Daratumumab is dosed at 16 milligrams per kilo (mg/kg) weekly for 8 weeks, then once every other week for 16 weeks; then once every 4 weeks. JNJ 63723283 is dosed at 240 milligrams IV fixed dose during week 1 on cycle 1 (28 days) day 2, cycle 1 day 15, then every 2 weeks thereafter. The primary endpoints of the study are in Part 1: number of participants with adverse events (AE) Including Dose-Limiting Toxicities (DLTs) during cycle 1. An adverse event is any untoward medical occurrence in participant who received study drug without regard to possibility of causal relationship. In Part 2: Overall Response Rate (ORR) as per International Myeloma Working Group (IMWG) criteria and in Part 3: Progression-Free Survival (PFS) which is the time from treatment start until the disease get worse.

About DARZALEX® (daratumumab)
DARZALEX® (daratumumab) injection for intravenous infusion is indicated in the United States in combination with bortezomib, melphalan and prednisone for the treatment of patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant; in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of patients with multiple myeloma who have received at least one prior therapy; in combination with pomalidomide and dexamethasone for the treatment of patients with multiple myeloma who have received at least two prior therapies, including lenalidomide and a proteasome inhibitor (PI); and as a monotherapy for the treatment of patients with multiple myeloma who have received at least three prior lines of therapy, including a PI and an immunomodulatory agent, or who are double-refractory to a PI and an immunomodulatory agent. DARZALEX® is the first monoclonal antibody (mAb) to receive U.S. Food and Drug Administration (U.S. FDA) approval to treat multiple myeloma. DARZALEX is indicated in Europe for use in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least one prior therapy and as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma, whose prior therapy included a PI and an immunomodulatory agent and who have demonstrated disease progression on the last therapy. In Japan, DARZALEX is approved in combination with lenalidomide and dexamethasone, or bortezomib and dexamethasone, for treatment of adults with relapsed refractory multiple myeloma. DARZALEX is the first human CD38 monoclonal antibody to reach the market. For more information, visit [www.DARZALEX.com](http://www.DARZALEX.com).

Daratumumab is a human IgG1k monoclonal antibody (mAb) that binds with high affinity to the CD38 molecule, which is highly expressed on the surface of multiple myeloma cells. Daratumumab triggers a person’s own immune system to attack the cancer cells, resulting in rapid tumor cell death through multiple immune-mediated mechanisms of action and through immunomodulatory effects, in addition to direct tumor cell death, via apoptosis (programmed cell death).

Daratumumab is being developed by Janssen Biotech, Inc. under an exclusive worldwide license to develop, manufacture and commercialize daratumumab from Genmab. A comprehensive clinical development program for daratumumab is ongoing, including multiple Phase III studies in smoldering,
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relapsed and frontline multiple myeloma settings and in amyloidosis. Additional studies are ongoing or
planned to assess the potential of daratumumab in other malignant and pre-malignant diseases, such as
NKT-cell lymphoma, myelodysplastic syndromes, B and T-ALL. Daratumumab has received two
Breakthrough Therapy Designations from the U.S. FDA, for multiple myeloma, as both a monotherapy
and in combination with other therapies.

About Genmab
Genmab is a publicly traded, international biotechnology company specializing in the creation and
development of differentiated antibody therapeutics for the treatment of cancer. Founded in 1999, the
company has two approved antibodies, DARZALEX® (daratumumab) for the treatment of certain multiple
myeloma indications, and Arzerra® (ofatumumab) for the treatment of certain chronic lymphocytic
leukemia indications. Daratumumab is in clinical development for additional multiple myeloma
indications, other blood cancers, and solid tumors. A subcutaneous formulation of ofatumumab is in
development for relapsing multiple sclerosis. Genmab also has a broad clinical and pre-clinical product
pipeline. Genmab's technology base consists of validated and proprietary next generation antibody
technologies - the DuoBody® platform for generation of bispecific antibodies, and the HexaBody® platform
which creates effector function enhanced antibodies. The company intends to leverage these
technologies to create opportunities for full or co-ownership of future products. Genmab has alliances with
top tier pharmaceutical and biotechnology companies. For more information visit www.genmab.com.

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and similar expressions identify forward looking statements. Actual results or performance may differ materially from any future
results or performance expressed or implied by such statements. The important factors that could cause our actual results or
performance to differ materially include, among others, risks associated with pre-clinical and clinical development of products,
uncertainties related to the outcome and conduct of clinical trials including unforeseen safety issues, uncertainties related to product
manufacturing, the lack of market acceptance of our products, our inability to manage growth, the competitive environment in
relation to our business area and markets, our inability to attract and retain suitably qualified personnel, the unenforceability or lack
of protection of our patents and proprietary rights, our relationships with affiliated entities, changes and developments in technology
which may render our products obsolete, and other factors. For a further discussion of these risks, please refer to the risk
management sections in Genmab’s most recent financial reports, which are available on www.genmab.com. Genmab does not
undertake any obligation to update or revise forward looking statements in this Company Announcement nor to confirm such
statements to reflect subsequent events or circumstances after the date made or in relation to actual results, unless required by law.

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combination with the HexaBody logo®, and UniBody®. Arzerra® is a trademark of Novartis AG or its affiliates. DARZALEX® is a
trademark of Janssen Pharmaceutica NV.

1 DARZALEX Prescribing information, May 2018. Available at:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/761036s013lbl.pdf Last accessed May 2018
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3 Overdijk, MB, et al. Antibody-mediated phagocytosis contributes to the anti-tumor activity of the therapeutic antibody daratumumab
4 Krejcik, MD et al. Daratumumab Depletes CD38+ Immune-regulatory Cells, Promotes T-cell Expansion, and Skews T-cell
5 Jansen, JH et al. Daratumumab, a human CD38 antibody induces apoptosis of myeloma tumor cells via Fc receptor-mediated