



Adagene Announces Milestone of CAR-T Collaboration with the National Heart, Lung, and Blood Institute at the National Institutes of Health

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- Collaboration with Richard Childs, M.D., yields potential first-ever antibodies targeting human endogenous retrovirus associated with renal cell carcinoma

SAN FRANCISCO, Calif. and SUZHOU, China, Jan. 12, 2021 (GLOBE NEWSWIRE) -- Adagene, Inc., a platform-driven, clinical-stage biopharmaceutical company with precision antibody engineering, discovery and development capabilities, today announced the successful completion of its component of the collaboration with Richard Childs, M.D., Chief of the Laboratory of Transplantation Immunotherapy at the National Heart, Lung, and Blood Institute, part of the National Institutes of Health (NIH). As a result of the collaboration, Adagene discovered antibodies that Dr. Child's laboratory has turned into a CAR-T cell therapy candidate for the potential treatment of renal cell carcinoma, the most common type of kidney cancer in adults, according to Frost & Sullivan.

Human endogenous retroviruses (HERVs), remnants of ancient germ-line infections with exogenous retroviruses, are estimated to comprise up to 8% of the human genome. A growing number of HERV genes and proteins have been found to be expressed in different cancers, and they might represent new targets for tumor immunotherapy.

"The novel antibodies that were co-discovered and tested by Adagene and the National Heart, Lung, and Blood Institute have enabled us to potentially develop the first CAR-T cell therapy candidate targeting a human endogenous retrovirus expressed in the majority of clear cell kidney tumors," said Dr. Childs. "This is an encouraging development that builds on decades of research in our quest to find ways to adapt and enhance immune cells to target and kill even the most aggressive cancers. I look forward to the evaluation and hopefully the development of this novel CAR-T cell and other antibody-based therapies in clinical trials."

The NIH will lead and be responsible for the manufacturing and clinical development of the CAR-T cell therapy candidate.

"Adagene is honored to have worked with Dr. Childs and his laboratory on this novel family of HERV as a potential target for tumor immunotherapy," said Peter Luo, Ph.D., Co-founder, Chief Executive Officer and Chairman of Adagene. "Using our NEObody™ technology, we identified novel antibodies against HERV expressed targets in renal cell carcinoma, which to our knowledge has never before been accomplished. We look forward to the advancement of the first-in-class CAR-T cell therapy Dr. Childs' laboratory has pioneered based on antibodies discovered at Adagene. In the meantime, Adagene continues to progress its pipeline of programs developed with NEObody™ and SAFEbody™ technologies, to address unmet medical needs."

NEObody™ is part of Adagene's Dynamic Precision Library (DPL) platform, which combines computational biology and synthetic biology to enable the selection of antibody candidates with novel epitopes, robust CMC profiles and desired safety and efficacy attributes for downstream development.

About Adagene

Adagene, Inc. is a platform-driven, clinical-stage biopharmaceutical company committed to transforming the discovery and development of novel antibody-based cancer immunotherapies. Adagene combines computational biology and artificial intelligence to design novel antibodies that address unmet patient needs. Its proprietary pipeline is comprised of novel immunotherapy programs. Adagene has forged strategic collaborations with reputable global partners that leverage its technology in multiple approaches at the vanguard of science.

Forward Looking Statements

This article contains forward-looking statements that reflect our current expectations and views of future events, including but not limited to those regarding the therapeutic potential of and potential clinical development and commercialization plans for Adagene's pipeline candidates, its strategic and financial plans and expectations, as well as financial projections.

In some cases, forward-looking statements can be identified by words or phrases such as "may," "will," "expect," "anticipate," "aim," "estimate," "intend," "plan," "believe," "is/are likely to," "potential," "continue" or other similar expressions. We have based these forward-looking statements largely on our current expectations and projections about future events that we believe may affect our financial condition, results of operations, business strategy and financial needs. These forward-looking statements include statements relating to: our goals and strategies; our future business development, financial conditions and results of operations; results of our clinical trials and preclinical studies; the expected collaboration between NIH and us; our expectations regarding our relationships with our business partners and our other stakeholders; competition in our industry; and relevant government policies and regulations relating to our industry.

Although we believe that our expectations expressed in these forward-looking statements are reasonable, our expectations may later be found to be incorrect. Our actual results could be materially different from our expectations. Known and unknown risks, uncertainties and other factors may cause our actual results, performance or achievements to be materially different from those expressed or implied by the forward-looking statements. Management's expectations and, therefore, any forward-looking statements in this presentation could also be affected by risks and uncertainties relating to a number of other factors, many of which are beyond Adagene's control. All information in this article is as of the date hereof, and Adagene disclaims any obligation to update or revise such information unless required by law.

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