Legend Biotech Corporate Presentation

December 2024

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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; cilta-cel), 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
- γδ – T[3]

6

Global Manufacturing Sites for CARVYKTI®:

- 1 site in US
- 2 sites in EU (Ghent)[4]
- 2 sites in China[4]
- 1 Novartis site

$1.2 Bn

in Cash and Cash Equivalents, and Time Deposits[5]

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

Key Milestones

2022

CARVYKTI® Approved by the US FDA
CARVYKTI® (ciltacabtagene autoleucel, cilta-cel) was approved by the U.S. FDA

LB1908 IND
Cleared by the U.S. FDA for the treatment of gastric, esophageal, and pancreatic cancer

LB2102 IND
Cleared by the U.S. FDA for the treatment of extensive stage small cell lung cancer

CARVYKTI® Granted Conditional Approval by the European Commission (EC)
CARVYKTI® (ciltacabtagene autoleucel, cilta-cel) granted Conditional Approval by the EC

CARVYKTI® Approved by Japan's MHLW
CARVYKTI® (ciltacabtagene autoleucel, cilta-cel) was approved Japan's Ministry of Health, Labour and Welfare (MHLW)

2023

sBLA/Type II Variation Accepted
sBLA and Type II variation for CARVYKTI® accepted by US FDA and EMA, respectively. FDA set the PDUFA target date for the CARVYKTI® sBLA to April 5, 2024

CARTITUDE-4 Phase 3 Data Presented at ASCO
Ciltacabtagene autoleucel (cilta-cel) reduced risk of disease progression or death by 74% vs standard regimens for adult patients with relapsed MM, 1-3 lines of prior therapy and refractory to lenalidomide[1]

Novartis Deal
Entered into an exclusive, global license agreement with Novartis Pharma AG for certain Legend Biotech CAR-T cell therapies targeting DLL3

Obelisc Manufacturing Site
Initiated clinical production at the new Obelisc facility in Ghent, Belgium

2024

Positive CHMP Opinion
The EMA's Committee for Medicinal Products for Human Use (CHMP) recommended label expansion for CARVYKTI® to include second-line relapsed lenalidomide-refractory MM patients

ODAC Recommendation
The FDA Oncologic Drugs Advisory Committee (ODAC) voted 11:0 recommending CARVYKTI® for the treatment of adult patients with relapsed or refractory MM who have received at least one prior line of therapy and are refractory to lenalidomide

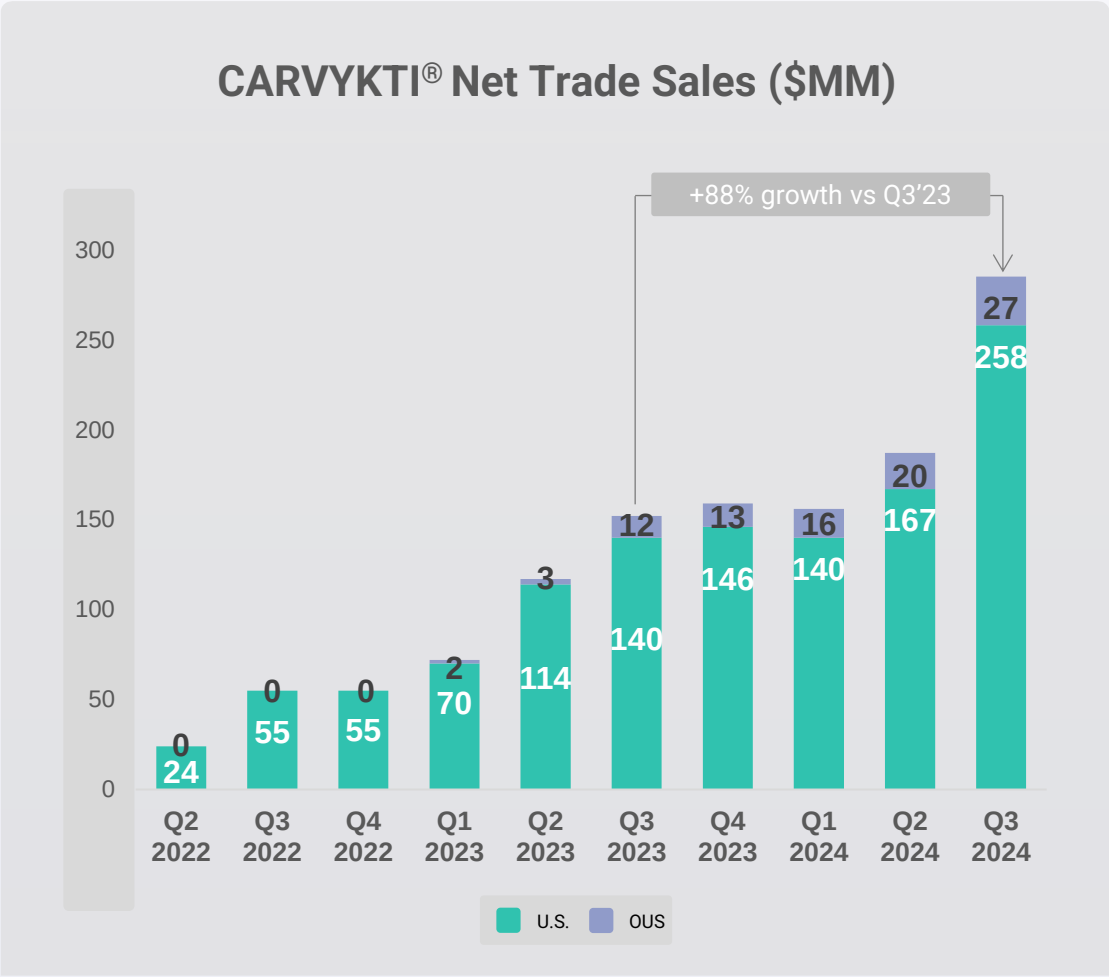
CARVYKTI® Approved by the US FDA for 2L Treatment of MM
U.S. FDA approved CARVYKTI® for the treatment of patients with relapsed or refractory MM who have received at least one prior line of therapy including a PI and an IMiD and are refractory to lenalidomide

CARVYKTI® Approved by the EC for 2L Treatment of MM
The EC granted approval of CARVYKTI® for the treatment of adult patients with relapsed and refractory MM who have received at least one prior therapy including PI and an IMiD, have demonstrated disease progression on the last therapy and are refractory to lenalidomide

[1]Dhakal 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



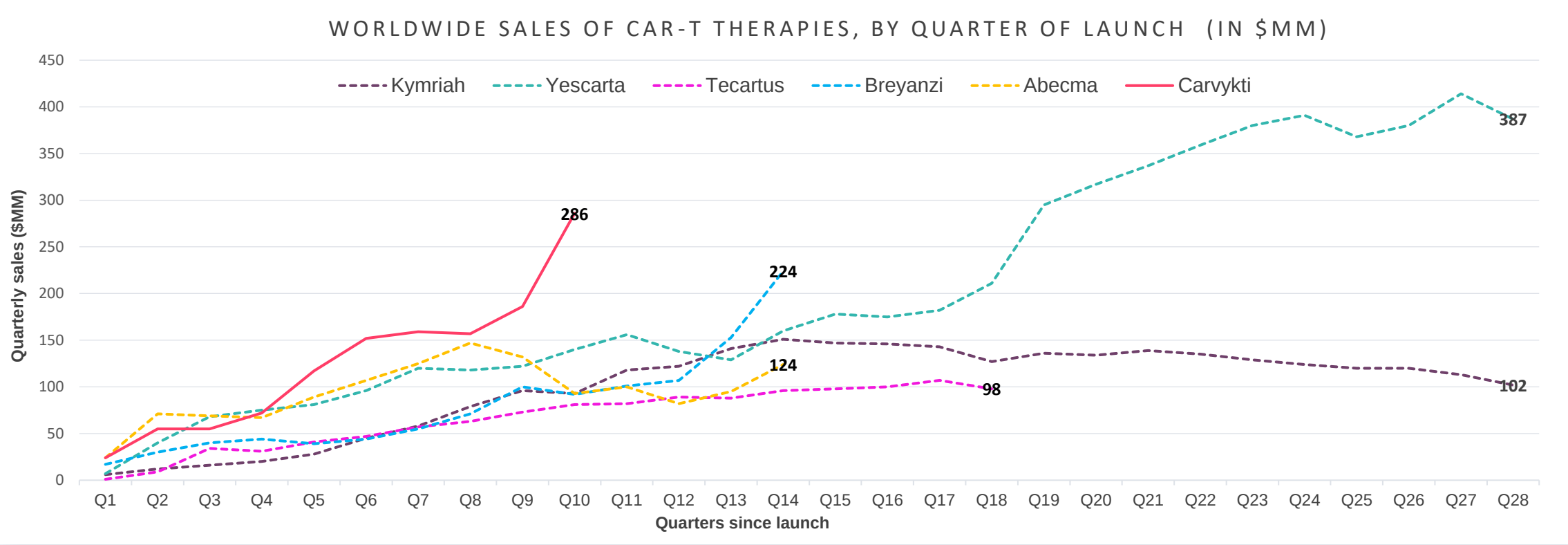
	YoY Growth	QoQ Growth
U.S.	84%	54%
OUS	125%	35%
Global	88%	53%

- 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



Data Source: Companies' public filings.

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

γδ - 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

Armoring strategy for solid tumors

Multiple armored CAR-T strategies to overcome challenges in treatment of solid tumors

Antibody screening & engineering

In-house antibody generation and CAR-T-specific functional screening technologies

Diverse platform for allogeneic treatments

Diverse allogeneic platforms, including non-gene editing universal CAR-T and NK

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

CARVYKTI® (ciltacabtagene autoleucel) Suspension for IV Infusion

BCMA-directed autologous therapy

PHASE 1	PHASE 2			PHASE 3		
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) NOVARTIS	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 BIOTECH

Legend and J&J Global Collaboration

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

2018

Upfront Payment
$350 million
Q1 2018

First Milestone
$25 million
Dec 2018

2019

Second Milestone
$25 million
Jul 2019

Third Milestone
$30 million
Jul 2019

2020

Fourth Milestone
$30 million
Jan 2020

Fifth Milestone
$75 million
December 2020

2021

Sixth Milestone
$15 million
May 2021

2022

9th Milestone
$50 million
April 2022

7th/8th Milestones
$50 million
January 2022

2023

10th/11th Milestones
$35 million*
August 2023

2024

13th Milestone
$30 million
June 2024

12th Milestone
$45 million
April 2024

Eligible for Potential Additional Milestone Payments

*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.

CARVYKTI® Regulatory Approval Progress

CARVYKTI™ (ciltacabtagene autoleucel) Suspension for IV Infusion

ENDPOINTS NEWS

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

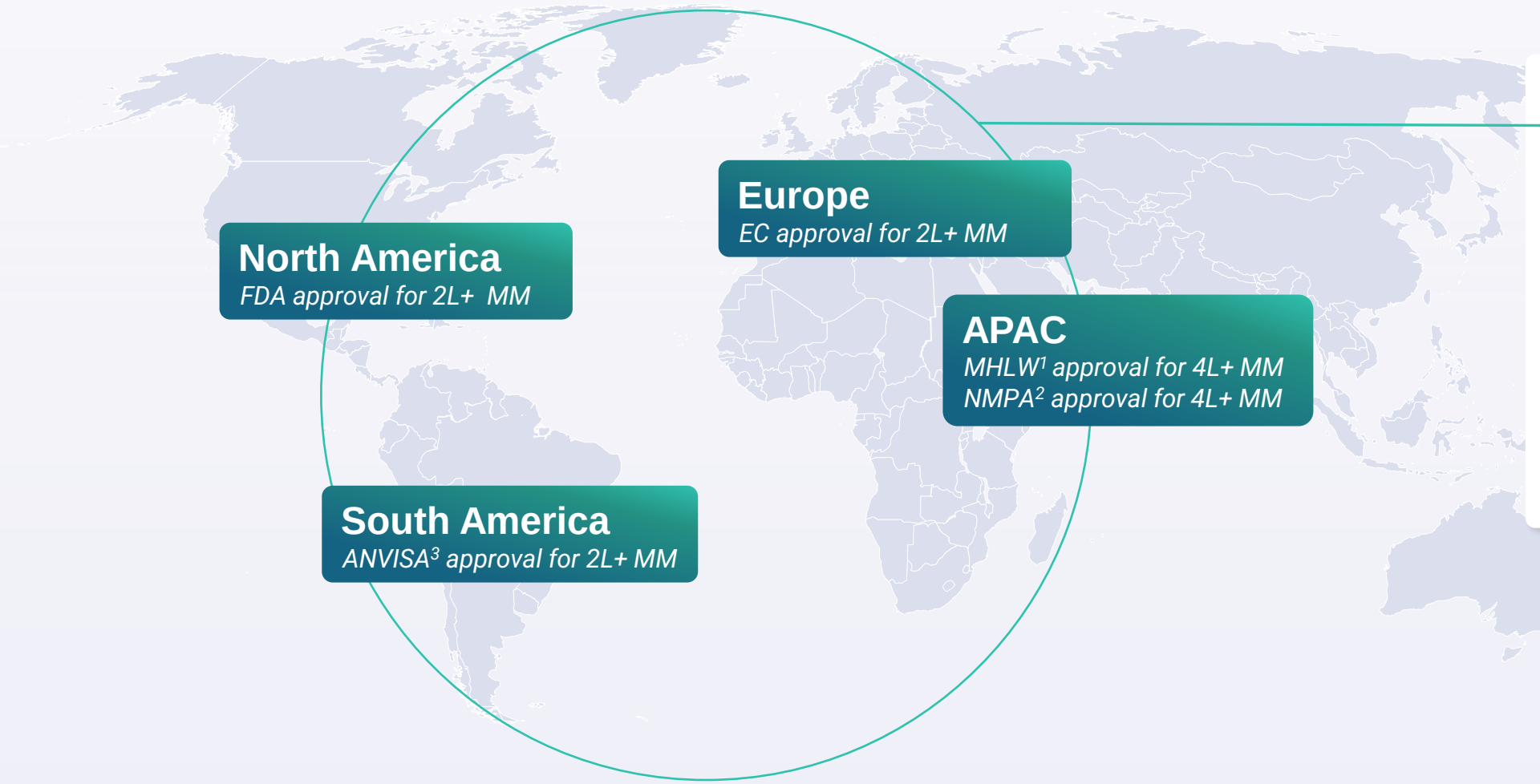
BioWorld™

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



MULTIPLE MYELOMA PATIENTS ELIGIBLE FOR CAR-T THERAPY

- **Frontline**: **~52k** patients
- **2L to 4L: ~80k** patients
- **5L+**: **~22k** patients

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®

- Industry leading early launch performance
- Treated 4,000+ patients across 110+ ATCs[1] globally; up to 48% outpatient setting in the US*
- First CAR-T in MM to achieve OS benefit, the gold standard for oncology trials, along with consistent safety profile
- Significant improvement in manufacturing success rate
- Over 140K square feet of manufacturing space across facilities in strategic geographies, in addition to CMO capacity through Novartis[2]

1. ATC – Authorized treatment center
2. Novartis Pharmaceuticals Corporation

- * Based US Claims Data that is still maturing

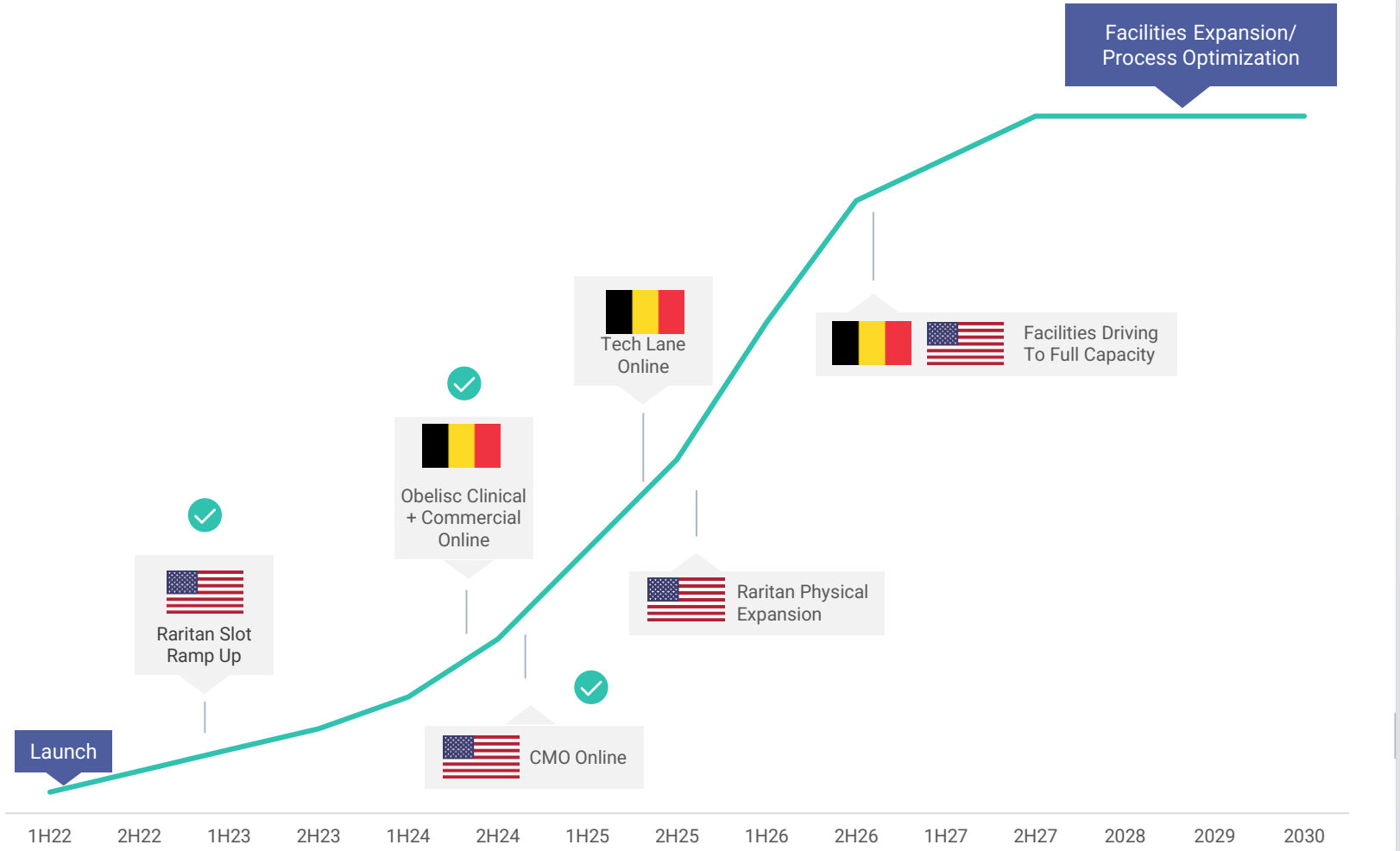
US and EU CARVYKTI® Supply Overview

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

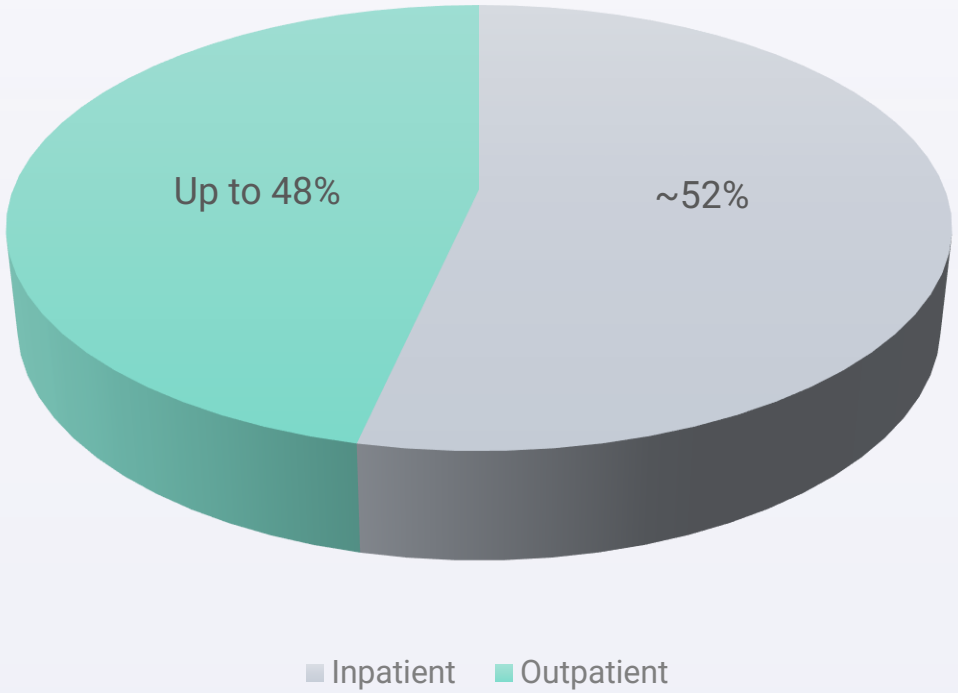


Outpatient Administration of CARVYKTI® is Extensive

Outpatient is a key expansion opportunity

- Extensive use of CARVYKTI in outpatient setting is a key differentiator
  - Unique delayed CRS[1] 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 CARVKYTI 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

Building E

Nanjing 75-acre

Potential Future Commercial Site for CARVYKTI®

- ■ Construction ongoing

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

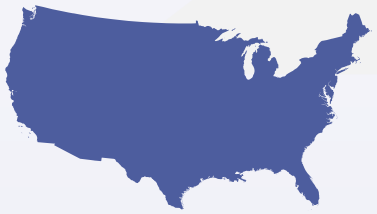
Multiple Myeloma: Blood Cancer with a High Unmet Need

3RD MOST COMMON BLOOD CANCER

accounting for **14%** of all hematologic cancer[1]

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 13,067[3]

EUROPE: Incidence is **50,092,** with mortality of 31,969[4]

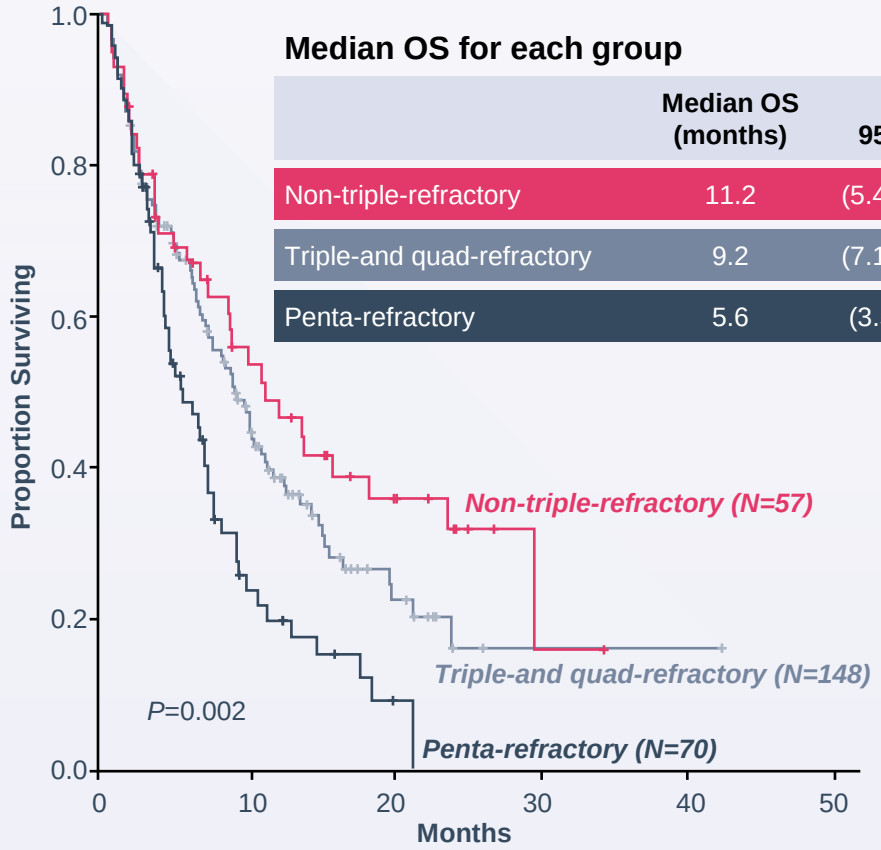
CHINA: Incidence is **30,300,** with mortality of 18,622[5]

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]

Median OS for each group

	Median OS (months)	95% CI
Non-triple-refractory	11.2	(5.4–17.1)
Triple-and quad-refractory	9.2	(7.1–11.2)
Penta-refractory	5.6	(3.5–7.8)



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

Later Lines of Therapy

CARTITUDE-1[1]

NCT03548207

- Phase 1b/2, multi-center registrational study of cilta-cel in RRMM
- Completed

CARTIFAN-1[2]

NCT03758417

- Phase II, multi-center registrational, confirmatory, study of cilta-cel in RRMM
- Enrollment completed in China

LEGEND-2[3]

NCT03090659

- Phase 1, multi-center study of LCAR-B38M CAR-T cells in RRMM
- Fully enrolled and ongoing in China

Earlier Lines of Therapy

CARTITUDE-2[4]

NCT04133636

- Global, multi-cohort study
- Phase II open-label study of cilta-cel in various clinical settings
- Active, Not Recruiting

CARTITUDE-4[5]

NCT04181827

- Global, randomized, registrational study
- Phase III open-label study of cilta-cel vs DPd or PVd in patients with RRMM, 1–3 lines of prior therapy and refractory to lenalidomide
- Enrollment completed

CARTITUDE-5[6]

NCT04923893

- Global, randomized, registrational study
- Phase III open-label study of VRd followed by cilta-cel vs. VRd followed by Rd maintenance, in patients with NDMM for whom ASCT is not planned as initial therapy
- Enrollment completed

CARTITUDE-6[7]

NCT05257083

- Global, randomized, registrational study
- Phase III open-label study comparing DVRd followed by cilta-cel vs. DVRd followed by ASCT in NDMM patients who are transplant eligible
- Enrolling

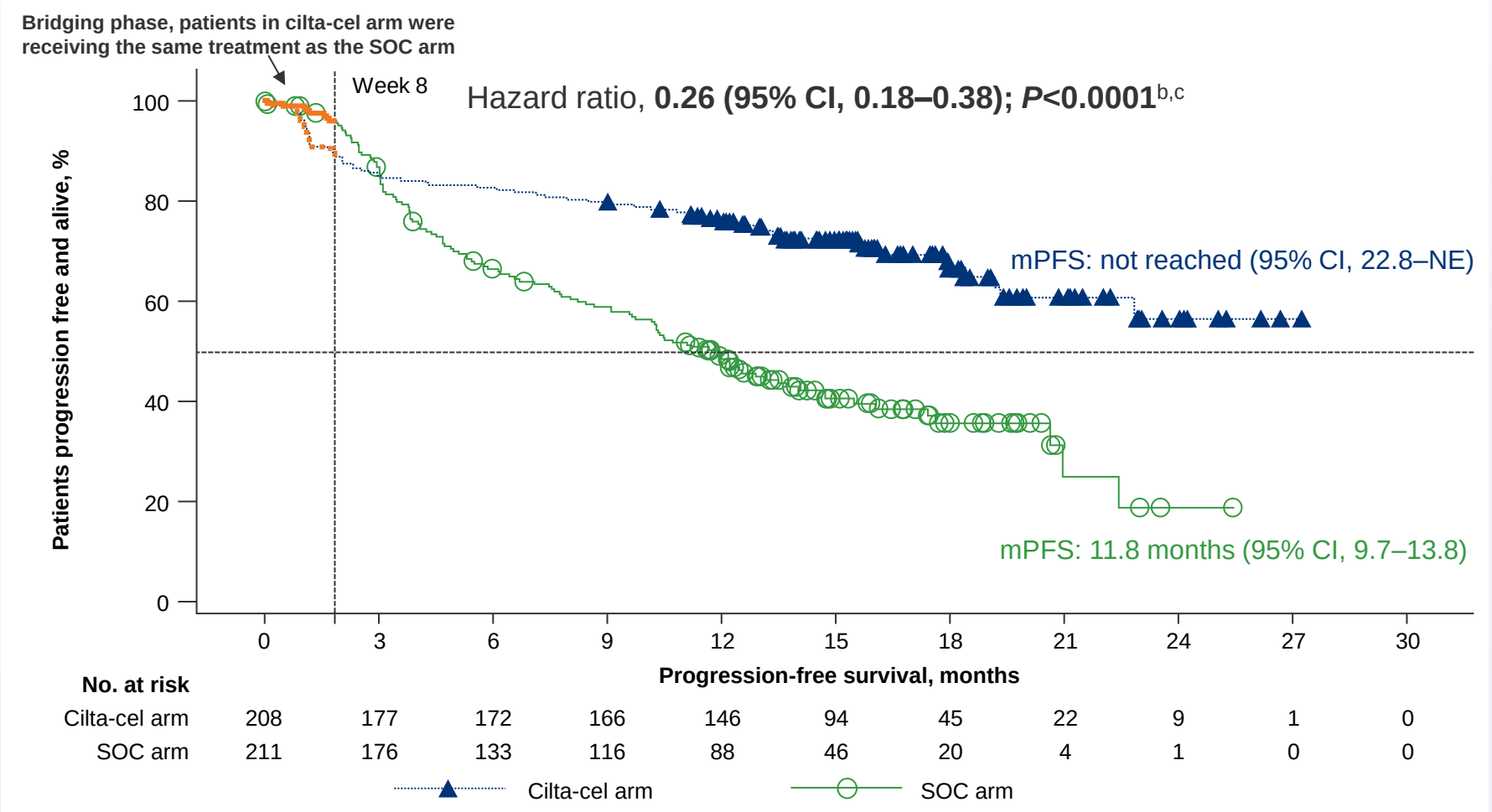
ASCT, autologous stem cell transplant; DPd, daratumumab, pomalidomide, dexamethasone; DVRd, daratumumab, bortezomib, lenalidomide, dexamethasone; EU, European Union; JP, Japan; NDMM, newly diagnosed multiple myeloma; PVd, pomalidomide, bortezomib, dexamethasone; RRMM, relapsed and/or refractory multiple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

[1] Clinicaltrias.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



[a]Median follow-up, 15.9 months. [b]Constant piecewise weighted log-rank test. [c]Hazard 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.

Dhakal et al. ASCO Annual Meeting; June 2-6, 2023; Chicago, Il & Virtual; Abstract #LBA106

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)

[a]Includes preferred terms upper respiratory tract infection, nasopharyngitis, sinusitis, rhinitis, tonsillitis, pharyngitis, laryngitis, and pharyngotonsillitis. [b]Includes preferred terms lower respiratory tract infection, pneumonia, and bronchitis. [c]Treatment-emergent COVID-19 only; includes preferred terms COVID-19, COVID-19 pneumonia, and asymptomatic COVID-19. [d]With 1 case of peripheral T-cell lymphoma in the cilta-cel arm. [e]7 due to COVID-19, and 1 each due to neutropenic sepsis, pneumonia, and respiratory failure. [f]3 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. [g]1each 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.

Dhakal et al. ASCO Annual Meeting; June 2-6, 2023; Chicago, Il & Virtual; Abstract #LBA106

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:

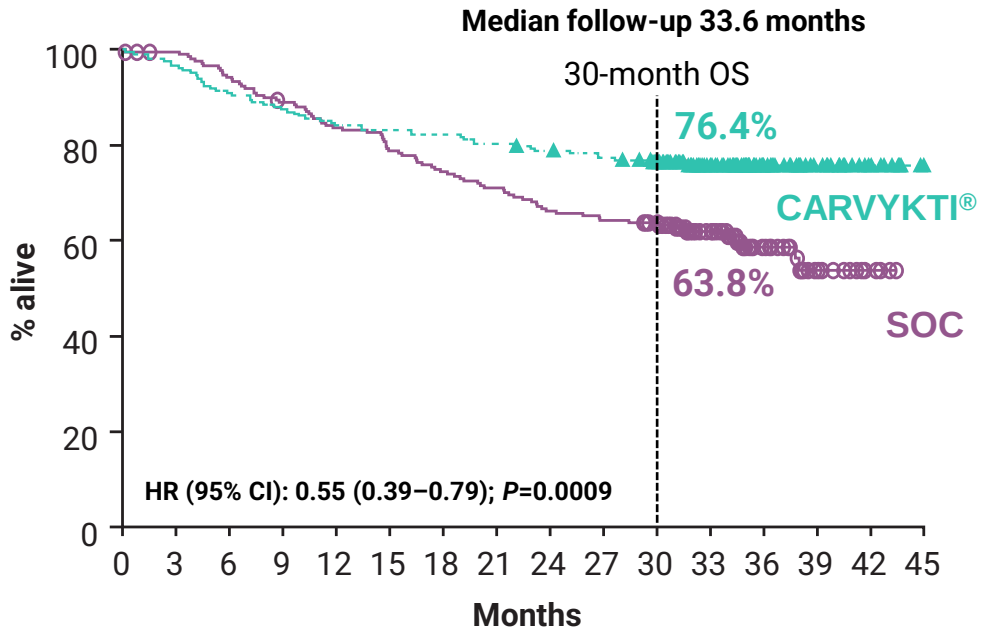
- 30 patients had non-ICANS neurotoxicities[c]
  - 16 cranial nerve palsies (14 recovered)
  - 5 peripheral neuropathies
  - 1 MNT (grade 1)
- **Lower incidence and severity of CRS, ICANS, MNTs, and some cytopenias[e] observed with CARTITUDE-4 vs CARTITUDE-1**
  - Cilta-cel may be better tolerated when 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

[a]There were no fatal neurotoxicities. [b]Grade 3 syncope reported as a symptom of grade 2 ICANS. [c]Other neurotoxicities include AEs reported as CAR-T cell neurotoxicity that are not ICANS or associated symptoms. [d]Cranial 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. [e]Data 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.

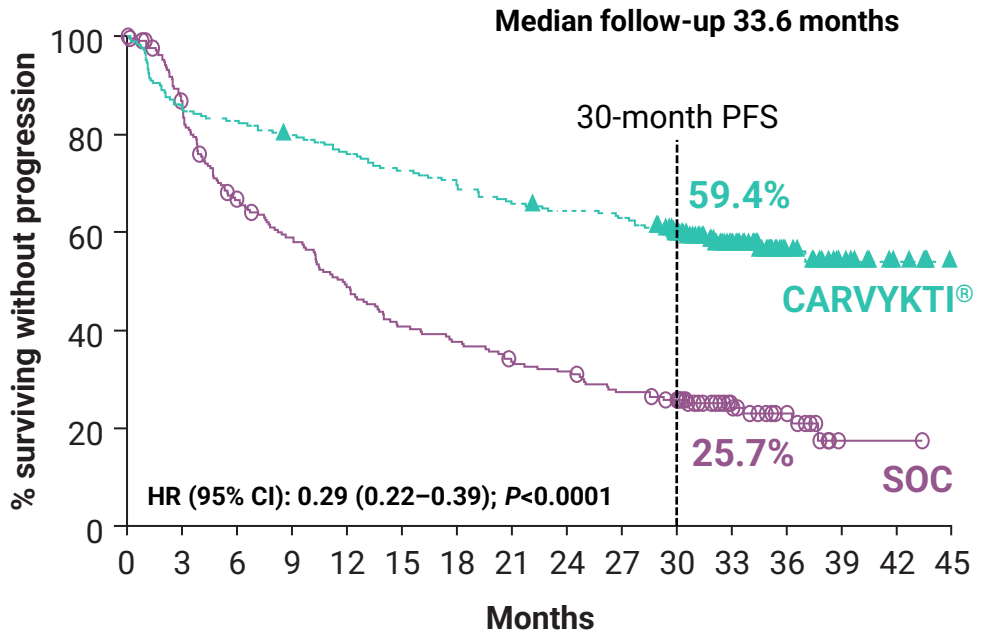
Dhakal et al. ASCO Annual Meeting; June 2-6, 2023; Chicago, Il & Virtual; Abstract #LBA106

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

CARVYKTI®

1. Mateos, et al. Overall Survival (OS) With Ciltacabtagene Autoleucel (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

LEGEND BIOTECH

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**

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 report[1]**

[a]Multiple 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

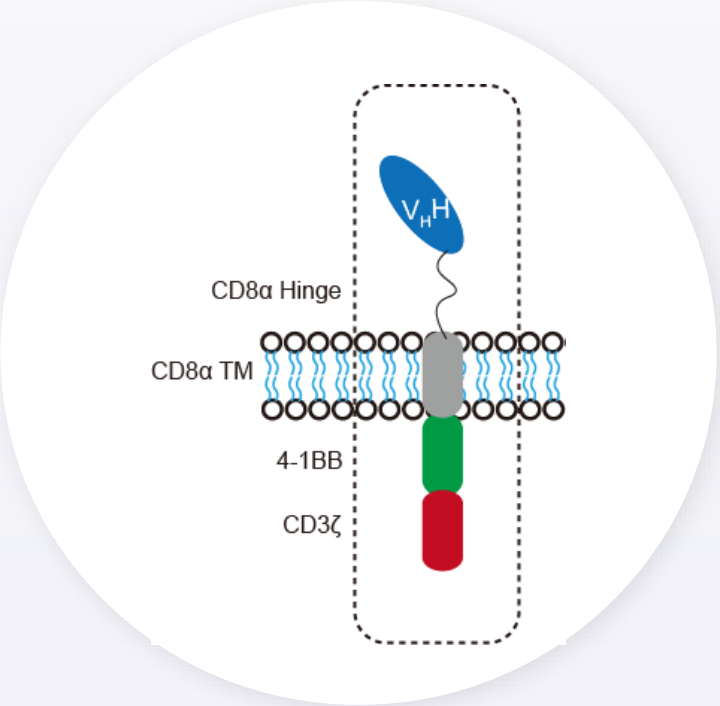
Select Programs in Clinical Development

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 proteins[1]
- CLDN18.2 is expressed in gastric cancer and pancreatic cancer[2]
- 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

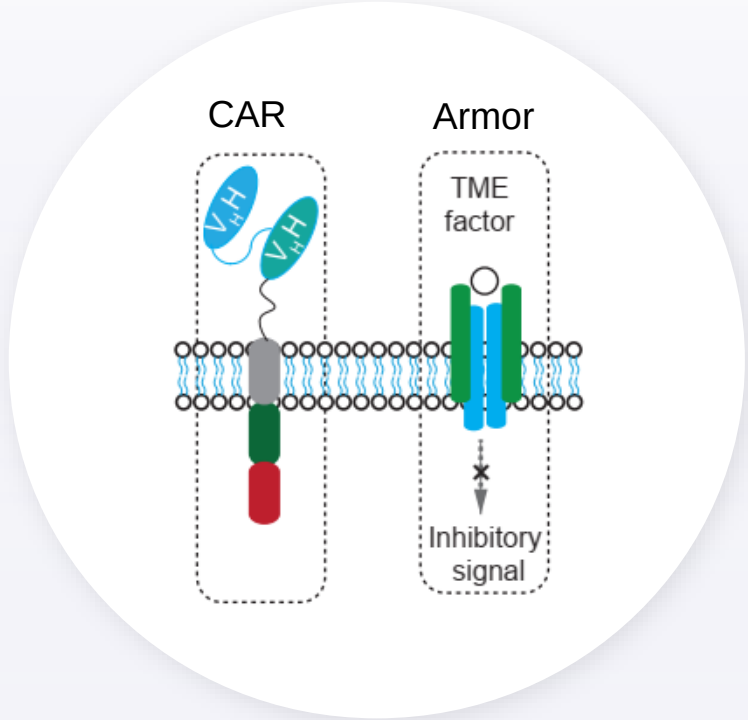
[1] Zhang J, et al. Chin J Cancer Res. 2020 Apr;32(2):263-70.
[2] Sahin U,et al. Clin Cancer Res. 2008 Dec 1;14(23):7624-34

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

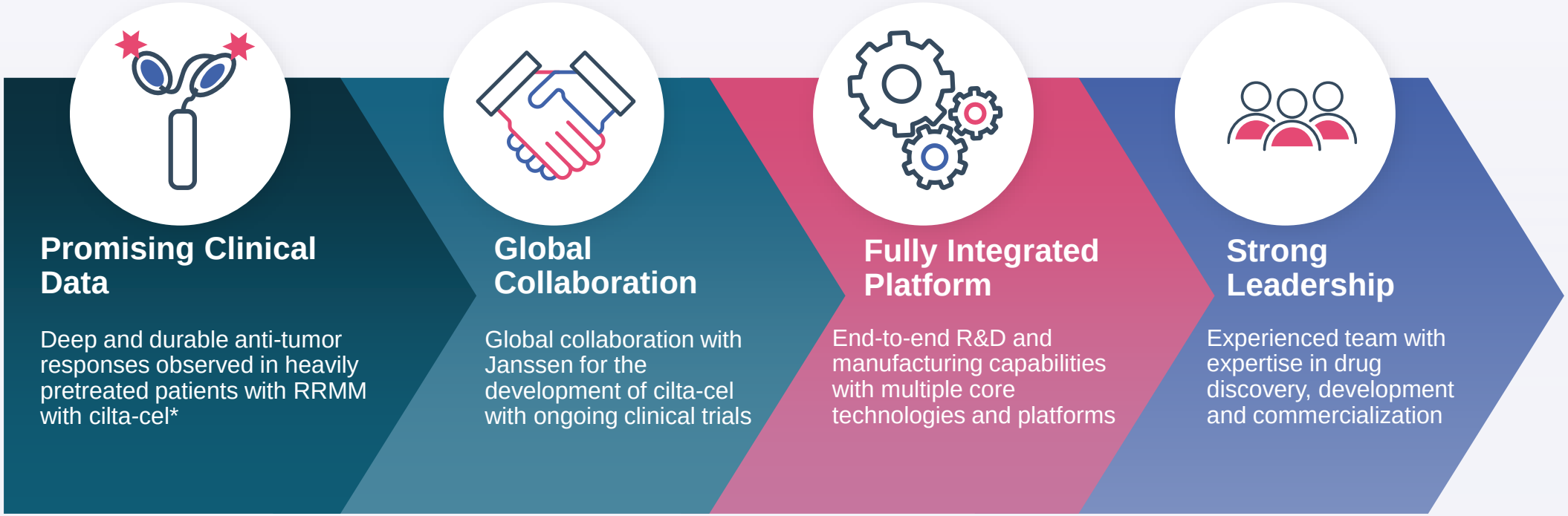
- Tandem humanized binders with high affinity and specificity
- An armor overcoming suppressive TME to promote CAR-T cell expansion, persistence and infiltration

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



*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