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Johnson & Johnson presentations at the 2026 ASCO Annual Meeting:

Prostate Cancer	
ERLEADA® (apalutamide)	
Plenary Session	
May 31, 2026 1:00 – 4:00 PM CDT Abstract #LBA1	Perioperative (neoadjuvant and adjuvant) apalutamide (APA) and androgen deprivation therapy (ADT) vs placebo (PBO) and ADT with radical prostatectomy (RP) in high-risk localized or locally advanced prostate cancer (HR LPC/LAPC): final analysis of the **PROTEUS** Phase 3 study
Poster Presentations	
May 31, 2026 9:00 AM – 12:00 PM CDT Abstract #5085 Poster #180	Cognition of apalutamide and ADT treatment responders versus non-responders
May 31, 2026 9:00 AM – 12:00 PM CDT Abstract #5087 Poster #182	Evaluation of concomitant medications in advanced prostate cancer patients receiving apalutamide: **TITAN** and **SPARTAN** post-hoc analysis
Online Publication	
Abstract #e17086	Physician preferences for metastatic hormone-sensitive prostate cancer treatment: A discrete choice experiment in China
Pasritamig (JNJ-78278343)	
Poster Presentations	
May 31, 2026 9:00 AM – 12:00 PM CDT Abstract #TPS5136 Poster #228b	A Phase 3 randomized, double-blind, placebo-controlled study of a **pasritamig** plus best supportive care in metastatic castration-resistant prostate cancer
May 31, 2026 9:00 AM – 12:00 PM CDT Abstract #TPS5139 Poster #230a	A Phase 3 randomized, open-label study of **pasritamig** (JNJ-78278343), a T-cell-engager targeting human kallikrein 2, with docetaxel versus docetaxel for metastatic castration-resistant prostate cancer
Multiple Myeloma	
CARVYKTI® (ciltacabtagene autoleucel; cilta-cel)	
Poster Presentations	
June 1, 2026 9:00 AM – 12:00 PM CDT Abstract #7536 Poster #415	Ciltacabtagene autoleucel in lenalidomide-refractory multiple myeloma responding to bridging therapy: **CARTITUDE-4** cytogenetic subgroup analysis

June 1, 2026 9:00 AM – 12:00 PM CDT Abstract #7533 Poster #412	Immune effector cell associated enterocolitis (IEC-EC) incidence and characterization in cilta-cel-treated patients with relapsed or refractory multiple myeloma (RRMM) in **CARTITUDE** clinical studies
DARZALEX® (daratumumab)	
Oral Presentation	
May 29, 2026 2:45 – 5:45 PM CDT Abstract #7505	New IMS/IMWG risk criteria by next-generation sequencing (NGS) confirms benefit of daratumumab in both high- and standard-risk patients in the **PERSEUS** study
Rapid Oral Presentation	
May 31, 2026 9:45 – 11:15 AM CDT Abstract #7513	Daratumumab plus bortezomib, lenalidomide, and dexamethasone (dvrd) in patients with newly diagnosed multiple myeloma (NDMM): Final analysis of transplant-ineligible (TIE) patients in the Phase 3 **CEPHEUS** study
Poster Presentation	
June 1, 2026 9:00 AM – 12:00 PM CDT Abstract #7569 Poster #448	Age and frailty analyses of TIE patients (pts) with newly diagnosed multiple myeloma (NDMM) in the Phase 3 **MAIA** and **CEPHEUS** trials of daratumumab and lenalidomide-dexamethasone (rd) and bortezomib-rd (vrd)
TECVAYLI® (teclistamab-cqyv)	
Oral Presentation	
May 29, 2026 2:45 – 5:45 PM CDT Abstract #7507	**MajesTEC-9**: A Phase 3 randomized study of teclistamab monotherapy vs investigator's choice of pomalidomide, bortezomib, and dexamethasone or carfilzomib and dexamethasone (pvd/kd) in patients (pts) with RRMM
Rapid Oral Presentation	
May 31, 2026 9:45 – 11:15 AM CDT Abstract #7510	Results from the Phase 2 **OPTec/OPTal** study evaluating outpatient, step-up administration of teclistamab or talquetamab with prophylactic tocilizumab in patients with RRMM
TALVEY® (talquetamab-tgvs)	
Poster Presentation	
June 1, 2026 9:00 AM – 12:00 PM CDT Abstract #7524 Poster #403	RP2R dose selection of talquetamab and teclistamab for the treatment of extramedullary disease patients in the **RedirecTT-1** study
Head & Neck Cancer	
RYBREVANT* FASPRO™ *(amivantamab and hyaluronidase-lpuj)	
Oral Presentation	
May 31, 2026 8:00 AM – 11:00 AM CDT Abstract #6008	Amivantamab in HPV-unrelated recurrent/metastatic head & neck squamous cell cancer after disease progression on immune checkpoint inhibitor and chemotherapy: Pivotal results from the Phase 1b/2 **OrigAMI-4** study

Poster Presentations	
May 30, 2026 1:30 – 4:30 PM CDT Abstract #6038 Poster #495	Real-world treatment patterns and overall survival in recurrent/metastatic head and neck squamous cell carcinoma following treatment with platinum-based chemotherapy and checkpoint inhibition
May 30, 2026 1:30 – 4:30 PM CDT Abstract #TPS6127 Poster #583a	**OrigAMI-5**: A randomized, Phase 3 study of amivantamab plus pembrolizumab and carboplatin vs standard of care pembrolizumab plus platinum and 5-fluorouracil as first-line treatment in recurrent/metastatic head and neck cancer
Lung Cancer	
RYBREVANT® (amivantamab-vmjw) / RYBREVANT* FASPRO™ *(amivantamab and hyaluronidase-lpuj)	
Oral Presentation	
May 29, 2026 1:00 – 4:00 PM CDT Abstract #8501	Overall survival of first-line amivantamab plus lazertinib in atypical *EGFR*-mutated advanced non-small cell lung cancer (NSCLC): Updated results from the **CHRYSALIS-2** study
Poster Presentations	
May 31, 2026 9:00 AM – 12:00 PM CDT Abstract #8613 Poster #403	**COPERNICUS**, a pragmatic Phase 2b study of first-line (1L) subcutaneous (SC) amivantamab (ami) and lazertinib (laz) with supportive care in *EGFR*-mutated advanced NSCLC: Early safety results
May 31, 2026 9:00 AM – 12:00 PM CDT Abstract #8614 Poster #404	**COPERNICUS**, a pragmatic Phase 2b study of subcutaneous (SC) amivantamab (ami) and chemotherapy (chemo) with enhanced dermatologic adverse event (AE) prophylaxis in *EGFR*-mutated advanced NSCLC: Interim results
Colorectal Cancer	
RYBREVANT® (amivantamab-vmjw)	
Poster Presentation	
May 30, 2026 9:00 AM – 12:00 PM CDT Abstract #3548 Poster #315	Antitumor activity of amivantamab by consensus molecular subtypes in RAS/BRAF wild-type metastatic colorectal cancer: secondary analyses from the Phase 1b/2 **OrigAMI-1** study
Bladder Cancer	
Online Publication	
Abstract #e16605	Decision-making and regret after radical cystectomy: An exploratory market research study

About ERLEADA®

ERLEADA® (apalutamide) is an androgen receptor inhibitor indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer (nmCRPC) and for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC). ERLEADA® received U.S. Food and Administration (FDA) approval for nmCRPC in February 2018 and received U.S. FDA approval for mCSPC in September 2019. ERLEADA® is the first and only next-generation androgen receptor inhibitor offering a once-daily, single-tablet treatment option for patients. To date, more than 340,000 patients worldwide have been treated with ERLEADA®. Additional studies are ongoing in the evaluation of ERLEADA® for the treatment of localized high-risk or locally advanced prostate cancer including, the Phase 3 ATLAS (NCT02531516) and PROTEUS (NCT03767244) studies.

The legal manufacturer for ERLEADA® is Janssen Biotech, Inc. For more information, visit www.ERLEADA.com.

About Pasritamig (JNJ-78278343)
Pasritamig (JNJ-78278343) is an investigational bispecific T-cell-engager antibody (bsAb) targeting human kallikrein 2 (KLK2), a novel and highly specific prostate cancer target, and CD3 receptor complexes on T cells, leveraging the body's immune system to selectively target and eliminate cancer cells. This innovative approach is being evaluated in patients with metastatic castration-resistant prostate cancer (mCRPC), who have limited treatment options.

About CARVYKTI®
CARVYKTI® (cilta-cel) received U.S. Food and Drug Administration approval in February 2022 for the treatment of adults with relapsed or refractory multiple myeloma after four or more prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody.

In April 2024, CARVYKTI® was approved in the U.S. for treatment of adult patients with relapsed or refractory multiple myeloma who have received at least one prior line of therapy including a proteasome inhibitor, an immunomodulatory agent, and who are refractory to lenalidomide, following a unanimous (11 to 0) FDA Oncologic Drugs Advisory Committee (ODAC) recommendation in support of this new indication. In April 2024, the European Medicines Agency (EMA) approved a Type II variation for CARVYKTI® for the treatment of adults with relapsed and refractory multiple myeloma who have received at least one prior therapy, including an immunomodulatory agent and a proteasome inhibitor, have demonstrated disease progression on the last therapy, and are refractory to lenalidomide. In September 2022, Japan's Ministry of Health, Labour and Welfare (MHLW) approved CARVYKTI® for the treatment of adults with relapsed or refractory multiple myeloma in patients that have no history of CAR-positive T cell infusion therapy targeting BCMA and who have received three or more lines of therapies, including an immunomodulatory agent, a proteasome inhibitor and an anti-CD38 monoclonal antibody, and in whom multiple myeloma has not responded to or has relapsed following the most recent therapy.

CARVYKTI® is a BCMA-directed, autologous T-cell immunotherapy, which involves reprogramming a patient's own T-cells with a transgene encoding chimeric antigen receptor (CAR) that directs the CAR-positive T cells to eliminate cells that express BCMA. BCMA is primarily expressed on the surface of malignant multiple myeloma B-lineage cells, as well as late-stage B cells and plasma cells. The CARVYKTI® CAR protein features two BCMA-targeting single domains designed to confer high avidity against human BCMA. Upon binding to BCMA-expressing cells, the CAR promotes T-cell activation, expansion, and elimination of target cells. CARVYKTI® is available in 17 markets worldwide and has been used to treat more than 11,000 patients globally.

In December 2017, Janssen Biotech, Inc., a Johnson & Johnson company, entered into an exclusive worldwide license and collaboration agreement with Legend Biotech USA, Inc. to develop and commercialize CARVYKTI®.

For more information, visit www.CARVYKTI.com.

About DARZALEX *FASPRO*® and DARZALEX®
DARZALEX *FASPRO*® (daratumumab and hyaluronidase-fihj) received U.S. FDA approval in May 2020 and is approved for 11 indications in multiple myeloma, four of which are for frontline treatment in newly diagnosed patients who are transplant eligible or ineligible.[ii] It is the only subcutaneous CD38-directed antibody approved to treat patients with multiple myeloma.

DARZALEX *FASPRO*® is co-formulated with recombinant human hyaluronidase PH20 (rHuPH20), Halozyme's ENHANZE® drug delivery technology.

DARZALEX® (daratumumab) received U.S. FDA approval in November 2015 and is approved in eight indications, three of which are in the frontline setting, including newly diagnosed patients who are transplant-eligible and ineligible.[iii] In 2025, DARZALEX *FASPRO*® was approved by the U.S. FDA and EMA as the first and only treatment for patients with high-risk smoldering multiple myeloma.

DARZALEX® is the first CD38-directed antibody approved to treat multiple myeloma.[5] DARZALEX®-based regimens have been used in the treatment of more than 748,000 patients worldwide and more than 68,000 patients in the U.S. alone.

In August 2012, Janssen Biotech, Inc. and Genmab A/S entered a worldwide agreement, which granted Janssen an exclusive license to develop, manufacture and commercialize daratumumab.

For more information, visit www.DARZALEX.com.

About TECVAYLI®
TECVAYLI® (teclistamab-cqyv) is a first-in-class, bispecific T-cell engager antibody therapy that uses innovative science to activate the immune system by binding to the CD3 receptor expressed on the surface of T-cells and to the B-cell maturation antigen (BCMA) expressed on

the surface of multiple myeloma cells and some healthy B-lineage cells. TECVAYLI® received accelerated approval from the U.S. Food and Drug Administration (FDA) in October 2022 as an off-the-shelf (or ready-to-use) antibody that is administered as a subcutaneous treatment for adult patients with relapsed or refractory multiple myeloma (RRMM) who received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 antibody.

In February 2024, the U.S. FDA approved the supplemental Biologics License Application (sBLA) for TECVAYLI® for a reduced dosing frequency of 1.5 mg/kg every two weeks in patients with RRMM who achieved and maintained a complete response (CR) or better for a minimum of six months. In March 2026, the U.S. FDA approved TECVAYLI® in combination with DARZALEX *FASPRO*® (daratumumab and hyaluronidase-fihj) for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least one prior line of therapy, including a proteasome inhibitor and an immunomodulatory agent. The supplemental Biologics License Application was proactively selected for the Commissioner's National Priority Voucher Pilot Program and also granted the application Breakthrough Therapy Designation and Real-Time Oncology Review. This approval expanded the use of TECVAYLI® into earlier lines of therapy and is the first bispecific antibody-based combination regimen in this setting, offering a potential new standard of care as early as second line.

To date, more than 26,000 patients have been treated worldwide with TECVAYLI®.

The European Commission (EC) granted TECVAYLI® conditional marketing authorization in August 2022 as monotherapy for the treatment of adult patients with RRMM who have received at least three prior therapies, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 antibody, and have demonstrated disease progression since the last therapy. In August 2023, the EC approved a Type II variation application for TECVAYLI®, providing the option for a reduced dosing frequency of 1.5 mg/kg every two weeks (Q2W) in patients who have achieved a complete response or better for a minimum of six months.

For more information, visit www.TECVAYLI.com.

About TALVEY®
TALVEY® (talquetamab-tgvs) received approval from the U.S. FDA in August 2023 as a first-in-class GPRC5D-targeting bispecific antibody for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 antibody. Since FDA approval, 7,700 patients were treated with TALVEY®. The European Commission (EC) granted conditional marketing authorization (CMA) of TALVEY® (talquetamab-tgvs) in August 2023 as monotherapy for the treatment of adult patients with relapsed and refractory multiple myeloma (RRMM) who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.

TALVEY® is a bispecific T-cell engaging antibody that binds to the CD3 receptor expressed on the surface of T-cells and G protein-coupled receptor class C group 5 member D (GPRC5D), a novel multiple myeloma target which is highly expressed on the surface of multiple myeloma cells and non-malignant plasma cells, as well as some healthy tissues such as epithelial cells of the skin and tongue.

About RYBREVANT *FASPRO*™ and RYBREVANT®
In December 2025, the U.S. FDA approved RYBREVANT *FASPRO*™ (amivantamab and hyaluronidase-lpuj) across all indications of intravenous RYBREVANT® (amivantamab-vmjw). This subcutaneously administered therapy is also approved in Europe, Japan, China, and other markets.

RYBREVANT *FASPRO*™ is co-formulated with recombinant human hyaluronidase PH20 (rHuPH20), Halozyme's ENHANZE® drug delivery technology.

The effectiveness of RYBREVANT *FASPRO*™ has been established based on adequate and well controlled studies of RYBREVANT®. Data across multiple Phase 3 studies, including MARIPOSA, have demonstrated the clinical benefit of RYBREVANT® in improving progression-free survival (PFS) and overall survival (OS) in advanced *EGFR*-mutated non-small cell lung cancer (NSCLC).

RYBREVANT® is approved in the U.S., Europe and other markets across four indications in *EGFR*-mutated NSCLC, including two in the first-line setting and two in the second-line, for patients with either exon 19 deletions, exon 21 L858R mutations, or exon 20 insertion mutations, as monotherapy or in combination with LAZCLUZE® (lazertinib) or chemotherapy.

RYBREVANT® is a first-in-class, fully-human bispecific antibody targeting *EGFR* and MET with immune cell-directing activity.

The legal manufacturer for RYBREVANT® is Janssen Biotech, Inc. For more information, visit: **https://www.RYBREVANT.com.**

About LAZCLUZE®
In 2018, Janssen Biotech, Inc., entered into a license and collaboration agreement with Yuhan Corporation for the development of LAZCLUZE® (marketed as LECLAZA in South Korea). LAZCLUZE® is an oral, third-generation, brain-penetrant *EGFR* TKI that targets both

the T790M mutation and activating *EGFR* mutations while sparing wild-type *EGFR*. An analysis of the efficacy and safety of LAZCLUZE® from the Phase 3 LASER301 study was published in *The Journal of Clinical Oncology* in 2023.[vi]

About Johnson & Johnson
At Johnson & Johnson, we believe health is everything. Our strength in healthcare innovation empowers us to build a world where complex diseases are prevented, treated, and cured, where treatments are smarter and less invasive, and solutions are personal. Through our expertise in Innovative Medicine and MedTech, we are uniquely positioned to innovate across the full spectrum of healthcare solutions today to deliver the breakthroughs of tomorrow, and profoundly impact health for humanity.

Learn more at https://www.jnj.com/ or at www.innovativemedicine.jnj.com.

Cautions Concerning Forward-Looking Statements
This press release contains "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995 related to ERLEADA® (apalutamide), pasritamig (JNJ-78278343), CARVYKTI® (cilta-cel autoleucel), DARZALEX® (daratumumab), TECVAYLI® (teclistamab-cqyv), TALVEY® (talquetamab-tgvs), RYBREVANT® (amivantamab-vmjw), RYBREVANT FASPRO™ *(amivantamab and hyaluronidase-lpuj), and LAZCLUZE® (lazertinib).The reader is cautioned not to rely on these forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially from the expectations and projections of Johnson & Johnson. Risks and uncertainties include, but are not limited to: challenges and uncertainties inherent in product research and development, including the uncertainty of clinical success and of obtaining regulatory approvals; uncertainty of commercial success; manufacturing difficulties and delays; competition, including technological advances, new products and patents attained by competitors; challenges to patents; product efficacy or safety concerns resulting in product recalls or regulatory action; changes in behavior and spending patterns of purchasers of health care products and services; changes to applicable laws and regulations, including global health care reforms; and trends toward health care cost containment. A further list and descriptions of these risks, uncertainties and other factors can be found in Johnson & Johnson's most recent Annual Report on Form 10-K, including in the sections captioned "Cautionary Note Regarding Forward-Looking Statements" and "Item 1A. Risk Factors," and in Johnson & Johnson's subsequent Quarterly Reports on Form 10-Q and other filings with the Securities and Exchange Commission. Copies of these filings are available online at www.sec.gov, www.jnj.com, www.investor.jnj.com or on request from Johnson & Johnson. Johnson & Johnson does not undertake to update any forward-looking statement as a result of new information or future events or developments.*

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