

**IMMUNOMEDICS REPORTS INITIAL CLINICAL RESULTS FOR  
EPRATUZUMAB IN SJÖGREN'S SYNDROME**

**Vienna, Austria, June 10, 2005 - Immunomedics, Inc. (Nasdaq: IMMU)**, a leading biopharmaceutical company focused on developing monoclonal antibodies, today reported encouraging results from its Phase I/II trial with its compound, epratuzumab, for the treatment of Sjögren's syndrome, an autoimmune disease that currently affects between 2 to 4 million Americans. Results were presented at the 2005 Annual European Congress of Rheumatology in Vienna, Austria, organized by The European League Against Rheumatism (EULAR). Professor Serge D. Steinfeld of Erasme University Hospital, Brussels, Belgium, was the principal investigator.

"Current therapies for Sjögren's syndrome do not adequately treat the signs and symptoms, which is why these results are so encouraging," commented Ivan D. Horak, M.D., Executive Vice President, Research and Development, and Chief Scientific Officer of Immunomedics. "Our first set of epratuzumab data demonstrates clinical improvement in this difficult-to-treat population of patients with Sjögren's syndrome. We intend to meet with the FDA shortly to discuss further development of epratuzumab in this indication."

Evidence suggests that B-cells may play a key role in the inflammatory cascade of Sjögren's syndrome or lupus. Consistent with the Company's past clinical experience with epratuzumab, the investigators also found a reduction of 50% to 60% in circulating B-cells in the patients enrolled in the trial. This data suggests that B-cell modulation may be the primary mechanism of action of epratuzumab, and that complete depletion of B-cells is not necessary to provide a clinical benefit.

Fifteen patients with primary Sjögren's syndrome were enrolled in this open-label, non-randomized, two-center study to assess feasibility, safety, and early evidence of efficacy. Over an eight-week period, patients received 360 mg/m<sup>2</sup> of epratuzumab every two weeks for a total of four doses. Fourteen patients received all four infusions without reactions with a median infusion time of fifty minutes. One patient discontinued the third infusion due to an acute infusion reaction, but completed the fourth infusion with no further reaction.

Patients reported improvements in their clinical signs and symptoms that include: dry eyes, dry mouth, fatigue, tender joints, tender points, tear and salivary flow. Specifically, twenty-four hours after the last treatment, symptomatic improvements ranging from 100% of patients experiencing tender joints to 33% of patients with salivary flow were observed. Moreover, when these patients were evaluated twelve weeks post therapy, 86% of patients who showed tender joints improvement retained clinical benefit, as did 20% of patients with increased salivary flow. A final evaluation is planned for six months after the last epratuzumab dose.

### **About Epratuzumab**

Epratuzumab is a humanized monoclonal antibody that targets CD22 antigen, found on the surface of B-lymphocytes, a type of white blood cell. Epratuzumab is being evaluated in patients with Sjögren's syndrome and is also Immunomedics' lead product candidate in two pivotal Phase III trials for the treatment of patients with moderate and severe systemic lupus erythematosus (SLE). The FDA granted a Fast Track designation to the clinical development program for epratuzumab for the treatment of patients with SLE. Epratuzumab has also demonstrated good safety, tolerability, and clinical efficacy in more than 340 patients with non-Hodgkin's lymphoma, resulting in reports published in *The Journal of Clinical Oncology and Clinical Cancer Research*.

### **About Sjögren's Syndrome**

Sjögren's syndrome is a chronic autoimmune syndrome characterized by lymphocyte infiltration of salivary glands resulting in symptomatic eye and mouth dryness. Sjögren's syndrome can be associated with extraglandular presentations such as musculoskeletal features including fatigue and fibromyalgia in nearly 50% of patients and fewer patients complain of arthralgias. According to the Sjögren's Syndrome Foundation, the condition affects approximately two million to four million Americans, mostly middle-age women.

### **About Immunomedics**

Immunomedics is a New Jersey-based biopharmaceutical company focused on the development of monoclonal antibody-based products for the targeted treatment of cancer, autoimmune and other serious diseases. We have developed a number of advanced proprietary technologies that allow us to create humanized antibodies that can be used either alone in unlabeled or "naked" form, or conjugated with radioactive isotopes, chemotherapeutics or toxins, in each case to create highly targeted agents. Using these technologies, we have built a pipeline of therapeutic product candidates that utilize several different mechanisms of action. Our lead product candidate, epratuzumab, is currently in two pivotal Phase III trials, for the treatment of patients with moderate and severe lupus. At present, there is no cure for lupus and no new lupus treatment drug has been approved in the U.S. in the last 40 years. We believe that our portfolio of intellectual property, which includes approximately 90 issued patents in the United States, and more than 250 other issued patents worldwide, protects its product candidates and technologies. Visit the Company's web site at <http://www.immunomedics.com>.

*This release, in addition to historical information, contains forward-looking statements made pursuant to the Private Securities Litigation Reform Act of 1995. Such statements, including statements regarding clinical trials, out-licensing arrangements, and capital raising activities, involve significant risks and uncertainties and actual results could differ materially from those expressed or implied herein. Factors that could cause such differences include, but are not limited to, risks associated with new product development (including clinical trials outcome and regulatory requirements/actions), competitive risks to marketed products and availability of financing and other sources of capital, as well as the risks discussed in the Company's Annual Report on Form 10-K for the fiscal year ended June 30, 2004. The Company is not under any obligation, and the Company expressly disclaims any obligation, to update or alter any forward-looking statements, whether as a result of new information, future events or otherwise*

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