



Setting new standards of cancer care
Oncology event for investors, June 19, 2006

Bill Burns, CEO Division Roche Pharmaceuticals



Objectives of today



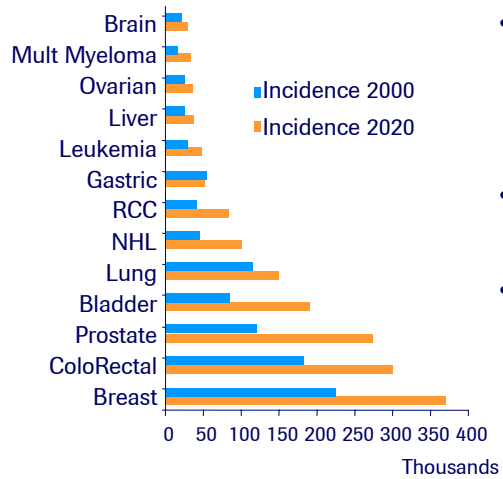
- Highlight current trends in cancer treatment and how Roche is setting new standards of care
- Provide an update on the Roche oncology portfolio and expected news-flow
- Discuss key topics of interest, including ASCO '06 data

Oncology market overview and dynamics

Roche maintaining market leadership

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Incidence of cancer has doubled over past 50 years



- Expected to grow further (2000-2020):
 - > 25 % in Western World
 - > 60 % in ROW
- Main epidemiological factors:
 - aging, lifestyle, diet
- Slower rate of death vs. incidence:
 - improvement in early detection
 - better treatments

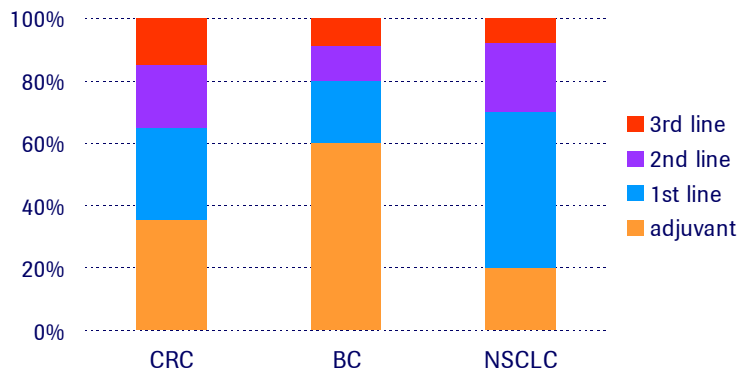
Incidence chart for 5 major EU countries
Source : GLOBOCAN 2002 and Roche market research 2004

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Each cancer type is different *And needs a specific treatment approach*

Incidence



Survival

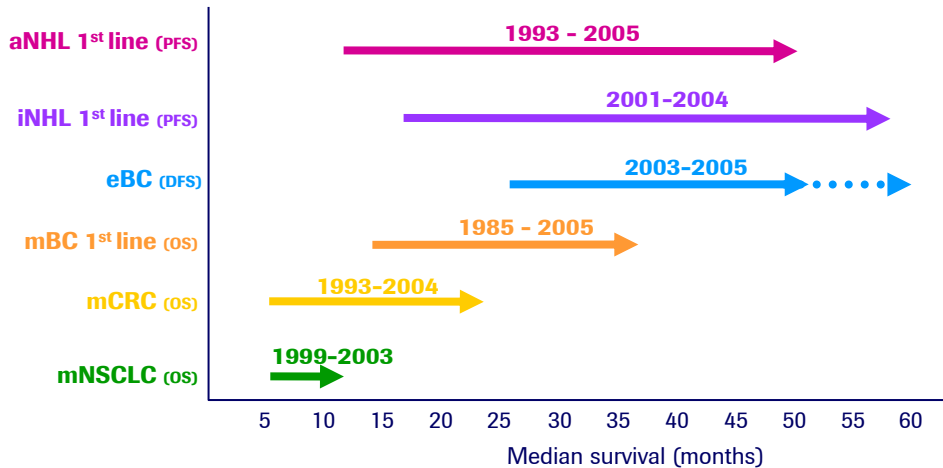
	CRC	BC	NSCLC
Adjuvant DFS at 3 years*	72 %	81 %	50 %
Metastatic median OS *	25 months	36 months	11 months

* Assuming best current care, Incidence: GLOBOCAN 2002 and Roche market research

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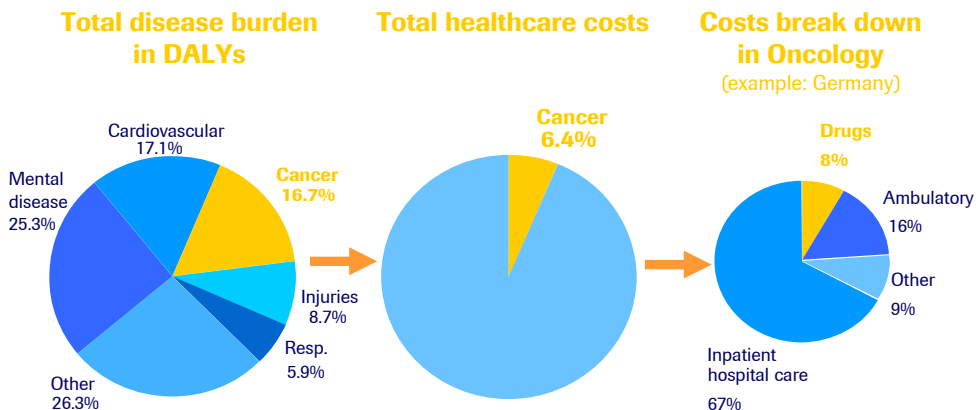
Cancer treatment outcomes *Substantial treatment progress in recent years*



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Oncology is dramatically under funded

Compared to other disease areas



Source: A pan-European comparison regarding patient access to cancer drugs, Karolinska Institute
 DALY: Disability-Adjusted Life Years, figures from 2002/3; commonly used measure of the burden of disease

Oncology market overview and dynamics

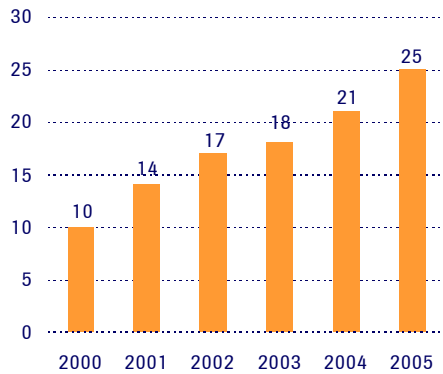
Roche maintaining market leadership

Oncology still a comparably fragmented market*

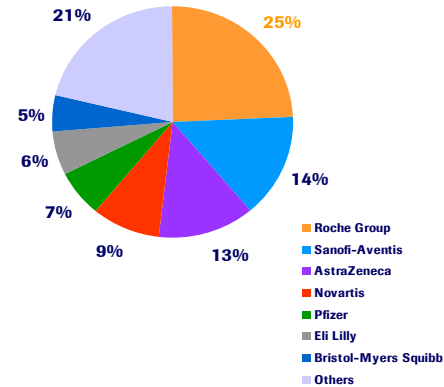
Roche clear market leader



Roche oncology market share



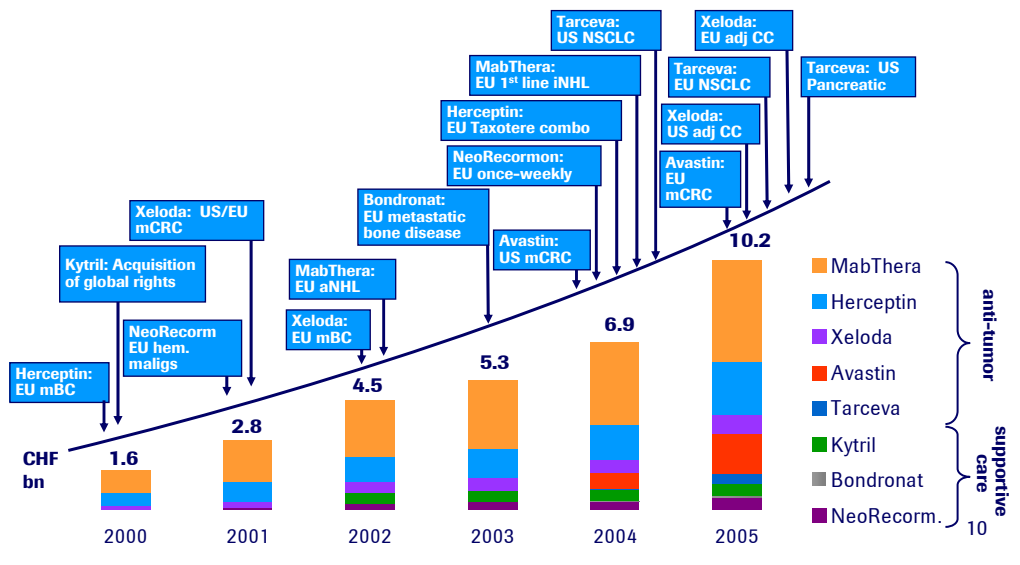
Oncology market share 2005



Source: EvaluatePharma
*excluding Supportive Care

Leadership in oncology achieved in five years

Success through life-extending medicines



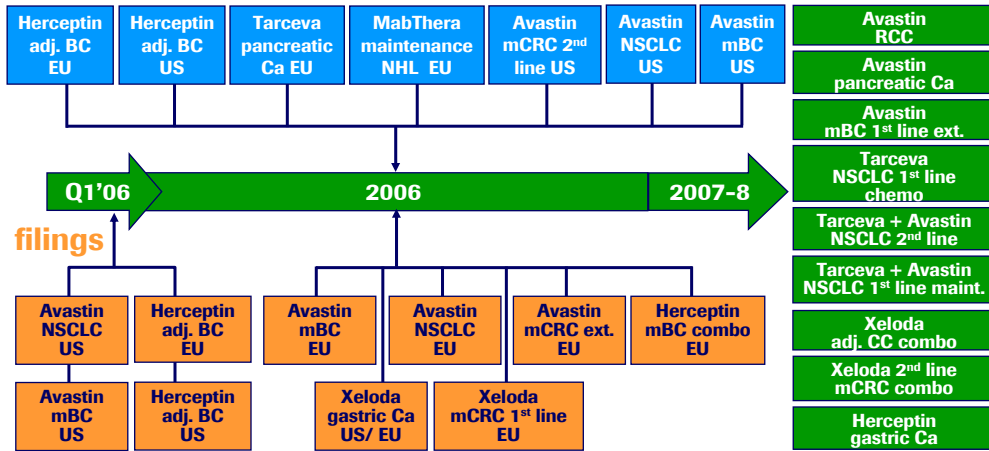
Current data securing mid-term growth

Assets on-hand to extend our leadership



launches

data for future health authorities submissions



NB: Assuming normal approval process, barring unforeseen events

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A rich phase III pipeline targeting all main tumor types and early intervention



	ADJUVANT	MAINT.	1 st LINE			2 nd LINE	
Filed or to file soon	Herceptin adjuvant BC	MabThera maintenance NHL	Tarceva pancreatic Ca	Avastin NSCLC			
			Avastin mBC	Xeloda gastric Ca	Herceptin mBC combo hormonal		
Ongoing	Xeloda adjuvant BC	Tarceva & Avastin NSCLC maintenance	Avastin mCRC 1 st line ext.	Avastin mBC 1 st line ext.	Herceptin gastric Ca	Avastin mBC 2nd line	Xeloda mCRC 2nd line combo
	Xeloda adjuvant CC combo		Avastin RCC	MabThera 1 st line CLL		MabThera relapsed CLL	
	Avastin adjuvant BC		Avastin pancreatic Ca	Xeloda mCRC 1 st line combo		Avastin prostate Ca	
	Avastin adjuvant rectal Ca		Avastin ovarian Ca	Tarceva NSCLC 1 st line		Tarceva & Avastin NSCLC 2nd line	
To start soon	Tarceva adjuvant NSCLC						
	Avastin adjuvant NSCLC						
	Avastin adjuvant BC						

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Our strategy: Setting new standards of care

New tumor types, new combinations, new lines of intervention

Clinically differentiated product

target all current treatment combinations

target earlier (adjuvant) intervention

target all tumor types

Superior outcome for patients

