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Roadshow London
September 26, 2007

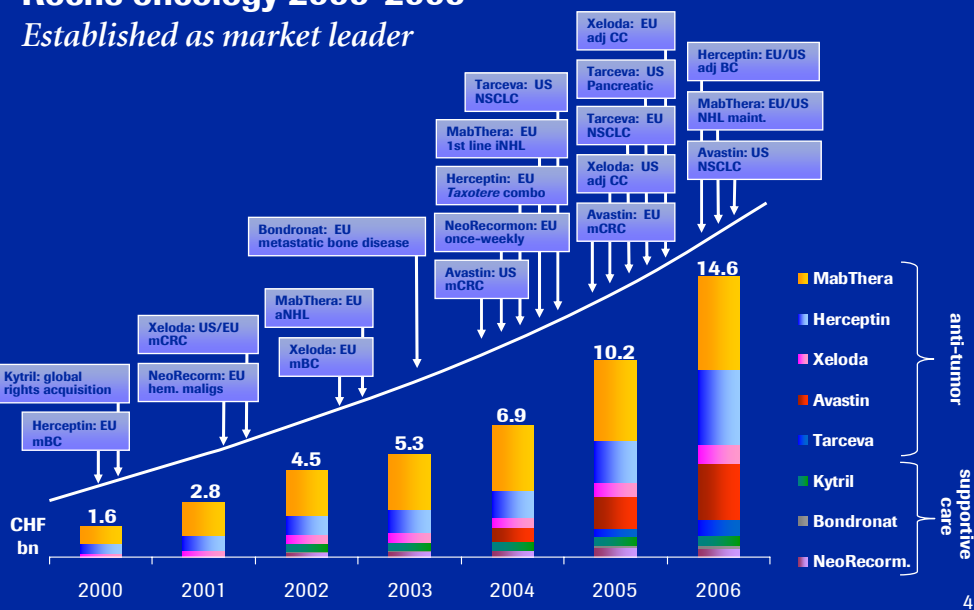
Expanding Our Lead in Oncology

Dr. Kapil Dhingra, VP Medical Science



Roche oncology 2000-2006

Established as market leader



Our oncology strategy: Move the standards of care



New tumor types, new combinations, new lines of intervention

Clinically differentiated product

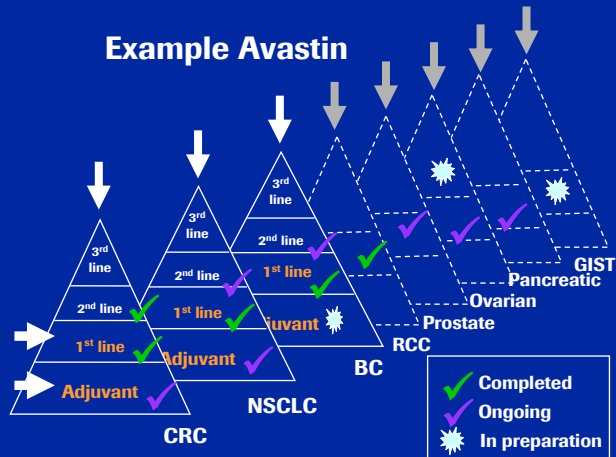
target all tumor types

target all important combinations

target earlier (adjuvant) intervention

Superior outcome for patients

Example Avastin

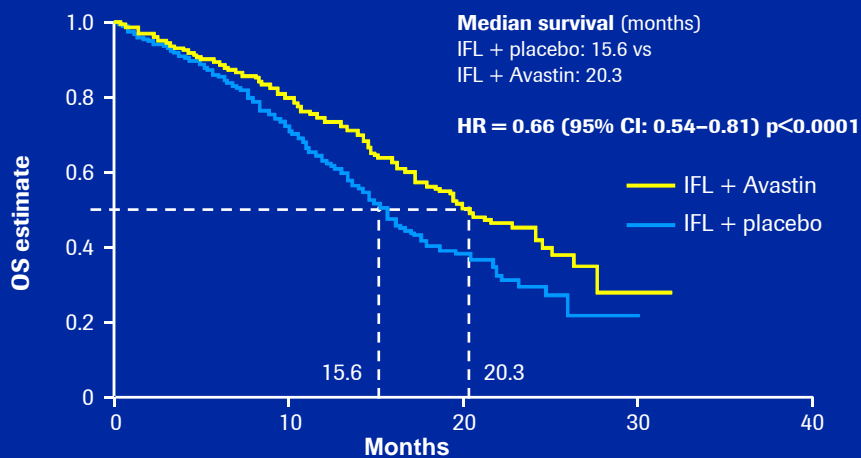


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Avastin in 1st line mCRC



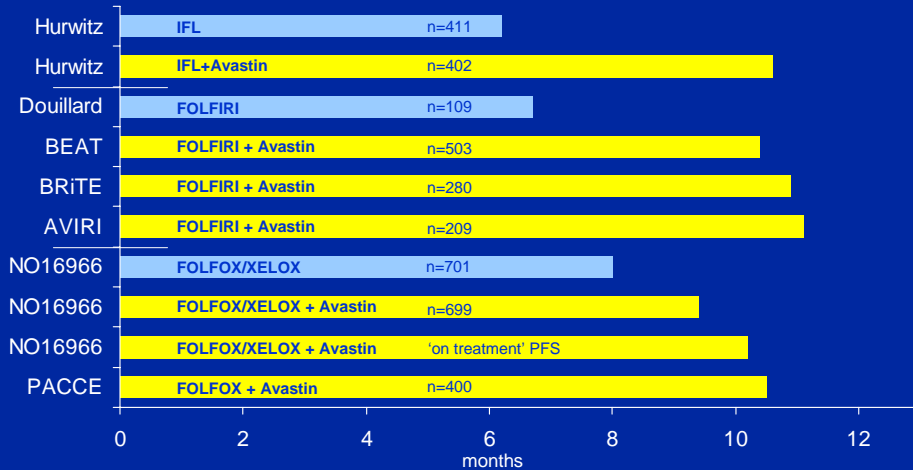
Largest improvement in overall survival in phase III



CI = confidence interval; IFL irinotecan, bolus 5-FU/FA
H. Hurwitz, et al. *NEJM* 2004;350:2335-42

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Avastin in 1st line mCRC - Consistently delivers best PFS outcome

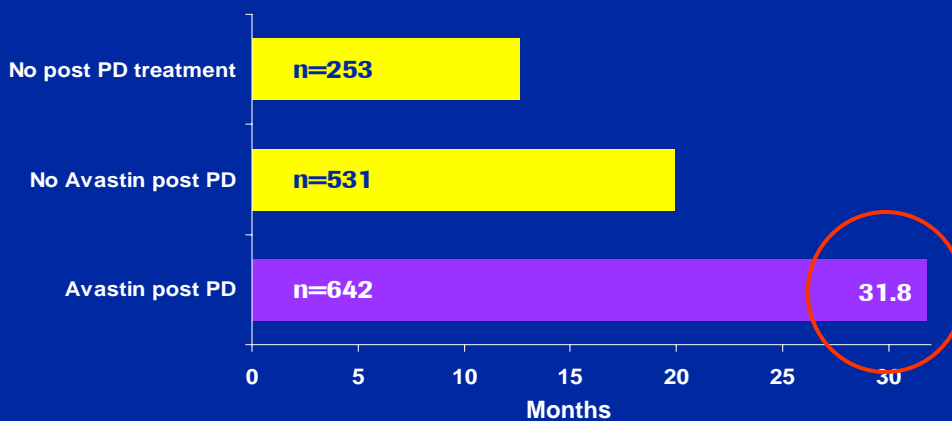


**Avastin: The only biologic agent with OS benefit in 1st line mCRC
Adds benefit to all chemos**

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BRiTE: post 1st progression therapy

Avastin beyond progression: potential to increase survival



Superior survival in patients continuing Avastin beyond progression demonstrated in a multivariate analysis (HR=0.53, p < 0.001)

A. Grothey et al. ASCO 2007

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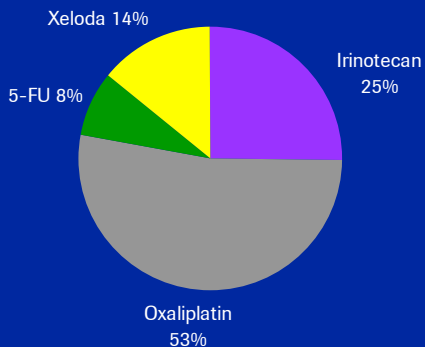
Combinations in metastatic colorectal cancer

Expanding the market for Xeloda and Avastin



Avastin

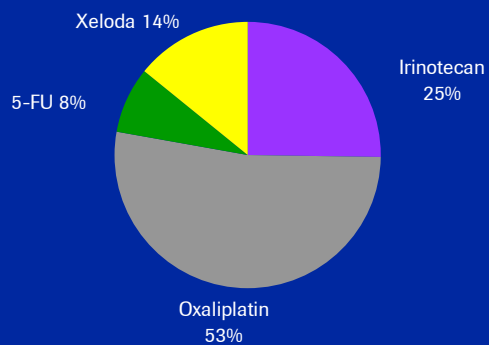
Current EU label: iv 5-FU or
5-FU + Irinotecan-based tx
Future label: + any combination



Source: Synovate Healthcare 2005

Xeloda

Current label: Monotherapy
Future label: extended to oxaliplatin-
and irinotecan-based therapy
+/- Avastin



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Avastin in mCRC

Conclusions



Four randomized phase III trials show compelling efficacy

- AVF2107g
- E3200
- AVF2192
- NO16966

Use with FOLFIRI: AVIRI / BICC-C / MD Anderson

- Avastin + FOLFIRI investigated in more than 1000 patients
- Demonstrates excellent PFS results and response rates

Aiming for cure

- High rates of surgeries with curative intent shown in BEAT and NO16966
- Resection rates for 'liver mets only' patients in NO16966: 19.2% in Avastin arm (vs 12.9%)
- Secondary resection as a concept is promising, but requires further investigation

Incidence: 155,000 cases^{1, 2)}

¹⁾ US and top 5 EU, ²⁾ stage IV

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Avastin in adjuvant colon cancer

Key phase III trials fully recruited



	NSABP C-08	AVANT
Treatment regimen	FOLFOX-6 ± Avastin	FOLFOX-4 ± Avastin XELOX + Avastin
Number of patients	2,700	3,450
Recruitment duration	Q3 2004 until Q3 2006	Q4 2004 until Q2 2007
Efficacy analysis	First interim look: Q2 2007 Subsequently every 6 months Next interim look: end 2007/early 2008	Event-driven analysis
Filing	2010 (or earlier)	2010 (or earlier)

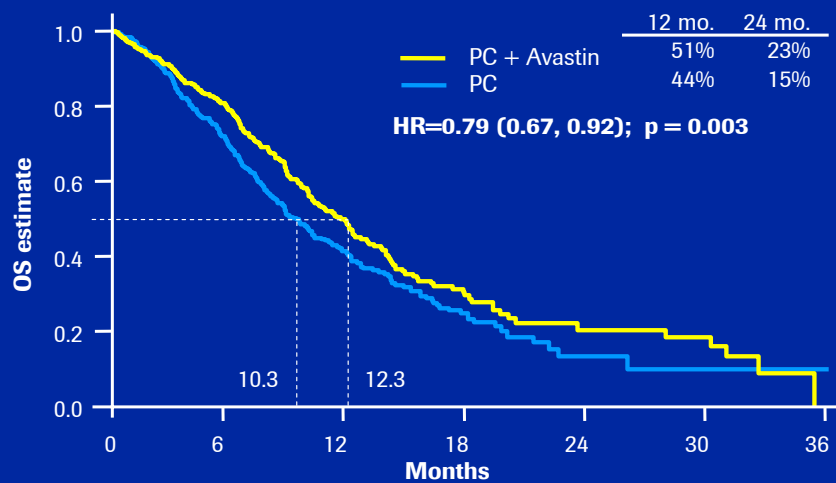
¹⁾ US and top 5 EU

Incidence: 310,000 cases ¹⁾

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Avastin in 1st line NSCLC (E4599)

First drug in a decade to show an overall survival benefit

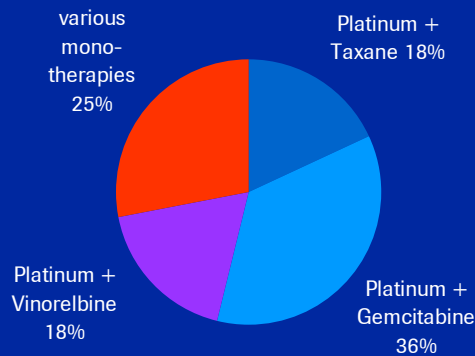


A. Sandler, et al. *NEJM* 2006 PC= paclitaxel/carboplatin

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The 1st line NSCLC market

By chemotherapy use in Europe



Source: Synovate Healthcare 2005

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Avastin in 1st line NSCLC

Conclusions



- Only first-line treatment to demonstrate extended survival in over a decade
- Efficacy demonstrated in two randomized phase III trials (E4599 and AVAiL)
- Generally well tolerated
- Approved in US and EU with a broad label
 - in combination with any platinum-based chemotherapy regimens (for example, together with taxanes or gemcitabine)
 - At least 50% of NSCLC population covered

Incidence: 275,000 cases^{1, 2)}

¹⁾ US and top 5 EU, ²⁾ stage IIIb and IV

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Avastin in breast cancer

Entering a major market opportunity



Metastatic breast cancer

Approved in EU (HER2 +/-)

- Based on E2100 (paclitaxel +/- Avastin)
- Doubling of PFS from 6.7 to 13.3 m

Completing the label in mBC

- AVADO (Taxotere +/- Avastin): fully recruited in March 2007
- RIBBON-1/-2 (var. chemos +/- Avastin)
- AVEREL (Taxotere + Herceptin +/- Avastin, in HER2+ patients)

Adjuvant opportunity

Safety profile established

- E2104 phase II with anthracyclines

Phase III adjuvant trials to start

- E5103 (HER2-), to start H2 '07
- BEATRICE (HER2-), to start H2' 2007
- NSABP/BCIRG/CONTACT (HER2+) combo with Herceptin (in preparation)

Incidence: 100,000 cases ^{1, 2)}

Incidence: 320,000 cases ¹⁾

¹⁾ US and top 5 EU, ²⁾ stage IV

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Herceptin

Standard of care for HER2-positive breast cancer



Proven overall survival benefit in metastatic BC

- 4.8 months median survival for H + all chemotherapy (from 20.3 to 25.1 months)
- 8.5 months median survival benefit for H + Docetaxel (from 22.7 to 31.2 months)

Unprecedented benefit in early BC

- Risk of disease recurrence halved
- Risk of death reduced by a third
- Consistent across four large trials

Well-established safety record

- 10 years of clinical experience in approx. 400,000 patients

Most effective HER2-targeting agent

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Attacking the HER2 pathway from multiple angles



Two next generation products in development

	Herceptin	Pertuzumab	Trastuzumab-DM1
Mechanism	Specifically targeting HER2 Inhibits HER2-mediated signalling	First in class HER dimerization inhibitor Inhibits multiple HER-mediated pathways	Binds to HER2 and delivers a potent cytotoxic agent in a targeted manner
Phase of development	Approved for adjuvant and mBC (HER2+)	Phase III 'go' decision For mBC (HER2+)	Phase I
Efficacy data	Survival benefit In adjuvant and metastatic HER2+ BC	18% response rate 39% clinical benefit rate	Promising data at ASCO 2007

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Pertuzumab: promising efficacy



High response rates in Herceptin-pretreated patients

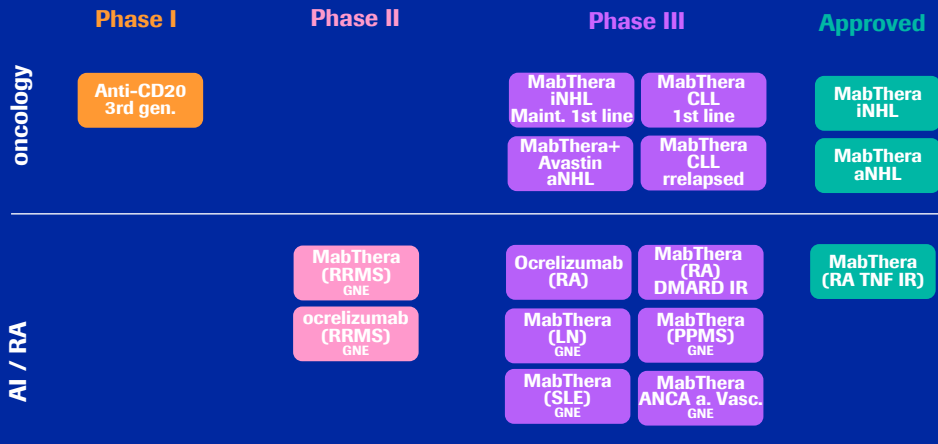
	Pertuzumab phase II	Herceptin phase II
Patient population	Herceptin-pretreated	Chemo-refractory
Number of patients	33	46
Overall response rate	6 (18%)	5 (10%)
Stable disease	7 (21%)	7 (16%)
Clinical benefit rate	13 (39%)	12 (26%)
Reference	Baselga, J. et al., abstract 1004, ASCO 2007	Baselga, J., J Clin Oncol, 14:737-744, 1996 and Roche data on file.

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Anti-CD 20 franchise



Next generation products to sustain the success of MabThera



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Next generation anti-CD20s



Potential for improved efficacy and convenience

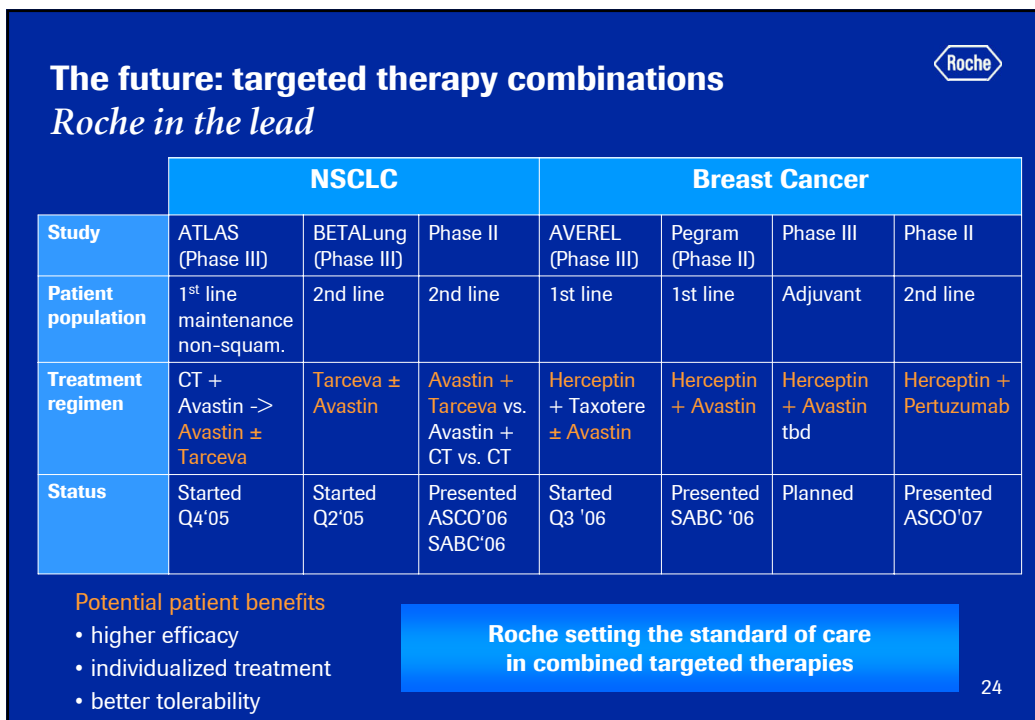
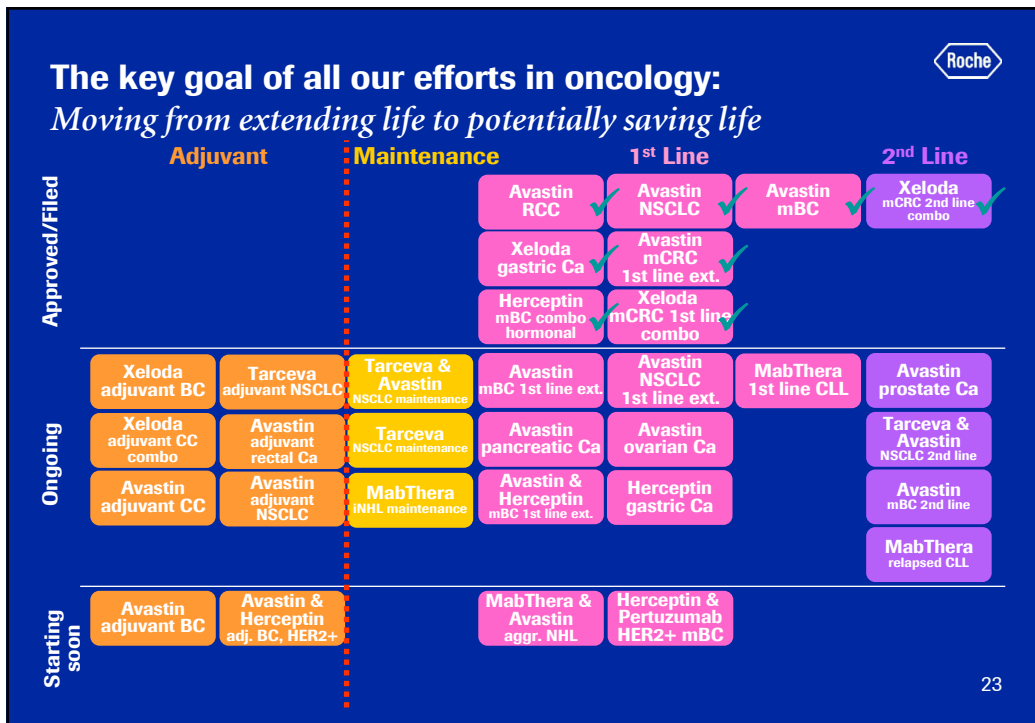
2nd gen. anti-CD20 (ocrelizumab)

- Fully humanized
- Potential clinical benefits
 - Less immunogenicity
 - Better tolerability
 - Shorter infusion time

3rd gen. anti-CD20

- Fc engineered (glycosylations)
 - Increased CD20 binding
 - Increased ADCC (antibody dependent cell mediated toxicity)
 - Increased apoptosis
 - Reduced CDC (complement dependent cell toxicity)
- Potential clinical benefits
 - Improved efficacy
 - Less infusion reactions

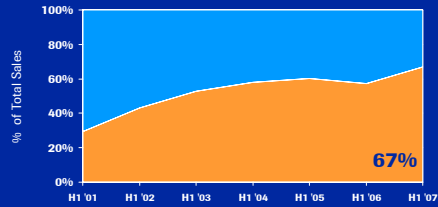
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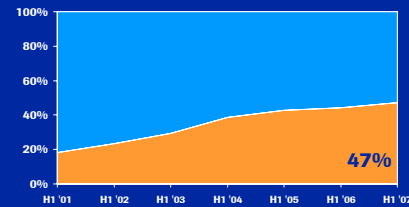
Major growth opportunities outside the US



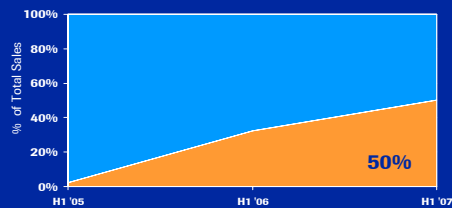
Herceptin



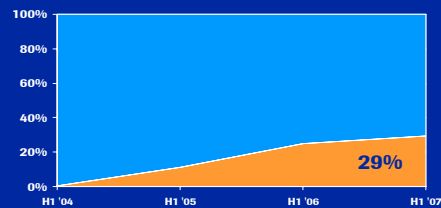
MabThera/Rituxan



Tarceva



Avastin



■ EU / ROW (incl. Japan) ■ US

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Summary

Keeping the lead



Roche - five targeted cancer medicines with

- Proven survival benefit in several cancer types
- Good tolerability
- Broad potential for combination therapies

All five drugs define or are developing into standard of care

Roche has the leading late-stage development program

19 NMEs in clinical development

Roche - uniquely positioned to maintain and expand our lead in oncology

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