



This presentation contains certain forward-looking statements. These forward-looking statements may be identified by words such as ‘believes’, ‘expects’, ‘anticipates’, ‘projects’, ‘intends’, ‘should’, ‘seeks’, ‘estimates’, ‘future’ or similar expressions or by discussion of, among other things, strategy, goals, plans or intentions. Various factors may cause actual results to differ materially in the future from those reflected in forward-looking statements contained in this presentation, among others:

- 1 pricing and product initiatives of competitors;
- 2 legislative and regulatory developments and economic conditions;
- 3 delay or inability in obtaining regulatory approvals or bringing products to market;
- 4 fluctuations in currency exchange rates and general financial market conditions;
- 5 uncertainties in the discovery, development or marketing of new products or new uses of existing products, including without limitation negative results of clinical trials or research projects, unexpected side-effects of pipeline or marketed products;
- 6 increased government pricing pressures;
- 7 interruptions in production;
- 8 loss of or inability to obtain adequate protection for intellectual property rights;
- 9 litigation;
- 10 loss of key executives or other employees; and
- 11 adverse publicity and news coverage.

Any statements regarding earnings per share growth is not a profit forecast and should not be interpreted to mean that Roche’s earnings or earnings per share for this year or any subsequent period will necessarily match or exceed the historical published earnings or earnings per share of Roche.

For marketed products discussed in this presentation, please see full prescribing information on our website www.roche.com

All mentioned trademarks are legally protected.

Roche Group development pipeline as of Feb 1, 2012

Marketed products development programmes

Roche Pharma global development programmes

Roche Pharma research and early development

Genentech research and early development

Roche Development Pipeline

Projects in Phase 1



phase I
(47 NMEs+2 AIs)

Oncology

Other DTAs

| | | |
|--------|----------------------------|----------------------|
| RG7112 | MDM2 ant | solid & hem tumors |
| RG7116 | HER3 MAb | solid tumors |
| RG7155 | CSF-1R MAb | solid tumors |
| RG7167 | CIF/MEK inh | solid tumors |
| RG7204 | Zelboraf + ipilimumab met. | melanoma |
| RG7212 | Tweak MAb | oncology |
| RG7256 | BRAF inh (2) | BRAF mut melanoma |
| RG7304 | Raf & MEK dual inh | solid tumors |
| RG7334 | PIGF MAb | solid tumors |
| RG7356 | CD44 MAb | solid tumors |
| RG7420 | MEK inh | solid tumors |
| RG7421 | MEK inh | solid tumors |
| RG7388 | MDM2 ant | solid & hem tumors |
| RG7440 | AKT inhibitor | solid tumors |
| RG7444 | FGFR3 MAb | oncology |
| RG7446 | PDL1 MAb | solid tumors |
| RG7450 | ADC | prostate ca. |
| RG7458 | ADC | ovarian ca. |
| RG7459 | IAP ant | solid tum & lymphoma |
| RG7593 | CD22 ADC | hem malignancies |
| RG7594 | anti-angiogenic | solid tumors |
| RG7596 | ADC | hematologic tumors |
| RG7597 | HER3/EGFR | m. epithelial tumors |
| RG7598 | ADC | multiple myeloma |
| RG7599 | ADC | oncology |
| RG7600 | ADC | oncology |
| RG7601 | Bcl-2 inh | CLL and NHL |
| RG7602 | ChK-1 inh | solid tum & lymphoma |
| RG7603 | - | solid tumors or NHL |
| RG7604 | PI3K inh | solid tumors |
| RG7686 | glypican-3 MAb | liver cancer |
| CHU | ALK inhibitor | NSCLC |
| CHU | PI3K inh | solid tumors |
| CHU | WT-1 peptide | cancer vaccine |

| | | |
|----------|-----------------------|-----------------------|
| RG4934 | IL-17 MAb | inflammatory diseases |
| RG7185 | CRTH2 antag | asthma |
| RG7258 | TSLPR MAb | asthma |
| RG7624 | IL-17 MAb | autoimmune diseases |
| CHU | IL-6 MAb | RA |
| RG7795 | TLR7 agonist | HCV |
| RG7667 * | - | infectious disease |
| RG7236 | CatS antag | CV risk in CKD |
| RG7273 | ABCA1 inducer | dyslipidemia |
| RG7652 | - | metabolic diseases |
| RG7685 | GIP/GLP-1 dual ago | type 2 diabetes |
| RG1662 | GABRA5 | cogn. disorders |
| RG7314 | V1 receptor antag | autism |
| RG7129 | BACE inh | Alzheimer's |
| RG3645 | Lucentis sust. deliv. | AMD/RVO/DME |

| | |
|---|-------------------------|
| | NME |
| | Additional Indication |
| | Oncology |
| | Immunology |
| | Virology |
| | CardioMetabolism |
| | Neuroscience |
| | Ophthalmology |
| | Others |
| RG-No | Roche Genentech managed |
| CHU | Chugai managed |

Roche Development Pipeline

Projects in Phase 2, 3 and Registration



phase II

(21 NMEs + 7 AIs)

| | | |
|----------|----------------------|--------------------------------|
| RG1273 | pertuzumab | HER2+ mBC 2 nd line |
| RG1273 | pertuzumab | HER2+ gastric cancer |
| RG3502 | T-DM1 | HER2+ EBC |
| RG3616 | vismodegib | operable BCC |
| RG3638 | onartuzumab (MetMab) | mBC |
| RG3638 | onartuzumab (MetMab) | mCRC 1L |
| RG7160 | EGFR MAb | solid tumors |
| RG7204 | Zelboraf | papillary thyroid cancer |
| RG7321 | PI3K inh | solid tumors |
| RG7422 | PI3K/mTOR inh | solid & hem tumors |
| RG7414 | EGFL7 MAb | solid tumors |
| RG3637 | lebrikizumab | severe asthma |
| RG7413 | rhuMab-Beta7 | ulcerative colitis |
| RG7415 | rontalizumab | SLE |
| RG7416 | LT alpha MAb | RA |
| RG7449 | M1 prime MAb | asthma |
| RG7128 | mericitabine | HCV |
| RG7227 * | danoprevir | HCV |
| RG7790 | setrobuvir | HCV |
| RG4929 | 11 beta HSD inh | metabolic diseases |
| RG1512 | P selectin MAb | ACS/CVD |
| RG7418 | oxLDL MAb | sec prev CV events |
| RG1450 | gantenerumab | Alzheimer's |
| RG1577 | MAO-B inh | Azheimer's |
| RG1578 | mGluR2 antag | depression |
| RG7090 | mGluR5 antag | TRD |
| RG7412 | Abeta MAb | Alzheimer's |
| RG7417 | anti-factor D Fab | geographic atrophy |

* LIP decision Dec 2011

phase III

(8 NMEs + 29 AIs)

| | | |
|----------|-----------------------|-------------------------------------|
| RG105 | MabThera | NHL sc formulation |
| RG435 | Avastin | HER2+ BC adj |
| RG435 | Avastin | HER2-neg. BC adj |
| RG435 | Avastin | triple-neg. BC adj |
| RG435 | Avastin | mBC 2 nd line |
| RG435 | Avastin | NSCLC adj |
| RG435 | Avastin | high risk carcinoid |
| RG435 | Avastin | glioblastoma 1 st line |
| RG435 | Avastin | mCRC TML |
| RG435* | Avastin | ovarian cancer 1 st line |
| RG597 | Herceptin | HER2+ BC sc form |
| RG597 | Herceptin | HER2+ adj BC (2yrs) |
| RG1273 | pertuzumab | HER2+ EBC |
| RG1415* | Tarceva | NSCLC EGFR mut 1 st line |
| RG1415 | Tarceva | NSCLC adj |
| RG3502 | T-DM1 | HER2+ pretreated mBC |
| RG3502 | T-DM1 | HER2+ mBC 3 rd l |
| RG3502 | T-DM1 | HER2+ mBC 1 st l |
| RG3638** | onartuzumab (MetMab) | mNSCLC |
| RG7159 | GA101 | CLL |
| RG7159 | GA101 | iNHL relapsed |
| RG7159 | GA101 | DLBCL |
| RG7159 | GA101 | iNHL front-line |
| RG105 | MabThera | ANCA assoc vascul |
| RG1569 | Actemra | RA sc formulation |
| RG1569 | Actemra | early RA |
| RG1569 | Actemra | RA DMARD IR H2H |
| RG3648 | Xolair | chronic idiopathic urticaria |
| CHU | Suvenyl | enthesopathy |
| RG1439 | aleglitazar | CV risk reduction in T2D |
| RG1658 | dalcetrapib | atherosc CV risk red |
| CHU | tofogliflozin (SGLT2) | type 2 diabetes |
| RG1594 | ocrelizumab | RMS |
| RG1594 | ocrelizumab | PPMS |
| RG1678 | bitopertin | schiz neg symptoms |
| RG1678 | bitopertin | schiz subopt control |
| RG3645 | Lucentis | AMD 0.5 mg PRN |

* approved in the EU ** FPI Jan 2012

Registration

(3 NMEs + 5 AIs)

| | | |
|---------------------|------------|--------------------------|
| RG105 | Rituxan | NHL fast infusion |
| RG435 ¹ | Avastin | relapsed ovarian ca |
| RG1273 | pertuzumab | HER2+ mBC 1st line |
| RG3616 ² | Erivedge | advanced BCC |
| RG7204 ³ | Zelboraf | metastatic melanoma |
| RG3626 ⁴ | Activase | extended time window AIS |
| RG3645 ⁴ | Lucentis | diabetic macular edema |
| CHU | EPOCH | chemo induced anemia |

- 1 submitted in EU
- 2 approved in US, filed in EU
- 3 approved in US, EU: CHMP pos. opinion
- 4 submitted in US

| | |
|---|------------------------------|
| | NME |
| | Additional Indication |
| | Oncology |
| | Immunology |
| | Virology |
| | CardioMetabolism |
| | Neuroscience |
| | Ophthalmology |
| | Others |
| RG-No Roche Genentech managed | |
| CHU Chugai managed | |
| RG105 MabThera is branded as Rituxan in US and Japan | |
| RG1569 Actemra is branded as RoActemra in EU | |

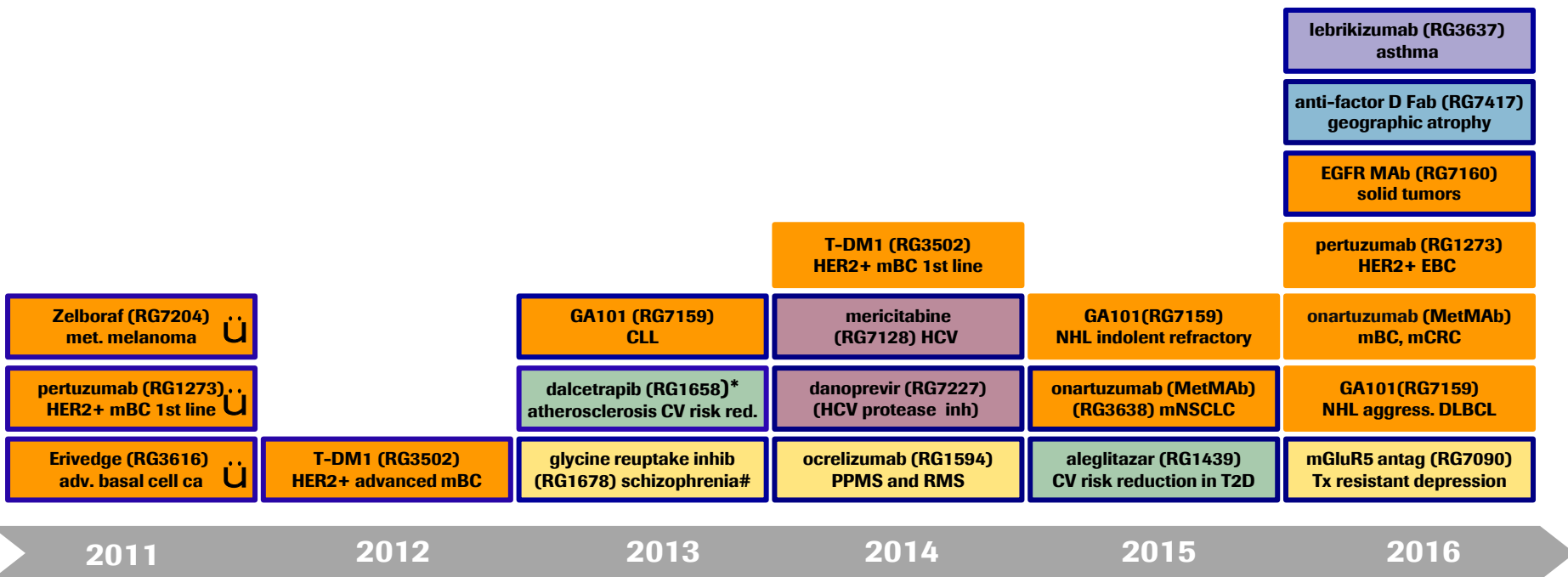
Changes to the development pipeline

Since Q3 2011 update on October 13, 2011

| New to Phase I | New to Phase II | New to Phase III | New to Registration |
|--|---|---|---|
| <p><u>8 NMEs transitioned from Ph0</u> RG7258 TSLPR MAb asthma RG7155 CSF-1R MAb solid tumors RG7116 HER3 MAb solid tumors RG7388 MDM2 solid and hem tumors RG7600 ADC oncology RG7624 IL-17 MAb autoimmune diseases RG7667 infectious disease <u>1 NME following acquisition of Anadys</u> RG7795 TLR7 agonist in HCV <u>2 AIs following FPI</u> RG7204 Zelboraf + ipilimumab metastatic melanoma RG3645 Lucentis sustained delivery AMD/RVO/DME</p> | <p><u>3 NMEs transitioned from Ph1</u> RG7422 PI3K/mTOR inh solid & hem tumors RG1578 mGluR2 antag depression RG7321 PI3K inh solid tumors <u>1 NME following acquisition of Anadys</u> RG7790 setrobuvir HCV <u>1 AI</u> RG1273 pertuzumab HER2+ gastric cancer</p> | <p><u>1 NME transitioned from Ph2</u> RG3638 onartuzumab (MetMAb) mNSCLC <u>1 AI transitioned from Ph2</u> RG1273 pertuzumab HER2+ EBC <u>1 AI added by Chugai (in-licensed from Denko)</u> CHU Suvenyl enthesopathy</p> | <p><u>1 NME Filed</u> RG1273 pertuzumab HER2+ mBC 1st line <u>1 AI Filed</u> RG105 Rituxan NHL fast infusion</p> |
| Removed from Phase I | Removed from Phase II | Removed from Phase III | Removed from Registration |
| <p><u>Discontinuation (2 NMEs)</u> RG7166 triple reuptake inh depression RG7432 nucleoside pol inh HCV</p> | <p><u>Reverted to Partner (1 NME)</u> RG7433 navitoclax (ABT-263) solid & hematological tumors</p> | <p><u>Discontinuation (1 AI)</u> RG435 Avastin+Herceptin HER2+ mBC 1st line</p> | |

NME submissions and their additional indications

Projects currently in Phase 2 and 3

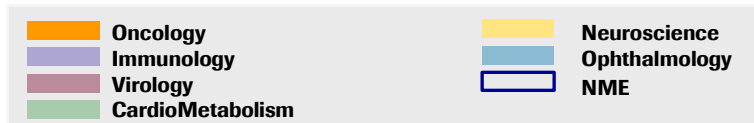


Unless stated otherwise, submissions are planned to occur in US and EU.

Ü indicates a submission which has occurred with regulatory action pending

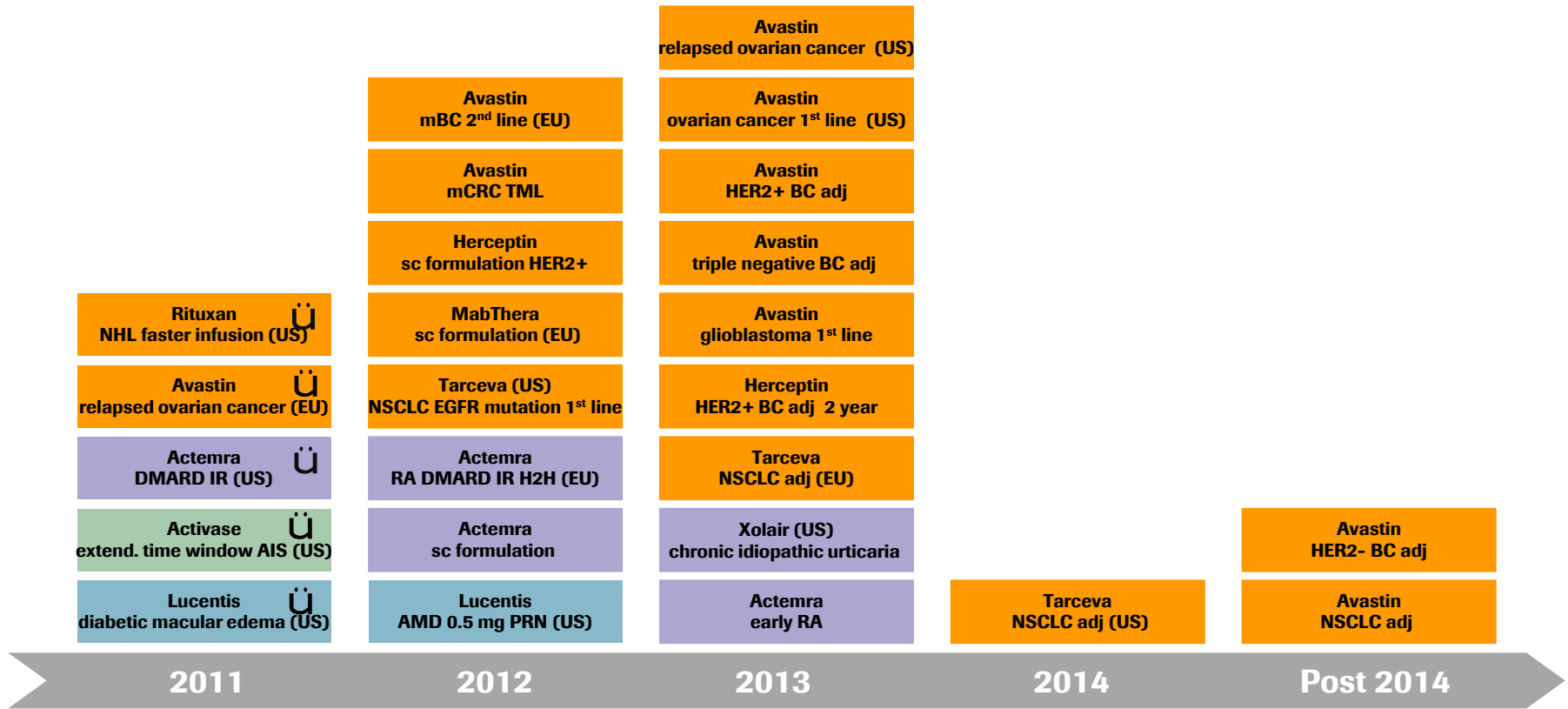
* NDA timeline is driven by the event rate in dal-OUTCOMES; updated timeline estimate will be provided in Q3 2012 after 2nd year event rate is known

negative symptoms and sub-optimal control



Submissions of additional indications for existing products

Projects currently in Phase 2 and 3



Ü indicates submission to Health Authorities has occurred.

Unless stated otherwise, submissions are planned to occur in US and EU.

| | |
|--|--|
| Oncology | Neuroscience |
| Immunology | Ophthalmology |
| Virology | |
| CardioMetabolism | |

Roche Group development pipeline

Marketed products development programmes

Roche Pharma global development programmes

Roche Pharma research and early development

Genentech research and early development

MabThera/Rituxan

Development programmes

| | Oncology | | Immunology |
|--------------------|--|---|--|
| Patient population | Front-line follicular non-Hodgkin's lymphoma | Front-line diffuse large B-cell or follicular non-Hodgkin's lymphoma | ANCA-associated vasculitis |
| Phase/study | Phase III Subcutaneous study <i>Study being conducted ex-US</i> | Phase IIIb RATE* Faster infusion study | Phase II/III RAVE* |
| # of patients | N=405 | N=450 | N=197 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: MabThera IV plus chemotherapy (CHOP or CVP) ▪ ARM B: MabThera 1400mg sc plus chemotherapy (CHOP or CVP) ▪ <i>Responders will continue on maintenance every 8 weeks over 24 months</i> | <ul style="list-style-type: none"> ▪ Prospective, open-label, single arm study | <ul style="list-style-type: none"> ▪ Non-inferiority efficacy and safety study of MabThera/Rituxan and glucocorticoids versus conventional therapy (cyclophosphamide) |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Pharmacokinetics, safety and efficacy | <ul style="list-style-type: none"> ▪ To determine the incidence of Grade 3 or 4 infusion-related toxicities resulting from faster infusion of MabThera/Rituxan | <ul style="list-style-type: none"> ▪ Induction of complete remission at 6 months, defined as a BVAS/WG of 0 and off glucocorticoid therapy |
| Status | <ul style="list-style-type: none"> ▪ FPI Q1 2011 ▪ Expect data 2012 | <ul style="list-style-type: none"> ▪ FPI Q3 2008 ▪ Enrolment completed Q4 2010 ▪ Data presented at ASH 2011 ▪ FDA filing in Q4 2011 | <ul style="list-style-type: none"> ▪ Data presented at ACR 2009 ▪ FDA approved use of Rituxan in WG and MPA in Q2 2011 |

*In collaboration with Biogen Idec; Subcutaneous MabThera : applies Enhance technology, partnered with Halozyme
 CHOP = Cyclophosphamide, Doxorubicin, Vincristine and Prednisolone; CVP = Cyclophosphamide, Vincristine and Prednisolone.
 WG - Wegener's Granulomatosis, MPA - Microscopic Polyangiitis

Avastin

Breast cancer development programme

| Patient population | First-line HER2-negative | | Second-line HER2-negative | First-line HER2-positive |
|--------------------|--|---|--|---|
| Phase/study | Phase III RIBBON-1 | Phase III AVADO | Phase III RIBBON-2 | Phase III AVEREL |
| # of patients | N=1,238 | N=736 | N=684 | N=424 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Anthracycline or taxane plus Avastin OR Xeloda plus Avastin ▪ ARM B: Anthracycline or taxane plus placebo OR Xeloda plus placebo | <ul style="list-style-type: none"> ▪ ARM A: Placebo plus docetaxel ▪ ARM B: 7.5 mg/kg dose of Avastin plus docetaxel ▪ ARM C: 15 mg/kg dose of Avastin plus docetaxel | <ul style="list-style-type: none"> ▪ ARM A: Chemotherapy (taxane, Xeloda, gemcitabine, or vinorelbine) plus Avastin ▪ ARM B: Chemotherapy plus placebo | <ul style="list-style-type: none"> ▪ ARM A: Docetaxel plus Herceptin ▪ ARM B: Docetaxel plus Herceptin plus Avastin |
| Avastin dose | <ul style="list-style-type: none"> ▪ 10 mg/kg q2 weeks or 15 mg/kg q3 wks | <ul style="list-style-type: none"> ▪ 15 mg/kg or 7.5 mg/kg q3 weeks | <ul style="list-style-type: none"> ▪ 15 mg/kg q3 weeks | <ul style="list-style-type: none"> ▪ 15 mg/kg q3 weeks |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Progression-free survival (PFS) | <ul style="list-style-type: none"> ▪ Progression-free survival | <ul style="list-style-type: none"> ▪ Progression-free survival | <ul style="list-style-type: none"> ▪ Progression-free survival |
| Status | <ul style="list-style-type: none"> ▪ EU label extended to include Xeloda (June 2) ▪ US: FDA - Received Complete Response Letter Q4 2010 | <ul style="list-style-type: none"> ▪ EU: Docetaxel removed from label after EC decision ▪ US: Received Complete Response Letter Q4 2010 | <ul style="list-style-type: none"> ▪ EU - Consider filing with mature OS data in 2012 ▪ FDA - Received Complete Response Letter Q4 2010 | <ul style="list-style-type: none"> ▪ Study did not meet protocol specified primary endpoint ▪ Data presented at SABCS 2011 |
| | <ul style="list-style-type: none"> ▪ FDA revoked approval Q4 2011 ▪ Avastin approved for mBC in more than 80 countries | | | |

Ovarian cancer clinical development programme

| Patient population | Front-line metastatic ovarian cancer | | Relapsed platinum-sensitive ovarian cancer |
|--------------------|---|--|---|
| Phase/study | Phase III GOG-0218 | Phase III ICON7 | Phase III OCEANS |
| # of patients | N=1,873 | N=1,528 | N=484 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Paclitaxel and carboplatin for 6 cycles plus 5 cycles of concurrent placebo followed by placebo alone for up to 22 cycles (15 months) ▪ ARM B: Paclitaxel and carboplatin for 6 cycles plus 5 cycles of concurrent Avastin followed by placebo alone for up to 22 cycles (15 months) ▪ ARM C: Paclitaxel and carboplatin for 6 cycles plus 5 cycles of concurrent Avastin followed by Avastin alone for up to 22 cycles (15 months) | <ul style="list-style-type: none"> ▪ ARM A: Paclitaxel and carboplatin for 6 cycles ▪ ARM B: Paclitaxel and carboplatin plus concurrent Avastin for 6 cycles followed by Avastin alone for up to 18 cycles (12 months) | <ul style="list-style-type: none"> ▪ ARM A: Carboplatin, gemcitabine, and concurrent placebo for 6 cycles, followed by placebo alone until disease progression ▪ ARM B: Carboplatin, gemcitabine, and concurrent Avastin for 6 cycles, followed by Avastin alone until disease progression. |
| Avastin dose | <ul style="list-style-type: none"> ▪ 15 mg/kg q3 weeks | <ul style="list-style-type: none"> ▪ 7.5 mg/kg q3 weeks | <ul style="list-style-type: none"> ▪ 15 mg/kg q3 weeks |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Progression-free survival | <ul style="list-style-type: none"> ▪ Progression-free survival | <ul style="list-style-type: none"> ▪ Progression-free survival |
| Status | <ul style="list-style-type: none"> ▪ Study met its primary endpoint in Q1 2010 ▪ Data presented at ASCO 2010 and 2011 ▪ Results published in NEJM December 2011 | <ul style="list-style-type: none"> ▪ Study met its primary endpoint Q3 2010 ▪ Data presented at ESMO 2010 and ASCO 2011 ▪ Results published in NEJM December 2011 | <ul style="list-style-type: none"> ▪ Study met its primary endpoint Q1 2011 ▪ Data presented at ASCO 2011 |
| | <ul style="list-style-type: none"> ▪ EMA approval Q4 2011 ▪ Re-evaluate FDA submission when final overall survival results from all phase III trials are available (expected 2013) | | <ul style="list-style-type: none"> ▪ EMA submission Q3 2011 ▪ Re-evaluate FDA submission when final overall survival results from all phase III trials are available (expected 2013) |

Avastin

Clinical development programmes in other tumor types

| Patient population | Metastatic colorectal cancer | High risk carcinoid | Newly diagnosed glioblastoma |
|--------------------|--|---|--|
| Phase/study | Phase III ML18147 TML | Phase III SWOG S0518 | Phase III AVAglio |
| # of patients | N=810 | N=424 | N=920 |
| Design | <ul style="list-style-type: none"> 1st-line treatment with chemotherapy* plus Avastin Once patients progress, they are randomised to: <ul style="list-style-type: none"> ARM A: Chemotherapy* alone ARM B: Chemotherapy* + Avastin <p>* Physician's choice</p> | <ul style="list-style-type: none"> ARM A: Depot octreotide plus interferon alpha ARM B: Depot octreotide plus Avastin | <ul style="list-style-type: none"> ARM A: Concurrent radiation and temozolomide plus placebo; followed by maintenance TMZ plus placebo for 6 cycles; then placebo until disease progression ARM B: Concurrent radiation and TMZ plus Avastin; followed by maintenance TMZ plus Avastin for 6 cycles; then Avastin (15mg/kg q3 weeks) monotherapy until disease progression |
| Avastin dose | <ul style="list-style-type: none"> 5 mg/kg q2 weeks or 7.5 mg/kg q3 weeks | <ul style="list-style-type: none"> 15 mg/kg q3 weeks | <ul style="list-style-type: none"> 10 mg/kg q2 weeks or 15 mg/kg q3 weeks |
| Primary endpoint | <ul style="list-style-type: none"> Overall survival | <ul style="list-style-type: none"> Progression-free survival | <ul style="list-style-type: none"> Progression-free survival Overall survival |
| Status | <ul style="list-style-type: none"> Enrolment completed Q2 2010 Primary end point met, January 2012 | <ul style="list-style-type: none"> FPI Q1 2008 Expect data 2013 | <ul style="list-style-type: none"> FPI Q2 2009 Enrolment completed Q1 2011 Expect data 2012 |

Avastin

Adjuvant clinical development programme

| Patient population | Adjuvant lung cancer | Adjuvant breast cancer | | |
|--------------------|---|--|--|--|
| Phase/study | Phase III ECOG 1505 | Phase III ECOG 5103 HER2-negative | Phase III BEATRICE Triple-negative | Phase III BETH HER2-positive |
| # of patients | N=1,500 | N=4,950 | N=2,530 | N=3,600 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Cisplatin plus vinorelbine, docetaxel, gemcitabine or pemetrexed ▪ ARM B: Cisplatin plus vinorelbine, docetaxel, gemcitabine or pemetrexed plus Avastin up to 12 months | <ul style="list-style-type: none"> ▪ ARM A: Anthracycline plus cyclophosphamide (AC) followed by paclitaxel ▪ ARM B: AC plus Avastin followed by paclitaxel plus Avastin ▪ ARM C: AC plus Avastin followed by paclitaxel plus Avastin, followed by Avastin up to 12 months | <ul style="list-style-type: none"> ▪ ARM A: Anthracycline ± taxane or taxane-based chemo alone ▪ ARM B: Anthracycline ± taxane or taxane-based chemo plus Avastin for 1 year | <ul style="list-style-type: none"> ▪ COHORT 1: Docetaxel/ carboplatin plus Herceptin ± Avastin ▪ COHORT 2: Docetaxel plus Herceptin ± Avastin, followed by 5-Fluorouracil, Epirubicin, Cyclophosphamide <p>For both cohorts, patients receive Herceptin ± Avastin to complete one year of targeted therapy</p> |
| Avastin dose | ▪ 15 mg/kg q3 weeks | ▪ 15 mg/kg q3 weeks | ▪ Dosing equivalent to 5 mg/kg/w | ▪ 15 mg/kg q3 weeks |
| Primary endpoint | ▪ Overall survival | ▪ Disease-free survival | ▪ Disease-free survival | ▪ Disease-free survival |
| Status | <ul style="list-style-type: none"> ▪ FPI Q3 2007 ▪ Recruitment ongoing ▪ Expect data 2015 | <ul style="list-style-type: none"> ▪ FPI Q4 2007 ▪ Enrolment completed Q2'11 ▪ Expect data 2014 | <ul style="list-style-type: none"> ▪ FPI Q4 2007 ▪ Enrolment completed Q4 2009 ▪ Expect data 2012 | <ul style="list-style-type: none"> ▪ FPI Q2 2008 ▪ Enrolment completed Q4 2010 ▪ Expect data 2013 |

Herceptin

The standard of care for HER2+ early breast cancer

| Patient population | Adjuvant HER2-positive breast cancer | Early-stage HER2-positive breast cancer |
|--------------------|---|--|
| Phase/study | Phase III HERA | Phase III HANNAH |
| # of patients | N=5,102 | N=595 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Herceptin for 12 months ▪ ARM B: Herceptin for 24 months ▪ ARM C: Observation | <ul style="list-style-type: none"> ▪ ARM A: Chemotherapy* concurrent with Herceptin 600mg sc q3w for the first 8 cycles ▪ ARM B: Chemotherapy* concurrent with Herceptin IV for the first 8 cycles <p><i>*Chemotherapy = docetaxel then 5-FU, epirubicin, and cyclophosphamide</i></p> |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Disease-free survival | <ul style="list-style-type: none"> ▪ Serum concentration ▪ Pathologic complete response |
| Status | <ul style="list-style-type: none"> ▪ Final 2-year versus 1-year analysis expected in 2012; event-driven | <ul style="list-style-type: none"> ▪ FPI Q4 2009 ▪ Enrolment completed Q4 2010 ▪ Positive top-line data reported in October 2011 ▪ Accepted for presentation at EBCC 2012 |

Tarceva

New approaches to treating lung cancer

| Patient population | Adjuvant non-small cell lung cancer | First-line metastatic non-small cell lung cancer EGFR mutation-positive* |
|--------------------|---|---|
| Phase/study | Phase III RADIANT | Phase III EURTAC |
| # of patients | N=974 (2:1 randomisation) | N=174 |
| Design | <ul style="list-style-type: none"> Following surgical resection ± adjuvant chemotherapy: <ul style="list-style-type: none"> ARM A: Tarceva up to 2 years ARM B: Placebo up to 2 years | <ul style="list-style-type: none"> ARM A: Tarceva ARM B: Chemotherapy (platinum-based doublet) |
| Primary endpoint | <ul style="list-style-type: none"> Disease-free survival EGFR IHC and/or FISH-positive | <ul style="list-style-type: none"> Progression-free survival |
| Status | <ul style="list-style-type: none"> Enrolment completed Q3 2010 Expect final results H1 2013 | <ul style="list-style-type: none"> Study met its primary endpoint Q1 2011 Data presented at ASCO 2011 Expect FDA sNDA submission in 2012 EU granted approval in Q3 2011 |

Actemra/RoActemra

Interleukin 6 receptor inhibitor

- Rheumatoid arthritis programme

| Patient population | Early moderate-to-severe rheumatoid arthritis | Rheumatoid arthritis DMARD inadequate responders | Moderate-to-severe rheumatoid arthritis | Moderate-to-severe rheumatoid arthritis |
|--------------------|--|---|---|---|
| Phase/study | Phase III FUNCTION | Phase III ADACTA Head-to-head study | Phase III SUMMACTA Subcutaneous study | Phase III BREVACTA Subcutaneous study |
| # of patients | N=1,128 | N=300 | N=1,200 | N=600 |
| Design | <ul style="list-style-type: none"> 104 week treatment ARM A: Actemra IV 8 mg/kg q4w plus pbo MTX ARM B: Actemra IV 8 mg/kg q4w plus MTX ARM C: Actemra IV 4 mg/kg q4w plus MTX ARM D: MTX alone | <ul style="list-style-type: none"> 24 week treatment ARM A: Actemra IV 8mg/kg q4w plus pbo Adalimumab ARM B: Adalimumab 40mg sc q2w plus pbo Actemra | <ul style="list-style-type: none"> Add-on to DMARD therapy Weekly dosing for 104 weeks ARM A: Actemra sc 162mg weekly plus placebo IV q4w ARM B: Actemra IV 8mg/kg q4w plus placebo sc weekly | <ul style="list-style-type: none"> Add-on to DMARD therapy Dosing every two weeks for 104 weeks ARM A: Actemra sc 162mg q2w ARM B: Placebo sc q2w |
| Primary endpoint | <ul style="list-style-type: none"> DAS28 remission at 24 weeks, 1 year and 2 years | <ul style="list-style-type: none"> DAS28 at 24 weeks | <ul style="list-style-type: none"> ACR 20 at week 24 | <ul style="list-style-type: none"> ACR 20 at week 24 |
| Status | <ul style="list-style-type: none"> FPI Q4 2009 Recruitment completed Q2 2011 Expect data 2012 Filing expected 2013 | <ul style="list-style-type: none"> FPI Q2 2010 Expect data H1 2012 Filing (EU) expected 2012 | <ul style="list-style-type: none"> Recruitment completed 2011 Data 2012 Filing expected 2012 | <ul style="list-style-type: none"> Recruitment completed 2011 Data 2012 Filing expected 2012 |

In collaboration with Chugai

MTX = Methotrexate; DMARD = Disease-Modifying Anti-Rheumatic Drugs.

Lucentis

For the treatment of age-related macular degeneration and macular edema following retinal vein occlusion

| Patient population | Neovascular (wet) age-related macular degeneration | Diabetic macular edema | |
|--------------------|---|--|---|
| Phase/study | Phase III HARBOR High dose study | Phase III RIDE | Phase III RISE |
| # of patients | N=1,110 | N=382 | N=378 |
| Design | <ul style="list-style-type: none"> Randomised double-masked study comparing efficacy and safety of intravitreal injections of 0.5 mg and 2.0 mg Lucentis administered monthly or PRN in patients with wet AMD | <ul style="list-style-type: none"> Randomised, sham-controlled study of monthly intravitreal injections of 0.5 and 0.3 mg Lucentis for a total of 36 injections in patients with clinically significant macular edema with center involvement secondary to diabetes mellitus (Type I or Type II). | |
| Primary endpoint | <ul style="list-style-type: none"> Mean change in best corrected visual acuity (BCVA) compared to baseline at 12 months | <ul style="list-style-type: none"> Proportion of patients who gain ≥ 15 letters in BCVA score compared to baseline after 24 monthly injections (secondary endpoints include 36 month endpoint) | |
| Status | <ul style="list-style-type: none"> Study did not meet its primary endpoints (Q4 2011) 12 month data was presented at AAO meeting October 2011 In discussion with FDA regarding potential 0.5mg PRN sBLA submission | <ul style="list-style-type: none"> Study met its primary endpoint Q1 2011 Data presented at ADA 2011 Submitted for FDA approval October 2011 | <ul style="list-style-type: none"> Study met its primary endpoint Q1 2011 Data presented at ADA 2011 Submitted for FDA approval October 2011 |

Xolair

Evaluating potential in Chronic Idiopathic Urticaria, an IgE related disease

| Patient population | Chronic Idiopathic Urticaria Patients who remain symptomatic despite treatment* | | |
|--------------------|---|---|--|
| Phase/study | Phase III ASTERIA I | Phase III ASTERIA II | Phase III GLACIAL |
| # of patients | N=300 | N=300 | N=320 |
| Design | Add-on therapy to H1 anti-histamines 24 week treatment period (q4-week) <ul style="list-style-type: none"> • ARM A: Xolair 300 mg • ARM B: Xolair 150 mg • ARM C: Xolair 75 mg • ARM D: Placebo | Add-on therapy to H1 anti-histamines 12 week treatment period (q4-week) <ul style="list-style-type: none"> • ARM A: Xolair 300 mg • ARM B: Xolair 150 mg • ARM C: Xolair 75 mg • ARM D: Placebo | Add-on therapy to H1 anti-histamines, H2 blockers, and/or LTRA 24 week treatment period (q4-week) <ul style="list-style-type: none"> • ARM A: Xolair 300 mg • ARM B: Placebo |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Change from baseline in UAS7 weekly itch score at Week 12 | <ul style="list-style-type: none"> ▪ Change from baseline in UAS7 weekly itch score at Week 12 | <ul style="list-style-type: none"> ▪ Safety |
| Status | <ul style="list-style-type: none"> ▪ FPI Q1 2011 ▪ LPI Q1 2012 | <ul style="list-style-type: none"> ▪ FPI Q1 2011 ▪ LPI Q4 2011 | <ul style="list-style-type: none"> ▪ FPI Q1 2011 ▪ LPI Q1 2012 |

Zelboraf (vemurafenib, RG7204/PLX4032)

A selective novel small molecule that inhibits mutant BRAF

- Phase II/III clinical trials

| Patient population | Previously untreated metastatic melanoma BRAF mutation positive | Previously treated metastatic melanoma BRAF mutation positive | Previously treated papillary thyroid cancer BRAF mutation positive | Melanoma patients with brain metastases BRAF mutation positive |
|--------------------|---|---|---|--|
| Phase/study | Phase III BRIM3 Global study | Phase II BRIM2 US and Australia | Phase II | Phase II |
| # of patients | N=675 | N=132 | N=40 | N=132 |
| Design | <ul style="list-style-type: none"> ARM A: Zelboraf 960mg bid ARM B: dacarbazine | <ul style="list-style-type: none"> Single ARM: Zelboraf 960mg bid | <ul style="list-style-type: none"> Single ARM: Zelboraf | <ul style="list-style-type: none"> Single ARM: Zelboraf |
| Primary endpoint | <ul style="list-style-type: none"> Overall survival and progression-free survival | <ul style="list-style-type: none"> Best overall response rate assessed by IRC using RECIST criteria | <ul style="list-style-type: none"> Best overall response rate | <ul style="list-style-type: none"> Overall Response Rate in the brain |
| Status | <ul style="list-style-type: none"> Study met both co-primary endpoints Q1 2011 Data presented at ASCO 2011 FDA granted approval Q3 2011 Updated OS data presented at ESMO 2011 CHMP positive opinion Q4 2011 | <ul style="list-style-type: none"> Positive data presented at the International Melanoma Congress 2010 Updated data presented at ASCO 2011 CHMP positive opinion Q4 2011 | <ul style="list-style-type: none"> FPI Q2 2011 | <ul style="list-style-type: none"> FPI Q3 2011 |

Zelboraf in collaboration with Plexikon Inc., now a member of Daiichi Sankyo Group
 IRC = Independent Review Committee; RECIST = Response Evaluation Criteria in Solid Tumors.

Zelboraf (vemurafenib, RG7204/PLX4032)

A selective novel small molecule that inhibits mutant BRAF

- Phase I clinical trials

| Patient population | Metastatic melanoma BRAF mutation positive | Melanoma patients with brain metastases BRAF mutation positive |
|--------------------|--|--|
| Phase/study | Phase Ib | Phase I |
| # of patients | N=20 | N=20 |
| Design | <ul style="list-style-type: none"> Single ARM: Zelboraf plus ipilimumab | <ul style="list-style-type: none"> Single ARM: Zelboraf |
| Primary endpoint | <ul style="list-style-type: none"> Safety | <ul style="list-style-type: none"> Safety |
| Status | <ul style="list-style-type: none"> FPI Q4 2011 | <ul style="list-style-type: none"> FPI Q4 2010 |

Zelboraf in collaboration with Plexikon Inc., now a member of Daiichi Sankyo Group
 Combination study with ipilimumab is in collaboration with Bristol-Myers Squibb.

Roche Group development pipeline

Marketed products development programmes

Roche Pharma global development programmes

Roche Pharma research and early development

Genentech research and early development

Pertuzumab (RG1273)

First in a new class of HER dimerization inhibitors

- Phase III clinical trials

| Patient population | Adjuvant HER2+ breast cancer | First-line HER2-positive metastatic breast cancer |
|--------------------|--|--|
| Phase/study | Phase III APHINITY | Phase III CLEOPATRA |
| # of patients | N=3,806 | N=808 |
| Design | <ul style="list-style-type: none"> ARM A: Pertuzumab (840mg loading, 420 q3w) plus Herceptin for 52 weeks plus chemotherapy (6-8 cycles) ARM B: Placebo plus Herceptin (52 weeks) plus chemotherapy (6-8 cycles) | <ul style="list-style-type: none"> ARM A: Pertuzumab (840mg loading, 420mg q3w) plus Herceptin and docetaxel ARM B: Placebo plus Herceptin and docetaxel |
| Primary endpoint | <ul style="list-style-type: none"> 3-year disease-free survival | <ul style="list-style-type: none"> Progression-free survival |
| Status | <ul style="list-style-type: none"> FPI Q4 2011 | <ul style="list-style-type: none"> Met primary endpoint July 2011 Data presented at SABCs 2011 Submitted for FDA and EMA approval Q4 2011 |

Pertuzumab (RG1273)

First in a new class of HER dimerization inhibitors

- Phase II clinical trials

| Patient population | Neoadjuvant HER2-positive breast cancer | Neoadjuvant HER2-positive breast cancer | Second-line HER2-positive metastatic breast cancer | Advanced HER2-positive gastric cancer |
|--------------------|---|--|---|--|
| Phase/study | Phase II TRYPHAENA | Phase II NeoSphere | Phase II PHEREXA | Phase IIa JOSHUA |
| # of patients | N=225 | N=417 | N=420 | N=30 |
| Design | <ul style="list-style-type: none"> ARM A: FEC followed by Taxane with Herceptin and pertuzumab (H+P given concurrently) ARM B: FEC followed by Taxane with Herceptin + pertuzumab (H+P given sequentially) ARM C: TCH + pertuzumab (H+P given concurrently) | <ul style="list-style-type: none"> ARM A: Herceptin plus docetaxel ARM B: Herceptin, docetaxel plus pertuzumab ARM C: Herceptin plus pertuzumab ARM D: Pertuzumab plus docetaxel | <ul style="list-style-type: none"> ARM A: Herceptin plus Xeloda ARM B: Pertuzumab plus Herceptin and Xeloda | <ul style="list-style-type: none"> ARM A: Pertuzumab (840mg loading, 420mg q3w) plus Herceptin and chemotherapy ARM B: Placebo plus Herceptin and chemotherapy |
| Primary endpoint | <ul style="list-style-type: none"> Safety | <ul style="list-style-type: none"> Pathologic complete response rate | <ul style="list-style-type: none"> Progression-free survival | <ul style="list-style-type: none"> Safety, efficacy |
| Status | <ul style="list-style-type: none"> Positive safety and efficacy data presented at SABCS 2011 | <ul style="list-style-type: none"> FPI Q1 2008 Data presented at SABCS 2010 Biomarker data presented at SABCS 2011 | <ul style="list-style-type: none"> FPI Q1 2010 | <ul style="list-style-type: none"> FPI Q4 2011 |

FEC = Fluorouracil, Epirubicin, and Cyclophosphamide; TCH = Docetaxel, Carboplatin, Herceptin; SABCS = San Antonio Breast Cancer Symposium.

Trastuzumab emtansine (T-DM1) (RG3502)

Evaluating new treatment options in HER2+ breast cancer

| Patient population | Neoadjuvant/ Adjuvant | Patients who have progressed on HER2 targeted treatment | Pretreated HER2 pos. metastatic breast cancer ¹ | Previously untreated HER2 pos. metastatic breast cancer | |
|--------------------|---|--|---|---|---|
| Phase/ study | Phase II | Phase III TH3RESA | Phase III EMILIA | Phase II | Phase III MARIANNE |
| # of patients | N=135 | N=795 | N=980 | N=137 | N=1,092 |
| Design | <ul style="list-style-type: none"> ▪ Single ARM: T-DM1 3.6mg/kg q3w administered immediately following completion of anthracycline chemotherapy | <ul style="list-style-type: none"> ▪ ARM A: T-DM1 3.6mg/kg q3w ▪ ARM B: physician's choice | <ul style="list-style-type: none"> ▪ ARM A: T-DM1 3.6mg/kg q3w ▪ ARM B: Xeloda plus lapatinib | <ul style="list-style-type: none"> ▪ ARM A: T-DM1 3.6mg/kg q3w ▪ ARM B: Herceptin plus docetaxel | <ul style="list-style-type: none"> ▪ ARM A: Herceptin plus taxane ▪ ARM B: T-DM1 3.6mg/kg q3w plus pertuzumab ▪ ARM C: T-DM1 3.6 mg/kg q3w plus placebo |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Cardiac event rate ▪ Safety | <ul style="list-style-type: none"> ▪ ORR and Overall survival | Co-primary endpoints: <ul style="list-style-type: none"> ▪ Progression-free survival (PFS) ▪ Overall survival | <ul style="list-style-type: none"> ▪ Progression-free survival by investigator | <ul style="list-style-type: none"> ▪ Progression-free survival assessed by IRF |
| Status | <ul style="list-style-type: none"> ▪ FPI Q4 2010 ▪ Completed enrollment Q2 2011 ▪ Expect data Q1 2012 | <ul style="list-style-type: none"> ▪ FPI Q3 2011 | <ul style="list-style-type: none"> ▪ FPI Q1 2009 ▪ Enrollment completed ▪ Expect PFS data 2012 ▪ Expect to submit PFS data for approval in 2012 | <ul style="list-style-type: none"> ▪ Enrolment completed Q4 2009 ▪ Preliminary data presented at ESMO 2010 ▪ Positive topline PFS data April 2011 ▪ Data presented at ESMO 2011 | <ul style="list-style-type: none"> ▪ FPI Q3 2010 |

In collaboration with ImmunoGen

ESMO = European Society for Medical Oncology.

¹ Patients must have received prior treatment which included both: a taxane, alone or in combination with another agent, and trastuzumab in the adjuvant, locally advanced, or metastatic setting.

GA101 (RG7159)

Type II, glycoengineered anti-CD20 monoclonal antibody

- Phase III clinical trials

| Patient population | Front-line chronic lymphocytic leukaemia Patients with comorbidities | Indolent non-Hodgkin's lymphoma MabThera/Rituxan refractory | Front-line indolent non-Hodgkin's lymphoma | Diffuse large B-cell lymphoma (DLBCL) |
|--------------------|---|---|--|---|
| Phase/study | Phase III CLL11 | Phase III GADOLIN | Phase III GALLIUM | Phase III GOYA |
| # of patients | N=780 | N=360 | N=1,400 | N=1,400 |
| Design | <ul style="list-style-type: none"> ARM A: GA101 1000mg IV plus chlorambucil ARM B: MabThera/Rituxan plus chlorambucil ARM C: Chlorambucil alone | <ul style="list-style-type: none"> ARM A: GA101 1000mg IV plus Bendamustine ARM B: Bendamustine | <ul style="list-style-type: none"> ARM A: GA101 1000mg IV plus chemotherapy followed by GA101 maintenance ARM B: MabThera/Rituxan plus chemotherapy followed by MabThera/Rituxan maintenance | <ul style="list-style-type: none"> ARM A: GA101 1000mg IV plus CHOP ARM B: MabThera/Rituxan plus CHOP |
| Primary endpoint | <ul style="list-style-type: none"> Progression-free survival | <ul style="list-style-type: none"> Progression-free survival | <ul style="list-style-type: none"> Progression-free survival | <ul style="list-style-type: none"> Progression-free survival |
| Status | <ul style="list-style-type: none"> FPI Q4 2009 Expect data 2013 | <ul style="list-style-type: none"> FPI Q2 2010 Expect data 2015 | <ul style="list-style-type: none"> FPI Q3 2011 | <ul style="list-style-type: none"> FPI Q3 2011 |

GA101 (RG7159)

Type II, glycoengineered anti-CD20 monoclonal antibody

- Phase I/II clinical trials

| Patient population | Front-line or relapsed indolent non-Hodgkin's lymphoma (NHL) | Relapsed indolent non-Hodgkin's lymphoma | Relapsed or refractory non-Hodgkin's lymphoma or chronic lymphocytic leukaemia (CLL) |
|--------------------|--|---|--|
| Phase/study | Phase Ib GAUDI | Phase I/II GAUSS | Phase I/II GAUGUIN |
| # of patients | N=136 | N=202 | N=133 |
| Design | <ul style="list-style-type: none"> Cohort A: GA101 plus fludarabine + cyclophosphamide Cohort B: GA101 plus CHOP Cohort C: GA101 plus bendamustine | <p>Phase I portion (extended treatment for 2 years):</p> <ul style="list-style-type: none"> Single agent: GA101 <p>Phase II portion (extended treatment for 2 years):</p> <ul style="list-style-type: none"> ARM A: MabThera/Rituxan ARM B: GA101 | <p>Phase I portion:</p> <ul style="list-style-type: none"> Single agent: GA101 <p>Phase II portion:</p> <ul style="list-style-type: none"> Single agent: GA101 |
| Status | <ul style="list-style-type: none"> FPI Q1 2009 Data presented at ASH 2011 | <p>Phase I portion:</p> <ul style="list-style-type: none"> Initiated Q1 2008 Data presented at ASH 2009 <p>Phase II portion:</p> <ul style="list-style-type: none"> FPI Q3 2009 Enrolment completed Q3 2010 Data presented at ASH 2011 | <p>Phase I portion:</p> <ul style="list-style-type: none"> Initiated Q3 2007 Updated Phase I NHL and CLL data presented at ASH 2009 <p>Phase II portion:</p> <ul style="list-style-type: none"> All cohorts completed enrolment by Q4 2009 Data presented at ICML/EHA 2011 |

In collaboration with Biogen Idec

CHOP = Cyclophosphamide, Doxorubicin, Vincristine and Prednisone;

ASH = American Society of Hematology; EHA = European Hematology Association.

Onartuzumab (MetMAb, RG3638)

Anti-Met monovalent antibody that inhibits HGF-mediated activation

| Patient population | 2 nd - and 3 rd -line metastatic non-small cell lung cancer | 2 nd - and 3 rd -line Met-positive metastatic NSCLC | 1 st and 2 nd -line triple negative metastatic breast cancer | 1 st -line metastatic colorectal cancer |
|--------------------|---|--|---|--|
| Phase | Phase II | Phase III | Phase II | Phase II |
| # of patients | N=137 | N=480 | N=180 | N=188 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Tarceva plus onartuzumab (n=69) ▪ ARM B: Tarceva plus placebo (n=68) | <ul style="list-style-type: none"> ▪ ARM A: Tarceva plus onartuzumab ▪ ARM B: Tarceva plus placebo | <ul style="list-style-type: none"> ▪ ARM A: Avastin and paclitaxel plus onartuzumab ▪ ARM B: Avastin and paclitaxel plus placebo ▪ ARM C: Paclitaxel plus onartuzumab | <ul style="list-style-type: none"> ▪ ARM A: FOLFOX plus onartuzumab ▪ ARM B: FOLFOX plus placebo |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Progression-free survival in ITT ▪ Progression-free survival in pre-specified Met+ patients | <ul style="list-style-type: none"> ▪ Overall survival | <ul style="list-style-type: none"> ▪ Progression-free survival | <ul style="list-style-type: none"> ▪ Progression-free survival in ITT ▪ Progression-free survival in pre-specified Met+ patients |
| Status | <ul style="list-style-type: none"> ▪ Positive data presented at ESMO 2010 ▪ LIP “go” decision Q3 2010 ▪ Updated OS data presented at ASCO 2011 | <ul style="list-style-type: none"> ▪ FPI January 2012 | <ul style="list-style-type: none"> ▪ FPI Q1 2011 | <ul style="list-style-type: none"> ▪ FPI Q3 2011 |

Onartuzumab (MetMAb, RG3638)

Anti-Met monovalent antibody that inhibits HGF-mediated activation

| Patient population | 1 st line non-squamous NSCLC | 1 st line squamous NSCLC |
|--------------------|---|--|
| Phase | Phase II | Phase II |
| # of patients | N=260 | N=110 |
| Design | <p>Cohort 1</p> <ul style="list-style-type: none"> • Arm A: Onartuzumab + Bevacizumab + platinum-based chemo (cisplatin or carboplatin) + paclitaxel • Arm B: Placebo + Bevacizumab + platinum-based chemo (cisplatin or carboplatin) + paclitaxel <p>Cohort 2</p> <ul style="list-style-type: none"> • Arm A: Onartuzumab + platinum-based chemo (cisplatin or carboplatin) + pemetrexed • Arm B: Placebo + platinum-based chemo (cisplatin or carboplatin) + pemetrexed | <ul style="list-style-type: none"> • Arm A: Onartuzumab + platinum-based chemo (cisplatin or carboplatin) + paclitaxel • Arm B: Placebo + platinum-based chemo (cisplatin or carboplatin) + paclitaxel |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Progression-Free Survival in the ITT population ▪ Progression-Free Survival in Met positive population | <ul style="list-style-type: none"> ▪ Progression-Free Survival in the ITT population ▪ Progression-Free Survival in Met positive population |
| Status | <ul style="list-style-type: none"> ▪ Expected FPI Q1 2012 | <ul style="list-style-type: none"> ▪ Expected FPI Q1 2012 |

Erivedge (vismodegib, RG3616)

A novel small molecule inhibitor of the hedgehog signaling pathway

| Patient population | Advanced basal cell carcinoma | Operable basal cell carcinoma |
|--------------------|---|--|
| Phase/study | Pivotal Phase II ERIVANCE | Phase II |
| # of patients | N=104 | N=49 |
| Design | <ul style="list-style-type: none"> ▪ Single ARM: 150 mg GDC-0449 orally once daily until disease progression | <ul style="list-style-type: none"> ▪ Single ARM: 150 mg GDC-0449 orally once daily for 12 weeks |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Overall response rate | <ul style="list-style-type: none"> ▪ COHORT 1: Complete clearance ▪ COHORT 2: Durable complete clearance |
| Status | <ul style="list-style-type: none"> ▪ Enrolment completed Q1 2010 ▪ Positive pivotal phase II results announced March 2011 ▪ Data presented at EADO June 2011, ECCO/ESMO Sep 2011, EADV Oct 2011 ▪ FDA approval Jan 2012 ▪ EMA submission validated Q4 2011 | <ul style="list-style-type: none"> ▪ FPI Q4 2010 |

Dalcetrapib (RG1658)

A first-in-class CETP modulator

| dal-HEART Programme Global Research Initiative | | |
|--|--|--|
| Patient population | Stable CHD patients with recent ACS | Patients with CHD, CHD risk equivalents or at elevated risk for CVD |
| Phase/study | Phase III dal-OUTCOMES Mortality and morbidity study | Phase III dal-OUTCOMES 2 Mortality and morbidity study |
| # of patients | N=15,872 | N=20,000 |
| Design | <ul style="list-style-type: none"> In addition to standard medication for ACS (including statins): Minimum of 24 months treatment duration <ul style="list-style-type: none"> ARM A: Dalcetrapib ARM B: Placebo | <ul style="list-style-type: none"> In addition to standard medication (including statins): Event driven trial - 4 to 5 years follow up <ul style="list-style-type: none"> ARM A: Dalcetrapib ARM B: Placebo |
| Primary endpoint | <ul style="list-style-type: none"> Time to first occurrence of any component of the composite cardiovascular event | <ul style="list-style-type: none"> To evaluate the potential of dalcetrapib to reduce cardiovascular morbidity and mortality To evaluate the long-term safety and tolerability of dalcetrapib |
| Status | <ul style="list-style-type: none"> Initiated Q2 2008 Enrolment completed Q2 2010 Next interim analysis at 70% of events H1 2012 | <ul style="list-style-type: none"> FPI January 2012 |

Dalcetrapib (RG1658)

A first-in-class CETP modulator (continued)

| dal-HEART Programme Global Research Initiative | | |
|--|---|--|
| Patient population | Patients with evidence of CAD | Patients with recent ACS |
| Phase/study | <p>Phase III dal-PLAQUE 2* Imaging study</p> | <p>Phase III dal-ACUTE Biomarker study</p> |
| # of patients | N=900 | N=300 |
| Design | <ul style="list-style-type: none"> ▪ In addition to standard medication (including statins): ▪ 24 months treatment duration ▪ Uses both IMT and IVUS ultrasound imaging techniques <ul style="list-style-type: none"> • ARM A: Dalcetrapib • ARM B: Placebo | <ul style="list-style-type: none"> ▪ In addition to standard medication (including statins): ▪ 20 weeks treatment duration <ul style="list-style-type: none"> • ARM A: Dalcetrapib • ARM B: Placebo |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Assess the change from baseline in the progression of atherosclerosis using IMT and IVUS in coronary and carotid vascular beds in the same patients | <ul style="list-style-type: none"> ▪ To evaluate the effect of dalcetrapib on HDL-C at week 4 when treatment is initiated within 1 week of an ACS |
| Status | <ul style="list-style-type: none"> ▪ Initiated Q4 2009 ▪ Recruitment completed ▪ Expect data end of 2013 | <ul style="list-style-type: none"> ▪ FPI Q1 2011 ▪ Recruitment completed Q3 2011 |

In collaboration with Japan Tobacco

*Study being conducted in collaboration with the Canadian Atherosclerosis Imaging Network and Montreal Heart Institute

ACS = Acute Coronary Syndrome; CAD = Coronary artery disease; IMT = Intima-Media Thickness; IVUS = Intravascular Ultrasound.

Aleglitazar (RG1439)

A balanced PPAR co-agonist - potential to reduce cardiovascular events in type 2 diabetes patients

| Patient population | Type 2 diabetes Patients with moderate and mild renal impairment | ACS patients with Type 2 diabetes |
|--------------------|---|---|
| Phase/study | Phase II AleNEPHRO Renal function study | Phase III AleCARDIO Cardiovascular outcomes study |
| # of patients | N=300 | N=6,000 |
| Design | <ul style="list-style-type: none"> 52 week treatment duration: <ul style="list-style-type: none"> ARM A: Aleglitazar (150 µg) ARM B: Pioglitazone (45 mg) | <ul style="list-style-type: none"> At least 2.5 years treatment period and until 950 events have occurred <ul style="list-style-type: none"> ARM A: Aleglitazar (150 µg) on top of SOC ARM B: Placebo on top of SOC |
| Primary endpoint | <ul style="list-style-type: none"> Relative change from baseline in glomerular filtration rate at 60 weeks | <ul style="list-style-type: none"> Reduction in cardiovascular mortality, non-fatal myocardial infarction and stroke (MACE) |
| Status | <ul style="list-style-type: none"> FPI Q2 2010 Enrollment completed Q2 2011 Expect data end of 2012 | <ul style="list-style-type: none"> FPI Q1 2010 |

Bitopertin (GlyT-1, RG1678)

A small molecule first-in-class glycine reuptake inhibitor (GRI)

| Patient population | Acute exacerbation of schizophrenia | Sub-optimally controlled symptoms of schizophrenia | | | Persistent, predominant negative symptoms of schizophrenia | | |
|--------------------|--|--|--|---|--|---|--|
| Phase/study | Phase II Proof of concept study | Phase III NIGHTLYTE | Phase III MOONLYTE | Phase III TWILYTE | Phase III SUNLYTE | Phase III DAYLYTE | Phase III FLASHLYTE |
| # of patients | N=300 | N=600 | N=600 | N=600 | N=630 | N=630 | N=630 |
| Design | <ul style="list-style-type: none"> 4-week treatment period ARM A: RG1678 daily (10 mg) ARM B: RG1678 daily (30 mg) ARM C: Olanzapine ARM D: Placebo | <ul style="list-style-type: none"> Add-on therapy to anti-psychotics 52-week treatment period ARM A: RG1678 daily (10 mg) ARM B: RG1678 daily (20 mg) ARM C: Placebo | <ul style="list-style-type: none"> Add-on therapy to anti-psychotics 52-week treatment period ARM A: RG1678 daily (10 mg) ARM B: RG1678 daily (20 mg) ARM C: Placebo | <ul style="list-style-type: none"> Add-on therapy to anti-psychotics 52-week treatment period ARM A: RG1678 daily (5 mg) ARM B: RG1678 daily (10 mg) ARM C: Placebo | <ul style="list-style-type: none"> Add-on therapy to anti-psychotics 52-week treatment period ARM A: RG1678 (10 mg) ARM B: RG1678 (20 mg) ARM C: Placebo | <ul style="list-style-type: none"> Add-on therapy to anti-psychotics 52-week treatment period ARM A: RG1678 (5 mg) ARM B: RG1678 (10 mg) ARM C: Placebo | <ul style="list-style-type: none"> Add-on therapy to anti-psychotics 52-week treatment period ARM A: RG1678 (10 mg) ARM B: RG1678 (20 mg) ARM C: Placebo |
| Primary endpoint | <ul style="list-style-type: none"> PANSS total symptom factor at week 4 | <ul style="list-style-type: none"> PANSS positive symptom factor at week 12 | <ul style="list-style-type: none"> PANSS positive symptom factor at week 12 | <ul style="list-style-type: none"> PANSS positive symptom factor at week 12 | <ul style="list-style-type: none"> PANSS negative symptom factor at week 24 | <ul style="list-style-type: none"> PANSS negative symptom factor at week 24 | <ul style="list-style-type: none"> PANSS negative symptom factor at week 24 |
| Status | <ul style="list-style-type: none"> FPI Q1 2011 | <ul style="list-style-type: none"> FPI Q4 2010 | <ul style="list-style-type: none"> FPI Q4 2010 | <ul style="list-style-type: none"> FPI Q4 2010 | <ul style="list-style-type: none"> FPI Q4 2010 | <ul style="list-style-type: none"> FPI Q4 2010 | <ul style="list-style-type: none"> FPI Q4 2010 |

Ocrelizumab (RG1594)

2nd generation anti-CD20 monoclonal antibody

| Patient population | Relapsing multiple sclerosis (RMS) | | Primary progressive multiple sclerosis (PPMS) |
|--------------------|---|---|--|
| Phase/study | Phase III OPERA I | Phase III OPERA II | Phase III ORATORIO |
| # of patients | N=800 | N=800 | N=630 |
| Design | <ul style="list-style-type: none"> 96-week treatment period: <ul style="list-style-type: none"> ARM A: Ocrelizumab 2x 300 mg IV followed by 600 mg IV every 24 weeks ARM B: Interferon b-1a | <ul style="list-style-type: none"> 96-week treatment period: <ul style="list-style-type: none"> ARM A: Ocrelizumab 2x 300 mg IV followed by 600 mg IV every 24 weeks ARM B: Interferon b-1a | <ul style="list-style-type: none"> 120-week treatment period: <ul style="list-style-type: none"> ARM A: Ocrelizumab 2x 300 mg IV every 24 weeks ARM B: Placebo |
| Primary endpoint | <ul style="list-style-type: none"> Annualized relapse rate at 96 weeks versus Rebif | <ul style="list-style-type: none"> Annualized relapse rate at 96 weeks versus Rebif | <ul style="list-style-type: none"> Sustained disability progression versus placebo by Expanded Disability Status Scale (EDSS) |
| Status | <ul style="list-style-type: none"> FPI Q3 2011 | <ul style="list-style-type: none"> FPI Q3 2011 | <ul style="list-style-type: none"> FPI Q1 2011 |

Lebrikizumab (RG3637)

A humanized monoclonal antibody designed to bind specifically to IL-13

| Severe uncontrolled adult asthma | | |
|----------------------------------|---|--|
| Patient population | Adult patients who are inadequately controlled on inhaled corticosteroids | Adult patients who are not taking inhaled corticosteroids |
| Phase/study | <p>Phase II MILLY <i>Proof of concept study</i></p> | <p>Phase II MOLLY <i>Dose-ranging study</i></p> |
| # of patients | N=218 | N=212 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Lebrikizumab ▪ ARM B: Placebo | <ul style="list-style-type: none"> ▪ ARM A: Lebrikizumab (low dose) ▪ ARM B: Lebrikizumab (medium dose) ▪ ARM C: Lebrikizumab (high dose) ▪ ARM D: Placebo |
| Status | <ul style="list-style-type: none"> ▪ Topline data Q3 2010 ▪ LIP 'go' decision Q4 2010 ▪ Data published in NEJM Aug. 2011 ▪ Data presented at ERS 2011 | <ul style="list-style-type: none"> ▪ FPI Q4 2009 ▪ Topline data: Q1 2011 ▪ Phase III 'go' decision June 2011 |

Mericitabine (RG7128)

Nucleoside polymerase inhibitor

| Patient population | Treatment-naïve and failure chronic hepatitis C Genotype 1 and 4 | Treatment-naïve and failure chronic hepatitis C Genotype 1 and 4 | Chronic hepatitis C Genotype 2 and 3 |
|--------------------|---|---|--|
| Phase/study | Phase IIb PROPEL | Phase IIb JUMP-C Longer duration study | Phase IIb |
| # of patients | N=408 | N= 168 | TBD |
| Design | <ul style="list-style-type: none"> ▪ ARM A: RG7128 (500 mg BID) + Pegasys and Copegus for 12 weeks, followed by Pegasys and Copegus for 12 weeks* ▪ ARM B: RG7128 (1000 mg BID) + Pegasys and Copegus for 8 weeks, followed by Pegasys and Copegus for 16 weeks* ▪ ARM C: RG7128 (1000 mg BID) + Pegasys and Copegus for 12 weeks, followed by Pegasys and Copegus for 12 weeks* *Patients who have not achieved rapid viral (RVR) response will receive Pegasys and Copegus for a further 24 weeks. ▪ ARM D: RG7128 (1000 mg BID) + Pegasys and Copegus for 12 weeks, followed by Pegasys and Copegus for 36 weeks ▪ ARM E: Pegasys and Copegus for 48 weeks ▪ ARM F (non-responder to ARM E): RG7128 (1000 mg BID) + Pegasys and Copegus for 24 weeks, followed by Pegasys and Copegus for 24 weeks | <ul style="list-style-type: none"> ▪ ARM A: RG7128 (1000 mg BID) + Pegasys and Copegus for 24 weeks* *Patients achieving RVR at week 4, sustained through week 22, will stop all treatment at week 24; non-RVR patients will continue treatment with Pegasys and Copegus for another 24 weeks up to week 48. ▪ ARM B: Pegasys and Copegus for 48 weeks ▪ ARM C (non-responders to ARM B): RG7128 (1000 mg BID) + Pegasys and Copegus for 24 weeks, followed by Pegasys and Copegus for 24 weeks | <ul style="list-style-type: none"> ▪ In preparation |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Sustained virological response (SVR) | <ul style="list-style-type: none"> ▪ Sustained virological response (SVR) | |
| Status | <ul style="list-style-type: none"> ▪ Cohort 1 - FPI Q2 2009; Cohort 2 - FPI Q4 2009 ▪ ARM A to E enrolment completed Q1 2010 ▪ FPI for ARM F Q3 2010 ▪ Interim data presented at AASLD 2010 ▪ Expect final data presentation at EASL 2012 | <ul style="list-style-type: none"> ▪ FPI Q1 2010 ▪ ARM A and B enrolment completed Q2 2010 ▪ FPI ARM C Q3 2010 ▪ Interim data presented at EASL 2011 ▪ Expect final data presentation at EASL 2012 | |

Licensed from Pharmasset, now part of Gilead.

AASLD = American Association for the Study of Liver Disease; EASL = European Association for the Study of the Liver

Mericitabine (RG7128)

Nucleoside polymerase inhibitor

| Patient population | Treatment-naïve and failure chronic hepatitis C Genotype 1 and 4 | Treatment-naïve and failure chronic hepatitis C Genotype 1 and 4 |
|--------------------|--|--|
| Phase/study | Phase IIb DYNAMO 1* | Phase IIb DYNAMO 2 Longer duration study |
| # of patients | N=408 | N= 168 |
| Design | <ul style="list-style-type: none"> • ARM A: Boceprevir + RG7128 (1000 mg BID) + Pegasys and Copegus for 24 weeks • ARM B: Boceprevir + RG7128 (1000 mg BID) + Pegasys and Copegus for 24 weeks followed by boceprevir+Pegasys and Copegus for 24 weeks • ARM C : Boceprevir+Pegasys and Copegus for 48 weeks | <ul style="list-style-type: none"> • ARM A: Telaprevir + RG7128 (1000 mg BID) + Pegasys and Copegus for 12 weeks, followed by + RG7128 (1000 mg BID) + Pegasys and Copegus for 12 weeks • ARM B: Telaprevir + RG7128 (1000 mg BID) + Pegasys and Copegus for 12 weeks, followed by + RG7128 (1000 mg BID) + Pegasys and Copegus for 12 weeks, followed by Pegasys and Copegus for 24 weeks • ARM C : Telaprevir + RG7128 (1000 mg BID) + Pegasys and Copegus for 12 weeks, followed by Pegasys and Copegus for 36 weeks • ARM D: Telaprevir + Pegasys and Copegus for 12 weeks, followed by Pegasys and Copegus for 36 weeks |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Sustained virological response (SVR) | <ul style="list-style-type: none"> ▪ Sustained virological response (SVR) |
| Status | <ul style="list-style-type: none"> ▪ FPI November 2011 ▪ Interim data expected ▪ Expect final data presentation at EASL 2012 | <ul style="list-style-type: none"> ▪ FPI November 2011 ▪ Interim data expected ▪ Expect final data presentation at EASL 2012 |

Danoprevir (RG7227)

HCV protease inhibitor

| Patient population | Treatment-naïve chronic hepatitis C patients | | Treatment-experienced chronic hepatitis C patients |
|--------------------|--|--|---|
| Phase/study | Phase IIb ATLAS Danoprevir + Pegasys + Ribavirin in Genotype 1 | Phase IIb DAUPHINE Boosted Danoprevir + Pegasys + Ribavirin in Genotype 1+4 | Phase IIb Matterhorn Boosted Danoprevir in Triple, Quad and Interferon-free combinations |
| # of patients | N=232 | N=421 | N=381 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Danoprevir 300 mg q8h + Pegasys and Copegus for 12 weeks ▪ ARM B: Danoprevir 600 mg bid + Pegasys and Copegus for 12 weeks ▪ ARM C: Danoprevir 900 mg bid + Pegasys and Copegus for 12 weeks (<i>arm discontinued</i>) ▪ ARM D: Placebo + Pegasys and Copegus for 48 weeks | <p>Danoprevir boosted by low dose ritonavir</p> <ul style="list-style-type: none"> ▪ ARM A: Danoprevir 200 mg bid+ Ritonavir 100mg bid + Pegasys + Copegus for 24 weeks ▪ ARM B: Danoprevir 100 mg bid + Ritonavir 100mg bid + Pegasys + Copegus for 24 weeks ▪ ARM C: Danoprevir 50 mg bid + Ritonavir 100mg bid + Pegasys + Copegus for 24 weeks ▪ ARM D: Danoprevir 100 mg* bid + Ritonavir 100mg bid + Pegasys + Copegus ▪ ARM E: Pegasys and Copegus <p><i>*if patients are virus negative at week 2 and 10, patients will stop therapy at week 12.</i></p> | <p>Danoprevir boosted by low dose ritonavir in IFN-free, triple and QUAD</p> <p>Cohort A: partial responders:</p> <ul style="list-style-type: none"> ▪ ARM A1: Danoprevir 100 mg bid+ Ritonavir 100mg bid+ RG7128 1000 mg bid + Copegus for 24 weeks ▪ ARM A2: Danoprevir 100 mg bid + Ritonavir 100mg bid+ Pegasys + Copegus for 24 weeks ▪ ARM A3: Danoprevir 100 mg bid + Ritonavir 100mg bid + RG7128 1000 mg bid + Pegasys + Copegus for 24 weeks <p>Cohort B: null responders:</p> <ul style="list-style-type: none"> ▪ ARM B1: Danoprevir 100 mg bid + Ritonavir 100mg bid + RG7128 1000 mg bid + Copegus for 24 weeks ▪ ARM B2: Danoprevir 100 mg bid + Ritonavir 100mg bid+ RG7128 1000 mg bid + Pegasys + Copegus for 24 weeks ▪ ARM B3: Danoprevir 100 mg bid+ Ritonavir 100mg bid + RG7128 1000 mg bid + Pegasys + Copegus for 24 weeks, followed by 24 weeks Pegasys + Copegus |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Sustained virological response 24 weeks after the end of study treatment | <ul style="list-style-type: none"> ▪ Sustained virological response 24 weeks after the end of study treatment | <ul style="list-style-type: none"> ▪ Sustained virological response 24 weeks after the end of study treatment |
| Status | <ul style="list-style-type: none"> ▪ FPI Q3 2009 ▪ 900 mg cohort be discontinued in Q4 2009 ▪ SVR results presented at AASLD Q4 2011 | <ul style="list-style-type: none"> ▪ FPI Q4 2010 ▪ Recruitment completed Q1 2011 ▪ Data submitted to EASL 2012 | <ul style="list-style-type: none"> ▪ FPI Q2 2011 ▪ Recruitment completed Q3 2011 ▪ Expect data submission to AASLD 2012 |

*patients previously treated with Pegasys/RBV with less than a 2-log drop on treatments

Danoprevir (RG7227)

HCV protease inhibitor

- Direct-acting antiviral combo study

| | |
|---------------------------|--|
| Patient population | Treatment-naïve and Interferon Unable/Intolerant Patients Chronic hepatitis C Genotype 1 |
| Phase | Phase IIb INFORM-SVR Interferon-free combination trial |
| # of patients | N=200 |
| Design | <ul style="list-style-type: none"> • ARM A: Danoprevir 100 mg bid + Ritonavir 100 mg bid + RG7128 1000 mg bid + Copegus • ARM B: Danoprevir 100 mg bid + Ritonavir 100 mg bid RG7128 1000 mg bid <p><i>If patients are virus negative at weeks 2 and 10, patients will be re-randomized to stop therapy at week 12 or receive another 12 weeks of treatment for a total of 24 weeks.</i></p> <ul style="list-style-type: none"> • ARM C: Design in preparation |
| Primary endpoint | ▪ Sustained virological response 24 weeks after the end of study treatment |
| Status | <ul style="list-style-type: none"> ▪ FPI Q1 2011 ▪ Recruitment completed for arms A and B Q4 2011 ▪ Expect FPI for ArmC H1 2012 |

Roche Group development pipeline

Marketed products development programmes

Roche Pharma global development programmes

Roche Pharma research and early development

Genentech research and early development

Oncology development programmes

Small Molecules

| | Apoptosis | | | MAPK signaling | | |
|--------------------|--|--|--|--|---|---|
| Molecule | MDM2 antagonist (RG7112) | | MDM2 (4) antagonist (RG7388) | BRAF inhibitor(2) (RG7256) | MEK inhibitor (CIF, RG7167) | Raf/MEK inhibitor (CKI27, RG7304) |
| Patient population | Advanced solid tumors | Hematologic neoplasms (Leukaemia) | Solid and hematological tumors | BRAF mutated solid tumors | Solid tumors | Solid tumors |
| Phase | Phase I | Phase I | Phase I | Phase I | Phase I | Phase I |
| # of patients | N=105 | N=90 | N=100 | N=100 | N=144 | N=52 |
| Design | <ul style="list-style-type: none"> Multiple ascending dose-escalation study | <ul style="list-style-type: none"> Multiple ascending dose-escalation study | <ul style="list-style-type: none"> Multiple ascending dose-escalation study | <ul style="list-style-type: none"> Multiple ascending dose study with extension cohorts | <ul style="list-style-type: none"> Dose-escalation, followed by expansion into 4 cohorts in specific indications | <ul style="list-style-type: none"> Dose-escalation to MTD |
| Status | <ul style="list-style-type: none"> Study completed Q2 2011 Expect to initiate Phase Ib studies in 2012 | <ul style="list-style-type: none"> Initiated Q2 2008 Preliminary results presented at ASH 2010 and 2011 Expect to initiate Phase Ib studies in 2012 | <ul style="list-style-type: none"> FPI Q4 2011 | <ul style="list-style-type: none"> FPI Q3 2010 | <ul style="list-style-type: none"> Initiated Q2 2008 Phase I study completed recruitment into expansion cohorts end of 2011 | <ul style="list-style-type: none"> Initiated October Q4 2008 Phase I study Stopped enrolment in Q4 2010 |
| Collaborator | | | | Plexxikon | Chugai | Chugai |

Oncology development programmes

Monoclonal Antibodies

| Molecule | Anti-PIGF MAb (RG7334) | | Anti-glypican-3 MAb (GC33, RG7686) | Anti-CD44 MAb (RG7356) |
|--------------------|--|--|---|--|
| Patient population | Glioblastoma multiforme | Hepatocellular carcinoma (HCC) | Metastatic liver cancer (hepatocellular carcinoma) | Solid tumors |
| Phase | Phase Ib/II | Phase Ib | Phase Ib | Phase I |
| # of patients | N=80-100 | N=60-70 | N= 40-50 | N=50-70 |
| Design | Part 1 - Dose escalation portion <ul style="list-style-type: none"> ▪ RG7334 in combination with Avastin Part 2 <ul style="list-style-type: none"> ▪ ARM A: Avastin ▪ ARM B: Avastin plus RG7334 | Part 1 - Dose escalation portion <ul style="list-style-type: none"> ▪ RG7334 in combination with sorafenib Part 2 <ul style="list-style-type: none"> ▪ ARM A: Sorafenib ▪ ARM B: Sorafenib plus RG7334 | <ul style="list-style-type: none"> ▪ Study US Monotherapy ▪ Study Japan Monotherapy ▪ Combo with SOC dose escalation study | <ul style="list-style-type: none"> ▪ Multiple ascending dose study with extension and imaging arm |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Part 1 - Establish dosing for Part 2 ▪ Part 2 - PFS at 6 months | <ul style="list-style-type: none"> ▪ Part 1 - Establish dosing for Part 2 ▪ Part 2 - Safety, PK, PD | <ul style="list-style-type: none"> ▪ Safety and tolerability | <ul style="list-style-type: none"> ▪ Safety (MTD), PK, PD, preliminary activity |
| Status | ▪ FPI Q2 2011 | ▪ FPI Q1 2011 | ▪ FPI Q4 2008 | ▪ FPI Q2 2011 |
| Collaborator | ThromboGenics & BioInvent | | Chugai | |

Oncology development programmes

Monoclonal Antibodies (continued)

| Molecule | Anti-TWEAK MAb (RG7212) | GE-huMAb HER3(RG7116) | CSF-1R huMAb (RG7155) |
|---------------------------|--|--|---|
| Patient population | Solid tumors | Solid tumors | Solid Tumors |
| Phase | Phase I | Phase I | Phase I |
| # of patients | N=100 | N=105 | N-95 |
| Design | <ul style="list-style-type: none"> ▪ Multiple ascending dose study with extension cohorts | <ul style="list-style-type: none"> ▪ Multiple ascending dose study with extension cohorts and imaging sub-study ▪ Combination arms with HER1-targeted therapies (erlotinib, cetuximab) | <ul style="list-style-type: none"> ▪ Multiple ascending dose study +/- paclitaxel with extension cohorts |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Safety, PK, PD | <ul style="list-style-type: none"> ▪ Safety, PK | <ul style="list-style-type: none"> ▪ Safety, PK, PD & clinical activity |
| Status | <ul style="list-style-type: none"> ▪ FPI Q3 2011 | <ul style="list-style-type: none"> ▪ FPI Q4 2011 | <ul style="list-style-type: none"> ▪ FPI Q4 2011 |

GA201 (RG7160)

Glycoengineered enhanced ADCC/anti-EGFR monoclonal antibody

| Patient population | Head and neck squamous cell carcinoma | 1 st -line metastatic non-small cell lung cancer | 2 nd -line metastatic colorectal cancer |
|--------------------|--|--|--|
| Phase | Phase I Mechanism of action study | Phase Ib/II | Phase II |
| # of patients | N=45 | N=160 | N=160 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: GA201 ▪ ARM B: Cetuximab | Treated until disease progression: Squamous § ARM A: GA201 plus cisplatin and gemcitabine § ARM B: Cisplatin and gemcitabine Non-Squamous § ARM A: GA201 plus cisplatin and pemetrexed § ARM B: Cisplatin and pemetrexed | Treated until disease progression: KRAS Wild Type § ARM A: GA201 plus FOLFIRI § ARM B: Cetuximab plus FOLFIRI KRAS Mutant § ARM A: GA201 plus FOLFIRI § ARM B: FOLFIRI alone |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Pharmacodynamics | <ul style="list-style-type: none"> ▪ Part 1 – Safety ▪ Part 2 – PFS | <ul style="list-style-type: none"> ▪ PFS |
| Status | <ul style="list-style-type: none"> ▪ FPI Q4 2009 ▪ Recruitment ongoing | <ul style="list-style-type: none"> ▪ Non-Squamous Part 2 accrual complete 1Q 2012 ▪ Squamous Part 1 ongoing | <ul style="list-style-type: none"> ▪ FPI Q2 2011 ▪ Recruitment ongoing |

Inflammation development programmes

| Molecule | CRTH2 antagonist (RG7185) | | huMAb IL-17 (RG4934) | huMAb anti-TSLPR (RG7258) |
|--------------------|---|--|--|---|
| Patient population | Asthma | Asthma | Inflammatory diseases | Uncontrolled Asthma |
| Phase | Phase I | Phase II | Phase II | Phase I |
| # of patients | N=80 | N~450 | TBD | N=48 |
| Design | <ul style="list-style-type: none"> Single and multiple doses | <ul style="list-style-type: none"> Double blind, placebo controlled in moderate to severe asthmatics inadequately controlled on Advair® | <ul style="list-style-type: none"> Multiple dose administration | <ul style="list-style-type: none"> Single and multiple doses |
| Status | <ul style="list-style-type: none"> FPI Q3 2010 Top-line results available Q1 2012 | <ul style="list-style-type: none"> Expect FPI H2 2012 | <ul style="list-style-type: none"> Expect FPI 2012 | <ul style="list-style-type: none"> FPI Q4 2011 |

Virology development programme

| | |
|---------------------------|--|
| Molecule | Setrobuvir (RG7790) |
| Patient population | Chronic hepatitis C |
| Phase | Phase II |
| # of patients | N= 283 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Setrobuvir/placebo (200 mg bid) + Pegasys + Copegus for 28-48 weeks* in naïve patients ▪ ARM B: Setrobuvir/placebo (200 mg bid) + Pegasys + Copegus for 48 weeks in treatment experienced patients (parital responders & relapsers) ▪ ARM C: Setrobuvir (200 mg bid) + Pegasys + Copegus for 48 weeks in treatment experienced patients (null responders) <p>* Response guided treatment</p> |
| Primary endpoint | ▪ Sustained virological response 24 weeks after the end of study treatment |
| Status | ▪ FPI Q1 2011 |
| Collaborator | Anadys Pharmaceuticals Inc. acquisition |

Metabolic development programmes

- Phase II studies

| Molecule | P-selectin huMAb (RG1512) | | 11 Beta HSD inhibitor (RG4929) |
|--------------------|--|---|---|
| Patient population | Prevention of saphenous vein graft disease Patients undergoing coronary artery bypass graft (CABG) surgery | Acute Coronary Syndrome (ACS) Patients undergoing Percutaneous Coronary Intervention (PCI) | Metabolic diseases |
| Phase/study | Phase II | Phase II | Phase II Proof of mechanism study |
| # of patients | N=384 | N=516 | N=80 |
| Design | 32-week treatment period • ARM A: RG1512 (20 mg/kg) • ARM B: Placebo | Single infusion • ARM A: RG1512 (5 mg/kg) • ARM B: RG1512 (20 mg/kg) • ARM C: Placebo | 12-week treatment • ARM A: RG4929 (200 mg) • ARM B: Placebo |
| Primary Endpoint | •Sapheneous vein graft re-occlusion | •Procedural damage (troponin) | •Liver fat content (MRS) |
| Status | ▪ FPI Q4 2010 | ▪ FPI Q2 2011 | ▪ FPI Q1 2011 ▪ Expect data Q2 2012 |
| Collaborator | Genmab | | |

Metabolic development programmes

- Phase I/II studies

| Molecule | GLP-1/GIP dual agonist (MAR701, RG7685) | | ABCA1 inducer (RG7273) | CatS antagonist (RG7236) |
|--------------------|--|------------------------------------|---------------------------------|---------------------------------|
| Patient population | Type 2 diabetes | Type 2 diabetes | Dyslipidemia | Cardiovascular Disease |
| Phase/study | Phase I | Phase II Proof of concept study | Phase I | Phase I |
| # of patients | N=50 | N=120 | HV | HV |
| Design | ▪ Multiple ascending dose (MAD) study | ▪ In preparation | ▪ Multiple ascending dose study | ▪ Multiple ascending dose study |
| Primary endpoint | ▪ Safety, PK | ▪ HbA1c | ▪ Safety, PK | ▪ Safety, PK |
| Status | ▪ Study completed | ▪ On hold | ▪ FPI Q3 2011 | ▪ Expect FPI Q3 2012 |
| Collaborator | Marcadia Biotech, Inc. acquisition | | | |

CNS (Neuroscience) development programmes



- Phase I/II studies

| Molecule | Gantenerumab (Anti-A β , RG1450) | BACE inhibitor (RG7129) | Monoamine oxidase type B (MAO-B) inhibitor (RG1577, EVT-302) |
|--------------------|--|--|---|
| Patient population | Alzheimer's Disease | Alzheimer's Disease | Alzheimer's Disease |
| Phase/study | Phase II SCarlet RoAD | Phase I | Phase II |
| # of patients | N=360 | N=36 | TBD |
| Design | 104-week subcutaneous treatment period <ul style="list-style-type: none"> •ARM A: RG1450 (225 mg) •ARM B: RG1450 (105 mg) •ARM C: Placebo | <ul style="list-style-type: none"> ▪ Single ascending dose study, incl. food effect | <ul style="list-style-type: none"> • In preparation |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Change in Clinical Dementia Rating scale Sum of Boxes (CDR-SOB) at 2 years | <ul style="list-style-type: none"> ▪ Safety | <ul style="list-style-type: none"> ▪ Efficacy |
| Status | <ul style="list-style-type: none"> ▪ FPI Q4 2010 ▪ Ph I PET data published in Arch. Neur. Q4 2011 | <ul style="list-style-type: none"> ▪ FPI Q3 2011 | <ul style="list-style-type: none"> ▪ Expect FPI in H2 2012 |
| Collaborator | Morphosys | Siena Biotech | Evotec |

CNS (Neuroscience) development programmes

- Phase I studies

| Molecule | GABRA5 negative allosteric modulator (NAM) (RG1662) | | | V1 receptor antagonist (RG7314) |
|--------------------|---|---|--|---|
| Patient population | Down Syndrome | | | Autism |
| Phase | Phase I | Phase I | Phase Ib | Phase I |
| # of patients | N=90 | N=32 | N=23 | N=45 |
| Design | <ul style="list-style-type: none"> Single ascending dose study/PET in healthy volunteers | <ul style="list-style-type: none"> Multiple ascending dose study in healthy volunteers | <ul style="list-style-type: none"> Multi-center, Randomized, Double-blind, Placebo-controlled, Multiple Dose Study in Individuals With Down Syndrom | <ul style="list-style-type: none"> SAD/MAD umbrella protocol including food effect |
| Primary endpoint | <ul style="list-style-type: none"> Food effect, Brain Receptor Occupancy, Safety | <ul style="list-style-type: none"> Safety | <ul style="list-style-type: none"> Safety, tolerability | <ul style="list-style-type: none"> Safety, Tolerability |
| Status | <ul style="list-style-type: none"> FPI Q1 2010 Enrolment completed | <ul style="list-style-type: none"> FPI Q4 2010 Enrollment completed Q3 2011 | <ul style="list-style-type: none"> FPI Q4 2011 | <ul style="list-style-type: none"> FPI Q3 2010 |

CNS (Neuroscience) development programmes



| Metabotropic glutamate receptor pathway | | | |
|---|---|--|--|
| Molecule | mGluR2 antagonist (RG1578) | mGluR5 antagonist (RG7090) | |
| Patient population | Adjunctive Treatment of Major Depressive Disorder | Adjunctive Treatment of Major Depressive Disorder | Fragile X Syndrome |
| Phase/study | Phase II | Phase II | Phase II |
| # of patients | N=480 | N=300 | N=180 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: RG1578 5 mg ▪ ARM B: RG1578 15 mg ▪ ARM C: RG1578 30 mg ▪ ARM D: Matching Placebo | <ul style="list-style-type: none"> § ARM A: RG7090 0.5 mg § ARM B: RG7090 1.5 mg § ARM C: Matching Placebo | <ul style="list-style-type: none"> § ARM A: RG7090 0.5 mg § ARM B: RG7090 1.5 mg § ARM C: Matching Placebo |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Efficacy - Montgomery Asberg Depression Rating Scale | <ul style="list-style-type: none"> ▪ Efficacy - Montgomery Asberg Depression Rating Scale | <ul style="list-style-type: none"> ▪ Efficacy, Safety and Tolerability |
| Status | <ul style="list-style-type: none"> ▪ Recruitment ongoing ▪ Expected data H2 2013 | <ul style="list-style-type: none"> ▪ Recruitment ongoing ▪ Expected data H2 2013 | <ul style="list-style-type: none"> ▪ Recruitment expected to start H1 2012 |

Roche Group development pipeline

Marketed products development programmes

Roche Pharma global development programmes

Roche Pharma research and early development

Genentech research and early development

Oncology development programmes

| Angiogenic signaling | | | | |
|----------------------|---|--|--|--|
| Molecule | Anti-angiogenic (RG7594) | Anti-EGFL7 MAb (RG7414) | | |
| Patient population | Advanced solid tumors | Advanced solid tumors | First-line metastatic non-small cell lung cancer | First-line metastatic colorectal cancer |
| Phase | Phase Ia/Ib | Phase Ib | Phase II | Phase II CONGO |
| # of patients | N=~54 | N=72 | N=100 | N=120 |
| Design | <ul style="list-style-type: none"> ▪ Dose escalation study ▪ Phase Ib portion in combination with Avastin | <ul style="list-style-type: none"> ▪ ARM A: Anti-EGFL7 plus Avastin ▪ ARM B: Anti-EGFL7 plus Avastin and paclitaxel ▪ RCC expansion: Anti-EGFL7 plus Avastin | <ul style="list-style-type: none"> ▪ Anti-EGFL7 plus Avastin plus carbo/tax vs Avastin plus carbo/tax | <ul style="list-style-type: none"> ▪ ARM A: Anti-EGFL7 plus Avastin plus FOLFOX ▪ ARM B: Avastin plus FOLFOX |
| Status | <ul style="list-style-type: none"> ▪ FPI Q2 2010 | <ul style="list-style-type: none"> ▪ FPI Q1 2010 ▪ Phase II “go” decision Q1 2011 ▪ Data presented at ASCO 2011 | <ul style="list-style-type: none"> ▪ FPI Q2 2011 | <ul style="list-style-type: none"> ▪ FPI Q4 2011 |

Oncology development programmes

| | Growth factor signaling | | | Tumor Immunotherapy |
|--------------------|-----------------------------------|---|---------------------------------------|---------------------------|
| Molecule | Anti-FGFR3 MAb (RG7444) | | Anti-HER3 EGFR DAF MAb (RG7597) | Anti-PDL1 MAb (RG7446) |
| Patient population | t(4;14)-positive multiple myeloma | Relapsed refractory metastatic bladder cancer | Metastatic epithelial tumors | Solid tumors |
| Phase | Phase I | Phase I | Phase I | Phase I |
| # of patients | N=25 | N=38 | N=66 | N=91 |
| Design | ▪ Dose escalation study | ▪ Dose escalation study | ▪ Dose escalation study | ▪ Dose escalation study |
| Status | ▪ FPI Q4 2010 | ▪ FPI Q3 2011 | ▪ FPI Q4 2010 | ▪ FPI Q2 2011 |
| Collaborator | | | | |

Oncology development programmes

| Antibody drug conjugate (ADC) | | | | | | | |
|-------------------------------|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|-------------------------------|
| Molecule | Anti-CD22 ADC (RG7593) | NME ADC (RG7450) | NME ADC (RG7596) | NME ADC (RG7458) | NME ADC (RG7599) | NME ADC (RG7598) | NME ADC (RG7600) |
| Patient population | Hematologic malignancies | Prostate Cancer | Hematologic malignancies | Ovarian Cancer | NSCLC and ovarian cancer | Multiple Myeloma | Pancreatic and ovarian cancer |
| Phase | Phase I | Phase I | Phase I | Phase I | Phase I | Phase I | Phase I |
| # of patients | N=76 | N=49 | N=99 | N=57 | N=70 | N=30-45 | N=66-96 |
| Design | ▪ Dose escalation study | ▪ Dose escalation study | ▪ Dose escalation study | ▪ Dose escalation study | ▪ Dose escalation study | ▪ Dose escalation study | ▪ Dose escalation study |
| Status | ▪ FPI Q4 2010 | ▪ FPI Q1 2011 | ▪ FPI Q1 2011 | ▪ FPI Q2 2011 | ▪ FPI Q2 2011 | ▪ FPI Q3 2011 | ▪ FPI Q4 2011 |
| Collaborator | Seattle Genetics | | | | | | |

Oncology development programmes

Small molecules

- Phase II studies

| PI3K signaling | | |
|--------------------|--|---|
| Molecule | PI3 Kinase inhibitor (GDC-0941, RG7321) | |
| Patient population | 2L ER+ metastatic breast cancer | Previously Untreated Advanced or Recurrent NSCLC |
| Phase | Phase II FERGI | Phase II |
| # of patients | N=340 | N=302 |
| Design | <ul style="list-style-type: none"> ARM A: GDC-0941 plus hormonal therapy ARM B: GDC-0980 plus hormonal therapy ARM C: Hormonal therapy + placebo | <ul style="list-style-type: none"> ARM A: GDC-0941 + carboplatin + paclitaxel ARM B: Placebo + carboplatin + paclitaxel ARM C: GDC-0941 + carboplatin + paclitaxel + bevacizumab ARM D: GDC-0941 + carboplatin + paclitaxel + bevacizumab |
| Status | <ul style="list-style-type: none"> FPI Q3 2011 | <ul style="list-style-type: none"> FPI January 2012 |

Oncology development programmes

Small molecules (continued)

| PI3K signaling | | | | | | |
|--------------------|---|--|--|---|---|---|
| Molecule | PI3 Kinase inhibitor (GDC-0941, RG7321) | | | | | |
| Patient population | Advanced Solid Tumors | Advanced Solid Tumors or Non-Hodgkin's Lymphoma | 1L HER2-negative metastatic breast cancer | 2L HER2-positive metastatic breast cancer | 1L and 2L advanced non-small cell lung cancer | 2L metastatic non-small cell lung cancer |
| Phase | Phase Ia <i>Being conducted in the US</i> | Phase Ia <i>Being conducted in the UK</i> | Phase Ib | Phase Ib | Phase Ib | Phase Ib |
| # of patients | N=100 | N=55 | N=45 | N=70 | N=30 | N=30 |
| Design | <ul style="list-style-type: none"> Dose-escalating study | <ul style="list-style-type: none"> Dose-escalating study <i>Study includes multiple myeloma extension cohort</i> | <ul style="list-style-type: none"> Single ARM: Evaluating GDC-0941 plus paclitaxel and Avastin | <ul style="list-style-type: none"> Patients who have progressed on Herceptin-based treatment ARM A: GDC-0941 plus T-DM1 ARM B: GDC-0941 plus Herceptin | <ul style="list-style-type: none"> ARM A: GDC-0941 plus carboplatin/paclitaxel (Avastin-ineligible patients) ARM B: GDC-0941 plus carboplatin/paclitaxel plus Avastin (Avastin-eligible patients) | <ul style="list-style-type: none"> Single ARM: Evaluating GDC-0941 plus Tarceva |
| Status | <ul style="list-style-type: none"> FPI Q4 2007 Additional data presented at ASCO 2010 and ESMO 2010 | <ul style="list-style-type: none"> FPI Q1 2008 Additional data presented at ASCO 2010, ESMO 2010, and ASCO 2011 | <ul style="list-style-type: none"> FPI Q3 2009 Data presented at SABCS 2011 | <ul style="list-style-type: none"> FPI Q3 2009 Data presented at SABCS 2010 | <ul style="list-style-type: none"> FPI Q4 2009 Data presented at ASCO 2011 | <ul style="list-style-type: none"> FPI Q3 2009 |

Oncology development programmes

Small molecules (continued)

| PI3K signaling | | | | | | | | |
|--------------------|--|--|--|---|---|--|--|---|
| Molecule | PI3 Kinase/mTOR dual inhibitor (GDC-0980, RG7422) | | | | | | | |
| Patient population | Refractory solid tumors or non-Hodgkin's lymphoma | Refractory solid tumors or non-Hodgkin's lymphoma | Metastatic breast cancer | Solid tumors | Solid tumors | Renal cell carcinoma | 2L ER+ metastatic breast cancer | Persistent or recurrent endometrial carcinoma |
| Phase | Phase Ia | Phase Ia | Phase Ib | Phase Ib | Phase Ib Prep | Phase II ROVER | Phase II FERGI | Phase II |
| # of patients | N=75 | N=65 | N=65 | N=80 | N=95 | N=80 | N=340 | N=50 |
| Design | <ul style="list-style-type: none"> Dose escalation study | <ul style="list-style-type: none"> Dose escalation study | Dose escalation study <ul style="list-style-type: none"> ARM A: GDC-0980 plus paclitaxel ARM B: GDC-0980 plus Avastin and paclitaxel ARM C: GDC-0980 plus Herceptin and paclitaxel | Dose escalation study <ul style="list-style-type: none"> ARM A: GDC-0980 plus carboplatin and paclitaxel ARM B: GDC-0980 plus Avastin, carboplatin and paclitaxel | <ul style="list-style-type: none"> ARM A: GDC-0980 + Xeloda ARM B: GDC-0980 plus FOLFOX and Avastin | <ul style="list-style-type: none"> ARM A: GDC-0980 ARM B: Everolimus | <ul style="list-style-type: none"> ARM A: GDC-0941 plus hormonal therapy ARM B: GDC-0980 plus hormonal therapy ARM C: Hormonal therapy + placebo | <ul style="list-style-type: none"> Single-arm GDC-0980 |
| Status | <ul style="list-style-type: none"> FPI Q2 2009 Data presented at ASCO 2010, ESMO 2010, and ASCO 2011 | <ul style="list-style-type: none"> FPI Q2 2009 Data presented at ASCO 2010 and ESMO 2010 | <ul style="list-style-type: none"> FPI Q4 2010 | <ul style="list-style-type: none"> FPI Q2 2011 | <ul style="list-style-type: none"> FPI Q3 2011 | <ul style="list-style-type: none"> FPI Q4 2011 | <ul style="list-style-type: none"> FPI Q3 2011 | <ul style="list-style-type: none"> FPI Q4 2011 |

Oncology development programmes

Small molecules (continued)

| | PI3K signaling | | MAPK signaling | | | |
|--------------------|---|---|---|---|--|--|
| Molecule | PI3 Kinase inhibitor (GDC-0032, RG7604) | NME (GDC-0349, RG7603) | MEK Inhibitor (GDC-0623, RG7420) | MEK Inhibitor (GDC-0973, RG7421) | | |
| Patient population | Solid tumors | Solid tumors or NHL | Solid tumors | Solid tumors | Solid tumors | Metastatic melanoma BRAF mutation positive |
| Phase | Phase I | Phase Ia | Phase I | Phase I | Phase Ib | Phase Ib BRIM7 |
| # of patients | N=45 | N=72 | N=62 | N=90 | N=212 | N=~50 |
| Design | <ul style="list-style-type: none"> Dose escalation study | <ul style="list-style-type: none"> Dose escalation study | <ul style="list-style-type: none"> Dose escalation study | <ul style="list-style-type: none"> Dose escalation study | <ul style="list-style-type: none"> Dose escalation study evaluating GDC-0973 plus GDC-0941 (PI3 Kinase Inhibitor) | <ul style="list-style-type: none"> Dose escalation study evaluating Zelboraf* plus GDC-0973 |
| Status | <ul style="list-style-type: none"> FPI Q1 2011 | <ul style="list-style-type: none"> FPI Q2 2011 | <ul style="list-style-type: none"> FPI Q2 2010 | <ul style="list-style-type: none"> FPI Q2 2007 Data presented at AACR 2011 Recruitment completed Q3 2011 | <ul style="list-style-type: none"> FPI Q4 2009 Preliminary data presented at AACR and ASCO 2011 | <ul style="list-style-type: none"> FPI Q1 2011 |
| Collaborator | | | | Exelixis | | |

Oncology development programmes

Small molecules (continued)

| Molecule | AKT Inhibitor (GDC-0068, RG7440) | | ChK1 inhibitor (GDC-0425, RG7602) | IAP Antagonist (GDC-0917, RG7459) | Bcl-2 selective inhibitor (GDC-0199, RG7601) |
|---------------------------|--|--|---|---|--|
| Patient population | Solid tumors | Solid tumors | Solid tumors or lymphoma | Solid tumors or lymphoma | Relapsed or refractory CLL and NHL |
| Phase | Phase Ia | Phase Ib | Phase I | Phase I | Phase I |
| # of patients | N=57 | N=90 | N=75 | N=65 | N=36 |
| Design | <ul style="list-style-type: none"> ▪ Dose escalation study | <ul style="list-style-type: none"> ▪ Dose escalation with either docetaxel or fluoropyrimidine plus oxaliplatin | <ul style="list-style-type: none"> ▪ Dose escalation study | <ul style="list-style-type: none"> ▪ Dose escalation study | <ul style="list-style-type: none"> ▪ Single arm: GDC-0199 |
| Status | <ul style="list-style-type: none"> ▪ FPI Q1 2010 ▪ Data presented at ASCO 2011 | <ul style="list-style-type: none"> ▪ FPI Q3 2011 | <ul style="list-style-type: none"> ▪ FPI Q3 2011 | <ul style="list-style-type: none"> ▪ FPI Q4 2010 | <ul style="list-style-type: none"> ▪ FPI Q2 2011 |
| Collaborator | Array BioPharma | | | | Abbott and WEHI |

Immunology development programmes

| Molecule | Anti-LT α (RG7416) | Anti-M1 prime (RG7449) | rhuMAb- β 7 (RG7413) | |
|--------------------|---|--|--|--|
| Patient population | Rheumatoid arthritis | Asthma | Ulcerative colitis | |
| Phase/study | Phase IIa ALTARA | Phase IIa SOLARIO | Phase I | Phase II EUCALYPTUS |
| # of patients | N=210 | N=28 | N=48 | N=120 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Anti-LT alpha plus DMARD (leflunomide or methotrexate) ▪ ARM B: Adalimumab plus DMARD (leflunomide or methotrexate) ▪ ARM C: Placebo plus DMARD (leflunomide or methotrexate) | <ul style="list-style-type: none"> ▪ ARM A: Anti-M1 prime ▪ ARM B: Placebo | <ul style="list-style-type: none"> ▪ Dose escalation study | <ul style="list-style-type: none"> ▪ ARM A: RhuMAb-β7 (100 mg) plus immunosuppressant ▪ ARM B: RhuMAb-β7 (300 mg) plus immunosuppressant ▪ ARM C: Placebo plus immunosuppressant |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Disease Activity Score (DAS28) at Day 85 | <ul style="list-style-type: none"> ▪ Late airway response (LAR) at Day 86 | <ul style="list-style-type: none"> ▪ Safety and tolerability | <ul style="list-style-type: none"> ▪ Clinical Remission (Mayo Clinic Score) at Week 10 |
| Status | <ul style="list-style-type: none"> ▪ FPI Q4 2010 | <ul style="list-style-type: none"> ▪ FPI Q4 2010 ▪ Enrollment completed Q2 2011 | <ul style="list-style-type: none"> ▪ Enrollment completed Q3 2010 ▪ Phase II “go” decision Q1 2011 | <ul style="list-style-type: none"> ▪ FPI Q3 2011 |

Immunology development programmes

| Molecule | Rontalizumab (Anti-IFN α , RG7415) | anti-IL17 (RG7624) |
|--------------------|---|--|
| Patient population | Systemic lupus erythematosus | Autoimmune diseases |
| Phase/study | Phase II ROSE | Phase Ia |
| # of patients | N=238 | N=23 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Placebo <ul style="list-style-type: none"> • Part 1 – IV • Part 2 – Subcutaneous ▪ ARM B: Rontalizumab <ul style="list-style-type: none"> • Part 1 – IV • Part 2 – Subcutaneous | <ul style="list-style-type: none"> ▪ Randomized, double-blind, placebo-controlled, single ascending dose escalation study |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Proportion of responders at Week 24 | <ul style="list-style-type: none"> ▪ Safety and tolerability |
| Status | <ul style="list-style-type: none"> ▪ FPI Q3 2009 ▪ Enrolment completed Q3 2010 ▪ LIP go/no go decision Q1 2012 | <ul style="list-style-type: none"> ▪ FPI Q4 2011 |
| Collaborator | | NovImmune |

Neuroscience and ophthalmology development programmes

| Molecule | Anti-A β (RG7412) | | Anti-Factor D (RG7417) |
|--------------------|---|---|--|
| Patient population | Alzheimer's Disease | | Geographic Atrophy (GA) secondary to age-related macular degeneration |
| Phase/study | Phase II ABBY Cognition study | Phase II Prep BLAZE Biomarker study | Phase Ib/II MAHALO |
| # of patients | N=360 | N=72 | N=143 |
| Design | <ul style="list-style-type: none"> ▪ ARM A: Anti-Abeta subcutaneous ▪ ARM B: Anti-Abeta IV ▪ ARM C: Placebo | <ul style="list-style-type: none"> ▪ ARM A: Anti-Abeta subcutaneous ▪ ARM B: Anti-Abeta IV ▪ ARM C: Placebo | <ul style="list-style-type: none"> ▪ Part 1: Open-label <ul style="list-style-type: none"> ▪ Multiple dosing ▪ Part 2: Randomised <ul style="list-style-type: none"> ▪ ARM A: Anti-Factor D injection ▪ ARM B: Sham Injection |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Change in cognition (ADAS-cog) from baseline to week 73 | <ul style="list-style-type: none"> ▪ Change in brain amyloid load from baseline to week 69 | <ul style="list-style-type: none"> • Part 1: Safety • Part 2: Growth rate of GA lesion at month 12 |
| Status | <ul style="list-style-type: none"> ▪ FPI Q2 2011 | <ul style="list-style-type: none"> ▪ FPI Q3 2011 | <ul style="list-style-type: none"> • Part 1 FPI Q4 2010 • Part 2 FPI Q2 2011 • Enrollment completed Q4 2011 |
| Collaborator | AC Immune | | |

Metabolism and virology development programmes

| Molecule | Anti-oxLDL (RG7418, BI-204) | NME (RG7652) | NME (RG7667) |
|--------------------|---|---|---|
| Patient population | Secondary prevention of cardiovascular events in patients with ACS | Metabolic diseases | Infectious diseases |
| Phase/study | Phase II Proof of activity study | Phase I | Phase I |
| # of patients | N=144 | N=70 | N=181 |
| Design | <ul style="list-style-type: none"> • ARM A: Anti-oxLDL (single dose) and statin • ARM B: Anti-oxLDL (repeating dose) and statin • ARM C: Placebo and statin | <ul style="list-style-type: none"> • Randomized, placebo controlled single and multiple dose study | <ul style="list-style-type: none"> • RG7667 • Placebo |
| Primary endpoint | <ul style="list-style-type: none"> ▪ Change in TBR as measured by FDG-PET/CT at week 12 | <ul style="list-style-type: none"> ▪ Safety and tolerability | <ul style="list-style-type: none"> ▪ Safety, PK |
| Status | <ul style="list-style-type: none"> ▪ FPI Q1 2011 | <ul style="list-style-type: none"> ▪ FPI Q3 2011 | <ul style="list-style-type: none"> ▪ FPI January 2012 |
| Collaborator | Biolvent | | |

TBR = Target-to-background ratio; FDG = Fluoro-2-deoxy-D-glucose;
ACS - acute coronary syndrome. PET = Positron Emission Tomography; CT = CAT scan.



We Innovate Healthcare