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**Roche**  
**First quarter 2010 sales**

*April 15, 2010*

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- 2 legislative and regulatory developments and economic conditions;
- 3 delay or inability in obtaining regulatory approvals or bringing products to market;
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## **Group**

*Severin Schwan*  
*Chief Executive Officer*



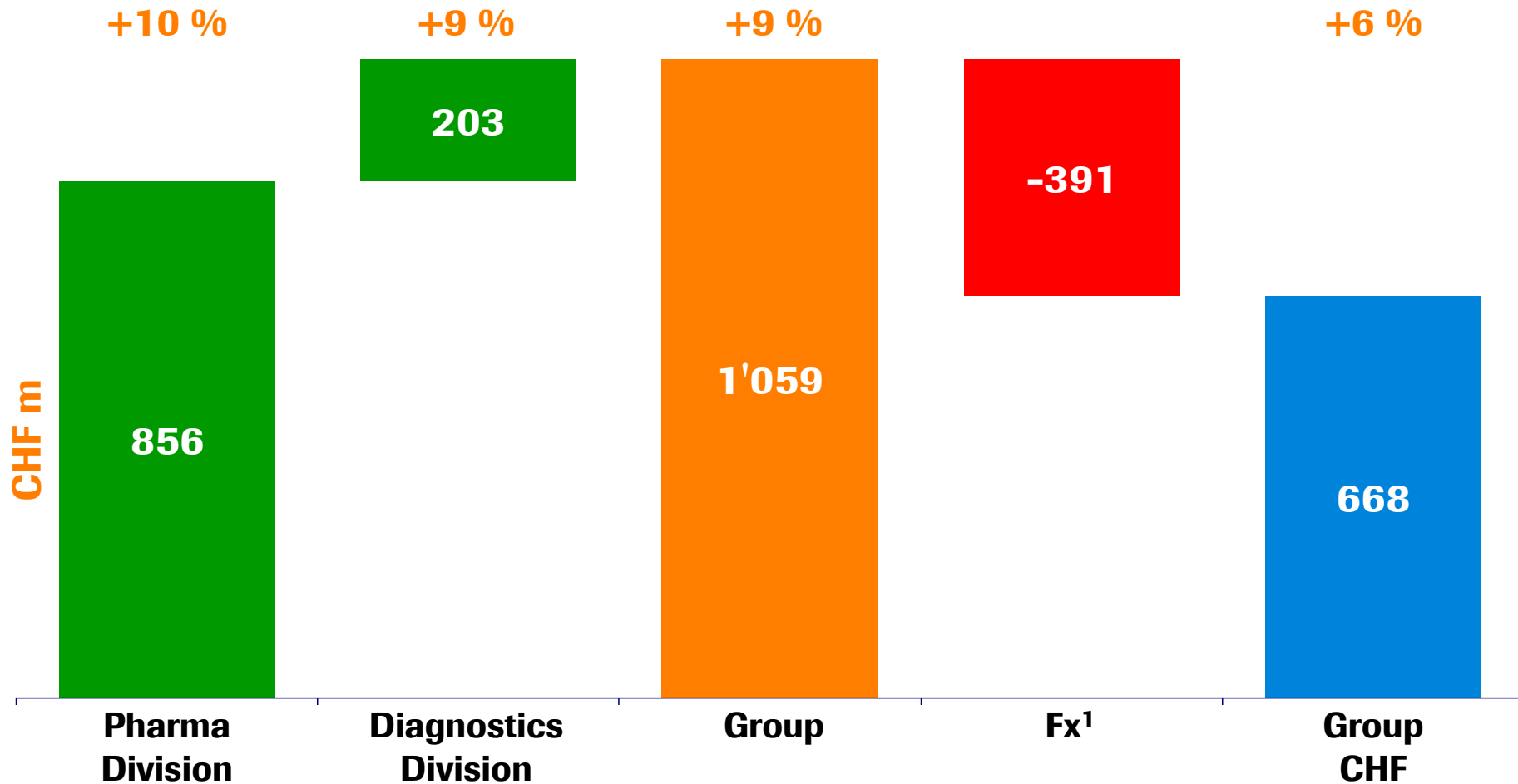
# Q1 2010: High growth for both divisions

*Well above world markets*

CHF bn	CHF bn		% change in	
	Q1'09	Q1'10	CHF	local
<b>Pharmaceuticals</b>	<b>9.2</b>	<b>9.7</b>	<b>6</b>	<b>10</b>
<b>Diagnostics</b>	<b>2.4</b>	<b>2.5</b>	<b>7</b>	<b>9</b>
<b>Roche Group</b>	<b>11.6</b>	<b>12.2</b>	<b>6</b>	<b>9</b>

# Q1 2010: More than CHF 1 bn organic growth

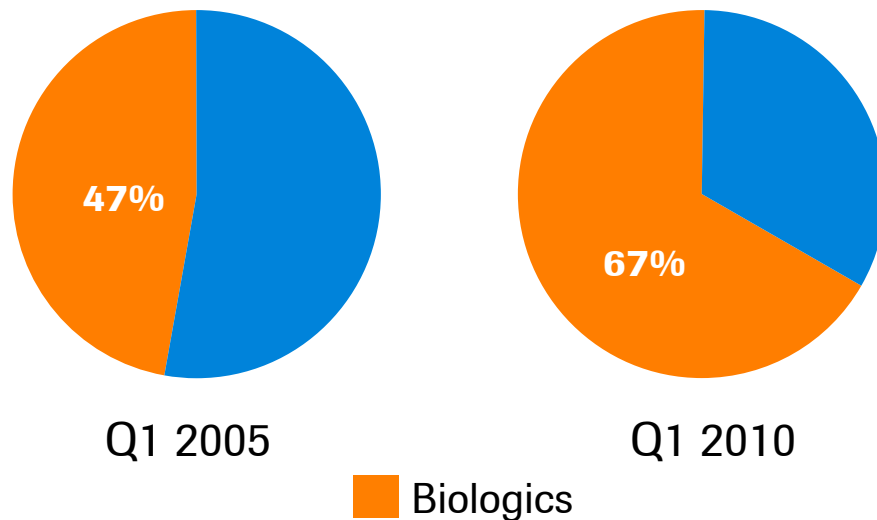
*Negative currency impact mainly from the USD*



<sup>1</sup> avg full year 2009 to avg YTD Mar 10 fx

# Roche: Biotech products drive growth

## Biologics as proportion of Pharma sales



## Leader in Biotech

- 67% of Pharma sales from biotech products
- Approx. 85% of Diagnostics sales from biotech products
- Least patent exposure of all major biotech/pharma companies

# Impact of US healthcare reform

*Extending coverage to an additional 32 million\* Americans*

## Biosimilars

- 12 years data exclusivity
- 2 routes for biosimilar approval:
  - Proof of **similarity**
  - Proof of **inter-changeability**

Both requiring clinical trials  
(still to be specified by FDA)

## Financial impact

**2010:** ~CHF 200 m (Medicaid and hospitals rebates)

**2011+ :** 2010 + Excise tax

**2013+ :** offset impact by volume

**No change in guidance**

# Take away from the investor day

## *Our 5 years ambitions (by the end of 2014)*

### Business results

- Pharma: deliver top quartile sales growth within peer group
- Diagnostics: deliver sales growth above market
- Achieve a leading market rank in China

### Pharmaceuticals Pipeline

- Achieve at least 20 LIP\* transitions
- Launch at least 6 new products (NMEs)

\* LIP=Lifecycle Investment Point, i.e. transition to late-stage development

# Outlook for 2010

<b>Sales growth (in LC)</b>	Group & Pharma (excl. Tamiflu): mid single-digit Diagnostics: significantly above market
<b>Synergies</b>	2010: CHF 800 m 2011: CHF 1,000 m
<b>R&amp;D investment</b>	Slightly below 2009 level
<b>Core EPS growth (in LC)</b>	Double-digit
<b>Debt</b>	2010: 25% reduction of debt initially raised 2015: Aim to return to net cash position
<b>3 yr Dividend outlook</b>	Maintained (as announced in 2008)*

Barring unforeseen events;

**Total Tamiflu sales of CHF 1.2 bn assumed for 2010;** LC=Local Currency

\* Continuous increase in dividend pay-out ratio over the period 2008-2010

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## **Pharmaceuticals Division**

*Pascal Soriot*

*COO Roche Pharmaceuticals*



# Pharma Division

*Strong growth including and excluding Tamiflu*

	Q1 2009	Q1 2010	% Change		
	CHFm	CHFm	in CHF	in local currencies	excluding Tamiflu*
<b>Pharmaceuticals Division</b>	<b>9,216</b>	<b>9,727</b>	<b>6</b>	<b>10</b>	<b>8</b>
Western Europe	2,532	2,597	3	4	9
United States	3,586	3,647	2	10	6
International	1,959	2,495	27	25	16
Japan	1,139	988	-13	-9	2

Quarterly growth rates					
% in LC	Q1	Q2	Q3	Q4	Q1 10
<b>Pharmaceuticals Division</b>	<b>8</b>	<b>14</b>	<b>15</b>	<b>8</b>	<b>10</b>
excl. Tamiflu	<b>7</b>	<b>7</b>	<b>5</b>	<b>-3</b>	<b>8</b>

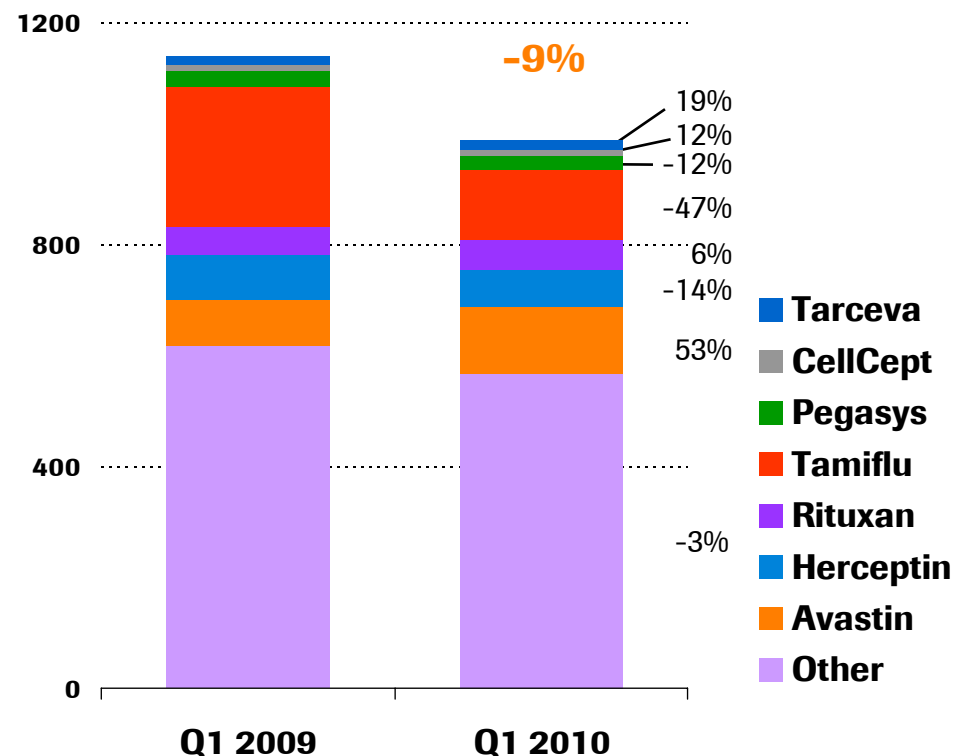
\*in local currency

# Biennial price revisions in Japan

*Novel and differentiated products less exposed*

## Q1 2010 Japan sales and growth rates<sup>1</sup>

CHF m



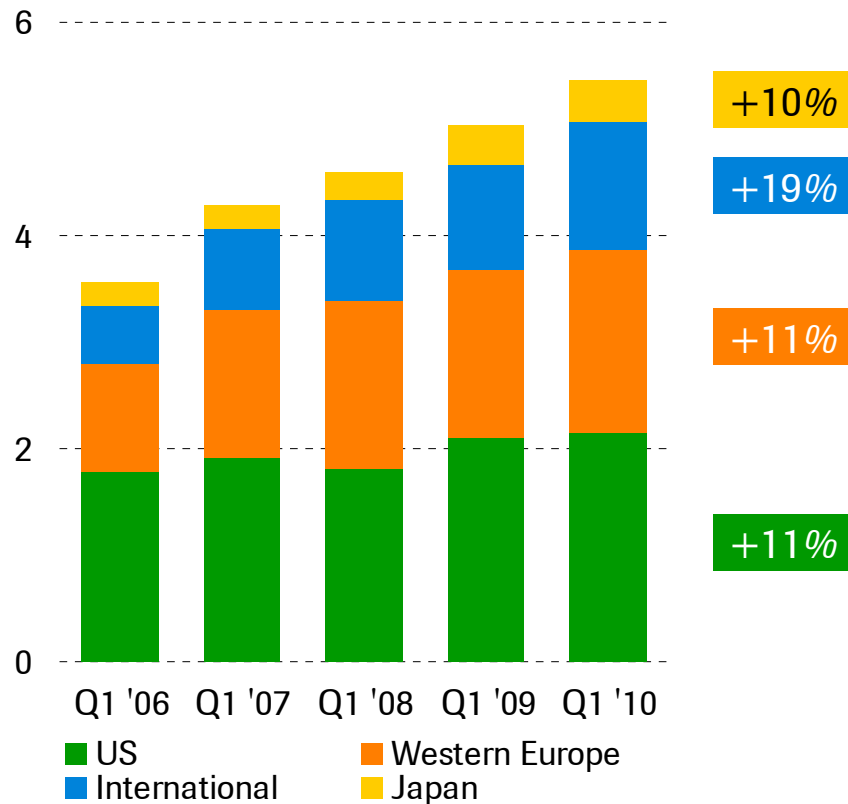
- Premium remains for novel drugs to promote development
- Minimal price impact on Actemra, Avastin, Rituxan, Tarceva, Tamiflu, Pegasys
- Herceptin above initially assigned budget; sales volume increased, but value declined due to significant price cut by 18%

<sup>1</sup>in local currency

**Excluding Tamiflu: growth of 2% in Japan**

# Oncology franchise: Solid double-digit growth

## Oncology sales CHF bn



## US

- Oncology growth driven by Avastin, Herceptin and Xeloda

## Western Europe

- Continued strong growth in Avastin sales, driven by strong uptake in mCRC and mBC

## International

- Emerging markets contributing to continued growth of Avastin, MabThera and Tarceva

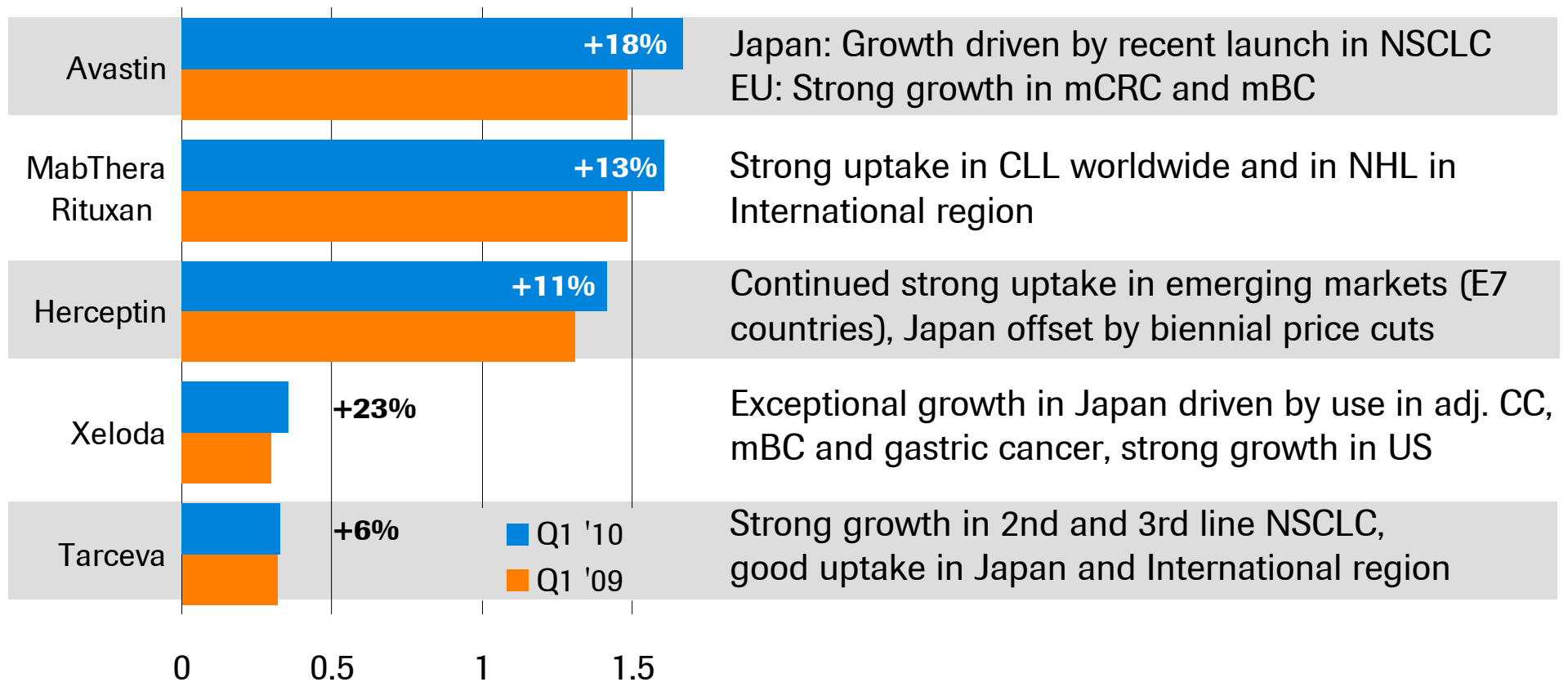
## Japan

- Continued strong uptake of Avastin, Xeloda and Tarceva

# Two major oncology brands with more than CHF 6 bn sales annualized

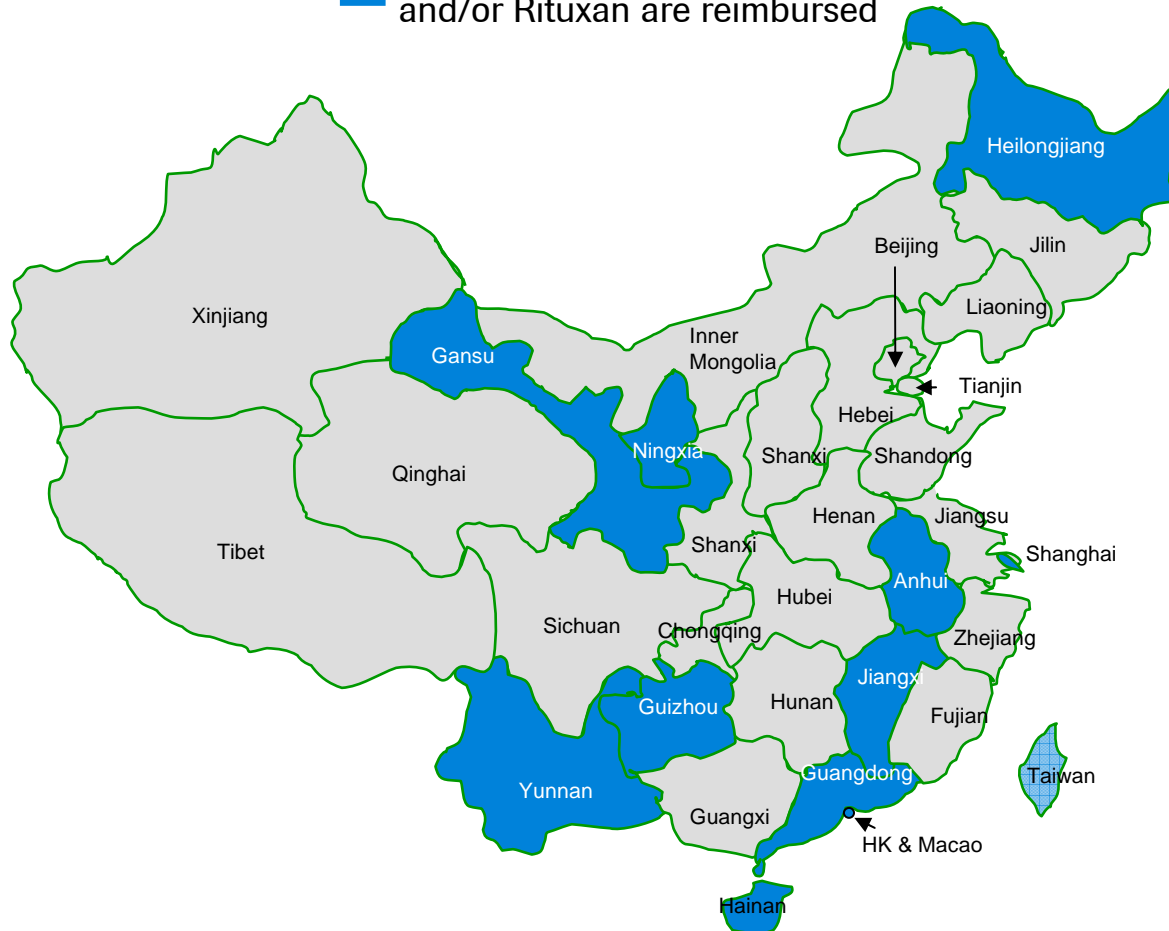
Major brands  
CHF bn

local growth



# China: Avastin approved for colorectal cancer

■ Provinces where Herceptin and/or Rituxan are reimbursed



- Regional reimbursement (province by province) following national approval
- Monoclonal antibodies reimbursed in 9 provinces
- Similar price level for biologics as in western countries

# Q1 2010: Oncology late-stage pipeline update

## T-DM1 in advanced breast cancer

Single-agent, phase II data in patients pre-treated with Herceptin, lapatinib and chemotherapy

After successful discussion with FDA:

**To be filed 2010**

## Avastin in first-line ovarian cancer

5 cycles of paclitaxel and carboplatin +Avastin, followed by Avastin maintenance for up to 22 cycles

**To be filed 2010**

## T-DM1 target patient population

	HER2+ Rx Opportunities	
	US	5 EU
2L	6,100	8,300
3L	4,400	3,750
4L	3,200	1,700

- Unprecedented efficacy in heavily pre-treated HER2+ mBC
  - 33% ORR
- Single agent data indicates better tolerability than standard chemotherapy-containing regimens

# ASCO 2010 key highlights

## Avastin

*GOG 0218*: advanced ovarian cancer – *plenary session*

*AVAGAST*: gastric cancer – *late-breaker*

## MabThera/Rituxan

*PRIMA*: maintenance treatment in previously untreated patients with advanced follicular lymphoma – *oral presentation*

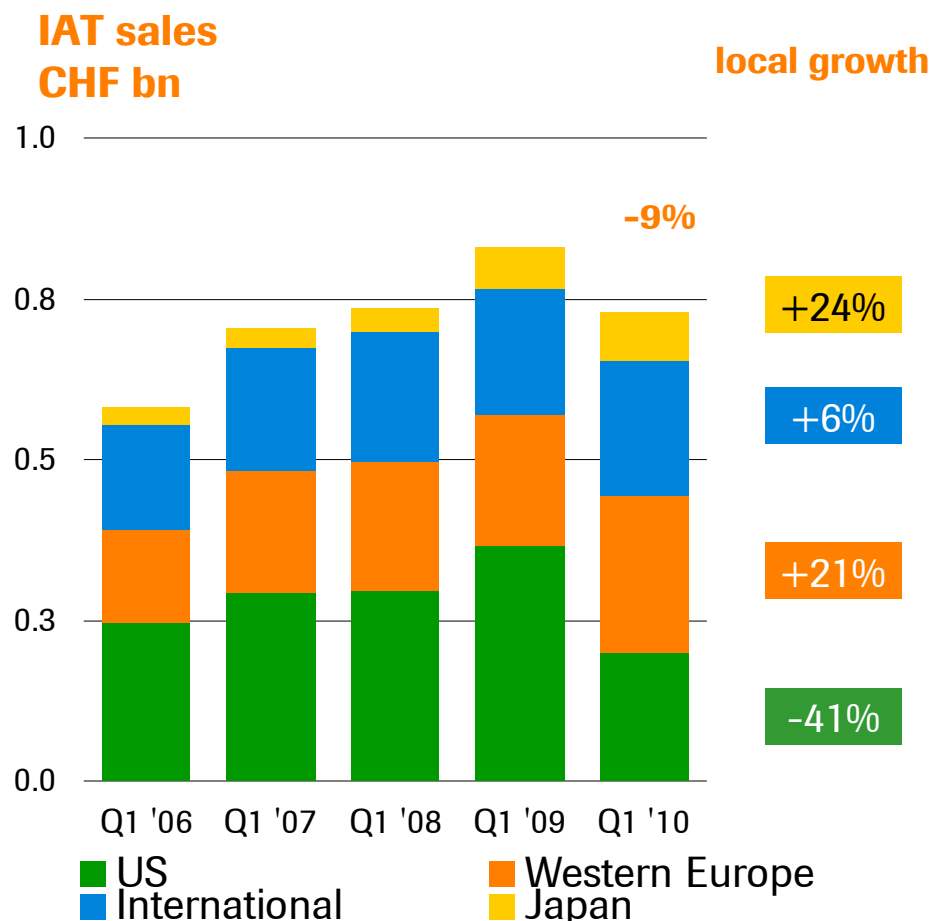
## Pertuzumab

*NEOSPHERE*: neoadjuvant HER2-positive breast cancer, phase II – *late-breaker*

**Roche investor science event, ASCO, June 2010**

# Inflammation/Autoimmune/Transplantation

## *Actemra: first full year of launch*



### Q1 2010

- Excluding CellCept, franchise growing by 23%, overall declining due to CellCept patent expiry

### MabThera/Rituxan Rheumatoid Arthritis

- Growth in 2<sup>nd</sup> and 3<sup>rd</sup> line biologic use
- Shorter re-treatment intervals

### Actemra/RoActemra

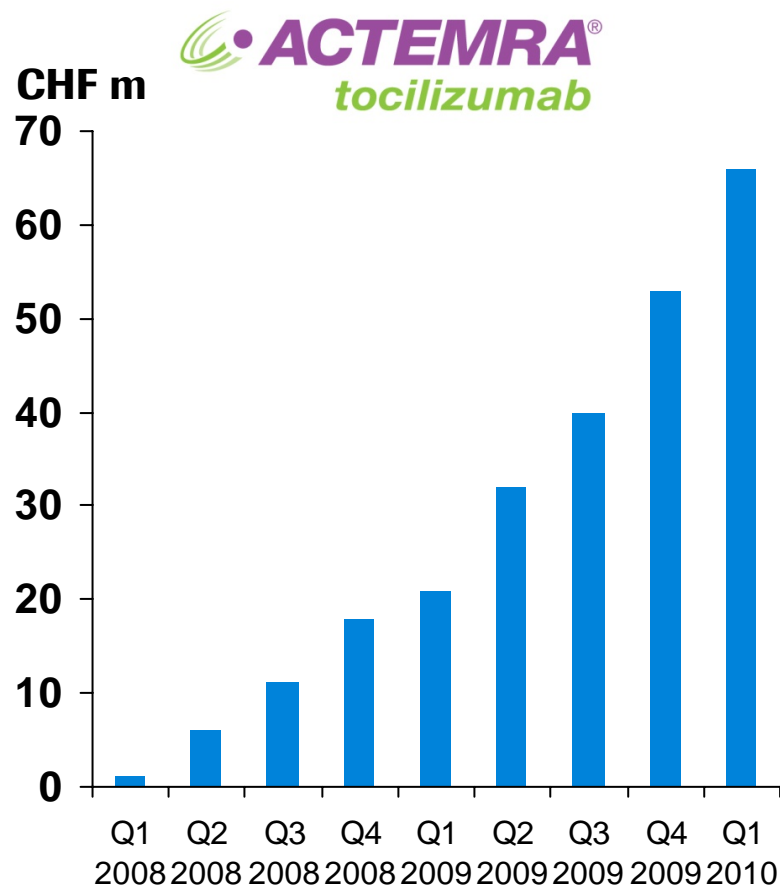
- Encouraging sales growth in Japan and EU
- Successful launch in the US

### CellCept

Sales: CHF 357 m (-28%)

- Patent expiry (US- May '09; key EU end '10)
- US prescription share approx. 28%

# Actemra/RoActemra launch on track



- Rollout in additional countries
- Successful start in the US
- Uptake in Japan remains strong
- Used as first-line biologic in countries where indication is approved

Clinical program to support further growth

**FUNCTION: Phase III**

Early RA patients - *Ongoing*

**ACTEMRA vs HUMIRA**









FPI planned 2010

**Subcutaneous ACTEMRA**

FPI planned 2010

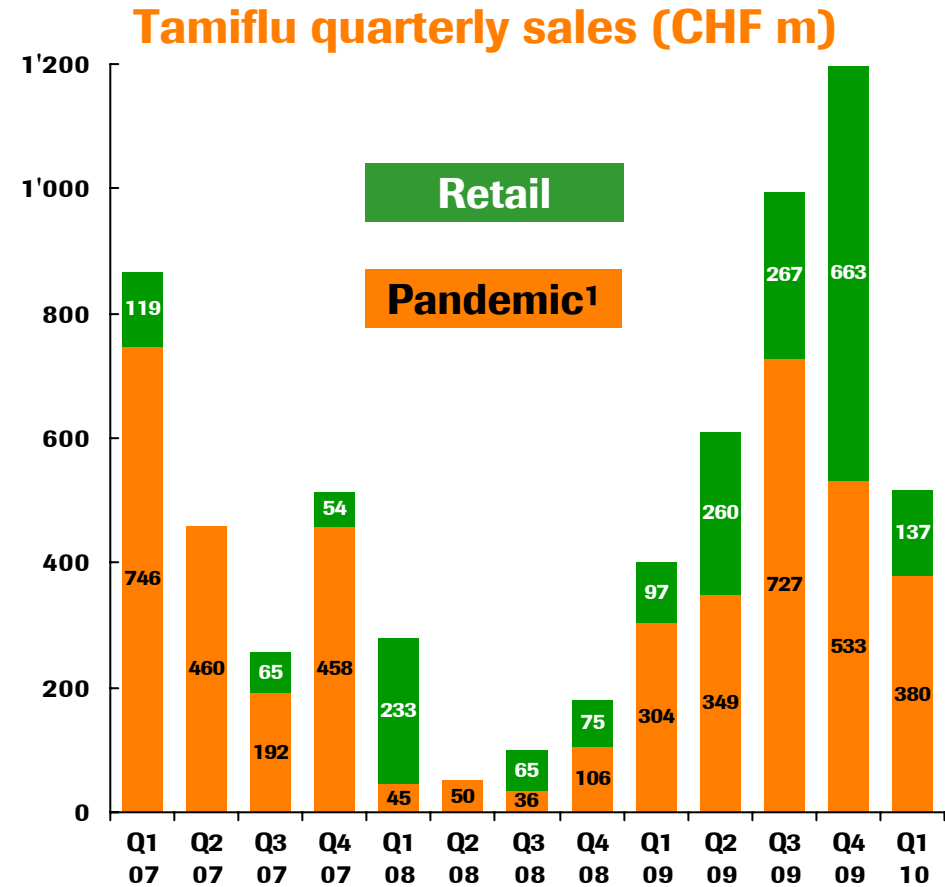
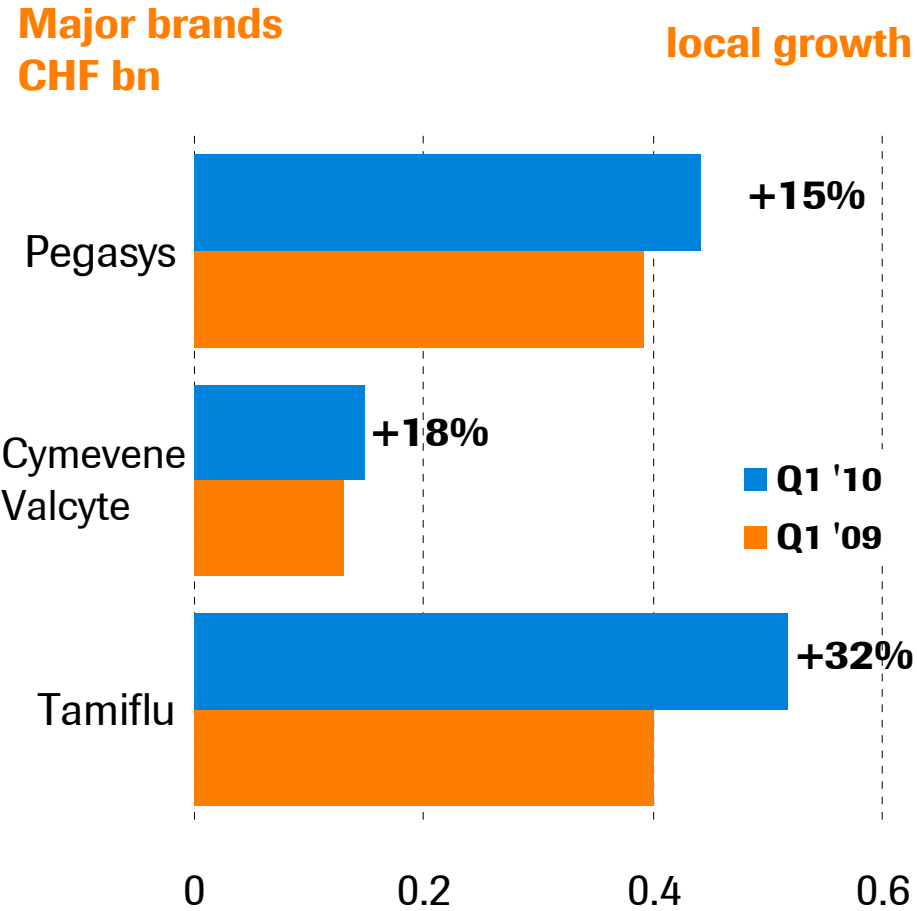
# Taspoglutide

## *Data to be presented at ADA*

Study	Description	Headline Results/status
 <b>emerge 1</b>	Monotherapy	<b>Primary endpoint met:</b> superior HbA1c reduction versus placebo
 <b>emerge 2</b>	H2H vs. Byetta	<b>Primary endpoint met:</b> significant <u>superiority</u> on HbA1c versus twice-daily exenatide
 <b>emerge 3</b>	vs. placebo, pio+met failures	<b>Data in 2010</b>
 <b>emerge 4</b>	H2H vs. Januvia vs. placebo	<b>Primary endpoint met:</b> <u>superiority</u> in HbA1c reduction versus sitagliptin
 <b>emerge 5</b>	H2H vs. Lantus (37 units)	<b>Primary endpoint met:</b> <u>non-inferiority</u> in HbA1c change versus insulin glargine
 <b>emerge 6</b>	H2H vs. pioglitazone	<b>Data in 2010</b>
 <b>emerge 7</b>	Obese T2DM patients	<b>Primary endpoint met:</b> HbA1c superiority versus placebo in patients with high BMI
 <b>emerge 8</b>	History of CV events	<b>Recruitment started Jan 2010</b>

**Roche investor science event, ADA, June 2010**

# Virology: Pegasys growth continues



<sup>1</sup> Governmental & Corporate

# Q1 2010: Highlights in Pharma

## 6 major approvals

**Actemra:** moderate to severe RA, anti-TNF failures (US)

**Rituxan (2):** first line CLL (US) and relapsed or refractory CLL (US)

**Avastin:** metastatic colorectal cancer (China)

**Xeloda:** plus oxaliplatin (XELOX) for adjuvant colon cancer (EU)

**Herceptin:** advanced gastric cancer (EU)

## 4 major filings

**Actemra:** prevention of structural joint damage and improvement of physical function (LITHE) in RA (US)

**Herceptin+Xeloda:** HER2-positive advanced or recurrent gastric cancer (ToGA, Japan)

**MabThera/Rituxan (2):** maintenance treatment in previously untreated patients with advanced follicular lymphoma (EU, US)

## 3 phase III study readouts

**Avastin:** positive result in advanced ovarian cancer for Avastin+chemotherapy, followed by maintenance with Avastin (GOG 0218)

**Avastin:** gastric (AVAGAST) and prostate (CALB 90401) cancer trials did not meet primary endpoints

## 2 major phase III study initiations

**Aleglitazar:** patients with T2D and recent ACS (ALECARDIO, CV outcome study)

**BRAF inh:** 1L metastatic melanoma, BRAF mutation positive (BRIM3)

# Pharma: Key objectives for 2010

Major clinical news flow	Compound	Phase	Indication	Data presentation
	Avastin	III	Ovarian cancer, front line (GOG-0218)	ASCO
	Avastin	III	Gastric cancer	ASCO
	Avastin	III	Prostate cancer	ASCO
	Hedgehog inh	II	mCRC proof of concept data	
	Pertuzumab early BC	II	Phase II data	ASCO
	Taspoglutide	III	Phase III data presentation	ADA
	Ocrelizumab RA	III	Data in DMARD- and anti TNF-IRs	Dosing stopped
	Ocrelizumab RRMS	II	Full Phase II data and Ph III decision	ECTRIMS

Filings	Compound	Indication
	Avastin	mBC 2nd line
	Avastin	Ovarian cancer front line
	Avastin	Gastric cancer
	Mabthera	1st line maintenance iNHL ✓
	Ocrelizumab	RA
Xeloda	Adj BC	

**Pharma Division Outlook 2010:  
Mid single-digit sales growth  
excluding Tamiflu**

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**Diagnostics Division**  
*Daniel O'Day*  
*COO Roche Diagnostics*





## Diagnostics Division

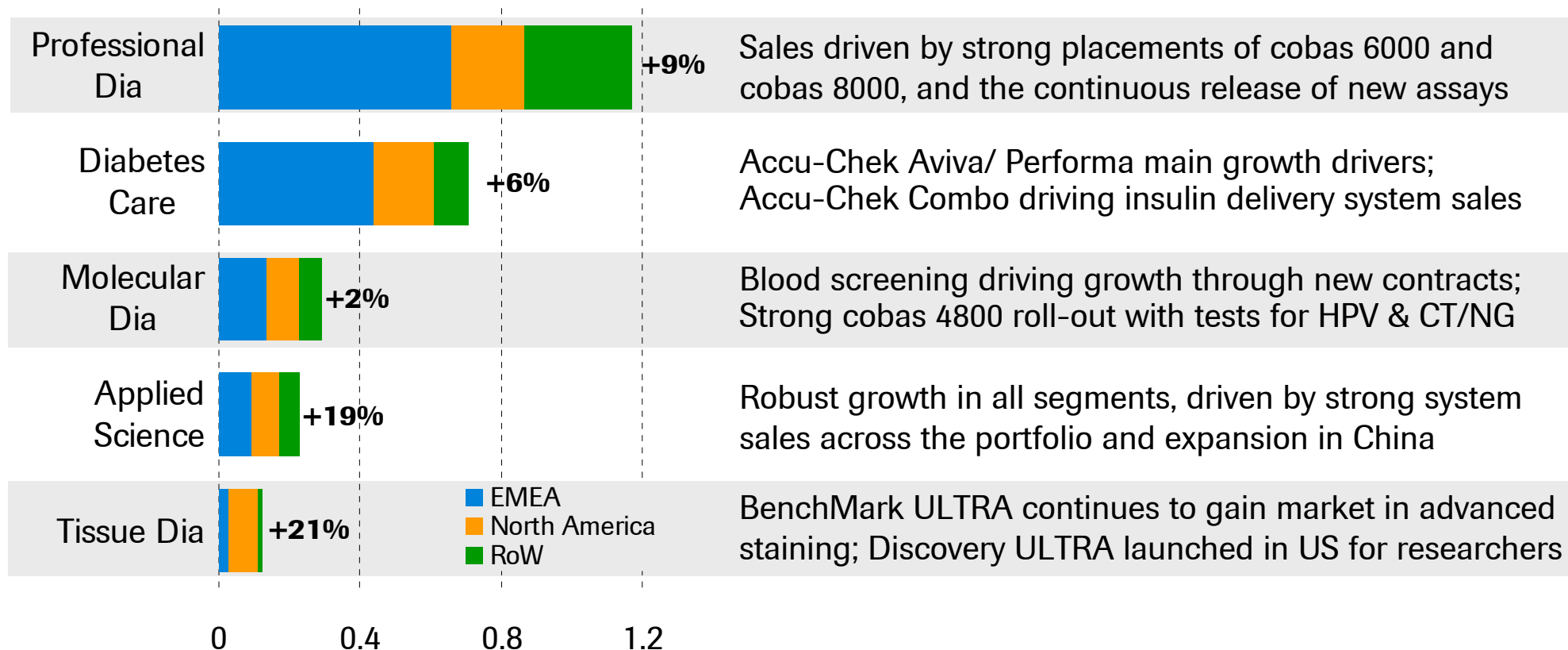
*Continues to grow significantly above the market*

	Q1 '09 CHF m	Q1 '10 CHF m	CHF growth	local growth
Professional Diagnostics	1,086	1,170	8%	9%
Diabetes Care	679	708	4%	6%
Molecular Diagnostics	294	294	0%	2%
Applied Science	196	226	15%	19%
Tissue Diagnostics	106	120	13%	21%
<b>Diagnostics Division</b>	<b>2,361</b>	<b>2,518</b>	<b>7%</b>	<b>9%</b>

# Large installed instrument base driving sales in all business areas

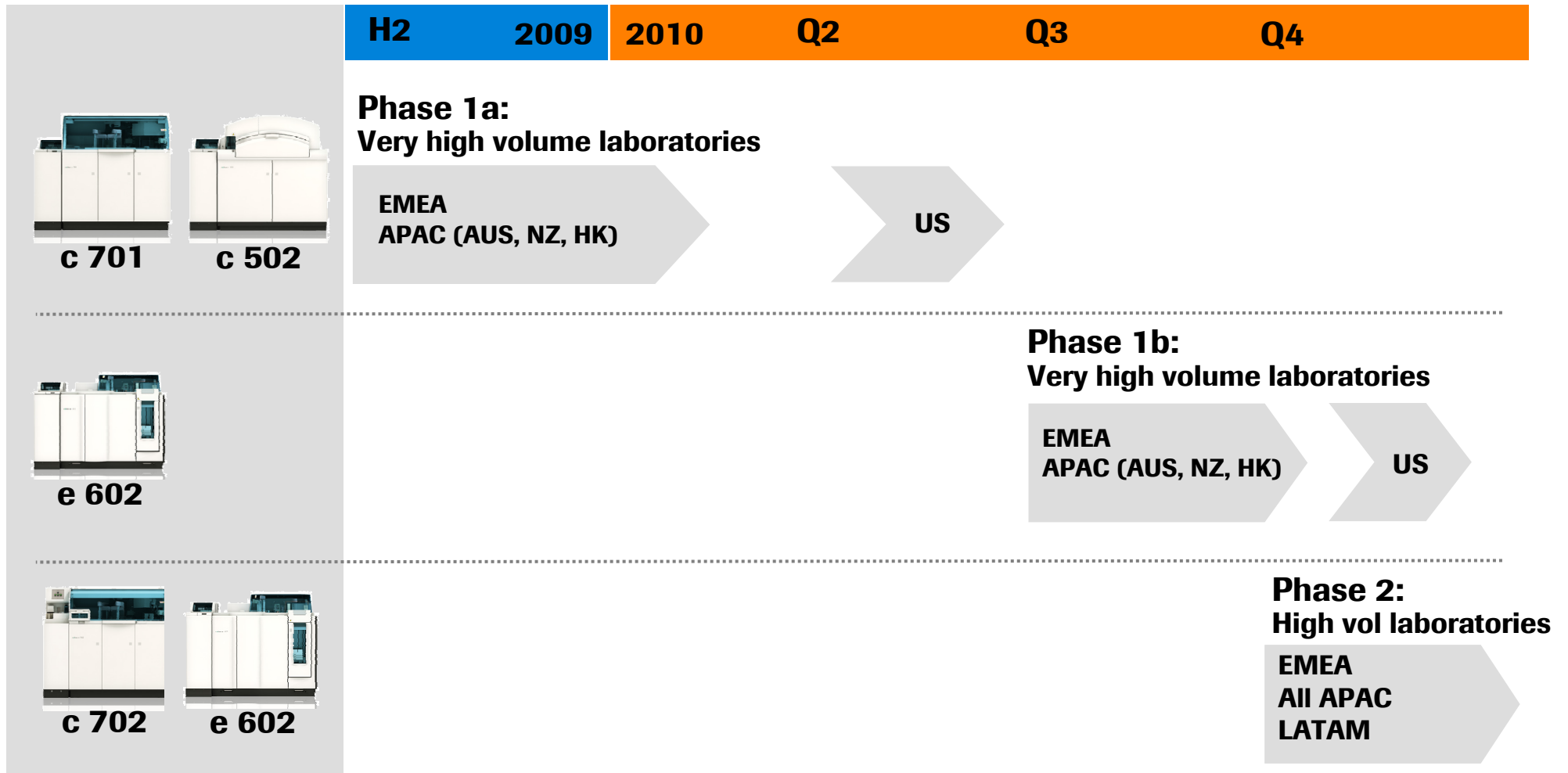
CHF bn

Q1 '10 vs. Q1 '09  
local growth



# cobas 8000 modular analyzer series

*Launch off to a strong start*

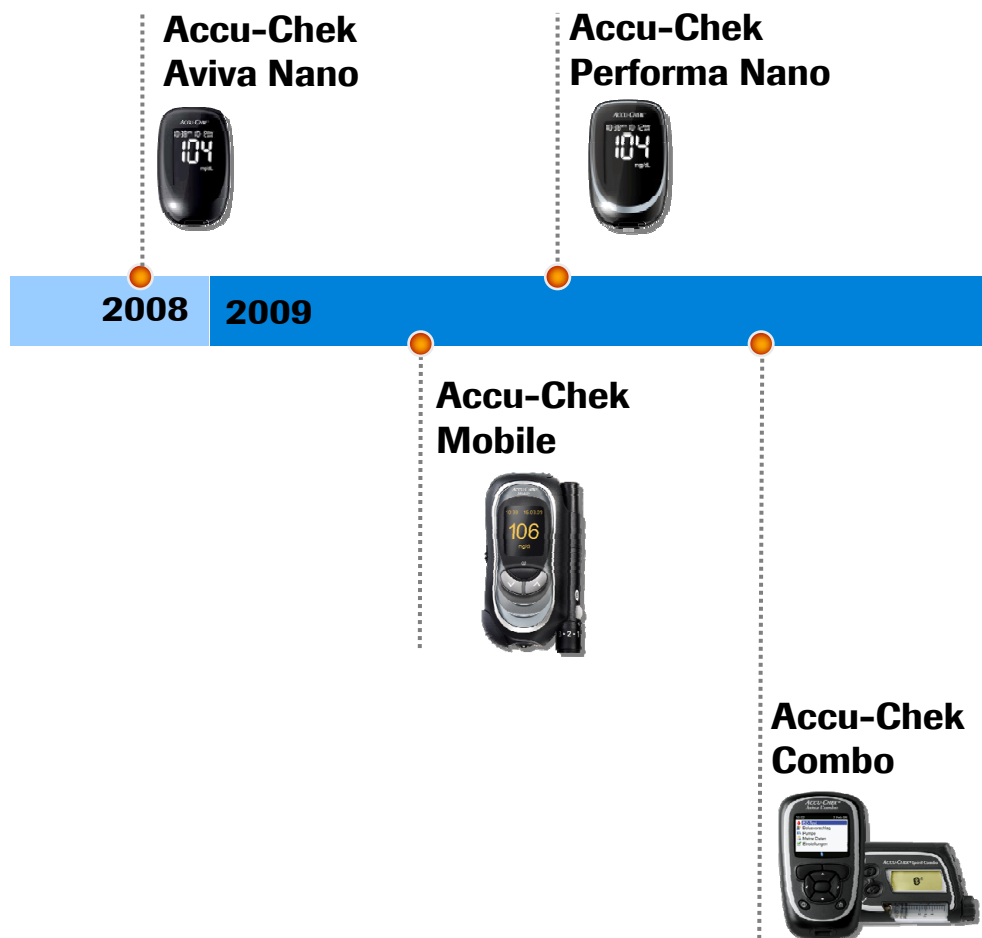


c = clinical chemistry modules

e = Immunoassay modules

# Accu-Chek

*Continued roll-out of innovative products driving growth*



- Small, sleek design developed for young, high-frequency testers
- Successful competitor conversions
- Accu-chek Aviva Nano US launch H2

- Only “strip-free” system enabling less steps for greater ease of use
- Available in 12 countries in EU & APAC

- First interactive insulin pump in EU allowing patients to operate pump by meter
- Now launched in 16 markets

# The unique Medingo patch-pump technology

## *Lower hurdles for patients to switch to pump therapy*

- Insulin delivery market ~CHF 1.6 bn, growing at +11%
- Insulin patch pump segment estimated to grow over-proportionally
- Patients new to pumps in the U.S. increasingly favor patch-pump systems
- Current durable pumps hurdles:
  - weight, size, infusion set
  - high initial up-front costs



- Micro patch-pump: light weight, tubing-free
- Competitive advantages:
  - semi-disposable product solution
  - easy disconnect & reconnect function
  - direct bolus release on pump
- Significantly lower up-front costs for patient
- Launch planned for 2012

# Key launches in 2010\*

Roche Investor event, AACC, July 26th

<b>Professional Diagnostics</b>	<ul style="list-style-type: none"><li>• cobas 8000 e 602 &amp; c 702 modules (EU, APAC, LATAM)</li><li>• cobas 8000 c 701, c 502 and e 602 modules (US)</li><li>• cobas b 123 for bloodgas &amp; electrolytes (EU)</li><li>• New immunoassays: 8 (US) ✓✓ 6 (EU) ✓</li></ul>
<b>Diabetes Care</b>	<ul style="list-style-type: none"><li>• Accu-Chek Aviva Nano (US)</li><li>• Accu-Chek Mobile (APAC) ✓</li><li>• Accu-Chek Combo (APAC) ✓</li></ul>
<b>Molecular Diagnostics</b>	<ul style="list-style-type: none"><li>• cobas TaqScreen DPX blood screening test for B19 virus &amp; HAV (EU)</li><li>• MRSA Test (US)</li><li>• CAP/CTM CMV test (EU)</li></ul>
<b>Applied Science</b>	<ul style="list-style-type: none"><li>• GS Junior sequencing system (global)</li><li>• Next-generation ultra-high density NimbleGen microarrays (global) ✓</li><li>• xCELLigence RTCA HT instrument (global)</li></ul>
<b>Tissue Diagnostics</b>	<ul style="list-style-type: none"><li>• Benchmark GX (EU, APAC)</li><li>• Molecular probes for Top2a and IGF-1R (EU)</li><li>• Discovery Ultra for IHC &amp; ISH research (US ✓ EU)</li></ul>

**Diagnostics Division Outlook: Sales growth significantly above the market**

\* Subject to appropriate regulatory approvals

barring unforeseen events

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## **Group**

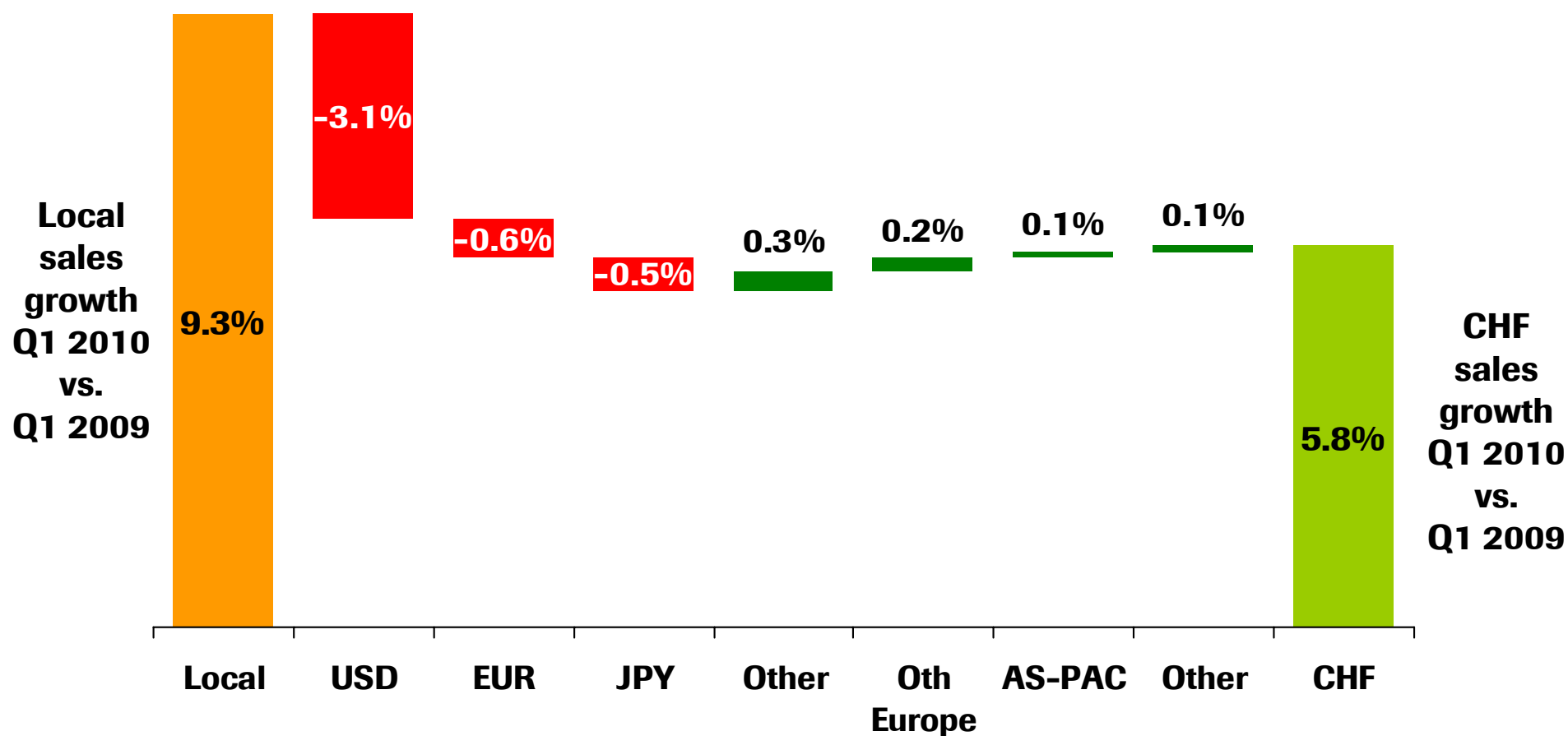
*Erich Hunziker*

*Chief Financial Officer*



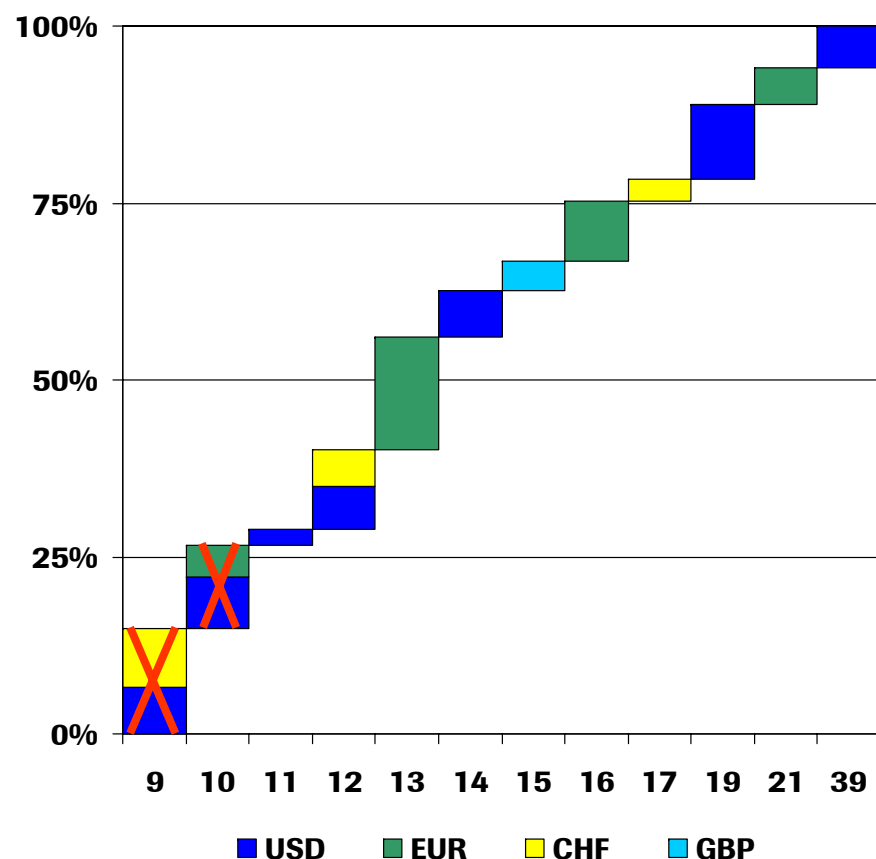
# Exchange rate impact on sales growth

*Negative impact from weaker USD, EUR and JPY*



# Further CHF 5.4 bn bond repayments in Q1 2010

## *27% of Genentech transaction related debt repaid*



- Repayment of USD 3.0 bn and EUR 1.5 bn floating rate notes in Q1 / 2010
- Of the CHF 48.2 bn bonds and notes issued to finance the Genentech transaction, cumulative 12.9 bn (27%) have been repaid as of 31 March 2010 <sup>1</sup>
- Outlook 2010: USD 0.5 bn ‘Genentech legacy’ note repayment at maturity in July 2010

1) Original net proceeds in CHF

# Outlook for 2010

<b>Sales growth (in LC)</b>	Group & Pharma (excl. Tamiflu): mid single-digit Diagnostics: significantly above market
<b>Synergies</b>	2010: CHF 800 m 2011: CHF 1,000 m
<b>R&amp;D investment</b>	Slightly below 2009 level
<b>Core EPS growth (in LC)</b>	Double-digit
<b>Debt</b>	2010: 25% reduction of debt initially raised 2015: Aim to return to net cash position
<b>3 yr Dividend outlook</b>	Maintained (as announced in 2008)*

Barring unforeseen events;

**Total Tamiflu sales of CHF 1.2 bn assumed for 2010;** LC=Local Currency

\* Continuous increase in dividend pay-out ratio over the period 2008-2010



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## **Roche Group Development Pipeline**

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**Marketed products development programmes**

**Roche Pharma global development programmes**

**Roche Pharma research and early development**

**Genentech research and early development**

**Roche Group 3 months YTD 2010 sales**

**Diagnostics**

**Foreign exchange rate information**

# Roche Group R&D Pipeline today



## phase I (37 NMEs)

RG4733	g secretase inh	solid tumors
RG7160	EGFR huMab	solid tumors
RG7167	CIF/MEK	solid tumors
RG7304	-	solid tumors
RG7334	Anti-PLGF	solid tumors
RG7347	Anti-NRP1	solid tumors
RG7112	MDM2 ant (2)	solid & hem tumors
RG3639	dulanermin	cancer
RG7420	MEK inh	solid tumors
RG7422	PI3 K/mTOR	solid & hem tumors
RG7321	PI3 kinase inh	solid tumors
RG7414	Anti-EGFL7	solid tumors
RG7440	-	solid tumors
CHU	anti-glypican Mab	liver cancer
RG7413	rhuMab Beta7	ulcerative colitis
RG7416	Anti-LT alpha	RA
BTI	VAP-1	inflammatory diseases
RG4934	Anti-IL-17 Mab	psoriatic arthritis
CHU	serine palmitoyltransf inh	HCV
CHU	nitazoxanide	HCV
RG7089	Y2R pept ago	type 2 diabetes
RG1512	P selectin huMab	PVD
RG4929	11 beta HSD inh	type 2 diabetes
RG7234	11 beta HSD inh (2)	type 2 diabetes
RG7376	craf inh	polycystic kidney disease
RG7273	ABCA1 inducer	dyslipidemia
RG7418	Anti-oxLDL	sec prev CV events
RG7426	BHT-3021	type 1 diabetes
RG1450	gantenerumab (A-beta)	Alzheimer's
RG1578	mGluR2 antag (2)	depression
RG1662	GABA-A ago	Alzheimer's
RG7010	IGF1 PEG	ALS
RG7166	triple Reuptake inh	depression
RG7351	TAAR1 part ago	depression
RG7412	Anti-Abeta	Alzheimer's
EVO	NMDA receptor antag	TRD
RG7417	Anti-factor D	geographic atrophy

## phase II (15 NMEs + 10 AIs)

RG340	Avastin	met. melanoma
RG1273	pertuzumab	EBC HER2+
RG1273	pertuzumab	mBC HER2+ 2nd line
RG3502	T-DM1	mBC 3 <sup>rd</sup> line HER2+
RG3502	T-DM1	mBC 1 <sup>st</sup> line HER2+
RG3616	hedgehog path inh	basal cell carc
RG3616	hedgehog path inh	CRC
RG3616	hedgehog path inh	ovarian cancer
RG3638	Met Mab	mNSCLC
RG7159	GA101 anti-CD 20	iNHL
RG7433	ABT-263	sol & hem tumors
CHU	topoisomerase I inh	gastric cancer
RG667	palovarotene	emphysema
RG3637	lebrikizumab (Anti-IL13)	asthma
RG4930	OX40L huMab	asthma
RG7415	rontalizumab (IFN alpha Ab)	SLE
RG3648	Xolair	chronic idiopathic urticaria
RG3484	HPV16	cervical neoplasia
RG7128	nucleoside inh prodrug	HCV
RG7227	protease inh	HCV
RG7201	SGLT2 inh	type 2 diabetes
RG1594	ocrelizumab	RRMS
RG1678	GlyT1 inh	schizophrenia
RG3487	nic alpha7	AD
RG7090	mGluR5 antag (2)	TRD

## phase III (8 NMEs + 27 AIs)

RG105	MabThera + Avastin	DLBCL
RG340	Xeloda	adj CC combo Avastin
RG340	Xeloda	adj BC
RG435	Avastin	adj CC
RG435	Avastin	adj BC HER 2+
RG435	Avastin	ovarian cancer 1 <sup>st</sup> line
RG435	Avastin	mBC combo Herceptin 1 <sup>st</sup> line
RG435	Avastin	adj NSCLC
RG435*	Avastin	met gastric cancer
RG435	Avastin	adj BC HER2
RG435	Avastin	adj BC Triple neg
RG435	Avastin	ovarian platinum sensitive
RG435	Avastin	mBC 2 <sup>nd</sup> line
RG435	Avastin	high risk carcinoid
RG435	Avastin	glioblastoma 1 <sup>st</sup> line
RG435*	Avastin	prostate cancer
RG597	Herceptin	SC formulation HER2+
RG597	Herceptin	adj BC HER2+ 2Y
RG1273	pertuzumab	mBC HER2+ 1 <sup>st</sup> line
RG1415	Tarceva	NSCLC EGFR mut 1 <sup>st</sup> line
RG1415	Tarceva	adj NSCLC
RG1415+435	Tarceva+Avastin	NSCLC maint 1 <sup>st</sup> line
RG7159	GA101 anti-CD 20	CLL
RG7204	BRaf inh	met. melanoma
RG3502	T-DM1	mBC 2 <sup>nd</sup> line HER2
RG1594	ocrelizumab	RA / PJD
RG105	MabThera	ANCA assoc vascul
RG1569	Actemra	sJIA
RG1569	Actemra	early RA
RG3648	Xolair	asthma add-on ICS /LABA
RG1583	tasoglutide	T2D
RG1658	dalcetrapib	CV risk reduction
RG1439	aleglitazar	CV risk reduction
RG3645	Lucentis	diabetic macular edema
RG3645	Lucentis	AMD high dose

## Registration (1 NME + 12 AIs)

RG105	MabThera	iNHL maint 1 <sup>st</sup> line
RG340*	Xeloda	adj CC combo oxaliplatin
RG435*	Avastin	mBC combo docetaxel 1 <sup>st</sup>
RG435	Avastin	mBC combo std chemos 1 <sup>st</sup>
RG597*	Herceptin	met gastric ca HER2+
RG1415	Tarceva	NSCLC maint 1 <sup>st</sup> line
RG105	MabThera	RA DMARD IR
RG3648*	Xolair	pediatric asthma
CHU	ED-71	osteoporosis
RG1227	Valcyte	CMV extension
RG3645	Lucentis	retinal vein occlusion
CHU	EPOCH	chemo induced anemia
RG3625	TNKase	catheter clearance

\* approved in EU

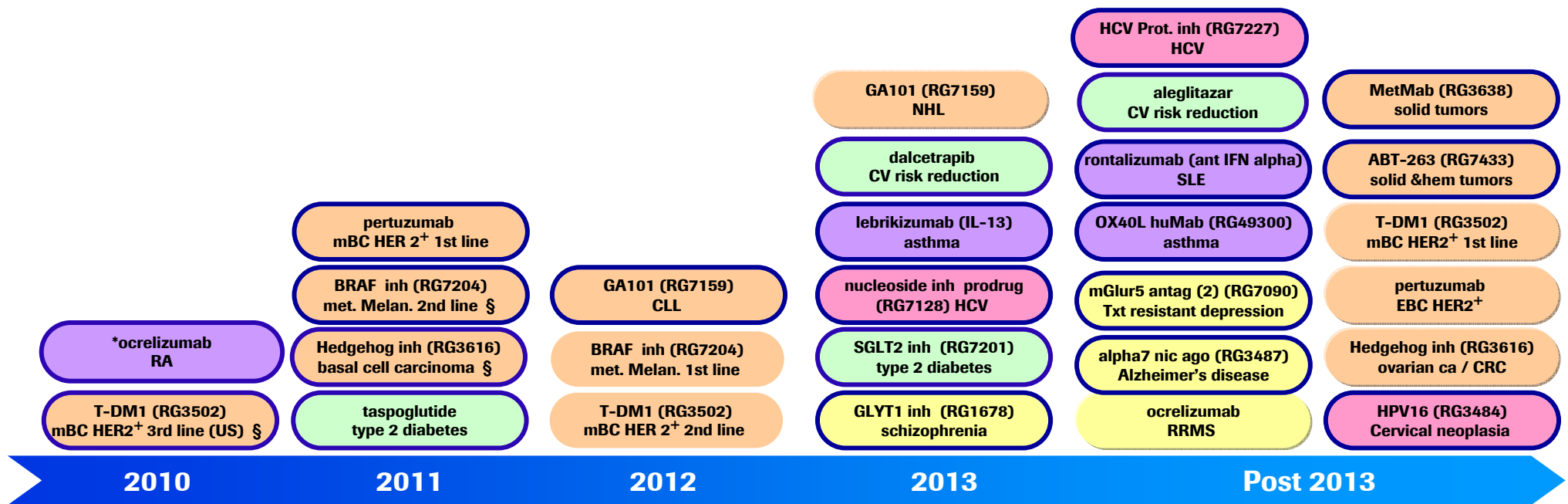
Light Blue	NME
Dark Blue	Additional Indication
Orange	Oncology
Purple	Inflammation/Immunology
Pink	Virology
Light Green	Metabolic/Cardiovascular
Yellow	CNS
Teal	Ophthalmology
Grey	Others
Light Blue	RG-No Roche Genentech managed
Dark Blue	CHU Chugai managed
Purple	BTI BioTie opt-in
Pink	EVO Evotec
Light Blue	RG105 MabThera is branded as Rituxan in US and Japan

\* Avastin in gastric cancer and prostate cancer: primary endpoints not met.

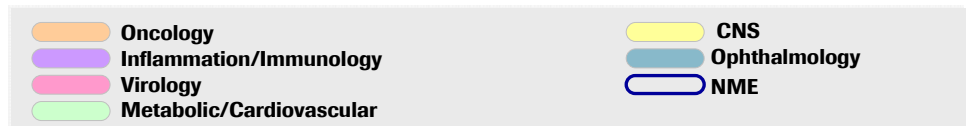


# Roche Group Projected NME Submissions and their Additional Indications

## *Projects Currently in Phase 2 and 3*



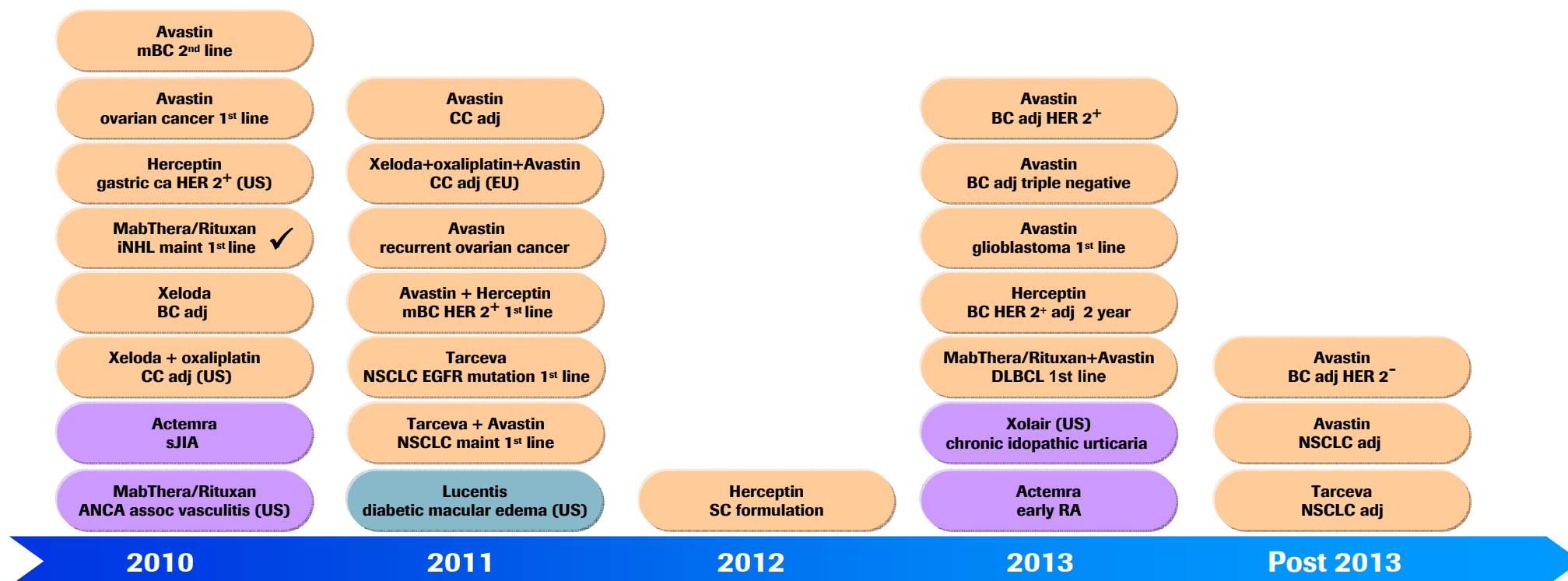
\* RA Phase 3 trial suspended. Next steps under evaluation



Unless stated otherwise, submissions are planned to occur in US and EU. § Potential registration with Phase 2 study.

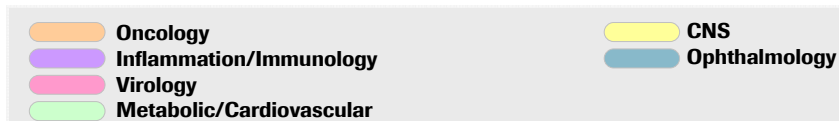
# Roche Group Projected Additional Indications of Existing Products

## *Projects Currently in Phase 2 and 3*



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

✓ indicates a submission which has occurred



# Roche Group early-stage development pipeline

PHASE I (37 NMEs)			PHASE II (15 NMEs)	
<p><b>ONCOLOGY 14 NMEs</b></p> <p><b>ABT-263/Bcl-2 (RG7433)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors and hematologic malignancies</li> </ul> <p><b>Anti-EGFL7 (RG7414)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors</li> </ul> <p><b>Anti-NRP1 (RG7347)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors</li> </ul> <p><b>Anti-PIGF (RG7334)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors</li> </ul> <p><b>CKI27 (RG7304)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors</li> </ul> <p><b>Dulanermin (RG3639)</b></p> <ul style="list-style-type: none"> <li>• Colorectal cancer</li> </ul> <p><b>G-secretase Inh (RG4733)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors</li> </ul> <p><b>huMAB EGFR/GA201 (RG7160)</b></p> <ul style="list-style-type: none"> <li>• Head and neck squamous cell carcinoma</li> <li>• Non-small cell lung cancer</li> <li>• Solid tumors</li> </ul> <p><b>huMAB Glypican-3/GC33<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Hepatocellular (liver) carcinoma</li> </ul> <p><b>MDM2 Antagonist (RG7112)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors and hematologic malignancies</li> </ul> <p><b>MEK Inh/CIF (RG7167)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors</li> </ul> <p><b>MEK Inh/GDC-0973 (RG7420)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors</li> </ul> <p><b>NME (RG7440)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors</li> </ul> <p><b>PI3 Kinase Inh/GDC-0941 (RG7321)</b></p> <ul style="list-style-type: none"> <li>• Metastatic breast cancer</li> <li>• Metastatic NSCLC</li> </ul> <p><b>PI3K/mTOR Inh/GDC-0980 (RG7422)</b></p> <ul style="list-style-type: none"> <li>• Solid tumors and NHL</li> </ul>	<p><b>INFLAMMATION (4 NMEs)</b></p> <p><b>Anti-LT <math>\alpha</math> (RG7412)</b></p> <ul style="list-style-type: none"> <li>• Rheumatoid arthritis</li> </ul> <p><b>huMAB IL-17 (RG4934)</b></p> <ul style="list-style-type: none"> <li>• Psoriatic arthritis</li> </ul> <p><b>rhuMAB-<math>\beta</math>7 (RG7413)</b></p> <ul style="list-style-type: none"> <li>• Ulcerative colitis</li> </ul> <p><b>VAP-1 Antibody<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>• Rheumatoid arthritis</li> <li>• Plaque psoriasis</li> </ul> <p><b>VIROLOGY (2 NME)</b></p> <p><b>Nitazoxamide<sup>3</sup></b></p> <ul style="list-style-type: none"> <li>• Chronic hepatitis C</li> </ul> <p><b>Serine Palmitoyltransferase Inh/NA808<sup>3</sup></b></p> <ul style="list-style-type: none"> <li>• Chronic hepatitis C</li> </ul> <p><b>METABOLIC (8 NMEs)</b></p> <p><b>11 Beta HSD Inh (RG4929)</b></p> <ul style="list-style-type: none"> <li>• Type 2 diabetes</li> </ul> <p><b>11 Beta HSD Inh (RG7234)</b></p> <ul style="list-style-type: none"> <li>• Type 2 diabetes</li> </ul> <p><b>ABCA1 Inducer (RG7273)</b></p> <ul style="list-style-type: none"> <li>• Dyslipidemia</li> </ul> <p><b>Anti-oxLDL (RG7418)</b></p> <ul style="list-style-type: none"> <li>• Secondary prevention of cardiovascular events</li> </ul> <p><b>BHT-3021 (RG7426)</b></p> <ul style="list-style-type: none"> <li>• Type 1 diabetes</li> </ul> <p><b>C-Raf Inh/PLX5568 (RG7376)</b></p> <ul style="list-style-type: none"> <li>• Polycystic kidney disease</li> </ul> <p><b>P-selectin huMAB (RG1512)</b></p> <ul style="list-style-type: none"> <li>• Peripheral vascular disease</li> </ul> <p><b>Y2R Agonist Peptide (RG7089)</b></p> <ul style="list-style-type: none"> <li>• Type 2 diabetes</li> </ul>	<p><b>CNS (8 NMEs)</b></p> <p><b>Anti-A<math>\beta</math> (RG7412)</b></p> <ul style="list-style-type: none"> <li>• Alzheimer's disease</li> </ul> <p><b>Gantenerumab/Anti-A<math>\beta</math> (RG1450)</b></p> <ul style="list-style-type: none"> <li>• Alzheimer's disease</li> </ul> <p><b>GABA-A Agonist (RG1662)</b></p> <ul style="list-style-type: none"> <li>• Alzheimer's disease</li> </ul> <p><b>NMDA Antagonist<sup>4</sup></b></p> <ul style="list-style-type: none"> <li>• Treatment Resistant Depression</li> </ul> <p><b>mGluR2 Antagonist (RG1578)</b></p> <ul style="list-style-type: none"> <li>• Depression</li> </ul> <p><b>PEG IGF-1 (RG7010)</b></p> <ul style="list-style-type: none"> <li>• Neurodegeneration amyotrophic lateral sclerosis</li> </ul> <p><b>TAAR1 Part Agonist (RG7351)</b></p> <ul style="list-style-type: none"> <li>• Depression</li> </ul> <p><b>Triple Reuptake Inh (RG7166)</b></p> <ul style="list-style-type: none"> <li>• Depression</li> </ul> <p><b>OPHTHALMOLOGY (1 NME)</b></p> <p><b>Anti-Factor D (RG7417)</b></p> <ul style="list-style-type: none"> <li>• Geographic atrophy associated with age-related macular degeneration</li> </ul>	<p><b>ONCOLOGY (4 NMEs)</b></p> <p><b>ABT-263/Bcl-2 (RG7433)</b></p> <ul style="list-style-type: none"> <li>• Relapsed chronic lymphocytic leukaemia</li> <li>• Relapsed lymphoid malignancies</li> <li>• Small cell lung cancer</li> </ul> <p><b>Avastin</b></p> <ul style="list-style-type: none"> <li>• 1L metastatic melanoma</li> </ul> <p><b>BRAF Inh/PLX4032 (RG7204)</b></p> <ul style="list-style-type: none"> <li>• 2L &amp; 3L metastatic melanoma</li> </ul> <p><b>GA101/Anti-CD20 (RG7159)</b></p> <ul style="list-style-type: none"> <li>• Chronic lymphocytic leukaemia</li> <li>• Non-Hodgkin's Lymphoma</li> </ul> <p><b>Hedgehog Pathway Inh/GDC-0449 (RG3616)</b></p> <ul style="list-style-type: none"> <li>• Advanced basal cell carcinoma</li> <li>• 1L metastatic colorectal cancer</li> <li>• Ovarian cancer</li> </ul> <p><b>MetMAB (RG3638)</b></p> <ul style="list-style-type: none"> <li>• 2L &amp; 3L metastatic NSCLC</li> </ul> <p><b>Pertuzumab</b></p> <ul style="list-style-type: none"> <li>• Neoadjuvant HER2+ breast cancer</li> <li>• 2L HER2+ metastatic breast cancer</li> </ul> <p><b>T-DM1 (RG3502)</b></p> <ul style="list-style-type: none"> <li>• 1L HER2+ metastatic breast cancer</li> <li>• 3L HER2+ metastatic breast cancer</li> </ul> <p><b>T-DM1 (RG3502) + pertuzumab (RG1273)</b></p> <ul style="list-style-type: none"> <li>• HER2+ metastatic breast cancer</li> </ul> <p><b>Topoisomerase I Inh/TP300<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Colorectal cancer</li> </ul>	<p><b>INFLAMMATION (4 NMEs)</b></p> <p><b>huMAB OX40L (RG4930)</b></p> <ul style="list-style-type: none"> <li>• Asthma</li> </ul> <p><b>Lebrikizumab/Anti-IL13 (RG3637)</b></p> <ul style="list-style-type: none"> <li>• Asthma</li> </ul> <p><b>Palovarotene (RG667)</b></p> <ul style="list-style-type: none"> <li>• Emphysema</li> </ul> <p><b>Rontalizumab/Anti-IFN<math>\alpha</math> (RG7415)</b></p> <ul style="list-style-type: none"> <li>• Systemic lupus erythematosus</li> </ul> <p><b>Xolair</b></p> <ul style="list-style-type: none"> <li>• Chronic idiopathic urticaria</li> </ul> <p><b>VIROLOGY (3 NMEs)</b></p> <p><b>HPV16 (RG3484)</b></p> <ul style="list-style-type: none"> <li>• Cervical neoplasia</li> </ul> <p><b>Nucleoside Analogue Polymerase Inh (RG7128)</b></p> <ul style="list-style-type: none"> <li>• Chronic hepatitis C</li> </ul> <p><b>Protease Inh (RG7227)</b></p> <ul style="list-style-type: none"> <li>• Chronic hepatitis C</li> </ul> <p><b>METABOLIC (1 NMEs)</b></p> <p><b>SGLT2 Inhibitor (RG7201)</b></p> <ul style="list-style-type: none"> <li>• Type 2 diabetes</li> </ul> <p><b>CNS (3 NMEs)</b></p> <p><b>GlyT1 Inh (RG1678)</b></p> <ul style="list-style-type: none"> <li>• Schizophrenia</li> </ul> <p><b>mGluR5 Antagonist (RG7090)</b></p> <ul style="list-style-type: none"> <li>• Treatment Resistant Depression</li> <li>• Fragile X Syndrome</li> </ul> <p><b>Nicotinic <math>\alpha</math>7 Agonist (RG3487)</b></p> <ul style="list-style-type: none"> <li>• Alzheimer's disease</li> </ul> <p><b>Ocrelizumab (RG1594)</b></p> <ul style="list-style-type: none"> <li>• Relapsing remitting multiple sclerosis</li> </ul>

As of 15 April 2010

<sup>1</sup> Opt-in opportunity from Chugai; <sup>2</sup> Opt-in opportunity from Biotie; <sup>3</sup> Participation through Chugai; <sup>4</sup> Buy-back opportunity from Evotec.

# Roche Group late-stage development pipeline

## PHASE III (8 NMEs)

### ONCOLOGY (4 NMEs)

#### Avastin

- 1L advanced gastric cancer<sup>1</sup>
- 1L HER2- metastatic breast cancer
- 1L HER2+ metastatic breast cancer
- 2L HER2- metastatic breast cancer
- Adjuvant colon cancer
- Adjuvant HER2- breast cancer
- Adjuvant HER2+ breast cancer
- Adjuvant non-small cell lung cancer
- Diffuse large B-cell lymphoma
- Front-line ovarian cancer
- High risk carcinoid
- Hormone refractory prostate cancer<sup>1</sup>
- Newly diagnosed glioblastoma multiforme
- Relapsed platinum-sensitive ovarian cancer

#### Avastin +/- Tarceva

- 1L maintenance advanced NSCLC

#### BRAF Inh/PLX4032 (RG7204)

- 1L metastatic melanoma

#### GA101/Anti-CD20 (RG7159)

- Front-line chronic lymphocytic leukaemia

#### Herceptin

- Adjuvant HER2+ breast cancer (HERA 2-year)
- Subcutaneous formulation in HER2+ breast cancer

#### Pertuzumab (RG1273)

- 1L HER2+ metastatic breast cancer

#### Tarceva

- Adjuvant NSCLC
- 1L metastatic EGFR mutant+ NSCLC

#### Trastuzumab-DM1 (RG3502)

- 2L HER2+ metastatic breast cancer

#### Xeloda

- Adjuvant breast cancer

### INFLAMMATION

#### Ocrelizumab (RG1594)

- Rheumatoid arthritis

#### Rituxan

- ANCA-associated vasculitis

#### RoActemra/Actemra

- Early rheumatoid arthritis
- Systemic juvenile idiopathic arthritis (sJIA)

#### Xolair

- Asthma

### METABOLIC (3 NMEs)

#### Alelitazar (RG1439)

- Type 2 diabetes (CV risk reduction)

#### Dalcetrapib (RG1658)

- Dyslipidemia (high CV risk)

#### Taspoglutide (RG1583)

- Type 2 diabetes

### OTHERS

#### TNKase

- Central venous catheter clearance
- Hemodialysis catheter clearance

### OPHTHALMOLOGY

#### Lucentis

- Diabetic macular edema
- High-dose in AMD

## AWAITING REGULATORY APPROVAL (1 NMEs)

### ONCOLOGY

- **Avastin** for 1L HER2- metastatic breast cancer<sup>2</sup>
- **MabThera/Rituxan** for maintenance treatment of 1L advanced follicular lymphoma
- **Tarceva** for 1L maintenance therapy for advanced NSCLC

### INFLAMMATION

- **Eldecalcitol/ED-71**<sup>4</sup> for osteoporosis
- **MabThera** for rheumatoid arthritis MTX inadequate responders<sup>3</sup>
- **RoActemra/Actemra** for PJD in rheumatoid arthritis
- **Xolair** for pediatric asthma<sup>5</sup>

### VIROLOGY

- **Valcyte** for prevention of CMV disease in high-risk kidney transplant patients; extended dosing<sup>6</sup>

### OPHTHALMOLOGY

- **Lucentis** for retinal vein occlusion<sup>6</sup>

### OTHERS

- **EPOCH**<sup>4</sup> for chemo induced anaemia

## US FDA REGULATORY SUBMISSION PENDING

### ONCOLOGY

- **Herceptin** for HER2+ advanced gastric cancer<sup>7</sup>
- **Xeloda** for adjuvant colon cancer; combo with oxaliplatin<sup>7</sup>

### As of 15 April 2010

Unless stated otherwise, regulatory submissions occurred in both US and EU. <sup>1</sup>The Phase III trial did not meet its primary endpoint. Next steps under evaluation. <sup>2</sup>RIBBON-1 and AVDO convert to full approval in the US; RIBBON-1 awaiting EMA approval. <sup>3</sup>EMA submission. <sup>4</sup>Participation through Chugai. <sup>5</sup>We received a Complete Response Letter from the FDA in December 2009 and are currently evaluating our next steps. <sup>6</sup>U.S. FDA submission. <sup>7</sup>Approved in the EU.

# Q1 2010 R&D milestones

- **Phase I NMEs – first patient dosed**
  - NME (RG7440) for solid tumors
  - GABA-A agonist (RG1662) for Alzheimer's disease
  - huMAb-IL17 (RG4934) for psoriatic arthritis
- **NMEs transitioned to Phase III – first patient dosed**
  - Alectinib **ALECARDIO** for cardiovascular risk reduction in type 2 diabetes
  - BRAF inh (RG7204) **BRIM3** for first line metastatic melanoma
- **Key phase III data results:**
  - Avastin + Xeloda **AVAGAST** for first line gastric cancer – *study did not meet its primary endpoint*
  - Avastin **GOG218** for first line ovarian cancer – *study met its primary endpoint*
  - Avastin **CALGB 90401** for hormone refractory prostate cancer – *study did not meet its primary endpoint*

# Q1 2010 regulatory milestones achieved

- *Regulatory submissions*

- **FDA submissions**

- Actemra **LITHE** for PJD in rheumatoid arthritis
- Rituxan **PRIMA** for maintenance treatment for first line advanced follicular non-Hodgkin's lymphoma (NHL)

- **EMA submissions**

- MabThera **PRIMA** for maintenance treatment for first line advanced follicular NHL

- **MHLW submissions (Japan)**

- Herceptin + Xeloda **ToGA** for HER2+ advanced gastric cancer

- *Regulatory approvals*

- **FDA approvals**

- Actemra for rheumatoid arthritis signs and symptoms
- Rituxan **REACH** for relapsed chronic lymphocytic leukemia (CLL)
- Rituxan **CLL-8** for first line CLL

- **EMA approvals**

- Herceptin + Xeloda **ToGA** for HER2+ advanced gastric cancer
- Xeloda **XELOXA** for adjuvant colon cancer (in combo with oxaliplatin)
- Valcyte **IMPACT** for prevention of CMV disease in high-risk kidney transplant patients; extended dosing

- **China approvals**

- Avastin for metastatic colorectal cancer

## Roche Group Development Pipeline

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### **Marketed products development programmes**

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Roche Pharma global development programmes

Roche Pharma research and early development

Genentech research and early development

Roche Group 3 months YTD 2010 sales

Diagnostics

Foreign exchange rate information

# Avastin

## *Broad development programme addressing multiple breast cancer settings*

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 CALGB-40503 <i>Non-registrational Study</i>	Phase III RIBBON-2	Phase III AVEREL
# of Patients	N=1,238	N=736	N=442	N=684	N=410
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Anthracycline or taxane plus Avastin OR Xeloda plus Avastin</li> <li>• <b>ARM B:</b> Anthracycline or taxane plus placebo OR Xeloda plus placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Placebo plus docetaxel</li> <li>• <b>ARM B:</b> 7.5 mg/kg dose of Avastin plus docetaxel</li> <li>• <b>ARM C:</b> 15 mg/kg dose of dose Avastin plus docetaxel</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Aromatase inhibitor or tamoxifen plus Avastin</li> <li>• <b>ARM B:</b> Aromatase inhibitor or tamoxifen plus placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Chemotherapy (*taxane, Xeloda, gemcitabine, or vinorelbine) plus Avastin</li> <li>• <b>ARM B:</b> Chemotherapy* plus placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Docetaxel plus Herceptin</li> <li>• <b>ARM B:</b> Docetaxel plus Herceptin plus Avastin</li> </ul>
Avastin Dose	• 10 mg/kg q2 weeks or 15 mg/kg q3 wks	• 15 mg/kg or 7.5 mg/kg q3 weeks	• 15 mg/kg q3 weeks	• 15 mg/kg q3 weeks	• 15 mg/kg q3 weeks
Primary Endpoint	• Progression-free survival	• Progression-free survival	• Progression-free survival	• Progression-free survival	• Progression-free survival
Status	<ul style="list-style-type: none"> <li>• Study met its primary endpoint Q4 2008</li> <li>• Data presented at ASCO 2009</li> <li>• EMA and FDA regulatory submissions Q4 2009<sup>1</sup></li> <li>• US PDUFA date is September 17, 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Data presented at ASCO 2008; updated OS data presented at SABCS 2009</li> <li>• Received EMA approval Q3 2009</li> <li>• FDA submission Q4 2009<sup>1</sup></li> <li>• US PDUFA date is September 17, 2010</li> </ul>	• FPI Q4 2008	<ul style="list-style-type: none"> <li>• Study met its primary endpoint Q3 2009</li> <li>• Data presented at SABCS 2009</li> <li>• Expect regulatory submissions H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q3 2006</li> <li>• Enrolment completed Q1 2010</li> <li>• Expect data 2011</li> </ul>

<sup>1</sup> RIBBON-1 and AVADO to convert to full approval in the US; RIBBON-1 awaiting EMA approval.

ASCO = American Society of Clinical Oncology; SABCS = San Antonio Breast Cancer Symposium; OS = Overall Survival.

# Avastin

## Ovarian cancer clinical development programme

Patient Population	Front-line Metastatic Ovarian Cancer		Relapsed Platinum-sensitive Ovarian Cancer	
Phase/Study	Phase III <b>GOG-0218</b>	Phase III <b>ICON-7</b>	Phase III <b>OCEANS</b>	Phase III <b>GOG-0213</b> <i>Non-registrational Study</i>
# of Patients	N=1,800	N=1,520	N=484	N=660
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Paclitaxel and carboplatin plus placebo (15 months)</li> <li>• <b>ARM B:</b> Paclitaxel and carboplatin plus Avastin (6 months of Avastin then placebo until 15 months)</li> <li>• <b>ARM C:</b> Paclitaxel and carboplatin plus Avastin (15 months with Avastin)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Paclitaxel and carboplatin</li> <li>• <b>ARM B:</b> Paclitaxel and carboplatin plus Avastin for 12 months (followed by 12 3-week cycles of Avastin)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Carboplatin, gemcitabine, and Avastin for 6 months</li> <li>• <b>ARM B:</b> Carboplatin, gemcitabine, and placebo for 6 months</li> <li>• <i>Patients may then continue with Avastin or placebo for 51 weeks from study treatment initiation. After 51 weeks, patients may continue on Avastin until disease progression.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Randomise to surgical reduction versus no surgery, then randomise to:               <ul style="list-style-type: none"> <li>• <b>ARM A:</b> Carboplatin and paclitaxel for a maximum of 8 cycles</li> <li>• <b>ARM B:</b> Carboplatin and paclitaxel plus Avastin for a maximum of 8 cycles followed by Avastin until disease progression</li> </ul> </li> </ul>
Avastin Dose	• 15 mg/kg q3 weeks	• 7.5 mg/kg q3 weeks	• 15 mg/kg q3 weeks	• 15 mg/kg q3 weeks
Primary Endpoint	• Progression-free survival	• Progression-free survival	• Progression-free survival	• Overall survival
Status	<ul style="list-style-type: none"> <li>• Study met its primary endpoint with prolonged administration of Avastin (ARM C) Q1 2010</li> <li>• Data to be presented at ASCO 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Enrolment completed Q1 2009</li> <li>• Expect data 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Enrolment completed Q1 2010</li> <li>• Expect data 2011</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2007</li> <li>• Expect data 2013</li> </ul>



# Avastin

## Gastrointestinal clinical development programme

Patient Population	Metastatic Colorectal Cancer	First-line Advanced Gastric Cancer	High Risk Carcinoid
Phase/Study	<b>Phase III ML18147</b> <i>Treatment through Multiple Lines (TML)</i>	<b>Phase III AVAGAST</b>	<b>Phase III SWOG S0518</b>
# of Patients	N=810	N=760	N=274
Design	<ul style="list-style-type: none"> <li>Chemotherapy treatment crossover, depending on 1<sup>st</sup>-line chemotherapy:               <ul style="list-style-type: none"> <li><b>Stratum 1:</b> 5FU or Xeloda/irinotecan-based chemotherapy + Avastin → PD → FU/oxaliplatin-based chemotherapy +/- Avastin</li> <li><b>Stratum 2:</b> 5FU or Xeloda/oxaliplatin-based chemotherapy + Avastin → PD → FU/irinotecan-based chemotherapy +/- Avastin</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Xeloda*/cisplatin plus placebo</li> <li><b>ARM B:</b> Xeloda*/cisplatin plus Avastin</li> </ul> <p><i>*If Xeloda treatment is not possible, patients receive 5-FU.</i></p>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Depot octreotide plus interferon alpha</li> <li><b>ARM B:</b> Depot octreotide plus Avastin</li> </ul>
Avastin Dose	• 5 mg/kg q2 weeks or 7.5 mg/kg q3 weeks	• 7.5 mg/kg q3 weeks	• 15 mg/kg q3 weeks
Primary Endpoint	• Overall survival	• Overall survival	• Progression-free survival
Status	• FPI Q1 2006	<ul style="list-style-type: none"> <li>Study did not meet its primary endpoint Q1 2010</li> <li>Data to be presented at ASCO 2010</li> <li>Next steps for gastric cancer setting under evaluation</li> </ul>	• FPI Q1 2008

PD = Progressive Disease; ASCO = American Society of Clinical Oncology

# Avastin

## *Development programmes in other tumor types*

Patient Population	Newly Diagnosed Glioblastoma Multiforme	First-line Metastatic Melanoma	Relapsed or Refractory Multiple Myeloma	Front-line Diffuse Large B-Cell Lymphoma	First-line Hormone Refractory Prostate Cancer
Phase/Study	<b>Phase III AVAGLIO</b>	<b>Phase II BEAM</b>	<b>Phase II AMBER</b>	<b>Phase III MAIN</b>	<b>Phase III CALGB 90401</b>
# of Patients	N=920	N=200	N=100	N=1,060	N=1,050
Design	<ul style="list-style-type: none"> <li><b>ARM A:</b> Concurrent radiation and temozolomide plus placebo; followed by maintenance temozolomide plus placebo for 6 cycles; then placebo monotherapy</li> <li><b>ARM B:</b> Concurrent radiation and temozolomide plus Avastin; followed by maintenance temozolomide plus Avastin for 6 cycles; then Avastin (15mg/kg q3 weeks) monotherapy</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Carboplatin and taxol</li> <li><b>ARM B:</b> Carboplatin and taxol plus Avastin</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Bortezomib plus placebo</li> <li><b>ARM B:</b> Bortezomib plus Avastin</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> MabThera/Rituxan plus CHOP plus Avastin</li> <li><b>ARM B:</b> MabThera/Rituxan plus CHOP plus placebo</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Docetaxel plus prednisone plus placebo</li> <li><b>ARM B:</b> Docetaxel plus prednisone plus Avastin</li> </ul>
Avastin Dose	<ul style="list-style-type: none"> <li>10 mg/kg q2 weeks or 15 mg/kg q3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>15 mg/kg q3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>15 mg/kg q3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>15 mg/kg q3 weeks (CHOP-21) or 10 mg/kg q2 weeks (CHOP-14)</li> </ul>	<ul style="list-style-type: none"> <li>15 mg/kg q3 weeks</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>Overall survival</li> <li>Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>Overall survival</li> </ul>
Status	<ul style="list-style-type: none"> <li>FPI Q2 2009</li> </ul>	<ul style="list-style-type: none"> <li>Results presented at ECCO/ESMO 2009</li> <li>Next steps under evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Study showed modest benefit Q1 2010</li> <li>No new safety signals were detected</li> <li>Data submitted for presentation at ESMO 2010</li> <li>“No go” decision Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>Initiated Q3 2007</li> </ul>	<ul style="list-style-type: none"> <li>Study did not meet its primary endpoint Q1 2010</li> <li>Data to be presented at ASCO 2010</li> </ul>

# Avastin

## Adjuvant clinical development programme

Patient Population	Adjuvant Colon Cancer	Adjuvant Lung Cancer	Adjuvant Breast Cancer		
Phase/Study	Phase III AVANT	Phase III ECOG 1505	Phase III ECOG 5103 <i>HER2-negative</i>	Phase III BEATRICE <i>Triple-negative</i>	Phase III BETH <i>HER2-positive</i>
# of Patients	N=3,451	N=1,500	N=4,950	N=2,530	N=3,600
Design	<ul style="list-style-type: none"> <li><b>ARM A:</b> FOLFOX4 for 6 months followed by observation</li> <li><b>ARM B:</b> FOLFOX4 plus Avastin for 6 months followed by Avastin for 6 months</li> <li><b>ARM C:</b> XELOX plus Avastin for 6 months followed by Avastin for 6 months</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Cisplatin plus vinorelbine, docetaxel, gemcitabine or pemetrexed</li> <li><b>ARM B:</b> Cisplatin plus vinorelbine, docetaxel, gemcitabine or pemetrexed plus Avastin up to 12 months</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> AC followed by paclitaxel</li> <li><b>ARM B:</b> AC plus Avastin followed by paclitaxel plus Avastin</li> <li><b>ARM C:</b> AC plus Avastin followed by paclitaxel plus Avastin, followed by Avastin up to 12 months</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Anthracycline ± taxane or taxane-based chemo alone</li> <li><b>ARM B:</b> Anthracycline ± taxane or taxane-based chemo plus Avastin for 1 year</li> </ul>	<ul style="list-style-type: none"> <li><b>COHORT 1:</b> Docetaxel/ carboplatin plus Herceptin ± Avastin</li> <li><b>COHORT 2:</b> Docetaxel plus Herceptin ± Avastin, followed by 5-Fluorouracil, Epirubicin, Cyclophosphamide</li> <li><i>For both cohorts, patients receive Herceptin ± Avastin to complete 1 year of targeted therapy</i></li> </ul>
Avastin Dose	5 mg/kg q2 weeks in FOLFOX arms; 7.5 mg/kg q3 weeks in XELOX arms	15 mg/kg q3 weeks	15 mg/kg q3 weeks	Dosing equivalent to 5 mg/kg/w	15 mg/kg q3 weeks
Primary Endpoint	Disease-free survival	Overall survival	Disease-free survival	Disease-free survival	Disease-free survival
Status	<ul style="list-style-type: none"> <li>Interim safety data presented at ECCO/ESMO 2009</li> <li>Expect top-line efficacy results 2010</li> </ul>	FPI Q3 2007	Clinical hold lifted December 2009; trial is continuing as planned	<ul style="list-style-type: none"> <li>FPI Q4 2007</li> <li>Enrolment completed Q4 2009</li> </ul>	FPI Q2 2008

# Xeloda

*The first FDA-approved oral chemotherapy for the treatment of colorectal cancer*

Patient Population	Adjuvant Colon Cancer	Adjuvant (Stage III) Colon Cancer	Adjuvant (High-risk) Breast Cancer	First-line Metastatic HER2-negative Breast Cancer
Phase/Study	Phase III AVANT	Phase III XELOXA	Phase III NO17629	Phase III RIBBON-1
# of Patients	N=3,451	N=1,886	N=2,611	N=1,238
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> FOLFOX4 for 6 months followed by observation</li> <li>• <b>ARM B:</b> FOLFOX4 plus Avastin for 6 months followed by Avastin for 6 months</li> <li>• <b>ARM C:</b> XELOX plus Avastin for 6 months followed by Avastin for 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> XELOX</li> <li>• <b>ARM B:</b> 5-FU plus leucovorin</li> </ul>	<ul style="list-style-type: none"> <li>• Following a regimen of doxorubicin plus cyclophosphamide:</li> <li>• <b>ARM A:</b> Docetaxel + Xeloda</li> <li>• <b>ARM B:</b> Docetaxel alone</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Anthracycline or taxane plus Avastin OR Xeloda plus Avastin</li> <li>• <b>ARM B:</b> Anthracycline or taxane plus placebo OR Xeloda plus placebo</li> </ul>
Xeloda Dose	• 1,000 mg/m <sup>2</sup> bid	• 1,000 mg/m <sup>2</sup> bid	• 825 mg/m <sup>2</sup> bid	• 1,000 mg/m <sup>2</sup> bid
Primary Endpoint	• Disease-free survival	• Disease-free survival	• Disease-free survival	• Progression-free survival
Status	<ul style="list-style-type: none"> <li>• Interim safety data presented at ECCO/ESMO 2009</li> <li>• Expect efficacy analyses 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Received EMA approval Q1 2010</li> <li>• Potential FDA submission in 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Enrolment completed Q2 2006</li> <li>• Expect efficacy analyses 2010; time-driven</li> </ul>	<ul style="list-style-type: none"> <li>• EMA submission Q4 2009</li> <li>• Potential EU “cross referencing” submission for Xeloda post EU approval for Avastin</li> </ul>

# Herceptin

*The standard of care for HER2+ early and mBC;  
advancing care for HER2+ advanced gastric cancer*

Patient Population	Adjuvant HER2-positive Breast Cancer	Advanced HER2-positive Gastric Cancer (Adenocarcinoma of the Stomach or GEJ)	HER2-positive Breast Cancer
Phase/ Study	Phase III HERA	Phase III ToGA	Phase III HANNAH
# of Patients	N=5,102	N=584	N=552
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Herceptin for 12 months</li> <li>• <b>ARM B:</b> Herceptin for 24 months</li> <li>• <b>ARM C:</b> Observation</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Xeloda or 5-FU<sup>1</sup> and cisplatin</li> <li>• <b>ARM B:</b> Xeloda or 5-FU<sup>1</sup> and cisplatin plus Herceptin</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Subcutaneous Herceptin and chemotherapy*</li> <li>• <b>ARM B:</b> Intravenous Herceptin and chemotherapy*</li> </ul> <p><i>*chemotherapy = docetaxel then 5-FU, epirubicin, and cyclophosphamide</i></p>
Primary Endpoint	<ul style="list-style-type: none"> <li>• Disease-free survival</li> </ul>	<ul style="list-style-type: none"> <li>• Overall survival</li> </ul>	<ul style="list-style-type: none"> <li>• Serum concentration</li> <li>• Pathologic complete response</li> </ul>
Status	<ul style="list-style-type: none"> <li>• Final 2-year versus 1-year analysis expected in 2012; event-driven</li> </ul>	<ul style="list-style-type: none"> <li>• Received EMA approval Q1 2010</li> <li>• Expect FDA submission Q2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2009</li> </ul>

<sup>1</sup>Xeloda or 5-fluorouracil at investigator's discretion. GEJ = Gastro-oesophageal Junction.

# Tarceva

## *New approaches to treating lung cancer*

Patient Population	Adjuvant Non-small Cell Lung Cancer	First-line Maintenance for Advanced Non-small Cell Lung Cancer	First-line Maintenance for Advanced Non-small Cell Lung Cancer	First-line Metastatic Non-small Cell Lung Cancer (EGFR mutation-positive)
<b>Phase /Study</b>	<b>Phase III RADIANT</b>	<b>Phase IIIB SATURN</b>	<b>Phase IIIB ATLAS</b>	<b>Phase III EURTAC</b>
<b># of Patients</b>	N=945 (2:1 randomisation)	N=889	N=768	N=173
<b>Design</b>	<ul style="list-style-type: none"> <li>Following surgical resection ± adjuvant chemotherapy:               <ul style="list-style-type: none"> <li><b>ARM A:</b> Tarceva up to 2 years</li> <li><b>ARM B:</b> Placebo up to 2 years</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>4 cycles of platinum-based chemotherapy; patients who did not progress were randomised to:               <ul style="list-style-type: none"> <li><b>ARM A:</b> Tarceva</li> <li><b>ARM B:</b> Placebo</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>4 cycles of chemotherapy plus Avastin; patients who did not progress were randomised to:               <ul style="list-style-type: none"> <li><b>ARM A:</b> Avastin plus placebo</li> <li><b>ARM B:</b> Avastin plus Tarceva</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Tarceva</li> <li><b>ARM B:</b> Chemotherapy (platinum-based doublet)</li> </ul>
<b>Primary Endpoint</b>	<ul style="list-style-type: none"> <li>Disease-free survival               <ul style="list-style-type: none"> <li>- EGFR IHC and/or FISH-positive</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Progression-free survival               <ul style="list-style-type: none"> <li>- All patients</li> <li>- EGFR IHC-positive</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Progression-free survival (PFS)</li> </ul>	<ul style="list-style-type: none"> <li>Progression-free survival</li> </ul>
<b>Status</b>	<ul style="list-style-type: none"> <li>Initiated Q3 2006</li> <li>Expect to complete enrolment 2010</li> </ul>	<ul style="list-style-type: none"> <li>EMA and FDA regulatory submissions Q1 2009; received positive CHMP opinion Q1 2010</li> <li>US PDUFA date extended to April 18, 2010</li> </ul>	<ul style="list-style-type: none"> <li>Study met PFS primary endpoint Q1 2009; data presented at ASCO 2009</li> <li>Q3 2009 exploratory analyses of OS was not significant; data to be presented at ASCO 2010</li> <li>Evaluating requirements for potential regulatory submissions</li> </ul>	<ul style="list-style-type: none"> <li>Initiated Q2 2007</li> <li>Expect to complete enrolment 2010</li> </ul>

# MabThera/Rituxan

## *Oncology development programmes*

Patient Population	Follicular Lymphoma	Follicular Lymphoma	Front-line Diffuse Large B-cell or Follicular Non-Hodgkin's Lymphoma
Phase/ Study	Phase Ib	Phase III PRIMA	Phase IIIb RATE <i>Faster Infusion Study</i>
# of Patients	N=105	N=1,193 induction N=1,019 maintenance	N=450
Design	<ul style="list-style-type: none"> <li>Dose selection study of subcutaneous formulation</li> </ul>	<ul style="list-style-type: none"> <li>Physician's choice of three chemotherapies plus MabThera/Rituxan, followed by:               <ul style="list-style-type: none"> <li><b>ARM A:</b> Maintenance regimen of MabThera/Rituxan for responders every 8 weeks over 24 months</li> <li><b>ARM B:</b> Versus observation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Prospective, open-label, single arm study</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>Pharmacokinetics and safety</li> </ul>	<ul style="list-style-type: none"> <li>Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>To determine the incidence of Grade 3 or 4 infusion-related toxicities resulting from faster infusion of MabThera/Rituxan</li> </ul>
Status	<ul style="list-style-type: none"> <li>FPI Q3 2009</li> <li>Expect to initiate Phase III bridging study in H1 2011</li> </ul>	<ul style="list-style-type: none"> <li>Study met its primary endpoint Q3 2009</li> <li>Data to be presented at ASCO 2010</li> <li>EMA and US submissions Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q3 2008</li> </ul>

# MabThera/Rituxan

## *Immunology development programmes*

Patient Population	Rheumatoid Arthritis Methotrexate Inadequate Responders	Rheumatoid Arthritis Methotrexate Naïve	ANCA-Associated Vasculitis
Phase/Study	Phase III <b>SERENE</b>	Phase III <b>IMAGE</b> <i>Radiographic Study</i>	Phase II/III <b>RAVE</b>
# of Patients	N=509	N=755	N=197
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Methotrexate + MabThera/Rituxan (500mg)</li> <li>• <b>ARM B:</b> Methotrexate + MabThera/Rituxan (1,000mg)</li> <li>• <b>ARM C:</b> Methotrexate alone</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Methotrexate + MabThera/Rituxan (500mg)</li> <li>• <b>ARM B:</b> Methotrexate + MabThera/Rituxan (1,000mg)</li> <li>• <b>ARM C:</b> Methotrexate + placebo</li> </ul>	<ul style="list-style-type: none"> <li>• Non-inferiority efficacy and safety study of MabThera/Rituxan and glucocorticoids versus conventional therapy (cyclophosphamide)</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>• Proportion of patients with ACR 20 responses at 24 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Progression of structural damage as measured by x-ray at 52 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Induction of complete remission at 6 months, defined as a BVAS/WG of 0 and off glucocorticoid therapy</li> </ul>
Status	<ul style="list-style-type: none"> <li>• EMEA submission Q2 2009</li> <li>• October 2009 we received Complete Response Letter from the FDA</li> </ul>	<ul style="list-style-type: none"> <li>• We will not pursue regulatory submissions for this indication</li> <li>• IMAGE x-ray and dosing data supportive to SERENE EMA submission</li> </ul>	<ul style="list-style-type: none"> <li>• Study met its primary endpoint Q1 2009</li> <li>• Data presented at ACR 2009</li> <li>• Potential FDA submission in 2010</li> </ul>

# RoActemra/Actemra

## *Interleukin 6 receptor inhibitor*

Patient Population	Rheumatoid Arthritis <i>Prevention of Structural Damage/Physical Function</i>	Early Moderate-to-Severe Rheumatoid Arthritis	Rheumatoid Arthritis	Rheumatoid Arthritis DMARD Inadequate Responders	Systemic Juvenile Idiopathic Arthritis (sJIA)
Phase/Study	<b>Phase III LITHE</b> <i>Radiographic Study</i>	<b>Phase III FUNCTION</b>	<b>Phase III</b>	<b>Phase III</b> <i>Head-to-Head Study</i>	<b>Phase III TENDER</b>
# of Patients	N=1,196	N=1,128	N=1,200	N=300	N=108
Design	<ul style="list-style-type: none"> <li><b>ARM A:</b> MTX alone</li> <li><b>ARM B:</b> Actemra (4mg/kg) plus MTX</li> <li><b>ARM C:</b> Actemra (8mg/kg) plus MTX</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Actemra (8mg/kg)</li> <li><b>ARM B:</b> Actemra (8mg/kg) plus MTX</li> <li><b>ARM C:</b> Actemra (4mg/kg) plus MTX</li> <li><b>ARM D:</b> MTX alone</li> </ul>	<ul style="list-style-type: none"> <li>Study of subcutaneous formulation</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Actemra</li> <li><b>ARM B:</b> Humira</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Actemra 8 mg/kg and 12 mg/kg every 2 weeks for 12 weeks (dosed by body weight)</li> <li><b>ARM B:</b> Placebo for 12 weeks</li> <li>Followed by long-term open-label follow-up (max. 2 years)</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>Progression of structural damage as measured by x-ray at 104 weeks</li> <li>Improvement of physical function at 12 months; change in HAQ-D1</li> </ul>	<ul style="list-style-type: none"> <li>DAS28 remission at 24 weeks</li> </ul>		<ul style="list-style-type: none"> <li>Reduction in signs and symptoms at week 24</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in signs and symptoms plus absence of fever</li> </ul>
Status	<ul style="list-style-type: none"> <li>Full two-year data presented at ACR 2009</li> <li>EMA submission Q3 2009</li> <li>FDA submission Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>Expect FPI H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>Expect FPI H1 2010</li> </ul>	<ul style="list-style-type: none"> <li>Study met its primary endpoint Q4 2009</li> <li>Data submitted for presentation at EULAR 2010</li> <li>Expect regulatory submissions 2010</li> </ul>

# Lucentis

*A leading therapy for age-related macular degeneration; also demonstrated vision improvements in RVO*

Patient Population	Neovascular (wet) Age-related Macular Degeneration	Diabetic Macular Edema		Retinal Vein Occlusion (RVO)	
Phase/Study	Phase III HARBOR High dose study	Phase III RIDE	Phase III RISE	Phase III BRAVO (Branch RVO)	Phase III CRUISE (Central RVO)
# of Patients	N=1,110	N=382	N=378	N=397	N=392
Design	<ul style="list-style-type: none"> <li>Randomised double-masked study comparing efficacy and safety of intravitreal injections of 0.5mg and 2.0mg ranibizumab administered monthly or PRN in patients with wet AMD</li> </ul>	<ul style="list-style-type: none"> <li>Randomised, sham-controlled study of monthly intravitreal injections (0.5 and 0.3 mg) 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).</li> </ul>		<ul style="list-style-type: none"> <li>Randomised, sham-controlled study of intravitreal injections (0.5 and 0.3 mg) administered monthly for 6 months, followed by a 6 month observation period (during which eligible patients received ranibizumab PRN) in patients with macular edema secondary to branch or central retinal vein occlusion</li> </ul>	
Primary Endpoint	<ul style="list-style-type: none"> <li>Mean change in best corrected visual acuity (BCVA) compared to baseline at 12 months</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of patients who gain <math>\geq</math> to 15 letters in BCVA score compared to baseline after 24 monthly injections (secondary endpoints include 36 month endpoint)</li> </ul>		<ul style="list-style-type: none"> <li>Mean change in BCVA compared to baseline at 6 months</li> </ul>	
Status	<ul style="list-style-type: none"> <li>FPI Q2 2009</li> </ul>	<ul style="list-style-type: none"> <li>Enrolment completed Q1 2009</li> <li>Expect data H1 2011</li> </ul>	<ul style="list-style-type: none"> <li>Enrolment completed Q4 2008</li> <li>Expect data H1 2011</li> </ul>	<ul style="list-style-type: none"> <li>6-month data presented at the Retinal Congress in October 2009</li> <li>Submitted RVO US sBLA Q4 2009</li> <li>Granted Priority Review; PDUFA date June 22, 2010</li> <li>12-month data will be presented at ARVO 2010</li> </ul>	

In collaboration with Novartis

ARVO = Association for Research in Vision and Ophthalmology



# Xolair

*The first and only FDA-approved anti-IgE therapy*

<b>Patient Population</b>	<b>Moderate-to-Severe Persistent Allergic Pediatric Asthma</b> <i>Uncontrolled despite treatment with inhaled corticosteroids (Children ages 6 to 11)</i>	<b>Moderate-to-Severe Persistent Allergic Asthma</b> <i>Uncontrolled despite high-dose ICS and LABA</i>	<b>Chronic Idiopathic Urticaria</b> <i>Patients who remain symptomatic despite antihistamines</i>
<b>Phase/Study</b>	<b>Phase III Novartis Study</b>	<b>Phase IIIb EXTRA</b> Add-on therapy to high-dose ICS and LABA	<b>Phase II MYSTIQUE</b>
<b># of Patients</b>	N=628	N=848	N=90
<b>Status</b>	<ul style="list-style-type: none"><li>• Received a Complete Response Letter Q4 2009</li><li>• Next steps under evaluation</li></ul>	<ul style="list-style-type: none"><li>• Study met its primary endpoint Q4 2009</li><li>• Expect FDA submission 2010</li></ul>	<ul style="list-style-type: none"><li>• Study met its primary endpoint Q4 2009</li><li>• Phase III development plans underway</li></ul>

In collaboration with Novartis  
ICS = Inhaled Corticosteroids; LABA = Long-Acting Beta-Agonists.

# Valcyte

*An FDA-approved oral antiviral therapy for the prevention of cytomegalovirus post-transplantation*

Patient Population	Cytomegalovirus (CMV) Disease in Kidney Transplantation
Phase/Study	Phase III <b>IMPACT</b>
# of Patients	N=326
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> 100 days of Valcyte (900 mg) post-transplant followed by 100 days placebo</li> <li>• <b>ARM B:</b> 200 days of Valcyte (900 mg) post-transplant</li> </ul>
Primary endpoint	<ul style="list-style-type: none"> <li>• Proportion of patients who developed CMV disease within the first 52 weeks post-transplant</li> </ul>
Status	<ul style="list-style-type: none"> <li>• Received EMA approval Q2 2010</li> <li>• FDA submission Q4 2009; US PDUFA date August 6, 2010</li> </ul>

## **Roche Group Development Pipeline**

**Marketed products development programmes**

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**Roche Pharma global development programmes**

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**Roche Pharma research and early development**

**Genentech research and early development**

**Roche Group 3 months YTD 2010 sales**

**Diagnostics**

**Foreign exchange rate information**

# Pertuzumab

*First in a new class of HER dimerization inhibitors*

Patient Population	Second-line Metastatic Non-small Cell Lung Cancer	Neoadjuvant HER2-positive Breast Cancer	Neoadjuvant HER2-positive Breast Cancer	Second-line HER2-positive Metastatic Breast Cancer	First-line HER2-positive Metastatic Breast Cancer
Phase/Study	Phase II Biomarker Study	Phase II TRYPHAENA (BO22280)	Phase II NeoSphere (WO20697)	Phase II PHEREXA	Phase III CLEOPATRA
# of Patients	N=52	N=225	N=400	N=450	N=800
Design	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> Pertuzumab plus Tarceva</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> FEC followed by Taxane with Herceptin and pertuzumab (H+P given concurrently)</li> <li>• <b>ARM B:</b> FEC followed by Taxane with Herceptin + pertuzumab (H+P given sequentially)</li> <li>• <b>ARM C:</b> TCH + pertuzumab (H+P given concurrently)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Herceptin plus docetaxel</li> <li>• <b>ARM B:</b> Herceptin, docetaxel plus pertuzumab</li> <li>• <b>ARM C:</b> Herceptin plus pertuzumab</li> <li>• <b>ARM D:</b> Pertuzumab plus docetaxel</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Xeloda plus Herceptin</li> <li>• <b>ARM B:</b> Xeloda plus Herceptin plus Pertuzumab</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Herceptin and docetaxel</li> <li>• <b>ARM B:</b> Pertuzumab plus Herceptin and docetaxel</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>• Day 56 FDG-PET scan assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Pathologic response rate</li> </ul>	<ul style="list-style-type: none"> <li>• Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>• Progression-free survival</li> </ul>
Status	<ul style="list-style-type: none"> <li>• FPI Q1 2009</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q1 2008</li> <li>• Data submitted for presentation at ASCO 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q1 2008</li> <li>• Expect data 2011</li> </ul>

FDG = Fluoro-2-deoxy-D-glucose; PET = Positron Emission Tomography; FEC = Fluorouracil, Epirubicin, and Cyclophosphamide; TCH = Docetaxel, Carboplatin, Herceptin; ASCO = American Society of Clinical Oncology.

# Trastuzumab-DM1 / T-DM1 (RG3502)

## *Evaluating new treatment options in HER2+ mBC*

HER2-positive Metastatic Breast Cancer					
Patient Population	Patients Who Have Progressed on Herceptin-based Treatment	Third-line Treatment <sup>2</sup>	Second-line Treatment <sup>1</sup>	First-line Treatment	First-line Treatment
Phase/Study	Phase Ib/II	Phase II	Phase III EMILIA	Randomised Phase II	Phase III Prep MARIANNE
# of Patients	N=67	N=110	N=580	N=137	N=1,092
Design	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> T-DM1 plus pertuzumab</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> T-DM1</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> T-DM1</li> <li>• <b>ARM B:</b> Xeloda plus lapatinib</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> T-DM1</li> <li>• <b>ARM B:</b> Herceptin plus docetaxel</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Herceptin plus taxane</li> <li>• <b>ARM B:</b> T-DM1</li> <li>• <b>ARM C:</b> T-DM1 plus pertuzumab</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>• Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>• Objective response (assessed by independent radiologic review)</li> </ul>	<ul style="list-style-type: none"> <li>• Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>• Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>• Progression-free survival</li> </ul>
Status	<ul style="list-style-type: none"> <li>• Enrolment completed Q1 2010</li> <li>• Interim data to be presented at ASCO 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Study met its primary endpoint Q4 2009; data presented at SABCS</li> <li>• Expect US regulatory submission in 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q1 2009</li> <li>• Expect data early 2012</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q3 2008</li> <li>• Enrolment completed Q4 2009</li> <li>• Preliminary data to be submitted at ESMO 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Expect FPI H2 2010</li> </ul>

Additional Phase Ib and Phase II studies ongoing.

In collaboration with ImmunoGen

ASCO = American Society of Clinical Oncology; SABCS = San Antonio Breast Cancer Symposium; ESMO = European Society for Medical Oncology.

<sup>1</sup> 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.

<sup>2</sup> Patients must have received prior treatment with an anthracycline, trastuzumab, a taxane, lapatinib, and capecitabine in the neoadjuvant, adjuvant, locally advanced, or metastatic setting and prior treatment with at least two lines of therapy (a line of therapy can be a combination of two agents or single-agent chemotherapy) in the metastatic setting.

# GDC-0449 (RG3616)

*A novel small molecule inhibitor of the hedgehog signaling pathway*

Patient Population	First-line Metastatic Colorectal Cancer	Ovarian Cancer Maintenance Therapy	Advanced Basal Cell Carcinoma	Operable Basal Cell Carcinoma
Phase/Study	Phase II	Phase II	Pivotal Phase II	Phase II Prep
# of Patients	N=199	N=104	N=100	N=~50
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> FOLFOX or FOLFIRI plus Avastin plus GDC-0449</li> <li>• <b>ARM B:</b> FOLFOX or FOLFIRI plus Avastin plus placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> GDC-0449</li> <li>• <b>ARM B:</b> Placebo <i>(Randomisation will be stratified by 2nd or 3rd complete remission)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> GDC-0449</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> GDC-0449</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>• Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>• Progression-free survival</li> </ul>	<ul style="list-style-type: none"> <li>• Overall response rate</li> </ul>	<ul style="list-style-type: none"> <li>• Complete clearance</li> </ul>
Status	<ul style="list-style-type: none"> <li>• FPI Q2 2008</li> <li>• Enrolment completed Q2 2009</li> <li>• Expect data results mid-2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2008</li> <li>• Enrolment completed Q4 2009</li> <li>• Expect data results H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q1 2009</li> <li>• Enrolment completed Q1 2010</li> <li>• Expect data results 2011</li> </ul>	<ul style="list-style-type: none"> <li>• Expect FPI H2 2010</li> </ul>

# GA101 (RG7159)

## 3rd Generation Anti-CD20 monoclonal antibody

Patient Population	Front-line or Relapsed Indolent Non-Hodgkin's Lymphoma (NHL)	Indolent NHL	Relapsed or Refractory NHL or CLL	Indolent NHL <i>MabThera/Rituxan Refractory</i>	Front-line Chronic Lymphocytic Leukaemia (CLL)
Phase/Study	<b>Phase Ib (BO21000)</b>	<b>Phase I/II (BO21003)</b>	<b>Phase I/II (BO20999)</b>	<b>Phase III (GAO4573g)</b>	<b>Phase III (BO21004)</b>
# of Patients	N=96	N=202	N=133	N=360	N=780
Design	<ul style="list-style-type: none"> <li>• <b>Cohort A:</b> GA101 plus fludarabine + cyclophosphamide</li> <li>• <b>Cohort B:</b> GA101 plus CHOP</li> <li>• <b>Cohort C:</b> GA101 plus bendamustine</li> </ul>	<p><b>Phase I portion:</b></p> <ul style="list-style-type: none"> <li>• <b>Single agent:</b> GA101</li> </ul> <p><b>Phase II portion:</b></p> <ul style="list-style-type: none"> <li>• <b>ARM A:</b> MabThera/Rituxan</li> <li>• <b>ARM B:</b> GA101</li> </ul>	<p><b>Phase I portion:</b></p> <ul style="list-style-type: none"> <li>• <b>Single agent:</b> GA101</li> </ul> <p><b>Phase II portion:</b></p> <ul style="list-style-type: none"> <li>• <b>Single agent:</b> GA101</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Bendamustine + GA101</li> <li>• <b>ARM B:</b> Bendamustine</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> GA101 + chlorambucil</li> <li>• <b>ARM B:</b> MabThera/Rituxan + chlorambucil</li> <li>• <b>ARM C:</b> Chlorambucil alone</li> </ul>
Status	<ul style="list-style-type: none"> <li>• FPI Q1 2009</li> <li>• Expect data in 2011</li> </ul>	<p><b>Phase I portion:</b></p> <ul style="list-style-type: none"> <li>• Initiated Q1 2008</li> <li>• Data presented at ASH 2009</li> </ul> <p><b>Phase II portion:</b></p> <ul style="list-style-type: none"> <li>• FPI Q3 2009</li> <li>• Expect final analysis 2011</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Phase I portion:</b> <ul style="list-style-type: none"> <li>• Initiated Q3 2007</li> <li>• Updated Phase I NHL and CLL data presented at ASH 2009</li> </ul> </li> <li>• <b>Phase II portion:</b> <ul style="list-style-type: none"> <li>• All cohorts completed enrolment by Q4 2009</li> <li>• Expect Phase II indolent NHL data at EHA 2010</li> <li>• Expect Phase II aggressive NHL and CLL data at ASH 2010</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Expect FPI Q2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2009</li> </ul>

In collaboration with Biogen Idec

CHOP = Cyclophosphamide, Doxorubicin, Vincristine and Prednisone; ASH = American Society of Hematology; EHA = European Hematology Association.

# BRAF Inhibitor/PLX4032 (RG7204)

*A novel small molecule that selectively inhibits the mutant BRAF*

Patient Population	Solid Tumors	Previously Treated Metastatic Melanoma BRAF mutation positive	Previously Untreated Metastatic Melanoma BRAF mutation positive
Phase/Study	Phase I	Phase II BRIM2 <i>US and Australia</i>	Phase III BRIM3 <i>Global Study</i>
# of Patients	N=108 3 cohorts	N=132	N=680
Design	<ul style="list-style-type: none"> <li>Dose escalation cohort (n=55)</li> <li>Melanoma extension cohort (n=32)</li> <li>Colorectal extension cohort (n=21)</li> </ul>	<ul style="list-style-type: none"> <li><b>Single ARM:</b> RG7204</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> RG7204</li> <li><b>ARM B:</b> dacarbazine</li> </ul>
Primary Endpoint		<ul style="list-style-type: none"> <li>Best overall response rate assessed by IRC using RECIST criteria</li> </ul>	<ul style="list-style-type: none"> <li>Overall survival</li> </ul>
Status	<ul style="list-style-type: none"> <li>Preliminary dose escalation data presented at ASCO 2009</li> <li>Preliminary data from BRAF mutation-positive metastatic melanoma extension cohort presented at ECCO/ESMO 2009</li> <li>Extension cohort in BRAF mutation-positive metastatic colorectal cancer completed enrolment Q4 2009; expect data to be presented at ASCO 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q3 2009</li> <li>Enrolment completed Q1 2010</li> <li>Expect data to be presented at the International Melanoma Congress 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q1 2010</li> </ul>

In collaboration with Plexxikon Inc.

ASCO = American Society of Clinical Oncology; ECCO = European Cancer Organisation; ESMO = European Society for Medical Oncology; IRC = Independent Review Committee; RECIST = Response Evaluation Criteria in Solid Tumors.

# Ocrelizumab

## Rheumatoid arthritis development programmes

Patient Population	Methotrexate (MTX) Inadequate Responders	Methotrexate Inadequate Responders	Methotrexate Naive	Anti-TNF (Tumor Necrosis Factor) Inadequate Responders	Anti-TNF Inadequate Responders
Phase/ Study	<b>Phase III STAGE</b>	<b>Phase IIIb FEATURE</b> <i>Single Infusion Study</i>	<b>Phase III FILM</b> <i>Radiographic Study</i>	<b>Phase III SCRIPT</b>	<b>Phase II CINEMA</b> <i>Cycling Study</i>
# of Patients	N=1,015	N=300	N=600	N=800	N=290
Design	<ul style="list-style-type: none"> <li><b>ARM A:</b> Methotrexate + ocrelizumab (500 mg x2)</li> <li><b>ARM B:</b> Methotrexate + ocrelizumab (200 mg x2)</li> <li><b>ARM C:</b> Methotrexate + placebo</li> <li>(Retreatment at weeks 24 and 26)</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Methotrexate + ocrelizumab (200 mg x2)</li> <li><b>ARM B:</b> Methotrexate + ocrelizumab (400 mg x1)</li> <li><b>ARM C:</b> Methotrexate + placebo</li> <li>(Weeks 24 to 48 is non-placebo controlled treatment period)</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Methotrexate + ocrelizumab (500 mg x2)</li> <li><b>ARM B:</b> Methotrexate + ocrelizumab (200 mg x2)</li> <li><b>ARM C:</b> Methotrexate + placebo</li> <li>(Retreatment at weeks 24, 52, and 76)</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Methotrexate or leflunomide + ocrelizumab (500 mg x2)</li> <li><b>ARM B:</b> Methotrexate or leflunomide + ocrelizumab (200 mg x2)</li> <li><b>ARM C:</b> Methotrexate or leflunomide + placebo</li> <li>(Retreatment at weeks 24 and 26)</li> </ul>	<ul style="list-style-type: none"> <li>Ocrelizumab versus infliximab (for patients who respond inadequately to a first anti-TNF therapy)</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>Proportion of patients with ACR20 responses at 24 and 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of patients with ACR20 responses at 24 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Progression of structural damage as measured by x-ray at 52 and 104 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of patients with ACR20 responses at 24 and 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Mean change from baseline in DAS28</li> </ul>
Status	<ul style="list-style-type: none"> <li>Study met its primary endpoint Q4 2009</li> <li>Expect data to be submitted for presentation at ACR 2010</li> </ul>	<ul style="list-style-type: none"> <li>Study did not meet its primary efficacy endpoint and confirmed dual infusion regimen Q1 2010</li> <li>The efficacy results for the dual infusion arm were consistent with the positive results from the 200mg x2 dosing group of the Phase III STAGE study</li> <li>Expect data to be submitted for presentation at ACR 2010</li> </ul>	<ul style="list-style-type: none"> <li>Trial on clinical hold as of October 2009; dosing suspended Q1 2010</li> <li>Expect data to be submitted for presentation at ACR 2010</li> </ul>	<ul style="list-style-type: none"> <li>Enrolment completed Q1 2009</li> <li>Dosing suspended Q1 2010</li> <li>Expect data Q2 2010</li> <li>Expect data to be submitted for presentation at ACR 2010</li> <li>SCRIPT benefit/risk assessment planned to determine next steps</li> </ul>	<ul style="list-style-type: none"> <li>Initiated Q4 2008</li> <li>Dosing suspended Q1 2010</li> </ul>

We have suspended ccrelizumab treatment in our RA clinical development programme due to the Data Safety Monitor Board (DSMB) recommendation that the safety risk outweighs the benefits observed. The DSMB review detected an infection related safety signal which included serious and opportunistic infections, some of which were fatal.

# Ocrelizumab

## *CNS development programme*

<b>Molecule</b>	<b>Ocrelizumab</b>
<b>Patient Population</b>	<b>Relapsing Remitting Multiple Sclerosis (RRMS)</b>
<b>Phase/Study</b>	<b>Phase IIb</b> <i>Dose-finding Study</i>
<b># of Patients</b>	N=220
<b>Design</b>	<ul style="list-style-type: none"> <li>• 96 week treatment period:             <ul style="list-style-type: none"> <li>• <b>Group A:</b> Ocrelizumab 1,000 mg dose regimen x2 dose</li> <li>• <b>Group B:</b> Ocrelizumab 600 mg dose regimen</li> <li>• <b>Group C:</b> First cycle placebo; followed by ocrelizumab</li> <li>• <b>Group D:</b> First cycle Avonex (interferon <math>\beta</math>-1a); followed by ocrelizumab (on a voluntary basis)</li> </ul> </li> </ul>
<b>Primary Endpoint</b>	<ul style="list-style-type: none"> <li>• Total number of gadolinium-enhancing T1 lesions observed on MRI scans of the brain at weeks 12, 16, 20 and 24</li> </ul>
<b>Status</b>	<ul style="list-style-type: none"> <li>• Study met its primary endpoint Q4 2009</li> <li>• Data to be presented atECTRIMS 2010</li> <li>• Expect RRMS Phase III “go/no go” decision in 2010</li> </ul>

# GlyT1 Inhibitor (RG1678)

*A first-in-class glycine transporter-1 inhibitor*

<b>Patient Population</b>	<b>Schizophrenia</b>
<b>Phase/Study</b>	<b>Phase II</b> <i>Proof of concept Study</i>
<b># of Patients</b>	N=320
<b>Design</b>	<ul style="list-style-type: none"> <li>• Add-on therapy to anti-psychotics</li> <li>• 8 week treatment period               <ul style="list-style-type: none"> <li>• <b>ARM A:</b> RG1678 (10 mg)</li> <li>• <b>ARM B:</b> RG1678 (30 mg)</li> <li>• <b>ARM C:</b> RG1678 (60 mg)</li> <li>• <b>ARM D:</b> Placebo</li> </ul> </li> </ul>
<b>Primary Endpoint</b>	<ul style="list-style-type: none"> <li>• PANSS negative symptom factor</li> </ul>
<b>Status</b>	<ul style="list-style-type: none"> <li>• Initiated Q1 2008</li> <li>• Positive study results in Q4 2009</li> <li>• Expect to initiate Phase III program in 2010</li> </ul>

# Dalcetrapib

## *A first-in-class CETP inhibitor*

- Over 13,000 patients recruited in the dal-OUTCOMES trial as of March 2010

dal-HEART Programme Global Research Initiative				
Patient Population	Atherosclerosis Patients with CHD or CHD risk equivalents (Safety Study)	Atherosclerosis Patients with CHD and other CHD risk factors (Safety Study)	Atherosclerosis Stable CHD patients with recent ACS	Atherosclerosis Patients with evidence of CAD
Phase/Study	Phase IIb dal-VESSEL <i>Endothelial Function study</i>	Phase IIb dal-PLAQUE <i>Imaging study</i>	Phase III dal-OUTCOMES <i>Mortality and Morbidity study</i>	Phase III dal-PLAQUE 2* <i>Imaging study</i>
# of Patients	N=476	N=130	N=15,600	N=900
Design	<ul style="list-style-type: none"> <li>In addition to standard medication (including statins):</li> <li>36 weeks treatment duration               <ul style="list-style-type: none"> <li><b>ARM A:</b> Dalcetrapib</li> <li><b>ARM B:</b> Placebo</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>In addition to standard medication (including statins):</li> <li>24 months treatment duration               <ul style="list-style-type: none"> <li><b>ARM A:</b> Dalcetrapib</li> <li><b>ARM B:</b> Placebo</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>In addition to standard medication for ACS (including statins):</li> <li>Minimum of 24 months treatment duration               <ul style="list-style-type: none"> <li><b>ARM A:</b> Dalcetrapib</li> <li><b>ARM B:</b> Placebo</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>In addition to standard medication (including statins):</li> <li>24 months treatment duration</li> <li>Uses both IMT and IVUS ultrasound imaging techniques               <ul style="list-style-type: none"> <li><b>ARM A:</b> Dalcetrapib</li> <li><b>ARM B:</b> Placebo</li> </ul> </li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>Change from baseline in mean blood pressure (4 weeks)</li> <li>Change from baseline in % flow mediated dilatation (12 weeks)</li> </ul>	<ul style="list-style-type: none"> <li>Change from baseline of MRI plaque size/burden (12 months)</li> <li>Change from baseline in plaque to background (blood) ratio from an index vessel by PET/CT (6 months)</li> </ul>	<ul style="list-style-type: none"> <li>Time to first occurrence of any component of the composite cardiovascular event</li> </ul>	<ul style="list-style-type: none"> <li>Assess the change from baseline in the progression of atherosclerosis using IMT and IVUS in coronary and carotid vascular beds</li> </ul>
Status	<ul style="list-style-type: none"> <li>Initiated Q2 2008</li> <li>Enrolment completed Q3 2009</li> <li>Expect data in 2011</li> </ul>	<ul style="list-style-type: none"> <li>Initiated Q1 2008</li> <li>Enrolment completed Q4 2008</li> <li>Expect data in 2011</li> </ul>	<ul style="list-style-type: none"> <li>Initiated Q2 2008</li> <li>Expect interim analysis in 2011</li> </ul>	<ul style="list-style-type: none"> <li>Initiated Q4 2009</li> </ul>

In collaboration with Japan Tobacco

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

CHD = Stable coronary heart disease; PET/CT = Positron Emission Tomography/Computed Tomography; MRI = Magnetic Resonance Imaging; ACS = Acute Coronary Syndrome; CAD = Coronary artery disease; IMT = Intima-Media Thickness; IVUS = Intravascular Ultrasound.

# Taspoglutide

*A potentially best-in-class GLP-1 analogue*

- Anticipate regulatory submissions in 2011

Type 2 Diabetes								
Patient Population	Diet and Exercise Failures	Metformin, TZD, or Metformin + TZD Failures	Pioglitazone + Metformin Failures	Metformin Failures	Metformin + SU Failures	SU ± Metformin Failures	Patients with high BMI	History of Cardiovascular Events
Phase/ Study	Phase III T-emerge 1	Phase III T-emerge 2	Phase III T-emerge 3	Phase III T-emerge 4	Phase III T-emerge 5	Phase III T-emerge 6	Phase III T-emerge 7	Phase III T-emerge 8 <i>Prospective Study</i>
# of Patients	N=373	N=1,189	N=330	N=636	N=1,049	N=650	N=305	N=2,000
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Taspoglutide 10mg</li> <li>• <b>ARM B:</b> Taspoglutide 20mg</li> <li>• <b>ARM C:</b> Placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Taspoglutide 10mg</li> <li>• <b>ARM B:</b> Taspoglutide 20mg</li> <li>• <b>ARM C:</b> Exenatide BID</li> </ul>	<ul style="list-style-type: none"> <li>• Taspoglutide vs. placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Taspoglutide 10mg</li> <li>• <b>ARM B:</b> Taspoglutide 20mg</li> <li>• <b>ARM C:</b> Sitagliptin</li> <li>• <b>ARM D:</b> Placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Taspoglutide 10mg</li> <li>• <b>ARM B:</b> Taspoglutide 20mg</li> <li>• <b>ARM C:</b> Insulin glargine</li> </ul>	<ul style="list-style-type: none"> <li>• Taspoglutide vs. pioglitazone</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Taspoglutide 20mg + metformin</li> <li>• <b>ARM B:</b> Placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Taspoglutide + SOC</li> <li>• <b>ARM B:</b> Placebo + SOC</li> </ul>
Primary Endpoint	• Absolute change from baseline in HbA1c	• Absolute change from baseline in HbA1c	• Absolute change from baseline in HbA1c	• Absolute change from baseline in HbA1c	• Absolute change from baseline in HbA1c	• Absolute change from baseline in HbA1c	• Absolute change from baseline in HbA1c	• Composite cardiovascular endpoint
Status	<ul style="list-style-type: none"> <li>• Study met its primary endpoint Q4 2009</li> <li>• Data to be presented at ADA 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Study met its primary endpoint Q4 2009</li> <li>• Data to be presented at ADA 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Enrolment completed Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Study met its primary endpoint Q4 2009</li> <li>• Data to be presented at ADA 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Study met its primary endpoint Q4 2009</li> <li>• Data to be presented at ADA 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Enrolment completed Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment completed</li> <li>• Data to be presented at ADA 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q1 2010</li> </ul>

In collaboration with Ipsen  
 TZD = Thiazolidinedione; BMI = Body Mass Index; SOC = Standard of Care.

# Aleglitazar

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

Patient Population	Type 2 Diabetes	Type 2 Diabetes	Type 2 Diabetes Patients with recent ACS
Phase/Study	<b>Phase II SYNCHRONY</b>	<b>Phase II SESTA-R</b> <i>Renal Function Study</i>	<b>Phase III ALECARDIO</b> <i>Cardiovascular Outcomes Study</i>
# of patients	N=332	N=176	N=6,000
Design	<ul style="list-style-type: none"> <li>Patients were randomised to receive 16 weeks of treatment with either               <ul style="list-style-type: none"> <li><b>ARM A:</b> Aleglitazar (50µg)</li> <li><b>ARM B:</b> Aleglitazar (150µg)</li> <li><b>ARM C:</b> Aleglitazar (300µg)</li> <li><b>ARM D:</b> Aleglitazar (600µg)</li> <li><b>ARM E:</b> Placebo</li> <li><b>ARM F:</b> Pioglitazone (45mg)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Aleglitazar (600µg)</li> <li><b>ARM B:</b> Pioglitazone (45mg)</li> </ul>	<ul style="list-style-type: none"> <li>At least 2.5 years treatment period and until 950 events have occurred               <ul style="list-style-type: none"> <li><b>ARM A:</b> Aleglitazar (150µg) on top of SOC</li> <li><b>ARM B:</b> Placebo on top of SOC</li> </ul> </li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>Change from baseline HbA1c</li> </ul>	<ul style="list-style-type: none"> <li>Relative change from baseline in glomerular filtration rate</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in cardiovascular mortality, non-fatal myocardial infarction and stroke (MACE)</li> </ul>
Status	<ul style="list-style-type: none"> <li>Study met its primary endpoint</li> <li>Data published in The Lancet June 2009</li> <li>Data presented at ADA and ACC 2009</li> <li>Data support Phase III “go” decision</li> </ul>	<ul style="list-style-type: none"> <li>Expect data on renal function publication Q2 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q1 2010</li> </ul>

**Roche Group Development Pipeline**

**Marketed products development programmes**

**Roche Pharma global development programmes**

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**Roche Pharma research and early development**

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**Genentech research and early development**

**Roche Group 3 months YTD 2010 sales**

**Diagnostics**

**Foreign exchange rate information**

# Oncology development programmes

## *Monoclonal Antibodies*

Molecule	Anti-PLGF* (RG7334)	huMAb EGFR/GA201 (RG7160)		
Patient Population	Solid Tumors	Head and Neck Squamous Cell Carcinoma	Solid Tumors	Non-small Cell Lung Cancer
Phase	Phase I	Mechanism of Action Study	Phase I/II	Phase Ib/II
Status	<ul style="list-style-type: none"> <li>Phase I MAD data presented at AACR-NCI-EORTC November 2009</li> <li>Expect to initiate additional Phase I in Q2 2010</li> <li>Expect to initiate Phase II in H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>Phase I cohort completed enrollment Q4 2009</li> <li>Phase II cohort FPI Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q3 2010</li> </ul>

\*In collaboration with ThromboGenics & BioInvent

MAD = Multiple ascending dose; AACR = American Association for Cancer Research; NCI = National Cancer Institute; EORTC = European Organisation for Research and Treatment of Cancer.

# Oncology development programmes

## *Small Molecules*

Molecule	MEK Inh/CIF* (RG7167)	CK127* (RG7304)	G-secretase Inh (RG4733)	MDM2 Antagonist (RG7112)	
Patient Population	Solid Tumors	Solid Tumors	Solid Tumors	Solid Tumors and Hematologic Neoplasms	Leukaemia
Phase	Phase I	Phase I	Phase I	Phase I	Phase I
Status	<ul style="list-style-type: none"> <li>• Initiated April 2008</li> <li>• Expect “go/no go” decision H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Initiated October 2008</li> <li>• Expect “go/no go” decision H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Initiated Q4 2007</li> <li>• Expect Phase II “go/no go” decision H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Initiated Q4 2007</li> <li>• Expect Phase II “go/no go” decision H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Initiated Q2 2008</li> </ul>

\*In collaboration with Chugai

# Inflammation development programmes

Molecule	huMAb IL-17 (RG4934)	huMAb OX40L (RG4930)	VAP-1 Antibody*		Palovarotene
Patient Population	Psoriatic Arthritis	Asthma	Rheumatoid Arthritis	Plaque Psoriasis	Emphysema
Phase	Phase I Prep	Phase II	Phase Ib	Phase Ib	Phase II
# of Patients			N=24	N=38	
Status	<ul style="list-style-type: none"> <li>Expect FPI H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>Initiated Q1 2009</li> <li>Biotie successfully completed trial Q1 2010</li> <li>Next steps under evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Initiated Q1 2009</li> </ul>	<ul style="list-style-type: none"> <li>Enrolment completed</li> </ul>

\*Biotie opt-in opportunity

# Virology development programmes

Molecule	Protease Inhibitor (RG7227)			Protease Inhibitor (RG7227) and Nucleoside Polymerase Inhibitor (RG7128) Combination Study
Patient Population	Treatment-naïve Chronic Hepatitis C Genotype 1			Chronic Hepatitis C
Phase/Study	Phase Ib	Phase IIb Triple combo Study	Phase IIb Prep	Phase IIb Prep INFORM-3 <i>Direct Acting Antiviral (DAA) Study</i>
# of Patients	N=60	N=300	TBD	TBD
Design	RG7227 boosted by low dose ritonavir in combination with Pegasys and Copegus for 15 days <ul style="list-style-type: none"> <li><b>Cohort 1:</b> RG7227 100mg twice-daily</li> <li><b>Cohort 2:</b> RG7227 200mg once-daily</li> <li><b>Cohort 3:</b> RG7227 100mg twice-daily</li> <li><b>Cohort 4:</b> RG7227 100mg twice-daily for 12 weeks</li> <li><b>Cohort 5:</b> RG7227 200mg twice-daily for 12 weeks</li> </ul>	<b>Part 1:</b> <ul style="list-style-type: none"> <li><b>ARM A:</b> RG7227 300 mg q8h + Pegasys and Copegus for 12 weeks</li> <li><b>ARM B:</b> RG7227 600 mg q12h + Pegasys and Copegus for 12 weeks</li> <li><b>ARM C:</b> RG7227 900 mg q12h + Pegasys and Copegus for 12 weeks (ARM discontinued Q4 2009)</li> <li><b>ARM D:</b> Placebo + Pegasys and Copegus for 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>RG7227 boosted by ritonavir in combination with Pegasys and Copegus</li> </ul>	<ul style="list-style-type: none"> <li>Longer duration treatment combination study evaluating RG7227 and RG7128 with or without ribavirin</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>Protocol amended to evaluate 12 weeks of treatment</li> </ul>	<ul style="list-style-type: none"> <li>Sustained virological response</li> </ul>	<ul style="list-style-type: none"> <li>Sustained virological response</li> </ul>	<ul style="list-style-type: none"> <li>Sustained virological response</li> </ul>
Status	<ul style="list-style-type: none"> <li>FPI Q3 2009</li> <li>Top-line results announced Q1 2010 for first 3 cohorts</li> <li>Results for first 3 cohorts to be presented at EASL, April 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q3 2009</li> <li>In Q4 2009, the DMC recommend that the RG7227 900 mg cohort be discontinued; study was amended</li> <li>Expect Part 1 4-week rapid virologic response and 12-week early virologic response rates in H1 2010</li> </ul>	<ul style="list-style-type: none"> <li>Expect FPI Q3 2010</li> </ul>	<ul style="list-style-type: none"> <li>Expect to initiate once optimal ritonavir-boosted dose is identified</li> </ul>
Collaborator	InterMune			InterMune & Pharmasset

# Virology development programmes

Molecule	Nucleoside Polymerase Inhibitor (RG7128)*			HPV-16 (RG3484)
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	Cervical Intraepithelial Neoplasia Grade 2-3
Phase/Study	Phase IIb <b>PROPEL</b>	Phase IIb <i>Longer duration study</i>	Phase IIb Prep	Phase IIb
# of Patients	N=400	N= 160	TBD	N=200
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> RG7128 (500mg BID) + Pegasys and Copegus for 12 weeks, followed by Pegasys and Copegus for 12 weeks*</li> <li>• <b>ARM B:</b> RG7128 (1000mg BID) + Pegasys and Copegus for 12 weeks, followed by Pegasys and Copegus for 12 weeks*</li> <li>• <b>ARM C:</b> RG7128 (1000mg BID) + Pegasys and Copegus for 8 weeks, followed by Pegasys and Copegus for 16 weeks*</li> </ul> <p><i>*Patients who have not achieved rapid viral (RVR) response will receive Pegasys and Copegus for a further 48 weeks.</i></p> <ul style="list-style-type: none"> <li>• <b>ARM D:</b> RG7128 (1000mg BID) + Pegasys and Copegus for 12 weeks, followed by Pegasys and Copegus for 36 weeks</li> <li>• <b>ARM E:</b> Pegasys and Copegus for 48 weeks</li> <li>• <b>ARM F (amendment):</b> RG7128 (1000 mg BID) + Pegasys and Copegus for 24 weeks, followed by Pegasys and Copegus for 24 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> RG7128 (1000mg BID) + Pegasys and Copegus for 24 weeks*</li> <li>• <i>*Patients achieving a 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.</i></li> <li>• <b>ARM B:</b> Pegasys and Copegus for 48 weeks</li> <li>• <b>ARM C (amendment):</b> RG7128 (1000 mg BID) + Pegasys and Copegus for 24 weeks, followed by Pegasys and Copegus for 24 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• RG7128 in combination with Pegasys and Copegus</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> RG3484</li> <li>• <b>ARM B:</b> Placebo</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>• Sustained virological response</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and efficacy</li> </ul>		<ul style="list-style-type: none"> <li>• Histologic regression compared to placebo</li> </ul>
Status	<ul style="list-style-type: none"> <li>• Cohort 1 - FPI Q2 2009</li> <li>• Cohort 2 - FPI Q4 2009</li> <li>• Arm A to E enrollment completed Q1 2010</li> <li>• Arm F enrollment to start Q3 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q1 2010</li> <li>• Expect to complete Arm A and B enrollment Q2 2010</li> <li>• Arm C enrollment to start Q3 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Expect to initiate in 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Phase II FPI Q4 2009</li> </ul>
Collaborator	Pharmasset			Transgene

\*Expect LIP decision in 2010 for RG7128

# Metabolic development programmes

Molecule	11 Beta HSD Inhibitors (RG4929 and RG7234)	ABCA1 Inducer (RG7273)	P-selectin huMAb (RG1512)	Y2R Agonist Peptide (RG7089)		SGLT2 Inhibitor (RG7201)
Patient Population	Type 2 Diabetes	Dyslipidemia	Peripheral Vascular Disease	Type 2 Diabetes	Type 2 Diabetes	Type 2 Diabetes
Phase/Study	Head-to-head Proof-of-Concept Study	Phase I	Phase I	Phase Ib Multiple ascending dose	Phase I In combination with exenatide	Phase II N=400
Primary Endpoint						• Change from baseline HbA1c
Status	<ul style="list-style-type: none"> <li>• FPI Q2 2009</li> <li>• Enrolment completed Q3 2009</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q3 2008</li> <li>• Enrolment completed Q4 2009</li> <li>• Expect to initiate Phase II H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Phase Ib Q2 2009; FPI in POC portion expected Q2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Expect Phase III "go/no go" decision H2 2010</li> </ul>
Collaborator			Genmab			Chugai

POC = Proof of Concept

# CNS (Neuroscience) development programmes

## *Phase I programme*

Molecule	Gantenerumab/Anti- $\text{A}\beta$ (RG1450)	GABA-A Agonist (RG1662)	mGluR2 Antagonist (RG1578)	NMDA Antagonist/ EVT 101	NMDA Antagonist/ EVT 103 <i>(follow-on molecule)</i>
Patient Population	Alzheimer's Disease	Alzheimer's Disease	Depression	Treatment-Resistant Depression	Treatment-Resistant Depression
Phase	Phase I	Phase I	Phase I	Phase II Prep	Phase I
Status	<ul style="list-style-type: none"> <li>FPI Q2 2006</li> <li>Recruitment completed Q2 2008</li> <li>Expect to initiate Phase II 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Phase I programme completed</li> <li>Evotec will be conducting Phase II studies</li> </ul>	<ul style="list-style-type: none"> <li>Clinical study completed</li> </ul>
Collaborator	MorphoSys			Buy-back option from Evotec	

# CNS (Neuroscience) development programmes

## *Phase I programmes continued*

Molecule	PEG IGF-1 (RG7010)	TAAR1 Part Agonist (RG7351)	Triple Reuptake Inh (RG7166)
Patient Population	Neurodegeneration Amyotrophic Lateral Sclerosis	Depression	Depression
Phase	Phase I	Phase I	Phase I
Status	• FPI Q1 2009	• FPI Q4 2009	• FPI Q4 2009

# CNS (Neuroscience) development programmes

## *Phase II programme*

Molecule	Nicotinic alpha-7 receptor agonist (RG3487)	mGluR5 Antagonist (RG7090)	
Patient Population	Mild to Moderate Alzheimer's Disease	Treatment-Resistant Depression	Fragile X Syndrome
Phase/Study	Phase IIb	Phase IIa	Phase IIa
# of Patients	N=360	N=48	N=60
Design	<ul style="list-style-type: none"> <li>• Add-on therapy to donepezil</li> <li>• 24 week treatment period</li> <li>• <b>ARM A:</b> RG3487 (1 mg)</li> <li>• <b>ARM B:</b> RG3487 (5 mg)</li> <li>• <b>ARM C:</b> RG3487 (15 mg)</li> <li>• <b>ARM D:</b> Placebo</li> </ul>	<ul style="list-style-type: none"> <li>• Dose finding study</li> </ul>	<ul style="list-style-type: none"> <li>• Dose finding study</li> </ul>
Primary Endpoint	<ul style="list-style-type: none"> <li>• Change from baseline in ADAS-Cog score</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and tolerability</li> </ul>
Status	<ul style="list-style-type: none"> <li>• Initiated Q2 2009</li> <li>• Expect to complete enrolment Q2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2009</li> </ul>

ADAS-Cog = Alzheimer Disease Assessment Scale-Cognitive

**Roche Group Development Pipeline**

**Marketed products development programmes**

**Roche Pharma global development programmes**

**Roche Pharma research and early development**

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**Genentech research and early development**

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**Roche Group 3 months YTD 2010 sales**

**Diagnostics**

**Foreign exchange rate information**

# Oncology development programmes

## *Monoclonal antibodies*

Molecule	Anti-EGFL7 (RG7414)		Anti-NRP1 (RG7347)		MetMAb (RG3638)
Patient Population	Advanced Solid Tumors		Locally Advanced or Metastatic Solid Tumors	Locally Advanced or Metastatic Solid Tumors	2 <sup>nd</sup> - and 3 <sup>rd</sup> -line Metastatic Non-small Cell Lung Cancer
Phase	Phase Ia	Phase Ib	Phase Ia	Phase Ib	Phase II
# of Patients	N=33	N=~30	N=36	N=42	N=170
Design	<ul style="list-style-type: none"> <li>Dose escalation study</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Anti-EGFL7 plus Avastin</li> <li><b>ARM B:</b> Anti-EGFL7 plus Avastin and paclitaxel</li> </ul>	<ul style="list-style-type: none"> <li>Dose escalation study</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Anti-NRP1 plus Avastin</li> <li><b>ARM B:</b> Anti-NRP1 plus Avastin and paclitaxel</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> Tarceva plus MetMAb</li> <li><b>ARM B:</b> Tarceva plus placebo</li> </ul>
Status	• FPI Q2 2009	• FPI Q1 2010	• FPI Q3 2008	• FPI Q3 2009	• FPI Q2 2009

# Oncology development programmes

## *Small molecules*

Molecule	NME (RG7440)	MEK Inhibitor/GDC-0973* (RG7420)		Dual PI3K/mTOR Inhibitor/GDC-0980 (RG7422)
Patient Population	Solid Tumors	Solid Tumors		Refractory Solid Tumors and Non-Hodgkin's Lymphoma
Phase	Phase I	Phase I	Phase Ib	Phase I
# of Patients		N=90	N=62	N=63-75
Design	<ul style="list-style-type: none"> <li>Dose escalation study</li> </ul>	<ul style="list-style-type: none"> <li>Dose escalation study</li> </ul>	<ul style="list-style-type: none"> <li>Evaluating GDC-0973 and PI3 Kinase Inhibitor (GDC-0941)</li> </ul>	<ul style="list-style-type: none"> <li>Two ongoing dosing studies</li> </ul>
Status	<ul style="list-style-type: none"> <li>FPI Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q2 2007</li> <li>Genentech exercised opt-in right Q1 2008</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q2 2009</li> </ul>

\*In collaboration with Exelixis

# PI3 Kinase Inhibitor (RG7321) development programme

Molecule	PI3 Kinase Inhibitor/GDC-0941 (RG7321)			
Patient Population	2L HER2-positive Metastatic Breast Cancer	1L HER2-negative Metastatic Breast Cancer	1L and 2L Advanced Non-small Cell Lung Cancer	2L Metastatic Non-small Cell Lung Cancer
Phase	Phase Ib	Phase Ib	Phase Ib	Phase Ib
# of Patients	N=12-15	N=45	N=30	N=30
Design	<ul style="list-style-type: none"> <li>Evaluating GDC-0941 plus T-DM1 (single arm study for pts who have progressed on Herceptin-based treatment)</li> </ul>	<ul style="list-style-type: none"> <li>Evaluating GDC-0941 plus paclitaxel and Avastin (single arm study)</li> </ul>	<ul style="list-style-type: none"> <li><b>ARM A:</b> GDC-0941 plus carboplatin/ paclitaxel (Avastin-ineligible patients)</li> <li><b>ARM B:</b> GDC-0941 plus carboplatin/ paclitaxel plus Avastin (Avastin-eligible patients)</li> </ul>	<ul style="list-style-type: none"> <li>Evaluating GDC-0941 plus Tarceva (single arm study)</li> </ul>
Status	• FPI Q3 2009	• FPI Q3 2009	• FPI Q4 2009	• FPI Q3 2009

# ABT-263 (RG7433) development programme

## Phase I studies

Patient Population	Solid Tumors				Relapsed or Refractory CD20+ Lymphoid Malignancies	Relapsed or Refractory Chronic Lymphocytic Leukaemia	Front-line Small Cell Lung Cancer
Phase	Phase I/Ib M11-958	Phase Ib M10-338	Phase Ib M10-588	Phase Ib M10-589	Phase Ib M10-166	Phase Ib M10-458	Phase Ib M10-234
# of Patients	N=60	N=25	N=25	N=25	N=24	N=36	N=35
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> ABT-263</li> <li>• <b>ARM B:</b> ABT-263 + Tarceva</li> <li>• <b>ARM C:</b> ABT-263 + irinotecan</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> ABT-263 + docetaxel</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> ABT-263 + gemcitabine</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> ABT-263 + carboplatin/paclitaxel</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> ABT-263 + Rituxan</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> ABT-263 + fludarabine, cyclophosphamide and Rituxan (FCR)</li> <li>• <b>ARM B:</b> ABT-263 + bendamustine and Rituxan (BR)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> ABT-263 + etoposide and cisplatin</li> </ul>
Status	• FPI Q4 2009	• FPI Q3 2009	• FPI Q3 2009	• FPI Q3 2009	• FPI Q3 2009	• FPI Q4 2009	• FPI Q4 2009

# ABT-263 (RG7433) development programme

## Phase II studies

Patient Population	Relapsed or Refractory Lymphoid Malignancies	Advanced Small Cell Lung Cancer and Other Solid Tumors	Relapsed or Refractory Chronic Lymphocytic Leukaemia	Front-line Chronic Lymphocytic Leukaemia
Phase	Phase I/IIa M06-814	Phase I/IIa M06-822	Phase I/IIa M06-873	Phase II Prep ABT4710n Randomized
# of Patients	N=95	N=85	N=61	N=120
Design	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> ABT-263</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> ABT-263</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Single ARM:</b> ABT-263</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Rituxan</li> <li>• <b>ARM B:</b> Rituxan + ABT-263 for a maximum of 12 weeks</li> <li>• <b>ARM C:</b> Rituxan + ABT-263 until progression, relapse, or unacceptable toxicity</li> </ul>
Status	<ul style="list-style-type: none"> <li>• FPI Q4 2006</li> <li>• Initiated Phase IIa cohort Q1 2010</li> <li>• Updated Phase I data presented at ASH 2009</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q2 2007</li> <li>• Initiated Phase IIa cohort Q2 2009</li> <li>• Enrolment completed Q4 2009</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q3 2007</li> <li>• Initiated Phase IIa cohort Q3 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Expect FPI Q2 2010</li> </ul>

# Dulanermin development programme

Patient Population	Metastatic Colorectal Cancer	
<b>Phase</b>	<b>Phase Ib</b>	<b>Phase Ib</b>
# of Patients	N=62	N=23
<b>Design</b>	<ul style="list-style-type: none"> <li>• Dulanermin in combination with irinotecan, cetuximab or FOLFIRI</li> </ul>	<ul style="list-style-type: none"> <li>• Dulanermin in combination with FOLFOX and Avastin</li> </ul>
<b>Status</b>	<ul style="list-style-type: none"> <li>• Initiated Q3 2006</li> <li>• Preliminary data presented at ASCO 2009</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q2 2009</li> </ul>

In collaboration with Amgen  
 ASCO = American Society of Clinical Oncology

# Immunology development programmes

Molecule	Anti-LT $\alpha$ (RG7416)	rhuMAb- $\beta$ 7 (RG7413)	Rontalizumab (Anti-IFN $\alpha$ )
Patient Population	Rheumatoid Arthritis	Ulcerative Colitis	Systemic Lupus Erythematosus
Phase/Study	Phase I	Phase I	Phase II ROSE
# of Patients	N=65	N=65	N=210
Status	<ul style="list-style-type: none"> <li>• FPI Q2 2009</li> <li>• Enrolment completed Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q3 2008</li> <li>• Expect to complete enrolment H2 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q3 2009</li> </ul>

# Lebrikizumab development programme

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

- Expect LIP decision in 2010

Asthma			
Patient Population	Prevention of Allergen-Induced Airway Obstruction in Adults With Mild Allergic Asthma	Adult Patients Who Are Inadequately Controlled on Inhaled Corticosteroids	Adult Patients Who Are Not Taking Inhaled Corticosteroids
Phase/Study	Phase II <i>Allergen Study</i>	Phase IIa <b>MILLY</b> <i>Proof of concept Study</i>	Phase IIa <b>MOLLY</b> <i>Dose-ranging Study</i>
# of Patients	N=29	N=200	N=200
Design	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Lebrikizumab</li> <li>• <b>ARM B:</b> Placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Lebrikizumab</li> <li>• <b>ARM B:</b> Placebo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ARM A:</b> Lebrikizumab (low dose)</li> <li>• <b>ARM B:</b> Lebrikizumab (medium dose)</li> <li>• <b>ARM C:</b> Lebrikizumab (high dose)</li> <li>• <b>ARM D:</b> Placebo</li> </ul>
Status	<ul style="list-style-type: none"> <li>• FPI Q4 2008</li> <li>• Study met its primary endpoint Q3 2009</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q3 2009</li> <li>• Enrolment completed Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>• FPI Q4 2009</li> </ul>

# Tissue Growth & Repair development programmes

Molecule	Anti-A $\beta$ (RG7412)	Anti-Factor D (RG7417)	Anti-oxLDL (RG7418)	BHT-3021 (RG7426)
Patient Population	Alzheimer's Disease	Geographic Atrophy Associated with Age-related Macular Degeneration	Secondary Prevention of Cardiovascular Events	Type I Diabetes
Phase/Study	Phase I ABACUS	Phase Ia	Phase I	Phase I
# of Patients	N= $\sim$ 50	N= $\sim$ 18-36		N=45
Status	<ul style="list-style-type: none"> <li>FPI Q3 2008</li> <li>Enrolment completed Q1 2010</li> </ul>	<ul style="list-style-type: none"> <li>FPI Q3 2009</li> <li>Expect to complete enrollment Q2 2010</li> </ul>	<ul style="list-style-type: none"> <li>Final results announced Q3 2009</li> <li>Expect Phase II "go/no go" decision Q2 2010</li> </ul>	<ul style="list-style-type: none"> <li>In-licensed Q2 2009</li> <li>Bayhill responsible for completing the ongoing Phase I study</li> <li>Expect Phase II "go/no go" decision Q2 2010</li> </ul>
Collaborator	AC Immune		BioInvent	Bayhill Therapeutics

**Roche Group Development Pipeline**

**Marketed products development programmes**

**Roche Pharma global development programmes**

**Roche Pharma research and early development**

**Genentech research and early development**

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**Roche Group 3 months YTD 2010 sales**

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**Diagnostics**

**Foreign exchange rate information**

# Q1 2010: Sales driven by strong underlying demand

*Minimal impact from distribution channel management*

Quarterly growth rates % in LC	2009 vs. 2008 Q1	2010 vs. 2009 Q1
<b>Pharmaceuticals Division</b>	<b>7.8</b>	<b>9.5</b>
excl. Tamiflu	<b>6.7</b>	<b>8.5</b>
excl. divestments*	<b>7.8</b>	<b>8.7</b>
<b>Adjustments:</b>		
CellCept	-	2.0
Invoicing days & Easter timing	-	-1.6
Channel stock	-	-1.2
Other (e.g. tenders in Russia)	-	-0.4
<b>Underlying growth</b>	<b>7.8</b>	<b>7.5</b>

\* 1.1% in 2009 and 0.2% in 2010



## Sales Q1 2010

*9% growth for Group and Dia, 10% growth for Pharma*

	2009 CHF m	2010 CHF m	change in % CHF local		% USD growth
<b>Pharmaceuticals Division</b>	<b>9,216</b>	<b>9,727</b>	<b>+6</b>	<b>+10</b>	<b>+15</b>
United States	3,586	3,647	+2	+10	+10
Western Europe	2,532	2,597	+3	+4	+11
Japan	1,139	988	-13	-9	-6
International	1,959	2,495	+27	+25	+38
<b>Diagnostics Division</b>	<b>2,361</b>	<b>2,518</b>	<b>+7</b>	<b>+9</b>	<b>+16</b>
<b>Roche Group</b>	<b>11,577</b>	<b>12,245</b>	<b>+6</b>	<b>+9</b>	<b>+15</b>

# Solid sales growth<sup>1</sup> also excluding Tamiflu

	2009 vs. 2008				2010 vs. 2009
	Q1	Q2	Q3	Q4	Q1
<b>Pharmaceuticals Division excl. Tamiflu</b>	<b>8</b> <b>7</b>	<b>14</b> <b>7</b>	<b>15</b> <b>5</b>	<b>8</b> <b>-3</b>	<b>10</b> <b>8</b>
United States excl. Tamiflu	1 8	12 5	4 2	4 -5	10 6
Western Europe excl. Tamiflu	9 4	7 3	17 5	13 1	4 9
Japan excl. Tamiflu	40 12	16 10	46 7	18 3	-9 2
International excl. Tamiflu	7 7	24 15	17 9	4 -7	25 16
<b>Roche Group excl. Tamiflu</b>	<b>8</b> <b>7</b>	<b>12</b> <b>7</b>	<b>14</b> <b>6</b>	<b>8</b> <b>0</b>	<b>9</b> <b>9</b>

<sup>1</sup>in local currency

# Local sales growth (%)

## *Quarterly sales growth development*

	2009 vs. 2008				2010 vs. 2009
	Q1	Q2	Q3	Q4	Q1
<b>Pharmaceuticals Division</b>	<b>8</b>	<b>14</b>	<b>15</b>	<b>8</b>	<b>10</b>
United States	1	12	4	4	10
Western Europe	9	7	17	13	4
Japan	40	16	46	18	-9
International	7	24	17	4	25
<b>Diagnostics Division</b>	<b>8</b>	<b>7</b>	<b>10</b>	<b>10</b>	<b>9</b>
<b>Roche Group</b>	<b>8</b>	<b>12</b>	<b>14</b>	<b>8</b>	<b>9</b>



# Pharma Division sales Q1 2010 (vs. 2009)

## *Top 20 products*

	Global		US		W. Europe		Japan		International	
	CHF m	% loc	CHF m	% loc	CHF m	% loc	CHF m	% loc	CHF m	% loc
Avastin	1,666	18	845	13	484	18	120	53	217	25
MabThera/Rituxan	1,606	13	763	8	442	14	53	6	348	27
Herceptin	1,417	11	408	14	570	12	67	-14	372	12
Tamiflu	517	32	170	1099	3	-97	126	-47	218	620
Pegasys	441	15	102	9	99	-4	26	-12	214	36
Cellcept	357	-28	83	-65	123	5	12	12	139	5
Xeloda	352	23	123	25	81	10	27	81	121	21
Neorec./Epogin	339	-8	-	-	141	-17	102	-7	96	6
Lucentis	327	27	327	27	-	-	-	-	-	-
Tarceva	326	6	120	2	116	3	17	19	73	16
Bonviva/Boniva	277	17	144	14	79	12	-	-	54	33
Valcyte/Cymevene	149	18	70	28	46	19	-	-	33	-1
Xolair	148	5	148	5	-	-	-	-	-	-
Pulmozyme	135	17	75	9	30	5	-	-	30	78
Activase/TNKase	110	-6	100	-5	-	-	-	-	10	-24
Xenical	91	-11	10	26	44	5	-	-	37	-30
Nutropin	91	-6	88	-6	-	-	-	-	3	-3
Rocephin	82	10	2	2325	16	-6	13	-13	51	20
Neutrogin	81	-5	-	-	-	-	81	-5	-	-
Madopar	75	8	-	-	27	-5	5	0	43	207

# Pharma division local sales growth<sup>1</sup> in %

## *Global top 20 products*

	Q1/09	Q2/09	Q3/09	Q4/09	Q1/10
<b>Avastin</b>	<b>30</b>	<b>29</b>	<b>21</b>	<b>9</b>	<b>18</b>
<b>MabThera/Rituxan</b>	<b>6</b>	<b>10</b>	<b>7</b>	<b>0</b>	<b>13</b>
<b>Herceptin</b>	<b>11</b>	<b>10</b>	<b>8</b>	<b>2</b>	<b>11</b>
<b>Tamiflu</b>	<b>38</b>	<b>1048</b>	<b>887</b>	<b>620</b>	<b>32</b>
<b>Pegasys</b>	<b>9</b>	<b>10</b>	<b>13</b>	<b>-11</b>	<b>15</b>
<b>CellCept</b>	<b>7</b>	<b>-21</b>	<b>-26</b>	<b>-45</b>	<b>-28</b>
<b>Xeloda</b>	<b>8</b>	<b>14</b>	<b>11</b>	<b>-2</b>	<b>23</b>
<b>NeoRecormon/Epogin</b>	<b>-13</b>	<b>-8</b>	<b>-7</b>	<b>-15</b>	<b>-8</b>
<b>Lucentis</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>34</b>	<b>27</b>
<b>Tarceva</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>10</b>	<b>6</b>
<b>Bonviva/Boniva</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>-10</b>	<b>17</b>
<b>Valcyte/Cymevene</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>1</b>	<b>18</b>
<b>Xolair</b>	<b>13</b>	<b>11</b>	<b>9</b>	<b>8</b>	<b>5</b>
<b>Pulmozyme</b>	<b>3</b>	<b>8</b>	<b>8</b>	<b>-1</b>	<b>17</b>
<b>Activase/TNKase</b>	<b>45</b>	<b>17</b>	<b>34</b>	<b>39</b>	<b>-6</b>
<b>Xenical</b>	<b>-14</b>	<b>-10</b>	<b>-14</b>	<b>-15</b>	<b>-11</b>
<b>Nutropin</b>	<b>1</b>	<b>2</b>	<b>-6</b>	<b>-9</b>	<b>-6</b>
<b>Rocephin</b>	<b>-15</b>	<b>2</b>	<b>-2</b>	<b>-19</b>	<b>10</b>
<b>Neutrogin</b>	<b>-22</b>	<b>-13</b>	<b>-10</b>	<b>-12</b>	<b>-5</b>
<b>Madopar</b>	<b>0</b>	<b>-5</b>	<b>1</b>	<b>-4</b>	<b>8</b>

<sup>1</sup> Q1-Q4/09 vs. Q1-Q4/08, Q1/10 vs. Q1/09

# Pharma division local sales growth in %

## *Top 20 products by region*

	US				Western Europe				Japan				International			
	Q2 <sup>1</sup>	Q3 <sup>1</sup>	Q4 <sup>1</sup>	Q1 <sup>1</sup>	Q2 <sup>1</sup>	Q3 <sup>1</sup>	Q4 <sup>1</sup>	Q1 <sup>1</sup>	Q2 <sup>1</sup>	Q3 <sup>1</sup>	Q4 <sup>1</sup>	Q1 <sup>1</sup>	Q2 <sup>1</sup>	Q3 <sup>1</sup>	Q4 <sup>1</sup>	Q1 <sup>1</sup>
Avastin	22	13	3	13	30	20	13	18	96	59	44	53	39	52	13	25
MabThera/Rituxan	6	1	-3	8	9	11	8	14	4	6	0	6	25	15	-4	27
Herceptin	12	1	5	14	3	6	-1	12	42	13	2	-14	13	21	4	12
Tamiflu	*	99	*	*	*	*	*	-97	*	*	204	-47	*	*	*	*
Pegasys	4	11	-18	9	3	-3	-8	-4	30	6	-5	-12	15	23	-11	36
CellCept	-46	-50	-85	-65	1	1	1	5	8	18	9	12	2	-7	1	5
Xeloda	12	18	0	25	-3	-2	-7	10	27	29	52	81	30	10	-8	21
NeoRecorm/Epogin	-	-	-	-	-18	-17	-20	-17	-1	3	0	-7	9	5	-24	6
Lucentis	21	21	34	27	-	-	-	-	-	-	-	-	-	-	-	-
Tarceva	-5	8	17	2	9	12	7	3	27	19	23	19	31	16	2	16
Bonviva/Boniva	-10	-14	-21	14	9	14	3	12	-	-	-	-	48	27	11	33
Valcyte/Cymevene	8	17	-4	28	6	-1	3	19	-	-	-	-	4	-1	10	-1
Xolair	11	9	8	5	-	-	-	-	-	-	-	-	-	-	-	-
Pulmozyme	4	10	4	9	11	5	-3	5	-	-	-	-	17	6	-12	78
Activase/TNKase	20	38	45	-5	-	-	-	-	-	-	-	-	0	6	0	-24
Xenical	-25	-9	17	26	2	10	2	5	-	-	-	-	-17	-34	-31	-30
Nutropin	2	-6	-9	-6	-	-	-	-	-	-	-	-	0	2	-8	-3
Rocephin	-11	-	*	*	-12	4	-21	-6	-2	-1	-18	-13	8	-5	-23	20
Neutrogin	-	-	-	-	-	-	-	-	-13	-10	-12	-5	-	-	-	-
Madopar	-	-	-	-	-10	-10	-10	-5	3	3	2	0	-3	10	-1	20

<sup>1</sup> Q2-Q4/09 vs. Q2-Q4/08, Q1/10 vs. Q1/09

\* > 500%

# Pharma Division sales Q1 2010 (vs. 2009)

*Other launches since January 2005<sup>1</sup>*

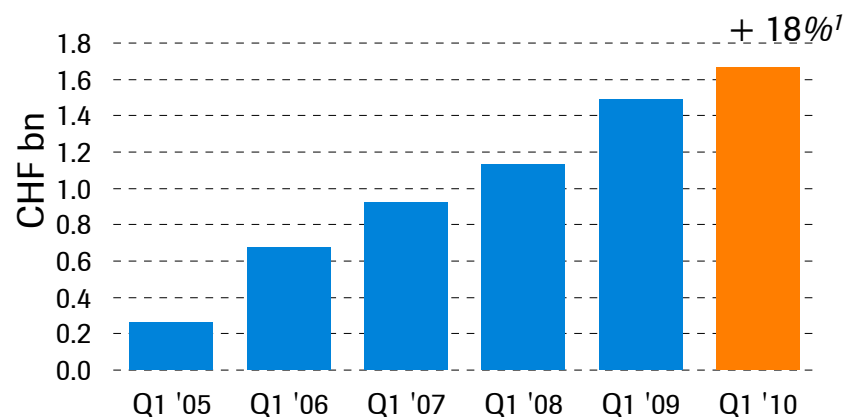
	Global		US		W. Europe		Japan		International	
	CHF m	% loc	CHF m	% loc	CHF m	% loc	CHF m	% loc	CHF m	% loc
<b>Actemra</b>	<b>66</b>	<b>236</b>	<b>5</b>	<b>-</b>	<b>27</b>	<b>1213</b>	<b>30</b>	<b>73</b>	<b>4</b>	<b>1152</b>
<b>Mircera</b>	<b>61</b>	<b>102</b>	<b>-</b>	<b>-</b>	<b>46</b>	<b>86</b>	<b>-</b>	<b>-</b>	<b>15</b>	<b>178</b>
<b>Femara</b>	<b>7</b>	<b>36</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7</b>	<b>36</b>	<b>-</b>	<b>-</b>

<sup>1</sup> other than launches already covered in Top 20

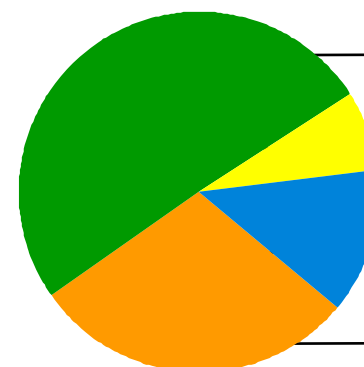
# Avastin: continued strong growth in all regions

## *Growth driven by multiple indications*

### Global sales



### Regional sales



### Local growth

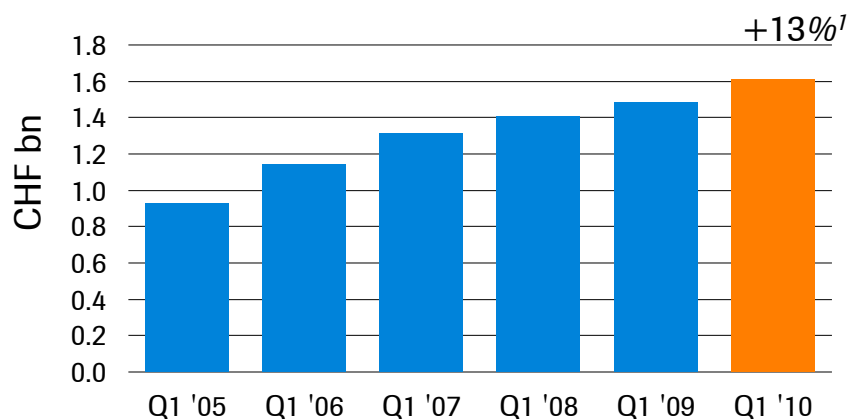
US	+13%
Japan	+53%
International	+25%
Western Europe	18%

- YTD sales of CHF 1.666 bn
- US (Q1 '10 penetration rates)
  - 1st line mCRC: stable ; mBC: ~55% new patient share; Avastin-eligible mNSCLC: stable
- Top 4 EU (Q4 '09 penetration rates):
  - 1st line mCRC: ~45%, 1st line mNSCLC: ~10-15%, 1st line mBC: ~45% (taxane segment)
- Japan
  - November 2009 approval in mNSCLC drives growth

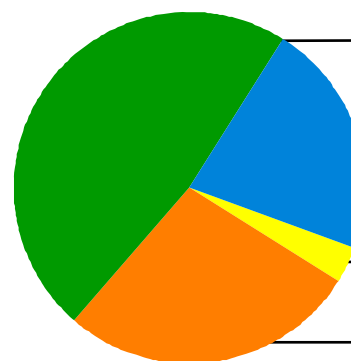
<sup>1</sup> local growth

# MabThera/Rituxan: Strong growth over a decade... ... and still significant growth potential

### Global sales



### Regional sales



### Local growth

US	+8%
International	+27%
Japan	+6%
Western Europe	+14%

YTD sales of CHF 1.606 bn

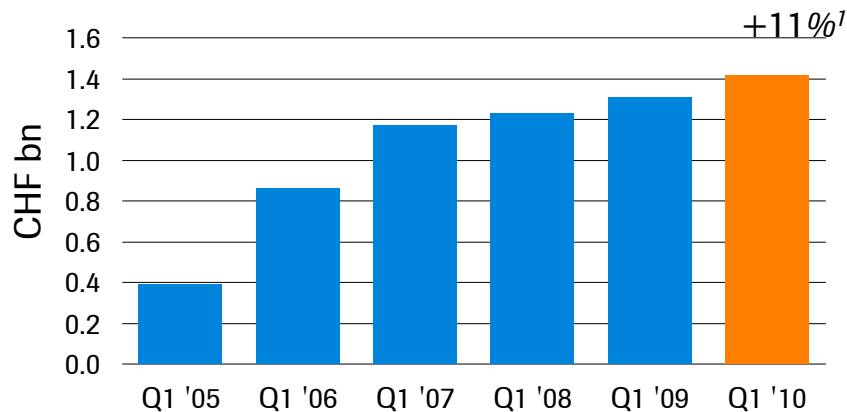
- 1st line maintenance iNHL (ex-US): top 5 EU penetration rate ~10% - significant growth opportunity once indication is approved
- CLL (ex-US): as of Q4 2009 top 5 EU 1st line CLL penetration rate up to ~55% (from ~30% in Q4 2008)
- RA: earlier use within anti-TNF IR segment

<sup>1</sup> local growth

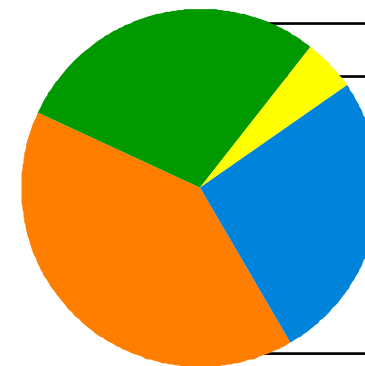
# Herceptin: double-digit growth maintained

## *Adjuvant usage driving growth*

### Global sales



### Regional sales



### Local growth

US	+14%
Japan	-14%
International	+12%
Western Europe	+12%

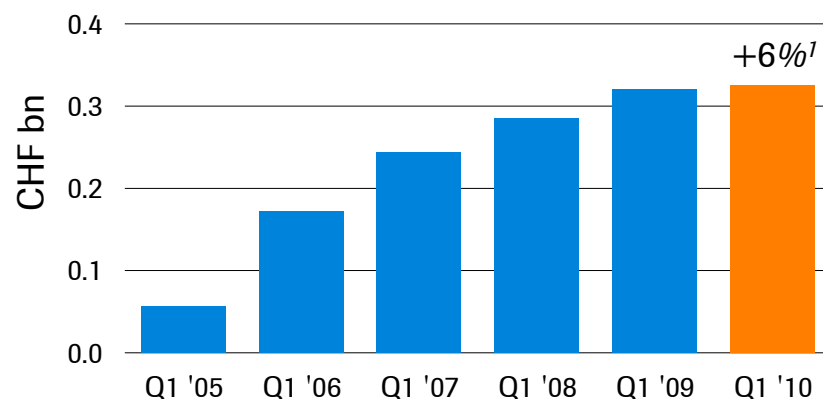
- YTD sales of CHF 1.417 bn
- US<sup>2</sup>
  - Q1'10: Adjuvant use strong with high stable penetration; 1st line mBC use steady in the 80-85% range
- Western Europe and International
  - Top 5 EU (Q4'09): penetration in early BC slightly up to ~ 85%, 1st line mBC: stable at ~ 70%
- Japan
  - Sales increased by volume, but decreased by value due to significant price cut of 18%

<sup>1</sup> local growth; <sup>2</sup> penetration is reported as new patient share in the US, and as total patient share in top 5 EU

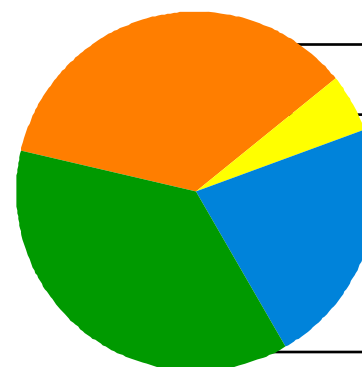
# Tarceva

## *Strength in International region and Japan*

### Global sales



### Regional sales



### Local growth

Western Europe	+3%
Japan	+19%
International	+16%
US	+2%

- YTD sales of CHF 326 m
- US: Q1 '10: Stable penetration in 2nd and 3rd line mNSCLC
- EU and International:

Market penetration in mNSCLC, top 5 EU (Q4 '09): 2nd line: approx. 40% (up from approx. 34% in Q4 '08); 3rd line: approx. 40% (stable)

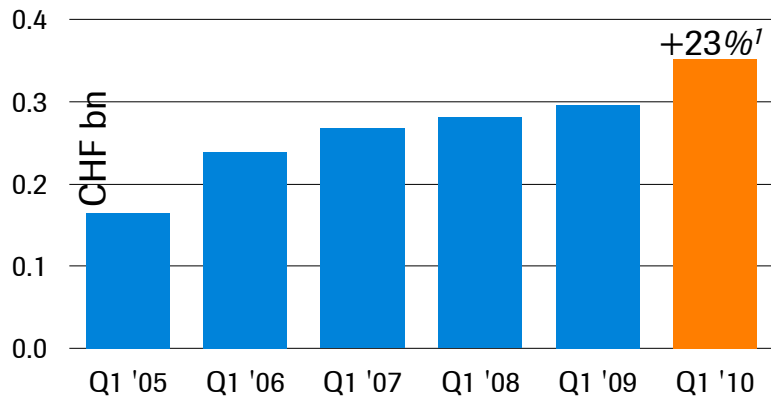
- Japan: Encouraging uptake

<sup>1</sup> local growth

# Xeloda

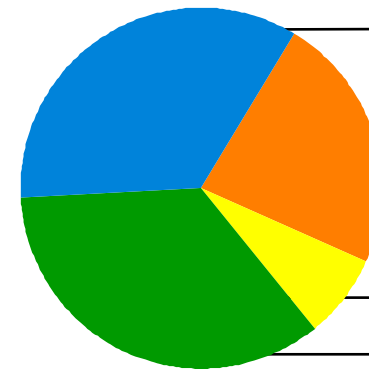
## *Label expansions driving growth*

### Global sales



•YTD sales of CHF 352 m

### Regional sales



### Local growth

International	+21%
Western Europe	+10%
Japan	+81%
US	+25%

Approved in Europe for adjuvant colon cancer (in combo with oxaliplatin), March 2010

Growth in 2010 expected to come from new indications (combination with oxaliplatin for adjuvant CC, combination with Taxotere in early BC, combination with biologics in advanced gastric cancer)

<sup>1</sup> local growth

CEMAI: Central and Eastern Europe, Middle East, Africa, Central Asia, Indian Subcontinent

## **Roche Group Development Pipeline**

**Marketed products development programmes**

**Roche Pharma global development programmes**

**Roche Pharma research and early development**

**Genentech research and early development**

**Roche Group 9 months YTD 2009 sales**

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**Diagnostics**

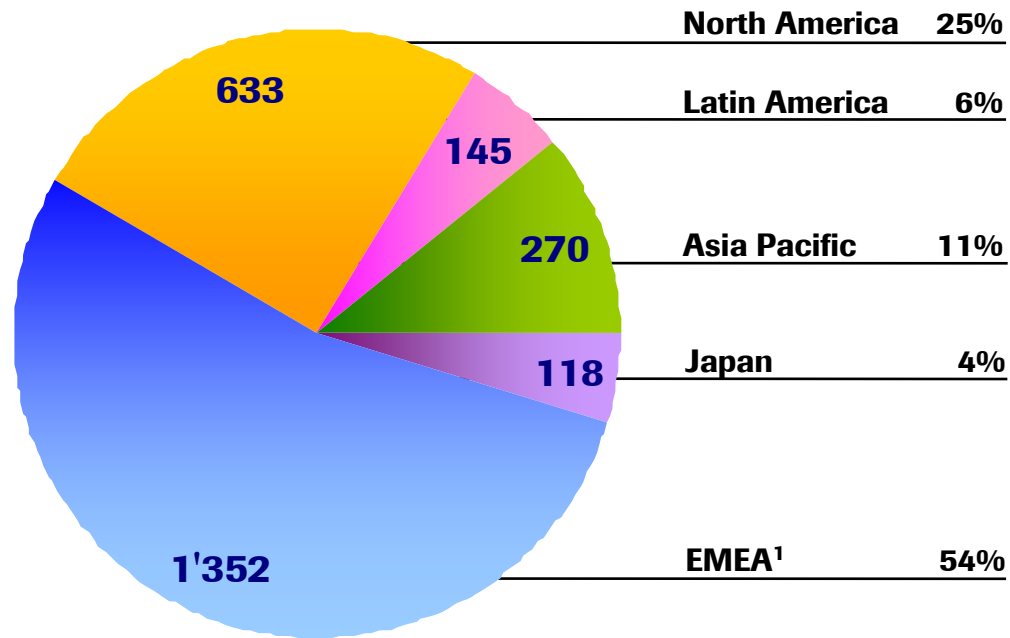
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**Foreign exchange rate information**

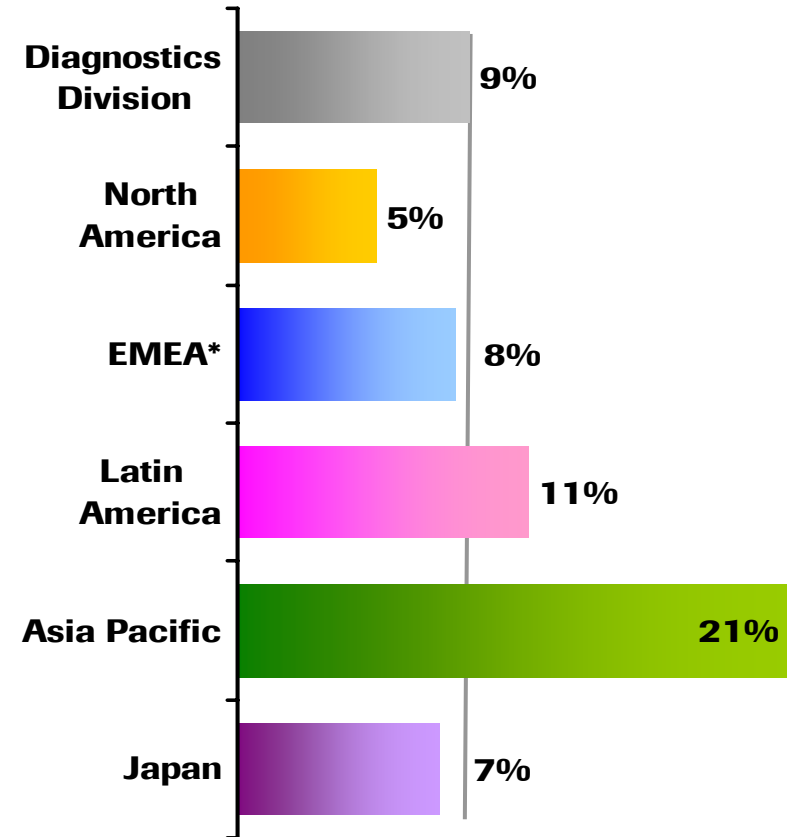
# Q1 2010: Diagnostics Division sales

*Growth driven by EMEA and Asia Pacific*

**CHF 2,518 m**



**local sales growth**



<sup>1</sup> Europe, Middle East and Africa

# Q1 2010: Diagnostics Division local sales

*By Region and Business Area (vs. Q1 2009)*

Sales CHF m	Global		North Am.		EMEA		RoW	
		% loc growth		% loc growth		% loc growth		% loc growth
Professional Diag.	1,170	9	208	6	659	7	303	17
Diabetes Care	708	6	173	1	438	10	97	-2
Molecular Diagnostics	294	2	93	-2	134	4	67	6
Applied Science	226	19	78	8	92	11	56	62
Tissue Diagnostics	120	21	81	20	29	26	10	11
<b>Diagnostics Division</b>	<b>2,518</b>	<b>9</b>	<b>633</b>	<b>5</b>	<b>1,352</b>	<b>8</b>	<b>533</b>	<b>15</b>

# Diagnostics Division quarterly sales and local growth<sup>1</sup>

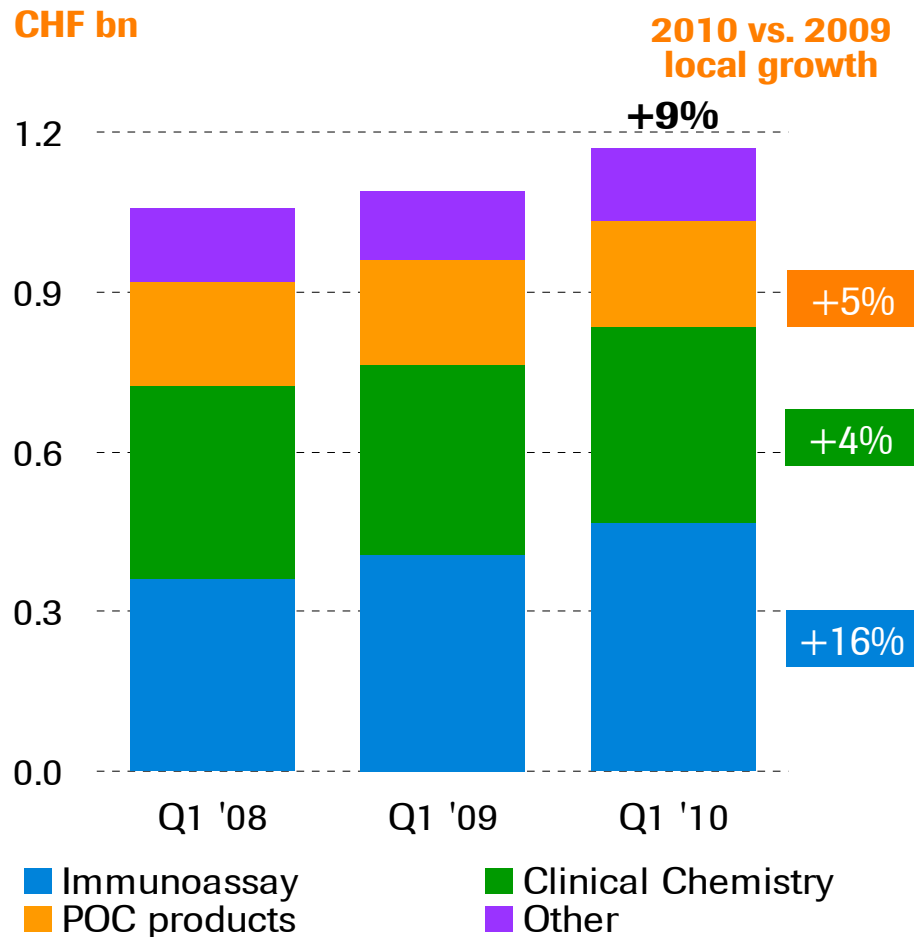


Sales CHF m	Q4 '08		Q1 '09		Q2 '09		Q3 '09		Q4 '09		Q1 '10	
		% loc		% loc		% loc		% loc		% loc		% loc
Professional Diagnostics	1,139	9%	1,086	8%	1,152	9%	1,125	11%	1,190	8%	1,170	9%
Diabetes Care	764	-7%	679	4%	759	2%	720	7%	811	10%	708	6%
Molecular Diagnostics	303	6%	294	7%	300	4%	288	3%	301	4%	294	2%
Applied Science	223	19%	196	6%	207	11%	213	21%	254	20%	226	19%
Tissue Diagnostics	115	n.a.	106	55%	123	18%	117	24%	134	27%	120	21%
<b>DIA Division</b>	<b>2,544</b>	<b>9%</b>	<b>2,361</b>	<b>8%</b>	<b>2,541</b>	<b>7%</b>	<b>2,463</b>	<b>10%</b>	<b>2,690</b>	<b>10%</b>	<b>2,518</b>	<b>9%</b>

<sup>1</sup> versus same period of prior year

# Professional Diagnostics

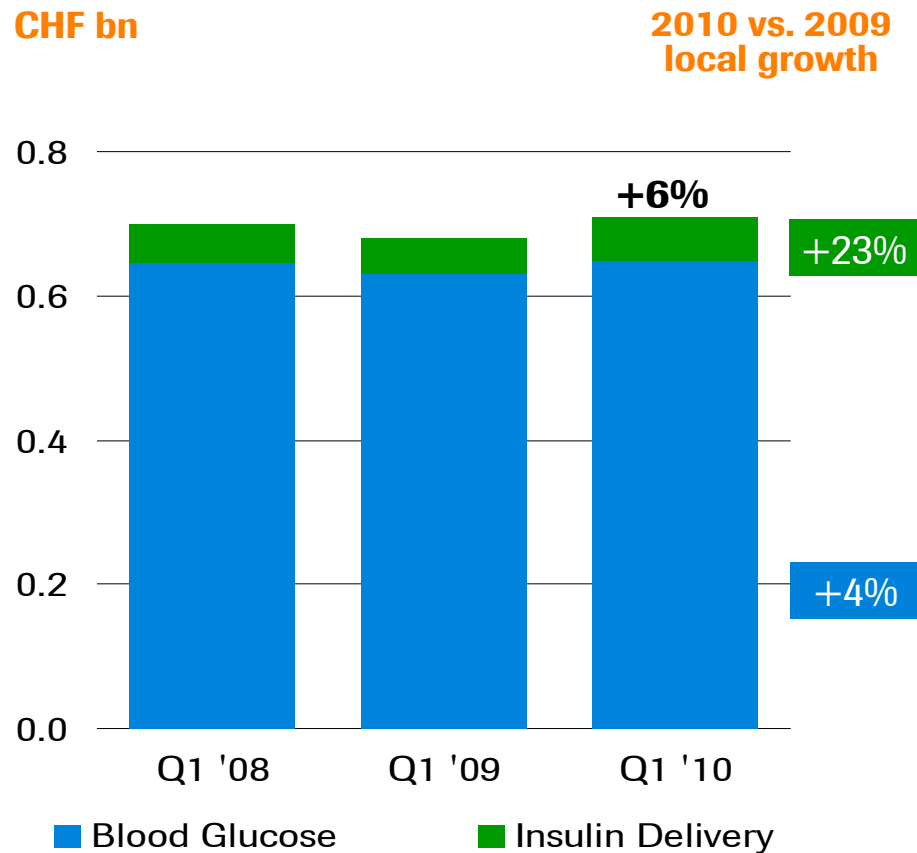
*Strong placements cobas 6000; continued flow of new assays*



- Three new Immunoassays launched:
  - CE mark for free  $\beta$ -HCG & PAPP-A to evaluate risk of trisomy 21 (Down syndrome)
  - FDA clearance of STAT application for NT-proBNP
  - FDA clearance of IgM for diagnosis of rubella infection
- CoaguChek XS Plus system granted CLIA-waived status by FDA (point-of-care anticoagulation monitoring)

# Diabetes Care

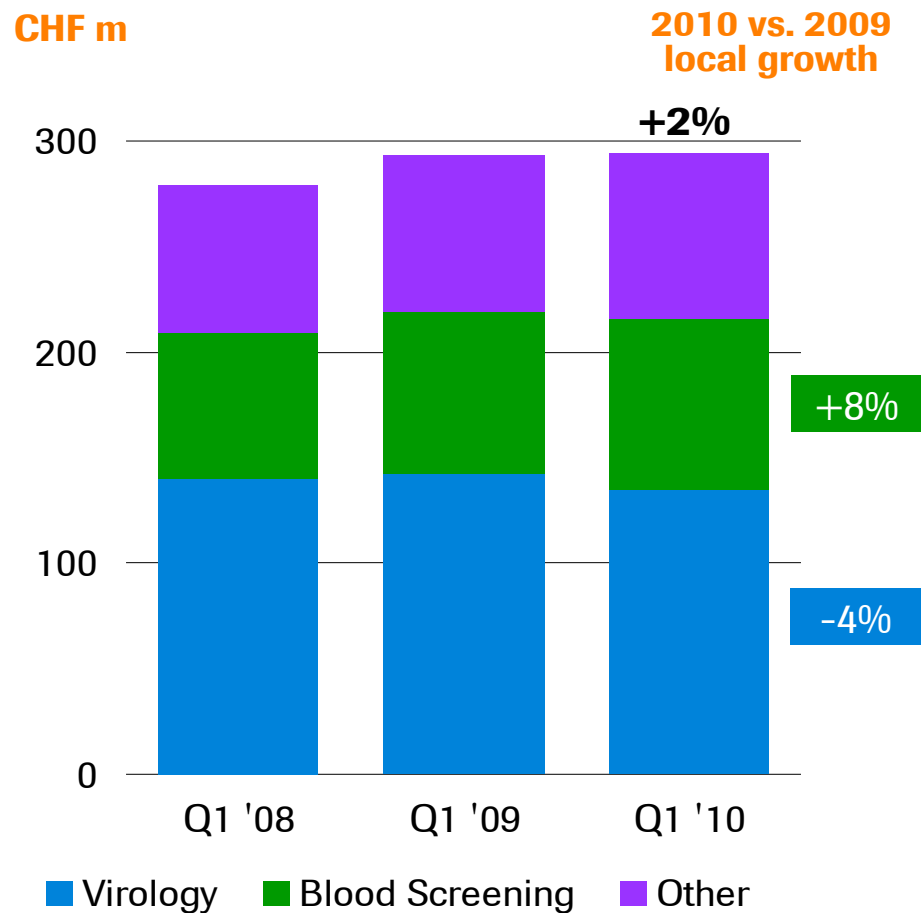
## *New portfolio strengthening market share*



- Sales driven by continued roll-out new bG monitoring systems across Europe, LATAM and APAC
  - Accu-Chek Aviva/Performa Nano, Accu-Chek Mobile
- Double-digit growth in insulin delivery
  - Accu-Chek Combo (interactive pump/meter system)

# Molecular Diagnostics

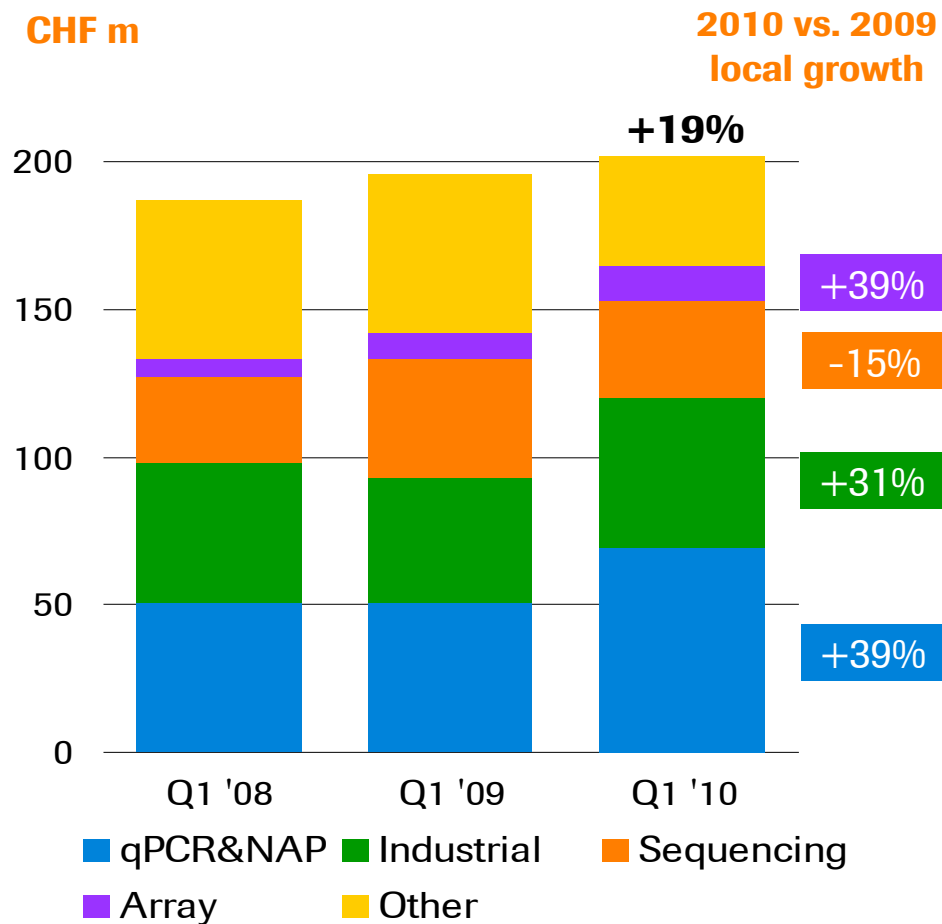
## *Blood screening main growth driver*



- Blood screening growth from new contracts – Belgium, Italy, UK, Spain, Portugal, Thailand
- cobas 4800 platform launched in EU & APAC markets with CT/NG & HPV tests
- Preliminary data from ATHENA trial supports importance of screening for HPV genotypes 16 & 18
  - US filing on track for mid 2010

# Applied Science

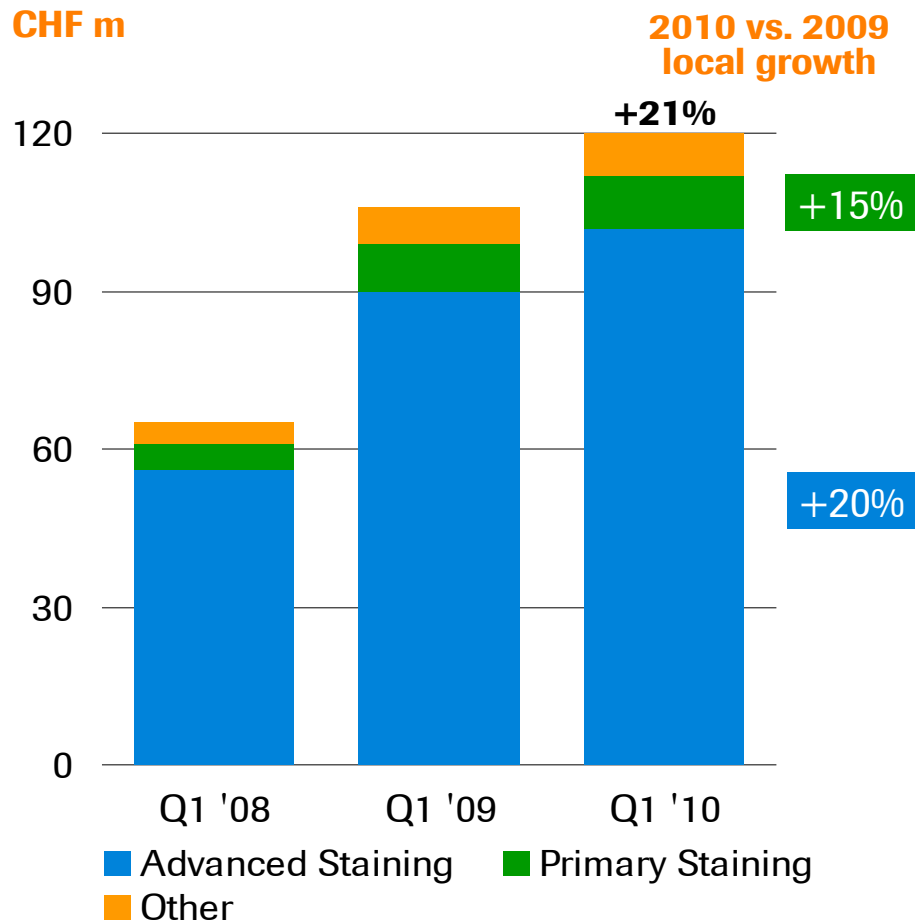
## *Strong growth in reagent sales*



- Strong sales MagNA Pure and LightCycler instruments and reagents
  - large growth in China
- Gaining market share in array market through launch innovative products
  - NimbleGen CGX-6 cytogenetics multiplex array for analysis of chromosomal abnormalities

# Tissue Diagnostics

*Out-performed the market in all main regions*



- Up-take of BenchMark ULTRA continues to drive advanced tissue staining sales
- US launch of Discovery ULTRA, automating IHC and ISH for the research market

# 2010: Key planned product launches

## *Professional Diagnostics*

Product	Description	Region	Time
<b>cobas</b> e 602 immunoassay module	Module for the cobas 8000 modular analyser series for high-volume laboratories. Throughput: up to 170 tests/hour	EU US	Q2 Q3
<b>cobas</b> c 701 and <b>cobas</b> c 502 clinical chemistry modules	Modules for the cobas 8000 modular analyser series. Throughput: up to 2,000 and 600 tests/hour, respectively	US	Q2
<b>cobas</b> c 702 advanced clinical chemistry module	Module for the cobas 8000 modular analyser series. Features automated reagent loading, enabling consolidation of a broader test menu. Throughput: up to 1,900 tests/hour	EU	Q4
<b>Immunochemistry menu</b>	Eight Elecsys immunoassays in the US; six in the EU	Global	Q1-Q4
HIV combi 27 min	Improved combination assay for HIV 1 antigen (p24) and HIV antibodies, enabling more reliable early detection of infection with the human immunodeficiency virus	EU	Q4
<b>cobas</b> p 501 and <b>cobas</b> p 701	Automated post analytical sample storage and retrieval modules for bar-coded primary and secondary sample tubes	US	Q2
<b>cobas</b> b 123 POC system	Benchtop multiparameter analyser for blood gas, electrolytes, CO-oximetry and metabolites. For use in critical care settings at the point of care	EU	Q4

Planned launches may be delayed or not occur as a result of adverse regulatory decisions or other factors.

EU = European Union; EMEA = Europe, Middle East and Africa; APAC = Asia-Pacific; LATAM = Latin America; US = United States.

# 2010: Key planned product launches

## *Diabetes Care*

Product	Description	Region	Time
Accu-Chek Aviva Nano	Sleeker versions of the Accu-Chek Aviva meter offering an enhanced feature set	US	H2
Accu-Chek Mobile	Integrated lancing and blood glucose monitoring device employing a unique 'no strip' technology that replaces single-use test strips with a continuous tape of 50 tests	Additional EU markets APAC	Q1-Q4 Q1
Accu-Chek Combo	Interactive insulin delivery system combining an insulin pump (Accu-Chek Spirit Combo) and a blood glucose meter (Accu-Chek Aviva Combo) with broad data management capabilities; the meter also functions as a pump remote control	Additional EU markets APAC	Q1-Q4 Q1

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## 2010: Key planned product launches

### *Molecular Diagnostics*

Product	Description	Region	Time
LightCycler MRSA Advanced Test	Automated real-time PCR-based test for methicillin-resistant <i>Staphylococcus aureus</i>	US	Q2
Cobas AmpliPrep/ Cobas TaqMan CMV	Viral load monitoring test that will enable physicians to improve the management of cytomegalovirus (CMV) disease in solid organ transplant patients	EU	Q3
cobas TaqScreen DPX Test	Blood Screening test designed to simultaneously provide a quantitative result for parvovirus B19 virus and a qualitative result for hepatitis A virus	EU	Q3
Cobas AmpliPrep/ Cobas TaqMan HIV-1 v2	Second-generation test with a unique dual-target design enabling detection of two separate regions of the HIV-1 genome	US	Q4
Cobas AmpliPrep/ Cobas TaqMan HBV v2	Second generation fully automated HBV test with improved dynamic range requiring minimal serum and plasma sample volume	US	Q4

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# 2010: Key planned product launches

## *Applied Science*

Product	Description	Region	Time
GS Junior System	Economical benchtop next-generation DNA sequencing system for smaller laboratories	Global	Q2
NimbleGen CGX-6 multiplex arrays	Microarrays for high-resolution analysis of chromosomal abnormalities; capable of analysing six samples simultaneously	Global	Q1
xCELLigence RTCA HT instrument	Automated high-throughput real-time cell analyses and screening	Global	Q1
SeqCap EZ Exome v.2	In-solution enrichment capture technology for targeted next-generation sequencing	Global	Q2
Arrays	Next-generation ultra-high density NimbleGen microarrays	Global	H2

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## 2010: Key planned product launches

### *Tissue Diagnostics*

Product	Description	Region	Time
Dual colour / dual hapten <i>in situ</i> hybridisation (ISH) kit	Enabling target gene detection and control on a single slide. For use with all molecular markers; specifically to support HER2 testing.	EU	Q2
anti-HER2 neu (4B5) primary antibody and HER2 DNA probe	For assessing likelihood of response to Herceptin treatment in both breast and gastric cancer patients	EU	Q2
BenchMark GX	Economical, low-volume advanced tissue staining platform that automates all slide processing steps from baking to staining	EU, APAC	Q2
Molecular probes targeting the enzyme Top2a & the cell surface receptor IGF1R	For use as an aid in diagnosing and managing breast and lung cancer	EU	Q2-Q4
Discovery Ultra	Platform for immunohistochemistry and <i>in situ</i> hybridisation research, offering significant improvements in ease of use, workflow and flexibility	US, EU APAC, Japan, LATAM	Q1, Q2 Q4

Planned launches may be delayed or not occur as a result of adverse regulatory decisions or other factors.

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**Roche Group Development Pipeline**

**Marketed products development programmes**

**Roche Pharma global development programmes**

**Roche Pharma research and early development**

**Genentech research and early development**

**Roche Group 9 months YTD 2009 sales**

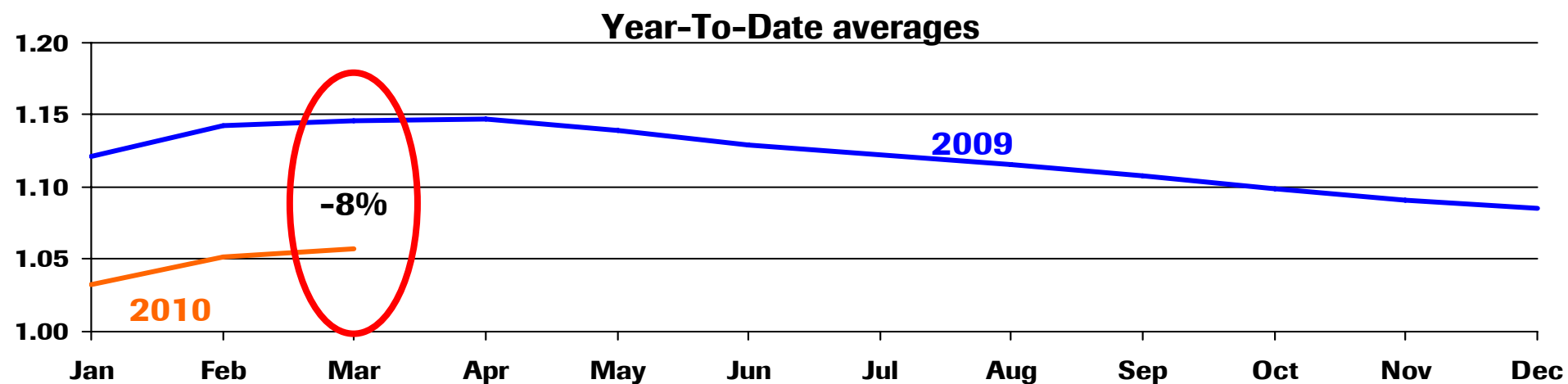
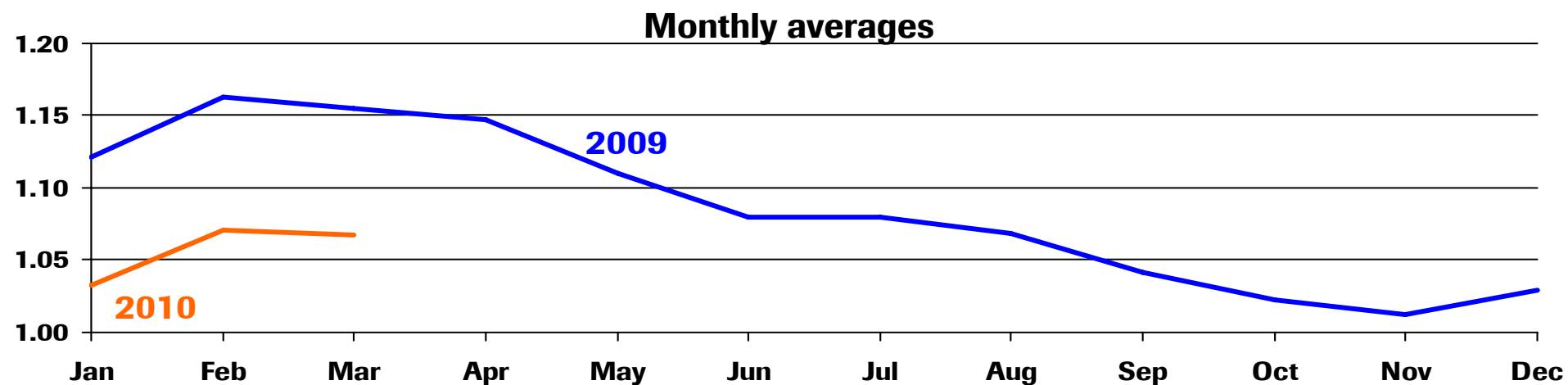
**Diagnostics' planned product launches**

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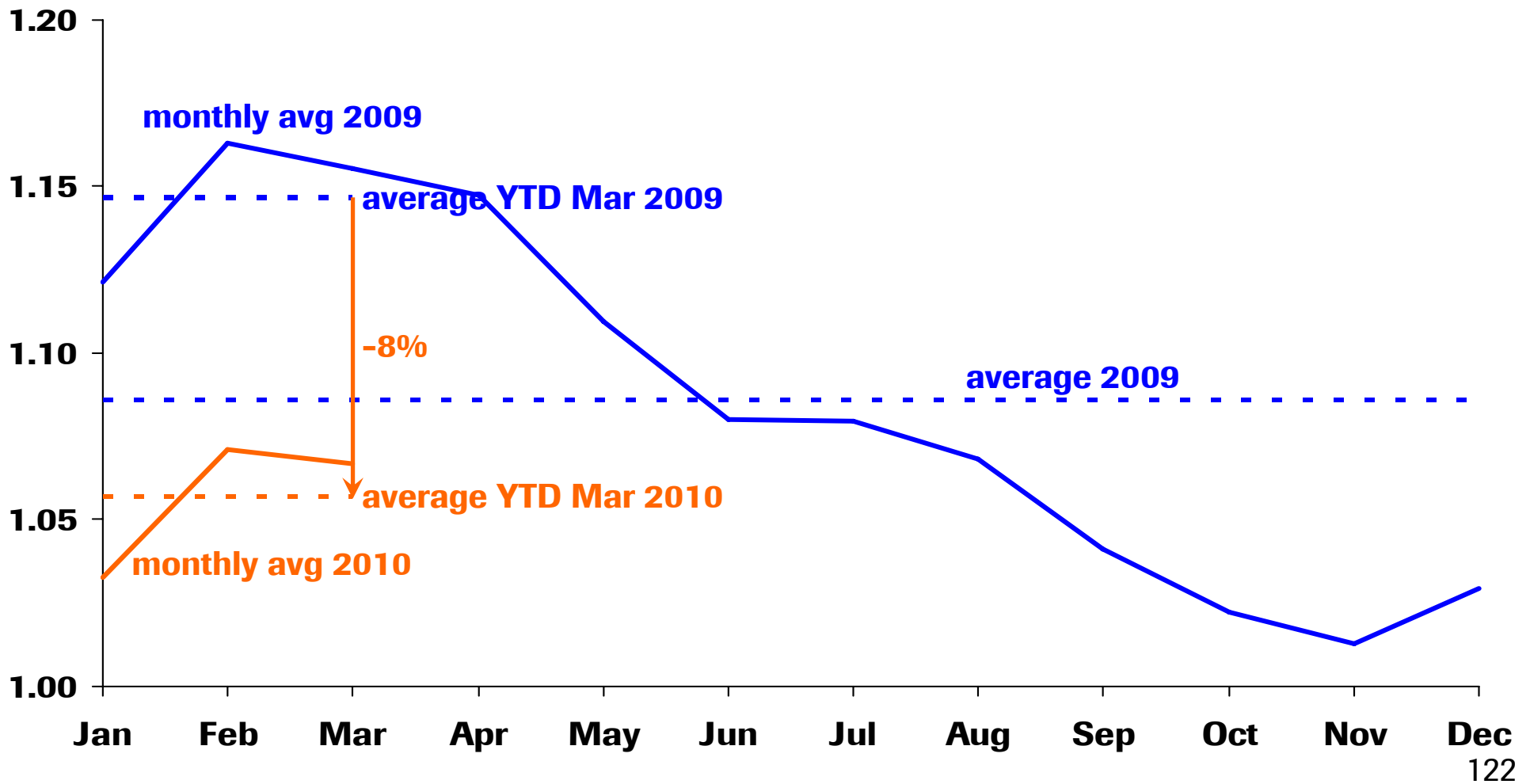
**Foreign exchange rate information**

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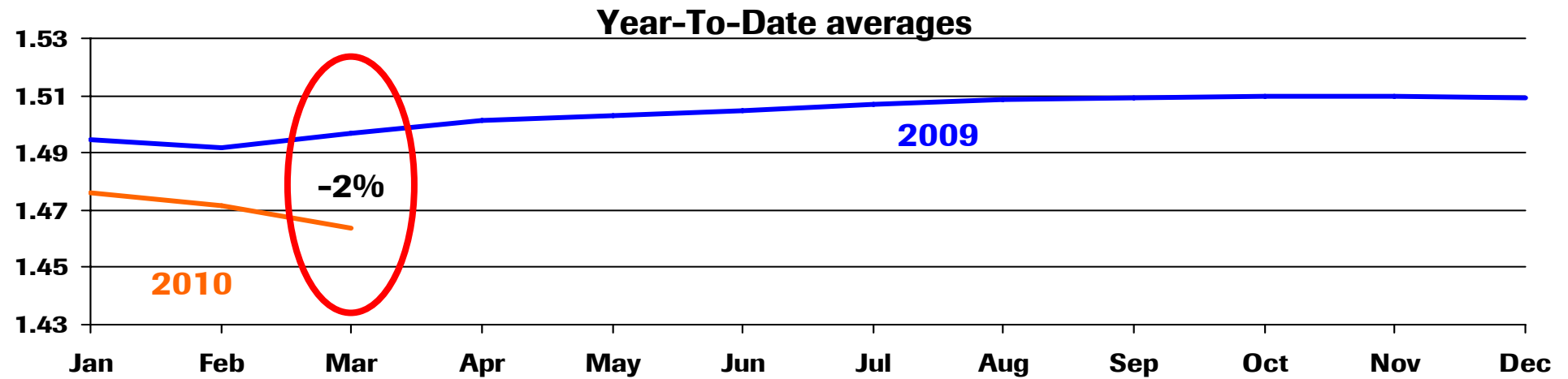
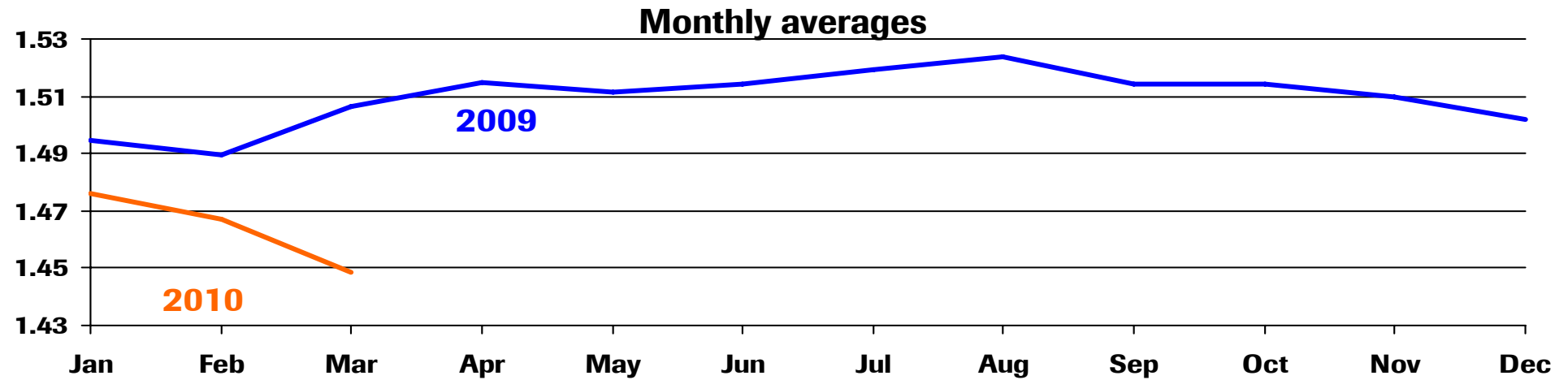
# CHF / USD



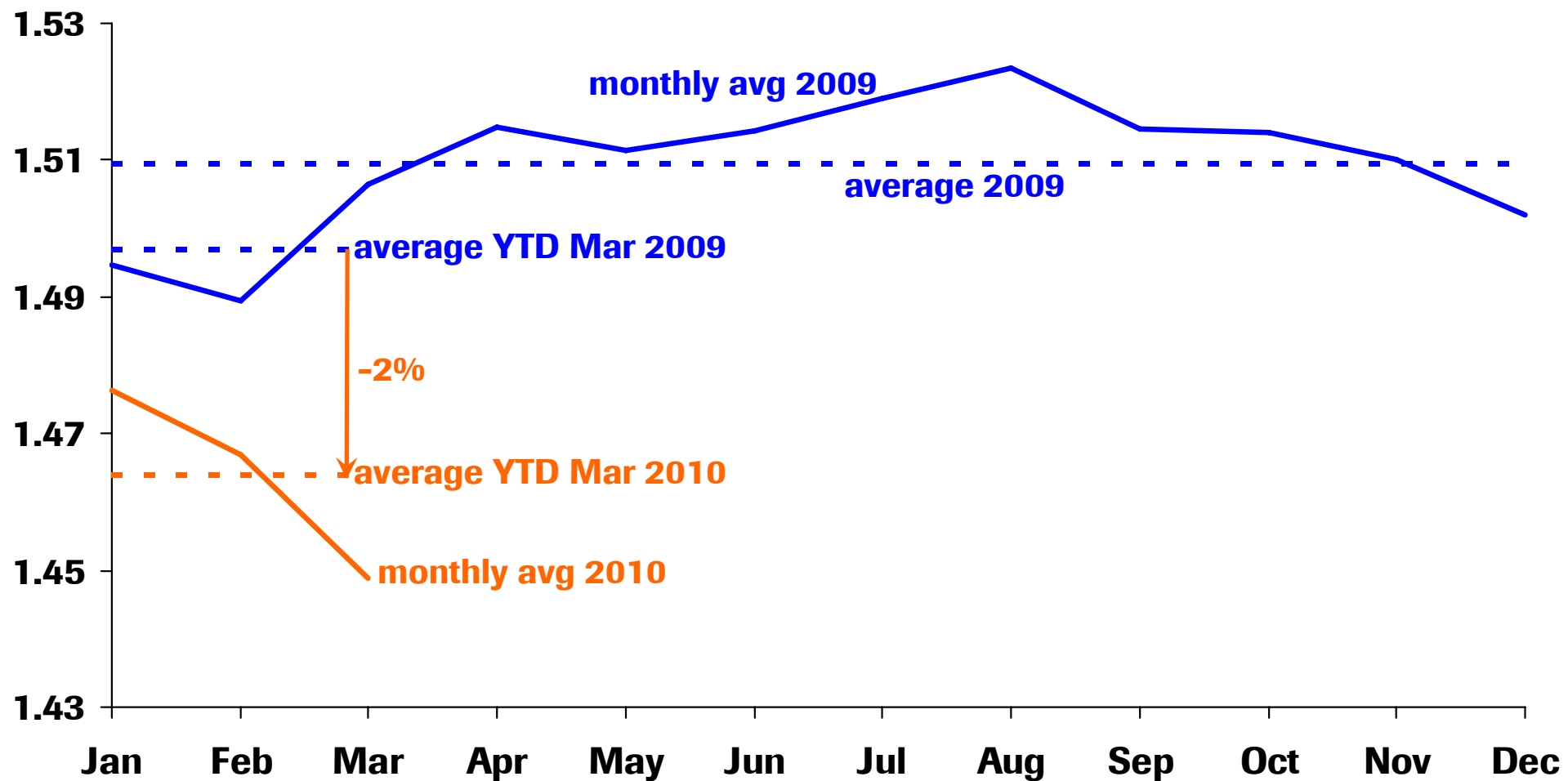
# CHF / USD



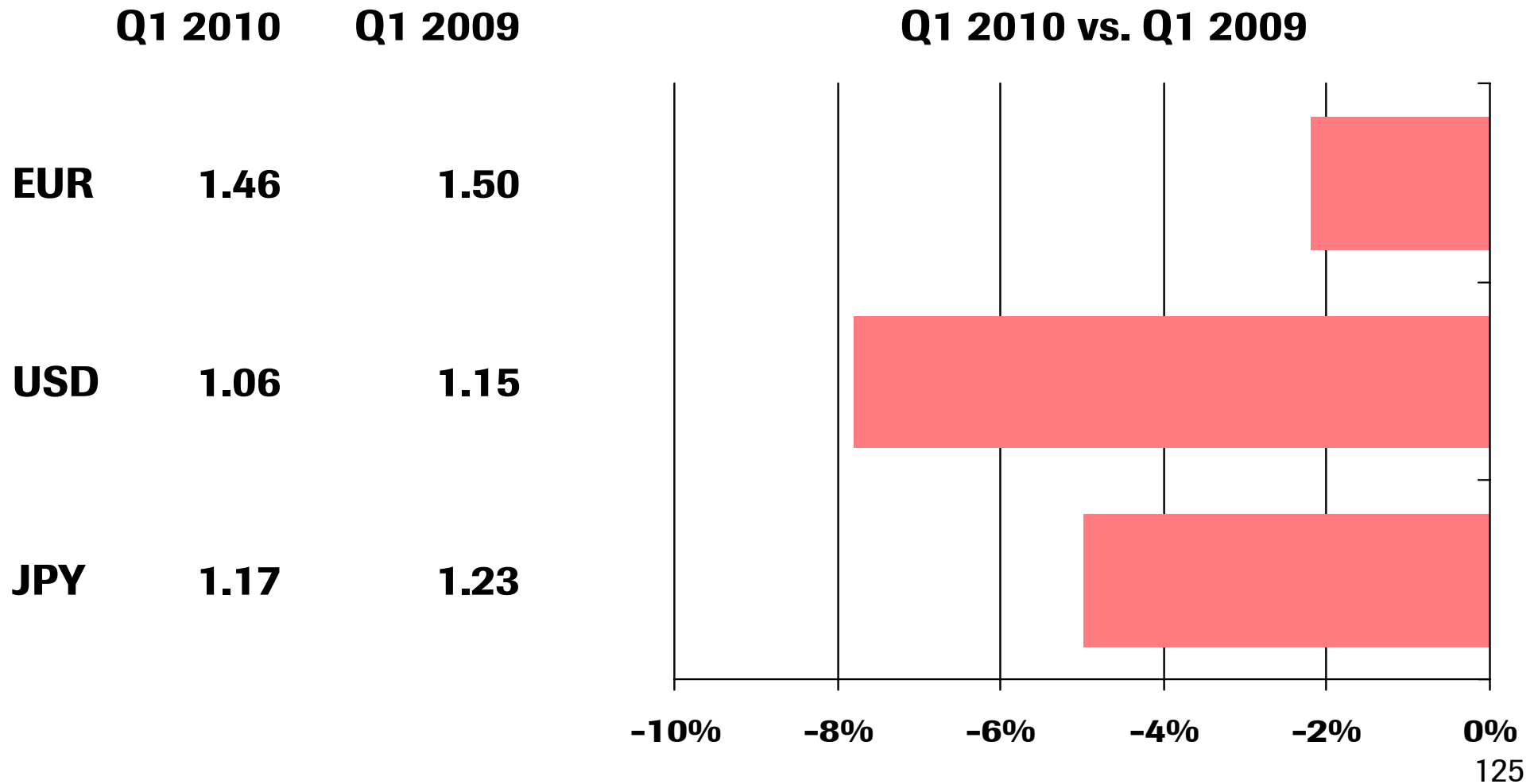
# CHF / EUR



# CHF / EUR



# Average exchange rates



# Exchange rate impact on sales growth

*Negative impact from weaker USD, EUR and JPY*

**Development of average exchange rates versus prior year period**

<b>CHF / EUR</b>	<b>-2.2 %</b>
<b>CHF / USD</b>	<b>-7.8 %</b>
<b>CHF / JPY</b>	<b>-5.0 %</b>

**Difference in CHF / local growth**

**-3.5 %opt**

