Roche

Roche
First quarter 2009 sales

April 16, 2009

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

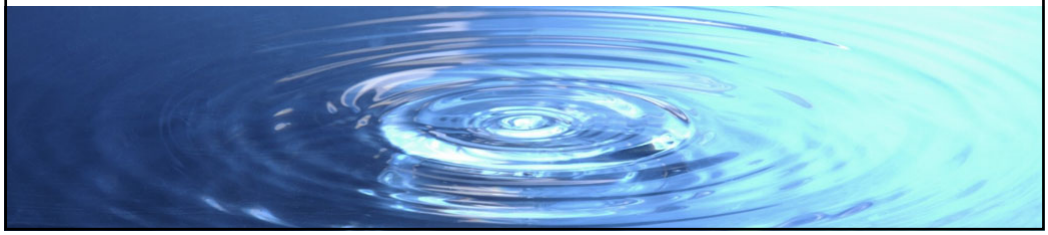
1 pricing and product initiatives of competitors;
2 legislative and regulatory developments and economic conditions;
3 delay or inability in obtaining regulatory approvals or bringing products to market;
4 fluctuations in currency exchange rates and general financial market conditions;
5 uncertainties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

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

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

Group

Severin Schwan
Chief Executive Officer

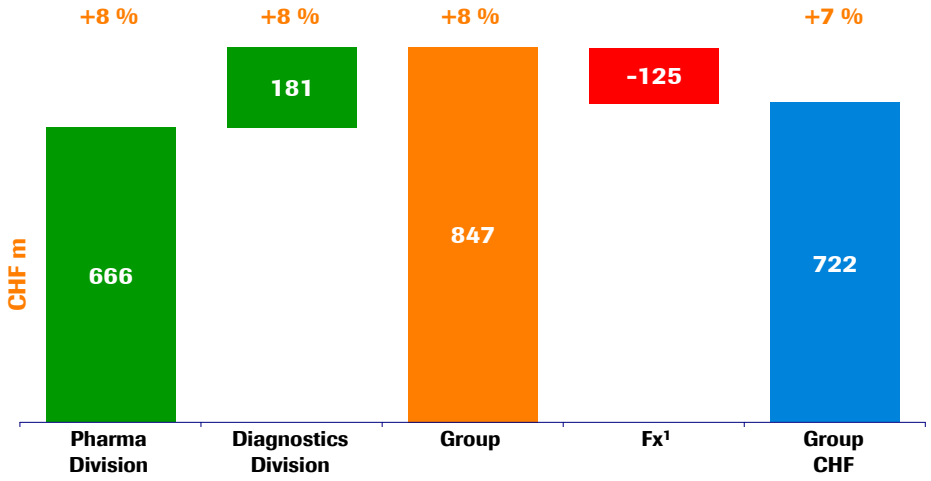


Q1 2009: High single-digit growth for both divisions

Well above world market

CHF bn	Q1'08	Q1'09	% change in CHF	% change in local
Pharmaceuticals	8.6	9.2	8	8
Diagnostics	2.3	2.4	3	8
Roche Group	10.9	11.6	7	8

Q1 2009: High single-digit local sales growth – more moderate currency impact

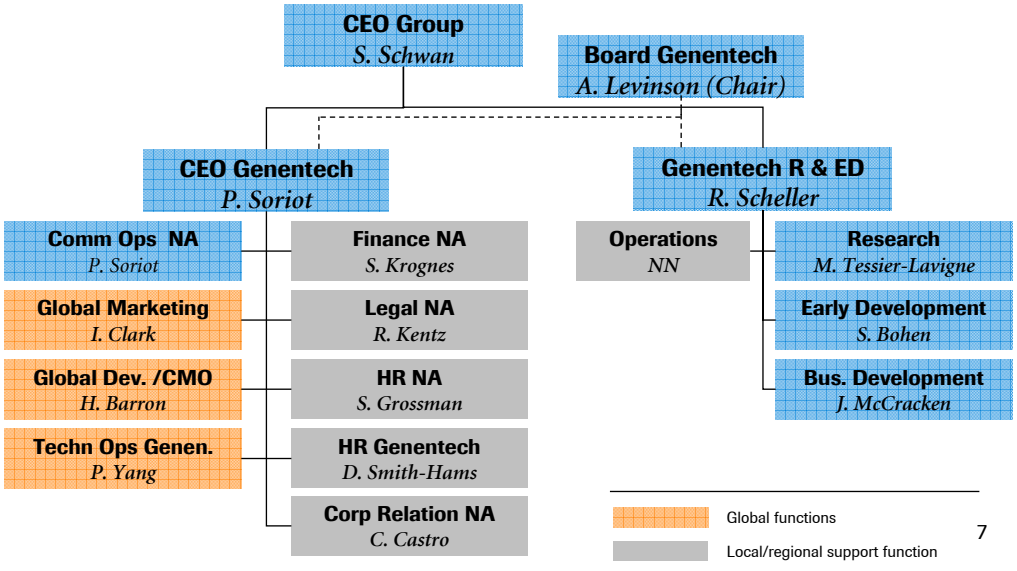


¹ avg full year 2008 to avg YTD Mar 09 fx

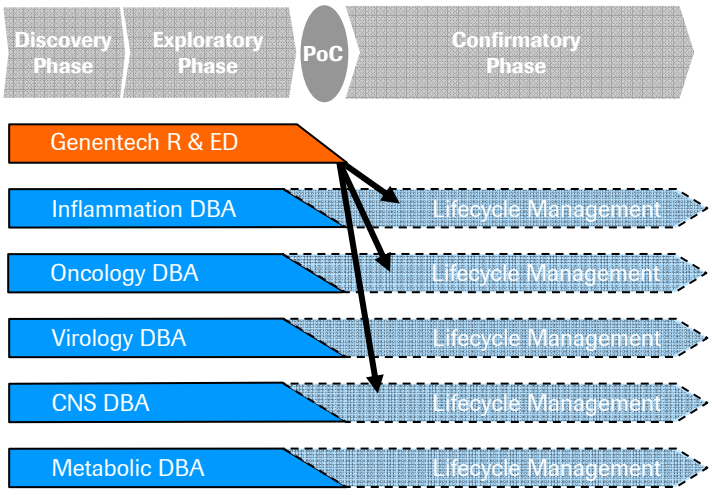
local absolute values at avg 2008 fx

Organisational setup: Pharma US

Effective 1 May 2009



Our R&D model: Post-transaction

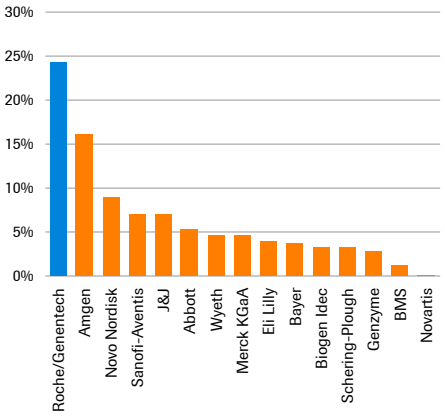


Roche: World leader in biotech & personalised health

From a position of strength

- World leader in biotech
- Uniquely positioned for personalised healthcare solutions
- Industry-leading pipeline
  - More than 40 phase III projects
- Least patent exposure of all major biotech/pharma companies

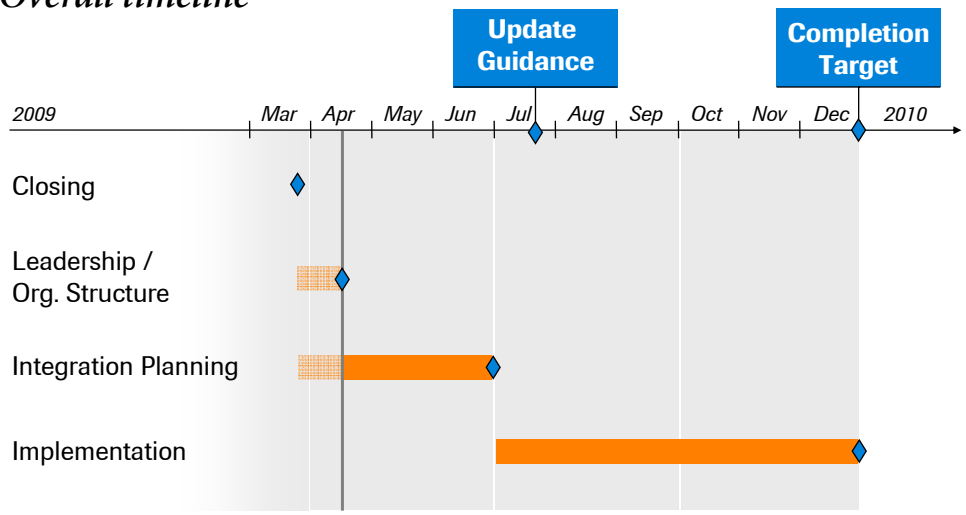
Biotech market share[1]



[1]Source: IMS

Genentech integration

Overall timeline



Our objectives for 2009

Up-date incl. impact of the Genentech transaction at Q2 2009

Sales

- Above-market sales growth in both divisions
- Mid single-digit sales growth for Divisions and Group, despite a more challenging environment

Core EPS

- Core Earnings per Share target[1] to remain at the high level of 2008 in spite of increased investments in research and development and expected lower net financial result

[1] Core Earnings per Share target is based on constant exchange rates. This target excludes the impact of the Genentech transaction on Core EPS. We expect that the Genentech transaction will have a positive impact on Core EPS within the first year after closing.
Barring unforeseen events

Pharmaceuticals Division

William M. Burns
CEO Roche Pharmaceuticals

Pharma: strong momentum

Twice the world-wide market growth

	Q1 2008 CHFm	Q1 2009 CHFm	% Change in CHF	% Change in local currencies
Pharmaceuticals Division	**8,568**	**9,216**	**8**	**8**
Europe/Rest of World	4,571	4,491	-2	8
United States	3,326	3,586	8	1
Japan	671	1,139	70	40

Quarterly growth % change

	Q1'08	Q2'08	Q3'08	Q4'08	Q1'09
Pharmaceuticals Division	**1**	**5**	**8**	**5**	**8**

Q1 2009: Highlights in Pharma

2 Approvals + 1 recommendation for approval

- MabThera: in combination with chemotherapy for previously untreated CLL (EU)
- Avastin: removal of contraindication for untreated CNS metastases (EU)
- Avastin: US ODAC recommendation for accelerated approval in previously treated glioblastoma

2 Phase III study readouts

- Herceptin: positive results in combination with chemotherapy in HER2-positive advanced gastric cancer (ToGA)
- Avastin+Tarceva: positive results in 1st line mNSCLC maintenance (ATLAS)

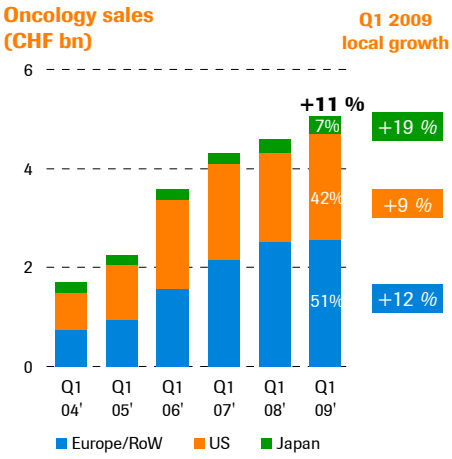
1 major Phase III study initiation

- Trastuzumab-DM1 (T-DM1) 2nd line HER2-positive metastatic breast cancer (EMILIA)

CLL=Chronic Lymphocytic Leukemia; ODAC = Oncology Drug Advisory Committee; NSCLC = Non-Small Cell Lung Cancer

Oncology franchise: solid double-digit growth

Avastin biggest product of the Group



Double-digit growth continues

US

- Oncology growth driven by Avastin, MabThera/ Rituxan and Xeloda

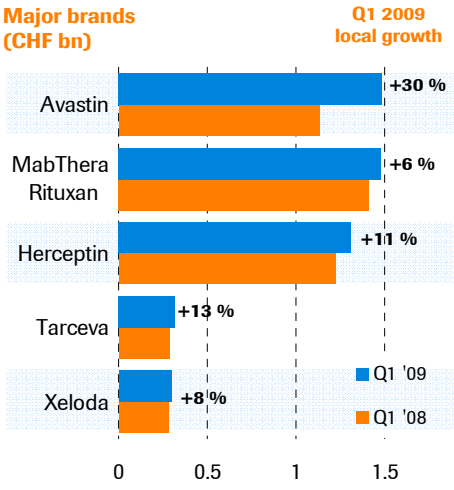
Europe/RoW

- Continued strong growth in Avastin sales, driven by strong uptake in mCRC and mBC
- Emerging markets contributing to continued growth of Herceptin and Tarceva

Japan

- Continued strong uptake of Avastin, Tarceva, Xeloda and adjuvant Herceptin

Three major oncology brands >CHF 5 billion annualised



US: Growth driven by mNSCLC and mBC
EU: Strong growth in mCRC and mBC

Additional growth expected from CLL (EU, RoW), maintenance treatment of NHL and RA

Continued strong uptake in Japan and emerging markets (E7 countries)

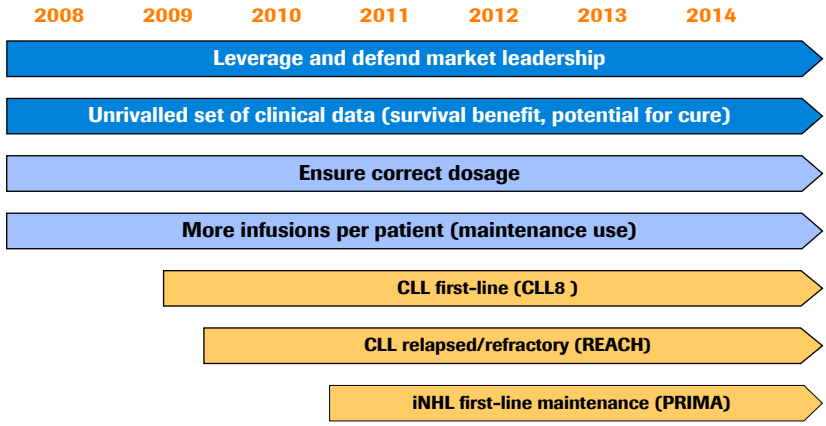
Strong growth in 2nd and 3rd line NSCLC, good uptake in Asia and Japan

Good growth in US, CEMAI, Asia and Japan driven by use in adj. CC, mBC and gastric cancer

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

MabThera/Rituxan: growth opportunities in oncology

More indications, more patients, more infusions



Oncology: Q1 2009 late-stage pipeline update

Tarceva in 1st line maintenance therapy for NSCLC (SATURN):

4 cycles of platinum based chemo, followed by Tarceva vs. Placebo

Filed Q1 2009

Avastin + Tarceva in 1st line maintenance therapy for NSCLC (ATLAS):

4 cycles of platinum based chemo +Avastin, followed by Avastin+/-Tarceva

To be filed 2009

Herceptin in HER2-positive advanced gastric cancer (ToGA):

6 cycles of chemo +/- Herceptin stopped 1 year early at interim analysis due to overall survival benefit

To be filed 2009

T-DM1 phase III 2nd line HER2-positive mBC (EMILIA):

T-DM1 vs. Xeloda+Lapatinib
primary endpoint = progression-free survival

Initiated Q1 2009

Avastin: significant potential for additional indications in the metastatic setting

Important Phase III newsflow over next 2 years

Indication	Study name	Start	Status*	Filing*
Previously-treated glioblastoma	**BRAIN**	2007	Positive US ODAC recommendation Q1'09	2008
1st line metastatic ovarian cancer	**GOG-0218** **ICON-7**	Q3'05 Q4'06	Interim analysis H2'09 Expect data 2010	2010
Relapsed Platinum sensitive ovarian cancer	**OCEANS** **GOG-0213**	Q2'07 Q4'07	Expect data 2010 Expect data 2013	2010-2013
1st line hormone-refractory prostate cancer	**CALGB 90401**	Q4'07	Interim analyses Q2'09 and Q4'09	2011
1st line advanced gastric cancer	**AVAGAST**	Q3'07	Interim analysis H2'09	2010

*Projected timelines for positive results

ASCO 2009 Highlights

Avastin

NSABP C-08: Adjuvant colon cancer efficacy results – *late-breaker abstract ?*

RIBBON-1: 1st line HER2-negative metastatic breast cancer – *oral presentation*

Tarceva

ATLAS: 1st line maintenance therapy for advanced non-small cell lung cancer – *late-breaker oral presentation*

SATURN: 1st line maintenance therapy for advanced non-small cell lung cancer – *oral presentation*

SATURN: 1st line maintenance therapy for advanced non-small cell lung cancer biomarker data

Herceptin

ToGA: 1st line HER2-positive advanced gastric cancer – *oral presentation*

T-DM1

Phase II second-line+ HER2-positive mBC final results

Joint Roche-Genentech Investor Science Events

Sunday May 31st

Monday June 1st

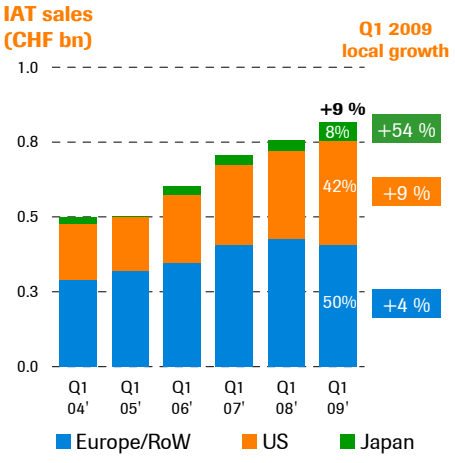
NSABP = National Surgical Adjuvant Breast and Bowel Project

Next generation type 2-diabetes treatments
Looking for benefits beyond glucose lowering

Priority	Class	HbA1c reduction	Potential CV risk reduction	Weight loss
High	GLP-1 analogue	✓✓	✓	✓✓
High	PPAR αγ co-agonist	✓✓	✓✓	-
High	SGLT-2 inhibitor	✓	✓	✓ (✓)
Low	DPP-IV inhibitor	✓	-	-
Low	PPAR γ agonist	✓✓	?	-
Low	GKA	✓	-	-

Roche Investor Science Event from ADA 2009

Inflammation/Autoimmune/Transplantation
MabThera in RA on continued growth path



Q1 2009
Overall franchise growing +8 %

MabThera/Rituxan Rheumatoid Arthritis

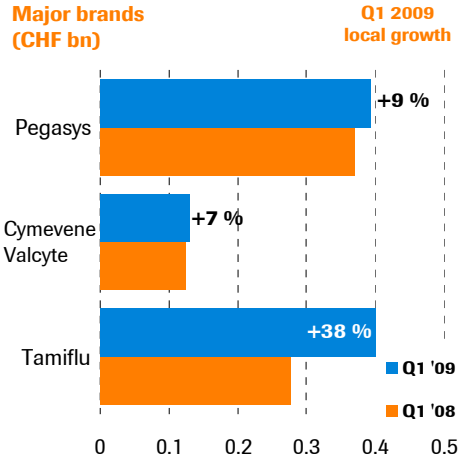
- Growth in 2nd and 3rd line biologic use
- DMARD IR indication: potential US approval in Q3 2009
- IMAGE (X-ray study) data at EULAR

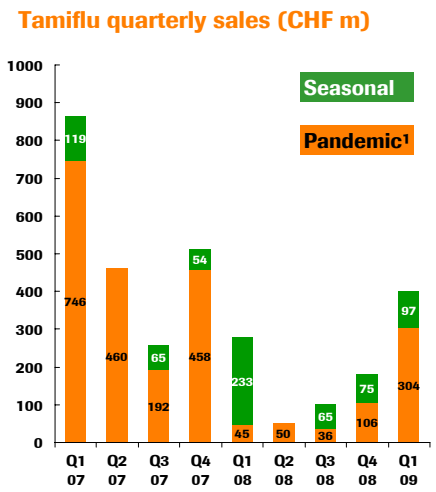
Actemra

- Very encouraging launch in Japan and EU
- US resubmission Q3 2009

Virology: Pegasys growth continues

Tamiflu pandemic orders in Japan and UK





¹ Governmental & Corporate

Pharmaceuticals objectives for 2009

Important clinical trial results and major Phase III initiations

Major clinical data

Compound	Phase	Indication / data	Timing	
Avastin	III	Adj CC NSABP C-O8, final analysis	Q2 2009	
Avastin	III	1st line mBC (RIBBON-1), full data	H1 2009	
Avastin+Tarceva	III	NSCLC 1st line maint (ATLAS), full data	H1 2009	
Tarceva	III	NSCLC 1st line maint (SATURN), full data	H1 2009	
Xeloda	III	Adj CC with oxaliplatin, final analysis	2009	
T-DM1	II	Phase III initiation	Q1 2009	✓
R7159/GA101	II	Phase III formal decision	2009	
IGF-1R	II	Phase III formal decision	2009	
Actemra	III	LITHE 2yrs X-ray data	H2 2009	
MabThera RA	III	MTX-naive X-ray data (IMAGE)	H1 2009	✓
Aleglitazar	II	Phase III decision	H1 2009	

Filings

Compound	Indication	
Avastin	1st line mBC (RIBBON-1)	
MabThera	CLL relapsed (REACH)	✓ (EU)
MabThera	RA DMARD IR + MTX-naive (X-ray data)	
Tarceva	1st line maint. NSCLC (SATURN)	✓
Tarceva+Avastin	1st line maint. NSCLC (ATLAS)	
Xeloda	Adj CC with oxaliplatin, and adj BC	

Divisional sales growth

Above-market, mid single-digit in local currencies

barring unforeseen events

Diagnostics Division

Jürgen Schwiezer
CEO Roche Diagnostics

Q1 2009: Diagnostics continues solid growth

Important product launches during first quarter

- **Sales:** above market growth (+8%)
- **Nine key launches in Europe:**

Professional Diagnostics:
- PlGF/sFlt-1 (preeclampsia),
- hs Troponin T (cardiovascular risk)
- IL-6 (inflammation)

Diabetes Care:
- Accu-Chek Aviva Nano
- Accu-Chek Mobile
- Accu-Chek Active
- Accu-Chek Combo & Spirit Plus

Tissue Diagnostics:
- INFORM EGFR DNA Probe (EGFR gene over-expression)

Molecular Diagnostics:
- MRSA Advanced Test (HAIs)

Q1 2009: Diagnostics Division sales

Growth driven by Professional & Tissue Diagnostics

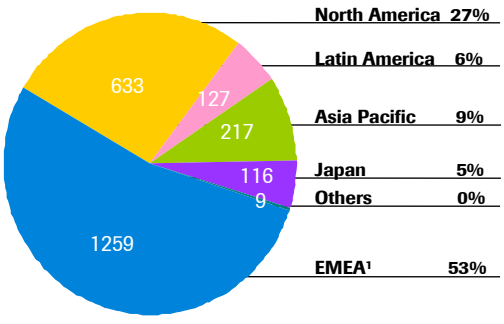
	Q1 2008 CHF m	Q1 2009 CHF m	CHF growth	local growth
Professional Diagnostics	1,057	1,086	3%	8%
Diabetes Care	699	679	-3%	4%
Molecular Diagnostics	279	294	5%	7%
Applied Science	187	196	5%	6%
Tissue Diagnostics	65	106	63%	55%
Diagnostics Division	**2,287**	**2,361**	**3%**	**8%**

Tissue Diagnostics consolidated since February 2008

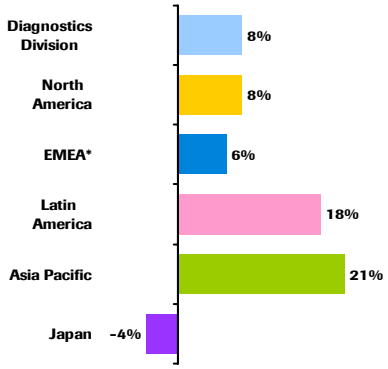
Q1 2009: Diagnostics Division sales by region

Strong growth in emerging markets

CHF 2,361 m

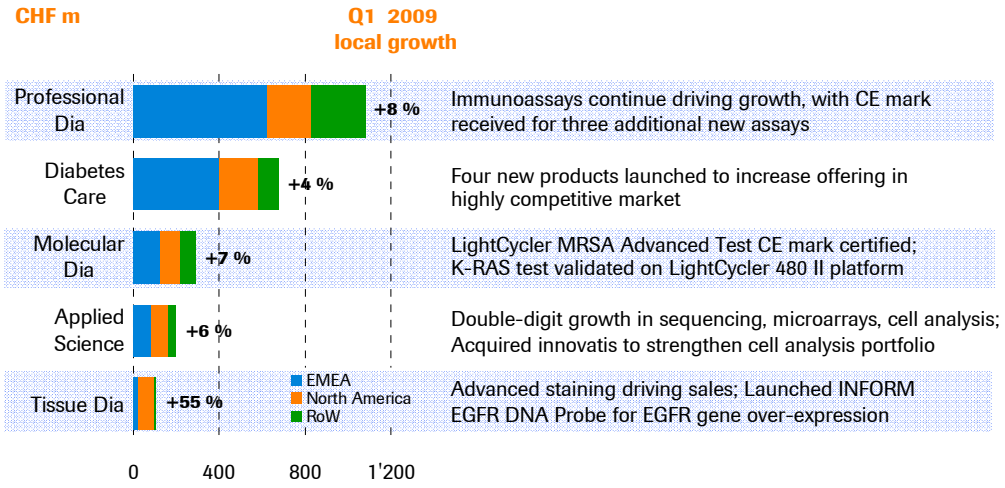


local sales growth



1 Europe, Middle East and Africa
Tissue Diagnostics consolidated since February 2008

Q1 2009: New products and instrument placements driving growth



Tissue Diagnostics consolidated since February 2008

Main growth drivers in 2009

	Key 2008 Launches	Key 2009 Launches*
Professional Diagnostics	• cobas c 311 analyzer (EU) • Accu-Chek Inform II (EU) • IC menu: HCV, RA, sepsis, CMV (EU)	• cobas 8000 modular analyser (EU) • cobas p 501 & cobas p 701 storage/ retrieval modules • cobas b 123 bloodgas, electrolytes (EU, US) • IC menu:PlGF/SFlt1, ✓ IL-6, ✓ hsTrop T, ✓ Trop I (EU)
Diabetes Care	• Accu-Chek Compact Plus (roll-out) • Accu-Chek Performa (roll-out)	• Accu-Chek Aviva/ Performa Nano (EU) ✓ (US) • Accu-Active (EU) ✓ • Accu-Chek Mobile (EU) ✓ • Accu-Chek Combo (EU) ✓ (US)
Molecular Diagnostics	• CAP/CTM HCV Test (US) • cobas TaqScreen MPX (US, J) • cobas TaqMan 48 HBV Test (US) • cobas TaqMan 48 CT Test (EU)	• CT/NG Test on cobas 4800 (EU) • HPV Test on cobas 4800 (EU) • MRSA Test (EU) ✓ (US) • TheraScreen EGFR 29 mutation test (EU)
Tissue Diagnostics	• BenchMark ULTRA staining system (US, EU) • VANTAGE Workflow Management Solution (US) • VIAS: Imaging application for *HER-2* SISH (EU)	• INFORM EGFR DNA Probe (EU) ✓ • VANTAGE Workflow Management Solution (EU) • Symphony primary staining system (EU)
Applied Science	• Real-Time Cell Analyser xCELLigence • GS FLX Titanium for DNA sequencing (454) • Comprehensive menu of NimbleGen arrays	• High-resolution microarray scanner • MagNa Pure 96 high-throughput system • xCELLigence RTCA DP ✓

Divisional sales outlook	**Above-market, mid single-digit growth in local currencies** barring unforeseen events

* Subject to appropriate regulatory approvals; US launch may be later

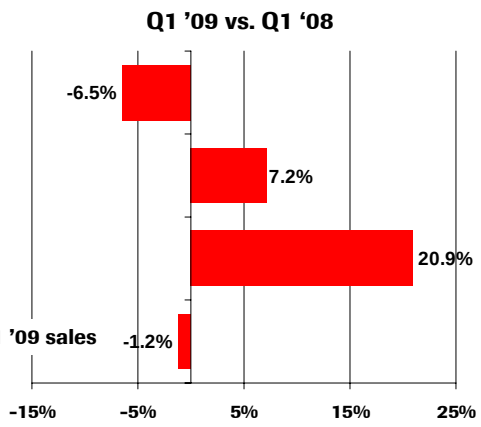
Group

Erich Hunziker
Chief Financial Officer

Q1 2009 vs. Q1 2008: Substantial strengthening of USD and JPY, offset by the EUR

	Average exchange rates Q1'09	Q1'08
EUR	1.50	1.60
USD	1.15	1.07
JPY	1.23	1.01

Group overall Fx impact on Q1 '09 sales
(CHF vs. local growth)



Innovative Financing
The 'Roche' approach

Pre-Funding/funding:
- Traditionally: transactions of this size are pre-funded with bank debt
- Roche: bridging loan for the issuance not attractive in the 2008/2009 financial market; debt financing with bonds, private placements & commercial papers, no sign-up fees

Maturities:
- Traditionally: rather at the long end
- Roche: evenly distributed, with particular emphasis on the short end

Timing of offerings:
- Traditionally: over many quarters
- Roche: 1 round per week for 3 weeks

Deal enabling:
- No negative interference with the M&A process
- Financing to clear the air for the deal

Financing of the 'DNA taking private'
The world's largest ever issuance of corporate bonds

Maturity	USD bn	Euro bn	CHF bn	GBP bn
6 months	2.5		4.0	
1 year	3.0	1.5		
2 years	1.25			
3 years	2.5		2.5	
4 years		5.25		
5 years	2.75			
6 years				1.25
7 years		2.75		
8 years			1.5	
10 years	4.5			
12 years		1.75		
30 years	2.5			
Total	19.0	11.25	8.0	1.25

excludes commercial paper debt

Our objectives for 2009

Up-date incl. impact of the Genentech transaction at Q2 2009

Sales

- Above-market sales growth in both divisions
- Mid single-digit sales growth for Divisions and Group, despite a more challenging environment

Core EPS

- Core Earnings per Share target[1] to remain at the high level of 2008 in spite of increased investments in research and development and expected lower net financial result

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Barring unforeseen events

Avastin: Adjuvant Program

Patient Population	Adjuvant Colon Cancer		Adjuvant Lung Cancer	Adjuvant Breast Cancer		
				HER2-negative		HER2-positive
Study	Phase III NSABP C-08	Phase III AVANT	Phase III ECOG 1505	Phase III ECOG 5103	Phase III BEATRICE *(triple-negative)*	Phase III BETH
# of Patients	N=2,710	N=3,451	N=1,500	N=4,950	N=2,530	N=3,600
Design	• ARM A: FOLFOX6 for 6 months followed by observation • ARM B: FOLFOX6 plus Avastin for 6 months followed by Avastin for 6 months	• ARM A: FOLFOX4 for 6 months followed by observation • ARM B: FOLFOX4 plus Avastin for 6 months followed by Avastin for 6 months • ARM C: XELOX plus Avastin for 6 months followed by Avastin for 6 months	• ARM A: Cisplatin plus vinorelbine, docetaxel or gemcitabine • ARM B: Cisplatin plus vinorelbine, docetaxel or gemcitabine plus Avastin	• ARM A: AC followed by paclitaxel • ARM B: AC plus Avastin followed by paclitaxel plus Avastin • ARM C: AC plus Avastin followed by paclitaxel plus Avastin, followed by Avastin	• ARM A: Anthracycline ± taxane or taxane-based chemo alone • ARM B: Anthracycline ± taxane or taxane-based chemo plus Avastin for 1 year	• COHORT 1: Docetaxel/ carboplatin plus Herceptin ± Avastin • COHORT 2: Docetaxel plus Herceptin ± Avastin, followed by 5-Fluorouracil, Epirubicin, Cyclophosphamide • For both cohorts, patients receive Herceptin ± Avastin to complete 1 year of targeted therapy
Avastin Dose	• 5 mg/kg q2 weeks	• 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	• 15 mg/kg q3 weeks
Primary Endpoint	• Disease-free survival	• Disease-free survival	• Overall survival	• Disease-free survival	• Disease-free survival	• Disease-free survival
Status	• Final results expected April 2009 • Event-driven efficacy analysis	• Completed enrollment Q2 2007 • Expect safety analysis H2 2009 • Expect efficacy analyses 2010; event-driven	• FPI Q3 2007 • Expect interim analysis Q4 2014*	• FPI Q4 2007 • Expect interim analysis Q2 2013*	• FPI Q4 2007 • Expect interim analysis Q2 2011*	• FPI Q2 2008 • Expect interim analysis Q2 2012*

NSABP = National Surgical Adjuvant Breast and Bowel Project; FOLFOX = oxaliplatin-based chemotherapy regimen (oxaliplatin plus leucovorin plus 5-fluorouracil); XELOX = capecitabine plus oxaliplatin; ECOG = Eastern Cooperative Oncology Group; FPI = first-patient-in; AC = anthracycline plus cyclophosphamide.
*Probable date of data availability if results are positive.

Avastin: Metastatic Breast Cancer

Patient Population	First-line			Second-line	First-line	
HER Status	HER2-negative				HER2-positive	
Study	Phase III RIBBON-1	Phase III AVADO	Phase III CALGB-40503	Phase III RIBBON-2	Phase III AVEREL	Phase III ECOG 1105
# of Patients	N=1,238	N=736	N=442	N=684	N=410	N=489
Design	• ARM A: Anthracycline or taxane plus Avastin OR Capecitabine plus Avastin • ARM B: Anthracycline or taxane plus placebo OR Capecitabine plus placebo	• ARM A: Placebo plus docetaxel • ARM B: 7.5 mg/kg dose of Avastin plus docetaxel • ARM C: 15 mg/kg dose of dose Avastin plus docetaxel	• ARM A: Aromatase inhibitor or tamoxifen plus Avastin • ARM B: Aromatase inhibitor or tamoxifen plus placebo	• ARM A: Chemotherapy *(*taxane, capecitabine, gemcitabine, or vinorelbine)* plus Avastin • ARM B: Chemotherapy* plus placebo	• ARM A: Docetaxel plus Herceptin • ARM B: Docetaxel plus Herceptin plus Avastin	• ARM A: Paclitaxel plus carboplatin plus Herceptin and placebo; followed by Herceptin plus placebo • ARM B: Paclitaxel plus carboplatin plus Herceptin and Avastin; followed by Herceptin plus Avastin
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	• 10 mg/kg q2 weeks
Primary Endpoint	• Progression-free survival	• Progression-free survival	• Progression-free survival	• Progression-free survival	• Progression-free survival	• Progression-free survival
Status	• Q4 2008, study met its primary endpoint • Data to be presented at ASCO 2009 • EU filing Q3 2009 • In agreement with FDA to submit sBLAs H2 2009 • sBLAs to include further survival follow-up	• Q1 2008, study met its primary endpoint • Data presented at ASCO 2008 • Filed in EU July 2008	• FPI Q4 2008	• Completed enrollment Q2 2008 • Expect data Q3 2009 • Potential sBLA submission Q4 2009	• FPI Q3 2006 • Expect data 2011	• FPI Q1 2008

ASCO = American Society of Clinical Oncology; FDA = U.S. Food and Drug Administration; sBLA = Supplemental Biologics License Application; CALGB = Cancer and Leukemia Group B; FPI = first-patient-in; ECOG = Eastern Cooperative Oncology Group.

Avastin: Ovarian Cancer

Patient Population	First-line Metastatic Ovarian Cancer		Relapsed Platinum-sensitive Ovarian Cancer	
Study	Phase III GOG-0218	Phase III ICON-7	Phase III OCEANS	Phase III GOG-0213
# of Patients	N=1,800	N=1,520	N=450	N=660
Design	• ARM A: Paclitaxel and carboplatin plus placebo (15 months) • ARM B: Paclitaxel and carboplatin plus Avastin (6 months of Avastin then placebo until 15 months) • ARM C: Paclitaxel and carboplatin plus Avastin (15 months with Avastin)	• ARM A: Paclitaxel and carboplatin 6 cycles • ARM B: Paclitaxel and carboplatin plus Avastin 6 cycles (followed by 12 3-week cycles of Avastin)	• ARM A: Carboplatin, gemcitabine, and Avastin for 6 months • ARM B: Carboplatin, gemcitabine, and placebo for 6 months • *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.*	Randomize to surgical reduction versus no surgery, then randomize to: • ARM A: Carboplatin and paclitaxel for a maximum of 8 cycles • ARM B: Carboplatin and paclitaxel plus Avastin for a maximum of 8 cycles followed by Avastin until disease progression
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	• Initiated Q3 2005 • Expect interim analysis H2 2009*	• Initiated Q4 2006 • Completed enrollment Q1 2009 • Expect data 2010	• Initiated Q2 2007 • Expanded to Phase III study Q2 2008 • Expect to complete enrollment Q2/Q3 2009 • Expect data 2010	• FPI Q4 2007 • Expect data 2013

GOG = Gynecologic Oncology Group; FPI = first-patient-in.
*Probable date of data availability if results are positive.

Avastin: Gastrointestinal Programs

Patient Population	Second-line Metastatic Colorectal Cancer	First-line Advanced Gastric Cancer	Gastrointestinal Stromal Tumors	High Risk Carcinoid
Study	Phase III ML18147/AIO 0504 *(Crossover Study)*	Phase III AVAGAST	Phase III SWOG S0502	Phase III SWOG S0518
# of Patients	N=580	N=760	N=572	N=274
Design	Chemotherapy treatment crossover, depending on 1st-line chemotherapy: • Stratum 1: FU/Irinotecan-based chemotherapy + Avastin → PD → FU/Oxaliplatin-based chemotherapy +/- Avastin • Stratum 2: FU/Oxaliplatin-based chemotherapy + Avastin → PD → FU/Irinotecan-based chemotherapy +/- Avastin	• ARM A: Xeloda*/cisplatin plus placebo • ARM B: Xeloda*/cisplatin plus Avastin **If Xeloda treatment is not possible, patients receive 5-fluorouracil*	• ARM A: Imatinib • ARM B: Imatinib plus Avastin	• ARM A: Depot octreotide plus interferon alpha • ARM B: Depot octreotide plus Avastin
Avastin Dose	• 5 mg/kg q2 weeks or 7.5 mg/kg q3 weeks	• 7.5mg/kg q3 weeks	• 15 mg/kg q3 weeks	•15 mg/kg q3 weeks
Primary Endpoint	• Overall survival	• Overall survival	• Progression-free survival	• Progression-free survival
Status	• FPI Q1'06	• FPI Q3 2007 • Completed enrollment Q4 2008 • Expect interim analysis H2 2009	• FPI Q3 2008	•FPI Q1 2008

FPI = first-patient-in; SWOG = Southwest Oncology Group. FU = 5FU or Xeloda

Avastin: Renal Cell and Prostate Cancer

Patient Population	First-line Metastatic Renal Cell Carcinoma		First-line Hormone Refractory Prostate Cancer
Study	Phase III CALGB 90206	Phase III AVOREN	Phase III CALGB 90401
# of Patients	N=732	N=649	N=1,050
Design	• ARM A: Interferon alfa-2b plus placebo • ARM B: Interferon alfa-2b plus Avastin	• ARM A: Interferon alfa-2a plus placebo • ARM B: Interferon alfa-2a plus Avastin	• ARM A: Docetaxel plus prednisone plus placebo • ARM B: Docetaxel plus prednisone plus Avastin
Avastin Dose	• 10 mg/kg q2 weeks	• 10 mg/kg q2 weeks	• 15 mg/kg q3 weeks
Primary Endpoint	• Overall survival	• Overall survival • Filed on Progression-free survival data	• Overall survival
Status	• Top-line progression-free survival and safety results submitted in support of the AVOREN sBLA • Data to be presented at ASCO 2009	• Approved in EU • Submitted sBLA in Q3 2008 • PDUFA date August 1, 2009 • Data to be presented at ASCO 2009	• Completed enrollment Q4 2007 • Expect interim analysis Q2 and Q4 2009* • Expect data 2010

CALGB = Cancer and Leukemia Group B; sBLA = supplemental Biologics License Application; PDUFA = Prescription Drug User Fee Act; ASCO = American Society of Clinical Oncology.
*Probable date of data availability if results are positive.

Avastin: Multiple Tumor Types

Patient Population	Previously Treated Glioblastoma	Newly Diagnosed Glioblastoma Multiforme	First-line Metastatic Melanoma	Relapsed or Refractory Multiple Myeloma	Extensive Small Cell Lung Cancer	First-line Diffuse Large B-Cell Lymphoma
Study	Phase II BRAIN	Phase III	Phase II BEAM	Phase II AVF4064g	Phase II SALUTE	Phase III *MAIN*
# of Patients	N=167	N=920	N=200	N=100	N=102	N=1,060
Design	• ARM A: Avastin • ARM B: Avastin plus irinotecan	• ARM A: Concurrent radiation and temozolomide plus placebo; followed by maintenance temozolomide plus placebo for 6 cycles; then placebo monotherapy • ARM B: Concurrent radiation and temozolomide plus Avastin; followed by maintenance temozolomide plus Avastin for 6 cycles; then Avastin (15mg/kg q3 weeks) monotherapy	• ARM A: Carboplatin and taxol • ARM B: Carboplatin and taxol plus Avastin	• ARM A: Bortezomib plus placebo • ARM B: Bortezomib plus Avastin	• ARM A: Avastin plus chemotherapy (cisplatin or carboplatin) and etoposide • ARM B: Placebo plus chemotherapy (cisplatin or carboplatin) and etoposide	• ARM A: Rituxan plus CHOP plus Avastin • ARM B: Rituxan plus CHOP plus placebo
Avastin Dose	• 10 mg/kg q2 weeks	• 10 mg/kg q2 weeks	• 15 mg/kg q3 weeks	• 15 mg/kg q3 weeks	• 15 mg/kg q3 weeks	• 15 mg/kg q3 weeks (CHOP-21) or 10 mg/kg q2 weeks (CHOP-14)
Primary Endpoint	• 6-month Progression-free survival and ORR	• Overall survival • Progression-free survival	• Progression-free survival	• Progression-free survival	• Progression-free survival	• Progression-free survival
Status	• Submitted in EU Q4 2008 • US: Submitted sBLA Q4 2008 requesting accelerated approval • Q1 2009, ODAC voted unanimously in support of accelerated approval • PDUFA date May 5, 2009	• Expect FPI Q2/Q3 2009	• Completed enrollment Q3 2008 • Expect data Q2 2009	• Initiated Q2 2007 • Expect to complete enrollment Q2/Q3 2009 • Expect data Q4 2009	• Completed enrollment Q3 2008 • Expect data Q2 2009	• Initiated Q3 2007

ORR = Overall Response Rate; ASCO = American Society of Clinical Oncology; sBLA = supplemental Biologics License Application; ODAC = Oncologic Drugs Advisory Committee; PDUFA = Prescription Drug User Fee Act; FPI = first-patient-in; CHOP = Cyclophosphamide, Doxorubicin, Vincristine and Prednisone.

HER Family: Tarceva

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
Study	**Phase III** **RADIANT** *OSI Study*	**Phase IIIB** **SATURN**	**Phase IIIB** **ATLAS**
# of Patients	N=945 (2:1 randomization)	N=850	N=1,150
Design	• Single agent Tarceva versus placebo up to 2 years (following surgical resection ± adjuvant chemotherapy)	• Platinum-based chemotherapy x4 cycles followed by Tarceva versus placebo (patients who did not progress on chemotherapy)	• **ARM A:** Chemotherapy plus Avastin (4 cycles) followed by Avastin plus placebo • **ARM B:** Chemotherapy plus Avastin (4 cycles) followed by Avastin plus Tarceva
Primary Endpoint	• Disease-free survival in EGFR-positive patients	• Progression-free survival – All patients – EGFR+ patients	• Progression-free survival
Status	• Initiated Q3 2006 • OSI expects to complete enrollment in 2010	• Q4 2008, study met primary endpoint • EU submission Q1 2009 • OSI submitted sNDA Q1 2009 • Data to be presented at ASCO 2009	• Q1 2009, study met its primary endpoint • EU submission 2009 • US: Evaluating requirements for potential sNDA submission • Late-breaker abstract at ASCO 2009

In collaboration with OSI Pharmaceuticals
EGFR = Epidermal Growth Factor Receptor; sNDA = supplemental New Drug Application; ASCO = American Society of Clinical Oncology.

HER Family: Herceptin and Pertuzumab

	Herceptin	Pertuzumab		
Patient Population	**Adjuvant HER2-positive Breast Cancer**	**First-line HER2-positive Metastatic Breast Cancer**	**Platinum-resistant Ovarian Cancer** *(HER3 Biomarker Positive)*	**Second-line Metastatic Non-small Cell Lung Cancer**
Study	**Phase III** **HERA**	**Phase III** **CLEOPATRA**	**Phase III**	**Phase II**
# of Patients	N=5,102	N=800	TBD	N=52
Design	• **ARM A:** Herceptin for 12 months • **ARM B:** Herceptin for 24 months • **ARM C:** Observation	• **ARM A:** Herceptin and docetaxel • **ARM B:** Pertuzumab plus Herceptin and docetaxel	• **ARM A:** Gemcitabine plus placebo • **ARM B:** Gemcitabine plus Pertuzumab	• Pertuzumab plus Tarceva *(single arm study)*
Primary Endpoint	• Disease-free survival	• Progression-free survival	• Progression-free survival	• Day 56 FDG-PET scan assessment
Status	• Final 2-year versus 1-year analysis expected in 2011 • 4-year follow-up data from the 1-year treatment arm presented at St. Gallen Oncology Conference March 2009	• FPI Q1 2008	• Phase III 'go' decision Q1 2009 • Expect FPI Q4 2009	• FPI Q1 2009

FPI = first-patient-in; FDG = Fluoro-2-deoxy-D-glucose; PET = Positron Emission Tomography.

HER Family: Trastuzumab-DM1 (T-DM1)

	HER2-positive Metastatic Breast Cancer				
Patient Population	**Patients Who Have Progressed on Herceptin-based Treatment**	**First-line Treatment**	**Second-line+ Treatment**	**Third-line Treatment**	**Second-line Treatment**
Study	**Phase Ib/II**	**Randomised Phase II**	**Phase II**	**Phase II**	**Phase III** EMILIA
# of Patients	N=60	N=120	N=113	N=112	N=580
Design	• T-DM1 plus pertuzumab (single arm study)	• ARM A: T-DM1 • ARM B: Herceptin plus docetaxel	• Single agent study	• Single agent study	• ARM A: T-DM1 • ARM B: Xeloda plus lapatinib
Primary Endpoint	• Safety and tolerability	• Progression-free survival	• Objective response *(assessed by independent radiologic review)*	• Objective response *(assessed by independent radiologic review)*	• Progression-free survival
Status	• Expect FPI Q2 2009	• FPI Q3 2008	• Completed enrollment Q2 2008 • Final data to be presented at ASCO 2009	• Completed enrollment Q1 2009 • Expect data Q1 2010 • Potential U.S. launch 2010	• Phase III 'go' decision Q4 2008 • FPI Q1 2009

In collaboration with ImmunoGen

FPI = first-patient-in; ASCO = American Society of Clinical Oncology; SABCS = San Antonio Breast Cancer Symposium.

Hedgehog Pathway Inhibitor - GDC-0449 (Small Molecule)

	Ligand-driven		Mutation-driven
Patient Population	**First-line Metastatic Colorectal Cancer**	**Ovarian Cancer Maintenance Therapy**	**Advanced Basal Cell Carcinoma**
Phase	**Phase II**	**Phase II**	**Pivotal Phase II**
# of Patients	N=190	N=100	N=100
Design	• ARM A: FOLFOX or FOLFIRI plus Avastin plus GDC-0449 • ARM B: FOLFOX or FOLFIRI plus Avastin plus placebo	• ARM A: GDC-0449 • ARM B: Placebo *(Randomization will be stratified by second or third complete remission)*	• Single arm: GDC-0449
Status	• FPI Q2 2008	• FPI Q4 2008	• FPI Q1 2009

In collaboration with Curis

FOLFOX = oxaliplatin-based chemotherapy regimen (oxaliplatin plus leucovorin plus 5-fluorouracil); FOLFIRI = irinotecan-based chemotherapy regimen (irinotecan plus leucovorin and 5-fluorouracil); FPI = first-patient-in.

Apoptosis: Dulanermin (rhApo2L/TRAIL)

Patient Population	Metastatic Colorectal Cancer	Metastatic Colorectal Cancer	Indolent Relapsed Non-Hodgkin's Lymphoma	First-line Metastatic Non-small Cell Lung Cancer
Phase	**Phase Ib**	**Phase Ib**	**Phase Ib/II**	**Phase II**
# of Patients	N=27	N=23	N=105	N=200
Design	• Dulanermin in combination with irinotecan, cetuximab and FOLFIRI	• Dulanermin in combination with FOLFOX and Avastin	• **ARM A:** MabThera/Rituxan • **ARM B:** MabThera/Rituxan plus Dulanermin • **ARM C:** Dulanermin	• **ARM A**: Carboplatin/paclitaxel alone • **ARM B:** Carboplatin/paclitaxel plus Dulanermin (8 mg/kg x 5 days) • **ARM C:** Carboplatin/paclitaxel and Avastin • **ARM D:** Carboplatin/paclitaxel and Avastin plus Dulanermin (8 mg/kg x 5 days) • **ARM E:** Carboplatin/paclitaxel and Avastin plus Dulanermin (20 mg/kg x 2 days)
Status	• Initiated Q3 2006 • Preliminary data to be presented at ASCO 2009	• Open for enrollment; expect FPI Q2 2009	• Phase Ib final data presented at ICML June 2008 • FPI Phase II cohort Q2 2007 • Expect Phase II results H2 2009	• Completed enrollment Q4 2008 • Expect results H2 2009

In collaboration with Amgen

FOLFIRI = irinotecan-based chemotherapy regimen (irinotecan plus leucovorin and 5-fluorouracil; FOLFOX = oxaliplatin-based chemotherapy regimen (oxaliplatin plus leucovorin plus 5-fluorouracil); ICML = International Conference on Malignant Lymphoma; FPI = first-patient-in.

Apoptosis: Apomab

Patient Population	Metastatic Colorectal Cancer	Metastatic Colorectal Cancer	Indolent Relapsed Non-Hodgkin's Lymphoma	First-line Metastatic Non-small Cell Lung Cancer
Phase	**Phase Ib**	**Phase Ib**	**Phase II**	**Phase II**
# of Patients	N=15	N=23	N=50	N=120
Design	• Apomab in combination with irinotecan, cetuximab and FOLFIRI	• Apomab in combination with FOLFOX and Avastin	• MabThera/Rituxan plus Apomab *(single arm study)*	• **ARM A**: Carboplatin/paclitaxel plus Avastin and Apomab • **ARM B:** Carboplatin/paclitaxel plus Avastin and placebo
Status	• Initiated Q4 2007	• Open for enrollment; expect FPI Q2 2009	• Completed enrollment Q1 2009 • Expect results H2 2009	• Completed enrollment Q2 2008 • Expect results H2 2009

FOLFIRI = irinotecan-based chemotherapy regimen (irinotecan plus leucovorin and 5-fluorouracil; FOLFOX = oxaliplatin-based chemotherapy regimen (oxaliplatin plus leucovorin plus 5-fluorouracil); FPI = first-patient-in.

Apoptosis: Small Molecules

	ABT-263 In collaboration with Abbott			IAP Antagonist
Patient Population	**Relapsed or Refractory Lymphoid Malignancies**	**Relapsed or Refractory Chronic Lymphocytic Leukemia**	**Advanced Small Cell Lung Cancer and Other Solid Tumors**	**Cancer Therapy**
Phase	**Phase I/IIa**	**Phase I/IIa**	**Phase I/IIa**	**Phase I**
# of Patients	N=110	N=72	N=90	N=28
Status	• FPI Q4 2006 • Phase I data presented at ASH 2007 and ASCO 2008 • Expect to initiate Phase IIa cohort Q2 2009	• FPI Q3 2007 • Expect to initiate Phase IIa cohort Q2 2009	• FPI Q2 2007 • Expect to initiate Phase IIa cohort Q2 2009	• FPI Q2 2007

FPI = first-patient-in; ASH = American Society of Hematology; ASCO = American Society of Clinical Oncology.

Anti-CD20: MabThera/Rituxan Oncology

Patient Population	**Previously Untreated Chronic Lymphocytic Leukemia**	**Relapsed Chronic Lymphocytic Leukemia**	**Follicular Non-Hodgkin's Lymphoma**	**Previously Untreated Diffuse Large B-cell or Follicular Non-Hodgkin's Lymphoma**
Study	**Phase III** **CLL-8**	**Phase III** **REACH**	**Phase III** **PRIMA**	**Phase IIIb** **RATE** ***Faster Infusion Study***
# of Patients	N=817	N=552	N=1,217 induction *(N=~900 to 1,000 maintenance)*	N=385
Design	• **ARM A:** Fludarabine + Cyclophosphamide • **ARM B:** Fludarabine + Cyclophosphamide + MabThera/Rituxan	• **ARM A:** Fludarabine + Cyclophosphamide • **ARM B:** Fludarabine + Cyclophosphamide + MabThera/Rituxan	• Physician's choice of three chemotherapies plus MabThera/Rituxan, followed by: –Maintenance regimen of MabThera/Rituxan for responders every 8 weeks over 24 months –Versus observation	• Prospective, open-label, single arm study
Primary Endpoint	• Progression-free survival	• Progression-free survival	• Progression-free survival	• To determine the incidence of Grade 3 or 4 infusion-related toxicities resulting from faster infusion of MabThera/Rituxan
Status	• Q1 2008, study met its primary endpoint • Results presented at ASH 2008 • Approved in EU Q1 2009 • US: expect to submit sBLA by Q3 2009	• Q4 2008, study met its primary endpoint • Results presented at ASH 2008 • EU: Submitted to EMEA Q1 2009 • US: Expect to submit sBLA by Q3 2009	• Completed enrollment Q1 2007 • Last patient randomized to maintenance setting Q4 2007 • Expect interim analysis Q4 2009 • Expect final analysis 2010	• FPI Q3 2008

In collaboration with Biogen Idec
ASH = American Society of Hematology; sBLA = supplemental Biologics License Application; GELA = Groupe d'Etude des Lymphomes de l'Adulte; FPI = first-patient-in.

Anti-CD20: R7159 / GA101

Patient Population	Indolent Non-Hodgkin's Lymphoma (NHL)	Relapsed or Refractory CD20+ Hematologic Malignancies	Indolent Non-Hodgkin's Lymphoma *(Rituxan Refractory)*
Phase	**Phase I/II** *(BO21003)*	**Phase I/II** *(BO20999)*	**Phase III**
# of Patients	N=~200	N=133	tba
Design	**Phase II Cohort:** • **ARM A:** MabThera/Rituxan • **ARM B:** GA101	• Single agent	• Bendamustine+GA101 vs bendamustine
Status	• Initiated Q1 2008 • Expect FPI Phase II cohort mid-2009	• Initiated Q3 2007 • Phase I NHL data presented at ASH 2008 • Phase I CLL data to be presented at EHA and Pan Pacific Meetings June 2009 • **Phase II cohort:** o FPI Phase II cohort (indolent and aggressive NHL arm) Q4 2008 o Expect FPI Phase II cohort (CLL arm) mid-2009	• To start by end 2009

In collaboration with Biogen Idec

FPI = first-patient-in; ASH = American Society of Hematology; CLL = Chronic Lymphocytic Leukemia; EHA = European Hematology Association.

Anti-IGF-1R: R1507

Patient Population	Sarcoma	Metastatic breast cancer	Metastatic non-small cell lung cancer
Study	**Phase II** (SARC011*)	**Phase I/II** (NO21161)	**2 x Phase II** (NO21160, NO21746)
# of Patients	N=305	N=44	N=150 (NO21160) N=40 (NO21746)
Design	• Single agent proof of concept study	• R1507 in combination with letrozole • R1507 monotherapy biomarker trial	• Combination of R1507 with Tarceva • Randomized combo (NO21160) and reversal of resistance (NO21746)
Status	• enrolment started Q4 2007 • final results anticipated Q4 2009	• started Q1 2009	• Both Ph II trials started Q4 2008

*In collaboration with SARC (Sarcoma Alliance for Research and Collaboration)

Anti-CD40: dacetuzumab

Patient Population	Relapsed Multiple Myeloma		Relapsed Follicular Non-Hodgkin's Lymphoma	Relapsed Diffuse Large B-Cell Lymphoma	Second-line Diffuse Large B-Cell Lymphoma
Study	**Phase Ib**	**Phase Ib**	**Phase Ib**	**Phase Ib**	**Phase IIb**
# of Patients	N=~30-40	N=~30-40	N=~30-40	N=~30-40	N=224
Design	•Combination with dexamethasone and lenalidomide	•Combination with bortezomib	•Combination with MabThera/Rituxan	•Combination with MabThera/Rituxan and gemcitabine	•R-ICE immuno-chemotherapy ± dacetuzumab
Status	•FPI Q4 2007	•FPI Q2 2008	•FPI Q1 2008	•FPI Q2 2008	•FPI Q4 2007 •Expect data 2010

In collaboration with Seattle Genetics

FPI = first-patient-in; ASH = American Society of Hematology; R-ICE regimen = MabThera/Rituxan, Ifosfamide, Carboplatin, and Etoposide.

Anti-VEGF: ABT-869 (Small Molecule)

Combination studies:

Patient Population	First-line Metastatic Non-small Cell Lung Cancer	First-line Metastatic Breast Cancer	Second-line Metastatic Colorectal Cancer
Phase	**Phase II**	**Phase II**	**Phase II**
# of Patients	N=92	N=102	N=102
Design	• ARM A: Carboplatin/ paclitaxel plus ABT-869 • ARM B: Carboplatin/ paclitaxel plus placebo	• ARM A: Paclitaxel plus ABT-869 • ARM B: Paclitaxel plus placebo	• ARM A: mFOLFOX6 plus ABT-869 • ARM B: mFOLFOX6 plus Avastin
Primary Endpoint	• Progression-free Survival	• Progression-free Survival	• Progression-free Survival
Status	• FPI Q2 2008	• FPI Q3 2008	• FPI Q4 2008

Single agent studies:

Patient Population	Advanced or Metastatic Non-small Cell Lung Cancer	Advanced or Metastatic Hepatocellular Carcinoma	Advanced Renal Cell Carcinoma
Phase	**Phase II** *(Patients who have had at least one but no more than two prior lines of systemic treatment)*	**Phase II**	**Phase II** *(Patients who have previously received treatment with sunitinib)*
# of Patients	N=139	N=44	N=53
Design	• Single agent	• Single agent	• Single agent
Primary Endpoint	• Progression-free Rate at 16 weeks	• Progression-free Rate at 16 weeks	• Objective Response Rate
Status	• Completed enrollment Q3 2008 • Interim data to be presented at ASCO 2009 • Expect final data 2009	• Completed enrollment Q3 2008 • Interim data to be presented at ASCO 2009 • Expect final data 2009	• Completed enrollment Q4 2008 • Interim data to be presented at ASCO 2009 • Expect final data 2009

In collaboration with Abbott

FPI = first-patient-in; FOLFOX = oxaliplatin-based chemotherapy regimen (oxaliplatin plus leucovorin plus 5-fluorouracil); ASCO = American Society of Clinical Oncology.

Other Early-stage Programs: Oncology

Molecule	Anti-EGFL7	Anti-NRP1	MEK Inhibitor *Small Molecule* In collaboration with Exelixis	MetMAb		PI3 Kinase Inhibitor *Small Molecule*
Patient Population	Cancer	Cancer	Cancer	Cancer	Second- and Third-line Metastatic Non-small Cell Lung Cancer	Cancer
Phase	Phase Ia	Phase Ia	Phase I	Phase Ib	Phase II N=120	Phase I
Design	• Dose-escalating study	• Dose-escalating study	• Dose-escalating study	• Phase Ib Cohort: MetMAb plus Avastin	• ARM A: Tarceva plus MetMAb • ARM B: Tarceva plus placebo	• Dose-escalating studies
Status	• IND submitted Q1 2009 • Expect FPI Q3 2009	• FPI Q3 2008 • Expect to initiate a Phase Ib study H2 2009	• FPI Q2 2007 • Q1 2008 Genentech exercised opt-in right	• Phase I interim data presented at the EORTC-NCI-AACR Symposium in October 2008 • Q1 2009, trial amended to add Phase Ib cohort	• FPI Q2 2009	• FPI Q4 2007 • Interim data presented at the EORTC-NCI-AACR Symposium in October 2008 • Data submitted for presentation at ASCO 2009

IND = Investigational New Drug; FPI = first-patient-in; EORTC = European Organization for Research and Treatment of Cancer; NCI = National Cancer Institute; AACR = American Association for Cancer Research; ASCO = American Society of Clinical Oncology.

Anti-CD20: MabThera/Rituxan Immunology

Patient Population	Rheumatoid Arthritis Methotrexate Inadequate Responders	Rheumatoid Arthritis Methotrexate Naïve Radiographic Study	Lupus Nephritis	ANCA-Associated Vasculitis
Study	Phase III SERENE	Phase III IMAGE	Phase III LUNAR	Phase II/III RAVE
# of Patients	N=509	N=755	N=144	N=197
Design	• ARM A: Methotrexate + MabThera/Rituxan (500mg) • ARM B: Methotrexate + MabThera/Rituxan (1,000mg) • ARM C: Methotrexate alone	• ARM A: Methotrexate + MabThera/Rituxan (500mg) • ARM B: Methotrexate + MabThera/Rituxan (1,000mg) • ARM C: Methotrexate + placebo	• ARM A: Mycophenolate mofetil + MabThera/Rituxan • ARM B: Mycophenolate mofetil + placebo	• Non-inferiority efficacy and safety study of MabThera/Rituxan and glucocorticoids versus conventional therapy (cyclophosphamide)
Primary Endpoint	• Proportion of patients with ACR 20 responses at 24 weeks	• Progression of structural damage as measured by x-ray at 52 weeks	• Renal response at 52 weeks: – Normalization of serum creatinine – Inactive urinary sedimentation – Urinary protein to creatinine ratio	• Induction of complete remission at 6 months, defined as a BVAS/WG of 0 and off glucocorticoid therapy
Status	• Q1 2008, study met its primary endpoint • Results presented at ACR 2008 • Submitted sBLA Q3 2008 • PDUFA date July 17, 2009 • EU: submission in 2009, with IMAGE	• Q4 2008, study met its primary endpoint • Data submitted for presentation at EULAR 2009 • Expect to submit sBLA Q2 2009 • EU: submission in 2009, with SERENE	• Completed enrollment Q1 2008 • Q1 2009, study did not meet its primary endpoint • Plan to submit data for presentation at ACR 2009 and ASN 2009	• Initiated Q4 2004

In collaboration with Biogen Idec

ACR = American College of Rheumatology; sBLA = supplemental Biologics License Application; PDUFA = Prescription Drug User Fee Act; EULAR = European League Against Rheumatism; ASN = American Society of Nephrology; ANCA = Anti-Neutrophilic Cytoplasmic Antibodies.

Anti-CD20: Ocrelizumab Rheumatoid Arthritis

Patient Population	Methotrexate Inadequate Responders	Methotrexate Inadequate Responders	Methotrexate Naïve Radiographic Study	Anti-TNF Inadequate Responders	Anti-TNF Inadequate Responders (Cycling Study)
Study	Phase III STAGE	Phase III FEATURE *(Single Infusion Study)*	Phase III FILM	Phase III SCRIPT	Phase II CINEMA
# of Patients	N=1,000	N=300	N=600	N=800	N=290
Design	• ARM A: Methotrexate + ocrelizumab (500 mg) • ARM B: Methotrexate + ocrelizumab (200 mg) • ARM C: Methotrexate + placebo *(Retreatment at weeks 24 and 26)*	• ARM A: Methotrexate + ocrelizumab (200 mg x 2) • ARM B: Methotrexate + ocrelizumab (400 mg) • ARM C: Methotrexate + placebo *(Weeks 24 to 48 is non-placebo controlled treatment period)*	• ARM A: Methotrexate + ocrelizumab (500 mg) • ARM B: Methotrexate + ocrelizumab (200 mg) • ARM C: Methotrexate + placebo *(Retreatment at weeks 24, 52, and 76)*	• ARM A: Methotrexate or leflunomide + ocrelizumab (500 mg) • ARM B: Methotrexate leflunomide + ocrelizumab (200 mg) • ARM C: Methotrexate leflunomide + placebo *(Retreatment at weeks 24 and 26)*	• Ocrelizumab versus infliximab *(for patients who respond inadequately to a first anti-TNF therapy)*
Primary Endpoint	• Proportion of patients with ACR20 responses at 24 and 48 weeks	• Proportion of patients with ACR20 responses at 24 weeks	• Progression of structural damage as measured by x-ray at 52 and 104 weeks	• Proportion of patients with ACR20 responses at 24 and 48 weeks	• Mean change from baseline in DAS28
Status	• Completed enrollment Q4 2008 • Expect data Q4 2009	• Completed enrollment Q4 2008 • Expect data 2010	• Completed enrollment Q4 2008 • Expect data 2010	• Completed enrollment Q1 2009 • Expect data 2010	• Initiated Q4 2008 • Expect data 2011

In collaboration with Biogen Idec

ACR = American College of Rheumatology; TNF = Tumor Necrosis Factor; DAS = Disease Activity Score.

Anti-CD20: Ocrelizumab

Patient Population	Relapsing Remitting Multiple Sclerosis	Lupus Nephritis
Study	Phase II *(Dose-finding study)*	Phase III BELONG
# of Patients	N=200	N=369
Design	• 96 week treatment period • Group A: Ocrelizmab 1,000 mg dose regimen • Group B: Ocrelizmab 600 mg dose regimen • Group C: First cycle placebo; followed by ocrelizumab • Group D: First cycle Avonex *(interferon β-1a)*; followed by ocrelizumab *(on a voluntary basis)*	• ARM A: Ocrelizumab 1,000 mg dose regimen plus SOC • ARM B: Ocrelizumab 400 mg dose regimen plus SOC • ARM C: Placebo plus SOC
Primary Endpoint	• Total number of gadolinium-enhancing T1 lesions observed on MRI scans of the brain at weeks 12, 16, 20 and 24	• Renal response at 48 weeks –Normalization of serum creatinine –Inactive urinary sedimentation –Urinary protein to creatinine ratio
Status	• FPI Q3 2008 • Completed enrollment Q2 2009 • Expect data Q4 2009	• FPI Q1 2008 • Expect to complete enrollment 2H 2009 • Expect data 2011

In collaboration with Biogen Idec

MRI = Magnetic resonance imaging; FPI = first-patient-in; SOC = standard of care.

IL-6 Receptor Inhibition: Actemra (tocilizumab)

Patient Population	Rheumatoid Arthritis					Systemic juvenile idiopathic arthritis
	MTX-IR	DMARD-IR	MTX-naive	Anti-TNF-IR	MTX-IR	sJIA
Study	Phase III OPTION	Phase III TOWARD	Phase III AMBITION	Phase III RADIATE	Phase III LITHE	Phase III
# of Patients	N=623	N=1'200	N=673	N=499	N=1'196	N=108
Design	• MTX • MTX+TCZ 4mg/kg • MTX+TCZ 8mg/kg	• DMARDs • DMARDs+TCZ 8mg/kg	• MTX • TCZ 8mg/kg	• MTX • MTX+TCZ 4mg/kg • MTX+TCZ 8mg/kg	• MTX • MTX+TCZ 4mg/kg • MTX+TCZ 8mg/kg	• TCZ dosed by body weight ranges (8 or 12 mg/ kg x 6) • Placebo • Followed by open-label period (max. 2 years)
Status	• Met primary endpoint • Data first presented at EULAR 2007	• Met primary endpoint • Data first presented at ACR 2007	• Met primary endpoint • Data first presented at EULAR 2008	• Met primary endpoint • Data first presented at EULAR 2008	• 2 years study • 1 year data first presented at ACR 2008 • 2 years data available in 2009	• FPI Q2 2008

In collaboration with Chugai

ACR = American College of Rheumatology DMARD = Disease-Modifying Anti-Rheumatic Drugs.; EULAR = European League Against Rheumatism; FPI = first-patient-in; IR = inadequate responders; MTX: Methotrexate; TCZ = tocilizumab (Actemra); TNF = Tumor Necrosis Factor.

Lucentis Development Program

Patient Population	Diabetic Macular Edema			Retinal Vein Occlusion	
				BRVO	CRVO
Study	Phase III RESTORE *Novartis Study*	Phase III RIDE	Phase III RISE	Phase III BRAVO	Phase III CRUISE
# of Patients	N=315	N=382	N=378	N=397	N=392
Design	• ARM A: Laser • ARM B: Laser plus Lucentis (0.5 mg) • ARM C: Lucentis (0.5 mg)	• Randomized, 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).		• Randomized, sham-controlled study of intravitreal injections (0.5 and 0.3 mg) administered monthly for 6 months	
Primary Endpoint	• Change in BCVA over 12 months compared to baseline	• Proportion of patients who gain ≥15 letters in BCVA score compared to baseline after 24 monthly injections *(secondary endpoints include 36 month endpoint)*		• Change in visual acuity at 6 months compared to baseline	
Status	• Completed enrollment Q1 2009 • Expect data 1H 2010	• Completed enrollment Q1 2009 • Expect data 2011	• Completed enrollment Q4 2008 • Expect data 2011	• Completed enrollment Q4 2008 • Expect data Q3 2009	• Completed enrollment Q4 2008 • Expect data Q3 2009

In collaboration with Novartis

BCVA = Best Corrected Visual Acuity; BRVO = Branch Retinal Vein Occlusion; CRVO = Central Retinal Vein Occlusion.

Xolair Development Program

Patient Population	Asthma			Urticaria
	Asthma	**Pediatric Asthma** *(Children ages 6 to 11)*	**Asthma**	**Chronic Idiopathic Urticaria**
Study	**Phase II** **AQUA** *Liquid Formulation Study*	**Phase III** *Novartis Study*	**Phase IIIb** **EXTRA** *Add-on therapy to high-dose ICS and LABA*	**Phase II**
# of Patients	N=61	N=570	N=850	N=76
Status	• Expect data Q2 2009	• Data presented at the 2008 European Respiratory Society meeting • Submitted sBLA Q4 2008 • PDUFA date October 5, 2009	• Completed enrollment Q3 2008 • Expect data Q4 2009	• FPI Q1 2009

In collaboration with Novartis

sBLA = supplemental Biologics License Applications; PDUFA = Prescription Drug User Fee Act; ICS = Inhaled Corticosteroids; LABA = Long-Acting Beta-Agonists; IND = Investigational New Drug.

Metabolic Late-stage Development Program

Molecule	SGLT2 Inhibitor In collaboration with Chugai	PPAR αγ Co-agonist aleglitazar	GLP-1 Analogue taspoglutide (1)	CETP Inhibitor dalcetrapib (2)
Patient Population	**Type 2 Diabetes**	**Cardiovascular high-risk Type 2 Diabetes**	**Type 2 Diabetes**	**Dyslipidemia/ Cardiovascular high-risk**
Study	**Phase II**	**Phase II**	**Phase III**	**Phase III**
Number of patients	N=300	N=500	N>4'000	N>16'000
Status	• FPI Q1 09	• Phase III go-decision in H1 2009 • Phase II results presented at ACC and planned for ADA 2009 • Data on renal function publication (SESTA-R) H2 2009	• Phase III started Q3 2008 • Recruitment on track	• Phase III morbidity and mortality study (dal-OUTCOMES) started Q2 2008, recruitment proceeding well • Phase II data presented at ACC 2008, additional data presented at the AHA 2008

(1) In-licensed from Ipsen (2) In-licensed from Japan Tobacco

FPI = first-patient-in; ACC = American Congress of Cardiology; ADA = American Diabetes Association; AHA = American Heart Association.

GLP-1 Analogue: taspoglutide

Patient Population	T2D Diet and exercise failures	T2D	T2D Metformin failures and/or TZD failures	T2D Pioglitazone + metformin failures	T2D Metformin failures (high BMI)	T2D Metformin + SU failures
Study	**Phase III**	**Phase III**	**Phase III**	**Phase III**	**Phase III**	**Phase III**
Comparator	Placebo	Sitagliptin	Exenatide	Placebo	Placebo	Insulin glargine
# of Patients	N=330	N=630	N=990	N=330	N=240	N=990
Design	• Taspoglutide vs. placebo	• Taspoglutide vs. Sitagliptin vs. placebo	• Taspoglutide QW vs. exenatide BID	• Taspoglutide vs. placebo	• Taspoglutide vs. placebo	• Taspoglutide vs. Insulin glargine
Status	• Recruitment on track	• Recruitment on track	• Completed enrollment Q1 2009	• Recruitment on track	• Recruitment on track	• Recruitment on track

In-licensed from Ipsen

T2D = type 2 diabetes.

CETP Inhibitor: dalcetrapib

Patient Population	Dyslipidemia/High CV-risk	Dyslipidemia/High CV-risk	Dyslipidemia/High CV-risk
Study	**Phase III**	**Phase IIb**	**Phase IIb**
Study	M&M study dal-OUTCOMES	Endothelial function study dal-VESSEL	Imaging study dal-PLAQUE
# of Patients	N=15'600	N=673	N=181
Design	• Randomized,double-blind placebo controlled study assessing the effect of dalcetrapib on cardiovascular mortality and morbidity in stable patients with a recent acute coronary syndrome	• Randomized placebo-controlled study of the safety, tolerability and effect on endothelial function of dalcetrapib in patients with coronary heart disease (CHD) or CHD risk equivalent	• Randomized placebo-controlled study of the effect of dalcetrapib on progression or regression of atherosclerotic plaque in patients with coronary heart disease (CHD) or CHD risk equivalent
Status	• Started Q2 08	• Started Q2 08	• Started Q1 08 • Enrollment completed Q3 08

In-licensed from Japan Tobacco

Other Early-stage Programs

	Immunology					Neuroscience	Tissue Growth & Repair
Molecule	**Anti-Beta7**	**Anti-CD4** In collaboration with Tolerx	**Anti-IFN alpha**	**Anti-IL13**	**Anti-OX40L**	**Anti-Aβ** In collaboration with AC Immune	**Anti-oxLDL** In collaboration with BioInvent
Patient Population	**Ulcerative Colitis**	**Rheumatoid Arthritis**	**Systemic Lupus Erythematosus**	**Asthma**	**Asthma**	**Alzheimer's Disease**	**Secondary Prevention of Cardiovascular Events**
Study	**Phase I** N=70	**Phase I** N=65	**Phase II**	**Phase II** N=24	**Phase I**	**Phase I** ABACUS N=~50	**Phase I** *BioInvent Study*
Status	• FPI Q3 2008	• FPI Q3 2008 • Expect to complete enrollment H2 2009	• Phase Ia/b study completed enrollment Q3 2008 • Expect FPI mid-2009	• FPI Q4 2008 • Expect data Q3 2009	• Phase I studies completed enrollment Q4 2008 • Expect Phase II 'go/no go' decision Q2 2009	• FPI Q3 2008	• Phase I completed enrollment Q4 2008 • Expect Phase II 'go/no go' decision Q2 2009

FPI = first-patient-in.

Q1 2009 Milestones

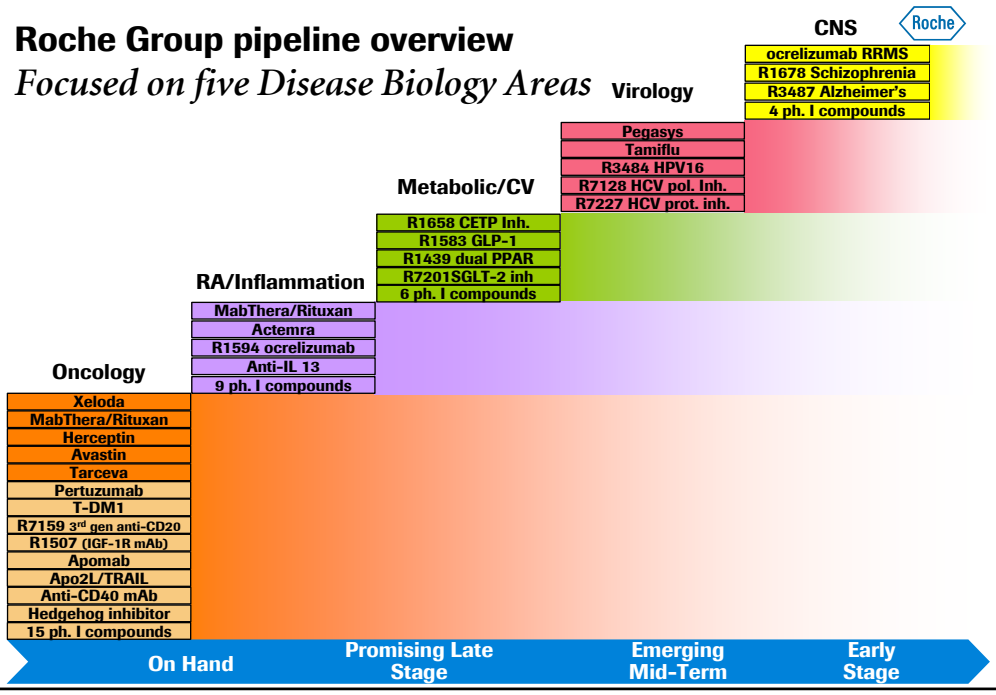
- **First-patient-in:**
  - **Phase I**
    - NME for cancer
    - NME for liver cancer (Chugai)
  - **Phase II**
    - Hedgehog Pathway Inhibitor for advanced basal cell carcinoma
    - Pertuzumab + Tarceva for second-line metastatic non-small cell lung cancer (NSCLC)
    - Xolair for chronic idiopathic urticaria
    - SGLT-2 inhibitor for type 2 diabetes
  - **Phase III**
    - T-DM1 EMILIA for second-line HER2+ metastatic breast cancer (mBC)
    - Tarceva in 1st-line NSCLC in EGFR mutation-positive patients
- **Completed enrollment:**
  - **Phase II**
    - Apomab for indolent relapsed non-Hodgkin's lymphoma
    - T-DM1 for third-line HER2+ mBC
  - **Phase III**
    - Avastin ICON-7 for first-line metastatic ovarian cancer
    - Lucentis RIDE for diabetic macular edema
    - Lucentis RESTORE for diabetic macular edema*
    - Ocrelizumab SCRIPT for rheumatoid arthritis anti-TNF IR

- **Next Phase "go" decisions:**
  - Anti-IFN alpha Phase II for systemic lupus erythematosus
  - Pertuzumab Phase III for platinum-resistant ovarian cancer
- **Data results:**
  - Herceptin in combination with chemotherapy in advanced HER2-positive gastric cancer (ToGA) - *study met its primary endpoint*
  - Avastin + Tarceva Phase III ATLAS for first-line metastatic non-squamous, NSCLC – *study met its primary endpoint; late-breaker abstract at ASCO 2009*
  - MabThera/Rituxan Phase III LUNAR for lupus nephritis – *study did not meet its primary endpoint*
- **Submissions:**
  - Tarceva sNDA for first-line maintenance therapy for advanced non-small cell lung cancer (SATURN, US and EU)
  - Valcyte cytomegalovirus (CMV) extension
- **Approvals + recommendations for approval**
  - MabThera in combination with chemotherapy for previously untreated CLL (EU)
  - Avastin: removal of contraindication for untreated CNS metastases (EU)
  - Avastin: US ODAC recommendation for accelerated approval in previously-treated glioblastoma

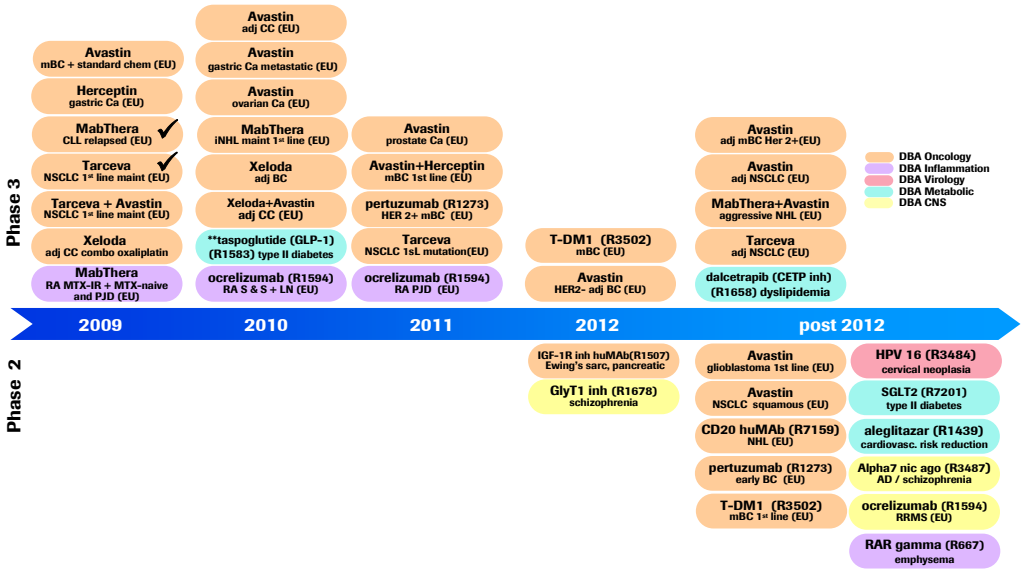
* Novartis study
TNF = Tumor necrosis factor; sNDA = supplemental New Drug Application.

Roche Group pipeline overview

Focused on five Disease Biology Areas



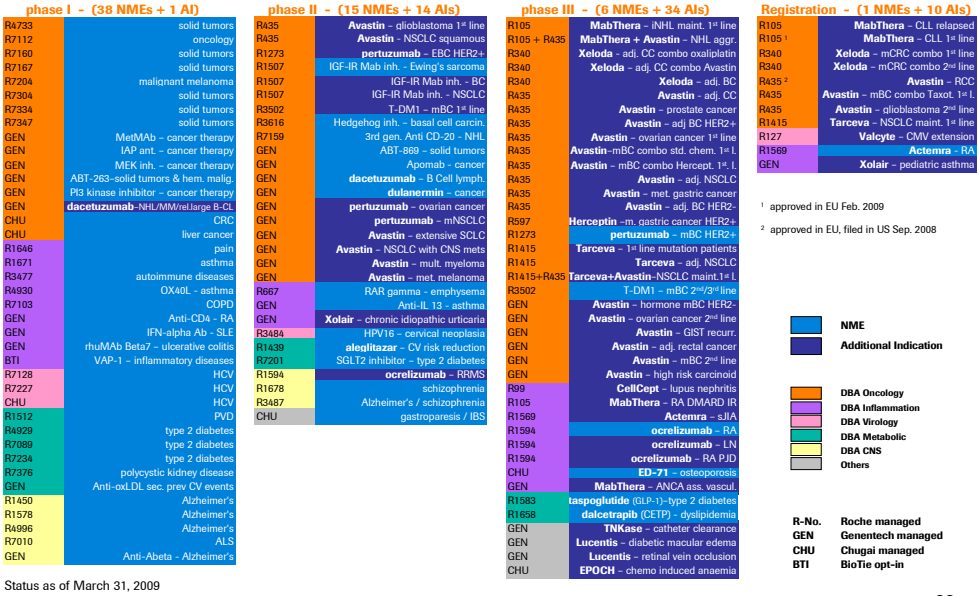
Major Roche *-managed projected submissions



* all submissions exclude Genentech **Timeline under review pending assessment of the FDA guidelines Status as of March 31, 2009,

Unless stated otherwise, submissions will occur in US and EU

Roche Group R&D pipeline today



Status as of March 31, 2009

Q1 2009 Pharma division sales (vs. Q1 2008)

Top 20 products

	Global		US		Japan		Europe/RoW	
	CHF m	% loc	CHF m	% loc	CHF m	% loc	CHF m	% loc
Avastin	1,485	30	810	18	82	147	593	39
MabThera/Rituxan	1,481	6	769	6	52	2	660	6
Herceptin	1,307	11	390	0	81	62	836	13
CellCept	517	7	256	11	11	15	250	3
Tamiflu	401	38	15	-94	250	1207	136	487
Pegasys	393	9	101	17	31	36	261	5
NeoRecorm/Epogin	378	-13	-	-	115	-8	263	-15
Tarceva	320	13	128	0	15	51	177	20
Xeloda	296	8	106	11	15	53	175	4
Lucentis	279	21	279	21	-	-	-	-
Bonviva/Boniva	249	3	137	-17	-	-	112	40
Xolair	152	13	152	13	-	-	-	-
Valcyte/Cymevene	131	7	60	3	-	-	71	11
Activase/TNKase	126	45	114	49	-	-	12	19
Pulmozyme	120	3	75	14	-	-	45	-9
Nutropin	104	1	101	1	-	-	3	-12
Xenical	103	-14	8	-43	-	-	95	-11
Neutrogin	90	-22	-	-	90	-22	-	-
Rocephin	77	-15	-	-97	15	-3	62	-13
Madopar	68	0	-	-	5	7	63	0

Pharma division local sales growth[1] in %

Global top 20 products

	Q1/08	Q2/08	Q3/08	Q4/08	Q1/09
Avastin	35	38	37	36	30
MabThera/Rituxan	17	16	15	16	6
Herceptin	11	12	14	12	11
CellCept	11	16	14	11	7
Tamiflu	-64	-86	-56	-65	38
Pegasys	-3	10	12	5	9
NeoRecormon/Epogin	-13	-14	-15	-8	-13
Tarceva	28	27	18	19	13
Xeloda	13	14	14	12	8
Lucentis	-5	2	15	19	21
Bonviva/Boniva	56	47	26	23	3
Xolair	6	7	12	13	13
Valcyte/Cymevene	9	10	13	9	7
Activase/TNKase	-3	-11	-2	13	45
Pulmozyme	15	11	6	14	3
Nutropin	-5	-5	1	-1	1
Xenical	-11	-21	-9	-11	-14
Neutrogin	1	1	0	-13	-22
Rocephin	-4	-13	-16	-6	-15
Madopar	0	9	4	3	0

[1] Q1 – Q4/08 vs. Q1 – Q4/07, Q1/09 vs. Q1/08

Pharma division local sales growth in %

Top 20 products by region

	US				Japan				Europe/RoW			
	Q2[1]	Q3[1]	Q4[1]	Q1[1]	Q2[1]	Q3[1]	Q4[1]	Q1[1]	Q2[1]	Q3[1]	Q4[1]	Q1[1]
Avastin	15	18	21	18	1567	442	236	147	78	67	52	39
MabThera/Rituxan	13	14	15	6	11	8	9	2	21	17	18	6
Herceptin	3	15	3	0	29	69	73	62	15	11	13	13
CellCept	15	20	12	11	21	15	10	15	16	9	9	3
Tamiflu	-87	6	-83	-94	-78	-98	-2	1207	-83	-93	6	487
Pegasys	5	45	9	17	53	49	39	36	9	1	1	5
NeoRecorm/Epogin	-	-	-	-	-29	-9	-16	-8	-7	-17	-4	-15
Tarceva	17	9	5	0	-	-	699	51	28	17	24	20
Xeloda	5	9	8	11	73	88	81	53	18	14	12	4
Lucentis	2	15	19	21	-	-	-	-	-	-	-	-
Bonviva/Boniva	39	16	12	-17	-	-	-	-	61	45	47	40
Xolair	7	12	13	13	-	-	-	-	-	-	-	-
Valcyte/Cymevene	5	7	5	3	-	-	-	-	16	19	14	11
Activase/TNKase	-12	-2	13	49	-	-	-	-	1	1	11	19
Pulmozyme	14	13	24	14	-	-	-	-	8	-3	2	-9
Nutropin	-4	1	-1	1	-	-	-	-	-12	-10	-2	-12
Xenical	-46	-33	-48	-43	-	-	-	-	-17	-6	-7	-11
Neutrogin	-	-	-	-	1	0	-13	-22	-	-	-	-
Rocephin	-85	-	-89	-97	-2	-1	5	-3	-9	-13	-6	-13
Madopar	-	-	-	-	5	6	0	7	9	4	4	0

[1] Q2 – Q4: 08 vs. 07; Q1: 09 vs. 08

Q1 2009 Pharma division sales (vs. Q1 2008)

Other launches since January 2003[1]

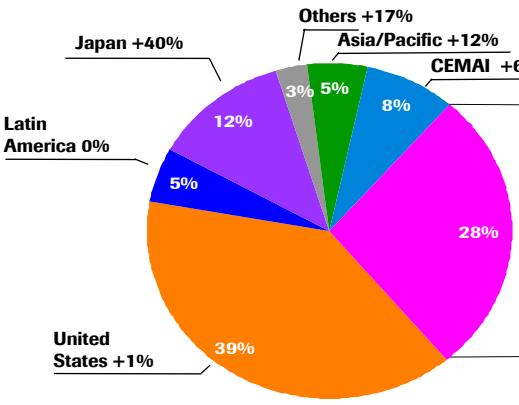
	Global		US		Japan		Europe/RoW	
	CHF m	% loc	CHF m	% loc	CHF m	% loc	CHF m	% loc
Copegus	61	10	1	-22	14	52	46	3
Evista	46	22	-	-	46	22	-	-
Fuzeon	32	-29	11	-40	-	-	21	-22
Mircera	30	552	-	-	-	-	30	552
Raptiva	26	-27	26	-27	-	-	-	-
Actemra	21	1302	-	-	18	1108	3	-
Renagel	18	3	-	-	18	3	-	-
Femara	6	46	-	-	6	46	-	-

[1] other than launches already covered in Top 20

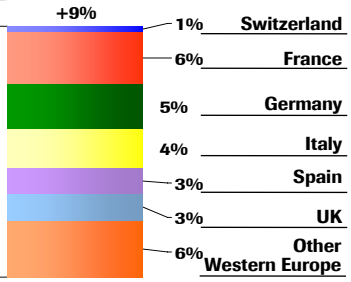
Q1 2009 Pharma division sales

Regional sales distribution & growth

Geographies



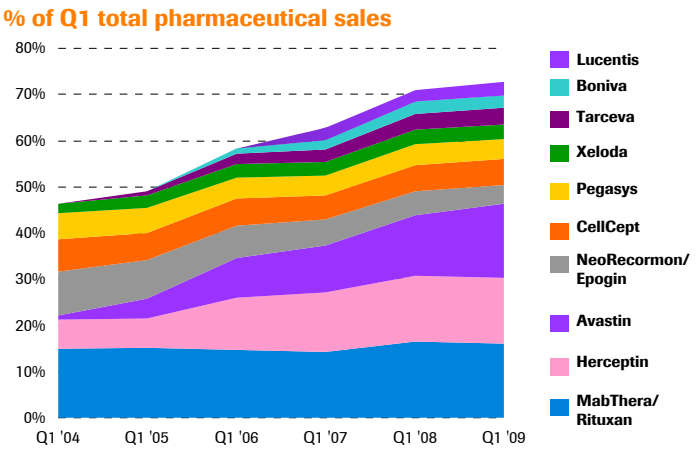
Western Europe Breakdown



all growth figures are in local currencies

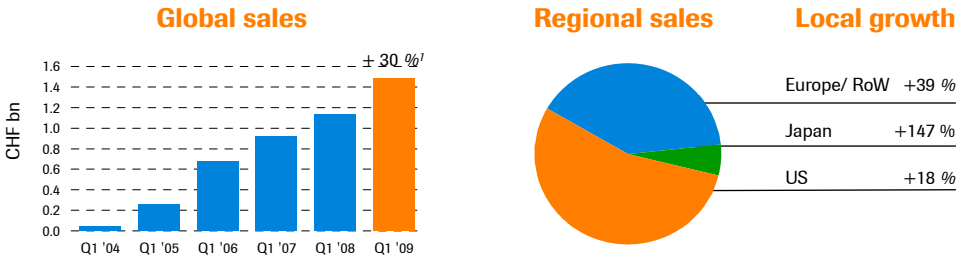
CEMAI: Central and Eastern Europe, Middle East, Africa, Central Asia, Indian Subcontinent

Q1: Key Pharmaceutical product sales



Avastin: continued strong growth in EU/RoW and Japan

Growth driven mostly by mCRC and mBC



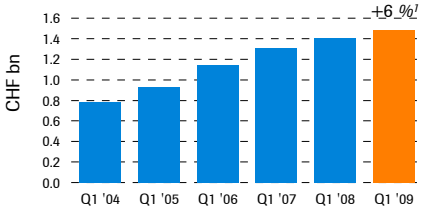
- YTD sales of CHF 1.485 bn
- US (Q1 '09 penetration rates)
  - mCRC: stable; mBC: 50% new patient share (vs 40% in Q4'08); Avastin-eligible NSCLC: 50% new patient share, in-line
- EU/RoW
  - strong growth in mCRC continues, driven by broad label extension for mCRC
  - Continued roll-out of mBC and mNSCLC indications
  - RCC sales also contributing to growth

[1] local growth

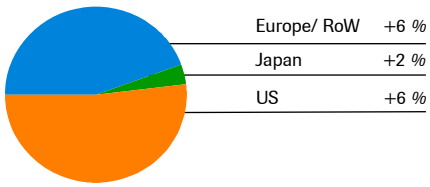
MabThera/Rituxan: Strong growth over a decade…

… and still significant growth potential

Global sales



Regional sales **Local growth**



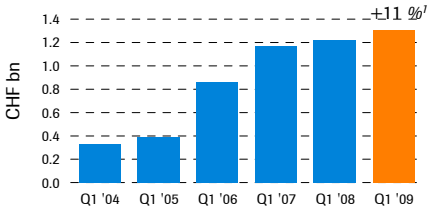
- YTD sales of CHF 1.481 bn
- US
  - Sales growth continues to be driven primarily by maintenance use in first-line indolent NHL
  - Growth in RA 2nd and 3rd line biologic use
- EU/RoW
  - Strong sales in Western Europe (+10%)
  - Negative impact of trade inventory adjustments in January and February in emerging markets (Latin America -29%) - recovering in March
  - CLL launched in some countries, further roll-out throughout 2009
  - RA: adoption continues to increase

[1] local growth

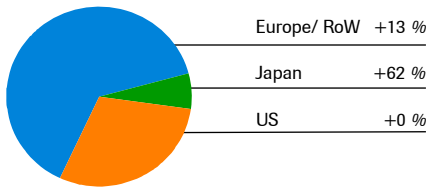
Herceptin: double-digit growth maintained

Adjuvant usage driving growth in EU/RoW and Japan

Global sales



Regional sales **Local growth**



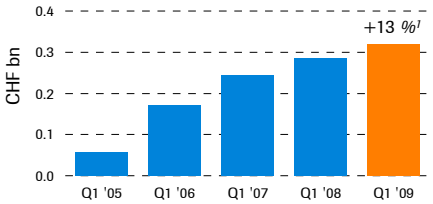
- YTD sales of CHF 1.307 bn
- US
  - Q1'09: Adjuvant use remains strong at 90% penetration[2]; 1st line mBC use steady at 85%
- EU/RoW
  - Top 5 EU (Q4'08): penetration in early BC >75%, 1st line metastatic BC approx 80%
  - Maintaining strong growth across all regions
  - Positive ToGA OS read out (overall survival benefit); filing H2 2009

[1] local growth; [2] penetration is reported as new patient share in the US, and as total patient share in top 5 EU

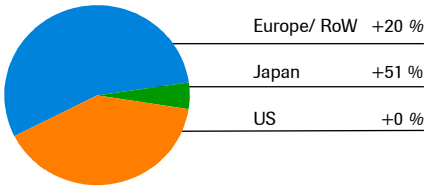
Tarceva

Strength in Europe/RoW and Japan

Global sales



Regional sales **Local growth**



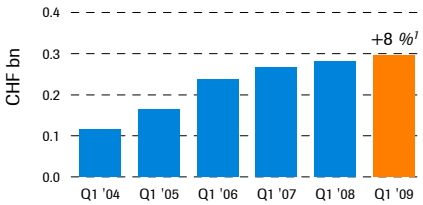
- YTD sales of CHF 320 m
- US (mNSCLC)
  - Stable situation despite more alternative therapies available
- EU/RoW:
  - Market penetration in mNSCLC, top 5 EU (Q4'08): 2nd line: approx. 30% (up from approx. 25% at YE '08); 3rd line: approx. 45% (stable)
  - Significant growth contribution from Europe outside top 5 EU and from emerging markets
- Japan: Encouraging initial uptake
- SATURN and ATLAS filings to provide additional growth opportunities

[1] local growth

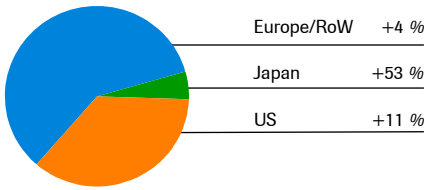
Xeloda

Label expansions driving growth

Global sales



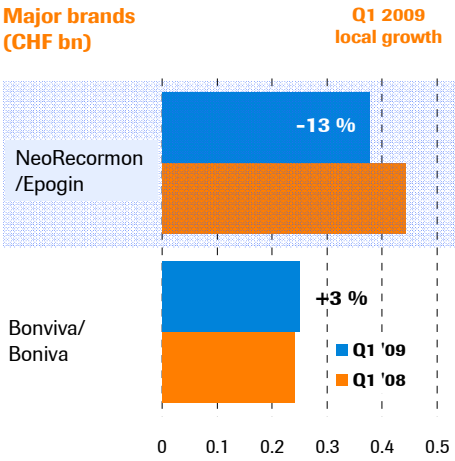
Regional sales **Local growth**



- YTD sales of CHF 296 m
- US
  - Double-digit growth driven primarily by further uptake in mBC
- EU/RoW
  - Strong growth in Asia and the CEMAI region due to roll-out of new indications, including for metastatic gastric cancer in China, negative impact of trade inventory adjustments in January and February in Latin America - recovering in March
- Japan
  - Continued strong growth driven by the rollout of new colorectal and breast cancer indications

[1] local growth CEMAI: Central and Eastern Europe, Middle East, Africa, Central Asia, Indian Subcontinent

Metabolism/Bone/Anemia



NeoRecormon: -15% in spite of price pressure and biosimilars in EU/RoW. Epogin: downward pressure in Japan stabilized

- Very encouraging sales growth in EU/RoW (+40%)
- US sales: some impact from therapeutic substitution; 15% prescription share of bisphosphonates class in US

Diagnostics Division quarterly sales and local growth[1]

Sales CHF m	Q4 '07	% loc	Q1 '08	% loc	Q2 '08	% loc	Q3 '08	% loc	Q4'08	% loc	Q1 '09	% loc
Professional Diagnostics	1,128	10%	1,057	10%	1,102	9%	1,074	9%	1,139	9%	1,086	8%
Diabetes Care	904	7%	699	-3%	783	7%	725	0%	764	-7%	679	4%
Molecular Diagnostics	299	1%	279	4%	289	4%	286	6%	303	6%	294	7%
Applied Science	194	15%	187	19%	187	23%	183	16%	223	19%	196	6%
Tissue Diagnostics			65	n.a.	99	n.a.	97	n.a.	115	n.a.	106	55%
DIA Division	**2,527**	**8%**	**2,287**	**9%**	**2,460**	**13%**	**2,365**	**11%**	**2,544**	**9%**	**2,361**	**8%**

[1] 2007 vs. 2006 for Q4 '07, 2008 vs. 2007 for Q1 to Q4 '08, 2009 vs. 2008 for Q1 '09
Reclassifications 2007 & 2008 from Professional Diagnostics to Molecular Diagnostics and Applied Science

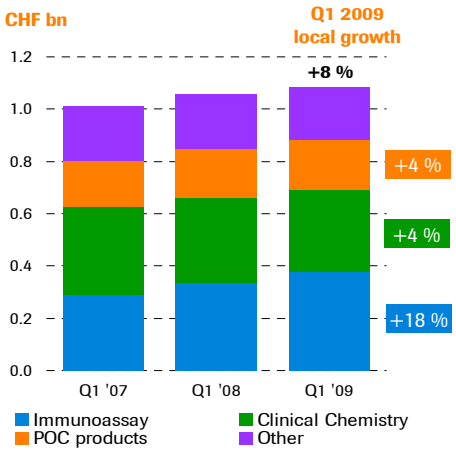
Q1 2009: Diagnostics Division sales

By Region and Business Area (vs. 2008)

Sales CHF m	Global	% loc growth	North Am.	% loc growth	EMEA	% loc growth	RoW	% loc growth
Professional Diagnostics	1,086	8	209	-2	622	7	255	21
Diabetes Care	679	4	180	18	402	-2	97	9
Molecular Diagnostics	294	7	93	-2	128	19	73	-1
Applied Science	196	6	77	2	84	12	35	-1
Tissue Diagnostics	106	55	74	51	23	50	9	122
Diagnostics Division	**2,361**	**8**	**633**	**8**	**1,259**	**6**	**469**	**14**

Professional Diagnostics

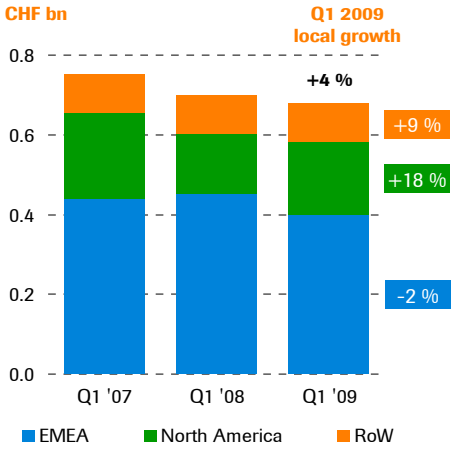
Continued double-digit growth in immunoassays



- Sales driven by instruments placed in 2008 and menu extension
- Three new immunoassays launched in Q1 in CE-Mark countries
  - PlGF/sFlt-1 (preeclampsia)
  - hs Troponin T (cardiovascular)
  - IL-6 (inflammation)

Diabetes Care

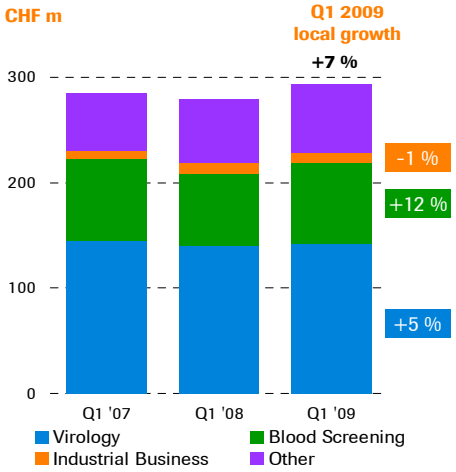
Growth in new portfolio helps offset decline in old products



- Continued double-digit growth of Roche's top-selling systems Accu-Chek Aviva and Accu-Chek Performa
- Four new products launched in first European markets
  - Accu-Chek Aviva Nano (high-freq testers)
  - Accu-Chek Mobile (strip-free testing)
  - Accu-Chek Active (emerging markets)
  - Accu-Chek Combo & Spirit Plus (insulin pump with meter acts as remote control)

Molecular Diagnostics

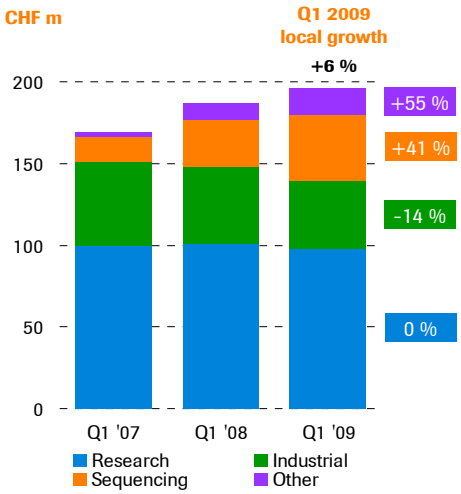
Automated platforms driving growth



- Blood screening driven by continued up-take of multiplex HIV/ HCV/ HBV test on cobas s 201 system
- LightCycler MRSA Advanced test CE mark certified for healthcare-associated infection (HAI) screening
- TheraScreen K-RAS test validated for use on LightCycler 480 II instrument

Applied Science

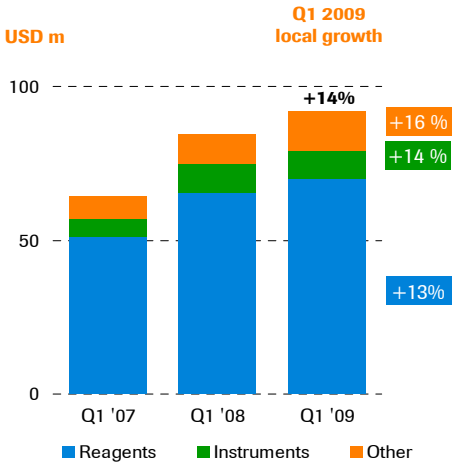
Growth driven by sequencing, microarrays and cell analysis



- Strong up-take of new GS FLX Titanium sequencing system and xCELLigence system for real-time cell analysis
- Acquisition of Germany company innovatis to strengthen cell analysis portfolio

Tissue Diagnostics

Continued market out-performance



- Advanced staining segment (IHC, SISH) driving growth
- Strong placements of BenchMark XT, LT & ULTRA systems
- INFORM EGFR DNA Probe to measure over-expression of EGFR gene using SISH launched in Europe in March

Tissue Diagnostics consolidated since February 2008
Q1 '07 and Q1 '08 sales and Q1 '09 vs. Q1 '08 local growth on a stand alone basis

2009: Key planned product launches*

Product	BA[1]	Description	Region
cobas 8000 modular analyzer	PD	Next-generation modular Serum Work Area instrument for high-volume laboratories. Includes 2 clinical chemistry and 2 immunoassay modules and will offer a choice of 34 configurations	EU
cobas p 501 & **cobas** p 701	PD	Automated post analytical sample storage and retrieval modules for bar-coded primary and secondary sample tubes	Global
cobas b 123	PD	Benchtop analyser for blood gas, electrolytes, co-oximetry and metabolites. For use in critical care settings at the point of care	Global
Immunochemistry menu	PD	New innovative immunoassays for: • PlGF (placenta growth factor) and SFlt1 (soluble fms-like tyrosine kinase 1) for the diagnosis of preeclampsia • anti-CCP (anti-cyclic citrullinated peptide antibody) for the diagnosis of rheumatoid arthritis • IL-6 (interleukin-6) to aid in management of critically ill patients as early indicator for acute inflammation and to monitor course of disease • anti-HCV (hepatitis C virus) for diagnosis HCV infection • hs Trop T (high-sensitivity Troponin T) for diagnosis of heart attack and cardiac risk stratification • Troponin I to predict mortality risk in patients with acute coronary syndromes diagnosis of heart attack and cardiac risk stratification	 EU US EU US EU, US EU

[1] Business Areas: Professional Diagnostics (PD)
* Subject to appropriate regulatory approvals; US launches may be later than indicated

2009: Key planned product launches* (cont'd)

Product	BA[1]	Description	Region
Accu-Chek Aviva Nano & Accu-Chek Performa Nano	DC	sleeker versions of the Accu-Chek Aviva and Accu-Chek Performa meters offering an enhanced feature set	Global
Accu-Chek Active	DC	new version of an existing system, featuring an extended test memory and a number of fail-safe capabilities	EU, L.Am., APAC
Accu-Chek Mobile	DC	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	EU
Accu-Chek Combo	DC	diabetes management system combining Accu-Chek Spirit Combo insulin pump and Accu-Chek Aviva Combo glucose meter that also functions as a pump remote control	Global
CT/NG Test on cobas 4800 system	MD	automated DNA extraction and real-time PCR amplification and detection for *Chlamydia trachomatis/Neisseria gonnorhoe*	EU
HPV Test on cobas 4800 system	MD	automated DNA extraction and real-time PCR amplification and detection for human papillomavirus (HPV)	EU
LightCycler MRSA Advanced Test	MD	real-time PCR-based test for methicillin-resistant *Staphylococcus aureus*	EU, US
TheraScreen EGFR 29 mutation test	MD	to aid doctors in determining patients' suitability for certain cancer therapies	EU

[1] Business Areas: Diabetes Care (DC), Molecular Diagnostics (MD)
* Subject to appropriate regulatory approvals; US launches may be later than indicated

2009: Key planned product launches* (cont'd)

Product	BA[1]	Description	Region
MagNa Pure 96 platform	AS	High-throughput system for preparing nucleic acid samples	Global
MS 200	AS	High-resolution microarray scanner for use with NimbleGen HD2 high-density microarrays	Global
xCELLingence RTCA DP	AS	Real-time cell analysis system for mid-range through-put	Global
INFORM EGFR DNA Probe	TD	Quantitately detect EGFR gene expression using silver choromogenic *in situ* hybrisation (SISH)	EU
BenchMark Ultra	TD	Advanced staining system for both IHC and ISH staining, with continuous and random processing and STAT capabilities	Latin Am., APAC, J
BenchMark XT	TD	Fully automated instrument for advanced staining	Latin Am., APAC
Symphony	TD	Instrument for primary staining (H&E)	EU
Vantage Information Solution	TD	Workflow information management system for the anatomical pathology laboratory, providing positive sample tracking, workflow optimisation and instrument integration	EU

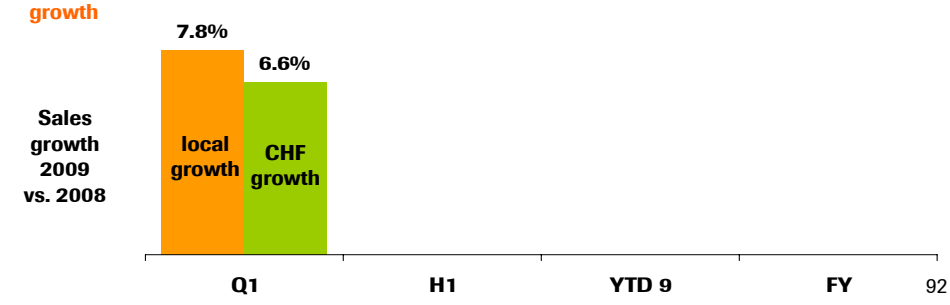
[1] Business Areas: Applied Science (AS), Tissue Diagnostics (TD)
* Subject to appropriate regulatory approvals; US launches may be later than indicated

Exchange rate impact on sales growth
Negative impact from weaker EUR

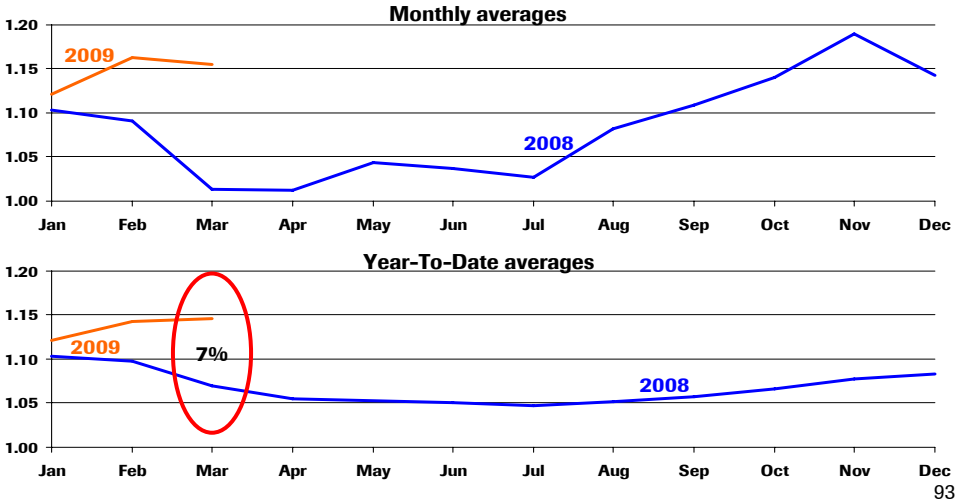
Development of average exchange rates versus prior year period

CHF / EUR	**-6.5%**
CHF / USD	**+7.2%**
CHF / JPY	**+20.9%**

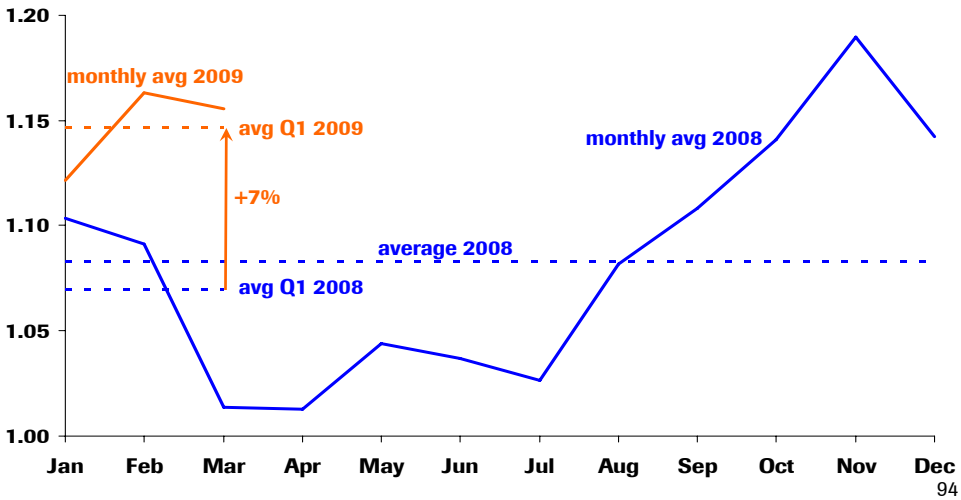
Difference in CHF / local growth **-1.2 %pt**



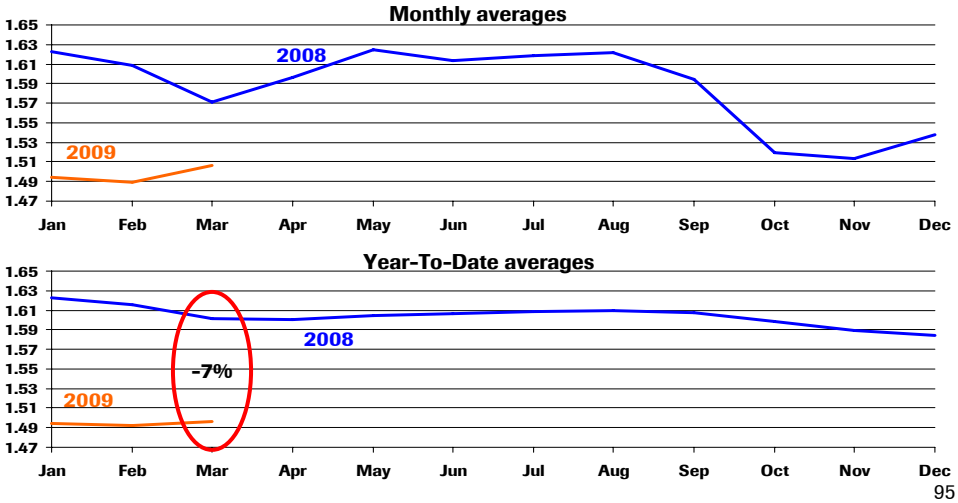
2009 and 2008
CHF / USD



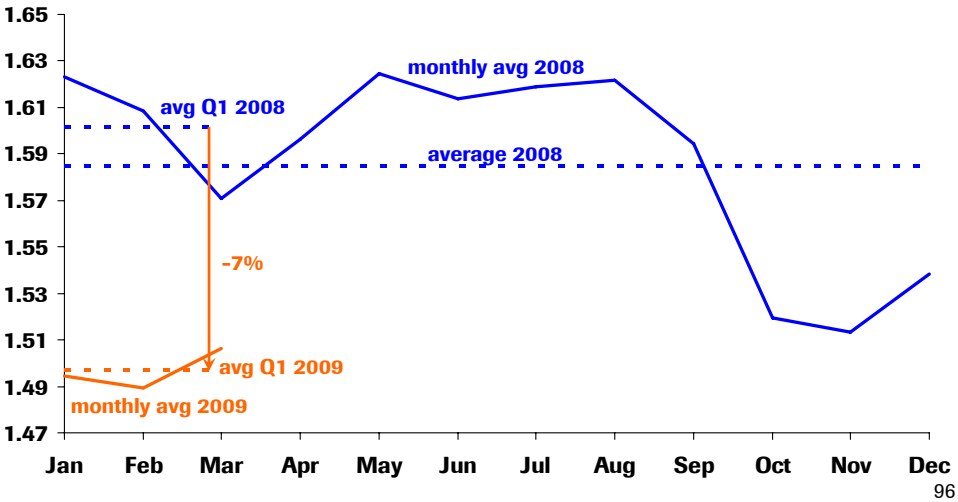
2009 and 2008
Average monthly CHF / USD



2009 and 2008
CHF / EUR



2009 and 2008
Average monthly CHF / EUR



Exchange rate impact on sales growth

Negative impact from weaker EUR