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Keeping and expanding the lead in oncology

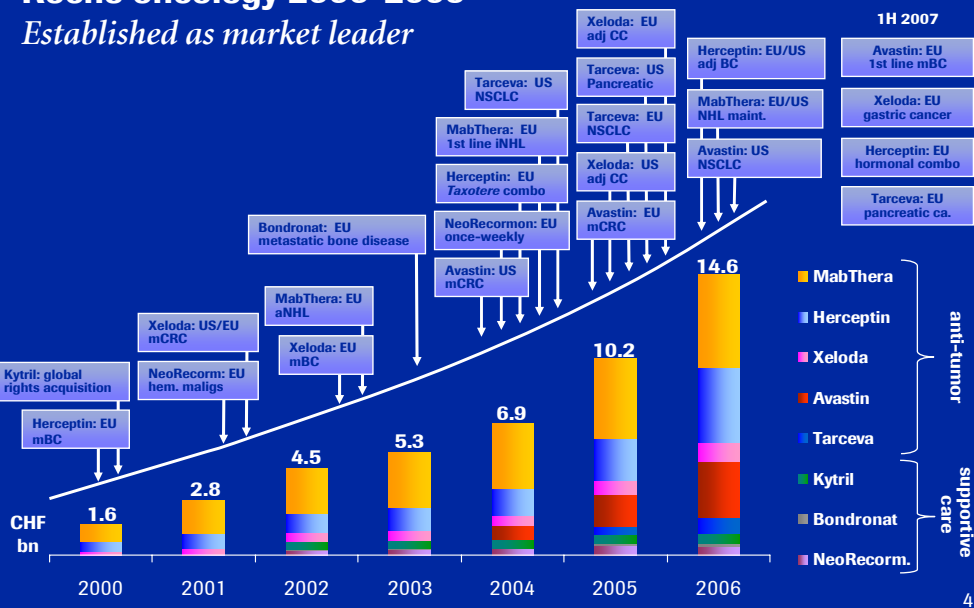
Dr. Stefan Frings – Life Cycle Leader Avastin

Goldman Sachs Global Healthcare Conference, Dana Point, June 2007



Roche oncology 2000-2006

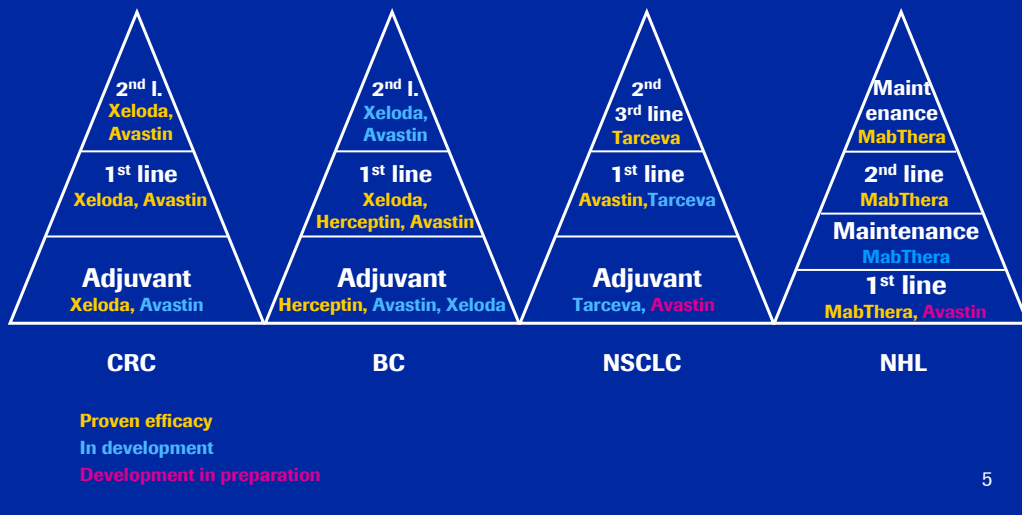
Established as market leader



Roche products



Key components of the standards of care in major indications



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Avastin



Strong and clinically meaningful efficacy

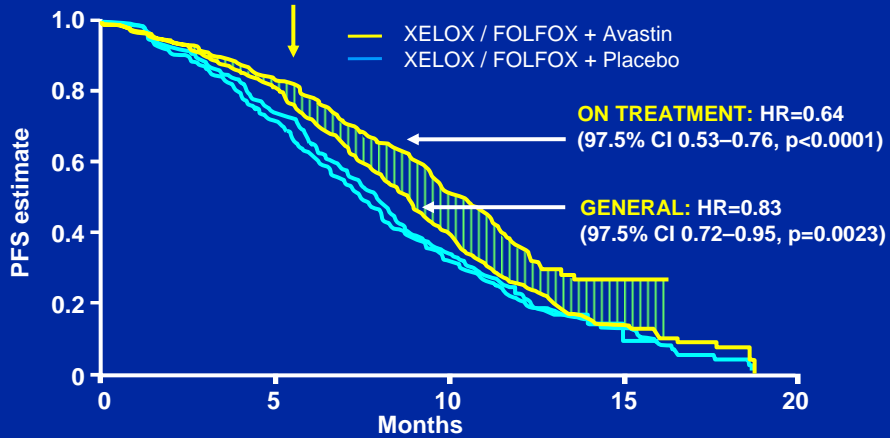
- Proven overall survival and/or PFS benefit in four major tumor types
- 1st line metastatic colorectal cancer: Standard of care
- 1st line NSCLC: Only treatment to demonstrate extended survival in over a decade
- 1st line metastatic breast cancer: Doubling of PFS
- 1st line renal cell carcinoma: Doubling of PFS
- Extensive development program, unique in breadth and scope

Avastin-based regimens on track to become standard of care in oncology

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Avastin superiority

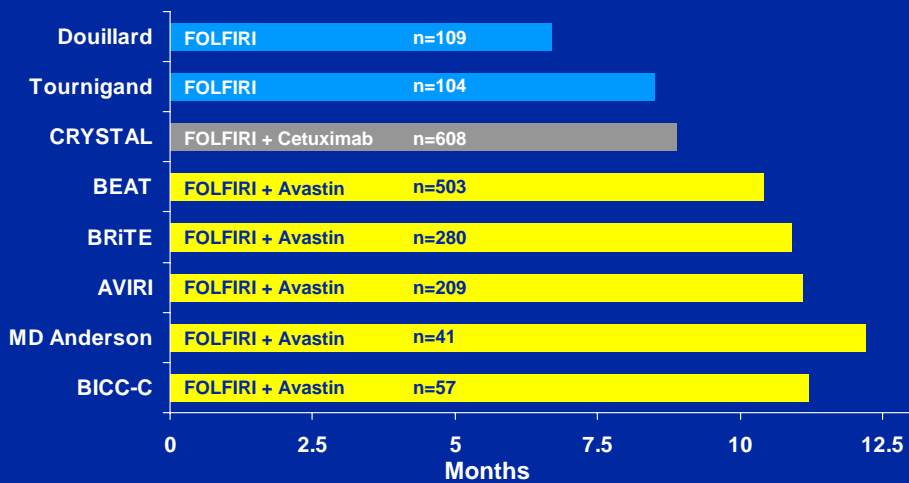
Strong benefit from treatment until progression



Meaningful survival trend despite suboptimal use of Avastin

Avastin and FOLFIRI in mCRC

Excellent PFS, consistently and solidly above 10 months



Avastin: Highest Progression Free Survival ever, for ALL patients

Secondary resectability in mCRC

Where do we stand?

Concept

- Introduced with the availability of “new” CT agents oxaliplatin and irinotecan
- Requires specialized surgery centers
- High rate of secondary resection with CT alone well established, up to 36% ⁽¹⁾
- Long term outcome disappointing, even in best risk patients who are primarily resectable⁽²⁾

Avastin and resectability

- Feasibility and safety established for CT plus Avastin in any combination, double digit resection rates reported
- Additional, impressive resectability data to be presented at the upcoming World Congress of GI cancers (June 28th 2007)

Highest PFS in liver mets subgroup ever (data on file, to be published soon)

1) Falcone, ASCO 2007; 2) Nordlinger, ASCO 2007

Avastin - An unprecedented potential

New tumor types, new combinations, new lines of intervention

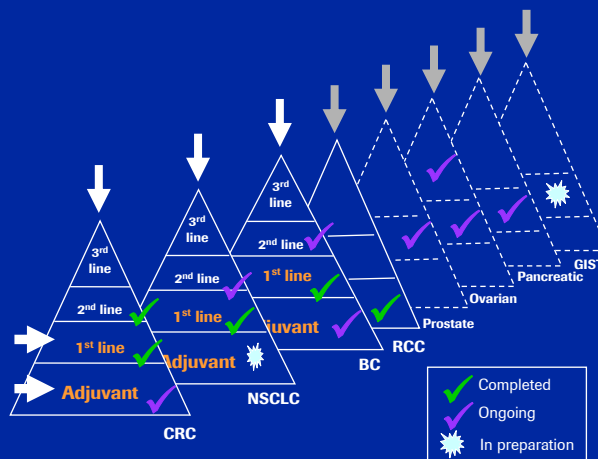
Clinically differentiated product

target all tumor types

target all possible combinations

target earlier (adjuvant) intervention

Superior outcome for patients



Attacking the HER2 pathway from multiple angles

Two next generation products in development



	Herceptin	Pertuzumab	Trastuzumab-DM1
Mechanism	Specifically targeting HER2 Inhibits HER2-mediated signalling	First in class HER dimerization inhibitor Inhibits multiple HER-mediated pathways	Binds to HER2 and delivers a potent cytotoxic agent in a targeted manner
Phase of development	Approved for adjuvant and mBC (HER2+)	Phase III 'go' decision For mBC (HER2+)	Phase I
Efficacy data	Survival benefit In adjuvant and metastatic HER2+ BC	18% response rate 39% clinical benefit rate	Poster at ASCO 2007 abstract #1042

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Building the standard of care

Phase III trials in major indications and cancer types



	Adjuvant	Maintenance	1 st Line	2 nd Line	
Filed or approved			<ul style="list-style-type: none"> Tarceva pancreatic Ca ✓ Xeloda gastric Ca ✓ Herceptin mBC combo hormonal ✓ 	<ul style="list-style-type: none"> Avastin NSCLC ✓ Avastin mCRC 1st line ext. ✓ Xeloda mCRC 1st line combo ✓ 	<ul style="list-style-type: none"> Avastin mBC ✓ Avastin RCC ✓ Xeloda mCRC 2nd line combo ✓
Ongoing	<ul style="list-style-type: none"> Xeloda adjuvant BC Xeloda adjuvant CC combo Avastin adjuvant CC Avastin adjuvant rectal Ca Tarceva adjuvant NSCLC 	<ul style="list-style-type: none"> Tarceva & Avastin NSCLC maintenance MabThera iNHL maintenance 	<ul style="list-style-type: none"> Avastin mBC 1st line ext. Avastin pancreatic Ca Avastin & Herceptin mBC 1st line ext. Herceptin gastric Ca MabThera 1st line CLL 	<ul style="list-style-type: none"> Avastin NSCLC 1st line ext. Avastin ovarian Ca Tarceva NSCLC 1st line 	<ul style="list-style-type: none"> Avastin prostate Ca Tarceva & Avastin NSCLC 2nd line Avastin mBC 2nd line MabThera relapsed CLL
Starting soon	<ul style="list-style-type: none"> Avastin adjuvant NSCLC Avastin adjuvant BC 		<ul style="list-style-type: none"> Herceptin & Pertuzumab HER2+ mBC 		

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Our strategy

Keep and expand the lead

- Build on our excellent products with proven safety and efficacy
- Improve the standard of care
 - In multiple cancer types
 - With new combinations
- Move products from 'potentially life extending' to 'potentially life saving'
- Develop new, innovative 'first in class' or 'best in class' medicines
- Make use of our first mover advantage - keep and expand the lead

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

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We Innovate Healthcare



The future

Targeted therapy combinations

	NSCLC			Breast Cancer			
Study	ATLAS (Phase III)	BETALung (Phase III)	Phase II	AVEREL (Phase III)	Pegram (Phase II)	Phase III	Phase II
Patient population	1 st line maintenance non-squam.	2nd line	2nd line	1st line	1st line	Adjuvant	2nd line
Treatment regimen	CT + Avastin → Avastin ± Tarceva	Tarceva ± Avastin	Avastin + Tarceva vs. Avastin + CT vs. CT	Herceptin + Taxotere ± Avastin	Herceptin + Avastin	Herceptin ± Avastin tbd	Herceptin + Pertuzumab
Status	Started 4Q 2005	Started 2Q 2005	Presented ASCO 2006	Started 3Q 2006	Presented SABC 2006	Planned	Presented at ASCO 2007

Roche setting the standards of care in combined targeted therapies

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Herceptin

Standard of care for HER2-positive breast cancer

Proven overall survival benefit in metastatic BC

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

Unprecedented benefit in early BC

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

Well-established safety record

- 10 years of clinical experience in nearly 400,000 patients

Most effective HER2-targeting agent

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