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# **Gazyva - New standard of care in FL (iNHL)**

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## **Introduction: Gazyva**

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**Gazyva in NHL**

**Gazyva development program**

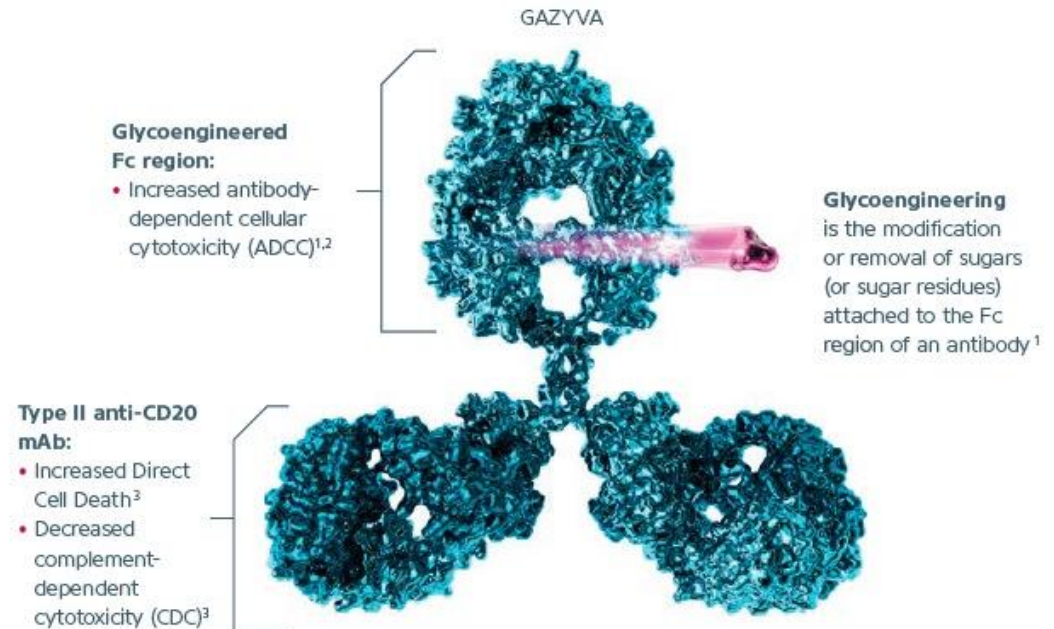
**MabThera/Rituxan SC**

# MoA: Gazyva (glycoengineered anti-CD20 MAb)

## *Optimized for enhanced ADCC and ADCP*

### Product profile

- Gazyva is a type II anti-CD20 antibody with a glycoengineered Fc portion to enhance binding to the FcγRIII receptor on immune cells and a variable region that binds CD20 in a distinct orientation
- Compared to Rituxan, Gazyva enhances:
  1. Direct cell death
  2. Antibody-dependent cell-mediated cytotoxicity (ADCC)
  3. Antibody-dependent cellular phagocytosis (ADCP)



MOA=mechanism of action; ADCC=antibody-dependent cellular cytotoxicity; ADCP=antibody-dependent cellular phagocytosis; Gazyva (obinutuzumab); Rituxan (rituximab);

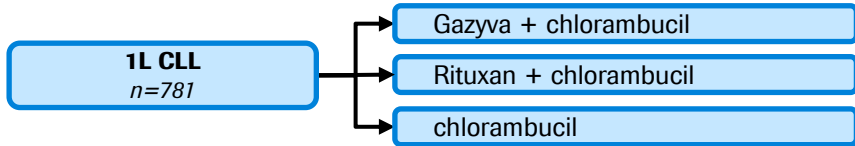
1. Mössner E. et al., Blood 2010; 2. Ferrara C. et al., Biotechnol Bioeng 2006; 3. Dalle S. et al., Mol Cancer Ther 2011

# Gazyva initial trial program completed

## *New standard of care in iNHL and CLL*

**Primary end-point:**

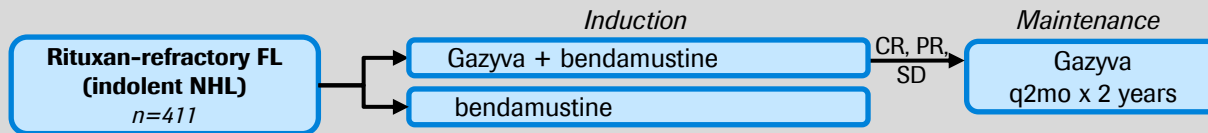
### CLL11: Ph III 1L Chronic Lymphocytic Leukemia (CLL)



**PFS**  
Approved in Q4 2013 ✓



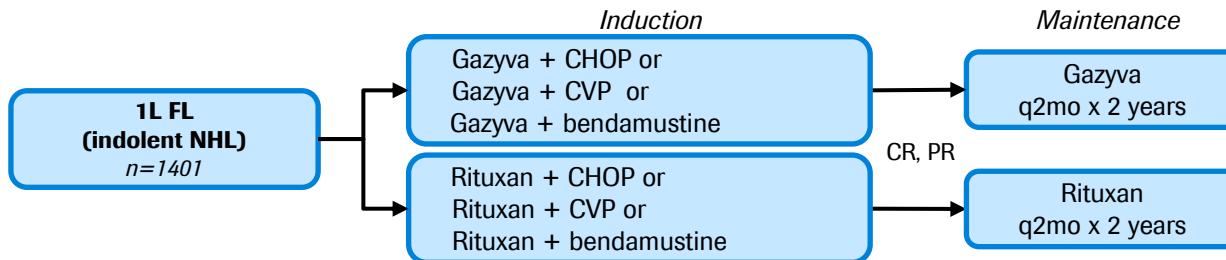
### GADOLIN: Ph III Rituxan-refractory Follicular Lymphoma (FL)



**PFS**  
Approved in Q1 2016 ✓



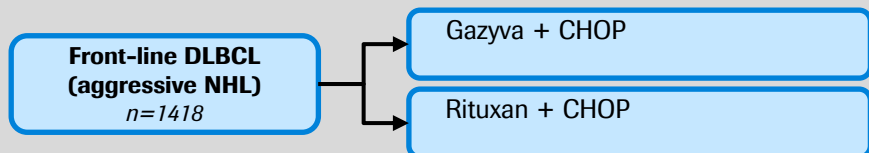
### GALLIUM: Ph III 1L Follicular Lymphoma (FL)



**PFS**  
Stopped at interim analysis ✓



### GOYA: Ph III 1L Diffuse Large B-cell Lymphoma (DLBCL)



**PFS**  
Endpoint not met ✗

## **Introduction: Gazyva**

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### **Gazyva in NHL (GALLIUM; GADOLIN; GOYA)**

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### **Gazyva development program**

### **MabThera/Rituxan SC**

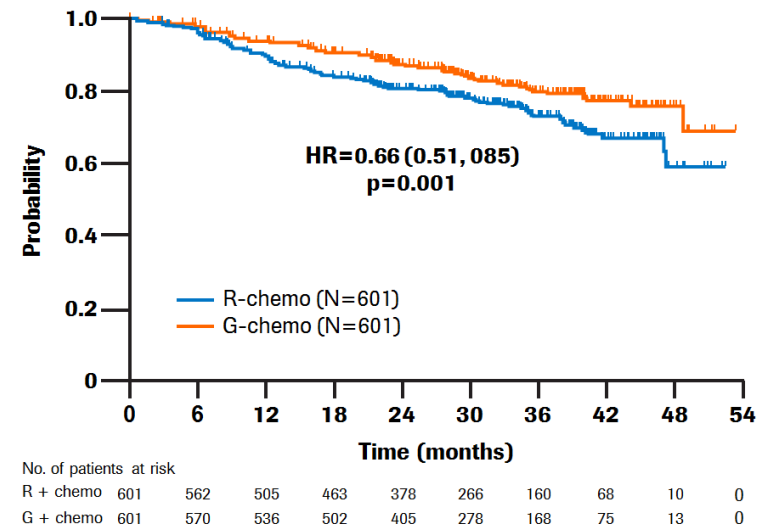
# Gazyva in 1L FL (iNHL)

## 34% PFS improvement over Rituxan



**PFS by INV**

	Rituxan + chemo (n=601)	Gazyva + chemo (n=601)
<b>PFS by INV</b>		
Pts with event, n (%)	144 (24.0)	101 (16.8)
<b>HR</b>	<b>0.66; p=0.001</b>	
Event-free at 3 yrs (%)	73.3	80.0
<b>PFS by IRC</b>		
Pts with event, n (%)	125 (20.8)	93 (15.5)
<b>HR</b>	<b>0.71; p=0.014</b>	
Event-free at 3 yrs (%)	77.9	81.9
<b>OS</b>		
HR	0.75; p=0.21	
<b>Time to new treatment</b>		
HR	0.68; p=0.009	



### GALLIUM phase III results:

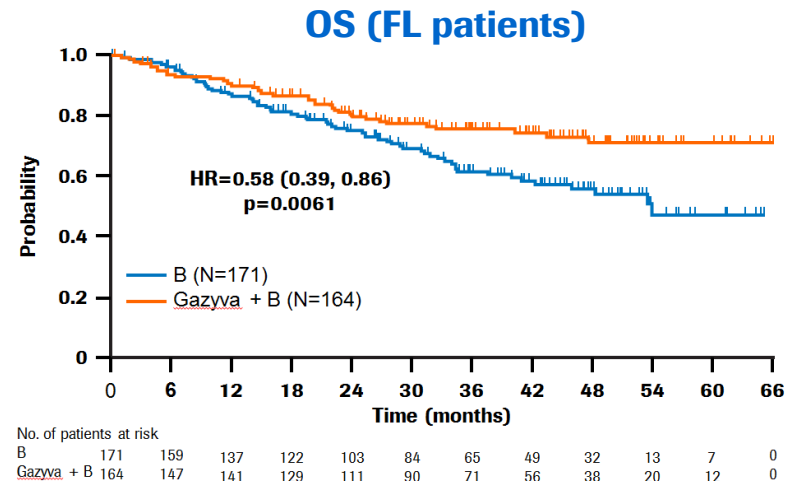
- Primary endpoint met at interim analysis (median observation time of 35 months)
- Investigator assessed PFS HR expected to translates to a 1.5x longer mPFS (9 years instead of 6 years)
- Gazyva based immunochemotherapy and maintenance new standard of care in 1L FL

# Gazyva in Rituxan-relapsed FL (iNHL)

## 42% OS benefit in FL patients



	Gazyva+B iNHL (n=204)	B iNHL (n=209)	Gazyva+B FL (n=164)	B FL (n=171)
<b>PFS</b>				
mPFS	25.8	14.1	25.3	14.0
<b>HR</b>	<b>0.57</b> ; p<0.0001		<b>0.52</b> ; p<0.0001	
<b>OS</b>				
mOS	NR	NR	NR	53.9
<b>HR</b>	<b>0.67</b> ; p=0.0269		<b>0.58</b> ; p=0.0061	
<b>TTNT (time to new treatment)</b>				
mTTNT	40.8	19.4	33.6	18.0
<b>HR</b>	<b>0.59</b>		<b>0.57</b>	



### GADOLIN phase III update:

- OS benefit in FL patients and all iNHL patients
- PFS benefit confirmed by nearly two years of additional follow-up
- Results establish Gazyva + bendamustine induction followed by Gazyva maintenance as standard of care for Rituxan-relapsed FL patients

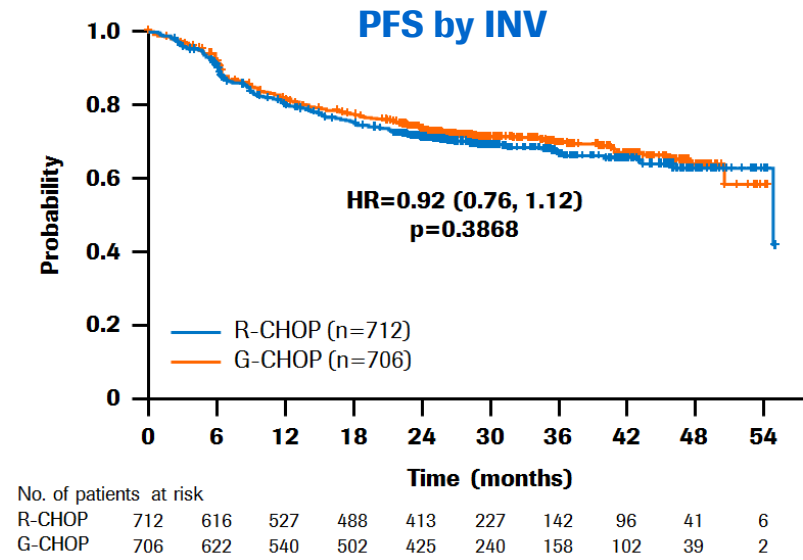


# Gazyva in 1L DLBCL (aNHL)

## Outcome informs future research activities



	Rituxan + CHOP (n=712)	Gazyva + CHOP (n=706)
PFS by INV		
Pts with event, n (%)	215 (30.2)	201 (28.5)
HR	0.92; p=0.3868	
Event-free at 3 yrs (%)	66.9	69.6
PFS by IRC		
HR	0.89; p=0.2736	
Event-free at 3 yrs (%)	70.6	72.5
OS		
Pts with event, n (%)	126 (17.8)	126 (17.7)
HR	1.00; p=0.9982	
Event-free at 3 yrs (%)	81.4	81.2



### GOYA phase III results:

- G-CHOP did not improve INV-assessed PFS compared with R-CHOP
- Outcomes for secondary time-to-event endpoints were consistent with that for the primary endpoint
- R-CHOP remains standard of care in this setting

## **Introduction: Gazyva**

### **Gazyva in NHL**

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### **Gazyva development program**

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### **MabThera/Rituxan SC**

# Development program in NHL

## Gazyva trials in DLBCL...



	Development program in NHL				Phase			Status
	Compound	Combination	Study name	Indication	Ph1	Ph2	Ph3	
NHL	<b>Gazyva</b>	+bendamustine	GADOLIN	FL (iNHL) (Rituxan refractory)	██████████	██████████	██████████	✓ ASH
	<b>Gazyva</b>	+CHOP	GOYA	1L DLBCL (aNHL)	██████████	██████████	██████████	✗ ASH
	<b>Gazyva</b>	+chemo	GALLIUM	1L FL (iNHL)	██████████	██████████	██████████	✓ ASH
	<b>Venclexta*</b>	<b>+Rituxan/+Rituxan+bendamustine</b>	CONTRALTO	R/R FL (iNHL)	██████████	██████████	██████████	
	<b>Venclexta</b>	<b>+Rituxan+CHOP</b>	CAVALLI	1L DLBCL (aNHL)	██████████	██████████	██████████	ASH
	<b>Venclexta</b>	<b>+Rituxan+bendamustine</b>		R/R NHL	██████████	██████████	██████████	
	<b>Venclexta</b>			R/R CLL and R/R NHL	██████████	██████████	██████████	
	<b>Venclexta</b>	<b>+Gazyva/Rituxan+polatuzumab</b>		R/R DLBCL (aNHL) and R/R FL (iNHL)	██████████	██████████	██████████	
	<b>polatuzumab</b>	<b>+Rituxan/Gazyva</b>	ROMULUS	R/R DLBCL (aNHL) and R/R FL (iNHL)	██████████	██████████	██████████	ASH
	<b>polatuzumab</b>	<b>+Gazyva/Rituxan+bendamustin</b>		R/R DLBCL (aNHL) and R/R FL (iNHL)	██████████	██████████	██████████	
	<b>polatuzumab</b>	<b>+Gazyva+CHP/Rituxan+CHP</b>		1L DLBCL (aNHL)	██████████	██████████	██████████	
	<b>polatuzumab</b>	<b>+Gazyva/Rituxan+lenalidomide</b>		R/R DLBCL (aNHL) and R/R FL (iNHL)	██████████	██████████	██████████	
	<b>Tecentriq</b>	<b>+Gazyva or +tazemetostat**</b>		R/R DLBCL (aNHL) and R/R FL (iNHL)	██████████	██████████	██████████	
	<b>Tecentriq</b>	<b>+Gazyva+lenalidomide</b>		R/R FL (iNHL)	██████████	██████████	██████████	
	<b>Tecentriq</b>	<b>+Gazyva/Rituxan+benda or CHOP</b>		1L FL (iNHL) and 1L DLBCL (aNHL)	██████████	██████████	██████████	
	<b>Tecentriq</b>	<b>+Gazyva/Rituxan+polatuzumab</b>		R/R DLBCL (aNHL) and R/R FL (iNHL)	██████████	██████████	██████████	
	<b>idasanutlin</b>	<b>+Gazyva/Rituxan</b>		R/R DLBCL (aNHL) and R/R FL (iNHL)	██████████	██████████	██████████	
	<b>undisclosed ADC</b>		R/R NHL	██████████	██████████	██████████		

iNHL=indolent non-hodgkin`s lymphoma; aNHL=agressive NHL; DLBCL=diffuse large B cell lymphoma; FL=follicular lymphoma; CHOP=cyclophosphamide, doxorubicin, vincristine and prednisone; \* Venclexta in collaboration with AbbVie; Gazyva in collaboration with Biogen; polatuzumab vedotin in collaboration with Seattle Genetics; \*\*External collaboration; ADC=antibody drug conjugate



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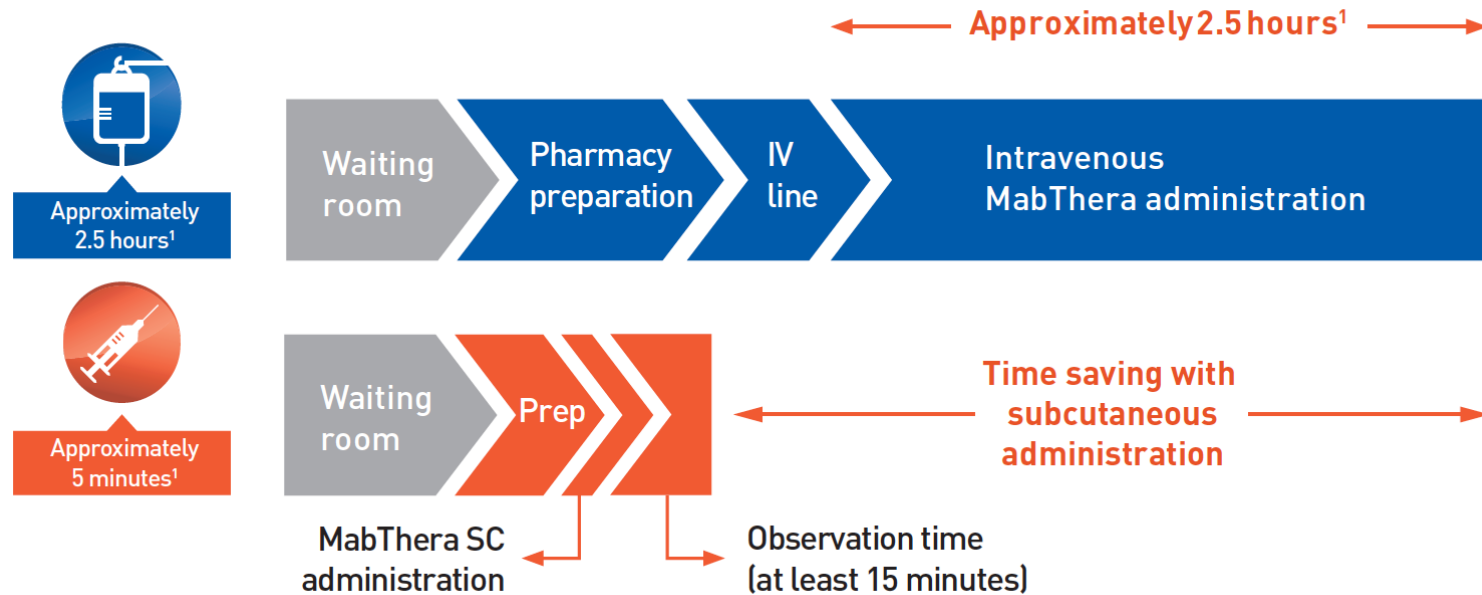
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## **MabThera/Rituxan SC**

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# MabThera/Rituxan SC

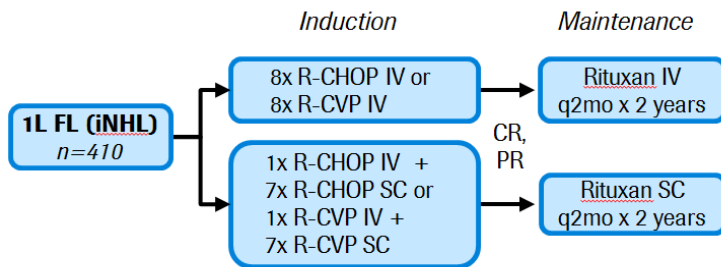
*Launches ongoing, strong uptake in most markets*



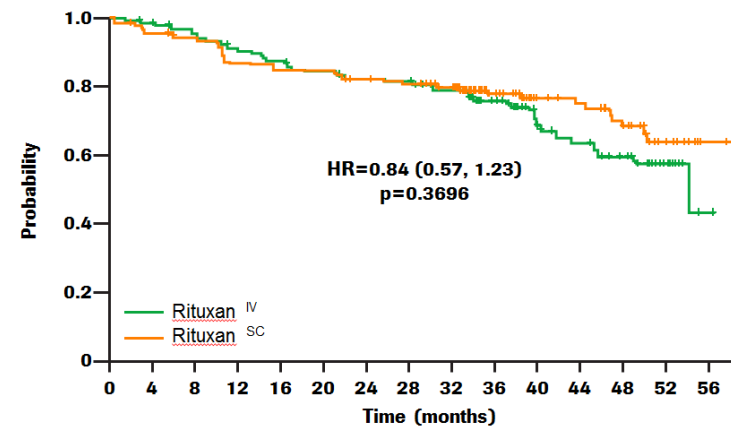
- Approved in the EU in NHL and CLL
- Encouraging initial uptake in the EU markets, comparable to Herceptin SC
- Rituxan SC filed in the US in August 2016

# Rituxan SC in 1L FL (iNHL)

## *Reducing healthcare burden without compromising on safety and efficacy*



### Progression free survival



Number at risk	0	4	8	12	16	20	24	28	32	36	40	44	48	52	56
Rituximab IV	205	196	186	176	171	162	157	156	138	73	41	35	29	14	2
Rituximab SC	205	188	183	169	166	164	158	154	139	81	51	48	40	23	2

### SABRINA phase III update:

- Comparable response rates and time-to-event data for SC versus IV administration
- No new clinically relevant safety signals were identified
- SC administration has positive implications for patients and healthcare professionals

Davies A. *et al.*, ASH 2016; FL=follicular lymphoma; SC=subcutaneous; IV=intravenous; R=Rituxan; CHOP=cyclophosphamide, doxorubicin, vincristine and prednisone; CVP=Cyclophosphamide, Vincristine and Prednisolone; PFS=progression free survival; OS=overall survival; ORR=overall response rate; CR=complete responses; CRu=complete response unconfirmed; EOI, end-of-induction; OS, overall survival; HR=hazard ratio

*Doing now what patients need next*