Roche
Positioning AVASTIN-based therapy as essential to treat cancer

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Introduction

Update on Avastin

Summary

Differentiated and rejuvenated product portfolio
From 1 to 9 products with sales around or above CHF 1 billion
Our oncology strategy: Move the standards of care
New tumor types, new combinations, new lines of intervention

Clinically differentiated product

- target all tumor types
- target all important combinations
- target earlier (adjuvant) intervention

Superior outcome for patients

Example Avastin

Introduction

Update on Avastin

Summary
Roche Oncology: Strongest growing franchise
Avastin: Best growing oncology brand ever

Avastin launch compared to other cancer therapies (US plus top-5 EU markets)

Avastin’s features remain unique

Major cancers tested with Avastin

*In USA plus top 5 EU countries
Avastin still early in its journey
Realising full potential across tumour types

<table>
<thead>
<tr>
<th>Tumour</th>
<th>Early/adjunct (Potential for cure)</th>
<th>Advanced/metastatic (Extending life)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon/rectal</td>
<td>Phase III (AVANT, NSABP C-08, ES202, ES204)</td>
<td><strong>Launched</strong> [EU, US, JP; broad label in 1st and subsequent lines]</td>
</tr>
<tr>
<td>Lung (NSCLC)</td>
<td>Phase III (E1505)</td>
<td><strong>Launched</strong> [EU majority of chemos, US carboplatin/paclitaxel]</td>
</tr>
<tr>
<td>Breast (HER2+)</td>
<td>Phase III (BEATRICE, ES103)</td>
<td><strong>Launched</strong> [EU paclitaxel]</td>
</tr>
<tr>
<td>Breast (HER2−)</td>
<td>Phase III (BETH w/Herceptin)</td>
<td><strong>Launched</strong> (AVADO, RIBBON-1)</td>
</tr>
<tr>
<td>Kidney (RCC)</td>
<td>–</td>
<td><strong>Launched</strong> [EU; with interferon]</td>
</tr>
</tbody>
</table>

Avastin also trialed in gastric, ovarian, prostate, aNHL, and brain (GBM)

(Trial names) [Approval status]. More trials are ongoing than listed above.

Major growth opportunities outside the US
Herceptin leading the way

<table>
<thead>
<tr>
<th>Drug</th>
<th>% of Total 2007 Sales</th>
</tr>
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<tbody>
<tr>
<td>Herceptin</td>
<td>68%</td>
</tr>
<tr>
<td>Xeloda</td>
<td>62%</td>
</tr>
<tr>
<td>Tarceva</td>
<td>53%</td>
</tr>
<tr>
<td>MabThera/Rituxan</td>
<td>48%</td>
</tr>
<tr>
<td>Avastin</td>
<td>33%</td>
</tr>
</tbody>
</table>

(EU / ROW (incl. Japan))
Avastin in 1st-line mCRC

Largest improvement in overall survival in phase III

Median survival (months)
IFL + placebo: 15.6 vs IFL + Avastin: 20.3
HR = 0.66 (95% CI: 0.54–0.81) p<0.0001

CI = confidence interval; IFL irinotecan, bolus 5-FU/FA

Avastin in 1st-line mCRC
Consistently delivers the best PFS outcome

Avastin: The only biologic agent with OS benefit in 1st-line mCRC

Adds benefit to all chemotherapies
BRiTE: post 1st progression therapy
Avastin beyond progression: potential to increase survival

- No post PD treatment: n=253
- No Avastin post PD: n=531
- Avastin post PD: n=642

Superior survival in patients continuing Avastin beyond progression demonstrated in a multivariate analysis (HR=0.53, p < 0.001)

A. Grothey et al. ASCO 2007

Expanding the market for Avastin and Xeloda in mCRC
Avastin to be combined with any chemo in any line of treatment

- Current EU label: 5-FU or 5-FU + Irinotecan
- New EU label: Any fluoropyrimidine combination

Full label any combo 100%

New EU label: Any combo, including with Avastin

Source: Synovate Healthcare 2006
**Avastin in mCRC**

**Conclusions**

Four randomized trials show compelling efficacy
- AVF2107g
- E3200
- AVF2192
- NO16966

**Aiming for cure**
- High rates of surgeries with curative intent shown in BEAT and NO16966
- Resection rates for ‘liver mets only’ patients in NO16966: 19.2% in Avastin arm (vs 12.9%)
- Secondary resection as a concept is promising, but requires further investigation

**Incidence: 155,000 cases**

1) US and top 5 EU; 2) stage IV

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**Avastin in adjuvant colon cancer**

**Key phase III trials fully recruited**

<table>
<thead>
<tr>
<th>NSABP C-08</th>
<th>AVANT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment regimen</strong></td>
<td>FOLFOX-6 ± Avastin</td>
</tr>
<tr>
<td></td>
<td>XELOX + Avastin</td>
</tr>
<tr>
<td><strong>Number of patients</strong></td>
<td>2,700</td>
</tr>
<tr>
<td><strong>Recruitment duration</strong></td>
<td>Q3 2004 until Q4 2006</td>
</tr>
<tr>
<td><strong>Efficacy analysis</strong></td>
<td>First interim look: Q2 2007 Subsequently every 6 months Next interim look: Q2 2008</td>
</tr>
<tr>
<td><strong>Filing</strong></td>
<td>2010 (or earlier)</td>
</tr>
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</table>

**Incidence: 150,000 cases**

1) US and top 5 EU; 2) stage II high risk, and stage III
Avastin in 1st line NSCLC (E4599)
First drug in a decade to show an overall survival benefit

Avastin in combo with all current standards (platinum)

Avastin launching with best-possible label in 1st-line NSCLC market in Europe

Source: Synovate Healthcare, MAT Q3 2007; *in non-squamous NSCLC
Avastin in 1st line NSCLC

Conclusions

• First front-line treatment to demonstrate extended survival in over a decade
• Efficacy demonstrated in two randomized phase III trials (E4599 and AVAiL)
• Generally well tolerated
• Approved in US and approved in EU with a broad label
  - in combination with any platinum-based chemotherapy regimens
  - at least 50% of NSCLC population covered

Incidence: 275,000 cases ¹, ²

¹ US and top 5 EU, ² stage IIIb and IV

Avastin in adjuvant lung cancer

High unmet medical need

• Phase III E1505
  - Stage IB to IIA adjuvant squamous and non-squamous NSCLC
  - 1500 patients
  - Started Q3 2007
  - Chemotherapy +/- Avastin (15 mg/kg q3 weeks)
  - Limited therapeutic options currently available

Incidence: 135,000 cases ¹

¹ US and top 5 EU
Establishing Avastin in metastatic breast cancer
Strong commitment

Current EU label: with paclitaxel

Future broad target label

US submission for 1st line mBC
- ODAC split vote Dec 5, 2007
- FDA action date Feb 23, 2008

Further phase III studies in mBC to report in 2008
- AVADO (docetaxel +/- Avastin): primary objective met Feb 2008
- RIBBON-1 (var. chemos +/- Avastin): data expected in H2 2008

Incidence: 100,000 cases 1, 2)

1) US and top 5 EU, 2) stage IV, HER2-pos. and neg.

Avastin in adjuvant breast cancer
Large opportunity – major phase III trials started

<table>
<thead>
<tr>
<th>Phase II E2104</th>
<th>Phase III E 5103</th>
<th>Phase III BEATRICE</th>
<th>Phase III BETH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient population</td>
<td>HER2-negative</td>
<td>HER2-negative</td>
<td>HER2-, ER-, PR-negative</td>
</tr>
<tr>
<td>Number of patients</td>
<td>226</td>
<td>4950</td>
<td>2530</td>
</tr>
<tr>
<td>Design</td>
<td>Anthracyclines + Avastin followed by paclitaxel + Avastin (2 arms)</td>
<td>AC +/- Avastin followed by paclitaxel +/- Avastin (3 arms)</td>
<td>Anthracycline or taxane-based chemos +/- Avastin</td>
</tr>
<tr>
<td>Primary endpoint</td>
<td>safety</td>
<td>Disease-free survival</td>
<td>Disease-free survival</td>
</tr>
<tr>
<td>Status</td>
<td>Initial safety results presented at SABCS 2007</td>
<td>FPI Q4 2007</td>
<td>FPI Q4 2007</td>
</tr>
</tbody>
</table>

Incidence: 320,000 cases 1)

1) US and top 5 EU
Introduction

Update on Avastin

Summary

Roche key therapeutic areas

Entering new therapeutic areas beyond oncology
Roche: A unique investment case

- **Clear and focused strategy**
  - Medically-differentiated products; poised to become leader in Personalized Healthcare

- **Attractive risk profile**
  - Low generic risk; lowest among European large-cap players
  - 42 phase III projects; many additional indications

- **Assets in place for sustained success**
  - World market leader in Oncology
  - Emerging Rheumatology & Autoimmune franchises
  - Promising phase II pipeline in Diabetes, Metabolism; early-stage compounds in CNS and Virology

- **Industry-leading organic growth & value creation**
  - 2007: Sales +10%, Core EPS +20%

Unique high-tech healthcare investment

Our objectives for 2008

**Sales**
- High single-digit local currency sales increase for Roche Group (excl. Tamiflu pandemic\(^1\))
- Above-market sales growth\(^1\) in both divisions

**Core EPS**
- Core earnings per share target\(^2\) at least at record 2007 level despite significant increase in R&D investment and considerably lower Tamiflu pandemic sales

**Shareholder return**
- Continuous increase in dividend pay-out ratio over the next 3 years

\(^1\) Excluding government and corporate stockpiling orders of Tamiflu for pandemic use
\(^2\) At constant exchange rates

Barring unforeseen events