
Venclexta – New data in CLL, NHL, AML, MM

Reema Mewar, Ph.D.

Lifecycle Leader Venclexta/Venclyxto

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Introduction: Venclexta

Venclexta in CLL

Venclexta in AML

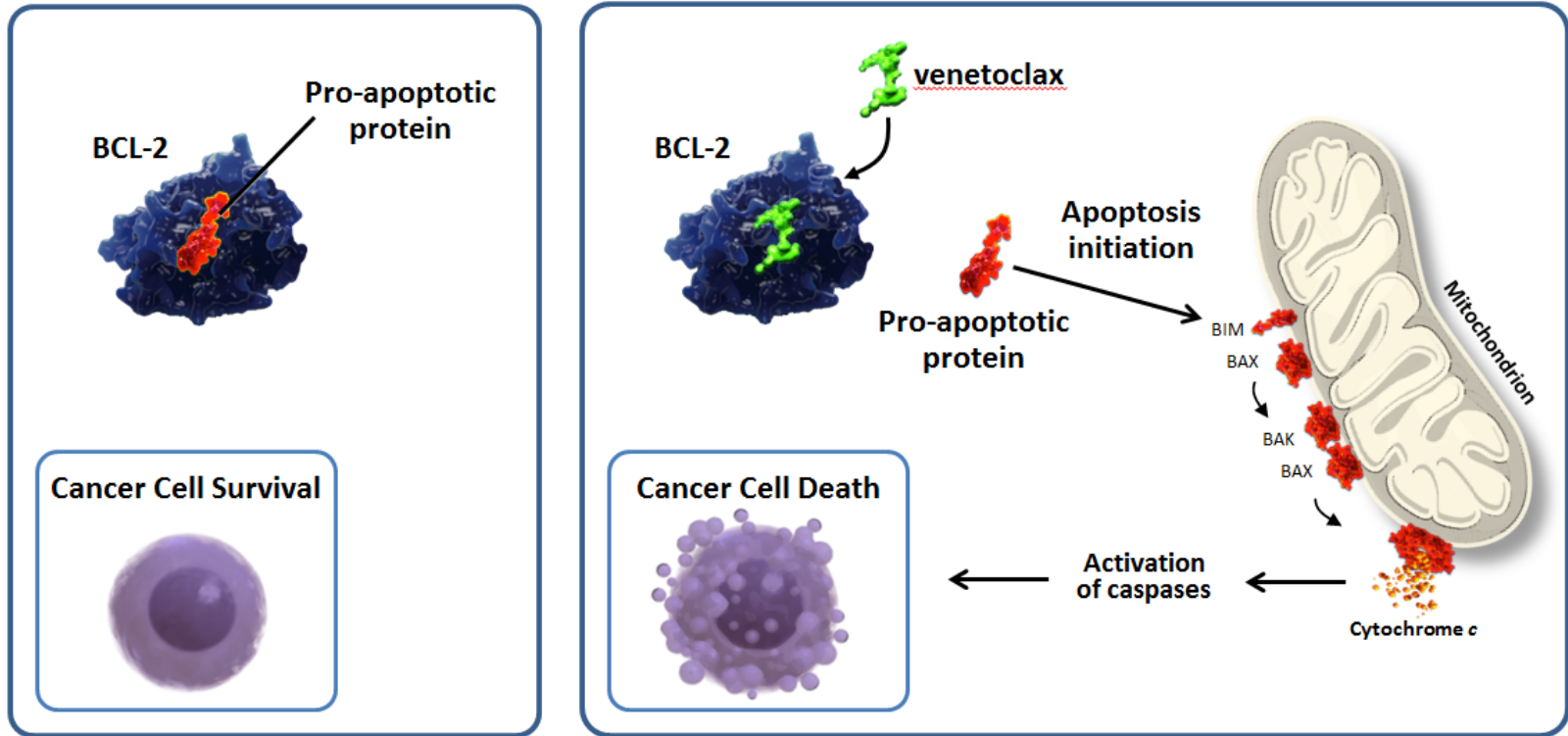
Venclexta in NHL

Venclexta in MM

Venclexta development program

MoA: Venetoclax* (BCL-2 inhibitor)

Restoration of apoptosis through BCL-2 inhibition



BCL-2 overexpression allows cancer cells to evade apoptosis by sequestering pro-apoptotic proteins.

Venetoclax binds selectively to BCL-2, freeing pro-apoptotic proteins that initiate programmed cell death (apoptosis).

Introduction: Venclexta

Venclexta in CLL (CLL14)

Venclexta in AML

Venclexta in NHL

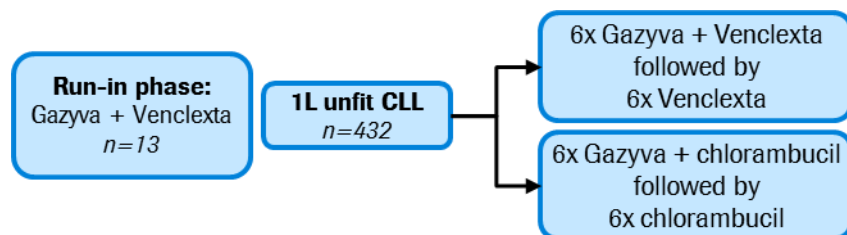
Venclexta in MM

Venclexta development program

Venclexta* + Gazyva in 1L unfit CLL

First efficacy data from Ph3 run-in

CLL14 study design



	Gazyva + Venclexta
Response rates (n=12)	
ORR	12 (100)
CR	7 (58)
PR	5 (42)
MRD in peripheral blood (n=11)	
Negative (<10 ⁻⁴)	10 (91)
Intermediate (≥10 ⁻⁴ and <10 ⁻²)	1 (9)

Run-in of Phase III (CLL14):

- Gazyva + Venclexta tolerable in elderly patients with CLL and clinically meaningful comorbidities
- The treatment induced substantial responses with a high number of minimal residual disease (MRD) negative responses 3 months after end of therapy (at month 15)
- Ph3 was fully recruited as of August 2016

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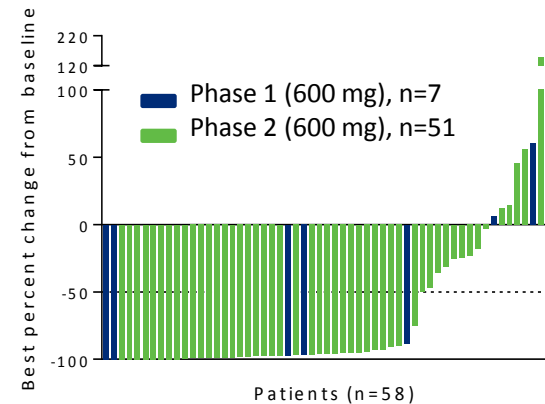
Venclexta* + LDAC in 1L unfit AML

61% ORR achieved



Response, n (%)	Venclexta + LDAC All patients (n=61)
ORR	37 (61)
CR/CRi	33 (54)
CR	13 (21)
CRi	20 (33)
PR	4 (7)
PD	23 (38)

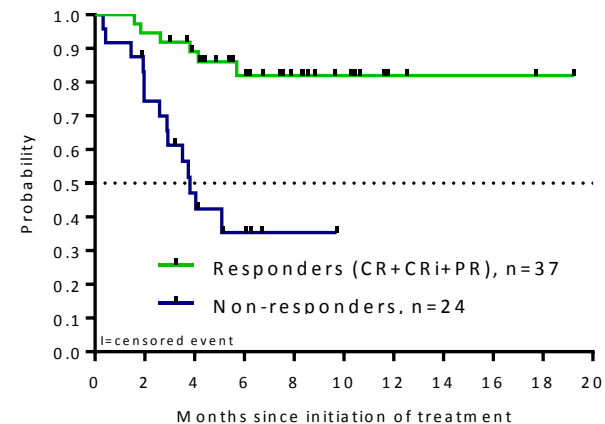
Bone marrow blast count



Phase II results:

- ORR of 61% in all patients
- 71% of patients achieved a $\geq 50\%$ decrease in BM and peripheral blast counts
- Combination demonstrates significant and durable activity in patients aged $\geq 65y$ with treatment-naïve AML ineligible to receive intensive chemotherapy

Overall survival



Introduction: Venclexta

Venclexta in CLL

Venclexta in AML

Venclexta in NHL (CAVALLI, CONTRALTO)

Venclexta in MM

Venclexta development program

Venclexta* in NHL

Early CD20+chemo combination data



Response by PET-CT, n (%)	NHL	
	Arm A Ven+R-CHOP (n=24)	Arm B Ven+G-CHOP (n=25)
ORR	21 (88)	21 (66)
CR	19 (79)	18 (56)
PR	2 (8)	3 (9)
PD	2 (8)	0
Missing	1 (4)	4 (13)

Zelenetz AD. *et al.*, ASH 2016

Response rates by PET-CT by investigator at 6-month (primary), n (%)	Arm A VEN + R (N=53)	Arm B VEN + BR (N=51)	Arm C BR (N=51)
ORR	16 (30)	38 (75)	39 (77)
CR	7 (13)	32 (63)	31 (61)
PR	9 (17)	6 (12)	8 (16)
SD	2 (4)	0	0
PD	24 (45)	2 (4)	6 (12)
Data not available	11 (21)	11 (22)	6 (12)

Zinzani PL. *et al.*, ASH 2016

Phase I/II interim results (CAVALLI):

- ORR is promising in NHL population
- High CR rate (7/8; 87.5%) observed in the DLBCL population with co-expression of BCL-2 and Myc, who have a poor prognosis.
- Ph2 completed enrollment of 210 patients

Phase II interim results (CONTRALTO):

- Longer follow-up is required to establish the role of Ven + BR in R/R FL
- Higher BCL-2 expression may be associated with higher CR rates with Ven + BR

*Venclexta in collaboration with AbbVie; NHL=non-hodgkin's lymphoma; R/R FL=relapsed/refractory follicular lymphoma; ; R=Rituxan; B=bendamustine; ORR=overall response rate; PET-CT=positron emission tomography-computed tomography; CHOP=cyclophosphamide, doxorubicin, vincristine and prednisone; PFS=progression free survival

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Venclexta* in R/R MM

Combination efficacy data



	Venclexta + dexamethasone + bortezomib		
	All patients (n=66)	non-refractory to bortezomib (n=39)	refractory to bortezomib (n=26)
ORR, n (%)	44 (67)	35 (90)	8 (31)
sCR	3 (5)	3 (8)	0
CR	10 (15)	8 (20)	1 (4)
VGPR	15 (23)	14 (36)	1 (4)
PR	16 (24)	10 (26)	6 (23)

Moreau P. *et al.*, ASH 2016

Phase I combination results:

- Combination was well tolerated
- Patients non-refractory to bortezomib had an ORR of 90% and responses were more durable (median TTP, 11.3 vs 1.8 months)
- Results support on-going Ph3 trial in R/R MM

*Venclexta in collaboration with AbbVie; R/R MM=relapsed/refractory multiple myeloma; ORR=objective response rate; sCR=surgical complete response; CR=complete response; VGPR=very good partial response; PR=partial response; TTP=time to progression

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Venclexta development program

Development program in NHL

Venclexta trials in NHL...



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

Development program in CLL, MM, AML, MDS

...CLL, MM and AML



	Compound	Combination	Study name	Indication	Ph1	Ph2	Ph3	
CLL	Gazyva	+chemo	CLL11	CLL	██████████	██████████	██████████	✓
	Gazyva	+FC/bendamustin/Clb	GREEN	CLL and R/R CLL	██████████	██████████	██████████	
	Venclexta	+Rituxan		R/R CLL and SLL	██████████	██████████	██████████	
	Venclexta	+Gazyva	CLL14	CLL	██████████	██████████	██████████	ASH
	Venclexta	+Rituxan	MURANO	R/R CLL	██████████	██████████	██████████	
	Venclexta			R/R CLL 17p	██████████	██████████	██████████	✓
	Venclexta			R/R CLL after ibru/idel	██████████	██████████	██████████	ASH
	Venclexta	+Rituxan+bendamustine		R/R CLL and untreated CLL	██████████	██████████	██████████	ASH
MM	Venclexta			R/R MM	██████████	██████████	██████████	ASH
	Venclexta	+bortezomib+dexamethasone monotherapy or +daratumumab** or +lenalidomide or +lenalidomide+daratumumab		R/R MM	██████████	██████████	██████████	ASH
	Tecentriq			R/R MM	██████████	██████████	██████████	
AML	Venclexta			AML	██████████	██████████	██████████	
	Venclexta	+decitabine/+azacitidine		AML	██████████	██████████	██████████	
	Venclexta	+low dose cytarabine (LDAC)		1L AML	██████████	██████████	██████████	ASH
	Venclexta	+Cotellic +idasanutlin		R/R AML unfit for chemo	██████████	██████████	██████████	
	LSD1 inhibitor			AML	██████████	██████████	██████████	
MDS	idasanutlin	+cytarabine		R/R AML	██████████	██████████	██████████	
	Tecentriq	+azacitidine		MDS	██████████	██████████	██████████	
	aCD20/CD3 TCB1			Hematologic tumors	██████████	██████████	██████████	

CLL=chronic lymphoid leukemia; R/R CLL=relapsed/refractory CLL; MM=multiple myeloma; AML=acute myeloid leukemia; MDS=myelodysplastic syndrome; FC=fludarabine, cyclophosphamide; *Venclexta in collaboration with AbbVie; Gazyva in collaboration with Biogen; Cotellic in collaboration with Exelixis; **External collaboration

Doing now what patients need next