Roche Pharmaceuticals

Focusing on differentiated medicines

Dr. Eduard E. Holdener
Head of Global Pharma Development
Goldman Sachs 27th Global Healthcare Conference, June 13, 2006

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

All mentioned trademarks are legally protected

Roche's R&D Strategy

Develop high-value products & maximise potential

Innovative development

medically **DIFFERENTIATED** *products*

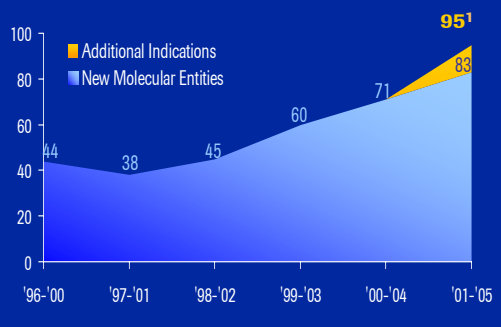
Low risk expansion

- across disease areas
- across tumour types
- dual development adjuvant/ metastatic settings
- in combination with current and future treatments

3

Resulting in an outstanding success rate

Roche Rx Phase III success rate in %



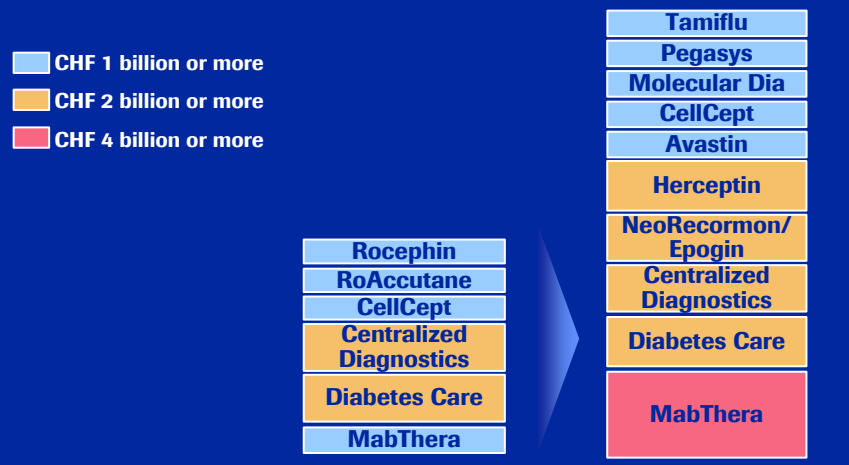
- Core competencies in clinical trial design and management
- Efficiency in patient recruitment
- Selection key opinion leader and sites
- High hurdles for phase II
  - efficacy
  - safety
  - medical differentiation

¹Data for Additional Indications only available for cohort '01-'05
Success rate = 1- terminations / (terminations + approvals)

4

Roche Group: A young, diversified, growing portfolio

Consisting of multiple pillars of value

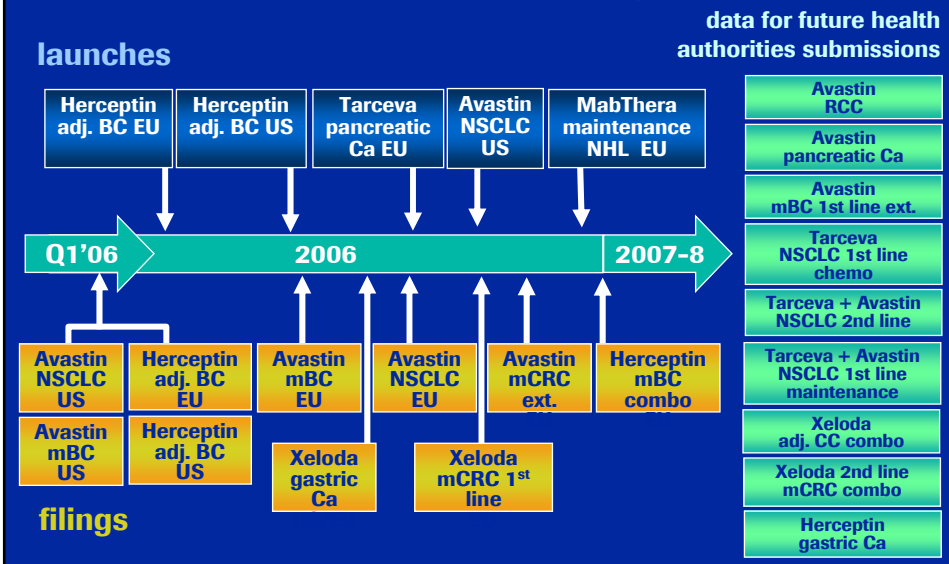


	2001	2005
Value drivers	6	10
Sales (CHF bn)	10	22

5

Current data securing mid-term growth

Assets on-hand to extend our leadership



NB: Assuming normal approval process, barring unforeseen events

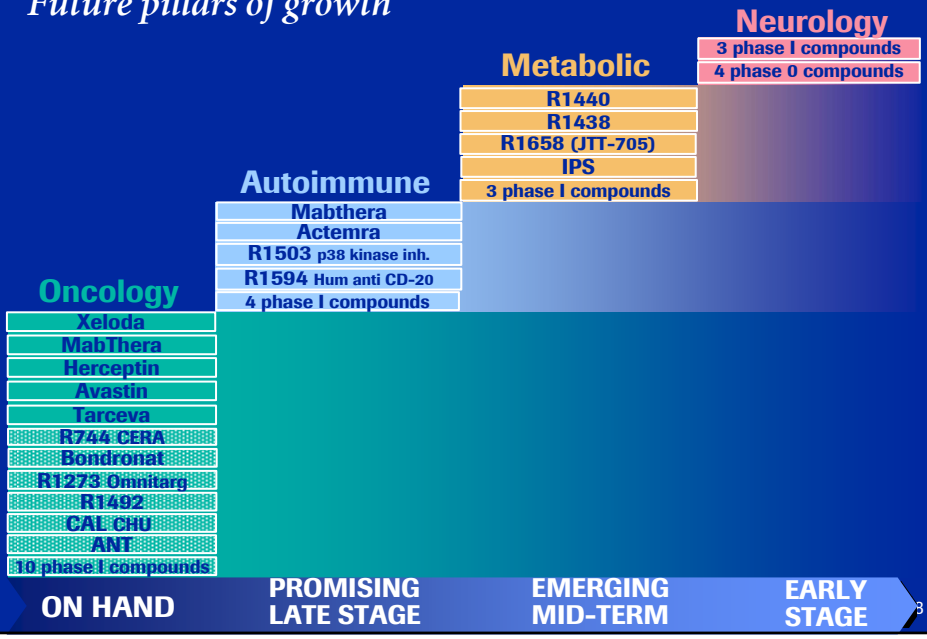
6

ASCO 2006: More than 90 abstracts presented by the Roche Group

KEY DATA PRESENTED	RESULTS	NEXT STEPS
Herceptin in adjuvant breast cancer –phase III –HERA 23 months follow up of 1-yr treatment arm	Met primary & 2'ndry endpoints: DFS, OS – 3-yr DFS 80.6 % vs 74.3 %, HR 0.64 – 3-yr OS 92.4 % vs 89.7 %, HR 0.66 Risk of death reduced by 34 %	EU approved, US filed Data 2-yr treatment arm expected '08/'09
Avastin + Tarceva in 2nd line NSCLC –exploratory phase II	Met primary endpoint: PFS vs chemo alone – A+T Median PFS 4.4 months, HR 0.72 – A+Chemo Median PFS 4.8 months, HR 0.66 – Chemo Median PFS 3.0 months No unexpected side effects	Phase III Tarceva + Avastin in 2nd line NSCLC ongoing Data available 2008
Xeloda in gastric cancer –phase III	Met primary endpoint: PFS non-inferiority –Xeloda+Cisplatin Median PFS 5.6 mnths, HR 0.81 –5-FU+Cisplatin Median PFS 5.0 months Met secondary endpoints: RR, OS	Filing planned 2006

7

Expanding into other therapeutic areas
Future pillars of growth



8