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 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;
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 or news coverage

For marketed products discussed in this presentation, please see full prescribing information on our website – www.roche.com
Q1 '06: A strong start for the year

- Group sales rose 15% in local currencies, 22% in CHF
- Oncology strong growth contribution (+52%\(^1\))
- Top ten products growing +38%\(^1\), top 20 +28%\(^1\)
- Rituxan approved in US for first rheumatoid arthritis indication
- First in a series of filings in oncology
  - Herceptin for adjuvant breast cancer in US and EU
  - Japanese filings for Avastin in mCRC, Tarceva in NSCLC

\(^1\) local growth

Pharma strongly out-growing worldwide markets

CHF 1.6 bn additional organic sales

<table>
<thead>
<tr>
<th>Sales CHF m</th>
<th>Q1 '05</th>
<th>Q1 '06</th>
<th>% change in CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roche Pharma</td>
<td>3,859</td>
<td>4,821</td>
<td>19 25</td>
</tr>
<tr>
<td>Genentech</td>
<td>1,341</td>
<td>2,056</td>
<td>40 53</td>
</tr>
<tr>
<td>Chugai</td>
<td>955</td>
<td>862</td>
<td>-8 -10</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>6,155</td>
<td>7,739</td>
<td>19 26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of pharma sales</th>
<th>growth (local)</th>
<th>market growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology</td>
<td>46%</td>
<td>52%</td>
</tr>
<tr>
<td>Transplantation</td>
<td>7%</td>
<td>14%</td>
</tr>
<tr>
<td>Virology</td>
<td>7%(^1)/15%</td>
<td>-3%(^1)/14%</td>
</tr>
<tr>
<td>Renal Anemia</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>74%</td>
<td>33%</td>
</tr>
</tbody>
</table>
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- The more general view - the market and Roche in oncology
  - Oncology franchise in perspective
  - How to built ‘standard of care’
  - The ‘value proposition’ of cancer drugs - some examples
  - Access to cancer medicines - the ‘meta view
  - Innovation and pricing
  - Summary

The view of Pharma has changed

**In the nineties**
- Strong demand for drugs
- Strong earnings growth: sales growth drives margins expansion
- Blockbuster business model: in particular for GP drugs

**and nowadays**
- Growth rates for differentiated products
- Price pressure: limited budgets for undifferentiated medicines
- Blockbuster also in specialty care

**From sector to specific stock selection**
Leading growth rate in the specialty sector based on differentiated medicines

Roche Oncology: Clear market leader

Five times sales – in five years

GAGR* (‘00 - ‘05): 45 %

CHF bn

2000 2001 2002 2003 2004 2005

1.6 2.8 4.5 5.3 6.9 10.2

* Compound Annual Growth Rate
Heavy launch activities in Oncology
Extending our market leadership

- **Herceptin**
  - EU mBC combo
  - Taxotere combo
- **Xeloda**
  - US/EU mCRC
  - US adj CC
  - EU adj CC
- **Avastin**
  - EU mCRC
  - US mCRC
- **NeoRecormon**
  - EU once-weekly
- **Tarceva**
  - US NSCLC
  - EU NSCLC
  - US pancreatic
  - EU pancreatic
- **Kytril**
  - Acquisition of global rights
- **Bondronat**
  - EU metastatic bone disease
- **NeoRecormon**
  - EU haem. maligns

**Key Stats**
- **2000**: CHF 1.6 bn
- **2001**: 2.8
- **2002**: 4.5
- **2003**: 5.3
- **2004**: 6.9
- **2005**: 10.2

...and more filings planned

**Launches**
- Avastin mCRC launch EU
- Xeloda adj. CC launch EU
- Xeloda adj. CC launch US
- Tarceva NSCLC launch EU
- Tarceva pancreatic launch US

**Filings**
- Tarceva pancreatic US
- MabThera maintenance EU
- Tarceva pancreatic EU
- Herceptin adj. BC EU
- Avastin NSCLC US
- Herceptin adj. BC US
- Avastin mBC EU, US
- Avastin CRC 1st line Folfox-Xelox EU
- Xeloda gastric cancer
- Xeloda 1st line mCRC combo
- Herceptin mBC combo hormonal EU

NB: Assuming normal approval process, barring unforeseen events.
Roche Oncology in 2006
Science translated into patient benefit

Cancer types and Roche products with proven benefit

<table>
<thead>
<tr>
<th></th>
<th>Breast</th>
<th>Colorectal</th>
<th>NSCLC</th>
<th>NHL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence*</td>
<td>1'151'298</td>
<td>1'023'152</td>
<td>1'081'706</td>
<td>300'571</td>
</tr>
<tr>
<td>Adjuvant</td>
<td>Herceptin</td>
<td>Xeloda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>MabThera</td>
</tr>
<tr>
<td>1* line</td>
<td>Avastin</td>
<td>Herceptin</td>
<td>Xeloda</td>
<td></td>
</tr>
<tr>
<td>2*/3* line</td>
<td></td>
<td>Avastin</td>
<td>MabThera</td>
<td></td>
</tr>
</tbody>
</table>

* Worldwide, GLOBOCAN 2002

Roche Oncology portfolio
Five products with survival benefit
Survival benefit in five tumor types

TUB
huHMFG1
Pre-EIH (many)
TOPO
Epo D
Omitarg
anti-PTHrP
MRA
CERA
Avastin
Herceptin
MabThera
Tarceva
Xeloda
NeoRecormon
Bondronat
Furtulon
Kytril
Development
Marketed / Development
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Incidence of cancer increasing

Cancer Disease: All sites but non-melanoma skin

Source: A pan-European comparison regarding patient access to cancer, Karolinska Institute 2005
The oncology therapy area is forecast to increase its share of the global market from 5% in 2000 to 10.5% by 2009.

Cancer— a similar burden to society as cardiovascular disease

<table>
<thead>
<tr>
<th></th>
<th>EU 25</th>
<th>EU 15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total DALYs</td>
<td>DALLY/1000</td>
</tr>
<tr>
<td>All disease groups</td>
<td>58,807,846</td>
<td>129.7</td>
</tr>
<tr>
<td>Mental disease</td>
<td>14,857,720</td>
<td>32.8</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>10,088,093</td>
<td>22.2</td>
</tr>
<tr>
<td>Cancer</td>
<td>9,839,035</td>
<td>21.7</td>
</tr>
<tr>
<td>Injuries</td>
<td>5,096,011</td>
<td>11.2</td>
</tr>
<tr>
<td>Respiratory disease</td>
<td>3,523,243</td>
<td>7.8</td>
</tr>
</tbody>
</table>

DALY: Disability – Adjusted Life Years. Integrated measure of mortality and disability developed by the WHO. One DALY is one lost year of ‘healthy’ life and the burden of disease as a measurement of the gap between actual health and an ideal situation.

Source: A pan European comparison regarding patient access to cancer, Karolinska Institute 2005.
Comparably low public expenditures on oncology

Comparably low public expenditures on oncology.

Source: Wood Mackenzie

Treatment costs for cancer between 5% and 7% of total Healthcare cost

<table>
<thead>
<tr>
<th>Country</th>
<th>Direct costs for cancer per capita (€)</th>
<th>Direct costs for cancer (€ million)</th>
<th>Cancer costs as % of total healthcare costs</th>
<th>Total healthcare expenditure (€ million)</th>
<th>Population5 (2003)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>64,263</td>
<td>120</td>
<td>6.4</td>
<td>844,800</td>
<td>451,263,000</td>
</tr>
<tr>
<td>Austria</td>
<td>925</td>
<td>114</td>
<td>6.5</td>
<td>14,200</td>
<td>8,097,000</td>
</tr>
<tr>
<td>Belgium</td>
<td>1,448</td>
<td>147</td>
<td>6.5</td>
<td>22,400</td>
<td>16,072,000</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>965</td>
<td>140</td>
<td>6.5</td>
<td>10,200</td>
<td>10,272,000</td>
</tr>
<tr>
<td>Denmark</td>
<td>746</td>
<td>130</td>
<td>6.5</td>
<td>11,500</td>
<td>5,887,000</td>
</tr>
<tr>
<td>Finland</td>
<td>587</td>
<td>113</td>
<td>6.5</td>
<td>8,500</td>
<td>5,213,000</td>
</tr>
<tr>
<td>France</td>
<td>7,091</td>
<td>112</td>
<td>6.3</td>
<td>133,800</td>
<td>59,798,000</td>
</tr>
<tr>
<td>Germany</td>
<td>12,150</td>
<td>150</td>
<td>6.4</td>
<td>224,000</td>
<td>82,092,000</td>
</tr>
<tr>
<td>Greece</td>
<td>1,122</td>
<td>157</td>
<td>6.5</td>
<td>17,100</td>
<td>7,123,000</td>
</tr>
<tr>
<td>Hungary</td>
<td>456</td>
<td>108</td>
<td>6.5</td>
<td>8,700</td>
<td>10,124,000</td>
</tr>
<tr>
<td>Ireland</td>
<td>466</td>
<td>116</td>
<td>6.5</td>
<td>7,200</td>
<td>5,953,000</td>
</tr>
<tr>
<td>Italy</td>
<td>6,576</td>
<td>115</td>
<td>6.5</td>
<td>101,200</td>
<td>57,478,000</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>1,347</td>
<td>98</td>
<td>6.1</td>
<td>37,200</td>
<td>16,224,000</td>
</tr>
<tr>
<td>Norway</td>
<td>871</td>
<td>197</td>
<td>6.5</td>
<td>13,400</td>
<td>4,554,000</td>
</tr>
<tr>
<td>Poland</td>
<td>1,305</td>
<td>28</td>
<td>6.5</td>
<td>20,600</td>
<td>18,185,000</td>
</tr>
<tr>
<td>Portugal</td>
<td>945</td>
<td>90</td>
<td>6.5</td>
<td>14,500</td>
<td>16,494,000</td>
</tr>
<tr>
<td>Spain</td>
<td>3,815</td>
<td>92</td>
<td>6.5</td>
<td>58,300</td>
<td>41,874,000</td>
</tr>
<tr>
<td>Sweden</td>
<td>1,254</td>
<td>140</td>
<td>7.0</td>
<td>17,900</td>
<td>8,058,000</td>
</tr>
<tr>
<td>Switzerland</td>
<td>1,391</td>
<td>189</td>
<td>6.5</td>
<td>21,400</td>
<td>7,743,000</td>
</tr>
<tr>
<td>UK</td>
<td>10,623</td>
<td>187</td>
<td>6.05</td>
<td>102,100</td>
<td>99,504,000</td>
</tr>
</tbody>
</table>

Source: A pan European comparison regarding patient access to cancer, Karolinska Institute 2005
## Healthcare costs for cancer treatment

*Drugs - a fraction of total cancer treatment costs*

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Cancer costs as % of total healthcare costs</th>
<th>Inpatient care</th>
<th>Outpatient care</th>
<th>Drugs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>2002</td>
<td>5.4%</td>
<td>67%</td>
<td>16%</td>
<td>8%</td>
<td>100%</td>
</tr>
<tr>
<td>Sweden</td>
<td>1996</td>
<td>6%</td>
<td>94%</td>
<td>Not included in the estimate</td>
<td>6%</td>
<td>100%</td>
</tr>
<tr>
<td>Sweden</td>
<td>2002</td>
<td>10%</td>
<td>75% (hospital)</td>
<td>15% (including home care)</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>France</td>
<td>1998</td>
<td>5.3%</td>
<td>83%</td>
<td>7% + 6% transport costs</td>
<td>4%</td>
<td>100%</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>1994</td>
<td>4.6%</td>
<td>80% + 11% non-hospital institutional care</td>
<td>18%</td>
<td>11%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: A pan European comparison regarding patient access to cancer, Karolinska Institute 2005

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- The more general view - the market and Roche in oncology
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1. Avastin: All main cancer types - late and early intervention

- Adjuvant
- CRC
- NSCLC
- BC

2. Avastin: Establish as combination partner to current standards

- CRC
  - 5-FU/Leucovorin
  - Irinotecan
    - Oxaliplatin
    - Xeloda
  - New biologics
- NSCLC
  - Platinum-based chemotherapy
    - Single agent (navelbine or gemcitabine)
    - Non-platinum based regimens
    - Tarceva
    - New biologics
- BC
  - Taxanes
    - Anthracyclines
    - Xeloda
      - Hormones
    - Herceptin
    - New biologics

- positive data
- trials ongoing
- trials planned
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Indolent Non Hodgkin lymphoma: More than doubled PFS over the past decade
Median progression free survival in 1st line iNHL

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Median PFS (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVP</td>
<td>15</td>
</tr>
<tr>
<td>MCP</td>
<td>19</td>
</tr>
<tr>
<td>Fludarabine</td>
<td>21</td>
</tr>
<tr>
<td>CHOP/IFN</td>
<td>30</td>
</tr>
<tr>
<td>R-CVP</td>
<td>35</td>
</tr>
<tr>
<td>R-MCP</td>
<td>n.r.</td>
</tr>
<tr>
<td>R-CHOP/IFN</td>
<td>&gt;36</td>
</tr>
</tbody>
</table>

n.r. not reached
**Aggressive Non Hodgkin lymphoma: Cure and considerable prolongation of life**

*Median overall survival in 1st line aNHL*

**Median overall survival (months)**

- CHOP, m-BACOD, MACOP-B
  - Fisher 1993
- CHOP
  - Coiffier 2005
- R-CHOP
  - Coiffier 2005

---

**Colon rectal cancer: Median Survival prolonged 5 times over the past decade**

*Median overall survival in 1st line metastatic CRC*

**Median overall survival (months)**

- Best supportive care
  - Scheithauer 1993
- 5-FU/LV
  - Saltz 2000
- IFL
  - Saltz 2000, Hurwitz 2004
- FOLFIRI or FOLFOX4
  - Douillard 2000, de Gramont 2000
- Avastin + 5-FU/LV
  - Hurwitz 2004
- Avastin + IFL
  - Hurwitz 2004
- FOLFOX → FOLFIRI
  - Goldberg 2004, Tournigand 2004
- Avastin + IFL → oxaliplatin
  - Hurwitz 2004
Breast Cancer: Significant and clinically meaningful prolongation of life

*Median overall survival in 1st line mBC*

**Best supportive care, estimated**
- **HER2+ & HER2-**

**HER2+**
- **CMF**: Bishop, 1999; Cummings FJ, 1985
- **HER2+**
  - Herceptin/paclitaxel: Slamon D, 2001
  - Herceptin/docetaxel: Mary M, 2005
  - Herceptin/paclitaxel/carboplatin: Robert N, 2004
- **HER2-**
  - Avastin/paclitaxel: ASCO 2005

**Breast Cancer: Best chance of a cure with new adjuvant treatment options**

*Relative risk reduction of recurrence in eBC*

**Relative risk reduction of recurrence (%)**
- AC → T vs AC: Henderson 2003
- DAC vs FAC: Martin 2005
- CEF vs CMF: Levine 2005
- Tamoxifen vs placebo: Fisher 2004
- Chemo → Herceptin vs chemo: Piccart 2005
- Chemo + Herceptin vs chemo: Romond 2005

**HER2+ & HER2-**
- **HER2+**
- **HER2-**

*A = doxorubicin; C = cyclophosphamide; D = docetaxel; E = epirubicin; F = 5-fluorouracil; M = methotrexate; T = paclitaxel*
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Access to innovative cancer medicines
May have a decisive effect on chances for survival

Summary uptake of new oncology products in breast and colorectal cancer, NSCLC, NHL, CML and bone metastases

- Above average
- Average
- Below average
- Data not available/analysed

Source: A pan European comparison regarding patient access to cancer, Karolinska Institute 2005
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‘Oncology: Premium for innovation earned by ‘medical differentiation’
Pricing: The ‘real’ benefit of a cancer drug may only become evident after a long ‘development journey’

Clinical endpoints during drug development

Justification for higher prices

Selected oncology UK NICE assessments

Cost per LYG or QALY

Source: NICE Technology Appraisal Guidance Documents www.nice.org.uk

Rounded figures

* Average of range
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Summary

Data to be presented at upcoming ASCO
Reinforcing our oncology leadership

<table>
<thead>
<tr>
<th>Product</th>
<th>Indication</th>
<th>Trial</th>
<th>Regimen</th>
<th>Phase</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avastin</td>
<td>mCRC 1st line</td>
<td>BRITE</td>
<td>Avastin + standard CRC chemotherapy</td>
<td>IV</td>
<td>Safety and early efficacy data</td>
</tr>
<tr>
<td>Avastin</td>
<td>mCRC 1st line</td>
<td>TREE1, TREE2</td>
<td>XELOX vs bFL vs FOLOX (+ Avastin in all arms of TREE2)</td>
<td>II</td>
<td>Final</td>
</tr>
<tr>
<td>Avastin</td>
<td>mCRC 1st line</td>
<td>BEAT</td>
<td>Avastin + standard CRC chemotherapy</td>
<td>III/IV</td>
<td>Safety and early efficacy data</td>
</tr>
<tr>
<td>Avastin + Tarceva</td>
<td>NSCLC 2nd line</td>
<td>OSI2950</td>
<td>Taxotere or Alimta vs. Taxotere + Alimta + Avastin vs. Avastin + Tarceva</td>
<td>II</td>
<td>Final</td>
</tr>
<tr>
<td>Herceptin</td>
<td>mBC 1st line</td>
<td>BCIRG 007</td>
<td>Taxotere + Herceptin vs. Taxotere + Carboplatin + Herceptin</td>
<td>III</td>
<td>Interim (TTP)</td>
</tr>
<tr>
<td>Xeloda</td>
<td>Gastric Ca 1st line</td>
<td>ML17832</td>
<td>Cisplatin + Xeloda vs. Cisplatin + 5FU</td>
<td>III</td>
<td>Final</td>
</tr>
<tr>
<td>MabThera</td>
<td>JNHL</td>
<td>FL2000</td>
<td>CTx12 vs. CTx6 + MabThera</td>
<td>III</td>
<td>Final</td>
</tr>
<tr>
<td>Diagnostics microarray</td>
<td>Leukemia</td>
<td>MILE</td>
<td>molecular sub-classification of leukemia by gene expression profiling vs. standard lab methods</td>
<td>Validation data (Stage II)</td>
<td></td>
</tr>
</tbody>
</table>
Major Roche managed projected submissions in Oncology over the next years

- **Phase II**
- **Phase III**

<table>
<thead>
<tr>
<th>Year</th>
<th>Phase</th>
<th>Product</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>Phase II</td>
<td>Xeloda</td>
<td>mCRC 2nd line combo</td>
</tr>
<tr>
<td>2006</td>
<td>Phase III</td>
<td>Herceptin</td>
<td>mBC hormonal (EU)</td>
</tr>
<tr>
<td>2006</td>
<td>Phase III</td>
<td>Avastin</td>
<td>mBC 1st line (EU)</td>
</tr>
<tr>
<td>2006</td>
<td>Phase III</td>
<td>Herceptin</td>
<td>mBC 1st line (EU)</td>
</tr>
<tr>
<td>2006</td>
<td>Phase III</td>
<td>Avastin</td>
<td>NSCLC 1st line (EU)</td>
</tr>
<tr>
<td>2007</td>
<td>Phase II</td>
<td>Xeloda</td>
<td>adj. CC combo</td>
</tr>
<tr>
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<td>Herceptin</td>
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Status as of March 31, 2006

Growing from an already strong position …

…and setting new standards in Oncology care

- Considerable potential in commercialized products
- Extensive development program
- Well positioned ahead of competition