

Passion for Innovation.
Compassion for Patients.™



December 14 2015

Research and Development at Daiichi Sankyo

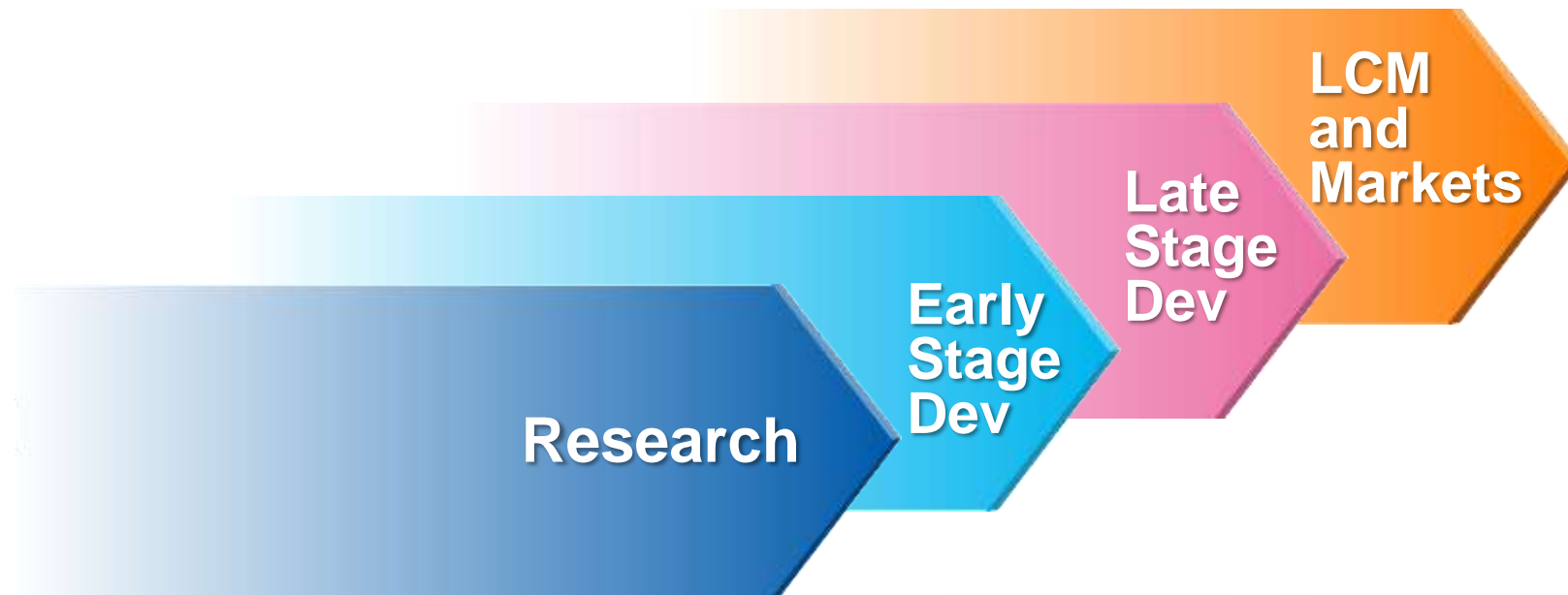
Glenn Gormley MD PhD

Senior Executive Officer, Global R&D Head

Daiichi Sankyo Co., Ltd.

- **Pipeline overview**
- **Pipeline update : Thrombosis, Diabetes and Pain**
- **Focus on Oncology**

R&D Focus Therapeutic Areas



Priority Areas for Discovery*

- **Oncology**
- **CV-M**
- **Pain**

Oncology

CV-M

Pain

Thrombosis

Hypertension

Pain

*Discovery: Research and Early Development up to Proof of Concept

Major R&D pipeline

As of October 2015



Therapeutic area	Phase 1	Phase 2	Phase 3	Application
Cardiovascular-Metabolics	<ul style="list-style-type: none"> ■ DS-1040 (Acute Ischemic stroke / TAFIa Inhibitor) ■ DS-8312 (Hypertriglyceridemia) ■ DS-2330 (Hyperphosphatemia) ■ DS-9231/TS23 (Thrombosis / α2-PI inactivating antibody) 	<ul style="list-style-type: none"> ■ CS-3150 (JP) (Hypertension · DM nephropathy / MR antagonist) ■ DS-8500 (JP) (Diabetes / GPR119 agonist) 	<ul style="list-style-type: none"> ■ Prasugrel (JP) (CS-747 / Ischemic stroke / anti-platelet agent) ■ Prasugrel (US) (CS-747 / sickle cell disease / anti-platelet agent) 	<ul style="list-style-type: none"> ■ Edoxaban (ASCA etc.) (DU-176b / AF / oral factor Xa inhibitor) ■ Edoxaban (ASCA etc.) (DU-176b / VTE / oral factor Xa inhibitor)
Oncology	<ul style="list-style-type: none"> ■ DS-3032 (US/JP) (MDM2 inhibitor) ■ PLX7486 (US) (FMS / TRK inhibitor) ■ PLX8394 (US) (BRAF inhibitor) ■ DS-6051 (US) (NTRK/ROS1 inhibitor) ■ PLX9486 (US) (KIT inhibitor) ■ U3-1565 (US/JP) (Anti-HB-EGF antibody) ■ DS-8895 (JP) (Anti-EPHA2 antibody) ■ DS-8273 (US) (Anti-DR5 antibody) ■ DS-5573 (JP) (Anti-B7-H3 antibody) ■ DS-8201 (JP) (Anti-HER2 ADC) 	<ul style="list-style-type: none"> ■ Patritumab (US/EU) (U3-1287 / anti-HER3 antibody) ■ Pexidartinib (US) (PLX3397 / FMS/KIT/FLT3-ITD inhibitor) 	<ul style="list-style-type: none"> ■ Tivantinib (US/EU) (ARQ 197 / HCC / MET inhibitor) ■ Denosumab (JP) (AMG 162 / breast cancer adjuvant / anti-RANKL antibody) ■ Nimotuzumab (JP) (DE-766 / gastric cancer / anti-EGFR antibody) ■ Vemurafenib (US/EU) (PLX4032 / melanoma adjuvant / BRAF inhibitor) ■ Quizartinib (US/EU) (AC220 / AML / FLT3-ITD inhibitor) ■ Pexidartinib (US/EU) (PLX3397/TGCT / FMS/KIT/FLT3-ITD inhibitor) 	
Others	<ul style="list-style-type: none"> ■ DS-1093 (Anemia of chronic kidney disease / HIF-PH inhibitor) ■ DS-3801 (Chronic constipation / GPR38 agonist) ■ DS-1971 (Chronic pain) ■ DS-1501 (Osteoporosis / Anti-Siglec-15 antibody) ■ DS-7080 (AMD / Angiogenesis inhibitor) ■ VN-0102/JVC-001 (JP) (MMR vaccine) 	<ul style="list-style-type: none"> ■ SUN13837 (US/EU) (Spinal cord injury / modulator of bFGF signaling system) ■ Laninamivir (US/EU) (CS-8958 / anti-influenza / out-licensing with Biota) 	<ul style="list-style-type: none"> ■ Mirogabalin (US/EU) (DS-5565 / fibromyalgia / α2δ ligand) ■ Mirogabalin (JP/Asia) (DS-5565 / DPNP/ α2δ ligand) ■ Mirogabalin (JP/Asia) (DS-5565 / PHN / α2δ ligand) ■ Denosumab (JP) (AMG 162 / rheumatoid arthritis / anti-RANKL anti-body) ■ Hydromorphone (JP) (DS-7113 / cancer pain / opioid μ-receptor regulator) ■ CHS-0214 (JP) (Etanercept BS / rheumatoid arthritis / TNFα inhibitor) ■ CL-108 (US) (Acute pain / opioid μ-receptor regulator) ■ VN-0105 (JP) (DPT-IPV/Hib vaccine) ■ VN-0107/MEDI3250 (JP) (Nasal spray flu vaccine) 	<ul style="list-style-type: none"> ■ Intradermal Seasonal Influenza Vaccine (JP) (VN-100 / prefilled i.d. vaccine for seasonal flu) ■ VN-101 (JP) (Cell-culture H5N1 Influenza vaccine)

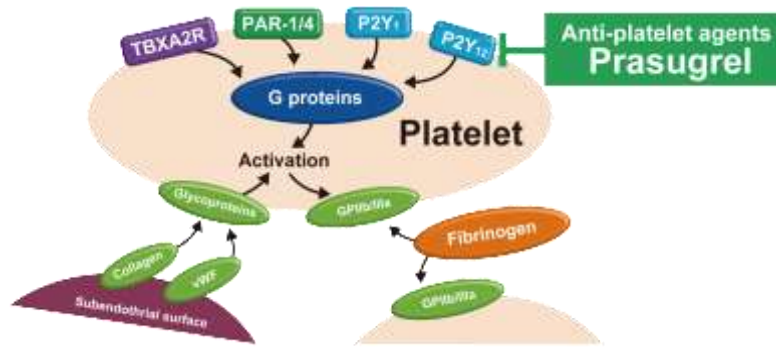
Targets for Approval and Launch

	FY2015	FY2016	FY2017	FY2018	≥ FY2019
Japan	<p>Cravit[®] Injection</p> <p>Cravit[®] Tuberculosis</p> <p>Artist[®] Chronic AF</p>	<p>Hydromorphone Cancer Pain</p> <p>Lacosamide Epilepsy</p>	<p>Pralia[®] RA</p> <p>Effient[®] CVA</p>	<p>Mirogabalin DPNP & PHN</p>	<p>Oncology</p> <p>Nimotuzumab Patritumab Pexidartinib Quizartinib (JPN) Zelboraf[®] (LCM) Ranmark[®] (BC adj)</p>
US		<p>CL108 Acute Pain & OINV</p> <p>Effient[®] Sickle Cell</p>		<p>Tivantinib HCC</p> <p>Quizartinib AML</p>	<p>CV-M</p> <p>CS-3150 (MRA) DS-8500 (GPR119) Effient[®] (LCM) Lixiana[®] (LCM)</p>
Western Europe	<p>Lixiana[®] AF</p> <p>Lixiana[®] VTE</p>			<p>Tivantinib HCC</p> <p>Quizartinib AML</p>	<p>Pain</p> <p>Mirogabalin</p>
Other Regions	<p>Lixiana[®] AF&VTE (China·LTAM etc.)</p>				<p>Other</p>

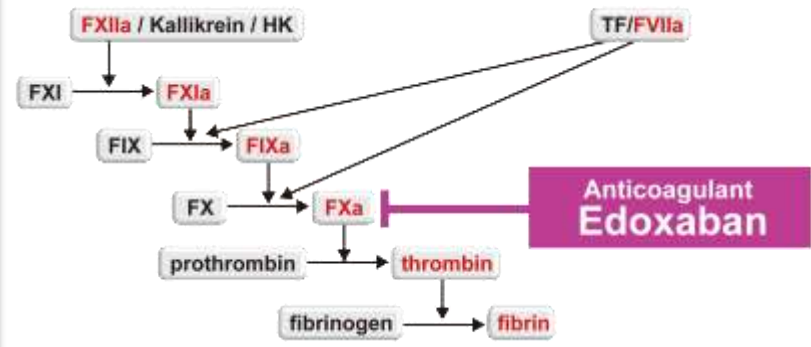
- Pipeline overview
- **Pipeline update : Thrombosis, Diabetes and Pain**
- Focus on Oncology

Medical Management of Thrombosis

Platelet aggregation

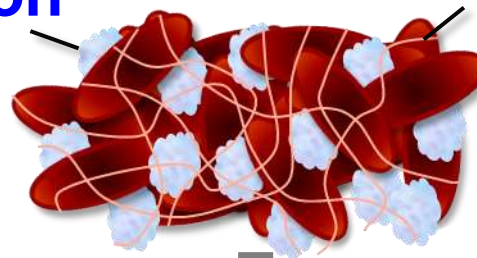


Blood coagulation



Platelet aggregation

Fibrin



Thrombus

TAFIa inhibitor
(DS-1040)
Fibrinolysis
enhancer



Fibrinolysis

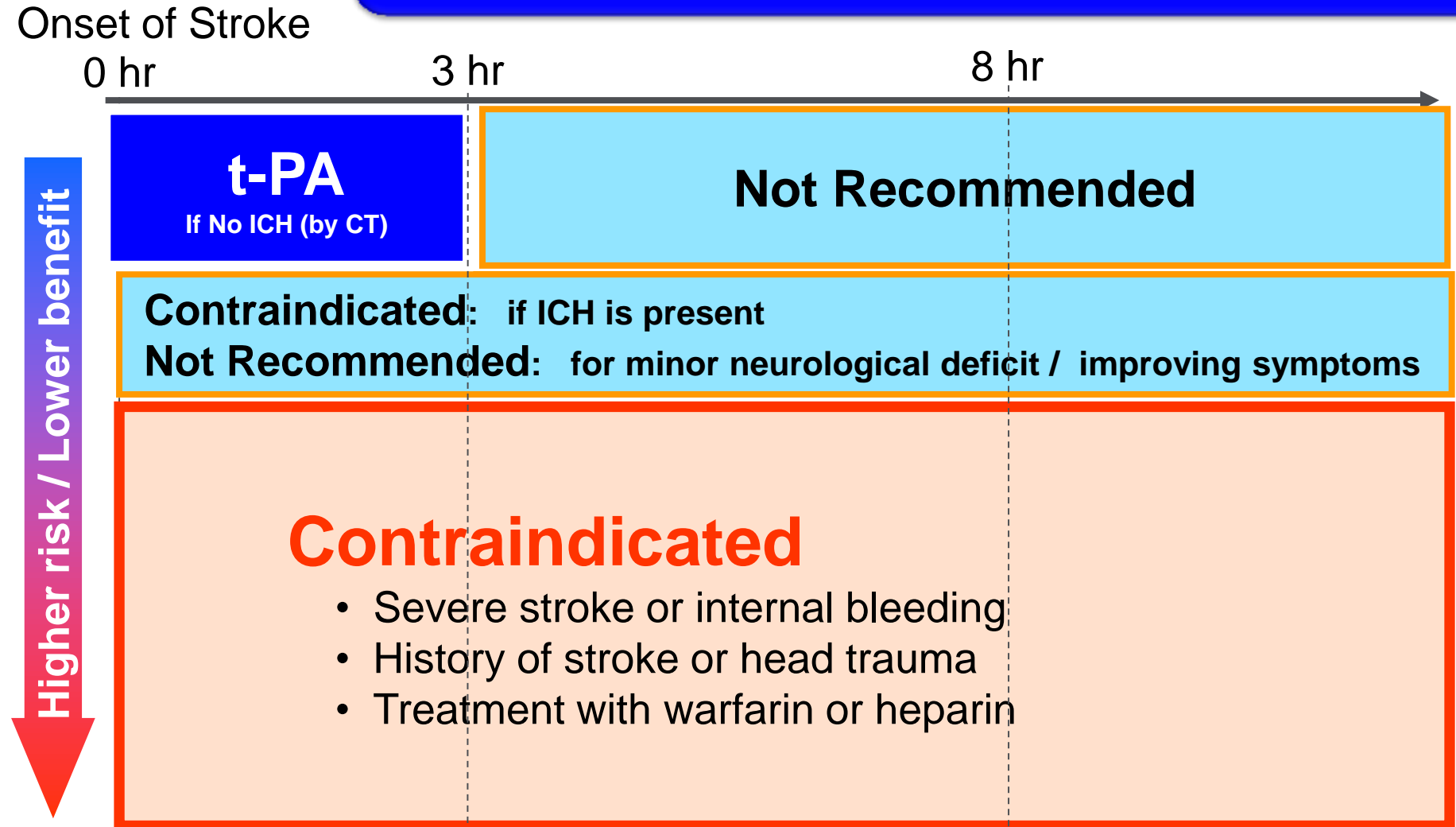


(alpha2-plasmin
inhibitor)

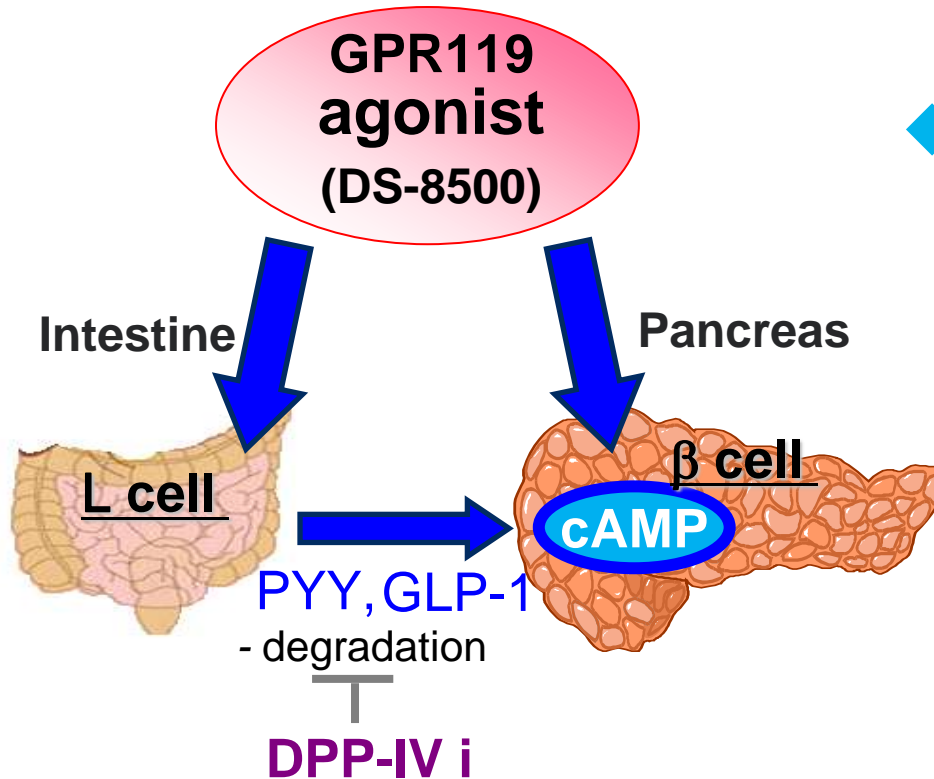
alpha2-PI inhibitor
(DS-9231)
Fibrinolysis
enhancer

Opportunity for a new fibrinolysis enhancer

Indicated Use of tPA in the treatment of Acute Ischemic Stroke



Global sales for alteplase: \$1.1 B in 2014 (Source: EvaluatePharma)



◆ Mechanism of Action

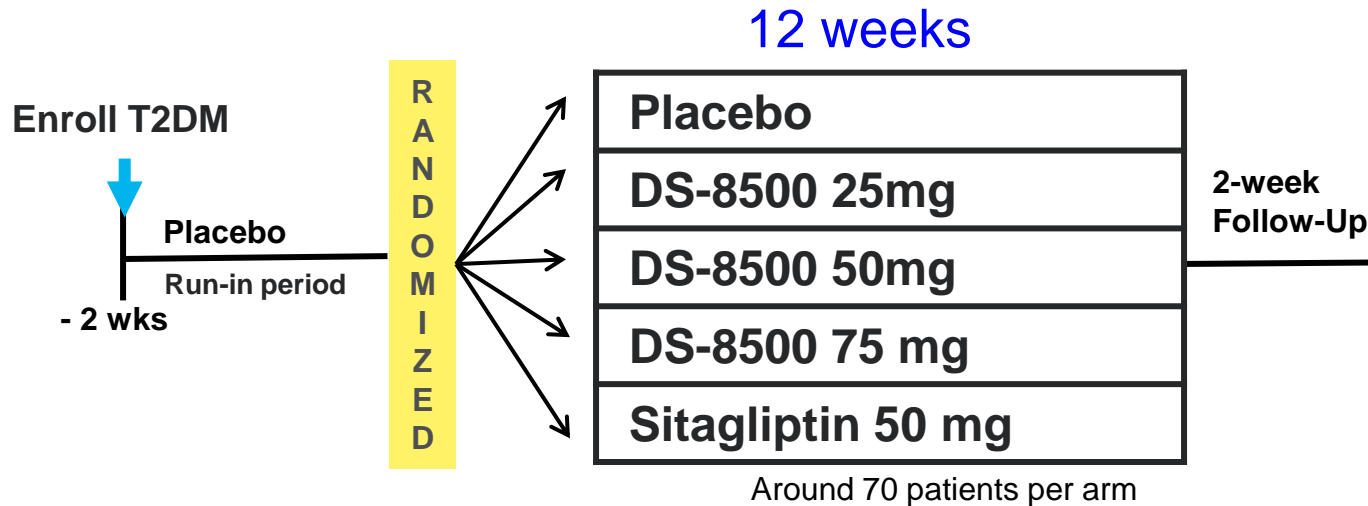
- Amplify glucose-stimulated insulin secretion
- Improve β -cell function
- Stimulate GLP-1 secretion

DPP-IV i : Dipeptidyl Peptidase-4 inhibitor
GLP-1: Glucagon-Like Peptide-1
PYY: Peptide YY

Results of Phase 2a study are anticipated to be published in 1H 2016

DS-8500 : GPR119 agonist

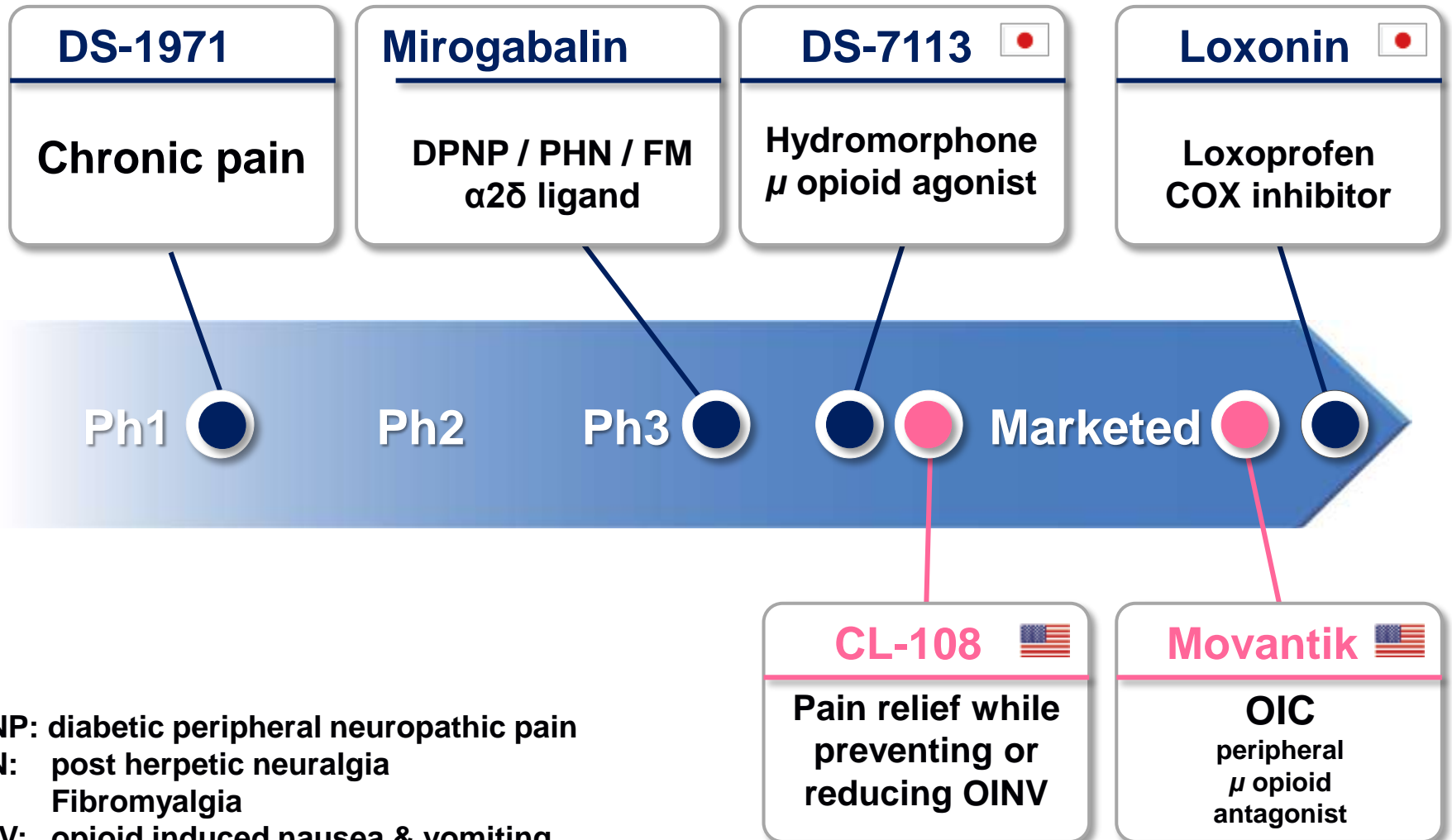
Phase 2b: 12-week study has just started



Subject	T2DM patients
Region	Japan
Study endpoints	Primary endpoint: HbA1c Safety: adverse events, hypoglycemia
Study timeline	Nov 2015 (FPI)~ 4Q FY2016 (TLR anticipated)

FPI: First Patient In
TLR: Top Line Results

Pipeline for the Treatment of Pain



DPNP: diabetic peripheral neuropathic pain
PHN: post herpetic neuralgia
FM: Fibromyalgia
OINV: opioid induced nausea & vomiting
OIC: opioid induced constipation

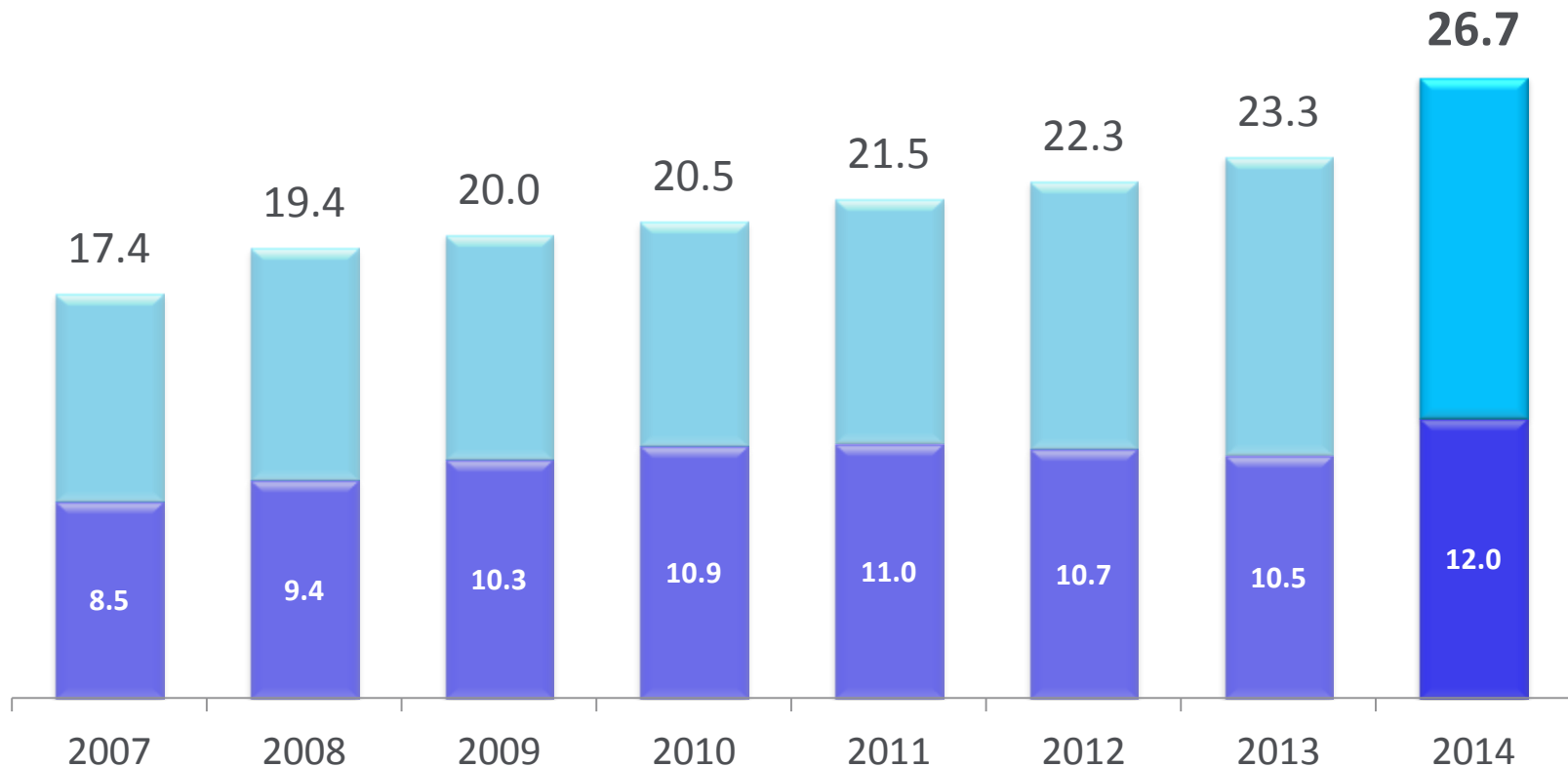
U.S. Pain Market Holds Great Opportunity

Large, Growing Market

U.S. Pain Market Gross Sales (US \$ Billion)

2014: **\$27 Billion**

Others Opioids



Third Phase 3 study recently completed :

- ◆ **Double-Blind, Active- and Placebo-Controlled study**
- ◆ **Population: 550 patients, with pain after bunionectomy surgery**
- ◆ **Results: co-primary endpoints were met:**
 - ◆ **Pain relief and prevention or reduction of OINV* (both $p < 0.001$)**
- ◆ **Results are planned to be published in 2016**

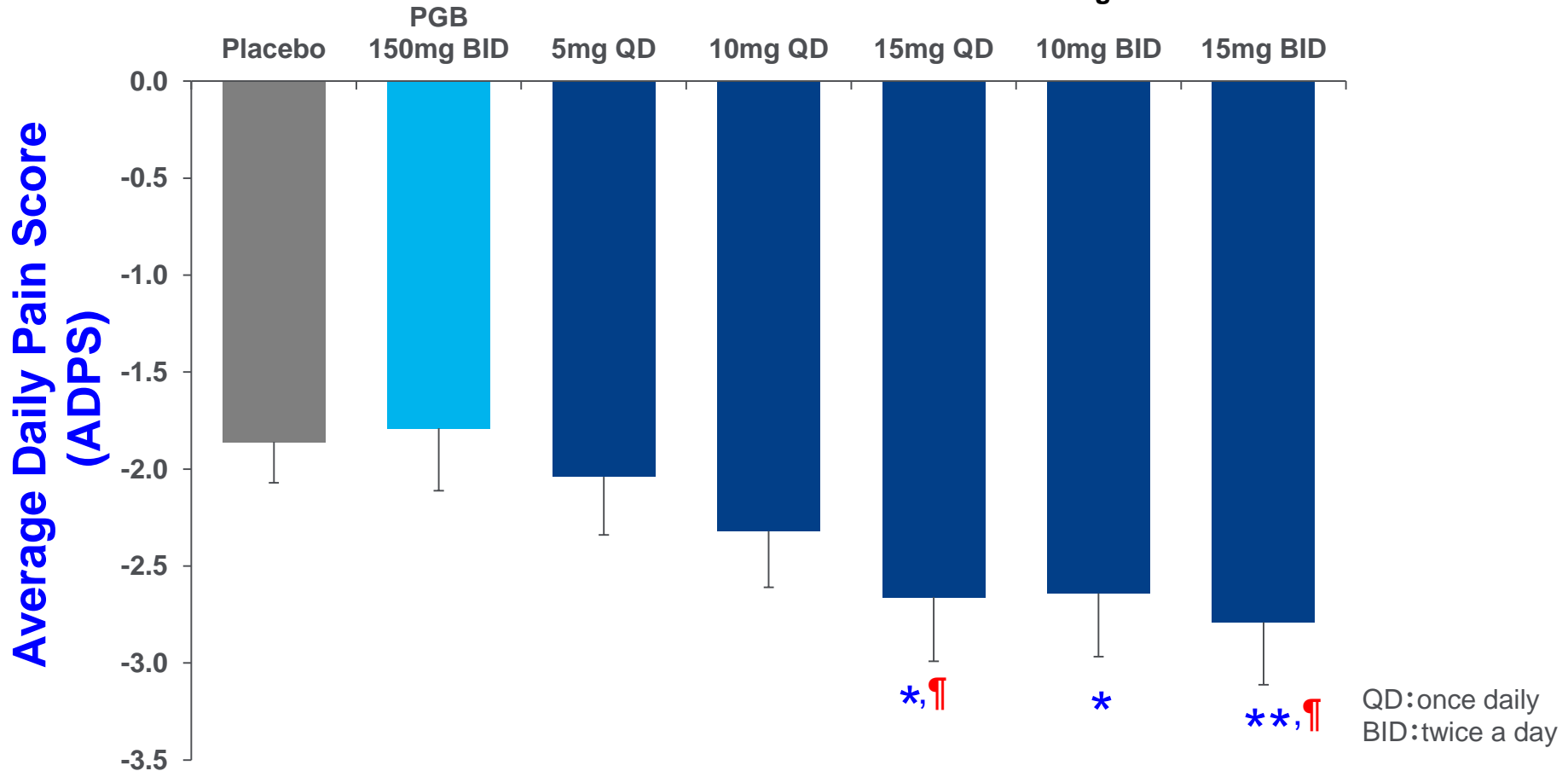
OINV: opioid-induced nausea and vomiting

NDA submission: anticipated 4Q FY2015

Mirogabalin: Phase 2, DB Study in DPNP

Primary Endpoint at Week 5

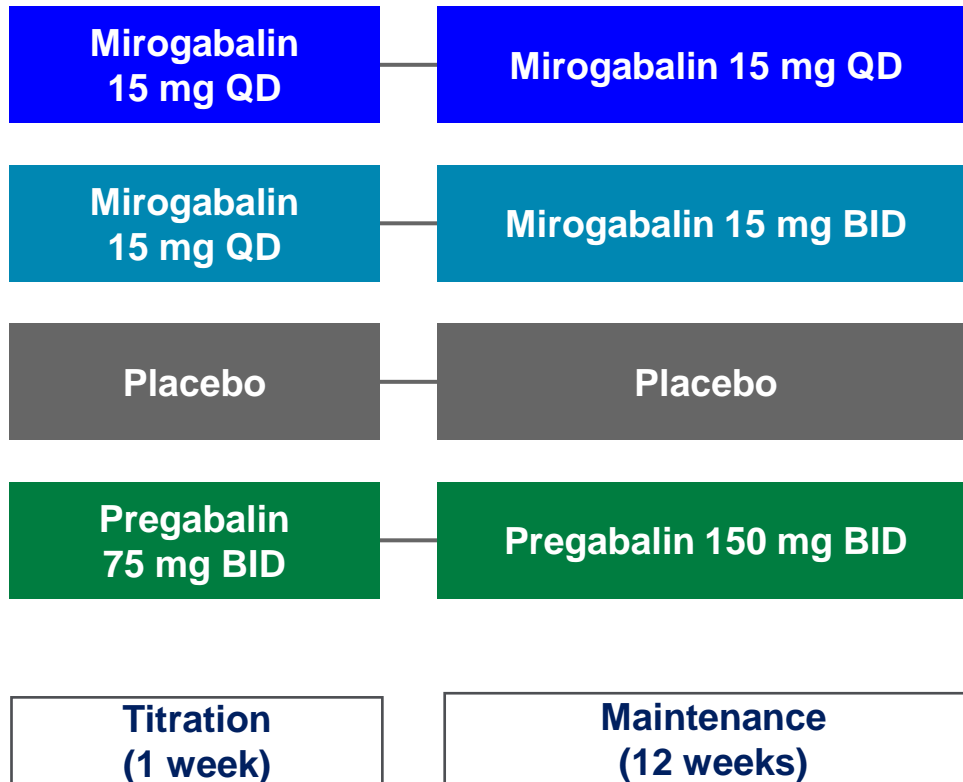
DPNP: Diabetic Peripheral Neuropathic Pain
PGB: Pregabalin



- 3 doses reached statistical significance versus placebo * : $p < 0.05$, ** : $p < 0.01$
- 2 doses reached statistical significance versus pregabalin ¶ : $p < 0.05$

West: Mirogabalin Phase 3 FM Study Design

Double-Blind Treatment (300 patients per arm)



- Primary outcome: change from baseline in the ADPS at week 13

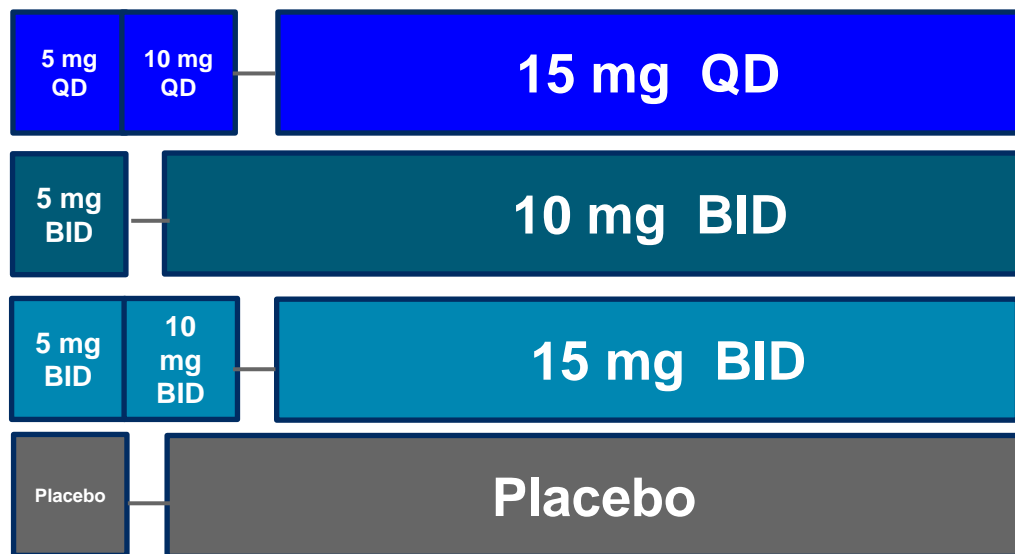
ADPS: Average Daily Pain Score
FM: Fibromyalgia

Top Line Results anticipated in 1H 2017

Asia: Peripheral Neuropathic Pain (PNP) Phase 3 Study Design

Double-Blind Treatment

(150 patients per Mirogabalin arm, 300 patients in placebo arm)



- Primary outcome: change from baseline in the ADPS at week 14



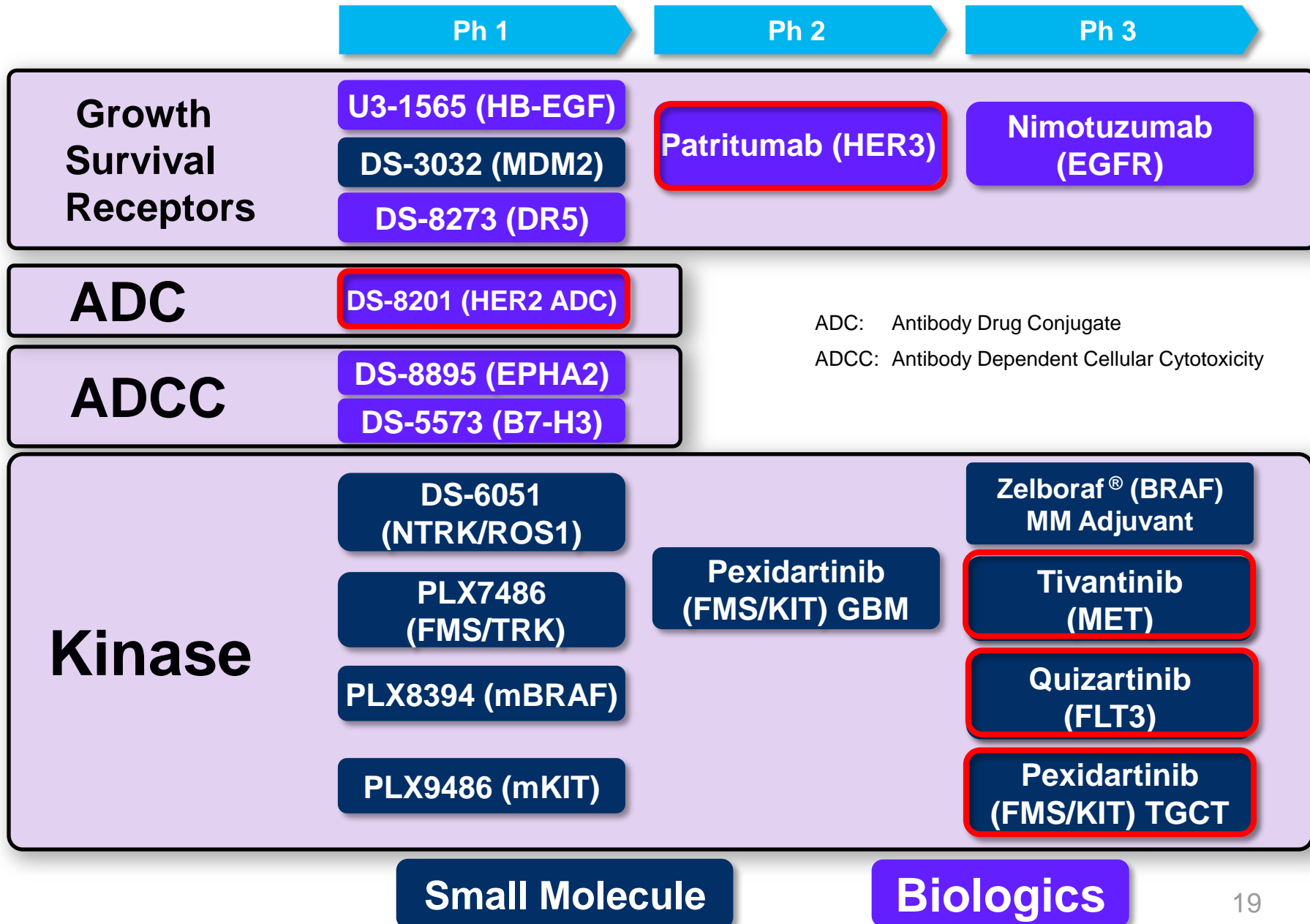
ADPS: Average Daily Pain Score
PNP : DPNP+PHN
DPNP: Diabetic Peripheral Neuropathic Pain
PHN: Post Herpetic Neuralgia

Top Line Results anticipated in 1H 2017

- Pipeline overview
- Pipeline update: Thrombosis, Diabetes and Pain
- **Focus on Oncology**

- **Focus on FIC opportunities**
- **Develop Personalized medicine based therapies**
- **Maintain strong academic partnerships**
 - **National Cancer Center of Japan**
 - **UCSF**
 - **Max Planck**
- **Partner with innovative biotech companies**
 - **ArQule**
- **Strategic acquisitions**
 - **Plexxikon**
 - **Ambit**

Oncology Clinical Pipeline

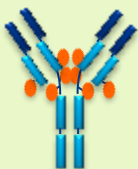


ADC: Antibody Drug Conjugate

ADCC: Antibody Dependent Cellular Cytotoxicity

Innovative anti-HER2 antibody drug conjugate (ADC)

● DS-8201 compared to T-DM1



	DS-8201	T-DM1
Antibody	HER2 Ab	Trastuzumab
Conjugated toxin	Topoisomerase I inhibitor	Tubulin inhibitor
DAR*	7-8	3.5

*DAR: Drug to Antibody Ratio

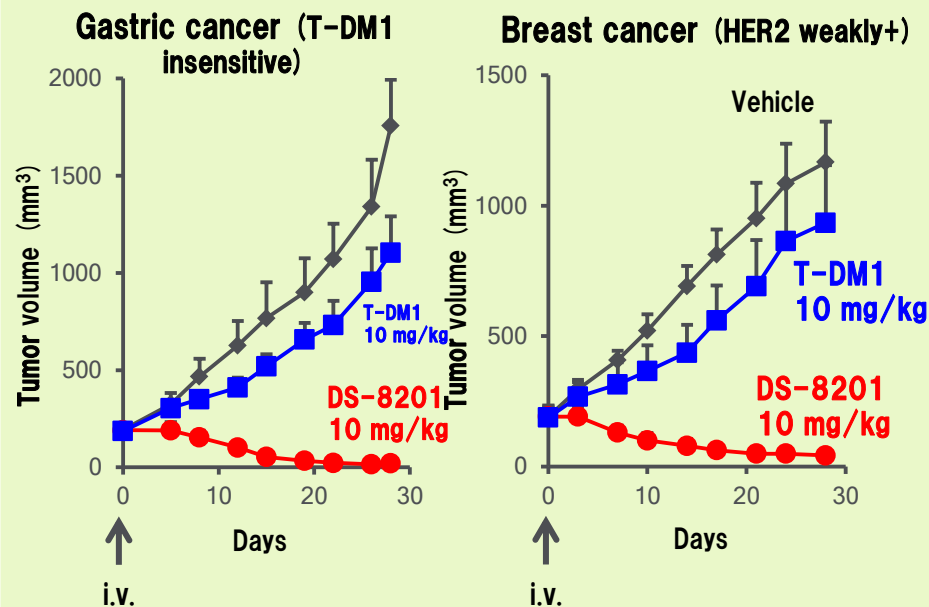
● Differentiation from T-DM1

- Different conjugated toxin
- Original ADC technology
- Higher drug to antibody ratio

● Mechanism of action

- Ab binds HER2 receptor and is internalized
- Conjugated toxin is released inside cell
- Toxin causes targeted cell death

● Patient-derived tumor xenograft models



DS-8201 demonstrated potent anti-tumor efficacy against:

T-DM1 insensitive model
HER2 weakly-positive model

Immune-oncology

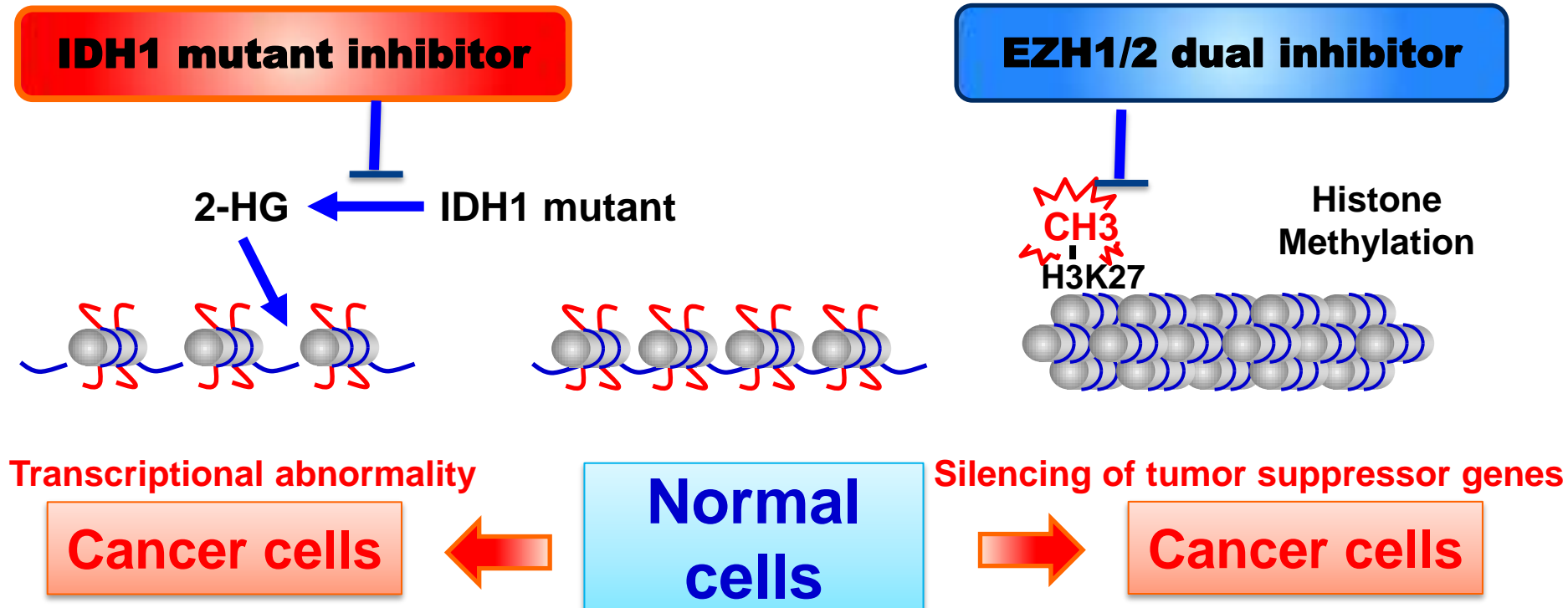
- Immune checkpoint inhibitors
- Cell therapy

Epigenetics

- IDH1 mutant inhibitor
- EZH 1/2 inhibitor

IDH1 mutant inhibitor and EZH1/2 dual inhibitor

- IDH1 mutant inhibitor decreases 2-hydroxyglutarate (2-HG) and improve transcriptional abnormality
- EZH 1/2 inhibitor decreases histone methylation and increases transcription of tumor suppressor genes
- Clinical studies of both inhibitors planned for 2016





Four novel compounds targeting unique pathways in Phase 2/3 registration trials

Quizartinib (Ph3)

Acute myeloid leukemia (AML)

Pexidartinib (Ph3)

Tenosynovial giant cell tumor (TGCT)

Tivantinib (Ph3)

Hepatocellular carcinoma (HCC)
in partnership with ArQule

Patritumab (Ph2/3)

Non-small cell lung cancer (NSCLC)

Quizartinib

Investigational FLT3 Inhibitor

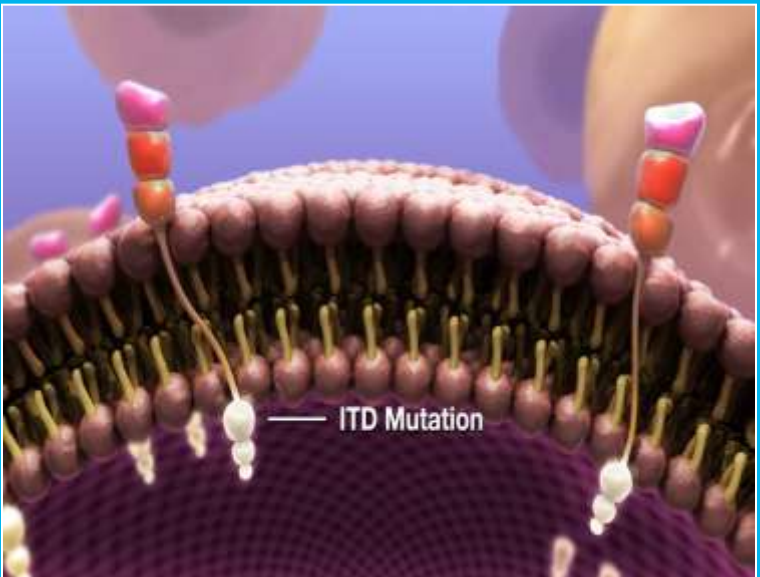
Acute Myeloid Leukemia (AML)



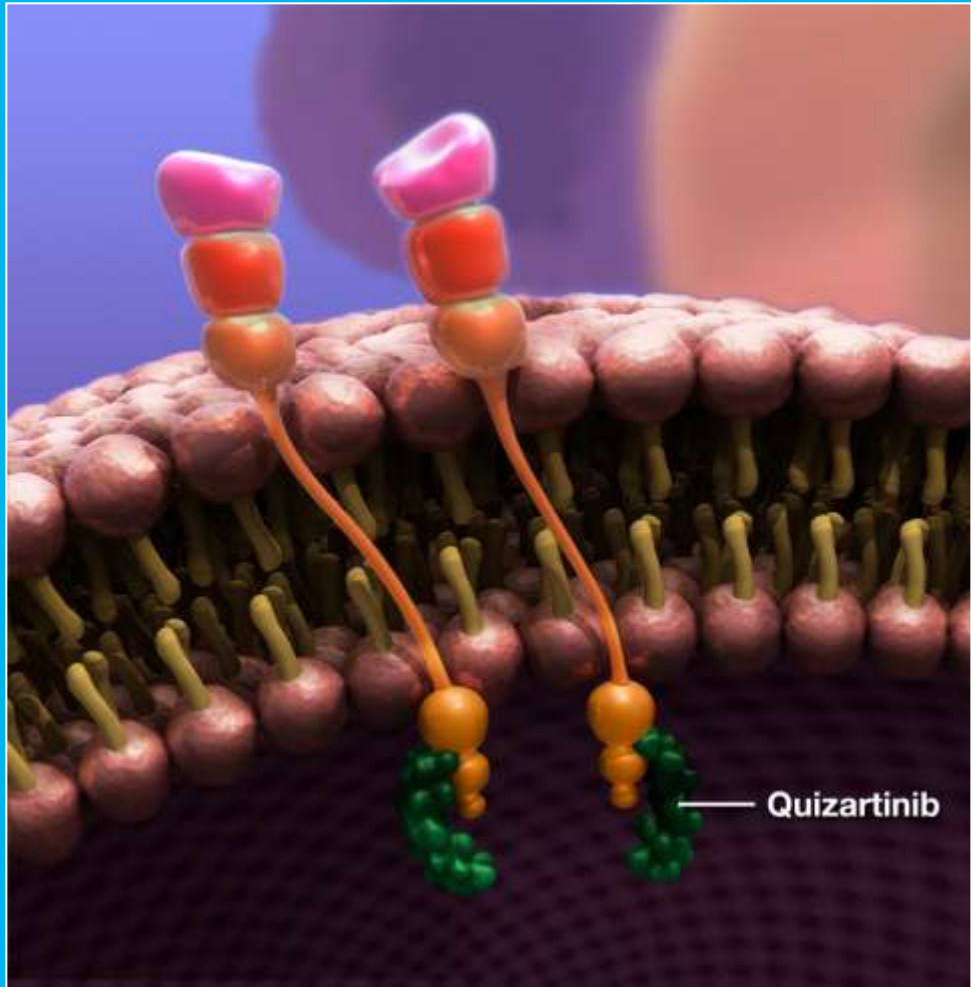
Granted Orphan Drug Designation by the FDA and EMA

Granted Fast Track Status by the FDA

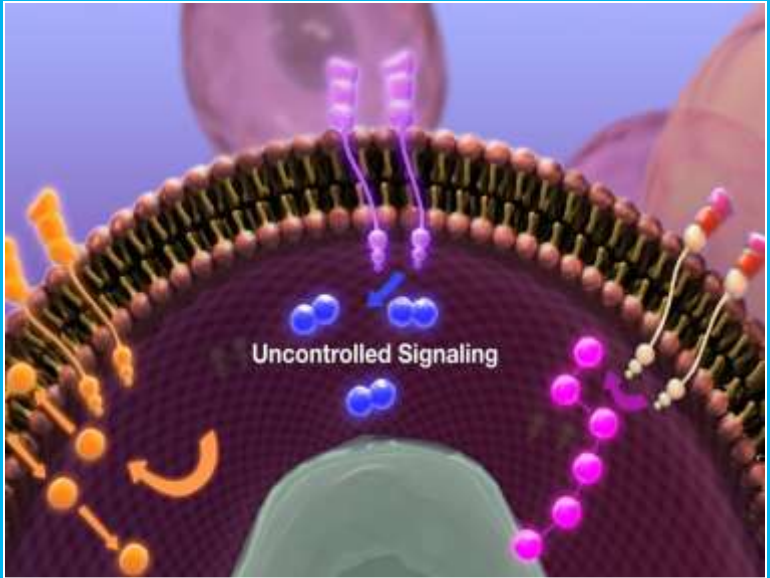
Quizartinib: a Selective Inhibitor of ITD mutated FLT3 receptor



Reference:
Levis M, et al. Leukemia. 2003;17:1738-52.



References:
Zarrinkar PP, et al. Blood. 2009;114(14):2984-92.
Sexauer A, et al. Blood. 2012;120(20):4205-14.

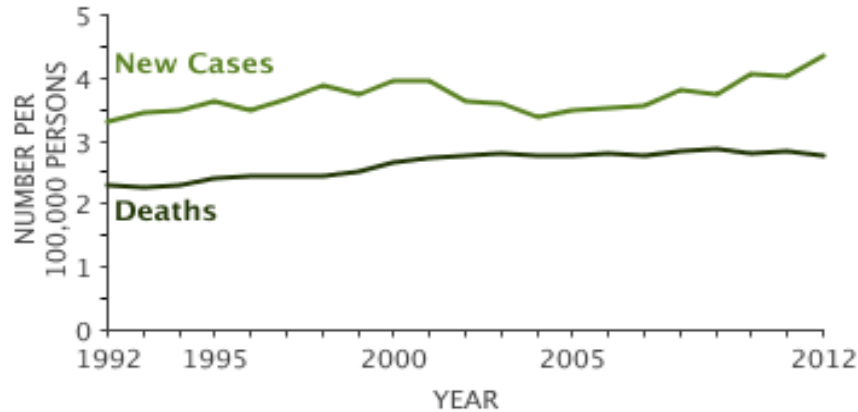


Reference:
Levis M, et al. Leukemia. 2003;17:1738-52.

Acute Myeloid Leukemia

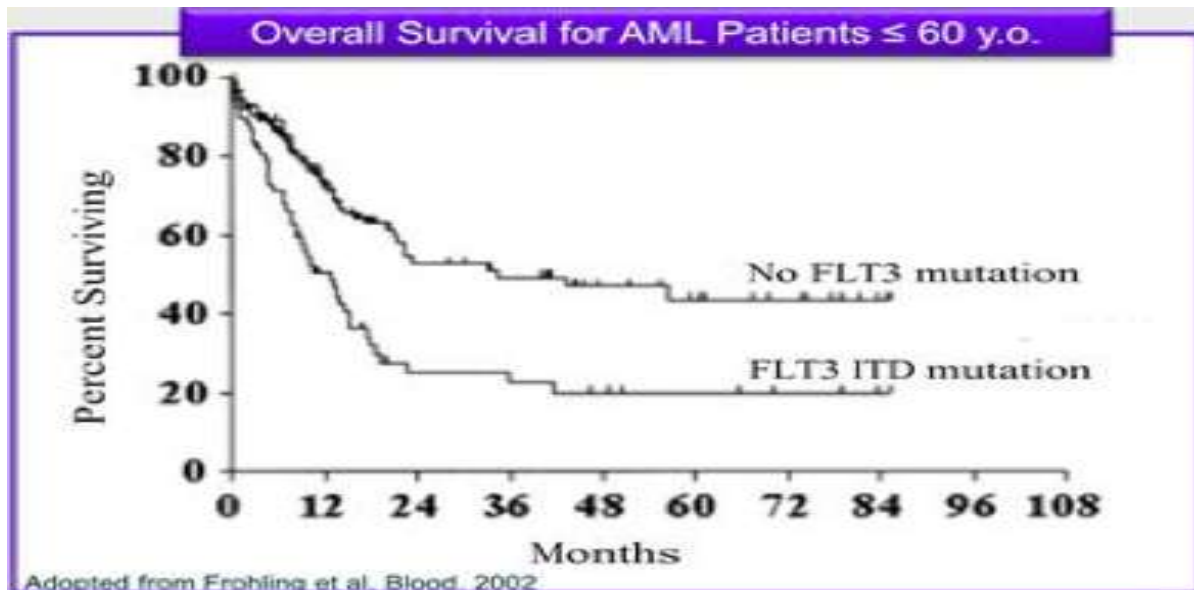
◆ Epidemiology in US

Estimated New Cases in 2015	20,830
% of All New Cancer Cases	1.3%
Estimated Deaths in 2015	10,460
% of All Cancer Deaths	1.8%

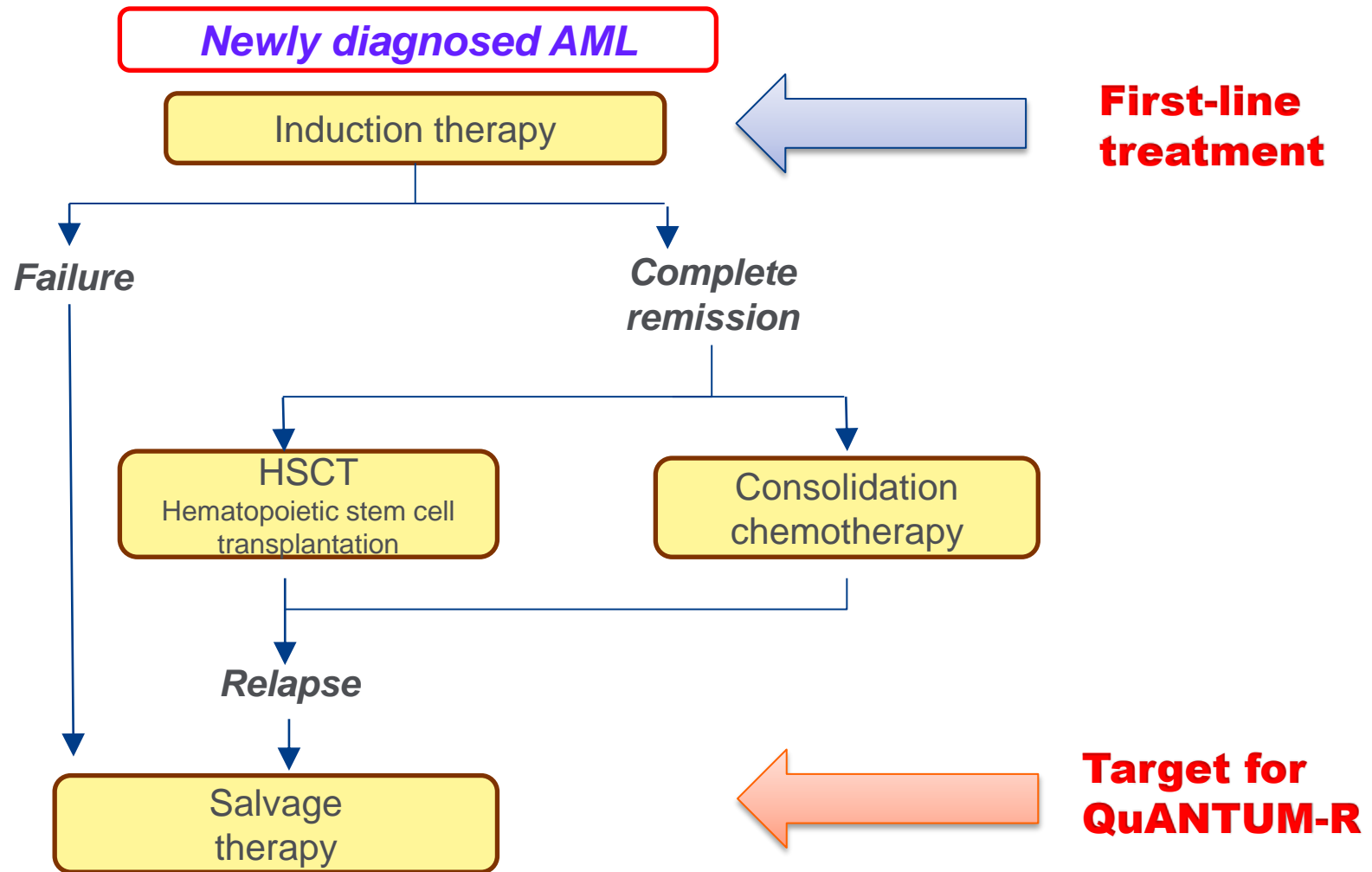


Percent Surviving 5 Years
25.9%
2005-2011

FLT3-ITD mutation: 23% of AML
 survival rate lower than patients without this mutation



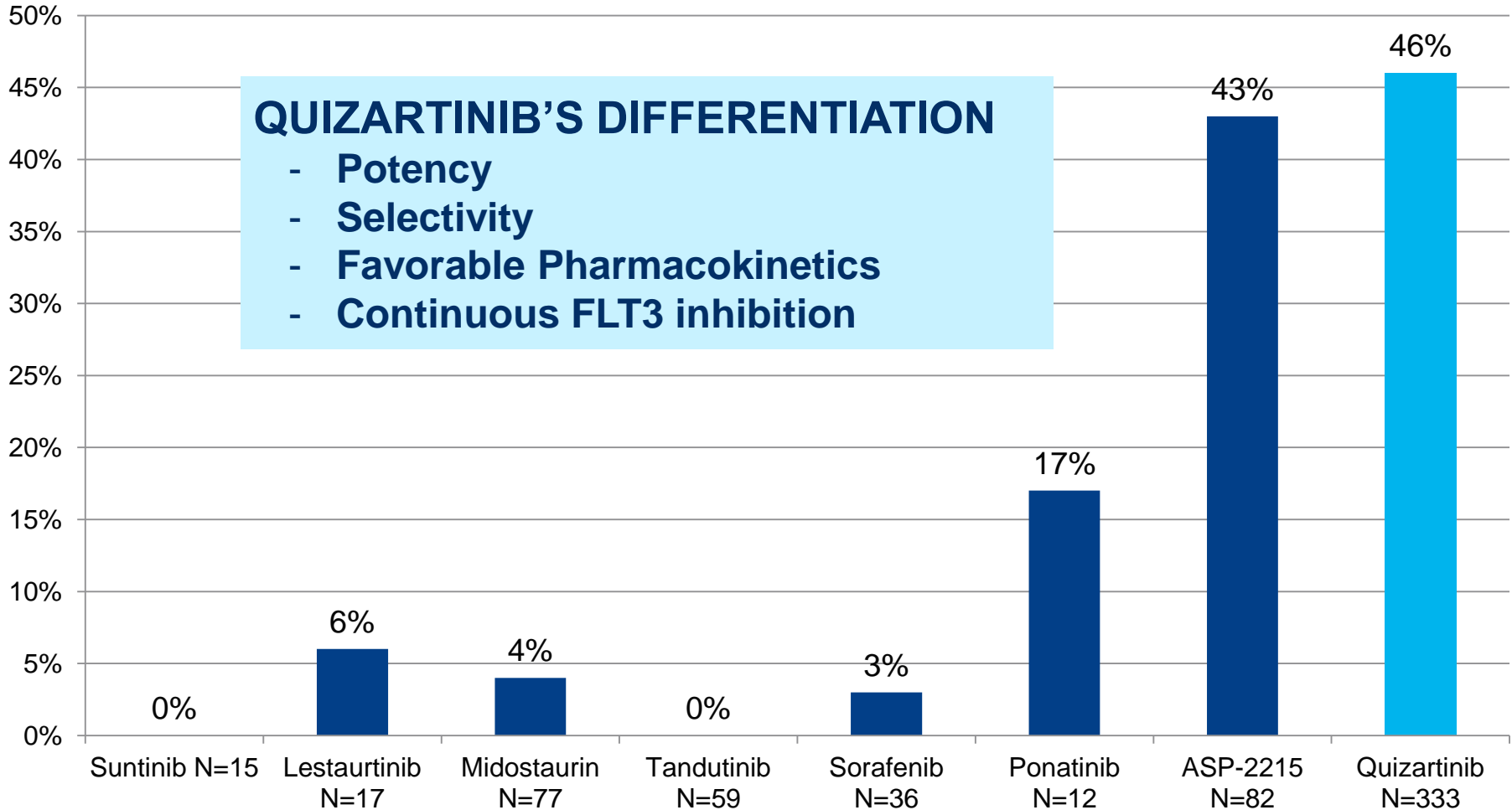
Paradigm for the Treatment of AML



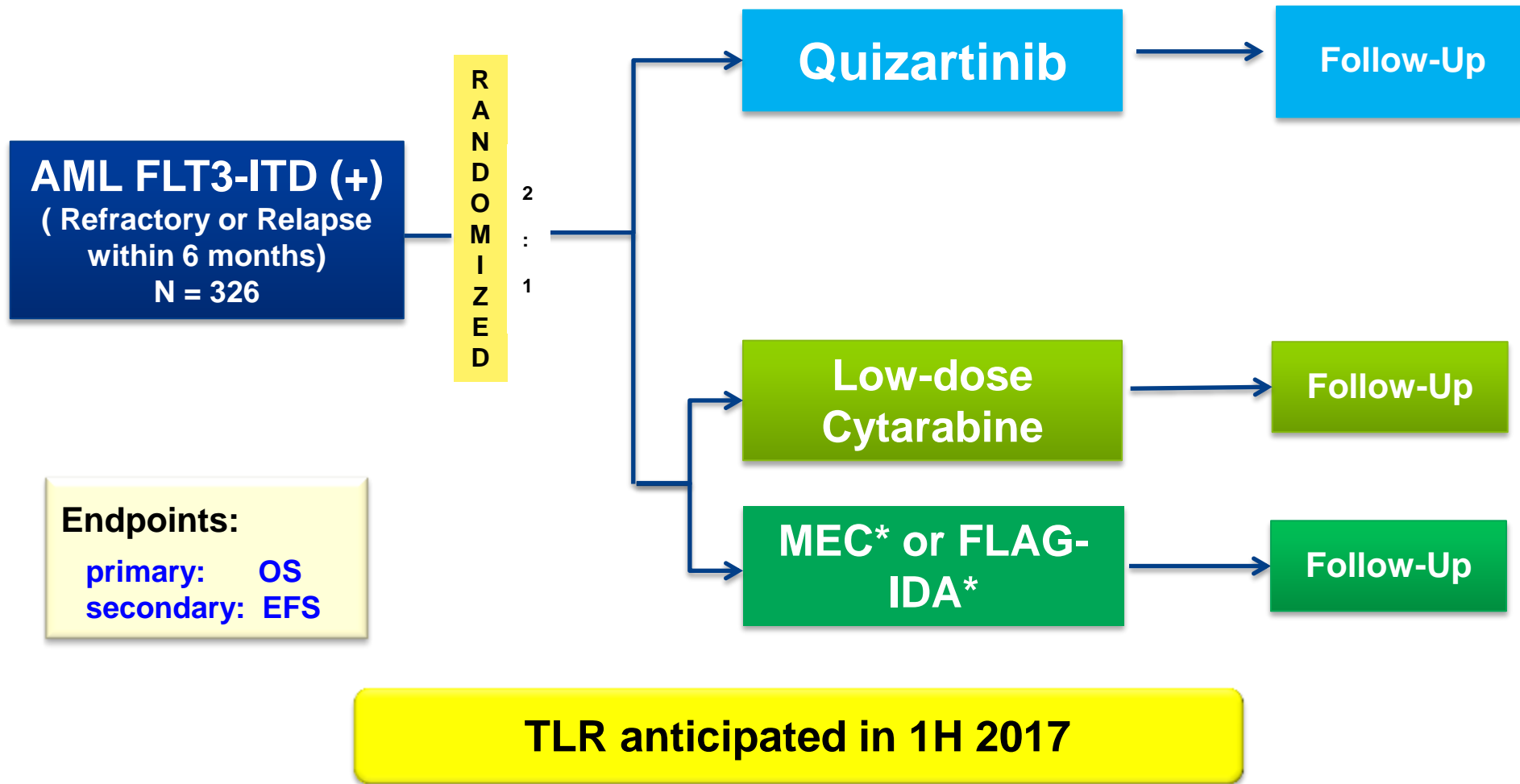
Quizartinib: Effect in FLT3-ITD(+) AML

Observed Response Rate for specific and non-specific FLT3 Inhibitors Administered as a Single Agent in FLT3-ITD(+) AML

Patients (%) Achieving CRc



Quizartinib: QuANTUM-R Phase 3 Study



MEC: mitoxantrone, etoposide, and intermediate-dose cytarabine

FLAG-IDA: fludarabine, cytarabine, and granulocyte colony stimulating factor (G-CSF) with idarubicin

Plans to Maximize Value of Quizartinib

Ongoing program

QuANTUM-R (US, EU, Asia)

NDA

Approval

Planning Phase

JP study

1st line therapy

FY2014

FY2015

FY2016

FY2017

FY2018

FY2019

FY2020 -

Highly Selective Treatment for Relapsed Refractory AML

- Targeted therapy against ITD mutated FLT3 receptor
- Once daily oral dosing
- Well tolerated outpatient treatment
- Overall survival in Phase 2: 6 months

Pexidartinib : PLX3397

Investigational CSF-1R Inhibitor

Tenosynovial Giant Cell Tumor (TGCT)

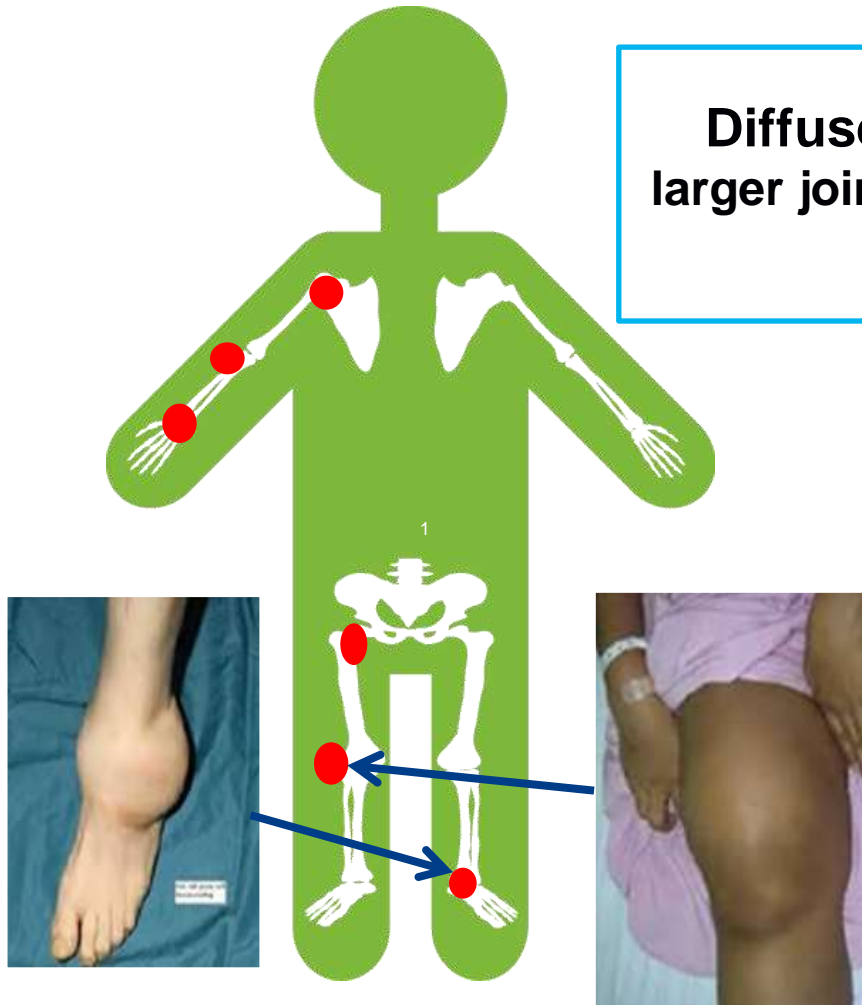


Granted Orphan Drug Designation by the FDA and EMA

Granted Breakthrough Therapy designation by FDA

No Approved Systemic Therapies for TGCT

Diffuse TGCT: a rare disease that affects larger joints such as knee, hip, ankle, shoulder, elbow¹



75% of diffuse cases involve the knee

Recurrent, diffuse TGCT may require multiple surgeries and even amputation

Early Results in Treatment of TGCT



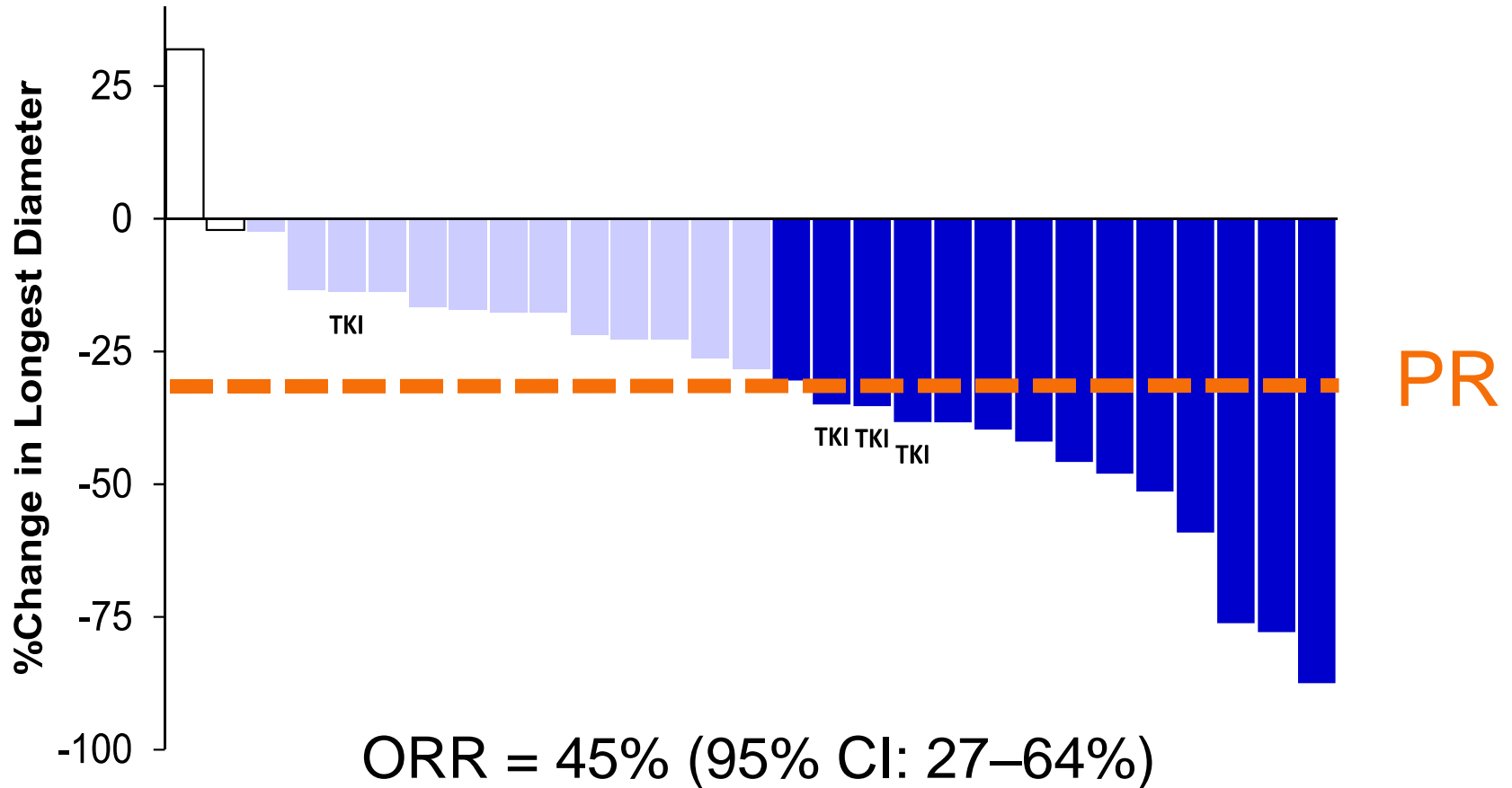
4 months
on pexidartinib



Walking with cane
Unable to straighten knee
Narcotics for pain
Unable to work
Amputation considered

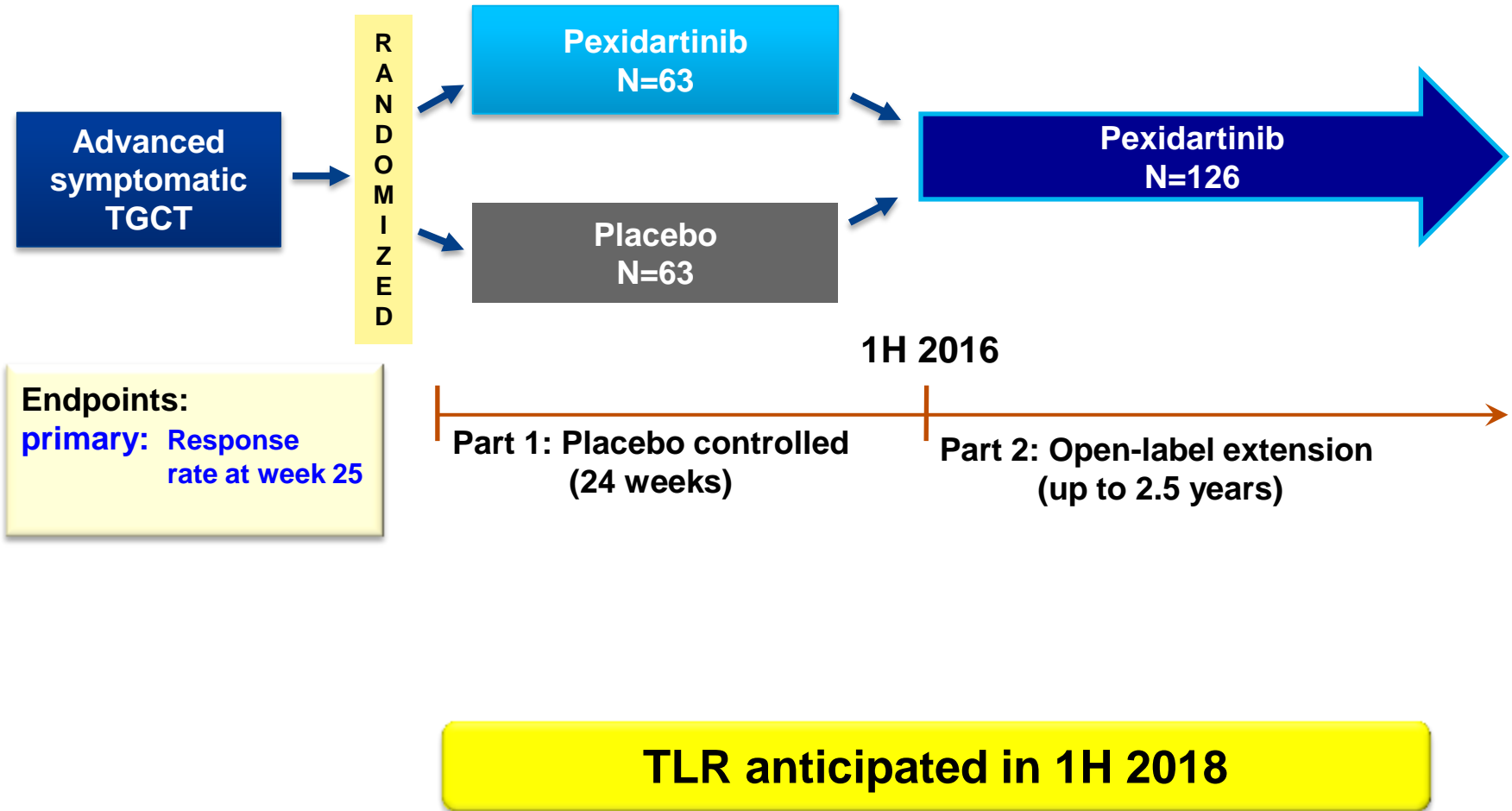
Walking unassisted
Improved range of motion
Off narcotics
Back to work

Efficacy Evaluation by RECIST 1.1 Criteria



PR: Partial Response

Pexidartinib: Phase 3 Study Design



- **Treatable patients in the US, EU and Japan are estimated to be around 38,000**
 - **Often under-diagnosed**
 - **Affected patients have normal life expectancy**

- **High unmet need**
 - **High morbidity**
 - **No systemic therapies approved**



Collaboration with Merck :

Pexidartinib in combination with anti-PD-1 therapy for advanced melanoma and multiple other solid tumors



Other potential indications :

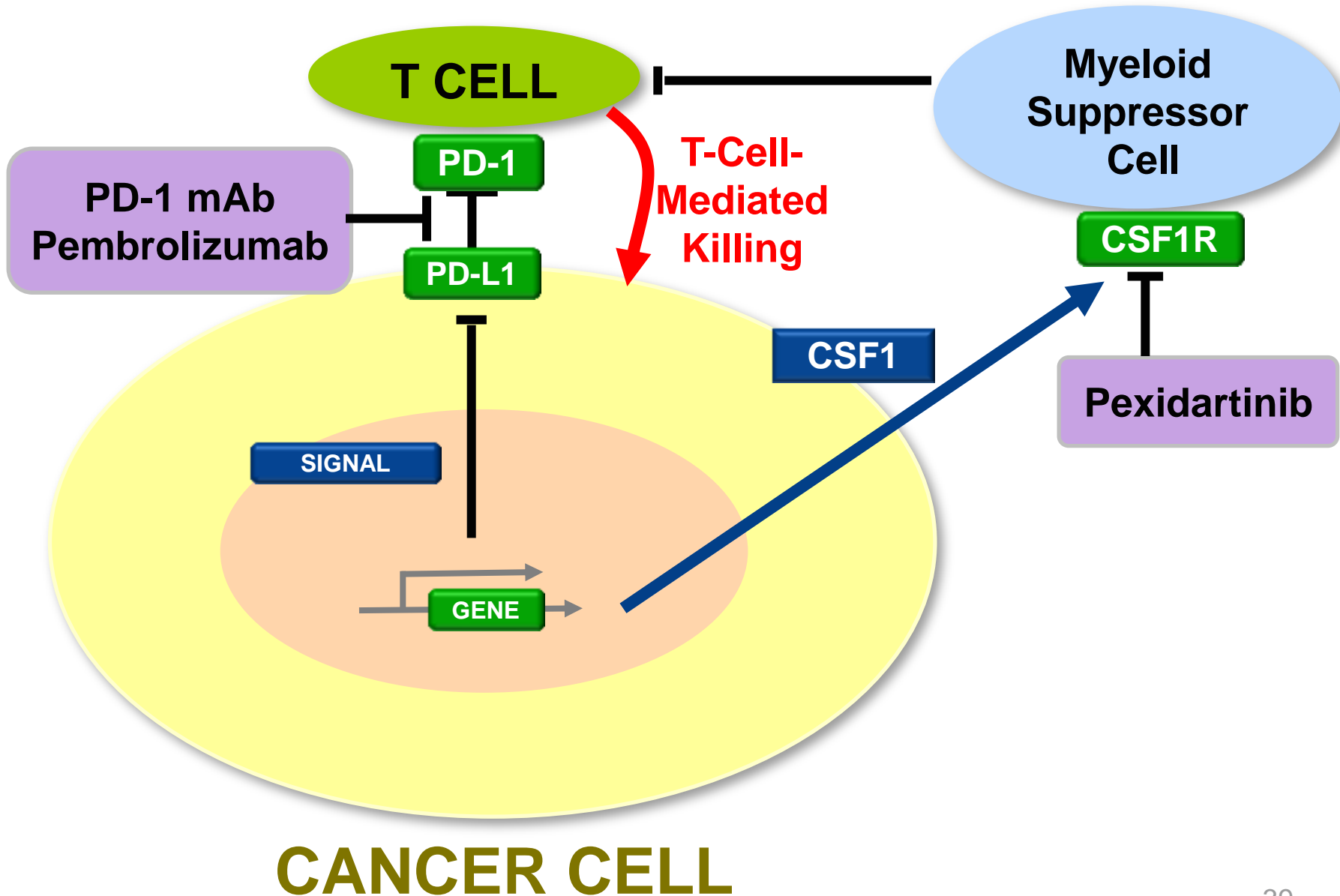
Glioblastoma

Ovarian cancer

Breast cancer

Sarcomas

Pexidartinib in Combination with anti-PD-1 Therapy for Advanced Solid Tumors



Phase 1 / 2a study outline

	Part 1: Dose-escalation phase	Part 2: Expansion phase
Dose	Pexidartinib: dose escalation + Pembrolizumab: 200 mg every 3wks	Pexidartinib: RP2D + Pembrolizumab: 200 mg every 3wks
Target patients for enrollment	Advanced solid tumors N=24	Advanced melanoma (+ other Solid tumors) N=376
Outcome measures	Primary: Safety during 1 year treatment Secondary: Objective response rate (rate of a complete response or partial response relative to historical control)	

TLR for part 2 anticipated in 2H 2019

Tivantinib

**Investigational MET Inhibitor for treatment of
Hepatocellular Carcinoma (HCC)**



Daiichi-Sankyo

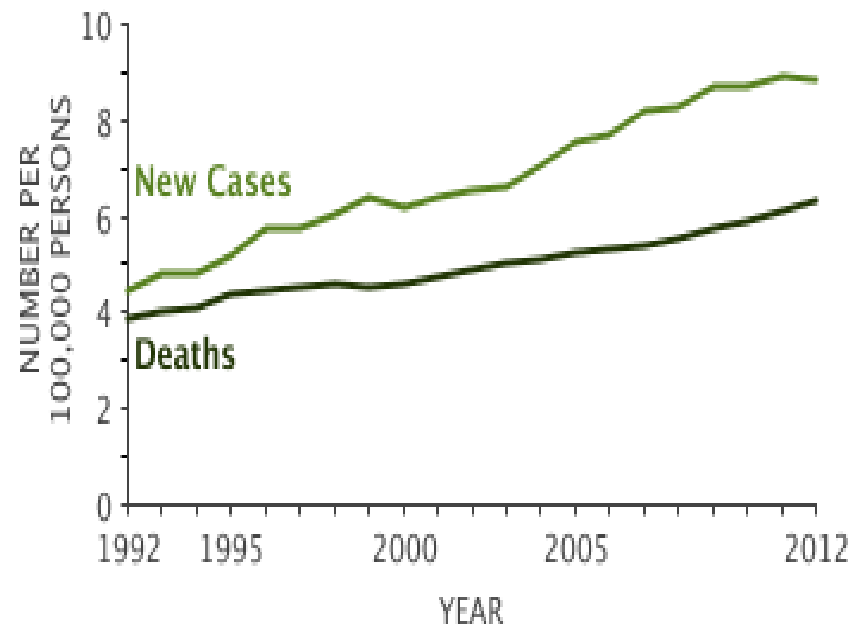


**Granted Orphan Drug Designation by
FDA and EMA**

Liver and Intrahepatic Bile Duct Cancer

◆ Epidemiology in US¹⁾

Estimated New Cases in 2015	35,660
% of All New Cancer Cases	2.2%
Estimated Deaths in 2015	24,550
% of All Cancer Deaths	4.2%

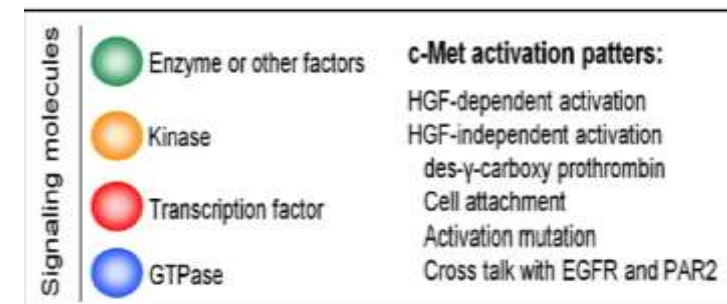
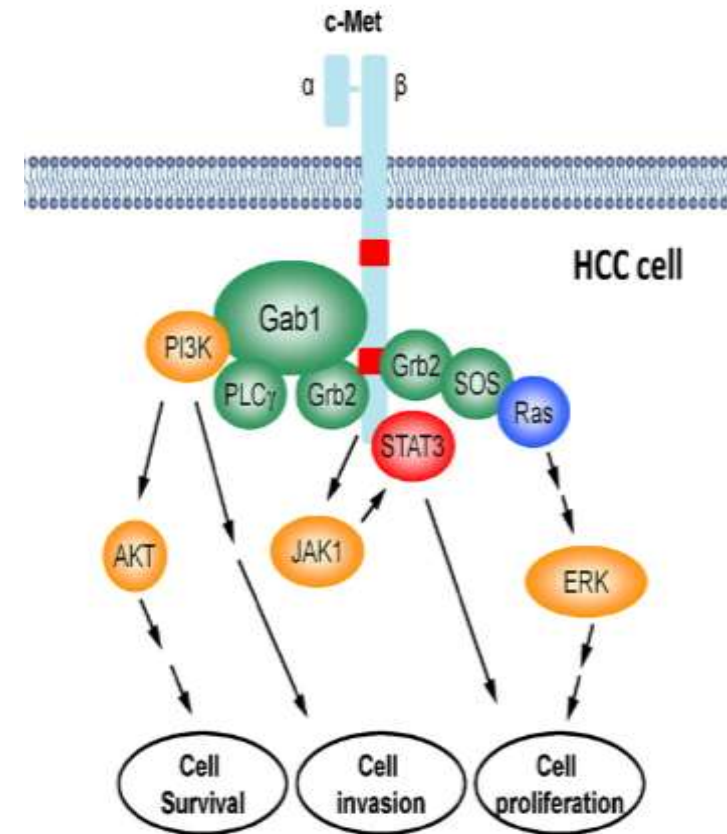


Percent Surviving 5 Years
17.2%
2005-2011

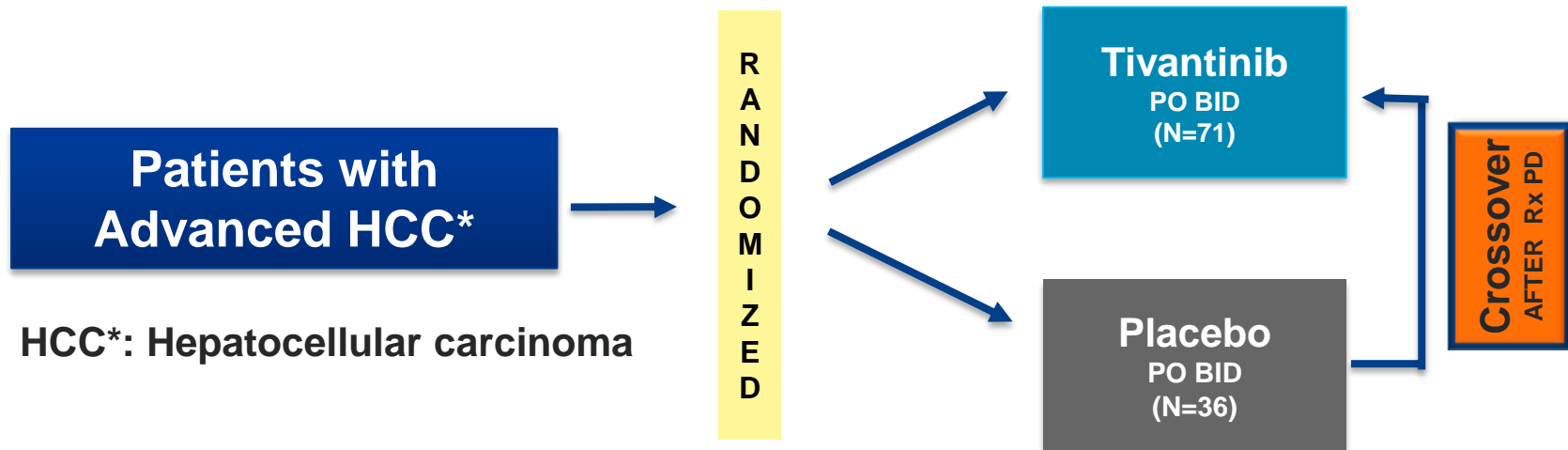
1) <http://seer.cancer.gov/statfacts/html/livibd.html> accessed 17 Nov 2015

Role of MET in HCC

- MET is the only receptor for hepatocyte-growth factor (HGF) leading to :
 - Cell survival
 - Cell invasion
 - Cell proliferation
- MET expression is correlated with poor prognosis in patients with HCC



Tivantinib: Phase 2 Study in 2nd line HCC



Endpoints:

primary: TTP

secondary: PFS, OS, ORR

tertiary: TTP, PFS, OS in subgroups by MET Diagnostic status (high vs low levels)

Successful Results of the Phase 2 Study

◆ Treatment with Tivantinib met the primary endpoint of the study, with a 56% improvement in TTP (data not shown here)

● TTP: HR=0.64 p=0.04

◆ Pronounced benefit was observed in patients with high expression of MET

● TTP: HR = 0.43 p= 0.03

● OS: HR = 0.38 p= 0.01

◆ These are the first randomized data in HCC showing OS advantage with a MET inhibitor and identifying a subgroup responding to a targeted therapy

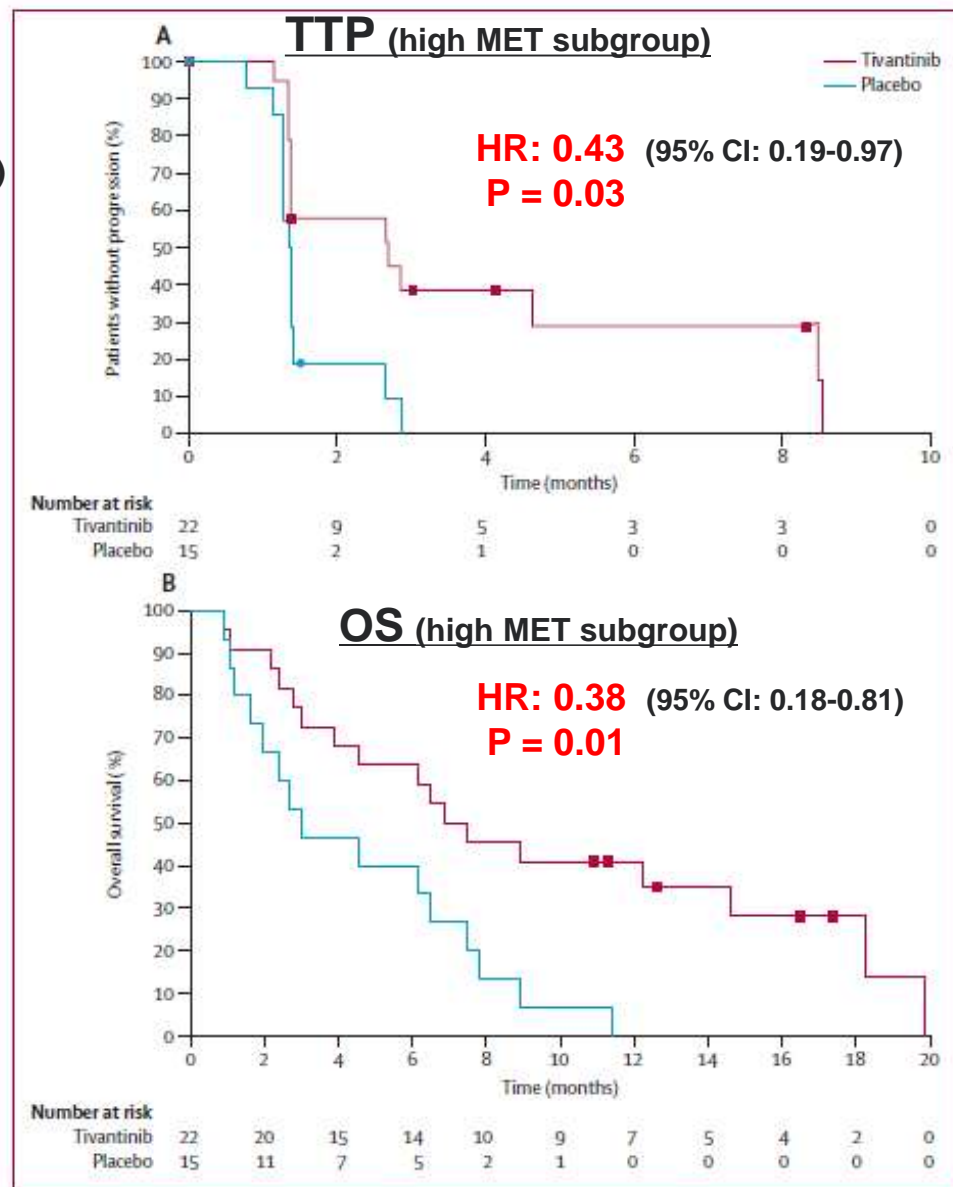
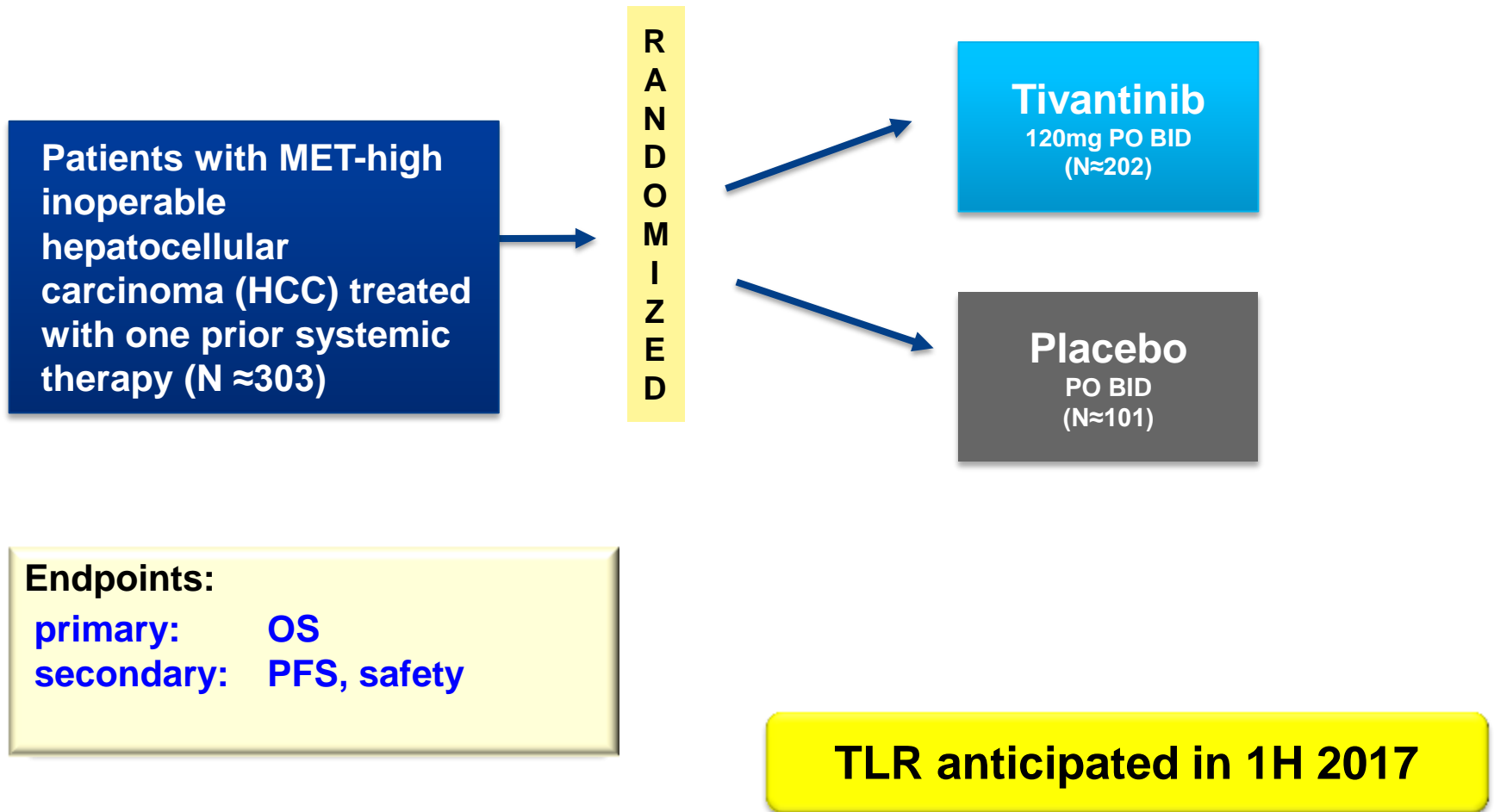


Figure 4: Kaplan-Meier estimate of time to progression (A) and overall survival (B) in the MET-high subgroup. Squares and circles represent censoring of data.

Tivantinib: METIV-HCC Phase 3 design



Patritumab

Investigational Anti-HER3 Monoclonal Antibody
Non-Small Cell Lung Cancer (NSCLC)
Head and Neck Cancer (H&N)

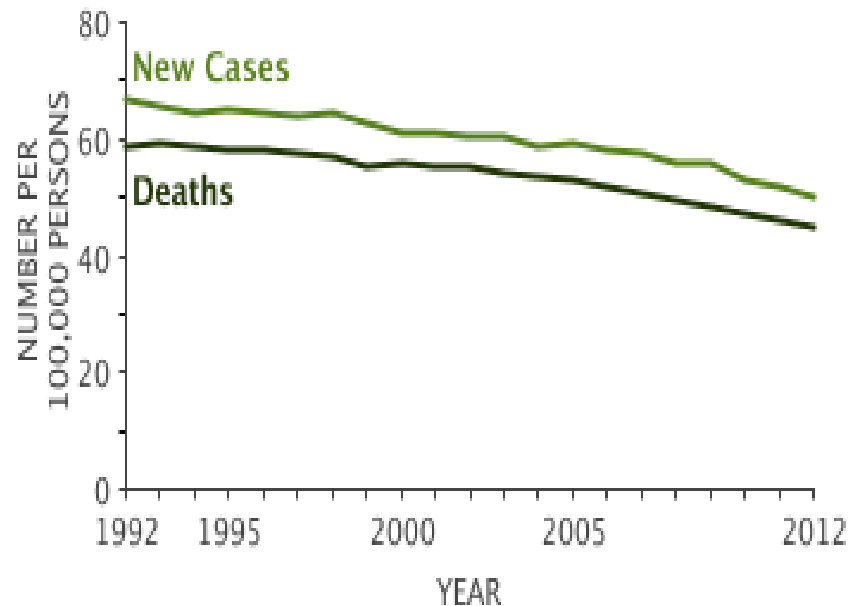


Daiichi-Sankyo

Lung and Bronchial Cancer

◆ Epidemiology in US¹⁾

Estimated New Cases in 2015	221,200
% of All New Cancer Cases	13.3%
Estimated Deaths in 2015	158,040
% of All Cancer Deaths	26.8%



Percent Surviving 5 Years
17.4%
2005-2011

1) <http://seer.cancer.gov/statfacts/html/aly1.html> accessed 17 Nov 2015

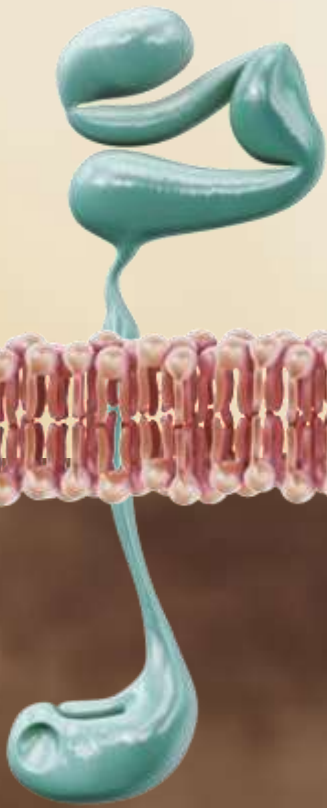
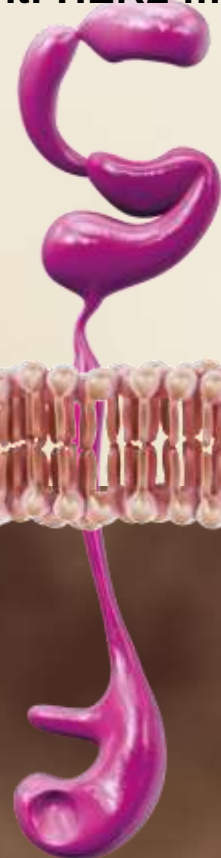
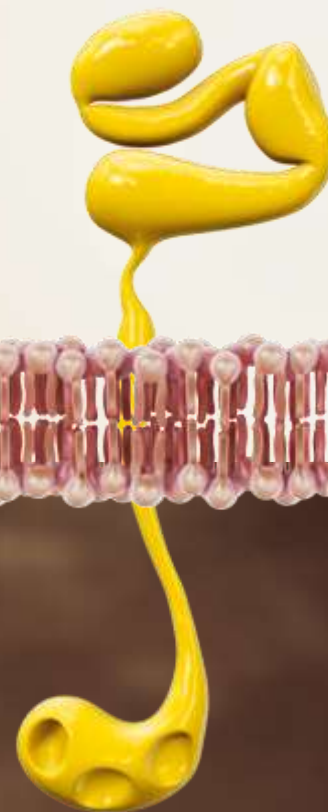
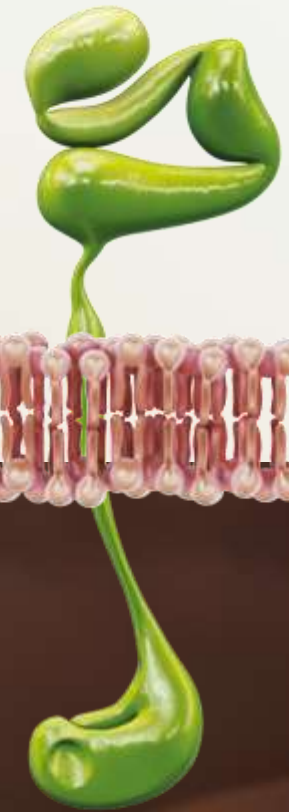
The HER Family

(human epidermal growth factor receptors)

Erbix[®]
(anti-HER1 mAb)

Herceptin[®]
(anti-HER2 mAb)

Patritumab
(anti-HER3 mAb)



HER1

HER2

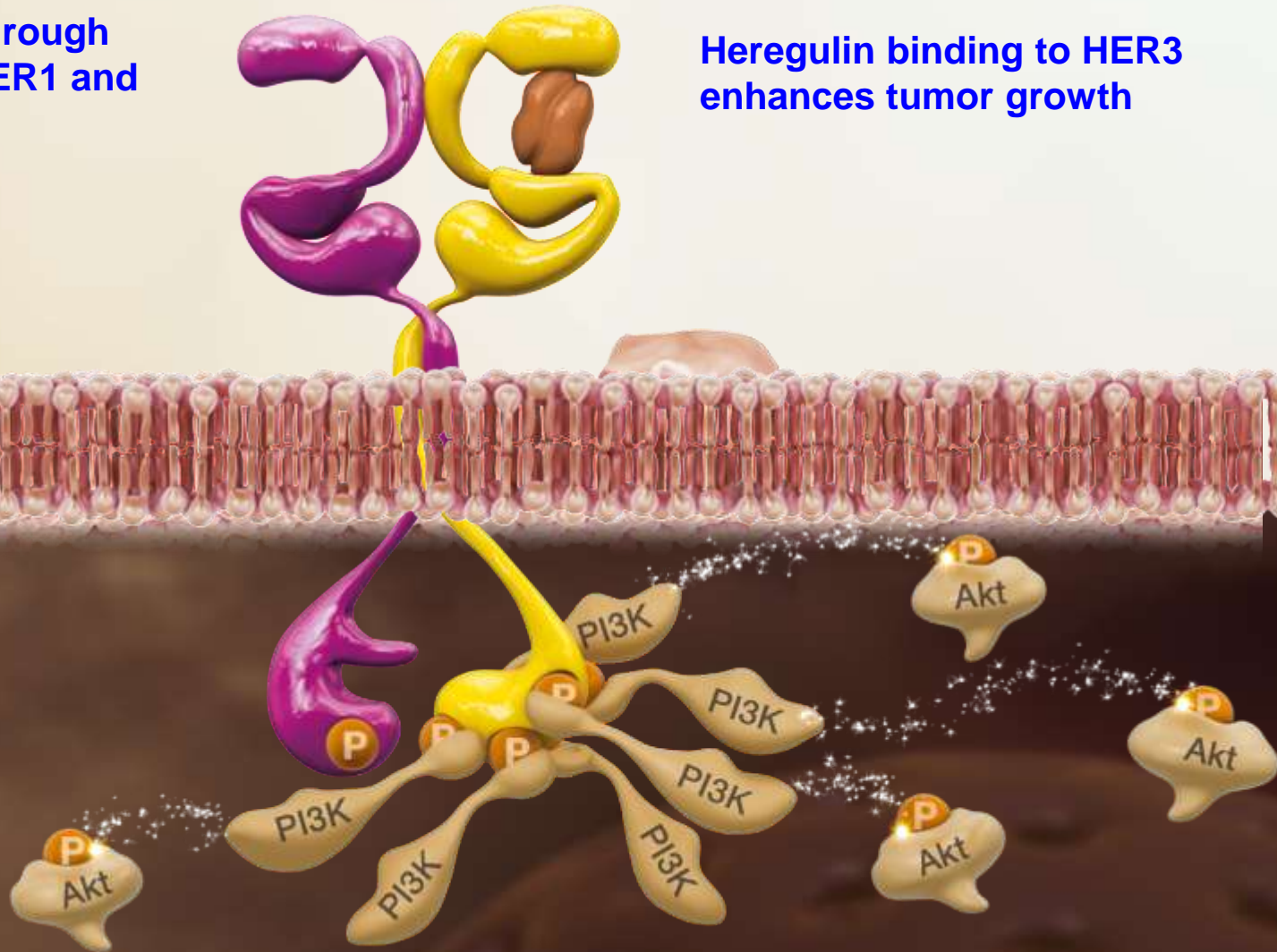
HER3

HER4

Unique Property of HER3: Escape from Growth Inhibition associated with Current Treatments

HER3 is activated through dimerization with HER1 and HER2 receptors

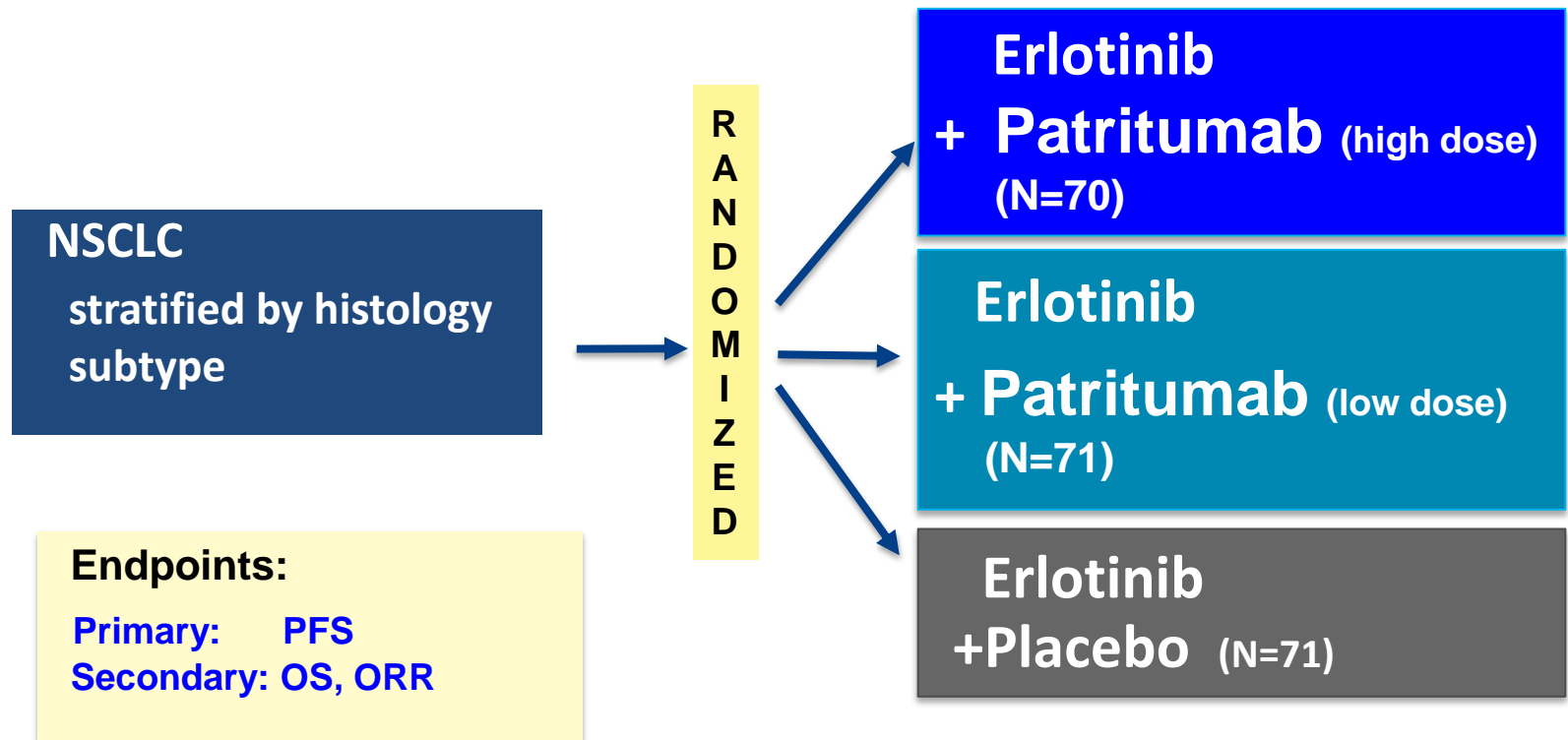
Heregulin binding to HER3 enhances tumor growth



Phase 2: HERALD Study Design

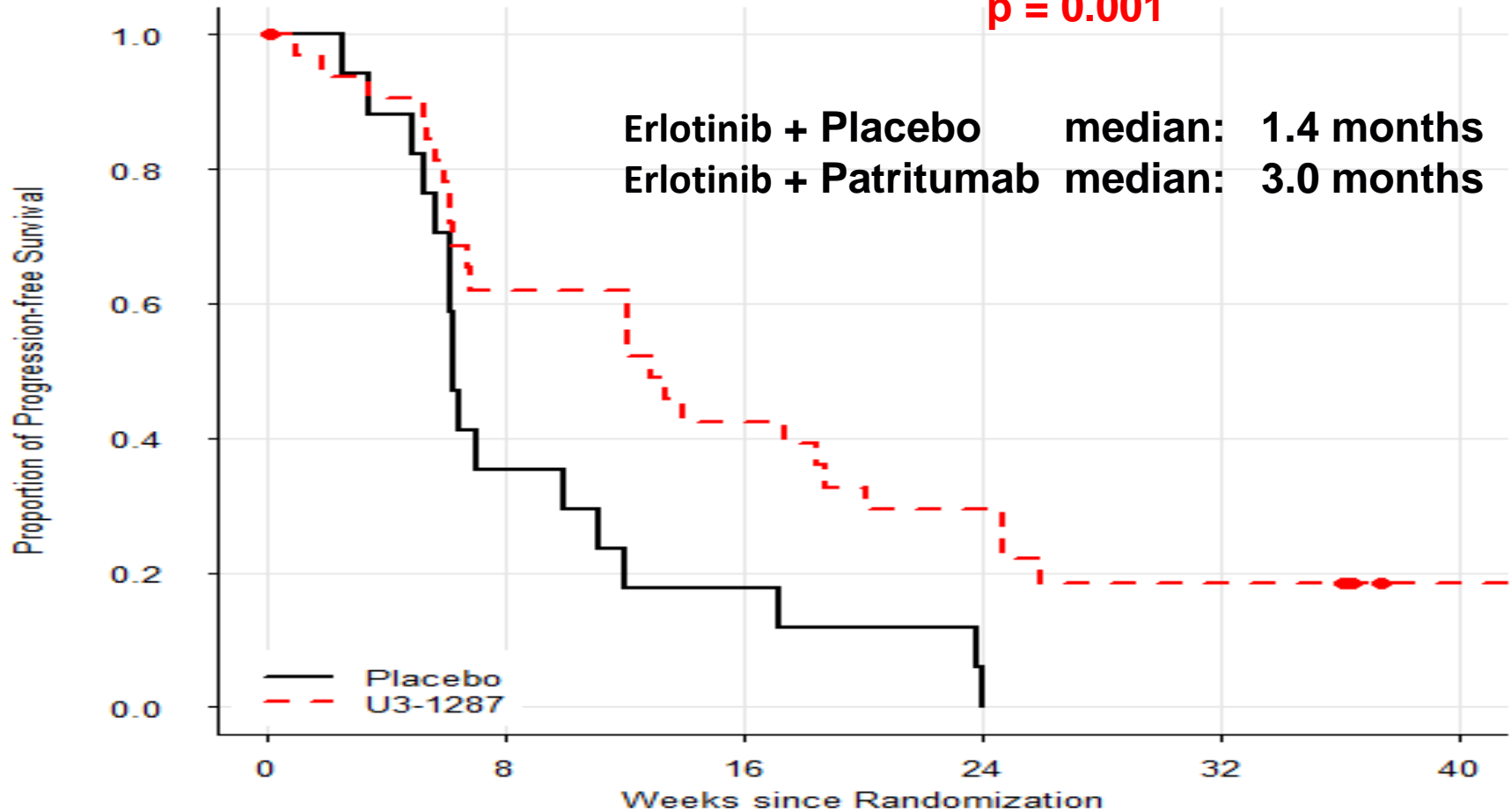
Subjects with Advanced NSCLC Who Have Progressed on at Least One Prior Chemotherapy

- **Biomarker Hypothesis** : Patritumab will have the greatest benefit in patients with high expression of the HER3 ligand heregulin



HERALD: PFS in patients with High levels of Heregulin

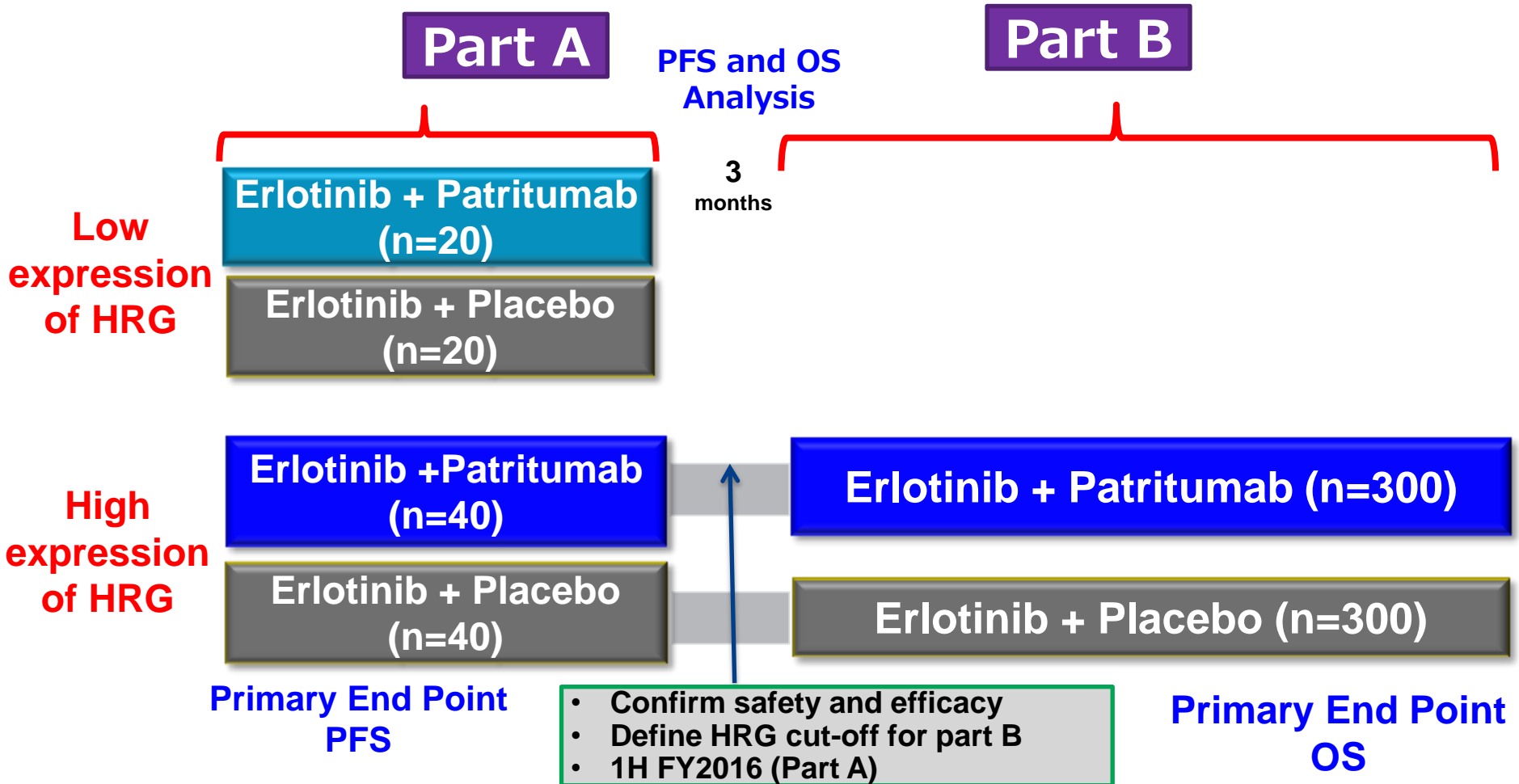
Patritumab vs placebo **HR = 0.32** (95% CI: 0.16, 0.67)
p = 0.001



Biomarker positive group showed significant improvement in PFS

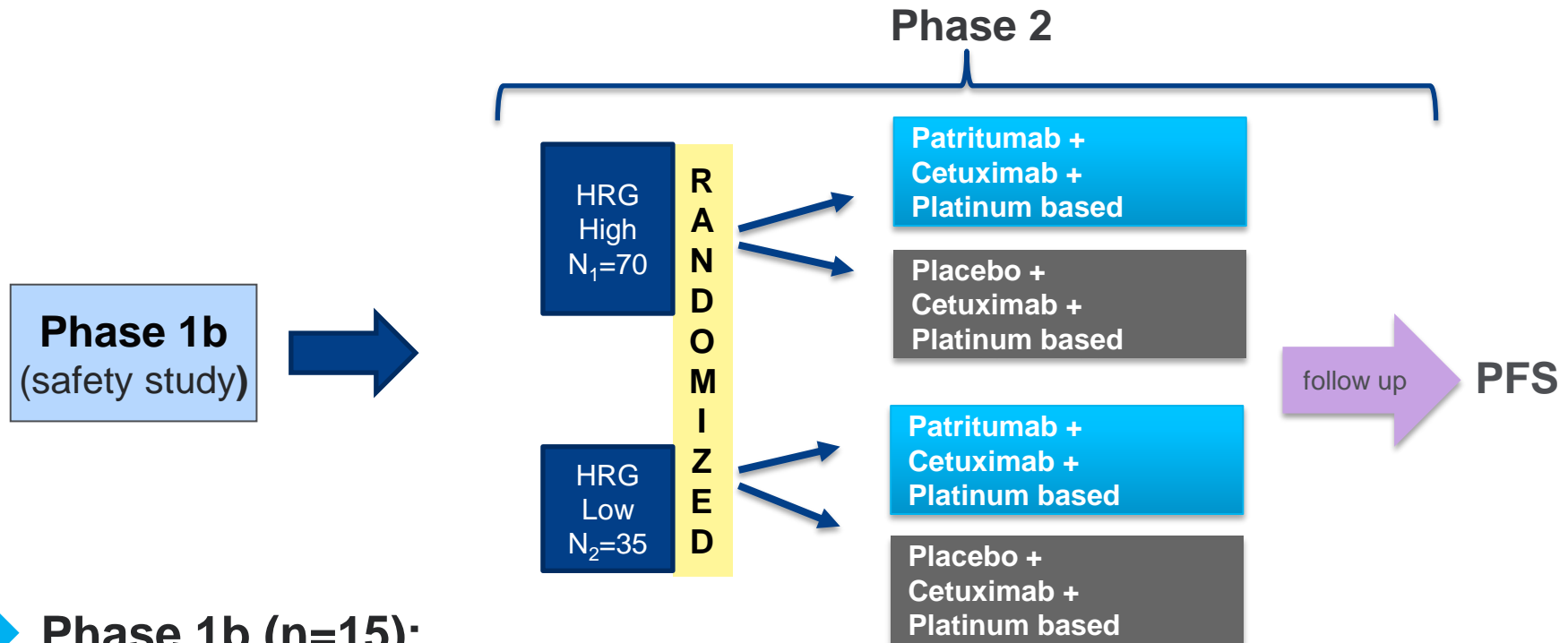
Patritumab: HER3 Lung Trial

2 Part Phase 2b / 3 Study



TLR (Part B) anticipated in 2H 2018

Patritumab: Head & Neck Cancer Indication



◆ Phase 1b (n=15):

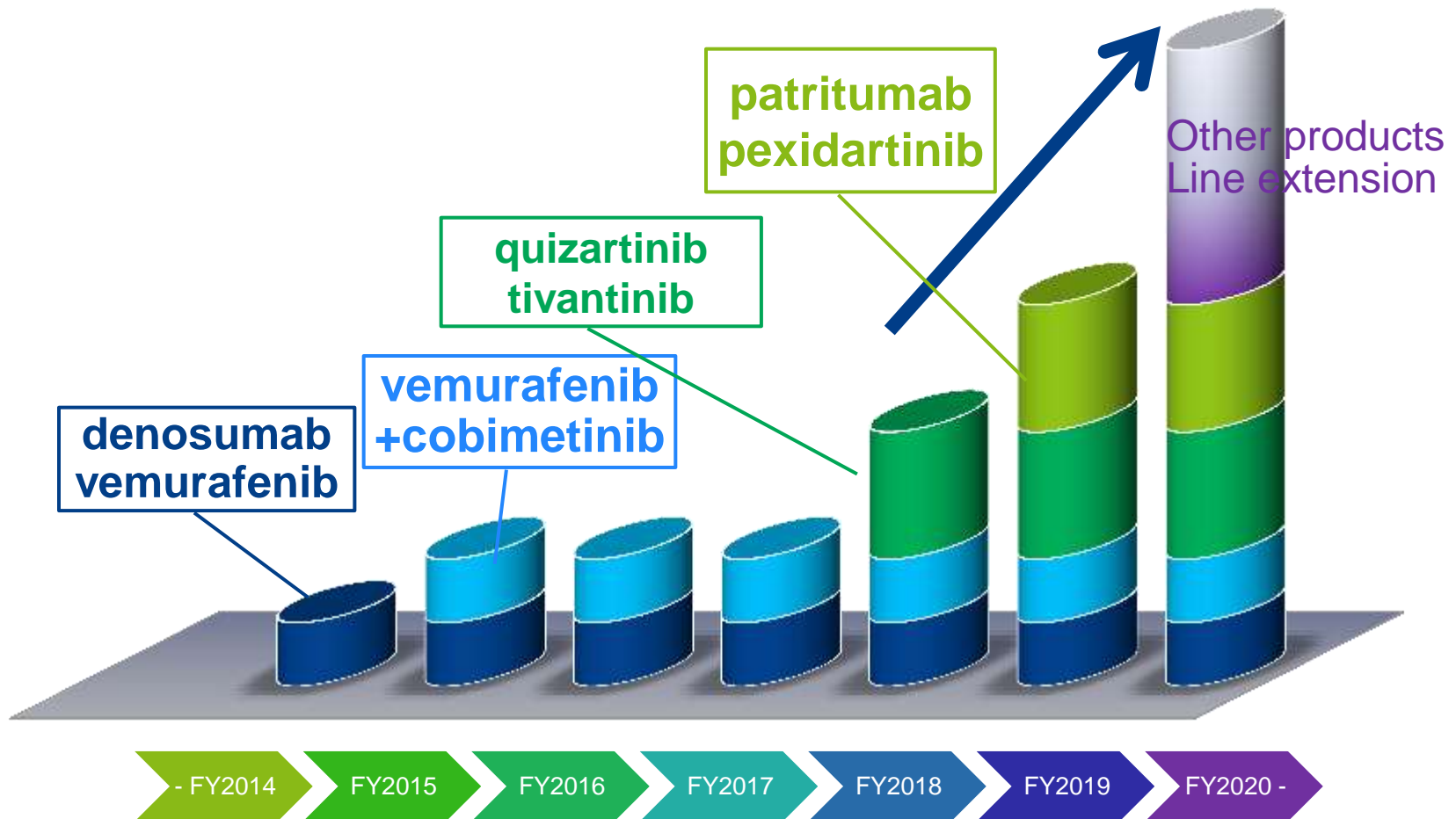
- Patients: R/M Head and Neck Cancer 1st Line
- Cetuximab + Platinum chemo+ Patritumab
- Enrollment completed
- Results will be published in 1H 2016

◆ Phase 2 (n=105)

- Enrollment to begin December 2015
- 2:1 randomization: high vs low HRG

Launch Timeline of DS Pipeline in Oncology

Oncology pipeline is a key driver for DS future growth



Passion for Innovation.
Compassion for Patients.™



Thank you

Contact address regarding this material

Daiichi Sankyo Co., Ltd. Corporate Communications Department

TEL: +81-3-6225-1126

Financial forecasts, future projections and R&D information that Daiichi Sankyo discloses may include information that might be classified as “Forward Looking Statement”. These forward looking statements represent our current assumptions basis on information currently available. Please note that such are subject to a number of known and unknown risk and uncertainties and our future performance may differ from the expectations as expressed in such statements.