Daiichi-Sankyo
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Care. Compassion. Science.
It's Our Obligation.

Daiichi Sankyo Cancer Enterprise

Delivering on Our Development Promises

Investors Analysts Presentation

From ASCO Chicago, IL June 1st, 2018

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ASCO 2018 Highlights
Cancer Enterprise Development Progress

Today's Agenda

1	2	3	4	5
DS-8201	U3-1402	Pexidartinib	Quizartinib	Cancer Enterprise
Rapid and Far-reaching Development Momentum	***HER3 ADC First in Human Debut***	***TGCT: ENLIVEN Phase 3 Study Supports Decision To Proceed to NDA Submission***	***Positive Survival & Benefit/Risk in R/R AML***	***Delivering on Our Development Promises***
• Mature phase 1 results across HER-2 tumors • Impact on development plan and scope • HER2 now recognized as a broader marker	• Key Early results		• Late Breaking / Plenary Session at EHA June 2018, Stockholm • Support decision to proceed to NDA submission	

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Rapid and Far-reaching Development Momentum	***HER3 ADC First in Human Debut***	***TGCT: ENLIVEN Phase 3 Study Supports Decision To Proceed to NDA Submission***	***Positive Survival & Benefit/Risk in R/R AML***	***Delivering on Our Development Promises***
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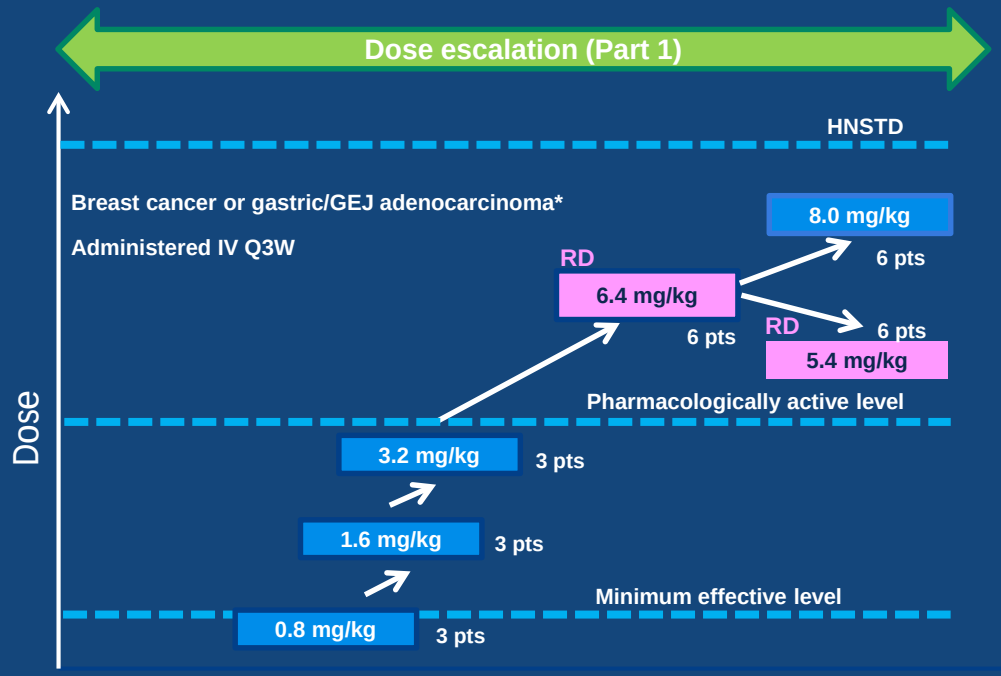
ADC | DS-8201: mature FTIH phase 1 results, n=241 across HER2 tumors

Phase 1 Trial Design



- HER2 status assessed on archival

Dose expansion (Part 2)

Part 2a, N = 100
T-DM1-treated HER2-positive breast cancer
(IHC 3+ or ISH +)
Doses: 5.4 or 6.4 mg/kg every 3 weeks

Part 2b, N = 40
Trastuzumab-treated HER2-positive gastric cancer
(IHC 3+ or IHC 2+/ISH +)
Doses: 5.4 or 6.4 mg/kg every 3 weeks

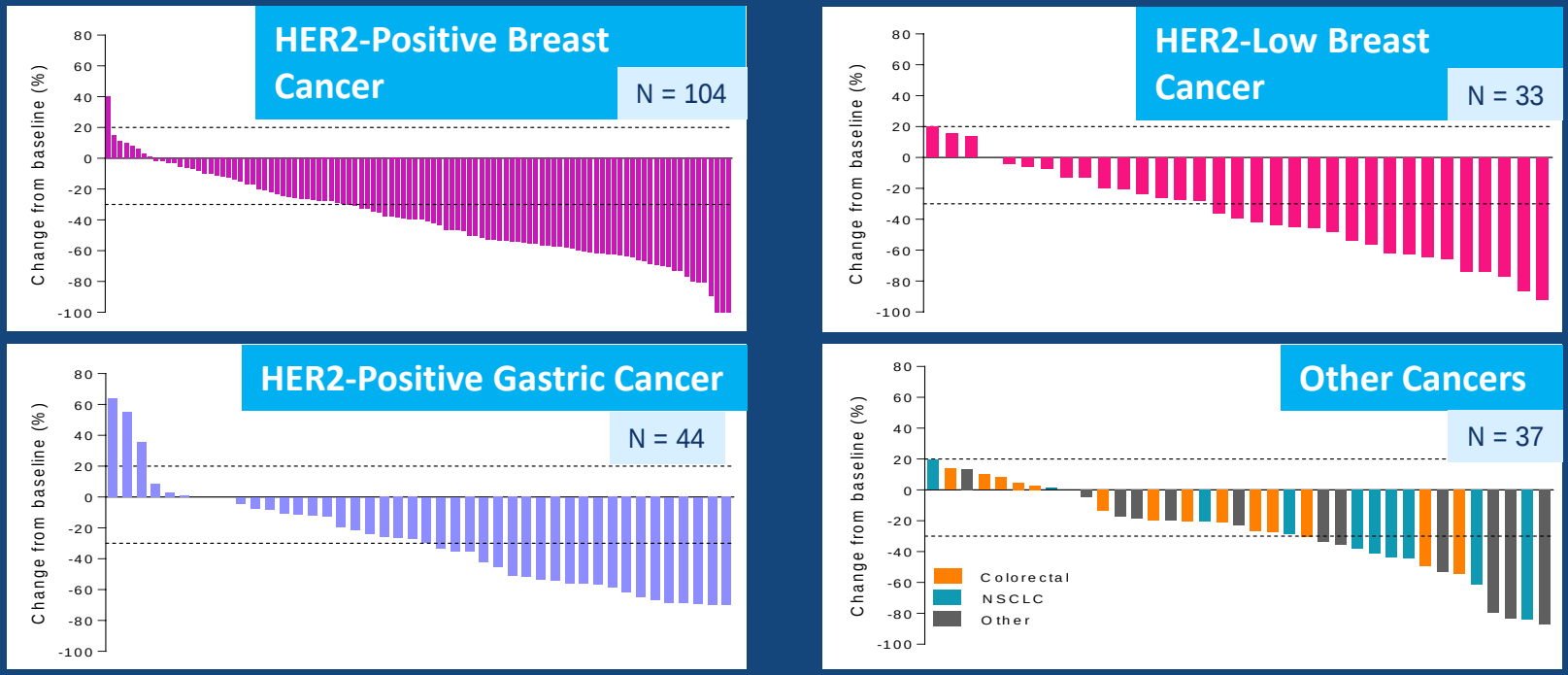
Part 2c, N = 40
HER2-low breast cancer
(IHC 2+/ISH −, IHC 1+/ISH −)
Dose: 6.4 mg/kg every 3 weeks

Part 2d, N = 60
HER2-expressing or HER2-mutated solid tumors
(IHC 1+, IHC 2+, IHC 3+; or HER2 amplified or HER2 mutant)
Dose: 6.4 mg/kg every 3 weeks

Part 2e (PK cohort), N = 20
HER2-positive or HER2-low breast cancer
(IHC 1+, IHC 2+, IHC 3+ and/or ISH+)
Dose: 6.4 mg/kg every 3 weeks

* Subjects in part 1 were not required to have HER2-positive (IHC 3+ or IHC2+/ISH-positive) tumors.
FTIH: First-time in Human HER2, human epidermal growth factor receptor 2; HNSTD, highest non-severely toxic dose; IHC, immunohistochemistry; ISH, in situ hybridization; IV, intravenous; Q3W, once every 3 weeks; RD, recommended dose for dose expansion; T-DM1, trastuzumab emtansine.

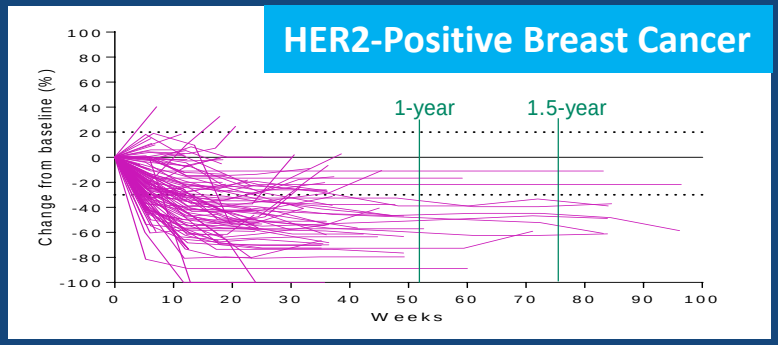
ADC | DS-8201: Tumor Shrinkage by Tumor Types: (5.4 or 6.4 mg/kg)

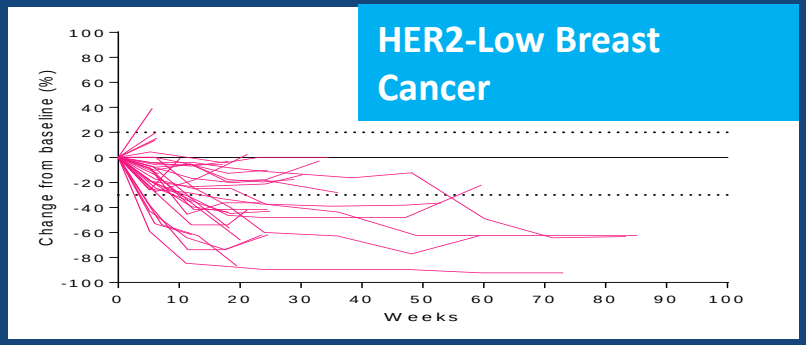


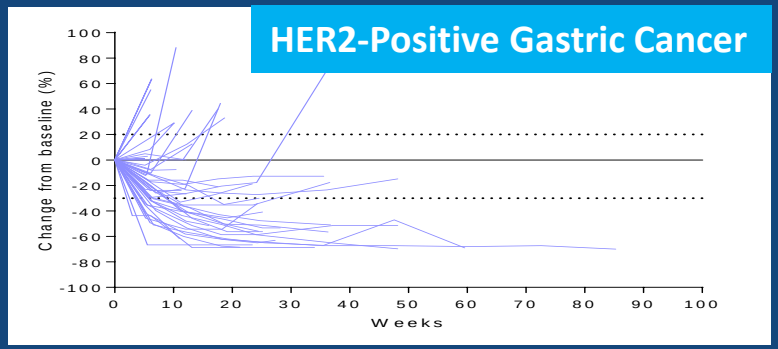
- Overall, 86.3% of subjects experienced tumor shrinkage
- Confirmed ORR* in the overall population: 49.3%

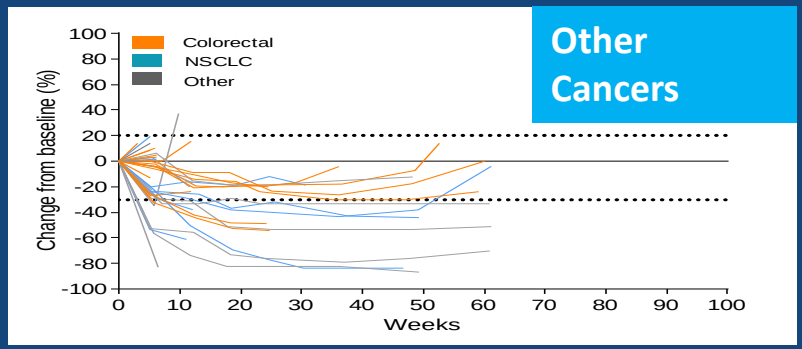
Includes subjects who had ≥1 postbaseline scan. Dotted lines denote 20% increase and 30% reduction in tumor size, respectively. * Confirmed response includes subjects who had ≥2 postbaseline scans, had progressive disease, or discontinued treatment for any reason prior to second postbaseline scan.
Data cutoff for this analysis is April 18, 2018.

ADC | DS-8201: Tumor Shrinkage Over Time by Tumor Type: (5.4 or 6.4 mg/kg)









- Overall, 86.3% of subjects experienced tumor shrinkage
- 91.5% of these subjects experienced shrinkage at the time of first imaging assessment at 6 weeks

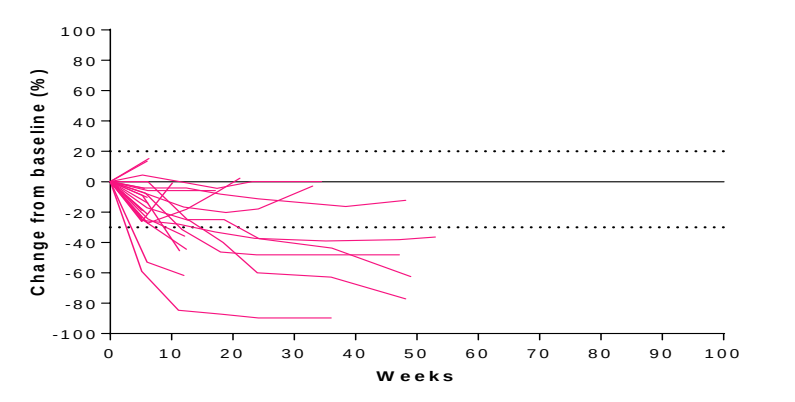
Includes subjects who had ≥1 postbaseline scan. Dotted lines denote 20% increase and 30% reduction in tumor size, respectively.
Data cutoff for this analysis is April 18, 2018.

ADC | DS-8201: Activity in Breast Cancer HER2-low (by standard IHC)

Redefining HER2 as a Cell Surface Target

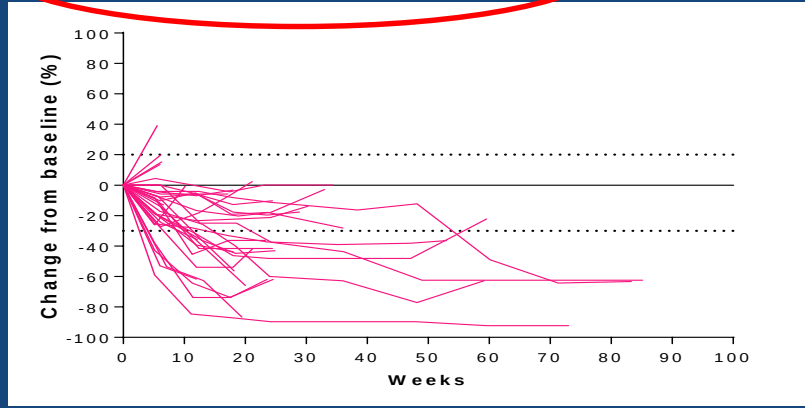
SABCS*, Dec 2017

Confirmed ORR = 31.6% (6/19)



ASCO, Jun 2018

Confirmed ORR = 50.0% (17/34)

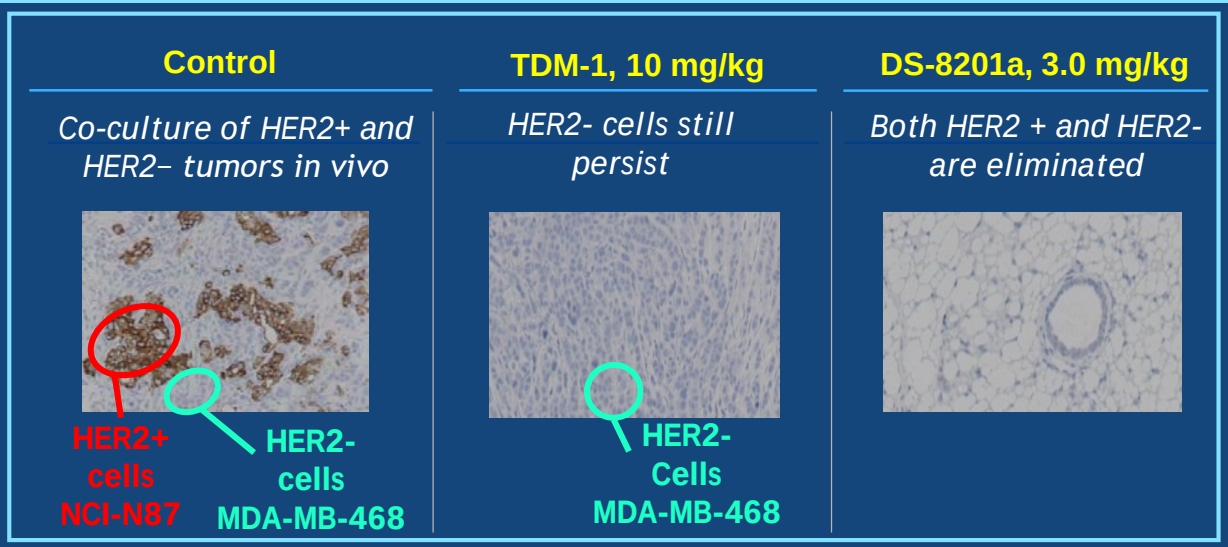


Increase in response rate in HER2-low breast cancer over time corresponds with more mature data: continued and improved response as treatment carries on

* Modi S, et al. San Antonio Breast Cancer Symposium, Dec 2017.

ADC | DS-8201: Activity in HER2 Tumors: Likely mediated through by-stander effects

In Vivo Bystander Effect of DS-8201a vs. T-DM1 after 14 days of treatment [1]



1. Ogitani-Y *et al. Cancer Science* 2016; 107:1039-46.

Translational Science efforts underway to define HER2 selection marker

ADC | DS-8201: Efficacy Outcomes by Tumor Type (5.4 or 6.4 mg/kg)

	HER2-Positive Breast N = 111	HER2-Low Breast N = 34	HER2-Positive Gastric N = 44	Other Cancers N = 51
Confirmed ORR* % (n/N)	**54.5%** (54/99)	**50.0%** (17/34)	**43.2%** (19/44)	**38.7%** (12/31)
DCR % (n/N)	**93.9%** (93/99)	**85.3%** (29/34)	**79.5%** (35/44)	**83.9%** (26/31)
ORR in modified ITT, %** (n/N)	**48.6%** (54/111)	**50.0%** (17/34)	**43.2%** (19/44)	**23.5%** (12/51)
DOR				
Median (95% CI), months	**NR**	**11.0** (NA)	**7.0** (NA)	**12.9** (2.8, 12.9)
PFS				
Median, (95% CI), months	**NR**	**12.9** (NA)	**5.6** (3.0, 8.3)	**12.1** (2.7, 14.1)
Min, max	1.0, 22.2+	0.5, 19.6+	1.2, 19.6+	0.7, 14.1+

* Confirmed response includes subjects who had ≥2 postbaseline scans, had progressive disease, or discontinued treatment for any reason prior to second postbaseline scan.
** Modified ITT population included all subjects who received ≥1 dose of DS-8201a at either 5.4 or 6.4 mg/kg, including those subjects who were too early to assess, but are ongoing on study.
+ after value indicates censoring.
BC, breast cancer; CI, confidence interval; DCR, disease control rate; DOR, duration of response; GC, gastric/gastroesophageal junction cancer; HER2, human epidermal growth factor receptor 2; ITT, intent-to-treat; NA, not available; NR, not reached; ORR, overall response rate; PFS, progression-free survival.
Data cutoff for this analysis is April 18, 2018.

ADC | DS-8201: Overall Safety Profile (5.4 or 6.4 mg/kg) N=241

	Overall N = 241*
Any TEAEs	238 (98.8%)
Grade ≥3 TEAEs	121 (50.2%)
Drug-related TEAEs	235 (97.5%)
Grade ≥3 drug-related TEAEs	101 (41.9%)
Serious TEAEs	50 (20.7%)
Drug-related Serious TEAEs	27 (11.2%)
TEAEs leading to treatment discontinuation	23 (9.5%)
TEAEs leading to death**	10 (4.1%)

* Included all subjects who received ≥1 dose of DS-8201a at either 5.4 or 6.4 mg/kg, including those subjects who were too early to assess, but are ongoing on study.
** Cause of death included pneumonitis (4), disease progression (2), interstitial lung disease (1), Ileus (1), pneumonia aspiration (1), pneumonia (1),
TEAE, treatment-emergent adverse event.
Data cutoff for this analysis is April 18, 2018.

ADC | DS-8201: AE of Special Interest (5.4 or 6.4 mg/kg) n=241

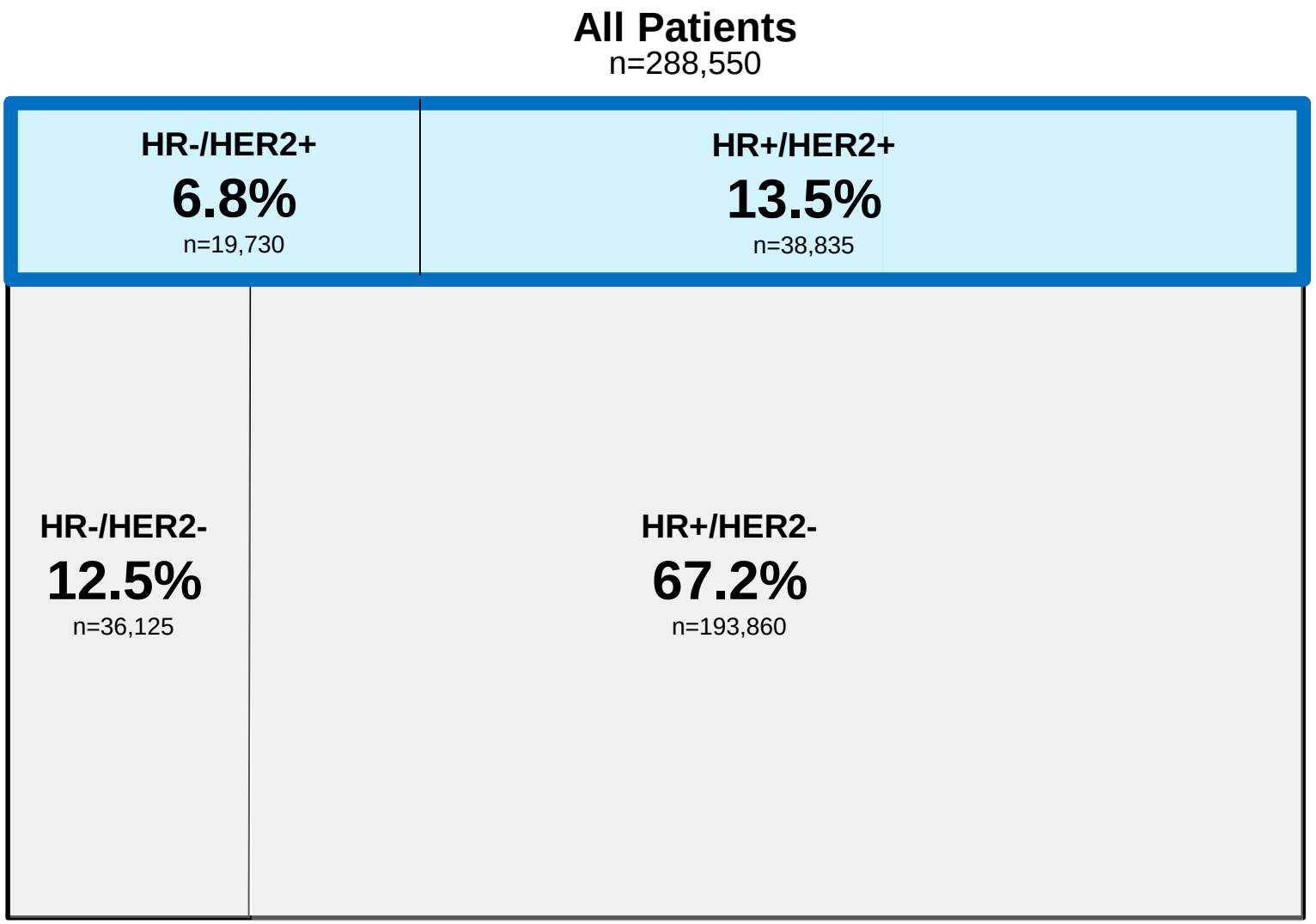
AEs	All grades	Grade ≥3
AST increased	47 (19.5)	2 (0.8)
ALT increased	38 (15.8)	2 (0.8)
Blood bilirubin increased	6 (2.5)	1 (0.4)
Ejection fraction decreased	2 (0.8)	0 (0.0)
Electrocardiogram QT prolonged	12 (5.0)	1 (0.4)
Interstitial lung disease	8 (3.3)	2 (0.8)
Pneumonitis	16 (6.6)	4 (1.7)
Infusion-related reactions	4 (1.7)	0 (0.0)

- Laboratory abnormalities (LFT, QTc, and LVEF) were generally low grade, and asymptomatic; DS-8201a treatment was continued in these subjects
- Events of ILD/pneumonitis including 5 fatal cases were observed
- Frequency of infusion reaction 1.7%. No serious reaction was observed

AE, adverse event; ALT, alanine aminotransferase; AST, aspartate aminotransferase; ILD, interstitial lung disease; LFT, liver function tests; LVEF, left ventricular ejection fraction.
Data cutoff for this analysis is April 18, 2018.

Breast Cancer Treatment Landscape 2018*

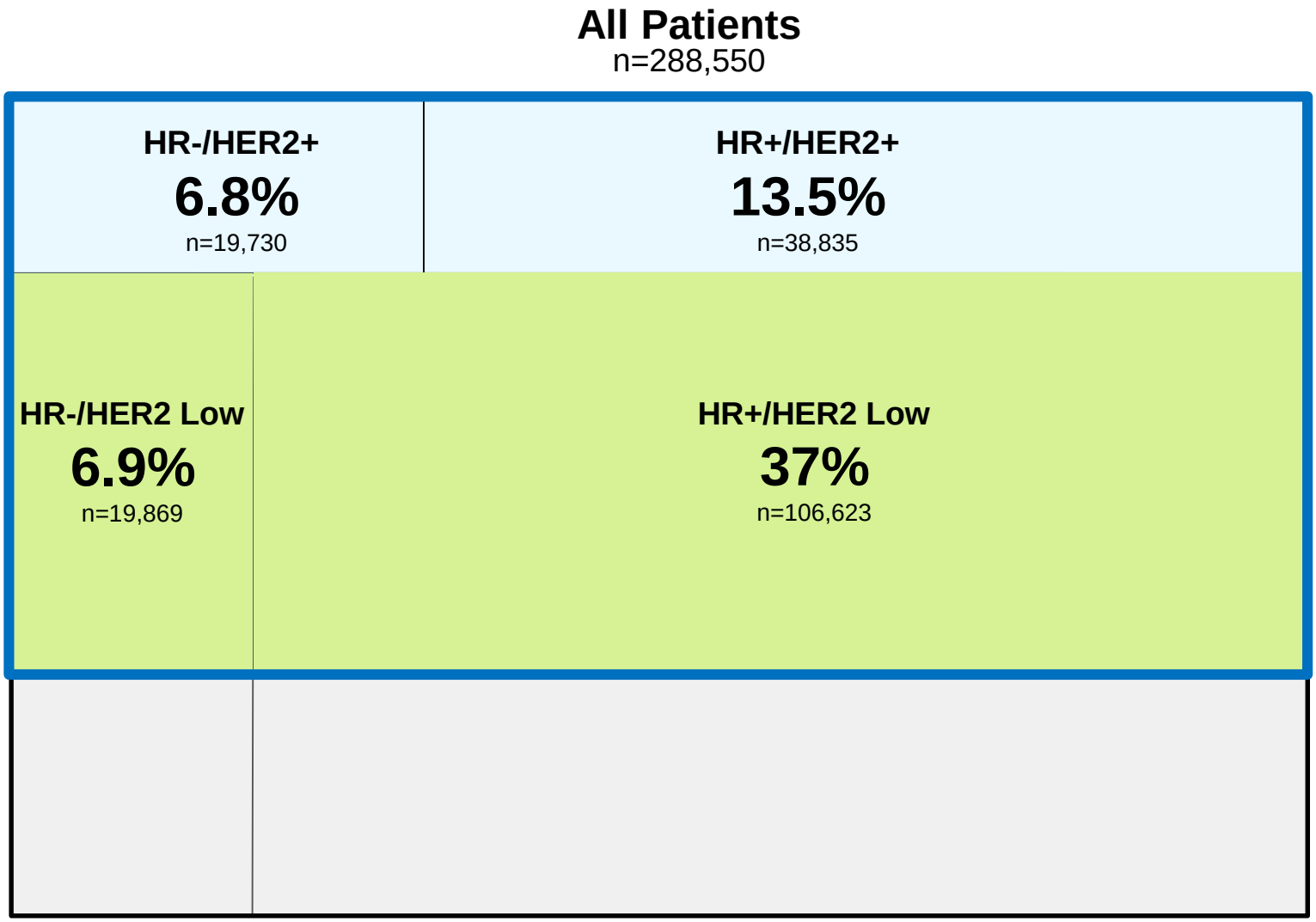
HER2+ is Approximately 20% of Total Metastatic Population



* Source: Decision Resources , inclusive of US, EU5, and Japan (Breast Cancer, Last updated, December 2017, CAncerMPACT (2017))

Breast Cancer Treatment Landscape 2018*

HER2+ Plus HER2 Low is ~ 64% of Total Metastatic Population



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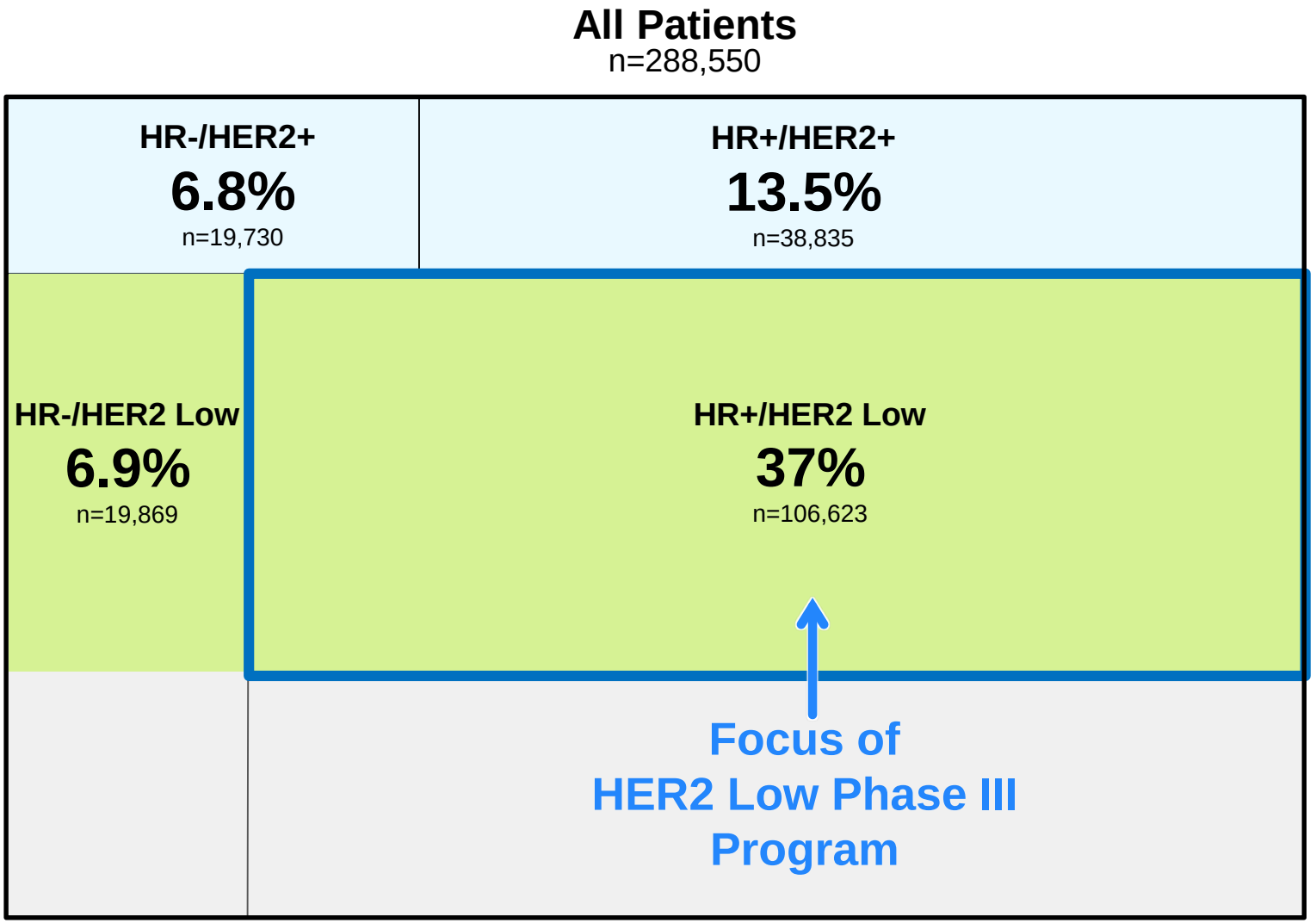
Breast Cancer Treatment Landscape 2018*

HR+/HER2 Low is the Focus of HER2 Low Phase III Program



* Source: Decision Resources , inclusive of US, EU5, and Japan (Breast Cancer, Last updated, December 2017, CAncerMPACT (2017))

ADC | **DS-8201: Broad & Bold Development Program**

Transforming "HER2 low" disease by redefining HER2 as a non-oncogenic cell surface marker

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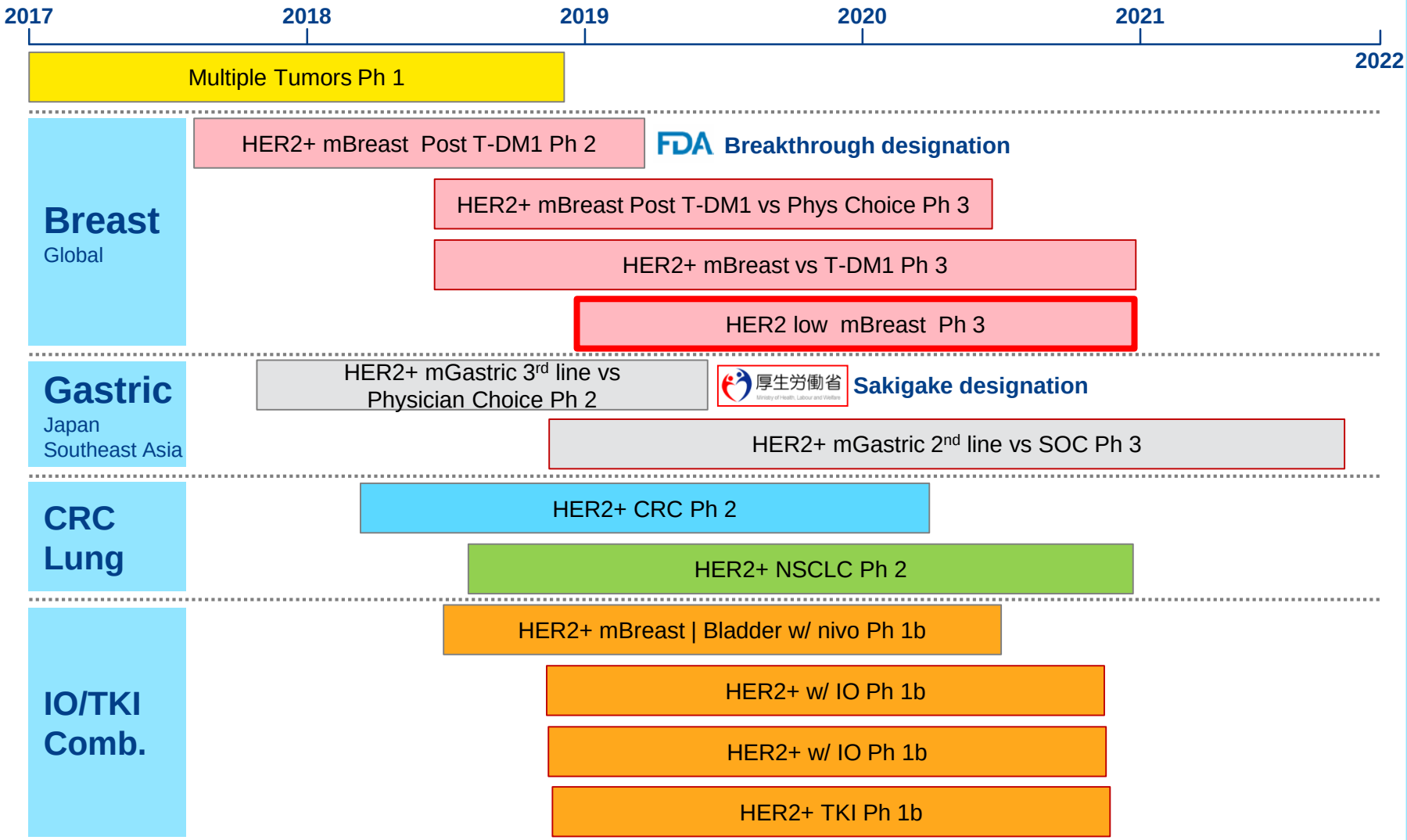
Estimated development timelines



ADC | DS-8201 (trastuzumab deruxtecan) Top News

DS-8201 Flagship Asset

Breakthrough Therapy Designation (BTD)

In patients with HER2 advanced breast cancer who have received trastuzumab, pertuzumab, and progressed after T-DM1

First agent with BTD for HER2 disease

厚生労働省
Ministry of Health, Labour and Welfare

Sakigake gastric cancer

Ongoing pivotal development

- DESTINY-Breast01
- DESTINY-Gastric01

Planned pivotal development

- Breast HER2+ post T-DM1
- Breast HER2+ vs T-DM1
- Breast HER2 low

Focus

- Expanding at full scale and speed into **low HER2** (non-oncogenic HER2) **HR+ Breast Cancer**
- **Tracking to plan** for 2020 submissions
- **Contemplating BLA in FY2019** Will not be confirmed before 4Q FY2018
- **Continue drastic scaling up of production** to meet revised demand

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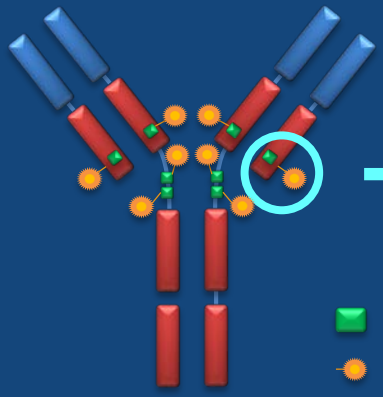
ADC | U3-1402: A Novel, Anti-HER3 Antibody Drug Conjugate

Patritumab (anti-HER3 antibody)

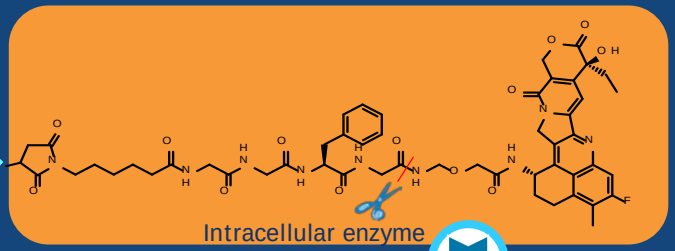


Cysteine residue

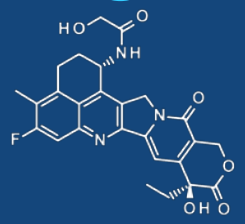
Drug-linker

Conjugation chemistry
Linked to cysteine residues of the antibody

DXd
Proprietary drug-linker



Intracellular enzyme



Payload
Exatecan derivative

Critical Daiichi Sankyo DXd ADC design features

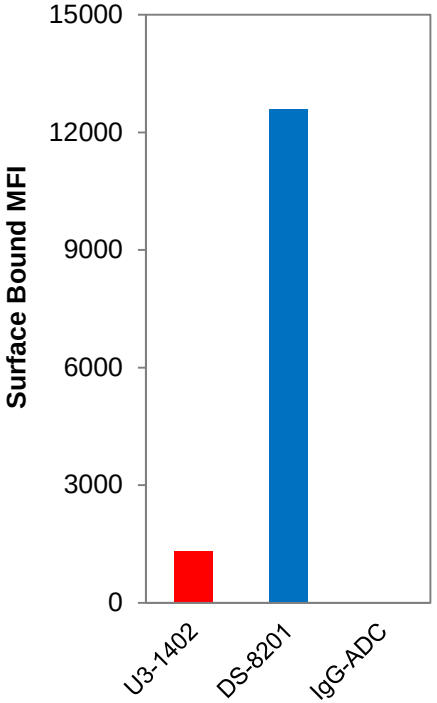
- Payload with a different MOA
- High potency of payload
- Payload with short systemic half-life
- Bystander effect
- Stable linker-payload
- Tumor-selective cleavable linker
- High drug-to-antibody ratio

U3-1402 & DS-8201: *In vitro* Intracellular Disposition

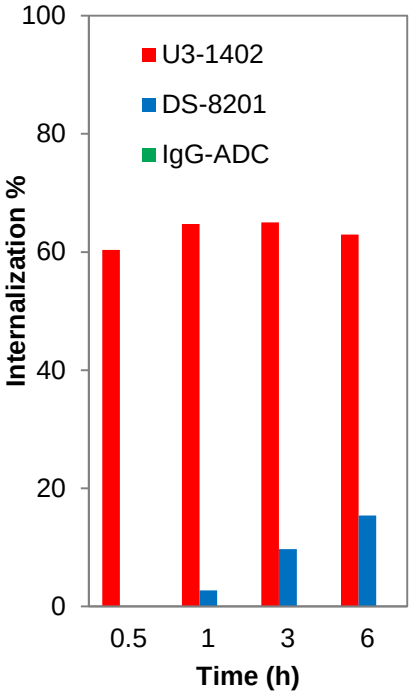
MDA-MB-453

HER3 and HER2 expressing
Sensitive to both U3-1402 and DS-8201

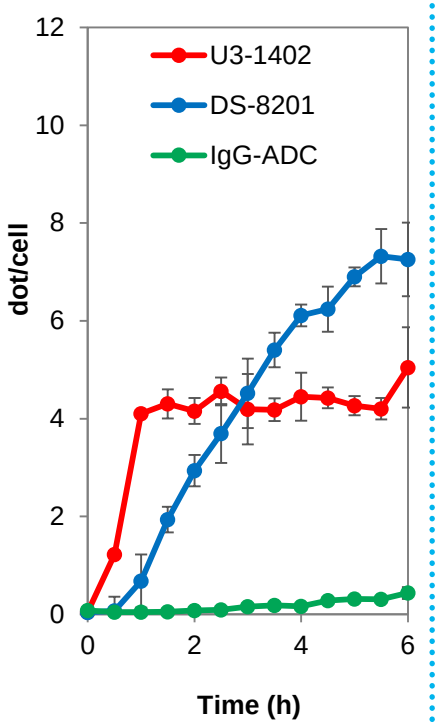
Binding capacity



Internalization

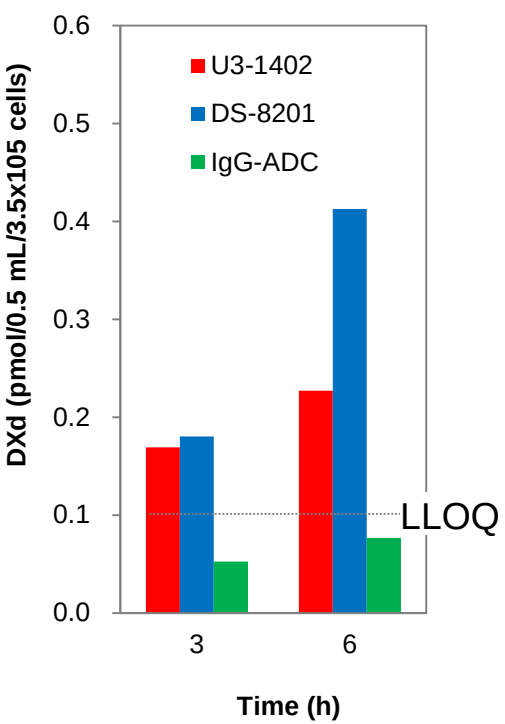


Trafficking



→ Next page

Payload release



High internalization / trafficking to lysosome of U3-1402 leads to effective payload release even with low HER3 expression level

U3-1402 & DS-8201: ADC-trafficking to Lysosome

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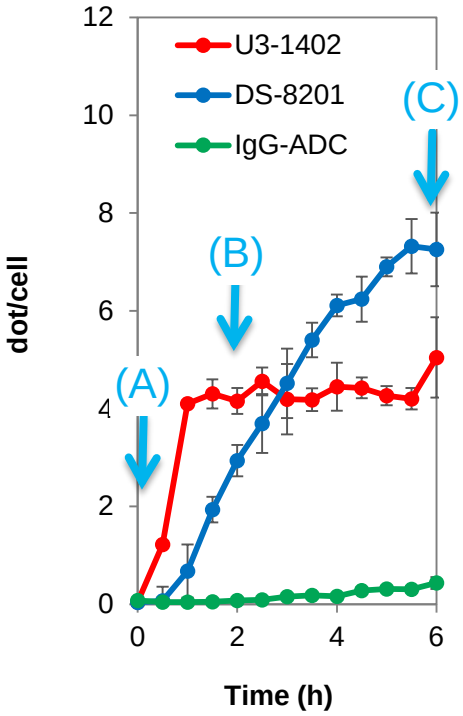
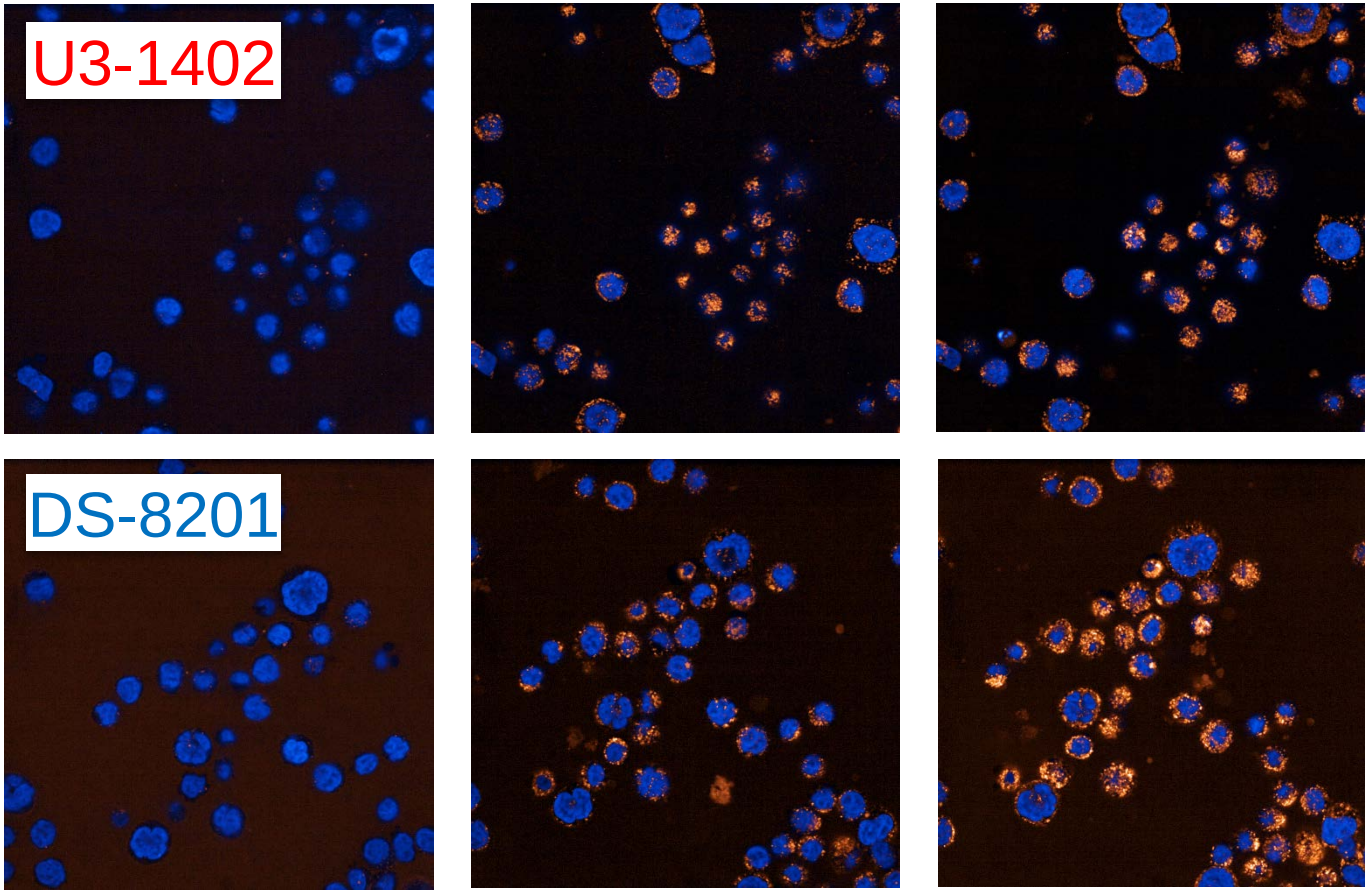
MDA-MB-453

Trafficking



(A) 0 h (B) 2 h (C) 6 h

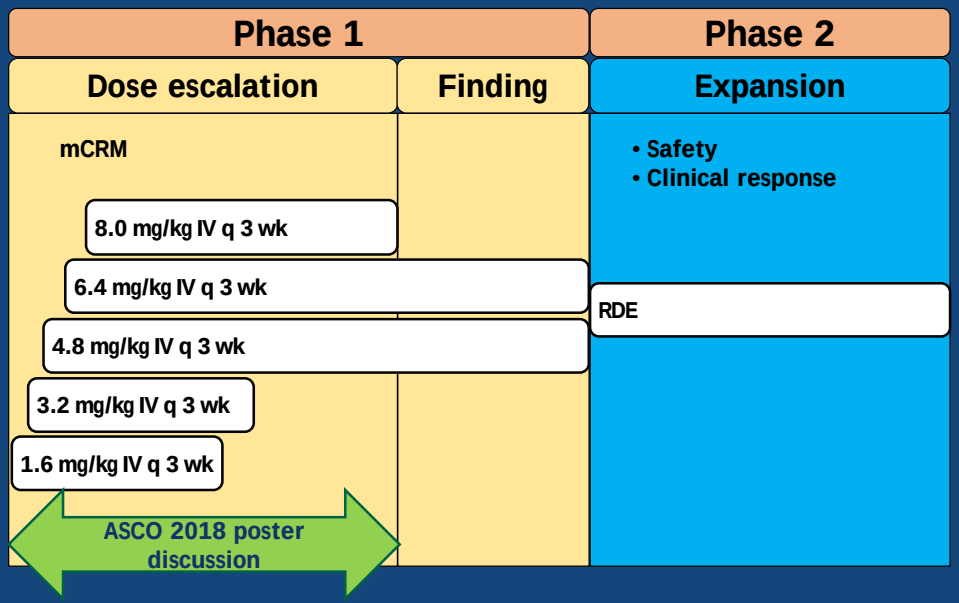


U3-1402 showed a faster time-lapse imaging trafficking to lysosomes than DS-8201, reaching a steady state at around 1 hour

ADC to lysosome
Nucleus

ADC | U3-1402: Study Design

Study Design



ClinicalTrials.gov Identifier: NCT02980341

- Key Eligibility Criteria
  - HER3-positive (measured by IHC [2+/3+]), advanced/unresectable, or metastatic breast cancer
  - Refractory to or intolerable to standard treatment, or no standard treatment is available
  - ECOG PS 0-1
- Primary Objectives
  - To assess safety and tolerability of U3-1402
  - To determine MTD/RDE of U3-1402
- Secondary Objectives
  - To assess efficacy/pharmacokinetics of U3-1402
- Tumor Assessment
  - Performed by CT or MRI scans of brain, chest, abdomen, pelvis, and other disease sites, along with bone scan

mCRM = modified continuous reassessment method; RDE = recommended dose(s) for expansion.

ADC | U3-1402: Treatment-Emergent AE in ≥ 15% Patients, Dose Escalation Phase (Total N = 34)* 1/2

Preferred Term	All Grades N = 34	Grade ≥ 3
Patients with TEAEs, n (%)	33 (97)	21 (62)
Nausea	28 (82)	1 (3)
Platelet count decreased/Thrombocytopenia	23 (68)	10 (29)
Decreased appetite	21 (62)	2 (6)
Neutrophil count decreased/Neutropenia	20 (59)	9 (27)
White blood cell count decreased	18 (53)	6 (18)
Vomiting	17 (50)	0

Preferred Term	All Grades N = 34	Grade ≥ 3
Alanine aminotransferase increased	13 (38)	3 (9)
Aspartate aminotransferase increased	13 (38)	3 (9)
Anemia	13 (38)	4 (12)
Stomatitis	11 (32)	0
Diarrhea	11 (32)	2 (6)
Rash/Rash maculo-papular	10 (29)	0
Malaise	9 (27)	0
Fatigue	9 (27)	0

*Analysis set: Patients who received at least one dose of U3-1402. Percentage is calculated using the number of patients in the column heading as the denominator.
TEAE = treatment-emergent adverse event.
Based on April 27, 2018 data cutoff.

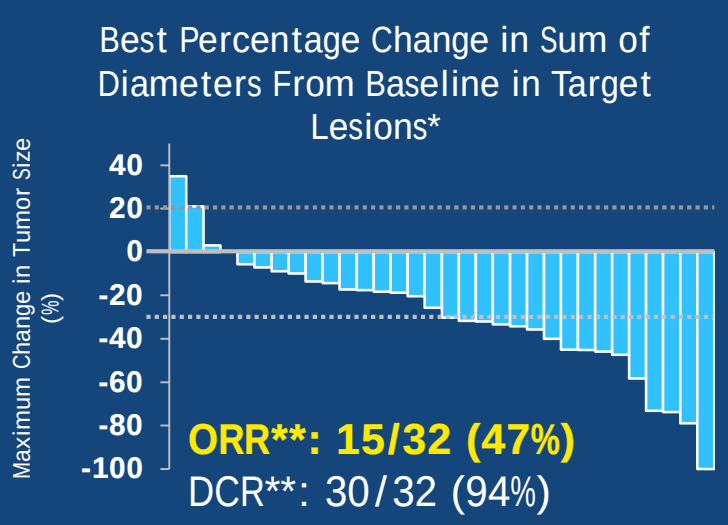
ADC | U3-1402: Treatment-Emergent AE in ≥ 15% Patients, Dose Escalation Phase (Total N = 34)* 2/2

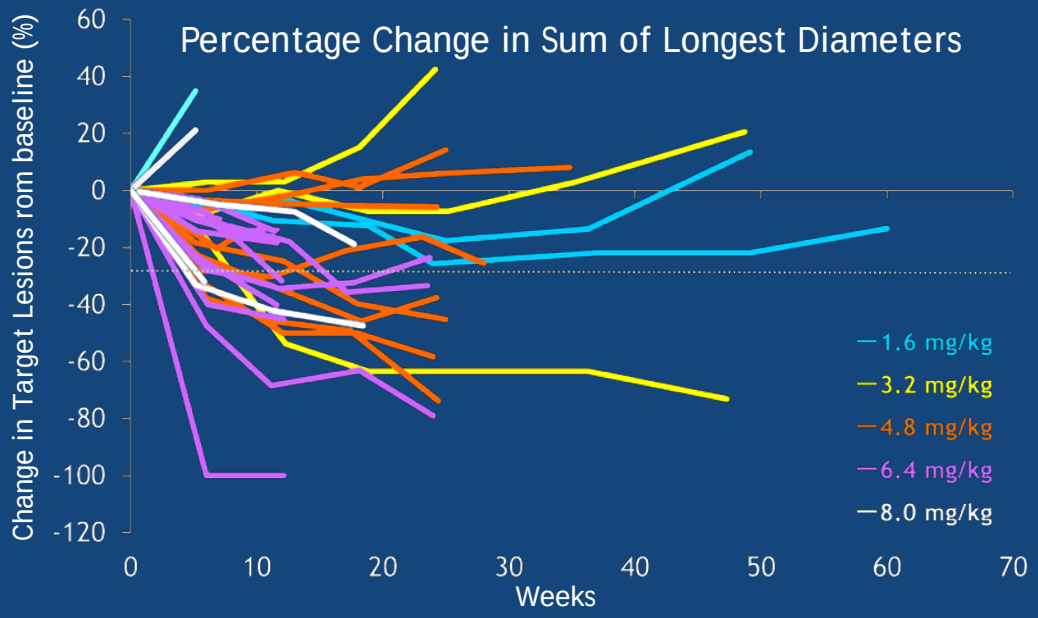
Preferred Term	All Grades N = 34	Grade ≥ 3
Patients with TEAEs, n (%)	33 (97)	21 (62)
Hypoalbuminemia	8 (24)	0
Epistaxis	7 (21)	0
Blood alkaline phosphatase increased	6 (18)	0
Headache	6 (18)	0
Dry skin	5 (15)	0
Dysgeusia	5 (15)	0
Hypokalemia	5 (15)	3 (9)
Nasopharyngitis	5 (15)	0

- Majority of TEAEs were Grades 1 and 2
- Toxicities have so far been manageable
- DLTs consisted of the following
  - Platelet count decreased Gr.4 (one subject at 4.8 mg/kg)
  - Platelet count decreased Gr.4 (one subject at 6.4 mg/kg)
  - Platelet count decreased Gr.4 , AST increased Gr. 3, ALT increased Gr.3 (one subject at 8.0 mg/kg)
  - ALT increased Gr.3 (one subject at 8.0 mg/kg)
- MTD by mCRM method** has not been reached
- Serious AE's noted in 11 (32%) of treated patients

*Analysis set: Patients who received at least one dose of U3-1402. Percentage is calculated using the number of patients in the column heading as the denominator.
**Modified Continuous Reassessment (mCRM) using a Bayesian logistic regression model (BLRM) following the escalation with overdose control (EWOC) principle Based on April 27, 2018 data cutoff.
ALT = alanine transferase; AST = aspartate aminotransferase; DLT = dose limiting toxicity; Gr = grade; MTD = maximal tolerated dose; TEAE = treatment-emergent adverse event.

ADC | U3-1402: Activity

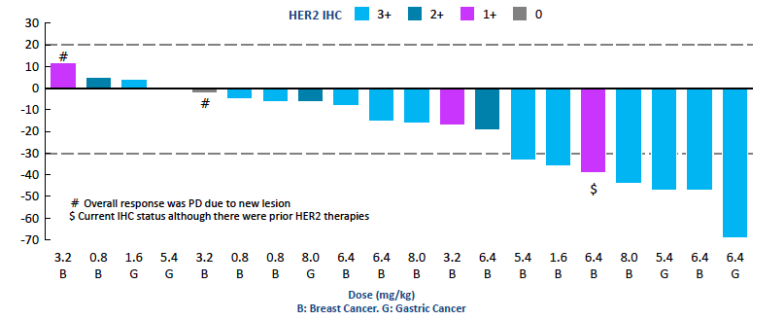




*Analysis set: Efficacy evaluable patients with at least one scan. Baseline is defined as the last measurement taken before the first dose of study drug.
**Investigators assessment. For each patient, the best percent change from baseline in the sum of diameters for all target lesions is represented by a vertical bar.
DCR = disease control rate; ORR = objective response rate.

Daichi Sankyo ADC DXd Technology: HER2 & HER3 ADCs first in human testing: 2016 & 2018 data

DS-8201 late-breaking ESMO 2016
Dose escalation phase



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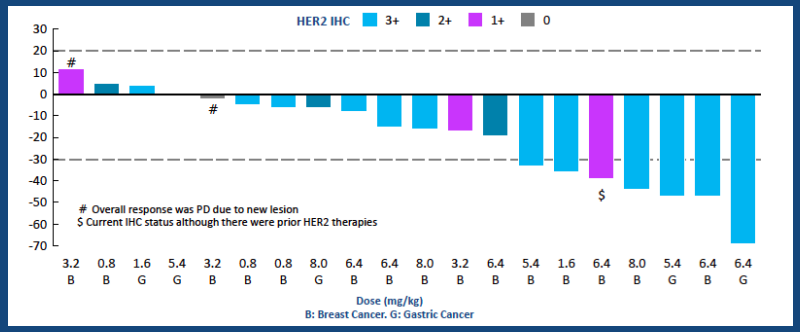
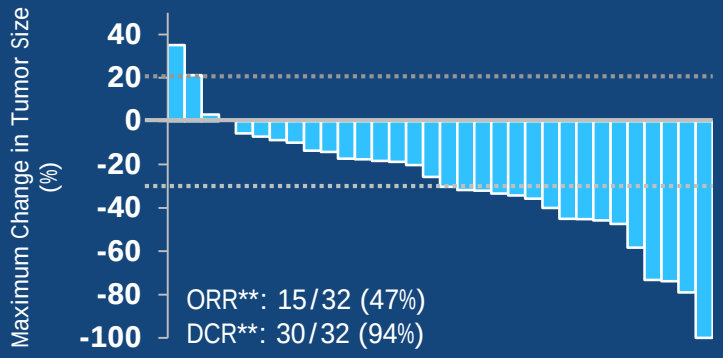


ORR:7/20 (25%)

U3-1402 ASCO 2018
Dose escalation phase



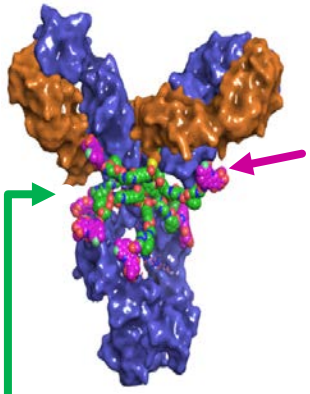
ADC | **Franchise Focus and Flagship Asset**

ADC Franchise

Clinical Stage

Antibody target	Lead indications	Discovery	Pre-clinical	Phase 1	Pivotal
DS-8201 HER2	Breast, Gastric, others				
U3-1402 HER3	Breast, NSCLC, others				
DS-1062 TROP2	NSCLC				
DS-7300 B7-H3	Solid Tumors				
DS-6157	GIST				
DS-6000	Renal, Ovarian				

DS-8201 Flagship Asset



Payload

- Novel cytotoxic MOA
- 10X more potent vs SN38
- High cell membrane cross-penetration for bystander effect, killing neighboring tumor cells
- Short systemic half-life

Linker

- High stability, sparing non-cancerous tissue from toxicity
- Selectively cleaved by lysosomal enzymes that are upregulated in tumor cells
- High number of payloads per antibody (DAR, drug antibody ratio)

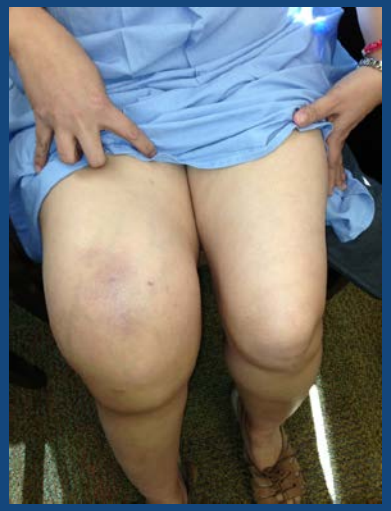
ASCO 2018 Highlights
Cancer Enterprise Development Progress

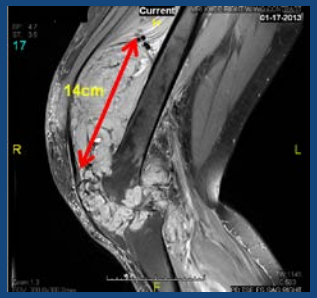
Today's Agenda

1	2	3	4	5
DS-8201	U3-1402	Pexidartinib	Quizartinib	Cancer Enterprise
Rapid and Far-reaching Development Momentum	***HER3 ADC First in Human Debut***	***TGCT: ENLIVEN Phase 3 Study Supports Decision To Proceed to NDA Submission***	***Positive Survival & Benefit/Risk in R/R AML***	***Delivering on Our Development Promises***
• Mature phase 1 results across HER-2 tumors • Impact on development plan and scope • HER2 now recognized as a broader marker	• Key Early results		• Late Breaking / Plenary Session at EHA June 2018, Stockholm • Support decision to proceed to NDA submission	

Pexidartinib | ENLIVEN placebo-controlled phase 3 study Background

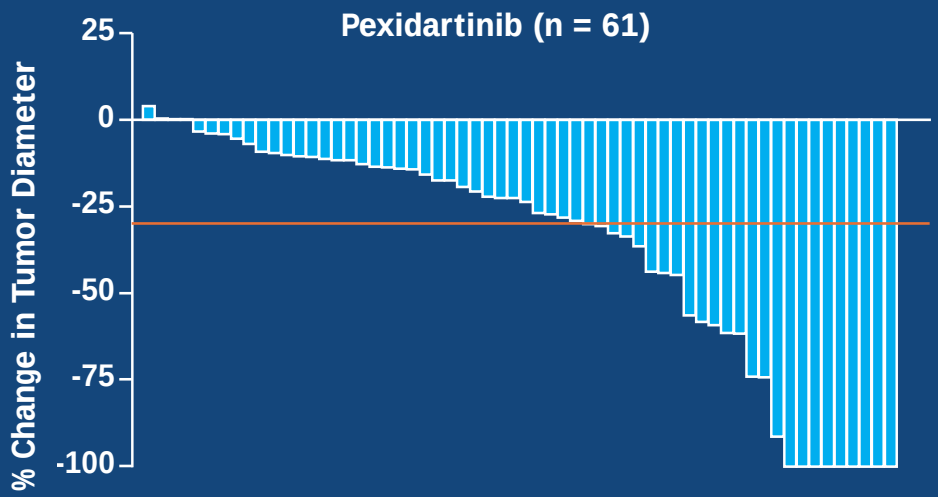
- Tenosynovial Giant Cell Tumor (TGCT) is a rare, locally aggressive, inflammatory, nonmalignant neoplasm[1,2]
  - Occurs mainly in the synovium of joints, bursae, or tendon sheaths[1,2]
  - Clinical features include swelling, pain, limited range of motion, and stiffness[1]
- Surgical resection is standard primary treatment[1]
- US prevalence ~ 17k
- No currently approved systemic therapies[3-5]

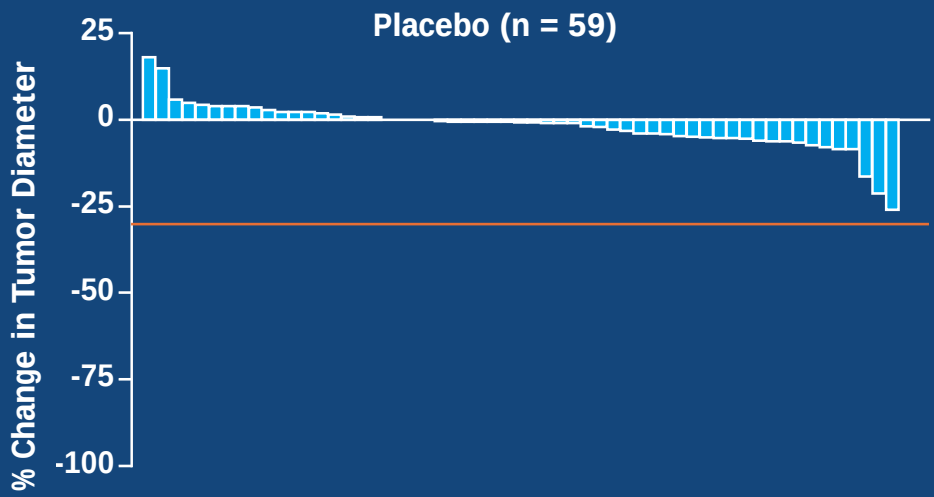




1. Staals et al. *Eur J Cancer*. 2016;63:34-40.
2. de Saint Aubain Somerhausen and van de Rijn. *IARC Press*. 2013;100-103.
3. Tap et al. *N Engl J Med*. 2015;351:1502-1512.
4. Cassier et al. *Cancer*. 2012;118:1649-1655.
5. Gelderblom et al. *Lancet Oncol*. 2018;19:639-648.

Pexidartinib | ENLIVEN Primary Endpoint: Tumor Response by RECIST





Treatment, n (%)	Complete	Partial	Stable Disease	Progressive Disease	Not Evaluable	Overall Response Rate [95% CI]
Pexidartinib n = 61	9 (15)	15 (25)	24 (39)	1 (2)	12 (20)	24 (39) [28.1, 51.9] *P* < 0.0001
Placebo n = 59	0	0	46 (78)	1 (2)	12 (20)	0 [0, 6.1]

*Baseline mean sum of the longest tumor diameters was 10.1 and 10.6 cm for pexidartinib and placebo, respectively.

Pexidartinib | ENLIVEN Clinical Benefit Endpoints

Clinical Benefit Endpoints	Pretreatment Baseline Mean (SD)	Pexidartinib (95% CI)	Placebo (95% CI)	*P* Value
Range of motion: % normal reference	63 (23)	+15% (10.9, 19.2)	+6% (1.5, 10.9)	0.0043
PROMIS physical function scale: Function on scale of 0-100; all population average = 50	38 (6)	+4.1 (1.8, 6.3)	-0.9 (-3.0, 1.2)	0.0019
Worst stiffness: Scale of 0 (normal) – 10	6 (2)	-2.5 (-3.0, -1.9)	-0.3 (-0.9, 0.3)	< 0.0001
BPI worst pain response: Response = ≥30% improvement from baseline on scale of 0 (normal) – 10	6 (2)	31% (20.9, 43.6)	15% (8.2, 26.5)	NS

Pexidartinib | ENLIVEN Hepatotoxicity

Liver Function, n (%)	Pexidartinib Part 1 n = 61	Placebo Part 1 n = 59	Pexidartinib Crossover 800 mg/d n = 30
AST or ALT ≥ 3 × ULN	20 (33)	0	4 (13)
TBili ≥ 2 × ULN	3 (5)	0	0
TBili ≥ 2X × ULN and AST or ALT ≥ 3 × ULN	3* (5)	0	0

*All were serious AEs with ALP ≥ 2.5 x ULN.

- 8 patients discontinued pexidartinib due to hepatic AEs
  - 4 cases were serious nonfatal AEs with increased bilirubin, 1 lasting ~7 months
  - All serious hepatic events emerged during the first 2 months of pexidartinib treatment

Pexidartinib: Hepatotoxicity Outside of TGCT

- Non-TGCT development program for malignant diseases (n = 637)
- Serious liver toxicity also observed
- Two most concerning cases:
  - 1 case required liver transplant (breast cancer)
    - Pexidartinib at 1200 mg/d combined with paclitaxel
  - 1 case associated with death (mucosal melanoma)
    - Pexidartinib at 1000 mg/d
- Hepatotoxicity occurred during first 2 months of pexidartinib treatment

ASCO 2018 Highlights
Cancer Enterprise Development Progress

Today's Agenda

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Rapid and Far-reaching Development Momentum

- Mature phase 1 results across HER-2 tumors
- Impact on development plan and scope
- HER2 now recognized as a broader marker

HER3 ADC First in Human Debut

- Key Early results

TGCT: ENLIVEN Phase 3 Study Supports Decision To Proceed to NDA Submission

Positive Survival & Benefit/Risk in R/R AML

- Late Breaking / Plenary Session at EHA June 2018, Stockholm
- Support decision to proceed to NDA submission

Delivering on Our Development Promises

Quizartinib Single Agent in AML

First phase 3 trial to demonstrate **improved overall survival vs. cytotoxic chemotherapy in Relapsed/Refractory *FLT3*-ITD–mutant AML**

Late-breaking Submission

4. Acute myeloid leukemia - Clinical

EHA-4422

QUIZARTINIB SIGNIFICANTLY PROLONGS OVERALL SURVIVAL IN PATIENTS WITH FLT3-INTERNAL TANDEM DUPLICATION–MUTATED (MUT) RELAPSED/REFRACTORY AML IN THE PHASE 3, RANDOMIZED, CONTROLLED QUANTUM-R TRIAL

Jorge E. Cortes[*1], Samer Khaled[2], Giovanni Martinelli[3], Alexander E. Perl[4], Siddhartha Ganguly[5], Nigel Russell[6], Alwin Krämer[7], Hervé Dombret[8], Donna Hogge[9], Brian A. Jonas[10], Anskar Yu-Hung Leung[11], Priyanka Mehta[12], Pau Montesinos[13], Markus Radsak[14], Simona Sica[15], Meena Arunachalam[16], Melissa Holmes[16], Ken Kobayashi[16], Ruth Namuyinga[16], Nanxiang Ge[16], Antoine Yver[16], Yufen Zhang[16], Mark J. Levis[17]

- **1/3 subjects with refractory disease, 2/3 with relapse within 6 months of first line treatment**
- **Quizartinib significantly prolonged OS in pts with R/R *FLT3*-ITD–mutant AML compared with cytotoxic chemotherapy**
- **24% reduction in risk of death** (95% CI 0.58-0.98; stratified log-rank test, 1-sided *P*=0.0177).
- Median OS was 27 wks (95% CI 23.1-31.3) vs. 20.4 wks (95% CI 17.3-23.7)
- Safety profile appears consistent with that observed at similar doses
- Demonstrates value of targeting the *FLT3*-ITD driver mutation with a potent and selective FLT3i.

Late-Breaking Abstract
Plenary Session
EHA meeting 16 June 2018
Stockholm, SW

ASCO 2018 Highlights
Cancer Enterprise Development Progress

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ADC Franchise

DS-8201

Maturing data show activity across tumors expressing HER2 as a cell surface target

Incidence in Breast Cancer

- Typical HER2 ~20%
- HER2 ‘low’ additional ~50% of all Breast cancer cases

U3-1402

First U3-1402 data release mimics that of DS-8201 at ESMO 2016

- HER3 ADC is first in class; HER3 widely expressed across many tumor types (Breast, lung are lead indications for development)
- Validates portability of DXd technology

Breakthrough and AML Therapies Moving to Market

Pexidartinib

Commitment to submit NDA in 2H FY2018

First-in-class for TGCT

Quizartinib monotherapy

Improved overall survival in relapse/refractory AML *FLT3*-ITD compared to salvage chemotherapy

- Commitment to global submission 2H FY2018

Competitive advantages

- First to show survival benefit
- First-line trial enrollment well ahead of any competing trial for selective *flt3*-inhibitors
- Multiple-asset AML Franchise

CE Major Clinical Pipeline

Franchise	Project Code	Potential Tumors	Preclinical	Phase 1	Pivotal	Designation
ADC	**DS-8201** (HER2)	Breast, Gastric IO combo, other HER2+				**Breakthrough** **SAKIGAKE**
	U3-1402 (HER3)	Breast, NSCLC				
	DS-1062 (TROP2)	NSCLC				
AML	**Quizartinib** (FLT3)	AML 1st/2nd				**Fast track**
	DS-3032 (MDM2)	AML, Solid Tumors				
	DS-3201 (EZH1/2)	AML, ATL, BCL				
	PLX51107 (BRD4)	AML				
	DS-1001 (IDH1m)	AML, Glioma				
Breakthrough	**Pexidartinib** (CSF-1R)	TGCT (Tenosynovial Giant Cell Tumor)				**Breakthrough**
	DS-1205 (AXL)	NSCLC				
	KTE-C19 (CD19 CAR-T)	BCL (B-cell lymphoma) (Japan)				**Breakthrough**
	DS-1647 (Oncolytic virus)	GBM (glioblastoma multiforme) (Japan)				**SAKIGAKE**

Cancer Enterprise | **2025 Vision "7 in 8"**

By 2025, Cancer Enterprise will be a leading world-class science organization built on 3 pillars delivering 7 valuable, distinct NMEs (approved, launched, accessed)

Lead in Smart-Treatment with BIC & FIC* ADC	Establish a Competitive Hematology Franchise	Lead with Breakthrough Science
• **Maximize existing Smart-Chemo portfolio** • **Develop next generation of Smart-Chemo** • **Deliver disruptive Smart-Treatments**	• **Lead the FLT3 segment** • **Expand beyond FLT3 segment** • **Expand beyond AML**	• **Deliver best-in-class NME or first-in-class disruptive** MOA NME** • **Embed new technologies to magnify the value of science**
3	**3**	**1**

7 NMEs in 8 years

A Cross-Functional Value Creation Team
Changing Standard of Care (SOC) with Each NME

*BIC: Best in Class and FIC: First in Class

**Disruptive: adjective meaning to radically changes an industry or business strategy, especially by creating a new market or disrupting an existing one

Cancer Enterprise | **2018 FOCUS**

Daiichi-Sankyo cancerenterprise

Deliver our Portfolio

On track to submit 3 NMEs over next 12-24 months

DESTINY

QUANTUM-R STUDY

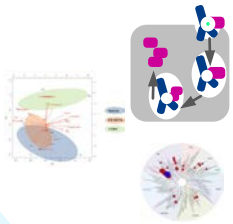
ENLIVEN

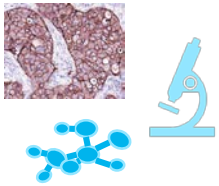
Develop our People

Attract, grow world-class talent

Translational Research Focused Enhancement

Redefining HER2 disease





Focused Research Ambition

DXd and NEXT generation ADCs

CE 2018, A Year of Delivery & Focus

A *Force* Today, A *Leader* Tomorrow

Contact address regarding this material

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