Passion for Innovation.
Compassion for Patients.™

Daiichi-Sankyo

ASCO 2020 Highlights

DAIICHI SANKYO CO., LTD.

Sunao Manabe
President and CEO

June 2020

Forward-Looking Statements

Management strategies and plans, financial forecasts, future projections and policies, and R&D information that Daiichi Sankyo discloses in this material are all classified as Daiichi Sankyo's future prospects. These forward looking statements were determined by Daiichi Sankyo based on information obtained as of today with certain assumptions, premises and future forecasts, and thus, there are various inherent risks as well as uncertainties involved. As such, please note that actual results of Daiichi Sankyo may diverge materially from Daiichi Sankyo's outlook or the content of this material. Furthermore, there is no assurance that any forward-looking statements in this material will be realized. Regardless of the actual results or facts, Daiichi Sankyo is not obliged and does not have in its policy the duty to update the content of this material from the date of this material onward.

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Progress after ASCO 2019

ASCO 2019

ASCO 2020

ENHERTU®
trastuzumab deruxtecan
Development Code DS-8201

Breast (3 L)

January
Launched in US

May
Launched in JP

Gastric (3 L)

HER2 mut NSCLC

April
Submitted in JP

May
BTD/ODD

May
BTD

- **DS-8201 was approved and launched in US and Japan**
- **Strategic alliance with AstraZeneca is strongly progressing for both development/promotion**

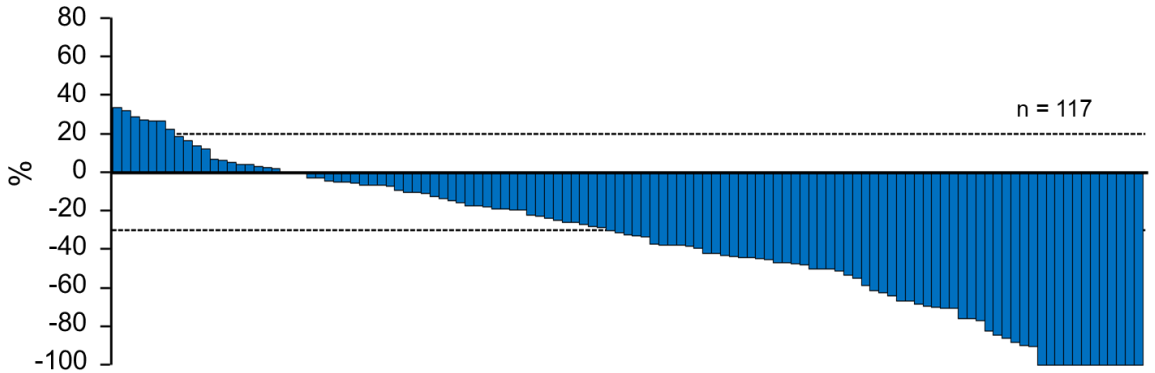
DS-8201: Breast and Gastric Cancers

Breast cancer

ENHERTU®
trastuzumab deruxtecan

- Launched Enhertu in US and JP for 3L treatment
- Phase 3 studies, DESTINY-Breast02, 03, 04, are on track
- Earlier line development is under consideration

Gastric cancer



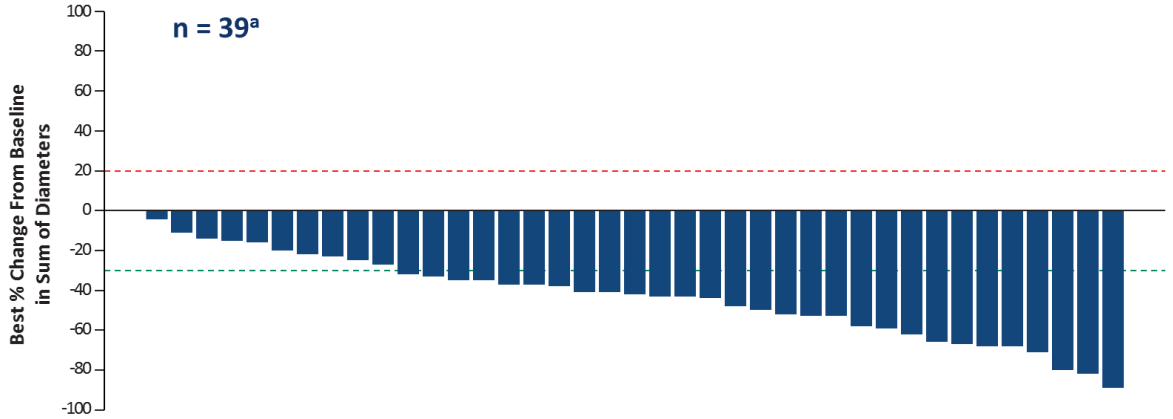
- Positive results from pivotal phase 2 study
  - **ORR: 42.9%**
  - Published in NEJM
- Apr. 2020: **sNDA submitted in JP** (SAKIGAKE)
- May 2020: **BTD/ODD in US**

DS-8201 has become a real option for patients living with cancer

3L: 3rd line, BTD: breakthrough therapy designation, ODD: orphan drug designation

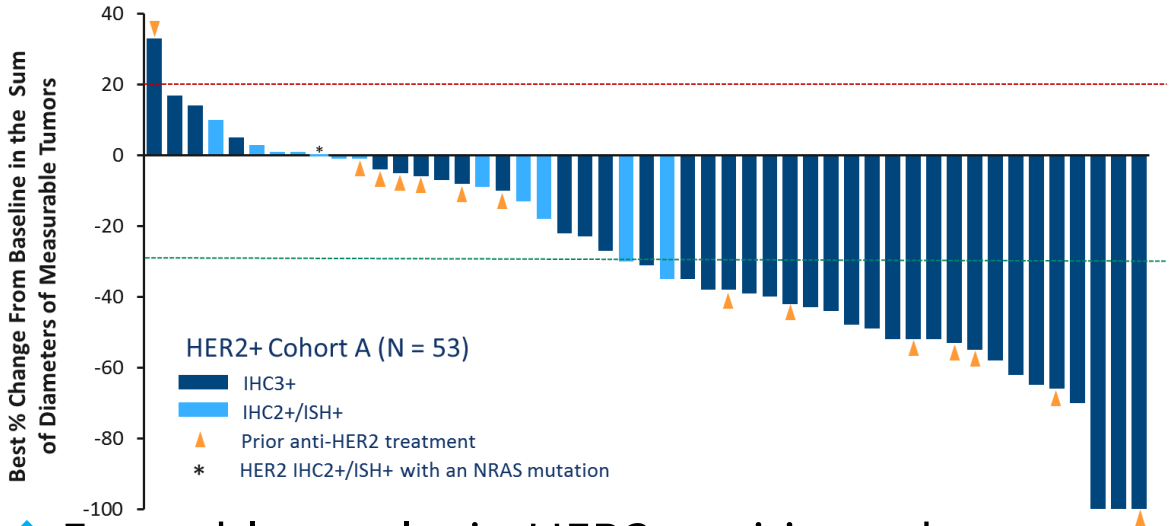
DS-8201: Progress of Lung and Colorectal Cancers

Lung cancer



- Favorable results in HER2 mutation cohort
  - **ORR: 61.9%**
- May 2020: **BTD in US**

Colorectal cancer



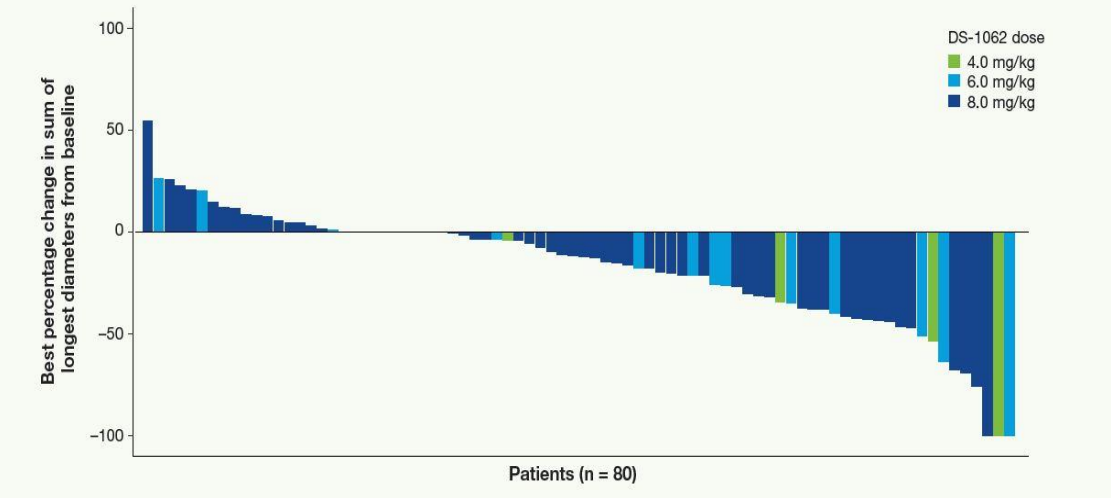
- Favorable results in HER2 positive cohort
  - **ORR: 45.3%**

DS-8201 has the potential to become new treatment options for these cancers

BTD: breakthrough therapy designations

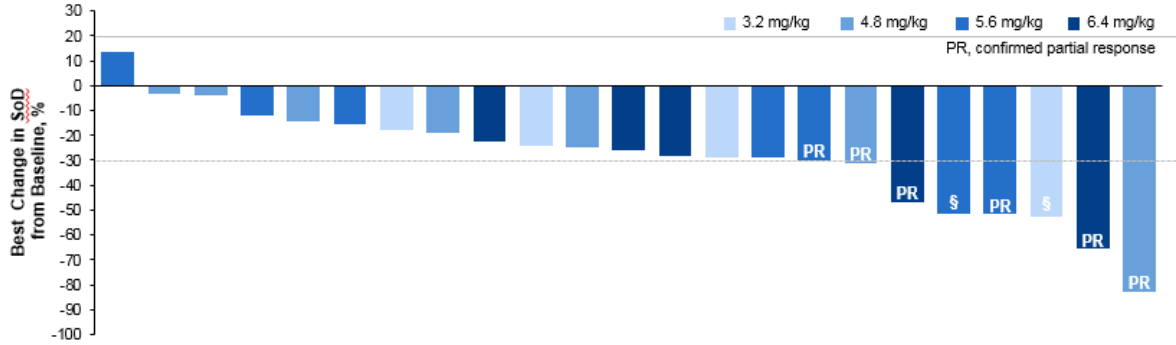
Progress of DS-1062 and U3-1402

DS-1062



- Phase 1 interim data was presented as poster
- Next step is under consideration
  - Pivotal study for NSCLC w/o mutation (post IO/platinum)
  - NSCLC with mutation (post TKIs and platinum)
  - Combo studies with PD-1/PD-L1 for NSCLC
    - ✓ **Clinical trial collaboration with Merck for pembrolizumab combo**

U3-1402

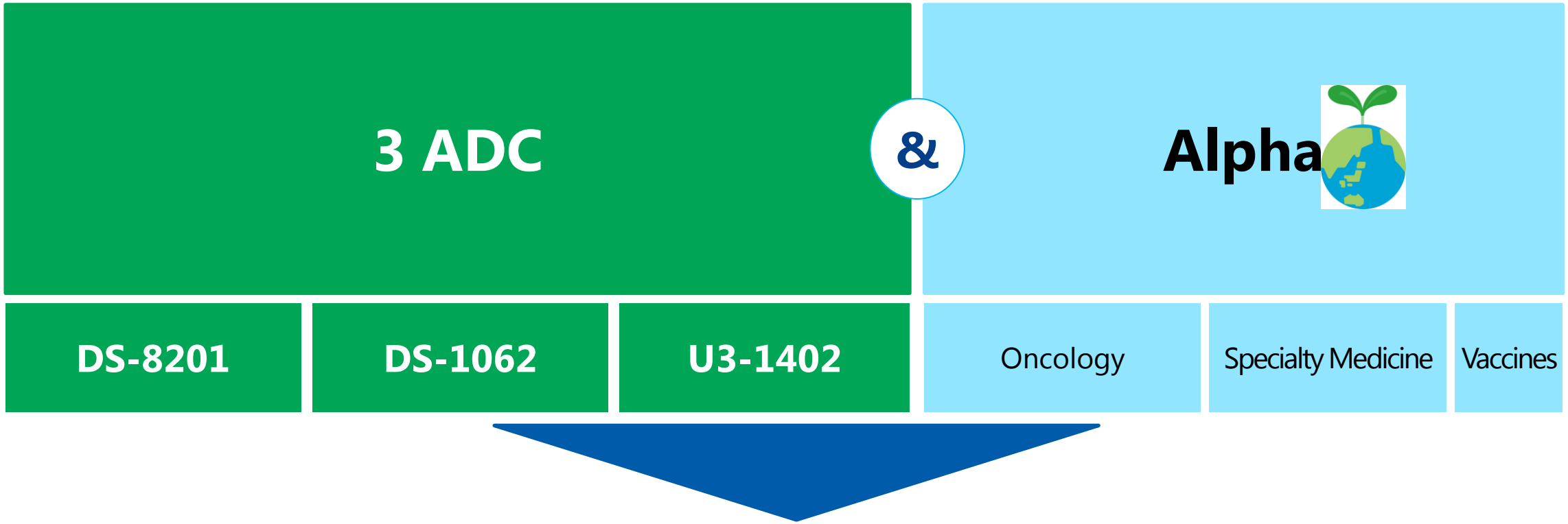


- EGFRm NSCLC phase 1 trial data is planned to be presented at ESMO 2020
- Breast cancer development plan is under consideration
- Next step is under consideration
  - Pivotal study for NSCLC with EGFR mutation
  - Colorectal cancer

Development is progressing steadily

NSCLC: non-small cell lung cancer

3 and Alpha: R&D Strategy Change



- **3 and Alpha strategy**
  - **Allocate financial/human resources with priority to maximize the 3 ADCs**
  - **Focus on activities with potential to change the current SOCs for Alpha**

SOC: standard of care

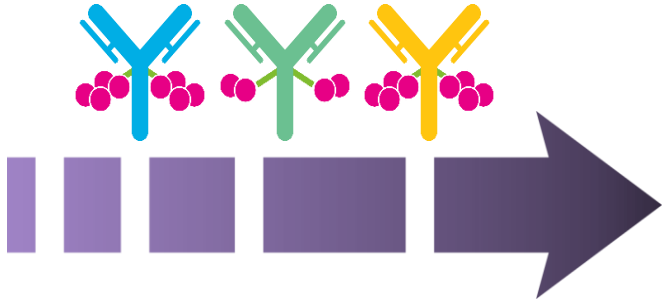
3 ADCs: Growth Drivers of Our Business

Business growth scenario has become clearer as 3 ADCs progress steadily

US Business

Business Challenge

- Lack of products to drive future growth

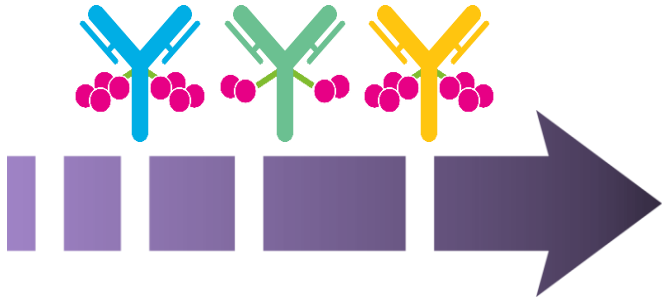


3 ADCs, particularly Enhertu, are core pillars for re-growth of US business

Europe and ASCA

Business Challenge

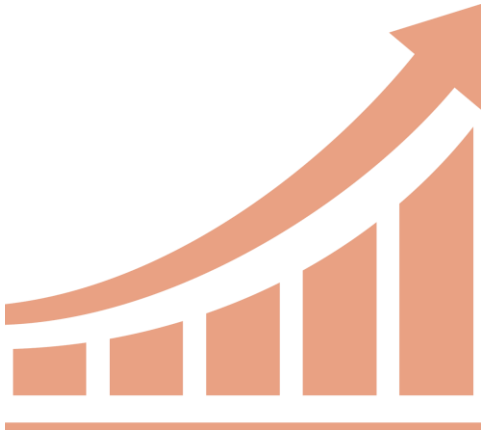
- Limited opportunity for future growth with thin portfolio focused on Lixiana



3 ADCs will expand the portfolio, and will accelerate future growth

Core Pillars for 5-year Business Plan (FY2021-FY2025)

Enhertu/DS-8201



Maximize product value

- Expand indication
- Expand marketed countries

DS-1062/U3-1402

Optimize development strategies

- Accelerate R&D activities
- Potential utilization of external resources

New Modality for Sustainable Growth

Create New Modality PJs

- Next generation ADC, Onco-virus
- Gene therapy, Nucleic Acid, Cell therapy

- Optimize R&D resource allocation to maximize future business growth
- Our new 5-year business plan will be announced in March - April 2021

Daiichi-Sankyo
cancerenterprise

Care. Compassion. Science.
It's Our Obligation.

ASCO 2020 Highlights

DAIICHI SANKYO CO., LTD.

Antoine Yver MD Msc
Global Head Oncology R&D

June 2020

Today's Agenda

1. Introduction
2. DS-8201: The Value
3. DS-8201: The Data
4. DS-8201: The Plan
5. DS-1062: The Data & The Plan
6. Alpha
7. R&D Transformation
8. SARS-CoV-2 Pandemic Impact
9. News Flow and Future Events

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Daiichi Sankyo R&D Journey

Steady and strong progress

2016

Cancer Enterprise Strategy

- Accelerated DS-8201 and scale of manufacturing (300M$ CAPEX)
- Predicted 2019 crunch point for CE, needing ~100% R&D Unit Budget

2017

R&D Strategy and Cancer Enterprise 2025

- '7 in 8' CE 2025
- Enhanced CE allocation of R&D resources

2018

ADC Franchise Strategy

- Highlighted the scope of opportunity offered by the DXd platform
- Operating model to maximize the ADC franchise value
- Validated ADC strategy with AZ agreement

2019

"3 and Alpha" Strategy

- Prioritize investment & resources to 3 ADCs
- Alpha focuses on changing SOCs

2020

Delivery

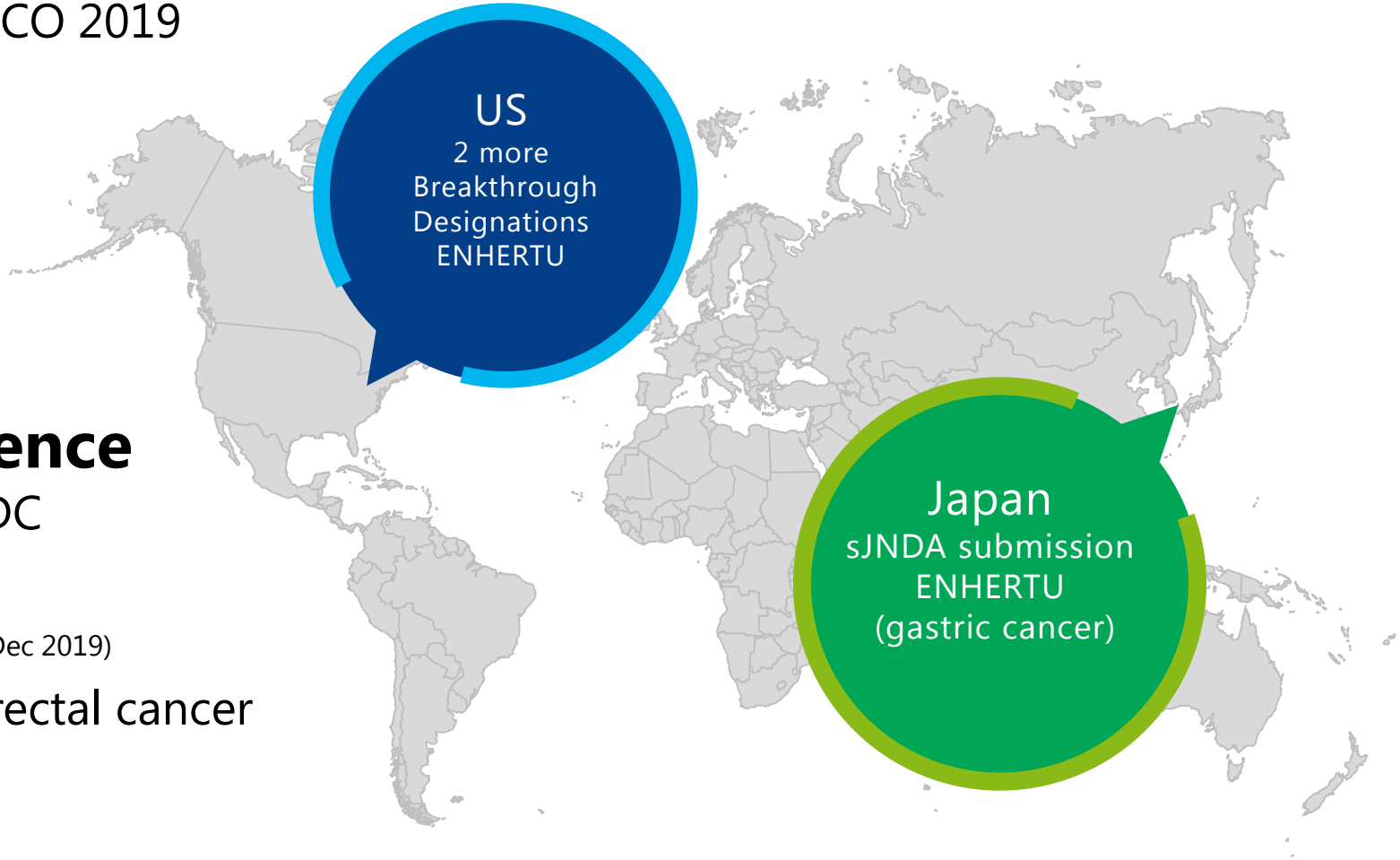
- Substantial value
- Fascinating new science
- Continued transformation

2020 | Year of Delivery

Creating value

New drug approvals since ASCO 2019

- ENHERTU® (US, JP)
- TURALIO® (US)
- VANFLYTA® (JP)



Fascinating new science

on the role of receptors in ADC pharmacology

- HER3 (as discussed during R&D Day Dec 2019)
- HER2 in NSCLC and colorectal cancer
- TROP2 in NSCLC

2020: Year of Continued Transformation to Support Delivery

Transformation of Global Development Operations

R&D forward-looking budget

16% YoY increase, directly funding ADC demand

(Bn JPY)	FY2019 Results	FY2020 Forecast	YoY
R&D expenses	197.5	228.0	30.5

Coalition with **Syneos Health:** an exceptional collaboration

Alpha Strategy: build on unique DS science, to secure 2030+

Scale and agility to meet biologics demand

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DS-8201 | The Value

- 1st approval after **short 113 days review**
- **Outstanding launch** sequence
- **Clear indication**: not specifying prior treatment with T-DM1

  With the recent approval of tucatinib, the 2nd line and beyond **treatment sequence in HER2 metastatic breast cancer has significantly evolved**

  - ✓ DESTINY-Breast03 study (Ph 3 vs. T-DM1) will further establish the pivotal role of ENHERTU
  - ✓ Gating combination trials (to support 1st and 2nd line testing) underway/preparation
  - ✓ Clear positive effect of ILD Safe Use measures

- HER2+ **Gastric Cancer Breakthrough Designation** (May '20)
- HER2 mutant **NSCLC Breakthrough Designation** (May '20)

DS-8201 | The Value

Japan

- **1st approval March 2020** (6-month review, breast cancer)
- **2nd submission** sJNDA, for **gastric cancer** under SAKIGAKE designation, late **April 2020** – expect 6-month review
- Early access program for gastric cancer launched in Japan

EU

- **Breast cancer submission** expected in 1HFY2020

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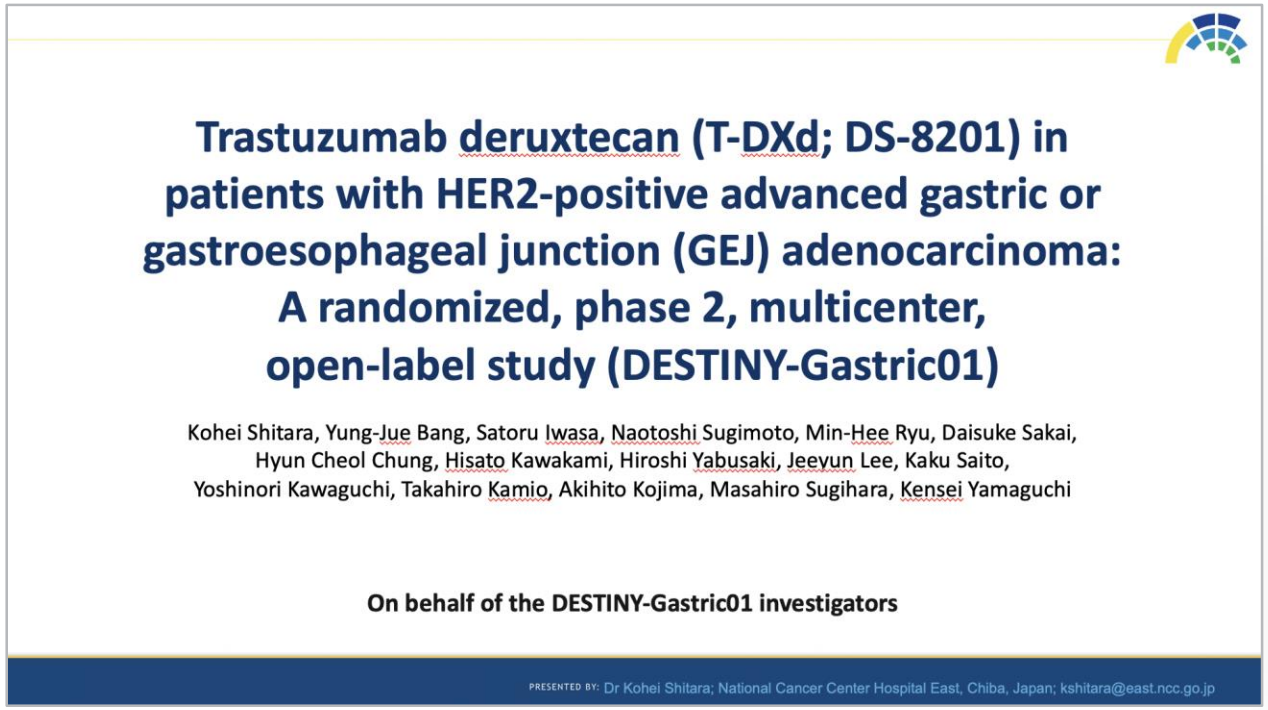
DS-8201 | DESTINY-Gastric01

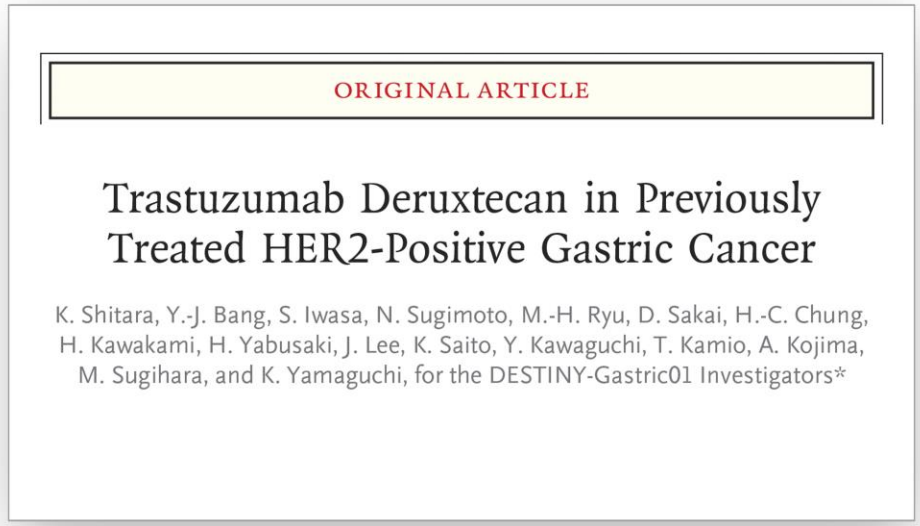


Trastuzumab deruxtecan (T-DXd; DS-8201) in patients with HER2-positive advanced gastric or gastroesophageal junction (GEJ) adenocarcinoma: A randomized, phase 2, multicenter, open-label study (DESTINY-Gastric01)

Kohei Shitara, Yung-Jue Bang, Satoru Iwasa, Naotoshi Sugimoto, Min-Hee Ryu, Daisuke Sakai, Hyun Cheol Chung, Hisato Kawakami, Hiroshi Yabusaki, Jeeyun Lee, Kaku Saito, Yoshinori Kawaguchi, Takahiro Kamio, Akihito Kojima, Masahiro Sugihara, Kensei Yamaguchi

On behalf of the DESTINY-Gastric01 investigators

PRESENTED BY: Dr Kohei Shitara; National Cancer Center Hospital East, Chiba, Japan; kshitara@east.ncc.go.jp



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Trastuzumab Deruxtecan in Previously Treated HER2-Positive Gastric Cancer

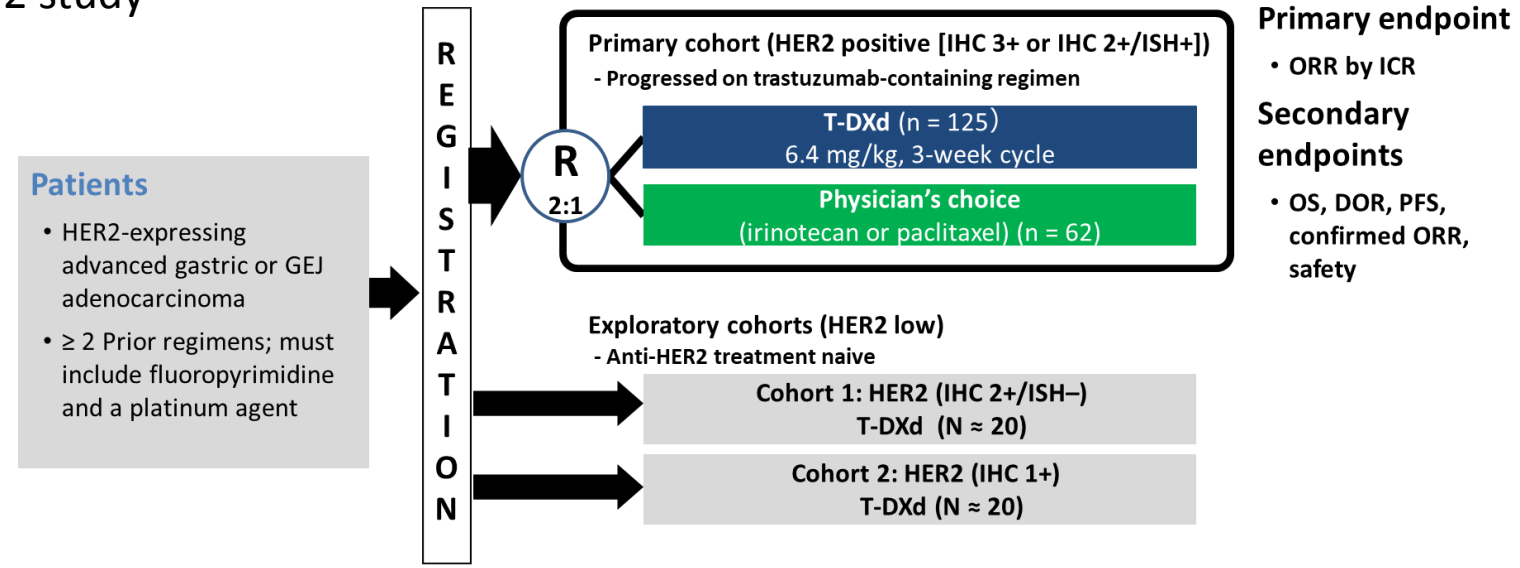
K. Shitara, Y.-J. Bang, S. Iwasa, N. Sugimoto, M.-H. Ryu, D. Sakai, H.-C. Chung, H. Kawakami, H. Yabusaki, J. Lee, K. Saito, Y. Kawaguchi, T. Kamio, A. Kojima, M. Sugihara, and K. Yamaguchi, for the DESTINY-Gastric01 Investigators*

https://www.nejm.org/doi/full/10.1056/NEJMoa2004413

DESTINY-Gastric01

An open-label, multicenter, randomized phase 2 study

- T-DXd is an antibody-drug conjugate consisting of an anti-HER2 antibody, cleavable tetrapeptide-based linker, and topoisomerase I inhibitor payload
- Previously, T-DXd 5.4 or 6.4 mg/kg in a phase 1 study demonstrated an ORR of 43.2% and median PFS of 5.6 months in 44 patients with HER2-positive gastric or GEJ cancer previously treated with trastuzumab (NCT02564900)[1]
- We present the results for the primary cohort of DESTINY-Gastric01 (NCT03329690)



*OS was a key secondary endpoint to be statistically evaluated hierarchically if the primary endpoint was statistically significant (Familywise type I error was controlled at 0.05 for ORR and OS)

- 187 patients were randomized (T-DXd, n = 125; PC, n = 62)
- 76% of patients had HER2 IHC 3+
- The median number of prior systemic therapies was 2 (range, 2-9)
- 86% previously received taxanes, 72% ramucirumab, and 33% anti-PD1/-PD–L1
- At data cut-off (November 8, 2019), 22.4% and 4.8% of patients in the T-DXd and PC arms remained on treatment

1. Shitara K, et al. *Lancet Oncol*. 2018;19:1437-48.

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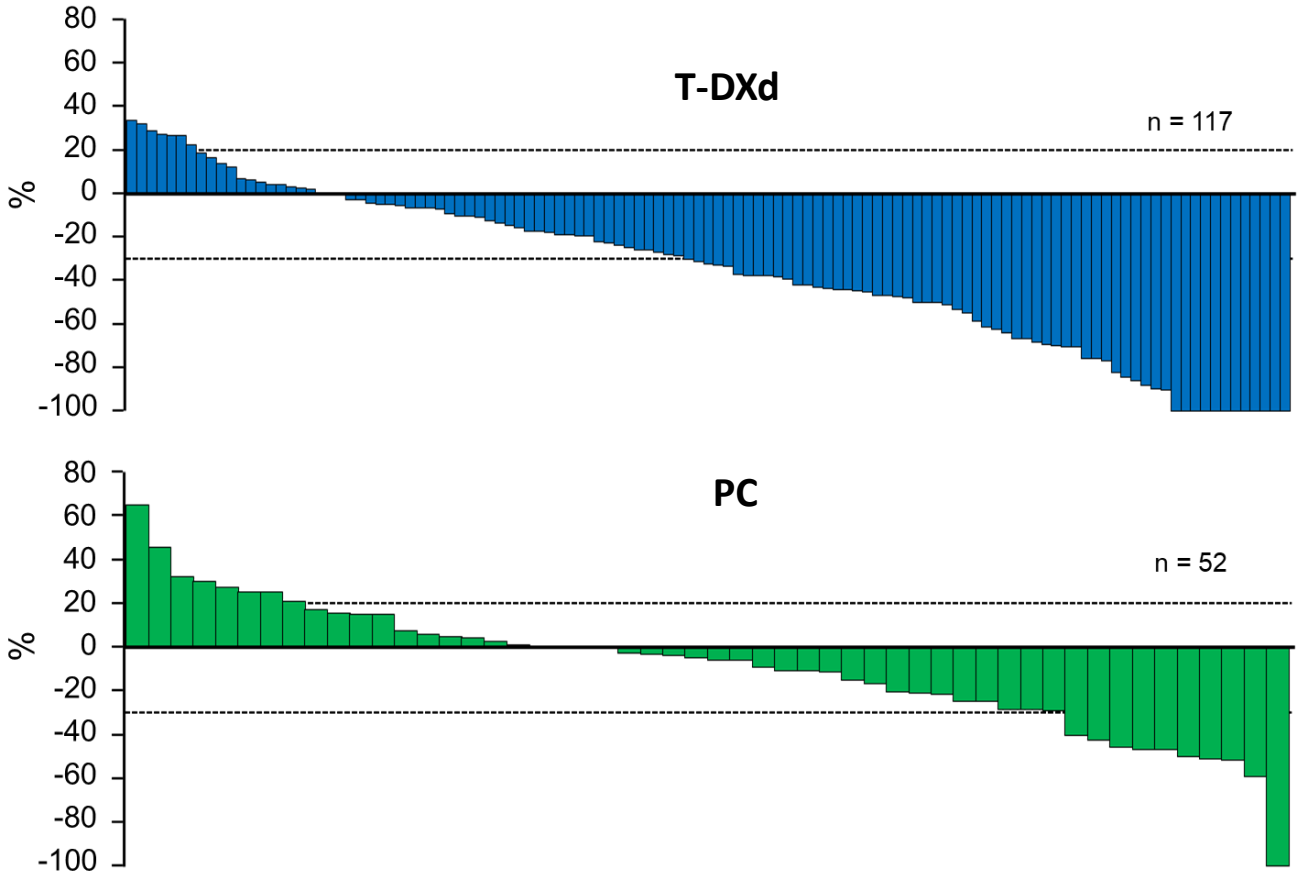
DESTINY-Gastric01

Primary Endpoint: ORR

	T-DXd (n = 119)	PC (n = 56)
ORR by ICR (CR + PR)	51.3% (n = 61) 95% CI, 41.9-60.5; *P* < .0001	14.3% (n = 8) 95% CI, 6.4-26.2
Confirmed ORR by ICR (CR + PR)	**42.9% (n = 51)** **95% CI, 33.8-52.3**	**12.5% (n = 7)** **95% CI, 5.2-24.1**
CR	**8.4% (n = 10)**	0
PR	34.5% (n = 41)	12.5% (n = 7)
SD	42.9% (n = 51)	50.0% (n = 28)
PD	11.8% (n = 14)	30.4% (n = 17)
Not evaluable	2.5% (n = 3)	7.1% (n = 4)
Confirmed DCR (CR + PR + SD)	85.7% (n = 102) 95% CI, 78.1-91.5	62.5% (n = 35) 95% CI, 48.5-75.1
Median confirmed DOR	**11.3 months** 95% CI, 5.6-NE	**3.9 months** 95% CI, 3.0-4.9

Includes data for the response evaluable set: all randomized patients who received ≥1 dose of study drug and had measurable tumors based on independent central review at baseline.

Best Percentage Change from Baseline in Tumor Size



Line at 20% indicates progressive disease; line at −30% indicates partial response. Includes patients who had both baseline and postbaseline target lesion assessments by independent central review in both treatment arms.

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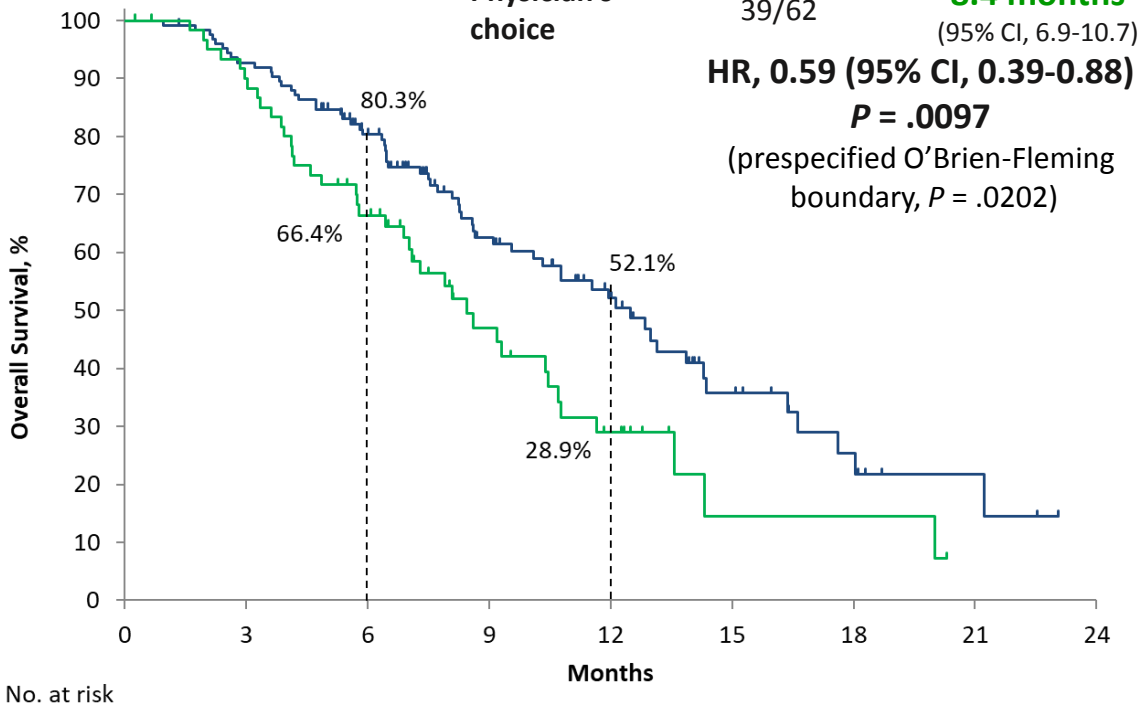
DESTINY-Gastric01

Overall and Progression-Free Survival

Overall Survival

	Events/n	Median
T-DXd	62/125	12.5 months (95% CI, 9.6-14.3)
Physician's choice	39/62	8.4 months (95% CI, 6.9-10.7)

HR, 0.59 (95% CI, 0.39-0.88)
***P* = .0097**
(prespecified O'Brien-Fleming boundary, *P* = .0202)



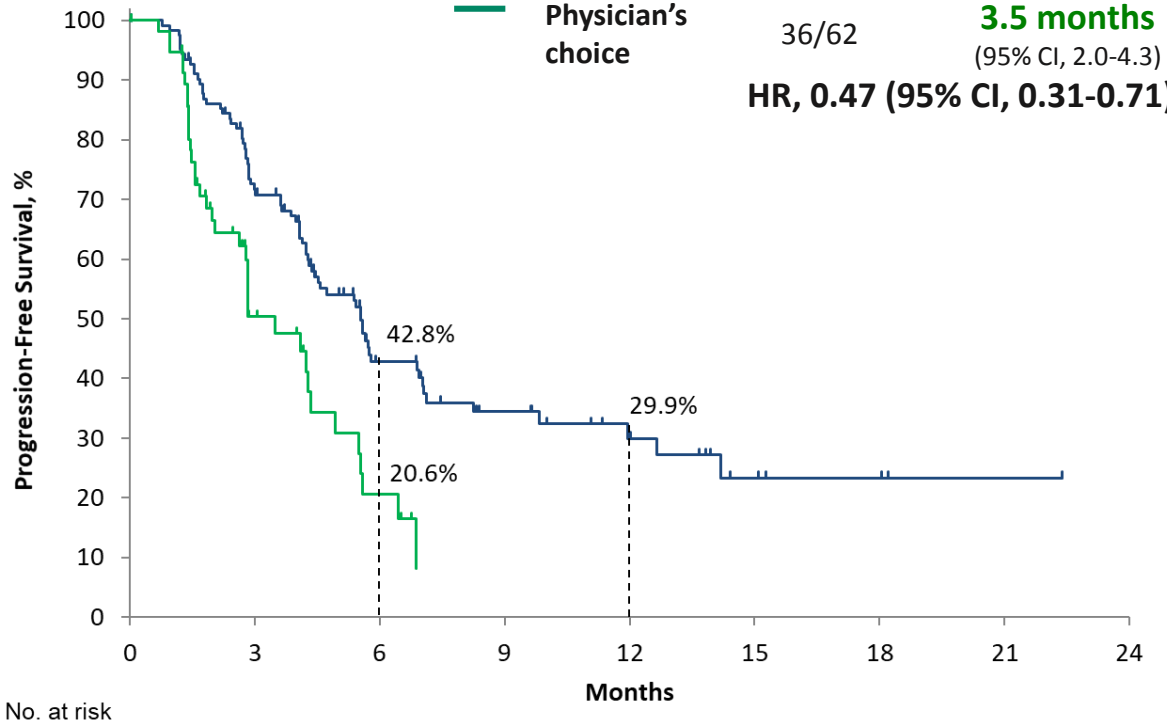
No. at risk

T-DXd	125	115	88	54	33	14	7	3	0
PC	62	54	37	19	10	2	2	0	0

Progression-Free Survival

	Events/n	Median
T-DXd	73/125	5.6 months (95% CI, 4.3-6.9)
Physician's choice	36/62	3.5 months (95% CI, 2.0-4.3)

HR, 0.47 (95% CI, 0.31-0.71)



No. at risk

T-DXd	125	82	35	20	12	5	3	1	0
PC	62	19	5	0	0	0	0	0	0

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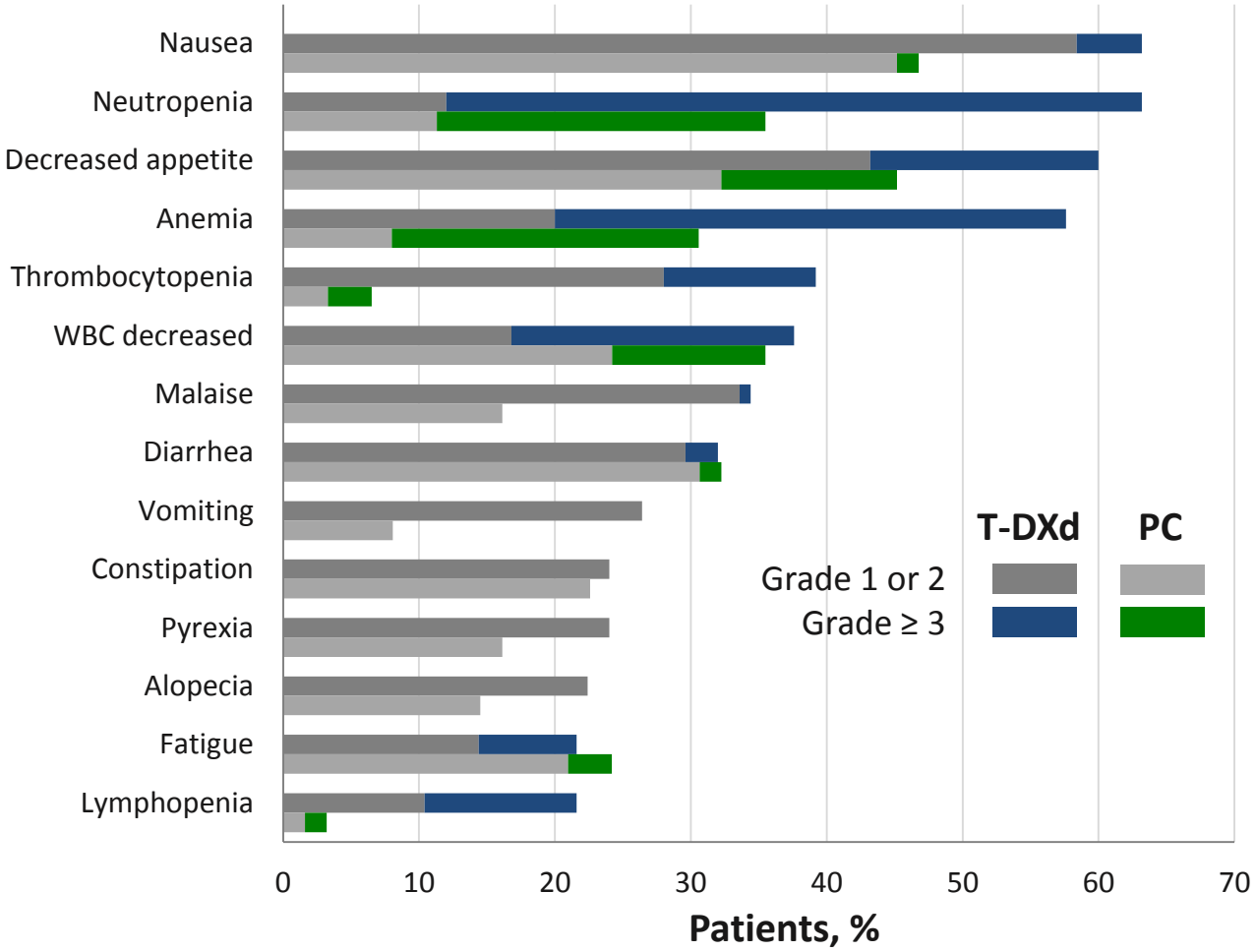
DESTINY-Gastric01

Safety Summary



TEAEs associated with:	T-DXd (n = 125)	PC (n = 62)
Drug discontinuation	15.2%	6.5%
Dose reduction	32.0%	33.9%
Dose interruption	62.4%	37.1%

- There was 1 drug-related death due to pneumonia with T-DXd and none with PC
- 12 patients (9.6%) had T-DXd-related ILD/pneumonitis as determined by an independent adjudication committee
  - Median time to first onset, 84.5 days (range, 36-638 days)
  - Most were grade 1 or 2 (grade 1, n=3; grade 2, n=6; grade 3, n=2; grade 4, n=1; no grade 5 events)

PRESENTED BY: Dr Kohei Shitara; National Cancer Center Hospital East, Chiba, Japan; kshitara@east.ncc.go.jp

Trastuzumab Deruxtecan (T-DXd; DS-8201) in Patients With HER2-Mutated Metastatic Non-Small Cell Lung Cancer: Interim Results of DESTINY-Lung01

Egbert F. Smit, Kazuhiko Nakagawa, Misako Nagasaka, Enriqueta Felip, Yasushi Goto, Bob T. Li, Jose M. Pacheco, Haruyasu Murakami, Fabrice Barlesi, Andreas Saltos, Maurice Perol, Hibiki Udagawa, Kapil Saxena, Ryota Shiga, Ferdinand Guevara, Suddhasatta Acharyya, Javad Shahidi, David Planchard, Pasi A. Jänne

On behalf of the DESTINY-Lung01 investigators

DESTINY-Lung01 Study Design

An open-label, multicenter, phase 2 study (NCT03505710)

Patients

- Unresectable/metastatic nonsquamous NSCLC
- Relapsed/refractory to standard treatment
- **HER2-expressing *or* HER2-activating mutation**[a]
- No prior HER2-targeted therapy, except pan-HER TKIs

Cohort 1 (n = 42)
HER2 expressing (IHC 3+ or IHC 2+)

Cohort 2 (n = 42)
HER2 mutated

T-DXd 6.4 mg/kg q3w

Primary endpoint

- Confirmed ORR by independent central review

Data cutoff: November 25, 2019

- 45.2% of patients (19/42) in Cohort 2 remained on treatment
- 54.8% discontinued, primarily for progressive disease and adverse events (21.4% each)

[a] Based on local assessment of archival tissue.

DESTINY-Lung01 HER2-Mutated NSCLC

Baseline Characteristics

	Patients (N = 42)
Age, median (range), years	63.0 (34-83)
< 65 years, %	59.5
Female, %	64.3
Region, % Asia / North America / Europe	35.7 / 31.0 / 33.3
ECOG performance status 0 / 1, %	23.8 / 76.2
HER2 mutation, % Kinase domain Extracellular domain Not reported	 90.5 4.8 4.8
Presence of CNS metastases, %	**45.2**

DESTINY-Lung01 HER2-Mutated NSCLC

Prior Treatments

Median prior lines of treatment: 2 (range, 1-6)

Prior Treatment, %	Patients (N = 42)
Platinum-based therapy	**90.5**
Anti–PD-1 or –PD-L1 inhibitor	**54.8**
Docetaxel	19.0

- 3 patients received prior poziotinib, 2 received afatinib, and 1 received mobocertinib

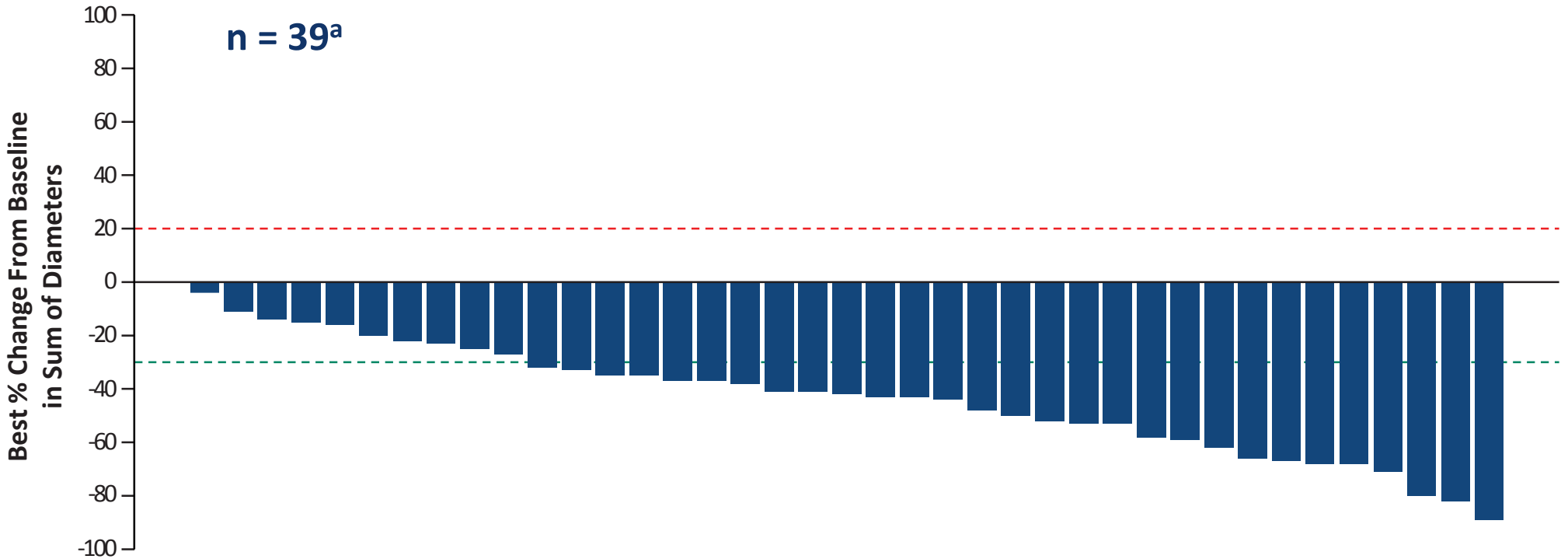
DESTINY-Lung01 HER2-Mutated NSCLC

Efficacy Results

	Patients (N = 42)
Confirmed ORR by ICR	**61.9% (n = 26)** (95% CI, 45.6%-76.4%)
CR	**2.4%** (n = 1)
PR	59.5% (n = 25)
SD	28.6% (n = 12)
PD	4.8% (n = 2)
Not evaluable	4.8% (n = 2)
Disease control rate	90.5% (95% CI, 77.4%-97.3%)
Duration of response, median	**Not reached** (95% CI, 5.3 months-NE)
PFS, median	**14.0 mo** (95% CI, 6.4-14.0 months)

DESTINY-Lung01 HER2-Mutated NSCLC

Best Change in Tumor Size



Based on independent central review. Baseline is last measurement taken before enrollment. Shown is best (minimum) percent change from baseline in the sum of diameters for all target lesions.

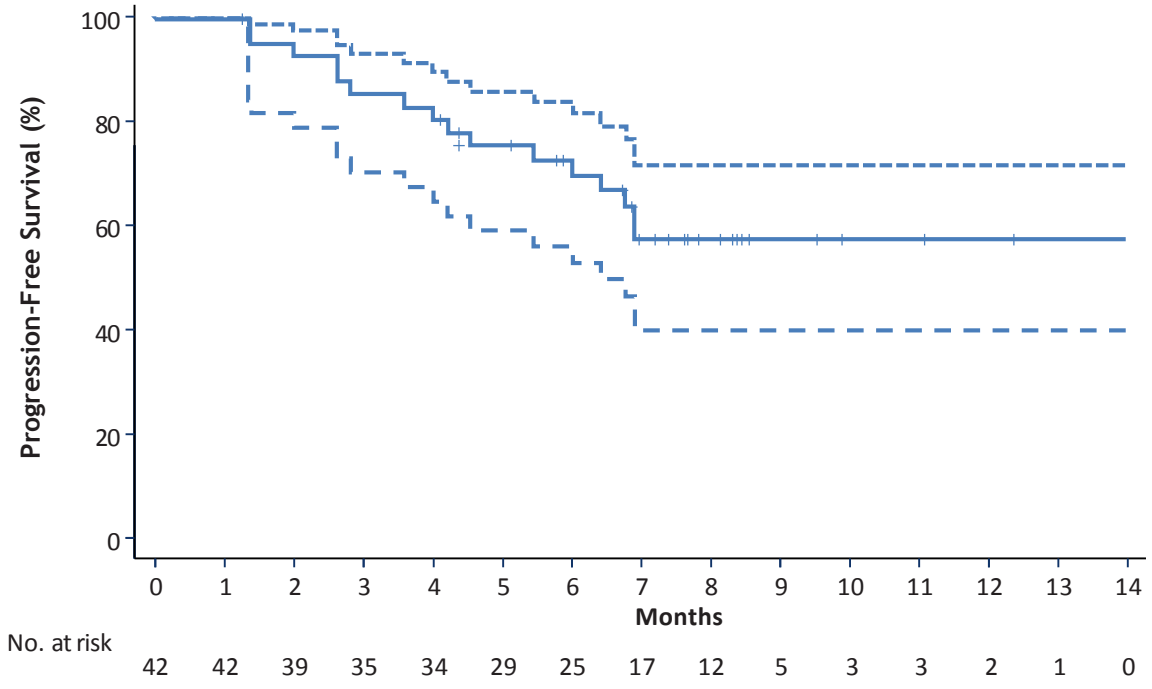
[a] One patient was missing a baseline assessment and 2 additional patients were missing post-baseline assessments.

DESTINY-Lung01 HER2-Mutated NSCLC

Progression-Free and Overall Survival

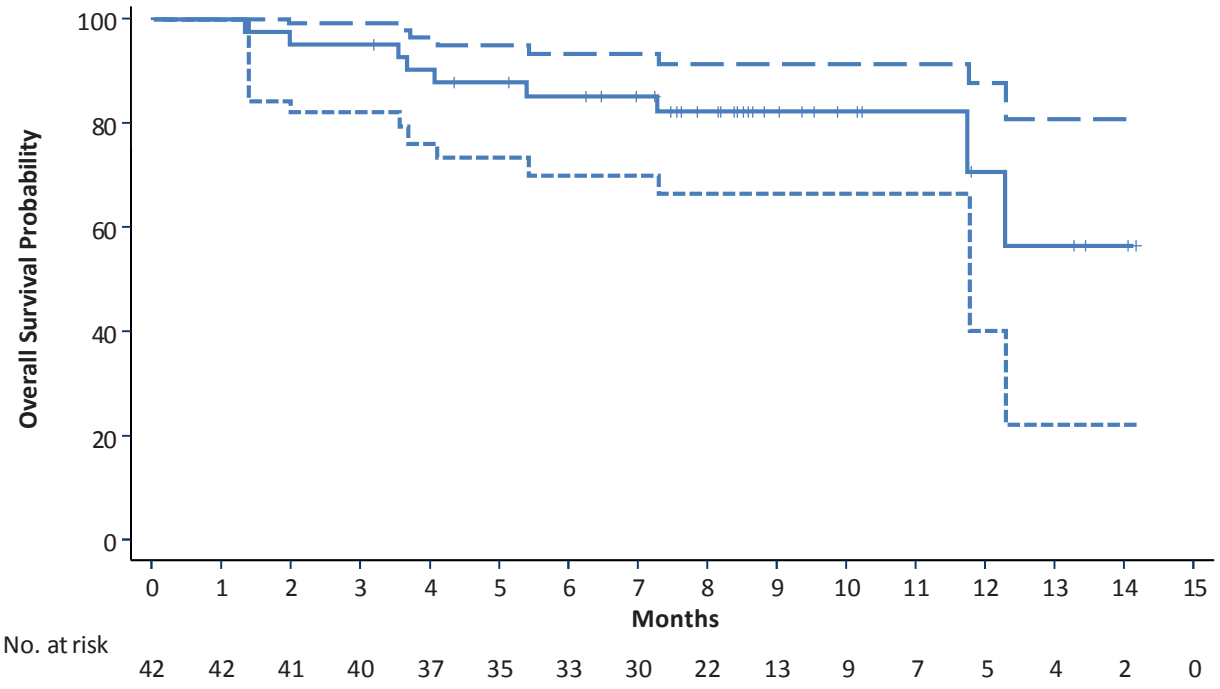
Progression-Free Survival (N = 42)[a]

Median: 14.0 months (95% CI, 6.4-14.0)



Overall Survival (N = 42)

Median: Not reached (95% CI, 11.8-NE)



[a] Patients were censored if they discontinued treatment; the median is estimated by Kaplan-Meier analysis.
Median follow-up, 8.0 months (range, 1.4-14.2 months). Dashed lines indicate upper and lower 95% CI.

DESTINY-Lung01 HER2-Mutated NSCLC

Overall Safety Summary

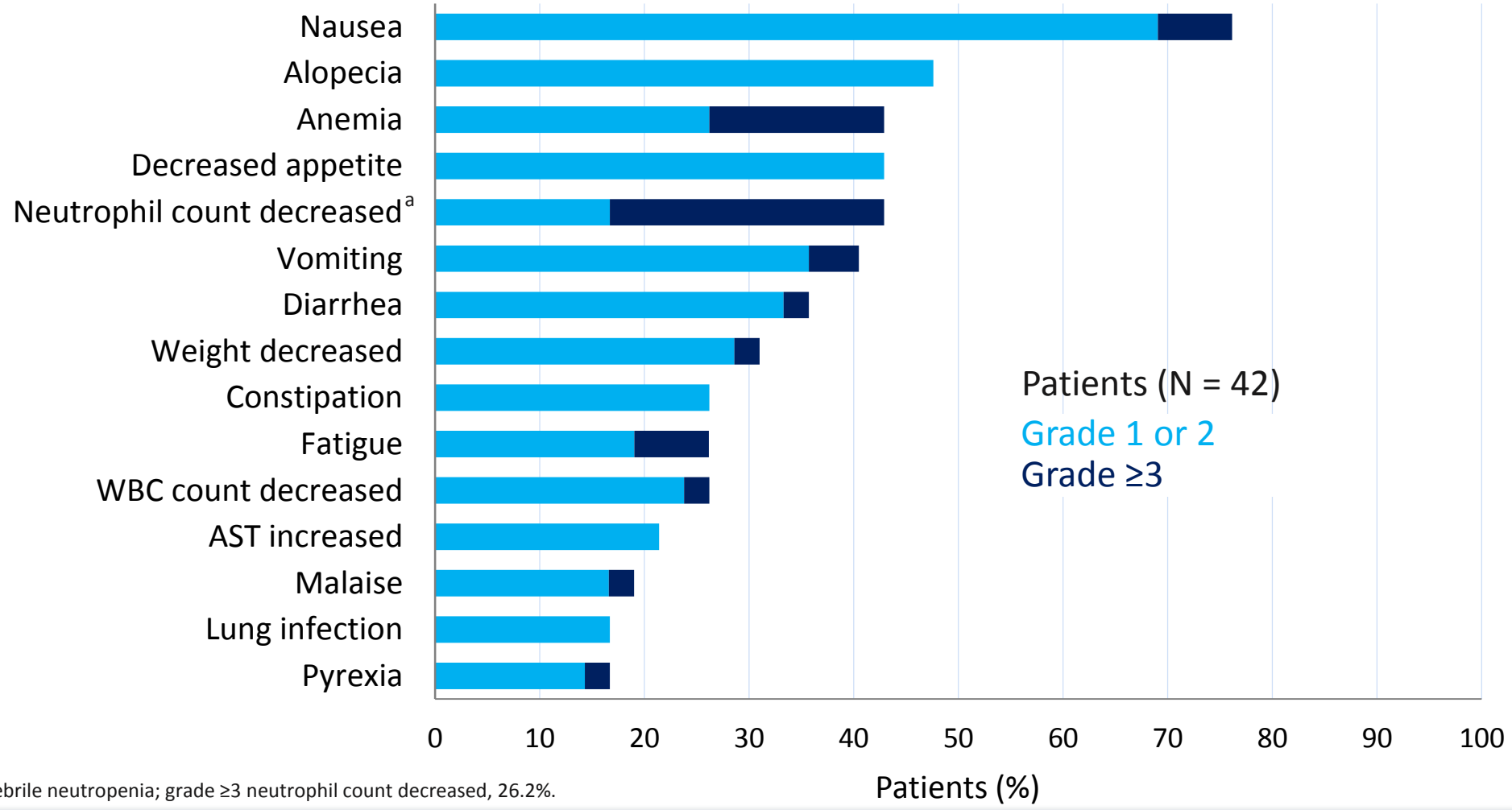
Type of Adverse Event, n (%)[a]	Patients (N = 42)
Any TEAE	42 (100)
Drug-related	42 (100)
TEAE grade ≥ 3	27 (64.3)
Drug-related	22 (52.4)
Serious TEAE	14 (33.3)
Drug-related	7 (16.7)
Dose adjustments	
TEAE associated with discontinuation[b]	10 (23.8)
Drug-related	8 (19.0)
TEAE associated with dose reduction	16 (38.1)
Drug-related	16 (38.1)
TEAE associated with dose interruption	25 (59.5)
Drug-related	20 (47.6)

- Median treatment duration was 7.76 months (range, 0.7-14.3 months)
- The most common TEAEs associated with dose reduction were fatigue (11.9%) and nausea (9.5%)[c]
- The most common TEAEs associated with dose interruption were decreased neutrophil count (19.0%) and lung infection (7.1%)[c]
- There were 5 patients with TEAEs associated with death[d]; none were related to treatment

[a] Relationship to study drug was determined by the treating investigator. [b] Each of the following TEAEs was associated with treatment discontinuation: pneumonitis (n=4), delirium, ILD, diarrhea, disease progression, ejection fraction decreased, weight decreased (n=1 each). [c] TEAEs occurring in > 2 patients are listed. [d] Each of the following TEAEs was associated with a fatal outcome: seizure, delirium, disease progression (n=2), and pneumonia (fungal).

DESTINY-Lung01 HER2-Mutated NSCLC

Treatment-Emergent Adverse Events in >15% of Patients



[a] 2 patients had febrile neutropenia; grade ≥3 neutrophil count decreased, 26.2%.

DESTINY-Lung01 HER2-Mutated NSCLC

AEs of Special Interest: Interstitial Lung Disease (ILD)

	All Patients (N = 42)					
n (%)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Any Grade/ Total
Interstitial lung disease	0[a]	5 (11.9)	0	0	0	5 (11.9)

- Median time to onset of investigator-reported ILD was at 86 days (range, 41-255 days)
- 4 patients had drug withdrawn and 1 had drug interrupted
- All patients received steroid treatment
- 2 patients recovered, 1 recovered with sequelae, 1 was recovering, and 1 had not recovered by data-cutoff
- No grade 5 ILD was observed in this cohort

Drug-related; ILD was determined by an Independent ILD Adjudication Committee based on 44 preferred terms.
[a] 1 additional case of potential grade 1 ILD is pending adjudication.

A Phase 2, Multicenter, Open-Label Study of Trastuzumab Deruxtecan (T-DXd; DS-8201) in Patients With HER2-Expressing Metastatic Colorectal Cancer: DESTINY-CRC01

Salvatore Siena, Maria Di Bartolomeo, Kanwal Raghav, Toshiki Masuishi, Fotios Loupakis, Hisato Kawakami, Kensei Yamaguchi, Tomohiro Nishina, Marwan Fakih, Elena Elez, Javier Rodriguez, Fortunato Ciardiello, Kapil Saxena, Eriko Yamamoto, Emarjola Bako, Yasuyuki Okuda, Javad Shahidi, Axel Grothey, Takayuki Yoshino

On behalf of the DESTINY-CRC01 investigators

DESTINY-CRC01 Study Design

An open-label, multicenter, phase 2 study (NCT03384940)

Patients

- Unresectable and/or metastatic CRC
- HER2 expressing (central confirmation)
- RAS/BRAF wild type
- ≥2 prior regimens
- Prior anti-HER2 treatment was allowed
- Excluded patients with a history of or current/suspected interstitial lung disease

T-DXd 6.4 mg/kg q3w

Cohort A (n = 53)
HER2 Positive (IHC 3+ or IHC 2+/ISH+)

A futility monitoring was done after ≥20 patients in Cohort A had 12 weeks of follow-up to inform opening of Cohorts B and C

Cohort B (n = 7)
HER2 IHC 2+/ISH−

Cohort C (n = 18)
HER2 IHC 1+

Primary endpoint

- Confirmed ORR by independent central review (ICR) in Cohort A

Data cutoff: August 9, 2019

- 38.5% (30/78) remained on treatment
- 61.5% discontinued, primarily for progressive disease (41.0%) and clinical progression (9.0%)

DESTINY-CRC01

Patient Baseline Characteristics

	HER2+ Cohort A (n = 53)	All Patients (N = 78)
Age, median (range), years	57.0 (27-79)	58.5 (27-79)
Female, %	52.8	47.4
Region, % Europe / Asia / North America	52.8 / 28.3 / 18.9	52.6 / 32.1 / 15.4
ECOG performance status 0 / 1 / 2, %	69.8 / 30.2 / 0	62.8 / 35.9 / 1.3
Sum of target lesions, median, cm	8.4	8.8
Primary tumor site, left / right, %[a]	88.7 / 11.3	89.7 / 10.3
Microsatellite stable / unknown, %[b]	81.1 / 18.9	79.5 / 20.5
RAS wild type, %[b,c]	**98.1**	98.7
BRAF wild type, %[b]	100	98.7
HER2 status, %[d] IHC 3+ / IHC 2+; ISH+ IHC 2+ / IHC 1+	 75.5 / 24.5 0 / 0	 51.3 / 16.7 25.6 / 23.1

[a] Left: rectum, sigmoidal, descending; Right: cecum, ascending, transverse. [b] By local assessment. [c] 1 patient had an NRAS mutation. [d] By central assessment. Sums may not total 100% due to rounding.

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DESTINY-CRC01

Prior Treatments

Median prior lines of cancer treatment: 4 (range, 2-11)[a]

Prior Treatment, %	HER2+ Cohort A (n = 53)	All Patients (N = 78)
Irinotecan	**100**	100
Fluorouracil / capecitabine	**100** / 54.7	98.7 / 53.8
Oxaliplatin	**100**	100
Cetuximab or panitumumab	**100**	98.7
Bevacizumab	**75.5**	79.5
Prior anti-HER2 agents	**30.2**	20.5

- Prior anti-HER2 agents in Cohort A included pertuzumab (24.5%), trastuzumab (22.6%), T-DM1 (5.7%), lapatinib (5.7%), and tucatinib (1.9%)

[a] Includes all prior treatments in the adjuvant and metastatic settings.

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DESTINY-CRC01

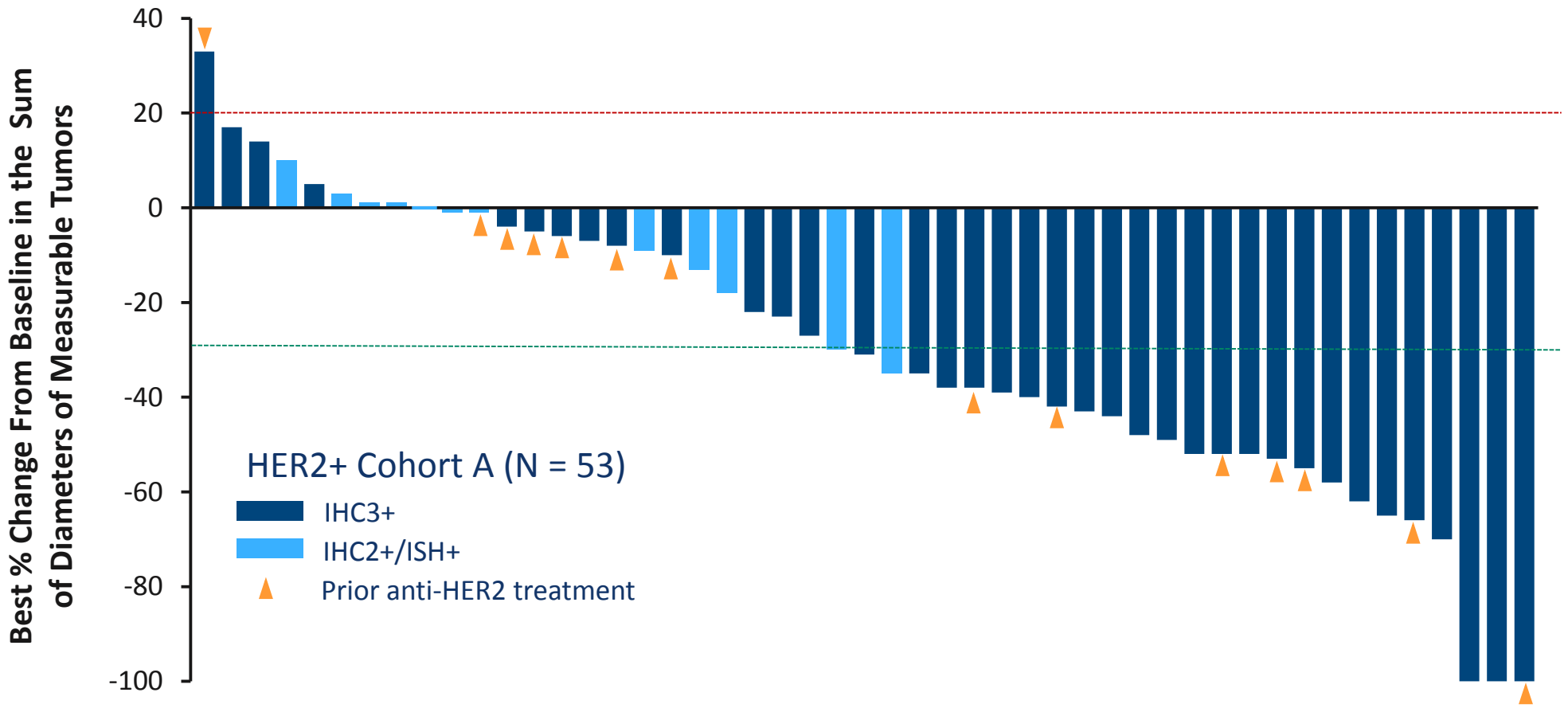
Efficacy

	HER2+ Cohort A (N = 53)
Confirmed ORR by ICR	**45.3% (n = 24)** (95% CI, 31.6%-59.6%)
CR	**1.9%** (n = 1)
PR	43.4% (n = 23)
SD	37.7% (n = 20)
PD	9.4% (n = 5)
Not evaluable	7.5% (n = 4)[a]
Disease control rate	83.0% (95% CI, 70.2%-91.9%)
Duration of response, median	**Not reached** (95% CI, 4.2 months-NE)

[a] Patients were missing postbaseline scans.
Median study duration, 5.0 months (range, 0.6-10.5 months). There were no confirmed responses by ICR in Cohort B or C.

DESTINY-CRC01

Best Change in Tumor Size



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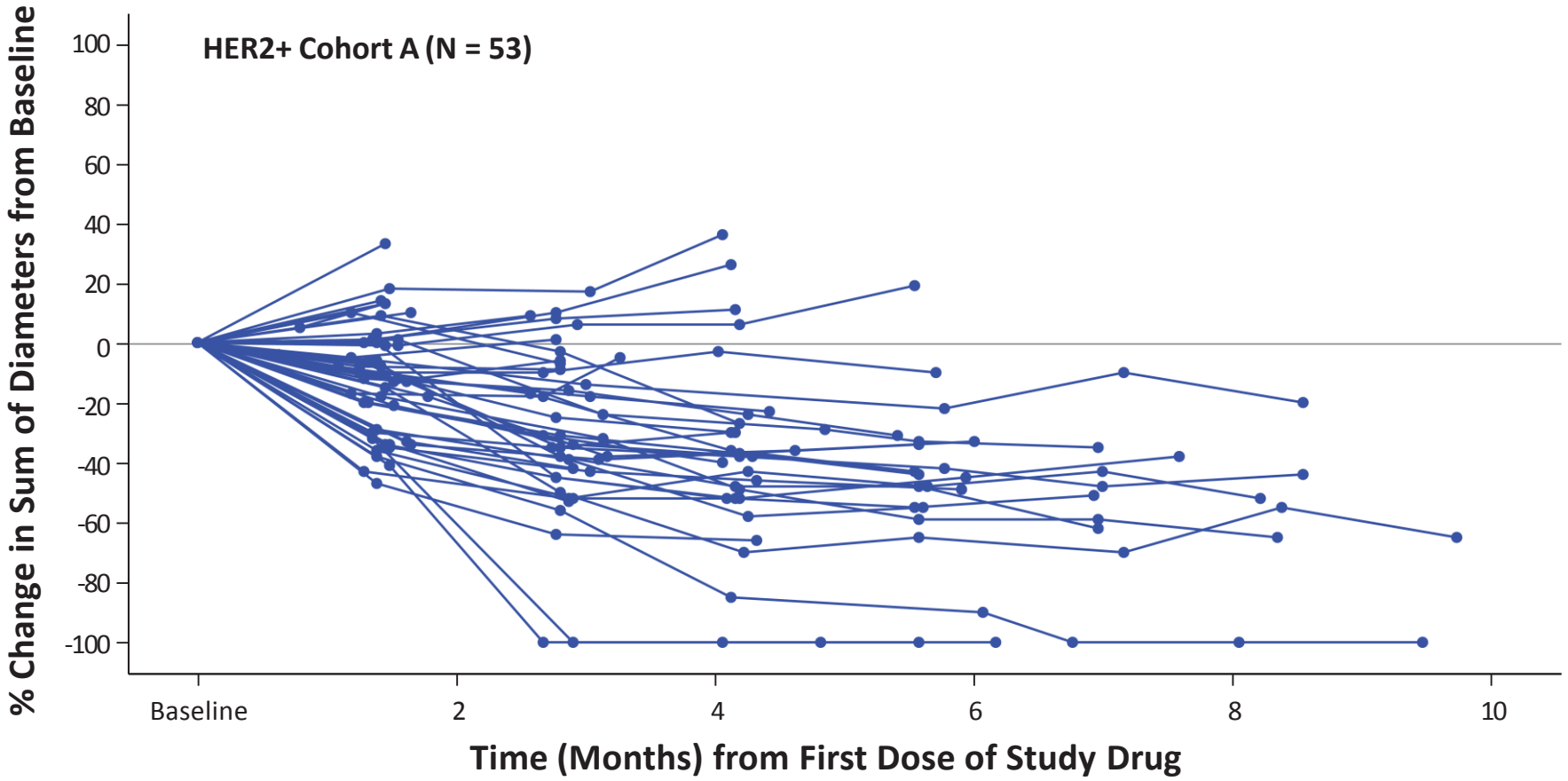
DESTINY-CRC01

Tumor Shrinkage Over Time



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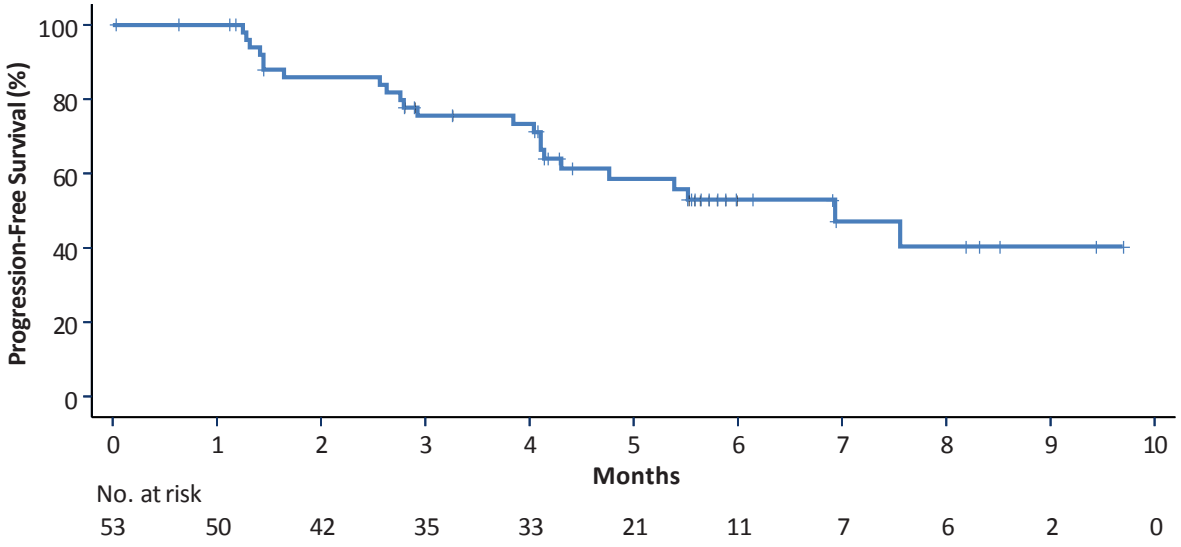
DESTINY-CRC01

Progression-Free and Overall Survival

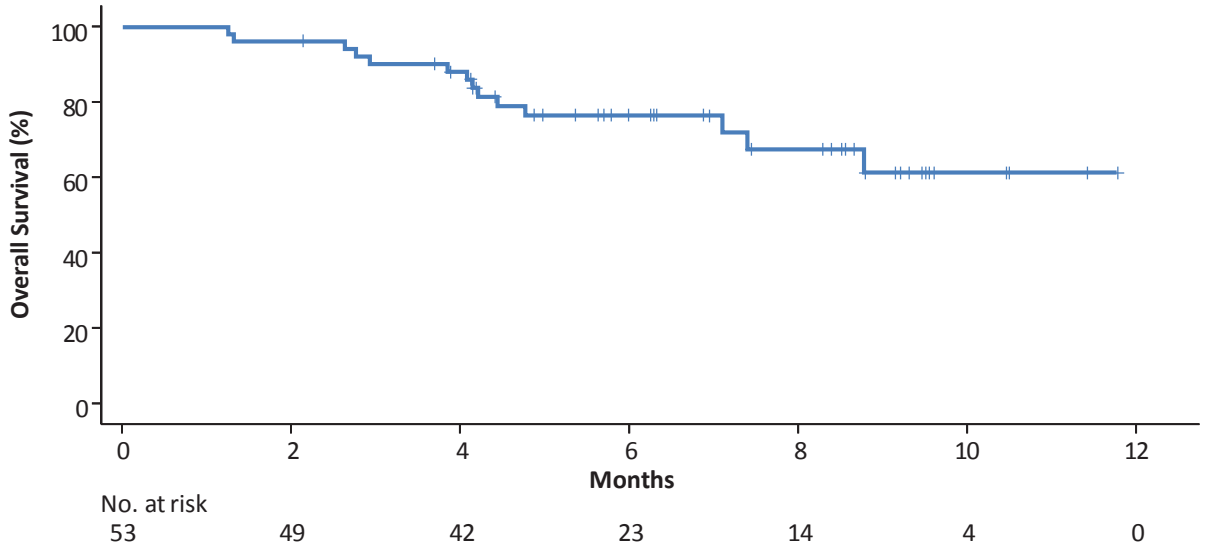
Progression-Free Survival (N = 53)

Median: 6.9 months
(95% CI, 4.1-NE)



Overall Survival (N = 53)

Median: Not reached
(overall 95% CI, 0.74-NE)



Median follow-up for OS was 5.4 month (range, 1.2-11.8 months).

DESTINY-CRC01

Overall Safety Summary

Type of Adverse Event, n (%)[a]	HER2+ Cohort A (n = 53)	All Patients (N = 78)
Any TEAE	53 (100)	78 (100)
Drug-related	51 (96.2)	73 (93.6)
TEAE grade ≥3	32 (60.4)	48 (61.5)
Drug-related	27 (50.9)	38 (48.7)
Serious TEAE	18 (34.0)	26 (33.3)
Drug-related	12 (22.6)	14 (17.9)
Dose adjustments		
TEAE associated with discontinuation	5 (9.4)	7 (9.0)
Drug-related	2 (3.8)	2 (2.6)
TEAE associated with dose reduction	11 (20.8)	15 (19.2)
Drug-related	10 (18.9)	14 (17.9)
TEAE associated with dose interruption	20 (37.7)	27 (34.6)
Drug-related	15 (28.3)	19 (24.4)
Death		
TEAE associated with death[b]	5 (9.4)	7 (9.0)
Drug-related	2 (3.8)	2 (2.6)

- Median treatment duration
  - HER2+ patients, 4.8 months (range, 1-11)
  - All patients, 3.5 months (range, 1-11)
- Causes of death related to study drug according to investigator assessment (n = 2) included pneumonitis (n = 1) and ILD (n = 1), both in HER2+ Cohort A

TEAE, treatment-emergent adverse event. [a] Relationship to study drug was determined by the treating investigator. [b] Each of the following TEAEs was associated with a fatal outcome: sepsis, meningism, disease progression (n = 2), general physical health deterioration (all unrelated to T-DXd), interstitial lung disease, and pneumonitis (both related to T-DXd).

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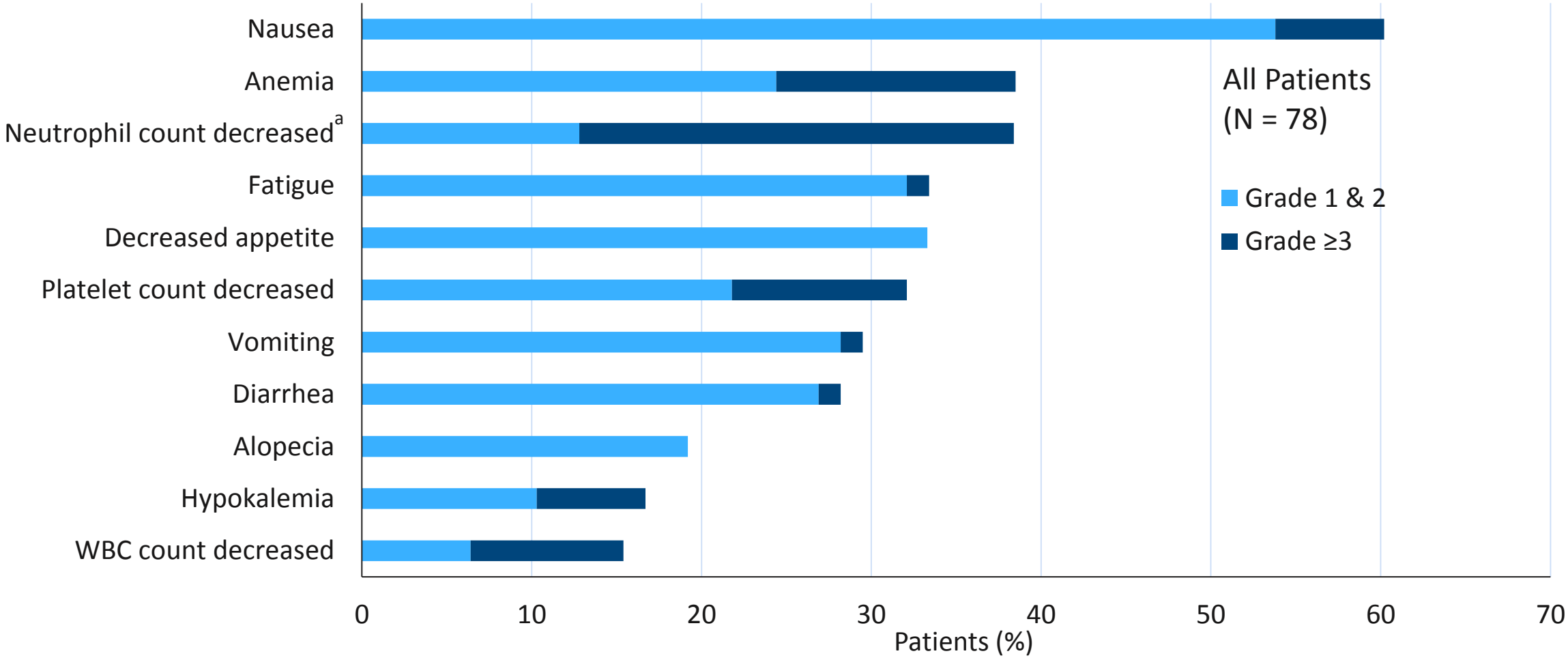
DESTINY-CRC01

Treatment-Emergent Adverse Events in >15% of Patients



[a] Grade ≥3 neutrophil count decreased, 25.6%; no patients had febrile neutropenia.

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DESTINY-CRC01

AEs of Special Interest: Interstitial Lung Disease

	All Patients (N = 78)					
Preferred Term, n (%)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Any Grade/ Total
Interstitial Lung Disease	0	2 (2.6)	1 (1.3)	0	2 (2.6)	5 (6.4)

Among the 5 total events:

- Median time to investigator-reported onset was 80 days (range, 22-132)
- 5 of 5 patients with grade ≥ 2 ILD received corticosteroids
- 2 patients recovered, 1 did not recover (later died due to disease progression), and 2 died
- In the 2 fatal cases, onset was from 40-126 days, both received steroids as part of treatment, and death occurred 6-18 days after diagnosis

Drug related; ILD was determined by an Independent ILD Adjudication Committee based on 44 preferred terms.
One additional grade 5 ILD case in Cohort B was reported after the data cutoff. This case was adjudicated after data cutoff as drug-related ILD.

Today's Agenda

1. Introduction
2. DS-8201: The Value
3. DS-8201: The Data
4. **DS-8201: The Plan**
5. DS-1062: The Data & The Plan
6. Alpha
7. R&D Transformation
8. SARS-CoV-2 Pandemic Impact
9. News Flow and Future Events

DS-8201 | The Plan

Results from Collaboration with AstraZeneca

DS-8201: significant increase in the number of trials

Before collaboration:
17 studies

→

After collaboration:
43 studies

Breast **Lung** **Gastric** **Colorectal**

Tumor Agnostic, I/O Combinations, Others

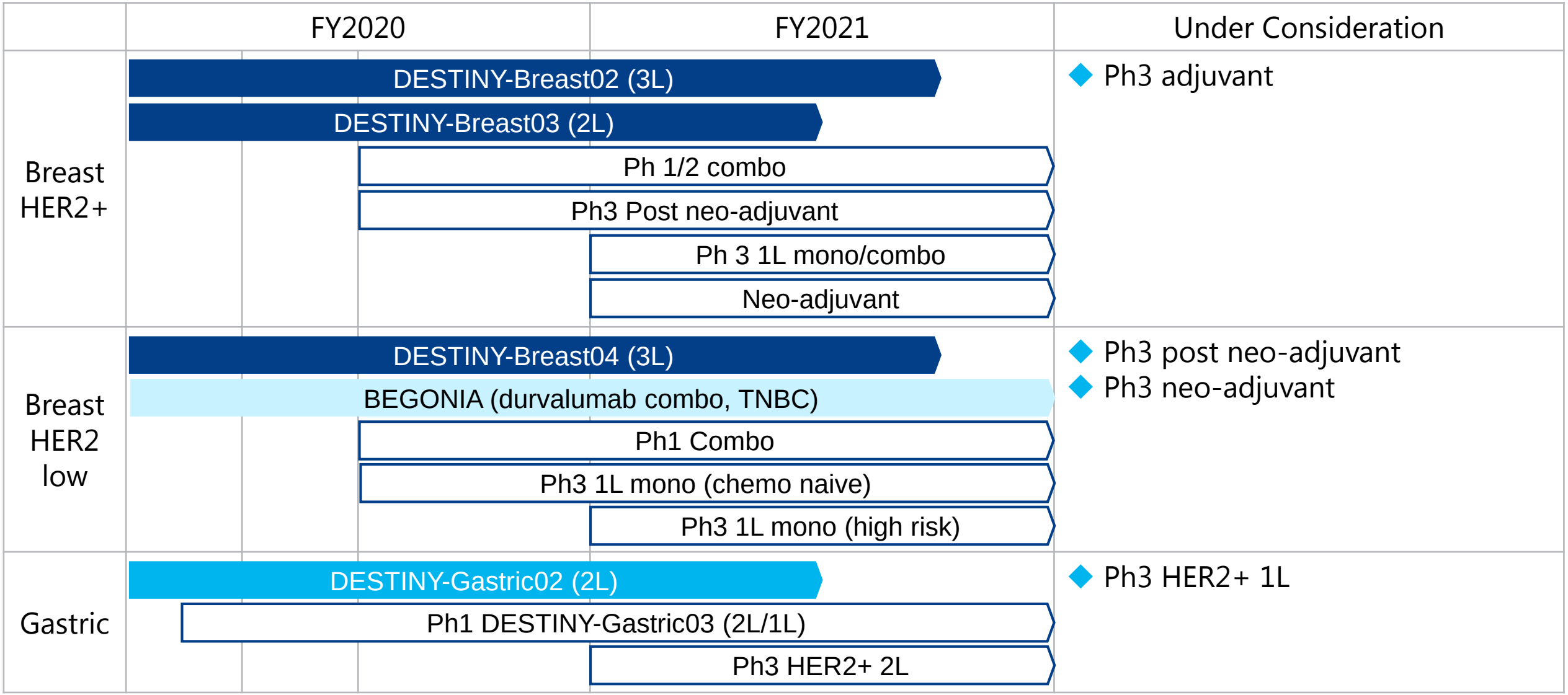
Expansion of I/O combo studies

(**adding** DS-8201 cohort to IMFINZI® (**durvalumab**) combo studies conducted by AstraZeneca)

DS-8201 Clinical Development Plan

As of June 2020

Daiichi-Sankyo cancerenterprise

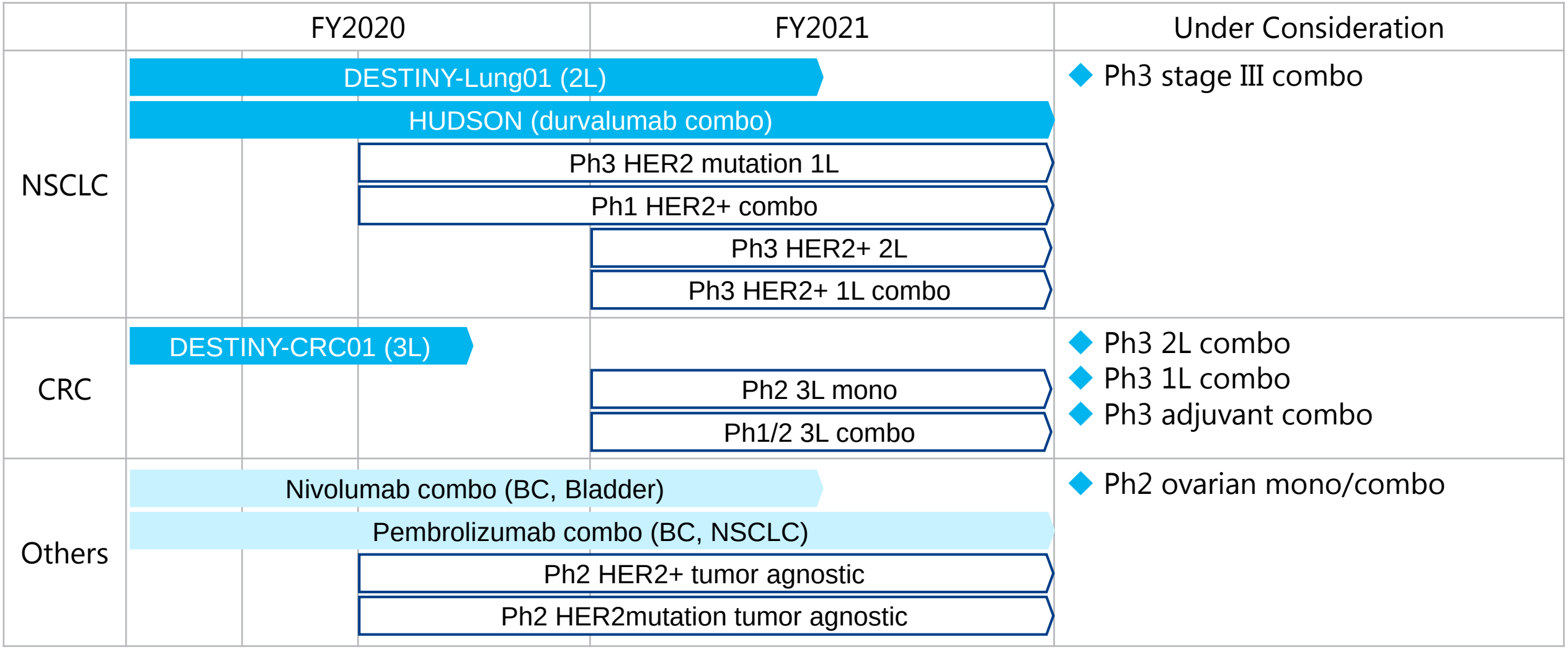


Ph 3 ongoing | Ph 2 ongoing | Ph 1 ongoing | New

Study initiation points for 1H FY2020 are shown on quarterly basis.
Study initiation points for 2H FY2020 are all shown as beginning of 2H
Study initiation points for FY2021 are all shown as beginning of FY2021.

DS-8201 Clinical Development Plan

As of June 2020



Ph 3 ongoing | Ph 2 ongoing | Ph 1 ongoing | New

Study initiation points for 2H FY2020 are all shown as beginning of 2H
Study initiation points for FY2021 are all shown as beginning of FY2021.

DS-8201 | Key Data Delivery (subject to SARS-CoV2 impact)

DESTINY-Breast02 | HER2 MBC vs standard of care	• Event-driven final analysis projected 2HFY2021
DESTINY-Breast03 | HER2 MBC vs T-DM1	• Event-driven interim analysis projected 1HFY2021
DESTINY-Breast04 | HER2 low MBC vs standard of care	• Event-driven final analysis projected 2HFY2021
I/O Combination currently 72 subjects in phase 1 combo studies with at least 2 separate market leading immune checkpoint inhibitors (64 subjects in expansion cohort)	• Data to be presented at future scientific meeting

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Care. Compassion. Science.
It's Our Obligation.

Dose escalation and expansion from the phase 1 study of DS-1062, a trophoblast cell-surface antigen 2 (TROP2) ADC in patients with advanced NSCLC

Aaron E. Lisberg, Jacob M. Sands, Toshio Shimizu, Jonathan Greenberg, Penny Phillips, Ferdinand Guevara, Takahiro Jikoh, Tadashi Toki, Fumiaki Kobayashi, Alexander Spira, Noboru Yamamoto, Melissa Johnson, Funda Meric-Bernstam, Kiyotaka Yoh, Edward B. Garon, Rebecca S. Heist

On behalf of study investigators

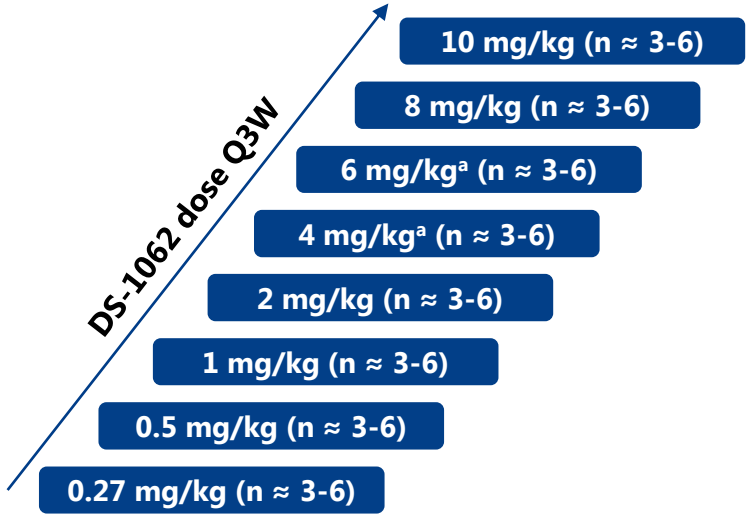
DS-1062 | Phase 1 Study Design

Objective: To evaluate the maximum tolerated dose (MTD), safety, PK and activity of DS-1062 in patients with **unselected** advanced/metastatic NSCLC (NCT03401385/J101)

Phase 1

- **Patients aged 18 (US) or 20 (Japan) years with metastatic/unresectable advanced NSCLC and**
  - Disease relapsed from/refractory to standard treatment (or for which no standard treatment is available)
  - ECOG PS 0-1
  - Measurable disease per RECIST v1.1
- **No selection for TROP2**
  - Pretreatment tumor tissue required for retrospective analysis of TROP2 expression

Dose escalation



Dose expansion

- **Enrollment nearly complete of 50 subjects at 4 mg/kg, 50 subjects at 6 mg/kg, and 80 subjects at 8 mg/kg for robust dose justification**
- Up to 40 patients each in 2 additional indications

[a]The 4.0 mg/kg and 6.0 mg/kg dose levels are being further evaluated for safety and efficacy.
ECOG, Eastern Cooperative Oncology Group; MTD, maximum tolerated dose; NSCLC, non–small cell lung cancer; PS, performance status; RDE, recommended dose for expansion; RECIST, Response Evaluation Criteria in Solid Tumors; TROP2, trophoblast cell-surface antigen 2; Q3W; once every 3 weeks; US, United States.

DS-1062 | Demographics and Baseline Characteristics[a]

Characteristic	Total[b] N = 138	4 mg/kg (n = 12)	6 mg/kg (n = 20)	8 mg/kg (n = 76)
Sex, n (%)				
Female	66 (48)	8 (67)	8 (40)	37 (49)
Male	72 (52)	4 (33)	12 (60)	39 (51)
Median age (range), y	63 (28-84)	64 (38-76)	60 (47-75)	64 (31-84)
Country, n (%)				
United States	110 (80)	11 (92)	16 (80)	62 (82)
Japan	28 (20)	1 (8)	4 (20)	14 (18)
ECOG PS, n (%)				
0	25 (18)	4 (33)	3 (15)	14 (18)
1	113 (82)	8 (67)	17 (85)	62 (82)
Prior Line of therapy,[c] n (%)				
1-2	51 (37)	6 (50)	8 (40)	29 (38)
≥3	**87 (63)**	6 (50)	12 (60)	47 (62)
Previous systemic treatment, n (%)	137 (99)	12 (100)	20 (100)	75 (99)
Immune checkpoint inhibitors	**121 (88)**	12 (100)	16 (80)	66 (87)
Platinum	**126 (91)**	11 (92)	18 (90)	67 (88)
TKIs	31 (22)	3 (25)	4 (20)	13 (77)
EGFR alterations, n (%)	22 (16)	0	2 (10)	13 (17)
ALK fusions, n (%)	3 (2)	1 (8)	0	0

[a]Patients may have received more than 1 previous systemic treatment; 1 patient did not have a record of prior systemic treatment as of data cutoff date. [b]Includes patients at all dose levels. [c]Patients may have received more than 1 previous systemic treatment. One patient did not have a record of prior systemic treatment.
ECOG, Eastern Cooperative Oncology Group; PS, performance status; TKI, tyrosine kinase inhibitor.

- Median treatment duration at data cut-off (Mar. 4, 2020): 2 cycles (1-21)
- 25% dose interruptions, 22% reductions
- 59% discontinued treatment
  (31% progressive disease)

DS-1062 | Safety Results

- MTD: 8 mg/kg
  (2 DLTs at 10 mg/kg: 1 mucosal inflammation [grade 3], 1 stomatitis [grade 3])
- TEAEs led to DS-1062 withdrawal in 7 patients (5%)
- SAE in 20 patients (15%)
- 8 ILD events (5.8%) adjudicated as treatment related
  (1 grade 1, 4 grade 2, 1 grade 3, 2 grade 5 i.e., 1.45%, onset at cycle 2 and 3)

	Patients treated with DS-1062 (N = 138)	
TEAE in ≥ 15% subjects	**All grades, n (%)**	**Grade ≥3, n (%)**
Any TEAE	129 (94)	62 (45)
TEAEs in ≥15% of patients, by preferred term		
Nausea	60 (44)	0
Fatigue	56 (41)	4 (3)
Stomatitis	47 (34)	4 (3)
Alopecia	46 (33)	0
Vomiting	37 (27)	0
Decreased appetite	31 (23)	0
Infusion-related reaction	29 (21)	0
Anemia	26 (19)	4 (3)
Constipation	26 (19)	1 (1)
Cough	26 (19)	1 (1)
Mucosal inflammation	25 (18)	4 (3)
Rash	25 (18)	0
Dyspnea	23 (17)	6 (4)
Diarrhea	20 (15)	0

TEAE, treatment-emergent adverse event.

DS-1062 | Efficacy Results

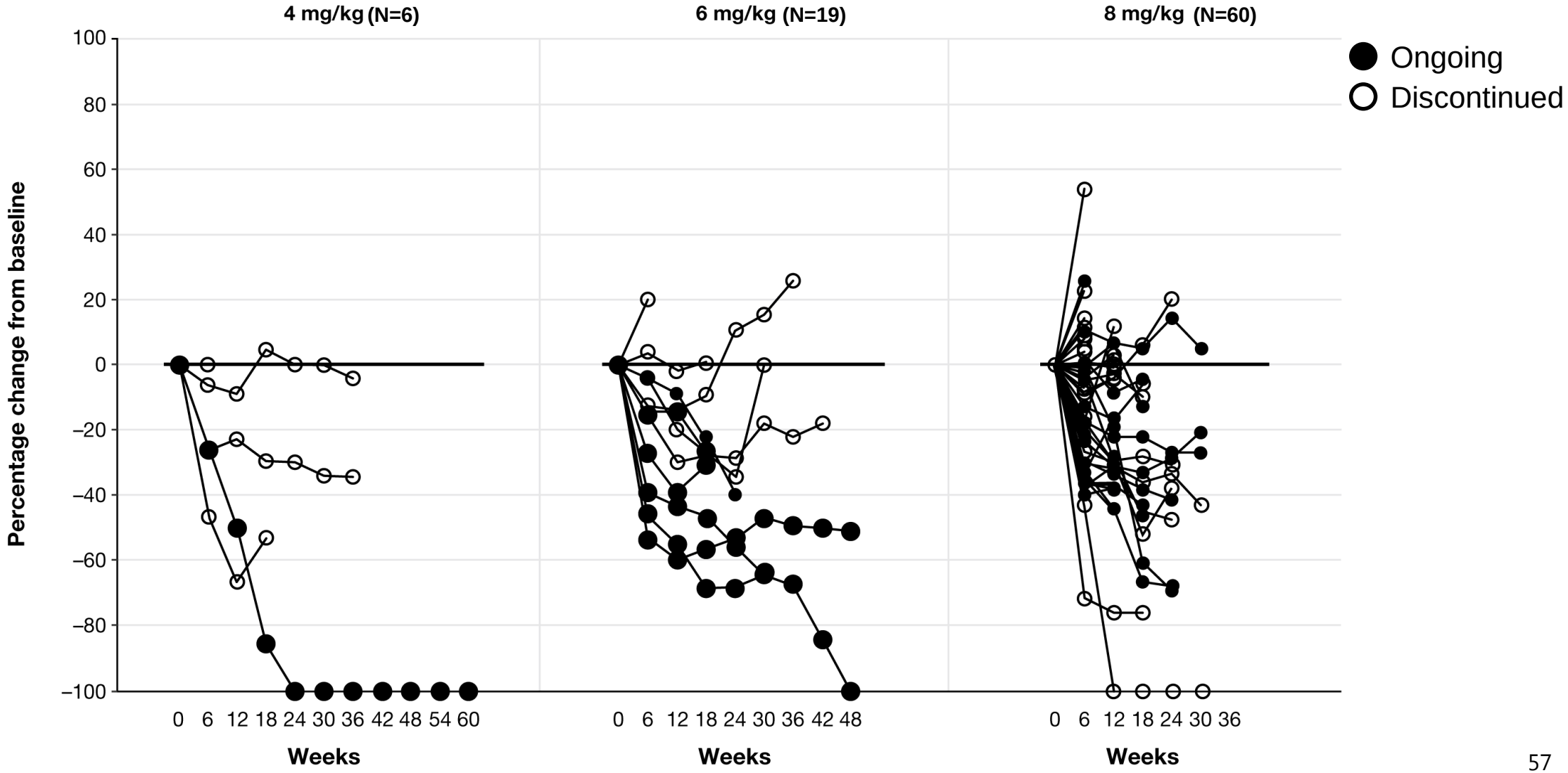
Best Overall Tumor Response by Blinded Independent Central Review (BICR)

DS-1062 dose, mg/kg	Evaluable patients[a]	Confirmed CR/PR	CR/PR (too early to be confirmed)	ORR % (n/N) (95% CI)
4	6	3	0	50% (3/6) (12-88)
6	19	4	1	26% (5/19) (9-51)
8	60	13	2	25% (15/60) (15-38)
Total	**85**	**20**	**3**	**27%** (23/85) **(18-38)**

[a]Includes patients with ≥1 posttreatment scan or who discontinued treatment.

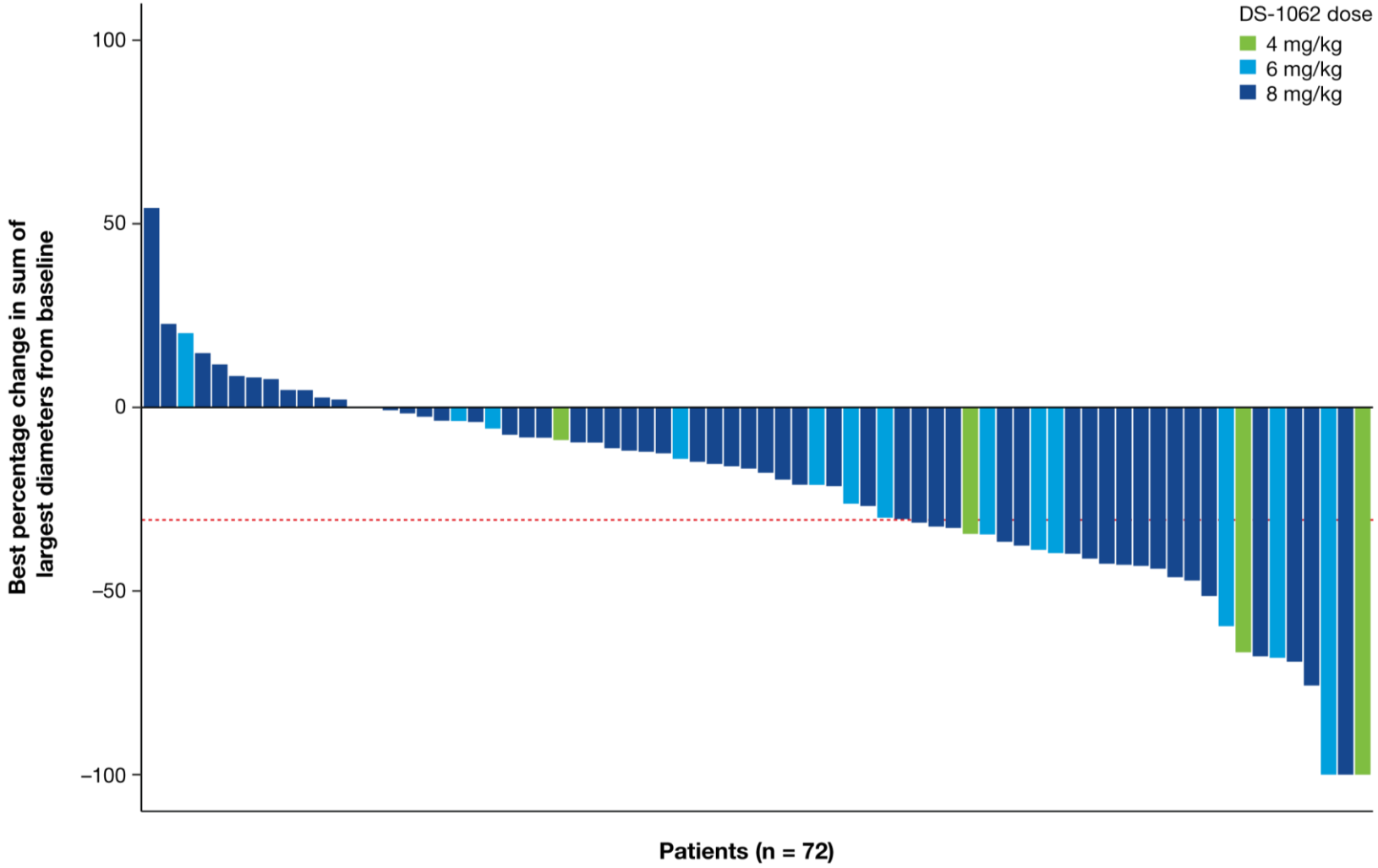
DS-1062 | Efficacy Results

Change in Tumor Burden by DS-1062 Dose by BICR



DS-1062 | Efficacy Results

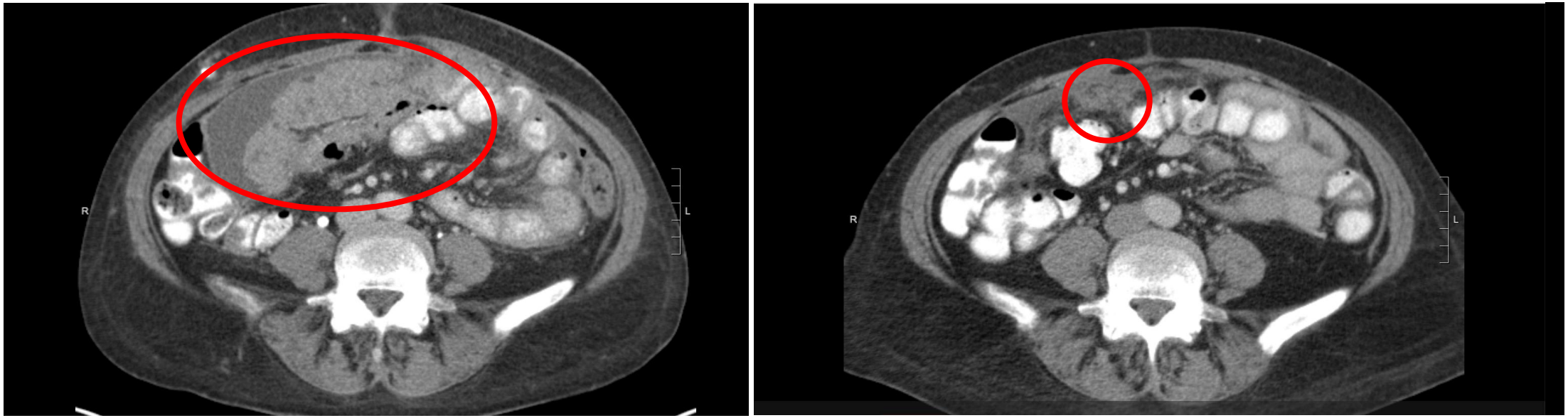
Best Percentage Change in Sum of Longest Dimension From Baseline in Target Lesions by BICR, n=72



DS-1062 | Efficacy Results

Target Lesions After DS-1062 Treatment

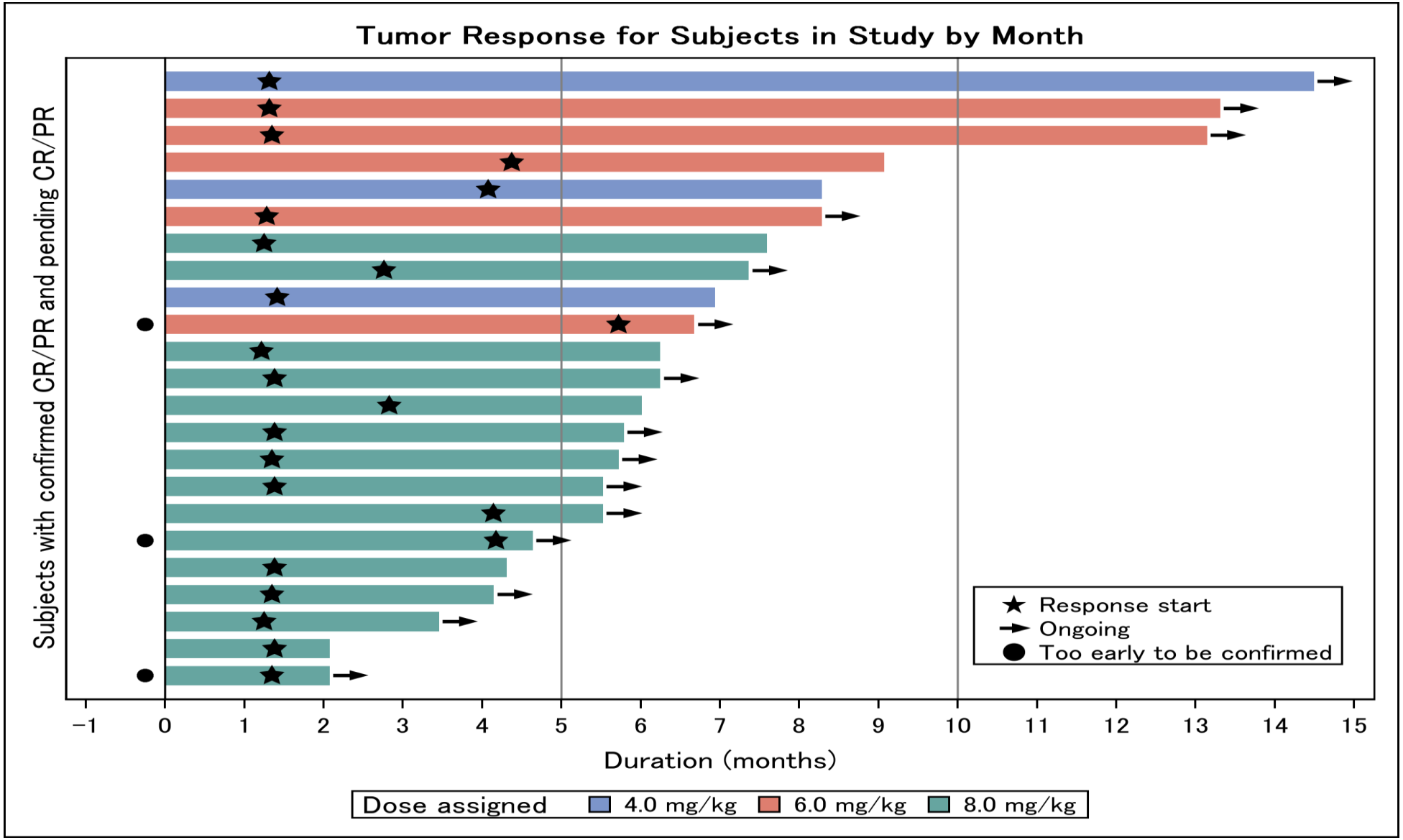
Baseline CT	1st scan at 6 weeks



65 yo female with lung adenocarcinoma and multiple abdominal metastases. Enrolled at 8 mg/kg, first 6-week scan demonstrating a 41% tumor reduction per RECIST 1.1, treatment 10 months.

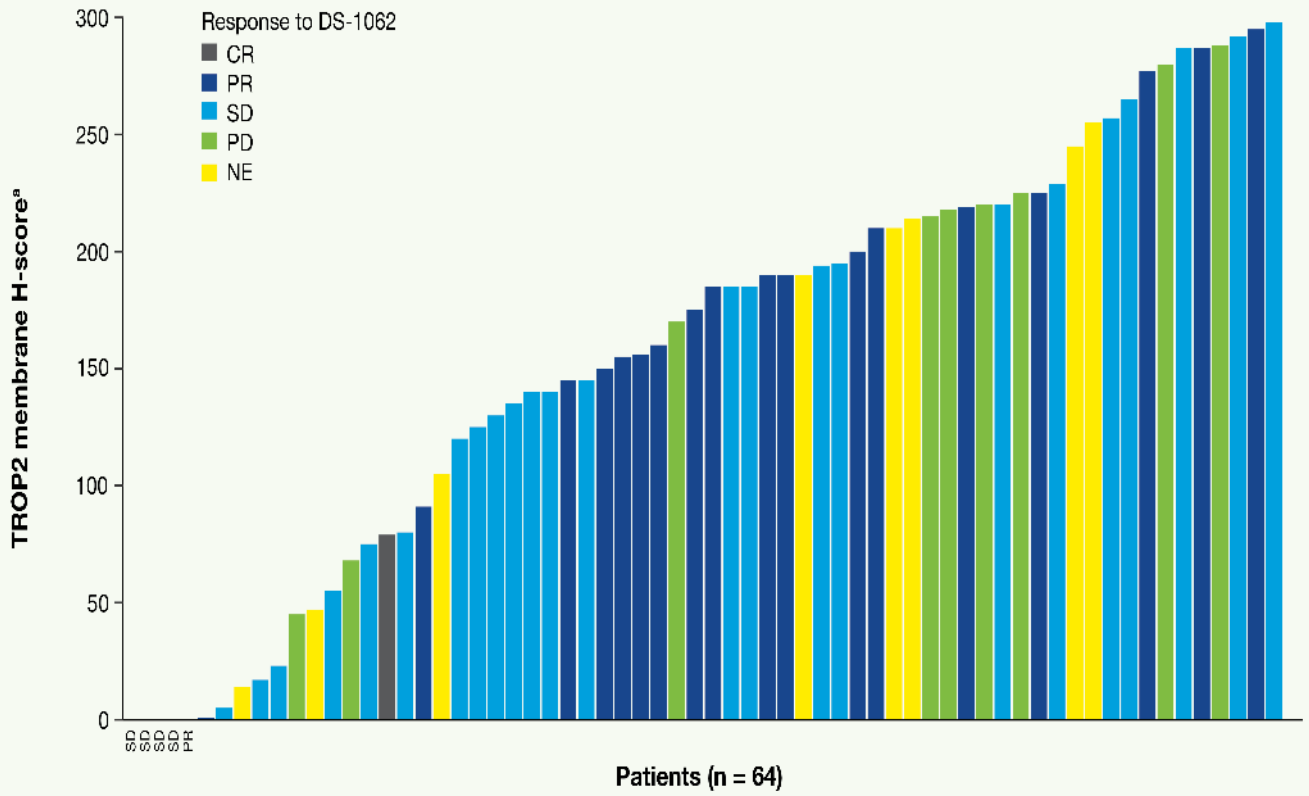
Swimmer Plot for 23 BICR Tumor Responses at 4, 6, and 8 mg/kg

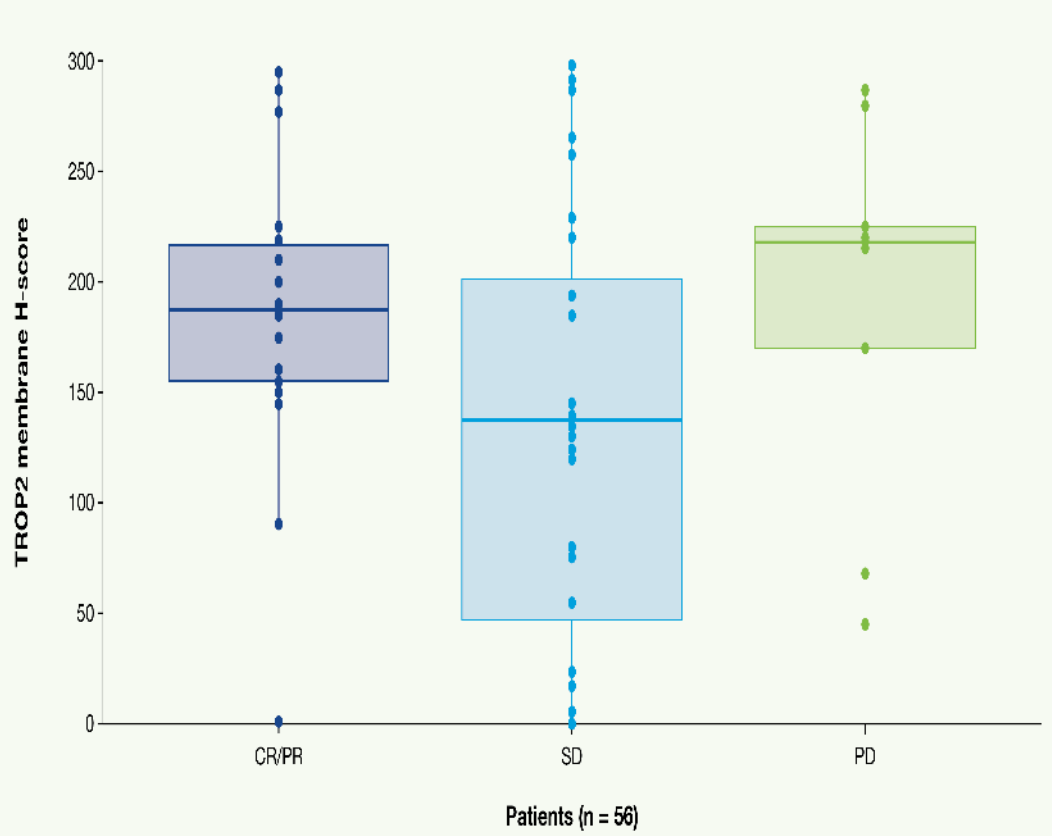
7/23 responses are 'delayed', first observed after first imaging



DS-1062 | Response by TROP2 Expression

Distribution of TROP2 H-Score (Left) and Boxplot of TROP2 H-Score (Right) by Response (BICR)





[a]Patients were included in the histogram only if tumor biopsy was evaluable.
CR, complete response; NE, nonevaluable; PD, progressive disease; PR, partial response; SD, stable disease.

DS-1062 | Clinical Development Plan for NSCLC

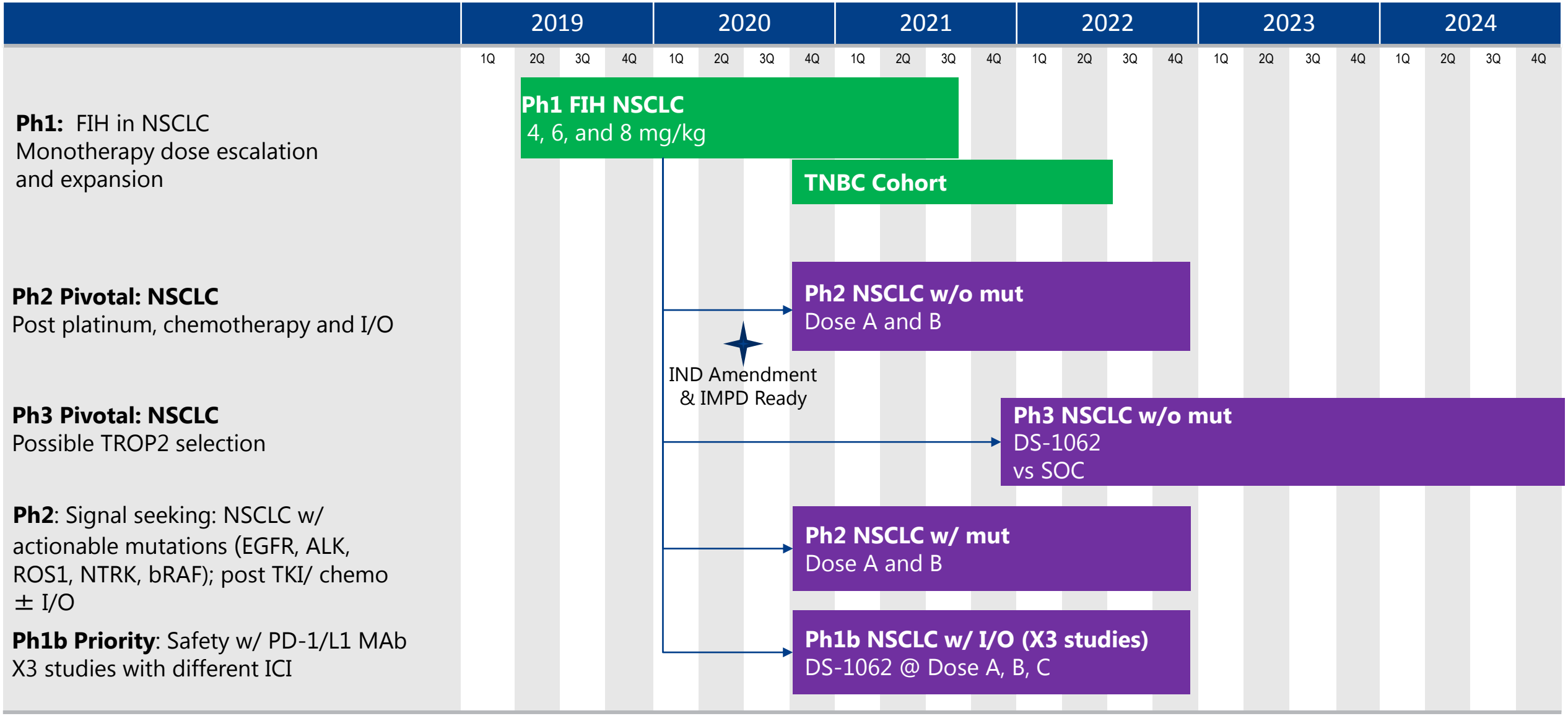
Ph1: FIH in NSCLC
Monotherapy dose escalation and expansion

Ph2 Pivotal: NSCLC
Post platinum, chemotherapy and I/O

Ph3 Pivotal: NSCLC
Possible TROP2 selection

Ph2: Signal seeking: NSCLC w/ actionable mutations (EGFR, ALK, ROS1, NTRK, bRAF); post TKI/ chemo ± I/O

Ph1b Priority: Safety w/ PD-1/L1 MAb X3 studies with different ICI



DS-1062 | What Does It Mean?

- **27+% ORR in unselected last-line, post platinum (91%) and post I/O (88%) NSCLC**
- Includes **complete responses** (CR's) by Independent Review
- **Durability** of response, continued tumor control and **late occurring responses** are unique features
- **Active dose range covers 4 to 8 mg/kg**, leaving plenty of room to define best justifiable dose
- Clear **fast to market path**, and focus on **NSCLC** (all comers, activating mutation post TKI, earlier lines in combination with I/O)
- Plan to initiate **study in TNBC** by year end

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1 Introduction

2 DS-8201: The Value

3 DS-8201: The Data

4 DS-8201: The Plan

5 DS-1062: The Data & The Plan

6 **Alpha**

7 R&D Transformation

8 SARS-CoV-2 Pandemic Impact

9 News Flow and Future Events

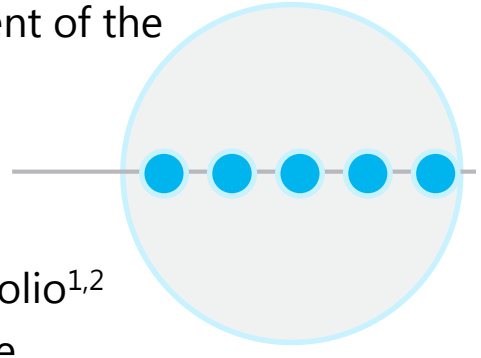
CE-Alpha Portfolio Strategy

Embrace *String of Pearls* strategy

- Maintain healthy development flow of high value drug candidates
- Identify and rapidly scale up/accelerate any higher value drug candidate (“à la DS-8201”)

Maximize the intrinsic quality/value of the pearls

- Secure and progress competitive advantage of our **multiple ADC platforms**
- Focus on high unmet need and thorough prioritization for First In Class/Best In Class that can change SOC
- Deliver fast POP (Proof of Principle), POM (Proof of Mechanism) with early involvement of the US and Japan (at FTIH stage)



Maximize value of the portfolio

- **Rigorous assessment** using the 5R’s grid for each asset, and 5R’s heat map for portfolio[1,2]
- **Rigorous prioritization,** allocating resources and risk as a function of expected value
- **Rigorous value generation** : deliver value of unique science & technology portfolio and supplement as needed through proactive screening of in-licensing drug candidates

[1]Morgan, P. et al. Nat Rev Drug Discov. 2018 Mar;17(3):167-181.
[2]Cook, D. et al. Nat Rev Drug Discov. 2014 Jun;13(6):419-31.

Cancer Enterprise | Alpha Strategy

- Deliver ***string of pearls*** NMEs
- **Hybrid model** of internal and external collaborative development
- Enhancing strong Ph 1 capabilities in the US; establish in EU
  - **4th and 5th DXd ADC in clinical testing (DS-7300 B7H3; DS-6157 GPR20 for GIST**)
  - ~ High single digit of First-Time-in-Human studies planned through FY 2021; ~one-half ADCs

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8. SARS-CoV-2 Pandemic Impact
9. News Flow and Future Events

Syneos Health Coalition | Realizing the Promise of the ADC Pipeline

Daiichi-Sankyo cancerenterprise

Entered into an **exceptional agreement with Syneos Health** to quickly scale up operational capabilities, driving our leading ADCs forward through regulatory approvals

Enables earlier engagement of Syneos Health with the Global Project Team on study design, and in-line with a quality delivery process for effective end-to-end clinical development

Expect deeper synergies at the clinical investigational site level

Allows us to simultaneously develop our oncology capabilities with a focus on site engagement

An Exceptional Partnership

Daiichi-Sankyo cancerenterprise

Daiichi-Sankyo

Syneos Health

Collaborate and leverage each other's strengths to deliver the 3 leading ADC assets in the portfolio faster

MISSION A coalition bringing together one team, that deploys the industry leading Oncology asset development model focusing on quality delivery and site engagement to accelerate access for patients and optimize value

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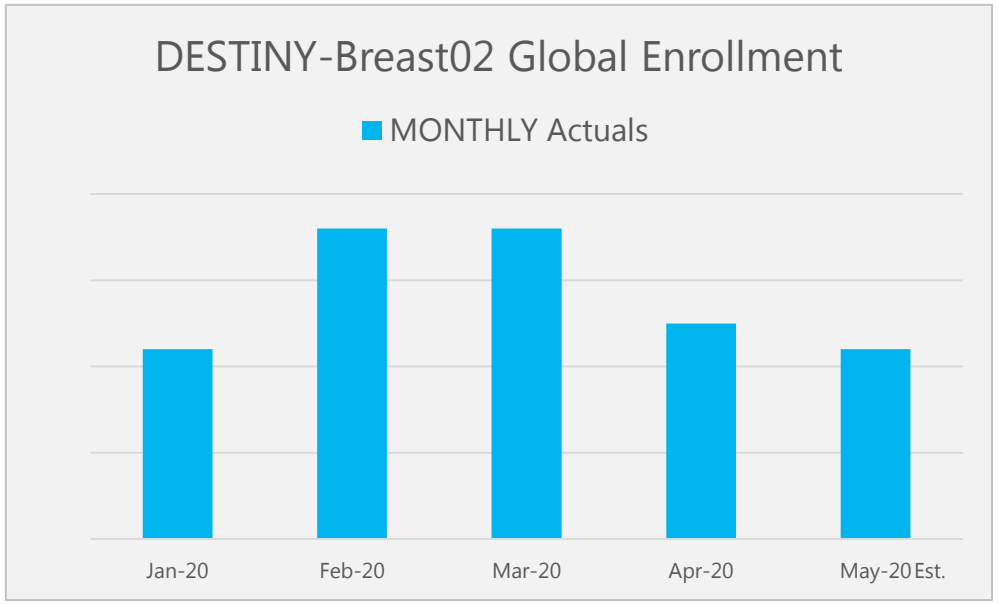
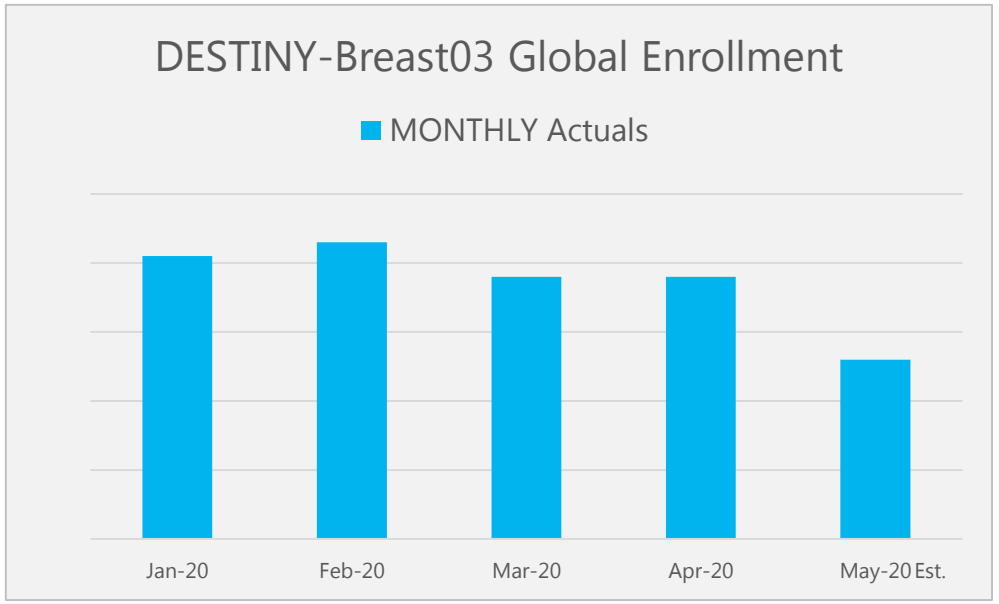
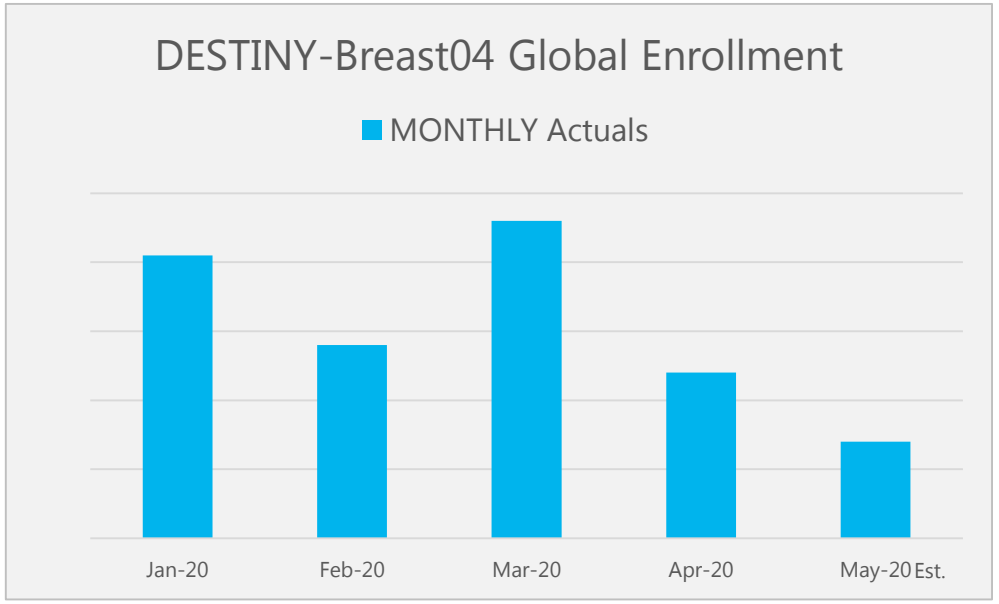
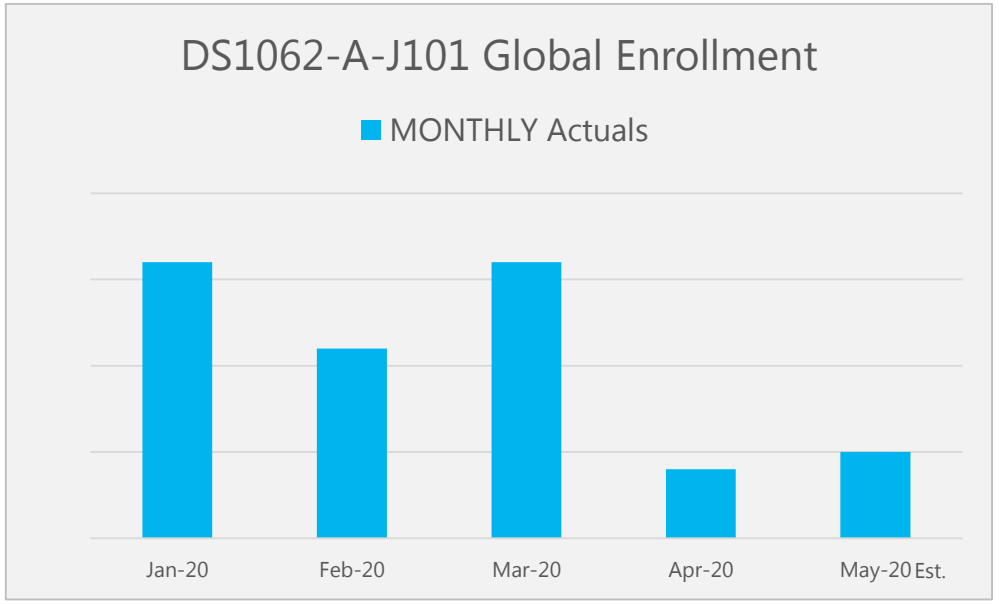
SARS-CoV-2 Pandemic | Enrollment Impact – Key Studies









SARS-CoV2 Pandemic | Latest View and Guidance on Impact

DS-8201 DESTINY

- **~70% of sites closed to monitoring**, ~23% sites have screening and/or enrollment on hold, **1.4% sites with subject dosing at risk**
- We now project **1 to 2 months impact overall on time to completing studies**
- Remote monitoring and oversight as a new norm – still adjusting to meet oversight and quality needs
- Some sites in EU (e.g., France, Italy, Belgium, Austria) are expected to re-open monitoring imminently

DS-1062

- Short-term data delivery only marginally affected / new studies start-up NOT affected

All ADC programs

- **COVID-19-related protocol deviations: none to date substantially impact study integrity**
  - Longitudinal monthly serum banking will allow retrospective identification of SARS-CoV2 infection, as a contributing and/or risk factor for adverse event
  - Missing some research tumor sample acquisition, for precision medicine intense trials (may lead to adding more subjects in some early phase studies to recover the right number of needed samples)
- **Roll out of next wave studies**, most importantly DS-1062 and DS-8201 **not substantially affected**

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News Flow and Future Events (as of May 31, 2020)

Trastuzumab Deruxtecan (DS-8201)	**DESTINY-Breast01:** Pivotal phase 2 HER2 positive metastatic breast cancer (mBC) study • EU Submission: On Track for 1H FY2020 **DESTINY-Gastric01:** Pivotal phase 2 HER2 positive metastatic gastric cancer study • Japan approval: Anticipated for Q3 FY2020 • Discussions underway with additional global health authorities
DS-1062	**Pivotal Phase 2 study**: Non-small cell lung cancer (NSCLC) with no actionable mutations • Global Initiation: Anticipated for 2H FY2020 **Phase 1 IO Combination Studies:** Planned start for 2H FY2020
U3-1402	**Phase 1 study**: EGFR mutated NSCLC • Updated data planned for ESMO 2020 **Phase 1/2 study:** HER3 positive mBC • Updated data planned for SABCS 2020 **Phase 1 EGFR TKI Combination Study**: Planned start for 2H FY2020
Valemotostat (DS-3201)	**Phase 1 study:** Peripheral T-Cell Lymphoma (PTCL) • Updated data planned for future scientific meeting **Pivotal Phase 2 study**: PTCL – Planned start for 2H FY2020
Axi-Cel™	**Phase 2:** B-cell Lymphoma • Japan approval: Anticipated for Q3 FY2020
DS-1647 (G47Δ)	**Phase 2:** Malignant Glioma • Japan Submission: NDA planned 1H FY2020

Inquiries about this document

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