Passion for Innovation.
Compassion for Patients.™

Daiichi-Sankyo

R&D Day 2020

DAIICHI SANKYO CO., LTD.

Sunao Manabe
President and CEO

December 15th, 2020

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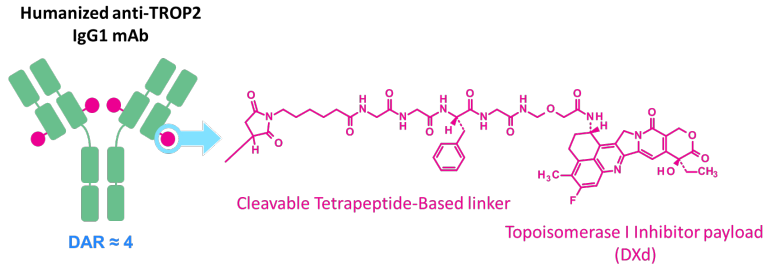
A Year from R&D Day 2019: 3 ADCs are Progressing Steadily

DS-8201

ENHERTU®
trastuzumab deruxtecan

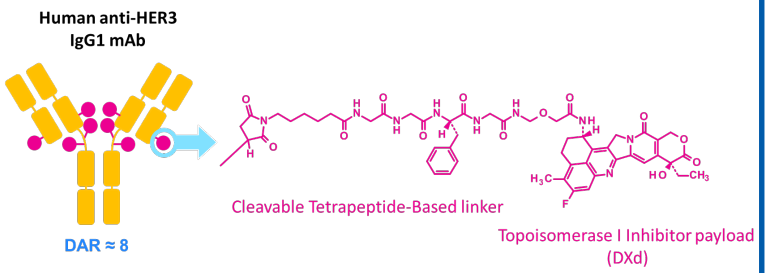
- Launched in US and JP
- Additional indication in JP FDA accepted sBLA
- Ph2 studies are progressing smoothly
- AstraZeneca: Good relationship

DS-1062



- AstraZeneca: Strategic collaboration
- Ph1 study is progressing smoothly
- Enhancing development plan with AZ

U3-1402



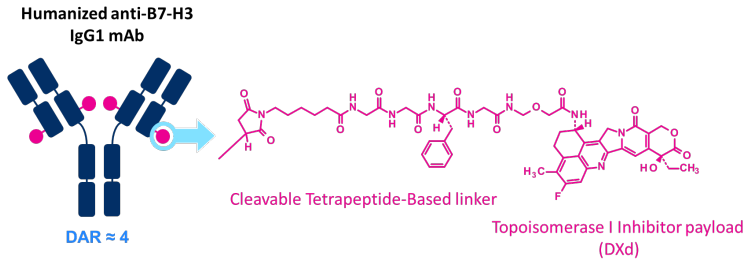
- Starting pivotal Ph2 study as well as combination study with osimertinib
- Ph1/2 study is progressing smoothly
- Started Ph2 study

◆ Steady progress of 3 ADCs gains confidence for achieving our 2025 Vision

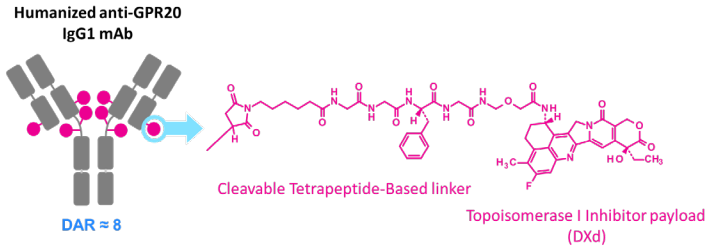
Breast Gastric Lung CRC

A Year from R&D Day 2019: Progress of Alpha Projects

DS-7300/DS-6157

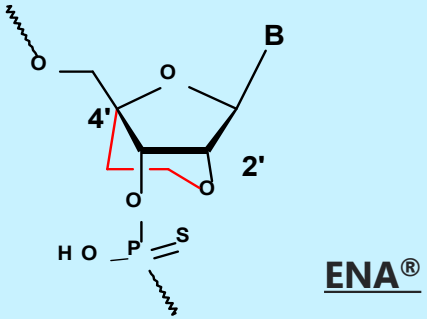


Ph1 **DS-7300 (B7-H3-directed ADC)**
Study ongoing in 11 different tumor types



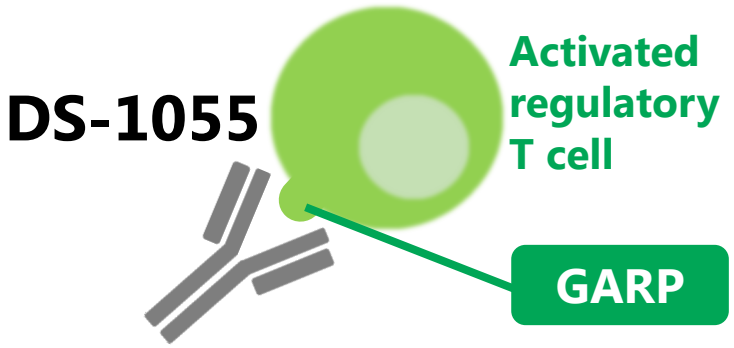
Ph1 **DS-6157 (GPR20-directed ADC)**
Study ongoing in GIST

Nucleic Acid (ENA®)



- DS-5141: TLR anticipated by the end of this year
- Non-clinical studies are ongoing for the follow-on DMD projects (exon 44, 50, 51, 53 skipping), and DS-4108 (glycogen storage disease type Ia)

Immuno-Oncology



- DS's first immuno-oncology project
- Different MOA from PD-1 / PD-L1
- Ph1 study started in Oct. 2020

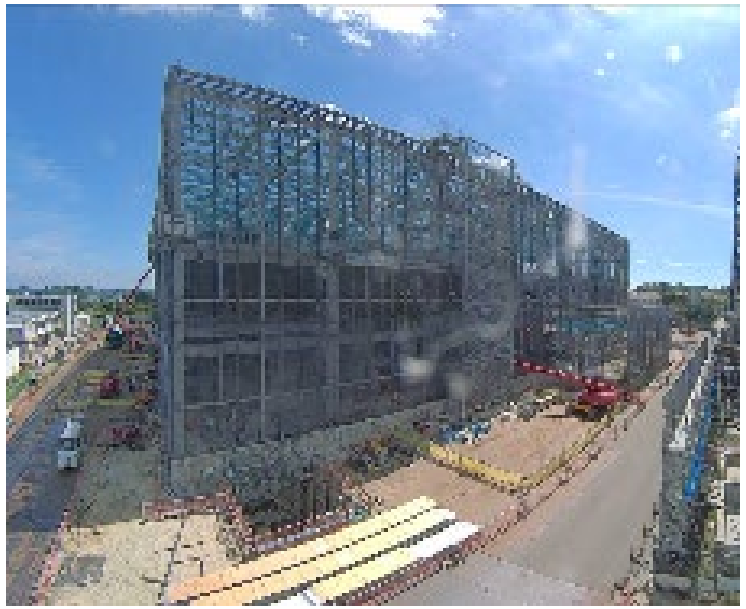
- **Key projects that follow the 3 ADCs are also progressing steadily**

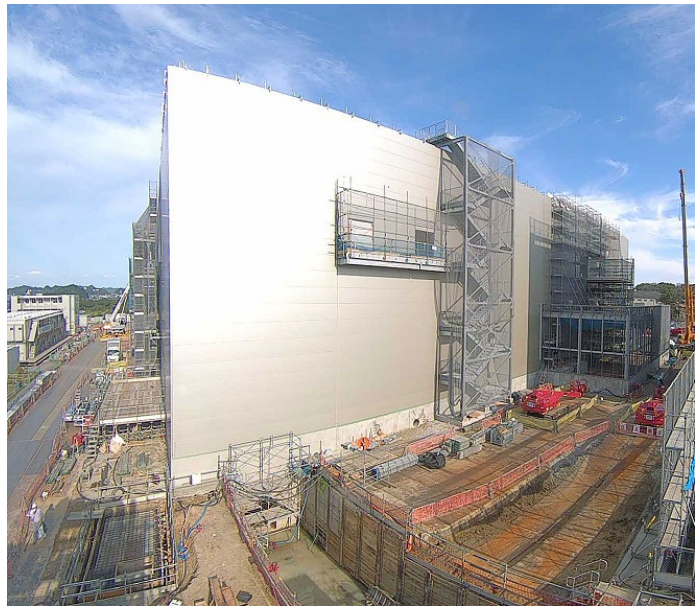
Cash Allocation for Maximizing Shareholder Value

- **Maximize future shareholder value through aggressive investment in the pipeline**

Enhanced Capital Investment

Onahama Plant

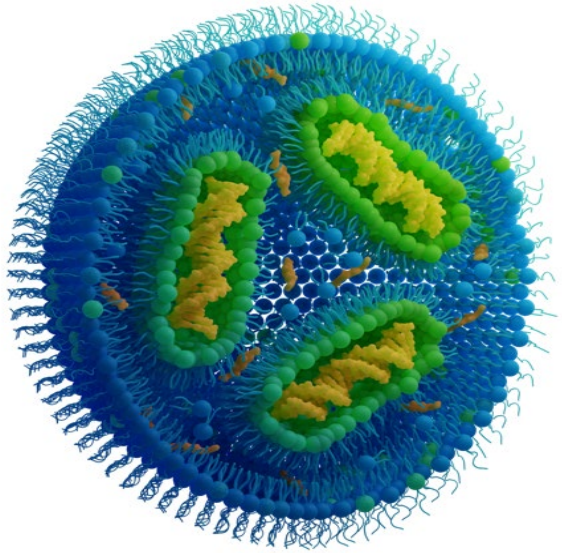




- **Increasing manufacturing capacity through capital investment and utilizing CMOs, considering commercial manufacturing for the follow-on ADCs**

Pharmaceutical Company's Mission: COVID-19 Countermeasures

DS-5670: LNP-mRNA Vaccine



- **DS original cationic lipid**
- Efficient encapsulation of mRNA in nanoparticles, and efficient delivery of mRNA to cells
- Applicable to pandemic and other vaccines

- **Encouraging data obtained from non-clinical pharmacology studies: Clinical study is planned to start in March 2021**

5-Year Business Plan (FY2021-25): to be Announced Next Spring

Daiichi-Sankyo

Maximize the value of 3 ADCs

Strive for sustainable growth

Delivering the science patients deserve

R&D Day December 15, 2020

Antoine Yver, MD, MSc
Executive VP & Global Head, Oncology R&D

Agenda

Daiichi-Sankyo
cancerenterprise

01 Our scientific and competitive environment

02 Our clinical-stage DXd ADCs

03 Our transformation towards a biologics and multi-modality Company

01

Our scientific and competitive environment

How we got here
Our path to durable leadership

Daiichi-Sankyo cancerenterprise

The 2000's

The decade of **targeted therapies.** From Herceptin® to Gleevec®,Iressa® and Avastin®… these therapies unleashed the power of suppressing pathways.

The 2010's

The wonders of **immune checkpoint inhibition** and the power of re-directed T-cell therapy. A glorious decade of IO.

The 2020's

A new era where **high-tech pharmacology** propels a century-old idea — **ADCs.**

The 2020's
ADCs from Daiichi Sankyo - what is important?

Daiichi-Sankyo
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Uniqueness of the DXd ADC technology platform: durability of effect

- ✓ **Degree of integrated, multimodality high-tech**
  MOA and high potency payload, hyper-stable linker, exquisite delivery to the tumor, unique bystander potential, world-class protein engineering

- ✓ **Mastery of a new critical pathophysiology**
  The receptor dynamic and its pharmacomodulation

"Duration of response" is a direct and the most critical benefit of the DXd design

This can establish true "chemo-free regimen" as mainstay of cancer treatment

The competition in ADCs is real…
But we're already tackling what's next

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We respect our competitors

- Gilead (formerly Immunomedics) : sacituzumab govitecan (Trodelvy®) is a great drug with a bright future
- Merck / Seagen:
  LIV-1 DAR4 auristatin protease-cleavage ADC
- Pfizer:
  HER2 DAR4 auristatin (PF-06804103)
- Etc…

But ADCs are "old news"

We're ready to blaze the trail:

✓aiming at **chemo-free ADC regimen**

✓exploiting the **unique biology of ADCs**

Biology of ADCs as key for smart, chemotherapy-free regimen

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Pharmacological manipulations of ADC/receptor biology

Selecting the right patients and tumors

Predicting outcomes

Designing and **enriching** treatment protocol and combinations for the right patients

Immediate value of our top 3 ADCs
Breast and lung cancers

Maximization → **Swift development of the next 2 ADCs**

Breast: DS-8201[a]	**Lung:** DS-1062[b]	**Lung:** U3-1402[c]
HER2+ breast cancer, mBC & early breast cancer: a suite of phase 3 trials	NSCLC: Post IO/chemo phase 3	Fast to market development (EGFRm NSCLC)
HER2 low breast cancer DESTINY-Breast04 read-out FY2021	NSCLC: IO combination aiming at 1st line	Combination with osimertinib

As we shape new possibilities for ADCs, we are resolutely focused on our duty:
delivering the science patients deserve

[a] DS-8201/trastuzumab deruxtecan (T-DXd); [b] DS-1062/datopotamab deruxtecan (Dato-DXd); [c] U3-1402/patritumab deruxtecan (HER3-DXd)

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Our clinical-stage DXd ADCs

- DS-8201/trastuzumab deruxtecan (T-DXd)
- DS-1062/datopotamab deruxtecan (Dato-DXd)
- U3-1402/patritumab deruxtecan (HER3-DXd)
- Alpha: DS-7300 (B7-H3), DS-6157 (GPR20), DS-6000 (CDH6), DS-3939 (TA-MUC1)

delivering
the science
patients deserve

02

Our clinical-stage DXd ADCs

- DS-8201/trastuzumab deruxtecan (T-DXd)
- DS-1062/datopotamab deruxtecan (Dato-DXd)
- U3-1402/patritumab deruxtecan (HER3-DXd)
- Alpha: DS-7300 (B7-H3), DS-6157 (GPR20), DS-6000 (CDH6), DS-3939 (TA-MUC1)

delivering
the science
patients deserve

DS-8201/trastuzumab deruxtecan (T-DXd)

Daiichi-Sankyo
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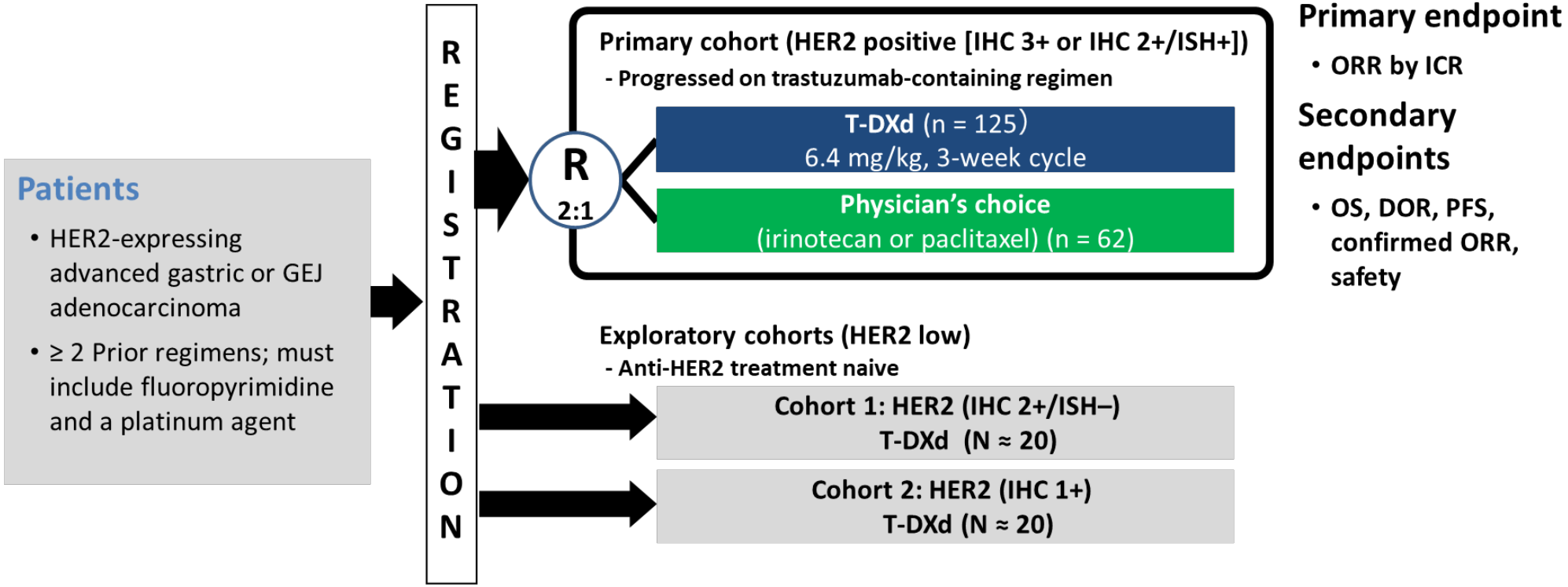
1. **Gastric**
   Japan approval September 2020
   US FDA sBLA under Priority Review with PDUFA of February 28, 2021
2. **Breast: The big story**
   EU CHMP opinion positive opinion (December 11, 2020)
   Duration of response by monotherapy in end stage is mimicking 1st line mBC triple-therapy
3. **Lung cancer**
   HER2 mutant and HER2 expressing
4. **IO combo**
   Why does it matter?
5. **ILD safe use**

DESTINY-Gastric01

An open-label, multicenter, randomized, phase 2 study

GASTRIC



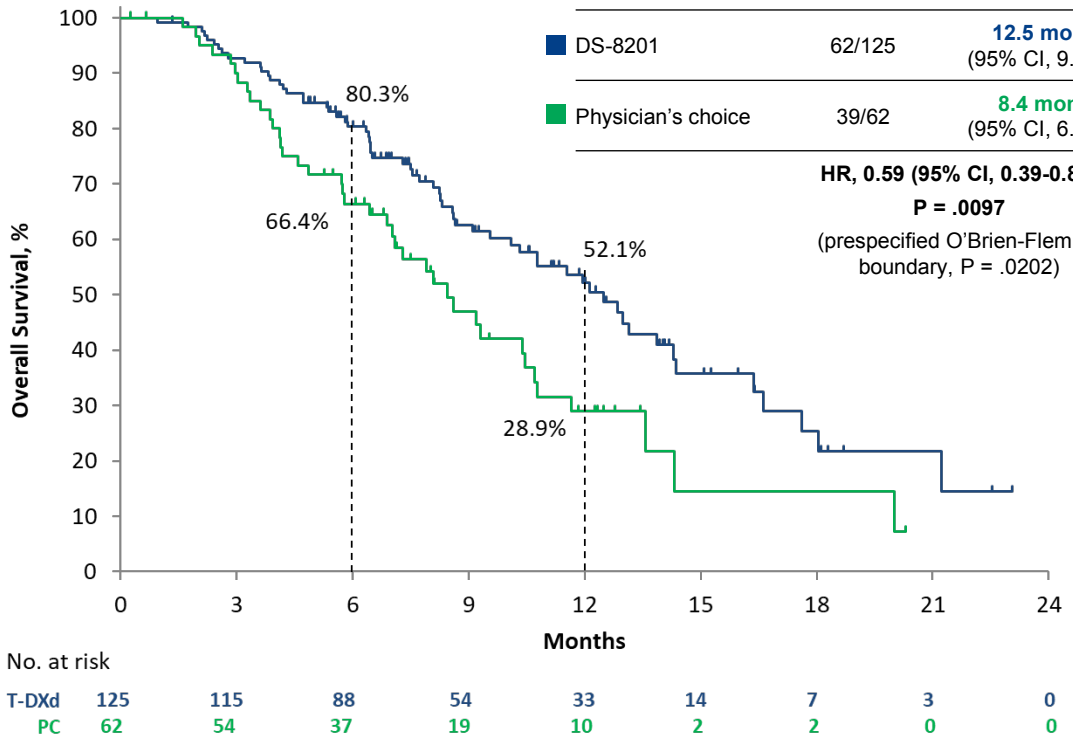
DESTINY-Gastric01 An open-label, multicenter, randomized phase 2 study (NCT03329690)

DESTINY-Gastric01: Efficacy

Japan approved September 2020, US FDA PDUFA February 28, 2021

GASTRIC

Overall survival



	Events/n	Median
DS-8201	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

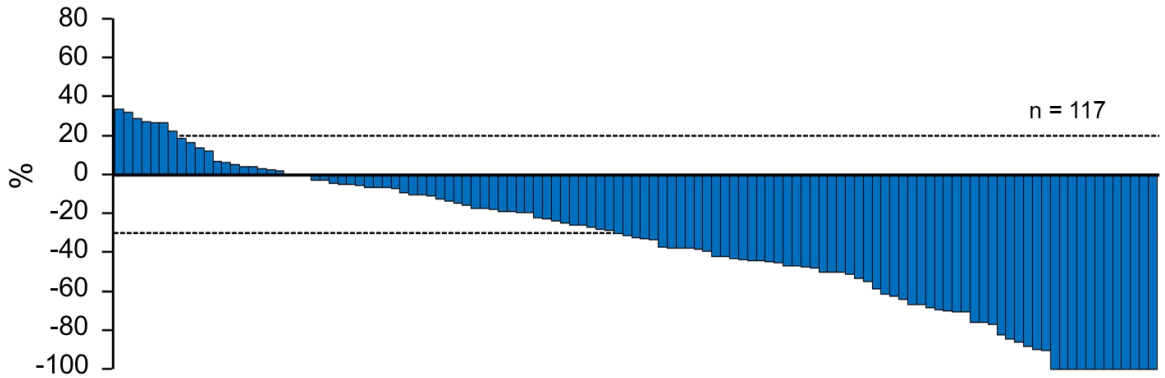
(prespecified O'Brien-Fleming boundary, P = .0202)

No. at risk

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

Overall response

	DS-8201 (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**



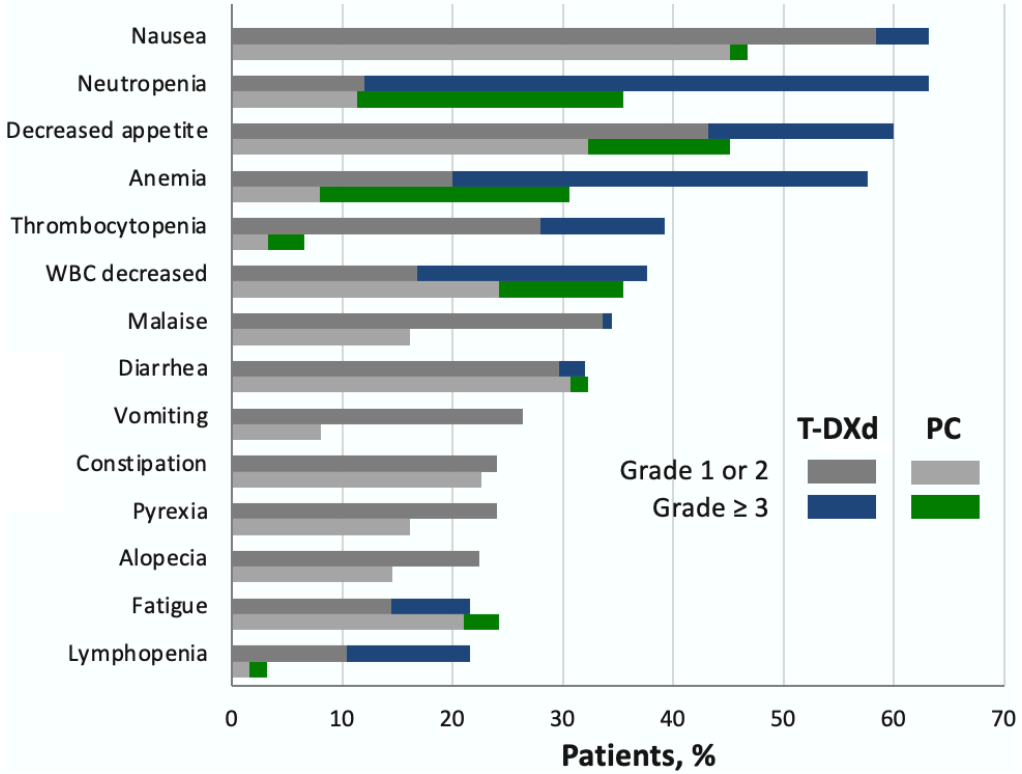
Source: Shitara et al., Abstract #4513, ASCO 2020; K. Shitara et al, N Engl J Med 2020; 382:2419-2430 (DOI: 10.1056/NEJMoa2004413)

DESTINY-Gastric01: Safety

Japan approved September 2020, US FDA PDUFA February 28, 2021

GASTRIC

Treatment-emergent adverse events



TEAEs associated with:	DS-8201 (n = 125)	PC (n = 62)
Drug discontinuation	15.2%	6.5%
Dose reduction	32.0%	33.9%
Dose interruption	62.4%	37.1%

- 1 drug-related death due to pneumonia with DS-8201 and none with PC
- 12 patients (9.6%) had DS-8201-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)

Source: Shitara et al., Abstract #4513, ASCO 2020; K. Shitara et al, N Engl J Med 2020; 382:2419-2430 (DOI: 10.1056/NEJMoa2004413)

Looking ahead
HER2+ advanced gastric cancer plan

DESTINY-Gastric04

Randomized phase 3 study in 2nd line,

DS-8201 monotherapy vs. active control

Imminent start

DESTINY-Breast01

The big story: EU CHMP positive recommendation for ENHERTU

BREAST

- Submitted in May 2020 and completed, without any ‘no-clock stop’, 7-month start to finish Accelerated assessment schedule
- First breast cancer drug recommended for approval by EMA on the basis of single arm phase 2 data in the past two decades
- Indication : “Enhertu as monotherapy is indicated for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2-based regimens”

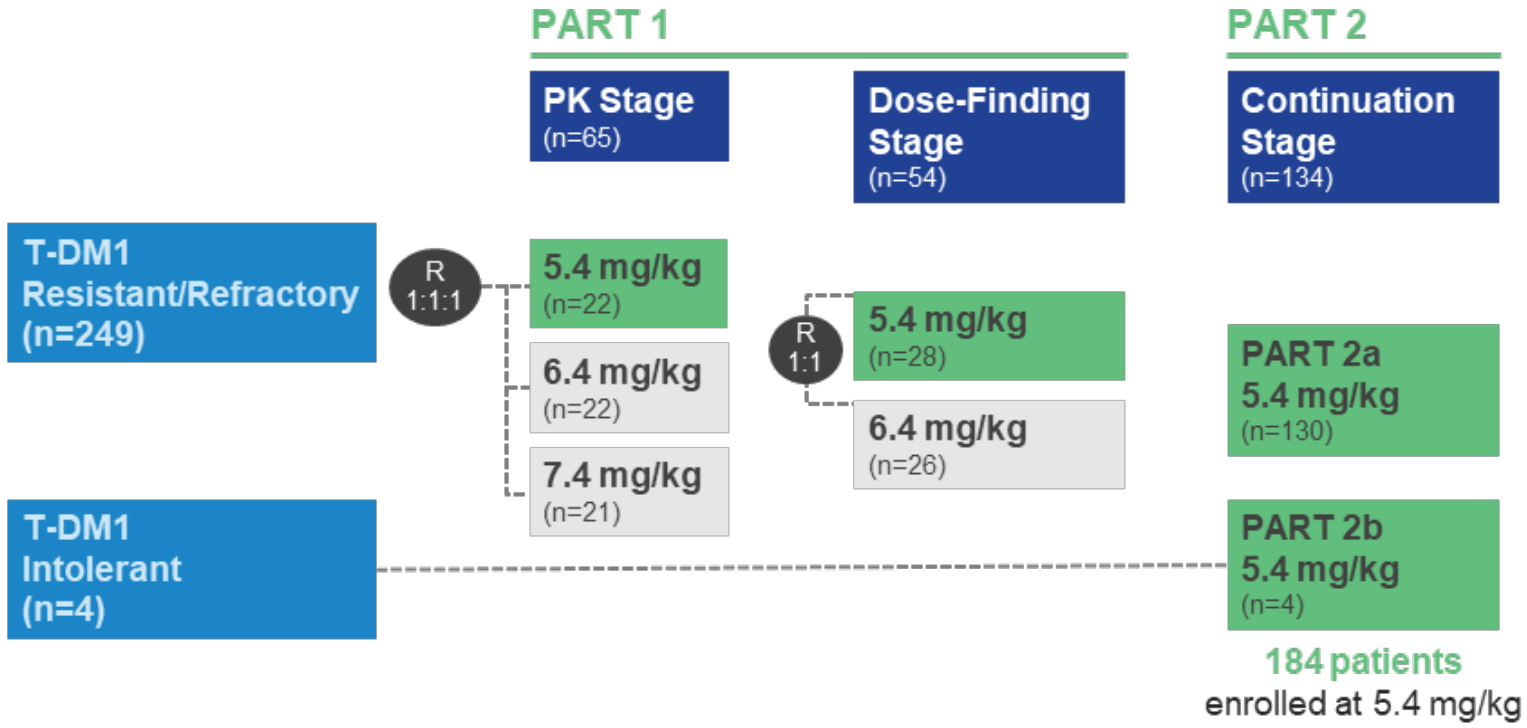
DESTINY-Breast01

The big story: duration of response

BREAST

Population

- ≥18 years of age
- Unresectable and/or metastatic BC
- HER2-positive (centrally confirmed on archival tissue)
- Prior T-DM1
- Excluded patients with history of significant ILD
- Pretreated and stable brain metastases were allowed



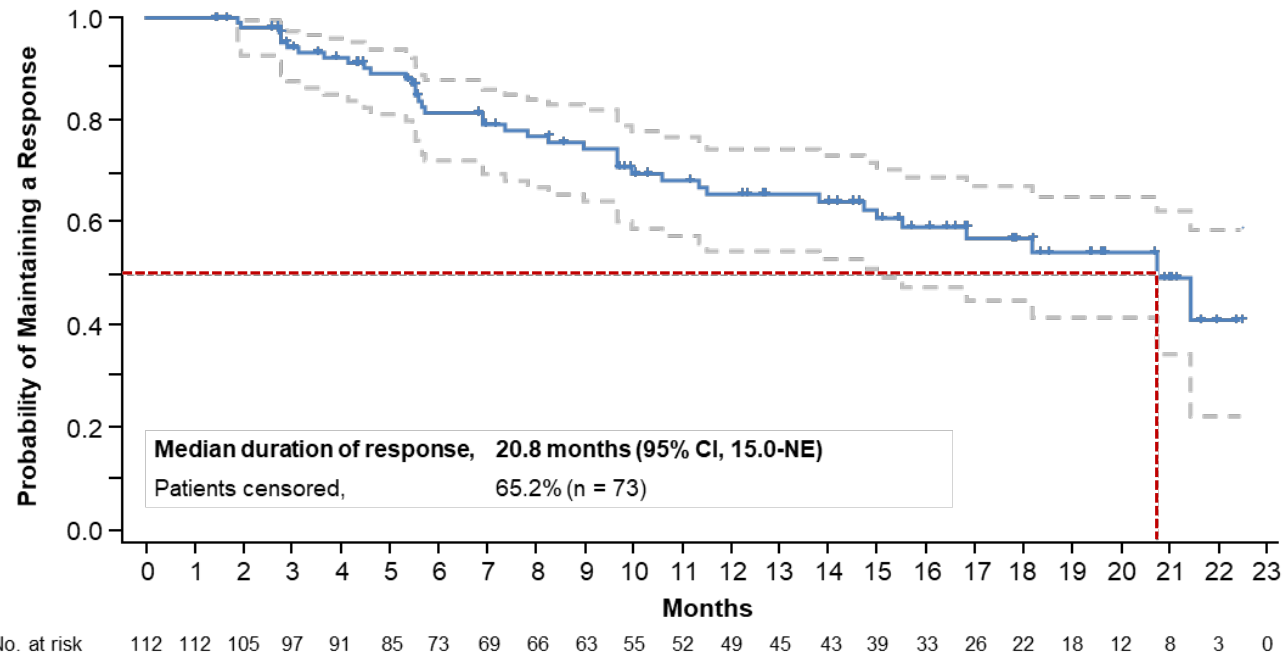
DESTINY-Breast01 An Open-Label, Multicenter, Phase 2 Study (NCT03248492).

DESTINY-Breast01

The big story: duration of response in late line mBC

BREAST

Monotherapy **Duration of Response**: **20.8 months (median)**



Standard of care in first-line mBC:
the CLEOPATRA Study in 1st line mBC
THP (trastuzumab, pertuzumab and docetaxel)
Duration of response = **20.2 months** (95% CI, 16.0 to 24.0)
S Swain J Baselga et al NEJM2015

Intent-to-treat analysis	**June 2020 data cutoff** **DS-8201 5.4 mg/kg** (N = 184)
Duration of follow-up, median (range)	20.5 months (0.7-31.4)
Patients remaining on treatment	20.1% (n = 37)
Confirmed ORR by ICR	**61.4% (n = 113)** (95% CI, 54.0%-68.5%)

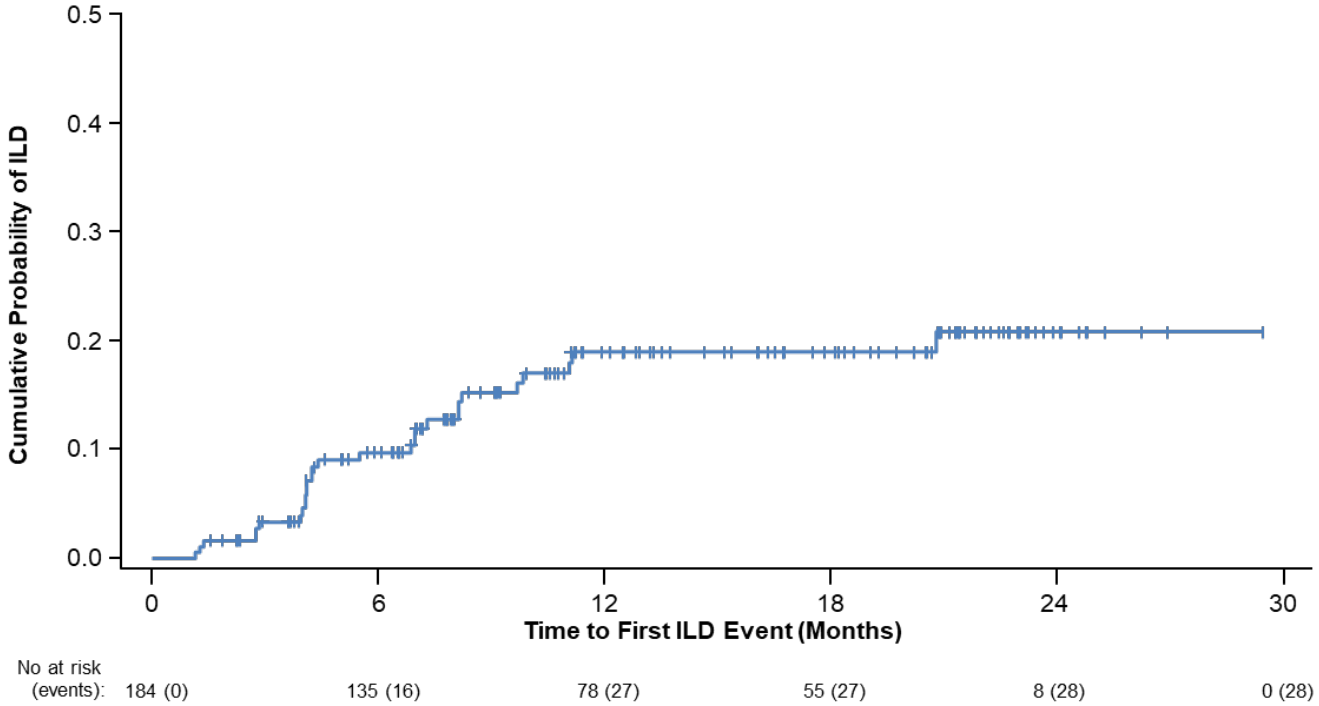
Source: S. Modi et al., Abstract #1190; PD3-06, SABCS 2020

DESTINY-Breast01: ILD & safety update

ILD risk appears to flatten after 12 months

BREAST

Cumulative Probability of Adjudicated Drug-related Interstitial Lung Disease (ILD)



n (%)	August 2019 data cutoff DS-8201 5.4 mg/kg (N = 184)	June 2020 data cutoff DS-8201 5.4 mg/kg (N = 184)
Any TEAE	183 (99.5)	183 (99.5)
Drug-related	183 (99.5)	183 (99.5)
TEAE grade ≥3	105 (57.1)	113 (61.4)
Drug-related	89 (48.4)	97 (52.7)
TEAE associated with discontinuation	28 (15.2)	34 (18.5)
Drug-related	27 (14.7)	33 (17.9)

Source: S. Modi et al., Abstract #1190; PD3-06, SABCS 2020

Why does durability matter?
An accelerated HER2+ mBC & early breast cancer plan

BREAST

Designing principles & steps for DS-8201 are clear:

1st line mBC treatment

- Clear unmet medical need is to increase overall PFS and further prolong duration of overall response
  - Brain mets (BM) failure after 1st line THP treatment is infrequent[1]: 13.7% (55/402) CNS as first site of progression.
  - An aggressive and bold plan aiming at 1st line mBC

Potential to be superior to trastuzumab emtansine (T-DM1)

- Role of ADC in 2nd line mBC
  - BM failure after T-DM1 in 2nd line is uncommon[2] (2% if no BM at start of treatment, 22% if BM at start of T-DM1 treatment)[2]
  - The unmet medical need is to improve over T-DM1 outcome: DESTINY-Breast03 in 2nd line mBC
  - Event-driven analysis: projected in FY2021 Q2
- Early Breast Cancer: DESTINY-Breast05 post-neoadjuvant trial under way with NSABP *et al*

[1] CLEOPATRA study S Swain J Baselga et al Ann Oncol 2014 Jun;25(6):1116-21.
[2] EMILIA Study I Krop N Lin et al Ann Oncol 2015:26:113-119.

DESTINY-Breast03 (NCT03529110); DESTINY-Breast05 (NCT04622319)

Why does durability matter?
An accelerated HER2 mBC & early breast cancer plan

BREAST

1st line HER2 mBC
Two routes to improve standard of care

DESTINY-Breast09: a randomized, active control 1st line phase 3 study
DS-8201 monotherapy vs DS-8201 combo vs standard of care [THP]

DESTINY-Breast07 / BEGONIA combination studies stage-gating another combo phase 3 study in 1st line vs THP

DESTINY-Breast09 (not yet listed on Clintrials.gov)
DESTINY-Breast07 A Phase 1b/2 Study of DS-8201 Combinations in HER2-positive Metastatic Breast Cancer (NCT04538742)

Why does durability matter?
An accelerated HER2 mBC & early breast cancer plan

BREAST

DESTINY-Breast05

- Global post-neoadjuvant study vs. T-DM1 in collaboration with:
  - US National Surgical Adjuvant Breast and Bowel Project Foundation (NSABP)
  - German Breast Group (GBG)
  - Arbeitsgemeinschaft Gynäkologische Onkologie (AGO-B)
  - Spain SOLTI Breast Cancer Research Group
  - Asia, and other global sites
- Residual invasive disease in breast or axillary lymph nodes following neoadjuvant therapy for high risk HER2 early breast cancer
- ~1,600 patients, IDFS (invasive disease-free survival) as primary endpoint

Why does durability matter?
Accelerated HER2 low mBC plan

BREAST

- **Late line, post-chemo "entry point"**
  DESTINY-Breast04
  - Rationale: Phase 1 study confirmed ORR of 37% median duration of response 10.4 months in HER2 low mBC[1]
  - N= 540, vs. Physician Choice (eribulin, gemcitabine, paclitaxel, nab-pac), PFS BICR
  - Event-driven analysis, projected in FY2021 Q2
- **Post endocrine therapy (chemo naïve)**
  DESTINY-Breast06
  - N=850 vs. Physician Choice (capecitabine, paclitaxel, nab-pac), PFS BICR
- **Earlier mBC line**
  - Bold, innovative plan to be announced

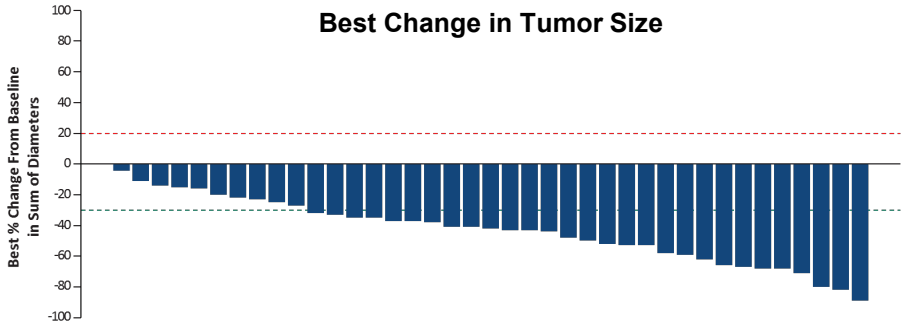
Of note: Early breast cancer Adjuvant in HR+ segment
Not our area of focus

[1] Modi et al., JCO 2020 Jun 10:38(17): 1887-1896 DESTINY-Breast04 (NCT03734029); DESTINY-Breast06 (NCT04494425)

DS-8201: HER2 mutant NSCLC
DESTINY-Lung01 study

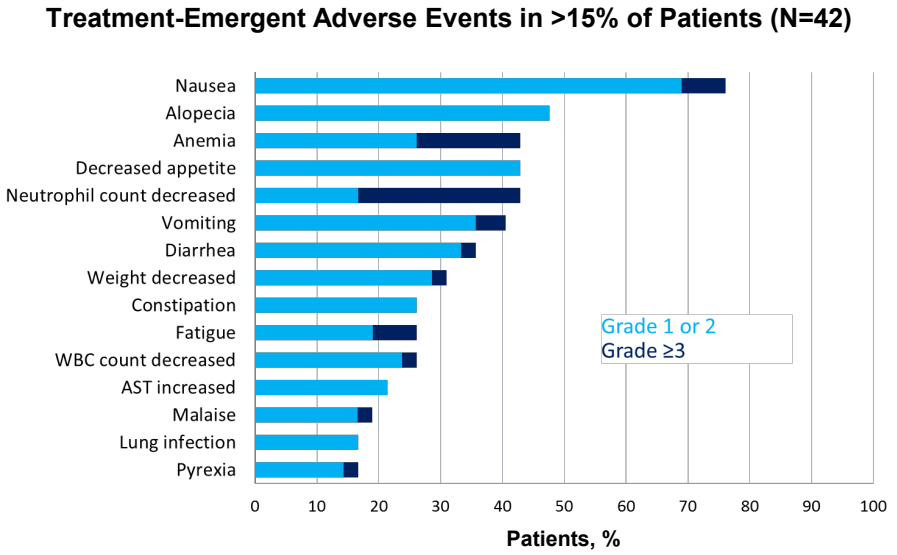
LUNG

Efficacy



	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, media	**14.0 mo** (95% CI, 6.4-14.0 months)

Safety



- Breakthrough Therapy Designation (BTD) May 2020
- Final analysis of HER2 mutation NSCLC cohort FY2021 H1

DESTINY-Lung01 An open-label, multicenter, phase 2 study (NCT03505710)
Source: Smit et al., Abstract #9504 ASCO 2020

Design to maximize benefit of durability
An accelerated HER2 lung cancer plan

LUNG

HER2 mutant

- DESTINY-Lung01 expansion, with a confirmed US fast-to-market opportunity
- DESTINY-Lung02
  5.4 mg/kg vs 6.4 mg/kg
  - Based on consultation with FDA and other health authorities
  - FSD in FY2020 Q4
- DESTINY-LungXX
  1st line phase 3 study planning

HER2 expressing

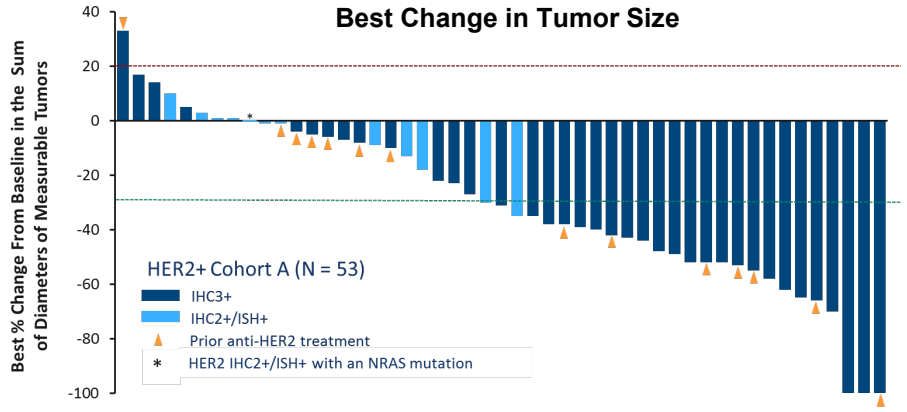
- Next generation IHC under development
- DESTINY-Lung01 IHC expressing cohort enrolled, awaiting maturation

DESTINY-Lung01 (NCT03505710)
DESTINY-Lung02 (NCT04644237)

DS-8201: HER2+ CRC (colorectal cancer)
DESTINY-CRC01 study

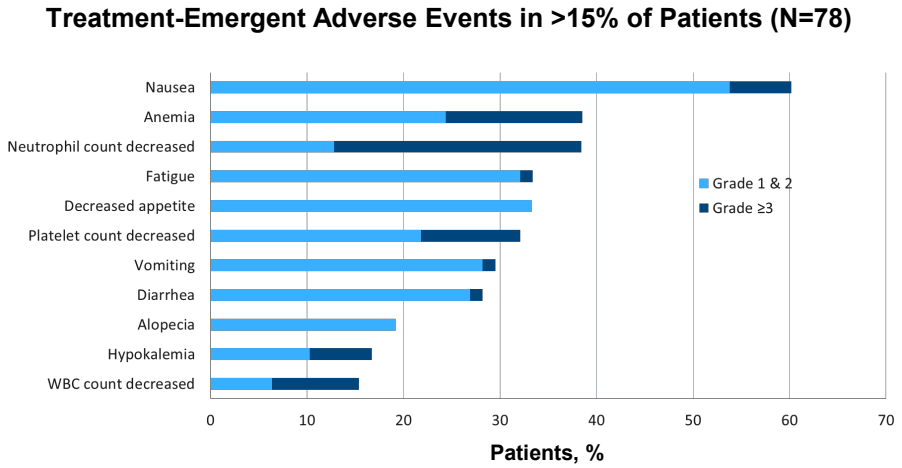
CRC

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)

Safety



- Non-registrational DESTINY-CRC02, testing 5.4 and 6.4 mg/kg

Source: Siena et al., Abstract #4000 ASCO 2020
DESTINY-CRC01 An open-label, multicenter, phase 2 study (NCT03384940)
DESTINY-CRC02 (not yet listed on Clintrials.gov)

DS-8201: Clinical Development Plan
Breast cancer

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

Daiichi-Sankyo cancerenterprise

As of December 2020			~FY2019	FY2020	FY2021	Under Discussion
HER2 Positive		Metastatic 3L	DESTINY-Breast01 monotherapy			
			DESTINY-Breast02 monotherapy			
		Metastatic 2L	DESTINY-Breast03 monotherapy			
				DESTINY-Breast07 combination (2L/1L) phase 1		
		Metastatic 1L			DESTINY-Breast09 combo phase 3	
		Post-neoadjuvant		DESTINY-Breast05 monotherapy vs. T-DM1		
		Neoadjuvant				Phase 3
		Adjuvant				Phase 3
HER2 Low	HR+/ HR-	Metastatic Post Chemo	DESTINY-Breast04 monotherapy			
				DESTINY-Breast08 combination phase 1		
		Post-neoadjuvant				Phase 3
	HR+	Metastatic Chemo Naive		DESTINY-Breast06 monotherapy		
		Metastatic Endocrine Therapy				Phase 3
	HR-	Metastatic 1L		BEGONIA (durvalumab combination)		
		Neoadjuvant				Phase 3

Study initiation points for FY2020 H2 are all shown as beginning of H2. Study initiation points for FY2021 are all shown as beginning of FY2021.

DS-8201: Clinical Development Plan
Gastric and lung cancers

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

Daiichi-Sankyo cancerenterprise

As of December 2020			~FY2019	FY2020	FY2021	Under Discussion
Gastric	HER2 Positive	Advanced/Metastatic 3L~	DESTINY-Gastric01 monotherapy (HER2 low in exploratory cohort)			
		Advanced/Metastatic 2L		DESTINY-Gastric02 monotherapy (2L) - West		
				DESTINY-Gastric03 combination (2L/1L)		
					DESTINY-Gastric04 monotherapy phase 3	
		Advanced/Metastatic 1L				Phase 3
Lung	HER2 Expressing	Advanced/Metastatic 2L~	DESTINY-Lung01 monotherapy			
				HUDSON (durvalumab combination)		
		Advanced/Metastatic 2L				Phase 3 monotherapy
		Advanced/Metastatic 1L		DESTINY-Lung03 combination phase 1		
						Phase 3 combination
	HER2 Mutated	Advanced/Metastatic 2L~	DESTINY-Lung01 monotherapy			
				DESTINY-Lung02 monotherapy phase 2		
		Advanced/Metastatic 1L				Phase 3
	Expressing /Mutated	Early disease				Phase 3 combination

Study initiation points for FY2020 H2 are all shown as beginning of H2. Study initiation points for FY2021 are all shown as beginning of FY2021.

DS-8201: Clinical Development Plan
CRC and other tumors

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

Daiichi-Sankyo cancerenterprise

As of December 2020			~FY2019	FY2020	FY2021	Under Discussion
CRC	HER2 Expressing	Metastatic 3L	DESTINY-CRC01 monotherapy (HER2 Low in exploratory cohort)		DESTINY-CRC02 monotherapy phase 2	
		Metastatic 2L				Phase 3 combination
		Metastatic 1L				Phase 3 combination
Other Tumors	HER2 Expressing	Metastatic 2L	Nivolumab combination (breast, bladder)			
				Pembrolizumab combination (breast, NSCLC)		
				DESTINY-PanTumor02		
		Ovarian				Phase 2 combination
	HER2 Mutated	Metastatic 2L		DESTINY-PanTumor01 phase 2		

Study initiation points for FY2020 H2 are all shown as beginning of H2. Study initiation points for FY2021 are all shown as beginning of FY2021.

DS-8201: Critical short-term phase 3 data forecast

DESTINY-Breast02 | HER2 positive mBC vs standard of care	• Event-driven final analysis, projected FY2021 Q2
DESTINY-Breast03 | HER2 positive mBC vs T-DM1	• Event-driven interim analysis, projected FY2021 Q2
DESTINY-Breast04 | HER2 low mBC vs standard of care	• Event-driven final analysis, projected FY2021 Q2

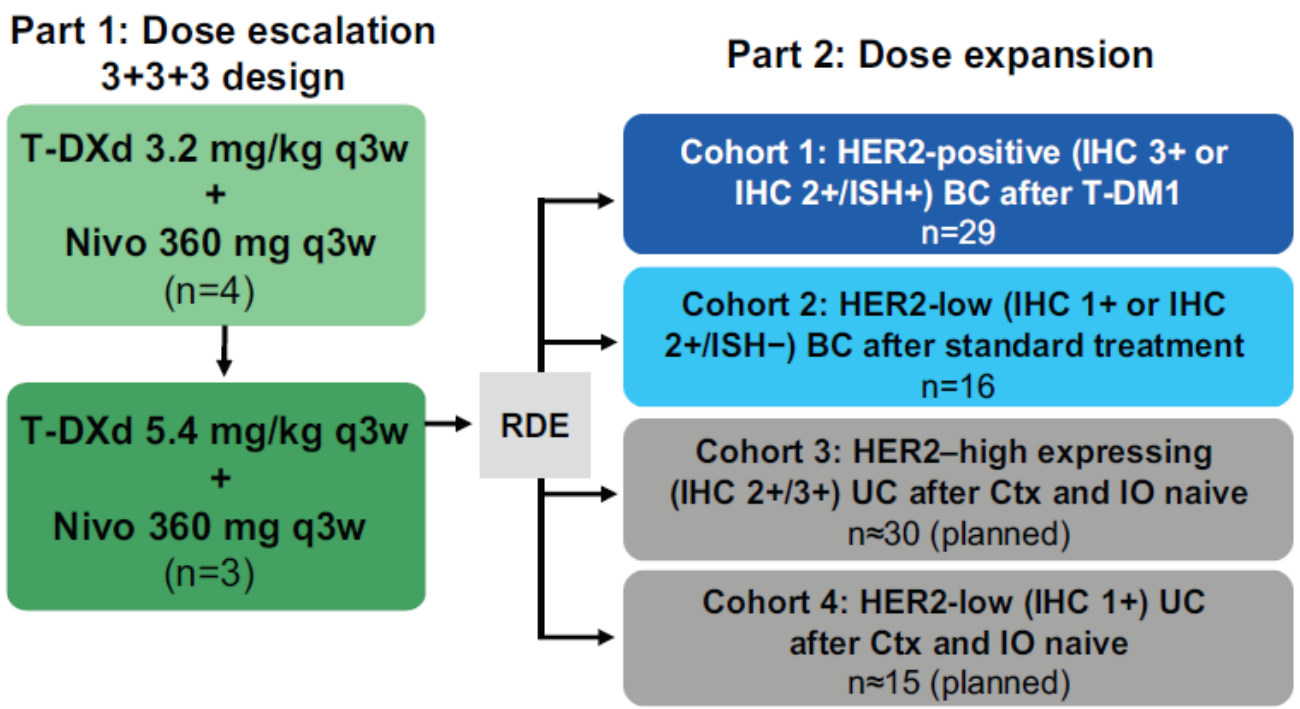
DS-8201: Nivolumab combination in breast cancer

2-part, phase 1b, multicenter, open-label study

BREAST

Key eligibility criteria

- HER2-expressing advanced/metastatic breast or urothelial cancer
- ECOG PS 0-1
- ≥1 measurable lesion per RECIST 1.1
- No prior T-DXd or Nivo
- Meets criteria for 1 of the 4 cohorts in part 2



DS8201-A-U105 A 2-part, phase 1b, multicenter, open-label study (NCT03523572)

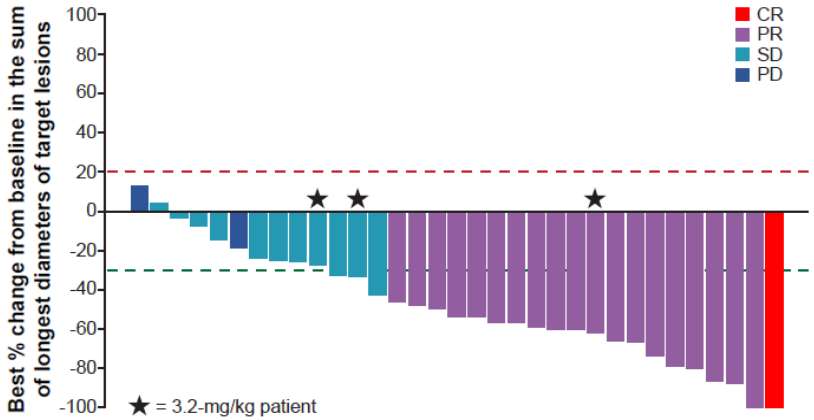
DS-8201 with nivolumab: Efficacy

	HER2 positive (n=32)	HER2 low (n=16)
Confirmed ORR by ICR [95% CI]	59% [41-76] (n=19)	38% [15-65] (n=6)
CR	3% (n=1)	0
PR	56% (n=18)	38% (n=6)
SD	31% (n=10)	38% (n=6)
PD	6% (n=2)	13% (n=2)
NE	3% (n=1)	13% (n=2)
DCR, median [95% CI]	91% [75-98] (n=29)	75% [48-93] (n=12)
DOR, median [95% CI], months	NE [4.1-NE]	NE [2.8-NE]

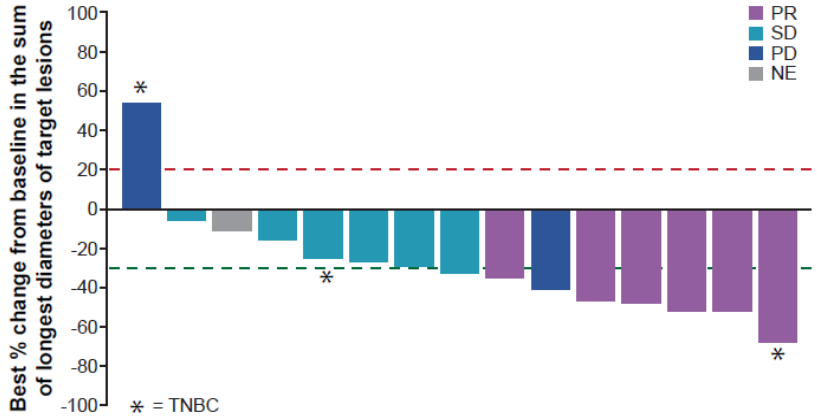
Source: Hamilton et al., Abstract #299; PD3-07 SABCS 2020

Best percent change from baseline in tumor size

HER2-Positive Cohort
n=33



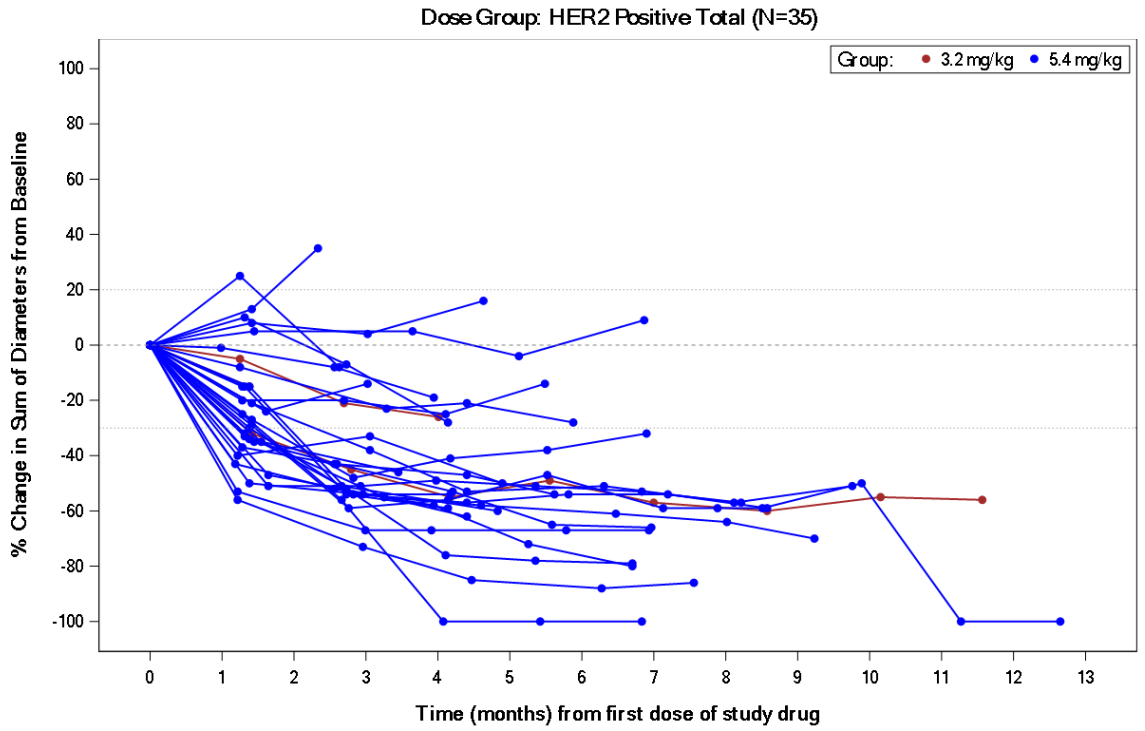
HER2-Low Cohort
n=15



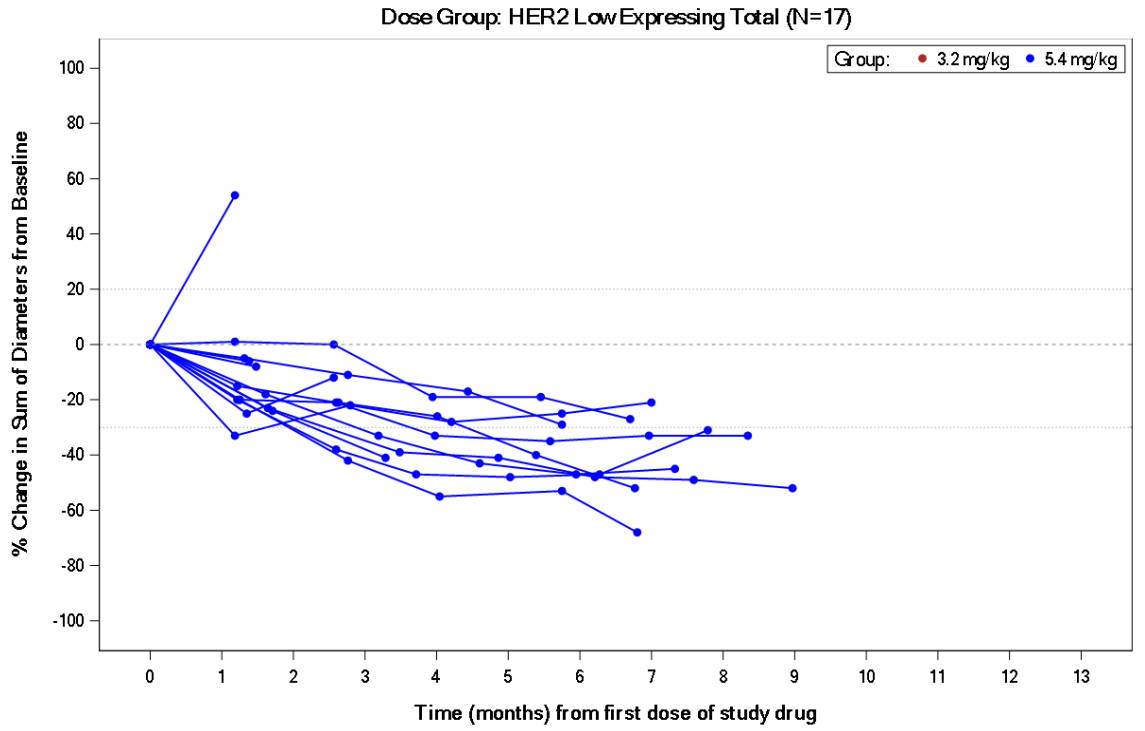
DS-8201 with nivolumab: Efficacy

Spider plots of target lesions, based on ICR

HER2 positive breast cancer



HER2 low expressing breast cancer

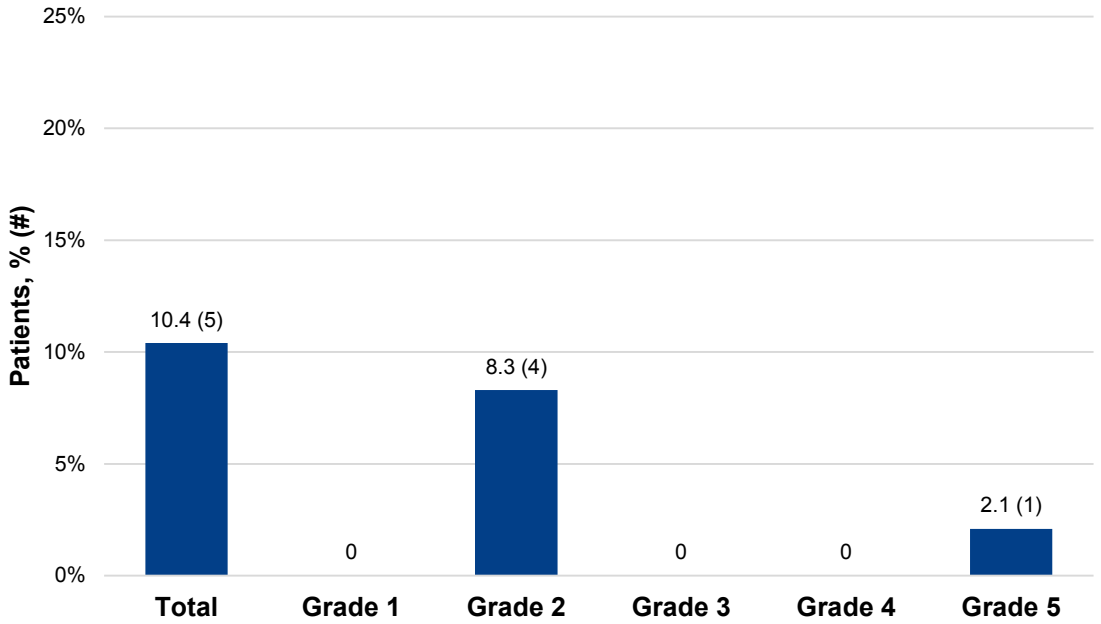


Source: Data on file. Preliminary. Daiichi Sankyo unpublished data

DS-8201 with nivolumab: Safety

ILD

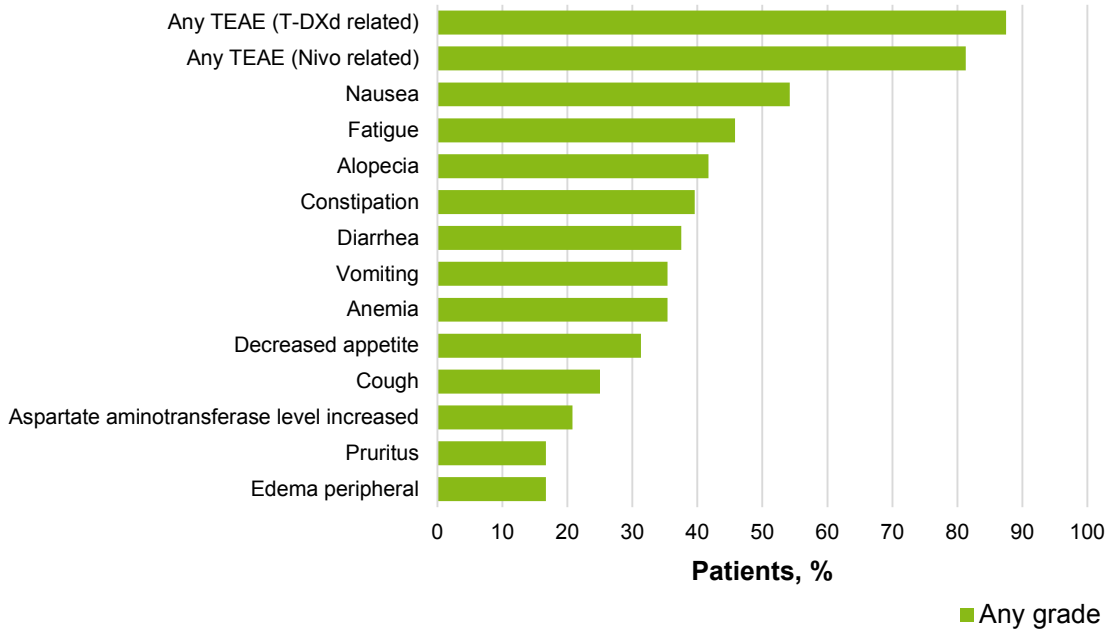
Adjudicated as study-drug related ILD in all Patients Treated at the RDE, N=48[a]



*There was 1 additional case of drug-related ILD (grade 3) in the HER2-positive cohort at the 3.2-mg/kg dose level

All TEAEs

TEAEs in ≥15% of All Patients Treated at the RDE, N=48

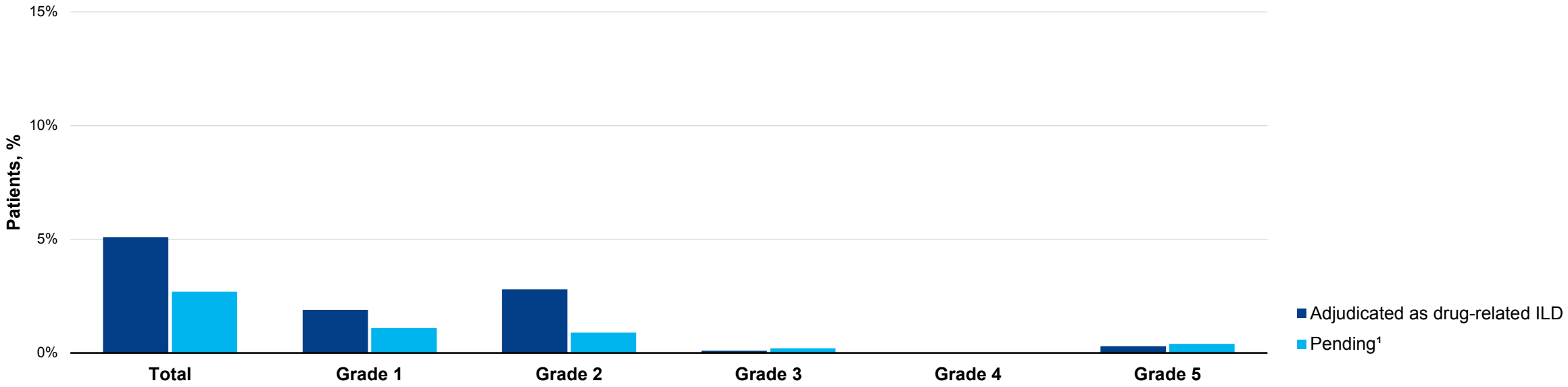


Source: Hamilton et al., Abstract #299; PD3-07 SABCS 2020 (modified)

DS-8201: Cumulative ILD data, all phase 3 monotherapy studies

As of November15, 2020, preliminary data

Patients with ILD by CTCAE Grade from ILD AC[2]
All cases, regardless of randomization arm
Ongoing controlled phase 3 monotherapy studies (estimated # DS-8201 treated N=979)
Percent presented assumes all cases are observed in the DS-8201 treatment arm



[1] Investigator reported grades.

DS-8201: Post-marketing cumulative ILD reported data

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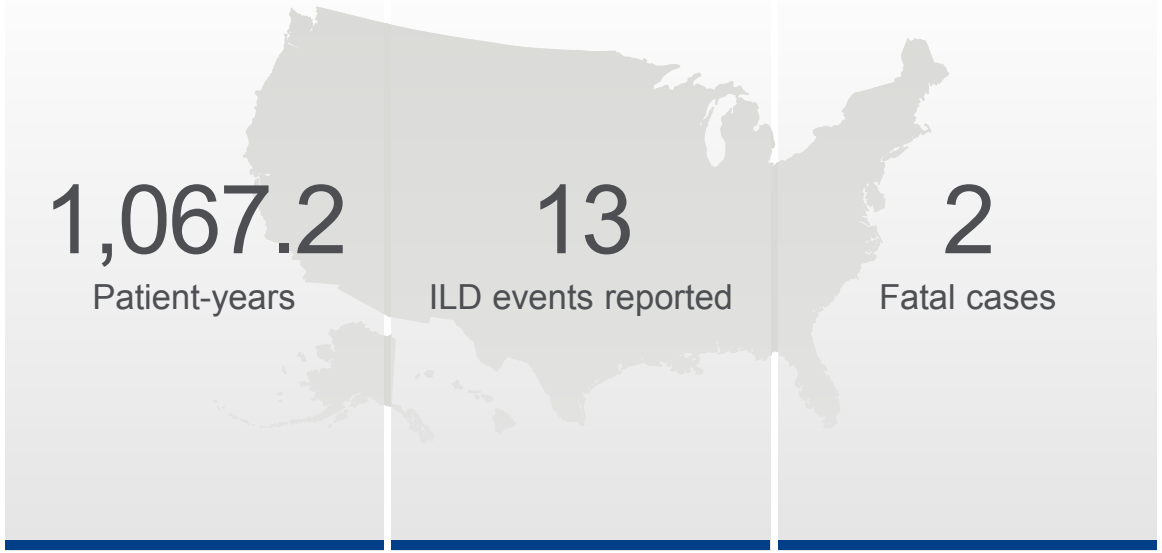
US (as of November 15, 2020)



1,067.2	13	2
Patient-years	ILD events reported	Fatal cases

Japan (as of November 15, 2020)

162.8	16	0
Patient-years	ILD events reported	Fatal cases

Focusing on the opportunity of DS-8201
Increasing our competitive edge

Daiichi-Sankyo cancerenterprise

- Acceleration
- Large scale, global program
- Aim at 1st line HER2+ mBC, post-neoadjuvant high risk HER2+ early breast cancer and critical role in HER2 low
- Broad tumor expansion
- Additional work on dose (lung, colorectal), biology (mostly lung) and IHC
- IO and DXd technology combine well

02

Daiichi-Sankyo
cancerenterprise

Our clinical-stage DXd ADCs

- DS-8201/trastuzumab deruxtecan (T-DXd)
- DS-1062/datopotamab deruxtecan (Dato-DXd)
- U3-1402/patritumab deruxtecan (HER3-DXd)
- Alpha: DS-7300 (B7-H3), DS-6157 (GPR20), DS-6000 (CDH6), DS-3939 (TA-MUC1)

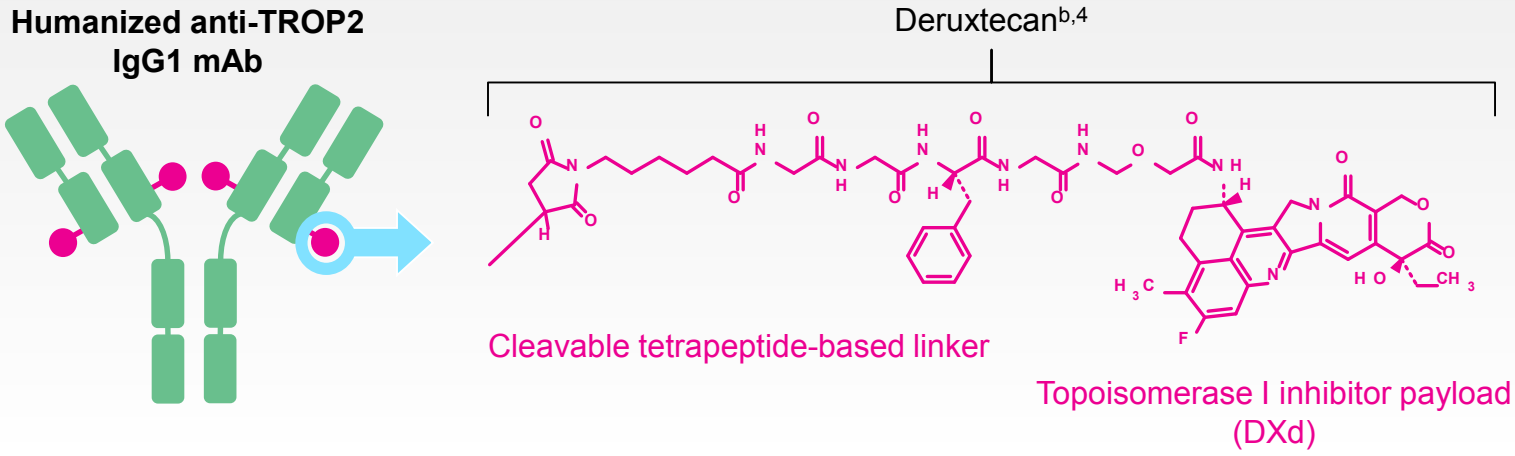
delivering
the science
patients deserve

DS-1062
Engineered to be best-in-class TROP2 ADC

Daiichi-Sankyo cancerenterprise

DS-1062 is a DXd ADC composed of 3 components[1,2]

- A humanized anti-TROP2 IgG1[3] monoclonal antibody attached to:
- A topoisomerase I inhibitor payload, an exatecan derivative, via
- A tetrapeptide-based cleavable linker



- Payload mechanism of action: topoisomerase I inhibitor [a,1]
- High potency of payload [a,2]
- Optimized drug to antibody ratio ≈4 [a,1]
- Payload with short systemic half-life [a,2]
- Stable linker-payload [a,2]
- Tumor-selective cleavable linker [a,2]
- Bystander antitumor effect [a,2,5]

[1] Okajima D, et al. Poster presented at: AACR-NCI-EORTC International Conference; October 26-30, 2019; Boston, MA [abstract C026]. [2] Nakada T, et al. Chem Pharm Bull. 2019;67(3):173-185. [3] Daiichi Sankyo Co. Ltd. DS-1062. Daiichi Sankyo.com. Accessed October 6, 2020. https://www.daiichisankyo.com/media_investors/investor_relations/ir_calendar/files/005438/DS-1062%20Seminar%20Slides_EN.pdf [4] Krop I, et al. Oral presentation at: SABCS Symposium; December 10-14, 2019; San Antonio, TX [abstract GS1-03]. [5] Ogitani Y, et al. Cancer Sci. 2016;107(7):1039-1046. [a] The clinical relevance of these features is under investigation. [b] Image is for illustrative purposes only; actual drug positions may vary.

DS-1062: TROPION-PanTumor01

FIH study design and patient disposition

LUNG

Population

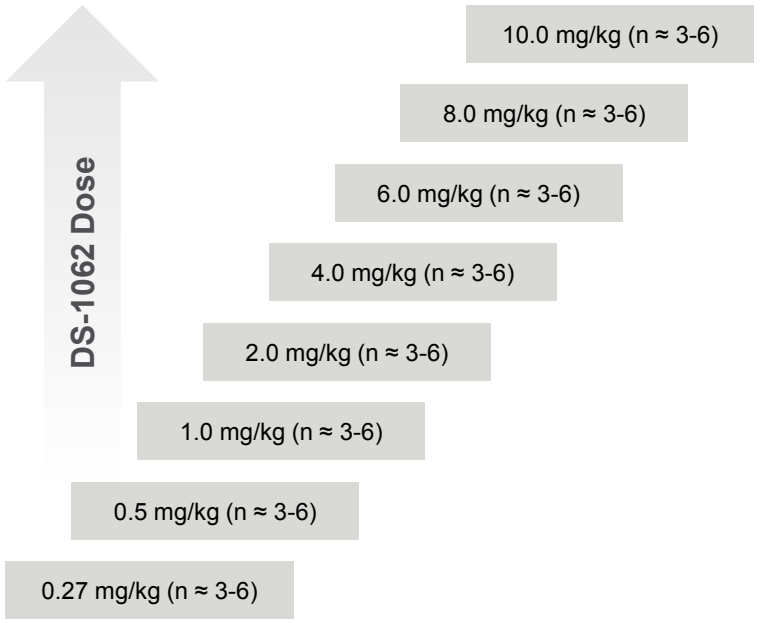
Patients with metastatic/unresectable advanced NSCLC

- Relapsed from/refractory to standard treatment (typically includes IO Chemo)
- ECOG PS 0-1
- Measurable disease per RECIST v1.1

Unselected for TROP2 expression

- Pretreatment tumor tissue required for retrospective analysis of TROP2 expression

Dose escalation



Dose expansion

Enrollment complete:

- 8.0 mg/kg: 80 patients
- 6.0 mg/kg: 50 patients
- 4.0 mg/kg: 50 patients
- Enrollment completed Oct 2020

Expansion into other tumor types is underway.

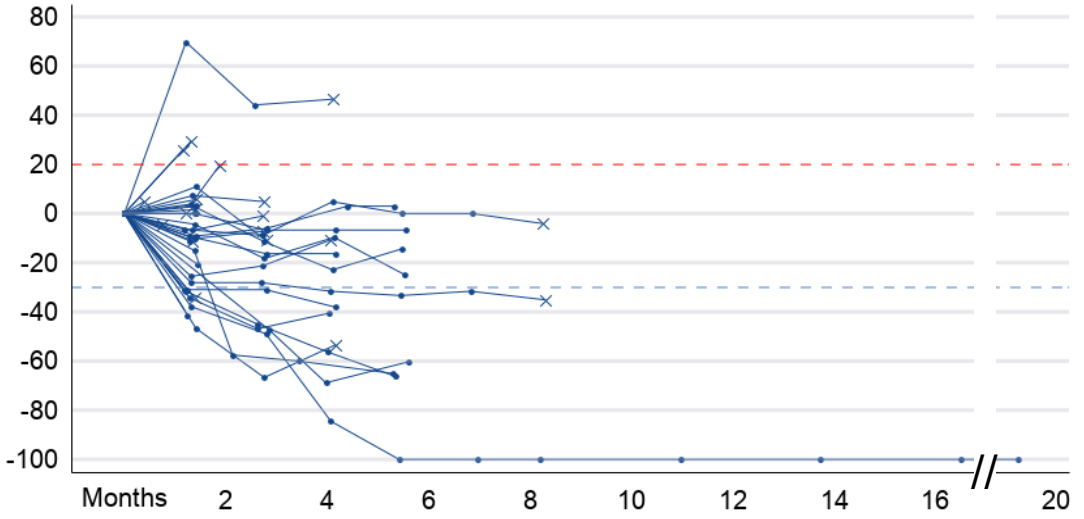
- TNBC
- Other tumor types

TROPION-PanTumor01, Two-part, Multicenter, Open-label, Multiple Dose, First-in-human Study of DS-1062 in Subjects With Advanced Solid Tumors (NCT03401385)

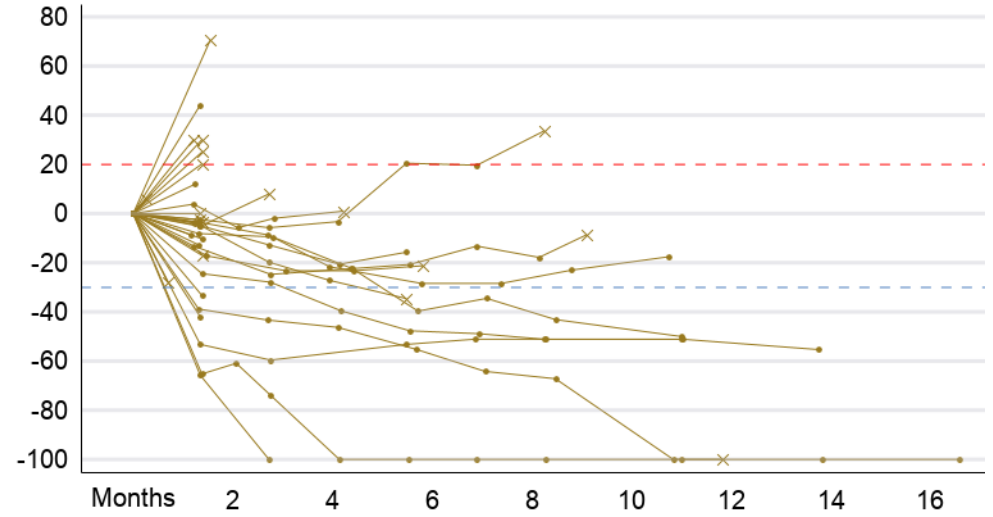
DS-1062: NSCLC

Spider plots of target lesions, based on BICR by dose

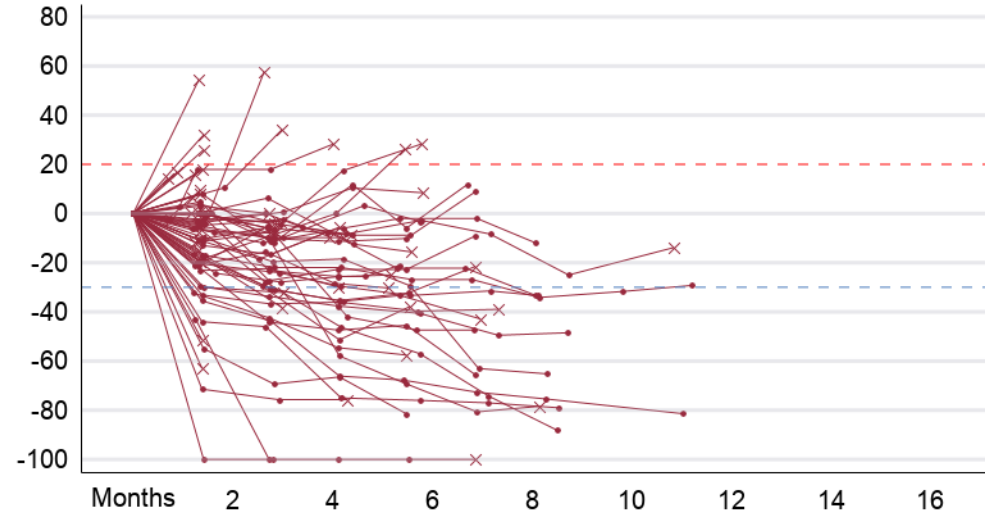
4 mg/kg



6 mg/kg



8 mg/kg



Source data on file. Preliminary. DCO: 4 Sept 2020. All patients, regardless of response.

DS-1062: NSCLC cumulative ILD, by dose
As of September 4, 2020

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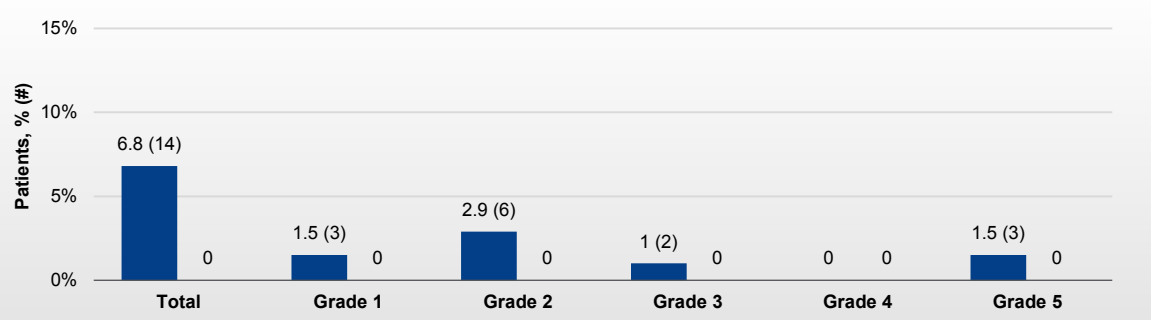
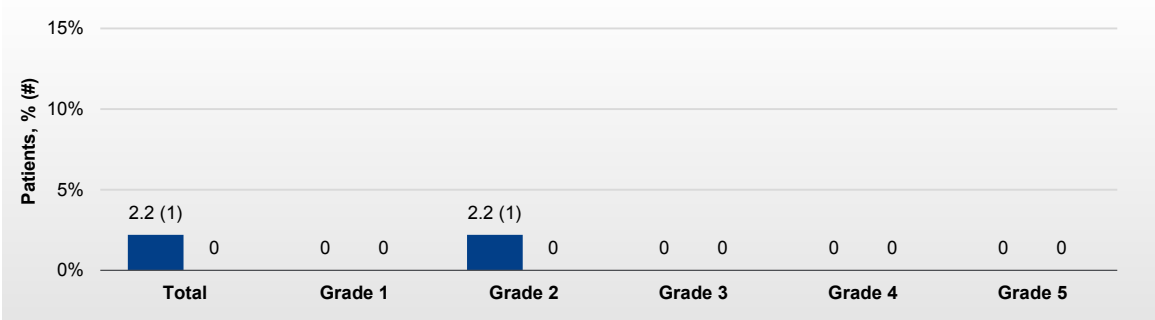
Adjudicated as drug-related ILD
Pending[1]

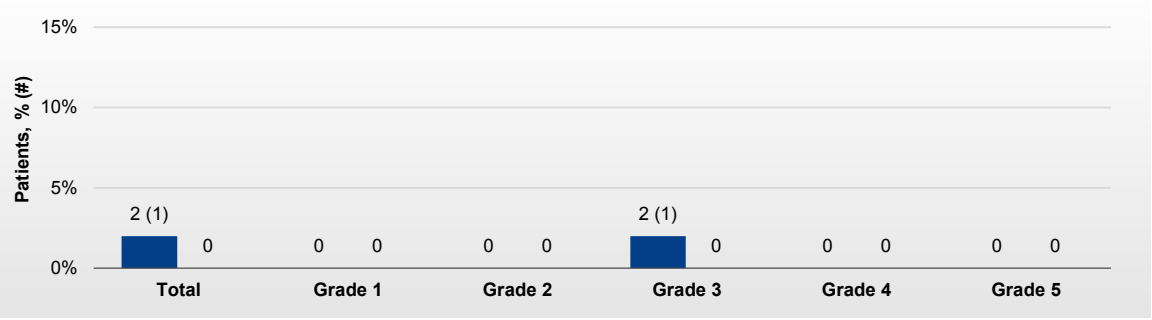
All doses, NSCLC, % (N) (total N=205)



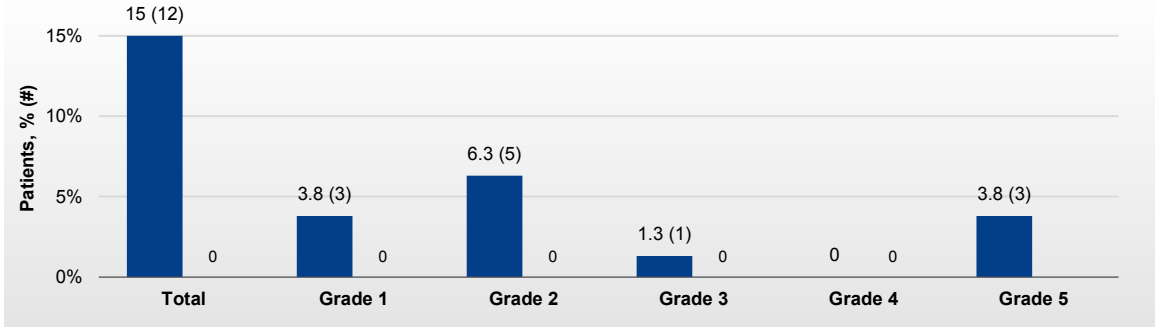
6.0 mg/kg, NSCLC (N=45)



4.0 mg/kg, NSCLC (N=50)



8.0 mg/kg, NSCLC (N=80)



[1] Investigator reported grades.

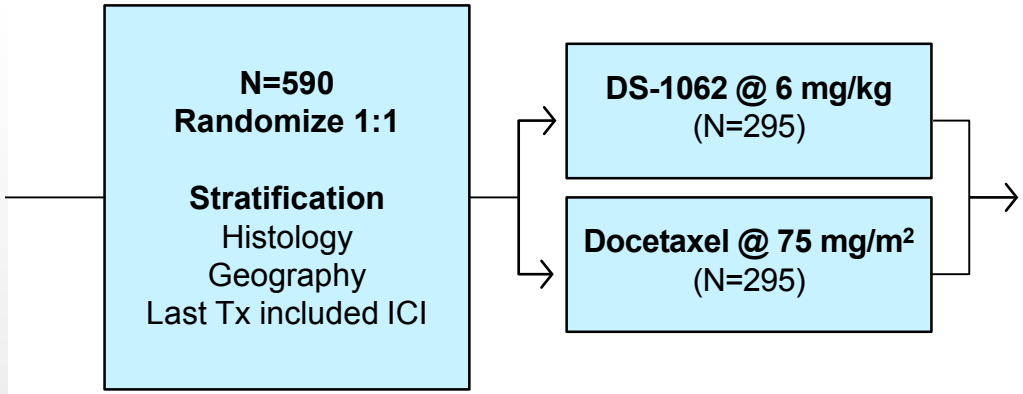
DS-1062: TROPION-Lung01

Pivotal phase 3 study in post IO/chemo NSCLC

LUNG

Key eligibility

- NSCLC w/o actionable genomic alterations
- ECOG PS 0 or 1
- Prior treatment with platinum-based chemotherapy and immune check point inhibitor (ICI)
- 1-2 prior therapy regimens
- TROP2 unselected / fresh biopsy obtained for prospective plan to retrospectively test



Objectives

Primary	PFS (BICR) OS
Secondary	ORR DoR PRO TEAE PK
Exploratory	PFS-2 Biomarkers Exposure/efficacy relationships Additional PRO

TROPION-Lung01 (not yet listed on Clintrials.gov)

DS-1062

NSCLC 1st line / NSCLC activating mutation, breast and beyond

Other NSCLC

- **NSCLC 1st line**
- ✓ **IO phase 1 Combination** under way:
  - TROPION-Lung02 (+ pembrolizumab) in collaboration with MERCK
  - TROPION-Lung04 (+ durvalumab)
- **TROPION-Lung05:** DS-1062 monotherapy in NSCLC with activating mutations

Breast and beyond

- **TNBC phase 1 cohort** Nearly complete enrollment, maturing
- **Breast cancer substantial plan**
- Other tumor cohorts planned

DS / AZ "game plan"

- A bold, large clinical development plan
- Strategy to win with utmost focus in lung and breast cancer
- The very reason we collaborated with AZ

TROPION-Lung02 (NCT04526691), TROPION-Lung04 (NCT04612751), TROPION-Lung05 (NCT04484142)

02

Our clinical-stage DXd ADCs

- DS-8201/trastuzumab deruxtecan (T-DXd)
- DS-1062/datopotamab deruxtecan (Dato-DXd)
- U3-1402/patritumab deruxtecan (HER3-DXd)
- Alpha: DS-7300 (B7-H3), DS-6157 (GPR20), DS-6000 (CDH6), DS-3939 (TA-MUC1)

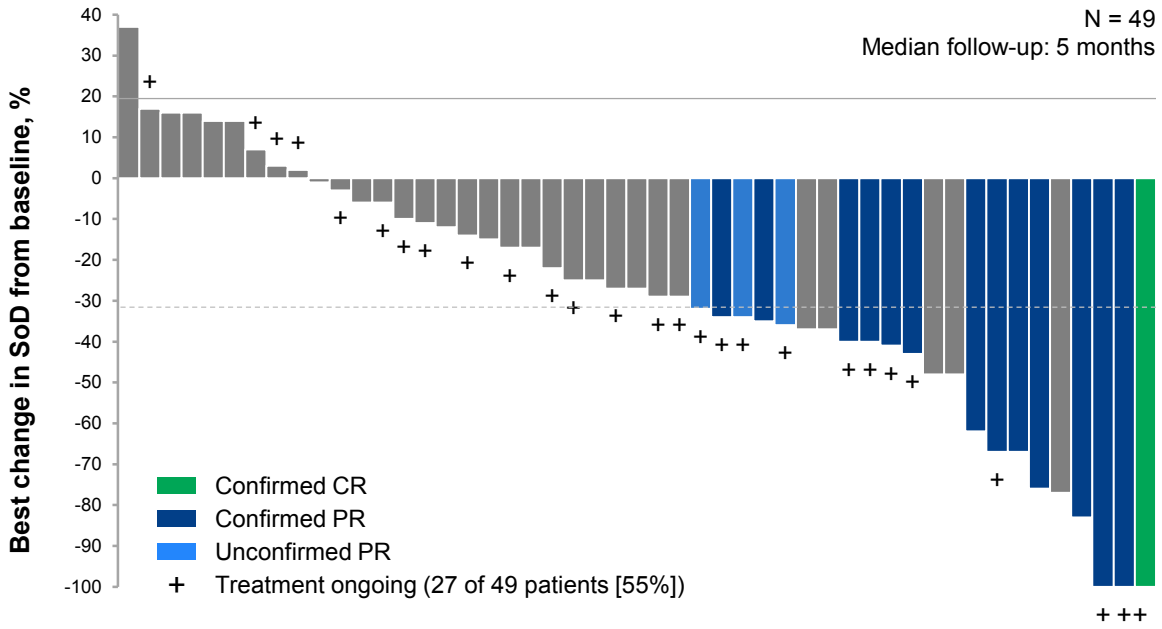
delivering
the science
patients deserve

U3-1402: Efficacy

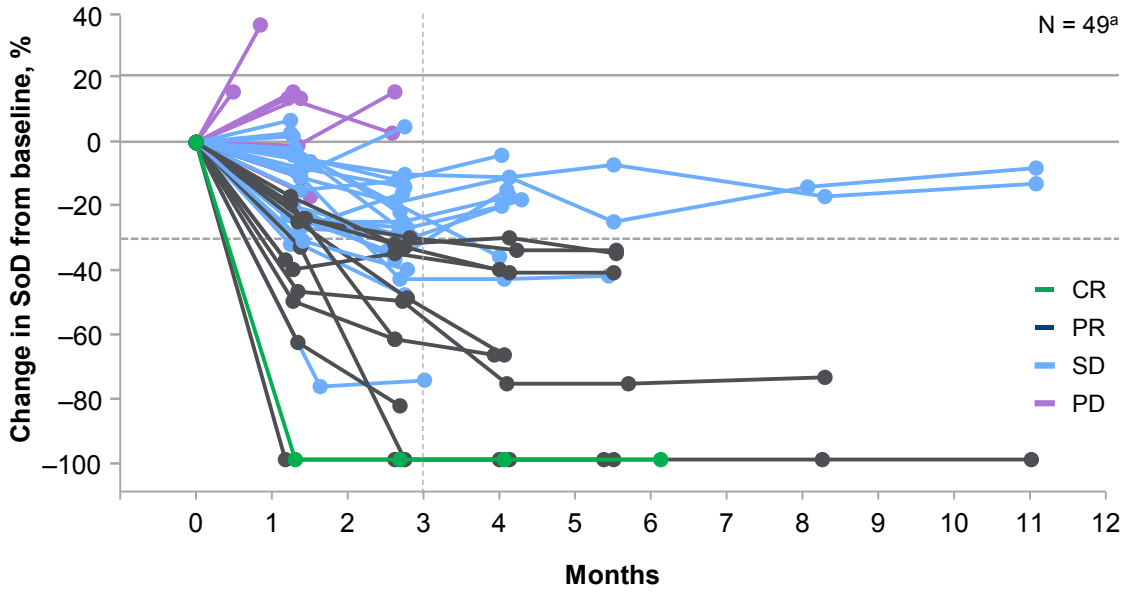
Phase 1 study in advanced EGFR-mutated NSCLC

LUNG

EGFR-mutated NSCLC post TKI and platinum-based chemotherapy



Spider plot



Source: Yu et al., ESMO 2020. U31402-U102 (NCT03260491)

U3-1402: Safety
Phase 1 study in advanced EGFR-mutated NSCLC

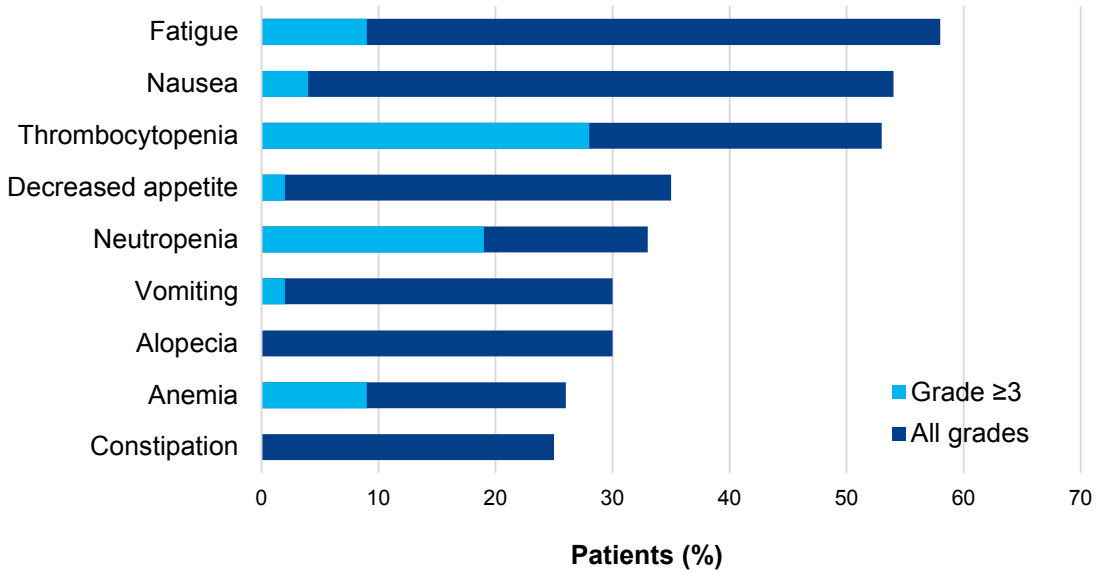
LUNG

5.6 mg/kg, Q3W

TEAEs n (%)	N = 57
TEAEs	57 (100)
Grade ≥3	38 (67)
Associated with discontinuation	5 (9)
Associated with dose reduction	10 (18)
Associated with dose interruption	17 (30)
Associated with death	3 (5)
Treatment-emergent SAEs	21 (37)
Grade ≥3	18 (32)
Treatment related	11 (19)

Three (5.3%) ILD events were adjudicated by an independent central review committee as U3-1402 related

TEAEs in ≥20% of patients, N=57



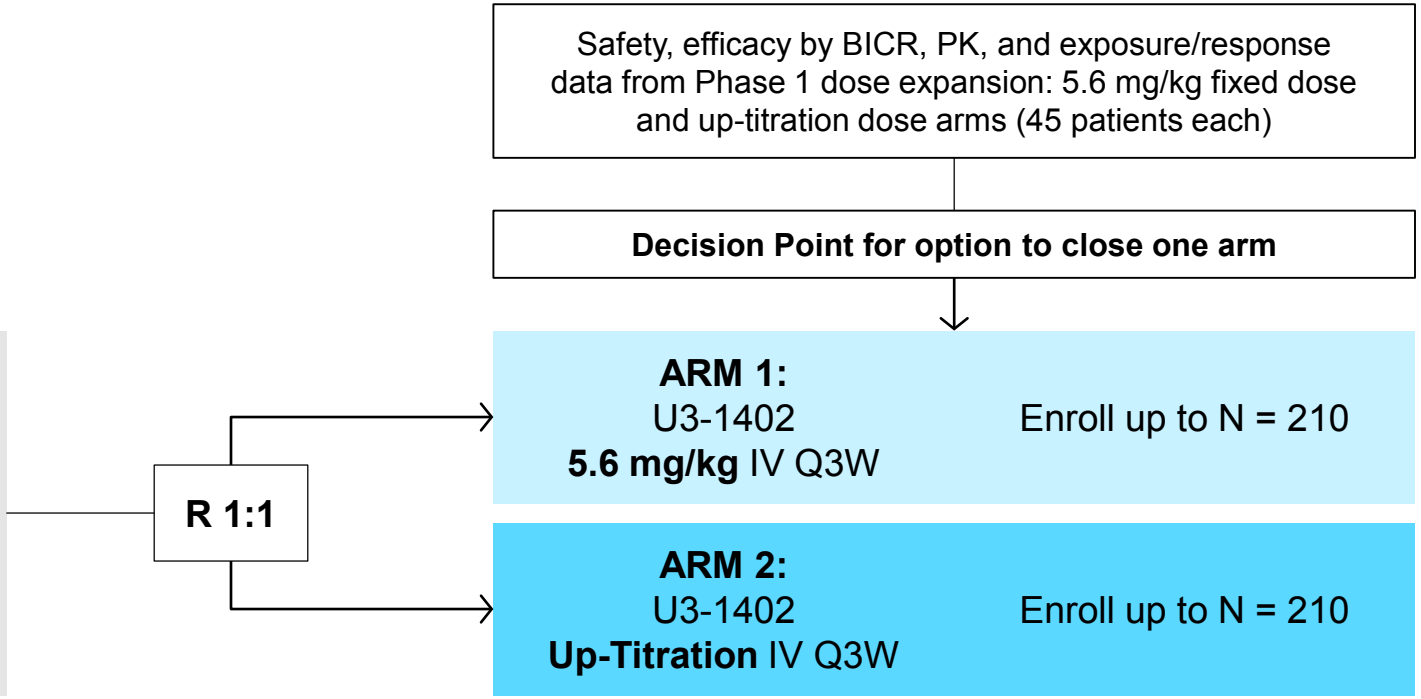
Source: Yu et al., ESMO 2020. U31402-U102 (NCT03260491)

HERTHENA-Lung01: Start in January 2021

Pivotal phase 2 study in advanced EGFR-mutated NSCLC

LUNG

- Metastatic or unresectable NSCLC with EGFR activating mutation (exon 19 deletion or L858R)
- Prior treatment including ≥1 platinum-based chemotherapy regimen and ≥1 EGFR TKI.
- T790M(+) patients must have received osimertinib
- Fresh tumor biopsy or recent archived tumor tissue



Endpoints

- Primary endpoint: ORR by BICR
- Secondary: DoR, DCR, PFS, OS, safety, immunogenicity, PK

HERTHENA-Lung01 (NCT04619004)

U3-1402: Start in January 2021

Phase 1 study osimertinib combination in EGFRm NSCLC

LUNG

Eligibility criteria

Metastatic NSCLC with EGFR-activating mutation (exon 19 deletion or L858R)

- Dose Escalation and Dose Expansion Arms 1 and 2: Progression after treatment with osimertinib; no other prior systemic therapies in metastatic setting
- Dose Expansion Cohort 3: No prior systemic treatment for metastatic disease

Pretreatment tumor biopsy or recent archived tumor tissue since progression

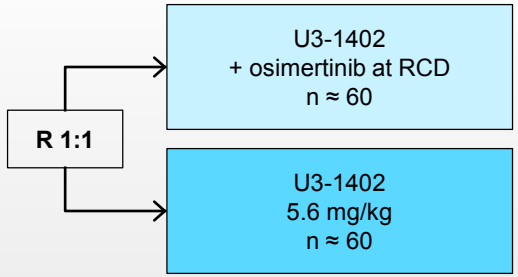
Dose escalation

Osimertinib dose	Patritumab deruxtecan dose
80 mg	1.6 mg/kg
	3.2 mg/kg starting dose
	4.8 mg/kg
	5.6 mg/kg
40 mg	1.6 mg/kg
	3.2 mg/kg
	4.8 mg/kg
	5.6 mg/kg

Guided by BLRM

Dose expansion

Arms 1 and 2 (second-line):



Cohort 3 (first-line):

U3-1402
+ osimertinib at RCD
n ≈ 30

Objectives

Primary

- Dose Escalation and Dose Expansion Cohort 3: Safety and tolerability
- Dose Expansion Arms 1 and 2: ORR by BICR

Secondary

- ORR; DCR; DOR
- PFS; OS
- Safety and tolerability (dose expansion arms 1 and 2)
- Pharmacokinetics
- HER3 as a biomarker (dose expansion only)

U31402-U103 (not yet listed in Clintrials.gov)

U3-1402: Efficacy in dose expansion

Phase 1 study in breast cancer

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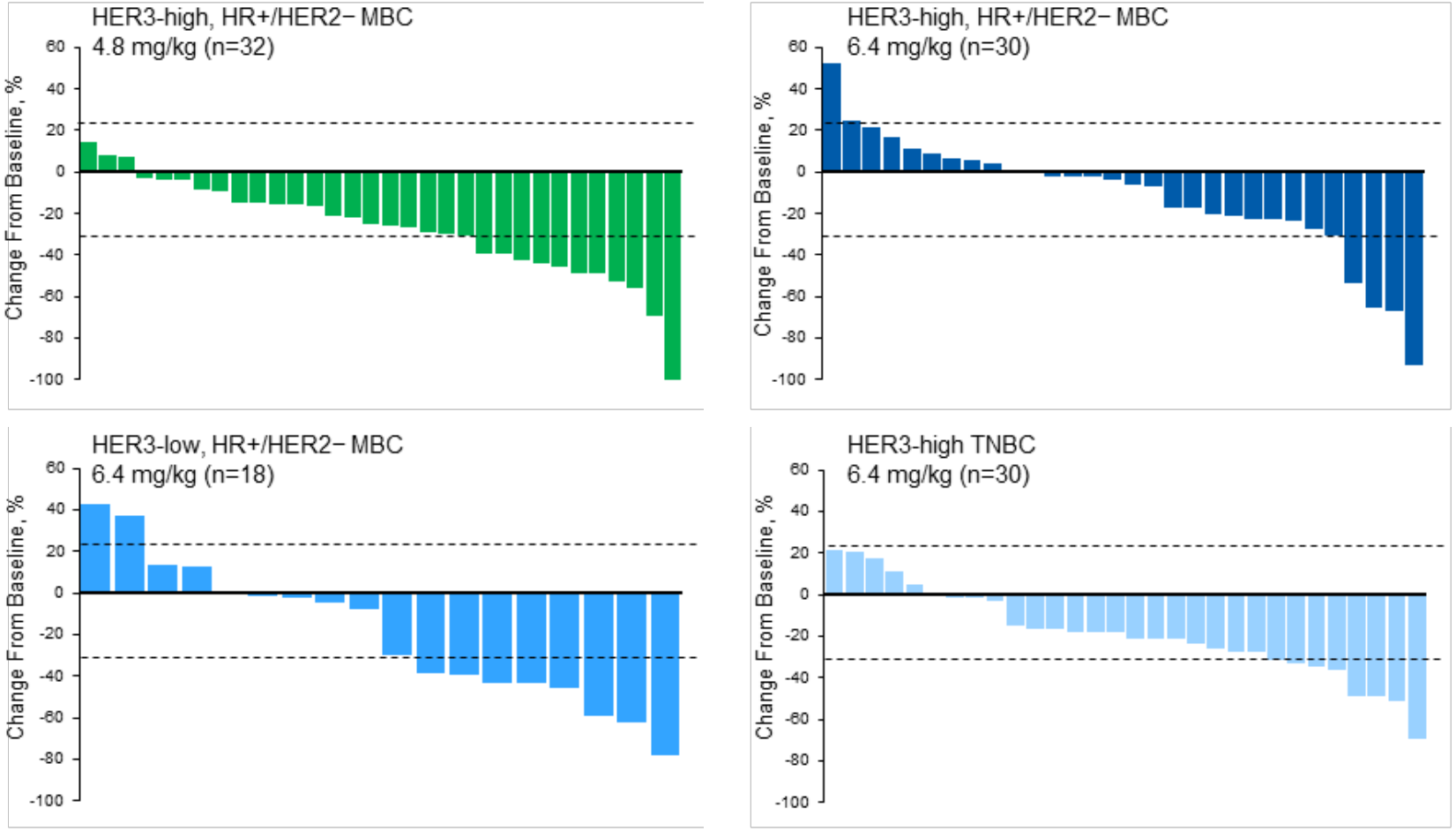
BREAST

Best Change in Tumor Size by BICR



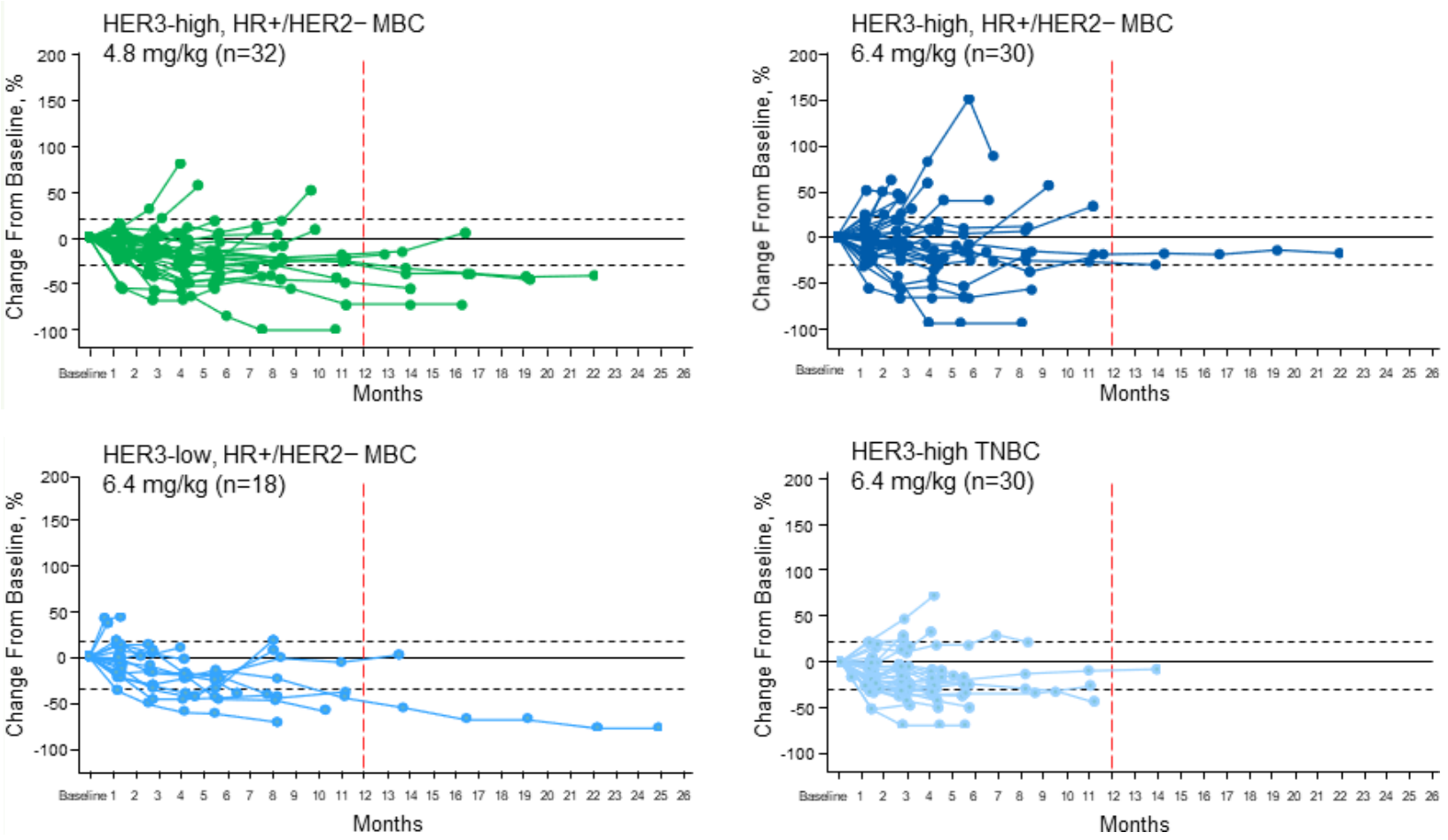
Source: Krop, et al., Abstract# PD1-09, SABCS Dec 2020; (NCT02980341)

U3-1402: Efficacy in dose expansion

Phase 1 study in breast cancer

BREAST

Change in Tumor Size by BICR Over Time

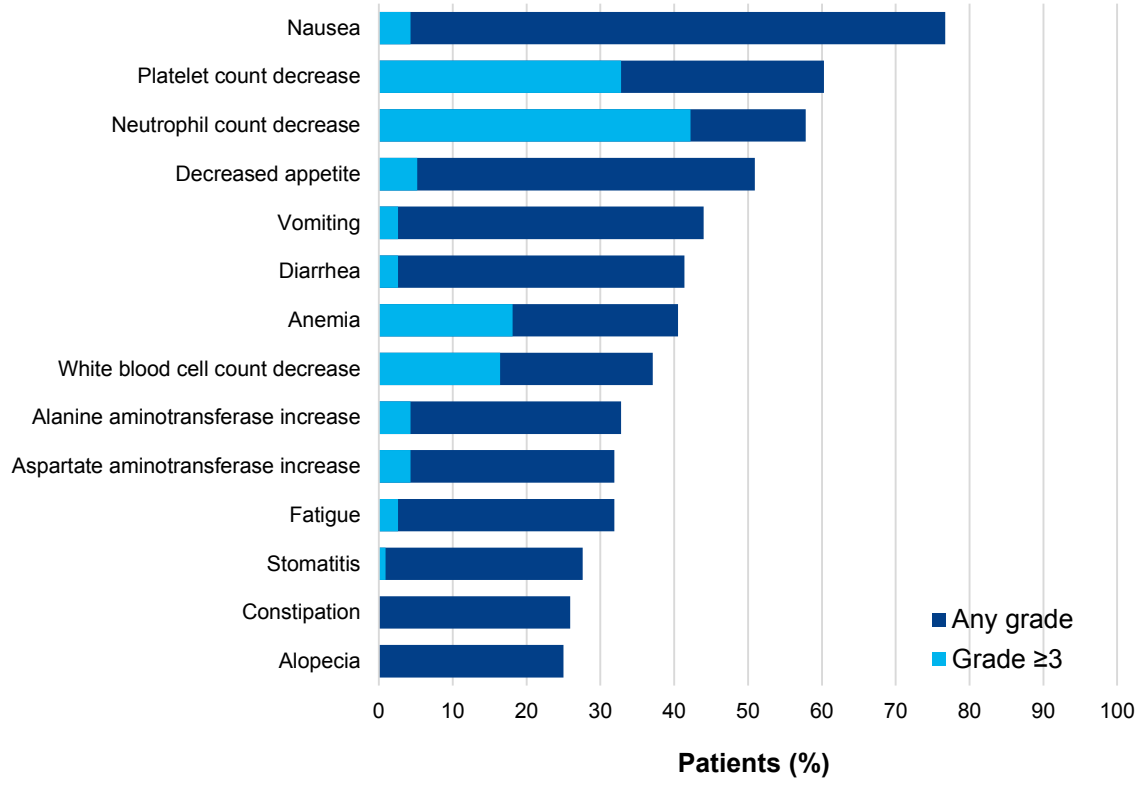


Source: Krop, et al., Abstract# PD1-09, SABCS Dec 2020

U3-1402: Safety
Phase 1 study in breast cancer

BREAST

Treatment-emergent adverse events U3-1402 N=116[1]



Summary of safety

n (%)	HER3-high, HR+/HER2-MBC 4.8 mg/kg (n=33)	HER3-high, HR+/HER2-MBC 6.4 mg/kg (n=31)	HER3-low, HR+/HER2-MBC 6.4 mg/kg (n=21)	HER3-high TNBC 6.4 mg/kg (n=31)	U3-1402 Overall (N=116)
Any TEAE	32 (97.0%)	31 (100%)	21 (100%)	31 (100%)	115 (99.1%)
Grade ≥3	19 (57.6%)	23 (74.2%)	16 (76.2%)	25 (80.6%)	83 (71.6%)
TEAE associated with discontinuation[3]	4 (12.1%)	2 (6.5%)	1 (4.8%)	3 (9.7%)	10 (8.6%)

– No patient discontinued due to thrombocytopenia

– 1 drug related AE associated with death (neutropenic sepsis in the HER3-high 6.4 mg/kg cohort)

- **Six (5.2%) ILD events were adjudicated by independent central review committee as related to U3-1402**

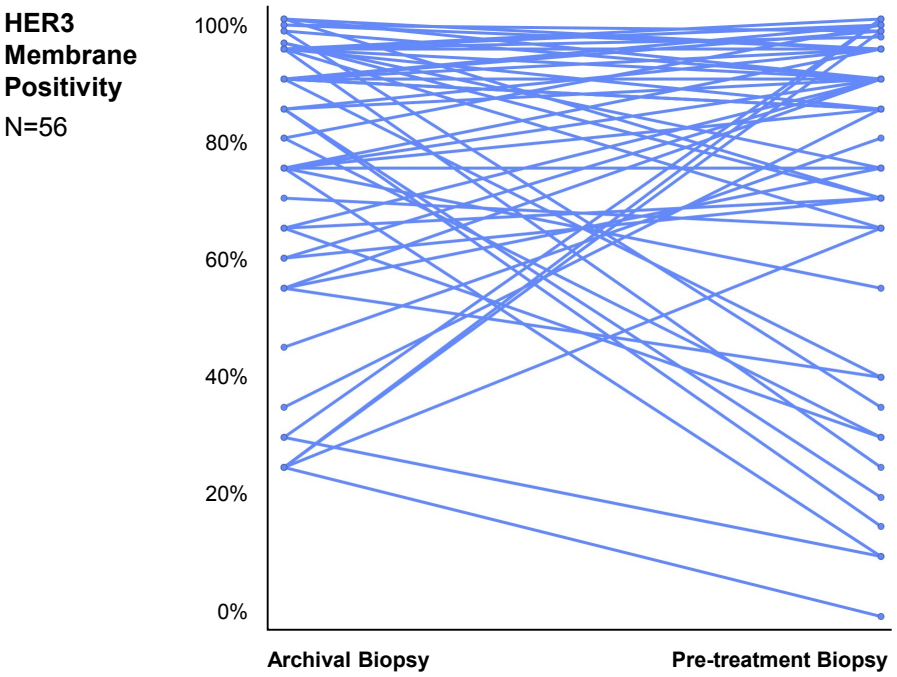
Source: Krop, et al., Abstract# PD1-09, SABCS Dec 2020

U3-1402: Instability of HER3 expression

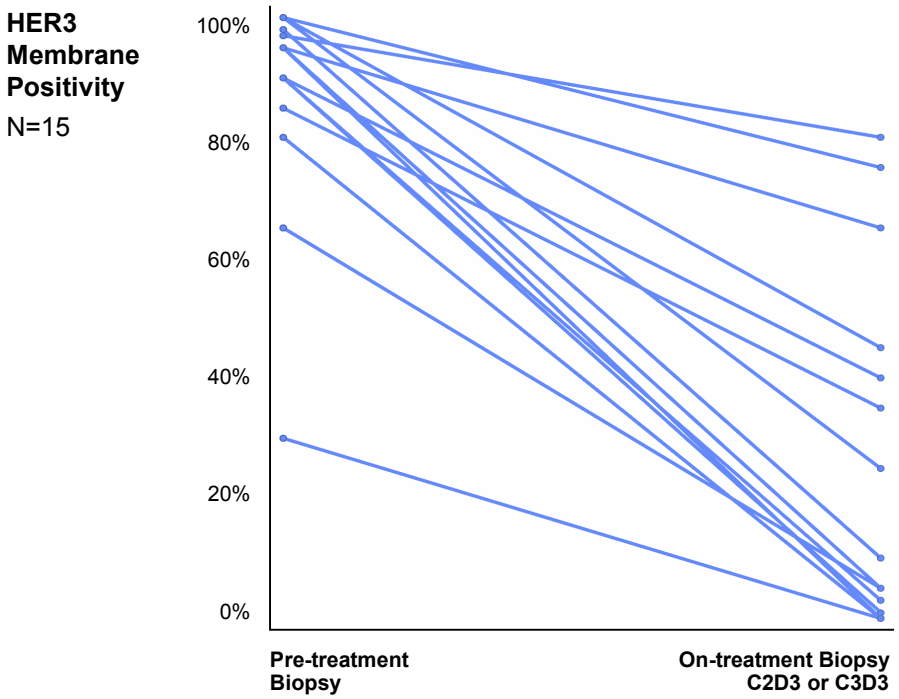
Phase 1 study in breast cancer

BREAST

HER3 expression variability in breast cancer: archival vs pre-treatment biopsy



HER3 expression level decreases during U3-1402 treatment in breast cancer

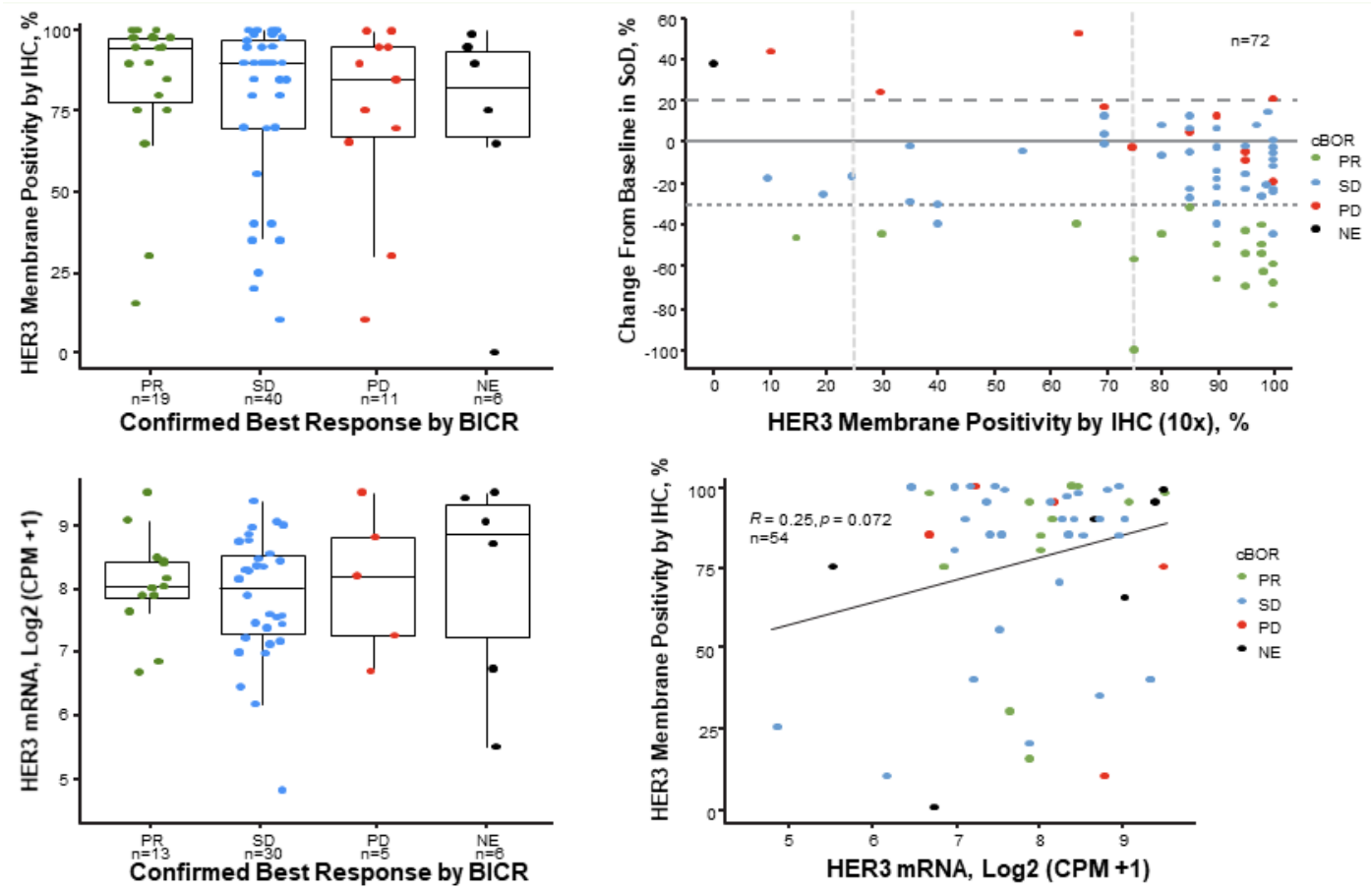


Source: Krop, et al., Abstract# PD1-09, SABCS Dec 2020. Includes HR+ patients only. C, cycle; D, day.

U3-1402: Pre-treatment HER3 expression vs. response to U3-1402

Phase 1 study in breast cancer

BREAST



Source: Krop, et al., Abstract# PD1-09, SABCS Dec 2020

U3-1402: Cumulative ILD data by tumor type
As of November 15, 2020

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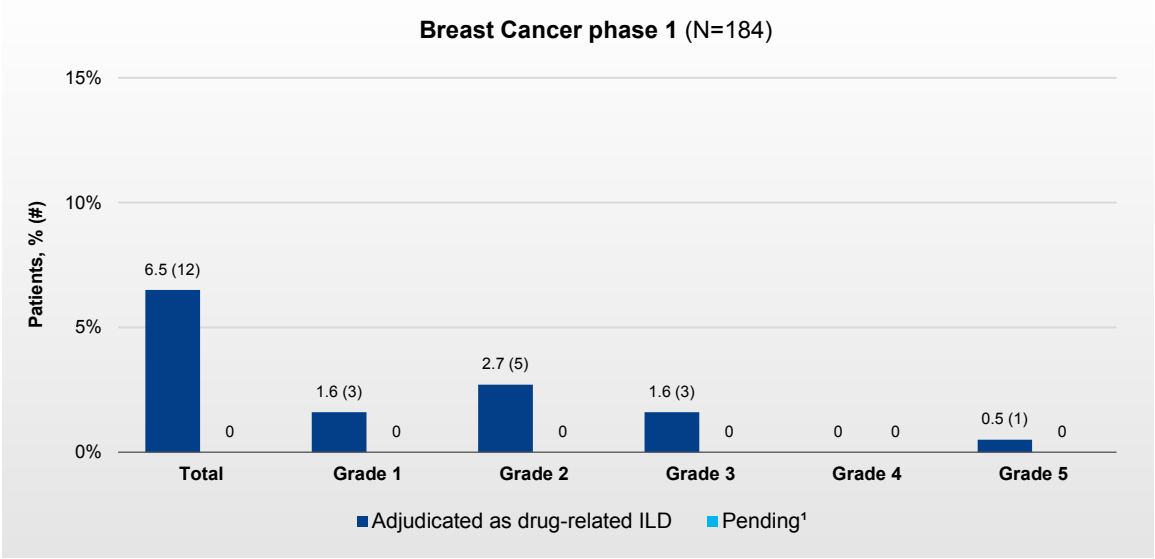
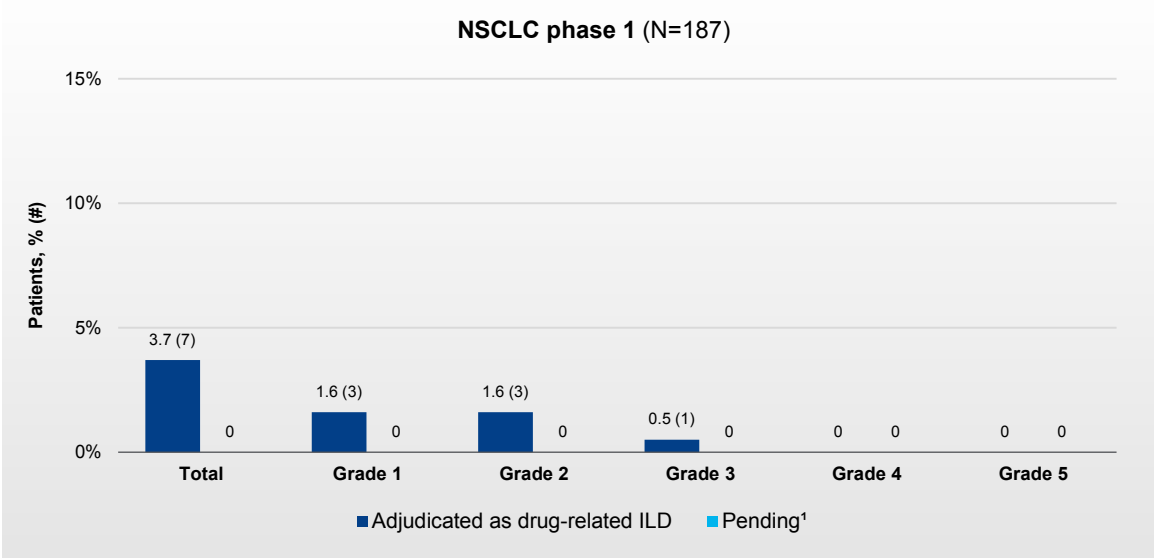
Patients with CTCAE grade from ILD AC



Patients with CTCAE grade from ILD AC



[1] Investigator reported grades

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Our clinical-stage DXd ADCs

- DS-8201/trastuzumab deruxtecan (T-DXd)
- DS-1062/datopotamab deruxtecan (Dato-DXd)
- U3-1402/patritumab deruxtecan (HER3-DXd)
- Alpha: DS-7300 (B7-H3), DS-6157 (GPR20), DS-6000 (CDH6), DS-3939 (TA-MUC1)

delivering
the science
patients deserve

CE-Alpha
Early DXd-ADC programs

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Alpha: The cutting edge and power of true innovation delivering drugs changing SOC

Asset	Target	Potential indications	Status
DS-7300	B7-H3 (DAR ≈ 4)	Solid tumors (SCCHN, NSCLC, Esophageal, etc.)	FIH: October 2019 Delivery model: collaboration with Sarah Cannon, unselected subjects Current status (Phase 1): completed dose level 6 (8 mg/kg); no DLT. Early Clinical Signal with confirmed responses
DS-6157	GPR20 (DAR ≈ 8)	GIST	FIH: May 2020 Delivery model: collaboration with Sarah Cannon; led by Dana Farber Current status (Phase 1): 3rd dose level. No DLT.
DS-6000	CDH6* (DAR ≈ 8)	RCC, Ovarian	FIH: FY2020 Q4 (estimated) Delivery model: collaboration with Sarah Cannon
DS-3939	TA-MUC1	Solid tumors	FIH: FY2022 (estimated)

*CDH6: cadherin 6

CE-Alpha
Non-ADC programs

Alpha: The cutting edge and power of true innovation delivering drugs changing SOC

Asset	Target	Potential indications	Status
DS-1055	GARP+ Activated T-Reg	Solid tumors	FIH October 2020
DS-3201 (valemetostat)	EZH1/2	Hematological malignancies	ATL: JP phase 2 ongoing Global pivotal phase 2 R/R PTCL; FSD FY2021 H1
Axi-Cel™	CD-19 CAR-T	DLBCL	J-NDA approval (December 2020)
Pexidartinib	CSF-1R	TGCT	Phase 3 study: China (FSD December 2020) / Taiwan (FSD September 2020) Phase 3 study: Japan (FSD February 2021)
Quizartinib	FLT3	First line AML	QuANTUM-First pivotal study; enrollment complete August 2019; results FY2021 H2

03

Our transformation towards being a biologics & multi-modality Company

delivering
the science
patients deserve

ADC clinical and commercial supply strategy

How we're delivering on our promises

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- We are meeting commercial and development obligations with massive scale-up and acceleration
- $1B committed Fall 2019 CAPEX for manufacturing, over FY2020-2022 period
- We're powering through residual pinch points (DS-1062 supply will not slow down DS / AZ acceleration)

A serial innovator

- Investigate deeply the biology and pharmacology of ADC at the receptor & cellular level:
  - Gustave Roussy, Dana-Farber Cancer Institute, Memorial Sloan Kettering Cancer Center, Sarah Cannon Research Institute, National Cancer Center (Japan) and other global critical translational science collaborations around our top 3 DXd
- Next ADC constructs: ~FY2022

News flow

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January – March 2021

DS-8201:
DESTINY-Lung01 HER2 expressing cohort

DS-1062:
Phase 1 NSCLC update

U3-1402:
Phase 1 EGFRm NSCLC update

April – June 2021

DS-8201:
DESTINY-Gastric01, DESTINY-CRC01 updates, biomarker analysis

U3-1402:
Phase 1 EGFRm NSCLC update

Upcoming catalysts

DESTINY

QuANTUM-FIRST STUDY

DS-8201:
EU DESTINY-Breast01 approval
US DESTINY-Gastric01 approval

DESTINY-Breast02 data
DESTINY-Breast03 data
DESTINY-Breast04 data

EU DESTINY-Gastric01 submission

Quizartinib:
QuANTUM-First data

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

Q&A

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