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Compassion for Patients.™

Daiichi-Sankyo

Science & Technology Day 2025

DAIICHI SANKYO CO., LTD.

December 16th, 2025

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Science & Technology Day 2025 Presenters

Hiroyuki Okuzawa
President and CEO

Ken Takeshita
Head of Global R&D

Ken Keller
Head of Global Oncology Business

Hiroto Kashiwase
Head of Global Technology

Yuki Abe
Head of Global Research

Agenda

1. Welcome
2. Clinical Development
3. Oncology Business
4. Technology
5. Research
6. Q&A

Agenda

1. **Welcome**
2. Clinical Development
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Daiichi Sankyo Won Three World ADC Awards in 2025

12th ANNUAL WORLD adc AWARDS

- **TROP2 Directed ADC** recognized for **“Best ADC Clinical Impact”**
- **HER2 Directed ADC** recognized for **“Best ADC Clinical Publication”**
- **Daiichi Sankyo’s DXd ADC Technology** recognized for **“Best ADC Platform Technology”**

Agenda

1. Welcome
2. **Clinical Development**
3. Oncology Business
4. Technology
5. Research
6. Q&A

Looking Towards the Horizon …

Future of Daiichi Sankyo's ADC Technology

- **DXd ADCs … More than ENHERTU®**
  Updates from DXd ADC portfolio
- **New Concept ADCs**
  mPBD, STING agonist payloads & others
- **New Non-ADC Oncology Pipeline**
  Targeted Protein Degraders, Novel Immune-Oncology Targets
- **Scientifically Rational Combinations**
  Unlocking the potential of DXd ADCs

Multiple Accomplishments & Recognitions Continue to Demonstrate the Value of DXd ADCs

As of CY2025 …

ENHERTU®

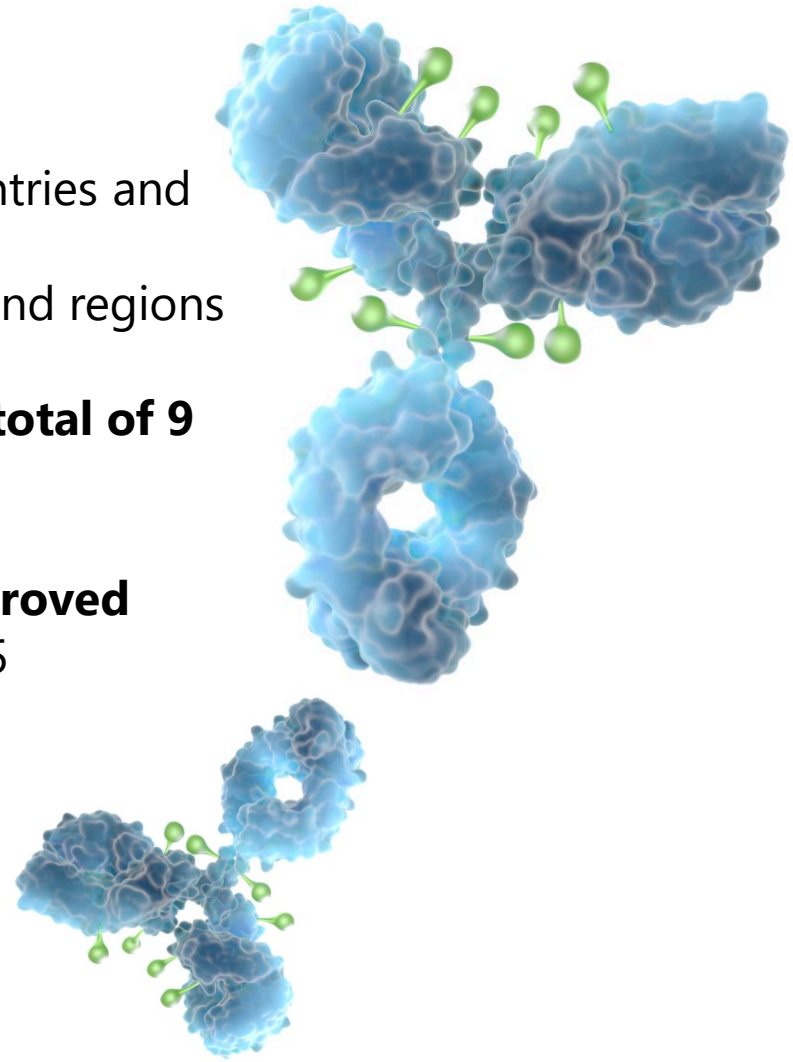
- **15 new Regulatory Approvals** across 15 countries and regions
- **94 extension Approvals** across 45 countries and regions
- **85 Regulatory Submissions**
- **Recent BTD in 1L HER2 positive mBC, for a total of 9 BTDs for ENHERTU®**

DATROWAY®

- **35+ Countries and Regions Regulatory Approved**
- **1 Accelerated Approval** for TROPION-Lung05 supported by TROPION-Lung01 based on BTD

I-DXd & R-DXd

- **BTDs for I-DXd in SCLC, and R-DXd in PROC**, resulting in a **total of 13 BTDs** for DXd ADC portfolio



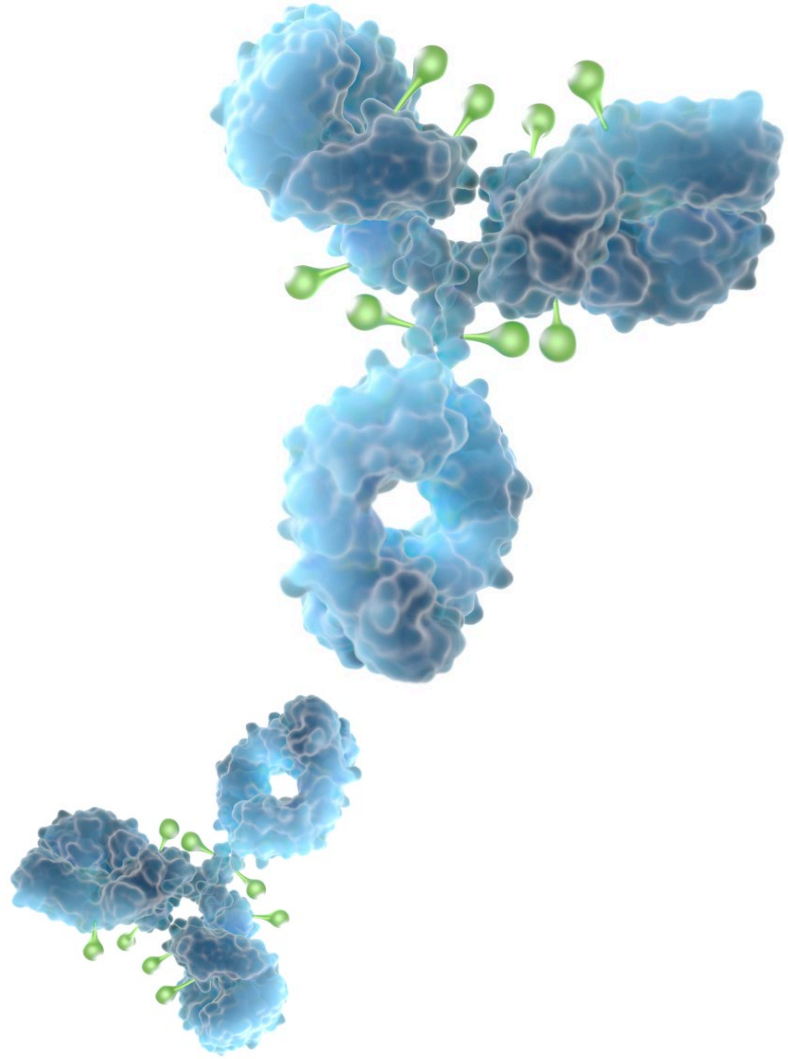
BTD: Breakthrough Therapy Designation; mBC: metastatic breast cancer; PROC: Platinum-resistant ovarian cancer; SCLC: small cell lung cancer; SQ: squamous

Multiple Accomplishments & Recognitions Continue to Demonstrate the Value of DXd ADCs

In the past two years, **22 articles** about our DXd ADC technology have been featured in prestigious journals* including The New England Journal of Medicine & Nature Medicine

Since 2019, Daiichi Sankyo has received **15 awards & recognitions for our world-class science.**

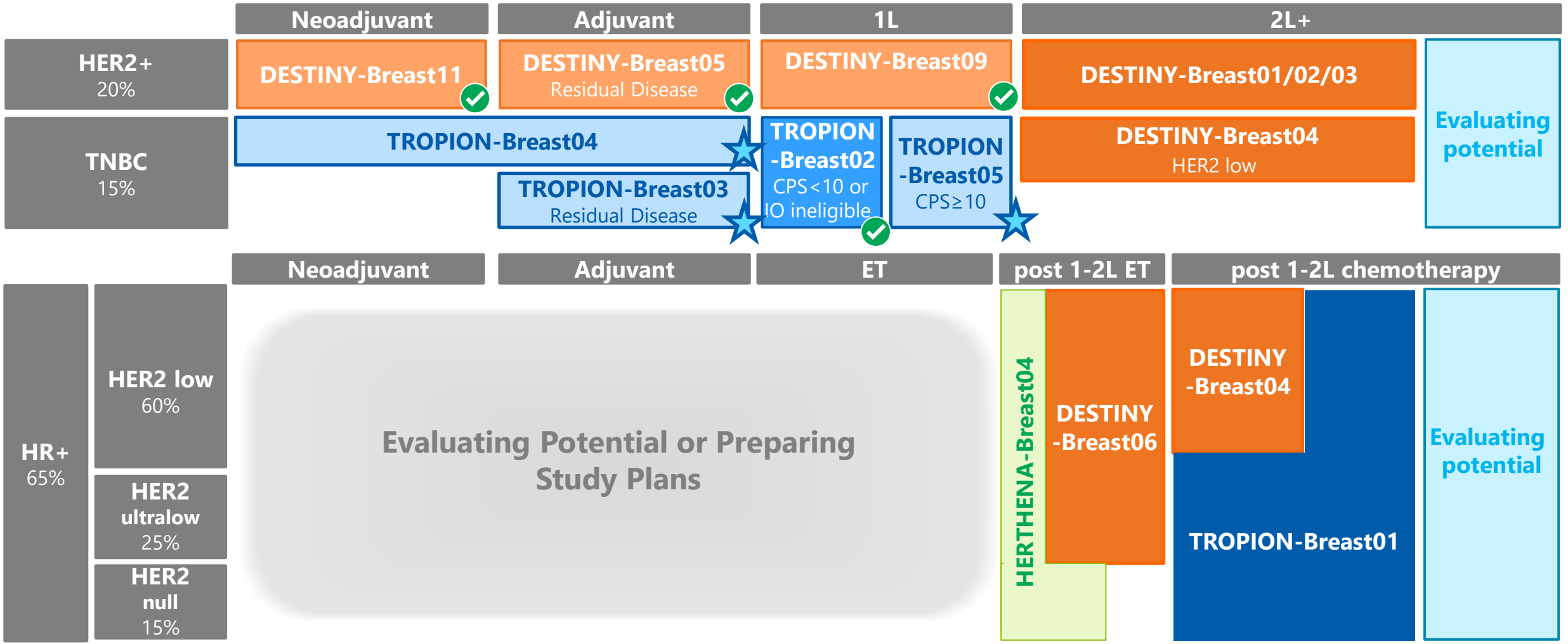
Most recently, Daiichi Sankyo was honored to receive 3 World ADC Awards for ENHERTU®** and DATROWAY®*** as well as for "Best ADC Platform Technology".



* Journal of Clinical Oncology, Nature Medicine, The New England Journal of Medicine, The Lancet Oncology
** Best ADC Clinical Publication Award for DESTINY-PanTumor02 publication in 2024
*** Best ADC Clinical Impact Award for studies including TROPION-Breast01, TROPION-Breast02, TROPION-Lung05

ADC: antibody-drug conjugate

Advancing ENHERTU® into Early Breast Cancer and DATROWAY® as the New 1L SOC in TNBC



ENHERTU® DATROWAY® : Launched

ENHERTU® DATROWAY® : Completed Data Readout

DATROWAY® : BEGONIA data supports TROPION-Breast03, TROPION-Breast04, TROPION-Breast05

DATROWAY® HER3-DXd Early Pipeline : On-going

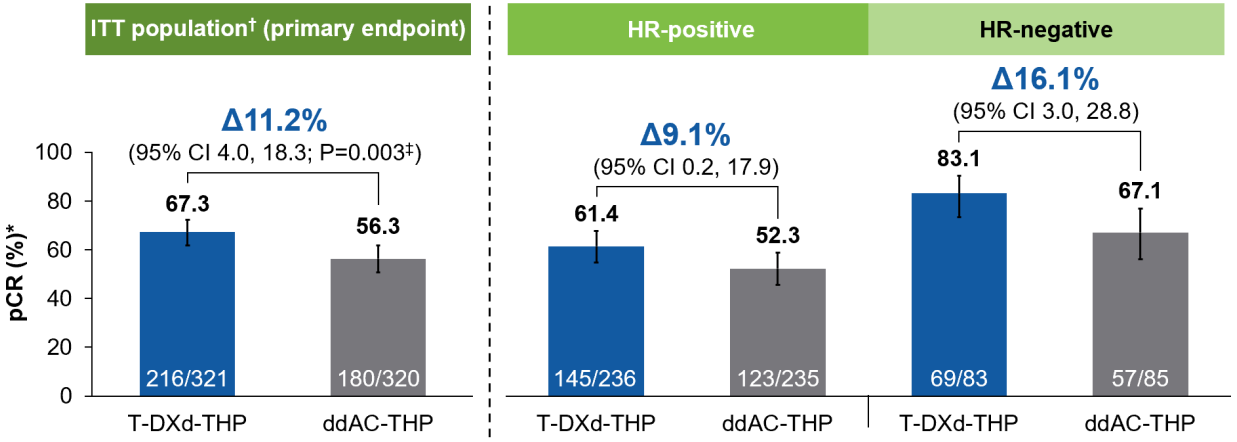
CPS: combined positive score, ET: endocrine therapy, HR: hormone receptor, IO: immuno-oncology, TNBC: triple-negative breast cancer

- Pivotal studies only, not exhaustive
- Box size does not reflect the patient population
- Box indicates current potential target segment

Go Earlier in HER2+eBC: Positive Trials, with Potential Cure of eBC at a High Risk of Recurrence

DESTINY-Breast11 (Neoadjuvant)

Primary endpoint: pCR (ypT0/is ypN0)



Neoadjuvant T-DXd-THP demonstrated a **statistically significant and clinically meaningful improvement** in pCR vs ddAC-THP in patients with high-risk HER2+ eBC.

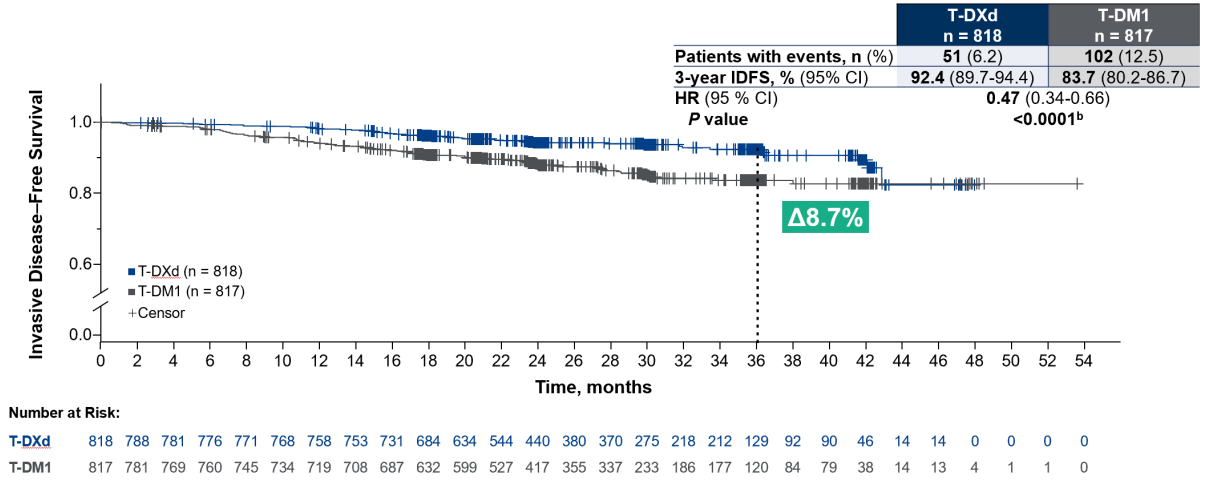
Improvement was observed **in both the HR-positive and HR-negative subgroups**

For the ITT population, treatment effects were estimated by the difference in pCR with 95% CIs and P-values based on the stratified Miettinen and Nurminen's method, with strata weighting by sample size (ie Mantel–Haenszel weights)

*By blinded central review; †pCR responders were defined as patients who only received randomized study treatment (at least one dose) and had pCR; ‡two-sided P-value crossed the 0.03 prespecified boundary.

DESTINY-Breast05 (Post Neoadjuvant)

Primary endpoint: IDFS[a]



53% reduction in the risk of invasive disease recurrence or death for T-DXd compared with T-DM1 in patients with HER2+ eBC

Efficacy stopping boundary, *P* = 0.0183

[a]IDFS is defined as the time from randomization until the date of first occurrence of one of the following events: recurrence of ipsilateral invasive breast tumor, recurrence of ipsilateral locoregional invasive breast cancer, contralateral invasive breast cancer, a distant disease recurrence, or death from any cause. [b]Two-sided *P* value from stratified log-rank test. Hazard ratio and 95% CI from stratified Cox proportional hazards model with stratification factor of operative status at disease presentation.

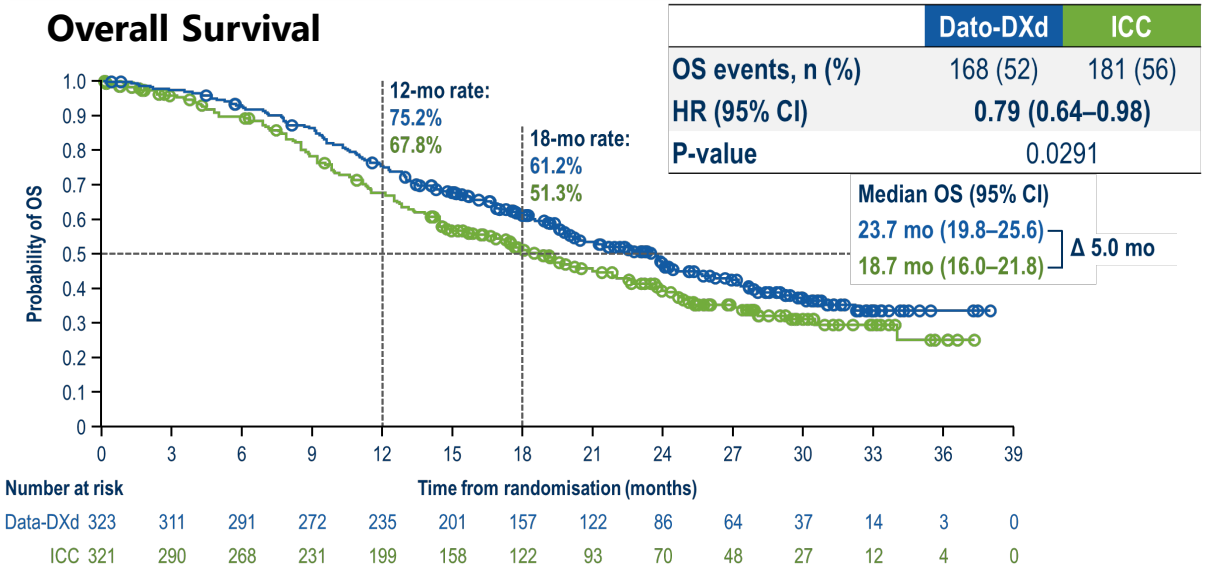
CI: confidence interval, eBC: early breast cancer, ESMO: European Society for Medical Oncology. HR: hormone receptor, HR: hazard ratio, IDFS: invasive disease-free survival, ITT: intention-to-treat, pCR: pathological complete response, T-DM1, trastuzumab emtansine, T-DXd, trastuzumab deruxtecan (ENHERTU®), THP: Taxane (paclitaxel or docetaxel) + trastuzumab +pertuzumab

DATROWAY® is the First and Only TROP2 directed ADC Showing Statistically Significant & Clinically Meaningful OS Results in 1L mTNBC

Daiichi-Sankyo

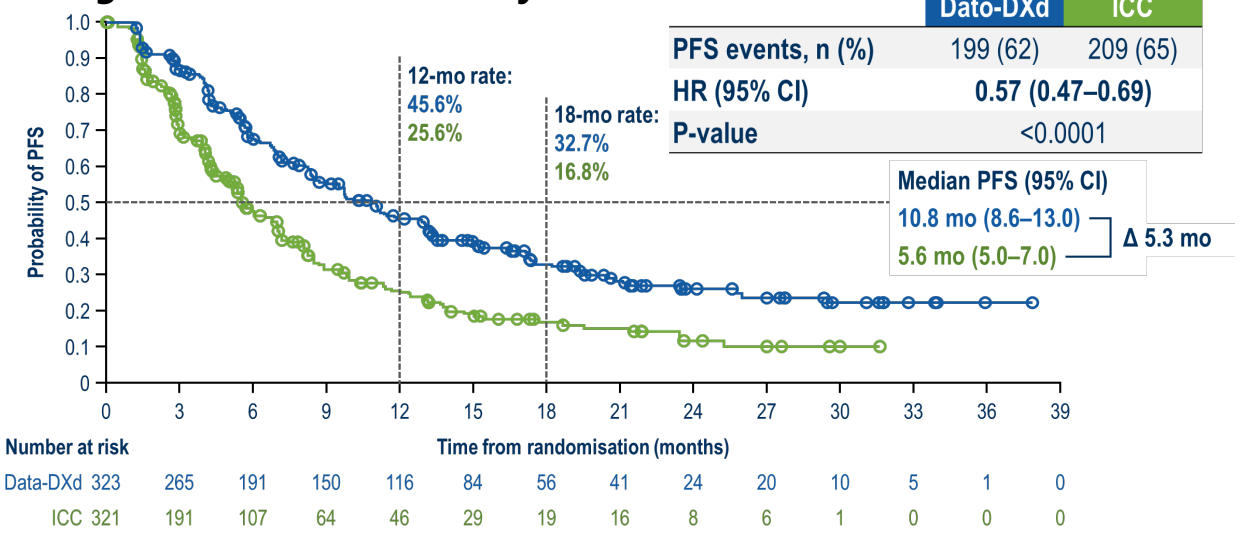
TROPION-Breast02 (1L mTNBC)

Overall Survival



	Dato-DXd	ICC
OS events, n (%)	168 (52)	181 (56)
HR (95% CI)	0.79 (0.64–0.98)	
P-value	0.0291	

Progression-Free Survival by BICR



	Dato-DXd	ICC
PFS events, n (%)	199 (62)	209 (65)
HR (95% CI)	0.57 (0.47–0.69)	
P-value	<0.0001	

- In TROPION-Breast02, **DATROWAY® demonstrated a statistically significant and clinically meaningful improvement of ~5 months in both mOS and mPFS vs chemotherapy** (OS HR: 0.79, mOS: 23.7 vs. 18.7 mo)
  - **Statistically significant OS despite use of subsequent ADCs in the control arm**
  - DATROWAY® achieved ORR two-fold higher than chemotherapy (62% vs. 29.3% for chemotherapy) , with durable responses lasting >1 year. Durable responses are important in TNBC where responses with chemotherapy are short-lived
- TROPION-Breast02 enrolled a population representing ~70% of patients with 1L mTNBC, and included those often excluded from clinical trials with the poorest prognosis (e.g. DFI < 6 months)
- Despite more than double the duration of treatment (8.5 vs 4.1 mo), rates of Grade≥3 and serious TRAEs were similar, and discontinuations were lower, with DATROWAY® vs chemotherapy. AESIs (e.g. stomatitis, ILD) were primarily Grade 1–2 and manageable
- DATROWAY® has **more convenient administration schedule (Q3W)**
- DATROWAY® leverages the clinically-validated DXd technology with a tumor-selective cleavable linker that is specifically designed to reduce systemic exposure to the payload
- TROPION-Breast02 results support DATROWAY® as a potential new 1L standard of care for patients with metastatic TNBC for whom immunotherapy is not an option
- Three additional studies of DATROWAY® are ongoing with PD-L1 agents in the TNBC setting including neoadjuvant, adjuvant and metastatic 1L

AESI: adverse event of special interest, BICR: blinded independent central review, CI: confidence interval, DFI: disease-free interval, ESMO: European Society for Medical Oncology, HR: hazard ratio, ICC: Investigator's choice of chemotherapy, ILD: interstitial lung disease, IO: immune oncology, mo: months, mOS: median overall survival, mPFS: median progression-free survival, OS: overall survival, ORR: Objective Response Rate, PFS: progression-free survival, Q3W: once every 3 weeks, mTNBC: metastatic triple-negative breast cancer, TRAE: treatment-related adverse event

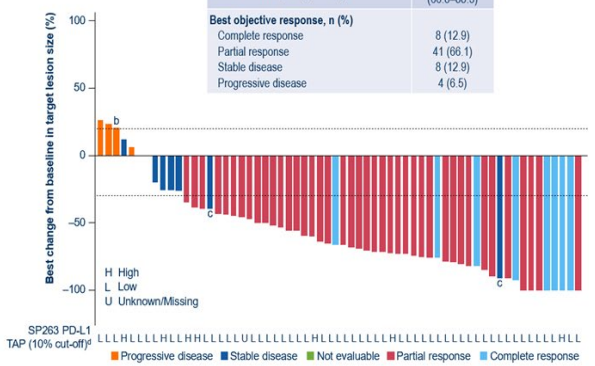
DATROWAY® + durvalumab demonstrated promising efficacy in BEGONIA, supporting the combination in TNBC

Three Ph3 studies (TROPION-Breast03, TROPION-Breast04, TROPION-Breast05) are underway with DATROWAY® +durvalumab across TNBC settings

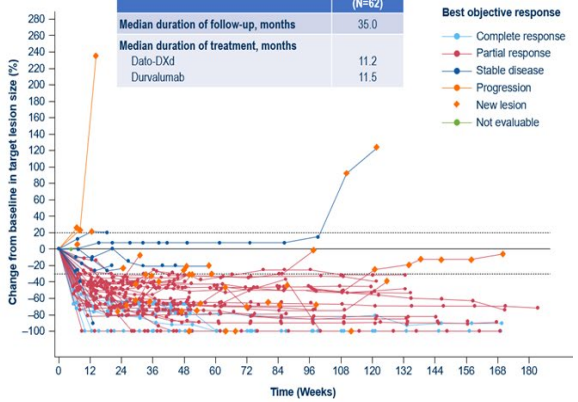
Arm 7 (87.1% had PD-L1 low tumors)

Confirmed ORR was **79.0%** (49/62; 95% CI, 66.8–88.3) with 8 CR and 41 PR

	Arm 7 (N=62)
Confirmed ORR,[a] % (95% CI)	49 (79.0) (66.8–88.3)
Best objective response, n (%)	
Complete response	8 (12.9)
Partial response	41 (66.1)
Stable disease	8 (12.9)
Progressive disease	4 (6.5)



	Arm 7 (N=62)
Median duration of follow-up, months	35.0
Median duration of treatment, months	
Dato-DXd	11.2
Durvalumab	11.5



Responses were observed in patients with PD-L1 high and PD-L1 low tumours

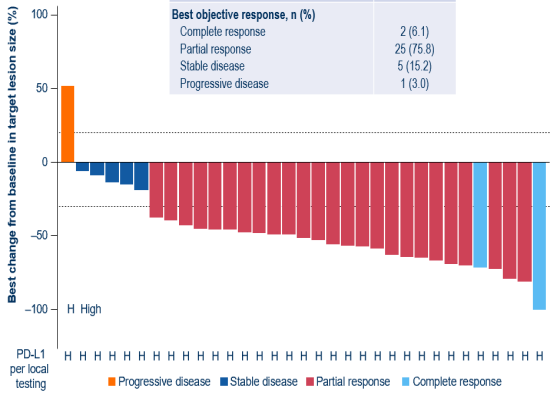
Median **DoR** was 17.6 months (95% CI 10.5–27.3)
Median **PFS** was 14.0 months (95% CI 11.0–21.1)

median DOR: 17.6 months and median PFS: 14 months

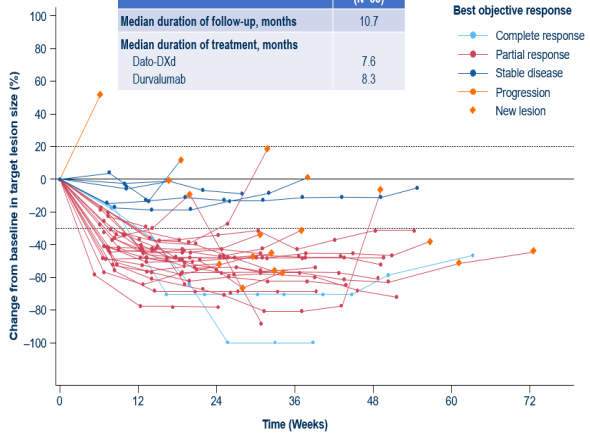
Arm 8 (PD-L1 high)

Confirmed ORR was **81.8%** (27/33; 95% CI, 64.5–93.0) with 2 CR and 25 PR

	Arm 8 (N=33)
Confirmed ORR,[a] % (95% CI)	27 (81.8) (64.5–93.0)
Best objective response, n (%)	
Complete response	2 (6.1)
Partial response	25 (75.8)
Stable disease	5 (15.2)
Progressive disease	1 (3.0)



	Arm 8 (N=33)
Median duration of follow-up, months	10.7
Median duration of treatment, months	
Dato-DXd	7.6
Durvalumab	8.3



Confirmed ORR was 81.8% (95% CI 64.5–93.0)

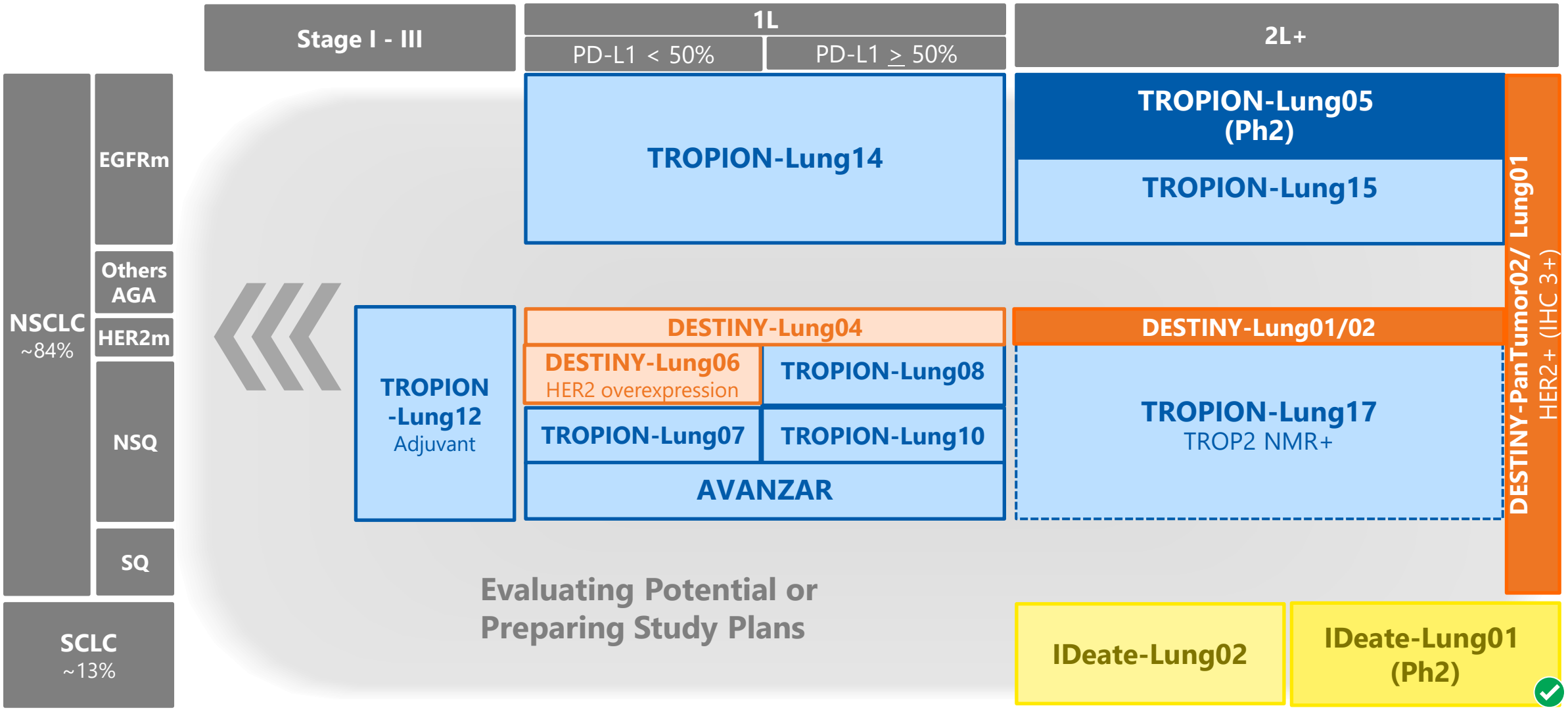
Median **DoR** and median **PFS** were immature given the short duration of median follow-up of 8.3 months in censored patients

median DOR: median PFS were immature

- AEs were primarily low grade (Grade 1-2); and the most common AEs were stomatitis, nausea, and alopecia
  - ✓ Across both arms, rates of adjudicated drug-related ILD were low, with no grade ≥3 events

CI: confidence interval, CR: complete response, DOR: duration of response, ESMO: European Society for Medical Oncology, GI: gastrointestinal, ILD: interstitial lung disease, ORR: overall response rate, PFS: progression-free survival, PR: partial response, TNBC: triple-negative breast cancer

Establish and Expand DXd ADCs to Address the Broad Spectrum of Lung Cancer



ENHERTU® DATROWAY® : Launched, I-DXd : Completed Data Readout,

ENHERTU® DATROWAY® I-DXd : On-going, DATROWAY® : Planning

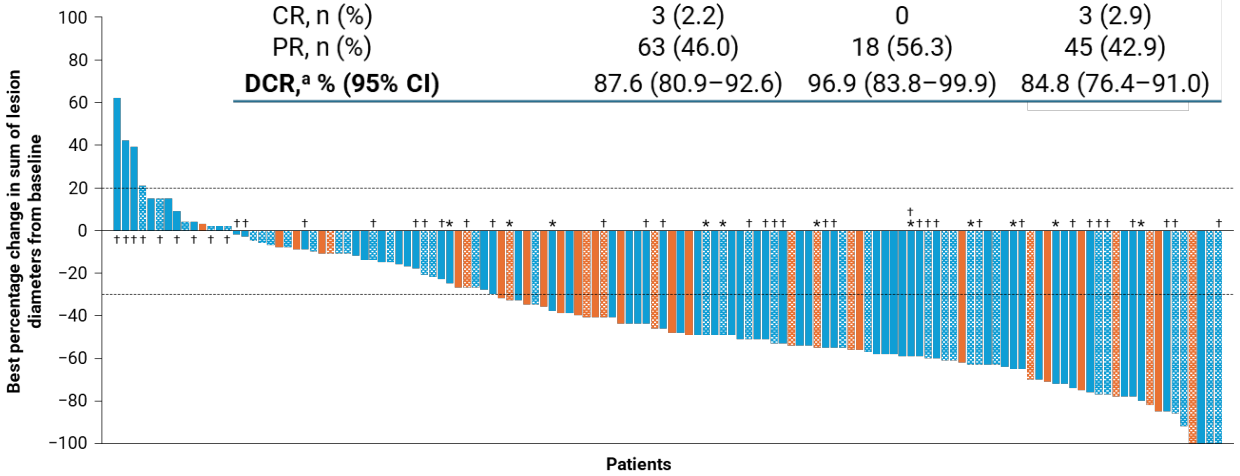
- Pivotal studies and major Ph2 only, not exhaustive
- Box size does not reflect the patient population
- Box indicates current potential target segment

ADC: antibody-drug conjugate, AGA: actionable genomic alteration, IHC: immunohistochemistry, NSQ: non- squamous, NSCLC: non-small cell lung cancer, SCLC: small cell lung cancer, SQ: squamous

Daiichi Sankyo/US Merck* Partnership Includes Two Complementary Assets with Activity in SCLC, and Combination Data are Eagerly Waited

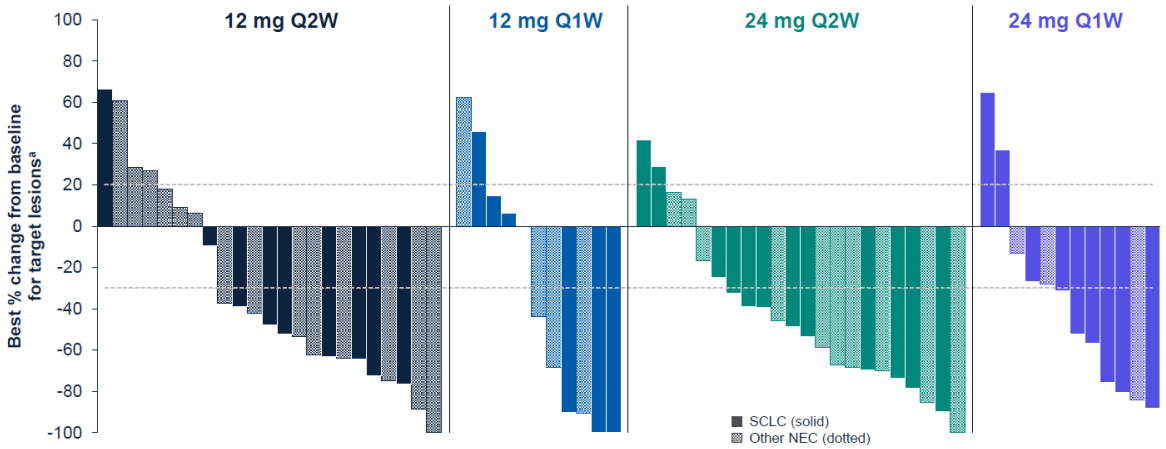
I-DXd 12 mg/kg demonstrated promising antitumor activity in ES-SCLC

	I-DXd 12 mg/kg		
	Total (N=137)	2L (n=32)	3L+ (n=105)
Confirmed ORR,[a] % (95% CI)	48.2 (39.6–56.9)	56.3 (37.7–73.6)	45.7 (36.0–55.7)
CR, n (%)	3 (2.2)	0	3 (2.9)
PR, n (%)	63 (46.0)	18 (56.3)	45 (42.9)
DCR,[a] % (95% CI)	87.6 (80.9–92.6)	96.9 (83.8–99.9)	84.8 (76.4–91.0)



Data cutoff: March 3, 2025

Gocatamig DLL3-targeting T-cell engager cORR, 44% (95% CI, 32-56) in all cohorts (N=73)



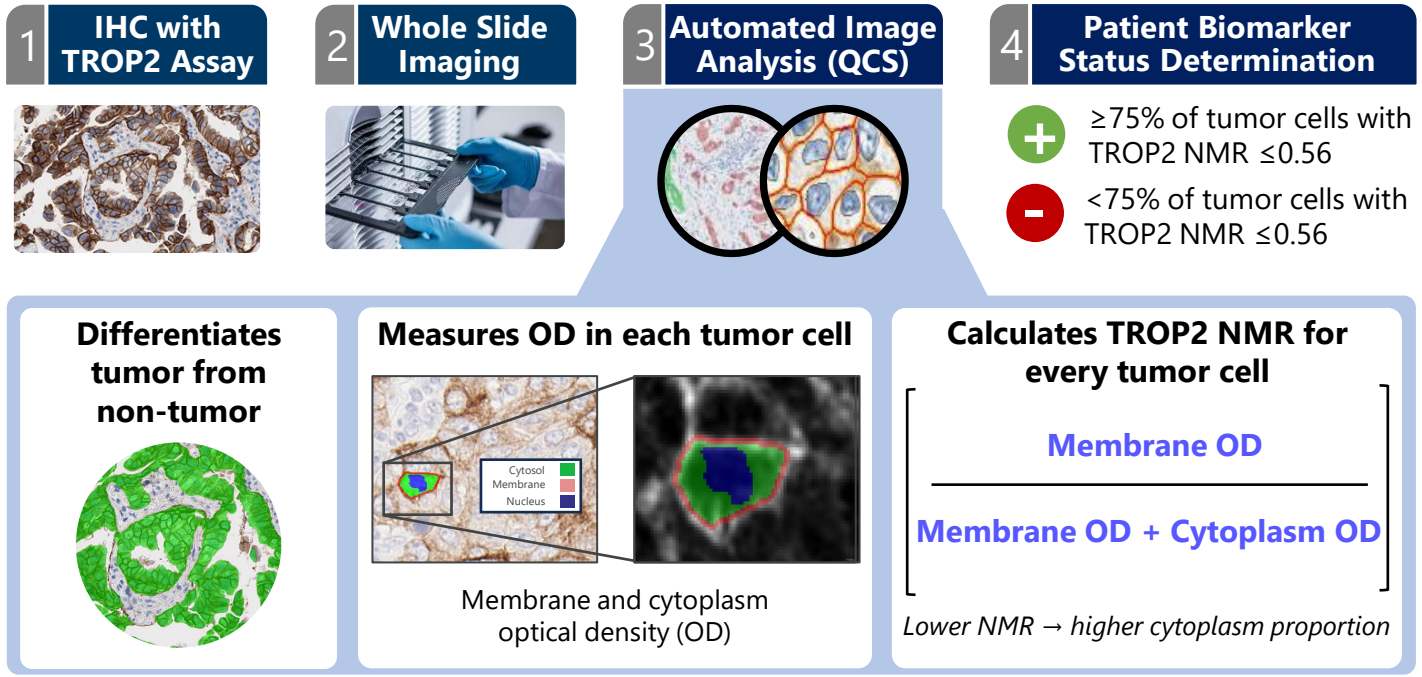
Data cutoff: February 28, 2025.
[a]Among 68 participants who received any amount of study treatment and had at least one postbaseline scan.

* Merck & Co., Inc., Rahway, NJ, USA
[a]Assessed by BICR per RECIST 1.1. [b]By BICR.

BICR: blinded independent central review, CI: confidence interval, cORR: confirmed objective response rate, CR: complete response, DCR: disease control rate, ES-SCLC: extensive-stage small cell lung cancer, LOT: line of treatment, NEC: neuroendocrine cancer, ORR: objective response rate, PR: partial response, QxW: every x weeks, RECIST: Response Evaluation Criteria in Solid Tumours, SCLC: small cell lung cancer

How a Novel Computational Predictive Biomarker Gives DATROWAY® an Advantage in 1L NSCLC: TROP2 NMR by Novel Pathology Approach, QCS

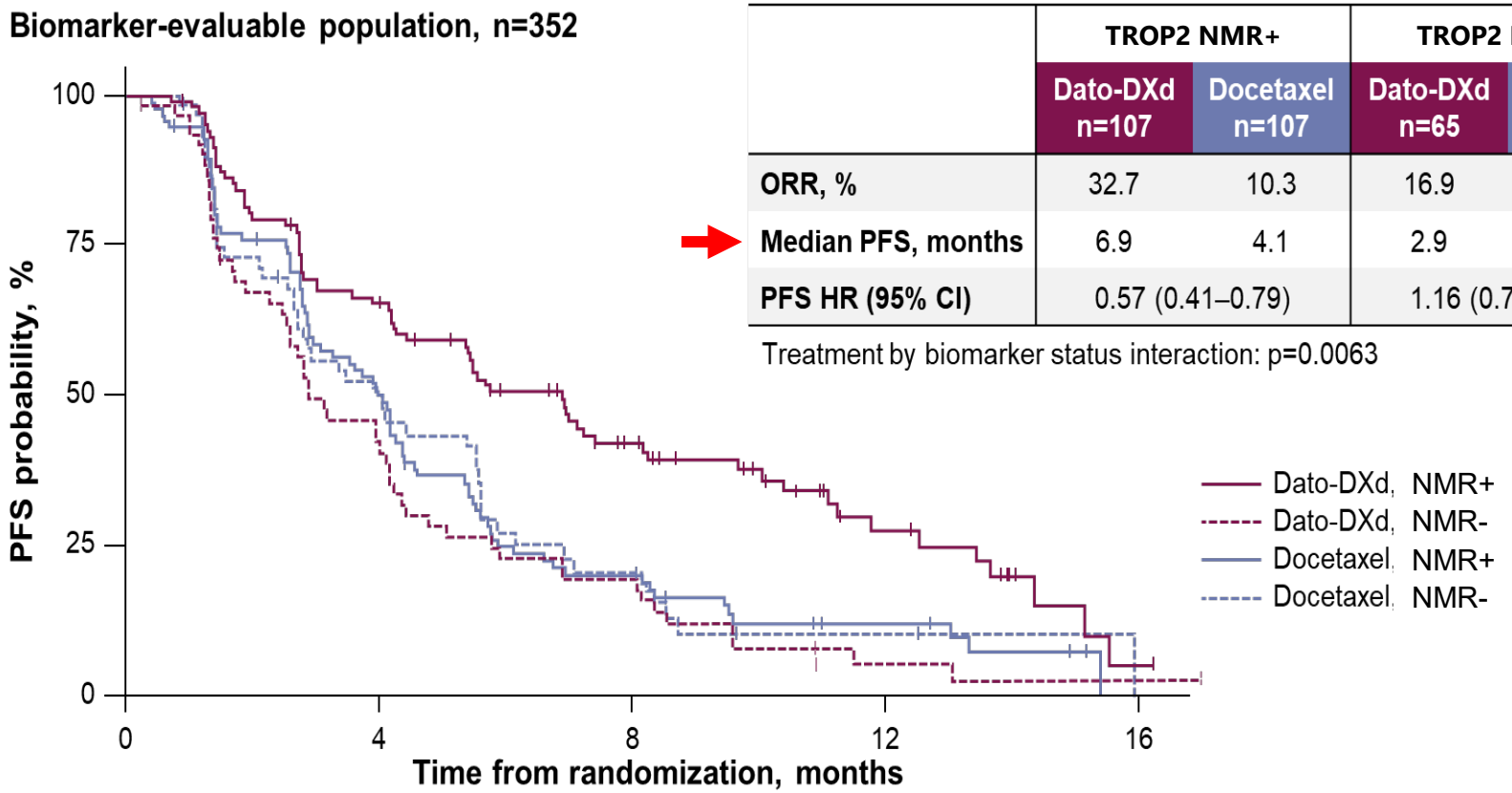
- TROP2 Tumor membrane expression using conventional IHC and pathology visual scoring does not enrich for response in NSCLC
- TROP2 NMR as measured by QCS reflects the expression of TROP2 in the membrane relative to total TROP2 (membrane and cytoplasm)



IHC: immunohistochemistry, NMR: normalized membrane ratio, NSCLC: non-small cell lung cancer, OD: optical density, QCS: quantitative continuous scoring, WCLC: World Conference on Lung Cancer

TROP2 NMR Positivity was Predictive for Longer PFS with DATROWAY® in TROPION-Lung01

TROP2 NMR measured by QCS predicted outcomes in an exploratory analysis in the TROPION-Lung01 trial evaluating DATROWAY® as monotherapy in the 2L+ setting[1]



	TROP2 NMR+		TROP2 NMR-	
	Dato-DXd n=107	Docetaxel n=107	Dato-DXd n=65	Docetaxel n=73
ORR, %	32.7	10.3	16.9	15.1
Median PFS, months	6.9	4.1	2.9	4.0
PFS HR (95% CI)	0.57 (0.41–0.79)		1.16 (0.79–1.70)	

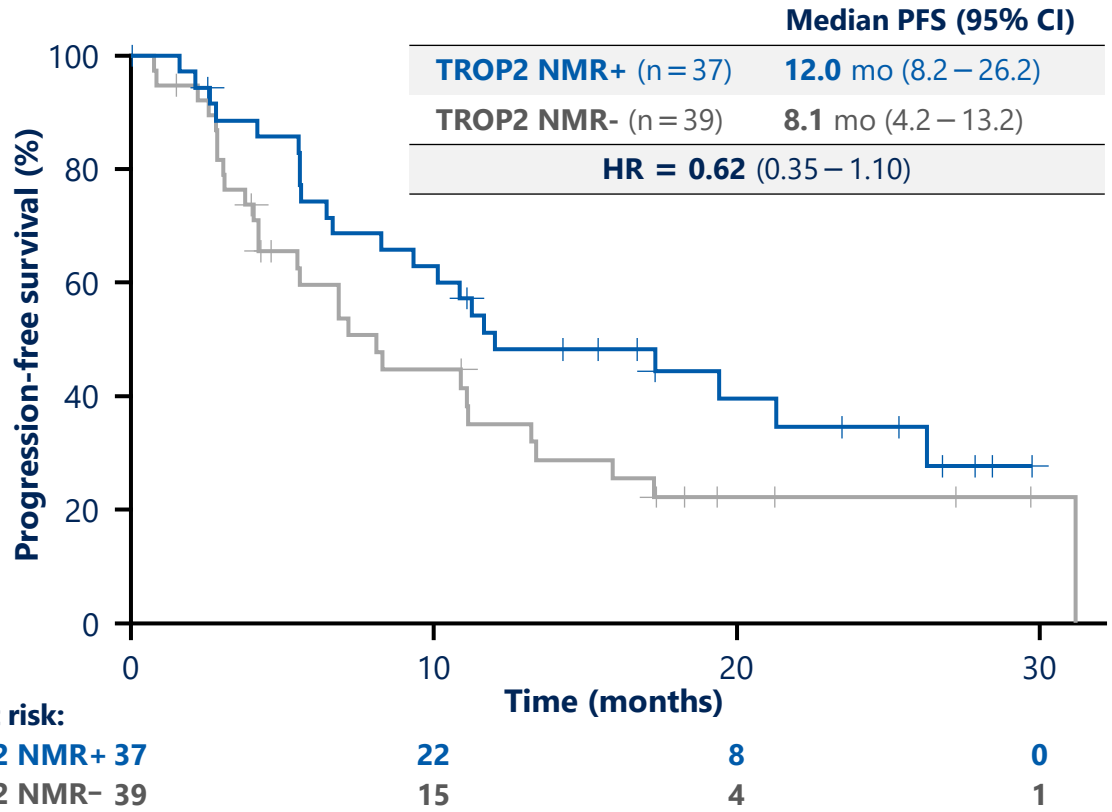
Treatment by biomarker status interaction: p=0.0063

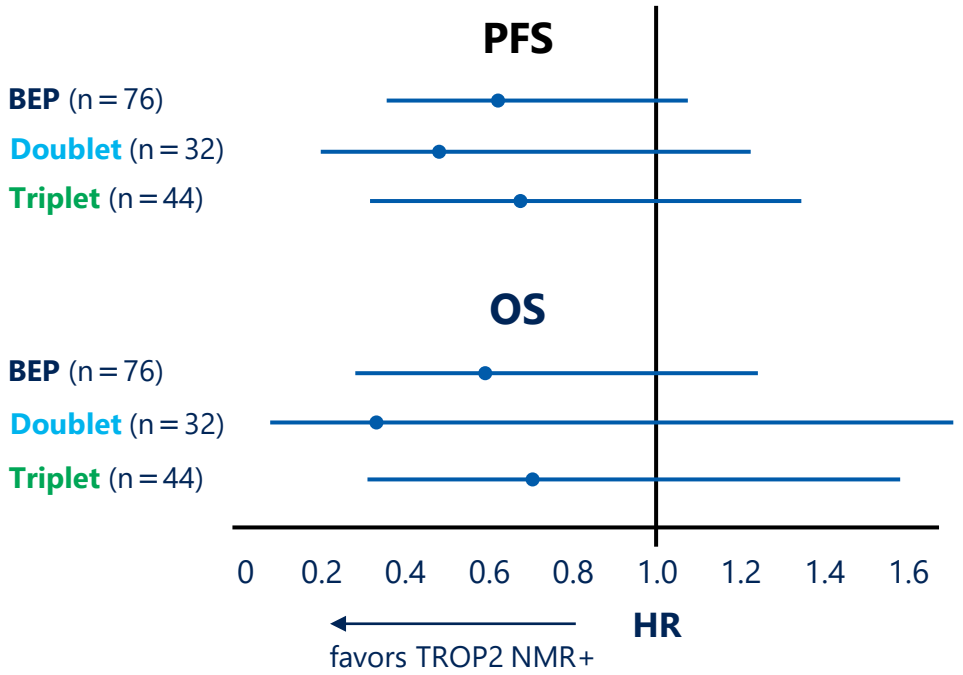
CI: confidence interval, HR: hazard ratio, NMR: normalized membrane ratio, NSCLC: non-small lung cancer, ORR: objective response rate, PFS: progression-free survival, QCS: quantitative continuous scoring, WCLC: World Conference on Lung Cancer

1. Garassino MC et al. *J Thorac Oncol*. 2024;19:S2–S3.

Exploratory Analysis per TROP2 NMR in 1L NSCLC

TROPION-Lung02 : PFS by TROP2 QCS-NMR, 1L Biomarker Evaluable Population





Exploratory TROP2 NMR testing showed a trend towards prolonged PFS and OS in biomarker positive patients treated with DATROWAY® in combination with PD-1 agents (doublet) or with CT+ PD-1 agents (triplet)

Data cutoff: April 29, 2024.
ASCO: American Society of Clinical Oncology, BEP: biomarker evaluable population, CI: confidence interval, HR: hazard ratio, CT: chemotherapy, mo: months, NMR: normalized membrane ratio, ORR: objective response rate, OS: overall survival, PFS: progression-free survival

DATROWAY®: 5 Combination Studies with IO in the 1L NSCLC Ongoing, Some applied TROP2 NMR Biomaker e.g., AVANZAR

Daiichi-Sankyo

DATROWAY® + Immune checkpoint inhibitors

pembrolizumab	TROPION-Lung02 w/o AGA	
	TROPION-Lung08* w/o AGA PD-L1 ≥50%. 1L	TROPION-Lung07 NSQ w/o AGA PD-L1 <50%, 1L
durvalumab	NeoCOAST-2 early stage, neoadjuvant	AVANZAR* w/o AGA, 1L
	TROPION-Lung04 w/o AGA	
rilvegostomig	TROPION-Lung12 stage1 high risk, adjuvant	TROPION-Lung10 NSQ w/o AGA PD-L1 ≥50%, 1L

DATROWAY® + tyrosine kinase inhibitors

osimertinib	ORCHARD EGFRm, 2L	
	TROPION-Lung14 EGFRm, 1L	TROPION-Lung15 EGFRm, 2L+

Ph3
Ph2
Ph1

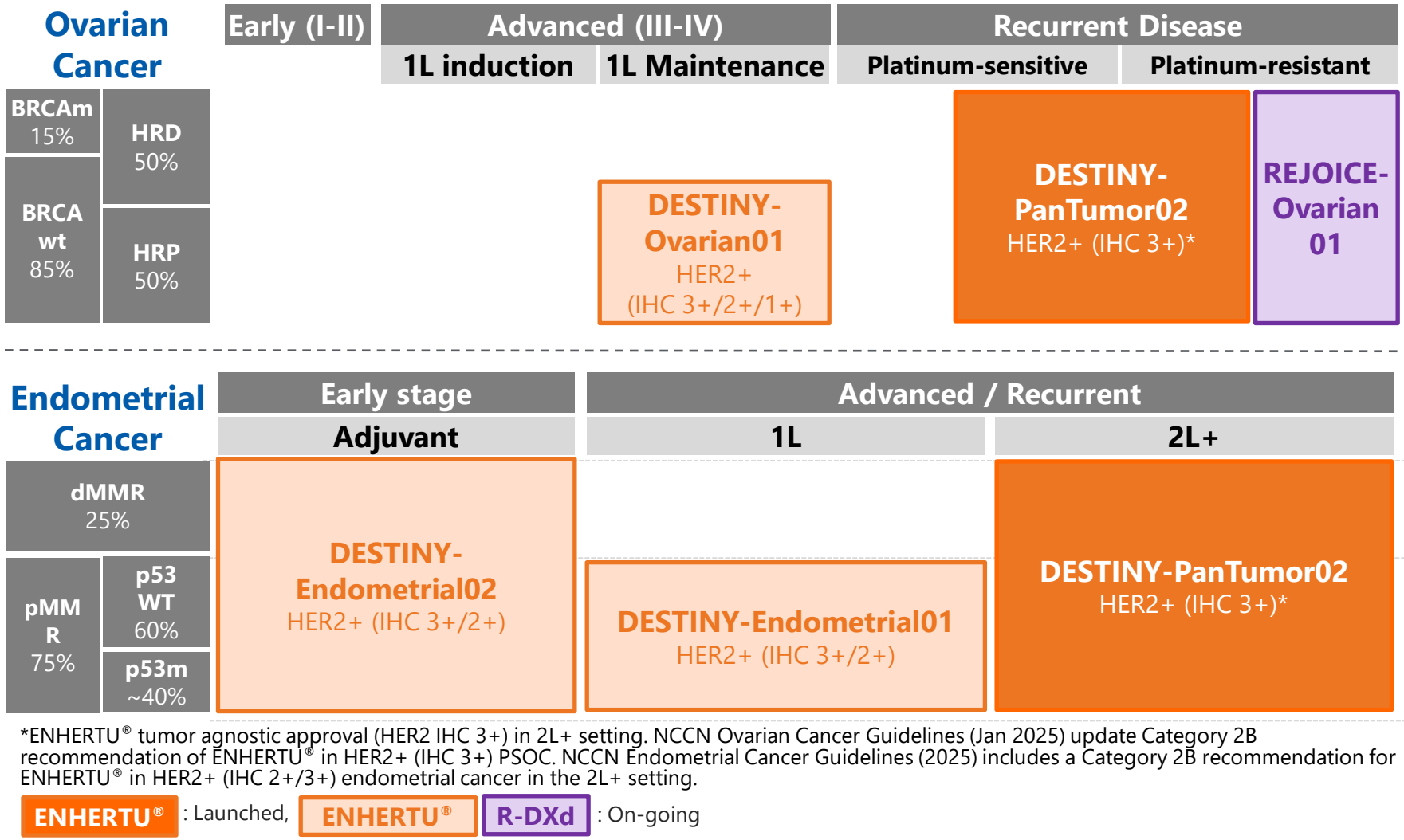
TROP2 NMR applied prospectively

* Due to the protocol revision, the inclusion criteria are limited to NSQ NSCLC

AGA: actionable genomic alteration, EGFRm: EGFR mutated, IO: immuno oncology, NMR: normalized membrane ratio, NSQ: non-squamous , NSCLC: non-small cell lung cancer

Expanding Daiichi Sankyo ADCs within Women's Cancers to Address Broad Spectrum of Gynecologic Cancers

Daiichi Sankyo Registrational Studies Across Gynecological Cancers



*ENHERTU® tumor agnostic approval (HER2 IHC 3+) in 2L+ setting. NCCN Ovarian Cancer Guidelines (Jan 2025) update Category 2B recommendation of ENHERTU® in HER2+ (IHC 3+) PSOC. NCCN Endometrial Cancer Guidelines (2025) includes a Category 2B recommendation for ENHERTU® in HER2+ (IHC 2+/3+) endometrial cancer in the 2L+ setting.

ENHERTU® : Launched, ENHERTU® R-DXd : On-going

Exploring 7 Clinical Stage Assets in GYN

Compound	Target	Payload
ENHERTU®	HER2	TOPO1
DATROWAY®	TROP2	TOPO1
HER3-DXd	HER3	TOPO1
I-DXd	B7-H3	TOPO1
R-DXd	CDH6	TOPO1
DS-3939	TA-MUC1	TOPO1
DS-9606	CLDN6	mPBD

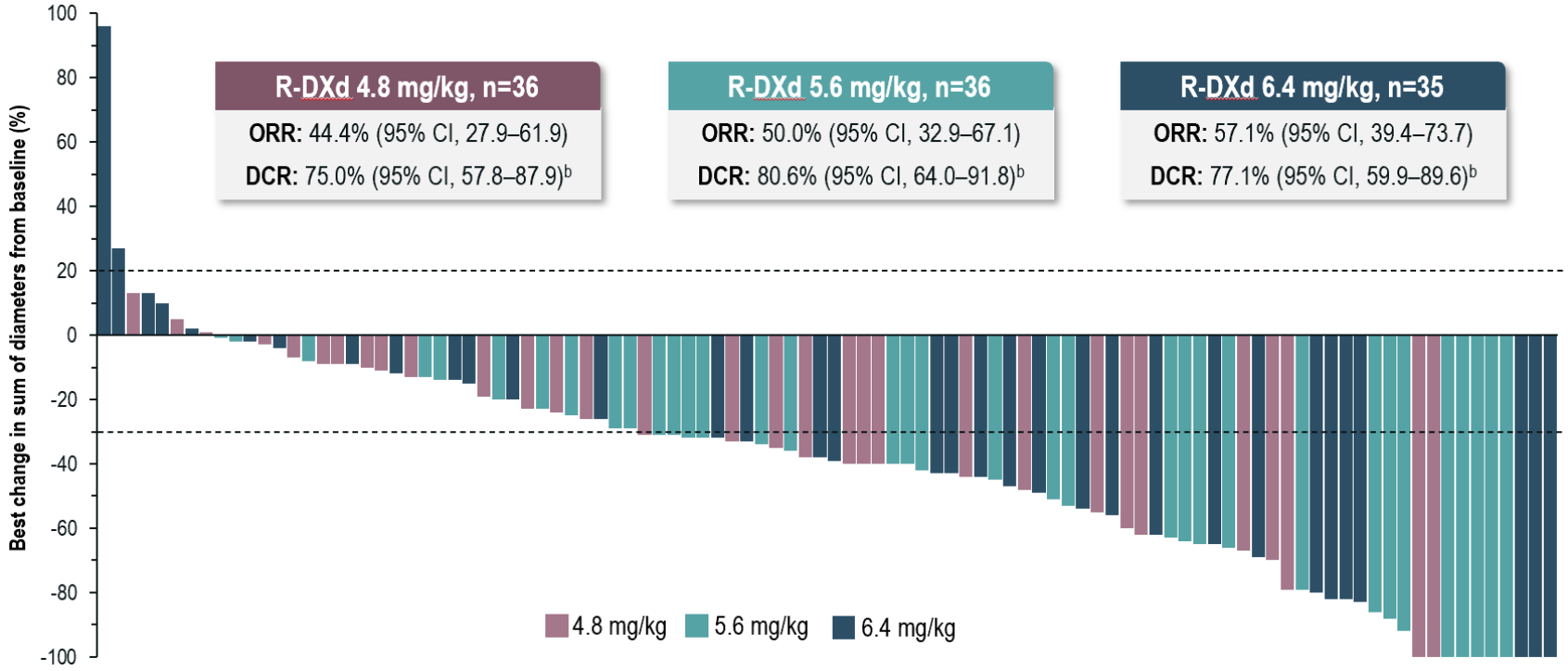
Indicates DXd ADC technology

- Pivotal studies only, not exhaustive.
- Box size does not reflect the patient population
- Box indicates current potential target segment

ADC: antibody-drug conjugate, dMMR: deficient mismatch repair, HRD: homologous recombination deficiency, HRP: homologous recombination proficient, IHC: immunohistochemistry, NCCN: National Comprehensive Cancer Network, pMMR: mismatch repair proficient, PSOC: platinum-sensitive ovarian cancer, WT: wild type

R-DXd Confirmed Clinical Meaningful Responses in Ph2 Part REJOICE-Ovarian01 Ph2/3

Clinically meaningful tumor responses were seen irrespective of dose[a]



R-DXd **Granted Breakthrough Therapy Designation** by U.S. FDA for Patients with CDH6 Expressing Platinum-Resistant Ovarian, Primary Peritoneal or Fallopian Tube Cancers Previously Treated with Bevacizumab – *September 2025*

Data cutoff: February 26, 2025. The median follow-up for 4.8-mg/kg, 5.6-mg/kg, and 6.4-mg/kg cohorts was 5.6 months (95% CI, 4.7–6.3), 5.6 months (95% CI, 4.6–5.8), and 5.2 months (95% CI, 4.9–5.8), respectively.

[a]Antitumor response assessed by BICR per RECIST 1.1. Only patients with measurable disease at baseline and ≥1 post-baseline tumor scan, both by BICR, were included in the waterfall plot (n=100). Six patients (R-DXd 4.8 mg/kg [n=5]; 6.4 mg/kg [n=1]) did not have measurable disease at baseline and one patient (R-DXd 5.6 mg/kg) had no adequate post-baseline tumor assessment. [b]DCR was defined as percentage of patients with BOR of CR, PR, or SD (per RECIST 1.1).

BICR: blinded independent central review, BOR: best overall response, CI: confidence interval, CR: complete response, DCR: disease control rate, ESMO: European Society for Medical Oncology, ORR: objective response rate, PR: partial response, RECIST: Response Evaluation Criteria in Solid Tumours, SD: stable disease

Expanding Daiichi Sankyo Assets within Genitourinary Cancers to Address a Broad Spectrum of Unmet Needs

Daiichi Sankyo Registrational Studies Across Genitourinary Cancers

Prostate Cancer

	mHSPC	Chemo-Naïve mCRPC		Post-Chemo mCRPC
		NHA-Naïve	Post-NHA	
PSMA+ ~85%	Evaluating Potential or Preparing Study Plans		IDeate-Prostate01	
PSMA- ~15%				

Bladder Cancer

	MIBC		LA / mUC	
	Neoadj.	Adj.	1L	2L(+)
Cis-eligible ~50%	Evaluating Potential or Preparing Study Plans		TROPION-Urothelial 03	DESTINY-PanTumor 02 HER2+ (IHC 3+)*
Cis-ineligible ~50%	Carbo eligible ~35%			
	Pt-ineli. ~15%			

*ENHERTU® tumor agnostic approval (HER2 IHC 3+) in 2L+ setting. NCCN Bladder Cancer Guidelines (Oct 2025) Category 2A recommendation

ENHERTU® : Launched, DATROWAY® I-DXd : On-going

Exploring 8 Clinical Stage Assets in GU Tumors

Compound	Target
ENHERTU®	HER2 DXd ADC
DATROWAY®	TROP2 DXd ADC
HER3-DXd	HER3 HER2 DXd ADC
I-DXd	B7-H3 DXd ADC
DS-3939	TA-MUC1 DXd ADC
EZHARMIA®	EZH1/2 inhibitor
DS-2243	HLA-A*02 / NY-ESO Bispecific TCE
DS9051	Targeted Protein Degradation Molecule

- Pivotal studies only, not exhaustive.
- Box size does not reflect the patient population
- Box indicates current potential target segment

ADC: antibody-drug conjugate, HSPC: hormone-sensitive prostate cancer, IHC: immunohistochemistry, LA/mUC: locally advanced/ metastatic urothelial cancer mCRPC: metastatic castration-resistant prostate cancer , MIBC: muscle invasive bladder cancer, NCCN: National Comprehensive Cancer Network, TCE: T-cell engager

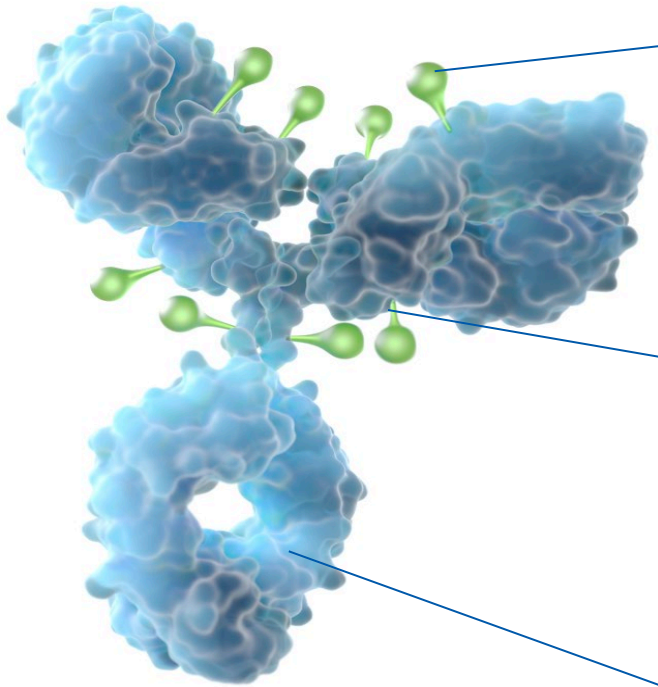
Looking Towards the Horizon …

Future of Daiichi Sankyo's ADC Technology

- **DXd ADCs … More than ENHERTU®**
  Updates from DXd ADC portfolio
- **New Concept ADCs**
  mPBD, STING agonist payloads & others
- **New Non-ADC Oncology Pipeline**
  Targeted Protein Degraders, Novel Immune-Oncology Targets
- **Scientifically Rational Combinations**
  Unlocking the potential of DXd ADCs

The Evolution of our ADC Technologies Will Continue

ADCs are modular, and interchanging the modules can create new drugs



Our Proprietary Technologies

Payload Module
- ✓ Cytotoxic payloads
  - DXd, mPBD
- ✓ Other new payloads to combat refractory/resistant tumors
  - IO payloads
  - Novel payloads

Linker Module
- ✓ DAR control
- ✓ Site specificity
- ✓ Novel conjugation

Antibody Module
- ✓ Unique binders targeting disease specific proteins and glycans
- ✓ Fc engineering
- ✓ Novel technologies to increase specificity

DXd ADCs with New mAb Targets

DS-3939 (TA-MUC1)	• Tumor specific glycoprotein with high expression in tumors
DS3790 (CD37)	• The First DXd ADC targeting hematopoietic tumors

New DXd ADCs with engineered mAb or Payload-Linker

New ADC1	• Featuring tissue selectivity
New ADC2	• Featuring optimized retention within cells to increase efficacy

Different Payload from DXd ADC

DS-9606 (mPBD ADC)	• Featuring stability and selectivity
DS3610 (STING agonist ADC)	• Optimized STING agonist payload and Fc technology to reduce irrelevant immune activation
New ADC3	• Novel payload with distinct mechanism of action

ADC: antibody-drug conjugate, DAR: drug-antibody ratio, IO: immuno-oncology, mAb: monoclonal antibody, mPBD: modified pyrrolobenzodiazepine

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  Unlocking the potential of DXd ADCs

Advancing New Non-ADC Oncology Pipeline in Global Clinical Development

Modality	Generic Name/Code Name	Target	Representative Target Indications	Pre-Clinical	Ph1	Ph1/2	Ph2	Status
T-cell engager	**Gocatamig**	DLL3	SCLC					FPD in Dec 2020
	DS-2243	NY-ESO/HLA-A*02	NSCLC, UC, Sarcoma					FPD in Mar 2025
Antibody	**DS-1103**	anti-SIRPα	Solid tumors					FPD in Jun 2023
Small or mid-size molecules	**DS5361**	Not Disclosed	Solid tumors					FPD in Oct 2025
	DS9051	Not Disclosed	CRPC					FPD in Nov 2025

Timeline indicates the most advanced stage of each asset, and that status may not apply to all tumors listed in the "target tumor" column

BC: breast cancer, CRPC: castration-resistant prostate cancer, DLL3: delta-like ligand 3, FPD: First patient dose, NSCLC: non small cell lung cancer, SCLC: small cell lung cancer, UC: urothelial cancer

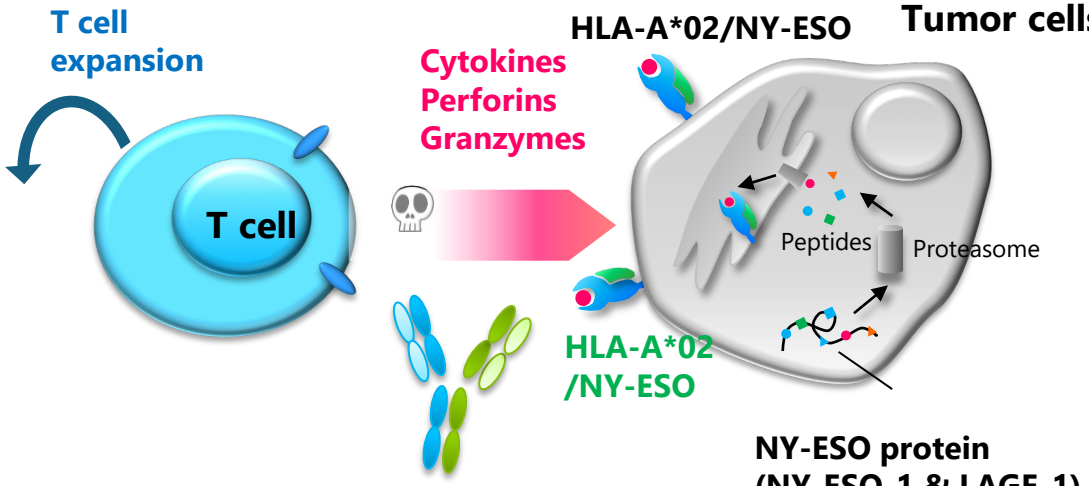
Unique Immune-Oncology Drugs

DS-2243

T cell engager targeting HLA-A*02/NY-ESO

Modality: Bispecific Antibody

T cell receptor like antibody

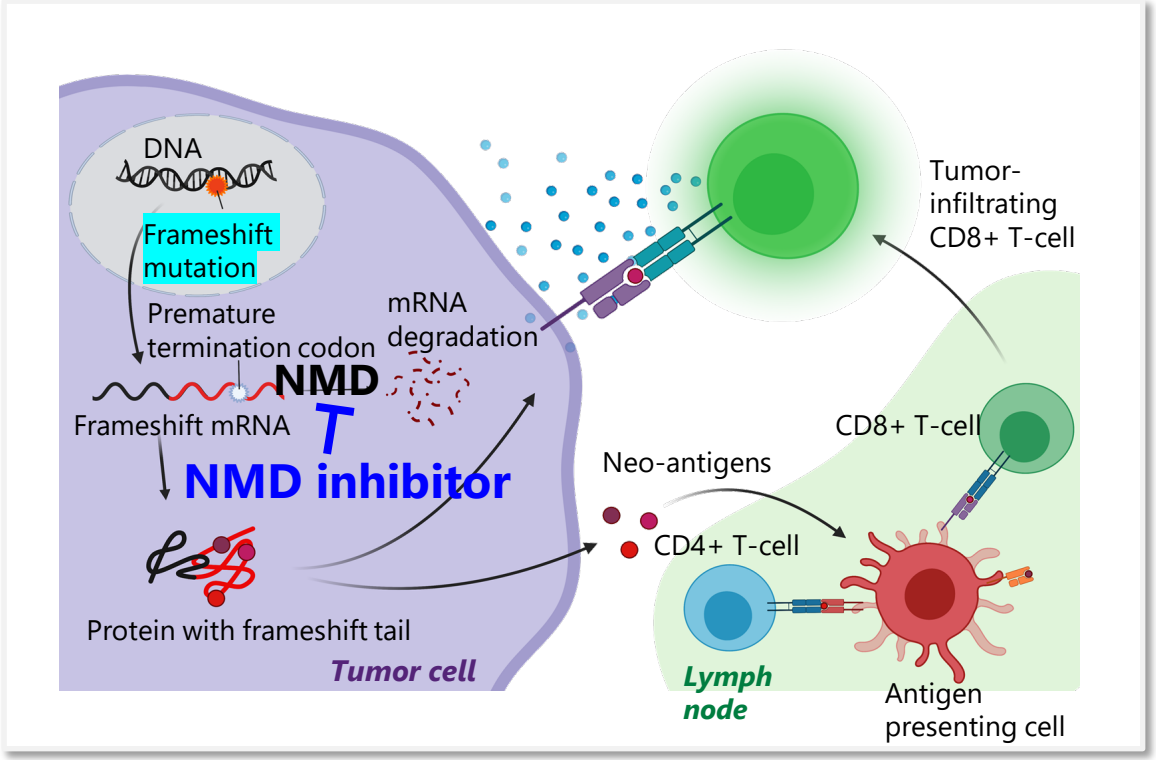


DS-2243a (HLA-A*02/NY-ESO)

DS5361

Novel IO agent which enhance tumor immuno-genicity

Modality: small molecule



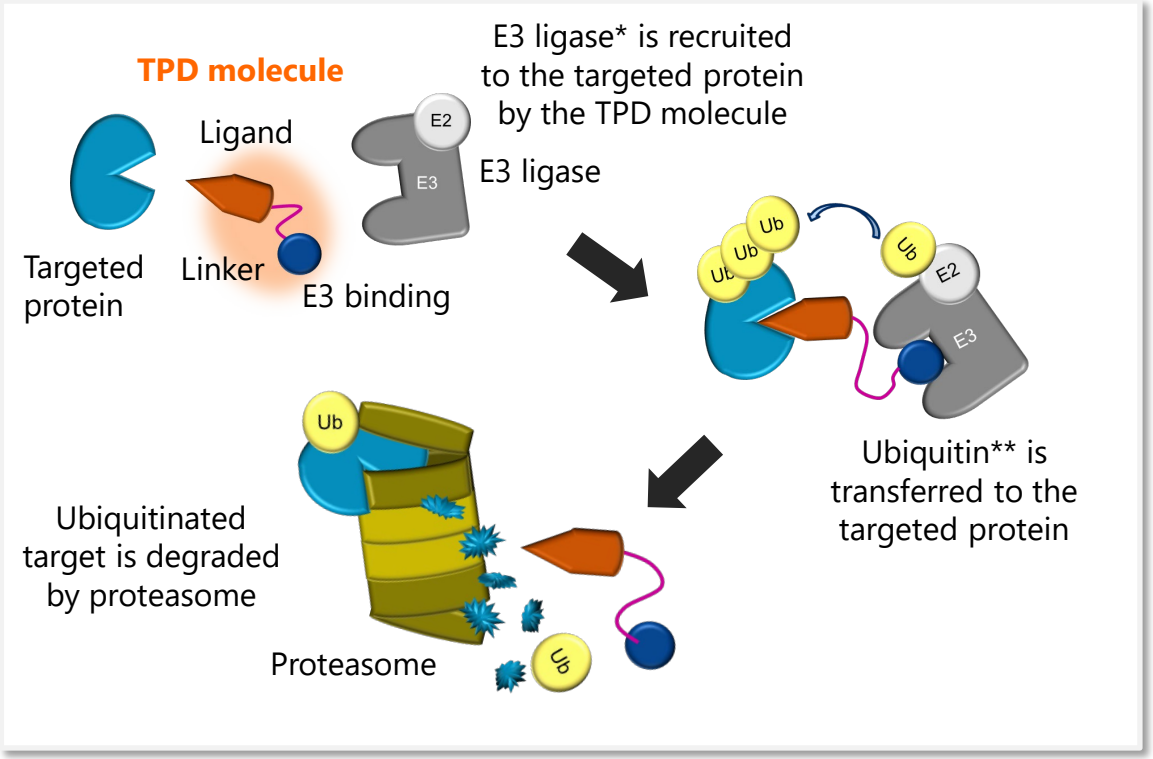
IO: immuno-oncology, NMD: nonsense-mediated mRNA decay

The New Modality to Fight against Cancer- Targeted Protein Degrader

DS9051

Targeted Protein Degrader

Modality: Mid-size Molecule



- Targeted protein degradation is an approach to eliminate disease-causing proteins by the endogenous ubiquitin-proteasome system
- DS9051 is the first Daiichi Sankyo original targeted protein degrader
- FIH study started on Nov 2025 in solid tumors including CRPC

*E3 ligase: enzyme which facilitates the transfer of ubiquitin from E2 ubiquitin-conjugating enzyme to targeted proteins
**Ubiquitin: protein which is bound to other proteins and functions in various ways such as a marker for degradation
CRPC: castration-resistant prostate cancer, FIH: first-in-human, TPD: targeted protein degradation

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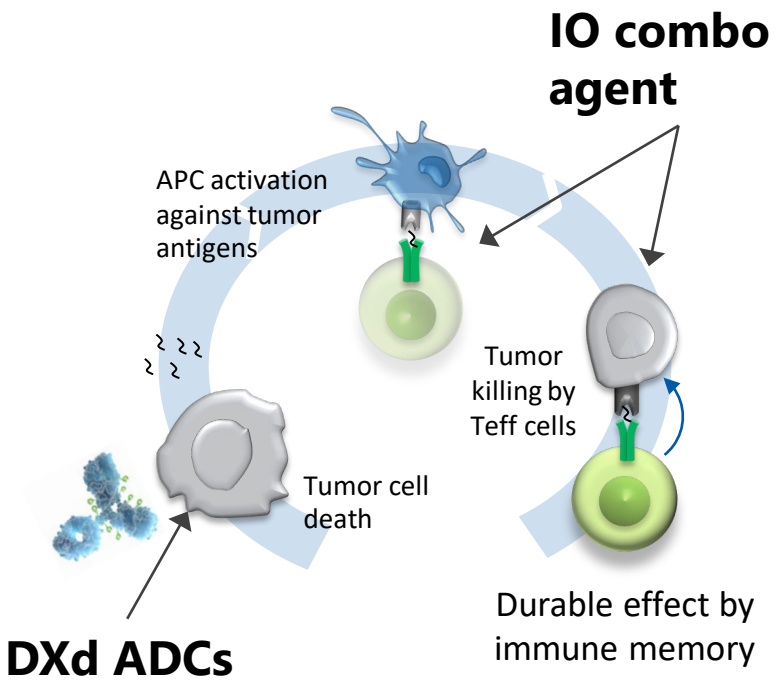
- **Scientifically Rational Combinations**
  Unlocking the potential of DXd ADCs

Combination Therapy - Unlocking the Potential of DXd ADCs

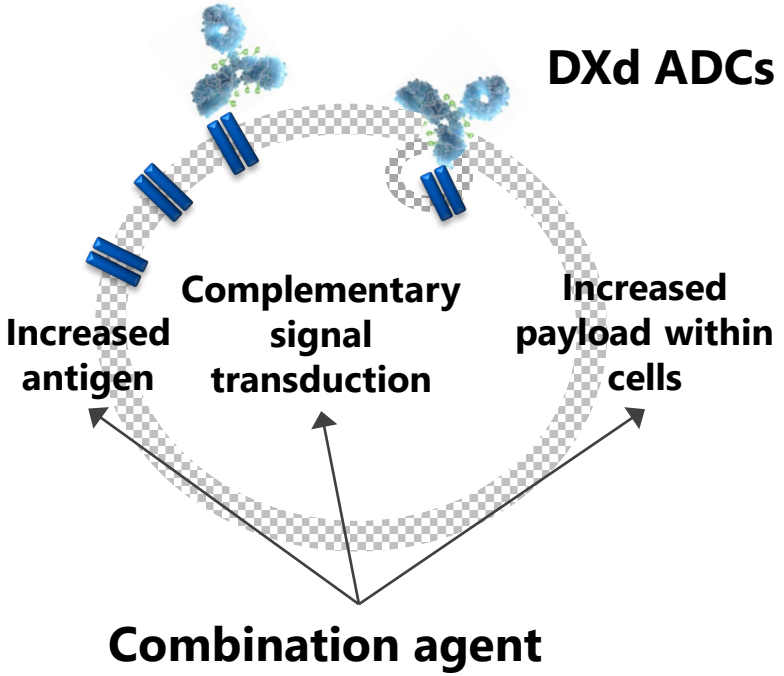
1 Addition of durable effect

Combination agents that have IO mechanism to add the durable effect induced by the immune system



2 Enhancement of ADC effect

The potential to promote ADC engagement and/or potentiate synthetic lethality

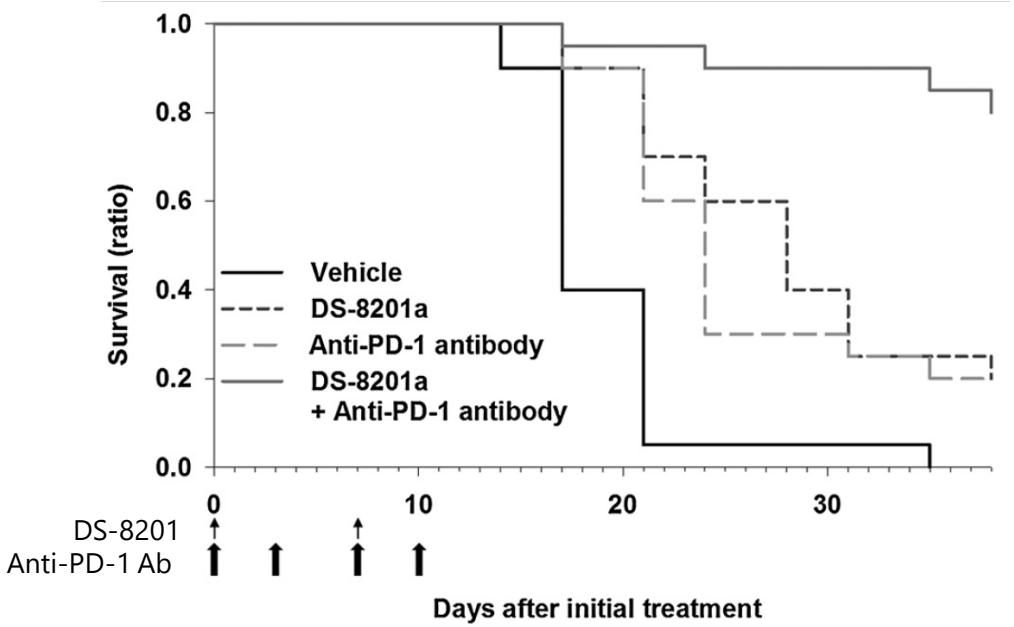


ADC: antibody-drug conjugate, APC: antigen-presenting cell, IO: immuno-oncology

IO Combinations Would Provide Additional Value

DXd ADC + IO

DXd ADC efficacy is enhanced by anti-PD-1/L1 antibody in preclinical models



hHER2 expressing CT26WT mouse tumor model
DS-8201: ENHERTU®

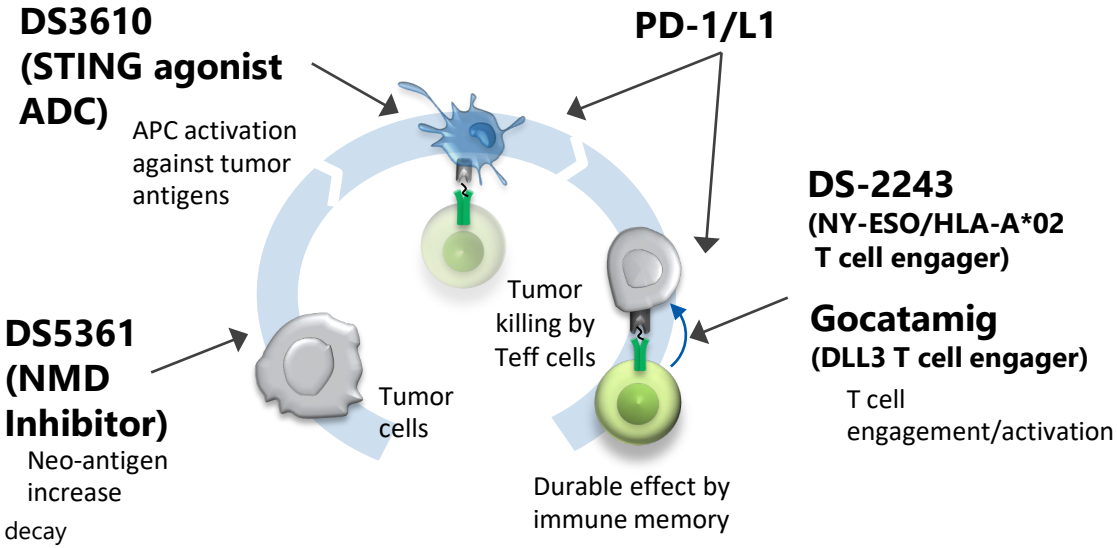
Mol Cancer Ther 2018, 17(7):1494-1503

IO + IO

Daiichi Sankyo IO drugs + anti-PD-1/L1 antibodies

Potential combinations with anti-PD-1/L1 antibodies

- **DS-2243** (NY-ESO/HLA-A*02 T cell engager)
- **Gocatamig** (DLL3 T-cell engager)
- **DS5361** (NMD Inhibitor)
- **DS3610** (STING agonist ADC)
- Others



ADC: antibody-drug conjugate, APC: antigen-presenting cell, IO: immune oncology, NMD: nonsense-mediated mRNA decay

Combinations to Expand DXd ADCs Opportunities

Daiichi-Sankyo

Combinations in ongoing clinical trials (examples, not exhaustive)

DXd ADC +

		Ph1 or Ph2	Ph3
Immuno Checkpoint Inhibitor	pembrolizumab	DESTINY-Lung06, TROPION-Lung02	DESTINY-Gastric05, TROPION-Lung07, DESTINY-Endometrial01, TROPION-Lung08
	durvalumab	DESTINY-Lung03, TROPION-Breast03, AVANZAR	BEGONIA, TROPION-Breast04, TROPION-Lung04, TROPION-Breast05
	rilvegostomig	TROPION-Lung04, ARTEMIDE-Gastric01	TROPION-Lung10, DESTINY-BTC01, TROPION-Lung12, DESTINY-Endometrial01
Targeted Therapy	atezolizumab	IDeate-Lung03	
	pertuzumab	DESTINY-Breast09	
	osimertinib	ORCHARD	TROPION-Lung14, TROPION-Lung15
	bevacizumab	DESTINY-Ovarian01	

+ **Internal Assets**

- **ENHERTU® + EZHARMIA® (EZH1/2 inhibitor) in HER2 low mBC**
- **DXd ADCs + IO agents** (gocatamig, DS-1103 and others*)
- More potential combo partners in preclinical pipeline

* Plan

ADC: antibody-drug conjugate, mBC: metastatic breast cancer

Overall R&D Strategy

Research will continue to focus on oncology & non-oncology indications

In the clinical pipeline, we are prioritizing the strength of our clinical oncology pipeline

Leverage our extensive research capabilities in ADC technology to create new ADCs

Emerging clinical stage non-ADC pipeline can be leveraged to create novel combinations with existing ADCs

ADC: antibody-drug conjugate

Agenda

1. Welcome
2. Clinical Development
3. **Oncology Business**
4. Technology
5. Research
6. Q&A

Oncology Business Unit Update

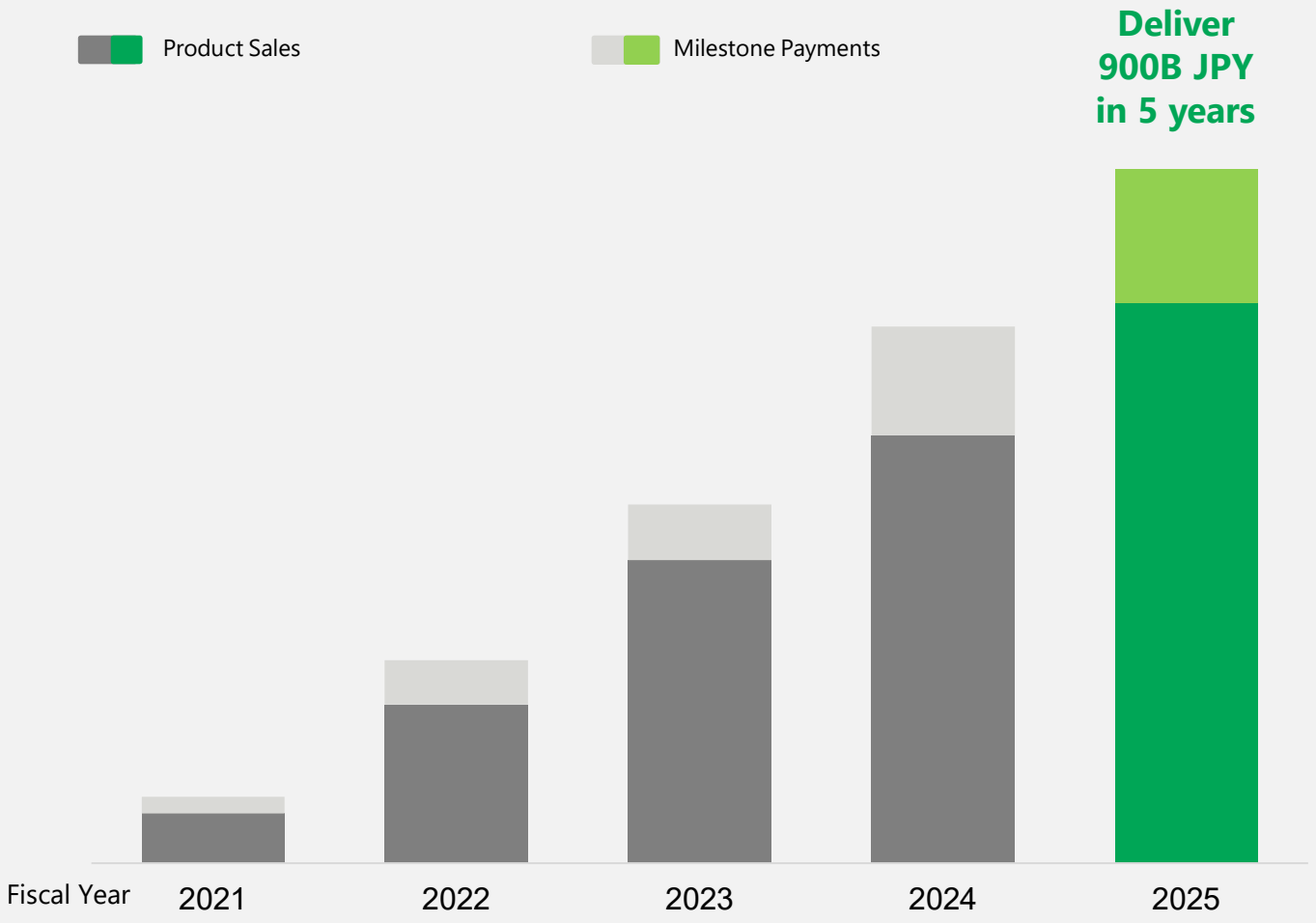
Daiichi-Sankyo

5 Year Performance Recap

Ongoing Growth Opportunities for ENHERTU® and DATROWAY®

2030 Ambition

Daiichi Sankyo Oncology Revenue Growth: FY 2021 to 2025



5YBP: 5 year Business Plan, ADC: antibody drug conjugate, FY: Fiscal Year, MTP: Mid-Term Plan, JPY: Japanese Yen, PROC: platinum resistant ovarian cancer, SCLC: small cell lung cancer
*Based on product sales
Source: Daiichi Sankyo Financial Results Reference Data

Daiichi Sankyo will start from a Position of Strength with a Growth Catalyst-Rich Year in FY2026

- Developed ENHERTU® to become the most successful ADC ever* with additional growth expected
- ENHERTU® has treated 194k patients globally
- Launched 2nd DXd ADC DATROWAY®
- Potential for 4 standard of care changing launches in FY 2026 for ENHERTU and DATROWAY.
- 3rd DXd ADC, I-DXd, received the FDA's Breakthrough Therapy Designation in SCLC
- 4th DXd ADC, R-DXd, received the FDA's Breakthrough Therapy Designation in PROC
- Two major alliances with top oncology companies
- Built an organization that is focused on meeting customer needs and executes with precision and urgency

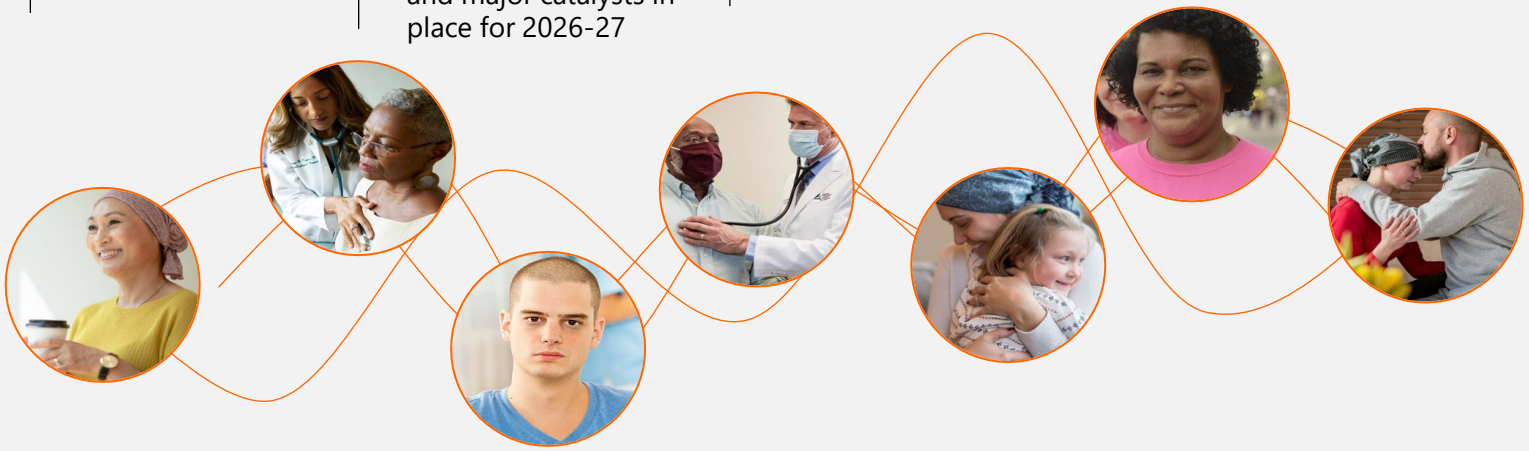
ENHERTU®: strong global performance

>85
countries/ regions
Commercial Footprint

>40%
YOY
Accelerating momentum throughout the globe and major catalysts in place for 2026-27

¥552.8B*
in revenue
delivered in FY 2024 with US and EU leading the way

More than **194K****
patients
across breast, lung, gastric cancer and tumor agnostic



Achieved #1 Market share***
in 100% of fully launched countries/regions

ENHERTU® trastuzumab deruxtecan

US APPROVAL: MAY 2022 | EU Approval: JULY 2022
2L HER2+ Metastatic Breast Cancer
JP APPROVAL: NOV 2022

US APPROVAL: AUG 2022 | EU Approval: JAN 2023
Post-chemo HER2 low Metastatic Breast Cancer
JP APPROVAL: MAR 2023

US APPROVAL: JAN 2025 | EU Approval: APR 2025
Chemo naive HR+/HER2 low or ultralow Metastatic Breast Cancer
JP APPROVAL: AUG 2025

US APPROVAL: AUG 2022 | EU Approval: OCT 2023
2L+ HER2 Mutant Metastatic Lung Cancer
JP APPROVAL: AUG 2023

US APPROVAL: JAN 2021 | EU Approval: DEC 2022
2L+ HER2+ Metastatic Gastric Cancer****
JP APPROVAL: SEP 2020

US APPROVAL: APR 2024 |
2L+ HER2+ (IHC3+) Metastatic Tumor Agnostic

*FY2024 Daiichi Sankyo Financial Results Reference Data, including gross profit share in AstraZeneca territory, does not include milestone payments
**Estimated through end of fiscal Q2 2025
***Internal market research results
****3L HER2+ metastatic gastric cancer is approved in Japan. There is no current 2L approval in Japan for metastatic gastric cancer
2L: second-line, B: billion, HR: hormone receptor, HER2: human epidermal growth factor receptor 2 IHC: immunohistochemistry, K: thousand, YOY: year over year

Daiichi Sankyo has delivered by maximizing ENHERTU® since our launch in FY2019 and created the most successful launch in oncology over the last 5 years

Global net sales in FY2025 Q2 totaled 163.2 Bn JPY;
+107% CAGR FY2020 to FY2024;
+24% vs FY2024 Q2

In the US, FY2025 Q2: 89.4Bn JPY US
+85% CAGR FY2020 to FY2024
+25% vs FY2024 Q2

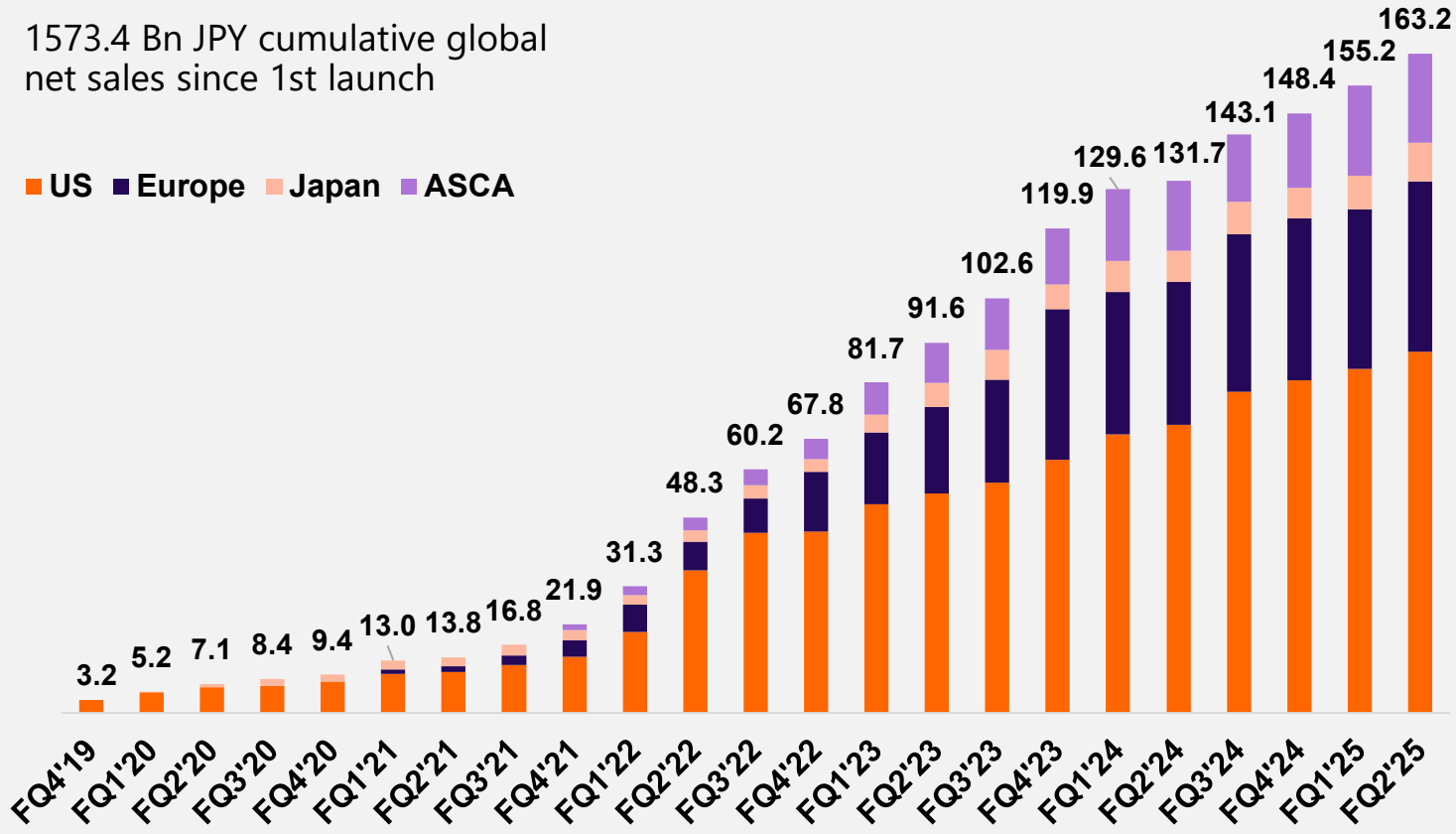
In Europe, FY2025 Q2: 42.1 Bn JPY EU
+155% CAGR FY2021 to FY2024
+19% vs FY2024 Q2

In Japan, FY2025 Q2: 9.6 Bn JPY Japan
+63% CAGR FY2020 to FY2024
+23% vs FY2024 Q2

In ASCA, FY2025 Q2: 22.1 Bn JPY ASCA
+123% CAGR FY2022 to FY2024
+28% vs FY2024 Q2

ENHERTU® GLOBAL NET SALES BY REGION (Bn JPY)

1573.4 Bn JPY cumulative global net sales since 1st launch



*Incl. Gross profit share in AstraZeneca territory

ENHERTU® trastuzumab deruxtecan

Daiichi Sankyo Financial Results Reference Data, including gross profit share in AstraZeneca territory, does not include milestone payments
ASCA: Asia, South and Central America, Bn: billion, CAGR: compound annual growth rate, FQ: fiscal quarter, FY: fiscal year, JPY: Japanese Yen, Q: quarter

The next two years are pivotal for ENHERTU® in breast cancer with multiple data catalyst and new launches

~125K ENHERTU® G7 ELIGIBLE PATIENTS IN BREAST CANCER BY 2030

*pending approvals

ENHERTU® BC Priorities*

HER2+ BC

- **Establish** new 1L standard of care based on DB-09
- **Move** to the eBC curative setting based on DB-11 and DB-05

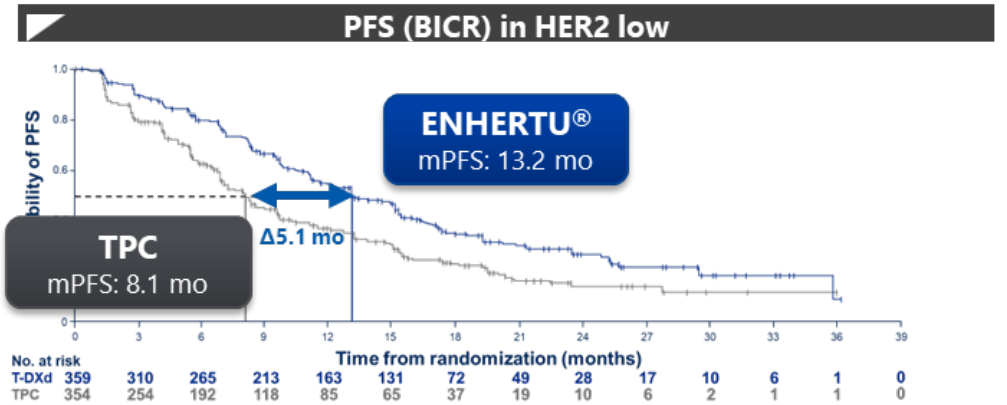
HER2-low BC

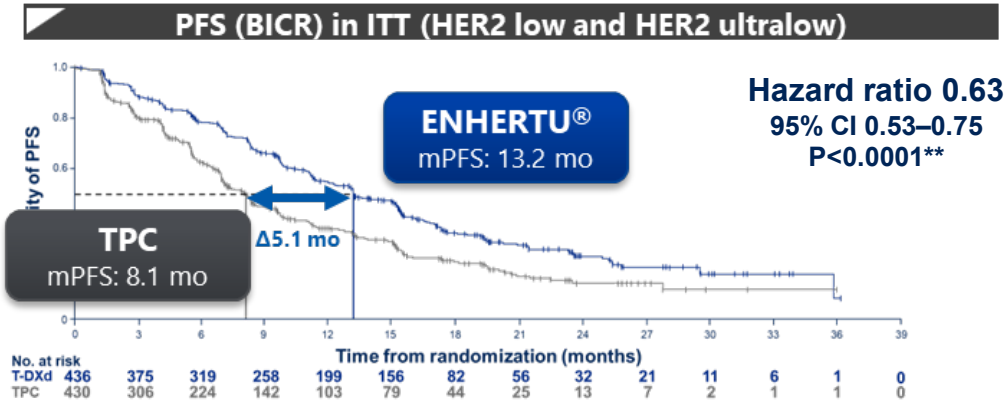
- **Move earlier,** creating urgency to treat with ENHERTU® post 2L ET in most eligible patients based on DB-06
- **Expand to a broader population**: quickly identify ultralow patients

1L: first line, 2L: second line, ET: endocrine therapy, G7: US, Japan, France, Germany, Italy, Spain, UK; eBC: early breast cancer, HER2: human epidermal growth factor receptor 2

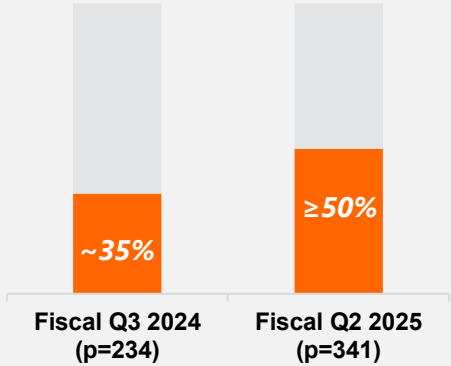
DESTINY-Breast06: ENHERTU® adoption in HR+ HER2 low BC continues to expand

DESTINY-Breast06 Clinical trial data:
PFS (BICR) in HER2 low and ultralow





Market share trend*
HR+ HER2 low 2L+ Chemo naïve patients (US)



ENHERTU® US market share has seen robust expansion following DB-06 approval in the chemo-naïve setting.

Launch status by countries and regions

US Approval **2025.Jan**

EMA Approval **2025.Apr**

JP Approval **2025.Aug**

2026+

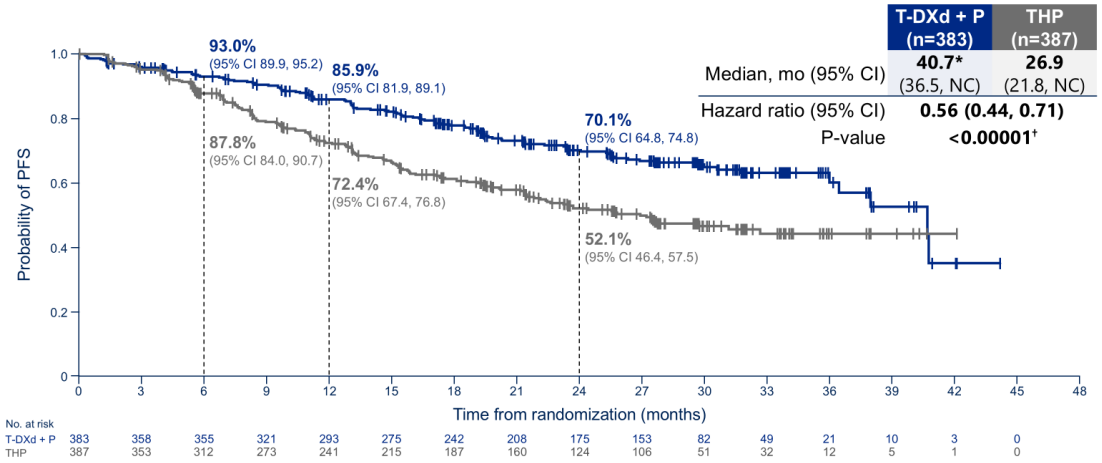
*Based on internal market research. DESTINY-Breast06 has launched in Germany, but additional European markets are awaiting reimbursement
**P-value of <0.015 required for statistical significance; Data according to ASCO 2024 presentation
2L: second line, BICR: blinded independent central review, BC: breast cancer, CI: confidence interval, HR: hormone receptor, HER2: human epidermal growth factor receptor 2, PFS: progression free survival, Q: quarter, TPC: treatment of physician's choice

ENHERTU® trastuzumab deruxtecan

DESTINY-Breast09: Launch of ENHERTU® in 1st Line HER2+ mBC will be a near-term growth catalyst with potential to benefit 24k eligible patients

Daiichi-Sankyo

DESTINY-Breast09 Clinical trial data: PFS (BICR)



Statistically significant and clinically meaningful PFS benefit with T-DXd + P (median Δ 13.8 mo)

*Median PFS estimate for T-DXd + P is likely to change at updated analysis; †stratified log-rank test. A P-value of <0.00043 was required for interim analysis superiority
BICR, blinded independent central review; CI, confidence interval; mo, months; (m)PFS, (median) progression-free survival; NC, not calculable; P, pertuzumab; T-DXd, trastuzumab deruxtecan, ENHERTU®; THP, taxane + trastuzumab + pertuzumab

HER2: human epidermal growth factor receptor 2, mBC: metastatic breast cancer, K: thousand
G7 consists of the US, Japan, France, Germany, Italy, Spain and United Kingdom

Market Opportunity
(Eligible patient numbers)

~24,000*

Market opportunity in G7

- Currently, ~30% of patients do not receive treatment beyond first line.

Incremental to 2L Eligible patients: ~7,000

External Excitement for 1L HER2+ mBC

STAT

"This is a pivotal advancement for the treatment of HER2-positive metastatic breast cancer"

Bloomberg

The strong results in delaying progression "make it a clear front-runner" as an initial treatment for HER2 patients

ENHERTU® trastuzumab deruxtecan

Daiichi Sankyo @ ESMO 2025: Three Landmark Trials Showcase Potential Practice-Changing Results in Breast Cancer

Daiichi-Sankyo

Moving *ENHERTU*® into early HER2+ breast cancer

Broadening potential of *DATROWAY*®

DESTINY-Breast11

Neoadjuvant *ENHERTU*® → THP
High-risk HER2+ eBC

- **67% pCR** with early trend to EFS benefit
- **Highest reported pCR** rate seen in a Phase III registrational trial in this setting

DESTINY-Breast05

Post-neoadjuvant *ENHERTU*®
High-risk HER2+ eBC

- **53% reduction** in risk of disease recurrence or death vs T-DM1
- **>92% patients free of invasive disease** at 3 years

Together, demonstrate the potential of ENHERTU® as a **foundational treatment in curative-intent eBC**

ENHERTU® trastuzumab deruxtecan

TROPION-Breast02

DATROWAY®
1L TNBC not suitable for PDx

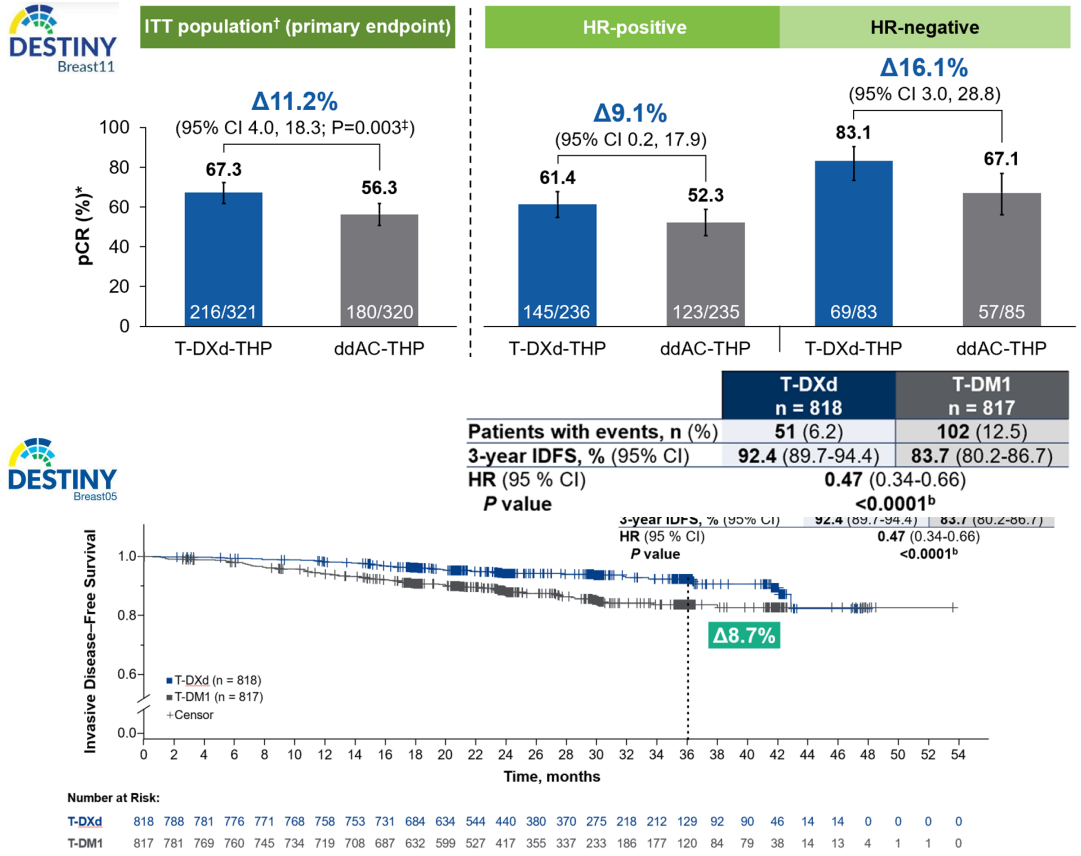
- **Unprecedented mOS improvement** of 5 mo vs CTx
- **Robust anti-tumor activity with 63% ORR**
- **First ever trial** to show a **mOS benefit** in 1L TNBC in patients where immunotherapy was not an option

DATROWAY® datopotamab deruxtecan

1L: first line, cTX: chemotherapy, ESMO: European Society of Medical Oncology, eBC: early Breast Cancer, HER2: human epidermal growth factor receptor 2, mOS: median overall survival, mo: months, mBC: metastatic breast cancer, ORR: overall response rate, pCR: pathological complete response, PDx: Programmed Cell Death (Ligand) Inhibitors, T-DM1: trastuzumab emtansine, THP, taxane + trastuzumab + pertuzumab, TNBC: triple negative breast cancer

DESTINY-Breast11, DESTINY-Breast05: Launches of ENHERTU® in early-stage BC will present significant growth catalysts

DESTINY-Breast11/05 Clinical trial data



	T-DXd n = 818	T-DM1 n = 817
Patients with events, n (%)	51 (6.2)	102 (12.5)
3-year IDFS, % (95% CI)	92.4 (89.7-94.4)	83.7 (80.2-86.7)
HR (95 % CI)	0.47 (0.34-0.66)	
P value	<0.0001[b]	

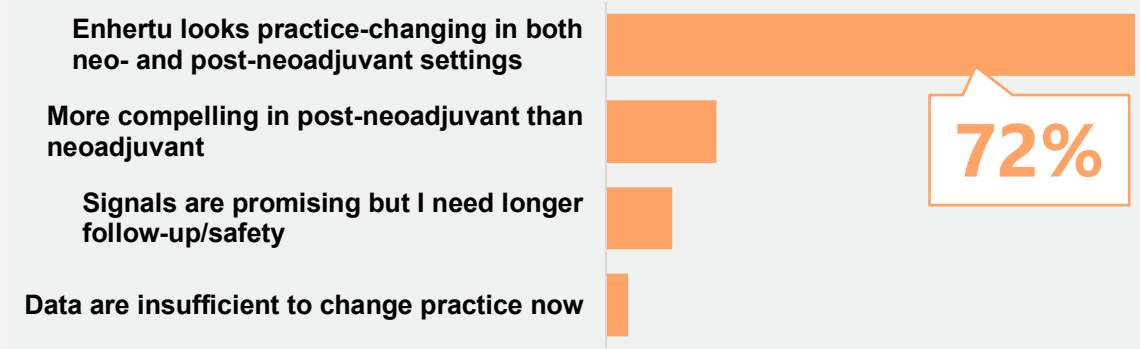
Market Opportunity
(Eligible patient numbers)

DB-11: ~29,000
DB-05: ~11,000

Market opportunity in G7

External Excitement for DESTINY-Breast11 / 05*

Question: Which single statement best captures your initial takeaway from the DB-11 and DB-05 studies? (% of US and EU oncologists)



BC: breast cancer, CI: confidence interval, DB: DESTINY-Breast, IDFS: invasive disease-free survival, ITT: intention to treat, HR: hormone receptor, HR: hazard ratio, G7: US, Japan, France, Italy, Germany, Spain, and United Kingdom
ddAC-THP: doxorubicin + cyclophosphamide followed by taxane + trastuzumab + pertuzumab
*FirstWord Pharma physician survey results (n=140 US and EU oncologists), published November 19th

ENHERTU® trastuzumab deruxtecan

ENHERTU® is DESTINED for more as key clinical trial results and new indications seek to go earlier and broader

Potential new indications could benefit ~100k additional eligible patients by 2030

FY 2025-2026 Potential New Indications

BREAST INDICATIONS: ~50k eligible patients

- Destiny-Breast09 — HER2 positive metastatic breast cancer (1L) ✓
- DESTINY-Breast11 — HER2 positive early breast cancer (neoadjuvant) ✓
- DESTINY-Breast05 — HER2 positive early breast cancer (adjuvant*) ✓

LUNG AND GASTRIC INDICATIONS: ~5k eligible patients

- DESTINY-Gastric04 — HER2 positive gastric cancer (2L) ✓
- DESTINY-Lung04 — HER2 mutant metastatic NSCLC (1L)

✓ = Positive TLR achieved

Potential New Indications 2027+

PAN TUMOR INDICATIONS: ~45k eligible patients

- DESTINY-Gastric05 — HER2 positive gastric cancer (1L)
- DESTINY-BTC01 — HER2 positive biliary tract cancer (1L)
- DESTINY-Ovarian01 — HER2 positive ovarian cancer (1L)
- DESTINY-Lung06 — HER2 positive, PD-L1 <50% NSCLC (1L)
- DESTINY-Endometrial01 — HER2 positive pMMR endometrial cancer (1L)
- DESTINY-Endometrial02 — HER2 positive early endometrial cancer (adjuvant)

*Adjuvant therapy for patients with residual invasive disease following neoadjuvant therapy
1L: first-line, 2L: second-line, HER2: human epidermal growth factor receptor 2, HR: hormone receptor, NSCLC: non-small cell lung cancer, PD-L1: programmed cell death ligan 1, pMMR: mismatch repair proficient

ENHERTU® trastuzumab deruxtecan

Global DATROWAY® net sales have now exceeded 10 Bn JPY in Q2 FY '25

Overall, global net sales in FY2025 Q2 was 10.4 Bn JPY; +95.9% sequential QtQ growth driven by US and Japan

US

In the US, FY2025 Q2: 6.6 Bn JPY
+112.9% vs. prior quarter

Sales driven by HR+ HER2- mBC and EGFRm NSCLC

EU

DATROWAY® was approved by the EMA in April 2025

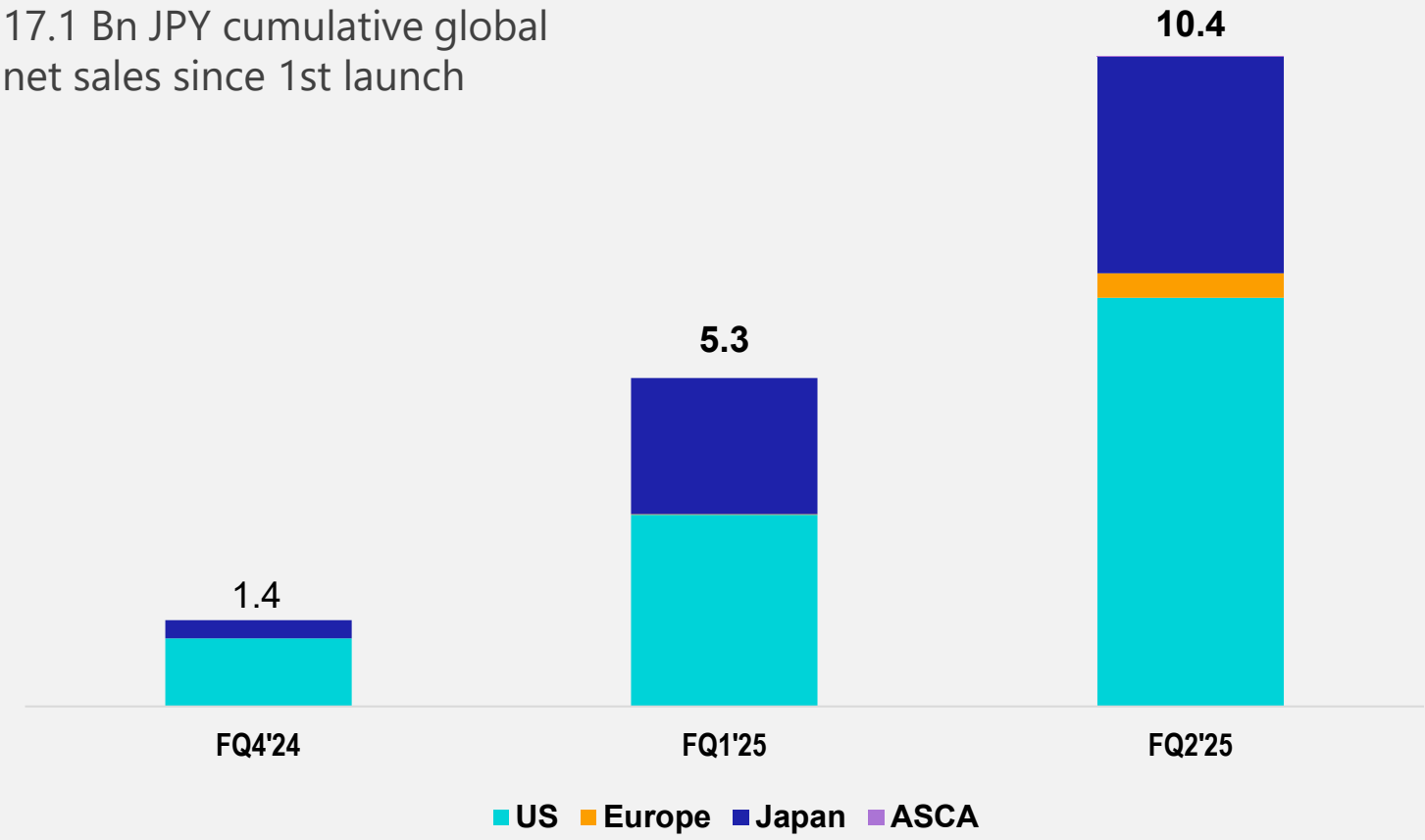
Launches expected throughout 2026

JP

In Japan, FY2025 Q2: 3.5 Bn JPY
+59.1% vs. prior quarter

DATROWAY® GLOBAL NET SALES BY REGION (Bn JPY)

17.1 Bn JPY cumulative global net sales since 1st launch



Daiichi Sankyo Financial Results Reference Data, including gross profit share in AstraZeneca territory, does not include milestone payments
*Datroway® has launched in Germany, but reimbursement negotiations are ongoing
ASCA: Asia, South and Central America, Bn: billion, EGFRm: epidermal growth factor receptor mutant, FQ: fiscal quarter, FY: fiscal year, mBC: metastatic Breast Cancer, NSCLC: non-small cell lung cancer, JPY: Japanese Yen, Q: quarter, QtQ: quarter to quarter

Early adoption and experience is building confidence amongst prescribers and we expect accelerating performance in FY2026

DATROWAY® indication expansion expected in 2026

HR+/HER2- mBC

Build the foundation as the preferred TROP2 ADC with positive first experiences in efficacy and tolerability

EGFRm NSCLC

Drive rapid adoption as first TROP2 ADC approved in NSCLC for a range of EGFR mutations

IO ineligible mTNBC

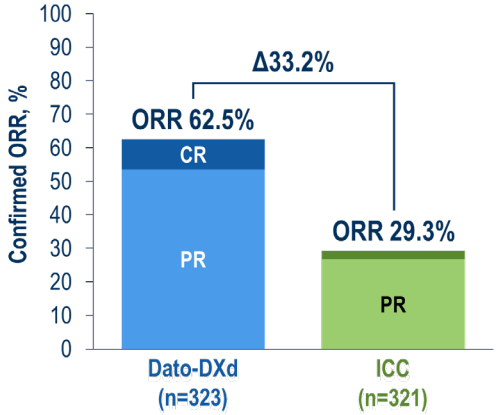
ENTRENCH as new SOC and the **only TROP2 ADC** to **demonstrate overall survival**

ADC: antibody drug conjugate, EGFR: epidermal growth factor receptor, FY: fiscal year, HR: hormone receptor, HER2: human epidermal growth factor receptor 2, mBC: metastatic breast cancer, NSCLC: non-small cell lung cancer, SOC: standard of care, TNBC: triple negative breast cancer, TROP2: Trophoblast cell-surface antigen 2

TROPION-Breast02 study showed a statistically significant & clinically meaningful improvement in PFS and OS compared with ICC

TROPION-Breast02 Clinical trial data

	Dato-DXd	ICC	Δ
Median PFS	10.8 mo	5.6 mo	**Δ 5.3 mo**
Median OS	23.7 mo	18.8 mo	**Δ 5.0 mo**
Median DOR	12.3 mo	7.1 mo	**Δ 5.2 mo**



Despite more than double the duration of treatment, rates of grade ≥3 and serious TRAEs were similar, and discontinuations were lower, with Dato-DXd vs ICC

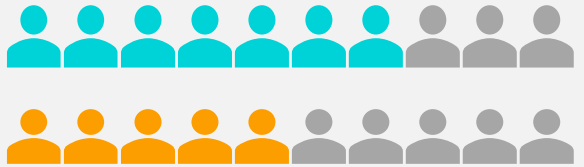
Market Opportunity (Eligible patient numbers)

TB02: ~16,000

Market opportunity in G7

Market Insights (Triple Negative Breast Cancer)

- **For nearly 15 years, there have been no new treatment advancements** in 1L mTNBC for patients who are PD-L1-negative, non-BRCA mutated, or not candidates for immunotherapy.[2,3,4]
- **Advanced/metastatic TNBC is the most aggressive cancer subtype** with the fewest treatment options; **Metastatic TNBC 5-year OS: 14.9%**[5]



~70% not candidates for 1L immunotherapy[6]

~50% do not receive treatment beyond 1L[6,7]

DATROWAY datopotamab deruxtecan

1. Dent R et al. Presented at: ESMO 2025; October 17-21, 2025; Berlin, Germany. Presentation LBA21
2. https://pubmed.ncbi.nlm.nih.gov/38601487/
3. https://pubmed.ncbi.nlm.nih.gov/37229447
4. https://ascopost.com/issues/august-25-2023/new-challenge-in-triple-negative-breast-cancer-optimizing-the-sequencing-of-treatments/
5. National Cancer Institute SEER Program. Available at: https://seer.cancer.gov/statfacts/html/breast-subtypes.html
6. Punie K, et al. Oncologist 2025;30:oyaf034;
7. Traina T, et al. Clin Cancer Res 2025;31:P3-08-10; 8. Li CH, et al. Breast Cancer Res 2019;21:143

1L: first line, BRCA: Breast cancer gene, DOR: Duration of response, ICC: investigators choice chemo, G7: US, Japan, France, Germany, Italy, Spain, United Kingdom, mo: months, ORR: overall response rate, OS: overall survival, PD-L1: programmed cell death ligand, PFS: progression free survival, TRAE: treatment related adverse events, TNBC: triple negative breast cancer

Media and KEEs Highlight 'Unprecedented' DATROWAY® Data in TNBC

Daiichi-Sankyo

The Pharma Letter

ESMO 2025: Daiichi Sankyo and AstraZeneca's DATROWAY Results **'Unprecedented'**

OncLive

TROPION-Breast02 Data Support Dato-DXd as **New First-Line Standard of Care** in TNBC

ApexOnco

"Both agents impressed, but the results (of TROPION-Breast02) suggest that **DATROWAY could have an edge"**

BioPharma Dive

AstraZeneca, Daiichi's DATROWAY **Excels in Hard-to-Treat Breast Cancer**

BioPharma Dive

Dato-DXd Doubles Response Rates and Extends Survival in First-Line Metastatic TNBC

Fierce Pharma

ESMO: AZ, Daiichi's **DATROWAY Outshines Gilead's Trodelvy** in First Global TROP2 Showdown

Endpoints News

"DATROWAY appears to offer **numerically better progression-free survival** data"

"I was amazed when I saw the more than **doubling of response and tripling of CR** with Dato-DXd"

- Asia-Pacific KEE

"The **low ILD rate** with Dato-DXd is amazing"

- Asia-Pacific KEE

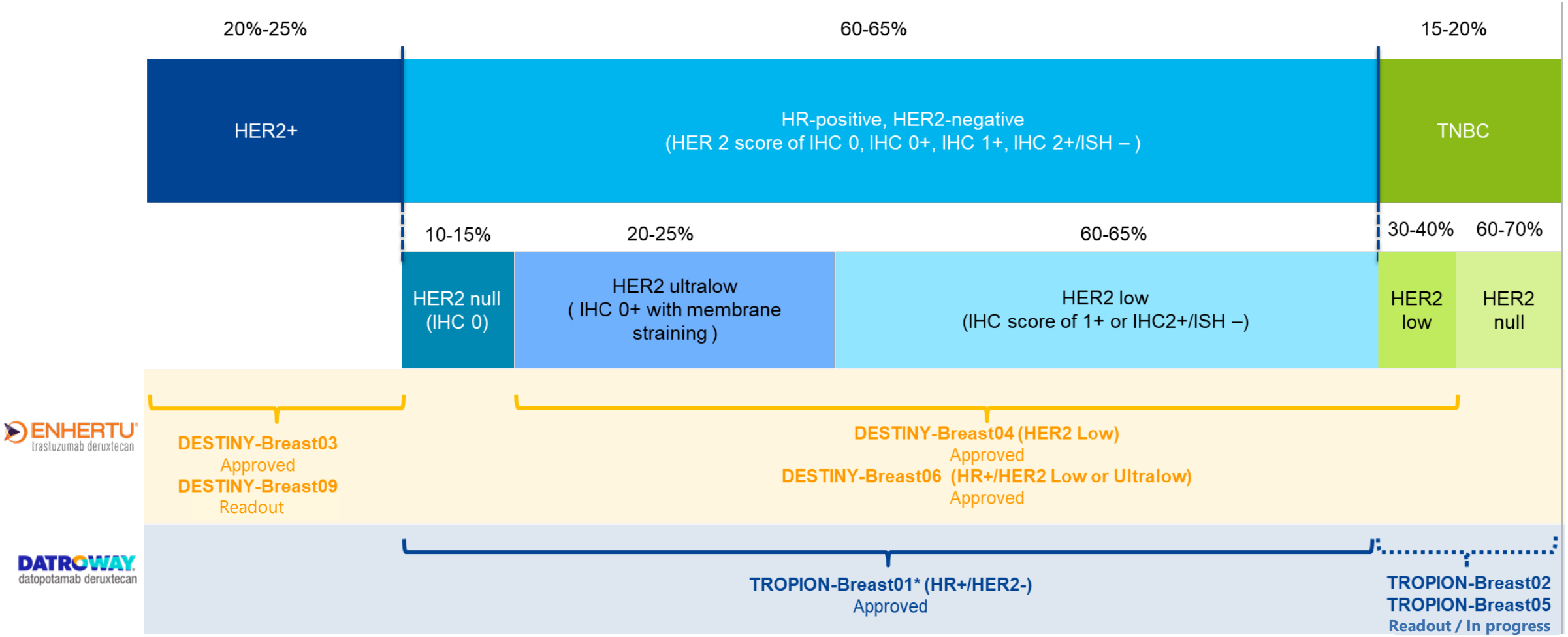
"Patients with short DFI have poor prognosis, so it is **great to have an option other than ChT"**

- Europe KEE

Cht: chemotherapy, DFI: disease free interval, ESMO: European Society of Medical Oncologists, HCP: Healthcare Professional, KEE: Key External Expert, M: million, TNBC: triple negative breast cancer, TROP2: Trophoblast cell-surface antigen 2
*Coverage as of Oct. 20, 2025, 3PM ET / 8 PM ET

DATROWAY datopotamab deruxtecan

With DATROWAY®'s potential indications in TNBC, Daiichi Sankyo's oncology portfolio has the potential to benefit 100% of mBC patients



*TROPION-Breast01 indication: HR+/HER2- (IHC0, 1+ or 2+/ISH-) mBC
mBC: metastatic breast cancer, HER2: human epidermal growth factor receptor 2, HR: hormone receptor, IHC: immunohistochemistry, ISH: in situ hybridization, TNBC: triple negative breast cancer
Source: npj Breast Cancer volume 7, Article number: 1 (2021)

Potential future indications can significantly expand the patients DATROWAY® can benefit

✓ = Positive TLR achieved

Expected TLRs in FY2025 - 2026

BREAST INDICATIONS: ~24k eligible patients

- **TROPION-Breast02** — TNBC, not an option for PD-1/PD-L1 (1L) ✓
- **TROPION-Breast05** — TNBC, PD-L1 positive (1L)

LUNG INDICATIONS: ~160k eligible patients

- **AVANZAR** — NSQ non-AGA NSCLC (1L)
- **TROPION-Lung15** — EGFRm NSCLC, DATROWAY® +/- osimertinib (2L+)
- **TROPION-Lung07** — NSQ non-AGA NSCLC, PD-L1 TPS < 50% (1L)
- **TROPION-Lung08** — NSQ non-AGA NSCLC, PD-L1 TPS ≥ 50% (1L)

Expected TLRs in FY 2027+

BREAST INDICATIONS: ~46k eligible patients

- **TROPION-Breast03** — Early TNBC (Adjuvant*)
- **TROPION-Breast04** — Early TNBC (Neoadjuvant)

LUNG INDICATIONS: ~70k eligible patients

- **TROPION-Lung10** — NSQ non-AGA NSCLC, PD-L1 TPS ≥ 50% (1L)
- **TROPION-Lung14** — EGFRm NSCLC, , DATROWAY® + osimertinib (1L)
- **TROPION-Lung17** — NSQ non-AGA TROP2 NMR+ NSCLC (2L+)

OTHER INDICATIONS: ~15k eligible patients

- **TROPION-Urothelial03** — Metastatic Urothelial Carcinoma (2L+)

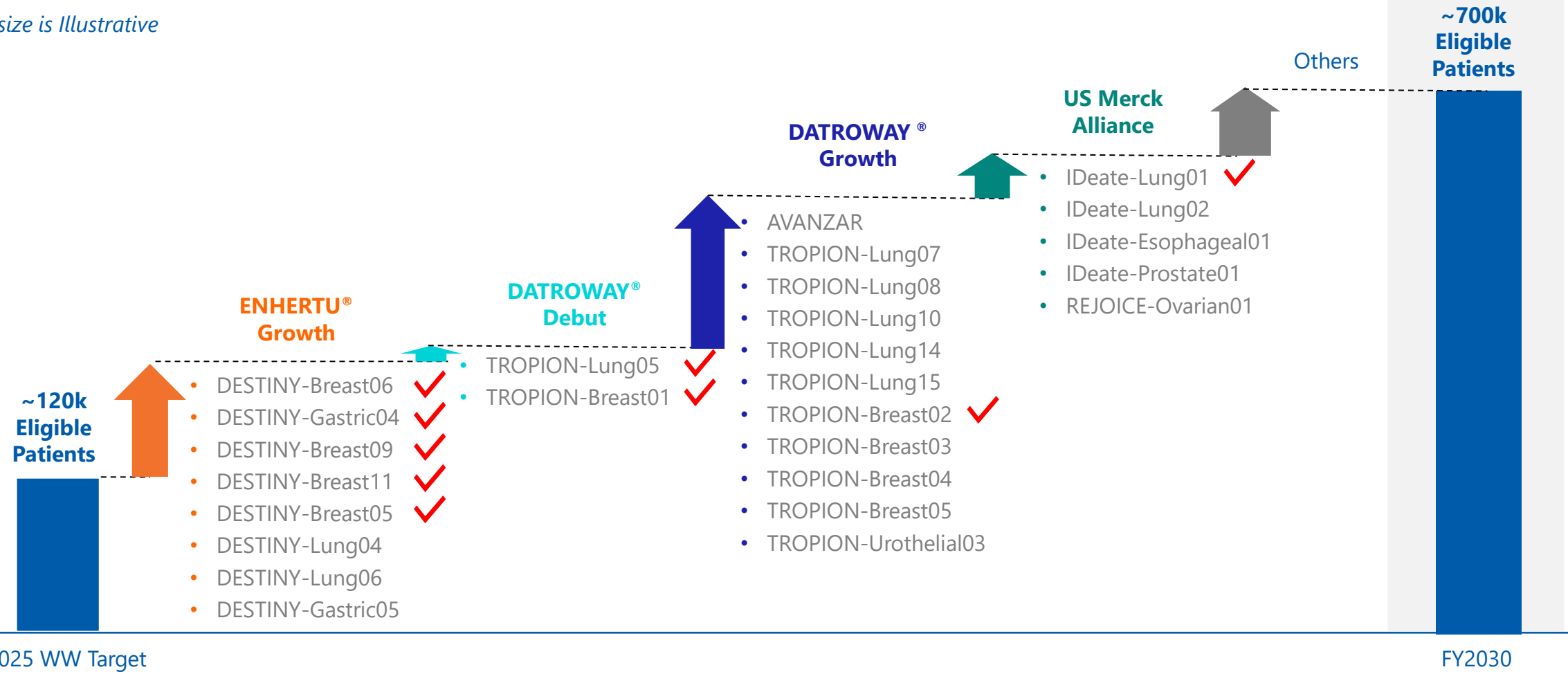
1L: first line, 2L: second line, AGA: actionable genomic alteration, EGFRm: epidermal growth factor receptor mutant, NMR: normalized membrane ratio, NSCLC: non-small cell lung cancer, NSQ: non-squamous, PD-L1: programmed cell death ligand, TNBC: triple negative breast cancer, TPS: tumor proportion score, TROP2: trophoblast cell surface antigen 2

*Adjuvant therapy for patients with residual invasive disease following neoadjuvant therapy

DATROWAY datopotamab deruxtecan

Daiichi Sankyo plans to launch numerous indications across at least 4 ADCs by 2030, contributing nearly six times as many patients

**Arrow size is Illustrative*

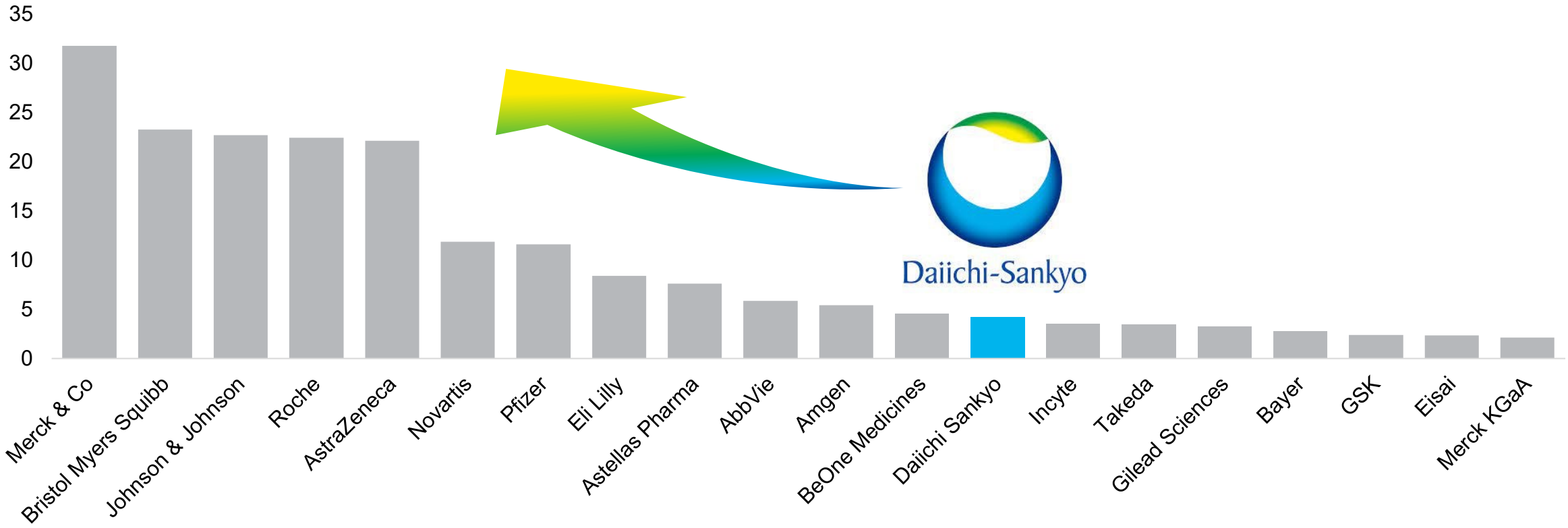


ADC: antibody drug conjugate, k: thousand, CRPC: castration resistant prostate cancer DB: DESTINY-Breast, DL: DESTINY-Lung, DG: DESTINY-Gastric, EGFRm: epidermal growth factor receptor mutant, ESCC: esophageal squamous cell carcinoma, FY: fiscal year, PROC: platinum resistant ovarian cancer, SCLC: small cell lung cancer TL: TROPION-Lung, TB: TROPION-Breast, TLR: top line results WW: worldwide

✓ = Positive TLR achieved

Daiichi Sankyo remains highly confident we will reach and exceed our goal to be a top 10 oncology company

GLOBAL ONCOLOGY PRODUCT SALES ($B)



Source: Evaluate Pharma, accessed November 19, 2025
*MAT = Moving Annual Total (MAT Sept 2025 refers to Oct 2024 – Sept 2025 period
B: billion, Co: company, GSK: GlaxoSmithKline, KGaA: Kommanditgesellschaft auf Aktien

Agenda

1. Welcome
2. Clinical Development
3. Oncology Business
4. **Technology**
5. Research
6. Q&A

Development Status and Stable Supply System for 5DXd ADCs

Development Status

ENHERTU®

- **Steady market penetration and expansion of approved countries and regions** through the strategic partnership with AstraZeneca (more than 85 countries and regions)
- **Further growth** driven mainly by the U.S. and Europe (Global product sales: ¥261.3 billion in H1 FY2024 and ¥318.4 billion in H1 FY2025)

DATROWAY®

- **Approved in more than 35 countries and regions**, including Japan, the U.S., and Europe
- **Strong sales ramp-up** in Japan and the US

HER3-DXd | I-DXd | R-DXd

- **Maximizing product potential** through a strategic partnership with US Merck*
- **Positive clinical trial data accumulating** for I-DXd and R-DXd

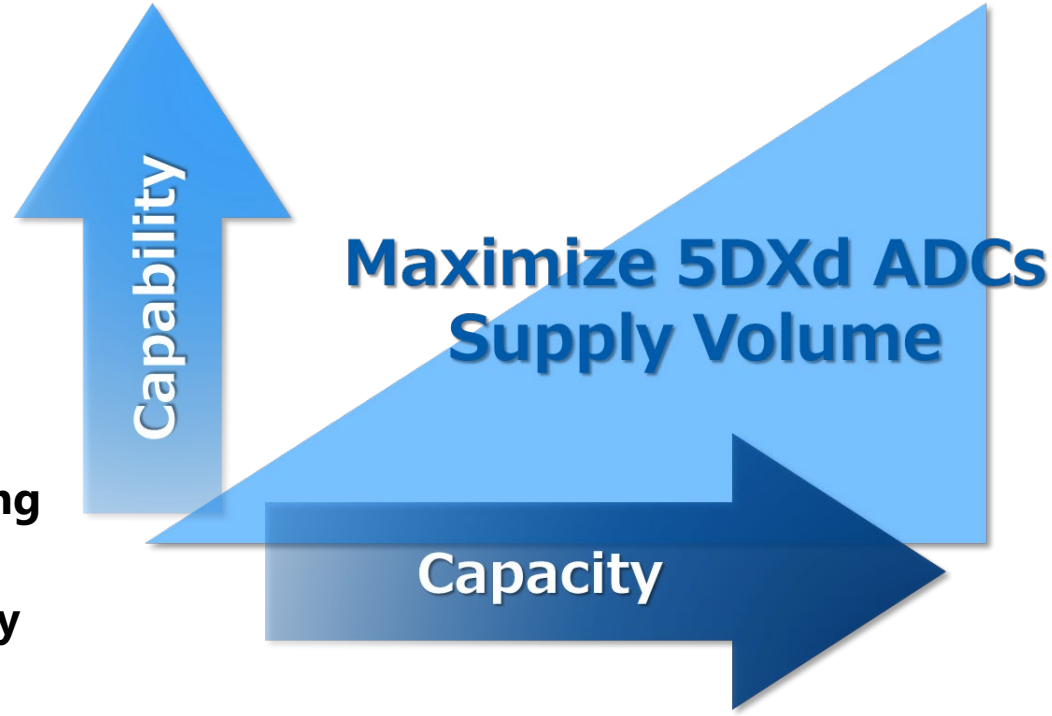
Stable Supply System

- **Ensuring stable supply across countries and regions while responding to rapidly increasing demand since the launch of ENHERTU®**
- **Establishing a global supply system capable of meeting peak demand for all 5DXd ADCs**

* Merck & Co., Inc., Rahway, NJ, USA

Supply Strategy for 5DXd ADCs

- **Production Capacity: Expansion of Capacity**
  - Enhancement of production capacity through capital investment
  - Establishment and expansion of a global supply system
- **Productivity: Enhancement of Capability**
  - Further improvement of productivity by leveraging technology
  - Development and strengthening of biotechnology specialist
  - Transformation into a high-productivity organization

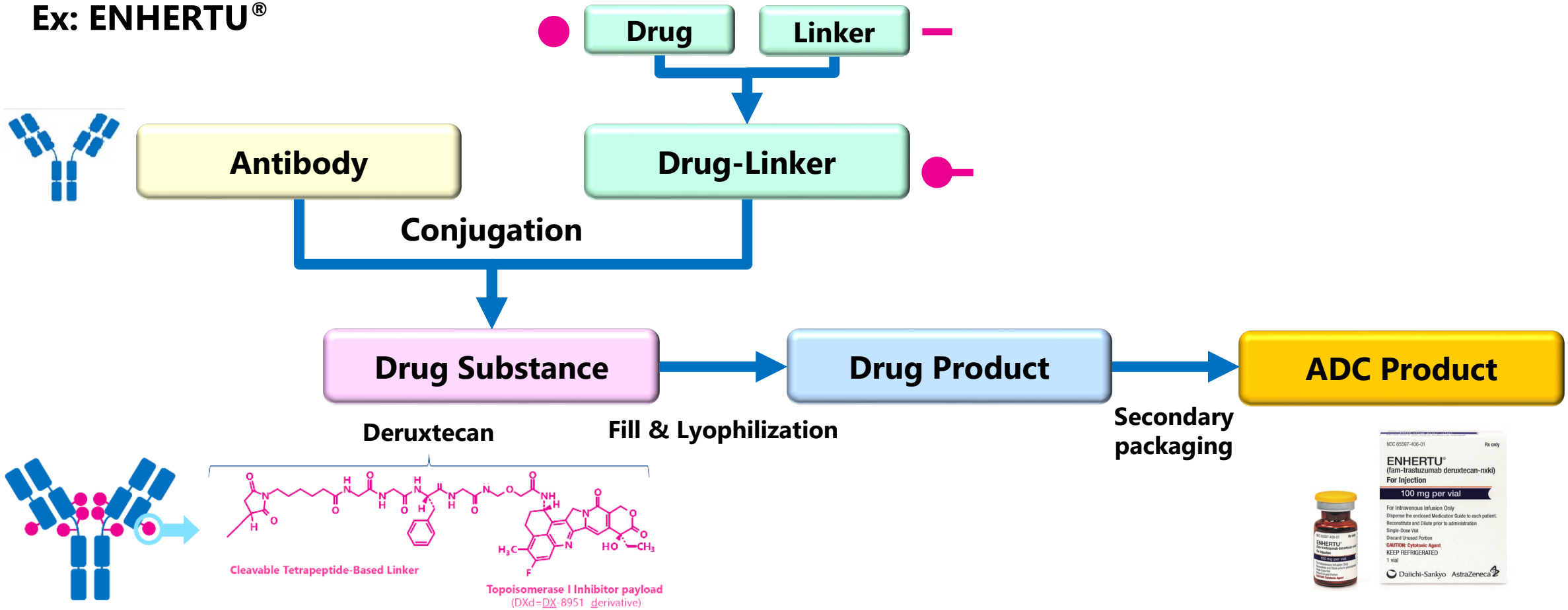


Expansion of Capacity	×	Enhancement of Capability	=	Maximization of supply volume

ADC Manufacturing Process

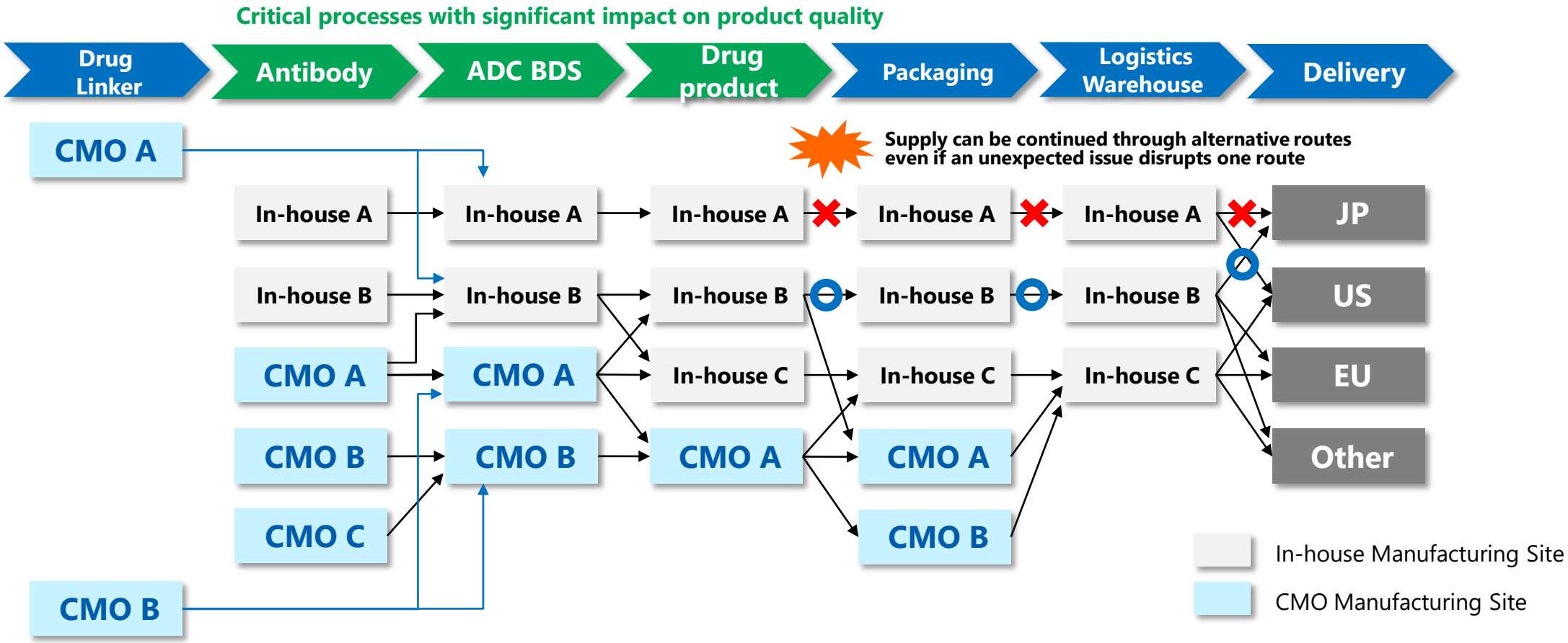
- ADCs are composed of multiple components, which are manufactured and managed separately
- The manufacturing process involves many steps, resulting in a lead time significantly longer than that of small-molecule drugs (typically over one year)

Ex: ENHERTU®



Global Supply Overview

- **Utilizing both in-house manufacturing and multiple CMO(Contract Manufacturing Organizations) to establish diversified manufacturing and supply routes for each product**
- **Securing sufficient capacity to meet rapid demand growth and reducing supply risks from unexpected issues**



*The supply routes are illustrative and differ from the actual supply structure

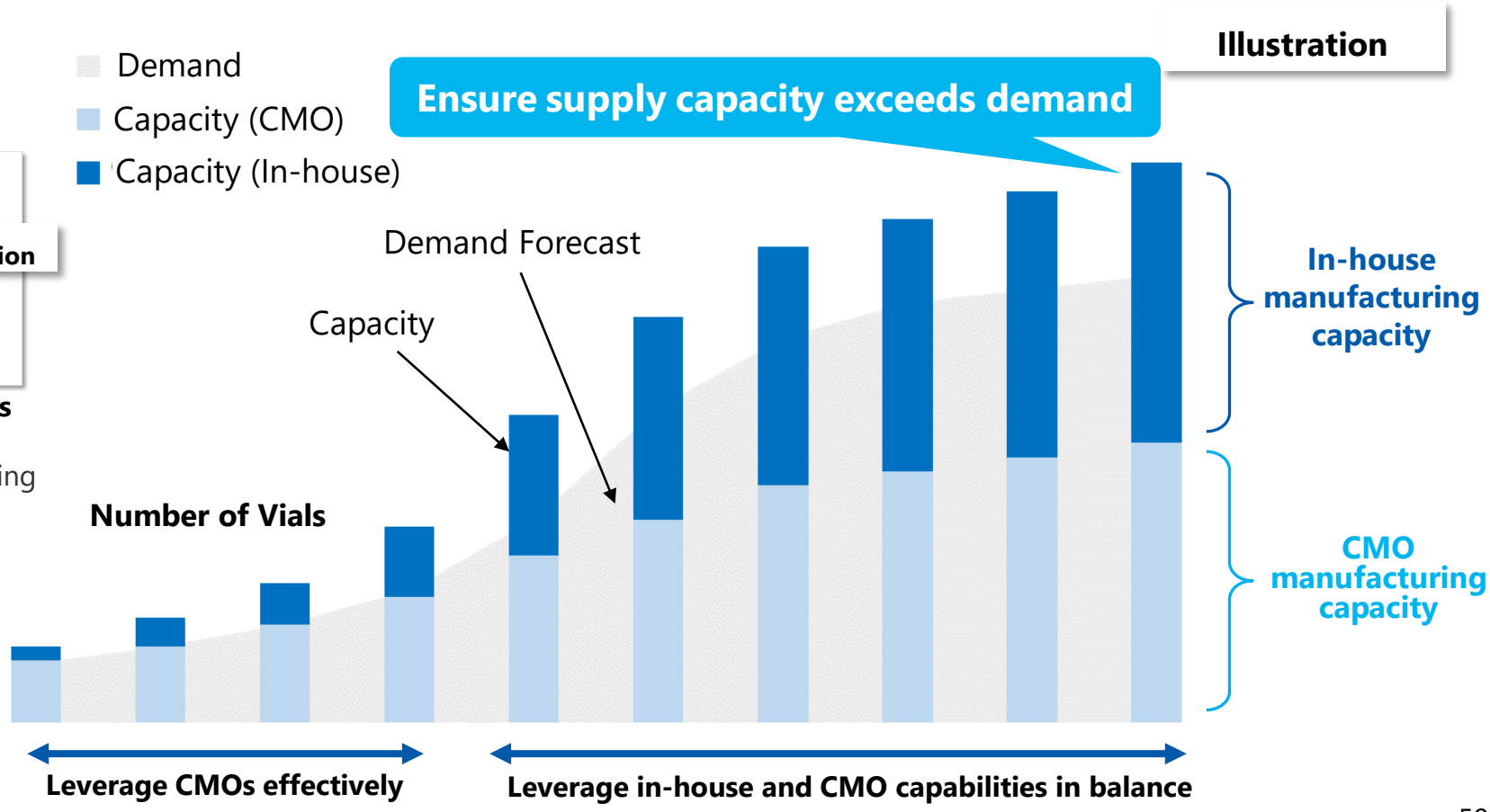
Approach to In-House Facilities and CMO Utilization

- **Adjusting manufacturing and supply volumes based on the latest demand forecasts, while enhancing overall capacity through capital investments and CMO partnerships**
- **In the short term, effectively leverage existing CMO capabilities to prioritize speed; in the long term, promote in-house capital investments to optimize cost and ensure a stable supply**

Illustration

	Bldg.	Equip.	Product Launch Lead Time
CMO	✓	✓	Tech Transfer
	✓	–	Equip. Installation → Tech Transfer
In-house	–	–	Bldg. Construction → Equip. Installation → Tech Transfer

■ **Difference in Product Launch Lead Time Between CMOs and In-House Manufacturing**
In contrast to CMOs that already have existing manufacturing equipment or facilities, expanding in-house manufacturing capacity requires a longer lead time

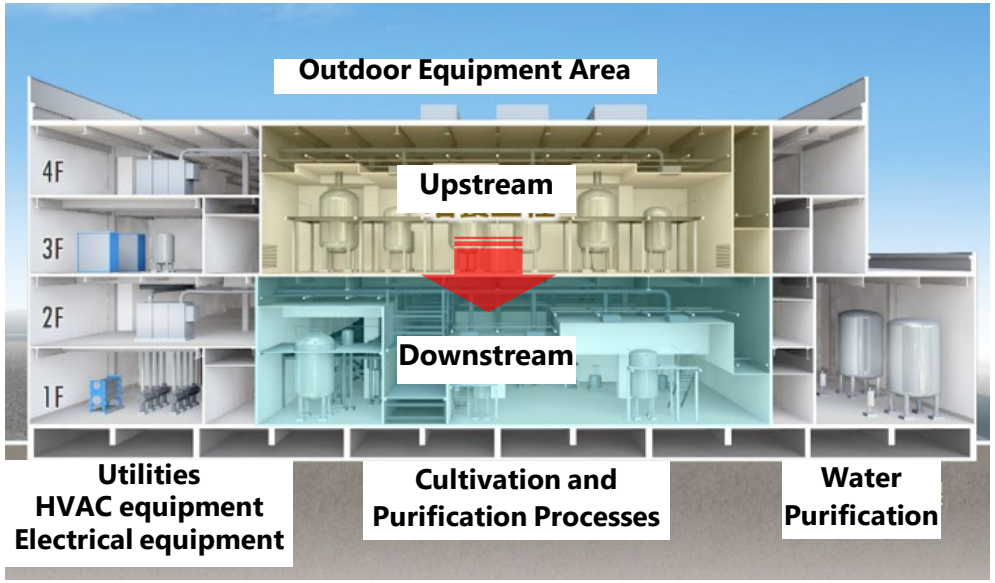


Global In-House Manufacturing Sites

Daiichi-Sankyo

Antibody Supply System

- **Effectively leveraging CMO speed and technical capabilities at present**
- **Strengthening in-house supply capabilities over the mid- to long-term to build a low-cost, stable supply system**



- **Onahama Site - Antibody Building**
  - **Completion: FY2024**
  - **Antibody manufacturing equipment (multi-use)**
  - **Cultivation: 15 kL × 3 bioreactors, Purification: 1 line**

- **All processes located on the same floor to shorten workflow paths**
- **Upstream cultivation on the upper floor and downstream purification on the lower floor to minimize loss during process transfer**

ADC Drug Substance Supply System

- **Requiring dedicated facilities and advanced technical capabilities for ADC drug substance manufacturing, a stable supply system is being built through in-house facilities and selected CMOs**
- **Completing new ADC drug substance facilities at the Hiratsuka Site in Feb 2026, with comparable capacity under construction at the Pfaffenhofen Site in Germany**

- **Hiratsuka Site – ADC Drug Substance Building**
  - **Completion: FY2025 (planned)**
  - **Drug substance manufacturing equipment (multi-use)**
  - **Drug substance: 1,200 L × 2 lines**

- **Pfaffenhofen Site - ADC Building F5**
  - **Completion: FY2028 (planned)**
  - **Drug substance & Drug Product manufacturing equipment (multi-use)**
  - **Drug substance: 1,200 L × 2 lines**

ADC Drug Product Supply System

- Building regional supply system worldwide based on a "LOCAL PRODUCTION FOR LOCAL CONSUMPTION" approach
- A new drug product line is scheduled for completion in FY2026 at American Regent's New Albany site in the US

New Albany（US）

- One drug product line scheduled for completion in FY2026

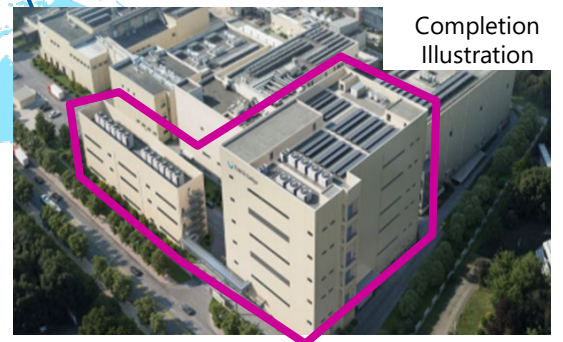
Hiratsuka（Japan）

- One drug product line completed in FY2019
- Two drug product lines completed in FY2023

F5：Completion Illustration

Pfaffenhofen（Germany）

- F4：One drug product line completed in FY2024
- F5：Two drug product lines scheduled for completion in FY2028



Completion Illustration

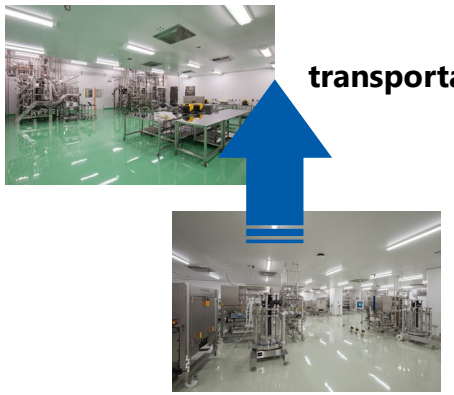
Shanghai（China）

- Two drug product lines scheduled for completion in FY2027

Advantage of One-Stop Manufacturing Approach

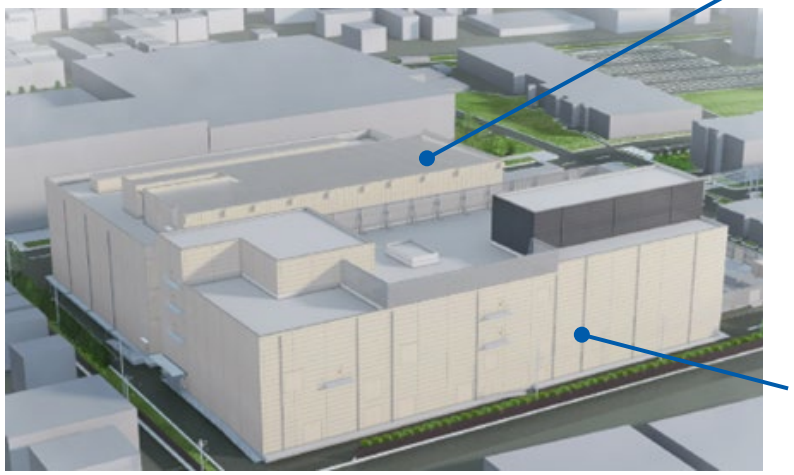
- ADCs require multiple manufacturing steps, resulting in longer lead times than small-molecule drugs (over one year from start of production to finished product)
- Consolidating key manufacturing processes at a single site reduces inter-site transportation time and enhances production flexibility

Onahama Site
(Antibody～Drug substance)



Established an efficient production system by integrating antibody and drug substance manufacturing within a single building

Hiratsuka Site
(Drug substance～Drug product)



Established an integrated manufacturing system manufacturing from Drug substance to Drug product & packaging

Initiatives to Develop and Strengthen Biotech Specialist

- Develop and strengthen biotech specialists (process development, manufacturing, quality assurance, regulatory affairs, etc.) to ensure ADC product development and stable supply
- In the manufacturing function, securing more production staff and accelerating operator training is essential to meet increasing production demands.

Strengthening Recruitment Activities

- Internship programs targeting students
- Proactive mid-career hiring to secure experienced talent

Accelerate the Early Development and Strengthening of Manufacturing Operators through Training Programs

- Establish dedicated training environments for manufacturing engineers
- Develop and implement the “Manufacturing Operator Training Program”

Seamless talent exchange across organizational and functional boundaries

- Engineer training coordinated across global manufacturing sites
- Cross-regional talent exchange on a global scale

Accelerate the Early Development and Strengthening of Manufacturing Operators through Training Programs

- Establish training environments for antibody manufacturing operators
- Develop training programs for antibody manufacturing operators and achieve efficient development of biotech specialists

Appr. 6 Month

Lecture GMP Training → Lab scale → OJT → Actual

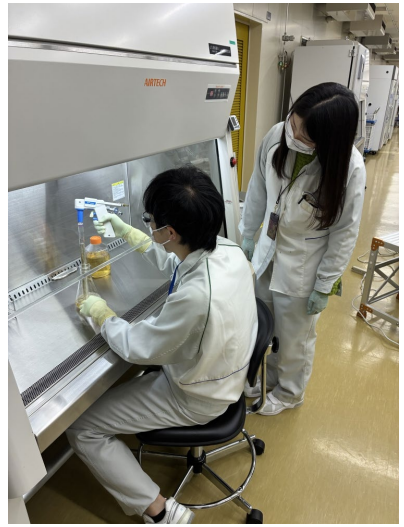
Cell culture

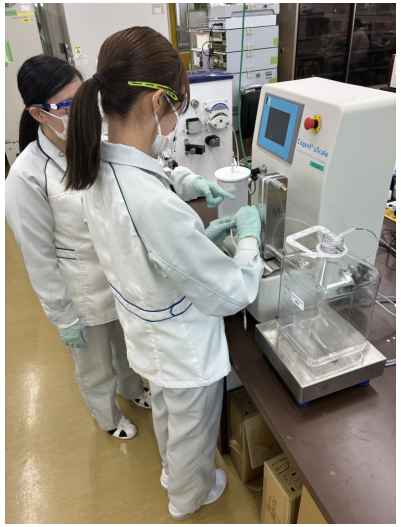
- Theory-based training
- Media preparation
- Cell thawing to main culture
- Operation training for Single-Use Equipment

Purification

- Theory-based Training
- Purification via various chromatography steps through concentration and diafiltration (UF/DF *)

* Ultrafiltration/Diafiltration





- Small-group, practice-oriented program
- Skill development using lab-scale, training-dedicated equipment
- Enhanced process comprehension through integrated theoretical and practical trainings
- OJT and GMP training at each manufacturing sites

Organizational Optimization to Meet Environmental Changes

Transition to an integrated organization covering clinical to commercial manufacturing

Environmental Changes

Shift in major production items from small molecules to oncology and new modalities

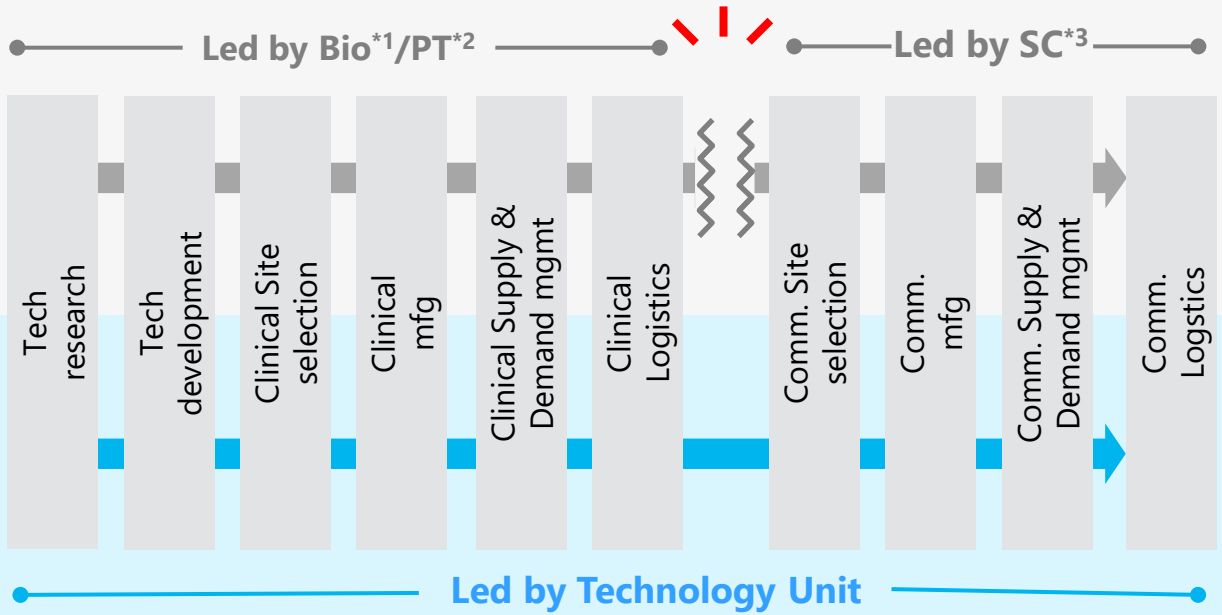
Shorter lead times from development to commercial manufacturing due to accelerated approval processes

■ As Is

Separate organizations for clinical and commercial manufacturing, leading to communication gaps and functional redundancies

■ To Be

Integrate clinical and commercial management to enable a seamless end-to-end process, improving information sharing and eliminating functional redundancies



Shift from a separated clinical/commercial manufacturing structure to a unified organization that leads both areas together

*1 Biologics Unit *2 Pharmaceutical Technology Unit *3 Supply Chain Unit

Organizational Optimization to Meet Environmental Changes

Evolution of the Technology

Establish an integrated structure that works seamlessly from early development through commercial manufacturing and supply, enabling more efficient support for ADC and oncology businesses

FY2022

- Biologics
- Pharmaceutical Technology
- Supply Chain

FY2023

Establish a unified Technology Unit through the integration of the Biologics, Pharmaceutical Technology, and Supply Chain Unit

Technology Unit

- Biologics
- Pharmaceutical Technology
- Supply Chain

FY2024

Redesigned unit functions to enhance operational efficiency and optimization

Technology Unit

- Strategy, Planning, General Affairs, and Talent Dev.
- CMC Management
- Research and Technical Dev.
- Supply Chain Management
- CMC Regulatory Affairs
- Plant Management

FY2025

Absorbed DS Propharma and DS Chemical Pharma to strengthen integration across manufacturing functions

Technology Unit

- Strategy, Planning, General Affairs, and Talent Dev.
- CMC Management
- Research and Technical Dev.
- Supply Chain Management
- CMC Regulatory Affairs
- Plant Management

Daiichi Sankyo Propharma
Daiichi Chemical Pharma

Agenda

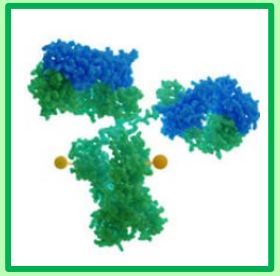
1. Opening
2. Clinical development
3. Oncology business
4. Technology
5. **Research**
6. Q&A

Daiichi Sankyo Takes Multi-Modality Strategy

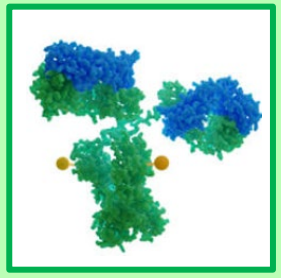
Establishing proprietary technologies unique to Daiichi Sankyo and building a robust and competitive drug discovery platform across diverse modalities.

ADC Platform


DXd ADC

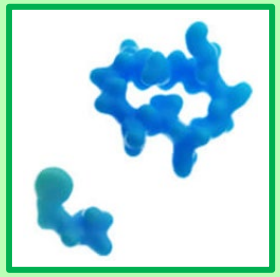

mPBD ADC

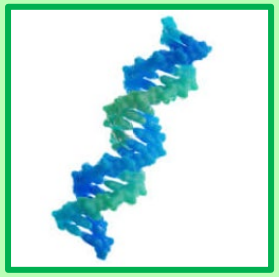

STING agonist ADC

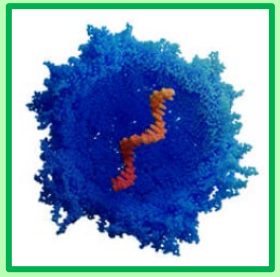

New Concept ADCs

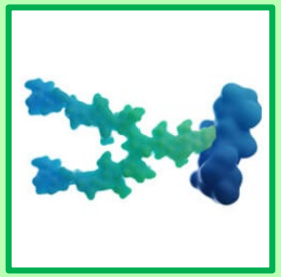
New Modalities (beyond ADC)

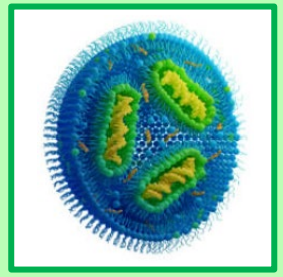

Multispecific Antibody


Mid-size Molecule (incl. TPD molecule)


Nucleotide


Gene Therapy


Glycan


LNP-mRNA

etc.

Continuous Generation of Innovative Medicines that Transform the SOC

LNP: lipid nanoparticles, mPBD: modified pyrrolobenzodiazepine, SOC: Standard of Care, TPD: Targeted Protein Degradation

Today's Topics for Our Future Innovation

Deliver Durable Patient Benefit and Maximize Portfolio Value

ADCs
DXd and New-concept

- Leverage deep DXd ADC experience
- Expanding value across tumor types
- High clinical success probability

Immuno-Oncology (IO)

- Long-term remission via immune memory
- DXd ADC and IO combinations with complementary mechanisms
- Innovative approaches for cancers with high unmet needs

Combination Strategy

- Building the next standard of care
- Enhancing portfolio leverage
- Combining DXd ADCs and new MoA

New Modalities

- Establishing the technological advantages in multi-modality
- Long-term growth options
- Accelerating the innovation through partnership/collaboration

Smart Lab / Open Innovation

- Accelerating research productivity and scientific innovation through digital technology / external expertise

ADC: antibody-drug conjugate, MoA: Mode of Action

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Long history behind the birth of DXd ADC

1990 | 2000 | 2010 | 2020 → **5DXd ADCs & Next Wave**

Sankyo Co., Ltd.

Biologics

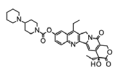
1990s
Humanization
Small-scale manufacturing (Anti CD95, anti-DR5)

2000s
Establishment of mAb screening / Expansion of mAb portfolio / Establishment of large-scale manufacturing / M&A (Denosumab etc.)

Daiichi Pharmaceutical Co., Ltd.

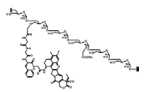
Topo I inhibitors

1980s
Irinotecan（CPT-11）
Co-development w/ Yakult



1990s
Potent Topo I inhibitor, Exatecan（Ph3 terminated）

2000s
R&D of DDS（DE-310, Ph1 terminated）



2007 merged

Cross-functional activity for ADC research

R&D of ENHERTU®

2013	2015	2019
Preclinical studies	Clinical trial initiated	1st indication approved

Our research culture includes…

- Great history of delivering unique value for patients
- Insatiable passion in the pursuit of new science & technology
- Emphasis creativity and insistence on perfection

→ **DXd ADCs**
+"Beyond DXd ADC" drugs

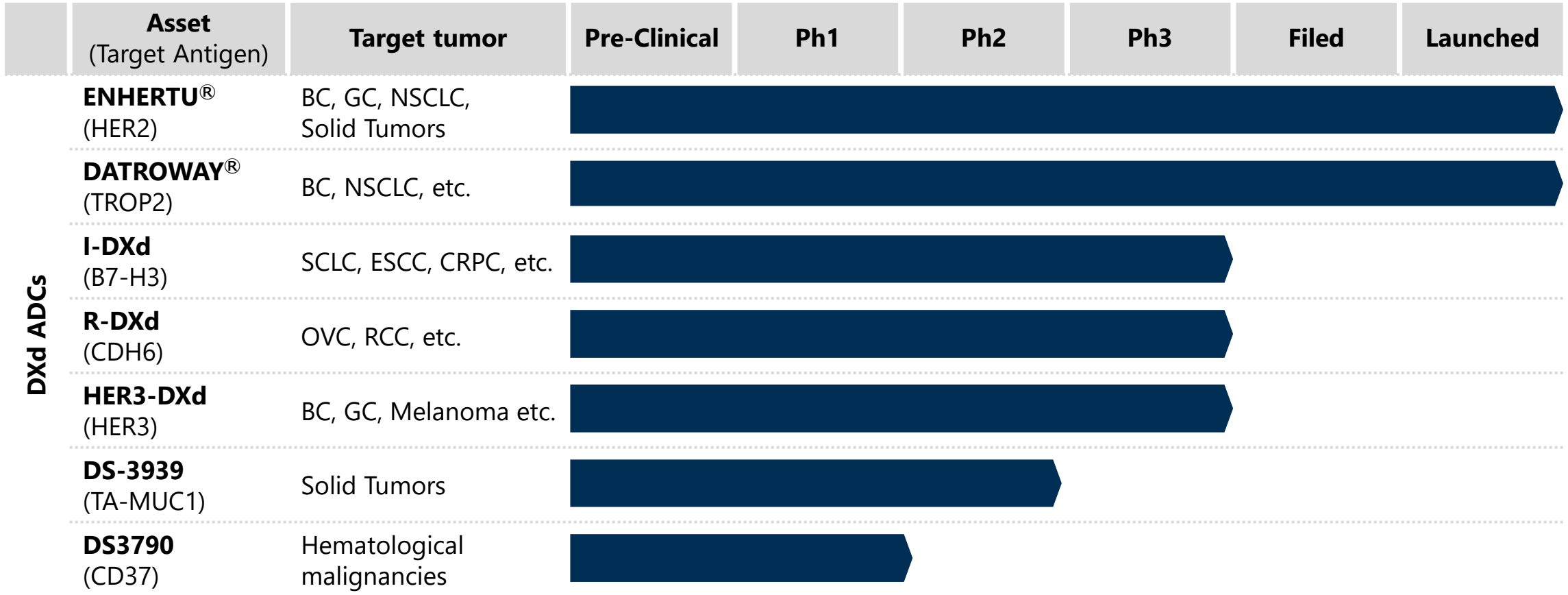
Several inventors of ENHERTU® have been involved in other launched products

- They have long tenure at DS, leveraged their expertise and are now research leaders growing our future talent

DDS: drug delivery system, DS: Daiichi Sankyo, mAb: monoclonal antibody

DXd ADC is Daiichi Sankyo Original ADC Technology Platform

Our ADC technology platform is growing, and we have generated 7DXd ADCs from the technology



Timeline indicates the most advanced stage of each asset, and that status may not apply to all tumors listed in the "target tumor" column

ADC: antibody-drug conjugate, BTC: biliary tract cancer, CRC: colorectal cancer, CRPC: chemotherapy-resistant prostate cancer, ESCC: esophageal squamous cell carcinoma, GC: gastric cancer, HCC: hepatocellular carcinoma, NSCLC: non small cell lung cancer, OVC: ovarian cancer, RCC: renal cell carcinoma, SCLC: small cell lung cancer

External Evaluation of DXd ADC Technology

Since 2017, a total of 13 Breakthrough Therapy designations* have been granted in the United States

ENHERTU® trastuzumab deruxtecan

Timing	Indications
August 2017	Third-line treatment for HER2-positive breast cancer
May 2020	Second-line treatment for HER2 gene mutation-positive non-small cell lung cancer
May 2020	Third-line treatment for HER2-positive gastric cancer
September 2021	Second-line treatment for HER2-positive breast cancer
April 2022	Low HER2 expression breast cancer (previously treated with chemotherapy)
September 2023	HER2-positive colorectal cancer (third-line treatment and beyond)
September 2023	Second-line or later treatment for HER2-positive solid tumors
August 2024	HR-positive and HER2-low/ultra-low breast cancer (chemotherapy-naive)
July 2025	HER2-positive breast cancer first-line treatment

DATROWAY® datopotamab deruxtecan

Timing	Indication
December 2024	EGFR-mutated non-small cell lung cancer with prior treatment history, including EGFR-targeted therapy

I-DXd

Timing	Indication
August 2025	Extensive-stage small cell lung cancer

R-DXd

Timing	Indication
September 2025	CDH6 expressing platinum-resistant ovarian cancer

HER3-DXd

Timing	Indication
December 2021	Third-line treatment for EGFR-mutated non-small cell lung cancer

*Breakthrough Therapy Designation: A program established to expedite the development and review of drugs that may demonstrate a greater therapeutic effect than existing treatments for serious conditions, enabling faster delivery of new drugs to patients in the US.

The Evolution of Our ADC Technologies Will Continue

15 years of ADC platform advancement - expanding Innovation

Daiichi-Sankyo

Antibody

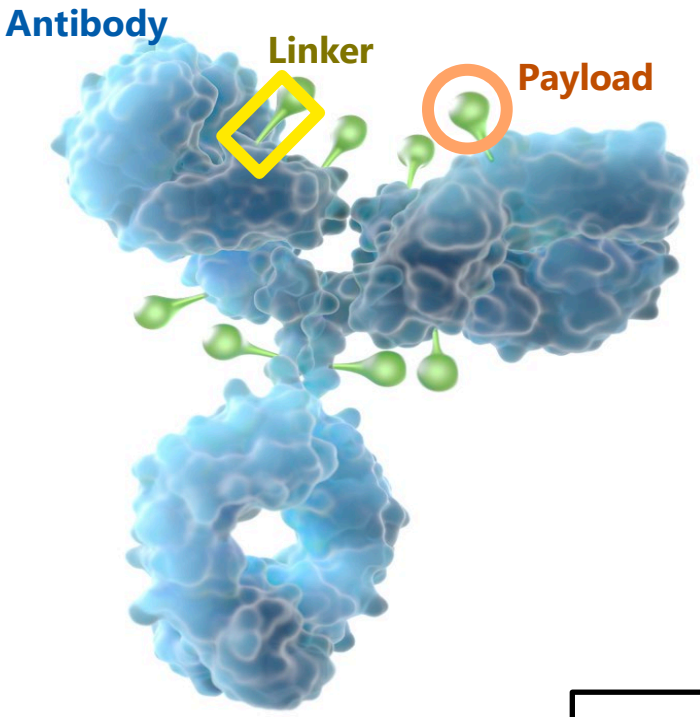
- ✓ Unique binders targeting disease specific proteins and glycans
- ✓ Fc engineering
- ✓ Novel technologies to increase specificity

Linker

- ✓ DAR control
- ✓ Site specificity
- ✓ Novel conjugation

Payload

- ✓ FIC/BIC Cytotoxic payloads
  - DXd, mPBD, etc.
- ✓ Other new payloads for refractory/resistant tumors
  - IO payloads, etc.



Our Proprietary Technologies

X

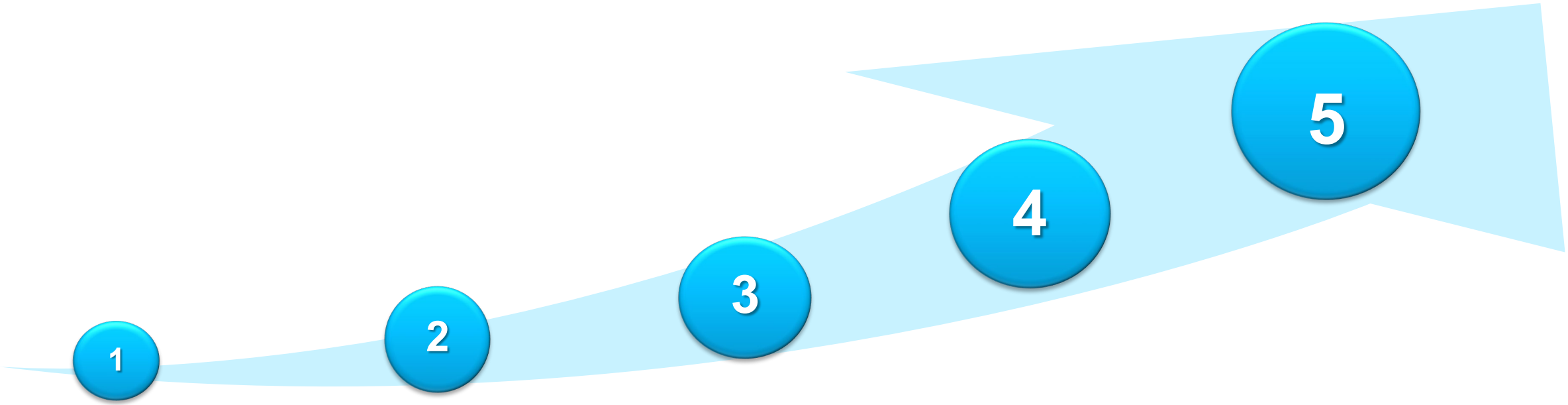
ADC-leading Expertise

- ✓ **15+ years of continuous ADC platform innovation**
- ✓ **Exploration of diverse MoA - based payloads**
- ✓ **Extensive validation of dozens of tumor antigens**
- ✓ **Deep expertise from broad linker-payload conjugation**

Unique ADC Research Experience Enabling Ongoing Breakthroughs

ADC: antibody-drug conjugate, BIC: best in class, DAR: drug antibody ratio, FIC: first in class, IO: immuno-oncology, mPBD: modified pyrrolobenzodiazepine

Sustainable ADC Platform Development



DXd ADC

ENHERTU®
DATROWAY®
I-DXd
R-DXd
HER3-DXd
DS-3939
DS3790

mPBD ADC

DS-9606
Expanding into new technology in discovery stage

STING agonist ADC

DS3610
Multiple projects in preclinical stage

New Concept ADC 1

Multiple projects in discovery stage

New Concept ADC 2

Multiple projects in discovery stage

ADC: antibody-drug conjugate, mPBD: modified pyrrolobenzodiazepine

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Smart Lab / Open Innovation

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ADC: antibody-drug conjugate, MoA: Mode of Action

Why We Invest in IO?

Immuno-Oncology (IO) Franchise

Unlocking durable benefit, expanding treatment options, and maximizing internal asset value.

Durable Effect

IO therapies can deliver **long-lasting remission** beyond the treatment period.

Immune Memory

Activated immune cells **'remember' tumor antigens** and suppress recurrence over time.

New Treatment Opportunities

IO mechanisms create **new treatment options** for cancers less responsive to cytotoxic agents.

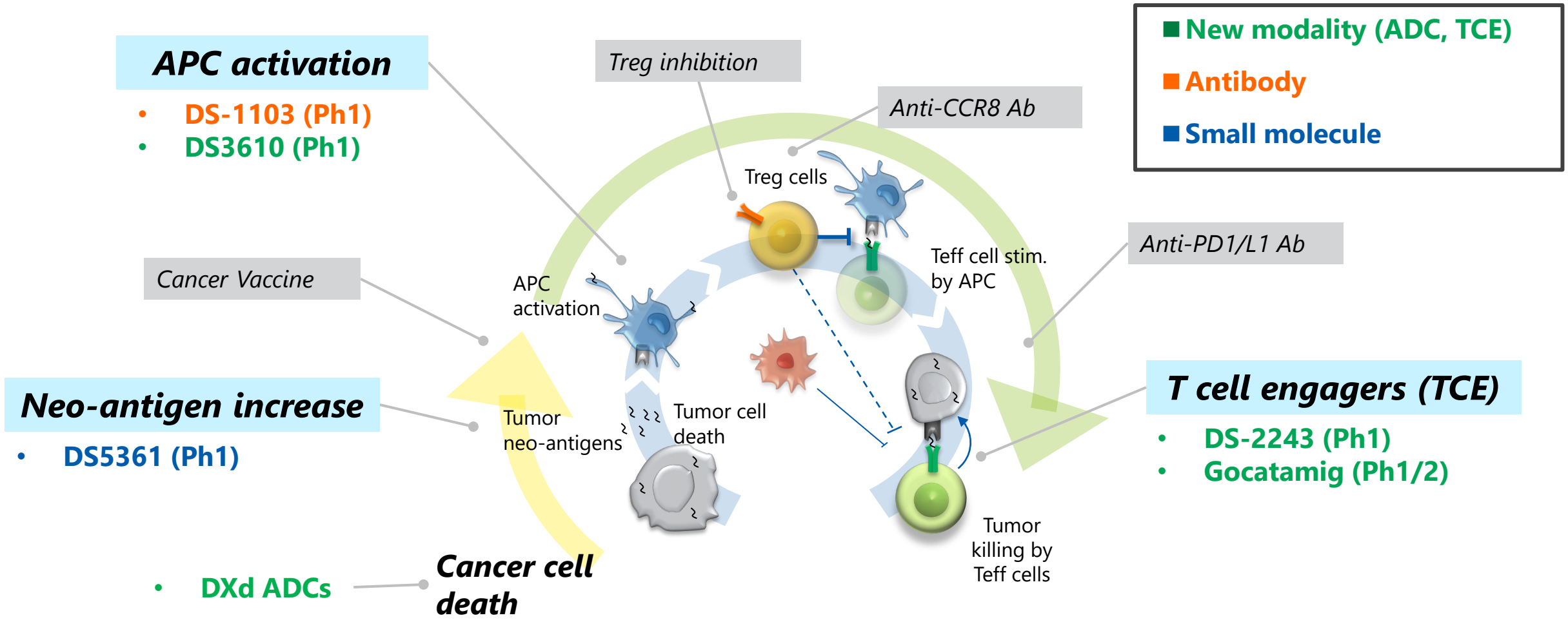
Combinations therapy with complementary mechanisms

IO × DXd ADC combinations maximize the value of our internal assets and possibly provide new SOC.

ADC: antibody-drug conjugate, IO: immuno-oncology, SOC: standard of care,

Our 10 Years Research History Has Built the IO Franchise

Leveraging a multi-modality strategy, we are establishing a portfolio that targets and activates key mechanisms in IO signaling

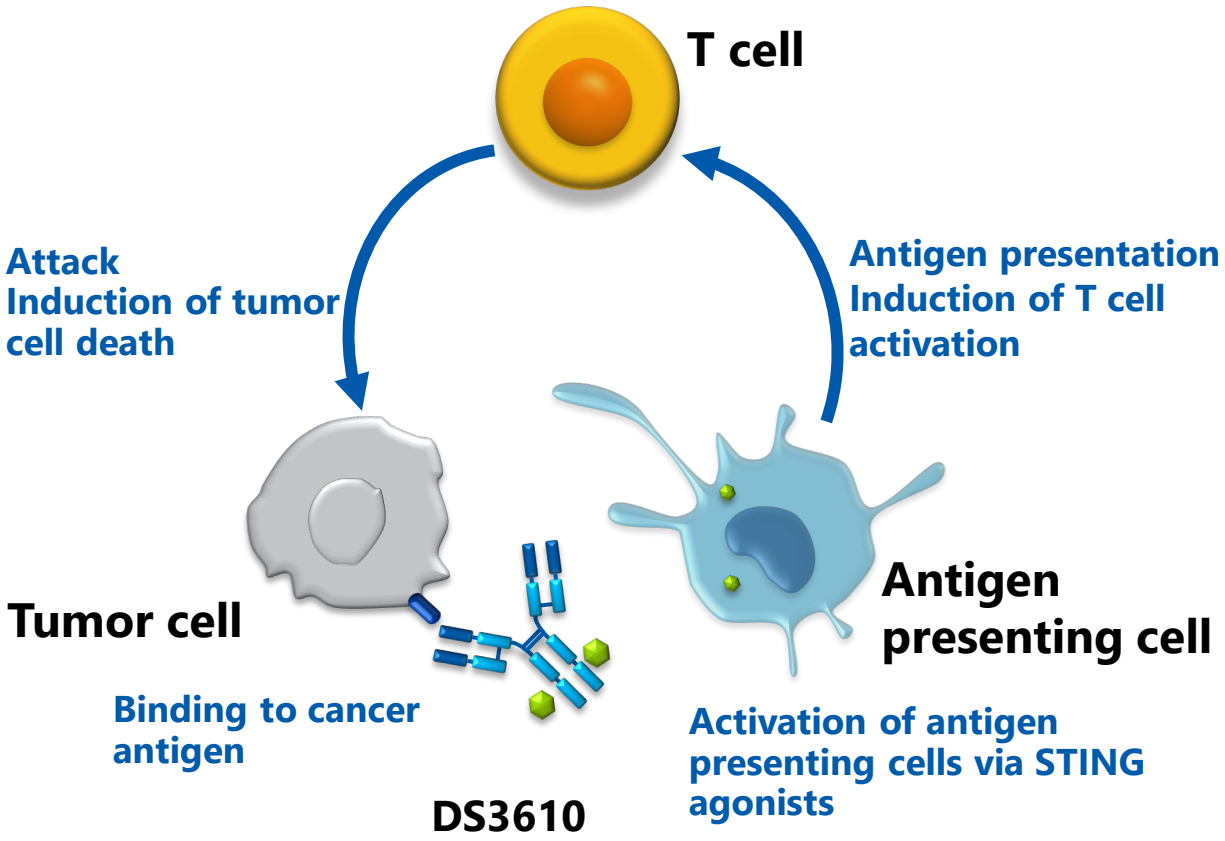


APC: Antigen presenting cells, IO: immuno-oncology, TCE: T-call engager

DS3610: New STING Agonist ADC

DS3610 delivers STING* agonists to cancer cells via an antibody targeting a cancer antigen and activates antitumor immunity within the tumor microenvironment

Mechanism of Action



- ADC that combines Daiichi Sankyo original STING agonists with an antibody
- The novel Fc modification technology reduces the risk of systemic cytokine release
- Activation of immune cells including antigen presenting cells and T cells, and durable antitumor activity by immune memory formation have been confirmed in preclinical studies
- Combination effect with various therapeutic agents has been observed
- The FIH study started in Nov 2025

*A key molecule in the activation of innate immunity and attracting attention in the field of cancer immunity

ADC: antibody-drug conjugate, FIH: first-in human

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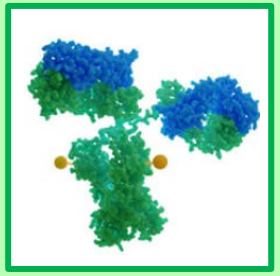
Daiichi Sankyo Takes Multi-Modality Strategy

Establishing proprietary technologies unique to Daiichi Sankyo and building a robust and competitive drug discovery platform across diverse modalities.

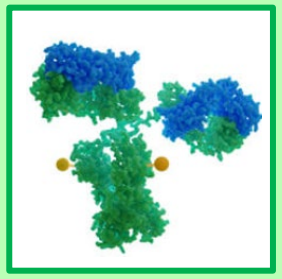
ADC Platform

DXd ADC



mPBD ADC

STING agonist ADC



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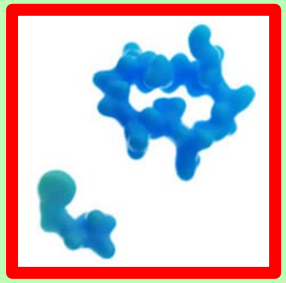
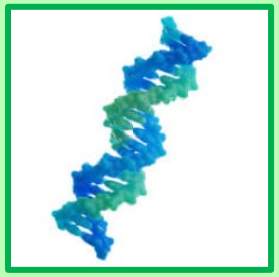
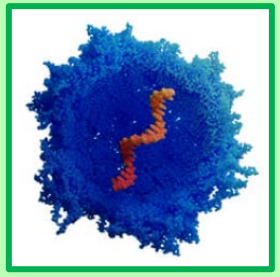


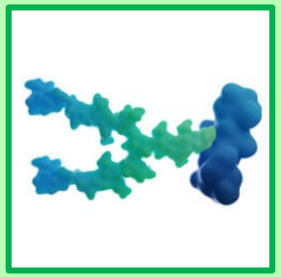
Mid-size Molecule (incl. TPD molecule)



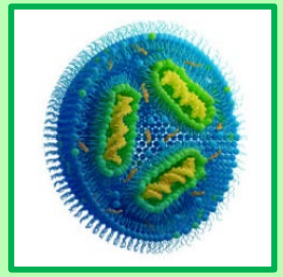
Nucleotide



Gene Therapy



Glycan



LNP-mRNA

etc.

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Smart Lab / Open Innovation

- Accelerating research productivity and scientific innovation through digital technology / external expertise

ADC: antibody-drug conjugate, MoA: Mode of Action

Smart Lab: Enabling Competitive AI-driven Drug Discovery

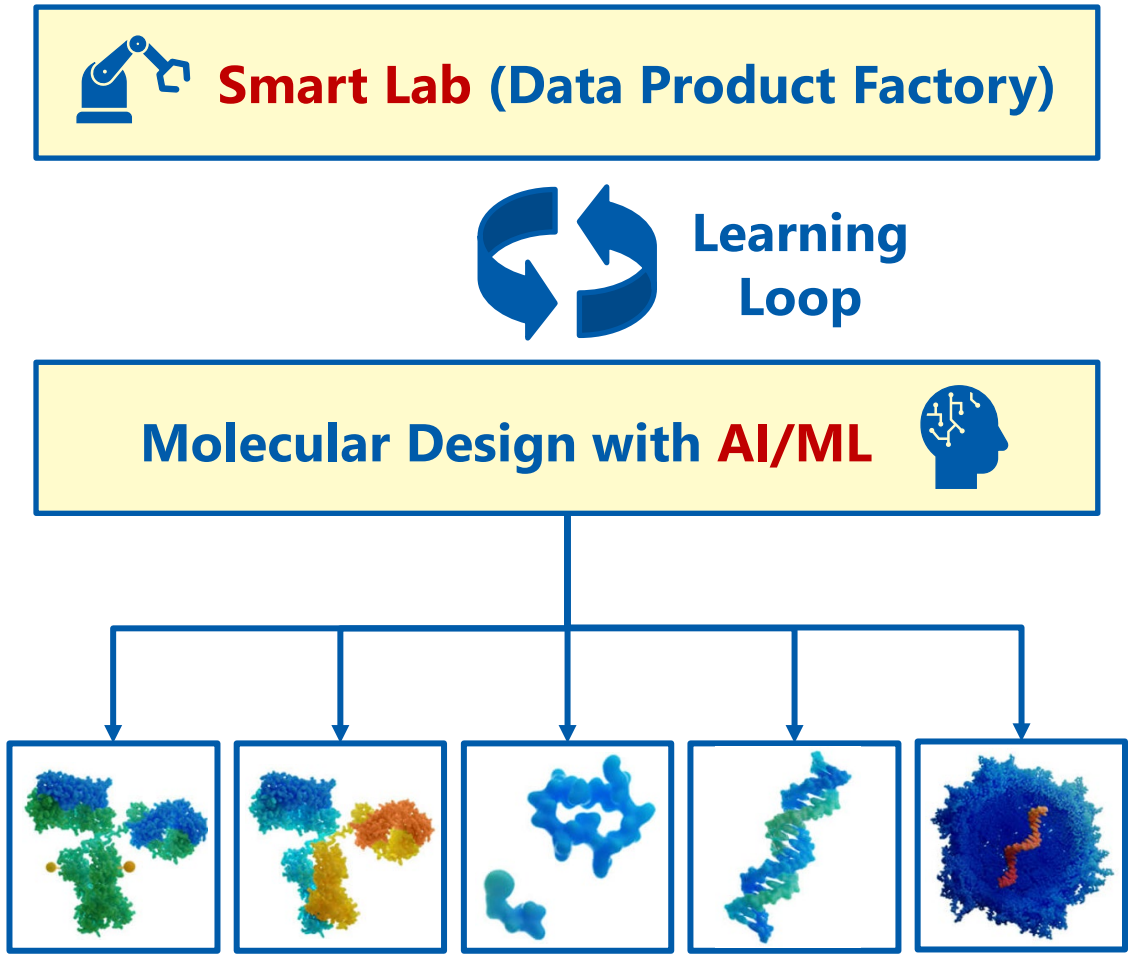
What Smart Lab Delivers:

1. High-quality, Large-scale Data
- Automation, Robotics & Integrated Data Platform

2. Smarter and Faster AI-learning Loop
- Seamless data feedback to molecular design AI

3. Sustainable Competitive Advantage
- Data & learning accumulate over time
- Barriers to entry for competitors

Smart Lab is the cornerstone of AI-driven drug design success.



Accelerating and Enhancing Multi-Modality Drug Discovery

AI: artificial intelligence, ML: machine learning

Launched Smart Research Lab in San Diego to Accelerate Innovation

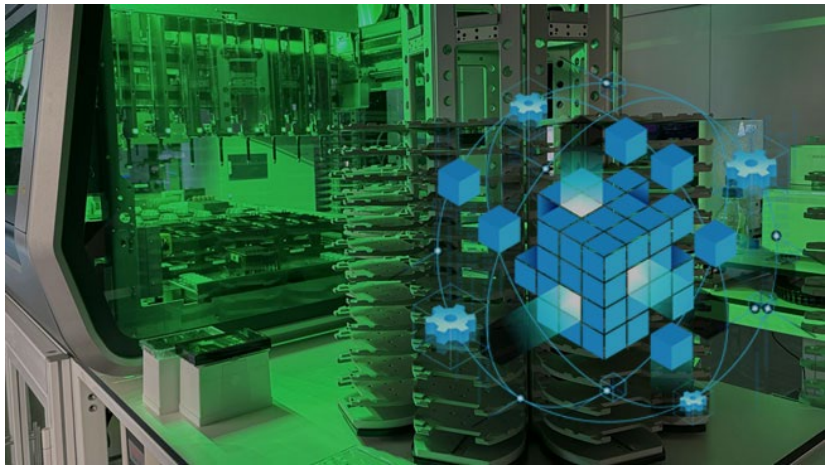
Capabilities & Benefits

- **Automate data generation** to power AI-driven drug discovery
- Accelerate drug-candidate selection with **24/7 operations**
- Unlock new insights through **harmonized, high-quality data**
- Enable researchers to focus on high-value science

Facility & Team Development

- Integrated **robotic automation** for end-to-end workflows
- Foster close collaboration between **researchers and engineers**
- **DS's first dedicated drug discovery base in the U.S.**

Building a scalable foundation for sustained innovation and long-term growth.



AI: artificial intelligence, ML: machine learning

Daiichi Sankyo Research Institutes for External Collaboration

Daiichi Sankyo research activities are mainly based in Tokyo, where we have 10+ Research Laboratories

In 2024 and 2025, we opened Daiichi Sankyo Research Institutes for external collaboration

- *to build a global network with academia/startup for innovative research*
- *to drive 'sponsored research' supporting DS research strategy*

RESEARCH INSTITUTE MUNICH (RIM)

**DS RESEARCH LABORATORIES*
TOKYO, JAPAN**
(SHINAGAWA, KASAI)

DS TRCE
MUNICH, GERMANY**

* Wet laboratories

** Translational Research Center Europe

RESEARCH INSTITUTE SAN DIEGO (RISD)

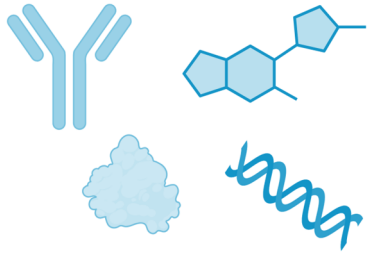
RESEARCH INSTITUTE BOSTON (RIB)

Research Institute Scouting Strategy

Incubate either Novel Modality or New Biology through scientific discussion

Daiichi-Sankyo

MODALITY



NOVEL MODALITY

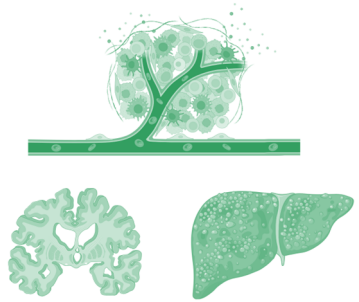
for established biology/target

(e.g., drug delivery, brandnew technology)

×

INCUBATE BLOOMING/ EMERGING CONCEPTS

BIOLOGY



NEW BIOLOGY RESEARCH

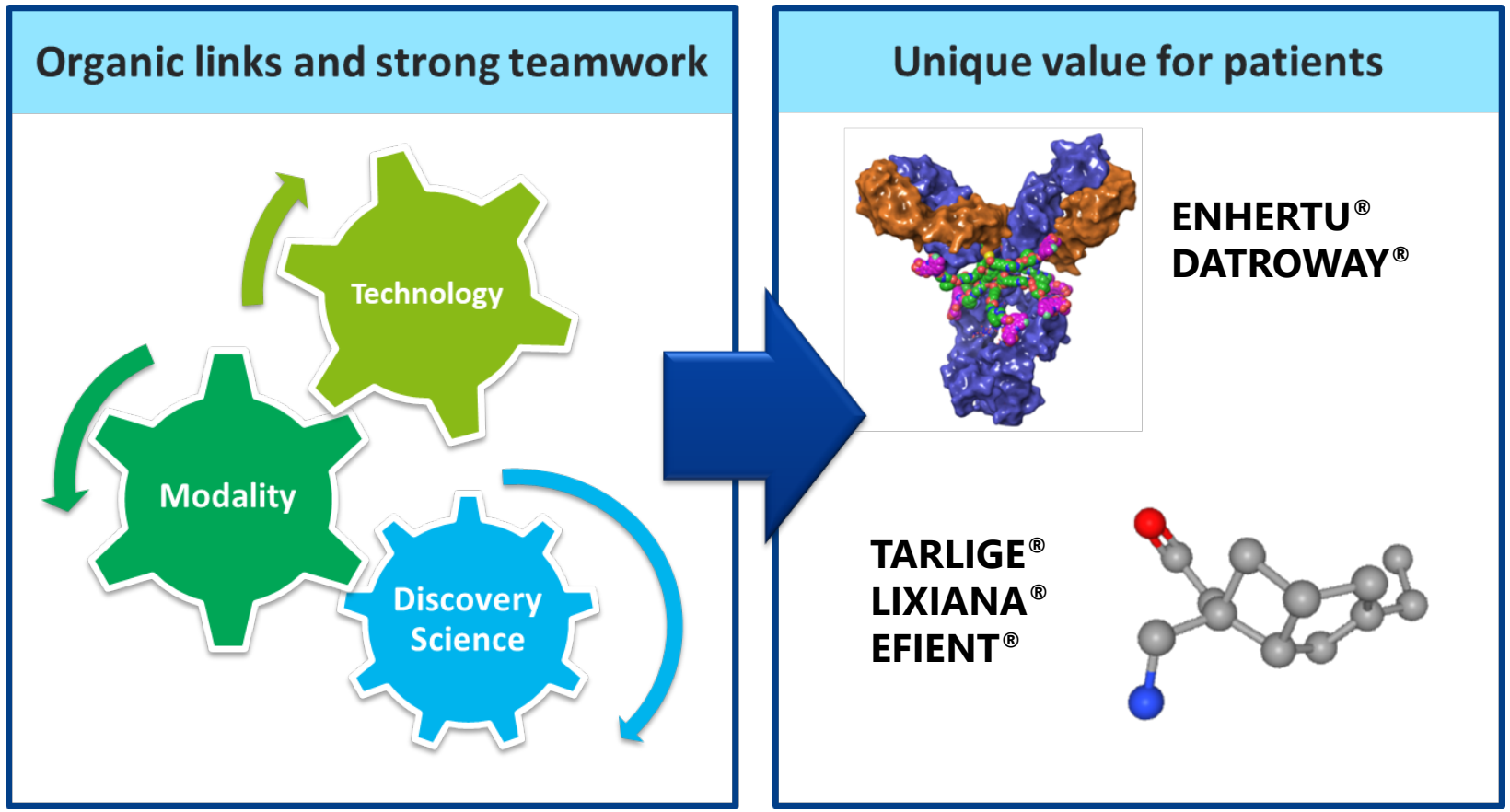
for DS's modality

(e.g., target identification, novel concept)

Created with BioRender.com

We focus on early-stage Modality Development and Biology Research via Sponsored Research Programs

Science & Technology through Craftspersonship

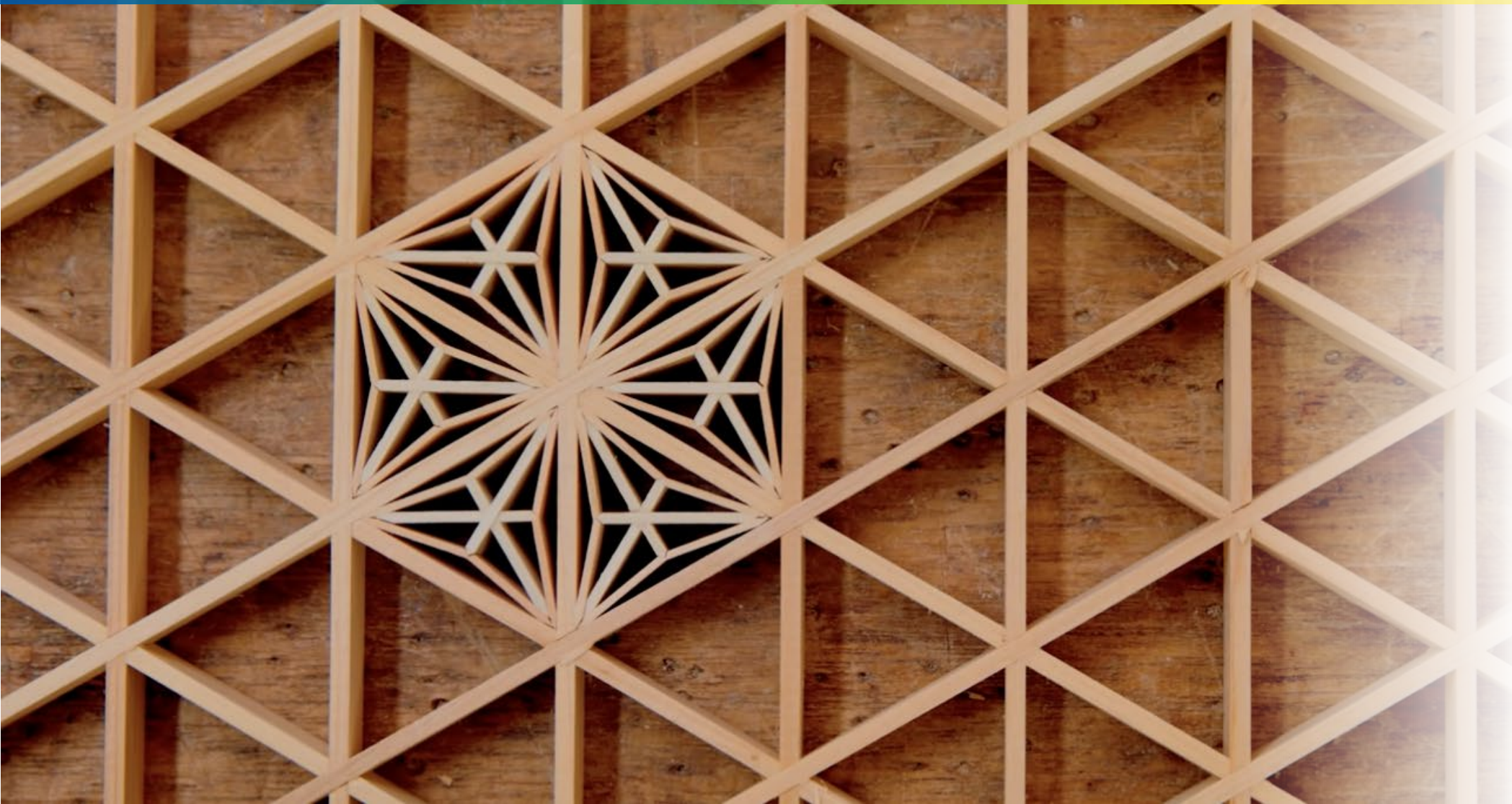


At DS, we

- Have an insatiable passion to pursue new science & technology
- Apply exceptional craftspersonship aiming for Innovation
- Deliver unique value for patients

Crafting New Standards of Care

Daiichi-Sankyo



Agenda

1. Welcome
2. Clinical Development
3. Oncology Business
4. Technology
5. Research
6. **Q&A**

Contact address regarding this material

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Corporate Communications Department

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Email: DaiichiSankyoIR_jp@daiichisankyo.com