

Passion for Innovation.
Compassion for Patients.™



Top Management Presentation

Financial Results for FY2016 Q2 (April 1 - September 30, 2016)

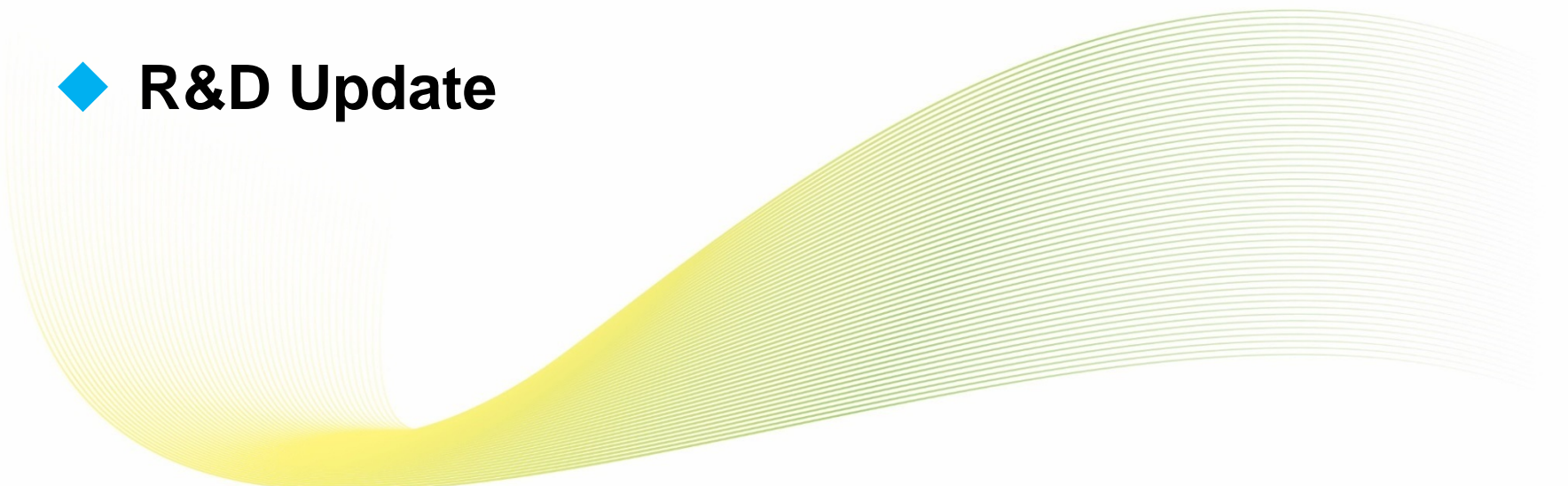
DAIICHI SANKYO CO., LTD

Joji Nakayama
President and CEO

November 1, 2016

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- ◆ **FY2016 Q2 Financial Results**
 - ◆ **FY2016 Revised Consolidated Forecast**
 - ◆ **Progress of 5-Year Business Plan**
 - ◆ **R&D Update**
- 
- A decorative graphic consisting of multiple thin, parallel lines that form a wavy, ribbon-like shape. The color transitions from a light yellow on the left to a pale green on the right, with a slight dip in the middle.

FY2016 Q2 Financial Results

Overview of FY2016 Q2 Results

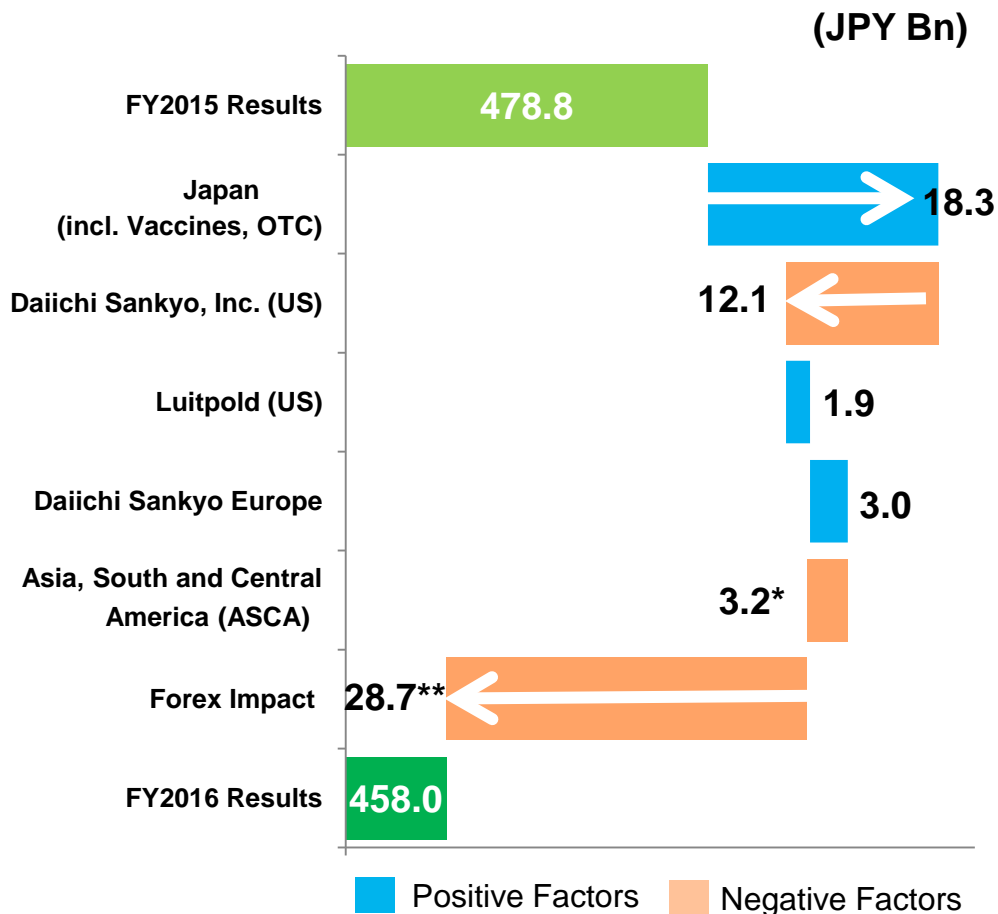
(JPY Bn)

	FY2015 Q2 YTD Results	FY2016 Q2 YTD Results	YoY
Revenue	478.8	458.0	-4.3% -20.8
Cost of Sales	148.9	147.3	-1.7
SG&A Expenses	144.5	141.7	-2.8
R&D Expenses	88.4	95.8	+7.4
Operating Profit	97.0	73.3	-24.5% -23.7
Profit before Tax	90.8	71.9	-18.9
Profit attributable to owners of the Company	70.7	49.0	-30.7% -21.7

Currency Rate	USD/JPY	121.80	105.35	-16.45
	EUR/JPY	135.07	118.22	-16.85

Decreased by 20.8 Bn JPY

- Increase in Japan, Luitpold and Europe
- Decrease in DSI and ASCA
- Negative forex impact by yen appreciation



Japan

Positive :	Tenelia	+6.4	Lixiana	+6.1
	Nexium	+3.4	Efient	+3.1
	Memary	+2.9	Pralia	+2.9
	Ranmark	+0.9	DSHC	+7.6
Negative :	Loxonin	-5.6	Artist	-2.2
	Cravit	-1.7	Mevalotin	-1.5

Global (excl. Forex Impact)

Daiichi Sankyo, Inc. :	Olmesartan	-14.8
	Welchol	-1.7
	Effient	+1.9
	Movantik	+1.6
Luitpold :	Injectafer	+4.9
Daiichi Sankyo Europe :	Olmesartan	-2.0
	Lixiana	+3.6
	Efient	+2.6

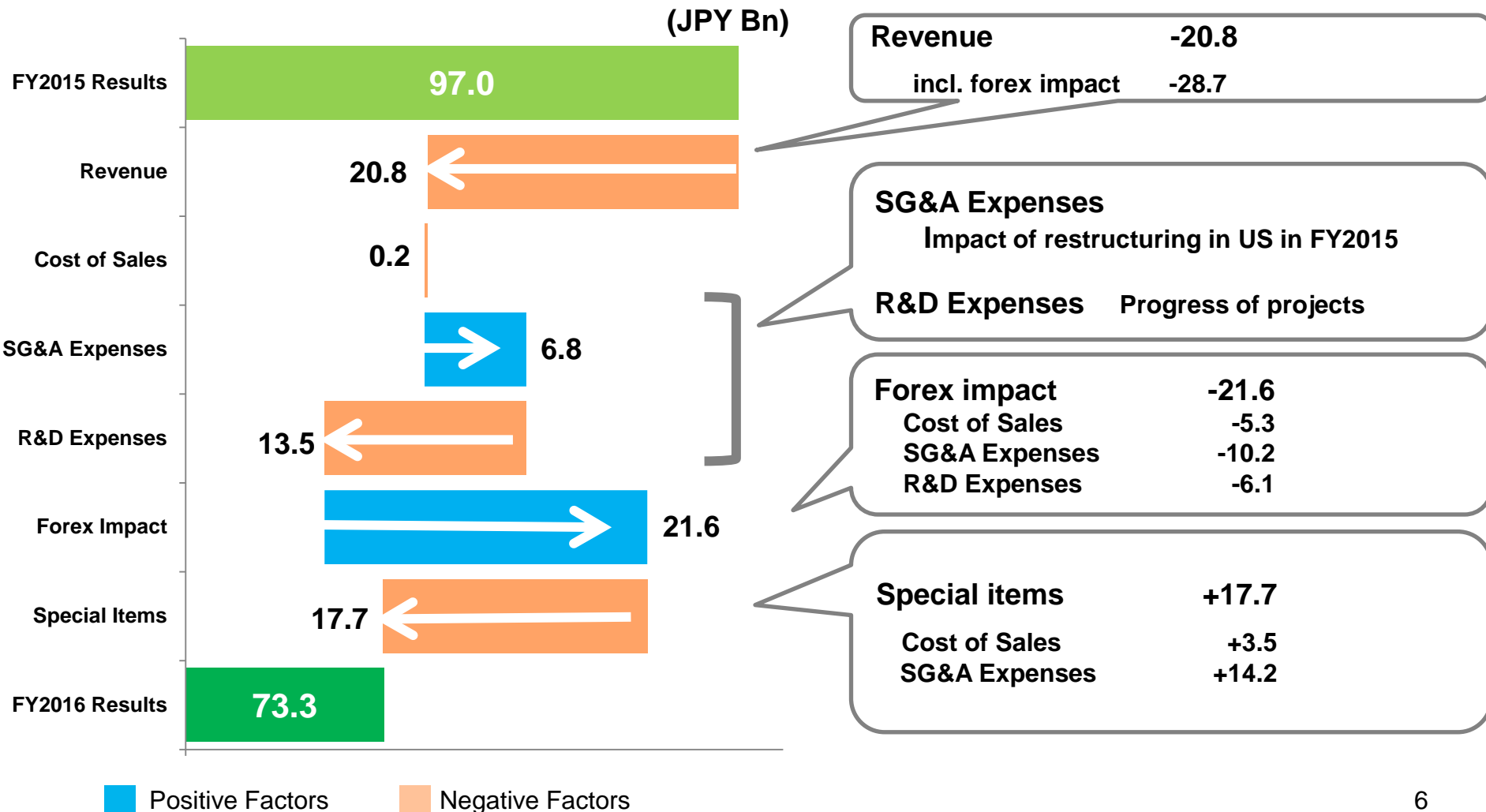
* Increase 2.3 Bn JPY excluding negative impact of 5.5 Bn JPY in Venezuela

**Forex impact USD: -17.8, EUR: -5.3, ASCA: -5.5

Operating Profit

Decreased by 23.7 Bn JPY

- Decrease in revenue
- Increase in R&D expenses by progress of projects, and special items included in FY2015
- SG&A cost reduction and positive forex impact on expenses



Special Items

(JPY Bn)

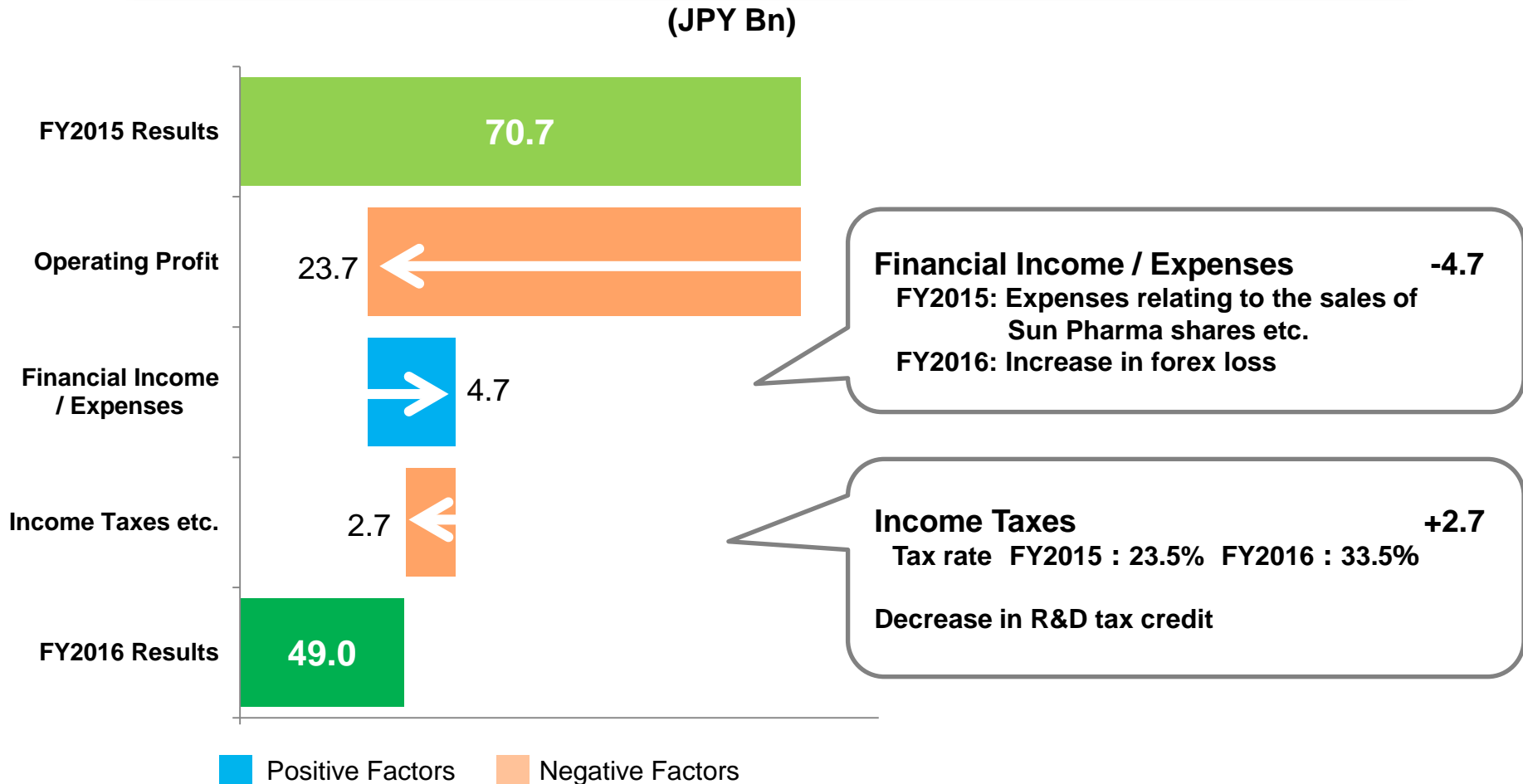
	FY2015 Q2 YTD Results		FY2016 Q2 YTD Results		YoY
Cost of Sales	Gain on sales of subsidiary	-2.4			+3.5
	Gain on sales of fixed assets	-1.1		-	
SG&A Expenses	Gain on sales of fixed assets	-8.2	Restructuring costs	6.0	+14.2
R&D Expenses		-		-	-
Total		-11.7		6.0	+17.7

- : Cost decrease items

Profit Attributable to Owners of the Company

Decreased by 21.7 Bn JPY

- **Decrease in operating profit**
- **Increase of income taxes caused by decrease in R&D tax credit**



*Excl. increase and decrease of share of profit or loss of investments accounted for using the equity method and non-controlling interests

Major Business Units

(JPY Bn)

	FY2015 Q2 YTD Results	FY2016 Q2 YTD Results	YoY	vs. Forecast* (%)
Japan	227.8	239.0	+11.2	47.8%
Daiichi Sankyo Healthcare	24.6	32.2	+7.6	49.5%
Daiichi Sankyo Inc.	93.4	70.3	-23.1	53.2%
Olmesartan	57.1	36.7	-20.5	53.9%
Welchol	24.2	19.5	-4.7	54.1%
Effient	10.6	10.8	+0.2	-
Savaysa	-0.2	0.9	+1.1	57.0%
Movantik	0.6	1.9	+1.3	-
Luitpold	46.4	41.7	-4.7	50.3%
Venofer	16.0	13.9	-2.2	55.5%
Injectafer	7.9	11.1	+3.2	46.2%
Daiichi Sankyo Europe	39.2	37.0	-2.3	56.0%
Olmesartan	30.2	24.7	-5.6	61.7%
Efient	2.2	4.2	+2.0	-
Lixiana	0.2	3.3	+3.1	41.2%
Asia, South and Central America (ASCA)	42.7	34.0	-8.7	48.6%

* Calculated based on new forecast updated in Oct.

Major Products in Japan

(JPY Bn)



		FY2015 Q2 YTD Results	FY2016 Q2 YTD Results	YoY	vs. Forecast* (%)
Nexium	ulcer treatment	38.7	42.0	+3.4	50.7%
Olmotec	antihypertensive agent	36.2	34.9	-1.3	51.3%
Memary	Alzheimer's disease treatment	20.5	23.4	+2.9	45.9%
Loxonin	anti-inflammatory analgesic	24.4	18.8	-5.6	50.9%
Tenelia	type 2 diabetes mellitus inhibitor	5.3	11.8	+6.4	42.0%
Lixiana	anticoagulant agent	5.4	11.5	+6.1	46.0%
Rezaltas	antihypertensive agent	8.9	8.8	-0.1	46.5%
Pralia	treatment for osteoporosis	5.4	8.3	+2.9	51.8%
Ranmark	treatment for bone complications caused by bone metastases from tumors	5.9	6.8	+0.9	52.2%
Inavir	anti-influenza treatment	0.0	0.6	+0.5	4.3%
Cravit	synthetic antibacterial agent	9.0	7.3	-1.7	56.4%
Omnipaque	contrast medium	8.5	7.2	-1.3	59.7%
Urief	treatment for dysuria	5.7	5.8	+0.1	52.3%
Artist	treatment for hypertension, angina pectoris and chronic heart failure	7.9	5.7	-2.2	51.9%
Mevalotin	antihyperlipidemic agent	7.0	5.5	-1.5	54.5%
Efient	antiplatelet agent	1.8	4.9	+3.1	49.0%

* Calculated based on new forecast updated in Oct.

FY2016 Revised Consolidated Forecast

FY2016 Revised Consolidated Forecast

(JPY Bn)

	FY2016 Forecast (as of May.)	FY2016 Forecast (as of Oct.)	vs. Forecast (as of May.)
Revenue	920.0	920.0	0.0
Cost of Sales	320.0	307.0	-13.0
SG&A Expenses	310.0	313.0	+3.0
R&D Expenses	190.0	200.0	+10.0
Operating Profit	100.0	100.0	0.0
Profit before Tax	100.0	100.0	0.0
Profit attributable to owners of the Company	65.0	65.0	0.0

Major factors

-Forex impact	-25.0
-Japan	+9.0
-Overseas	+16.0

Major factors

-Forex impact	-9.0
-Cost reduction	-6.0
-Increase of COGs by increase of volume	+2.0

Major factors

-Forex impact	-10.0
-Increase of promotion (incl. new products) and others	+13.0

Major factors

-Forex impact	-6.0
-Acceleration of RD and edoxaban LCM	+16.0

Currency Rate	USD/JPY	110.00	102.67
	EUR/JPY	125.00	114.11

Assumption of currency rate for Q3 and Q4
USD/JPY : 100, EUR/JPY : 110

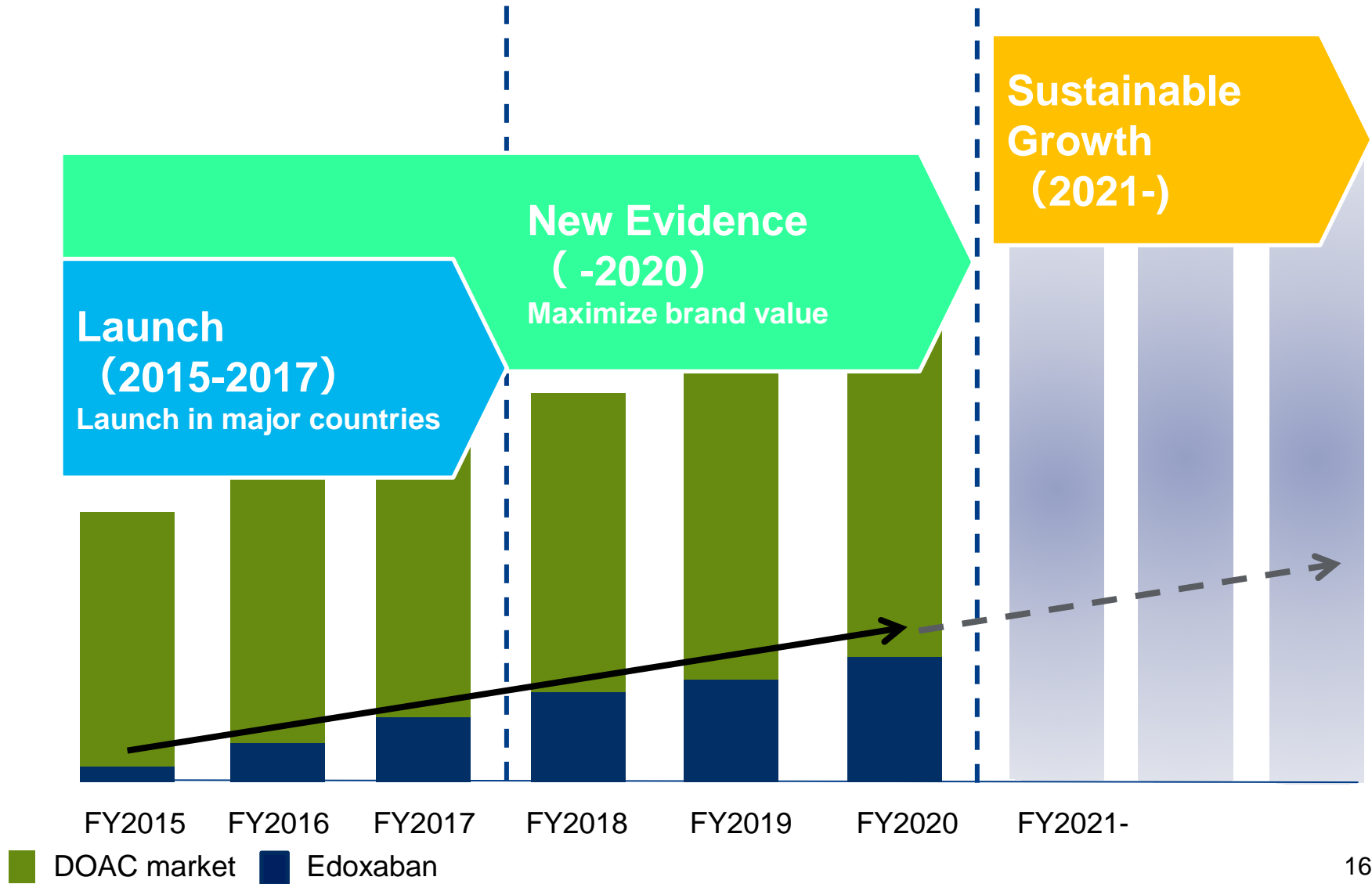
Progress of 5-Year Business Plan

- ◆ Strategic Target 1 : Grow Edoxaban
- ◆ Strategic Target 2 : Establish Oncology Business
- ◆ Strategic Target 3 : Grow as No.1 company in Japan
- ◆ Strategic Target 4 : Expand US Businesses
- ◆ Strategic Target 5 : Continuously Generate Innovative Medicine
Changing Standard of Care (SOC)
- ◆ Strategic Target 6 : Enhance Profit Generation Capabilities

Strategic Target 1 : Grow Edoxaban

Growth of Edoxaban

Grow sales with the expanding DOAC market



Edoxaban: Launch & Alliance

◆ Expand launched countries

Italy, Spain, Taiwan (Sep. 2016)

Belgium, Hong Kong (Oct. 2016)

◆ Expand alliance

Partner with Servier Canada inc.** in Canada
(Jun. 2016)

◆ Growing market share in Germany and South Korea*

Germany: 3.2% (Apr.)→**4.3%** (Jul.)

South Korea: 3.4% (Apr.)→**7.0%** (Jul.)

◆ Launched countries & alliance by FY2015

Japan, the U.S, Switzerland, the U.K, Germany, Ireland, the Netherlands, South Korea

Partner with MSD*** in EU

◆ Under regulatory review

Brazil, Thailand, China, Canada, Turkey

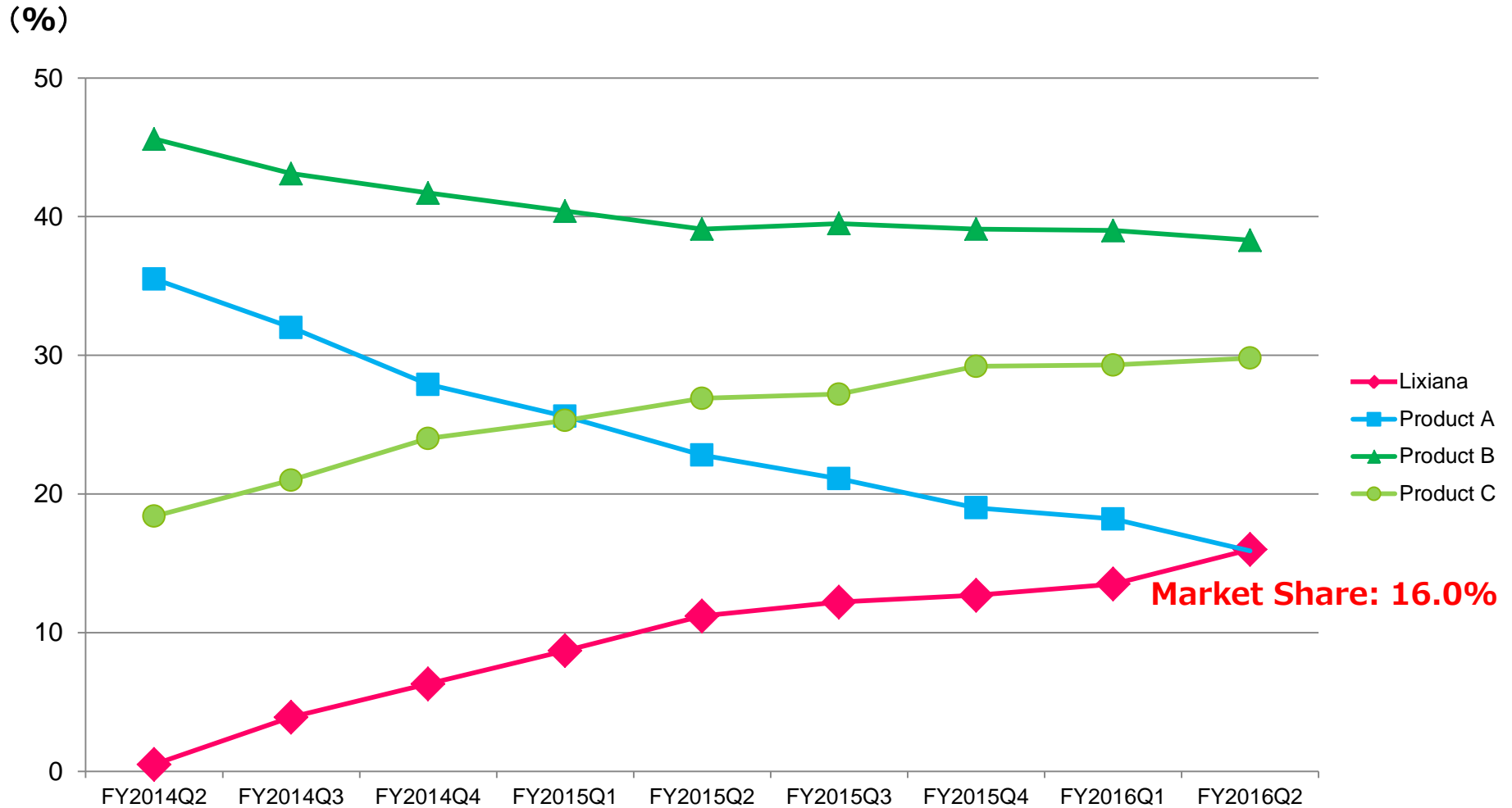
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**Canadian Subsidiary of LES LABORATOIRES SERVIER

***MSD: Merck Sharp and Dohme European Subsidiary of Merck & Co., Inc.

Edoxaban: Growth in Japan







Latest market share reached: 16.0% (Jul. 2016 - Sep. 2016)



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Edoxaban Clinical Research Program (1)

Ongoing randomized controlled trials in various clinical settings

	Clinical Setting (Comparator)	Primary Outcome	Primary Completion
	Cardioversion (enoxaparin/warfarin)	<ul style="list-style-type: none"> Stroke, SEE, MI, CV mortality Major and CRNM bleeding 	Presented at ESC 2016
	PCI (VKA)	<ul style="list-style-type: none"> Major and CRNM bleeding 	Nov. 2018
	Cardiac ablation (VKA)	<ul style="list-style-type: none"> Composite of All cause mortality, Stroke and Major bleeding Major bleeding 	Dec. 2018
	Transcatheter aortic valve implantation (VKA)	<ul style="list-style-type: none"> Net adverse clinical events Major bleeding 	May. 2020
	80 years or older who are ineligible for current OAC therapy (placebo)	<ul style="list-style-type: none"> Stroke, SEE 	Dec. 2019
	VTE associated with cancer (dalteparin)	<ul style="list-style-type: none"> Recurrent VTE Clinically relevant bleeding 	Dec. 2017



New program after announcement of 5-Year Business Plan

Ongoing non-interventional studies to generate real-world data with more than 60,000 patients



Edoxaban Treatment in routine clinical practice in Patients with non valvular Atrial Fibrillation



Prolongation PREFER in AF PREvention of thromboembolic events-European Registry in Atrial Fibrillation



Edoxaban Treatment in routine clinical practice in Patients with Venous Thromboembolism



All Nippon AF In Elderly registry in Japan to study NVAF in elderly patients aged 75 years and older



Edoxaban Management In diagnostic and Therapeutic procedures-AF/VTE

Strategic Target 2 : Establish Oncology Business

Summary of update since 5YBP publication written in red

TLR : anticipated Top Line Result

Quizartinib

Acute myeloid leukemia (AML)
2nd line (P3)
**DMC Interim Analysis:
1H CY2017**

1st line (P3)

- Orphan Drug Designation by the FDA and EMA
- Fast Track Status by the FDA
- Targeting patients with FLT3-ITD mutation
- **Started global study (Oct 2016).
Estimated Primary Completion Date: Q4 FY2019**

Tivantinib

Hepatocellular carcinoma (HCC)(P3)
TLR: 1H CY2017

- Orphan Drug Designation by the FDA and EMA
- Target is patients with Refractory HCC
- **Based on the planned interim analysis, the independent data monitoring committee recommended in Mar 2016 the trial should continue to its final analysis**

Pexidartinib

Tenosynovial giant cell tumor (TGCT) (P3)
TLR: 1H CY2018

Solid tumor(P1/2a)
TLR: 2H CY2019

- Orphan Drug Designation by the FDA and EMA
- Breakthrough Therapy designation by FDA
- **Based on the DMC recommendation in Oct 2016, the study will continue to completion but new recruitment has stopped**
- Additional indications include combination therapy with Merck's anti-PD-1 antibody

Patritumab

~~Non-small cell lung cancer (P2/3)~~
TLR: 2H CY2018

Head and Neck cancer (P2)

- **NSCLC indication discontinued based on DMC recommendation (May 2016)**
- **New indication based on phase 1 data in patients with metastatic head and neck cancer**
- **Phase 1b data published at ASCO in June 2016**

Summary of update since 5YBP publication written in red

**DS-8201
(HER2-ADC)**

Solid tumor
(P1)

- **Demonstrated activity** in patients resistant to Herceptin or Kadcyta
- **Validates** DS proprietary ADC* technology
- **Early phase 1 data reported at ESMO Congress (Oct 2016)**

* Antibody Drug Conjugate

**DS-3201
(EZH1/2)**

Non-Hodgkin's
lymphoma
(incl. adult T-cell
leukemia) (P1)

- Targeted epigenetics**
- Goal is eradication of cancer stem cells
- FIC as an EZH 1 / 2 dual inhibitor
- **Phase 1 study is ongoing (Mar 2016)**
- **Completion of phase 1 anticipated in FY2018**

** chemical modification of DNA or histone leading to a change in gene expression

**DS-3032
(MDM2)**

Solid tumor
Hematologic
tumor(P1)

- FIC MDM2 inhibitor
- Target is cancer with MDM2 gene amplification / Wt p53
- Based on early phase 1 data, liposarcoma (LPS), may be selected as a potential indication for further development

**DS-6051
(NTRK/ROS1)**

Solid Tumor
(Lung cancer)
(P1)

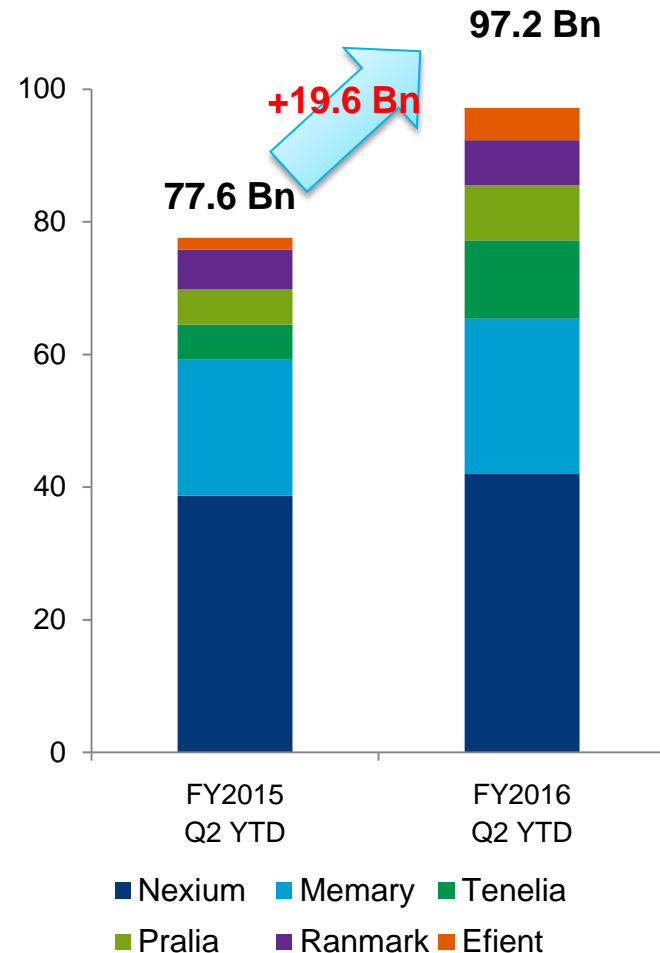
- ROS1 fusion is a major driver mutations in lung cancer
- Phase 1 is anticipated to complete in FY2017 (US/JP)
- **Early Phase 1 data presented at AACR in April 2016.**
- **Program is utilizing SCRUM-Japan*** for patient selection in Japan**

***SCRUM-Japan: National project led by National Cancer Center Japan to screen oncogenic abnormality of cancer patients in order to provide the best-fit medicines to them

Strategic Target 3 : Grow as No.1 company in Japan

Grow as No.1 company in Japan

Many of innovative major products reached No. 1 share and continue to expand market share



◆ Nexium (ulcer treatment)

Reached No. 1 share in Jan. 2014 with rapid expansion and continue to expand market share

◆ Memary (Alzheimer's disease treatment)

Reached No. 1 share in Jan. 2016 catching up with Aricept

◆ Pralia (treatment for osteoporosis)

In highly competitive market, reached No. 1 share in Feb. 2016 and continue to expand market share

◆ Ranmark (treatment for bone complications caused by bone metastases from tumors)

Reached No. 1 share in May 2014 and continue to expand market share promoting appropriate use

Launched anti epilepsy VIMPAT and filed an new indication

- ◆ Launched in Aug. 2016 as an adjunctive therapy in the treatment of partial-onset seizures in patients with epilepsy and filed in Aug. 2016 for partial amendment of approval to add a new indication in mono therapy for partial-onset seizure in patients with epilepsy.



Biosimilars in-licensed from Amgen

- ◆ Signed in Jul. 2016 an exclusive agreement to commercialize nine biosimilars in Japan, which include adalimumab (Humira), bevacizumab (Avastin) and trastuzumab (Herceptin).

Ranked No. 1 on MR activities by physicians

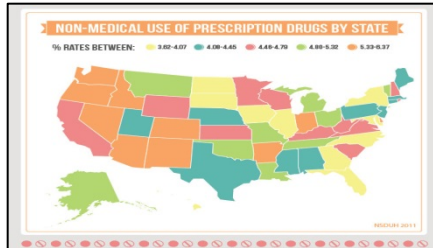
- ◆ For four consecutive years Daiichi Sankyo has been ranked in Japan as No.1 company by all surveyed physicians and cardiologists in an overall assessment on MR activities surveyed by ANTERIO Inc..

Strategic Target 4 : Expand US Businesses

Licensed two abuse-deterrent formulations including MorphaBond™

Compound	MorphaBond™	<p>The agreement also provides Daiichi Sankyo, Inc. with the rights to commercialize a separate investigational Inspirion compound in the U.S., if approved by the U.S. Food and Drug Administration (FDA).</p> <p>Both MorphaBond and the second product feature SentryBond™, a unique, patent-protected abuse-deterrent technology.</p>
	Morphine ER (ADF*)	
Development Stage	Approved in US (Oct 5, 2015)	
Indication	<p>Management of severe pain:</p> <ul style="list-style-type: none"> •severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative options are inadequate 	
Dosage Form	Tablet (15, 30, 60, 100 mg)	
Territory	US	

The Epidemic of Opioid Prescription Abuse is Real in US



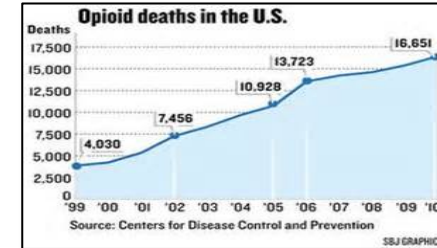
12,000,000

non-medical Rx opioid users*in 2010



425,000

ER visits from accidental opioid overdoses* in 2010



16,650

fatal overdoses involving Rx opioids* in 2010

How Does Abuse Occur?

- The intent of abusers is to extract the opioid as fast as possible, seeking to elicit a high
- People attempt to crush, grind, melt
- Abuse and misuse via injection or insufflation



Cheese Grater

Coffee Grinder

Hammer

Knife

Mortar & Pestle

Pill Crusher

Spoon

*Sources: Centers for Disease Control and Prevention ("CDC") and FDA.

Growing number of federal and state initiatives to address the epidemic of abuse

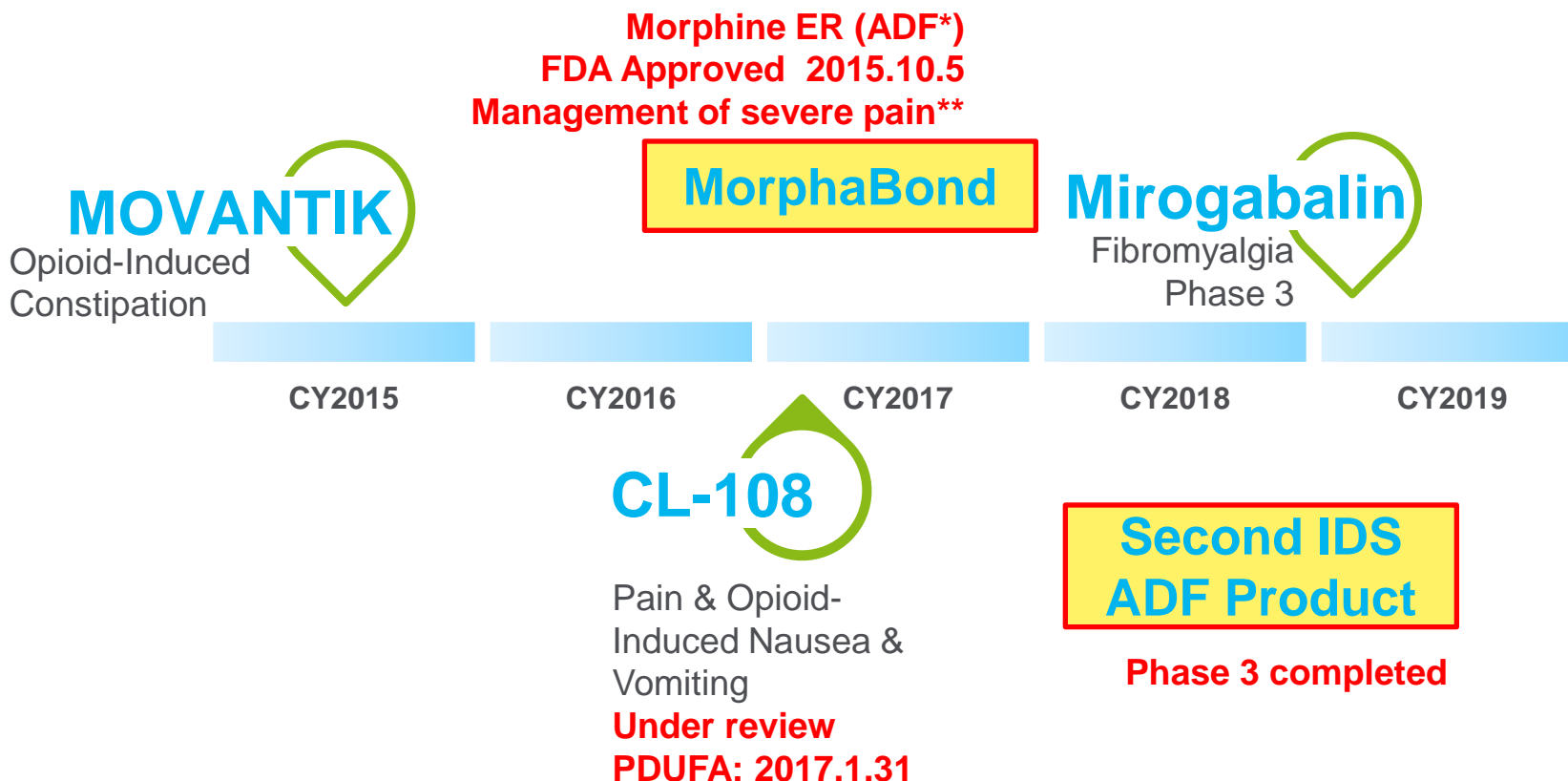
Abuse Deterrent Formulations (ADF) are one part of the multifaceted solution to the opioid epidemic

- FDA has created a multi-faceted Action Plan. They are on record stating it has the authority to remove non-ADF opioids from the market once an ADF version becomes available
- FDA recently announced all NDAs without an ADF will have an advisory committee meeting
- DEA has aggressively worked to close down “pill mills” in the U.S.
- 27 states introduced legislation requiring ADF formulations to be comparably accessible as non-ADF formulations; and 5 states have passed legislation



DSI: Expand Pain Franchise

Two ADF products are complementary and requires no additional headcount

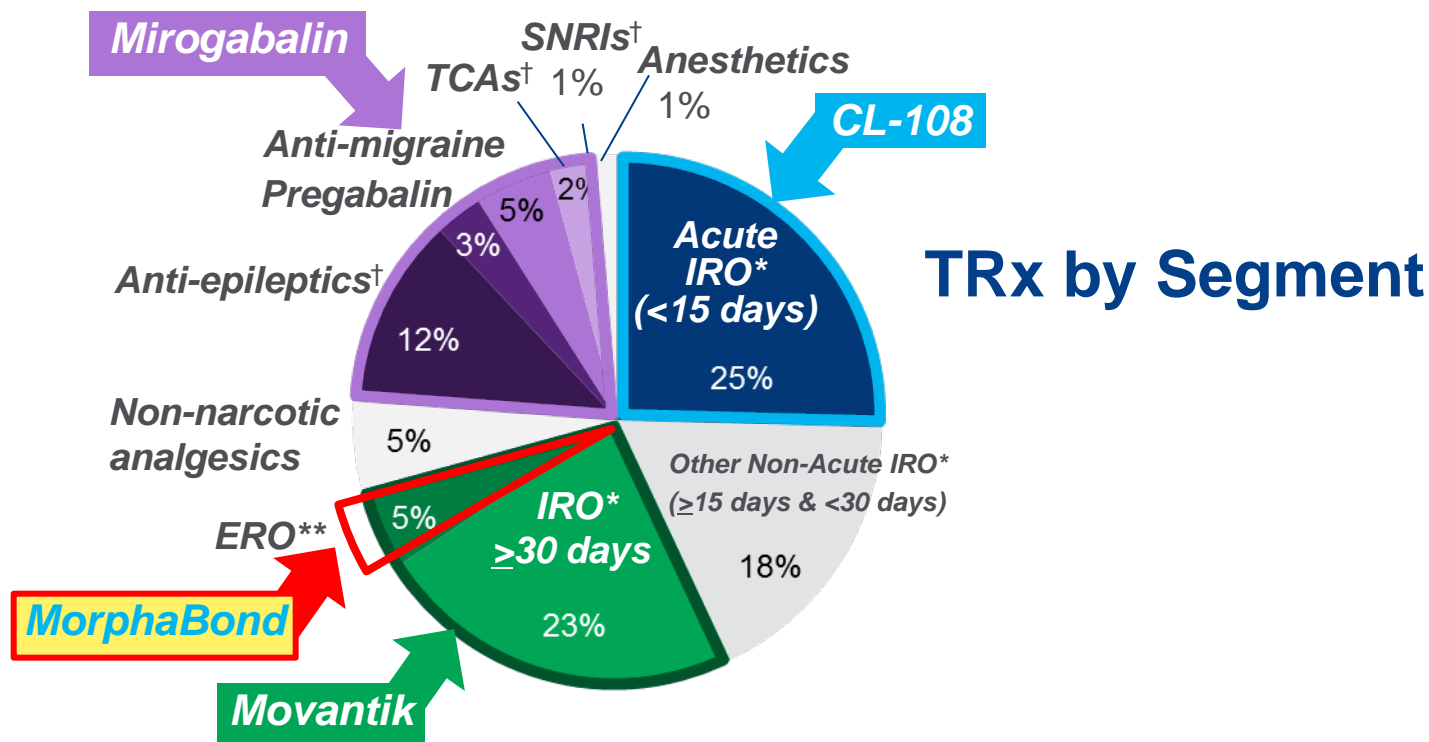


*ADF: Abuse-Deterrent Formulation

**indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative options are inadequate

DSI Pain Franchise: Target Segment

Large Market with Diverse Segments
330~ Million TRx Market size \$28 billion

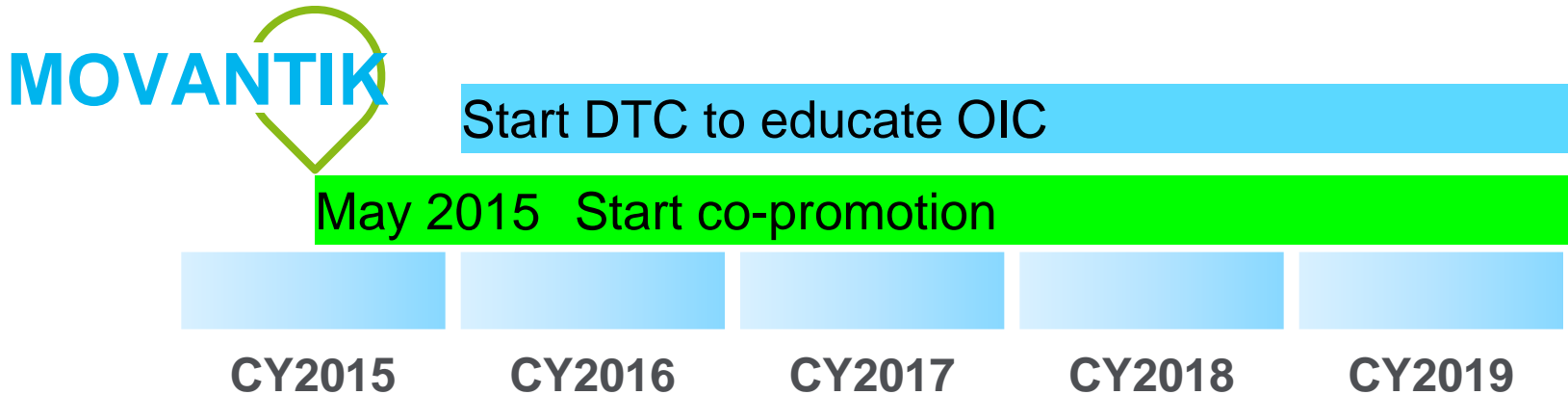


* Immediate-Release Opioid, ** Extended-Release Opioid
 † Pain management use only

CL-108: Initiate OINV education

Expand DSI presence in Pain management community

Opioid-Induced Constipation



Start OINV education activity

Starting promotion (Planned)

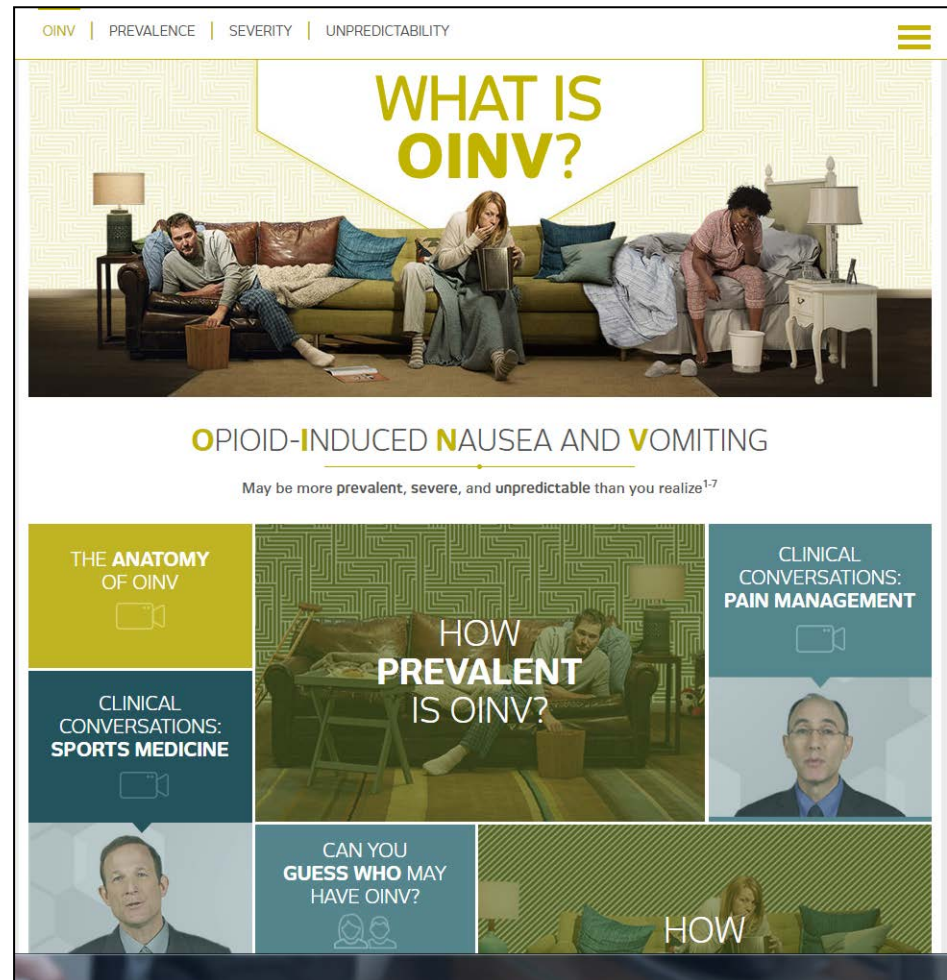
CL-108

Pain & Opioid-Induced Nausea & Vomiting

August 2016 started multi-channel campaign
to educate about OINV for 70,000 HCP

Started as of August 15,
2016

www.knowOINV.com



OINV | PREVALENCE | SEVERITY | UNPREDICTABILITY

WHAT IS OINV?

OPIOID-INDUCED NAUSEA AND VOMITING

May be more prevalent, severe, and unpredictable than you realize¹⁻⁷

- THE ANATOMY OF OINV
- CLINICAL CONVERSATIONS: PAIN MANAGEMENT
- CLINICAL CONVERSATIONS: SPORTS MEDICINE
- HOW PREVALENT IS OINV?
- CAN YOU GUESS WHO MAY HAVE OINV?
- HOW

Various conventions across the country



Come see us at various conventions across the country.

See the list below for dates and locations.

Convention	2016 Dates	Location	Register at
PAINWeekEnd	11/12-11/13	Woodcliff Lake, NJ	painweek.org
PAINWeekEnd	12/3	Honolulu, HI	painweek.org
Convention	2017 Dates	Location	Register at
PriMed South	2/3-2/5	Fort Lauderdale, FL	pri-med.org

DSI Commitments in Pain Care

Inappropriate usage of opioids (i.e. diversion, misuse, abuse, addiction, or overdose) has become an epidemic in the US.

DSI launched www.CommitmentsinPainCare.com, which hosts an overview of our company's approach to responsible pain management and our dedication to being part of the solution to controlled substance abuse as we prepare to enter the opioid marketplace.



The screenshot shows the top of a web page. At the top left is the Daiichi-Sankyo logo and tagline "Passion for Innovation. Compassion for Patients.™". Below this is a navigation bar with "Daiichi Sankyo, Inc." and links for "About Us", "Responsibility", "Research & Development", "Products", and "Me". The page content includes a breadcrumb trail "Home > Responsibility > Commitments In Pain Care", a main heading "Commitments in Pain Care", and a paragraph of introductory text. Below the text is a section titled "We are committed to..." followed by a list of two bullet points. To the left of the list is a logo for "Commitments IN PAIN CARE".

Commitments in Pain Care

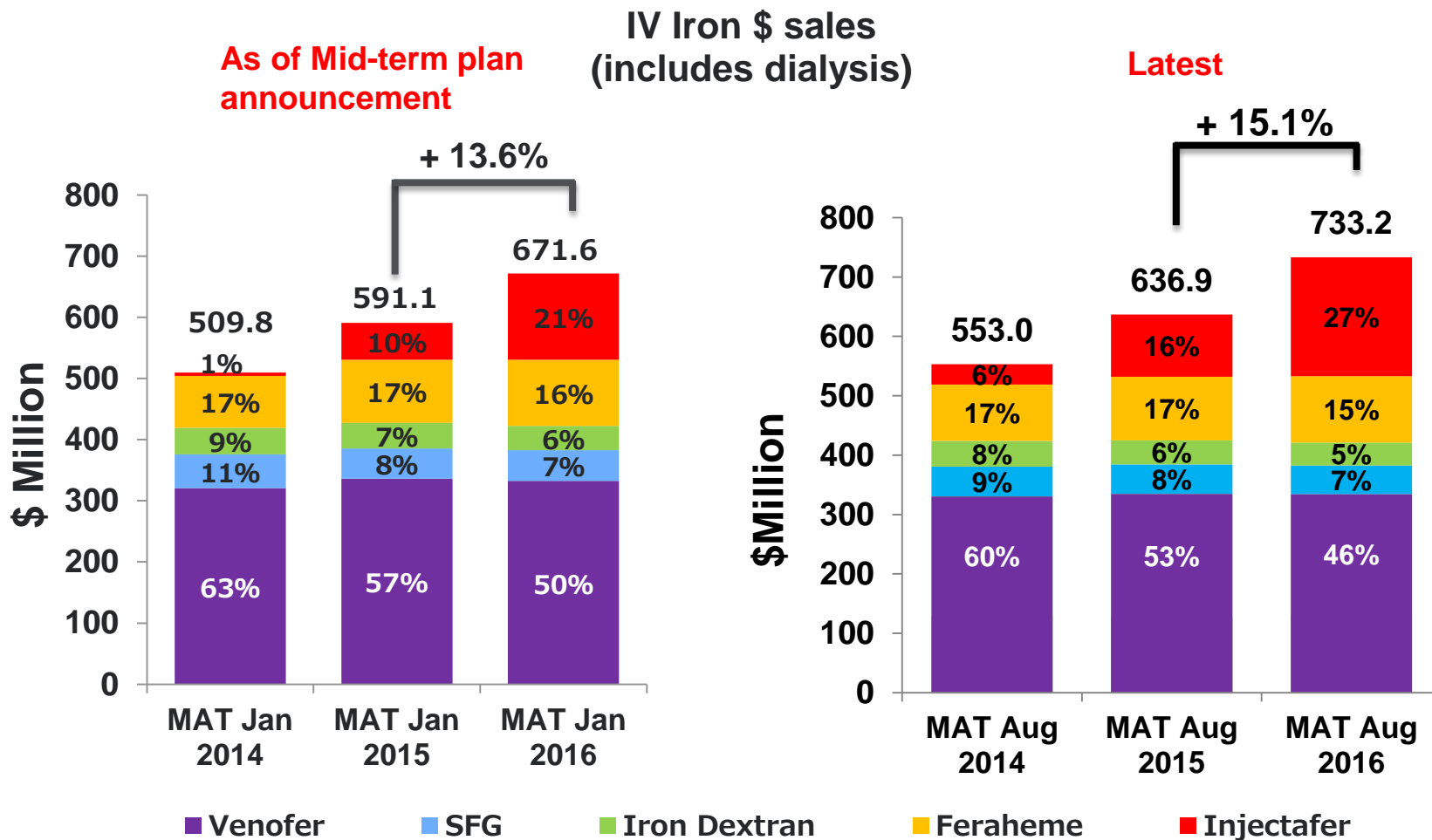
Daiichi Sankyo is dedicated to bringing innovative medicines to patients who need relief from their pain. We recognize pain management may require the appropriate use of prescription medicines including controlled substances such as opioids, and that these medicines may be associated with safety concerns such as diversion, misuse, abuse, addiction, or overdose. We are also cognizant of the tragic individual and societal consequences that can result from the improper use of prescription medicines.

We are committed to...

- **The well-being and proper treatment of patients** who suffer from pain and to providing prescription medicines to treat their pain and other related conditions.
- **Educating healthcare providers, patients, families and caregivers** on the appropriate use of pain medicines, and recognizing and preventing their potential for diversion, misuse, abuse, addiction, and overdose.

LPI : Growth of Injectafer

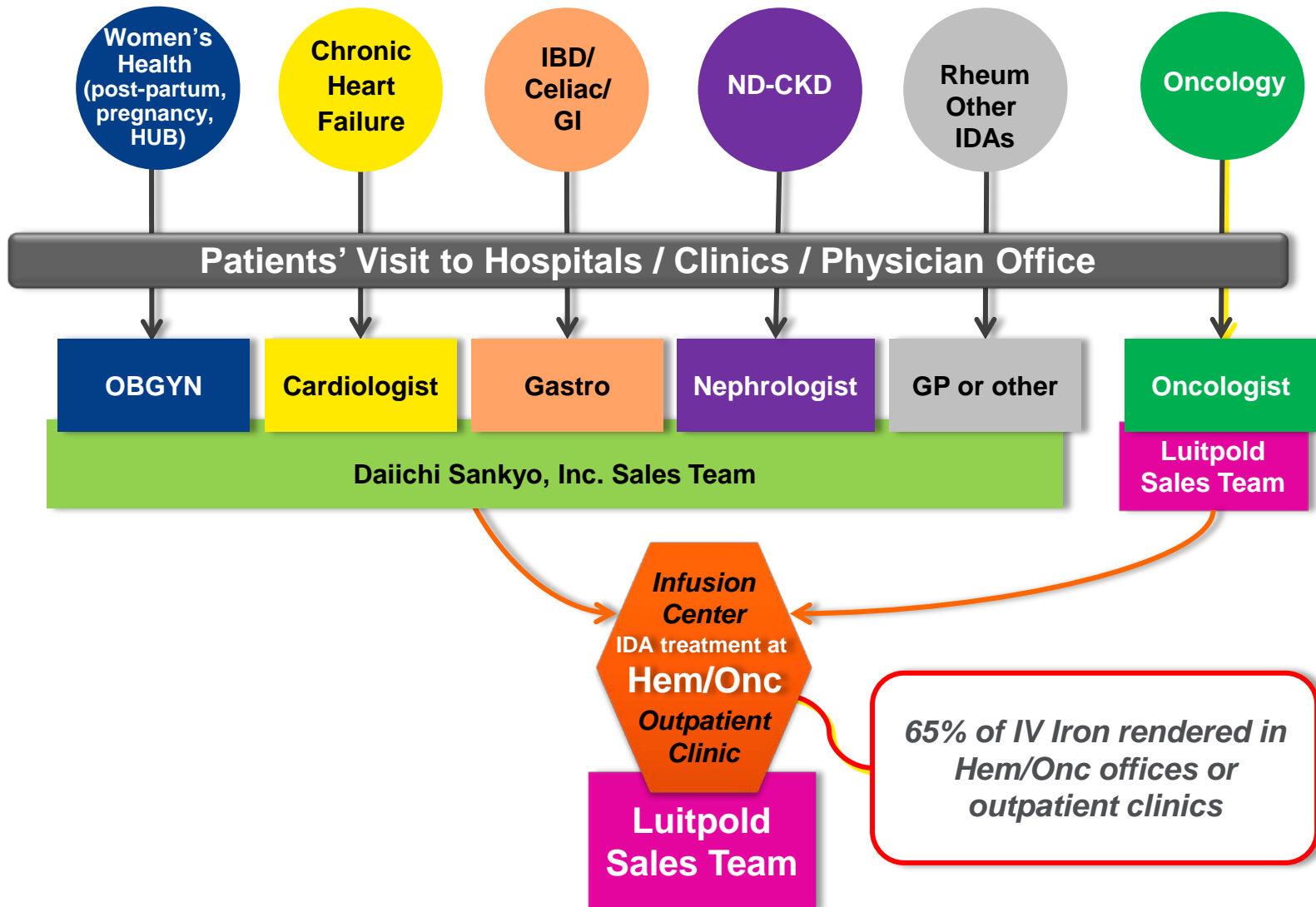
**Injectafer* drives the growth of US IV Iron Market
Market share has reached 27% in terms of MAT**



*Injectafer is not indicated for patients who are dialysis dependent

Collaboration between DSI and LPI

To maximize sales potential of Injectafer,
LPI / DSI collaboration starts from January 2017



Strategic Target 5 : Continuously Generate Innovative Medicine Changing SOC

Partnership with Academia and Biotech

Create new drugs in Oncology/New Horizon area

Lung cancer therapeutics

Collaboration with Dana-Farber Cancer Institute to evaluate DS compounds including HER3-ADC

Immune-Oncology

Collaboration with AgonOx

Realize clinical application of innovative technology

Oncolytic virus (G47Δ)

Collaboration with Professor Todo, Medical Institute of University of Tokyo

Bispecific antibody

Collaboration with Zymeworks

Nucleic acid drug

Ongoing study for Duchenne muscular dystrophy.

Cell therapy

In-licensed Heartcel from Celixir Ltd. (former Cell Therapy Ltd.)

Research collaboration with Asahikawa Medical University on CapSCs

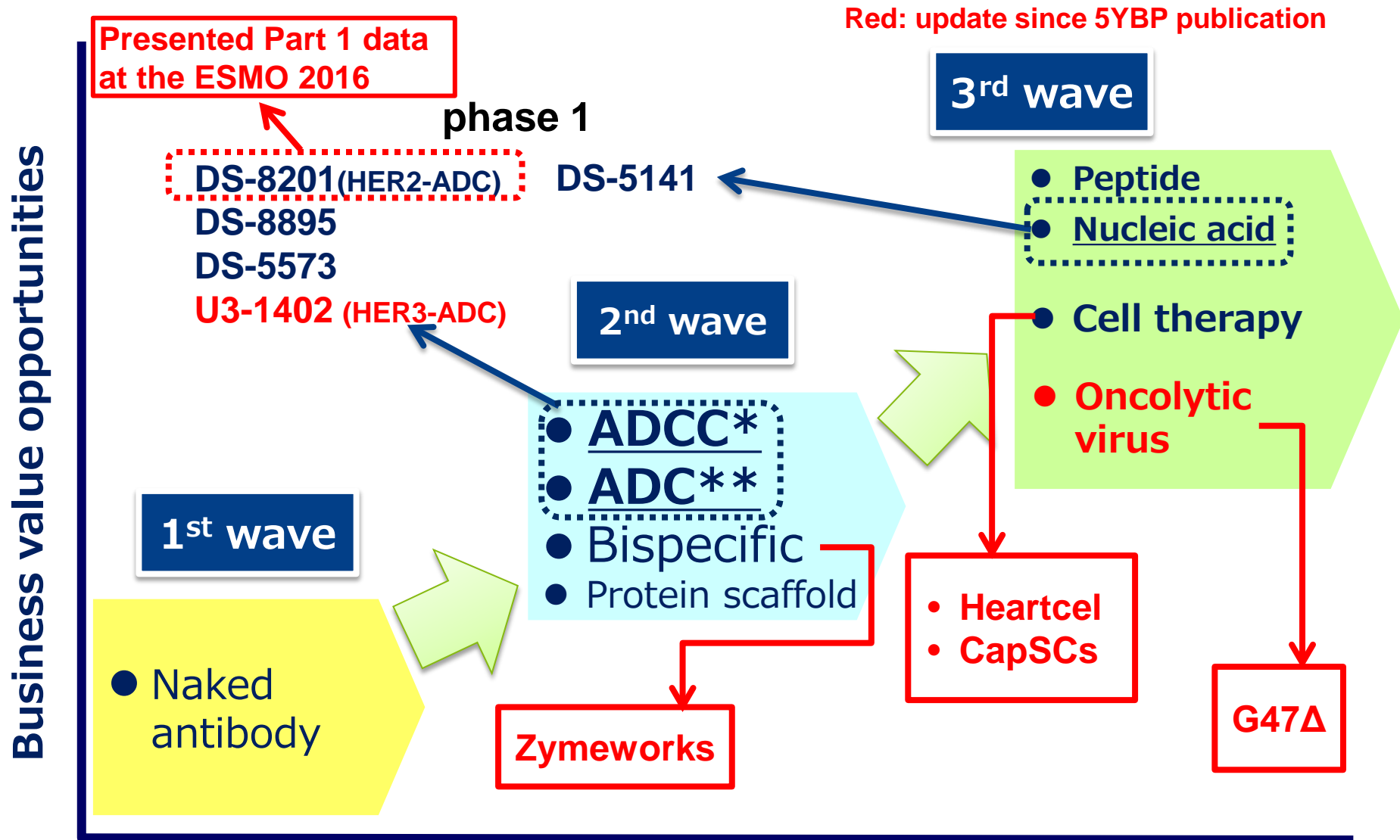
DS originated ADC technology

DS-8201 (HER 2 -ADC)

U3-1402 (HER3-ADC)

New information

Progress towards realization for Clinical Application of Innovative Technology

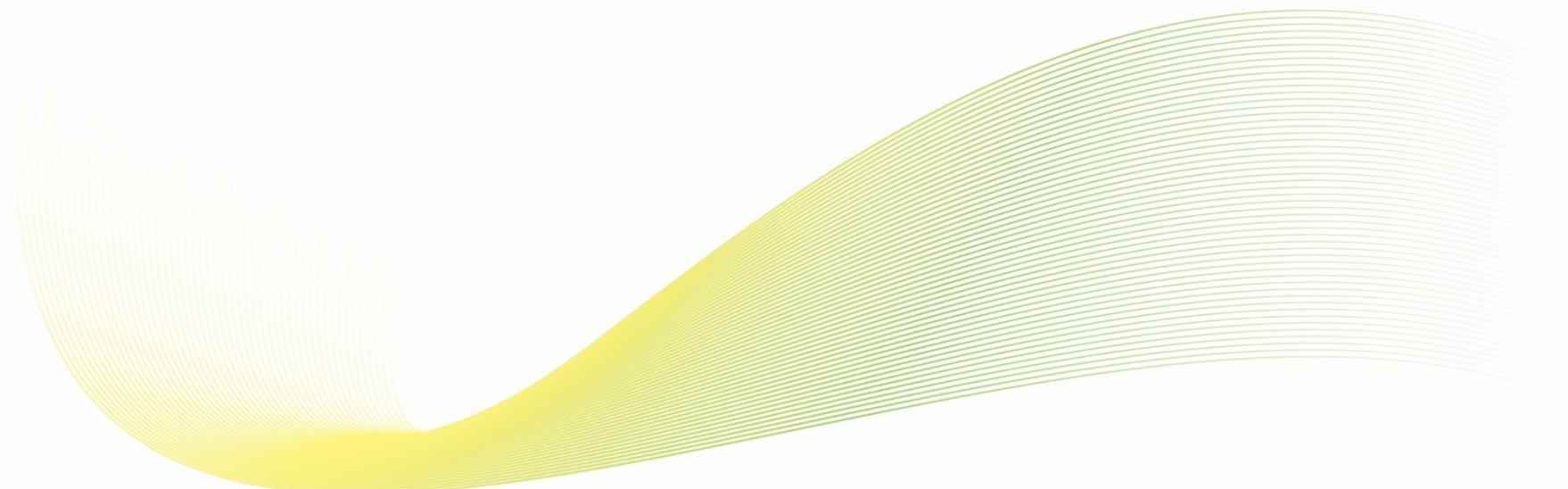


*ADCC: Antibody Dependent Cellular Cytotoxicity

**ADC: Antibody Drug Conjugate

Progress in technology

Shareholder Returns



Shareholder Returns Policy during 5YBP*

- ◆ Total return ratio: 100% or more
- ◆ Annual ordinary dividend: more than 70 JPY
- ◆ Flexible acquisition of own shares

* 5YBP: 5-year Business Plan (FY2016 - FY2020)

Acquired our own shares based on the policy

- ◆ Acquisition period: From June 21, 2016, to October 24, 2016
- ◆ Aggregate amount of acquisition cost: 50.0 billion JPY
- ◆ Total number of shares to be acquired: 20.25 million shares

R&D Update

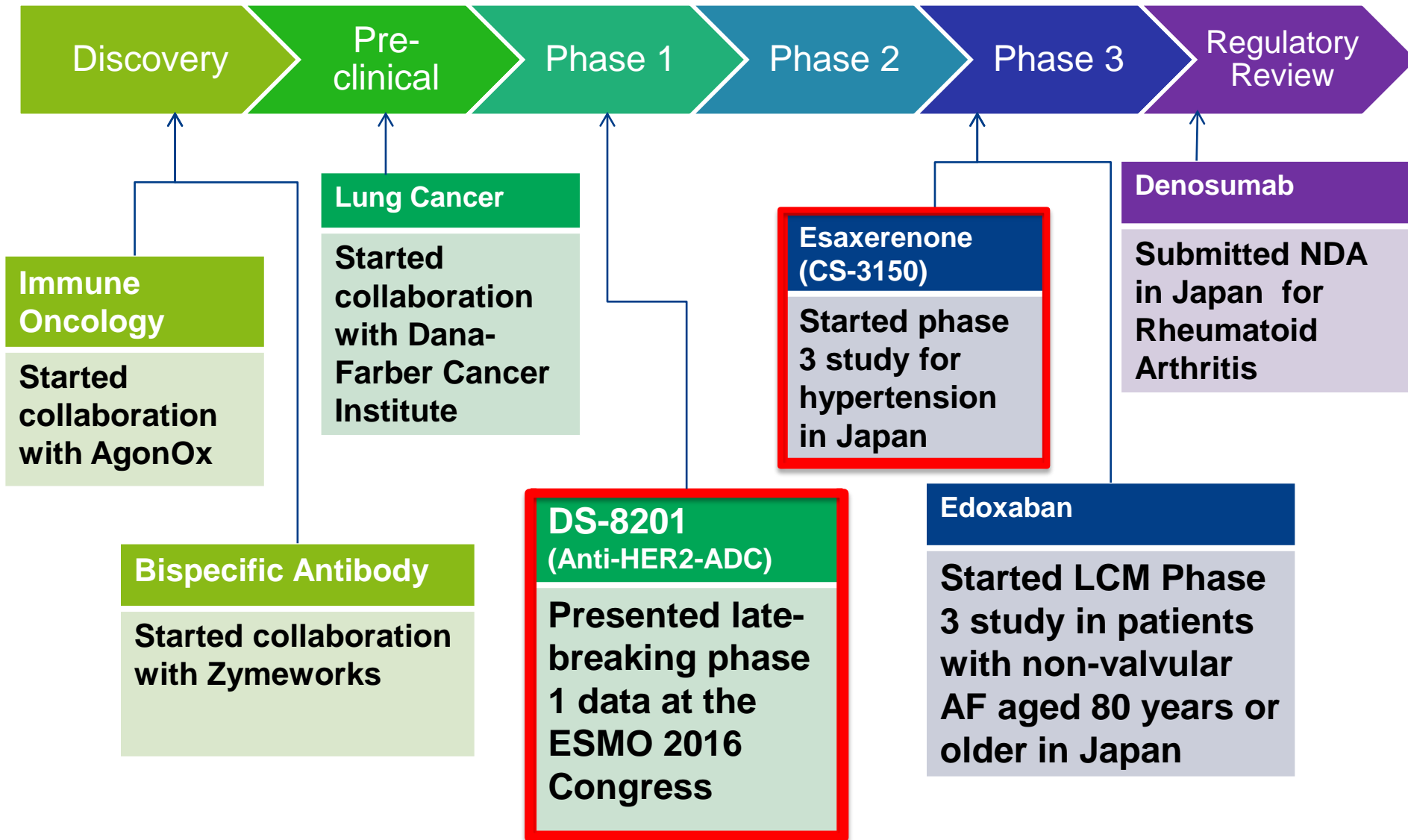
Glenn Gormley MD PhD

Senior Executive Officer

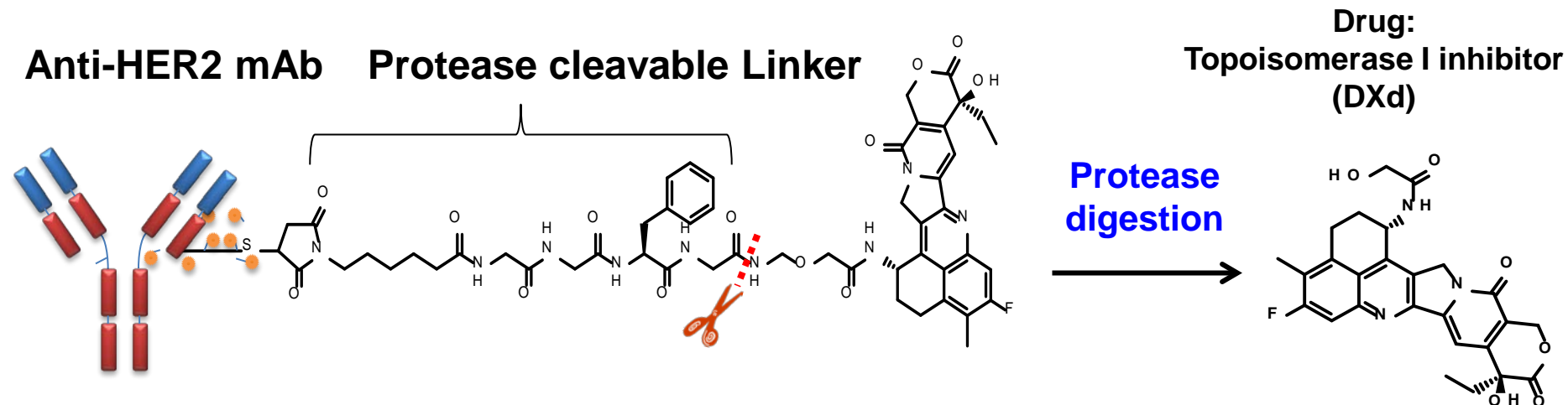
Global Head of R&D

Daiichi Sankyo Co., Ltd

Major Update in R&D Pipeline in Q2 FY2016

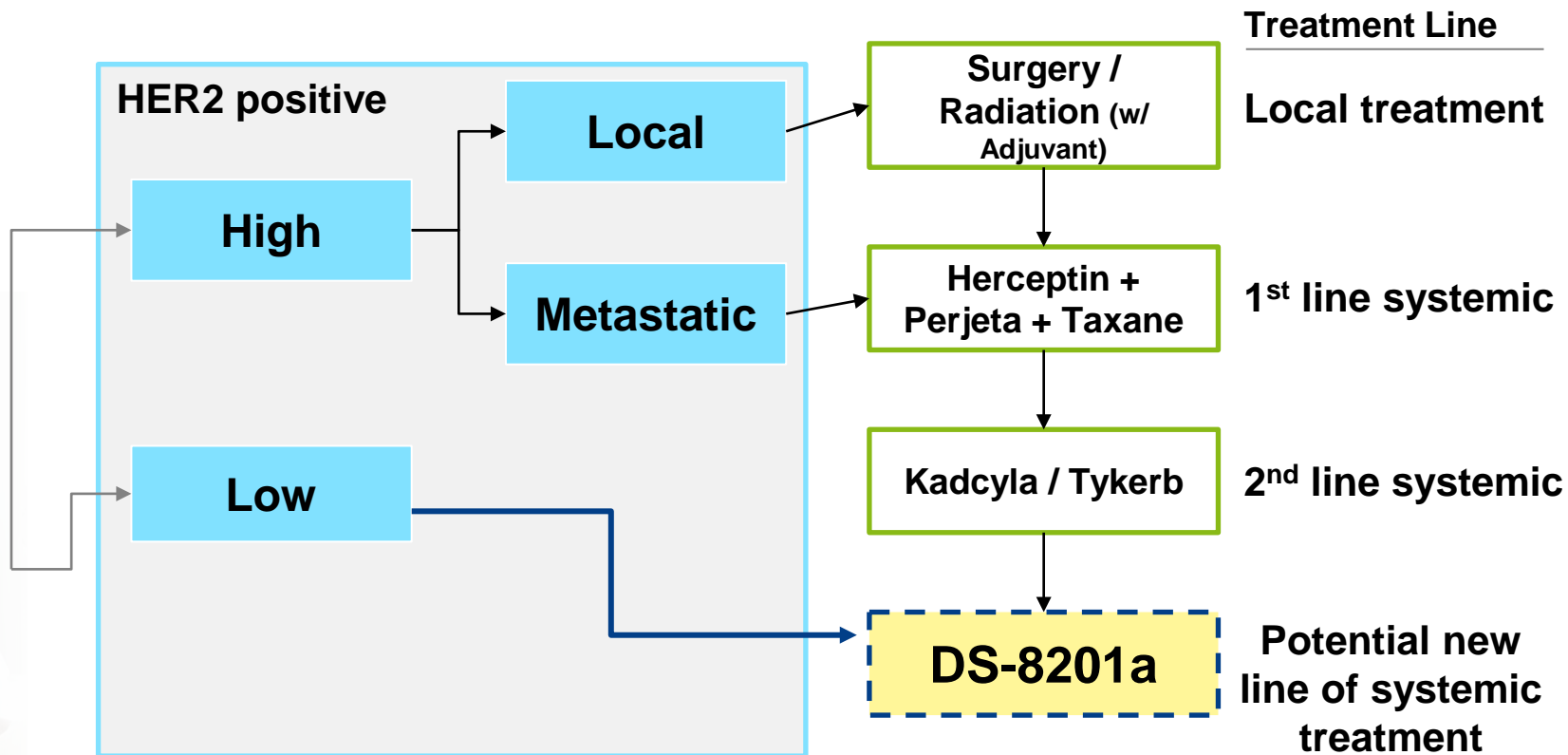


DS-8201: Structure



	DS-8201a	Kadcyla (T-DM1)
Antibody	Anti-HER2 mAb	Trastuzumab (Tmab)
Payload	Topoisomerase I inhibitor (DXd)	Tubulin inhibitor (DM1)
DAR*	7-8	3.5

Breast cancer patient journey: No good treatment options for patients who fail Kadcylla or with low HER2 expression



- HER2+ patients who fail Kadcylla have no good options for treatment
- HER2 low-expressing patients have few options other than chemo

◆ Open Label, Multiple Dose, First-in-Human Study

Part 1: Dose Escalation in Japan

- **Advanced/Unresectable or metastatic Breast Cancer or Gastric Cancer or GEJ* adenocarcinoma**
- **Refractory to or intolerable with standard treatment, or for which no standard treatment is available**

*GEJ: Gastro Esophageal Junction

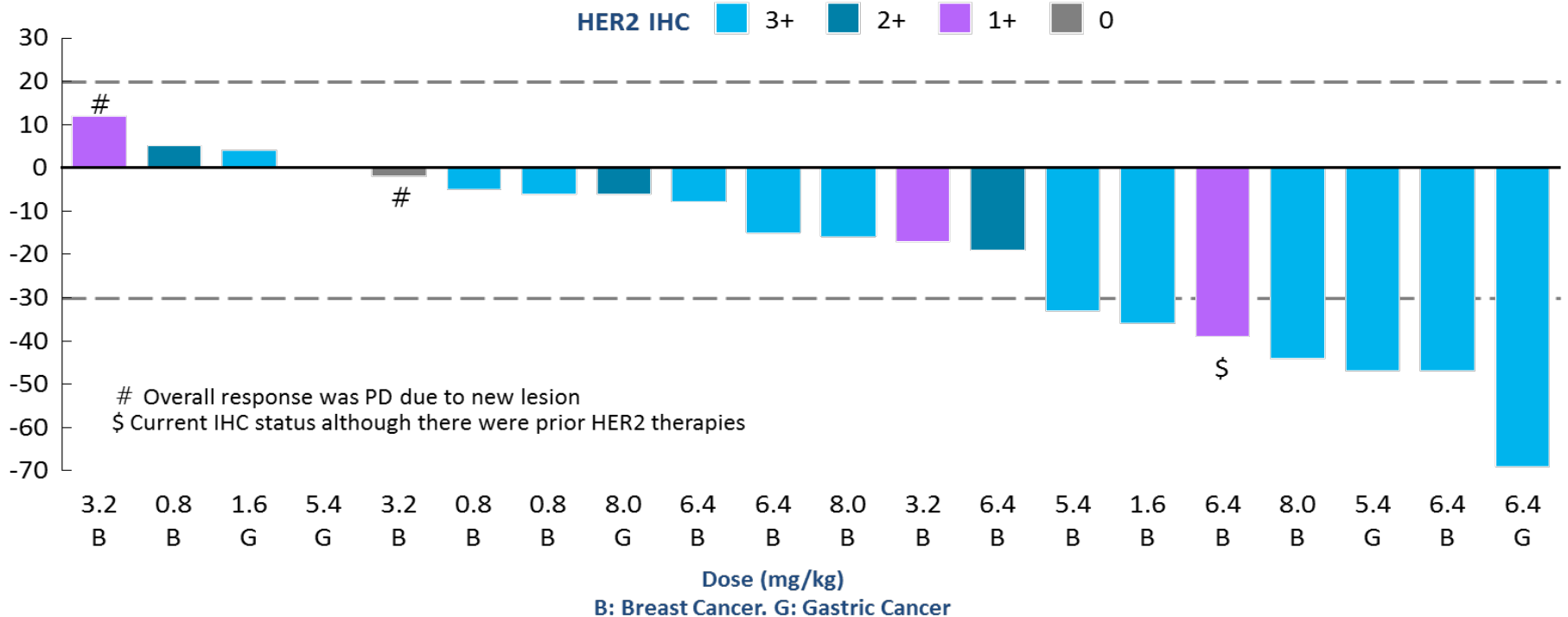
Patient characteristics

Number of patients treated	22
Age median (range)	66 (38-79)
Number of Prior Chemotherapy Regimens (range)	5 (1-11)
Tumor type	
Breast	16
Gastric	5
Gastroesophageal junction	1

HER2 Status

IHC		
0	1	
1+	3	
2+	3	
3+	15	
Prior therapy		
Anti-HER2 Therapy	18	
Trastuzumab	18	
Pertuzumab	5	
Lapatinib	4	
Kadcyla	13	

Best percent change of tumor volume from baseline



● **ORR* was 35% (7 PRs)**
● **DCR** was 90%**

*ORR (Objective Response Rate) : CR + PR
**DCR (Disease Control Rate): CR + PR + SD
CR: Complete Response
Disappearance of all target lesions
PR: Partial Response
At least a 30% decrease in target lesions
SD: Stable Disease
From 30% shrinkage to 20% increase in target lesions

DS-8201 Phase 1 Study: Efficacy in Kadcycla pre-treated patients

Subgroup Results in Kadcycla (T-DM1) pre-treated patients with HER2-positive Breast Cancer

ORR

Response to prior T-DM1 treatment (n=11*)

Response to subsequent DS-8201a treatment (n=12*)

18%

42%

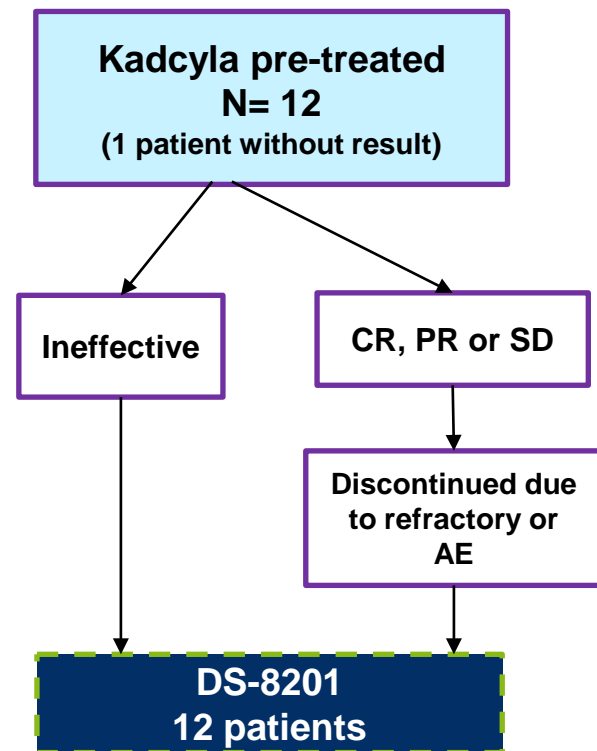
DCR

Tumor control rate to prior T-DM1 treatment (n=11*)

Tumor control rate to subsequent DS-8201a treatment (n=12*)

64%

92%



ORR (Objective Response Rate) : CR + PR
DCR (Disease Control Rate): CR + PR + SD

- CR: Complete Response
Disappearance of all target lesions
- PR: Partial Response
At least a 30% decrease in target lesions
- SD: Stable Disease
30% shrinkage to 20% increase in target lesions

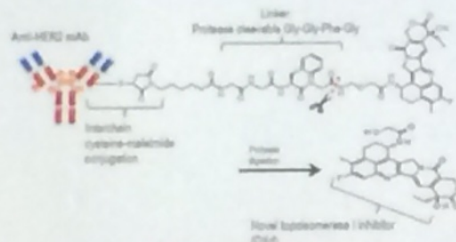
- ◆ **MTD* was not reached in 0.8~8.0 mg/kg tri-weekly cohorts**
- ◆ **No DLT**, or cardio toxicities at any dose level so far**
- ◆ **Most common adverse events (AEs) were mild or moderate gastrointestinal and hematological events**

*MTD: Maximum Tolerated Dose

**DLT: Dose Limiting Toxicity

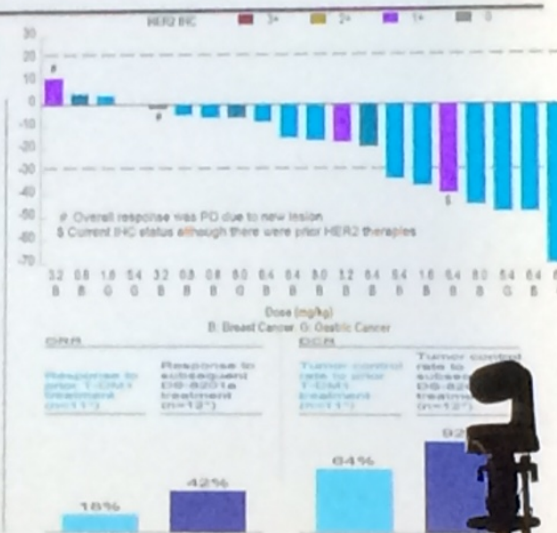
Single Agent Activity Of Her2 Antibody Drug-Conjugate DS-8201A

Structure of DS-8201a compared with T-DM1



	DS-8201a	T-DM1
Antibody	Anti-HER2 Ab	Trastuzumab
Payload	Topoisomerase I inhibitor (DAG)	Tubulin inhibitor (DM1)
DAR	7.4	3.5

* DAR: Average drug-to-antibody Ratio



Tamura K et al. ESMO 2016 Abstract 17

“Highlights of ESMO 2016” session

- ◆ **CS-3150 is a Non-steroidal Mineralocorticoid Receptor (MR) antagonist licensed from Exelixis with :**
 - **High MR selectivity**
 - **Superior preclinical MR antagonistic effects vs eplerenone**
 - **Long half-life (20hrs)**

- ◆ **Target indication and development status in Japan**
 - **Hypertension : Phase 3 studies on-going**
 - **Diabetic nephropathy (DN) : Phase 2b study finished**

Esaxerenone: MOA



Tubular epithelia

- Na⁺ reabsorption / K⁺ excretion
- Body fluid retention

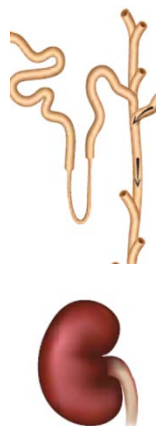


- **Hypertension**
- Serum electrolyte homeostasis



- Anti-hypertensive effect
- Hyperkalemia

Classical pathway



Non-epithelial tissue

- Inflammation, ROS production
- Fibrosis
- Activation of sympathetic nerve

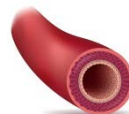
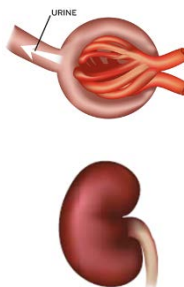


- Hypertension
- **Heart failure**
- **CKD**



- Anti-hypertensive effect
- Cardioprotective effect
- Renal protective effect

Emerging pathway



- ◆ **There is an Increased incidence in patients diagnosis with diabetes and one third develop DN¹⁾**
- ◆ **Without appropriate treatment at an early stage, patients often progress to renal failure which can require hemodialysis²⁾**
- ◆ **Medical cost of hemodialysis in Japan exceeds 1.84 T JPY per year³⁾**
- ◆ **Only two drugs, losartan and imidapril, are available for treatment of DN in Japan**

There is a significant need for new innovative therapies to treat early Diabetic Nephropathy

Reference:

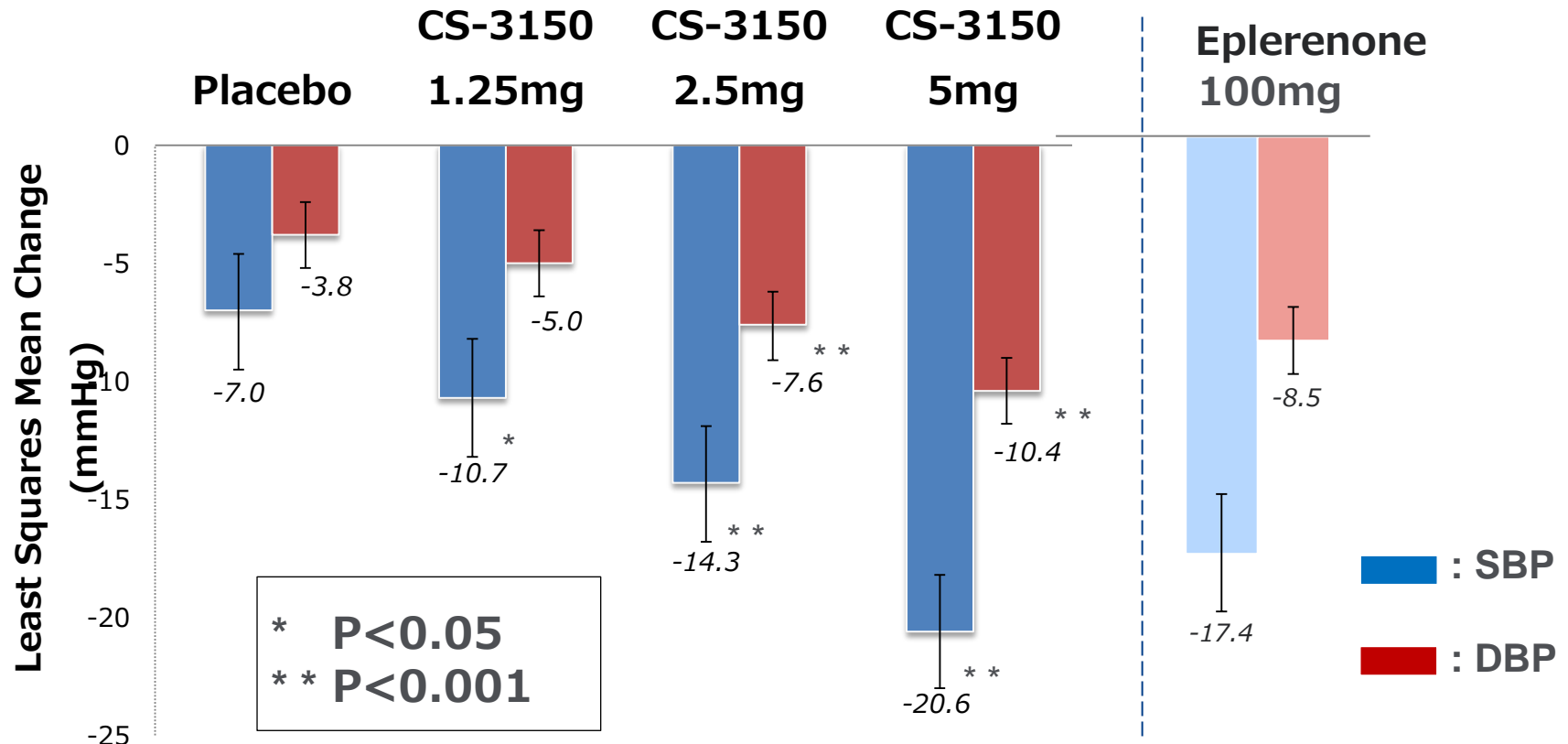
1) According to International Diabetes Federation

2) Evidence-based Practice Guideline for the Treatment for Diabetes in Japan 2013 (Japan Diabetes Society)

3) Japan Health Insurance Association 2010

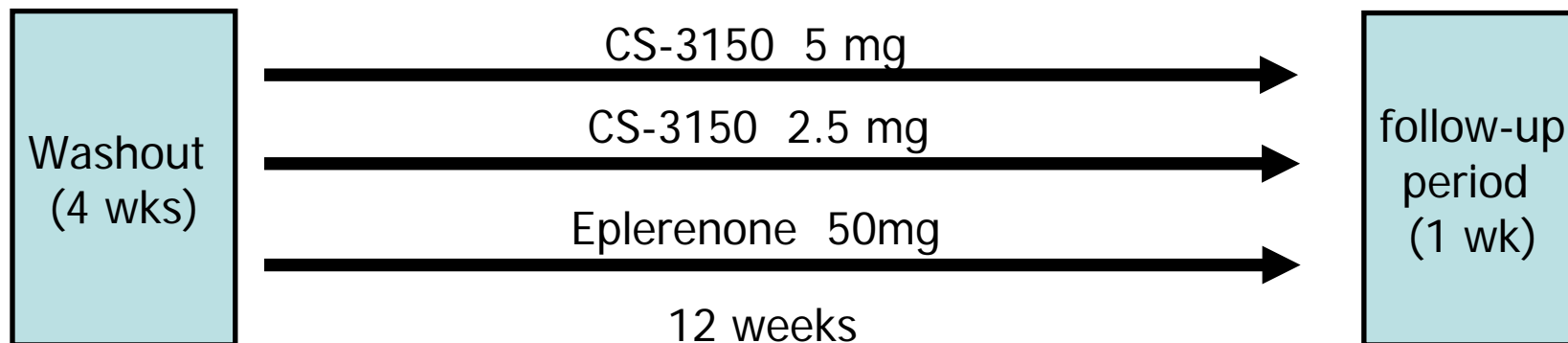
◆ Phase 2b Study Results

change from baseline in sitting blood pressure at the end of treatment



- There was a clear dose-response.
- Significant antihypertensive effects vs placebo in both SBP and DBP are observed at 2.5mg and 5mg once daily.

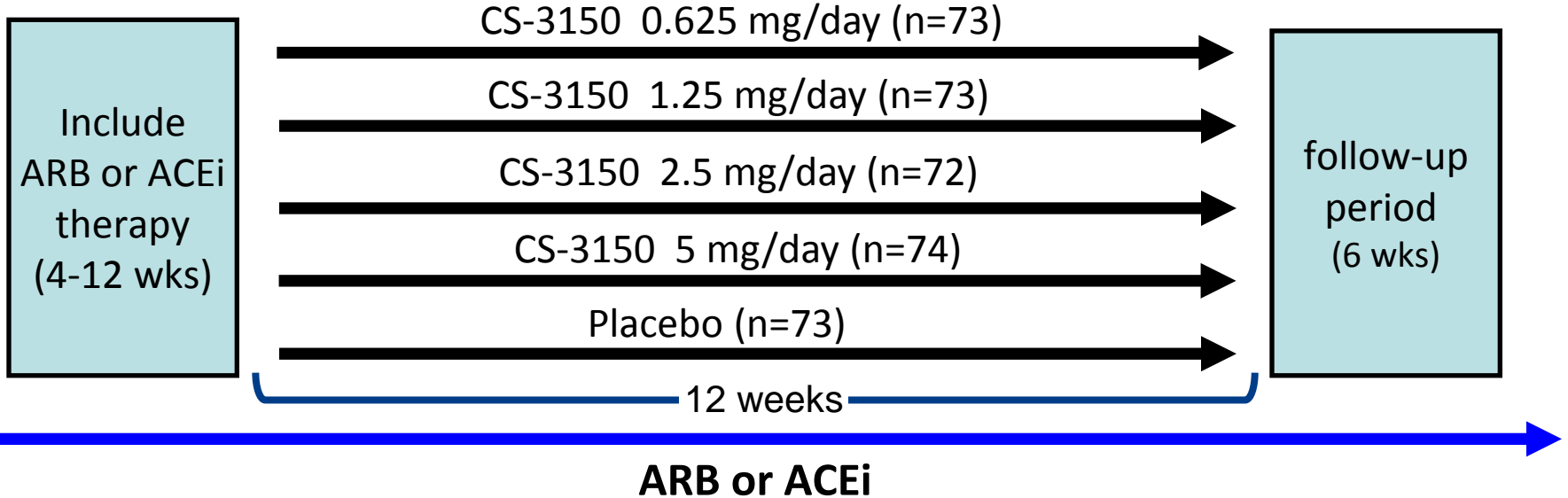
◆ Japan phase 3 study design



Objectives	Primary objective: non-inferior antihypertensive effect to EPLERENONE
Duration	Washout: 4 weeks, Treatment: 12 weeks
Sample size	930 pts. (310 pts./group)
Endpoints	Primary endpoint: sitting SBP / DBP
	Safety endpoint: hyperkalemia incidence (sK: ≥ 5.5 mEq/L)

Anticipated TLR: H2 FY2017

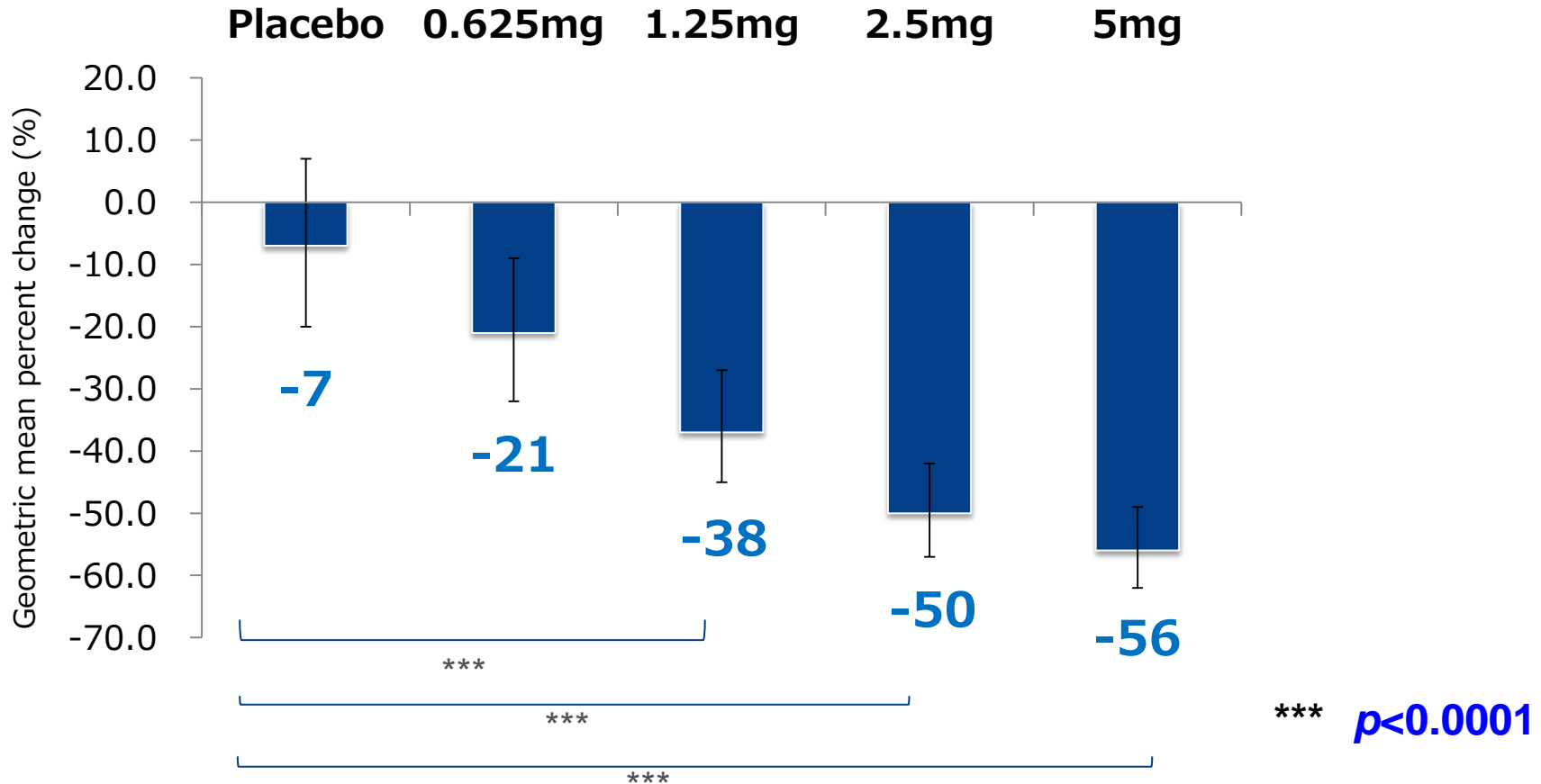
◆ Japan phase 2b study



Objective	dose-dependent efficacy and safety in T2DM with microalbuminuria
Subject	T2DM, UACR: $\geq 45 < 300$ (mg/g·Cr), eGFR: ≥ 30 (mL/min/1.73m ²),
Sample size	365 pts.
Study Endpoints	<ul style="list-style-type: none"> • Primary: Δ UACR from baseline, • Safety: hyperkalemia rate (sK: ≥ 5.5mEq/L)

Primary Endpoint: UACR* change from baseline at end of treatment

*UACR: Urine Albumin-to-Creatinine Ratio



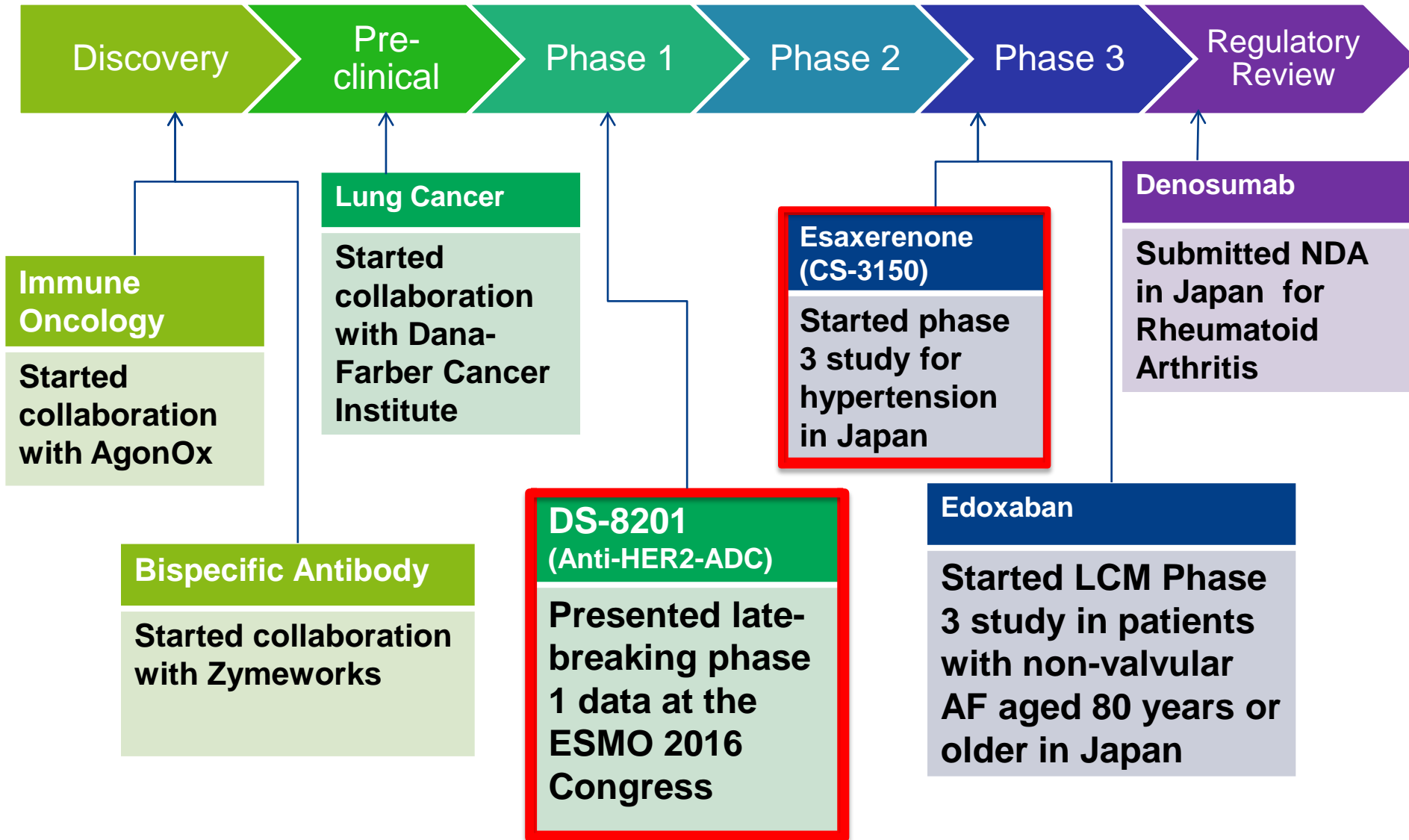
Significant UACR reduction vs placebo on top of ARB / ACEi confirmed in 1.25, 2.5, and 5 mg/day by 12 weeks treatment.

Incidence of Hyperkalemia

	Placebo N=72 n	0.625 mg N=71 n	1.25mg N=72 n	2.5 mg N=70 n	5.0mg N=73 n
Confirmed Hyperkalemia Serum K \geq 6.0 mEq/L or two Successive Measurements of Serum K \geq 5.5 mEq/L	1	2	2	2	7

Confirmed hyperkalemia was comparable to placebo at 0.625-2.5mg but numerically greater than placebo in 5mg treatment group

Major Update in R&D Pipeline in Q2 FY2016



Reference

Major R&D milestone events

Project	Indication/Study	Event	Target
CL-108	Pain/Opioid-induced nausea and vomiting (US)	Approval	PDUFA date Jan. 31, 2017
Denosumab	Rheumatoid arthritis (JP)	Approval	FY2017
CHS-0214 (etanercept BS)	Rheumatoid arthritis (JP)	NDA	FY2016
Tivantinib	METIV·HCC Hepatocellular carcinoma Phase 3 study (US/EU)	TLR	CY2017 H1
Mirogabalin	Fibromyalgia Phase 3 study (US/EU)	TLR	CY2017 H1
Quizartinib	QuANTUM-R AML 2 nd line treatment Phase 3 study (US/EU/Asia)	DMC interim analysis	CY2017 H1
DS-8500	Type 2 Diabetes phase 2b study (JP) (US)	TLR	FY2016 Q4 FY2017 H1

Red: update during Q2 FY2016

TLR*: Top Line Results

Major R&D Pipeline

As of October 2016



Therapeutic area	Phase 1	Phase 2	Phase 3	Application
Oncology	<ul style="list-style-type: none"> ■ DS-3032 (US/JP) (MDM2 inhibitor) ■ PLX7486 (US) (FMS / TRK inhibitor) ■ PLX8394 (US) (BRAF inhibitor) ■ DS-6051 (US/JP) (NTRK/ROS1 inhibitor) ■ PLX9486 (US) (KIT inhibitor) ■ DS-3201 (JP) (EZH1/2 inhibitor) ■ PLX73086 (US) (CSF-1R inhibitor) ■ PLX51107 (US) (BRD4 inhibitor) ■ DS-8895 (JP) (Anti-EPHA2 antibody) ■ DS-8273 (US) (Anti-DR5 antibody) ■ DS-5573 (JP) (Anti-B7-H3 antibody) ■ DS-8201 (JP/US) (Anti-HER2 ADC) ■ U3-1784 (EU) (Anti-FGFR4 antibody) ■ DS-1123 (JP) (Anti-FGFR2 antibody) ■ U3-1402 (JP) (Anti-HER3 ADC) 	<ul style="list-style-type: none"> ■ Patritumab (EU) (U3-1287 / Anti-HER3 antibody) ■ Pexidartinib (US) (PLX3397 / CSF-1R/KIT/FLT3-ITD inhibitor) ■ DS-1647 (JP) (Glioblastoma / G47A virus) 	<ul style="list-style-type: none"> ■ Tivantinib (US/EU) (ARQ 197 / HCC / MET inhibitor) ■ Denosumab (JP) (AMG 162 / Breast cancer adjuvant / Anti-RANKL antibody) ■ Nimotuzumab (JP) (DE-766 / Gastric cancer / Anti-EGFR antibody) ■ Vemurafenib (US/EU) (PLX4032 / Melanoma Adjuvant / BRAF inhibitor) ■ Quizartinib (US/EU/Asia) (AC220 / AML-2nd / FLT3-ITD inhibitor) ■ Quizartinib (US/EU/Asia) (AC220 / AML-1st / FLT3-ITD inhibitor) ■ Pexidartinib (US/EU) (PLX3397 / TGCT / CSF-1R/KIT/FLT3-ITD inhibitor) 	
Cardiovascular-Metabolics	<ul style="list-style-type: none"> ■ DS-1040 (Acute ischemic stroke / TAF1a inhibitor) ■ DS-2330 (Hyperphosphatemia) ■ DS-9231/TS23 (Thrombosis / $\alpha 2$-PI inactivating antibody) ■ DS-9001 (Dyslipidemia / Anti-PCSK9 Anticalin-Albumod) 	<ul style="list-style-type: none"> ■ Esaxerenone (JP) (CS-3150 / DM nephropathy / MR antagonist) ■ DS-8500 (JP/US) (Diabetes / GPR119 agonist) 	<ul style="list-style-type: none"> ■ Edoxaban (JP) (DU-176b / AF / FXa inhibitor) ■ Prasugrel (JP) (CS-747 / Ischemic stroke / Anti-platelet agent) ■ Esaxerenone (JP) (CS-3150 / Hypertension / MR antagonist) 	<ul style="list-style-type: none"> ■ Edoxaban (ASCA etc.) (DU-176b / AF / FXa inhibitor) ■ Edoxaban (ASCA etc.) (DU-176b / VTE / FXa inhibitor)
Others	<ul style="list-style-type: none"> ■ DS-1971 (Chronic pain) ■ DS-1501 (Osteoporosis / Anti-Siglec-15 antibody) ■ DS-7080 (US) (AMD / Angiogenesis inhibitor) ■ DS-2969 (Clostridium difficile infection / GyrB inhibitor) ■ DS-5141 (JP) (DMD / ENA oligonucleotide) ■ VN-0102/JVC-001 (JP) (MMR vaccine) 	<ul style="list-style-type: none"> ■ Laninamivir (US/EU) (CS-8958 / Anti-influenza / out-licensing with Biota) 	<ul style="list-style-type: none"> ■ Mirogabalin (US/EU) (DS-5565 / Fibromyalgia / $\alpha 2\delta$ ligand) ■ Mirogabalin (JP/Asia) (DS-5565 / DPNP/ $\alpha 2\delta$ ligand) ■ Mirogabalin (JP/Asia) (DS-5565 / PHN / $\alpha 2\delta$ ligand) ■ Hydromorphone (JP) (DS-7113 / Cancer pain / Opioid μ-receptor regulator) <Injection> ■ CHS-0214 (JP) (Etanercept BS / Rheumatoid arthritis / TNFα inhibitor) ■ VN-0105 (JP) (DPT-IPV / Hib vaccine) 	<ul style="list-style-type: none"> ■ Hydromorphone (JP) (DS-7113 / Cancer pain / Opioid μ-receptor agonist)<Oral> ■ CL-108 (US) (Acute pain / Opioid μ-receptor agonist) ■ Intradermal Seasonal Influenza Vaccine (JP) (VN-100 / prefilled i.d. vaccine for seasonal flu) ■ VN-0107/MEDI3250 (JP) (Nasal spray flu vaccine) ■ Denosumab (JP) (AMG 162 / Rheumatoid arthritis / Anti-RANKL antibody)

Red: Major changes after the FY2016 Q1 financial announcement on July 31, 2016

- ◆ Date: December 13, 2016 (15:30 – 17:00)

- ◆ Location: Daiichi Sankyo Co. Ltd
Nihonbashi HQ

- ◆ Speakers:
 - Dr. Glenn Gormley (Sr. Executive Officer, Global R&D head)
 - Dr. Antoine Yver
(Global head of Oncology R&D, Head of Daiichi Sankyo Cancer Enterprise)
 - and Others

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