Press Release

MD Anderson and Daiichi Sankyo Enter Research Collaboration to Accelerate Development of Acute Myeloid Leukemia Therapies

Houston, Tokyo and Basking Ridge, N.J. – (September 14, 2017) – The University of Texas MD Anderson Cancer Center and Daiichi Sankyo Company, Limited (hereafter, Daiichi Sankyo) today announced a multi-year collaboration focused on accelerating the development of novel therapies for acute myeloid leukemia (AML).

The collaboration represents an innovative approach to AML research by focusing on numerous clinical trials using several investigational compounds from the Daiichi Sankyo pipeline and multiple agents in combination regimens. Compounds to be studied include quizartinib, a FLT3 inhibitor in late-stage clinical development, and three agents in early-stage development: DS-3032, an MDM2 inhibitor; DS-3201, a dual EZH1/2 inhibitor; and PLX51107, a BET inhibitor.

"At MD Anderson, we are dedicated to finding new solutions for cancer treatment. It is our hope this collaboration will provide opportunities to offer more effective options for treating our AML patients," said Hagop Kantarjian, MD, Chair of Leukemia at MD Anderson.

The collaboration will launch multiple phase 1 and 2 clinical trials conducted by MD Anderson with the aim of expediting delivery of new therapies. The studies will incorporate translational work, including exploration of novel biomarkers as well as pre-clinical studies of new agents aimed at mechanisms of resistance to existing treatments.

"We are excited to enter into such a large scale partnership with one of the world's leading leukemia centers," said Antoine Yver, MD, MSc, Executive Vice President and Global Head, Oncology Research and Development, Daiichi Sankyo. "Given that AML is not a single disease, but a group of related diseases, it is important that we work to address it from a variety of angles. This illustrates the commitment of our AML Franchise to science and academic partnership. By joining forces with the talent and resources of MD Anderson, we aim to help improve the standard of care for patients with AML."

About Acute Myeloid Leukemia

Acute myeloid leukemia (AML) is the most common type of acute leukemia, accounting for about 33 percent of all new cases of leukemia.[1] AML is not a single disease, but a group of related diseases, so different treatment options may be required for the different subtypes of AML.[2] This fast-growing form

of leukemia has limited targeted treatment options and the lowest five-year survival rate of all leukemias at only about 26 percent.[1,3]

About MD Anderson

The University of Texas MD Anderson Cancer Center in Houston ranks as one of the world's most respected centers focused on cancer patient care, research, education and prevention. The institution's sole mission is to end cancer for patients and their families around the world. MD Anderson is one of only 47 comprehensive cancer centers designated by the National Cancer Institute (NCI). MD Anderson is ranked No.1 for cancer care in U.S. News & World Report's "Best Hospitals" survey. It has ranked as one of the nation's top two hospitals for cancer care since the survey began in 1990, and has ranked first 13 times in the last 16 years. MD Anderson receives a cancer center support grant from the NCI of the National Institutes of Health (P30 CA016672).

About Daiichi Sankyo Cancer Enterprise

The vision of Daiichi Sankyo Cancer Enterprise is to leverage our world-class, innovative science and push beyond traditional thinking in order to create meaningful treatments for patients with cancer. We are dedicated to transforming science into value for patients, and this sense of obligation informs everything we do. Anchored by our Antibody Drug Conjugate (ADC) and Acute Myeloid Leukemia (AML) Franchises, our cancer pipeline includes more than 20 small molecules, monoclonal antibodies and ADCs stemming from our powerful research engines: our two laboratories for biologic/immuno-oncology and small molecules in Japan, and Plexxikon Inc., our small molecule structure-guided R&D center in Berkeley, CA. Compounds in development include: quizartinib, an oral FLT3 inhibitor, for newly-diagnosed and relapsed or refractory AML with FLT3-ITD mutations; DS-8201, an ADC for HER2-expressing breast and gastric cancer, and other HER2-expressing solid tumors; and pexidartinib, an oral CSF-1R inhibitor, for tenosynovial giant cell tumor (TGCT), which is also being explored in a range of solid tumors in combination with the anti-PD1 immunotherapy pembrolizumab. For more information, please visit: www.DSCancerEnterprise.com.

About Daiichi Sankyo

Daiichi Sankyo Group is dedicated to the creation and supply of innovative pharmaceutical products to address diversified, unmet medical needs of patients in both mature and emerging markets. With over 100 years of scientific expertise and a presence in more than 20 countries, Daiichi Sankyo and its 15,000 employees around the world draw upon a rich legacy of innovation and a robust pipeline of promising new medicines to help people. In addition to a strong portfolio of medicines for hypertension and thrombotic disorders, under the Group's 2025 Vision to become a "Global Pharma Innovator with Competitive Advantage in Oncology," Daiichi Sankyo research and development is primarily focused on bringing forth novel therapies in oncology, including immuno-oncology, with additional focus on new horizon areas, such as pain management, neurodegenerative diseases, heart and kidney diseases, and other rare diseases. For more information, please visit: www.daiichisankyo.com. Daiichi Sankyo, Inc.,

headquartered in Basking Ridge, New Jersey, is a member of the Daiichi Sankyo Group. For more information on Daiichi Sankyo, Inc., please visit: www.dsi.com.

Contact
Jennifer Brennan
Daiichi Sankyo, Inc.
jbrennan2@dsi.com
+1 908 992 6631 (office)
+1 201 709 9309 (mobile)

Ron Gilmore
MD Anderson
Rlgilmore1@mdanderson.org
713-745-1898 (office)
575-915-5790 (mobile)

References:
1. Leukemia & Lymphoma Society. Facts 2015-2016. 2016.
2. American Cancer Society. Acute Myeloid Leukemia Overview. 2016.
3. Dohner H, et al. N Engl J Med. 2015; 373(12):1136-1152.