

Passion for Innovation.  
Compassion for Patients.™



# ASCO Highlights 2023

**DAIICHI SANKYO CO., LTD.**

**June 5<sup>th</sup> (US)/ 6<sup>th</sup> (JP), 2023**

# 「ASCO 2023 Highlights」 Language Guidance / 言語に関するご案内

- ◆ All presentations and Q&A will be in English.
- ◆ Simultaneous interpretation is provided on Zoom. Please click the “interpretation” icon at the bottom of the screen, and select either “English,” “Japanese,” or “Original audio.”
- ◆ When “Original audio” is selected, you will hear the original sound, which will be English.

- ◆ 本説明会は、質疑応答を含め英語で行います。
- ◆ Zoom内で同時通訳を実施します。日本語で聞かれる場合は、Zoom画面下の「通訳（Interpretation）」のアイコンをクリックし「日本語」を選択してください。
- ◆ 「Original」または「英語」を選択しますと、英語が聞こえます。

## Language Selection (Bottom of the Zoom Screen) 言語選択 (Zoom画面下)



- ◆ We will show English version of the presentation slides on the zoom screen and will show Japanese version of the slides on the live streaming screen.

- ◆ Zoom画面では英議版の資料を表示します。また、ライブストリーミングの画面では日本語の資料を表示します。

# ASCO Highlights 2023: IR conference call



**Sunao Manabe**  
Executive Chairperson  
and CEO



**Ken Takeshita**  
Head of Global R&D



**Mark Rutstein**  
Head of Global  
Oncology Clinical Development

Date and time

Jun 6, 2023 (Tue) 9:30-11:00am JST/  
Jun 5, 2023 (Mon) 7:30-9:00pm CDT

Meeting style

Hybrid  
(Face to face and Zoom)

**Content will be delivered on-demand after the meeting**

# Agenda

1 Introduction

2 R&D strategy

3 Highlights from ASCO & ESMO Breast

4 Closing

5 Q&A



# 5-Year Business Plan (FY2021-FY2025) for Sustainable Growth

We will achieve our 2025 Goal, **Global Pharma Innovator with Competitive Advantage in Oncology**, and will shift to further growth towards our 2030 Vision

## 2030 Vision

**Innovative Global Healthcare Company Contributing to the Sustainable Development of Society**

### 5-Year Business Plan (FY2021-FY2025)

Achieve FY2025 Goal "Global Pharma Innovator with Competitive Advantage in Oncology" and shift to further growth

#### As of FY2020

- ◆ Oncology business launched
- ◆ Edoxaban growing
- ◆ Regional value being enhanced
- ◆ AZ strategic alliance
- ◆ Increased RD investment

- ◆ Global top 10 in Oncology
- ◆ Additional growth pillars being source of revenue and profit
- ◆ New products being source of profit in each business unit
- ◆ Contributing to sustainable development of society through our business

# Strategic Pillars for the 5-Year Business Plan (FY2021-FY2025)

## Achieve 2025 Goal and Shift to Further Growth

### FY2025

### Financial Targets

- ◆ Revenue: 1.6 Tn JPY (Oncology > 600.0 Bn JPY)
- ◆ Core Operating Profit\* Ratio before R&D Expense: 40%
- ◆ ROE > 16%
- ◆ DOE\*\* > 8%

#### Maximize 3ADCs

- ◆ Maximize ENHERTU® and Dato-DXd through strategic alliance with AstraZeneca
- ◆ Maximize HER3-DXd without a partner
- ◆ Expand work force and supply capacity flexibly depending on changes around product potential

#### Profit growth for current business and products

- ◆ Maximize Lixiana® profit
- ◆ Grow Tarlige®, Nilemdo®, etc. quickly
- ◆ Transform to profit structure focused on patented drugs
- ◆ Profit growth for American Regent and Daiichi Sankyo Healthcare

#### Identify and build pillars for further growth

- ◆ Identify new growth drivers following 3ADCs
- ◆ Select and advance promising post DXd-ADC modalities

#### Create shared value with stakeholders

- ◆ Patients: Contributing to patients through "Patient Centric Mindset"
- ◆ Shareholders: Balanced investment for growth and shareholder returns
- ◆ Society: Environment load reduction across the value chain, and actions against pandemic risks
- ◆ Employees: Create one DS culture through fostering our core behaviors

- ◆ Data-driven management through DX, and company-wide transformation through advanced digital technology
- ◆ Agile decision making through new global management structure

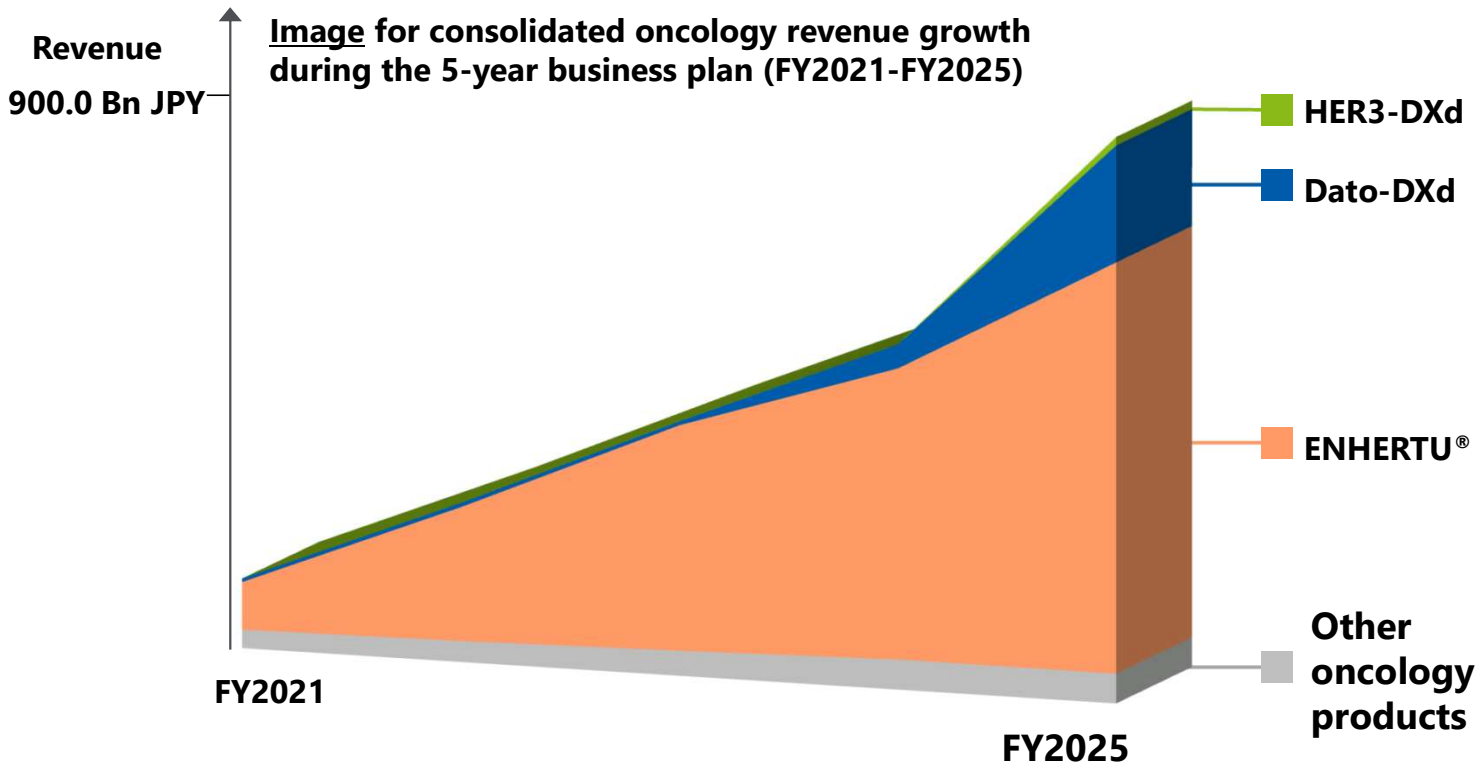
\*Excluding temporary income and expenses (gains/losses related to sales of fixed assets etc.) from operating income

\*\*DOE: Dividend on Equity = Total dividend amount / Equity attributable to owners of the company

# Expectation on Oncology Revenue

(as of Apr. 2023)

Oncology revenue\* in FY2025 is estimated > 900.0 Bn JPY due to revenue growth of ENHERTU® and Dato-DXd, and progress of 3ADCs development exceeding the initial plan



## Major factors increased from initial plan

- ◆ Sales expansion in NSCLC by expanding target patients at launch
  - TL-01 : NSCLC with/without actionable genomic alterations
- ◆ Increase in product sales and development milestone revenue due to accelerated indication expansion
  - TL-08 etc.

- ◆ Sales expansion in breast cancer based on the results of DB-03 and DB-04
- ◆ Increase in product sales and development milestone revenue due to accelerated indication expansion
  - DB-09 and DB-11 etc.
- ◆ Increase in sales milestone due to sales growth exceeding initial plan

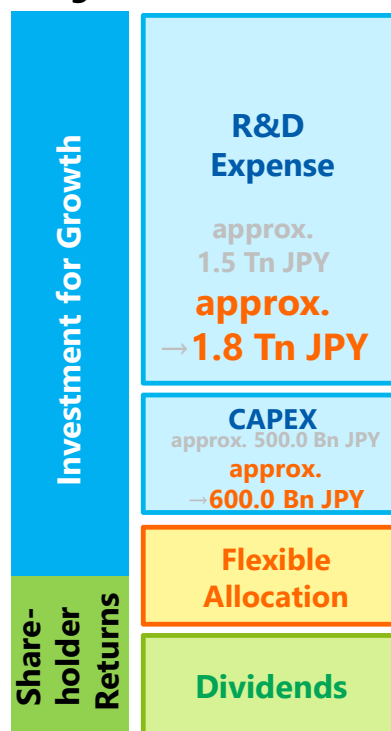
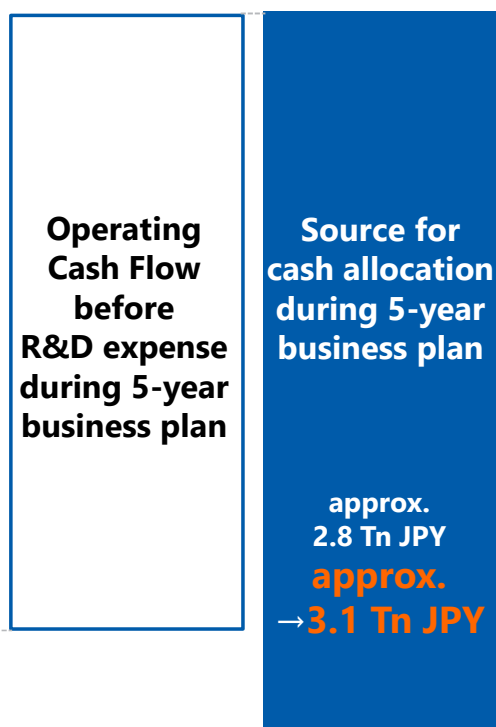
\*Revenue includes alliance revenue (50% of gross profit in countries/regions where AZ books revenue ) upfront/Quid payment, development/sales milestones etc. for ENHERTU® and Dato-DXd

# Well-balanced Investment for Growth and Shareholder Returns

## Cash Allocation

Increase R&D expense and CAPEX for further growth in future

Image for cash allocation



Prioritized investment for DXd-ADCs

Investment focused on enhancing ADC supply capabilities

Flexible allocation depending on pipeline progress for 1) investment to build pillars for further growth (in-house/external); and 2) acquisition of own shares

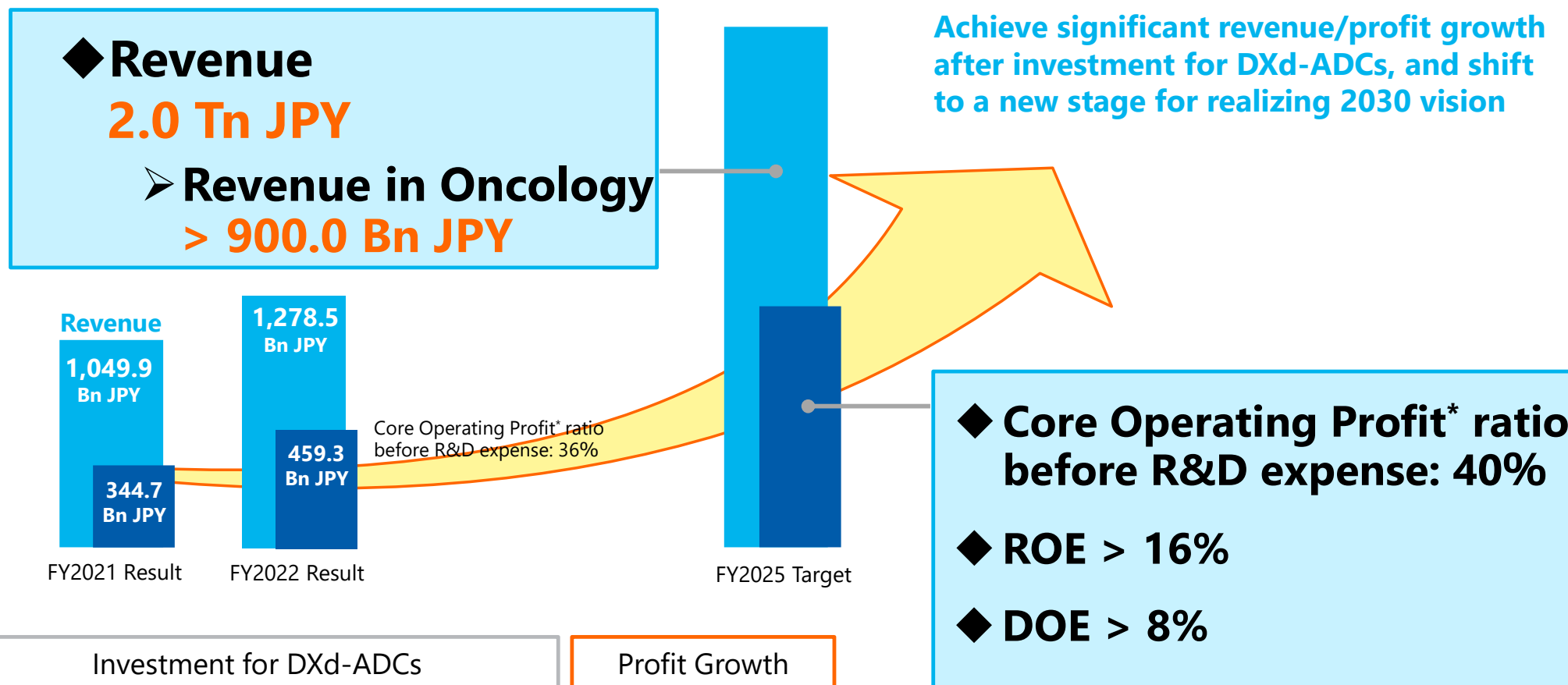
Stable dividends and dividend increase that take account of profit growth

FY2020 cash in hands\*  
approx.  
400.0 Bn JPY

\*Cash in hands excluding working capital

# Expectation on achieving FY2025 KPIs

(as of Apr. 2023)



FY2025 Currency rate assumptions: 1 USD=130 JPY, 1 EUR=140 JPY

\*Excluding temporary income and expenses (gains/losses related to sales of fixed assets etc.) from operating income

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# 3ADCs launch plan

## Active R&D investment following 3ADCs development progress exceeding the initial plan

### 5-Year Business Plan (FY2021-FY2025)

### FY2026 & Beyond

#### ENHERTU®

##### DESTINY-Breast05

- Combo with DS internal asset, I/O or targeted therapy in BC and NSCLC
- Other cancer types

#### Dato-DXd

##### TROPION-Lung07

##### TROPION-Breast03

- Combo with I/O in BC and NSCLC
- Other cancer types

#### HER3-DXd

- Combo with targeted therapy in NSCLC
- Other cancer types

#### Dato-DXd

##### TROPION-Lung01

##### TROPION-Lung08

##### TROPION-Breast01

##### TROPION-Breast02

#### HER3-DXd

##### HERTHENA-Lung01

##### HERTHENA-Lung02

#### ENHERTU®

- DESTINY-Breast03
- DESTINY-Breast04
- DESTINY-Breast06
- DESTINY-Breast09
- DESTINY-Breast11
- DESTINY-Gastric02
- DESTINY-Gastric04
- DESTINY-Lung01/02
- DESTINY-Lung04
- DESTINY-CRC01/02

~FY2020

#### ENHERTU®

##### DESTINY-Breast01

##### DESTINY-Gastric01



Already approved indications

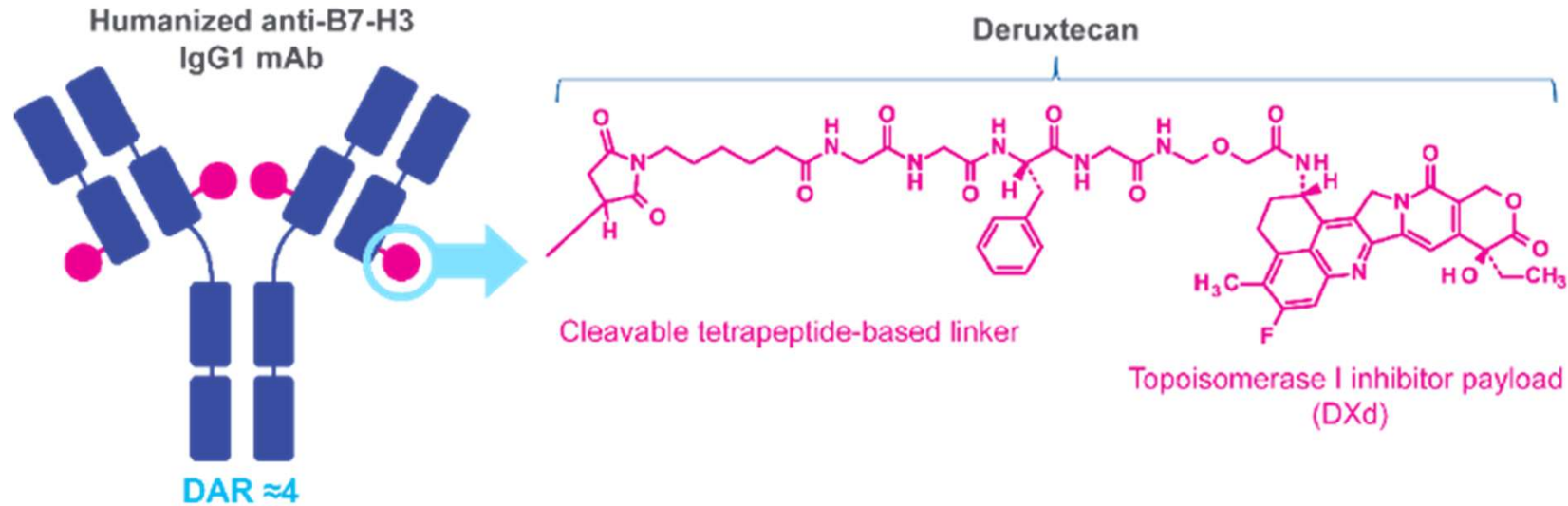


Studies that were not expected to be approved during 5YBP period (including new study)

Major study only (ref., appendices)

Timeline indicated is based on the current forecast and subject to change.

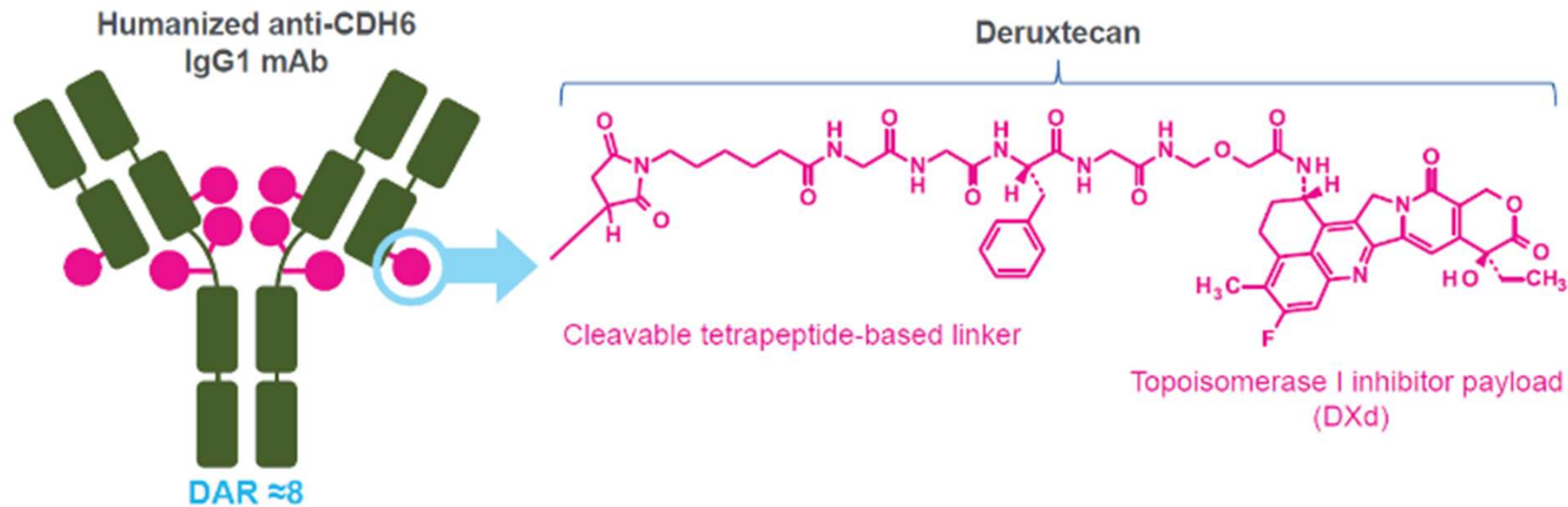
# DS-7300 targeting B7-H3



## Recent progress

- Ph1/2 interim analysis data presented at ESMO 2022 demonstrated durable efficacy, manageable safety and tolerability in patients with **several types of heavily pretreated cancers** including lung, prostate or esophageal cancer
- **Dose-optimization Ph2 study for patients with SCLC** has started in June 2022
- Complete Interim Analysis of the Ph2 study in H2 2023

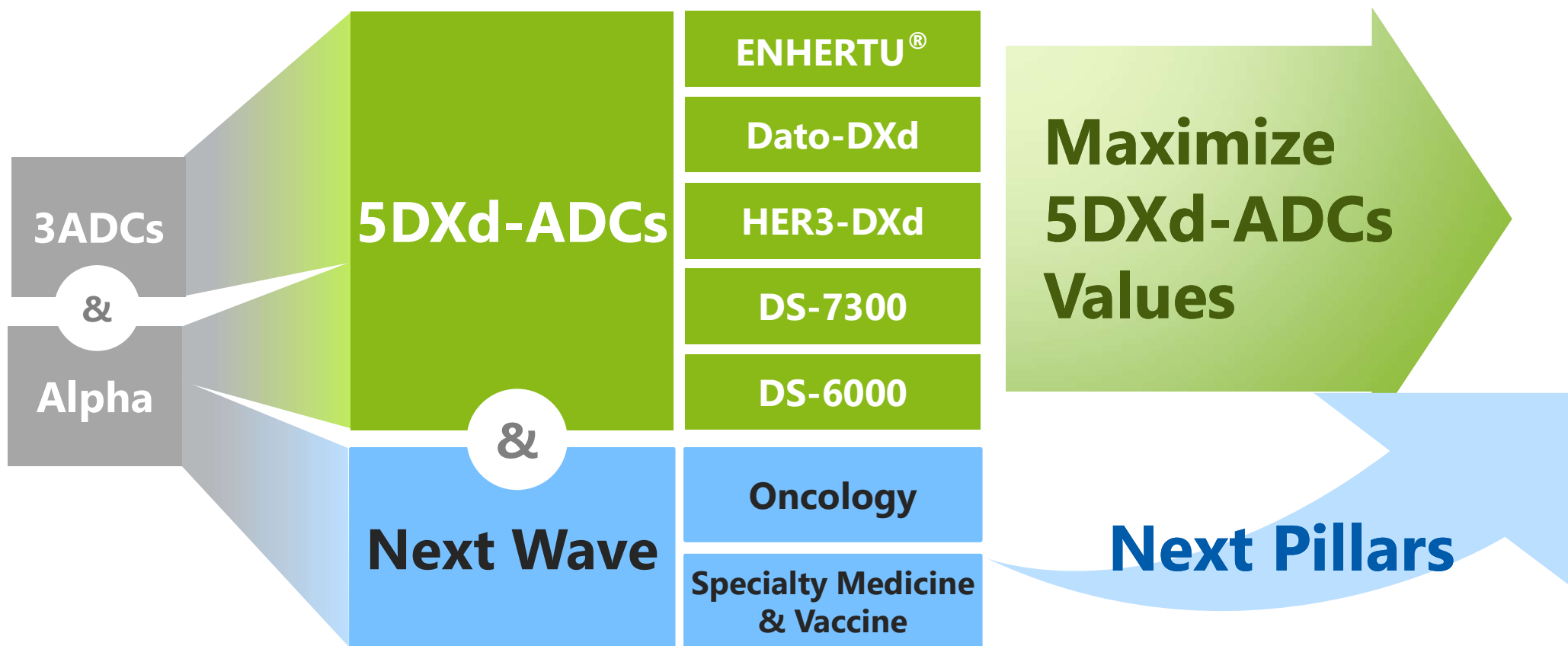
# DS-6000 targeting CDH6



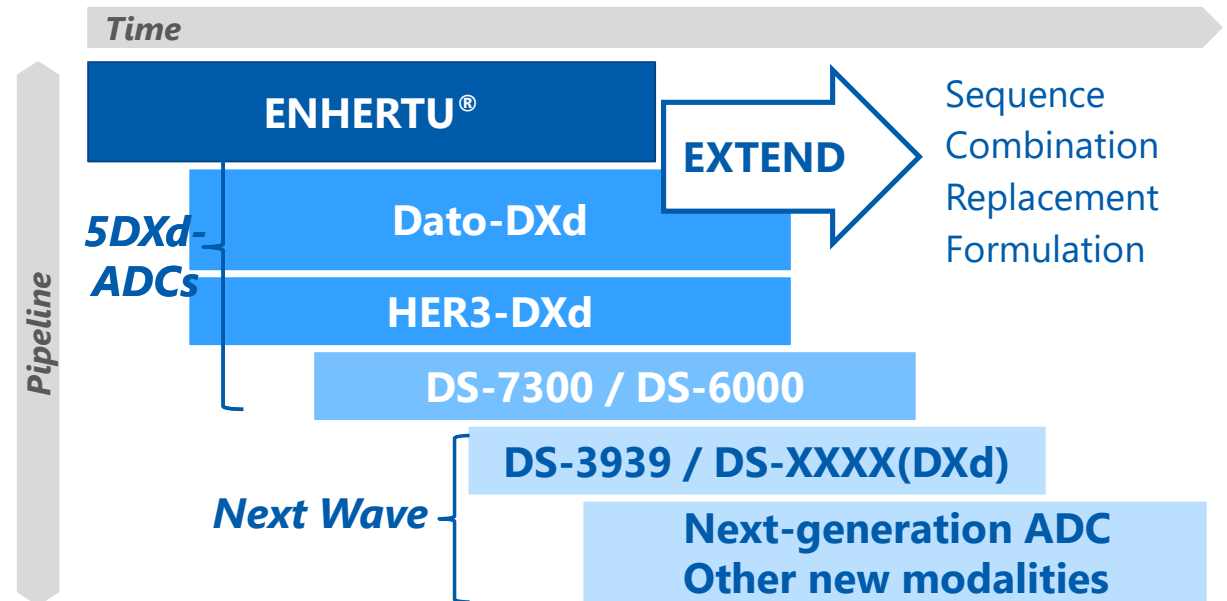
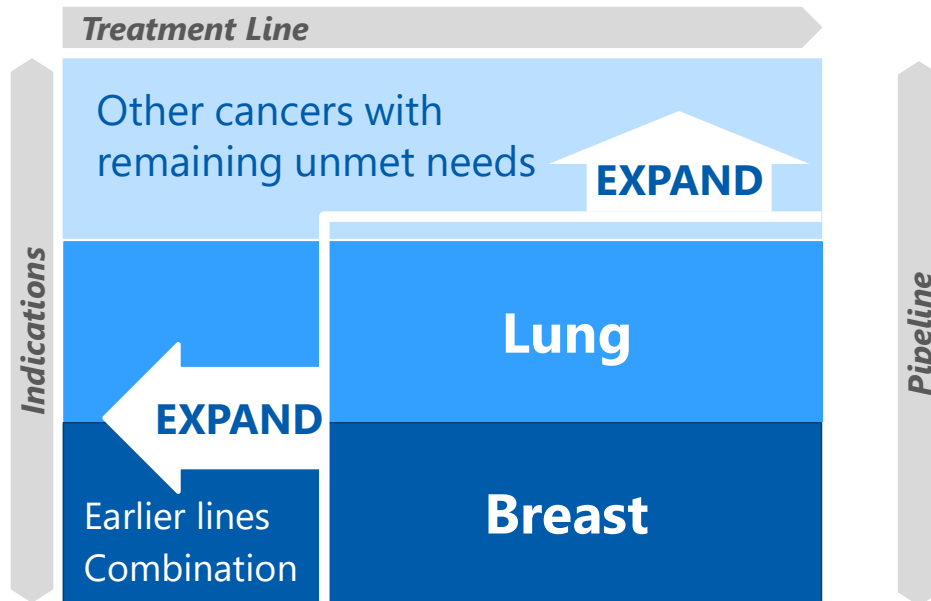
## Recent progress

- Ph1 interim analysis data for dose-escalation part (ASCO 2022) demonstrated **manageable safety** and **encouraging efficacy** profile in heavily pre-treated patients with **advanced platinum-resistant OVC and RCC**
- Dose-expansion part is on-going
- Updated data will be presented at future scientific conference

# From "3 and Alpha" to "5DXd-ADCs and Next Wave"



# EXPAND & EXTEND to deliver our technology to more patients



- ◆ Establish **DXd-ADC therapies** in Breast and Lung cancers
- ◆ Expand to **earlier and wider** patient segments with or without combinations
- ◆ Expand into **other cancer types** with high unmet medical needs

- ◆ Address unmet needs **after ENHERTU®** treatment
- ◆ Seek effective **treatment sequencing** between DXd-ADCs or novel assets including next-generation/new-concept ADCs
- ◆ Propose **novel combinations** to enhance efficacy

# Our Pipeline Continues to support our Expand and Extend strategy



- ◆ **3DXd-ADCs** continue to **EXPAND** to early treatment lines and additional tumor types
- ◆ **+2DXd-ADCs** **EXPAND** advantage of DXd-ADC to new tumor types
- ◆ **Next Wave** will contribute to **EXTEND** our growth to address remaining unmet needs

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# Data Highlights from ASCO & ESMO Breast

## ESMO Breast 2023

### 10 Abstracts

- 2 Mini Oral Presentations
- 4 Poster Presentations
- 4 Proffered Paper Presentations

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5 on ENHERTU®

1 on Dato-DXd

4 on HER3-DXd

## ASCO 2023

### 19 Abstracts

- 5 Oral Presentations
- 8 Poster Presentations
- 6 E-publications

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12 on ENHERTU®

3 on Dato-DXd

2 on HER3-DXd



# **ENHERTU<sup>®</sup>**

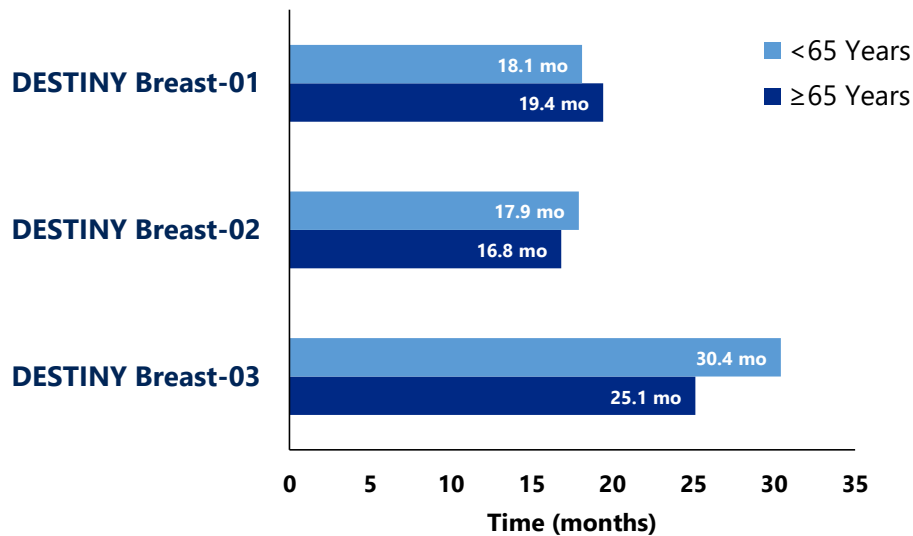
## **Breast Cancer Updates**

- ◆ An age-specific (<65 vs. ≥65 years) pooled analysis from DESTINY-Breast01/02/03
- ◆ Efficacy in patients <65 and ≥65 years treated with ENHERTU<sup>®</sup> was generally similar

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**Efficacy Summary for ENHERTU<sup>®</sup>**

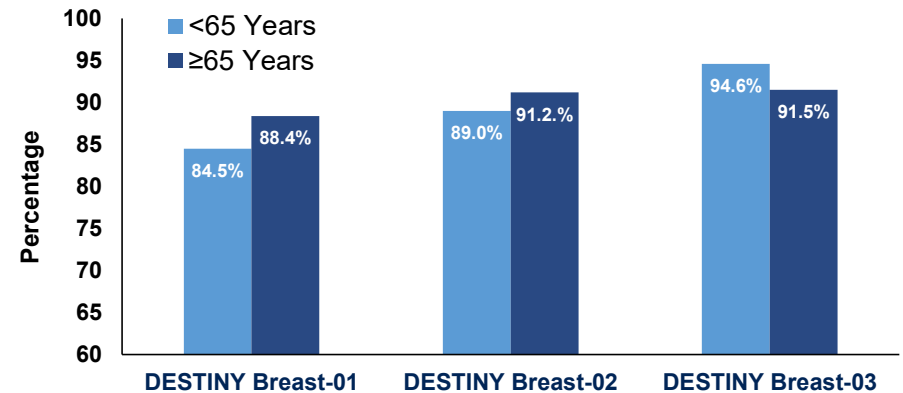
**Median Progression Free Survival**



**Median Overall Survival**

	DESTINY-Breast01		DESTINY-Breast02		DESTINY-Breast03	
	<65 (n = 140)	≥65 (n = 44)	<65 (n = 321)	≥65 (n = 85)	<65 (n = 212)	≥65 (n = 49)
mOS, months (95% CI)	28.1 (23.3-36.1)	30.9 (21.9-NE)	NR (35.5-NE)	30.2 (22.3-39.2)	NR (40.5-NE)	NR (26.3-NE)

**12-month Landmark Overall Survival**



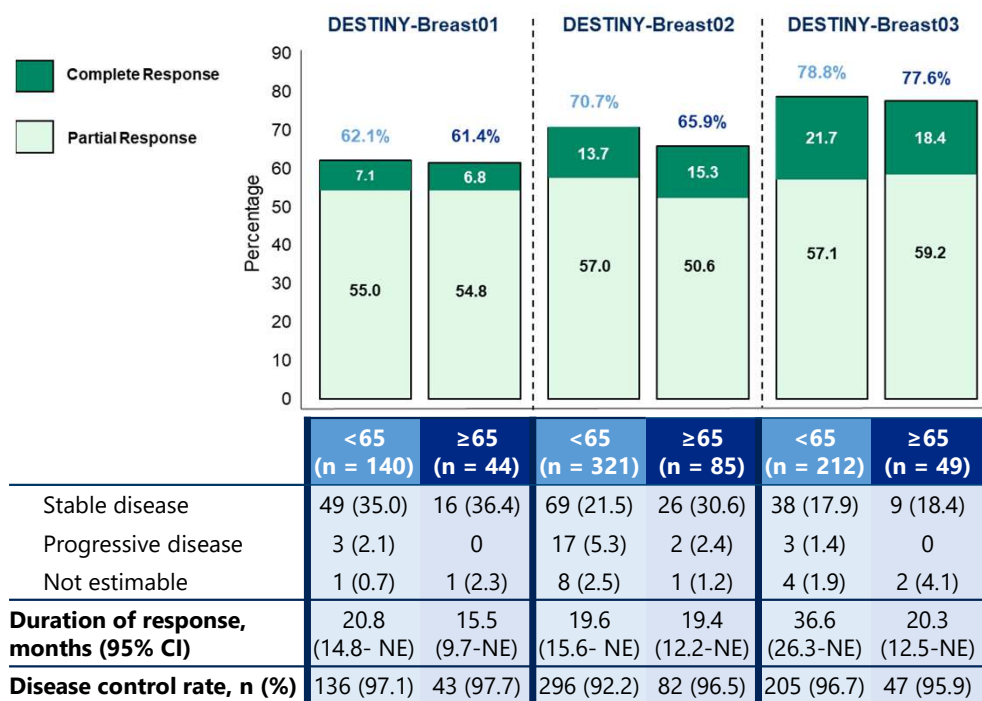
**Source: Krop et al., ASCO 2023, Oral Presentation #1006**

DESTINY-Breast01 data cutoff: March 26, 2021; DESTINY-Breast02 data cutoff: June 30, 2022; DESTINY-Breast03 data cutoff: July 25, 2022. mOS, median overall survival; NE, not estimable; NR, not reached; T-DXd, trastuzumab deruxtecan

(Continued)

- ◆ Patients ≥65 years of age experienced more TEAE across all trials

## Confirmed ORR in ENHERTU<sup>®</sup>



## Overall Safety Summary

	T-DXd Pool	
	<65 (n = 668)	≥65 (n = 177)
<b>TEAE, n (%)</b>	<b>665 (99.6)</b>	<b>177 (100.0)</b>
Drug-related	653 (97.8)	176 (99.4)
<b>TEAEs grade ≥3, n (%)</b>	<b>358 (53.6)</b>	<b>116 (65.5)</b>
Drug-related	291 (43.6)	96 (54.2)
<b>Serious TEAEs, n (%)</b>	<b>162 (24.3)</b>	<b>57 (32.2)</b>
Drug-related	77 (11.5)	29 (16.4)
<b>TEAEs associated with drug discontinuation, n (%)</b>	<b>125 (18.7)</b>	<b>45 (25.4)</b>
Drug-related	100 (15.0)	42 (23.7)
<b>TEAEs associated with dose reduction, n (%)</b>	<b>163 (24.4)</b>	<b>51 (28.8)</b>
Drug-related	156 (23.4)	47 (26.6)
<b>TEAEs associated with dose interruption, n (%)</b>	<b>302 (45.2)</b>	<b>94 (53.1)</b>
Drug-related	226 (33.8)	74 (41.8)
<b>TEAEs associated with death, n (%)</b>	<b>17 (2.5)</b>	<b>10 (5.6)</b>
Drug-related	4 (0.6)	3 (1.7)

ASCO presentation included an exploratory safety data of T-DXd in patients aged ≥75 years.

**Source: Krop et al., ASCO 2023, Oral Presentation #1006**

CI, confidence interval; ORR, objective response rate; mBC, metastatic breast cancer; NE, not estimable; T-DXd, trastuzumab deruxtecan; TEAE, treatment emergent adverse event  
 DESTINY-Breast01 data cutoff: March 26, 2021; DESTINY-Breast02 data cutoff: June 30, 2022; DESTINY-Breast03 data cutoff: July 25, 2022.

# Patient-Reported Outcome results from DESTINY-Breast02 are consistent with those of DESTINY-Breast03

- ◆ In DESTINY-Breast02, overall HRQoL was maintained longer with ENHERTU<sup>®</sup> than with TPC and the definitive deterioration was delayed for patients in the ENHERTU<sup>®</sup> arm
- ◆ These results are consistent with those reported in DESTINY-Breast03 <sup>1,2</sup>

## Time to definitive deterioration in PRO measures

		Median (95% CI) TDD, months		HR (95% CI)		Nominal P value <sup>a</sup>
		T-DXd (n = 406)	TPC (n = 202)			
<b>EORTC QLQ-C30</b>	GHS/QoL <sup>b</sup>	14.1 (10.4-18.7)	5.9 (4.3-7.9)			<0.0001
	Physical functioning <sup>c</sup>	18.7 (15.5-22.9)	6.8 (5.7-8.8)			<0.0001
	Emotional functioning <sup>c</sup>	21.4 (16.9-NE)	10.7 (6.9-15.4)			0.0041
	Social functioning <sup>c</sup>	18.7 (13.9-28.8)	6.3 (4.9-8.8)			<0.0001
	Pain <sup>c</sup>	18.7 (14.1-23.8)	5.8 (5.0-7.0)			<0.0001
<b>EORTC QLQ-BR45<sup>d</sup></b>	Arm symptoms <sup>c</sup>	18.3 (13.9-21.2)	8.8 (6.1-11.6)			<0.0001
	Breast symptoms <sup>c</sup>	NE (30.3-NE)	18.1 (12.5-NE)			<0.0001
<b>EQ-5D-5L</b>	VAS <sup>c</sup>	16.6 (13.6-20.2)	7.3 (5.8-10.6)			<0.0001

0.3                      1.0                      1.5    2.0
   
 ← Favours T-DXd (log<sub>10</sub>) Favours TPC →

Source: Fehm et al., ESMO Breast 2023, Proffered Paper Presentation #1860

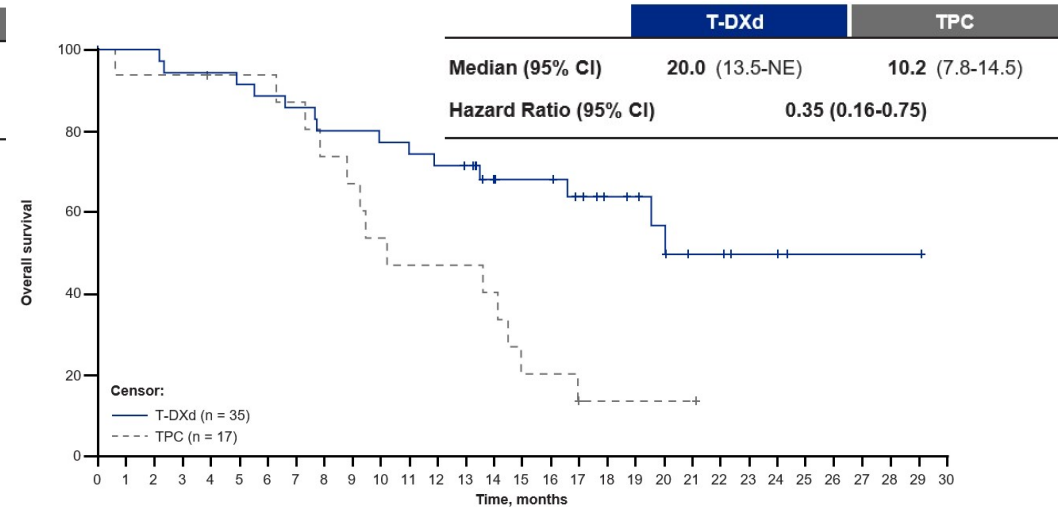
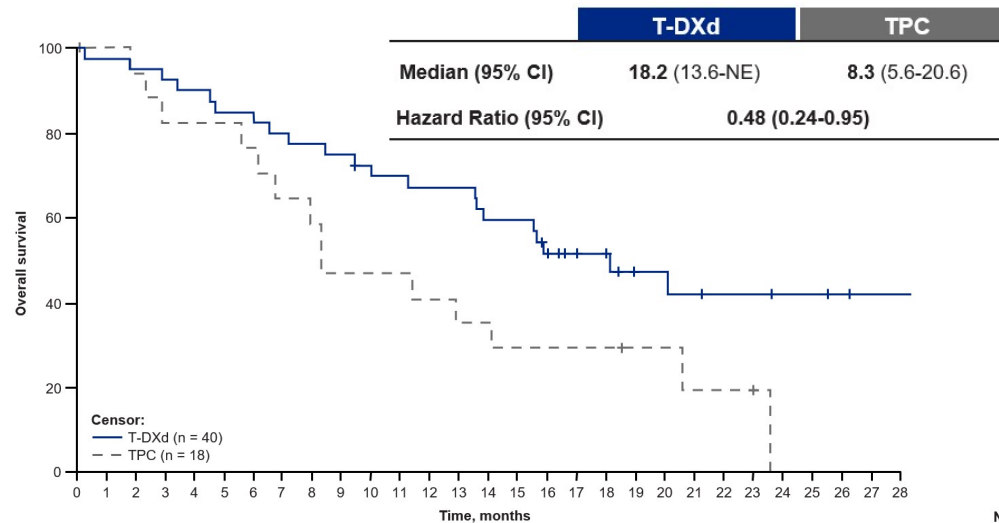
CI, confidence interval; EORTC, European Organisation for Research and Treatment of Cancer; EQ-5D-5L, EuroQol 5-dimension, 5-level questionnaire; GHS, global health status; HR, hazard ratio; PRO, patient-reported outcome; QLQ-BR45, Quality of Life Breast cancer questionnaire; QLQ-C30, Quality of Life Core 30 questionnaire; QoL, quality of life; TDD, time to definitive deterioration; T-DXd, trastuzumab deruxtecan; TPC, treatment of physician's choice; VAS, visual analogue scale; <sup>1</sup> Curigliano et al. ESMO Breast 2022 1630; <sup>2</sup> Cortes et al. N Eng J Med 2022;386:12

- ◆ In the sub-analysis of DESTINY-Breast04, ENHERTU<sup>®</sup> showed better efficacy compared to TPC both in patients with HER2 low/ER-negative (IHC 0%) and HER2 low/ER-low (IHC 1-10%) metastatic breast cancer *(Continues to the next slide)*

## Overall Survival in Patients by ER Expression

**Patients with ER-negative (IHC 0%)**

**Patients with ER-low (IHC 1-10%)**



No. at risk:

Time, months	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
T-DXd (n = 40)	40	39	38	37	36	34	34	32	31	30	28	27	26	26	23	23	19	14	13	9	9	8	7	7	6	6	5	4	4	
TPC (n = 18)	18	17	16	14	14	14	11	10	8	8	8	7	6	6	5	5	5	5	5	3	3	2	2	2	2	0	0	0	0	0

No. at risk:

Time, months	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
T-DXd (n = 35)	35	35	35	33	33	32	31	30	28	28	27	27	25	24	18	17	17	14	11	10	8	5	5	3	3	1	1	1	1	1	0
TPC (n = 17)	17	15	15	15	14	14	14	13	11	10	8	7	7	7	6	3	3	1	1	1	1	1	0	0	0	0	0	0	0	0	0

Source: Cameron et al., ESMO Breast 2023, Mini Oral Presentation #192MO

CI, confidence interval; ER, estrogen receptor; IHC, immunohistochemistry; mBC, metastatic breast cancer; NE, not estimable; OS, overall survival; T-DXd, trastuzumab deruxtecan; TPC, treatment of physician's choice; Cutoff date: January 11, 2022

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- ◆ Safety profile in ER IHC 0-10% patients were consistent with results observed in the primary analysis of DESTINY-Breast04

**Most common TEAEs in ≥20% Patients with ER IHC 0-10%**

Preferred Term, %	T-DXd (N = 75)		TPC (N = 32)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Any		53.3		75.0
Nausea	77.3	4.0	34.4	0
Vomiting	40.0	1.3	21.9	0
Fatigue	37.3	8.0	40.6	9.4
Decreased appetite	34.7	1.3	25.0	3.1
Alopecia	33.3	0	31.3	0
Constipation	33.3	0	21.9	0
Anemia	30.7	10.7	34.4	3.1
Diarrhea	29.3	2.7	21.9	3.1
Aspartate aminotransferase increased	26.7	5.3	28.1	0
Alanine aminotransferase increased	18.7	4.0	21.9	0
White blood cell count decreased	18.7	5.3	31.3	25.0
Neutrophil count decreased	14.7	2.7	31.3	25.0

Median duration of treatment, months (range)

8.2 (0.2 to 33.3)

3.5 (0.3 to 17.6)

**Source: Modi S et al. N Engl J Med. 2022;387(1):9-20 and Cameron et al., ESMO Breast 2023, Mini Oral Presentation #192MO**

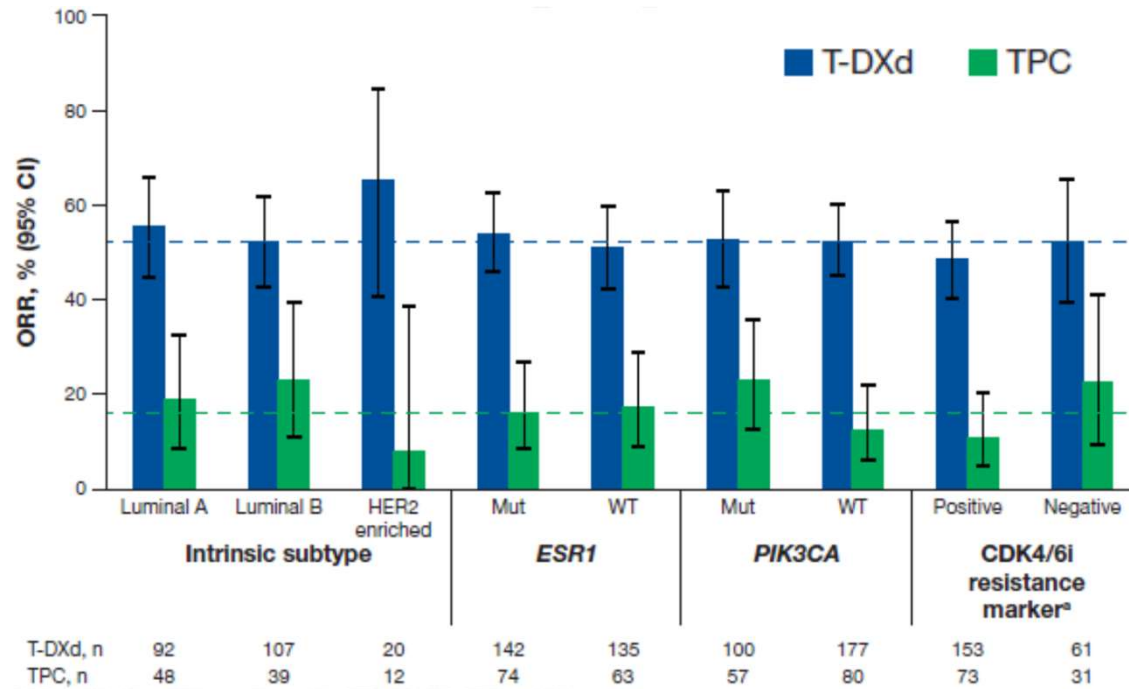
ER, estrogen receptor; IHC, immunohistochemistry; T-DXd, trastuzumab deruxtecan; TEAEs, treatment-emergent adverse events; TPC, treatment of physician's choice.

# Benefit of ENHERTU<sup>®</sup> is consistent across molecular subtypes in HER2 low metastatic breast cancer

ASCO 2023

- ◆ Exploratory biomarker analysis in baseline samples of DESTINY-Breast04, ENHERTU<sup>®</sup> vs. TPC in patients with HER2 low breast cancer
- ◆ Improved ORR for ENHERTU<sup>®</sup> over TPC was observed regardless of intrinsic molecular subtype, *ESR1* or *PIK3CA* mutation status, and CDK4/6i resistant markers

(Continues to the next slide)



Source: Modi et al., ASCO 2023, Poster Discussion #1020

CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; *ESR1*, estrogen receptor 1 gene; *PIK3CA*, phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha gene; T-DXd, trastuzumab deruxtecan; TPC: treatment of physician's choice. <sup>a</sup> *CCND1*, *CCNE1*, *CDK6*, *FGFR1/2* amplification; *RB1*, *PTEN*, *RAS*, *AKT1*, *ERBB2*, and *FAT1* mutations. Dashed horizontal lines show ORR in the overall HR+ cohort (Modi S et al. *N Engl J Med.* 2022;387:9-20).

# Benefit of ENHERTU<sup>®</sup> is consistent across molecular subtypes in HER2 low metastatic breast cancer

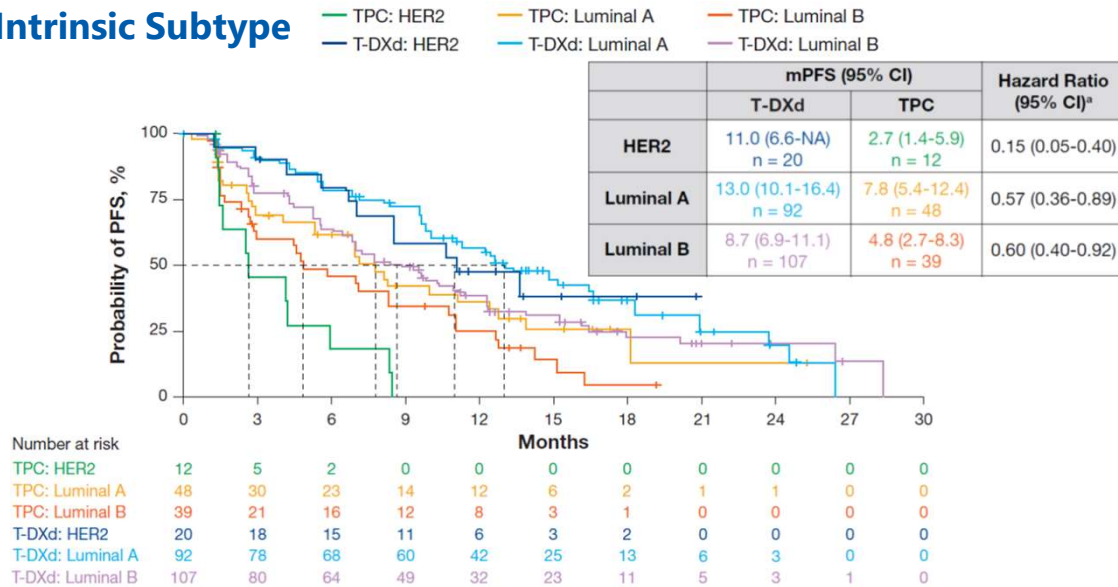
ASCO 2023

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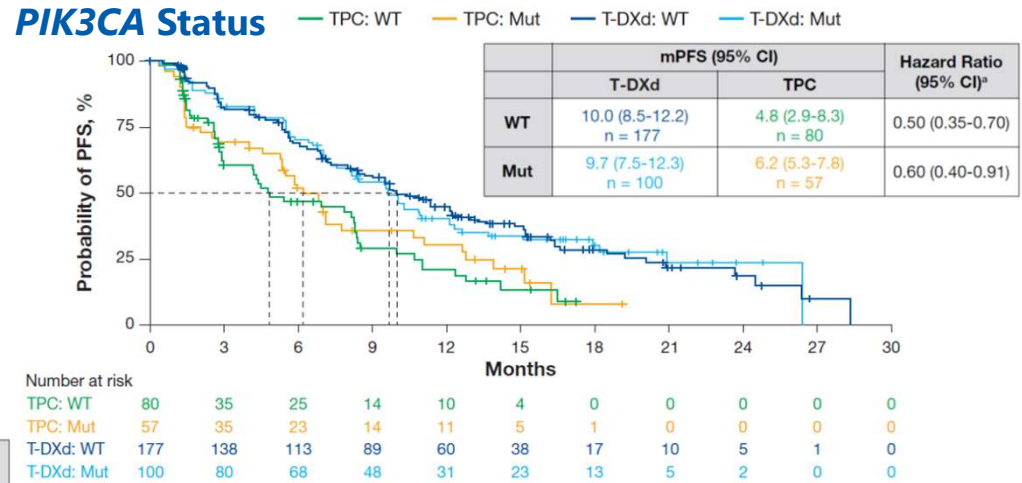
- ◆ Longer mPFS was observed in ENHERTU<sup>®</sup> compared to TPC regardless of intrinsic molecular subtypes, *ESR1* or *PIK3CA* mutation status

(DESTINY-Breast 04 sub-analysis, continues to the next slide)

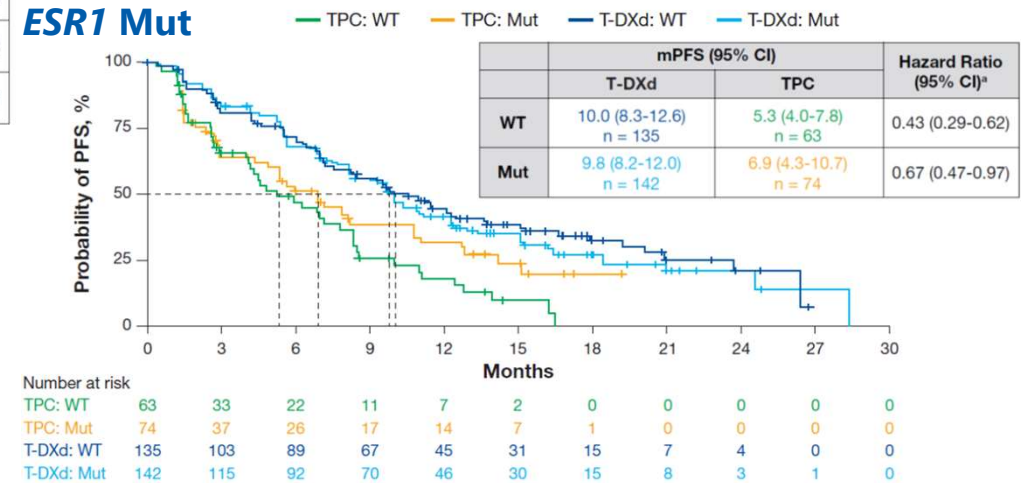
## Intrinsic Subtype



## PIK3CA Status



## ESR1 Mut



Source: Modi et al., ASCO 2023, Poster Discussion #1020

CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; ESR1, estrogen receptor 1 gene; PIK3CA, phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha gene; T-DXd, trastuzumab deruxtecan; TPC: treatment of physician's choice. <sup>a</sup> Median PFS was estimated by the Kaplan-Meier method and the hazard ratio was calculated comparing the T-DXd and TPC arm in each biomarker-derived subgroup.

(Continued)

- ◆ Longer mPFS was observed in ENHERTU<sup>®</sup> compared to TPC regardless of presence of CDK4/6i resistance markers both in patients with and without prior CDK4/6i treatment

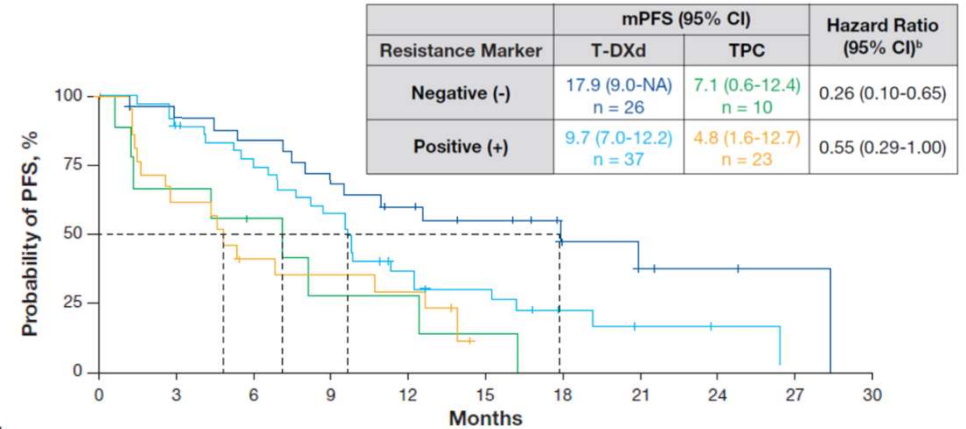
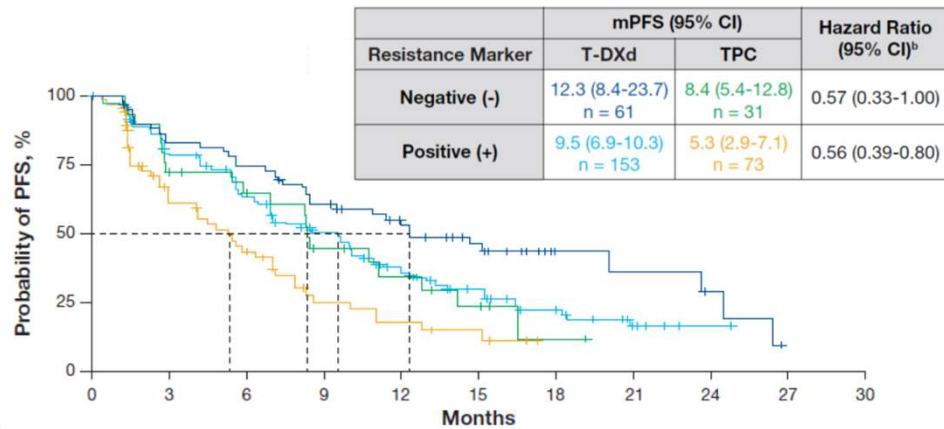
(DESTINY-Breast04 sub-analysis)

### Patients With Prior CDK4/6i Treatment

### Patients Without Prior CDK4/6i Treatment

— TPC: Resistance marker -    — T-DXd: Resistance marker -  
— TPC: Resistance marker +    — T-DXd: Resistance marker +

— TPC: Resistance marker -    — T-DXd: Resistance marker -  
— TPC: Resistance marker +    — T-DXd: Resistance marker +



Number at risk

	0	3	6	9	12	15	18	21	24	27	30
TPC: Resistance marker -	31	20	16	10	7	4	1	0	0	0	0
TPC: Resistance marker +	73	32	21	10	7	4	0	0	0	0	0
T-DXd: Resistance marker -	61	49	44	35	26	18	6	5	3	0	0
T-DXd: Resistance marker +	153	114	89	64	41	25	15	5	1	0	0

Number at risk

	0	3	6	9	12	15	18	21	24	27	30
TPC: Resistance marker -	10	6	4	2	2	1	0	0	0	0	0
TPC: Resistance marker +	23	12	7	6	5	0	0	0	0	0	0
T-DXd: Resistance marker -	26	23	21	18	13	10	5	3	2	1	0
T-DXd: Resistance marker +	37	32	27	20	11	8	4	2	1	0	0

Source: Modi et al., ASCO 2023, Poster Discussion #1020

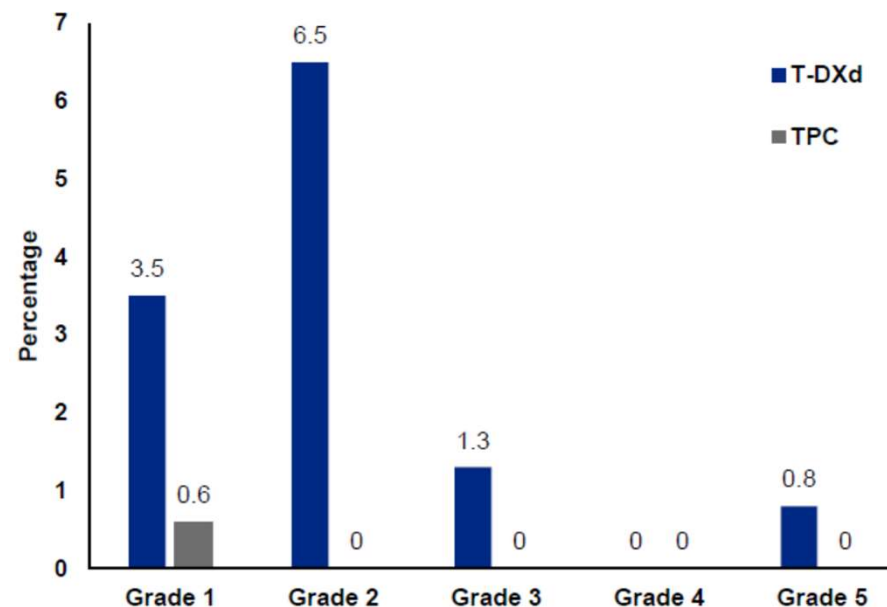
CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; ESR1, estrogen receptor 1 gene; PIK3CA, phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha gene; T-DXd, trastuzumab deruxtecan; TPC: treatment of physician's choice. <sup>a</sup> CCND1, CCNE1, CDK6, FGFR1/2 amplification; RB1, PTEN, RAS, AKT1, ERBB2, and FAT1 mutations., <sup>b</sup> Median PFS was estimated by the Kaplan-Meier method and the hazard ratio was calculated comparing the T-DXd and TPC arm in each biomarker-derived subgroup.

- ◆ Exposure-adjusted incidence rates of anemia, neutropenia, alopecia and fatigue were lower in ENHERTU<sup>®</sup>, whereas nausea, vomiting, thrombocytopenia and ILD were higher, compared to TPC
- ◆ Most ILD/pneumonitis events associated with ENHERTU<sup>®</sup> were low in grade and resolved over time

### EAIRs for selected TEAEs in ≥10% of patients

n (%)	T-DXd n = 371		TPC n = 172	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
<b>Total patient-years of exposure</b>	<b>283.5</b>		<b>63.6</b>	
Nausea	282 (76.0)	17 (4.6)	52 (30.2)	0
EAIR per patient-year	0.99	0.06	0.82	0
Vomiting	150 (40.4)	6 (1.6)	23 (13.4)	0
EAIR per patient-year	0.53	0.02	0.36	0
Anemia	143 (38.5)	38 (10.2)	47 (27.3)	9 (5.2)
EAIR per patient-year	0.50	0.13	0.74	0.14
Neutropenia	126 (34.0)	52 (14.0)	90 (52.3)	71 (41.3)
EAIR per patient-year	0.44	0.18	1.42	1.12
Thrombocytopenia	95 (25.6)	22 (5.9)	16 (9.3)	1 (0.6)
EAIR per patient-year	0.34	0.08	0.25	0.02
Alopecia	147 (39.6)	0	57 (33.1)	0
EAIR per patient-year	0.52	0	0.90	0
Fatigue	199 (53.6)	32 (8.6)	83 (48.3)	8 (4.7)
EAIR per patient-year	0.70	0.11	1.31	0.13
ILD	45 (12.1)	8 (2.2)	1 (0.6)	0
EAIR per patient-year	0.16	0.03	0.02	0

### Treatment-related ILD per grade



Source: Rugo et al., ESMO Breast 2023, Proffered Paper Presentation #1850

EAIR, exposure-adjusted incidence rate; ILD, interstitial lung disease; T-DXd, trastuzumab deruxtecan; TPC, treatment of physician's choice



## Accumulating data continue to support benefit of ENHERTU<sup>®</sup> in patients with HER2+ and HER2 low metastatic Breast Cancer

### HER2+ mBC

- ◆ ENHERTU<sup>®</sup> remains as an effective treatment option in elderly patients with a manageable safety profile
- ◆ Data continue to support improved quality of life of patients with ENHERTU<sup>®</sup> treatment

### HER2 low mBC

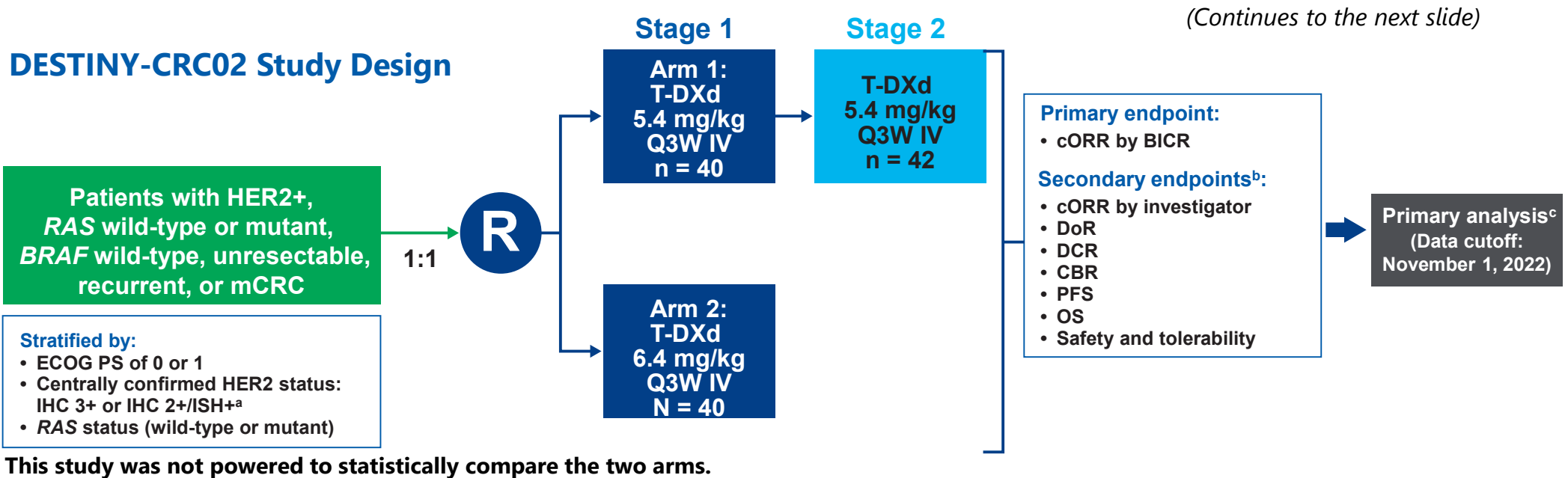
- ◆ Benefit of ENHERTU<sup>®</sup> is consistent across baseline subtypes of HER2 low mBC
- ◆ Detailed safety analysis continues to support ENHERTU<sup>®</sup> as the new SOC in HER2 low mBC



# **ENHERTU<sup>®</sup>**

## **Potential in Multiple Tumor Types**

- ◆ DESTINY-CRC02 is a randomized, 2-stage, 2-arm, multicenter, global, Ph2 study in patients with mCRC



**Source: Raghav et al., ASCO 2023, Oral Presentation #3501**

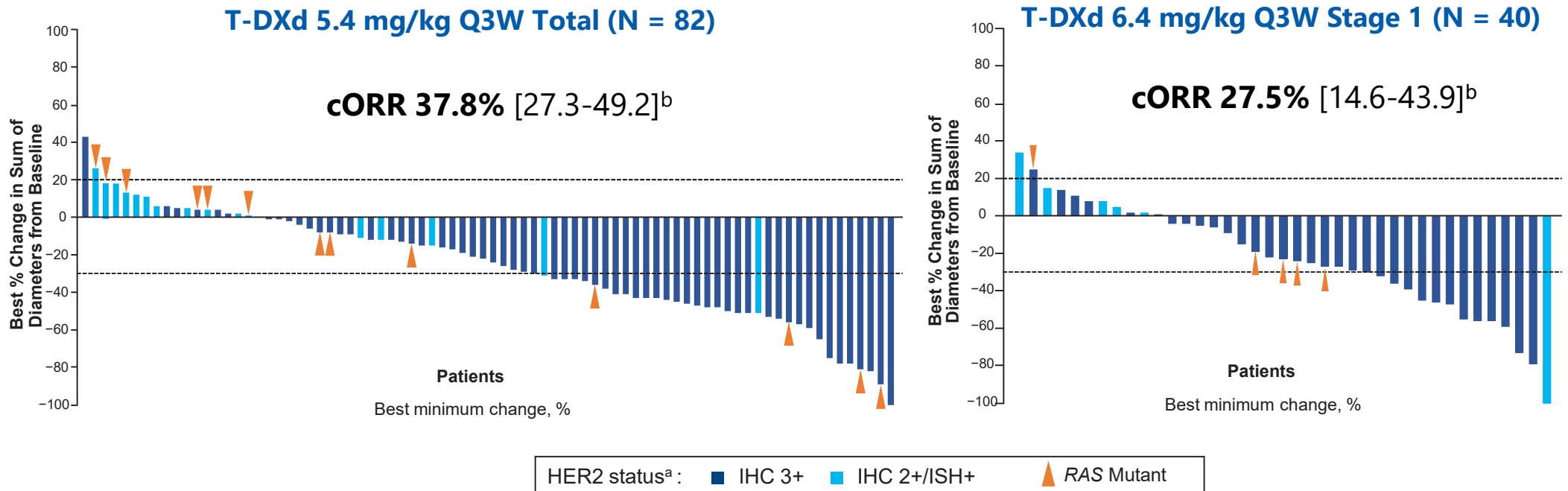
BICR, blinded independent central review; BRAF, v-raf murine sarcoma viral oncogene homolog B1; CBR, clinical benefit rate; cORR, confirmed objective response rate; DCR, disease control rate; DoR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; ISH, in situ hybridization; IV, intravenously; mCRC, metastatic colorectal cancer; OS, overall survival; PFS, progression-free survival; Q3W, every 3 weeks; R, randomization; RAS, rat sarcoma; T-DXd, trastuzumab deruxtecan. Both investigators and patients were blind to treatments.

<sup>a</sup>HER2 status was assessed with the Roche VENTANA HER2 Dual ISH DNA probe cocktail assay (IUO). <sup>b</sup>Exploratory endpoints included best percent change in the sum of diameters of measurable tumors based on BICR and investigator. <sup>c</sup>Primary analysis occurred ≥6 months after the last patient had been enrolled or when all patients discontinued from the study, whichever was earlier.

(Continued)

◆ Promising antitumor activity was observed at both 5.4 mg/kg and 6.4 mg/kg doses

(Continues to the next slide)



**Source: Raghav et al., ASCO 2023, Oral Presentation #3501**

cORR, confirmed objective response rate; IHC, immunohistochemistry; ISH, in situ hybridization; mCRC, metastatic colorectal cancer; Q3W, every 3 weeks; RAS, rat sarcoma; T-DXd, trastuzumab deruxtecan. Only patients with measurable disease at baseline and at least one postbaseline tumor assessment were included in the waterfall graphs.

<sup>a</sup> HER2 status was assessed by central laboratory. <sup>b</sup> 95% confidence interval.

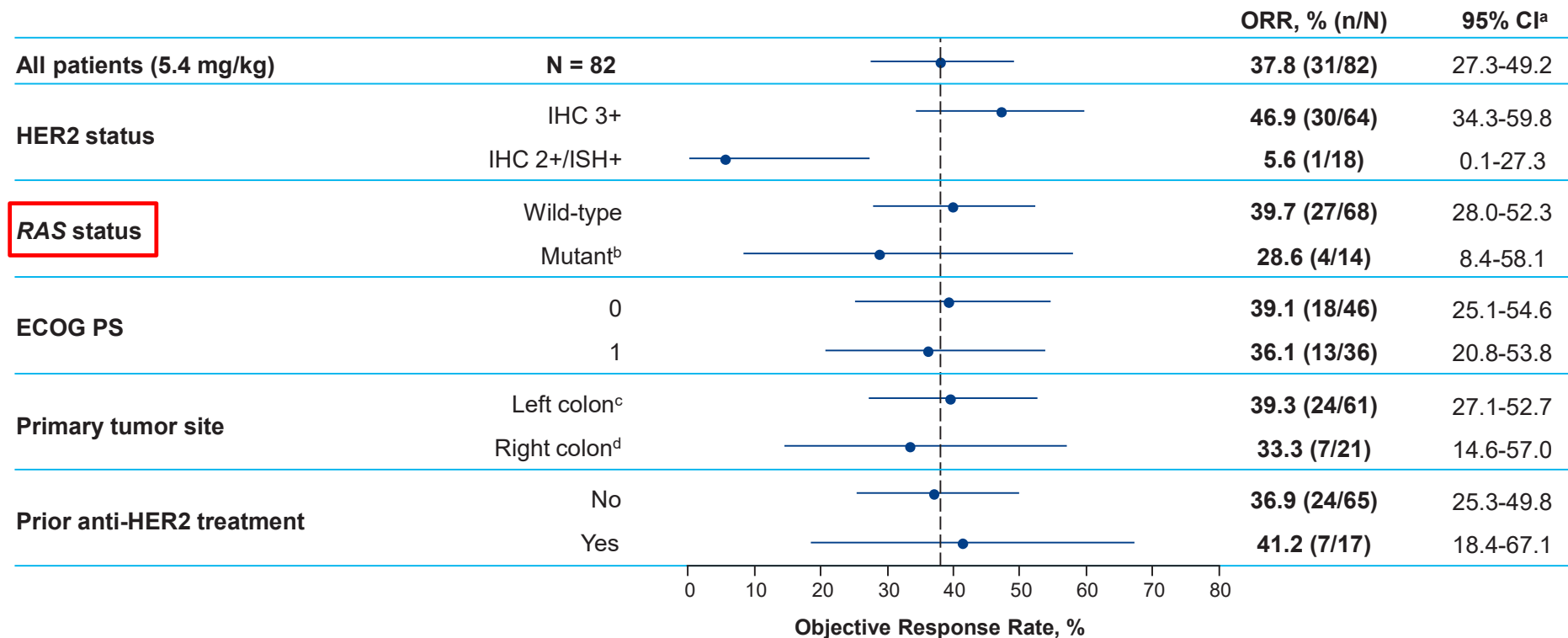
# ENHERTU<sup>®</sup> showed promising efficacy in HER2+ mCRC - Primary analysis of Ph2 DESTINY-CRC02

**ASCO 2023**

(Continued)

- ◆ Antitumor efficacy was observed irrespective of RAS mutation status at 5.4 mg/kg dose

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Source: Raghav et al., ASCO 2023, Oral Presentation #3501

BICR, blinded independent central review; ECOG PS, Eastern Cooperative Oncology Group Performance Status; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; ISH, in situ hybridization; mCRC, metastatic colorectal cancer; ORR, objective response rate; RAS, rat sarcoma; T-DXd, trastuzumab deruxtecan.

<sup>a</sup>Based on the exact Clopper-Pearson method for binomial distribution. <sup>b</sup>All RASm responders were IHC 3+. <sup>c</sup>Includes rectum, sigmoid, and descending. <sup>d</sup>Includes cecum, ascending, and transverse.

(Continued)

- ◆ Safety profile was consistent with the known profile of ENHERTU<sup>®</sup> and favored the 5.4 mg/kg
- ◆ These results support ENHERTU<sup>®</sup> 5.4 mg/kg as the optimal dose with positive benefit-risk profile

n (%)	T-DXd 5.4 mg/kg Q3W			T-DXd 6.4 mg/kg Q3W
	Stage 1, n = 41 <sup>a</sup>	Stage 2, n = 42	Total, N = 83	Stage 1, N = 39
<b>TEAEs</b>	<b>40 (97.6)</b>	<b>42 (100)</b>	<b>82 (98.8)</b>	<b>39 (100)</b>
Drug-related	38 (92.7)	38 (90.5)	76 (91.6)	37 (94.9)
<b>TEAEs grade ≥3</b>	<b>20 (48.8)</b>	<b>21 (50.0)</b>	<b>41 (49.4)</b>	<b>23 (59.0)</b>
Drug-related	16 (39.0)	18 (42.9)	34 (41.0)	19 (48.7)
<b>Serious TEAEs</b>	<b>8 (19.5)</b>	<b>12 (28.6)</b>	<b>20 (24.1)</b>	<b>12 (30.8)</b>
Drug-related	4 (9.8)	7 (16.7)	11 (13.3)	6 (15.4)
<b>TEAEs associated with drug discontinuation</b>	<b>3 (7.3)</b>	<b>5 (11.9)</b>	<b>8 (9.6)</b>	<b>3 (7.7)</b>
Drug-related	3 (7.3)	3 (7.1)	6 (7.2)	2 (5.1)
<b>TEAEs associated with dose reduction</b>	<b>9 (22.0)</b>	<b>6 (14.3)</b>	<b>15 (18.1)</b>	<b>10 (25.6)</b>
Drug-related	9 (22.0)	6 (14.3)	15 (18.1)	9 (23.1)
<b>TEAEs associated with drug interruption</b>	<b>19 (46.3)</b>	<b>20 (47.6)</b>	<b>39 (47.0)</b>	<b>19 (48.7)</b>
Drug-related	13 (31.7)	9 (21.4)	22 (26.5)	10 (25.6)
<b>TEAEs associated with death</b>	<b>1 (2.4)</b>	<b>3 (7.1)</b>	<b>4 (4.8)</b>	<b>3 (7.7)</b>
Drug-related	1 (2.4) <sup>b</sup>	0	1 (1.2) <sup>b</sup>	0 <sup>c</sup>

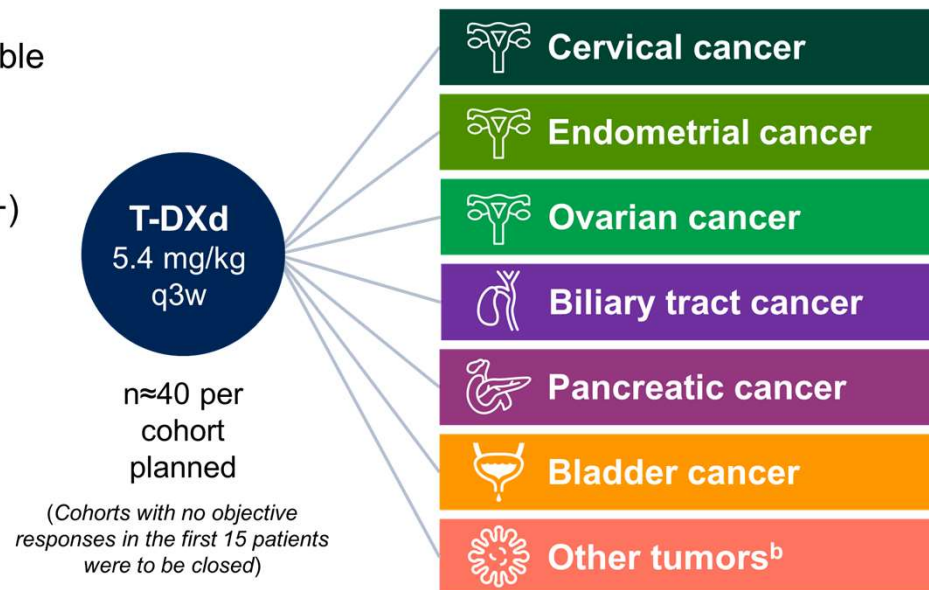
Source: Raghav et al., ASCO 2023, Oral Presentation #3501

Q3W, every 3 weeks; T-DXd, trastuzumab deruxtecan; TEAEs, treatment-emergent adverse events.

<sup>a</sup>1 patient randomized to receive T-DXd 6.4 mg/kg was mistakenly given T-DXd 5.4 mg/kg and counted in the 5.4 mg/kg arm safety analysis set. <sup>b</sup>Patient experienced grade 5 hepatic failure. <sup>c</sup>There was 1 adjudicated, drug-related, grade 5 ILD/pneumonitis event, which was reported as respiratory failure, which was considered unrelated to study drug by investigator.

- ◆ DESTINY-PanTumor02 is an open-label, multicenter study, in HER2-expressing advanced solid tumors not eligible for curative therapy (Continues to the next slide)

- Advanced solid tumors not eligible for curative therapy
- 2L+ patient population
- HER2 expression (IHC 3+ or 2+)
  - Local test or central test by Herceptest if local test not feasible (ASCO/CAP gastric cancer guidelines<sup>1</sup>)<sup>a</sup>
- Prior HER2-targeting therapy allowed
- ECOG/WHO PS 0–1



**Primary endpoint**

- Confirmed ORR (investigator)<sup>c</sup>

**Secondary endpoints**

- DOR<sup>c</sup>
- DCR<sup>c</sup>
- PFS<sup>c</sup>
- OS
- Safety

**Data cut-off for analysis:**

- Nov 16, 2022

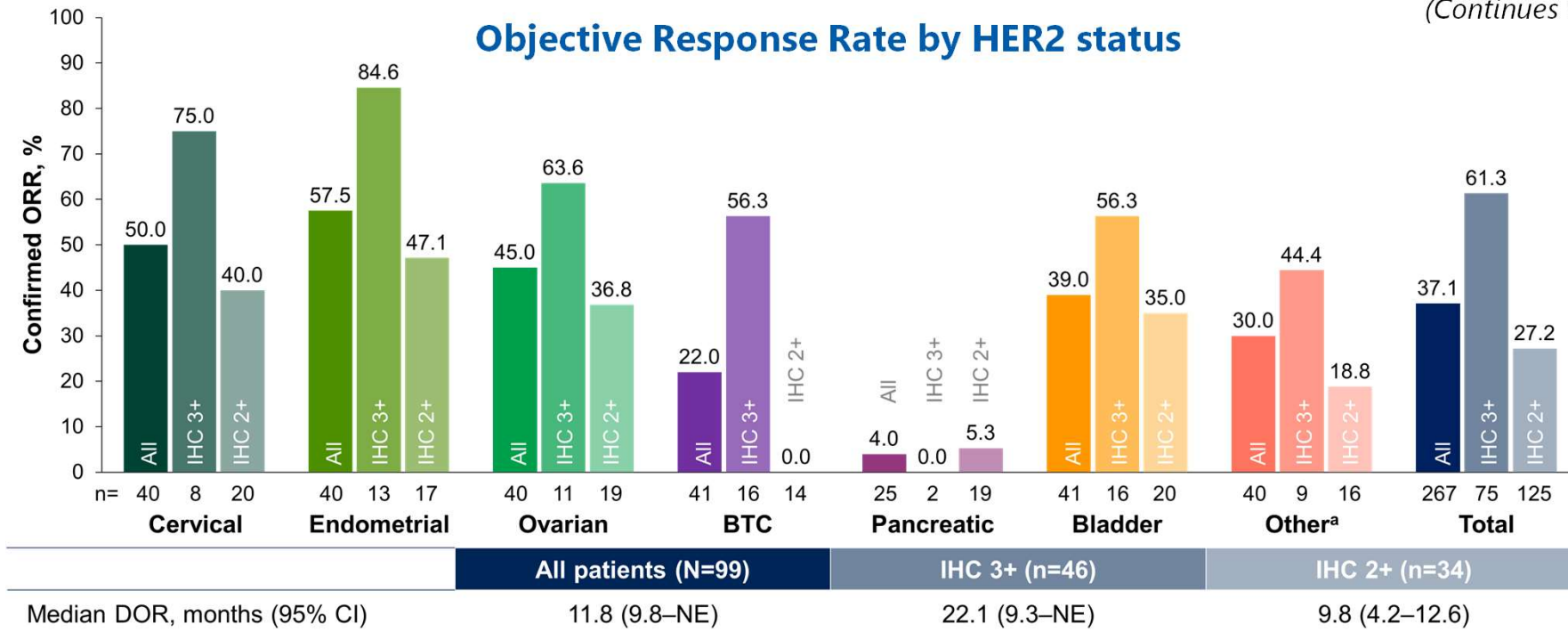
**Source: Meric-Bernstam et al., ASCO 2023, Oral Presentation #3000**

<sup>a</sup>Patients were eligible for either test. All patients were centrally confirmed. <sup>b</sup>Patients with tumors that express HER2, excluding tumors in the tumor-specific cohorts, and breast cancer, non-small cell lung cancer, gastric cancer, and colorectal cancer. <sup>c</sup>Investigator-assessed per Response Evaluation Criteria In Solid Tumors version 1.1. 2L, second-line; ASCO, American Society of Clinical Oncology; DCR, disease control rate; CAP, College of American Pathologists; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PS, performance status; q3w, every 3 weeks; T-DXd, trastuzumab deruxtecan; WHO, World Health Organization. 1. Hofmann M, et al. Histopathology 2008;52(7):797–805.

(Continued)

- ◆ ENHERTU<sup>®</sup> demonstrated clinically meaningful activity across a broad range of HER2-expressing solid tumors - encouraging ORR: 37.1% in all patients and 61.3% in patients with IHC 3+

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**Source: Meric-Bernstam et al., ASCO 2023, Oral Presentation #3000**

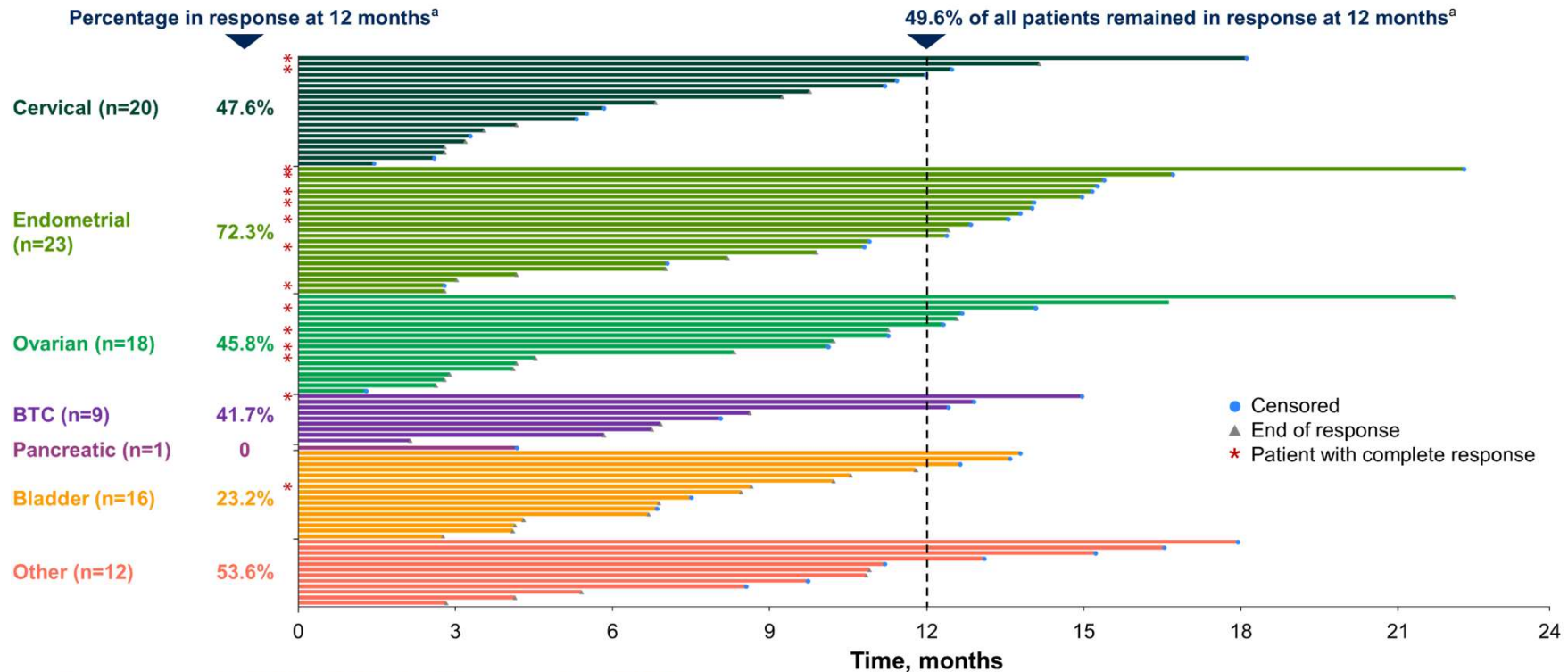
Analysis of ORR was performed in patients who received ≥1 dose of T-DXd; all patients (n=267; including 67 patients with IHC 1+ [n=25], IHC 0 [n=30], or unknown IHC status [n=12] by central testing) and patients with centrally confirmed HER2 IHC 3+ (n=75) or IHC 2+ (n=125) status. Analysis of DOR was performed in patients with objective response who received ≥1 dose of T-DXd; all patients (n=99; including 19 patients with IHC 1+ [n=6], IHC 0 [n=9], or unknown IHC status [n=4] by central testing) and patients with centrally confirmed HER2 IHC 3+ (n=46) or IHC 2+ (n=34) status. <sup>a</sup>Responses in extramammary Paget’s disease, head and neck cancer, oropharyngeal neoplasm, and salivary gland cancer. BTC, biliary tract cancer; CI, confidence interval; DOR, duration of response; IHC, immunohistochemistry; NE, non-estimable; ORR, objective response rate.

(Continued)

◆ Durable responses: median DOR 11.8 months in all patients and 22.1 months in patients with IHC 3+

**Duration of Objective Response**

(Continues to the next slide)



Source: Meric-Bernstam et al., ASCO 2023, Oral Presentation #3000

Analyses were performed in patients with objective response who received ≥1 dose of T-DXd (n=99).

<sup>a</sup>Determined by the Kaplan-Meier technique. At data cut-off, 44 patients (16.5%) are still ongoing treatment, and 128 patients (47.9%) remain in the study. BTC, biliary tract cancer; IHC, immunohistochemistry.

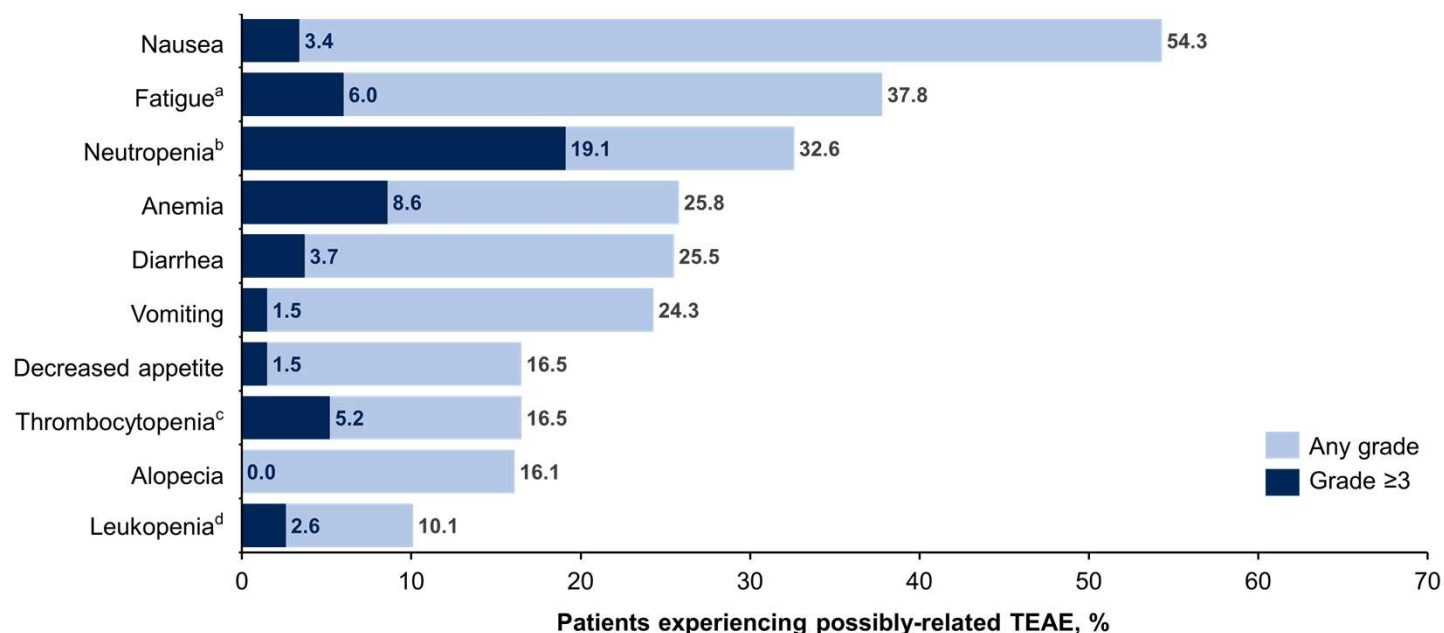
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- ◆ Safety profile was consistent with the known profile of ENHERTU<sup>®</sup>

## Overall Safety Summary

n (%)	All patients (N=267)
Any drug-related TEAEs	225 (84.3)
Drug-related TEAEs Grade $\geq$ 3	103 (38.6)
Serious drug-related TEAEs	32 (12.0)
Drug-related TEAEs associated with dose discontinuations	22 (8.2)
Drug-related TEAEs associated with dose interruptions	49 (18.4)
Drug-related TEAEs associated with dose reductions	50 (18.7)
Drug-related TEAEs associated with deaths	2 (0.7) <sup>§</sup>

## Drug-Related TEAE in $\geq$ 10% of Patients



Source: Meric-Bernstam et al., ASCO 2023, Oral Presentation #3000

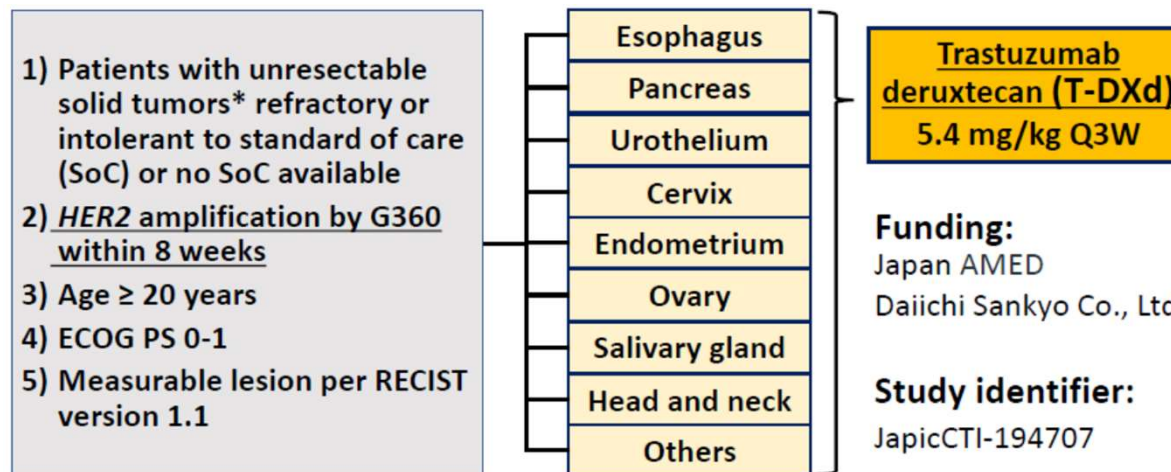
Analyses were performed in patients who received  $\geq$ 1 dose of T-DXd (n=267). <sup>§</sup>Included neutropenic sepsis (n=1) and pneumonia (n=1). <sup>a</sup>This category includes the preferred terms fatigue, asthenia, and malaise. <sup>b</sup>This category includes the preferred terms neutrophil count decreased and neutropenia. <sup>c</sup>This category includes the preferred terms platelet count decreased and thrombocytopenia. <sup>d</sup>This category includes the preferred terms white blood cell count decreased and leukopenia. TEAE, treatment-emergent adverse event; T-DXd, trastuzumab deruxtecan.

# ENHERTU<sup>®</sup> demonstrated promising efficacy and manageable safety in HER2-amplified solid tumors identified by cfDNA

**ASCO 2023**

- ◆ HERALD/EPOC1806 study was a multicenter, investigator-initiated Ph2 trial in *HER2*-amplified advanced solid tumors identified by plasma cell-free DNA (cfDNA) as a part of the Nationwide Cancer Genome Screening Project (GOZILA study) in Japan

*(Continues to the next slide)*



\*Excluding gastric cancer, breast cancer, colorectal cancer, lung cancer, biliary tract cancer or uterine carcinosarcoma, which have already been confirmed to have *HER2* overexpression in tumor tissue. For gastric cancer and breast cancer, tissue *HER2* testing is mandatory.

- Primary endpoint : ORR by Investigator's assessment
- Secondary endpoints : PFS, DoR, DCR, OS, ORR by ICR and TEAEs

Source: Taniguchi et al., ASCO 2023, Poster Discussion #3014

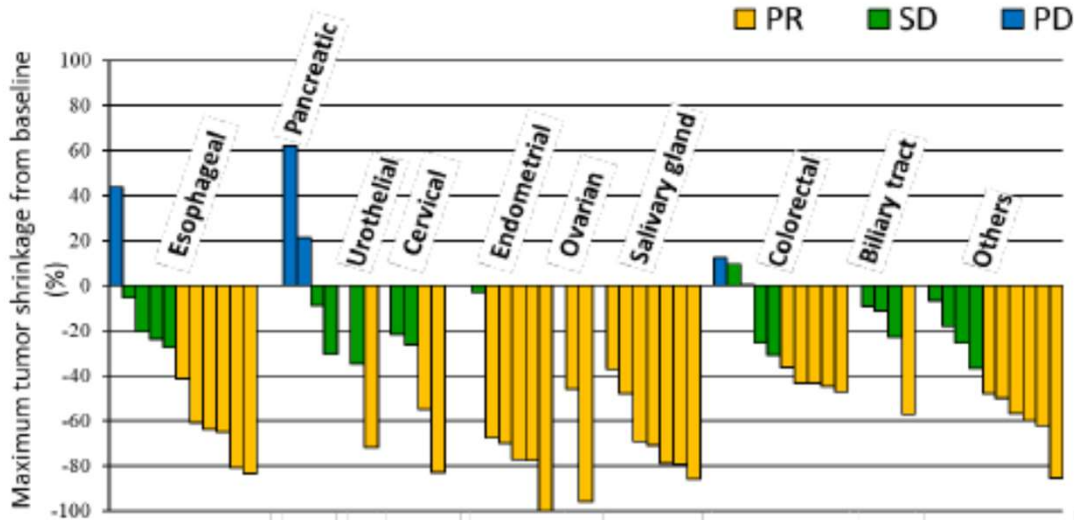
ORR, objective response rate; PFS, progression free survival; DoR, duration of response; DCR, disease control rate; OS, overall survival; ICR, independent central review; TEAE, treatment emergent adverse event

(Continued)

- ◆ ENHERTU<sup>®</sup> demonstrated a high ORR, durable response with manageable safety profile in multiple solid tumors

**Best Tumor Response**

**ORR 56.5% [43.3-69.0]<sup>a</sup>**

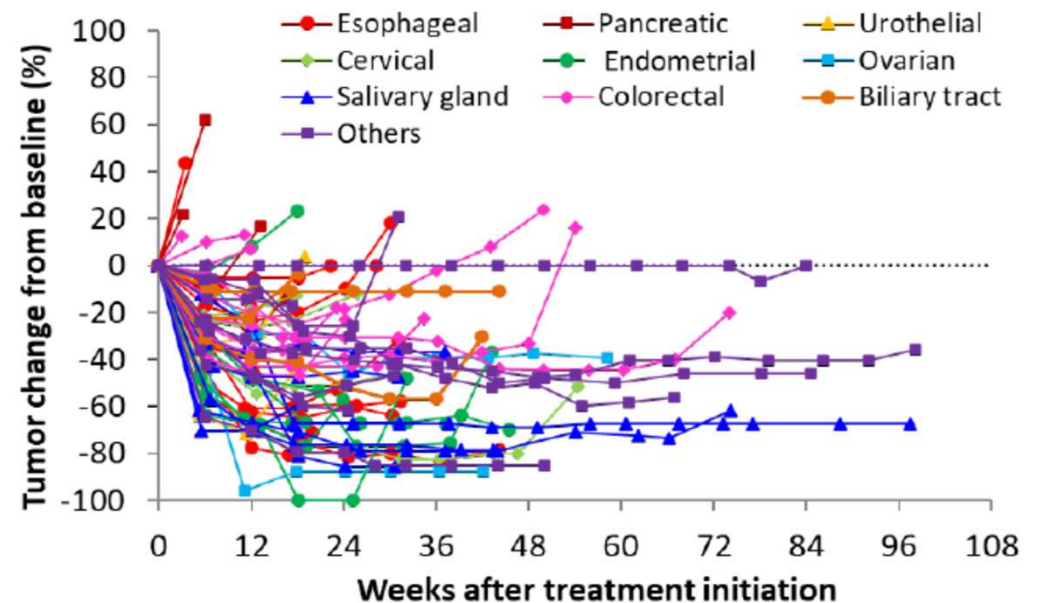


**Tumor Response Over Time**

**mDoR 8.8 months [5.8-11.2]<sup>a</sup>**

**mPFS 7.0 months [4.9-9.7]<sup>a</sup>**

**mOS 14.6 months [10.8-22.3]<sup>a</sup>**



Source: Taniguchi et al., ASCO 2023, Poster Discussion #3014

mDoR, median duration of response; mOS, median overall survival; mPFS, median progression free survival; ORR, objective response rate. <sup>a</sup> 95% confidence interval.

(Continued)

- ◆ ENHERTU<sup>®</sup> demonstrated a high ORR, durable response with manageable safety profile in multiple solid tumors

**Summary of TEAEs**

	n=62
Treatment duration median, [range]	181.5 days [6–700]
TEAEs	62 (100.0)
TEAEs with ≥Grade 3	39 (62.9)
drug withdrawn	12 (19.4)
dose reduced	23 (37.1)
drug interrupted	37 (59.7)
TEAE-related death	1 (1.6)*

\*Cause of death was DIC and sepsis.

**Common TEAEs (≥20% in all patients)**

Adverse event, n (%)	Any Grade	≥Grade 3
Nausea	37 (59.7)	1 (1.6)
Decreased appetite	34 (54.8)	4 (6.5)
Malaise	26 (41.9)	0
Anemia	25 (40.3)	14 (22.6)
Neutrophil count decreased	20 (32.3)	12 (19.4)
WBC count decreased	20 (32.3)	8 (12.9)
Constipation	17 (27.4)	0
ILD/pneumonitis*	16 (25.8)	1 (1.6)
Pyrexia	15 (24.2)	1 (1.6)
Platelet count decreased	15 (24.2)	5 (8.1)
Stomatitis	14 (22.6)	0
Diarrhea	13 (21.0)	1 (1.6)

Source: Taniguchi et al., ASCO 2023, Poster Discussion #3014

ILD, intestinal lung disease; TEAE, treatment emergent adverse event; \* Investigator assessment without ILD adjudication committee.

# ENHERTU<sup>®</sup> in Multiple Tumor Types



## ENHERTU<sup>®</sup> has a potential to expand to HER2-expressing or amplified solid tumors beyond Breast, Gastric, and Lung

- ◆ ENHERTU<sup>®</sup> showed promising efficacy and manageable safety in HER2+ mCRC
- ◆ ENHERTU<sup>®</sup> showed its potential to be a new treatment option for patients with multiple HER2-expressing tumors
- ◆ ENHERTU<sup>®</sup> demonstrated promising efficacy and manageable safety profile in patients with HER2-amplified solid tumors identified by cfDNA



# **Dato-DXd NSCLC Updates**

# TROPION-Lung02 updated data continue to support potential of Dato-DXd in 1L NSCLC with combinations

ASCO 2023

- ◆ TROPION-Lung02 is the first study evaluating Dato-DXd + pembrolizumab ± platinum CT<sup>a</sup> in advanced NSCLC without known actionable genomic alterations<sup>b</sup>
  - The safety of the Dato-DXd + pembrolizumab doublet was established prior to evaluation of the platinum-containing triplet
  - The safety of Dato-DXd 4-mg/kg combinations was established prior to evaluation of 6-mg/kg combinations

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**Key eligibility criteria**

- **Advanced/metastatic NSCLC**
- **Dose escalation<sup>c</sup>:** ≤2 lines of prior therapy<sup>d</sup>
- **Dose expansion**
  - ≤1 line of platinum-based CT (cohorts 1 and 2)<sup>d</sup>
  - Treatment naive (cohort 2; enrollment after Jun 30, 2022)<sup>d</sup>
  - Treatment naive (cohorts 3-6)<sup>d</sup>

	Dato-DXd IV Q3W	+	pembro IV Q3W	+	platinum CT IV Q3W
Cohort 1 (n=20):	4 mg/kg	+	200 mg	+	
Cohort 2 (n=44):	6 mg/kg	+	200 mg	+	
Cohort 3 (n=20):	4 mg/kg	+	200 mg	+	carboplatin AUC 5
Cohort 4 (n=30):	6 mg/kg	+	200 mg	+	carboplatin AUC 5
Cohort 5 (n=12):	4 mg/kg	+	200 mg	+	cisplatin 75 mg/m <sup>2</sup>
Cohort 6 (n=10):	6 mg/kg	+	200 mg	+	cisplatin 75 mg/m <sup>2</sup>

Doublet

Triplet

- **Primary objectives:** safety and tolerability
- **Secondary objectives:** efficacy, pharmacokinetics, and antidrug antibodies

**Above data will be presented at ASCO 2023, Tuesday June 6, Lung Cancer—Non-Small Cell Metastatic**

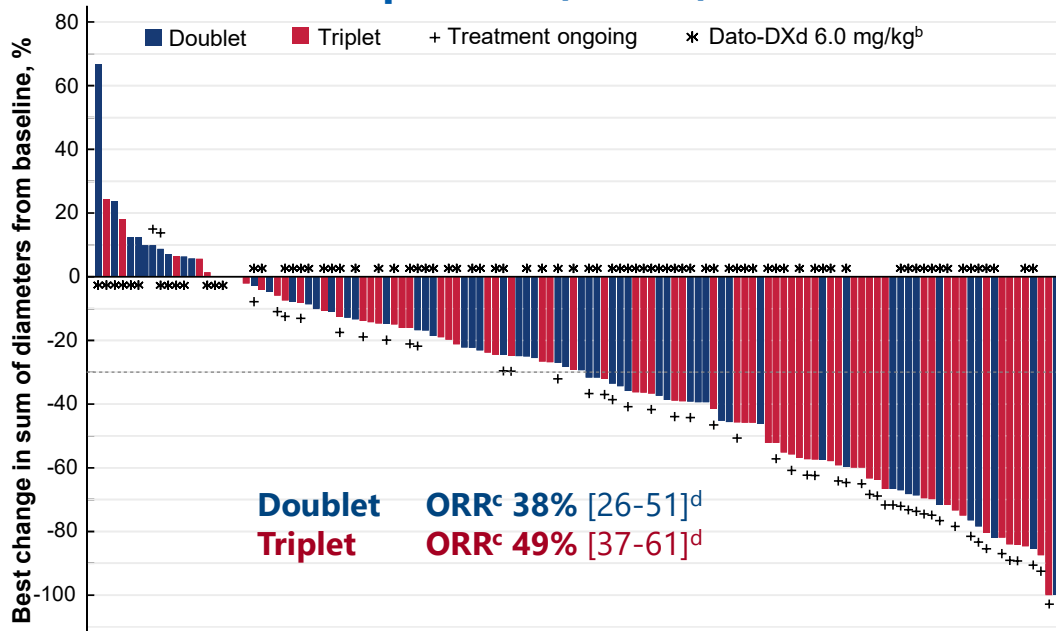
Source: Goto et al., ASCO 2023 Oral Abstract Session #9004

**Data cutoff: April 7, 2023.** AUC, area under the curve; CT, chemotherapy; Dato-DXd, datopotamab deruxtecan; DLT, dose-limiting toxicity; IV, intravenous; NSCLC, non-small cell lung cancer; pembro, pembrolizumab; Q3W, every 3 weeks. <sup>a</sup> Administered sequentially at the same visit. <sup>b</sup> Patients with known actionable EGFR, ALK, ROS1, NTRK, BRAF, RET, or MET mutations or alterations in other actionable oncogenic driver kinases were not eligible for this study. Testing for EGFR and ALK alterations was not required for patients with squamous histology who were smokers or ≥40 years of age. <sup>c</sup> The first 3 to 6 patients in each cohort were enrolled to confirm acceptable safety/DLT rate; the remaining patients are considered part of dose expansion (for which enrollment was ongoing at the time of data cutoff). <sup>d</sup> Prior therapy requirements are for treatment in the advanced/metastatic setting.

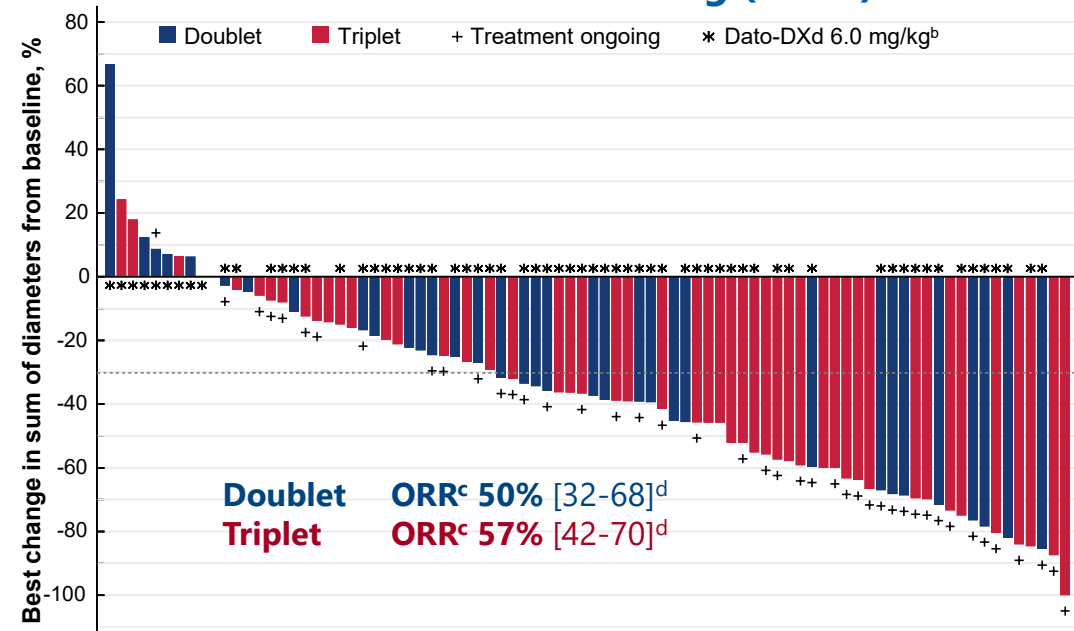
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- ◆ Dato-DXd + pembrolizumab ± platinum chemotherapy demonstrated encouraging antitumor activity in patients with NSCLC in the 1L and 2L+ settings (Continues to the next slide)

All patients (n=124)<sup>a</sup>



Patients in the 1L setting (n=84)<sup>a</sup>



Above data will be presented at ASCO 2023, Tuesday June 6, Lung Cancer—Non-Small Cell Metastatic

Source: Goto et al., ASCO 2023 Oral Abstract Session #9004

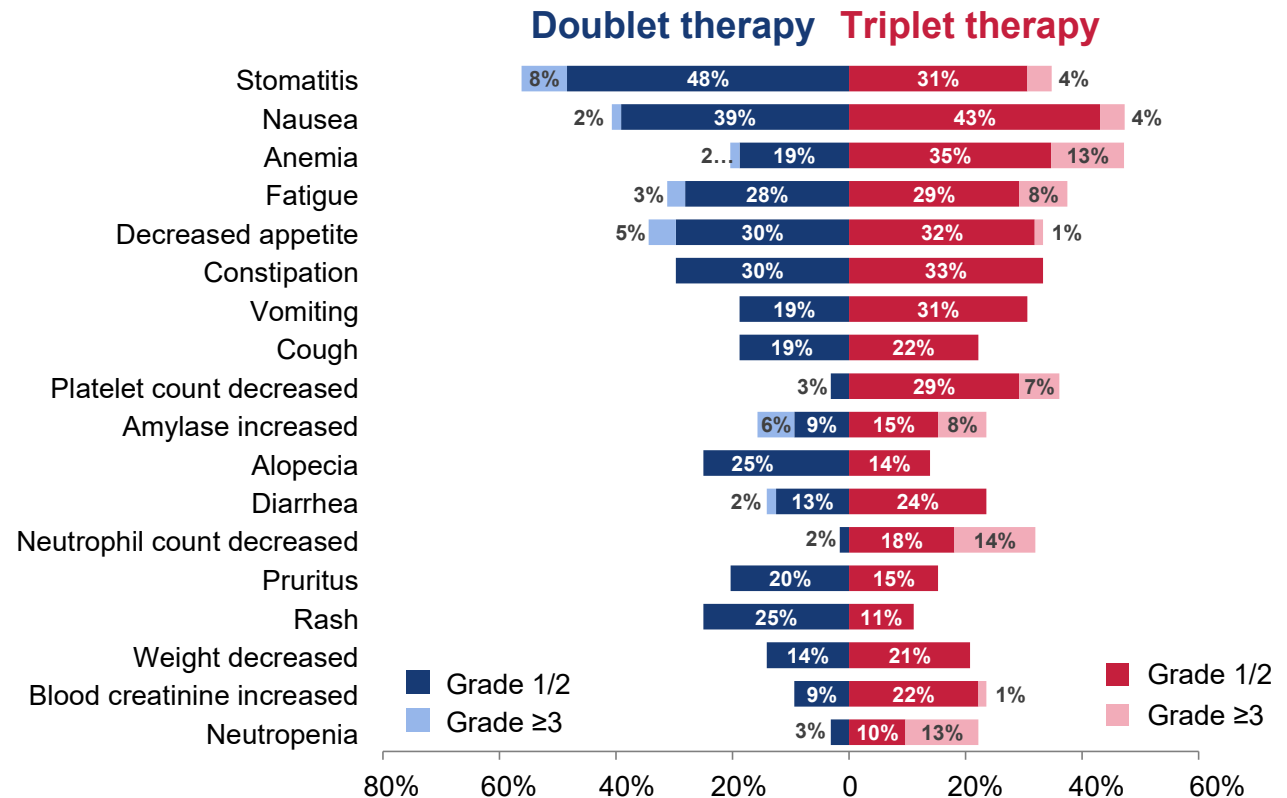
Data cutoff: April 7, 2023. 1L, first line. CI, confidence interval; ORR, objective response rate; <sup>a</sup> Patients with no baseline target lesions or no postbaseline tumor assessments were excluded from the waterfall plots. <sup>b</sup> Planned dose level. <sup>c</sup> Responses pending confirmation. <sup>d</sup> 95% confidence interval

(Continued)

- ◆ No new safety signals were observed
  - The most frequent TEAEs of any grade were stomatitis, nausea, anemia, and fatigue
- ◆ In general, hematologic TEAEs, particularly those of grade  $\geq 3$ , were more frequently observed with triplet therapy than with doublet therapy

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## TEAEs Occurring in $\geq 20\%$ of Patients



Above data will be presented at ASCO 2023, Tuesday June 6, Lung Cancer—Non-Small Cell Metastatic

Source: Goto et al., ASCO 2023 Oral Abstract Session #9004

Data cutoff: April 7, 2023. TEAE, treatment-emergent adverse event

(Continued)

- ◆ Oral mucositis/stomatitis was the most common AEsI and was predominantly grade 1/2
- ◆ No grade 5 AEsIs have occurred
- ◆ There were no grade 4 or 5 adjudicated ILD/pneumonitis events<sup>f</sup>

Adverse Events of Special Interest

AEsI, n (%) <sup>a,b</sup>	Doublet (n=64)		Triplet (n=72)	
	All grades	Grade ≥3	All grades	Grade ≥3
Oral mucositis/stomatitis	37 (58)	5 (8)	31 (43)	4 (6)
ILD/pneumonitis adjudicated as drug related <sup>c</sup>	11 (17)	2 (3)	16 (22)	2 (3)
Ocular surface toxicity <sup>d</sup>	10 (16)	1 (2)	17 (24)	2 (3)
IRR <sup>e</sup>	15 (23)	0	10 (14)	0

Above data will be presented at ASCO 2023, Tuesday June 6, Lung Cancer—Non-Small Cell Metastatic

Source: Goto et al., ASCO 2023 Oral Abstract Session #9004

**Data cutoff: April 7, 2023.** AEsI, adverse event of special interest; ILD, interstitial lung disease; IRR, infusion-related reaction. <sup>a</sup> AEsIs listed in this slide include all preferred terms that define the medical concept. <sup>b</sup> No cases of mucosal inflammation occurred in patients receiving doublet or triplet therapy. <sup>c</sup> Five ILD cases are pending adjudication. <sup>d</sup> The majority of these events were cases of dry eye (n=12 patients) and lacrimation increased (n=8 patients); grade ≥3 events were keratitis (n=2 patients) and dry eye (n=1 patient). <sup>e</sup> IRR refers to all IRR events that occurred in a patient who experienced any of the preselected preferred terms within the same day of Dato-DXd infusion. <sup>f</sup> There was 1 grade 5 event initially adjudicated as drug-related ILD in a patient receiving triplet therapy; this event was ultimately readjudicated to be grade 2.

# Dato-DXd in NSCLC

## Dato-DXd ongoing studies in NSCLC

		Advanced/Metastatic NSCLC		
		1L	2L	3L
NSCLC without AGA	TROPION-Lung07 (PD-L1 <50%)		TROPION-Lung01 (includes AGA)	
	TROPION-Lung08 (PD-L1 ≥ 50%)			
NSCLC with AGA			TROPION-Lung05 (Ph2)	

## Data continue to support our increasing confidence in expanding Dato-DXd into earlier lines of NSCLC

- ◆ TROPION-Lung01 Ph3 in NSCLC 2/3L expects readout in Q1 FY2023 as the potential first-to-market indication
- ◆ Two Ph3 studies in NSCLC 1L are progressing:
  - **TROPION-Lung07** (NSCLC 1L PD-L1 <50%, + pembro ± Pt-CT)
  - **TROPION-Lung08** (NSCLC 1L PD-L1 ≥50%, +pembro)
- ◆ TROPION-Lung02 updated results continue to support TROPION-Lung07 and TROPION-Lung08

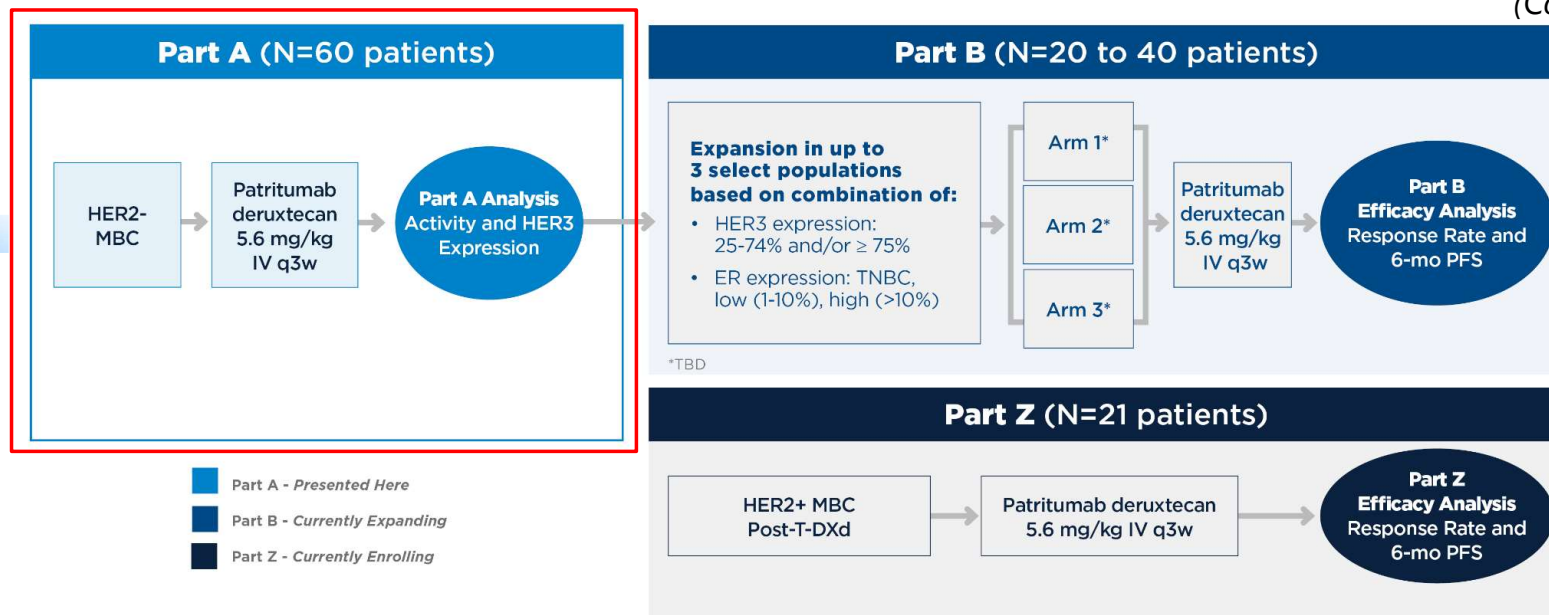


# **HER3-DXd Breast Cancer Updates**

- ◆ A Ph2 BRE354 study of HER3-DXd in patients with mBC in collaboration with SCRI
- ◆ Part A data in HER2-negative mBC was presented at ASCO 2023
- ◆ Part Z is ongoing to evaluate potential in mBC patients with prior ENHERTU® treatment

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Presented at ASCO 2023



Part Z is ongoing in post-ENHERTU® patients

HER3 expression was not an enrollment criterion for Part A; HER3 expression was retrospectively assessed using immunohistochemistry.

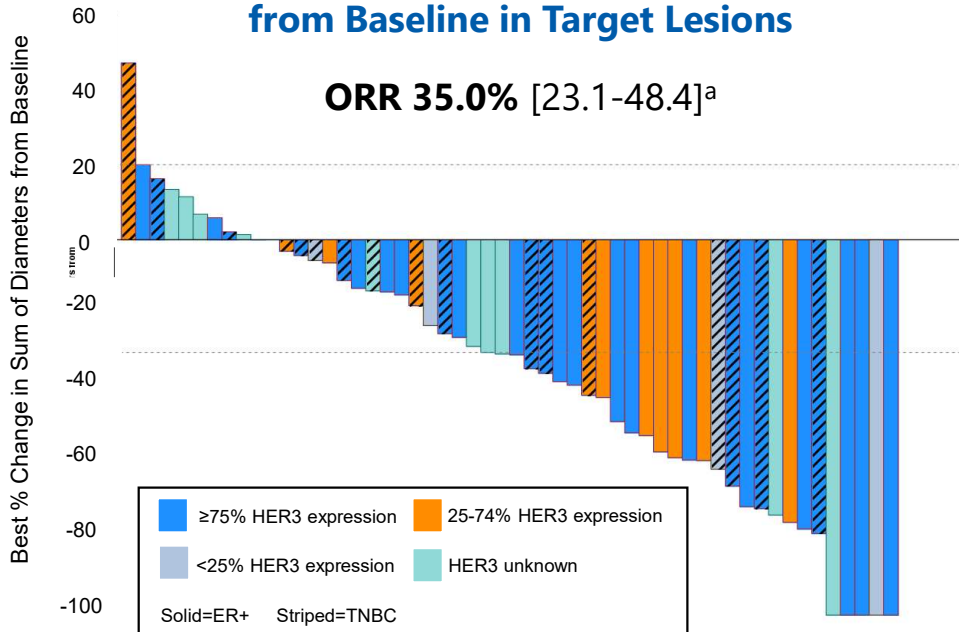
Source: Hamilton et al., ASCO 2023, Oral Presentation #1004

mBC, metastatic breast cancer; SCRI, Sarah Cannon Research Institute

(Continued)

- ◆ Interim results from Part A showed an acceptable safety and encouraging efficacy in heavily pre-treated mBC across the broad range of HER3 expression

**Best Percent Change in Sum of Diameters from Baseline in Target Lesions**



**Treatment-Related Adverse Events Occurring in ≥10% of Patients by Highest Reported Grade\***

	Any grade (N=60) n (%)	Grade 3/4 (N=60) n (%)
<b>Any Adverse Event (AE)</b>	56 (93.3)	19 (31.7)
Nausea	30 (50.0)	2 (3.3)
Fatigue	27 (45.0)	4 (6.7)
Diarrhea	22 (36.7)	3 (5.0)
Vomiting	19 (31.7)	1 (1.7)
Anemia	18 (30.0)	0
Alopecia	17 (28.3)	N/A
Hypokalemia	9 (15.0)	1 (1.7)
Decreased Appetite	8 (13.3)	0
Neutrophil Count Decreased**	7 (11.7)	3 (5.0)
White Blood Cell Count Decreased**	7 (11.7)	1 (1.7)

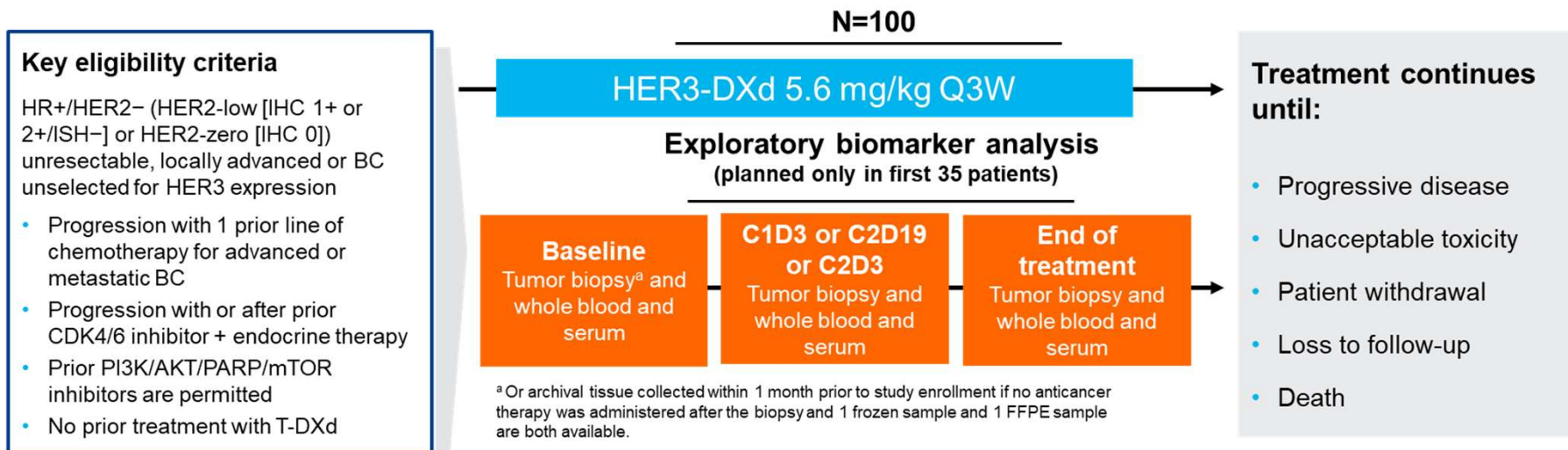
**Treatment-Related Emergent Serious Adverse Events**

Treatment-related SAEs	(N=60), n (%)
Interstitial Lung Disease†	1 (1.7)
Nausea/Vomiting	1 (1.7)
Pneumonitis	1 (1.7)
Thrombocytopenia	1 (1.7)

Source: Hamilton et al., ASCO 2023, Oral Presentation #1004

mBC, metastatic breast cancer; SCRI, Sarah Cannon Research Institute; SAE, serious adverse event; TNBC, triple negative breast cancer. \*No Grade 5 treatment-related adverse events had occurred prior to data cutoff. \*\*More than 1 adverse event could be reported per patient. † 95% confidence interval.

- ◆ A Ph2 clinical study in HR+/HER2- mBC, with translational aim in collaboration with GRCC
- ◆ Encouraging preliminary efficacy, with an ORR of 28.6% at 3 months
- ◆ A manageable safety profile was observed at 5.6 mg/kg, with a low rate of adjudicated treatment-related ILD (1.8%, grade 1)
- ◆ Total and HER3+ circulating tumor cell count decreased after the first cycle of HER3-DXd, although not statistically significant



Source: Pistilli et al., ESMO Breast 2023, Proffered Paper Presentation #1890

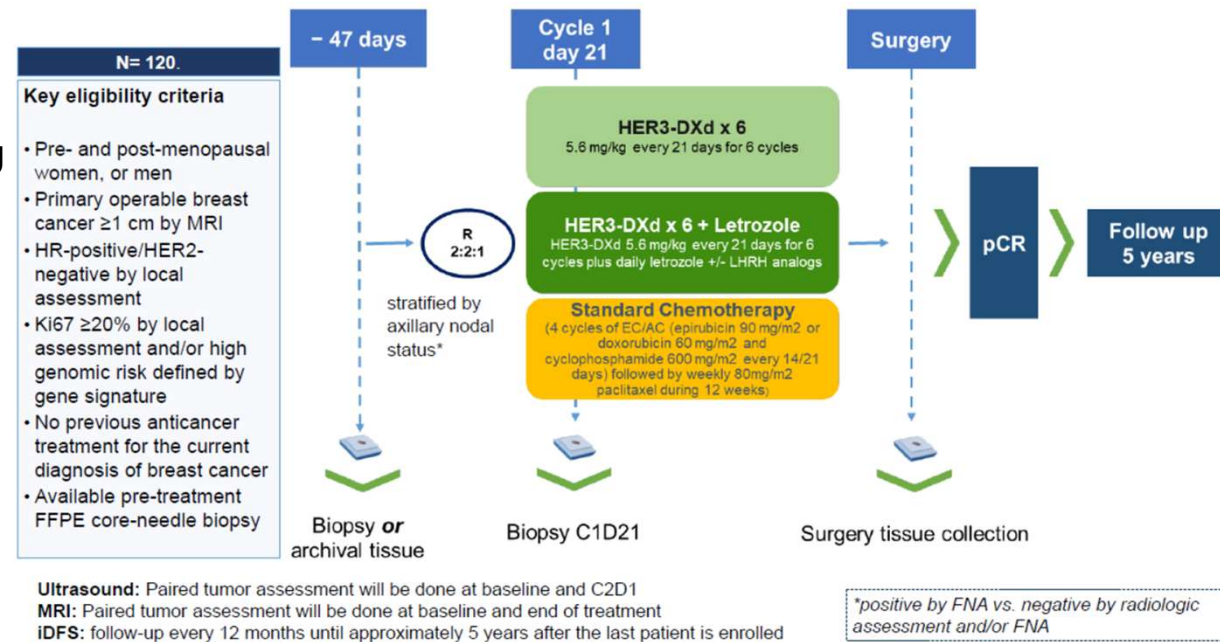
mBC, metastatic breast cancer; GRCC, Gustave Roussy Cancer Center; ILD, interstitial lung disease inter; ORR, objective response rate

# Early breast cancer is also a potential opportunity for HER3-DXd – SOLT1 TOT-HER3 updated results

ESMO Breast 2023

- ◆ Updated results of SOLT1 TOT-HER3 window of opportunity trial continue to support potential of HER3-DXd in early breast cancer<sup>1-3</sup>
  - A significant increase in CeTIL score was observed after 1 dose of HER3-DXd at 5.6 mg/kg<sup>1</sup>
  - A single dose of HER3-DXd induced a 30% ORR measured by US<sup>1</sup>
  - A lower incidence of toxicity with 5.6 mg/kg compared with 6.4 mg/kg<sup>1</sup>
  - A correlative analysis from Part A showed that low HER2 expression and copy-number signal are associated with early response to HER3-DXd<sup>3</sup>
- ◆ Further validation is ongoing in SOLT1-2103 VALENTINE trial<sup>4</sup> in neoadjuvant setting

## SOLT1-2103 VALENTINE trial<sup>4</sup>



Source: <sup>1</sup> Oliveira et al. ESMO Breast 2023 Proffered Paper Presentation #1240; <sup>2</sup> Prat A et al. ESMO Breast 2022, <sup>3</sup> Brasó-Maristany et al. ESMO Breast 2023 Mini Oral Presentation #3MO; <sup>4</sup> Oliveira et al. ESMO Breast 2023 Poster Presentation #155TiP

CeTIL score =  $-0.8 \times$  tumor cellularity (%) +  $1.3 \times$  TILs (%); FFPE, formalin-fixed paraffin-embedded; FNA, fine needle aspiration; iDFS, invasive disease-free survival; MRI, magnetic resonance imaging; ORR, overall response rate; pCR, pathological complete response; TILs, tumor infiltrating lymphocytes; US, ultrasound

# HER3-DXd in Breast Cancer



**We continue to evaluate potential of HER3-DXd in opportunities including post-ENHERTU<sup>®</sup> and early breast cancers**

- ◆ New data continue to support potential of HER3-DXd in mBC – waiting for further data including patients with prior ENHERTU<sup>®</sup> treatment and translational analysis
- ◆ Early breast cancer is also a potential opportunity for HER3-DXd – waiting further validation in the ongoing SOLTI-2103 VALENTINE trial



## **Combinations with DXd-ADCs**

# Combinations to expand DXd-ADCs' opportunity

## Combinations in on-going clinical trials (examples, not exhaustive)

Ph1 or Ph2

Ph3

**DXd  
ADC**



**Checkpoint  
Inhibitor**

pembrolizumab

DS8201-A-U106

TROPION-Lung02

TROPION-Lung08

TROPION-Lung07

durvalumab

DESTINY-Breast07

DESTINY-Breast08

BEGONIA

TROPION-Breast03

DESTINY-Lung03

TROPION-Lung04

HUDSON

AZD2936 or MEDI5752

TROPION-Lung04

pertuzumab

DESTINY-Breast09

tucatinib

DESTINY-Breast07

capivasertib

DESTINY-Breast08

osimertinib

ORCHARD

U31402-A-U103



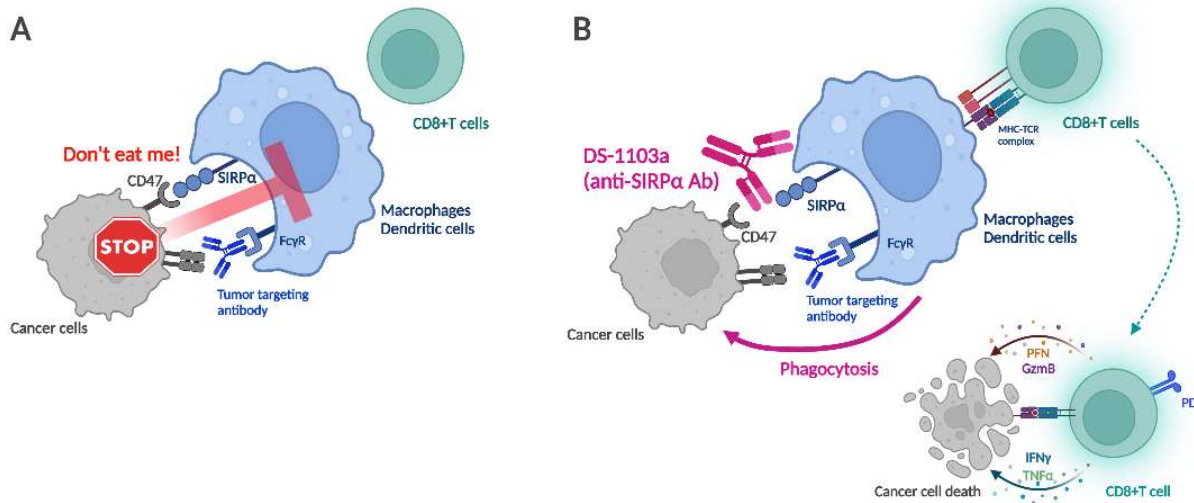
**Targeted  
Therapy**



**Internal  
Assets**

- **ENHERTU<sup>®</sup> + EZHARMIA<sup>®</sup> (EZH1/2 inhibitor) in HER2 low mBC** (Ongoing in collaboration with MDACC)
- **ENHERTU<sup>®</sup> + DS-1103 (anti-SIRP $\alpha$  antibody)** (FSD in H1 FY2023)
- More potential combo partners in preclinical pipeline

◆ A new combination study of ENHERTU<sup>®</sup> with anti-SIRP $\alpha$  antibody DS-1103 starts in FY2023 H1



- DS-1103 is designed to block the “Don’t eat me” signal of the SIRP $\alpha$ -CD47 axis in macrophages and dendritic cells, leading to phagocytosis of tumor cells and subsequent activation of anti-tumor immunity
- DS-1103 could potentiate efficacy of anti-tumor antibody drugs, including DXd-ADCs
- A related E-publication at ASCO 2023 (Abstract# e14509) on a QSP model informing DS-1103 dosing

Created with [BioRender.com](https://BioRender.com).

## Ph1 study design

### Dose escalation part

DS-1103 + ENHERTU<sup>®</sup> (5.4 mg/kg Q3W)  
HER2-expressing or HER2-mutant advanced metastatic solid tumors

### Dose expansion part

DS-1103 + ENHERTU<sup>®</sup> (5.4 mg/kg Q3W)  
HER2 low BC

## Combinations with DXd-ADCs



### Combinations of DXd-ADCs with our internal assets is one of the key strategies to expand and extend our oncology portfolio

- ◆ Combination study of ENHERTU<sup>®</sup> with EZHARMIA<sup>®</sup> is ongoing
- ◆ A new combination study of ENHERTU<sup>®</sup> with anti-SIRP $\alpha$  antibody DS-1103 will start soon
- ◆ Further combinations including other DXd-ADCs are under planning

# Agenda

- 1 Introduction
- 2 R&D strategy
- 3 Highlights from ASCO & ESMO Breast
- 4 Closing**
- 5 Q&A



# Daiichi Sankyo's Purpose and R&D Vision



**Purpose**

**Contribute to the enrichment of  
quality of life around the world**

**R&D Vision**

**Source of innovation  
for improving patient's lives**

***Serve Patients Globally***

---

by delivering our strength,  
**Science & Technology**  
worldwide

# Agenda

- 1 Introduction
- 2 R&D strategy
- 3 Highlights from ASCO & ESMO Breast
- 4 Closing
- 5 Q&A



# Appendix



## Regulatory decisions

### ENHERTU®

DESTINY-Breast04 : HER2 low BC, post chemo, Ph3  
 • China: FY2023 H1

DESTINY-Lung01, 02 : HER2 mutant NSCLC, 2L+, Ph2  
 • JP: FY2023 H1  
 • EU: FY2023 H2

### Quizartinib

QuANTUM-First: AML, 1L, Ph3  
 • US: FY2023 H1  
 • EU: FY2023 H2

## Key data readouts

### ENHERTU®

DESTINY-Breast06\*: HR+ and HER2 low BC, chemo naïve, Ph3  
 • FY2023 H1

### Dato-DXd

TROPION-Lung01\*: NSCLC, 2/3L, Ph3  
 • FY2023 Q1

TROPION-Breast01\*: HR+ and HER2 low or negative BC, 2/3L, Ph3  
 • FY2023 H1

### EZHARMIA®

r/r PTCL, Registrational Ph2  
 • FY2023 H1

**Bold: update from FY2022 Q3**

AML: acute myeloid leukemia, BC: breast cancer, HR: hormone receptor, NSCLC: non-small cell lung cancer, PTCL: peripheral T cell lymphoma, r/r: relapsed or refractory  
 Timeline indicated is based on the current forecast and subject to change.  
 \*Event-driven study

# Major R&D Milestones (5DXd-ADCs)

As of Jun 2023



Project	Target Indication [phase, study name]	FY2023		FY2024
		H1	H2	
ENHERTU®	BC	• HER2 low, post chemo [Ph3, DESTINY-Breast04]	• Approval anticipated (China)	
		• HER2 low, chemo naïve [Ph3, DESTINY-Breast06]	• TLR anticipated	
	• <b>HER2+, 1L</b> <b>[Ph3, DESTINY-Breast09]</b>			• <b>TLR anticipated</b>
	• <b>HER2+, Neoadjuvant</b> <b>[Ph3, DESTINY-Breast11]</b>			• <b>TLR anticipated</b>
NSCLC	• HER2 mutant, 2L [Ph2, DESTINY-Lung01, 02]	• Approval anticipated (JP)	• Approval anticipated (EU)	
	• <b>HER2 mutant, 1L [Ph3, DESTINY-Lung04]</b>			• <b>TLR anticipated</b>
Dato-DXd	NSCLC	• 2/3L [Ph3, TROPION-Lung01]	• TLR anticipated	
	BC	• HR+ and HER2 low or negative BC, 2/3L [Ph3, TROPION-Breast01]	• TLR anticipated	
		• <b>TNBC, 1L</b> <b>[Ph3, TROPION-Breast02]</b>		
HER3-DXd	NSCLC	• <b>EGFR mutant, 2L</b> <b>[Ph3, HERTHENA-Lung02]</b>		• <b>TLR anticipated</b>
DS-7300	SCLC	• <b>2L [Dose optimization, Ph2]</b>		• <b>TLR anticipated</b>

**Bold: update from FY2022 Q4** BC: breast cancer, GC: gastric cancer, NSCLC: non-small cell lung cancer, SCLC: small cell lung cancer, TLR: top line results, TNBC: triple-negative breast cancer  
Timeline indicated is based on the current forecast and subject to change.

# Major R&D Milestones (Next Wave)

As of Jun 2023



Project	Target Indication [phase, study name]	FY2023		FY2024
		H1	H2	
Quizartinib	• AML, 1L [Ph3, JP/US/EU/Asia]	<ul style="list-style-type: none"> <li>• <b>Approved (JP)</b></li> <li>• Approval anticipated (US)</li> </ul>	<ul style="list-style-type: none"> <li>• Approval anticipated (EU)</li> </ul>	
EZHARMIA®	• r/r PTCL [Registrational Ph2, JP/US/EU/Asia]	<ul style="list-style-type: none"> <li>• TLR anticipated</li> </ul>		
DS-1103	• HER2+ solid tumors, HER2 low BC [Ph1, US]	<ul style="list-style-type: none"> <li>• Study start anticipated</li> </ul>		
DS-5670	• COVID-19 mRNA vaccine (mutant strain), booster vaccination [Ph3, JP]	<ul style="list-style-type: none"> <li>• <b>Study started</b></li> </ul>		

**Bold: update from FY2022 Q4** AML: acute myeloid leukemia, BC: breast cancer, PTCL: peripheral T cell lymphoma, PXE: pseudoxanthoma elasticum, r/r: relapsed/refractory, TLR: top line results  
 ※ Timeline indicated is based on the current forecast and subject to change

# ENHERTU<sup>®</sup>: Clinical Development Plan | Breast cancer



As of Jun 2023		FY2023	FY2024	FY2025
HER2 Positive	Metastatic 3L+	Monotherapy: approved in JP/US/EU based on DESTINY-Breast01		
	Metastatic 2L	Monotherapy: approved in JP/US/EU based on DESTINY-Breast03		
	Metastatic 1L	DESTINY-Breast07 combination (1L/2L) Ph1b/2		
		DESTINY-Breast09 T-DXd ± pertuzumab vs THP		
	Adjuvant*	DESTINY-Breast05 monotherapy vs T-DM1		
	Neoadjuvant	DESTINY-Breast11 T-DXd vs T-DXd / THP vs AC / THP		
HER2 low	HR+ HR-	Metastatic Post Chemo	Monotherapy: approved in JP/US/EU based on DESTINY-Breast04	
		Adjuvant	DESTINY-Breast08 combination	
	HR+	Metastatic Chemo Naive	DESTINY-Breast06 monotherapy vs PC	
	HR-	Metastatic 1L	BEGONIA durvalumab combination Ph1b/2 (Arm 6)	
		Neoadjuvant		

\*Adjuvant therapy for patients with HER2+ early BC with high risk of disease recurrence who have residual invasive disease after receiving neoadjuvant therapy

Ph 1 ongoing   Ph 2 ongoing   Ph 3 ongoing   New

Study initiation & end points are all shown as either beginning of H1 or H2

AC: adriamycin + cyclophosphamide, HR: hormone receptor, PC: physician's choice, T-DM1: trastuzumab emtansine, T-DXd: trastuzumab deruxtecan, THP: taxane + Herceptin + pertuzumab,

# ENHERTU<sup>®</sup>: Clinical Development Plan | GC & NSCLC



As of Jun 2023			FY2023	FY2024	FY2025
Gastric	HER2 Positive	Metastatic 3L+	Monotherapy: approved in JP based on DESTINY-Gastric01		
		Metastatic 2L	Monotherapy: approved in US/EU based on DESTINY-Gastric01 and 02		
			DESTINY-Gastric06 monotherapy China		
			DESTINY-Gastric04 mono vs ramucirumab+paclitaxel		
Metastatic 1L	DESTINY-Gastric03 combination (1L/2L) Ph1b/2				
NSCLC	HER2 Expressing	Metastatic 2L+	DESTINY-Lung01 (Ph2) completed in FY2021 H1		
		HUDSON durvalumab combination			
	Metastatic 1L	DESTINY-Lung03 combination			
	HER2 Mutant	Metastatic 2L+	Monotherapy: approved in US based on DESTINY-Lung01 and 02		
DESTINY-Lung05 China					
Metastatic 1L	DESTINY-Lung04 mono vs SOC				

Ph 1 ongoing
Ph 2 ongoing
Ph 3 ongoing
New

Study initiation & end points are all shown as either beginning of H1 or H2

NSCLC: non-small cell lung cancer, SOC: standard of care

# ENHERTU<sup>®</sup>: Clinical Development Plan | CRC & other tumors



As of Jun 2023			FY2023	FY2024	FY2025
CRC	HER2 Expressing	Metastatic 3L	TLR of DESTINY-CRC02 (Ph2) obtained in FY2022 H2		
Other Tumors/ multiple tumors	HER2 Expressing	Metastatic 2L	Pembrolizumab combination (breast, NSCLC)		
			DESTINY-PanTumor02		
	HER2 Mutant	Metastatic 2L	DESTINY-PanTumor01 (Ph2) completed in FY2023 H1		
			PETRA AZD5305 combination Ph1/2a		

Ph 1 ongoing
Ph 2 ongoing
Ph 3 ongoing
New

Study initiation & end points are all shown as either beginning of H1 or H2

CRC: colorectal cancer, NSCLC: non small cell lung cancer

# Dato-DXd: Clinical Development Plan | NSCLC



As of Jun 2023		FY2023	FY2024	FY2025
NSCLC	All comers	Metastatic 2L/3L	TROPION-Lung01 monotherapy	
	ICI combination Without actionable genomic alterations	Metastatic 1L/2L	TROPION-Lung02 pembrolizumab combination	
			TROPION-Lung04 durvalumab, AZD2936 and MEDI5752 combination	
		Metastatic 1L	TROPION-Lung07 pembrolizumab ± platinum combination (PD-L1 <50%)	
	TROPION-Lung08 pembrolizumab combination (PD-L1 ≥50%)			
	With actionable genomic alterations	Metastatic 2L+	TLR of TROPION-Lung05 obtained in FY2022 H2	
Metastatic 2L with EGFR mutation		ORCHARD osimertinib combination		

Ph 1 ongoing
Ph 2 ongoing
Ph 3 ongoing
New

Study initiation & end points are all shown as either beginning of H1 or H2

ICI: immune checkpoint inhibitor, NSCLC: non small cell lung cancer

# Dato-DXd: Clinical Development Plan | Breast & other tumors



As of Jun 2023			FY2023	FY2024	FY2025
Breast	HR+/HER2-	Metastatic 2L+	TROPION-Breast01		
		Metastatic 2L+	TROPION-PanTumor01		
	TNBC	Metastatic 1L	TROPION-Breast02		
			BEGONIA durvalumab combination Ph1b/2 (Arm 7)		
		Adjuvant**	TROPION-Breast03 mono or durvalumab combination		
Other Tumors*		TROPION-PanTumor01			
		PETRA AZD5305 combination Ph1/2a			
		TROPION-PanTumor03			

\*Other tumors are gastric, esophageal, urothelial, SCLC, endometrial, CRPC, etc. Inclusion of these tumors is based upon TROP2 expression as well as preclinical and other evidence that Dato-DXd may be effective.

\*\*Adjuvant therapy for patients with TNBC with residual disease after neoadjuvant therapy

Ph 1 ongoing   Ph 2 ongoing   Ph 3 ongoing   New

Study initiation & end points are all shown as either beginning of H1 or H2

CRPC: Castration-resistant prostate cancer, HR: hormone receptor, SCLC: small cell lung cancer, TNBC: triple-negative breast cancer

# HER3-DXd: Clinical Development Plan | NSCLC & other tumors



As of Jun 2023			FY2023	FY2024	FY2025
NSCLC	EGFR mutated	Advanced/ Metastatic 3L+	Ph1 dose expansion		
			TLR of HERTHENA-Lung01 obtained in FY2022 H2		
		Advanced/ Metastatic 2L	HERTHENA-Lung02 monotherapy vs chemotherapy		
		Advanced/ Metastatic 1L	Osimertinib combination Ph1b		
Breast		Metastatic BC	Several ARO studies ongoing		

Ph 1 ongoing
Ph 2 ongoing
Ph 3 ongoing
New

Study initiation & end points are all shown as either beginning of H1 or H2

ARO: Academic Research Organization, BC: breast cancer, NSCLC: non small cell lung cancer

# DS-7300: Clinical Development Plan



As of Jun 2023		FY2023	FY2024	FY2025
ES-SCLC	Advanced/ Metastatic 2L+	Ph2 dose optimization		
Solid tumor	mCRPC, ESCC, sqNSCLC	Ph1 dose expansion		

Ph 1 ongoing

Ph 2 ongoing

Ph 3 ongoing

New

Study initiation & end points are all shown as either beginning of H1 or H2

ESCC: esophageal squamous cell carcinoma, ES-SCLC: extensive-stage small cell lung cancer, mCRPC: metastatic castration-resistant prostate cancer, sqNSCLC: squamous non-small cell lung cancer

# DS-6000: Clinical Development Plan



As of Jun 2023			FY2023	FY2024	FY2025
Solid tumor	OVC	Advanced/ Metastatic	Ph1 dose expansion		
	RCC	Advanced/ Metastatic			

Ph 1 ongoing
Ph 2 ongoing
Ph 3 ongoing
New

Study initiation & end points are all shown as either beginning of H1 or H2

OVC: ovarian cancer, RCC: renal cell carcinoma

# Major R&D Pipeline: 5DXd-ADCs

As of Jun 2023

Phase 1		Phase 2		Phase 3		Filed
(US/EU/Asia) HER2+ BC 2L+/1L DESTINY-Breast07	(JP/US) solid tumors TROPION-PanTumor01	(US/EU/Asia) TNBC (durvalumab combo) BEGONIA	(JP/US/EU/Asia) solid tumors TROPION-PanTumor03	(JP/US/EU/Asia) HER2+ BC adjuvant**2 DESTINY-Breast05	(CN) HER2 low BC post chemo DESTINY-Breast04	
(US/EU/Asia) HER2 low BC Chemo naïve/ post chemo DESTINY-Breast08	(CN) NSCLC, TNBC TROPION-PanTumor02	(CN) HER2+ GC 3L DESTINY-Gastric06	(JP/US/EU/Asia) NSCLC (w/ AGA) TROPION-Lung05	(JP/US/EU/Asia) HER2 low BC chemo naïve DESTINY-Breast06	(JP/EU) HER2 mutant NSCLC 2L+ DESTINY-Lung01/Lung02	
(JP/US/EU/Asia) HER2+ GC combo, 2L+/1L DESTINY-Gastric03	(JP/US/EU/Asia) NSCLC (w/o AGA, pembrolizumab combo) TROPION-Lung02	(CN) HER2 mutant NSCLC 2L+ DESTINY-Lung05	(US/EU/Asia) TNBC (durvalumab combo) BEGONIA	(JP/US/EU/Asia) HER2+ BC 1L DESTINY-Breast09		
(US/EU/Asia) HER2+ NSCLC (durvalumab combo) 1L DESTINY-Lung03	(JP/US/EU) NSCLC (w/o AGA, durvalumab, AZD2936 and MEDI5752 combo) TROPION-Lung04	(US/EU/Asia) NSCLC (durvalumab combo) 2L+ HUDSON	(JP/US/EU/Asia) EGFR mutated NSCLC (osimertinib combo) 2L ORCHARD	(JP/US/EU/Asia) HER2+ BC neoadjuvant DESTINY-Breast11		
(US/EU) BC, bladder (nivolumab combo)	(JP/US/EU/Asia) solid tumors (AZD5305 combo) PETRA	(JP/US/EU) HER2+ CRC 3L DESTINY-CRC01	(US/EU/Asia) resectable early-stage NSCLC (durvalumab combo) neoadjuvant NeoCOAST-2	(JP/EU/Asia) HER2+ GC 2L DESTINY-Gastric04		
(US/EU) BC, NSCLC (pembrolizumab combo)	(JP/US/EU/Asia) NSCLC	(JP/US/EU/Asia) HER2+ CRC 3L DESTINY-CRC02	(JP/US/EU/Asia) EGFR mutated NSCLC 3L HERTHENA-Lung01	(JP/US/EU/Asia) NSCLC (w/ HER2 exon 19 or exon 20 mutation) 1L DESTINY-Lung04		
(US/EU/Asia) solid tumors (AZD5305 combo) PETRA	(JP/US) EGFR mutated NSCLC (osimertinib combo)	(JP/US/EU/Asia) HER2 mutant tumor DESTINY-PanTumor01	DS-7300 (JP/US/EU/Asia) B7-H3-directed ADC ES-SCLC	(JP/US/EU/Asia) NSCLC 2/3L TROPION-Lung01		
DS-7300 (JP/US) B7-H3-directed ADC ESCC, CRPC, squamous NSCLC, SCLC, etc.	(JP/US) HER3+ BC	(US/EU/Asia) HER2 expressing tumor DESTINY-PanTumor02		(JP/US/EU/Asia) non-squamous NSCLC (w/o AGA, pembrolizumab combo) 1L TROPION-Lung07		
DS-6000 (JP/US) CDH6-directed ADC Renal cell carcinoma, ovarian cancer				(JP/US/EU/Asia) NSCLC (w/o AGA, pembrolizumab combo) 1L TROPION-Lung08		
				(JP/US/EU/Asia) BC <sup>+1</sup> 2/3L TROPION-Breast01		
				(JP/US/EU/Asia) TNBC 1L TROPION-Breast02		
				(JP/US/EU/Asia) TNBC (mono or durvalumab combo) adjuvant**3 TROPION-Breast03		
				(JP/US/EU/Asia) EGFR mutated NSCLC 2L HERTHENA-Lung02		

ENHERTU® DS-7300  
 Dato-DXd DS-6000

HER3-DXd

Project in oncology that is planned to be submitted for approval in some countries/regions based on the results of phase 2 trials

Breakthrough Designation (US) Orphan drug designation (designated in at least one country/region among JP, US and EU)

- \*1 HR+, HER2 low or negative BC
- \*2 Adjuvant therapy for HER2 positive breast cancer patients with residual invasive disease following neoadjuvant therapy
- \*3 Adjuvant therapy for TNBC patients with residual invasive disease following neoadjuvant therapy

AGA: actionable genomic alterations, BC: breast cancer, CRC: colorectal cancer,  
GC: gastric cancer, NSCLC: non-small cell lung cancer, TNBC: triple negative breast cancer

# Major R&D Pipeline: Next Wave



As of Jun 2023

Phase 1		Phase 2		Phase 3		Filed	
DS-1055 (JP/US) Anti-GARP antibody Solid tumors	DS-7011 (US) Anti-TLR7 antibody Systemic lupus erythematosus	Valemetostat (DS-3201)(JP/US/EU/Asia) EZH1/2 inhibitor PTCL		Pexidartinib (JP/Asia) CSF-1/KIT/FLT3 inhibitor Tenosynovial giant cell tumor		Quizartinib (US/EU) FLT3 inhibitor AML 1L	
DS-1594 (US) Menin-MLL binding inhibitor AML, ALL	DS-2325 (US) KLK5 inhibitor Netherton syndrome	Valemetostat (DS-3201) (EU) EZH1/2 inhibitor BCL		Esaxerenone (JP) MR blocker Diabetic nephropathy		Mirogabalin (CN) α2δ ligands Diabetic peripheral neuropathic pain	
DS-9606 (US/EU) Target undisclosed ADC Solid tumors		DS-1001 (JP) Mutant IDH1 inhibitor Glioma		VN-0102/JVC-001 (JP) Measles mumps rubella combined vaccine		DS-5670 (JP) COVID-19 mRNA vaccine (original strain) COVID-19 (booster vaccination)	
DS-1103 Anti-SIRPα antibody HER2 expressing or mutant advanced metastatic solid tumors, HER2 low BC (in prep.)		DS-1211 (US/EU) TNAP inhibitor Pseudoxanthoma elasticum		DS-5670 (JP) COVID-19 mRNA vaccine (original strain), COVID-19 (primary vaccination, 12 to 17 aged children)			
		DS-5670 (JP) COVID-19 mRNA vaccine, COVID-19 (primary vaccination, 5 to 11 aged children) (in prep.)		DS-5670 (JP) COVID-19 mRNA vaccine (mutant strain) COVID-19 (booster vaccination, adults)			
		VN-0200 (JP) RS virus vaccine RS virus infection					

Oncology

Specialty medicine

Vaccine

Project in oncology that is planned to be submitted for approval in some countries/regions based on the results of phase 2 trials

SAKIGAKE Designation (JP)

Orphan drug designation (designated in at least one country/region among JP, US and EU)

Rare Pediatric Disease Designation (US)

Fast Track Designation (US)

Breakthrough Designation (US)

ALL: acute lymphoblastic leukemia, AML: acute myeloid leukemia, BCL: B cell lymphoma, CRPC: castration-resistant prostate cancer, DMD: Duchenne muscular dystrophy, ESCC: esophageal squamous cell carcinoma, FOP: Fibrodysplasia ossificans progressiva, LBCL: large B cell lymphoma, NSCLC: non small cell lung cancer, ES-SCLC: extensive stage-small cell lung cancer, PTCL: peripheral T-cell lymphoma

## Contact address regarding this material

**Daiichi Sankyo Co., Ltd.**  
Corporate Communications Department

TEL: +81-3-6225-1125

Email: [DaiichiSankyoIR@daiichisankyo.co.jp](mailto:DaiichiSankyoIR@daiichisankyo.co.jp)