

Passion for Innovation.
Compassion for Patients.™



ENHERTU® Business Briefing

DAIICHI SANKYO CO., LTD.

Sunao Manabe
President and CEO

October 29, 2021

Forward-Looking Statements

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

Under ESG management, we will realize our 2025 Goal, **Global Pharma Innovator with Competitive Advantage in Oncology**, and will shift to further growth toward our 2030 Vision

2030 Vision

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

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

**Realize 2025 Goal
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)

Realize 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

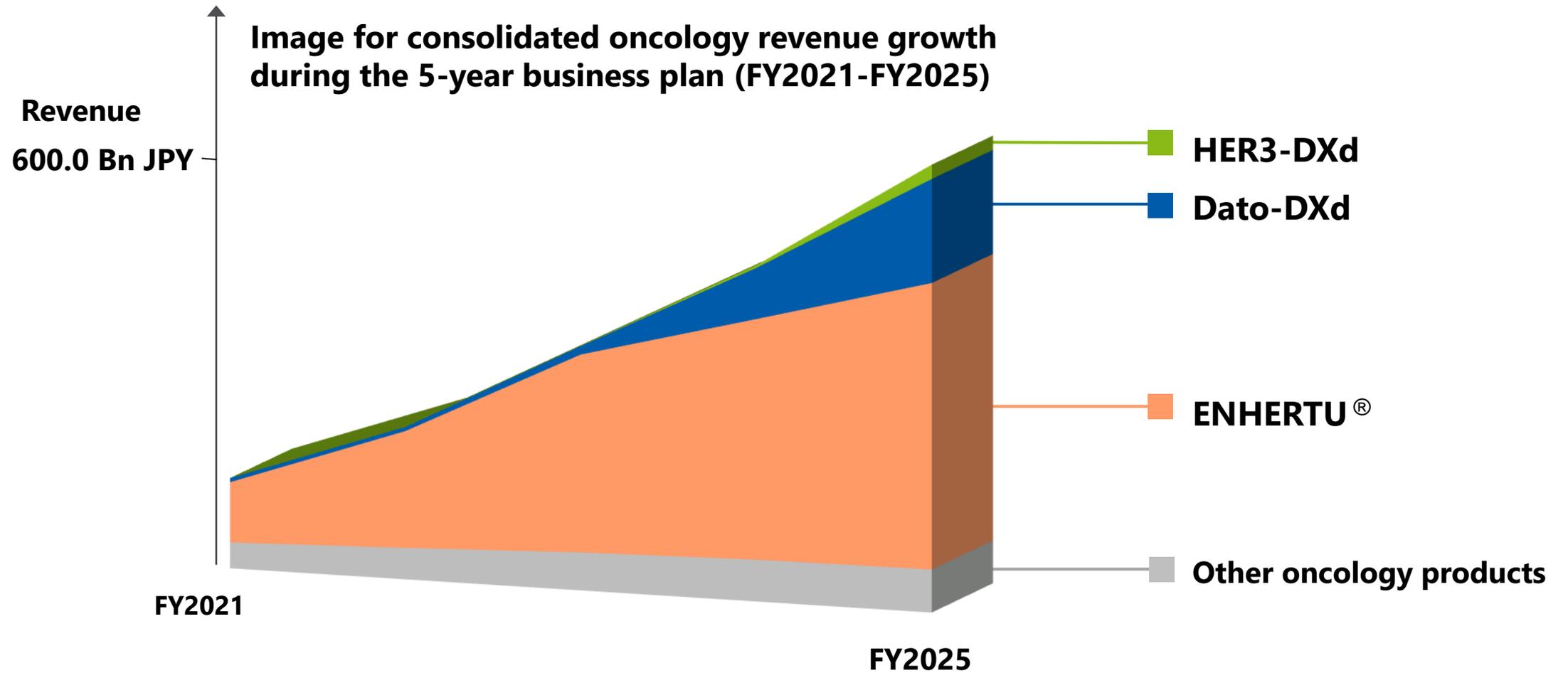
- ◆ Patients: Contributing to patients through "Patient Centric Mindset"
- ◆ Shareholders: Balanced investment for growth and shareholder returns
- ◆ Society: Environment load reduction across the value chain, and actions against pandemic risks
- ◆ Employees: Create one DS culture through fostering our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

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

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

Oncology Revenue Target

Targeting > 600.0 Bn JPY in FY2025 by maximizing 3ADCs



ENHERTU®: Clinical Development Plan | Breast cancer

As of Sep 2021		FY2020	FY2021	FY2022	Planning	
HER2 Positive	Metastatic 3L~	DESTINY-Breast01 completed				
		DESTINY-Breast02 monotherapy vs PC				
	Metastatic 2L	DESTINY-Breast03 monotherapy vs T-DM1				
		DESTINY-Breast07 combination (2L/1L) Ph1b/2				
	Metastatic 1L		DESTINY-Breast09 T-DXd ± pertuzumab vs THP			
	Post-neoadjuvant	DESTINY-Breast05 monotherapy vs T-DM1				
	Neoadjuvant				Phase 3	
	Adjuvant				Phase 3	
HER2 Low	HR+ HR-	Metastatic Post Chemo	DESTINY-Breast04 monotherapy vs PC			
			DESTINY-Breast08 combination			
		Post-neoadjuvant				Phase 3
	HR+	Metastatic Chemo Naive	DESTINY-Breast06 monotherapy vs PC			
		Metastatic Endocrine Therapy				Phase 3
	HR-	Metastatic 1L	BEGONIA durvalumab combination Ph1b/2 (Arm 6)			
		Neoadjuvant				Phase 3

Ph 1 ongoing
Ph 2 ongoing
Ph 3 ongoing
New
Completed

Study initiation & end points are all shown as either beginning of 1H or 2H

PC: physician's choice

ENHERTU®: Clinical Development Plan | Gastric cancer & NSCLC



As of Sep 2021		FY2020	FY2021	FY2022	Planning		
Gastric	HER2 Positive	Advanced/ Metastatic 3L~	DESTINY-Gastric01	DESTINY-Gastric06 China Ph2			
		Advanced/ Metastatic 2L	DESTINY-Gastric02 monotherapy - West				
			DESTINY-Gastric04 mono vs ramucirumab+paclitaxel				
			DESTINY-Gastric03 combination (2L/1L) Ph1b/2				
	Advanced/ Metastatic 1L				Phase 3		
NSCLC	HER2 Expressing	Advanced/ Metastatic 2L~	DESTINY-Lung01 monotherapy				
			HUDSON durvalumab combination				
		Advanced/ Metastatic 2L				Phase 3	
		Advanced/ Metastatic 1L		DESTINY-Lung03 combination			
						Phase 3	
	HER2 Mutated	Advanced/ Metastatic 2L~	DESTINY-Lung01 monotherapy				
			DESTINY-Lung02 monotherapy				
		Advanced/ Metastatic 1L		DESTINY-Lung04 Ph3 vs SOC			
	Expressing /Mutated	Early disease				Phase 3	

Ph 1 ongoing
Ph 2 ongoing
Ph 3 ongoing
New
Completed

Study initiation & end points are all shown as either beginning of 1H or 2H

NSCLC: non small cell lung cancer

ENHERTU®: Clinical Development Plan | CRC & other tumors

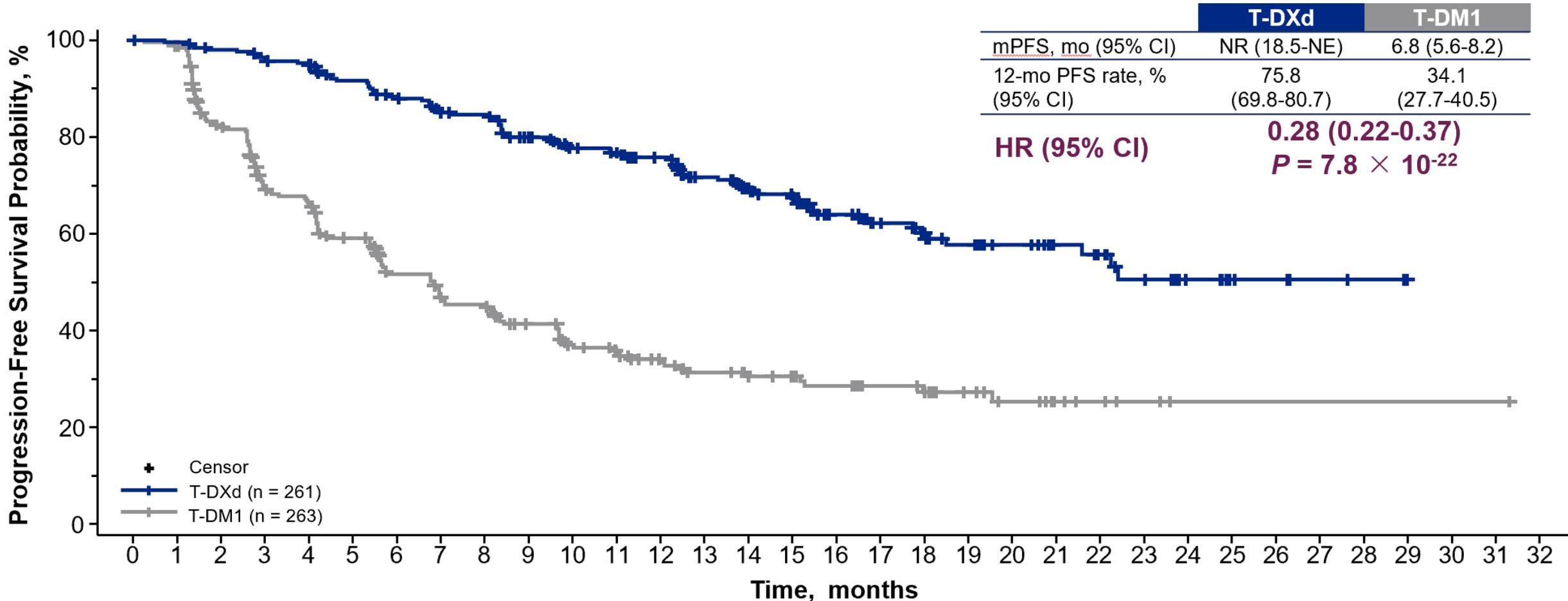
As of September 2021			FY2020	FY2021	FY2022	Planning
CRC	HER2 Expressing	Metastatic 3L	DESTINY-CRC01 monotherapy	DESTINY-CRC02 monotherapy		
		Metastatic 2L				Phase 3
		Metastatic 1L				Phase 3
Other Tumors/ multiple tumors	HER2 Expressing	Metastatic 2L	Nivolumab combination (breast, bladder)			
			Pembrolizumab combination (breast, NSCLC)			
			DESTINY-PanTumor02			
	Ovarian				Phase 2	
	HER2 Mutated	Metastatic 2L	DESTINY-PanTumor01			

Ph 1 ongoing
Ph 2 ongoing
Ph 3 ongoing
New
Completed

Study initiation & end points are all shown as either beginning of 1H or 2H

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

Primary Endpoint: PFS by BICR



Patients Still at Risk:

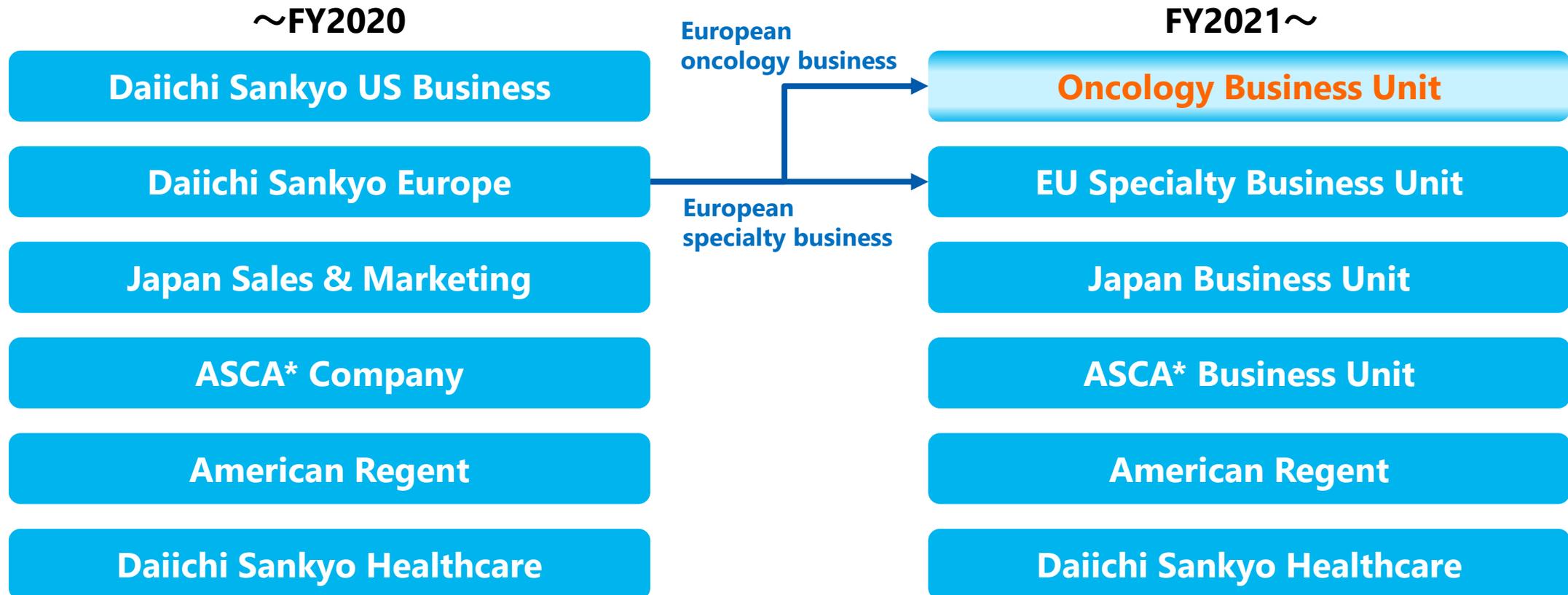
T-DXd (261)	261	256	250	244	240	224	214	202	200	183	168	164	150	132	112	105	79	64	53	45	36	29	25	19	10	6	5	3	2	0		
T-DM1 (263)	263	252	200	163	155	132	108	96	93	78	65	60	51	43	37	34	29	23	21	16	12	8	6	4	1	1	1	1	1	1	1	0

Median PFS follow-up for T-DXd was 15.5 months (range, 15.1-16.6) and for T-DM1 was 13.9 months (range, 11.8-15.1)
 HR, hazard ratio; INV, investigator; mo, month; NE, not estimable; NR, not reached.

Creation of Oncology Business Unit

Oncology Business Unit was created to align US and European oncology businesses as well as global oncology business functions under one team to **respond to the rapid changes we see in standards of care, and the oncology market**

Business Units



*Asia, South and Central America

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Compassion for Patients.™



ENHERTU® Business Briefing

Ken Keller

Head of Oncology Business Unit

October 29, 2021



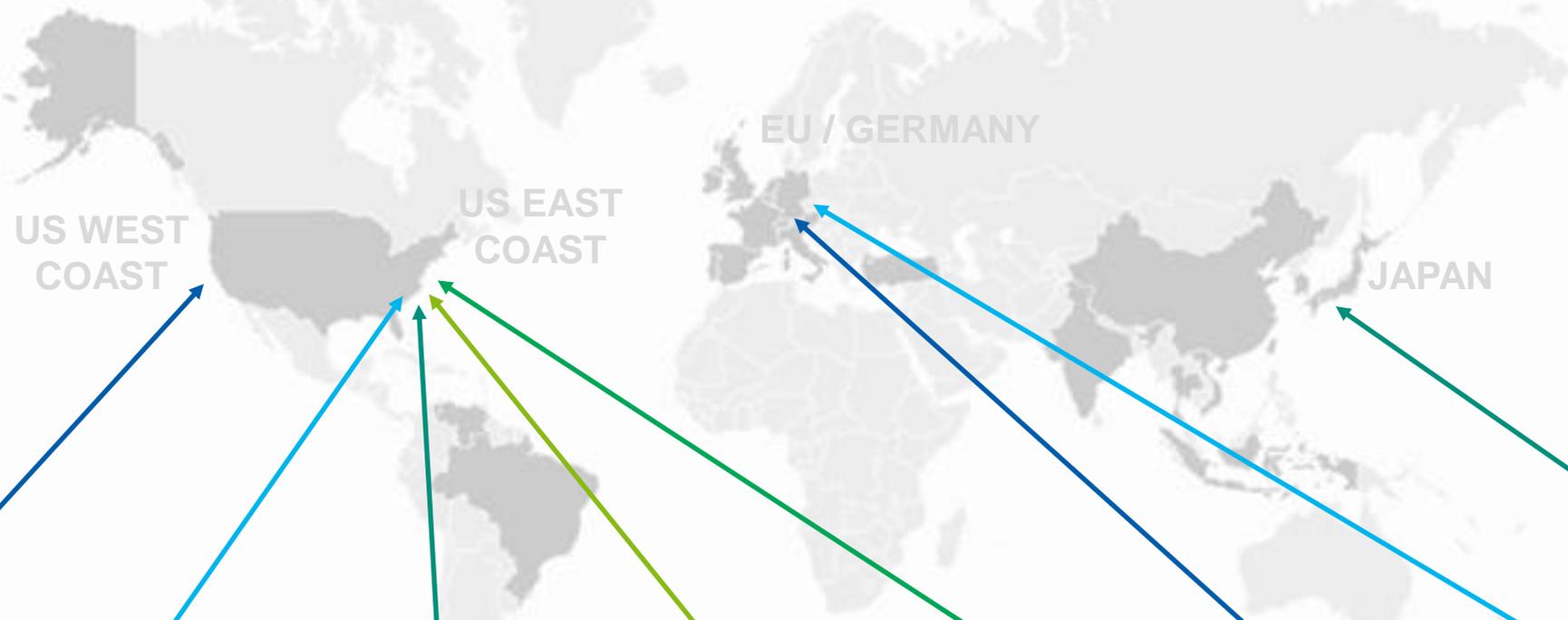
Ken Keller

Global Head, Oncology Business

President and CEO, Daiichi Sankyo, Inc.

- Joined Daiichi Sankyo in 2014
- Revamped U.S. business structure to focus on multiple oncology launches including ENHERTU® as part of Daiichi Sankyo's 2025 Goal
- More than 30 years of experience in the pharmaceutical industry including 22 years at Amgen
- Held senior regional and global leaderships roles supporting major biologics including Aranesp, Enbrel, Neulasta, Neupogen, Prolia, Vectibex and Xgeva

Daiichi Sankyo OBU Global Leadership Team



Mary Pinder-Schenck

*Vice President,
Head of Global Oncology
Medical Affairs*



Ken Keller

*President and CEO,
Daiichi Sankyo, Inc.
Global Head of
Oncology Business*



Dan Switzer

*Head of US Oncology
Business Division*



Nagatomo Hamahata

*Global Head of
Oncology Alliance
Management*



Rich Jones

*Executive Director,
Global Oncology
Business Strategy
& Analysis*



Nadine Sprangers

*Vice President, Head
of Global Oncology
Market Access & Pricing*



Markus Kosch

*Head of EU Oncology
Business Division*

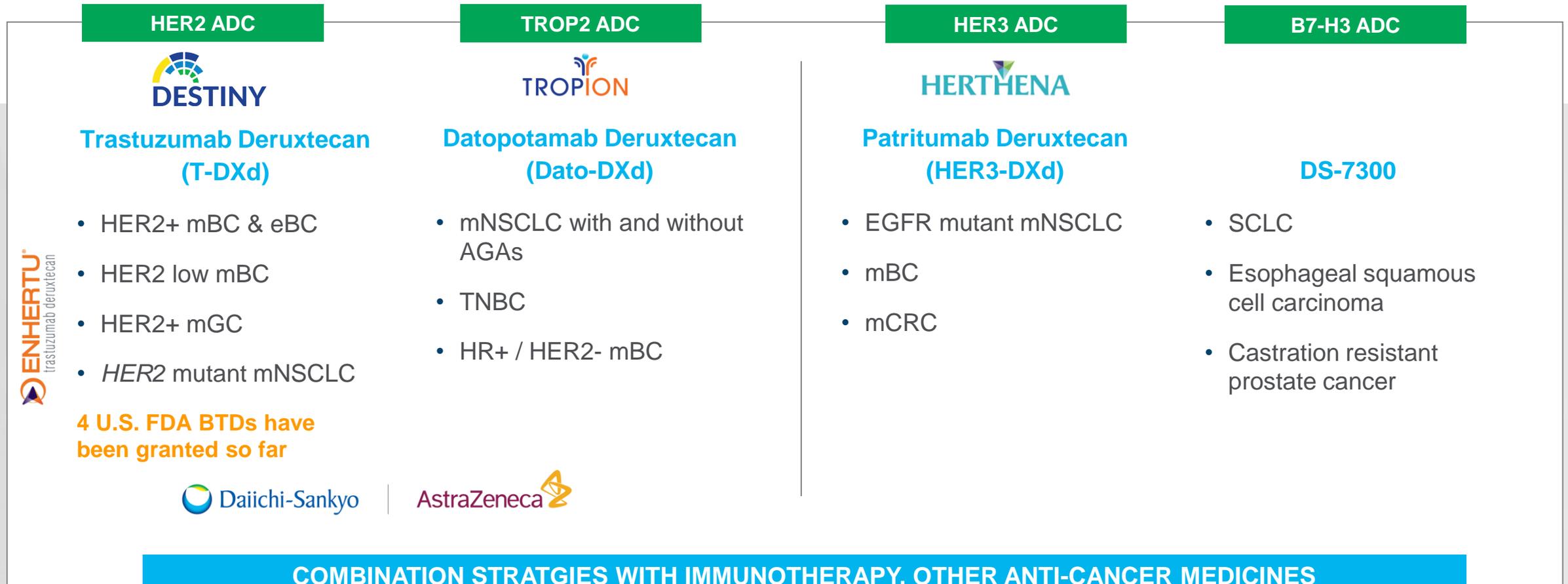


Kenji Shigeta

*Head of Global
Oncology Marketing*

Daiichi Sankyo's Transformation into Global Oncology Leader

POTENTIAL FOR ~12 APPROVALS FROM DXd ADC PORTFOLIO IN MULTIPLE INDICATIONS ACROSS MORE THAN 30 COUNTRIES IN NEXT 5 YEARS



COMBINATION STRATEGIES WITH IMMUNOTHERAPY, OTHER ANTI-CANCER MEDICINES PART OF CLINICAL DEVELOPMENT PROGRAMS ACROSS PORTFOLIO

ENHERTU[®] : Roadmap to Transforming HER2 Targetable Cancers

Establish Foundation

Achieve 3L HER2+ mBC and 2L/3L HER2+ mGC market leadership in all launch countries



2020 - 2021

Build Market Leadership

Establish ENHERTU as HER2 medicine of choice for 2L HER2+ mBC and become market leader worldwide

#1

2022

Redefine HER2 Treatment Paradigm

Rethink HER2 targetable population with potential of ENHERTU efficacy in HER2 low mBC and *HER2* mutant mNSCLC



2022 - 2023

Elevate Outcome Expectations

Push new boundaries with further development in neoadjuvant/adjuvant eBC, 1L mBC, combination strategies and other cancers

2024 +

ENHERTU[®]: Solid Performance Globally

**ENHERTU #1 IN 3L HER2+ MBC IN EVERY COUNTRY FULLY LAUNCHED
APPROVED IN 37 COUNTRIES | ~8,000 PATIENTS TREATED WORLDWIDE**

US

- #1 3L HER2+ mBC medicine
- Achieved >40% market share in 3L
- Prescriber research shows ~65% of patients will receive ENHERTU in 3L+
- Rapid adoption in HER2+Gastric
- ~ 5,000 patients treated
- Preparations in place for 2L approval

Europe

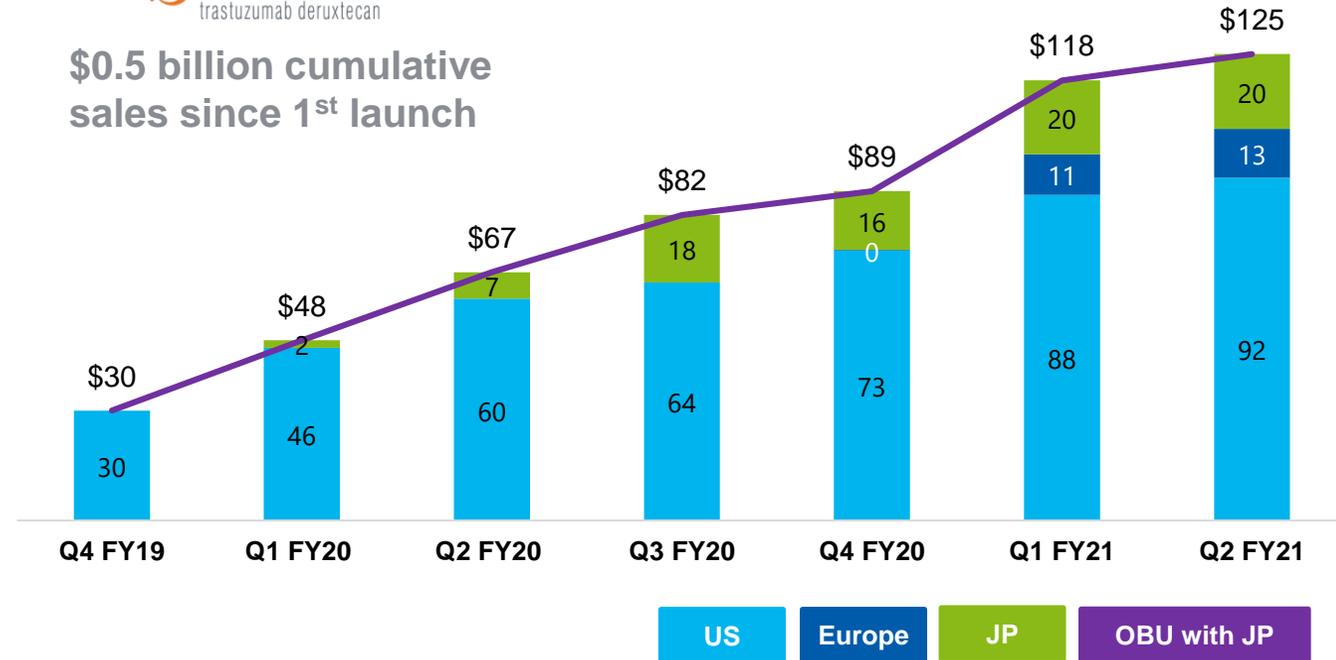
- #1 3L HER2+ mBC medicine in France & UK
- Launched in Austria, Denmark, Finland, France, Luxembourg, Norway, Sweden & UK – with more countries to join soon
- Demand sales +31% in August 2021 vs July
- ~ 1,000 patients treated

JP

- #1 3L HER2+ mBC & 3L HER2+ mGC medicine
- 30% and 45% market share respectively
- ~ 2,100 patients treated in total
- Well managed ILD risk with BC & GC HCPs



\$0.5 billion cumulative sales since 1st launch



3L HER2+ mBC approvals: Australia, Brazil, Canada, Israel, Japan, UK and U.S.
2L/3L HER2+ mGC approvals: Israel, US
3L HER2+ mGC approvals: Japan

ESMO 2021: Defining Moment for Daiichi Sankyo's Transformation into Global Oncology Leader

18 Abstracts with 6 Oral Presentations

- 1 Presidential Symposia
- 4 Late-Breaking Presentations
- 3 Preferred Papers
- 2 Mini Oral Presentations
- 9 Posters
- 1 *NEJM* Publication

4 Late-Breaking Presentations







The NEW ENGLAND
JOURNAL of MEDICINE

ORIGINAL ARTICLE

Trastuzumab Deruxtecan in *HER2*-Mutant Non-Small-Cell Lung Cancer

Bob T. Li, M.D., Ph.D., M.P.H., Egbert F. Smit, M.D., Ph.D., Yasushi Goto, M.D., Ph.D., Kazuhiko Nakagawa, M.D., Hibiki Udagawa, M.D., Julien Mazières, M.D., Misako Nagasaka, M.D., Ph.D., Lyudmila Bazhenova, M.D., Andreas N. Saltos, M.D., Enriqueta Felip, M.D., Ph.D., Jose M. Pacheco, M.D., Maurice Pérol, M.D., Luis Paz-Ares, M.D., Kapil Saxena, M.D., Ryota Shiga, B.Sc., Yingkai Cheng, M.D., Ph.D., Suddhasatta Acharyya, Ph.D., Patrik Vitazka, M.D., Ph.D., Javad Shahidi, M.D., David Planchard, M.D., Ph.D., and Pasi A. Jänne, M.D., Ph.D., for the DESTINY-Lung01 Trial Investigators*

Additional Data



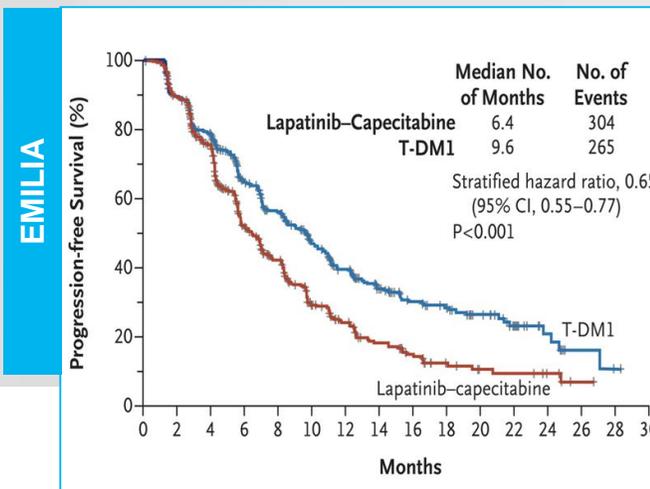
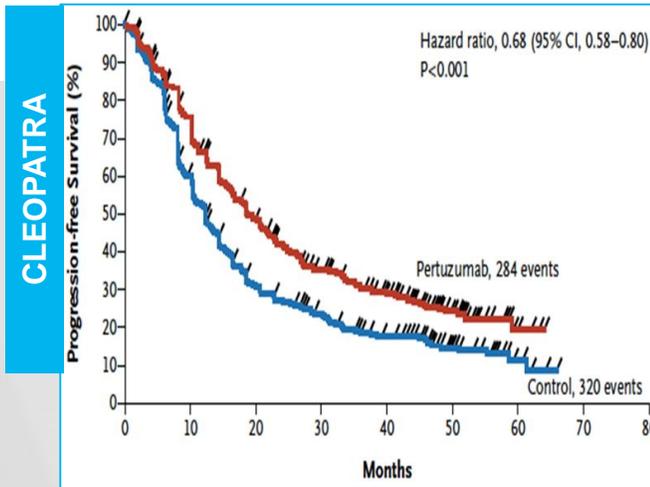

DS-7300
4th DXd ADC in Clinical
Development

ENHERTU[®]: New Standard of Care for 2L mBC

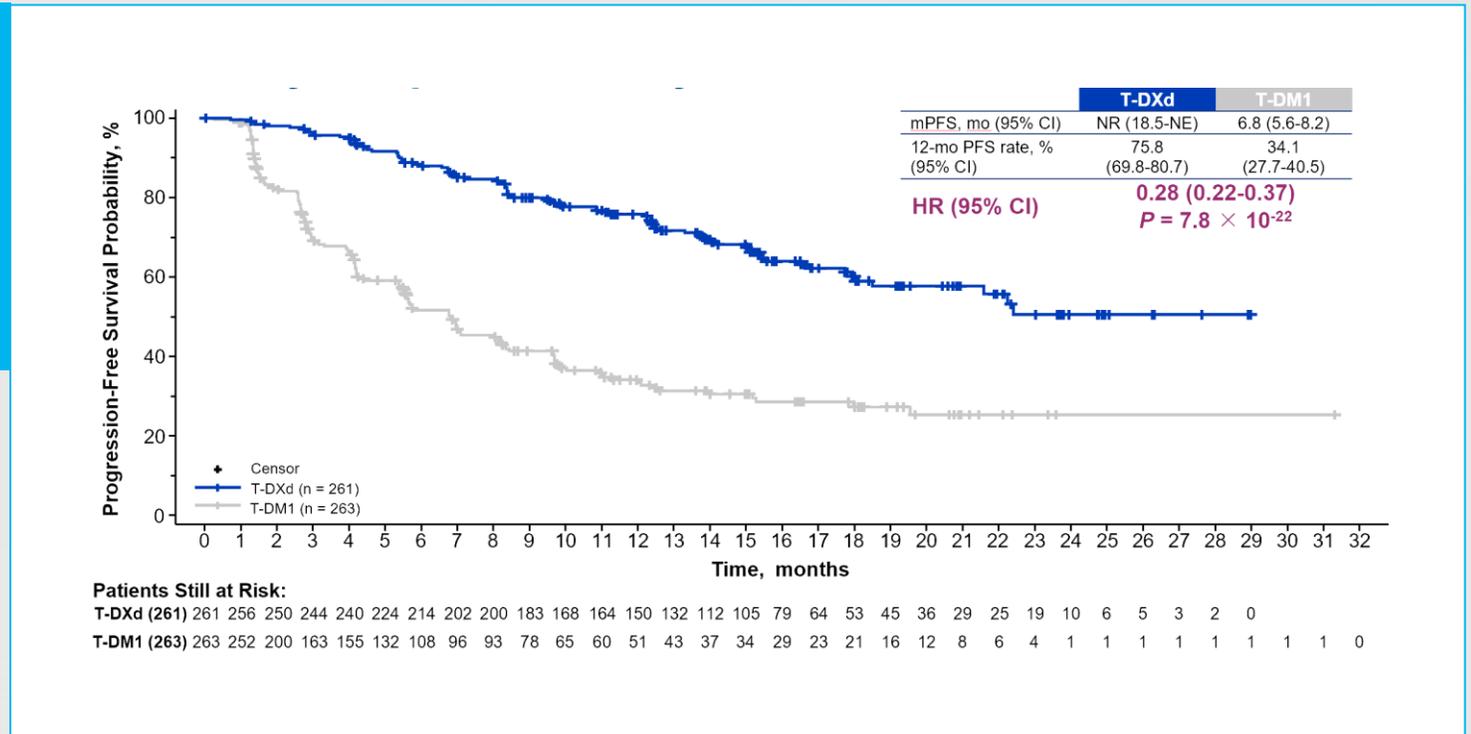


DESTINY-Breast03 Primary Endpoint: PFS by BICR

PRIOR ADVANCES IN HER2+ MBC



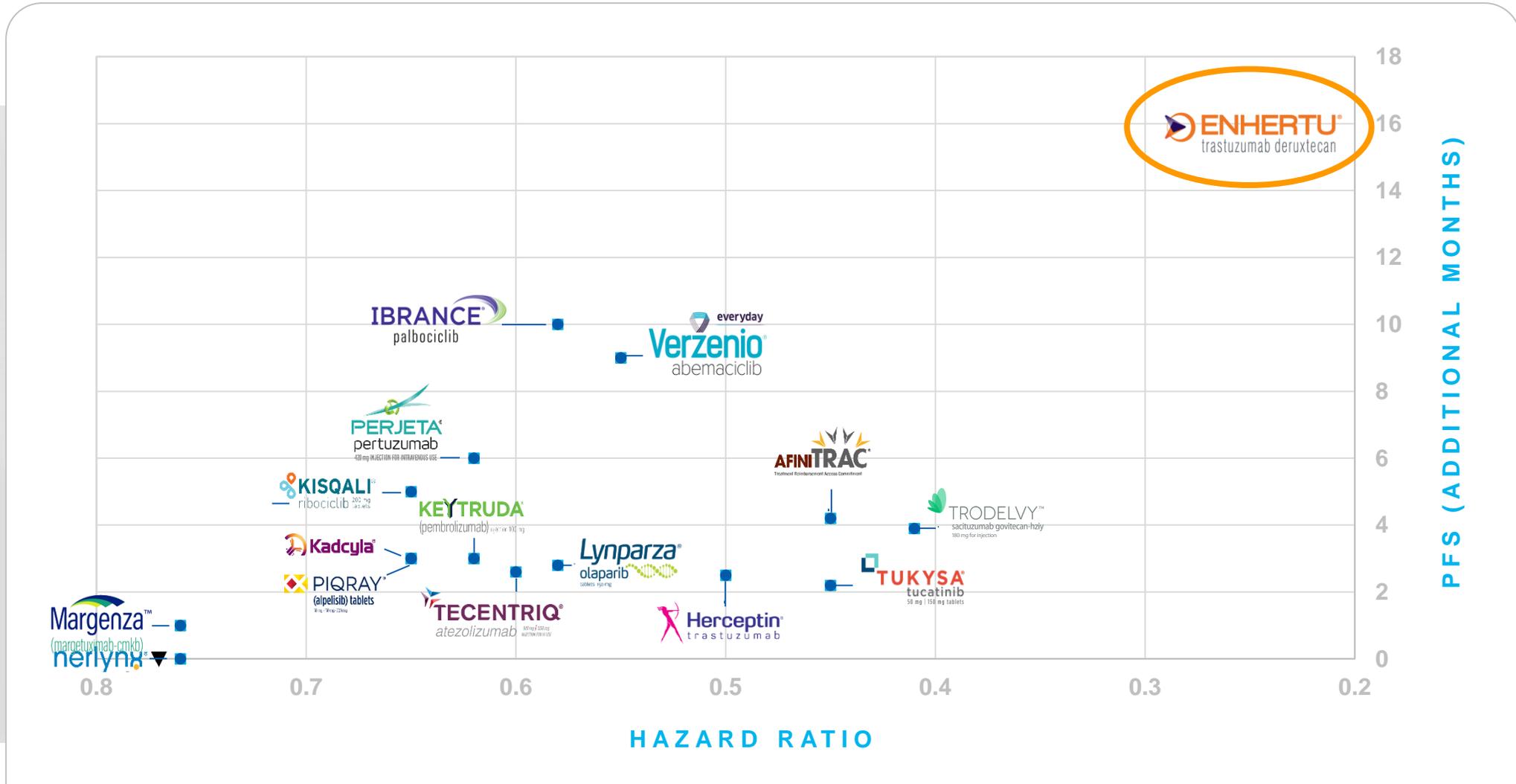
DESTINY-Breast03



Cortes J, et al. ESMO 2021

Median PFS follow-up for T-DXd was 15.5 months (range, 15.1-16.6) and for T-DM1 was 13.9 months (range, 11.8-15.1)
HR, hazard ratio; INV, investigator; mo, month; NE, not estimable; NR, not reached.

ENHERTU[®]: Historical Unprecedented Efficacy In Breast Cancer



ENHERTU®: Media Reaction to DESTINY-Breast03



With Massive Tumor Progression Edge, AstraZeneca-Daiichi's Enhertu Shows Roche's Kadcylla Who's the Better Breast Cancer Drug

“The showing is so impressive that the study authors concluded that the study, dubbed Destiny-Breast03, will lead to a paradigm shift in the treatment of HER2-positive breast cancer.”

ENDPOINTS NEWS

AstraZeneca, Daiichi Sankyo's ADC Enhertu Blows Away Roche's Kadcylla in Second-line Advanced Breast Cancer

“Getting into earlier patients is now the goal, starting with Enhertu’s complete walkover of a Roche drug in second-line breast...”

MEDPAGE TODAY

Trastuzumab Deruxtecan: New Standard of Care in Pretreated, Advanced Breast Cancer?

“These PFS curves from DESTINY03 are absolutely startling...I don’t believe I’ve seen a hazard ratio like this in HER2 breast cancer before.”

– Dr. Shanu Modi, Memorial Sloan Kettering



Biotech Strategy Blog

“...the last time I saw similar shock and awe or such fevered excitement in breast cancer was... a decade ago...so it has been a long time coming for a new standard of care to be seen in this disease. This is what we live for in oncology, records and standards are meant to be broken.”

– Sally Church, Blog Editor



Drug Combination Shows Revolutionary Results in Extending Life for Tough-to-treat Breast Cancer

“...this potent antibody drug...will dramatically change the treatment for HER2 positive breast cancer.”

– Dr. Sara Tolaney, Dana-Farber Cancer Institute

ENHERTU[®]: KEE Reaction to DESTINY-Breast03

COMMON THEME: ACCELERATE RESEARCH FOR USE OF ENHERTU IN EARLIER LINES OF HER2+ BREAST CANCER

“**Super impressive outcome. T-DXd is the winner.** I agree that the next question is, what do we do with the T-DM1.”

“I think that for a majority of patients and for physicians like myself who treat metastatic HER2 positive breast cancer, **it’s going to lead to a paradigm shift** in how we treat this patient population.”

“It was a really substantial difference in the two treatment arms. **This data is nothing short of phenomenal and will be practice changing.**”

“**The world is brighter** for women with HER2 overexpressing breast cancers.”

“I don’t believe I’ve seen **a hazard ratio like this** in HER2 breast cancer before.”

“A drug like this has potential to do better, much better than a 5-6% cure rate in metastatic breast cancer. The MOA and uniqueness of the payload could move the cure rate up for metastatic disease considerably. **Given the reassuring safety, this drug should move to curative early breast cancer setting as soon as possible.** The only competitor is tucatinib plus trastuzumab in early breast cancer as a well-tolerated regimen – **“two gunslingers to meet on the streets.”**”

“Ushering in a new standard of care for the second line treatment of metastatic HER2 positive breast cancer— **trastuzumab deruxtecan dramatically outperforms T-DM1** with acceptable toxicity”

“ENHERTU was the **star of the show**”

“We’ve all seen the little steps we’ve been taking, and **this is a much bigger step**... kudos to DS and AZ and the vision of everyone going forward with this drug....”

“**How quickly could we test this in early breast cancer?** We are highly interested to investigate this drug in early breast cancer...”

“Given **this impressive magnitude of benefit**, I believe we will be able to eliminate breast cancer as cause of death...”

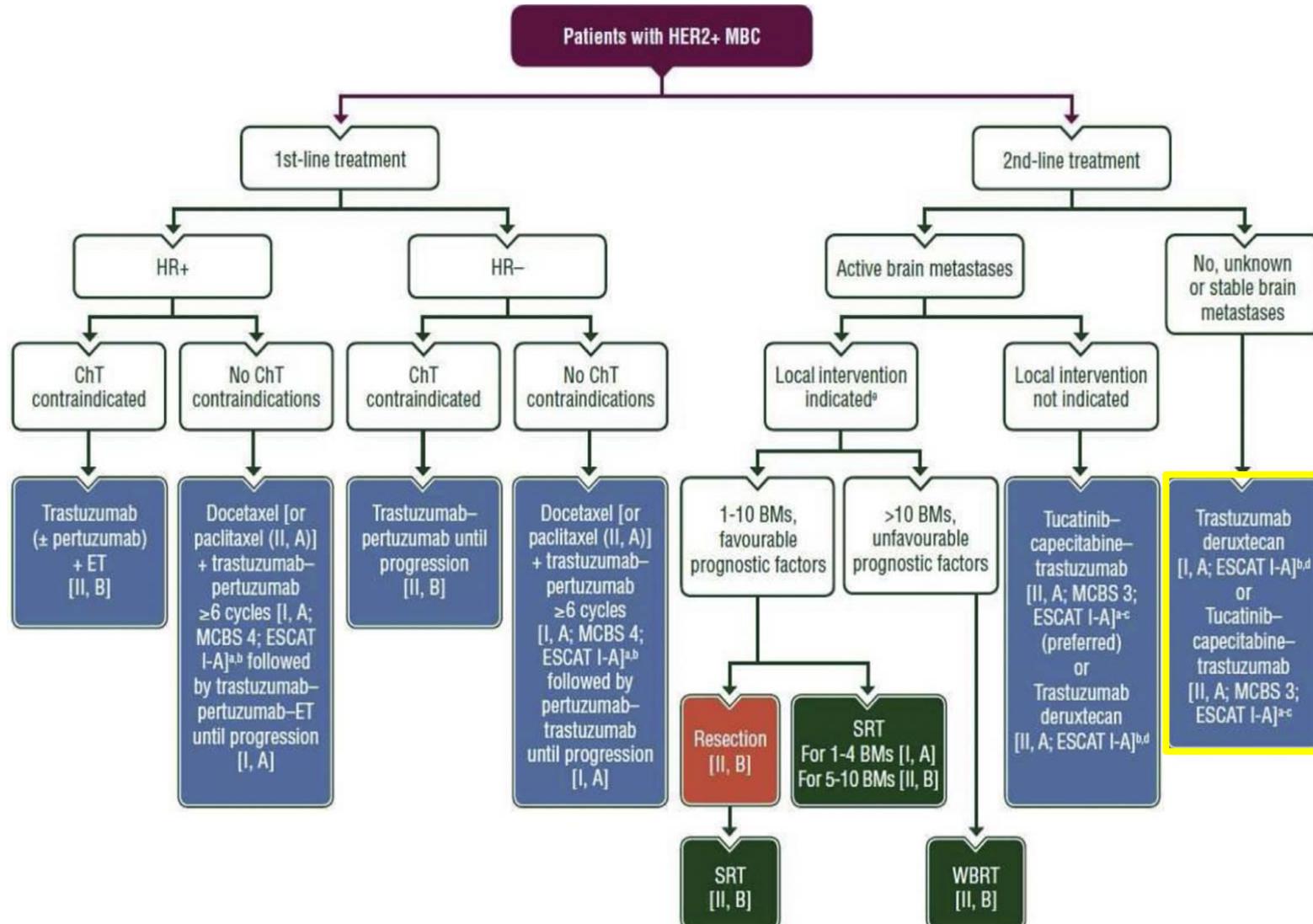
“**Jaw dropping** waterfall plot”

“This is the confirmation of our clinical impression – that is drug will **change the way we treat breast cancer**, not just HER2 positive breast cancer....”

“ADCs will be the pillar of treatment in 5 years for all chemo-sensitive disease....we are going to substitute chemotherapy for ADCs now...”

“This potent antibody drug...will **dramatically change the treatment** for HER-2 positive breast cancer.”

“**It was a really substantial difference in the two treatment arms.** T-DM1 is a good adjuvant drug, but we are always striving to do better. ENHERTU is offering that better option.”

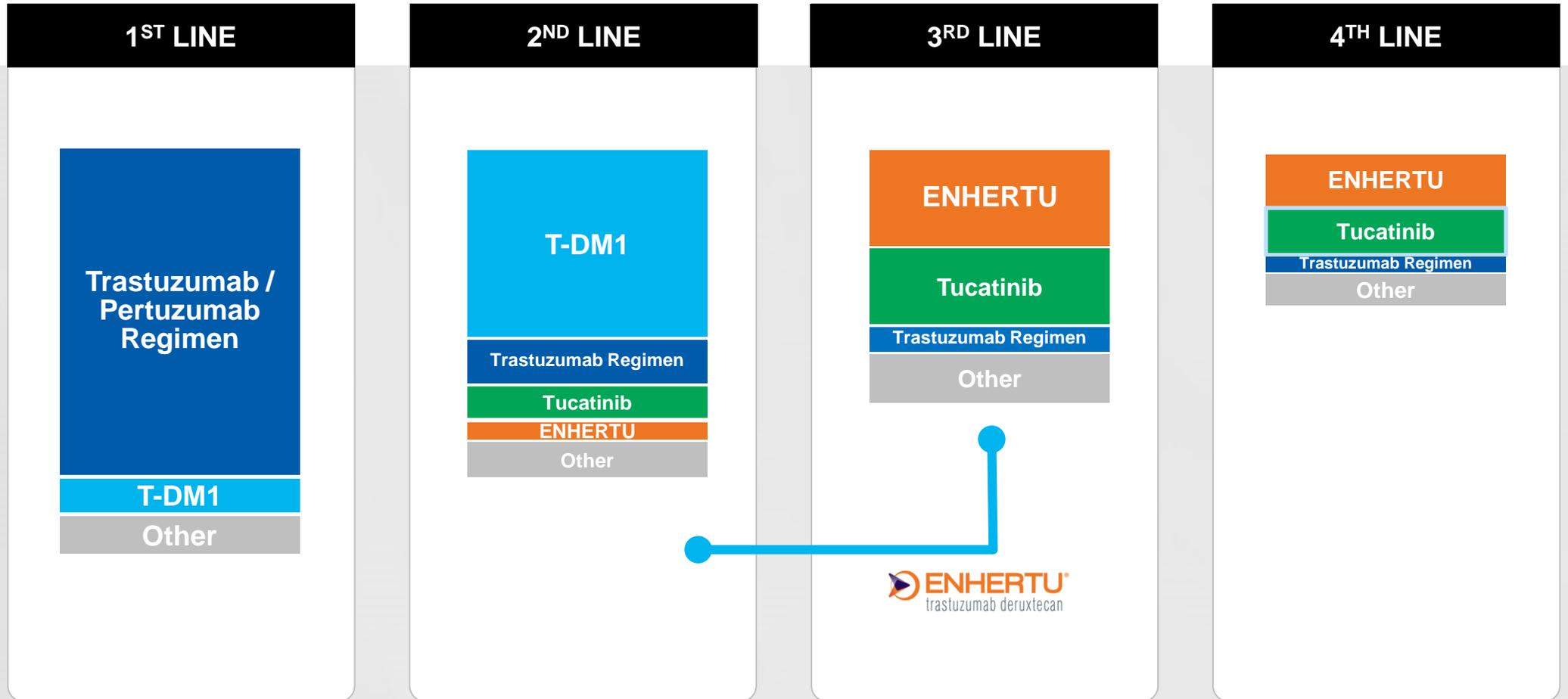


Second line language in ESMO Guideline

- Based on the strength of these efficacy and safety data, **it is reasonable to consider trastuzumab deruxtecan the new standard second-line therapy** in regions where this drug is available [I, A], moving T-DM1 to a later-line setting.
- Trastuzumab deruxtecan should be given as second-line therapy after progression on a taxane and trastuzumab [I, A].
- T-DM1 is a second-line treatment option after progression on a taxane and trastuzumab in cases where trastuzumab deruxtecan is not available [I, A; ESMO-MCBS v1.1 score: 4; ESCAT score: I-A].
- Tucatinib/capecitabine/trastuzumab or trastuzumab deruxtecan may be used in the second-line setting in selected patients with BMs [II, A]

ENHERTU[®]: Opportunity to Displace T-DM1 in mBC

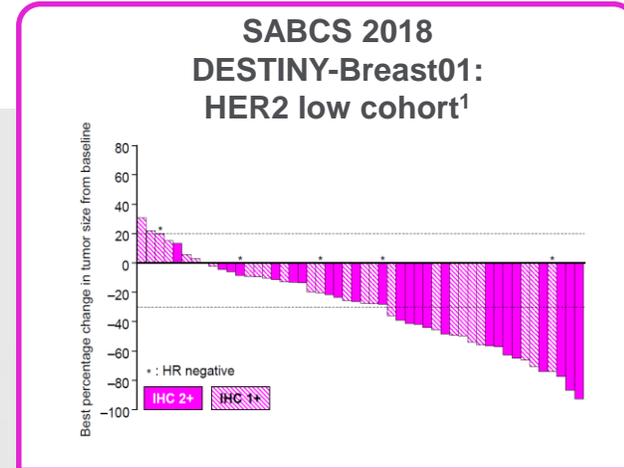
METASTATIC HER2+
BREAST CANCER
DIAGNOSIS



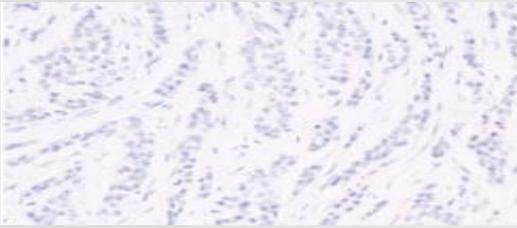
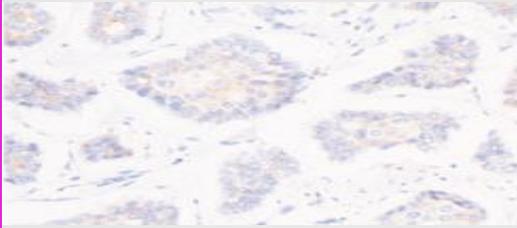
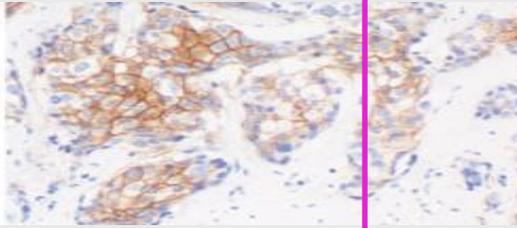
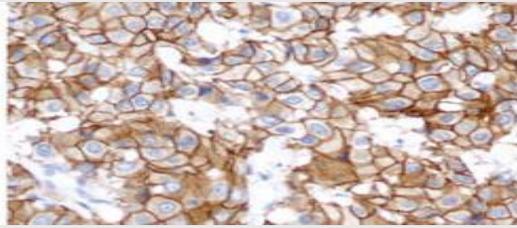
ENHERTU[®] Next: Transform Treatment Landscape for Previously “Un-targetable” HER2 Low

CURRENT SITUATION

- Many HER2 targeted therapies have been approved in HER2+ segment
- No HER2 targeted therapy has demonstrated meaningful efficacy beyond HER 2+ population
- In HR+ segment, ET and CDK4/6 treatment is standard of care and progressing patients receive chemotherapy with limited success
- DESTINY-Breast04 and DESTINY-Breast06 trials targeting HER2 Low patients is projected to read out in Q4 FY2021 for DESTINY-Breast04, and additional indication from DESTINY-Breast06 is expected to contribute commercially to the current 5-year business plan
- HER2 testing is well entrenched across markets (>95% in mBC)
- HER2 Low patients can be identified with the current IHC SOC assays

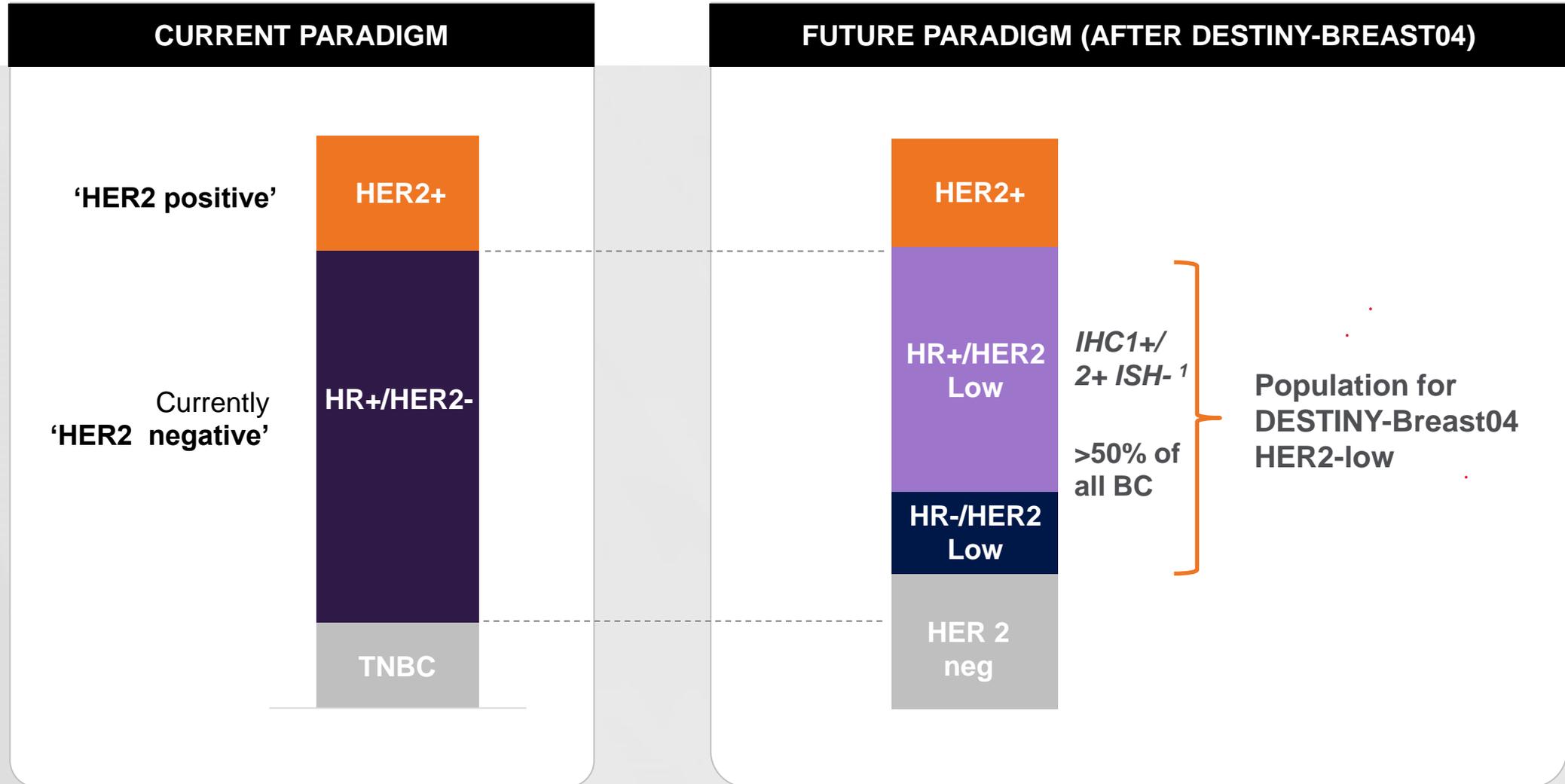


¹ Modi et al, SABCS, 2018; Poster # P6-17-02, Abstract #486

IHC=0	IHC=1+	IHC=2+	IHC=3+
			
No staining OR faint, incomplete staining in ≤10% of cells	Faint, incomplete staining in >10% of cells	Weak - moderate, complete staining in >10% of cells	Intense - complete staining in >10% of cells
	“HER2 Low” - IHC1+/2+, ISH- HER2 targeted drugs have tried and all failed		“HER2 +” - IHC2+/3+, ISH+ trastuzumab, pertuzumab, T-DM1, neratinib, tucatinib, lapatinib

ENHERTU[®]: DESTINY-Breast04 and DESTINY-Breast06

to Potentially Change Treatment Paradigm for Large Segment of Breast Cancer



¹ the estimated patient population split is ~60% IHC1+ and ~40% IHC2+/ ISH- based on DESTINY-Breast04 clinical trial (Feb 2020)

ENHERTU[®]: Clinical Development Program Highlights

Opportunities across breast cancer, HER2-low and other tumors

	NEOADJUVANT / ADJUVANT	1L METASTATIC	2L METASTATIC	3L METASTATIC
HER2-low BREAST CANCER 	HR ⁺ ¹ : chemotherapy ± endocrine therapy HR ⁻ ³ : chemotherapy	endocrine ± CDK4/6i ² Replace/displace chemotherapy	2X PHASE 3 Post CDK4/6i	
HER2-positive BREAST CANCER 	Post neoadjuvant replace trastuzumab emtansine (T-DM1) Chemotherapy + trastuzumab + pertuzumab	PHASE 3 REPLACE chemotherapy + trastuzumab + pertuzumab	PHASE 3 REPLACE trastuzumab emtansine (T-DM1)	PHASE 2 & 3 POST trastuzumab emtansine (T-DM1) ✓ US, JP, EU, UK, Canada, Israel approvals
BEYOND BREAST CANCER	<ul style="list-style-type: none"> • Expand into other cancer types: gastric, NSCLC, CRC⁴ and others • Conducting multiple combination trials to push the boundaries of patient outcomes 			✓ HER2+ mGC US, JP, Israel approvals

1. Hormone receptor positive 2. Cyclin-dependent kinase 4/6 inhibitor 3. Hormone receptor negative 4. Colorectal cancer

Dato-DXd: Potentially Best-in-Class TROP2 Directed ADC in NSCLC and Breast Cancer

TROP2

is a widely expressed in solid tumors, including high expression in NSCLC where it is associated with poor prognosis

Salvage Chemo in NSCLC

limited efficacy (ORR of 5-23% and OS of 5.7-12.6 months) post IO and PBC^{1,2,3}

Initiated Global Phase 3

TROPION-Lung01⁴ vs docetaxel in 2L, 3L mNSCLC without AGAs post IO and PBC

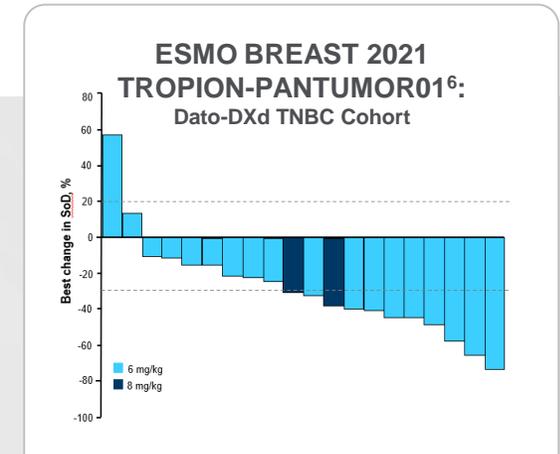
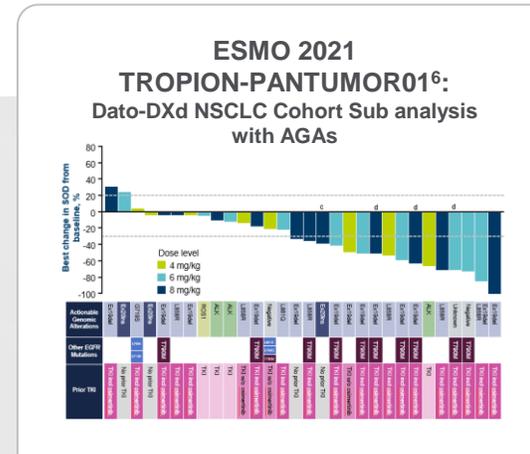
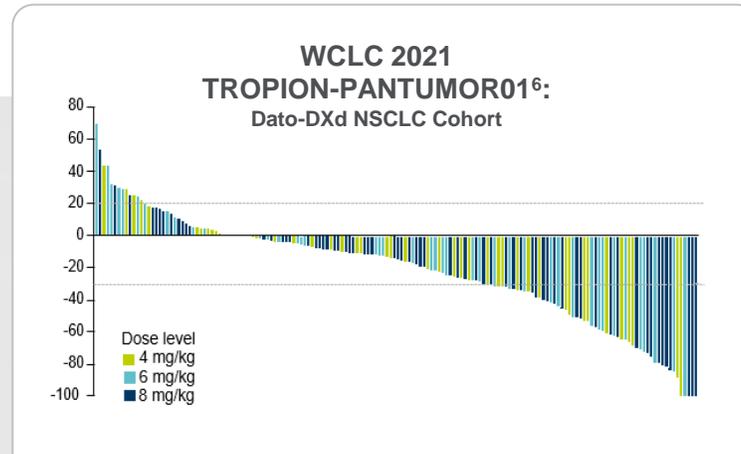
Additional Phase 1/2 Trials in NSCLC

- **TROPION-Lung05⁵** monotherapy in 3L+ mNSCLC with AGAs
- **TROPION-Lung02⁶ & TROPION-Lung04⁷** IO combos (pembrolizumab, durvalumab with or without PBC) in 1L, 2L, 3L mNSCLC without AGAs

Phase 1 in TNBC & HR+/HER2- mBC

Promising results in TNBC cohort from **TROPION-PanTumor01⁸**

AGAs: Actionable Genomic Alterations; IO: Immunotherapy; ORR: Objective Response Rate; OS: Overall Survival; PBC: Platinum-based Chemotherapy;



1. Hotta K, et al. *J Thorac Oncol*. 2007. 2. Rothschild SI, et al. *ESMO Open*. 2021. 3. Garon E, et al. *The Lancet* 2014 4. NCT04656652 5. NCT04484142 6. NCT04526691 7. NCT04612751 8. NCT03401385

ENHERTU[®], Dato-DXd & HER3-DXd: Lung Cancer Clinical Development Highlights



1L METASTATIC

2L METASTATIC

3L METASTATIC

NSCLC with AGAs* ~49%

- EGFRm ~17%
- HER2m ~2-4%

*AGA= actionable genomic mutations defined as % of non-squamous NSCLC patients who are positive for EGFRm (excluding exon 20 deletion), HER2m, ALK, ROS1, NTRK1, BRAF, KRAS G12C, Met, Ret

HER3-DXd
Phase 1 (1L, 2L EGFRm NSCLC)
HER3-DXd combo with osimertinib

HERTHENA-Lung01
Phase 2 (3L EGFRm NSCLC)
HER3-DXd monotherapy

TROPION-Lung05
Phase 2 (3L+ NSCLC with AGA)
Dato-DXd monotherapy

DESTINY-Lung01
Phase 2 (2L HER2m and HER2+ NSCLC)
ENHERTU Monotherapy

DESTINY-Lung02
Phase 2 (2L HER2m NSCLC)
ENHERTU Monotherapy Post PBC

NSCLC without AGAs** ~51%

** TL01 and TL08 does not exclude patients who have KRASG12C mutations in markets where KRASG12C inhibitors are not approved

TROPION-Lung02
Phase 1b (1L, 2L, 3L NSCLC without AGAs)
Dato-DXd combo with pembrolizumab with or without PBC

TROPION-Lung04
Phase 1b (1L, 2L, 3L NSCLC without AGAs)
Dato-DXd combo with durvalumab with or without PBC

TROPION-Lung08
Phase 3 (1L NSCLC without AGA)
Dato-DXd + pembrolizumab vs. pembrolizumab

TROPION-Lung01
Phase 3 (2L, 3L NSCLC without AGA)
Dato-DXd vs. docetaxel

DESTINY-Lung03
Phase 1b (1L, 2L, 3L HER2+ NSCLC)
ENHERTU combo with durvalumab and chemotherapy

By 2030 DS will be a Global Innovator, ADC Leader Across Multiple Tumor Types with a Competitive Advantage in Oncology

FY2021 - FY2025

As of FY2021

- Oncology Business Unit launched
- ENHERTU® approved globally in mBC and mGC
 - ENHERTU® granted 4th Breakthrough Therapy Designation in the US based on DESTNY-Breast03 results
 - Well-positioned to be market leader in 2L HER2+ mBC
 - Positioned to transform HER2 Low treatment paradigm
- Multiple drugs in breast and lung cancer launched

5-YEAR BUSINESS PLAN (FY2021-FY2025)

REALIZE 2025 GOAL AND SHIFT TO FURTHER GROWTH

2030 VISION

Innovative Oncology Business Contributing to the Sustainable Development of Society

- Global Top 10 Oncology Company
- Leader in ADC technology across multiple tumors types
- ENHERTU®, Dato-DXd and HER3-DXd achieve blockbuster status
- Complemented by promising ADC candidate DS-7300
- DS recognized as trusted and respected Oncology business across the globe

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