

Current and future trends in Personalised Healthcare Bruce Jordan, International Business Leader Companion Diagnostics (CDx)





Why Personalised Healthcare (PHC)?

PHC is the central pillar to Roche's strategy

Success stories to date – life-changing improvements

Future examples highlighting Asthma and Alzheimer's



PHC is about addressing unmet need Give patients a treatment that works!

Today's Medical need

Non-responders to current therapy*



Cancer



Diabetes



Alzheimer's



Asthma

50%

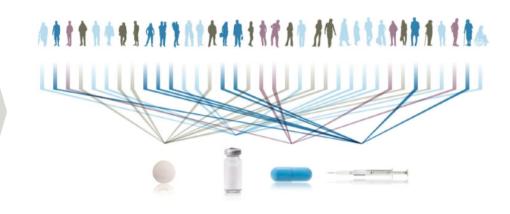
Arthritis



Depression

Personalised Healthcare

The right therapy for the right group of patients

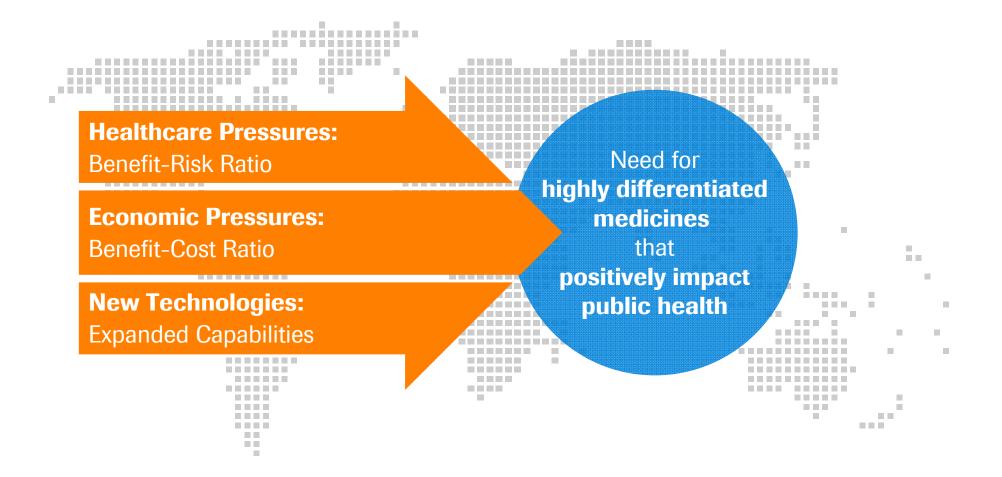


1998-2014: 1% of NDAs with CDx+

By 2030: up to 80% of NDAs with CDx#



PHC – driver of change Key to enabling highly differentiated medicines





Why Personalised Healthcare (PHC)?

PHC is the central pillar to Roche's strategy

Success stories to date – life-changing improvements

Future examples highlighting Asthma and Alzheimer's

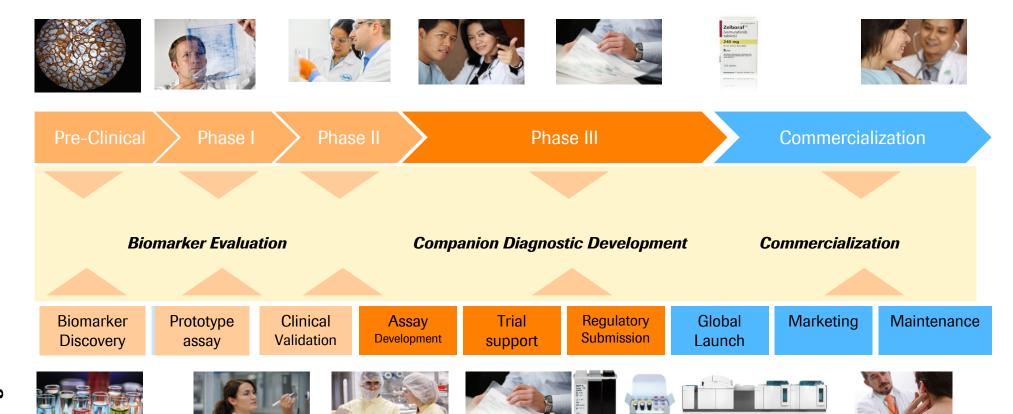
Roche uniquely positioned to drive PHC Translating excellence in science into effective treatments





→ Combine expertise in molecular biology and technologies to benefit patient

PHC requires collaboration across the value chain Bringing together the right capabilities at the right time





PHC at Roche – an integral part of our business Results of sustained efforts

Research





>350

Internal collaborations on biomarker and/or companion diagnostic programs

8/10

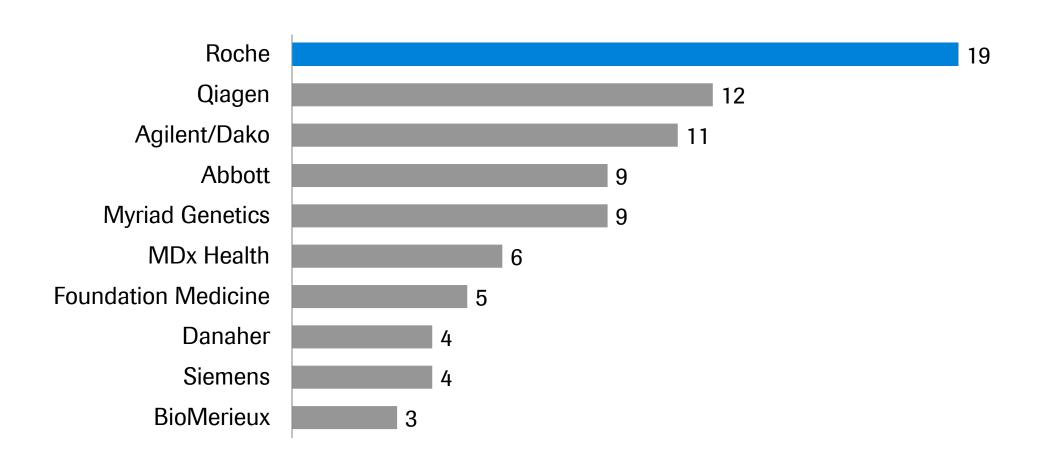
New Phase III molecules have companion diagnostics and/or biomarker program

5/24

FDA-approved oncology drugs requiring a companion diagnostic



PHC with 3rd parties- Leading with companion deals *Roche works with many pharma companies*



Roche

PHC is a strategic choice of Roche *At Roche, PHC is a reality now*



"We see an enormous potential and huge opportunities in PHC. Targeted therapies and diagnostic tests that help to improve medical decision-making not only offer clinical benefits for patients but are also attractive through health economic benefits to regulatory authorities and payers."

"At Roche Personalised Healthcare is a reality now!"

Severin Schwan, CEO Roche



Why Personalised Healthcare (PHC)?

PHC is the central pillar for Roche's strategy

Success stories to date - life-changing improvements

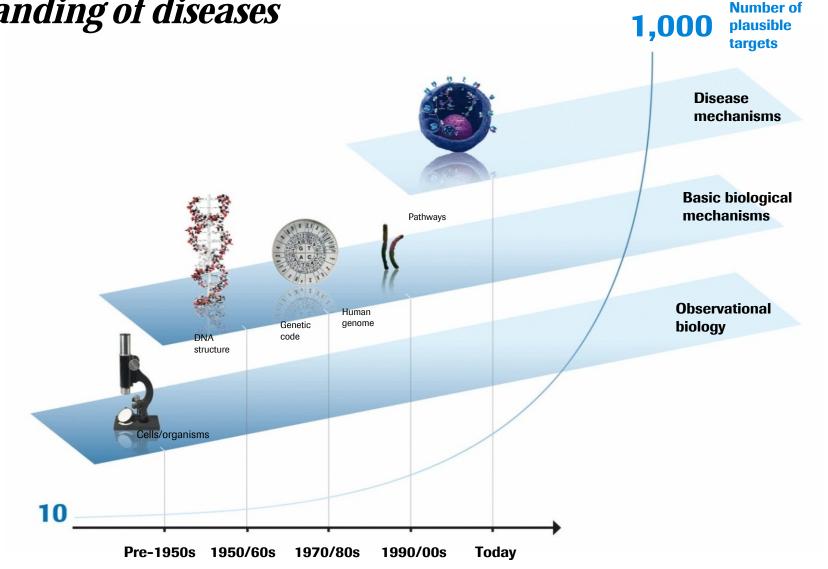
Future examples highlighting Asthma and Alzheimer's



Understanding disease mechanisms

New technologies allow better insights and deeper

understanding of diseases





Enabling targeted therapies with diagnostic toolsTargeted therapies - approved

Zelboraf & BRAF test

Metastatic melanoma

BRAF mutations

Herceptin, Perjeta, Kadcyla, HER2 tests

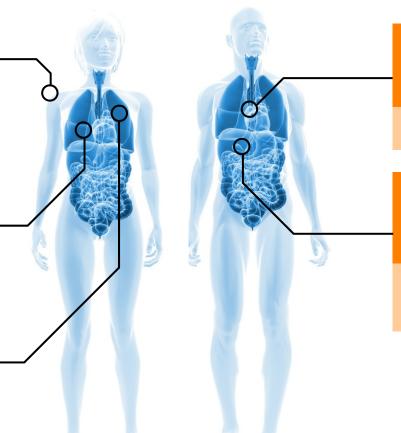
Breast cancer

HER2 expression level

Tarceva (first-line) & EGFR test

Non-small cell lung cancer

EGFR mutations



Antivirals, HIV viral load testing HIV

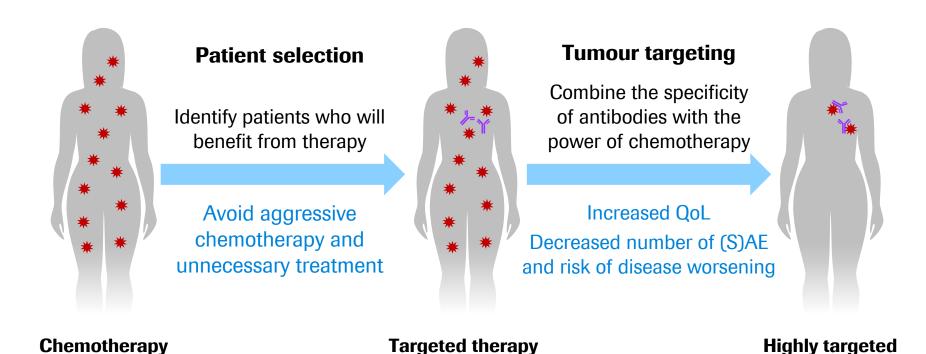
HIV viral load

Pegasys, HBsAg, HBV and HCV tests
Hepatitis B and C

HBV, HCV viral load, genotype



Evolution of HER2 overexpressing cancer therapy *Targeted therapy enabled by advances in Pathology*



e.g. Anthracyclines

Herceptin, Perjeta, Xeloda

+ chemotherapy

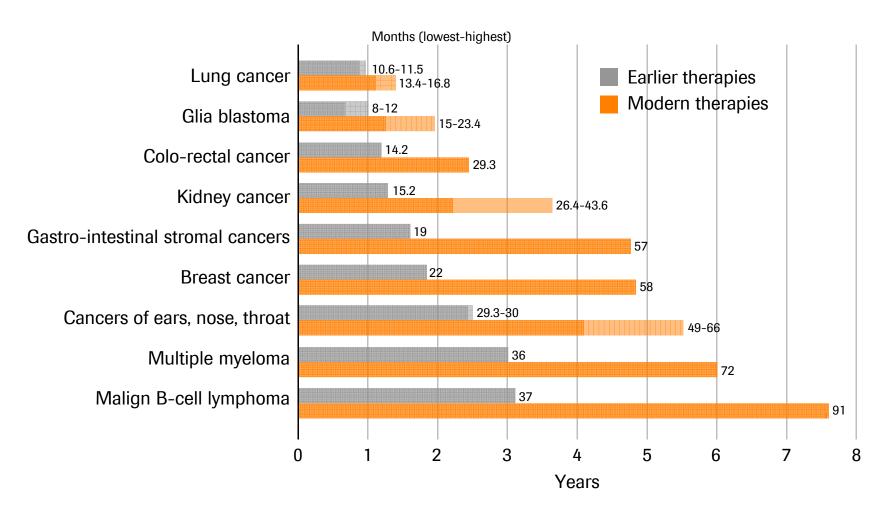
Kadcyla

antibody-drug conjugates

(S)AE: (serious) adverse event; QoL: quality of life.



PHC delivering game-changing improvements Advanced cancer – progress seen in 2000 - 2010



Source: Prof. Ch. Zielinski, University Vienna, Austria, March 2010, "Ergebnisoptimierung in der Therapie maligner Erkrankungen durch moderne Behandlungsstrategien: Einfluss auf die Überlebensdauer von Patientlnnen mit Krebserkrankungen, http://www.onkologie-wien.at/forschung-und-lehre/positionspapier/;

^{*} average data, in months



Why Personalised Healthcare (PHC)?

PHC is the central pillar for Roche's strategy

Success stories to date – life-changing improvements

Future examples highlighting Asthma and Alzheimer's



New treatments to be enabled by diagnostic tests Improved targeting through diagnostic tools

Cobimetinib (MEK Inhib.) combo Zelboraf

met. melanoma

BRAF status

Alectinib

Non-small cell lung cancer

ALK mutation

Mericitabine, Danoprevir

Hepatitis C

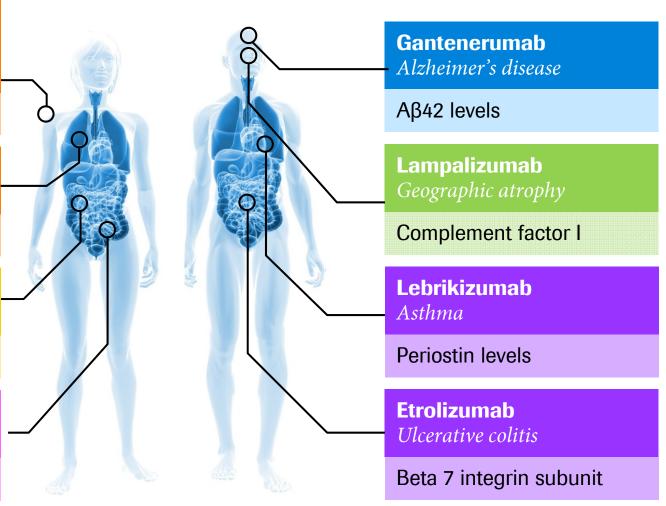
HCV viral load, genotype

Human rFSH

Infertility



AMH levels



Note: All in development, not commercially available

Asthma – heterogeneous disease Potential for targeted treatment paradigms in asthma



Normal bronchiole



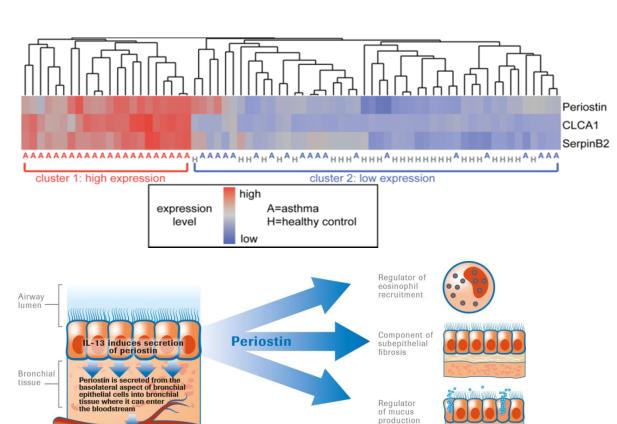
Asthma

- 235 million asthma patients worldwide, and more than 200.000 deaths per year
- Asthma complex disease with marked heterogeneity
- Over-expression of IL13 is a critical mediator of airway inflammation¹
- Different mechanisms lead to symptoms clinically called 'asthma'
- Patients move up/down treatment steps (ICS/OCS) until control is achieved and maintained
- Asthma treatment so far has been a onesize-fits-most approach





IL-13 is a significant player in severe asthma Periostin is a surrogate blood biomarker for high lung IL-13



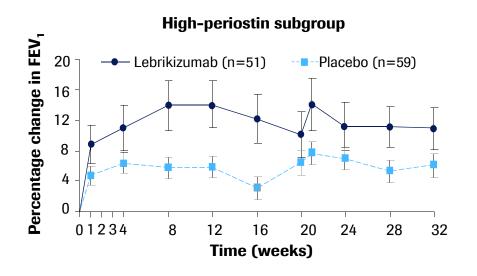
- The periostin gene, together with CLCA1 and serpinB2, were found to be co-upregulated with IL-13 in epithelial cells of subjects with asthma²
- Only Periostin was detectable in blood
- Periostin is known to play a role in eosinophil recruitment, subepithelial fibrosis, and mucus production

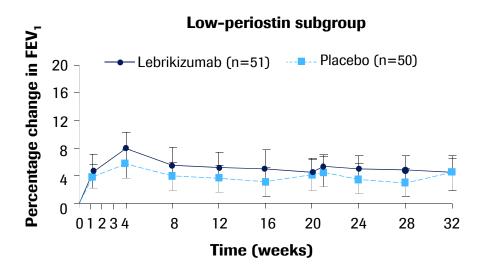


Serum/plasma Bloodstream



Lebrikizumab (alL-13) Phase II study data Improvement in lung function greater in periostin high





Mean change at Week 12

Lebrikizumab 14.0%, placebo 5.8% (p=0.03) Difference 8.2% 180 ml

Mean change at Week 12

Lebrikizumab 5.1%, placebo 3.5% (p=0.61) Difference 1.6% 30 ml

Error bars correspond to mean ± 1 SD





Moving towards greater biomarker driven care in asthma

- In 2 phase IIb studies, Lebrikizumab* significantly improved lung function in severe asthma patients+
- Periostin is a potential biomarker to identify patients more likely to benefit from lebrikizumab*+
- A periostin immunoassay development was initiated in time to enable it's use in phase III studies

Lebrikizumab *+ Cobas® Periostin immunoassay* = Indentify most likely responders









Alzheimer's Disease is a complex and debilitating Current diagnoses and therapies are very limited



2030 **76** million people

2050 **** 130 million people

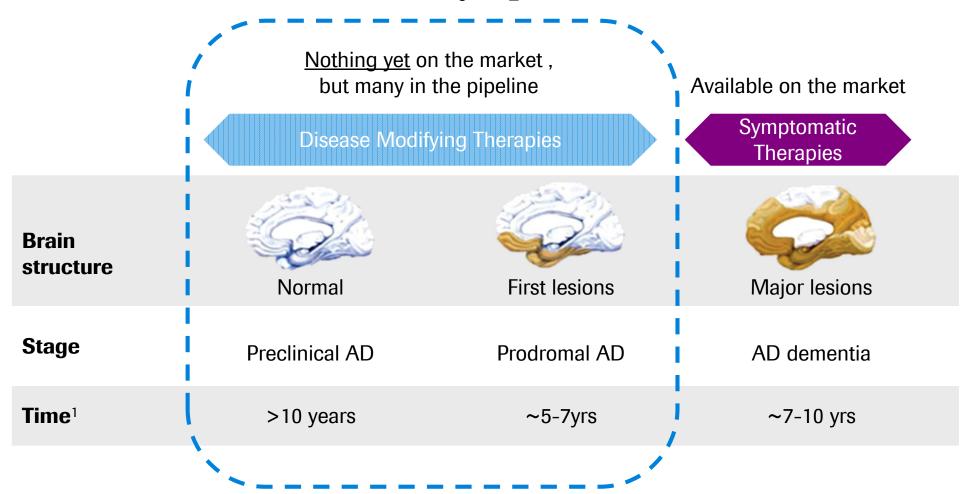




The field is desperate for advancements to alleviate the heavy burden on **patients**, **caregivers**, and **healthcare** systems.



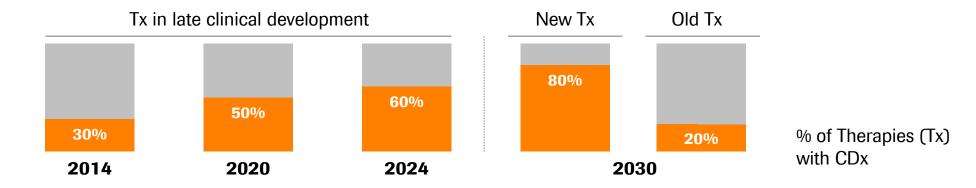
Early treatment is the key to fighting the disease Current treatments address symptoms and not disease



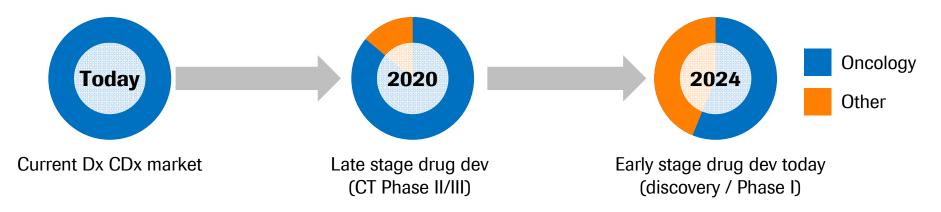


PHC is the future of medicine What is today exceptional will be routine in 2030

Estimated that up to 80% new drugs will come with a CDx in the 2030



Shift from Oncology to other Disease Areas create more opportunities for RPD



Personalized Medicine by the Numbers (http://www.personalizedmedicinecoalition.org/)

Tufts Center for the Study of Drug Development. Personalized Medicine Is Playing a Growing Role in Development Pipelines. Impact Report, 12 (November/December 2010)



Why Personalised Healthcare (PHC)?

PHC is the central pillar for Roche's strategy

Success stories to date – life-changing improvements

Future examples highlighting Asthma and Alzheimer's



- There is a significant unmet need to improve treatment response rates
- Roche addresses this by making PHC central to the strategy of the company
- PHC has the potential to significantly improve delivery of healthcare, bringing benefits to patients, and society
- There are exciting developments that will hopefully bring advancements to patients in many new areas of medicine





Doing now what patients need next