2020 American Society of Hematology's 62nd Annual Meeting
Roche Analyst Audio Webcast

8 December, 2020

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4 fluctuations in currency exchange rates and general financial market conditions;
5 uncertainties in the discovery, development or marketing of new products or new uses of existing products, including without limitation negative results of clinical trials or research projects, unexpected side-effects of pipeline or marketed products;
6 increased government pricing pressures;
7 interruptions in production;
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9 litigation;
10 loss of key executives or other employees; and
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Agenda

Welcome
Karl Mahler, Head of Investor Relations

Roche hematology strategy
Tom Fuchs, Vice President, Hematology Franchise Head, Global Product Strategy

Key data presented at ASH: CLL, NHL
Ginna Laport, MD – Vice President & Global Head of Hematology NHL/CLL

Key data presented at ASH: MM, MDS
Marion Ott, MD, PhD – Global Franchise Head AML, Multiple Myeloma and Pediatric

Q&A

Welcome

Karl Mahler | Head of Investor Relations

Broadest portfolio in hematology

Roche

Rituxan Rituximab

	mAb	Small Molecule	ADC	Bispecific	Gene Therapy
CLL	GAZYVA obinutuzumab injection ✓	VENCLEXTA venetoclax tablets ✓			
iNHL/FL	GAZYVA obinutuzumab injection ✓ tiragolumab		POLIVY polatuzumab vedotin	mosunetuzumab glofitamab	
DLBCL	tiragolumab	VENCLEXTA venetoclax tablets	POLIVY polatuzumab vedotin ✓	mosunetuzumab glofitamab	
MM	tiragolumab	VENCLEXTA venetoclax tablets		cevostamab	
AML		VENCLEXTA venetoclax tablets ✓			
MDS		VENCLEXTA venetoclax tablets			
Non-Malignant	crovalimab RG6354 (rhPTX-2)			HEMLIBRA emicizumab-kxwh ✓	Spark SPK-8011

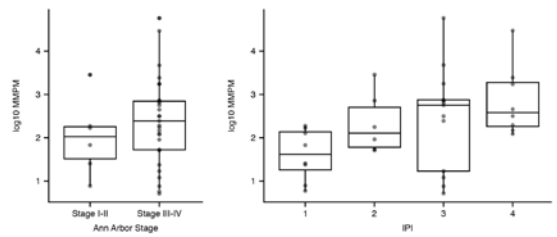
✓ = approved ■ Indications where Rituxan approved ■ Heme-onc indications where Rituxan not approved ■ Non-malignant hematology

CLL=Chronic lymphoid leukemia; iNHL=Indolent Non-Hodgkin's lymphoma; FL=Follicular lymphoma; DLBCL=Diffuse large B-cell lymphoma; MM=Multiple myeloma; AML=Acute myeloid leukemia; MDS=Myelodysplastic syndrome; Venclexta in collaboration with AbbVie

Roche hematology strategy

Tom Fuchs | Vice President, Hematology Franchise Head, Global Product Strategy

Innovation and acceleration of our hematology portfolio

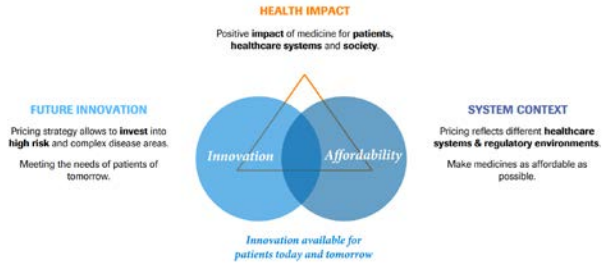


Developing novel endpoints and prognostic factors

- MRD-negativity: primary endpoint in Ph 3 CristaLLo trial of Venclexta + Gazyva in 1L CLL
- ctDNA: being explored as prognostic risk factor in DLBCL

Bringing medicines to market faster

- RTOR for Venclexta in 1L CLL and 1L AML and AA for Polivy in R/R DLBCL
- Engaging with health authorities on accelerated pathways for mosunetuzumab, glofitamab, and cevostamab, and crovalimab



Reducing cost to society

- Focus on off-the shelf medicines which can be administered in a variety of settings
- Fixed duration treatments avoid long term side effects of chronic therapy and generate savings to the healthcare system

MRD=minimal residual disease; ctDNA=circulating tumor DNA; RTOR=real time oncology review; AA=accelerated approval; R/R=relapsed/refractory; DLBCL= Diffuse large B-cell lymphoma; CLL=Chronic lymphoid leukemia; AML=Acute myeloid leukemia; Venclexta in collaboration with AbbVie

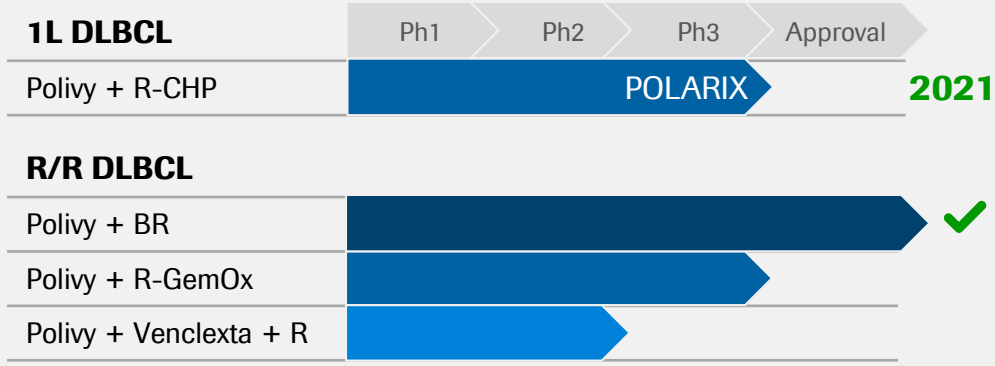
Polivy readout in 1L DLBCL expected in 2021

Opportunity to establish Polivy as standard of care in curative setting

POLIVY® polatuzumab vedotin

- **Strong efficacy**: only agent in R/R DLBCL with OS benefit in randomized trial
- **Well tolerated**: combines with standard of care (R-chemo) with no unique safety monitoring requirements
- **Off the shelf**: readily available; administered in any oncology facility, with no hospitalization required
- **Fixed duration**: administered for 6 cycles

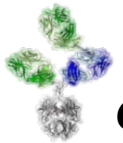
>3.5 years ahead of competitors in 1L DLBCL



Additional combinations with mosunetuzumab and glofitamab initiated in 1L and R/R DLBCL

Polivy in collaboration with Seattle Genetics; R/R = relapsed/refractory; DLBCL=diffuse large B-cell lymphoma; BR = Rituxan + Bendamustine; GemOx=gemcitabine+oxaliplatin; R=Rituxan; OS=overall survival; CHP=cyclophosphamide + hydroxydaunorubicin + prednisone

Mosunetuzumab and Glofitamab are differentiated CD20xCD3 bispecific antibodies

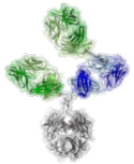
	 *Mosunetuzumab ('1:1' format)*	 *Glofitamab ('2:1' format)*
Efficacy	• High/durable responses as single-agent and in combination across NHL subtypes	• Best in class efficacy potential with high CR rates in heavily pretreated R/R DLBCL
Safety	• Low grade 2 and no grade ≥3 CRS	• New step-up dosing schedule has allowed higher target doses with manageable CRS (mostly gr 1-2)
Administration	• No protocol-required hospitalization • Potential to further improve safety profile and convenience with SC formulation	• Combinable with Rituxan and Gazyva • SC development to be started in 2021

R/R=relapsed/refractory; NHL=non-hodgkin's lymphoma; DLBCL=diffuse large B-cell lymphoma; CR=complete response; CRS=cytokine release syndrome; SC=subcutaneous

Roche CD20 x CD3 bispecific portfolio can be tailored to address diverse patient and customer needs

Mosunetuzumab

Attractive profile for the outpatient setting and across a broad range of indications and settings



Glofitamab

Potential to offer CAR-T like efficacy “off-the-shelf”, for patients with aggressive disease

Patients

- FL/DLBCL/other histologies
- 1L or R/R disease
- Patient characteristics, including risk/prognostic factors
- Single agent vs combination

Providers

- Academic centers vs. community
- SC or IV administration
- Off-the shelf administration

Payers

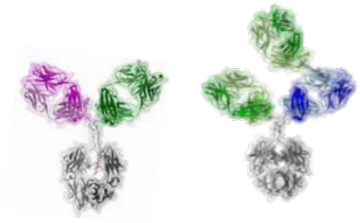
- Fixed duration vs. continuous

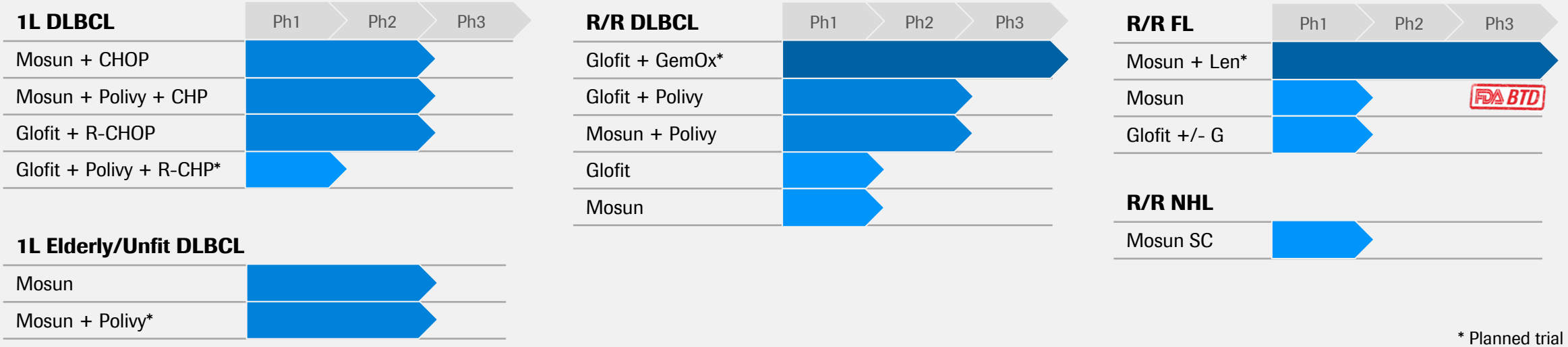
R/R = relapsed/refractory; DLBCL=diffuse large B-cell lymphoma; FL=follicular lymphoma; SC=subcutaneous; IV=intravenous

Most advanced CD20xCD3 bispecific portfolio

Potential to be first-in-class in FL and DLBCL

- Over 1,000 patients treated; multiple monotherapy and combination studies ongoing across lines in NHL
- Pursuing initial registration of mosun in 3L+ FL (FDA BTD) and glofit in 3L+DLBCL
- Phase 3 trials in 2L+ FL and 2L+ DLBCL planned to start in 2021
- Combination trials with Polivy ongoing/planned in 1L DLBCL, 1L elderly/unfit DLBCL and R/R DLBCL
- First ever bispecific data in front-line DLBCL (mosun)





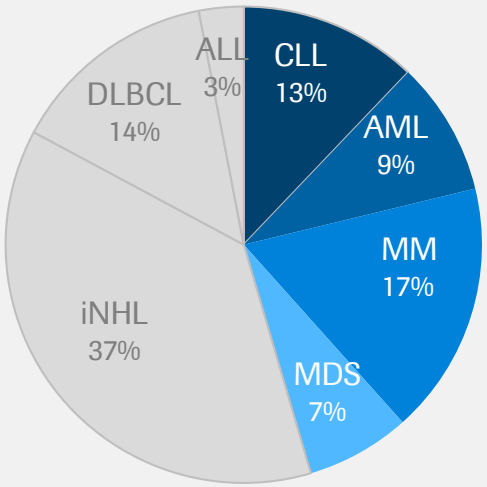
* Planned trial

R/R = relapsed/refractory; DLBCL=diffuse large B-cell lymphoma; NHL=non-hodgkin's lymphoma; SC=subcutaneous; FL=follicular lymphoma; BR= Rituxan + Bendamustine; GemOx=gemcitabine+oxaliplatin; R=Rituxan; G=Gazyva; CHOP=cyclophosphamide+hydroxydaunorubicin+vincristine+prednisone; Len=lenalidomide; BTD=breakthrough therapy designation

Venclexta

5 Breakthrough Therapy Designations, 2 approvals under RTOR

Developing broadly across multiple indications



VENCLEXTA venetoclax tablets 10mg, 50mg, 100mg

✔ CLL

- Venclexta + Gazyva approved in 1L CLL: fixed dose, chemo free regimen
- Ph III (CristaLLo) in 1L fit CLL initiated in Q2'20; primary endpoint: MRD-negativity

✔ AML

- US: Full approval in 1L unfit AML; >40% US market share; NCCN Category 1 listed
- Additional Ph III studies in AML initiated (1L maintenance, post-SCT maintenance)

Multiple Myeloma

- Ph III CANOVA trial underway in ~20% of patients with t(11;14) translocation

MDS

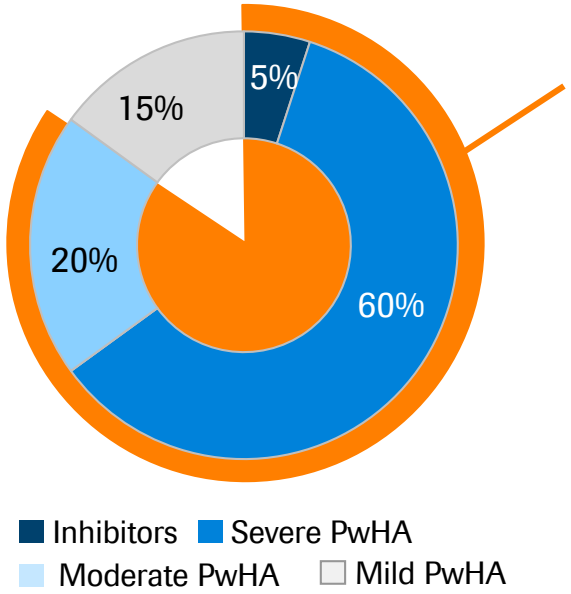
- Ph III VERONA trial in 1L MDS initiated Oct 2020

CLL=Chronic lymphoid leukemia; DLBCL=Diffuse large B-cell lymphoma; iNHL=Indolent Non-Hodgkin's lymphoma; AML=Acute myeloid leukemia; MM=Multiple myeloma; MDS=Myelodysplastic syndrome; MRD=minimal residual disease; SCT= stem cell transplant; NCCN=National Comprehensive Cancer Network; RTOR=real time oncology review; Venclexta in collaboration with AbbVie

Hemlibra

The most prescribed prophylactic treatment in the US for Hemophilia A

HEMLIBRA emicizumab-kxwh



~85%
Hemlibra target population

US: Nearly 25% total market share in Q3

Significant experience and exposure to Hemlibra since it's initial approval more than three years ago

- >8,200 people have received Hemlibra globally

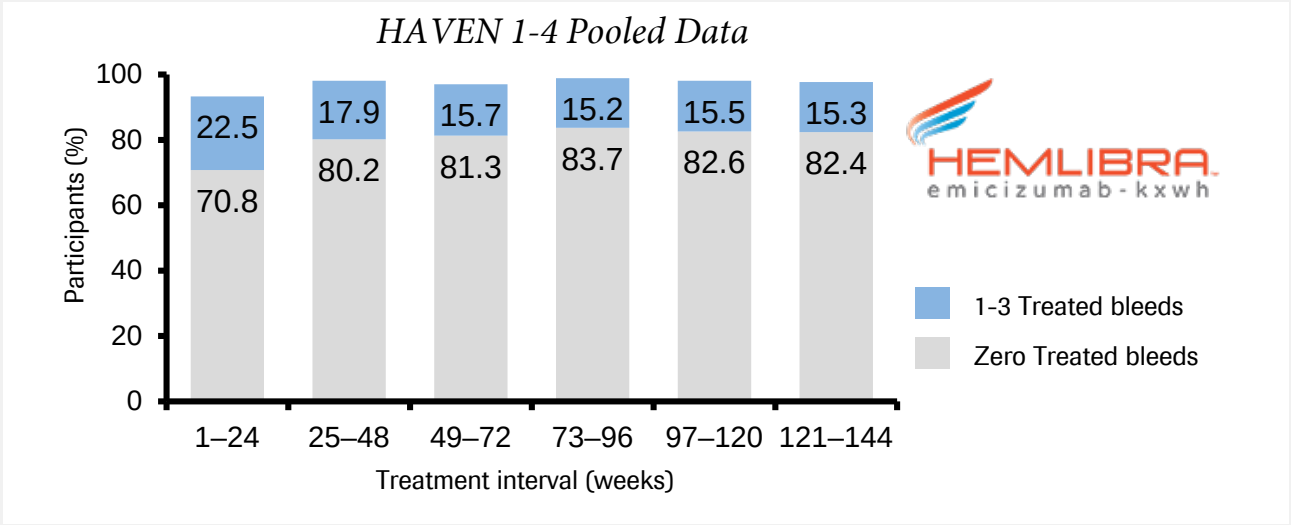
Additional studies planned/initiated to continue to build evidence supporting the profile of Hemlibra:

- HAVEN6 (Mild to moderate patients)
- HAVEN7 (pediatric/infant patients)

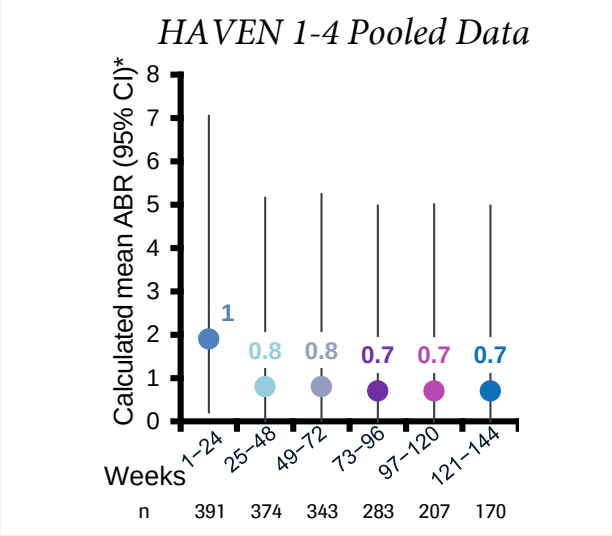
Source: Treated patients, Hemlibra Epidemiology models 2018; PWHA=People with Hemophilia A

Hemlibra long-term safety and efficacy

Continued increase in patients with zero bleeds over nearly 3 yrs



Mean ABR



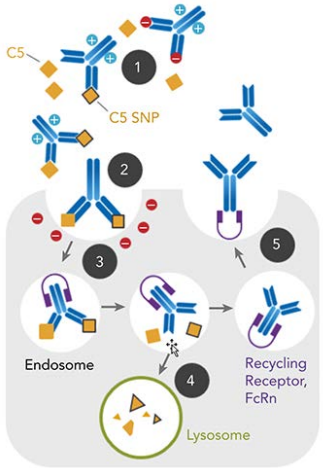
- The percentage of participants with zero treated bleeds increased over the first year and remained above 80% thereafter
- >95% of target joints in evaluable patients were resolved* with Hemlibra prophylaxis
- Favorable long-term safety profile: well tolerated over long-term follow-up with >970 patient years of exposure in HAVEN1-4

Callaghan, et al, ASH 2020; ABR=annualized bleed rate * Mean ABR calculated using a negative-binomial regression model

Crovalimab in PNH

Recycling Ab for maximal inhibition of C5

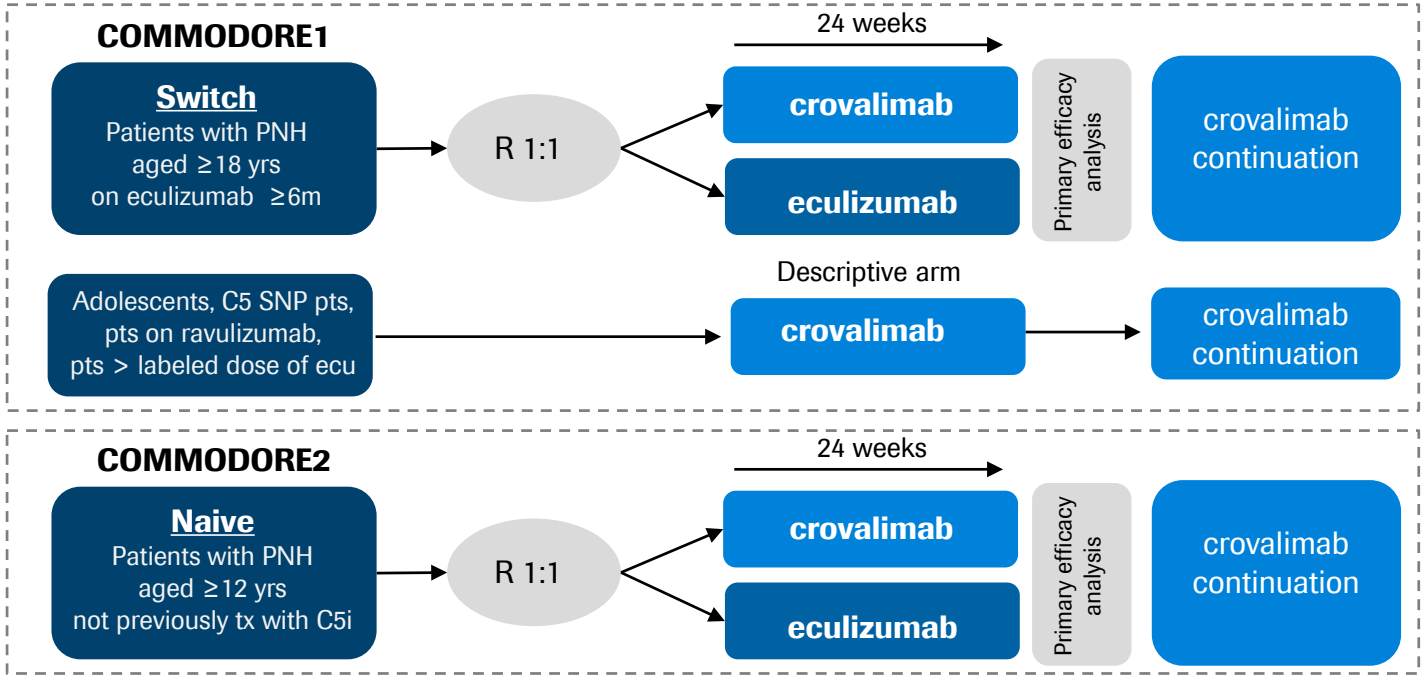
Anti-C5 mAb



1. High affinity binding
2. Preferential Ab uptake of antigen-bound Ab (PI engineering)
3. Acid-sensitive antigen release
4. C5 degradation in the endosome
5. Ab recycling by FcRn engineering, protecting Abs from degradation

- Chugai engineered, anti complement component 5 (C5) recycling mAb[1–6]
- Convenient SC Q4W dosing at home

Ph III COMMODORE 1/2 trials initiated in PNH (switch and naive)



- Additional study planned for PNH patients in China (COMMODORE 3)
- Development of crovalimab in additional complement-mediated diseases is being explored

1. Röth A et al. Blood 2020;135:912–20; 2. Fukuzawa T et al. Sci Rep 2017;7:1080; 3. Sampei Z et al. PLoS One 2018;13:e0209509; 4. Röth A, Nishimura J. Centro Congressi Federico II 2019; 5. Röth A et al. ASH 2018; 6. Sostelly A et al. ASH 2019; SC = subcutaneous; SNP = single nucleotide polymorphism; PNH = paroxysmal nocturnal hemoglobinuria

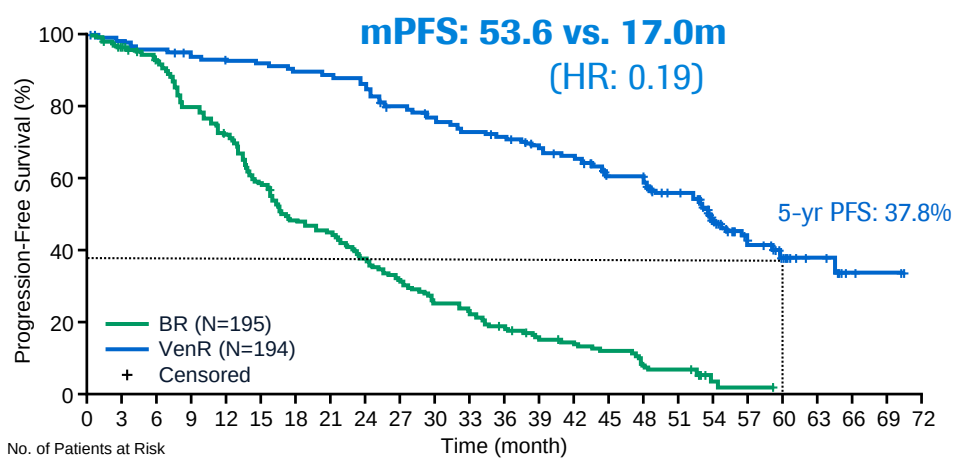
Key data presented at ASH: CLL, NHL

Ginna Laport, MD | Vice President & Global Head of Hematology NHL/CLL

Venclexta benefit maintained over long term follow-up with fixed duration dosing

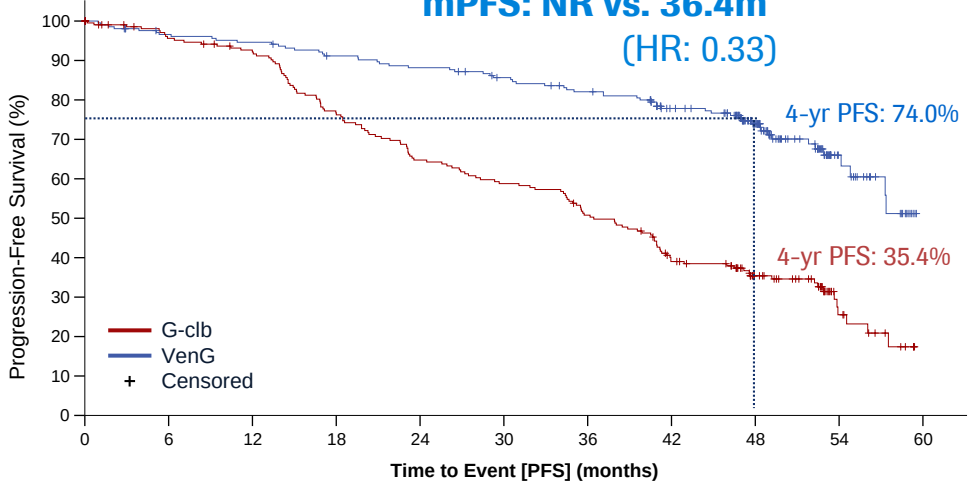
VENCLEXTA
venetoclax tablets 10mg, 50mg, 100mg

MURANO: 5-year update (VenR in R/R CLL)[1]



- 5-yr OS: 82.1% vs. 62.2% (HR: 0.40, p<0.001)

CLL14: 4-year update (VenG in 1L CLL)[2]

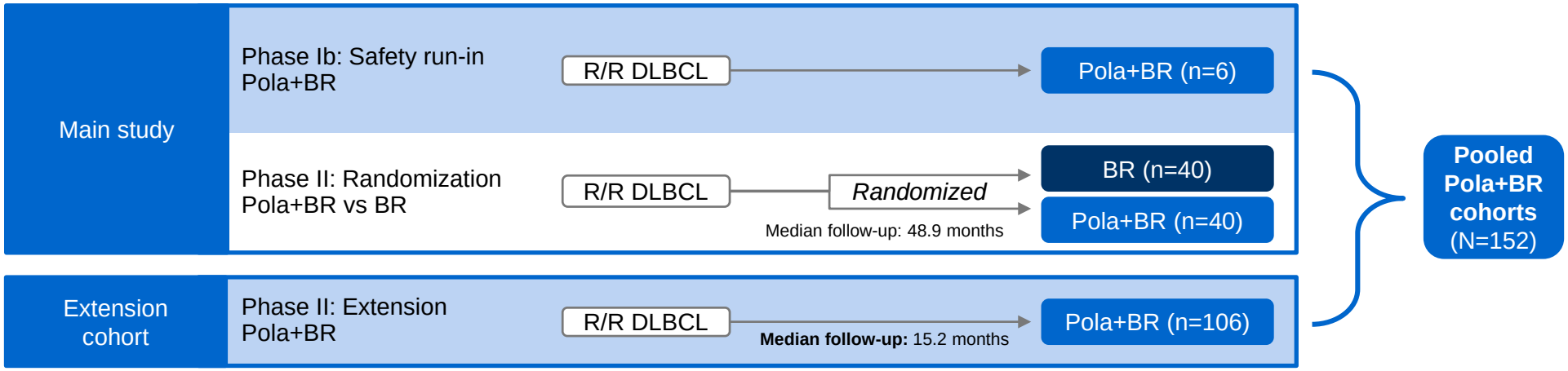


- 4-yr OS: 85.3% vs. 83.1% (HR: 0.85, p=0.49)

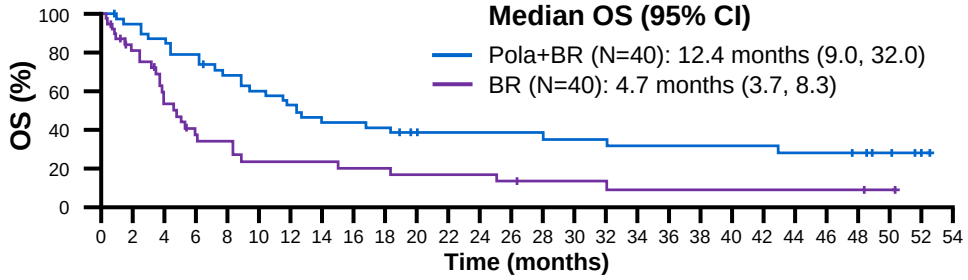
1. Kater, et al, ASH 2020; 2. Al Sawaf et al, ASH 2020; Venclexta in collaboration with AbbVie; CLL=Chronic lymphoid leukemia; VenR = Venclexta+Rituxan; VenG=Venclexta+Gazyva; BR= Bendamustine+Rituxan; G-Clb=Gazyva+Chlorambucil; mPFS=median progression free survival; OS: overall survival; NR=not reached

Polivy OS benefit in R/R DLBCL maintained with longer follow-up and consistent across cohorts

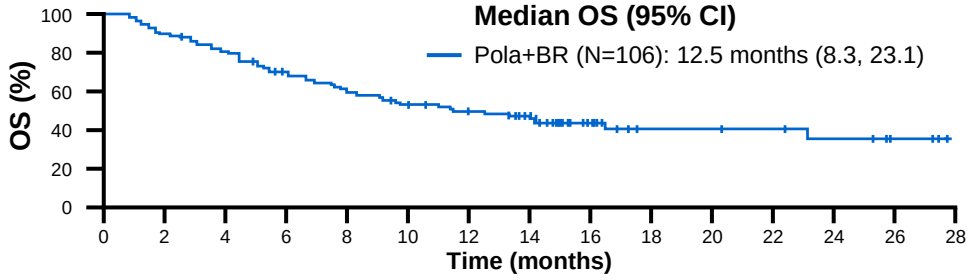
POLIVY® polatuzumab vedotin



Randomized[1]



Extension cohort[1]



1. Sehn et al, ASH 2020; Clinical cut-off date: July 07, 2020; Polivy in collaboration with Seattle Genetics; R/R = relapsed/refractory; DLBCL=diffuse large B-cell lymphoma; BR=Rituxan+Bendamustine; OS=overall survival

Polivy R/R DLBCL subgroup analysis demonstrates strong efficacy in 2L and non-refractory patients

POLIVY® polatuzumab vedotin

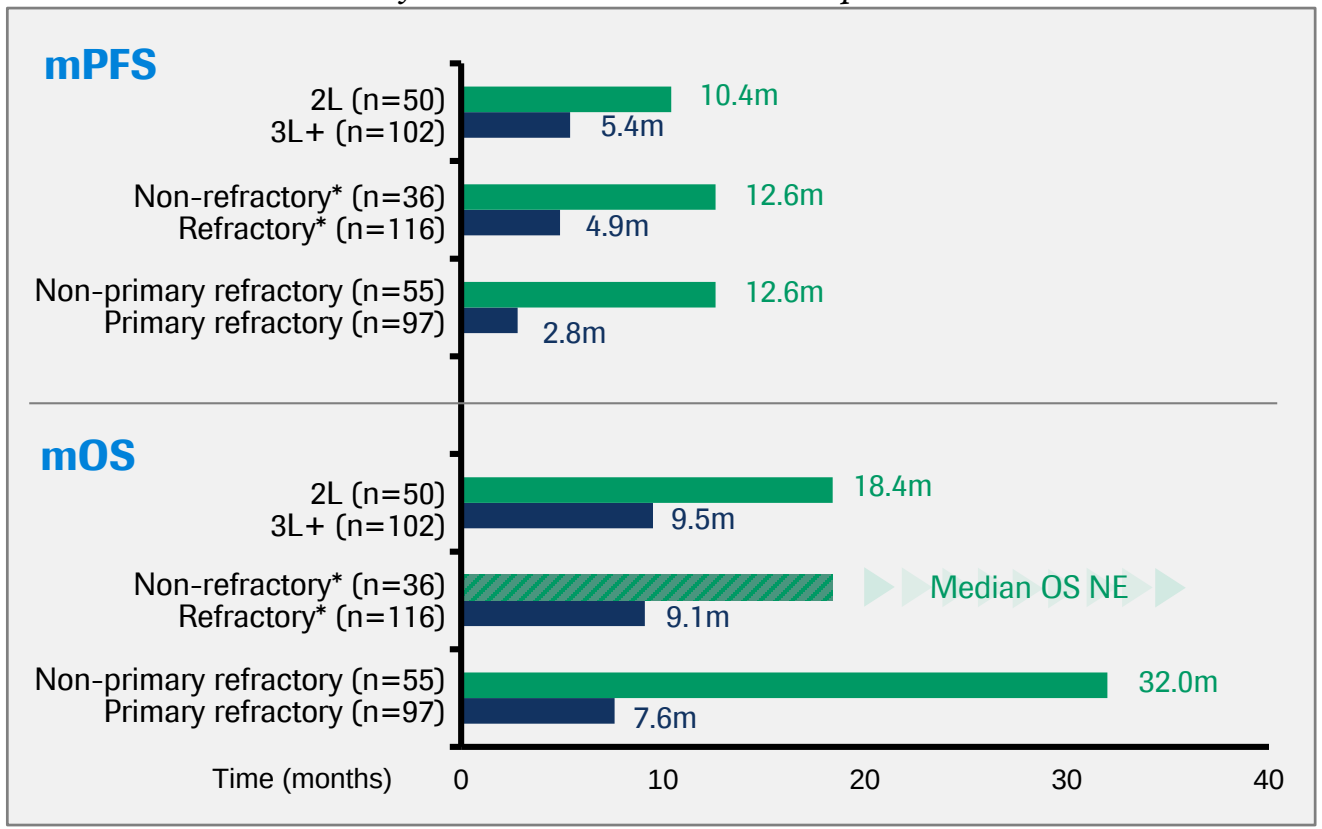
- Patients in Polivy randomized Ph 2 were highly pretreated and highly refractory, limiting the utility of cross-trial comparisons
  - 72% of patients with ≥2 lines of prior therapy
  - 75% refractory to last prior therapy
  - 53% primary refractory

- Subgroup analyses from pooled data demonstrate strong efficacy in 2L and non-refractory patients

Best CR

2L	74%
Non-refractory to last tx	92%
Non-primary refractory	87%

Pooled data from randomized Ph 2 and expansion cohort

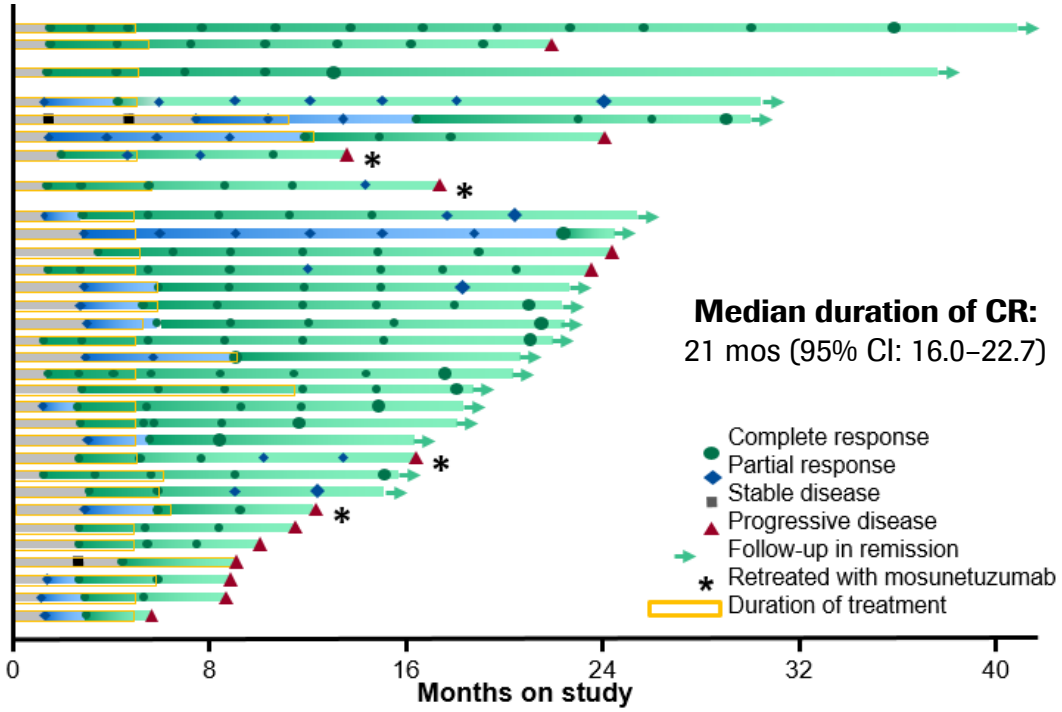


Sehn et al, ASH 2020; Clinical cut-off date: July 07, 2020; Polivy in collaboration with Seattle Genetics; R/R = relapsed/refractory; DLBCL=diffuse large B-cell lymphoma; BR = Rituxan + Bendamustine; PFS= progression free survival; CR=complete response; OS=overall survival; refractory defined as no response or progression or relapse within 6 months of first anti-lymphoma therapy end date (primary refractory), or within 6 months of last anti-lymphoma therapy end date; PFS is IRC assessed

Mosunetuzumab: durable responses in patients with R/R FL

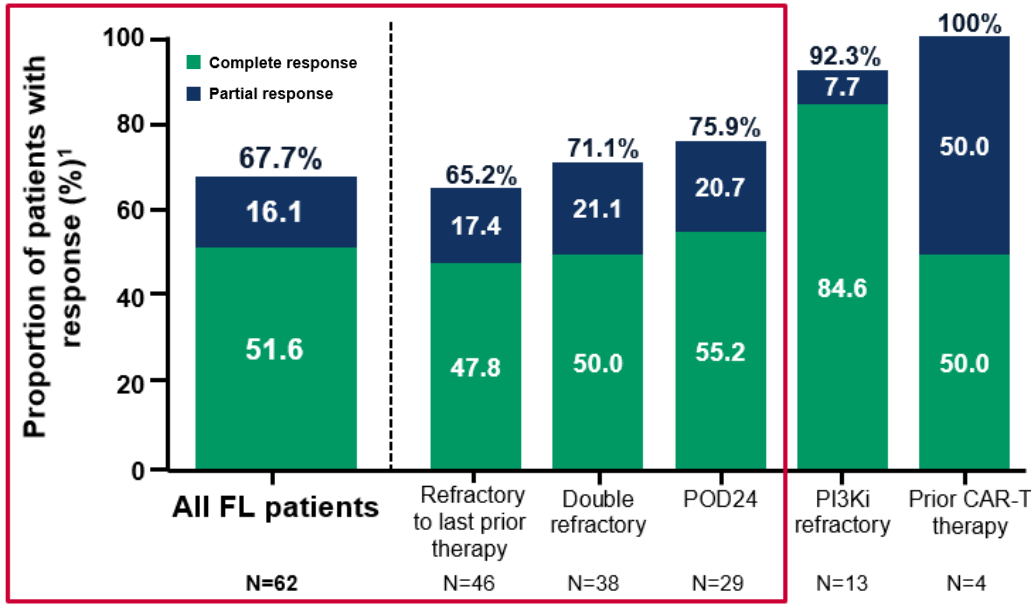
Outpatient regimen with only grade 1 and 2 CRS observed

DOR in patients who achieved CR (efficacy population)



High response rates in high risk subsets

FDA BTD



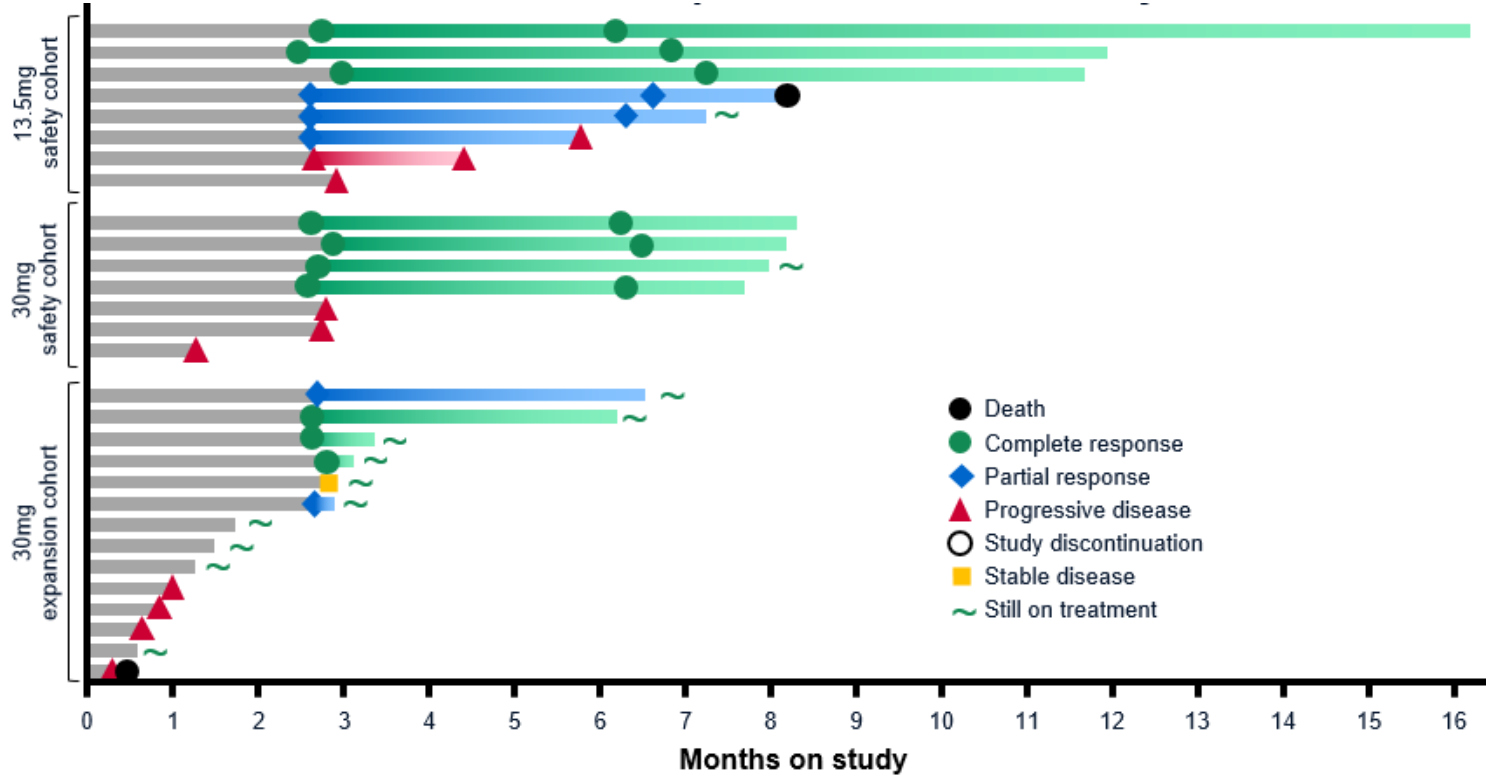
Randomized Ph 3 trial planned in 2L+ FL: mosun+len vs. Rituxan+len

Assouline et al, ASH 2020; FL = follicular lymphoma; R/R = relapsed/refractory; CR=complete response; CRS=cytokine release syndrome; DOR= duration of respose; len=lenalidomide

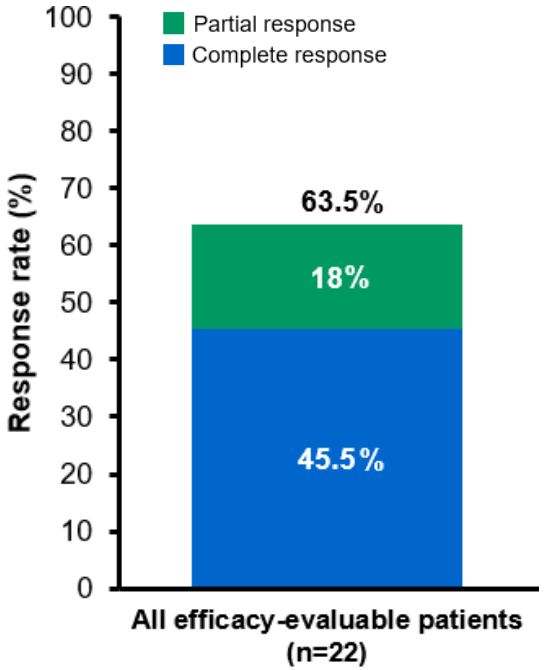
Mosunetuzumab: durable CRs in elderly/unfit 1L DLBCL

Up to 30% of 1L patients do not receive standard dose R-CHOP

Duration of response and time on study



Response Rate



Median age, range: 82 yo (67 -100) All CRS events were Grade 1, except one (Grade 2)

1. Olszewski et al, ASH 2020; Data are presented for the secondary efficacy population (patients enrolled in the study for at least three months); DLBCL=Diffuse large B-cell lymphoma; CRS=cytokine release syndrome; R=Rituxan; CHOP=cyclophosphamide+hydroxydaunorubicin+vincristine+prednisone

Mosunetuzumab + CHOP (M-CHOP)

First ever bispecific combination data in 1L DLBCL

Primary response assessment (End of Treatment)[1]

1L DLBCL

- ORR: 28/34 (82.4%)
- CR: 27/34 (79.4%)

R/R NHL

- ORR: 6/7 (85.7%)
- CR: 6/7 (85.7%)

- Primary response assessment compares favorably to historical standard of care (R-CHOP) in 1L DLBCL[2]
  - **ORR** (EOT): 78%
  - **CR** (EOT): 59%
- All CRS was grade 1-2, and all occurred in cycle 1

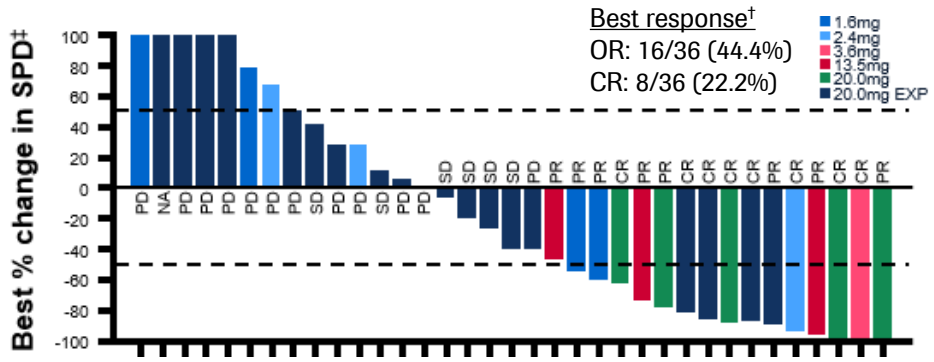
Multiple combination regimens with mosun and glofit being explored in 1L fit DLBCL

1. Phillips et al, ASH 2020; 2. Sehn et al, Blood 2019; DLBCL=Diffuse large B-cell lymphoma; CR=complete response; ORR=overall response rate; CR=Complete response; R= Rituxan; CRS=cytokine release syndrome; CHOP=cyclophosphamide+hydroxydaunorubicin+vincristine+prednisone; EOT=end of treatment

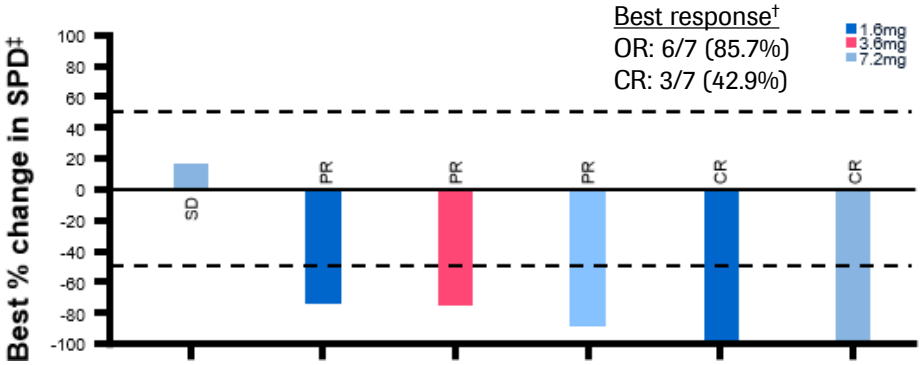
Mosunetuzumab Subcutaneous (SC) Ph I/Ib dose escalation

Preliminary data supports further SC development

aNHL
n=36



iNHL
n=7*



Median 3.5 prior lines of therapy; 83% refractory to most recent tx

Promising efficacy in fixed-dose escalation

- Anti-tumor activity observed in highly pre-treated aNHL and iNHL patients

CRS was infrequent, mild, and transient

- Less frequent Grade 2 CRS than IV at 7-fold higher dose
- No Grade 2 CRS observed at doses below 13.5 mg

Favorable PK profile with SC dosing

- High bioavailability (>95%)
- Slow absorption rate
- Lower peak IL-6 levels, with delayed onset

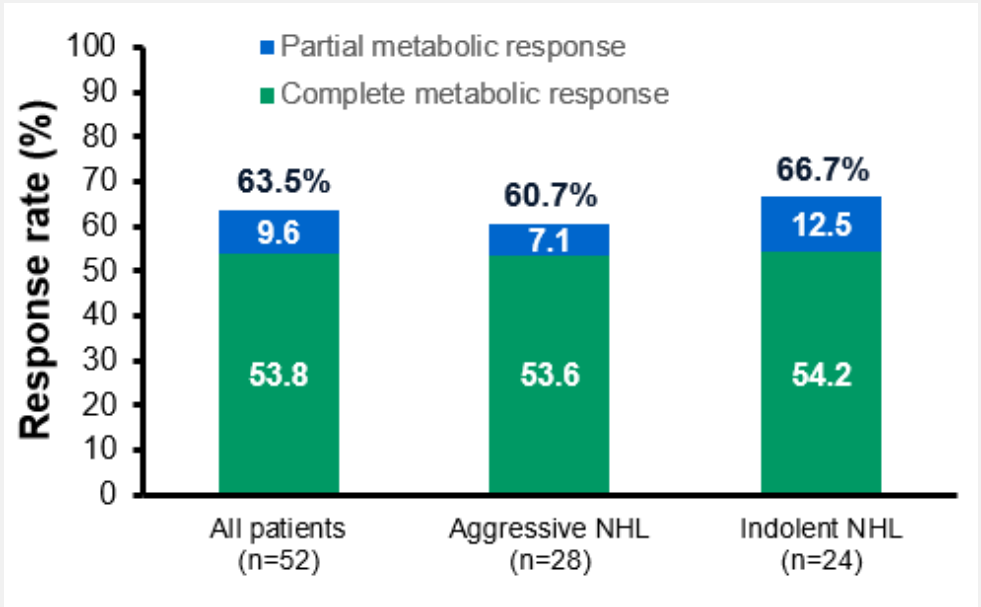
SC step up dosing will be explored to further optimize profile

Matasar et al, ASH 2020; *SPD data from one patient is missing in the waterfall plot due to delayed data entry on lesion measurement; aNHL= aggressive non-Hodgkins lymphoma; iNHL=indolent non-hodgkins lymphoma; CR=complete response; OR= overall response; SC=subcutaneous; IV= intravenous; CRS=cytokine release syndrome; PK=pharmacokinetic

Glofitamab shows high CR rates in heavily pre-treated DLBCL

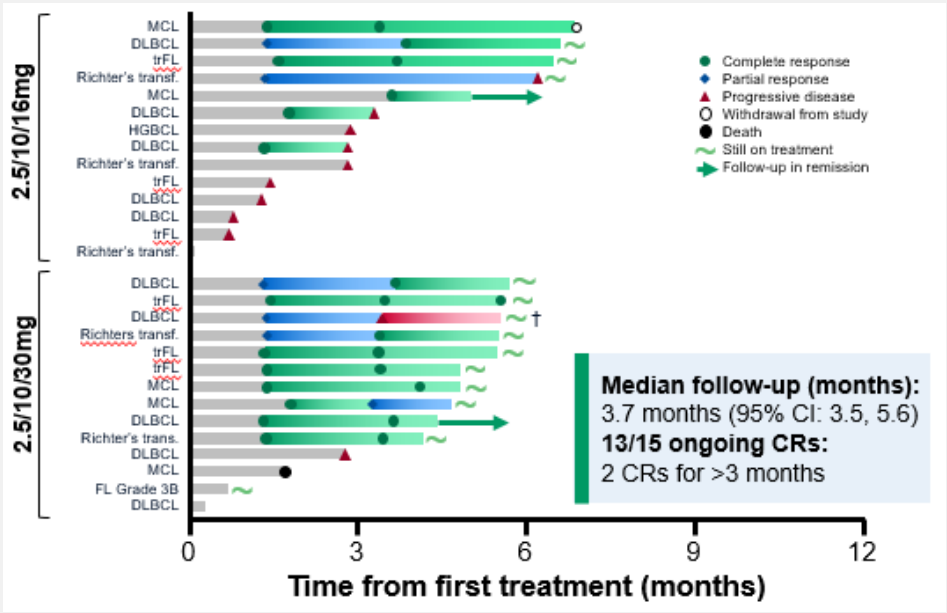
"Off-the shelf" option with manageable CRS rates

Glofitamab step-up dosing*
(2.5/10/16mg or 2.5/10/30mg)



Median prior lines of therapy: 3; Refractory to most recent therapy: 76.9%

Aggressive NHL



***Randomized Ph III trial planned in 2L+ DLBCL:** Glofit+GemOx vs. Rituxan+GemOx*

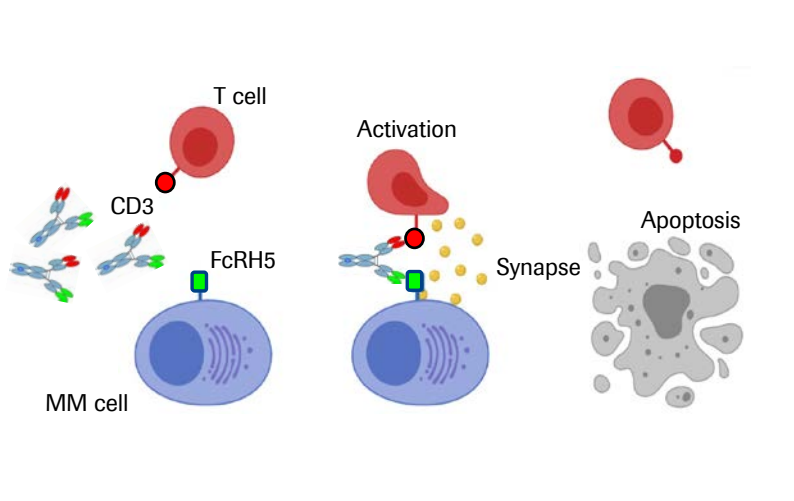
Hutchings et al, ASH 2020; *Patients with missing or no response assessment are included as non-responders. Two aNHL and six iNHL patients did not have a response assessment reported at time of CCOD; DLBCL=Diffuse large B-cell lymphoma; CRS=cytokine release syndrome; CR=complete response; GemOx=gemcitabine+oxaliplatin; CCOD=clinical cut-off date

Key data presented at ASH: MM, MDS

Marion Ott, MD, PhD | Global Franchise Head AML, Multiple Myeloma and Pediatric

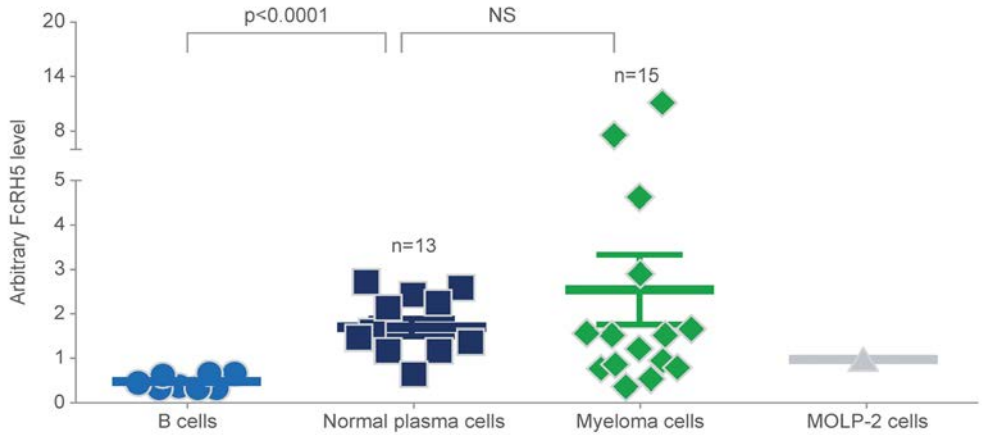
Cevostamab (FcRH5 x CD3)

FcRH5 x CD3



- Humanized IgG-based T-cell-engaging bispecific ab
- Targets the most membrane-proximal domain of FcRH5 on myeloma cells and CD3 on T cells
- Resulting in T-cell activation and potent killing of myeloma cells

FcRH5 protein expression in normal B cells, normal plasma cells and myeloma cells[1]



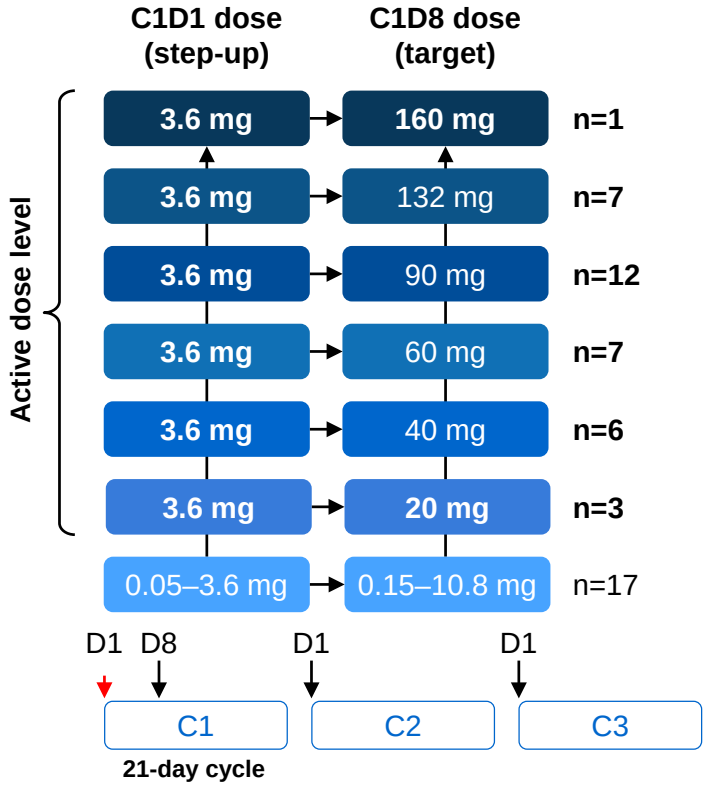
- FcRH5 expressed exclusively in the B-cell lineage and across all maturation stages (elevated in myeloma cells and normal plasma cells vs normal B cells[1])
- Expressed on myeloma cells with near 100% prevalence

1. Li et al. Cancer Cell 2017;31:383–95; Ig=immunoglobulin; MM=multiple myeloma; ab=antibody

Cevostamab Ph 1 dose escalation in R/R MM

Patients were highly pretreated and highly refractory

Ph 1 dose escalation in R/R Multiple Myeloma

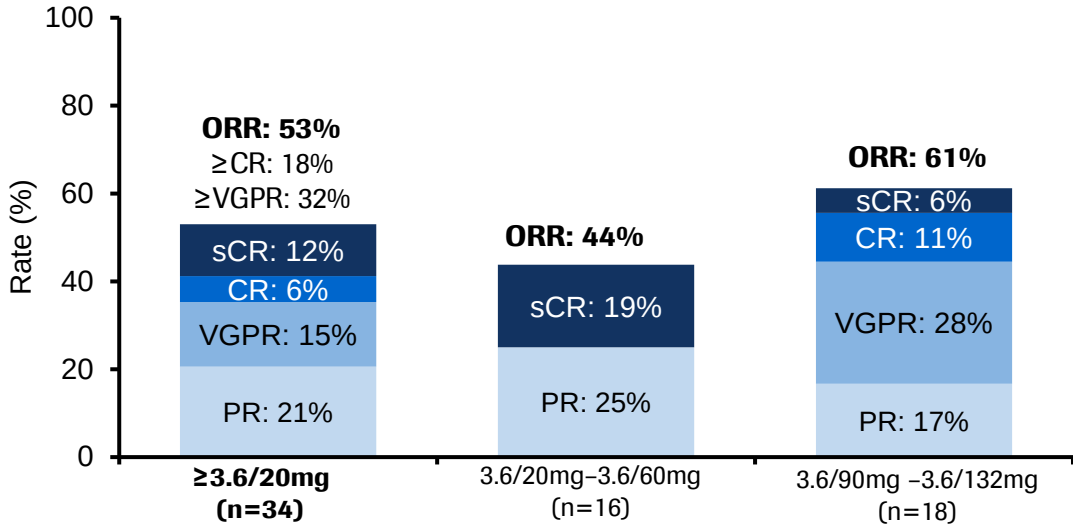


Baseline Characteristics	
Median prior lines of therapy	6 (2-15)
Prior PI	100%
Prior IMiD	100%
Prior anti-CD38 mAb	81%
Prior anti-BCMA‡	21%
Triple class refractory	72%
Penta-drug refractory	45%
Refractory to last therapy	94%
High-risk cytogenics*	88%

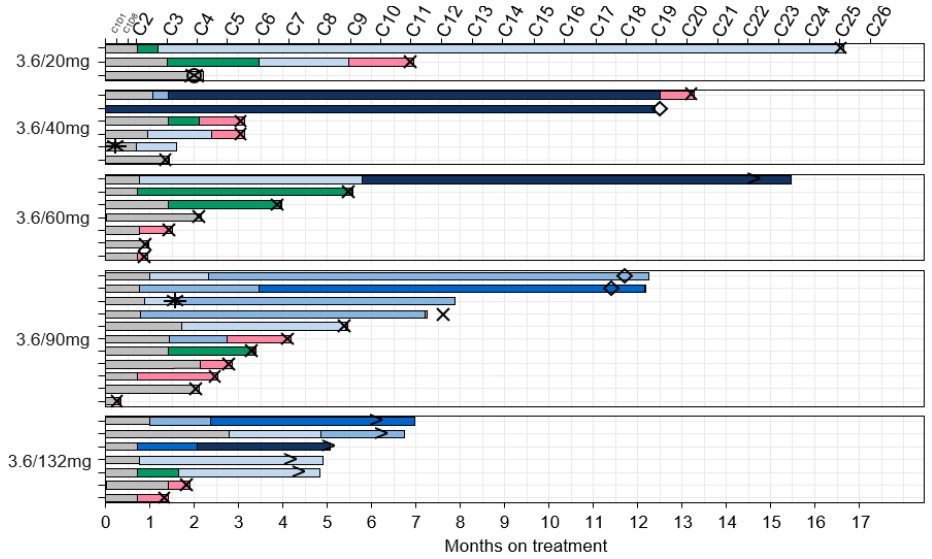
Cohen et al ASH, 2020; BCMA=B-cell maturation antigen; PI=proteasome inhibitor; IMiD=immunomodulatory imide drug; R/R=relapsed/refractory; MM=multiple myeloma
*1q21, 21/29 (72%); t(4:14), 5/30 (17%); t(14;16), 0/29; del(17p), 10/35 (29%)

Cevostamab monotherapy demonstrates promising activity in heavily pretreated R/R Multiple Myeloma patients

Response rate in ≥3.6/20mg cohorts



8 patients with duration of response ≥6m



- MRD negativity by NGS ($<10^{-5}$) detected in 6/7 evaluable pts with ≥VGPR
- Responses in penta-drug refractory pts (7/17, ORR:41%) and patients with prior BCMA (5/8, ORR:63%)
- Responses observed across all FcRH5 expression levels (FcRH5 expression on myeloma cells detected in all patients)
- Manageable toxicities with step-up dosing (CRS most common in C1; nearly all grade 1-2; one patient with grade 3 CRS)

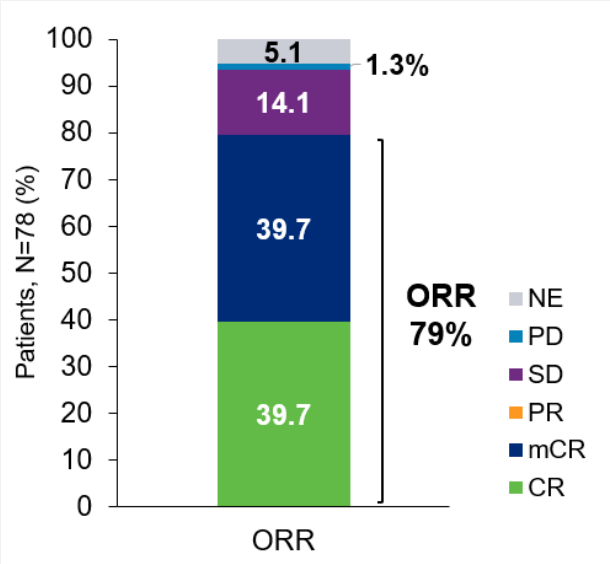
Planning to engage with health authorities on accelerated approval pathways; initiating trials in combination with existing SOC

Cohen et al ASH, 2020; BCMA=B-cell maturation antigen; MRD=minimal residual disease; ORR=overall response rate; CR=complete response; VGPR=very good partial response; PR=partial response; R/R = relapsed/refractory; MM = multiple myeloma; ‡CAR-T, 6/11; ADC, 5/11

Venclexta + Aza Ph 1b dose escalation in 1L high-risk MDS

VENCLEXTA venetoclax tablets 10mg, 50mg, 100mg

Response Rates



- Historical azacitidine ORR: 38%[1]

Transfusion Independence

Transfusion independence rate	n (% of N=78)
RBC and platelet	51 (65)
RBC	52 (67)
Platelet	60 (77)

Overall Survival

Median time on study 16.4m

	n	mOS	Landmark OS 12m	Landmark OS 24m
All Ven + Aza patients	78	27.5m	77%	60%
All Ven + Aza patients receiving RP2D (400mg)	51	NR		

- Historical azacitidine mOS estimated ~15 months[1]

Ph III VERONA trial in 1L MDS initiated Oct 2020

Garcia et al, ASH 2020; 1. Sekeres MA, et al. *J Clin Oncol*. 2017;35(24):2745–53; MDS=myelodysplastic syndrome; aza=azacitidine; ORR=overall response rate; CR=complete response; mCR=marrow complete response; SD=stable disease; PR=partial response; PD=progressive disease; NE=not evaluable; mOS=median overall survival; NR=not-reached; RBC=red blood cell

Doing now what patients need next