Q1 FY2017
(Fiscal Year Ending March 31, 2018)
Financial Results Presentation

Eisai Co., Ltd.
August 2, 2017
Materials and information provided during this presentation may contain so-called “forward-looking statements.” These statements are based on current expectations, forecasts and assumptions that are subject to risks and uncertainties that could cause actual outcomes and results to differ materially from these statements.

Risks and uncertainties include general industry and market conditions, and general domestic and international economic conditions such as interest rate and currency exchange fluctuations. Risks and uncertainties particularly apply with respect to product-related forward-looking statements. Product risks and uncertainties include, but are not limited to, technological advances and patents attained by competitors; challenges inherent in new product development, including completion of clinical trials; claims and concerns about product safety and efficacy; regulatory agency examination periods and obtaining regulatory approvals; domestic and foreign healthcare reforms; trends toward managed care and healthcare cost containment; and governmental laws and regulations affecting domestic and foreign operations.

The Company cannot guarantee the actual outcomes and results for any forward-looking statements.

Furthermore, for products that are approved, there are manufacturing and marketing risks and uncertainties, which include, but are not limited to, inability to build production capacity to meet demand, unavailability of raw materials, and failure to gain market acceptance.

The Company disclaims any intention or obligation to update or revise any forward-looking statements whether as a result of new information, future events or otherwise.

The English-language presentation was translated from the original Japanese-language version. In the event of any inconsistency between the statements in the two versions, the statements in the Japanese-language version shall prevail.
## Q1 FY2017 Consolidated Statement of Income (IFRS)

**Achieved profit level as expected in FY2017 forecast**

(billions of yen, %)

<table>
<thead>
<tr>
<th></th>
<th>April-June 2016</th>
<th></th>
<th>April-June 2017</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Results</td>
<td>%</td>
<td>Results</td>
<td>%</td>
<td>YoY</td>
</tr>
<tr>
<td>Revenue</td>
<td>136.9</td>
<td>100.0</td>
<td>141.9</td>
<td>100.0</td>
<td>104</td>
</tr>
<tr>
<td>Cost of Sales</td>
<td>49.8</td>
<td>36.4</td>
<td>49.4</td>
<td>34.8</td>
<td>99</td>
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<tr>
<td>Gross profit</td>
<td>87.1</td>
<td>63.6</td>
<td>92.5</td>
<td>65.2</td>
<td>106</td>
</tr>
<tr>
<td>R&amp;D expenses</td>
<td>27.3</td>
<td>19.9</td>
<td>33.2</td>
<td>23.4</td>
<td>122</td>
</tr>
<tr>
<td>SG&amp;A expenses</td>
<td>42.6</td>
<td>31.1</td>
<td>44.3</td>
<td>31.2</td>
<td>104</td>
</tr>
<tr>
<td>Other income &amp; expenses</td>
<td>8.6</td>
<td>6.2</td>
<td>0.2</td>
<td>0.1</td>
<td>2</td>
</tr>
<tr>
<td>Operating profit</td>
<td>25.8</td>
<td>18.9</td>
<td>15.1</td>
<td>10.7</td>
<td>59</td>
</tr>
<tr>
<td>Profit for the period</td>
<td>20.9</td>
<td>15.3</td>
<td>10.6</td>
<td>7.5</td>
<td>51</td>
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<tr>
<td>Profit for the period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Attributable to owners of the parent)</td>
<td>19.7</td>
<td>14.4</td>
<td>9.8</td>
<td>6.9</td>
<td>50</td>
</tr>
</tbody>
</table>

Q1 FY2017 average exchange rates:
USD 1: 111.09 yen (+2.7% YoY), EUR 1: 122.19 yen (+0.1% YoY), GBP 1: 142.00 yen (-8.4% YoY), RMB 1: 16.21 yen (-1.9% YoY)

*From this period, Eisai has clarified the definition of research and development expenses in order to more accurately reflect the condition of the business, and this has resulted in a portion of expenses relating to medical affairs activities, such as creation and provision of scientific evidence for healthcare providers, being apportioned to research and development expenses. Accordingly, 1.1 billion yen which was included in selling, general and administrative expenses during the last period has been reclassified as research and development expenses.*
Breakdown of Revenue Migration
Growth of global brands*¹, China and Asia

<table>
<thead>
<tr>
<th></th>
<th>April-June 2016 Revenue</th>
<th>Growth of global brands*²</th>
<th>Pharmaceutical business in Japan</th>
<th>China and Asia</th>
<th>Others</th>
<th>April-June 2017 Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>(billions of yen)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>136.9</td>
<td>+3.4</td>
<td>+0.9</td>
<td>+3.0</td>
<td>-2.2</td>
<td>141.9</td>
</tr>
</tbody>
</table>

- Figures shown in breakdown are approximate.
- *1: LENVIMA, Halaven, Fycompa and BELVIQ
- *2: Excludes revenue from Japan pharmaceutical business

Major factor for decrease
- Decrease of Aloxi revenue -1.4
Breakdown of Operating Profit Migration
Progress in line with FY2017 forecast

(billions of yen)

April-June 2016
Operating profit
25.8

April-June 2017
Operating profit
15.1

Growth of global brands *1
+2.7

Increase in R&D expenses
-5.9

Gain from a bargain purchase following acquisition of EA Pharma Co., Ltd. shares*2
-9.3

Others
+1.8

Major factors for increase
◆ Progress of dementia and oncology projects

-10.7B yen
YoY

*From this period, Eisai has clarified the definition of research and development expenses in order to more accurately reflect the condition of the business, and this has resulted in a portion of expenses relating to medical affairs activities, such as creation and provision of scientific evidence for health care providers, being apportioned to research and development expenses. Accordingly, 1.1 billion yen which was included in selling, general and administrative expenses during the last period has been reclassified as research and development expenses.

** Figures shown in breakdown are approximate.

*1: Operating profit from LENVIMA, Halaven, Fycompa and BELVIQ, excluding Japan pharmaceutical business *2: Booked in Q1 FY2016
## Forecast for FY2017 (IFRS)

<table>
<thead>
<tr>
<th></th>
<th>FY2016 Results</th>
<th>%</th>
<th>FY2017 Forecast</th>
<th>%</th>
<th>YoY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
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<td>0.3</td>
<td>25</td>
</tr>
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<td>11.0</td>
<td>60.0</td>
<td>10.4</td>
<td>102</td>
</tr>
<tr>
<td><strong>Profit for the year</strong></td>
<td>42.2</td>
<td>7.8</td>
<td>41.3</td>
<td>7.2</td>
<td>98</td>
</tr>
<tr>
<td><strong>Profit for the year</strong></td>
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<td><strong>(attributable to owners of the parent)</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>EPS (yen)</strong></td>
<td>137.6</td>
<td></td>
<td>139.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ROE (%)</strong></td>
<td>6.8</td>
<td></td>
<td>6.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DOE (%)</strong></td>
<td>7.4</td>
<td></td>
<td>7.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dividends (yen)</strong></td>
<td>150</td>
<td></td>
<td>150</td>
<td></td>
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</tbody>
</table>

FY2016 average exchange rates: USD 1: 108.38 yen, EUR 1: 118.78 yen, GBP 1: 141.59 yen, RMB 1: 16.10 yen
FY2017 average exchange rates (forecast): USD 1: 113 yen, EUR 1: 120 yen, GBP 1: 141 yen, RMB 1: 16.30 yen

* The influence of risks relating to the patent infringement litigation for antiemetic agent Aloxi in the United States announced on May 3, 2017 has not been included.
** From this period, Eisai has clarified the definition of research and development expenses in order to more accurately reflect the condition of the business, and this has resulted in a portion of expenses relating to medical affairs activities, such as creation and provision of scientific evidence for health care providers, being apportioned to research and development expenses. Accordingly, 4.7 billion yen which was included in selling, general and administrative expenses during the last period has been reclassified as research and development expenses.
Non-financial Capitals, Including ESG\(^1\) will Enhance Long-term Shareholder Value

PBR\(^2\) indicates creation of added-value through non-financial capitals

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**PBR Trends (From the end of FY2006 to the end of Q1 FY2017)**

- **Enhancement of non-financial capitals**
  - hhc ⇒ ESG ⇒ SDGs\(^3\)
  - Contribution to patient value
  - Contribution to employee value

- **Sustainable enhancement of shareholder value**
  - Transformation to future Equity Spread\(^4\)

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**Market Value Added**

- **Net Assets** (book value on accounting basis)

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**Major ESG-related evaluations by third parties**

- Selected for membership of MSCI Japan ESG Select Leaders Index in July 2017, AA on ESG Ranking
- Selected for membership of FTSE 4 Good Index Series in June 2017 and FTSE Blossom Japan Index in July 2017
- ATM Index 2016: Ranked 11\(^{th}\) among global companies and 1\(^{st}\) among Japanese companies
- Selected for membership of Dow Jones Sustainability Asia Pacific Index in September 2016

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\(^1\): Environment (E), Social (S), Governance (G)  \(^2\): Price Book-Value ratio  \(^3\): Sustainable Development Goals

\(^4\): Equity Spread: ROE (Ratio of profit for the period equity attributable to owners of the parent) - Cost of Equity (Eisai’s assumption is 8%)

\(^5\): Multi-capital model of the IIRC (The International Integrated Reporting Council)
Elenbecestat (BACE Inhibitor)

Phase III studies of MISSION AD1 and MISSION AD2 ongoing

- October 2016: Initiated in US
- March 2017: Initiated in Japan
- April 2017: CTA^5 filed in China
- June 2017: Initiated in EU
- July 2017: Latest data presented at AAIC 2017^6

Simultaneously implemented two Phase III studies with the same study design

- Patient target: Early AD patients
  - MMSE: \( \geq 24 \), CDR: 0.5,
  - CDR memory box: \( \geq 0.5 \), amyloid positive
- Sample size: 1,330/study
- Study arms: Elenbecestat 50 mg versus placebo
- Primary endpoint: CDR-SB

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elenbecestat, a novel oral BACE inhibitor, has no clinically meaningful effect on QTc interval up to a supratherapeutic dose of 200 mg</td>
<td></td>
</tr>
<tr>
<td>Elenbecestat pharmacokinetic drug-drug interactions indicated no dosage adjustments required for most concomitant treatments</td>
<td></td>
</tr>
<tr>
<td>Preclinical studies with elenbecestat, a novel BACE inhibitor, show no evidence of hypopigmentation</td>
<td></td>
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</tbody>
</table>

FY2020: Topline results for primary endpoint anticipated

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^1: Hypothesis of the accumulation of aggressive factors has been proposed that accumulation of A-beta leads progression of Tau pathology at first, then accumulation of Tau protein in the cell induces neuronal cell death, and reactive glial cell in pathology causes synaptic failure or neuronal cell death as the pathological stage of dementia

^2: Investigational. Generic name of E2609. The generic name is not yet fixed at this time. ^3: Co-developed with Biogen

^4: Names of E2609 Phase III studies (AD1 is Study 301, AD2 is Study 302) ^5: Clinical Trial Application ^6: AAIC: Alzheimer's Association International Conference held from July 16 to 20, 2017 in London, UK.
**Dementia field**

Medicine creation targeting the accumulation of aggressive factors

Steady Progress in Development of Anti-A-beta Antibodies

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**BAN2401**
(React-A-beta protofibrils antibody)

- **July 2017**
  Conducted interim analysis after 800 patients randomized
  IMC recommended continuation of study

- **Q3 FY2017**
  (12 months after 856 patients randomized)
  Topline results for primary endpoint anticipated

- **FY2018** (18 months after 856 patients randomized)
  Results of full data analysis (secondary endpoint) anticipated

With the assistance of regulatory agencies, explore how to leverage ongoing Phase II study in future pivotal program provided the Phase II study achieves positive outcome

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**Aducanumab**
(React-A-beta antibody)

Phase III studies (ENGAGE Study, EMERGE Study) ongoing

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*1: Co-developed with Biogen. Licensed-in from BioArctic. *2: Interim analyses anticipated at 3, 6, and 9 months after 800th patient randomized, respectively. Interim analysis criteria for early success based on Bayesian adaptive design; the probability of at least one dose having ≥25% difference in ADCOMS from placebo is ≥95% after 12 months treatment *3: Independent Monitoring Committee *4: Alzheimer’s Disease Composite Score (ADCOMS) Bayesian Analysis at 12 months *5: Secondary endpoints (3 items), namely, ADCOMS at month 18; total hippocampal volume utilizing vMRI at months 6, 12, and 18; and amyloid level in brain utilizing amyloid PET imaging at months 12 and 18 *6: Median in simulation *7: Under development by Biogen. Eisai has option to jointly develop and commercialize.
Investigational orexin receptor antagonist Lemborexant®
Development Focusing on Transformation of Symptoms Over Time that Potentially Lead to Dementia

Sleep-related and behavioral symptoms are observable in patients even before dementia is diagnosed. Sleep disorders particularly are known as being the first symptom to appear, with one hypothesis being that it is sleep-wake rhythm disorder that accelerates A-beta accumulation leading potentially to AD.

Two target indications of lemborexant

Irregular sleep-wake rhythm disorder (ISWRD)

Phase II study ongoing with aim for first-in-class ISWRD treatment for patients with AD/dementia

Topline results anticipated in end of FY2017 or early FY2018
Aim to submit in FY2019

Insomnia

Two Phase III studies ongoing with aim to achieve best-in-class insomnia treatment suitable for elderly patients

- **Study 304**: Controlled study in older patients with active comparator zolpidem
  Topline results anticipated in FY2017
- **Study 303**: Six-month, long-term placebo-controlled study

* Co-developed with Purdue Pharma
**Investigational E2027 PDE9 Inhibitor**  
**Aiming for improvement of core symptoms and BPSD in patients with dementia**

**Mechanism of action**

- Observed as a key role in core symptoms and BPSD in patients with dementia.
- Observed reduction of cyclic GMP level in cerebrospinal fluid (CSF) of patients with dementia with Lewy bodies (DLB) and patients with AD, compared to control arm.

**Latest data presented at AAIC 2017**

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population pharmacokinetic-pharmacodynamic (PPK/PD) modeling of E2027, a selective PDE9 inhibitor, following single ascending oral doses in healthy volunteers</td>
<td></td>
</tr>
<tr>
<td>Phase 1 investigation into the safety, tolerability, pharmacokinetics and pharmacodynamics of E2027, a selective PDE9 inhibitor</td>
<td></td>
</tr>
<tr>
<td>Preclinical characterization of E2027, a novel PDE9 inhibitor</td>
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</tr>
</tbody>
</table>

**Phase II Study under preparation for the potential indication of DLB as initial indication**

Other various indications under consideration, including AD and BPSD treatment.

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*1: Phosphodiesterase 9  *2: Memory impairment, impaired judgment, disorientation and others  *3: Behavioral and psychological symptoms of dementia, such as impatience, agitation, aggression, psychological symptom  *4: Cyclic guanosine monophosphate  *5: Internal data  
*6: AAIC: Alzheimer’s Association International Conference held from July 16 to 20, 2017 in London, UK
Increase Growth Opportunity in US and Japan

Approved for monotherapy use for the treatment of partial-onset seizures (POS) in July 2017

- The first antiepileptic drug (AED) to be approved as monotherapy use in partial-onset seizures in accordance with FDA’s regulatory pathway*1
- Contribute to patients with partial-onset seizures, which account for approx. 60% of epilepsy cases, through both adjunctive therapy and monotherapy use

Algorithm of pharmacotherapy in patients with POS*2

(Percentages in the boxes show patients in pharmacotherapy)

1st line monotherapy: Approx. 50%

2nd line monotherapy: Approx. 21%

3rd line monotherapy: Approx. 5%

4th line monotherapy: Approx. 1%

5th line monotherapy: less than 1%

Limited contribution through adjunctive therapy indication

Pharmacotherapy in patients with epilepsy is typically initiated with monotherapy

Aim to expand contribution to patients with new monotherapy use

US

Administration restriction lifted in June 2017

- Held commemorative event to mark one-year anniversary of launch
- Approx. 1,000 medical facilities purchased Fycompa in June
- Focus on activities to expand prescribers (from approx. 2,800 to 8,000)

Aim to establish position as 1st add-on therapy through utilization of accumulated real-world evidence

*1: FDA’s regulatory pathway published in September 2016, states that “it is acceptable to extrapolate the efficacy and safety of drugs approved as adjunctive therapy for the treatment of partial-onset seizures to their use as monotherapy for the treatment of partial-onset seizures.”

*2: Internal estimates
### Robust Progress of Comprehensive Pipeline
Targeting Multiple New MOAs Mainly in Dementia and Epilepsy

<table>
<thead>
<tr>
<th>Dementia</th>
<th>Epilepsy</th>
<th>Others</th>
</tr>
</thead>
</table>
| **Phase III and beyond**
  (including projects under preparation, submitted and ongoing Phase IV)
|  |  |  |
| **elenbecestat**
  Early AD | **Fycompa**
  Monotherapy Japan | **BELVIQ**
  Cardiovascular outcomes trial (CVOT) Phase IV ongoing |
| **aducanumab**
  Early AD | **Fycompa**
  Pediatric indication | **lemborexant**
  Insomnia |
| **Phase II**
  (including studies under preparation) |  | **E6011**
  Anti-fractalkine antibody Rheumatoid arthritis |
|  |  |  |
| **BAN2401**
  Early AD | **lemborexant**
  Irregular sleep-wake rhythm disorder (ISWRD) associated with dementia |  |
|  | **E2027**
  PDE9 inhibitor
  Dementia
  Phase II under preparation |  |
| **Phase I**
  (including studies under preparation) |  | **E6011**
  Anti-fractalkine antibody Crohn’s disease
  Phase I/II ongoing |
|  |  | **E6742**
  Toll-like receptor 7/8 antagonist Autoimmune disease |

### Projects under development with topline results anticipated in 12 months

- elenbecestat
- aducanumab
- BAN2401
- lemborexant
- E2027
- E2082
- E2730
- E6011
- E6742

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All projects are investigational
*1: Co-development with Biogen  *2: Generic name for E2609. The generic name is not yet fixed at this time
*3: Under development by Biogen. Eisai has an option to jointly develop and commercialize.  *4: Co-development with Purdue Pharma
*5: Co-developed with Biogen. Licensed-in from BioArctic  *6: Under development by EA Pharma
Achieved Submissions in Japan, US and EU with Favorable Clinical Study Results for Hepatocellular Carcinoma (HCC)

HCC 1st line: Favorable results of Phase III study described in ASCO 2017*1 oral presentation*2

In comparative study vs sorafenib,

- Demonstrated treatment effect on OS by statistical confirmation of non-inferiority to sorafenib
  First agent to demonstrate statistical non-inferiority versus sorafenib in the ten years since sorafenib was approved for treatment of HCC

- Demonstrated statistically significant suppression of progression (Progression free survival (PFS) and Time to progression (TTP))

- Results were consistent with established safety profile
  (the five most common adverse events observed in the lenvatinib arm were hypertension, diarrhea, decreased appetite, weight loss, and fatigue. Grade 3/4 hand-foot syndrome: 3%)

- In an evaluation*3 of overall Quality of Life (QOL), it was found to help delay deterioration of QOL, such as pain and diarrhea, compared to sorafenib (nominal p-value < 0.05)

- Biomarker analysis results suggest Lenvima possesses novel characteristics that suppress not only VEGF signaling pathways but FGF signaling pathways as well

Submitted in Japan in June and US and EU in July
Plan to submit in China in 2H FY2017
Aim to establish position as new standard therapy for HCC treatment

*2: Oral presentation on Jun 4, 2017 “Phase III trial of lenvatinib (LEN) vs sorafenib (SOR) in first-line treatment of patients (pts) with unresectable hepatocellular carcinoma (uHCC)”
*3: Based on the EORTC QLQ-C30 questionnaire *4: Based on mRECIST *5: Complete response
Phase Ib/II study of combination therapies with pembrolizumab (Study 111)

Study targeted renal cell carcinoma, endometrial carcinoma, melanoma, head and neck squamous-cell carcinoma (HNSCC), urothelial cancer, and non-small cell lung cancer

Result of study on 23 patients with endometrial carcinoma presented at ASCO 2017*

Objective Response Rate*2 as primary endpoint: 52.2% (95% CI: 30.6–73.2)

Combination therapy with Lenvima resulted in confirmed tumor response regardless of the state of their MSI*3

(Anti-PD-1 antibodies are associated with high response rates in patients with MSI-H or dMMR*4 tumors)

Aim to provide potential new treatment option to patients with endometrial carcinoma

Changes in tumor diameter (n=23)

*2: Based on an independent radiologic review (IRR)  *3: Microsatellite instability  *4: Deficient mismatch repair
Steady start to achieve FY2017 forecast of 43B yen

- Increased market share in third-line treatment for metastatic breast cancer in US
- Achieved double-digit growth due to initiatives designed to increase prescriptions as an early-line treatment for metastatic breast cancer in Japan
- Approved in more than 40 countries worldwide
  - Seek to further contribution to patients with soft tissue sarcoma

Achieved robust growth in US and EMEA
Aim to achieve FY2017 forecast of 33B yen

- Contribute to solid growth by securing top market share*3 as first-line treatment
- Seek sustainable growth in first launch countries of EMEA, such as Germany and rapid growth in secondary launch countries, including France and Italy
- Expand call volume to accelerate market penetration in US

*1: Indications vary in each country or territory: unresectable or recurrent breast cancer in Japan, 3rd line+ therapy for locally advanced or metastatic breast cancer in the US, and 2nd line+ therapy for locally advanced or metastatic breast cancer in EU
*2: Approved indication in US and EU: advanced liposarcoma; approved indication in Japan: soft tissue sarcoma
*3 IPOS data (average over three months as of May 2017)
**Oncology Field**

**Pipeline Progress in “Ricchi” based Medicine Creation**

**Driver gene mutations in cancer and cancer microenvironment**

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### H3B-8800  SF3B1 modulator

**First-in-Class splicing modulator**

**Phase I study ongoing**

Granted Orphan Drug designation by US FDA in June 2017 for treatment of chronic myelomonocytic leukemia (CMML) and acute myeloid leukemia (AML)

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### E7386²

**CBP/ beta-catenin inhibitor**

Aim to develop as a first-in-class anticancer agent that inhibits interaction of CBP/ beta-catenin located in downstream of Wnt signaling pathways

- In carcinogenic mechanisms, a relationship to abnormalities in Wnt signaling pathways is often reported, and overexpression of Wnt ligand and gene mutation of beta-catenin in particular are frequently reported to change into various cancers

**Wnt signaling pathway**

When a Wnt ligand binds to a receptor, signaling is transmitted to GSK-3beta via Dvl and inhibits beta-catenin degradation. This leads to beta-catenin accumulation in cytoplasm and translocation into the nucleus where it forms complexes with transcription factors of the TCF/LEF family and CBP to promote gene expression and in effect inhibit cell proliferation and differentiation.

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**Reported cancer types with splicing factors mutations, such as SF3B1**¹

- Uveal melanoma, chronic lymphocytic leukemia (CLL), myelodysplastic syndromes (MDS), CMML, and AML etc.

**Potential in multiple cancer types with aberrant splicing**

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All projects are investigational  *¹: Nat Rev Cancer. 2016 Jul;16(7):413-30.  *²: Co-developed with PRISM Pharma  
*³: Clinical Trial Authorization  *⁴: Medicines and Healthcare Products Regulatory Agency
Expansion of Eribulin Franchise through Antibody-Drug Conjugate (ADC) Development

MORAb-202
ADC comprising farletuzumab, an in-house-discovered antibody undergoing clinical development, and eribulin, the active ingredient of the launched anti-cancer agent Halaven indicated for breast cancer*¹ and soft tissue sarcoma*²

Folate receptor alpha (FRA) as farletuzumab target

- High expression in endometrial cancer and triple-negative breast cancer
- FRA expression correlates with poor prognosis in triple-negative breast cancer and Type-2 endometrial cancer

MORAb-202 showed high efficacy in preclinical model
PDX³ model for FRA positive triple negative breast cancer

Focus on cancer types with FRA expression
Plan to initiate Phase I study in FY2017

All projects are investigational *1: Indications vary in each country or territory: unresectable or recurrent breast cancer in Japan, 3rd line+ therapy for locally advanced or metastatic breast cancer in the US, and 2nd line+ therapy for locally advanced or metastatic breast cancer in EU *2: Approved indication in US and EU: advanced liposarcoma; approved indication in Japan: soft tissue sarcoma *3: patient-derived xenografts
Aim for Potential Combination Therapies of Halaven and LENVIMA and Effective Development of Next Generation Pipeline from “Ricchi”

**Phase III and beyond**
(includes projects under review)

- **LENVIMA**
  - Hepatocellular carcinoma 1st line
  - Submitted in Japan, US and EU in 1H FY2017

- **LENVIMA**
  - Renal cell carcinoma 1st line: Combination with everolimus*1 or pembrolizumab

**Phase II**
(includes ongoing Phase I/II projects and projects under preparation for Phase I/II)

- **LENVIMA**
  - Renal cell carcinoma, endometrial cancer, melanoma, head and neck cancer, urothelial cancer, non-small cell lung cancer: Combination with pembrolizumab
  - Phase I/II ongoing

- **Halaven**
  - Triple-negative breast cancer: Combination with pembrolizumab
  - Phase I/II ongoing

- **Halaven**
  - HER2 negative breast cancer: Combination with PEGPH20*2
  - Phase I/II ongoing

**Phase I**
(includes projects under preparation for Phase I)

- **H3B-8800**
  - SF3B1 modulator
  - Hematological malignancies

- **H3B-6527**
  - FGFR4 inhibitor
  - Hepatocellular carcinoma

- **E7090**
  - FGFR1,2,3 inhibitor
  - Solid tumors

- **E7438**
  - EZH2 inhibitor
  - Hematological malignancies

- **E7046**
  - EP4 antagonist
  - Combination with pre-operative radiotherapy in colorectal cancer

- **E7386**
  - CBP/Beta-catenin inhibitor
  - Solid tumors

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All projects are investigational 1: Novartis is not a sponsor of this study
*2: PEGylated recombinant human hyaluronidase under development by Halozyme Therapeutics, Inc.
*3: Under development in collaboration with HUYA Bioscience International, LLC. Eisai retains development and market rights of HBI-8000 in Japan, South Korea, Thailand, Malaysia, Indonesia, Philippines, Vietnam and Singapore
*4: Registration trial
*5: Identified as tazemetostat, which is under development in collaboration between Epizyme Inc. and Eisai. Eisai retains responsibility for development and commercialization within Japan, as well as having the right of first negotiation for licensing rights in Asia
*6: Under development in collaboration with PRISM Pharma
Reference Data
### Revenue by Reporting Segment

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<td>%</td>
<td>Results</td>
<td>%</td>
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*1: Prescription medicines, generics and consumer healthcare products  
*2: North, Central and South America  
*3: Europe, Middle East, Africa, Russia and Oceania  
*4: Mainly South Korea, Taiwan, Hong Kong, India and ASEAN
### Profit by Reporting Segment

(billions of yen, %)

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<td>% of revenue</td>
<td>Results</td>
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* From this period, Eisai has clarified the definition of research and development expenses in order to more appropriately reflect the economic realities, and this has resulted in a portion of expenses relating to medical affairs activities, such as provision of scientific evidence for health care providers, being apportioned to research and development expenses. Accordingly, the expenses included in selling, general and administrative expenses during the last period has been reclassified as research and development expenses.

*1: Prescription medicines, generics and OTC products  
*2: North, Central and South America  
*3: Europe, Middle East, Africa, Russia, and Oceania  
*4: Mainly South Korea, Taiwan, Hong Kong, India and ASEAN  
*5: Recognition of bargain purchase gain in April 2016, following acquisition of EA Pharma Co., Ltd. shares  
*6: Transferred shares of Sannova Co., Ltd. in April 2016
## Performance of Japan Pharmaceutical Business

(billions of yen, %)

<table>
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<tr>
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<th>April-June 2016</th>
<th>April-June 2017</th>
<th>YoY</th>
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<td></td>
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<td>%</td>
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<td>0.2</td>
<td>0.3</td>
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<td>30.5</td>
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*1: Alliance revenue  
*2: EA Pharma product  
*3: Includes sales of triple formulation *Helicobacter pylori* eradication packs, Rabecure Pack 400/800 and Rabefine Pack
### Performance of Americas Pharmaceutical Business

(billions of yen, %)

<table>
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<tr>
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<th>April-June 2017</th>
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<td>%</td>
<td>Results</td>
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<td>9.8</td>
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* From this period, Eisai has clarified the definition of research and development expenses in order to more appropriately reflect the economic realities, and this has resulted in a portion of expenses relating to medical affairs activities, such as provision of scientific evidence for health care providers, being apportioned to research and development expenses. Accordingly, the expenses included in selling, general and administrative expenses during the last period has been reclassified as research and development expenses.*
# Performance of China Pharmaceutical Business

(billions of yen, %)

<table>
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<td>Results</td>
</tr>
<tr>
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<td>1.6</td>
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<td>Pariet</td>
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<tr>
<td>Segment profit</td>
<td>3.6</td>
<td>32.6</td>
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* [] based on local currency

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* From this period, Eisai has clarified the definition of research and development expenses in order to more appropriately reflect the economic realities, and this has resulted in a portion of expenses relating to medical affairs activities, such as provision of scientific evidence for health care providers, being apportioned to research and development expenses. Accordingly, the expenses included in selling, general and administrative expenses during the last period has been reclassified as research and development expenses.
### Performance of EMEA* Pharmaceutical Business

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<td>[88]</td>
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</table>

* Europe, Middle East, Africa, Russia, and Oceania

[] based on local currency

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## Performance of Asia* Pharmaceutical Business

(billions of yen, %)

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<th>Results</th>
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<td>2.9</td>
<td>29.6</td>
<td>114</td>
<td>[107]</td>
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* Mainly South Korea, Taiwan, Hong Kong, India, and ASEAN

[ ] based on local currency