

Press Conference

# Astellas' Current Approach Towards New Growth Stage

**November 21, 2011**

**Yoshihiko Hatanaka, President & CEO  
Astellas Pharma Inc.**

# Cautionary Statement Regarding Forward-Looking Information

This material includes forward-looking statements based on assumptions and beliefs in light of the information currently available to management and subject to significant risks and uncertainties.

Actual financial results may differ materially depending on a number of factors including adverse economic conditions, currency exchange rate fluctuations, adverse legislative and regulatory developments, delays in new product launch, pricing and product initiatives of competitors, the inability of the company to market existing and new products effectively, interruptions in production, infringements of the company's intellectual property rights and the adverse outcome of material litigation.

This material contains information on pharmaceuticals (including compounds under development), but this information is not intended to make any representations or advertisements regarding the efficacy or effectiveness of these preparations nor provide medical advice of any kind.

# Today's Agenda

**Overcome decrease in sales and earnings from U.S. patent expiry of Prograf and Harnal and enter new growth stage**

1. Strengthen and optimize business platform
2. Upgrade drug generating capabilities by strengthening research, development and technical platforms
3. Advance development pipeline
4. Promote development of international human resources
5. Contribute towards a sustainable society

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# Strengthen Platform with New Products/ Optimize Resource Allocation

## ■ Enrich portfolio with new products

**Vesicare OD  
Tablets**

**Betanis  
Tablets**

**Bonoteo  
Tablets 50mg  
(Once per 4 weeks)**

**Prograf  
Additional indication for  
small bowel transplant**

## ■ Optimize resource allocation



Completion of acquisition in May

**Vical**

“TransVax”  
License agreements



“Fully-human antibody”  
License agreements



Created a website for  
open innovation



“Caduet Combination Tablets”  
Astellas to hold distribution rights

**TEIJIN**

Human Chemistry, Human Solutions

“Febuxostat”  
Expansion of licensed territory



Sold DPP4 assets  
to Royalty Pharma



“Luvox Tablets”  
Transfer of distribution rights



“Pronon Tablets”  
Transfer of marketing and  
manufacturing authorization rights



“Vernakalant i.v.”  
Merck to acquire rights



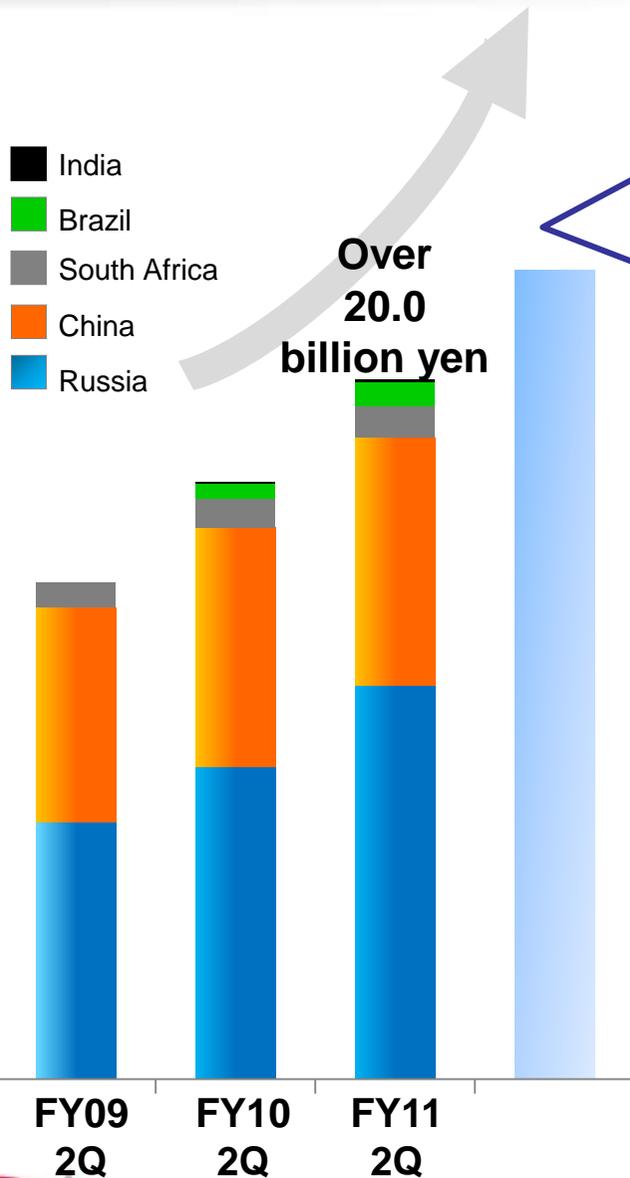
Because health matters

“Targocid” “Maalox”  
Transfer of distribution rights



“Balance Tablets, Powder”  
Transfer of marketing and  
manufacturing authorization rights

# Business Expansion in Emerging Markets and Other Areas



- **China** Increase business bases from 5 to 8
  - Sales in 2Q/FY11: Approx. 7.5 billion yen
  - Continuing high growth: +10% (local currency basis)
- **Russia** Strengthened sales and marketing capabilities (Including CIS area)
  - Sales in 2Q/FY11: Approx. €100M
  - Continuing high growth: +28% (local currency basis)
- **Brazil** Established an affiliate in 2009
  - Sales in 2Q/FY11: Approx. \$10M
  - Continuing high growth: +62% (local currency basis)
- Continuous launches in emerging market and other areas

➤ **Thailand**  
-Launch of Advagraf (July)

➤ **Australia**  
-Started to sell Vesicare by Astellas (April)

➤ **Philippines**  
-Approval of Prograf for lupus nephritis (July)

➤ **India**  
-Launch of Advagraf (April)  
-Approval of Vesicare (June)  
-Approval of Prograf for lupus nephritis (August)

➤ **Taiwan**  
-Approval of FEBURIC (febuxostat), licensed from Teijin (May)  
-Approval of Harnalidge OCAS (Harnal OCAS) (August)

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# Specific Approaches to Precision Medicine Drug Discovery

Established Global Discovery Development Interface (GDDI) to facilitate implementation of a Precision Medicine strategy

## <Specific Focus Areas of GDDI>

### Biomarkers

Biomarkers to establish target engagement early and to enable patient stratification

### Co-diagnostics

Early consideration for establishment (validation, qualification, production and cost) of co-diagnostics

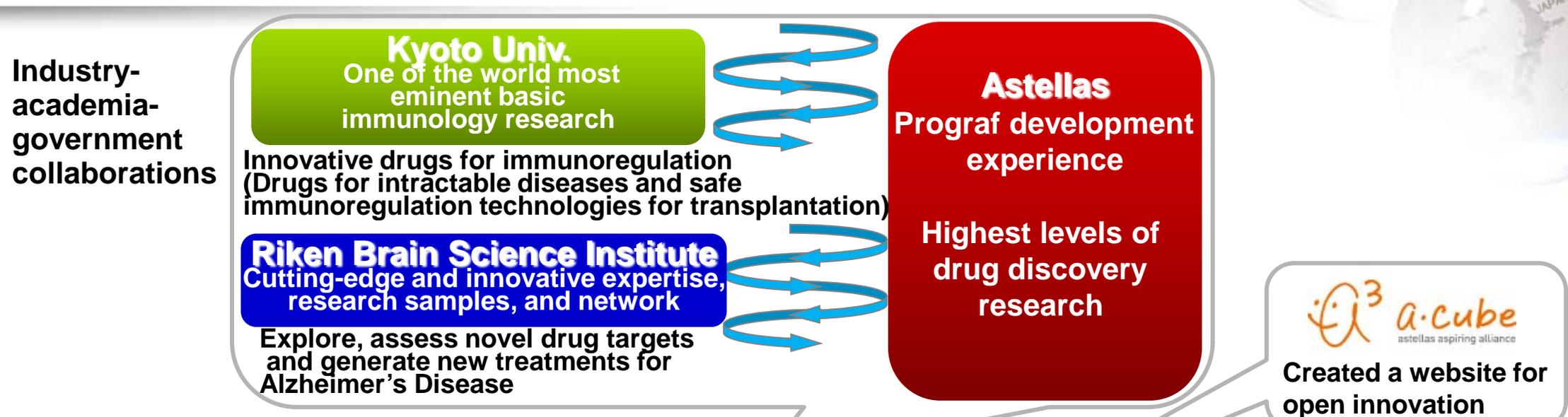
### Modeling & Simulation Techniques

Throughout all phases of R&D to inform on optimal dose, dose regimen, and study design

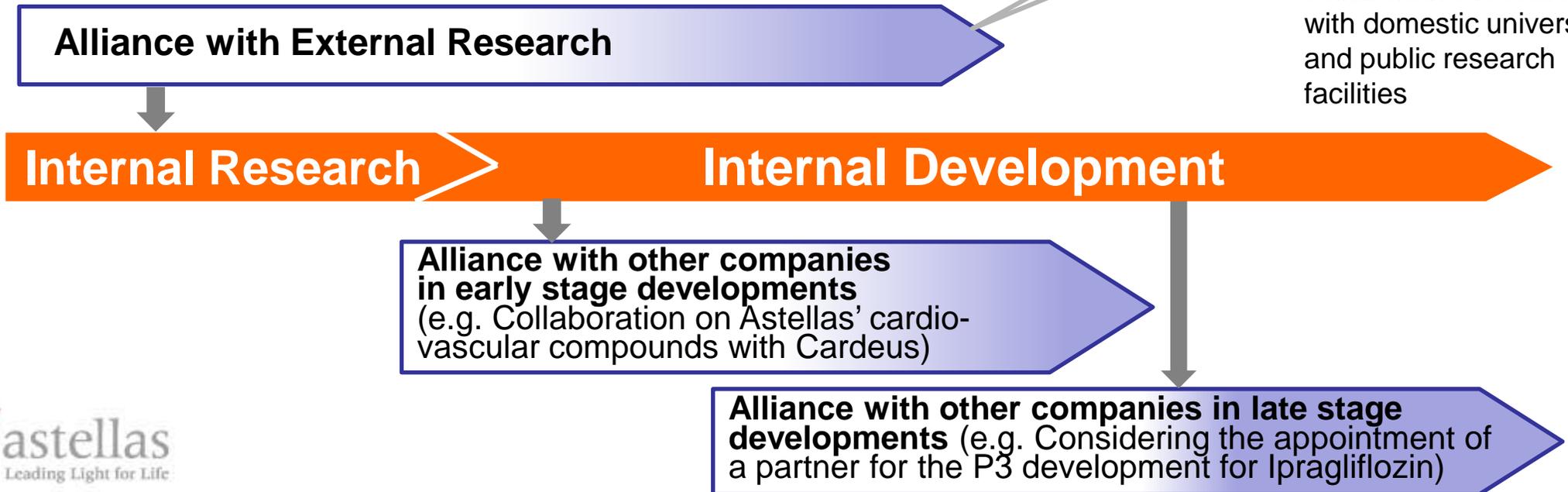
## Translational Science Platform

To enhance predictive value for animal models and facilitate early clinical evaluation of critical efficacy and safety aspects

# Promote Multi-Track R&D Process



## Multi-Track R&D model



# Bio Lead Project Formation

The Bio Lead Project was formed within Technology as an organization with functions ranging from drug substances to drug formulation, quality assurance, and regulatory affairs. The Project's platform supports CMC research up to initial production in order to quickly and continuously create products based on biotechnology and antibody drugs.

## ■ Background & Reason

- ✓ Turning biotechnology and antibody drugs into products is the highest priority for Technology
- ✓ This is Astellas' first step towards development of biotechnology and antibody drugs - to make steady progress Astellas needed to form an organization with a unified sense of purpose, free of barriers between departments involved
- ✓ This platform makes it possible to continue bringing new drugs quickly to patients that are waiting for antibodies

■ Established: October 1, 2011



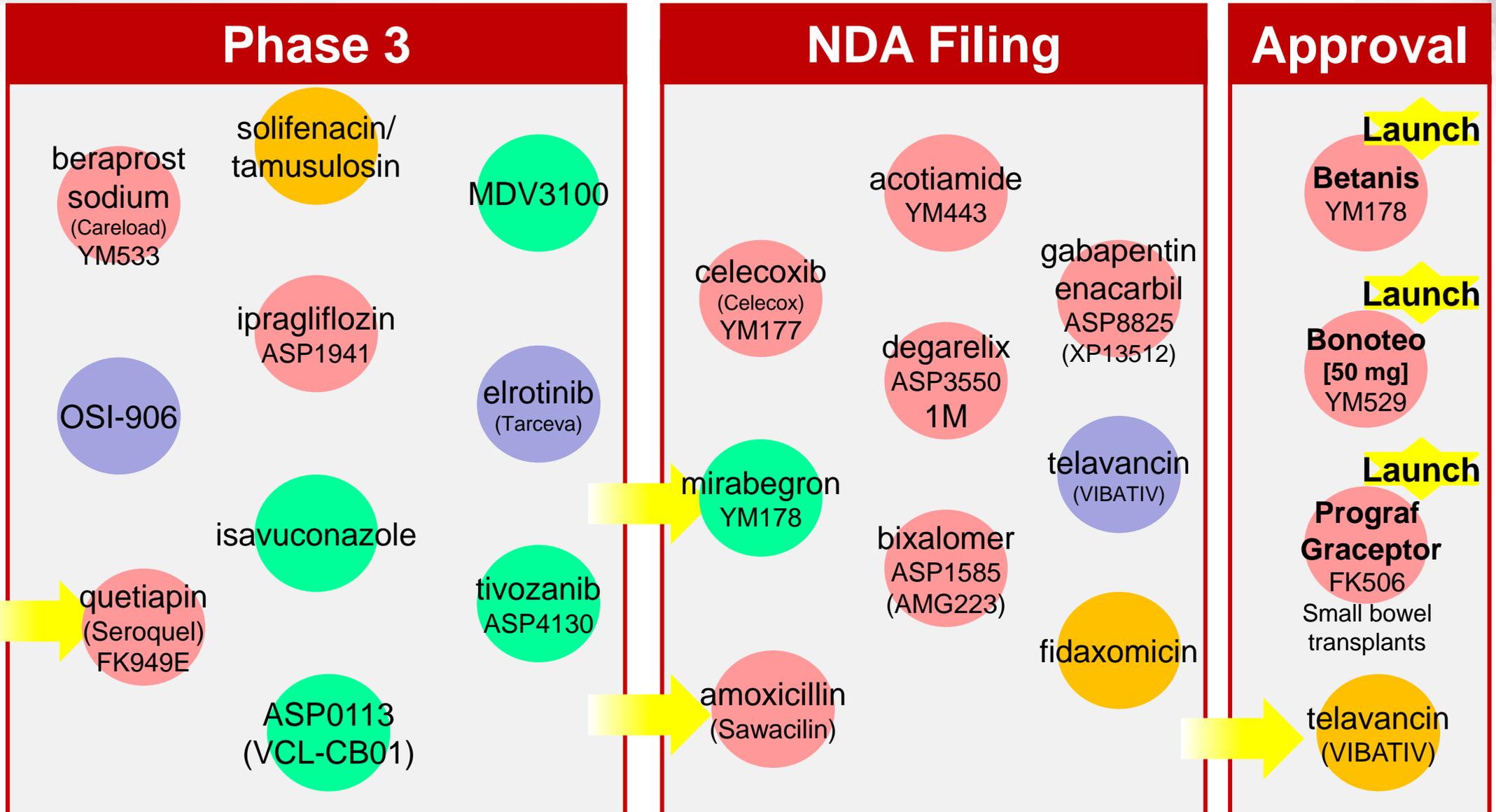
**Tsukuba Bio Research Center  
Manufacturing Facility makes drug  
substances for development**

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# Progress of Late Phase Compounds



# Oncology Pipeline Expansion

|                | Project Product Name | Target cancer  | Characteristics   | P1                 | P2 | P3              | Filing                   |
|----------------|----------------------|--|---|--------------------|----|-----------------|--------------------------|
| Small molecule | MDV3100              | Prostate cancer  | Second generation AR antagonist                                     | EU/US/JP/Asia      |    |                 | Good P-3 interim results |
|                | ASP4130 tivozanib    | Renal cell carcinoma, Breast cancer (BC), Colorectal cancer (CRC)                    | Triple VEGFR tyrosine kinase inhibitor                              | Renal: EU/US       |    | Progress        |                          |
|                | AC220                | Acute myeloid leukemia   | Potent and highly selective second generation FLT3 kinase inhibitor | EU/US              |    |                 |                          |
|                | ASP3550 degarelix    | Prostate cancer  | First GnRH antagonist in Japan                                      | 1M formulation: JP |    |                 |                          |
|                | YM155                | Breast cancer, Non-Hodgikin's lymphoma   | A "First-in-class" survivin suppressant                             | EU/US/JP           |    |                 |                          |
|                | ASP1707              | Prostate cancer, Endometriosis   |   |                    |    |                 |                          |
|                | ASP3026              | Cancer   | ALK tyrosine kinase inhibitor                                       |                    |    |                 |                          |
|                | ASP9521              | Prostate cancer  |   |                    |    |                 |                          |
| OSI            | Tarceva (Extension)  | NSCLC (1st line for patients with EGFR mutation, adjuvant), Hepatocellular carcinoma | HER1/EGFR tyrosine kinase inhibitor                                 | US                 |    |                 |                          |
|                | OSI-906              | Adrenocortical carcinoma, Ovarian cancer, NSCLC, Hepatocellular carcinoma            | IGF-1R/IR tyrosine kinase inhibitor                                 | Adrenocortical: US |    | Ovarian etc: US |                          |
|                | OSI-027              | Renal cell cancer  | mTOR kinase inhibitor   | US                 |    |                 |                          |
| Antibody       | AGS-1C4D4            | Pancreatic cancer  | Novel antibody target (prostate stem cell antigen)                  | EU/US              |    |                 |                          |
|                | AGS-16M8F            | Renal cancer   | Antibody utilizing ADC  |                    |    |                 |                          |
|                | ASG-5ME              | Prostate cancer, Pancreatic cancer   | Antibody utilizing ADC  |                    |    |                 |                          |
|                | AGS-22M6E            | Solid tumors   | Antibody utilizing ADC  |                    |    |                 |                          |

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# Executive Leadership Series

- Program to develop Astellas' global talent
- Approximately 25 senior managers participated in 1<sup>st</sup> Series
- Co-developed by Astellas and Duke Corporate Education



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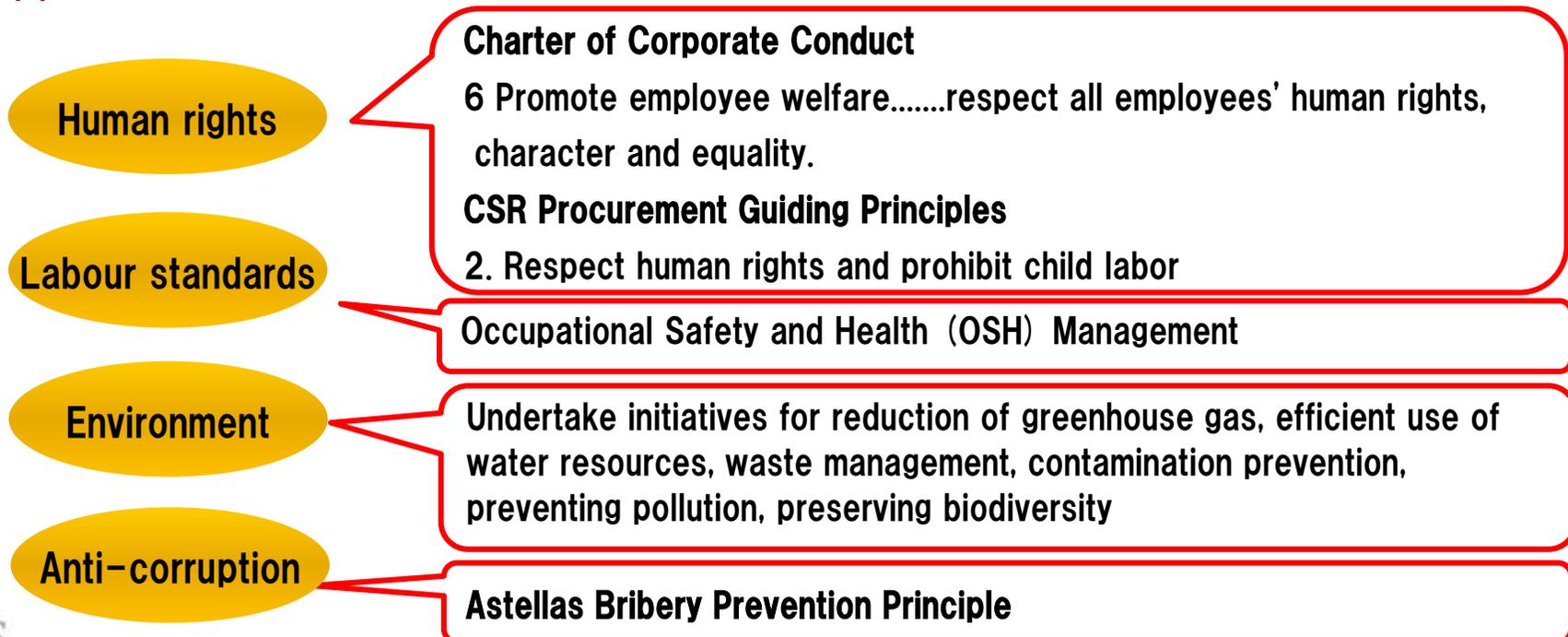
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# Signed United Nations Global Compact

## ■ Astellas' CSR-based management will be further reinforced by United Nations Global Compact ("GC").

- ✓ GC is the world's largest corporate social responsibility initiative to implement companies' sustainable growth.
- ✓ The United Nations GC asks companies to embrace, support and enact, within their sphere of influence, a set of 10 principles in areas regarding corporate social responsibility of human rights, labour standards, the environment and anti-corruption.

### Our current approach in four areas



# Astellas “Changing Tomorrow Day”

Europe



Japan

Americas

Asia



**Changing Tomorrow Day**  
 is a day of company-wide employee volunteer initiatives.  
 Astellas is committed to  
 sustainable development of nature, society and community.



- Group HQ/Regional HQ
- Sales Affiliate/Promotion Base (EUR)
- R&D Base
- Manufacturing Base





# Changing tomorrow



# **Annual Press Conference**

## **MDV3100 Interim Analysis**

Steven Ryder MD, FACP  
President, Astellas Pharma Global Development

November 21, 2011

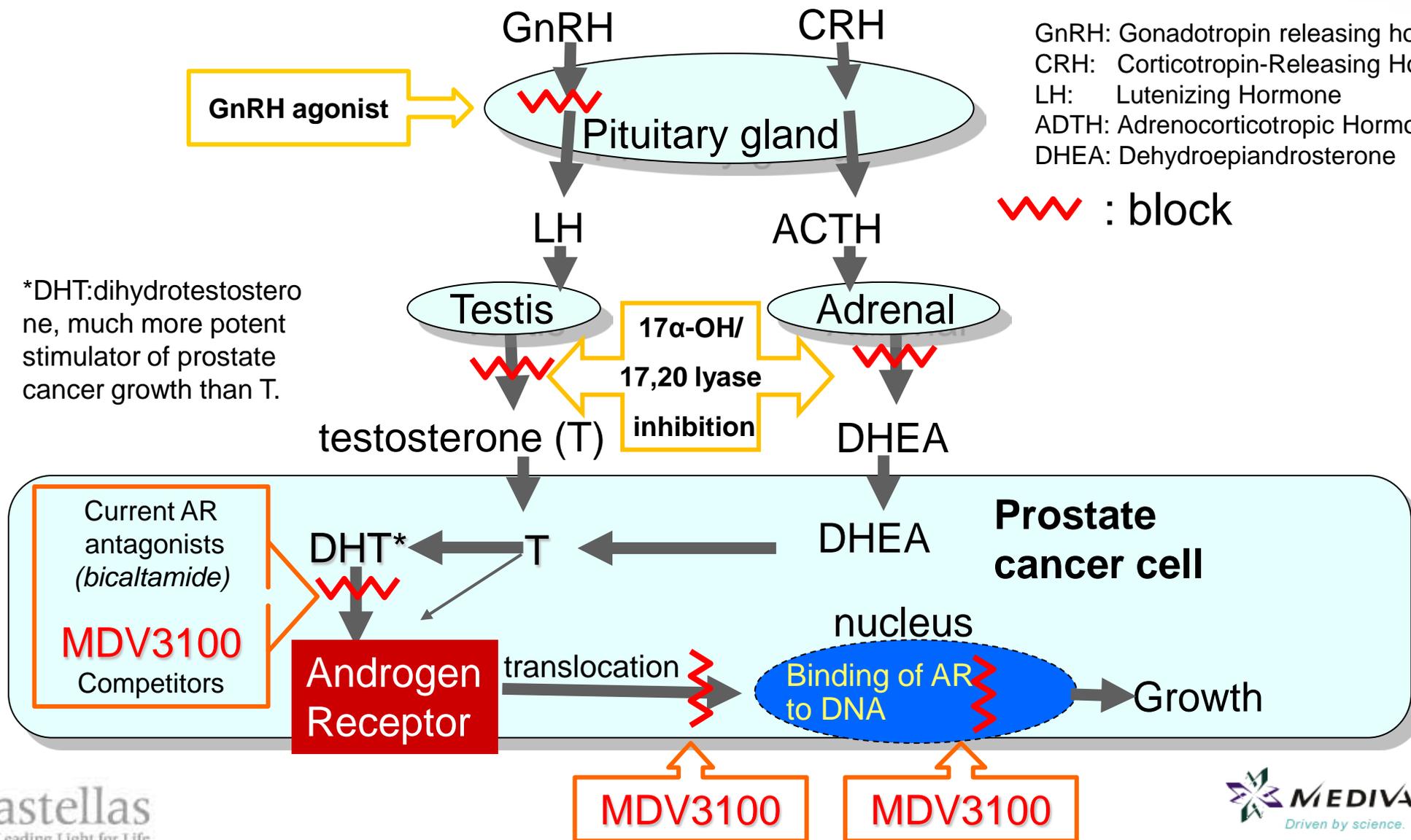
# MDV3100: Mechanism of Action

## Androgen Receptor Signaling Inhibitor

GnRH: Gonadotropin releasing hormone  
 CRH: Corticotropin-Releasing Hormone  
 LH: Lutenizing Hormone  
 ADTH: Adrenocorticotropic Hormone  
 DHEA: Dehydroepiandrosterone

⚡ : block

\*DHT: dihydrotestosterone, much more potent stimulator of prostate cancer growth than T.



# MDV3100 AFFIRM Trial Design

- Randomized Phase 3 Trial evaluating the effect of MDV3100 compared to placebo.
- 1,199 men were enrolled whose prostate cancers had advanced despite androgen deprivation and treatment with docetaxel-based chemotherapy.
- The study was monitored by an Independent Data Monitoring Committee (IDMC) who preformed a pre-specified interim analysis for safety and efficacy.

# MDV3100 AFFIRM Interim Results

- Interim data analysis showed that MDV3100 produced a median survival of 18.4 months in the MDV treated group compared to 13.6 months in the placebo group; a 4.8 month increase in overall survival.
- MDV3100 also provided a 37% reduction in risk of death compared to placebo (hazard ratio = 0.631).
- Interim analysis results were highly statistically significant with a p-value of less than 0.0001.

# MDV3100 Ongoing Plans

- The IDMC recommended that the study be stopped early and all patients be offered MDV3100.
- Astellas and Medivation expect to hold a pre-NDA meeting with the FDA in early 2012. We have been granted a Fast-Track designation by the FDA.
- We continue to enroll patients in other prostate cancer studies to address the efficacy of this medication in earlier stages of the disease.

# Back-up Slides

# MDV3100: Target position

## MDV has potential to meet unmet medical needs

- **Efficacy**

- GnRH agonists work well initially. But prostate cancer progresses during the therapy.
- Efficacy of current second-line hormonal agent (androgen receptor antagonist) is insufficient.

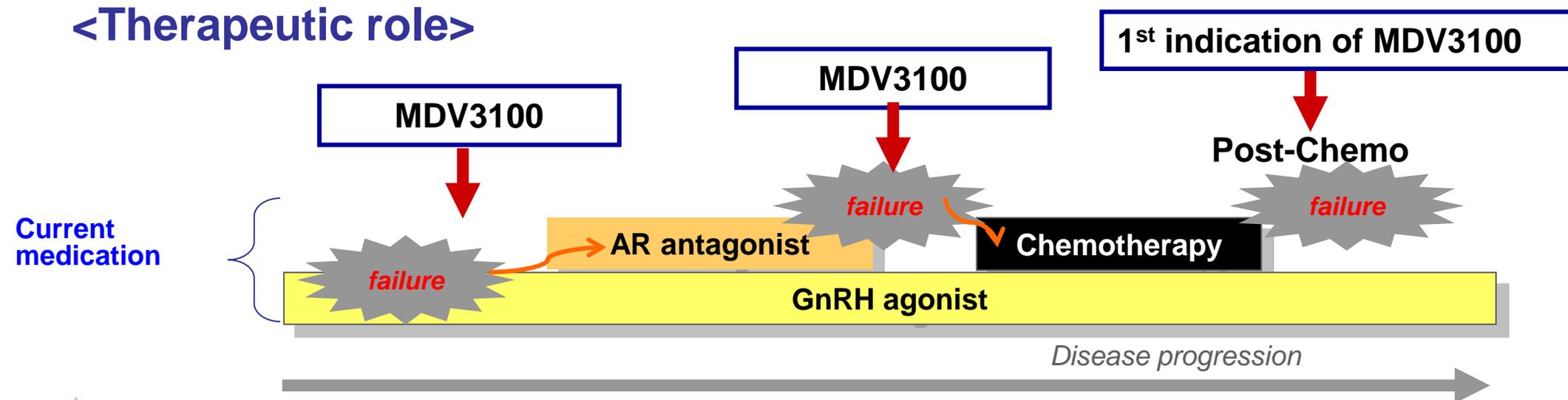
- **Safety/tolerability**

- Low safety/tolerability of chemotherapy

- **Treatment option**

- Very limited treatment options after chemotherapy failure

### <Therapeutic role>



# MDV3100: Development Progress

| Study   | Target  | Design                                 | P1   | P2 | P3 | Filed |
|---|---|--|--|----|----|-------|
| <b>P3</b><br>EU/US<br>[AFFIRM study]          | <b>Post-chemo</b><br>Patients with progressive castration-resistant prostate cancer previously treated with docetaxel-based chemotherapy              | Placebo-controlled,<br>n=1,199         | Interim analysis results have just been obtained |    |    |       |
| <b>P3</b><br>EU/US/JP/Asia<br>[PREVAIL study] | <b>ADT failure</b><br>Chemotherapy-naive patients with progressive metastatic prostate cancer who have failed ADT                                     | Placebo-controlled,<br>n=1,680         | First Patient In September 2010                  |    |    |       |
| <b>P2</b><br>EU/US [TERRAIN study]            | <b>LHRH analogue failure</b><br>Advanced prostate cancer patients who have progressed while on LHRH analogue therapy or following surgical castration | To compare with bicalutamide,<br>n=370 | First Patient In March 2011                      |    |    |       |
| <b>P2</b><br>EU                               | <b>Hormone-naive</b><br>Hormone-naive prostate cancer   | Open-label,<br>n=60                    | First Patient In May 2011                        |    |    |       |
| <b>P1/2</b><br>JP                             | <b>Post-chemo</b><br>Patients with progressive castration-resistant prostate cancer previously treated with docetaxel-based chemotherapy              | Open-label,<br>n=46                    | Completed P1 part and initiated P2 part.         |    |    |       |

ADT: Androgen deprivation therapy,  
LHRH: Lutenizing hormone-releasing hormone