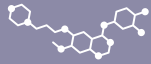


Information about IRESSA™ (gefitinib) and the IFUM study

New data presented at EMCTO showed that first line therapy with gefitinib in Caucasian patients with EGFR M+ advanced NSCLC resulted in an ORR of 70 % (95 % CI 61-78) which is similar to that seen in the EGFR M+ IPASS population⁴

What is gefitinib?



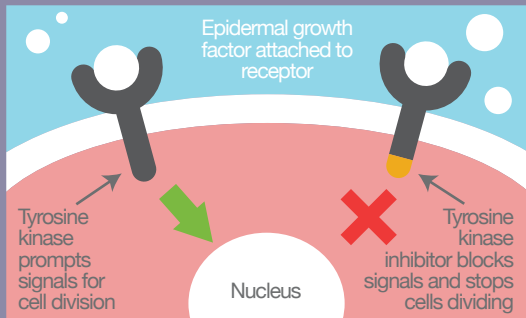
An epidermal growth factor receptor-tyrosine kinase inhibitor (EGFR-TKI) administered via a single once-daily oral tablet



Gefitinib is currently approved for the treatment of 1st line EGFR M+ advanced NSCLC patients in 85 countries

What is an EGFR-TKI?

- Epidermal Growth Factor Receptor (EGFR) is a protein found in abnormally high levels on the surface of many types of cancer cells, particularly NSCLC cells
- EGFR mutations are changes in the DNA sequence of the EGFR gene which codes for the EGFR protein
- An EGFR-TKI targets and blocks the activity of the EGFR-TK, an enzyme that regulates intracellular signalling pathways implicated in cancer cell proliferation and survival



Lung cancer and NSCLC

>1.61 million new cases of lung cancer diagnosed each year

1.38 million people die from lung cancer - more than breast, colon and prostate cancer combined¹



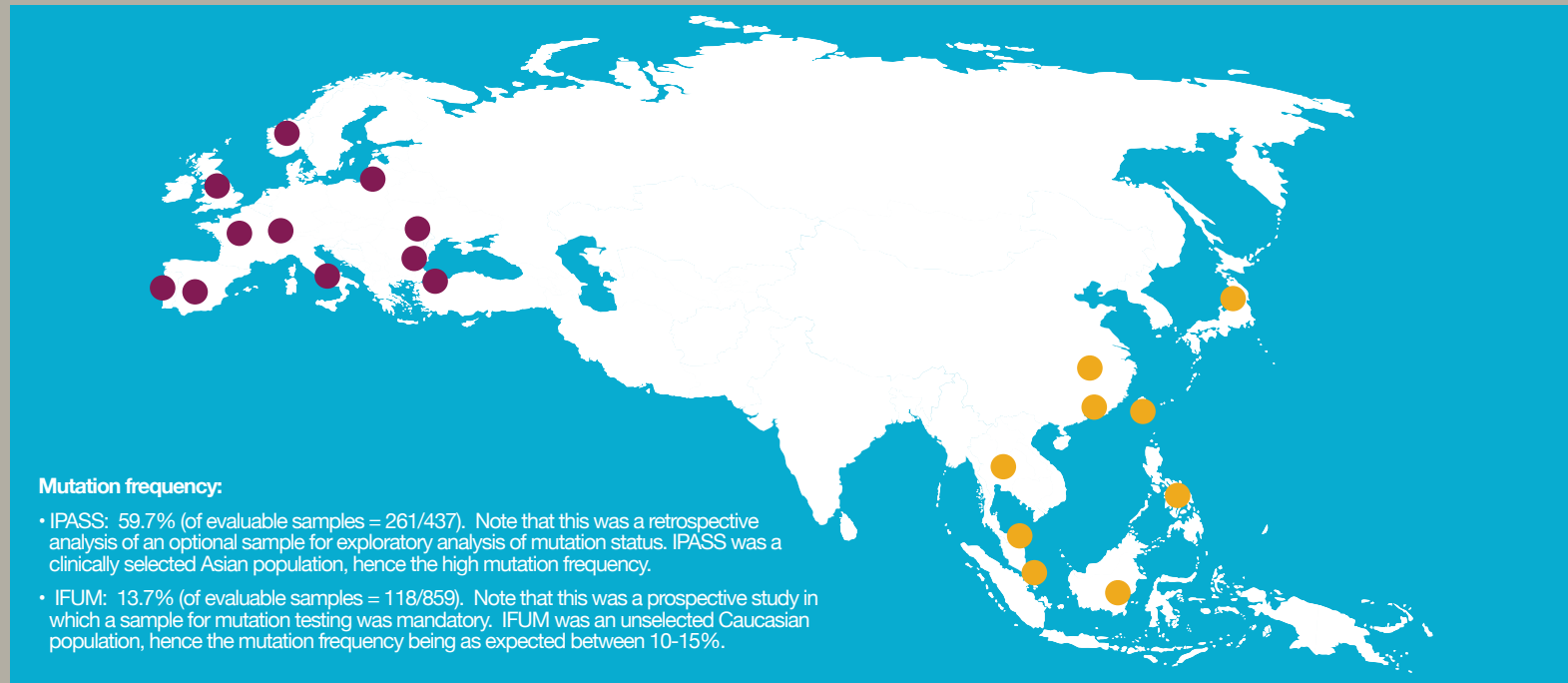
Lung cancer is normally diagnosed at the advanced stage, when five year survival falls to approximately

15%²

85% to 90% of lung cancers are non-small cell lung cancer (NSCLC)³

IFUM – IRESSA™ Follow-Up Measure Caucasian patients

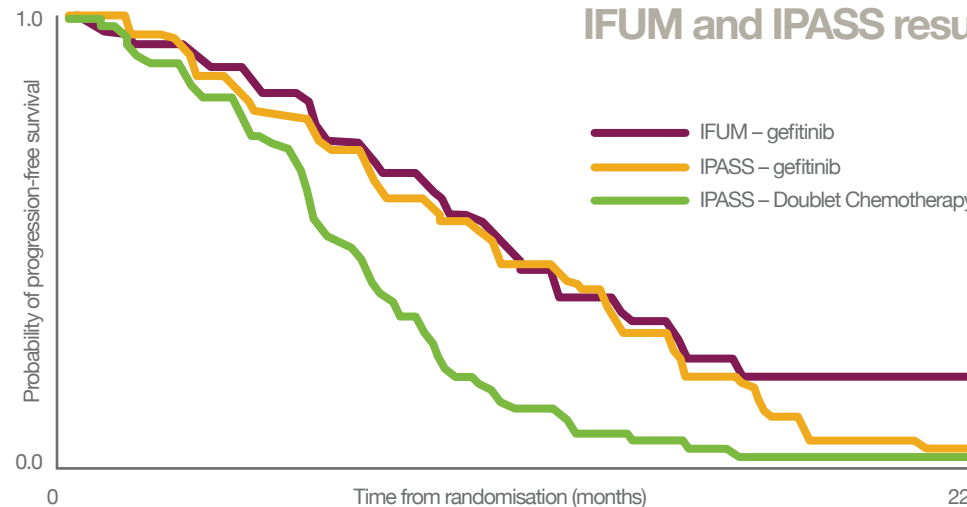
IPASS – IRESSA™ Pan-ASia Study Asian patients



Mutation frequency:

- IPASS: 59.7% (of evaluable samples = 261/437). Note that this was a retrospective analysis of an optional sample for exploratory analysis of mutation status. IPASS was a clinically selected Asian population, hence the high mutation frequency.
- IFUM: 13.7% (of evaluable samples = 118/859). Note that this was a prospective study in which a sample for mutation testing was mandatory. IFUM was an unselected Caucasian population, hence the mutation frequency being as expected between 10-15%.

IFUM and IPASS results^{4,5}



IFUM: (Overall response rate (ORR) of 70% (60%-78%). Similar to that seen in the IPASS study

IPASS: Progression-free survival was 9.5 months with gefitinib compared to 6.3 months with chemotherapy (HR 0.48, 95% CI 0.36 to 0.64, p<0.0001)

Together, IFUM and IPASS demonstrate that gefitinib is consistently efficacious in NSCLC patients with EGFR mutation positive tumours, regardless of whether they are Asian or Caucasian



References: 1) Ferlay, J. et al. GLOBOCAN 2002: Cancer Incidence, Mortality and Prevalence Worldwide. IARC CancerBase No. 5, version 2.0. Lyon: IARC Press, 2004; 2) Bepler G. Lung cancer epidemiology and genetics. J Thorac Imaging 1999; 14(4):228-234; 3) American Cancer Society. Lung Cancer (Non-Small Cell) fact sheet. Available at: <http://www.cancer.org/acs/groups/cid/documents/webcontent/003115.pdf>. Last accessed: April 2013; 4) Douillard et al. Efficacy, safety and tolerability results from a phase IV, open-label, single arm study of 1st-line gefitinib in Caucasian patients (pts) with epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) - EMBARGOED BY ECTMO CONGRESS UNTIL 10th MAY 2013; 5) Mok TS et al. Gefitinib or carboplatin-paclitaxel in pulmonary adenocarcinoma. New Engl J Med 2009; 361: 947-957.