# Innovating Antibodies, Improving Lives

Investor Presentation
September 2018

Genmab

# Forward Looking Statement

This presentation contains forward looking statements. The words “believe”, “expect”, “anticipate”, “intend” and “plan” and similar expressions identify forward looking statements. All statements other than statements of historical facts included in this presentation, including, without limitation, those regarding our financial position, business strategy, plans and objectives of management for future operations (including development plans and objectives relating to our products), are forward looking statements. Such forward looking statements involve known and unknown risks, uncertainties and other factors which may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by such forward looking statements. Such forward looking statements are based on numerous assumptions regarding our present and future business strategies and the environment in which we will operate in the future. The important factors that could cause our actual results, performance or achievements to differ materially from those in the forward looking statements include, among others, risks associated with product discovery and development, uncertainties related to the outcome of clinical trials, slower than expected rates of patient recruitment, unforeseen safety issues resulting from the administration of our products in patients, uncertainties related to product manufacturing, the lack of market acceptance of our products, our inability to manage growth, the competitive environment in relation to our business area and markets, our inability to attract and retain suitably qualified personnel, the unenforceability or lack of protection of our patents and proprietary rights, our relationships with affiliated entities, changes and developments in technology which may render our products obsolete, and other factors. Further, certain forward looking statements are based upon assumptions of future events which may not prove to be accurate. The forward looking statements in this document speak only as at the date of this presentation. Genmab does not undertake any obligation to update or revise forward looking statements in this presentation nor to confirm such statements to reflect subsequent events or circumstances after the date made or in relation to actual results, unless required by law.

# Genmab At-A-Glance

## Core Purpose, Strategy & Vision

### Core Purpose

- To improve the lives of patients by creating & developing innovative antibody products

### Our Strategy

- Turn science into medicine
- Build a profitable & successful biotech
- Focus on Core Competence

### Vision

- By 2025, our own product has transformed cancer treatment and we have a pipeline of knock-your-socks off antibodies

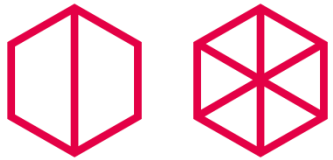
# Genmab At-A-Glance
## Solid Foundation

**DARZALEX®**
**Arzerra®**

2 marketed products generating royalty income

**Tisotumab vedotin**
**Enapotamab vedotin**
**HexaBody-DR5/DR5**
**DuoBody-CD3xCD20**

4 exciting proprietary clinical programs



**DuoBody® Platform**
**HexaBody® Tech.**

2 proprietary next generation technologies for robust pre-clinical pipeline

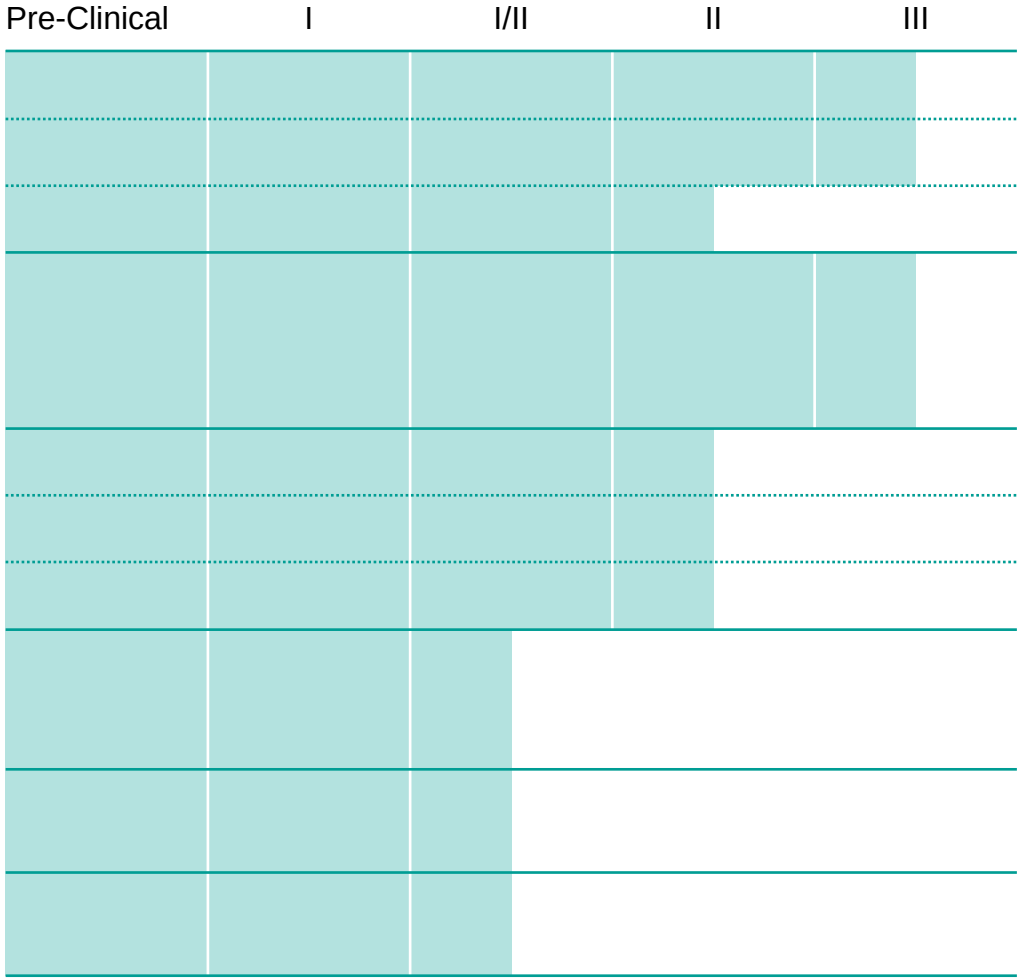
**Solid financial base**

Aim to own at least 50% of product rights
Allows for building capabilities to market own product in future

# Innovative Clinical & Pre-clinical Pipeline

## Development for Marketed & Genmab Proprietary Products

| Product | Disease Indications | Development Phase |
|---|---|---|
| **Daratumumab** BTD (2 - MM)<br>Target: CD38<br>Partner: Janssen | Multiple myeloma (MM) | |
| | Amyloidosis | |
| | Non-MM blood cancers | |
| **Ofatumumab (OMB157)** BTD (CLL)<br>Target: CD20<br>Partner: Novartis | Relapsing multiple sclerosis (RMS) (SubQ) | |
| **Tisotumab vedotin**<br>Target: TF<br>Partner: Seattle Genetics | Cervical cancer | |
| | Ovarian Cancer | |
| | Solid tumors | |
| **Enapotamab vedotin (HuMax-AXL-ADC)**<br>Target: AXL | Solid tumors | |
| **GEN1029 (HexaBody-DR5/DR5)**<br>Target: DR5 | Solid tumors | |
| **GEN3013 (DuoBody-CD3xCD20)**<br>Targets:CD3, CD20 | Hematological malignancies | |



# Innovative Clinical & Pre-clinical Pipeline
## Additional Shots on Goal

| Product | Disease Indications |
|---|---|
| **Teprotumumab (RV001)** BTD<br>Target: IGF-1R, Partner: Horizon Pharma | Graves' orbitopathy |
| **HuMax-IL8**<br>Target: IL8, Partner: BMS | Advanced cancers |
| **Camidanlumab tesirine (ADCT-301)**<br>Target: CD25, Partner: ADCT | Lymphoma |
| | Solid tumors |
| | Acute myeloid leukemia (AML) or acute lymphoblastic leukemia (ALL) |
| **JNJ-61186372**<br>Targets: EGFR, cMet, Partner: Janssen | Non-small-cell lung cancer (NSCLC) |
| **JNJ-63709178***<br>Targets: CD3, CD123, Partner: Janssen | Acute Myeloid Leukemia (AML) |
| **JNJ-64007957**<br>Targets: BCMA, CD3, Partner: Janssen | Relapsed or refractory MM |
| **JNJ-64407564**<br>Targets: CD3, GPRC5D, Partner: Janssen | Relapsed or refractory MM |
| **Lu AF82422**<br>Target: alfa-Synuclein, Partner: Lundbeck | Parkinson's disease |
| **~20 Active Pre-clinical programs incl. DuoBody CD40x4-1BB** | Proprietary programs: HuMab, HuMab-ADC, DuoBody, DuoBody-ADC & HexaBody |
| | Partnered programs: HuMab, DuoBody & HexaBody |

**Aim 4 INDs in 4 Years**

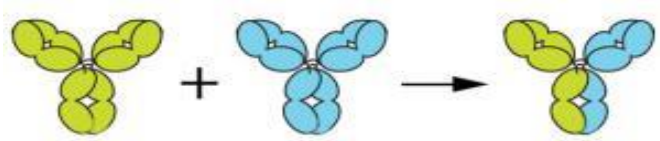
**Development Phase**


*As per clinicaltrials.gov, trial currently on hold due to Grade 3 event.

# Cutting Edge Capabilities

## Additional Value Created by Technologies

DuoBody



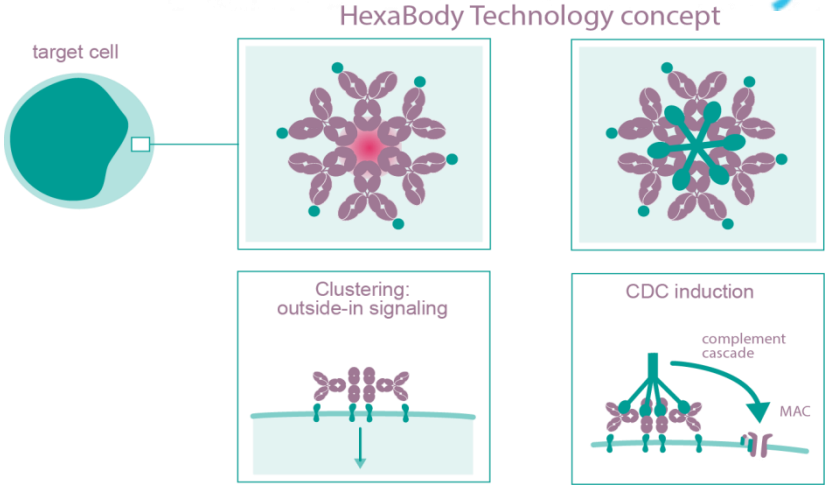
### DuoBody Platform

- Efficient & versatile bispecific Ab platform
- Applicable to any antibody from any platform
- Regular IgG format
- Large scale production validated
- No developability liabilities
- Robotized bispecific library generation
- Multiple ongoing collab. incl. with Novo Nordisk, Gilead & Janssen

### HexaBody Technology

- Robust effector function enhanced Ab
- Enables antibodies to readily form clusters of 6 (hexamers)
- Induces & enhances target cell killing after binding (CDC and apoptosis)
- Creates innovative products in cancer & infectious diseases
- Multiple ongoing research collaborations

HexaBody



# Daratumumab (Marketed as DARZALEX®)
## Approved in US, EU & Japan

First-in-class antibody targeting CD38 – 2 FDA BTDs

Approved in US & EU as monotherapy for double refractory MM & in combo. w/ Velcade®, melphalan & prednisone for newly diagnosed MM pts ineligible for ASCT

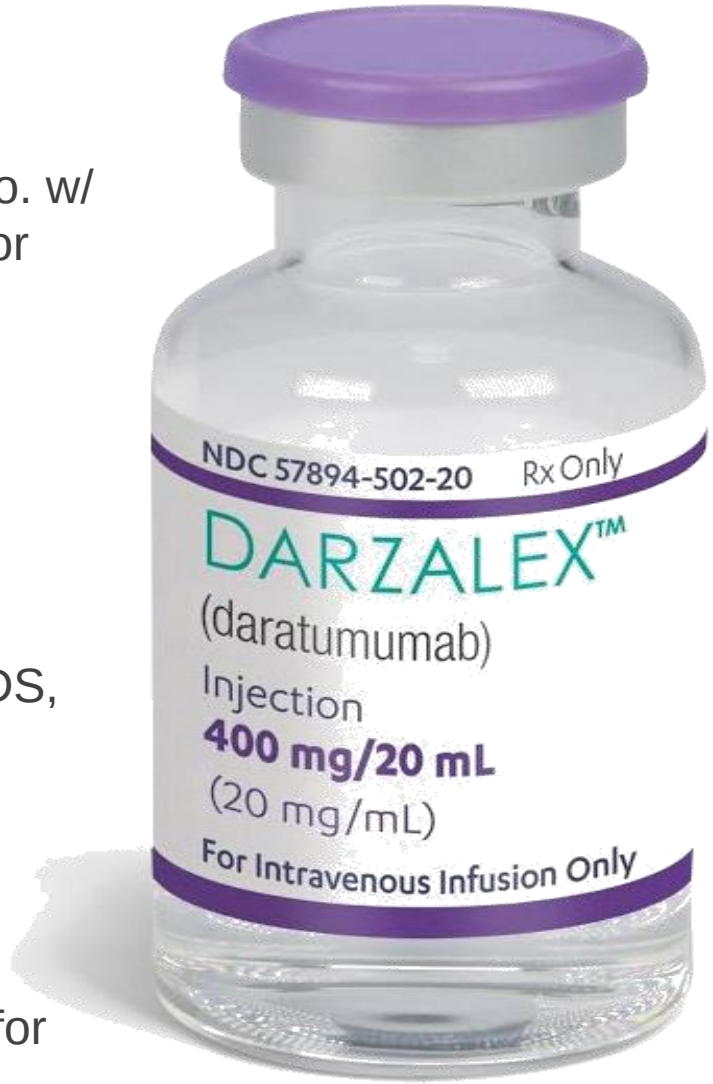
Approved in US, EU & Japan in combo. w/ Revlimid® & dex or Velcade® & dex for relapsed / refractory MM

Approved in US in combo. w/ Pomalyst® & dex for pts w/ MM who have received at least 2 prior therapies

Industry sponsored clinical studies ongoing in MM, NKT-cell lymphoma, MDS, and amyloidosis

Blockbuster status – growing royalty income
- Royalty rate: 12% - 20%

Collaboration w/ Janssen Biotech
- Up to $1bn total in dev., reg. & sales milestones, Janssen responsible for all costs assoc. w/ dev. & commercialization




See local country prescribing information for precise indications

# Covering All Stages of MM: Key Ongoing Trials

| Disease Stage | Therapy | No. Pts* | Development Phase |
|---|---|---|---|
| **High Risk Smoldering** | Subcutaneous | 360 | AQUILA |
| | Monotherapy | 126 | ✓ CENTAURUS |
| **Front line (transplant & non-transplant)** | Dara + VMP | 706 | ✓ ALCYONE |
| | Dara + VMP (Asia Pacific) | 210 | |
| | Dara + Rd | 745 | ✓ MAIA |
| | Dara + VRd | 360 | |
| | Dara + VTd | 1,080 | ✓ CASSIOPEIA |
| | Dara + RVd | 224 | ✓ GRIFFIN |
| **Relapsed or Refractory** | Dara + Vd (China) | 210 | |
| | Dara + Kd | 466 | ✓ CANDOR |
| | Dara + Pom + d | 302 | APOLLO |
| | Subcutaneous vs IV | 480 | COLUMBA |
| | Dara + combinations | >400 | NINLARO® (Ph II), Venclexta™ (Ph II), Selinexor (Ph I/II) |
| | Dara + I.O. (PD1 & PDL1) | >700 | Keytruda® (Ph II), Opdivo® (Ph I/II), Tecentriq® (Ph I) |

Pre-Clinical | I | I/II | II | III

V = Velcade®, MP = melphalan-prednisone , T = thalidomide d= dexamethasone, R = Revlilmid®, K = Kyprolis®, Pom = Pomalyst®

✓ Fully recruited *Number of patients are as per linicaltrials.gov, include full trial recruitment, not just dara arms. Maintenance integrated into some study protocols

# Daratumumab Development

## Beyond Multiple Myeloma

### Amyloidosis

- Ph III D (SC) + cyclo., bortezomib & dex. (CyBorD)

### MDS

- Ph II mono.

### ALL

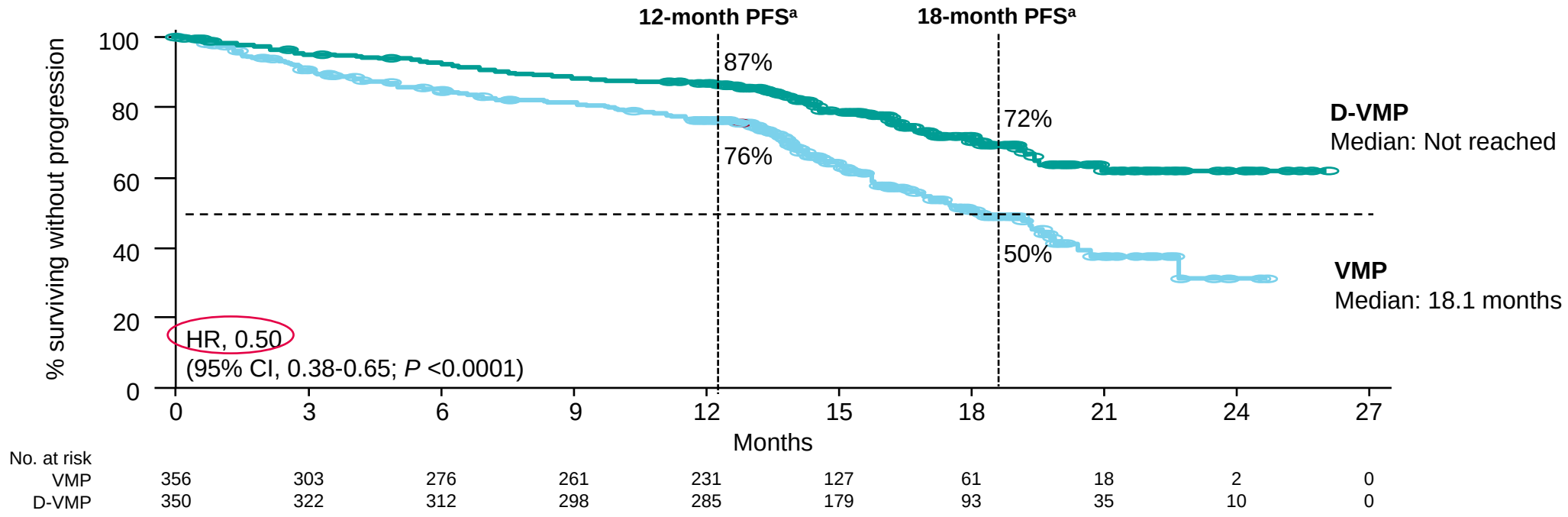
- Ph II D + standard of care chemo.

### NKTCL (nasal type)

- Ph II mono.

# Front Line Multiple Myeloma: ALCYONE

## Ph III Newly Diagnosed Multiple Myeloma



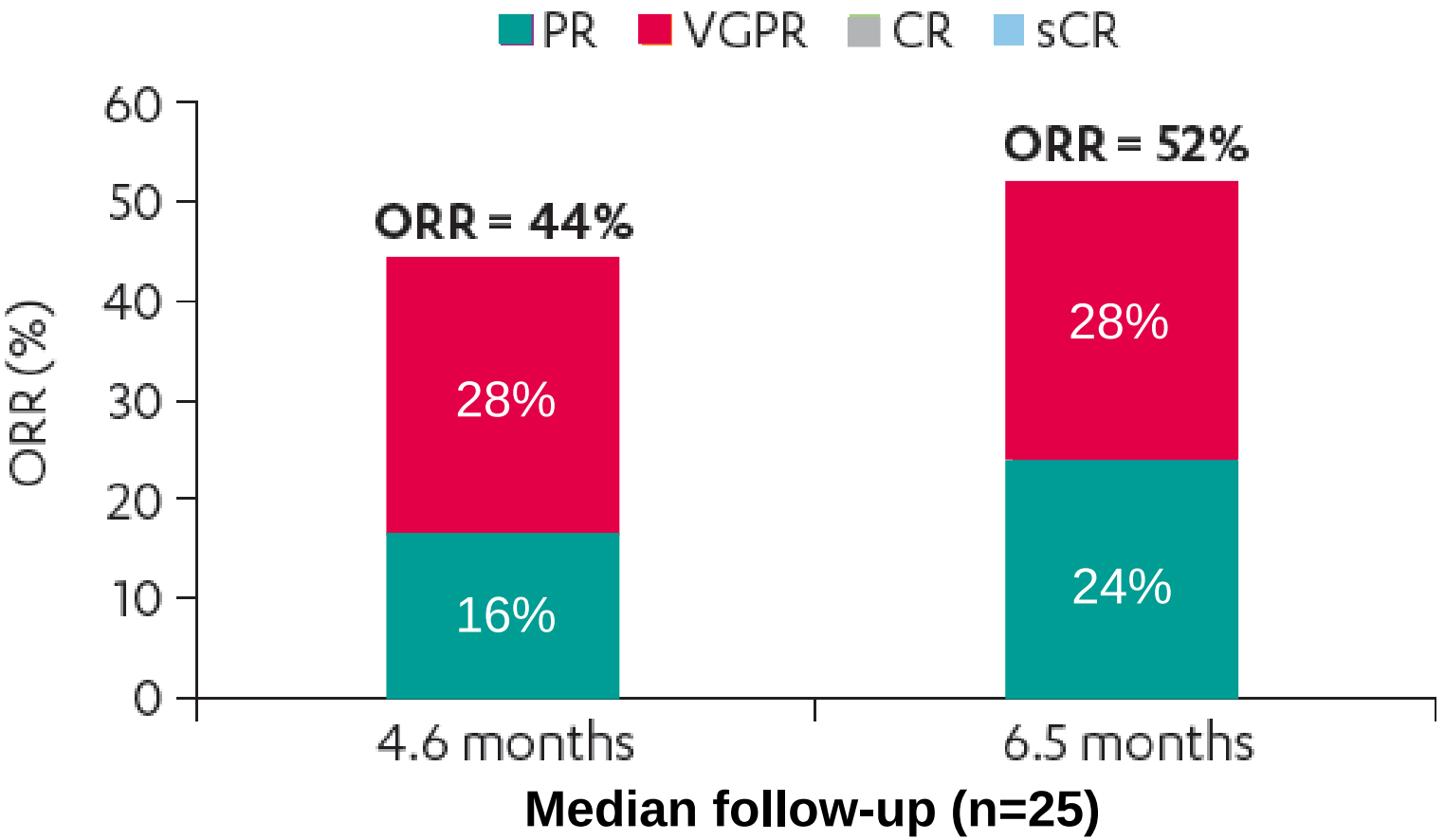

**In D-VMP arm:**

- 50% reduction risk of disease progression or death in patients receiving D-VMP
- Median PFS not reached
- **>3-fold higher MRD-negative rate**

**Data Presented at ASH – Atlanta, December 2017 / Basis of FDA Approval (May 2018) & EC Approval (Aug 2018)**

# Subcutaneous Daratumumab

## PAVO Study in Relapsed or Refractory MM: ORRs in Part 2 (Dara SC 1,800 mg)




ORR, overall response rate; DARA, daratumumab; SC, subcutaneous; PR, partial response; VGPR; very good partial response; CR, complete response; sCR, stringent complete response

**Presented at ASCO – Chicago, June 2018**

### Faster Infusion time

- Dosing in 3-5 min.
  - Ph III study underway
- First IV infusion: 7 hrs

### Well tolerated

- IRRs w/ dara SC: 16%
- IRRs w/ dara IV: 45% - 56%

- High clinical response rates that improved w/ longer follow-up observed
- Median PFS not reached after median follow-up of 6.5 mo

# Ofatumumab (Arzerra®)

Human antibody targeting CD20

Two Phase III studies in relapsing MS ongoing

MS Advantages: Dosing
- Better disease management, subcutaneous dosing

MS Advantages: Attributes
- Potential for low immunogenicity, manageable safety profile

Marketed in various territories for certain CLL indications*
In non-US markets, Novartis intends to transition from commercial to compassionate use programs

Collaboration with Novartis
- Cash flow positive for Genmab


*See local country prescribing information for precise indications

# Clinical Projects: Tisotumab vedotin

## Phase II for Cervical Cancer

Fully human antibody-drug conjugate (ADC)

Targets Tissue Factor (TF)
- Therapeutic potential in broad range of solid tumors

Ph II study in cervical cancer
- Potential registrational pathway

Ph II study in colorectal, NSCLC, pancreatic, SCCHN

Ph II study in ovarian cancer

Studies ongoing in solid tumors
- Indications incl. gynecologic (ovarian, cervical, and endometrial) cancers, prostate, bladder, & esophageal cancers, NSCLC & SCCHN

50:50 Co-development with Seattle Genetics

# Clinical Projects: Enapotamab Vedotin (HuMax-AXL-ADC)

## Efficacy in *in vivo* Tumor Model

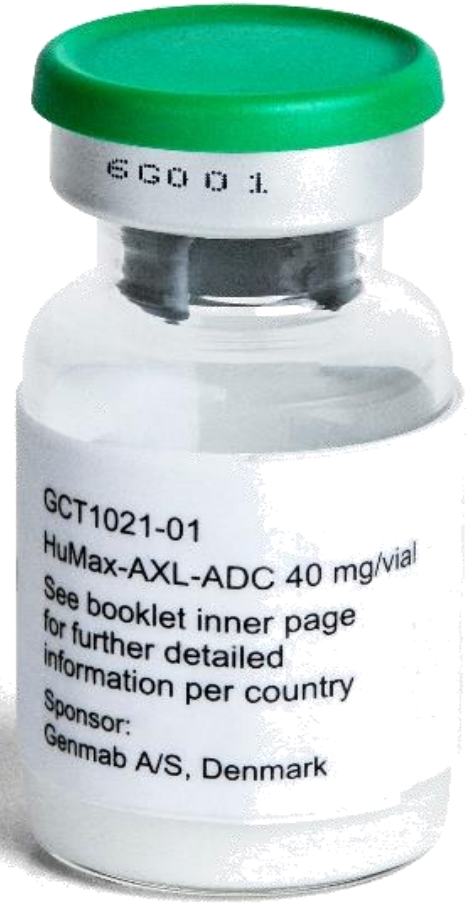
Human ADC

Targets tumor-associated AXL

Therapeutic potential in solid tumors

First-in-human Phase I/II study
- Indications incl. gynecologic (ovarian, cervical, & endometrial) cancers, thyroid cancer, NSCLC, melanoma and sarcoma
- Expansion cohorts initiated in 2018 (NSCLC, melanoma, sarcoma)

ADC technology licensed from Seattle Genetics



# Clinical Projects: GEN1029 (HexaBody-DR5/DR5)

## Potential in Solid Tumors

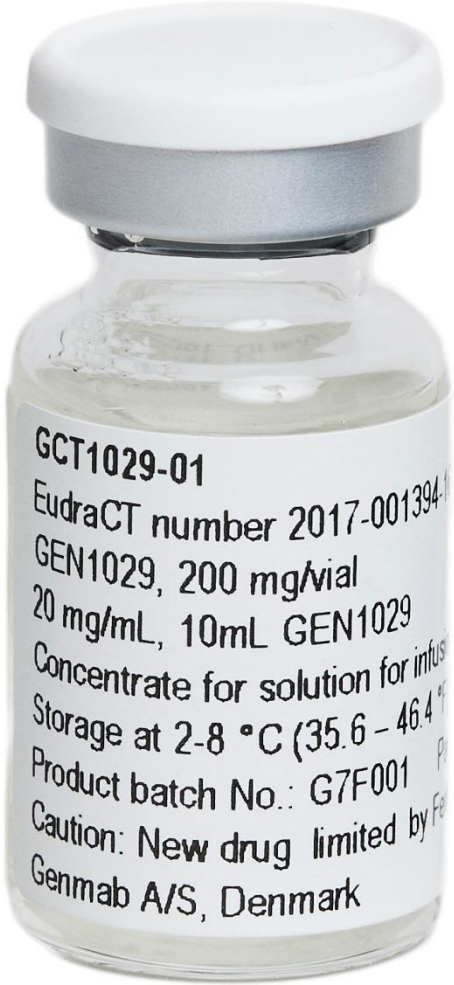
Proprietary HexaBody technology

Targets DR5

Phase I/II study initiated in Q2 2018

Potential in solid cancers

Colorectal, NSCLC, triple neg. breast cancer, renal cell cancer, gastric cancer, pancreatic cancer & urothelial cancer



# Clinical Projects: GEN3013 (DuoBody-CD3xCD20)

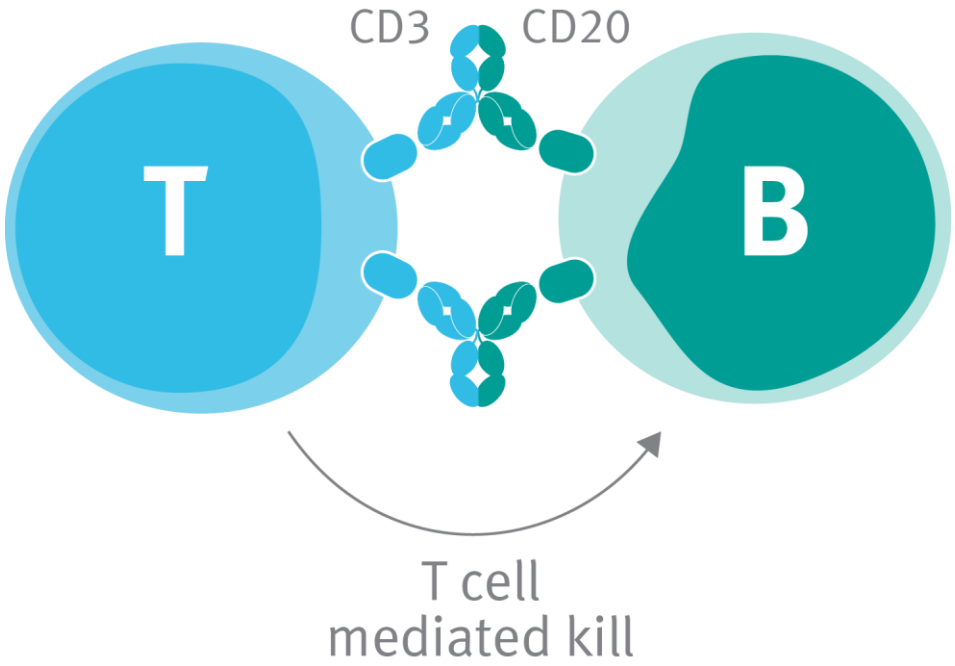
## Phase I/II Study Ongoing

Proprietary DuoBody Technology

Simultaneous binding to CD20 on B cells and CD3 on T cells

Phase I/II study initiated in Q3 2018

Potential in B-cell malignancies



# Well-Capitalized Biotech – 2018 Guidance

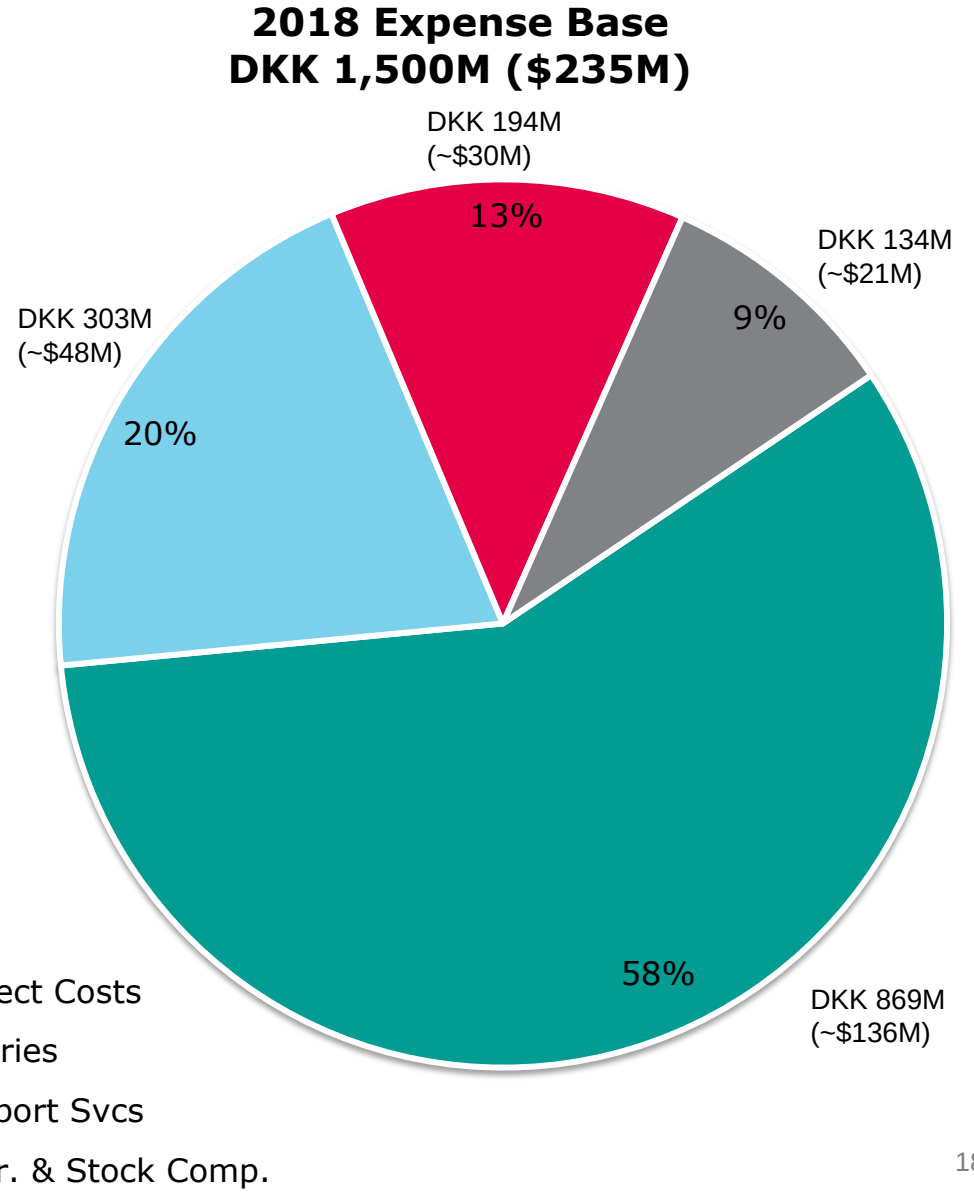
| Income Statement | DKKM | ~USDM* |
|---|---|---|
| Revenue | 2,700 – 3,100 | 422 - 485 |
| Operating expenses | (1,400) – (1,600) | (219) – (250) |
| Operating income | 1,300 – 1,500 | 203 - 235 |
| *USD 1.00 = DKK 6.3958 | | |

2018 Guidance – August 8, 2018

**DARZALEX sales**
- Genmab's estimate of DARZALEX net sales USD 2.0-2.3 billion

**Revenue mid-point DKK 2,900M**
- DARZALEX royalties DKK 1,750M
- DARZALEX milestones DKK 550M
- Novartis one-time payment of DKK 300M

**Expense mid-point DKK 1,500**
- Continued investment in our clinical & pre-clinical pipeline
- 10 pipeline projects drive ~DKK 765M, 51% of total expense



# 2018 Company Goals
## Maximizing Differentiated Product Portfolio Value

| Priority | ✓ | Targeted Milestone |
|---|---|---|
| Maximize daratumumab progress | ✓<br><br>X | » FDA and EMA decision on Phase III ALCYONE multiple myeloma (MM) submission<br>» Start new Phase III MM study<br>» Report early clinical data in solid tumors<br>» Phase III MAIA MM efficacy analysis in frontline<br>» Phase III CASSIOPEIA MM efficacy analysis in frontline |
| Optimize ofatumumab value | ✓ | » Complete recruitment Phase III subcutaneous ofatumumab relapsing MS studies |
| Maximize tisotumab vedotin progress | <br><br>✓ | » Start two Phase II studies in cervical cancer (recurrent / metastatic & combination study in frontline)<br>» Start Phase II study in additional solid tumor indications |
| Strengthen differentiated product pipeline and technology partnership portfolio | ✓<br><br>✓ | » Start enapotamab vedotin (HuMax-AXL-ADC) expansion phase in ongoing Phase I/II study<br>» Progress HexaBody-DR5/DR5 Phase I/II study<br>» Progress DuoBody-CD3xCD20 Phase I/II study<br>» Accelerate proprietary DuoBody Immuno-Oncology programs towards clinic<br>» Enter new technology or product collaborations |
| Disciplined financial management and building a commercial footprint | | » Execute controlled company growth with selective investments in product & technology pipeline<br>» Continue investing in building commercialization and launch capabilities |

# Creating Value for Patients & Shareholders

## Building on 3 central pillars: Focus, Innovation & Execution

- 2 marketed products
- 4 proprietary early stage clin. programs
- 2 proprietary technologies
- Robust pre-clinical pipeline
- World-class antibody & R&D expertise
- Strategic collaborations
- Building commercial expertise
- Solid financials
- Proven track record

# Innovating Antibodies, Improving Lives

Appendix

Genmab

# Publicly Listed Company with Large Free Float

Large cap, listed on Nasdaq Copenhagen, Denmark & ADR in US

Rest of shares held across world incl.
- USA
- UK
- DK
- NL

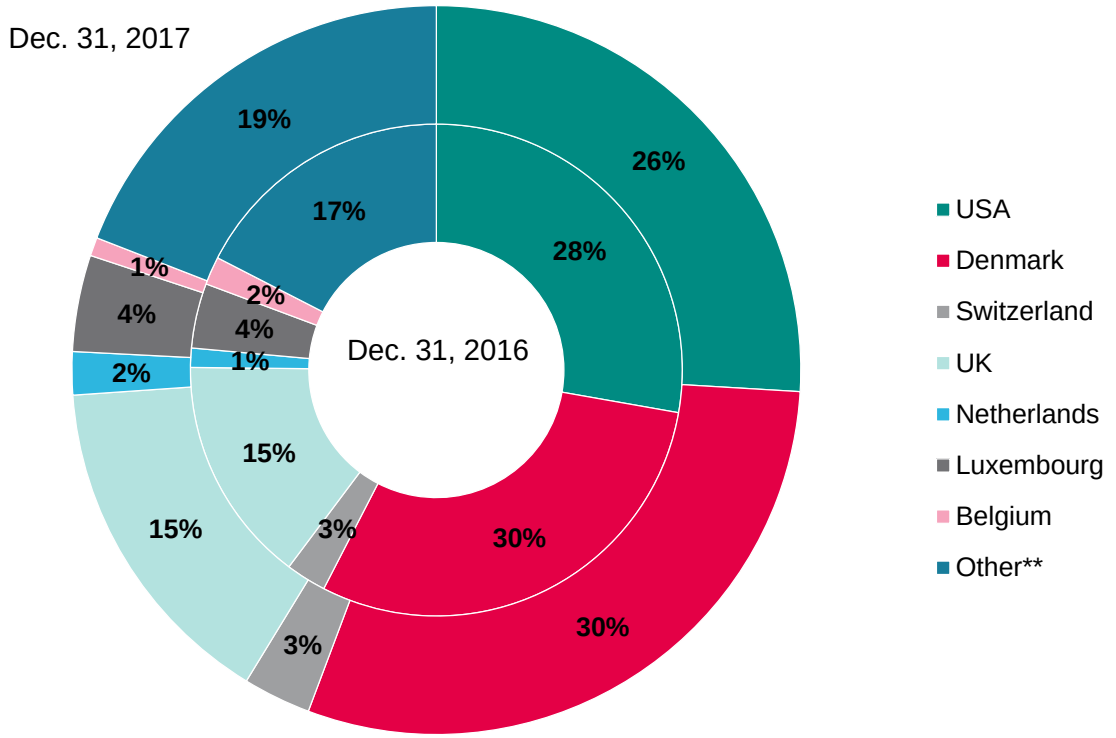
Approx. Market Cap
- DKK 68bn
- USD 11 bn

Approx. shares outstanding: 61.5M

Warrants outstanding: 1.3M (2%)

Approx. diluted shares: 63M

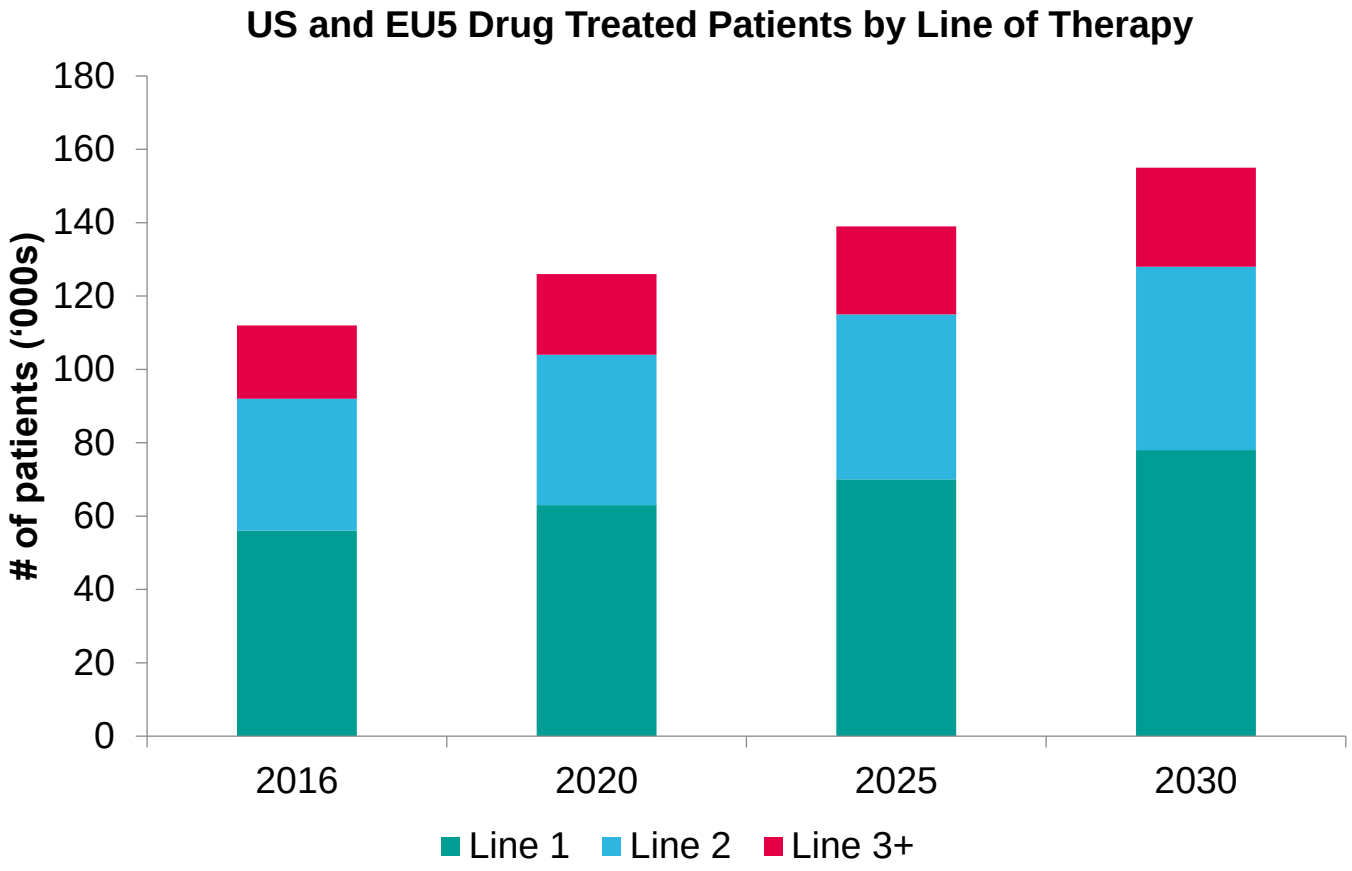
**Geographical Shareholder Distribution*
December 31, 2017**




* Based on figures from the internal shareholder register per December 31, 2017
** "Other" includes shares held in other countries and shares not held in nominee accounts, including OTC traded shares

# Market Opportunity in MM

- Current projections assume a larger frontline patient population and greater rate of growth over time
- As a disease of the elderly, MM prevalence is expected to rise in line with the growing elderly population
- Incidence is expected to increase in Europe in line with the growing elderly population
- Mortality has significantly decreased due to effectiveness of newer treatments
  - Average lifespan of a patient diagnosed with MM is 7-8 years




Source: Kantar Health, 2015 US and EU5

# DARZALEX® (daratumumab) Sales Potential

**$1,242M**

Net sales
Full Year 2017

**$2 – 2.3B**

Genmab projected 2018 sales

**$9B**

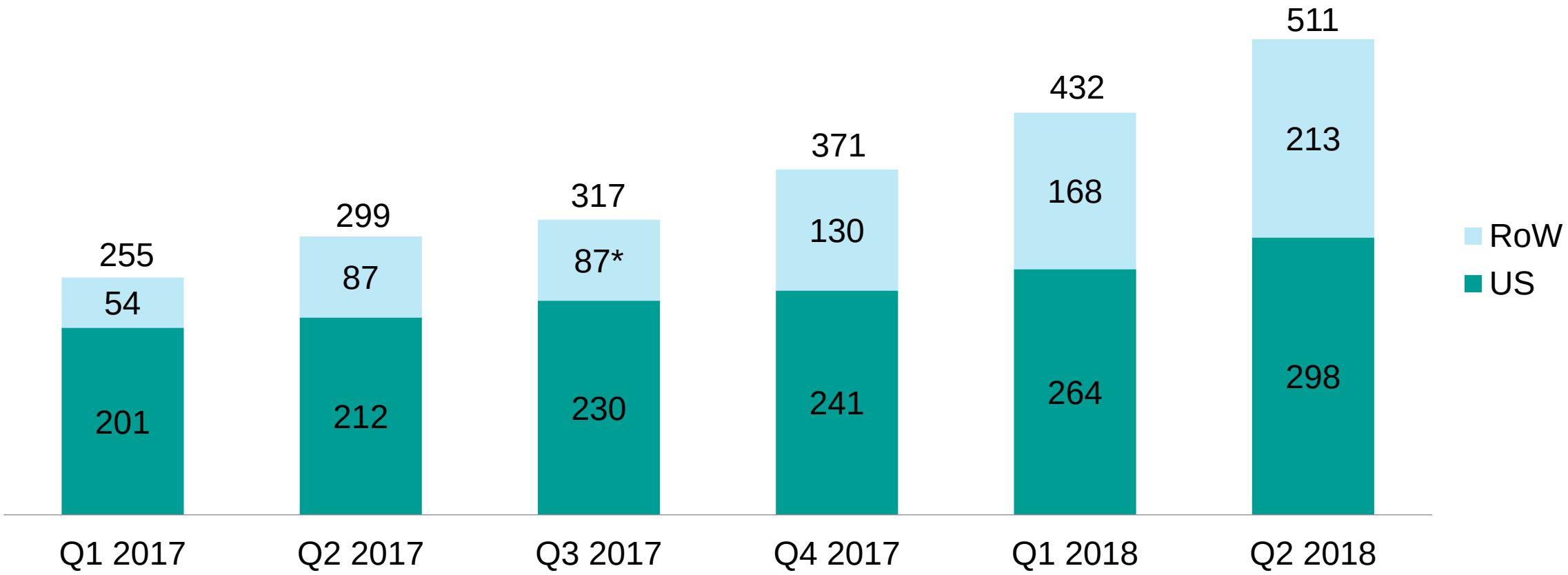
Average analyst* projected peak MM sales

Potential upside:
smoldering disease, other blood cancers, rheumatoid arthritis

*Average sales projections of analysts covering Genmab as of June 2018

# DARZALEX Quarterly Sales

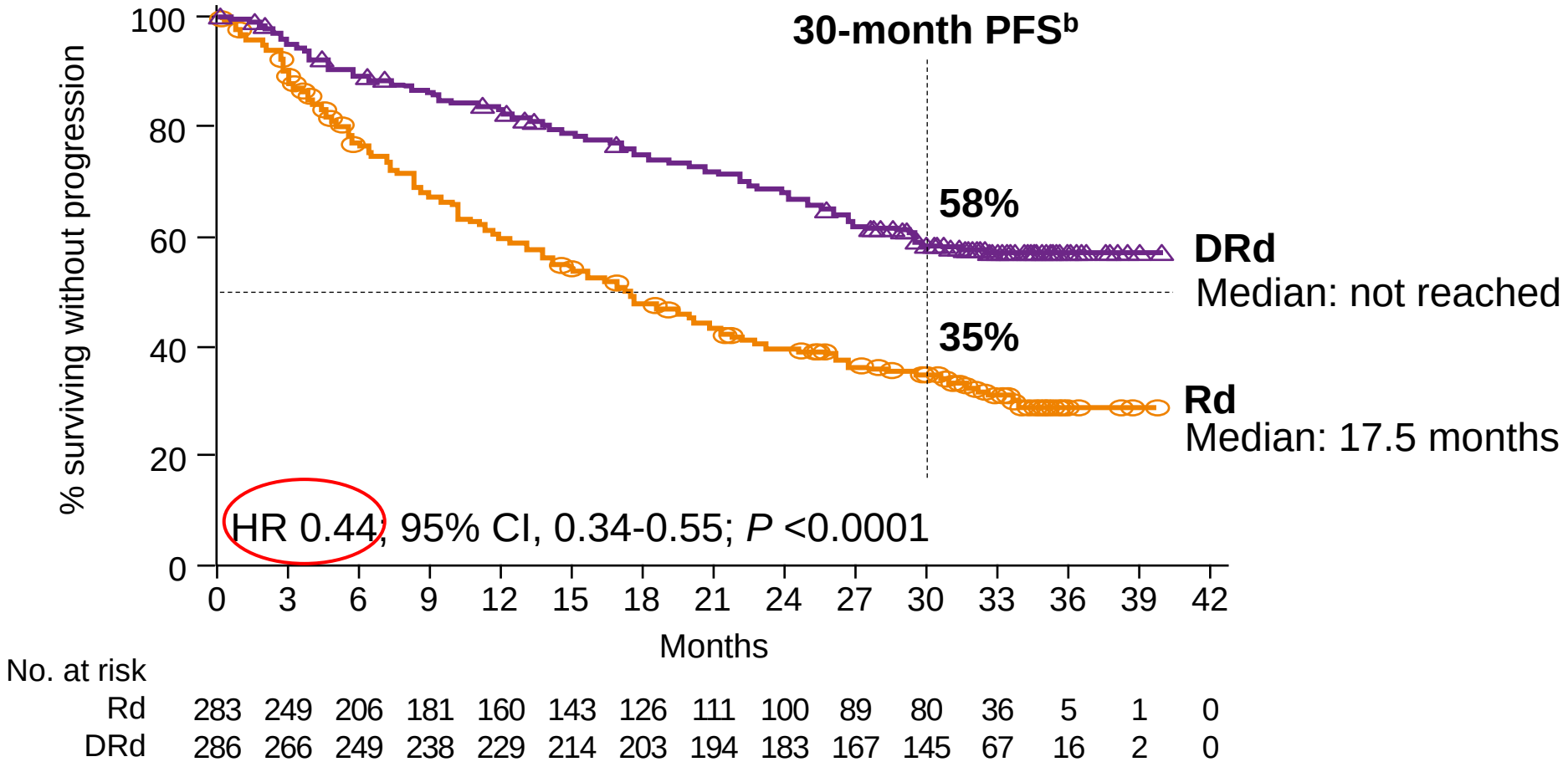
## Q1 2017 – Q2 2018, USD M




*RoW sales negatively impacted by one time adjustment of $20M related to retroactive reimbursement matters in Germany and France.

# Updated Efficacy: POLLUX

## Presented ASH 2017



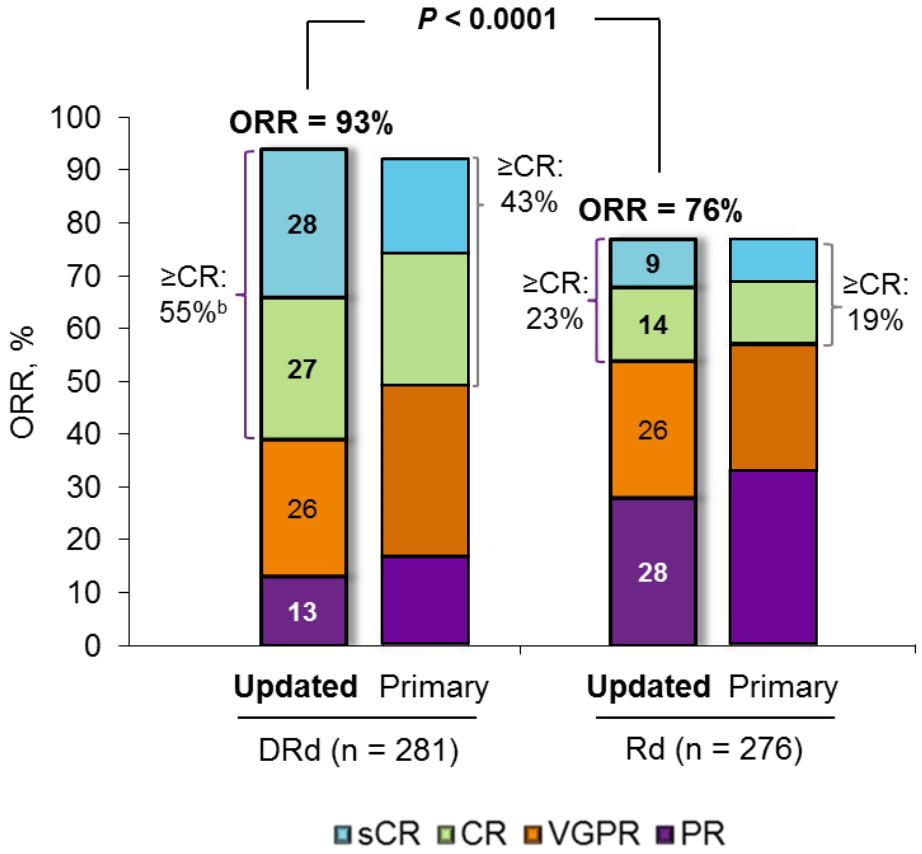

**56% reduction in risk of progression/death for DRd versus Rd**

HR, hazard ratio; CI, confidence interval.
[a]Exploratory analyses based on clinical cut-off date of October 23, 2017.
[b]Kaplan-Meier estimate.

# Updated Efficacy: POLLUX

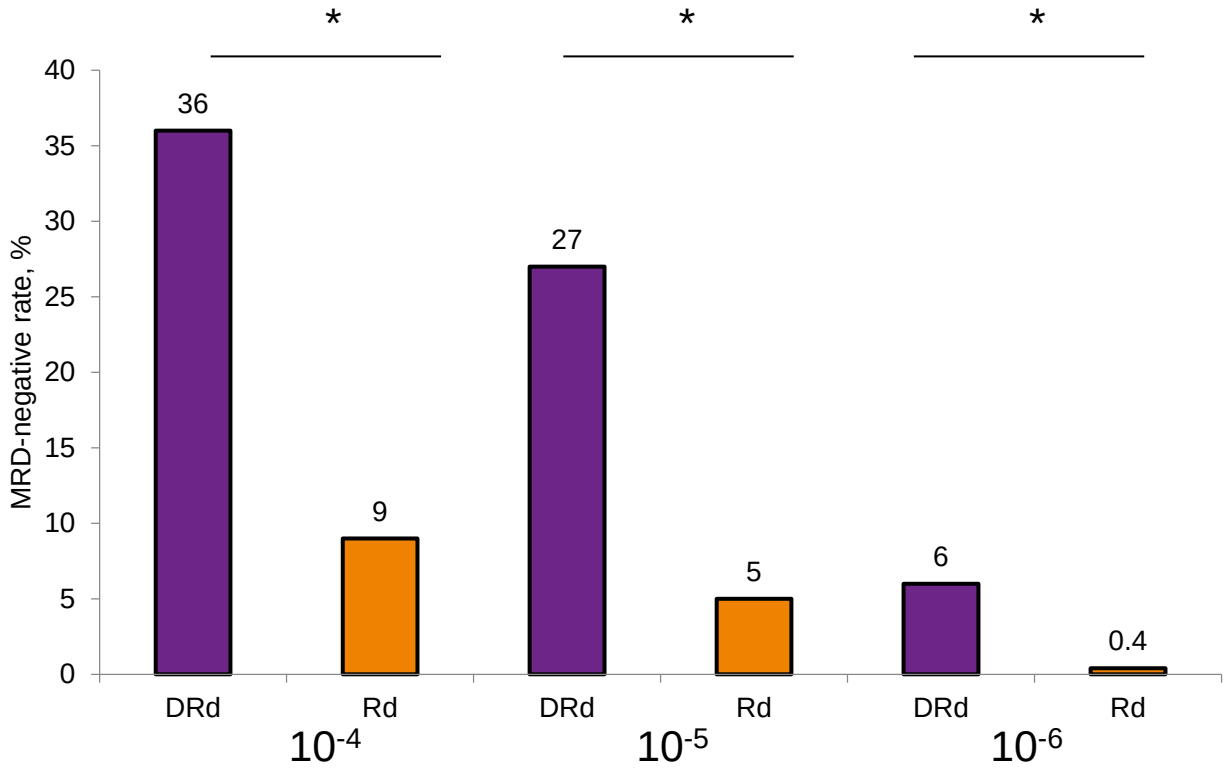
## Presented ASH 2017

### ORR




### MRD-negative Rates

*P <0.0001




MRD assessed using clonoSEQ® assay V2.0

- **Responses continued to deepen in the DRd group**
- **Significantly higher (>3-fold) MRD-negative rates for DRd versus Rd**

sCR, stringent complete response; PR, partial response.

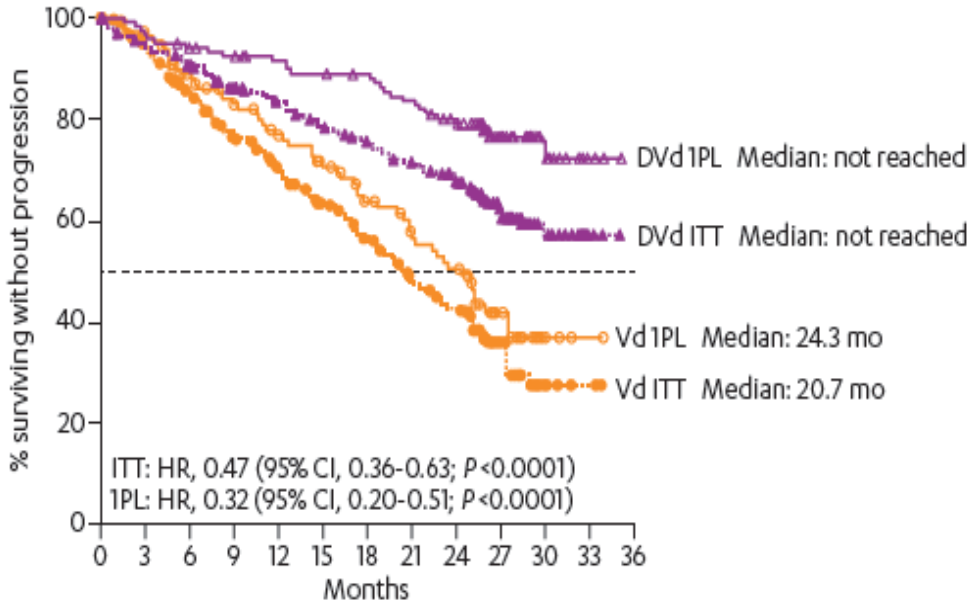
Primary analysis reported in Dimopoulos MA, et al. *N Engl J Med.* 2016;375(14):1319-1331.

[a]Exploratory analyses based on clinical cutoff date of October 23, 2017; [b]*P* <0.0001 for DRd versus Rd.

# Updated Efficacy: CASTOR

## Presented ASH 2017

### PFS

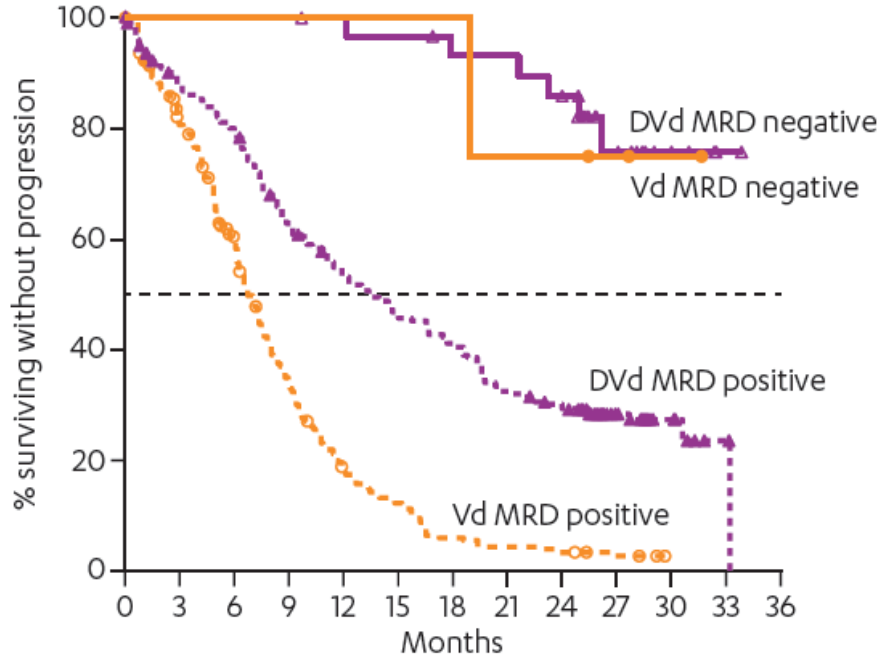



No. at risk

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Vd ITT | 247 | 214 | 188 | 162 | 140 | 119 | 101 | 81 | 70 | 31 | 5 | 2 | 0 |
| DVd ITT | 251 | 229 | 218 | 201 | 191 | 178 | 167 | 155 | 144 | 66 | 25 | 4 | 0 |
| Vd 1PL | 113 | 105 | 92 | 82 | 73 | 65 | 55 | 46 | 41 | 18 | 3 | 1 | 0 |
| DVd 1PL | 122 | 115 | 111 | 107 | 104 | 101 | 99 | 92 | 85 | 42 | 17 | 3 | 0 |

PFS2, progression-free survival on subsequent line of therapy; ITT, intent-to-treat; 1PL, 1 prior line of therapy; DVd, daratumumab/bortezomib/dexamethasone; Vd, bortezomib/dexamethasone.

### MRD-negative Rates

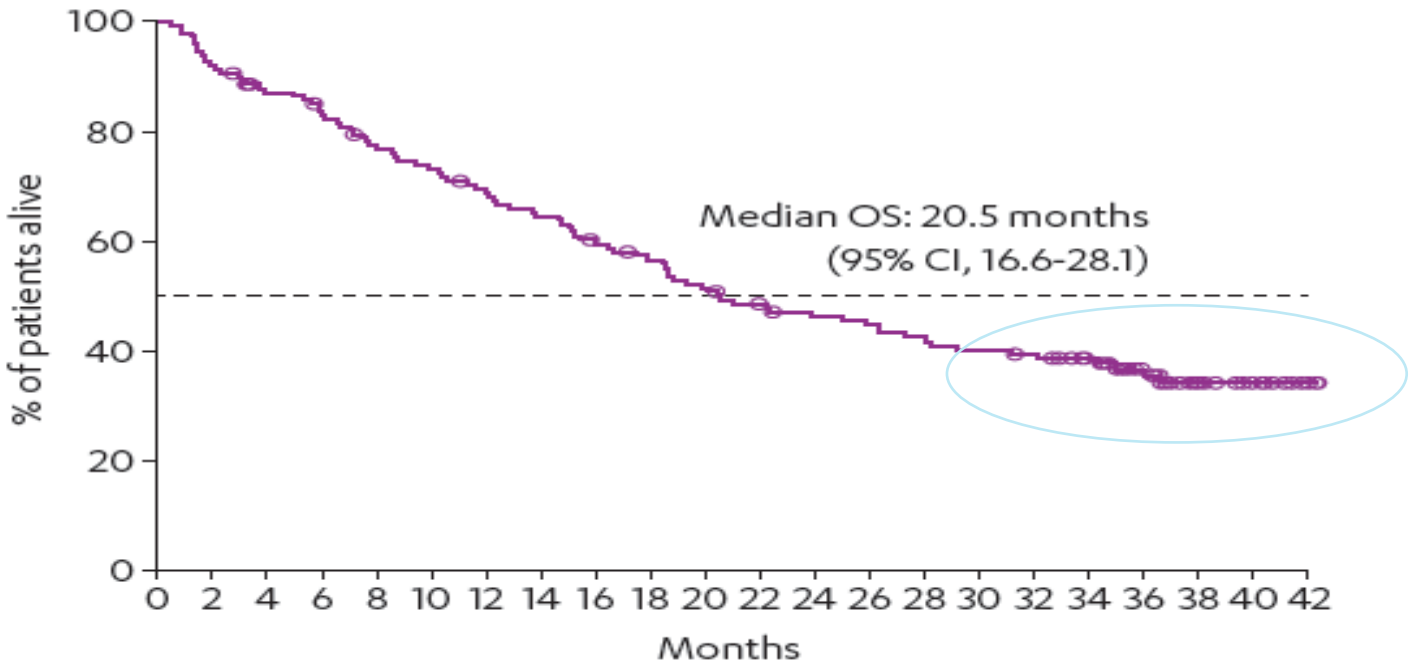



No. at risk

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Vd MRD negative | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 2 | 1 | 0 | 0 |
| DVd MRD negative | 30 | 30 | 30 | 30 | 29 | 28 | 26 | 26 | 24 | 12 | 6 | 1 | 0 |
| Vd MRD positive | 243 | 178 | 125 | 70 | 35 | 23 | 11 | 8 | 6 | 3 | 0 | 0 | 0 |
| DVd MRD positive | 221 | 185 | 168 | 131 | 109 | 95 | 83 | 66 | 59 | 28 | 13 | 2 | 0 |

# Updated Efficacy: Monotherapy

**Dara monotherapy in RR MM→ tail effect**



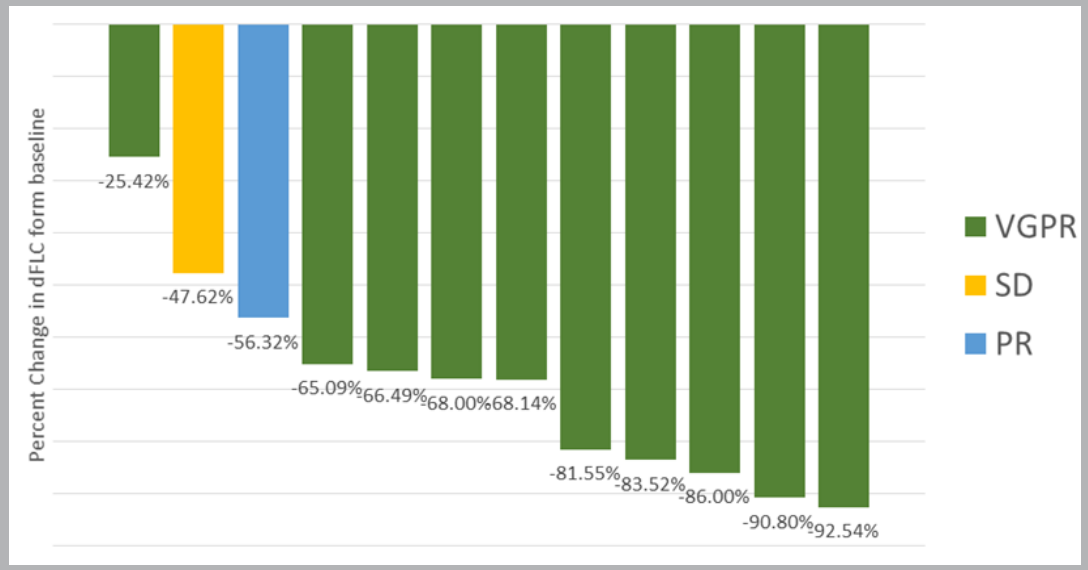

**Overall survival (OS): combined analysis of GEN501 Part 2 and SIRIUS data.**

*Usmani, et al. ASH 2017. Poster #3107*

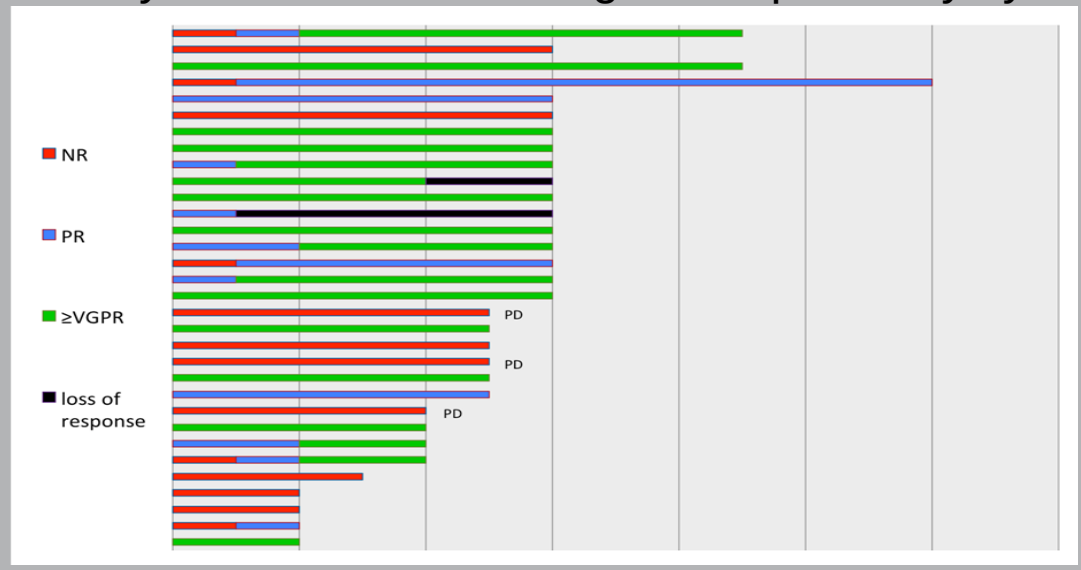
# Daratumumab in AL Amyloidosis

## Presented at ASH Annual Meeting, Dec. 2017

Ph II Daratumumab in relapsed AL amyloidosis*: % reduction in dFLC after 1 infusion




Ph II Daratumumab in previously treated systemic AL amyloidosis**: Hematological response by cycles




**Light chain (AL) amyloidosis**

- Occurs when amyloid proteins form deposits that damage tissues and organs
- Most frequently affects kidneys, heart, nervous system, liver & digestive tract
- Currently no cure

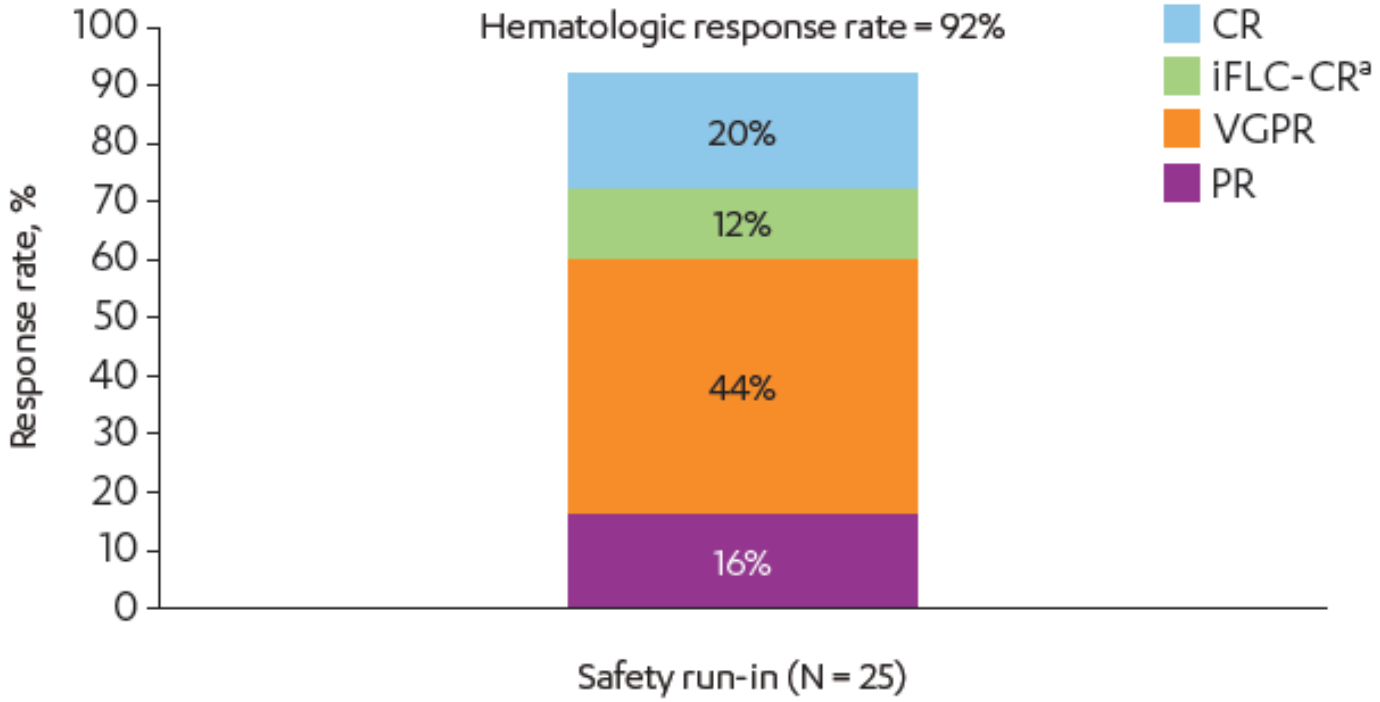
*Safety and Tolerability of Daratumumab in Patients with Relapsed Light Chain (AL) Amyloidosis: Preliminary Results of a Phase II Study, Sanchorawala V. et al
**A Prospective Phase II of Daratumumab in Previously Treated Systemic Light Chain (AL) Amyloidosis, Roussel M. et al

# Daratumumab in AL Amyloidosis con't

## Subcutaneous daratumumab plus cyclophosphamide, bortezomib and dexamethasone in patients with newly diagnosed amyloid light chain amyloidosis

**Summary of overall best hematologic response based on IACC**

Preliminary Efficacy: Except for 2 patients, all remaining patients demonstrated hematologic responses based on IACC Guidelines




IACC, International Amyloidosis Consensus Criteria; CR, complete response; LLN, lower limit of normal; iFLC, involved free light chain; VGPR, very good partial response; PR, partial response.
[a]Patients with negative serum and urine immunofixation and normalization of involved FLC level; if uninvolved FLC level is below LLN and FLC ratio is abnormal or normal, patient will be assigned to iFLC-CR (involved FLC CR) response category.

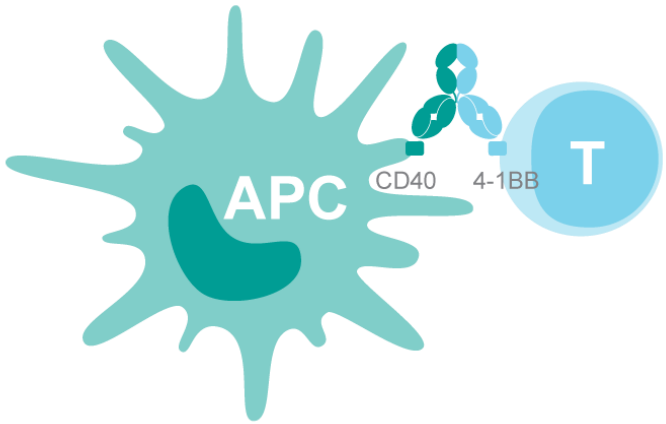
**Presented at ASCO Annual Meeting, June 2018: Safety Run-in Results of ANDROMEDA**

# DuoBody-CD40x4-1BB

## Immunomodulation: targeting two checkpoint activators

**Bispecific antibody targeting CD40 and 4-1BB (CD137)**

- Trans-activating bispecific targeting two checkpoint activators
- Simultaneously activates antigen-presenting cell (APC) and enhances T cell activation
  - Co-engagement of CD40 (APCs) and 4-1BB (T cells) in immune response against tumor
  - Conditional activation and expansion of previously activated cytotoxic $CD8^+$ T cells
  - Inert Fc backbone
- For treatment of solid cancers
- 2018 IND/CTA candidate
- 50/50 Co-development Genmab and BioNTech



# Ongoing Daratumumab Clinical Trials

## Janssen Sponsored Phase II & III

**Daratumumab Trials Sponsored by Pharma / Biotech**

| Ct.gov Identifier | Phase | Sponsor | Indication | Therapy |
|---|---|---|---|---|
| NCT02252172 | III | Janssen | Untreated MM | Daratumumab + Rd (MAIA) |
| NCT02195479 | III | Janssen | Untreated MM | Daratumumab + VMP (ALCYONE) |
| NCT02541383 | III | Janssen | Untreated MM | Daratumumab + VTd (CASSIOPEIA) |
| NCT02076009 | III | Janssen | Relapsed or Refractory MM | Daratumumab + Rd (POLLUX) |
| NCT02136134 | III | Janssen | Relapsed or Refractory MM | Daratumumab + Vd (CASTOR) |
| NCT03180736 | III | Janssen | Relapsed or Refractory MM | Daratumumab + Pom-d (APOLLO) |
| NCT03201965 | III | Janssen | Amyloidosis | Daratumumab + CyBorD (ANDROMEDA) |
| NCT03217812 | III | Janssen | Untreated MM | Daratumumab + VMP (Asia Pacific) |
| NCT03234972 | III | Janssen | Relapsed or Refractory MM | Daratumumab + Vd vs Vd (China) |
| NCT03277105 | III | Janssen | Relapsed or Refractory MM | Daratumumab SC vs IV (COLUMBA) |
| NCT03301220 | III | Janssen | Smoldering MM | Daratumumab SC (AQUILA) |
| NCT03652064 | III | Janssen | Untreated MM | Daratumumab + VRd (MMY3019) |
| NCT03384654 | II | Janssen | Relapsed / Refractory ALL / LL | Dara + Vincristine + Prednisone + Doxorubicin (ALL2005) |
| NCT02951819 | II | Janssen | Untreated and Relapsed MM | Daratumumab + CyBorD (LYRA) |
| NCT02874742 | II | Janssen | Untreated MM | Daratumumab + RVd (GRIFFIN) |
| NCT02316106 | II | Janssen | Smoldering MM | Monotherapy (CENTAURUS) |
| NCT02927925 | II | Janssen | NKTCL, Nasal Type | Monotherapy (NKT2001) |
| NCT03011034 | II | Janssen | Myelodysplastic Syndromes | Daratumumab or Talacotuzumab (MDS2002) |
| NCT03412565 | II | Janssen | Newly diag. & relapsed / refractory MM | Daratumumab SC + Rd, VMP & VRd (MMY2040) |

# Ongoing Daratumumab Clinical Trials

## Janssen Sponsored Phase I & I/II

**Daratumumab Trials Sponsored by Pharma / Biotech**

| Ct.gov Identifier | Phase | Sponsor | Indication | Therapy |
|---|---|---|---|---|
| NCT01615029 | I/II | Janssen | Relapsed and Refractory MM | Daratumumab + Rd (GEN503) |
| NCT02852837 | I | Janssen | Relapsed or Refractory MM | Monotherapy (in China) (MMY1003) |
| NCT02519452 | I | Janssen | Relapsed or Refractory MM | Monotherapy, subcutaneous (PAVO) |
| NCT02918331 | I | Janssen | Untreated MM | Daratumumab + Rd (Japan) (MMY1006) |
| NCT03242889 | I | Janssen | Relapsed or Refractory MM | Daratumumab subq (Japan) (MMY1008) |
| NCT01998971 | I | Janssen | Various MM | Daratumumab + backbone regimens (Vd, VMP, VTd, Pom-d, Kd, KRd) (EQUULEUS) |
| NCT03320707 | I | Janssen | Healthy volunteers | Daratumumab vs placebo (EDI1001) |

# Ongoing Daratumumab Clinical Trials

## Other Industry Sponsored Trials

**Daratumumab Trials Sponsored by Pharma / Biotech**

| Ct.gov Identifier | Phase | Sponsor | Indication | Therapy |
|---|---|---|---|---|
| NCT03158688 | III | Amgen | Relapsed or Refractory MM | Daratumumab + Kd (CANDOR) |
| NCT01946477 | II | Celgene | Relapsed or Refractory MM | Daratumumab + Pom-d |
| NCT02807454 | II | Celgene | Relapsed and Refractory MM | Daratumumab + Imfinzi (FUSION) |
| NCT03221634 | II | Merck | Relapsed or Refractory MM | Daratumumab + Keytruda |
| NCT03314181 | II | AbbVie | Relapsed or Refractory MM | Daratumumab + Venetoclax + dex w/wout bort |
| NCT02807558 | II | Syros | AML & MDS | Daratumumab + SY-1425 |
| NCT03439293 | II | Takeda | Relapsed or Refractory MM | Daratumumab + NINLARO (ixazomib) + Dex |
| NCT02343042 | I/II | Karyopharm | Relapsed or Refractory MM | Daratumumab + Selinexor + Dex |
| NCT03481556 | I/II | Oncopeptides AB | Relapsed or Refractory MM | Daratumumab + Melflufen + Dex |
| NCT01592370 | I/II | BMS | Relapsed or Refractory MM | Daratumumab + nivolumab |
| NCT02431208 | I | Roche | Resistant or Refractory MM | Daratumumab + Tecentriq (atezolizumab) |
| NCT03068351 | I | Roche | Resistant or Refractory MM | Daratumumab + RO6870810 |

# Ongoing Daratumumab Clinical Trials

## Investigator Sponsored Study (ISS): MM

**Investigator Sponsored Studies (ISS) of Daratumumab**

| Ct.gov Identifier | Phase | Sponsor | Indication | Therapy |
|---|---|---|---|---|
| NCT02944565 | II | ISS | MM | Daratumumab accelerated infusion |
| NCT02977494 | II | ISS | R/R MM & Severe Renal Impairment | Daratumumab + Vd |
| NCT02626481 | II | ISS | Resistant or Refractory MM | Daratumumab + dexamethasone |
| NCT03004287 | II | ISS | Newly diagnosed MM | KTD-Dara-PACE / Dara-KD / Dara-RD |
| NCT03012880 | II | ISS | Newly diagnosed MM | Daratumumab+ Ixazomib, Len & Dex |
| NCT03143036 | II | ISS | RRMM | Daratumumab + thalidomide + Dex |
| NCT03184194 | II | ISS | RRMM | Daratumumab + nivolumab w/ or w/out Len & Dex |
| NCT03188172 | II | ISS | Newly diagnosed MM | Daratumumab + VRd |
| NCT03215524 | II | ISS | RRMM | Daratumumab + Dex, Cy, Pom |
| NCT03224507 | II | ISS | Deep remission in MM | Daratumumab + KRd |
| NCT03290950 | II | ISS | Newly Diagnosed MM | Daratumumab + KRd |
| NCT03289299 | II | ISS | Smoldering MM | Daratumumab + carfilzomib, lenalidomide & dexamethasone |
| NCT03346135 | II | ISS | MM | Dara as maintenance after ASCT |

# Ongoing Daratumumab Clinical Trials
## Investigator Sponsored Study (ISS): MM, con't

**Investigator Sponsored Studies (ISS) of Daratumumab**

| Ct.gov Identifier | Phase | Sponsor | Indication | Therapy |
|---|---|---|---|---|
| NCT03450057 | II | ISS | RRMM w/ renal impairment | Daratumumab |
| NCT03475628 | II | ISS | Effects on bone disease in RRMM | Daratumumab |
| NCT03477539 | II | ISS | MM | Daratumumab, ASCT, lenalidomide |
| NCT03490344 | II | ISS | MM | Daratumumab, lenalidomide short course |
| NCT03500445 | II | ISS | Newly diagnosed MM | Daratumumab, carfilzomib, lenalidomide, low dose Dex |
| NCT03556332 | II | ISS | RRMM | Daratumumab, carfilzomib, lenalidomide, dex |
| NCT03589222 | II | ISS | RRMM | Daratumumab, selinexor, bortezomib, dexamethasone |
| NCT03590652 | II | ISS | RRMM | Daratumumab, ixazomib, pomalidomide, dexamethasone |
| NCT03606577 | II | ISS | Newly diagnosed MM | Daratumumab, carfilzomib, lenalidomide, dex |
| NCT03622775 | II | ISS | Relapsed MM | Daratumumab |
| NCT03236428 | I | ISS | Smoldering MM | Daratumumab |
| NCT02955810 | I | ISS | Untreated MM | Daratumumab + CyBorD |
| NCT03311828 | I | ISS | Relapsed MM | Daratumumab + positron emission tomography |
| NCT02751255 | I/II | ISS | RRMM | Daratumumab + All-trans retinoic acid |
| NCT01665794 | I/II | ISS | RRMM | Daratumumab + K, Pom, dex |

# Ongoing Daratumumab Clinical Trials

## ISS: Other Indications

**Investigator Sponsored Studies (ISS) of Daratumumab**

| Ct.gov Identifier | Phase | Sponsor | Indication | Therapy |
|---|---|---|---|---|
| NCT02816476 | II | ISS | Amyloidosis | Monotherapy |
| NCT03067571 | II | ISS | AML or MDS | Monotherapy |
| NCT03095118 | II | ISS | Membranoproliferative Glomerulonephritis | Monotherapy |
| NCT03187262 | II | ISS | Waldenstrom macroglobulinemia | Monotherapy |
| NCT03473730 | II | ISS | Metastatic Renal Cell Carcinoma (MRCC) or Muscle Invasive Bladder | Monotherapy |
| NCT02841033 | I/II | ISS | Amyloidosis | Monotherapy |
| NCT03537599 | I/II | ISS | AML | Daratumumab + donor lymphocyte infusion |
| NCT03177460 | I | ISS | High-risk localized prostate cancer | Monotherapy with prostatectomy |
| NCT03432741 | I | ISS | RR NHL, Hodgkin lymphoma or Stage IV breast cancer | Intralesional injection |
| NCT03283917 | I | ISS | Amyloidosis | Daratumumab, ixazomib & dexamethasone |
| NCT03447808 | I | ISS | CLL | Daratumumab & ibrutinib |
| NCT03591744 | I | ISS | Plasma cell leukemia | Daratumumab + bortezomib, dexamethasone, lenalidomide, pegylated liposomal doxorubicin hydrochloride |

Dex = dexamethasone
Pom = Pomalyst (pomalidomide)
Rd = Revlimid (lenalidomide) + dexamethasone

Pom-d = Pomalyst (pomalidomide) + dexamethasone
CyBorD = Cyclophosphamide, bortezomib, dexamethasone
KRd = Kyprolis (carfilzomib) + Revlimid (lenalidomide) + dexamethasone

VTd = Velcade (bortezomib) + thalidomidde + dexamethasone
VMP = Velcade (bortezomib) + melphalan-prednisone
Kd = Kyprolis (carfilzomib) + dexamethasone

Vd = Velcade (bortezomib) + dexamethasone

As per clinicaltrials.gov, July 2018

# Income Statement: Six Months Ended June 30

| | 2018 | 2017 | Change | 2018 | 2017 |
|---|---|---|---|---|---|
| | DKK millions | | | USD millions * | |
| Darzalex Royalties | 695 | 454 | 241 | 109 | 71 |
| Darzalex Milestones | - | 489 | (489) | - | 76 |
| Other Revenue | 496 | 81 | 415 | 78 | 13 |
| Total Revenue | 1,191 | 1,024 | 167 | 187 | 160 |
| R&D Costs | (632) | (372) | (260) | (99) | (58) |
| G&A Expenses | (100) | (70) | (30) | (16) | (11) |
| Operating Expenses | (732) | (442) | (290) | (115) | (69) |
| Operating Result | 459 | 582 | (123) | 72 | 91 |
| Net Financial Items | 132 | (171) | 303 | 21 | (27) |
| Tax | (132) | (88) | (44) | (21) | (14) |
| Net Result | 459 | 323 | 136 | 72 | 50 |

* USD 1.00 = DKK 6.3958 (Danish Central Bank spot rate on June 30, 2018)