

# Better Antibodies By Design

Kempen Life Sciences Conference  
18.-19. April 2018



## 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**  
**HuMax®-AXL-ADC**  
**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				
		Pre-Clinical	I	I/II	II	III
<b>Daratumumab</b> <b>BTD (2 - MM)</b> Target: CD38 Partner: Janssen	Multiple myeloma (MM)					
	Non-MM & Solid tumor indications					
<b>Ofatumumab (OMB157)</b> <b>BTD (CLL)</b> Target: CD20 Partner: Novartis	Follicular lymphoma (FL)					
	Relapsing multiple sclerosis (RMS) (SubQ)					
<b>Tisotumab vedotin</b> Target: TF Partner: Seattle Genetics	Solid tumors					
<b>HuMax-AXL-ADC</b> Target: AXL	Solid tumors					
<b>HexaBody-DR5/DR5*</b> Target: DR5	Solid tumors					
<b>DuoBody-CD3xCD20*</b> Targets: CD3, CD20	Hematological malignancies					

\*Announced

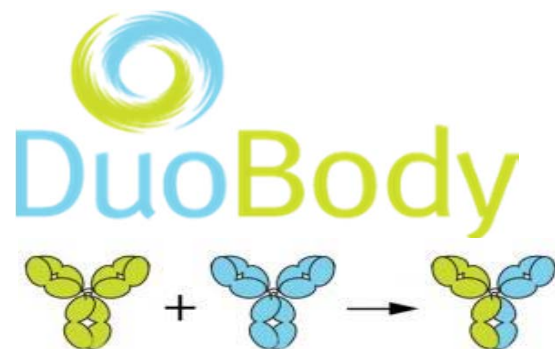
# Innovative Clinical & Pre-clinical Pipeline

## Additional Shots on Goal

Product	Disease Indications	Development Phase				
		Pre-Clinical	I	I/II	II	III
<b>Teprotumumab (RV001)</b> Target: IGF-1R, Partner: Horizon Pharma	Graves' orbitopathy					
<b>BMS-986253 (HuMax-IL8)</b> Target: IL8, Partner: BMS	Advanced cancers					
<b>ADCT-301 (HuMax-TAC-ADC)</b> Target: CD25, Partner: ADCT	Lymphoma					
	Acute myeloid leukemia (AML) or acute lymphoblastic leukemia (ALL)					
<b>JNJ-61186372</b> Targets: EGFR, cMet, Partner: Janssen	Non-small-cell lung cancer (NSCLC)					
<b>JNJ-63709178</b> Targets: CD3, CD123, Partner: Janssen	Acute Myeloid Leukemia (AML)					
<b>JNJ-64007957</b> Targets: BCMA, CD3, Partner: Janssen	Relapsed or refractory MM					
<b>JNJ-64407564</b> Targets: CD3, GPRC5D, Partner: Janssen	Relapsed or refractory MM					
<b>&gt;20 Active Pre-clinical programs incl. DuoBody CD40x4-1BB</b>	Proprietary programs: HuMab, HuMab-ADC, DuoBody, DuoBody-ADC & HexaBody					
<b>Aim 4 INDs in 4 Years</b>	Partnered programs: HuMab, DuoBody & HexaBody					

# Cutting Edge Capabilities

## Additional Value Created by Technologies



### DuoBody Platform

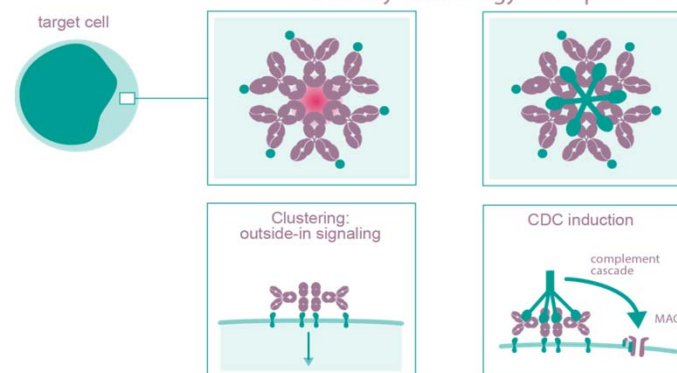
- Efficient & versatile bispecific Ab platform
- Applicable to any antibody from any platform
- Regular IgG format
- Large scale production validated
- No developability liabilities
- Robotized bispecific library generation
- Multiple ongoing collab. incl. with Novo Nordisk, Gilead & Janssen

### 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 Technology concept



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

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

Marketed as monotherapy in US & EU for double refractory MM

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

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

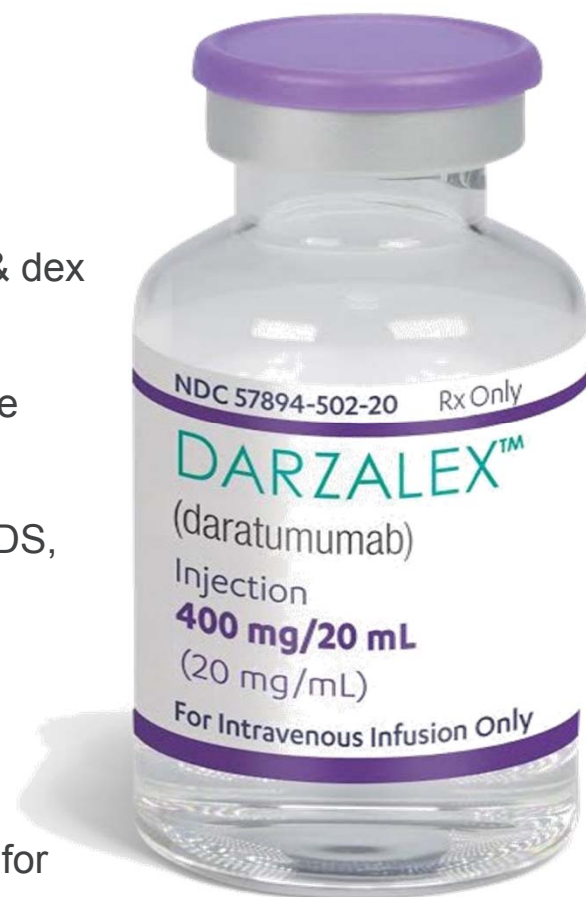
Industry sponsored clinical studies ongoing in MM, NKT-cell lymphoma, MDS, amyloidosis and solid tumors

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





# Daratumumab Development

## Covering All Stages of Multiple Myeloma

### High Risk Smoldering

- Ph III subcutaneous (SC) (AQUILA)
- Ph II monotherapy (CENTAURUS)

### Frontline

- Ph III D + Velcade®, melphalan & prednisone (D+VMP) (ALCYONE)
- Ph III D + VMP (Asia Pacific)
- Ph III D + Revlimid® & dex. (D+Rd) (MAIA)
- Ph III D + Velcade, thalidomide & dex. (D+VTd) (CASSIOPEIA)
- Ph II D + Revlimid, Velcade & dex. (D+RVd) (GRIFFIN)
- Ph I Multi-combo (EQUULEUS)

### Relapsed or Refractory

- Ph III D + Vd (China)
- Ph III D + Kyprolis® & dexamethasone (D+Kd) (CANDOR)
- Ph III D (SC) + Pomalyst® & dex. (D+Pd) (APOLLO)
- Ph III SC vs IV (COLUMBA)
- Ph II D + VENCLEXTA™ + dex.
- Ph II D + Imfinzi® (FUSION)
- Ph II D + KEYTRUDA®
- Ph II D + NINLARO®
- Ph I/II D + Selinexor
- Ph I D + Tecentriq®
- Ph I D + Opdivo®
- Ph I SC (PAVO)
- Ph I D + JNJ-63723283

dex = dexamethasone

## Daratumumab Development Beyond Multiple Myeloma

### Amyloidosis

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

### MDS

- Ph II D or  
talacotuzumab

### NKTCL (nasal type)

- Ph II mono.

### Colon cancer

- Ph II D +  
Opdivo

### NSCLC

- Ph I/II D +  
Tecentriq

### NSCLC, pancreatic, triple neg. breast cancers

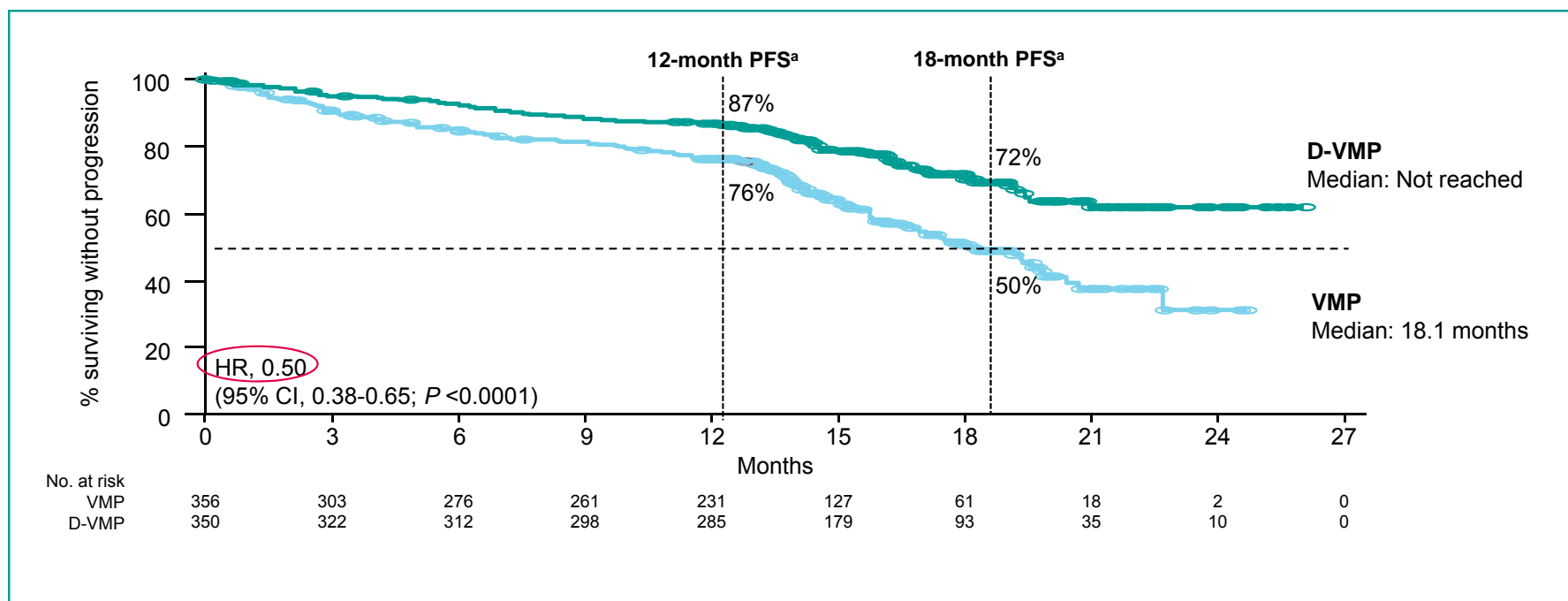
- Ph I/II D +  
Opdivo

### Virus associated tumors

- Ph I/II D +  
Opdivo

# Front Line Multiple Myeloma: ALCYONE

## Ph III Newly Diagnosed Multiple Myeloma



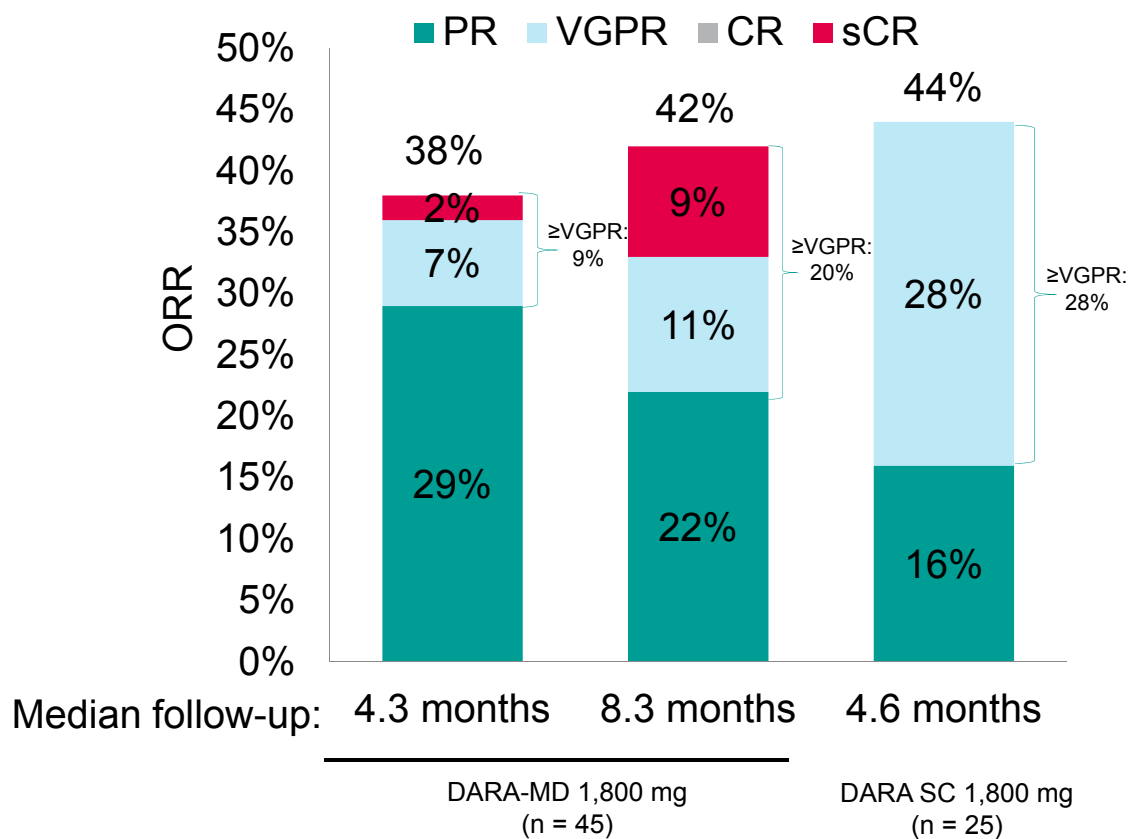
### In D-VMP arm:

- 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 & EMA Submissions, November 2017

# Subcutaneous Daratumumab

## Data PhIb PAVO Study in Relapsed or Refractory MM



Presented at ASH – Atlanta, December 2017

### Faster Infusion time

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

### Well tolerated

- IRRs w/ dara SC: 12%
- IRRs w/ dara IV: 45% - 56%

### Clinical responses to dara SC observed

- Rates similar to Dara IV

## 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)

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Targets Tissue Factor (TF)

Therapeutic potential in broad range of solid tumors

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Ph II Study announced in cervical cancer

Potential registrational pathway

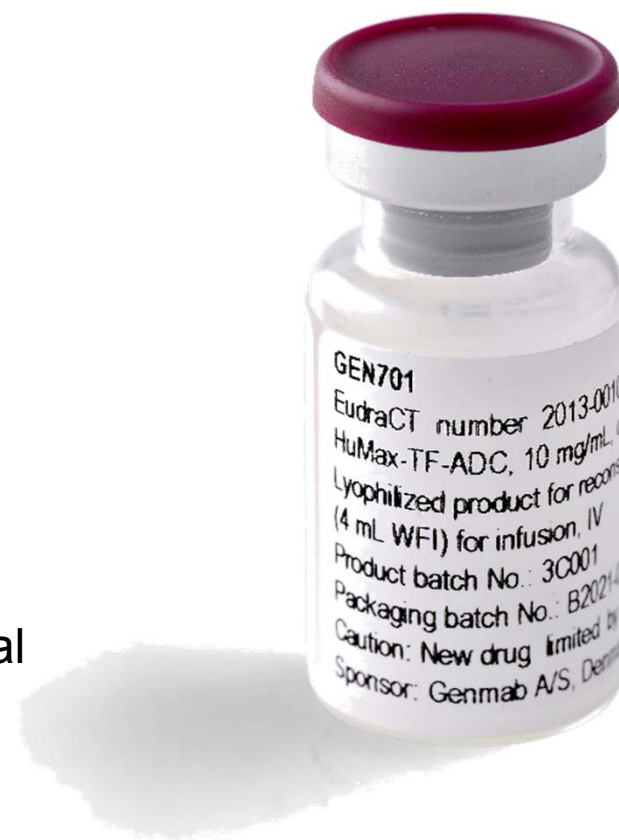
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Studies ongoing in solid tumors

Indications incl. gynecologic (ovarian, cervical, and endometrial) cancers, prostate, bladder, & esophageal cancers, NSCLC & SCCHN

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50:50 Co-development with Seattle Genetics



## Clinical Projects: HuMax-AXL-ADC

### Efficacy in *in vivo* Tumor Model

Human ADC

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Targets tumor-associated AXL

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Therapeutic potential in solid tumors

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First-in-human Phase I/II study

Indications incl. gynecologic (ovarian, cervical, & endometrial) cancers, thyroid cancer, NSCLC and melanoma

Initiating expansion cohorts in 2018

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ADC technology licensed from Seattle Genetics



# Clinical Projects: HexaBody-DR5/DR5

## Potential in Solid Tumors

Proprietary HexaBody technology

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DR5 as tumor target

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IND & CTAs filed in Q4 2017  
Initiating Phase I/II study in Q1 2018

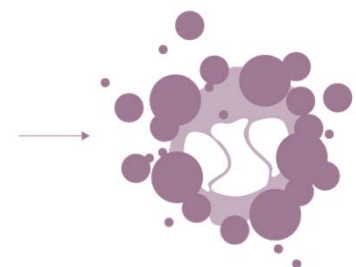
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Potential in solid cancers

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



Apoptosis by hexamer-induced DR5  
clustering and outside-in signaling





## Clinical Projects: DuoBody-CD3xCD20

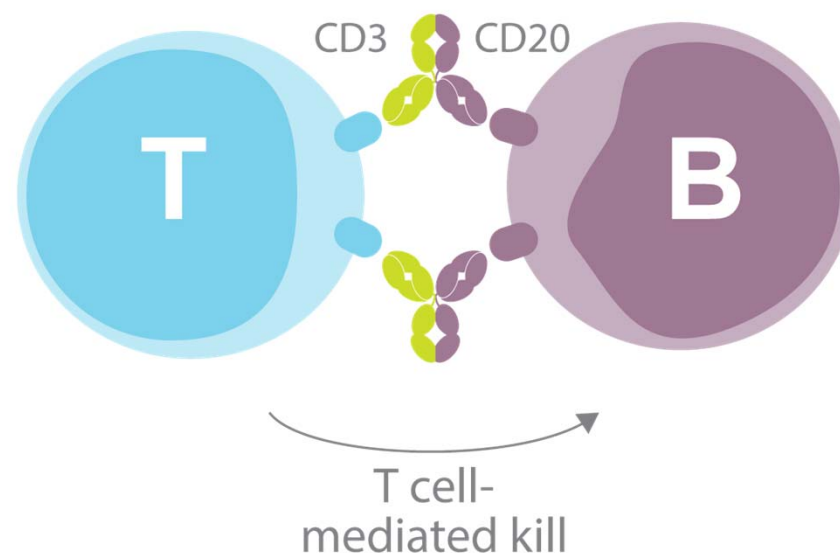
Phase I/II Study Planned

Proprietary DuoBody Technology

CD20 & CD3 as therapeutic targets

IND & CTAs filed in Q4 2017  
Initiating Phase I/II study in 2018

Potential in B-cell malignancies



# Well-Capitalized Biotech – 2018 Guidance

Income Statement	DKKM	USDM*
Revenue	2,700 – 3,100	450 - 517
Operating expenses	(1,400) – (1,600)	(233) – (267)
Operating income	1,300 – 1,500	217 - 250
*USD 1.00 = DKK 6.00		

2018 Guidance – Feb 21, 2018

## DARZALEX sales

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

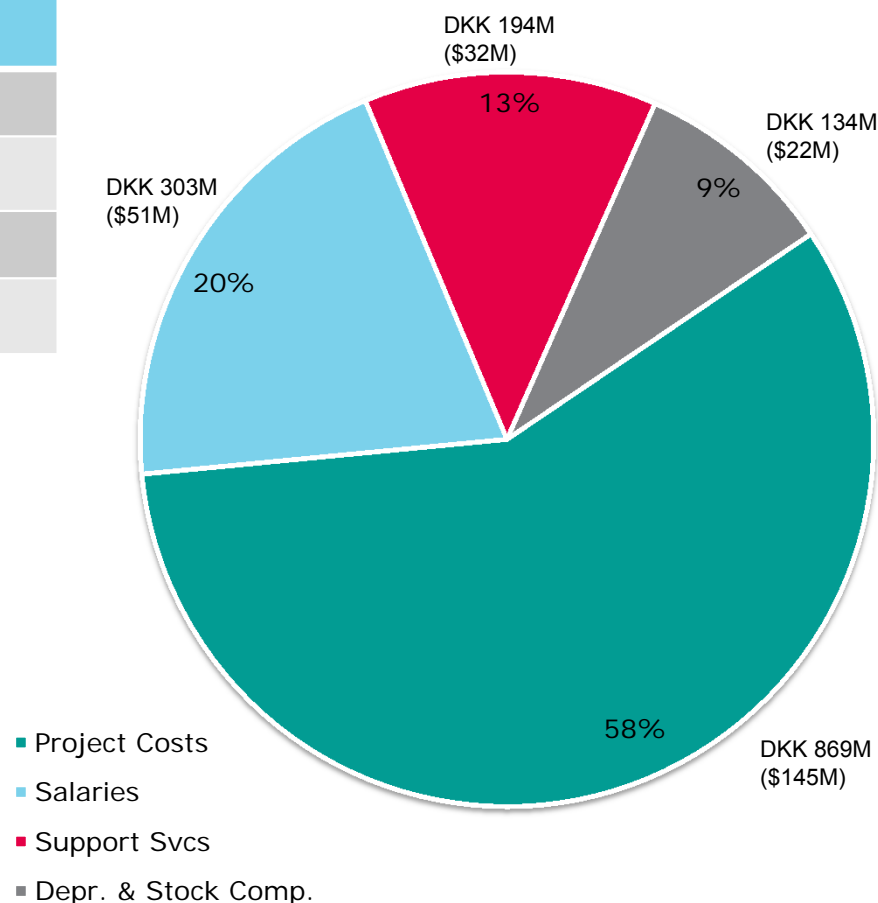
## Revenue mid-point DKK 2,900M

- 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 Expense Base DKK 1,500M (\$250M)



## 2018 Company Goals










### Maximizing Differentiated Product Portfolio Value

Priority	✓	Targeted Milestone
Maximize daratumumab progress		<ul style="list-style-type: none"> <li>» FDA and EMA decision on Phase III ALCYONE multiple myeloma (MM) submission</li> <li>» Start new Phase III MM study</li> <li>» Report early clinical data in solid tumors</li> <li>» Phase III MAIA MM efficacy analysis in frontline</li> <li>» Phase III CASSIOPEIA MM efficacy analysis in frontline</li> </ul>
Optimize ofatumumab value		<ul style="list-style-type: none"> <li>» Complete recruitment Phase III subcutaneous ofatumumab relapsing MS studies</li> </ul>
Maximize tisotumab vedotin progress		<ul style="list-style-type: none"> <li>» Start two Phase II studies in cervical cancer (recurrent / metastatic &amp; combination study in frontline)</li> <li>» Start Phase II study in additional solid tumor indications</li> </ul>
Strengthen differentiated product pipeline and technology partnership portfolio		<ul style="list-style-type: none"> <li>» Start HuMax-AXL-ADC expansion phase in ongoing Phase I/II study</li> <li>» Progress HexaBody-DR5/DR5 Phase I/II study</li> <li>» Progress DuoBody-CD3xCD20 Phase I/II study</li> <li>» Accelerate proprietary DuoBody Immuno-Oncology programs towards clinic</li> <li>» Enter new technology or product collaborations</li> </ul>
Disciplined financial management and building a commercial footprint		<ul style="list-style-type: none"> <li>» Execute controlled company growth with selective investments in product &amp; technology pipeline</li> <li>» Continue investing in building commercialization and launch capabilities</li> </ul>

## Creating Value for Patients & Shareholders

Building on 3 central pillars:  
Focus, Innovation & Execution

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

# Better Antibodies by Design

Appendix



# 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

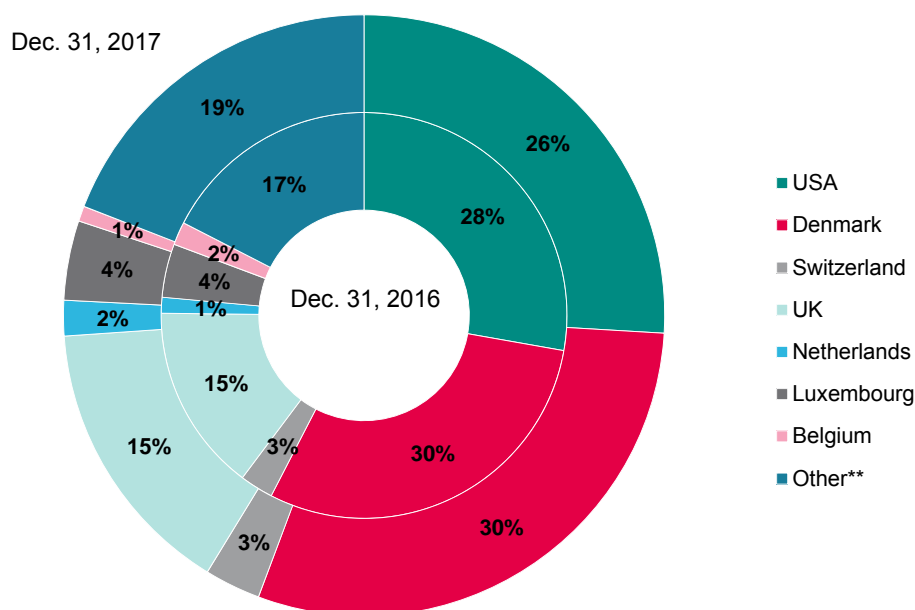
Approx. Market Cap  
DKK 65 bn  
USD 10 bn

Approx. shares outstanding: 61.3M

Warrants outstanding: 1.5M (2%)

Approx. diluted shares: 63M

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

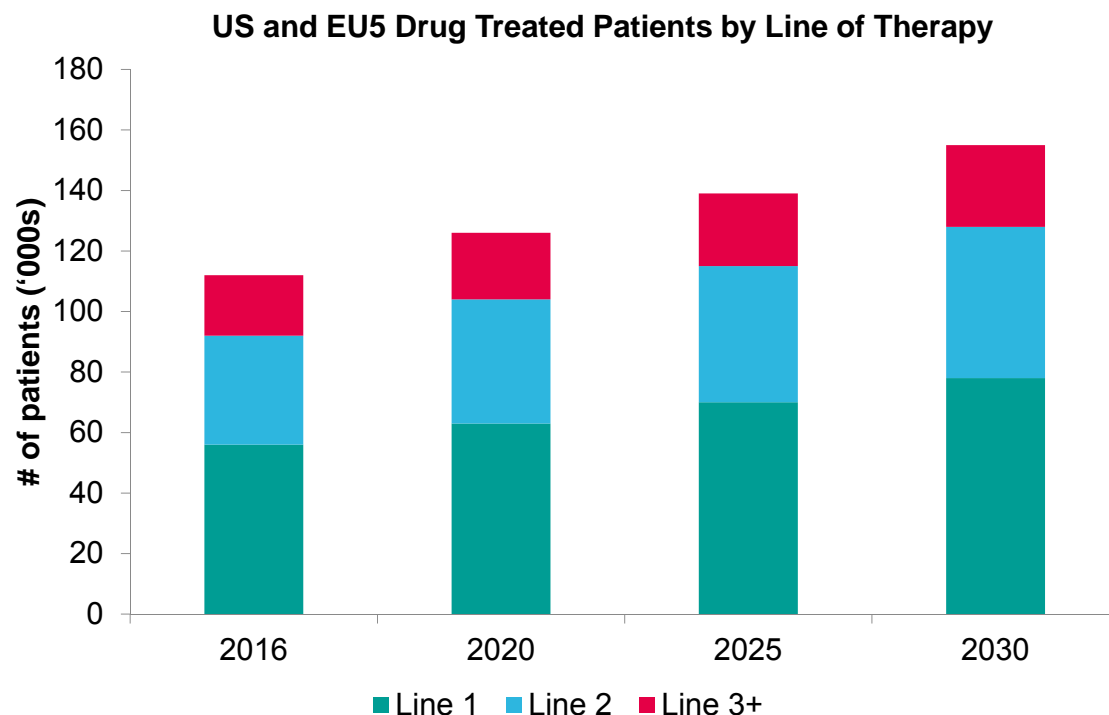


\* Based on figures from the internal shareholder register per December 31, 2016 and June 30, 2017

\*\* "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



## DARZALEX® (daratumumab) Sales Potential

**\$1,242M**

Net sales  
Full Year 2017

**\$2 – 2.3B**

Genmab projected 2018  
sales

**\$8.5B**

Average analyst\*  
projected peak MM sales

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



# Expansive Daratumumab Clinical Development: Key MM Trials

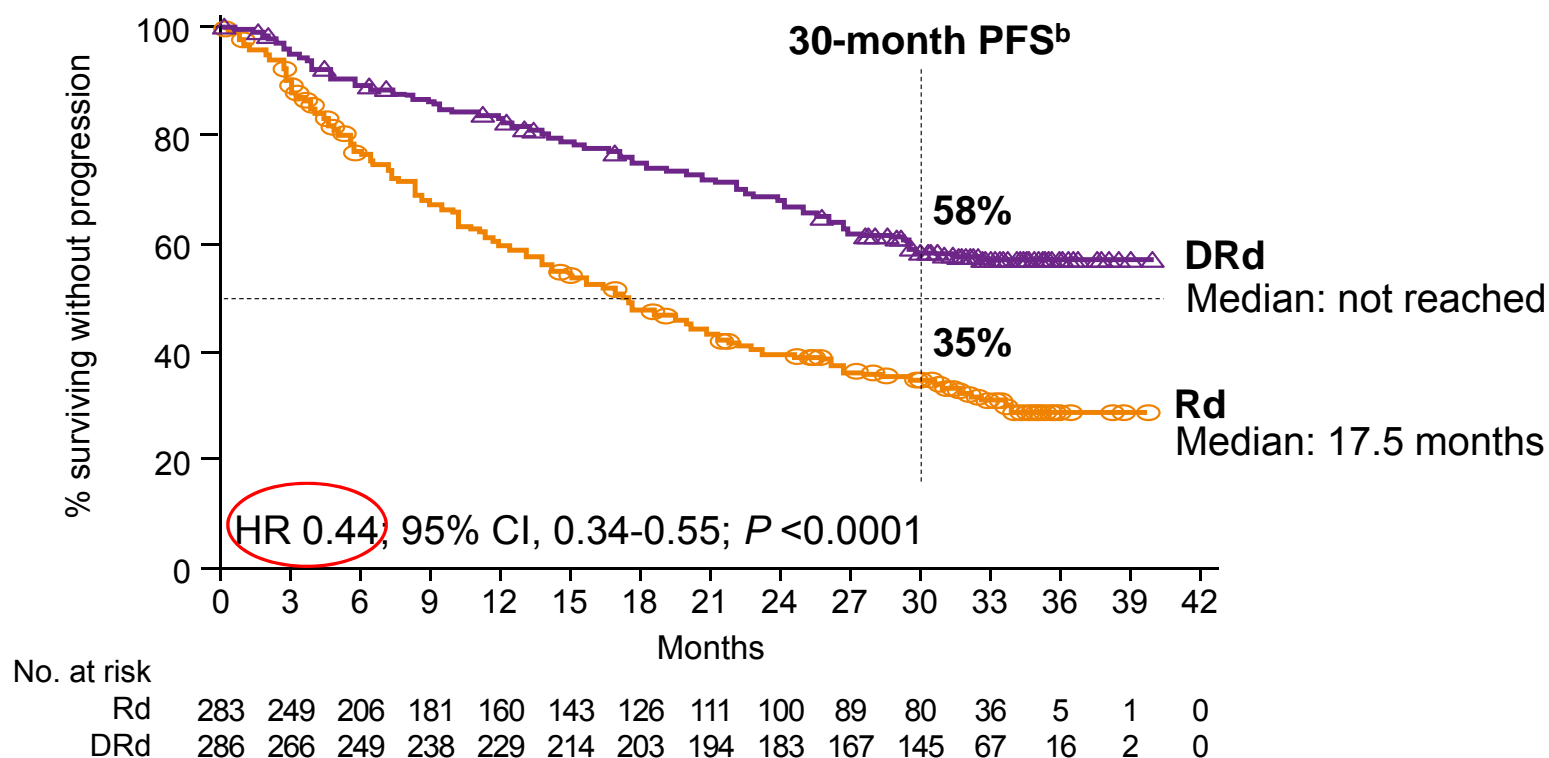
Disease Stage	Therapy	No. Pts	Development Phase				
			Pre-Clinical	I	I/II	II	III
High Risk Smoldering	Subcutaneous	360					
	Monotherapy	126	✓				
Front line (transplant & non-transplant)	Dara + VMP	706	✓				
	Dara + VMP (Asia Pacific)	210					
	Dara + Rd	744	✓				
	Dara + VTd	1,080	✓				
	Dara + RVd	216					
	Multi combo study (6 arms)	240					
Relapsed or Refractory	Dara + Vd (China)	210					
	Dara + Kd	450					
	Dara + Pom + d	302					
	Subcutaneous vs IV	480					
	Dara + Imfinzi*	37					
	Dara + Keytruda	57					
	Dara + Venclexta + d +/- V	90					
	Dara + Opdivo	375					
	Dara + Tecentriq	288					
	Dara + JNJ-63723283	386					
Select Studies							25

V = bortezomib, MP = melphalan-prednisone, T = thalidomide, d = dexamethasone, R = lenalidomide, K = Kyprolis, Pom = Pomalyst

✓ Fully recruited \*Trials on partial clinical hold, unrelated to daratumumab Maintenance integrated into some study protocols

# Updated Efficacy: POLLUX

## Presented ASH 2017



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

HR, hazard ratio; CI, confidence interval.

<sup>a</sup>Exploratory analyses based on clinical cut-off date of October 23, 2017.

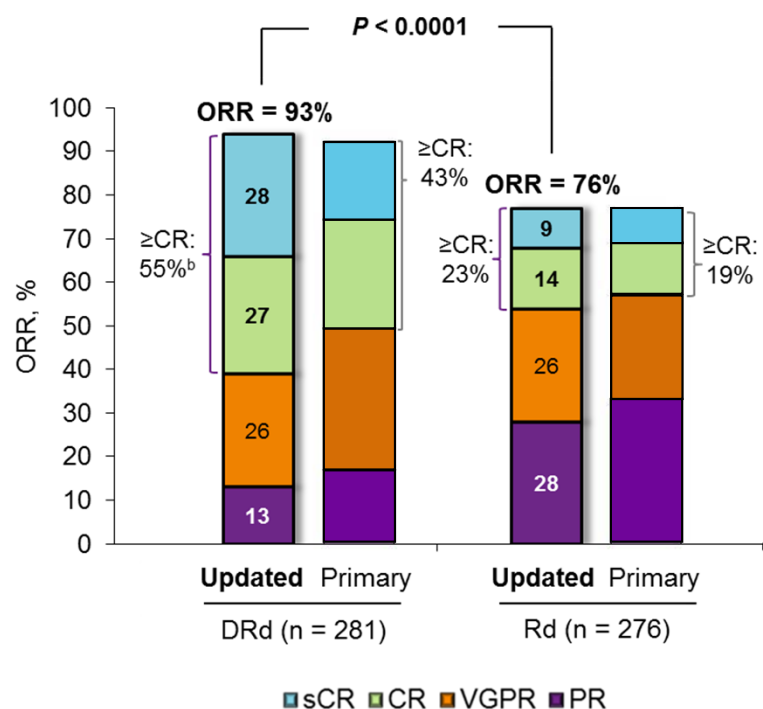
<sup>b</sup>Kaplan-Meier estimate.

# Updated Efficacy: POLLUX

## Presented ASH 2017

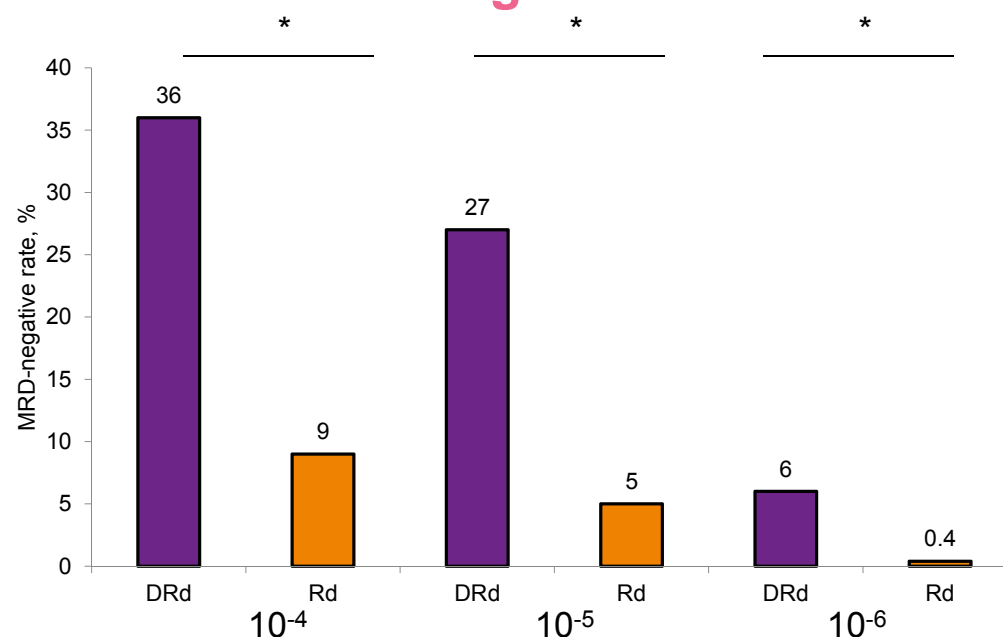


### ORR



### MRD-negative Rates

\* $P < 0.0001$



MRD assessed using clonoSEQ<sup>®</sup> 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.

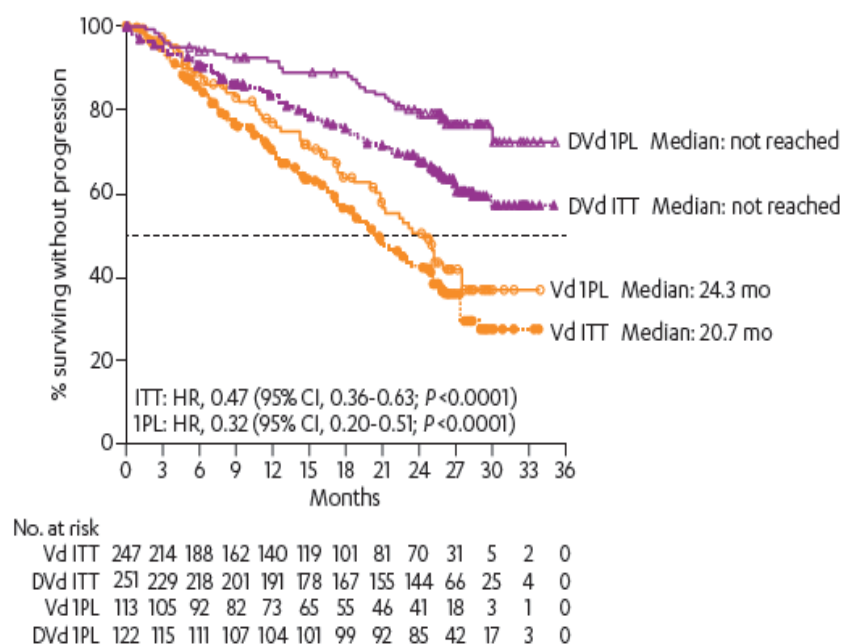
Primary analysis reported in Dimopoulos MA, et al. *N Engl J Med*. 2016;375(14):1319-1331.

<sup>a</sup>Exploratory analyses based on clinical cutoff date of October 23, 2017; <sup>b</sup> $P < 0.0001$  for DRd versus Rd.

# Updated Efficacy: CASTOR

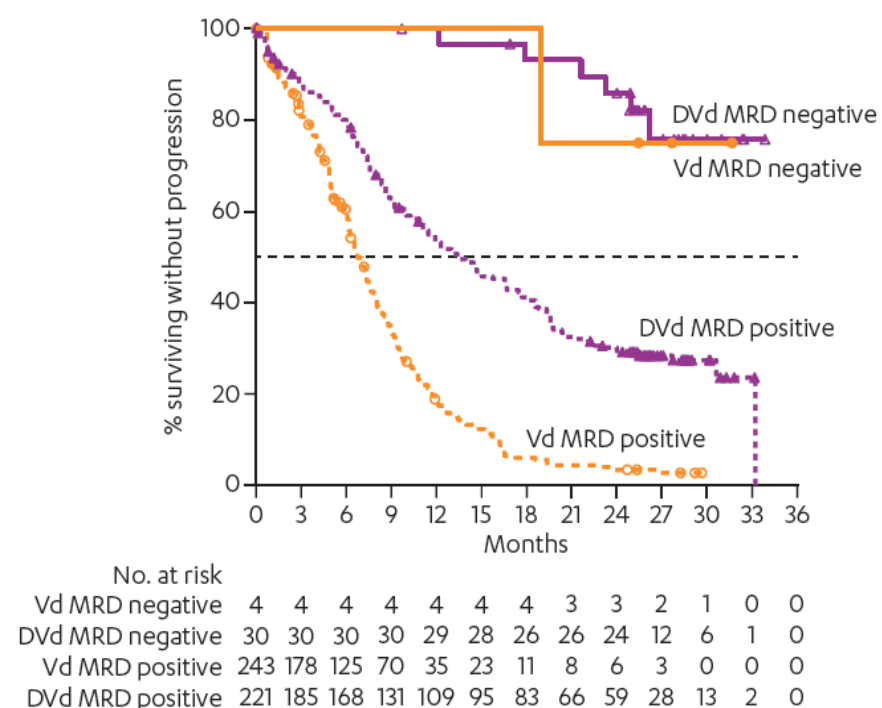
## Presented ASH 2017

### PFS



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.

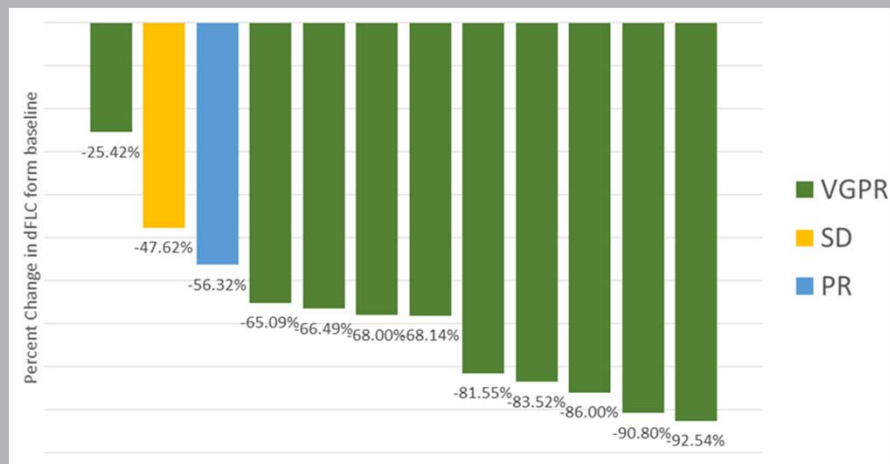
### MRD-negative Rates



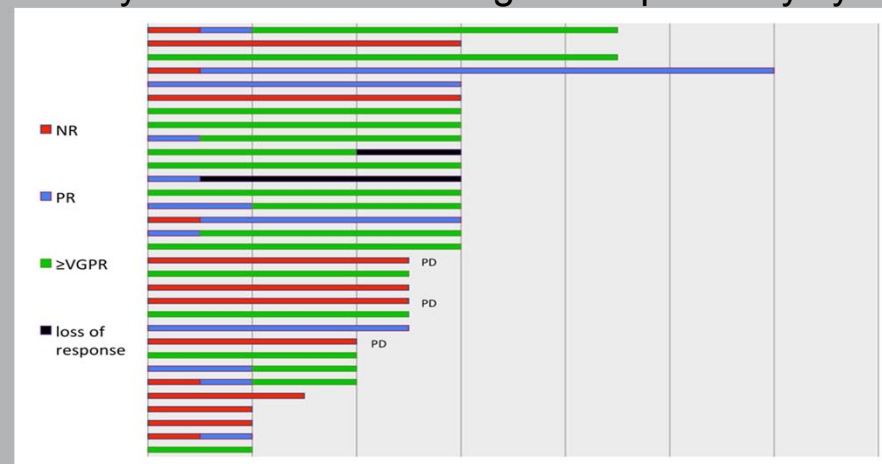
# Daratumumab in AL Amyloidosis

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, Sanchirawala V. et al

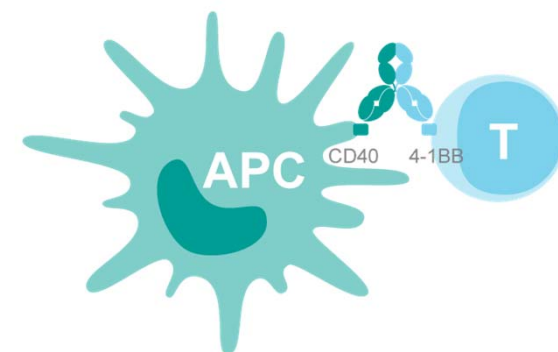
\*\*A Prospective Phase II of Daratumumab in Previously Treated Systemic Light Chain (AL) Amyloidosis, Roussel M. et al

## 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<sup>+</sup> 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
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
NCT03301220	III	Janssen	Smoldering MM	Daratumumab SC
NCT03384654	II	Janssen	Relapsed / Refractory ALL / LL	Dara + Vincristine + Prednisone + Doxorubicin
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
NCT03011034	II	Janssen	Myelodysplastic Syndromes	Daratumumab or Talacotuzumab
NCT03412565	II	Janssen	Newly diagnosed & relapsed / refractory MM	Daratumumab SC + Rd, VMP & VRd

# 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
NCT03023423	I/II	Janssen	Previously treated NSCLC	Daratumumab + Tecentriq (atezolizumab)
NCT02852837	I	Janssen	Relapsed or Refractory MM	Monotherapy (in China)
NCT02519452	I	Janssen	Relapsed or Refractory MM	Monotherapy, subcutaneous (PAVO)
NCT02497378	I	Janssen	Relapsed or Refractory MM	Daratumumab + Vd (in Japan)
NCT02918331	I	Janssen	Untreated MM	Daratumumab + Rd (Japan)
NCT03242889	I	Janssen	Relapsed or Refractory MM	Daratumumab subq (Japan)
NCT01998971	I	Janssen	Various MM	Daratumumab + backbone regimens (Vd, VMP, VTd, Pom-d, Kd, KRd) (EQUULEUS)
NCT03320707	I	Janssen	Healthy volunteers	Daratumumab vs placebo
NCT03357952	I	Janssen	Relapsed or Refractory MM	Daratumumab + JNJ-63723283



# 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
NCT01946477	II	Celgene	Relapsed or Refractory MM	Daratumumab + Pom-d
NCT02807454	II	Celgene	Relapsed and Refractory MM	Daratumumab + Imfinzi (FUSION)
NCT02060188	II	BMS	Recurrent & Metastatic Colon Cancer	Daratumumab + nivolumab
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
NCT02488759	I/II	BMS	Virus assoc tumors	Daratumumab + nivolumab
NCT03098550	I/II	BMS	Various solid tumors	Daratumumab + nivolumab
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	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
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
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

# 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
NCT03207542	II	ISS	ALL	Monotherapy
NCT03473730	II	ISS	Metastatic Renal Cell Carcinoma (MRCC) or Muscle Invasive Bladder Cancer	Monotherapy
NCT02841033	I/II	ISS	Amyloidosis	Monotherapy
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 & dex
NCT03447808	I	ISS	CLL	Daratumumab & ibrutinib

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

Vd = Velcade (bortezomib) + dexamethasone

As per clinicaltrials.gov, April 2018

## Income Statement: Year Ended December 31

	<u>2017</u> DKK millions	<u>2016</u> DKK millions	Change	<u>2017</u> USD millions **	<u>2016</u> USD millions **
Royalties	1,061	521	540	171	84
Milestones	1,133	1,187	(54)	182	191
Other Revenue	171	108	63	28	18
Total Revenue	2,365	1,816	549	381	293
Operating Expenses	(1,021)	(763)	(258)	(165)	(122)
Operating Result	1,344	1,053	291	216	171
Net Financial Items	(280)	77	(357)	(45)	12
Tax	40	57	(17)	6	9
Net Result	1,104	1,187	(83)	177	192
Cash position increase*	1,501	429		242	69
Cash position at end of period*	5,423	3,922		874	632

\*Cash, cash equivalents, bank overdraft, and marketable securities

\*\* USD 1.00 = DKK 6.2067 (Danish Central Bank spot rate on December 31, 2017)

