Pierre Fabre: Expertise in oncology and dermatology based on natural and biological sources

Bertrand Parmentier  
Chief Executive Officer, Pierre Fabre
PIERRE FABRE LABORATORIES
FROM HEALTH TO BEAUTY

- Pharmaceutical laboratory founded by Pierre Fabre, French pharmacist in the early 60’s
- €2.0 billion net sales – 10 000 in house employees
- Structured in 2 divisions around 3 complementary activities: Prescription drugs, Healthcare, Dermo-cosmetics (cosmetology)
- France’s 3rd-leading pharmaceutical laboratory
- Europe’s leading dermo-cosmetics laboratory
- R&D expertise in natural and biological active ingredients

Mr. Pierre Fabre
1926 • 2013
Pierre Fabre Laboratories belong to a public interest foundation whose mission is to improve access to quality medication and care in the least developed countries (Africa / South-East Asia)

- The Pierre Fabre Foundation is the Group’s main shareholder (86 %) through its affiliate Pierre Fabre Participations
- The remaining 14% are split between employees and Treasury stock
- The profits made by the company each year are primarily reinvested in R & D
- The vast majority of the dividends will be paid to the Foundation, so that it can pursue its public interest mission
PHARMACEUTICALS

NET SALES* OF € 910M IN 2013
PRESCRIPTION DRUGS : 70% - OTC DRUGS : 30%

7 MAIN FRANCHISES

ONCOLOGY
DERMATOLOGY
OTHER THERAPEUTIC FIELDS
NATURAL HEALTH
ORAL CARE
FAMILY HEALTH
WOMEN’S HEALTH
NEUROPSYCHIATRY

* Excluding dermatology commercialized by the Dermo-cosmetics division
DERMO-COSMETICS

NET SALES OF € 1089M* IN 2013

AVENE: MARKET LEADER IN EUROPE AND ASIA

* Including prescription drugs in dermatology
GLOBAL REACH...

...LOCAL ROOTS
R & D EXPERTISE

R&D annual expenditure : € 210 million
- Pharmaceuticals : 17% of sales
- Dermo-cosmetics : 5% of sales

3 priority areas
- Oncology
- Neuropsychiatry
- Dermatology

7 main research centers
1,400 employees

Active network of academic partners
(CNRS, INSERM, etc.)
Venous insufficiency

Breast, Bladder & Lung Cancers

Benign prostatic hypertrophy

Skin care

Ruscus Aculeatus

Tropical periwinkles (Catharanthus roseus)

Serenoa repens

Rhealba® oat
A CULTURE OF PARTNERSHIPS IN R&D
DEVELOPING OUR PRESENCE IN CHINA SINCE 1996

- 1996  Launch of Navelbine® IV drug (breast and lung cancers)
- 2003  Launch of Avène in dermo-cosmetics
- 2008  Partnership with the Chinese Dermatology Association (CDA)
- 2010  Creation of the Atopic Dermatitis Foundation (with CDA)
- 2012  Agreement with China Resources Guokang Pharmaceutical for the distribution of Navelbine® Oral
- 2013  Kick-off of Javelor® (vinflumine) clinical trial (breast cancer)
Laurent Audoly
Global Head of Drug Development
at Pierre Fabre Laboratories
ONCOLOGY PIPELINE

<table>
<thead>
<tr>
<th>RESEARCH</th>
<th>NON CLINICAL DEV</th>
<th>PHASE I</th>
<th>PHASE II</th>
<th>PHASE III</th>
<th>LAUNCHED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Navelbine®</strong> (vinorelbine iv &amp; oral) Breast, Lung &amp; Prostate cancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Busilvex®</strong> (busulfan, iv) Bone marrow transplant (adult &amp; pediatric)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Javlor®</strong> (vinflunine, iv) Bladder cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Javlor®</strong> (vinflunine, iv) Breast cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Javlor®</strong> (vinflunine, iv) Head &amp; Neck cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F14512</strong> (targeted topo II inh.) AML</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F50067</strong> (CXCR4 mAb) AML+ MM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>W014A</strong> (PD1 Decoy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F50085</strong> (ADC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Multiple</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DRUG DEVELOPMENT IN CHINA: JAVLOR® (VINFLUNINE, IV) IN BREAST CANCER

BREAST CANCER TRIAL:
An open label, multicenter, randomized, phase III study of vinflunine + capecitabine versus capecitabine alone in patients with Advanced Breast Cancer previously treated with an anthracycline and a taxane.

- First Patient In: Oct 2013 / Last Patient In: Apr 2015
- 334 patients / 30 sites in China

Objectives:
- Primary: Progression Free Survival (Apr 2016)
- Secondary: Response Rate, Disease Control Rate and Duration, Overall Survival, and Safety
DRUG DEVELOPMENT IN CHINA: NAVALBINE® (VINORELBINE, ORAL) IN BREAST AND LUNG CANCER

BREAST CANCER TRIAL:
An open label, randomized multicentre, phase II trial of oral vinorelbine + epirubicin vs intravenous vinorelbine + epirubicin as first-line chemotherapy in patients (133 pts) with Advanced Breast Cancer (ABC)

LUNG CANCER TRIAL:
An open-label, randomized multicentre, phase II trial of oral vinorelbine + cisplatin or intravenous vinorelbine + cisplatin in patients (132pts) with advanced Non Small Cell Lung Cancer (NSCLC)

Primary objectives for each trial:
• Response Rate

Secondary objectives for each trial:
• Progression Free Survival and Overall Survival
• Safety and tolerability
• Pharmacokinetics of intravenous and oral vinorelbine
NAVELBINE® DRUG DEVELOPMENT CLINICAL TRIAL SITES

- 13 Breast Cancer sites
- 6 Lung Cancer sites

Locations:
- Shenyang
- Beijing
- Tianjin
- Wuhan
- Chengdu
- Nanning
- Guangzhou
- Nanjing
- Shanghai
- Hangzhou
- Fuzhou
SAFETY AND EFFICACY: ORAL VS. IV NAVELBINE® IN ASIAN PATIENTS

- Oral vinorelbine in combination with either epirubicin in first line ABC or cisplatin in first line NSCLC is an active regimen.

- Clinical performance and pharmacokinetics are similar to those reported with iv vinorelbine in combination with either epirubicin in ABC or cisplatin in NSCLC.

- Hematological toxicities are the most frequent dose-limiting events with both formulations, mainly related to the close monitoring performed on D8 administrations:
  - Despite the high incidence of neutropenia, febrile neutropenia was <10% with both formulations in the trials performed in Chinese ABC and NSCLC patients.

- Gastrointestinal events as nausea, diarrhoea, and constipation can be easily managed by oral 5-HT3 inhibitors, and dietary education.

- Currently under review with Chinese regulatory authorities.
Yi-Long Wu

Vice-President of the Guangdong General Hospital & Guangdong Academy of Medical Sciences and director of the Guangdong Lung Cancer Institute
CONTENTS

01 CURRENT SITUATION OF LUNG CANCER IN CHINA

02 INTRODUCTION OF CSCO (CHINESE SOCIETY OF CLINICAL ONCOLOGY)

03 ORAL CHEMOTHERAPY BENEFITS TO PATIENTS

04 COLLABORATE ON INNOVATIVE DRUGS TO FASTEN CHINESE PATIENTS BENEFIT FROM NEW THERAPEUTIC METHOD
THE INCIDENCE OF LUNG CANCER (NON SMALL CELLS LUNG CANCER) IN CHINA

• The incidence of lung cancer in China has increased over the last three decades, linked to environmental pollution and smoking habits

• According to 2009 Chinese lung cancer statistics¹:
  • crude incidence rate 53.57 per 100,000
  • mortality rate 45.57 per 100,000

• Around 600,000 people die of lung cancer in China each year²

• NSCLC is estimated to account for up to 90% of lung cancers³
  65% of Chinese NSCLC patients present with late stage disease

3. NSCLC: non-small cell lung cancer
The most common causes of cancer-associated disability-adjusted life-years lost in China in 2010 were lung and liver cancer.

CONTENTS

01 CURRENT SITUATION OF LUNG CANCER IN CHINA

02 INTRODUCTION OF CSCO (CHINESE SOCIETY OF CLINICAL ONCOLOGY)

03 ORAL CHEMOTHERAPY BENEFITS TO PATIENTS

04 COLLABORATE ON INNOVATIVE DRUGS TO FASTEN CHINESE PATIENTS BENEFIT FROM NEW THERAPEUTIC METHOD
THE DEVELOPMENT OF CSCO
(CHINESE SOCIETY OF CLINICAL ONCOLOGY)

• Established in 1997, Beijing

• Membership: Individual & Group member

<table>
<thead>
<tr>
<th>YEAR</th>
<th>INDIVIDUAL ONCOLOGIST</th>
<th>GROUP MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>over 4,200</td>
<td>39</td>
</tr>
<tr>
<td>2014</td>
<td>over 12,000</td>
<td>80</td>
</tr>
</tbody>
</table>

• The Science and Education Fund
  • non-profit social charitable grants
  • for CSCO member
  • since October 2002
GLOBAL PERSPECTIVE

Closer friendship with national societies
CSCO 2014 INTERNATIONAL TRACK

<table>
<thead>
<tr>
<th>Day</th>
<th>AM Event</th>
<th>PM Event</th>
<th>Day 3, Sep.20</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY 1, SEP.18</td>
<td>ASCO-CSCO joint symposium on Breast Cancer</td>
<td>IASLC-CSCO joint symposium on Lung Cancer</td>
<td></td>
</tr>
<tr>
<td>DAY 2, SEP. 19</td>
<td>ESMO-CSCO joint symposium on Colorectal Cancer</td>
<td>Plenary</td>
<td>SITC-CAHON-US CACA-CSCO joint sympion on Immunotherapy</td>
</tr>
<tr>
<td>DAY 3, SEP.20</td>
<td>JSMO-CSCO joint symposium on Gastric Cancer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- International collaboration with National Societies
- Language: English
- Another international joint symposium on Lymphoma is a one-day meeting on Day 1, Sep.18, 2014
CONTENTS

01 CURRENT SITUATION OF LUNG CANCER IN CHINA

02 INTRODUCTION OF CSCO (CHINESE SOCIETY OF CLINICAL ONCOLOGY)

03 ORAL CHEMOTHERAPY BENEFITS TO PATIENTS

04 COLLABORATE ON INNOVATIVE DRUGS TO FASTEN CHINESE PATIENTS BENEFIT FROM NEW THERAPEUTIC METHOD
ORAL CHEMOTHERAPY
THE PATIENTS’ CHOICE

Patients’ preference for oral versus i.v. chemotherapy has been demonstrated in two studies

A QUESTIONNAIRE-BASED STUDY ¹

89% of patients preferred oral chemotherapy

• Major reasons for preference for oral therapy included
  • Convenience
  • problems with i.v. access or needles
  • better environment for chemotherapy administration

• However, 70% of patients were unwilling to sacrifice efficacy to retain their original preference

ORAL CHEMOTHERAPY

THE PATIENTS’ CHOICE

A RANDOMIZED, CROSSOVER STUDY (I.V. VERSUS ORAL THERAPY) A QUESTIONNAIRE-BASED STUDY

- The majority (84%) of patients preferred oral therapy
  Order of treatment did not influence patient preference

- Most frequent reasons for preferring oral therapy were that
  - treatment was a pill
  - therapy could be administered at home*

- QoL is significantly (p=0.001) reduced in patients receiving chemotherapy in hospital versus at home


*QoL is significantly (p=0.001) reduced in patients receiving chemotherapy in hospital versus at home.
ORAL CHEMOTHERAPY
THE PAYERS’ CHOICE

- Engender much saving for Hospital admission, Hospital Stay, duration of remission (and, in some cases, also survival) while maintaining the quality of life of patients.

- Reduce medical institutions overload by large number of patients in China.
CONTENTS

01 CURRENT SITUATION OF LUNG CANCER IN CHINA

02 INTRODUCTION OF CSCO (CHINESE SOCIETY OF CLINICAL ONCOLOGY)

03 ORAL CHEMOTHERAPY BENEFITS TO PATIENTS

04 COLLABORATE ON INNOVATIVE DRUGS TO FASTEN CHINESE PATIENTS BENEFIT FROM NEW THERAPEUTIC METHOD
FASTEN INNOVATION FOR PATIENTS

TO ENSURE CANCER PATIENTS’ ACCESS TO INNOVATIVE DRUGS THROUGH COLLABORATION BETWEEN THE WEST AND CHINA

CHINA NATIONAL POLICIES:
• Encourage innovation in the pharmaceutical fields,
• Encourage the global synchronized development of innovative drugs for the early benefit of patients.

SOCIAL RESPONSIBILITY:
• **Public demand**: meet all the needs of public demand for the latest treatment,
• **National strategy**: adapt to national innovation and development strategy
• **Development of the industry**: innovation, the introduction of advanced conversion concepts, models and treatments
• **International competition**: early involvement in the development of innovative drugs may also help Chinese experts to learn the frontiers of knowledge in the concerned areas.
Thanks!

谢谢