

(5) Development activities

■ US/EU/Jpn

| Development code/product name <generic name> | Drug Class (administration route) | Indications | Stage | | In-house/ In-license |
|---|--|--|-----------------|---|--|
| SYR-322 <aalogliptin> | DPP-4 inhibitor (oral) | Diabetes mellitus | US EU | Approved (Jan 13) Filed (May 12) | In-house |
| | | Diabetes mellitus (Fixed-dose combination with pioglitazone) | US EU | Approved (Jan 13) Filed (Jun 12) | |
| | | Diabetes mellitus (Fixed-dose combination with metformin) | US EU | Approved (Jan 13) Filed (Jun 12) | |
| Feraheme® / Rienso® <ferumoxytol> | IV iron (injection) | Iron deficiency anaemia in adult patients with chronic kidney disease | EU | Approved (Jun 12) | In-license (AMAG) |
| Lotriga® <omega-3-acid ethyl esters 90> | EPA/DHA agent (oral) | Hyperlipidemia | Jpn | Approved (Sep 12) | In-license (Pronova) |
| SGN-35 <brentuximab vedotin> | CD30 monoclonal antibody-drug conjugate (injection) | Relapsed or refractory Hodgkin lymphoma | EU Jpn | Approved (Oct 12) Filed (Mar 13) | In-license (Seattle Genetics) |
| | | Relapsed or refractory systemic anaplastic large cell lymphoma | EU Jpn | Approved (Oct 12) Filed (Mar 13) | |
| | | Relapsed cutaneous T-cell lymphoma | EU | P-III | |
| | | Post-ASCT Hodgkin lymphoma | EU | P-III | |
| | | Front line Hodgkin lymphoma | EU | P-III | |
| Front line mature T-cell lymphoma | EU | P-III | | | |
| TAK-390MR <dexlansoprazole> | Proton pump inhibitor (oral) | Erosive esophagitis (healing and maintenance) and non-erosive gastro-esophageal reflux disease | EU Jpn | Filed (Mar 12) P-II | In-house |
| MLN0002 <vedolizumab> | Humanized monoclonal antibody against $\alpha 4\beta 7$ integrin (injection) | Ulcerative colitis | EU US Jpn | Filed (Mar 13) P-III P-I | In-house |
| | | Crohn's disease | EU US | Filed (Mar 13) P-III | |
| TAK-536 <azilsartan> | Angiotensin II receptor blocker (oral) | Hypertension (Fixed-dose combination with amlodipine besilate) | Jpn | Filed (Apr 13) | In-house |
| OMONTYS® <peginesatide> | Synthetic, peptide-based erythropoiesis-stimulating agent (injection) | Anemia due to chronic kidney disease in adult patients on dialysis | EU | Filed (Feb 12) | In-license (Affymax) |
| <lurasidone hydrochloride> | Atypical antipsychotic agent (oral) | Schizophrenia | EU | Filed (Sep 12) | In-license (Dainippon Sumitomo) |
| | | Bipolar disorder | EU | P-III | |
| BRINTELLIX® <vortioxetine> | Multimodal anti-depressant (oral) | Major depressive disorder | US Jpn | Filed (Oct 12) P-III | In-license (Lundbeck) |
| | | Generalized anxiety disorder | US | P-III | |
| ATL-962 <cetilistat> | Lipase inhibitor (oral) | Obesity | Jpn | Filed (Oct 12) | In-license (Norgine BV)* ¹ |
| BLB-750 | Influenza vaccine (injection) | Prevention of pandemic influenza | Jpn | Filed (Mar 13) | In-license (Baxter) |
| Contrave® <naltrexone SR /bupropion SR> | Mu-opioid receptor antagonist and dopamine/norepinephrine re-uptake inhibitor (oral) | Obesity | US | FDA Complete Response Letter (Jan 11)* ² | In-license (Orexigen) |
| TAK-875 <fasiglifam> | GPR40 agonist (oral) | Diabetes mellitus | US | P-III | In-house |
| | | | EU | P-III | |
| | | | Jpn | P-III | |
| TAK-700 <orteronel> | Non-steroidal androgen synthesis inhibitor (oral) | Prostate cancer | US | P-III | In-house |
| | | | EU | P-III | |
| | | | Jpn | P-III | |

*1 Alizyme assigned ATL-962 (cetilistat) business to Norgine BV on 15 October, 2009

*2 CV study currently ongoing to support re-submission

| Development code/product name <generic name> | Drug Class (administration route) | Indications | Stage | | In-house/ In-license |
|---|--|---|-------|--------------------|------------------------------|
| MLN9708 <ixazomib citrate> | Proteasome inhibitor (oral) | Multiple myeloma | US | P-III | In-house |
| | | Relapsed or refractory primary (AL) amyloidosis | EU | P-III | |
| | | | Jpn | P-I | |
| | | | US | P-III | |
| MLN8237 <alisertib> | Aurora A kinase inhibitor (oral) | Relapsed or refractory peripheral T-cell lymphoma | US | P-III | In-house |
| | | Diffuse large B-cell lymphoma, Non-small cell lung cancer, Small cell lung cancer, Gastroesophageal cancer, Head and neck cancer, Breast cancer, Ovarian cancer | EU | P-III | |
| | | | US | P-II | |
| | | Non-Hodgkin lymphoma | EU | P-II | |
| Solid tumors | Jpn | P-I | | | |
| SYR-472 <trelagliptin> | DPP-4 inhibitor (oral) | Diabetes mellitus | Jpn | P-III | In-house |
| | | | US | P-II | |
| | | | EU | P-II | |
| TAK-491 <azilsartan medoxomil> | Angiotensin II receptor blocker (oral) | Hypertension (Fixed-dose combination with chlorthalidone) | EU | P-III | In-house |
| TAK-438 <vonoprazan> | Potassium-competitive acid blocker (oral) | Acid-related diseases (GERD, Peptic ulcer, etc.) | Jpn | P-III | In-house |
| TAK-375SL <ramelteon> | MT ₁ /MT ₂ receptor agonist (sublingual) | Bipolar disorder | US | P-III | In-house |
| <motesanib diphosphate> | VEGFR1-3, PDGFR, c-Kit inhibitor (oral) | Advanced non-squamous non-small cell lung cancer | Jpn | P-III | In-license (Amgen) |
| AMG 386 <trebananib> | Anti-angiopoietin peptibody (injection) | Ovarian cancer | Jpn | P-III | In-license (Amgen) |
| AMG 479 <ganitumab> | Human monoclonal antibody against human type 1 insulin-like growth factor receptor (IGF-1R) (injection) | Metastatic pancreas cancer | Jpn | P-III | In-license (Amgen) |
| Sovrima [®] <idebenone> | Mitochondria targeted anti-oxidant (oral) | Friedreich's ataxia | EU | P-III ³ | In-license (Santhera) |
| | | Duchenne muscular dystrophy | EU | P-III | |
| TAK-816 <- > | Hib vaccine (injection) | Prevention of infectious disease caused by Haemophilus influenza Type b (Hib) | Jpn | P-III | In-license (Novartis) |
| TAK-428 <- > | Neurotrophic factor production accelerator (oral) | Diabetic neuropathy | US | P-II | In-house |
| | | | EU | P-II | |
| TAK-385 <relugolix> | LH-RH antagonist (oral) | Endometriosis, Uterine fibroids | Jpn | P-II | In-house |
| | | Prostate Cancer | - | P-I | |
| - <veltuzumab> | CD20 monoclonal antibody (injection) | Systemic lupus erythematosus | US | P-II | In-license (Immunomedics) |
| | | | EU | P-II | |
| TAK-361S <- > | Quadruple vaccine (injection) | Prevention of infectious disease caused by Diphtheria, Pertussis, Tetanus, Polio | Jpn | P-II | In-license (Japan Polio) |
| Norovirus vaccine | Norovirus vaccine (injection) | Prevention of acute gastroenteritis (AGE) caused by norovirus | - | P-I/II | In-house |
| TAK-329 <- > | Glucokinase activator (oral) | Diabetes mellitus | - | P-I | In-house |
| TAK-733 <- > | MEK inhibitor (oral) | Solid tumors | - | P-I | In-house |
| TAK-272 <- > | Direct renin inhibitor (oral) | Hypertension | - | P-I | In-house |

*3 Re-submission subject to data analysis

| Development code /product name <generic name> | Drug Class (administration route) | Indications | Stage | | In-house/ In-license |
|---|---|---|-----------|--------------------------|-------------------------------------|
| TAK-063 < - > | PDE10A inhibitor (oral) | Schizophrenia | - | P-I | In-house |
| MLN4924 < - > | NEDD 8 activating enzyme inhibitor (injection) | Advanced malignancies | - | P-I | In-house |
| MLN0128 ^{*4} < - > | mTORC1/2 inhibitor (oral) | Multiple myeloma, Waldenstrom's macroglobulinemia, Solid tumors | - | P-I | In-house |
| MLN1117 ^{*5} < - > | PI3K α isoform inhibitor (oral) | Solid tumors | - | P-I | In-house |
| MLN0264 < - > | Antibody-Drug Conjugate targeting GCC (injection) | Advanced gastrointestinal malignancies | - | P-I | In-house |
| MLN2480 < - > | pan-Raf kinase inhibitor (oral) | Solid tumors | - | P-I | In-license (Sunesis) |
| MT203 <namilumab> | GM-CSF monoclonal antibody (injection) | Rheumatoid arthritis | EU | P-I | In-license (Amgen) ^{*6} |
| Lu AA24530 < - > | Multimodal anti-depressant (oral) | Major depressive and generalized anxiety disorders | US Jpn | P-I ^{*7} P-I | In-license (Lundbeck) |
| AMG 403 <fulranumab> | Human monoclonal antibody against human Nerve Growth Factor (NGF) (injection) | Pain | Jpn | P-I | In-license (Amgen) |
| ITI-214 < - > | PDE1 inhibitor (oral) | Cognitive impairment associated with schizophrenia | - | P-I | In-license (Intra-Cellular) |

*4 MLN0128 used to be INK128

*5 MLN1117 used to be INK1117

*6 Deal made with Micromet; on Mar 7th, 2012, Micromet became a wholly owned subsidiary of Amgen

*7 To be prepared for P-III in the US

■ Additional indications/formulations of compounds

| Development code/product name <generic name> Brand name (country / region) | Drug Class | Indications or formulations | Stage | | In-house/ In-license |
|---|--|--|-------|-------------------|---------------------------|
| AG-1749 <lansoprazole> Takepron [®] (Jpn) Prevacid [®] (US) Ogast [®] , etc. (EU) | Proton pump inhibitor | Helicobacter pylori eradication by concomitant therapy with amoxicillin hydrate and either clarithromycin or metronidazole Fixed-dose combination with low-dose aspirin | Jpn | Approved (Feb 13) | In-house |
| NE-58095 <risedronate> Benet [®] (Jpn) | Bone resorption inhibitor | Osteoporosis (Once-monthly formulation) | Jpn | Approved (Dec 12) | In-license (Ajinomoto) |
| AMITIZA [®] <lubiprostone> | Chloride channel activator | Opioid-induced constipation | US | Approved (Apr 13) | In-license (Sucampo) |
| TAP-144-SR <leuprorelin acetate> Leuplin [®] (Jpn) Lupron Depot [®] (US) Enantone [®] , etc. (EU) | LH-RH agonist | Prostate cancer, Premenopausal breast cancer (6-month formulation) | Jpn | P-III | In-house |
| VELCADE [®] <bortezomib> | Proteasome inhibitor | Front line mantle cell lymphoma Relapsed diffuse large B cell lymphoma | US | P-III P-II | In-house |
| AD4833/TOMM40 | Insulin sensitizer/ Biomarker assay | Alzheimer's disease prevention | - | P-I | In-license (Zinfandel) |

■ **Recent progress in stage** Progress in stage since release of FY2011 results (May 11, 2012)

| Development code | Indications | Country/Region | Progress in stage |
|---------------------------------|--|----------------|-------------------|
| Feraheme®/Rienso® | Iron deficiency anaemia in adult patients with chronic kidney disease | EU | Approved (Jun 12) |
| Lotriga® | Hyperlipidemia | Jpn | Approved (Sep 12) |
| SGN-35 | Relapsed or refractory Hodgkin lymphoma | EU | Approved (Oct 12) |
| SGN-35 | Relapsed or refractory systemic anaplastic large cell lymphoma | EU | Approved (Oct 12) |
| NE-58095 | Osteoporosis (Once monthly formulation) | Jpn | Approved (Dec 12) |
| SYR-322 | Diabetes mellitus | US | Approved (Jan 13) |
| SYR-322 | Diabetes mellitus (Fixed-dose combination with pioglitazone) | US | Approved (Jan 13) |
| SYR-322 | Diabetes mellitus (Fixed-dose combination with metformin) | US | Approved (Jan 13) |
| SYR-322 | Diabetes mellitus | EU | Filed (May 12) |
| SYR-322 | Diabetes mellitus (Fixed-dose combination with pioglitazone) | EU | Filed (Jun 12) |
| SYR-322 | Diabetes mellitus (Fixed-dose combination with metformin) | EU | Filed (Jun 12) |
| lurasidone hydrochloride | Schizophrenia | EU | Filed (Sep 12) |
| Lu AA21004 | Major depressive disorder | US | Filed (Oct 12) |
| ATL-962 | Obesity | Jpn | Filed (Oct 12) |
| MLN9708 | Multiple myeloma | US, EU | P-III |
| TAK-375SL | Bipolar disorder | US | P-III |
| MLN9708 | Relapsed or refractory primary (AL) amyloidosis | US, EU | P-III |
| SGN-35 | Front line Hodgkin Lymphoma | EU | P-III |
| SGN-35 | Front line mature T-cell lymphoma | EU | P-III |
| TAK-063 | Schizophrenia | - | P-I |
| MLN0264 | Advanced gastrointestinal malignancies | - | P-I |
| ITI-214 | Cognitive Impairment Associated with Schizophrenia | - | P-I |
| AG-1749 | Helicobacter pylori eradication by concomitant therapy with amoxicillin hydrate and either clarithromycin or metronidazole | Jpn | Approved (Feb 13) |
| lubiprostone | Opioid-induced constipation | US | Approved (Apr 13) |
| MLN0002 | Ulcerative colitis | EU | Filed (Mar 13) |
| MLN0002 | Crohn's disease | EU | Filed (Mar 13) |
| AG-1749 | Fixed-dose combination with low-dose aspirin | Jpn | Filed (Mar 13) |
| BLB-750 | Prevention of pandemic influenza | Jpn | Filed (Mar 13) |
| SGN-35 | Relapsed or refractory Hodgkin lymphoma | Jpn | Filed (Mar 13) |
| SGN-35 | Relapsed or refractory systemic anaplastic large cell lymphoma | Jpn | Filed (Mar 13) |
| TAK-536 | Hypertension (Fixed-dose combination with amlodipine besilate) | Jpn | Filed (Apr 13) |

Progress in stage since the announcement of FY2012 3Q results (February 4th, 2013) are listed under the bold dividing line

■ **Discontinued projects** Discontinued since release of FY2011 results (May 11, 2012)

| Development code | Indications (Stage) | Reason |
|------------------------------|---|--|
| TAK-701 | Advanced malignancies (P-I) | The decision to discontinue development was made because it no longer fits in the product development portfolio of Takeda |
| TAK-591 | Hypertension (P-I) | As TAK-536 has been launched, there is no need to keep TAK-591 |
| MLN0518 | Glioblastoma (US P-II) | Clinical data from both single agent and a combination study did not warrant further development in glioblastoma |
| motesanib diphosphate | Advanced non-squamous non-small cell lung cancer (US, EU P-III) | MONET1 pivotal phase III trial did not meet its primary objective of demonstrating a statistically significant improvement in overall survival, and did not warrant further development in US and EU |
| motesanib diphosphate | Breast cancer (US P-I/II) | Currently, the focus of motesanib diphosphate development is front line NSCLC in Japan and additional Asian countries |
| Vectibix® | Squamous cell carcinoma of head and neck (Jpn P-III) | The phase III study did not meet the primary endpoint of statistically significant improvement in overall survival. Amgen and Takeda do not plan an additional pivotal study |
| TAK-259 | Overactive bladder (P-I) | Failed to meet the target safety profile at the therapeutic dose |
| TAK-448 | Prostate cancer (P-I) | The decision to discontinue development was made because of R&D project prioritization |
| TAK-960 | Solid tumors (P-I) | The decision to discontinue development was made because of R&D project prioritization |
| TAK-441 | Solid tumors (P-I) | The decision to discontinue development was made because of R&D project prioritization |
| MLN8237 | Acute myelogenous leukemia (P-II) | Clinical data from a single agent study (C14005) did not warrant further development in this indication |
| MLN8237 | High-risk myelodysplastic syndrome (P-II) | Clinical data from a single agent study (C14005) did not warrant further development in this indication |
| TAK-357 | Alzheimer's disease (P-I) | The decision to discontinue development was made because of R&D project prioritization |
| veltuzumab | Rheumatoid arthritis (P-II) | The decision to discontinue development in Rheumatoid Arthritis was made due to a reassessment of the target indication |

Projects discontinued since the announcement of FY2012 3Q results (February 4th, 2013) are listed under the bold dividing line

■ **Revised collaboration agreement** Revised since release of FY2011 results (May 11, 2012)

| Development code | Indications (Stage) | Reason |
|--------------------|------------------------------------|--|
| teduglutide | Short bowel syndrome (EU Approved) | Takeda and NPS revised their agreement and NPS re-gained full worldwide rights to teduglutide. NPS is a specialist in orphan and specialty diseases, and is best suited to maximize the value of the compound. |

■ Filings and Approvals in Regions other than US/EU/Jpn

| Region | Country | Development code / product name (stage) |
|------------------------|----------------------|---|
| Americas Ex. US | Argentina | TAK-390MR (Approved Jan 13), TAK-491 (Filed Oct 12) |
| | Brazil | SYR-322 (Filed Aug 11), TAK-491 (Filed Nov 11), SYR-322/metformin (Filed Jun 12), TAK-491/chlorthalidone (Filed Jun 12) |
| | Colombia | DAXAS* ⁷ (Filed Aug 11), TAK-491 (Filed Aug 12), SYR-322 (Filed Sep 12), TAK-491/chlorthalidone (Filed Dec 12), TAK-390MR (Filed Dec 12) |
| | Venezuela | DAXAS (Filed Jan 10) |
| Europe Ex. EU | Albania | DAXAS (Approved Feb 13) |
| | Kosovo | DAXAS (Approved May 12) |
| | Macedonia | DAXAS (Approved Jan 13) |
| | Montenegro | DAXAS (Filed Jun 11) |
| | Switzerland | TAK-491 (Approved Aug 12), Rienso (Approved Sep 12), SGN-35(Approved Mar 13), lurasidone hydrochloride (Filed Mar 12 for schizophrenia), SYR-322 (Filed Jul 12), SYR-322/metformin (Filed Jul 12), SYR-322/pioglitazone (Filed Aug 12), TAK-390MR (Filed Sep 12), TAK-491/chlorthalidone (Filed Jan 13) |
| Russia/CIS | Armenia | DAXAS (Approved Oct 12) |
| | Kazakhstan | TAK-491 (Filed Jan 13), |
| | Ukraine | TAK-491 (Filed Dec 12) |
| | Uzbekistan | DAXAS (Approved Jun 12) |
| Asia Ex. Jpn | China | DAXAS (Filed Dec 11), SYR-322 (Filed Mar 12) |
| | Hong Kong | TAK-390MR (Approved Aug 12), TAK-491 (Approved Mar 13), TAK-491/chlorthalidone (Filed Mar 13) |
| | Indonesia | DAXAS (Approved Nov 12), SYR-322 (Filed Jan 11), TAK-491 (Filed Feb 12), TAK-491/chlorthalidone (Filed Jul 12), TCV-116* ⁸ /amlodipine besilate (Filed Oct 12), TAK-390MR (Filed Oct 12) |
| | Macau | TAK-390MR (Approved Nov 12) |
| | Malaysia | TAK-390MR (Filed Sep 12), TAK-491 (Filed Jan 13) |
| | Philippines | TAK-491 (Approved Dec 12), TAK-390MR (Approved Dec 12), TCV-116/amlodipine besilate (Approved Jan 13) |
| | Singapore | TAK-390MR (Filed Oct 12), TAK-491 (Filed Dec 12), TAK-491/chlorthalidone (Filed Mar 13) |
| | S. Korea | MEPACT* ⁹ (Approved Jun 12), TAK-390MR (Approved Oct 12), SYR-322 (Filed Mar 12) |
| | Taiwan | TAK-375 (Approved Nov 12), TAK-390MR (Approved Dec 12), SYR-322 (Filed Mar 11), TAK-491 (Filed Aug 11), TAK-491/chlorthalidone (Filed May 12), TCV-116/amlodipine besilate (Filed Nov 12) |
| | Thailand | DAXAS (Approved Feb 13), TAK-491 (Approved Mar 13), TAK-390MR (Filed Aug 11), TAK-491/chlorthalidone (Filed Jun 12), TCV-116/amlodipine besilate (Filed Aug 12), SYR-322/pioglitazone (Filed Mar 13) |
| Vietnam | DAXAS (Filed Dec 10) | |
| Others | Australia | SYR-322 (Filed Aug 12), SYR-322/metformin (Filed Nov 12) |
| | Botswana | DAXAS (Filed Dec 11) |
| | Egypt | DAXAS (Filed Jan 12) |
| | Isreal | DAXAS (Approved Nov 12) |
| | Kenya | DAXAS (Filed Jul 12) |
| | Mauritius | DAXAS (Filed Mar 11) |
| | Saudi Arabia | DAXAS (Filed May 12) |
| | South Africa | DAXAS (Approved Oct 12) |
| | Tanzania | DAXAS (Filed Sep 11) |
| | Uganda | DAXAS (Filed Apr 11) |
| | Zambia | DAXAS (Filed Feb 12) |

*7 DAXAS® <roflumilast> PDE4 inhibitor (oral) for the treatment of Chronic Obstructive Pulmonary Disease

*8 TCV-116 <candesartan cilexetil> Angiotensin II receptor blocker (oral) for the treatment of Hypertension

*9 MEPACT® <mifamurtide> Immunostimulant (injection) for the treatment of Non-metastatic osteosarcoma

■ Characteristics of projects

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|-----------------|-------------------|--------------|------------------|----------------|
| SYR-322 | DPP-4 inhibitor | Diabetes mellitus | alogliptin | NESINA®(Jpn, US) | Oral |

[Mode of action / Supplemental]

SYR-322 is a DPP-4 inhibitor, taken orally once a day. DPP-4 inhibitors work by blocking Glucagon Like Peptide-1 (GLP-1) degradation to maintain its blood concentration for a longer period of time. GLP-1, which is secreted within the digestive tract, stimulates pancreatic beta cells to increase the secretion of insulin, and GLP-1 has the potential to improve beta cell function itself. Alogliptin was approved in Japan in April 2010 and in the US in January 2013, and clinical/registration activities are currently ongoing in other regions to support the approval of alogliptin globally. Alogliptin has also been approved in fixed-dose combinations with pioglitazone (in Japan as LIOVEL® and in the US as OSENT®), and metformin (in the US as KAZANO®).

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--------------------------------|------------|---|--------------|---------------------------------------|----------------|
| Feraheme® / Rienso® | IV iron | Iron deficiency anaemia in adult patients with chronic kidney disease | ferumoxytol | FERAHEME® (Canada) RIENSO® (EU) | Injection |

[Mode of action / Supplemental]

Treatment with Feraheme/Rienso provides the following benefits: rapid repletion of iron stores in anaemic CKD patients; greater flexibility in the amount of iron that can be given to a patient in a single administration; fewer physician visits required for the administration of 1g of iron; and more rapid administration (IV vs. infusion) compared to existing formulations of IV iron. Ferumoxytol was approved in the EU in June 2012 as RIENSO, and is also approved in the US, where it is marketed by AMAG as FERAHEME.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|---------------|----------------|------------------------------|----------------|----------------|
| TAK-085 | EPA/DHA agent | Hyperlipidemia | omega-3-acid ethyl esters 90 | LOTRIGA® (Jpn) | Oral |

[Mode of action / Supplemental]

TAK-085, marketed ex-Japan by Pronova, is a triglyceride lowering agent made from fish oil. It consists of purified EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid). This drug was approved in Japan in September 2012 for the treatment of hyperlipidemia, and it is marketed for the indication of high triglyceridemia in the US and the indication of high triglyceridaemia and adjuvant treatment in secondary prevention after myocardial infarction in some countries in the EU such as Italy, Germany and the UK. The mechanism of action is yet to be fully clarified, however, it is thought to inhibit triglyceride synthesis in the liver.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|---|---|---------------------|----------------|----------------|
| SGN-35 | CD30 monoclonal antibody-drug conjugate | Relapsed or refractory Hodgkin lymphoma, Front line Hodgkin lymphoma, Post-ASCT Hodgkin lymphoma, Relapsed or refractory systemic anaplastic large cell lymphoma, Front line mature T-cell lymphoma, Relapsed cutaneous T-cell lymphoma | brentuximab vedotin | ADCETRIS® (EU) | Injection |

[Mode of action / Supplemental]

Brentuximab vedotin (ADCETRIS) is an antibody-drug conjugate (ADC) comprising an anti-CD30 monoclonal antibody attached by an enzyme cleavable linker to a potent, synthetic drug, monomethyl auristatin E (MMAE) utilizing Seattle Genetics' proprietary technology. The ADC employs a novel linker system that is designed to be stable in the bloodstream but to release MMAE upon internalization into CD30-expressing tumor cells. This approach is intended to spare non-targeted cells and thus may help minimize the potential toxic effects of traditional chemotherapy while allowing for the selective targeting of CD30-expressing cancer cells, thus potentially enhancing the antitumor activity.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|-----------------------|--|-----------------|--|----------------|
| TAK-390MR | Proton pump inhibitor | Erosive esophagitis (healing and maintenance) and non-erosive gastro-esophageal reflux disease | dexlansoprazole | DEXILANT™ (US, Canada) DEXIVANT™ (Mexico) | Oral |

[Mode of action / Supplemental]

DEXILANT, which was originally developed by Takeda and is marketed by Takeda in the US, Canada and Mexico, is taken once-daily, and employs a new modified release technology on an enantiomer of lansoprazole. DEXILANT is the first proton pump inhibitor with a Dual Delayed Release™ formulation designed to provide two separate releases of medication in order to maintain its gastric antisecretory activity.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|--|-------------------------------------|--------------|-----------------|----------------|
| MLN0002 | Humanized monoclonal antibody against $\alpha 4\beta 7$ integrin | Ulcerative colitis, Crohn's disease | vedolizumab | Not decided yet | Injection |
| [Mode of action / Supplemental] MLN0002 is a humanized antibody that selectively binds to $\alpha 4\beta 7$ integrin, which inhibits the binding between $\alpha 4\beta 7$ integrin and MAdCAM-1 (mucosal adhesion molecule 1) existing mainly in the intestinal mucosa. Integrins are a type of cell surface protein; their main roles are cellular binding to the extracellular matrix and signal transduction from the extracellular matrix. In the P-II studies (POC) involving 400 patients with Ulcerative Colitis and Crohn's disease, the rate of mucosal healing and the rate of remission of symptoms including diarrhea frequently observed in patients with inflammatory bowel disease were significantly higher in the treatment group than in the placebo administration group. In these studies, the safety profile was also evaluated with satisfactory results. In March 2013, Takeda filed a Marketing Authorisation Application in the EU for the treatment of ulcerative colitis and Crohn's disease. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---------------------------------|--------------|--------------|---------------|----------------|
| TAK-536 | Angiotensin II receptor blocker | Hypertension | azilsartan | AZILVA® (Jpn) | Oral |
| [Mode of action / Supplemental] The P-III trial in comparison with candesartan (BLOPRESS®) showed TAK-536 was statistically superior to candesartan in lowering the change from baseline in sitting diastolic blood pressure, which was the primary endpoint. In addition, TAK-536 was also statistically superior to candesartan in lowering the change from baseline in sitting systolic blood pressure and in lowering the mean diastolic blood pressure and systolic blood pressure in 24 hours, daytime and night time measured by Ambulatory Blood Pressure Monitoring (ABPM), which were secondary endpoints. TAK-536 was safe and well tolerated, with the safety profile comparable to candesartan. A fixed dose combination of TAK-536 and amlodipine was filed in Japan in April 2013. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---|--|--------------|---------------|----------------|
| - | Synthetic, peptide-based erythropoiesis-stimulating agent | Anemia due to chronic kidney disease in adult patients on dialysis | peginesatide | OMONTYS® (US) | Injection |
| [Mode of action / Supplemental] Peginesatide, a synthetic, peptide-based erythropoiesis-stimulating agent (ESA), is designed to stimulate the production of red blood cells. As PEGylation allows maintenance of blood concentration, peginesatide is administered once every four weeks either intravenously or subcutaneously. Peginesatide is approved in the US and filed in the EU for the treatment of anemia due to Chronic Kidney Disease in adult patients on dialysis. In February 2013, Takeda and Affymax announced a nationwide voluntary recall of all lots of OMONTYS in the US. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|------------------------------|---------------------------------|--------------------------|-----------------|----------------|
| - | Atypical antipsychotic agent | Schizophrenia, Bipolar disorder | lurasidone hydrochloride | Not decided yet | Oral |
| [Mode of action / Supplemental] Lurasidone is an atypical antipsychotic agent, developed originally by Dainippon Sumitomo Pharma Co., Ltd. with an affinity for dopamine D2, serotonin 5-HT _{2A} and serotonin 5-HT ₇ receptors where it has antagonist effects. In addition, lurasidone is a partial agonist at the serotonin 5-HT _{1A} receptor and has no appreciable affinity for histamine or muscarinic receptors. In September 2012, Takeda filed a Marketing Authorisation Application in the EU for the treatment of schizophrenia. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|----------------------------|---|--------------|------------------|----------------|
| Lu AA21004 | Multimodal anti-depressant | Major depressive disorder, Generalized anxiety disorder | vortioxetine | BRINTELLIX® (US) | Oral |
| [Mode of action / Supplemental] In vitro studies indicate that Lu AA21004 is a 5-HT ₃ and 5-HT ₇ receptor antagonist, 5-HT _{1B} receptor partial agonist, 5-HT _{1A} receptor agonist and inhibitor of the serotonin transporter (SERT). In vivo nonclinical studies have demonstrated that Lu AA21004 enhances levels of the neurotransmitters serotonin, noradrenaline, dopamine, acetylcholine and histamine in specific areas of the brain. In October 2012, Takeda filed a New Drug Application to the FDA in the US for the treatment of Major Depressive Disorder. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|------------------|-------------|--------------|-----------------|----------------|
| ATL-962 | Lipase inhibitor | Obesity | celestistat | Not decided yet | Oral |
| [Mode of action / Supplemental] ATL-962 is a gastro-intestinal lipase inhibitor. It is designed to decrease weight by reducing the digestion and thus the absorption of fat from the diet. According to the results of P-II conducted by Alizyme, celestistat (80mg and 120mg) caused statistically significant weight loss and reductions in HbA1c compared with placebo. Treatment discontinuations due to gastro-intestinal adverse events in the celestistat groups were lower than those in the orlistat groups. In October 2012, Takeda filed a New Drug Application to the Japanese Ministry of Health, Labor and Welfare. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|-------------------|----------------------------------|--------------|-----------------|----------------|
| BLB-750 | Influenza vaccine | Prevention of pandemic influenza | - | Not decided yet | Injection |
| [Mode of action / Supplemental] BLB-750 is a cell culture-based pandemic influenza vaccine (H5N1 and prototype) to prevent infection in the case of a pandemic influenza. Obtaining the prototype approval will facilitate the registration of a vaccine in the event of a pandemic caused by an influenza strain other than H5N1. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---|-------------|-----------------------------|------------|----------------|
| - | Mu-opioid receptor antagonist and dopamine/norepinephrine re-uptake inhibitor | Obesity | naltrexone SR /bupropion SR | CONTRAVE® | Oral |
| [Mode of action / Supplemental] The two components of CONTRAVE act in a complementary manner in the central nervous system. The central pathways targeted by this treatment are involved in controlling the balance of food intake and metabolism, and regulating reward-based eating behavior. In clinical trials, CONTRAVE was shown to help obese patients initiate and sustain significant weight loss, improve important markers of cardiometabolic risk and increase the ability to control eating. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---------------|-------------------|--------------|-----------------|----------------|
| TAK-875 | GPR40 agonist | Diabetes mellitus | fasiglifam | Not decided yet | Oral |
| [Mode of action / Supplemental] TAK-875 is a novel, highly selective agonist of GPR40, one of the G-protein-coupled receptors that is expressed in pancreatic islet cells. Through its novel mechanism of action, TAK-875 has potential as a safe and effective treatment for Type 2 diabetes by selectively improving glucose-dependent insulin secretion with a low risk of inducing hypoglycemia and pancreatic exhaustion, unlike sulfonylurea or glinides. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|--|-----------------|--------------|-----------------|----------------|
| TAK-700 | Non-steroidal androgen synthesis inhibitor | Prostate cancer | orteronel | Not decided yet | Oral |
| [Mode of action / Supplemental] TAK-700 is an oral non-steroidal selective androgen synthesis inhibitor which targets 17,20 lyase, a key enzyme in the production of steroidal hormones. The 17,20 lyase enzyme is a key enzyme in the production of the common precursor molecules for male and female sex steroid hormones, which in men are synthesized in both the testes and the adrenal glands. This inhibitory activity makes TAK-700 a good candidate for development as a therapeutic agent for the treatment of castration-resistant prostate cancer where persistent extra-gonadal synthesis of androgens results in progression of PSA and metastases. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|----------------------|---|------------------|-----------------|----------------|
| MLN9708 | Proteasome inhibitor | Multiple Myeloma, Relapsed or refractory primary (AL) amyloidosis, Solid tumors | ixazomib citrate | Not decided yet | Oral |
| [Mode of action / Supplemental] MLN9708 is a proteasome inhibitor, which constitutes a unique approach to targeted therapy. Inhibition of the proteasome prevents the degradation of numerous regulatory proteins, affecting multiple signaling cascades within the cell. In vitro, non-clinical studies have shown that proteasome inhibition can be cytotoxic to a variety of cancer cell types. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---------------------------|--|--------------|-----------------|----------------|
| MLN8237 | Aurora A kinase inhibitor | Relapsed or refractory peripheral T-cell lymphoma Diffuse large B-cell lymphoma, Non-small cell lung cancer, Small cell lung cancer, Gastroesophageal cancer, Head and neck cancer, Breast cancer, Ovarian cancer, Non-Hodgkin lymphoma, Solid tumors | alisertib | Not decided yet | Oral |
| [Mode of action / Supplemental] MLN8237 is an oral highly-specific small molecule Aurora A kinase inhibitor. Both Aurora A kinase and Aurora B kinase play important roles in cell mitosis, but they have different distributions in the cell and different roles in the process of mitosis. Aurora A kinase is a serine/threonine kinase that exists in the centrosome and spindle poles and is known to play an important role in the formation of spindles at the time of mitosis. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|-----------------|-------------------|--------------|-----------------|----------------|
| SYR-472 | DPP-4 inhibitor | Diabetes mellitus | trelagliptin | Not decided yet | Oral |
| [Mode of action / Supplemental] SYR-472 is a DPP-4 inhibitor, taken orally once weekly, that works by blocking Glucagon Like Peptide-1 (GLP-1) degradation to keep its concentration for a longer period of time. GLP-1, which is secreted within the digestive tract, stimulates pancreatic beta cells to increase the secretion of insulin, and GLP-1 has the potential to improve beta cell function itself. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---------------------------------|--------------|----------------------|------------------|----------------|
| TAK-491 | Angiotensin II receptor blocker | Hypertension | azilsartan medoxomil | EDARBI® (US, EU) | Oral |
| [Mode of action / Supplemental] TAK-491 is an angiotensin II receptor blocker, indicated for the treatment of hypertension, either alone or in combination with other antihypertensive agents. Pivotal P-III studies of monotherapy showed EDARBI 80mg was statistically superior to placebo and the highest approved doses of olmesartan medoxomil (40mg) and valsartan (320mg), in lowering both clinic and 24-hour mean blood pressure measurements. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|------------------------------------|--|--------------|-----------------|----------------|
| TAK-438 | Potassium-competitive acid blocker | Acid-related diseases (GERD, Peptic ulcer, etc.) | vonoprazan | Not decided yet | Oral |
| [Mode of action / Supplemental] TAK-438 is a potassium-competitive acid blocker that suppresses gastric acid secretion by inhibiting the binding of potassium iron (K ⁺) to H ⁺ , K ⁺ -ATPase. It is anticipated to have a more potent inhibitory effect on gastric acid secretion, a faster onset of action, and a longer lasting effect than PPIs. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---|------------------|--------------|------------|----------------|
| TAK-375SL | MT ₁ /MT ₂ receptor agonist | Bipolar disorder | ramelteon | - | Sublingual |
| [Mode of action / Supplemental] TAK-375SL is highly specific to the MT ₁ /MT ₂ receptor. Abnormalities on circadian rhythms are prominent features of bipolar I disorder. Normalization or resynchronization of circadian rhythms with exogenous melatonin agonists is expected to become a treatment for either acute bipolar episodes or to prevent recurrence. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|----------------------------------|--|-----------------------|-----------------|----------------|
| - | VEGFR1-3, PDGFR, c-Kit inhibitor | Advanced non-squamous non-small cell lung cancer | motesanib diphosphate | Not decided yet | Oral |
| [Mode of action / Supplemental] Motesanib is an orally administered inhibitor targeting vascular endothelial growth factor (VEGF) receptor 1,2 and 3, platelet derived growth factor (PDGF) receptor and c-kit (Stem Cell Factor) receptors intending to inhibit angiogenesis and tumor growth. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|-----------------------------|----------------|--------------|-----------------|----------------|
| AMG 386 | Anti-angiopoietin peptibody | Ovarian cancer | trebananib | Not decided yet | Injection |
| [Mode of action / Supplemental] AMG 386 is a peptibody (Fc-peptide fusion protein) which binds to and inhibit Angiopoietin 1 and 2. Angiopoietins are known to be one of the cytokines which stimulate angiogenesis of vascular endothelial cells related to tumor growth and metastasis through different pathways from vascular endothelial growth factors. AMG386 inhibits vascular angiogenesis through binding to angiopoietins. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|---|----------------------------|--------------|-----------------|----------------|
| AMG 479 | Human monoclonal antibody against human type 1 insulin-like growth factor receptor (IGF-1R) | Metastatic pancreas cancer | ganitumab | Not decided yet | Injection |
| [Mode of action / Supplemental] AMG 479 is a human monoclonal antibody antagonist of insulin like growth factor receptor type 1 (IGF-1R). The signaling, which is created by ligand's binding to IGF-1R, stimulates cell survival pathway, and leads to tumor growth and survival. AMG479 inhibits the binding of IGF-1 to its receptor (IGF-1R), and thus, it is considered to suppress the tumor cell growth and invasion. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|------------------------------------|--|--------------|------------|----------------|
| - | Mitochondria targeted anti-oxidant | Friedreich's ataxia, Duchenne muscular dystrophy | idebenone | SOVRIMA® | Oral |

[Mode of action / Supplemental]

Idebenone is a small molecule optimized to facilitate the transport of electrons within mitochondria, which is necessary for the production of cellular energy. Santhera is conducting the clinical development of idebenone for the treatment of Friedreich's Ataxia, which results from impaired energy production in mitochondria, the cells' energy production centers, and elevated oxidative stress. It was found that the neurological and cardiac outcome was improved by idebenone.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|-------------|--|-----------------|-----------------|----------------|
| TAK-816 | Hib vaccine | Prevention of infectious disease caused by Haemophilus influenzae Type b (Hib) | Not decided yet | Not decided yet | Injection |

[Mode of action / Supplemental]

TAK-816 is a vaccine to prevent infection caused by Haemophilus Influenzae Type B (Hib). Hib vaccine is developed by combining it with detoxified diphtheria toxin in order to increase immunogenicity, assuring the potential to induce the production of antibodies in infants.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|--|---------------------|-----------------|-----------------|----------------|
| TAK-428 | Neurotrophic factor production accelerator | Diabetic neuropathy | Not decided yet | Not decided yet | Oral |

[Mode of action / Supplemental]

TAK-428 is a new concept drug for diabetic neuropathy treatment. It repairs and regenerates the peripheral nerve tissues damaged by diabetes mellitus through increasing neurotrophic factors. It is expected to be a new treatment for diabetic neuropathy because of its different mechanism of actions from those of aldose reductase inhibitors and PKC inhibitors.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|------------------|--|--------------|-----------------|----------------|
| TAK-385 | LH-RH antagonist | Endometriosis, Uterine fibroids, Prostate cancer | relugolix | Not decided yet | Oral |

[Mode of action / Supplemental]

TAK-385 is a nonpeptidic oral LH-RH antagonist. It antagonizes LH-RH in the LH-RH receptor that exists in the anterior pituitary basophil (secretory cell), and lowers blood concentration of sex hormones by inhibiting secretion of LH and FSH caused by the stimulation of LH-RH. It is expected to become a treatment for sex hormone-dependent diseases such as endometriosis and uterine fibroids.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|--------------------------|------------------------------|--------------|-----------------|----------------|
| - | CD20 monoclonal antibody | Systemic lupus erythematosus | veltuzumab | Not decided yet | Injection |

[Mode of action / Supplemental]

Veltuzumab is a subcutaneously administered humanized monoclonal antibody targeting CD20 receptors on B lymphocytes. B cells play a crucial role in SLE pathogenesis through the presentation of self-antigens, T cell activation, and through the production of autoantibodies and cytokines. All of the above provide the rationale for the use of B cell directed therapy in SLE treatment.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|-------------------|--|-----------------|-----------------|----------------|
| TAK-361S | Quadruple vaccine | Prevention of infectious disease caused by Diphtheria, Pertussis, Tetanus, Polio | Not decided yet | Not decided yet | Injection |

[Mode of action / Supplemental]

TAK-361S is a combined vaccine with a Diphtheria-Tetanus-acellular Pertussis (DTaP) vaccine and Sabin inactivated polio vaccine (sIPV). sIPV is an inactivated poliovirus vaccine (IPV) derived from the Sabin strains poliovirus (attenuated poliovirus). Compared to the inactive poliovirus vaccine produced from wild-type poliovirus that is used in many countries, sIPV does not require an advanced safe management site for its production.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--------------------------|-------------------|---|-----------------|-----------------|----------------|
| Norovirus vaccine | Norovirus vaccine | Prevention of acute gastroenteritis (AGE) caused by norovirus | Not decided yet | Not decided yet | Injection |

[Mode of action / Supplemental]

This product is the only clinical-stage vaccine against norovirus in the world, and is currently in P-I/II trials. The norovirus vaccine is administered by the intramuscular route.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|-----------------------|-------------------|-----------------|-----------------|----------------|
| TAK-329 | Glucokinase activator | Diabetes mellitus | Not decided yet | Not decided yet | Oral |
| [Mode of action / Supplemental] TAK-329 is a glucokinase activator being developed for treatment of diabetes. It is expected to have a hypoglycemic action by enhancing both glucose uptake in the liver and insulin secretion from the pancreas. Glucokinase is one of the enzymes which are essential when converting ingested glucose into the energy that is necessary for organisms. It also adjusts insulin secretion in pancreatic beta-cells according to the glucose level. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---------------|--------------|-----------------|-----------------|----------------|
| TAK-733 | MEK inhibitor | Solid tumors | Not decided yet | Not decided yet | Oral |
| [Mode of action / Supplemental] TAK-733 is a highly selective, allosteric, non-ATP competitive inhibitor of MEK kinase. MEK signaling plays an essential role in regulating both mitogenic and survival signals within tumor cells. This pathway is activated in 50 percent of human cancers, including colon, lung, breast, pancreas, melanoma, ovary and kidney. Inhibition of MEK by TAK-733 as a single agent and in combination with other drugs has a significant effect on the progression of tumor growth in pre-clinical models. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|------------------------|--------------|-----------------|-----------------|----------------|
| TAK-272 | Direct renin inhibitor | Hypertension | Not decided yet | Not decided yet | Oral |
| [Mode of action / Supplemental] TAK-272 is a direct renin inhibitor (DRI), which is at the top of the enzymatic cascade of renin-angiotensin system (RAS). Non-clinical pharmacology studies have shown that TAK-272 selectively inhibited human renin and efficiently lowered blood pressure. Additionally TAK-272 has shown strong organ protective effects. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|------------------|---------------|-----------------|-----------------|----------------|
| TAK-063 | PDE10A inhibitor | Schizophrenia | Not decided yet | Not decided yet | Oral |
| [Mode of action / Supplemental] TAK-063 is a PDE10A inhibitor. An alternative approach to treating schizophrenia may be to selectively inhibit the enzyme PDE10A, thereby modulating the dopaminergic and glutamatergic second messenger pathways in the striatum. Inhibition of PDE10A in vivo has been reported to be associated with behavioral effects consistent with antipsychotic activity. Based on the potential effects of TAK-063 on striatal function, the initial nonclinical and clinical programs for TAK-063 are focused on the treatment of schizophrenia. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|------------------------------------|-----------------------|-----------------|-----------------|----------------|
| MLN4924 | NEDD 8 activating enzyme inhibitor | Advanced malignancies | Not decided yet | Not decided yet | Injection |
| [Mode of action / Supplemental] MLN4924 is a first-in-class small molecule inhibitor of a Millennium-discovered target, NEDD 8 activating enzyme (NAE). MLN4924 inhibits NAE, which controls key components of the ubiquitin proteasome pathway that are important for cancer cell growth and survival. In pre-clinical models, MLN4924 suppresses cancer cell growth leading to cell death. MLN4924 is currently being studied in patients with solid tumors and hematologic malignancies. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|--------------------|---|-----------------|-----------------|----------------|
| MLN0128 | mTORC1/2 inhibitor | Multiple myeloma, Waldenstrom's macroglobulinemia, Solid tumors | Not decided yet | Not decided yet | Oral |
| [Mode of action / Supplemental] MLN0128, a novel mTORC1/2 inhibitor, has generated encouraging data in multiple P-I studies and is expected to enter P-II studies in 2012. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|-----------------------------|--------------|-----------------|-----------------|----------------|
| MLN1117 | PI3Kalpha isoform inhibitor | Solid tumors | Not decided yet | Not decided yet | Oral |
| [Mode of action / Supplemental] MLN1117, a novel and selective inhibitor of the PI3Kalpha isoform, entered human clinical testing in September 2011. A P-I dose escalation study is underway to evaluate the safety, tolerability and pharmacokinetics of single-agent MLN1117 in patients with advanced solid malignancies who have tumors characterized by the presence of a PIK3CA mutation. | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---------------------------------------|--|-----------------|-----------------|----------------|
| MLN0264 | Antibody-drug conjugate targeting GCC | Advanced gastrointestinal malignancies | Not decided yet | Not decided yet | Injection |
| <p>[Mode of action / Supplemental]</p> <p>MLN0264 is a novel, first in class antibody drug conjugate (ADC) that selectively binds Guanylate Cyclase C (GCC) and kills GCC-expressing cells at sub-nanomolar concentrations. Its toxic payload, monomethyl auristatin E (MMAE; a very potent microtubulin inhibitor) is linked to a target specific monoclonal antibody, which was originated by Millennium, via a cleavable linker, utilizing proprietary technology licensed from Seattle Genetics.</p> <p>GCC is a transmembrane receptor localized to the apical, but not the basolateral, membrane of epithelial tissues primarily in the colon. Malignant transformation results in loss of this anatomically privileged GCC expression profile and tumor, but not normal, tissue becomes accessible to systemically administered agents targeting GCC.</p> | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|--------------------------|--------------|-----------------|-----------------|----------------|
| MLN2480 | pan-Raf kinase inhibitor | Solid tumors | Not decided yet | Not decided yet | Oral |
| <p>[Mode of action / Supplemental]</p> <p>MLN2480 is a selective pan-Raf kinase inhibitor. The Raf kinases (A-Raf, B-Raf and C-Raf) are key regulators of cell proliferation and survival within the mitogen-activated protein kinase (MAPK) pathway. The MAPK pathway is frequently dysregulated in human cancers, often via activating mutations of Ras or Raf. Following treatment with MLN2480, significant antitumor activity was observed in both tumor xenograft models that had B-Raf^{V600E/D} mutations or were wild type for B-Raf. MLN2480 exhibited a promising preclinical profile and has potential to be a therapeutic agent for solid tumors.</p> | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|----------------------------|----------------------|--------------|-----------------|----------------|
| MT203 | GM-CSF monoclonal antibody | Rheumatoid arthritis | namilumab | Not decided yet | Injection |
| <p>[Mode of action / Supplemental]</p> <p>MT203 works by neutralizing GM-CSF (is a fully human monoclonal antibody neutralising Granulocyte macrophage colony-stimulating factor) signaling by binding the soluble cytokine. GM-CSF, a pro-inflammatory cytokine, has been shown to play a significant role in various autoimmune and inflammatory disease and supports development of MT203 for the treatment of moderate to severe rheumatoid arthritis (RA). Preclinical studies support the further investigation of MT203 in RA, and MT203 is currently in clinical P-I development</p> | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|---|----------------------------|--|-----------------|-----------------|----------------|
| Lu AA24530 | Multimodal anti-depressant | Major depressive and generalized anxiety disorders | Not decided yet | Not decided yet | Oral |
| <p>[Mode of action / Supplemental]</p> <p>In pre-clinical studies, Lu AA24530 has demonstrated activities as a multi-modal enhancer with reuptake inhibition at monoamine transporters, and antagonist activity at 5-HT₃ and 5-HT_{2c} receptors. In vivo rat studies have demonstrated that treatment with Lu AA24530 leads to increases in acetylcholine, noradrenaline, dopamine and 5-HT levels in brain regions that play a key role in the regulation of mood.</p> | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|---|-------------|--------------|-----------------|----------------|
| AMG 403 | Human monoclonal antibody against human Nerve Growth Factor (NGF) | Pain | fulranumab | Not decided yet | Injection |
| <p>[Mode of action / Supplemental]</p> <p>AMG403 is a human monoclonal antibody that has the specific capacity to neutralize the biologic actions of human NGF. NGF has been shown to contribute to persistent pain in a variety of animal models of inflammatory and neuropathic pain, and is known to be elevated in the knee joints of humans with chronic arthritis and possibly other chronic painful conditions in humans.</p> | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|--|----------------|--|-----------------|-----------------|----------------|
| ITI-214 | PDE1 inhibitor | Cognitive impairment associated with schizophrenia | Not decided yet | Not decided yet | Oral |
| <p>[Mode of action / Supplemental]</p> <p>ITI-214 potently inhibits the phosphodiesterase1 (PDE1) enzyme. The PDE1 inhibitor mechanism amplifies dopamine D1 receptor signaling in the prefrontal cortex of the brain, leading to improvement of cognition, and is unique compared to typical drugs for schizophrenia, most of which directly work on blocking dopamine receptors. PDE1 inhibitors including ITI-214 have been shown to enhance cognition in preclinical models.</p> | | | | | |

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|-----------------|-------------|--------------|---|----------------|
| - | PDE-4 inhibitor | COPD | roflumilast | DAXAS® (global) DALIRESP™, LIBERTEK® (EU) | Oral |

[Mode of action / Supplemental]

DAXAS is a first-in-class, once-daily orally administered selective phosphodiesterase 4 (PDE4) inhibitor. It is a non-steroid, anti-inflammatory agent designed to target both the systemic and pulmonary inflammation associated with COPD. The mechanism of action is the inhibition of PDE4, a major cyclic adenosine monophosphate (cAMP)-metabolising enzyme found in structural and inflammatory cells important to the pathogenesis of COPD. Inhibition of PDE4 increases intracellular cAMP and typically leads to an anti-inflammatory effect.

In clinical trials, roflumilast reduced exacerbations in patients with severe to very severe COPD independent of underlying treatment with long-acting bronchodilators or inhaled corticosteroids (ICS) and improved lung function (forced expiratory volume in one second [FEV1]) in a broad patient population.

Roflumilast was first approved in the EU in July 2010. In the US, roflumilast was approved in February 2011 and is marketed by Forest Laboratories under the brand name DALIRESP.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|---------------------------------|--------------|--------------------------|---|----------------|
| TCV-116 | Angiotensin II receptor blocker | Hypertension | candesartan cilexetil | BLOPRESS® (Jpn, EU, Asia), ATACAND® (US), AMIAS® (UK), KENZEN® (Fr), etc. | Oral |

[Mode of action / Supplemental]

TCV-116 lowers blood pressure by suppressing the effect of angiotensin II (A II), a hypertensive hormone, at the receptor level.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|-----------------|-----------------------------|--------------|------------|----------------|
| MEPACT | Immunostimulant | Non-metastatic osteosarcoma | mifamurtide | MEPACT® | Injection |

[Mode of action / Supplemental]

MEPACT is a first-in-class synthetic analog of muramyl dipeptide (MDP). MEPACT is a liposomal formulation specifically designed for in vivo targeting to macrophages by intravenous infusion.

[Additional indications/formulations]

| Development code | Drug Class | Indications or formulations | Generic name | Brand name | Administration |
|------------------|-----------------------|---|--------------|--|----------------|
| AG-1749 | Proton pump inhibitor | Helicobacter pylori eradication by concomitant therapy with amoxicillin hydrate and either clarithromycin or metronidazole, Fixed-dose combination with low-dose aspirin | lansoprazole | TAKEPRON® (Jpn), PREVICID® (US), OGASt® (EU) | Oral/Injection |

[Mode of action / Supplemental]

AG-1749 is a proton pump inhibitor having a potent inhibitory action on gastric secretion. It suppresses gastric acid secretion by inhibiting the proton pump within the gastric wall cells and exhibits an antiulcer action. The drug has already been launched as a therapeutic agent for peptic ulcers in approximately 90 countries worldwide.

| Development code | Drug Class | Indications or formulations | Generic name | Brand name | Administration |
|------------------|---------------------------|---|--------------|--------------|----------------|
| NE-58095 | Bone resorption inhibitor | Osteoporosis (Once-monthly formulation) | risedronate | BENET® (Jpn) | Oral |

[Mode of action / Supplemental]

Benet inhibits bone resorption by suppressing the function of osteoclastic cells. The once-monthly formulation is expected to enhance the convenience of administration for patients compared to a once-daily or a once-weekly formulation.

| Development code | Drug Class | Indications or formulations | Generic name | Brand name | Administration |
|------------------|----------------------------|-----------------------------------|--------------|---------------|----------------|
| - | Chloride channel activator | Opioid-Induced Constipation (OIC) | lubiprostone | AMITIZA® (US) | Oral |

[Mode of action / Supplemental]

Amitiza has a novel mechanism of action as a chloride channel activator, which causes an increase in intestinal fluid, and thereby increasing the passage of the stool and improving symptoms associated with chronic idiopathic constipation.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|---------------|--|---------------------|---|----------------|
| TAP-144-SR | LH-RH agonist | Prostate cancer, Premenopausal breast cancer (6-month formulation) | leuprorelin acetate | LEUPLIN (Jpn), LUPRON (US), ENANTONE, etc. (EU, Asia) | Injection |

[Mode of action / Supplemental]

TAP-144-SR is a long-acting LH-RH agonist product, and is marketed in over 80 countries world-wide. It is a standard treatment of prostate cancer. With one injection it is possible to provide treatment from one to six months in the EU. A 3-month formulation was authorized in Japan for prostate cancer in Aug 02 and for premenopausal breast cancer in Aug 05. A 6-month formulation was approved in EU and has entered P-III in Japan.

| Development code | Drug Class | Indications | Generic name | Brand name | Administration |
|------------------|----------------------|---|--------------|------------|----------------|
| - | Proteasome inhibitor | Front line mantle cell lymphoma, Relapsed diffuse large B cell lymphoma | bortezomib | VELCADE® | Injection |

[Mode of action / Supplemental]

VELCADE blocks the activity of proteasomes, which are enzymes found inside all human cells and necessary for their growth and survival. By inhibiting proteasomes activity, VELCADE causes a buildup of proteins, thereby inducing apoptosis/cell death. Proteasomes break down the resultant proteins which are created through the division and growth of cancer cells as well as other misfolded intracellular proteins. Proteasomes also break down the proteins that are responsible for angiogenesis and cell proliferation.

| Development code | Drug Class | Indications or formulations | Generic name | Brand name | Administration |
|------------------|--|--------------------------------|--------------|------------|----------------|
| AD4833/TOMM40 | Insulin sensitizer/ Biomarker assay | Alzheimer's disease prevention | - | - | Oral |

[Mode of action / Supplemental]

The TOMM40 biomarker, discovered by Zinfandel, is being developed to identify older adults at high risk of developing Alzheimer's disease within the subsequent five years. Takeda and Zinfandel will attempt to prospectively validate the TOMM40 biomarker as a test of individual risk, and will study pioglitazone in connection with the TOMM40 biomarker in the prevention of Alzheimer's disease.

■ Other alliance projects

| | | | | |
|---|--|----------------|---|-------------------------|
| TAK-799/TRM-1 | Licensed from: Human Genome Sciences, Inc. | Agreed: | Aug 2002 | |
| | | Stage: | Under preparation for clinical trials (Japan) | Territory: Japan |
| A complete human antibody relevant to TRAIL-R1 discovered by Human Genome Sciences, Inc. HGS is conducting P-II studies for multiple myeloma and non-squamous non-small cell lung cancer in the US. | | | | |

| | | | | |
|--|---|----------------|---------------------------------------|------------------------------|
| Kanda HPV vaccine | Licensed from: The Japan Health Sciences Foundation | Agreed: | October 2010 | |
| | | Stage: | Under preparation for clinical trials | Territory : Worldwide |
| Kanda human papillomavirus (HPV) vaccine has the potential to be effective against all high-risk HPV that are highly likely to cause cervical cancer. Since the coverage of high-risk HPV by conventional vaccines is not yet sufficient, Kanda HPV has the potential to become a universal vaccine. So far, it has been confirmed that the Kanda HPV vaccine has neutralizing activity against six variations of high-risk HPV that are often identified in cervical cancer patients. | | | | |

| | | | | |
|--|---|----------------|---|------------------------------|
| ITI-002 | Licensed from: Intra-Cellular Therapies, Inc. | Agreed: | February 2011 | |
| | | Stage: | ITI-214 has commenced Phase 1, and other assets are under preparation for clinical trials | Territory : Worldwide |
| Phosphodiesterase type 1 (PDE1) inhibitors discovered by Intra-Cellular Therapies for the treatment of cognitive impairment associated with schizophrenia. It has been shown that orally available, small molecule inhibitors of PDE1 restore dopamine signaling in neurons and enhance cognition in preclinical models. These compounds have potential to be treatments for a variety of psychiatric and neurological diseases. | | | | |

| | | | | |
|--|--|----------------|---------------------------------------|--------------------------|
| Fomepizole | Licensed from: Paladin Labs Inc. | Agreed: | May 2011 | |
| | | Stage: | Under preparation for clinical trials | Territory : Japan |
| Fomepizole is an alcohol dehydrogenase inhibitor. By inhibiting alcohol dehydrogenase, the ethylene glycol- or methanol-metabolizing enzyme, the drug controls the metabolization of the two substances, thereby preventing the production of poison-causing toxic metabolites. Based on its high affinity with alcohol dehydrogenase, fomepizole is used as standard treatment for ethylene glycol and methanol poisonings. | | | | |

■ Clinical study protocol summaries

All clinical study protocol summaries are disclosed on the English-language web-site (<http://www.takeda.com/c-t/>) and all clinical study protocol information in the Japanese-language is disclosed on the Japanese-language web-site (<http://www.takeda.co.jp/c-t/>).

We anticipate that this disclosure assure transparency of information on the clinical trials for the benefit of healthcare professionals, their patients and other stakeholders, which we believe will contribute to the appropriate use of Takeda's products worldwide.

■ Outcome studies

AD-4833 (1)

| Study title | PROactive (PROspective pioglitAZone Clinical Trial In macroVascular Events) | | |
|-------------|---|------------------|----------------|
| Outline | This is a study to investigate the preventive effects on the progression of macrovascular disease in type 2 diabetes patients. AD-4833 or placebo will be added to conventional oral anti-diabetic drugs for comparative purpose. Primary endpoints are cardiovascular events (death, heart attack, stroke, and below-knee amputation). | | |
| Place | 19 countries in Europe | Total population | 5,238 patients |
| Status | <p>Landmark data from the PROactive Study, presented at the 41st meeting of the European Association for the Study of Diabetes (EASD) in Athens (Sep 05) demonstrated that ACTOS[®] (pioglitazone HCl) significantly reduces the combined risk of heart attacks, strokes and death by 16% in high risk patients with type 2 diabetes. This study focused on two key endpoints: a primary combination endpoint of seven different macrovascular events of varying clinical importance; and a principal secondary combination endpoint of life-threatening events including death, heart attack and stroke. The study results were published in The Lancet in October 2005.</p> <p>The primary endpoint was reduced by 10% but had not reached statistical significance by study end (P=0.095). The principal secondary endpoint of life-threatening events showed that pioglitazone significantly reduced the risk of heart attacks, strokes and death by 16% (P=0.027).</p> <p>Results of new analyses found that ACTOS (pioglitazone HCl) significantly reduced the risk of recurrent stroke in high-risk patients with type 2 diabetes at the World Congress of Cardiology in Barcelona. According to the results, there were statistically significant benefits of ACTOS in patients who had suffered a prior stroke. The incidence of recurrent stroke was reduced by 47 percent (P=0.008) and the combined risk of death, MI or stroke was reduced by 28 percent (P<0.05).</p> <p>There was no effect of ACTOS on subsequent strokes in patients who had never experienced a stroke.</p> | | |

AD-4833 (2)

| Study title | CHICAGO (Carotid intima-media thickness in Atherosclerosis using pioGlitazOne) | | |
|-------------|---|------------------|--------------|
| Outline | CHICAGO is the largest and longest study to examine the effects of ACTOS on measures of the atherosclerotic disease process in patients with type 2 diabetes, by carotid intima-media thickness, or CIMT, that is defined as the thickness of the inner lining of a patient's carotid, or neck artery. | | |
| Place | US | Total population | 462 patients |
| Status | <p>Results from the clinical trial, CHICAGO were part of a late-breaker presentation at the American Heart Association's Scientific Sessions 2006. The study results were published in the JAMA (the Journal of the American Medical Association) in November 2006.</p> <p>The analysis demonstrated a statistically significant relative reduction in the progression of CIMT with ACTOS. According to the results, patients in the ACTOS arm showed a -0.001 mm change in arterial thickness from baseline versus an increase of 0.012 mm in the glimepiride arm, a total difference of 0.013 mm between the two arms (P=0.017). The results also showed a highly significant relative change in the maximum CIMT values, commonly considered a more indicative measure of overall treatment impact. The glimepiride-treated group showed a 0.026 increase, compared to a 0.002 increase in the ACTOS-treated group, resulting in a treatment difference of 0.024 (P=0.008).</p> <p>ACTOS provided significantly better glycemic control based on reductions in A1c levels, which in the ACTOS-treated group decreased by 0.33 percent versus the glimepiride group that saw a decrease of 0.01 percent, resulting in a -0.32 percent (P=0.002) difference between the two arms.</p> <p>Adjudicated cardiac events, composite endpoints of non-fatal myocardial infarction (MI), non-fatal stroke and death, showed no events in the ACTOS arm (n=230) and 2 events in the glimepiride arm (n=228).</p> <p>ACTOS decreased triglyceride levels by 13.5 percent versus an increase of 2.1 percent with glimepiride (P=0.001), and increased HDL-C levels by 12.8 percent versus a decrease of 1.1 percent with glimepiride (P=0.001). Both treatment arms increased in LDL-C levels: 5.8 percent with ACTOS compared to 1 percent with glimepiride (P=0.12).</p> | | |

AD-4833 (3)

| Study title | PERISCOPE (Pioglitazone Effect on Regression of Intravascular Sonographic Coronary Obstruction Prospective Evaluation) | | |
|-------------|--|------------------|--------------|
| Outline | PERISCOPE is the first clinical trial to examine the effects of an oral antidiabetic medication on the development of coronary atherosclerosis in patients with type 2 diabetes using IVUS technology. | | |
| Place | US, Canada, Latin America | Total population | 543 patients |
| Status | <p>The PERISCOPE trial was presented as a late breaker at the 57th Annual Scientific Session of the American College of Cardiology in Chicago in 2008. This trial demonstrated that ACTOS slows progression and reductions in atheroma volume which is a marker of coronary atherosclerosis. This trial adds to the body of cardiovascular data for ACTOS. ACTOS studies, conducted over the past 10 years in more than 16,000 patients, including short- and long-term trials, as well as prospective and observational studies, have shown no evidence that ACTOS is associated with an increased risk of heart attack, stroke, or death. The study results were published in the JAMA (the Journal of the American Medical Association) in March 2008.</p> <p>The analysis demonstrated a statistically significant difference in percent change in coronary artery atheroma volume in favor of ACTOS treatment compared to glimepiride treatment. The data showed that patients treated with glimepiride, a sulfonylurea and commonly used diabetes medication, exhibited progression of coronary atherosclerosis. In contrast, the ACTOS arm showed no progression of coronary atherosclerosis over the 18-month period from the initial baseline measurement</p> <p>Cardiovascular safety data was collected by looking at macrovascular events and episodes of congestive heart failure (CHF). The number of episodes of a common cardiovascular endpoint of cardiovascular mortality, non-fatal MI, or non-fatal stroke was 6 (2.2%) in glimepiride patients and 5 (1.9%) in ACTOS-treated patients. The number of hospitalizations due to CHF were equivalent in both arms. In the ACTOS-treated group, more patients were experienced a bone fracture than in glimepiride-treated group and in glimepiride there could be seen more patients with hypoglycemia and angina than in the ACTOS-treated group.</p> | | |

TCV-116 (1)

| Study title | CHARM (Candesartan in Heart failure Assessment of Reduction in Mortality) | | |
|-------------|---|------------------|----------------|
| Outline | This study was conducted to evaluate the clinical benefits of candesartan in patients with heart failure. | | |
| Place | Around 26 countries | Total population | 7,601 patients |
| Status | <p>Data presented at the European Society of Cardiology (ESC) annual meeting in August 2003 demonstrated that candesartan could reduce both cardiovascular deaths as well as hospital admissions for heart failure, across a broad spectrum of patients with chronic heart failure. CHARM consists of following three studies.</p> <p>CHARM-Alternative: (Candesartan vs. Placebo) Patients: LVEF \leq40% or lower, intolerance to ACE-I In patients who were not taking ACE-inhibitors due to previous intolerance, candesartan significantly reduced the risk of cardiovascular death or hospital admissions for chronic heart failure, with an overall risk reduction of 23% ($p < 0.0004$).</p> <p>CHARM-Added: (Candesartan + conventional therapy vs. Conventional therapy) Patients: LVEF 40% or lower In patients that were prescribed conventional therapy for chronic heart failure including an ACE inhibitor, candesartan demonstrated additional mortality and morbidity benefits. Candesartan significantly reduced the risk of cardiovascular death or hospital admissions for chronic heart failure by 15% ($P = 0.011$).</p> <p>CHARM-Preserved: (Candesartan vs. Placebo) Patients: LVEF higher than 40% The results showed that 11% risk reduction in favor of candesartan ($P = 0.118$). There was also a significant 40% reduction in the number of patients diagnosed with new onset diabetes (47 vs. 77; $P = 0.005$).</p> <p>Pooled analysis of the three studies showed that candesartan provided a significant reduction in cardiovascular death ($P = 0.012$) and also demonstrated a positive trend in the overall reduction in all cause mortality ($P = 0.055$). Interestingly, it also demonstrated a significant 22% reduction in onset of new diabetes, with 163 new cases of diabetes on candesartan compared with 202 on placebo.</p> <p>*LVEF: Left Ventricular Ejection Fraction. LVEF is a clinical indicator to evaluate degree of heart failure (Normal 60%-70%) *Cardiovascular death: death of stroke, myocardial infarction</p> | | |

TCV-116 (2)

| Study title | DIRECT (DIabetic REtinopathy Candesartan Trial) | | |
|-------------|---|------------------|----------------|
| Outline | The world's first large scale clinical study to investigate prevention/treatment efficacy on diabetic retinopathy (candesartan vs. placebo) | | |
| Place | 30 countries | Total population | 5,231 patients |
| Status | <p>Data from the DIRECT Programme, the first large-scale study programme assessing the effect of treatment with an angiotensin receptor blocker (ARB) on the incidence and progression of diabetic eye complications, was presented at the European Association of the Study of Diabetes (EASD) congress in Rome in September 2008. The data show a strong trend in favour of treatment with candesartan 32mg in reducing the incidence of diabetic retinopathy in Type 1 diabetes patients, although not statistically significant, and a significant increase in regression of diabetic retinopathy in Type 2 diabetes patients.</p> <p>Study 1 'DIRECT-Prevent 1' ($n = 1,421$) studied the effect of candesartan on the incidence of retinopathy (primary endpoint) in normotensive, normoalbuminuric Type 1 diabetes patients. In Type 1 patients with no signs of diabetic retinopathy at baseline, candesartan caused an 18% reduction in the incidence of diabetic retinopathy as measured by 2-step change on the Early Treatment of Diabetic Retinopathy Study (ETDRS) scale (primary endpoint, $p = 0.0508$), but a 35% reduction for 3-step change (post-hoc analysis, $p = 0.003$).</p> <p>Study 2 'DIRECT-Protect 1' ($n = 1,905$) studied the effect of candesartan on the progression of retinopathy (primary endpoint) in normotensive, normoalbuminuric Type 1 diabetes patients already affected by retinopathy. In the Type 1 diabetic patients with retinopathy at baseline there were no differences in the results in progression of retinopathy between the two treatment groups ($p = 0.85$).</p> <p>Study 3 'DIRECT-Protect 2' ($n = 1,905$) studied the effect of candesartan on the progression of retinopathy (primary endpoint) in normoalbuminuric, normotensive or treated hypertensive, Type 2 diabetes patients with retinopathy. Treatment with candesartan also reduced the risk of progression of retinopathy by 13% over placebo in Type 2 diabetes patients, primary endpoint, $p = 0.2$. However, in these Type 2 diabetes patients with relatively early signs of diabetic retinopathy, candesartan increased the probability of regression of retinopathy by 34% compared with placebo (pre-defined secondary endpoint, $p = 0.009$).</p> | | |

TCV-116 (3)

| Study title | CASE-J (Candesartan Antihypertensive Survival Evaluation in Japan) | | |
|-------------|---|------------------|----------------|
| Outline | Large scale clinical study of high-risk hypertensive patients in Japan | | |
| Place | Japan | Total population | 4,728 patients |
| Status | <p>This is the first large-scale outcome study in Japan comparing BLOPRESS[®], (generic name: candesartan cilexetil), angiotensin receptor blocker and amlodipine, a calcium antagonist, both of which are the most frequently prescribed medicines in Japan in each class. In the study, the incidences of cardiovascular (CV) events in 4,728 Japanese patients with high-risk hypertension were compared in the two treatment groups for 3 years or longer.</p> <p>BLOPRESS reduced all-cause mortality by 15% compared with amlodipine, although this difference was not statistically significant. In obese patients with hypertension, in particular, BLOPRESS significantly reduced all-cause mortality by 49% compared to amlodipine ($P = 0.045$). <Secondary endpoint></p> <p>BLOPRESS significantly reduced new onset of diabetes by 36% compared to amlodipine ($P = 0.030$). Stratified analysis revealed that this effect was conspicuous, particularly in obese patients with higher body mass index.</p> | | |

TCV-116 (4)

| Study title | HIJ-CREATE (The Heart Institute of Japan-Candesartan Randomized trial for Evaluation in Coronary Artery Disease) | | |
|-------------|--|------------------|----------------|
| Outline | Large-scaled outcome study with coronary artery disease patients with hypertension | | |
| Place | Japan | Total population | 2,049 patients |
| Status | <p>During the American Heart Association's Scientific Session 2007, held at Orlando, Miami, the results of the HIJ-CREATE study ("CREATE study") were presented in late-breaking clinical trials session.</p> <p>This is a large-scaled outcome study with coronary artery disease patients with hypertension in Japan, comparing the reduction of incidence of major adverse cardiovascular events ("MACE") between therapy with BLOPRESS and that with non-ARB standard therapy, and the total number of patients is 2,049.</p> <ul style="list-style-type: none"> Reduction of incidence of MACE in patients with impaired renal function <p>BLOPRESS showed 21% reduction in incidence of MACE as compared to the non-ARB standard therapy. ($P = 0.039$)</p> <ul style="list-style-type: none"> The new onset rates of diabetes mellitus <p>The new onset rate with BLOPRESS and non-ARB standard therapy are 1.1% and 2.9% respectively. ($P = 0.027$)</p> | | |

Research Activities

■ Main joint research activities

(1) Joint researches with domestic research organizations and companies

| Partner | Research subject | Schedule |
|--|---|---------------|
| Kirin Brewery Company Ltd. (Now Kyowa Hakko Kirin Ltd.) | Licensing-in of the human antibody technology | 2003/7- |
| Kyoto University | Research collaboration for basic and clinical research project of discovering treatments for obesity and schizophrenia based on CNS control | 2011/1-2016/3 |
| Osaka University | Joint research on development of platform for practical application and commercialization of nano-particle vaccines | 2012/2-2015/1 |

(2) Joint research with overseas research organizations and companies

| Partner | Country | Research subject | Schedule |
|--|-----------|--|--|
| Oxford Centre for Diabetes, Endocrinology and Metabolism | UK | Partnership with Oxford Diabetes Centre | 2002/4- |
| XOMA Ltd. | US | Joint research on discovery, development and production technologies of monoclonal antibody | 2006/11- |
| LG Life Sciences | S. Korea | Joint collaboration on anti-obesity drugs | 2007/3-2012/8 |
| Alnylam Pharmaceuticals, Inc. | US | Collaboration for Discovery and Development of RNAi Therapeutics | 2008/5-2013/5 |
| Seattle Genetics | US | Research collaboration on Antibody-Drug Conjugate | 2009/3- |
| University of Washington | US | Joint collaboration on anti-obesity drugs | 2009/3-2013/3 |
| CellCentric | UK | Exclusive licensing of one of the CellCentric's epigenetics projects for the development and commercialization in oncology field | 2010/2- |
| Dimerix | Australia | Research collaboration on searching of GPCR for development of products | 2010/3- |
| BC Cancer Agency | Canada | Research collaboration for discovery of novel candidate targets for cancer treatment | 2010/3-2013/3 |
| University College London | UK | Research collaboration on development of novel cancer treatment | 2010/3-2014/3 |
| University College London | UK | Research collaboration in ophthalmologic disease | 2010/3-2013/3 |
| Metabolex, Inc. | US | Research collaboration on evaluation and validation of protein targets for development of biological products | 2010/4-2013/3 |
| Sage Bionetworks | US | Research collaboration on discovering effective therapeutic targets for Central Nervous System (CNS) disease | 2010/11-2014/11 |
| Florida Hospital, Sanford-Burnham Medical Research Institute | US | Research collaboration to target obesity | 2010/12-2015/2 |
| Zinfandel Pharmaceuticals | US | Licensing Agreement for Alzheimer's Disease Biomarker TOMM40 for the risk of Alzheimer's disease | 2010/12- |
| Heptares Therapeutics | UK | Drug discovery collaboration focused on GPCR linked to CNS disorders | 2011/4-2013/3 |
| Samyang Corporation | S. Korea | Joint research on novel DDS platform technology for RNAi therapeutics | 2011/4-2013/3 |
| Structural Genomics Consortium | Canada | Participation in consortium to advance basic research on selected drug targets based on three-dimensional structures of human proteins | 2011/7-2015/6 *Takeda joined 2012/4 |
| BC Cancer Agency | Canada | Research collaboration to explore new drug targets based on gene analysis | 2012/8-2015/7 |
| Advinus Therapeutics | India | Discovery collaboration focused on novel targets for major therapeutic areas, including Inflammation, CNS, and Metabolic diseases | 2012/10-2015/9 |
| Resolve Therapeutics | US | Collaboration to develop compounds for the treatment of Systemic Lupus Erythematosus (SLE) | 2013/2- |