Corporate Overview

February 2018
Forward-Looking Statements

This presentation, in addition to historical information, contains certain forward-looking statements made pursuant to the Private Securities Litigation Reform Act of 1995. Such statements may involve significant risks and uncertainties, and actual results could differ materially from those expressed or implied herein. Factors that could cause such differences include, but are not limited to, new product development (including clinical trials outcome and regulatory requirements/actions); competitive risks to marketed products; forecasts of future operating results; availability of required financing and other sources of funds on acceptable terms, if at all; as well as those discussed in the Company's filings with the Securities and Exchange Commission.
New Vision For Value Creation

Become a fully-integrated biopharmaceutical company focused on the development and commercialization of our unique ADC platform in order to maximize value for all stakeholders

1. Bring sacituzumab govitecan to market
   - Initially focused on mTNBC in the 3rd line setting

2. Develop plans to expand sacituzumab govitecan commercially beyond mTNBC

3. Pursue strategic opportunities for sacituzumab govitecan clinical and regional partnerships

4. Prioritize earlier product candidates in clinical pipeline, focused on our ADC platform
First-in-class Antibody-Drug Conjugate Platform

Potential to address approximately 90% of all human cancers

Suite of Humanized Antibodies for Creating ADCs
1. hRS7, used in sacituzumab govitecan, targets Trop-2 for solid cancers
2. Labetuzumab, used in IMMU-130, targets CEACAM5 for colorectal cancer
3. IMMU-114, used in IMMU-140, targets HLA-DR for solid and liquid cancers

SN-38 Payload
1. SN-38 more potent than parent compound, irinotecan
2. ADC delivers up to 136-fold more SN-38 than irinotecan in vivo

Linker for SN-38
1. Hydrolysable linker for payload release
2. High drug-to-antibody ratio (7.5:1)
Sacituzumab Govitecan, an Antibody-Drug Conjugate for Targeted Drug Delivery to Solid Cancers

1. **Target:** Trop-2
   - Pan-epithelial cancer antigen with broad expression in many different cancers
   - ≥80% of patients have moderate to strong expression by immunohistochemistry
   - Internalizes upon antibody binding - ideal target for drug delivery with antibody-drug conjugates

2. **Antibody:** Humanized RS7-3G11
   - Binds human breast, lung, colon, renal, prostate, urothelial, and many other solid cancers
Current Therapies Used to Treat mTNBC

Most commonly-used chemotherapies were introduced more than 25 years ago

- **Cyclophosphamide**: Approved in 1959
- **Doxorubicin**: Approved in 1974
- **Carboplatin**: Approved in 1986
- **Docetaxel**: Approved in 1995
- **Cisplatin**: Approved in 1978
- **Paclitaxel**: Approved in 1993

**mTNBC ranks among the highest unmet medical needs in Oncology today**
## Current SOC* for mTNBC Provides Limited Benefit

<table>
<thead>
<tr>
<th>Drug</th>
<th>Phase</th>
<th>N</th>
<th>Population</th>
<th>ORR (%)</th>
<th>PFS (mos)</th>
<th>OS (mos)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st line treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboplatin&lt;sup&gt;1&lt;/sup&gt;</td>
<td>3</td>
<td>188</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; line</td>
<td>31</td>
<td>3.1</td>
<td>12.4</td>
</tr>
<tr>
<td>Docetaxol&lt;sup&gt;1&lt;/sup&gt;</td>
<td>3</td>
<td>188</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; line</td>
<td>36</td>
<td>4.5</td>
<td>12.3</td>
</tr>
<tr>
<td>Cisplatin/Carboplatin&lt;sup&gt;2&lt;/sup&gt;</td>
<td>2</td>
<td>86</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; line (80.2%)</td>
<td>25.6</td>
<td>2.9</td>
<td>11.0</td>
</tr>
<tr>
<td><strong>&gt;1st line treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ixabepilone&lt;sup&gt;3&lt;/sup&gt;</td>
<td>2 (pooled analysis)</td>
<td>60</td>
<td>Resistant to anthracycline, cyclophosphamide &amp; taxane only</td>
<td>6 - 17</td>
<td>1.6 - 2.7</td>
<td>--</td>
</tr>
<tr>
<td>Capecitabine&lt;sup&gt;3&lt;/sup&gt;</td>
<td>3 (pooled analysis)</td>
<td>208</td>
<td>Prior or resistant to anthracycline &amp; taxane</td>
<td>15</td>
<td>1.7</td>
<td>--</td>
</tr>
<tr>
<td>Eribulin&lt;sup&gt;4&lt;/sup&gt;</td>
<td>3 (pooled analysis)</td>
<td>199</td>
<td>&gt; 1 prior chemo</td>
<td>11</td>
<td>2.8</td>
<td>12.4</td>
</tr>
</tbody>
</table>

* Includes breast cancer drugs with data from Phase 2/3’s with minimum mTNBC sample size ≥ 60; ORR and PFS data
Until progression or unacceptable toxicity

Single Arm, Open-Label Study Design

Metastatic TNBC (ASCO/CAP guidelines)

\[ N = 110 \]

Sacituzumab govitecan
10 mg/kg
Days 1 and 8,
every 21 days
Scanned every 8 weeks

Until progression or unacceptable toxicity

Key eligibility criteria
1. Adults, ≥18 years of age
2. ECOG 0-1
3. ≥2 prior therapies in metastatic setting or >1 therapy if progressed within 12 months of (neo)adjuvant therapy
4. Prior taxane therapy
5. Measurable disease

Evaluations
1. Response evaluation by investigators
2. Blinded independent central review of all CRs, PRs, and ≥20% tumor reductions
3. Other evaluations: safety, immunogenicity, Trop-2 expression
Patient Disposition and Treatment

**Metastatic TNBC ≥3rd line**

- **N = 110**
  - **66 died**
  - **30 in long-term follow-up***
  - **14 still on treatment**


2. Patients received a median of 14.5 doses (range: 1-88) over a median duration of 4.9 months (range: 0.2-32.1)

* Includes 2 patients who were lost to follow up
### Demographics and Patient Characteristics

<table>
<thead>
<tr>
<th></th>
<th>N = 110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female/Male, n</td>
<td>109/1</td>
</tr>
<tr>
<td>Median age, years (range)</td>
<td>55 (31-81)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>75%</td>
</tr>
<tr>
<td>Black</td>
<td>7%</td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
<tr>
<td>Not specified</td>
<td>10%</td>
</tr>
<tr>
<td>ECOG performance status</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>30%</td>
</tr>
<tr>
<td>1</td>
<td>70%</td>
</tr>
<tr>
<td>Median time from metastatic disease to study entry, years (range)</td>
<td>1.5 (0.2-9.8)</td>
</tr>
<tr>
<td>&gt;3rd line for metastatic disease</td>
<td></td>
</tr>
<tr>
<td>3rd line*</td>
<td>100%</td>
</tr>
<tr>
<td>&gt;4th line</td>
<td>41%</td>
</tr>
</tbody>
</table>

#### Prior chemotherapy drugs**

<table>
<thead>
<tr>
<th>Drugs</th>
<th>N = 110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxanes</td>
<td>98%</td>
</tr>
<tr>
<td>Anthracyclines</td>
<td>86%</td>
</tr>
<tr>
<td>Cyclophosphamide</td>
<td>85%</td>
</tr>
<tr>
<td>Platinum agents</td>
<td>75%</td>
</tr>
<tr>
<td>Gemcitabine</td>
<td>57%</td>
</tr>
<tr>
<td>Fluoropyrimidine agents</td>
<td>51%</td>
</tr>
<tr>
<td>Eribulin</td>
<td>45%</td>
</tr>
<tr>
<td>Vinorelbine</td>
<td>15%</td>
</tr>
</tbody>
</table>

#### Prior checkpoint inhibitors

<table>
<thead>
<tr>
<th>N = 110</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
</tr>
</tbody>
</table>

#### Sites of metastatic disease at study entry***

<table>
<thead>
<tr>
<th>Sites</th>
<th>N = 110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung/mediastinum</td>
<td>58%</td>
</tr>
<tr>
<td>Liver</td>
<td>46%</td>
</tr>
<tr>
<td>Bone</td>
<td>45%</td>
</tr>
<tr>
<td>Chest wall</td>
<td>24%</td>
</tr>
</tbody>
</table>

* 2 patients who progressed within 12 months of (neo)adjuvant therapy only received one line in the metastatic setting; ** Used in >10% patients; *** Metastatic sites reported in >20% patients
1. Adverse events were managed with supportive medication or dose modifications
   – 25% of patients had dose modifications predominantly to 7.5 mg/kg
2. Two patients (1.8%) discontinued due to adverse events (grade 3 transient infusion reaction/grade 2 fatigue)
3. There were no treatment-related deaths

<table>
<thead>
<tr>
<th>Body system</th>
<th>Adverse event</th>
<th>All grades</th>
<th>Grade 3 or 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematologic</td>
<td>Neutropenia</td>
<td>63%</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>Febrile neutropenia</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Anemia</td>
<td>52%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Leukopenia</td>
<td>24%</td>
<td>14%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>Nausea</td>
<td>63%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Diarrhea</td>
<td>56%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
<td>46%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Constipation</td>
<td>32%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>Fatigue</td>
<td>50%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Alopecia</td>
<td>36%</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Decreased appetite</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Hyperglycemia</td>
<td>23%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Hypomagnesemia</td>
<td>21%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Hypophosphatemia</td>
<td>15%</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Includes all events >20% (all grades) or >5% (grade 3 or 4); NA = not applicable*
Tumor Response to Treatment

1. Clinical benefit rate (CR+PR+SD ≥6 months) = 45% (50/110)
2. 74% (75/102) of patients with at least one CT response assessment had reduction of target lesions (sum of diameters)
3. 102 patients had ≥1 scheduled CT response assessment, 8 patients withdrew prior to assessment (4 PD, 4 MRI brain metastasis)

*Patients with at least 20% tumor reduction (n = 56) were reviewed; **Confirmed objective response rate per RECIST; ***Waterfall is based on local assessment; BICR = Blinded Independent Adjudicated Central Review.
**Response Onset and Durability (n=37)**

1. **Median time to onset of response:**
   2.0 months (range: 1.5 - 13.4)

2. **9 long-term responders were progression free for >1 year from start of treatment (4 responders >2 years)**

3. **12 patients were still receiving sacituzumab govitecan at time of data cutoff, June 30, 2017**

### Table

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>BICR^*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median duration of response, months (95% CI)</td>
<td>7.6 (4.8, 11.3)</td>
<td>9.1 (4.1, 14.3)</td>
</tr>
</tbody>
</table>

*Patients with at least 20% tumor reduction (n = 56) were reviewed; BICR = Blinded Independent Adjudicated Central Review.*
Time on Treatment for All Patients (N = 110)

- **Last Prior Treatment**: The time on treatment calculated as last dose date – first dose date. If more than 1 agent is used in the last prior regimen, the time of the last prior treatment is taken as the longest time for any agent used.

- **Sacituzumab Govitecan**: Time on treatment calculated as (date off study or data cut off date of June 30, 2017) – first dose date.
Progression-free and Overall Survival*

**Progression-free survival**

- Median (95% CI): 5.5 months (4.8, 6.6)
- 85/110 (77%) number of events

**Overall survival**

- Median (95% CI): 12.7 months (10.8, 13.6)
- 71/110 (64%) deaths reported

* Based on local assessment
Response to Sacituzumab Govitecan in Subgroups*

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>ORR, % (n/N)</th>
<th>Subgroup</th>
<th>ORR, % (n/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>34% (37/110)</td>
<td>Visceral involvement at study entry</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td><strong>Yes</strong></td>
<td>30% (26/88)</td>
</tr>
<tr>
<td>&lt;55</td>
<td>37% (20/54)</td>
<td><strong>No</strong></td>
<td>50% (11/22)</td>
</tr>
<tr>
<td>≥55</td>
<td>30% (17/56)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Onset of metastatic disease</strong></td>
<td></td>
<td><strong>Trop-2 IHC (n = 62)</strong></td>
<td></td>
</tr>
<tr>
<td>&lt;1.5 years</td>
<td>29% (16/55)</td>
<td>0-1 (weak, absent)</td>
<td>0% (0/5)</td>
</tr>
<tr>
<td>≥1.5 years</td>
<td>38% (21/55)</td>
<td>2-3 (moderate, strong)</td>
<td>40% (23/57)</td>
</tr>
<tr>
<td><strong>Prior regimens for metastatic disease</strong></td>
<td></td>
<td><strong>No Trop-2 IHC available</strong></td>
<td></td>
</tr>
<tr>
<td>3rd line</td>
<td>36% (16/45)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥4th line</td>
<td>32% (21/65)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prior checkpoint inhibitors</strong></td>
<td></td>
<td></td>
<td>47% (9/19)</td>
</tr>
</tbody>
</table>

* Based on local assessment
Conclusions

1. Sacituzumab govitecan demonstrated significant clinical activity as a single agent in heavily pretreated patients with relapsed/refractory mTNBC
   - Confirmed ORR*: 34%
   - Clinical benefit rate (6 months)*: 45%
   - The responses were durable (estimated median duration of response was 7.6 months based on local assessment)
   - All data consistent with central review

2. Results suggest that sacituzumab govitecan has a predictable and manageable safety profile

3. Additional studies including rational combinations are currently being evaluated for mTNBC and other breast cancer subsets

*Based on local assessment
ASCENT Phase 3 Study Overview

Metastatic TNBC
Refractory/relapsed after ≥2 prior SOC chemotherapies for advanced disease
OR
>1 therapy for patients who progressed within 12 months of completion of (neo)adjuvant therapy

N = 328

Stratification Factors
• No. of prior therapies
• Geographic region
• Presence/absence of known brain metastasis

Sacituzumab govitecan (IMMU-132)
10 mg/kg IV, days 1 and 8 every 21 days

Treatment of physician choice
• Capecitabine
• Eribulin
• Gemcitabine
• Vinorelbine

Continue treatment until progression

Primary Endpoint
• PFS (Blinded Independent Central Read)

Secondary Endpoint
• Overall Survival

1. Clinical trials number: NCT02574455
2. Now enrolling in the US; European enrollment to begin in first half of 2018
Key Business Objectives for 2018

1. **Submit BLA for Accelerated Approval in mTNBC**
   - By the end of May 2018

2. **Continue confirmatory Phase 3 study in mTNBC**
   - First patient dosed in November 2017 in the U.S.

3. **Continue CMC preparations for commercial launch**
   - Pre-approval inspection activities continue
   - Commercial drug manufacturing continues

4. **Develop sacituzumab govitecan lifecycle plan**
   - Broaden footprint in mTNBC and mBC
   - Pursue fast to market opportunity in UC, evaluate NSCLC opportunity
   - Phase 2 signal seeking monotherapy studies in advanced prostate, ovarian, and head and neck cancers
   - Phase 1/2 combination studies with PARP- and checkpoint-inhibitors

5. **Build out Company leadership team**
   - Build commercial and medical affairs infrastructure for sacituzumab govitecan launch in the U.S.
# Timelines for Accelerated Approval in mTNBC

<table>
<thead>
<tr>
<th>Approval Needs</th>
<th>Q1 2018</th>
<th>Q2 2018</th>
<th>Q3 2018</th>
<th>Q4 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CMC</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Antibody Second Source: CMO Selection to Commercial Scale-Up; sBLA anticipated early 2019</td>
<td>Validation by Spring-to-Summer 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inspection Readiness, PAI</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical</strong></td>
<td></td>
<td></td>
<td>Phase 3 TNBC Enrollment</td>
<td></td>
</tr>
<tr>
<td><strong>Regulatory</strong></td>
<td>BLA Submission</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>European filing strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Commercial</strong></td>
<td></td>
<td></td>
<td>Commercial planning, preparedness, staffing</td>
<td></td>
</tr>
</tbody>
</table>

*Immunomedics*
Building a Best-in-Class Commercial Organization

Q1 2018
1. Fill critical marketing & operations positions
2. Launch-Readiness-Review process fully operational
3. Distribution & channel strategy initiated

Q2 2018
1. Brand positioning & creative development complete
2. Payer research & pricing strategy initiated
3. Hire experienced oncology sales leadership team

2H 2018
1. Hire and train experienced oncology field force
2. Go-to-market strategy and tactics finalized
3. Full launch readiness by Q4 2018
Building a Blockbuster Brand in Oncology

1. Establish foothold in mTNBC as first and only ADC approved in this area of high unmet need

2. Build foundational therapy in TNBC, mBC and UC across treatment lines

3. Expand to other solid tumors that express Trop-2 and are sensitive to irinotecan
Strong Patent Protection for Sacituzumab Govitecan

1. 37 issued U.S. and 22 foreign patents
   - Covering composition of matter, synthesis and uses

2. IP coverage through 2033 (plus potential term extension up to 5 years) protecting
   - Methods of treating cancer over broad range of dosages
   - Methods of production, and certain combination therapies
   - Composition of matter patents expire in 2023 in the U.S., and in 2029 in Europe

3. Patent applications prosecuted in all major countries
   - Patents issued in Australia, Canada, China, Europe, Israel, Japan, Mexico and South Korea
$250 Million Agreements with Royalty Pharma

1. Terms of Royalty Funding & Stock Purchase Agreements include
   - Royalty Pharma acquiring royalty rights on global net sales of sacituzumab govitecan across all indications
     a) Royalty Rate starts at 4.15% and tiers down to 1.75% based on annual sales exceeding $6 billion
   - Immunomedics receiving
     a) $175 million upfront cash payment
     b) $75 million in equity investment at $17.15 per share, a >15% premium over a 15-day trailing average closing price

2. Mutually beneficial transaction further advances sacituzumab govitecan

3. Transaction will provide sufficient cash to fund operations into 2020
# Sufficient Cash Runway to Pursue Strategic Priorities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash balance as of 12/31/2017</td>
<td>$140</td>
<td>Million</td>
</tr>
<tr>
<td>Gross cash proceed from Royalty Pharma*</td>
<td>$250</td>
<td>Million</td>
</tr>
<tr>
<td>Pro forma cash balance as of 12/31/2017</td>
<td>$390</td>
<td>Million</td>
</tr>
<tr>
<td>Debt (convertible senior notes)</td>
<td>$20</td>
<td>Million</td>
</tr>
<tr>
<td>Pro forma shares outstanding (fully diluted)</td>
<td>165 (191)</td>
<td>Million</td>
</tr>
</tbody>
</table>

Data as of December 31, 2017, * Royalty Pharma agreements on January 7, 2018
### Broad Pipeline of Antibody-Based Therapies

#### First-in-Class Antibody-Drug Conjugate (ADC) Programs
- **Sacituzumab govitecan/IMMU-132 (anti-Trop-2-SN-38 ADC)**
  - Metastatic triple-negative breast cancer
  - FDA granted BTD
- **Labetuzumab govitecan/IMMU-130 (anti-CEACAM5-SN-38 ADC)**
  - Metastatic colorectal cancer
- **IMMU-140 (anti-HLA-DR-SN-38 ADC)**
  - Metastatic solid tumor cancers (breast/urothelial/lung/endometrial)
  - Solid and liquid cancers

#### Other Product Candidates
- **Epratuzumab (anti-CD22)** for pediatric acute lymphoblastic leukemia*
- **Veltuzumab (anti-CD20)** for cancer and autoimmune diseases
- **Milatuzumab (anti-CD74)** for autoimmune diseases
- **IMMU-114 (anti-HLA-DR)** for hematologic malignancies
- **(E1)-3s (T-cell-redirecting bispecific antibody)**

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* The International clinical trial on childhood relapsed acute lymphoblastic leukemia (IntReALL) is funded by the European Commission.
A Vision With Patients In Full Focus

Become a fully-integrated biopharmaceutical company focused on the development and commercialization of our unique ADC platform in order to maximize value for all stakeholders.
Backup slides
Clinical Response to Sacituzumab Govitecan

1. Patient with mTNBC seen for management of fungating chest-wall/axillary mass

2. 7 prior regimens for MBC including carboplatin, capecitabine, doxorubicin, paclitaxel, vinorelbine, Ixabepilone, and eribulin

Pretreatment

After 2 cycles

Lesion size reduced from 110x73 mm to 77x46 mm

On treatment
# Sacituzumab Govitecan Additional Efficacy Data

## Patients with at least one post-treatment response evaluation

<table>
<thead>
<tr>
<th>Cancer Type¹</th>
<th>Number of Patients</th>
<th>Confirmed % ORR²</th>
<th>DOR</th>
<th>PFS³</th>
<th>OS³</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medians (months / 95% CI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TNBC</td>
<td>110</td>
<td>34%</td>
<td>7.6 (4.8 – 11.3)</td>
<td>5.5 (4.8 – 6.6)</td>
<td>12.7 (10.8 – 13.6)</td>
</tr>
<tr>
<td>UC</td>
<td>41</td>
<td>34%</td>
<td>12.6 (7.5 – 12.9)</td>
<td>7.1 (5.0 – 10.7)</td>
<td>16.1 (10.5 – 17.2)</td>
</tr>
<tr>
<td>SCLC</td>
<td>50</td>
<td>14%</td>
<td>5.7 (3.6 – 19.9)</td>
<td>3.7 (2.1 – 4.3)</td>
<td>7.5 (6.2 – 8.8)</td>
</tr>
<tr>
<td>NSCLC</td>
<td>47</td>
<td>19%</td>
<td>6.0 (4.8 – 8.3)</td>
<td>5.2 (3.2 – 7.1)</td>
<td>9.5 (5.9 – 16.7)</td>
</tr>
</tbody>
</table>

¹ TNBC = triple-negative breast, UC = urothelial, SCLC = small-cell lung, NSCLC = non-small-cell lung cancer

² Objective response rate (%ORR) = (complete response + partial response)/number of patients

³ Based on number of intention-to-treat patients of 110, 41, 50 and 54 for TNBC, UC, SCLC and NSCLC, respectively

Sacituzumab Govitecan Best Response in mUC (N=41)

Confirmed ORR (RECIST 1.1) = 34%
Median # prior therapies = 3 (range, 1 – 6)

- Complete response
- Partial response
- Stable disease
- Progression

Prior checkpoint inhibitor Tx

Presented at ESMO 2017 Congress
Sacituzumab Govitecan Best Response in mSCLC (N=50)

Confirmed ORR (RECIST 1.1) = 14%

Median # prior therapies = 2 (range, 1 – 7)

43/50 response assessable pts who completed 1 treatment cycle are represented
7 pts did not complete 1 treatment cycle and did not have a CT-response assessment

Clinical Cancer Research 23(19):5711-5719, 2017
Sacituzumab Govitecan Best Response in mNSCLC (N=47)

Confirmed ORR (RECIST 1.1) = 19%

Median # prior therapies = 3 (range, 2 – 7)