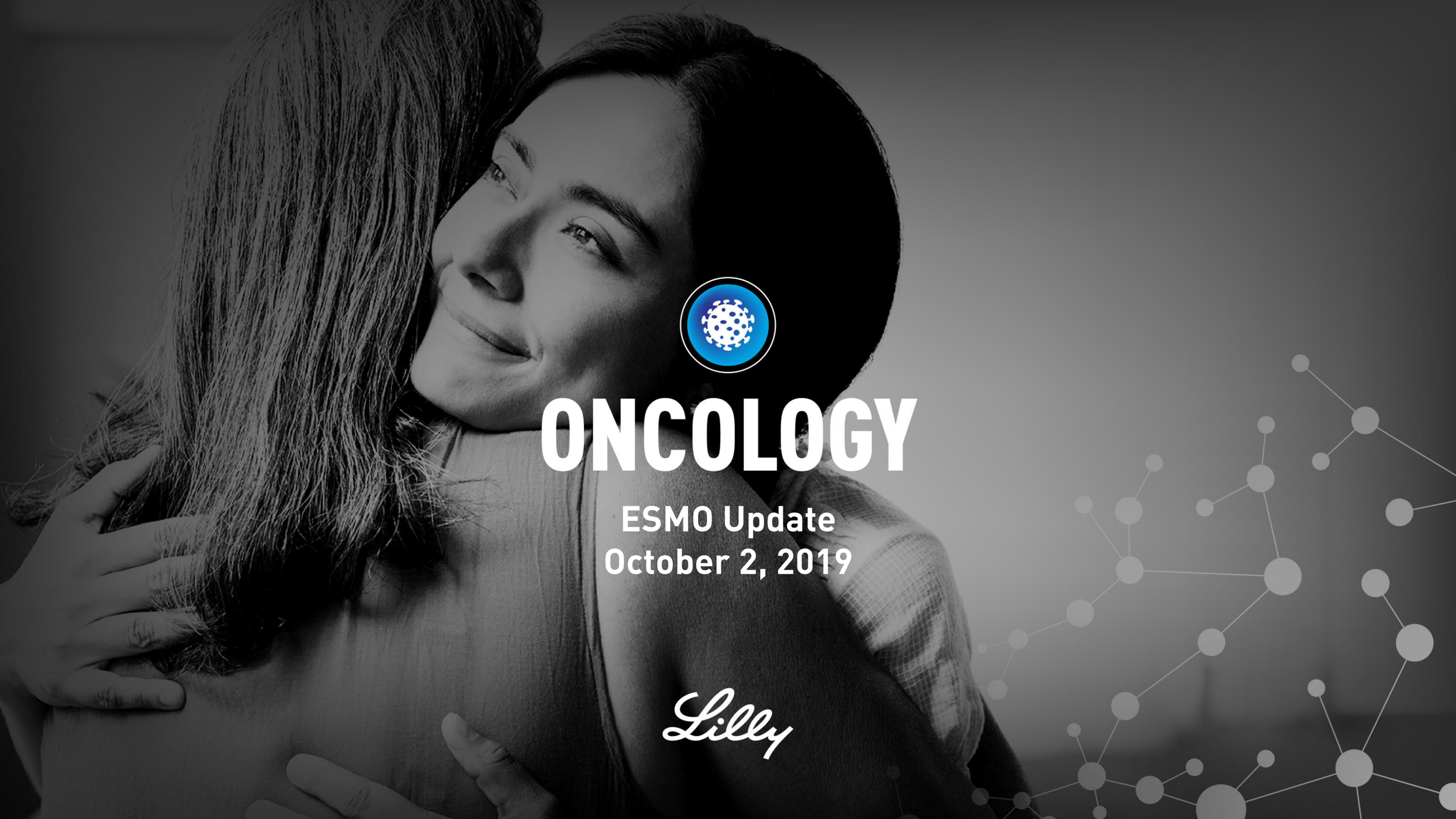


ONCOLOGY

ESMO Update
October 2, 2019

Lilly

Agenda

Introduction
Anne White, President, Lilly Oncology

RET Inhibitor Update
Dr. S. Michael Rothenberg, Vice President of Research and Development, Loxo Oncology

Verzenio Update
Dr. Maura Dickler, Vice President, Late Phase Oncology Development

Closing Remarks
Dr. Dan Skovronsky, Chief Scientific Officer

Q&A

SAFE HARBOR PROVISION

This presentation contains forward-looking statements that are based on management's current expectations, but actual results may differ materially due to various factors. The company's results may be affected by factors including, but not limited to, the risks and uncertainties in pharmaceutical research and development; competitive developments; regulatory actions; litigation and investigations; business development transactions; economic conditions; and changes in laws and regulations, including health care reform.

For additional information about the factors that affect the company's business, please see the company's latest Forms 10-K and 10-Q filed with the Securities and Exchange Commission.

The company undertakes no duty to update forward-looking statements

Introduction

Selpercatinib
RET -Altered Thyroid Cancers

SELPERCATINIB LIBRETTO–001 STUDY

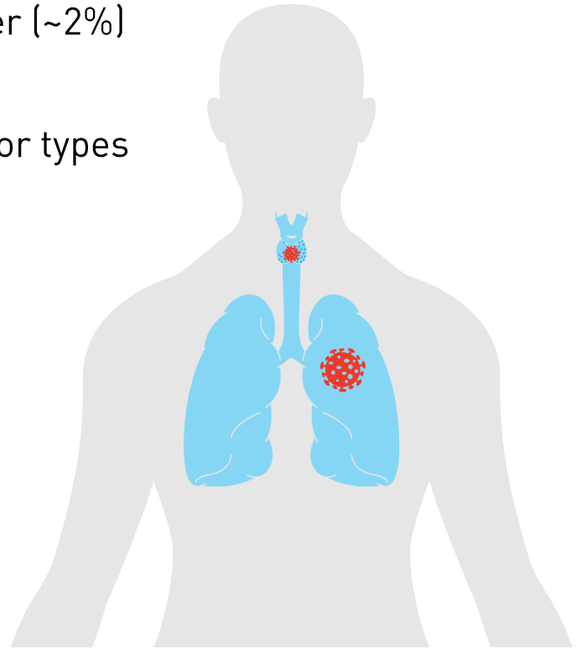
RET LANDSCAPE

RET fusions

- Non-small cell lung cancer (~2%)
- Thyroid cancer (10-20%)
- Many additional solid tumor types with lower incidence

RET mutations

- Medullary thyroid cancer (> 60% sporadic, >90% hereditary)



KEY TRIAL ASPECTS

RET-mutant medullary thyroid cancer (MTC)

- Total of 124 patients previously treated with cabozantinib and/or vandetanib. Within this group, primary analysis set (PAS) consists of first 55 patients.
- Additional analysis set of 88 cabozantinib/vandetanib-naïve patients (76 evaluable)

RET fusion-positive thyroid cancer

- Analysis set of 27 patients (26 evaluable)

Primary endpoint: objective response rate (RECIST 1.1)

Secondary endpoints:

- Duration of response
- Progression-free survival
- Safety

Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

SELPERCATINIB LIBRETTO–001 STUDY

RET-MUTANT MTC

Characteristic	PAS (n=55)	Cabo/Vande-Naïve (n=88)
Female / Male, n (%)	19 (35) / 36 (65)	30 (34) / 58 (66)
Median age (range), years	57 (17-84)	58 (15–82)
ECOG performance status, n (%)		
0	11 (20)	43 (49)
1	41 (75)	42 (48)
2	3 (5)	3 (3)
Median prior systemic regimens (range)	2 (1-8)	0 (0-2)
Prior cabozantinib and/or vandetanib, n (%)	55 (100)	-
Cabozantinib only	13 (24)	-
Vandetanib only	18 (33)	-
Cabozantinib and vandetanib	24 (44)	-
Prior multikinase inhibitor (MKI), n (%)	55 (100)	7 (8)
1	26 (47)	6 (7)
? 2	29 (53)	1 (1)
Prior non-MKI systemic therapy, n(%)	17 (31)	9 (10)
Brain metastases, n (%) ‡	4 (7)	2 (2)
Measurable disease	53 (96)	86 (98)

RET FUSION-POSITIVE THYROID CANCER

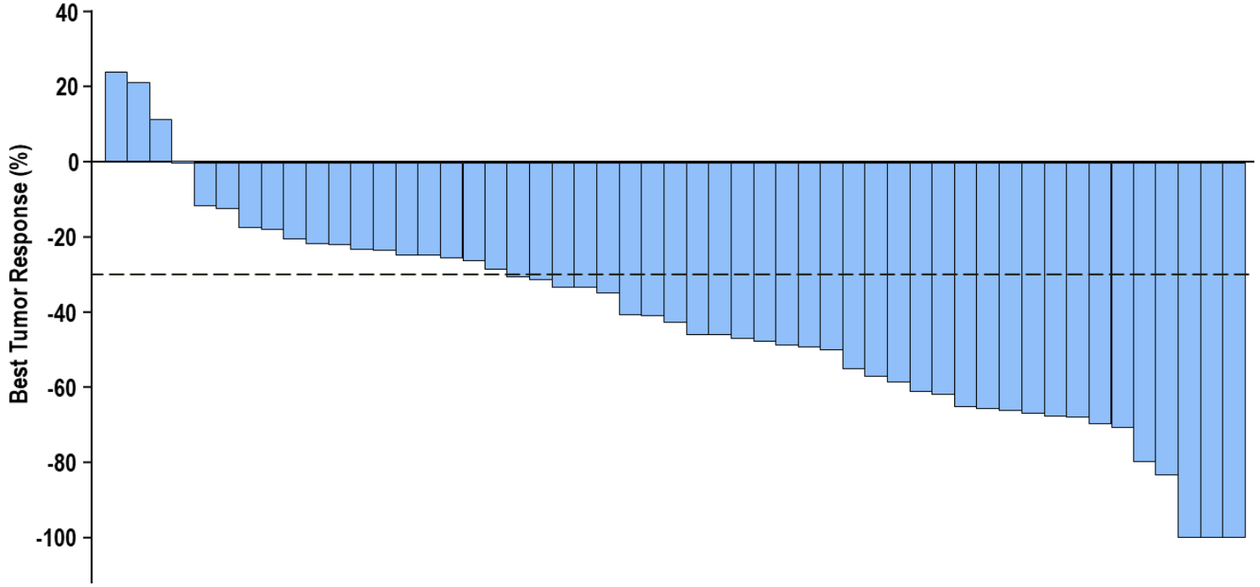
Characteristic	*RET* fusion-positive thyroid cancer (n=27)
Female / Male, n (%)	13 (48) / 14 (52)
Median age (range), years	54 (20-88)
ECOG performance status, n (%)	
0	8 (30)
1	16 (59)
2	3 (11)
Histology, n (%)	
Papillary	21 (78)
Hürthle cell	1 (4)
Poorly differentiated	3 (11)
Anaplastic	2 (7)
Median prior systemic regimens (range)	3 (1-7)
Prior radioactive iodine	24 (89)
Prior systemic therapy other than RAI, n (%)	19 (70)
Prior lenvatinib and/or sorafenib	13 (48)
Brain metastases, n (%)‡	7 (26)
Measurable disease	26 (96)

Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.
Data cut-off: June 17th, 2019. Total % may be different than the sum of the individual components due to rounding. ‡ Includes patients with non-target CNS metastases.

SELPERCATINIB LIBRETTO–001 STUDY

RET-MUTANT MTC PRIMARY ANALYSIS SET (n=55)

ORR (95% CI)	n=55 56% (42%-70%)*
CR	6%
PR	51%
SD	35%
PD	5%
NE	4%

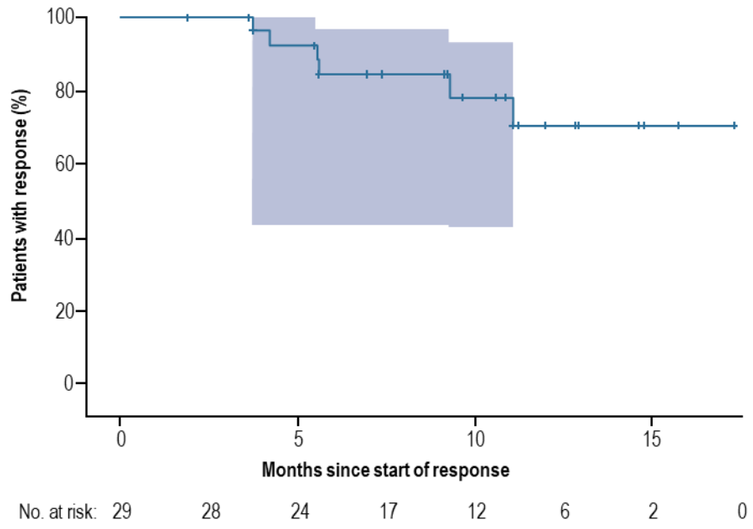


- **Robust 56% ORR in previously treated RET-mutant medullary thyroid cancer**
  - All patients previously treated with cabozantinib and/or vandetanib
    - 24% previously treated with cabozantinib only
    - 33% previously treated with vandetanib only
    - 44% previously treated with cabozantinib and vandetanib
  - ORR similar regardless of prior therapy and RET mutation (M918T or other)

Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.
Investigator response assessments as of June 17, 2019. Total % may be different than the sum of the individual due to rounding. 4 patients not shown in waterfall plot: 2 discontinued prior to any post-baseline imaging assessments, and 2 did not have measurable disease at baseline. *Includes 2 unconfirmed PRs awaiting confirmatory response assessments. NE—not evaluable, n=2 patients who discontinued prior to any post-baseline imaging assessments.

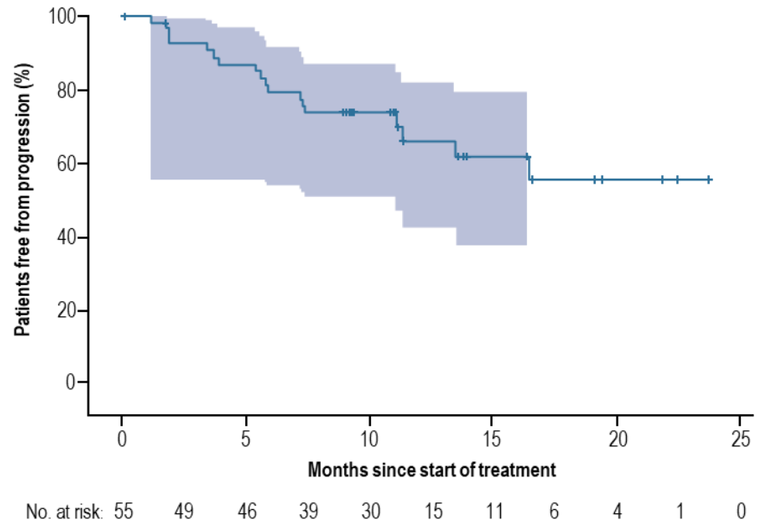
SELPERCATINIB LIBRETTO–001 STUDY
RET-MUTANT MTC PRIMARY ANALYSIS SET

DURATION OF RESPONSE



- Number of events: 6/29
- Median follow-up: 10.6 months
- Median duration of response: not reached (95% CI: 11.1 - NE)

PROGRESSION-FREE SURVIVAL



- Number of events: 18/55
- Median follow-up: 11.1 months
- Median PFS: not reached (95% CI: 11.3 - NE)

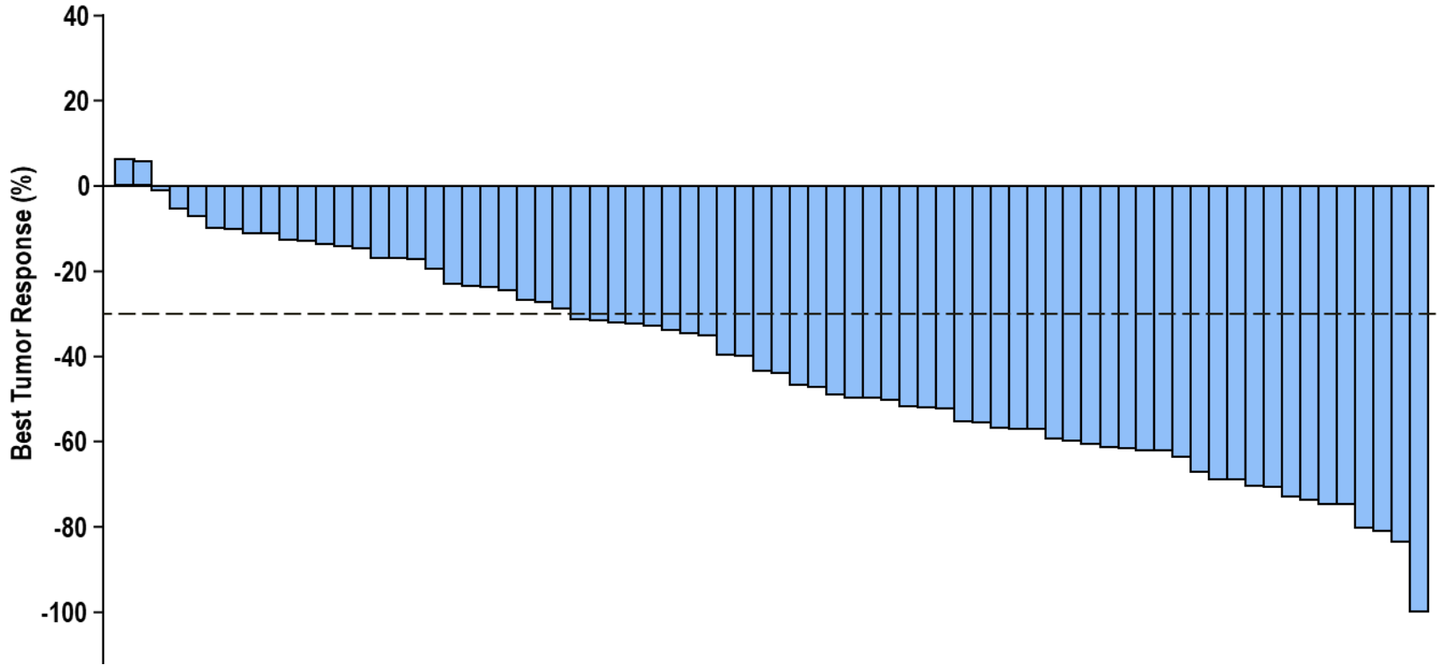
- Majority of RET-mutant MTC patients remain in response or progression-free
- Consistent ORR, DOR, and PFS regardless of prior therapy or RET mutation status

Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.
Data cut-off: June 17th, 2019. Shading in PAS Kaplan-Meier curves indicates the 95% confidence interval.

SELPERCATINIB LIBRETTO–001 STUDY

CABOZANTINIB/VANDETANIB-NAÏVE RET-MUTANT MTC PATIENTS n=76

ORR (95% CI)	n=76 59% (47%-70%)*
CR	1%
PR	58%
SD	38%
PD	0%
NE	3%

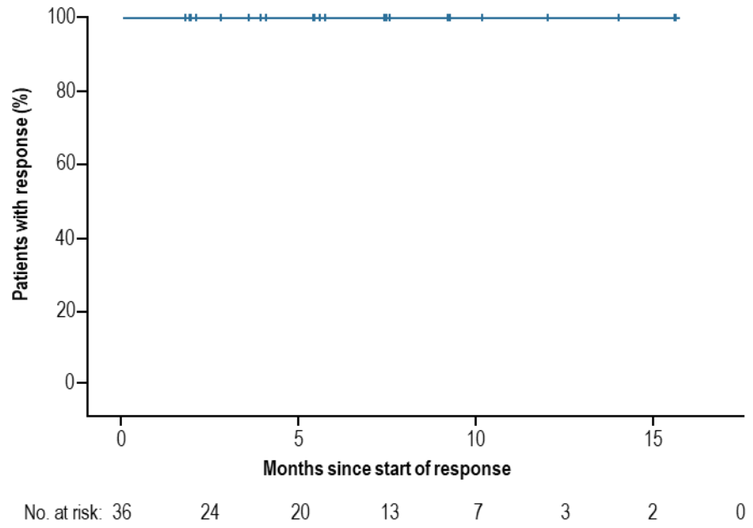


- **ORR 59% in cabozantinib/vandetanib-naïve patients**

Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.
Investigator response assessments as of June 17, 2019. Total % may be different than the sum of the individual due to rounding. Data include patients with at least one evaluable post-baseline imaging assessment and those who discontinued therapy prior to any post-baseline imaging assessment. 4 patients not shown in waterfall plot: 2 patients discontinued prior to any post-baseline imaging assessments and 2 did not have measurable disease at baseline. *Includes 9 unconfirmed PRs awaiting confirmatory response assessments. NE—not evaluable, n=2 patients who discontinued prior to any post-baseline imaging assessments.

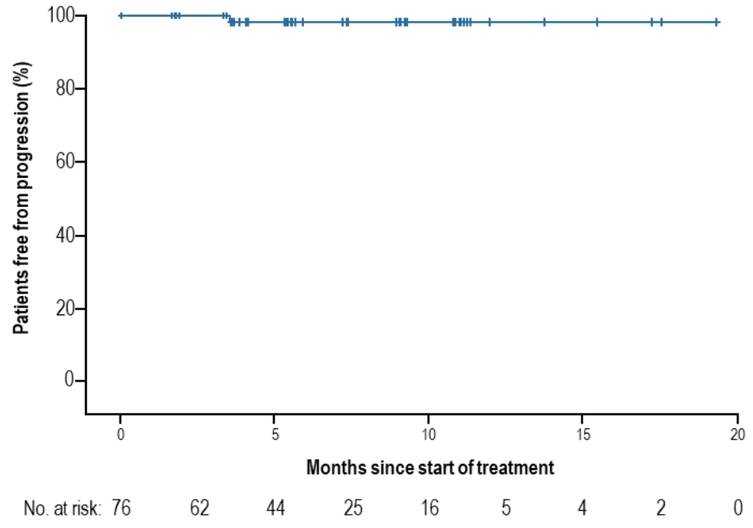
SELPERCATINIB LIBRETTO–001 STUDY
CABOZANTINIB/VANDETANIB-NAÏVE

DURATION OF RESPONSE



- Number of events: 0/36
- Median follow-up: 5.5 months
- Median duration of response: not reached (95% CI: NE, NE)

PROGRESSION-FREE SURVIVAL



- Number of events: 1/76
- Median follow-up: 5.7 months
- Median PFS: not reached (95% CI: NE, NE)

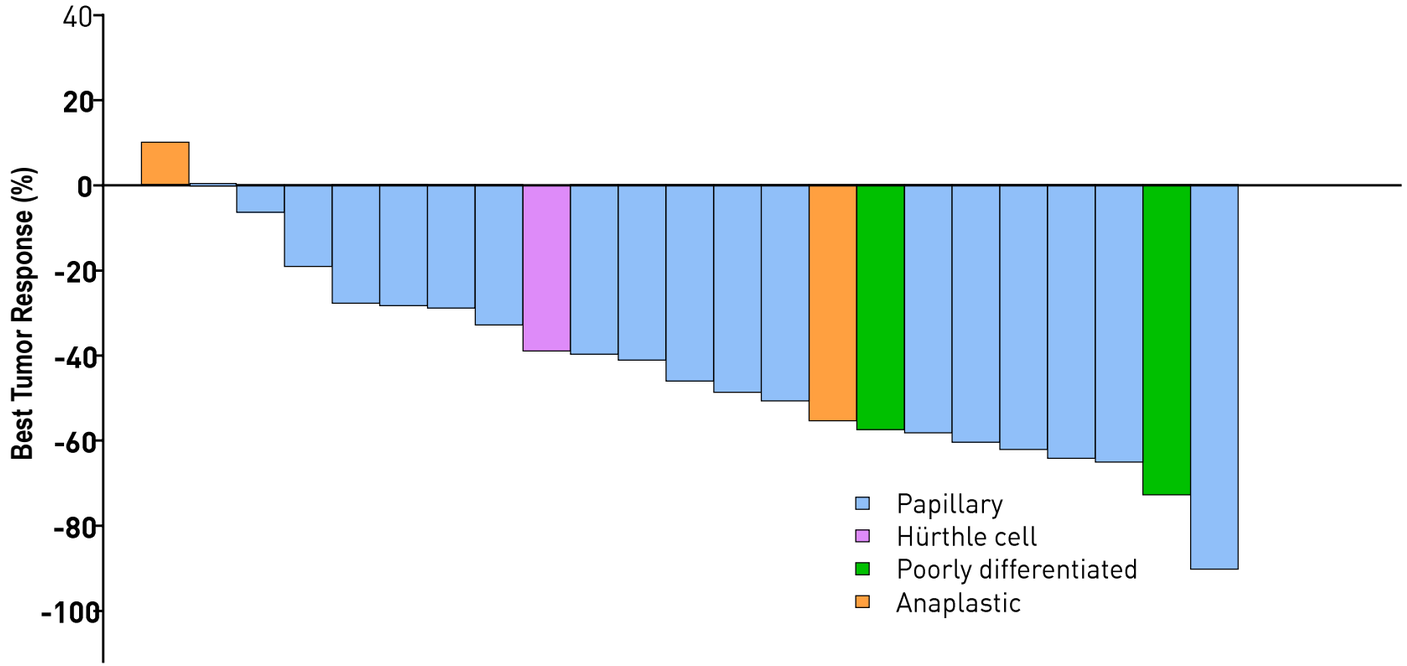
All 36 cabozantinib/vandetanib-naïve responders remain in response and 75/76 remain progression-free

Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.
Data cut-off: June 17th, 2019. No shading to show 95% confidence interval due to a very low number of events.

SELPERCATINIB LIBRETTO–001 STUDY

RET FUSION-POSITIVE THYROID CANCER PATIENTS n=26

ORR (95% CI)	n=26 62% (41%-80%)*
CR	0%
PR	62%
SD	35%
PD	0%
NE	4%

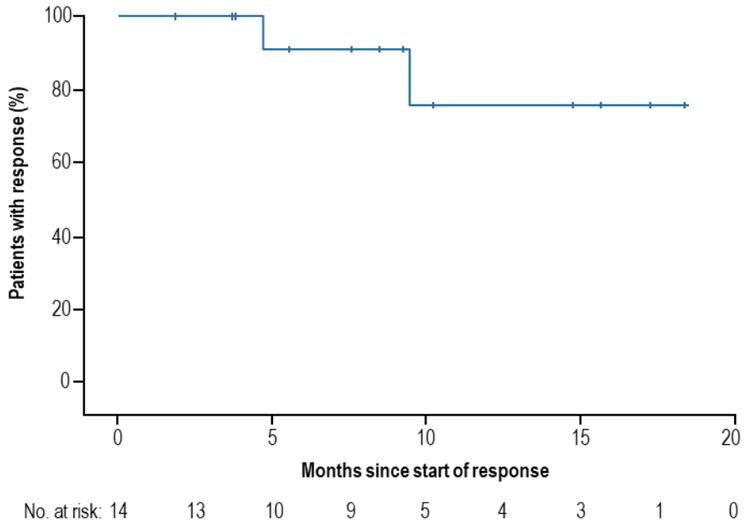


- **ORR 62% in RET fusion-positive thyroid cancer patients**
  - 89% previously treated with radioactive iodine
  - 48% previously treated with lenvatinib or sorafenib
  - ORR similar regardless of prior therapy

Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.
Investigator response assessments as of June 17, 2019. Total % may be different than the sum of the individual due to rounding. Data include patients with at least one evaluable post-baseline assessment and those who discontinued therapy prior to any post-baseline imaging assessment. 2 patients not shown in waterfall plot: 1 did not have measurable disease at baseline, and 1 deemed not evaluable on study by the investigator. *Includes 2 unconfirmed PRs awaiting confirmatory response assessments. NE—not evaluable, n=1 patient deemed not evaluable on study by the investigator.

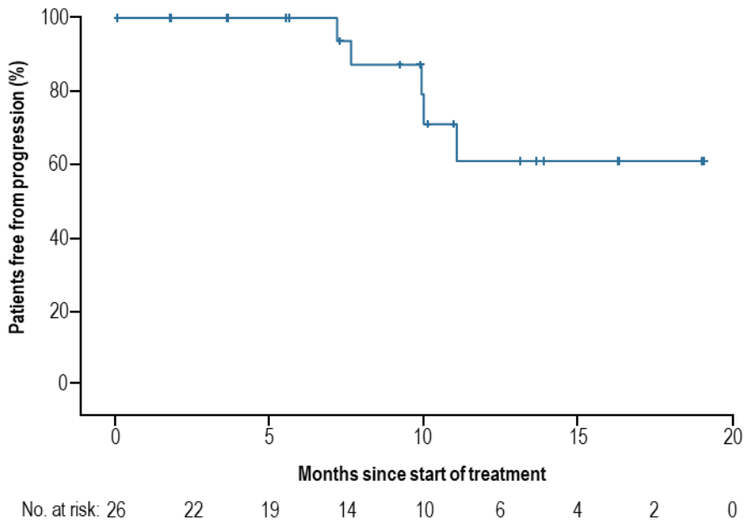
SELPERCATINIB LIBRETTO–001 STUDY
RET FUSION-POSITIVE THYROID CANCER

DURATION OF RESPONSE



- Number of events: 2/14
- Median follow-up: 9.3 months
- Median duration of response: not reached (95% CI: 9.5, NE)

PROGRESSION-FREE SURVIVAL



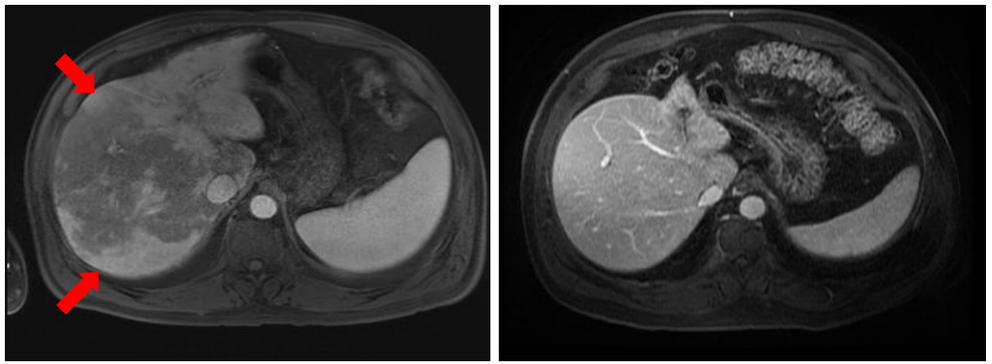
- Number of events: 5/26
- Median follow-up: 9.9 months
- Median PFS: not reached (95% CI: 10, NE)

Majority of RET fusion-positive thyroid cancer patients remain in response or progression-free

Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.
Data cut-off: June 17th, 2019. No shading to show 95% confidence interval due to a very low number of events.

ILLUSTRATIVE EXAMPLES OF SELPERCATINIB ACTIVITY

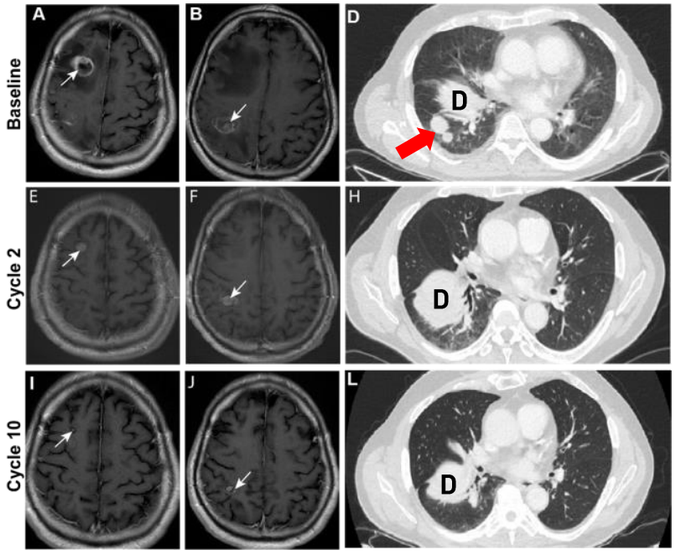
RET V804M GATEKEEPER MUTATION



Baseline **Cycle 2**

- RET V804M-mutant medullary thyroid cancer patient previously treated with 3 anti-RET multikinase inhibitors: cabozantinib, vandetanib, lenvatinib
- Complete response with selpercatinib
- Patient remains on treatment at 20 months

ANAPLASTIC THYROID CANCER



- CCDC6-RET fusion-positive anaplastic thyroid cancer patient
- Partial response with selpercatinib
- Remains on treatment at 14 months

Red arrow indicates target lesions, D – diaphragm.
Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

SELPERCATINIB LIBRETTO–001 STUDY

SAFETY PROFILE (n=531)

	Treatment-emergent AEs (≥15% overall)						Treatment-related AEs		
	Grade 1	Grade 2	Grade 3	Grade 4	Total		Grade 3	Grade 4	Total
Dry mouth	29%	4%	–	–	32%		–	–	27%
Diarrhea	21%	8%	2%	–	31%		1%	–	16%
Hypertension	4%	11%	14%	<1%	29%		8%	<1%	18%
Increased AST	17%	5%	6%	1%	28%		4%	1%	22%
Increased ALT	13%	4%	7%	1%	26%		6%	1%	21%
Fatigue	15%	9%	1%	–	24%		<1%	–	14%
Constipation	19%	3%	<1%	–	22%		<1%	–	11%
Headache	15%	4%	1%	–	20%		<1%	–	7%
Nausea	15%	4%	<1%	–	19%		<1%	–	8%
Peripheral edema	16%	4%	<1%	–	19%		–	–	10%
Increased creatinine	14%	4%	–	<1%	18%		–	–	10%

- **Largest safety database of RET-altered patients treated with a RET inhibitor (n=531)**
- **9 patients (1.7%) discontinued due to treatment-related adverse events**

Abstract LBA93. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.
Data cut-off: June 17th, 2019. AE – adverse event; total % for any given AE may be different than the sum of the individual grades, due to rounding.

Selpercatinib Summary

Striking objective response rates
Impressive efficacy in RET-mutant medullary thyroid cancer and RET fusion-positive thyroid cancer in a large study sample size

Impressive durability
Early durability trends show potential opportunity for patients to have control of their disease for a long time

Low treatment-related discontinuation rate
Supporting the potential for durable disease control

Verzenio Update

VERZENIO MONARCH CLINICAL PROGRAM

ROBUST CLINICAL PROGRAM ALREADY COMPLETED TO DATE

monarch 3

Combination with NSAI as initial therapy for metastatic disease

monarch 2

Combination with fulvestrant after endocrine therapy

monarch 1

Monotherapy after chemotherapy

Focus Today

monarch 2

Overall Survival

monarch PLUS

Phase III China registrational data

monarcHER

Phase II data in 3L HER2+

ADDITIONAL UPCOMING DATA

monarchE
EARLY BREAST CANCER

Phase III study of abemaciclib plus endocrine therapy vs. endocrine therapy in early breast cancer

DATA EXPECTED IN MID-2021

2019 **ESMO UPDATE**

MONARCH 2
Overall Survival

MONARCH 2: STUDY DESIGN

PATIENT POPULATION

- **HR+, HER2- advanced breast cancer**
- **Pre/peri or postmenopausal[1]**
- **Endocrine Therapy (ET) Resistant:**
  - Relapsed on neoadjuvant or on/within 1 year of adjuvant ET
  - Progressed on first-line ET
- **Prior Therapy Criteria**
  - No chemotherapy in the metastatic setting
  - No more than 1 ET in the metastatic setting
  - ECOG PS ≤ 1

STUDY DESIGN

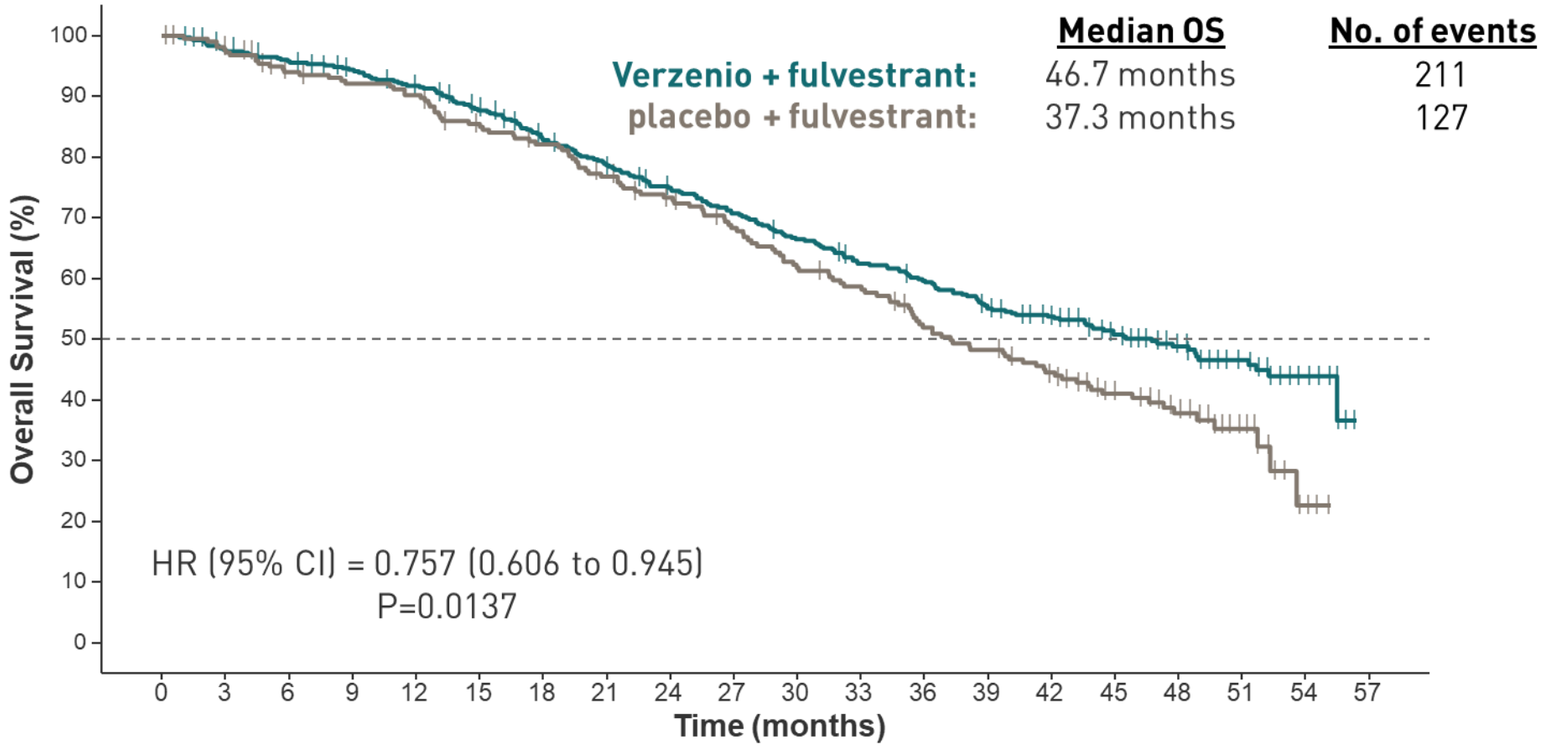
- **Two arms, randomized 2:1**
  - Verzenio (150mg BID) + fulvestrant (500mg[2])
  - Placebo (BID) + fulvestrant (500mg[2])
- **Primary Endpoint: Investigator-assessed PFS**
- **Key Secondary Endpoint: Overall Survival**
- **Exploratory Endpoints**
  - Time to chemotherapy (TCT)
  - Chemotherapy-free survival (CFS)
- **Prespecified stratification factors**
  - Metastatic site (visceral, bone only, or other)
  - ET resistance (primary or secondary)[3,4]

[1]Pre/peri-required to receive GnRH agonist
[2]Fulvestrant administered per label
[3]Cardoso et al. *Breast. 2017;32:269-270*;
[4]Cardoso et al. *Ann Oncol. 2017;28(12):3111*

MONARCH 2: OVERALL SURVIVAL

VERZENIO SIGNIFICANTLY EXTENDED LIFE BY 9.4 MONTHS

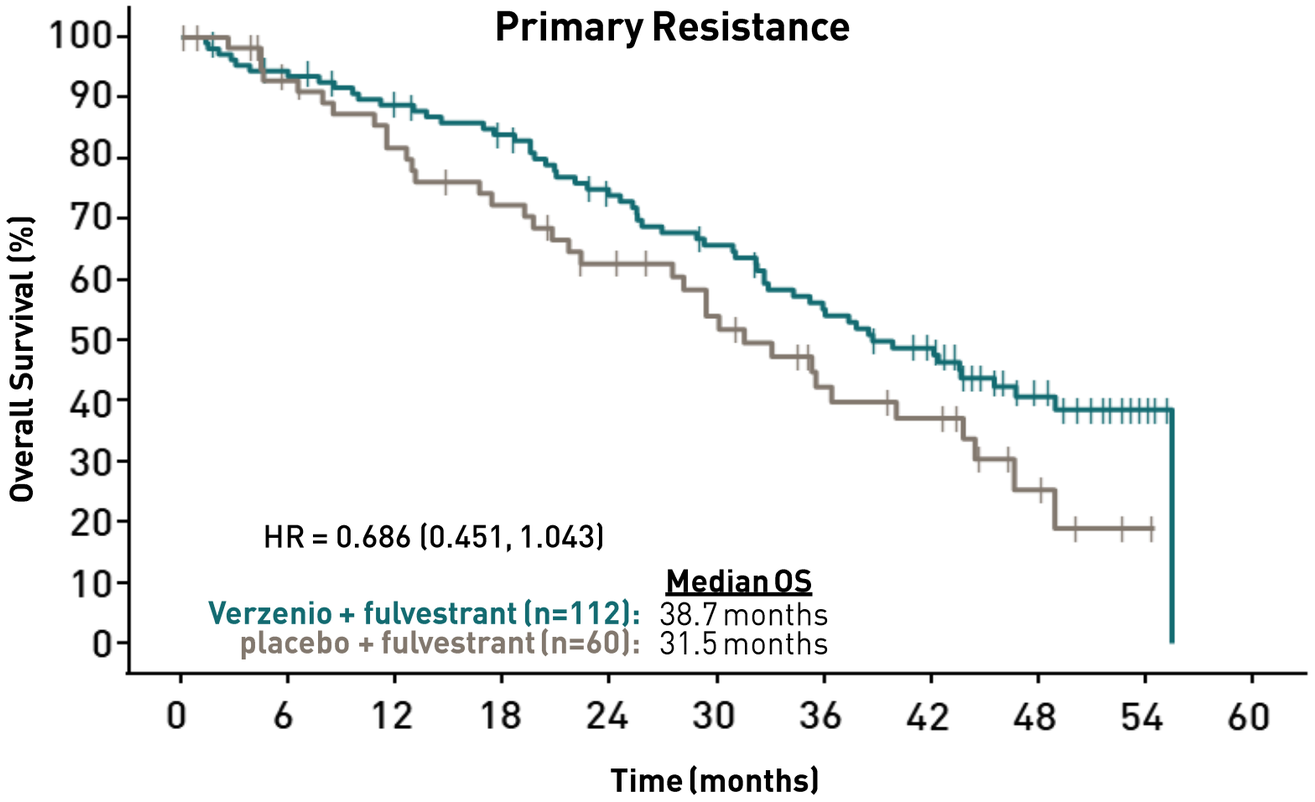
- Largest median survival benefit for a CDK 4/6 inhibitor in breast cancer to date
- Achieved results at a pre-planned interim analysis (338 events)
- Statistically significant and clinically meaningful extension of life



Abstract LBA6. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

MONARCH 2: RESULTS IN KEY SUBGROUPS

SURVIVAL RESULTS IN PATIENTS WITH PRIMARY RESISTANCE



Interaction between primary/secondary resistance and treatment not significant (p=0.588)

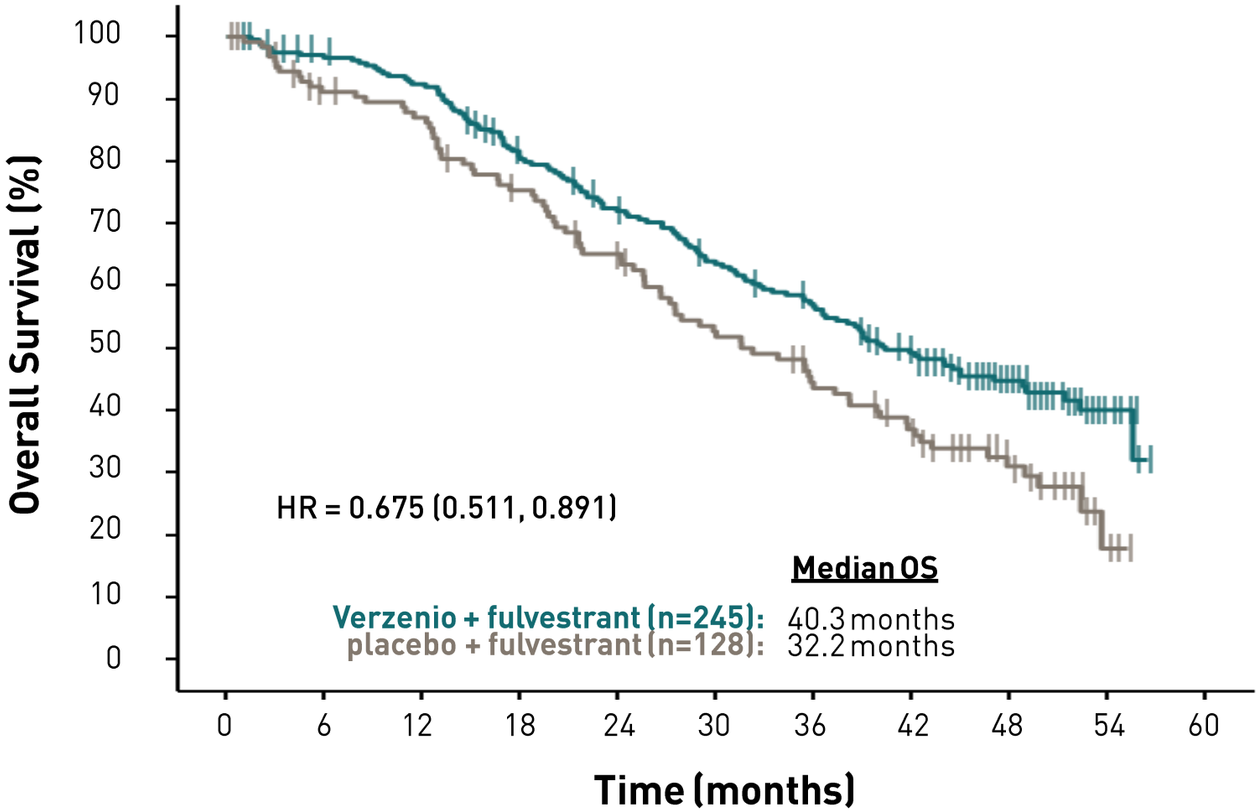
- Verzenio showed a median survival of 38.7 months in patients who have primary resistance by the ESMO guidelines*
- Striking result in a primary ET resistant patient population an additional data point to continue to differentiate Verzenio

***Primary Endocrine Resistance (ESO-ESMO guidelines):** relapse while on the first 2 years of adjuvant ET, or PD within first 6 months of 1st line ET for MBC, while on ET.

Abstract LBA6. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

MONARCH 2: RESULTS IN KEY SUBGROUPS

VERZENIO SHOWED PRONOUNCED RESULTS IN PATIENTS WITH VISCERAL DISEASE



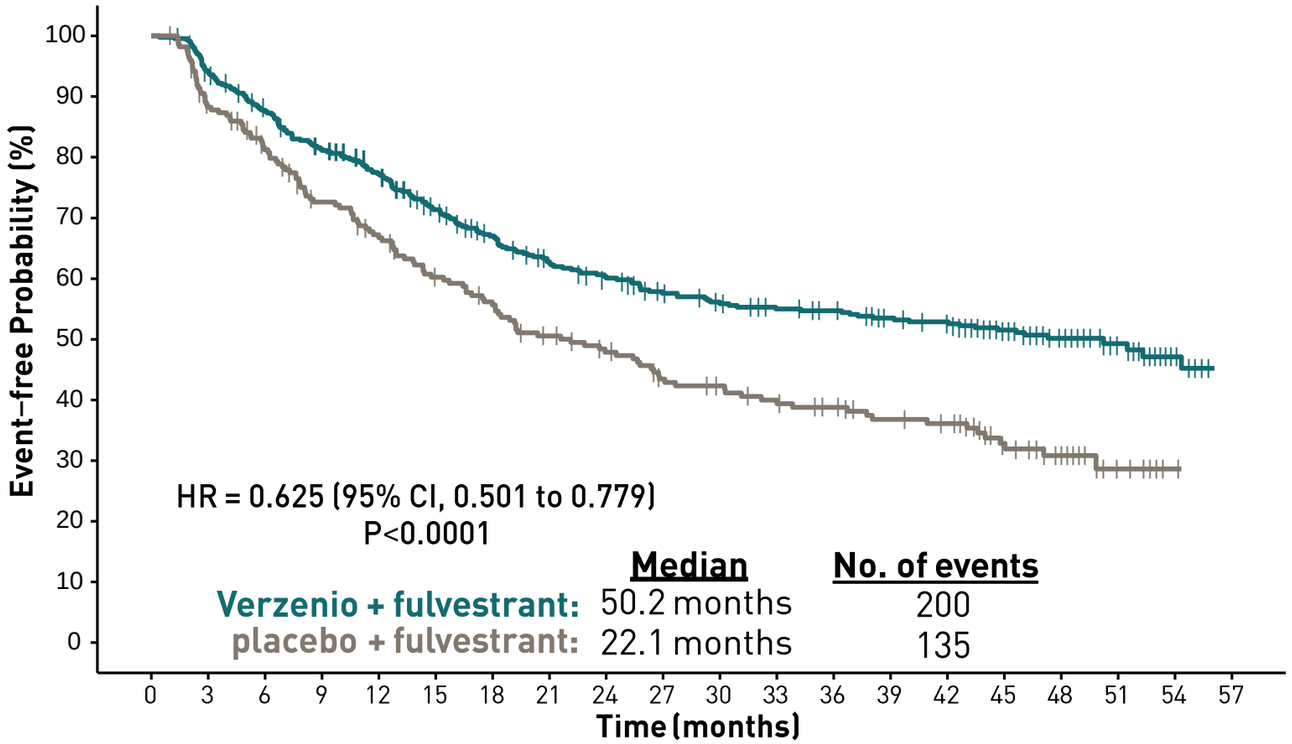
Interaction between metastatic site and treatment not significant (p=0.424)

- Pronounced results in women whose cancer spread to additional organs, such as liver or lungs (visceral disease)
- Further evidence potentially differentiating Verzenio in women with a poor prognosis

Abstract LBA6. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

MONARCH 2: EXPLORATORY ENDPOINTS

VERZENIO DELAYED TIME TO CHEMOTHERAPY[1]



- Verzenio + fulvestrant delayed initiation of chemotherapy
- Meaningful median of 50.2 months delay to chemotherapy among patients who survived
- Delaying time to chemotherapy for as long as possible is a clinically relevant consideration for physicians treating advanced breast cancer patients

[1]Time to chemotherapy was analyzed from randomization to initiation of first post discontinuation chemotherapy (censoring patients who died prior to initiation of chemotherapy)
Abstract LBA6. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

2019 **ESMO UPDATE**

MONARCH 2: SAFETY

Safety data consistent with known safety profile of Verzenio

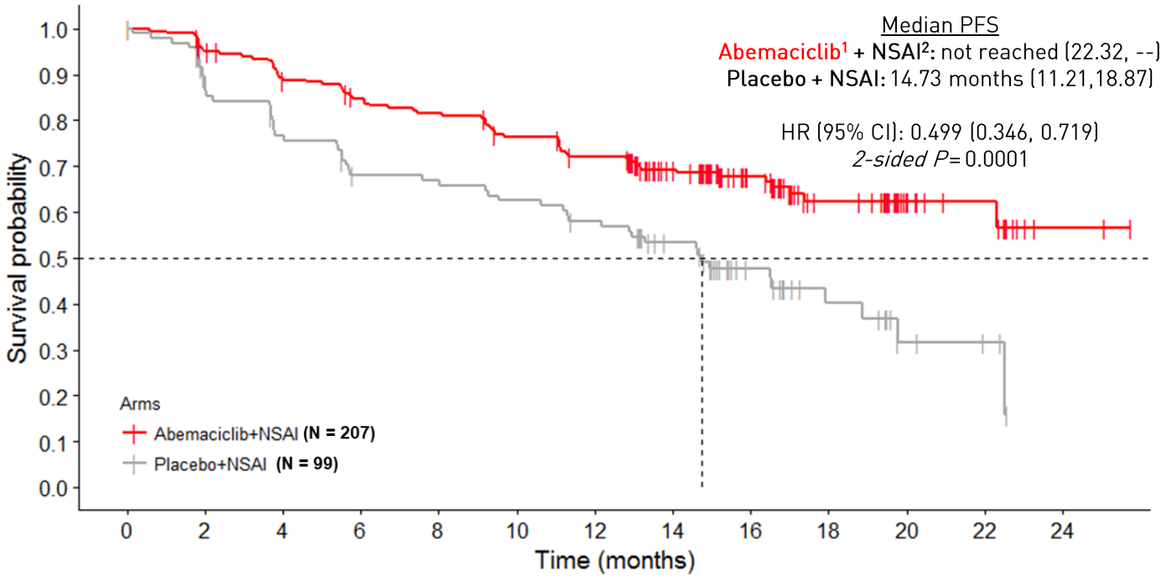
TEAE ≥20% in either arm	Abemaciclib + Fulvestrant N=441			Placebo + Fulvestrant N=223		
	CTCAE Grade					
	All No. (%)	Grade 3 No. (%)	Grade 4 No. (%)	All No. (%)	Grade 3 No. (%)	Grade 4 No. (%)
Any	435 (98.6)	259 (58.7)	32 (7.3)	203 (91.0)	51 (22.9)	9 (4.0)
Diarrhea	384 (87.1)	64 (14.5)	0	62 (27.8)	1 (0.4)	0
Neutropenia	219 (49.7)	118 (26.8)	13 (2.9)	9 (4.0)	3 (1.3)	1 (0.4)
Nausea	217 (49.2)	12 (2.7)	-	56 (25.1)	5 (2.2)	-
Fatigue	189 (42.9)	18 (4.1)	-	64 (28.7)	2 (0.9)	-
Abdominal pain	164 (37.2)	14 (3.2)	-	37 (16.6)	2 (0.9)	-
Anemia	153 (34.7)	39 (8.8)	1 (0.2)	10 (4.5)	3 (1.3)	0
Leukopenia	146 (33.1)	48 (10.9)	1 (0.2)	4 (1.8)	0	0
Decreased appetite	127 (28.8)	5 (1.1)	0	30 (13.5)	1 (0.4)	0
Vomiting	127 (28.8)	4 (0.9)	0	26 (11.7)	5 (2.2)	0
Headache	106 (24.0)	3 (0.7)	-	36 (16.1)	1 (0.4)	-

Abstract LBA6. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

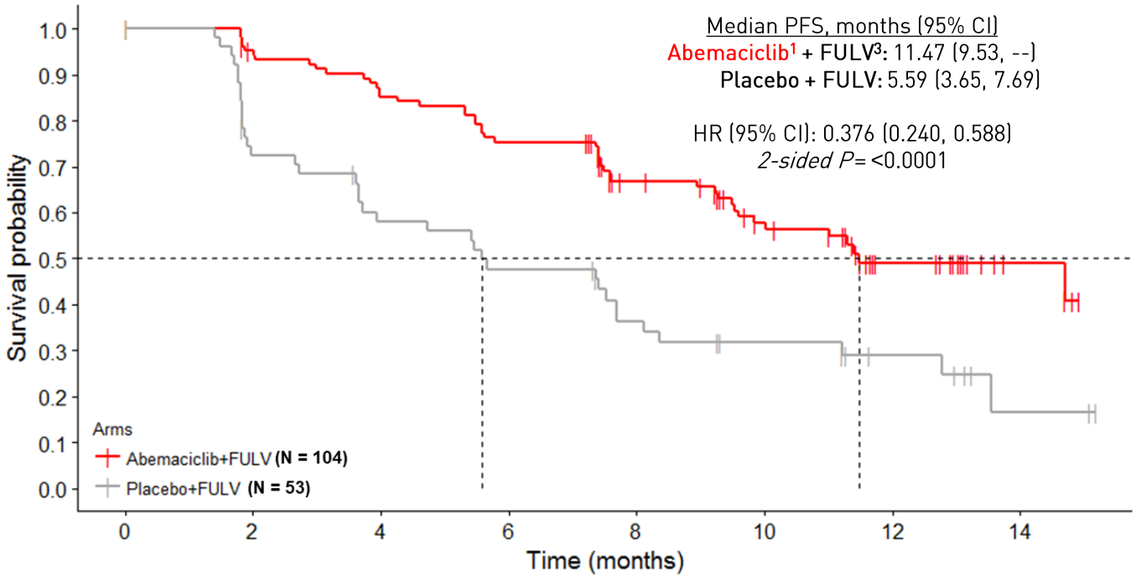
MONARCH plus
Phase 3 China Registrational Study

MONARCH plus: PFS RESULTS

COHORT A: ABEMACICLIB + NSAI AS INITIAL THERAPY



COHORT B: ABEMACICLIB + FULVESTRANT FOLLOWING ET



Abemaciclib + NSAI and Abemaciclib + fulvestrant showed significant PFS benefit in predominantly Chinese HR+/HER2- advanced breast cancer patients

[1]Abemaciclib 150mg Q12h (continuous schedule)
[2]Letrozole 2.5mg QD or anastrozole 1mg QD per physician's choice
[3]Fulvestrant 500mg (IM Q4 weeks)

Abstract LBA25. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

MONARCH plus: SAFETY

Safety data consistent with known safety profile of Verzenio

	Cohort A			
	Abemaciclib + NSAI		Placebo + NSAI	
Grade (≥ 20% occurrence in either arm)	All	≥Grade 3	All	≥Grade 3
Any adverse event	204 (99.5)	124 (60.5)	88 (88.9)	24 (24.2)
Neutrophil count decreased	164 (80.0)	54 (26.3)	20 (20.2)	6 (6.1)
White blood cell count decreased	156 (76.1)	27 (13.2)	27 (27.3)	2 (2.0)
Diarrhea	164 (80.0)	8 (3.9)	16 (16.2)	1 (1.0)
Anemia	127 (62.0)	23 (11.2)	20 (20.2)	3 (3.0)
Platelet count decreased	91 (44.4)	11 (5.4)	7 (7.1)	2 (2.0)
Alanine aminotransferase increased	71 (34.6)	12 (5.9)	23 (23.2)	1 (1.0)
Aspartate aminotransferase increased	71 (34.6)	9 (4.4)	21 (21.2)	2 (2.0)
Fatigue	60 (29.3)	1 (0.5)	25 (25.3)	1 (1.0)
Nausea	55 (26.8)	1 (0.5)	19 (19.2)	0
Decreased appetite	48 (23.4)	0	11 (11.1)	1 (1.0)
Upper respiratory tract infection	31 (15.1)	0	22 (22.2)	1 (1.0)

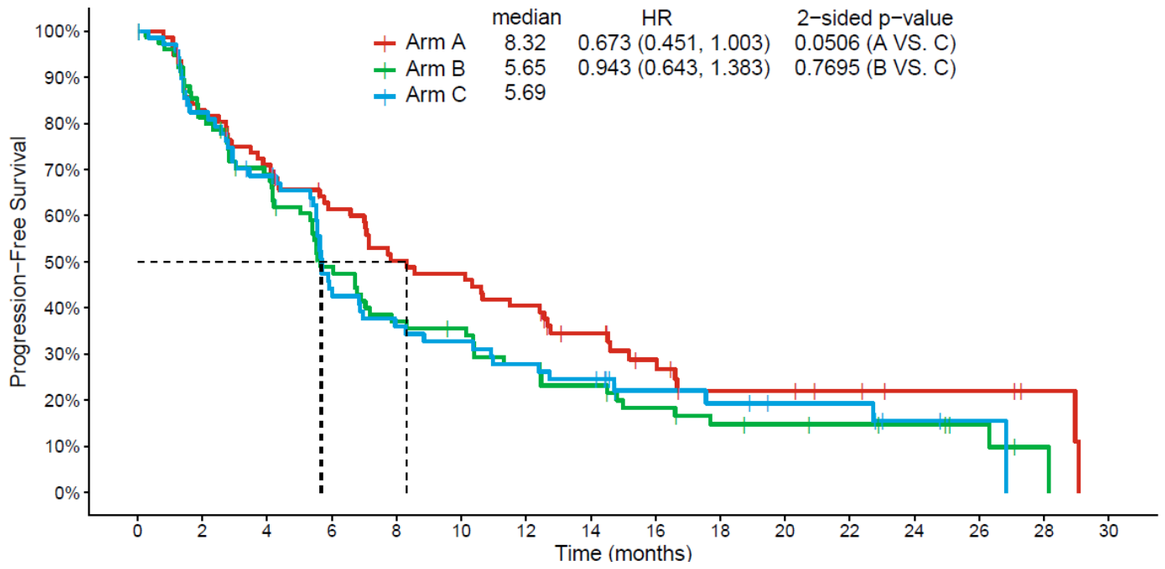
	Cohort B			
	Abemaciclib + FULV		Placebo + FULV	
Grade (≥ 20% occurrence in either arm)	All	≥Grade 3	All	≥Grade 3
Any adverse event	103 (99.0)	55 (52.9)	42 (79.2)	8 (15.1)
White blood cell count decreased	86 (82.7)	23 (22.1)	12 (22.6)	2 (3.8)
Neutrophil count decreased	84 (80.8)	31 (29.8)	10 (18.9)	2 (3.8)
Diarrhea	82 (78.8)	2 (1.9)	5 (9.4)	0
Anemia	73 (70.2)	11 (10.6)	8 (15.1)	1 (1.9)
Platelet count decreased	43 (41.3)	3 (2.9)	5 (9.4)	1 (1.9)
Alanine aminotransferase increased	35 (34.6)	6 (5.8)	12 (22.6)	0
Aspartate aminotransferase increased	32 (30.8)	3 (2.9)	14 (26.4)	0
Fatigue	24 (23.1)	0	8 (15.1)	0
Blood creatinine increased	22 (21.2)	1 (1.0)	1 (1.9)	0
Lymphocyte count decreased	22 (21.2)	12 (11.5)	1 (1.9)	1 (1.9)

Abstract LBA25. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

monarcHER
Phase 2 HER2+ Study

monarcHER: PHASE 2 RESULTS

ITT PROGRESSION-FREE SURVIVAL

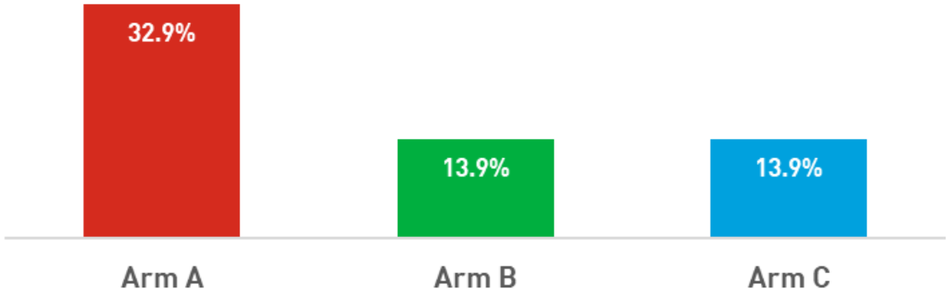


Arm A = abemaciclib 150mg PO BID + trastuzumab IV q21d + fulvestrant IM q28d

Arm B = abemaciclib 150mg PO BID + trastuzumab IV q21d

Arm C = trastuzumab IV q21d + investigator's choice chemotherapy[1]

OVERALL RESPONSE RATE



ITT Population	Arm A n=79	Arm B n=79	Arm C n=79
95% CI (%)	(22.5-43.3)	(6.3-21.6)	(6.3-21.6)
Stratified 2-sided p-value (vs Arm C)	0.0042	1.0000	-
Median Duration of Response, months	12.5	9.5	not reached

First randomized, controlled study of a CDK 4/6 inhibitor to have positive results versus chemotherapy standard of care in the HR+, HER2+ advanced breast cancer population

Abstract LBA23. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

[1]Standard-of-care single-agent chemotherapy should include approved drug in breast cancer

monarcHER: SAFETY

Safety data consistent with known safety profile of Verzenio

Grade 3 or 4 (≥ 5% occurrence in any arm)	Arm A N=78	Arm B N=77	Arm C[a] N=72
Patients with ≥ 1 TEAE, n(%)	53 (67.9)	39 (50.6)	35 (48.6)
Neutropenia[b]	21 (26.9)	17 (22.1)	19 (26.4)
Leukopenia	8 (10.3)	2 (2.6)	7 (9.7)
Thrombocytopenia	8 (10.3)	5 (6.5)	2 (2.8)
Diarrhea	7 (9.0)	5 (6.5)	2 (2.8)
Anemia	7 (9.0)	3 (3.9)	3 (4.2)
Fatigue	3 (3.8)	5 (6.5)	1 (1.4)
Hypokalemia	4 (5.1)	2 (2.6)	2 (2.8)

Arm A= abemaciclib + trastuzumab + fulvestrant; Arm B= abemaciclib + trastuzumab; Arm C= trastuzumab + chemotherapy

TEAE = Treatment Emergent Adverse Event

[a] most common chemotherapy: Vinorelbine (37.5%), Capecitabine (26.4%), Eribulin (16.7%), Gemcitabine (11.1%)

[b] Filgrastim use: Arm A, n=3 (3.8%); Arm B, n=2 (2.6%); Arm C, n=9 (12.5%)

PK exposures of abemaciclib and trastuzumab were comparable between Arm A and Arm B. There is no apparent PK interaction between the drugs tested in this study.

Abstract LBA23. Presented at the European Society for Medical Oncology; September 27-October 1, Barcelona, Spain.

monarchE
Adjuvant Study

monarchE: HR+ / HER2- ADJUVANT

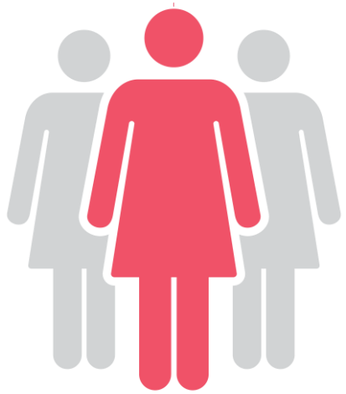
VERZENIO BACKGROUND

- MONARCH 2 showed an overall survival benefit in an endocrine resistant population
  - 60% of the MONARCH 2 population previously had their disease relapse while receiving adjuvant endocrine therapy
  - The monarchE trial aims to prevent these disease relapses by adding abemaciclib to adjuvant endocrine therapy
- In the neoadjuvant setting, abemaciclib plus anastrozole:
  - Demonstrated biological activity against early breast cancer, significantly decreasing a marker of tumor proliferation
  - May predict activity in the adjuvant setting ‡

‡ Dowsett et al. Clinical Cancer Research 2005.

monarchE
EARLY BREAST CANCER

50%



STUDY SUCCESS COULD SIGNIFICANTLY INCREASE ADDRESSABLE MARKET BY 50%

TRIAL DESIGN

- Abemaciclib plus endocrine therapy vs. endocrine therapy in **high risk** early breast cancer
- Over 4,500 patients including:
  - ≥4 nodes positive or
  - 1-3 nodes positive and at least one of the following:
    - Tumor size ≥ 5cm
    - Grade 3 histology
    - High risk of recurrence by Ki-67
- Study enrolled rapidly, indicative of investigator enthusiasm
- Estimated primary completion and data topline mid-2021

Verzenio Summary

Largest median survival benefit for a CDK 4/6 inhibitor in breast cancer to date

- Verzenio + fulvestrant extended life by 9.4 months vs fulvestrant alone
- Pronounced effect in women with visceral disease

Additional clinically meaningful breast cancer data

MONARCH plus Phase 3 registrational data in China and monarcHER Phase 2 data in HR+/HER2+ advanced breast cancer

Adjuvant study success could significantly increase abemaciclib's addressable market

Abemaciclib plus endocrine therapy in early breast cancer data from monarchE study anticipated in mid-2021

Selpercatinib and Verzenio Next Steps

Summary

Transformative time in Lilly Oncology
Exciting clinical data to accelerate future growth

Promising results from Loxo Oncology acquisition
Selpercatinib poised to be first-in-class and best-in-class RET inhibitor in non-small cell lung cancer and thyroid cancers

Clinically meaningful Verzenio results
Overall survival data, registrational data in China, and Phase 2 HR+/HER2+ data highlight Verzenio's robust clinical evidence and differentiation

QUESTIONS AND ANSWERS

LILLY UNITES
CARING WITH DISCOVERY
TO CREATE MEDICINES THAT
MAKE LIFE BETTER
FOR PEOPLE
AROUND THE WORLD

Lilly