



### Transcript Live Q and A Genmab with Jan Van de Winkel, the 4th of March 2019

Helge Larsen/PI- redaktør	This session starts at 16 o'clock.
Jan Van de Winkel	Hello all. We are ready for your questions. Jan van de Winkel and David Eatwell here
Helge Larsen/PI- redaktør	Great.
Helge Larsen/PI- redaktør	Good afternoon Jan van de Winkel and Peter Eatwell. Welcome to Q&A here on ProInvestor.com. We are very happy to have you ba ck here and ready to answer questions from our investors.
Helge Larsen/PI- redaktør	First of all let me congratulate on the great results for 2018 . Can you give us a short-term update on key figures and important events?
Jan Van de Winkel	Financial highlights: For the sixth year in a row we are profitable, with our Revenue, Operating Result and Net Result in 2018 at the highest level in the history of Genmab
Jan Van de Winkel	Revenue DKK 3,025 mio up DKK 660 mio. or 28%
Jan Van de Winkel	Expenses DKK 1,645 mio up DKK 624 mio or 61% (or DKK 456 mio. / 49% after reimbursement from partners)
Jan Van de Winkel	Operating result DKK 1,380 mio, up DKK 36 mio or 3% and net result DKK 1,472 mio, up DKK 368 mio or 33%
Jan Van de Winkel	Key 2018 achievements: Darzalex approved in US & Europe in combination with bortezomib, melphalan and prednisone (VMP) in frontline multiple myeloma (MM)
Jan Van de Winkel	Split dosing regimen approved in Europe and in the US [early 2019]
Jan Van de Winkel	Reported positive topline results from the MAIA and CASSIOPEIA studies
Jan Van de Winkel	DARZALEX became a double blockbuster, with net sales by Janssen exceeding the USD 2 billion sales mark during 2018, triggering a USD 75 million milestone payment to Genmab
Jan Van de Winkel	Our collaboration with Seattle Genetics continues to be fruitful, with four new studies started or announced last year. One of these studies, called innovaTV 204 is a potential Phase II registration study in recurrent or metastatic cervical cancer
Jan Van de Winkel	We progressed the Phase I/II study of enapotamab vedotin in solid tumors into the expansion phase, and treated the first patients in the first-in-human studies of HexaBody-DR5/DR5 in solid tumors and DuoBody-CD3xCD20 in B-cell malignancies



Jan Van de Winkel	Finally, we introduced an exciting new technology, HexElect, and a strategic collaboration with Immatics
Helge Larsen/PI- redaktør	The investors and stock market appreciates Genmab's guidance for 2019. What do you expect in key figures and important events this year?
Jan Van de Winkel	Revenue 4.6 bn; OPEX 2.6 bn leading to a new record operating income of DKK 2 bn. Revenue driven by continued success of DARZALEX
Jan Van de Winkel	For this year we expect a speedy approval of DARZALEX in frontline MM based on the MAIA data and we look forward to other data with Daratumumab, the GRIFFIN study, the CANDOR study and of course the full data of the COLUMBA study, where we hit both of the primary endpoints last week
Jan Van de Winkel	In the second half of this year we expect meaningful clinical data for all of our four proprietary clinical programs
Jan Van de Winkel	
Jan Van de Winkel	Finally, we expect to file INDs/CTAs for three more proprietary programs in 2019
Budweis	Congratulations with the 20th anniversary! What a journey. Last week you participated in an video interview with the danish newspaper Børsen. Can you tell us a little more about the consultant report that have been made calculating the potential dara sale north of 10bn\$. What is the peaksale estimate and how is it split between US and ROW?
Jan Van de Winkel	I can confirm that the numbers from the latest survey among European and US physicians on the use of DARZALEX in multiple lines of therapy of MM north of 10 bn USD. As this is a model, we do not want to provide further colour
Jan Van de Winkel	The covering analysts for Genmab currently estimate peak sales north of 9.5 bn USD for MM
Darvin	Genmab says the potential for Darzalex is greater than \$ 10 billion. Can you tell us whether Genmab finds this likely within the current indications, including Amyloidosis, or whether you are calculating the use of Darzalex in other cancers?
Jan Van de Winkel	The numbers we are referring to were solely for MM. Currently there are also studies ongoing in Amyloidosis, NKTCL lymphoma and ALL so there could be further upside is such studies would read out positively
troldmanden	Could you try and shed some light on the clinical cost What ballpark figure can do you calculate per person for the early phase 1/2 trials and later phase 2 and 3 trials. And as a bonus question what amount do you believe J&J have used so fare on Dare?



Jan Van de Winkel In gene million  Relax Genma investo an esti  Jan Van de Winkel At pres 14.500  kkjoel Mr Eatt 6 USD, math (a full ran 1500-2  Jan Van de Winkel It depe	top ten projects we will spend approximately 1.3 bn DKK in 2019. These will be etween our top 2 projects of about 800 m DKK and the next 8 at about 500 m So on the early stage projects, we will spending about 60 m DKK per project eral, we estimate that per patient costs for clinical trials amount to about 1 DKK per patient
Relax  Genmainvesto an esti  Jan Van de Winkel  At pres 14.500  kkjoel  Mr Eatt 6 USD, math (a full ran 1500-2)  Jan Van de Winkel  It depe	DKK per patient
Jan Van de Winkel  Kkjoel  Kkjoel  Mr Eatt 6 USD, math (a full ran 1500-2)  Jan Van de Winkel  It depe	ub has considerably expanded the cost of developing the pinaling for 00401 One
kkjoel Mr Eatt 6 USD, math (a full ran 1500-2  Jan Van de Winkel It depe	ab has considerably expanded the cost of developing the pipeline for 2019! Can ors expect these costs to accelerate further over the coming years? If so, is their mate of how much will be invested before results can be expected?
6 USD, math (a full ran 1500-2  Jan Van de Winkel It depe	sent, Janssen has over 95 clinical studies with Daratumamb, including over patiens
·	well - given the 2685M DKK outlook on 2019 from a \$3B Darza turnover at the /DKK rate - and all our previos knowledge of the royalty-tiers - I tried to do the as you suggested on a few CCs;-). Would it be possible for you to confirm this ge (which hits spot-on for all the given numbers): 0-750 12%, 750-1500 13%, 2000 16%, 2000-3000 18%, 3000- 20%?
develo	nds how the pipeline develops and which projects move to later stage pment. In addition it will depend on our partnering strategy
Jan Van de Winkel We car	n confirm that the numbers you quote are correct
Bulder Did Jan	nssen achieve Priority Review for Alcyone in Japan? If so, is it also 6 months?
Jan Van de Winkel We do	anticipate approval in the second half of 2019
About A	kin cancer, breast cancer is the most common cancer diagnosed in women.  AXL, you write that it contributes to tumor progression in breast cancer among  Why are you not including Breast cancer in your trials with HuMax-AXL-ADC?
half of	rrently E.V. for solid tumors that are known to over-express AXL. In the second this year, we expect meaningful data from all expansion cohorts and may want den the range of tumors for testing E.V
	ata from the Columba study be the basis for approval in all treatment lines in do we have to await the sc combo study MMY2040?
	OLUMBA study is the only non inferiority PHIII that would be needed to obtain a or SC daratumumab
Jan Van de Winkel In orde PLEIAI and DA	



	for SC DARA
Thomas	In the Capital markets day in 2016 we heard that potential partners were queueing up interested in doing deals on the Hexabody platform. Why havent we seen any deals?
Jan Van de Winkel	We are currently actively evaluating the HexaBody platform for a number of targets, some of these in collaboration with (future) partners
Jan Van de Winkel	As Genmab intends to hold on to 50% or more of the product rights, the negotiations of contracts and future partnerships is more complicated and lengthy
Thomas	Do you expect to partner up on Enapotamab?
Jan Van de Winkel	It is too early to say whether we want to partner E.V. as we do not have robust clinical data at present
Jan Van de Winkel	As communicated to the market, we feel that a targeted smaller market could be handled by Genmab without a partner. If the therapeutic would be active in larger market, a partnership makes best sense
Sukkeralf	Mab Discovery was recently bought by BioNTech - does that impact your deal with Mab Discovery? Are the BioNTech/Genmab DuoBody partnership still active besides the two 4-1BB BsAbs?
Jan Van de Winkel	The acquisition of MAB Discovery has no impact on some of the work performed by this company for Genmab
Jan Van de Winkel	We have a very productive and stimulating partnership with BioNTech from which the first two clinical candidates are close to IND/CTA filings, and there is more to come
Darvin	Two questions about Enapotamab vedotin. First - when the current Phase 2 trial is completed, what trials / actions are then needed before you can apply for approval and marketing authorization? Second - Do you see EV on the market in the first half of 2020?
Jan Van de Winkel	With regard to the first question, we first need to see clinical data before any projections can be made on approval timelines etc
Jan Van de Winkel	With regard to the second question, the first half of 2020 is too optimistic for E.V.
Jan Van de Winkel	
Sukkeralf	BergenBio is probably in front with their selective AXL inhibitor bemcentinib (small molecule) and they have shown good progress with their biomarker companion diagnostic - two questions: Are Genmab actualy working on a biomarker companion diagnostic for EV? Have you compared preclinical data for AXL ADC with ADCT-601 and can elaborate on that?



Jan Van de Winkel	We can confirm that Genmab also has active programs on companion diagnostics and biomarkers for E.V. at present
Jan Van de Winkel	The scientific team has not compared E.V. with ADCT-601, we do note that the payload used by ADC-Therapeutics is far more toxic in cancer patients than MMAE
Darvin	Two questions about Tisotumab. We know that Tiso is progressing well in cervical cancer. Genmab has also talked about high expectations in eg. Pancreatic Cancer - perhaps greater than Cervical. First - Can you tell us something new here. Second - In what area do you se the biggest potential for Tisotumab.
Jan Van de Winkel	With regards to cervical cancer, we are rapidly progressing recruitment in the PHII cervical cancer study and are also making plans to enter other lines of therapy
Jan Van de Winkel	In the second half of 2019 we expect meaningful data in at least 4 other solid tumors with T.V. Right now, it is too premature to speculate on market potential before any data readout
Vester	One could be worried that the potential dara 1st line sales in 2019 could be greatly limited by the treatment bottleneck issue. Do you expect the split dosing to have a significant impact on the dara treatment capacity?
Jan Van de Winkel	We know that in major medical centres in the US, the split dosing regimen is used frequently. Unfortunately, in the large community healthcare centers that are key for treatment of MM, far less use of the split dosing regimen was observed up to now. We estimate that this usage will now go up, as Janssen can now promote for the split dosing alternative more broadly
Jan Van de Winkel	We are confident that the availability of a SubCu formulation in 2020 will have a very positive effect on usage of Daratumumab at all sites
nohope	How is the total economy in the Dara sc for patients? Could the pricing of the Dara sc formulation be so high that the product is rejected by NICE and other similar institutions - despite great advantages?
Jan Van de Winkel	Princing of Daratumumab formulations is the responsibility of our partner Janssen. As the SubCu formulation is not yet approved for therapy of MM, it is too premature to speculate on perceived prices in some European countries
Solsen	Mr Winkel Could the approval process for dara sc include RTOR ?
Jan Van de Winkel	RTOR is a pilot programme from the FDA for drugs that are already approved in the market and seek a broader label
Jan Van de Winkel	As the SubCu formulation of Dara also involved Hyaluronise



Jan Van de Winkel	sorry
Jan Van de Winkel	Hyalironidase, and thus is a new combination of two active ingredients, we believe RTOR would not apply
Helge Larsen/PI- redaktør	Great. We have 2 questions more left for you.
Solsen	Mr Winkel/Eatwell After many years Teprotumumab seems to be on the track for marketing - congrats. Could we hear something about the value for Genmab - like milestones and royalty?
Jan Van de Winkel	We are entitled to some small milestones and mid-single digit royalties on sales. We are very excited with the recent clinical data of Tepro in Graves' Eye Disease which may lead to the first drug ever approved for treatment of these patients
Solsen	Mr Winkel Could you sheed some light on the future capital structure now Genmab are heading towards 10 bn DKK in the bank. You opens for buy back of new 500.000 shares at the annual meeting (ca 1 mln in all). But when will you do it and will more come. And are dividend an issue now?
Jan Van de Winkel	We need to get the authority from the AGM first before being able to buy back shares
Jan Van de Winkel	Our priority for capital allocation remains investing in our exciting product pipeline
Helge Larsen/PI- redaktør	Jan and David. This was all we had for you this time. Thank you for joining us and thank you for the many fulfilling answers to the broad range of interested questions from our investors here at ProInvestor. com. We look very much forward to having you back again here for a Q&A in the near future after Q1.
Jan Van de Winkel	Thank you again for a lively session and looking forward to interact again in May
Helge Larsen/PI- redaktør	This session have ended.