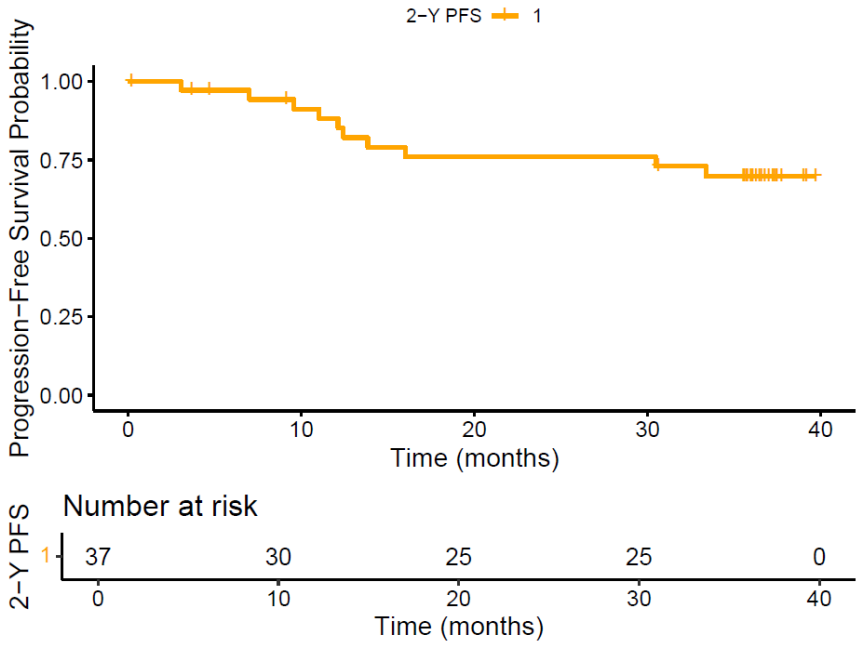
Primary objective: 2-year progression-free survival (PFS)

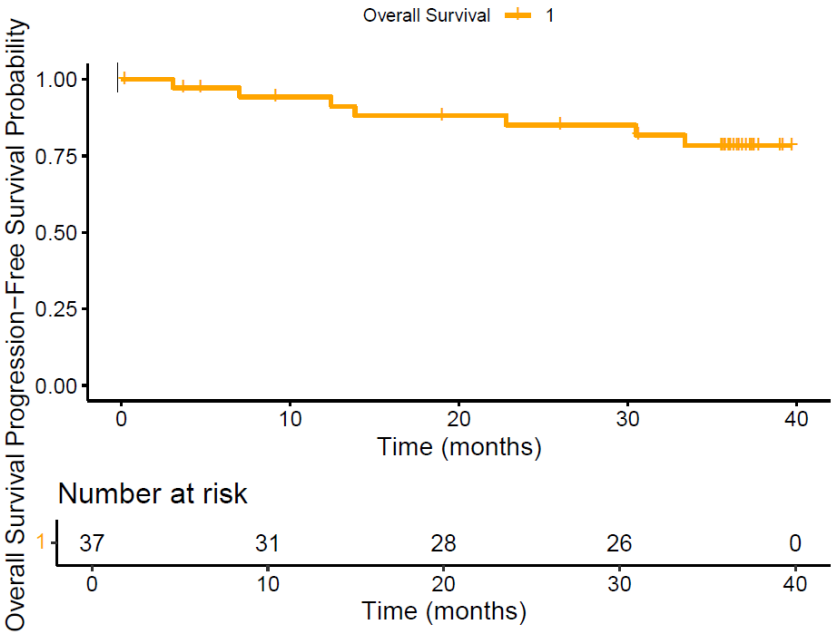


Graph 1 shows Kaplan-Meier curves for PFS of 37 ImbruVeRCHOP study patients which received study treatment R-CHOP including IMPs Ibrutinib and Bortezomib.

The 2-year progression-free survival is 76 %.
The estimation per protocol was above 67% so the primary endpoint has been reached.
The PFS probability at 36 months is 69.8%

- Secondary objectives:

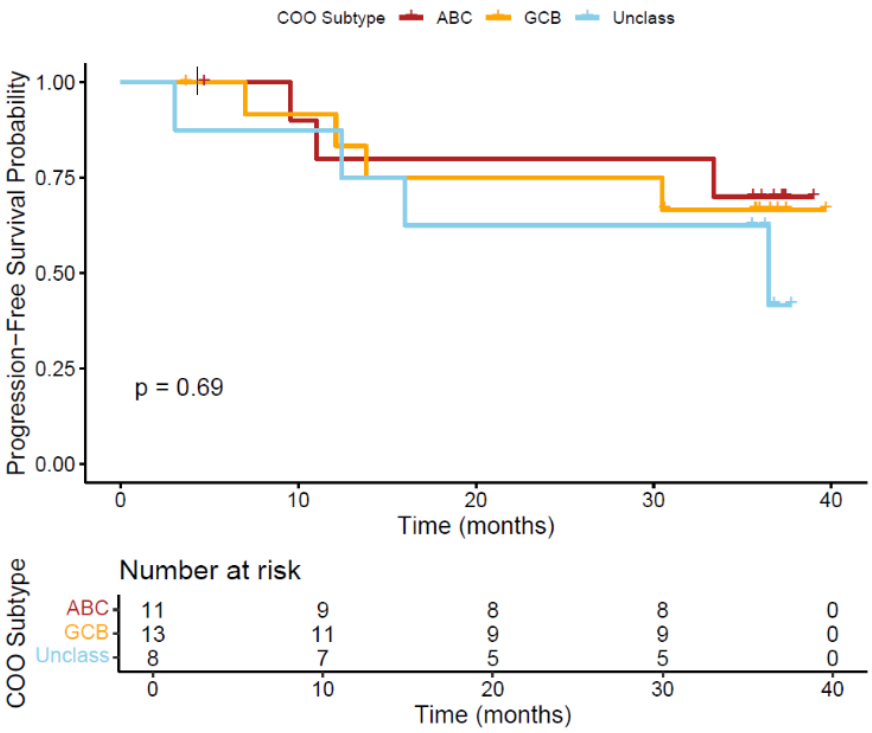
<u>Overall survival (OS):</u>



Graph 2 shows Kaplan-Meier curves for overall survival (OS) of 37 ImbruVeRCHOP study patients which received study treatment R-CHOP including IMPs Ibrutinib and Bortezomib.
The overall survival probability at 2-years (24 months) is 85 % and at 3-years (36 months) is 78.4 %.

Results _ EudracT: 2015-003429-32

Complete Response Rate (CRR) and Objective Response Rate (ORR):
Number of patients with complete remission (CR): 18
Number of patients with partial remission (PR): 13
Number of patients with stable disease (SD): 1
Number of patients with progressive disease (PD): 5
CRR: 49%
ORR: 84%



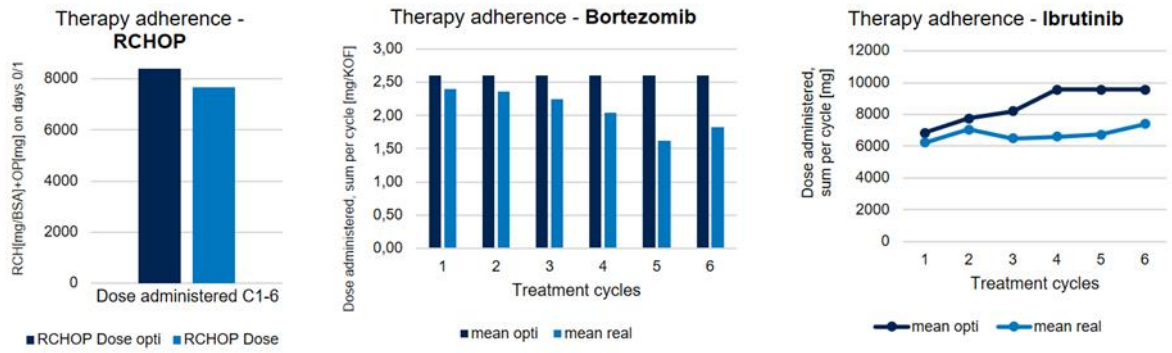
Graph 3 shows Kaplan-Meier curves for PFS of 36 ImbruVeRCHOP study patients, stratified by COO which were included into the molecular analysis.

2-year PFS for patients substratified by their different cell-of-origin (COO) subtypes (i.e. GCB vs. ABC by GEP): for molecular profiling only 36 patients could be included because of available lymphoma biopsy material. We could not detect a clinically relevant difference in PFS of the ABC vs GCB subtypes.

Further analysis, especially of the translational molecular program including whole-exome sequencing, RNA sequencing and MRD (minimal residual disease) levels over time, are still ongoing. They will be reported within a scientific publication.

During the reporting period, new findings on toxicity, reduced treatment adherence and poorer outcome were published in the PHOENIX study (NCT01855750). In the study, patients of a DLBCL subtype were randomized with ibrutinib plus R-CHOP against R-CHOP.

Treatment adherence:
A 91% RCHOP-adherence could be achieved. Only few dose reductions and interruptions had to be made. Reference safety data from a phase III clinical trial in which RCHOP + Ibrutinib or Placebo was administered showed only a 74% RCHOP-adherence in patients over the age of 60 years.



Graph 4 shows the calculated cumulative doses for RCHOP, Ibrutinib and Bortezomib compared to the doses effectively administered.