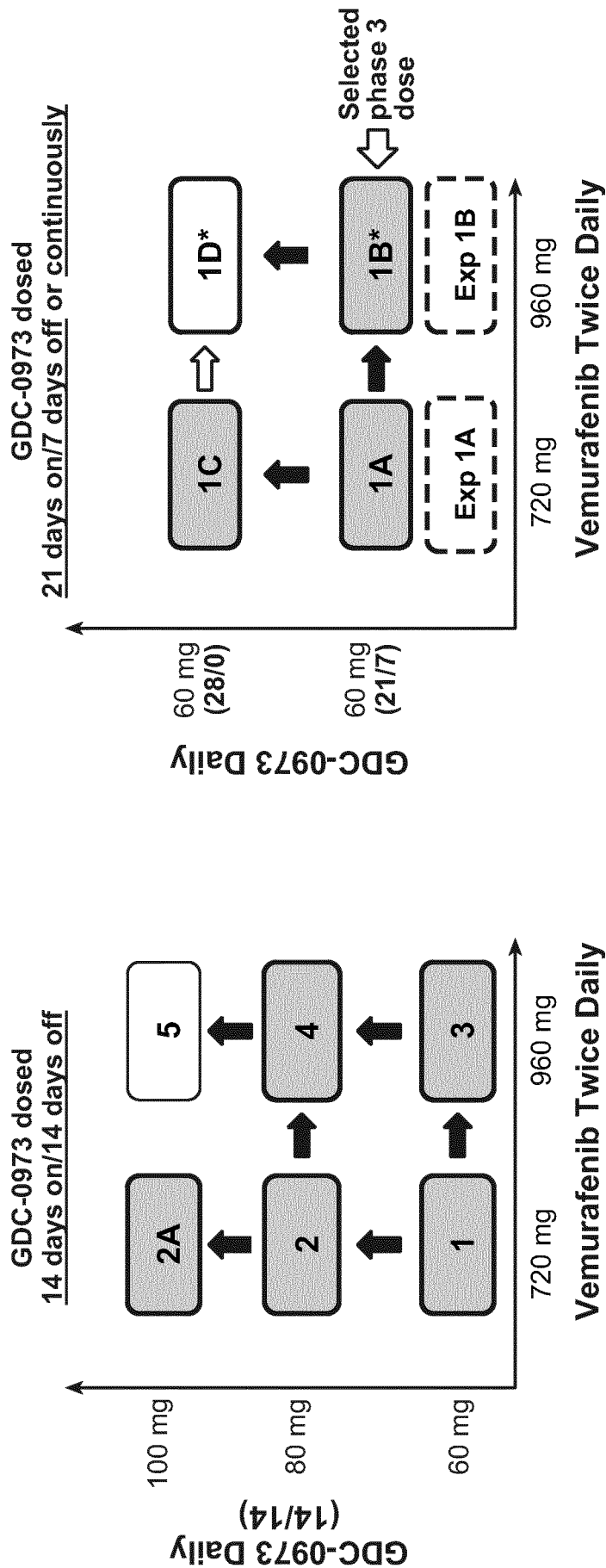




- 8/10 dose cohorts have met the protocol-specified criteria to be declared safe (cohorts shown in gray)^Δ
- DLT* observed in:
 - Cohort 1B: Grade 3 QT interval prolongation related to vemurafenib
 - Cohort 1D: Grade 3 Mucositis related to vemurafenib and GDC-0973
 - Cohort 1D: Grade 3 Arthralgia related to vemurafenib

^ DLT as of 18 September 2012

FIG. 1

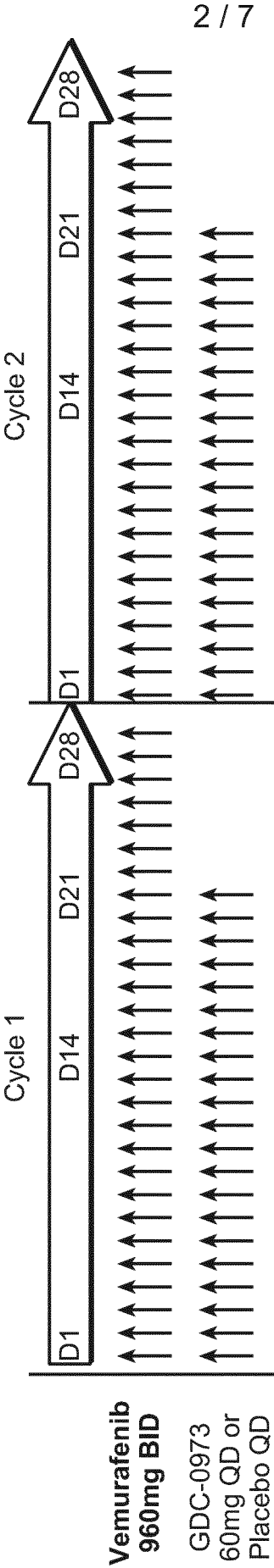


FIG. 2

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Treated patients (n=70)	
Median age, years (range)	57.5 years (19–76)
Gender, n (%) Male Female	49 (70.0) 21 (30.0)
ECOG performance status, n (%) PS 0 PS 1	35 (50.0) 35 (50.0)
LDH at screening or on Cycle 1 Day 1, n (%) Elevated	44 (63.0)
Melanoma stage at enrollment, n (%) Unresectable stage IIIc Stage IV, M1a Stage IV, M1b Stage IV, M1c	6 (8.6) 2 (2.9) 10 (14.3) 52 (74.3)
Vemurafenib progressors, n (%)	38 (54.3)
Median treatment cycles	3 cycles (1 – 13)

FIG. 3

All pts (n=70)	Vemurafenib	GDC-0973	Vem and GDC-0973
Temporary interruption	17 (24.3%)	15 (21.4%)	13 (8.6%)
Dose reduction	3 (4.3%)	2 (2.9%)	2 (2.9%)
Permanent discontinuation due to AE	1 (1.4%)	0 (0%)	0 (0%)

FIG. 5

Most common AEs attributed to either vemurafenib or GDC-0973				
n=70	Grade 3 or 4		Total	
	n	%	n	%
Total number of patients with AEs	20	28.6	67	95.7
Non-acneiform rash ^a	5	7.1	37	52.9
Diarrhea	4	5.7	36	51.4
Photosensitivity / Sunburn	0	0	22	31.4
Fatigue	1	1.4	21	30.0
Nausea	1	1.4	20	28.6
Selected AEs attributed to either vemurafenib or GDC-0973				
Creatine phosphokinase elevation	3	4.3	14	20.0
Liver function test elevation ^b	3	4.3	14	20.0
Arthralgia	1	1.4	9	12.9
Serous choroiretinopathy ^c	0	0	3	4.3
Cutaneous squamous cell carcinoma, KA	1	1.4	1	1.4

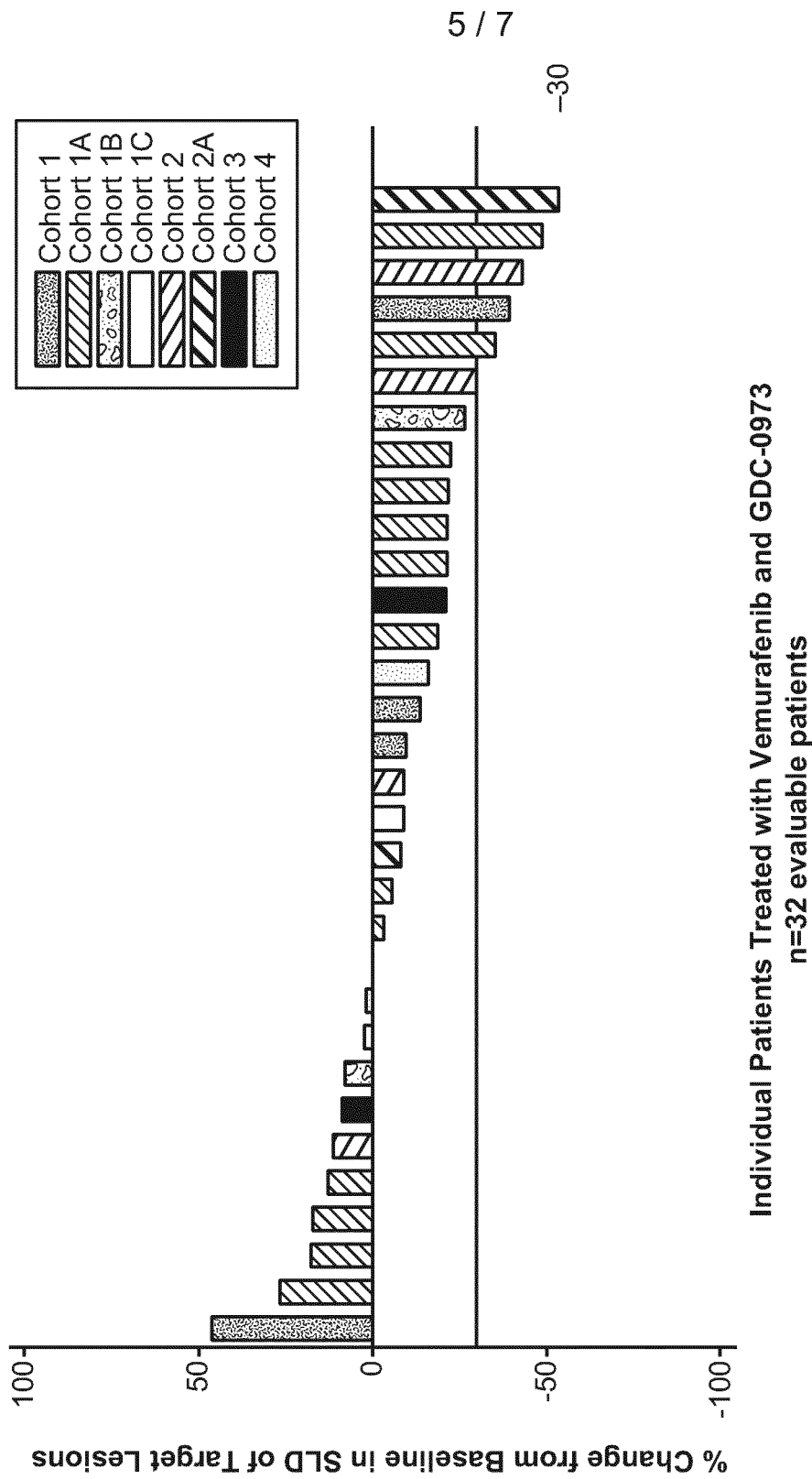
*Includes all patients reporting each of AE general terms, even for zero incidence.

^aNon-acneiform rash includes MedDRA terms rash, rash generalised, rash maculo-papular, rash macular, rash papular, rash erythematous, erythema, rash pruritic, dermatitis, skin exfoliation, dermatitis exfoliative, lividity

^bLFT elevation includes MedDRA terms alkaline phosphatase increased, bilirubin increased, hyperbilirubinaemia, AST & ALT increased, transaminases increased, and gamma-glutamyltransferase increased.

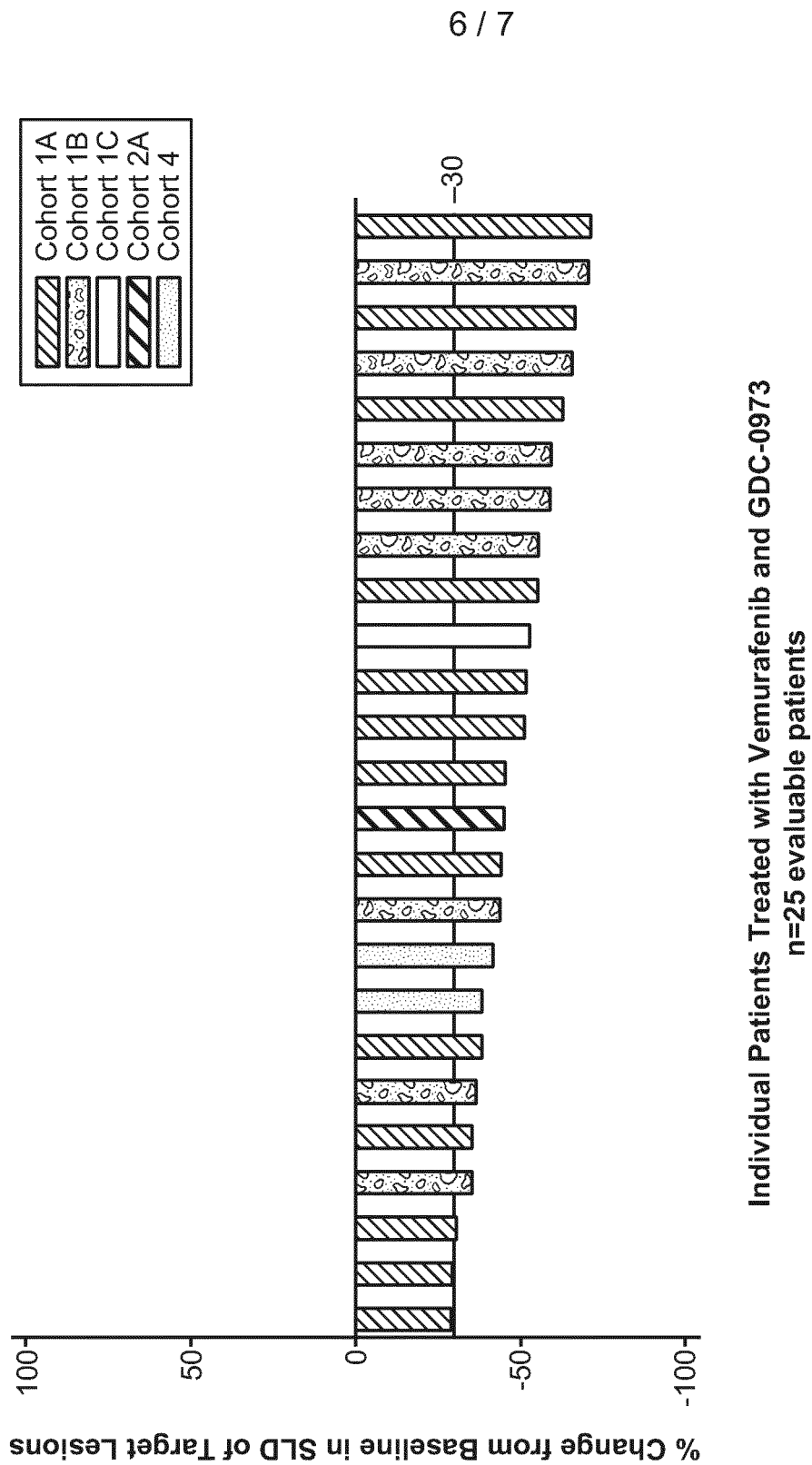
^cSerous choroiretinopathy includes MedDRA terms choroiretinal disorder, choroiretinopathy, 1 pt with blurred vision later diagnosed as serous choroiretinopathy.

FIG. 4



SLD, sum of longest diameters.
Bars representing patients enrolled in dose escalation and expansion stage cohorts assigned the same Vem/GDC-0973 dosing are represented by the same fill.

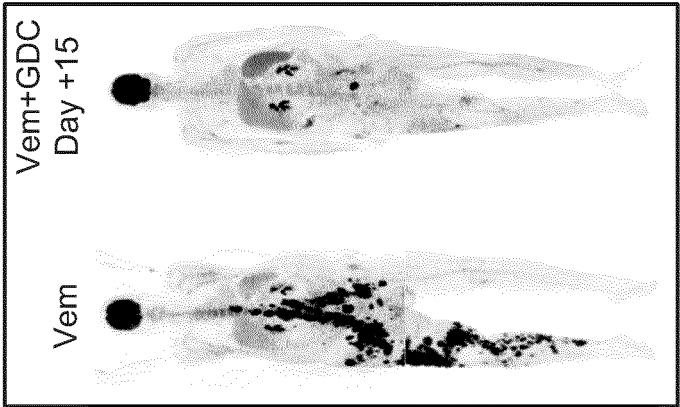
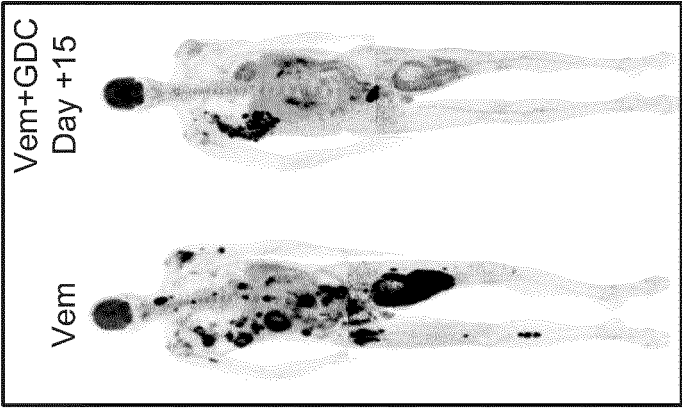
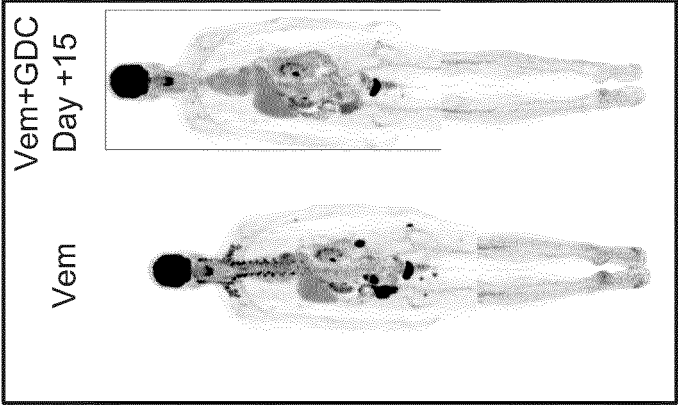
FIG. 6



SLD, sum of longest diameters.

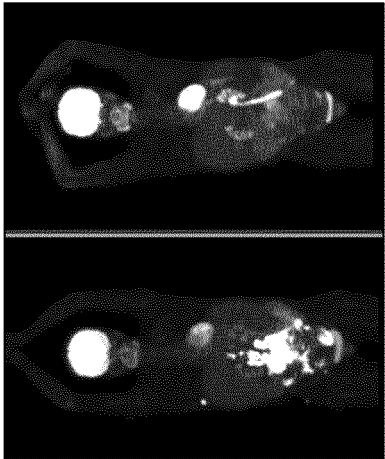
Bars representing patients enrolled in dose escalation and expansion stage cohorts assigned the same Vem/GDC-0973 dosing are represented by the same fill.

FIG. 7



Examples of PET Responses on Vemurafenib (Vem) + GDC-0973 (GDC)
in Patients Who Progressed on Vemurafenib

FIG. 8B



Examples of PET Responses on
Vemurafenib (Vem) + GDC-0973
(GDC) in Patients Who
Progressed on Vemurafenib

FIG. 8A