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Forward-looking Statements

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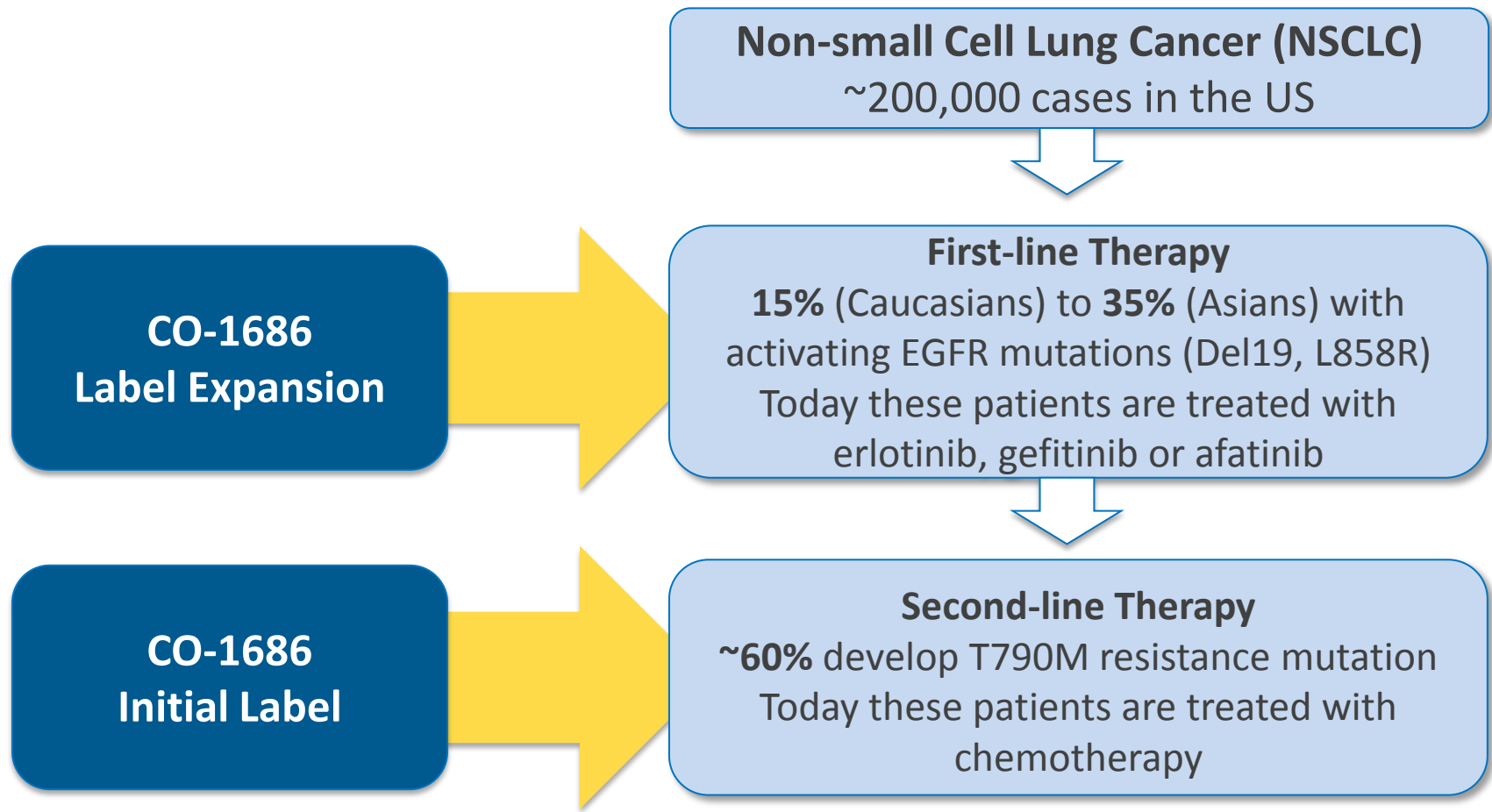
Investment Highlights

- Patient selection critical to success in 21st century oncology
- Two wholly-owned targeted programs in pivotal studies 1H 2014
 - CO-1686: three global registration studies in first- and second-line mutant EGFR lung cancer
 - Rucaparib: global registration study for maintenance therapy in homologous recombination deficient (HRD) ovarian cancer
- A third targeted program in broad Phase 2 development
 - Lucitanib: Phase 2 program in FGF-aberrant breast and lung cancer initiating
- First potential NDA submission for CO-1686 at YE 2015
- Significant IP protection
- Strong balance sheet: YE 2013 cash balance of \$323 million

CO-1686 Overview

- Novel, oral, selective covalent inhibitor of EGFR mutations in NSCLC
 - Inhibits key EGFR activating and T790M resistance mutations
 - Spares wild-type receptor signaling
 - Opportunity in both first- and second-line therapy
- 67% response rate in T790M+ patients reported at World Lung 2013
- Phase 1/2 study ongoing in EGFR-mutated patients with recurrent, advanced NSCLC
- QIAGEN companion diagnostic agreement
- Three registration studies to initiate 1H 2014
- Global rights held by Clovis

CO-1686: EGFR-mutated NSCLC

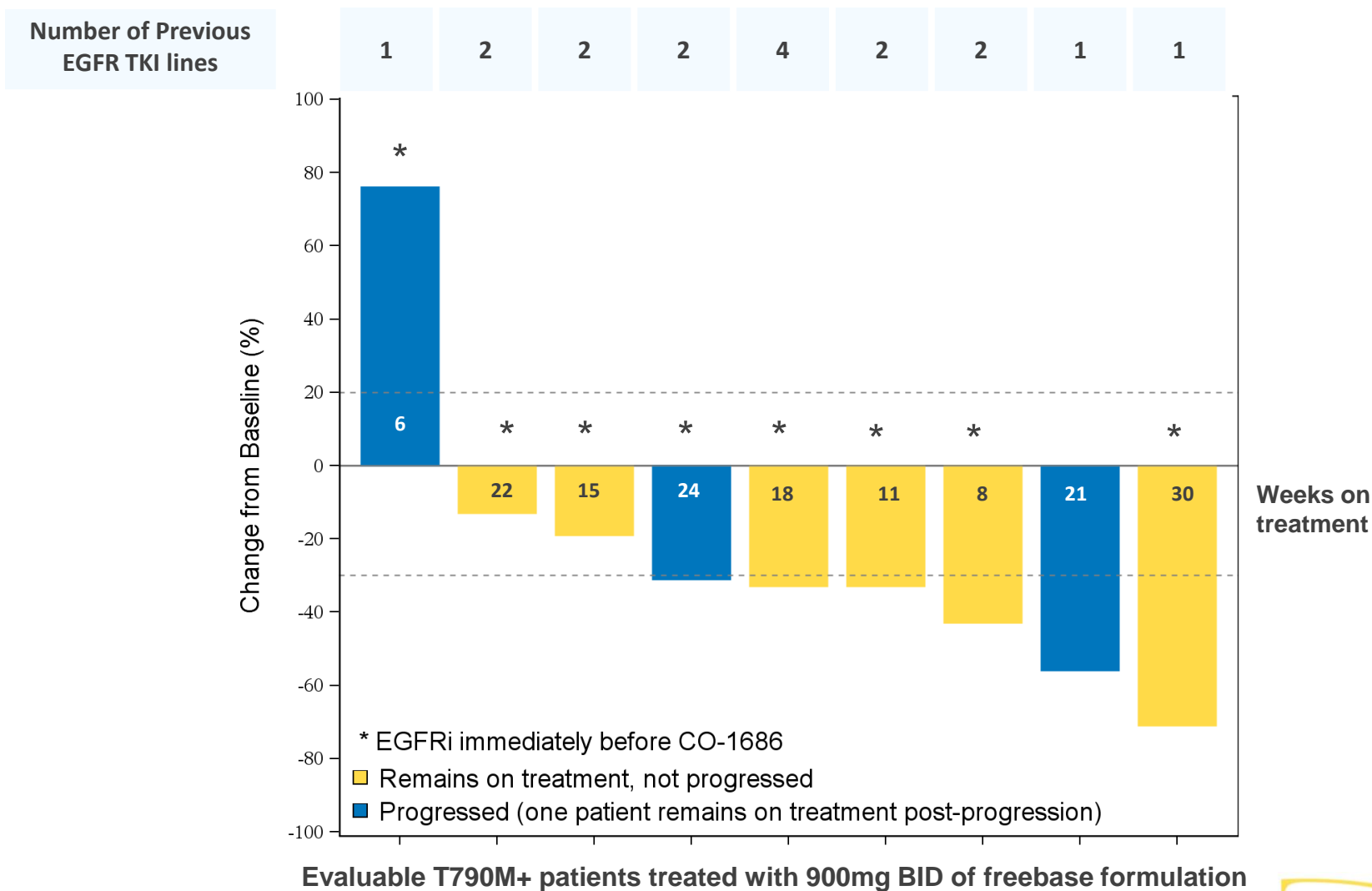


Sources: SEER; American Cancer Society; TCGA, Blake & Bivona – Cancer Discovery 2012; 2:872-875

Promising Clinical Activity Observed with CO-1686 – No Evidence of Systemic WT Inhibition

- Phase 1 data update provided at the IASLC 15th World Conference on Lung Cancer in Sydney, Australia in October 2013
- 67% RECIST response rate in evaluable T790M+ patients treated at 900mg BID of free base formulation
- CO-1686 well-tolerated with no rash, consistent with absence of systemic wild-type EGFR inhibition
- Next data update at the European Lung Cancer Conference (ELCC) in Geneva in March 2014

World Lung 2013: Phase One Data Shows Encouraging Evidence of Activity in T790M+ Patients



CO-1686 Phase One Update

- Dosed four patient cohorts with improved HBr formulation up to 1000mg BID
- Consistently higher exposures (~3-fold) and tighter PK than freebase
- HBr better tolerated than freebase with lower incidence of GI toxicities
- Final dosing decision expected this month
- Hyperglycemia is the dose-limiting toxicity
 - Dose-related, typically asymptomatic
 - Easily managed by dose reduction and/or oral hypoglycemic therapy if observed
- No evidence of systemic wild-type inhibition, even at highest doses of HBr
 - No rash
 - Trivial diarrhea (transient grade 1 diarrhea in ~10% of HBr patients)

CO-1686 Development Strategy: The TIGER Program

TIGER: Third-generation Inhibitor of mutant EGFR in lung cancer

- All are global studies in mutant EGFR NSCLC:
 - **TIGER1:** Phase 2/3 randomized registration study in newly-diagnosed patients (vs. erlotinib)
 - **TIGER2:** Phase 2 registration study in 2nd line T790M+ patients directly progressing on first TKI
 - **TIGER3:** Phase 2 registration study in later-line T790M+ patients, progressing on second or later TKI or subsequent chemotherapy
 - **TIGER4:** Phase 2 study in 2nd or later-line patients with T790M detected with a blood/plasma assay
 - **TIGER5:** Phase 3 randomized confirmatory study in 2nd or later-line patients (vs. chemo)

TIGER1 Overview

- A Phase 2/3 global study in 1st line EGFR-mutant NSCLC patients
 - Phase 2 portion to begin 1H 2014 in ~150 patients
 - Phase 3 portion to begin seamlessly 1H 2015 – trial size determined by Phase 2 results
- Randomized study against erlotinib
- Primary endpoint: Progression-free survival
- Efficacy biomarkers will be used to accelerate Phase 3 initiation if possible
- Results expected:
 - Phase 2: 1H 2016
 - Phase 3: 1H 2017

TIGER2 Overview

- A Phase 2 global registration study in 2nd line T790M+ EGFR-mutant NSCLC patients
 - All patients directly progressing from first TKI
 - One prior line of chemotherapy allowed
 - Single-arm study in 125 patients
 - Begin 1H 2014
- Primary endpoint: Overall response rate
 - Duration and tolerability key secondary endpoints
- Results expected 2H 2015

TIGER3 Overview

- A Phase 2 global registration study in later-line T790M+ EGFR-mutant NSCLC patients
 - Patients progressing on second or later TKI or subsequent chemotherapy
 - TKI failure prior to chemotherapy required
 - Single-arm study in ~125 patients
 - Begin 1H 2014
- Primary endpoint: Overall response rate
 - Duration and tolerability key secondary endpoints
- Results expected 2H 2015

CO-1686 Summary

- Encouraging efficacy in targeted patient population
- Well-tolerated with easily managed side effects
- Adverse events largely asymptomatic – no rash or diarrhea
- Aggressive first- and second- line registration program
- Straightforward companion diagnostic program
- Three registration studies to initiate 1H 2014
- First NDA submission expected as early as YE 2015
- Global studies to support global registrations
- Global rights held by Clovis

Rucaparib Overview

- Potent oral inhibitor of PARP-1 and PARP-2
 - Only PARP development program that seeks to treat all patients with appropriate tumor genetics based on DNA sequencing
- Numerous responses in mutant BRCA patients seen in Phase 1 trial
- Phase 2/3 dose of 600mg BID selected
- Foundation Medicine companion diagnostic agreement
- Initiated ARIEL2 in October
 - Prospective study in patients with DNA repair deficiencies other than BRCA mutations (BRCAness)
- Now recruiting ARIEL3 pivotal study

Phase 1 Data – Encouraging Evidence of Activity

- Objective responses observed in ovarian, breast and pancreatic cancer patients with gBRCA mutations across multiple dose levels
- 70% (7/10) extended disease control rate (PR + SD \geq 24 weeks) in gBRCA ovarian cancer patients
 - Heavily pretreated patients
- Rucaparib well-tolerated at selected dose of 600mg BID
 - No patients discontinued rucaparib due to treatment-related AE
- 4 of 5 gBRCA mutant breast and ovarian patients treated at 600mg BID have objective responses to date

HR Deficiency (BRCAness) – a Common Phenotype Created by Many Different Genotypes

- PARP inhibitors preferentially kill tumor cells with a particular type of DNA repair defect – homologous recombination deficiency (HRD)
- HRD known to be caused by defective function of BRCA1 or BRCA2 genes
- Many other gene products involved in HR can also be functionally silenced, leading to HRD (also termed “BRCAness”)
 - FANC gene family, RAD51 gene family, PALB2, etc.
- Patients with a tumor exhibiting HRD are likely to benefit from PARP inhibitor therapy
- Many patients with ovarian cancer have tumor HRD, only some of which are related to BRCA deficiency
- Tumor sequencing is expected to identify HRD tumors, enabling patient selection prior to therapy

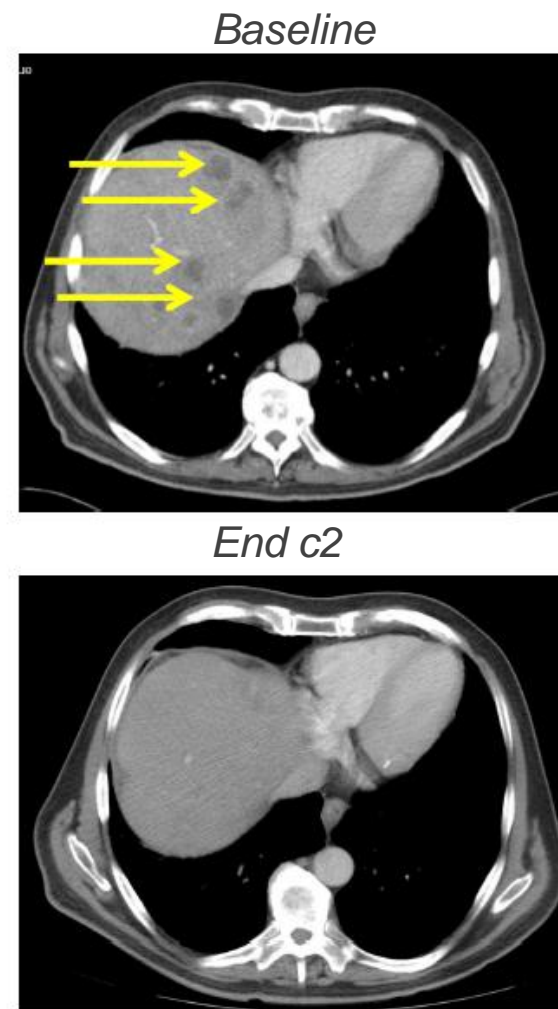
Rucaparib Development Strategy: the ARIEL Program

ARIEL: Assessment of Rucaparib In Ovarian Cancer Trial

- ARIEL2 treatment study initiated in October 2013
 - Tumor samples collected and DNA sequenced by next-generation sequencing (NGS)
 - Rucaparib response assessed and correlated with HRD status of patient
- Currently recruiting ARIEL3 registration study as maintenance therapy
 - Primary efficacy analysis in three prospectively-defined patient groups:
 - Mutant BRCA (germline and somatic)
 - All HRD patients (BRCA and non-BRCA)
 - All patients

Rucaparib in Pancreatic Cancer – Potential for Accelerated Approval

- HRD is relatively common in pancreatic cancer
 - Germline and somatic BRCA2 mutations (~15% incidence)
- Objective response (52% shrinkage) observed in gBRCA2 pancreatic cancer patient treated with rucaparib after rapid progression on FOLFIRINOX
- Phase 2 study of rucaparib in patients with mutant BRCA pancreatic cancer to initiate in 1H 2014
 - Single-arm study in ~100 patients
 - Second-line following chemotherapy
- Potential for accelerated approval given unmet medical need

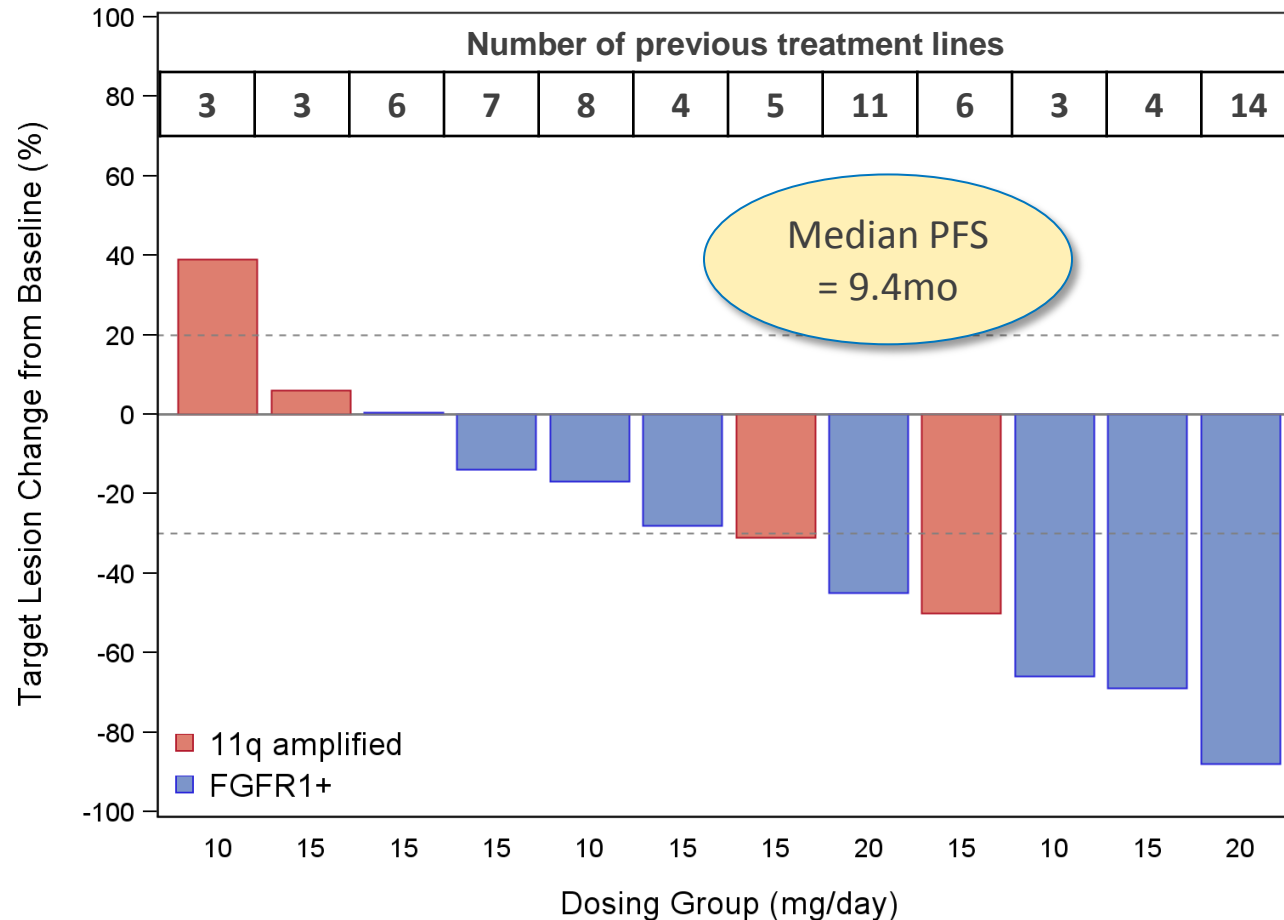


Lucitanib Overview

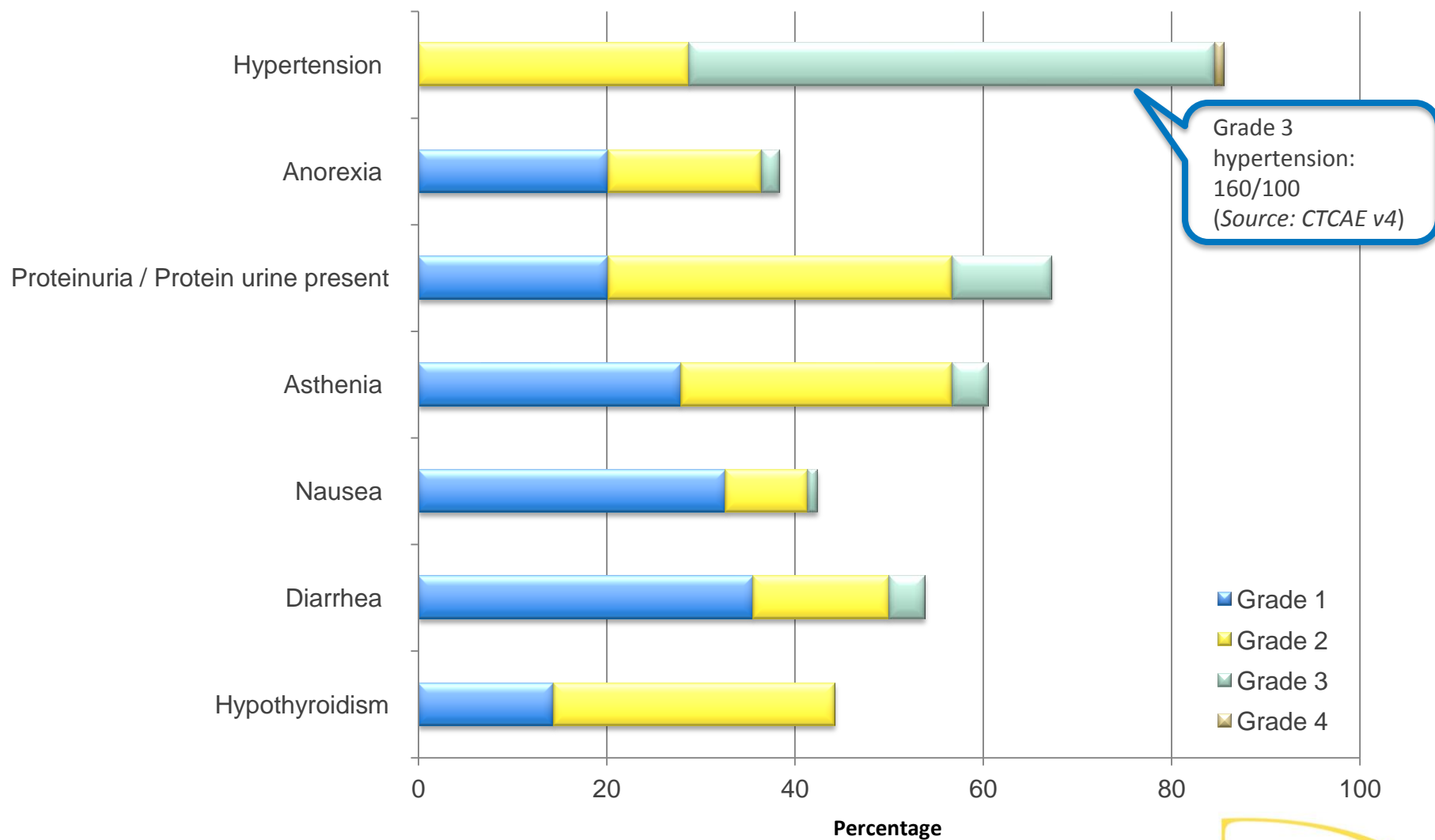
- An oral tyrosine kinase inhibitor targeting fibroblast growth factor (FGF) receptors 1-2; vascular endothelial growth factor (VEGF) receptors 1-3; and platelet-derived growth factor (PDGF) receptors alpha and beta
- 50% ORR in heavily-pretreated FGF-aberrant breast cancer patients
 - Equally effective in FGFR1+ and 11q amplified patients
- Clovis holds exclusive rights for lucitanib in the U.S. and Japan
 - Rights in Europe and ROW markets sub-licensed to Servier
 - Servier to fund initial \$110M global R&D program
- Three Phase 2 monotherapy trials of lucitanib are planned or underway
 - Initial focus on breast cancer and squamous NSCLC

Responses Seen in Heavily Pre-treated FGF+ Breast Cancer Patients in a Phase 1/2 study

**Best Response for Target Lesions by Patient
Continuous Dosing FGF+ Breast Cancer Patients**



Most Lucitanib Drug-related Adverse Events were Mild in Severity or Asymptomatic and Reflect VEGFR Inhibition



Lucitanib May Address Two of the Most Common Cancers

Initial Opportunities

Breast Cancer

- ~230,000 new cases of invasive breast cancer in the US each year
- ~60,000 of these cases are FGF aberrant (FGFR1^{AMP} or 11q^{AMP})
- In ER+ disease, women receive multiple lines of systemic therapy
- Significant unmet need remains

Squamous Non-Small Cell Lung Cancer

- ~200,000 new cases of NSCLC in the US each year
- ~55,000 (25-30%) of NSCLC is squamous histology
- ~20,000 (35%) of these cases are FGF
- Very few agents approved to treat squamous lung cancer

Future Opportunities

Numerous potential label expansions given frequency of FGF aberrations across multiple solid tumors

Sources: SEER; American Cancer Society; TCGA

Lucitanib Development Strategy Focuses on Selected Breast Cancer and Lung Cancer Patients

- Two Phase 2 trials in breast cancer:
 - Servier-sponsored European Phase 2 study (FINESSE) underway
 - 3 cohorts of ER+ patients (FGFR1-amp; 11q-amp; FGF wild-type)
 - Up to 41 patients per cohort
 - Clovis-sponsored U.S. Phase 2 study initiating
 - FGFR1- or 11q-amplified patients with advanced breast cancer
 - Study will further evaluate dosing strategy
 - ~160 patients planned
 - Highly complementary to Servier study
- Global Phase 2 study planned in squamous NSCLC
 - FGF-aberrant patients with advanced disease
 - Proof-of-concept study
 - ~40 patients planned

Upcoming Milestones

CO-1686

- Declare CO-1686 recommended Phase 2 dose
- Initiate CO-1686 Phase 2 expansion cohorts
- Initiate P2 CO-1686 TIGER2 registration study in 2nd line T790M+ NSCLC
- Initiate P2 CO-1686 TIGER3 registration study in later-line T790M+ NSCLC
- Initiate P2 portion of CO-1686 TIGER1 registration study in 1st line EGFR NSCLC
- Initiate CO-1686 Phase 1 Japanese study

Rucaparib

- Continue to enroll patients in ARIEL2 Phase 2 biomarker study
- Commence enrollment of ARIEL3 Phase 3 registration maintenance study
- Initiate Phase 2 pancreatic cancer study 1H 2014

Lucitanib

- Initiate lucitanib U.S. Phase 2 breast cancer study
- Initiate lucitanib global Phase 2 squamous NSCLC study
- Enter into diagnostic partnership