MOMENT
TRANSFORMATIVE MEDICINES

J.P. Morgan Healthcare Conference
Clay Siegall, Ph.D.
President & CEO
January 13, 2020

Sandy, treated for urothelial cancer on a PADCEV clinical trial

Greg, treated for Hodgkin lymphoma on the ADCETRIS ECHELON-1 clinical trial
Forward-Looking Statements

This presentation contains forward-looking statements, such as those, among others, relating to the company’s potential to achieve the noted development, regulatory and commercial milestones in 2020 and in future periods; anticipated activities related to the company’s planned and ongoing clinical trials, including clinical trial enrollment and data availability and the expected timing thereof; the potential for the company’s clinical trials to support further development, regulatory submissions and potential marketing approvals; the opportunities for, and the therapeutic and commercial potential of ADCETRIS®, PADCEV™, tucatinib and tisotumab vedotin, and the company’s other product candidates and those of its collaborators; potential milestones under the company’s ADC collaborations as well as other statements that are not historical facts. Actual results or developments may differ materially from those projected or implied in these forward-looking statements. Factors that may cause such a difference include risks and uncertainties related to: the risk that the company’s ADCETRIS or PADCEV net sales, revenues, expenses, costs, and other financial and operational metrics may not develop as expected; delays in planned clinical trial initiations, enrollment and conduct, obtaining data from clinical trials, and anticipated regulatory submissions and approvals in each case for a variety of reasons, including the difficulty and uncertainty of pharmaceutical product development, unexpected adverse events and/or adverse regulatory action; the inherent uncertainty associated with the regulatory approval process, including the risks that the company’s current and potential future BLA, NDA, IND or supplemental BLA, NDA or IND submissions, and other regulatory filings in the U.S. and other countries and those of its collaborators may not be accepted for filing by, or ultimately approved by, the FDA or other regulatory authorities in a timely manner or at all, and that the company and its collaborators may otherwise experience a more lengthy and costly regulatory approval process than anticipated; the potential for newly-emerging safety signals; failure of clinical results to support continued development or regulatory approvals; failure to properly conduct or manage clinical trials; required modifications to clinical trials and the inability to provide information and institute safety mitigation measures required by the FDA or other regulatory authorities from time to time resulting in delay or discontinuation of clinical trials; failure by the company to secure and maintain its collaborations; and other risks and uncertainties affecting the company, including those described under the caption “Risk Factors” included in the company’s Quarterly Report on Form 10-Q for the quarter ended September 30, 2019 filed with the Securities and Exchange Commission. Seattle Genetics disclaims any intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, other than as required by law.

NOTE: These slides include presentation of certain agents and clinical uses that are investigational, in which case safety and efficacy have not been established.
A Transformative Time for Seattle Genetics

**OUR MISSION**
Discovering, developing and commercializing transformative cancer medicines to make a meaningful difference in people's lives.

- Two therapeutic franchises and a third agent under regulatory review, each with multi-indication opportunities
- Demonstrated drug development and regulatory expertise
- Innovative, world-class R&D fueling robust pipeline
- Expanding global development, manufacturing and commercial capabilities
- Strong strategic partnerships with leading biotechnology and pharmaceutical companies
Two Approved Drugs, Third Pending Regulatory Review

Diversifying commercial portfolio

Broad development plans across pipeline

Fulfilling the Promise
for CD30-expressing lymphomas

Collaborator: Takeda

First-in-Class
ADC for urothelial cancer

Collaborator: Astellas

Potential Best-in-Class
TKI for HER2+ breast cancer

Tucatinib

Deep pipeline includes tisotumab vedotin
and other novel antibody-drug conjugate (ADC) and immuno-oncology agents

Future Opportunities
across earlier-stage pipeline
HEMATOLOGY

ADCETRIS:
Hodgkin lymphoma
Peripheral T-cell lymphomas
Cutaneous T-cell lymphomas

Crystal, treated for relapsed HL on an ADCETRIS clinical trial
ADCETRIS: An Expanding Global Brand

Approved in U.S. and Canada for six indications
- Hodgkin lymphoma (HL) across multiple lines of therapy, including frontline
- CD30-expressing lymphomas, including frontline peripheral T-cell lymphoma (PTCL)

Commercially available in 73 countries
- SGEN commercializing in U.S. and Canada
- Collaboration with Takeda for ROW

Multiple additional trials ongoing and planned in HL and other CD30-expressing lymphomas
ADCETRIS Net Sales Have Grown Year-Over-Year

ADCETRIS U.S. / Canada Net Sales Growth

ADCETRIS Label Expansions and Adoption Across CD30-Expressing Lymphomas Have Driven Franchise Growth

- Key growth drivers in 2019 included frontline HL and frontline PTCL following FDA approvals in 2018
- Growing ex-U.S. sales driven by Takeda progress; 2019 frontline HL approvals in EU, Japan and other key countries

Global Sales Exceeded $1B in 2019
With longer follow up, ECHELON-1 data continue to demonstrate superior efficacy of ADCETRIS + AVD over ABVD in frontline advanced HL

- Data reported at ASH 2019 with median follow-up of 48.4 months
- PFS rates at 4 years: A + AVD 81.7% vs. ABVD 75.1%
- HR 0.691, p=0.003
- Peripheral neuropathy continued to resolve and improve over time, with most patients experiencing complete resolution
- 5-year follow-up data expected in 2020
ECHELON-2: Redefining Treatment of Frontline CD30+ PTCL

**Progression-Free Survival**

<table>
<thead>
<tr>
<th></th>
<th>HR</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>A + CHP</td>
<td>0.71</td>
<td>0.011</td>
</tr>
<tr>
<td>CHOP</td>
<td>0.66</td>
<td>0.0244</td>
</tr>
</tbody>
</table>

Median PFS

<table>
<thead>
<tr>
<th></th>
<th>A + CHP</th>
<th>CHOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median PFS</td>
<td>48.2 mos</td>
<td>20.8 mos</td>
</tr>
</tbody>
</table>

Median Follow-up: 36.2 months

**Overall Survival**

<table>
<thead>
<tr>
<th></th>
<th>HR</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>A + CHP</td>
<td>0.66</td>
<td>0.0244</td>
</tr>
<tr>
<td>CHOP</td>
<td>0.66</td>
<td>0.0244</td>
</tr>
</tbody>
</table>

75th Percentile

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<thead>
<tr>
<th></th>
<th>A + CHP</th>
<th>CHOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>75th Percentile</td>
<td>Not reached</td>
<td>17.5 mos</td>
</tr>
</tbody>
</table>

Median Follow-up: 42.1 months

Data presented at ASH 2018; Horwitz, et.al.; Abstract #997
Simultaneous publication in The Lancet
Data Continue to Show Therapeutic Potential of ADCETRIS plus OPDIVO®

Frontline ADCETRIS + OPDIVO in HL Patients Age ≥60 Years

100% of patients achieved tumor reduction

In treatment-naïve HL patients ≥60 years, the combination of ADCETRIS and OPDIVO was tolerable and associated with a high CR rate

- ORR 95%, including 68% complete remissions (n=19)
- Median DOR not reached after median follow up of 6.8 months
- Common treatment-related AEs were fatigue, peripheral sensory neuropathy, diarrhea, infusion related reaction, lipase increased, peripheral motor neuropathy, pyrexia

Data presented at ASH 2019
Yasenchak, et al.; Abstract #237
Intriguing Observations with ADCETRIS + AVD in HIV patients with HL

Overall Survival
ADCETRIS + AVD in HIV-Associated HL

- Stage III/IV Patients:
  - 2-year OS: 90%
  - 2-year PFS: 87%

N=34

Survival
0.00 0.25 0.50 0.75 1.00
0 12 24 36 48
Time (months)

Encouraging activity in HIV-associated HL may have implications in patients with HIV and no malignancies

- 6- to 8-fold increase in risk of HL in persons living with HIV
- 100% of patients were in CR post treatment
- Safety appears similar to the non-HIV population except for increased neutropenia and G1/2 peripheral sensory neuropathy
- CD4+ and CD8+ T-cell counts increased during and after A + AVD treatment
- Viral load decreased during A + AVD in all patients with detectable load at baseline
- Clinical trial under consideration in non-cancer HIV patients that remain immuno-suppressed on retroviral therapy

Data presented at ASH 2019
Rubenstein, et.al.; Abstract #130
Alternative ADCETRIS-Containing Regimen for Frontline PTCL

ADCETRIS + CHEP Followed by ADCETRIS Consolidation in Frontline CD30-Expressing PTCL

<table>
<thead>
<tr>
<th>Best Response</th>
<th>N (%)</th>
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<tr>
<td>Total</td>
<td>21 (100)</td>
</tr>
<tr>
<td><strong>ORR</strong></td>
<td></td>
</tr>
<tr>
<td>CR</td>
<td>19 (90)</td>
</tr>
<tr>
<td>PR</td>
<td>1 (5)</td>
</tr>
<tr>
<td>PD</td>
<td>1 (5)</td>
</tr>
</tbody>
</table>

At completion of ADCETRIS + CHEP

Induction therapy with A + CHEP, an intensification of A + CHP, is tolerable and associated with a high CR rate

- Modification of alternative frontline CHOEP regimen, removing Oncovin and adding ADCETRIS
- Follow-up ongoing to assess the safety and efficacy of ADCETRIS consolidation after A + CHEP (+/- ASCT)
- Safety profile was manageable and there were no Grade 3 peripheral neuropathy events

Data presented at ASH 2019
Herrera, et.al.; Abstract #4023
### Current ADCETRIS Use Across Hodgkin and Non-Hodgkin Lymphoma

#### Six Indications in the U.S.

<table>
<thead>
<tr>
<th>Category</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontline HL</td>
<td>STAGE 3/4: ADCETRIS + AVD (ECHELON-1)</td>
</tr>
<tr>
<td>Frontline PTCL</td>
<td>CD30-EXPRESSING: ADCETRIS + CHP (ECHELON-2)</td>
</tr>
<tr>
<td>Post-Transplant HL</td>
<td>HIGH-RISK (AETHERA)</td>
</tr>
<tr>
<td>Relapsed/Refractory</td>
<td>HODGKIN LYMPHOMA</td>
</tr>
<tr>
<td></td>
<td>SYSTEMIC ALCL</td>
</tr>
<tr>
<td></td>
<td>CD30-EXPRESSING CTCL (ALCANZA)</td>
</tr>
</tbody>
</table>

#### Several Additional NCCN Guidelines Listings*

<table>
<thead>
<tr>
<th>Category</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontline HL</td>
<td>Age 60+: ADCETRIS + dacarbazine</td>
</tr>
<tr>
<td>Relapsed/Refractory</td>
<td>HL: ADCETRIS monotherapy</td>
</tr>
<tr>
<td></td>
<td>HL: ADCETRIS + bendamustine</td>
</tr>
<tr>
<td></td>
<td>HL: ADCETRIS + OPDIVO</td>
</tr>
<tr>
<td></td>
<td>HL Age 60+: ADCETRIS monotherapy</td>
</tr>
<tr>
<td></td>
<td>DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL): ADCETRIS monotherapy</td>
</tr>
</tbody>
</table>

*Not approved uses
## Future Opportunities Through Ongoing or Planned Registrational and/or Practice-Informing Trials

### Hodgkin Lymphoma

<table>
<thead>
<tr>
<th>Stage</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAGE 3/4</td>
<td>ADCETRIS + OPDIVO + AD</td>
</tr>
<tr>
<td>STAGE 1/2</td>
<td>ADCETRIS + PD-1 + AD</td>
</tr>
<tr>
<td>Unfit for chemotherapy</td>
<td>ADCETRIS monotherapy</td>
</tr>
<tr>
<td>Age 5-30</td>
<td>ADCETRIS + OPDIVO</td>
</tr>
</tbody>
</table>

| Retreatment   | ADCETRIS monotherapy                                                      |

### CD30-Expressing Non-Hodgkin lymphoma

<table>
<thead>
<tr>
<th>Stage</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frontline</td>
<td>Unfit for chemotherapy: ADCETRIS monotherapy</td>
</tr>
<tr>
<td>Relapsed/Refractory</td>
<td>DLBCL: ADCETRIS + RITUXAN + REVLIMID</td>
</tr>
<tr>
<td></td>
<td>PRIMARY MEDIASTINAL B-CELL LYMPHOMA (PMBCL): ADCETRIS + OPDIVO</td>
</tr>
</tbody>
</table>

| Retreatment   | ADCETRIS monotherapy                                                      |
TRANSFORMATIVE MOMENT. TRANSFORMATIVE MEDICINES.

SOLID TUMORS

PADCEV: Urothelial Cancer

TUCATINIB: HER2+ Breast Cancer

Julie, treated for metastatic breast cancer on a tucatinib clinical trial
PADCEV Approval Adds a Second Drug to our Commercial Portfolio

5-year survival rate of metastatic urothelial cancer is low

FDA accelerated approval in December 2019
• Locally advanced or mUC who have previously received a PD(L)-1 inhibitor, and a platinum-containing chemotherapy in the neoadjuvant/adjuvant, locally advanced or metastatic setting

Expanding clinical development program presents multiple opportunities for growth
• First-line mUC
• Earlier stages of bladder cancer, including muscle invasive disease
• Other Nectin-4-expressing solid tumors

Antibody-Drug Conjugate (ADC) targeting Nectin-4

Sandy
Treated for metastatic urothelial cancer on a PADCEV clinical trial

In collaboration with SeattleGenetics and astellas
Potential Opportunity for PADCEV Across Urothelial Cancer

**Non-muscle Invasive Bladder Cancer (NMIBC)**
- Tis: Carcinoma in situ
- Ta: Non-invasive papillary carcinoma
- T1: Tumor invades connective tissue

**Muscle Invasive Bladder Cancer (MIBC)**
- T2a: Tumor invades superficial muscle
- T2b: Tumor invades deep muscle
- T3: Tumor invades perivesical tissue
- T4: Tumor invades adjacent tissue and organs

**Metastatic UC (mUC)**
- Limited treatment options

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Typically treated with TURBT and BCG*

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~106,000 U.S. Patients Presenting for Treatment per Year — De novo and Recurrent**

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~28,000

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~20,000

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* TURBT: Transurethral Resection of Bladder Tumor
BCG: Bacillus of Calmette and Guerin vaccine

** Kantar Health, 2019
PADCEV U.S. Approval and Launch in mUC Patients Following Treatment with Platinum Regimen and a PD(L)-1 Inhibitor

FDA approval received ~3 months prior to PDUFA based on positive results from EV-201 clinical trial

- Seattle Genetics PADCEV sales team has an average of 14 years of oncology experience
- Joint sales force was trained and in the field upon approval
- Target customers include genitourinary oncologists in the academic and community settings

<table>
<thead>
<tr>
<th>n=125</th>
<th>EV Monotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORR</td>
<td>44% (12% CRs)</td>
</tr>
<tr>
<td>DOR</td>
<td>7.6 mos</td>
</tr>
</tbody>
</table>

Tolerable with a manageable safety profile*

Change in Tumor Measurements per Blinded Independent Central Review

n=110 patients with target lesions and adequate post-baseline assessment

Data presented at ASCO 2019
Petrylak et.al.; Abstract #LBA4505

*See important safety information on PADCEV.com
Positive Phase 1 Data with PADCEV plus KEYTRUDA® in Cisplatin-Ineligible First-line mUC (EV-103 Trial)

Data from PADCEV plus KEYTRUDA are encouraging and support further exploration of a potential platinum-free combination for first-line mUC

- 71% ORR (n=45, cis-ineligible pts)
- Rapid responses (91% at first assessment) that appear durable (DOR 1 to 10.5 mos and ongoing)
- Activity regardless of PD-L1 expression
- Safety profile appears consistent with individual components of the combination, including rash, hyperglycemia, peripheral neuropathy and immune-mediated events
Phase 3 Trial Initiated in First-line mUC

- Collaboration between Seattle Genetics, Astellas and Merck
- Three companies jointly funding a global, registrational phase 3 clinical trial to be led by Seattle Genetics
- Enrolling first-line mUC patients regardless of platinum eligibility, PD(L)-1 expression or Nectin-4 expression
- First patient expected to be treated in the first half of 2020

Patient Population
- Previously untreated mUC
- N~1,000

Dual Primary Endpoints: PFS and OS
### Broad PADCEV Clinical Development Program

<table>
<thead>
<tr>
<th>Approved indication</th>
<th>Expand globally</th>
<th>Pursue first-line mUC</th>
<th>Extend across bladder cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PADCEV monotherapy in mUC following platinum and PD(L)-1</td>
<td>EV-301: 550-patient phase 3 randomized, confirmatory trial</td>
<td>Combination with KEYTRUDA and/or other agents (cisplatin or carboplatin)</td>
<td>Early-stage disease</td>
</tr>
<tr>
<td>Enrollment nearly complete for mUC patients following platinum and PD(L)-1</td>
<td></td>
<td>Initiating 1,000-patient phase 3 randomized trial</td>
<td>PADCEV +/- KEYTRUDA in muscle-invasive bladder cancer</td>
</tr>
<tr>
<td>Primary endpoint OS</td>
<td></td>
<td></td>
<td>Developing strategy in non-muscle invasive bladder cancer</td>
</tr>
</tbody>
</table>

Exploring PADCEV in other Nectin-4 expressing solid tumors in planned basket trial
Tucatinib: Differentiated Tyrosine Kinase Inhibitor (TKI) Targeting HER2

Tucatinib
Potential best-in-class oral small molecule targeting HER2

Substantial unmet need for treatments that improve outcomes in HER2+ metastatic breast cancer

- >19,000 patients diagnosed annually in the US and EU5
- Up to 50% of patients develop brain metastases, a negative prognostic factor characterized by shorter survival

Positive HER2CLIMB results reported in 2019 and published in New England Journal of Medicine

- Breakthrough Therapy Designation
- NDA submitted to FDA in December
- Participating in RTOR* and Project Orbis pilot programs
- MAA recently submitted to EMA

Broad clinical development program of ongoing and planned trials in HER2+ solid tumors, including metastatic breast, colon and gastric cancers

*RTOR: Real-time Oncology Review
**HER2CLIMB Positive for Primary and Secondary Endpoints**

**Primary Endpoint: Progression-Free Survival**

Addition of tucatinib to trastuzumab + capecitabine was superior to trastuzumab + capecitabine

- Tucatinib in combination with trastuzumab and capecitabine was well tolerated; majority of adverse events were low-grade
- Adverse event profile included reversible elevations of liver enzymes and diarrhea that were typically low grade and transient
- Low rate of discontinuations due to adverse events

Risk of progression or death was reduced by 46% in the primary endpoint population

Data presented at 2019 San Antonio Breast Cancer Symposium (SABCS) and simultaneously published in the New England Journal of Medicine, December 2019
HER2CLIMB Two Key Secondary Endpoints

**Overall Survival**

- N=612
- Median OS 21.9 mos 17.4 mos
- 76% 62% 45%

**PFS in Patients with Brain Metastases**

- (48% OF ENROLLED PTS)
- Median PFS 7.6 mos 5.4 mos
- 60% 34% 25%

<table>
<thead>
<tr>
<th></th>
<th>Tucatinib arm</th>
<th>Control arm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median OS</td>
<td>21.9 mos</td>
<td>17.4 mos</td>
</tr>
<tr>
<td>Risk of death was reduced by 34% in the total population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR 0.66</td>
<td>P value 0.00480</td>
<td></td>
</tr>
<tr>
<td>Median PFS</td>
<td>7.6 mos</td>
<td>5.4 mos</td>
</tr>
<tr>
<td>Risk of progression or death was reduced by 52% in patients with brain metastases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR 0.48</td>
<td>P value &lt;0.00001</td>
<td></td>
</tr>
</tbody>
</table>

Encouraging Data Suggest Additional Opportunity for Tucatinib in Colorectal Cancer

MOUNTAINEER phase 2 trial supports potential of tucatinib plus trastuzumab in HER2+ metastatic CRC

- Trial expanded to total of ~110 patients to enable potential accelerated approval
- Primary endpoint confirmed ORR

**Patient Population**
3L+, HER2+ mCRC

**Randomize**

- Tucatinib + Trastuzumab
- Tucatinib*

*If non-response or progression, crossover to tucatinib + trastuzumab

<table>
<thead>
<tr>
<th>n=26 (23 evaluable; trial ongoing)</th>
<th>Tucatinib + Trastuzumab</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORR / DOR</strong></td>
<td>52%</td>
</tr>
<tr>
<td><strong>Median PFS / OS</strong></td>
<td>8.1 / 18.7 mos</td>
</tr>
</tbody>
</table>

Combination was well-tolerated

Excludes 1 subject with PD on day 1 due to brain metastasis

Interim data as presented at ESMO 2019
Strickler, et.al.; abstract 527PD
**Broad Tucatinib Clinical Development Program in HER2+ Diseases**

<table>
<thead>
<tr>
<th>Initial Opportunity</th>
<th>Move into earlier lines of mBC</th>
<th>Expand to colorectal cancer</th>
<th>Extend across HER2+ diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="Image" alt="HER2CLIMB Icon" /></td>
<td><img src="Image" alt="HER2CLIMB-02 Icon" /></td>
<td><img src="Image" alt="MOUNTAINEER Icon" /></td>
<td><img src="Image" alt="SeattlesGenetics Icon" /></td>
</tr>
<tr>
<td>Metastatic breast cancer; prior trastuzumab, pertuzumab and T-DM1</td>
<td>Metastatic breast cancer; prior taxane and trastuzumab</td>
<td>Metastatic colorectal cancer</td>
<td>Early-stage breast cancer and other solid tumors</td>
</tr>
<tr>
<td>Positive PFS and OS results in randomized trial in 612 patients</td>
<td>Ongoing 460-patient phase 3 trial of tucatinib + T-DM1 vs T-DM1 + placebo</td>
<td>Encouraging interim data reported from ongoing trial of tucatinib + trastuzumab</td>
<td>Neoadjuvant I-SPY2 trial ongoing and adjuvant trial planned</td>
</tr>
<tr>
<td>NDA and MAA submitted, and submissions under Project Orbis</td>
<td>Primary endpoint PFS; key secondary endpoint OS</td>
<td>Registration-enabling trial underway</td>
<td>Planning further trials in breast and colorectal cancer, and trials in gastric and HER2 mutant tumors</td>
</tr>
</tbody>
</table>
ADVANCING & EXPANDING PIPELINE
Tisotumab Vedotin (TV): Novel ADC Targeting Tissue Factor for Cervical Cancer and Other Solid Tumors

Ongoing pivotal trial to address unmet need in recurrent/metastatic cervical cancer; also evaluating TV in other Tissue Factor-expressing solid tumors

- Topline data from potentially registrational single-arm trial expected in 1H20
  - N=102
  - Primary endpoint confirmed ORR by BICR
- Ongoing trials in other solid tumors
- Activities underway to maximize therapeutic window by optimizing dose and schedule in cervical, ovarian and head & neck cancers

Encouraging single-agent activity from a phase 1/2 trial in women with advanced-stage cervical cancer

Data presented at SGO 50th Annual Meeting, March 2019
Ladiratuzumab Vedotin (LV) Clinical Development Ongoing in Triple Negative Breast Cancer and Other LIV-1-Expressing Solid Tumors

Reduction in Total Tumor Burden by Best Overall Response Metastatic Triple Negative Breast Cancer Patients

LV has shown encouraging activity as a single agent and in combination with KEYTRUDA®

- Single-agent activity demonstrated in pretreated metastatic TNBC patients
- Clinical development focused on optimizing dose and schedule
- LV + KEYTRUDA data presented at SABCS 2019 provide additional evidence of potential to pair vedotin ADCs with PD(L)-1 inhibitors
- Basket trial enrolling additional solid tumor types, such as lung and esophageal

LV may have potential in patients with TNBC, which represents a significant unmet medical need
Early-Stage Pipeline Programs Employ Novel ADC and IO Technologies

- Robust early-stage pipeline utilizing efficient clinical trial designs
- Multiple INDs planned in 2020 and beyond
- Continued investment in innovative, targeted therapies to feed clinical pipeline

<table>
<thead>
<tr>
<th></th>
<th>PRECLINICAL</th>
<th>PHASE 1</th>
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<tbody>
<tr>
<td>SEA-BCMA</td>
<td>Multiple myeloma</td>
<td></td>
</tr>
<tr>
<td>SGN-CD47M</td>
<td>Solid tumors</td>
<td></td>
</tr>
<tr>
<td>SGN-CD228A</td>
<td>Solid tumors</td>
<td></td>
</tr>
<tr>
<td>SEA-CD40</td>
<td>Pancreatic cancer</td>
<td></td>
</tr>
<tr>
<td>SEA-CD70</td>
<td>MDS/AML</td>
<td></td>
</tr>
<tr>
<td>Multiple INDs Planned</td>
<td>Cancer</td>
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Seattle Genetics Leadership in ADCs

### ADC Collaborator Late-Stage Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Collaborator</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIVY™ (anti-CD79b ADC)</td>
<td>Genentech/Roche</td>
<td>DLBCL</td>
</tr>
<tr>
<td>Belantamab mafodotin</td>
<td>GSK</td>
<td>Multiple myeloma</td>
</tr>
</tbody>
</table>

Our ADC technology is driving multiple internal and collaborator programs

- More than 10 ADCs in clinical development employ Seattle Genetics proprietary technology
- Collaborator programs generate fees, progress-dependent milestone payments and royalties to Seattle Genetics
- Continued research in novel linker systems, cell-killing payloads and conjugation technologies
Third Quarter and Ninth Month Financial Results

<table>
<thead>
<tr>
<th></th>
<th>Three months ended Sept 30, 2019</th>
<th>Nine months ended Sept 30, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>$213.3M</td>
<td>$626.9M</td>
</tr>
<tr>
<td>ADCETRIS U.S./Canada net sales</td>
<td>$167.6M</td>
<td>$461.6M</td>
</tr>
<tr>
<td>Royalty revenues</td>
<td>$27.3M</td>
<td>$66.2M</td>
</tr>
<tr>
<td>Collaboration revenues</td>
<td>$18.4M</td>
<td>$99.1M</td>
</tr>
<tr>
<td><strong>CASH &amp; INVESTMENTS</strong></td>
<td></td>
<td>$870.3M</td>
</tr>
<tr>
<td><strong>DEBT (excluding lease-related debt)</strong></td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

Fourth quarter and year 2019 financial results to be reported February 6, 2020
Expected Key Activities in 2020

- Further entrench ADCETRIS as a standard of care in frontline HL and PTCL
- Advance and expand clinical development program, including trials of retreatment, chemotherapy unfit, frontline HL and relapsed DLBCL

Tucatinib
- Execute U.S. launch in collaboration with Astellas
- Enroll phase 3 trial in first-line mUC
- Expand development in urothelial cancer, including MIBC, and other solid tumors
- Pursue FDA approval on NDA under RTOR
- Seek ex-US approvals on recently submitted MAA and Project Orbis applications
- Advance broad clinical development program in breast, colon and other solid tumors
- Report topline tisotumab vedotin data in 1H20 from pivotal trial in metastatic/recurrent cervical cancer (enrollment complete)
- Advance earlier-stage programs and initiate trials with several novel agents

Pipeline