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Strengthening the Foundation of Cancer Care

Forward-Looking Statements

This material contains forward-looking statements as defined by the Private Securities Litigation Reform Act of 1995. These include statements concerning plans, objectives, goals, strategies, future events or performance and all other statements which are other than statements of historical fact, including without limitation, statements containing words such as “believes,” “anticipates,” “expects,” “estimates,” “projects,” “will,” “may,” “might” and words of a similar nature. Such statements involve risks and uncertainties that could cause actual results to differ materially from those projected. Some important factors that could cause actual results to differ include dependence on the efforts of third parties; dependence on new and uncertain technology and its uncertain application to new business ventures; regulatory actions or delays, or uncertainties related to product development, testing or manufacturing; ability to form and maintain strategic alliances; ability to complete certain transactions and realize anticipated benefits from acquisitions; dependence on certain intellectual property rights of both Hana and third parties; the competitive nature of Hana's industry; risks of obsolescence of certain technology; and ability to develop viable products for the health care market including the achievement of successful pre-clinical and clinical results. The forward-looking statements contained herein represent the judgment of Hana as of the date this material was drafted. Hana disclaims, however, any intent or obligation to update any forward-looking statements.

Investment and Value Drivers

- Lead asset, **Marqibo®**, demonstrated compelling efficacy in heavily pre-treated, adults with Ph(-) acute lymphoblastic leukemia (ALL)
  - 35% overall response rate in the 3rd – 6th line treatment setting
  - 20% complete response rate with impressive median duration and survival
- Marqibo rolling NDA submission for accelerated approval expected to be initiated by the end of 2010 with potential approval in 4Q 2011
- Multi-billion dollar worldwide market potential in blood cancers such as adult ALL, lymphomas, myeloma, and childhood ALL
- Successful recent deep diligence and financing by Warburg-Pincus and Deerfield resulting in no need for near-term fund-raising
- **Menadione Topical Lotion**, a Phase 2-ready asset, positioned to follow Marqibo and add value

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Marqibo® (vincristine sulfate liposome injection)

A Late-Stage, Near-Term Oncology Product Opportunity

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Marqibo Delivers Vincristine in an Optimized and Dose-intense Manner

- Vincristine sulfate is widely (2+ M doses/year) and globally used to treat leukemias, lymphomas, myeloma, and solid tumors
- Marqibo is high concentration vincristine sulfate loaded into unique sphingomyelin and cholesterol liposome nanoparticles (Optisomes™)
- Marqibo facilitates marked dose intensification, PK optimization, and targeted vincristine delivery to and concentration in cancerous tissues
- Marqibo addresses the universally known dosing, rapid clearance, and toxicity (neuropathy) limitations of standard vincristine
- **Marqibo is intended to replace standard vincristine chemotherapy**

Global issued IP protection until 2021, potential IP through 2026 with Hatch-Waxman, and additional IP pending

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Relapsed/Refractory Adult ALL has a Grave Prognosis

- Adult ALL has a prognosis comparable to metastatic melanoma and regionally metastatic pancreatic cancer [1,2]
- Second salvage therapy induces few responses and marked toxicity [3]
- Third or greater salvage is expected to induce no responses and produce significant toxicity in such heavily pre-treated individuals
- Relapsed/refractory adult ALL is a genuine unmet medical need and untapped commercial opportunity

Standard treatments are lacking in relapsed and refractory adult ALL and options are limited due to residual toxicity from prior therapies

[1] Tavernier E et al. Leukemia 2007; 21:1907-1914.
[2] Cancer Facts and Figures 2009, Atlanta, Georgia, American Cancer Society: 2009.
[3] O'Brien S et al. Cancer 2008; 113:3186-91.

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RALLY is the Cornerstone Study of the ALL Program

	RALLY = Relapsed/Refractory ALL Trial
Study Disease	Central Laboratory confirmed Philadelphia chromosome (-) ALL or lymphoblastic lymphoma
Study Population	Adults in second relapse or those who progressed following 2 prior lines of therapy and currently have no available treatment options
Study Treatment	Single-agent weekly intravenous Marqibo 2.25 mg/m^2 (no dose cap)
Primary Outcome Measure	Complete response (CR) or CR without full hematologic recovery (CRi)

RALLY was a well-controlled, multi-national, single-arm study

O'Brien S et al. ASCO 2010

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RALLY Enrolled Patients Lacking a Standard of Care

Characteristic	Intention-to-Treat Population = 65
Median age	32 years (range 19 – 83)
Infiltration of vital organs (extramedullary disease)	**20%**
Prior stem cell transplant	**48%**
Prior vincristine sulfate therapy	**100%**
History of peripheral neuropathy	**82%**

Single-agent salvage expected to produce ≤ 4% complete response rate

O'Brien S et al. ASCO 2010

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RALLY Demonstrated Impressive Marqibo Activity

Outcome Measure	N = 65
Complete Response (CR and CRi)	**20%**
Overall Response Rate (CR, CRi, BMB, and PR)	**35%**
Median CR/CRi duration (censored)	5.3 months (range 0.3 – 6.5)
Median Overall Survival of CR/CRi patients	**7.33** months (range 2.3 – 16.6)
Median Overall Survival	4.6 months (range 0.1 – 21.6)
Median cumulative Marqibo dose received	18.8 mg (range 3.5 – 70.1)

Marqibo's overall CR/CRi rate of 20% in the second/third salvage settings exceeds the historical controls

O'Brien S et al. ASCO 2010

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Activity in Key Subgroups and Most Advanced Cases

		CR/CRi
Salvage setting	Second salvage Third salvage	**20%** **21%**
Line of treatment	Third line Fourth line Fifth line	17% **24%** **29%**
Treatment setting	Relapsed Refractory	24% **14%**
ECOG performance status	0 and 1	**26%**

O'Brien S et al. ASCO 2010

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Marqibo Produced Patient Meaningful Outcomes

- Marqibo enabled successful stem cell transplantation in 10 patients
- 62% of CR/CRi patients had a response duration longer than the response duration to their most recent therapy
- 5 patients had an overall survival of greater than 1 year
- 63% of evaluable patients had clearance of circulating blasts within one week of their first dose of Marqibo
- 31% of subjects presenting with clinically notable leukemic infiltration of vital organs had rapid reversal of organ dysfunction and achieved CR/CRi

O'Brien S et al. ASCO 2010

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Marqibo was Generally Safe and Well-Tolerated

- Related adverse events occurring in ≥ 30% of study subjects, based on MeDRA preferred term, included constipation, nausea, febrile neutropenia, pyrexia, decreased appetite, diarrhea, and neuropathy
- There were NO related Grade 4 or 5 adverse events
- There was a relatively low 14-day mortality rate of 4.6% and 30-day mortality rate of 12.3%
- The majority of subjects were able to receive Marqibo in an outpatient setting

O'Brien S et al. ASCO 2010

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Marqibo Regulatory Strategy is Well Defined

- Granted US FDA Orphan Drug and Fast Track Designations
- Seeking accelerated approval in US
  - Compelling Phase 2 data
  - Confirmatory randomized Phase 3 study to be conducted post-approval in a related hematologic cancer setting
- Granted EU EMA Orphan Drug Designation
- Seeking authorization in EU
  - Exploring potential for authorization under exceptional circumstances
  - Formal EMA Scientific Advice pending

Marqibo's development and regulatory strategies are positioned to support both FDA accelerated approval and EMA authorization

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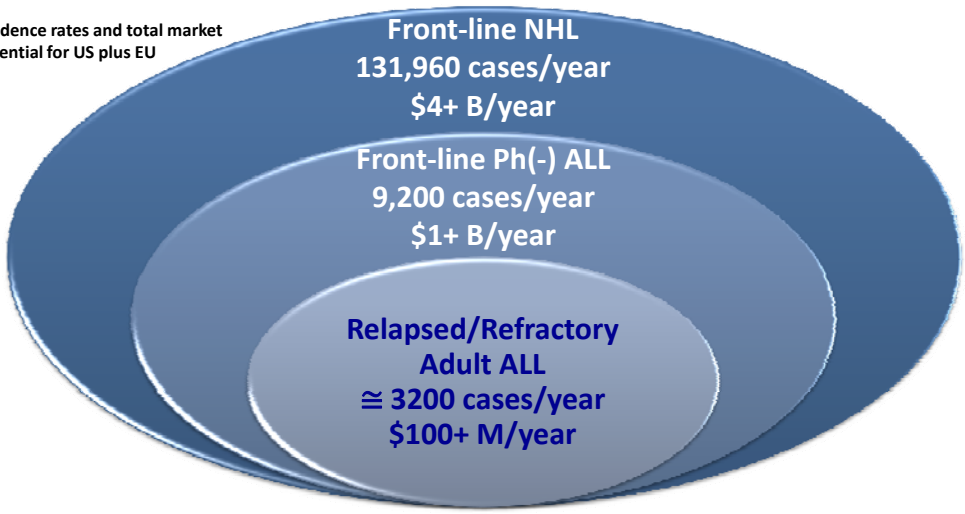
Marqibo has an Encouraging Global Market Potential

Incidence rates and total market potential for US plus EU



Hana expects to commercialize in US and partner ex-US

Cancer Facts and Figures 2009. Atlanta, GA; American Cancer Society: 2009.

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Label Expansion Programs are Planned with Premier Cooperative Groups and Cancer Centers

INDICATION	DEVELOPMENT STAGE	TRIAL LEADERSHIP
Front-line elderly aggressive NHL	Phase 3	EU Cancer Cooperative Groups
Front-line elderly Ph(-) ALL	Phase 3	US Cancer Cooperative Groups
Front-line non-elderly Ph(-) ALL	Phase 2	MD Anderson Cancer Center
Pediatric cancers (ALL focus)	Phase 1	NCI
Multiple myeloma	Pre-clinical	Dana Farber Cancer Center

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Menadione Topical Lotion

First-in-Class Compound for Treatment-limiting Skin Toxicity Associated with EGFR Inhibitors

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Menadione Topical Lotion (MTL) Addresses an Expanding Cancer Therapy Toxicity Challenge

The Clinical Challenge

- Treatment with all approved EGFR inhibitors (e.g., Erbitux®, Tarceva®, Tykerb®, and Vectibix®) causes a painful and treatment-limiting rash
- Rash occurs in up to 90% of treated patients within weeks of exposure and leads to treatment discontinuation in up to 30% of affected patients

Menadione Topical Lotion may be the Solution

- First-in-class topical that may prevent or mitigate the rash
  - Phosphatase inhibition targets the underlying cause of toxicity
  - No currently approved treatments available
- US and EU mechanism of action patents issued
- Potential activity in psoriasis and hand/foot syndrome

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MTL Phase 1 Program will Inform Phase 2 Design

	HBS 701	HBS 702
Study Population	Active Cancer Patients with or at risk for EGFR inhibitor rash	Healthy volunteers
Study Size	18	12
Study Treatment	Split-face and split-chest dosing with MTL 0.2% BID or placebo lotion as treatment or prophylaxis (dose reductions allowed)	0.0%, 0.05%, 0.1%, and 0.2% MTL applied to entire face, neck, chest, and upper arms BID for 3 days with a 2 day washout between lotion strengths
Pharmacokinetic Profile	No appreciable systemic absorption	No appreciable systemic absorption
Safety and Tolerability	MTL 0.1% ≤ MTD < MTL 0.2%	MTL 0.1% ≤ MTD < MTL 0.2%
Activity Signal	Visual evidence that MTL 0.1% mitigates rash severity	Menadione detectable at skin dermal-epidermal junction

Phase 2 planning and partnering discussions are ongoing

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Near-term Catalysts Drive Shareholder Value

2010-2011 Catalyst	Status
FDA Pre-NDA meeting for Marqibo	✔
Issuance of first Menadione Topical Lotion patents	✔
Presentation of RALLY complete data at ASCO 2010	✔
Initiation of Marqibo pediatric program at US NCI CCR	✔
Evaluate top-line Menadione Topical Lotion Phase 1 data	✔
Presentation of Marqibo integrated efficacy data and PK	4Q10
Generate Menadione Topical Lotion Phase 2 plan	4Q10
Initiation of Marqibo NDA rolling submission to FDA	4Q10
Seek EU EMA formal Scientific Advice for Marqibo	1H11
Complete Marqibo NDA rolling submission to FDA	1H11
ODAC meeting in support of Marqibo NDA	2H11
FDA accelerated approval of Marqibo	2H11

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