PROMETHEUS®
Therapeutics & Diagnostics
For the person in every patient

COMPANY FACT SHEET

About Prometheus	• Prometheus Laboratories Inc. is committed to improving lives through the development and commercialization of novel pharmaceutical and diagnostic products that enable physicians to provide greater individualized patient care. • Prometheus is a leader in applying the principles of personalized medicine to the diagnosis and treatment of gastrointestinal diseases and is also applying these principles to oncology. • By integrating therapeutics and diagnostics, Prometheus can provide physicians with more targeted solutions to optimize care for their patients. • Corporate offices in San Diego, California
Financial Information	• The Company reported 2010 earnings before interest, taxes, depreciation and amortization (EBITDA) of $138.9 million and net income of $48.2 million. • The Company reported a 26% increase in net sales to $519.0 million for 2010, compared to $341.5 million in 2009. For the five-year period 2005 through 2010, the Company's net sales have grown by a compounded annual growth rate (CAGR) of 30%.
Website Address	• www.prometheuslabs.com
Management Team	• Joseph Limber, President and Chief Executive Officer • Mark Spring, Senior Vice President and Chief Financial Officer • William Franzblau, Vice President, Legal Affairs • Ron Rocca, General Manager, GI Products • Tony Goosmann, General Manager, Oncology • Toni Wayne, Vice President, Human Resources
Employees	• Prometheus currently has approximately 500 employees across the United States including over 300 employees in its San Diego headquarters.
Markets We Serve	
Irritable Bowel Syndrome	• According to the National Institute of Diabetes and Digestive and Kidney Diseases up to 60 million (20%) of the U.S. population may have symptoms of IBS, making it one of the most common disorders diagnosed by physicians. • IBS is characterized most commonly by cramping, abdominal pain, bloating, constipation and diarrhea. • Twice as many women as men are affected by IBS, of which more than 35% have diarrhea-predominant IBS (IBS-d).
Inflammatory Bowel Disease (IBD)	• Inflammatory bowel disease refers to two chronic diseases that cause inflammation of the intestines: ulcerative colitis and Crohn's disease. IBD is estimated to affect approximately 1.2 million Americans, with roughly 60% of patients having ulcerative colitis and 40% having Crohn's Disease. • Ulcerative colitis is an inflammatory disease of the large intestine, or colon. In ulcerative colitis, the inner lining (mucosa) of the intestine becomes inflamed and develops ulcers. Ulcerative colitis is often the most severe in the rectal area, which can cause frequent diarrhea. Mucus and blood often appear in the stool if the lining of the colon is damaged. • Crohn's disease differs from ulcerative colitis in the areas of the bowel it involves; it most commonly affects the last part of the small intestine (called

	the terminal ileum) and parts of the large intestine. However, it isn't limited to these areas and can attack any part of the digestive tract. Crohn's disease causes inflammation that extends much deeper into the layers of the intestinal wall and generally tends to involve the entire bowel wall, whereas ulcerative colitis affects only the lining of the bowel.
Celiac Disease	• Celiac disease is an immune-mediated digestive disease that is triggered by the consumption of gluten and damages the small intestine, thus interfering with the absorption of nutrients from food. • Symptoms of celiac disease may vary significantly from person to person and include, but are not limited to, diarrhea, anemia, abdominal pain, skin rash and weight loss. • The prevalence in the US is projected to be approximately 1% and is expected to increase significantly over the next several years, driven by broad-based educational campaigns, National Institutes of Health research funding, and growing awareness of the need for testing. • The vast majority of celiac patients are currently undiagnosed.
Our Diagnostic Products	
Prometheus® IBD Serology 7	• PROMETHEUS® IBD Serology 7, the most comprehensive diagnostic test for inflammatory bowel disease, offers proprietary markers to help physicians diagnose inflammatory bowel disease (IBD) and to differentiate the subtypes - Crohn's disease and ulcerative colitis.
Prometheus® Crohn's Prognostic	• The PROMTHEUS® Crohn's Prognostic test combines six serologic markers and three genetic mutation markers to provide physicians with a personalized serogenetic profile for their patients. • This test helps enable physicians to quantify a patient's risk of developing disease complications over time and assists physicians in determining optimal management strategies for their Crohn's patients.
Prometheus® Celiac Serology & Genetics	• Prometheus is the leader in celiac testing and offers the most comprehensive test that includes a serology and genetic test to help physicians diagnose the disease.
Prometheus® Thiopurine Management	• PROMETHEUS® Thiopurine Metabolites helps keep patients' drug metabolite levels within an optimal therapeutic range, thereby increasing the probability of a positive response and potentially reducing the need for stronger medications. Thiopurine metabolites testing helps identify some of the reasons for treatment failure and monitors for potential toxicity before it occurs. • PROMETHEUS® TPMT Enzyme and TPMT Genetics help physicians choose appropriate patients and guides dosing of Thiopurine therapy.
MyCeliacID™	• MyCeliacID™ is the first do it yourself, saliva-based genetic test that identifies distinct genetic sequences associated with celiac disease. • MyCeliacID provides individuals with their risk of developing the disease relative to the general population and, with a negative result, can virtually rule out celiac disease in a person's lifetime.
Our Pharmaceutical Products	
Lotronex®	• Lotronex® (alosetron HCl) Tablets is the only FDA-approved medicine to offer

	multi-symptom relief for some women who suffer from severe IBS-d. • Lotronex sales have almost tripled since Prometheus acquired the product in late 2007. **Important Safety Information** • Lotronex is indicated for use only for women with severe diarrhea-predominant IBS who have chronic IBS symptoms (generally lasting 6 months or longer), had anatomic or biochemical abnormalities of the gastrointestinal tract excluded, and not responded adequately to conventional therapy. Diarrhea-predominant IBS is severe if it includes diarrhea and one or more of the following: frequent and severe abdominal pain/discomfort, frequent bowel urgency or fecal incontinence, disability or restriction of daily activities due to IBS. Because of infrequent but serious gastrointestinal adverse reactions associated with LOTRONEX, the indication is restricted to those patients for whom the benefit-to-risk balance is most favorable. Clinical studies have not been performed to adequately confirm the benefits of LOTRONEX in men. Safety and effectiveness in pediatric patients have not been established. Use of LOTRONEX is not recommended in the pediatric population, based upon the risk of serious complications of constipation and ischemic colitis in adults. LOTRONEX has a boxed warning regarding serious gastrointestinal adverse events that have been reported with the use of LOTRONEX. These events, including ischemic colitis and serious complications of constipation, have resulted in hospitalizations, blood transfusions, surgery and fatalities. LOTRONEX should be discontinued immediately in patients who develop constipation or symptoms of ischemic colitis. LOTRONEX should not be resumed in patients who develop ischemic colitis. Prescribers should instruct patients who report constipation to immediately contact them if the constipation does not resolve after discontinuation of LOTRONEX. Patients with resolved constipation should resume LOTRONEX only on the advice of their treating prescriber. Contraindications to LOTRONEX include constipation, history of severe bowel or hepatic disorders, lack of understanding of the patient acknowledgement form and concomitant use of fluvoxamine. Only physicians who have enrolled in the Prometheus Prescribing Program for Lotronex, based on their understanding of the benefits and risks, should prescribe LOTRONEX. The Prescribing Program for Lotronex was implemented to help reduce risks of serious gastrointestinal adverse events. • Please see full Prescribing Information for Lotronex.
Entocort® EC	• Entocort® EC is the only FDA-approved drug for the induction and maintenance of clinical remission in mild to moderate Crohn's disease involving the ileum and/or the ascending colon. • Entocort EC sales have grown almost 15-fold since Prometheus took over commercialization in 2005. **Important Safety Information** • Since ENTOCORT® EC (budesonide) Capsules is a glucocorticosteroid (GCS), general warnings about GCSs should be followed. GCSs can reduce the response of the hypothalamuspituitaryadrenal axis to stress.

	Supplementation with a systemic GCS is recommended before surgery or other stress situations. Adrenocortical function monitoring may be required in patients being transferred to ENTOCORT EC from a systemic GCS, and the dose of the systemic GCS should be reduced cautiously. Patients on drugs that suppress the immune system are more susceptible to infections, which may be more severe, and should avoid exposure to infections such as chicken pox or measles. Caution should be taken in patients with tuberculosis, hypertension, diabetes mellitus, osteoporosis, peptic ulcer, glaucoma or cataracts, or with a family history of diabetes or glaucoma, or with any other condition where GCSs may have unwanted effects. Reduced liver function affects the elimination of GCSs, and increased systemic availability of oral budesonide has been observed in patients with liver cirrhosis. Patients with moderate to severe liver disease and patients who are concomitantly taking ketoconazole or any other CYP3A4 inhibitor should be closely monitored for increased signs and/or symptoms of hypercorticism. Reduction in the dose of ENTOCORT EC should be considered in these patients. Patients should be advised to avoid consuming grapefruits and grapefruit juice while being treated with ENTOCORT EC. Safety and effectiveness in pediatric, geriatric, and pregnant patients have not been established. ENTOCORT EC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Hypoadrenalism may occur in infants born of mothers receiving corticosteroids during pregnancy. Budesonide is secreted in human milk. A decision should be made whether to discontinue nursing or to discontinue ENTOCORT EC, taking into account the clinical importance of ENTOCORT EC to the mother and the potential for serious adverse reactions in the nursing infant. The adverse event profile of ENTOCORT EC in 6 mg once daily clinical trial treatment (52-week) was similar to that of 9 mg daily clinical trial treatment (8-week). The most frequently reported adverse events in clinical trials with ENTOCORT EC were headache, respiratory infection, nausea, and symptoms of hypercorticism. • Please see full Prescribing Information for ENTOCORT EC.
Our Gastroenterology Pipeline	
	• Prometheus plans to launch a new and improved version of their IBD Serology 7 towards the end of 2011. This updated version of the market leading IBD diagnostic test may have improved accuracy thus adding clarity to the physician's diagnosis of Crohn's disease or ulcerative colitis. • In 2012, Prometheus plans to launch a new test for detecting drug and antibody levels for the approximate 100,000 IBD patients treated with biologic therapy. This novel test will help allow physicians to make better treatment and dosing decisions to optimize care. • Prometheus and Tarrot Laboratories, a business unit of Cedars-Sinai Medical Center, are collaborating on identifying genetic or serologic markers associated with clinical responses to anti-TNF therapies such as Cimzia®, Humira® and Remicade® utilized in the treatment of IBD. • Prometheus and The Regents of the University of California, Los Angeles

	campus, are collaborating on the identification of biological markers of mucosal healing in patients with IBD. Mucosal healing, specifically repair of the damaged areas of the bowel in IBD patients, may be considered to be the ultimate goal of IBD therapy.
Our Oncology Products	
Proleukin®	• Proleukin® (aldesleukin) for injection is a recombinant human interleukin-2 for treatment in adults with metastatic melanoma and metastatic kidney cancer. • Proleukin is a form of immunotherapy that enhances the body's natural immune system to help fight these types of cancer. **Important Safety Information** • Therapy with Proleukin (aldesleukin) should be restricted to patients with normal cardiac and pulmonary functions as defined by thallium stress testing and formal pulmonary function testing. Extreme caution should be used in patients with a normal thallium stress test and a normal pulmonary function test who have a history of cardiac or pulmonary disease. Proleukin should be administered in a hospital setting under the supervision of a qualified physician experienced in the use of anticancer agents. An intensive care facility and specialists skilled in cardiopulmonary or intensive care medicine must be available. Proleukin administration has been associated with capillary leak syndrome (CLS) which is characterized by a loss of vascular tone and extravasation of plasma proteins and fluid into the extravascular space. CLS results in hypotension and reduced organ perfusion which may be severe and can result in death. CLS may be associated with cardiac arrhythmias (supraventricular and ventricular), angina, myocardial infarction, respiratory insufficiency requiring intubation, gastrointestinal bleeding or infarction, renal insufficiency, edema, and mental status changes. Proleukin treatment is associated with impaired neutrophil function (reduced chemotaxis) and with an increased risk of disseminated infection, including sepsis and bacterial endocarditis. Consequently, preexisting bacterial infections should be adequately treated prior to initiation of Proleukin therapy. Patients with indwelling central lines are particularly at risk for infection with gram positive microorganisms. Antibiotic prophylaxis with oxacillin, nafcillin, ciprofloxacin, or vancomycin has been associated with a reduced prevalence of staphylococcal infections. Proleukin administration should be withheld in patients developing moderate to severe lethargy or somnolence; continued administration may result in coma. • Please see full Prescribing Information for Proleukin.
Our Oncology Pipeline	
RENCAREX® *CEER™*	• RENCAREX® (girentuximab), which is being developed by Wilex AG, a biopharmaceutical company based in Munich Germany, is a Phase III product candidate for adjuvant use in non-metastatic clear-cell renal cell cancer (ccRCC) . Prometheus has the commercialization rights in the United States for RENCAREX®. Approximately 208,500 new cases of kidney cancer are diagnosed each year worldwide and the most prevalent form is ccRCC.

	There is no adjuvant treatment currently approved by the FDA or EMA for patients after surgery. • Prometheus' proprietary CEER™ platform measures the expression and activation of specific cancer pathways with high levels of sensitivity and specificity using tissue or blood samples. The CEER platform has shown great promise to improve the selection and evaluation of the efficacy of drugs in development and in the clinical setting to enable real-time molecular profiling and monitoring of drug effectiveness. Prometheus and Bayer Schering Pharma AG are collaborating on multiple projects that partner the CEER™ platform with certain compounds in Bayer's broad oncology pipeline in an effort to stratify patients to appropriate drug candidates and potentially accelerate the development of novel oncology therapeutic products.

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