ASCO 2018 investor event; breakout 1: Sales & Marketing execution

Dave Fredrickson, Executive Vice President, Head of Oncology Business Unit

04 June 2018
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Overview of the Oncology Business Unit
Created to support rapid uptake of the oncology portfolio

Focus on four franchises
- Lung/EGFR
- Immuno-Oncology
- DDR/women’s cancers
- Haematology

Focus on top-8 markets
- United States
- Japan
- China
- France
- Germany
- United Kingdom
- Italy
- Spain

Focus on four core commercial functions
- Marketing and pricing
- Medical affairs and diagnostics
- Strategy and market analysis
- Sales and market access
Payer landscape
Constantly-evolving landscape

**US**
- Innovation still rewarded
- President Trump’s drug-pricing blueprint - potential impact?
- Accelerated vertical integration
- Access 360 programme to assist patients

**Europe**
- Higher evidence bar
- Pricing negotiations remain challenging
- Diminished access conditions or limited to sub-populations

**China**
- NRDL updated 2017 (*Iressa* now included)
- More frequent NRDL updates expected to improve access, but with price discount
- Overall, remains mainly out-of-pocket with patient-assistance programs

**Japan**
- More frequent price revisions for high budget-impact drugs and indication expansion
- Introduction of cost effectiveness assessment
Tagrisso: case study
From accelerated approval to T790M standard of care in two years

**Product Sales**
+89% in Q1 2018

**Milestones in 2nd-line T790M**

- >75 launch countries
  Global in-market regulatory, pricing and reimbursement capabilities

- ~70% T790M testing in major markets
  Customer engagement programmes

- >30,000 patients treated
  Sales and marketing focused on rapid growth

- $1 billion in rolling four quarters within 10 quarters from launch

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1. Substitution of threonine (T) with methionine (M) at position 790 of exon 20 mutation.
3. Absolute values at actual exchange rates; change at CER.
Tagrisso: first line next
Enabling more patients to benefit for a significantly longer duration

With 1st-line Tagrisso, physicians can treat 10/10 of EGFRm\(^1\) patients; ~3x more than 2nd-line T790M

Only ~3/10 EGFRm patients can receive Tagrisso 2nd line (those who survive to 2nd line and test positive for T790M)

Longer duration: median progression-free survival in the FLAURA trial was 18.9 months

In the 2nd-line T790M setting (AURA3 trial), median progression-free survival for Tagrisso was 10.1 months


1. Epidermal growth factor receptor mutation.
Unresectable Stage III NSCLC

No major medical advances in Stage III for 25+ years

- Despite curative intent with CRT, 9/10 progress
- Before PACIFIC
  - All attempts to improve upon CRT failed
  - Treatment strategy post CRT was ‘active surveillance’

RT vs. concurrent CT/RT
RT vs. sequential CT/RT
Sequential vs. concurrent CT/RT

2. Chemo-radiation therapy.
The PACIFIC regimen for unresectable Stage III NSCLC
A new standard of care: CRT followed by *Imfinzi* for up to 12 months

Unprecedented 11.2 months improvement in median progression-free survival with *Imfinzi*

**Imfinzi**
16.8 months

Placebo
5.6 months

Comparable safety profile with respect to Grade 3 or Grade 4 immune-mediated adverse reactions

<table>
<thead>
<tr>
<th>Adverse reaction</th>
<th>IMFINZI</th>
<th>Placebo</th>
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<tbody>
<tr>
<td>All Grades</td>
<td>Grades 3-4</td>
<td>All Grades</td>
</tr>
<tr>
<td>Respiratory, thoracic, and mediastinal disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough/respiratory cough†</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>Pneumonia/radiation pneumonitis</td>
<td>34%</td>
<td>25%</td>
</tr>
<tr>
<td>Dyspnea†</td>
<td>25%</td>
<td>25%</td>
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<tr>
<td>Gastrointestinal disorders</td>
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<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>16%</td>
<td>19%</td>
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<tr>
<td>Abdominal pain†</td>
<td>10%</td>
<td>6%</td>
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<tr>
<td>Endocrine disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothyroidism†</td>
<td>12%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash†</td>
<td>23%</td>
<td>12%</td>
</tr>
<tr>
<td>Pruritus†</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>General disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue†</td>
<td>34%</td>
<td>32%</td>
</tr>
<tr>
<td>Pyrexia</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Infections</td>
<td></td>
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<tr>
<td>Upper respiratory tract infections†</td>
<td>26%</td>
<td>19%</td>
</tr>
<tr>
<td>Pneumonia†</td>
<td>17%</td>
<td>12%</td>
</tr>
</tbody>
</table>

25 May 2018: *Imfinzi* significantly improved overall survival


For footnotes, please see approved US prescribing information (USPI).
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