Meet AZN management: ASCO 2020
Virtual breakout 2: *Enhertu* and breast cancer

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IR moderator: Tom Waldron

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Webinar is being recorded
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**Enhertu: 3L, HER2+ metastatic breast cancer**

Strong launch despite COVID-19 challenges; ILD monitoring in place

**Launch in 3L, HER2+ mBC**

- **US $14m in Q1 2020 collaboration revenue**
  Based on $30m in-market sales by Daiichi Sankyo

- **Gaining patient share**
  ~30% share of patients in 3L setting
  ~1,000 patients treated

- **Strong awareness**
  45% unaided brand awareness among HCPs

- **Japan approval**
  March 2020

Data at ASCO 2020 confirms *Enhertu* activity across multiple subgroups

**ILD¹ monitoring programme**

- **Understanding mechanism**
  Evaluation of potential predictive/prognostic clinical and biomarkers to identify patients at risk

- **Monitor**
  Optimise methods for monitoring and use of innovative digital technologies to allow for early intervention

- **Manage**
  Education and awareness around management guidelines

Reduction in overall risk and severity of ILD for patients receiving *Enhertu*

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1. Interstitial lung disease.
**Enhertu: future clinical development programme**

Opportunities across breast cancer, HER2 low and other tumours

<table>
<thead>
<tr>
<th>Neo-adjuvant / adjuvant</th>
<th>1L metastatic</th>
<th>2L metastatic</th>
<th>3L metastatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>HER2-low breast cancer</td>
<td>HR⁺¹: chemotherapy ± endocrine therapy</td>
<td>endocrine ± CDK4/6i²</td>
<td>Post CDK4/6i</td>
</tr>
<tr>
<td>HER2-positive breast cancer</td>
<td>TNBC³: chemotherapy</td>
<td>Replace 1st-line chemotherapy</td>
<td>Replace chemotherapy + trastuzumab + pertuzumab</td>
</tr>
<tr>
<td></td>
<td>chemotherapy + trastuzumab + pertuzumab</td>
<td>replace chemotherapy + trastuzumab + pertuzumab</td>
<td>Post trastuzumab emtansine</td>
</tr>
<tr>
<td>Beyond breast cancer</td>
<td>Expand into other cancer types: gastric, NSCLC, CRC⁴ and others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Hormone-receptor positive  
2. Cyclin-dependent kinase 4/6 inhibitor  
3. Triple-negative breast cancer  

ASC0 2020
Enhertu: randomised Phase II OS data in gastric cancer
DESTINY-Gastric01 trial presented at ASCO 2020

Confirmed ORR\(^1\) by ICR\(^2\)

<table>
<thead>
<tr>
<th>Status</th>
<th>% (n =)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td>8.4% (n = 10)</td>
</tr>
<tr>
<td>PR</td>
<td>34.5% (n = 41)</td>
</tr>
<tr>
<td>SD</td>
<td>42.9% (n = 51)</td>
</tr>
<tr>
<td>PD</td>
<td>11.8% (n = 14)</td>
</tr>
<tr>
<td>Not evaluable</td>
<td>2.5% (n = 3)</td>
</tr>
</tbody>
</table>

Confirmed DCR (CR + PR + SD), n (%)
85.7% (n = 102) 95% CI, 78.1-91.5

Median confirmed DOR
11.3 months 95% CI, 5.6-NE

ORR (CR + PR) by ICR, n (%)
51.3% (n = 61) 95% CI, 41.9-60.5; P < .0001

42.9% confirmed ORR
95% CI, 33.8-52.3

Overall survival

<table>
<thead>
<tr>
<th>Events/n</th>
<th>Median Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-DXd</td>
<td>12.5 months (95% CI, 9.6-14.3)</td>
</tr>
<tr>
<td>Physician's choice</td>
<td>8.4 months (95% CI, 6.9-10.7)</td>
</tr>
</tbody>
</table>

CR, 0.59 (95% CI, 0.39-0.88) P = .0097
(prespecified O'Brien-Fleming boundary, P = .0202)

US BTD\(^3\) and ODD\(^4\) awarded in May
Global regulatory submissions underway


Source: ASCO 2020, abstract 4513.
**Enhertu**: promising data in HER2-positive/mutated tumours

Promising lung and colorectal Phase II data

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**Lung cancer**

- 61.9% objective response
- Estimated median PFS 14.0 months

**Colorectal cancer**

- 45.3% objective response
- Median PFS 6.9 months

Source: ASCO 2020, abstract 9504.

Source: ASCO 2020, abstract 4000.

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Based on independent central review. Baseline is last measurement taken before enrollment. Shown is best (minimum) percent change from baseline in the sum of diameters for all target lesions. One patient was missing a baseline assessment and 2 additional patients were missing post-baseline assessments.
Breast cancer: late-stage breast cancer pipeline
Phase III trials underway and planned

**Capivasertib (AZD5363) - oral AKT inhibitor**

- **FAKTION**: Phase II in combination with Faslodex in ER+ breast cancer OS
- **Hazard Ratio**: 0.59 (0.34 to 1.05) 2-sided p=0.071

**PAKT**: Phase IIb in combination with chemotherapy in 1L TNBC, ITT1

- **Hazard Ratio**: 0.61 (0.37 to 0.99)

Breast Phase III trials underway

**CAPItello-290**: metastatic TNBC: capivasertib + chemo

**CAPItello-291**: 2L breast cancer: capivasertib + Faslodex

**Phase III in prostate cancer in planning**

**AZD9833 - oral SERD**

Encouraging efficacy and dose-dependent safety profile

Duration of AZD9833 exposure and patient response. Patients previously treated with CDK4i/fulvestrant or with confirmed ESR1 mutations are marked as +. Outcomes based upon investigator opinion. cPR: confirmed partial response; ESR1: oestrogen receptor 1; uPR: unconfirmed partial response.

**ORR 16.3%, clinical benefit rate 42.3%**

Phase III trial plans underway

Faslodex provided ~5-10% ORR in similar setting.

Source: ASCO 2020, abstract 1024.

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1. Intention to treat.
Questions & Answers

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*Phone*
*6 - Toggle mute/unmute
*9 - Raise hand
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