Bryan Garnier Oncology Day

Klaus Edvardsen, Vice President, Global Medicines Development, Head of Oncology

9 June 2017
Forward-looking statements

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Oncology: Scientific leadership around four key platforms
Opportunity for novel combinations

- Tumour drivers and resistance
- DNA damage response
- Immuno-Oncology
- Antibody-drug conjugates
NSCLC: Stage IV metastatic disease
Potential to benefit the majority of patients

**Typical non-Asian NSCLC-patient segmentation**

- EGFR inhibitors
- ALK inhibitors
- IO market opportunity *Imfinzi* and *Imfinzi* + treme

**Typical Asian NSCLC-patient segmentation**

- EGFR inhibitors
- ALK inhibitors
- IO market opportunity *Imfinzi* and *Imfinzi* + treme

*Tagrisso, Imfinzi and Imfinzi + treme:*
Unique opportunities to benefit NSCLC patients and create significant value

Source: AstraZeneca epidemiology data.
Tagrisso
First randomised Phase III trial to demonstrate superiority

PFS HR 0.30 (95% CI 0.23; 0.41), p<0.001; median PFS 10.1 vs. 4.4 months

1. Analysis of PFS by BICR was consistent with the investigator-based analysis: HR 0.28 (95% CI 0.20; 0.38), p<0.001; median PFS 11.0 vs. 4.2 months.
Source: WCLC 2016, abstract PL03.03.
Tagrisso
Encouraging long-term CNS benefit supports 1L use

Tagrisso crosses the blood-brain barrier

AURA17: Radiological response of leptomeningeal lesion

Updated results from the BLOOM trial

Phase I BLOOM trial of Tagrisso for patients with EGFRm NSCLC with leptomeningeal metastases (LM)

Encouraging activity and manageable tolerability in patients with LM from EGFRm NSCLC was observed

Overall LM disease response of 43%

Potential in 1L EGFRm NSCLC

Tony Mok, discussion of Tagrisso data, ELCC, Geneva, Switzerland 13 April 2016

60
EGFRm patients who received Tagrisso in 1L setting

77%
confirmed overall response rate

19.3
months of median PFS


Source: ELCC 2016, abstract LBA1_PR.
**Tagrisso**

Potential to transform EGFRm NSCLC outcomes

1. **At launch (2015-17)**
   - Establish
   - Tagrisso as the new standard of care for EGFR T790M-positive NSCLC at first progression

2. **From 2018**
   - Expand
   - the benefit of Tagrisso to 1L and adjuvant EGFRm NSCLC as the new treatment of choice

3. **From 2021**
   - Extend
   - as the backbone therapy for all EGFRm patients; in early disease and via combinations with other mechanisms

---

1. ^{1}
Acalabrutinib
Extensive clinical trial programme underway

### Clinical Trials

<table>
<thead>
<tr>
<th>Indication</th>
<th>Line of therapy; trial design</th>
<th>Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLL</strong></td>
<td>Front line, acalabrutinib + obinutuzumab vs. obinutuzumab + chlorambucil vs. acalabrutinib</td>
<td>III</td>
</tr>
<tr>
<td>Relapsed/refractory</td>
<td>acalabrutinib vs. ibrutinib</td>
<td>III</td>
</tr>
<tr>
<td>Relapsed/refractory</td>
<td>acalabrutinib vs. investigator’s choice of idelalisib plus rituximab or bendamustine plus rituximab</td>
<td>III</td>
</tr>
<tr>
<td>Relapsed/refractory, ibrutinib-intolerant</td>
<td>acalabrutinib</td>
<td>II</td>
</tr>
<tr>
<td><strong>MCL</strong></td>
<td>Front line, previously untreated acalabrutinib + bendamustine + rituximab vs. bendamustine + rituximab</td>
<td>III</td>
</tr>
<tr>
<td>Relapsed/refractory</td>
<td>acalabrutinib</td>
<td>II</td>
</tr>
<tr>
<td><strong>WM</strong></td>
<td>Relapsed/refractory acalabrutinib</td>
<td>Ib/II</td>
</tr>
</tbody>
</table>

### Indications

- **Solid tumours**
- **Lymphoma**
  - Follicular L.
  - Diffuse Large B-Cell L.
- **Waldenström’s Macroglobulinemia (WM)**
- **Mantle Cell Lymphoma (MCL)**
- **Chronic Lymphocytic Leukemia (CLL)**

### Additional Information

1. Potential fast-to-market opportunity ahead of randomised, controlled trials.

21 clinical trials underway with +2,000 patients - excerpts:

Pivotal Phase II data anticipated H1 2017.

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1. Potential fast-to-market opportunity ahead of randomised, controlled trials.
Oncology: Scientific leadership around four key platforms
Opportunity for novel combinations

- Tumour drivers and resistance
- DNA damage response
- Immuno-Oncology
- Antibody-drug conjugates
Lynparza: Ovarian cancer
Compelling efficacy and safety

Compelling efficacy from SOLO-2 (ovarian cancer 2L maintenance)

Investigator assessment

<table>
<thead>
<tr>
<th></th>
<th>Lynparza (N=196)</th>
<th>Placebo (N=99)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator, HR (95% CI)</td>
<td>0.30 (0.22; 0.41)</td>
<td>p&lt;0.0001</td>
</tr>
<tr>
<td>Investigator, median PFS, months</td>
<td>19.1</td>
<td>5.5</td>
</tr>
<tr>
<td>BICR¹, HR (95% CI)</td>
<td>0.25 (0.18; 0.35)</td>
<td>p&lt;0.0001</td>
</tr>
<tr>
<td>BICR, median PFS, months</td>
<td>30.2</td>
<td>5.5</td>
</tr>
</tbody>
</table>

BICR = Blinded Independent Central Review.
Source: Presentation at SGO 2017.

Intentional adverse events

<table>
<thead>
<tr>
<th></th>
<th>Lynparza</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia Grade ≥3 (%)</td>
<td>19.5% (38)</td>
<td>5.1% (10)</td>
</tr>
<tr>
<td>Neutropenia Grade ≥3</td>
<td>1.0% (2)</td>
<td></td>
</tr>
</tbody>
</table>

Interpretation

> 10% | < 10% | << 10%

Reducing burden for patients; from 16 capsules to 4 tablets
**Lynparza: Breast cancer**

**OlympiAD study design**

- HER2-negative metastatic breast cancer
  - ER+ and/or PR+ or
  - TNBC
- Deleterious or suspected deleterious gBRCAm
- ≤2 prior chemotherapy lines in metastatic setting
- Prior anthracycline and taxane
- HR+ disease progressed on ≥1 endocrine therapy, or not suitable
- If prior platinum use
  - No evidence of progression during treatment in the advanced setting
  - ≥12 months since (neo)adjuvant treatment

**Primary endpoint**
Progression-free survival (RECIST 1.1, BICR)

**Secondary endpoints**
- Overall survival
- Time to second progression or death
- Objective response rate
- Global HRQoL (EORTC-QLQ-C30)
- Safety and tolerability

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**Olaparib**
300 mg tablets bd

**2:1 randomization**

**Chemotherapy treatment of physician’s choice (TPC)**
- Capecitabine
- Eribulin
- Vinorelbine

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BICR, blinded independent central review; ER, estrogen receptor; HRQoL, health-related quality of life; PR, progesterone receptor; RECIST, response evaluation criteria in solid tumors; TNBC, triple negative breast cancer
**Lynparza: Breast cancer**

**Grade ≥3 adverse events in ≥2% patients in either arm**

- Anemia
- Neutropenia
- Decreased white blood cells
- Fatigue
- Leukopenia
- Decreased platelet count
- Increased AST
- Dyspnea
- Headache
- P-PES

<table>
<thead>
<tr>
<th>Adverse events (%)</th>
<th>Olaparib 300 mg bd (N=205)</th>
<th>Chemotherapy TPC (N=91)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>Decreased white blood cells</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Fatigue</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Decreased platelet count</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Increased AST</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Headache</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>P-PES</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

MedDRA preferred terms for adverse events have been combined for 1) anemia and 2) neutropenia.

ALT, alanine aminotransferase; AST, aspartate aminotransferase; P-PES, Palmar-plantar erythrodysesthesia syndrome.

Presented by: Mark Robson, MD
**Lynparza: Breast cancer**

Primary endpoint: progression-free survival by BICR

- **Olaparib 300 mg bd**
  - Median PFS, months: 163 (79.5)
  - HR: 0.58
  - 95% CI: 0.43 to 0.80; P=0.0009

- **Chemotherapy TPC**
  - Median PFS, months: 71 (73.2)
  - HR: 4.2

**At risk, n**
- Olaparib: 205
  - Months: 97, 63, 44, 25, 21, 11, 8, 4, 1, 1, 1, 1, 0, 0
- Chemotherapy TPC: 107
  - Months: 23, 4, 1, 1, 1, 2, 1, 0, 0
**Lynparza: Expanding beyond BRCA**
Strategy; expected regulatory submissions

### Driving life-cycle programme

- **Combination with DDR**
- **Combination with IO**
- **Combination with VEGF\(^1\)**
- **Monotherapy**
- **BRCAm**
- **HRRm\(^2\)**
- **Biomarker negative**

### Expanding patient population

1. VEGF = Vascular Endothelial Growth Factor.
2. HRRm = Homologous Recombination Repair mutations.

### Key data readouts

<table>
<thead>
<tr>
<th>Year</th>
<th>Study</th>
<th>Tumour Type</th>
<th>Treatment</th>
<th>Biomarker Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>SOLO-2</td>
<td>2L BRCAm PSR ovarian cancer</td>
<td>Lynparza + AZD6738 (ATR)</td>
<td>✔</td>
</tr>
<tr>
<td>2017</td>
<td>SOLO-1</td>
<td>1L BRCAm ovarian cancer</td>
<td>Lynparza + AZD2811 (Aurora B kinase)</td>
<td>✔</td>
</tr>
<tr>
<td>2018+</td>
<td>OlympiA</td>
<td>BRCAm adjuvant BC</td>
<td>Lynparza + AZD1775 (WEE1)</td>
<td>✔</td>
</tr>
<tr>
<td>2016</td>
<td>GOLD</td>
<td>gastric cancer</td>
<td>Lynparza + AZD0156 (ATM)</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>OlympiAD</td>
<td>BRCAm metastatic breast cancer</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SOLO-3</td>
<td>3L+ gBRCAm PSR ovarian cancer</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

1. VEGF = Vascular Endothelial Growth Factor.
2. HRRm = Homologous Recombination Repair mutations.
### DNA damage response (DDR)
Deep portfolio from preclinical to launch

<table>
<thead>
<tr>
<th>Preclinical</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Launched / Phase III</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNA-PK(^1) (DSB(^2) repair)</td>
<td>AZD1390 (ATM(^3))</td>
<td>AZD6738 (ATR(^4))</td>
<td>Lynparza (PARP)</td>
</tr>
<tr>
<td>AZD0156 (ATM)</td>
<td>AZD1775 (WEE1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZD2811 (Aurora B)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Effect is manifest in M phase**

**Uniquely placed to explore full range of opportunities in DDR**

1. DNA-PK = DNA-dependent Protein Kinase.
2. DSB = Double Strand Break.
3. ATM = Ataxia-Telangiectasia Mutated.
4. ATR = Ataxia-Telangiectasia and Rad3-related.

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G1 = Gap/growth phase I
S = DNA replication phase
G2 = Gap/growth phase II
M = Cell division phase
\ = Cell cycle checkpoint
**Lynparza + Imfinzi (MEDIOLA trial)**
Leading with novel anti-PDL1 plus targeted-therapy combinations

**Key features:**
- Phase II proof-of-concept basket trial
- Dose finding established in National Cancer Institute (NCI) D081KC00001
- Rigorous translational science

**Additional indication (future)**

- gBRCAm ovarian 3L and later platinum sensitive N=30
- gBRCAm HER2-negative breast 1L, 2L, 3L not platinum refractory N=38
- SCLC relapsed 3-6 months post 1L platinum N=34
- Gastric 2L N=37

**Lynparza monotherapy** (4 weeks run-in)

**Lynparza + Imfinzi combination** (to progression)

- Baseline tumour biopsy and blood
- Repeat tumour biopsy and blood
- Repeat tumour biopsy and blood: C2D1

**Source:** ASCO 2016, abstract 3015.
Oncology: Scientific leadership around four key platforms
Opportunity for novel combinations

- Tumour drivers and resistance
- DNA damage response
- Immuno-Oncology
- Antibody-drug conjugates
## Imfinzi: Bladder cancer 2L
First approval; compelling data

<table>
<thead>
<tr>
<th>Objective Response Rate (ORR) by BICR, n (%) (95% confidence interval [CI])</th>
<th>All patients N=182</th>
<th>PD-L high N=95</th>
<th>PD-L1 low/negative N=73</th>
<th>PD-L1 NE(^1) N=14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31 (17.0%)</td>
<td>25 (26.3%)</td>
<td>3 (4.1%)</td>
<td>3 (21.4%)</td>
</tr>
<tr>
<td></td>
<td>(11.9, 23.3)</td>
<td>(17.8, 36.4)</td>
<td>(0.9, 11.5)</td>
<td>(4.7, 50.8)</td>
</tr>
<tr>
<td>Complete Response</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Partial Response</td>
<td>26</td>
<td>22</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Median Duration of Response (DoR) (Range, months)</td>
<td>Not reached (0.9(^+), 19.9+)</td>
<td>Not reached (0.9+, 19.9+)</td>
<td>Not reached (1.9+, 12.3)</td>
<td>Not reached (2.3+, 2.6)</td>
</tr>
</tbody>
</table>

1. NE = Not Evaluable.  
2. ‘+’ = censored value.  
Source: Imfinzi US prescribing information.
PACIFIC trial: First and only IO medicine with PFS

Imfinzi: Stage III NSCLC

- 100,000 patients are diagnosed with Stage III lung cancer each year in G7; about half being unresectable
- Trial will continue for overall survival with final overall survival data currently expected in 2019
- 2-3 years ahead of competitors

Source: AstraZeneca epidemiology data. G7 countries include the US, Japan, Germany, the UK, France, Italy and Canada.
**Imfinzi: Stage III NSCLC**

PACIFIC trial: Statistically-significant and clinically-meaningful PFS

- **Stage IIla and IIlb**
- **Locally-advanced / advanced unresectable NSCLC**

CTx¹ + RTx²

- **No progression**
- **Delay or potentially avoid progression**

1. CTx = Chemotherapy.
2. RTx = Radiation therapy.
Imfinzi: Stage IV NSCLC
MYSTIC trial: Multiple potential outcomes

<table>
<thead>
<tr>
<th>Primary endpoints</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Imfinzi</em> + treme combo PFS in ‘expressers’</td>
<td>Mid-2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PFS final analysis</td>
<td></td>
</tr>
<tr>
<td><em>Imfinzi</em> + treme combo OS in ‘expressers’</td>
<td>OS interim analyses</td>
<td>OS final analysis</td>
</tr>
<tr>
<td><em>Imfinzi</em> OS in ‘expressers’</td>
<td>OS interim analyses</td>
<td>OS final analysis</td>
</tr>
</tbody>
</table>
# Imfinzi: Stage Ib-IV NSCLC Extensive Phase III programme

<table>
<thead>
<tr>
<th>Trial design</th>
<th>ADJUVANT</th>
<th>PACIFIC</th>
<th>MYSTIC</th>
<th>NEPTUNE</th>
<th>PEARL</th>
<th>POSEIDON</th>
<th>ARCTIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage Ib-IIIa</td>
<td>Stage III unresectable</td>
<td>Stage IV / 1L EGFR/ALK wt Non-sq / sq(^2)</td>
<td>Stage IV / 1L EGFR/ALK wt Non-sq / sq</td>
<td>Stage IV / 1L EGFR/ALK wt Non-sq / sq PD-L1 expr.</td>
<td>Stage IV / 1L EGFR/ALK wt Non-sq / sq</td>
<td>Stage IV / 3L EGFR/ALK wt Non-sq / sq PD-L1 low</td>
<td></td>
</tr>
<tr>
<td>Randomised, controlled</td>
<td>Randomised, controlled</td>
<td>Randomised, controlled</td>
<td>Randomised, controlled</td>
<td>Randomised, controlled</td>
<td>Randomised, controlled</td>
<td>Randomised, controlled</td>
<td></td>
</tr>
<tr>
<td>Imfinzi vs placebo</td>
<td>Imfinzi vs placebo</td>
<td>Imfinzi, Imfinzi + treme vs SoC</td>
<td>Imfinzi vs SoC</td>
<td>Imfinzi vs SoC</td>
<td>Imfinzi vs SoC, Imfinzi + treme vs SoC, Imfinzi + treme vs SoC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary endpoint(s)</th>
<th>DFS(^1)</th>
<th>PFS OS</th>
<th>PFS OS</th>
<th>OS</th>
<th>PFS OS</th>
<th>PFS OS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Data readout</th>
<th>2020</th>
<th>PFS 2019 (final OS)</th>
<th>Mid-2017 (PFS) 2018 (final OS)</th>
<th>2018</th>
<th>2020</th>
<th>TBD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Recruitment status</th>
<th>Ongoing</th>
<th>Fully recruited</th>
<th>Fully recruited</th>
<th>Fully recruited</th>
<th>Ongoing</th>
<th>Ongoing</th>
</tr>
</thead>
</table>

1. DFS = Disease-Free Survival.

1. DFS = Disease-Free Survival.
**Imfinzi: Key news flow**

Mono and combo w/treme

Bladder cancer (UC¹)

Head and neck cancer

Lung cancer (NSCLC)

- **Imfinzi**
- **Imfinzi +/- treme**
- ✔ = fully recruited

<table>
<thead>
<tr>
<th>Study</th>
<th>Phase</th>
<th>Cancer Type</th>
<th>Group</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANUBE</td>
<td>1L</td>
<td>Bladder</td>
<td>Imfinzi</td>
<td>✔</td>
</tr>
<tr>
<td>KESTREL</td>
<td>1L</td>
<td>Head / neck</td>
<td>Imfinzi</td>
<td>✔</td>
</tr>
<tr>
<td>EAGLE</td>
<td>2L</td>
<td>Head / neck</td>
<td>Imfinzi</td>
<td>✔</td>
</tr>
<tr>
<td>POSEIDON</td>
<td>1L IO-IO-CTx triple</td>
<td>Lung (NSCLC)</td>
<td>Imfinzi</td>
<td>✔</td>
</tr>
<tr>
<td>NEPTUNE</td>
<td>1L (final OS)</td>
<td>Lung (NSCLC)</td>
<td>Imfinzi</td>
<td>✔</td>
</tr>
<tr>
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<td>1L (PFS)</td>
<td>Lung (NSCLC)</td>
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<td>Imfinzi</td>
<td>✔</td>
</tr>
<tr>
<td>ARCTIC</td>
<td>3L PD-L1 low/neg.</td>
<td>Lung (NSCLC)</td>
<td>Imfinzi</td>
<td>✔</td>
</tr>
<tr>
<td>ADJUVANT</td>
<td>Adjuvant</td>
<td>Lung (NSCLC)</td>
<td>Imfinzi</td>
<td>✔</td>
</tr>
</tbody>
</table>

- Mid 2017
- H2 2017
- 2018
- 2018+

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1. Urothelial Carcinoma.
2. Global trial excluding China.

**Potential leadership in IO & IO-IO combinations across multiple cancer types**
With an entrepreneurial spirit and a relentless drive to push the boundaries of science, our early biotech units work every day to redefine the treatment paradigm and ultimately eliminate cancer as a cause of death.
Next-generation Immuno-Oncology
Cancer may arise when tumour cells escape immune pressure

Immune surveillance
- Antigen uptake and presentation
- T-cell priming and activation
- Release of antigen
- Killing of cancer cells

Escape from immune pressure
- Absent immune response
- Weak immune response
- Suppressed immune response

Source: AstraZeneca illustrations.
Next-generation Immuno-Oncology
Broad IO clinical programme to enhance anti-tumor immunity

Prime new response
- TLR 7/8
- HDAC¹
- DNA vaccine
- HPVE7¹

Potentiate existing response
- PD-L1
- hOX40²
- PD-1
- CTLA-4
- GITR
- NKG2A

Reverse local immune-suppression
- CD73
- A2AR
- CXCR2
- STAT3
- IDO¹
- IMCgp100¹
- CSF-1R¹
- TGFβR-1¹
- CCR4¹

Ongoing Imfinzi combination
1. Clinical collaborations.
2. Combination with Imfinzi and tremelimumab.
Oncology: Scientific leadership around four key platforms
Opportunity for novel combinations
### ADC: Growing antibody-drug conjugate programme

Now four clinical-stage programmes

<table>
<thead>
<tr>
<th>Phase III moxetumomab</th>
<th>Phase I antibody-drug conjugates</th>
<th>Proprietary payloads</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Promising activity in relapsed/refractory HCL</td>
<td>• HER2 biparatopic (tubulysin) • PSMA (PBD) • Target not disclosed (PBD)</td>
<td>Two payloads: PBD$^1$ and tubulysin</td>
</tr>
</tbody>
</table>

CD22 fused with pseudomonas toxin

Solid and hematologic cancers

<table>
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<tr>
<th>Warhead potency (IC$_{50}$, µM)</th>
</tr>
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<tbody>
<tr>
<td>10$^{-12}$</td>
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<tr>
<td>Paclitaxel</td>
</tr>
<tr>
<td>PBD</td>
</tr>
</tbody>
</table>

1. PBD = Pyrrolobenzodiazepine. Source: AstraZeneca data on file; ASCO 2015, abstract 7079.
Transformative potential of Oncology
PACIFIC Phase III trial only one opportunity

**Major Oncology milestones over the 2017-2018 timeframe**

- **Faslodex**
  - breast cancer 1L
  - Reg. decisions

- **Lynparza**
  - ovarian cancer 2L
  - Reg. decision (US)

- **Imfinzi**
  - lung cancer Stage III
  - Reg. submission (US)

- **Acalabrutinib**
  - blood cancer
  - Phase II/reg. submission (US)

- **Lynparza**
  - ovarian cancer 2L
  - Reg. submission (EU)

- **Tagrisso**
  - lung cancer 1L
  - Phase III

- **Lynparza**
  - ovarian cancer 1L
  - Phase III

- **Moxetumomab**
  - leukaemia
  - Phase III

- **Imfinzi +/- treme**
  - lung cancer 1L
  - Phase III MYSTIC

- **Imfinzi +/- treme**
  - lung cancer 3L
  - Phase III ARCTIC

- **Imfinzi +/- treme**
  - head/neck cancer 1L
  - Phase III KESTREL

- **Selumetinib**
  - thyroid cancer
  - Phase III

1. Potential fast-to-market opportunity ahead of randomised, controlled trials. Timeline based on Q1 2017 Results forthcoming major news flow; the exact location of each box is approximate.
Bryan Garnier Oncology Day

Questions
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