Investor science event: Late-stage pipeline webcast

Sean Bohen, EVP, Global Medicines Development, Chief Medical Officer

14 December 2017
Forward-looking statements

In order, among other things, to utilise the 'safe harbour' provisions of the US Private Securities Litigation Reform Act 1995, we are providing the following cautionary statement:

This document contains certain forward-looking statements with respect to the operations, performance and financial condition of the Group, including, among other things, statements about expected revenues, margins, earnings per share or other financial or other measures. Although we believe our expectations are based on reasonable assumptions, any forward-looking statements, by their very nature, involve risks and uncertainties and may be influenced by factors that could cause actual outcomes and results to be materially different from those predicted. The forward-looking statements reflect knowledge and information available at the date of preparation of this document and AstraZeneca undertakes no obligation to update these forward-looking statements. We identify the forward-looking statements by using the words 'anticipates', 'believes', 'expects', 'intends' and similar expressions in such statements. Important factors that could cause actual results to differ materially from those contained in forward-looking statements, certain of which are beyond our control, include, among other things: the loss or expiration of, or limitations to, patents, marketing exclusivity or trademarks, or the risk of failure to obtain and enforce patent protection; effects of patent litigation in respect of IP rights; the impact of any delays in the manufacturing, distribution and sale of any of our products; the impact of any failure by third parties to supply materials or services; the risk of failure of outsourcing; the risks associated with manufacturing biologics; the risk that R&D will not yield new products that achieve commercial success; the risk of delay to new product launches; the risk that new products do not perform as we expect; the risk that strategic alliances and acquisitions, including licensing and collaborations, will be unsuccessful; the risks from pressures resulting from generic competition; the impact of competition, price controls and price reductions; the risks associated with developing our business in emerging markets; the risk of illegal trade in our products; the difficulties of obtaining and maintaining regulatory approvals for products; the risk that regulatory approval processes for biosimilars could have an adverse effect on future commercial prospects; the risk of failure to successfully implement planned cost reduction measures through productivity initiatives and restructuring programmes; the risk of failure of critical processes affecting business continuity; economic, regulatory and political pressures to limit or reduce the cost of our products; failure to achieve strategic priorities or to meet targets or expectations; the risk of substantial adverse litigation/government investigation claims and insufficient insurance coverage; the risk of substantial product liability claims; the risk of failure to adhere to applicable laws, rules and regulations; the risk of failure to adhere to applicable laws, rules and regulations relating to anti-competitive behaviour; the impact of increasing implementation and enforcement of more stringent anti-bribery and anti-corruption legislation; taxation risks; exchange rate fluctuations; the risk of an adverse impact of a sustained economic downturn; political and socio-economic conditions; the risk of environmental liabilities; the risk of occupational health and safety liabilities; the risk associated with pensions liabilities; the impact of failing to attract and retain key personnel and to successfully engage with our employees; the risk of misuse of social medial platforms and new technology; and the risk of failure of information technology and cybercrime. Nothing in this presentation / webcast should be construed as a profit forecast.
Agenda & introduction

Presenter

Sean Bohen
Executive Vice President, Global Medicines Development and Chief Medical Officer

Participants for Q&A

Rob Iannone
Head of Immuno-Oncology, Global Medicines Development

Klaus Edvardsen
Head of Oncology, Global Medicines Development

Elisabeth Björk
Head of Cardiovascular and Metabolic Diseases, Global Medicines Development

Colin Reisner
Head of Respiratory, Global Medicines Development and Chief Medical Officer, Pearl Therapeutics
Pancreatic beta cells at different stages of regeneration: AstraZeneca is investing in research that could stimulate the regeneration of beta cells in the pancreas with the aim of stopping the progression of, or reversing, the course of diabetes.
Updated epidemiology data

• First release of comprehensive company-compiled epidemiology data since 2014

• Contains current, best AstraZeneca estimates of patient numbers in major indications and countries relevant for key approved medicines and new potential medicines in development

• Spreadsheet format for easy use

• Available from astrazeneca.com/investors
Late-stage pipeline news flow
Unprecedented activity level in ‘17

Significant patient benefits anticipated to support return to growth

Data & designations

1. The Committee for Medicinal Products for Human Use.
2. Chronic obstructive pulmonary disease.
3. Progression-free survival.

Status as of 14 December 2017. Favourable / unfavourable news.
R&D productivity: Sustainable progress
A new AstraZeneca with science-based culture

Scientific publications
- High-impact publications
- Medium-impact publications
- Other publications

FDA BTDs granted in AZN’s main therapy areas 2016-2017

Sustainable level of potential new medicines in Phase II trials

Source: Internal analysis. High-impact (rating > 15); medium-impact (rating > 5); other (rating < 5).
AstraZeneca (AZN) and industry peers/competitors (CP) 1-7.
Source: Internal analysis based on focr.org. Includes Breakthrough Therapy Designations (BTD) in the three main AstraZeneca therapy areas.
# Late-stage pipeline and key lifecycle medicines

**Significant opportunities exist in all three therapy areas**

<table>
<thead>
<tr>
<th>Oncology</th>
<th>Cardiovascular and Metabolic Diseases</th>
<th>Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynparza(^1,(^2)</td>
<td>ZS-9(^2)</td>
<td>Fasenra(^1)</td>
</tr>
<tr>
<td>multiple cancers</td>
<td>hyperkalaemia</td>
<td>severe, uncontrolled asthma(^2) / COPD</td>
</tr>
<tr>
<td>Tagrisso(^1,(^2)</td>
<td>roxadustat(^2)</td>
<td>PT010</td>
</tr>
<tr>
<td>lung cancer</td>
<td>anaemia</td>
<td>COPD / asthma</td>
</tr>
<tr>
<td>Imfinzi(^1,(^2)</td>
<td></td>
<td>tezepelumab</td>
</tr>
<tr>
<td>multiple cancers</td>
<td></td>
<td>severe, uncontrolled asthma</td>
</tr>
<tr>
<td>Calquence(^1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>blood cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imfinzi + treme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>multiple cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>moxetumomab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>leukaemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>selumetinib</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thyroid cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>savolitinib</td>
<td></td>
<td></td>
</tr>
<tr>
<td>kidney cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anifrolumab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lupus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lanabecestat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Lifecycle development programme.
2. Under regulatory review in major jurisdiction.
Status as of 14 December 2017.
Pancreatic beta cells at different stages of regeneration: AstraZeneca is investing in research that could stimulate the regeneration of beta cells in the pancreas with the aim of stopping the progression of, or reversing, the course of diabetes.
## Oncology

### Strategic priorities support the return to growth

<table>
<thead>
<tr>
<th>Multiple cancers</th>
<th>Lung cancers</th>
<th>Blood cancers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ovarian and breast cancers</td>
<td>• 2nd line / T790M(^1)</td>
<td>• First AstraZeneca medicine in blood cancer</td>
</tr>
<tr>
<td>• Lifecycle programme (2018+), incl. prostate cancer</td>
<td>• 1st line / EGFRm(^2)</td>
<td>• MCL(^4) initial indication</td>
</tr>
<tr>
<td>• Merck collaboration</td>
<td>• Adjuvant EGFRm (2022+)</td>
<td>• Lifecycle programme (2019+)</td>
</tr>
<tr>
<td></td>
<td>• Locally-advanced/Stage III, unresectable NSCLC(^3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• First AstraZeneca medicine in blood cancer</td>
</tr>
</tbody>
</table>

### Rich and early pipeline, including combinations

1. Substitution of threonine (T) with methionine (M) at position 790 of exon 20 mutation.
2. Epidermal growth factor receptor mutation.

\(^{\_1\_}\) First / next data anticipated.
**Lynparza**

The PARP inhibitor with Phase III data in ovarian and breast cancer

**Impressive patient benefit in ovarian cancer…**

SOLO-2 trial in 2nd-line BRCAm\(^1\) ovarian cancer
Investigator-assessed PFS
(HR 0.30; 95% confidence interval (CI) 0.22-0.41, p=0.0001)

**…and impressive patient benefit in breast cancer**

OlympiAD trial in 1st to 3rd-line breast cancer
BiCR\(^2\)-assessed PFS
(HR 0.58; CI 0.43-0.80, p=0.0009)

~25k

2nd line platinum-sensitive recurrent ovarian cancer patients

5-10%

breast cancer patients with BRCA mutation

**Regulatory status**

**Ovarian cancer**
- US: Approved 2nd line (broad label), 4th line/tablets
- Europe: Approved; SOLO-2 trial/tablets under review
- JP: SOLO-2, other data under review for first approval
- CN: SOLO-2 under review for first approval

**Breast cancer** (gBRCA)
- US: Under review
- EU: Regulatory submission in H1 2018
- JP: Under review

Epidemiology: Internal estimates based on external market research, top eight countries.

Epidemiology: Internal estimates based on external market research, top eight countries.

1. Breast cancer susceptibility gene 1/2 mutation.
2. Blinded independent central review.
Significant opportunity to further expand through Merck collaboration

Status of Merck collaboration

- Collaboration infrastructure set up and agreed
- Joint steering committee and subteams created
- Agreed development plans
- More new trials expected to be announced in H1 2018

Potential launches

- **Ovarian cancer**
  - 1L SOLO-1 trial
  - Data 2018
  - **bevacizumab (VEGF) combo PAOLA-1**
  - Data 2019+

- **1L SOLO-1 trial**
  - Data 2018

- **2L SOLO-2 trial**
  - Approved/under regulatory review

- **2018 Pancreatic cancer**
  - **cediranib (VEGF(r)) combo**
  - Data 2019

- **2019+ Prostate cancer**
  - **Early breast cancer OlympiA trial Data 2019**

- **2019+ DDR combos**
  - **Imfinzi, Keytuda combos MEDIOLA, new trials**

- **2019+ DDR combos**
  - **WEE1 ATM ATR Aurora B**

1) Establish leadership
2) Expand patient segments
3) Add VEGF(r) combinations
4) New combinations and tumour types

Extensive lifecycle programme underway

1. Vascular endothelial growth factor (receptor).
Lynparza

Next-generation combinations underway

**Lynparza + Imfinzi**
MEDIOLA Phase II trial

- Ovarian cancer n=30
  (3rd-line and later platinum-sensitive, gBRCAm)
- Breast cancer n=38
  (1st to 3rd-line HER2-negative, non-platinum refractory, gBRCAm)
- Small-cell lung cancer
  n=34
  (Relapsed 3-6 months post 1st-line platinum chemo)
- Gastric cancer n=37
  (2nd-line)
- Potential additional indication (future)

**Lynparza + novel DDR**
VIOLETTE Phase II trial

- Lynparza + ATR (AZD6738)
  (n=150)
- Lynparza + WEE1 (AZD1775)
  (n=150)
- Lynparza
  (n=150)

**Triple-negative breast cancer**
- HRR'm (BRCA)
- HRRm (non-BRCA)
- Non-HRRm

1. Homologous recombination repair.
Lung cancer: *Tagrisso* and *Imfinzi*

**Early-stage disease**

- **Stage I-III**
  - Total 155k patients
  - *Tagrisso*’s ADAURA trial
  - *Imfinzi*’s ADJUVANT trial
  - 80k adjuvant patients

- **Stage III**
  - Total 105k patients
  - *Imfinzi*’s PACIFIC trial
  - 76k unresectable patients

**Late-stage disease**

- **Stage IV 1st line**
  - Total 370k patients
  - *Tagrisso*’s FLAURA trial
  - 70k 1L EGFRm patients

- **Stage IV 2nd line**
  - Total 250k patients
  - *Tagrisso*’s AURA 3 trial
  - 25k 2L T790M EGFRm patients

**Epidemiology:** Internal estimates based on external market research, top eight countries, China generally includes a market-access adjustment.
Lung cancer: *Tagrisso*
Potential to transform EGFR-mutated lung cancer

**Establish in 2nd line**

~10 months
Progression-free survival
AURA3 trial in 2nd-line T790M NSCLC
(HR 0.30; CI 0.23-0.41, p=0.001)

‘New standard of care for EGFR T790M-positive NSCLC patients’
Approved US, EU, JP, CN, others

**Expand to 1st line**

~19 months
Progression-free survival
FLAURA trial in 1st-line EGFRm NSCLC
(HR 0.46; 0.37-0.57, p=0.0001)

‘Potential new standard of care for EGFR-mutated NSCLC patients’
Regulatory submissions EU, JP

**Extend to adjuvant**

Up to 3 years
Treatment duration

Stage IB-IIIA EGFR-mutation positive NSCLC n=700
Placebo n=350
Primary endpoint: Disease-free survival

‘Potential backbone for all EGFR-mutated patients (ADAURA trial)’
Phase III data anticipated in 2022

Lung cancer: *Imfinzi*
Durable advantage in Stage III, unresectable NSCLC

**PACIFIC PFS by BICR**  
(Intention-to-treat population)

**PACIFIC regulatory status**

**Eight**  
Regulatory submissions\(^1\)

**PACIFIC regulatory status**

Regulatory decisions anticipated in 2018
- H1: US (Priority review)
- H2: EU, JP, others

**Lifecycle programme already well underway**

- PACIFIC
  - Final OS data in 2019
- IDO combination
  - *Imfinzi* with epacadostat (IDO1 inhibitor)
- Other lifecycle opportunities being evaluated

**Stratified hazard ratio, 0.62 (95% CI, 0.42–0.85)**

Two-sided \(P<0.0001\)

**Moderate PFS (90% CI), months**
- Durvalumab (N=473): 16.1 (13.6–18.1)
- Placebo (N=237): 6.8 (4.9–7.8)

**12-month PFS rate (90% CI)**
- Durvalumab: 55.9% (51.0–60.4)
- Placebo: 35.3% (29.0–41.7)

**18-month PFS rate (90% CI)**
- Durvalumab: 44.2% (37.7–50.5)
- Placebo: 27.0% (19.9–34.5)

*Imfinzi* is not approved for lung cancer use yet.


1. Australia, Brazil, Canada, EU, Japan, South Korea, Switzerland, US.
### Lung cancer: Trials in non-small cell lung cancer

**Overview of medicines in current and ongoing Phase IIIs**

**Patients with no EGFR-mutated or ALK-translocated tumours**

~75-80% of patients

- **Imfinzi + tremelimumab**
- **Imfinzi**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Phase</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJUVANT</td>
<td>(2020)</td>
<td></td>
</tr>
<tr>
<td>PACIFIC</td>
<td>(2019 final OS)</td>
<td>✓</td>
</tr>
<tr>
<td>PEARL</td>
<td>(2020)</td>
<td></td>
</tr>
<tr>
<td>POSEIDON CTx</td>
<td>(2019)</td>
<td></td>
</tr>
<tr>
<td>NEPTUNE</td>
<td>(H2 2018)</td>
<td></td>
</tr>
<tr>
<td>MYSTIC</td>
<td>(H1 2018 final OS)</td>
<td></td>
</tr>
<tr>
<td>ARCTIC</td>
<td>(H1 2018)</td>
<td></td>
</tr>
</tbody>
</table>

**Patients with EGFR-mutated tumours**

~15-20% of patients, but double in Asia

- **Tagrisso**
- **IPA**<sup>SA</sup> / IFUM, etc.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Phase</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tagrisso ADAURA</td>
<td>(2022)</td>
<td>✓</td>
</tr>
<tr>
<td>Tagrisso FLAURA</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Tagrisso AURA 3 [T790Mm]</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

**Stage / progression of disease**

<table>
<thead>
<tr>
<th>Stage</th>
<th>1st line</th>
<th>2nd/3rd line</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-IIIA</td>
<td>Stage I-III [early / non-metastatic]</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>1st line</td>
<td>2nd/3rd line</td>
</tr>
<tr>
<td>IV [metastatic]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. PACIFIC trial also included patients with EGFR and T790M-mutated and anaplastic lymphoma kinase (ALK)-translocated tumours.

() First / next data anticipated.
**Imfinzi beyond NSCLC**

Prioritising opportunities in select cancers with unmet need

<table>
<thead>
<tr>
<th>Head &amp; neck cancer</th>
<th>Liver cancer (HCC)</th>
<th>Pancreatic cancer</th>
<th>Lynparza combinations (Phase II MEDIOLA trial)</th>
<th>Bladder cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAGLE 2nd line (H1 2018)</td>
<td></td>
<td>PA.7 1st line (Phase II CTx combo)</td>
<td>Breast cancer multiple lines (SABCS 2017)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gastric cancer (2018)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ovarian cancer ≥3rd line (2018)</td>
<td></td>
</tr>
</tbody>
</table>

() First / next data anticipated.
AstraZeneca’s entry into blood-cancer treatment

**Calquence**

Best-in-class BTK inhibitor in MCL

![Duration of Response Graph](image)

- Median duration of response (DoR) was not reached; the 12-month DoR rate was 72% (95% CI: 62%, 80%)
- ~3k annual US diagnoses of MCL

**Calquence (acalabrutinib)**

US-approved in MCL

- For adults with previously-treated mantle cell lymphoma
- 40% complete response rate
- 80% objective response rate

**Upcoming news flow in haematology**

CLL randomised Phase III data in 2019

<table>
<thead>
<tr>
<th>Phase</th>
<th>WM¹</th>
<th>MCL</th>
<th>CLL²</th>
</tr>
</thead>
<tbody>
<tr>
<td>IB/II</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase II</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase III</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase II</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase III</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 40% complete response rate
- 80% objective response rate
- >2,500 patients in clinical trials

Source: US prescribing information.

~3k annual US diagnoses of MCL

1. Waldenström macroglobulinemia; a type of non-Hodgkin lymphoma.
2. Chronic lymphocytic leukaemia.
Pancreatic beta cells at different stages of regeneration: AstraZeneca is investing in research that could stimulate the regeneration of beta cells in the pancreas with the aim of stopping the progression of, or reversing, the course of diabetes.
CVMD: Changing clinical practice today, and pushing the boundaries of science tomorrow

1. Deliver superior efficacy in core indication and immediate complications

2. + Bring cardiovascular (CV) protection and slow down disease progression

3. + Stop disease and regenerate organs

- Heart failure
- Atherosclerosis
- Metabolism
- Kidney disease
Opportunities outside acute coronary syndrome

**THEMIS**

- **T2DM** with established **CAD**
- Patients >50 years + drug treated for T2DM + high risk for CV events
- **Brilinta 60mg BID**
- **Primary endpoint:** Prevention of major CV events
- **Placebo**
- **Safety endpoint:** Time to first TIMI major bleeding event

**Status**

- **THEMIS**
  - 19,200 patients with type-2 diabetes
  - Enrolment completed in 2016
  - Data readout in 2019

**THALES**

- **Stroke**
- **Brilinta 90mg + ASA**
- **Standard of care**
- **Primary endpoint:** Stroke + death
- **Placebo + ASA**
- **Standard of care**
- **Secondary endpoint:** IS³, disability (mRS³)

**Status**

- **THALES**
  - 2nd trial in stroke, initiating
  - 13,000 patients
  - Data readout anticipated in 2020

---

1. Type-2 diabetes mellitus.
2. Coronary artery disease.
3. Ischemic stroke.
4. Modified Rankin scale measuring disability of neurological patients.
Focus on establishing CV benefit in type-2 diabetes

**Farxiga**

CVD-REAL
Real-world observational study
SGLT2 inhibitors vs other glucose-lowering medicines

<table>
<thead>
<tr>
<th>Database</th>
<th>N</th>
<th># of events</th>
<th>HR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>143,264</td>
<td>424</td>
<td>0.44 (0.36, 0.54)</td>
</tr>
<tr>
<td>Norway</td>
<td>25,050</td>
<td>622</td>
<td>0.58 (0.50, 0.69)</td>
</tr>
<tr>
<td>Denmark</td>
<td>18,468</td>
<td>477</td>
<td>0.57 (0.48, 0.67)</td>
</tr>
<tr>
<td>Sweden</td>
<td>18,378</td>
<td>364</td>
<td>0.50 (0.41, 0.63)</td>
</tr>
<tr>
<td>UK</td>
<td>10,462</td>
<td>96</td>
<td>0.66 (0.44, 1.00)</td>
</tr>
<tr>
<td>Total</td>
<td>215,622</td>
<td>1983</td>
<td><strong>0.54 (0.48, 0.60)</strong></td>
</tr>
</tbody>
</table>

51% reduction in all-cause mortality
39% reduction in risk of hospitalisation for heart failure
46% risk of composite endpoint of hospitalisation for heart failure and death from any cause

**DECLARE Phase III trial**

- Primary efficacy endpoints
  - Superiority for MACE (CV death, non-fatal myocardial infarction or non-fatal stroke)
  - Superiority for the composite endpoint of CV death or hospitalisation for heart failure

- Primary safety endpoint
  - Non-inferiority for MACE

- Data anticipated in H2 2018

~17,000 patients
  - including patients with multiple CV risk factors (~10,000) or established CVD (~7,000)

Farxiga
Extending the science into type-1 diabetes

DEPICT-1
Change in HbA1c and bodyweight over 24 weeks

HbA1c reduction

Bodyweight reduction

DEPICT Phase III programme

DEPICT-1
• HbA1c reduction at 24 weeks of 0.42-0.45% across two doses
• Daily insulin dose reduction 8.8-13.2%
• Weight loss of 2.96-3.72%

DEPICT-2
• Data being analysed; presentation anticipated in 2018

Potential for regulatory submission in 2018


1. DEPICT-1 tested Farxiga at 5mg and 10mg doses.
Farxiga
Extending the science into heart failure and chronic kidney disease

38 million
patients worldwide live with heart failure (HF)

200 million
patients worldwide live with chronic kidney disease (CKD)

422 million
patients worldwide live with diabetes (the majority with type-2 diabetes)¹-³

A large proportion of patients with type-2 diabetes have CKD and many have HF, or both.⁴ The prevalence of CKD, HF and type-2 diabetes continues to rise as populations age and associated risk factors, such as obesity, increase¹-³,⁵

DAPA-HF
• Evaluates Farxiga on the incidence of worsening heart failure or CV death in patients with chronic heart failure and reduced ejection fraction
• Anticipated data readout in 2019

~4,500
patients

DAPA-CKD
• Evaluates Farxiga on renal outcomes and CV mortality in patients with CKD
• Anticipated data readout in 2020

~4,000
patients

Bydureon
BCise and DURATION-7/8

Bydureon BCise autoinjector

- New, easy-to-use, once weekly medicine for type-2 diabetes
- Up to 1.4% HbA1c reduction; up to 3.1lbs weight loss
- Regulatory status
  - US: Approved
  - EU: Under review

DURATION-7/8 Phase III trials

DURATION-7 (insulin + Bydureon)
- 25.1% of patients achieved target HbA1C levels. Lower fasting glucose levels and reduced body weight (1.5kg) benefits were also observed
- EU approved

DURATION-8 (Farxiga + Bydureon)
- Farxiga and Bydureon combo (on a background of metformin) in high-baseline HbA1c patients with inadequate glycemic control
- Reduction of HbA1c (2.0%), lower systemic blood pressure (4.3mm Hg) and weight loss (3.55kg) at 28 weeks
- US and EU approved

Source: US prescribing information.

Source: DURATION-8: Lancet Diabetes & Endocrinology. DURATION-7 not published yet.
**ZS-9 (sodium zirconium cyclosilicate)**

**Potential best-in-class treatment for hyperkalaemia**

**Disease burden and unmet medical need**

40-50% patients with CKD have hyperkalaemia¹

~30% mortality rate for hospitalised patients with severe hyperkalaemia if not treated rapidly²

**Differentiated medicine and regulatory status**

**Properties**

- 5-10g once daily; odourless/tasteless
- Non-systemically absorbed
- One-hour onset of action
- Long-term stability at room temperature
- No significant drug-drug interaction

**Regulatory status**

- EU CHMP positive opinion
- Significant progress made in addressing all manufacturing deficiencies identified by US FDA
- Anticipate further news in due course

---

Roxadustat
Potential first-in-class oral HIF-PHD inhibitor for anaemia of CKD

### Phase III programme

<table>
<thead>
<tr>
<th>Patient population</th>
<th>Company</th>
<th>Phase III trial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia in CKD patients not receiving dialysis</td>
<td>FibroGen</td>
<td>ANDES</td>
</tr>
<tr>
<td></td>
<td>AstraZeneca</td>
<td>OLYMPUS</td>
</tr>
<tr>
<td></td>
<td>Astellas</td>
<td>ALPS</td>
</tr>
<tr>
<td></td>
<td>Astellas</td>
<td>DOLOMITES</td>
</tr>
<tr>
<td>Anaemia in CKD in patients receiving dialysis</td>
<td>FibroGen</td>
<td>SIERRAS</td>
</tr>
<tr>
<td></td>
<td>AstraZeneca</td>
<td>ROCKIES</td>
</tr>
<tr>
<td></td>
<td>Astellas</td>
<td>PYRENEES</td>
</tr>
<tr>
<td>Anaemia in newly-initiated dialysis patients</td>
<td>FibroGen</td>
<td>HIMALYAS</td>
</tr>
</tbody>
</table>

### Targeting a competitive medicine profile

#### Non-dialysis patients (against placebo)
- Superior haemoglobin increase
- Non-inferior on major adverse CV events (MACE) based on pooled analysis

#### Dialysis patients (against erythropoietin)
- Non-inferior haemoglobin increase
- Non-inferior, potentially superior MACE; pooled analysis

#### Regulatory status
- China rolling regulatory submission completed
- US regulatory submission anticipated in H2 2018

#### Lifecycle programme started
- Phase III in anaemia of myelodysplastic syndrome

---

1. The MACE endpoint is event-driven. In partnership with Fibrogen and their collaborator Astellas.
Pancreatic beta cells at different stages of regeneration: AstraZeneca is investing in research that could stimulate the regeneration of beta cells in the pancreas with the aim of stopping the progression of, or reversing, the course of diabetes.
COPD
A common, preventable and treatable disease characterised by persistent respiratory symptoms and airflow limitation

~330 million patients worldwide affected by COPD
3 million deaths from COPD annually
3rd predicted to be the third-leading cause of death by 2020
$32 billion in the US, COPD accounts for $32bn of direct cost and $20bn in indirect costs
56% in the EU, COPD accounts for 56% of the €39 billion cost of respiratory diseases

Source: AstraZeneca data and Global Initiative for Chronic Obstructive Lung Disease.
**COPD**

*Bevespi* and PT010 next-generation inhaled medicines

---

**Next-generation technology**

- **Aerosphere™ Delivery Technology**
  - Co-suspension formulation technology
  - Delivers consistently to the whole lung
  - >2× lung deposition, 75% increase in airway volume, 71% reduction in airway resistance

---

**Bevespi Aerosphere Dual bronchodilator**

- First medicine using Aerosphere and delivered in a pressurised metered-dose inhaler (pMDI)

**Regulatory status**

- EU: Under review; regulatory decision anticipated in H2 2018
- JP, CN: Regulatory submission in H1 2018

---

**PT010 Dual bronchodilator plus ICS¹**

**Phase III programme underway**

- First data readout anticipated in H1 2018

**Regulatory plans**

- First regulatory submission anticipated in H2 2018

---

¹ Inhaled corticosteroids.
# Asthma

## Expanding to encompass more treatment guideline steps

**~315 million**

patients suffer from asthma worldwide

**1 in 10 patients**

with asthma have severe asthma, requiring high-dose ICS-based therapy plus other asthma medicines

<table>
<thead>
<tr>
<th>Preferred controller choice</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low-dose ICS</td>
<td>Leukotriene receptor antagonist (LTRA) Low-dose theophylline</td>
<td>Med/high ICS Low-dose ICS + LTRA (or +theoph)</td>
<td>Add tiotropium High-dose ICS + LTRA (or +theoph)</td>
<td>Refer for add-on treatment e.g. novel biologics</td>
</tr>
<tr>
<td>Other options</td>
<td>Consider low-dose ICS</td>
<td>Leukotriene receptor antagonist (LTRA) Low-dose theophylline</td>
<td>Med/high ICS Low-dose ICS + LTRA (or +theoph)</td>
<td>Add tiotropium High-dose ICS + LTRA (or +theoph)</td>
<td>Add low-dose OCS</td>
</tr>
<tr>
<td>Reliever</td>
<td>As-needed short-acting beta$_2$-agonist (SABA)</td>
<td>As-needed SABA or low-dose ICS/formoterol</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Global Initiative For Asthma (GINA), Global strategy for asthma management and prevention, [http://ginasthma.org](http://ginasthma.org).
Asthma: **Fasenra**

Targeted, anti-eosinophil medicine; recently launched in the US

**Fasenra** (benralizumab) received US FDA approval for severe eosinophilic asthma¹

- **51%²** reduction in the annual asthma exacerbation rate versus placebo
- **159mL³** Significant improvement in lung function as measured by forced expiratory volume in one second (FEV₁) versus placebo
- **75%⁵** median reduction in daily OCS³ use and discontinuation of OCS use in 52% of eligible patients

**Under regulatory review in the EU, Japan and several other countries with decisions anticipated in H1 2018**

1. Based on the results from the Phase III trials SIROCCO, CALIMA and ZONDA. 2. SIROCCO: 51% reduction in AER vs. placebo at week 48 (1.24 vs. 1.52). 3. CALIMA: 28% reduction vs. placebo at week 56 (0.73 vs. 1.01). 4. SIROCCO: 34 weeks, an improvement in FEV₁ of 380mL (mean change from baseline) vs. 230mL for placebo, total of 150mL increase in FEV₁. CALIMA: At 56 weeks, an improvement in FEV₁ of 330mL (mean change from baseline) vs. 215mL for placebo, for total of 115mL increase in FEV₁. 5. Oral corticoid steroid. 6. Median reduction in OCS dose of 75% from baseline vs. 25% for placebo.

Source: US prescribing information.

**Lifecycle programme**

**Asthma**
- Autoinjector; GRECO Phase III trial readout anticipated in H2 2018

**COPD**
- Phase III VOYAGER programme is evaluating the efficacy and safety of **Fasenra** in patients with severe COPD
- Data readout anticipated in H2 2018
Asthma: Tezepelumab
Significantly reduced asthma exacerbations for a broad population

Functions of thymic stromal lymphopoietin (TSLP)

- Epithelial-derived cytokine central to the regulation of type 2 immunity\(^1\)–\(^4\)
- Expression is increased in the airways of patients with asthma, and correlates with Th2 cytokine and chemokine expression, and disease severity\(^5\)–\(^7\)
- Tezepelumab (AMG 157/MEDI9929) is a human IgG2 monoclonal antibody and potential new medicine that binds to TSLP, inhibiting its interaction with the TSLP receptor complex\(^8\)

First-in-class treatment that blocks TSLP - an upstream driver of inflammation in asthma

Late-stage development

Phase IIb PATHWAY trial positive
- Presented at European Respiratory Society 2017 and results published in the New England Journal of Medicine
- Potential to help a broad group of patients; including those without presence of a Th2 biomarker

Phase III PATHFINDER programme
- First Phase III trial NAVIGATOR has initiated with a patient enrolled

Pancreatic beta cells at different stages of regeneration: AstraZeneca is investing in research that could stimulate the regeneration of beta cells in the pancreas with the aim of stopping the progression of, or reversing, the course of diabetes.
Anifrolumab
Lupus Phase III on track for H2 2018

Large unmet patient need

Prevalence SLE (~615k)
Prevalence SLE extra-renal (~480k)
Treated moderate-severe (~265k)

Systemic Lupus Erythematosus (SLE) Responder Index 4 including OCS taper at day 365

Phase III SLE programme now fully recruited

- Phase III trials TULIP 1 and TULIP 2 both fully recruited
- Primary endpoints at 48 weeks driving data-readout timelines

Lifecycle programme

- Phase II subcutaneous administration trial fully recruited
- Phase II lupus nephritis trial ongoing

Phase III data in H2 2018
Regulatory submission in 2019

Epidemiology: Internal estimates based on external market research, top eight countries.

1. Odds Ratio.
Lanabecestat
Alzheimer’s disease programme and valuable partnership on track

Unmet need not addressed by any effective medicines

- 60%-80% of dementia cases
- 46 million patients living with dementia worldwide; anticipated to be >74 million in 2030 and 131 million in 2050
- Total estimated worldwide cost of dementia in 2015 was >$800 billion

Lanabecestat depletes amyloid beta in cerebral spinal fluid

Late-stage development

- First Phase II/III trial AMARANTH (early Alzheimer’s) completed recruitment
- Interim analysis for AMARANTH passed triggering milestone payment to AstraZeneca
- Second Phase III trial DAYBREAK-ALZ (mild Alzheimer’s) recruiting
- FDA Fast Track Designation

First Phase III data in 2019
Regulatory submission in 2020

Source: Alzheimer’s Association.
Source: AstraZeneca data on file.
In partnership with Eli Lilly and Company.
# Late-stage pipeline news flow in 2018 and 2019

Unlocking and realising the potential of new medicines

<table>
<thead>
<tr>
<th>Regulatory decision</th>
<th>H1 2018</th>
<th>H2 2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynparza</td>
<td></td>
<td>Lynparza - breast cancer (JP)</td>
<td>-</td>
</tr>
<tr>
<td>ovarian cancer 2L (EU, JP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>breast cancer (US)</td>
<td></td>
<td>Tagrisso - lung cancer (EU, JP)</td>
<td>-</td>
</tr>
<tr>
<td>Tagrisso - lung cancer (US)</td>
<td></td>
<td>Imfinzi - lung cancer (PACIFIC) (EU, JP)</td>
<td>-</td>
</tr>
<tr>
<td>Imfinzi - lung cancer (PACIFIC) (US)</td>
<td></td>
<td>Bydureon BCise - type-2 diabetes (EU)</td>
<td>-</td>
</tr>
<tr>
<td>Fasenra - severe, uncontrolled asthma(EU,JP)</td>
<td></td>
<td>Bevespi - COPD (EU)</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulatory submission</th>
<th>H1 2018</th>
<th>H2 2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynparza</td>
<td></td>
<td>Lynparza - ovarian cancer 1L</td>
<td>Lynparza - pancreatic cancer 1L</td>
</tr>
<tr>
<td>- breast cancer (EU)</td>
<td></td>
<td>Lynparza - lung cancer 1L (NEPTUNE)</td>
<td>- ovarian cancer 3L</td>
</tr>
<tr>
<td>Imfinzi +/- treme - lung cancer 3L (ARCTIC)</td>
<td></td>
<td>Imfinzi +/- treme - lung cancer 1L (MYSTIC)</td>
<td>Imfinzi +/- treme - lung cancer 1L (POSEIDON)</td>
</tr>
<tr>
<td>Bevespi - COPD (JP)</td>
<td></td>
<td>- head &amp; neck cancer 1L, 2L (KESTREL, EAGLE)</td>
<td>- bladder cancer 1L (DANUBE)</td>
</tr>
<tr>
<td>Duaklir - COPD (US)</td>
<td></td>
<td>selumetinib - thyroid cancer</td>
<td>-</td>
</tr>
<tr>
<td>Fasenra - COPD (JP)</td>
<td></td>
<td>roxadustat - anaemia (US)</td>
<td>Brilinta - CAD²/type-2 diabetes CVOT</td>
</tr>
<tr>
<td>selumetinib - thyroid cancer</td>
<td></td>
<td>PT010 - COPD</td>
<td>Farxiga - type-2 diabetes CVOT (DECLARE)</td>
</tr>
<tr>
<td>PT010 - COPD</td>
<td></td>
<td></td>
<td>Farxiga - COPD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>anifrolumab - lupus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Phase III data readouts</th>
<th>H1 2018</th>
<th>H2 2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynparza - ovarian cancer 1L</td>
<td></td>
<td>Lynparza - pancreatic cancer 1L</td>
<td>Lynparza - ovarian cancer 3L</td>
</tr>
<tr>
<td>Imfinzi +/- treme</td>
<td></td>
<td>Lynparza - lung cancer 1L (NEPTUNE)</td>
<td>Imfinzi - lung cancer (PACIFIC) (final OS)</td>
</tr>
<tr>
<td>- lung cancer 3L (ARCTIC)</td>
<td></td>
<td>Imfinzi +/- treme</td>
<td>Imfinzi +/- treme - lung cancer 1L (POSEIDON)</td>
</tr>
<tr>
<td>- lung cancer 1L (MYSTIC) (final OS)</td>
<td></td>
<td>- bladder cancer 1L (DANUBE)</td>
<td>- liver cancer 1L (HIMALAYA)</td>
</tr>
<tr>
<td>- head &amp; neck cancer 1L, 2L (KESTREL, EAGLE)</td>
<td>Farxiga - type-2 diabetes CVOT¹ (DECLARE)</td>
<td>Brilinta - CAD²/type-2 diabetes CVOT</td>
<td>Brilinta - CAD²/type-2 diabetes CVOT</td>
</tr>
<tr>
<td>selumetinib - thyroid cancer</td>
<td>Fasenra - COPD</td>
<td>Farxiga - HF</td>
<td>lanabecestat - Alzheimer’s disease</td>
</tr>
<tr>
<td>PT010 - COPD</td>
<td>anifrolumab - lupus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹. Cardiovascular outcomes trial.
². Coronary artery disease.

Status as of 14 December 2017.
Summary
2017 a great year overall; 2018 news flow on track

2017 key opportunities being delivered, including:

• **Tagrisso** FLAURA trial under regulatory reviews
• **Imfinzi** PACIFIC trial under regulatory reviews
• **Fasenra** Launched US and under review EU, JP

2018 key opportunities on track

• **Oncology** lifecycle programmes for *Lynparza, Tagrisso, Imfinzi, Calquence*
• **Farxiga** DECLARE CV outcomes trials
• **Roxadustat** Phase III data
• **PT010** Phase III data
• **Anifrolumab** Phase III data

Unprecedented late-stage pipeline news flow in 2017 with an exciting 2018 ahead
Pancreatic beta cells at different stages of regeneration: AstraZeneca is investing in research that could stimulate the regeneration of beta cells in the pancreas with the aim of stopping the progression of, or reversing, the course of diabetes.
Use of AstraZeneca webcast, conference call and presentation slides

The AstraZeneca webcast, conference call and presentation slides (together the ‘AstraZeneca Materials’) are for your personal, non-commercial use only. You may not copy, reproduce, republish, post, broadcast, transmit, make available to the public, sell or otherwise reuse or commercialise the AstraZeneca Materials in any way. You may not edit, alter, adapt or add to the AstraZeneca Materials in any way, nor combine the AstraZeneca Materials with any other material. You may not download or use the AstraZeneca Materials for the purpose of promoting, advertising, endorsing or implying any connection between you (or any third party) and us, our agents or employees, or any contributors to the AstraZeneca Materials. You may not use the AstraZeneca Materials in any way that could bring our name or that of any Affiliate into disrepute or otherwise cause any loss or damage to us or any Affiliate. AstraZeneca PLC, 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge, CB2 0AA. Telephone + 44 20 3749 5000, www.astrazeneca.com
Investor science event: Late-stage pipeline webcast

14 December 2017
# Lung cancer: Trials in non-small cell lung cancer

## Overview of medicines in current and ongoing Phase III trials

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Trial design</th>
<th>Stage</th>
<th>Primary endpoint(s)</th>
<th>Recruitment</th>
<th>First / next data</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAURA</td>
<td>Stage I-III EGFRm</td>
<td>Tagrisso vs placebo</td>
<td>DFS&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Ongoing</td>
<td>2022</td>
</tr>
<tr>
<td>ADJUVANT</td>
<td>Stage IB-IIIA</td>
<td>Imfinzi vs placebo</td>
<td>DFS</td>
<td>Ongoing</td>
<td>2020</td>
</tr>
<tr>
<td>PACIFIC</td>
<td>Stage III unresectable</td>
<td>Imfinzi vs placebo</td>
<td>PFS</td>
<td>Fully recruited</td>
<td>2019 (final OS)</td>
</tr>
<tr>
<td>FLAURA</td>
<td>Stage IV / 1L EGFRm</td>
<td>Tagrisso vs SoC</td>
<td>PFS OS</td>
<td>Fully recruited</td>
<td>Single primary endpoint met</td>
</tr>
<tr>
<td>MYSTIC</td>
<td>Stage IV / 1L EGFR/ALK wild type Non-sq / sq&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Imfinzi, Imfinzi + treme vs SoC</td>
<td>PFS OS OS</td>
<td>Fully recruited</td>
<td>H1 2018 (final OS)</td>
</tr>
<tr>
<td>NEPTUNE</td>
<td>Stage IV / 1L EGFR/ALK wild type Non-sq / sq</td>
<td>Imfinzi + SoC</td>
<td>PFS OS</td>
<td>Fully recruited</td>
<td>H2 2018</td>
</tr>
<tr>
<td>POSEIDON</td>
<td>Stage IV / 1L EGFR/ALK wild type Non-sq / sq PD-L1 expr.</td>
<td>Imfinzi + treme + SoC vs SoC</td>
<td>PFS OS</td>
<td>Ongoing</td>
<td>2019</td>
</tr>
<tr>
<td>PEARL</td>
<td>Stage IV / 3L EGFR/ALK wild type Non-sq / sq PD-L1 low</td>
<td>Imfinzi, treme, Imfinzi + treme vs SoC</td>
<td>PFS OS</td>
<td>Fully recruited</td>
<td>H1 2018</td>
</tr>
</tbody>
</table>

1. Disease-free survival.
Instructions for use – please delete once read

Colour palette
Instructions for use – please delete once read

Title slide options – image descriptors for reference only

ctDNA

ctDNA

ctDNA

ctDNA

Oncology

Oncology

Oncology

Oncology

End slide

Please include a confidentiality statement at the end of all presentations.
Instructions for use – please delete once read

Divider slide options – image descriptors for reference only

End slide

Please include a confidentiality statement at the end of all presentations.
Instructions for use – please delete once read

Divider slide options – image descriptors for reference only

End slide

Please include a confidentiality statement at the end of all presentations.
Instructions for use – please delete once read

Divider slide options – image descriptors for reference only

**RIA**: Eosinophil prior to apoptosis. Natural killer cell recruited by biologic.

**CVMD**: Messenger RNA being read by a ribosome to produce signalling proteins.

**CVMD**: Stem cell differentiating into heart muscle (cardiac regeneration).

**Oncology**: Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity.

**Oncology**: T Cells in circulation.

**RIA**: Eosinophil prior to apoptosis. Natural killer cell recruited by biologic.

**ctDNA**: Minute pieces of tumour DNA circulating in the bloodstream.

**Discovery Sciences**: CRISPR gene editing tool.

**ctDNA**: Minute pieces of tumour DNA circulating in the bloodstream.

End slide

Please include a confidentiality statement at the end of all presentations.
Creating bullet point copy

• A layout with ‘Content’ labelled in the title has specifically been styled to contain the corporate bullet styles
• A ‘Body’ box is for copy only and is not styled for bullets – it will always default to PowerPoint original style bullets
Creating bullet point copy

Subtitle

- A layout with ‘Content’ labelled in the title has specifically been styled to contain the corporate bullet styles
- A ‘Body’ box is for copy only and is not styled for bullets – it will always default to PowerPoint original style bullets
Example graph 1 and text

- For highlighted type within a graph, use dark colours to ensure legibility.
- Or use black as a default if the colour is too light.
Initial clinical data

- For highlighted type within a graph, use dark colours to ensure legibility.
- Or use black as a default if the colour is too light.
Example graph 2
Example graph 2 (cont’d)
Example graph 3

Graph title

$30bn

$50bn

Now

Future

Source: [xxxxx]
Example graph 3 (cont’d)

Graph title

$30bn

$50bn

Source: [xxxx]
Picture and text

Text

- Text
- Text
- Text
Two-line title

- Text, text, text
- Text, text, text
- Text, text, text

Two-line title

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>7%</td>
</tr>
<tr>
<td>B</td>
<td>6%</td>
</tr>
<tr>
<td>C</td>
<td>12%</td>
</tr>
<tr>
<td>D</td>
<td>15%</td>
</tr>
<tr>
<td>E</td>
<td>57%</td>
</tr>
</tbody>
</table>

Two-line title

Source: [XXX]

Source: [XXX]
3 boxes on a page (with tagline)

Two-line title

• Text, text, text
  – Text, text, text
• Text, text, text
  – Text, text, text
• Text, text, text

Two-line title

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>57%</td>
</tr>
<tr>
<td>D</td>
<td>15%</td>
</tr>
<tr>
<td>C</td>
<td>12%</td>
</tr>
<tr>
<td>B</td>
<td>6%</td>
</tr>
<tr>
<td>A</td>
<td>7%</td>
</tr>
</tbody>
</table>

Two-line title

[insert tagline]
Table example

<table>
<thead>
<tr>
<th>Column title</th>
<th>Column title</th>
<th>Column title</th>
</tr>
</thead>
<tbody>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
</tbody>
</table>
## Table example

**Subtitle**

<table>
<thead>
<tr>
<th>Column title</th>
<th>Column title</th>
<th>Column title</th>
</tr>
</thead>
<tbody>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
<tr>
<td>[text]</td>
<td>[text]</td>
<td>[text]</td>
</tr>
</tbody>
</table>
Confidentiality Notice

This file is private and may contain confidential and proprietary information. If you have received this file in error, please notify us and remove it from your system and note that you must not copy, distribute or take any action in reliance on it. Any unauthorized use or disclosure of the contents of this file is not permitted and may be unlawful. AstraZeneca PLC, 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge, CB2 0AA. Telephone + 44 20 3749 5000, www.astrazeneca.com
Use of AstraZeneca webcast, conference call and presentation slides

The AstraZeneca webcast, conference call and presentation slides (together the ‘AstraZeneca Materials’) are for your personal, non-commercial use only. You may not copy, reproduce, republish, post, broadcast, transmit, make available to the public, sell or otherwise reuse or commercialise the AstraZeneca Materials in any way. You may not edit, alter, adapt or add to the AstraZeneca Materials in any way, nor combine the AstraZeneca Materials with any other material. You may not download or use the AstraZeneca Materials for the purpose of promoting, advertising, endorsing or implying any connection between you (or any third party) and us, our agents or employees, or any contributors to the AstraZeneca Materials. You may not use the AstraZeneca Materials in any way that could bring our name or that of any Affiliate into disrepute or otherwise cause any loss or damage to us or any Affiliate. AstraZeneca PLC, 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge, CB2 0AA. Telephone + 44 20 3749 5000, www.astrazeneca.com