



9M and Q3 2026 Results

Conference call and webcast for investors
and analysts

30 October 2026



Cautionary statements regarding forward-looking statements

In order, among other things, to utilise the 'safe harbour' provisions of the US Private Securities Litigation Reform Act of 1995, AstraZeneca (hereafter 'the Group') provides 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 the Group believes its 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 the Group undertakes no obligation to update these forward-looking statements. The Group identifies 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 the Group's control, include, among other things: the risk of failure or delay in delivery of the pipeline or launch of new medicines; the risk of failure to meet regulatory or ethical requirements for medicine development or approval; the risk of failures or delays in the quality or execution of the Group's commercial strategies; the risk of pricing, affordability, access and competitive pressures; the risk of failure to maintain supply of compliant, quality medicines; the risk of illegal trade in the Group's medicines; the risk of reliance on third-party goods and services; the risk of failure in information technology or cybersecurity; the risk of failure of critical processes; the risk of failure to collect and manage data and artificial intelligence in line with legal and regulatory requirements and strategic objectives; the risk of failure to attract, develop, engage and retain a diverse, talented and capable workforce; the risk of failure to meet sustainability targets, regulatory requirements or stakeholder expectations with respect to the environment; the risk of failure to meet regulatory and ethical expectations on commercial practices, including anti-bribery anti-corruption, anti-fraud and scientific exchanges; the risk of the safety and efficacy of marketed medicines being questioned; the risk of adverse outcome of litigation and/or governmental investigations; intellectual property risks related to the Group's products; the risk of failure to achieve strategic plans or meet targets or expectations; the risk of geopolitical and/or macroeconomic volatility disrupting the operation of the Group's global business; the risk of failure in internal control, financial reporting or the occurrence of fraud; and the risk of unexpected deterioration in the Group's financial position.



9M and Q3 2026 Results

Conference call agenda

CEO Opening Remarks	Pascal Soriot Chief Executive Officer	
Financial Results	Aradhana Sarin Chief Financial Officer	
Oncology Haematology	Dave Fredrickson EVP, Oncology Haematology Business	Susan Galbraith EVP, Oncology Haematology R&D
BioPharmaceuticals	Ruud Dobber EVP, BioPharmaceuticals Business	Sharon Barr EVP, BioPharmaceuticals R&D
Rare Disease	Marc Dunoyer Chief Executive Officer, Alexion	
CEO Closing Remarks, Q&A	Pascal Soriot Chief Executive Officer	





CEO Opening Remarks

Pascal Soriot
CHIEF EXECUTIVE OFFICER



Strong 9M 2026 execution builds confidence in sustainable growth through the next decade

SUSTAINED COMMERCIAL MOMENTUM

+7% Total Revenue

+12% Total Revenue, ex. *Farxiga* and *Brilinta*¹

+14% Core EPS

MEANINGFUL PROGRESS FOR OUR PIPELINE²

12 positive Phase III programme readouts

1st approval for **4**
new medicines



1st Phase III data for **3** NMEs

sonesitug
vedotin

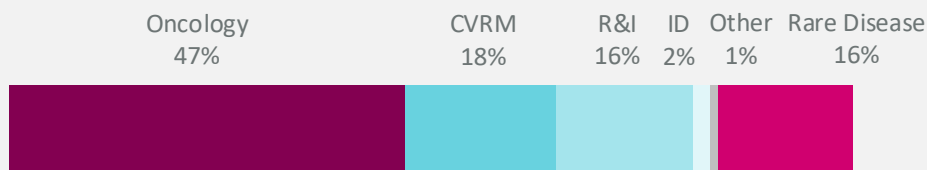
tozorakimab

efzimfotase
alfa

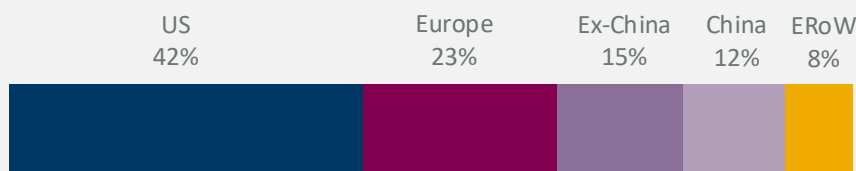


Growth driven by diverse therapy areas and global presence

9M 2026 | % Product Revenue by therapy area

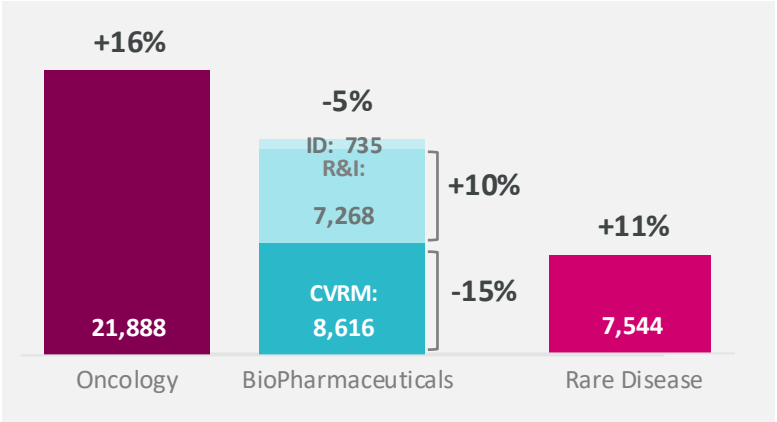


9M 2026 | % Product Revenue by geography



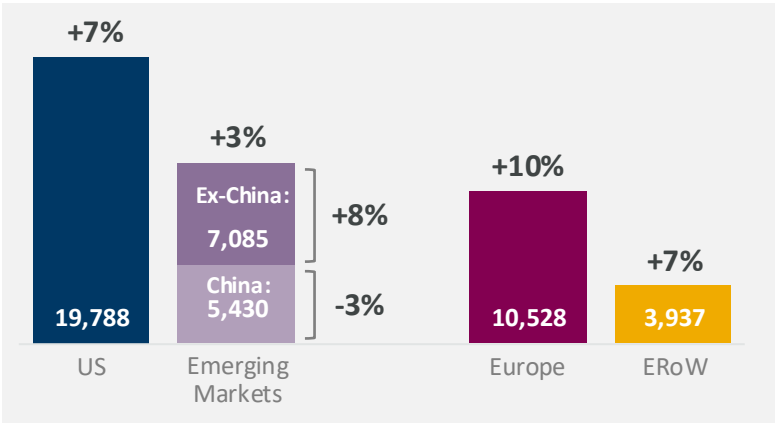
Strength across therapy areas

9M 2026 | +6% Product Revenue (\$m)¹



Growth across geographies

9M 2026 | + 6% Product Revenue (\$m)¹



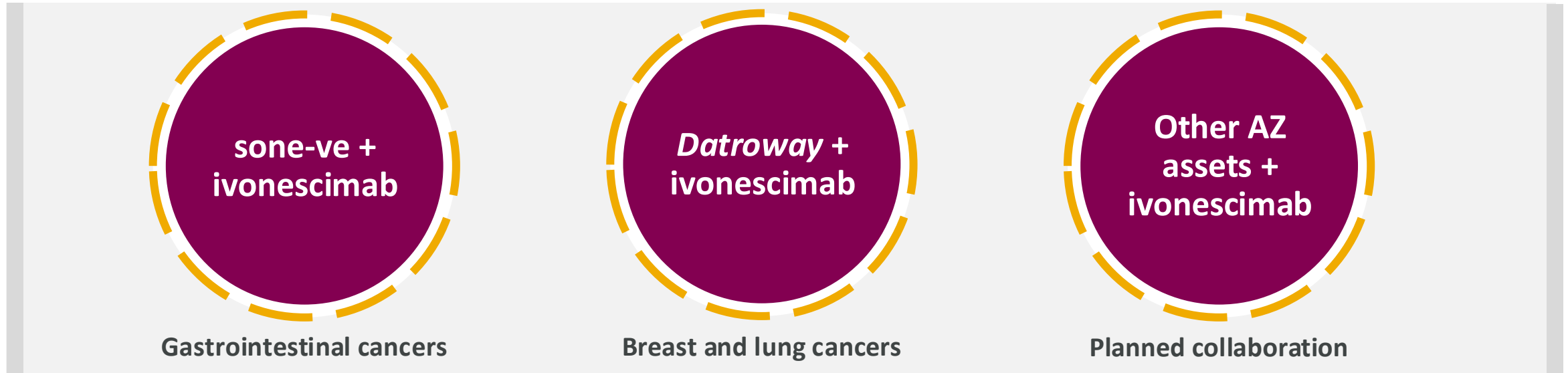
Twelve positive Phase III programme readouts YTD

tozorakimab COPD	OBERON TITANIA MIRANDA	efzimfotase alfa HPP	CHESTNUT MULBERRY HICKORY	<i>Imfinzi</i> locoregional HCC	EMERALD-3
<i>Ultomiris</i> IgAN	I CAN	<i>Imfinzi</i> MIBC	VOLGA	sone-ve CLDN18.2+ 2L+ gastric cancer	CLARITY-Gastric01
<i>Imfinzi</i> 1L urothelial cancer	NILE	<i>Tagrisso + Orpathys</i> 2-3L EGFRm NSCLC	SAFFRON	<i>Enhertu</i> HER2m NSCLC	DESTINY-Lung04
<i>Tezspire</i> EoE	CROSSING	<i>Tagrisso + Orpathys</i> 1L EGFRm NSCLC	SANOVO ¹	<i>Imfinzi</i> ES-SCLC	DeLLphi-305 ²

2026 positive Phase III readouts represent >\$10bn in non-risk-adjusted peak year revenue³



Enhancing the value of AstraZeneca's ADC portfolio through strategic collaboration with Summit



- Broadens and maximises AZ assets across key tumour types by addressing segmented treatment approaches
- Strategic investment in Summit accelerates development of ivonescimab + ADCs across tumour types

Positions AstraZeneca as a leader in the ADC + next-generation IO bispecific space



Strategically investing to deliver growth beyond 2030

Significant progress across our transformative technologies in 9M 2026

Weight management and CV risk factors	ADCs and radio-conjugates	Next-gen IO bispecifics	Cell therapy	T-cell engagers
1st Phase III data for laroprovstat and laroprovstat + rosuvastatin H1 2027	Unprecedented OS benefit with sone-ve for 2L+ gastric cancer in CLARITY-Gastric01	15 Phase III trials across 9 tumour types	3 ongoing Phase IIIs of AZD0120 in multiple myeloma	Ongoing surovatamig Phase IIIs in follicular lymphoma and DLBCL
10 Phase III trials ongoing for elecoglipron	1st puxi-sam Phase III H2 2027 and 3 Phase IIIs for torvu-sam initiated in 2026	1st Phase III readouts for rilvegostomig and volrustomig in H2 2027	Early trials for AZD0120 ongoing across range of autoimmune diseases	Extending surovatamig into autoimmune diseases with early trials underway
3 Phase III trials initiated for lenbelintide (AZD6234)	Maximising ADC opportunity with Summit collaboration of ivonescimab + AZ ADCs	6 ongoing Phase III trials for AZ IO bispecifics + ADCs	4 further clinical-stage cell therapies	4 additional TCEs in early-stage development





Financial Results

Aradhana Sarin

CHIEF FINANCIAL OFFICER



9M and Q3 2026 – Reported profit and loss

	9M 2026 \$m	CER change %	% Total Revenue	Q3 2026 \$m	CER change %	% Total Revenue
- Product Sales	43,962	5	94	15,066	5	93
- Alliance Revenue	2,806	32	6	1,107	36	7
Product Revenue	46,768	6	100	16,173	7	100
- Collaboration Revenue	113	23	-	36	>3x	-
Total Revenue	46,881	7	100	16,209	7	100
<i>Gross Margin</i>	83%	+1pp		82%	+1pp	
- R&D expense	(11,439)	9	24	(3,894)	7	24
- SG&A expense	(15,679)	7	33	(5,108)	-	32
Total operating expense ¹	(27,555)	7	59	(9,153)	3	56
Other operating income and expense	618	>2x	1	277	>3x	2
Operating profit	11,797	10	25	4,387	26	27
Tax rate	18%			21%		
Reported EPS	\$5.62	11		\$2.02	26	

¹¹ Due to rounding, the sum of the dollar values and percentages may not agree to totals. Absolute values at actual exchange rates; changes at CER.

1. Total operating expense includes distribution, R&D and SG&A expenses.

Appendix: [Glossary](#).



9M and Q3 2026 – Core profit and loss

	9M 2026 \$m	CER change %	% Total Revenue	Q3 2026 \$m	CER change %	% Total Revenue
- Product Sales	43,962	5	94	15,066	5	93
- Alliance Revenue	2,806	32	6	1,107	36	7
Product Revenue	46,768	6	100	16,173	7	100
- Collaboration Revenue	113	23	-	36	>3x	-
Total Revenue	46,881	7	100	16,209	7	100
<i>Gross Margin</i>	83%	+1pp		82%	+1pp	
- R&D expense	(10,768)	5	23	(3,645)	3	22
- SG&A expense	(11,818)	4	25	(3,909)	2	24
Total operating expense ¹	(23,022)	5	49	(7,704)	2	48
Other operating income and expense	618	>2x	1	277	>2x	2
Operating profit	16,365	14	35	5,855	20	36
Tax rate	19%			21%		
Core EPS	\$8.00	14		\$2.79	19	

¹² Due to rounding, the sum of the dollar values and percentages may not agree to totals. Absolute values at actual exchange rates; changes at CER.

1. Total operating expense includes distribution, R&D and SG&A expenses.

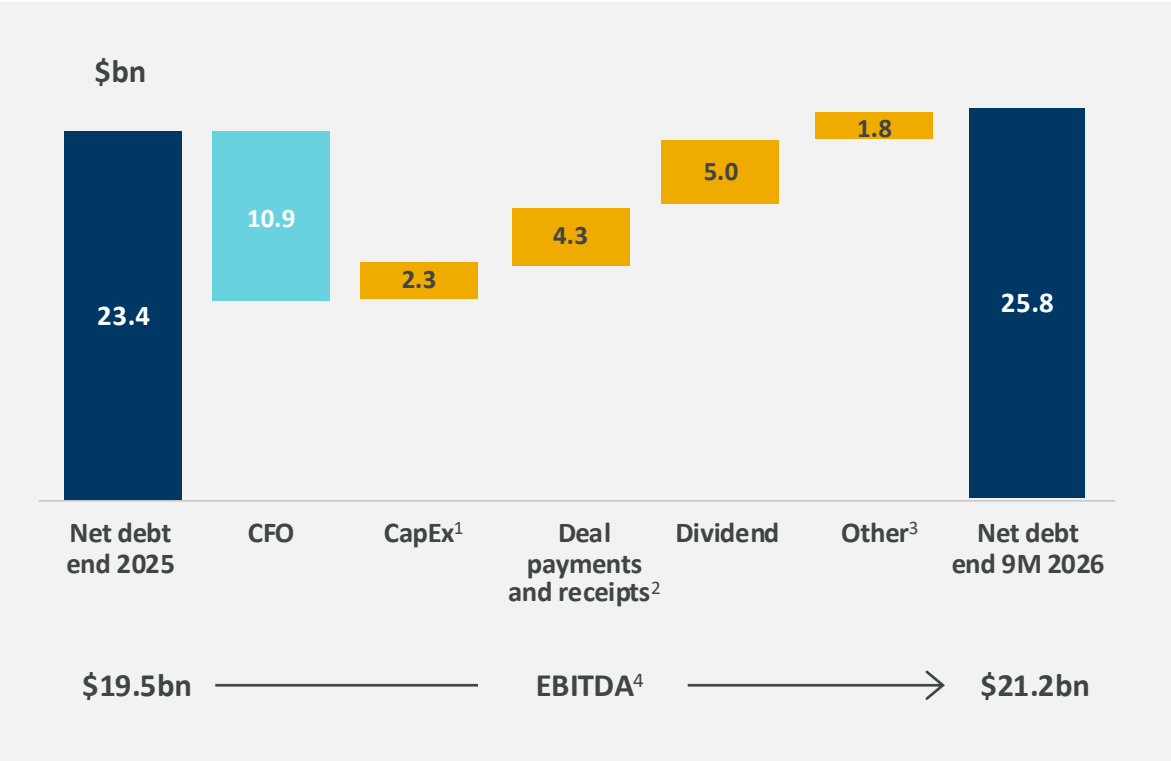
Appendix: [Glossary](#).



FY 2026 guidance reiterated

Capital allocation priorities remain unchanged

Net debt/EBITDA 1.2x



FY 2026 Guidance (CER)

Total Revenue	Anticipated to increase by a mid-to-high single-digit percentage
Core EPS	Anticipated to increase by a low double-digit percentage

- Core tax rate expected to be between 18-22%
- Anticipated FX impact⁵: low single-digit positive impact on Total Revenue and neutral on Core EPS

13 Due to rounding, the sum of the dollar values and percentages may not agree to totals. 1. Capital expenditure on tangible assets and software-related intangible assets. 2. Comprises purchase and disposal of intangible assets (excluding software-related assets, including AZ Forest), purchase and disposal of non-current asset investments, payments to associates and joint ventures, payments to acquire non-controlling interests, disposal of investments in associates and joint ventures, acquisitions of subsidiaries, net of acquired net debt and payment of contingent consideration on business combinations. The Company mainly uses debt issuance or available cash to finance new Business Development opportunities. 3. Comprises mainly shares purchased by Employee Benefit Trust and recognition of Kendall Square lease liability. 4. Rolling 12-month EBITDA. AstraZeneca credit ratings: Moody's: short-term rating P-1, long-term rating A1, outlook positive. S&P Global Ratings: short-term rating A-1, long-term rating A+, outlook stable. 5. If foreign exchange rates for October 2026 to December 2026 were to remain at the average rates seen in September 2026. Appendix: [Glossary](#).





Oncology

Dave Fredrickson

ONCOLOGY HAEMATOLOGY BUSINESS

Susan Galbraith

ONCOLOGY HAEMATOLOGY R&D

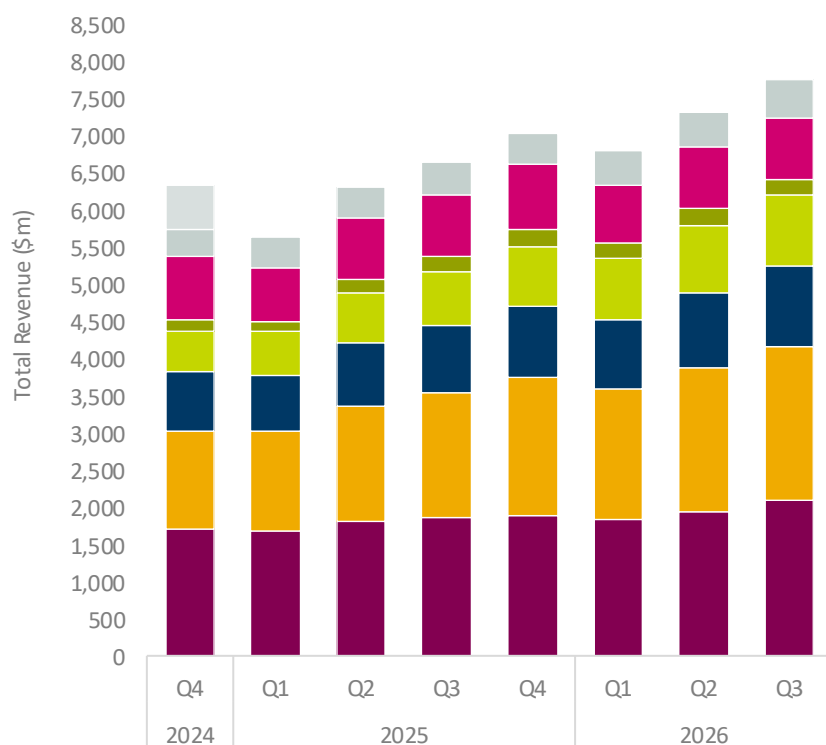


Oncology – 9M and Q3 2026

Total Revenue +16% in 9M 2026 and +17% in Q3, driven by continued global demand across key medicines

Oncology

9M 2026 \$21.9bn, +16%



Tagrisso Imfinzi + Imjudo Calquence Enhertu Truqap Lynparza (PR) Others¹ Lynparza (CR)

Q3 2026: key dynamics

- **Tagrisso** +12%, sustained 1L leadership with continued FLAURA2 uptake in growing combo market
- **Imfinzi** +26%, **Imjudo** +25%, robust global demand growth across tumours
- **Calquence** +16%, BTKi leadership in 1L CLL across top 8 markets
- **Enhertu** +35%, strong global demand growth, US launch momentum
- **Truqap** +9%, continued ex-US growth, 2L US share at peak
- **Datroway** \$78m, increasing share in 2L+ *EGFR*m lung, early uptake in TNBC

Key regulatory approvals:

- **US:** *Etcamah* SERENA-6
- **EU, JP, CN:** *Datroway* TROPION-Breast02, *Enhertu* DESTINY-Breast09 & 05
- **JP:** *Imfinzi* POTOMAC
- **CN:** *Enhertu* DESTINY-PanTumor02²



Oncology – reshaping practice across tumour types

Five presidential plenary sessions of AstraZeneca oncology data across WCLC and ESMO

Tagrisso + Orpathys

Reinforcing *Tagrisso* SoC backbone in *EGFR*m NSCLC

SAFFRON



SANOVO

Enhertu

Expanding in *HER2*m NSCLC

DESTINY-Lung04



Imfinzi

Consolidating
leadership in SCLC

DeLLphi-305¹



Extending *Imfinzi*
across spectrum of MIBC

VOLGA



sone-ve

New potential SoC in
CLDN18.2+ gastric cancer

CLARITY-Gastric01



Underpins AstraZeneca Oncology strategy – moving treatments
earlier in disease and improving outcomes through **novel combinations**





BioPharmaceuticals

Ruud Dobber

BIOPHARMACEUTICALS BUSINESS

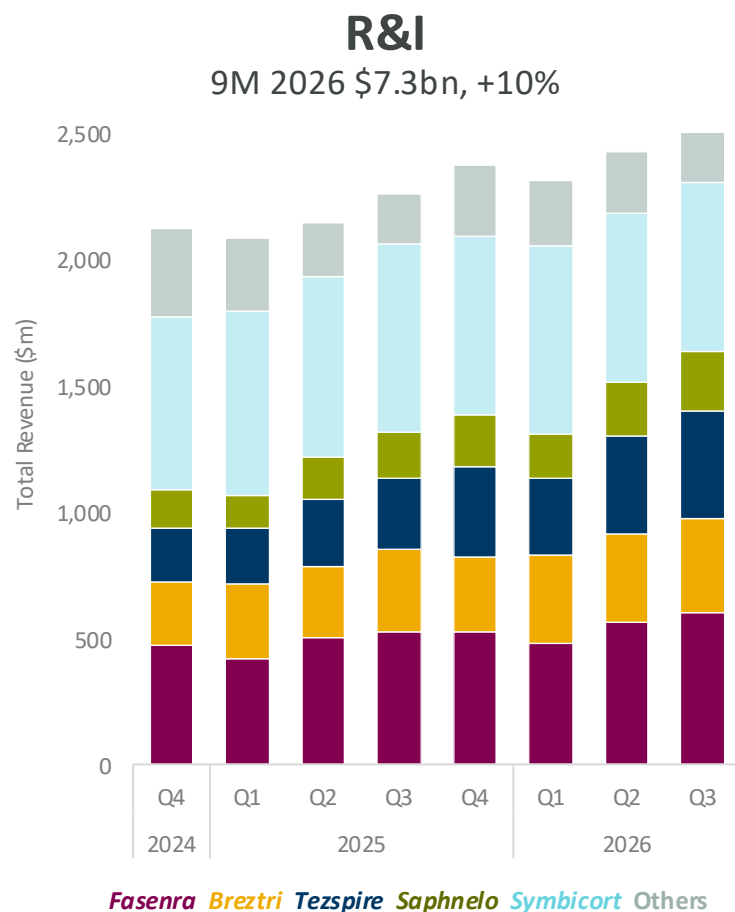
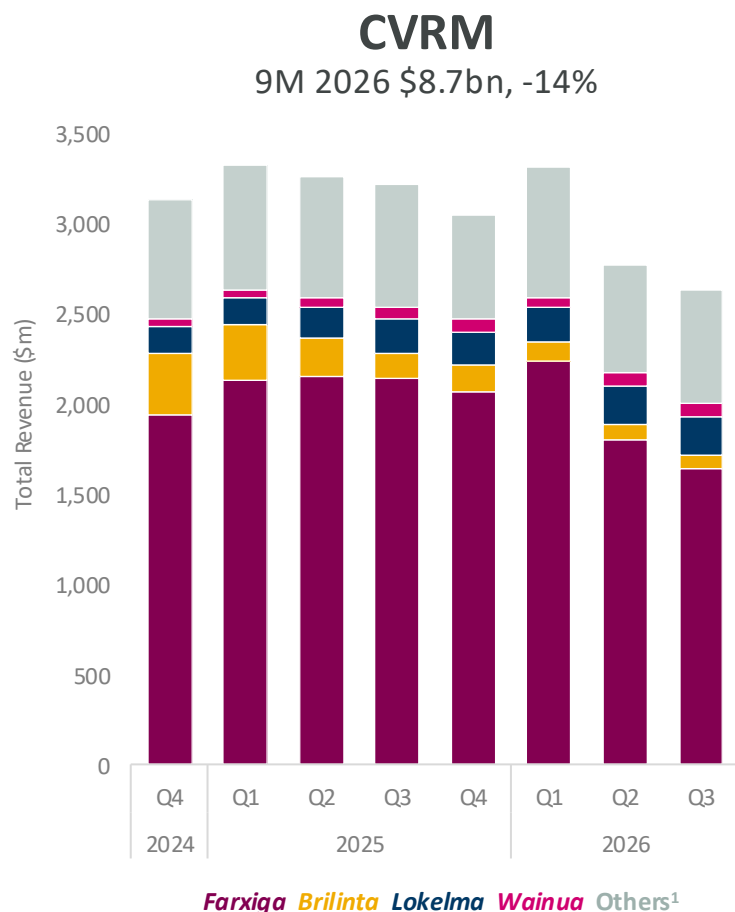
Sharon Barr

BIOPHARMACEUTICALS R&D



BioPharmaceuticals – 9M and Q3 2026

Total Revenue -5% to \$16.7bn; CVRM LoE impact partially offset by growth in R&I



Q3 2026: key dynamics

- **Fasenra** +14%, sustained IL-5 leadership in asthma, EGPA growth, ongoing China launch
- **Breztri** +14%, fastest growing medicine in expanding FDC triple class; asthma launch
- **Tezspire** +51%, sustained demand growth in severe asthma supported by nasal polyps launch
- **Saphnelo** +32%, increasing penetration of i.v. formulation; s.c. launch in US, EU, Japan
- **Farxiga** (23%), generic competition in US and Japan; VBP in China; growth in other regions
- **Wainua** +17%, demand growth in ATTR-PN
- **Baxfendy** \$9m, launch progressing well

Key regulatory approvals:

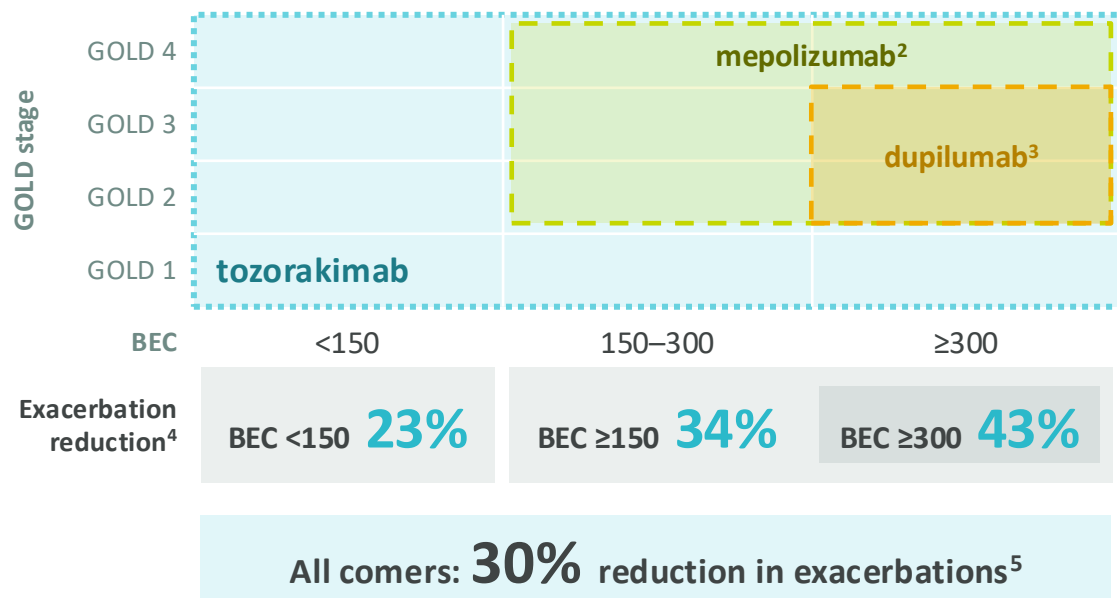
- EU, JP (*Breztri* KALOS / LOGOS)



BioPharmaceuticals – Key Phase III data support our growth ambitions

tozorakimab | Broad COPD efficacy reinforces \$5bn+ PYR potential

OBERON AND TITANIA PHASE III¹



Tezspire | Positive Phase III EoE data adds to multi-blockbuster potential

CROSSING PHASE III⁶

Up to **69%** of patients achieved histologic remission^{6,7}

Up to **7.3 point** DSQ score improvement vs placebo^{6,7}

1st biologic to sustain benefits through week 52 vs placebo

Compelling Phase III data across two key assets strengthens long-term growth outlook

Represents non-risk adjusted peak year revenue. 1. Based on OBERON and TITANIA Phase III studies. *N Engl J Med.* 2026 DOI: 10.1056/NEJMoa2606998. 2. Based on US Prescribing Information for mepolizumab. 3. Based on US Prescribing Information for dupilumab. 4. Annualised rate of moderate to severe exacerbations based on a key secondary endpoint. 5. Annualised reduction in moderate to severe exacerbations based on pooled data for tozorakimab from OBERON and TITANIA trials. 6. UEGW 2026, Bredenoord, A. J. Long-term efficacy and safety of tezepelumab over 52 weeks in adults and adolescents with eosinophilic esophagitis: Results from the Phase 3 CROSSING study. 7. Data at week 24 based on results of 210mg and 420 mg Tezspire Q4W dose. 3.5% of patients on placebo achieved histologic remission at week 24. Collaboration partners: Amgen (Tezspire). Appendix: [Glossary](#).





Rare Disease

Marc Dunoyer

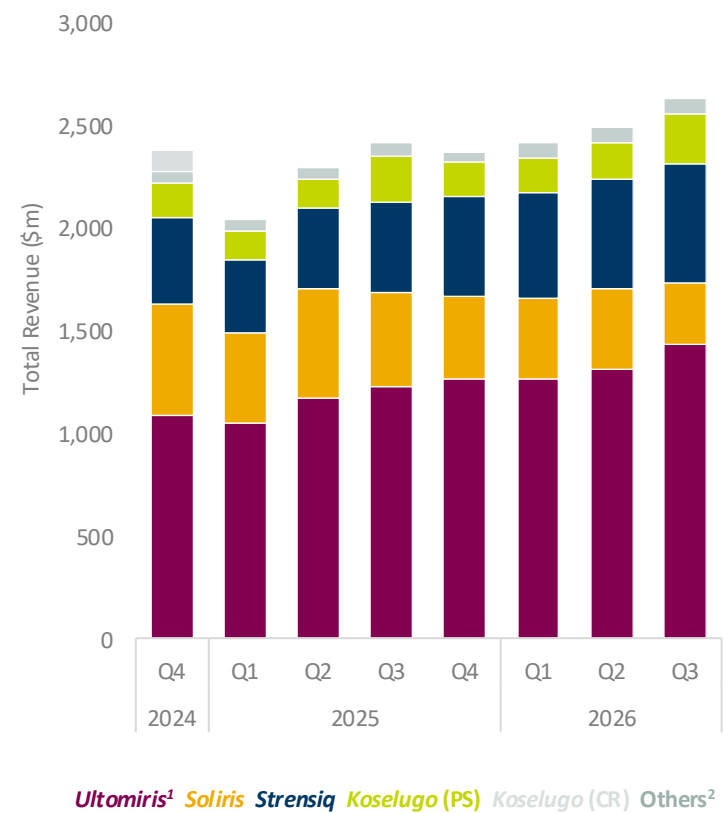
CHIEF EXECUTIVE OFFICER, ALEXION



Rare Disease – 9M and Q3 2026

Total Revenue \$7.5bn driven by key brands, advancing multiple launches across the portfolio

Rare Disease 9M 2026 \$7.5bn, +11%



Q3 2026: key dynamics

C5 Franchise

- **Ultomiris** +19%, growth across indications, led by neurology
- **Soliris** (35%), successful conversion to *Ultomiris* and additional impact from biosimilars in US and EU

Beyond Complement

- **Strensiq** +34%, continued strong global demand from patients with HPP
- **Koselugo** +9%, continued growth, including adult indication, benefitted from tender order timing in EM

Multiple launch opportunities



I CAN
IgAN

Approved in US, filed in JP



PREVAIL
gMG

Approved in JP, positive CHMP in EU, filed in major markets



CAEL-301/2
AL-A

Approved in JP

efzimfotase
alfa

**HICKORY/
MULBERRY/
CHESTNUT**
HPP

US Priority Review
Filed in major markets



Rare Disease – expanding our leadership with multiple blockbuster opportunities

Ultomiris | Expanding into IgAN

Ultomiris demonstrated consistent efficacy across IgAN patients

Focused on patients with higher risk of progression and inflammatory disease

Leveraging established nephrology presence in rare diseases

Blockbuster opportunity

efzimfotase alfa | Expansion beyond *Strensiq*

- + Lower treatment burden
- + Better tolerability
- + Broader clinical data
- + Global expansion

Better treatment continuity and broader patient reach

\$3-5bn NRA PYR potential

cliramitug | Differentiated TTR depleter MoA in ATTR-CM

1/3¹

patients progress despite available therapies²

Phase III with hard composite endpoints across ACM and CV events on top of standard of care

cliramitug has potential to improve cardiac structure, and alter course of disease

\$3-5bn NRA PYR potential





CEO Closing Remarks

Pascal Soriot
CHIEF EXECUTIVE OFFICER



Pipeline momentum continues through 2027

Key readouts support NME growth outlook

NME NRA PYR ¹			
Datroway	\$5bn+	AVANZAR 1L NSQ/NSQ TROP2+ NSCLC	H1
laroprovstat	\$5bn+	AZURE-LDL/AZURE-HeFH Dyslipidaemia	H1
balcinrenone/ dapagliflozin	\$5bn+	BalanceD-HF HF + renal impairment	H1
zibotentan/ dapagliflozin		ZENITH High Proteinuria CKD + high proteinuria	H1
Etcamah	\$5bn+	CAMBRIA-1 HR+ eBC (adjuvant switch)	H2
saruparib	\$5bn+	EvoPAR-Prostate01 HSPC	H2

>15 other high-value readouts

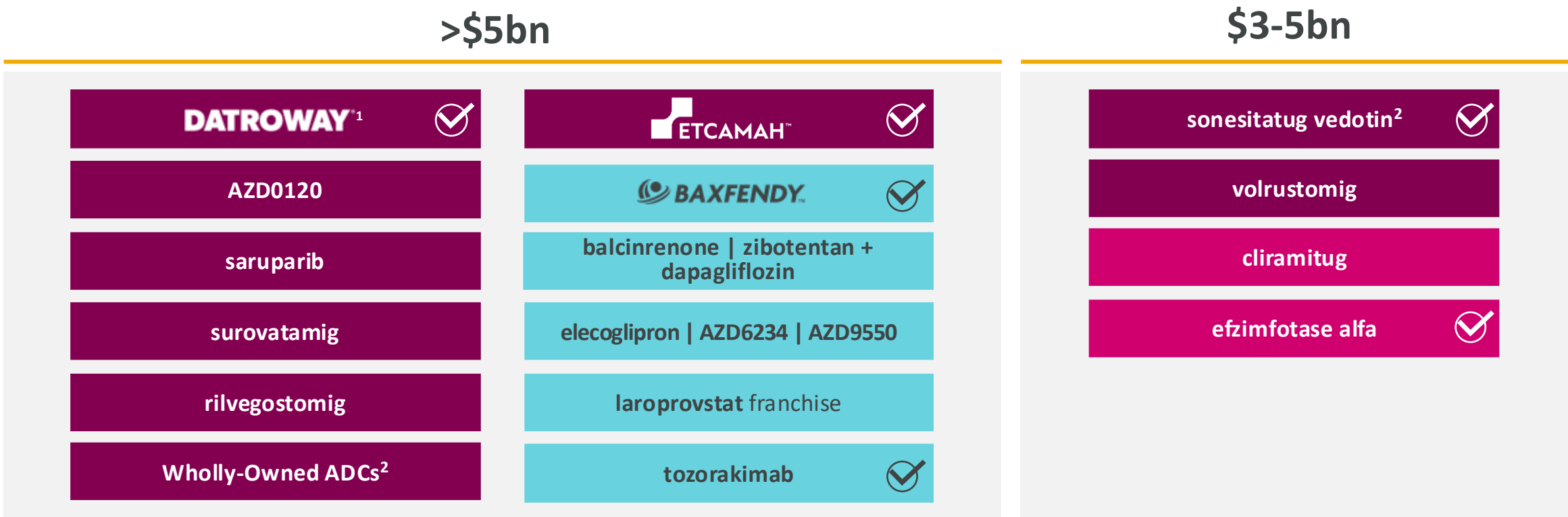
H1	TROPION-Lung07 <i>Datroway</i>
	TROPION-Lung15 <i>Datroway ± Tagrisso</i>
	PACIFIC-9 <i>Imfinzi + oleclumab/monalizumab</i>
	reAZURE-PLUS <i>laroprovstat + rosuvastatin</i>
	DAISY <i>Saphnelo</i>
H2	IRIS <i>Saphnelo</i>
	LAVENDER <i>Saphnelo</i>
	TROPION-Breast03 <i>Datroway + Imfinzi</i>
	TROPION-Breast05 <i>Datroway + Imfinzi</i>
	PACIFIC-4 <i>Imfinzi</i>
	CAPitello-292 <i>Truqap</i>
	Bluestar-Endometrial01 <i>puxi-sam</i>
	ARTEMIDE-Biliary01 <i>rilvegostomig</i>
	eVOLVE-Cervical <i>volrustomig</i>
	BaxPA <i>Baxfendy</i>
	reAZURE-NAIVE <i>laroprovstat + rosuvastatin</i>
	TILIA <i>tozorakimab</i>

2027 Phase III readouts represent >\$20bn in non-risk-adjusted peak year revenue potential²

1. Represents non-risk adjusted peak year revenue for the asset, as provided during Investor Day, May 2024. Balcinrenone / dapagliflozin and zibotentan / dapagliflozin are collectively a \$5bn+ peak year revenue opportunity. 2. Combined non-risk-adjusted Peak-Year Revenue of all Phase III programmes in 2027, including those depicted on the slide. Individual PYR may occur at different time points for different trials. Collaboration partners: Daiichi Sankyo (*Datroway*), Innate Pharma (monalizumab). Appendix: [Glossary](#).



NMEs with pivotal data readouts before 2030 drive growth into and through the next decade



Deep late-stage pipeline of **multi-blockbuster opportunities**

25 Represents non-risk adjusted peak year revenue, as provided during Investor Day, May 2024 except for tozorakimab and sonesitatug vedotin which were updated at H1 and Q2 2026 results and volrustomig which was updated in September 2026. 1. Peak Year Revenue, non-risk adjusted (Product Sales and Alliance Revenue) across all indications. 2. At Investor Day, total wholly-owned ADC portfolio was presented as a >\$5bn NRA PYR opportunity. Includes puxitatug samrotecan and torvutatug samrotecan, wholly-owned ADCs planned to launch by 2030. Collaboration partners: Daiichi Sankyo (*Datroway*). Appendix: [Glossary](#).

✓ Positive Phase III readout



Increasing confidence in Ambition 2030 and continued growth beyond

Revenue Delivery

\$80bn

2030 target on track¹

13% Total Revenue
CAGR since 2023

Commercial Scale

25+

potential blockbuster
medicines by 2030

16 delivered in 2025

Diverse Pipeline

20+

high value Phase III
readouts through
2027

Investing for the Future

20 NMEs

by 2030 – 14 launched

Transformative
technologies to drive
growth beyond 2030



Q&A Session



Pascal Soriot
CHIEF EXECUTIVE OFFICER



Aradhana Sarin
CHIEF FINANCIAL OFFICER



Marc Dunoyer
CHIEF EXECUTIVE OFFICER,
ALEXION



Susan Galbraith
EVP, ONCOLOGY
HAEMATOLOGY R&D



Dave Fredrickson
EVP, ONCOLOGY
HAEMATOLOGY BUSINESS



Sharon Barr
EVP, BIOPHARMACEUTICALS
R&D



Ruud Dobber
EVP, BIOPHARMACEUTICALS
BUSINESS



Iskra Reic
EVP, INTERNATIONAL





Appendix



AstraZeneca P&L reference table

P&L line-item definitions

	P&L line-item definition
Product Sales	<ul style="list-style-type: none"> Recognises sales from territories where Group has lead commercialisation Recognises supply of <i>Beyfortus</i> to Sanofi
Alliance Revenue	<ul style="list-style-type: none"> Alliance Revenue comprises income arising from the ongoing operation of collaborative arrangements related to sales made by collaboration partners, where AstraZeneca is entitled to a share of gross profits, share of revenues or royalties, which are recurring in nature while the collaboration agreement remains in place¹
Product Revenue	<ul style="list-style-type: none"> The sum of Product Sales and Alliance Revenue
Collaboration Revenue	<ul style="list-style-type: none"> Recognises any development or sales-based milestone received on partnered medicines as well as any upfront payments associated with business development where AstraZeneca retains a significant ongoing economic interest in the product
Total Revenue	<ul style="list-style-type: none"> Sum of Product Sales, Alliance Revenue and Collaboration Revenue
Gross Margin	<ul style="list-style-type: none"> Calculated by dividing Gross Profit by Total Revenue
Other operating income & expense	<ul style="list-style-type: none"> Other operating income and expense is generated from activities outside of the Group's normal course of business, which includes Other income from divestments of or full out-license of assets and businesses including royalties and milestones where the Group does not retain a significant continued interest
Core² Operating margin	<ul style="list-style-type: none"> Defined as Core Operating profit as a percentage of Total Revenue



AstraZeneca P&L

2026 P&L modelling considerations

P&L line	P&L
Total Revenue	<ul style="list-style-type: none"> Expected to grow by a mid-to-high single-digit percentage at CER (guidance)
Gross margin	<ul style="list-style-type: none"> Core gross margin expected to be stable to slightly better vs. 2025
R&D	<ul style="list-style-type: none"> Core R&D expense expected to be at the upper end of the low 20% range (of Total Revenue)
Total opex	<ul style="list-style-type: none"> As in prior years, sequential step-up in operating expenses in Q4 vs. Q3
Other operating income	<ul style="list-style-type: none"> Slightly higher OOI in H2 2026 vs. H1 2026
Finance expenses	<ul style="list-style-type: none"> Core Finance expenses anticipated to be higher in Q4, due to Q3 bond issuance, lease expenses and one time cost for premium paid in conjunction with the Summit equity investment
Tax	<ul style="list-style-type: none"> Core tax rate expected to be between 18-22% for the full year
Core EPS	<ul style="list-style-type: none"> Expected to grow by a low double-digit percentage at CER (guidance)
FX-impact	<ul style="list-style-type: none"> If foreign exchange rates for October 2026 to December 2026 were to remain at the average rates seen in September 2026, a low single-digit positive impact is anticipated on Total Revenue and a neutral impact on Core EPS



AstraZeneca in non-small cell lung cancer

	Resectable		Unresectable		Metastatic	
	Stg. I	Stg. II-III	Stg. I-II	Stg. III	1st line	2nd line +
Est. epi (G7, 2026)	~152K	~70K	~54K	~99K	~310K	~262K
IO sensitive ~75%	Imfinzi AEGEAN		SBRT → Imfinzi PACIFIC-4	CRT → Imfinzi PACIFIC CRT → Imfinzi + monalizumab/ oleclumab PACIFIC-9	Imfinzi + Imjudo + CTx POSEIDON Datroway + IO ± platinum AVANZAR/TL07/TL08 rilvegostomig ± Datroway TROPION-Lung10 rilvegostomig + CTx PD-L1≥1% AL02 (SQ)/AL03 (NSQ) rilvegostomig PD-L1≥50% ARTEMIDE-Lung04 Enhertu + pembrolizumab PD-L1<50% DESTINY-Lung06 HER2+ 22%	Datroway TROPION-Lung17 NSQ TROP2-NMR+ TROP2+ 66%
EGFRm ~17%	Tagrisso ADAURA2	Tagrisso ADAURA	SBRT → Tagrisso PACIFIC-4	CRT → Tagrisso LAURA	Tagrisso +/- CTx FLAURA, FLAURA2 Tagrisso + Orpathys SANOVO ³ MET-driven 10-15% ⁴ Datroway + Tagrisso TROPION-Lung14 Zegfrovy WU-KONG28 ⁵ Ex20ins 10%	Datroway TROPION-Lung05 Tagrisso + Orpathys SAFFRON MET-driven 34% ⁴ Datroway ± Tagrisso TROPION-Lung15 Zegfrovy WU-KONG1B ⁵ Ex20ins 10%
HER2m ~2% ²					Enhertu DESTINY-Lung04	Enhertu DESTINY-Lung02
Other tumour drivers ~7% ¹						

Key:

DXd ADC

IO

TKI

IO bispecific

launched and
established SoClaunched
indication

1. Among total NSCLC patients. 2. Among mNSCLC patients. 3. China-only trial. 4. MET-driven defined as MET IHC 3+ in 1L and MET IHC 3+ or FISH 10+ in 2L.
5. Trial sponsored by Daiichi Sankyo. All numbers are approximate. Illustrative settings and populations, not to scale. Lung cancer map reflects Phase III/pivotal trials. Collaboration partners: Daiichi Sankyo (Enhertu, Datroway), Hutchmed (Orpathys).
Appendix: [Glossary](#).



AstraZeneca in *EGFR*m non-small cell lung cancer

	Resectable		Unresectable		Metastatic	
	Stg. I	Stg. II-III	Stg. I-II	Stg. III	1st line	2nd line +
Est. epi (G7, 2026)	~28K	~11K	~9K	~15K	~51K	~43K
Exon 19 deletions / exon 21 L858R mutations ~75%	Tagrisso ADAURA2	Tagrisso ADAURA	SBRT → Tagrisso PACIFIC-4	CRT → Tagrisso LAURA	Tagrisso +/- CTx FLAURA, FLAURA2	Datroway TROPION-Lung05
					Tagrisso + Orpathys SANOVO ¹ MET-driven 10-15% ²	Tagrisso + Orpathys SAFFRON MET-driven 34% ²
					Datroway + Tagrisso TROPION-Lung14	Datroway ± Tagrisso TROPION-Lung15
Exon 20 insertion mutations ~10%	Zegfrovy WU-KONG16 ^{1,3}				Zegfrovy WU-KONG28 ³	Zegfrovy WU-KONG1B ³
Other mutations ~15%						

Key:

DXd ADC

IO

TKI

IO bispecific

launched and
established SoClaunched
indication

1. China-only trial. 2. MET-driven defined as MET IHC 3+ in 1L and MET IHC 3+ or FISH 10+ in 2L. 3. Trial sponsored by Dical Pharma. All numbers are approximate. Illustrative settings and populations, not to scale. Lung Cancer map reflects Phase III/pivotal trials. Collaboration partners: Daiichi Sankyo (*Enhertu*, *Datroway*), Hutchmed (*Orpathys*). Appendix: [Glossary](#).



AstraZeneca in breast cancer

	Neoadjuvant	Early Adjuvant		1st line	Metastatic 2nd line	3rd line	4th line +
Est. epi (G7, 2026)		540k		135k	100k	70k	55k
HER2-positive 15-20%	 <i>Enhertu</i> → THP DESTINY-Breast11	 NST → residual disease → <i>Enhertu</i> DESTINY-Breast05		 <i>Enhertu</i> ± pertuzumab DESTINY-Breast09	 <i>Enhertu</i> DESTINY-Breast03	 <i>Enhertu</i> DESTINY-Breast01/02	
HR-positive 65-75%		<p>Good outcomes with current SoC for low-risk patients</p> <p>CTx → <i>Etcamah</i> ± abemaciclib CAMBRIA-2</p> <p>CTx → AI ± CDK4/6i 2-5 yrs → <i>Etcamah</i> CAMBRIA-1</p>	RECURRENCE	<p> AI + CDK4/6i → <i>Etcamah</i> + CDK4/6i SERENA-6 <i>ESR1m</i> 30%</p> <p><i>Truqap</i> + <i>Faslodex</i> + CDK4/6i CAPitello292</p> <p><i>saruparib</i> + <i>Etcamah</i> EvoPAR-Breast01 <i>tBRCAm, PALB2m</i> 9%</p>	<p><i>Truqap</i> + <i>Faslodex</i> CAPitello291 <i>PIK3CA, AKT1, PTEN</i> alt. 40%</p> <p><i>Enhertu</i> DESTINY-Breast06 HER2-low (1+, 2+) 60% HER2-ultralow (0-1+) 25%</p>	<p><i>Datroway</i> TROPION-Breast01</p> <p><i>Enhertu</i> DESTINY-Breast04 HER2-low (1+, 2+) 60%</p>	
TNBC 10-15%	<i>Datroway</i> + <i>Imfinzi</i> TROPION-Breast04	NST → residual disease → <i>Datroway</i> ± <i>Imfinzi</i> TROPION-Breast03		<p><i>Datroway</i> + <i>Imfinzi</i> TROPION-Breast05 PD-L1-elig. 30%</p> <p><i>Datroway</i> TROPION-Breast02 PD-L1-inelig. 70%</p>	DESTINY-Breast04 HER2-low (1+, 2+) 35%	HER2-low (1+, 2+) 35%	
gBRCAm 5% of HR-positive 15% of TNBC		CTx → <i>Lynparza</i> OlympiA		<i>Lynparza</i> OlympiAD	<i>Lynparza</i> OlympiAD	<i>Lynparza</i> OlympiAD	

Key:

DXd ADC

IO

ngSERD

AKTi

PARPi

 launched and established SoC
  launched indication


AstraZeneca in gastric cancer

	Early Stage II/III/IVa		1st line	Advanced/Metastatic 2nd line	3rd line
Est. epi (G7, 2026)	50k		90k	60k	30k
HER2-positive 20%	Imfinzi + perioperative FLOT in resectable disease MATTERHORN	RECURRENCE	<i>Enhertu</i> + rilvegostomig + FP ARTEMIDE-Gastric01	<i>Enhertu</i> DESTINY-Gastric02, 04	<i>Enhertu</i> DESTINY-Gastric01
			<i>Enhertu</i> + pembrolizumab + FP DESTINY-Gastric05		
Claudin 18.2- positive 45-50%			sonesitatug vedotin + CTx ± rilvegostomig CLARITY-Gastric02	sonesitatug vedotin CLARITY-Gastric01	
Other 30-35%					

Key:

DXd ADC

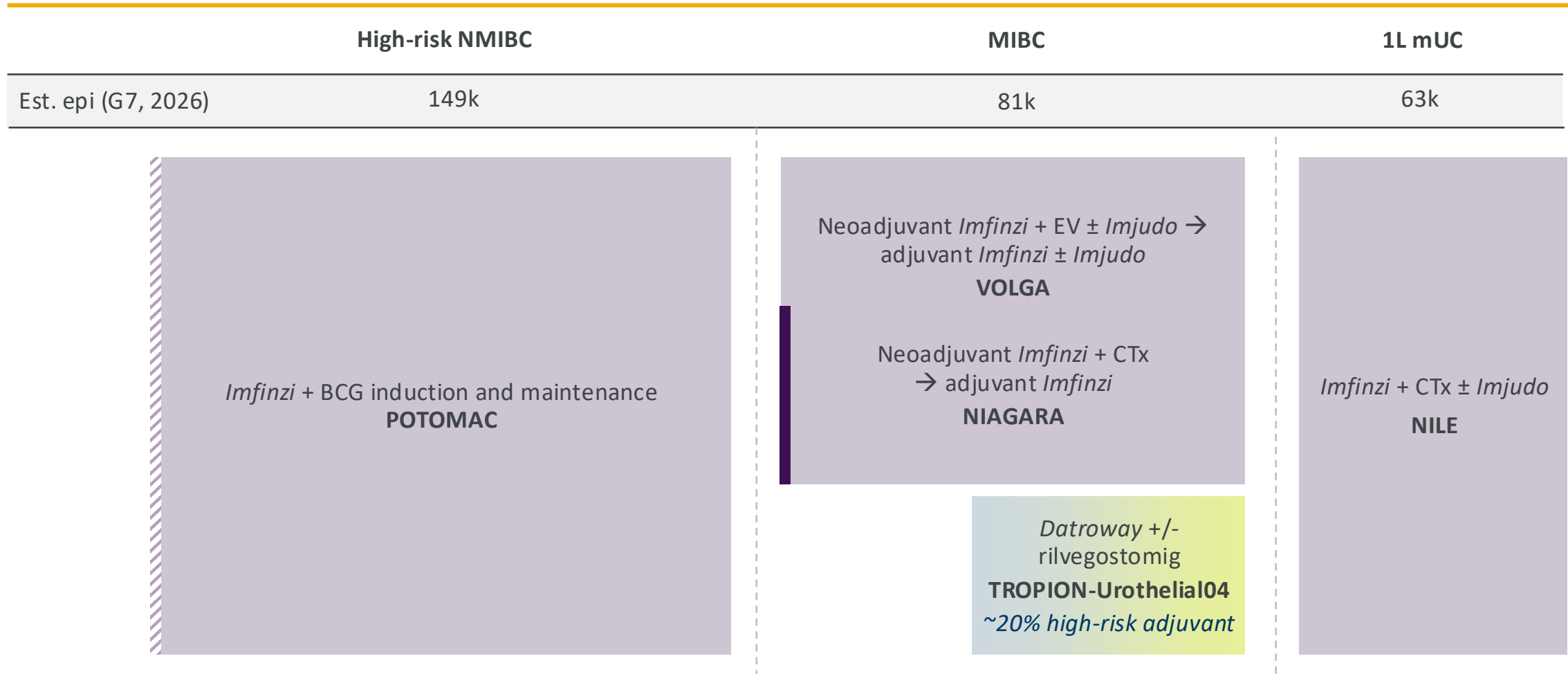
IO

AZ ADC

IO bispecific

launched and
established SoClaunched
indication

AstraZeneca in bladder cancer



Key:

DXd ADC

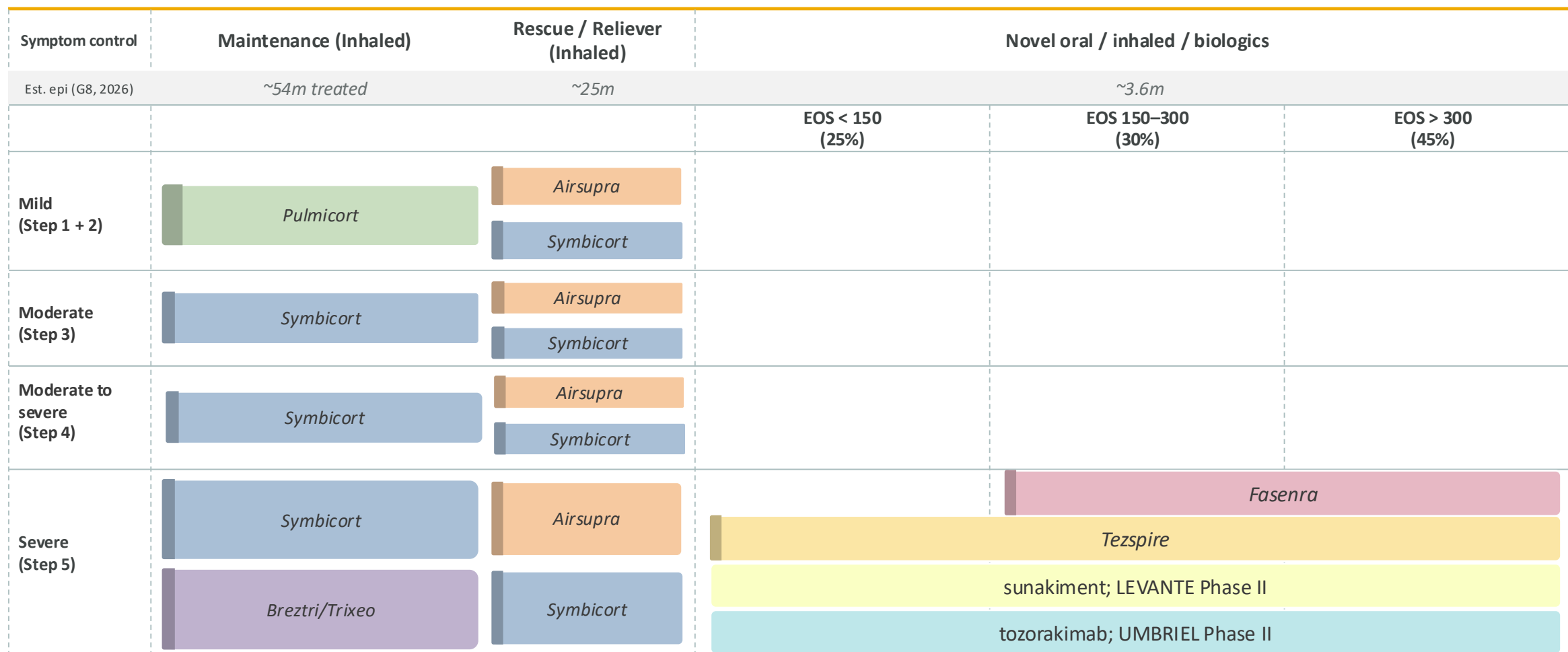
IO

AZ ADC

IO bispecific

launched and
established SoClaunched
indication

AstraZeneca in asthma



Key:

-  ICS-LABA (maintenance)
-  ICS monotherapy
-  Anti-inflammatory reliever
-  Anti-IL-5 (biologic)
-  IL-33 (biologic)
-  Triple (ICS-LABA-LAMA)
-  TSLP (biologic)
-  TSLP (inhaled biologic)
-  launched indication

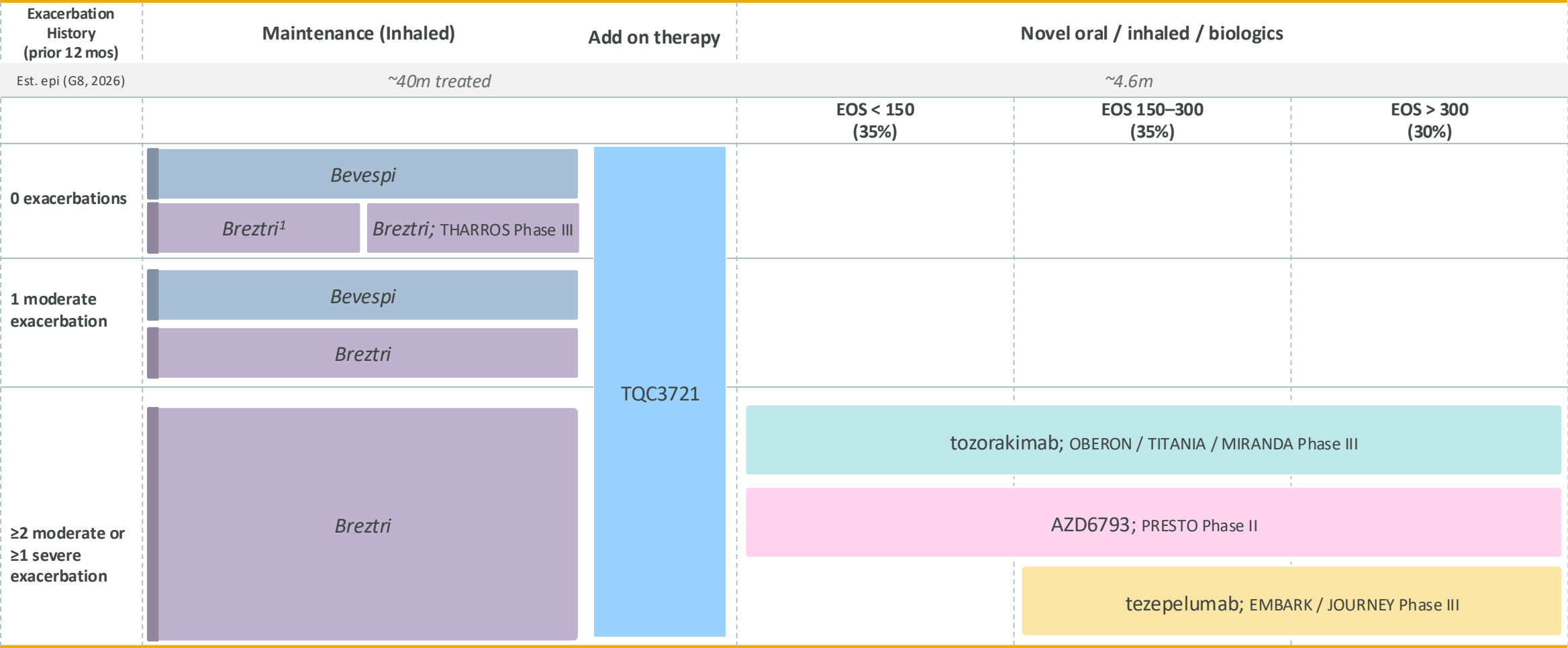
All numbers are approximate. Illustrative settings and populations, not to scale, based on 2026 GINA recommendation. Patient population and treatment recommendation is defined as per GINA recommendation. However, in some jurisdiction, biologics can be approved to be used at the moderate to severe step (ie: US, and China). Asthma map reflects Phase III/pivotal trials and selected phase II programmes.

Collaboration partners: Amgen (*Tezspire*, sunakiment).

Appendix: [Glossary](#).



AstraZeneca in COPD



Key: Dual inhaler Triple inhaler PDE3/4 (inhaled) TSLP (biologic) IL-33 (biologic) IRAK4i (oral) launched indication

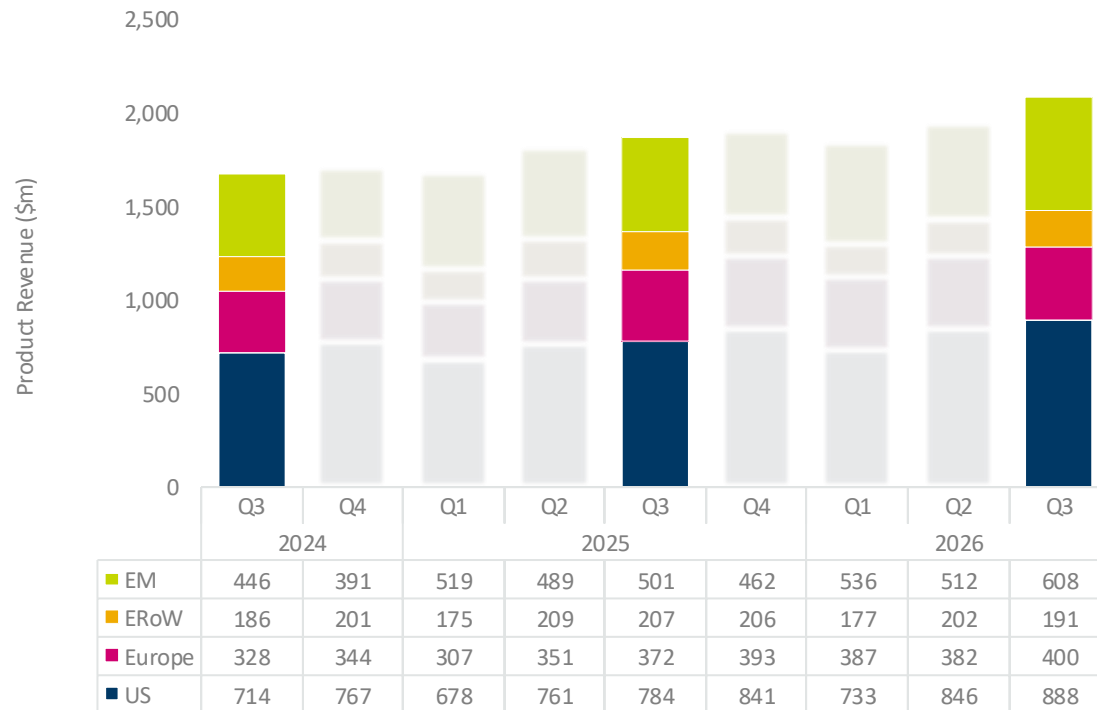
37 All numbers are approximate. Illustrative settings and populations, not to scale. COPD map reflects Phase II or Phase III /pivotal trials. Approved product categorisation based on GOLD 2026 treatment guidelines
1. *Breztri* currently recommended to be used in patients on ICS/LABA therapy with no exacerbations in prior 12m who are still symptomatic. Collaboration partners: Amgen (*Tezpire* / tezepelumab).
Appendix: [Glossary](#).



Oncology

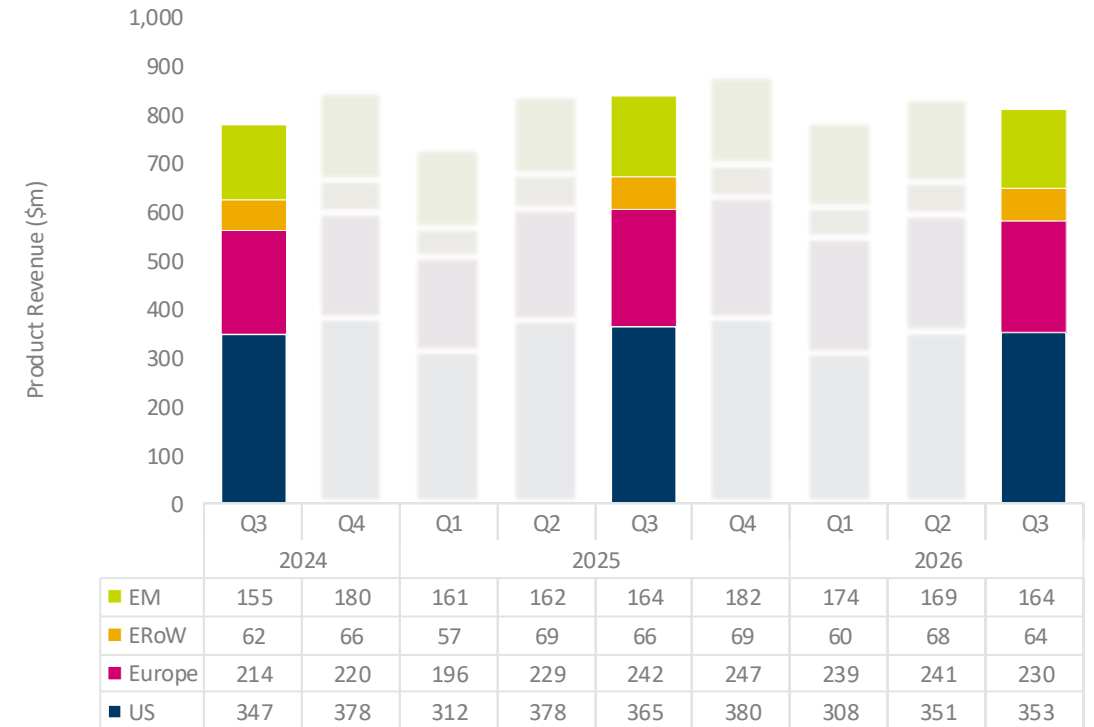
Tagrisso

8% growth at CER to \$5,862m in 9M 2026



Lynparza

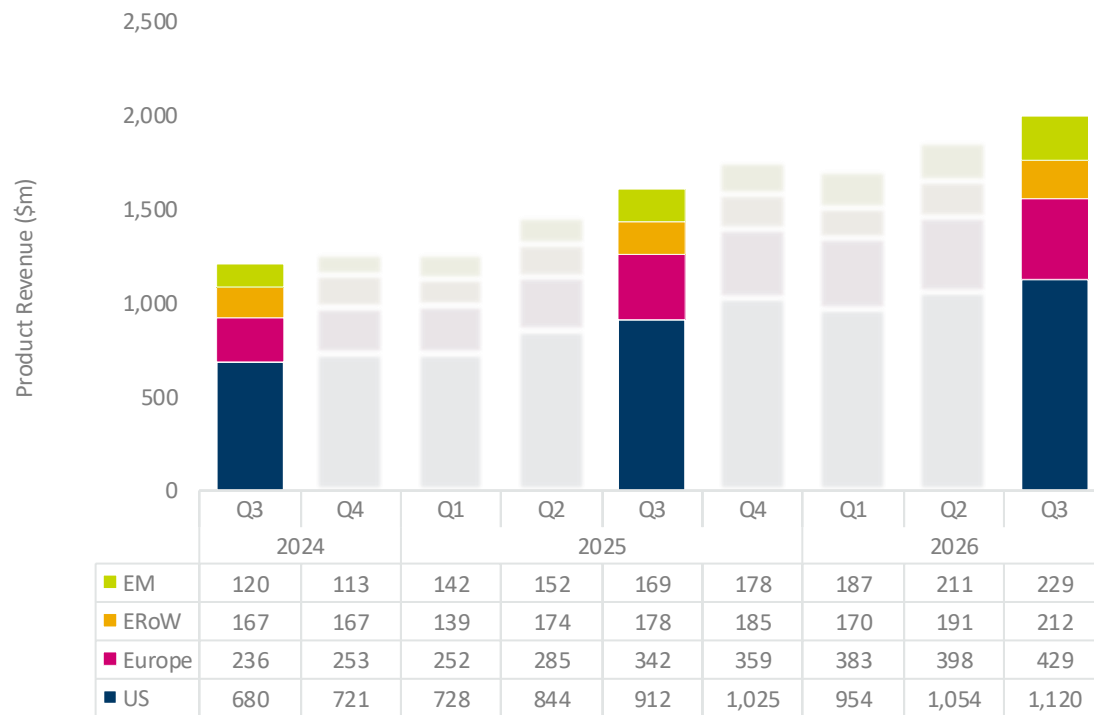
2% decrease at CER to \$2,421m in 9M 2026



Oncology

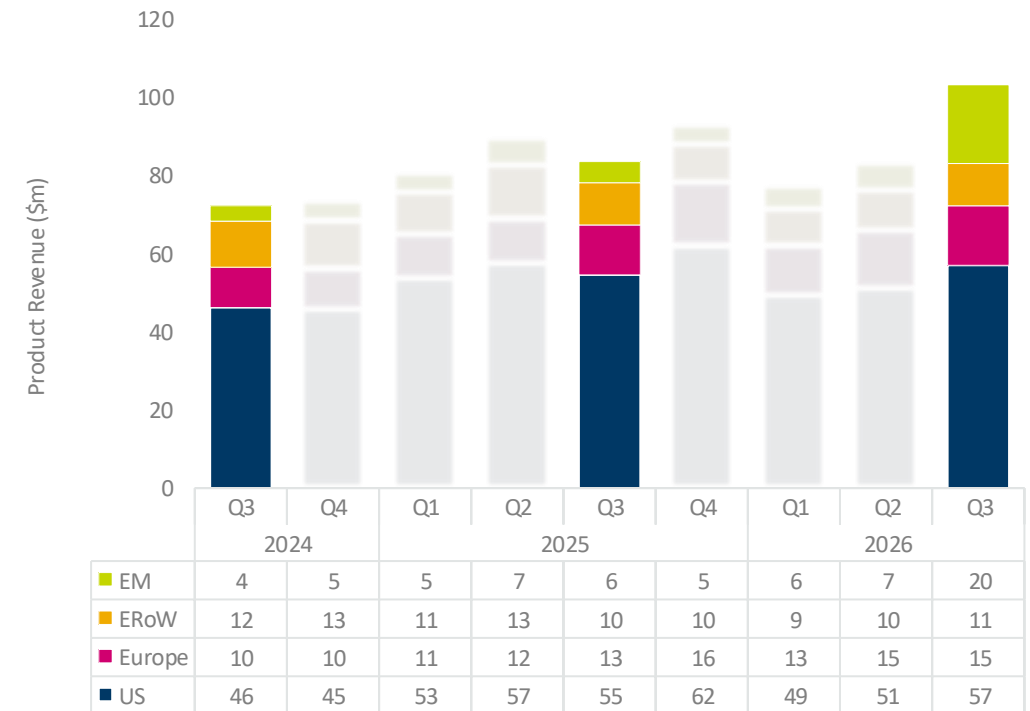
Imfinzi

27% growth at CER to \$5,538m in 9M 2026



Imjudo

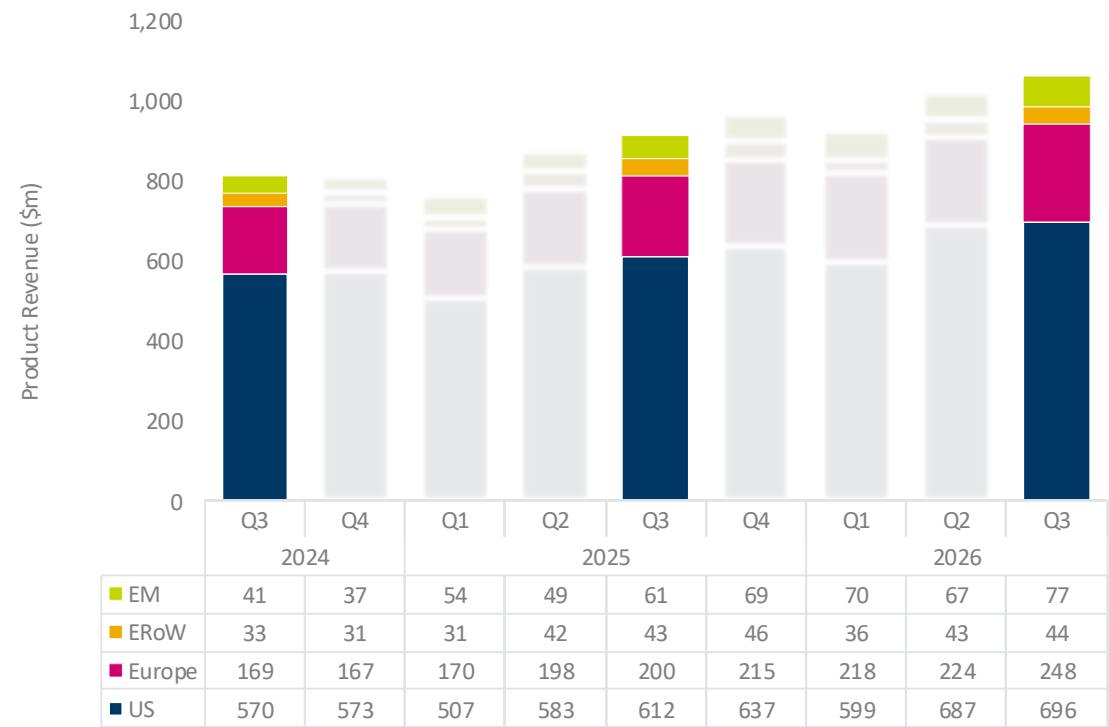
4% growth at CER to \$263m in 9M 2026



Oncology

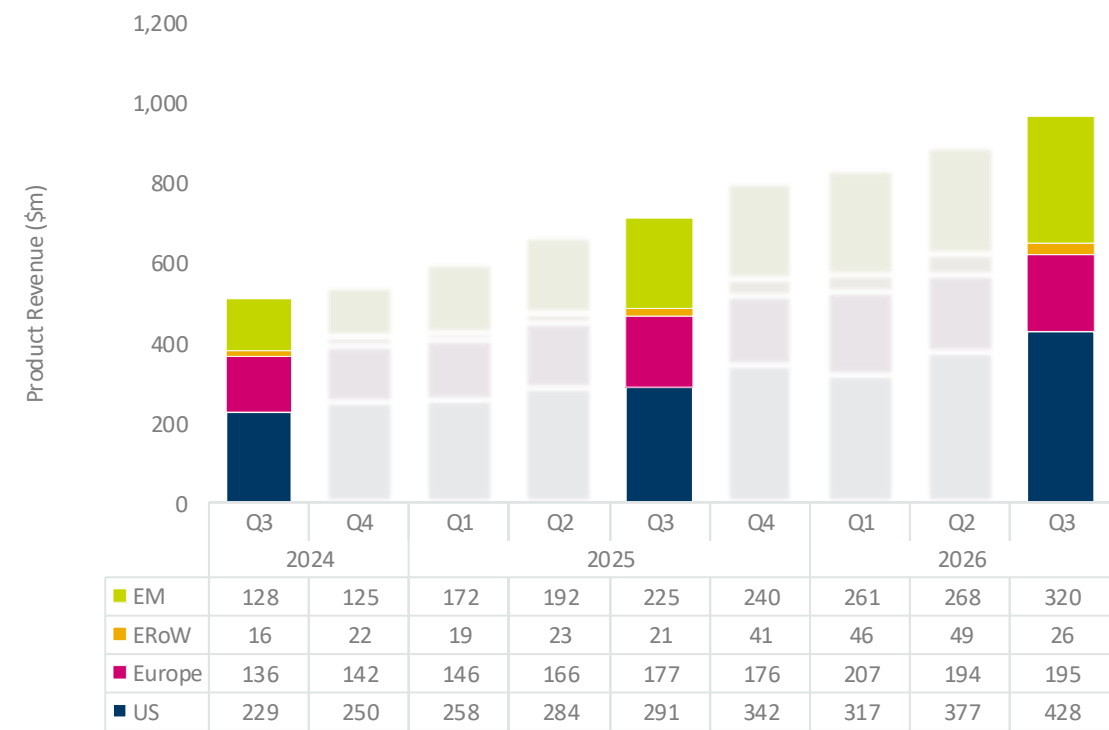
Calquence

16% growth at CER to \$3,009m in 9M 2026



Enhertu

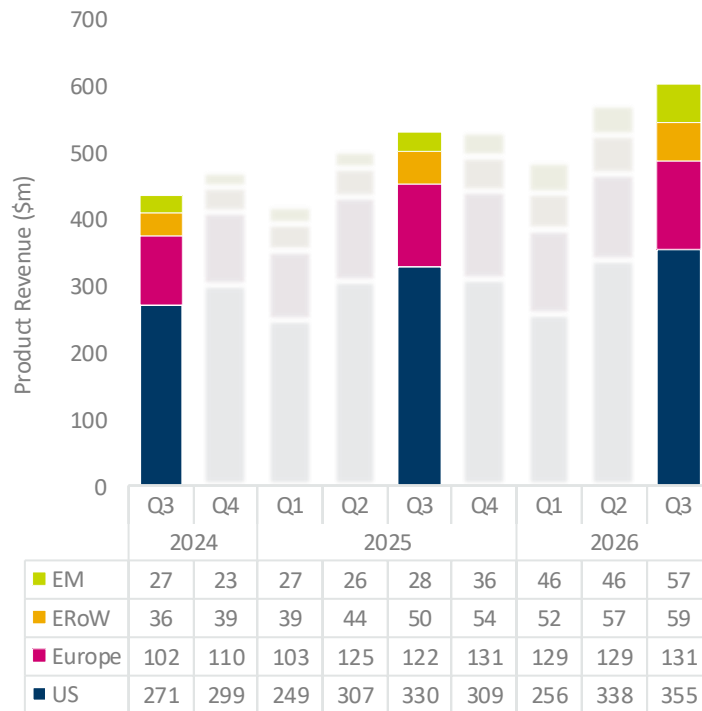
33% growth at CER to \$2,688m in 9M 2026



BioPharmaceuticals: Respiratory & Immunology

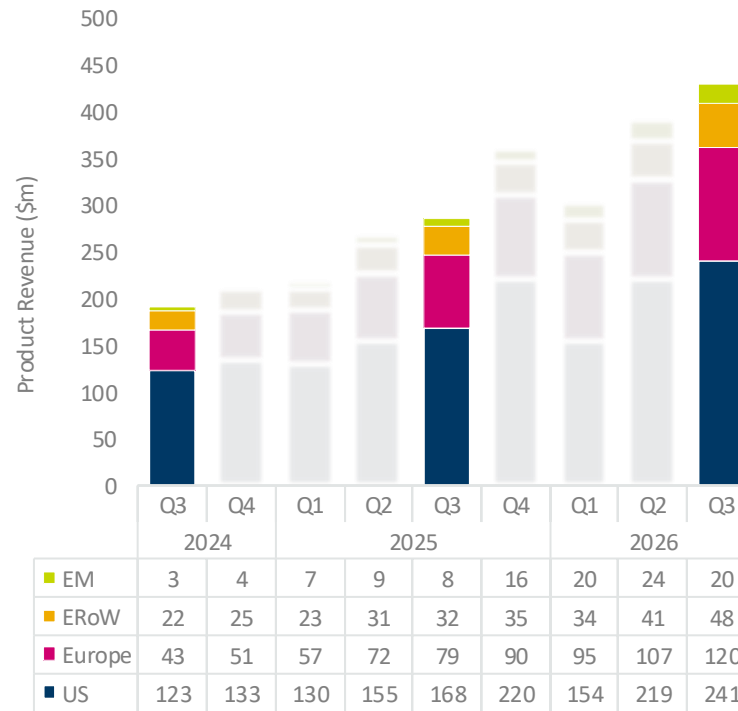
Fasenra

13% growth at CER to \$1,655m in 9M 2026



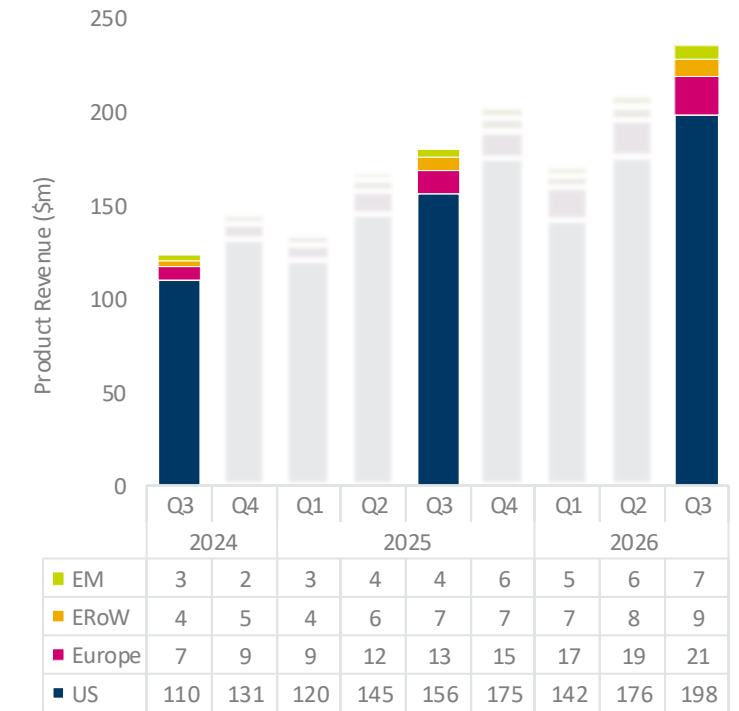
Tezspire

44% growth at CER to \$1,123m in 9M 2026



Saphnelo

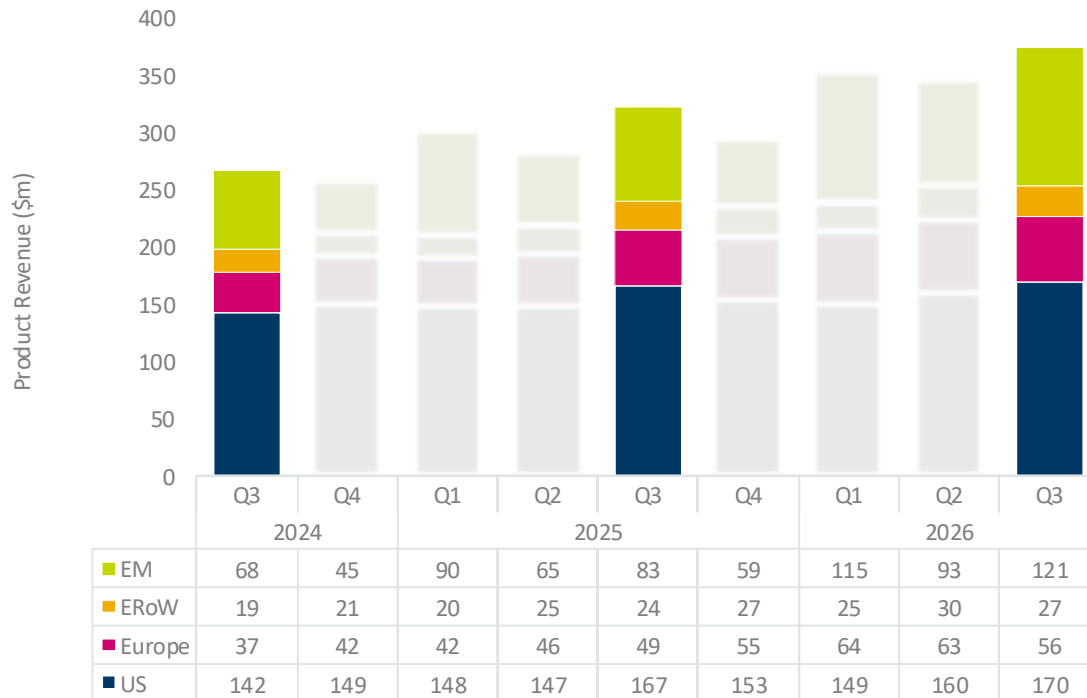
27% growth at CER to \$615m in 9M 2026



BioPharmaceuticals: Respiratory & Immunology

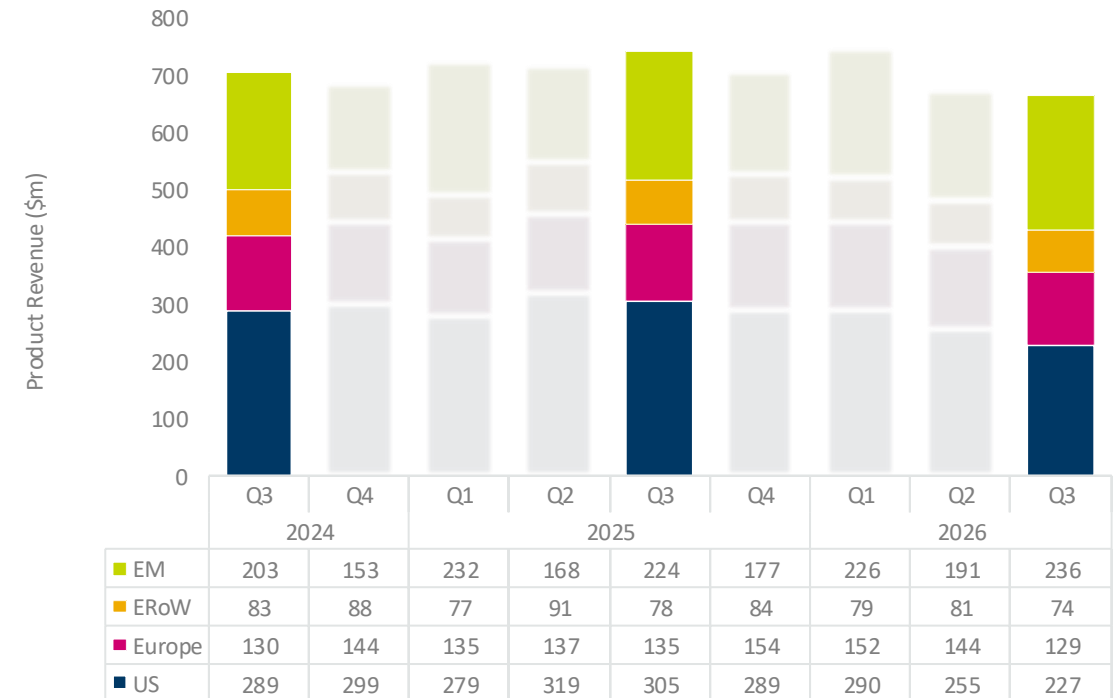
Breztri

16% growth at CER to \$1,073m in 9M 2026



Symbicort

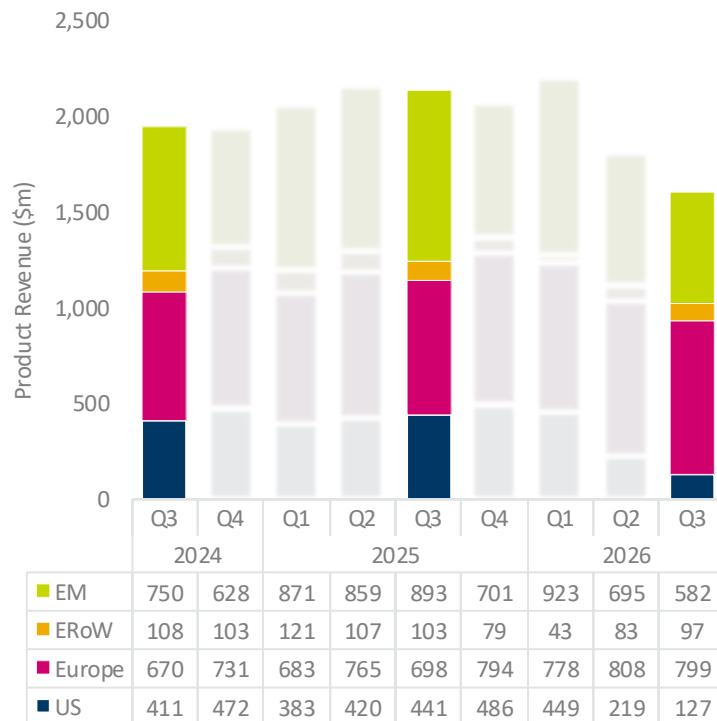
7% decrease at CER to \$2,084m in 9M 2026



BioPharmaceuticals: Cardiovascular, Renal & Metabolism

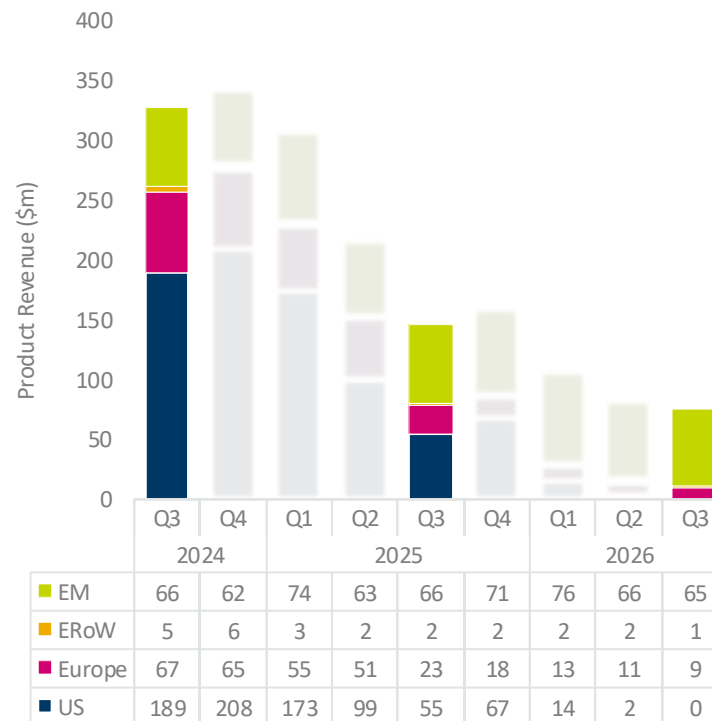
Farxiga

15% decrease at CER to \$5,603m in 9M 2026



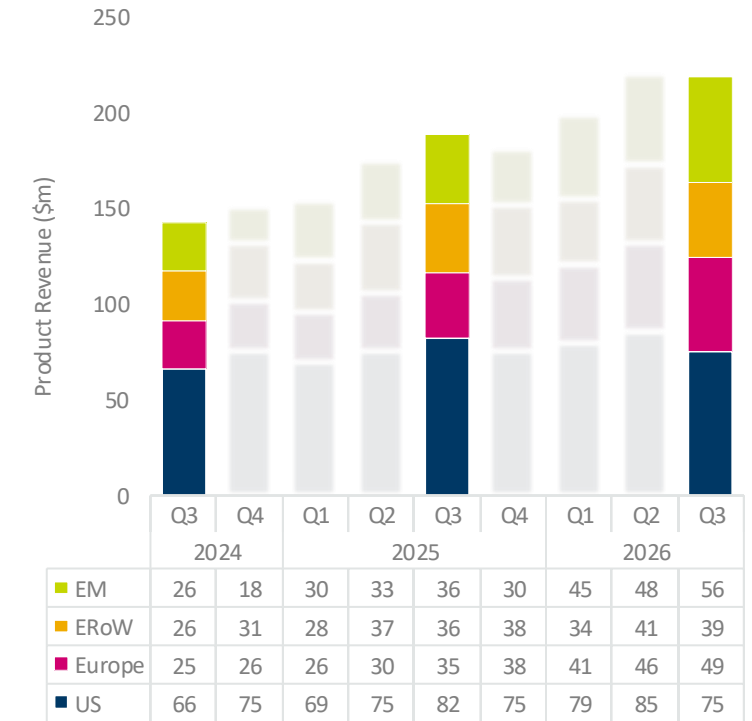
Brilinta

62% decrease at CER to \$261m in 9M 2026



Lokelma

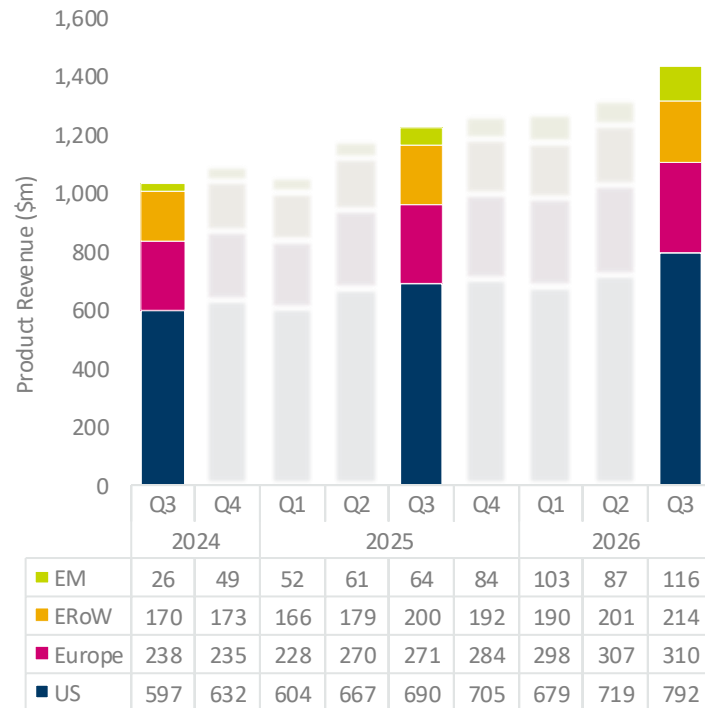
23% growth at CER to \$638m in 9M 2026



Rare Disease

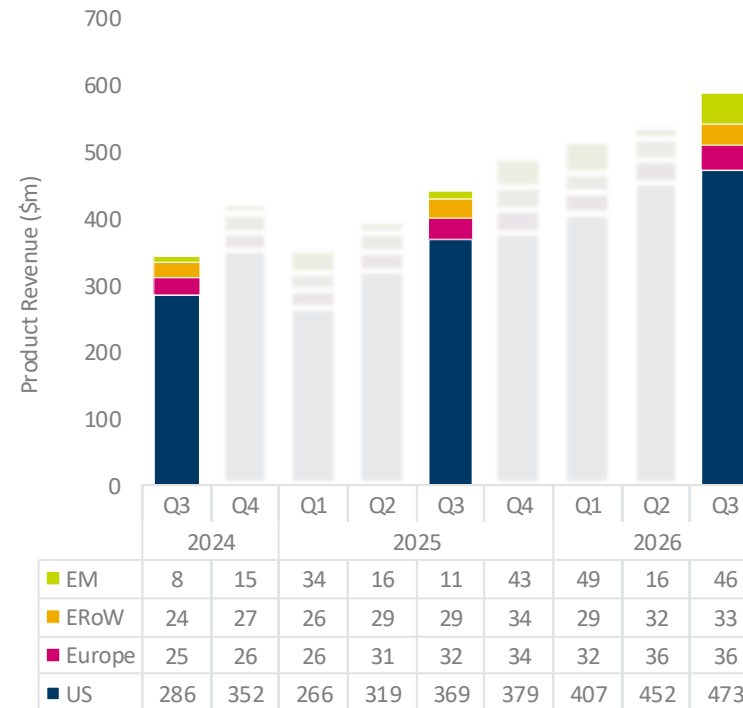
Ultomiris

16% growth at CER to \$4,016m in 9M 2026



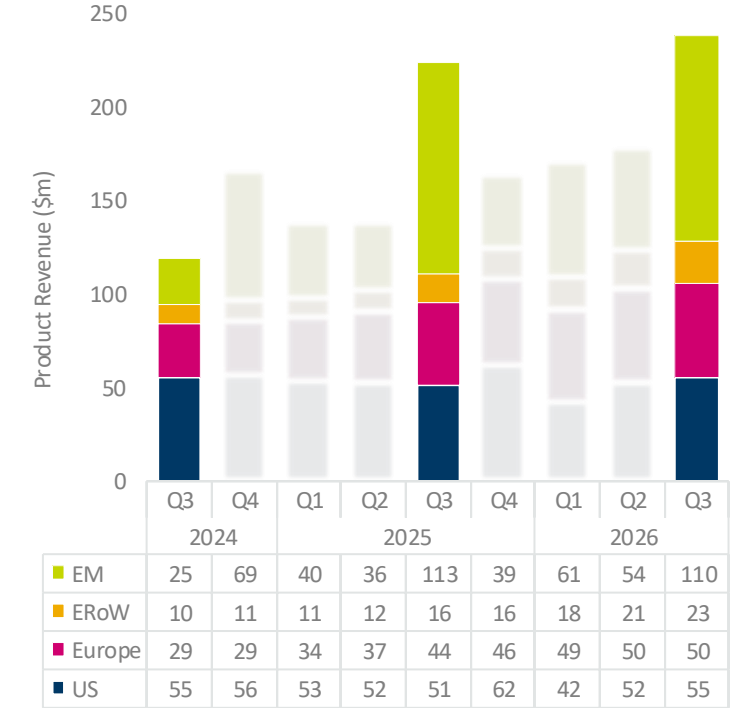
Strensiq

37% growth at CER to \$1,641m in 9M 2026



Koselugo

15% growth at CER to \$585m in 9M 2026



Glossary

1L, 2L, 3L	first-, second-, third-line
9M	first nine months
ACM	all-cause mortality
ADC	antibody-drug conjugate
AI	aromatase inhibitor
AKT1	AKT serine/threonine kinase 1
AKTi	AKT inhibitor
AL-A	light chain amyloidosis
alt.	alteration
ATTR-CM	transthyretin amyloid cardiomyopathy
ATTR-PN	transthyretin amyloid polyneuropathy
AZ	AstraZeneca
BCG	Bacillus Calmette-Guérin
BEC	blood eosinophil count
BTKi	Bruton's tyrosine kinase inhibitor
C5	complement component 5
CAGR	compound annual growth rate
CapEx	capital expenditure
CDK4/6i	cyclin-dependent kinase 4/6 inhibitor
CER	constant exchange rates
CFO	net cash inflow from operating activities
CHMP	Committee for Medicinal Products for Human Use
CKD	chronic kidney disease
CLDN18.2	Claudin-18.2
CLL	chronic lymphocytic leukaemia
CN	China
COPD	chronic obstructive pulmonary disease
CR	Collaboration Revenue
CRT	chemoradiotherapy
CTx	chemotherapy
CV	cardiovascular
CVRM	Cardiovascular, Renal and Metabolism
DLBCL	diffuse large B-cell lymphoma
DSQ	Dysphagia Symptom Questionnaire
DXd	deruxtecan
eBC	early breast cancer
EBITDA	Reported Profit before tax after adding back net finance expense, results from joint ventures and associates, and charges for depreciation, amortisation and impairment
EGFRm	epidermal growth factor receptor-mutant
EGPA	eosinophilic granulomatosis with polyangiitis
EM	Emerging Markets
EoE	eosinophilic esophagitis
EOS	eosinophils
epi	epidemiology
EPS	earnings per share

ERoW	Established Rest of World
ESMO	European Society for Medical Oncology
ESR1m	estrogen receptor alpha-mutated
Est.	estimated
EU	Europe
FDC	fixed-dose combination
FLOT	fluorouracil, leucovorin, oxaliplatin and docetaxel
FP	fluoropyrimidine
FX	foreign exchange
FY	Full Year
G7	US, Japan and EU5
G8	US, Japan, EU5 and China
gBRCAm	germline BRCA-mutated
GINA	Global Initiative for Asthma
gMG	generalised myasthenia gravis
GOLD	Global Initiative for Chronic Obstructive Lung Disease
H1, H2	first half, second half
HCC	hepatocellular carcinoma
HER2	human epidermal growth factor receptor 2
HER2+/positive	human epidermal growth factor receptor 2-positive
HER2-low	human epidermal growth factor receptor 2-low
HER2-ultra low	human epidermal growth factor receptor 2-ultralow
HER2m	human epidermal growth factor receptor 2-mutant
HF	heart failure
HPP	hypophosphatasia
HR+ /positive	hormone receptor-positive
HSPC	hormone-sensitive prostate cancer
i.v.	intravenous
ICS	inhaled corticosteroid
ID	Infectious Disease
IgAN	immunoglobulin A nephropathy
IL-33	interleukin-33
IL-5	interleukin-5
IO	immuno-oncology
IRAK4i	interleukin-1 receptor-associated kinase 4 inhibitor
JP	Japan
LABA	long-acting beta2-agonist
LAMA	long-acting muscarinic antagonist
LoE	loss of exclusivity
MIBC	muscle invasive bladder cancer
MoA	mechanism of action
mUC	metastatic urothelial carcinoma
ngSERD	next-generation selective estrogen receptor degrader
NME	new molecular entity

NMIBC	non-muscle invasive bladder cancer
NMR+	normalised membrane ratio positive
NRA	non-risk-adjusted
NSCLC	non-small cell lung cancer
NSQ	non-squamous
NST	neoadjuvant systemic therapy
OOI	other operating income
OS	overall survival
P&L	profit and loss
PALB2m	partner and localiser of BRCA2-mutated
PARPi	poly-ADP ribose polymerase inhibitor
PD-L1 / PDL1	programmed cell death ligand 1
PDE3/4	phosphodiesterase 3 and 4 inhibitor
PIK3CA	phosphatidylinositol 3-kinase catalytic subunit alpha
pp	percentage point
PR	Product Revenue
PS	Product Sales
PTEN	phosphatase and TENsin homolog deleted on chromosome 10
PYR	Peak-Year Revenue
Q4W	every four weeks
R&D	Research & Development
R&I	Respiratory & Immunology
s.c.	subcutaneous
SBRT	stereotactic body radiotherapy
SCLC / ES-SCLC	small cell lung cancer / extensive-stage small cell lung cancer
SG&A	Selling, General & Administrative
SoC	standard-of-care
SQ	squamous
Stg.	stage
tBRCAm	tumour BRCA mutation
TCE	T-cell engager
THP	docetaxel, trastuzumab and pertuzumab
TKI	tyrosine kinase inhibitor
TL07	TROPION-Lung07
TL08	TROPION-Lung08
TNBC	triple negative breast cancer
TROP2	trophoblast cell surface antigen 2
TSLP	thymic stromal lymphopoietin
TTR	transthyretin
UEGW	United European Gastroenterology Week
US	United States
VBP	volume-based procurement
WCLC	World Conference on Lung Cancer
YTD	year to date



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, UK
+44(0)203 749 5000
www.astrazeneca.com

