Taking our science to the 2017 ASCO Annual Meeting

Investor science event
Chicago, IL, USA

05 June 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.
Speakers and Q&A participants

Pascal Soriot
Executive Director and
Chief Executive Officer

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

Jamie Freedman
Executive Vice President and
Head, Oncology Business Unit

Rob Iannone
Head of Immuno-Oncology,
Global Medicines Development

Susan Galbraith
Head of Oncology,
Innovative Medicines Biotech
Unit

Klaus Edvardsen
Head of Oncology,
Global Medicines Development

David Berman
Head of Oncology,
MedImmune
Agenda

Welcome

Strategy

Pipeline and news flow

Summary and Q&A

Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity
Key Phase III medicines & lifecycle
Pipeline will determine the rate of growth

<table>
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<tr>
<th>Oncology</th>
<th>Cardiovascular &amp; Metabolic Diseases</th>
<th>Respiratory</th>
</tr>
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<tbody>
<tr>
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<td><strong>ZS-9</strong>&lt;sup&gt;2&lt;/sup&gt; hyperkalaemia</td>
<td><em>benralizumab</em> severe, uncontrolled asthma&lt;sup&gt;2&lt;/sup&gt; / COPD</td>
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<td><em>Imfinzi</em> + treme multiple cancers</td>
<td><strong>roxadustat</strong>&lt;sup&gt;2&lt;/sup&gt; anaemia</td>
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<td>acalabrutinib blood cancers</td>
<td></td>
<td><strong>PT010</strong> COPD / asthma</td>
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1. Life-cycle development programme.
2. Under regulatory review in major jurisdiction.
Status as of 5 June 2017.
# Key Phase III medicines & lifecycle

Oncology has a transformative potential

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<td><strong>selumetinib</strong></td>
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<td><strong>anifrolumab</strong></td>
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<tr>
<td>lupus</td>
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<tr>
<td><strong>lanabecestat (AZD3293)</strong></td>
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<tr>
<td>Alzheimer’s disease</td>
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Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity
Delivering the Oncology strategy at a fast pace

Establishing leadership in lung cancer

Emerging as a leader in Immuno-Oncology

Advancing *Lynparza* and the DDR\(^1\) portfolio ‘beyond BRCA\(^2\)’

Developing Haematology

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1. DDR = DNA Damage Response.
2. BRCA = BReast CAncer (genes).
Establishing leadership in lung cancer
Unique opportunity across all disease stages

Non-small cell lung cancer
(~85% of all lung cancers)

EGFRm / T790M\textsuperscript{1} opportunity
(~15-20% of patients, double in Asia)

IO\textsuperscript{2} market opportunity
(~75-80% of patients)

Stage I-III (early / non-metastatic)
Stage IV (metastatic)

1. EGFRm / T790M = Epidermal Growth Factor Receptor mutation / The T790M mutation substitutes a threonine (T) with a methionine (M) at position 790 of exon 20, affecting the ATP binding pocket of the EGFR kinase domain.
2. IO = Immuno-Oncology.

Source: AstraZeneca epidemiology data.
AstraZeneca in non-small cell lung cancer (NSCLC)
Overview of approved medicines and ongoing Phase III trials

Patients with EGFR-mutated tumours
~15-20% of patients, but double in Asia

- Tagrisso ADAURA (2021/2022)
- Tagrisso FLAURA (H2 2017)
- Tagrisso T790M

Patients with no EGFR-or ALK-mutated tumours
~75-80% of patients

- ADJUVANT (2020)
- PACIFIC
- Imfinzi + treme
- Imfinzi

- POSEIDON CTx (TBD)
- MYSTIC (Mid-2017)
- ARCTIC (H2 2017)

Stage/progression of disease

1. PFS = Progression-Free Survival.
   ( ) = First data anticipated.
   Source: AstraZeneca epidemiology data.
*Tagrisso*: Become the treatment of choice
Potential to transform EGFRm NSCLC outcomes

**Establish**
*Tagrisso* as the new standard of care for EGFR T790M-positive NSCLC at first progression

**Expand**
The benefit of *Tagrisso* to 1L and adjuvant EGFRm NSCLC as the new treatment of choice

**Extend**
as the backbone therapy for all EGFRm patients; in early disease and via combinations with other mechanisms
Imfinzi: Ongoing development programme
Potential for 1L differentiation with tremelimumab

Lung cancer
NSCLC and small-cell lung cancer (SCLC)

Head and neck cancer

Bladder cancer

Other cancers
**Lynparza: Advancing ‘beyond BRCA’**
Earlier lines, new tumours, more mutations

1st PARP\(^1\) inhibitor

- Study 19 / SOLO-2
  BRCAm ovarian cancer
- OlympiAD
  BRCAm metastatic breast cancer
- POLO
  BRCAm pancreatic cancer

Expand to earlier lines

- SOLO-1
  1L BRCAm ovarian cancer
- OlympiA
  BRCAm adjuvant breast cancer

Beyond BRCA

- PROFOUND
  prostate cancer
- PAOLA
  combination ovarian cancer
- Other combinations
  DDR / IO / other

PARP = Poly ADP-Ribose Polymerase.
Developing Haematology

**Moxetumomab**
- Hairy cell leukemia (HCL)

**Acalabrutinib**
- B-cell blood cancers

Collaboration with respected partner

Next wave

- Cell death
- ADC
- IO

1. ADC = Antibody Drug Conjugate

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

- Tumour drivers and resistance
- DNA damage response
- Immuno-Oncology
- Antibody-drug conjugates
Agenda

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Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity.
Relevance of AstraZeneca in Oncology is fast increasing

100 company-sponsored and supported abstracts at ASCO. This includes five ‘Best of ASCO’ presentations, and a total of 11 oral presentations and eight poster discussions.

**Highlights**

- **Lynparza**
  - Phase III OlympiAD BRCAm mBC
  - Phase III SOLO-2 BRCAm OC HRQOL
- **Tagrisso**
  - Phase III AURA3 NSCLC CNS disease
- **Imfinzi**
  - Study 1108 monotherapy; updates in bladder cancer and NSCLC
Opportunity for novel combinations

Oncology: Scientific leadership around four key platforms

- 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

Illustrative

Typical Asian NSCLC-patient segmentation

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

Illustrative

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

**Tagrisso**
AURA3 - 2L T790M NSCLC
Investigator assessment

<table>
<thead>
<tr>
<th>PFS by investigator</th>
<th>Tagrisso (N=279)</th>
<th>Chemo (N=140)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR (95% CI)</td>
<td>0.30 (0.23; 0.41)</td>
<td></td>
</tr>
<tr>
<td>p&lt;0.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median PFS, months (95% CI)</td>
<td>10.1 (8.3; 12.3)</td>
<td>4.4 (4.2; 5.6)</td>
</tr>
</tbody>
</table>

**With CNS metastases**

<table>
<thead>
<tr>
<th>PFS by investigator</th>
<th>Tagrisso (N=93)</th>
<th>Chemo (N=51)</th>
</tr>
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<tbody>
<tr>
<td>HR (95% CI)</td>
<td>0.32 (0.21; 0.49)</td>
<td></td>
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<td>p&lt;0.001</td>
<td></td>
<td></td>
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<tr>
<td>Median PFS, months (95% CI)</td>
<td>8.5 (6.8; 12.3)</td>
<td>4.2 (4.1; 5.4)</td>
</tr>
</tbody>
</table>

AURA3: Similar PFS hazard ratio with or without brain metastases

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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

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**Tagrisso crosses the blood-brain barrier**

AURA17: Radiological response of leptomeningeal lesion

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**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%

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**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

**At launch (2015-17)**

Establish

*Tagrisso* as the new standard of care for EGFR T790M-positive NSCLC at first progression

**From 2018**

Expand

the benefit of *Tagrisso* to 1L and adjuvant EGFRm NSCLC as the new treatment of choice

**From 2021**

Extend

as the backbone therapy for all EGFRm patients; in early disease and via combinations with other mechanisms

1
Acalabrutinib

Extensive clinical trial programme underway

### Solid tumours

**Lymphoma**
- Follicular L.
- Diffuse Large B-Cell L.

**Waldenström’s Macroglobulinemia (WM)**

**Mantle Cell Lymphoma (MCL)**

**Chronic Lymphocytic Leukemia (CLL)**

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

<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></td>
<td>Relapsed/refractory acalabrutinib vs. ibrutinib</td>
<td>III</td>
</tr>
<tr>
<td></td>
<td>Relapsed/refractory acalabrutinib vs. investigator's choice of idelalisib plus rituximab or</td>
<td>III</td>
</tr>
<tr>
<td></td>
<td>bendamustine plus rituximab</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relapsed/refractory, ibrutinib-intolerant acalabrutinib</td>
<td>II</td>
</tr>
<tr>
<td><strong>MCL</strong></td>
<td>Front line, previously untreated acalabrutinib + bendamustine + rituximab vs. bendamustine +</td>
<td>III</td>
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<tr>
<td></td>
<td>rituximab</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relapsed/refractory acalabrutinib</td>
<td>II</td>
</tr>
<tr>
<td><strong>WM</strong></td>
<td>Relapsed/refractory acalabrutinib</td>
<td>Ib/II</td>
</tr>
</tbody>
</table>

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

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

Reducing burden for patients; from 16 capsules to 4 tablets

Compelling safety data, patient convenience

<table>
<thead>
<tr>
<th>% (events, n)</th>
<th>Anemia Grade ≥3</th>
<th>Neutropenia Grade ≥3</th>
<th>Thrombocytopenia Grade ≥3</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLO-2</td>
<td>19.5% (38)</td>
<td>5.1% (10)</td>
<td>1.0% (2)</td>
</tr>
<tr>
<td>Interpretation</td>
<td>&gt;10%</td>
<td>&lt;10%</td>
<td>&lt;&lt;10%</td>
</tr>
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</table>
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

2:1 randomization

Olaparib
300 mg tablets bd

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

Presented by: Mark Robson, MD
**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

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
**Lynparza: Breast cancer**

Primary endpoint: progression-free survival by BICR

- **Progression/deaths, n (%):**
  - Olaparib: 163 (79.5)
  - Chemotherapy TPC: 71 (73.2)

- **Median PFS, months:**
  - Olaparib: 7.0
  - Chemotherapy TPC: 4.2

- **HR 0.58**
  - 95% CI 0.43 to 0.80; *P*=0.0009
**Lynparza: Expanding beyond BRCA**

**Strategy; expected regulatory submissions**

### Driving life-cycle programme
- Combination with DDR
- Combination with IO
- Monotherapy

#### Expanding patient population
- BRCAm
- HRRm
- Biomarker negative

### Key data readouts

<table>
<thead>
<tr>
<th>Year</th>
<th>Study</th>
<th>Disease</th>
<th>Regimen</th>
<th>Key Data Readouts</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>OLYMPIAD</td>
<td>BRCAm metastatic breast cancer</td>
<td>Lynparza + AZD1775 (WEE1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SOLO-3</td>
<td>3L+ gBRCAm PSR ovarian cancer</td>
<td>Lynparza + AZD0156 (ATM)</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

Preclinical

DNA-PK\(^1\)  
(DSB\(^2\) repair)

Phase I

AZD1390  
(ATM\(^3\))

Phase II

AZD6738  
(ATR\(^4\))

Launched / Phase III

Lynparza  
(PARP)

AZD0156  
(ATM)

AZD1775  
(WEE1)

AZD2811  
(Aurora B)

Effect is manifest in M phase
Prevent repair
Maximise damage

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.
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

**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 NE¹ N=14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective Response Rate (ORR) by BICR, n (%)</strong></td>
<td>31 (17.0%) (11.9, 23.3)</td>
<td>25 (26.3%) (17.8, 36.4)</td>
<td>3 (4.1%) (0.9, 11.5)</td>
<td>3 (21.4%) (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.
Imfinzi: Stage III NSCLC
PACIFIC trial: First and only IO medicine with PFS

PACIFIC trial:

Key facts

- ~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

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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PFS in ‘expressers’</td>
<td><strong>Mid-2017</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>PFS final analysis</strong></td>
<td></td>
</tr>
<tr>
<td><em>Imfinzi</em> + treme combo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OS in ‘expressers’</td>
<td><strong>OS interim analyses</strong></td>
<td><strong>OS final analysis</strong></td>
</tr>
<tr>
<td><em>Imfinzi</em></td>
<td></td>
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</tr>
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<td>OS in ‘expressers’</td>
<td><strong>OS interim analyses</strong></td>
<td><strong>OS final analysis</strong></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 Ib-IIIa</td>
<td>Stage III unresectable</td>
<td>Stage IV / 1L EGFR/ALK wt Non-sq / sq&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Stage IV / 1L EGFR/ALK wt Non-sq / sq</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 / 3L EGFR/ALK wt Non-sq / sq PD-L1 low</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>Randomised, controlled</td>
</tr>
<tr>
<td>Imfinzi vs placebo</td>
<td>Imfinzi vs placebo</td>
<td>Imfinzi, Imfinzi + treme vs SoC</td>
<td>Imfinzi, Imfinzi + treme vs SoC</td>
<td>Imfinzi vs SoC</td>
<td>Imfinzi vs SoC</td>
<td>Imfinzi + SoC, Imfinzi + treme + SoC vs SoC</td>
<td>Imfinzi, treme, Imfinzi + treme vs SoC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary endpoint(s)</th>
<th>DFS&lt;sup&gt;1&lt;/sup&gt;</th>
<th>PFS</th>
<th>OS</th>
<th>PFS</th>
<th>OS</th>
<th>PFS</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFS&lt;sup&gt;1&lt;/sup&gt;</td>
<td>DFS&lt;sup&gt;1&lt;/sup&gt;</td>
<td>PFS</td>
<td>OS</td>
<td>PFS</td>
<td>OS</td>
<td>PFS</td>
<td>OS</td>
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</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>DFS&lt;sup&gt;1&lt;/sup&gt;</td>
<td>DFS&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Mid-2017 (PFS) 2018 (final OS)</td>
<td>2018</td>
<td>2020</td>
<td>TBD</td>
<td>H2 2017</td>
</tr>
</tbody>
</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>
<th>Fully recruited</th>
</tr>
</thead>
</table>

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

**Mono and combo w/treme**

<table>
<thead>
<tr>
<th>Bladder cancer (UC¹)</th>
<th>Head and neck cancer</th>
<th>Lung cancer (NSCLC)</th>
<th>Potential leadership in IO &amp; IO-IO combinations across multiple cancer types</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KESTREL 1L</td>
<td>NEPTUNE 1L (final OS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EAGLE 2L</td>
<td>MYSTIC 1L (PFS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ARCTIC 3L PD-L1 low/neg.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MYSTIC 1L (final OS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ADJUVANT Adjuvant</td>
<td></td>
</tr>
</tbody>
</table>

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

- Imfinzi = Imfinzi
- Imfinzi +/- treme = fully recruited
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
- Killing of cancer cells
- Release of antigen

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

- Tumour drivers and resistance
- DNA damage response
- Immuno-Oncology
- Antibody-drug conjugates
ADC: Growing antibody-drug conjugate programme
Now four clinical-stage programmes

**Phase III moxetumomab**
- Promising activity in relapsed/refractory HCL

**Phase I antibody-drug conjugates**
- HER2 biparatopic (tubulysin)
- PSMA (PBD)
- Target not disclosed (PBD)

**Proprietary payloads**
- Two payloads: PBD\(^1\) and tubulysin

---

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

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.

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

- **Lynparza**
  - ovarian cancer 2L
  - Reg. decision (US)
  - ovarian cancer 1L
  - Reg. submissions (EU)

- **Imfinzi**
  - lung cancer Stage III
  - Reg. submission (US)
  - head/neck cancer 1L
  - Phase III
  - NEPTUNE
  - lung cancer 1L
  - Phase III
  - MYSTIC
  - head/neck cancer 2L
  - Phase III
  - EAGLE
  - breast cancer
  - Reg. submissions
  - blood cancer
  - Phase II/reg. submission (US)¹

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

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

- **moxetumomab**
  - leukaemia
  - Phase III

- **Imfinzi +/- treme**
  - bladder cancer
  - Phase III

- **selumetinib**
  - thyroid cancer
  - Phase III

¹. Potential fast-to-market opportunity ahead of randomised, controlled trials.
Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity
## Summary

1. Significant progress made in Oncology strategy execution
2. *Lynparza* and DDR portfolio expanding beyond ovarian cancer and BRCA
3. Establishing lung cancer leadership through *Tagrisso* and *Imfinzi* +/- treme
4. Development of Haematology gaining momentum
5. Oncology pipeline with transformative potential
Questions & answers

Please press *1 on your phone if you wish to ask a question or use the dedicated Q&A facility on the webcast

• Pascal Soriot, moderator
• Sean Bohen
• Jamie Freedman
• Rob Iannone
• Klaus Edvardsen
• Susan Galbraith
• David Berman

Investor science event expected to end at 8:30 PM CDT
Food and drinks are available outside - please join us!
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Taking our science to the 2017 ASCO Annual Meeting

Investor science event
Chicago, IL, USA

05 June 2017