

Investor science event: ESMO 2017

Presentation and webcast for investors and analysts, Madrid, Spain

10 September 2017



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Presenters



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Sean Bohan
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Jean-Charles Soria
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FLAURA trial, Professor
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September 2017)



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Department of Medical Oncology
(Thoracic Group), Institut Gustave
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Agenda



Welcome



Pipeline



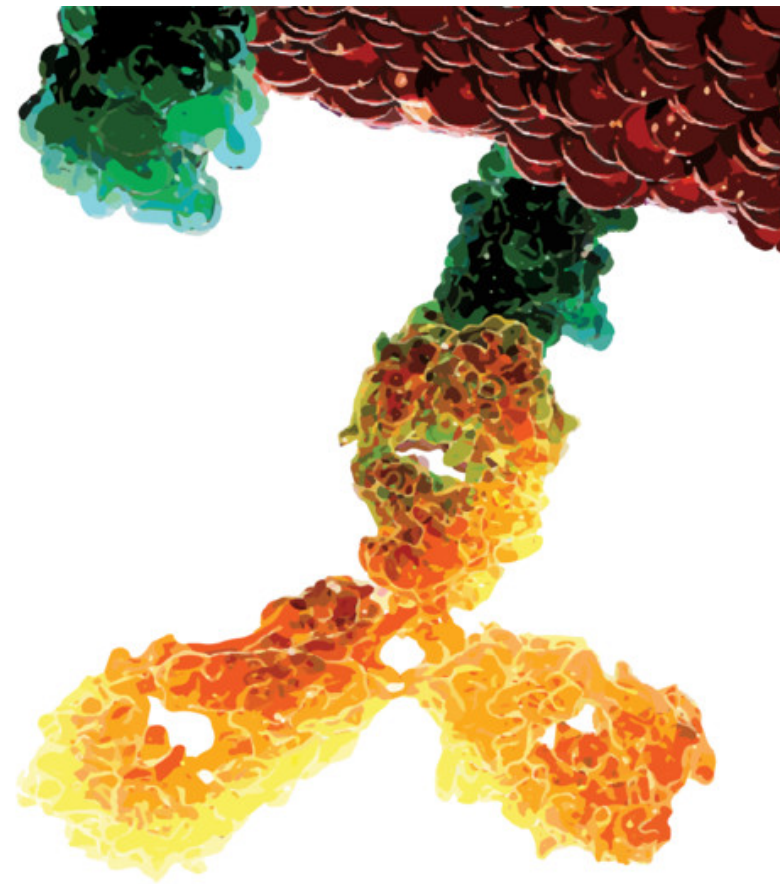
Tagrisso's FLAURA trial



Imfinzi's PACIFIC trial



Business, news flow and Q&A



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

Late-stage pipeline overview

Significant opportunities from lifecycle and potential new medicines

Oncology
Lynparza ^{1, 2} multiple cancers
Tagrisso ^{1, 2} lung cancer
Imfinzi ^{1, 2} multiple cancers
acalabrutinib ² blood cancers
Imfinzi + treme multiple cancers
moxetumomab leukaemia
selumetinib thyroid cancer
savolitinib kidney cancer

Cardiovascular & Metabolic Diseases
ZS-9 ² hyperkalaemia
roxadustat ² anaemia

Respiratory
benralizumab ^{1, 2} severe, uncontrolled asthma / COPD
tralokinumab severe, uncontrolled asthma
PT010 COPD / asthma

Other
anifrolumab lupus
lanabecestat Alzheimer's disease

1. Lifecycle development programme.




2. Under regulatory review.

Status as of 10 September 2017.



AstraZeneca Oncology

Strategic priorities support the return to growth

Multiple cancers	Lung cancers	Blood cancers	
 Lynparza™ olaparib	 TAGRISSO® osimertinib	 IMFINZI™ durvalumab <small>Injection for Intravenous Use 50 mg/mL</small>	acalabrutinib
<ul style="list-style-type: none">• Ovarian and breast cancers• Lifecycle programme (2018+)• Merck collaboration	<ul style="list-style-type: none">• 2L T790Mm¹• 1L EGFRm²• Adjuvant EGFRm (2022+)	<ul style="list-style-type: none">• Locally-advanced (Stage III), unresectable NSCLC• Lifecycle programme (2018+)	<ul style="list-style-type: none">• AstraZeneca's first, potential new medicine in blood cancer• MCL³ initial indication• Lifecycle programme (2019+)

Rich and early pipeline, including combinations

1. T790Mm = Substitution of threonine (T) with methionine (M) at position 790 of exon 20 mutation.

2. EGFRm = Epidermal growth factor receptor mutation.

3. MCL = Mantle cell lymphoma.

() = First / next data anticipated.



Agenda



Welcome



Pipeline



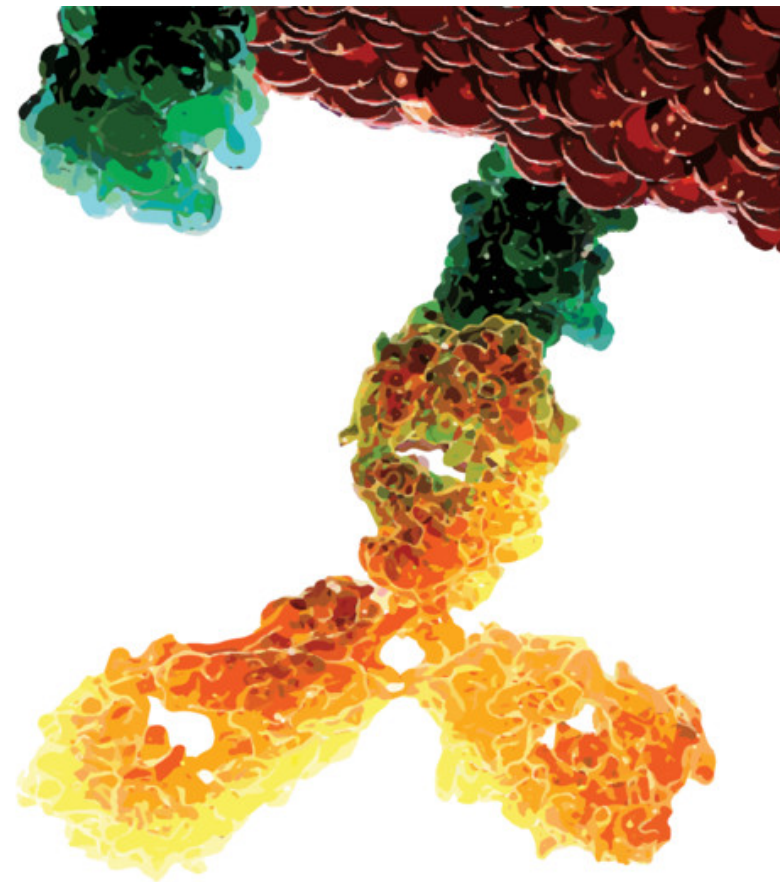
Tagrisso's FLAURA trial



Imfinzi's PACIFIC trial



Business, news flow and Q&A



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

AstraZeneca at ESMO 2017

Broad and deep presence, outside FLAURA and PACIFIC

>40

Company-sponsored and supported presentations

2

Pivotal clinical-trial readouts selected for late-breaking abstract presentation

Tagrisso's FLAURA trial
Imfinzi's PACIFIC trial

Example from early-stage pipeline

AZD9150 (STAT3 ASO) + *Imfinzi*

Encouraging anti-tumour activity and deep responses observed in R/M-HNSCC PD-(L)1-naïve patients:

- 25% ORR (5 PRs); responses seen in both high- and low-PD-L expressing tumours, and in HPV-negative patients
- 45% DCR by best response

Session title: Immunotherapy of Cancer

Date: Monday 11 September 2017

Time: 11:00-12:30

Location: Madrid Auditorium

Presentation: 1135O

R/M = Recurrent/metastatic; HNSCC = Head and neck squamous cell carcinoma; PD-(L)1 = Programmed death-(ligand) 1;
ORR = Objective response rate; PR = Partial response, HPV = Human papilloma virus; DCR = Disease control rate.
Source: ESMO 2017.



News: Lynparza

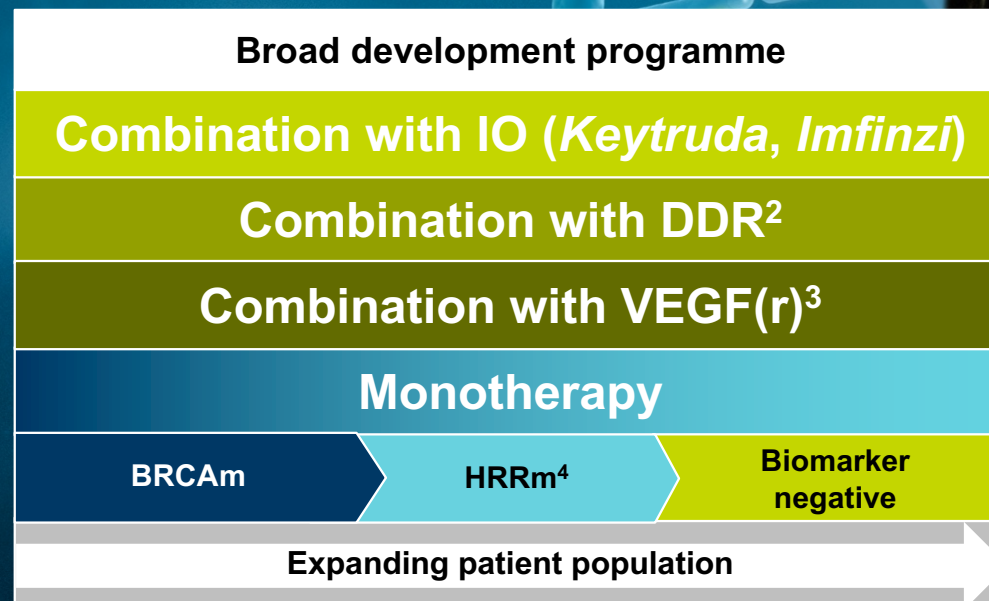
Broad US label in ovarian cancer; leading development plan

2x2 tablets

2L all-comers ovarian

4L+ BRCAm¹ ovarian

Data in advanced
breast cancer



1. BRCAm = BReast CAncer susceptibility gene 1/2 mutation.

2. DDR = DNA damage response.

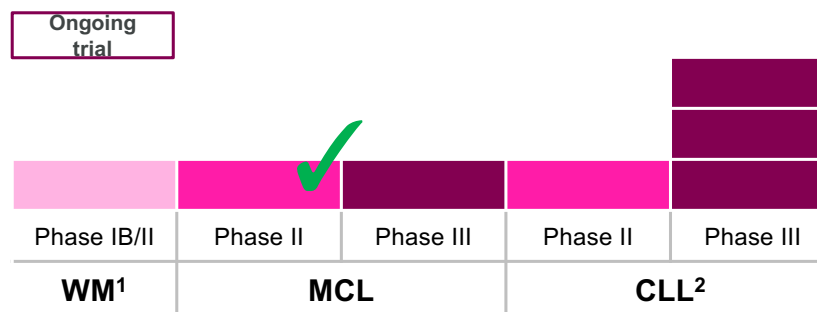
3. VEGF(r) = Vascular endothelial growth factor (receptor).

4. HRRm = Homologous recombination repair mutation.

News: Acalabrutinib

AstraZeneca's first, potential new medicine in blood cancers

- Breakthrough Therapy Designation in MCL
- **US regulatory submission acceptance in MCL**
 - Regulatory decision latest Q1 2018



21
clinical trials

>2,000
patients in clinical trials


Potential for MCL data at medical meeting in 2017

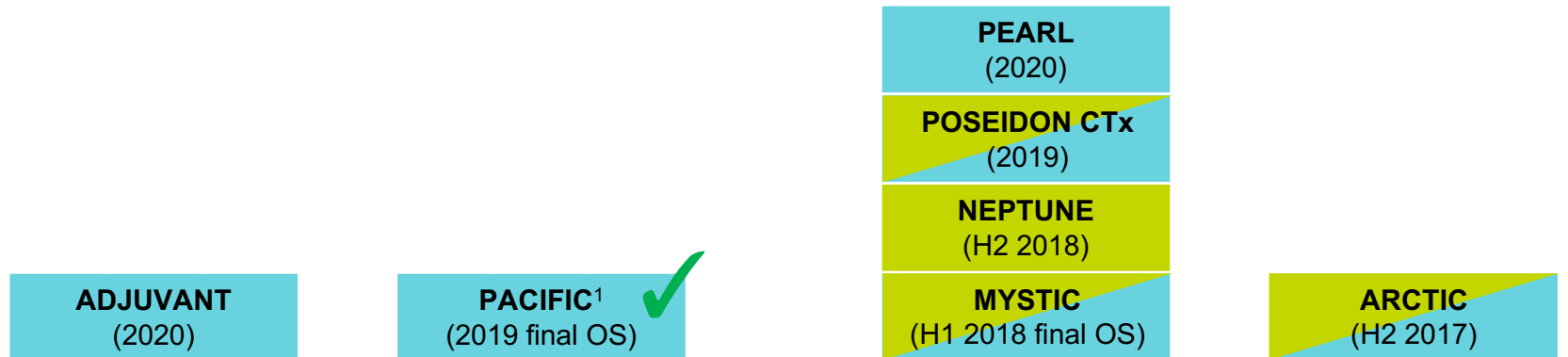
1. WM = Waldenstrom macroglobulinemia, a type of non-Hodgkin lymphoma.
2. CLL = Chronic lymphocytic leukaemia.

AstraZeneca in non-small cell lung cancer (NSCLC)

Overview of medicines, successful & ongoing Phase III trials

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

 = Imfinzi + treme
 = Imfinzi



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



Stage / progression of disease



1. PACIFIC trial also included patients with EGFR and T790M-mutated and anaplastic lymphoma kinase (ALK)-translocated tumours.
() = First / next data anticipated.



NSCLC: Ongoing Phase III trials

Present in targeted and IO medicines

Focus today

	ADAURA	ADJUVANT	PACIFIC	FLAURA	MYSTIC	NEPTUNE	POSEIDON	PEARL	ARCTIC
Trial design	Stage I-III EGFRm <i>Tagrisso</i> vs placebo	Stage Ib-IIIa <i>Imfinzi</i> vs placebo	Stage III unresectable <i>Imfinzi</i> vs placebo	Stage IV / 1L EGFRm <i>Tagrisso</i> vs SoC	Stage IV / 1L EGFR/ALK wild type Non-sq / sq ² <i>Imfinzi</i> , <i>Imfinzi</i> + <i>treme</i> vs SoC	Stage IV / 1L EGFR/ALK wild type Non-sq / sq <i>Imfinzi</i> + <i>treme</i> vs SoC	Stage IV / 1L EGFR/ALK wild type Non-sq / sq <i>Imfinzi</i> + SoC, <i>Imfinzi</i> + <i>treme</i> + SoC vs SoC	Stage IV / 1L EGFR/ALK wild type Non-sq / sq PD-L1 expr. <i>Imfinzi</i> vs SoC	Stage IV / 3L EGFR/ALK wild type Non-sq / sq PD-L1 low <i>Imfinzi</i> , <i>treme</i> , <i>Imfinzi</i> + <i>treme</i> vs SoC
Primary endpoint(s)	DFS ¹	DFS	PFS OS ✓	PFS ✓	PFS OS ✗	OS	PFS	PFS OS	PFS OS
Recruitment	Ongoing	Ongoing	Fully recruited	Fully recruited	Fully recruited	Fully recruited	Ongoing	Ongoing	Fully recruited
First / next data	2022	2020	2019 (final OS)	Single primary endpoint met	H1 2018 (final OS)	H2 2018	2019	2020	H2 2017

1. DFS = Disease-free survival.

2. Non-sq / sq = Non-squamous / squamous (histology).



Agenda



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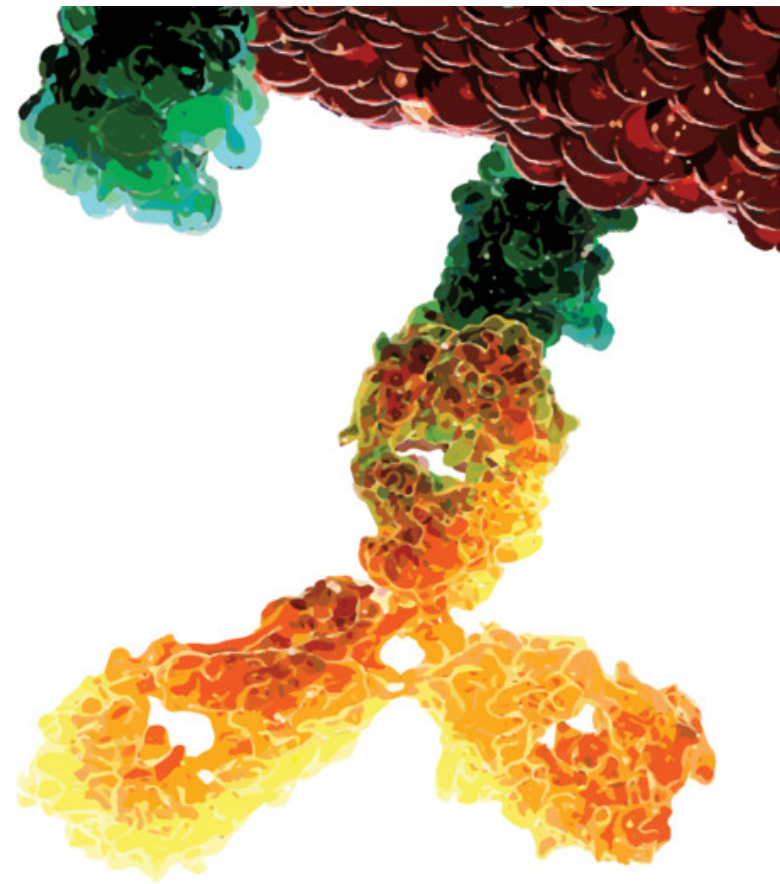
Tagrisso's FLAURA trial



Imfinzi's PACIFIC trial



Business, news flow and Q&A

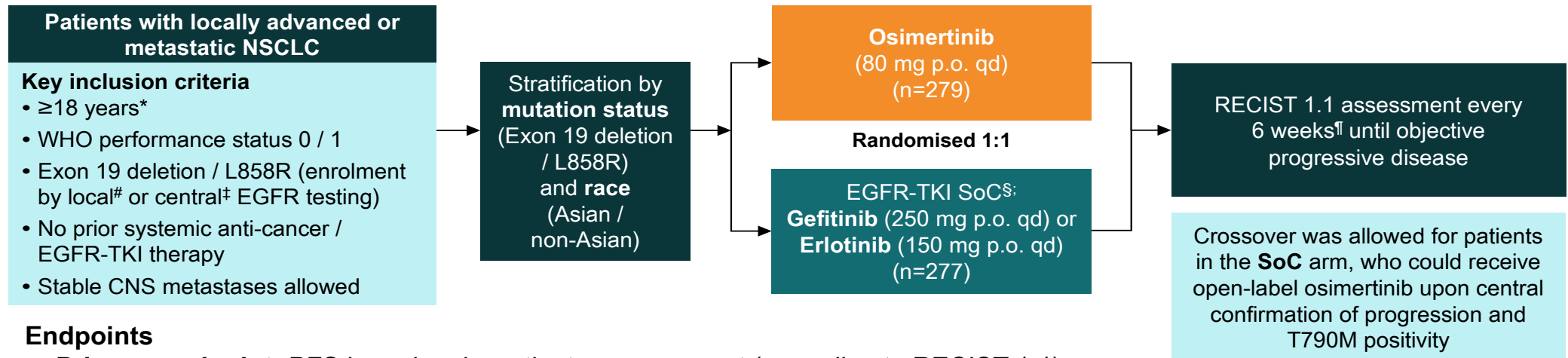


Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity

FLAURA trial

MADRID 2017 **ESMO** congress

FLAURA DOUBLE-BLIND STUDY DESIGN



Endpoints

- **Primary endpoint:** PFS based on investigator assessment (according to RECIST 1.1)
 - The study had a 90% power to detect a hazard ratio of 0.71 (representing an improvement in median PFS from 10 months to 14.1 months) at a two-sided alpha-level of 5%
- **Secondary endpoints:** objective response rate, duration of response, disease control rate, depth of response, overall survival, patient reported outcomes, safety

FLAURA data cut-off: 12 June 2017; NCT02296125

*≥20 years in Japan; [#]With central laboratory assessment performed for sensitivity; [‡]cobas EGFR Mutation Test (Roche Molecular Systems); [§]Sites to select either gefitinib or erlotinib as the sole comparator prior to site initiation; [¶]Every 12 weeks after 18 months CNS, central nervous system; EGFR, epidermal growth factor receptor; NSCLC, non-small cell lung cancer; PFS, progression-free survival; p.o., orally; RECIST 1.1, Response Evaluation Criteria In Solid Tumors version 1.1; qd, once daily; SoC, standard-of-care; TKI, tyrosine kinase inhibitor; WHO, World Health Organization



FLAURA trial

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BASELINE CHARACTERISTICS

Characteristic, %	Osimertinib (n=279)	SoC* (n=277)
Sex: male / female	36 / 64	38 / 62
Age, median (range), years	64 (26–85)	64 (35–93)
Race: White / Asian / other [#]	36 / 62 / 1	36 / 62 / 1
Smoking status: never / ever	65 / 35	63 / 37
CNS metastases at study entry [‡]	19	23
WHO performance status [§] : 0 / 1	40 / 60	42 / 58
Overall disease classification [¶] : metastatic / advanced	95 / 5	95 / 5
Histology: adenocarcinoma / other	99 / 1	98 / 2
EGFR mutation at randomisation ^{**} : Exon 19 deletion / L858R	63 / 37	63 / 37

FLAURA data cut-off: 12 June 2017

*In the SoC arm, 66% of patients received gefitinib and 34% received erlotinib; [#]Including Black or African American and American Indian or Alaska Native. Race was missing for one patient in the osimertinib arm and one patient in the SoC arm; [‡]CNS metastases determined programmatically from baseline data of CNS lesion site, medical history, and/or surgery, and/or radiotherapy; [§]WHO performance status was missing for one patient in the SoC arm; [¶]Overall disease classification was missing for one patient in the osimertinib arm; ^{**}Local or central test
CNS, central nervous system; EGFR, epidermal growth factor receptor; SoC, standard-of-care; WHO, World Health Organization

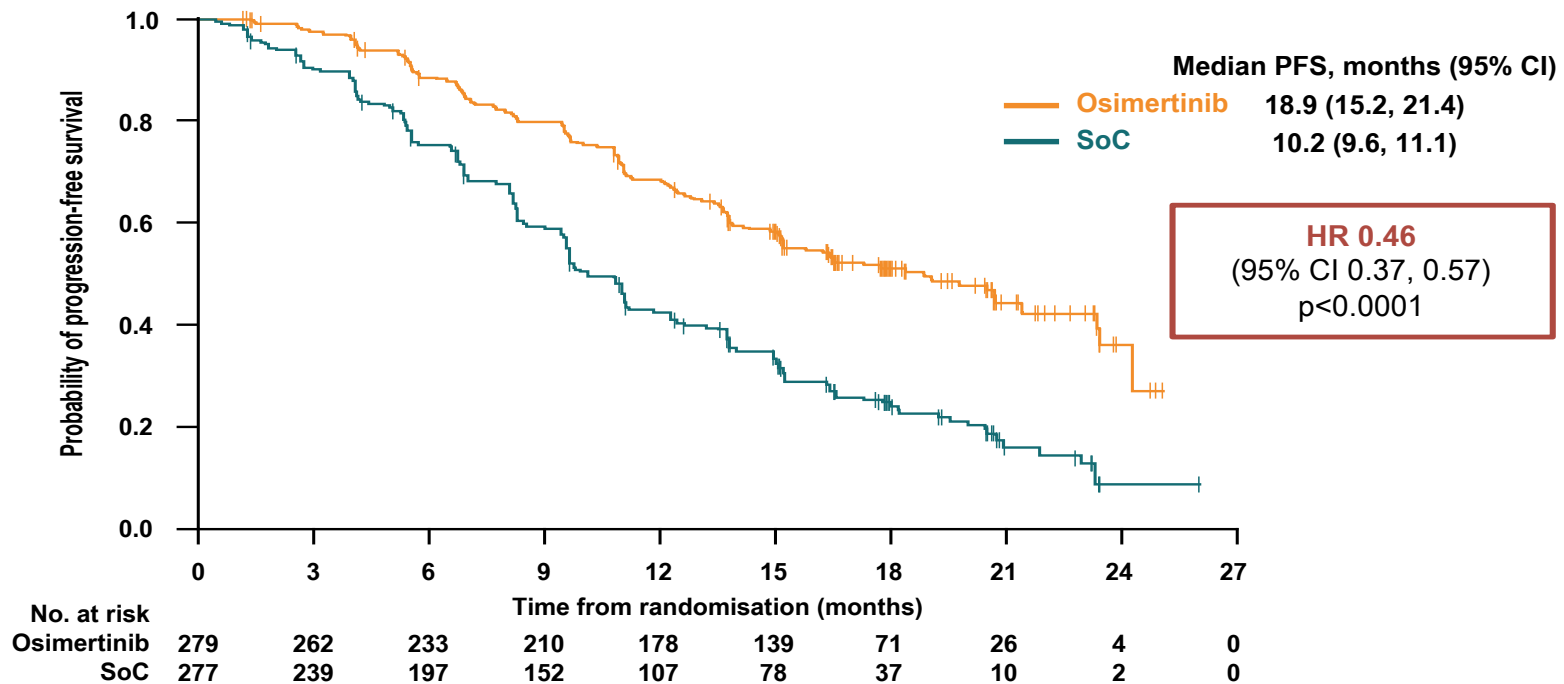


FLAURA trial

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PRIMARY ENDPOINT: PFS BY INVESTIGATOR ASSESSMENT

342 events in 556 patients at DCO: 62% maturity; osimertinib: 136 events (49%), SoC: 206 events (74%)



FLAURA data cut-off: 12 June 2017

Tick marks indicate censored data;

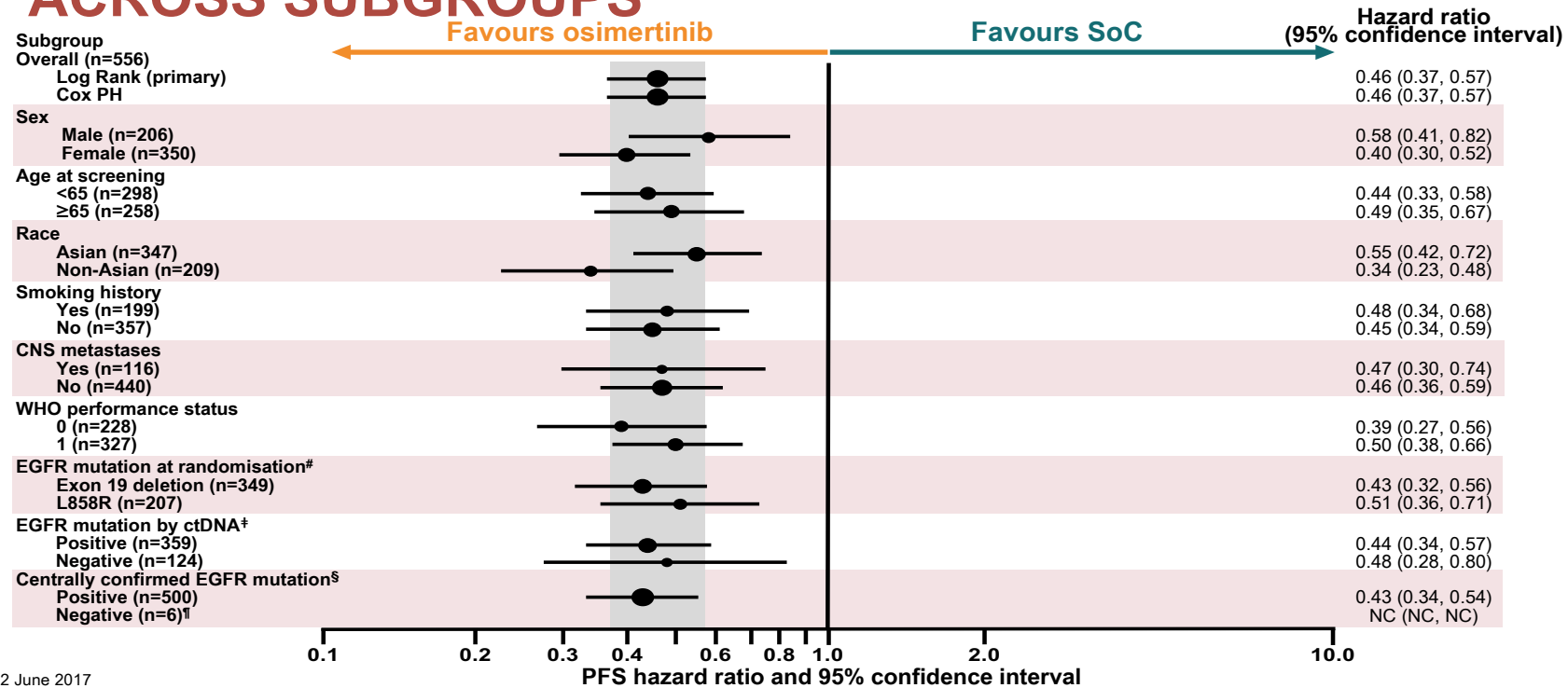
CI, confidence interval; DCO, data cut-off; HR, hazard ratio; SoC, standard-of-care; PFS, progression-free survival



FLAURA trial

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PFS* ACROSS SUBGROUPS



FLAURA data cut-off: 12 June 2017

Hazard ratio <1 implies a lower risk of progression on osimertinib 80 mg. Size of circle is proportional to the number of events

*By Investigator assessment; [#]Local or central test; [†]Result missing for 36 patients in the osimertinib arm and 37 patients in the SoC arm; [§]Result missing for 21 patients in the osimertinib arm and 29 patients in the SoC arm; ^{||}Subgroup categories with less than 20 events were excluded from the analysis

CNS, central nervous system; ctDNA, circulating tumour DNA; EGFR, epidermal growth factor receptor; PFS, progression-free survival; SoC, standard-of-care; WHO, World Health Organization

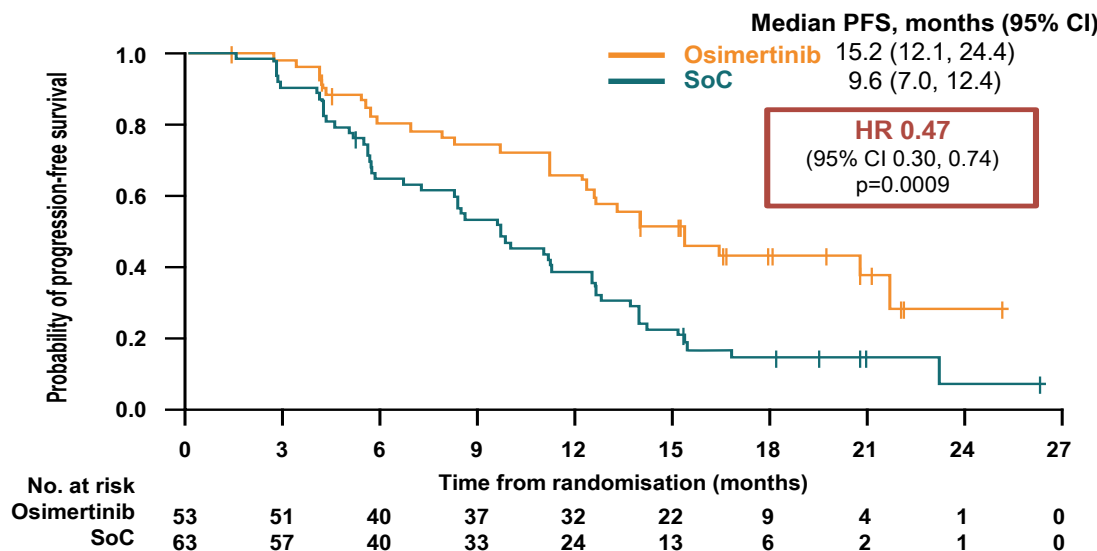


FLAURA trial

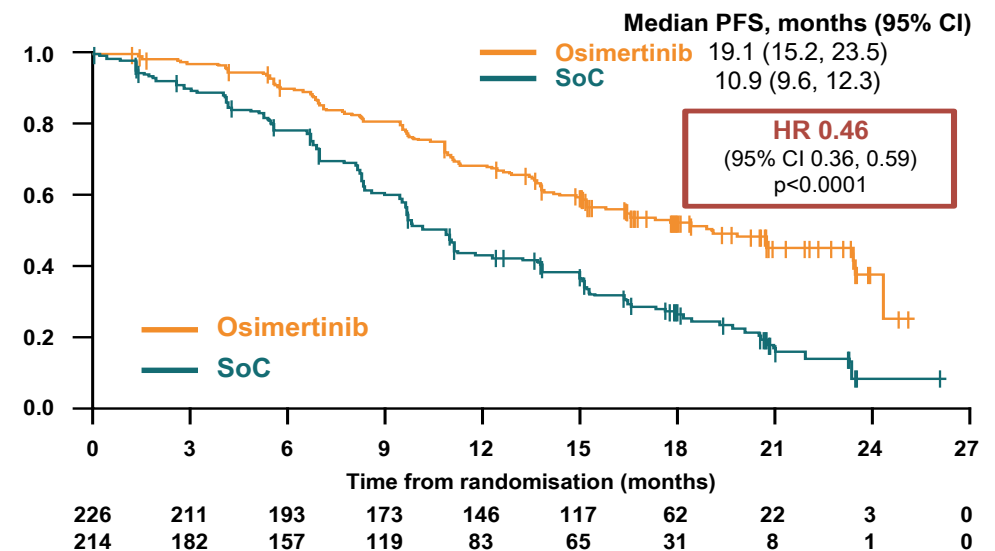
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PFS* IN PATIENTS WITH AND WITHOUT CNS METASTASES AT STUDY ENTRY

With CNS metastases (n=116)



Without CNS metastases (n=440)



CNS progression events occurred in 17 (6%) vs 42 (15%) patients receiving osimertinib vs SoC (all patients)

FLAURA data cut-off: 12 June 2017
Tick marks indicate censored data; *By Investigator assessment
CI, confidence interval; CNS, central nervous system; HR, hazard ratio; PFS, progression-free survival; SoC, standard-of-care

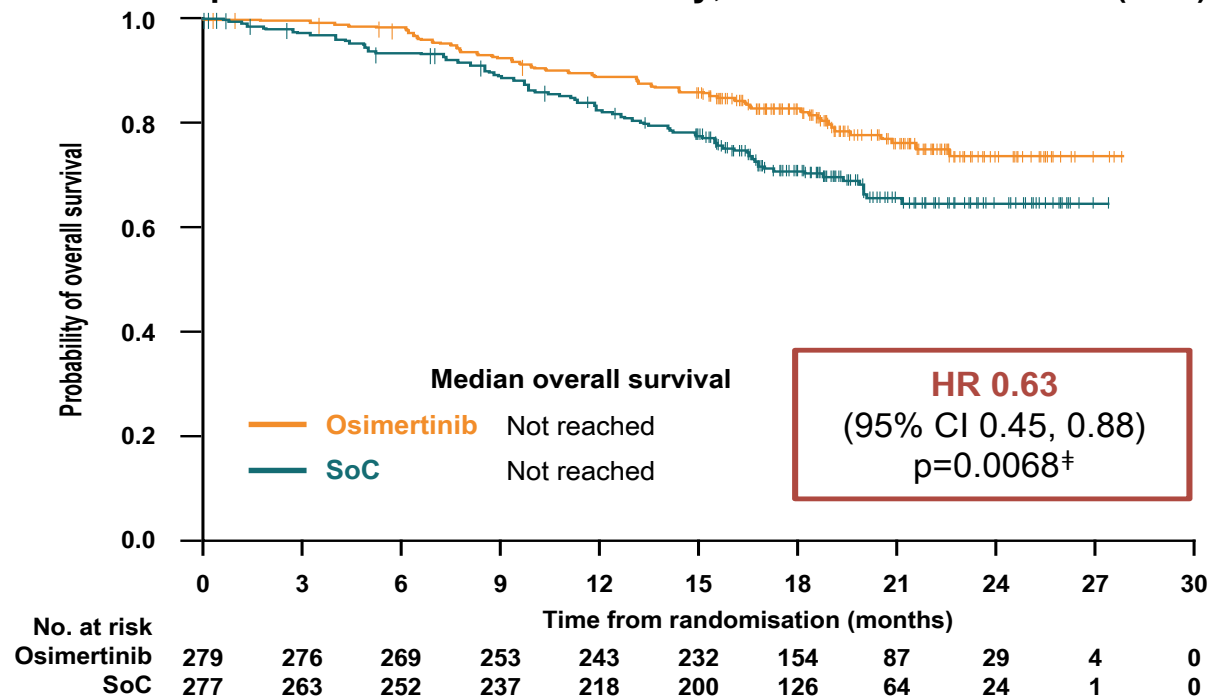


FLAURA trial

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OVERALL SURVIVAL INTERIM ANALYSIS

141 deaths in 556 patients at DCO: 25% maturity; osimertinib: 58 deaths (21%), SoC: 83 deaths (30%)



† A p-value of <0.0015 was required for statistical significance at current maturity

FLAURA data cut-off: 12 June 2017; Tick marks indicate censored data
CI, confidence interval; DCO, data cut-off; HR, hazard ratio; SoC, standard-of-care



FLAURA trial

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FLAURA SAFETY SUMMARY

AE, any cause*, n (%)	Osimertinib (n=279)	SoC (n=277)
Any AE	273 (98)	271 (98)
Any AE Grade ≥ 3	94 (34)	124 (45)
Any AE leading to death	6 (2)	10 (4)
Any serious AE	60 (22)	70 (25)
Any AE leading to discontinuation	37 (13)	49 (18)
AE, possibly causally related#, n (%)		
Any AE	253 (91)	255 (92)
Any AE Grade ≥ 3	49 (18)	78 (28)
Any AE leading to death	0	1 (<1)
Any serious AE	22 (8)	23 (8)

FLAURA data cut-off: 12 June 2017

*Patients with multiple events in the same category counted only once in that category. Patients with events in more than one category counted once in each of those categories; #As assessed by the investigator. Includes AEs with an onset date on or after the date of first dose and up to and including 28 days following the date of last dose of study medication

AE, adverse event; SoC, standard-of-care



FLAURA trial

MADRID 2017 **ESMO** congress

CONCLUSIONS

- Osimertinib resulted in a significant improvement in PFS over SoC, HR 0.46 (95% CI 0.37, 0.57); $p < 0.0001$
 - 54% reduction in risk of progression or death relative to SoC, with early separation of KM curves
 - Consistent benefit in patients with and without CNS metastases at study entry
 - Double the duration of response (median: 17.2 months vs 8.5 months)
- Interim OS results showed promising survival favouring osimertinib vs SoC, HR 0.63 (95% CI: 0.45, 0.88), $p = 0.0068$ (NS)
 - A p-value of < 0.0015 was required for statistical significance* at **25% maturity**
- The safety profile of osimertinib was comparable to SoC, although with lower rates of Grade ≥ 3 AEs and a lower discontinuation rate

Osimertinib has potential to be a new standard of care for first-line therapy for EGFRm advanced NSCLC

*Determined by O'Brien-Fleming approach

AE, adverse event; CI, confidence interval; CNS, central nervous system; EGFRm, epidermal growth factor receptor tyrosine kinase inhibitor sensitising mutation-positive; KM, Kaplan-Meier; NS, not significant; NSCLC, non-small cell lung cancer; OS, overall survival; PFS, progression-free survival; SoC, standard-of-care



Agenda



Welcome



Pipeline



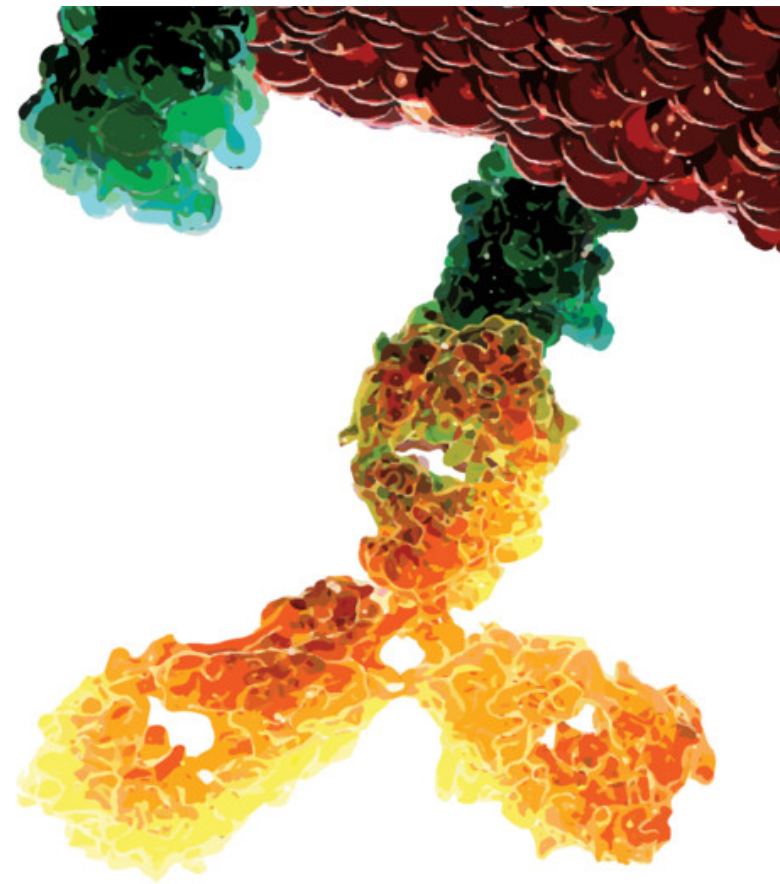
Tagrisso's FLAURA trial



Imfinzi's PACIFIC trial



Business, news flow and Q&A



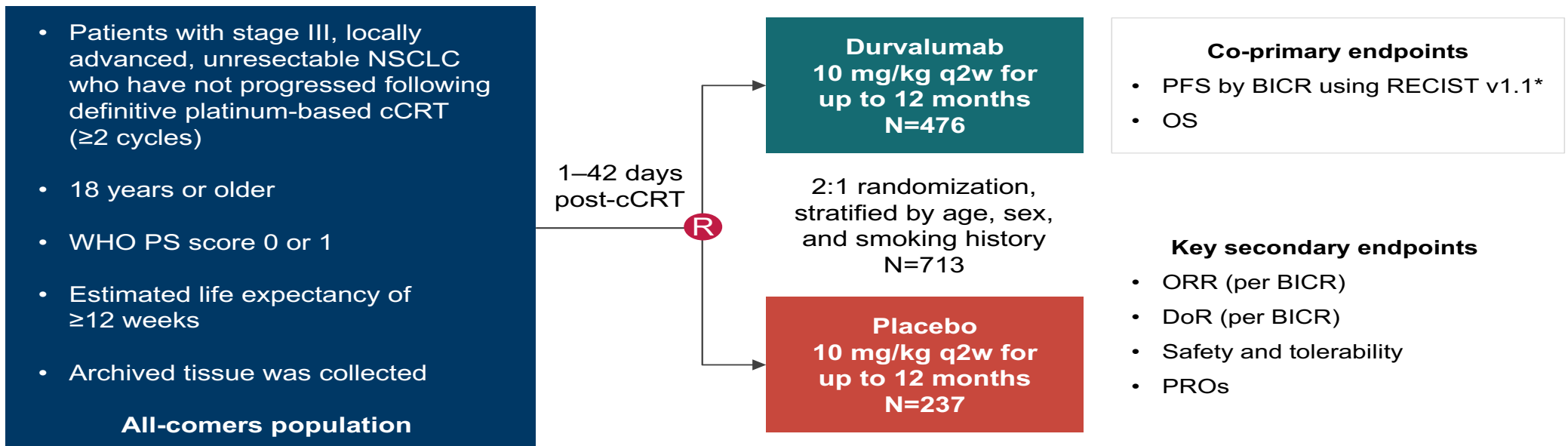
Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity

PACIFIC trial



PACIFIC: Study Design

Phase III, Randomized, Double-blind, Placebo-controlled, Multicenter, International Study



*Defined as the time from randomization (which occurred up to 6 weeks post-cCRT) to the first documented event of tumor progression or death in the absence of progression.
ClinicalTrials.gov number: NCT02125461 BICR, blinded independent central review; cCRT, concurrent chemoradiation therapy; DoR, duration of response; NSCLC, non-small cell lung cancer; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PROs, patient-reported outcomes; PS, performance status; q2w, every 2 weeks; RECIST, Response Evaluation Criteria in Solid Tumors; WHO, World Health Organization



PACIFIC trial



Baseline Characteristics (ITT)

		Durvalumab (N=476)	Placebo (N=237)
Age	Median (range), years	64 (31–84)	64 (23–90)
	≥65 years, %	45.2	45.1
Male, %		70.2	70.0
WHO performance status score, %*	0 / 1	49.2 / 50.4	48.1 / 51.5
Smoking status, %	Current / Former / Never	16.6 / 74.4 / 9.0	16.0 / 75.1 / 8.9
Disease stage, %†	IIIA / IIIB	52.9 / 44.5	52.7 / 45.1
Histology, %	Squamous / Non-squamous	47.1 / 52.9	43.0 / 57.0
PD-L1 status, %	Known: TC <25% / TC ≥25%	39.3 / 24.2	44.3 / 18.6
	Unknown‡	36.6	37.1
Prior chemotherapy, %	Induction / Definitive cCRT	25.8 / 99.8	28.7 / 99.6
Prior radiotherapy, %*	<54 Gy	0.6	0
	54 to ≤66 Gy	92.9	91.6
	>66 to ≤74 Gy	6.3	8.0
Best response to prior cCRT, %¶	CR / PR / SD / PD	1.9 / 48.7 / 46.6 / 0.4	3.0 / 46.8 / 48.1 / 0

*Not reported or missing (durvalumab, placebo, total): WHO performance status (0.4% each), prior radiotherapy (0.2%, 0.4%, 0.3%).
†Other: durvalumab, 2.5%; placebo, 2.1%; total, 2.4%. ‡No sample collected or no valid test result. ¶Not evaluable/not applicable: durvalumab, 2.3%; placebo, 2.1%; total, 2.2%.
cCRT, concurrent chemoradiation therapy; CR, complete response; ITT, intention-to-treat; PD, progressive disease; PD-L1, programmed cell death ligand-1; PR, partial response; SD, stable disease;
TC, tumor cell; TC ≥25%, ≥25% PD-L1 expression on tumor cells; TC <25%, <25% PD-L1 expression on tumor cells; WHO, World Health Organization



PACIFIC trial



Patient Disposition

	Durvalumab (N=476)	Placebo (N=237)
Received treatment, n (%)	473 (99.4)	236 (99.6)
Completed 12 months of treatment, n (%)	202 (42.7)	71 (30.1)
Discontinued study treatment, n (%)	241 (51.0)	153 (64.8)
Patient decision	14 (3.0)	12 (5.1)
Adverse event	73 (15.4)	23 (9.7)
Severe non-compliance to protocol	1 (0.2)	1 (0.4)
Disease worsening	148 (31.3)	116 (49.2)
Development of study specific discontinuation criterion	1 (0.2)	1 (0.4)
Other	4 (0.8)	0
Received subsequent therapy after discontinuation, n (%)	145 (30.5)	102 (43.0)
Progressed by BICR as of data cutoff for interim PFS analysis, n	214	157

- Median follow-up was 14.5 months (range 0.2–29.9)

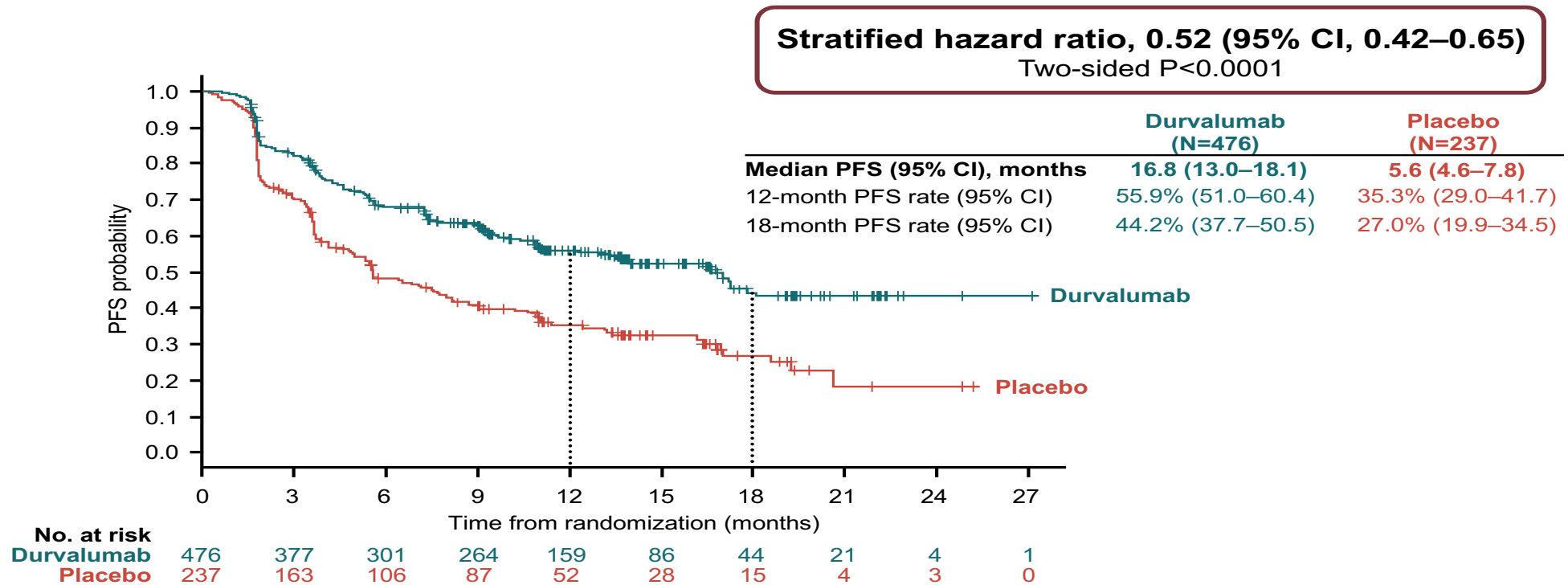
BICR, blinded independent central review



PACIFIC trial



PFS by BICR (Primary Endpoint; ITT)



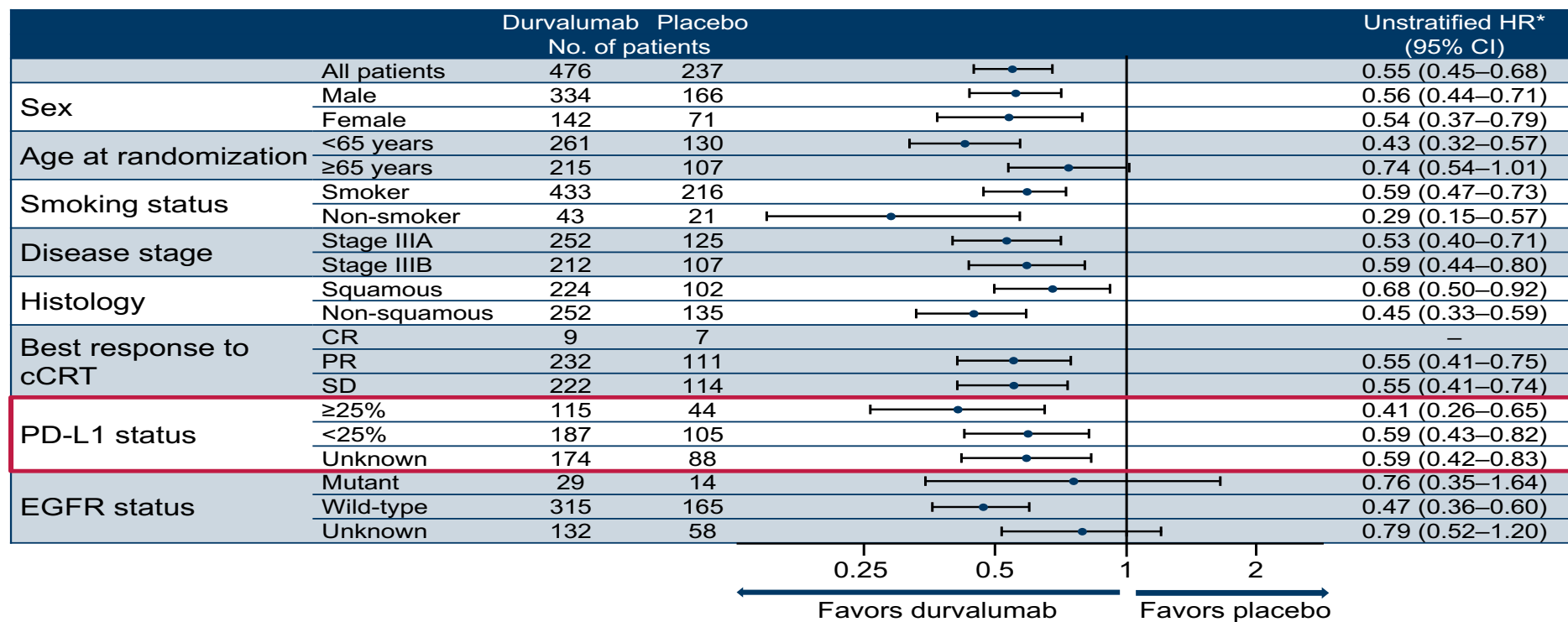
BICR, blinded independent central review; CI, confidence interval; ITT, intention-to-treat; PFS, progression-free survival



PACIFIC trial



PFS Subgroup Analysis by BICR (ITT)



*Hazard ratio and 95% CI not calculated if the subgroup has less than 20 events.
BICR, blinded independent central review; CI, confidence interval; CR, complete response; HR, hazard ratio; ITT, intention-to-treat; EGFR, epidermal growth factor receptor



PACIFIC trial



Incidence of New Lesions by BICR (ITT)

New lesion site*	Durvalumab (N=476)	Placebo (N=237)
Any new lesion, n (%)	97 (20.4)	76 (32.1)
Lymph nodes	27 (5.7)	27 (11.4)
Brain	26 (5.5)	26 (11.0)
Lung	56 (11.8)	41 (17.3)
Liver	9 (1.9)	8 (3.4)
Adrenal	3 (0.6)	5 (2.1)
Bone	8 (1.7)	6 (2.5)
Other†	9 (1.9)	5 (2.1)

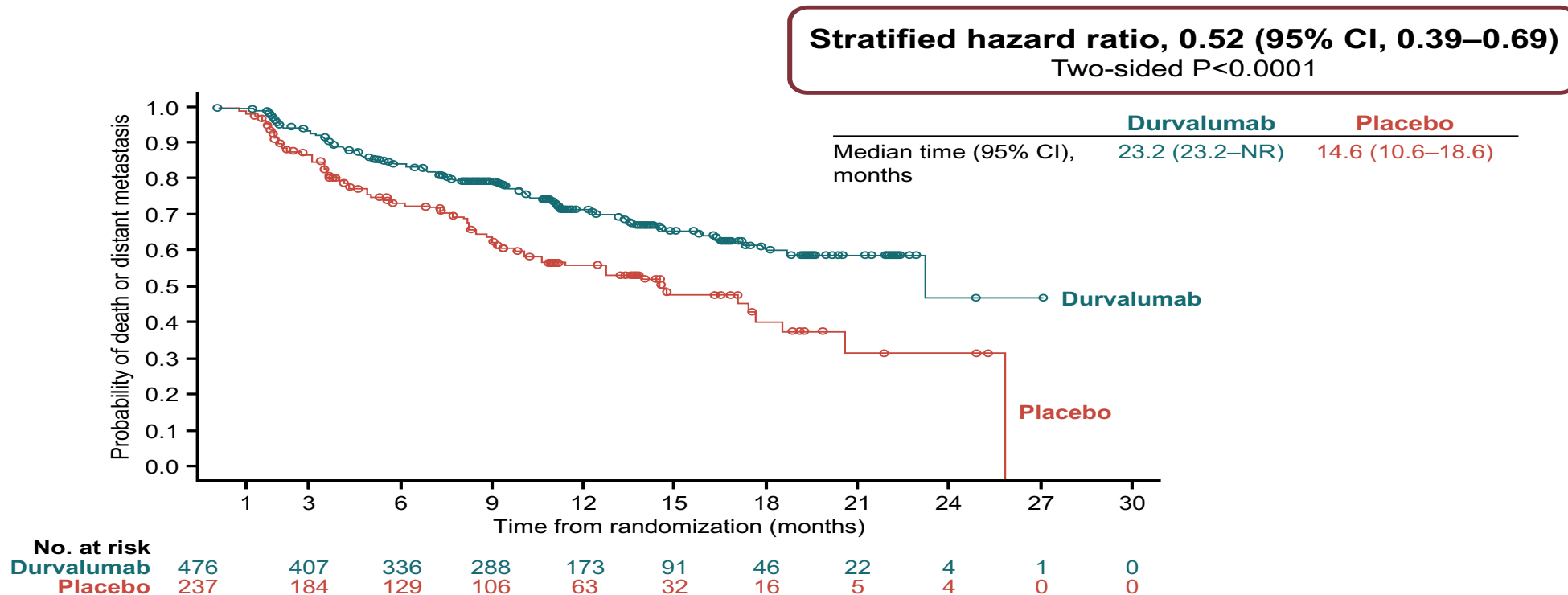
*A patient may have had more than one new lesion site. †Includes lesions in: abdominal wall, biliary tract, breast, chest wall, kidney, ovary, pancreas, pericardium, peritoneal fluid, peritoneum, retroperitoneum, skin, spleen, uterus and other (unspecified).
BICR, blinded independent central review; ITT, intention-to-treat



PACIFIC trial



Time to Distant Metastasis or Death by BICR (ITT)



BICR, blinded independent central review; ITT, intention-to-treat



PACIFIC trial



Safety Summary*

	Durvalumab (N=475)	Placebo (N=234)
Any-grade all-causality AEs, n (%)	460 (96.8)	222 (94.9)
Grade 3/4	142 (29.9)	61 (26.1)
Grade 5	21 (4.4)	13 (5.6)
Leading to discontinuation	73 (15.4)	23 (9.8)
Any-grade treatment-related AEs, n (%)	322 (67.8)	125 (53.4)
SAEs, n (%)	136 (28.6)	53 (22.6)
Any-grade immune-mediated AEs, n (%)	115 (24.2)	19 (8.1)
Grade 3/4	16 (3.4)	6 (2.6)

*Two patients randomized to placebo received at least one dose of durvalumab and were considered part of the durvalumab arm for safety reporting.
Safety analysis set. AE, adverse event; SAE, serious adverse event



PACIFIC trial



Summary

- Durvalumab demonstrated a statistically significant and robust improvement in PFS versus placebo (HR 0.52; $P < 0.0001$; median improvement of >11 months) at a planned interim analysis
- PFS improvement with durvalumab was observed across all pre-specified subgroups
- Durvalumab demonstrated a clinically meaningful benefit in ORR (28.4% vs 16.0%; $P < 0.001$), with durable responses versus placebo (median DoR not reached vs 13.8 months)
- Patients receiving durvalumab had a lower incidence of new lesions, including new brain metastases, compared with patients receiving placebo
- The safety profile of durvalumab was consistent with that of other immunotherapies and with its known safety profile as monotherapy in patients with more advanced disease;¹ no new safety signals were identified
- The study remains blinded to OS

1. Antonia SJ, et al. Poster presented at the 41st European Society for Medical Oncology Annual Meeting, Copenhagen, October 7–11, 2016.
DoR, duration of response; HR, hazard ratio; ORR, overall response rate; PFS, progression-free survival



Agenda



Welcome



Pipeline



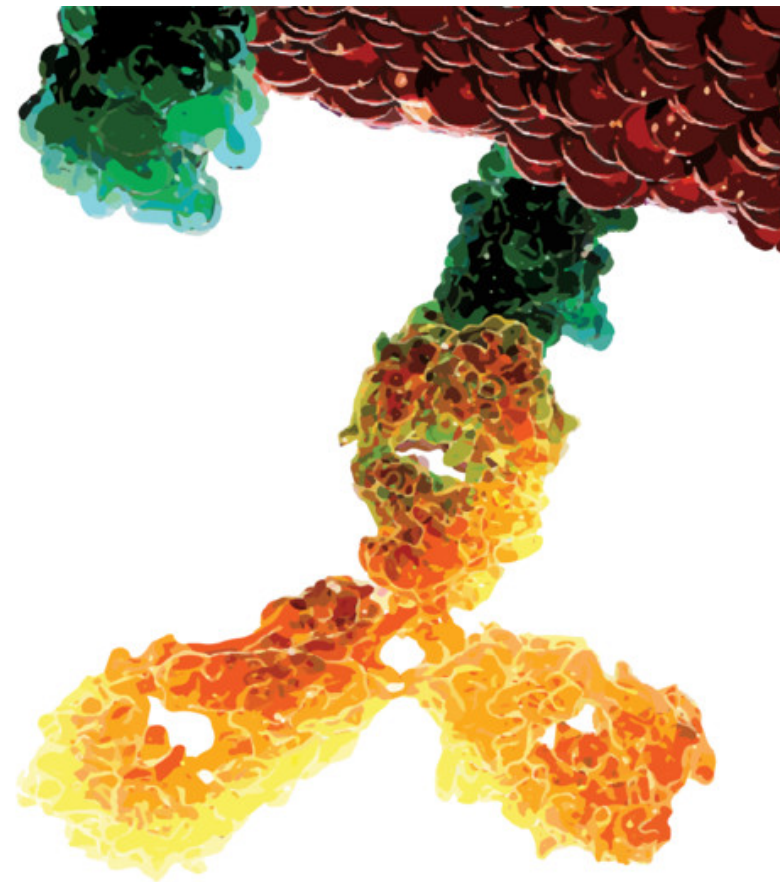
Tagrisso's FLAURA trial



Imfinzi's PACIFIC trial



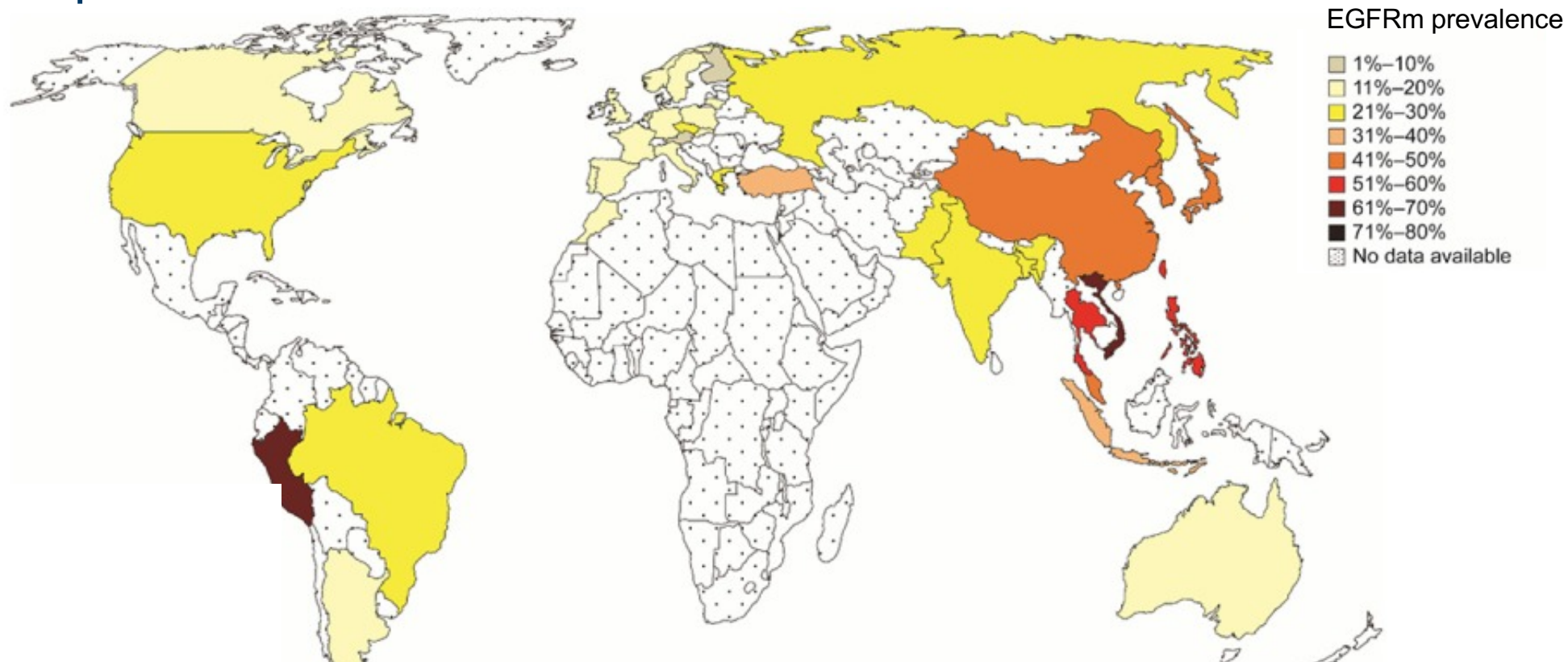
Business, news flow and Q&A



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

Tagrisso: EGFR-mutated 1L NSCLC

Global prevalence of the EGFR mutation



1L NSCLC ~70K addressable patients in top-8 countries¹

1. Top-8 countries include China, France, Germany, Italy, Japan, Spain, UK, USA.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4633915/>, Figure 2, AstraZeneca epidemiology data.



Tagrisso: Potential to become 1L SoC

Significant patient benefits, including in CNS



PFS

HR=0.46 / 18.9m

Lower risk of progression or death

OS trend

HR=0.63

Clinically-meaningful OS at only 25% maturity

PFS (CNS)

HR=0.47

Less than half the risk of progression or death for patients with CNS metastases at trial entry

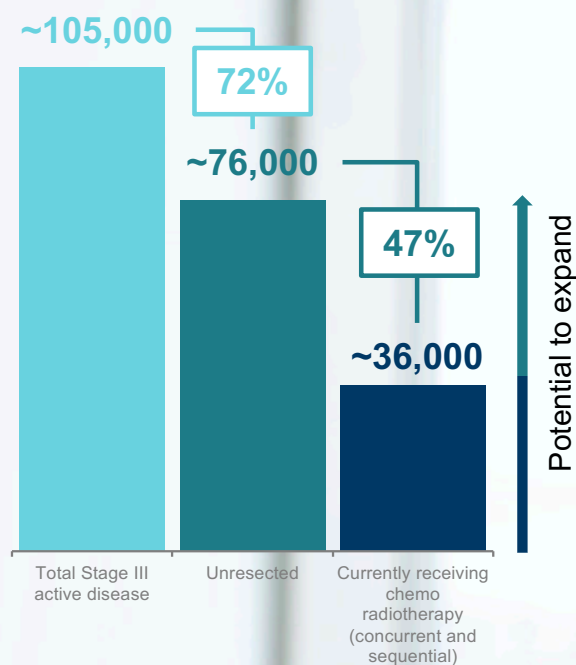


At the first-line diagnosis, potential T790M progression is not known:
Tagrisso has potential to become standard treatment for all 1L EGFRm patients

Source: AstraZeneca epidemiology data for top-8 countries China, France, Germany, Italy, Japan, Spain, UK, USA.
ESMO 2017, abstract LBA2.

Imfinzi: Locally-advanced (Stage III), unresectable NSCLC

New, refreshed epidemiology data shows more unresected patients



~2-3 years
ahead of the closest
competitor

>\$1bn
sales opportunity that
supports return to growth

Source: AstraZeneca epidemiology data for top-7 countries France, Germany, Italy, Japan, Spain, UK, USA and based on external source Kantar 2014-2016.

Oncology: Busy forthcoming news flow

Phase III data readouts and regulatory actions

Regulatory news

‘Continued, strong news flow expected’

Data readouts

		selumetinib thyroid cancer regulatory submission	<i>Imfinzi</i> +/- treme bladder cancer 1L DANUBE regulatory submission
<i>Imfinzi</i> +/- treme lung cancer 3L ARCTIC regulatory submission		moxetumomab leukaemia regulatory submission	<i>Imfinzi</i> +/- treme H&N cancer 2L EAGLE regulatory submission
<i>Imfinzi</i> lung cancer Stage III regulatory submission		acalabrutinib mantle cell lymphoma regulatory decision	<i>Imfinzi</i> +/- treme H&N cancer 1L KESTREL regulatory submission
<i>Tagrisso</i> lung cancer 1L regulatory submission		<i>Lynparza</i> ovarian cancer 1L regulatory submission	<i>Imfinzi</i> +/- treme lung cancer 1L NEPTUNE regulatory submission
<i>Lynparza</i> breast cancer regulatory submission		<i>Lynparza</i> ovarian cancer 2L regulatory decision (EU, JP)	<i>Imfinzi</i> +/- treme lung cancer 1L MYSTIC regulatory submission (final OS)
H2 2017	H1 2018	H2 2018	2019+
<i>Imfinzi</i> +/- treme lung cancer 3L ARCTIC data readout	<i>Lynparza</i> ovarian cancer 1L data readout	<i>Imfinzi</i> +/- treme lung cancer 1L NEPTUNE data readout	<i>Imfinzi</i> lung cancer Stage III data readout (final OS)
moxetumomab leukaemia data readout	<i>Imfinzi</i> lung cancer 1L MYSTIC data readout (final OS)	<i>Imfinzi</i> +/- treme bladder cancer 1L DANUBE data readout	<i>Imfinzi</i> +/- treme lung cancer 1L POSEIDON data readout
	<i>Imfinzi</i> +/- treme H&N cancer 1L KESTREL data readout		<i>Imfinzi</i> lung cancer 1L PEARL data readout
	<i>Imfinzi</i> +/- treme H&N cancer 2L EAGLE data readout		<i>Imfinzi</i> lung cancer ADJUVANT data readout
	selumetinib thyroid cancer data readout		

Status as of 10 September 2017.



Oncology: Our strategic priorities



Q&A



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Investor science event: ESMO 2017

Presentation and webcast for investors and analysts, Madrid, Spain

10 September 2017

