Late-stage pipeline investor science webcast

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

15 December 2016
Forward-looking statement

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Agenda & introduction

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

Participants for Q&A

Oncology
Rob Iannone
Head of Immuno-Oncology, Global Medicines Development
Klaus Edvardsen
Head of Oncology, Global Medicines Development

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

Respiratory
Colin Reisner
Head of Respiratory, Global Medicines Development
Chief Medical Officer, Pearl Therapeutics
Agenda

Introduction

Oncology

Cardiovascular & Metabolic Diseases

Respiratory

Other opportunities

News flow 2017-2018
Key 2016 news flow from late-stage pipeline
Supporting on-going pipeline-driven transformation

2016: Encouraging news flow for patients and company

Regulatory news

Clinical news
# Key Phase III medicines & lifecycle

Rich pipeline across three therapy areas

<table>
<thead>
<tr>
<th>Oncology</th>
<th>Cardiovascular &amp; Metabolic Diseases</th>
<th>Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>durvalumab</strong></td>
<td><strong>ZS-9</strong></td>
<td><strong>benralizumab</strong></td>
</tr>
<tr>
<td>multiple cancers</td>
<td>hyperkalaemia</td>
<td>severe, uncontrolled asthma / COPD</td>
</tr>
<tr>
<td><strong>durva + treme</strong></td>
<td><strong>roxadustat</strong></td>
<td><strong>tralokinumab</strong></td>
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<tr>
<td>multiple cancers</td>
<td>anaemia</td>
<td>severe, uncontrolled asthma</td>
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<tr>
<td><strong>acalabrutinib</strong></td>
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<td><strong>PT010</strong></td>
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<td>blood cancers</td>
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<td>COPD / asthma</td>
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<tr>
<td><strong>moxetumomab</strong></td>
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<tr>
<td>leukaemia</td>
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<td><strong>selumetinib</strong></td>
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<td>thyroid cancer</td>
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<tr>
<td><strong>Lynparza</strong></td>
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<tr>
<td>multiple cancers</td>
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<tr>
<td><strong>Tagrisso</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lung cancer</td>
<td></td>
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</tbody>
</table>

| Other                     |                                     |                           |
| **anifrolumab**           |                                     |                           |
| lupus                     |                                     |                           |
| **AZD3293**               |                                     |                           |
| Alzheimer’s disease       |                                     |                           |

1. Under regulatory review in major jurisdiction  
2. Life-cycle development programme  
Status as of 14 December 2016
Key Phase III medicines & lifecycle
Rich pipeline across three therapy areas

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<td>ZS-9(^1) hyperkalaemia</td>
<td>benralizumab severe, uncontrolled asthma / COPD</td>
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<tr>
<td>selumetinib thyroid cancer</td>
<td></td>
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</tr>
<tr>
<td>Lynparza(^2) multiple cancers</td>
<td></td>
<td></td>
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<tr>
<td>Tagrisso(^1,2) lung cancer</td>
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</tbody>
</table>

Other

| anifrolumab lupus | AZD3293 Alzheimer’s disease |

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1. Under regulatory review in major jurisdiction  
2. Life-cycle development programme  
Status as of 14 December 2016
Agenda

Introduction

Oncology

Cardiovascular & Metabolic Diseases

Respiratory

Other opportunities

News flow 2017-2018
Lynparza
First-in-class medicine with differentiated development programme

Ovarian cancer

Study 19

Long-term survival benefit significantly established in BRCA-mutated metastatic ovarian cancer

- Lynparza: 34.9 months
- Placebo: 30.2 months
- HR=0.62
- 95% CI 0.41-0.94
- Nominal P=0.02480

“…median PFS in the Lynparza arm of SOLO-2 substantially exceeded that observed in the Phase II maintenance study in patients with platinum-sensitive relapsed ovarian cancer (Study 19).”

“…safety profile with Lynparza tablets was consistent with previous studies.”

SOLO-2 to be presented at forthcoming medical meeting

Source: ASCO 2016, abstract 5501

SOLO-2

News Release
Regulatory News Service

This announcement contains inside information
26 October 2016 07:00

LYNPARZA PHASE III SOLO-2 TRIAL SHOWS SIGNIFICANT PROGRESSION-FREE SURVIVAL BENEFIT

Trial studied Lynparza as maintenance treatment for women with BRCA-mutated metastatic ovarian cancer

Initial findings show safety profile with Lynparza tablets was consistent with previous studies

Development programme

Phase III data readouts / anticipated

PROFOUND* prostate cancer

PAOLA bevacizumab combination ovarian cancer

POLO pancreatic cancer

GOLD gastric cancer

OlympiAD metastatic breast cancer

OlympiA adjuvant BC

Lynparza + AZD6738 (ATR)

Lynparza + AZD2811 (Aurora B kinase)

Lynparza + AZD1775 (Wee-1)

Lynparza + AZD0156 (ATM)

2016 2017 2018+

*New to Phase III

Five-year overall survival (OS) 15%

Five-year OS at 15%
Non-small cell lung cancer (NSCLC)
Potential to benefit the majority of patients

Typical non-Asian NSCLC-patient segmentation

Typical Asian NSCLC-patient segmentation

Tagrisso, durvalumab and durva + treme:
Unique opportunities to benefit NSCLC patients and create significant value

Source: AstraZeneca epidemiology data
**Tagrisso**

First randomised Phase III trial to demonstrate superiority

**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>Median PFS, months (95% CI)</td>
<td>10.1 (8.3; 12.3)</td>
<td>4.4 (4.2; 5.6)</td>
</tr>
<tr>
<td>HR (95% CI)</td>
<td>0.30 (0.23; 0.41)</td>
<td>p&lt;0.001</td>
</tr>
</tbody>
</table>

**Regulatory submission status**

US ✔ EU ✔

Priority Review granted

---

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

PFS HR 0.30 (95% CI 0.23; 0.41), p<0.001; median PFS 10.1 vs. 4.4 months
Tagrisso
Expanding beyond 2L T790M to 1L EGFRm

Tagrisso crosses the blood-brain barrier

- The only EGFR tyrosine kinase inhibitor to cross the blood-brain barrier at any significant level
- Brain metastases significant unmet medical need and often driving disease progression

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Brain to blood ratio AUC$_{0-90}$ min (corrected for radioactivity in cerebral blood)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$[^{11}]$C Tagrisso (N=3)</td>
<td>2.6 ± 1.4</td>
</tr>
<tr>
<td>$[^{11}]$C CO-1686 (N=2)</td>
<td>0.025</td>
</tr>
<tr>
<td>$[^{11}]$C gefitinib (N=2)</td>
<td>0.28</td>
</tr>
</tbody>
</table>

AUC = Area Under Curve

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: AstraZeneca data on file
Source: ELCC 2016, abstract LBA1_PR
Tagrisso
Improving lives of patients with EGFRm lung cancer

Unprecedented speed

<table>
<thead>
<tr>
<th></th>
<th>2016 milestones</th>
<th>Development programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approvals</td>
<td>2016 milestones</td>
<td>2016</td>
</tr>
<tr>
<td>- Feb - T790M</td>
<td>2016</td>
<td>H2 2017</td>
</tr>
<tr>
<td>(EU)</td>
<td></td>
<td>2020+</td>
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<tr>
<td>- Mar - 2L T790M (JP)</td>
<td></td>
<td></td>
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<tr>
<td>- Sep - ctDNA^2 (US)</td>
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<tr>
<td>Regulatory submission</td>
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<tr>
<td>- Q3 - 2L T790M (CN)</td>
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<tr>
<td>- Q4 - AURA3 (US)</td>
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<td></td>
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<tr>
<td>- Q4 - AURA3 (EU)</td>
<td></td>
<td></td>
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<tr>
<td>Data readout</td>
<td></td>
<td></td>
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<tr>
<td>- Jul - AURA3 high-level results</td>
<td></td>
<td></td>
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</tbody>
</table>

Approved in key markets within six months

Earlier lines of EGFRm NSCLC

1. FPD = First Patient Dosed
2. cobas® EGFR Mutation Test v2 (US-IVD)
Durvalumab and durva + treme
Efficacy well established in NSCLC

Monotherapy - Study 1108 - NSCLC 1L cohort

Dynamic internal data

Study 1108 (durvalumab monotherapy, multiple cancers), n=1,014
- NSCLC cohorts across 1L, 2L, 3L+
- 2016 data presentations at ASCO and ESMO
- Data maturity now allows for survival assessment

Study 006 (durva + treme), n=460
- Three expansion cohorts beyond original trial
- 2016 data publication in *The Lancet Oncology*
- Data maturity does not yet allow for survival assessment

Efficacy across all patients; in PD-L1 expression >25%: OS 80% at six months; 71% at 12 months

Dynamic data informs MYSTIC and other trials

Source: ESMO 2016, abstract 1216PD (overall survival data are not mature yet for 1L patients)
Durvalumab and durva + treme
NSCLC 1L MYSTIC trial provides optionality along key parameters

PD-L1+

PFS
durvalumab and durva + treme

OS

All Comers

Antibody blocking inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity.
Durvalumab
Bladder cancer potential first approval Q2 2017

First-ever BLA\(^1\) submission for AstraZeneca

**Proposed indication**
- Patients with locally advanced or metastatic urothelial carcinoma (UC) whose disease has progressed during or after one standard platinum-based regimen

**Clinical trials**
- BLA based on the results of the UC cohort of Study 1108
- Phase III DANUBE trial data anticipated 2018
  
  Randomised, controlled durva +/- treme in 1L treatment of patients with metastatic UC, regardless of cisplatin-based chemotherapy eligibility

**PDUFA date** Q2 2017

\(^1\) BLA = Biologics License Application (US FDA)
## Durvalumab and durva + treme

### Key Phase III news flow; H1 2017 key to success

<table>
<thead>
<tr>
<th>Bladder cancer (UC¹)</th>
<th>Head &amp; neck cancer (HNSCC²)</th>
<th>Lung cancer (NSCLC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MYSTIC 1L (PFS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ARCTIC 3L PD-L1 neg.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PACIFIC Stage III unresectable</td>
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<tr>
<td></td>
<td></td>
<td>NEPTUNE 1L (final OS)</td>
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<tr>
<td></td>
<td></td>
<td>ADJUVANT Adjuvant</td>
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<tr>
<td></td>
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<td>H1 2017</td>
</tr>
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<td></td>
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<td>H2 2017</td>
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<tr>
<td></td>
<td></td>
<td>2018</td>
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<tr>
<td></td>
<td></td>
<td>2018+</td>
</tr>
</tbody>
</table>

1. Urothelial Carcinoma  
2. Head & Neck Squamous Cell Carcinoma
Acalabrutinib
Differentiated and potential best-in-class BTK inhibitor

ASH 2016: Acalabrutinib efficacy and safety confirmed in difficult-to-treat patients (ibrutinib intolerant, Richter’s transformation)

<table>
<thead>
<tr>
<th>R/R CLL*: ASH 2015</th>
<th>FL CLL*: ASCO 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n (%)</strong></td>
<td><strong>n (%)</strong></td>
</tr>
<tr>
<td><strong>All cohorts</strong></td>
<td><strong>All cohorts</strong></td>
</tr>
<tr>
<td>(n=72)</td>
<td>(n=72)</td>
</tr>
<tr>
<td>CR</td>
<td>CR</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>PR</td>
<td>PR</td>
</tr>
<tr>
<td>51 (85)</td>
<td>63 (88)</td>
</tr>
<tr>
<td>PR+L</td>
<td>PR+L</td>
</tr>
<tr>
<td>6 (10)</td>
<td>7 (10)</td>
</tr>
<tr>
<td>SD</td>
<td>SD</td>
</tr>
<tr>
<td>3 (5)</td>
<td>2 (3)</td>
</tr>
<tr>
<td>PD</td>
<td>PD</td>
</tr>
<tr>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>ORR (CR + PR)</strong></td>
<td><strong>ORR (CR + PR)</strong></td>
</tr>
<tr>
<td>51 (85%)</td>
<td>63 (88%)</td>
</tr>
<tr>
<td><strong>ORR (CR + PR + PRL)</strong></td>
<td><strong>ORR (CR + PR + PRL)</strong></td>
</tr>
<tr>
<td>57 (95%)</td>
<td>70 (97%)</td>
</tr>
</tbody>
</table>

PR+L = Partial Response with Lymphocytosis
ORR in del17p: 100%
*Investigator-assessed; based on modified IWCLL 2008

Upcoming news flow

<table>
<thead>
<tr>
<th>Indication</th>
<th>Line of therapy; trial design</th>
<th>Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relapsed/refractory</td>
<td>acalabrutinib vs. ibrutinib</td>
<td>III</td>
</tr>
<tr>
<td>Relapsed/refractory</td>
<td>acalabrutinib vs. investigator's choice of idelalisib plus rituximab or bendamustine plus rituximab</td>
<td>III</td>
</tr>
<tr>
<td>Relapsed/refractory</td>
<td>acalabrutinib vs. ibrutinib-intolerent acalabrutinib</td>
<td>II</td>
</tr>
<tr>
<td>Relapsed/refractory</td>
<td>acalabrutinib</td>
<td>II</td>
</tr>
<tr>
<td>Relapsed/refractory</td>
<td>acalabrutinib</td>
<td>Ib/Ii</td>
</tr>
</tbody>
</table>

• Early monotherapy and combination trials in Richter's transformation, DLBCL, FL, MM
• Monotherapy and combination trials in multiple solid tumours (pancreatic, bladder, ovarian cancers; NSCLC, HNSCC and GBM)

Potential pivotal Phase II data anticipated H1 2017

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

Introduction
Oncology
Cardiovascular & Metabolic Diseases
Respiratory
Other opportunities
News flow 2017-2018
# Cardiovascular & Metabolic Diseases strategy

Reducing cardiovascular morbidity, mortality and organ damage by addressing multiple risk factors

## Cardiovascular
- CHD/ACS
- Dyslipidaemia
- Heart failure

## Metabolic
- Diabetes
- Obesity

## Chronic Kidney Disease
- Disease progression
- Symptomatic treatment

### Regeneration
- Heart
- Beta cell
- Kidney

### Pipeline
- Roxadustat
- ZS-9 (sodium zirconium cyclosilicate)
**Refocusing on coronary disease after two recent disappointments**

### Phase III SOCRATES

*Brilinta* versus aspirin in Acute Ischemic Stroke (AIS) or Transient Ischemic Attack (TIA)

- *Brilinta* 90mg twice daily compared to aspirin 100mg once daily
- Fewer events were observed with *Brilinta*; however, the trend did not reach statistical significance; safety was consistent with the known profile of *Brilinta*

### Phase III EUCLID

*Brilinta* versus clopidogrel in symptomatic Peripheral Artery Disease (PAD)

- *Brilinta* 90mg twice daily compared to clopidogrel 75mg once daily
- Primary endpoint of superiority over clopidogrel was not met; safety was consistent with the known profile of *Brilinta*

### Phase III THEMIS

*Brilinta* versus placebo in type-2 diabetes and coronary artery disease, no history of MI/stroke

- **Type-2 diabetics at high-risk of CV events (n=19,200)**
  - *Brilinta* 60mg twice daily
  - Placebo

**Inclusion criteria**

| Age ≥ 50 years | Prior MI or prior stroke |
| ≥ 6 months glucose-lowering drug treatment | Scheduled intervention |
| At high risk of CV events |

**Exclusion criteria**

- Prior MI or prior stroke
- Scheduled intervention
- At high risk of CV events

**Primary endpoint composite of CV death, non-fatal MI and non-fatal stroke**

**Data anticipated 2018**


Source: AstraZeneca data on file
**Farxiga**

Backbone of the diabetes franchise

---

**DURATION-8**  
*Farxiga + Bydureon*

- **Significantly lowered blood glucose (A1c) and weight at week 28**  
- **Benefit in weight has not yet plateaued; upcoming data at 52, 104 weeks**

---

**Commitment to Farxiga**

**DECLARE cardiovascular outcomes trial**
- Fully recruited: ~10,000 patients with no prior index event (primary prevention) and ~7,000 patients who have suffered an index event (secondary prevention)

**Additional Phase III outcomes trials**
- Chronic kidney disease (CKD); estimated completion 2021
- Chronic heart failure; estimated completion 2021

**DECLARE anticipated 2019 or earlier**

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Bydureon
Innovation to re-energise potential in type-2 diabetes

<table>
<thead>
<tr>
<th>New device</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase III trials to support regulatory submission</td>
</tr>
<tr>
<td>- DURATION-NEO 1</td>
</tr>
<tr>
<td>- DURATION-NEO 2</td>
</tr>
<tr>
<td>Regulatory submission H1 2017</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Single-dose tray</th>
<th>Dual-chamber pen</th>
<th>Single-chamber auto-injector</th>
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<tbody>
<tr>
<td>2010</td>
<td>2014</td>
<td>2017</td>
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</tbody>
</table>

EXSCEL cardiovascular outcomes trial anticipated 2018 or earlier
ZS-9 (sodium zirconium cyclosilicate)
Potential best-in-class treatment for hyperkalaemia

Disease burden and unmet medical need

40-50%
patients with chronic kidney disease have hyperkalaemia¹

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

Differentiated medicine

- Non-systemically absorbed
- Odourless, tasteless 5-10g once a day
- Onset of action one hour
- No significant drug-drug interaction
- Long-term stability at room temperature

Regulatory status

US
- Q3 2016: Regulatory resubmission accepted
- Q1 2017: Anticipated regulatory decision

EU
- Regulatory submission accepted and under review
- H1 2017: Anticipated regulatory decision

**Roxadustat**
Potential first-in-class oral HIF-PHD inhibitor for anaemia in CKD and end-stage renal disease

### Phase III development programme

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

### Regulatory status

**CN**
- Q4 2016: Rolling submission
- Fibrogen utilising domestic regulatory process

**US**
- Submission to include pooled safety data from all trials
- 2018: Anticipated regulatory submission

**Additional potential in cancer-induced anaemia**
Phase III trial go-decision in anaemia of MDS¹

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1. MDS = Myelodysplastic Syndrome
Partnersed with Fibrogen, Astellas
Agenda

Introduction

Oncology

Cardiovascular & Metabolic Diseases

Respiratory

Other opportunities

News flow 2017-2018
# Respiratory
Expanding to encompass more treatment guideline steps

<table>
<thead>
<tr>
<th>Preferred controller choice</th>
<th>Other options</th>
<th>Reliever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Consider low-dose ICS</td>
<td>As-needed short-acting beta₂-agonist (SABA)</td>
</tr>
<tr>
<td>Step 2</td>
<td>Leukotriene receptor antagonist (LTRA) Low-dose theophylline</td>
<td>As-needed SABA or low-dose ICS/formoterol#</td>
</tr>
<tr>
<td>Low-dose ICS</td>
<td>Med/high ICS Low-dose ICS + LTRA (or +theoph*)</td>
<td>Add low-dose OCS</td>
</tr>
<tr>
<td>Low-dose ICS/LABA**</td>
<td>Add tiotropium† High-dose ICS + LTRA (or +theoph*)</td>
<td>Refer for add-on treatment e.g. novel biologics</td>
</tr>
<tr>
<td>Med/High ICS/LABA</td>
<td>AstraZeneca today</td>
<td>AstraZeneca from 2017-2018</td>
</tr>
</tbody>
</table>

Source: Global Initiative For Asthma (GINA), Global strategy for asthma management and prevention, http://ginasthma.org
Benralizumab
Targeted, anti-eosinophil medicine

315 million
patients suffer from asthma worldwide

1 in 10 patients
with asthma have severe asthma, requiring
high-dose ICS-based therapy plus other
asthma medicines

Phase III data delivered differentiated profile in patients
with severe, uncontrolled asthma with an eosinophilic
phenotype\(^1,2\)

Annual asthma exacerbation rate

Five Phase III trials have reported: BISE, CALIMA, SIROCCO, GREGALE (safety), ZONDA
1. FitzGerald JM et al. Efficacy and safety of benralizumab for patients with severe asthma... (CALIMA)
2. FitzGerald JM et al. Efficacy and safety of benralizumab for patients with severe asthma... (SIROCCO). The Lancet September 2016

ZONDA ICS-sparing trial to be presented 2017
Other respiratory medicines
Portfolio to provide expanded options for patients

Tralokinumab
Potential first-in-class anti IL-13 for severe, uncontrolled asthma

- Specifically blocks IL-13 (a central mediator of disease in ~50% of severe, uncontrolled asthma patients)
- Novel biomarkers (periostin and DPP4)

First Phase III data anticipated
H2 2017

PT010
Fixed-dose combination medicine for COPD and asthma

40-50%\(^1\)
of ICS/LABA-treated patients receive an add-on LAMA in GOLD C/D

10-20%\(^2\)
LAMA add-on therapy in moderate/severe asthma is increasing

First Phase III data anticipated
H2 2017

Tezepelumab
Anti-thymic stromal lymphopoeitin (TSLP) for moderate to severe asthma

- TSLP critical in asthma induction and persistence
- Expressed by airway epithelium in response to allergens, viruses and pathogens
- Potential to modulate both Th2 and non-Th2 immunology
- Significant unmet need remains in eosinophil-low patients

Phase IIb data data anticipated
2017

Source: AstraZeneca epidemiology data
1. AstraZeneca data on file
2. Adelphi 2015 EU5+US

Partnered with Amgen
Agenda

Introduction

Oncology

Cardiovascular & Metabolic Diseases

Respiratory

Other opportunities

News flow 2017-2018
Anifrolumab
Development programme in lupus enrolling well

Delivering benefits to patients

Day 1

Day 281

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

- Placebo
- 300mg
- 1,000mg

All patients N=305
IFN high N=229 (75%)
IFN low N=76 (25%)

<table>
<thead>
<tr>
<th></th>
<th>300mg</th>
<th>1,000mg</th>
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<tbody>
<tr>
<td>Delta</td>
<td>26.0%</td>
<td>13.0%</td>
<td>32.3%</td>
<td>18.8%</td>
<td>7.7%</td>
<td>-3.8%</td>
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<tr>
<td>OR^1</td>
<td>3.08</td>
<td>1.84</td>
<td>4.3</td>
<td>2.52</td>
<td>1.47</td>
<td>0.89</td>
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<tr>
<td>90% CI</td>
<td>(1.86; 5.09)</td>
<td>(1.11; 3.04)</td>
<td>(2.34; 7.91)</td>
<td>(1.37; 4.64)</td>
<td>(0.55; 3.93)</td>
<td>(0.3; 2.35)</td>
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<tr>
<td>P</td>
<td>&lt;0.001</td>
<td>0.948</td>
<td>&lt;0.001</td>
<td>0.013</td>
<td>0.514</td>
<td>0.849</td>
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</tbody>
</table>

Phase III SLE programme ongoing

- First patient completed; now in three-year extension trial
- 2018: Phase III data anticipated
- 2019: Regulatory submission

Life-cycle management programme

- Lupus nephritis trial enrolling (Phase II)
- Subcutaneous administration trial completed (Phase I)

Phase III data anticipated 2018
Regulatory submission 2019

1. OR = Odds Ratio
AZD3293 (BACEi)
Alzheimer's disease programme and partnership on track

Patients with Alzheimer's disease
Cerebral spinal fluid (CSF) amyloid beta (Aβ) peptides

Development programme
- April 2016: Phase II AMARANTH trial passed safety review; continued to Phase III
- Ongoing Phase III trials
  - AMARANTH (early Alzheimer's Disease)
  - DAYBREAK-ALZ (mild Alzheimer's Disease)
- FDA Fast Track Designation

Phase III data anticipated 2019
Regulatory submission 2020

Source: AstraZeneca data on file
Partnered with Eli Lilly and Company
Agenda

Introduction
Oncology
Cardiovascular & Metabolic Diseases
Respiratory
Other opportunities

News flow 2017-2018
Unlocking and realising potential of new medicine

Late-stage pipeline news flow 2017 & 2018

<table>
<thead>
<tr>
<th>Regulatory decisions</th>
<th>H1 2017</th>
<th>H2 2017</th>
<th>2018</th>
</tr>
</thead>
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<tr>
<td><strong>Faslodex</strong> - breast cancer (1L) (JP)</td>
<td><strong>Tagrisso</strong> - lung cancer (CN)</td>
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<td><strong>benralizumab</strong> - severe, uncontrolled asthma (EU)</td>
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<td><strong>saxa/dapa</strong> - type-2 diabetes (US)</td>
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<td><strong>ZS-9</strong> - hyperkalaemia (US, EU)</td>
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<td><strong>brodalumab</strong> - psoriasis (US, EU)</td>
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<td><strong>Lynparza</strong> - breast cancer</td>
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<tr>
<td><strong>acalabrutinib</strong> - blood cancer (US)¹</td>
<td><strong>durvalumab</strong> - lung cancer (PACIFIC) (US)</td>
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<td><strong>Bydureon</strong> - autoinjector (US)</td>
<td><strong>durva +/- treme</strong></td>
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<td><strong>Bevespi</strong> - COPD (EU)</td>
<td>- lung cancer (MYSTIC)</td>
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<td>- lung cancer (ARCTIC)</td>
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1. Potential fast-to-market opportunity ahead of randomised, controlled trials
2. AstraZeneca-sponsored trial

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1. **Potential fast-to-market opportunity ahead of randomised, controlled trials**
2. **AstraZeneca-sponsored trial**
Q&A