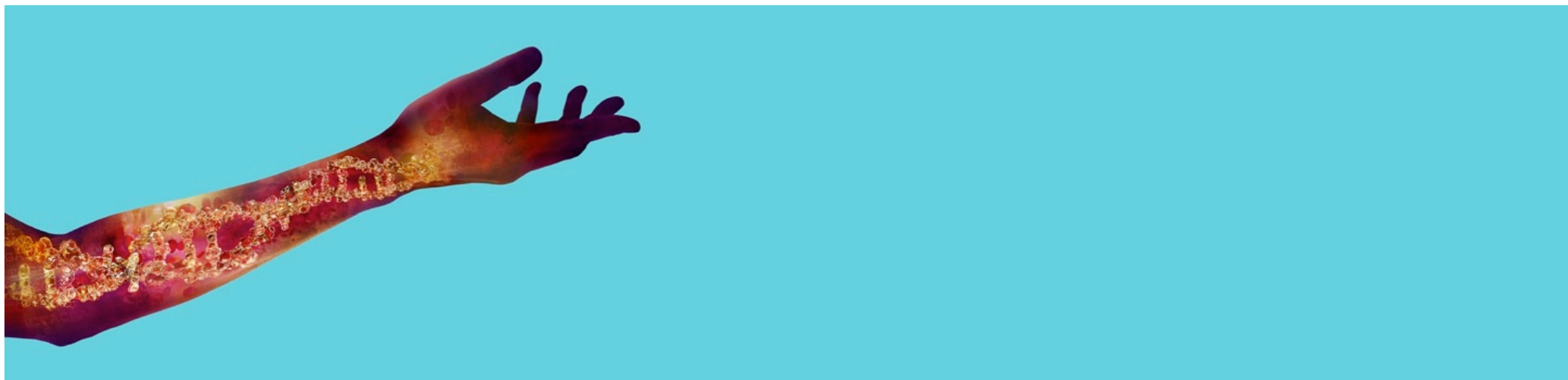


# Late-stage pipeline investor science webcast

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

15 December 2016



# Forward-looking statement

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; the risk of substantial adverse litigation/government investigation claims and insufficient insurance coverage; effects of patent litigation in respect of IP rights; exchange rate fluctuations; the risk that R&D will not yield new products that achieve commercial success; the risk that strategic alliances and acquisitions, including licensing and collaborations, will be unsuccessful; the impact of competition, price controls and price reductions; taxation risks; the risk of substantial product liability claims; 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 of delay to new product launches; the difficulties of obtaining and maintaining regulatory approvals for products; 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 risk that new products do not perform as we expect; failure to achieve strategic priorities or to meet targets or expectations; 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 risk of misuse of social medial platforms and new technology; the risks associated with developing our business in emerging markets; the risk of illegal trade in our products; the risks from pressures resulting from generic competition; the risk of failure to successfully implement planned cost reduction measures through productivity initiatives and restructuring programmes; economic, regulatory and political pressures to limit or reduce the cost of our products; the risk that regulatory approval processes for biosimilars could have an adverse effect on future commercial prospects; the impact of failing to attract and retain key personnel and to successfully engage with our employees; the impact of increasing implementation and enforcement of more stringent anti-bribery and anti-corruption legislation; and the risk of failure of information technology and cybercrime. Nothing in this presentation / webcast should be construed as a profit forecast.



# Agenda & introduction

## Presenter



**Sean Bohen**

Executive Vice President,  
Global Medicines Development  
and Chief Medical Officer

## 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

## Participants for Q&A



# Agenda

## Introduction

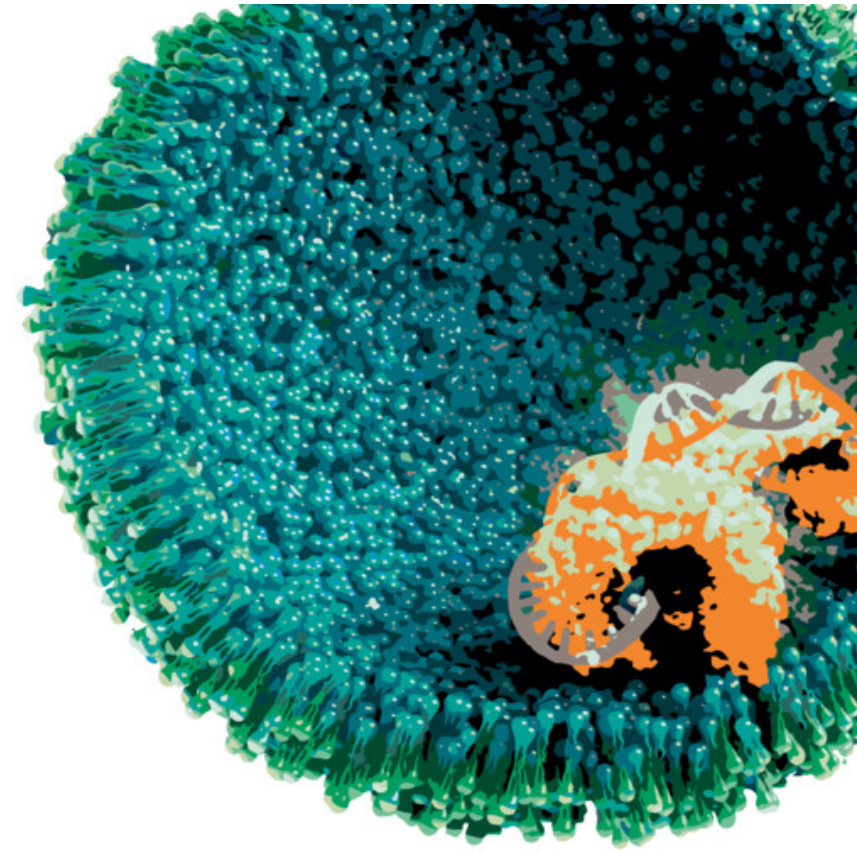
Oncology

Cardiovascular & Metabolic Diseases

Respiratory

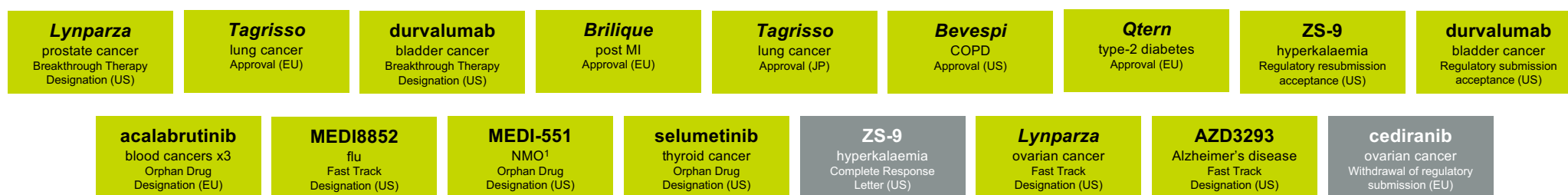
Other opportunities

News flow 2017-2018



# Key 2016 news flow from late-stage pipeline

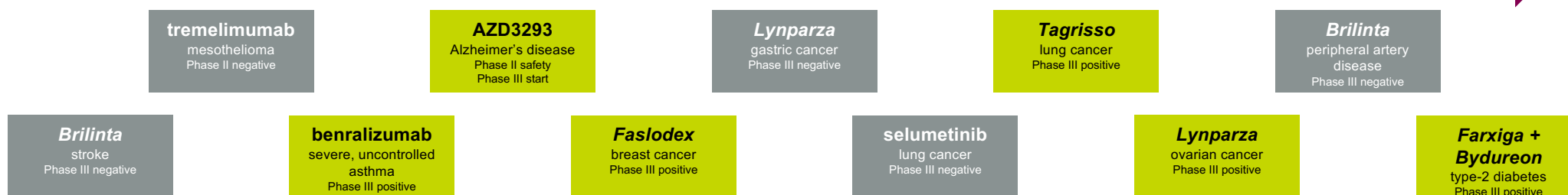
## Supporting on-going pipeline-driven transformation



Regulatory news

**2016: Encouraging news flow for patients and company**

Clinical news



1. NMO = Neuromyelitis Optica  
Status as of 14 December 2016

■ Favourable ■ Unfavourable



# Key Phase III medicines & lifecycle

## Rich pipeline across three therapy areas

Oncology
<b>durvalumab<sup>1</sup></b> multiple cancers
<b>durva + treme</b> multiple cancers
<b>acalabrutinib</b> blood cancers
<b>moxetumomab</b> leukaemia
<b>selumetinib</b> thyroid cancer
<b>Lynparza<sup>2</sup></b> multiple cancers
<b>Tagrisso<sup>1,2</sup></b> lung cancer

Cardiovascular & Metabolic Diseases
<b>ZS-9<sup>1</sup></b> hyperkalaemia
<b>roxadustat</b> anaemia

Other
<b>anifrolumab</b> lupus
<b>AZD3293</b> Alzheimer's disease

Respiratory
<b>benralizumab</b> severe, uncontrolled asthma / COPD
<b>tralokinumab</b> severe, uncontrolled asthma
<b>PT010</b> COPD / asthma

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

Primary focus today

Oncology
<b>durvalumab<sup>1</sup></b> multiple cancers
<b>durva + treme</b> multiple cancers
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# Agenda

Introduction

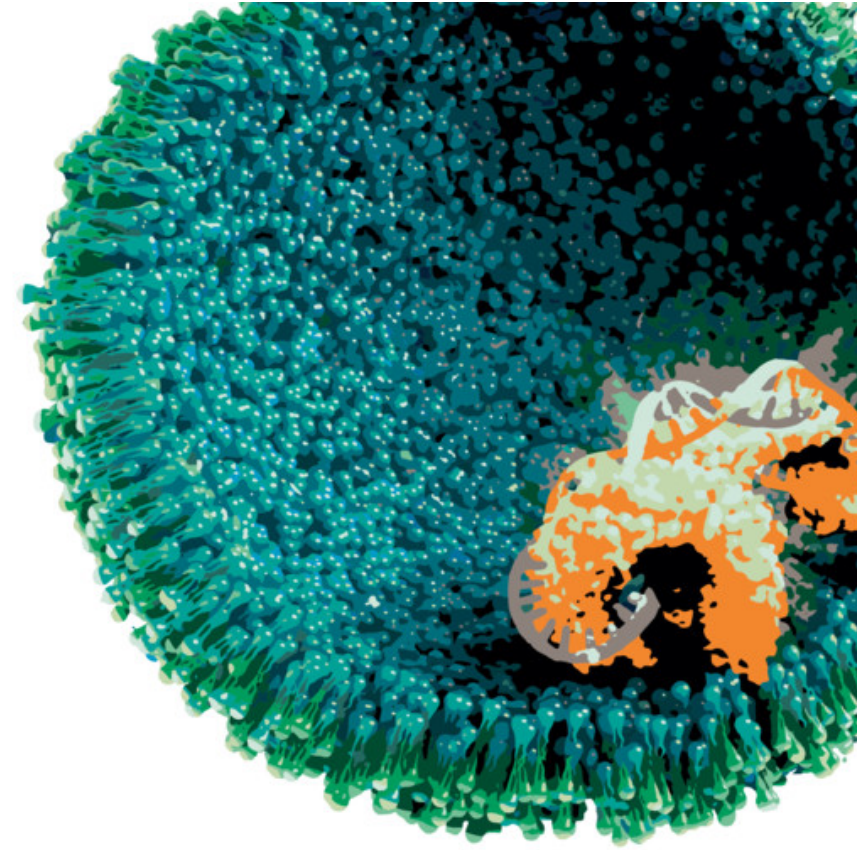
**Oncology**

Cardiovascular & Metabolic Diseases

Respiratory

Other opportunities

News flow 2017-2018





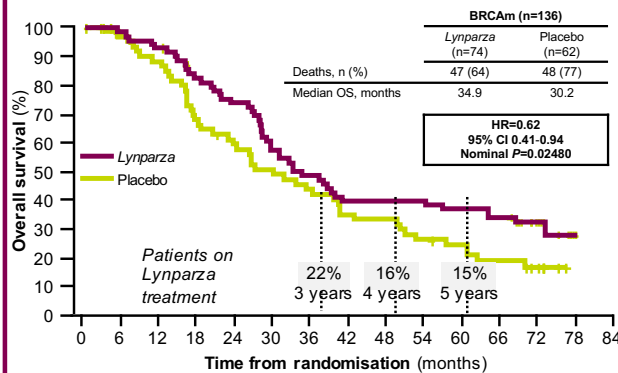
# Lynparza

## First-in-class medicine with differentiated development programme

### Ovarian cancer

#### Study 19

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



**Five-year overall survival (OS) 15%**

#### 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*

*"...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**

### Development programme

Phase III data readouts / anticipated

			PROFOUND* prostate cancer
		PAOLA bevacizumab combination ovarian cancer	Lynparza + AZD6738 (ATR)
		POLO pancreatic cancer	Lynparza + AZD2811 (Aurora B kinase)
GOLD gastric cancer	X OlympiAD metastatic breast cancer	OlympiA adjuvant BC	Lynparza + AZD1775 (Wee-1)
SOLO-2 2L BRCAm PSR ovarian cancer	✓ SOLO-1 1L BRCAm ovarian cancer	SOLO-3 3L+ gBRCAm PSR ovarian cancer	Lynparza + AZD0156 (ATM)
2016	2017	2018+	

\*New to Phase III

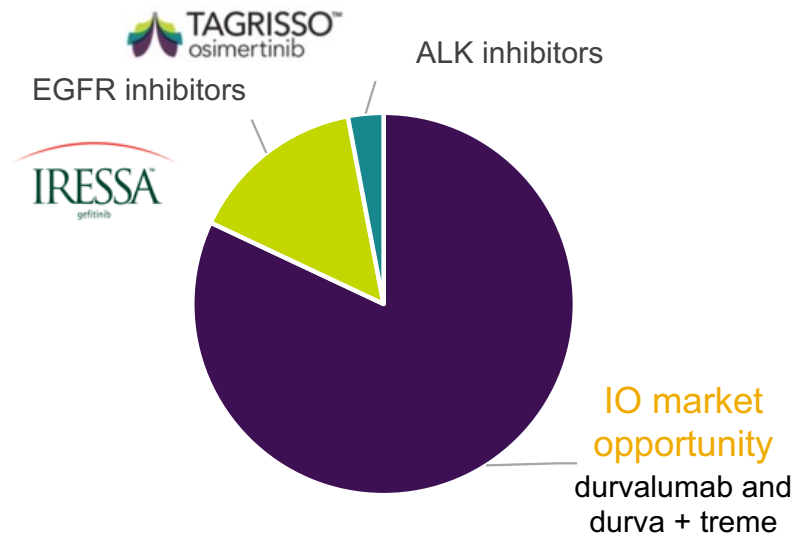
Source: ASCO 2016, abstract 5501



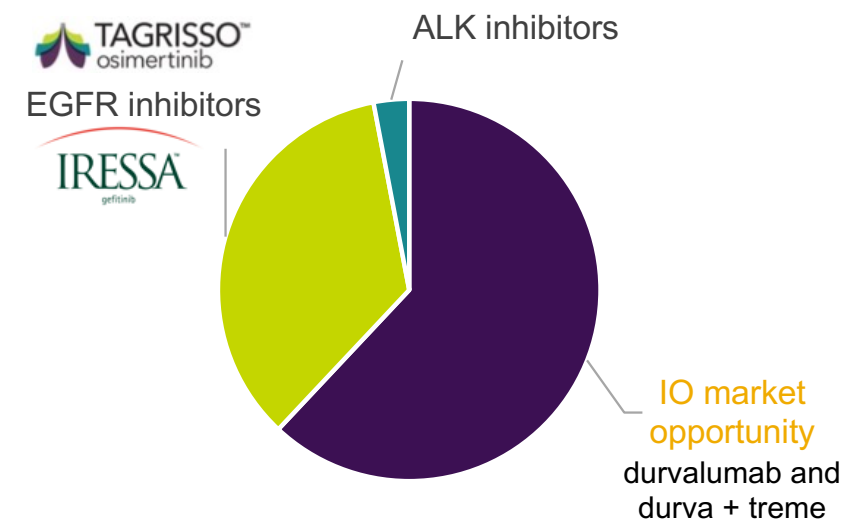
# Non-small cell lung cancer (NSCLC)

## Potential to benefit the majority of patients

Typical non-Asian NSCLC-patient segmentation



Typical Asian NSCLC-patient segmentation



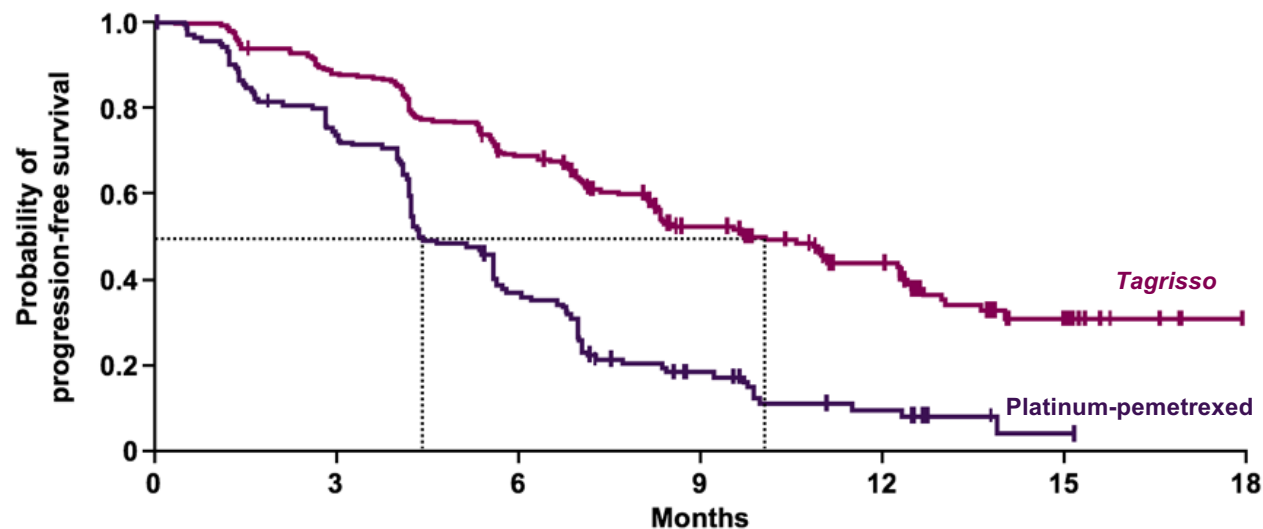
**Tagrisso, durvalumab and durva + treme:**  
Unique opportunities to benefit NSCLC patients and create significant value



# Tagrisso

## First randomised Phase III trial to demonstrate superiority

**AURA3 - 2L T790M NSCLC**  
Investigator assessment<sup>1</sup>



**PFS HR 0.30 (95% CI 0.23; 0.41), p<0.001; median PFS 10.1 vs. 4.4 months**

PFS by investigator	Tagrisso (N=279)	Chemo (N=140)
Median PFS, months (95% CI)	10.1 (8.3; 12.3)	4.4 (4.2; 5.6)
HR (95% CI)	0.30 (0.23; 0.41) p<0.001	

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



# 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

Medicine	Brain to blood ratio $AUC_{0-90 \text{ min}}$ (corrected for radioactivity in cerebral blood)
[ $^{11}\text{C}$ ] Tagrisso (N=3)	$2.6 \pm 1.4$
[ $^{11}\text{C}$ ] CO-1686 (N=2)	0.025
[ $^{11}\text{C}$ ] gefitinib (N=2)	0.28

AUC = Area Under Curve

**AURA3: Similar PFS hazard ratio in patients with or without brain metastases**

### 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

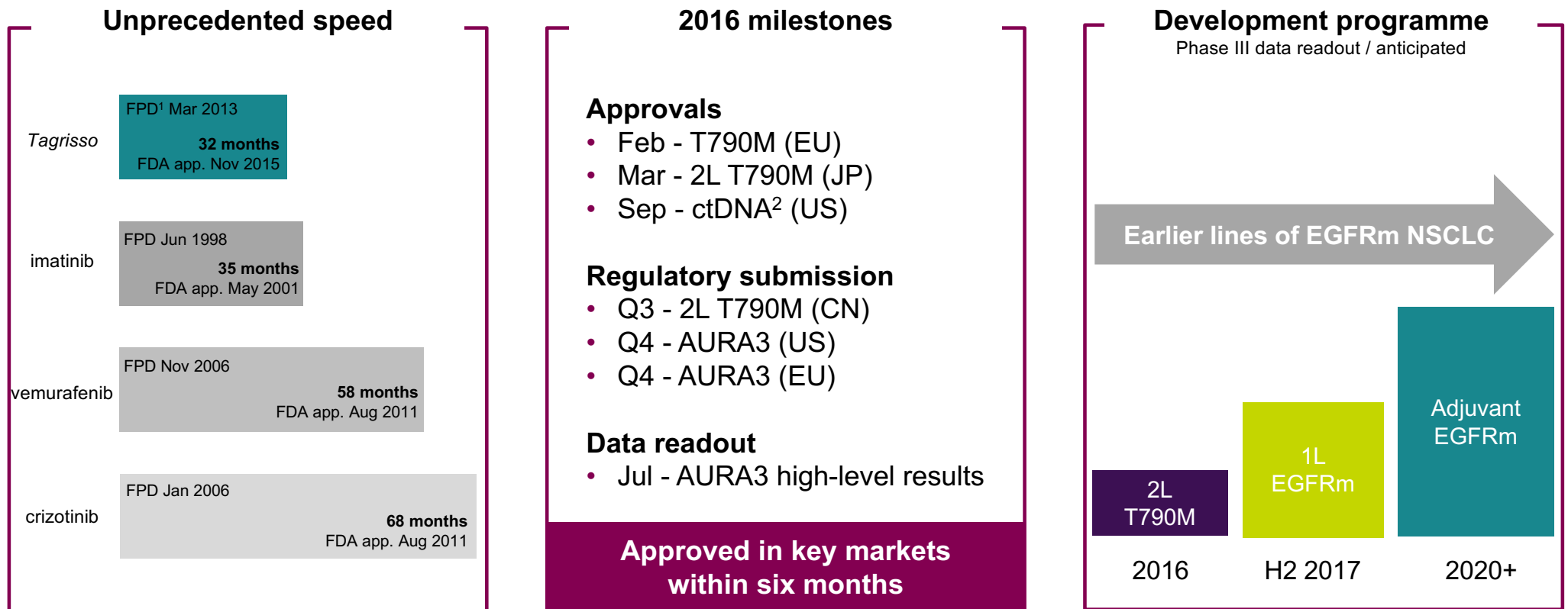
Source: AstraZeneca data on file

Source: ELCC 2016, abstract LBA1\_PR



# Tagrisso

## Improving lives of patients with EGFRm lung cancer



1. FPD = First Patient Dosed

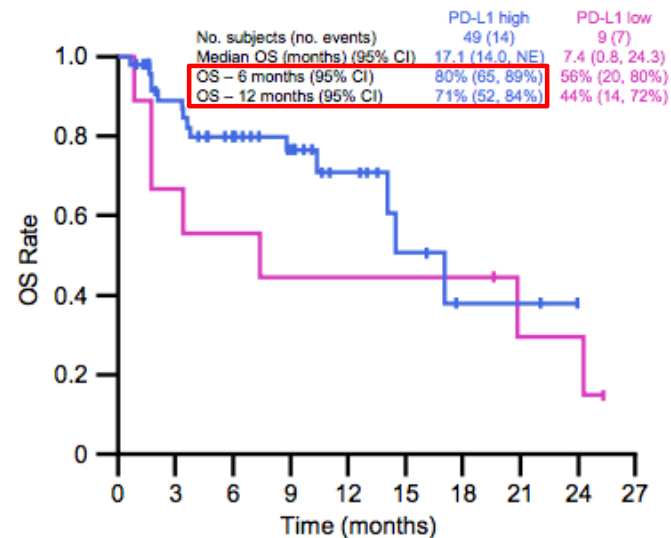
2. cobas® EGFR Mutation Test v2 (US-IVD)



# Durvalumab and durva + treme

## Efficacy well established in NSCLC

### Monotherapy - Study 1108 - NSCLC 1L cohort



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

### 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

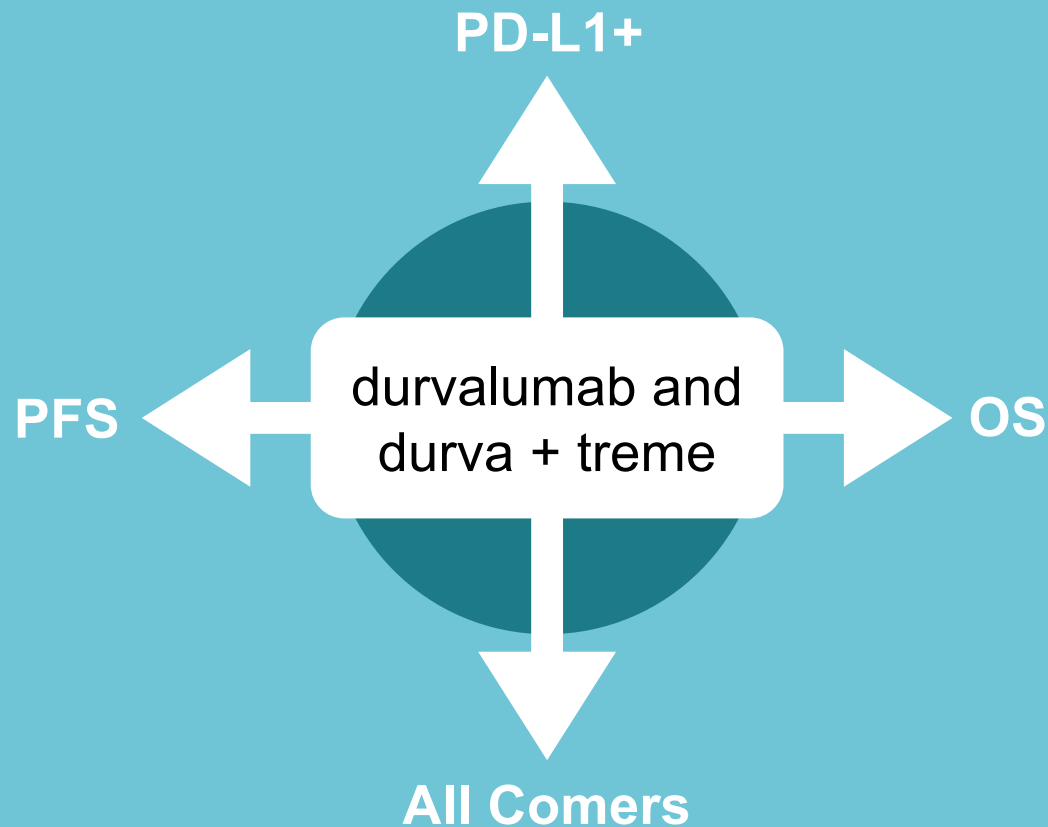
Dynamic data informs MYSTIC and other trials

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





# Durvalumab

## Bladder cancer potential first approval Q2 2017

### First-ever BLA<sup>1</sup> 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

<div> <div></div> = durvalumab         <div></div> = durva +/- treme         <div>✓</div> = fully recruited       </div>				
Bladder cancer (UC <sup>1</sup> )			DANUBE 1L	
Head & neck cancer (HNSCC <sup>2</sup> )		KESTREL 1L	EAGLE 2L	
Lung cancer (NSCLC)	MYSTIC 1L (PFS) ✓		MYSTIC 1L (final OS) ✓	
	ARCTIC 3L PD-L1 neg. ✓	PACIFIC Stage III unresectable ✓	NEPTUNE 1L (final OS)	ADJUVANT Adjuvant
	H1 2017	H2 2017	2018	2018+
Potential leadership in IO & IO-IO combinations across multiple cancer types				

1. Urothelial Carcinoma

2. Head & Neck Squamous Cell Carcinoma



# Acalabrutinib

## Differentiated and potential best-in-class BTK inhibitor

### R/R CLL\*: ASH 2015

n (%)	All cohorts (n=72)
CR	0 (0)
PR	51 (85)
PR+L	6 (10)
SD	3 (5)
PD	0 (0)
<b>ORR (CR + PR)</b>	<b>51 (85%)</b>
ORR (CR + PR + PRL)	57 (95%)

PR+L = Partial Response with Lymphocytosis

ORR in del17p: 100%

\*Investigator-assessed; based on modified IWCLL 2008

### FL CLL\*: ASCO 2016

n (%)	All cohorts (n=72)
CR	0 (0)
PR	63 (88)
PR+L	7 (10)
SD	2 (3)
PD	0 (0)
<b>ORR (CR + PR)</b>	<b>63 (88%)</b>
ORR (CR + PR + PRL)	70 (97%)

PR+L = Partial Response with Lymphocytosis

\* Investigator-assessed

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

### Upcoming news flow

Indication	Line of therapy; trial design	Phase
CLL	<b>Relapsed/refractory</b> acalabrutinib vs. ibrutinib	III
	<b>Front line/first line</b> acalabrutinib + obinutuzumab vs. obinutuzumab + chlorambucil vs. acalabrutinib	III
	<b>Relapsed/refractory</b> acalabrutinib vs. investigator's choice of idelalisib plus rituximab or bendamustine plus rituximab	III <b>New</b>
	<b>Relapsed/refractory, ibrutinib-intolerant</b> acalabrutinib	II
	<b>Relapsed/refractory</b> acalabrutinib	II
MCL	<b>Relapsed/refractory</b> acalabrutinib	II
WM	<b>Relapsed/refractory</b> acalabrutinib	Ib/II

- 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<sup>1</sup>**

Source: ASH 2015, abstract 831

Source: ASCO 2016, abstract 7521

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



# Agenda

Introduction

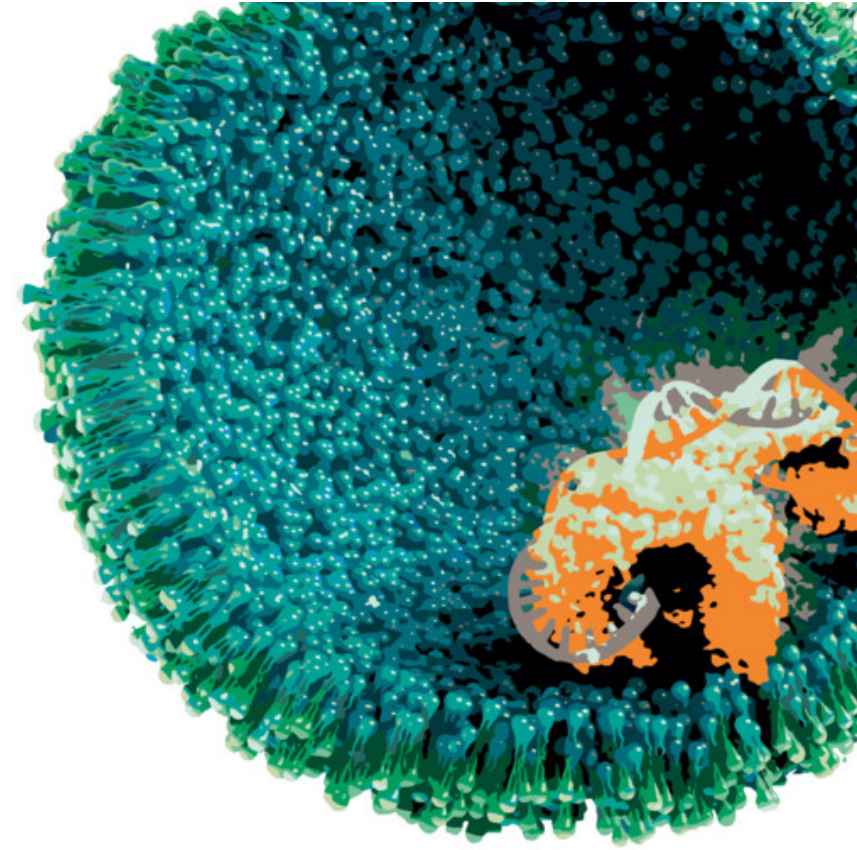
Oncology

**Cardiovascular & Metabolic Diseases**

Respiratory

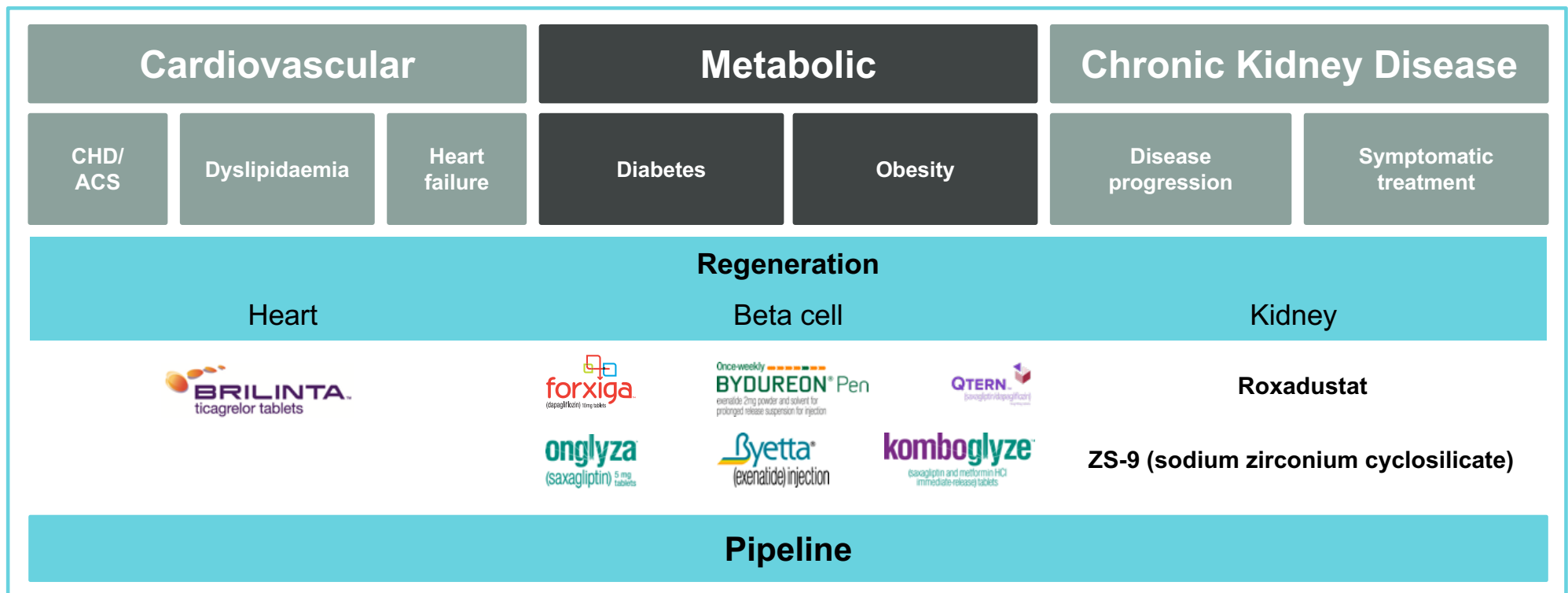
Other opportunities

News flow 2017-2018



# Cardiovascular & Metabolic Diseases strategy

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

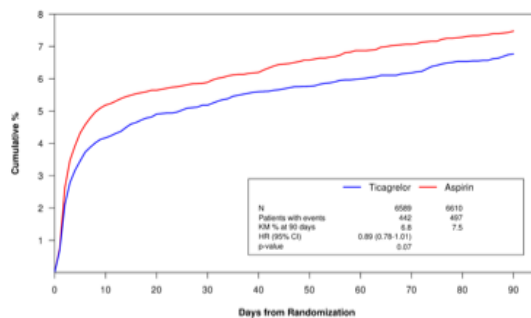


# Brilinta

## Refocusing on coronary disease after two recent disappointments

### Phase III SOCRATES

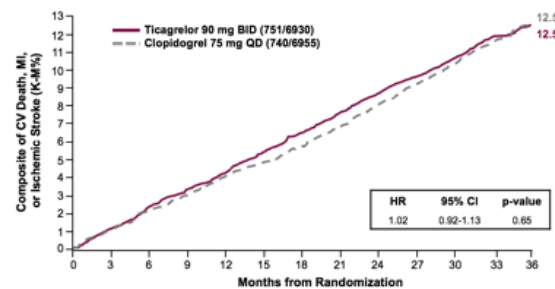
*Brilinta* versus aspirin in Acute Ischemic Stroke (AIS) or Transient Ischemic Attack (TIA)



- *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

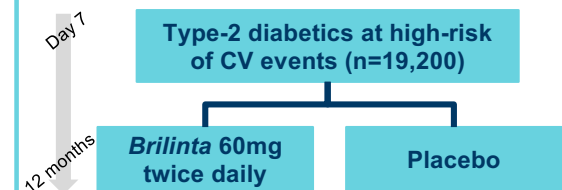
*Brilinta* versus clopidogrel in symptomatic Peripheral Artery Disease (PAD)



- *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



Inclusion criteria	Exclusion criteria
Age ≥ 50 years	Prior MI or prior stroke
≥ 6 months glucose-lowering drug treatment	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: S. Claiborne Johnston et al, *The New England Journal of Medicine*, 10 May 2016

Source: William R. Hiatt et al, *The New England Journal of Medicine*, 13 November 2016

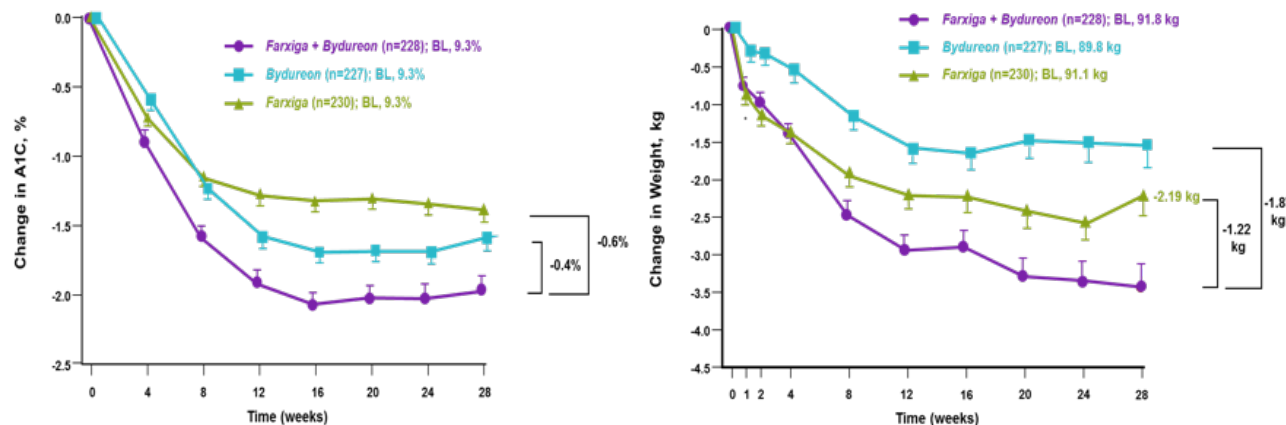
Source: AstraZeneca data on file



# 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**

Source: Frias JP, Guja C, Hardy E, et al. Exenatide once weekly plus dapagliflozin once daily versus exenatide or dapagliflozin alone in patients with type 2 diabetes inadequately controlled with metformin monotherapy (DURATION-8): a 28 week, multicentre, double-blind, phase 3, randomised controlled trial. *Lancet Diabetes Endocrinol.* 2016; 4: 1004–16

### 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

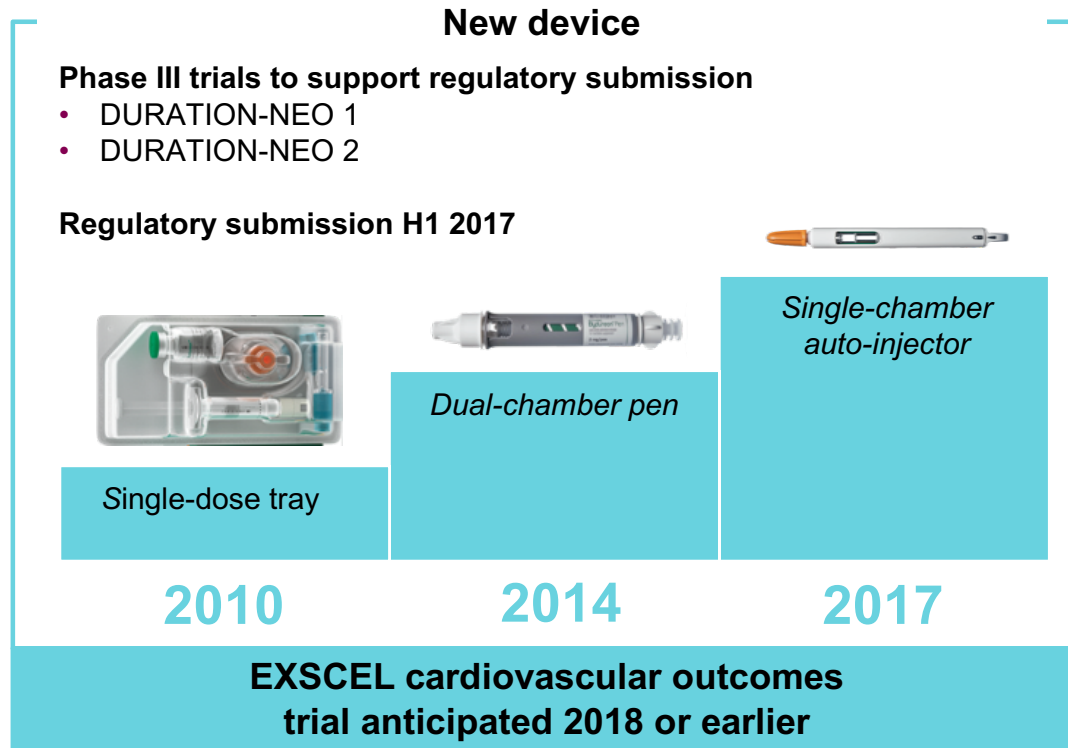
**DECLARE anticipated 2019 or earlier**





# Bydureon

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



# 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 hyperkalaemia<sup>1</sup>

**~30%**

mortality rate for hospitalised patients with severe hyperkalaemia if not treated rapidly<sup>2</sup>

### 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

1. National Kidney Foundation, Clinical Update on Hyperkalaemia, 2014, [https://www.kidney.org/sites/default/files/02-10-6785\\_HBE\\_Hyperkalaemia\\_Bulletin.pdf](https://www.kidney.org/sites/default/files/02-10-6785_HBE_Hyperkalaemia_Bulletin.pdf)






2. An JN, Lee JP, Jeon HJ, et al. Severe hyperkalemia requiring hospitalization: Predictors of mortality. Crit Care. 2012; 16(6):R225 - <http://ccforum.biomedcentral.com/articles/10.1186/cc11872>



# Roxadustat

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

### Phase III development programme

Patient population	Company	Phase III trial
Anaemia in CKD patients not receiving dialysis	<b>FIBROGEN</b>	ANDES
	AstraZeneca 	OLYMPUS
	 <b>astellas</b>	ALPS
Anaemia in CKD in patients receiving dialysis	 <b>astellas</b>	DOLOMITES
	<b>FIBROGEN</b>	SIERRAS
	AstraZeneca 	ROCKIES
Anaemia in newly-initiated dialysis patients	 <b>astellas</b>	PYRENEES
	<b>FIBROGEN</b>	HIMALYAS

### 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 MDS<sup>1</sup>**

1. MDS = Myelodysplastic Syndrome  
Partnered with Fibrogen, Astellas



# Agenda

Introduction

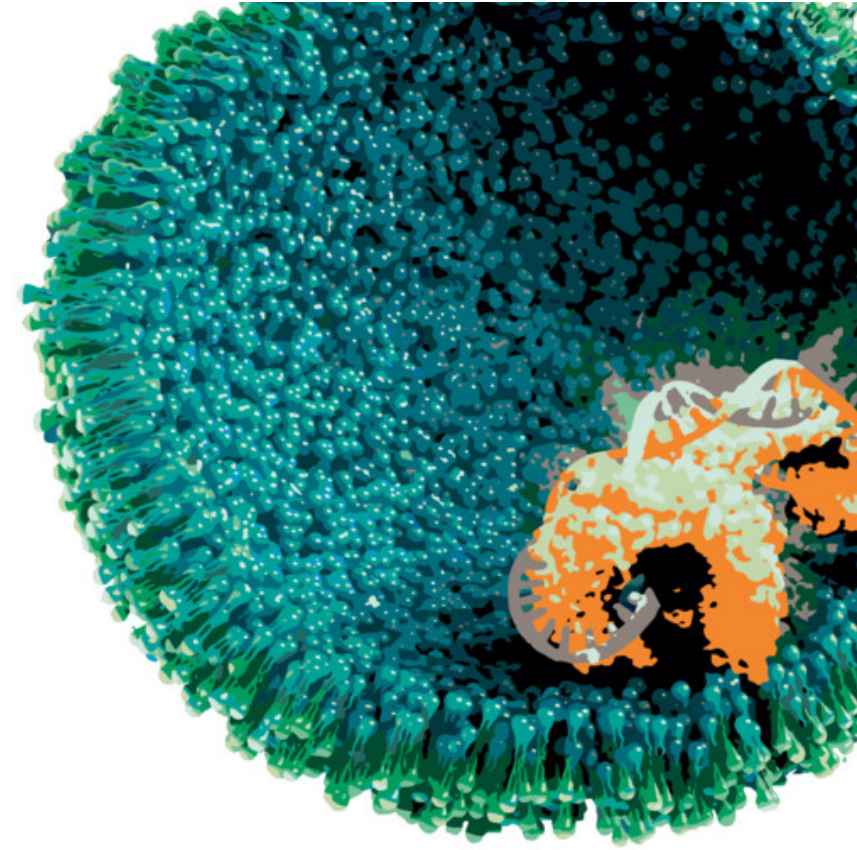
Oncology

Cardiovascular & Metabolic Diseases

**Respiratory**

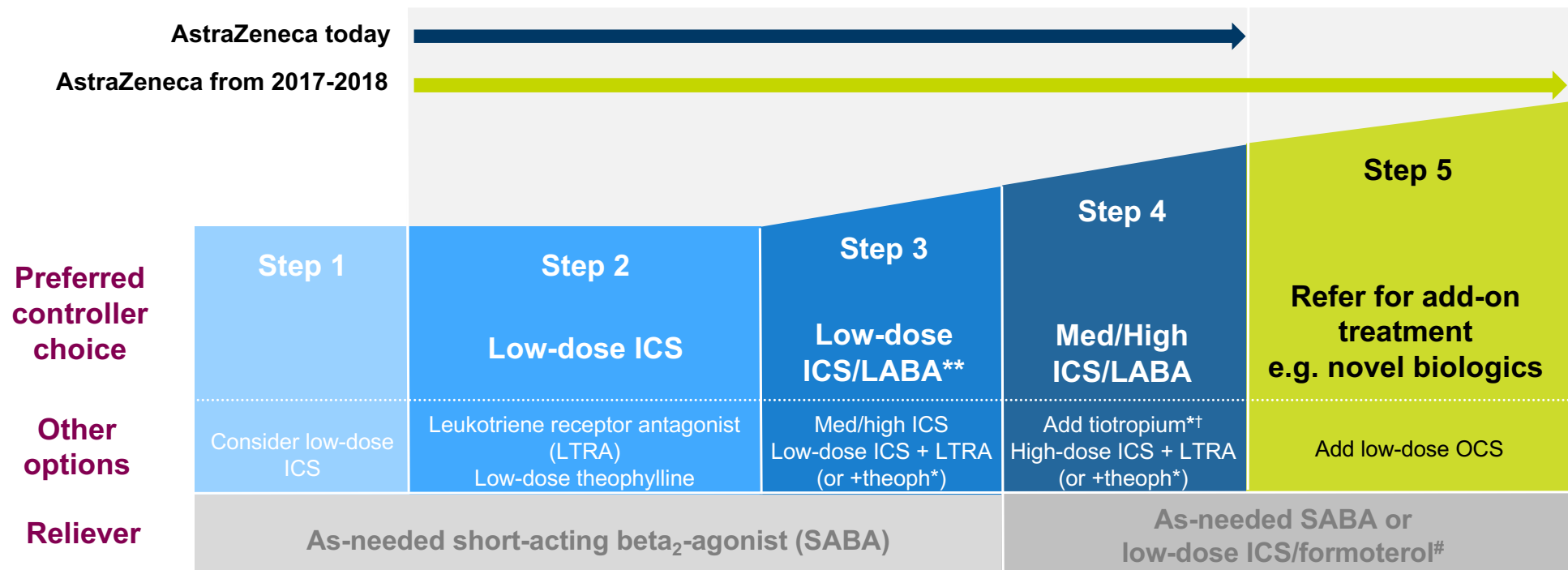
Other opportunities

News flow 2017-2018



# Respiratory

Expanding to encompass more treatment guideline steps



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

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)

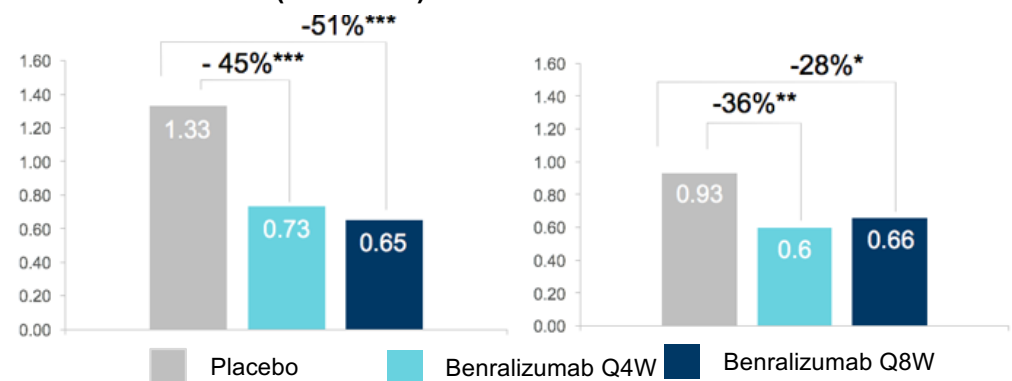
2. FitzGerald JM et al. Efficacy and safety of benralizumab for patients with severe asthma... (SIROCCO). *The Lancet* September 2016

Phase III data delivered differentiated profile in patients with severe, uncontrolled asthma with an eosinophilic phenotype<sup>1,2</sup>

Annual asthma exacerbation rate

SIROCCO (48 weeks)

CALIMA (56 weeks)



\*p<0.05; \*\*p<0.01; \*\*\*p<0.001

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%<sup>1</sup>**

of ICS/LABA-treated patients receive an add-on LAMA in GOLD C/D

**10-20%<sup>2</sup>**

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 anticipated  
2017**

Source: AstraZeneca epidemiology data

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

Partnered with Amgen





# Agenda

Introduction

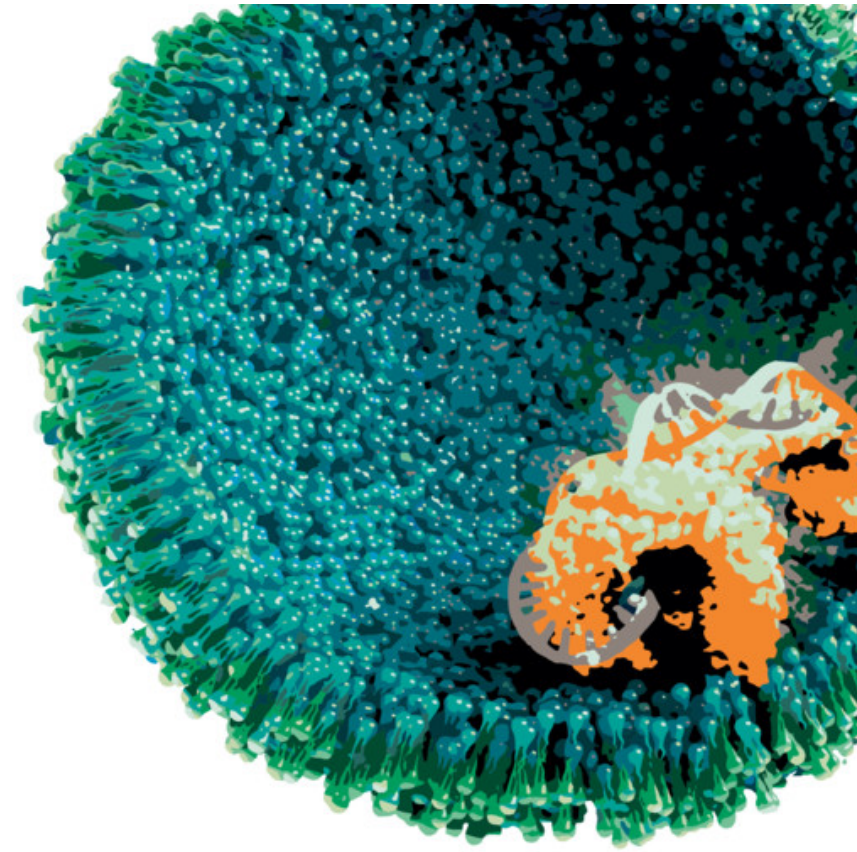
Oncology

Cardiovascular & Metabolic Diseases

Respiratory

**Other opportunities**

News flow 2017-2018



# Anifrolumab

## Development programme in lupus enrolling well

### Delivering benefits to patients

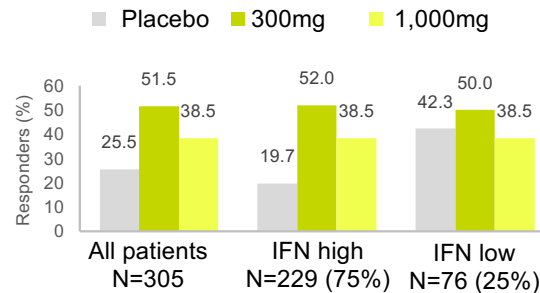
Day 1



Day 281



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



	300mg		1,000mg		300mg		1,000mg	
Delta	26.0%	13.0%	32.3%	18.8%	7.7%	-3.8%		
OR <sup>1</sup>	3.08	1.84	4.3	2.52	1.47	0.89		
90% CI	(1.86; 5.09)	(1.11; 3.04)	(2.34; 7.91)	(1.37; 4.64)	(0.55; 3.93)	(0.3; 2.35)		
P	<0.001	0.048	<0.001	0.013	0.514	0.849		

### 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  
Source: Furie R, et al. Arthritis Rheumatol 2016

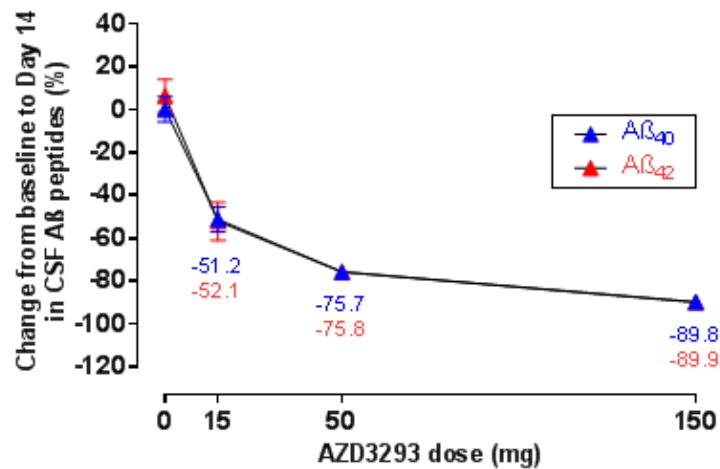


# AZD3293 (BACEi)

## Alzheimer's disease programme and partnership on track

### Patients with Alzheimer's disease

Cerebral spinal fluid (CSF) amyloid beta (A $\beta$ ) 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

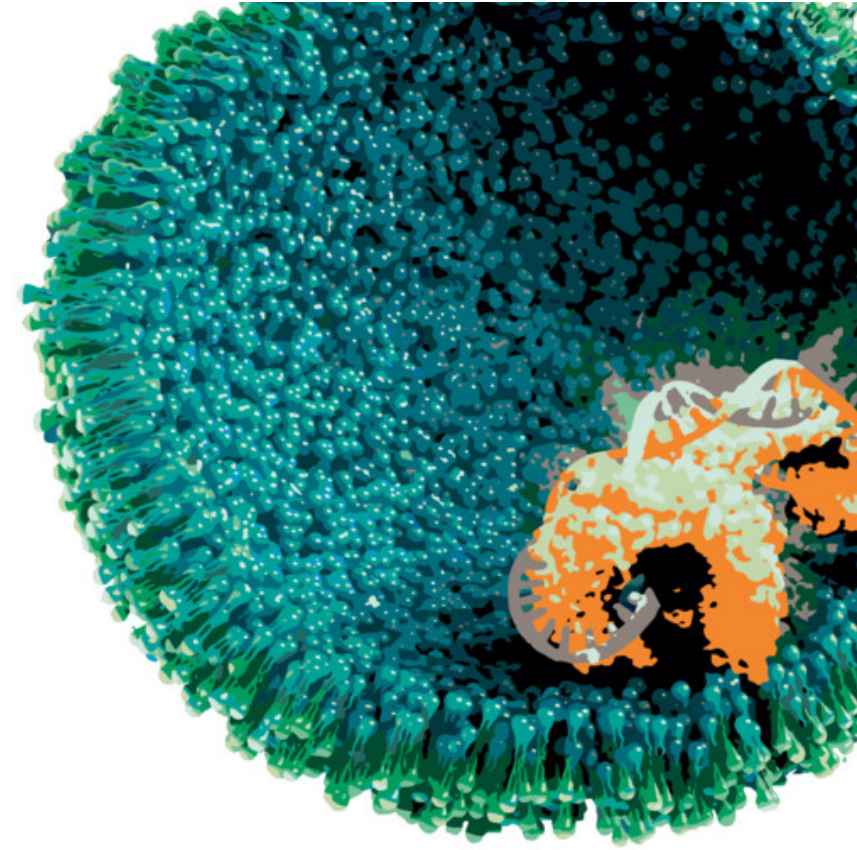
Oncology

Cardiovascular & Metabolic Diseases

Respiratory

Other opportunities

**News flow 2017-2018**



# Late-stage pipeline news flow 2017 & 2018

## Unlocking and realising potential of new medicine

	H1 2017	H2 2017	2018
<b>Regulatory decisions</b>	<b>Faslodex</b> - breast cancer (1L) (JP) <b>durvalumab</b> - bladder cancer (US) <b>saxa/dapa</b> - type-2 diabetes (US) <b>ZS-9</b> - hyperkalaemia (US, EU) <b>brodalumab</b> - psoriasis (US, EU)	<b>Tagrisso</b> - lung cancer (CN) <b>Tagrisso</b> - lung cancer (US, EU) (AURA3) <b>benralizumab</b> - severe, uncontrolled asthma (US)	<b>benralizumab</b> - severe, uncontrolled asthma (EU)
<b>Regulatory submissions</b>	<b>Faslodex</b> - breast cancer (1L) (US, EU) <b>Lynparza</b> - ovarian cancer (2L) <b>acalabrutinib</b> - blood cancer (US) <sup>1</sup> <b>Bydureon</b> - autoinjector (US) <b>Bevespi</b> - COPD (EU) <b>benralizumab</b> - severe, uncontrolled asthma (JP)	<b>Lynparza</b> - breast cancer <b>durvalumab</b> - lung cancer (PACIFIC) (US) <b>durva +/- treme</b> - lung cancer (MYSTIC) - lung cancer (ARCTIC)	<b>Lynparza</b> - ovarian cancer (1L) <b>Tagrisso</b> - lung cancer (1L) <b>durva +/- treme</b> - lung cancer (NEPTUNE) - head & neck cancer (KESTREL, EAGLE) - bladder cancer (DANUBE) <b>moxetumomab</b> - leukaemia <b>selumetinib</b> - thyroid cancer <b>Bydureon</b> - CVOT <b>roxadustat</b> - anaemia <b>tralokinumab</b> - severe, uncontrolled asthma <b>Duaklir</b> - COPD (US) <b>PT010</b> - COPD
<b>Key Phase III/II* data anticipated</b>	<b>Lynparza</b> - breast cancer <b>durva +/- treme</b> - lung cancer (MYSTIC) - lung cancer (ARCTIC) <b>acalabrutinib</b> - blood cancer* <sup>1</sup>	<b>Lynparza</b> - ovarian cancer (1L) <b>Tagrisso</b> - lung cancer (1L) <b>durvalumab</b> - lung cancer (PACIFIC) <b>durva +/- treme</b> - head & neck cancer (KESTREL) <b>moxetumomab</b> - leukaemia <b>roxadustat</b> - anaemia <sup>2</sup> <b>tralokinumab</b> - severe, uncontrolled asthma	<b>durva +/- treme</b> - lung cancer (NEPTUNE) - head & neck cancer (EAGLE) - bladder cancer (DANUBE) <b>selumetinib</b> - thyroid cancer <b>Brilinta</b> - T2D/CAD <b>Bydureon</b> - CVOT <b>PT010</b> - COPD <b>anifrolumab</b> - lupus

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

2. AstraZeneca-sponsored trial



# Q&A

