AstraZeneca
What science can do

Hyatt Conference
Columbus2018

ASCO 2018 investor event: a leading, diversified oncology business

Chicago, Illinois, USA

04 June 2018

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.

Presenters

Pascal Soriot
Executive Director and
Chief Executive Officer

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

Break-out sessions

Dave Fredrickson
Executive Vice President,
Oncology Business Unit

Klaus Edvardsen
Senior Vice President,
Head of Oncology, GMD

David Berman
Senior Vice President,
Head of IO Franchise

Susan Galbraith
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Head of Oncology,
IMED Biotech Unit

Jean-Charles Soria
Senior Vice President,
Head of Oncology,
MedImmune

Agenda

AstraZeneca Oncology

Key data at ASCO 2018 Annual Meeting

Break-out sessions

~19:45 - 1st set of four concurrent breakout sessions + Q&A (30 minutes)

10 minutes break to allow for room changes

~20:25 - 2nd set of four concurrent breakout sessions + Q&A (30 minutes)

~21:00 - End

Break-out sessions are recorded and will be made available at astrazeneca.com

AstraZeneca: a leading, diversified oncology business

New medicines grew 122% in Q1 2018; a solid lifecycle to follow

Multiple cancers	Lung cancers		Blood cancers
Lynparza™ olaparib	TAGRISSO® osimertinib	IMFINZI™ durvalumab Injection for Intravenous Use 50 mg/mL	CALQUENCE® (acalabrutinib) 100 mg capsules
• Ovarian and breast cancers • Lifecycle programme (2018+) • MRK collaboration	• Stage IV 2nd line T790Mm[1] moving to Stage IV 1st line EGFRm[2] • Adjuvant and Stage III EGFRm (2020+)	• Unresectable Stage III NSCLC[3] • Lifecycle programme in early and advanced stages and combinations (2018+)	• First AstraZeneca medicine in blood cancer • MCL[4] launched • CLL[5] and other lifecycle (2019+)

Rich and early pipeline, including combinations

1. Substitution of threonine (T) with methionine (M) at position 790 of exon 20 mutation. 2. Epidermal growth factor receptor mutation.
3. Non-small cell lung cancer. 4. Mantle cell lymphoma. 5. Chronic lymphocytic leukaemia.
() First / next data anticipated.

Lynparza

The leading PARP inhibitor across multiple tumour types

Lynparza® olaparib

Product Sales
Q1 2018: 100% growth

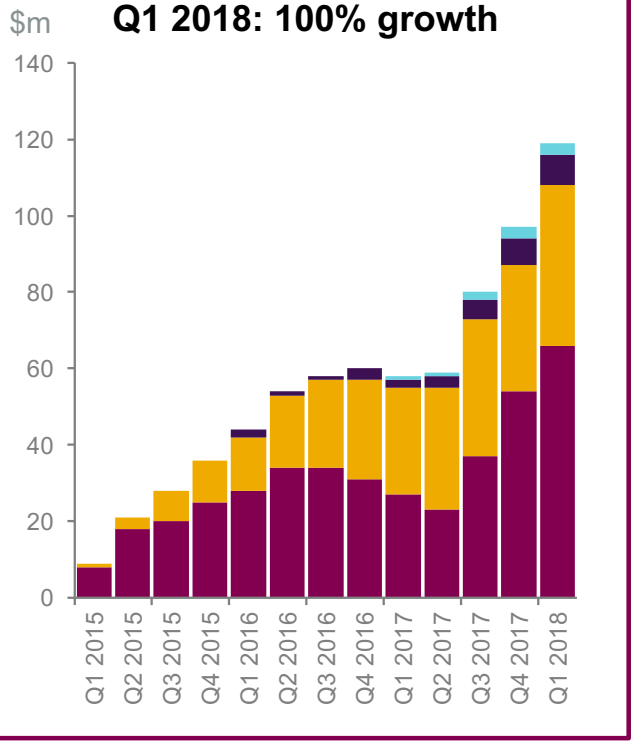
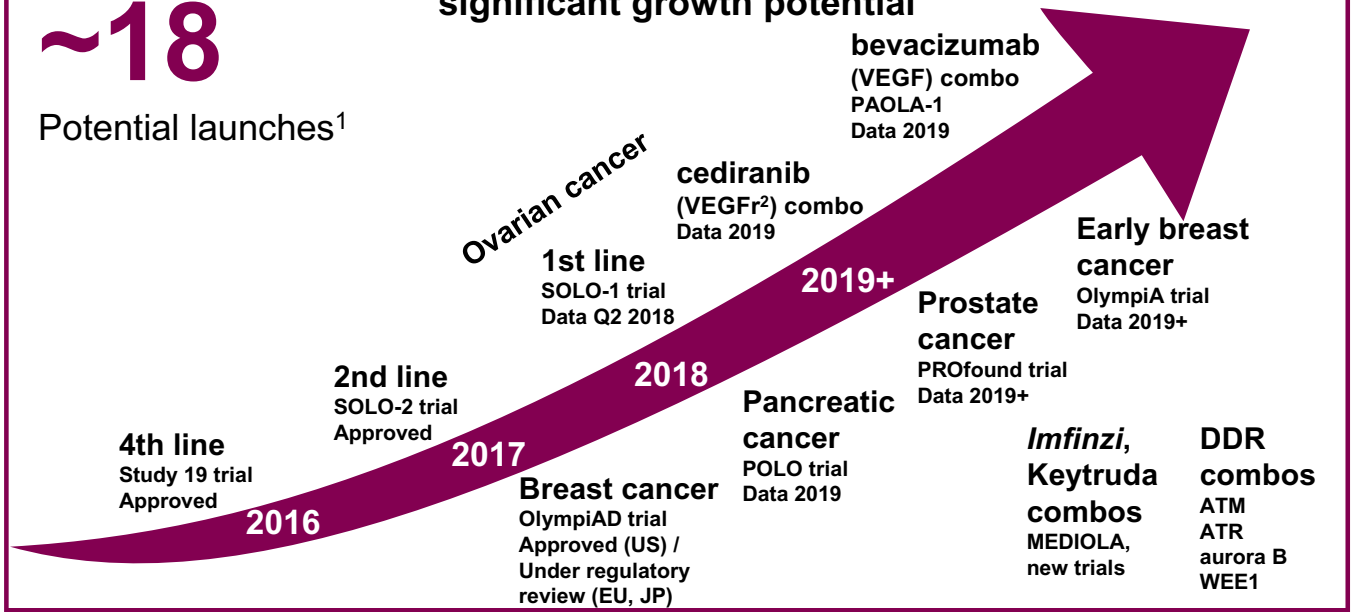


Chart legend: US Europe Emerging Markets Established Rest of World.
Absolute values at actual exchange rates; change at CER.

Lifecycle opportunities have significant growth potential

~18

Potential launches[1]



1) Establish leadership	2) Expand patient segments	3) Add VEGF(r) combinations	4) New combinations and tumour types

1. Potential number of launches in the US, EU, Japan and China from ongoing Phase III trials.
2. Vascular endothelial growth factor (receptor).
Source: Q1 2018 Results announcement.

MERCK INVENTING FOR LIFE

Lung cancers: *Tagrisso*

Expanding patient benefits into earlier lines of treatment

TAGRISSO® osimertinib

Product Sales
Q1 2018: 89% growth

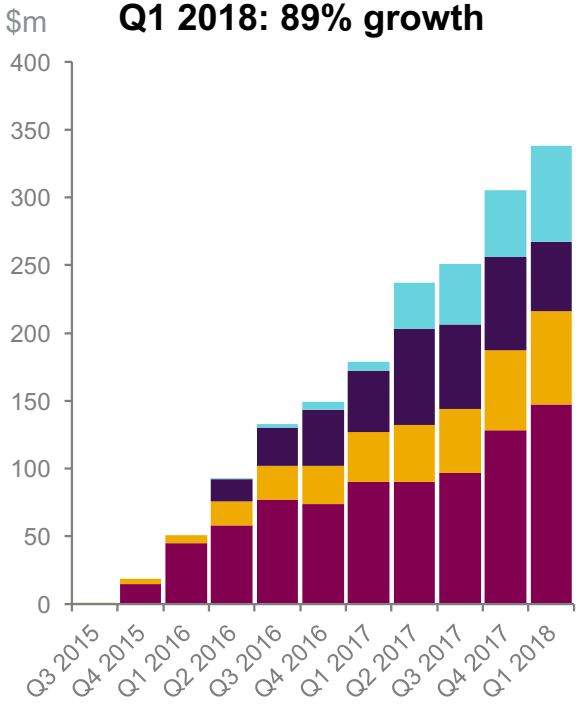
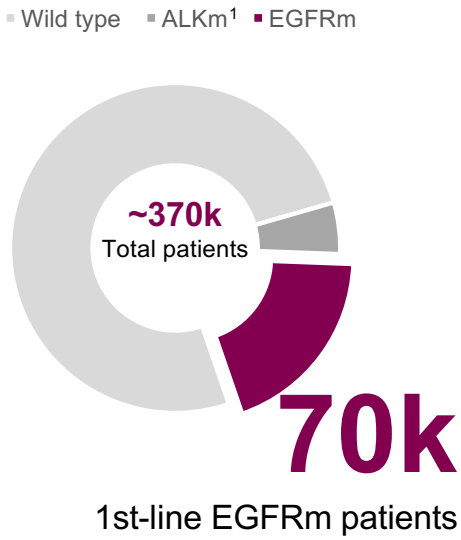


Chart legend: **US** Europe **Emerging Markets** Established Rest of World.
Absolute values at actual exchange rates; change at CER.

Now expanding into the Stage IV 1st-line setting



Approved US, Brazil
Regulatory decision EU Q2, JP H2'18

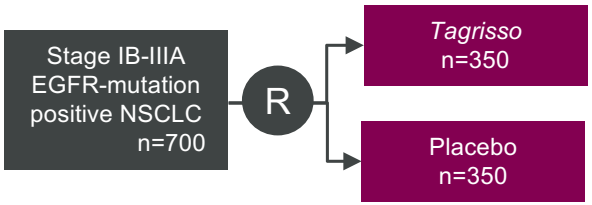
1. Anaplastic lymphoma kinase translocation mutation.
Epidemiology: internal estimates based on external market research, top-eight countries; China generally includes a market-access adjustment.

With Stage I-III (adjuvant) as a future opportunity

ADAURA Phase III trial

Up to 3 years

Treatment duration



Primary endpoint: disease-free survival

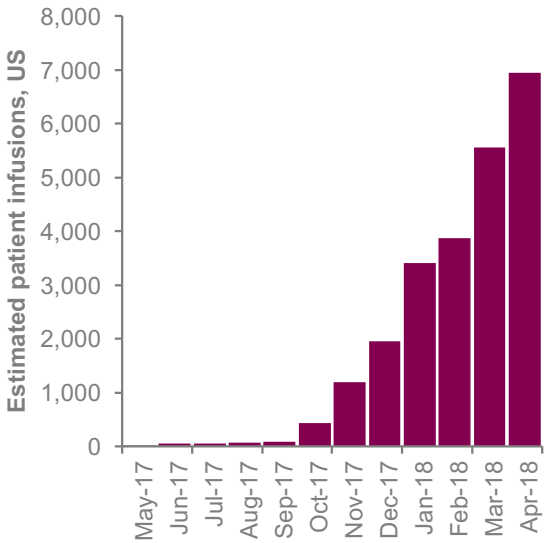
Source: AstraZeneca data on file.

Lung cancers: *Imfinzi*

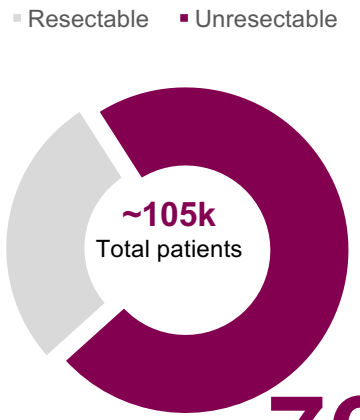
First and only in early lung cancer; now with proven survival

IMFINZI™ durvalumab Injection for Intravenous Use 50 mg/mL

The strong US uptake reflects patient benefit



Significant unmet need in unresectable, Stage III



76k

unresectable patients

Approved US, Canada
Regulatory decision EU, JP H2 2018

Imfinzi in early lung cancer

- PACIFIC OS announced 25 April
- PACIFIC-2 concurrent trial starting
- ADJUVANT BR.31 trial data 2020

Imfinzi outside early lung cancer

1. Be first and lead in early-stage PDx-sensitive tumours
2. Establish *Imfinzi* as backbone in advanced PDx-sensitive tumours
3. Unlock insensitive tumours via novel combinations

Source: external market research.

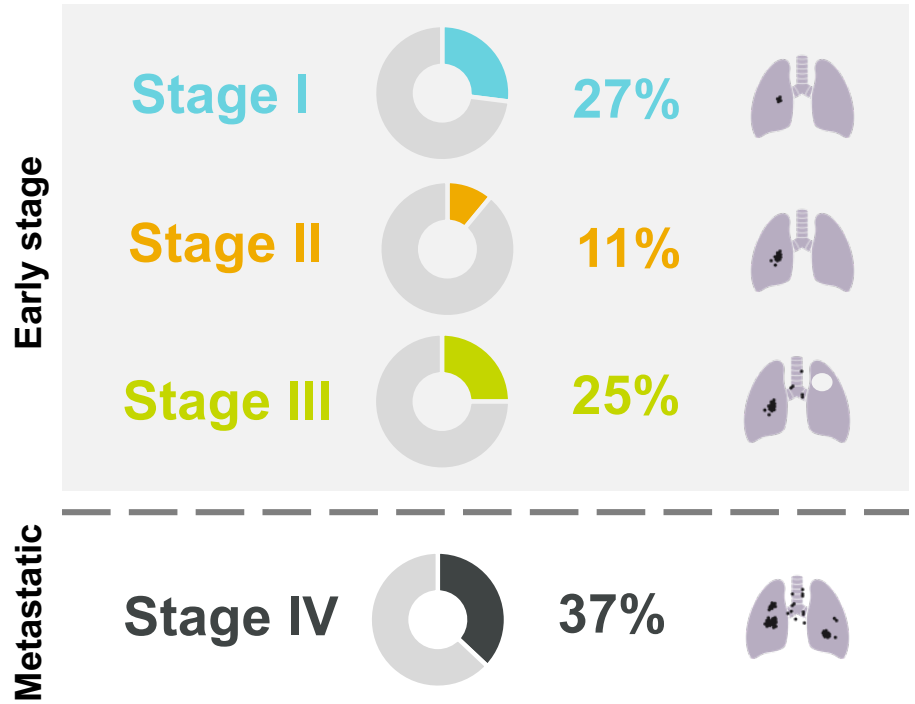
Epidemiology: internal estimates based on external market research, top-seven countries.

Lung cancers: *Imfinzi*

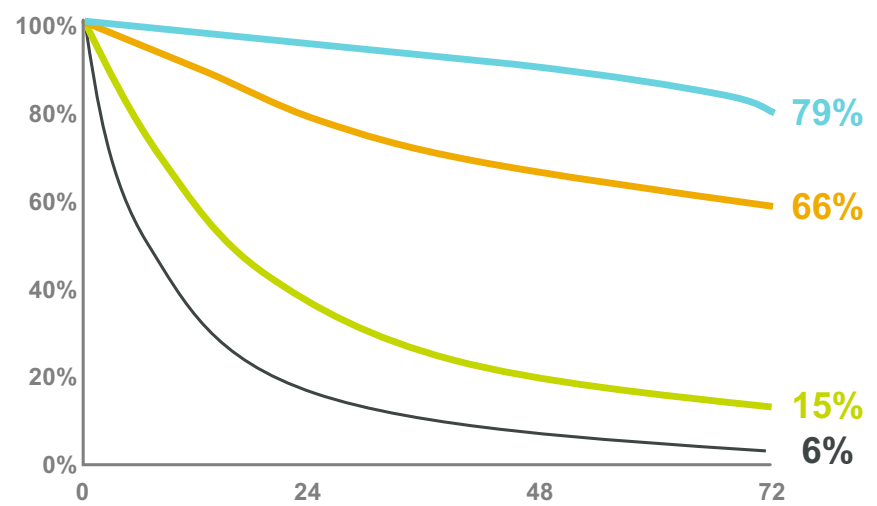
IMFINZI™ durvalumab Injection for Intravenous Use 50 mg/mL

Stage III: last chance for treatment with curative intent

Lung cancer patients at diagnosis (%)



Five-year survival rates by stage



Imfinzi is not approved for use in Stage I, Stage II, Stage IV NSCLC.
Epidemiology: internal estimates based on external market research.

Sources: Maione 2010/p251/Col1/¶1; Auperin 2010/p2184/col1/¶3; col2/¶1; p2186/Fig2A; Epicast 2016/p46/Table15 [Calcs: Stage I=16.68+10.09=~27; Stage II=3.22+7.77=~11; Stage III=12.31+12.81=~25]; and Goldstraw 2016/p45/Figure 2A.

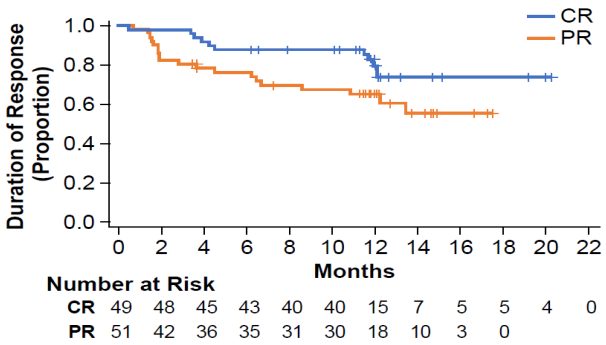
Haematology: *Calquence* and moxetumomab

Emerging franchise; initially in smaller indications

Calquence

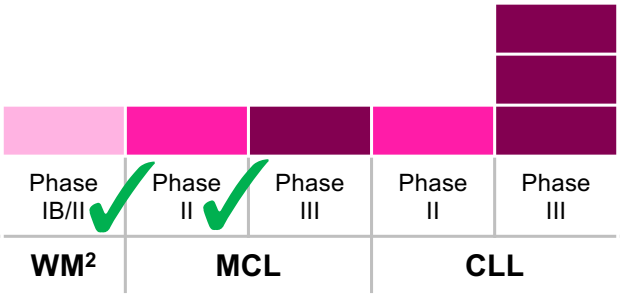
Best-in-class BTK inhibitor in MCL

Launched in the US in R/R[1] MCL



Median duration of response (DoR) was not reached; the 12-month DoR rate was 72% (95% CI: 62%, 80%)

Development plans



20

clinical trials in haematology

>3,200

patients in clinical trials in haematology

Moxetumomab pasudotox

- First AstraZeneca/MedImmune immunotoxin
- Under US priority regulatory review with a Q3 2018 PDUFA/action date
- Intended indication is 3rd-line+ hairy cell leukaemia
- Small indication with ~1,000 new US patients per year

Anticipated fifth new Oncology medicine

1. Relapsed/refractory.
Source: ASH 2017, abstract 155.

2. Waldenström macroglobulinemia; a type of non-Hodgkin lymphoma.

Epidemiology: internal estimates based on external market research.

Oncology: industry-leading pipeline

Rich and deep pipeline across Phase I-III

Phase I

31 New Molecular Entities

Small molecule

- AZD0156 ATM solid tumours
- AZD1390 ATM healthy volunteer study
- AZD2811# Aurora solid tumours
- AZD4573 CDK9 hematalogical malignancies
- AZD4635 A2aR inhibitor solid tumours
- AZD4785 KRAS solid tumours
- AZD5153 BRD4 solid tumours
- AZD5991 MCL1 hematalogical malignancies
- AZD6738 ATR solid tumours
- AZD8186 PI3Kβ solid tumours
- AZD9496 SERD ER+ breast
- MEDI9197# TLR 7/8 solid tumours
- adavosertib# (AZD1775) Wee1 solid tumours

Large molecule

- MEDI0562# hOX40 solid tumours
- MEDI1873 GITR solid tumours
- MEDI3726# PSMA prostate
- MEDI4276 HER2 solid tumours
- MEDI5083 CD40 ligand fusion protein solid
- MEDI7247 antibody drug conjugate haems

Oncology Combinations

- *Calquence*+AZD6738 BTK+ATR hematalogical tumours
- *Calquence*+vistusertib BTK+mTor hematalogical tumours
- *Imfinzi*# or Imfinzi#+(treme or danvatirsen#(AZD9150))
- *Imfinzi*#+adavosertib#(AZD1775) PD-L1+Wee1 solid tumours
- *Imfinzi*#+azacitidine# PD-L1+azacitidine MDS
- *Imfinzi*#+dabrafenib+trametinib PD-L1+BRAF+MEK melanoma
- *Imfinzi*#+*Iressa* PD-L1+EGFR NSCLC
- *Imfinzi*#+MEDI0562# PD-L1+hOX40 solid tumours
- *Imfinzi*#+MEDI9197# PD-L1+TLR 7/8 agonist
- *Imfinzi*#+monalizumab PD-L1+NKG2a solid tumours
- *Imfinzi*#+oleclumab PD-L1+CD73 solid tumours
- *Imfinzi*#+RT (platform) CLOVER PD-L1+RT HNSCC NSCLC SCLC
- *Imfinzi*#+selumetinib# PL-L1 solid tumours + MEK inhibitor
- *Imfinzi*#+tremelimumab PD-L1+CTLA-4 solid tumours
- *Imfinzi*#+tremelimumab+chemo PD-L1+CTLA-4 1L PDAC oesophageal
- *Imfinzi*+danvatirsen(AZD9150)+chemo PD-L1+STAT3+chemo solid tumours
- *Lynparza*+adavosertib# (AZD1775) PARP+Wee1 solid tumours

Phase II

21 New Molecular Entities

Small molecule

- adavosertib# (AZD1775)+chemotherapy
- AZD4547 FGFR solid tumours
- capivasertib (AZD5363)# AKT breast cancer
- vistusertib mTOR 1/2 solid tumours
- *Tagrisso* BLOOM EGFR NSCLC CNS mets

Large molecule

- *Imfinzi*# PD-L1 solid tumours
- oleclumab CD73 solid tumours

Oncology Combinations

- *Imfinzi*#+AZD5069 PD-L1+CXCR2 PDAC
- *Imfinzi*#+AZD5069 or Imfinzi#+danvatirsen#(AZD9150)
- *Imfinzi*#+MEDI0457# PD-L1+DNA HPV vaccine HNSCC
- *Imfinzi*#+MEDI0680 PD-L1+PD-1 solid tumours
- *Imfinzi*#+tremelimumab PD-L1+CTLA-4 gastric cancer
- tremelimumab+MEDI0562# CTLA-4+hOX40 solid tumours
- *Imfinzi*#+tremelimumab PD-L1+CTLA-4 biliary tract oesophageal
- *Imfinzi*+*Lynparza* BAYOU PD-L1+PARP bladder
- *Lynparza*#+*Imfinzi* MEDIOLA PARP+PD-L1 solid tumours
- *Lynparza*+AZD6738 PARP+ATR gastric
- *Tagrisso* combo# TATTON EGFR+PD-L1/MEK/MET NSCLC

Phase III

8 New Molecular Entities

Small molecule

- *Lynparza*¶+cediranib CONCERTO PARP+VEGF recurrent Pt-R ovarian
- savolitinib# SAVOIR MET pRCC
- selumetinib ASTRA MEK differentiated thyroid cancer
- *Calquence*# BTK inhibitor 1st line MCL
- *Calquence*# BTK inhibitor 1st line CLL
- *Calquence*# BTK inhibitor r/r CLL, high risk
- *Lynparza* OlympiA PARP gBRCA adjuvant breast
- *Lynparza* POLO PARP pancreatic cancer
- *Lynparza* PROfound PARP prostate cancer
- *Lynparza* SOLO-1 PARP 1L BRCAm ovarian
- *Lynparza* SOLO-3 PARP BRCAm PSR ovarian
- *Tagrisso* ADAURA EGFR adj. EGFRm NSCLC

Large molecule

- *Imfinzi*#+tremelimumab MYSTIC PD-L1+CTLA-4 1L NSCLC
- *Imfinzi*# PEARL (China) PD-L1 1L NSCLC

Oncology Combinations

- *Imfinzi*#+tremelimumab DANUBE PD-L1+CTLA-4 1L bladder
- *Imfinzi*#+tremelimumab EAGLE PD-L1+CTLA-4 2L HNSCC
- *Imfinzi*#+tremelimumab HIMALAYA PD-L1+CTLA-4 1L HCC
- *Imfinzi*#+tremelimumab KESTREL PD-L1+CTLA-4 1L HNSCC
- *Imfinzi*#+tremelimumab NEPTUNE PD-L1+CTLA-4 1L NSCLC
- *Imfinzi*#+tremelimumab+SoC CASPIAN PD-L1+CTLA-4+SoC 1L SCLC
- *Imfinzi*#+tremelimumab+SoC POSEIDON PD-L1+CTLA-4+SoC 1L NSCLC

Includes significant lifecycle management projects and parallel indications for projects in Phase III or beyond. Excludes lifecycle management projects already launched in a major market. # Partnered and/or in collaboration; ¶ Registrational Phase II/III study.

Agenda

AstraZeneca Oncology

Key data at ASCO 2018 Annual Meeting

Break-out sessions

~19:45 - 1st set of four concurrent breakout sessions + Q&A (30 minutes)

10 minutes break to allow for room changes

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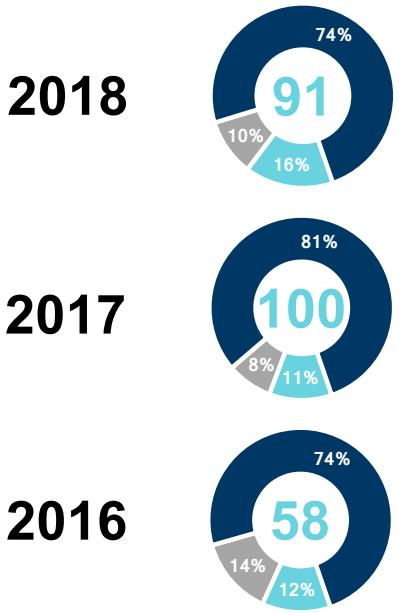
AstraZeneca at ASCO 2018 Annual Meeting

Increasing quality; more oral presentations and poster discussions

Abstract scorecard



Seven

'Best of ASCO' presentations

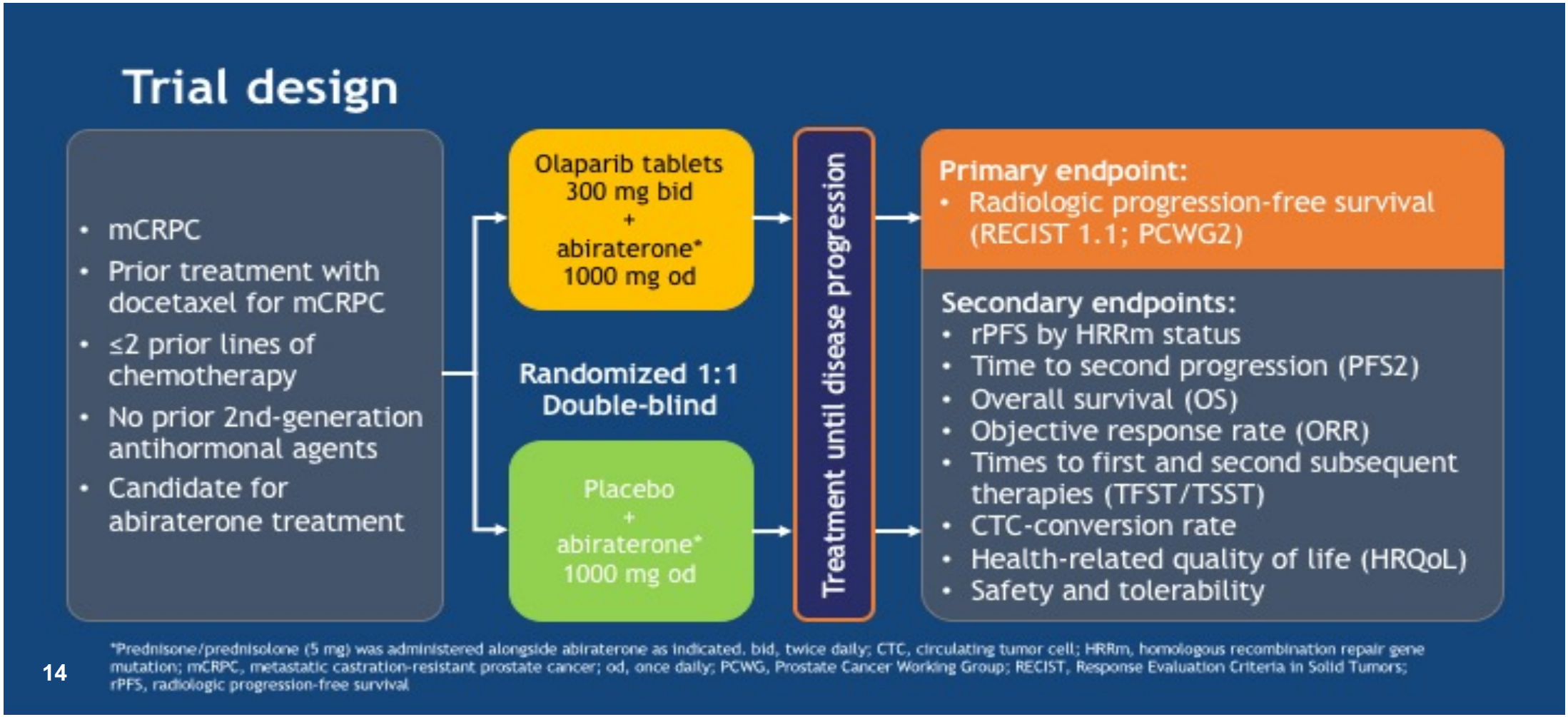
Highlights

- ***Lynparza***
  Study 08 randomised Phase II trial in prostate cancer
- **moxetumomab pasudotox**
  Study '1053' Phase III trial in hairy cell leukaemia
- **selumetinib**
  SPRINT Phase II trial in paediatric neurofibromatosis type 1 (NF-1)
- **capivasertib (AZD5363, AKT inhibitor)**
  PAKT Phase II trial in triple-negative breast cancer
- ***Lynparza* + vistusertib (AZD2014, mTORC1/2 inh.)**
  Trial in ovarian cancer and triple-negative breast cancer

Chart legend: Oral presentations Poster discussions **Posters**.
Source: AstraZeneca analysis based on submitted and accepted ASCO 2018 Annual Meeting abstracts.

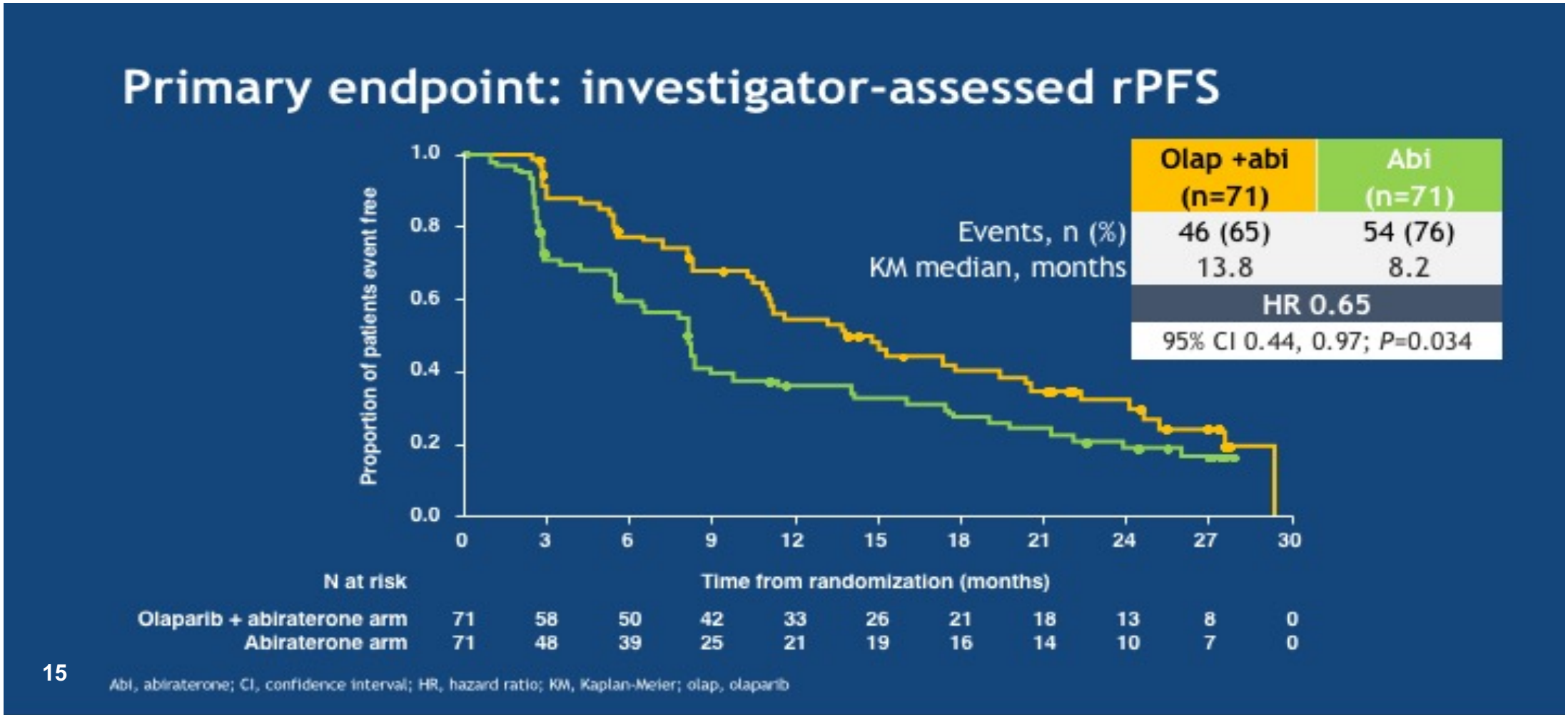
Lynparza

Prostate cancer - Study 08 - trial design



Lynparza

Prostate cancer - Study 08 - primary endpoint (rPFS)



Abi, abiraterone; CI, confidence interval; HR, hazard ratio; KM, Kaplan-Meier; olap, olaparib

Lynparza

Prostate cancer - Study 08 - safety summary

Safety summary

	Olaparib + abiraterone (n=71)	Abiraterone (n=71)
Median duration of olaparib/placebo, days	309	253
Median duration of abiraterone, days	338	253
Any adverse event, n (%)	66 (93)	57 (80)
Grade ≥3 adverse event, n (%)	38 (54)	20 (28)
Serious adverse event, n (%)	24 (34)	13 (18)
Fatal adverse event, n (%)	4 (6)	1 (1)
Adverse event leading to dose interruption, n (%)	24 (34)	9 (13)
Adverse event leading to dose reduction, n (%)	13 (18)	0
Adverse event leading to treatment discontinuation, n (%)	21 (30)	7 (10)

Lynparza

Prostate cancer - Study 08 - conclusions

Conclusions

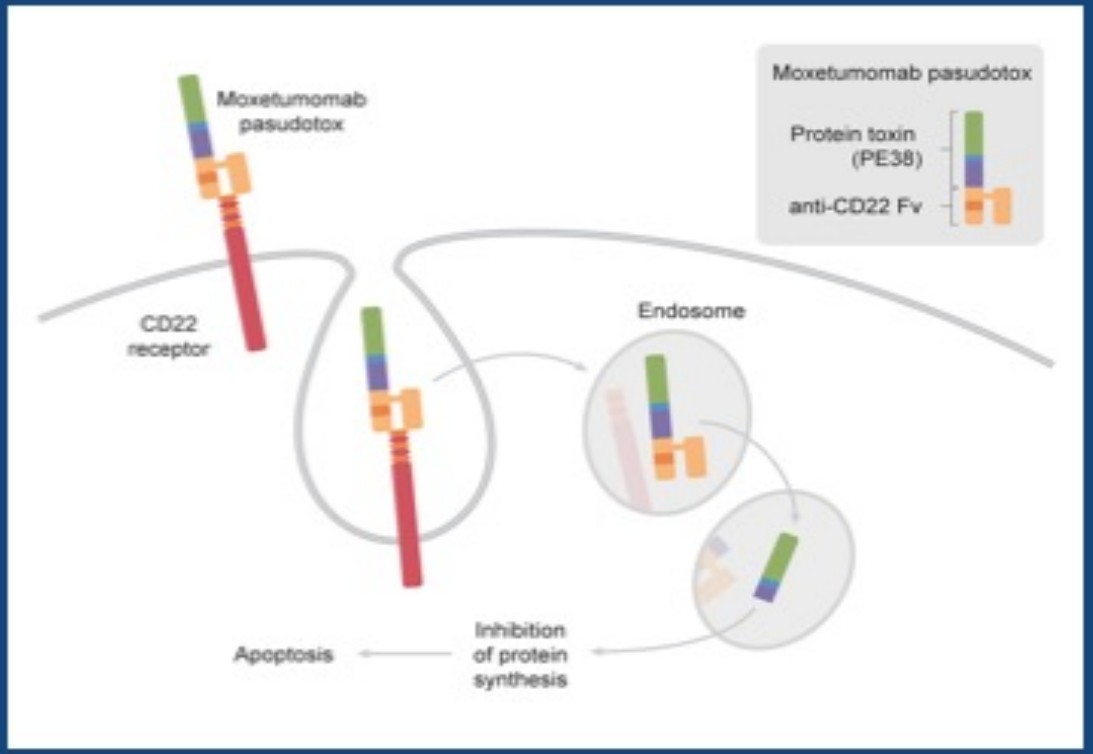
- Olaparib plus abiraterone provided a significant rPFS benefit to mCRPC patients, who had previously received docetaxel, compared with abiraterone alone
  - Benefit seen in a population unselected by HRR mutation status
- Less favorable tolerability profile offset by improved efficacy
- First trial to show a significant efficacy benefit with a PARP inhibitor-androgen synthesis inhibitor combination
- Phase III study based on the results of this trial is planned

Moxetumomab pasudotox

Hairy cell leukaemia 3rd line+ - Study ‘1053’ - introduction

Introduction

- HCL is a rare B-cell malignancy characterized by high CD22 expression[1]
- Relapsed/refractory HCL remains uncurable, and there is an unmet need for new treatment[2-4]
- Moxetumomab pasudotox (formerly CAT-8015 or HA22) is a first-in-class recombinant immunotoxin targeting CD22[5]



HCL, hairy cell leukemia.

1. Grever MR, et al. *Blood Rev* 2014;28:197-203. 2. Rosenberg JD, et al. *Blood* 2014;123:177-83. 3. Kreitman RJ. *Hematology Am Soc Hematol Educ Program*;2012:660-6; 4. Thompson PA, et al. *Br J Haematol* 2017;177:543-56; 5. Kreitman RJ, Pastan I. *Clin Cancer Res* 2011;17:6398-405.

Moxetumomab pasudotox

Hairy cell leukaemia 3rd line+ - Study ‘1053’ - trial design

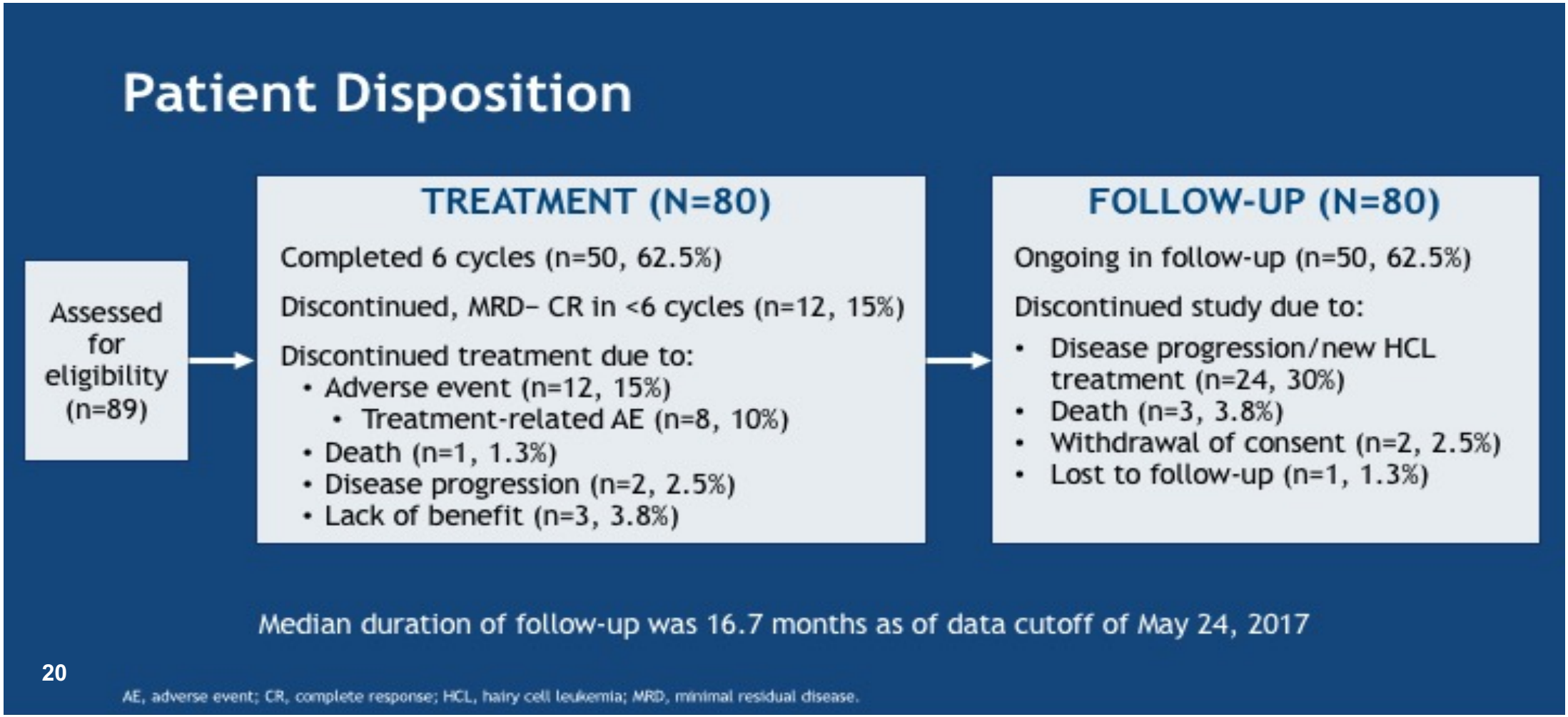
Study Design and Treatment Regimen

- Pivotal, multicenter, single-arm, open-label study (NCT01829711) conducted at 34 centers in 14 countries
- Moxetumomab pasudotox treatment
  - 40 µg/kg IV on days 1, 3, and 5 of 28-day treatment cycles
  - Up to 6 treatment cycles
  - Discontinued if disease progression, start of alternate therapy, or unacceptable toxicity
  - Option to discontinue with <6 cycles if patient achieved MRD-negative CR (investigator assessed, by flow cytometry)
- Disease response and IHC MRD assessed by blinded independent review

CR, complete response; IHC, immunohistochemistry; IV, intravenously; MRD, minimal residual disease.

Moxetumomab pasudotox

Hairy cell leukaemia 3rd line+ - Study ‘1053’ - patient disposition



AE, adverse event; CR, complete response; HCL, hairy cell leukemia; MRD, minimal residual disease.

Moxetumomab pasudotox

Hairy cell leukaemia 3rd line+ - Study ‘1053’ - primary endpoint (CR)

Disease Response and MRD Status*

Parameter	BICR		Investigator-assessed	
	n (%)	[95% CI]†	n (%)	[95% CI]†
Durable CR	24 (30%)	[20, 41]	38 (48%)	[36, 59]
Best overall response				
CR	33 (41%)	[30, 53]	41 (51%)	[40, 63]
CR, MRD-negative	27 (34%)	[24, 45]	26 (33%)	[22, 44]
PR	27 (34%)		22 (28%)	
SD	12 (15%)		9 (11%)	
PD	2 (3%)		3 (4%)	
NE	6 (8%)		5 (6%)	
ORR (CR or PR)	60 (75%)	[64, 84]	63 (79%)	[68, 87]

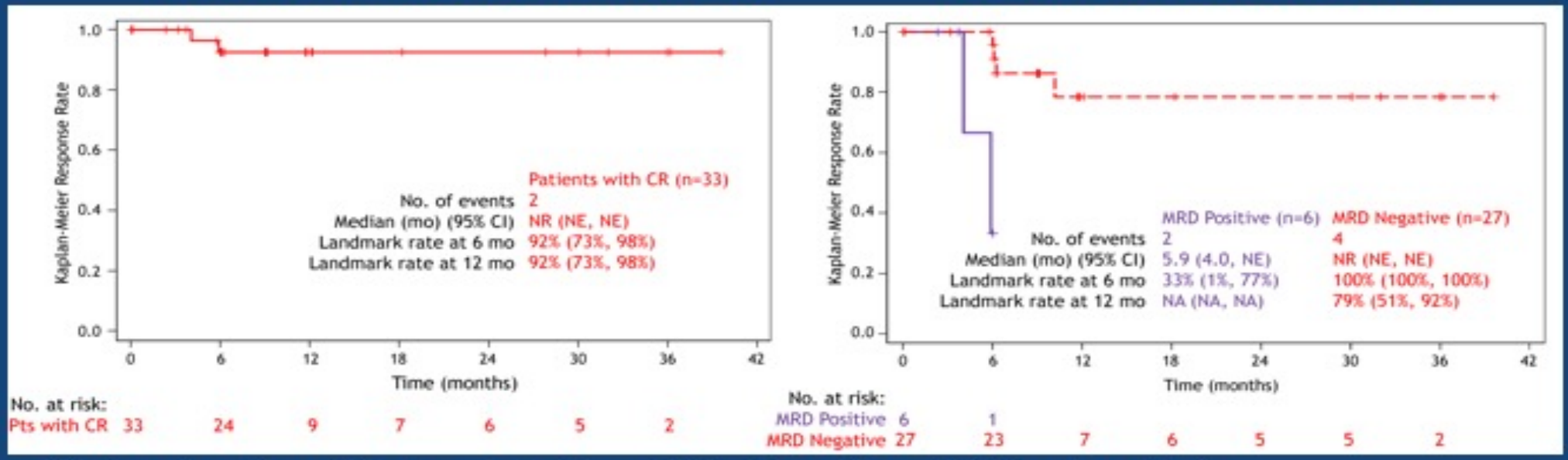
*By IHC; †Two-sided confidence interval was calculated using the exact probability method based on the binomial distribution.

BICR, blinded independent central review; CI, confidence interval; CR, complete response; MRD, minimal residual disease; NE, not evaluable; ORR, overall response; PD, progressive disease; PR, partial response; SD, stable disease.

Moxetumomab pasudotox

Hairy cell leukaemia 3rd line+ - Study '1053' - duration of response

Duration of Response



- Median duration of CR, hematologic remission from CR, and PFS not reached
- In phase 1 study, IHC MRD status was associated with longer duration of response (82.7 vs 54.7 mos)[1]

CI, confidence interval; CR, complete response; IHC, immunohistochemistry; MRD, minimal residual disease; NA, not available; NE, not evaluable; NR, not reached; PFS, progression-free survival; PR, partial response; SD, stable disease.

1. Kreitman RJ, et al. Presented at ASH 2017, abstract 2765.

Moxetumomab pasudotox

Hairy cell leukaemia 3rd line+ - Study ‘1053’ - safety summary

Treatment-Related Grade 3/4 Adverse Events

AE (Observed in ≥2% of Patients)	n (%)
Any treatment-related grade 3/4 AE	24 (30.0%)
Lymphocyte count decreased	6 (7.5%)
Hemolytic uremic syndrome	4 (5.0%)
Capillary leak syndrome	2 (2.5%)
Nausea	2 (2.5%)
Anemia	2 (2.5%)
White blood cell count decreased	2 (2.5%)
Hypertension	2 (2.5%)
Platelet count decreased	2 (2.5%)
Neutropenia	2 (2.5%)
Acute kidney injury	2 (2.5%)

AE, adverse event.

Moxetumomab pasudotox

Hairy cell leukaemia 3rd line+ - Study ‘1053’ - safety summary

CLS and HUS events

- Characteristics
  - 10 patients developed CLS and/or HUS (3 CLS, 3 HUS, 4 CLS and HUS)
  - Occurred in any treatment cycle
  - All events resolved with supportive care and/or treatment discontinuation (n=6)
- Management
  - Prophylactic oral hydration during the first week of each cycle and proper intravenous fluid supplementation on the day of infusion
  - Close monitoring of blood pressure, body weight, and blood creatinine
  - Monitoring of schistocytes in peripheral blood smear if HUS suspected
  - Supportive medical care
  - For severe cases, intensive care (without plasma exchange) and treatment discontinuation

CLS, capillary leak syndrome; HUS, hemolytic uremic syndrome.

Moxetumomab pasudotox

Hairy cell leukaemia 3rd line+ - Study ‘1053’ - conclusions

Conclusions

- Moxetumomab pasudotox resulted in a deep and durable response and eradicated MRD in a substantial proportion of pretreated patients with relapsed/refractory HCL
- Moxetumomab pasudotox had an acceptable tolerability profile
  - Low rates of treatment-related AEs leading to discontinuation
  - CLS and HUS were manageable and reversible with close monitoring and best supportive care
- Moxetumomab pasudotox is a non-chemotherapeutic agent that has the potential to become a standard of care for patients with relapsed/refractory HCL

CLS, capillary leak syndrome; HCL, hairy cell leukemia; HUS, hemolytic uremic syndrome; MRD, minimal residual disease.

Selumetinib

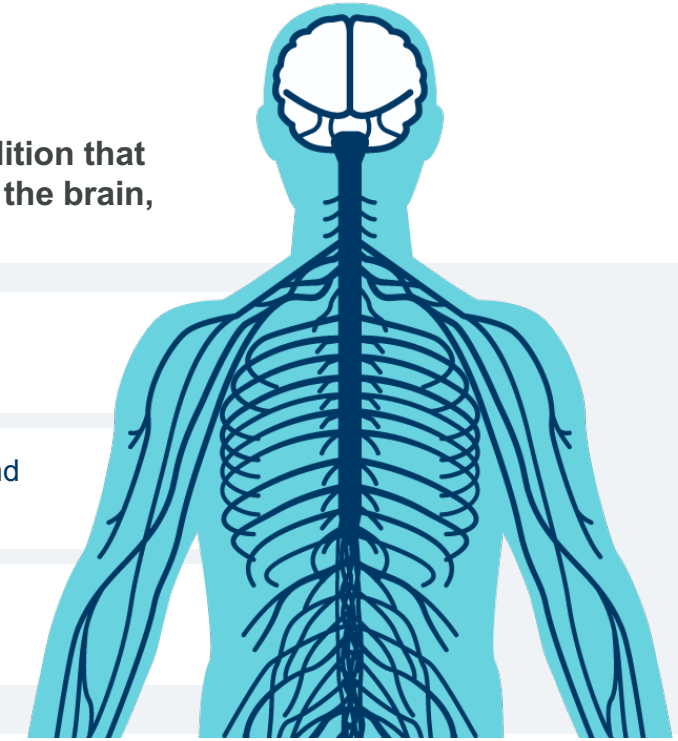
NF-1 - disease explanation

Neurofibromatosis type 1 (NF-1) is an incurable genetic condition that can cause tumours to form in the nervous system, including the brain, spinal cord and nerves.

15 In many cases, careful monitoring and treatment can help people with NF-1 live a full life. However in some people, the risk of some complications can reduce life expectancy by up to 15 years.

10 Symptoms are often evident at birth or shortly afterwards, and almost always by age 10.

1 in 3,000 NF-1 affects approximately one in 3,000 births. There is no variation in prevalence regardless of race or gender.



Family history
In around 50% of all cases, the mutated gene is passed from parent to child.

Spontaneous mutation
In 50% of NF-1 cases, the mutation happens spontaneously just before conception.

Source: AstraZeneca data on file; NF-1 backgrounder.

Selumetinib

NF-1 - SPRINT trial - trial overview

Phase 2 Selumetinib in NF1 PN

Multi-Institutional CTEP Sponsored Study

Study Objectives:

- **Primary:** Complete and partial response (PR) rate as measured by volumetric MRI
- **Secondary:**
  - Effect on pain, quality of life, disfigurement and physical functioning
  - Long term safety and tolerability
  - Pharmacodynamics (endothelial progenitors, cytokines)

Eligibility:

- Children 2-18 years old with NF1 and inoperable PN causing morbidity

Selumetinib Administration:

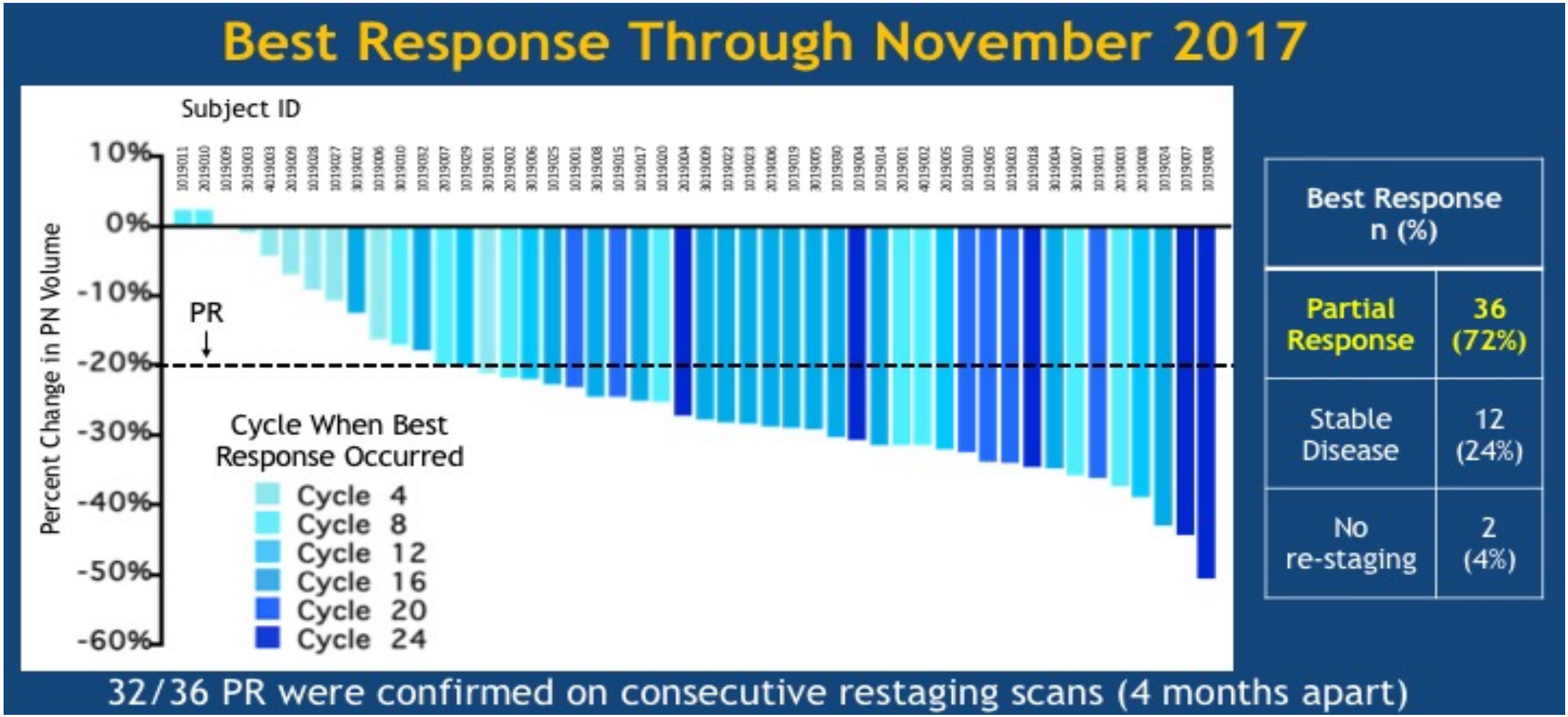
- 25 mg/m^2/dose BID continuous dosing (1 cycle = 28 days)

Response Evaluations:

- Volumetric MRI every 4 cycles for 2 years (then every 6 cycles)

Selumetinib

NF-1 - SPRINT trial - primary endpoint (PR)



Selumetinib

NF-1 - SPRINT trial - safety summary

Safety and Tolerability

- Median cycles on study: 19.5 (range 0 - 29)
- Most common: GI, CPK increase, rash, paronychia
- 12 patients with dose reductions:
  - 4 patients removed from treatment for adverse event at least possibly related to study drug

Patient ID	Cycle Off Treatment	Adverse Event
4019001	3	Diarrhea (Grade 3)
3019003	8	Elevated creatinine (Grade 4) Anemia (Grade 3) Hypocalcemia (Grade 3)
1019028	9	Weight gain (Grade 3)
2019007	15	Paronychia (Grade 3)

Selumetinib

NF-1 - SPRINT trial - conclusions

Phase 2 Selumetinib Trial Conclusions:

- Confirmation of phase I study observed PR rate (71% / 72%)
- Responses are durable
- Selumetinib is well tolerated with reversible AE's
- Functional & PRO evaluations are feasible
- Improvement in functional and PRO endpoints
- Database validation and additional analyses ongoing

Other highlights

Additional key data; details available in break-out sessions

DNA damage response

***Lynparza* + vistusertib**
(AZD2014, mTORC1/2 inhibitor)
ovarian cancer and TNBC[1]

AZD2811
(aurora kinase B inhibitor)
advanced solid tumours - Phase I

Immuno-Oncology

Imfinzi
unresectable Stage III NSCLC - Phase III PACIFIC trial (safety)

Imfinzi
NSCLC Stage IV 3rd line - Phase II ATLANTIC trial (updated results)

***Imfinzi* +/- treme**
GI[3] cancers - Phase I Study 1108/021 trials

***Imfinzi* +/- treme**
SCLC[2] - Phase I Study 1108/010 trials

***Imfinzi* + treme**
NSCLC - Phase I Study 006 trial

***Imfinzi* + CTx**
mesothelioma - Phase II DREAM trial

Tumour drivers Haematology

capivasertib
(AZD5363, AKT inhibitor)
TNBC - Phase II

Calquence
Waldenström Macroglobulinemia (WM) - Phase I/II

1. Triple-negative breast cancer.
2. Small cell lung cancer.
3. Gastrointestinal.

Agenda

AstraZeneca Oncology

Key data at ASCO 2018 Annual Meeting

Break-out sessions

~19:45 - 1st set of four concurrent breakout sessions + Q&A (30 minutes)

10 minutes break to allow for room changes

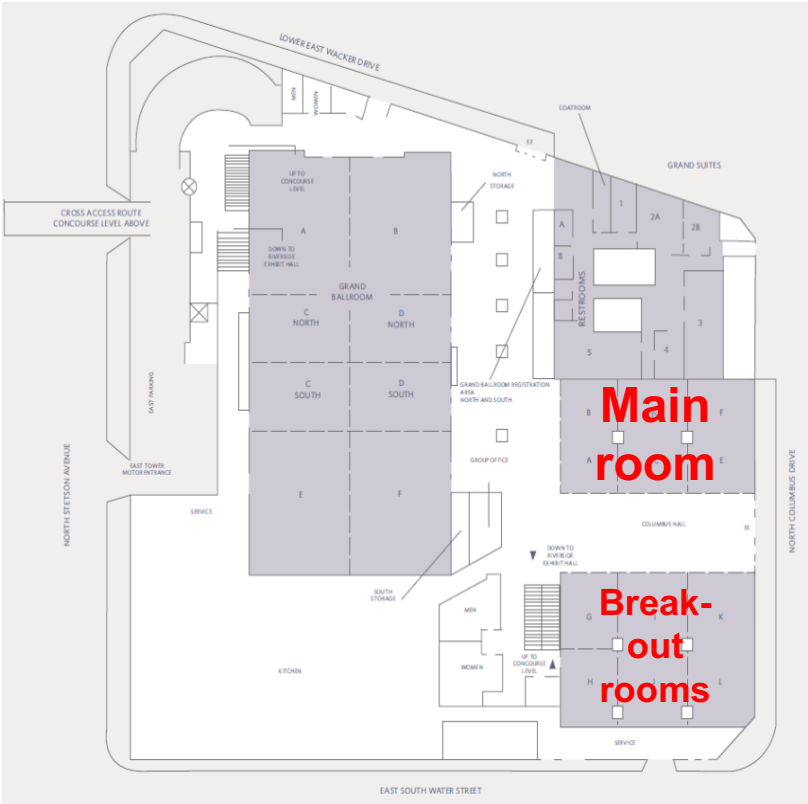
~20:25 - 2nd set of four concurrent breakout sessions + Q&A (30 minutes)

~21:00 - End

Break-out sessions are recorded and will be made available at astrazeneca.com

Break-out sessions

Each session will run twice; **19:45** and **20:25**



Session 1 in Columbus G	Session 2 in Columbus H
Sales & Marketing execution Host: Dave Fredrickson	***Lynparza* lifecycle; MRK collaboration** Host: Klaus Edvardsen
Session 3 in Columbus I/J	**Session 4 in Columbus K/L**
Next-gen DNA damage response and tumour drivers Host: Susan Galbraith	**Next-gen Immuno-Oncology** Hosts: David Berman & Jean-Charles Soria

Use of AstraZeneca conference call, webcast and presentation slides