

# Capital markets event

## Meet AZN management: ASCO 2020

**Pascal Soriot, Dave Fredrickson, José Baselga**

IR moderator: Thomas Kudsk Larsen

1 June 2020

Webinar is being recorded



# Forward-looking statements disclaimer

In order, among other things, to utilise the 'safe harbour' provisions of the US Private Securities Litigation Reform Act of 1995, AstraZeneca (hereafter 'the Group') provides 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 the Group believes its 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 the Group undertakes no obligation to update these forward-looking statements. The Group identifies 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 the Group's control, include, among other things: the risk of failure or delay in delivery of pipeline or launch of new medicines; the risk of failure to meet regulatory or ethical requirements for medicine development or approval; the risk of failure to obtain, defend and enforce effective intellectual property (IP) protection and IP challenges by third parties; the impact of competitive pressures including expiry or loss of IP rights, and generic competition; the impact of price controls and reductions; the impact of economic, regulatory and political pressures; the impact of uncertainty and volatility in relation to the UK's exit from the EU; the risk of failures or delays in the quality or execution of the Group's commercial strategies; the risk of failure to maintain supply of compliant, quality medicines; the risk of illegal trade in the Group's medicines; the impact of reliance on third-party goods and services; the risk of failure in information technology, data protection or cybercrime; the risk of failure of critical processes; any expected gains from productivity initiatives are uncertain; the risk of failure to attract, develop, engage and retain a diverse, talented and capable workforce; the risk of failure to adhere to applicable laws, rules and regulations; the risk of the safety and efficacy of marketed medicines being questioned; the risk of adverse outcome of litigation and/or governmental investigations; the risk of failure to adhere to increasingly stringent anti-bribery and anti-corruption legislation; the risk of failure to achieve strategic plans or meet targets or expectations; the risk of failure in financial control or the occurrence of fraud; the risk of unexpected deterioration in the Group's financial position; and the impact that the COVID-19 global pandemic may have or continue to have on these risks, on the Group's ability to continue to mitigate these risks, and on the Group's operations, financial results or financial condition. Nothing in this document, or any related presentation/webcast, should be construed as a profit forecast.



# Agenda

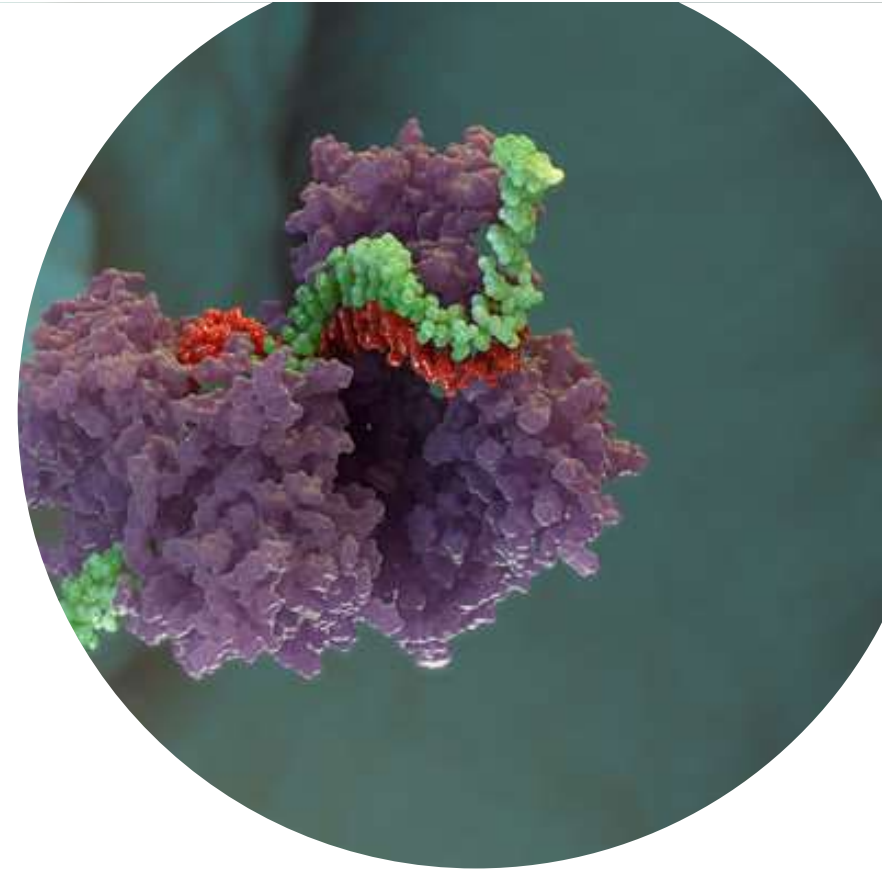
Introduction and overview

Oncology strategy and growth

ASCO 2020 highlights

- *Tagrisso* adjuvant lung cancer (ADAURA trial)
- *Imfinzi* small cell lung cancer (CASPIAN trial)
- *Enhertu* gastric, lung and colorectal cancers (DESTINY trials)

Virtual breakout sessions



# Meet AZN management: ASCO 2020

## Four Q&A-focused, virtual breakout sessions

### Opening session

16:00-16:25 BST

Pascal Soriot, Dave Fredrickson, José Baselga

[https://astrazeneca.zoom.us/webinar/register/WN\\_hEt-K5tqRGOxefPVfBtTdg](https://astrazeneca.zoom.us/webinar/register/WN_hEt-K5tqRGOxefPVfBtTdg)

Webinar ID: 957 3417 3925 | IR moderator: thomas.larsen@astrazeneca.com

#### **Tagrisso and immuno-oncology**

Session 1: 16:35 BST

Session 2: 17:15 BST

**Dave Fredrickson,  
Cristian Massacesi**

[https://astrazeneca.zoom.us/webinar/register/WN\\_-ScpPmA9TRST-5NET3fEjg](https://astrazeneca.zoom.us/webinar/register/WN_-ScpPmA9TRST-5NET3fEjg)

Webinar ID: 936 3943 3037  
IR moderator:  
craig.marks@astrazeneca.com

#### **Enhertu and breast cancer**

Session 1: 16:35 BST

Session 2: 17:15 BST

**José Baselga,  
Mika Sovak, Jon Wildin**

[https://astrazeneca.zoom.us/webinar/register/WN\\_Mux3EqBhTmeTmtJ-UuhVYA](https://astrazeneca.zoom.us/webinar/register/WN_Mux3EqBhTmeTmtJ-UuhVYA)

Webinar ID: 995 5382 4818  
IR moderator:  
tom.waldron@astrazeneca.com

#### **Lynparza**

Session 1: 16:35 BST

Session 2: 17:15 BST

**Susan Galbraith,  
Greg Rossi**

[https://astrazeneca.zoom.us/webinar/register/WN\\_gvp6EHQ6TW2i9LikUbrx3Q](https://astrazeneca.zoom.us/webinar/register/WN_gvp6EHQ6TW2i9LikUbrx3Q)

Webinar ID: 989 7940 1118  
IR moderator:  
nick.stone@astrazeneca.com

#### **Calquence and haematology**

Session 1: 16:35 BST

Session 2: 17:15 BST

**Michelle Werner,  
Andrew Mortlock**

[https://astrazeneca.zoom.us/webinar/register/WN\\_Tx4eYAvFSxi4nQ2x8iMkNA](https://astrazeneca.zoom.us/webinar/register/WN_Tx4eYAvFSxi4nQ2x8iMkNA)

Webinar ID: 933 8283 0734  
IR moderator:  
henry.wheeler@astrazeneca.com

If you cannot connect using Zoom Webinar on a computer or device, please use the following phone details:

+441314601196 | +46844682488 | +16699006833, including the appropriate Webinar ID

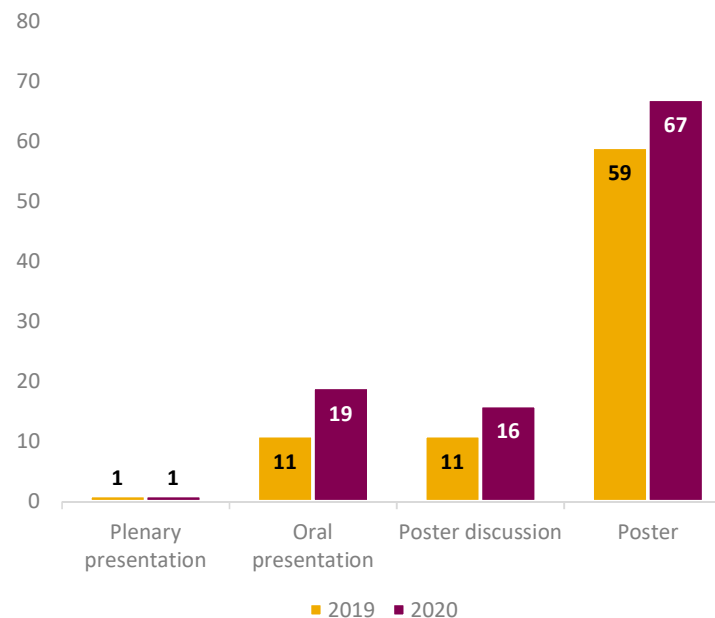
**Event closes c. 17:45 BST**



# ASCO 2020

Increasing  
presence

## 103 presented abstracts 26% increase over 2019



Source: ASCO 2020 accepted abstracts. A total of 132 abstracts were accepted of which 29 abstracts were selected for publication only.

## Data highlights

- **Tagrisso**  
Phase III ADAURA - adjuvant lung cancer (plenary, late-breaking abstract)
- **Imfinzi**  
Phase III CASPIAN - extensive-stage small cell lung cancer
- **Enhertu**  
Phase II trials in gastric, lung and colorectal cancers and update in breast cancer



# ASCO 2020: data from across the portfolio

## 'What's next' pipeline featured in many abstracts

### What's next

Phase I/II new medicines, selected

<b>adavosertib</b> (WEE1 <sup>1</sup> inhibitor) solid tumours	<i>Data at</i> <b>ASCO ✓</b>	<b>monalizumab</b> (NKG2a <sup>6</sup> mAb <sup>7</sup> ) head & neck, colorectal cancers	<i>Data at</i> <b>ASCO ✓</b>
<b>ceralasertib</b> (ATR <sup>2</sup> inhibitor) solid tumours, blood cancers	<i>Data at</i> <b>ASCO ✓</b>	<b>oleclumab</b> (CD73 <sup>8</sup> mAb) lung, pancreatic cancers	
<b>AZD9833</b> (SERD <sup>3</sup> , oral) breast cancer	<i>Data at</i> <b>ASCO ✓</b>	<b>AZD4635</b> (A2AR <sup>9</sup> inhibitor) solid tumours	<i>Data at</i> <b>ASCO ✓</b>
<b>AZD5991</b> (MCL1 <sup>4</sup> inhibitor) blood cancers		<b>MEDI5752</b> (PD-1 <sup>10</sup> / CTLA-4 <sup>11</sup> ) solid tumours	
<b>AZD2811</b> (Aurora B inhibitor) solid tumours, blood cancers		<b>AZD4573</b> (CDK9 <sup>12</sup> inhibitor) blood cancers	
<b>AZD0466</b> (Bcl-2 <sup>5</sup> /xL) blood cancers		<b>MEDI2228</b> (BCMA <sup>13</sup> ADC <sup>14</sup> ) blood cancers	

### What's now

Phase III new medicines

<b>savolitinib<sup>15</sup></b> NSCLC	<i>Data at</i> <b>ASCO ✓</b>	<b>capivasertib</b> breast cancer	<i>Data at</i> <b>ASCO ✓</b>
		<b>tremelimumab</b> multiple cancers	<i>Data at</i> <b>ASCO ✓</b>

Phase III lifecycle management, major

		<b>Lynparza</b> multiple cancers	<i>Data at</i> <b>ASCO ✓</b>
<b>Tagrisso</b> NSCLC	<i>Data at</i> <b>ASCO ✓</b>	<b>Enhertu</b> multiple cancers	<i>Data at</i> <b>ASCO ✓</b>
<b>Imfinzi</b> multiple cancers	<i>Data at</i> <b>ASCO ✓</b>	<b>Calquence</b> multiple cancers	<i>Data at</i> <b>ASCO ✓</b>

1. Tyrosine kinase WEE1 2. Ataxia telangiectasia and rad3-related kinase 3. Selective oestrogen receptor degrader 4. Induced myeloid leukaemia cell differentiation protein 5. B-cell lymphoma 2 6. Inhibitory cell surface receptor covalently bound to CD94 7. Monoclonal antibody 8. 5'-nucleotidase 9. Adenosine A2A receptor 10. Programmed cell death protein 1 11. Cytotoxic T-lymphocyte-associated protein 4 12. Cyclin-dependent kinase 9 13. B-cell maturation antigen 14. Antibody-drug conjugate 15. Phase II.



# Agenda

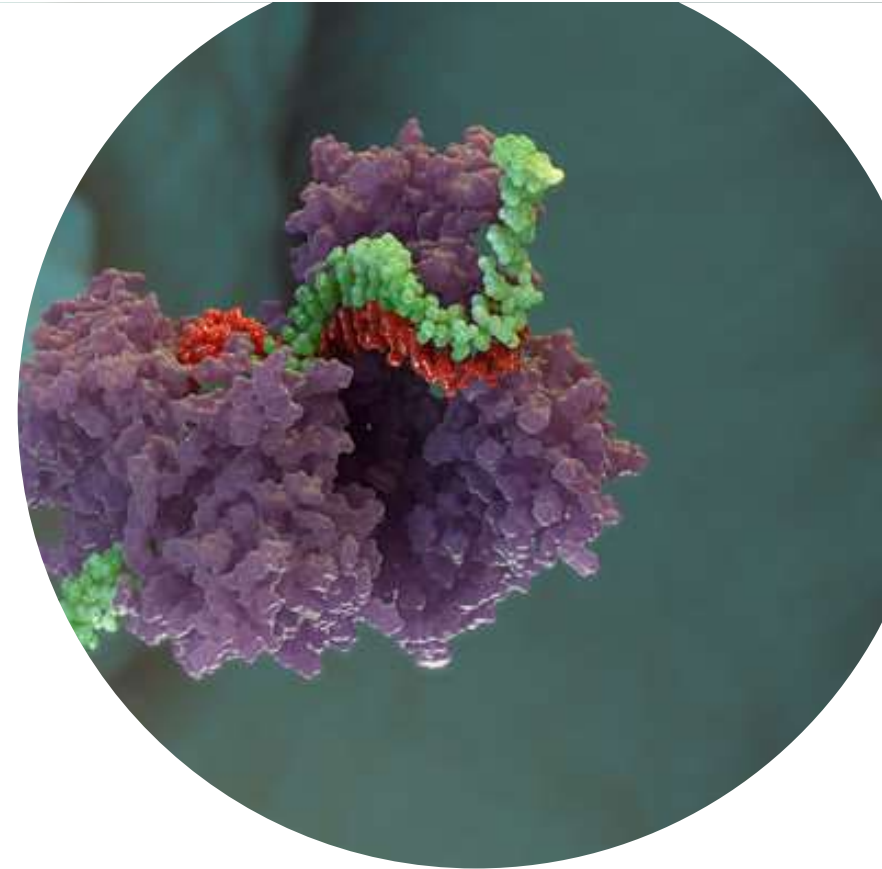
Introduction and overview

## Oncology strategy and growth






ASCO 2020 highlights

- *Tagrisso* adjuvant lung cancer (ADAURA trial)
- *Imfinzi* small cell lung cancer (CASPIAN trial)
- *Enhertu* gastric, lung and colorectal cancers (DESTINY trials)

Virtual breakout sessions



# Oncology: a leading, diversified portfolio

Lung cancer	Ovarian	Breast	Blood cancer
 <ul style="list-style-type: none"> <li>• Stage IV NSCLC<sup>1</sup> <ul style="list-style-type: none"> <li>- EGFRm<sup>2</sup> (1L<sup>3</sup>)</li> <li>- T790M<sup>4</sup> (2L<sup>5</sup>)</li> </ul> </li> <li>• Adjuvant use positive</li> </ul> <p><b>Next</b></p> <ul style="list-style-type: none"> <li>• Stage III, unresectable NSCLC; combinations</li> </ul>	 <ul style="list-style-type: none"> <li>• Stage III, unresectable NSCLC</li> <li>• Extensive-stage SCLC<sup>6</sup></li> </ul> <p><b>Next</b></p> <ul style="list-style-type: none"> <li>• Early / advanced stages of several cancers, combinations</li> </ul>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <ul style="list-style-type: none"> <li>• Ovarian, breast, pancreatic, prostate cancers<sup>7</sup></li> <li>• Merck collaboration</li> </ul> <p><b>Next</b></p> <ul style="list-style-type: none"> <li>• Adjuvant breast, earlier use in prostate cancer, combinations</li> </ul> </div> <div style="width: 45%;">  <ul style="list-style-type: none"> <li>• Breast cancer (3L<sup>8</sup>, HER2+<sup>9</sup>)</li> <li>• Daiichi Sankyo collaboration</li> </ul> <p><b>Next</b></p> <ul style="list-style-type: none"> <li>• Earlier use, other cancers (gastric, lung, colorectal), HER2 low</li> </ul> </div> </div>	 <ul style="list-style-type: none"> <li>• Chronic lymphocytic leukaemia</li> <li>• Mantle cell lymphoma</li> </ul> <p><b>Next</b></p> <ul style="list-style-type: none"> <li>• Combinations, other blood cancers</li> </ul>
<p><b>What's next:</b> rich, early to mid-stage pipeline, including combinations and a number of new Phase III medicines</p>			

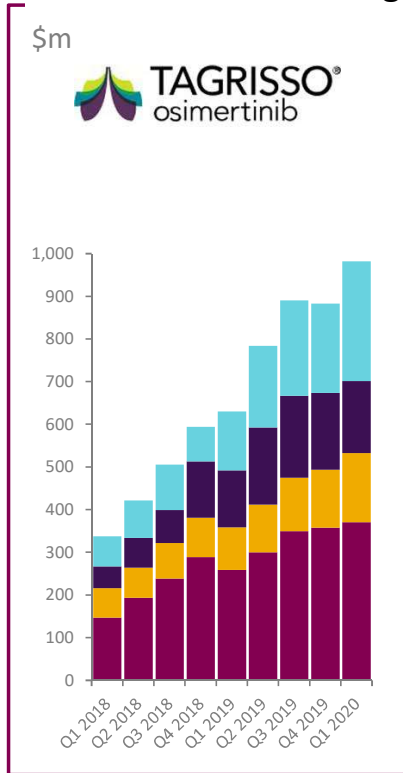
1. Non-small cell lung cancer 2. Epidermal growth factor receptor mutation 3. 1st line 4. Substitution of threonine (T) with methionine (M) at position 790 of exon 20 mutation 5. 2nd line 6. Small cell lung cancer 7. Exact patient population varies by indications 8. 3rd line 9. Human epidermal growth factor receptor 2 positive.



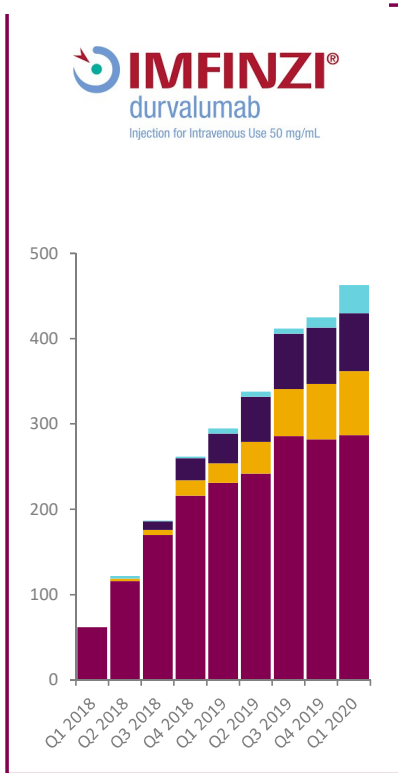


# Oncology: strong growth across medicines and geographies

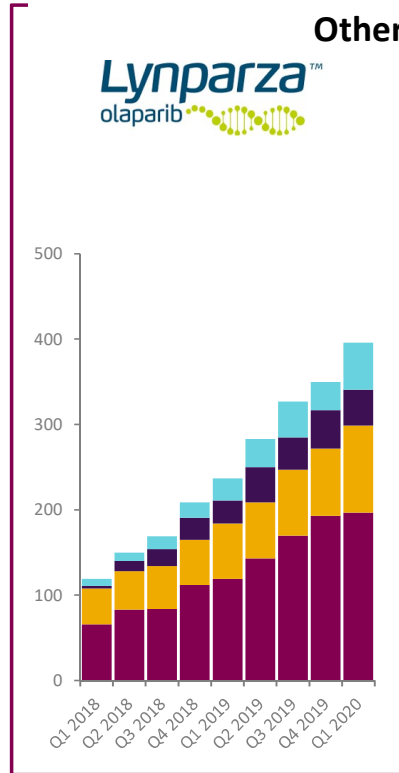
## Lung cancer



## Ovarian



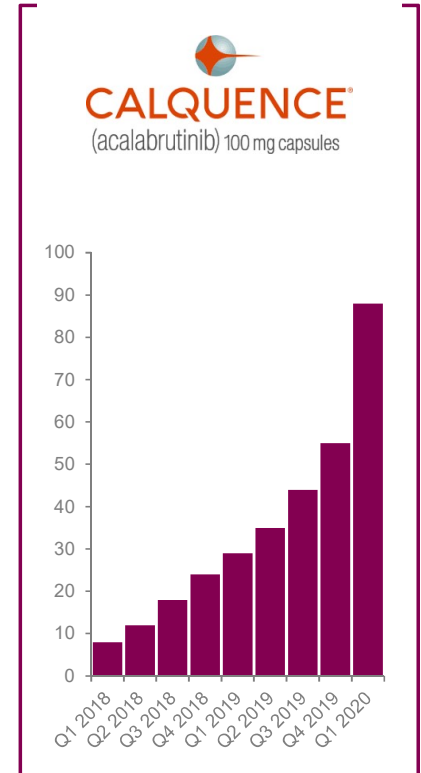
## Ovarian Other cancers



## Breast

- 
- ENHERTU®**  
fam-trastuzumab deruxtecan-nxki  
20 mg/mL INJECTION FOR INTRAVENOUS USE
- US launch Q1 2020 in 3L, HER2+ mBC<sup>1</sup>
  - ~30% share of patients in 3L setting
  - JP launch Q2 2020; preparing for regulatory submission elsewhere

## Blood cancer



US Europe Established Rest of World (RoW) Emerging markets

Absolute product sales at actual exchange rates.

1. Metastatic breast cancer.



# Agenda

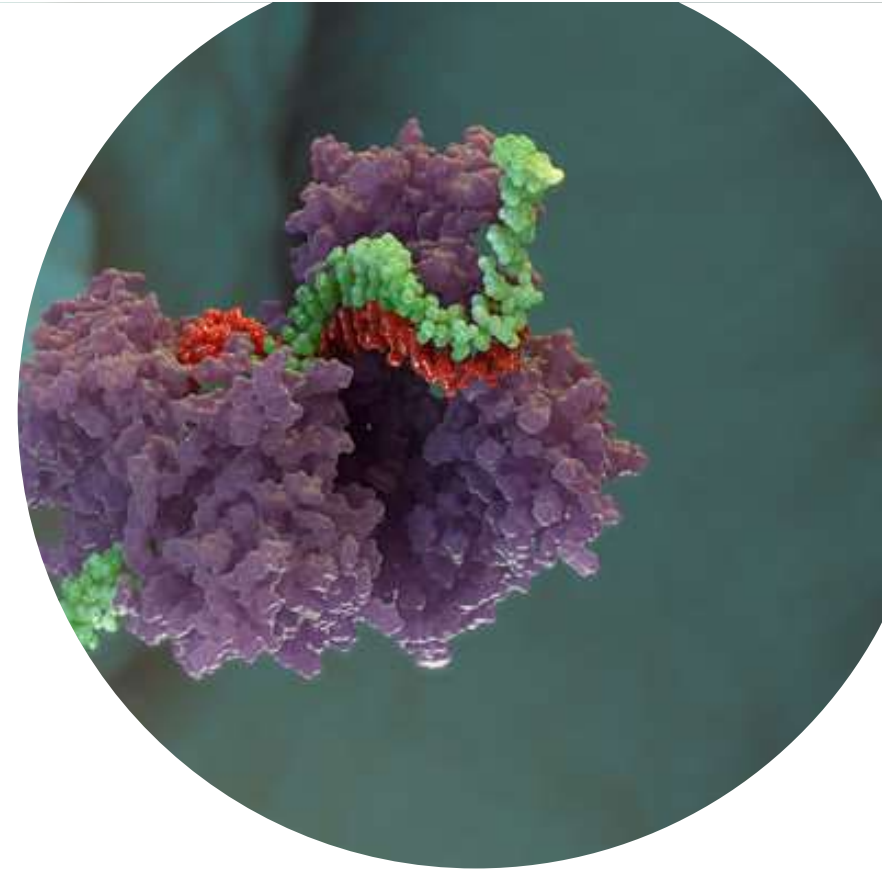
Introduction and overview

Oncology strategy and growth

## ASCO 2020 highlights

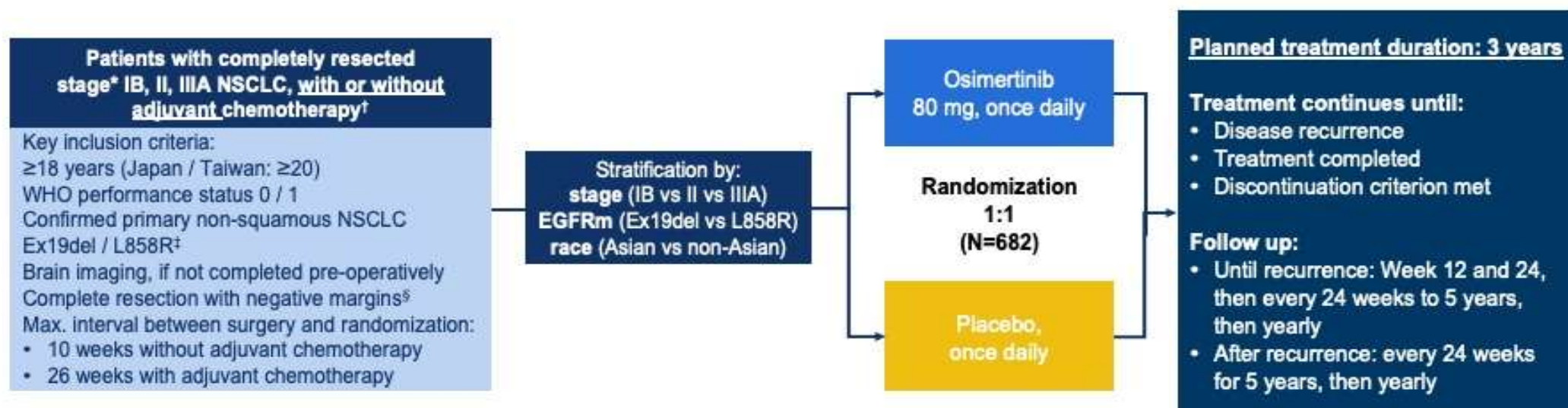
- **Tagrisso** adjuvant lung cancer (ADAURA trial)
- *Imfinzi* small cell lung cancer (CASPIAN trial)
- *Enhertu* gastric, lung and colorectal cancers (DESTINY trials)

Virtual breakout sessions



# Tagrisso ADAURA - 1

## ADAURA Phase III double-blind study design



### Endpoints

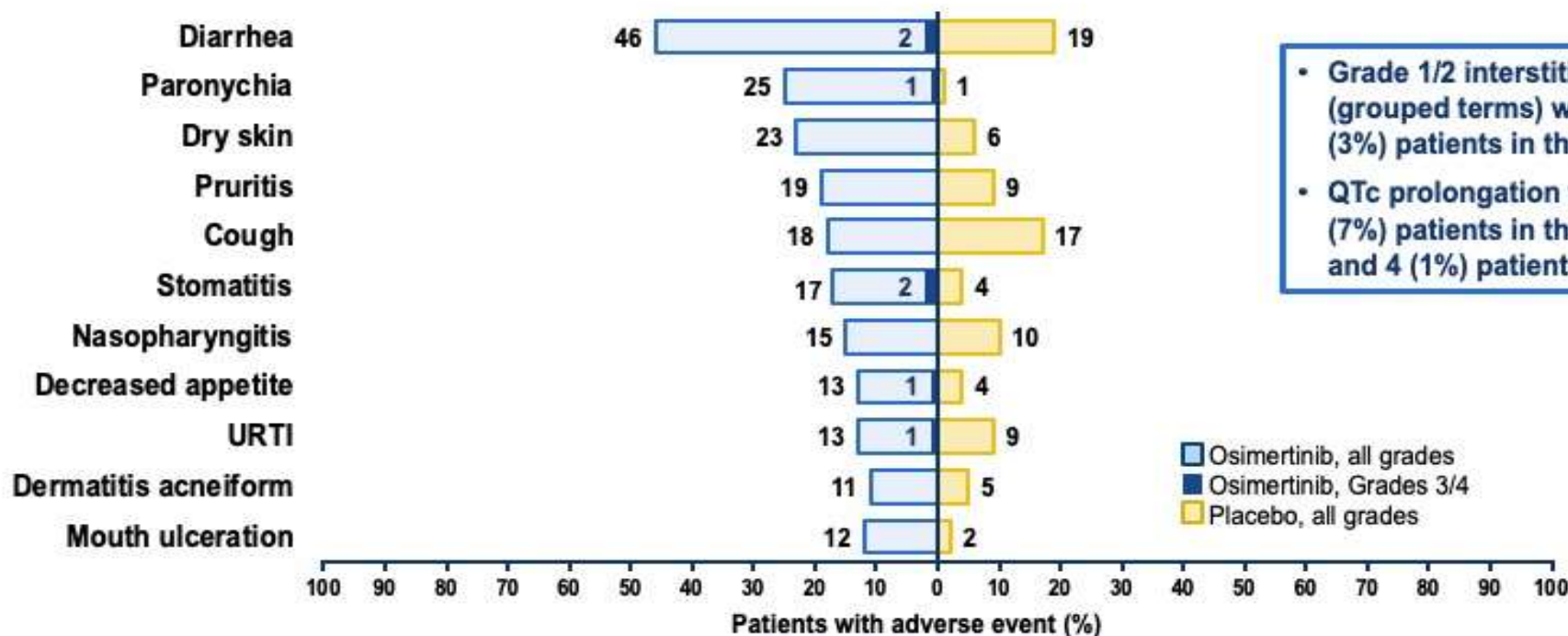
- **Primary:** DFS, by investigator assessment, in stage II/IIIA patients; designed for superiority under the assumed DFS HR of 0.70
- **Secondary:** DFS in the overall population¶, DFS at 2, 3, 4, and 5 years, OS, safety, health-related quality of life

- Following IDMC recommendation, the study was unblinded early due to efficacy; here we report an unplanned interim analysis
- At the time of unblinding the study had completed enrollment and all patients were followed up for at least 1 year

# Tagrisso ADAURA - 2

## All causality adverse events (≥10% of patients)

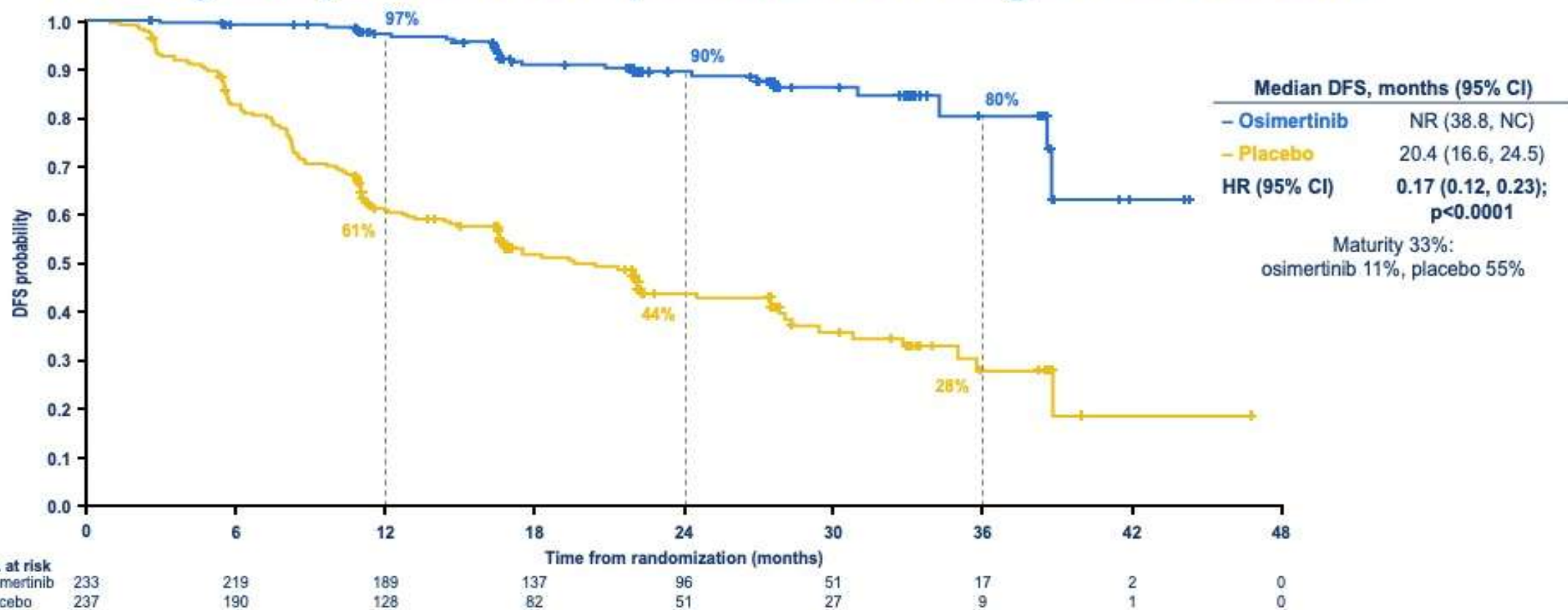
Median duration of exposure: osimertinib: 22.3 months (range 0 to 43), placebo: 18.4 months (range 0 to 48)



- Grade 1/2 interstitial lung disease (grouped terms) was reported in 10 (3%) patients in the osimertinib arm\*
- QTc prolongation was reported in 22 (7%) patients in the osimertinib arm and 4 (1%) patients in the placebo arm†

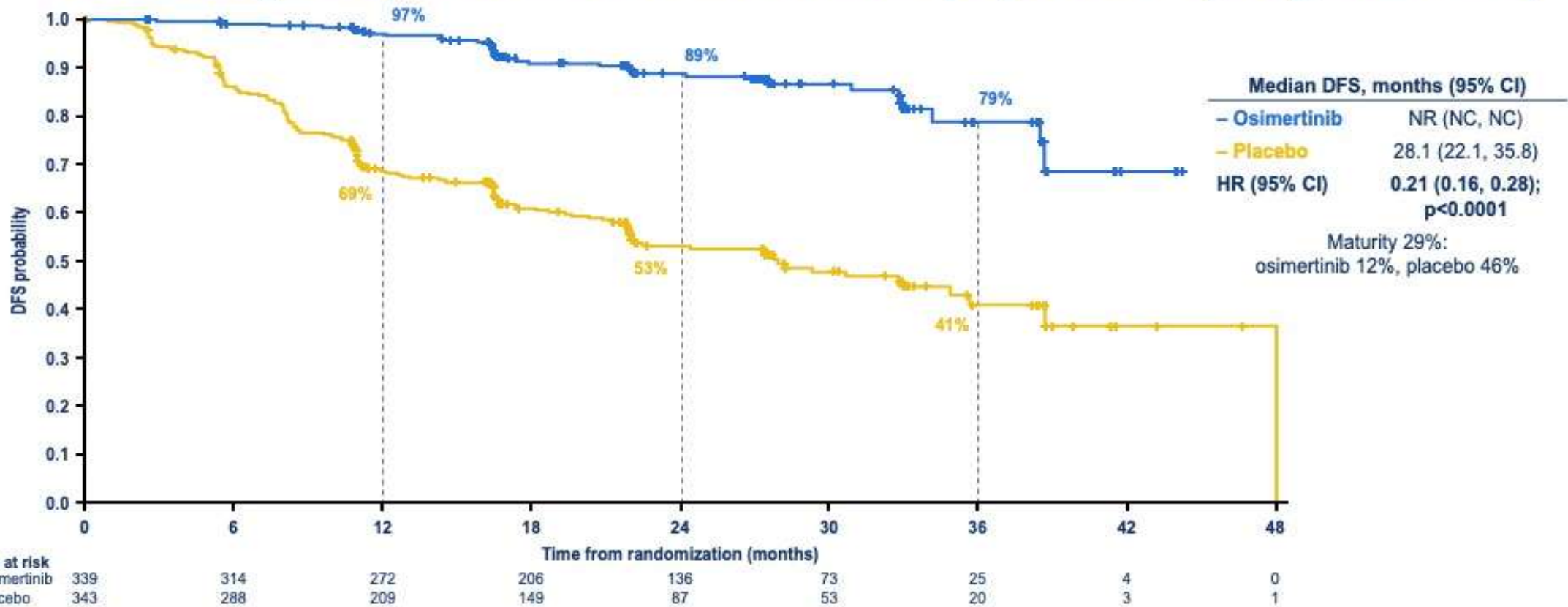
# Tagrisso ADAURA - 3

## Primary endpoint: DFS in patients with stage II/IIIA disease



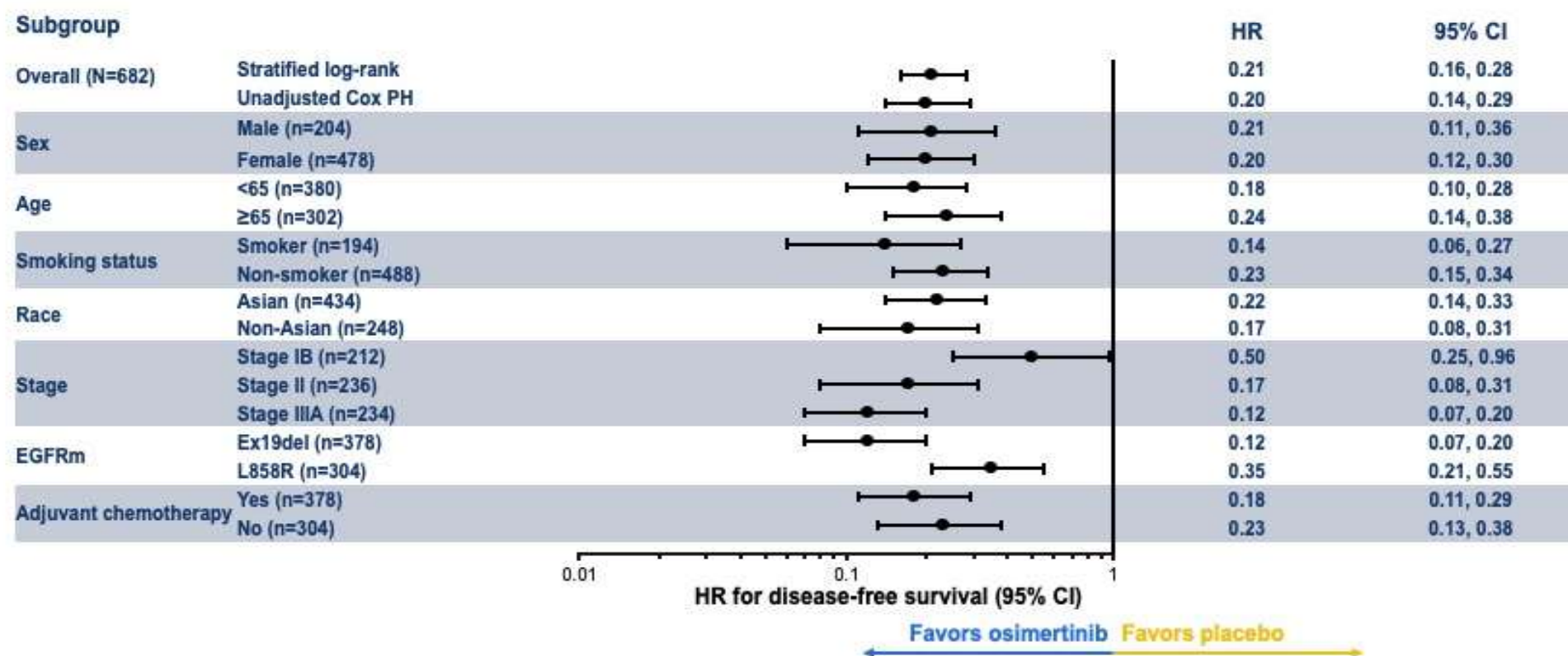
# Tagrisso ADAURA - 4

## Secondary endpoint: DFS in the overall population (stage IB/II/IIIA)



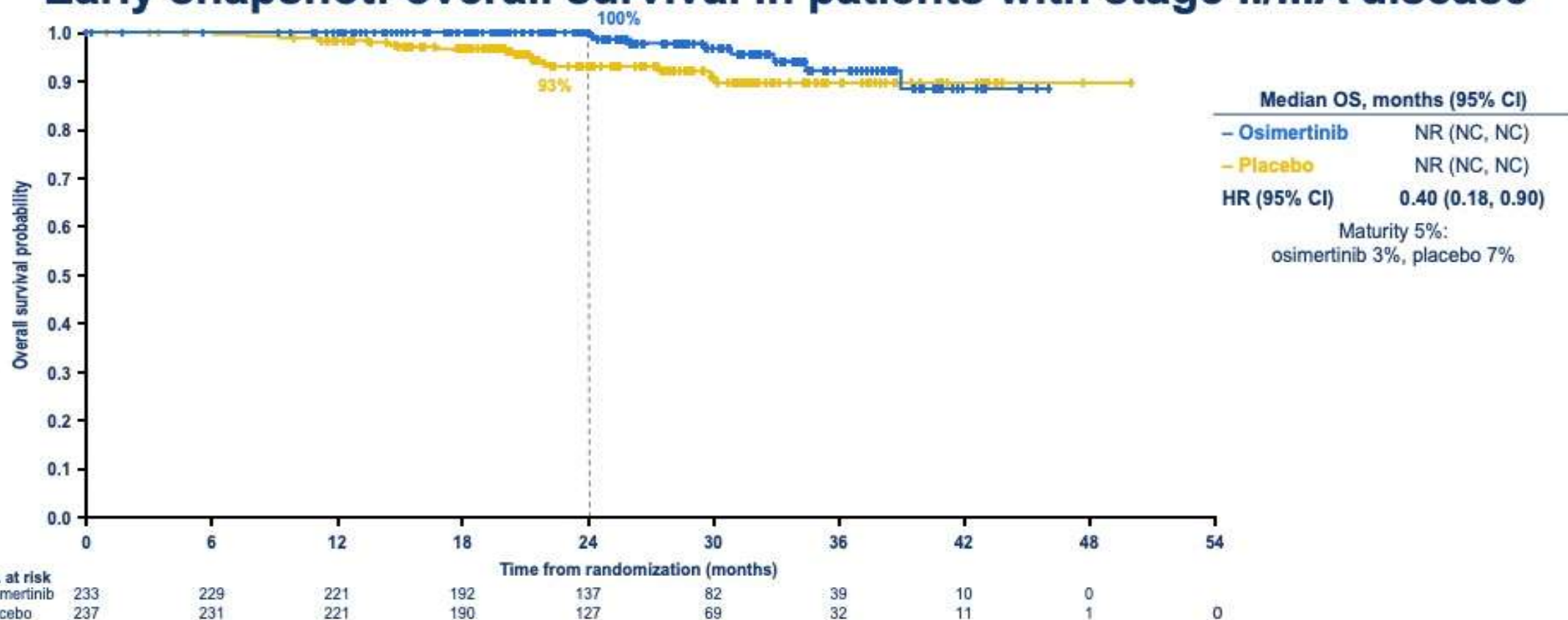
# Tagrisso ADAURA - 5

## DFS across subgroups in the overall population



# Tagrisso ADAURA - 6

## Early snapshot: overall survival in patients with stage II/IIIA disease





# Tagrisso ADAURA - 7

## Conclusions

- Adjuvant osimertinib is the first targeted agent in a global trial to show a statistically significant and clinically meaningful improvement in DFS in patients with stage IB / II / IIIA EGFRm NSCLC
  - Overall, there was a 79% reduction in the risk of disease recurrence or death with osimertinib (DFS HR 0.21 [95% CI 0.16, 0.28];  $p < 0.0001$ )
  - Osimertinib vs placebo DFS rates at 2 years were 89% vs 53%, respectively
- A consistent improvement in DFS was seen regardless of whether patients received prior adjuvant chemotherapy
- The safety profile was consistent with the established safety profile of osimertinib, with mild EGFR-TKI class effects reported; median duration of exposure to osimertinib was 22 months

Adjuvant osimertinib will provide a highly effective, practice changing treatment for patients with stage IB / II / IIIA EGFRm NSCLC after complete tumor resection

# Agenda

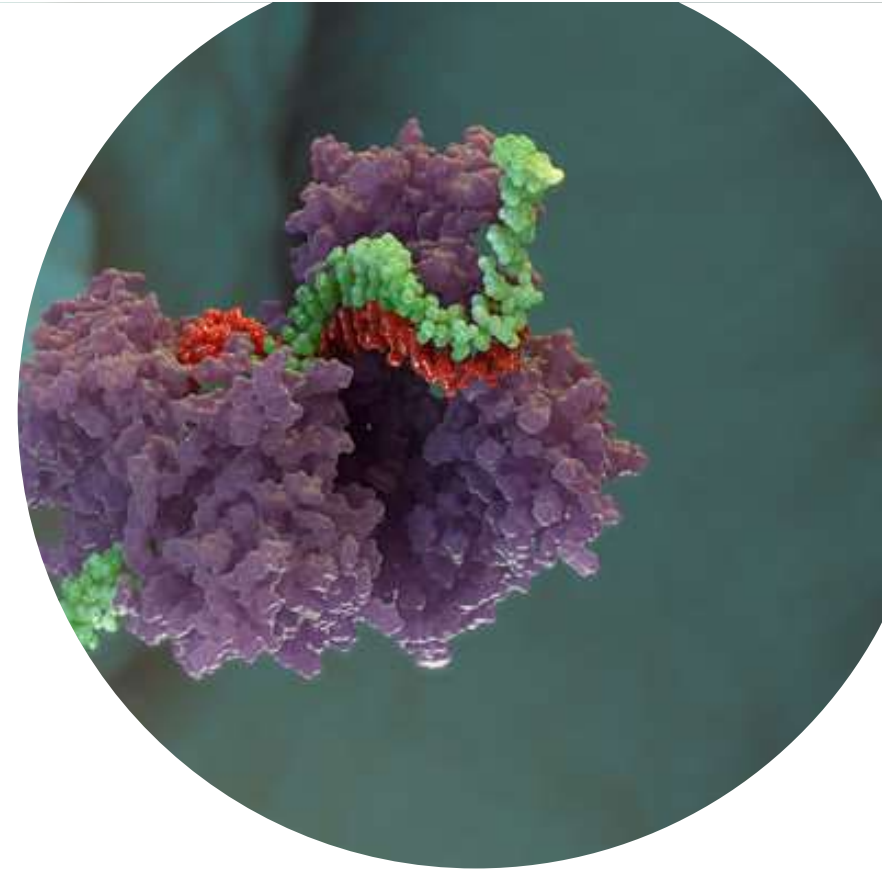
Introduction and overview

Oncology strategy and growth

## ASCO 2020 highlights

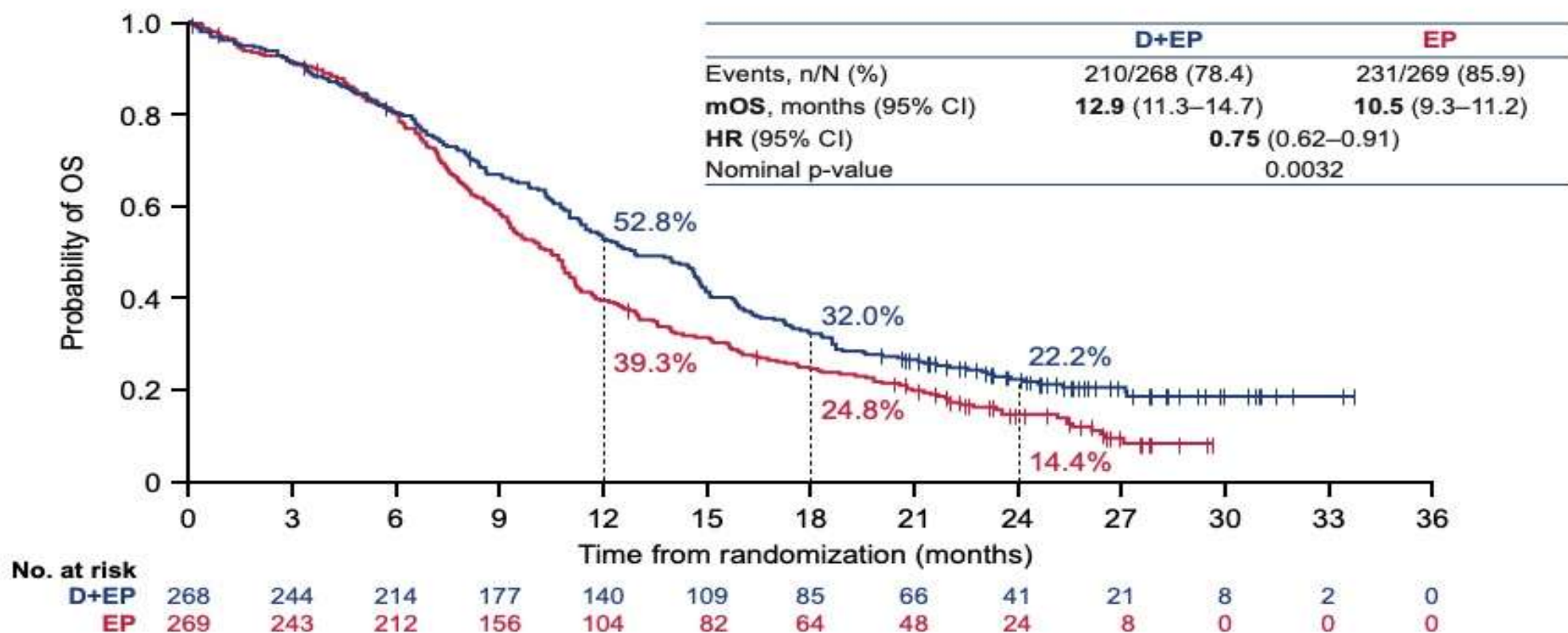
- *Tagrisso* adjuvant lung cancer (ADAURA trial)
- ***Imfinzi* small cell lung cancer (CASPIAN trial)**
- *Enhertu* gastric, lung and colorectal cancers (DESTINY trials)

Virtual breakout sessions



# Imfinzi CASPIAN - 1

## Updated Overall Survival: D+EP vs EP



# *Imfinzi* CASPIAN - 2

## Conclusions

- First-line durvalumab + EP continued to demonstrate sustained improvement in OS compared with a robust control arm that allowed up to 6 cycles of EP and the use of PCI
  - OS HR 0.75 (95% CI 0.62–0.91; nominal p=0.0032)
  - Sustained separation of OS curves with 22.2% vs 14.4% of patients alive at 24 months
  - Benefit was observed across all pre-specified subgroups and key secondary efficacy outcomes
- Addition of tremelimumab to durvalumab + EP did not significantly improve outcomes in CASPIAN
- Safety findings in all arms remained consistent with the known safety profiles of all agents
- **These results further support durvalumab + EP as a new standard-of-care treatment for first-line ES-SCLC offering the flexibility of platinum choice**

# Agenda

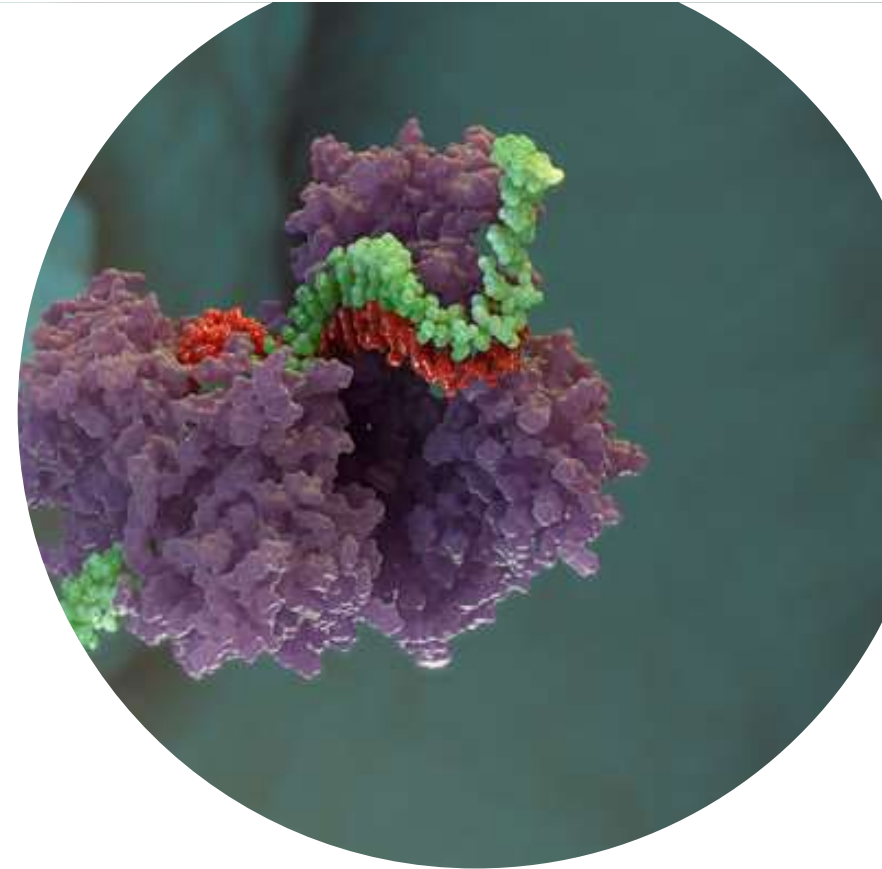
Introduction and overview

Oncology strategy and growth

## ASCO 2020 highlights

- *Tagrisso* adjuvant lung cancer (ADAURA trial)
- *Imfinzi* small cell lung cancer (CASPIAN trial)
- ***Enhertu* gastric, lung and colorectal cancers (DESTINY trials)**

Virtual breakout sessions



# Enhertu gastric cancer - 1



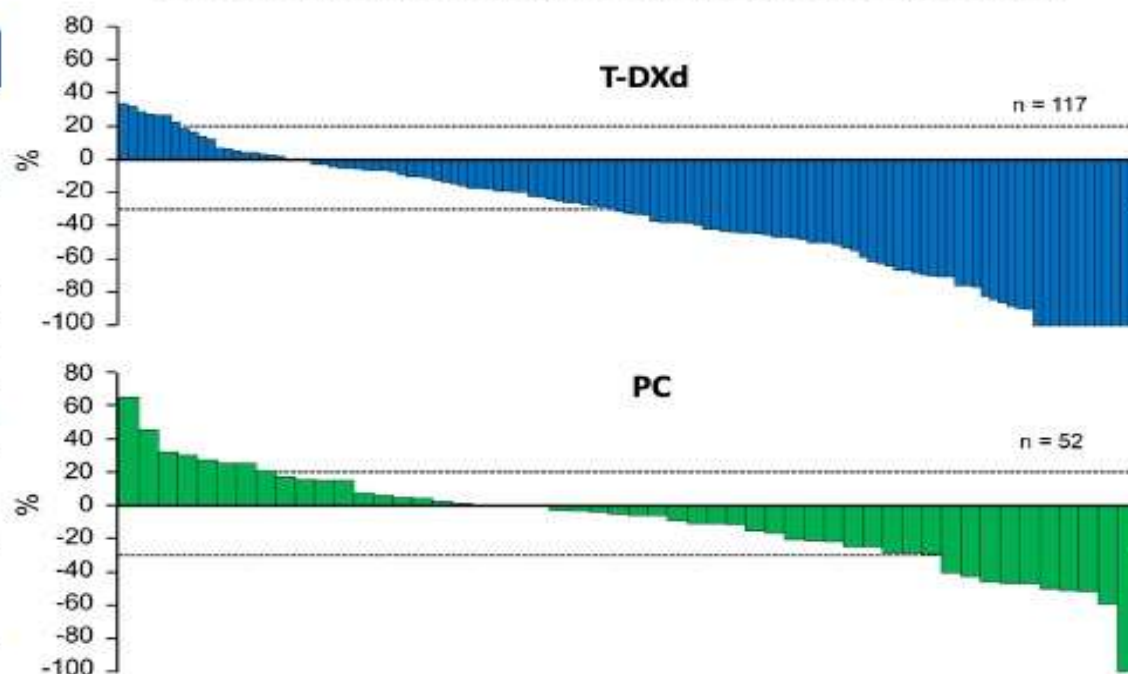
DESTINY-Gastric01

## Primary Endpoint: ORR

	T-DXd (n = 119)	PC (n = 56)
<b>ORR by ICR (CR + PR)</b>	<b>51.3% (n = 61)</b> 95% CI, 41.9-60.5; <i>P</i> < .0001	<b>14.3% (n = 8)</b> 95% CI, 6.4-26.2
<b>Confirmed ORR by ICR (CR + PR)</b>	<b>42.9% (n = 51)</b> 95% CI, 33.8-52.3	<b>12.5% (n = 7)</b> 95% CI, 5.2-24.1
CR	8.4% (n = 10)	0
PR	34.5% (n = 41)	12.5% (n = 7)
SD	42.9% (n = 51)	50.0% (n = 28)
PD	11.8% (n = 14)	30.4% (n = 17)
Not evaluable	2.5% (n = 3)	7.1% (n = 4)
<b>Confirmed DCR (CR + PR + SD)</b>	<b>85.7% (n = 102)</b> 95% CI, 78.1-91.5	<b>62.5% (n = 35)</b> 95% CI, 48.5-75.1
<b>Median confirmed DOR</b>	<b>11.3 months</b> 95% CI, 5.6-NE	<b>3.9 months</b> 95% CI, 3.0-4.9

Includes data for the response evaluable set: all randomized patients who received ≥1 dose of study drug and had measurable tumors based on independent central review at baseline.

### Best Percentage Change from Baseline in Tumor Size



Line at 20% indicates progressive disease; line at -30% indicates partial response. Includes patients who had both baseline and postbaseline target lesion assessments by independent central review in both treatment arms.

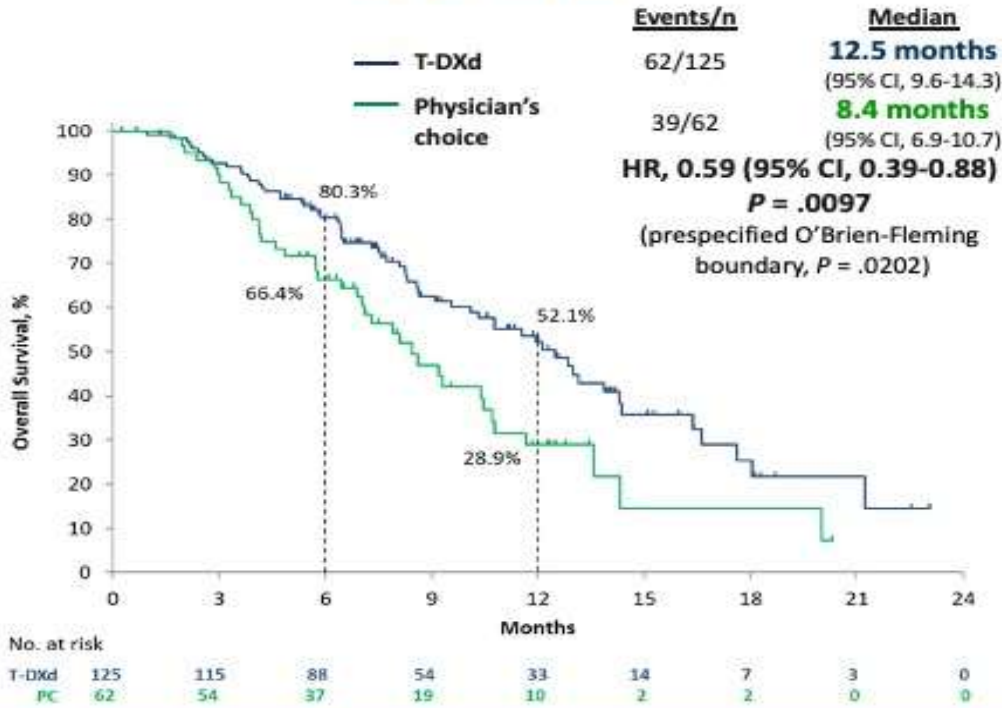
# Enhertu gastric cancer - 2



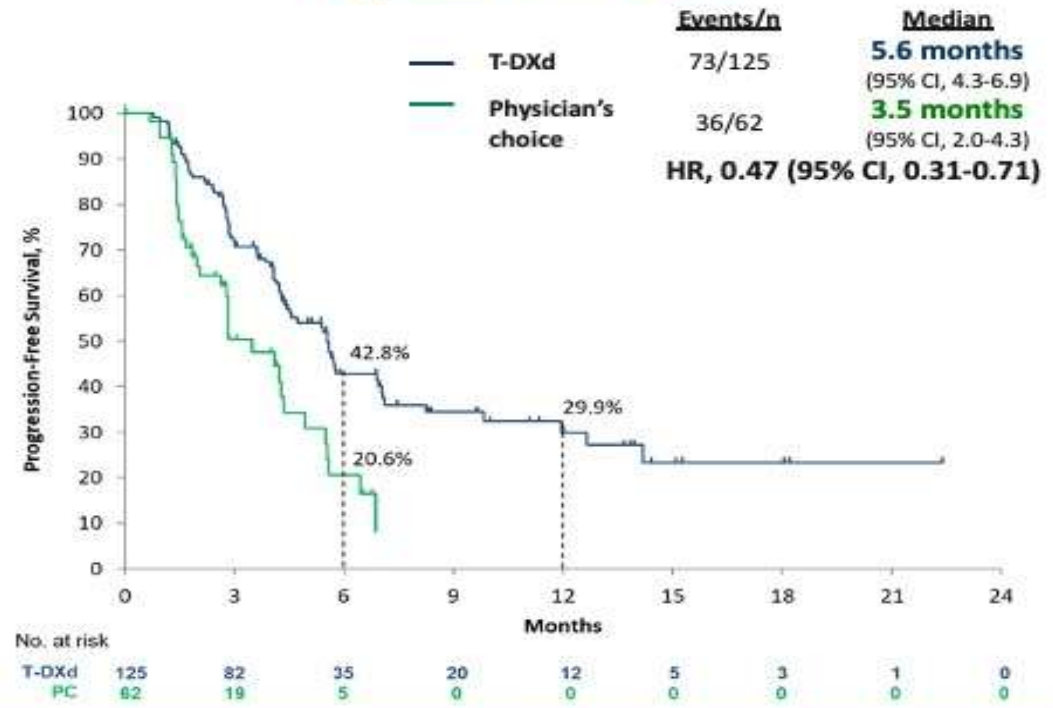
DESTINY-Gastric01

## Overall and Progression-Free Survival

### Overall Survival



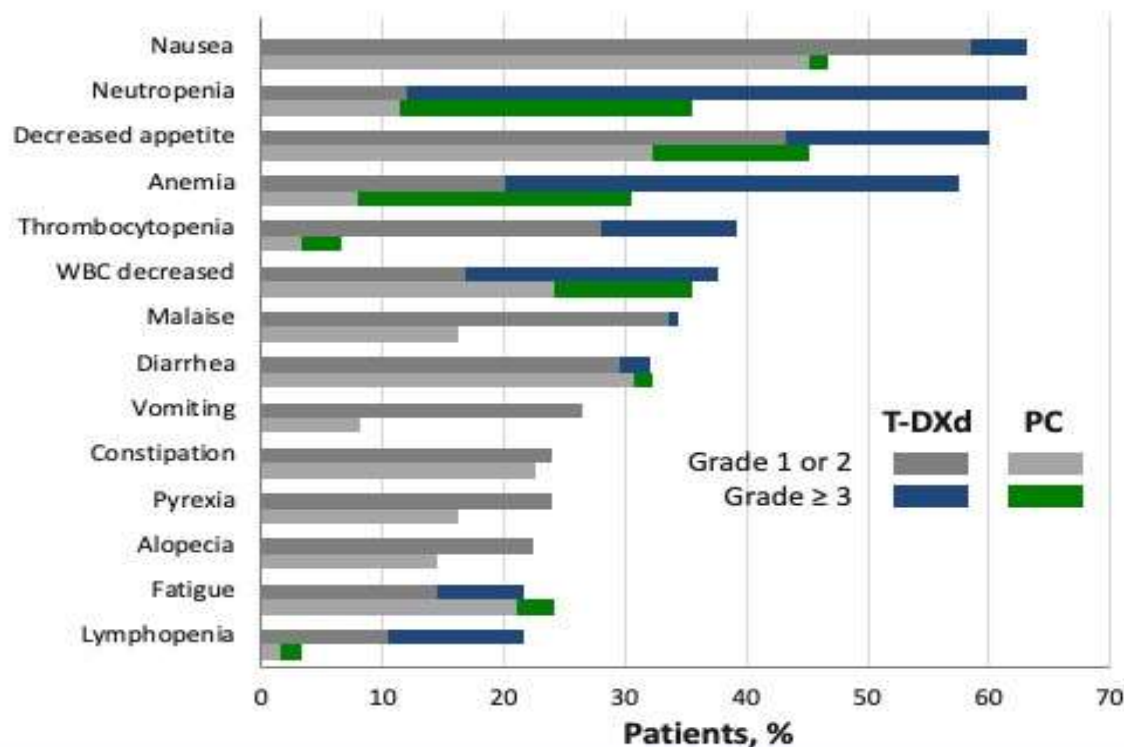
### Progression-Free Survival



# Enhertu gastric cancer - 3



## DESTINY-Gastric01 Safety Summary



TEAEs associated with:	T-DXd (n = 125)	PC (n = 62)
Drug discontinuation	15.2%	6.5%
Dose reduction	32.0%	33.9%
Dose interruption	62.4%	37.1%

- There was 1 drug-related death due to pneumonia with T-DXd and none with PC
- 12 patients (9.6%) had T-DXd-related ILD/pneumonitis as determined by an independent adjudication committee
  - Median time to first onset, 84.5 days (range, 36-638 days)
  - Most were grade 1 or 2 (grade 1, n=3; grade 2, n=6; grade 3, n=2; grade 4, n=1; no grade 5 events)

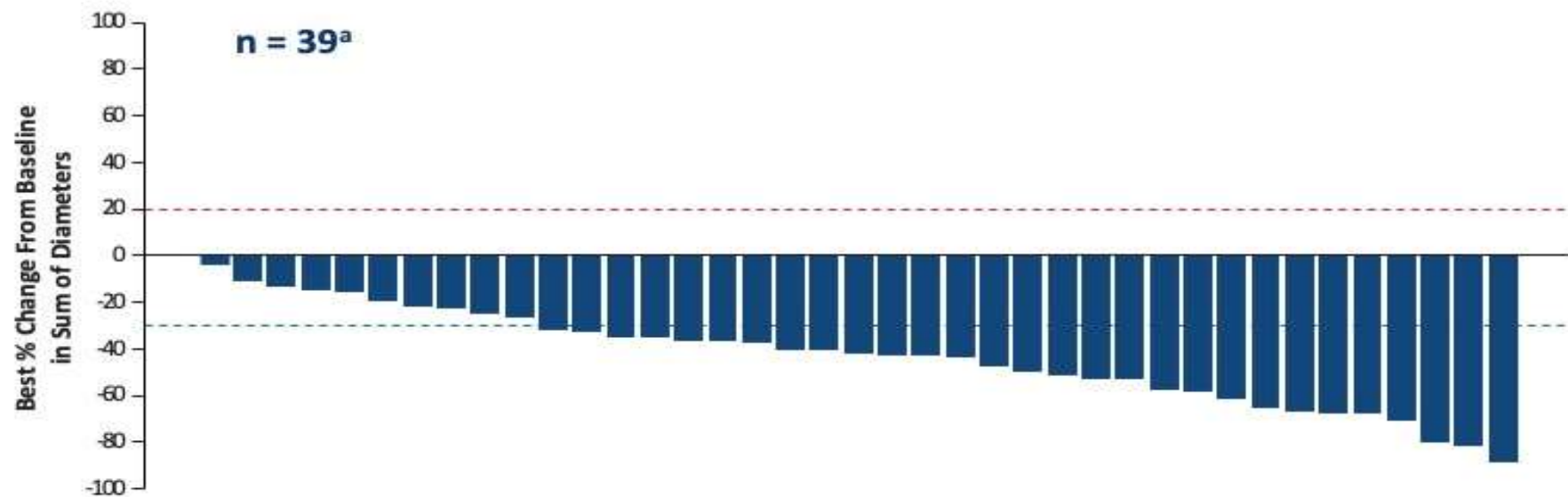


# Enhertu lung cancer - 1



DESTINY-Lung01 HER2-Mutated NSCLC

## Best Change in Tumor Size



Based on independent central review. Baseline is last measurement taken before enrollment. Shown is best (minimum) percent change from baseline in the sum of diameters for all target lesions.

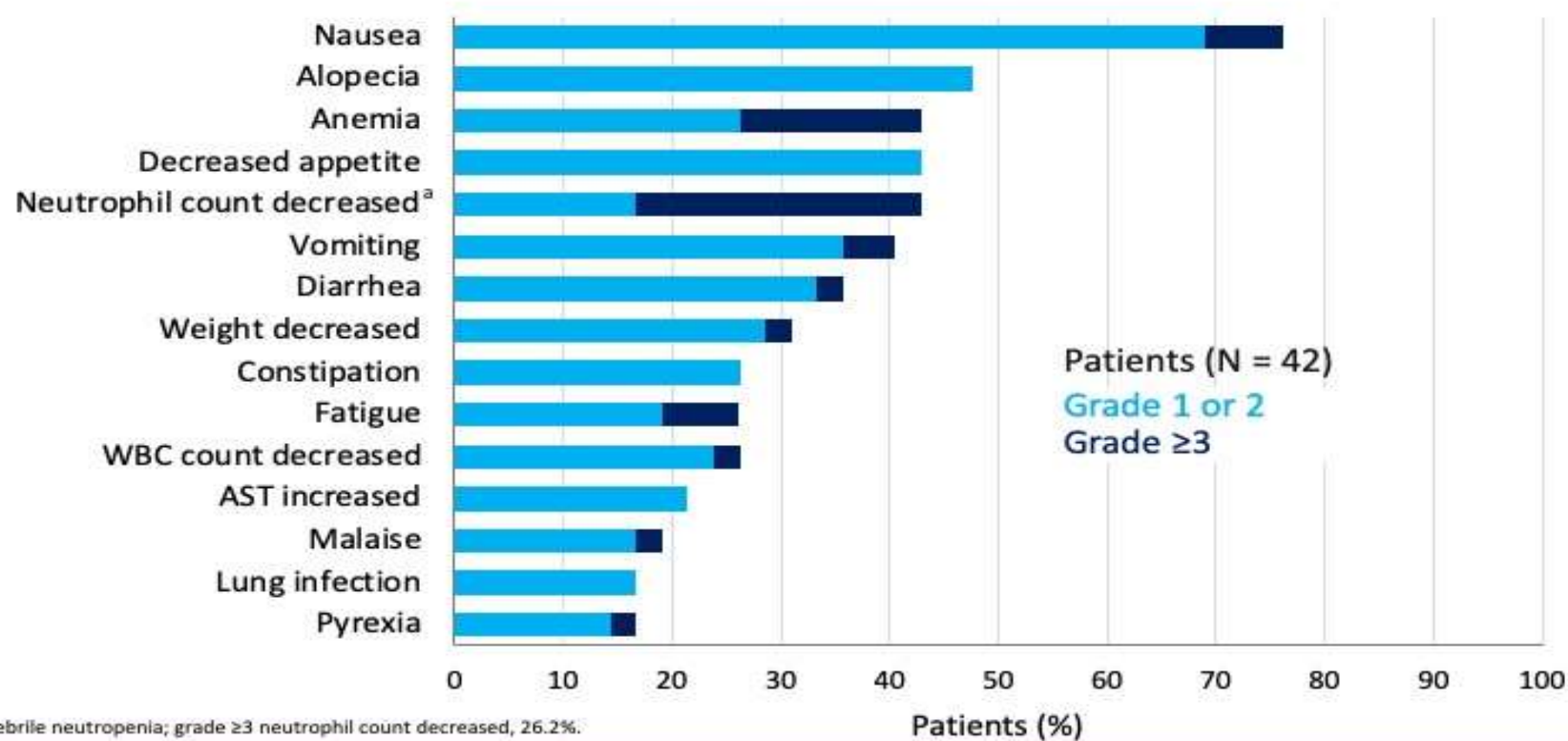
<sup>a</sup> One patient was missing a baseline assessment and 2 additional patients were missing post-baseline assessments.

# Enhertu lung cancer - 2



DESTINY-Lung01 HER2-Mutated NSCLC

## Treatment-Emergent Adverse Events in >15% of Patients

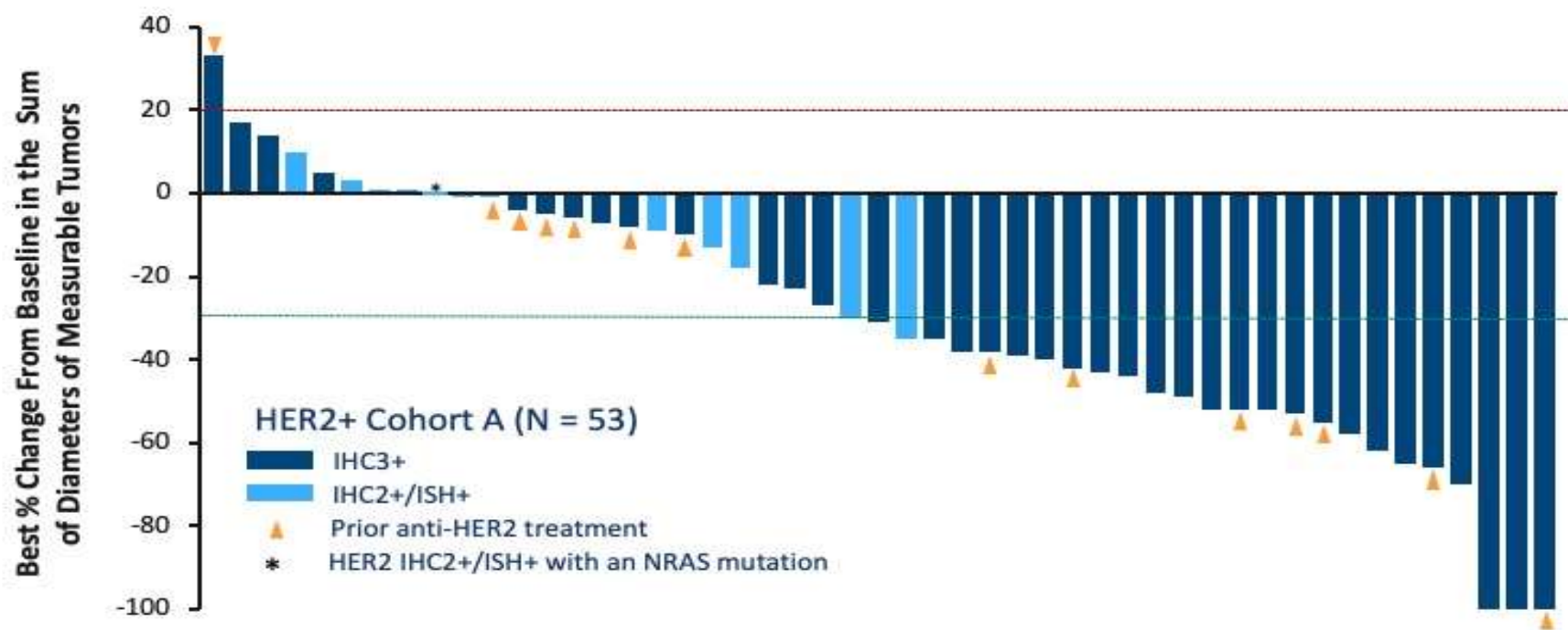


# Enhertu colorectal cancer - 1



DESTINY-CRC01 Cohort A

## Best Change in Tumor Size

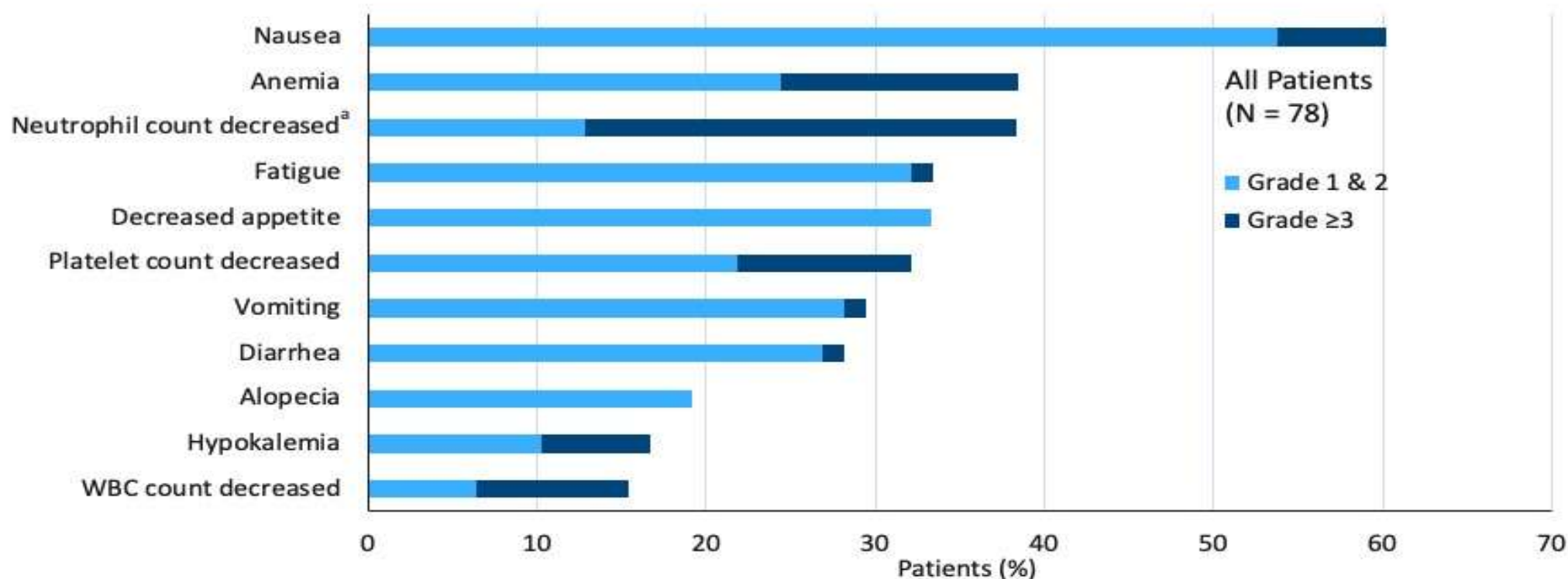


# Enhertu colorectal cancer - 2



DESTINY-CRC01

## Treatment-Emergent Adverse Events in >15% of Patients



<sup>a</sup> Grade ≥3 neutrophil count decreased, 25.6%; no patients had febrile neutropenia.

# Agenda

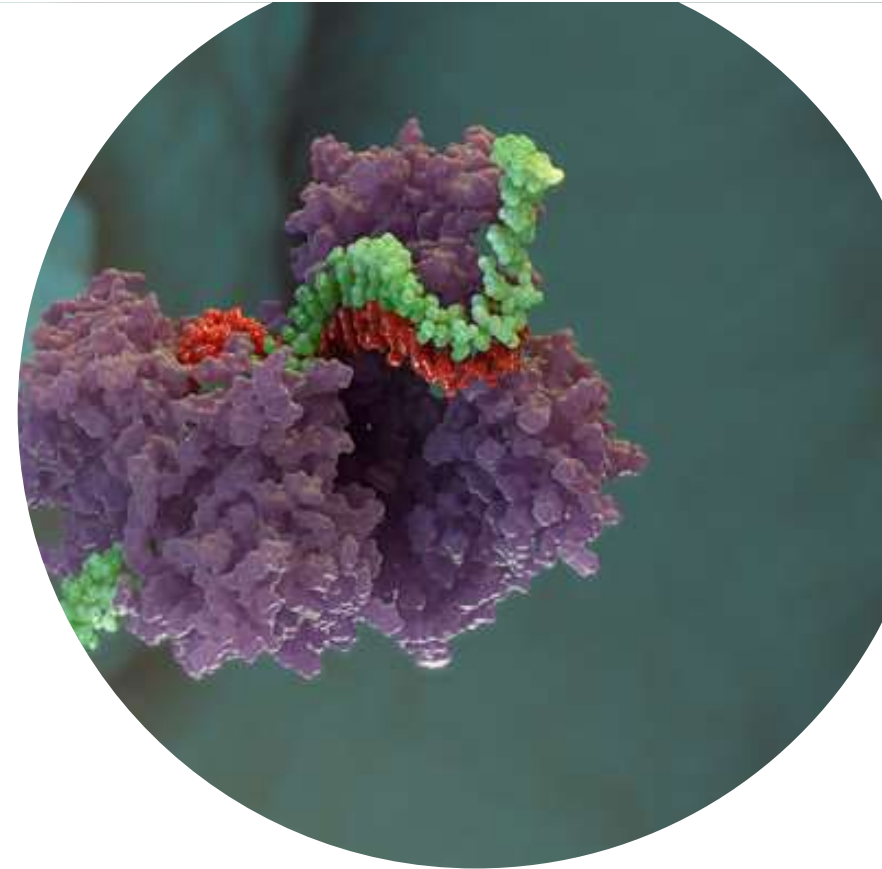
Introduction and overview

Oncology strategy and growth

ASCO 2020 highlights

- *Tagrisso* adjuvant lung cancer (ADAURA trial)
- *Imfinzi* small cell lung cancer (CASPIAN trial)
- *Enhertu* gastric, lung and colorectal cancers (DESTINY trials)

**Virtual breakout sessions**



# Meet AZN management: ASCO 2020

## Four Q&A-focused, virtual breakout sessions

### Opening session

16:00-16:25 BST

Pascal Soriot, Dave Fredrickson, José Baselga

[https://astrazeneca.zoom.us/webinar/register/WN\\_hEt-K5tqRGOxefPVfBtTdg](https://astrazeneca.zoom.us/webinar/register/WN_hEt-K5tqRGOxefPVfBtTdg)

Webinar ID: 957 3417 3925 | IR moderator: thomas.larsen@astrazeneca.com

### Tagrisso and immuno-oncology

Session 1: 16:35 BST

Session 2: 17:15 BST

**Dave Fredrickson,  
Cristian Massacesi**

[https://astrazeneca.zoom.us/webinar/register/WN\\_-ScpPmA9TRST-5NET3fEjg](https://astrazeneca.zoom.us/webinar/register/WN_-ScpPmA9TRST-5NET3fEjg)

Webinar ID: 936 3943 3037  
IR moderator:  
craig.marks@astrazeneca.com

### Enhertu and breast cancer

Session 1: 16:35 BST

Session 2: 17:15 BST

**José Baselga,  
Mika Sovak, Jon Wildin**

[https://astrazeneca.zoom.us/webinar/register/WN\\_Mux3EqBhTmeTmtJ-UuhVYA](https://astrazeneca.zoom.us/webinar/register/WN_Mux3EqBhTmeTmtJ-UuhVYA)

Webinar ID: 995 5382 4818  
IR moderator:  
tom.waldron@astrazeneca.com

### Lynparza

Session 1: 16:35 BST

Session 2: 17:15 BST

**Susan Galbraith,  
Greg Rossi**

[https://astrazeneca.zoom.us/webinar/register/WN\\_gvp6EHQ6TW2i9LikUbrx3Q](https://astrazeneca.zoom.us/webinar/register/WN_gvp6EHQ6TW2i9LikUbrx3Q)

Webinar ID: 989 7940 1118  
IR moderator:  
nick.stone@astrazeneca.com

### Calquence and haematology

Session 1: 16:35 BST

Session 2: 17:15 BST

**Michelle Werner,  
Andrew Mortlock**

[https://astrazeneca.zoom.us/webinar/register/WN\\_Tx4eYAvFSxi4nQ2x8iMkNA](https://astrazeneca.zoom.us/webinar/register/WN_Tx4eYAvFSxi4nQ2x8iMkNA)

Webinar ID: 933 8283 0734  
IR moderator:  
henry.wheeler@astrazeneca.com

If you cannot connect using Zoom Webinar on a computer or device, please use the following phone details:

+441314601196 | +46844682488 | +16699006833, including the appropriate Webinar ID

**Event closes c. 17:45 BST**



## **Use of AstraZeneca conference call, webcast and presentation slides**

The AstraZeneca webcast, conference call and presentation slides (together the 'AstraZeneca Materials') are for your personal, non-commercial use only. You may not copy, reproduce, republish, post, broadcast, transmit, make available to the public, sell or otherwise reuse or commercialise the AstraZeneca Materials in any way. You may not edit, alter, adapt or add to the AstraZeneca Materials in any way, nor combine the AstraZeneca Materials with any other material. You may not download or use the AstraZeneca Materials for the purpose of promoting, advertising, endorsing or implying any connection between you (or any third party) and us, our agents or employees, or any contributors to the AstraZeneca Materials. You may not use the AstraZeneca Materials in any way that could bring our name or that of any Affiliate into disrepute or otherwise cause any loss or damage to us or any Affiliate. AstraZeneca PLC, 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge, CB2 0AA. Telephone + 44 20 3749 5000, [www.astrazeneca.com](http://www.astrazeneca.com)

