

# Meet AZN management: ASCO 2020

## Virtual breakout 1: *Tagrisso* and immuno-oncology

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IR moderator: Craig Marks

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Webinar is being recorded



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# Tagrisso: standard of care in EGFRm

Delivering further improvements in patient outcomes

## 20 countries

1L reimbursed (approved in 81)

## 46 countries

2L reimbursed (approved in 88)

**Present**

- Standard of care, Stage IV NSCLC
  - EGFRm (1L)
  - T790M (2L)
- Exclusivity into the 2030s

**Future**

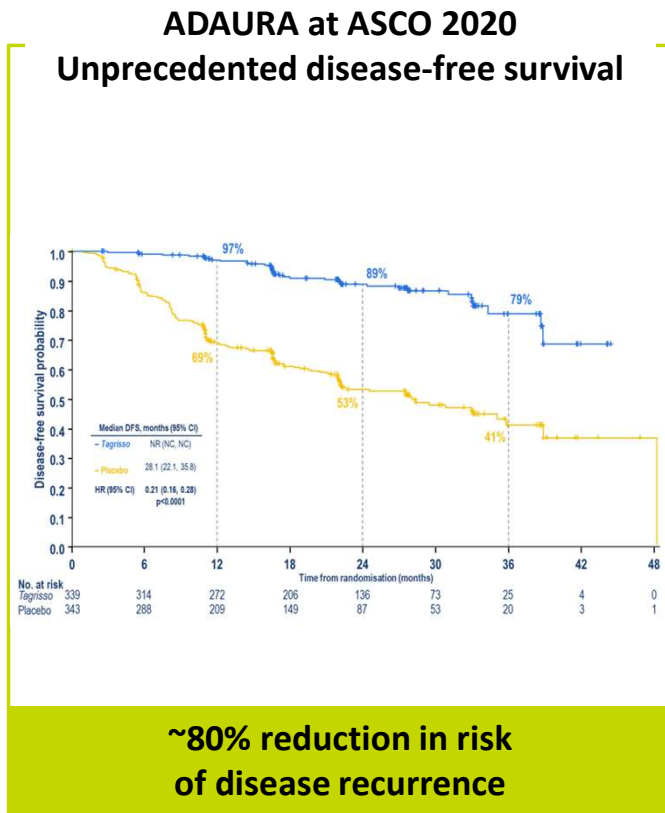
- Reimbursement expanding in 1L, including potential for NRDL<sup>1</sup> inclusion in H2 2020; growth in the metastatic setting weighted outside the US
- Lifecycle management in early disease, treating resistant/emerging populations with combinations

1. National reimbursement drug list (reimbursement guidelines in China).

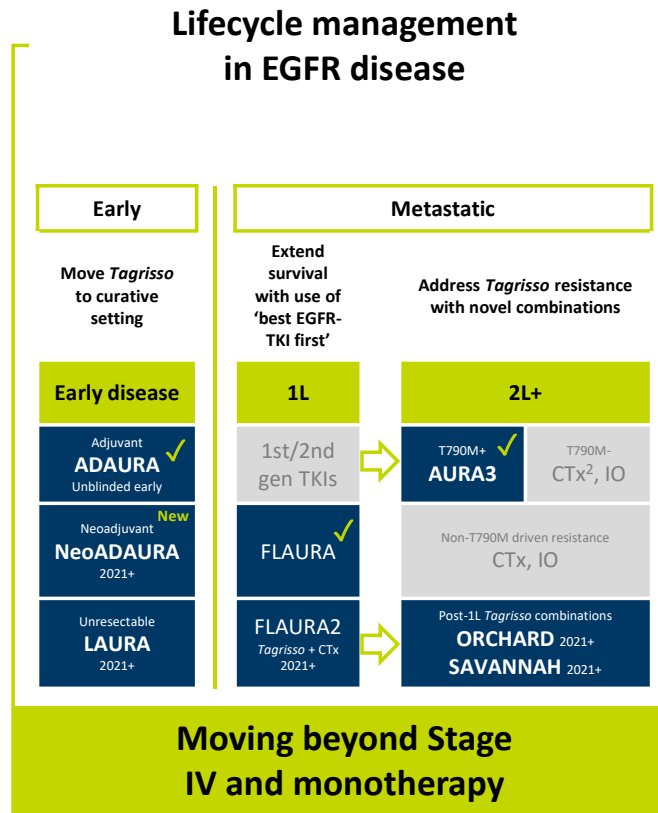


# Tagrisso

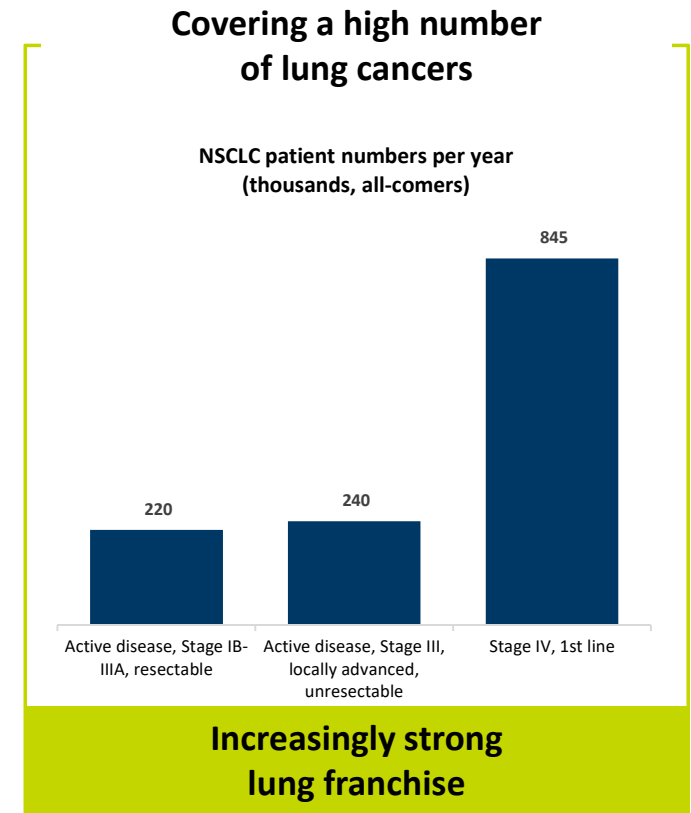
## The first TKI<sup>1</sup> in early disease; opportunities across mono and combo



1. Tyrosine kinase inhibitor.  
 Source: ASCO 2020, abstract LBA5. Stage IB to IIIA; disease-free survival (DFS) by investigator assessment.



2. Chemotherapy.  
 Source: AstraZeneca data on file.

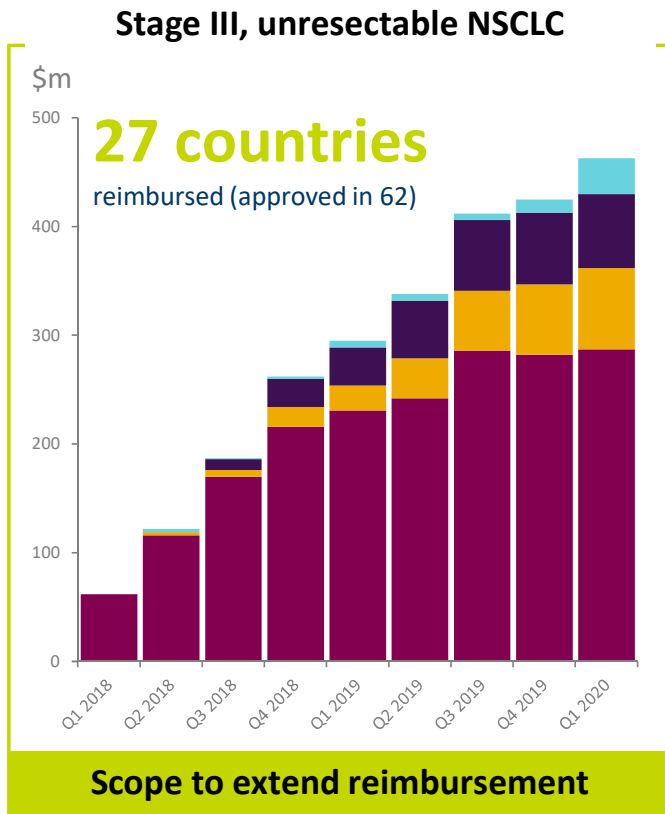


Top-8 countries, estimated number of treated patients. For full details, please see the epidemiology fact sheet on [astrazeneca.com/investors](http://astrazeneca.com/investors).



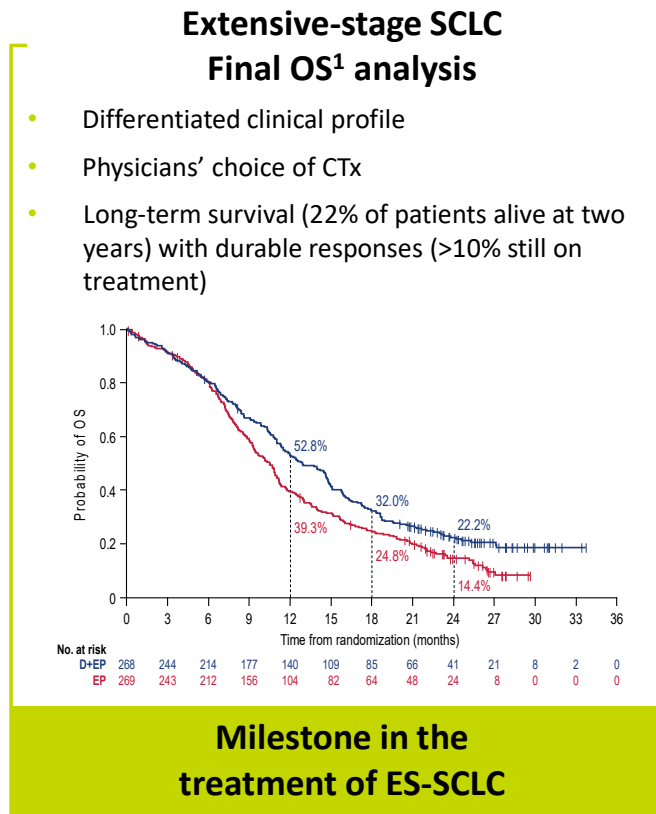
# IO: Imfinzi

## Unique position in lung cancer



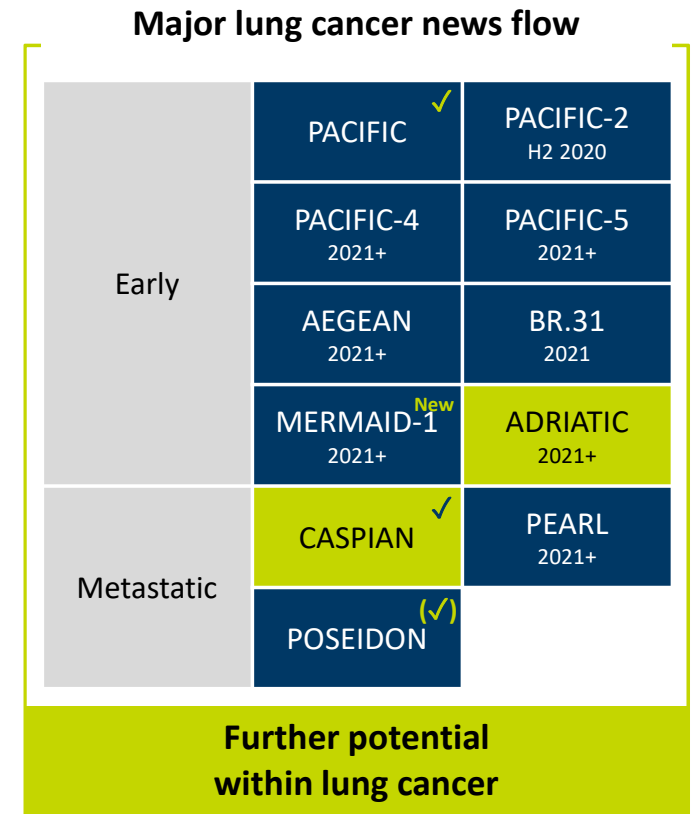
US Europe Established RoW Emerging markets

Product sales at actual exchange rates.



1. Overall survival.

D = durvalumab (*Imfinzi*). EP = etoposide 80-100mg/m<sup>2</sup> with either carboplatin AUC 5-6 or cisplatin 75-80mg/m<sup>2</sup>. Source: ASCO 2020, abstract 9068.



NSCLC SCLC

Source: AstraZeneca data on file.

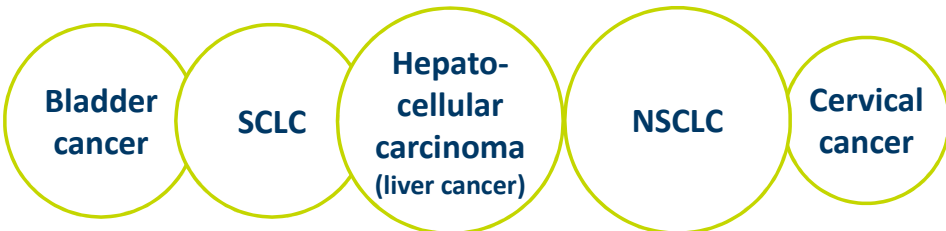
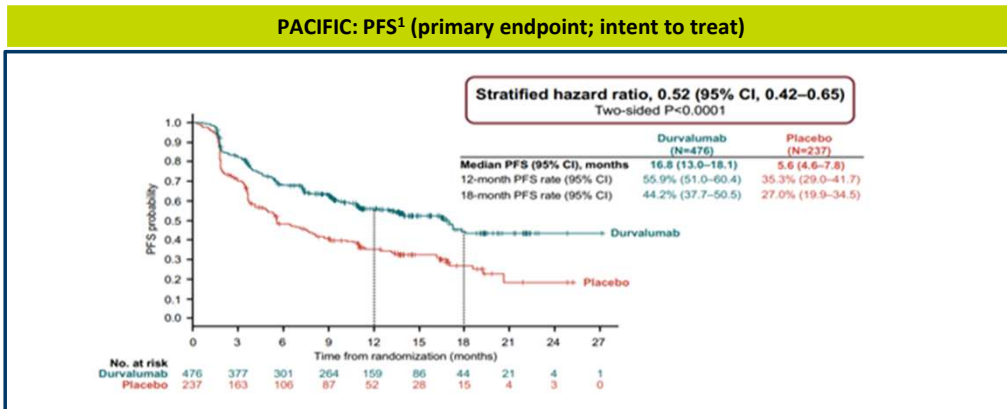


# IO: strategic optionality

Unique position in early and metastatic disease

## First

Potential to cure patients in early disease

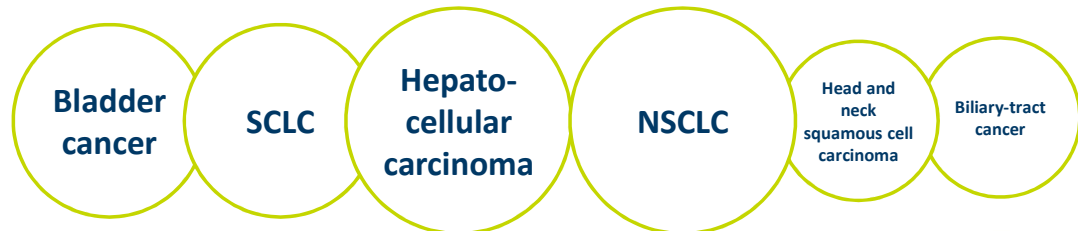


1. Progression-free survival.  
Source: ESMO 2017, abstract LBA1\_PR.

## First

Potential to disrupt in metastatic disease

Novel modes of action/combos		Biomarker strategies	
Combinations	Adenosine pathway inhibition	TMB	PD-L1
PD-1/CTLA-4 bispecific	Oncolytic viruses	ctDNA	HER2



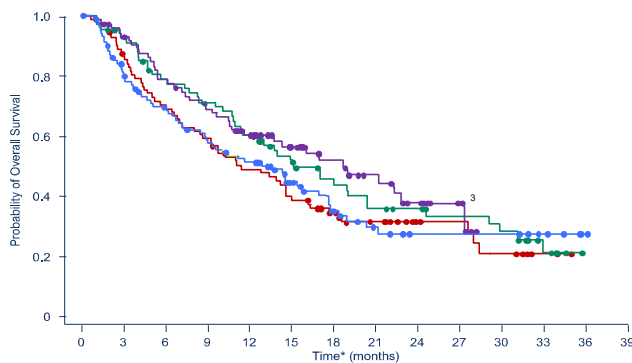
# IO: refreshed focus

## Advancement in liver cancer

### Study 22 Phase Ib/II

Single priming dose with tremelimumab in advanced hepatocellular carcinoma after sorafenib (four treatment arms; no comparator)

	T300 <sup>1</sup> +I	I	T	T75 <sup>2</sup> +I
N	75	104	69	84
Median OS, months (95% CI)	<b>18.73</b> (10.78-27.27)	13.57 (8.74-17.64)	15.11 (11.33-20.50)	11.3 (8.38-14.95)

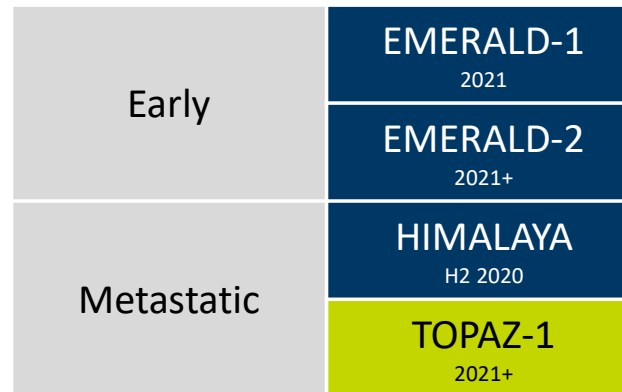


**Best median OS with treme300 + Imfinzi**

T300+Imfinzi (T300+) Imfinzi (I) Tremelimumab (T) T75+Imfinzi (T75+I)

1. T300 = tremelimumab 300mg 2. T75 = tremelimumab 75mg 3. One event observed at 27 months in the T300+I arm. Source: ASCO 2020, abstract 4508.

### Major Phase III liver cancer news flow, starting in H2 2020

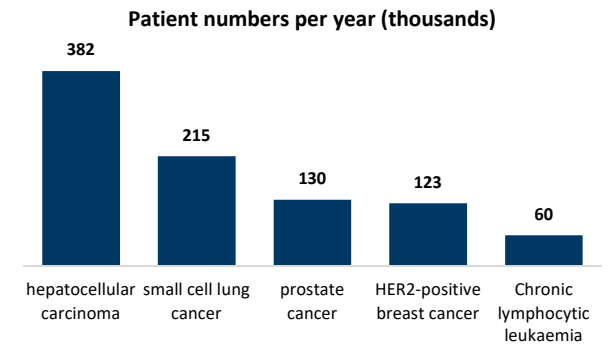


**Multiple potential catalysts**

Hepatocellular carcinoma Biliary-tract cancer

Source: AstraZeneca data on file.

### Hepatocellular carcinoma epidemiology comparisons



- Locoregional hepatocellular carcinoma (HCC): 163,000
- Resectable HCC, at high risk of recurrence after surgery or radiofrequency ablation: 146,000
- Stage IV HCC, 1L, unresectable: 73,000

**Important tumour type, especially in Asia**

Top-8 countries, estimated number of treated patients. For full details, please see the epidemiology fact sheet on [astrazeneca.com/investors](http://astrazeneca.com/investors).



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