AstraZeneca

Full-year and Q4 2021 results

March 2022 Roadshow

Forward-looking statements

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Agenda

1. Opening remarks
2. Financial results
3. Oncology
4. BioPharmaceuticals, Emerging Markets
5. Rare Disease
6. Closing remarks and Q&A

1

Opening remarks

Pascal Soriot

Chief Executive Officer

Full year and Q4 2021: key updates

Continuing to deliver on our strategic objectives

Robust growth

Exceeded FY 2021 revenue guidance

- Total Revenue $37.4bn (+38%)
  - $33.4bn (+23%)
    excluding FY 2021 *Vaxzevria*[1] revenue
  - $35.2bn (+30%)
    including Q4 2021 *Vaxzevria*[1] revenue
- Core EPS $5.29 (+37%)

Broad-based performance

Delivering value to patients

- Oncology $13.7bn (+17%)
- BioPharmaceuticals:
  - CVRM $8.0bn (+9%)
  - Respiratory & Immunology $6.0bn (+9%)
  - Other medicines $2.5bn (-7%)
  - COVID-19 $4.1bn (n/m)
- Rare Disease[2] $3.1bn (+9%)

Science-led innovation

Strong Q4 2021 performance

- *Tezspire* US approval
  – severe asthma
- *Evusheld* US EUA
  – COVID-19 prophylaxis
- *Lynparza* US Priority Review
  - adjuvant breast cancer
- *Saphnelo* EU CHMP recommendation
  - systemic lupus erythematosus
- *Ultomiris* US Priority Review
  - generalised myasthenia gravis

FY 2021: Total Revenue $37.4bn (+38%) | Core EPS of $5.29 (+37%)

Absolute values at actual exchange rates; changes at constant exchange rates (CER) and for year-to-date (YTD) December 2021, unless stated otherwise. CVRM = Cardiovascular, Renal and Metabolism; COVID-19 = coronavirus disease 2019; CHMP = Committee for Medicinal Products for Human Use; EUA = Emergency Use Authorisation; n/m = growth rate not meaningful. 1. *Vaxzevria* Total Revenue' also includes Collaboration Revenue from sub-licensees that produce and supply the AstraZeneca COVID-19 Vaccine under their own trademarks. 2. FY 2021 revenues from date of acquisition closing, 21 July 2021 through 31 December 2021; pro forma growth rates calculated by comparison post-acquisition revenues with the corresponding prior year revenues adjusted pro-rata to match the post-acquisition period.

Full year and Q4 2021: performance

Oncology, CVRM, R&I and Rare Disease all delivered strong growth

Growth

across disease areas

	FY 2021 $m	CER growth %	Q4 2021 $m	CER growth %
Oncology	13,663	17	3,919	21
CVRM	8,034	9	2,007	8
Respiratory & Immunology	6,049	9	1,593	3
Rare Disease[1]	3,071	9	1,760	11
Other medicines	2,484	(7)	835	14
Evusheld	135	*n/m*	*135*	*n/m*
Total revenue excl. Vaxzevria	*33,436*	*23*	*10,250*	*39*
Vaxzevria[2]	3,981	*n/m*	1,762	*n/m*
Total Revenue	**37,417**	**38**	**12,011**	**63**

Growth

across geographies (excluding *Vaxzevria*)

	FY 2021 $m	CER growth %	Q4 2021 $m	CER growth %
US	12,164	38	3,859	62
EM	9,977	10	2,498	10
- EM excl. China	*3,977*	21	*1,197*	*38*
- China	*6,000*	4	*1,301*	*(9)*
Europe	7,015	22	2,573	42
Established Rest of World	4,280	21	1,320	47
Total revenue excl. Vaxzevria	*33,436*	*23*	*10,250*	*39*
Vaxzevria[2]	3,981	*n/m*	1,762	*n/m*
Total revenue	**37,417**	**38**	**12,011**	**63**

Total revenue at actual exchange rates; changes at CER. R&I = Respiratory and Immunology; EM = emerging markets. 1. FY 2021 revenues from date of acquisition closing, 21 July 2021 through 31 December 2021; growth rates calculated by comparison post-acquisition revenues with the corresponding prior year revenues adjusted pro-rata to match the post-acquisition. 2. *Vaxzevria* Total Revenue also includes Collaboration Revenue from sub-licensees that produce and supply the AstraZeneca COVID-19 Vaccine under their own trademarks.

AstraZeneca: 2022-2025

Industry leading double-digit growth

Durable growth drivers through 2025

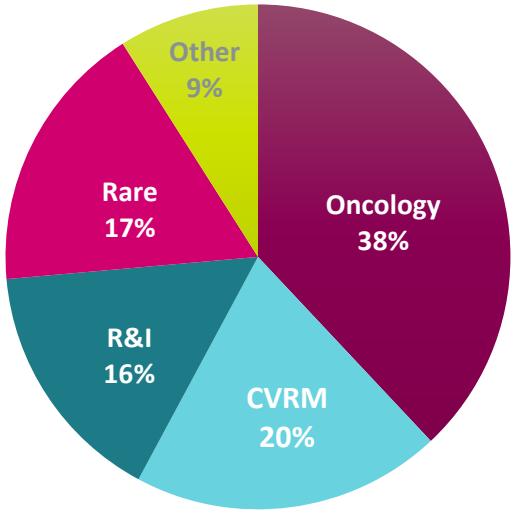
including multiple blockbuster-medicines

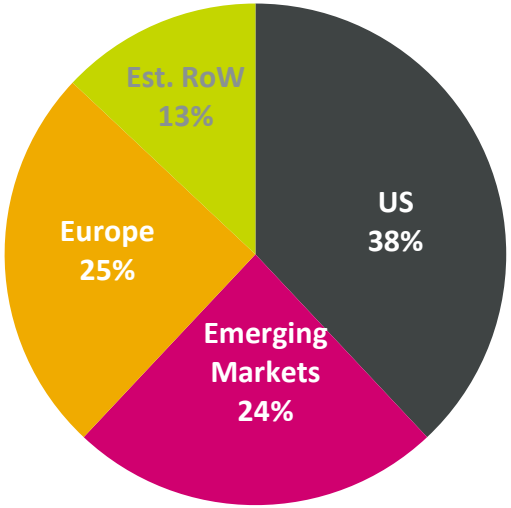
Oncology	CVRM	R&I	V&I	Rare Disease
IMFINZI® durvalumab	farxiga® (dapagliflozin)	Fasenra® (benralizumab)	EVUSHELD® tixagevimab, cilgavimab	ULTOMIRIS® (ravulizumab-cwvz)
CALQUENCE® (acalabrutinib)	LOKELMA®	BREZTRI AEROSPHERE®	Vaxzevria® COVID-19 Vaccine (ChAdOx1-S [recombinant])	SOLIRIS® (eculizumab)
Lynparza® olaparib				Strensiq® (asfotase alfa)
TAGRISSO® osimertinib		TEZSPIRE™ (tezepelumab-ekko)		
ENHERTU® fam-trastuzumab deruxtecan-nxki				

Diversification

of disease areas and geographies

Q4 2021 Total Revenue[1]





1. Total revenue excluding *Vaxzevria. Evusheld* is included in other. V&I = Vaccines and Immune Therapies. V&I will be a new reporting line within BioPharmaceuticals from Q1 2022, and will contain the following medicines, *Vaxzevria, Evusheld*, *FluMist*, *Synagis* and potential new medicine nirsevimab, which is being developed in collaboration with Sanofi.

AstraZeneca: 2025+

Delivering growth through innovation

Robust life-cycle management

Supports durable, growing revenue base

farxiga (dapagliflozin)
IMFINZI durvalumab
CALQUENCE (acalabrutinib) 100 mg capsules
ENHERTU fam-trastuzumab deruxtecan-nxki
TAGRISSO osimertinib
Lynparza olaparib
ULTOMIRIS (ravulizumab-cwvz)
Fasenra (benralizumab)

Innovative late-stage pipeline

Continued investment in clinical stage pipeline

15 NMEs
in Phase III

128 NME or major LCM
projects in Phase II and III

Across a number of areas of high unmet need, with first or best in class potential

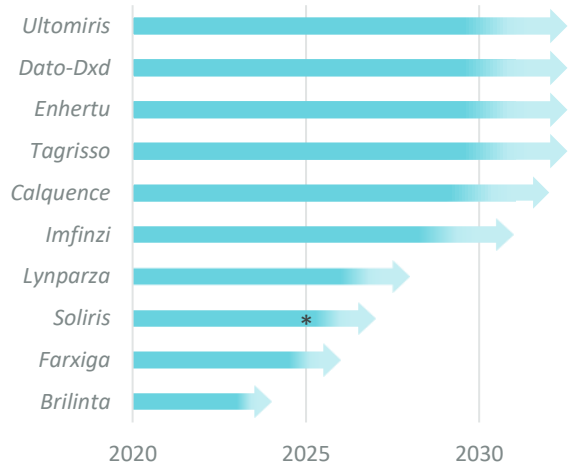
Strategic business development

Recent clinical stage business development

- Rare Disease (Alexion)
- Dato-DXd (Daiichi Sankyo)
- Eplontersen (Ionis)
- CAEL-101 (Caelum Bio)
- NI006 (Neurimmune)

Attractive LoE profile

US LoE for selected medicines

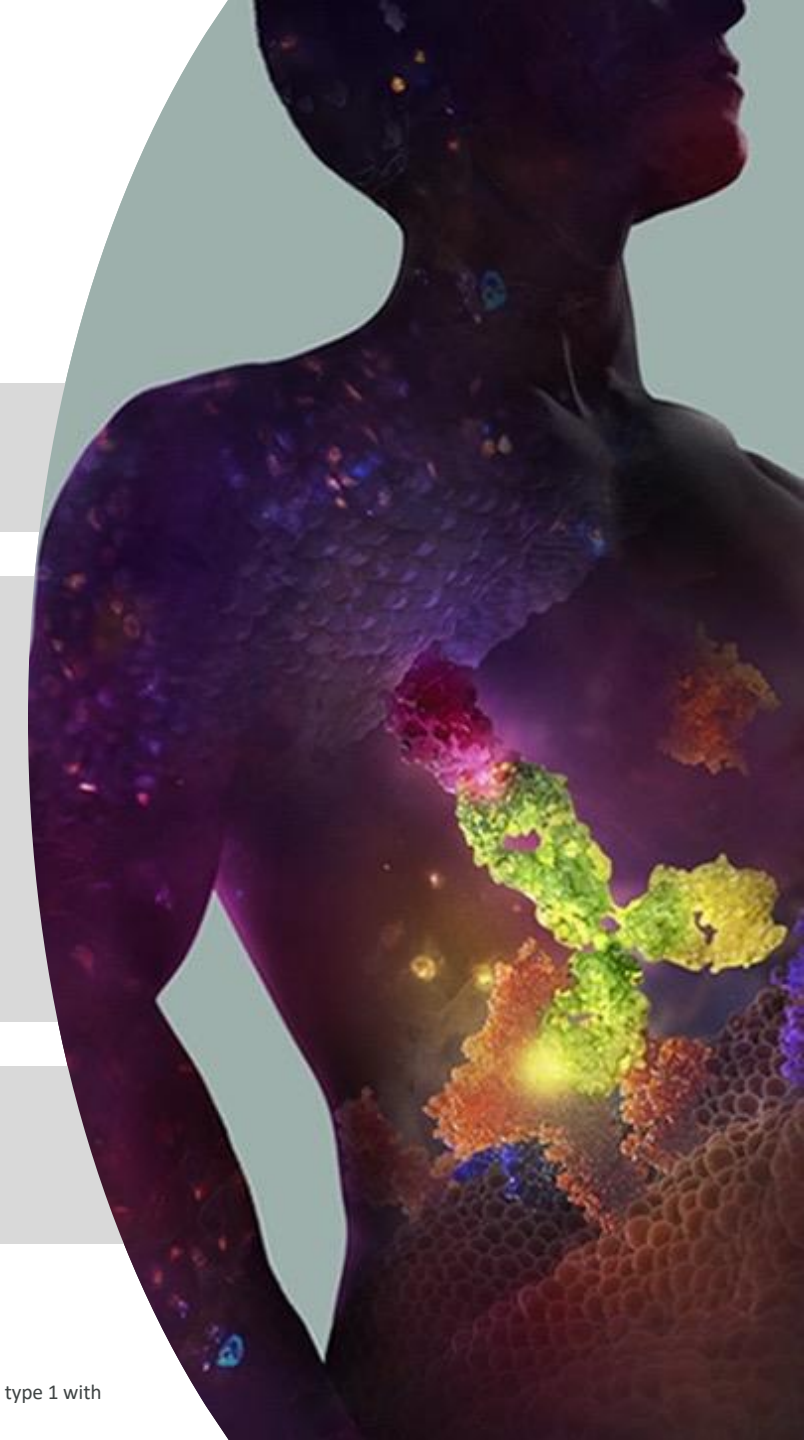


LCM = life-cycle management; NME = new molecular entity; Dato-DXd = datopotamab deruxtecan; LoE = loss of exclusivity. *Amgen IPR settled to grant Amgen a non-exclusive, royalty-free license to sell an eculizumab product in the US from March 1, 2025.

Late-stage pipeline delivery

Important milestones since Q3 2021 update

	Medicine	Indication / Event	Geography
Regulatory approvals or other regulatory action	*Saphnelo*	systemic lupus erythematosus: CHMP positive opinion	EU
	Tezspire	severe asthma	US
	Evusheld	COVID-19 prophylaxis: emergency use authorisation	US
Regulatory submissions or acceptances	*Lynparza*	breast cancer (adjuvant, BRCAm): priority review	US
	Lynparza	breast cancer (adjuvant, BRCAm): regulatory submission	EU, JP
	Lynparza	ovarian cancer (1st-line): regulatory submission	CN
	Lynparza	prostate cancer (1st-line): regulatory submission	EU
	Enhertu	HER2-positive breast cancer (2nd-line): priority review	US
	Enhertu	HER2-positive breast cancer (2nd-line): regulatory submission	EU, JP
	Imfinzi +/- tremelimumab	NSCLC (1st-line): regulatory submission	US, EU, JP
	Koselugo	NF1-PN: regulatory submission	JP
	Ultomiris	subcutaneous formulation in PNH and aHUS: regulatory submission	US
	Ultomiris	generalised myasthenia gravis: priority review	US
Major Phase III data readouts or other significant developments	*Vaxzevria* / AZD2816	COVID-19: phase III primary endpoint met	
	Lynparza	breast cancer (adjuvant, BRCAm): orphan drug designation	JP
	Lokelma	chronic haemodialysis with hyperkalaemia: fast track designation	US
	eplontersen	transthyretin amyloidosis: orphan drug designation	US



HER2-positive = human epidermal growth factor receptor 2 positive; BRCAm = breast cancer susceptibility gene 1/2 mutation; NSCLC = non-small cell lung cancer; NF1-PN = neurofibromatosis type 1 with plexiform neurofibromas; PNH = paroxysmal nocturnal haemoglobinuria; aHUS = atypical haemolytic uraemic syndrome. Status as of 10 February 2022.

Reported profit and loss

	FY 2021 $m	CER change %	% total revenue	Q4 2021 $m	CER change %	% total revenue
Total Revenue	**37,417**	**38**	**100**	**12,011**	**63**	**100**
- Product Sales	*36,541*	*38*	*98*	*11,498*	*65*	*96*
- Collaboration Revenue	*876*	*20*	*2*	*513*	*29*	*4*
Gross margin	66.0%	(12.6) pp		59.8%	(16.0) pp	
Operating expenses[1]	25,416	40	68	7,825	55	65
- R&D expenses	9,736	59	26	2,584	50	22
- SG&A expenses	15,234	32	41	5,117	59	43
Other operating income	1,492	(4)	4	147	(78)	1
Operating profit	1,056	(70)	3	(292)	(105)	(2)
Tax rate	143.4%			45.6%		
EPS	**$0.08**	**(84)**		**($0.22)**	**(113)**	

Absolute values at actual exchange rates; changes at CER. Gross margin excludes the impact of collaboration revenue and any associated costs, thereby reflecting the underlying performance of product sales.

1. Includes distribution expenses. R&D = research and development; SG&A = sales, general and administration; pp = percentage points; n/m = growth rate not meaningful.

Core profit and loss

Core EPS above FY 2021 guidance

	FY 2021 $m	CER change %	% total revenue	Q4 2021 $m	CER change %	% total revenue
Total Revenue	**37,417**	**38**	**100**	**12,011**	**63**	**100**
- Product Sales	*36,541*	*38*	*98*	*11,498*	*65*	*96*
- Collaboration Revenue	*876*	*20*	*2*	*513*	*29*	*4*
Gross margin	74.2%	(4.7) pp		74.3%	(1.9) pp	
Operating expenses[1]	19,537	22	52	5,888	26	49
- R&D expenses	7,987	33	21	2,396	40	20
- SG&A expenses	11,104	15	30	3,368	18	28
Other operating income	1,492	(4)	4	146	(78)	1
Operating profit	9,928	41	27	3,318	94	28
Tax rate	16.6%			16.2%		
EPS	**$5.29**	**37**		**$1.67**	**74**	

Absolute values at actual exchange rates; changes at CER. Gross margin excludes the impact of collaboration revenue and any associated costs, thereby reflecting the underlying performance of product sales.

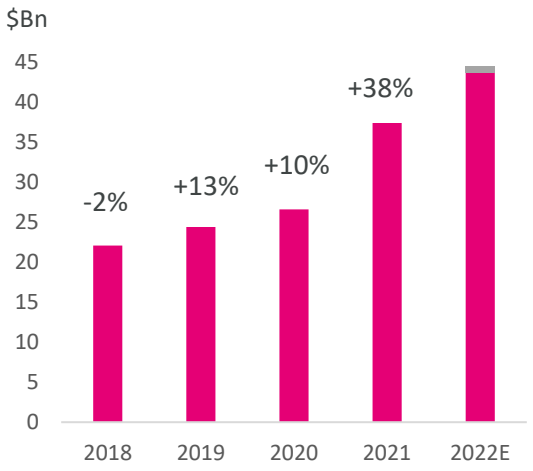
1. Includes distribution expenses. R&D = research and development; SG&A = sales, general and administration; pp = percentage points; n/m = growth rate not meaningful.

2022 Guidance

Continuing to drive innovation and growth

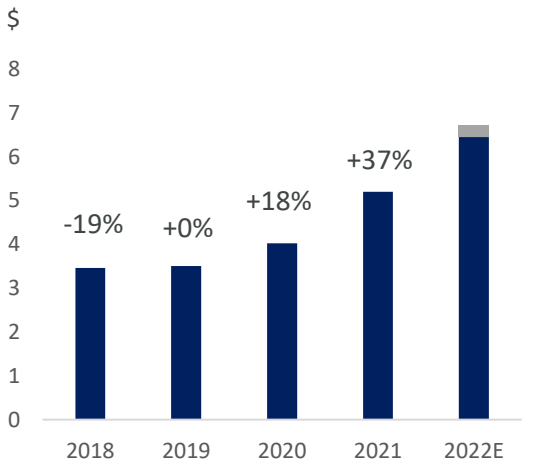
Total revenue guidance

Grow by high-teens %



Core EPS guidance

Grow by mid-to-high twenties %



Headwinds

- Ongoing pricing pressure in China, mid single-digit revenue decline anticipated
- COVID-19 still impacting diagnosis and treatment rates, particularly in Oncology
- Decline in COVID-19 therapies revenue expected in 2022
- Intensified competition for some legacy medicines
- Continued pricing pressure in many markets

Tailwinds

- First full year of Alexion ownership
- Strong ex-China Emerging markets growth
- Continued strong uptake for key medicines e.g. *Farxiga*, *Tagrisso, Calquence* and *Enhertu*
- Unique opportunity for *Evusheld* to provide protection against COVID-19 in vulnerable patients

Growth supported by a diversified business model across key disease areas and geographies

2022 guidance range

Growth rates at CER.

2

Financial results

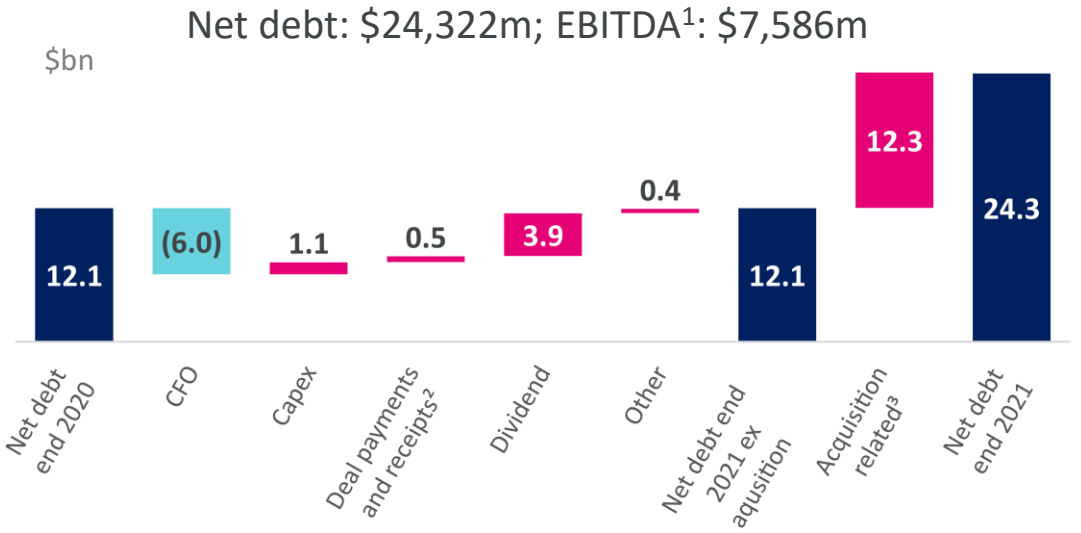
Aradhana Sarin

Chief Financial Officer

Net debt and capital allocation priorities

FY 2021 dividend increased to $2.87 (intended annualised dividend increase of $0.10)

Net debt



Net debt/EBITDA: 3.2x
Net debt/EBITDA adjusted for Alexion inventory fair value uplift[4]: 2.5x

Capital allocation priorities

- Strong investment grade credit rating
- Reinvestment in the business
- Value-enhancing business development
- Progressive dividend policy[5]

1. Earnings before interest, tax, depreciation and amortisation 2. Comprises purchase and disposal of intangible assets, payment of contingent consideration from business combinations, purchase and disposal of non-current asset investments, movement in profit participation liability and disposal of investments in associates and joint ventures 3. Comprises for Alexion acquisition: Upfront payment of ($13,349m), payments upon vesting of employee share awards ($211m) and movement in net debt related to acquisitions +$1,307m. AstraZeneca credit ratings: Moody's: short-term rating P-2, long-term rating A3, outlook negative. S&P Global Ratings: short-term rating A-2, long-term rating A-, CreditWatch neutral. 4. EBITDA adding back the impact of $2,198m (FY 2020: $nil) unwind of inventory fair value uplift recognised on acquisition of Alexion 5. Progressive dividend policy defined as either stable or increasing dividend per share in US dollar terms.

3

Oncology

Dave Fredrickson
EVP Oncology Business

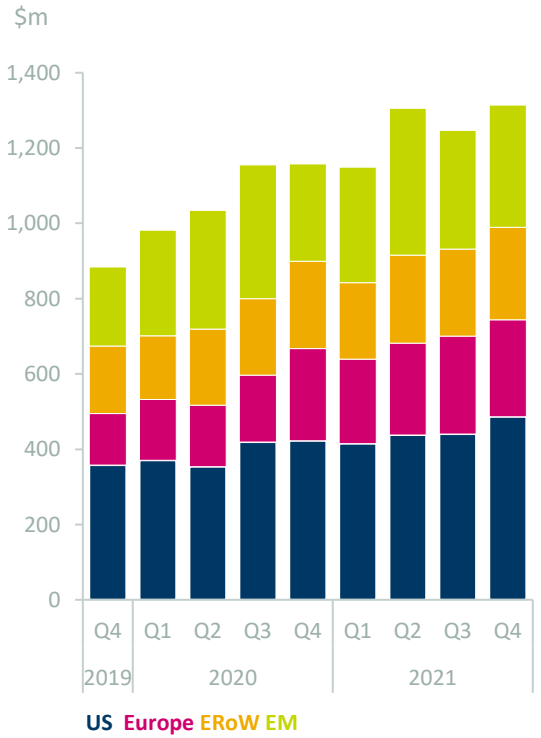
Susan Galbraith
EVP Oncology R&D

Tagrisso and *Imfinzi*

Increased reimbursement and launches offsetting COVID-19 impact on diagnosis

Tagrisso: 13% growth to $5.0bn

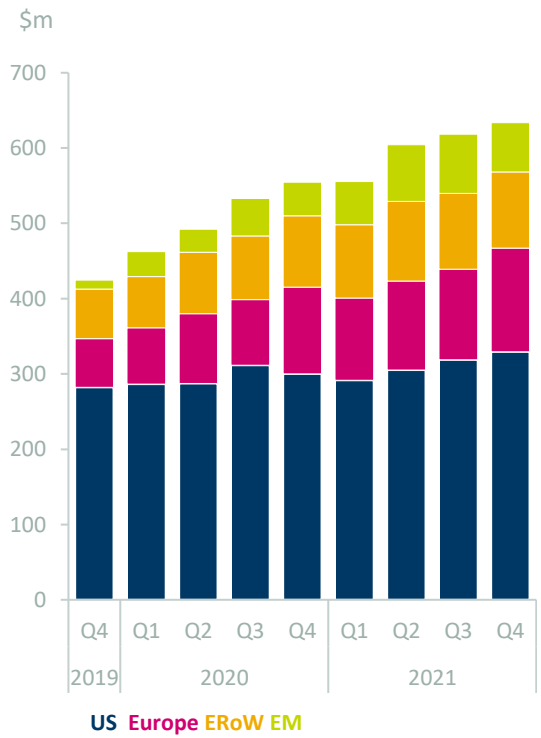
Approvals/Reimbursements: 69/19 (adjuvant), 92/52 (1L), 92/68 (2L)



- **US +14%**
  FLAURA and ADAURA new patient starts and DoT growth
  2021 exit diagnosis rates for lung 10-15% below pre-pandemic levels
- **Europe +25% (Q4 +7%)**
  Increased reimbursement
- **ERoW +14%**
  Japan +8%
- **EM +6% (Q4 +23%)**
  China 1st-line volume growth continues after NRDL implementation

Imfinzi: 16% growth to $2.4bn

Approvals/Reimbursements: 75/35 (NSCLC), 67/9 (ES-SCLC)



- **US +5% (Q4 +10%)**
- **Europe +25%**
  Growth from PACIFIC and CASPIAN launches
- **ERoW +23%**
  Improving CRT rates and strong CASPIAN demand driving growth despite mandatory price adjustment in Japan in August
- **EM +68% (Q4 +44%)**
  Strong underlying demand
  China destocking in Q4 2021

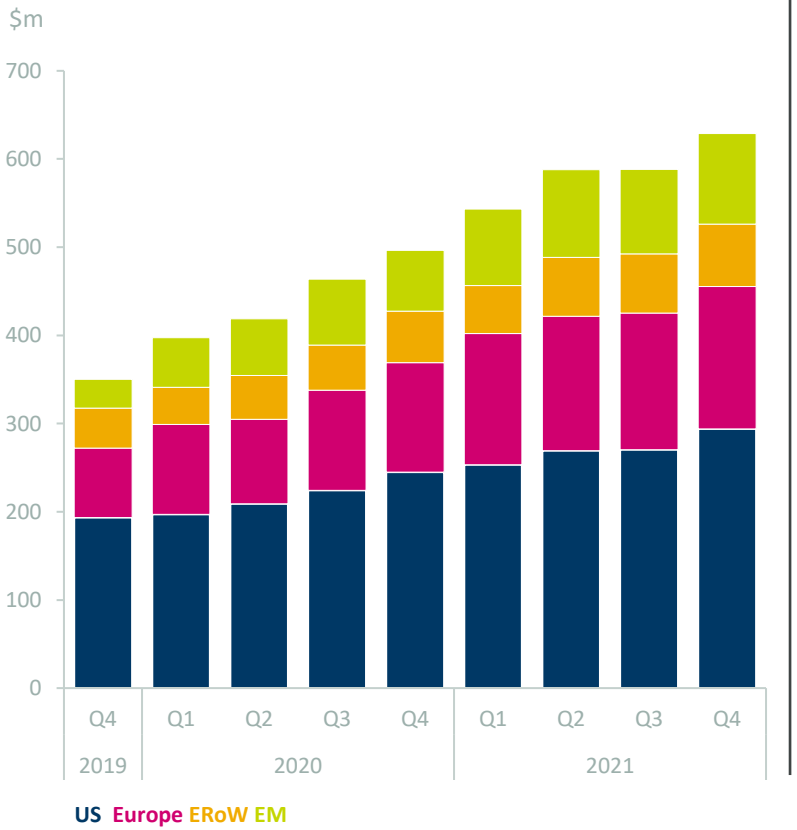
ERoW = established rest of world; EM = emerging markets; 1L = first line; 2L = second line; DoT = duration of treatment; ES-SCLC = extensive-stage small cell lung cancer; CRT = chemoradiation therapy; NRDL = national reimbursement drug list.

Lynparza

The globally leading PARP inhibitor across four tumour types

Product sales

30% growth to $2.3bn



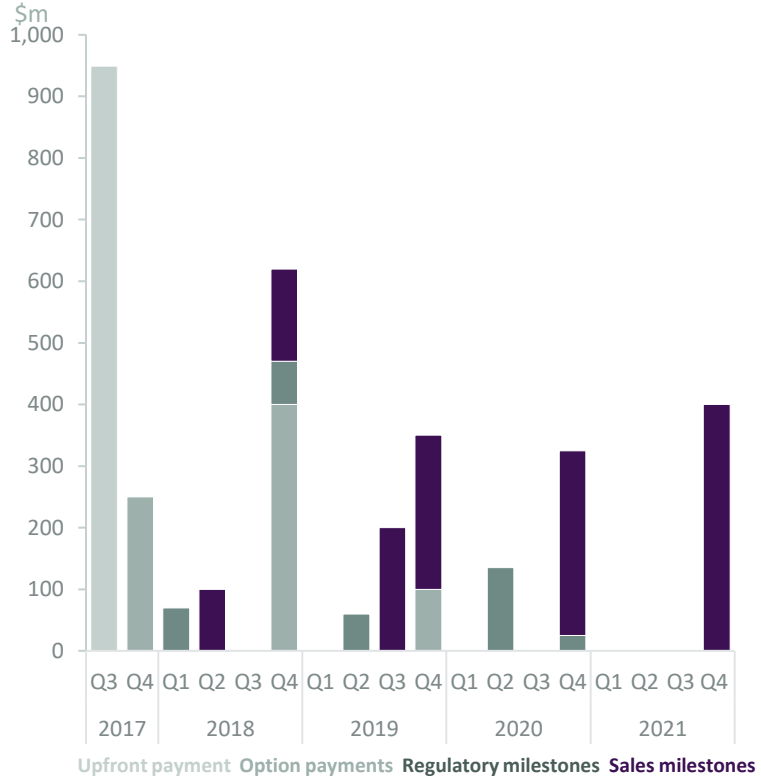
Growth in all regions

Approvals: 86 (OC), 84 (mBC), 70 (mCRPC)

- **US +24%**
  Growth driven by ovarian, prostate and breast performance
  2021 exit diagnosis rates: 5-15% below baseline
- **Europe +35%**
  Increasing HRD testing, launches in new markets
- **ERoW +28%**
  Japan +21% driven by PAOLA-1 launch
- **EM +41%**
  Strong demand growth across EM, offsetting China NRDL renewal impact

Collaboration revenue[1]

$3.5bn recorded, $4.2bn future potential



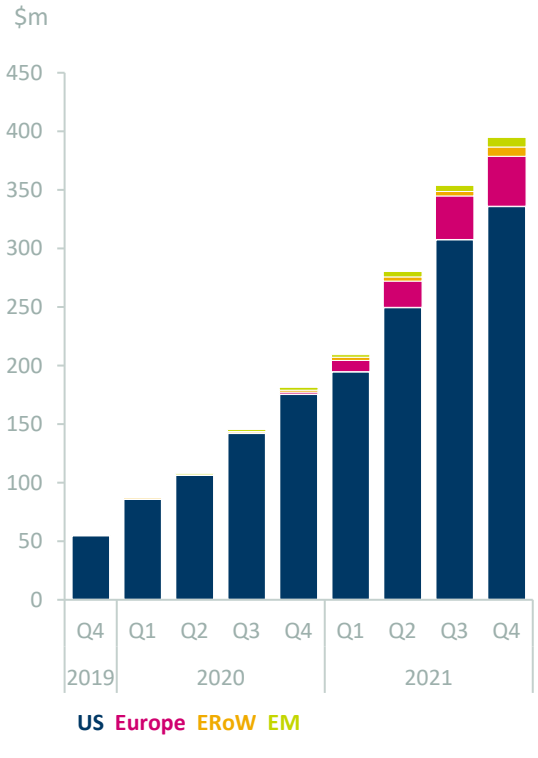
PARP = poly ADP-ribose polymerase; OC = ovarian cancer; mBC = metastatic breast cancer; mCRPC = metastatic castration resistant prostate cancer; HRD = homologous recombination deficiency. 1. at actual exchange rates.
Lynparza is being developed and commercialised in collaboration with Merck & Co., Inc., Kenilworth, NJ, US, known as MSD outside the US and Canada.

Calquence and *Enhertu*

Strong launch trajectories continue

Calquence: 136% growth to $1.2bn

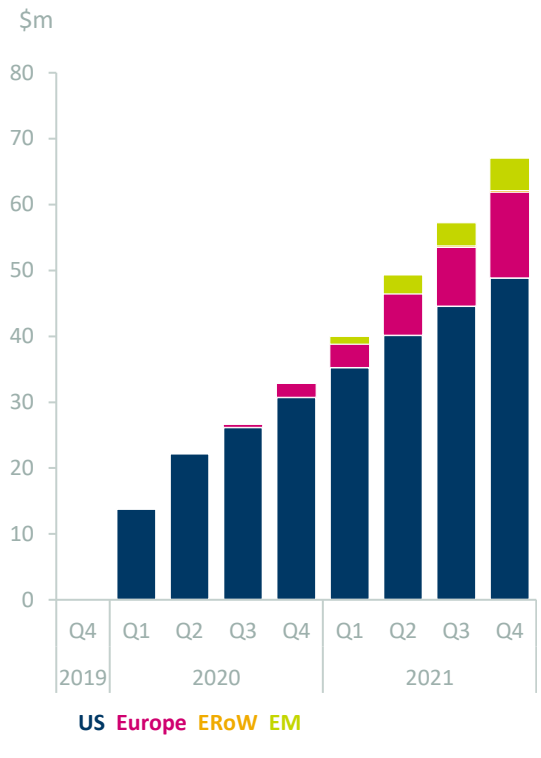
Approvals/Reimbursements: 76/25 (CLL), 37/13 (MCL)



- **Global $1,238m; US $1,089m**
- **US CLL**
  Strong performance with 54% share of new patients starts
- **Global CLL**
  Continued launch performance in DE, UK, FR and International markets
- **US MCL**
  Preferred BTKi in relapsed refractory MCL

Enhertu: 123% growth to $214m

Approvals/Reimbursements: 9/4 (mBC), 4/2 (GC)



- **Global $214m; US $169m**
- **Total in-market sales ex-Japan: $426m**
- **US**
  #1 in 3rd-line HER2+ mBC, continuing launch in 2nd-line GC, NCCN and ESMO guidelines for 2nd-line mBC
- **Global**
  Strong launches in France and UK

CLL = chronic lymphocytic leukaemia; MCL = mantle cell lymphoma; BTKi = Bruton tyrosine kinase inhibitor; GC = gastric cancer; 3L = 3rd-line; NCCN = National Comprehensive Cancer Network; ESMO = European Society for Medical Oncology.

Oncology: R&D pipeline highlights

Strong congress presence; HIMALAYA and TOPAZ-1 support launch into GI cancers

SABCS

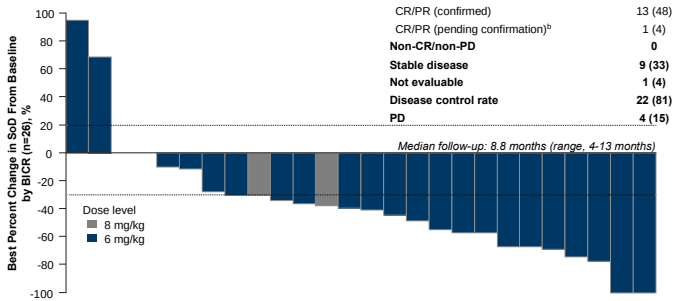
Enhertu, Dato-DXd, *Lynparza*, *Imfinzi* and camizestrant

- TROPION-PanTumor01: promising evidence of the anti-tumour activity of datopotamab deruxtecan in TNBC[1]

Antitumor Responses by BICR

Patients with TNBC without prior Topo I inhibitor-based ADC

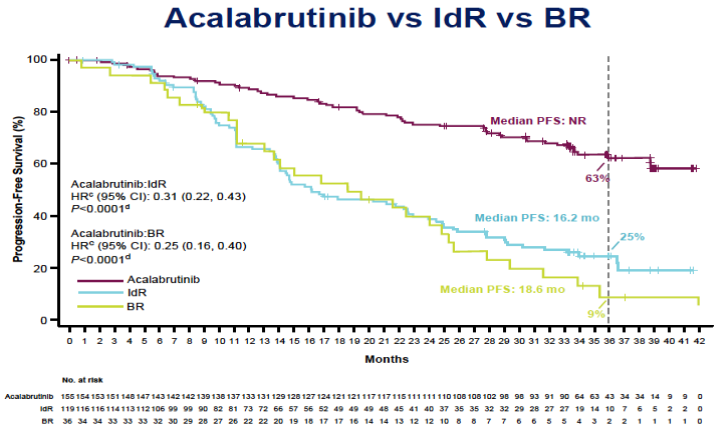
Patients, n (%)[a]	SG/DXd Naïve Patients with Measurable Disease at BL (n=27)
ORR	14 (52)
CR/PR (confirmed)	13 (48)
CR/PR (pending confirmation)[b]	1 (4)
Non-CR/non-PD	0
Stable disease	9 (33)
Not evaluable	1 (4)
Disease control rate	22 (81)
PD	4 (15)



ASH

Calquence and capivasertib

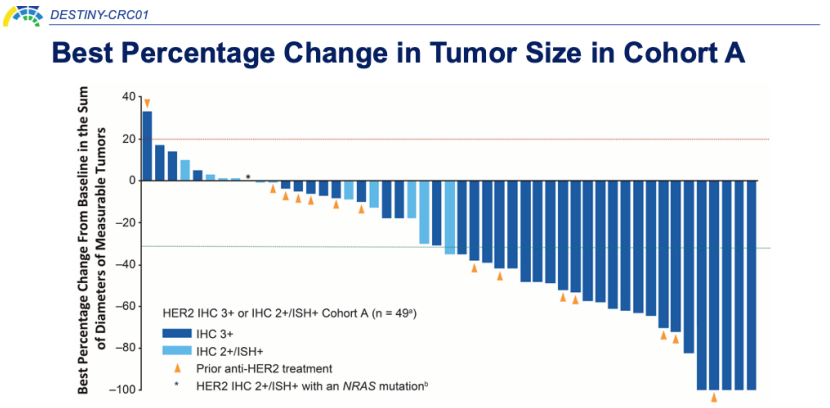
- ASCEND: durable efficacy for *Calquence* over three years in r/r CLL[2]



ASCO GI

Imfinzi, tremelimumab and *Enhertu*

- Positive results in IO: HIMALAYA (HCC) and TOPAZ-1 (BTC)
- *Enhertu* gastric and colorectal trials[3]



Wealth of new data reinforces leadership in Oncology, underscoring ambition to redefine cancer care

SABCS = San Antonio Breast Cancer Symposium; TNBC = triple negative breast cancer; ASH = American Society of Hematology ; ASCO GI American Society of Clinical Oncology Gastrointestinal Cancers Symposium 1. Krop et al, SABCS 2021, Presentation number GS1-05. 2. Jurczak et al, ASH 2021 Presentation abstract number 393. 3. Yamaguchi et al, ASCO GI Presentation abstract number 242.

4

BioPharmaceuticals, Emerging Markets

Ruud Dobber
EVP, BioPharmaceuticals Business

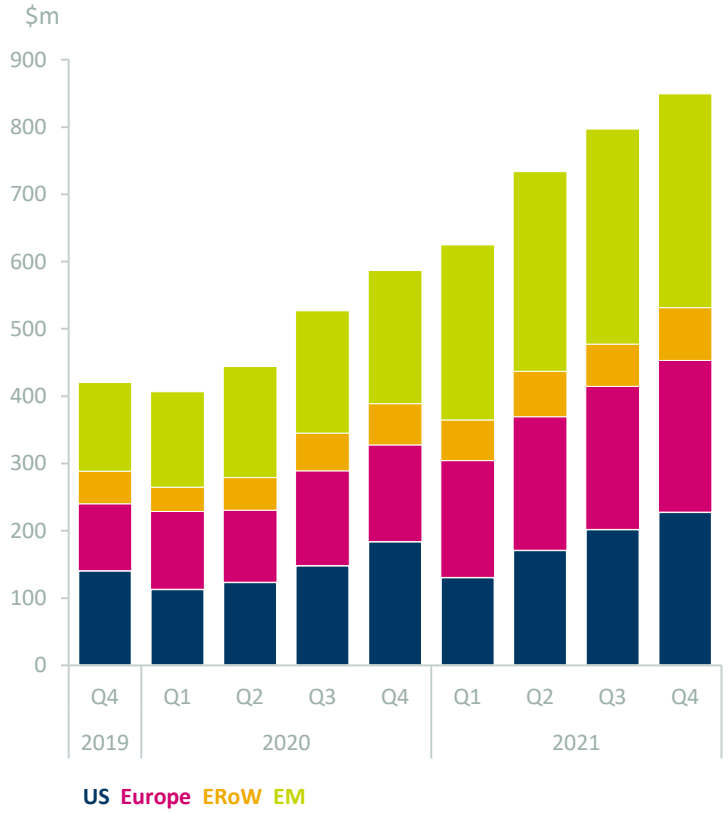
Mene Pangalos
EVP, BioPharmaceuticals R&D

BioPharmaceuticals: Cardiovascular, Renal and Metabolism

Total Revenue $8.0bn; growth +9%

Farxiga: 49% growth to $3.0bn

Strong momentum continues, fastest growing SGLT2i globally

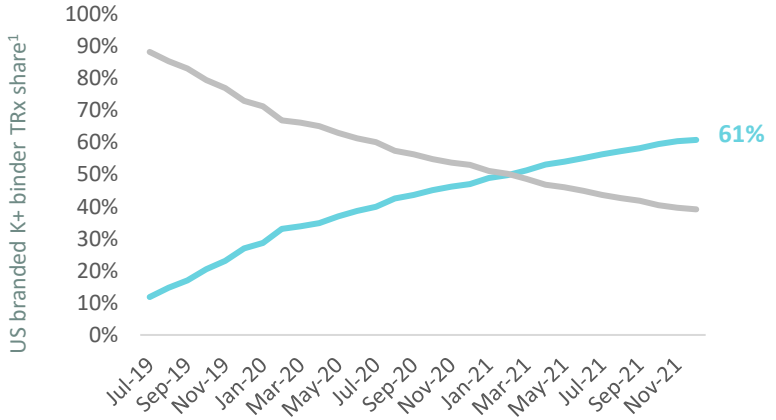


- **US +29%, Europe +52%** and **EM +70%**, boosted by HFrEF and CKD launches
- Volumes growing faster than the SGLT2i market in most major markets
- China NRDL status renewed
- #1 innovative anti-diabetic in China and Brazil

Now blockbuster status in EM

Lokelma

Global sales of $175m



- Continued strong growth in US and Japan. Expanding in new markets in Europe with new reimbursements achieved
- China NRDL listing from January 2022

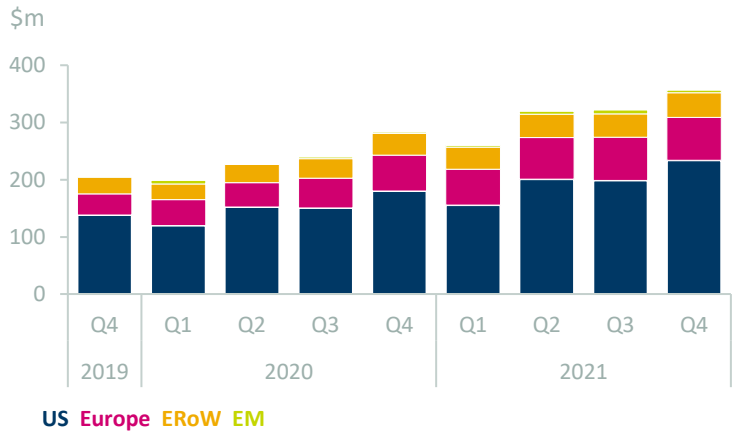
SGLT2i = sodium-glucose transport protein 2 inhibitor; HFrEF = heart failure with reduced ejection fraction; CKD = chronic kidney disease; K+ = potassium; TRx = total prescriptions. 1. IQVIA US monthly total prescription share data

BioPharmaceuticals: Respiratory and Immunology

Total Revenue $6.0bn; growth +9%

Fasenra

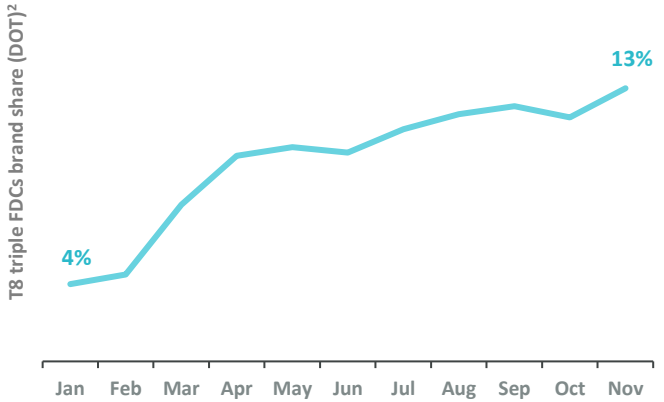
31% growth to $1.3bn



- Leading biologic in eosinophilic asthma[1]
- Global performance driven by new patient share
- Now a blockbuster medicine

Breztri

COPD launch progressing; sales of $203m



- Global launch underway with 13% triple FDC branded market share in T8 countries, with 23% share in US, CN, JP
- Demand sales volume increase in China following NRDL inclusion

Saphnelo

SLE launch progressing

- Positive early market response, despite COVID-19 headwinds
- **US**: $8m sales, with 35% NBRx share of i.v. market[3]
- **Japan:** formulary listing submissions are proceeding

EU CHMP positive opinion

1. Based on IQVIA MIDAS consolidated total patient top-7 market share (markets: US, JP, DE, FR, ES, IT, UK) in Q3 2021. 2. IQVIA MIDAS monthly days of therapy month end November 2021. 3. IQVIA LAAD claims data. NBRx = new to brand prescriptions; COPD = chronic obstructive pulmonary disorder; FDC = fixed dose combinations; i.v. = intravenous.

Tezspire approved for severe asthma in the US

TEZSPIRE™ (tezepelumab) Subcutaneous Injection

First and **only** biologic approved with no phenotype or biomarker limitation

Addressing the unmet need in severe asthma

c.2.5m

of patients eligible for biologic treatment[1]

c.83%

patients not currently treated with biologics[2]

Tezspire addresses the full spectrum of severe asthma patients

Indicator	% Total Patient Population[3-12]
☑ Blood eosinophils (≥ 300 cells/µL)	40-50%
☑ Blood eosinophils (<300 cells/µL)	50-60%
☑ Blood eosinophils (<150 cells/µL)	25-30%
☑ With allergic features	c.65%
☑ Inflammatory drivers overlap	c. 60%

Only biologic proven to significantly reduce exacerbations in these patient populations

US launch January 2022 | Regulatory submissions underway in EU and Japan

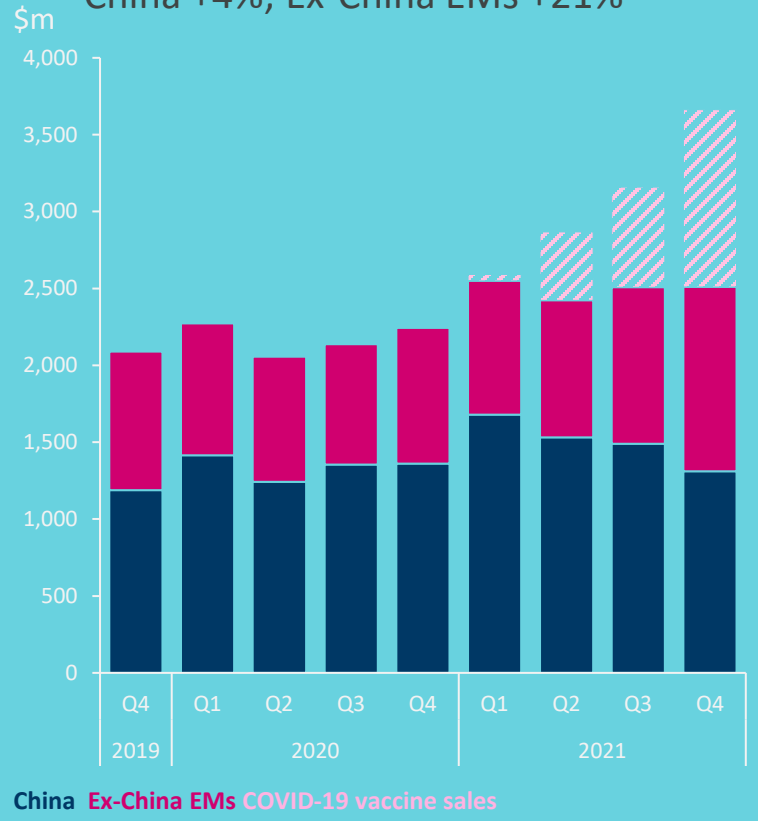
[1]AstraZeneca Data on File [2]AstraZeneca Data on File; 3 Hanania NA, *et al*. *Ann Intern Med*. 2011;154 (9): 573-82, [4]Yancey SW, *et al*. *Respir Med*. 2019; 151: 139-141. [5] FitzGerald JM, *et al*. *Lancet Respir Med*. 2017; 6 (1): 51-64. [6]Castro M, *et al*. *N Engl J Med*. 2018; 378 (26): 2486-2496. [7] Wang E, *et al*. *Chest*. 2020; 157 (4): 790-804. [8]Denton E, *et al*. *J Allergy Clin Immunol Pract*. 2021;9 (7): 2680-2688.e7. doi: 10.1016/j.jaip.2021.02.059. Epub 2021 Mar 18. Erratum in: *J Allergy Clin Immunol Pract*. 2021; 9 (11): 4182. PMID: 33744476. [9]Tran TN, *et al*. *Ann Allergy Asthma Immunol*. 2016; 116: 37–42. [10]Amaral *et al*. *Clin Trans Allergy*. 2018; 8: 13. [11]AstraZeneca Data on file. [12]Ding B, *et al*. *Eur Respir J* 2021; 58: Suppl. 65, OA4214. *Tezspire* is being developed and commercialised in collaboration with Amgen.

Emerging Markets

Total revenue $12.3bn (including *Vaxzevria*[1] revenue)

Emerging markets +10%[2]

China +4%; Ex-China EMs +21%[2]



Diversified growth across geographies

Launches in ex-China Emerging Markets progressing well

- **Oncology** $3.2bn, +6%: *Tagrisso* $1.3bn, up 6% continued impact from NRDL inclusion in China, offset by solid growth ex-China for *Lynparza, Imfinzi*, and *Tagrisso*
- **CVRM** $3.8bn, +12%: continued strong growth for *Forxiga* ($1.2bn, +70%) driven by HF and CKD launches
- **Respiratory & Immunology** $1.7bn, +4%: *Pulmicort* ($770m, -9%) due to VBP inclusion in October. *Symbicort* growth ($609m, +4%) mainly driven by ex-China

1. *Vaxzevria* Total Revenue' also includes Collaboration Revenue from sub-licensees that produce and supply the AstraZeneca COVID-19 Vaccine under their own trademarks. 2. Growth number calculated excluding revenue of the *Vaxzevria*. Growth including *Vaxzevria* is as follows: Emerging Market total revenue growth +36%, China +4%; Other EMs +89%.

BioPharmaceuticals: R&D pipeline highlights

Four NMEs approved in 2021: *Saphnelo, Tezspire, Evusheld* and *Vaxzevria*

Evusheld

Only long-acting antibody combination shown to prevent and treat COVID-19

- Authorised in eight countries, including US EUA
- Retains neutralising activity against Omicron[1]
- US agreements for 1.2m doses
  - Agreements include US Gov development funding

Vaxzevria

Clinical and real-world evidence supports use as booster

- 2.5bn doses supplied in 2021[2]
- Boosts immune response against Omicron[3]
- Retains neutralising activity after two-doses[4]
- *Vaxzevria* and AZD2816 - generated similar immune response to variants of concern[5]

eplontersen

ATTR
Collaboration with Ionis Pharmaceuticals

- ATTR: misfolded protein and accumulation as amyloid fibrils
  - ATTR-CM (cardiomyopathy)
  - hATTR-PN (polyneuropathy, hereditary)
- Phase III trials:
  CARDIO-TTRansform (data 2023+)
  NEURO-TTRansform (data H2 2022)

1. *Nature*: doi.org/10.1038/s41586-021-04386-2 2. Includes doses shipped by sub-licensees. AstraZeneca invoiced supply is 963 million doses. 3. UK Health Security Agency: doi.org/10.1101/2021.12.14.21267615 4. *The Lancet*: doi.org/10.1016/S0140-6736(22)00094-0 5. Interim results from the D7220C00001 clinical trial. ATTR = transthyretin amyloidosis.

5

Rare Disease

Marc Dunoyer

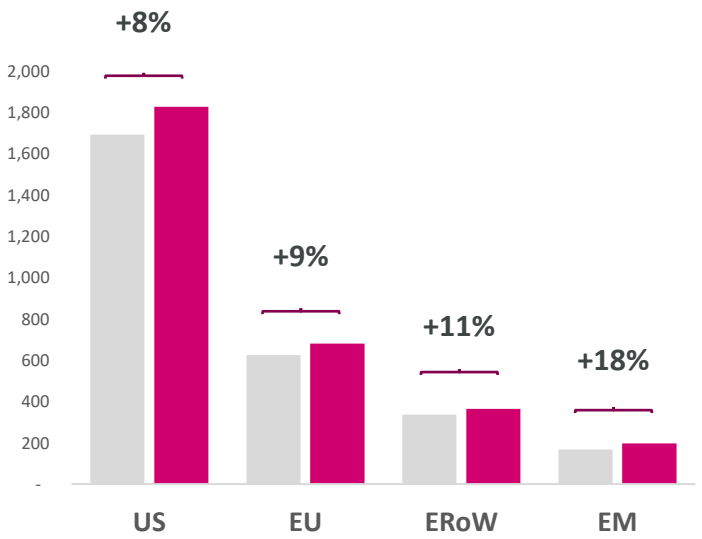
Chief Executive Officer,
Alexion

Rare Disease

Total Revenue $3.1bn; +9% pro rata[1] FY 2021

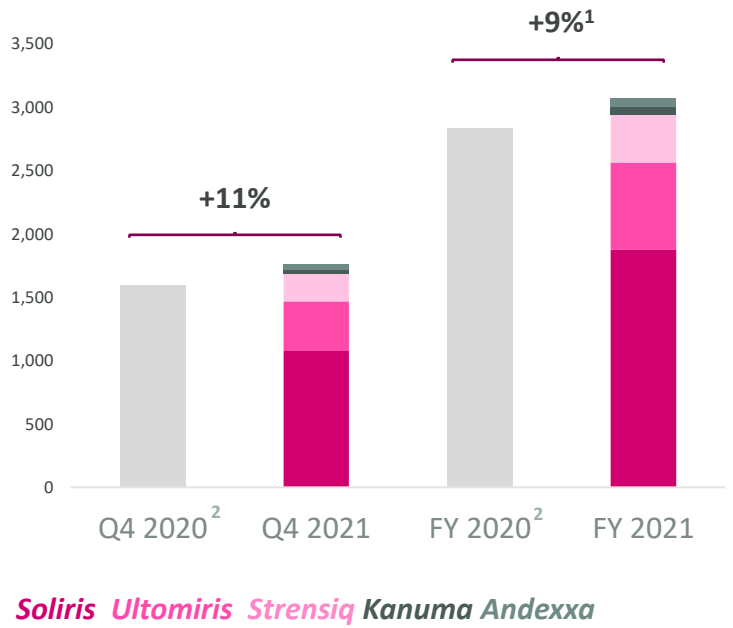
Growth across all regions

Pro rata growth, 2021[1]



Rare Disease performance

C5 Franchise (*Soliris + Ultomiris*) +11% Q4; +8% pro rata FY 2021[2;]



- ***Soliris***: double-digit volume growth in Neurology; Q4 benefitted from tender market order timing
- ***Ultomiris:*** continued conversion in PNH, aHUS despite COVID-19 impact; 14 new country launches in FY 2021
- ***Strensiq:*** growth driven by increased demand in US
- ***Kanuma:*** strong revenue growth driven by ex-US demand
- ***Andexxa***: strong revenue growth in EU, offset by COVID-related hospital access challenges in the US

Opportunity for geographic expansion leveraging AstraZeneca's footprint

1. FY 2021 revenues from date of acquisition closing, 21 July 2021 through 31 December 2021; pro forma growth rates calculated by comparison post-acquisition revenues with the corresponding prior year revenues adjusted pro-rata to match the post-acquisition period. 2. Inclusive of total revenues previously reported by Alexion and not adjusted for consistency with AstraZeneca's accounting policies, not audited and not included in AstraZeneca's FY 2021 results.

Expanding beyond heart failure in amyloidosis

Cohesive commercial and development strategy across Cardiovascular and Rare Disease

Leveraging strengths and expertise

across Cardiovascular, Rare Disease

Farxiga in Heart Failure (HFrEF, HFpEF)

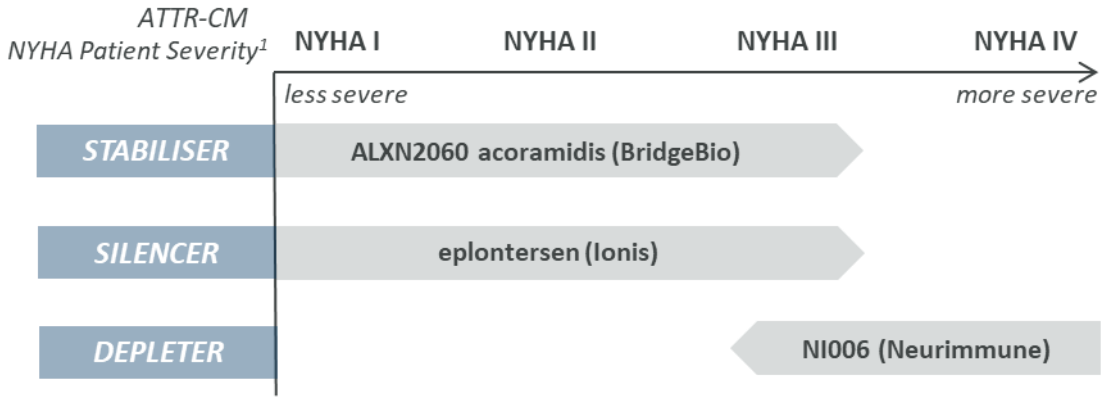
Amyloidosis commonly misdiagnosed as HFpEF

TTR and AL represent majority of amyloidosis diagnoses

ATTR amyloidosis	AL amyloidosis
Ex. ATTR-CM ~400-500k patients WW[1,2]	~20k patients US, EU5[3]

Complementary MOAs needed in ATTR

to address full spectrum of patient need



Building a strategic presence in amyloidosis

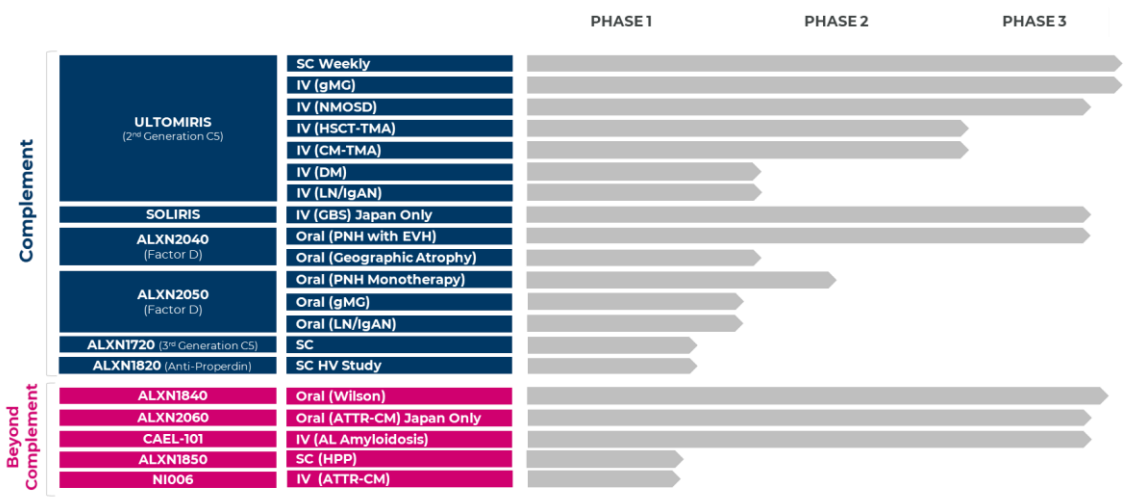
1. Mohamed-Salem L et al. *Int J Cardiol*. 2018 Nov 1; 270:192-196. doi: 10.1016/j.ijcard.2018.06.006 2. Cucaden C, et al. *J Nucl Cardiol*. 2020 May 8 3. Quock, T. P., et al. *Blood Adv*.2018; 2(10):1046-1053; Internal epidemiological analysis: Mayo Stage IIIa + b 4. New York Heart Association (NYHA) Functional Classification. MoA = mechanism of acton.

Investing in Rare Disease

Late-stage weighted pipeline, multiple long-term growth opportunities

Robust late-stage pipeline

breadth of LCM and NME opportunities



Diversified pipeline with multiple late-stage programmes beyond complement

Expanding & diversifying

our Rare Disease portfolio; key events in Q4

- US FDA accepted *Ultomiris* in generalised myasthenia gravis for priority review, PDUFA date in Q2 2022
- Exclusive global license for NI006, novel depleter in development for ATTR amyloidosis
- Investing in complement capabilities with expansion of New Haven research facility, and establishment of European development hub in Barcelona

FDA = Food and Drug Administration; PDUFA = Prescription Drug User Fee Act.

6

Closing remarks and Q&A

Pipeline catalysts for 2022 - 2023

Industry leading news flow

Oncology BioPharmaceuticals Rare Disease

	H1 2022	H2 2022	2023	
Regulatory decision	***Lynparza*** – breast cancer (adjuvant) (US) ***Enhertu*** – HER2+ breast cancer (2L) (US) ***Brilique*** – stroke (THALES) (CN) ***Forxiga*** – chronic kidney disease (CN) ***Fasenra*** – nasal polyps (US) ***Saphnelo*** – lupus (SLE) (EU) **tezepelumab** – asthma (EU, JP) ***Ultomiris*** – gMG (US)	***Tagrisso*** – EGFRm NSCLC (adjuvant) (JP) ***Imfinzi*** +/- **tremelimumab** – NSCLC (1L) ***Lynparza*** – ovarian cancer (1L) (CN) ***Lynparza*** – prostate cancer (1L) (EU) ***Lynparza*** – breast cancer (adjuvant) (EU, JP) ***Enhertu*** – HER2+ breast cancer (2L) (EU, JP) ***Enhertu*** – HER2+ gastric cancer (2L) (EU) ***Koselugo*** – NF1-PN (JP) ***Ultomiris*** – gMG (EU, JP) ***Ultomiris*** – subcutaneous, PNH and aHUS (US)		
Regulatory submission and/or acceptance	***Imfinzi*** +/- **tremelimumab** – liver cancer (1L) (HIMALAYA) ***Imfinzi*** – biliary tract cancer (TOPAZ-1) ***Lynparza*** – prostate cancer (1L) (US, JP) ***Enhertu*** – HER2-low breast cancer (3L) (DESTINY-Breast04) **PT027** – asthma (US) ***Vaxzevria*** – COVID-19 (US) ***Evusheld*** – COVID-19 outpatient treatment (EU, JP) **nirsevimab** – respiratory syncytial virus ***Ultomiris*** – subcutaneous, PNH and aHUS (EU)	***Imfinzi*** – NSCLC (unresectable, Stg. III) (PACIFIC-2) ***Imfinzi*** – NSCLC (1L) (PEARL) ***Imfinzi*** – cervical cancer (CALLA) ***Imfinzi*** – liver cancer (locoregional) (EMERALD-1) ***Enhertu*** – HER2+ breast cancer (3L) (DESTINY-Breast02) ***Calquence*** – CLL (ELEVATE-TN) (JP) ***Koselugo*** – NF1-PN (SPRINT) (CN) ***Farxiga*** – HFpEF (DELIVER) **eplontersen** – hATTR-PN (NEURO-TTRansform) ***Ultomiris*** – NMOSD **ALXN1840** – Wilson disease	***Tagrisso*** – EGFRm NSCLC (1L) (FLAURA2) ***Tagrisso*** – EGFRm NSCLC (unresectable Stg. III) (LAURA) ***Imfinzi*** – limited-stage SCLC (ADRIATIC) ***Imfinzi*** – bladder cancer (1L) (NILE) ***Imfinzi*** – bladder cancer (muscle invasive) (NIAGARA) ***Imfinzi*** – liver cancer (adjuvant) (EMERALD-2) ***Imfinzi*** – NSCLC (neoadjuvant) (AEGEAN) ***Lynparza*** – breast cancer (adjuvant) (CN) ***Lynparza*** – colorectal cancer (1L) (LYNK-003) **capivasertib** – TNBC (locally adv./met.) (CAPItello-290) **capivasertib** – HR+/HER2-neg. breast cancer (CAPItello-291) **Dato-DXd** – NSCLC (3L) (TROPION-Lung01)	***Fasenra*** – EOE (MESSINA) ***Fasenra*** – EGPA (MANDARA) ***Fasenra*** – HES (NATRON) ***Fasenra*** – severe asthma (CN) (MIRACLE) **acoramidis** – ATTR-CM (JP) **danicopan** – PNH with extravascular haemolysis
Key Phase III data readouts	***Imfinzi*** – NSCLC (1L) (PEARL) ***Imfinzi*** – cervical cancer (CALLA) ***Imfinzi*** – NSCLC (unresectable Stg. III) (PACIFIC-2) ***Enhertu*** – HER2-low breast cancer (3L) (DESTINY-Breast04) ***Farxiga*** – HFpEF (DELIVER) ***Ultomiris*** – NMOSD	***Imfinzi*** – SCLC (limited-stage) (ADRIATIC) ***Imfinzi*** – liver cancer (locoregional) (EMERALD-1) ***Enhertu*** – HER2+ breast cancer (3L) (DESTINY-Breast02) ***Calquence*** – MCL (1L) (ECHO) **eplontersen** – hATTR-PN (NEURO-TTRansform) ***Fasenra*** – HES (NATRON) ***Fasenra*** – EOE (MESSINA) **acoramidis** – ATTR-CM (JP)	***Tagrisso*** – EGFRm NSCLC (1L) (FLAURA2) ***Tagrisso*** – EGFRm NSCLC (unresectable Stg. III) (LAURA) ***Imfinzi*** – bladder cancer (muscle invasive) (NIAGARA) ***Imfinzi*** – NSCLC (neoadjuvant) (AEGEAN) ***Imfinzi*** – liver cancer (adjuvant) (EMERALD-2) ***Imfinzi*** – bladder cancer (1L) (NILE) ***Lynparza*** – colorectal cancer (1L) (LYNK-003) ***Lynparza + Imfinzi*** – ovarian cancer (1L) (DuO-O) ***Lynparza + Imfinzi*** – endometrial cancer (1L) (DuO-E) ***Enhertu*** – HER2oe gastric cancer (DESTINY-Gastric03) ***Enhertu*** – HER2m NSCLC (unresectable) (DESTINY-Lung02) ***Enhertu*** – HER2-low breast cancer (2L) (DESTINY-Breast06)	***Calquence*** – CLL (1L) (AC-CL-311) **capivasertib** – TNBC (locally adv/met) (CAPItello-290) **capivasertib** – HR+ HER2-neg breast cancer (1L) (CAPItello-291) **camizestrant** – HR+ HER2-neg breast cancer (SERENA-6) **Dato-DXd** – NSCLC (3L) (TROPION-Lung01) ***Farxiga*** – myocardial infarction (DAPA-MI) **roxadustat** – anaemia of myelodysplastic syndrome ***Fasenra*** – severe asthma (MIRACLE) ***Fasenra*** – CRwNP (ORCHID) ***Fasenra*** – EGPA (MANDARA) ***Fasenra*** – bullous pemphigoid (FJORD) ***Soliris*** – guillain-barre syndrome (JP) **danicopan** – PNH with extravascular haemolysis

EGFRm = epidermal growth factor receptor mutated; HER2-low = human epidermal growth factor receptor 2 low; Stg. = stage; HFpEF = heart failure with preserved ejection faction; NMOSD = neuromyelitis optica spectrum disorder; MCL = mantle cell lymphoma; HES = hyper eosinophilic syndrome; EOE = eosinophilic oesophagitis; TNBC = triple negative breast cancer; adv = advanced; met = metastatic; HR+ = hormone receptor positive; HER2-neg = human epidermal growth factor receptor 2 low; HER2oe = human epidermal growth factor receptor over expressing; HER2m = human epidermal growth factor mutant; CRwNP = chronic rhinosinusitis with nasal polyps; EGPA = eosinophilic granulomatosis with polyangiitis.

AstraZeneca: the next chapter

Industry-leading growth, best-in-class innovative pipeline

Double-digit CAGR through 2025

Longer-term growth fueled by existing portfolio and new innovative medicines

Differentiated, durable portfolio

Attractive LOE profile, unrivalled R&D productivity and pipeline

Financial execution

Continued focus on operating leverage and cash generation

Reinvestment in our main disease areas

High-growth pipeline opportunities, value-enhancing business development

Q&A

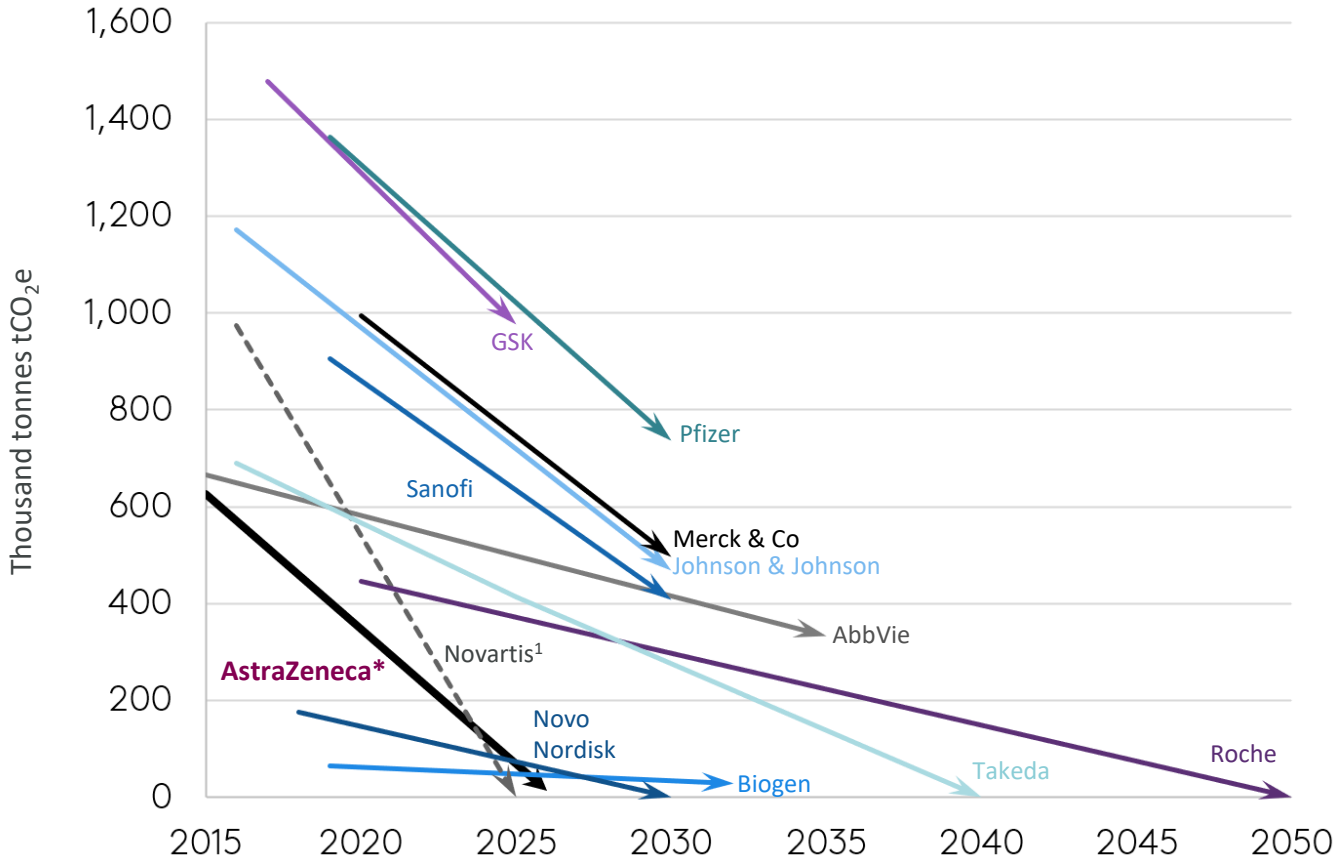
Full-year and
Q4 2021 Results

A

Appendix

Scope 1+2 emissions reduction targets

Absolute Scope 1+2 emissions reduction targets



Target ranking

Company	Target temperature alignment (°C)[2]	Rank
AstraZeneca	**<1.1**	**1**
Novo Nordisk	<1.1	2
Takeda	<1.1	3
Sanofi	1.15	4
Merck & Co	1.15	5
Roche	1.24	6
Johnson & Johnson	1.37	7
GSK	1.38	8
Biogen	1.39	9
Bayer	1.40	10
Pfizer	1.40	11
AbbVie	1.64	12
Lonza	2.52	13

Source: Pollination, using Company reports, CDP. Note: Target trajectory is plotted from base year to target year. Actual historical emissions profiles from 2015 – 2020 will differ. Bayer's target is not displayed due to scale of chart. Lonza's target is not displayed due to being an intensity target. 1. Novartis' target is to be carbon neutral across Scope 1+2 by 2025 from 2016 base year, level of mitigation targeted is unknown. 2. Utilising the SBTi temperature rating methodology.

* For AstraZeneca Pollination graphed the SBT "reduce absolute scope 1 and 2 GHG emissions 98% by FY2026 from a FY2015 base year"

Early pipeline news flow (1/2)

Next key milestone by project

Oncology

Project	Target	Phase	Indication	Next milestone
adavosertib	WEE1	II	uterine, pancreatic cancer	Phase III start
ceralasertib	ATR	II	solid tumours blood cancers	Phase II data, 2023+
oleclumab	CD73	II	solid tumours	Phase II data, 2023
MEDI5752	PD-1/ CTLA4	I/II	solid tumours	Phase I/II data, 2023+
AZD5991	MCL1	I/II	blood cancers	Phase I/II data, 2023+
AZD0466	Bcl-2/xL	II	blood cancers	Phase II data, 2023+
AZD8205	B7H4 ADC	I/II	solid tumours	Phase I/II data, 2023+
AZD5305	PARP1 sel	I/II	solid tumours	Phase I/II data, 2023+
AZD0171 + *Imfinzi*	anti-LIF mAb + PD-L1	II	NSCLC	Phase II data, 2023+
AZD7789	PD-1/TIM3	I/II	NSCLC	Phase I/II data, 2023+
AZD2936	PD-1/TIGIT	I	NSCLC	Phase I data, 2023+
AZD4573	CDK9	II	blood cancers	Phase II data, 2023

BioPharmaceuticals: CVRM

Project	Target	Phase	Indication	Next milestone
cotadutide	GLP-1/ glucagon	II	NASH	Phase III start, H2 2022
cotadutide	GLP-1/ glucagon	II	DKD	Phase II data, H1 2022
AZD4831	MPO	II/III	HFpEF	Phase II/III data, 2023+
AZD5718	FLAP	II	CKD	Phase II data, 2023
AZD9977 + *Farxiga*	MCR + SGLT2	II	HF with CKD	Phase II data, 2023
zibotentan + *Farxiga*	ETR + SGLT2	II	CKD	Phase II data, H2 2022
AZD2693	PNPLA3	I	NASH	Phase I data, H1 2022
AZD8233	PCSK9	II	dyslipidaemia	Phase II data, H2 2022
tozorakimab	IL-33	II	DKD	Phase II data, 2023

Early pipeline news flow (2/2)

Next key milestone by project

BioPharmaceuticals: Respiratory and Immunology

Project	Target	Phase	Indication	Next milestone
tozorakimab	IL-33	II	asthma	Phase II data, H2 2022
tozorakimab	IL-33	II	COPD	Phase III start, 2022
tozorakimab	IL-33	II	AD	Phase II data, H2 2022
tozorakimab	IL-33	II	COVID-19	Phase II data, H1 2022
AZD1402	IL-4R alpha	II	asthma	Phase II data, H2 2022
AZD4604	inhaled JAK	I	asthma	Phase I data, 2023
MEDI7352	NGF TNF	II	painful diabetic neuropathy	Phase II data, 2023
MEDI7352	NGF TNF	II	osteoarthritic pain	Phase II data, 2023

Rare Disease

Project	Target	Phase	Indication	Next milestone
ALXN1720	3rd-gen C5	I	gMG	Phase I data, H1 2022
danicopan	Factor D	II	geographic atrophy	Phase II data, 2023+
danicopan	Factor D	III	PNH with EVH	Phase III data, 2023
ALXN1820	anti-properdin	I	haematology	Phase I data, 2023
ALXN2050	Factor D	II	PNH monotherapy	Phase II data, H1 2022
ALXN2050	Factor D	II	gMG	Phase II data, H1 2022
ALXN2050	Factor D	II	renal indications	Phase II data, 2023+
ALXN1850	next-gen asfotase alfa	I	hypophosphatasia	Phase I data, H2 2022

B

Commercial context: PROpel, HIMALAYA, TOPAZ-1 and DESTINY-Breast04

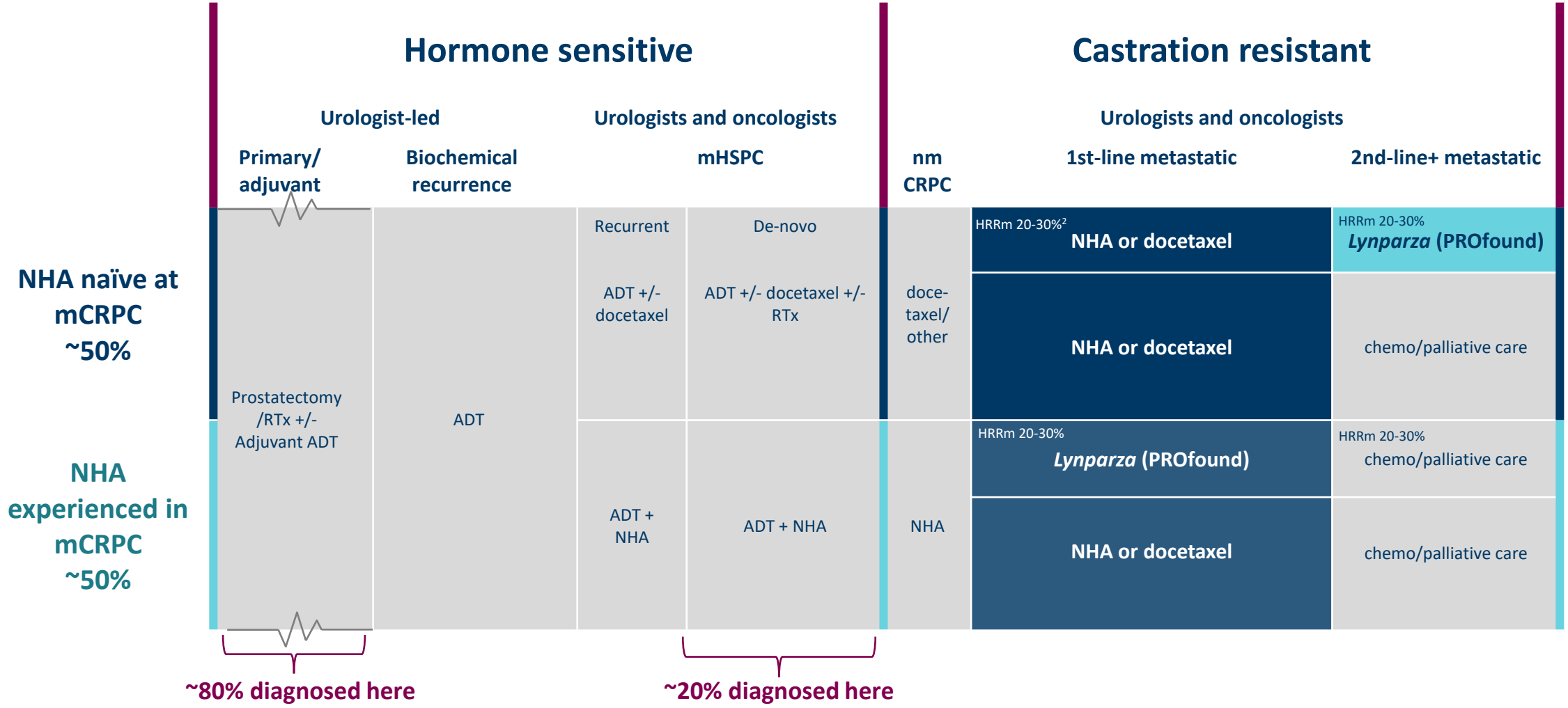
1

PROpel

Prostate is the second most common cancer in male patients

mCRPC therapies are limited; mostly monotherapy, including in first line

ASCO GU 2022



Source: AstraZeneca estimates. Indicative populations. Not to scale 1. Rawla P. *World J Oncol*. 2019; 10(2):63-89. 2. Mateo, J, et al. *New England Journal of Medicine*, 2015, 373(18), pp.1697 - 1708.

ADT = androgen deprivation therapy; RTx = radiation therapy; nmCRPC = non-metastatic castration resistant prostate cancer

PROpel - unprecedented clinical benefit without compromising quality of life - a potential new SoC in mCRPC

ASCO GU 2022

Outcomes remain poor

in advanced prostate cancer

40%

of patients with prostate cancer will develop metastatic disease[1-3]

30%

the 5-year survival rate for patients with metastatic disease[4]

3 years

median OS for mCRPC patients in the first-line setting[5-9]

50%

of patients receive only one line of active therapy in mCRPC[10]

PROpel

building on the success of PROfound

- Representative **real-world** population - **simple** trial design
- **All-comers** ITT population
- Retrospective **HRR testing** via tissue and ctDNA testing[11]
- Primary endpoint: **radiographic progression free survival**
- Key secondary endpoints: **Overall survival, time to first subsequent therapy, time to second progression or death**

300 mg Lynparza™ olaparib + abiraterone

a potential new standard of care

- **Clinically meaningful and consistent efficacy** across subgroups
- Despite OS immaturity, **strong secondary endpoint results** provide confidence
- **Class-leading tolerability** - full 300mg *Lynparza* dose in combination with abiraterone
- **Quality of life maintained**, allowing adoption of upfront combination therapy

8.2-month median rPFS benefit over abiraterone alone

1. Beltran H, Beer TM, Carducci MA, et al. *Eur Urol*. 2011;60(2):279-290. 2. Sciarra A, Salciccia S. *Eur Urol.* 2014;65(5):905-906. 3. Sartor O, de Bono JS. *N Engl J Med.* 2018;378(7):645-657. 4. Cancer of the Prostate - *Cancer Stat Facts. SEER*. Accessed November 6, 2019. 5. Kelly WK et al. *J Clin Oncol.* 2012;30:1534–40. 6. Quinn DI et al. *Lancet Oncol.* 2013;14:893–900. 7. Araujo JC et al. *Lancet Oncol.* 2013;14:1307–16. 8. Ryan CJ et al. *N Engl J Med.* 2013;368:138–48. 9. Beer TM et al. *N Engl J Med*. 2014;371:424–33. 10. Shore ND et al. *Adv Ther.* 2021;38:4520–40. 11. Tumour tissue and blood samples were collected at baseline for biomarker tests. HRRm status was determined using a tumour tissue test (FoundationOne®CDX) and/or a circulating tumour (ctDNA) based test (FoundationOne®Liquid CDx test).

OS = overall survival; ITT = intent-to-treat.

PROpel: a new treatment approach in 1st-line mCRPC

1st-line metastatic castration-resistant prostate cancer (mCRPC) - US patients

NHA naïve ~50%		Prior NHA use ~50%	
Other (~25%)	Receiving NHA (~75%)	Receiving NHA (~55%)	Other (~45%)
HRRm 20-30%			

Overall, ~65% of 1st-line mCRPC patients receive an NHA today

***Lynparza* + abiraterone (PROpel)[1]**

Lynparza and abiraterone demonstrates a **clear clinical benefit** vs. abiraterone alone in first line patients who are NHA naïve

For NHA experienced patients, *Lynparza* and abiraterone offers **a well tolerated, chemo-free treatment option**

A clear option for NHA-naïve patients regardless of HRRm status

The first combination trial to demonstrate consistent clinical benefit in 1st-line mCRPC

Source: AstraZeneca estimates. 1. Pending health authority authorisation. The PROpel trial data is not currently approved in any jurisdiction.

2

HIMALAYA & TOPAZ-1

TOPAZ-1 has the potential to become the first-ever IO therapy available for first-line, advanced biliary tract cancer patients

ASCO GI 2022

Lack of innovation in biliary tract cancer

10+ years

without innovation on top of standard of care

5% to 15%

of all patients with BTC surviving only five years[1]

75%

of BTC patients present with advanced, unresectable BTC[2]

*~ **50,000** people in the US, Europe and Japan and about **210,000** people worldwide are diagnosed with BTC each year[3]*

TOPAZ-1 has practice-changing potential

- Trial stopped early at an interim analysis due to clear efficacy, with almost

1 in 4 patients **alive at two years** versus one in 10 on chemotherapy alone

- Potential new standard of care in this historically underserved cancer

Regulatory submissions in H1 2022

- Safety: no AE-related increase in discontinuations

First IO therapy to demonstrate long-term survival in first-line advanced BTC

1. Turkes F, *et al*. *Gastroenterol Res Pract.* 2019; 2019:7698786. 2. Vienot A and Neuzillet C. *Clin Res Hepatol Gastroenterol.* 2020;44:810-824 3. Siegel R, *et al*. *CA Cancer J Clin.* 2020; 70: 7-30. and Nakachi K, *et al. Japanese Journal of Clinical Oncology.* 2018; 48(4): 392-395. and 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet*. 2018;392(10159):1789-1858. AE = adverse events.

HIMALAYA – an innovative IO regimen delivering survival benefit to patients with advanced, unresectable hepatocellular carcinoma

ASCO GI 2022

Large unmet need in liver cancer

3rd

leading cause of cancer death worldwide[1]

7%

five-year survival in advanced HCC[2]

At least 40%

of treatment eligible first-line advanced HCC patients are at risk of bleeding[3]

*~**80,000** people in the US, Europe and Japan and **260,000** people in China present with advanced, unresectable HCC each year[4]*

Innovative STRIDE regimen with tremelimumab

- First IO+IO combination in first-line advanced, unresectable HCC
- Only Phase III trial to show benefit of single, priming dose of CTLA-4
- Impressive three-year landmark OS data with almost

1 in 3

patients **alive at three years** on STRIDE regimen versus one in five on sorafenib

Clear efficacy, safety and simplicity for patients

- *Imfinzi* monotherapy non-inferior to sorafenib, with numerical advantage in OS
- No increased bleeding risk or severe liver toxicity seen in trials
- Exceptional safety profile

Regulatory submissions in H1 2022

IO-only combination strategy simplifies patient management

1. ASCO. Liver Cancer: Accessed January 2022. 2. Sayiner M, et al. *Digestive Diseases and Sciences. 2019; 64: 910-917.* 3. Boregowda et al. *World J Gastrointest Pharmacol Ther*. 2019 Jan 21; 10(1): 1–21. 4. AstraZeneca data on file. Kantar Health. 2021. STRIDE = single tremelimumab regular interval durvalumab; IO = immuno-oncology; CTLA-4 = cytotoxic T-lymphocyte associated protein 4.

Liver cancer: HIMALAYA & TOPAZ-1 extending survival in hard-to-treat GI cancers

Presenting with liver cancer

Presenting with non-liver biliary tract carcinomas

Hepato-cellular cancer

Other Liver

Biliary tract carcinoma

Local/Locoregional stage diagnosis

Advanced Stage, Drug treated

BSC

+

Recurrent patients

HIMALAYA

Early Stage

Advanced Stage, Drug treated

BSC

TOPAZ-1

Source: SEER, WHO, World Bank population projections, Kantar Health, Data Monitor, DRG and AZ modelling. BSC = best supportive care

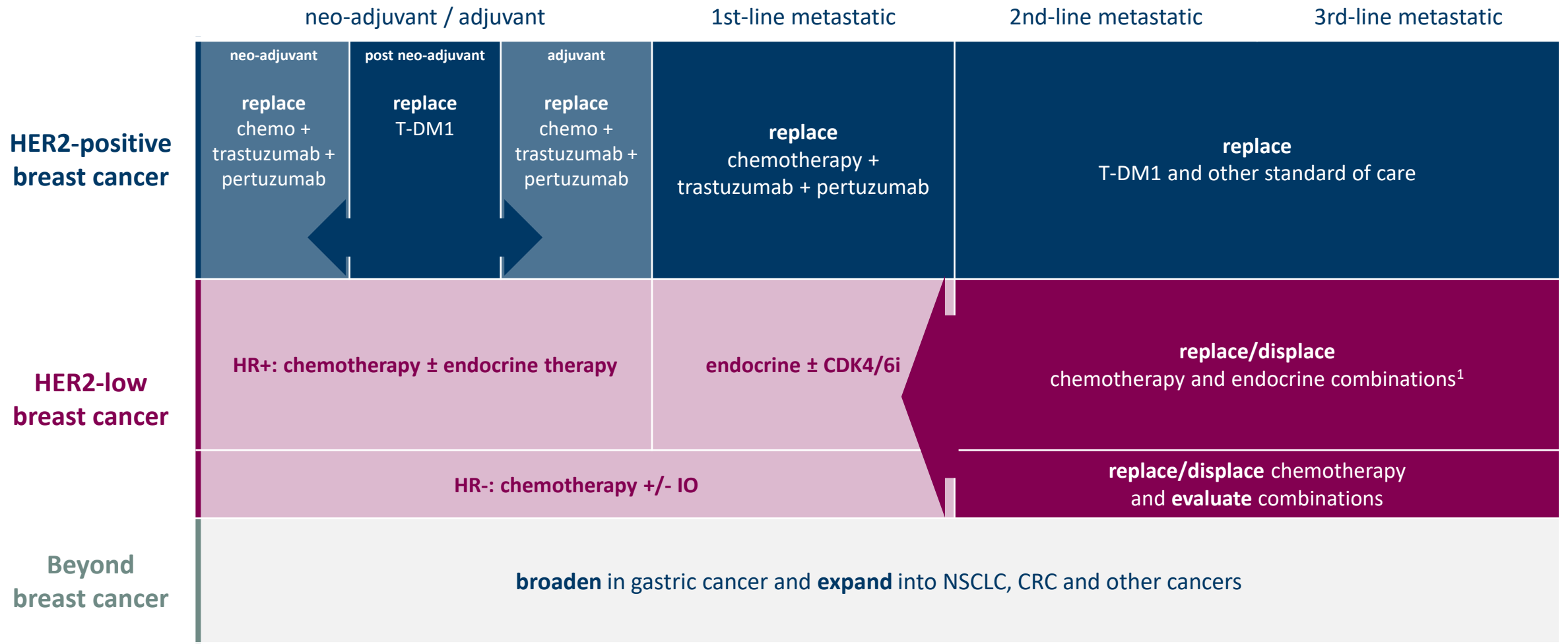
3

DESTINY-Breast04

Enhertu in breast cancer and beyond

Opportunities across treatment settings

ESMO 2021



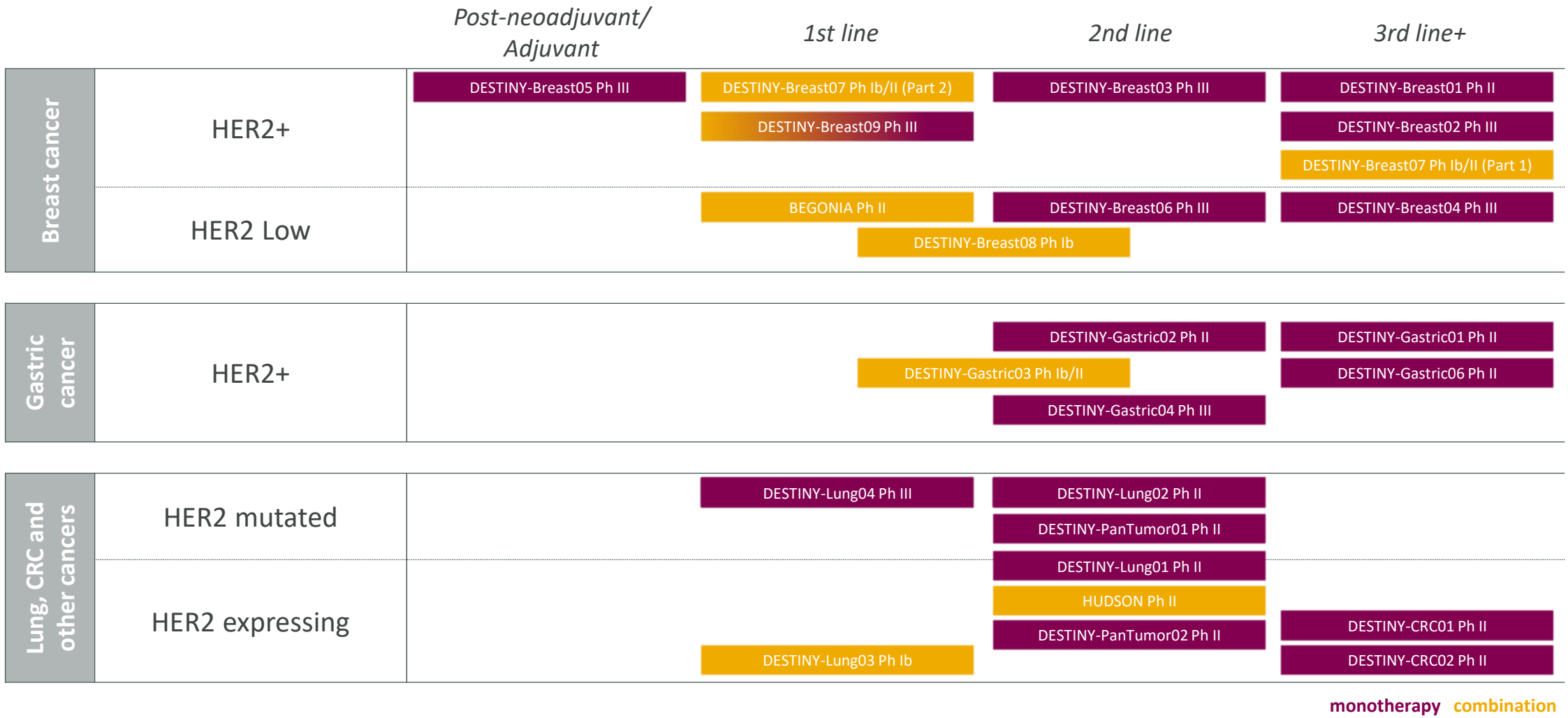
HR = hormone-receptor positive; CDK4/6i = cyclin-dependent kinase 4/6 inhibitor; HR- = hormone-receptor negative; IO = immuno-oncology. NSCLC = non-small cell lung cancer; CRC = colorectal cancer.

1. in endocrine therapy refractory/resistant patients.

Enhertu: an extensive clinical development programme

Focusing on HER2+ and HER2-low breast cancer and other cancers

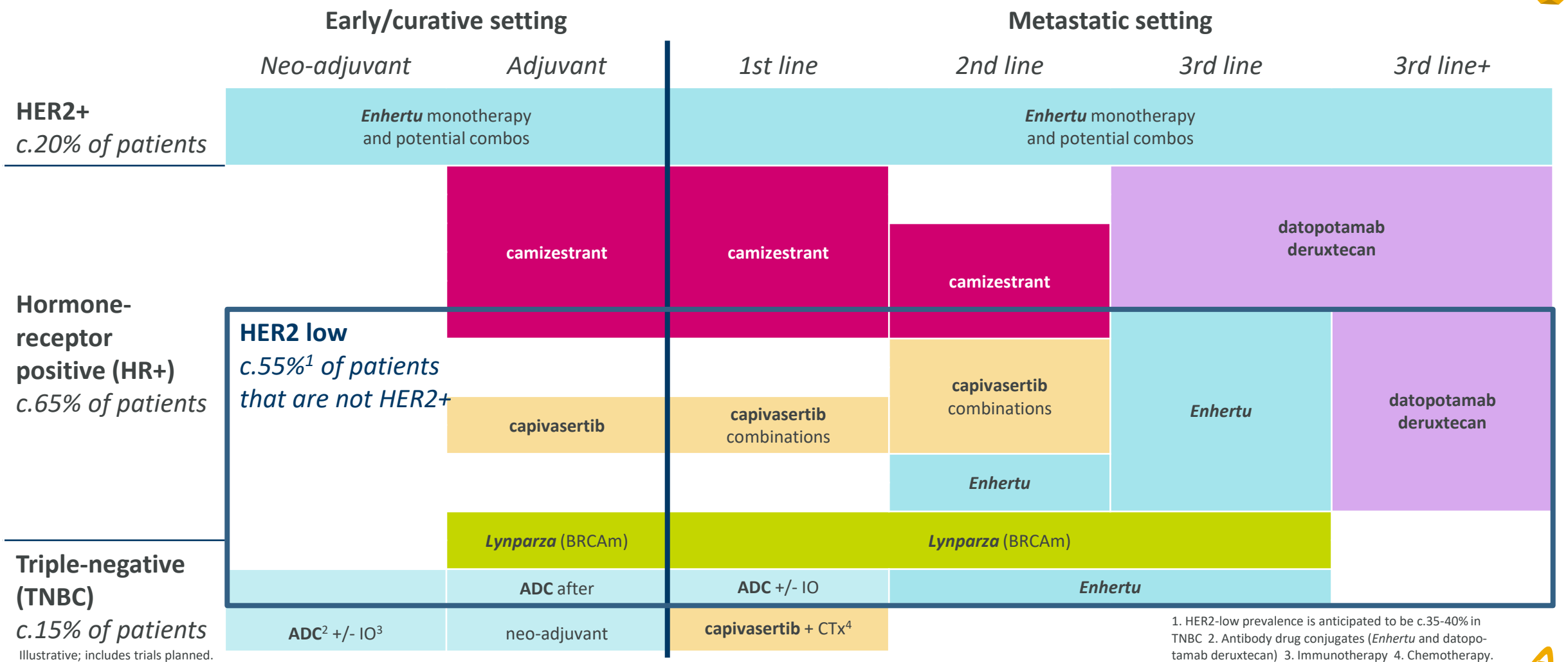
ESMO 2021



Breast cancer: well-positioned with at least six medicines

Potential to cover most patients across settings and lines of treatment

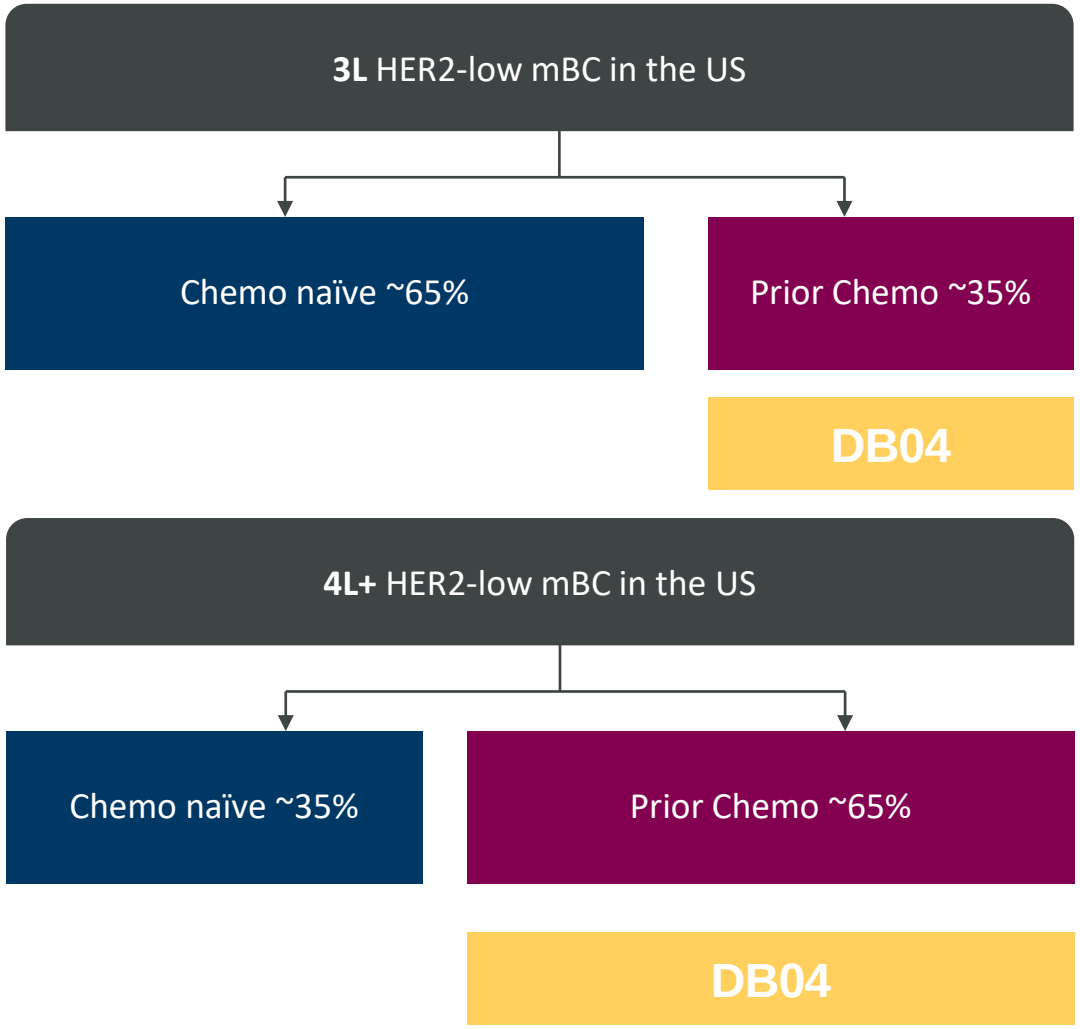
ASCO 2021



Illustrative; includes trials planned.

1. HER2-low prevalence is anticipated to be c.35-40% in TNBC 2. Antibody drug conjugates (*Enhertu* and datopotamab deruxtecan) 3. Immunotherapy 4. Chemotherapy.

DESTINY-Breast04



DB04 population equates to a treated patient population of around half all 3L+ patients

DB06 includes chemo naïve patients in 2L/3L+

Source: Kantar Health Cancer Mpact 2021, literature for HER2-Low. Prior estimate of US 3L HER2 low mBC was ~12k Feb 2020 epi update as drug treatment rates increase and HR- patients are included.

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