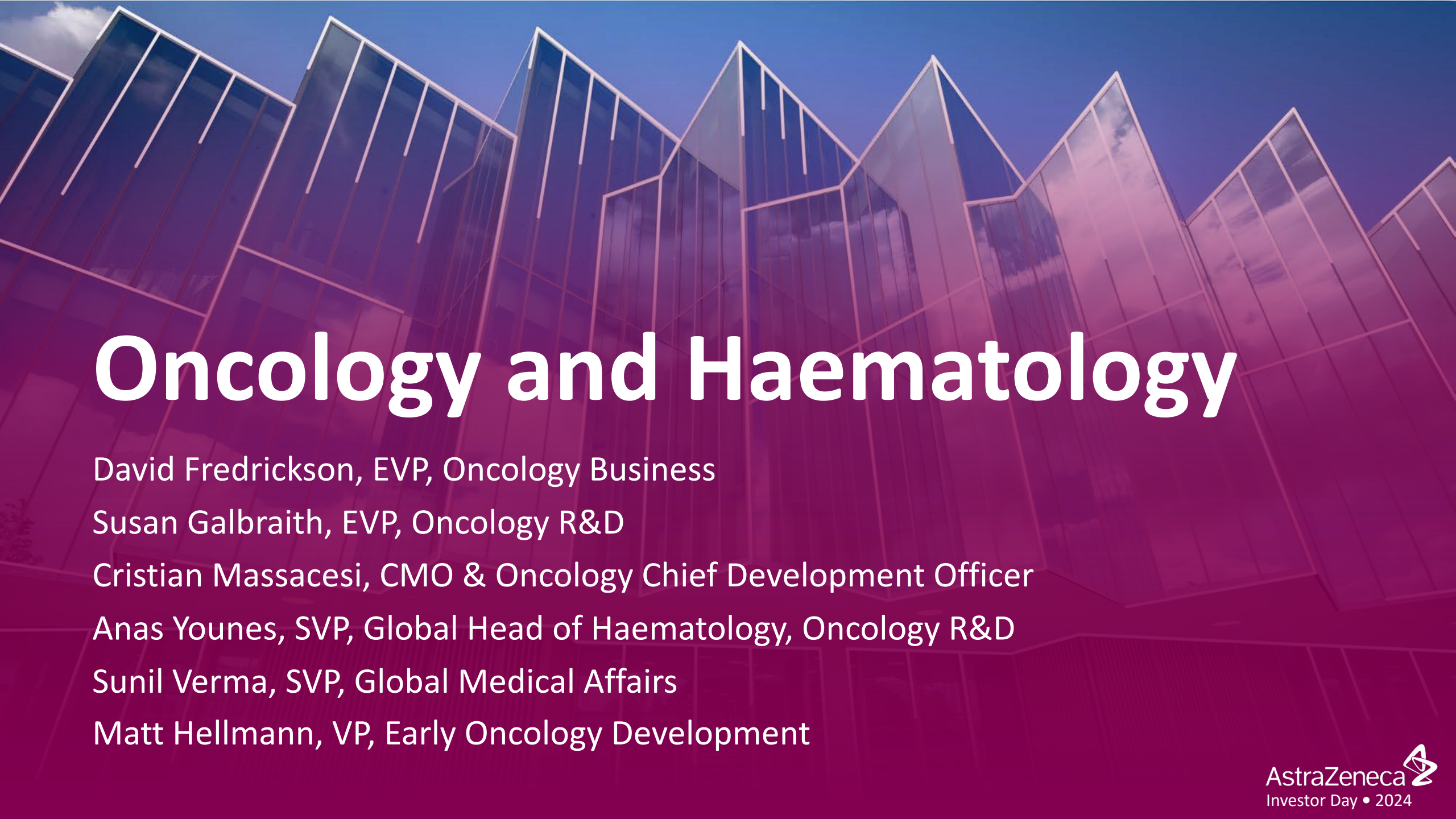


Oncology and Haematology

David Fredrickson, EVP, Oncology Business

Susan Galbraith, EVP, Oncology R&D

Cristian Massacesi, CMO & Oncology Chief Development Officer

Anas Younes, SVP, Global Head of Haematology, Oncology R&D

Sunil Verma, SVP, Global Medical Affairs

Matt Hellmann, VP, Early Oncology Development

Forward looking statements

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 or targeted revenues, margins, earnings per share or other financial or other measures (including the Financial Ambition Statements described in this presentation). Although the Group believes its expectations and targets are based on reasonable assumptions and has used customary forecasting methodologies used in the pharmaceutical industry and risk-adjusted projections for individual medicines (which take into account the probability of success of individual clinical trials, based on industry-wide data for relevant clinical trials at a similar stage of development), 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 failures or delays in the quality or execution of the Group's commercial strategies; the risk of pricing, affordability, access and competitive pressures; 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 or cybersecurity; the risk of failure of critical processes; the risk of failure to collect and manage data in line with legal and regulatory requirements and strategic objectives; the risk of failure to attract, develop, engage and retain a diverse, talented and capable workforce; the risk of failure to meet regulatory or ethical expectations on environmental impact, including climate change; the risk of the safety and efficacy of marketed medicines being questioned; the risk of adverse outcome of litigation and/or governmental investigations; intellectual property-related risks to the Group's products; 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; the impact that global and/or geopolitical events 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 There can be no guarantees that the conditions to the closing of the proposed transaction with Fusion will be satisfied on the expected timetable, or at all, or that "FPI-2265" (Ac225-PSMA I&T) or any combination product will receive the necessary regulatory approvals or prove to be commercially successful if approved. There can be no guarantees that the conditions to the closing of the proposed transaction with Amolyt Pharma will be satisfied on the expected timetable, or at all, or that eneboparatide ('AZP-3601') will receive the necessary regulatory approvals or prove to be commercially successful if approved.

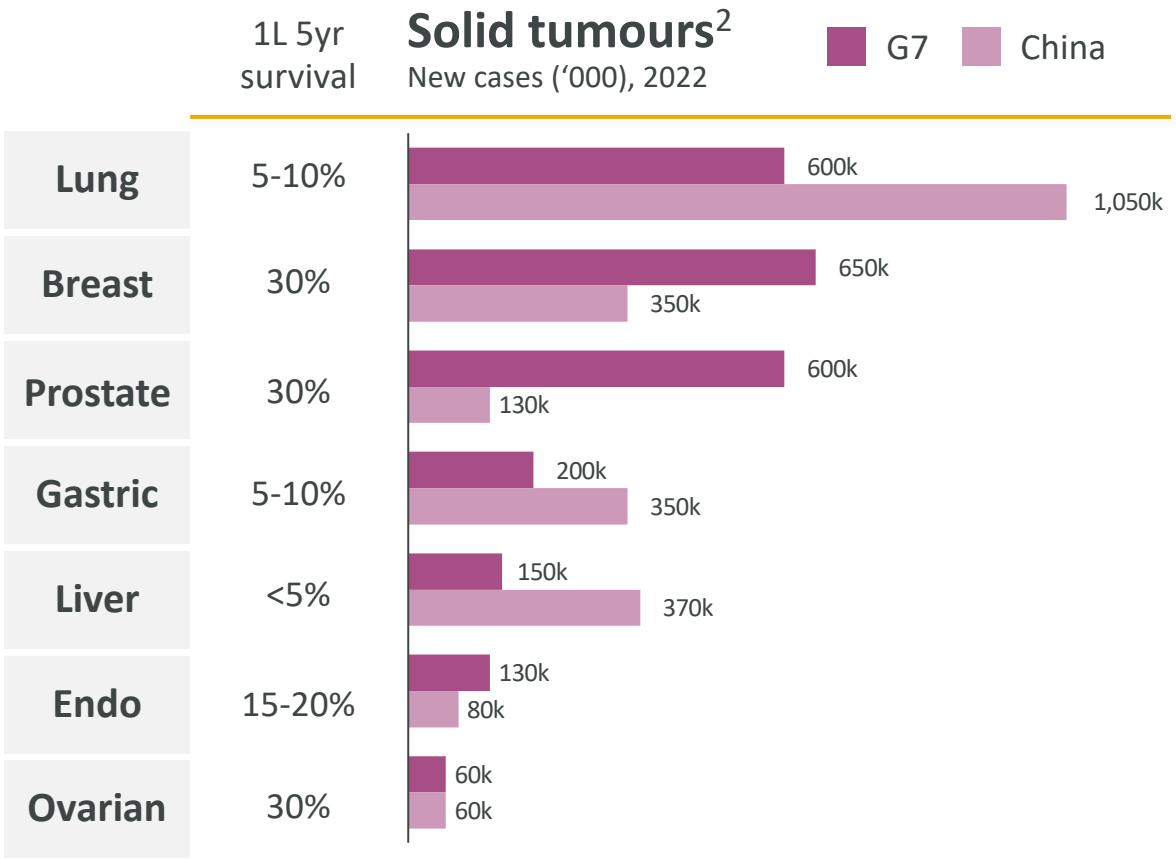
This presentation includes references to new molecular entities and life-cycle management programmes that are being investigated in current or future clinical trials, and as such have not been approved by any regulatory agency. For a list of new molecular entities and indications in development, see pages 7-11 of the Clinical Trials Appendix that accompanied AstraZeneca's Q1 2024 results.

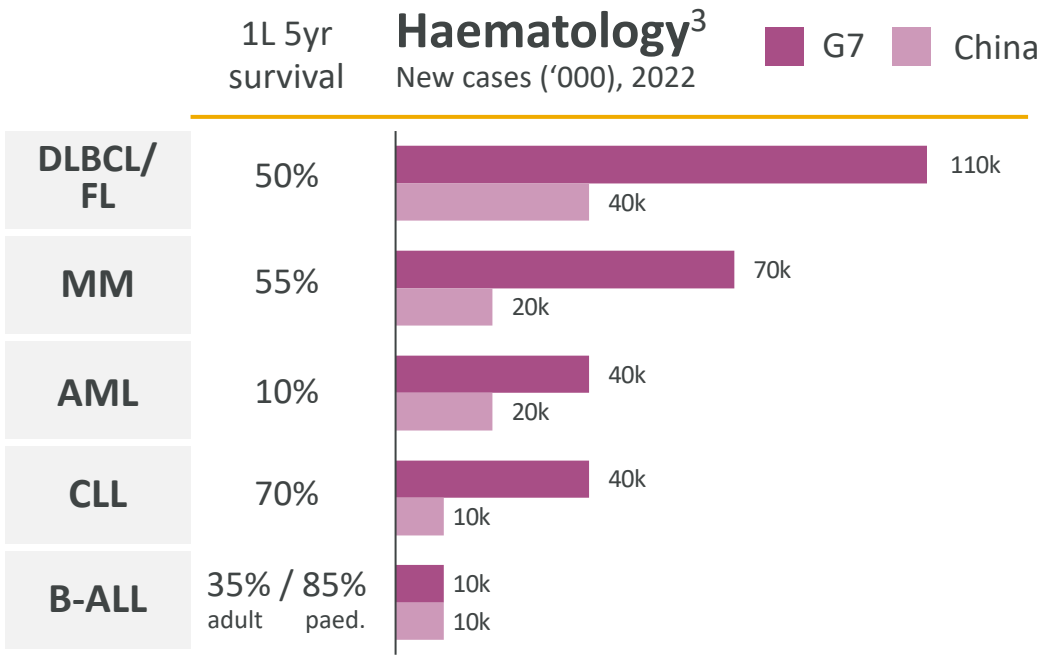
Basis of AstraZeneca ambitions, forecasts and targets

AstraZeneca ambitions, forecasts and targets in this presentation (the "Financial Ambition Statements") are derived from AstraZeneca's most recent risk-adjusted mid- and long-term plans, adjusted for developments in the business since those plans were finalised. Financial Ambition Statements presented are based on management's risk-adjusted projections for individual medicines and individual clinical trials. Estimates for these probabilities are based on industry-wide data for relevant clinical trials in the pharmaceutical industry at a similar stage of development adjusted for management's view on the risk profile of the specific asset. The peak year revenue (PYR) potential for individual medicines referred to in this presentation are the maximum estimated Total Revenue to be recognised by AstraZeneca in a single calendar year, during the lifecycle of the medicine, and are based on management's latest non-risk adjusted forecast estimates. Estimates are based on customary forecasting methodologies used in the pharmaceutical industry. Peak year revenue may occur in different years for each NME depending on trial outcomes, approval label, competition, launch dates and exclusivity periods, amongst other variables. The peak year revenue figures are derived from net sales at nominal values and are not risk-adjusted or time-value discounted. The development of pharmaceutical products has inherent risks given scientific experimentation and there are a range of possible outcomes in clinical results, safety, efficacy and product labelling. Clinical results may not achieve the desired product profile and competitive environment, pricing and reimbursement may have material impact on commercial revenue forecasts. By their nature, forecasts are based on a multiplicity of assumptions and actual performance in future years may vary, significantly and materially, from these assumptions. The Financial Ambition Statements in this presentation are based on Q1 2024 exchange rates; AZ undertakes no obligation to update those statements based on future currency movements

Unmet need in cancer remains a global challenge

Five million new cancer patients diagnosed globally[1] per year with low 5-year survival





1. 5 million patients across G7 markets (US, UK, FR, DE, IT, ES, JP) and China. 2. Solid tumours: new cases: Globocan; survival rates: 3. American Cancer Society. Haematology: new cases: Cerner Enviza, survival rates (PFS/EFS): literature review.
Acronym definitions can be found in Glossary.

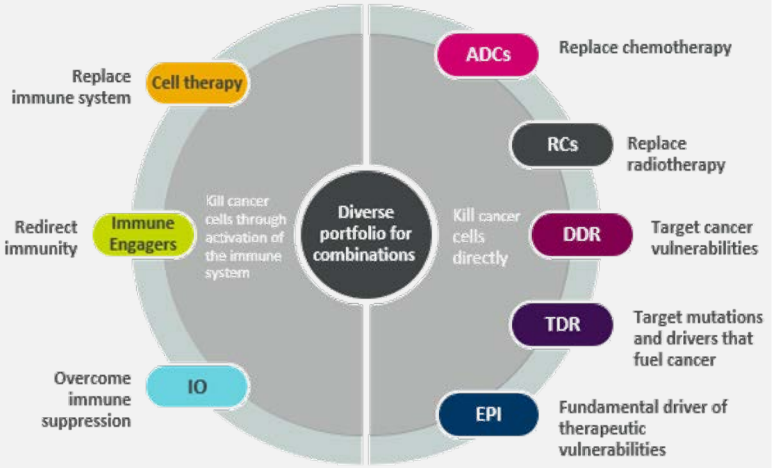
Critical trends in transforming cancer treatment

Novel ADCs and Radioconjugates	1	Replace the backbone of chemotherapy and radiotherapy
Novel IO	2	Next wave of IO agents will segment the IO-sensitive space
Cell therapy and T-cell engagers	3	Scalable, accessible therapies in both liquid and solid tumours
Powerful combinations	4	Transform outcomes with novel ADC, Radioconjugate and next-generation IO combinations
Early intervention	5	Improve long-term outcomes with neoadjuvant combinations

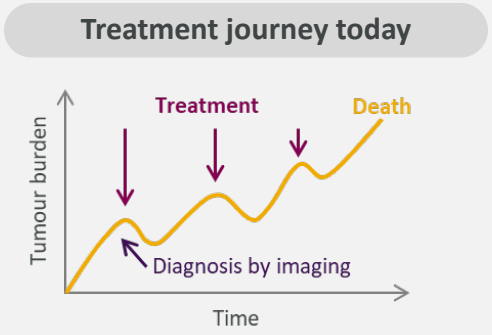
ADC = Antibody drug conjugates; IO = immuno-oncology. Acronym definitions can be found in Glossary.

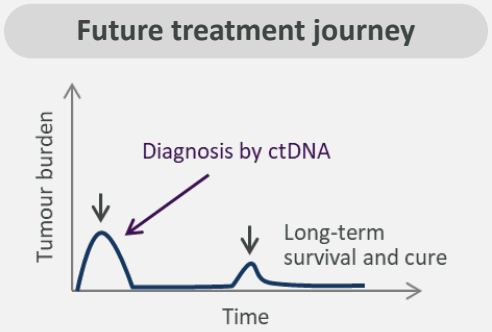
Our strategy to transform patient outcomes

Attack cancer from multiple angles



Treat earlier and smarter





Lead with innovative technology

Data and AI in clinical trials

HER2

TROP2

Accelerating computational pathology

Improving patient outcomes through digital health

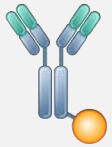
Acronym definitions can be found in Glossary.

Powerful combinations to transform survival in cancer

Kill cancer cells, debulk tumour and activate immune system with checkpoint inhibitors

ADCs

Radioconjugates

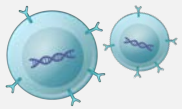


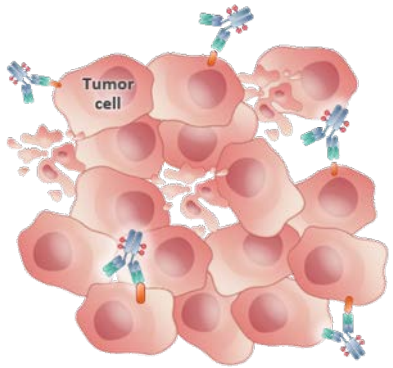
IO bispecifics

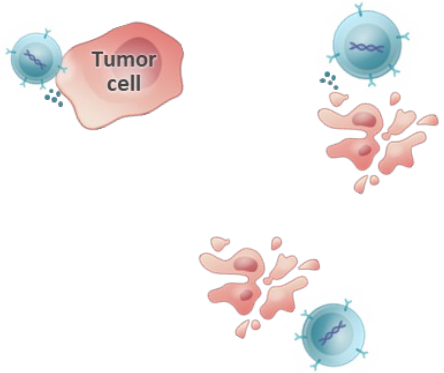
Enhance immune system when checkpoint inhibition alone is insufficient

T-cell engagers

CAR-Ts







Debulk tumour with **ADCs or Radioconjugates**, clear micro-metastatic disease with **cell therapy or T-cell engagers**

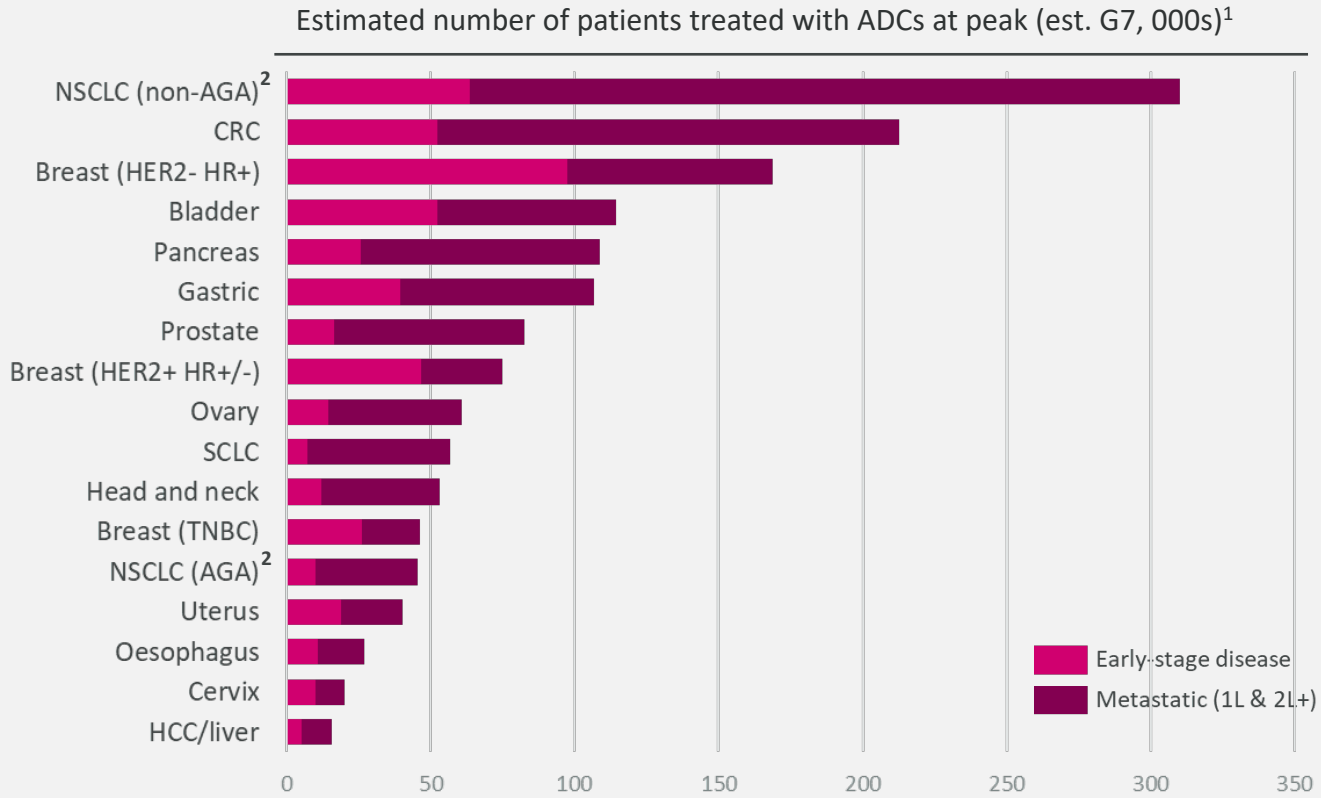
ADCs and **Radioconjugates** potential to replace systemic chemotherapy, combine with **novel IO bispecifics**

PARP1 inhibitors to potentiate clinical benefit of **ADCs and Radioconjugates**

 Acronym definitions can be found in Glossary.

We are leading the ADC revolution to replace systemic chemotherapy

Significant potential ADC opportunity across multiple tumours



AstraZeneca robust ADC portfolio with proven execution

Strong foundation in ADCs

Daiichi-Sankyo

Six clinical-stage internal ADCs

B7H4 • CLDN18.2 • CD123
EGFR/cMET • GPRC5D • FRα

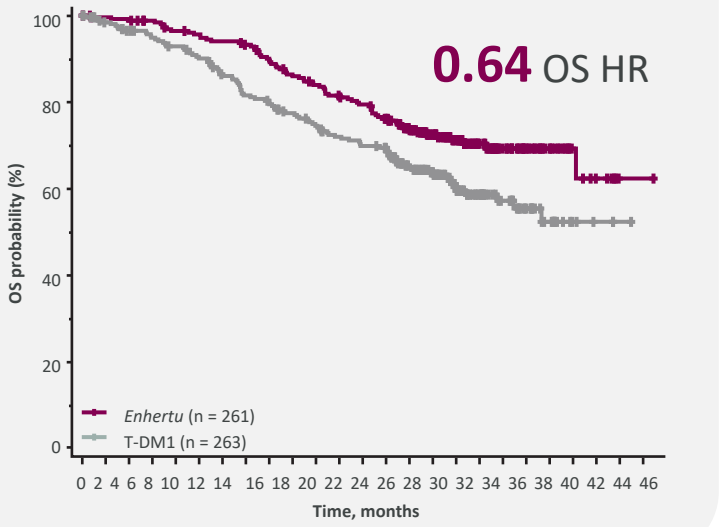
Combination opportunities

with IO and DDR

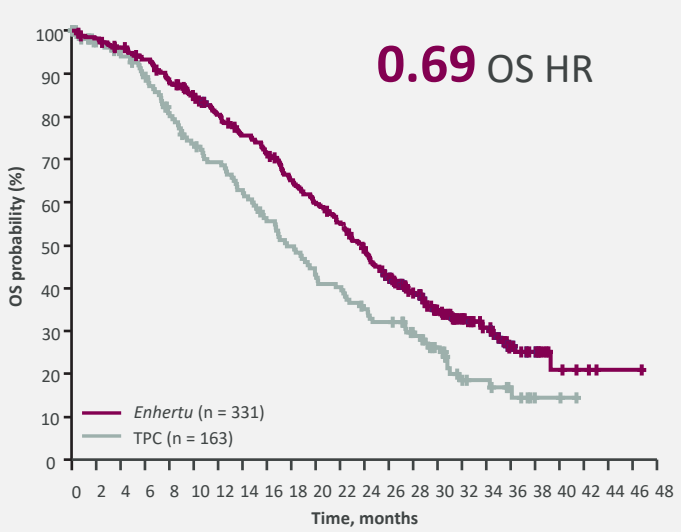
1. AZ internal estimates. G7 proportion of patients treated with Chemotherapy CancerMPact®, Cerner Enviza. 2. AGA actionable genomic alterations in NSCLC (e.g. *EGFR, ALK, ROS1, RET, MET, NTRK, BRAF*). Acronym definitions can be found in Glossary.

Enhertu – leading HER2 ADC with transformational data across multiple tumour types

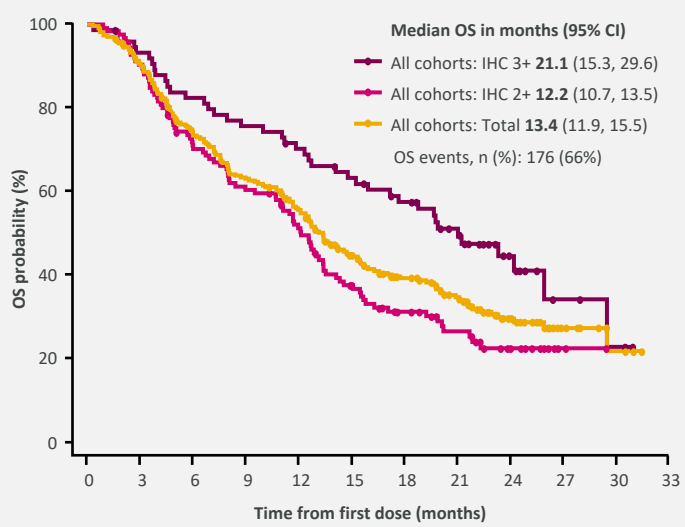
DESTINY-Breast03[1]
HER2+ 2L+ breast cancer



DESTINY-Breast04[2]
HER2-low 3L+ breast cancer



DESTINY-PanTumor02[3]
HER2+ 2L+ tumours[4]



DESTINY-Breast06 (HER2-low/ultra-low) – statistically significant, clinically meaningful improvement in PFS[5]

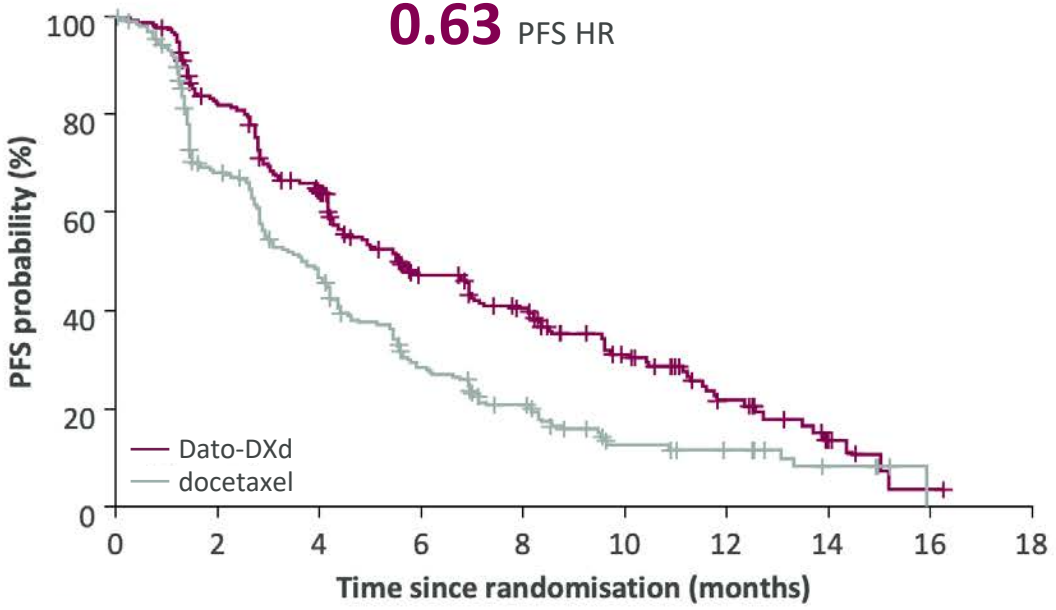
1. Hurvitz SA et al. Lancet. 2023 Jan 14;401(10371):105-117. 2. Modi S et al. N Engl J Med. 2022 Jul 7;387(1):9-20. 3. Meric-Bernstam F et al. J Clin Oncol. 2024 Jan 1;42(1):47-58. 4. Solid tumours including endometrial, cervical, ovarian, bladder, BTC, pancreatic. 5. AstraZeneca press release. https://www.astrazeneca.com/media-centre/press-releases/2024/enhertu-improved-pfs-in-her2-low-and-ultralow.html. Accessed May 2024. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*).

Dato-DXd – potential to displace chemotherapy in NSCLC and breast cancer

TROPION-Lung01[1]

2L+ Non-squamous NSCLC

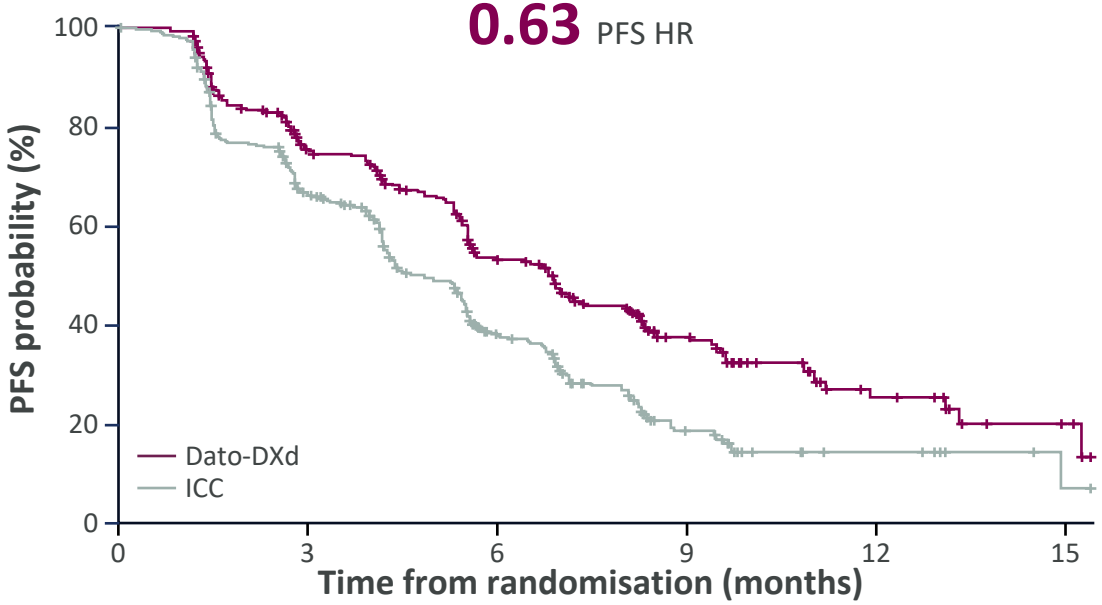
0.63 PFS HR



TROPION-Breast01[2]

2-3L HR+ HER2- breast cancer

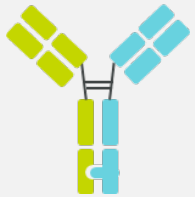
0.63 PFS HR



First TROP2 ADC in NSCLC to demonstrate statistically significant, clinically meaningful outcomes in Phase III

1. Lisberg A et al. Abstract LBA12 presented at European Society of Medical Oncology 2023. 2. Bardia A et al. Abstract LBA11 presented at European Society of Medical Oncology 2023. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (Dato-DXd).

Next-generation bispecifics – going beyond PD-1/PD-L1 inhibitors to establish new IO segments



rilvegostomig (PD-1/TIGIT)

Increasing PD-1 activity in PD-(L)1 sensitive tumours

volrustomig (PD-1/CTLA-4)

Driving survival in CTLA-4 sensitive tumours

Acronym definitions can be found in Glossary.
Collaboration partners: Compugen (rilvegostomig).

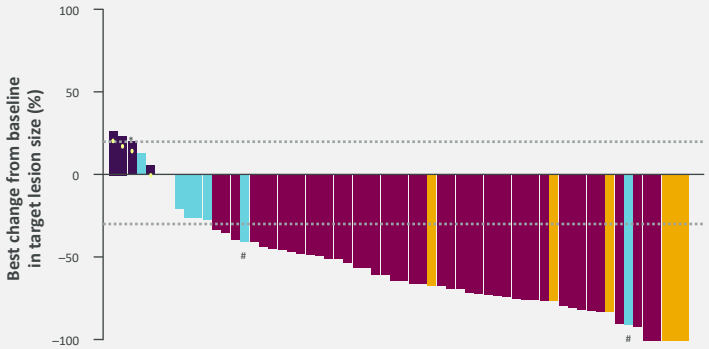
ADC + IO combinations proven to transform outcomes

Breast cancer

BEGONIA (1L TNBC)[1]

Dato-DXd + *Imfinzi*

79% ORR, **13.8m** mPFS

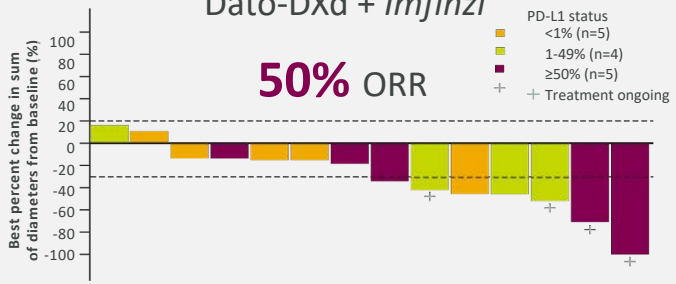


Lung cancer

TROPION-Lung04 (1L NSCLC)[2]

Dato-DXd + *Imfinzi*

50% ORR



Dato-DXd + *Imfinzi* + platinum

77% ORR

Upcoming early-stage data

I-SPY 2

Neoadj. TNBC, HR+ *HER2*- breast

Dato-DXd + *Imfinzi*

2024 ASCO ANNUAL MEETING

NeoCOAST2.0

Neoadj./adj. NSCLC

Dato-Dxd + *Imfinzi* + platinum

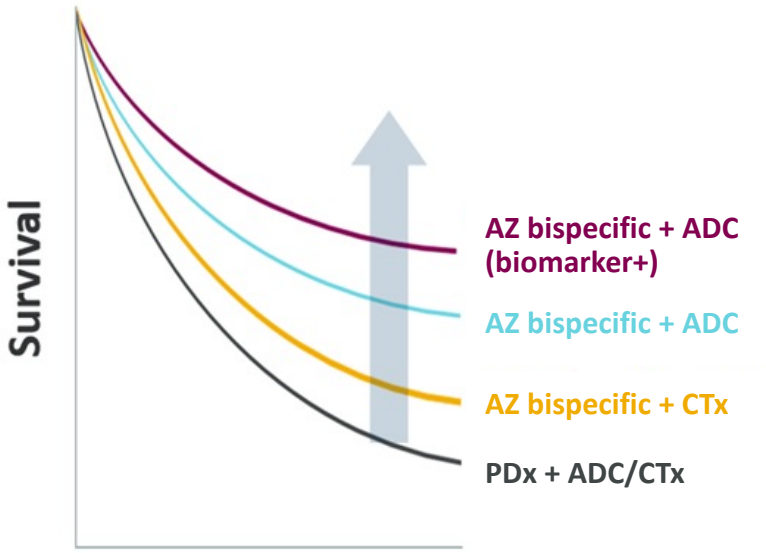
2024 congress presentation

Early data support strong efficacy and safety in metastatic disease

1. Schmid P et al. Abstract 379MO presented at European Society of Medical Oncology 2023. 2. Papadopoulos KP et al. Abstract OA05.06 presented at the World Conference on Lung Cancer 2023. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd).

We have the right portfolio to lead in ADC + IO combinations

Illustrative 5-year OS curve



Striving to lift OS curves

Ongoing novel IO bispecifics + ADC Phase II proof-of-concept data

Indications	Combinations
NSCLC *1L*	bispecific + *Enhertu* ± platinum (HER2+)[1] bispecific + Dato-DXd ± platinum[1] volrustomig + CTx *Imfinzi* or pembrolizumab + Dato-DXd ± platinum
NSCLC *Neo-adj.*	volrustomig + CTx[1] *Imfinzi* + Dato-DXd + platinum[1]
Gastric *1L*	bispecific + *Enhertu* + 5-FU[1] bispecific + AZD0901 + 5-FU[1] bispecific + CTx[1]
TNBC *1L*	*Imfinzi* + Dato-DXd or *Enhertu* *Imfinzi* + CTx
TNBC HR+ HER2- breast *Neo-adj.*	*Imfinzi* + Dato-DXd[1]
Bladder *1L* Endometrial *2-3L*	bispecific + B7H4 ADC bispecific + Dato-DXd or *Enhertu*[1] *Imfinzi* + Dato-DXd[1]

Phase II trials ongoing include DESTINY-Lung03, TROPION-Lung04, AstraZeneca Phase I/II first-in-human 1L NSCLC, TROPION-Lung02, TROPION-Lung04, NeoCOAST2.0, DESTINY-Gastric03, GEMINI Gastric, TROPION-PanTumor03, BEGONIA, ISPY2. 1. Data on file, not yet published or presented. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd).

Our commercial strategy to transform patient outcomes

Medicines that matter
Building transformative brands

TAGRISSO®
Lynparza®
IMFINZI® / IMJUDO™
CALQUENCE®
ENHERTU®
Zoladex
Truqap™

Leveraging scale
Tumour area leadership

- Lung
- Haematology
- GYN/GU
- Breast
- Gastrointestinal

Transforming patient care
Closing the care gap

- Early detection
- Precision diagnostics
- Guideline-based treatment
- Patient experience

Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*); Merck & Co., Inc. (*Lynparza*).

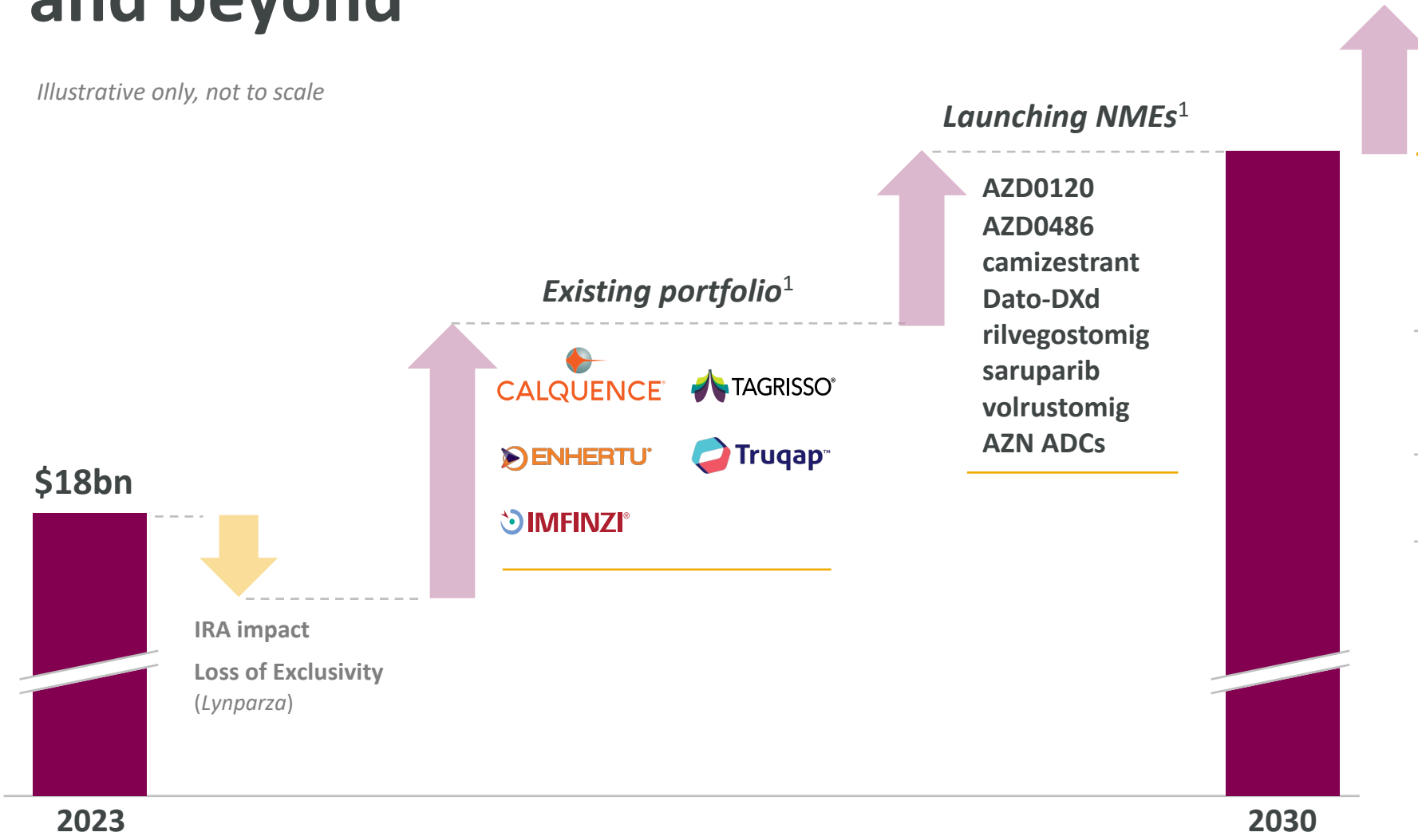
Leading in lung cancer today and tomorrow

	Commercial delivery to date has helped to transform the lung cancer treatment paradigm		Extending leadership tomorrow
Metastatic NSCLC	>80% *EGFR testing rate in Stage IV*	73% **FLAURA market share**[1]	**10+ ongoing Phase III trials**
Unresectable NSCLC	50% at launch; 70% *CRT rate of unresectable patients*	67% **PACIFIC market share**[1]	TAGRISSO® **LAURA** 2024 ASCO ANNUAL MEETING
Resectable NSCLC	~25% at launch; 65% *Adjuvant treatment rate in early EGFRm*	67% **ADAURA market share**[1]	IMFINZI® **AEGEAN**; **BR.31** | H2 2024

Internal estimates. 1. Market share in the US.

Oncology and Haematology – next wave of growth to 2030 and beyond

Illustrative only, not to scale



Beyond 2030

Sustained leadership in disruptive categories

ADCs • Radioconjugates • IO bispecifics • cell therapy • T-cell engagers

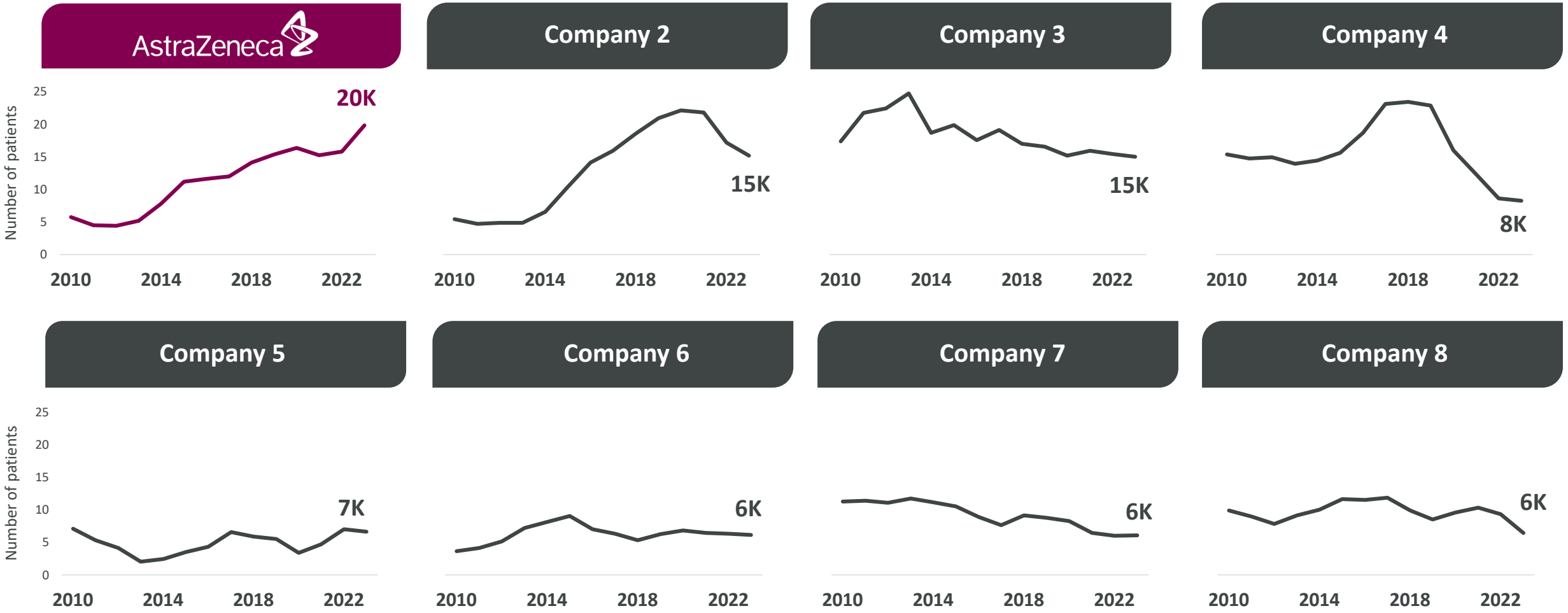
Broad portfolio with unique combination potential and precision medicine expertise

Global, differentiated commercial model and footprint

Multiple blockbuster medicines across major tumour types and haematology

1. includes select medicines and pipeline opportunities. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd); Merck & Co., Inc. (*Lynparza*); Compugen (rilvegostomig).

We are investing in clinical trials today for future growth



Source: Trialtrove. Patient enrolment from collaboration and company sponsored studies averaged over 3 years from start date. Acronym definitions can be found in Glossary.

Significant news flow across key medicines through 2025

2024

- ***Imfinzi*** ✓
  ADRIATIC
  ASCO plenary (June 2024)
- ***Tagrisso*** ✓
  LAURA
  ASCO plenary (June'24)
- ***Enhertu*** ✓
  DESTINY-Breast06
  ASCO LBA (June 2024)
- ***Calquence*** ✓
  ECHO
  MCL updated data cut
- **Dato-DXd**
  TROPION-Lung01
  OS data, regulatory decision
- **Dato-DXd**
  TROPION-Breast02
  1L TNBC data readout
- ***Truqap***
  CAPitello-281
  d*PTEN* prostate data readout
- ***Imfinzi***
  BR.31
  Adjuvant NSCLC data readout
- **volrustomig + CTx**
  AZ FIH Phase I/II
  updated data cut
- **rilvegostomig**
  Phase I/II ARTEMIDE-01
  1L PD-L1>1% NSCLC update
- **rilvegostomig + CTX**
  Phase I/II GEMINI
  1L gastric data cut

2025

- **Dato-DXd**
  TROPION-Breast01
  regulatory decision
- **Dato-DXd + *Imfinzi***
  AVANZAR
  1L NSCLC data readout
- ***Imfinzi* + ceralasertib**
  LATIFY
  2L NSCLC data readout
- ***Imfinzi***
  MATTERHORN
  early-stage gastric data readout
- ***Imfinzi***
  EMERALD-2
  adj. HCC data readout (≥2025)
- ***Imfinzi***
  EMERALD-3
  locoregional HCC data readout (>2025)
- ***Enhertu***
  DESTINY-Breast09
  1L HER2+ breast data readout
- ***Enhertu***
  DESTINY-Breast11
  early-stage HER2+ breast data readout
- **camizestrant**
  SERENA-4/6
  1L HR+ HER2- breast data readout (>2025)
- ***Enhertu***
  DESTINY-Lung04
  1L *HER2*m NSCLC data readout
- ***Calquence***
  AMPLIFY
  1L CLL data readout
- ***Tagrisso* + savolitinib**
  SAFFRON
  2L MET+ *EGFR*m data readout

Multiple Phase III trial initiations planned with IO bispecifics and ADC combinations over next 12-18 months

Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd); Compugen (rilvegostomig).

Targeted oral therapies

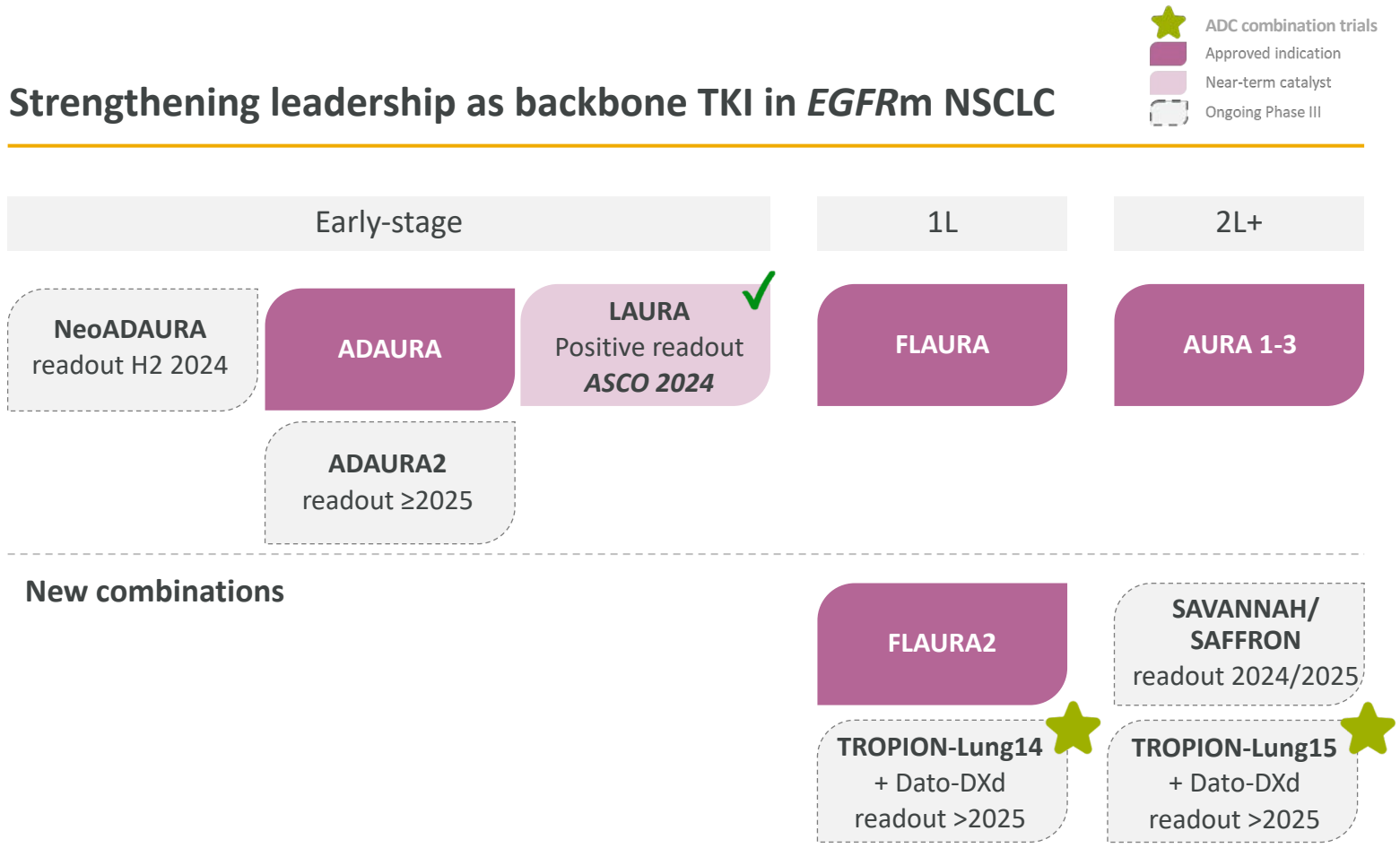
Tagrisso – backbone enables expansion of leadership in *EGFR*m NSCLC

$5bn+*

Established backbone in *EGFR*m NSCLC, expanding across stages of disease

- **FLAURA2 and ADAURA** increase market share and duration of therapy
- **LAURA** establishes new SoC in *EGFR*m Stage III unresectable
- **TROPION-Lung14 and TROPION-Lung15** advance combinations with ADCs, first with Dato-DXd
- Pre-clinical L858R allosteric inhibitor for all-oral combinations

Strengthening leadership as backbone TKI in *EGFR*m NSCLC



Building on TKI leadership with powerful combinations, including ADCs

*Peak Year Revenue, non-risk adjusted across all indications. Acronym definitions can be found in Glossary.

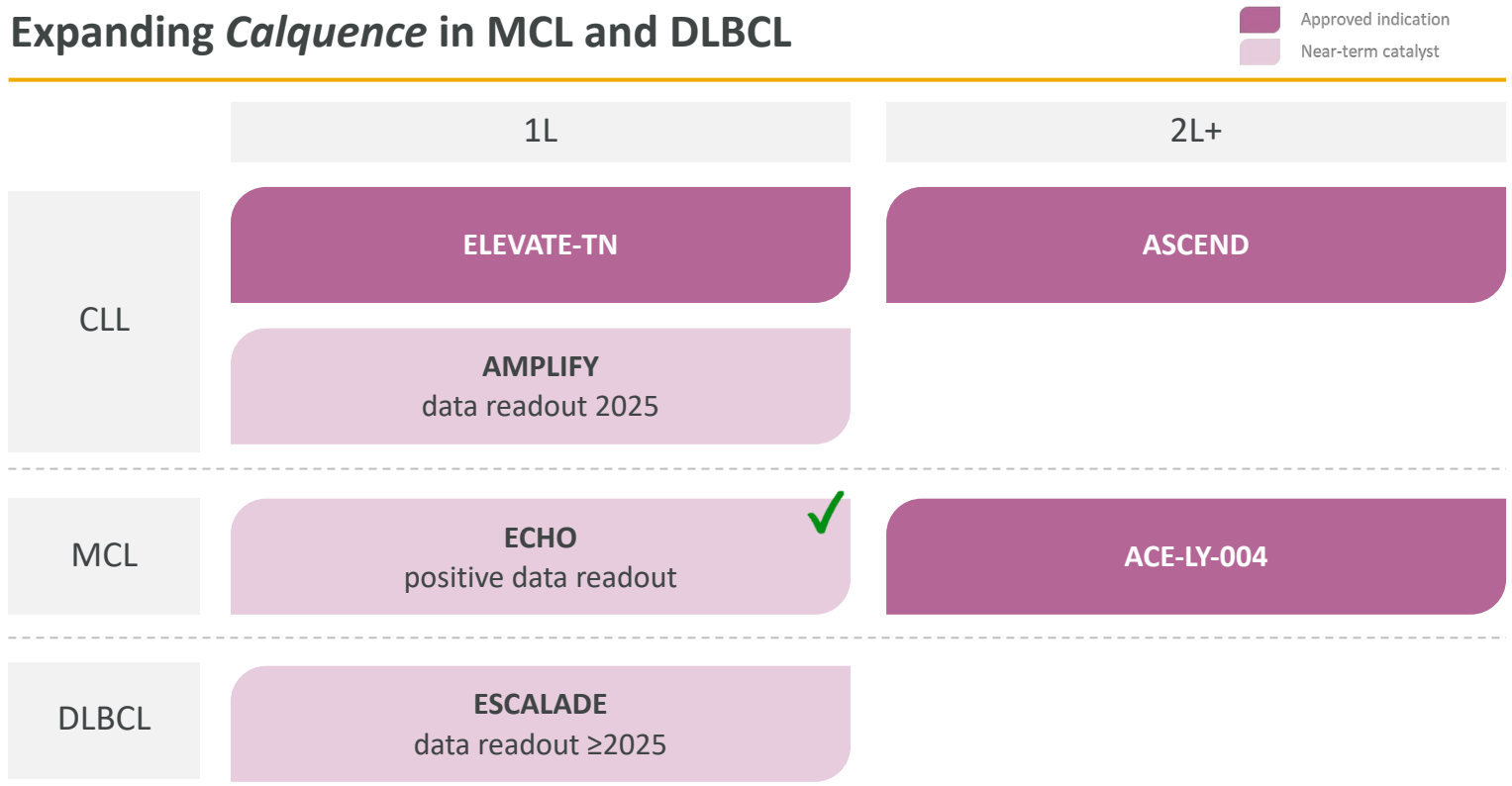
$3-5bn*

Calquence – foundational leadership in haematology

Leading BTK inhibitor in CLL across most major markets

- **ECHO** first-in-class BTKi 1L MCL
- **AMPLIFY** potential best-in-class finite treatment for 1L CLL
- **ESCALADE** potential to expand into lymphoma

Expanding *Calquence* in MCL and DLBCL



Increasing leadership with first-in-class combinations

*Peak Year Revenue, non-risk adjusted across all indications. Acronym definitions can be found in Glossary.

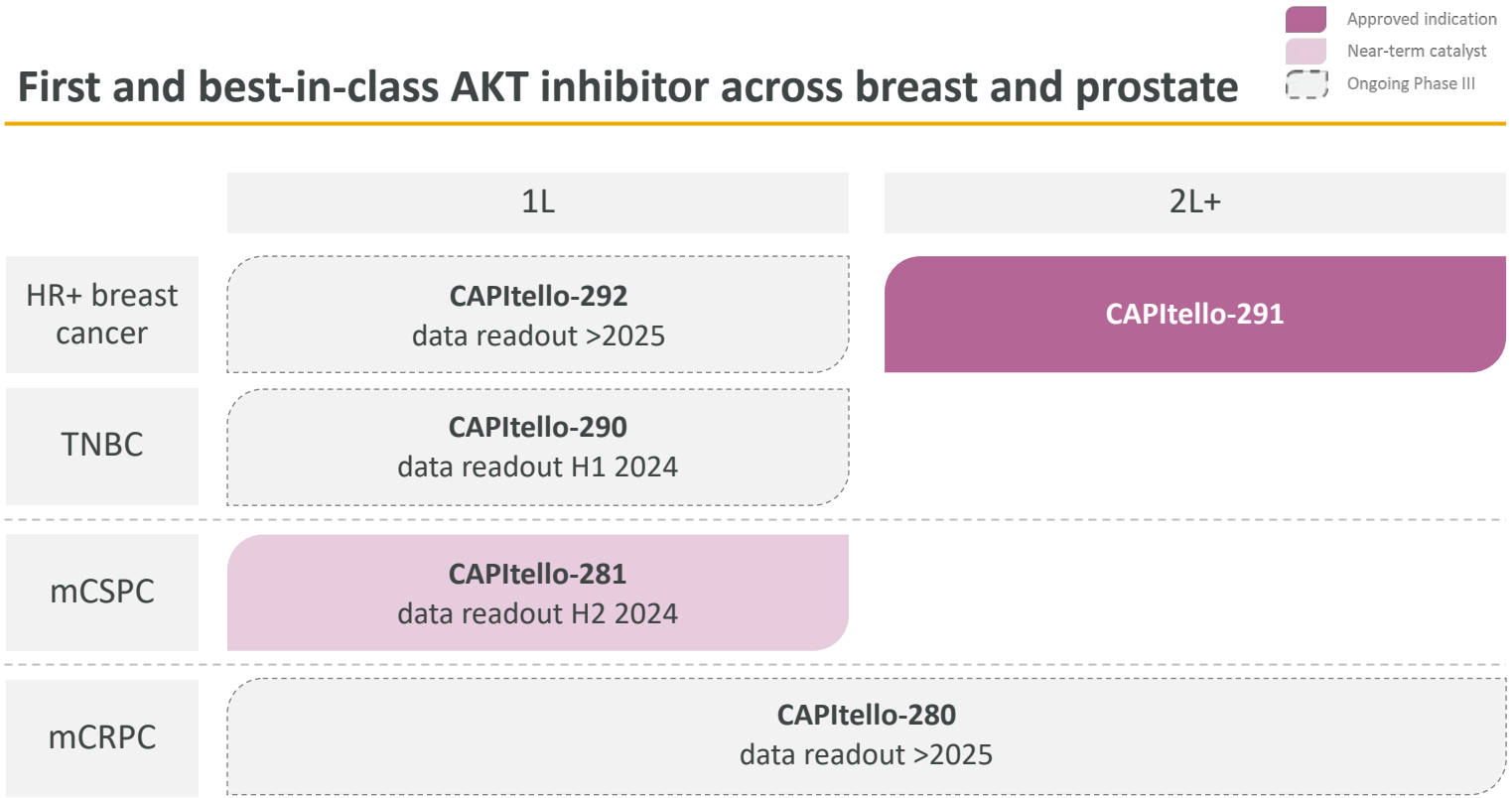
$1-3bn*

Truqap – first and best-in-class AKT inhibitor

Establishing new SoC, extending benefit from hormone-based therapies

- **CAPItello-291** strong US launch uptake in biomarker[1] positive breast cancer; recent JP approval and positive EU CHMP
- **CAPItello-281** expand into *PTEN*-deficient metastatic prostate cancer[2]

First and best-in-class AKT inhibitor across breast and prostate



Establishing *Truqap* as a combination partner of choice

*Peak Year Revenue, non-risk adjusted across all indications. 1. Biomarker alteration in *PIK3CA*, *AKT1* or *PTEN*. 2. *de novo.* Acronym definitions can be found in Glossary.

camizestrant – new endocrine backbone in breast cancer

$5bn+*

Establishing the next endocrine therapy backbone

- **SERENA-4 and SERENA-6** endocrine backbone in combination with CDK4/6 inhibitors in 1L breast cancer
- **CAMBRIA-1 and CAMBRIA-2** addressing high unmet need for breast cancer patients with intermediate/high-risk early-stage disease

Extending next-generation oral SERD into early breast cancer

Near-term catalyst
Ongoing Phase III

	Early-stage (adjuvant)	1L
HR+ breast cancer	**CAMBRIA-2** upfront adjuvant camizestrant +/- abemaciclib data readout >2025	**SERENA-6** *ESR1*m camizestrant + CDK4/6i data readout 2025
	CAMBRIA-1 extended adjuvant camizestrant data readout >2025	**SERENA-4** camizestrant + palbociclib data readout >2025

Multiple Phase III CDK4/6i combination studies in 1L and early-stage breast cancer

*Peak Year Revenue, non-risk adjusted across all indications. Acronym definitions can be found in Glossary.

$5bn+*

saruparib – next-generation PARP inhibitor

Building the next-generation of PARP inhibition

- **Improved target engagement and safety**
  - Enables longer duration of treatment and lower discontinuation rates
- **Deep and durable responses**

PETRA (60mg RP2D)[1] showed 9.1m mPFS, 7.3m mDOR in late-line gBRCAm HER2- breast cancer

Advancing Phase III trials in prostate and breast cancers

Ongoing Phase III

Castrate-sensitive prostate cancer (HRRm and non-HRRm)	**EvoPAR-Prostate01** data readout >2025	*Leverage combinability and improved tolerability with NHAs to **advance PARPi + NHA into earlier settings***
Breast cancer (*BRCA/PALB2*m)	**EvoPAR-Breast01** data readout >2025	***First PARPi to generate head-to-head data vs CDK4/6i** in 1L HR+ BRCA1/2m/PALB2m setting*

Additional Phase III trials planned in genitourinary and gynaecological tumours and IO combinations

*Peak Year Revenue, non-risk adjusted across all indications. Yap TA el al. Abstract CT014 presented at American Association for Cancer Research 2024. Acronym definitions can be found in Glossary.

Replacing systemic chemotherapy with ADCs

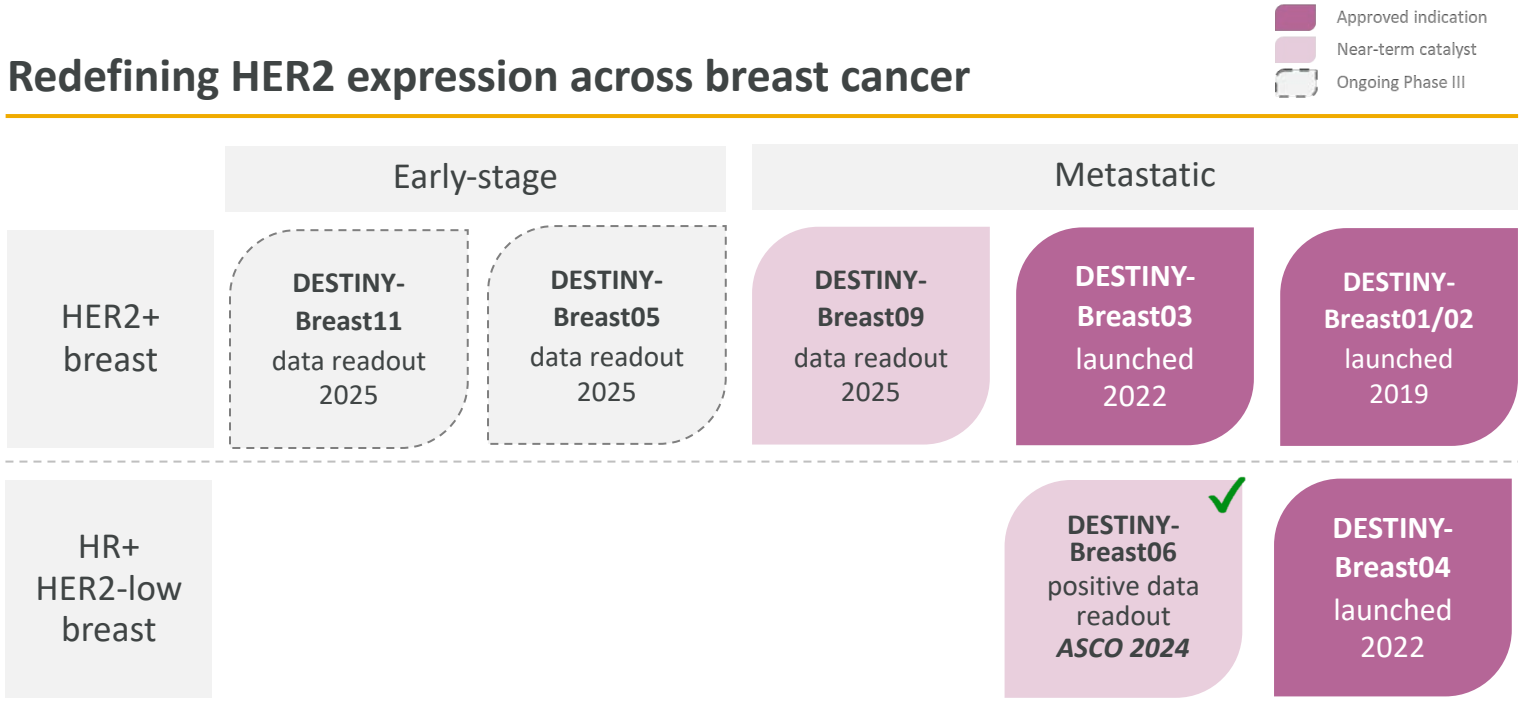
Enhertu – transforming the treatment of breast cancer

$5bn+*

Enhertu: #1 prescribed therapy in 2L HER2+ and HER2-low breast cancer

- **Continued demand growth** in US and EU, with acceleration in China
- **Moving *Enhertu* earlier and broader**
  - 1L and early-stage HER2+
  - Chemotherapy-naïve HER2-low and HER2-ultralow HR+ segments with DESTINY-Breast06

Redefining HER2 expression across breast cancer



Launches in 2024-2026 will address all stages of HER2+ disease and chemotherapy-naïve HR+ HER2-low mBC

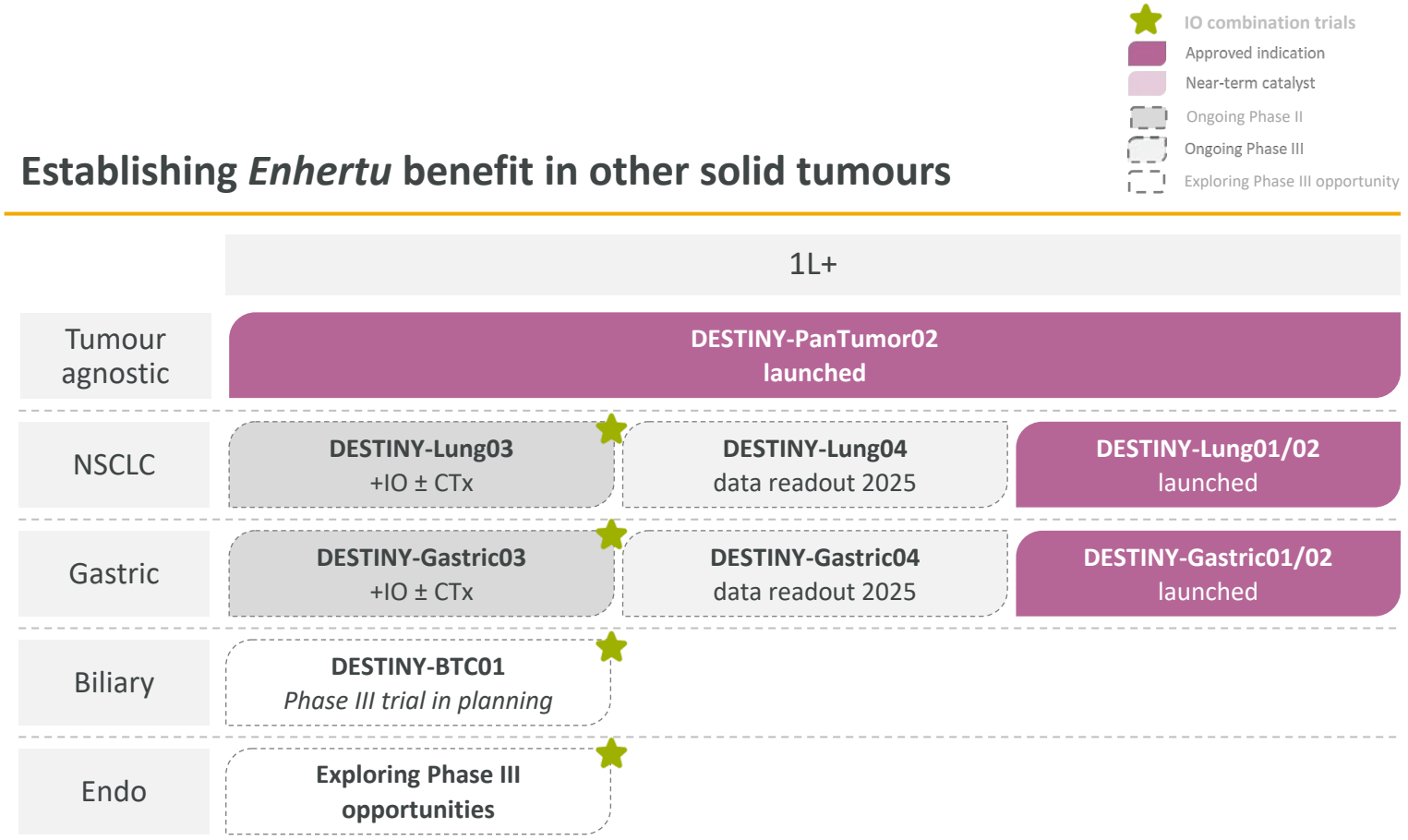
*Peak Year Revenue, non-risk adjusted (Product Sales and Alliance Revenue) across all indications. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*).

Enhertu – planned Phase III trials with IO combinations

Enhertu – moving beyond breast

- **First ADC tumour-agnostic FDA approval –** multiple Phase III studies in 1L HER2+ tumours planned
- ***Enhertu* + IO bispecific combinations** (rilvegostomig, volrustomig) being tested in Phase II lung and gastric cancers

Establishing *Enhertu* benefit in other solid tumours



Moving into 1L with multiple Phase III studies and IO combinations

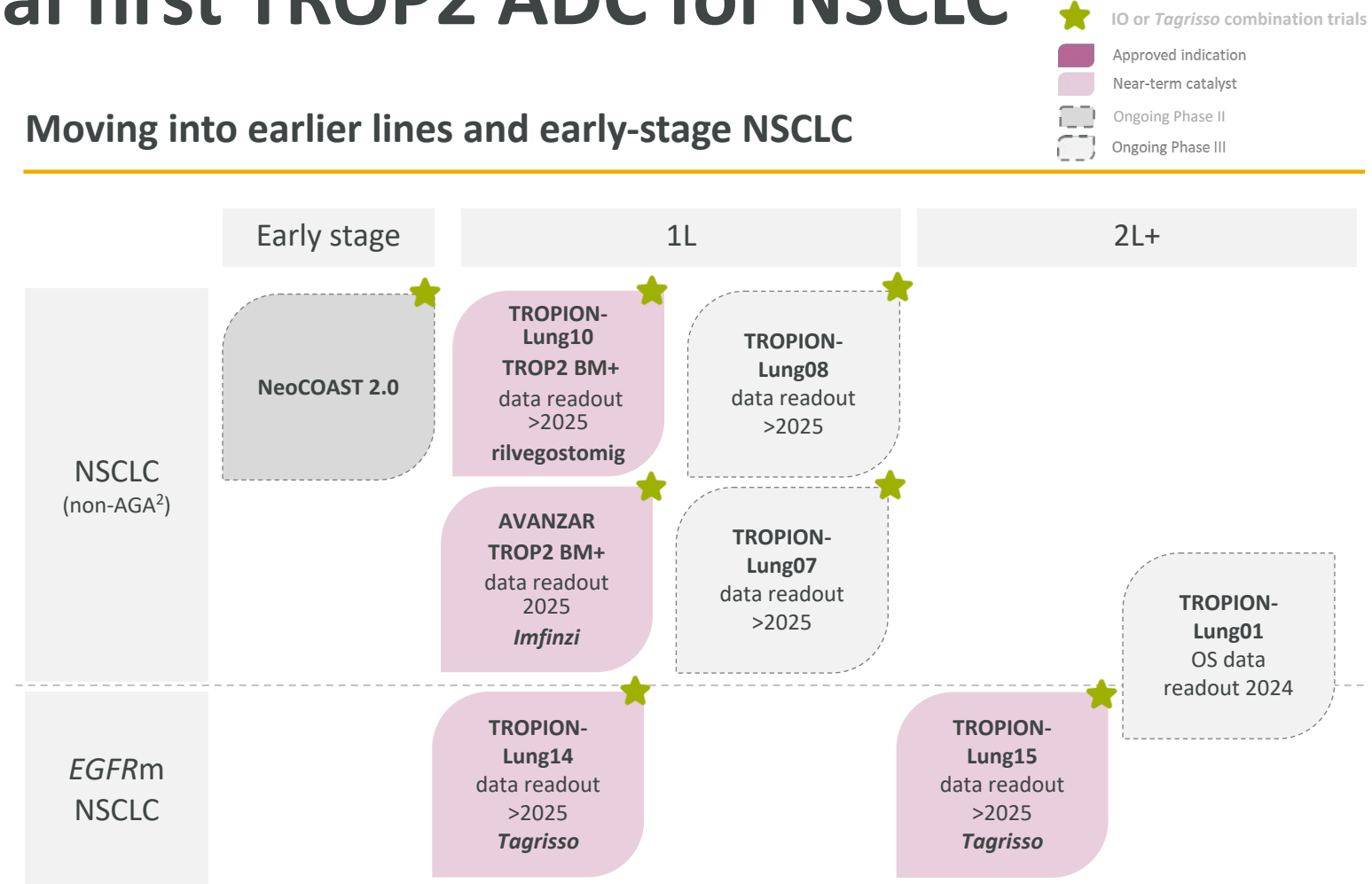
Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*).

$5bn+*

Dato-DXd – potential first TROP2 ADC for NSCLC

- **First TROP2 ADC** with positive and clinically meaningful PFS (HR 0.63 2/3L non-sq NSCLC)[1]
- Unique profile allows combinability with chemotherapy and IO (TROPION-Lung02/04)
- **Phase III started with novel combinations (rilvegostomig, *Tagrisso*)** (TROPION-Lung10/14/15)
- **Novel TROP2 QCS biomarkers** incorporated into clinical development plan

Moving into earlier lines and early-stage NSCLC

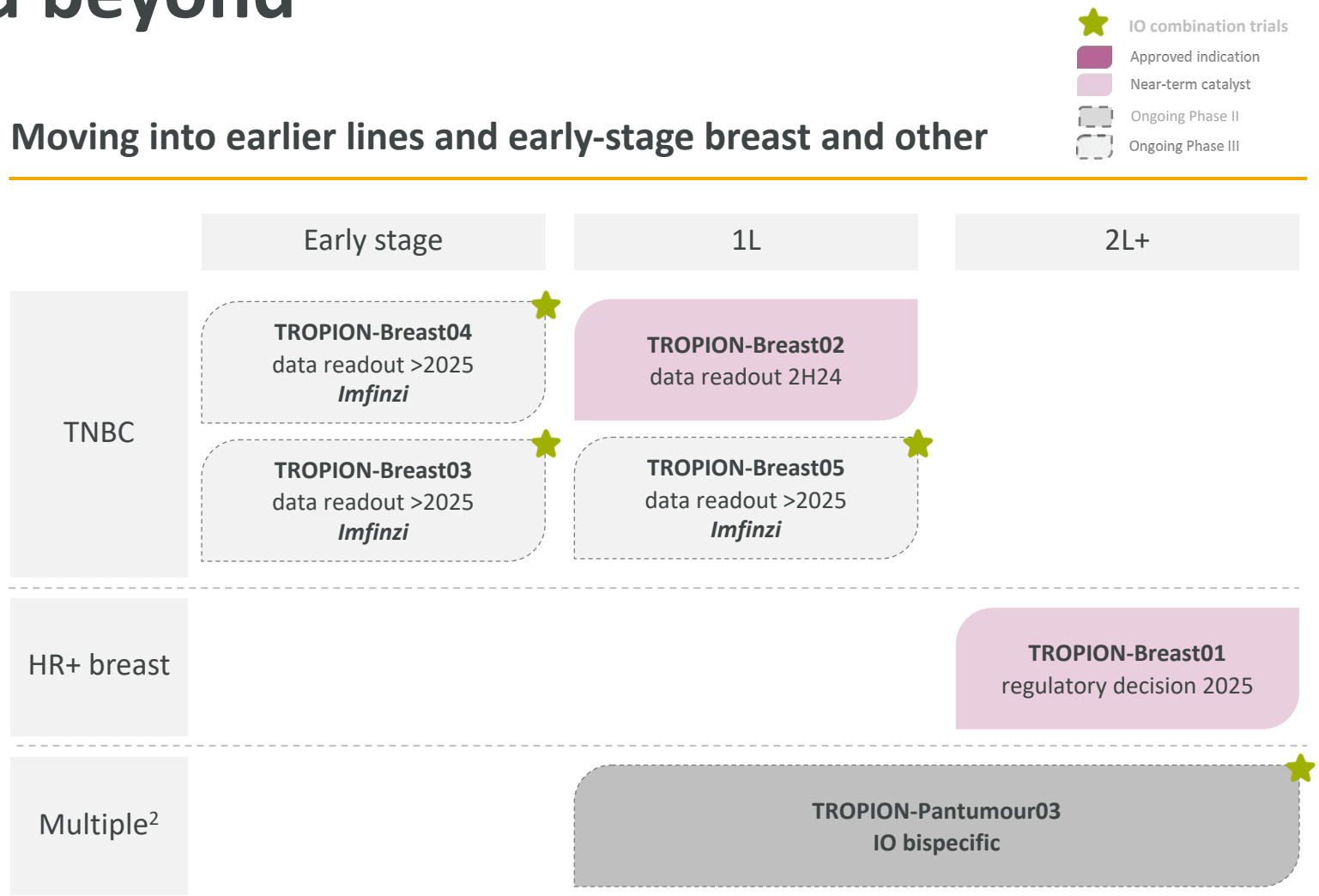


*Peak Year Revenue, non-risk adjusted (Product Sales and Alliance Revenue) across all indications. 1. Lisberg A et al. Abstract LBA12 presented at European Society of Medical Oncology 2023 2. AGA = actionable genomic alterations in NSCLC (e.g. *EGFR, ALK, ROS1, RET, MET, NTRK, BRAF*). Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (Dato-DXd); Compugen (rilvegostomig).

Dato-DXd – setting a new standard for TROP2 ADCs in breast cancer and beyond

- Strong efficacy TROPION-Breast01 (0.63 PFS HR in HR+ HER2-), differentiated safety, Q3W dosing[1]
- **Novel IO combinations ongoing** – Phase III with *Imfinzi* (breast cancer), Phase II with IO bispecifics (multiple tumours)

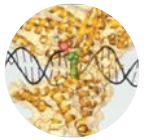
Moving into earlier lines and early-stage breast and other



1. Bardia A et al. Abstract LBA11 presented at European Society of Medical Oncology 2023. 2.Bladder, ovarian, endometrial, prostate, gastric, colorectal cancers. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (Dato-DXd).

Internal investment to deliver industry-leading ADCs

Payloads
match disease biology



Topoisomerase I

Microtubules

+ alternative MoAs

Antibody engineering
differentiated novel mAbs and chemistry

nnAA/ss conjugation

bispecific mAb

Combat resistance, improve therapeutic index and increase patient coverage

Targets
novel targets via surface proteomics

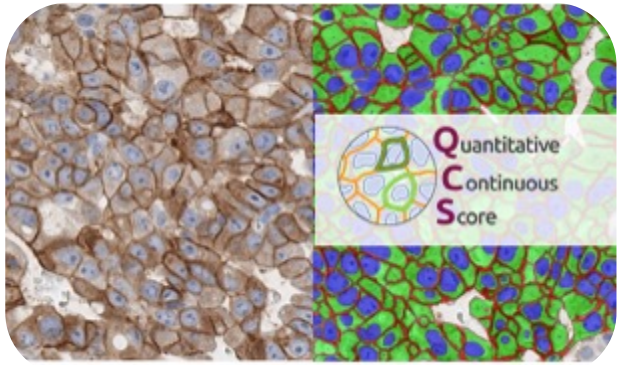
Tumour + normal + **PDx models** + **Tox species**

Premier database for first-in-class ADC, T-cell engagers and cell therapy targets

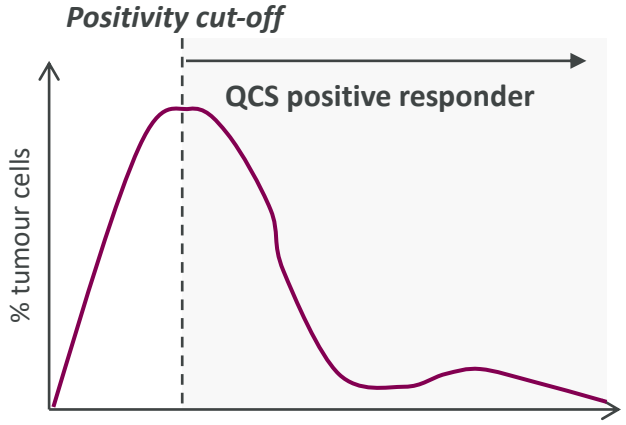
Build end-to-end capabilities: ADC conjugation | PK/PD tox models | Biology-translational-clinical development

Acronym definitions can be found in Glossary.

Proprietary QCS technology can optimise patient selection



AI enabled QCS can allow precise assessment of biomarker expression and superior patient selection

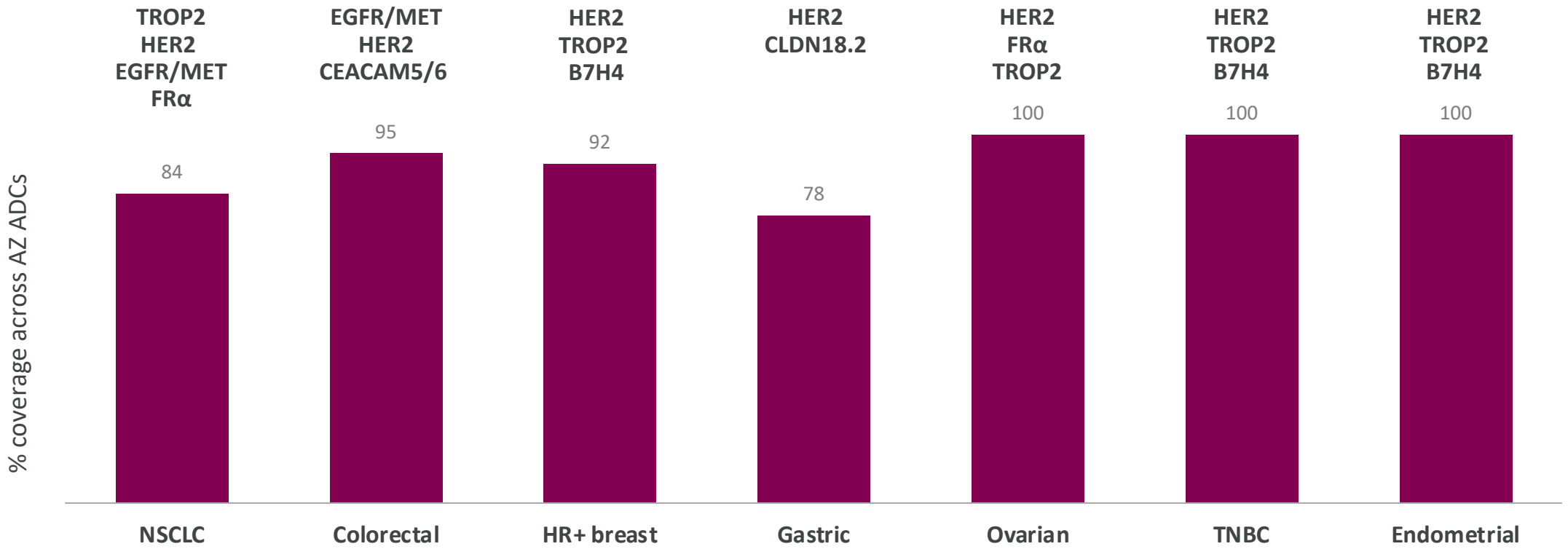


Solutions and opportunity of TROP2 QCS biomarker

	QCS	IHC
Distinguish tumour vs normal	✓ (better)	✓
Quantify membrane vs cytoplasm	✓	✗
Associates with internalisation	✓	✗
Associates with cytotoxicity	✓	✗
Prevalence associates with histology	✓	✗
Predictive of clinical efficacy	✓	✗

 Acronym definitions can be found in Glossary.

Vision to establish at least 2-3 foundational ADCs in major tumours with >80% coverage



	NSCLC	Colorectal	HR+ breast	Gastric	Ovarian	TNBC	Endometrial
Future potential G7 patients treated with ADCs	310k	213k	169k	107k	61k	47k	40k

AZ internal translational data. 1. Coverage inclusive of other targets in development. Acronym definitions can be found in Glossary.

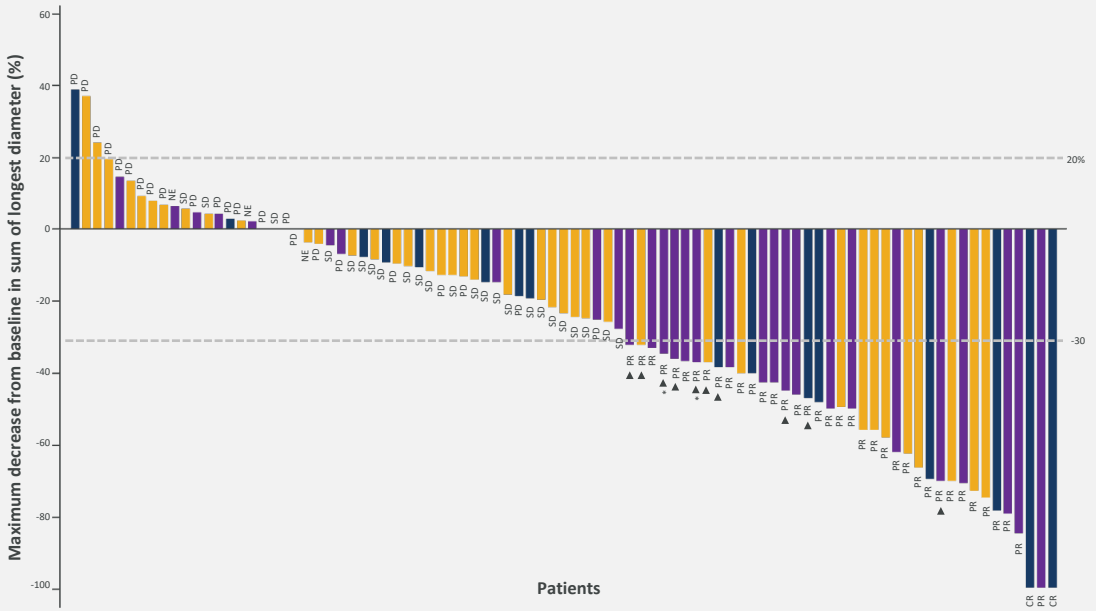
$5bn+*

Growing our portfolio of differentiated ADCs

	PHASE I	PHASE II	PHASE III	Tumors
AZD0901 Claudin 18.2 MMAE			*GEMINI Phase II: AZD0901 + rilvegostomig 1L CLDN18.2+ Gastric*	Gastric, GEJ, pancreatic
AZD8205 B7H4 TOP1i				Endometrial, ovarian, breast, biliary
AZD9552 EGFR/cMET TOP1i				NSCLC, HNSCC, CRC
AZD5335 FRα TOP1i				Ovarian, NSCLC
AZD0305 GPRC5D MMAE				R/R multiple myeloma
AZD9829 CD123 TOP1i				Acute myelocytic leukemia, myelodysplastic syndrome

AZD0901 Phase I dose escalation

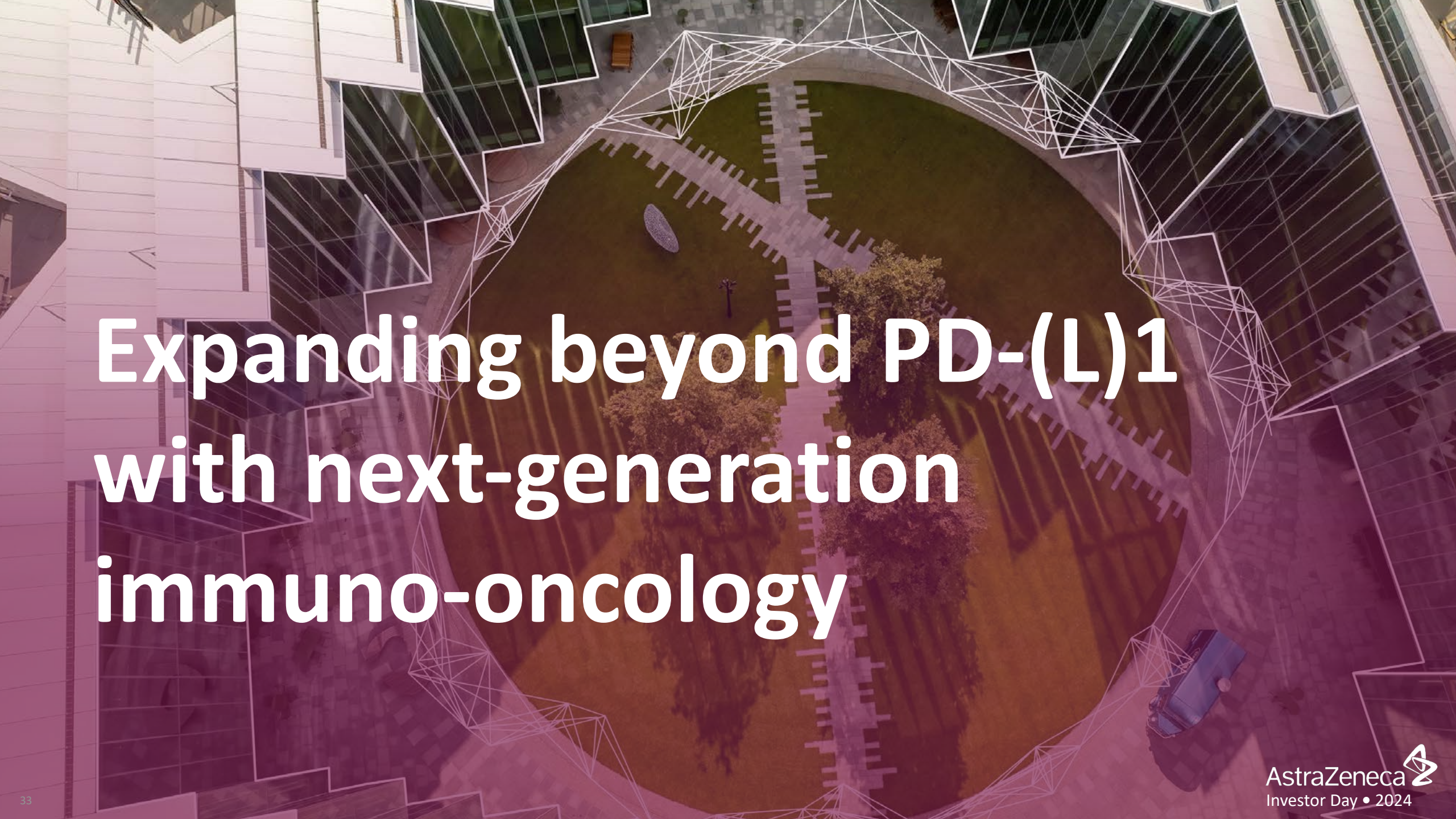
2L+ CLDN18.2-positive gastric/GEJ



- CLARITY-01 (Phase III AZD0901 2L+ CLDN18.2+ gastric) ongoing
- AZD0901 + rilvegostomig being tested in Phase II 1L CLDN18.2+ gastric

Leading CLDN18.2 ADC in Phase III gastric cancer

*Peak Year Revenue, non-risk adjusted; includes several medicines with multi-blockbuster potential. Acronym definitions can be found in Glossary.
Collaboration partners: Compugen (rilvegostomig).



Expanding beyond PD-(L)1 with next-generation immuno-oncology

Imfinzi and *Imjudo* – IO leadership in GI cancer, NSCLC and beyond

$5bn+*

- Establishing ***Imfinzi*** **+ Dato-DXd** in NSCLC and TNBC
- **Building on CASPIAN success with ADRIATIC** in LS-SCLC
- **Strengthening leadership in GI**
  - Build on HIMALAYA with EMERALD-1, -2 and -3
  - Move into early gastric with MATTERHORN
  - ~75% market share[1] in 1L BTC with TOPAZ-1

Significant potential across tumours

ADC combination trials
Approved indication
Near-term catalyst
Ongoing Phase III

	Early-stage			1L	
NSCLC	**AEGEAN** regulatory decision	**PACIFIC-4** data readout >2025	**PACIFIC** launched 2018	**POSEIDON** launched 2022	
	BR.31 data readout H2 2024		**PACIFIC-8, -9** data readout >2025	**AVANZAR** + Dato-DXd data readout 2025	
SCLC	**ADRIATIC** positive readout **ASCO 2024** ✓			**CASPIAN** launched 2020	**DELLphi-305** data readout >2025
HCC	**EMERALD-1** positive data readout ***ASCO GI*** ✓	**EMERALD-2** data readout ≥2025	**EMERALD-3** data readout ≥2025	**HIMALAYA** launched 2022	
BTC				**TOPAZ-1** launched 2022	
Gastric	**MATTERHORN** data update 2025				
Breast	**TROPION-Breast03** data readout >2025 **+ Dato-DXd**	**TROPION-Breast04** data readout >2025 **+ Dato-DXd**		**TROPION-Breast05** data readout >2025 **+ Dato-DXd**	

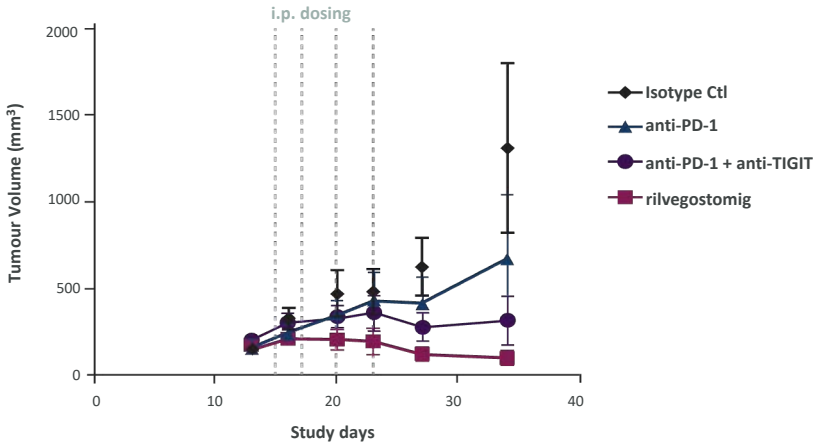
*Peak Year Revenue, non-risk adjusted across all indications. 1. Market share of new patients 6 months from launch. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (Dato-DXd).

rilvegostomig – potential to displace single agent PD-1/PD-L1 across IO sensitive tumours

$5bn+*

rilvegostomig (PD-1/TIGIT)

Differentiated bispecific format



Demonstrating higher anti-tumour activity than αPD-1/TIGIT bivalent combinations or αPD-1 monotherapy

Differentiated clinical development programme

Leveraging combinations with our robust ADC pipeline

Current ADC combinations

- *Enhertu*
- Dato-DXd
- AZD0901 (CLDN18.2)

Future ADC combinations

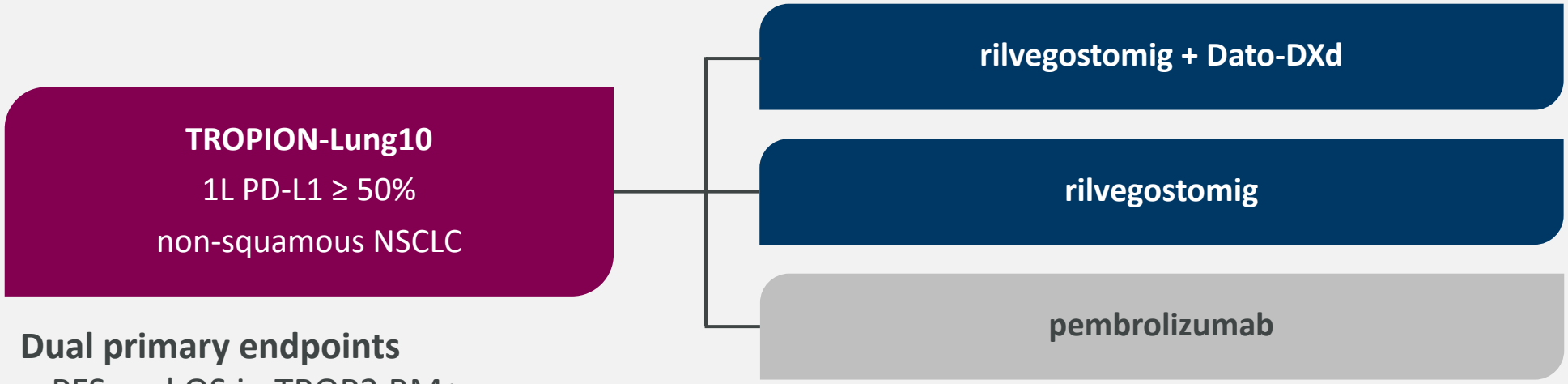
- AZD8205 (B7H4)
- AZD9592 (EGFR/cMET)
- AZD5335 (FRα)

Updated Phase I/II data to be presented at medical congress in 2024

*Peak Year Revenue, non-risk adjusted across all indications. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd); Compugen (rilvegostomig).

rilvegostomig – accelerating development programme

TROPION-Lung10 | Phase III rilvegostomig ± Dato-DXd vs pembrolizumab



Dual primary endpoints
mPFS and OS in TROP2 BM+

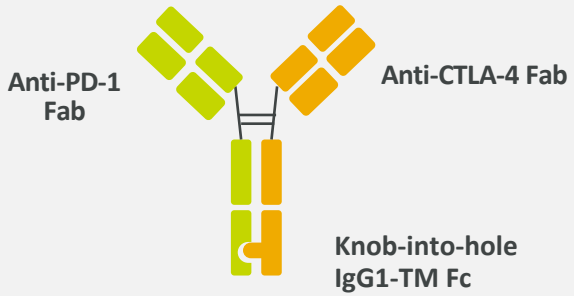
Initiating up to 10 pivotal trials with novel combinations across NSCLC, GI, and GU/GYN tumours

Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd); Compugen (rilvegostomig).

volrustomig – potential to displace single agent PD-(L)1 across CTLA-4 sensitive tumours

$5bn+*

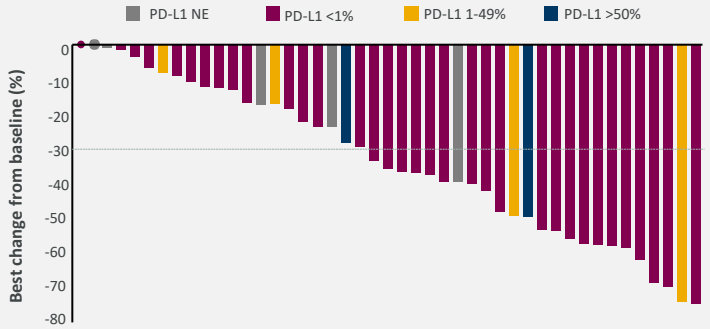
volrustomig
Increases CTLA-4 therapeutic index



Peripheral CD4+ T-cell proliferation of volrustomig ≥500mg is greater than Imjudo 3mg/kg + Imfinzi 10mg/kg

volrustomig + CTx
Showed depth of response

Phase I/II volrustomig + CTx 1L non-sq NSCLC[1]



- **44%** ORR (PD-L1<1%)
- **56%** ≥30% reduction in target lesions
- **20%** TEAEs (discontinuation rate)

Addressing unmet need for PD-L1-low patients

Phase III ongoing in 1L PD-L1 <50% NSCLC

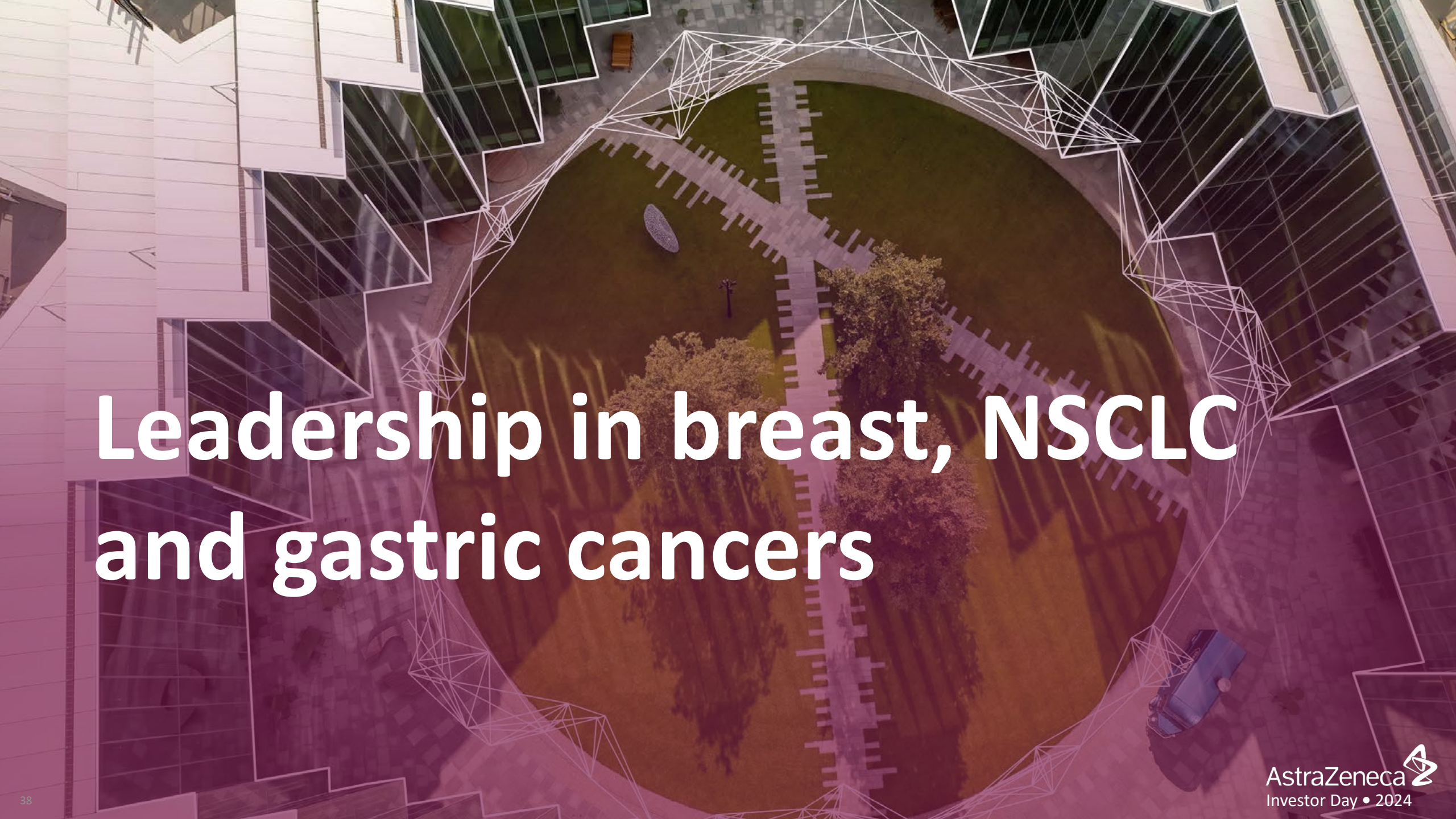
eVOLVE-Lung02
1L PD-L1<50% NSCLC

- **volrustomig + CTx**
- **pembrolizumab + CTx**

Comprehensive ongoing Phase III programme
- eVOLVE-Meso
- eVOLVE-HNSCC
- eVOLVE-Cervical

Updated Phase I/II data to be presented at medical congress in 2024

*Peak Year Revenue, non-risk adjusted across all indications. 1. Ahn MJ et al. Abstract LBA56 presented at European Society of Medical Oncology 2022. Acronym definitions can be found in Glossary.



Leadership in breast, NSCLC and gastric cancers

Extending leadership in NSCLC and breast cancer

AstraZeneca select NSCLC portfolio

	Early	Metastatic
IO sensitive NSCLC	***Imfinzi*** PACIFIC-8/9 AEGEAN, BR.31 PACIFIC-4	**Dato-DXd to replace CTx** TROPION-Lung01 ★ AVANZAR, TROPION-Lung07, -08
	Next-generation IO bispecifics to replace PD-(L)1 eVOLVE-Lung02, NeoCOAST2.0 TROPION-Lung10	
***EGFR*m NSCLC**	**Tagrisso ± CTx** *FLAURA, FLAURA-2* *ADAURA*, ADAURA-2, Neo-ADAURA LAURA	**Dato-DXd ± *Tagrisso*** TROPION-Lung01 ★ TROPION-Lung-15, -14
***HER2*m**		***Enhertu*** *For HER2m and HER2+*

★ Novel combinations

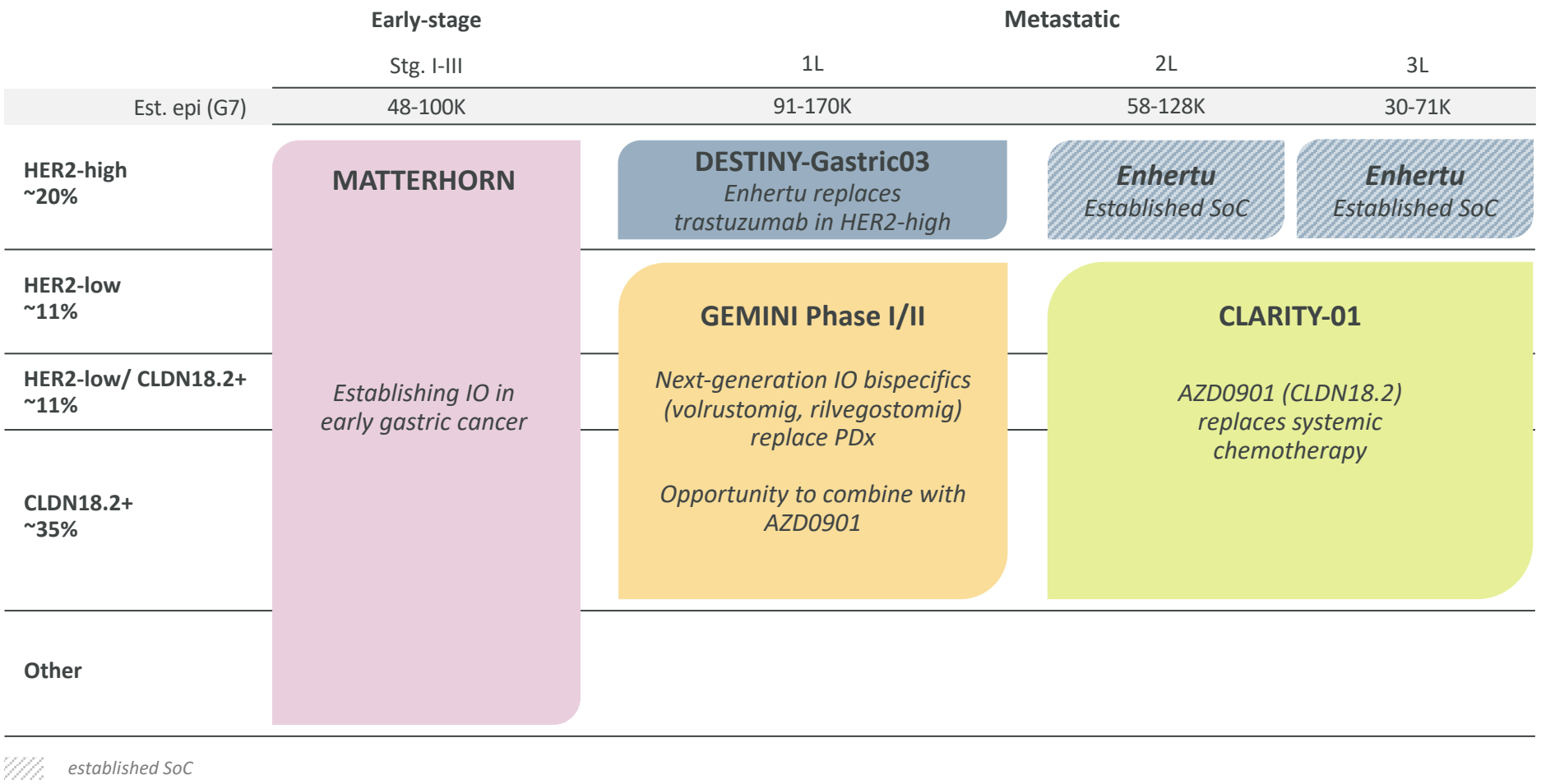
AstraZeneca select breast cancer portfolio

	Early	Metastatic
HER2+	***Enhertu* to replace trastuzumab + CTx** ★ DESTINY-Breast11, -05, -09	**Expanding *Enhertu*** *DESTINY-Breast02, -03, -06*
HR+	**camizestrant to become the ★ backbone ET of choice** CAMBRIA-1/2, SERENA-4/6, eVOPAR-Breast01 *(BRCA1/2, PALB2)*	***Enhertu* and Dato-DXd to replace CTx** DESTINY-Breast04, -06, TROPION-Breast01
		***Truqap* addresses key drivers of resistance** CAPItello-292 CAPItello-290
		***Truqap* established SoC** *CAPItello-291*
TNBC	**Dato-DXd ± *Imfinzi* replace IO + CTx** ★ TROPION-Breast04, -03, -05, -02	

Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd); Compugen (rilvegostomig).

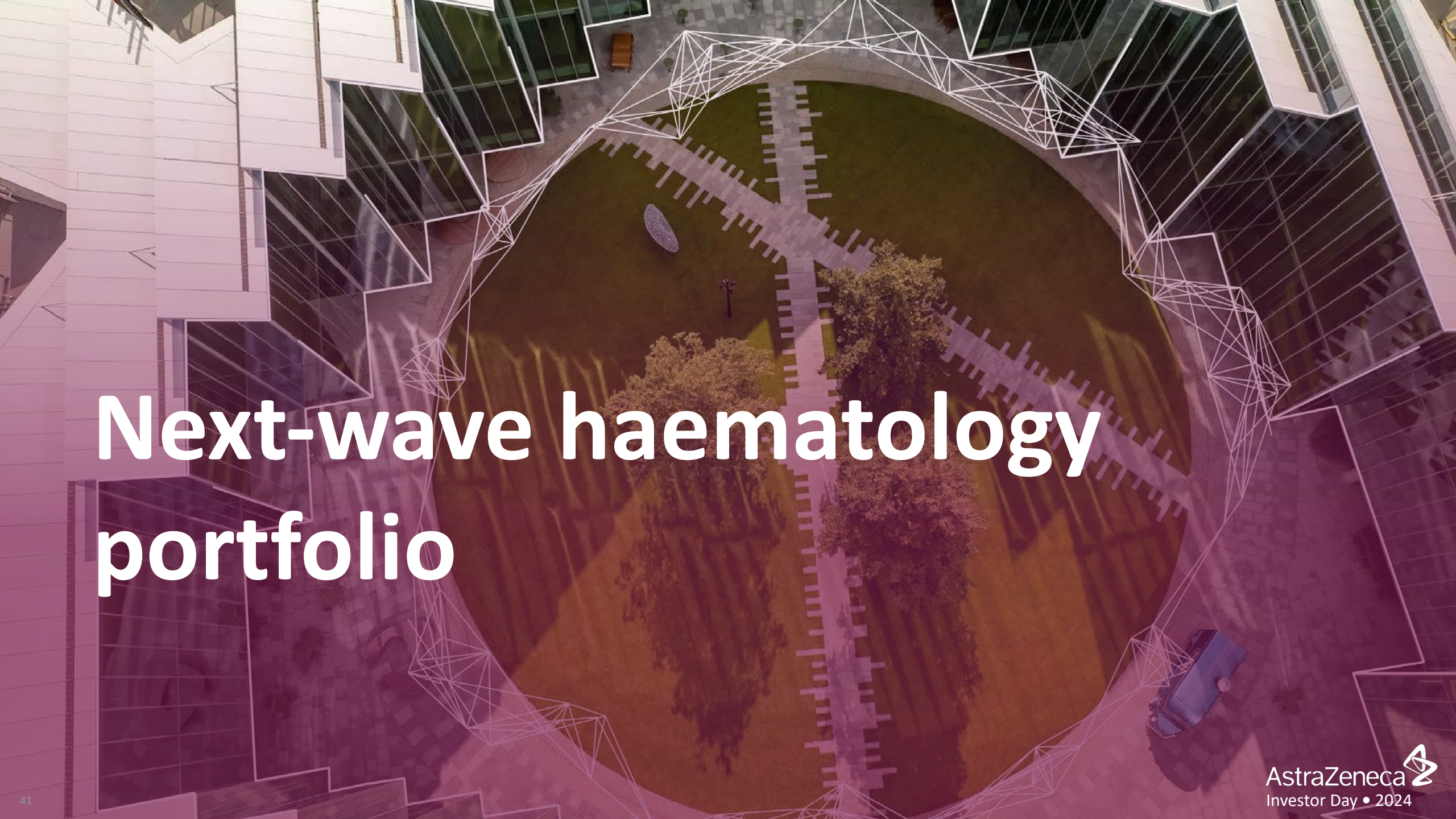
Building leadership position in gastric cancer

Targeting key segments with bispecifics + ADCs within a ~$12bn market[1]



1. Reflects projected estimate of gastric cancer market across G7 countries (ex-China). G7 drug-treated patients based on data from Cerner, DRG, and Epic Oncology (early perioperative and 1L-2L metastatic disease). Duration of therapy calculated based on mPFS or time of fixed regimen. AZN internal pricing estimates used for monotherapy and combination therapies and market potentials assume maximum novel share and testing rates based on Cerner analogues. Acronym definitions can be found in Glossary.

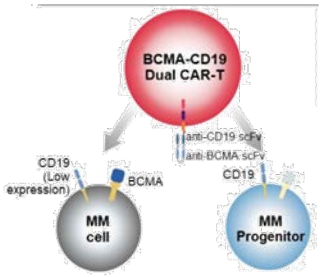
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd); Compugen (rilvegostomig).



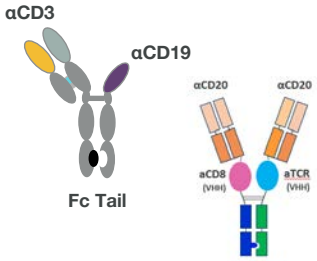
Next-wave haematology portfolio

Eight haematology assets spanning multiple modalities

Cell therapy
BCMA/CD19



Immune engagers
CD19, CD20



Replace immune system — Cell therapy
Redirect immunity — Immune Engagers
Overcome immune suppression — IO

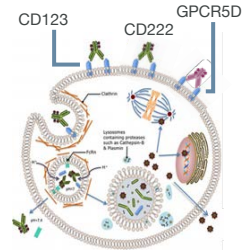
Kill cancer cells through activation of the immune system

Diverse portfolio for combinations

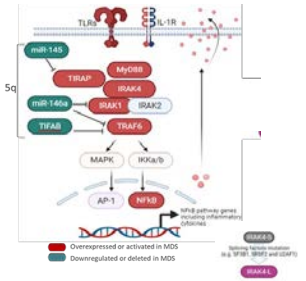
Kill cancer cells directly

- ADCs — Replace chemotherapy
- RCs — Replace radiotherapy
- DDR — Target cancer vulnerabilities
- TDR — Target mutations and drivers that fuel cancer
- EPI — Fundamental driver of therapeutic vulnerabilities

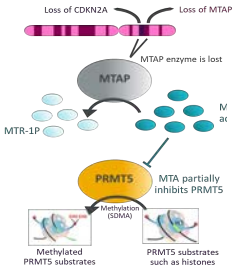
ADCs
CD123, GPRC5D



Tumour drivers
BTK, IRAK4C



Epi-genetics
PRMT5



 Acronym definitions can be found in Glossary.

Haematology – combinations will drive increased cure

	B-cell lymphoid malignancies			Multiple myeloma	Acute myeloid leukaemia
	DLBCL/FL, MCL	CLL	B-ALL		
Estimated new cases (G7, 2030)[1]	130k	44k	10k	79k	43k
1L 5-year PFS/EFS rates[2]	50-70%	70%	35% adult / 85% paed.	55%	10%
Building regimens around core assets	*Calquence* **BTKi**			AZD0120 **BCMA/CD19 CAR-T**	AZD9829 **CD123 ADC**
	AZD0486 **CD19/CD3 TCE**			AZD0305 **GPRC5D ADC**	

1. 2030 incidence: Cerner Enviza. 2. PFS/EFS rates based on SoC in largest patient segment from landmark clinical studies. Acronym definitions can be found in Glossary.

AZD0486 (CD19/3 T-cell engager) – demonstrated high responses in B-cell lymphoma, now in Phase II

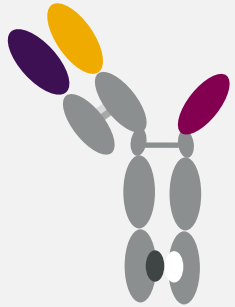
$5bn+*

Engineered to reduce toxicity and increase stability

Activating αCD3
Unique binding site reduce cytokine release

29% CRS (all Gr1)[1]

αCD19
High-affinity heavy-chain-only domain

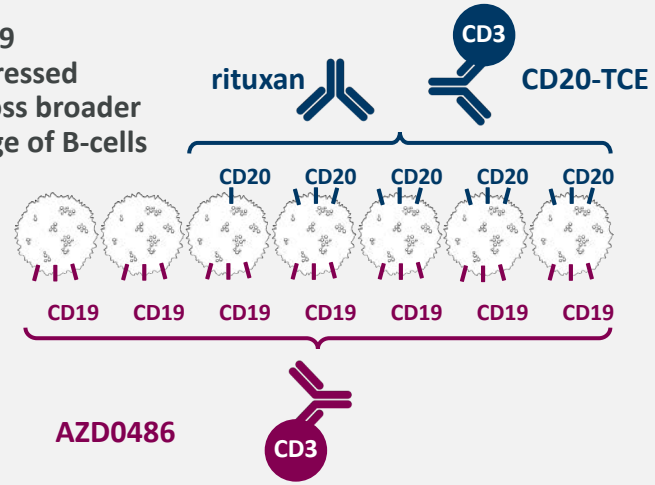


Silenced IgG4 Fc tail
Prevents nonspecific binding, antibody-dependent cellular cytotoxicity, and confers a long half-life

Q2W + IV dosing (SC in development)

Targeting CD19 vs CD20

CD19 expressed across broader range of B-cells



CD19 + CD20

Combination potential
up to 16% antigen loss across lymphomas for CD19 and CD20[2]

Demonstrated strong early efficacy data

r/r follicular lymphoma

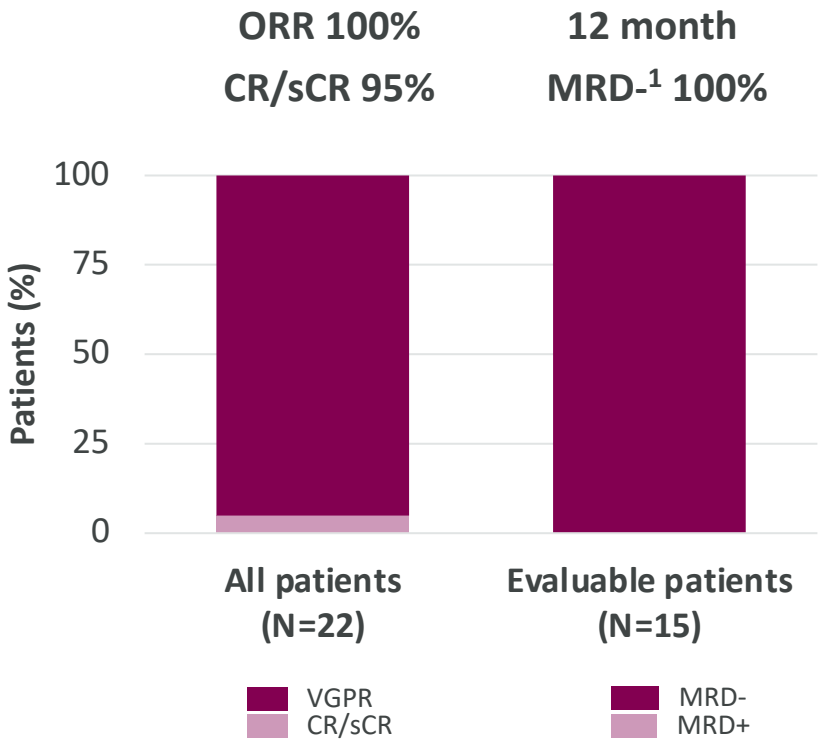
	AZD0486 ≥2.4mg double step-up[1]	CD20xCD3 TCE[3]
ORR	88% (15/17)	80%
CR	82% (14/17)	60%

Historical benchmark

*Peak Year Revenue, non-risk adjusted across all indications. 1. Gaballa S et al,. Abstract 1662 presented at American Society of Hematology 2023. 2. Michot JM et al. Cancer Drug Resist. 2021 Mar 26;4(3):710-718. 3. *Lunsumio* (mosunetuzumab-axgb) US Prescribing information. Acronym definitions can be found in Glossary.

AZD0120 (GC012F) – pioneering BCMA/CD19 dual-targeting CAR-T cell therapy, Phase III ready

$5bn+*



Efficacy in 1L high-risk myeloma

Differentiated cell therapy product profile

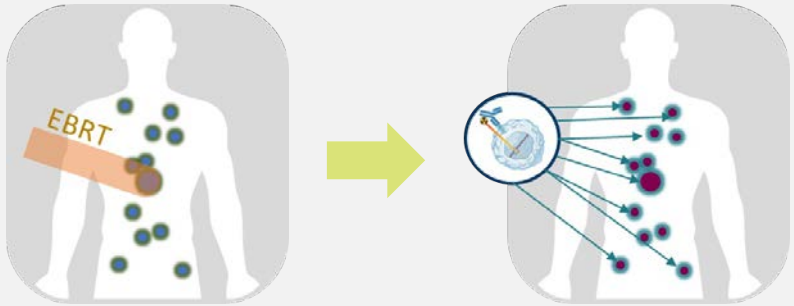
- **Dual BCMA/CD19 CAR-T targets both myeloma and progenitor cells**
  - BCMA targets plasma cells with proven efficacy in myeloma
  - CD19 targets progenitor cells – deep durable response
- **Clean safety profile for early-stage disease**
  - Younger, fitter T-cells mean lower cell dose required
  - No neurotoxicity or ICANs across existing data (N=15)
- **Gracell FAST-CAR manufacturing accelerated to 24-36 hours**

*Peak Year Revenue, non-risk adjusted across all indications. Data cut-off 1 October 2023. 1. MRD was tested by Euroflow at a sensitivity of 10^6. Chen X et al. Abstract 1022 presented at American Society of Hematology 2023. Acronym definitions can be found in Glossary.

Transforming outcomes with next-generation therapies

Building leadership in Radioconjugates

Potential to redefine use or replace traditional radiation therapy

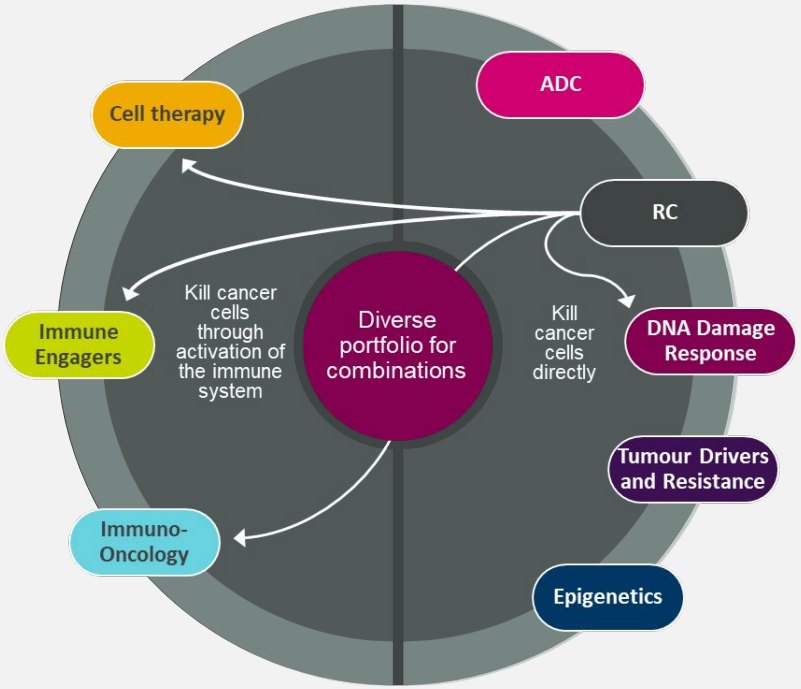


Current state *Future state*

Unlocking novel target space

Small molecule *V_HH* *Peptide*

Becoming a key backbone modality with significant combination potential



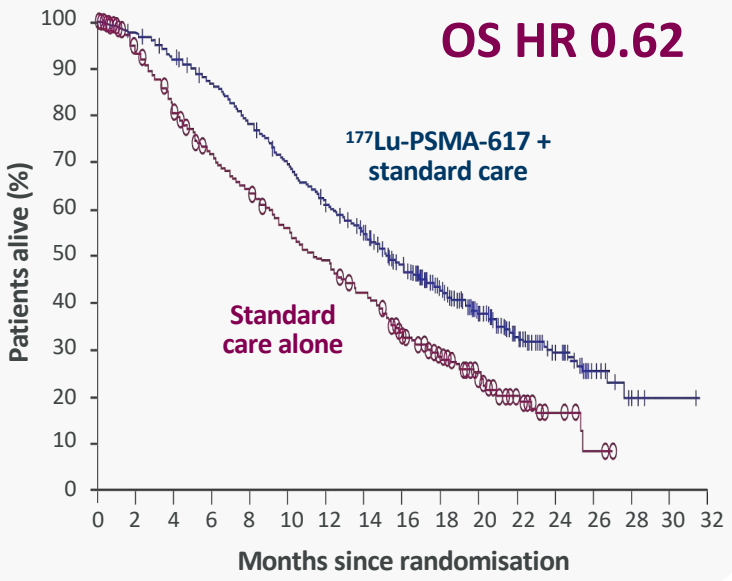
Fusion Pharmaceuticals acquisition remains subject to customary external clearances; all clinical development plans mentioned herein subject to deal closure. Acronym definitions can be found in Glossary.

FPI-2265 (PSMA-α) – leading alpha Radioconjugate in prostate cancer

PSMA
proven prostate cancer target

Lutetium PSMA β-emitting RIC

VISION Phase III mCPRC[1]

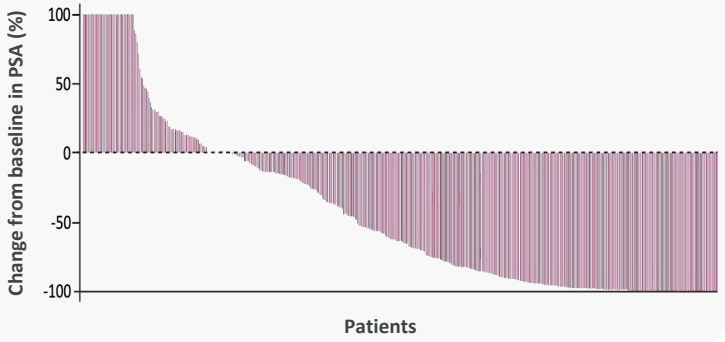


α emission
more potent than β emission

Potency	α	β
Energy deposited per unit length (LET,keV/um)	80-300	0.2

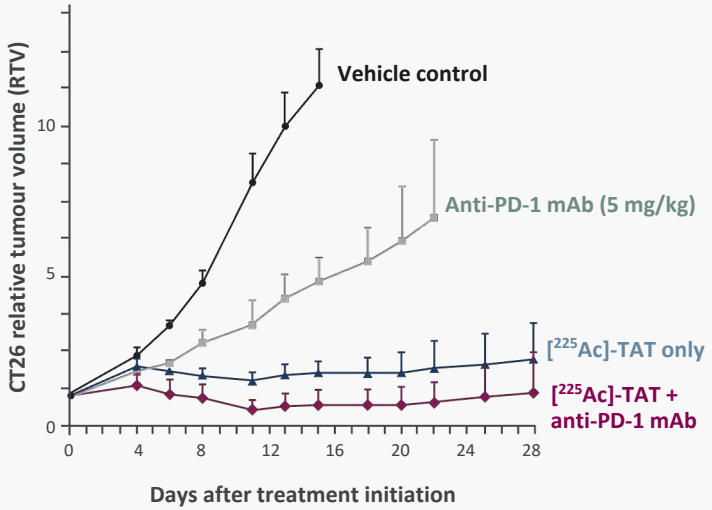
Retrospective meta-analysis:

PSMAα > PSMAβ (PSA50 57% vs 46%)[2]



Pursuing IO combinations

Immunogenic cell death from αRIC can drive RIC + IO combinations[3]



Fusion Pharmaceuticals acquisition remains subject to customary external clearances; all clinical development plans mentioned herein subject to deal closure. 1. Morris MJ et al. Abstract LBA4 presented at American Society of Clinical Oncology 2021. 2. Sathekge MM et al, Lancet Oncol 2024; 25:175-83. 3. Patel S et al. Abstract LB155 presented at American Association for Cancer Research 2021; includes IGF1R data. Acronym definitions can be found in Glossary.

Building leadership in cell therapy

Bringing the curative potential of cell therapy with several potential launches before 2030

Advancing seven medicines into clinical trials

Haematology/ autoimmune	Solid tumours	T-cell receptor therapies
• **BCMA/CD19** Multiple myeloma, SLE	• **GPC3 dnTGFb** Liver cancer 2024 ASCO ANNUAL MEETING • **STEAP2 dnTGFb** Prostate cancer • **Claudin 18.2 dnTGFb** Gastric cancer	• **Individualised TCRs** Colorectal, lung cancer • **TP53 R175H** Pancreatic, colorectal, lung cancer • **KRASG12D** Pancreatic, colorectal, lung cancer

Highest quality cells in spec

Capacity to meet clinical scale and potential commercial demand

Improved profitability through decreased COGS

Acronym definitions can be found in Glossary.

Concluding remarks

Multiple high-value opportunities and rich near-term catalyst path support growth to 2030 and beyond

Growth drivers to 2030

$5bn+ PYR*

AZD0486
AZD0120
camizestrant
Dato-DXd
ENHERTU®
IMFINZI® / IMJUDO™
saruparib
rilvegostomig
TAGRISSO®
volrustomig
AZN ADCs

$3-5bn PYR*

CALQUENCE®

Upcoming Key Phase II and Phase III readouts

Dato-DXd
TROPION-Lung01
OS data readout

Dato-DXd
TROPION-Breast02
1L TNBC data readout

Dato-DXd
AVANZAR
1L NSCLC data readout

Truqap
CAPItello-281
d*PTEN* prostate data readout

camizestrant
SERENA-4/6
1L HR+ HER2- (>2025)

Enhertu
DESTINY-Breast11
early-stage HER2+

Enhertu
DESTINY-Breast09
1L HER2+

Calquence
AMPLIFY
1L CLL

volrustomig + CTx
FIH Phase I/II
updated data cut

rilvegostomig
Phase I/II ARTEMIDE
1L PD-L1>1% NSCLC data cut

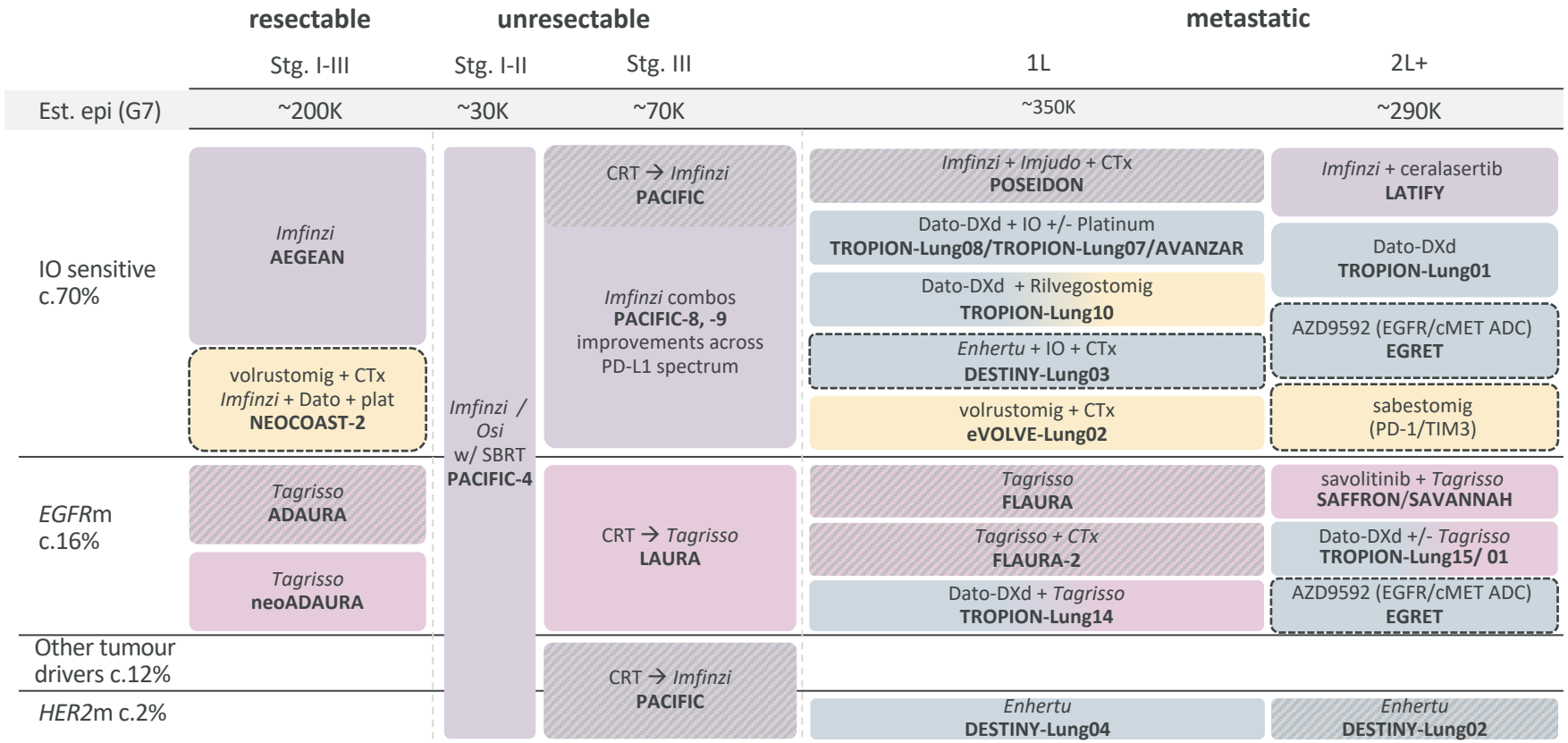
rilvegostomig + CTx
Phase I/II GEMINI
1L gastric data cut

*Peak Year Revenue, non-risk adjusted, for some medicines includes Product Sales and Alliance Revenue and across all indications. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd); Merck & Co., Inc. (*Lynparza*); Compugen (rilvegostomig).

Appendix

AstraZeneca in lung cancer

Ambition for >50% of lung cancer patients to be eligible for AZN medicine by 2030



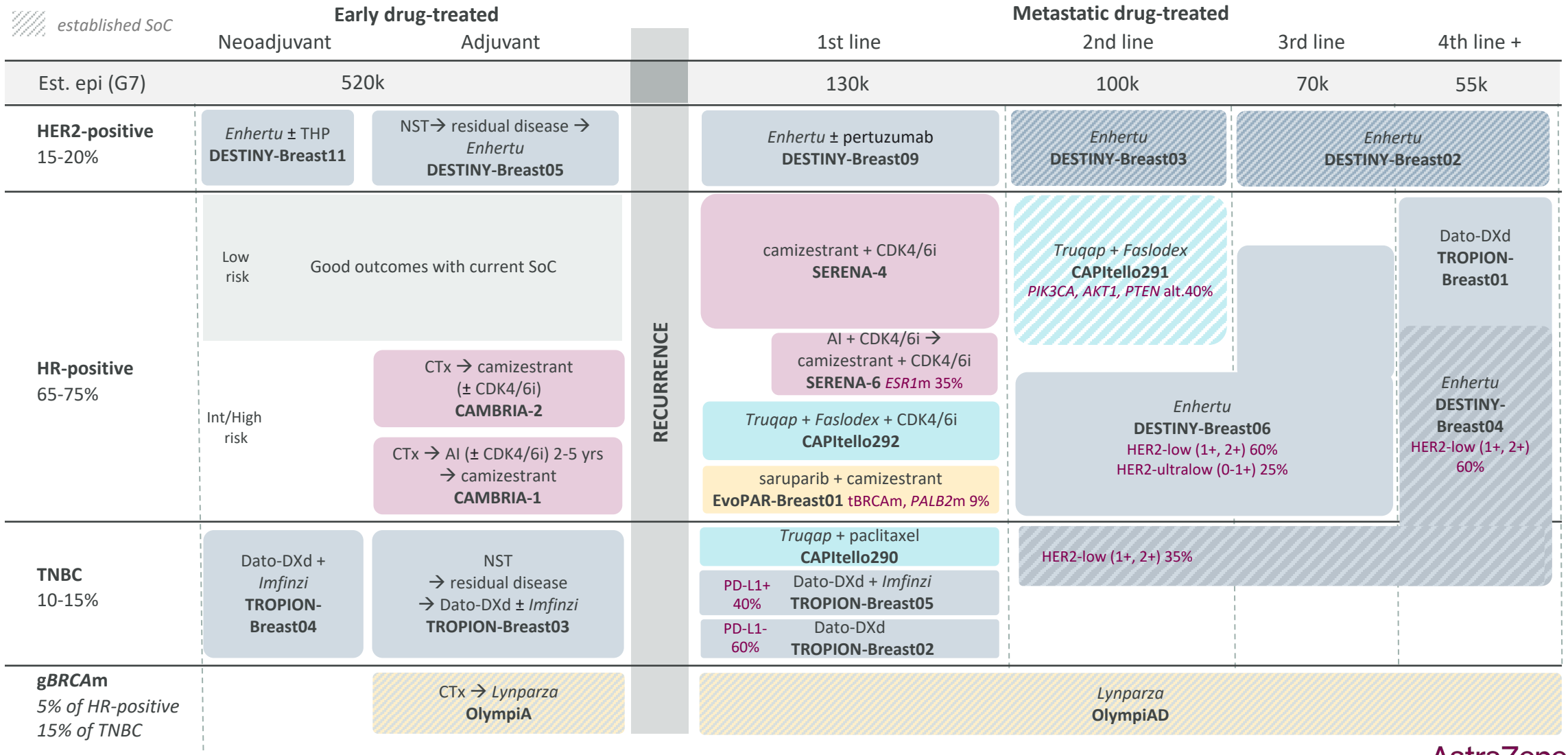
Leading the future of lung cancer treatment

- Establishing *Tagrisso* as backbone TKI in *EGFR*m
- *Imfinzi* leading IO in unresectable
- Advancing best-in-class ADCs to replace systemic chemotherapy
- Delivering next-wave bispecifics to improve on PD-(L)1
- Developing novel combinations, including IO & *Tagrisso* + ADCs
- Investing behind new technologies and platforms, including cell therapy and testing/screening

All numbers are approximate. Illustrative settings and populations, not to scale. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd), Compugen (rilvegostomig).

AstraZeneca in breast cancer

Ambition to eliminate breast cancer as a cause of death



All numbers are approximate. Illustrative settings and populations, not to scale. All numbers for epi are drug-treated. Acronym definitions can be found in Glossary.
Collaboration partners: Daiichi Sankyo (*Enhertu*, Dato-DXd).

Glossary – 1 of 2

1L, 2L, 3L	first-, second-, third-line
6MWT	6-minute walk test
AAV	adeno-associated virus
ACE	angiotensin-converting enzyme
AChR+	acetylcholine receptor-positive
ADC	antibody conjugate
ADsCa	albumin-adjusted serum calcium
AER	annual exacerbation rate
AEs	adverse effects
AGA	actional genomic alteration
aHUS	atypical haemolytic uraemic syndrome
AL amyloidosis	light-chain amyloidosis
AML	acute myelogenous leukaemia
AMR	antibody mediated rejection
anti-PCD	anti plasma cell dyscrasia
AQP4+	aquaporin-4 antibody positive
ARB	angiotensin receptor blockers
ASCO	American Society of Clinical Oncology
ASI	aldosterone synthase inhibitor
ASO	antisense oligonucleotide
ATTR-CM	transthyretin amyloid cardiomyopathy
ATTR-PN	transthyretin amyloid polyneuropathy
B-ALL	B-cell acute lymphoblastic leukaemia
BCMA	B-cell maturation antigen
BRCA	breast cancer gene
BTC	biliary tract cancer
BTKi	Bruton's tyrosine kinase
C5	complement component 5
CAGR	compound adjusted growth rate
cAMR	chronic antibody-medicated rejection
CAR-T	chimeric antigen receptor T-cells
CD19	Cluster of differentiation 19
CD3	Cluster of differentiation 3
CDK4/6i	cyclin-dependent kinase 4/6 inhibitor
CER	constant exchange rates
CI	confidence interval
CKD	chronic kidney disease
CLDN 18.2	Claudin-18.2
CLL	chronic lymphocytic leukaemia
cm	centimetre
CM	cardiomyopathy
cMET	c-mesenchymal epithelial transition factor
COPD	chronic obstructive pulmonary disease
CRwNP	chronic rhinosinusitis with nasal polyps
CSA-AKI	cardiac surgery-associated acute kidney injury
ctDNA	circulating tumour DNA
CTLA4	cytotoxic T-lymphocyte associated protein 4
CTx	chemotherapy
CV	cardiovascular
CVRM	Cardiovascular, Renal and Metabolism
DDR	DNA damage response
DGF	delayed graft function
DLBCL	diffuse large B-cell lymphoma
dnTGFb	dominant-negative transforming growth factor-beta
dPTEN	phosphatase and tensin homolog deficient
EBITDA	Earnings before interest, tax, depreciation and amortisation
EGFR	epidermal growth factor receptor
eGFR	estimated glomerular filtration rate
EGPA	eosinophilic granulomatosis with polyangiitis
EM	Emerging Markets
EOS	eosinophil
EPI	epigenetics
EPS	earnings per share
ERoW	Established Rest of World
ESR1	estrogen receptor alpha
ESRD	end stage renal disease
ETA RA	endothelin receptor A antagonist
ETARA	endothelin receptor A antagonist
FDC	fixed dose combination
FeNO	fractional exhaled nitric oxide
FL	Follicular lymphoma
FLAP	5-lipoxygenase activating protein
FRα	folate receptor alpha
FX	foreign exchange
G7	US, Japan, EU5
GA	geographic atrophy
GLP-1/glu	glucagon-like peptide 1 receptor/glucagon dual peptide agonist
GLP-1RA	glucagon-like peptide 1 receptor agonist
gMG	generalised myasthenia gravis
GN	glomerulonephritis
GPC3	Glypican-3
GPRC5D	G protein-coupled receptor class C group 5 member D
GU	genitourinary
GYN	gynaecologic
HbA1c	glycated haemoglobin
HCC	hepatocellular carcinoma
HER2	human epidermal growth factor receptor 2
HF	heart failure
HFrEF	heart failure with reduced ejection fraction
HK	hyperkalaemia
HLR	high-level results
hMPV	human metapneumovirus
HNSCC	head and neck squamous cell carcinoma
HR	hazard ratio
HR+	hormone receptor positive
HRR	homologous recombination repair
HSCT-TMA	hematopoietic stem cell transplantation-associated thrombotic microangiopathy
i.v.	intravenous
IBD	inflammatory bowel disease
ICS	inhaled corticosteroid
ICU	intensive care unit
IgAN	IgA nephropathy
IIT	investigated initiated trial
iJAK1	inhaled Janus kinase
IL-33	interleukin-33
IL-5	interleukin-5
IND	investigational new drug
IO	Immuno-oncology
IPF	idiopathic pulmonary fibrosis
IRA	Inflation Reduction Act
iTSLP	inhaled thymic stromal lymphopoietin
ITT	intent to treat
IVIg	intravenous immunoglobulin

Glossary – 2 of 2

K+	potassium
KCCQ	Kansas City Cardiomyopathy Questionnaire
LA amylin	long-acting amylin
LABA	long-acting beta 2-agonists
LAMA	long-acting muscarinic antagonists
LCM	life cycle management
LDL-C	low-density lipoprotein cholesterol
LN	lupus nephritis
LoE	loss of exclusivity
LS-SCLC	limited stage small-cell lung cancer
LV	left ventricular
mAb	monoclonal antibody
MASH	metabolic dysfunction-associated steatohepatitis, also known as non-alcoholic steatohepatitis (NASH)
MASLD	metabolic dysfunction-associated steatotic liver disease
mBC	metastatic breast cancer
MCL	mantle cell lymphoma
mDOR	median duration of response
mg/dL	milligrams per decilitre
MGFA	Myasthenia Gravis Foundation of America
mHSPC	metastatic hormone sensitive prostate cancer
mL	millilitre
MM	multiple myeloma
MoA	mechanism of action
MPO	myeloperoxidase
MRA	mineralocorticoid receptor antagonist
MRM	mineralocorticoid receptor modulator
n/m	not material
NBRx	new-to-brand prescription
Neo-adj	neoadjuvant
NF1-PN	neurofibromatosis type 1-plexiform neurofibromas
ngSERD	next-generation oral selective estrogen receptor degrader
NHA	novel hormone agent
NME	new molecular entity
NMOSD	neuromyelitis optica spectrum disorder
NP	nasal polyps
NRDL	national reimbursement drug list
NSCLC	non-small cell lung cancer
NST	neoadjuvant systemic treatment
NT-proBNP	N-terminal pro-B-type natriuretic peptide
NYHA	New York Heart Association
oGLP1	oral glucagon-like receptor peptide 1
oPCSK9	oral protein convertase subtilisin/kexin type 9
ORR	overall response rate
oRXFP1	oral relaxin family peptide receptor 1
OS	overall survival
PALB2m	partner and localizer of BRCA2
PARP1	poly(ADP-ribose) polymerase-1
PARPi	poly-ADP ribose polymerase inhibitor
PD1	programmed cell death protein 1
PD-L1	programmed cell death ligand 1
PFS	progression free survival
PIK3CA	phosphatidylinositol-4,5-biphosphate 3-kinase catalytic subunit
PK/PD	pharmacokinetic/pharmacodynamic
PLEX	plasma exchange
PN	polyneuropathy
PNH	paroxysmal nocturnal haemoglobinuria
PNH-EVH	paroxysmal nocturnal haemoglobinuria with extravascular haemolysis
PNPLA3	phospholipase domain-containing protein 3
PP	plasmapheresis
PSA	prostate-specific antigen
PSA50	prostate-specific antigen 50
PTEN	phosphatase and TENsin homolog deleted on chromosome 10
PYR	peak year revenue
Q2W	every 2 weeks
Q4W	every 4 weeks
Q8W	every 8 weeks
QCS	quantitative continuous scoring
QoQ	quarter on quarter
R&D	research and development
R&I	Respiratory and Immunology
r/r	relapsed/refractory
RA	rheumatoid arthritis
RAGE	receptor for advanced glycation end products
RC	radioconjugates
RP2D	recommended Phase II dose
RSV	respiratory syncytial virus
s. asthma	severe asthma
s.c.	subcutaneous
SABA	short acting beta agonist
SBP	systolic blood pressure
SBRT	stereotactic brain radiotherapy
SC	subcutaneous
SG&A	Selling, General and Administrative
SGLT2i	sodium/glucose cotransporter 2 inhibitor
sK	serum potassium
SLE	systemic lupus erythematosus
SoC	standard of care
ST2	suppression of tumorigenicity 2
Stg. I/II/III	Stage I/II/III
Stg. III u/r NSCLC	Stage III unresectable non-small cell lung cancer
T2D	type-2 diabetes
T8	US, China, Japan, EU5
TCE	T-cell engager
tCO2e	tonnes of carbon dioxide equivalent
TCR	T-cell receptor
TDR	tumour drivers and resistance
TIGIT	T-cell immunoreceptor with immunoglobulin and ITIM domains
TIM-3	T-cell immunoglobulin and mucin domain-containing protein
TKI	tyrosine kinase inhibitor
TNBC	triple negative breast cancer
TP53	tumour protein 53
Treg	Regulatory T-cell
TROP2	trophoblast cell surface antigen 2
TTR	transthyretin
u/r HTN	uncontrolled or treatment resistant hypertension
UACR	urinary albumin/creatinine ratio
ULN	upper limit of normal
V&I	Vaccines and Immune Therapies
VLP	virus-like particle