Rare Disease

Marc Dunoyer, CEO, Alexion and Chief Strategy Officer, AstraZeneca

Gianluca Pirozzi, SVP, Head of Development and Safety, Alexion

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.

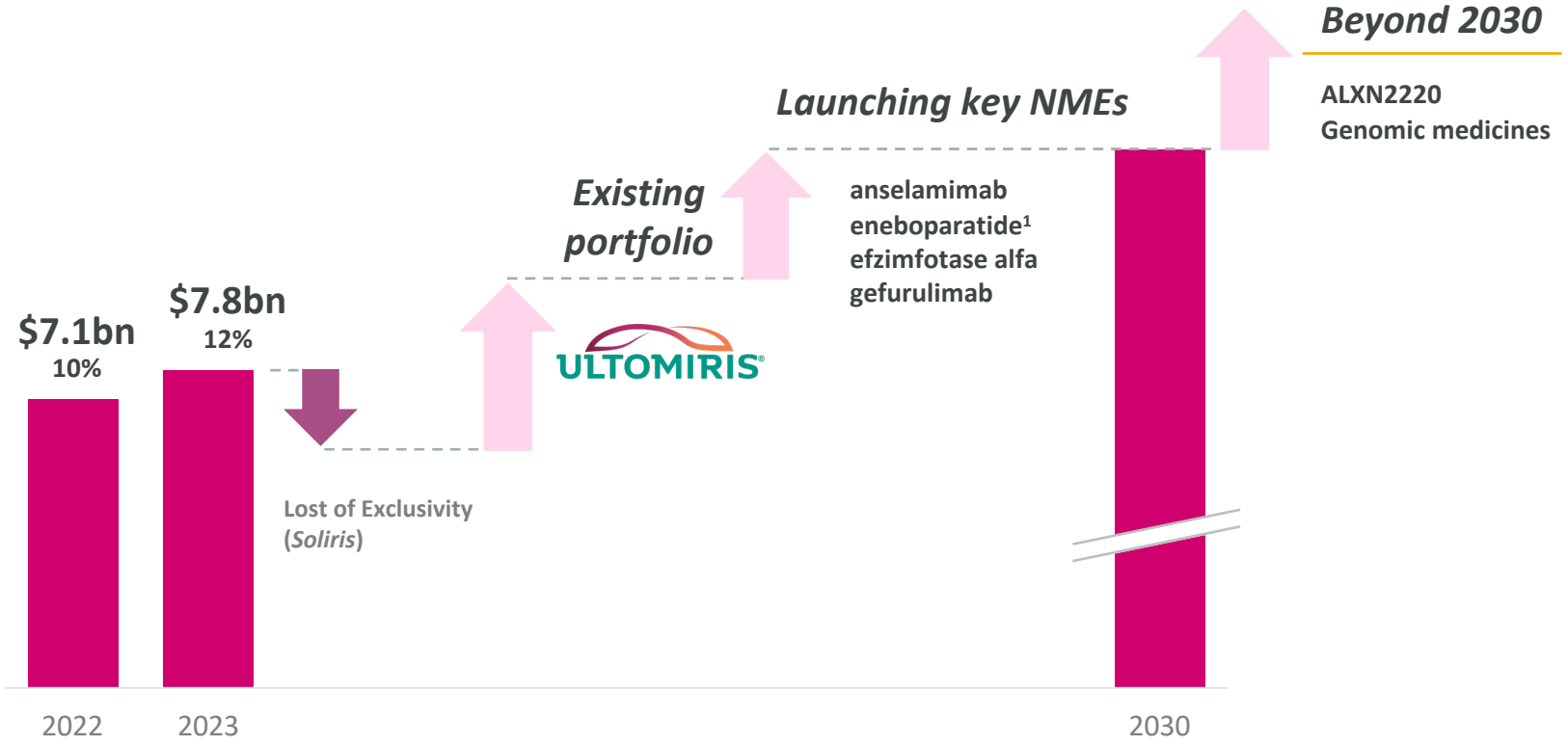
This presentation includes references to new molecular entities and life-cycle management programmes that are being investigated in current or future clinical trials, and as such have not been approved by any regulatory agency. For a list of new molecular entities and indications in development, see 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

Rare Disease – next wave of growth to 2030 and beyond

Illustrative only, not to scale



Complement
continued leadership

Beyond Complement
focused on first- and/or best-in-class medicines

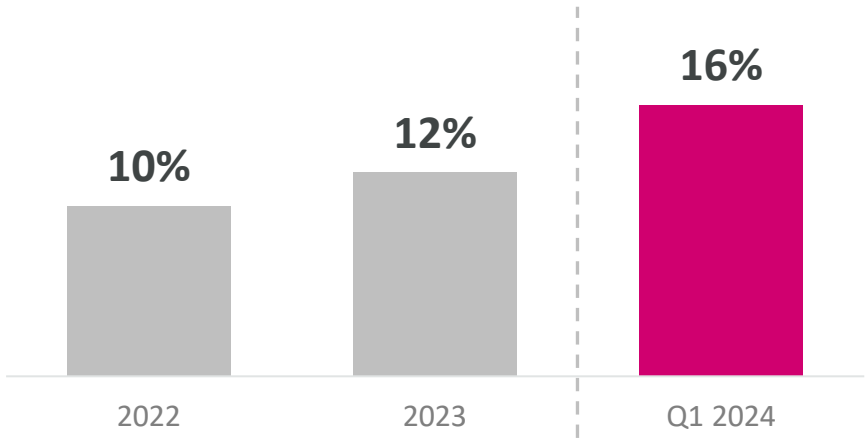
Technologies
investing in new, potentially curative, modalities

FY 2022 growth rates on medicines acquired with Alexion have been calculated on a pro forma basis comparing to the corresponding period in the prior year. In FY 2022 Total Revenue from *Koselugo* is included in Rare Disease (FY 2021: Oncology) and Total Revenue from *Andexxa* is included in BioPharmaceuticals: CVRM (FY 2021: Rare Disease). The growth rate shown has been calculated as though these changes had been implemented in FY 2021.

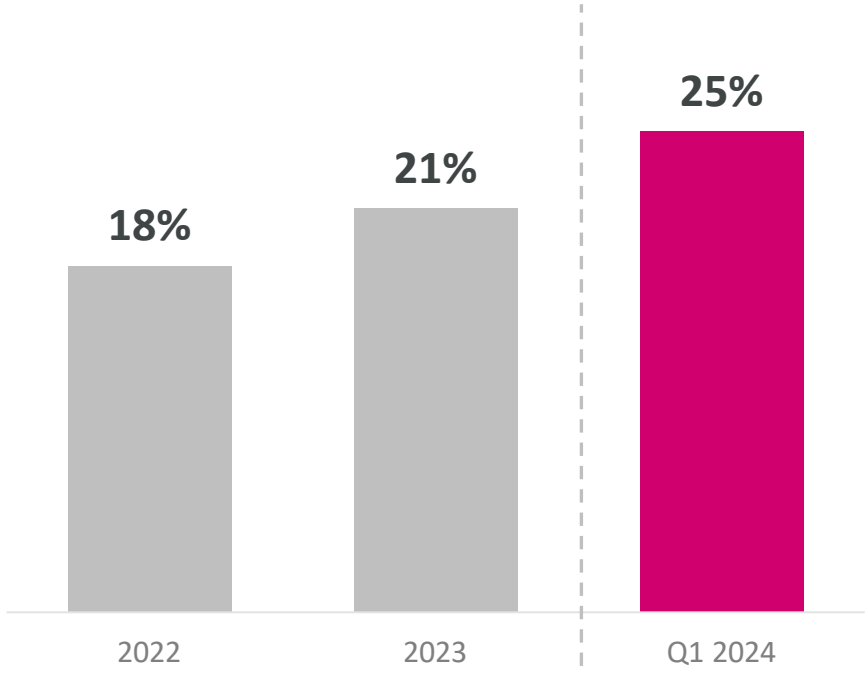
1. Amolyt acquisition remains subject to customary external clearances; all clinical development plans mentioned herein subject to deal closure. All growth rates at CER. Acronym definitions can be found in Glossary.

Alexion has delivered sustainable and robust growth since acquisition

Rare Disease Total Revenue growth (%)



Rare Disease patient growth (%)



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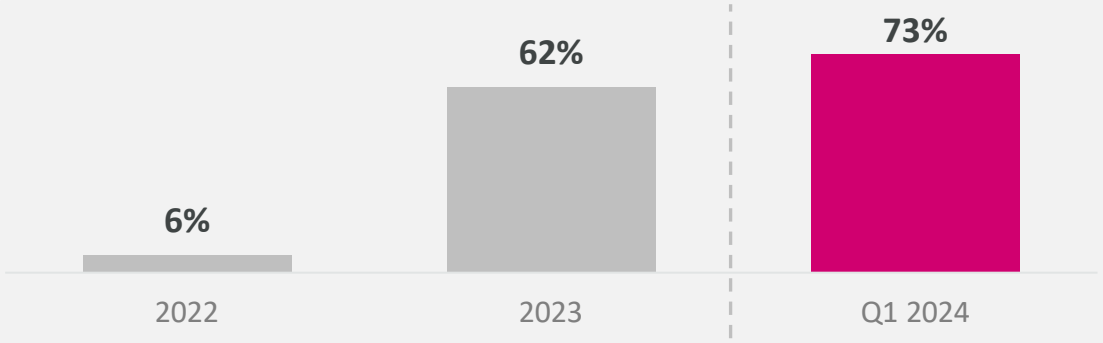
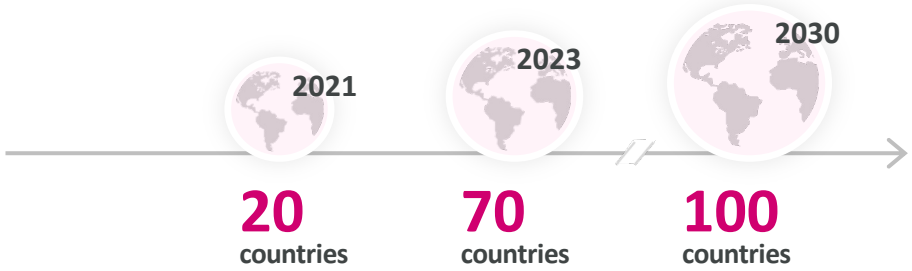
Emerging Markets growth leveraging AstraZeneca global footprint

Emerging Markets Total Revenue growth (%)



Launching in new countries globally



Strategic opportunity in China

Leveraging AstraZeneca's presence to address underserved rare populations in China

National Reimbursement Drug List

SOLIRIS®

PNH | aHUS | gMG

Koselugo

NF1-PN

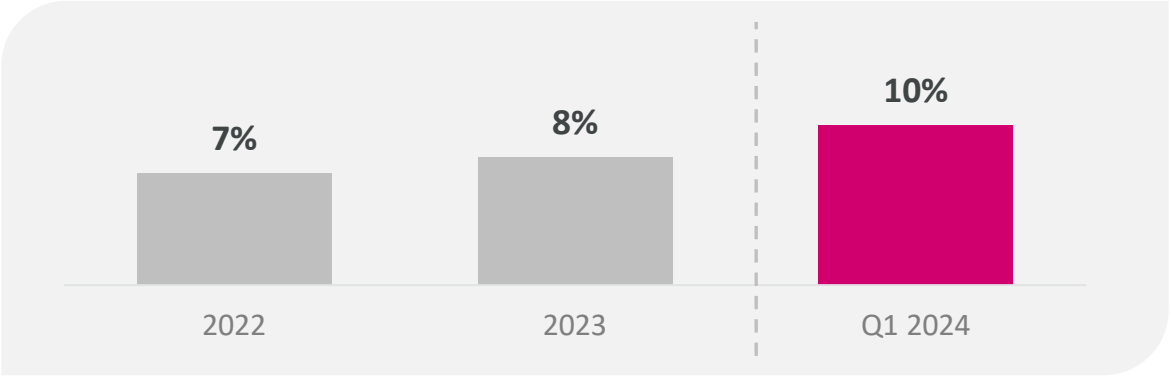
FY 2022 growth rates on medicines acquired with Alexion have been calculated on a pro forma basis comparing to the corresponding period in the prior year. In FY 2022 Total Revenue from *Koselugo* is included in Rare Disease (FY 2021: Oncology) and Total Revenue from *Andexxa* is included in BioPharmaceuticals: CVRM (FY 2021: Rare Disease). The growth rate shown has been calculated as though these changes had been implemented in FY 2021. All growth rates at CER. Acronym definitions can be found in Glossary.

Complement

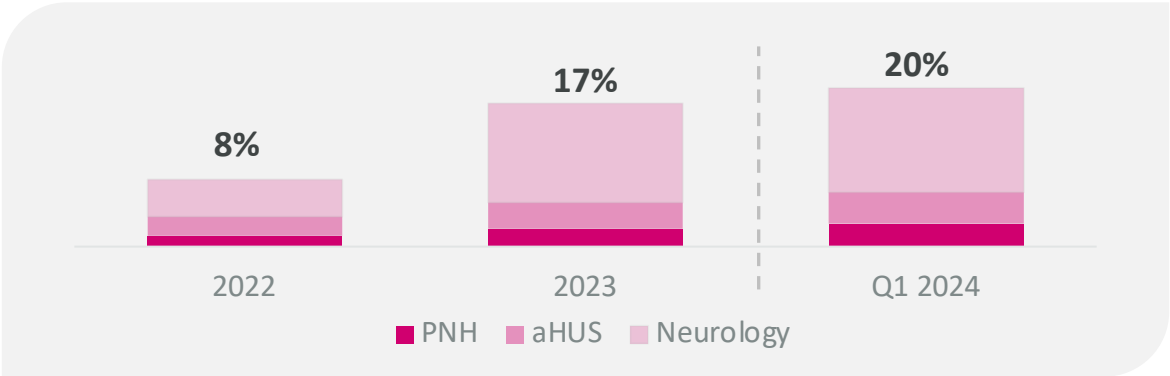
$5bn+*

Sustainable growth of C5 Franchise

C5 Total Revenue growth (%)



C5 patient growth by indication (%)



Rapid conversion from *Soliris* to *Ultomiris*

Superior efficacy with rapid, sustained complement inhibition and steroid sparing data

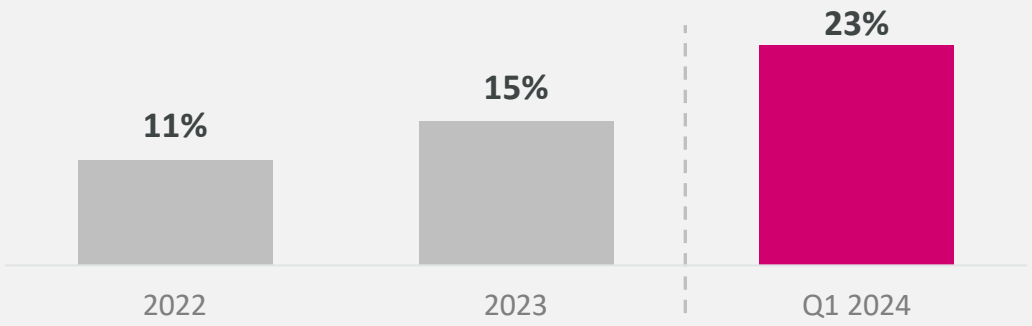
Geographic reach leveraging well-established AstraZeneca network

Indication expansion to maximise complement-mediated and adjacent diseases

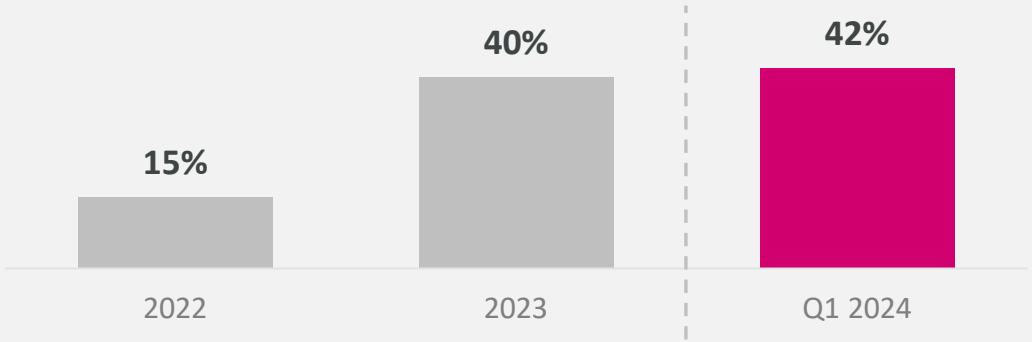
*Peak Year Revenues, non-risk adjusted. FY 2022 growth rates on medicines acquired with Alexion have been calculated on a pro forma basis comparing to the corresponding period in the prior year. Neurology includes gMG and NMOSD. In FY 2022 Total Revenue from *Koselugo* is included in Rare Disease (FY 2021: Oncology) and Total Revenue from *Andexxa* is included in BioPharmaceuticals: CVRM (FY 2021: Rare Disease). The growth rate shown has been calculated as though these changes had been implemented in FY 2021. All growth rates at CER. Acronym definitions can be found in Glossary.

Neurology driving C5 growth in the short- to mid-term

Neurology Total Revenue growth (%)[1]



Neurology patient growth (%)



Sustained long-term improvements
88% of *Ultomiris* patients saw clinically meaningful improvements in activities of daily living to Week 164[2]

Steroid sparing data **>75%** of *Soliris* patients were on low dose steroids after 2 years[3]

Vs competition (FcRN) switch dynamic has consistently favoured *Ultomiris* since Q3 2023[4]

Long-term evidence of superior efficacy in gMG

1. Internal estimated growth rates. 2. Vu et al. AAN 13-18 April 2024 Long term efficacy and safety of ravulizumab, a long-acting terminal complement inhibitor, in adults with AChR Ab+ generalized myasthenia gravis: Final results from the Phase 3 CHAMPION MG open-label extension. 3. Pulley M. et al., AANEM 2023 Annual Meeting, November 1–4, 2023, Phoenix, AZ, USA. 4. Based on raw claims data from Komodo Prism 17 April 2024. Neurology includes gMG and NMOSD. Acronym definitions can be found in Glossary.

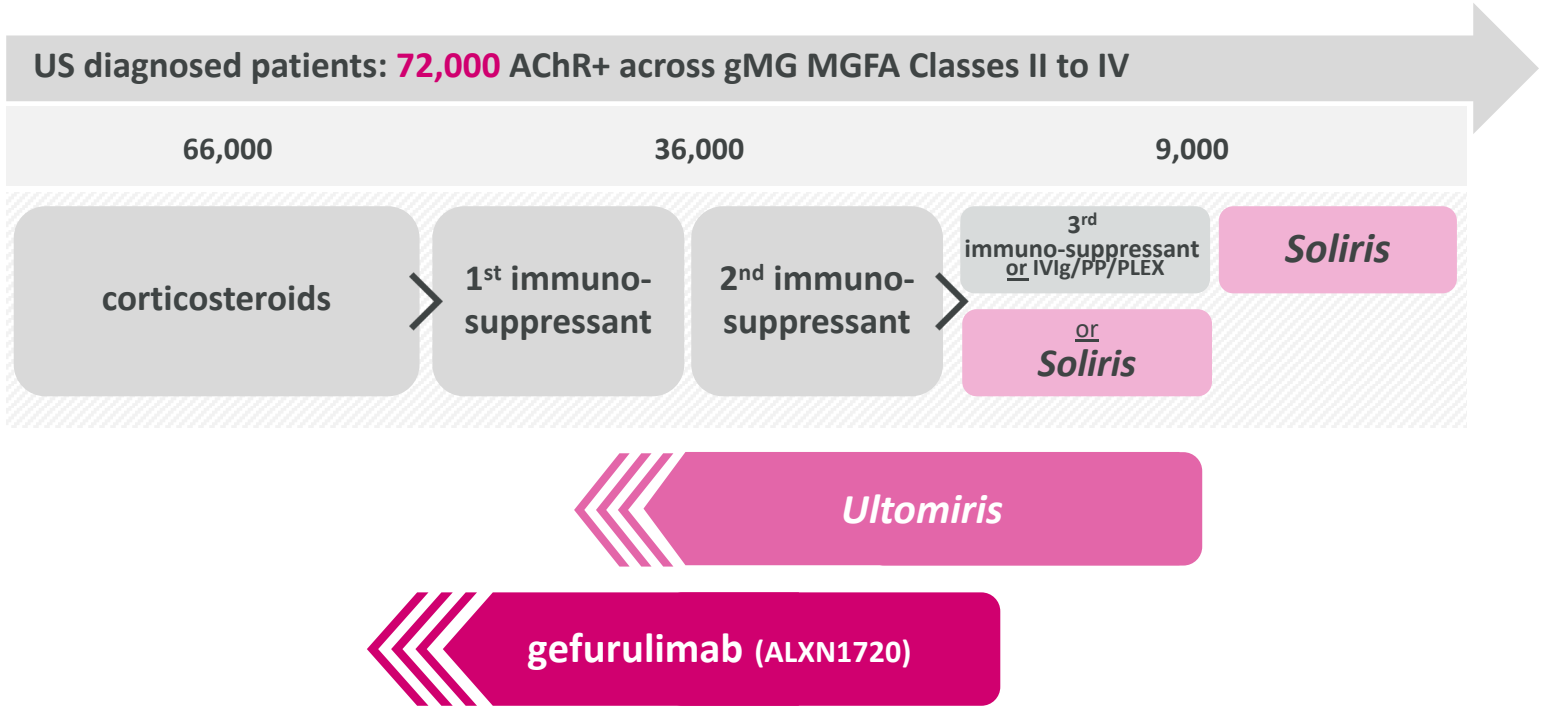
gMG – expanding reach with next-generation gefurulimab

Opportunity to treat earlier and broader patient population[1]

Soliris
Q2W
SoC for more severe, refractory patients

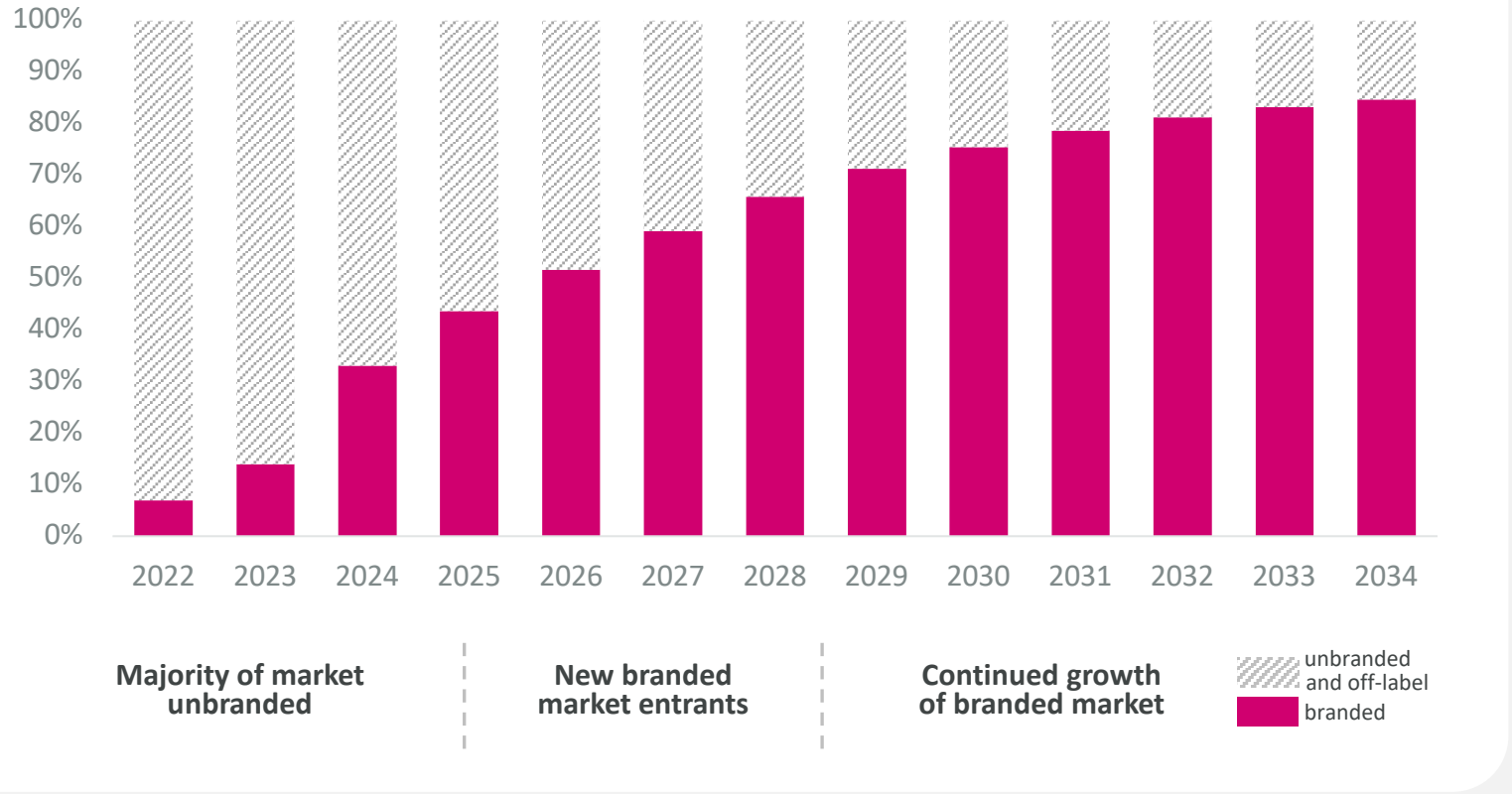
Ultomiris
Q8W
biologic of choice for broader population

gefurulimab (ALXN1720)
QW
potential best-in-class self-administrative s.c. option



Epidemiology refers to diagnosed US AChR+ gMG patients. Acronym definitions can be found in Glossary.

gMG – forecasted market evolution across Top 7 countries



80% of patients to move to branded medicines by 2034[2]

gMG launched in 31 countries with **additional 25 countries** by 2025

We anticipate patients treated with ***Ultomiris***, ***Soliris*** and **gefurulimab** to grow significantly over the next 10 years

1. Top 7 = US, EU4 (Germany, France, Italy, Spain), Japan and Canada; based on market research and internal forecasts. 2. Branded products include non-steroid and non-immunosuppressants. 3. Excluding China, from 2024-2034. Acronym definitions can be found in Glossary.

Ultomiris indication expansion, maximising complement-mediated and adjacent diseases

$5bn+*

Patients diagnosed[1]

Ultra-rare indications

- Paroxysmal nocturnal haemoglobinuria (PNH) — 28k
- Atypical haemolytic uremic syndrome (aHUS) — 9k

Neurology indications

- Generalisted myasthenia gravis (AChR+) (gMG) — 260k
- Neuromyelitis optica spectrum disorder (AQP4+) (NMOSD) — 25k

Renal indications and transplantology

- Haematopoietic stem cell transplantation-associated thrombotic microangiopathy (HSCT-TMA) — 4k
- IgA nephropathy (IgAN) — 400k[2]
- Lupus nephritis (LN) — 200k
- Cardiac surgery-associated acute kidney injury (CSA-AKI) — 82k
- Delayed graft function (DGF) — 35k[3]

Phase III near-term catalysts

TM-313/4 HSCT-TMA	**2025** data readout
ARTEMIS CSA-AKI	**>2025** data readout
ICAN IgAN	**>2025** data readout

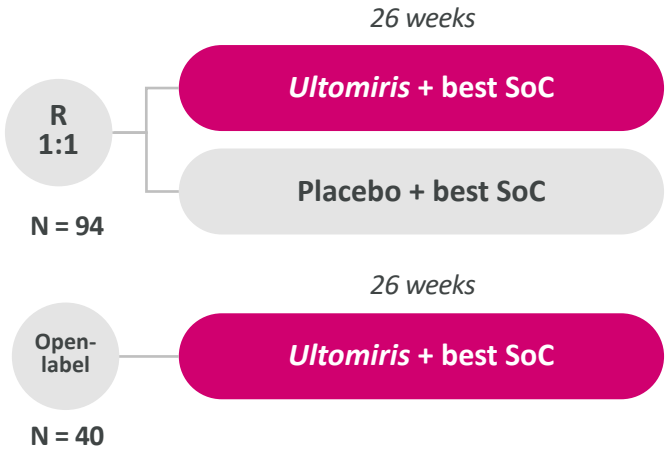
*Peak Year Revenue, non-risk adjusted. 1. Epidemiology reflect data for US, EU5 (Germany, France, UK, Italy, Spain), Japan and China. 2. Diagnosed IgAN patients excluding China. 3. Reflects deceased donor transplant patients. Acronym definitions can be found in Glossary.

HSCT-TMA – potential for *Ultomiris* in rare, life-threatening complication of bone marrow transplant

Phase III trials ongoing

Adult
TM-313

Paediatric
TM-314



Primary endpoints:
complete TMA response

Key secondary endpoints:
haematologic response, overall survival, eGFR

Data anticipated **in 2025**

Factors associated with HSCT induce **dysregulation of the complement system**

Adult and paediatric trials advanced recruitment

Approximately **50k HSCT procedures** per year[1]

1. Epidemiology reflects addressable patients across G8 (US, Germany, France, UK, Italy, Spain, Japan and Canada). Acronym definitions can be found in Glossary.

IgAN – potential to transform course of disease with complement inhibition

IgAN patient progression

120k diagnosed with IgAN in US

Poor IgAN outcomes, few patients avoid kidney failure[1]

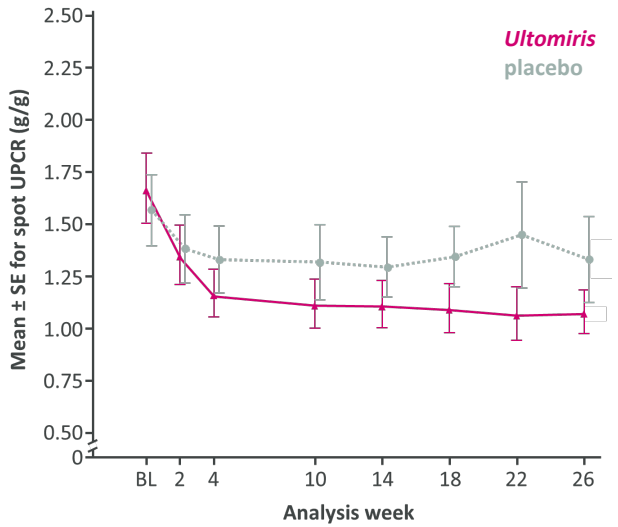
60-80% of high-risk patients experienced kidney failure within 10 years[1]

1. Pitcher, D. et al. Long-term outcomes in IgA nephropathy. Clin. J. Am. Soc. Nephrol. 18(6), 727–738 (2023). Acronym definitions can be found in Glossary.

IgAN – rapid and sustained proteinuria reduction in Phase II supports Phase III trial

Ultomiris Phase II SANCTUARY[1]

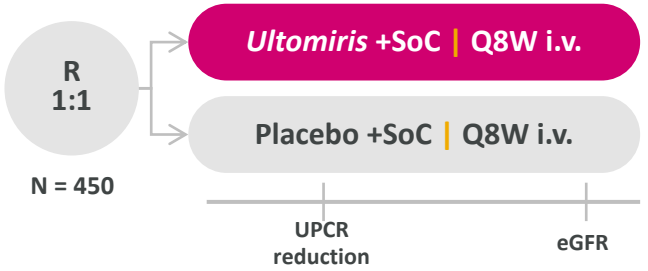
Mean spot UPCR over 26 weeks



- >40% reduction in proteinuria
- Stable eGFR
- *Ultomiris* ICAN Phase III trial initiated

Rapid, complete and sustained complement inhibition at Week 4

Ultomiris Phase III ICAN

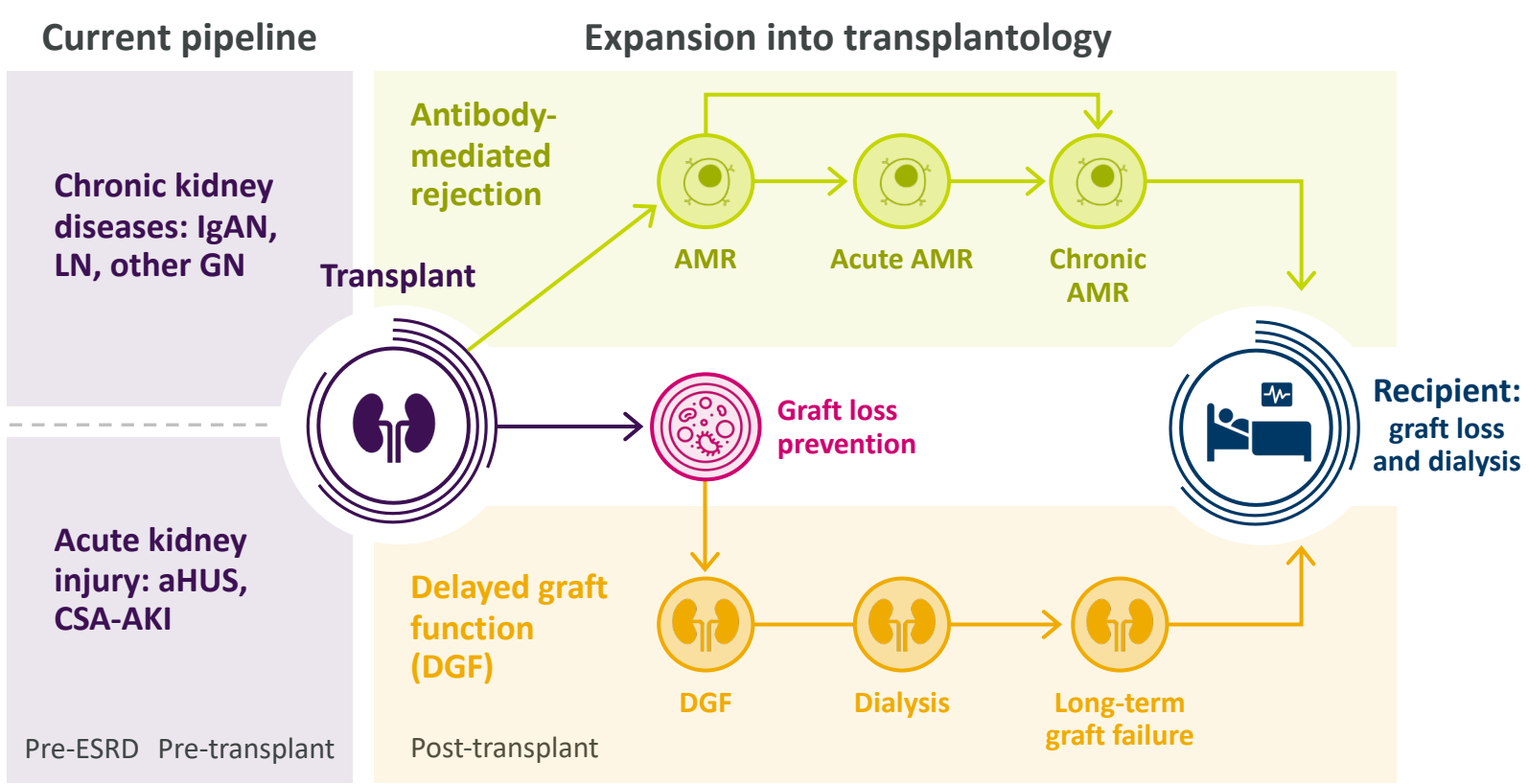


Primary endpoints:

- UPCR change at 34 weeks
- eGFR evaluated at 106 weeks

1. Poster TH-PO1127: Efficacy and safety of ravulizumab in a phase 2 randomized controlled trial in IgA nephropathy. American Society of Nephrology, Kidney Week, November 2023. Acronym definitions can be found in Glossary.

Future plans to improve success rates of kidney transplant



12% incidence of cAMR in adult kidney transplants[1]

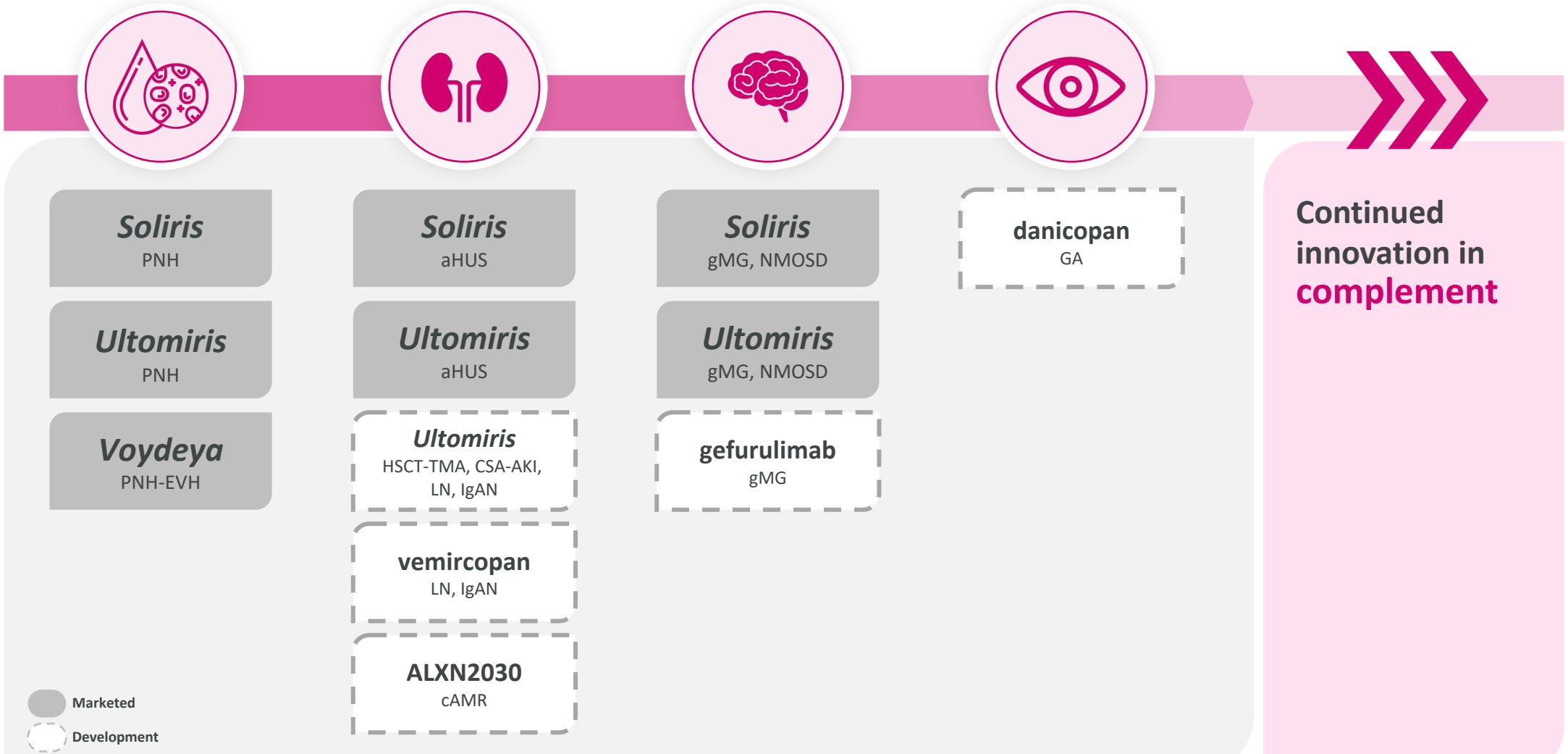
75% of kidney transplant patients diagnosed with cAMR lose their graft within 5 years[2]

350k patients globally waiting for kidney transplant[3]

28% of donated kidneys are discarded by surgeons in the US[4]

1. Carrie A Schinstock et al. Kidney Transplant with Low Levels of DSA or Low Positive B-Flow Crossmatch: An Underappreciated Option for Highly-Sensitized Transplant Candidates Transplantation. 2017 October ; 101(10): 2429–2439.
2. Betjes MGH, Roelen DL, van Agteren M, Kal-van Gestel J. Causes of Kidney Graft Failure in a Cohort of Recipients With a Very Long-Time Follow-Up After Transplantation. Front Med (Lausanne). 2022 Jun 6;9:842419. 3. Newsletter Transplant - European Directorate for the Quality of Medicines & HealthCare (edqm.eu). 4. The Kidney Transplant Waitlist – What You Need to Know | National Kidney Foundation. Acronym definitions can be found in Glossary.

Future innovation planned in complement



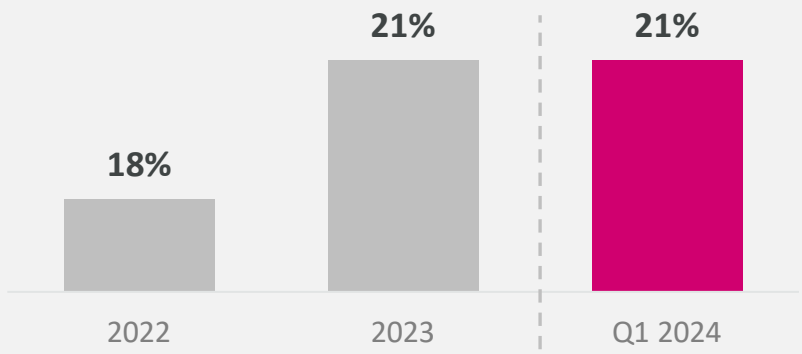
 Acronym definitions can be found in Glossary.

Beyond Complement: bone and endocrine disease

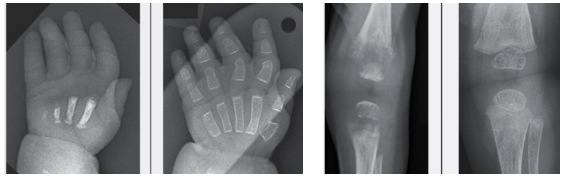
Hypophosphatasia – building on *Strensiq*, efzimfotase alfa drives innovation and expanded access

$3–5bn*

Strensiq Total Revenue growth (%)



Radiographic changes from baseline in ***Strensiq*** patients



efzimfotase alfa (ALXN1850)

Q2W s.c.

Convenient dosing
Q2W vs. 6–12 injections per two weeks with *Strensiq*

Improved manufacturing

6x addressable patient population[1]

Phase III trials ongoing
with data anticipated >2025

- **MULBERRY**
  paediatric naïve
- **CHESTNUT**
  paediatric switch
- **HICKORY**
  adolescent/adult naïve

Patient-centred innovation expands label to all HPP patients

*Peak Year Revenue, non-risk adjusted. FY 2022 growth rates on medicines acquired with Alexion have been calculated on a pro forma basis comparing to the corresponding period in the prior year. The growth rate shown has been calculated as though these changes had been implemented in FY 2021. All growth rates at CER. 1. 11.5K diagnosed patients in top 8 countries (US, EU5 (Germany, France, UK, Italy and Spain), Japan and China). 2. Vs. *Strensiq,* increase in addressable population driven by expanded indication of efzimfotase alfa to include adult patients with HPP, irrespective of clinical manifestation. Acronym definitions can be found in Glossary.

Hypoparathyroidism – Amolyt Pharma acquisition yields potential best-in-class therapy with eneboparatide

$1–3bn*

Clinical priorities

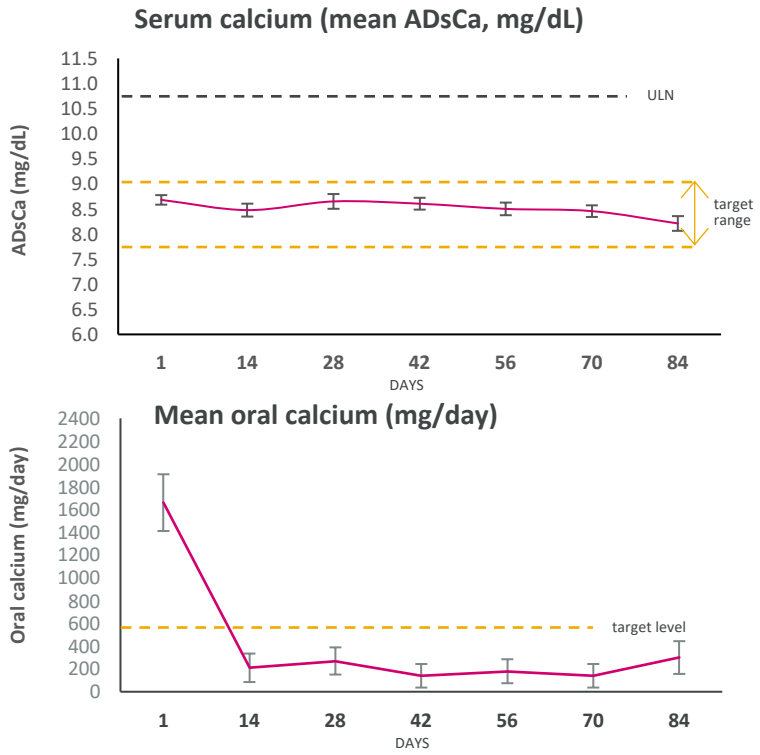
Normalising serum calcium levels preventing muscular cramps and cardiac effects

Decreasing urinary calcium excretion avoids loss of kidney function

Preserving bone mineral density preventing osteoporosis

>250K patients in Top 8 countries[1]
>50% are peri- or post-menopausal women

eneboparatide Phase IIa[2]



Strengthening Alexion presence in rare endocrinology

Expansion from *Strensiq* physician call points

Phase III CALYPSO data anticipated in 2025

*Peak Year Revenue, non-risk adjusted. 1. Top 8: US, EU5 (Germany, France, UK, Italy and Spain), Japan and China. 2. An Open-label Phase 2 Study of eneboparatide, a Novel PTH Receptor 1 Agonist, in Hypoparathyroidism. The Journal of Clinical Endocrinology & Metabolism, dgae121. 06 March 2024. Amolyt acquisition remains subject to customary external clearances; all clinical development plans mentioned herein subject to deal closure. Acronym definitions can be found in Glossary.

Beyond Complement: amyloidosis

Novel anti-fibril depleter mechanisms with potential to restore normal organ function

ALXN2220 | transthyretin (ATTR) amyloidosis

Selectively binds to
ATTR amyloid fibrils

~114k diagnosed
in US and EU5

Phase III
recently initiated

anselamimab | light-chain (AL) amyloidosis

Selectively binds
κ and λ light chain fibrils

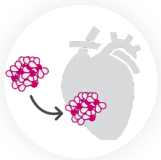
~28k diagnosed
in US and EU5

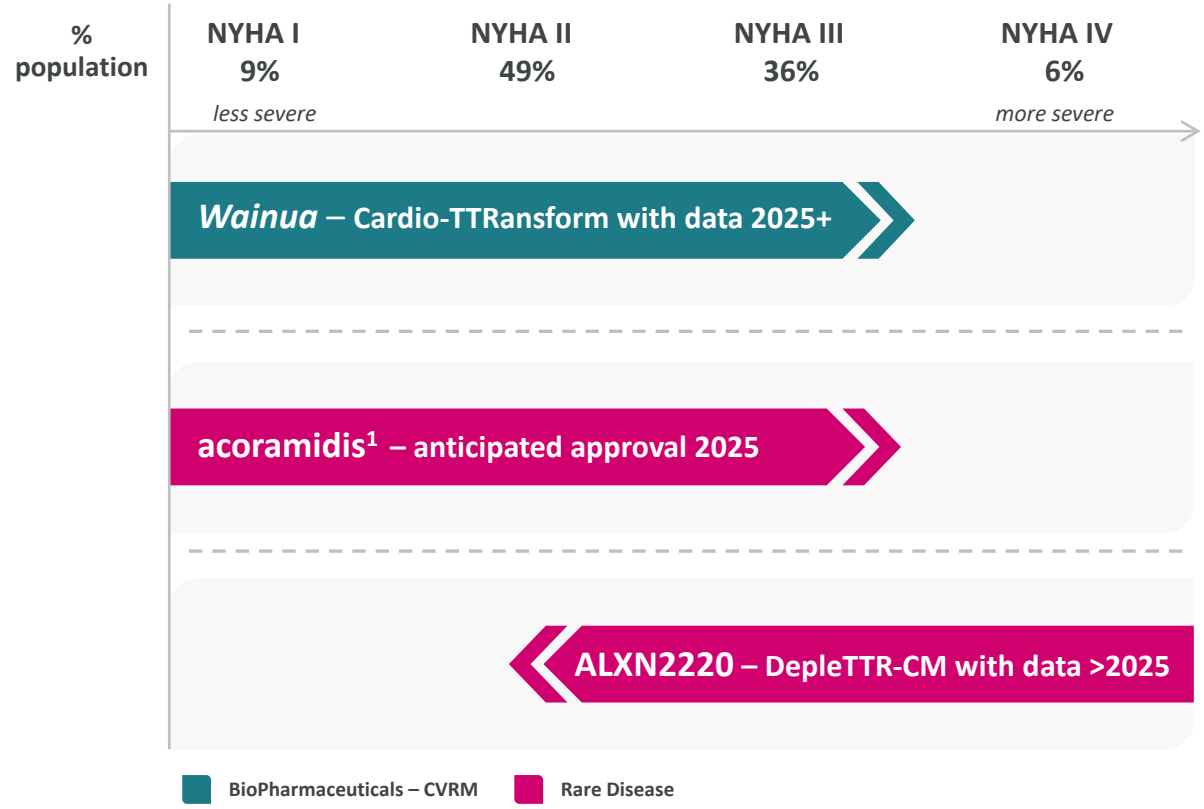
Phase III enrollment complete data in 2025

Acronym definitions can be found in Glossary.

Leveraging CVRM and Rare Disease expertise in ATTR-CM

Complementary mechanisms

	Pathophysiology		Medicine and modality
1	**TTR production** in the liver		**Silencer** ***Wainua*** blocks TTR synthesis
2	**Tetramer formation**		**Stabiliser** **acoramidis**[1] stabilises TTR tetramers
3	**Organ deposition**		**Depleter** **ALXN2220** binds to misfolded TTR, removes toxic fibrils



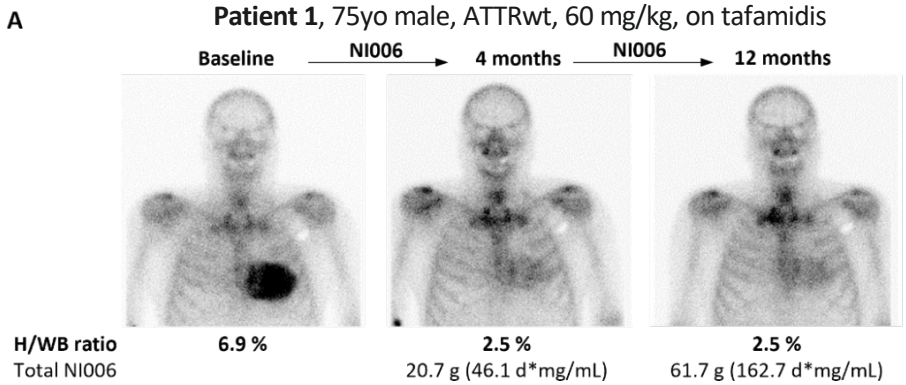
1. Alexion, AstraZeneca Rare Disease has rights to acoramidis in Japan. 2. Percentage of patients across NYHA severity based on Top 8: US, UK, Germany, France, Italy, Spain, Japan and China. Acronym definitions can be found in Glossary.

Amyloidosis (ATTR-CM) – depleter mechanism with the potential to reverse course of disease

$3–5bn*

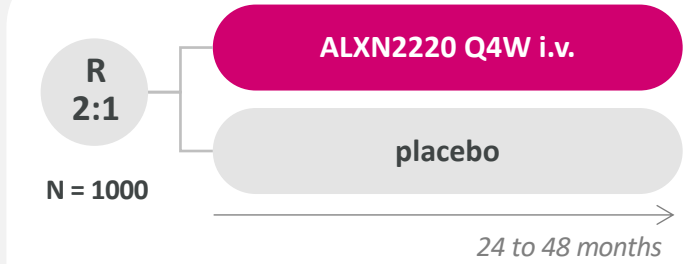
ALXN2220 (NI006) Phase Ib[1]

The NEW ENGLAND JOURNAL of MEDICINE



- Clearance of cardiac amyloid shown at 4 and 12 months
- Improvement in cardiac function (NT-proBNP)
- Potential monthly i.v. dosing

Phase III DepleTTR-CM



Primary endpoints include composite events

- **All-cause mortality**
- **Cardiovascular events**

ALXN2220 selectively binds and removes misfolded amyloid fibrils to potentially improve overall survival

*Peak Year Revenue, non-risk adjusted. 1. Garcia-Pavia et al. NEJM Phase 1 Trial of Antibody ALXN2220 (NI006) for Depletion of Cardiac Transthyretin Amyloid. Representative images from serial bisphosphonate scintigraphy from one patient randomly assigned to receive ALXN2220 (NI006). Acronym definitions can be found in Glossary.

Amyloidosis (AL) – transforming patient outcomes with potential first-in-class depleter

$1–3bn*

Cause
progressive accumulation of amyloid fibrils in tissues and organs including **kidneys and heart**

Result
organ dysfunction and eventual death

~9 months
median overall survival for newly diagnosed Stage IIIb patients[1]

anselamimab addressing key clinical outcomes

Novel depleter mechanism to eliminate deposited fibrils to improve

- OS — Overall survival
- Cardiac function
- Renal function

Two trials ongoing in Mayo Stage IIIa and IIIb

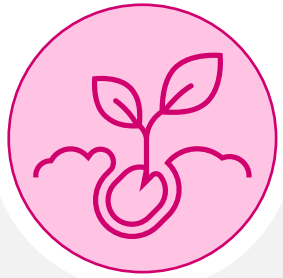
Primary endpoints

- Time to all-cause mortality
- Number of cardiovascular hospitalisations

*Peak Year Revenue, non-risk adjusted. 1. Gustine, Staron, Mendelson et. al. "Predictors of treatment response and survival outcomes in patients with advanced cardiac AL amyloidosis." October 2023.
Acronym definitions can be found in Glossary.

Pipeline and new modalities

Genomic medicines – unlocking transformative and potentially curative therapies for rare diseases



Today

building capabilities through strategic investments

80%
of rare diseases are genetic[1]

LogicBio THERAPEUTICS
Pfizer
JCR Pharmaceuticals
cellectis

Tomorrow

engineering portfolio with curative potential

Advancing up to 2 INDs per year to 2030

Future

addressing diseases in areas of high unmet need

Revenue-generating potential by 2030

1. NIH: National Center for Advancing Translational Sciences. "Delivering Hope for Rare Diseases." Accessed April 2024. Acronym definitions can be found in Glossary.

Several major assets with blockbuster potential support our growth ambition

Growth drivers to 2030 and beyond

Peak Year Revenue potential

$1–3bn	$3–5bn	$5bn+
anselamimab AL amyloidosis	**efzimfotase alfa** hypophosphatasia	ULTOMIRIS®
eneboparatide[1] hypoparathyroidism	**ALXN2220** ATTR-CM	
gefurulimab generalised myasthenia gravis		

2024

- **acoramidis**[2] ATTR-CM ✓
- ***Koselugo*** **KOMET** NF1-PN (adult)

2025

- ***Ultomiris*** **TM-313/4** HSCT-TMA
- **eneboparatide**[1] **CALYPSO** hypoparathyroidism
- **anselamimab 301/2** AL amyloidosis

Five Phase III readouts in 2024 and 2025

1. Amolyt acquisition remains subject to customary external clearances; all clinical development plans mentioned herein subject to deal closure. 2. Alexion, AstraZeneca Rare Disease has rights to acoramidis in Japan. Peak Year Revenues could occur beyond 2030. Acronym definitions can be found in Glossary.

Q&A session

Marc Dunoyer
CHIEF EXECUTIVE OFFICER,
ALEXION

Gianluca Pirozzi
SVP, HEAD OF DEVELOPMENT,
REGULATORY & SAFETY

Nicola Heffron
SVP, HEAD OF GLOBAL
MARKETING & MARKET ACCESS

Seng Cheng
SVP, HEAD OF RESEARCH
& PRODUCT DEVELOPMENT

Appendix

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