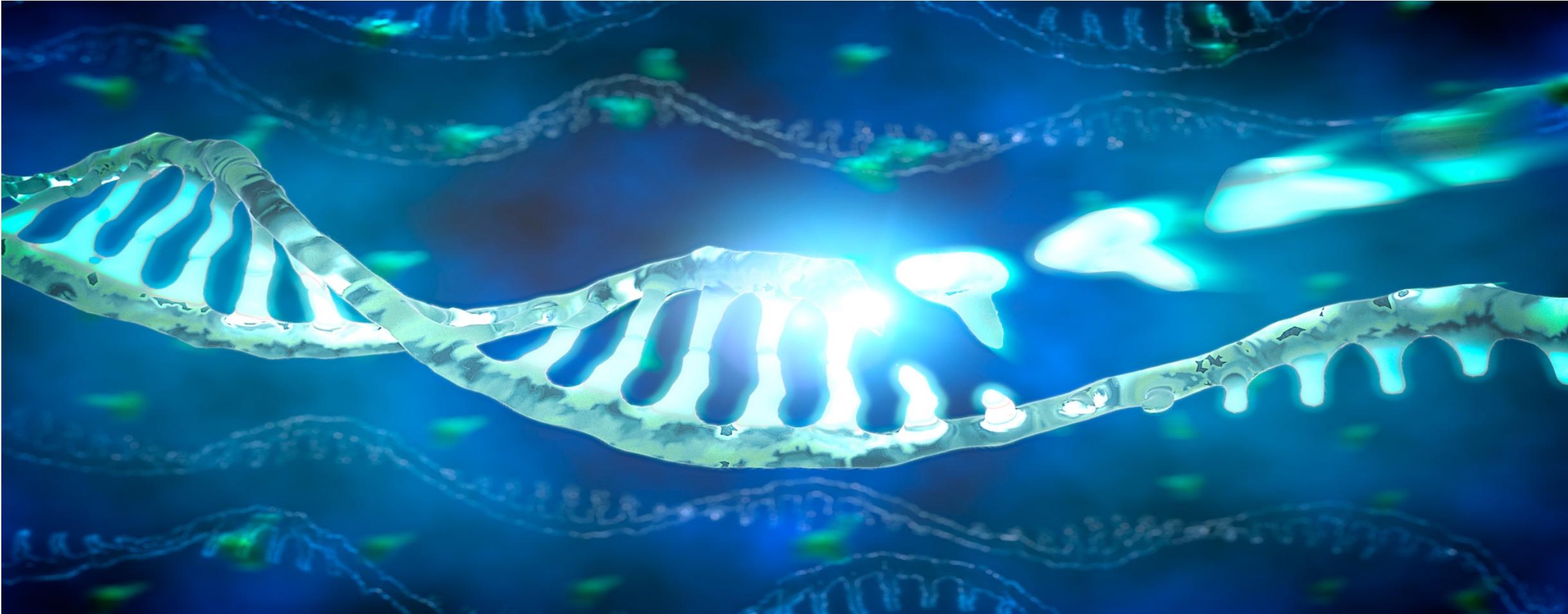


# Clinical trials appendix FY 2019 results update

AstraZeneca   
What science can do



# Movement since Q3 2019 update

New to Phase I	New to Phase II	New to Pivotal Study	New to Registration
<b>NME</b> <b>AZD0466</b> BCL2/xL haematological and solid tumours	<b>NME</b> <b>AZD9833</b> selective oestrogen receptor degrader oestrogen receptor +ve breast cancer	<b>Lifecycle Management</b> <b>Fasenra MANDARA</b> IL5R mAb eosinophilic granulomatosis with polyangiitis	<b>NME</b> <b>selumetinib#1 SPRINT 1</b> MEK inhibitor paediatric neurofibromatosis type-1
<b>AZD2693</b> NASH resolution nonalcoholic steatohepatitis	<b>cotadutide</b> GLP-1 / glucagon dual agonist nonalcoholic steatohepatitis		<b>Additional indication</b> <b>Imfinzi# +/- tremelimumab + SoC CASPIAN 1</b> PD-L1 mAb +/- CTLA-4 mAb + SoC 1st-line ES-SCLC
<b>AZD4041#</b> orexin 1 receptor antagonist opioid use disorder	<b>MEDI3506</b> IL33 mAb diabetic kidney disease		<b>Lifecycle Management</b> <b>Farxiga<sup>3</sup> DAPA-HF<sup>1</sup></b> SGLT2 inhibitor worsening HF or CV death in patients with chronic HF (HFrEF)
<b>MEDI0618</b> PAR2 antagonist mAb osteoarthritis pain	<b>MEDI5752</b> PD-1/CTLA-4 bispecific mAb solid tumours		<b>Lynparza<sup>#</sup> PROFOUND<sup>1</sup></b> PARP inhibitor prostate cancer
<b>MEDI5395</b> rNDV GMCSF solid tumours	<b>Additional indication</b> <b>MEDI3506</b> IL33 mAb atopic dermatitis		<b>Symbicort SYGMA<sup>1</sup></b> ICS/LABA as-needed use in mild asthma
Removed from Phase I	Removed from Phase II	Removed from Phase III	Removed from Registration
<b>NME</b> <b>MEDI7247</b> ASCT2 antibody drug conjugate haematological malignancies and solid tumours		<b>NME</b> <b>Epanova STRENGTH</b> omega 3 carboxylic acids CV outcomes trial in statin treated patients at high CV risk, with persistent hypertriglyceridaemia plus low HDL cholesterol	<b>NME</b> <b>Enhertu (trastuzumab deruxtecan)<sup>#1</sup> DESTINY-Breast01<sup>2</sup></b> HER2 targeting antibody drug conjugate HER2-Positive, Unresectable and/or Metastatic Breast Cancer Subjects Previously Treated With T-DM1
<b>oleclumab+AZD4635#</b> CD73 mAb + A2aR inhibitor EGFRm NSCLC			<b>Lifecycle Management</b> <b>Calquence<sup>#</sup> ASCEND<sup>2</sup></b> BTK inhibitor relapsed/refractory chronic lymphocytic leukaemia
			<b>Calquence<sup>#</sup> ELEVATE-TN<sup>2</sup></b> BTK inhibitor 1st-line chronic lymphocytic leukaemia
			<b>Lynparza<sup>#</sup> POLO<sup>2</sup></b> PARP inhibitor pancreatic cancer



# Q4 2019 New Molecular Entity (NME)<sup>1</sup> pipeline

## Phase I

18 New Molecular Entities

AZD0466 BCL2/XL haematological and solid tumours	<i>Imfinzi</i> #+tremelimumab PD-L1+CTLA-4 solid tumours
AZD1390 glioblastoma	<i>Imfinzi</i> #+tremelimumab+chemo PD-L1+CTLA-4 1L PDAC oesophageal SCLC
AZD4573 CDK9 haematological malignancies	<i>Imfinzi</i> +selumetinib# PD-L1+MEK solid tumours
AZD5153 BRD4 solid tumours, haematological malignancies	MEDI1191 IL-12 mRNA solid tumours
AZD5991 MCL1 haematological malignancies	MEDI2228 BCMA ADC multiple myeloma
AZD9496 SERD ER+ breast	MEDI5083 CD40 ligand fusion protein solid tumours
<i>Calquence</i> +ceralasertib (AZD6738) BTK+ATR haematological tumours	MEDI5395 rNDV GMCSF solid tumours
<i>Calquence</i> +danavatirsen BTK+STAT3 haematological malignancies	oleclumab+Tagrisso CD73+EGFR EGFRm NSCLC
<i>Imfinzi</i> #+adavosertib# PD-L1+Wee1 solid tumours	
<i>Imfinzi</i> #+RT (platform) CLOVER PD-L1+RT HNSCC NSCLC SCLC	

## Phase II

27 New Molecular Entities

adavosertib# Wee1 ovarian cancer, solid tumours	<i>Imfinzi</i> #+monalizumab# PD-L1+NKG2a solid tumours
AZD2811 Aurora solid tumours, haematological malignancies	<i>Imfinzi</i> #+oleclumab PD-L1+CD73 solid tumours
AZD4635 A2aR inhibitor prostate cancer	<i>Imfinzi</i> #+tremelimumab PD-L1+CTLA-4 gastric cancer
AZD9833 SERD ER+ breast	<i>Imfinzi</i> #+tremelimumab PD-L1+CTLA-4 biliary tract oesophageal
capivasertib# AKT breast	<i>Imfinzi</i> +Lynparza# BAYOU PD-L1+PARP bladder
capivasertib# AKT prostate	Lynparza#+adavosertib# PARP+Wee1 solid tumours
<i>Enhertu</i> # ADC colorectal cancer	Lynparza#+AZD6738 VIOLETTE PARP+ATR breast
<i>Enhertu</i> # ADC NSCLC	Lynparza#+ <i>Imfinzi</i> MEDIOLA PARP+PD-L1 ovarian breast gastric SCLC
<i>Imfinzi</i> # (platform) COAST PD-L1+multiple novel ONC therapies NSCLC	MEDI5752 PD-1/CTLA-4 solid tumours
<i>Imfinzi</i> # (platform) NeoCOAST PD-L1++multiple novel ONC therapies NSCLC	oleclumab+AZD4635 CD73+A2aR prostate cancer
<i>Imfinzi</i> #+AZD4635 PD-L1+A2aR prostate cancer	oleclumab+chemo or <i>Imfinzi</i> #+oleclumab+chemo CD73+chemo or PD-L1+CD73+chemo pancreatic
<i>Imfinzi</i> #+AZD5069 or <i>Imfinzi</i> # + danavatirsen# PD-L1+(CXCR2 or STAT3) HNSCC bladder NSCLC	Tagrisso combo# TATTON EGFR+PD-L1/MEK/MET NSCLC
<i>Imfinzi</i> #+Lynparza# ORION PD-L1+PARP 1L mNSCLC	Tagrisso+savolitinib# SAVANNAH EGFR+MET advanced EGFRm NSCLC
<i>Imfinzi</i> #+MEDI0457# PD-L1+DNA HPV vaccine HNSCC	

## Phase III

12 New Molecular Entities

capivasertib+chemotherapy CAPitello-290 AKT+chemotherapy mTNBC 1L
<i>Enhertu</i> # DESTINY-Breast 02 ADC breast
<i>Enhertu</i> # DESTINY-Breast 03 ADC breast
<i>Enhertu</i> # DESTINY-Breast 04 ADC breast
<i>Enhertu</i> # DESTINY-Gastric01 ADC gastric
<i>Imfinzi</i> #+-tremelimumab+chemo POSEIDON PD-L1+/-CTLA-4+SoC 1L NSCLC
<i>Imfinzi</i> #+-tremelimumab+CRT ADRIATIC PD-L1+/-CTLA-4+CRT LS-SCLC
<i>Imfinzi</i> #+tremelimumab DANUBE PD-L1+CTLA-4 1L bladder
<i>Imfinzi</i> #+tremelimumab HIMALAYA PD-L1+CTLA-4 1L HCC
<i>Imfinzi</i> #+tremelimumab KESTREL PD-L1+CTLA-4 1L HNSCC
<i>Imfinzi</i> #+tremelimumab+SoC NILE PD-L1+CTLA-4+SoC 1L urothelial cancer
Lynparza#+ <i>Imfinzi</i> #+bevacizumab DUO-O PARP+PD-L1+VEGF 1L ovarian

## Under Review

2 New Molecular Entities

<i>Imfinzi</i> #+/-tremelimumab+SoC CASPIAN PD-L1+/-CTLA-4+SoC 1L ES-SCLC
selumetinib# SPRINT MEK paediatric neurofibromatosis type-1

<sup>1</sup> includes novel combinations and additional indications for assets where the lead is not yet launched

# Partnered and/or in collaboration; <sup>†</sup> Registrational Phase II/III study



# Q4 2019 New Molecular Entity (NME)<sup>1</sup> pipeline

## Phase I

16 New Molecular Entities

AZD0284 ROR $\gamma$ psoriasis / respiratory	AZD8233 hypercholesterolemia cardiovascular
AZD4041# orexin 1 receptor antagonist opioid use disorder	AZD9977 MCR cardiovascular
AZD0449 Inhaled JAK inhibitor asthma	MEDI0618 PAR2 antagonist mAb osteoarthritis pain
AZD1402# inhaled IL4Ra asthma	MEDI1341# alpha synuclein parkinson's disease
AZD2693 nonalcoholic steatohepatitis	MEDI1814# amyloid $\beta$ alzheimer's disease
AZD5634 inhaled ENaC cystic fibrosis	MEDI5117# China IL6 YTE rheumatoid arthritis
AZD6615 hypercholesterolemia CV disease	MEDI6570 LOX-1 CV disease
AZD8154 Inhaled PI3Kgd asthma	MEDI7219 anti-diabetic type-2 diabetes

## Phase II

22 New Molecular Entities

abediterol# LABA asthma / COPD	MEDI3506 Diabetic kidney disease
anifrolumab# Type I IFN receptor SLE SC	MEDI3506 IL33 AD / COPD
anifrolumab# Type I IFN receptor lupus nephritis	MEDI3902 Psl/PcrV Pseudomonas pneumonia
AZD4831 MPO HFpEF	MEDI5884# cholesterol modulation cardiovascular
AZD5718 FLAP coronary artery disease	MEDI6012 LCAT cardiovascular
AZD7594 Inhaled SGRM asthma / COPD	MEDI7352 NGF/TNF OA pain / painful diabetic neuropathy
AZD7986# DPP1 COPD	roxadustat# HIF-PH inhibitor chemo induced anaemia
AZD8601# VEGF-A cardiovascular	survatorumab $\alpha$ -Toxin Staphylococcus pneumonia
AZD8871# MABA COPD	tezepelumab# TSLP atopic dermatitis
AZD9567 SGRM RA / respiratory	tezepelumab# TSLP COPD
cotadutide GLP-1/glucagon type-2 diabetes / obesity / NASH	verinurad URAT-1 chronic kidney disease

## Phase III

5 New Molecular Entities

anifrolumab# TULIP Type I IFN receptor SLE
nirsevimab (MEDI8897)# RSV mAb-YTE passive RSV immunisation
PT027 ICS/SABA asthma
roxadustat# HIF-PH anaemia MDS
tezepelumab# NAVIGATOR SOURCE TSLP severe uncontrolled asthma

## Under Review

0 New Molecular Entities



# Q4 2019 Lifecycle Management (LCM)<sup>1</sup> pipeline

Phase I	Phase II	Phase III	Under Review
1 Project	6 Projects	20 Projects	1 Project
<i>Imfinzi</i> #+azacitidine# PD-L1+azacitidine MDS	<i>Imfinzi</i> # PD-L1 solid tumours	<i>Calquence</i> # BTK inhibitor 1st line MCL	<i>Imfinzi</i> #+CTx NIAGARA PD-L1+CTx muscle invasive bladder cancer
	<i>Imfinzi</i> # (platform) BEGONIA PD-L1 1L mTNBC	<i>Calquence</i> # BTK inhibitor r/r CLL, high risk	<i>Imfinzi</i> #+CTx TOPAZ-1 PD-L1+CTx 1L biliary tract cancer
	<i>Imfinzi</i> # (platform) MAGELLAN PD-L1 1L mNSCLC	<i>Calquence</i> # + venetoclax + obinutuzumab BTK+BCL-2+anti-CD20 1st line CLL	<i>Imfinzi</i> #+VEGF EMERALD-2 PD-L1+VEGF adjuvant HCC
	<i>Imfinzi</i> +FOLFOX+bevacizumab (platform) COLUMBIA1 PD-L1+chemo+VEGF+multiple novel ONC therapies 1L MSS-CRC	<i>Imfinzi</i> # CALLA PD-L1 adj. locally advanced cervical cancer	<i>Imfinzi</i> #+VEGF+TACE EMERALD-1 PD-L1+VEGF+TACE locoregional HCC
	<i>Lynparza</i> # (basket) MK-7339-002 / LYNK002 PARP HRm cancer	<i>Imfinzi</i> # PEARL PD-L1 1L metastatic NSCLC	<i>Lynparza</i> # OlympiA PARP gBRCA adjuvant breast
	<i>Lynparza</i> #+cediranib CONCERTO PARP+VEGF recurrent Pt-R ovarian	<i>Imfinzi</i> # post-SBRT PACIFIC-4 PD-L1 post-SBRT stage I/II NSCLC	<i>Lynparza</i> # SOLO-3 PARP BRCAm PSR ovarian
		<i>Imfinzi</i> # POTOMAC PD-L1 non muscle invasive bladder cancer	<i>Lynparza</i> +abiraterone# PROpel PARP+NHA prostate cancer
		<i>Imfinzi</i> #+CRT PACIFIC-2 PD-L1+CRT NSCLC	<i>Tagrisso</i> ADAURA EGFR adj. EGFRm NSCLC
		<i>Imfinzi</i> #+CRT PACIFIC-5 (China) PD-L1+CRT locally-advanced stage III NSCLC	<i>Tagrisso</i> LAURA EGFRm locally advanced unresectable NSCLC
		<i>Imfinzi</i> #+CTx neoadjuvant AEGEAN PD-L1+CTx locally-advanced stage I-III NSCLC	<i>Tagrisso</i> +chemo FLAURA2 EGFR+chemo 1L adv EGFRm NSCLC

<sup>1</sup> Includes significant LCM projects and parallel indications for assets beyond Phase III  
 # Partnered and/or in collaboration; <sup>†</sup> Registrational Phase II/III study



# Q4 2019 Lifecycle Management (LCM)<sup>1</sup> pipeline

Phase I	Phase II	Phase III	Under Review
0 Projects	1 Project	9 Projects	4 Projects
	<i>Breztri</i> LABA/LAMA/ICS asthma	<i>Brilinta/Briliique HESTIA</i> P2Y12 paediatric w/ sickle cell	<i>Brilinta/Briliique THEMIS</i> P2Y12 diabetes & CAD outcomes
		<i>Brilinta/Briliique THALES</i> P2Y12 stroke	<i>Farxiga/Forxiga DAPA-HF</i> SGLT2 HFrEF
		<i>Farxiga/Forxiga Dapa-CKD</i> SGLT2 CKD	<i>Nexium</i> (CN only) stress ulcer prophylaxis
		<i>Farxiga/Forxiga DELIVER</i> SGLT2 HFpEF	<i>Symbicort SYGMA</i> as needed in mild asthma
		<i>Farxiga/Forxiga DETERMINE-</i> Preserved	
		<i>Farxiga/Forxiga DETERMINE-</i> Reduced	
		<i>Fasenra MANDARA</i> IL5R EGPA	
		<i>Fasenra# OSTRO, ORCHID</i> IL5R nasal polypsis	
		<i>Fasenra# RESOLUTE</i> IL5R COPD	



# Estimated key regulatory submission acceptances

NME

LCM

		PT027 asthma			
		tezepelumab asthma NAVIGATOR			
<i>Enhertu</i> gastric cancer (Japan)		<i>Enhertu</i> DESTINY-Breast02		<i>Fasenra</i> severe asthma (China)	
<i>Imfinzi</i> + tremelimumab bladder DANUBE		<i>Imfinzi</i> + tremelimumab HCC HIMALAYA		<i>capivasertib</i> + CTx 1L mTNBC CAPItello-290	<i>Imfinzi</i> + tremelimumab + CRT LDS-SCLC ADRIATIC
<i>Imfinzi</i> + tremelimumab HNSCC KESTREL		<i>Imfinzi</i> +/- tremelimumab NSCLC POSEIDON		<i>Enhertu</i> DESTINY-Breast03	<i>Imfinzi</i> + tremelimumab+ SoC urothelial NILE
selumetinib NF1 SPRINT (EU)		<i>Lynparza</i> + cediranib ovarian GY004		<i>Enhertu</i> DESTINY-Breast04	<i>Lynparza</i> + <i>Imfinzi</i> + bevacizumab ovarian DUO-O
<b>H1 2020</b>		<b>2021</b>		<b>2021+</b>	
<i>Brilinta</i> stroke THALES		<i>Brilinta</i> paediatric sickle cell HESTIA		<i>Calquence</i> 1L MCL ECHO	
<i>Symbicort</i> mild asthma (EU) SYGMA		<i>Fasenra</i> nasal polyposis OSTRO		<i>Calquence</i> r/r CLL, high risk ELEVATE-RR	
		<i>Farxiga</i> CKD DAPA-CKD		<i>Calquence</i> +venetoclax+obinutuzumab 1L CLL	
		<i>Farxiga</i> HFpEF / HFpEF DETERMINE		<i>Imfinzi</i> cervical CALLA	
		<i>Imfinzi</i> adjuvant NSCLC BR.31		<i>Imfinzi</i> + CTx biliary tract TOPAZ-1	
		<i>Imfinzi</i> neoadjuvant NSCLC AEGEAN		<i>Imfinzi</i> non muscle invasive bladder POTOMAC	
		<i>Imfinzi</i> NSCLC PEARL		<i>Imfinzi</i> + chemo muscle invasive bladder NIAGARA	
		<i>Imfinzi</i> + CRT NSCLC PACIFIC-2		<i>Imfinzi</i> post-SBRT NSCLC PACIFIC-4	
		<i>Imfinzi</i> + VEGF + TACE locoregional HCC EMERALD-1		<i>Imfinzi</i> + CRT NSCLC PACIFIC-5 (China)	
		<i>Lynparza</i> breast OLYMPIA		<i>Imfinzi</i> + VEGF adjuvant HCC EMERALD-2	
		<i>Lynparza</i> + abiraterone prostate PROPEL		<i>Fasenra</i> EGPA MANDARA	



# Designations

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Accelerated approvals

<i>Lynparza</i> ovarian cancer SOLO-2 (US)
<i>Tagrisso</i> EGFRm T790M NSCLC (US)
<i>Imfinzi</i> bladder cancer (US)
<i>Calquence</i> MCL (US)

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Breakthrough / PRIME<sup>1</sup> / SAKIGAKE<sup>2</sup>

<i>Tagrisso</i> EGFRm T790M NSCLC (US)
<i>Lynparza</i> prostate cancer PROFOUND (US)
<i>Imfinzi</i> bladder cancer 1L (US)
<i>Calquence</i> MCL (US)
<i>Imfinzi</i> stage III NSCLC 1L PACIFIC (US)
<i>Tagrisso</i> NSCLC 1L FLAURA (US)
tezepelumab asthma (US)
nirsevimab (MEDI8897) RSV mAB (US)
nirsevimab (MEDI8897) RSV mAB (EU) <sup>1</sup>
selumetinib NFI type 1 SPRINT (US)
<i>Enhertu</i> DESINTY-BREAST01 (US)
<i>Calquence</i> CLL (US)
<i>Enhertu</i> gastric cancer (JP) <sup>2</sup>

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Fast Track

MEDI3902 Psl-PcrV pneumo Px (US)
savratoxumab Staph HAP (US)
<i>Imfinzi</i> NSCLC (US)
nirsevimab (MEDI8897) RSV mAB (US)
<i>Imfinzi</i> HNSCC HAWK (US)
anifrolumab SLE (US)
<i>Lynparza</i> ovarian cancer SOLO-2 (US)
<i>Tagrisso</i> EGFRm T790M NSCLC (CN)
<i>Farxiga</i> HFREF (US)
<i>Farxiga</i> chronic kidney disease (US)
cotadutide non-alcoholic steatohepatitis (US)

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Priority Review / RTOR<sup>3</sup>

<i>Tagrisso</i> EGFRm T790M NSCLC (JP)
<i>Tagrisso</i> EGFRm T790M NSCLC (US)
<i>Imfinzi</i> bladder cancer 2L (US)
<i>Tagrisso</i> NSCLC AURA3 (US)
<i>Calquence</i> MCL (US)
<i>Lynparza</i> breast cancer OLYMPIAD (US)
roxadustat CKD (CN)
<i>Tagrisso</i> NSCLC FLAURA (US)
<i>Imfinzi</i> stage III NSCLC PACIFIC (EU)
<i>Imfinzi</i> stage III NSCLC PACIFIC (JP)
<i>Lynparza</i> tablet (US)
<i>Lynparza</i> tablet (CN)
<i>Lynparza</i> breast cancer OLYMPIAD (JP)
<i>Tagrisso</i> NSCLC 1L FLAURA (JP)
<i>Lumoxiti</i> HCL PLAIT (US)
<i>Lynparza</i> ovarian SOLO-1 (US)
<i>Lynparza</i> ovarian SOLO-1 (CN)
Breztri Aerosphere (PT010) COPD (CN)
<i>Tagrisso</i> NSCLC 1L FLAURA (CN)
Breztri Aerosphere (PT010) (CN)
<i>Lokelma</i> hyperkalaemia (CN)
<i>Lynparza</i> pancreatic 1L (US)
<i>Enhertu</i> DESINTY-BREAST01 (US)
<i>Farxiga</i> HF (DAPA-HF) (US)
<i>Imfinzi</i> +/-treme+SOC SCLC 1L (CASPIAN) (US)
<i>Lynparza</i> prostate (PROfound) (US)
<i>Lynparza</i> +Avastin ovarian 1L (PAOLA-1) (US)
selumetinib NFI type 1 SPRINT (US)
<i>Calquence</i> CLL (ELEVANTE-TN, ASCEND) <sup>3</sup>

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Orphan Drug

<i>Lynparza</i> ovarian cancer SOLO-2 (US)
<i>Lumoxiti</i> HCL PLAIT (US)
<i>Lumoxiti</i> HCL PLAIT (EU)
<i>Crestor</i> paediatric (US)
cediranib VEGFR tki (US)
<i>Iressa</i> EGFRm NSCLC (US)
<i>Tagrisso</i> EGFRm T790M NSCLC (US)
AZD3241 MPO (EU)
<i>Calquence</i> CLL 1L (US)
<i>Calquence</i> MCL (US)
<i>Calquence</i> WM (US)
<i>Calquence</i> WM (EU)
<i>Calquence</i> CLL 1L (EU)
<i>Calquence</i> MCL (EU)
selumetinib thyroid cancer ASTRA (US)
<i>Lynparza</i> breast cancer OLYMPIAD (JP)
<i>Lynparza</i> ovarian cancer SOLO-2 (JP)
selumetinib NFI type 1 SPRINT (US)
selumetinib NFI type 1 SPRINT (EU)
<i>Lynparza</i> pancreatic cancer POLO (US)
<i>Fasenra</i> EGPA (US)
<i>Fasenra</i> HES (US)
saracatinib IPF (US)
<i>Imfinzi</i> +/-treme+SOC SCLC 1L CASPIAN (US)
<i>Fasenra</i> EoE (US)
<i>Imfinzi</i> +treme HCC 1L (HIMALAYA)

FAST TRACK is a process designed to facilitate the development, and expedite the review of medicines to treat serious conditions and fill an unmet medical need. <sup>3</sup>REAL-TIME ONCOLOGY REVIEW (RTOR) and Project Orbis is an initiative of the FDA Oncology Centre of Excellence (OCE) providing a framework for concurrent submission and review of oncology products among international partners.

BREAKTHROUGH DESIGNATION is a process designed to expedite the development and review of medicines which may demonstrate substantial improvement over available therapy. <sup>1</sup>PRIME is a scheme launched by the EMA to enhance support for the development of medicines that target an unmet medical need. <sup>2</sup>SAKIGAKE is aimed at early introduction of innovative medicines, medical devices, etc. that are initially developed in Japan

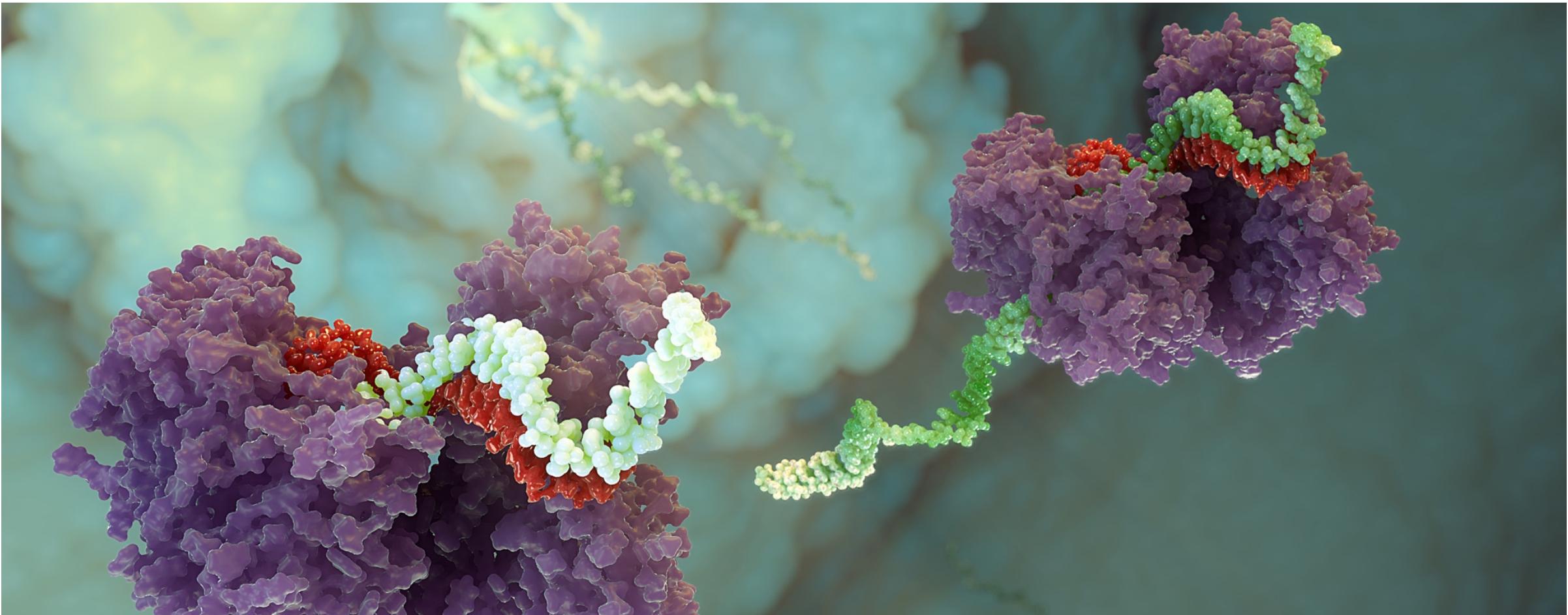
ACCELERATED APPROVAL, these regulations allowed medicines for serious conditions that addressed an unmet medical need to be approved based on a surrogate endpoint.

PRIORITY REVIEW DESIGNATION is the US FDA's goal to take action on an application within 6 months.

ORPHAN DRUG DESIGNATION, intended for treatment, diagnosis or prevention of rare diseases/disorders that affect fewer than 200,000 patients in the US, or that affect more than 200,000 patients but are not expected to recover the costs of developing and marketing a treatment drug.



## Oncology - approved medicines and late-stage pipeline



# Tagrisso (highly-selective, irreversible EGFRi)

## NSCLC

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III ADAURA</b> <b>NCT02511106</b>	Adjuvant EGFRm NSCLC	682	<ul style="list-style-type: none"> <li>Arm 1: Tagrisso QD following complete tumour resection, with or without chemo</li> <li>Arm 2: placebo</li> </ul> Global trial - 25 countries	<ul style="list-style-type: none"> <li>Primary endpoint: DFS</li> <li>Secondary endpoints: DFS Rate, OS, OS Rate, QoL</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q1 2019</li> <li>Data anticipated: 2022</li> </ul>
<b>Phase III LAURA</b> <b>NCT03521154</b>	Maintenance therapy in patients with locally advanced, unresectable EGFRm Stage III NSCLC whose disease has not progressed following platinum-based chemoradiation therapy	200	<ul style="list-style-type: none"> <li>Arm 1: Tagrisso</li> <li>Arm 2: placebo</li> </ul> Global trial - 11 countries	<ul style="list-style-type: none"> <li>Primary endpoint: PFS (BICR)</li> <li>Secondary endpoints: CNS PFS, OS, DoR, ORR, DCR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase III ASTRIS</b> <b>NCT02474355</b>	Real world setting in adult patients with advanced or metastatic, EGFRm T790M+ NSCLC	3,020	Single-arm trial - Tagrisso Global trial - 16 countries	<ul style="list-style-type: none"> <li>Primary endpoints: OS and safety</li> <li>Secondary endpoint: PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q4 2017</li> </ul>
<b>Phase II ELIOS</b> <b>NCT03239340</b>	EGFR TKI treatment-naïve patients with locally-advanced or metastatic EGFRm NSCLC	150	Single arm trial – Tagrisso Global trial - five countries	<ul style="list-style-type: none"> <li>Primary Endpoint: proportion of patients with a given tumour genetic and proteomic marker at the point of disease progression as defined by the investigator</li> <li>Secondary endpoint: PFS, ORR, DoR</li> </ul>	FPCD: Q2 2018
<b>Phase I ODIN-BM</b> <b>NCT03463525</b>	Patients with EGFRm NSCLC with brain metastases	8	Single-arm trial – Tagrisso	<ul style="list-style-type: none"> <li>Primary Endpoints: assessments of brain standard uptake value (SUV) and pharmacokinetics (PK)</li> <li>Secondary endpoints: PK</li> </ul>	FPCD: Q4 2018



# Tagrisso (highly-selective, irreversible EGFRi)

## NSCLC, combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III <b>FLAURA2</b> NCT04035486	1st-line EGFRm NSCLC	586	Arm 1: Tagrisso plus Pemetrexed/Carboplatin or Pemetrexed/Cisplatin Arm 2: Tagrisso  Global trial – 5+ countries	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, LOS, ORR, DoR, Depth of response, PFS2, QoL, PK</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: 2021+</li> </ul>
Phase II <b>ORCHARD</b> NCT03944772	Advanced EGFRm NSCLC patients who have progressed on first line Tagrisso treatment	150	Modular design platform study: <ul style="list-style-type: none"> <li>Module 1: Tagrisso + savolitinib</li> <li>Module 2: Tagrisso + gefitinib</li> <li>Module 3: Tagrisso + necitumumab</li> <li>Module 4: carboplatin + pemetrexed + Imfinzi</li> <li>No intervention: observational cohort – no study drug</li> </ul> Global trial - 8 countries	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: PFS, DoR, OS, safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>Data anticipated: 2021+</li> </ul>
Phase II <b>SAVANNAH</b> NCT03778229	EGFRm / MET+, locally advanced or metastatic NSCLC who have progressed following treatment with Tagrisso	172	<ul style="list-style-type: none"> <li>Single arm trial: Tagrisso + savolitinib</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints include PFS, DoR and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q1 2019</li> <li>Data anticipated: 2021+</li> </ul>
Phase Ib <b>TATTON</b> NCT02143466	Advanced EGFRm NSCLC TKI failure	344	<ul style="list-style-type: none"> <li>Arm 1: Tagrisso + Imfinzi</li> <li>Arm 2: Tagrisso + savolitinib</li> <li>Arm 3: Tagrisso + selumetinib</li> </ul> <p>Enrolment to Imfinzi combination arms will not restart</p> Global trial	<ul style="list-style-type: none"> <li>Safety, tolerability, pharmacokinetics and preliminary anti-tumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2014</li> <li>Data anticipated: 2020</li> </ul>



# *Imfinzi* (PD-L1 mAb)

## NSCLC, early disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III AEGEAN NCT03800134</b>	Neoadjuvant NSCLC patients Stage II and III resected NSCLC (incl. EGFR/ALK positive)	300	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + platinum-based chemo</li> <li>Arm 2: placebo + platinum-based chemo</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>mPR</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>pCR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase III ADJUVANT BR.31 NCT02273375 Partnered</b>	Adjuvant NSCLC patients Ib ( $\geq 4$ cm) – stage IIIa resected NSCLC (incl. EGFR/ALK positive)	1,360	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> mg/kg i.v. Q4W x 12m</li> <li>Arm 2: placebo</li> </ul> <p>Global trial</p>	Primary endpoint: <ul style="list-style-type: none"> <li>DFS</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>Data anticipated: 2021</li> </ul>
<b>Phase III PACIFIC-2 NCT03519971</b>	Unresected, locally-advanced NSCLC	300	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> i.v. Q4W + chemo/RT</li> <li>Arm 2: placebo + chemo/RT</li> </ul> <p>ex US global trial</p>	Primary endpoint: <ul style="list-style-type: none"> <li>PFS</li> <li>ORR</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>LPCD: Q3 2019</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase III PACIFIC-4 NCT03833154</b>	<i>Imfinzi</i> following SBRT in unresected, Stage I/II NSCLC	630	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> i.v. Q4W following definitive SBRT</li> <li>Arm 2: placebo following definitive SBRT</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>PFS</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase III PACIFIC-5 NCT03706690</b>	Unresected, locally-advanced NSCLC	360	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> i.v. Q4W following chemo/RT</li> <li>Arm 2: placebo following chemo/RT</li> </ul> <p>ex US global trial, China focus</p>	Primary endpoint: <ul style="list-style-type: none"> <li>PFS</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase II/III Lung Master Protocol NCT02154490 Partnered</b>	Stage IV squamous NSCLC patients  Biomarker-targeted 2L therapy	140	Umbrella trial with five arms based on biomarker expression: <ul style="list-style-type: none"> <li>Substudy A: <i>Imfinzi</i> (non-match for other biomarker driven substudies) i.v. Q2W single arm <i>Imfinzi</i> Phase II only</li> <li>Substudy B: PI3K inhibitor vs. docetaxel</li> <li>Substudy C: CDK4/6 inhibitor vs. docetaxel</li> <li>Substudy D: AZD4547 (FGFR inhibitor) vs. docetaxel</li> <li>Substudy E: C-MET/HGFR Inhibitor + erlotinib vs. erlotinib</li> </ul>	Primary endpoints: <ul style="list-style-type: none"> <li>ORR</li> <li>PFS</li> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2014</li> <li>Data anticipated: 2021+</li> </ul>



# *Imfinzi* (PD-L1 mAb) +/- tremelimumab (CTLA-4 mAb)

## Lung cancer, advanced disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III PEARL <a href="#">NCT03003962</a>	NSCLC 1L	650	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> Q4W</li> <li>Arm 2: chemotherapy</li> </ul> <p>Asia trial</p>	Primary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q1 2019</li> <li>Data anticipated: 2021</li> </ul>
Phase III POSEIDON <a href="#">NCT03164616</a>	NSCLC 1L	1,000	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + chemo</li> <li>Arm 2: <i>Imfinzi</i> + tremelimumab + chemo</li> <li>Arm 3: SoC</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>OS</li> <li>PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>LPCD: Q4 2018</li> <li>Data readout: Q4 2019</li> <li>PFS primary endpoint met</li> <li>OS Data anticipated: 2021</li> </ul>
Phase II MAGELLAN <a href="#">NCT03819465</a>	NSCLC 1L	200	<ul style="list-style-type: none"> <li>Arm A1: <i>Imfinzi</i></li> <li>Arm A2: <i>Imfinzi</i> + danavatirsen</li> <li>Arm A3: <i>Imfinzi</i> + oleclumab</li> <li>Arm B1: <i>Imfinzi</i> + Investigator's choice of chemo</li> <li>Arm B2: <i>Imfinzi</i> + danavatirsen + Investigator's choice of chemo</li> <li>Arm B3: <i>Imfinzi</i> + oleclumab + Investigator's choice of chemo</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>Safety &amp; tolerability</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>ORR, DoR, PFS, OS, PK, ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: H2 2020</li> </ul>
Phase III ADRIATIC <a href="#">NCT03703297</a>	Limited disease- SCLC 1L following platinum-based concurrent chemoradiation therapy	600	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + tremelimumab (4 doses)</li> <li>Arm 2: <i>Imfinzi</i></li> <li>Arm 3: placebo</li> </ul>	Primary endpoints: <ul style="list-style-type: none"> <li>PFS</li> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2021</li> </ul>
Phase III CASPIAN <a href="#">NCT03043872</a>	SCLC 1L	795	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + tremelimumab + EP (carboplatin or cisplatin + etoposide)</li> <li>Arm 2: <i>Imfinzi</i> + EP (carboplatin or cisplatin + etoposide)</li> <li>Arm 3: EP (carboplatin or cisplatin + etoposide)</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q2 2018</li> <li>Data readout: Q2 2019</li> <li>OS Primary endpoint met for <i>Imfinzi</i> monotherapy arm</li> </ul>
Phase II BALTIK <a href="#">NCT02937818</a>	SCLC	80	<ul style="list-style-type: none"> <li>Arm A: <i>Imfinzi</i> + tremelimumab Q4W</li> <li>Arm B: adavosertib and carboplatin BID</li> <li>Arm C: AZD6738 and Lynparza</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2016</li> <li>Data anticipated: 2021</li> </ul>



# *Imfinzi* (PD-L1 mAb)

## Other cancers, early disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III <b>POTOMAC</b> NCT03528694	Non-muscle invasive bladder cancer	975	<ul style="list-style-type: none"> <li>Arm 1: BCG (Induction + maintenance)</li> <li>Arm 2: <i>Imfinzi</i> + BCG (Induction only)</li> <li>Arm 3: <i>Imfinzi</i> + BCG (Induction + maintenance)</li> </ul>	Primary endpoints: <ul style="list-style-type: none"> <li>DFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2021+</li> </ul>
Phase III <b>NIAGARA</b> NCT03732677	Muscle-invasive bladder cancer	960	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> in combination with gemcitabine + cisplatin, <i>Imfinzi</i> maintenance</li> <li>Arm 2: gemcitabine + cisplatin</li> </ul>	Coprimary endpoints: <ul style="list-style-type: none"> <li>pCR</li> <li>EFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2021+</li> </ul>
Phase III <b>EMERALD-1</b> NCT03778957	Locoregional HCC	600	<ul style="list-style-type: none"> <li>Arm A: TACE in combination with <i>Imfinzi</i></li> <li>Arm B: TACE in combination with <i>Imfinzi</i> + bevacizumab</li> <li>Arm C: TACE in combination with placebo</li> </ul>	Primary endpoint PFS for Arm A vs Arm C  Secondary endpoint PFS for Arm B vs Arm C , OS	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2021</li> </ul>
Phase III <b>EMERALD-2</b> NCT03847428	Adjuvant therapy in HCC	888	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + bevacizumab</li> <li>Arm 2: <i>Imfinzi</i> + placebo</li> <li>Arm 3: placebo + placebo</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>RFS for Arm 2 vs Arm 3</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>RFS Arm 1 vs Arm 3, OS, RFS at 24 mos</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: 2021+</li> </ul>

pCR = Pathologic Complete Response  
 EFS = event free survival



# *Imfinzi* (PD-L1 mAb) +/- tremelimumab (CTLA-4 mAb)

## Other cancers, advanced disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III DANUBE <a href="#">NCT02516241</a>	Cis-eligible and ineligible bladder cancer 1L	1,005	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + tremelimumab</li> <li>Arm 2: <i>Imfinzi</i></li> <li>Arm 3: SoC</li> </ul>	Primary endpoints: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q1 2017</li> <li>Data anticipated: H1 2020</li> </ul>
Phase III NILE <a href="#">NCT03682068</a>	Bladder cancer 1L	885	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + tremelimumab + SoC</li> <li>Arm 2: <i>Imfinzi</i> + SoC</li> <li>Arm 3: SoC</li> </ul>	Primary endpoints: <ul style="list-style-type: none"> <li>PFS</li> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2021+</li> </ul>
Phase III KESTREL <a href="#">NCT02551159</a>	HNSCC 1L	823	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i></li> <li>Arm 2: <i>Imfinzi</i> + tremelimumab</li> <li>Arm 3: SoC</li> </ul>	Primary endpoints: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD Q1 2017</li> <li>Data anticipated: H1 2020</li> </ul>
Phase III HIMALAYA <a href="#">NCT03298451</a>	HCC 1L	1,310	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + tremelimumab</li> <li>Arm 2: <i>Imfinzi</i></li> <li>Arm 3: sorafenib</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>PFS, TTP, ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q4 2019</li> <li>Data anticipated: H2 2020</li> </ul>
Phase II <a href="#">NCT02527434</a>	Urothelial bladder cancer triple-negative breast cancer pancreatic ductal-adenocarcinoma	76	<ul style="list-style-type: none"> <li>Arm 1 tremelimumab (urothelial bladder cancer)</li> <li>Arm 2 tremelimumab (triple-negative breast cancer)</li> <li>Arm 3 tremelimumab (pancreatic ductal-adenocarcinoma)</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>ORR</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>Safety, DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>Data readout: Q4 2018</li> </ul>
Phase III TOPAZ-1 <a href="#">NCT03875235</a>	BTC 1L	474	<ul style="list-style-type: none"> <li>Treatment Arm 1 <i>Imfinzi</i> + gemcitabine + cisplatin</li> <li>Treatment Arm 2 placebo + gemcitabine + cisplatin</li> </ul> Global trial	Primary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>PFS, ORR, DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q2 2019</li> <li>Data anticipated: 2021+</li> </ul>
Phase III CALLA <a href="#">NCT03830866</a>	Locally advanced cervical cancer	714	<ul style="list-style-type: none"> <li>Arm 1 <i>Imfinzi</i> + EBRT + brachytherapy with platinum</li> <li>Arm 2 placebo + EBRT + brachytherapy with platinum</li> </ul> Global trial	Primary <ul style="list-style-type: none"> <li>PFS</li> </ul> Secondary <ul style="list-style-type: none"> <li>OS, CR rate, DoR, ORR, safety/tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2021+</li> </ul>



# *Imfinzi* (PD-L1 mAb) +/- tremelimumab (CTLA-4 mAb)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III STRONG</b>  NCT03084471	Advanced solid malignancies	1,200	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i></li> <li>Arm 2: <i>Imfinzi</i> + tremelimumab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: Safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase I Combination in Advanced Solid Tumours</b>  NCT02658214	Solid tumours	80	<ul style="list-style-type: none"> <li>Arm 2 SCLC: <i>Imfinzi</i> + tremelimumab + carboplatin + etoposide</li> <li>Arm 3 TNBC: <i>Imfinzi</i> + tremelimumab + chemo</li> <li>Arm 4 TNBC: <i>Imfinzi</i> + tremelimumab + chemo</li> <li>Arm 5 GEJ: <i>Imfinzi</i> + tremelimumab + oxaliplatin + 5-FU + leucovorin</li> <li>Arm 6 PDAC: <i>Imfinzi</i> + tremelimumab + chemo</li> <li>Arm 7 ESSC: <i>Imfinzi</i> + tremelimumab + chemo</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>LPCD: Q1 2019</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase I Immunotherapy in Combination With Chemoradiation in Patients With Advanced Solid Tumours</b>  CLOVER  NCT03509012	HNSCC, NSCLC, SCLC	300	<ul style="list-style-type: none"> <li>HNSCC Arm 1</li> <li>NSCLC Arm 1</li> <li>NSCLC Arm 2</li> <li>NSCLC Arm 3</li> <li>SCLC Arm 2</li> <li>SCLC Arm 3</li> <li>SCLC Arm 4</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase II BEGONIA</b>  NCT03742102	mTNBC 1L	110	<ul style="list-style-type: none"> <li>Arm 1 <i>Imfinzi</i> + paclitaxel</li> <li>Arm 2 <i>Imfinzi</i> + paclitaxel + capivasertib</li> <li>Arm 4 <i>Imfinzi</i> + paclitaxel + danvatirsen</li> <li>Arm 5 <i>Imfinzi</i> + paclitaxel + oleclumab</li> </ul> <p>Global trial</p>	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul> <p>Secondary endpoint:</p> <ul style="list-style-type: none"> <li>ORR, PFS, DoR, OS, PK, ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: H2 2020</li> </ul>



# Lynparza (PARP inhibitor)

## Ovarian and other cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III OlympiA</b>  NCT02032823  Partnered	<i>BRCAm</i> adjuvant breast cancer	1,836	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> BiD 12 month duration</li> <li>Arm 2: placebo 12-month duration</li> </ul> <p>Global trial partnership with BIG and NCI/NRG</p>	<ul style="list-style-type: none"> <li>Primary endpoint: invasive disease-free survival (IDFS)</li> <li>Secondary endpoint: distant disease-free survival and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2014</li> <li>LPCD: Q2 2019</li> <li>Data anticipated: 2021</li> </ul>
<b>Phase III POLO</b>  NCT02184195	g <i>BRCAm</i> pancreatic cancer	154	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> tablets 300mg twice daily as maintenance therapy until progression</li> <li>Arm 2: placebo tablets BiD</li> </ul> <p>Global trial</p>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>LPCD: Q1 2019</li> <li>Data readout: Q1 2019</li> <li>Primary endpoint met</li> </ul>
<b>Phase III PROfound</b>  NCT02987543	Metastatic castration-resistant prostate cancer HRM, 2L+	387	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> BiD</li> <li>Arm 2: physician's choice: enzalutamide 160mg once daily or abiraterone acetate 1,000mg once daily</li> </ul> <p>Global trial</p>	<ul style="list-style-type: none"> <li>Primary endpoint: radiologic PFS</li> <li>Secondary endpoints: ORR, Time to Pain Progression, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>LPCD: Q4 2018</li> <li>Data readout : Q3 2019</li> <li>Primary endpoint met</li> </ul>



# Lynparza (PARP inhibitor)

## Imfinzi combinations

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III DuO-O</b> <b>NCT03737643</b>	Advanced ovarian cancer 1L	1,056	Non tBRCAm (tumour BRCA) patients • Arm 1: bevacizumab • Arm 2: bevacizumab + <i>Imfinzi</i> • Arm 3: bevacizumab + <i>Imfinzi</i> + <i>Lynparza</i>  tBRCAm patients • bevacizumab (optional) + <i>Imfinzi</i> + <i>Lynparza</i>  Global trial	Primary endpoint: • PFS  Secondary endpoints: • OS, PFS2	• FPCD: Q1 2019 • Data anticipated: 2021+
<b>Phase II ORION</b> <b>NCT03775486</b>	Stage IV NSCLC whose disease has not progressed following SoC chemo + <i>Imfinzi</i> Maintenance therapy 1L	250	• Arm 1: <i>Imfinzi</i> + <i>Lynparza</i> • Arm 2: <i>Imfinzi</i> + placebo  Global trial	Primary endpoint: • PFS  Secondary endpoints: • OS, ORR, DoR, PFS in HRRm, PK, ADA	• FPCD Q1 2019 • Data anticipated: 2021+
<b>Phase II BAYOU</b> <b>NCT03459846</b>	Platinum-Ineligible unresectable Stage IV urothelial cancer	154	• Arm 1: <i>Imfinzi</i> + <i>Lynparza</i> • Arm 2: <i>Imfinzi</i> + placebo  Global trial	• Primary endpoint: PFS  • Secondary endpoints: OS, DoR, ORR, PFS in HRRm, PFS6, PK, ADA, PRO	• FPCD: Q1 2018 • Data anticipated : H1 2020
<b>Phase I / II MEDIOLA</b> <b>NCT02734004</b>	gBRCAm ovarian cancer 2L+ gBRCAm HER2-negative breast cancer 1-3L SCLC 2L+ Gastric cancer 2L+	148	• Arm 1: <i>Lynparza</i> + <i>Imfinzi</i> • Dose until progression  Global trial	Primary endpoints: • DCR at 12 weeks • Safety and tolerability	• FPCD: Q2 2016 • LPCD: Q2 2017
<b>Phase I / II MEDIOLA (Ovarian expansion)</b> <b>NCT02734004</b>	gBRCAm ovarian cancer 2L+ Non-gBRCAm ovarian cancer 2L+ Non-gBRCAm ovarian cancer 2L+	140	• Arm 1: <i>Lynparza</i> + <i>Imfinzi</i> • Arm 2: <i>Lynparza</i> + <i>Imfinzi</i> • Arm 3: <i>Lynparza</i> + <i>Imfinzi</i> + bevacizumab • Dose until progression  Global trial	Primary endpoints: • DCR at 12 weeks • ORR • Safety and tolerability	• FPCD: Q2 2018



# Lynparza (PARP inhibitor)

## Other combinations

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III PAOLA-1</b>  <b>NCT02477644</b> Externally sponsored	Advanced ovarian cancer 1L maintenance	806	<ul style="list-style-type: none"> <li>Arm 1: Lynparza maintenance therapy for two years or until disease progression</li> <li>Arm 2: placebo for two years or until disease progression</li> </ul> Global trial	Primary endpoint: <ul style="list-style-type: none"> <li>PFS</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>OS, PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2015</li> <li>LPCD: Q2 2018</li> <li>Data readout: Q3 2019</li> <li>Primary endpoint met</li> </ul>
<b>Phase III PROpel</b>  <b>NCT03732820</b>	Metastatic castration-resistant prostate cancer 1L	720	<ul style="list-style-type: none"> <li>Arm 1: Lynparza + abiraterone</li> <li>Arm 2: placebo + abiraterone</li> </ul> Global trial	Primary Endpoint: <ul style="list-style-type: none"> <li>rPFS</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>TFST, TPP, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2021</li> </ul>
<b>Phase II VIOLETTE</b>  <b>NCT03330847</b>	TNBC	450	<ul style="list-style-type: none"> <li>Arm 1: AZD6738 + Lynparza</li> <li>Arm 2: Lynparza</li> </ul> Trial conducted in 15 countries: North America, Europe and Asia	<ul style="list-style-type: none"> <li>PFS</li> <li>ORR / OS</li> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Data anticipated: 2021</li> </ul>
<b>Phase III GY004</b>  <b>NCT02446600</b> Externally sponsored	Recurrent platinum sensitive ovarian cancer	549	<ul style="list-style-type: none"> <li>Arm 1: chemo</li> <li>Arm 2: Lynparza</li> <li>Arm 3: cediranib + Lynparza</li> </ul> US/Canada/Japan sites	Primary endpoint: <ul style="list-style-type: none"> <li>PFS</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>OS, QoL, safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>Data anticipated: H1 2020</li> </ul>
<b>Phase II/III GY005</b>  <b>NCT02502266</b> Externally sponsored	Recurrent platinum resistant/refractory ovarian cancer	680	<ul style="list-style-type: none"> <li>Arm 1: chemo</li> <li>Arm 2: cediranib + Lynparza</li> <li>Arm 3: cediranib</li> <li>Arm 4: Lynparza</li> </ul> US/Canada sites	Primary endpoints: <ul style="list-style-type: none"> <li>PFS, OS</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>ORR, QoL, safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2016</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase II LYNK-002</b>  <b>NCT03742895</b> Partnered	HRRm or HRD-positive advanced cancer	370	<ul style="list-style-type: none"> <li>Arm 1: Lynparza</li> </ul> Trial conducted in 15 countries worldwide	Primary endpoints: <ul style="list-style-type: none"> <li>ORR</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>DOR, OS, PFS, AE, Prog by CA-125</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> </ul>



# Calquence (BTK inhibitor)

## Blood cancers

Trial	Population	Patients	Design	Endpoint(s)	Status
Phase III ACE-CL-007 (ELEVATE-TN) NCT02475681	Previously untreated CLL	535	<ul style="list-style-type: none"> <li>Arm A: chlorambucil + obinutuzumab</li> <li>Arm B: Calquence + obinutuzumab</li> <li>Arm C: Calquence</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS (Arm A vs. Arm B)</li> <li>Secondary endpoints: IRC (independent review committee) assessed ORR, OS (Arm A vs. Arm B vs. Arm C)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2015</li> <li>Data readout: Q2 2019</li> <li>Primary endpoint met</li> </ul>
Phase III ACE-CL-311 NCT03836261	Previously untreated CLL fit	780	<ul style="list-style-type: none"> <li>Arm A: Calquence + venetoclax</li> <li>Arm B: Calquence + venetoclax + obinutuzumab</li> <li>Arm C: FCR or BR</li> </ul>	<ul style="list-style-type: none"> <li>Primary – IRC assessed PFS (arm A vs arm C)</li> <li>Secondary - IRC assessed PFS (arm B vs arm C); INV assessed PFS (arm A vs arm C; arm B vs arm C)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2021+</li> </ul>
Phase III ACE-CL-309 (ASCEND) NCT02970318	Relapsed/refractory CLL	306	<ul style="list-style-type: none"> <li>Arm A: Calquence</li> <li>Arm B: rituximab + idelalisib or bendamustine (investigator's choice)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: IRC assessed PFS (arm A vs. Arm B)</li> <li>Secondary endpoints: INV-assessed ORR, OS, DoR, PROs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q3 2016</li> <li>Data readout: Q2 2019</li> <li>Primary endpoint met</li> </ul>
Phase III ACE-CL-006 (ELEVATE-RR) NCT02477696	Relapsed/refractory high risk CLL	533	<ul style="list-style-type: none"> <li>Arm A: Calquence</li> <li>Arm B: ibrutinib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: comparison of incidence of infections, RTs (Richter's Transformation) and atrial fibrillation, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2015</li> <li>Data anticipated: 2021+</li> </ul>
Phase III ACE-LY-308 NCT02972840	Previously untreated MCL	546	<ul style="list-style-type: none"> <li>Arm A: Calquence + bendamustine + rituximab</li> <li>Arm B: bendamustine + rituximab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS by Lugano Classification for NHL</li> <li>Secondary endpoints: IA, PFS, ORR; IRC-assessed ORR, DoR, time to response, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>Data anticipated: 2021+</li> </ul>
Phase II ACE-CL-208 NCT02717611	Relapsed/ refractory CLL, intolerant to ibrutinib	60	Calquence monotherapy	ORR at 36 cycles	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>Data anticipated: H1 2020</li> </ul>
Phase II 15-H-0016 NCT02337829	Relapsed/refractory and treatment naïve/del17p CLL/SLL	48	<ul style="list-style-type: none"> <li>Calquence monotherapy</li> <li>Arm A: lymph node biopsy</li> <li>Arm B: bone marrow biopsy</li> </ul>	ORR	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>Data anticipated: 2021+</li> </ul>
Phase I/II ACE-CL-001 NCT02029443	CLL/SLL/Richter's transformation	306	<ul style="list-style-type: none"> <li>Calquence monotherapy</li> <li>Dose escalation and expansion</li> </ul>	Safety, PK, PD	<ul style="list-style-type: none"> <li>FPCD: Q1 2014</li> <li>Data anticipated: 2021</li> </ul>

# Calquence (BTK inhibitor)

## Blood cancers

Trial	Population	Patients	Design	Endpoint(s)	Status
Phase I/II ACE-LY-001  NCT02328014	B-cell malignancies	40	Dose escalation and expansion trial of the combination of Calquence and ACP-319 (PI3K inhibitor)	• Safety • ORR	• FPCD: Q1 2015 • Data anticipated: H1 2020
Phase I/II ACE-LY-005  NCT02362035	Haematological malignancies	161	Calquence + pembrolizumab	• Safety • Secondary endpoints: ORR, DoR, PFS, OS, TTNT (time to next therapy)	• FPCD: Q1 2015 • Data anticipated: 2021
Phase I/II ACE-WM-001  NCT02180724	Waldenstrom microglobulinaemia	106	Calquence monotherapy	• ORR	• FPCD: Q3 2014 • Data readout: Q4 2019
Phase Ib ACE-LY-002  NCT02112526	Relapsed/refractory de novo activated B-cell DLBCL	21	Calquence monotherapy	• Safety	• FPCD: Q3 2014 • Data anticipated: H2 2019
Phase Ib ACE-LY-106  NCT02717624	MCL	70	Calquence in combination with bendamustine and rituximab • Arm A: treatment naïve • Arm B: relapsed/refractory • Arm C: treatment naïve: Calquence + venetoclax + rituximab	• Safety	• FPCD: Q1 2016 • Data anticipated: 2021+
Phase Ib ACE-MY-001  NCT02211014	Relapsed/refractory MM	28	• Arm A: Calquence • Arm B: Calquence + dexamethasone	• Safety	• FPCD: Q1 2015 • Data readout: Q2 2019
Phase I ACE-LY-003  NCT02180711	Relapsed/refractory follicular lymphoma	80	• Arm A: Calquence • Arm B: Calquence + rituximab • Arm C: Calquence + rituximab + lenolidomide	• Safety	• FPCD: Q1 2015 • Data anticipated: 2021+
Phase I ACE-CL-002  NCT02157324	Relapsed/refractory CLL/ SLL	12	Calquence in combination with ACP-319 dose escalation	• Safety, PK, PD	• FPCD: Q3 2014 • Data anticipated: H2 2020
Phase I ACE-CL-003  NCT02296918	CLL/SLL/PLL	69	Calquence + obinutuzumab • Arm A: relapsed/refractory • Arm B: treatment naïve Calquence + venetoclax + rituximab • Arm C: relapsed/refractory • Arm D: treatment naïve	• Safety, ORR • Secondary endpoints: PD, PFS, TTNT, OS	• FPCD: Q4 2014 • Data anticipated: 2021+

# Calquence (BTK inhibitor)

## Blood cancers

Trial	Population	Patients	Design	Endpoint(s)	Status
Phase I NCT03198650	Japanese adults with advanced B-cell malignancies	34	<ul style="list-style-type: none"> <li>Calquence monotherapy</li> <li>Dose confirmation and expansion</li> <li>Calquence + obinutuzumab</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>PK</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>Data anticipated: 2021+</li> </ul>
Phase I/II CL-110 NCT03328273	CLL r/r	62	<ul style="list-style-type: none"> <li>Arm A: ceralasertib (AZD6738) monotherapy</li> <li>Arm B: Calquence + ceralasertib (AZD6738)</li> </ul>	<ul style="list-style-type: none"> <li>Identify dose of ceralasertib and safety of co-administration of Calquence + ceralasertib</li> </ul>	FPCD: Q1 2018 Data anticipated: H1 2020
Phase I/II LY-110 NCT03205046	B-cell malignancies r/r	25	<ul style="list-style-type: none"> <li>Part 1: Calquence daily + vistusertib daily</li> <li>Part 2: Calquence daily + vistusertib 5 days on/2 days off</li> </ul>	<ul style="list-style-type: none"> <li>MTD and optimal dosing schedule</li> <li>Safety</li> </ul>	FPCD: Q3 2017 Data anticipated: H2 2020
Phase III CL-312 NCT04008706	CLL TN and r/r	600	<ul style="list-style-type: none"> <li>Arm A: treatment naïve</li> <li>Arm B: relapsed/refractory</li> <li>Arm C: prior BTKi therapy</li> <li>Arm D: concomitant vitamin K antagonists</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> </ul>	Data anticipated: 2021+
Phase Ib/II PRISM NCT03527147	Relapsed/refractory aggressive NHL	88	<ul style="list-style-type: none"> <li>Arm 1: Calquence + danavatirsen</li> <li>Arm 2: Calquence + AZD6738</li> <li>Arm 3: Calquence + Hu5F9G4 + Rituxan</li> <li>Arm 4: Calquence + AZD5153</li> </ul> <p>An open-label platform study with trial centres in US and UK</p>	<ul style="list-style-type: none"> <li>Primary outcome; safety &amp; tolerability</li> <li>Secondary outcomes; ORR, DOR, PFS, OS</li> </ul>	FPCD: Q2 2018 Data anticipated: 2021



# Calquence (BTK inhibitor)

## Other cancers

Trial	Population	Patients	Design	Endpoint(s)	Status
Phase Ib/II ACE-ST-209 <a href="#">NCT02586857</a>	≥ 2L glioblastoma multiforme	52	<ul style="list-style-type: none"> <li>Arm A: Calquence 200mg BID</li> <li>Arm B: Calquence 400mg QD</li> </ul>	<ul style="list-style-type: none"> <li>Safety, ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>Data anticipated: H2 2019</li> </ul>



# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Breast and gastric cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II DESTINY-Breast01</b>  NCT03248492 Partnered	HER2-positive, unresectable and/or metastatic breast cancer patients previously treated with trastuzumab emtansine	230	Randomised, open label, sequential assignment • <i>Enhertu</i>	Primary endpoint ORR  Secondary end points DoR, CBR, CBR, PFS, OS	<ul style="list-style-type: none"> <li>• FPCD: Q4 2017</li> <li>• LPCD: Q4 2018</li> <li>• Data readout: Q2 2019</li> </ul>
<b>Phase III DESTINY-Breast02</b>  NCT03523585 Partnered	HER2-positive, unresectable and/or metastatic breast cancer pretreated with prior standard of care HER2 therapies, including trastuzumab emtansine	600	Randomised open label parallel assignment • <i>Enhertu</i> Physicians choice of • Lapatinib + capecitabine • Trastuzumab + capecitabine	Primacy endpoint PFS  Secondary endpoints OS, ORR, DoR, CBR	<ul style="list-style-type: none"> <li>• FPCD: Q4 2018</li> <li>• Data anticipated 2021</li> </ul>
<b>Phase III DESTINY-Breast03</b>  NCT03529110 Partnered	HER2-positive, unresectable and/or metastatic breast cancer patients previously treated with trastuzumab and taxane	500	Randomised open label parallel assignment • <i>Enhertu</i> • Ado-trastuzumab emtansine	Primary endpoint PFS  Secondary endpoints OS, ORR, DoR, CBR	<ul style="list-style-type: none"> <li>• FPCD: Q4 2018</li> <li>• Data anticipated 2021</li> </ul>
<b>Phase III DESTINY-Breast04</b>  NCT03734029 Partnered	HER2-low, unresectable and/or metastatic breast cancer patients	540	Randomised open label parallel assignment • <i>Enhertu</i> • Physicians choice of SoC chemo (choice of capecitabine, eribulin, gemcitabine, paclitaxel or nab-paclitaxel)	Primary end point PFS  Secondary end points OS, DoR, ORR	<ul style="list-style-type: none"> <li>• FPCD: Q4 2018</li> <li>• Data anticipated 2021</li> </ul>
<b>Phase II DESTINY-Gastric01</b>  NCT03329690 Partnered	HER2-overexpressing advanced gastric or gastroesophageal junction adenocarcinoma patients who have progressed on two prior treatment regimens	220	Randomised open label parallel assignment • <i>Enhertu</i> • SoC chemo	Primary end point ORR  Secondary end points PFS, OS, DoR, DCR, TTF, range of PK endpoints	<ul style="list-style-type: none"> <li>• FPCD: Q4 2017</li> <li>• LPCD: Q2 2019</li> <li>• Data readout Q1 2020</li> </ul>
<b>Phase II DESTINY-Gastric02</b>  NCT04014075 Partnered	HER2-positive gastric cancer that cannot be surgically removed or has spread	72	Open label single group assignment • <i>Enhertu</i>	Primary endpoint ORR  Secondary endpoints PFS, ORR, OS, DoR	<ul style="list-style-type: none"> <li>• FPCD: Q3 2019</li> <li>• Data anticipated: H2 2020</li> </ul>



# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>NCT03384940</b> <b>Partnered</b>	HER2-expressing advanced colorectal cancer	90	Non randomised single group assignment • <i>Enhertu</i>	Primary end point ORR  Secondary end points PFS, OS, DoR, range of PK endpoints	• FPCD Q1 2018 • Data anticipated H2 2020
<b>Phase II</b> <b>NCT03505710</b> <b>Partnered</b>	HER2-over-expressing or mutated, unresectable and/or metastatic NSCLC	130	Non randomised parallel group assignment • <i>Enhertu</i>	Primary end point ORR  Secondary end points DoR, PFS, OS	• FPCD Q2 2018 • Data anticipated H2 2020
<b>Phase I</b> <b>NCT02564900</b> <b>Partnered</b>	Advanced solid malignant tumours	278	Non randomised single group assignment • <i>Enhertu</i>	Primary end points number of subjects with AEs, tumour response  Secondary end points PK	• FPCD Q3 2015 • Data read out Q3 2018



# Lumoxiti (moxetumomab pasudotox, CD22 mAb)

## Blood cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III PLAIT NCT01829711  Partnered	Adults with relapsed or refractory HCL	80	<ul style="list-style-type: none"> <li>Multicentre, single-arm, open-label Phase III study</li> <li><i>Lumoxiti</i> i.v. at the recommended dose</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: rate of durable CR (complete response): CR maintained for &gt; 180 days</li> <li>Secondary endpoints           <ul style="list-style-type: none"> <li>Efficacy: CR rate, ORR, Duration of CR and ORR, TTR, PFS</li> <li>Safety and tolerability</li> <li>PK and immunogenicity</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2013</li> <li>Data readout: Q3 2017</li> <li>Primary endpoint met</li> </ul>



# Selumetinib (MEK inhibitor)

## Paediatric neurofibromatosis type 1, solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II SPRINT</b>  NCT01362803  Partnered	Paediatric NF1	50 (stratum 1) 25 (Stratum 2)	<ul style="list-style-type: none"> <li>Single arm: selumetinib 25mg/m<sup>2</sup> BID with 2 strata:           <ul style="list-style-type: none"> <li>Stratum 1: PN related morbidity present at enrolment</li> <li>Stratum 2: no PN related morbidity present at enrolment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Complete partial and complete response rate measured by volumetric MRI;</li> <li>Duration of response and functional outcomes/QoL</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q4 2016</li> <li>Data readout: Q1 2019</li> <li>Primary endpoint met</li> </ul>
<b>Phase Ib Selumetinib + MK-8353 (ERK inhibitor)</b>  NCT03745989  Partnered (Merck Lead study)	Advanced solid tumours	80 (dose escalation trial)	Phase Ib open-label trial of MK-8353 in combination with selumetinib in participants with advanced solid tumours	<ul style="list-style-type: none"> <li>DLTs</li> <li>AEs</li> <li>Study drug discontinuations due to an AE</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> </ul>



# Savolitinib (MET inhibitor)

## NSCLC and other cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT01985555</b> <b>Partnered</b>	Advanced NSCLC (all comers)	85	<ul style="list-style-type: none"> <li>Dose escalation trial</li> </ul> <p>Conducted in China</p>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> <li>Secondary endpoint: PK profile</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2013</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase II</b> <b>NCT02897479</b> <b>Partnered</b>	Lung PSC and other NSCLC	65	<ul style="list-style-type: none"> <li>Single arm trial: savolitinib QD</li> </ul> <p>Conducted in China</p>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoint: PFS, safety parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>Data anticipated: H1 2020</li> </ul>



# Cediranib (VEGF receptor inhibitor)

## Ovarian cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase IIb CONCERTO  NCT02889900	PRR ovarian cancer - heavily pre-treated BRCAwt	62	• Cediranib 30mg + Lynparza 200mg BID	Primary endpoint: • ORR  Secondary endpoints: • PFS, DoR, DCR, QoL, OS	• FPCD: Q1 2017 • LPCD: Q1 2019 • Data readout: Q4 2019



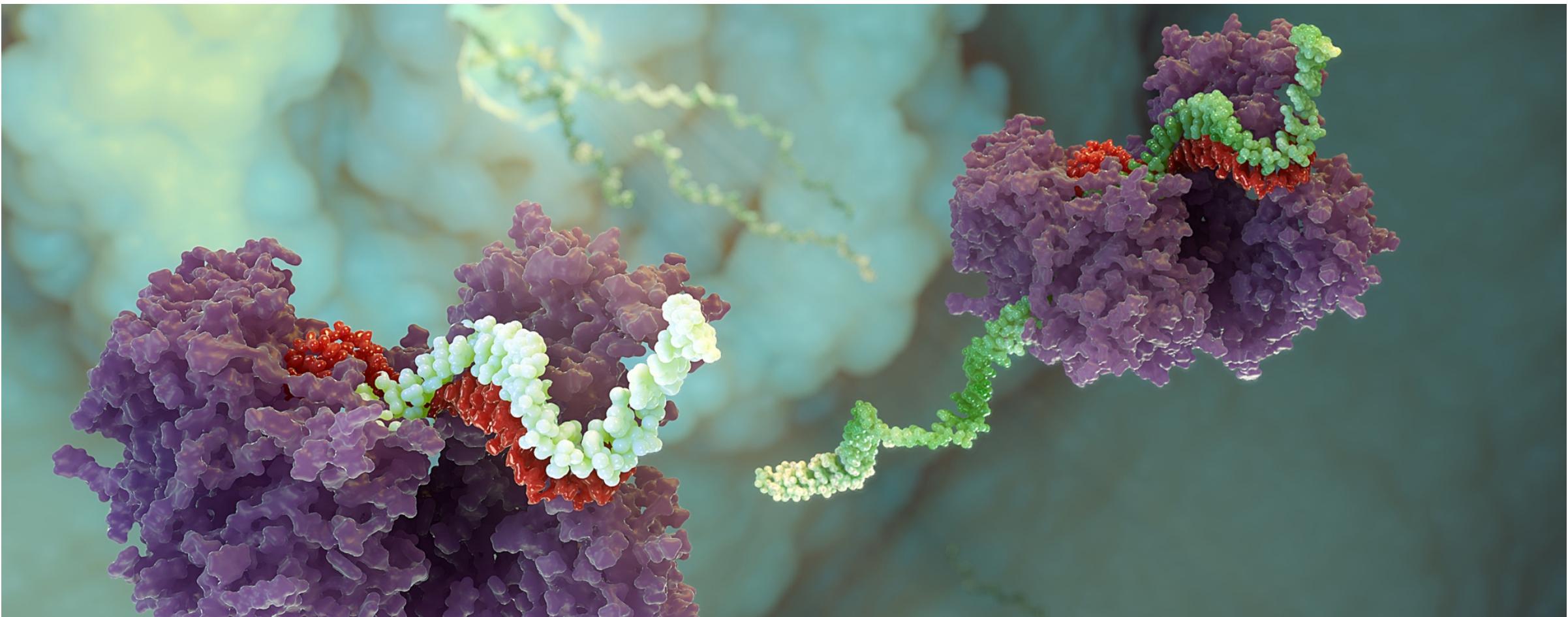
# Capivasertib (AKT inhibitor)

## Breast cancer, prostate cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b>  NCT03997123  CAPItello-290	Locally advanced or metastatic TNBC	800	Double-blind randomised comparative study • Arm 1: capivasertib + paclitaxel • Arm 2: placebo + paclitaxel	• PFS • OS	• FPCD Q3 2019 • Data anticipated: 2021+
<b>Phase II (ESR)</b>  NCT02121639  PROCAID	Metastatic castration resistant prostate cancer eligible for treatment with docetaxel chemotherapy	150	Randomised comparative • Arm 1: docetaxel + prednisolone + capivasertib • Arm 2: docetaxel + prednisolone + placebo	• PFS	• FPCD Q1 2014 • Data anticipated: H1 2020



## Oncology - early-stage development



# Imfinzi (PD-L1 mAb)

## Cancer

Trial	Compound	Population	Patients	Design	Endpoints	Status
Phase I/II STUDY 1108 <a href="#">NCT01693562</a>	Imfinzi	Solid tumours	1,022	<ul style="list-style-type: none"> <li>Dose escalation: 5 cohorts at Q2W and 1 cohort at Q3W</li> <li>Dose expansion: 16 tumour type cohorts at the Q2W MTD defined during dose escalation</li> <li>Dose exploration: cohort at 20mg Q4W</li> </ul> <p>Global trial - nine countries</p>	<ul style="list-style-type: none"> <li>Safety</li> <li>Optimal biologic dose</li> <li>Secondary endpoints include PK, immunogenicity and antitumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2012</li> <li>LPCD: Q4 2016</li> <li>Data anticipated: H1 2020</li> </ul>
Phase I <a href="#">NCT02117219</a>	Imfinzi, azacitidine	Myelodysplastic syndrome	79	<p>Dose escalation and dose expansion trial</p> <ul style="list-style-type: none"> <li>Part 1: Imfinzi</li> <li>Part 2 Arm 1: Imfinzi and tremelimumab</li> <li>Part 2 Arm 2: Imfinzi, tremelimumab and azacitidine</li> </ul> <p>Global trial - four countries</p>	<ul style="list-style-type: none"> <li>Safety and tolerability of monotherapy and combination</li> <li>Secondary endpoints include duration of response, PFS and OS, PK and immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2014</li> <li>Data anticipated: H2 2020</li> </ul>
Phase I <a href="#">NCT02900157</a>	MEDI9090	Solid tumours	42	<p>Multi-centre, open-label, single-arm trial for adult subjects</p> <p>US and Japan trial centers</p>	<ul style="list-style-type: none"> <li>Safety, PK, number of subjects reporting infusion related reaction</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2016</li> <li>Data anticipated: H1 2020</li> </ul>
Phase II HUDSON <a href="#">NCT03334617</a>	Imfinzi Lynparza vistusertib ceralasertib (AZD6738) danvatirsen oleclumab Enhertu cediranib	NSCLC	320	<p>5 modules encompassing 13 cohorts</p> <ul style="list-style-type: none"> <li>Module 1: Imfinzi and Lynparza</li> <li>Module 2: Imfinzi and danvatirsen</li> <li>Module 3: Imfinzi and ceralasertib (AZD6738)</li> <li>Module 4: Imfinzi and vistusertib</li> <li>Module 5: Imfinzi and oleclumab</li> <li>Module 6: Imfinzi and Enhertu</li> <li>Module 7: Imfinzi and cediranib</li> </ul> <p>Open-label, biomarker-directed, multi-centre Phase II umbrella trial in patients with NSCLC, who progressed on an anti-PD-1/PD-L1 containing therapy</p>	<ul style="list-style-type: none"> <li>Primary outcome; ORR</li> <li>Secondary outcomes; efficacy including OS, PFS, DCR, and safety and tolerability, DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2018</li> <li>Data anticipated: 2021+</li> </ul>
Phase II COAST <a href="#">NCT03822351</a>	Imfinzi	Stage III NSCLC unresectable	300	<ul style="list-style-type: none"> <li>Arm A: Imfinzi</li> <li>Arm B: Imfinzi + oleclumab</li> <li>Arm C: Imfinzi + monalizumab</li> </ul>	<p>Primary</p> <ul style="list-style-type: none"> <li>OR per RECIST v1.1</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: H2 2020</li> </ul>
Phase II NeoCOAST <a href="#">NCT03794544</a>	Imfinzi	Resectable, early stage NSCLC	160	<ul style="list-style-type: none"> <li>Arm A: Imfinzi</li> <li>Arm B: Imfinzi + oleclumab</li> <li>Arm C: Imfinzi + monalizumab</li> <li>Arm D: Imfinzi + danvatirsen</li> </ul>	<p>Primary</p> <ul style="list-style-type: none"> <li>Major pathological response rate</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: H2 2020</li> </ul>



# *Imfinzi* (PD-L1 mAb) + tremelimumab (CTLA-4 mAb)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase Ib/II STUDY 22</b>  NCT02519348	Hepatocellular carcinoma	545	<ul style="list-style-type: none"> <li>Arm A: <i>Imfinzi</i> + tremelimumab</li> <li>Arm B: <i>Imfinzi</i> 2L</li> <li>Arm C: tremelimumab 2L</li> <li>Arm D: <i>Imfinzi</i> + tremelimumab</li> <li>Arm E: <i>Imfinzi</i> in combination with bevacizumab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: Safety &amp; tolerability, DLTs</li> <li>Secondary endpoints: ORR, DoR, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase Ib STUDY 006</b>  NCT02000947	NSCLC (Immunotx naïve and Immunotx pretreated patient cohorts)	459	<ul style="list-style-type: none"> <li>Dose escalation: minimum 5 cohorts exploring various tremelimumab Q4W and <i>Imfinzi</i> i.v. Q4W dose combinations, higher dose levels and alternate Q2 schedule added with amendment</li> <li>Dose expansion: MTD for the combination in escalation to be explored in expansion</li> </ul> <p>North American, EU and ROW trial centres</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>Safety</li> <li>Optimal biologic dose for the combination</li> <li>OR</li> </ul> <p>Secondary endpoints include antitumour activity, PK and immunogenicity</p>	<ul style="list-style-type: none"> <li>FPCD: Q4 2013</li> <li>LPCD: Q4 2016</li> <li>Data anticipated: H1 2020</li> </ul>
<b>Phase I STUDY 10</b>  NCT02261220	Solid tumours (basket trial)	380	<ul style="list-style-type: none"> <li>Dose expansion: MTD for the combination in escalation to be explored in expansion cohorts specific for each of 7 tumour types</li> <li>Dose exploration: 2 cohorts exploring various Q4W tremelimumab and <i>Imfinzi</i> dose combinations and 2 cohorts exploring various Q2W tremelimumab and <i>Imfinzi</i> dose combinations</li> </ul> <p>North American, EU and ROW trial centres</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>Safety</li> <li>Optimal biologic dose for the combination</li> </ul> <p>Secondary endpoints include anti-tumour activity, PK/PD and immunogenicity</p>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>LPCD: Q2 2017</li> <li>Data anticipated: H1 2020</li> </ul>



# *Imfinzi* (PD-L1 mAb) + monalizumab (NKG2a mAb)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I/II NCT02671435</b>	Advanced solid tumours	501	<p>Escalation phase</p> <ul style="list-style-type: none"> <li>• monalizumab + <i>Imfinzi</i> i.v.</li> </ul> <p>Expansion phase</p> <ul style="list-style-type: none"> <li>• monalizumab + <i>Imfinzi</i> i.v. recommended dose</li> </ul> <p>Exploration phase</p> <ul style="list-style-type: none"> <li>• monalizumab + <i>Imfinzi</i> i.v. recommended dose + SoC systemic therapy with or without biologic agent and monalizumab in combination with a biologic agent in adult subjects with CRC</li> </ul> <p>Global trial</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Exploration Phase: Objective Response per RECIST</li> </ul> <p>Secondary endpoints include tumour response (OR, DC, DoR, PFS and OS), immunogenicity, pharmacokinetics, pharmacodynamics</p>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2016</li> <li>• Data anticipated: 2021+</li> </ul>



# *Imfinzi* (PD-L1 mAb) + MEDI0457 (DNA HPV Vaccine)

## Head and neck squamous cell carcinoma (HNSCC)

Trial	Population	Patients	Design	Endpoints	Status
Phase Ib/Ila <a href="#">NCT03162224</a>	HPV associated recurrent/metastatic head and neck cancer	50	Multi-centre, open label trial to evaluate the safety and efficacy of combination treatment with MEDI0457 and <i>Imfinzi</i>	Primary endpoints: Safety & Tolerability, ORR  Secondary endpoints: PK, ADA, DCR, OS, PFS	<ul style="list-style-type: none"> <li>• FPCD: Q3 2017</li> <li>• Data anticipated: H2 2020</li> </ul>



# AZD0466 (Bcl2/xL inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04214093</b>	Advanced hematologic malignancies or solid tumors	102	<p>Monotherapy dose escalation, consisting of two arms:</p> <ul style="list-style-type: none"> <li>• Arm A: Patients with low risk for tumour lysis syndrome (solid tumours, lymphomas, myelomas)</li> <li>• Arm B: Patients with high risk for tumour lysis syndrome (relapsed/refractory haem malignancies)</li> </ul>	<ul style="list-style-type: none"> <li>• Primary: safety</li> <li>• Secondary: PK, anti-tumour activity</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2019</li> <li>• Data anticipated: 2021+</li> </ul>



# MEDI1191 (IL12 modRNA)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03946800	Advanced solid tumours	87	First-time-in-human Phase I, open-label, dose-escalation and expansion study of MEDI1191 administered intratumourally as monotherapy and in combination with <i>Imfinzi</i>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> <li>Secondary endpoints: PK, immunogenicity and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: 2021+</li> </ul>



# AZD1390 (ATM inhibitor)

## Cancer

Trial	Population	Subjects	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03423628</b>	Recurrent glioblastoma eligible for re-irradiation, brain metastases and leptomeningeal disease, newly-diagnosed glioblastoma patients	132	<ul style="list-style-type: none"> <li>Designed to evaluate the safety, tolerability and PK of AZD1390 in combination with radiation therapy in patients with GBM and brain metastases from solid tumours</li> <li>Dose and schedule of AZD1390 administration will be adjusted during assessment of safety and tolerability during this Phase I trial</li> </ul> <p>Conducted across seven sites in USA and UK</p>	<ul style="list-style-type: none"> <li>Primary: investigate the safety, tolerability, and MTD of AZD1390 administered in combination with radiation therapy in brain malignancies</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q2 2018</li> <li>Data anticipated: 2021</li> </ul>



# Adavosertib (AZD1775, WEE-1 inhibitor)

## Ovarian cancer, solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>D6010C00004</b> <b>NCT02272790</b>	Platinum-resistant (PR) ovarian cancer	96	<ul style="list-style-type: none"> <li>Arm B: paclitaxel + adavosertib</li> <li>Arm C: carboplatin + adavosertib</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DoR, PFS, OS, DCR, safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>LPCD: Q2 2018</li> <li>Data readout: Q3 2019</li> </ul>
<b>Phase I</b> <b>D6010C00005</b> <b>NCT02511795</b>	Advanced solid tumours	130	<ul style="list-style-type: none"> <li>Dose escalation trial to determine MTD (adavosertib + <i>Lynparza</i>) followed by an expansion in SCLC</li> </ul> Conducted in US, Canada	<ul style="list-style-type: none"> <li>Safety and tolerability</li> <li>Secondary endpoints: ORR, DCR, DoR, PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q4 2018</li> <li>Data readout Q4 2019</li> </ul>
<b>Phase I</b> <b>D6015C00002</b> <b>NCT02617277</b>	Advanced solid tumours	56	<ul style="list-style-type: none"> <li>Dose escalation trial to determine MTD (adavosertib + <i>Imfinzi</i>)</li> </ul> Conducted in US	<ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q4 2018</li> <li>Data readout Q4 2019</li> </ul>
<b>Phase I</b> <b>D6014C00006</b> <b>NCT03333824</b>	Advanced solid tumours	33	Part A: caffeine (200mg), omeprazole (20mg) and midazolam (1mL of 2mg/mL syrup) followed 7-14 days later by adavosertib 225mg bid for 2.5 days plus caffeine (200mg), omeprazole (20mg) and midazolam (1mL of 2mg/mL syrup) on day 3. Part B: 7-14 days after end of Part A, adavosertib 225mg BID for 2.5 days. Conducted in US	<ul style="list-style-type: none"> <li>Primary endpoints:</li> <li>Part A: Plasma AUC, AUC<sub>0-t</sub> and C<sub>MAX</sub> for cocktail parent compounds (midazolam, omeprazole and caffeine)</li> <li>Part B: dECG (differentiated ECG) intervals (QTcF) for absolute values and time-matched change from baseline</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q4 2018</li> <li>Data readout Q4 2019</li> </ul>
<b>Phase I</b> <b>D6014C00007</b> <b>NCT03313557</b>	Advanced solid tumours	48	adavosertib monotherapy once daily. Conducted in US and Europe	<ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q1 2019</li> <li>Data readout Q4 2019</li> </ul>



# MEDI2228 (BCMA antibody drug conjugate)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03489525</b>	Relapsed/refractory multiple myeloma	129	First-time-in-human Phase I, multi-centre, open-label, single-arm, dose-escalation, and dose-expansion trial for adult subjects	Primary endpoints: • Safety • Determination of MTD  • Secondary endpoints: pPK, immunogenicity, ORR, DCR, DoR, PFS, OS	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• Data anticipated: 2021+</li> </ul>



# AZD2811 (AURN)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02579226</b>	Solid tumours	72	<ul style="list-style-type: none"> <li>Arm 1: AZD2811 dose escalation</li> <li>Arm 2: AZD2811 dose expansion SCLC</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerability</li> <li>PK and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase I</b> <b>NCT03217838</b>	AML/high-risk MDS	130	<ul style="list-style-type: none"> <li>Part A: AZD2811 monotherapy / azacitidine combination / venetoclax combination dose escalation cohorts</li> <li>Part B: AZD2811 monotherapy / azacitidine combination / venetoclax combination dose expansions to further explore the tolerability, PK and clinical activity</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerability</li> <li>PK and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2017</li> <li>Data anticipated: 2021+</li> </ul>



# AZD4573 (CDK9 inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03263637</b>	Relapsed/refractory haematological malignancies	45	Dose escalation in relapsed/refractory haematological malignancies  AZD4573 will be administered in 2 parallel arms (1-6 cohorts of dose escalations) based on the haematological malignancy	Primary: <ul style="list-style-type: none"><li>• safety/PK;</li></ul> Secondary: <ul style="list-style-type: none"><li>• efficacy</li></ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2017</li> <li>• Data anticipated: H2 2020</li> </ul>



# AZD4635 (A<sub>2</sub>AR inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02740985</b>	Phase Ia: patients with advanced solid tumours  Phase Ib: Post-immunotherapy NSCLC Other post-immunotherapy solid tumours Immune checkpoint-naïve mCRPC Immune checkpoint-naïve CRC Other immune checkpoint-naïve solid tumours	306	Phase Ia – solid tumours or mCPRC: <ul style="list-style-type: none"><li>• AZD4635 monotherapy</li><li>• AZD4635 + <i>Imfinzi</i></li><li>• AZD4635 + abiraterone</li><li>• AZD4635 + enzalutamide</li><li>• AZD4635 + <i>Imfinzi</i> + oleclumab</li><li>• AZD4635 + docetaxel.</li></ul> Phase Ib: AZD4635 monotherapy or AZD4635 + <i>Imfinzi</i> dose expansions in NSCLC, mCRPC, CRC and other post-immunotherapy and immune checkpoint-naïve solid tumours  Conducted at sites in the US	Primary outcome measure: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary outcome measures: <ul style="list-style-type: none"><li>• Preliminary assessment of anti-tumour activity</li></ul>	• FPCD: Q2 2016
<b>Phase I</b> <b>NCT03710434</b>	Healthy male volunteers	21	<ul style="list-style-type: none"><li>• Part A 2-period randomised crossover study of single doses of AZD4635, nanosuspension or solid oral formulation in fasted state</li><li>• Part B, 4-period, open-label, randomised, crossover study of single doses of AZD4635 in the same subjects from Part A to assess food effect, pH effect and formulation variants</li></ul> Both parts conducted at a site in the UK	Primary outcome measures: <ul style="list-style-type: none"><li>• Cmax and exposure (AUC) of AZD4635 solid oral formulation and nano-suspension</li></ul>	• FPCD: Q4 2018 • LPCD: Q2 2019
<b>Phase II</b> <b>NCT04089553</b>	Prostate cancer	60	ARM 1: AZD4635 + <i>Imfinzi</i> ARM 2: AZD4635 + oleclumab  Conducted at sites in the US	<ul style="list-style-type: none"><li>• Primary outcome measure: Efficacy; (ORR and PSA response)</li><li>• Secondary outcome measure: Efficacy, PK, safety and tolerability</li></ul>	• FPCD: Q3 2019
<b>Phase I</b> <b>NCT03980821</b>	Japanese patients with advanced solid malignancies	12	AZD4635 dose escalation  Conducted at sites in Japan	Primary outcome measure: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary outcome measure: <ul style="list-style-type: none"><li>• PK and preliminary anti-tumour activity</li></ul>	• FPCD: Q3 2019



# AZD5069 (CXCR2 antagonist)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase Ib/II NCT02583477	Metastatic pancreatic ductal carcinoma	16	Dose escalation and expansion arms:  <i>Imfinzi</i> in combination with nab-paclitaxel and gemcitabine <i>Imfinzi</i> in combination with AZD5069	• Safety/efficacy trial	<ul style="list-style-type: none"> <li>• FPCD: Q1 2016</li> <li>• LPCD: Q3 2018</li> <li>• Data anticipated: H2 2020</li> </ul>



# MEDI5083 (CD40 ligand fusion protein ) + *Imfinzi* (PD-L1 mAb)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03089645</b>	Advanced solid tumours	204	Dose-escalation phase <ul style="list-style-type: none"><li>• Part 1: MEDI5083</li><li>• Part 2: MEDI5083 + <i>Imfinzi</i> i.v.</li></ul> Dose expansion phase <ul style="list-style-type: none"><li>• Part 3: MEDI5083 recommended dose + <i>Imfinzi</i> i.v.</li></ul> US and Australian trial centres	Primary endpoints: <ul style="list-style-type: none"><li>• Safety</li><li>• Determination of MTD</li></ul> Secondary endpoints: preliminary anti-tumour activity, pharmacokinetics, pharmacodynamics, and immunogenicity	<ul style="list-style-type: none"><li>• FPCD: Q1 2017</li><li>• Data anticipated: H1 2020</li></ul>



# AZD5153 (BRD4 inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I/Ib</b> <b>NCT03205176</b>	Relapsed/refractory solid tumours, lymphomas	60	<p>Monotherapy dose escalation in advanced solid tumours and lymphomas</p> <p>Dose escalation of AZD5153 in combination with <i>Lynparza</i> in platinum resistant/refractory HGS patients.</p>	<ul style="list-style-type: none"> <li>• Primary: safety</li> <li>• Secondary: efficacy, PK</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2017</li> <li>• Data anticipated: H2 2020</li> </ul>



# MEDI5395 (rNDV GMCSF)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03889275</b>	Select advanced solid tumours	164	First-time-in-human Phase I, open-label, dose-escalation and expansion study of MEDI5395 in combination with <i>Imfinzi</i>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> <li>Secondary endpoints: PK, PD, immunogenicity and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: 2021+</li> </ul>



# MEDI5752 (PD-1/CTLA-4 bispecific mAb)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03530397</b>	Advanced solid tumours	272	Open-label, dose-escalation and dose-expansion Dose-escalation: MEDI5752 i.v. Dose-expansion : 2 cohort	Primary endpoints: • dose-escalation: safety & determination of MTD • dose-expansion: assessment of antitumour activity based on OR  Secondary endpoints: • PK, ADA, tumoural baseline PD-L1, assessment of antitumour activity based on OR, DoR, DC, PFS, OS	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• Data anticipated: 2021+</li> </ul>



# AZD5991 (MCL1 inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03218683</b>	Relapsed/refractory haematologic malignancies	177	<ul style="list-style-type: none"> <li>• Arm1: monotherapy dose escalation expansions in relapsed/refractory haematological malignancies</li> <li>• Arm2: combination dose escalation (AZD5991+venetoclax) in relapsed/refractory AML; Four dose escalation cohorts.</li> <li>• i.v. route of administration</li> <li>• US only</li> </ul>	<ul style="list-style-type: none"> <li>• Primary: safety</li> <li>• Secondary: efficacy, PK</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2017</li> <li>• Data anticipated: H2 2020</li> </ul>



# Ceralasertib (AZD6738, ATR inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02264678</b>	Solid tumours	250	<ul style="list-style-type: none"> <li>• Arm 1: ceralasertib + carboplatin</li> <li>• Arm 2: ceralasertib dose escalation, ceralasertib + Lynparza</li> <li>• Arm 3: ceralasertib + <i>Imfinzi</i></li> </ul> <p>Trial conducted in North America, Europe and South Korea</p>	<ul style="list-style-type: none"> <li>• Safety and tolerability</li> <li>• PK and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2014</li> <li>• Data anticipated: 2021+</li> </ul>
<b>Phase I</b> <b>NCT03022409</b>	HNSCC	44	<p>Window of opportunity</p> <ul style="list-style-type: none"> <li>• Arm 1: ceralasertib</li> <li>• Arm 2: <i>Lynparza</i></li> </ul> <p>Trial conducted in US, France, Taiwan and the UK</p>	<ul style="list-style-type: none"> <li>• Biomarker change</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2017</li> <li>• Data anticipated: H2 2020</li> </ul>



# Danvatirsen (AZD9150, STAT3 inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase Ib/II NCT02499328	HNSCC	405	<p>Dose escalation advanced solid and blood cancers</p> <ul style="list-style-type: none"> <li>• Arm A1: AZD9150/<i>Imfinzi</i></li> <li>• Arm A2 : AZD5069/<i>Imfinzi</i></li> <li>• Arm A4: AZD9150/<i>Imfinzi/treme</i></li> <li>• Arm A5: AZD5069/<i>Imfinzi/treme</i></li> </ul> <p>Dose expansion 2L HNSCC:</p> <ul style="list-style-type: none"> <li>• Arm B1: AZD9150</li> <li>• Arm B2: AZD5069</li> <li>• Arm B3: AZD9150/<i>Imfinzi</i></li> <li>• Arm B4: AZD5069/<i>Imfinzi</i></li> <li>• Arm B5: AZD9150 mono</li> <li>• Arm B6: AZD5069 mono</li> <li>• Arm B7: AZD9150/<i>Imfinzi</i> (1L HNSCC)</li> <li>• Arm B8: AZD9150 Q2W/<i>Imfinzi</i> (1L HNSCC)</li> </ul>	<ul style="list-style-type: none"> <li>• Safety/efficacy trial</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2015</li> <li>• LPCD: Q2 2019</li> <li>• Data anticipated: 2021</li> </ul>
Phase Ib/II NCT03421353	NSCLC, advanced solid tumours	213	<p>Dose escalation advanced solid and blood cancers</p> <ul style="list-style-type: none"> <li>• Arm A1: AZD9150 alternate week/<i>Imfinzi</i></li> <li>• Arm A2-A5 : AZD9150/<i>Imfinzi</i> + SoC chemo</li> </ul> <p>Dose expansion 1L HNSCC:</p> <ul style="list-style-type: none"> <li>• Arm D1/D2/D3: AZD9150 i.v. vs s.c. formulations/<i>Imfinzi</i> (advanced solid tumours)</li> </ul>	<ul style="list-style-type: none"> <li>• Safety/efficacy trial</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2018</li> <li>• Data anticipated: 2021</li> </ul>



# Oleclumab (MEDI9447, CD73 mAb)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02503774</b>	Advanced malignancies	310	<p>Dose escalation phase</p> <ul style="list-style-type: none"> <li>• oleclumab i.v.</li> <li>• oleclumab i.v. + <i>Imfinzi</i> i.v.</li> </ul> <p>Dose expansion phase</p> <ul style="list-style-type: none"> <li>• oleclumab i.v. recommended dose + <i>Imfinzi</i> i.v.</li> </ul> <p>US, South Korean and Australian trial centres</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Determination of MTD</li> </ul> <p>Secondary endpoints include preliminary anti-tumour activity, PK, PD, immunogenicity and biomarker activity</p>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2015</li> <li>• Data anticipated: 2021</li> </ul>
<b>Phase Ib/II</b> <b>NCT03611556</b>	Pancreatic 1L and 2L with prior gemcitabine-based chemotherapy	309	<ul style="list-style-type: none"> <li>• Arm A1: gemcitabine and nab paclitaxel i.v.</li> <li>• Arm A2: gemcitabine and nab paclitaxel i.v. + oleclumab i.v.</li> <li>• Arm A3: gemcitabine and nab paclitaxel i.v. + oleclumab i.v. + <i>Imfinzi</i> i.v.</li> <li>• Arm B1: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v.</li> <li>• Arm B2: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v. + oleclumab i.v.</li> <li>• Arm B3: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v. + oleclumab i.v. + <i>Imfinzi</i> i.v.</li> </ul> <p>US, Norway, Spain and Australian trial centres</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>• Safety and anti-tumour activity</li> </ul> <p>Secondary endpoints include PFS, PK, immunogenicity, safety and anti-tumour activity</p>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• Data anticipated: 2021</li> </ul>
<b>Phase Ib/II</b> <b>NCT03381274</b>	NSCLC	98	<ul style="list-style-type: none"> <li>• Arm A: oleclumab i.v. + <i>Tagrisso</i></li> </ul> <p>US, South Korean and Taiwan trial centres</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• ORR</li> </ul> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>• DoR, DCR, PFS, OS, PK and immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• Data anticipated: 2021+</li> </ul>





# AZD9496 (SERD, oral)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I NCT03236974</b>	ER+ breast cancer	c. 50	<ul style="list-style-type: none"> <li>This is an open label randomised multicentre pre-surgical pharmacodynamics trial to compare and assess the biological effects of AZD9496 and <i>Faslodex</i> in postmenopausal women with ER+, HER2- primary breast cancer. Patients will receive AZD9496 or <i>Faslodex</i> and will have a pre-dose and an on-treatment core biopsy after 5-14 days of commencing treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Primary outcome measures: PD changes to ER expression following treatment with AZD9496 or <i>Faslodex</i></li> <li>Secondary outcome measures: pharmacodynamics changes to Ki67 and PgR expression following treatment with AZD9496 or <i>Faslodex</i></li> <li>Safety, tolerability + pharmacokinetics</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>Data readout: Q4 2019</li> </ul>

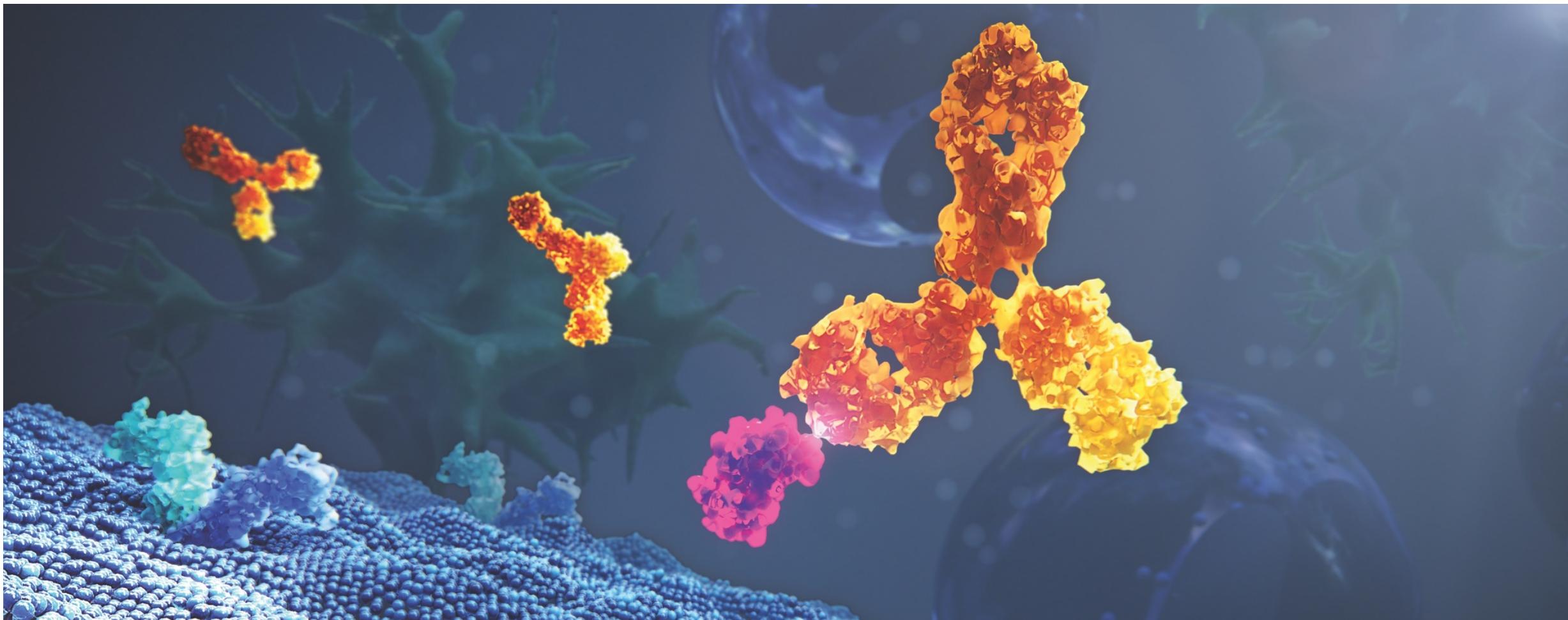


# AZD9833 (SERD, oral)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03616587</b>	ER+ breast cancer	240	<ul style="list-style-type: none"> <li>This is a Phase I open label multicentre trial of AZD9833 administered orally in patients with advanced ER+ HER2 negative breast cancer. The trial design allows an escalation of dose with intensive safety monitoring to ensure the safety of patients. The trial will determine the maximum tolerated dose of AZD9833 as monotherapy and in combination with palbociclib. In addition, randomised expansion cohort(s) at potential therapeutic dose(s) in patients will be enrolled to further determine the safety, tolerability, pharmacokinetics and biological activity of AZD9833 alone and in combination with palbociclib</li> </ul>	<ul style="list-style-type: none"> <li>Primary outcome measures: safety and tolerability</li> <li>Secondary outcome measures: multiple dose PK of AZD9833 alone and in combination with palbociclib antitumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> </ul>

## BioPharmaceuticals - approved medicines and late-stage pipeline



# *Farxiga* (SGLT2 inhibitor)

## Heart failure and chronic kidney disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III Dapa-HF</b> <b>NCT03036124</b>	CHF patients with HFrEF	4,744	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg or 5 mg QD + SoC therapy</li> <li>Arm 2: placebo + SoC therapy</li> <li>Global trial - 20 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to the first occurrence of any of the components of the composite: CV death or hospitalisation for HF or an urgent HF visit</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD Q4 2018</li> <li>Data readout: Q3 2019</li> <li>Primary endpoint met</li> </ul>
<b>Phase III Dapa-CKD</b> <b>NCT03036150</b>	Patients With CKD	4,000	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg or 5 mg QD</li> <li>Arm 2: placebo</li> </ul> <p>Global trial - 21 countries</p>	<ul style="list-style-type: none"> <li>Primary endpoint: time to the first occurrence of any of the components of the composite: ≥50% sustained decline in eGFR or reaching ESRD or CV death or renal death</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q1 2019</li> <li>Data anticipated: 2021</li> </ul>
<b>Phase III DELIVER</b> <b>NCT03619213</b>	CHF patients with HFpEF	6,100	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg QD</li> <li>Arm 2: placebo</li> <li>Global trial - 21 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to the first occurrence of any of the components of the composite: CV death or hospitalisation for HF or an urgent HF visit</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase III DETERMINE-preserved</b> <b>NCT03877224</b>	CHF patients with HFpEF	500	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg QD</li> <li>Arm 2: placebo</li> <li>Global trial - 12 countries</li> </ul>	<ul style="list-style-type: none"> <li>Dual primary endpoint: 1) change from baseline in 6 min walking distance at Week 16 2) change from baseline in KCCQ-TSS at Week16</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: H1 2020</li> </ul>
<b>Phase III DETERMINE-reduced</b> <b>NCT03877237</b>	CHF patients with HFrEF	300	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg QD</li> <li>Arm 2: placebo</li> <li>Global trial - 9 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in 6 min walking distance at Week 16</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: H1 2020</li> </ul>



# Brilinta (P2Y12 receptor antagonist)

## Cardiovascular risk reduction

Trial	Population	Patients	Design	Endpoints (primary)	Status
<b>Phase III THEMIS</b> <b>NCT01991795</b>	Patients with type-2 diabetes and coronary artery disease without a previous history of MI or stroke	19,000	<ul style="list-style-type: none"> <li>• Arm 1: <i>Brilinta</i> 60mg BiD</li> <li>• Arm 2: placebo BiD</li> </ul> on a background of acetylsalicylic acid if not contra-indicated or not tolerated  Global trial – 42 countries	<ul style="list-style-type: none"> <li>• Primary endpoint: composite of CV death, non-fatal MI and non-fatal stroke</li> </ul> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>• Prevention of CV death</li> <li>• Prevention of MI</li> <li>• Prevention of ischaemic stroke</li> <li>• Prevention of all-cause death</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2014</li> <li>• LPCD: Q2 2016</li> <li>• Data readout: Q1 2019</li> <li>• Primary endpoint met</li> </ul>
<b>Phase III THALES</b> <b>NCT03354429</b>	Patients with acute ischaemic stroke or transient ischaemic attack	11,000	<ul style="list-style-type: none"> <li>• Arm 1: <i>Brilinta</i> 90mg BiD</li> <li>• Arm 2: placebo BiD</li> </ul> on a background of acetylsalicylic acid if not contra-indicated or not tolerated  Global trial – 28 countries	Primary endpoint: <ul style="list-style-type: none"> <li>• Prevention of the composite of subsequent stroke and death at 30 days</li> </ul> <p>Secondary endpoints include:</p> <ul style="list-style-type: none"> <li>• Prevention of subsequent ischaemic stroke at 30 days</li> <li>• Reduction of overall disability at 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2018</li> <li>• LPCD: Q4 2019</li> <li>• Data readout: Q1 2020</li> <li>• Primary endpoint met</li> </ul>
<b>Phase III HESTIA3</b> <b>NCT03615924</b>	Pediatric patients (2-18 years old) with sickle cell disease	182	<ul style="list-style-type: none"> <li>• Arm 1: <i>Brilinta</i> 15, 30 or 45mg (dose based on subject weight)</li> <li>• Arm 2: placebo</li> </ul> Global trial – 18 countries	<ul style="list-style-type: none"> <li>• Primary endpoint: the number of vaso-occlusive crisis which is the composite of painful crisis and/or acute chest pain</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2018</li> <li>• Data anticipated: 2021</li> </ul>



# Lokelma (sodium zirconium cyclosilicate)

## Hyperkalaemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II/III Dose-response Study in Japan</b>  <b>NCT03127644</b>	Hyperkalaemia	103	<ul style="list-style-type: none"> <li>Arm 1: <i>Lokelma</i> 5g TID for 48 hours</li> <li>Arm 2: <i>Lokelma</i> 10g TID for 48 hours</li> <li>Arm 3: placebo TID for 48 hours</li> </ul> Japan	<ul style="list-style-type: none"> <li>Primary endpoint: exponential rate of change in serum potassium</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>LPCD: Q1 2018</li> <li>Data readout: Q3 2018</li> <li>Primary endpoint met</li> </ul>
<b>Phase III</b>  <b>NCT03172702 J-LTS</b>	Hyperkalaemia	150	<ul style="list-style-type: none"> <li>Arm 1: Open-label <i>Lokelma</i> 10g TID for up to 72 hrs followed by <i>Lokelma</i> 5g QD for 12 months. Option to uptitrate to 10 and 15g QD or downtitrade to 5g QOD (or 2.5g QD)</li> </ul> Japan	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability as measured by adverse events reporting, vital signs, ECGs, physical examinations and safety laboratory measurements</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2017</li> <li>LPCD: Q3 2019</li> <li>Data readout: Q3 2019</li> <li>Primary endpoint met</li> </ul>
<b>Phase IIIb DIALIZE</b>  <b>NCT03303521</b>	Patients on haemodialysis with persistent pre-dialysis hyperkalaemia	180	<ul style="list-style-type: none"> <li>Arm 1: <i>Lokelma</i> 5g QD for 8 weeks on non-dialysis days. Option to uptitrate to 10 and 15g QD.</li> <li>Arm 2: placebo QD for 8 weeks on non-dialysis days</li> </ul> Global trial – four countries	<ul style="list-style-type: none"> <li>Primary endpoint: proportion of patients who maintain a pre-dialysis serum K between 4.0–5.0 mmol/L on 3 out of 4 dialysis treatments following the long interdialytic interval</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q4 2018</li> <li>Data readout: Q1 2019</li> <li>Primary endpoint met</li> </ul>
<b>Phase II PRIORITY HF</b>  <b>NCT03532009</b>	Patients with chronic heart failure and hyperkalaemia or at high risk of developing hyperkalaemia	280	<ul style="list-style-type: none"> <li>Arm 1: <i>Lokelma</i> 5g QD for 12 weeks. Option to uptitrate to 10 and 15g QD or downtitrade to 5g QOD</li> <li>Arm 2: placebo QD for 12 weeks</li> </ul> Global trial – nine countries	<ul style="list-style-type: none"> <li>Primary endpoint: difference between <i>Lokelma</i> and placebo in RAAS (renin–angiotensin–aldosterone system) blockade treatment.</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>Data readout: H2 2020</li> </ul>



# Roxadustat (HIF-PH inhibitor)

## Anaemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III ANDES</b>  NCT01750190 Partnered	Anaemia in CKD in patients not receiving dialysis	922	<ul style="list-style-type: none"> <li>• Arm 1: roxadustat</li> <li>• Arm 2: placebo</li> </ul> Global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2012</li> <li>• LPCD: Q3 2018</li> <li>• Data readout: Q4 2018</li> <li>• Primary endpoint met</li> </ul> Sponsored by FibroGen
<b>Phase III ALPS</b>  NCT01887600 Partnered		597	<ul style="list-style-type: none"> <li>• Arm 1: roxadustat</li> <li>• Arm 2: placebo</li> </ul> Global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2013</li> <li>• LPCD: Q4 2017</li> <li>• Data readout: Q3 2018</li> <li>• Primary endpoint met</li> </ul> Sponsored by Astellas
<b>Phase III DOLOMITES</b>  NCT02021318 Partnered		616	<ul style="list-style-type: none"> <li>• Arm 1: roxadustat</li> <li>• Arm 2: darbepoetin alfa</li> </ul> Global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2014</li> <li>• Data anticipated: H1 2020</li> </ul> Sponsored by Astellas
<b>Phase III OLYMPUS</b>  NCT02174627		2,781	<ul style="list-style-type: none"> <li>• Arm 1: roxadustat</li> <li>• Arm 2: placebo</li> </ul> Global trial	<ul style="list-style-type: none"> <li>• Primary efficacy endpoint: Haemoglobin response</li> <li>• Primary safety objective: Contribute CV safety data to pooled safety analyses across the Phase III program</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2014</li> <li>• LPCD: Q4 2018</li> <li>• Data readout: Q4 2018</li> <li>• Primary endpoint met</li> </ul> Sponsored by AstraZeneca
<b>Phase III ROCKIES</b>  NCT02174731	Anaemia in CKD in patients receiving dialysis	2,133	<ul style="list-style-type: none"> <li>• Arm 1: roxadustat</li> <li>• Arm 2: epoetin alfa</li> </ul> Global trial	<ul style="list-style-type: none"> <li>• Primary efficacy endpoint: Haemoglobin response</li> <li>• Primary safety objective: Contribute CV safety data to pooled safety analyses across the Phase III program</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2014</li> <li>• LPCD: Q3 2018</li> <li>• Data readout: Q4 2018</li> <li>• Primary endpoint met</li> </ul> Sponsored by AstraZeneca
<b>Phase III SIERRAS</b>  NCT02273726 Partnered		741	<ul style="list-style-type: none"> <li>• Arm 1: roxadustat</li> <li>• Arm 2: epoetin alfa</li> </ul> Global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2014</li> <li>• LPCD: Q3 2018</li> <li>• Data readout: Q4 2018</li> <li>• Primary endpoint met</li> </ul> Sponsored by FibroGen
<b>Phase III PYRENEES</b>  NCT02278341 Partnered		838	<ul style="list-style-type: none"> <li>• Arm 1: roxadustat</li> <li>• Arm 2: epoetin alfa or darbepoetin alfa</li> </ul> Global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2014</li> <li>• LPCD: Q3 2018</li> <li>• Data readout: Q3 2018</li> <li>• Primary endpoint met</li> </ul> Sponsored by Astellas



# Roxadustat (HIF-PH inhibitor)

## Anaemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III HIMALAYAS</b> <b>NCT02052310 Partnered</b>	Anaemia in newly initiated dialysis patients	1,043	<ul style="list-style-type: none"> <li>• Arm 1: roxadustat</li> <li>• Arm 2: epoetin alfa</li> </ul> Global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2013</li> <li>• LPCD: Q3 2018</li> <li>• Data readout: Q4 2018</li> <li>• Primary endpoint met</li> </ul> Sponsored by FibroGen
<b>Phase III NCT03263091 Partnered</b>	Anaemia in lower risk MDS patients	184	Open label roxadustat lead-in Arm 1: roxadustat Arm 2: placebo  US/global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Proportion of patients achieving transfusion independence</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2017</li> <li>• Data anticipated: 2021</li> </ul> Sponsored by FibroGen
<b>Phase II/III NCT03303066 Partnered</b>	Anaemia in lower risk MDS patients	175	Open label roxadustat lead-in Arm 1: roxadustat Arm 2: placebo  China	<ul style="list-style-type: none"> <li>• Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• Data anticipated: 2021</li> </ul> Sponsored by FibroGen
<b>Phase II NCT04076943 Partnered</b>	Anemia in patients receiving chemotherapy treatment for non-myeloid malignancies	100	US	<ul style="list-style-type: none"> <li>• Primary endpoint: Maximum change in hemoglobin within 16 weeks from baseline without RBC transfusion</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2019</li> <li>• Data anticipated: H2 2020</li> </ul> Sponsored by FibroGen



# Eklira/ Tudorza (LAMA, DPI)

## COPD

Trial	Population	Number of patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03276052</b>	Healthy Chinese subjects	18	<p>Open-label, 2-period ascending dose incomplete block, cross-over trial</p> <ul style="list-style-type: none"> <li>• Arm 1: aclidinium bromide 200 µg DPI</li> <li>• Arm 2: aclidinium bromide 400 µg DPI</li> <li>• Arm 3: aclidinium bromide 800 µg DPI</li> </ul> <p>Global trial – one Country</p>	<ul style="list-style-type: none"> <li>• To investigate the PK of aclidinium bromide and its metabolites after single and multiple doses (BID) of aclidinium bromide 200 µg, 400 µg and 800 µg</li> <li>• To evaluate the safety, and tolerability of aclidinium bromide 200 µg, 400 µg and 800 µg after single and multiple dose administration (BID)</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• Data anticipated: 2021</li> </ul>



# Duaklir Genuair (LAMA/LABA, DPI)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III AVANT</b> <b>NCT03022097</b>	Patients with stable COPD	1,060	<ul style="list-style-type: none"> <li>• Arm 1: <i>Duaklir Genuair</i> 400/12 µg DPI</li> <li>• Arm 2: aclidinium bromide 400 µg DPI</li> <li>• Arm 3: formoterol fumarate 12 µg DPI</li> <li>• Arm 4: tiotropium 18 µg DPI</li> </ul> <p>Global trial – five countries</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>• Change from baseline in one hour morning post-dose dose FEV1 <i>Duaklir Genuair</i> 400/12 µg compared to Aclidinium bromide at Week 24</li> <li>• Change from baseline in morning pre-dose (trough) FEV1 of <i>Duaklir Genuair</i> 400/12 µg compared to Formoterol fumarate at Week 24</li> <li>• Change from baseline in trough FEV1 of Aclidinium bromide 400 µg compared to placebo at Week 24</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2017</li> <li>• Data anticipated: 2021</li> </ul>



# Breztri (PT010, LAMA/LABA/ICS, pMDI)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>NCT02536508</b>	Moderate to very severe COPD	500	<p>Treatments (52-week treatment period)</p> <ul style="list-style-type: none"> <li>BGF (budesonide, glycopyrronium, and formoterol fumarate) MDI 320/14.4/9.6µg BID pMDI</li> <li>GFF (glycopyrronium and formoterol fumarate) MDI 14.4/9.6µg BID pMDI</li> <li>BFF (budesonide and formoterol fumarate) MDI 320/9.6µg BID pMDI</li> </ul> <p>Randomised, double-blind, chronic-dosing, multi-centre Country – US</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>Bone mineral density sub-study endpoint: change from baseline in BMD of the lumbar spine measured using DXA (dual energy X-ray absorptiometry) scans of L1-L4 at week 52</li> <li>Ocular sub-study safety endpoint change from baseline in LOCS III at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q3 2016</li> <li>Data readout: Q1 2018</li> <li>Primary endpoints met</li> </ul>
<b>Phase III</b> <b>ETHOS</b> <b>NCT02465567</b>	Moderate to very severe COPD	8,588	<p>Treatments (1-year treatment period)</p> <ul style="list-style-type: none"> <li>BGF MDI 320/14.4/9.6µg BID pMDI</li> <li>BGF MDI 160/14.4/9.6µg BID pMDI</li> <li>BFF MDI 320/9.6µg BID pMDI</li> <li>GFF MDI 14.4/9.6µg BID pMDI</li> </ul> <p>Randomised, double-blind, multi-centre and parallel-group Multi-country</p>	<ul style="list-style-type: none"> <li>Primary endpoint: rate of moderate or severe COPD exacerbations</li> <li>Secondary endpoint: time to first moderate or severe COPD exacerbation</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q3 2019</li> <li>Primary endpoint met</li> </ul>
<b>Phase III</b> <b>KRONOS</b> <b>NCT02497001</b>	Moderate to very severe COPD	1,800	<p>Treatments (24-week treatment period)</p> <ul style="list-style-type: none"> <li>BGF MDI 320/14.4/9.6µg BID pMDI</li> <li>GFF MDI 14.4/9.6µg BID pMDI</li> <li>BFF MDI 320/9.6µg BID pMDI</li> <li>Symbicort Turbuhaler 400/12µg BID DPI</li> </ul> <p>Randomised, double-blind, parallel-group, and chronic dosing and multi-centre Multi-country</p>	<p>Primary Endpoints:</p> <ul style="list-style-type: none"> <li>FEV<sub>1</sub> area under curve from 0 to 4 hours (AUC<sub>0-4</sub>) over 24 weeks (BGF MDI vs. BFF MDI and BGF MDI vs. Symbicort Turbuhaler)</li> <li>Change from baseline in morning pre-dose trough FEV<sub>1</sub> over 24 weeks (BGF MDI vs. GFF MDI)</li> <li>TDI focal score over 24 weeks (BGF MDI vs. BFF MDI and BGF MDI vs. GFF MDI)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q2 2017</li> <li>Data readout: Q1 2018</li> <li>8/9 Primary endpoints met</li> </ul>
<b>Phase III</b> <b>NCT03262012</b>	Moderate to very severe COPD	324	<p>Treatments (28-week treatment period)</p> <ul style="list-style-type: none"> <li>BGF MDI 320/14.4/9.6µg BID pMDI</li> <li>GFF MDI 14.4/9.6µg BID pMDI</li> <li>BFF MDI 320/9.6µg BID pMDI</li> <li>Symbicort Turbuhaler 400/12µg BID DPI</li> </ul> <p>Randomised, double-blind, parallel-group, chronic dosing, multicenter Country: Japan</p>	<p>Primary outcome measures:</p> <ul style="list-style-type: none"> <li>Long-term safety and tolerability (52 weeks): adverse events, 12-lead ECG, laboratory tests, vital signs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q3 2016</li> <li>LPCD Q4 2017</li> <li>Data readout: Q3 2018</li> <li>Primary safety endpoint met</li> </ul>

# Daliresp/Daxas (PDE4 inhibitor, oral)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
Post Launch PASS  NCT03381573	COPD	124,080	<ul style="list-style-type: none"> <li>This is a retrospective cohort trial comparing COPD patients aged 40 years and older with new exposure to roflumilast with up to 5 unexposed (i.e., not roflumilast-exposed) COPD controls matched by propensity score (PS), age, sex, and year of cohort entry. The trial is using electronic healthcare databases in the US (Military Health System database), Germany (German Pharmacoepidemiological Research Database), and Sweden (national databases including healthcare, death, and demographics data).</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: all-cause mortality (up to five years)</li> </ul>	<ul style="list-style-type: none"> <li>Data anticipated: 2021+</li> </ul>



# Fasenra (IL5R mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III MELTEMI</b>  <b>NCT02808819</b>	A multi-centre, open-label, safety extension trial with <i>Fasenra</i> for asthmatic adults on ICS plus LABA2 Agonist Age 18-75 years	770	<ul style="list-style-type: none"> <li>• Arm 1: <i>Fasenra</i> 30mg Q4W s.c.</li> <li>• Arm 2: <i>Fasenra</i> 30mg Q8W s.c.</li> </ul> Global trial - 15 countries	<ul style="list-style-type: none"> <li>• Primary endpoint: safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2016</li> <li>• LPCD: Q3 2019</li> <li>• Data anticipated: H2 2020</li> </ul>
<b>Phase IIb PONENTE</b>  <b>NCT03557307</b>	Severe eosinophilic asthmatics receiving HD ICS + LABA and chronic OCS with or without additional asthma controller(s). Age 18 Years and older	600	Arm 1: <i>Fasenra</i> 30mg Q8W s.c. 38-week trial Global trial – 16 countries	<ul style="list-style-type: none"> <li>• Primary endpoint: reduction of oral corticosteroid dose</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2018</li> <li>• LPCD: Q3 2019</li> <li>• Data anticipated: H2 2020</li> </ul>
<b>D3250C00036 China ICS/LABA Trial (MIRACLE)</b>  <b>NCT03186209</b>	Severe, uncontrolled asthma, despite background controller medication, MD & HD ICS + LABA ± chronic OCS Age 12-75 years	666	<ul style="list-style-type: none"> <li>• Arm 1: <i>Fasenra</i> 30mg Q8W s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> 56-week trial Global trial – 4 countries	<ul style="list-style-type: none"> <li>• Primary endpoint: annual asthma exacerbation rate</li> <li>• Secondary endpoints: assess pulmonary function, asthma symptoms, other asthma control metrics</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2017</li> <li>• Data readout: 2021+</li> </ul>



# Fasenra (IL5R mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
Phase III <b>BORA</b> NCT02258542	Severe asthma, inadequately controlled despite background controller medication, MD & HD ICS + LABA ± chronic OCS Age 12-75 years	2,550	<ul style="list-style-type: none"> <li>• Arm 1: <i>Fasenra</i> 30mg Q4W s.c.</li> <li>• Arm 2: <i>Fasenra</i> 30mg Q8W s.c.*</li> <li>• placebo administered at select interim visits to maintain blind between treatment arms</li> </ul> <p>56-week (adults) 108-week (adolescents) Global trial – 24 countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2014</li> <li>• Data readout: Q3 2018</li> <li>• Primary endpoint met</li> </ul>
Phase III <b>GREGALE</b> NCT02417961	Severe asthma, inadequately controlled despite background controller medication, MD & HD ICS + LABA ± chronic OCS Age 18-75 years	120	<ul style="list-style-type: none"> <li>• Arm 1: <i>Fasenra</i> 30mg Q4W s.c.</li> </ul> <p>28-week (adults) Global trial – two countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: functionality, reliability, and performance of a pre-filled syringe with <i>Fasenra</i> administered at home</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2015</li> <li>• Data readout: Q2 2016</li> <li>• Primary endpoint met</li> </ul>
Phase III <b>ARIA</b> NCT02821416	A double-blind, randomised, parallel group, placebo-controlled multi-centre trial to evaluate the effect of <i>Fasenra</i> on allergen-induced inflammation in Mild, atopic asthmatic Age 18-65 years	38	<ul style="list-style-type: none"> <li>• Arm 1 : <i>Fasenra</i> 30mg Q4W s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> <p>37-week trial</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: safety and tolerability</li> <li>• Primary endpoint: the effect of <i>Fasenra</i> on allergen induced eosinophil changes in sputum and allergen-induced late asthmatic response</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD Q4 2016</li> <li>• Data anticipated: H1 2020</li> </ul>
Phase III <b>ALIZE</b> NCT02814643	A multi-centre, randomised, double-blind, parallel group, placebo-controlled, Phase IIIb trial to evaluate the potential effect of <i>Fasenra</i> on the humoral immune response to the seasonal influenza vaccination in adolescent and young adult patients with severe asthma Ages 12-21 years	100	<ul style="list-style-type: none"> <li>• Arm 1: <i>Fasenra</i> 30mg Q4W s.c. with one dose of seasonal influenza virus vaccine IM at week eight</li> <li>• Arm 2: placebo Q4W s.c. with one dose of seasonal influenza virus vaccine intra muscular at week</li> </ul> <p>12-week trial</p>	Primary endpoints: <ul style="list-style-type: none"> <li>• Post-dose strain-specific HAI antibody GMFRs</li> <li>• Post-dose strain-specific serum HAI antibody GMTs</li> <li>• Proportion of patients who experience a strain-specific post-dose antibody response with antibody response defined as a ≥4-fold rise in HAI antibody titer</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2016</li> <li>• Data readout: Q3 2017</li> <li>• Primary endpoint met</li> </ul>



# Fasenra (IL5R mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III GRECO</b>  NCT02918071	Severe asthma on ICS-LABA Age 18-75 years	120	Open label <i>Fasenra</i> 30mg Q4w  28-week trial Global trial - two countries	• Primary endpoint: percentage of patients/caregivers who successfully self administer at home	• FPCD: Q4 2016 • Data readout: Q4 2017 • Primary endpoint met
<b>Phase IIb ANDHI</b>  NCT03170271	A multi-centre, randomised, double-blind, parallel group, placebo controlled, Phase IIb trial to evaluate the safety and efficacy of <i>Fasenra</i> 30 mg s.c. in patients with severe asthma uncontrolled on SoC treatment. Age 18-75	800	• Arm 1: <i>Fasenra</i> 30mg Q8W s.c. • Arm 2: placebo s.c.  24-week trial Global trial – 15 countries	• Primary endpoint: rate of asthma exacerbations • Secondary outcome measures: Saint George Respiratory Questionnaire (SGRQ)	• FPCD: Q3 2017 • LPCD: Q1 2019 • Data readout: Q4 2019 • Primary endpoint met
<b>Phase I AMES</b>  NCT02968914	Healthy volunteers age 18-55 years	162	Open label trial to compare 30 mg <i>Fasenra</i> PK administered by APFS or AI device  8-week trial Global trial – two countries	• Primary endpoint: PK comparability	• FPCD: Q1 2017 • Data readout: Q3 2017



# Fasenra (IL5R mAb)

## Nasal polyposis, other

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III OSTRO</b> <b>NCT03401229</b>	Patients with severe bilateral nasal polyposis who are still symptomatic despite standard of care therapy  Age 18-75 years	400	• Arm 1: <i>Fasenra</i> 30mg Q8W s.c. • Arm 2: placebo s.c.  56-week trial Global trial- 8 countries	• Primary endpoint: effect of <i>Fasenra</i> on nasal polyp burden and on patient reported nasal blockage	• FPCD: Q1 2018 • LPCD: Q2 2019 • Data anticipated: H2 2020
<b>Phase III ORCHID</b> <b>NCT04157335</b>	Patients with eosinophilic chronic rhinosinusitis with severe nasal polyposis  Age 18-75 years	148	Arm 1: <i>Fasenra</i> 30mg Q8W s.c. Arm 2: placebo Q8W s.c.  56-week trial  Asian countries (4 countries)	• Primary endpoint: Change in endoscopic total nasal polyp score and Change in mean nasal blockage score	• FPCD: Q4 2019 • Data anticipated: 2021+
<b>Phase III MANDARA</b> <b>NCT04157348</b>	Patients with relapsing or refractory EGPA on corticosteroid therapy with or without stable immunosuppressive therapy  Age 18 years and older	140	• Arm 1: <i>Fasenra</i> 30mg Q4W s.c. • Arm 2: mepolizumab 300mg Q4W s.c.  52-week trial with a minimum 1 year open label extension Global trial- 9 countries	• Primary endpoint: Proportion of patients achieving remission (BVAS=0 and OCS dose ≤ 4mg/day) at both weeks 36 and 48.	• FPCD: Q4 2019 • Data anticipated: 2021+
<b>Phase III NATRON</b> <b>NCT04191304</b>	Patients with HES (history of persistent eosinophilia >1500 cells/µL with evidence of end organ manifestations attributable to eosinophilia) and signs or symptoms of HES worsening/flare at Visit 1  Age 12 years and older	120	• Arm 1: <i>Fasenra</i> 30mg Q4W s.c. • Arm 2: placebo Q4W s.c.  24-week trial with a minimum 1 year open label extension Global trial- 9-12 countries	• Primary endpoint: Time to first HES worsening/flare.	• FPCD: Q4 2019 • Data anticipated: 2021+
<b>Phase III MESSINA</b>	Documented diagnosis of EoE Age 12 to 65 years	170	• Arm 1: <i>Fasenra</i> 30mg Q4W s.c. • Arm 2: placebo Q4W s.c.  24-week double blind treatment period and open label period(s)	• Primary endpoints: Histologic response at week 24 Change from baseline in DSQ score at week 24	• Initiating • Data anticipated: 2021+



# Fasenra (IL5R mAb)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
Phase III RESOLUTE  NCT04053634	Patients with moderate to very severe COPD with a history of frequent exacerbations on a background triple therapy (ICS/LABA/LAMA)  Age 40-85 years	1216	<ul style="list-style-type: none"> <li>Double-blind, placebo controlled, single dose (100mg q8w)</li> <li>56-week treatment</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: annualized rate of moderate or severe exacerbations over 56 weeks</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q4 2019</li> <li>Data anticipated: 2021+</li> </ul>



# PT027 (SABA/ICS, pMDI)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III MANDALA</b>  NCT03769090  Managed by Avillion	Moderate to severe asthma	3,100	<p>Treatments (minimum 24-week treatment period)</p> <ul style="list-style-type: none"> <li>BDA (budesonide albuterol) MDI 80/180 µg prn</li> <li>BDA MDI 160/180 µg prn</li> <li>AS (albuterol sulphate) MDI 180 µg prn</li> </ul> <p>Randomised, double-blind, multi-centre, parallel group</p> <p>Multi-country</p>	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>Time to first severe asthma exacerbation</li> </ul> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>Severe exacerbation rate (annualised)</li> <li>Total corticosteroid exposure over the treatment period</li> <li>Asthma Control Questionnaire -5 change from baseline and responder analysis at Week 24</li> <li>Asthma quality of life questionnaire for 12 years and older/pediatric asthma quality of life questionnaire change from baseline and responder analysis at week 24</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2021</li> </ul>
<b>Phase III DENALI</b>  Managed by Avillion	Mild to moderate asthma	600	<p>Treatments (12 week treatment period)</p> <ul style="list-style-type: none"> <li>BDA MDI 80/180 µg QID</li> <li>BDA MDI 160/180 µg QID</li> <li>BD MDI 160 µg QID</li> <li>AS MDI 180 µg QID</li> <li>placebo MDI QID</li> </ul> <p>Randomised, double-blind, multi-centre and parallel-group</p> <p>Multi-country</p>	<p>Dual primary endpoints:</p> <ul style="list-style-type: none"> <li>Change from baseline in FEV1 AUC<sub>0-6</sub> hours over 12 weeks</li> <li>Change from baseline in trough FEV1 at week 12</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase III TYREE</b>  Managed by Avillion	Asthma with exercise induced bronchoconstriction	60	<p>Treatments (single dose)</p> <ul style="list-style-type: none"> <li>BDA MDI 160/180 µg</li> <li>placebo MDI QID</li> </ul> <p>Randomised, double-blind, multi-centre crossover</p> <p>Country: US</p>	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>The maximum percentage fall from post-dose, pre-exercise baseline in forced expiratory volume in 1 second (FEV1) observed up to 60 minutes post-exercise challenge</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q1 2019</li> <li>Data anticipated: H2 2020</li> </ul>



# Tezepelumab (TSLP mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III NAVIGATOR</b>  NCT03347279  Partnered	Severe asthma Age 12-80 years	1,061	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> <p>52 week trial Global trial – 18 countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: Annual asthma exacerbation rate</li> <li>• Secondary endpoints: Change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12), asthma control (ACQ-6)</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2018</li> <li>• LPCD: Q3 2019</li> <li>• Data anticipated: H2 2020</li> </ul>
<b>Phase III SOURCE</b>  NCT03406078  Partnered	Severe asthma Age 18-80 years	150	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> <p>48 week trial Global trial – seven countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: Reduction from baseline in daily OCS dose while not losing asthma control</li> <li>• Secondary endpoint: Annual asthma exacerbation rate</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• LPCD: Q4 2019</li> <li>• Data anticipated: H2 2020</li> </ul>
<b>Phase III DESTINATION</b>  NCT03706079  Partnered	Severe asthma Age 12-80 years	~975	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> <p>Extension Study to NAVIGATOR and SOURCE. 52 week trial (subjects from NAVIGATOR); 56 week trial (subjects from SOURCE) Global trial – ~ 20 countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: Exposure adjusted rates of AEs/SAEs Secondary endpoints: Annual asthma exacerbation rate</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2019</li> <li>• Data anticipated: 2021+</li> </ul>
<b>Phase III PATH-HOME</b>  NCT03968978  Partnered	Severe asthma Age 12-80 years	216	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c. via autoinjector (AI)</li> <li>• Arm 2: tezepelumab s.c. via accessorized pre-filled syringe (APFS)</li> </ul> <p>24 week trial Global trial – 4 countries</p>	Primary endpoint: Proportion of health care professionals and subjects /caregivers who successfully administrated tezepelumab in clinic and at home with an APFS or an AI, respectively	<ul style="list-style-type: none"> <li>• FPCD: Q2 2019</li> <li>• LPCD: Q3 2019</li> <li>• Data anticipated: H2 2020</li> </ul>



# Tezepelumab (TSLP mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II CASCADE</b>  <b>NCT03688074</b> <b>Partnered</b>	Severe asthma Age 18-75 years	116	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> 28 week trial  Global trial – five countries	<ul style="list-style-type: none"> <li>• Primary endpoint: number of airway submucosal inflammatory cells/mm<sup>2</sup> of bronchoscopic biopsies</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2018</li> <li>• LPCD: Q4 2019</li> </ul>
<b>Phase III DIRECTION</b>  <b>NCT03927157</b> <b>Partnered</b>	Severe asthma Age 18-80 years	396	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> 52 week trial  Regional Asia study – three countries	<ul style="list-style-type: none"> <li>• Primary endpoint: Annual asthma exacerbation rate</li> <li>• Secondary endpoints: Change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12), asthma control (ACQ-6)</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2019</li> </ul>
<b>Phase III NOZOMI</b>  <b>NCT04048343</b> <b>Partnered</b>	Severe asthma 12-80 years	66	Arm 1: tezepelumab s.c. 52 week trial Local study - Japan	<ul style="list-style-type: none"> <li>• Primary endpoint: Number of subjects with adverse events</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2019</li> </ul>



# Tezepelumab (TSLP mAb)

## Atopic dermatitis, COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb</b> <b>NCT03809663</b> <b>Partnered</b>	Patients with chronic atopic dermatitis	300	<p>A dose-ranging, double-blind, placebo-controlled study to evaluate the safety and efficacy of tezepelumab alone or combined with topical corticosteroids in moderate-to-severe atopic dermatitis</p> <ul style="list-style-type: none"> <li>• Arm 1: tezepelumab HD, s.c. Q2W</li> <li>• Arm 2: tezepelumab MD, s.c. Q4W</li> <li>• Arm 3: tezepelumab LD, s.c. Q2W</li> <li>• Arm 4: placebo, s.c. Q2W or Q4W</li> </ul>	The effect of tezepelumab compared with placebo, assessed using the IGA and EASI	<ul style="list-style-type: none"> <li>• FPCD: Q1 2019</li> <li>• Data anticipated: 2021</li> </ul>
<b>Phase IIa</b> <b>COURSE</b> <b>NCT04039113</b> <b>Partnered</b>	Moderate to very severe COPD Age 40-80	282	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> <p>52 week trial Global trial – 10 countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: Rate of moderate or severe COPD exacerbations</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD Q3 2019</li> <li>• Data anticipated: 2021+</li> </ul>



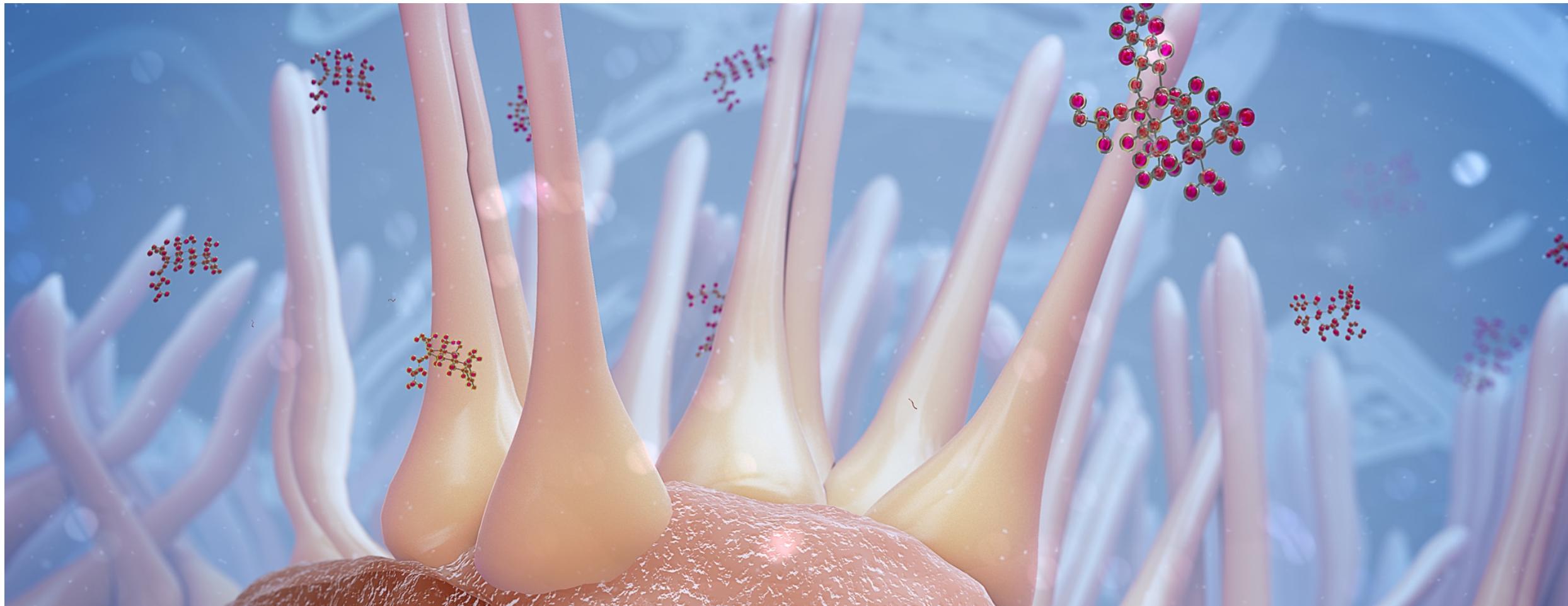
# Anifrolumab (type I interferon receptor mAb)

## Lupus (SLE / LN)

Trial	Population	Patients	Design	Endpoints	Status
Phase III TULIP SLE 1 <a href="#">NCT02446912</a>	Moderate to severe SLE	450	<ul style="list-style-type: none"> <li>Arm 1: 300mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 2: 150mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 3: placebo i.v. Q4W for 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: response in SLE responder index at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q3 2018</li> <li>Primary endpoint not met</li> </ul>
Phase III TULIP SLE 2 <a href="#">NCT02446899</a>	Moderate to severe SLE	360	<ul style="list-style-type: none"> <li>Arm 1: 300mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 2: placebo i.v. Q4W for 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: response in SLE responder index at week 52 BICLA at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q3 2019</li> <li>Primary endpoint met</li> </ul>
Phase III TULIP LTE <a href="#">NCT02794285</a>	Moderate to severe SLE	630	<ul style="list-style-type: none"> <li>Arm 1: 300mg i.v. anifrolumab Q4W for 152 weeks</li> <li>Arm 2: placebo i.v. Q4W for 152 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: extension to evaluate long-term safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2016</li> <li>LPCD: Q4 2018</li> <li>Data anticipated: 2021+</li> </ul>
Phase II <a href="#">NCT01438489</a>	Moderate to severe SLE patients	307	<ul style="list-style-type: none"> <li>Arm 1: 300mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 2: 1000mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 3: placebo i.v. Q4W for 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: response in SLE responder index at 6 months</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2012</li> <li>LPCD: Q1 2015</li> <li>Data readout: Q3 2014</li> </ul>
Phase II <a href="#">NCT01753193</a>	Moderate to severe SLE patients	218	<ul style="list-style-type: none"> <li>Arm 1: anifrolumab, i.v. Q4W for 104 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: open-label extension to evaluate long-term safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2013</li> <li>Data readout: Q4 2018</li> </ul>
Phase II <a href="#">NCT02962960</a>	Moderate to severe SLE patients	32	<ul style="list-style-type: none"> <li>Arm 1: 150mg s.c. every other week</li> <li>Arm 2: 300mg s.c. every other week</li> <li>Arm 3: placebo s.c. every other week</li> </ul>	<ul style="list-style-type: none"> <li>PK/PD, safety, tolerability, primary analysis at week 12, secondary analysis at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q1 2018</li> </ul>
Phase II TULIP-LN1 <a href="#">NCT02547922</a>	Active Proliferative LN	150	<ul style="list-style-type: none"> <li>Arm 1: 900 mg i.v. Q4W for 12 weeks then 300mg i.v. anifrolumab Q4W for 36 weeks</li> <li>Arm 2: 300 mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 3: placebo i.v. Q4W for 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Response in proteinuria at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q4 2018</li> <li>Data anticipated: 2021</li> </ul>



## BioPharmaceuticals - early-stage development



# Cotadutide (MEDI0382, GLP-1-glucagon agonist)

## Diabetes/obesity

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>NCT03244800</b>	Adults with type-2 diabetes	65	<ul style="list-style-type: none"> <li>Arm1: cotadutide s.c. or placebo</li> <li>Arm2: cotadutide s.c. or placebo</li> <li>Germany</li> </ul>	<ul style="list-style-type: none"> <li>Primary: efficacy MMT glucose AUC, body weight loss</li> <li>Secondary: efficacy HbA1c, fasting plasma glucose</li> <li>Secondary: safety profile in terms of adverse events, heart rate, blood pressure, vital signs, ECG, lab variables</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2017</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q1 2018</li> </ul>
<b>Phase II</b> <b>NCT03235050</b>	Overweight and obese subjects with type-2 diabetes	834	<ul style="list-style-type: none"> <li>Arm1: cotadutide low dose s.c. + metformin</li> <li>Arm2: cotadutide mid dose s.c. + metformin</li> <li>Arm3: cotadutide high dose s.c. + metformin</li> <li>Arm4: placebo s.c. + metformin</li> <li>Arm5: liraglutide s.c. + metformin</li> </ul> <p>US, Canada, Bulgaria, Czech Rep, Germany, Mexico, Russia, Slovakia</p>	<ul style="list-style-type: none"> <li>Primary: efficacy HbA1c, body weight loss</li> <li>Secondary: percentage of subjects achieving weight loss of <math>\geq 5\%</math> and <math>\geq 10\%</math></li> <li>Secondary: proportion of subjects rescued or discontinued for lack of glycaemic control</li> <li>Secondary: PK and immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2017</li> <li>LPCD: Q1 2018</li> <li>Data readout Q3 2019</li> </ul>
<b>Phase II</b> <b>NCT03444584</b>	Overweight/obese subjects with type-2 diabetes	49	<ul style="list-style-type: none"> <li>Arm1: cotadutide + dapagliflozin</li> <li>Arm2: placebo + dapagliflozin</li> <li>Germany, Hungary</li> </ul>	<ul style="list-style-type: none"> <li>Primary: efficacy MMT glucose AUC</li> <li>Secondary: safety</li> <li>Secondary: PK</li> <li>Secondary: immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>LPCD: Q4 2018</li> <li>Data readout: Q1 2019</li> </ul>
<b>Phase II</b> <b>NCT03550378</b>	Adults with type-2 diabetes and renal impairment	41	<ul style="list-style-type: none"> <li>Cotadutide or placebo s.c.</li> <li>Germany, UK</li> </ul>	<ul style="list-style-type: none"> <li>Primary: efficacy MMT glucose AUC</li> <li>Secondary: safety</li> <li>Secondary: tolerability</li> <li>Secondary: PK</li> <li>Secondary: immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q2 2018</li> <li>LPCD: Q4 2018</li> <li>Data readout: Q1 2019</li> </ul>
<b>Phase II</b> <b>NCT03555994</b>	Adults with type-2 diabetes	44	<ul style="list-style-type: none"> <li>Part A: cotadutide or placebo s.c.</li> <li>Part B: cotadutide s.c. or placebo s.c. or liraglutide s.c.</li> <li>Sweden</li> </ul>	<ul style="list-style-type: none"> <li>Primary: change in hepatic glycogen concentration postprandially, adjusted by liver volume</li> <li>Secondary: safety</li> <li>Secondary: tolerability</li> <li>Secondary: immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Part A LPCD: Q4 2018</li> <li>Data readout: Q1 2019</li> </ul>



# Cotadutide (MEDI0382, GLP-1-glucagon agonist)

## Diabetes/obesity, NASH

Trial	Population	Patients	Design	Endpoints	Status
Phase II NCT03596177	Overweight and obese subjects with type-2 diabetes	27	<ul style="list-style-type: none"> <li>Cotadutide or placebo s.c.</li> <li>UK</li> </ul>	<ul style="list-style-type: none"> <li>Primary: efficacy body weight loss</li> <li>Secondary: change in total energy intake</li> <li>Secondary: change in total energy expenditure, active energy expenditure, resting energy expenditure</li> <li>Secondary: safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q4 2019</li> </ul>
Phase I NCT03625778	Non-diabetic obese subjects	51	<ul style="list-style-type: none"> <li>Cotadutide or placebo s.c. with 7 week, 10 week or 16 week titration period</li> <li>US</li> </ul>	<ul style="list-style-type: none"> <li>Primary: safety, tolerability</li> <li>Secondary: PK</li> <li>Secondary: immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>LPCD: Q2 2019</li> </ul>
Phase II NCT03745937	Overweight and obese subjects with type-2 diabetes	20	<ul style="list-style-type: none"> <li>Cotadutide or placebo s.c.</li> <li>Germany</li> </ul>	<ul style="list-style-type: none"> <li>Primary: safety, tolerability</li> <li>Secondary: PK</li> <li>Secondary: immunogenicity</li> <li>Secondary: glucose control</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>LPCD: Q2 2019</li> <li>Data readout: Q3 2019</li> </ul>
Phase II NCT03645421	Japanese preobese or obese subjects with type-2 diabetes	61	<ul style="list-style-type: none"> <li>MAD s.c. administration</li> <li>Japan</li> </ul>	<ul style="list-style-type: none"> <li>Primary: safety, glucose AUC, body weight</li> <li>Secondary: HbA1c, FPG, fructosamine</li> <li>Secondary: glucose control</li> <li>Secondary: PK, immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q2 2019</li> </ul>
Phase II NCT04019561	Obese subjects with non-alcoholic fatty liver disease (NAFLD)/non-alcoholic steatohepatitis (NASH)	72	<ul style="list-style-type: none"> <li>Arm1: cotadutide high dose s.c.</li> <li>Arm2: placebo high dose s.c.</li> <li>Arm3: cotadutide low dose s.c.</li> <li>Arm4: placebo low dose s.c.</li> <li>US</li> </ul>	<ul style="list-style-type: none"> <li>Primary: safety and tolerability</li> <li>Secondary: change in hepatic fat fraction,</li> <li>Secondary: change in liver fat volume</li> <li>Secondary: change in visceral adipose tissue</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> </ul>
Phase I NCT04091373	Healthy adult subjects	36		<ul style="list-style-type: none"> <li>Primary: to evaluate exposure following a single s.c of cotadutide at each of 3 different sites of injection</li> <li>Secondary: immunogenicity</li> <li>Secondary: safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> </ul>



# Verinurad (RDEA3170, URAT1 inhibitor)

## CKD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>NCT03118739</b>	CKD patients with hyperuricaemia, albuminuria, and Type 2 diabetes	60	<ul style="list-style-type: none"> <li>Arm A: verinurad 9 mg and febuxostat 80 mg</li> <li>Arm B: placebo</li> </ul> <p>The trial is a multi-centre trial conducted in the US</p>	To assess the effects of intensive uric acid lowering therapy with RDEA3170 and febuxostat on UACR	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q4 2018</li> </ul>
<b>Phase II</b> <b>NCT03316131</b>	Asymptomatic hyperuricaemic subjects (sUA (serum uric acid levels) > 6.0 mg/dL)	36	<ul style="list-style-type: none"> <li>Arm A: 9 mg verinurad + 80 mg febuxostat + 10 mg dapagliflozin</li> <li>Arm B: 9 mg verinurad + 80 mg febuxostat + placebo</li> </ul> <p>The trial is a two-centre trial conducted in the US</p>	<p>Primary: Peak uric acid excretion during the first 8 hours) on Day 7 of treatment</p> <p>Secondary: serum uric acid levels after 7 days of treatment.</p>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q4 2019</li> </ul>
<b>Phase II</b>	Healthy volunteers of Asian descent	23	<ul style="list-style-type: none"> <li>Arm A: verinurad 24 mg + allopurinol 300 mg</li> <li>Arm B: verinurad 12 mg + allopurinol 300 mg</li> <li>Arm C: placebo</li> </ul> <p>This trial is a single centre study conducted in the US</p>	<p>Safety analyses (AEs, ECG abnormalities, vital sign abnormalities, laboratory abnormalities)</p> <p>PK outcomes (AUC, Cmax, tmax)</p>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>LPCD: Q2 2019</li> <li>Data readout: Q3 2019</li> </ul>



# AZD2693 (resolution of NASH)

## NASH

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04142424</b>	Healthy subjects	48	SAD  6 cohorts with 6 subjects receiving AZD2693 and 2 subjects receiving placebo in each cohort  Route of administration: subcutaneous injections  Trial conducted in the US.	Primary: • Safety and tolerability  Secondary; • PK	• FPCD: Q4 2019 • Data anticipated: H2 2020



# MEDI3506 (IL33 ligand mAb)

## Diabetic Kidney Disease (DKD)

Trial	Population	Patients	Design	Endpoints	Status
Phase II NCT04170543	Adult subjects with diabetic kidney disease	168	Randomized, double-blind, placebo-controlled, multicenter study to evaluate the efficacy, safety, PK, and immunogenicity of MEDI3506 in adult subjects with diabetic kidney disease	<ul style="list-style-type: none"> <li>Efficacy and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> </ul>



# AZD4831 (MPO inhibitor)

## Cardiovascular disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02712372</b>	Healthy subjects	c. 96	SAD trial (one trial site in Germany) • Planned to investigate 6 different dose levels vs. placebo but up to 10 cohort may be used	• Safety and tolerability • PK parameters	• FPCD: Q3 2016 • LPCD: Q4 2016 • Data readout Q2 2017
<b>Phase I</b> <b>NCT03136991</b>	Healthy subjects	c. 40	MAD (one trial site in USA) • The planned number of cohorts is four but up to five cohorts may be included	• Safety and tolerability • PK parameters	• FPCD: Q2 2017 • LPCD: Q4 2017 • Data readout: Q1 2018
<b>Phase IIa</b> <b>NCT03756285</b>	HFpEF	96	Arm 1: AZD4831 Arm 2: placebo  Global trial – five countries	• Primary endpoint: The change from baseline in MPO activity in % after AZD4831 treatment	• FPCD: Q4 2018



# AZD5718 (FLAP inhibitor)

## Cardiovascular disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIa</b> <b>NCT03317002</b>	CAD	138	<ul style="list-style-type: none"> <li>• Arm 1: AZD5718 Dose A</li> <li>• Arm 2: AZD5718 Dose B</li> <li>• Arm 3: placebo</li> </ul> <p>Global trial – three countries in Europe</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: PD effect of AZD5718 by assessment of u-LTE4</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2017</li> </ul>
<b>Phase I</b> <b>NCT03948451</b>	Healthy subjects	6	<p>hADME trial (one trial site in UK)</p> <ul style="list-style-type: none"> <li>• Oral administration</li> </ul> <p>Open-label study to characterize the absorption, distribution, metabolism and excretion following a single oral dose of [14C]AZD5718 in healthy male volunteers</p>	<ul style="list-style-type: none"> <li>• Mass balance, with routes and rates of elimination of [14C]AZD5718.</li> <li>• Metabolite profiling and structural identification</li> <li>• PK and total radioactivity</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2019</li> <li>• LPCD: Q2 2019</li> </ul>
<b>Phase I</b> <b>NCT04087187</b>	Healthy subjects	14	<p>BA trial (one trial site in UK)</p> <p>An open-label, randomized, 3-period, 3-treatment, crossover study to assess the drug absorption into the blood after administration of 3 doses of AZD5718</p>	<ul style="list-style-type: none"> <li>• To evaluate the pharmacokinetics and exposure of 3 different doses of AZD5718</li> <li>• Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2019</li> <li>• LPCD: Q4 2019</li> </ul>



# AZD6615 (anti-hypercholesterolemia)

## Hypercholesterolemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04055168</b>	Healthy subjects	40	SAD  3 cohorts of non-Asian subjects (Part 1) and 2 cohorts of Japanese subjects (Part 2). 6 subjects receiving AZD6615 and 2 subjects receiving placebo in each cohort.  Trial conducted in the US.	Primary: • Safety and tolerability  Secondary: • PK and PD parameters	• FPCD: Q3 2019



# MEDI7219 (anti-diabetic)

## Diabetes

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03362593</b>	Healthy Volunteers	130	<ul style="list-style-type: none"> <li>• 5 part trial</li> <li>• Part A : SAD</li> <li>• Part B, C &amp; E : open label, single dose studies</li> <li>• Part D : MAD</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and tolerability</li> <li>• Pharmacokinetics</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2018</li> <li>• Data anticipated: H1 2020</li> </ul>



# AZD8233 (anti-hypercholesterolemia)

## Hypercholesterolemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03593785</b>	Healthy subjects	56	SAD  7 cohorts with 6 subjects receiving AZD8233 and 2 subjects receiving placebo in each cohort  Trial conducted in the US.	Primary: • Safety and tolerability  Secondary; • PK and PD parameters	• FPCD: Q3 2018 • LPCD: Q3 2019



# AZD8601 (VEGF-A modified RNA)

## Cardiovascular disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02935712</b>	Type 2 diabetic patients	c. 60	SAD trial (one trial site in Germany) • Planned to investigate 3 different dose levels vs. placebo but up to 5 cohort may be used	• Safety and tolerability	• FPCD: Q1 2017 • LPCD: Q3 2017 • Data readout: Q1 2018
<b>Phase IIa</b> <b>NCTT03370887</b>	HF	Up to 33	Phase IIa trial (two trial sites in Finland) • Arm 1: AZD8601 Dose A • Arm 2: AZD 8601 Dose B • Arm 3: placebo	• Safety and tolerability	• FPCD: Q1 2018



# AZD9977

## Heart failure with preserved ejection fraction

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03435276</b>	Healthy subjects	27	MAD  Dose escalation in 3 cohorts with 6 subjects receiving AZD9977 and 3 subjects receiving placebo in each cohort  Trial conducted in the UK.	Primary: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary; <ul style="list-style-type: none"><li>• PK parameters</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q1 2018</li><li>• LPCD: Q2 2018</li><li>• Data readout: Q3 2018</li></ul>
<b>Phase I</b> <b>NCT03450759</b>	Healthy subjects	12	Bioavailability trial  Investigation of four different oral formulations of AZD9977 and influence of food.  Trial conducted in the UK.	Primary: <ul style="list-style-type: none"><li>• relative bioavailability vs. oral suspension (reference)</li><li>• PK parameters</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q2 2018</li><li>• LPCD: Q2 2018</li><li>• Data readout: Q3 2018</li></ul>
<b>Phase I</b> <b>NCT03682497</b>	HFpEF	60	Proof of differentiation  To compare the effect of AZD9977 with spironolactone on serum potassium	Primary: <ul style="list-style-type: none"><li>• serum potassium</li></ul>	<ul style="list-style-type: none"><li>• FPCD Q4 2018</li><li>• LPCD Q1 2019</li></ul>
<b>Phase I</b> <b>NCT03843060</b>	Healthy subjects	14	DDI  To assess the effect of itraconazole on the pharmacokinetics of AZD9977  Trial conducted in the US	Primary: <ul style="list-style-type: none"><li>• PK parameters</li></ul> Secondary; <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q1 2019</li><li>• LPCD: Q1 2019</li><li>• Data readout: Q3 2019</li></ul>
<b>Phase I</b> <b>NCT03801967</b>	Healthy subjects	45	JSMAD  Single and multiple-ascending dose administration in Japanese healthy volunteers.  Trial conducted in the UK	Primary: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary; <ul style="list-style-type: none"><li>• PK parameters</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q1 2019</li><li>• LPCD: Q2 2019</li><li>• Data readout: Q3 2019</li></ul>
<b>Phase I</b> <b>NCT03804645</b>	Healthy subjects	12	Bioavailability trial  Investigation of four different oral formulations of AZD9977 and influence of food.  Trial conducted in the UK	Primary: <ul style="list-style-type: none"><li>• relative bioavailability vs. capsule formulation (reference)</li><li>• PK parameters</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q1 2019</li><li>• LPCD: Q2 2019</li><li>• Data readout: Q3 2019</li></ul>



# Biologics

## Cardiovascular & metabolic diseases

Trial	Compound	Population	Patients	Design	Endpoints	Status
<b>Phase IIb</b> <b>EudraCT 2017-004521-32</b>	MEDI6012 rhLCAT	Subjects 30-80 years of age inclusive, presenting with acute STEMI	414	<ul style="list-style-type: none"> <li>Cohort A: 2-dose regimen 300 mg of MEDI6012 or placebo on day 1 (loading dose) prior to pPCI followed by a second inpatient dose of 150 mg or placebo on Day 3 by i.v. push.</li> <li>Cohort B: 6-dose regimen 300 mg of MEDI6012 or placebo on day 1 prior to pPCI followed by a second inpatient dose of 150 mg or placebo on day 3 and outpatient maintenance doses of 100 mg or placebo on days 10, 17, 24, and 31 by i.v. push.</li> </ul>	<p>Primary endpoints: Infarct size as a percentage of left ventricle (LV) mass at 10-12 weeks post-MI (myocardial infarction) compared to placebo</p> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>Ejection Fraction at 10-12 weeks post-MI compared to placebo.</li> <li>Change in NCPV in the coronary arteries from at 10-12 weeks post-MI compared with placebo</li> <li>Myocardial mass and LV volumes at end-systole and end-diastole</li> <li>Incidence of TEAEs and treatment-emergent SAEs.</li> <li>LCAT mass and ADAs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 18</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase IIa</b> <b>NCT03351738</b>	MEDI5884 cholesterol modulation	Adults with stable CHD	133	<ul style="list-style-type: none"> <li>MEDI5884 (5 dose cohorts) vs. placebo in stable CHD patients</li> </ul>	<ul style="list-style-type: none"> <li>Safety profile in terms of AEs, vital signs, ECG, lab variables</li> <li>Changes in HDL-C over time</li> <li>PK, immunogenicity, and Apolipoprotein B</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q4 2017</li> <li>Data readout: Q4 2018</li> </ul>
<b>Phase I</b> <b>NCT03654313</b>	MEDI6570	Atherosclerotic cardiovascular disease	88	<ul style="list-style-type: none"> <li>SAD followed by multi ascending dose with 3 monthly doses in T2DM subjects</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2021</li> </ul>



# AZD0449 (inhaled JAK-1 inhibitor)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03766399</b>	Healthy subjects and patients with mild asthma	156	<p>SAD/MAD/Bridge trial (UK)</p> <p>Part 1 SAD</p> <ul style="list-style-type: none"> <li>Dose escalation in 6 cohorts with 6 subjects receiving AZD0449 and 2 subjects receiving placebo in each cohort</li> <li>i.v. cohort with 8 subjects</li> </ul> <p>Part 2 MAD:</p> <ul style="list-style-type: none"> <li>3 cohorts of (6, 6, 18) subjects receiving three different doses of AZD0449 and (3,3, 12) subjects receiving placebo in each cohort</li> </ul> <p>Part 3 bridge</p> <ul style="list-style-type: none"> <li>18 subjects will receive AZD0449 and 6 subjects receiving placebo</li> </ul> <p>Trial conducted in the UK</p>	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul> <p>Secondary endpoint:</p> <ul style="list-style-type: none"> <li>PK parameters</li> <li>FENO</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> </ul>



# AZD1402 (IL4 receptor antagonist)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase Ib</b> <b>NCT03574805</b> <b>Partnered</b>	Patients with mild asthma	75	PoM. A dose-escalating, single blind trial to assess the safety, tolerability, and pharmacokinetics of multiple doses of PRS-060 administered by oral Inhalation In subjects with mild asthma  Australia	Primary endpoint: <ul style="list-style-type: none"><li>Safety and tolerability</li></ul> Secondary endpoint: <ul style="list-style-type: none"><li>PK parameters</li><li>Potential immunogenicity</li><li>Change in FENO</li></ul>	• FPCD: Q3 2018



# MEDI3506 (IL33 ligand mAb)

## COPD, atopic dermatitis

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I (Combined SAD / MAD) NCT03096795</b>	SAD: healthy subjects with mild atopy  J-SD: healthy Japanese subjects  MAD: GOLD I-II COPD	SAD: 56  J-SD: 8  MAD: 24	SAD: • 7 sequential placebo-controlled single dose cohorts by either SC or IV route (active N=6 / placebo N = 2 within each cohort)  J-SD: • single placebo-controlled single dose cohort by IV route (active N=6 / placebo N = 2 within cohort)  MAD: • 3 sequential placebo-controlled multiple dosing cohorts by SC route (active N=6 / placebo N = 2 within each cohort)  Conducted in UK	• Safety and tolerability	• FPCD: Q2 2017 • LPCD: Q2 2019 • Data anticipated: H1 2020
<b>Phase II NCT04212169</b>	Adult subjects with atopic dermatitis	108	Randomised, blinded, placebo-controlled trial to determine the efficacy and safety of different strengths of MEDI3506 by SC route  Conducted in US, Australia, Germany & Poland	• Efficacy and safety	• FPCD: Q4 2019



# AZD7594 (SGRM, inhaled)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03976869</b>	Adolescent asthma patients	24	An open-label, multi-centre, Phase I study to assess the PK, PD and safety of 2-week treatment with inhaled AZD7594 in adolescents (12 to 17 Years) with asthma	Primary endpoint: • PK, safety and tolerability following 2 weeks treatment with AZD7594  Secondary endpoints • Changes from baseline in lung function, asthma control and plasma cortisol on day 15	<ul style="list-style-type: none"> <li>• FPCD: Q3 2019</li> <li>• Data readout: H1 2020</li> </ul>



# AZD7986 (DPP1)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02653872</b>	Healthy volunteers	15	<p>This is a phase I, non-randomised, fixed sequence, 3-period, drug-drug interaction study to assess the PK of AZD7986 in healthy subjects when administered alone and in combination with multiple doses of verapamil and itraconazole or diltiazem</p> <ul style="list-style-type: none"> <li>• Arm 1: AZD7986 (alone) treatment period 1</li> <li>• Arm 2: verapamil (with AZD7986) treatment period 2</li> <li>• Arm 3: itraconazole (with AZD7986) treatment Period 3</li> <li>• Arm 4: diltiazem (with AZD7986) treatment period 3</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and tolerability</li> <li>• PK/PD and DDI</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2016</li> <li>• Data readout: Q2 2016</li> </ul>
<b>Phase I</b> <b>NCT02303574</b>	Healthy volunteers	89	<p>A phase I, randomised, single-blind, placebo-controlled, 2-part study to assess the safety, tolerability, PK and food effect of single and multiple oral doses of AZD7986 in healthy volunteers.</p> <ul style="list-style-type: none"> <li>• Arm 1: AZD7986, single and multiple oral doses</li> <li>• Arm 2: placebo, single and multiple doses</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and tolerability</li> <li>• PK/PD</li> <li>• Bioavailability</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2014</li> <li>• Data readout: Q3 2016</li> </ul>



# AZD8154 (PI3K $\gamma\delta$ inhibitor)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03436316</b>	Healthy subjects	78	SAD/MAD A Phase I trial to assess the safety, tolerability and PK of AZD8154 following single dose administration and multiple dose administration in healthy subjects	Primary endpoint: • Safety and tolerability  Secondary endpoint: • PK parameters	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>LPCD: Q3 2019</li> <li>Data readout: Q4 2019</li> </ul>



# AZD8871 (MABA, inhaled)

## Respiratory

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIa</b> <b>NCT03645434</b>	Patients with COPD	73	<p>Randomised, double-blind, placebo and active-controlled crossover trial. Eligible patients will be randomised in 1:1:1:1:1:1 ratio to 1 of 6 treatment sequences and will receive 1 of the following 3 treatments sequence in the form of dry powder inhalation:</p> <ul style="list-style-type: none"> <li>• AZD8871 600 µg once daily</li> <li>• Anoro® Ellipta® (55 µg umeclidinium [UMECH]/ 22 µg vilanterol [VI]) once daily</li> <li>• Placebo</li> </ul>	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>• Change from baseline in trough FEV<sub>1</sub> on day 15</li> </ul> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>• To characterize the pharmacokinetics of AZD8871 following multiple inhaled doses</li> <li>• To assess safety and tolerability of AZD8871</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2018</li> <li>• LPCD: Q2 2019</li> <li>• Data anticipated: Q3 2019</li> </ul>



# AZD9567 (SGRM, oral)

## Respiratory

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02760316</b>	Healthy subjects	71	MAD trial with a total of 6 dose levels of AZD9567: 10 mg, 20mg, 40mg, 80mg and 125 mg as well as with 3 dose levels of prednisolone: 5 mg, 20 mg and 40 mg	<b>Primary endpoint:</b> <ul style="list-style-type: none"><li>To assess the safety and tolerability of AZD9567 following multiple oral ascending doses in subjects with BMI between 28 and 38 kg/m<sup>2</sup> and with a positive glucose tolerance test (7,8 to 11,0 mmol/L)</li></ul> <b>Secondary endpoints:</b> <ul style="list-style-type: none"><li>To characterise the pharmacokinetics of AZD9567 following multiple oral administration of ascending doses</li><li>To characterise the pharmacodynamics of AZD9567 assessed as effect on glucose homeostasis through OGTT (oral glucose tolerance test) in comparison with prednisolone</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2016</li><li>Data readout: Q2 2018</li></ul>
<b>Phase IIa</b> <b>NCT03368235</b>	Patients with active RA	40	A randomised, double-blind, parallel trial to assess the efficacy, safety and tolerability of AZD9567 compared to prednisolone 20 mg in patients with active rheumatoid arthritis	<b>Primary endpoint:</b> To assess the efficacy of AZD9567, 40 mg, compared to prednisolone 20 mg in patients with active RA in spite of stable treatment with conventional and/or s.c./i.v. biological DMARDs (Disease-modifying antirheumatic drugs)  <b>Secondary endpoints:</b> <ul style="list-style-type: none"><li>To further assess the efficacy of AZD9567, 40 mg, compared to prednisolone 20 mg in patients with active rheumatoid arthritis in spite of stable treatment with conventional and/or s.c./i.v. biological DMARDs (e.g SJC 66/TJC68, ACR response criteria)</li><li>To evaluate the pharmacokinetic profile of AZD9567</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2018</li></ul>



# AZD0284 (ROR $\gamma$ inverse agonist)

## Plaque psoriasis vulgaris

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02976831</b>	Healthy subjects	80	Part 1 (SAD) • Seven different dose levels investigated vs. placebo • Oral administration	• Safety and tolerability and PK following oral administration with single ascending dose • Preliminary assessment of the effect of food on the single dose PK parameters of AZD0284	• FPCD: Q3 2016 • LPCD: Q2 2017
			Part 2 (MAD) • Three different dose levels investigated vs. placebo in healthy subjects • Oral administration	• Safety and tolerability & PK in healthy subjects following administration of multiple ascending oral doses • PoM confirmed by demonstrating that oral dosing of AZD0284 reduces IL-17 secretion by ex vivo stimulated whole blood T cells	
<b>Phase I</b> <b>NCT03029741</b>	Healthy subjects	6	A single centre, open-label, non-randomised, single dose trial performed in 6 healthy male subjects aged 18 to 65 years, inclusive. The trial will assess the absolute bioavailability of a single oral dose of AZD0284 and the pharmacokinetics (PK) of a single intravenous (IV) microdose of [ <sup>14</sup> C] AZD0284 in healthy male and female subjects. Oral AZD0284 and [ <sup>14</sup> C] AZD0284 intravenous solution are referred to as the investigational products in this trial	• Determination of absolute bioavailability of AZD0284 • Safety and tolerability of AZD0284	• FPCD: Q1 2017 • LPCD: Q1 2017
<b>Phase Ib</b> <b>NCT03310320</b>	Moderate to severe plaque psoriasis	25 planned 5 completed 9 dosed	A randomised, double-blind, placebo-controlled, multi-centre, parallel group Phase Ib study, designed to evaluate the pharmacodynamic effects, clinical efficacy and safety of AZD0284 compared with placebo as measured by the relative change from baseline in Psoriasis Area Severity Index (PASI score), other disease assessments of involved body surface area (BSA), static physicians global assessment score (sPGA), pruritis and biomarkers associated with the mechanism of disease and AZD0284	• Reduction from baseline to the end of 4 weeks treatment, in gene expression level of IL-17A and CCL20 relative to placebo • Change (percent improvement) in PASI compared to placebo • Safety and tolerability and PK following 4 weeks oral administration with single ascending dose	<ul style="list-style-type: none"> <li>• FPCD:Q4 2017</li> <li>• LPCD: Q2 2018</li> <li>• The trial was temporarily suspended ~5 months due to preclinical findings.</li> <li>• However, whilst the intention was to re-open the DERMIS study, in the meantime, and for portfolio and prioritisation reasons, a decision was taken in Q3 2018 to end the study.</li> </ul>



# MEDI0618 (PAR2 antagonist mAb)

## Osteoarthritis pain

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02508155</b>	Painful osteoarthritis of the knee	64 (healthy volunteers)	<ul style="list-style-type: none"> <li>SAD</li> <li>Up to 8 i.v. cohorts are planned vs. placebo</li> <li>1 s.c. cohort is planned vs. placebo</li> </ul> Europe only	<ul style="list-style-type: none"> <li>Safety, tolerability and PK</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> </ul>



# MEDI1341 (alpha-synuclein mAb)

## Parkinson's Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03272165</b>	Healthy volunteers	48	<ul style="list-style-type: none"> <li>SAD</li> <li>Up to 6 i.v. cohorts are planned vs. placebo</li> </ul> US only	<ul style="list-style-type: none"> <li>Safety, tolerability, PK, PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>Data anticipated: H2 2020</li> </ul>



# AZD4041 (orexin 1 receptor antagonist)

## Opioid use disorder

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04076540</b> Partnered with Eolas Therapeutics Inc and NIH.	Healthy volunteers	48 healthy volunteers	<ul style="list-style-type: none"> <li>Randomised, double blind, single ascending dose</li> <li>Up to 6 cohorts are planned vs. placebo</li> </ul> Single centre in US only	<ul style="list-style-type: none"> <li>Safety, tolerability, PK, PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: H2 2020</li> </ul>



# AZD5634 (ENaC, inhaled)

## Cystic Fibrosis

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02679729</b>	Healthy volunteers	56	<p>A randomised, single-blind, placebo-controlled trial to assess the safety, tolerability and pharmacokinetics of AZD5634 following single-ascending inhaled doses (Part A) and after single inhaled and intravenous doses (Part B) in healthy subjects</p> <ul style="list-style-type: none"> <li>Arm 1: AZD5634 following inhaled administration of SAD (Part A) and following administration of single inhaled and i.v. doses (Part B)</li> <li>Arm 2: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerability</li> <li>PK/PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>Data readout: Q4 2016</li> </ul>
<b>Phase Ib</b> <b>NCT02679729</b>	Patients with cystic fibrosis	9	<p>A randomised blinded placebo-controlled, cross-over trial to assess the effect of AZD5634 on mucociliary clearance as well as safety, tolerability, and PK parameters following single inhaled dose administration to patients with cystic fibrosis</p> <ul style="list-style-type: none"> <li>Arm 1: subjects were administered single dose of placebo in period 1 and AZD5634 in period 2</li> <li>Arm 2: subjects were administered single dose of AZD5634 in period 1 and placebo in period 2</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerability</li> <li>PK/PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>Data readout: Q2 2018</li> </ul>



# MEDI7352 (NGF TNF bispecific mAb)

## Osteoarthritis pain

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02508155</b>	Painful osteoarthritis of the knee	160	<ul style="list-style-type: none"> <li>SAD &amp; MAD</li> <li>Up to 12 i.v. cohorts are planned vs. placebo</li> <li>1 s.c. cohorts are planned vs. placebo</li> </ul> Europe only	<ul style="list-style-type: none"> <li>Safety, tolerability, PK, PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>Data anticipated: H1 2020</li> </ul>
<b>Phase II</b> <b>NCT03755934</b>	Painful diabetic neuropathy	271	<ul style="list-style-type: none"> <li>Multiple dose study</li> <li>Up to 4 i.v. cohorts are planned vs. placebo</li> </ul> Europe only	<ul style="list-style-type: none"> <li>Dose response, safety, tolerability, PK, PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q4 2018</li> <li>Data anticipated: 2021</li> </ul>



# Other biologics

## Infections

Trial	Compound	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>EudraCT 2014-001097-34</b>	Anti-Staph AT (suvratoxumab, MEDI4893)	Intubated ICU	213	<ul style="list-style-type: none"> <li>Placebo-controlled, single-dose, dose-ranging</li> <li>Route of administration: intravenous</li> </ul>	<ul style="list-style-type: none"> <li>Efficacy and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>Data readout: Q4 2018</li> </ul>
<b>Phase IIb</b> <b>NCT02878330</b>	Anti-Respiratory Syncytial Virus mAb-YTE nirsevimab (MEDI8897)	29-35 WK GA (Gestational age) infants	1,453	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled trial</li> <li>Route of administration: intramuscular</li> </ul>	<ul style="list-style-type: none"> <li>Safety and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2016</li> <li>Data readout: Q4 2018</li> </ul>
<b>Phase II</b> <b>NCT02696902</b>	Anti-Pseudomonas A mAb (MEDI3902)	Intubated ICU	195	<ul style="list-style-type: none"> <li>Placebo-controlled, single-dose, dose-ranging</li> <li>Route of administration: intravenous</li> </ul>	<ul style="list-style-type: none"> <li>Efficacy and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2016</li> <li>Data anticipated: H2 2020</li> </ul>



# List of abbreviations

<b>14C</b>	Radioactive isotope of carbon, Carbon 14	<b>CHF</b>	Chronic heart failure	<b>FLAP</b>	5-lipoxygenase-activating protein
<b>1L, 2L, 3L</b>	1st, 2nd or 3rd line	<b>CKD</b>	Chronic kidney disease	<b>FPDC</b>	First patient commenced dosing
<b>5-FU</b>	5-fluorouracil	<b>CLL</b>	Chronic lymphocytic leukaemia	<b>FPG</b>	Fasting plasma glucose
<b>A2AR</b>	Adenosine A2A receptor	<b>CMAX</b>	Maximum observed plasma concentration	<b>GA</b>	Gestational age
<b>ACQ</b>	Asthma control questionnaire	<b>C-MET</b>	Tyrosine-protein kinase Met	<b>GBM</b>	Glioblastoma
<b>ACR</b>	American college of rheumatology response scoring system	<b>CNS</b>	Central nervous system	<b>gBRCAm or tBRCAm</b>	Germline or tumour BRCA mutation somatic
<b>ADA</b>	Anti-drug antibodies	<b>COPD</b>	Chronic obstructive pulmonary disease	<b>GEJ</b>	Gastric/gastro-oesophageal junction
<b>ADC</b>	Antibody-drug conjugate	<b>CR</b>	Complete response	<b>GFF</b>	Glycopyrronium and formoterol fumarate
<b>ADP</b>	Adenosine diphosphate	<b>CRC</b>	Colorectal cancer	<b>GLP-1</b>	Glucagon-like peptide-1
<b>AE</b>	Adverse Event	<b>CrCl</b>	Creatinine clearance	<b>GMFRs</b>	Geometric mean fold rises
<b>AI</b>	Auto-injector	<b>CRR</b>	Complete response rate	<b>GMTs</b>	Geometric mean titers
<b>AKT</b>	Protein kinase B	<b>CTC</b>	Circulating tumour cell	<b>HAI</b>	Haemagglutination-inhibition
<b>ALK</b>	Anaplastic large-cell lymphoma kinase	<b>CTLA-4</b>	Cytotoxic T-lymphocyte-associated antigen 4	<b>HbA1c</b>	Hemoglobin A1c
<b>APFS</b>	Accessorised pre-filled syringe	<b>CV</b>	Cardiovascular	<b>HCC</b>	Hepatocellular carcinoma
<b>AQLQ</b>	Asthma quality of life questionnaire	<b>CVOT</b>	Cardiovascular outcomes trial	<b>HD</b>	High dose
<b>AS</b>	Albuterol sulphate	<b>CVRM</b>	Cardiovascular renal and metabolism	<b>HDL-C</b>	High-density lipoprotein cholesterol
<b>ATM</b>	Ataxia-telangiectasia mutated kinase	<b>CXCR2</b>	C-X-C Motif chemokine receptor 2	<b>HER2</b>	Human epidermal growth factor receptor 2
<b>ATR</b>	Ataxia telangiectasia and rad3-related protein	<b>DB</b>	Double blind	<b>HF</b>	Heart failure
<b>AUC</b>	Area under curve	<b>DC</b>	Disease control	<b>HFpEF</b>	Heart failure with preserved ejection fraction
<b>B7RP</b>	B7-related protein-1	<b>DCR</b>	Disease control rate	<b>HFrEF</b>	Heart failure with reduced ejection fraction
<b>BA</b>	Bioavailability	<b>DDI</b>	Drug-drug Interaction	<b>HGFR</b>	Met/hepatocyte growth factor receptor
<b>BAFF</b>	B-cell activating factor	<b>dECG</b>	Differentiated electrocardiogram	<b>HGSC</b>	High grade serous carcinoma
<b>BCG</b>	Bacillus Calmette–Guérin	<b>DFS</b>	Disease free survival	<b>hHF</b>	Hospitalisation for heart failure
<b>BCMA</b>	B-cell maturation antigen	<b>DLBCL</b>	Diffuse large B-cell lymphoma	<b>HIF-PHI</b>	Hypoxia inducible factor - prolyl hydroxylase inhibitor
<b>BDA</b>	Budesonide albuterol	<b>DLT</b>	Dose-limiting toxicity	<b>HNSCC</b>	Head and neck squamous-cell carcinoma
<b>BFF</b>	Budesonide and formoterol fumarate	<b>DMARDs</b>	Disease-modifying antirheumatic drugs	<b>HPV</b>	Human papillomavirus
<b>BGF</b>	Budesonide, glycopyrronium and formoterol fumarate	<b>DNA</b>	Deoxyribonucleic acid	<b>HRD</b>	Homologous recombination deficiency
<b>BICR</b>	Blinded independent central review	<b>DoCR</b>	Durability of complete response	<b>HRM</b>	Homologous recombination repair mutation
<b>BID</b>	Bis in die (twice per day)	<b>DoR</b>	Duration of response	<b>i</b>	inhibitor
<b>BIG</b>	Big ten cancer research consortium	<b>DPI</b>	Dry powder inhaler	<b>IA</b>	Investigator-assessed
<b>BMD</b>	Bone mineral density	<b>DXA</b>	Dual energy X-ray absorptiometry	<b>ICS</b>	Inhaled corticosteroid
<b>BMI</b>	Body mass index	<b>EBRT</b>	External beam radiation therapy	<b>ICU</b>	Intensive care unit
<b>BRCAwt</b>	Breast cancer wild-type gene	<b>ECG</b>	Electrocardiogram	<b>IDFS</b>	Invasive disease-free survival
<b>BRD4</b>	Bromodomain-containing protein 4	<b>EFS</b>	Event-free survival	<b>IL</b>	Interleukin
<b>BTC</b>	Biliary tract carcinoma	<b>eGFR</b>	Estimated glomerular filtration rate	<b>i.m.</b>	Intramuscular
<b>BTK</b>	Bruton's tyrosine kinase	<b>EGFR</b>	Epidermal growth factor receptor	<b>IRC</b>	Independent review committee
<b>CA-125</b>	Cancer antigen 125	<b>ER</b>	Oestrogen receptor	<b>ISS</b>	Investigator-sponsored studies
<b>CAD</b>	Coronary artery disease	<b>ERK</b>	Extracellular signal-regulated kinase	<b>i.v.</b>	Intravenous
<b>CBR</b>	Clinical benefit rate	<b>ESR</b>	Externally sponsored study	<b>J-SD</b>	Japanese single dose
<b>CCL20</b>	Chemokine (C-C motif) ligand 20	<b>ESR1</b>	Oestrogen receptor 1	<b>Ki67</b>	Protein that is encoded by the MKI67 gene in human
<b>CD</b>	Cluster of differentiation	<b>ESSC</b>	Esophageal squamous cell carcinoma		
<b>CDK</b>	Cyclin-dependent kinase	<b>FDC</b>	Fixed-dose combination		
<b>CE</b>	Clinically evaluable	<b>FeNO</b>	Fractional nitric oxide concentration in exhaled breath		
<b>CHD</b>	Coronary heart disease	<b>FEV</b>	Forced-expiratory volume		
<b>Chemo</b>	Chemotherapy	<b>FGFR</b>	Fibroblast growth factor receptor		



# List of abbreviations

<b>LABA</b>	Long acting beta agonist	<b>PASI</b>	Psoriasis area severity index	<b>SAE</b>	Serious adverse event
<b>LAMA</b>	Long acting muscarinic agonist	<b>PBD</b>	Pyrrolobenzodiazepine	<b>SBRT</b>	Stereotactic body radiation therapy
<b>LCAT</b>	Lecithin-cholesterol acyltransferase	<b>pCR</b>	Pathological complete response	<b>s.c.</b>	Subcutaneous
<b>LCM</b>	Lifecycle management	<b>PD</b>	Pharmacodynamics	<b>SCLC</b>	Small cell lung cancer
<b>LN</b>	Lupus nephritis	<b>PD-1</b>	Programmed cell death protein 1	<b>SD</b>	Stable disease
<b>LOCS III</b>	Lens opacities classification system III	<b>PDAC</b>	Pancreatic ductal adenocarcinoma	<b>SGLT2</b>	Sodium-glucose transport protein 2
<b>LPCD</b>	Last patient commenced dosing	<b>PDE4</b>	Phosphodiesterase type 4	<b>SGRM</b>	Selective glucocorticoid receptor modulator
<b>LV</b>	Left ventricle	<b>PD-L1</b>	Programmed death-ligand 1	<b>SGRQ</b>	Saint George respiratory questionnaire
<b>m</b>	Mutation	<b>PET</b>	Positron-emission tomography	<b>SJC</b>	Swollen joint count
<b>mAb</b>	Monoclonal antibody	<b>PFS</b>	Progression free survival	<b>SLE</b>	Systemic lupus erythematosus
<b>MABA</b>	Muscarinic antagonist-beta2 agonist	<b>PgR</b>	Progesterone receptor	<b>SLL</b>	Small lymphocytic lymphoma
<b>MACE</b>	Major adverse cardiac events	<b>PI3K</b>	Phosphoinositide 3-kinase	<b>SMAD</b>	Single and multiple ascending dose trial
<b>MAD</b>	Multiple ascending dose	<b>PIK3CA</b>	Phosphatidylinositol 3 kinase catalytic alpha gene	<b>SoC</b>	Standard of care
<b>MCC</b>	Mucociliary clearance	<b>PK</b>	Pharmacokinetics	<b>sPGA</b>	Static physicians global assessment score
<b>MCL</b>	Mantle cell lymphoma	<b>PLL</b>	Polymphocytic leukaemia	<b>STAT3</b>	Signal transducer and activator of transcription 3
<b>MCL1</b>	Myeloid leukemia cell differentiation protein 1	<b>pMDI</b>	Pressurised metered dose inhaler	<b>sUA</b>	Serum uric acid
<b>mCRPC</b>	Metastatic castrate-resistant prostate carcinoma	<b>PN</b>	Plexiform neurofibromas	<b>T2DM</b>	Type 2 Diabetes Mellitus
<b>MD</b>	Medium dose	<b>POC</b>	Proof of concept	<b>T790M</b>	Threonine 790 substitution with methionine
<b>MDI</b>	Metered-dose inhaler	<b>POM</b>	Proof of mechanism	<b>TACE</b>	Transarterial Chemoembolization
<b>MDS</b>	Myelodysplastic syndrome	<b>pPCI</b>	Primary percutaneous coronary intervention	<b>TEAEs</b>	Treatment-emergent adverse events
<b>MEK</b>	Mitogen-activated protein kinase	<b>PR</b>	Partial response	<b>TID</b>	Ter in die (three times a day)
<b>MET</b>	Tyrosine-protein kinase Met	<b>pre-BD</b>	Pre-bronchodilator	<b>TJC</b>	Tender joint count
<b>MI</b>	Myocardial infarction	<b>PRO</b>	Patient reported outcome	<b>TKI</b>	Tyrosine kinase Inhibitor
<b>MMT</b>	Mixed meal test	<b>PRR</b>	Recurrent platinum resistant	<b>TLR</b>	Toll-like receptor 9
<b>MPO</b>	Myeloperoxidase	<b>PS</b>	Propensity score	<b>TNBC</b>	Triple negative breast cancer
<b>mPR</b>	Major pathological response	<b>PSA</b>	Prostate-specific antigen	<b>TNF</b>	Tumour necrosis factor
<b>MRI</b>	Magnetic resonance imaging	<b>PSC</b>	Pulmonary sarcomatoid carcinoma	<b>TSLP</b>	Thymic stromal lymphopoietin
<b>MTD</b>	Maximum tolerated dose	<b>PSMA</b>	Prostate-specific membrane antigen	<b>TTF</b>	Time to treatment failure
<b>NaC</b>	Sodium channel	<b>PTEN</b>	Phosphatase and tensin homolog gene	<b>TTNT</b>	Time to next therapy
<b>NCI</b>	National cancer institute (US)	<b>Q2,3,4,8W</b>	Quaque (every) two, three... weeks	<b>TPP</b>	Time to tumour progression
<b>NCPV</b>	Noncalcified plaque volume	<b>QD</b>	Quaque in die (once a day)	<b>UACR</b>	Urine albumin creatinine ratio
<b>NF1</b>	Neurofibromatosis type 1	<b>QID</b>	Quarter in die (four times a day)	<b>UMEc</b>	Umeclidinium
<b>NGF</b>	Nerve growth factor	<b>QOD</b>	Quaque altera die (every other day)	<b>URAT1</b>	Uric Acid Transporter 1
<b>NHL</b>	Non-Hodgkin's lymphoma	<b>QoL</b>	Quality of Life	<b>VEGF</b>	Vascular endothelial growth factor
<b>NIH</b>	National Institute of Health (US)	<b>QTcF</b>	Corrected QT interval by Fredericia	<b>YTE</b>	Triple-amino-acid (M252Y/S254T/T256E [YTE]) substitution
<b>NKG2a</b>	Natural killer cell C-type lectin receptor G2a	<b>RA</b>	Rheumatoid Arthritis		
<b>NME</b>	New molecular entity	<b>RAAS</b>	Renin–angiotensin–aldosterone system		
<b>NRG</b>	National clinical trials network in oncology (US)	<b>RECIST</b>	Response evaluation criteria in solid tumours		
<b>NSCLC</b>	Non-small cell lung cancer	<b>RFS</b>	Relapse-free survival		
<b>OCS</b>	Oral corticosteroid	<b>rhLCAT</b>	Recombinant human Lecithin-cholesterol acyltransferase		
<b>OD</b>	Once daily	<b>ROR<math>\gamma</math></b>	Related orphan receptor gamma		
<b>OGTT</b>	Oral glucose tolerance test	<b>r/r</b>	Relapsed/refractory		
<b>ORR</b>	Objective response rate	<b>RT</b>	Radiation therapy		
<b>OS</b>	Overall survival	<b>SABA</b>	Short-acting beta2-agonist		
<b>PARP</b>	Poly ADP ribose polymerase	<b>SAD</b>	Single ascending dose		



# Clinical trials appendix FY 2019 results update

AstraZeneca   
What science can do

