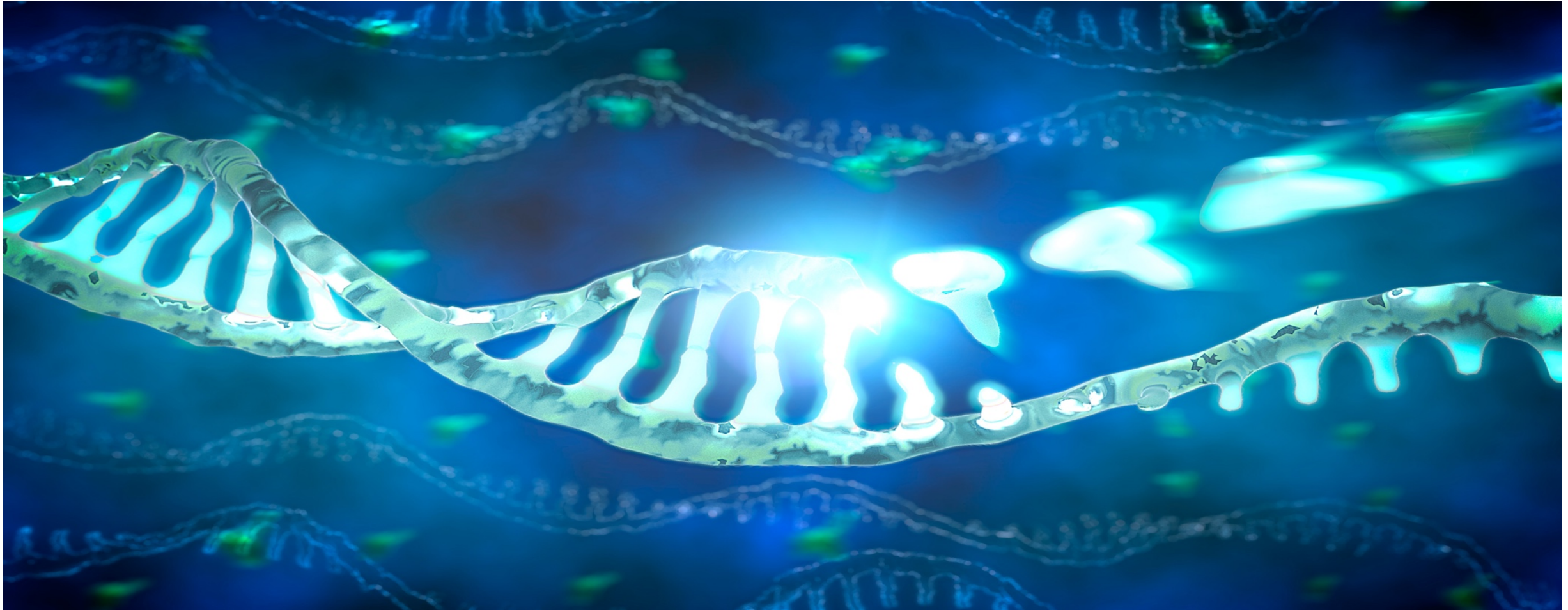


# Clinical trials appendix

## Q3 2019 results update



The following information about AstraZeneca clinical trials in Phases I-IV has been created with selected information from [clinicaltrials.gov](https://clinicaltrials.gov) to facilitate understanding of key aspects of ongoing clinical programmes and is correct to the best of the Company's knowledge as of 30 September 2019, unless otherwise specified.

It includes estimated timelines with regards to trial completion and first external presentations of primary data. These estimates are subject to change, as programmes recruit faster or slower than anticipated and many times are event driven.

Project postings on [clinicaltrials.gov](https://clinicaltrials.gov) are updated on a continuous basis as projects progress. For the most up to date information on our clinical programmes please visit [clinicaltrials.gov](https://clinicaltrials.gov)



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Early-stage development



# Movement since Q2 2019 update

New to Phase I	New to Phase II	New to Pivotal Study	New to Registration
<p><b><u>NME</u></b> <b>AZD6615</b> hypercholesterolemia CV disease</p>	<p><b><u>NME</u></b> <b>oleclumab+AZD4635</b> CD73 mAb + A2aR inhibitor prostate cancer</p> <p><b><u>Additional indication</u></b> <b>roxadustat#</b> hypoxia-inducible factor prolyl hydroxylase inhibitor chemotherapy induced anaemia</p> <p><b>tezepelumab#</b> TSLP mAb chronic obstructive pulmonary disease</p> <p><b><u>Lifecycle Management</u></b> <b>Imfinzi + FOLFOX + bevacizumab (platform) COLUMBIA 1</b> PD-L1 mAb + chemo + VEGF + multiple novel oncology therapies 1L metastatic microsatellite-stable colorectal cancer</p>	<p><b><u>NME</u></b> <b>nirsevimab# (MEDI8897)</b> RSV mAb-YTE passive RSV immunization</p> <p><b><u>Lifecycle Management</u></b> <b>Fasenra# RESOLUTE</b> IL-5R mAb COPD</p> <p><b>Tagrisso + chemotherapy FLAURA2</b> EGFR inhibitor + chemotherapy 1st-line advanced EGFRm NSCLC</p>	<p><b><u>NME</u></b> <b>trastuzumab deruxtecan#¶ DESTINY-Breast01 [US] <sup>1</sup></b> HER2 targeting antibody drug conjugate HER2-positive, unresectable and/or metastatic breast cancer subjects previously treated with T-DM1</p> <p><b><u>Lifecycle Management</u></b> <b>Brilinta<sup>3</sup> THEMIS [US &amp; EU] <sup>1</sup></b> P2Y12 receptor antagonist CV outcomes trial in patients with coronary artery disease and type-2 diabetes without a previous history of MI or stroke</p> <p><b>Calquence ASCEND [US &amp; EU]</b> BTK inhibitor relapsed/refractory chronic lymphocytic leukaemia</p> <p><b>Calquence ELEVATE-RR [US &amp; EU]</b> BTK inhibitor 1st-line chronic lymphocytic leukaemia</p> <p><b>Lynparza POLO [US &amp; EU] <sup>1</sup></b> PARP inhibitor pancreatic cancer</p>
Removed from Phase I	Removed from Phase II	Removed from Phase III	Removed from Registration
<p><b><u>NME</u></b> <b>MEDI0700#</b> BAFF/B7RP1 bispecific mAb systemic lupus erythematosus</p>	<p><b><u>NME</u></b> <b>AZD1419#</b> Inhaled TLR9 agonist asthma</p> <p><b>MEDI8852</b> Influenza A mAb influenza A treatment</p>	<p><b><u>NME</u></b> <b>savolitinib# SAVOIR</b> MET inhibitor papillary renal cell carcinoma</p> <p><b><u>Additional indication</u></b> <b>Imfinzi#+tremelimumab NEPTUNE</b> PD-L1 mAb + CTLA-4 mAb 1st-line NSCLC</p>	<p><b><u>Lifecycle Management</u></b> <b>Farxiga<sup>4</sup> DECLARE-TIMI 58 [US &amp; EU] <sup>2</sup></b> SGLT2 inhibitor CV outcomes trial in patients with type-2 diabetes</p>

¶ Registrational Phase II/III study # Partnered and/or in collaboration <sup>1</sup> Submission Accepted <sup>2</sup> Submission Approved <sup>3</sup> Brilinta in the US and Japan; Brilique in ROW <sup>4</sup> Farxiga in the US; Forxiga in ROW



# Q3 2019 New Molecular Entity (NME)<sup>1</sup> pipeline

## Phase I

20 New Molecular Entities

AZD1390 glioblastoma	<i>Imfinzi</i> #+tremelimumab PD-L1+CTLA-4 solid tumours
AZD4573 CDK9 haematological malignancies	<i>Imfinzi</i> #+tremelimumab+chemo PD-L1+CTLA-4 1L PDAC oesophageal SCLC
AZD5153 BRD4 solid tumours, haematological malignancies	<i>Imfinzi</i> +selumetinib# PD-L1+MEK solid tumours
AZD5991 MCL1 haematological malignancies	MEDI1191 IL-12 mRNA solid tumours
AZD9496 SERD ER+ breast	MEDI2228 BCMA ADC multiple myeloma
AZD9833 SERD ER+ breast	MEDI5083 CD40 ligand fusion protein solid tumours
<i>Calquence</i> +ceralasertib (AZD6738) BTK+ATR haematological tumours	MEDI5752 PD-1/CTLA-4 solid tumours
<i>Calquence</i> +danvatirsen BTK+STAT3 haematological malignancies	MEDI7247 ASCT2 ADC haematological malignancies solid tumours
<i>Imfinzi</i> #+adavosertib# PD-L1+Wee1 solid tumours	oleclumab+AZD4635 CD73+A2aR EGFRm NSCLC
<i>Imfinzi</i> #+RT (platform) CLOVER PD-L1+RT HNSCC NSCLC SCLC	oleclumab+Tagrisso CD73+EGFR EGFRm NSCLC

## Phase II

25 New Molecular Entities

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

## Phase III

14 New Molecular Entities

capiasertib+chemotherapy CAPItello-290 AKT+chemotherapy mTNBC 1L	<i>Imfinzi</i> #+tremelimumab+SoC NILE PD-L1+CTLA-4+SoC 1L urothelial cancer
<i>Imfinzi</i> #+/-tremelimumab+chemo POSEIDON PD-L1+/-CTLA-4+SoC 1L NSCLC	<i>Lynparza</i> #+ <i>Imfinzi</i> #+bevaccizumab DUO-O PARP+PD-L1+VEGF 1L ovarian
<i>Imfinzi</i> #+/-tremelimumab+CRT ADRIATIC PD-L1+/-CTLA-4+CRT LS-SCLC	selumetinib#¶ SPRINT MEK paediatric neurofibromatosis type-1
<i>Imfinzi</i> #+/-tremelimumab+SoC CASPIAN PD-L1+/-CTLA-4+SoC 1L ES-SCLC	trastuzumab deruxtecan# DESTINY-Breast 02 ADC breast
<i>Imfinzi</i> #+tremelimumab DANUBE PD-L1+CTLA-4 1L bladder	trastuzumab deruxtecan# DESTINY-Breast 03 ADC breast
<i>Imfinzi</i> #+tremelimumab HIMALAYA PD-L1+CTLA-4 1L HCC	trastuzumab deruxtecan# DESTINY-Breast 04 ADC breast
<i>Imfinzi</i> #+tremelimumab KESTREL PD-L1+CTLA-4 1L HNSCC	trastuzumab deruxtecan#¶ DESTINY-Gastric01 ADC gastric
	<b>Under Review</b> 1 New Molecular Entity
	trastuzumab deruxtecan#¶ DESTINY-Breast01 ADC breast

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

# Partnered and/or in collaboration; ¶ Registrational Phase II/III study



# Q3 2019 New Molecular Entity (NME)<sup>1</sup> pipeline

## Phase I

14 New Molecular Entities

AZD0284  
RORg psoriasis/respiratory

AZD9977  
MCR cardiovascular

AZD0449  
Inhaled JAK inhibitor asthma

MEDI1341#  
alpha synuclein parkinson's disease

AZD1402#  
inhaled IL-4Ra asthma

MEDI1814#  
amyloid $\beta$  alzheimer's disease

AZD5634  
inhaled ENaC cystic fibrosis

MEDI3506  
IL-33 COPD

AZD6615  
hypercholesterolemia CV disease

MEDI5117# China  
IL-6 YTE rheumatoid arthritis

AZD8154  
Inhaled PI3Kgd asthma

MEDI6570  
LOX-1 CV disease

AZD8233  
hypercholesterolemia cardiovascular

MEDI7219  
anti-diabetic type-2 diabetes

## Phase II

21 New Molecular Entities

abediterol#  
LABA asthma/COPD

cotadutide  
GLP-1/glucagon type-2 diabetes / obesity

anifrolumab#  
Type I IFN receptor SLE SC

MEDI3902  
Psl/PcrV Pseudomonas pneumonia

anifrolumab#  
Type I IFN receptor lupus nephritis

MEDI5884#  
cholesterol modulation cardiovascular

AZD4831  
MPO HFpEF

MEDI6012  
LCAT cardiovascular

AZD5718  
FLAP coronary artery disease

MEDI7352  
NGF/TNF osteoarthritis pain, painful diabetic neuropathy

AZD7594  
Inhaled SGRM asthma/COPD

roxadustat#  
HIF-PH inhibitor chemo induced anaemia

AZD7986#  
DPP1 COPD

suvratoxumab  
 $\alpha$ -Toxin Staphylococcus pneumonia

AZD8601#  
VEGF-A cardiovascular

tezepelumab#  
TSLP atopic dermatitis

AZD8871#  
MABA COPD

tezepelumab#  
TSLP COPD

AZD9567  
SGRM RA/respiratory

verinurad  
URAT-1 chronic kidney disease

Breztri (PT010)  
LABA/LAMA/ICS asthma

## 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#  
HIFPH anaemia MDS

tezepelumab# NAVIGATOR SOURCE  
TSLP severe uncontrolled asthma

## Under Review

0 New Molecular Entities



# Q3 2019 Lifecycle Management (LCM)<sup>1</sup> pipeline

Phase I 1 Project	Phase II 6 Projects	Phase III 21 Projects	Applications Under Review 3 Projects
<i>Imfinzi</i> #+azacitidine# PD-L1+azacitidine MDS	<i>Imfinzi</i> # PD-L1 solid tumours	<i>Calquence</i> # BTK inhibitor 1st line MCL	<i>Calquence</i> # BTK inhibitor 1st line CLL
	<i>Imfinzi</i> # (platform) BEGONIA PD-L1 1L mTNBC	<i>Calquence</i> # BTK inhibitor r/r CLL, high risk	<i>Calquence</i> # BTK inhibitor r/r CLL
	<i>Imfinzi</i> # (platform) MAGELLAN PD-L1 1L mNSCLC	<i>Calquence</i> #+venetoclax+obinutuzumab BTK+BCL-2+anti-CD20 1st line CLL	<i>Lynparza</i> # POLO PARP pancreatic cancer
	<i>Imfinzi</i> +FOLFOX+bevacizumab (platform) COLUMBIA1 PD-L1+chemo+VEGF+multiple novel	<i>Imfinzi</i> # CALLA PD-L1 adj. locally advanced cervical cancer	
	<i>Lynparza</i> # (basket) MK-7339-002 / LYNK002 PARP HRRm cancer	<i>Imfinzi</i> # PEARL PD-L1 1L metastatic NSCLC	<i>Lynparza</i> # OlympiA PARP gBRCA adjuvant breast
	<i>Lynparza</i> #+cedirib 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> # PROfound PARP prostate cancer
		<i>Imfinzi</i> # POTOMAC PD-L1 non muscle invasive bladder cancer	<i>Lynparza</i> # SOLO-3 PARP BRCAm PSR ovarian
		<i>Imfinzi</i> #+CRT PACIFIC-2 PD-L1+CRT NSCLC	<i>Lynparza</i> +abiraterone# PROpel PARP+NHA prostate cancer
		<i>Imfinzi</i> #+CRT PACIFIC-5 (China) PD-L1+CRT locally-advanced stage III NSCLC	<i>Tagrisso</i> ADAURA EGFR adj. EGFRm NSCLC
		<i>Imfinzi</i> #+CTx neoadjuvant AEGEAN PD-L1+CTx locally-advanced stage I-III NSCLC	<i>Tagrisso</i> LAURA EGFRm locally advanced unresectable NSCLC
			<i>Tagrisso</i> +chemo FLAURA2 EGFR+chemo 1L adv EGFRm NSCLC



# Q3 2019 Lifecycle Management (LCM)<sup>1</sup> pipeline

Phase I	Phase II	Phase III	Applications Under Review
0 Projects	0 Projects	11 Projects	2 Projects
		<i>Brilinta/Brilique</i> HESTIA P2Y12 paeds w/ sickle cell	<i>Brilinta/Brilique</i> THEMIS P2Y12 diabetes & CAD outcomes
		<i>Brilinta/Brilique</i> THALES P2Y12 stroke	<i>Nexium</i> (CN only) stress ulcer prophylaxis
		<i>Epanova</i> STRENGTH outcomes	
		<i>Farxiga/Forxiga</i> Dapa-CKD SGLT2 CKD	
		<i>Farxiga/Forxiga</i> DAPA-HF SGLT2 HFref	
		<i>Farxiga/Forxiga</i> DELIVER SGLT2 HFpEF	
		<i>Farxiga/Forxiga</i> DETERMINE-Preserved SGLT2 HFpEF	
		<i>Farxiga/Forxiga</i> DETERMINE-Reduced SGLT2 HFref	
		<i>Fasenra</i> # OSTRO IL-5R nasal polyposis	
		<i>Fasenra</i> # RESOLUTE IL-5R COPD	
		<i>Symbicort</i> SYGMA as needed in mild asthma	





# Estimated key regulatory submission acceptances

		H2 2019		H1 2020		H2 2020		2021		2021+	
NME		roxadustat anaemia in CKD (US) OLYMPUS/ROCKIES	<i>Imfinzi</i> +tremelimumab bladder DANUBE					PT027 asthma			
		selumetinib NF1 SPRINT (US)	<i>Imfinzi</i> + tremelimumab HNSCC KESTREL					tezepelumab asthma NAVIGATOR	<i>Imfinzi</i> +tremelimumab HCC HIMALAYA	<i>Fasenra</i> severe asthma (China)	
		<i>Imfinzi</i> +/-tremelimumab SCLC CASPIAN	<i>Lumoxiti</i> HCL (EU)					<i>Imfinzi</i> +tremelimumab+SoC urothelial NILE		capivasertb + CTx CAPItello	
		<i>Imfinzi</i> +/-tremelimumab NSCLC POSEIDON	selumetinib NF1 SPRINT (EU)	anifrolumab SLE TULIP				<i>Lynparza</i> +cediranib ovarian GY004		trastuzumab deruxtecan DESTINY-Breast03	<i>Imfinzi</i> +tremelimumab+CRT LDS-SCLC ADRIATIC
								trastuzumab deruxtecan DESTINY-Breast02		trastuzumab deruxtecan DESTINY-Breast04	<i>Lynparza</i> + <i>Imfinzi</i> + bevacizumab ovarian DUO-O
LCM		<i>Symbicort</i> mild asthma (China) SYGMA	<i>Farxiga</i> HFREF DAPA-HF	<i>Brilinta</i> stroke THALES				<i>Epanova</i> mxd dyslip STRENGTH		<i>Calquence</i> 1L MCL	<i>Tagrisso</i> EGFRm NSCLC ADAURA
			<i>Symbicort</i> mild asthma (EU) SYGMA	<i>Farxiga</i> HFREF DETERMINE				<i>Fasenra</i> nasal polyposis OSTRO		<i>Calquence</i> +venetoclax+obinutuzumab 1L CLL	<i>Tagrisso</i> locally adv. unresectable NSCLC LAURA
			<i>Calquence</i> CLL (EU & Japan)	<i>Lynparza</i> ovarian SOLO-3				<i>Farxiga</i> CKD DAPA-CKD		<i>Imfinzi</i> cervical CALLA	<i>Tagrisso</i> + CTx EGFRm NSCLC FLAURA2
			<i>Lynparza</i> ovarian PAOLA-1					roxadustat anemia in MDS		<i>Imfinzi</i> + CTx biliary tract TOPAZ-1	<i>Brilinta</i> paed w/ sickle cell HESTIA
			<i>Lynparza</i> prostate PROFOUND					<i>Imfinzi</i> adjuvant NSCLC BR31		<i>Imfinzi</i> non muscle invasive bladder POTOMAC	<i>Bydureon Bcise</i> type-2 diabetes (China)
								<i>Imfinzi</i> + CRT NSCLC PACIFIC-2		<i>Imfinzi</i> +chemo muscle invasive bladder NIAGARA	<i>Duaklir</i> Genuair COPD (China)
								<i>Imfinzi</i> NSCLC PEARL		<i>Imfinzi</i> post-SBRT NSCLC PACIFIC-4	<i>Farxiga</i> HFpEF DELIVER
								<i>Imfinzi</i> neoadjuvant NSCLC AEGEAN		<i>Imfinzi</i> +CRT NSCLC PACIFIC-5 (China)	<i>Fasenra</i> COPD RESOLUTE
								<i>Imfinzi</i> +VEGF+TACE locoregional HCC EMERALD-1		<i>Imfinzi</i> +VEGF adjuvant HCC EMERALD-2	nirsevimab passive RSV immunisation
								<i>Lynparza</i> breast OLYMPIA			
							<i>Lynparza</i> +abiraterone prostate PROPEL				



# Designations

4

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 / Sakigake

<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)
nirsevimag (MEDI8897) RSV mAB (US)
nirsevimag (MEDI8897) RSV mAB (EU)
selumetinib NFI type 1 SPRINT (US)
trastuzumab deruxtecan breast cancer (US)
<i>Calquence</i> CLL (US)
trastuzumab deruxtecan gastric cancer (JP)

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Fast Track

MEDI3902 Psi-PcrV pneumo Px (US)
savratoxumab Staph HAP (US)
<i>Imfinzi</i> NSCLC (US)
nirsevimag (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)

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Priority Review

<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)
<i>Breztri Aerosphere</i> (PT010) COPD (CN)
<i>Tagrisso</i> NSCLC 1L FLAURA (CN)
<i>Breztri Aerosphere</i> (PT010) (CN)
<i>Lokelma</i> hyperkalaemia (CN)
<i>Lynparza</i> pancreatic 1L (US)
trastuzumab deruxtecan breast cancer (US)

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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)

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.

BREAKTHROUGH DESIGNATION is a process designed to expedite the development and review of medicines which may demonstrate substantial improvement over available therapy. PRIME is a scheme launched by the EMA to enhance support for the development of medicines that target an unmet medical need. SAKIGAKE

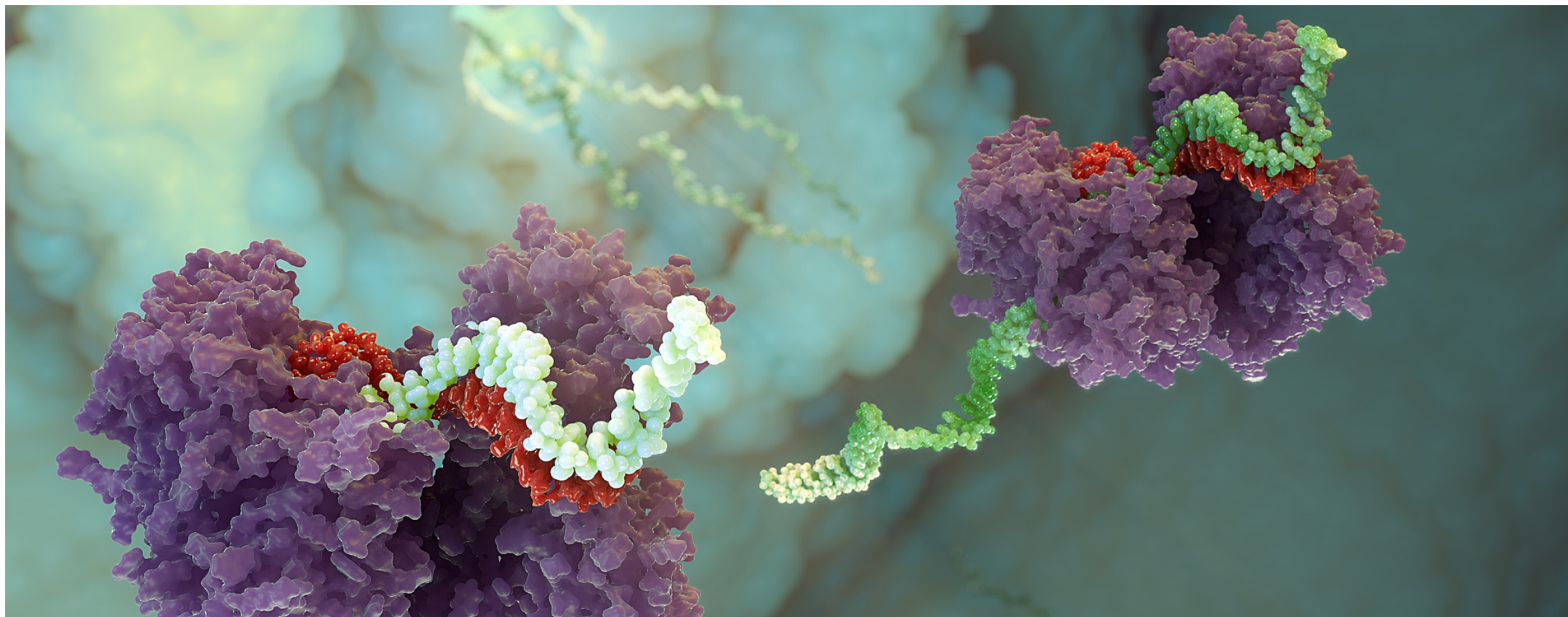
ACCELERATED APPROVAL, these regulations allowed medicines for serious conditions that addressed an unmet medical need to be approved based on a surrogate endpoint.

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
Phase III ADAURA NCT02511106	Adjuvant EGFRm NSCLC	682	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> 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: 2021+</li> </ul>
Phase III LAURA NCT03521154	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: <i>Tagrisso</i></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>
Phase III ASTRIS NCT02474355	Real world setting in adult patients with advanced or metastatic, EGFRm T790M+ NSCLC	3,020	Single-arm trial - <i>Tagrisso</i> 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>
Phase II ELIOS NCT03239340	EGFR TKI treatment-naïve patients with locally-advanced or metastatic EGFRm NSCLC	150	Single arm trial – <i>Tagrisso</i> 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>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> </ul>



# Tagrisso (highly-selective, irreversible EGFRi)

## NSCLC, combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III FLAURA2  NCT04035486	1st-line EGFRm NSCLC	586	Arm 1: <i>Tagrisso</i> plus Pemetrexed/Carboplatin or Pemetrexed/Cisplatin Arm 2: <i>Tagrisso</i>  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: Q3 2019</li> <li>Data anticipated: 2021+</li> </ul>
Phase II ORCHARD  NCT03944772	Advanced EGFRm NSCLC patients who have progressed on first line <i>Tagrisso</i> treatment	150	Modular design platform study: <ul style="list-style-type: none"> <li>Module 1: <i>Tagrisso</i> + savolitinib</li> <li>Module 2: <i>Tagrisso</i> + gefitinib</li> <li>Module 3: <i>Tagrisso</i> + necitumumab</li> <li>Module 4: carboplatin + pemetrexed + <i>Imfinzi</i></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 SAVANNAH  NCT03778229	EGFRm / MET+, locally advanced or metastatic NSCLC who have progressed following treatment with <i>Tagrisso</i>	172	<ul style="list-style-type: none"> <li>Single arm trial: <i>Tagrisso</i> + 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 TATTON  NCT02143466	Advanced EGFRm NSCLC TKI failure	344	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> + <i>Imfinzi</i></li> <li>Arm 2: <i>Tagrisso</i> + savolitinib</li> <li>Arm 3: <i>Tagrisso</i> + selumetinib</li> </ul> Enrolment to <i>Imfinzi</i> combination arms will not restart  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 use

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>ADJUVANT BR.31</b>  NCT02273375  Partnered	Adjuvant NSCLC patients IB (≥4cm) – 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> Global trial	Primary endpoint: • DFS  Secondary endpoint: • OS	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>Data anticipated: 2021</li> </ul>
<b>Phase II/III Lung Master Protocol</b>  NCT02154490  Partnered	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: • ORR • PFS • OS	<ul style="list-style-type: none"> <li>FPCD: Q2 2014</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase III</b> <b>PACIFIC-2</b>  NCT03519971	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> ex US global trial	Primary endpoint: • PFS • ORR Secondary endpoint: • OS	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase III</b> <b>PACIFIC-4</b>  NCT03833154	<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: • PFS Secondary endpoint: • OS	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase III</b> <b>PACIFIC-5</b>  NCT03706690	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> ex US global trial, China focus	Primary endpoint: • PFS Secondary endpoint: • OS	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2021</li> </ul>
<b>Phase III</b> <b>AEGEAN</b>  NCT03800134	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: • mPR Secondary endpoint • pCR	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: H2 2020</li> </ul>



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

## Lung cancer, advanced

Trial	Population	Patients	Design	Endpoints	Status
Phase III ADRIATIC NCT03703297	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 PEARL NCT03003962	NSCLC 1L	650	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> Q4W</li> <li>Arm 2: chemotherapy</li> </ul> Asia trial	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 NCT03164616	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: Q3 2018</li> <li>Data anticipated: Q4 2019</li> </ul>
Phase III CASPIAN NCT03043872	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 BALTIC NCT02937818	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 <i>Lynparza</i></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>
Phase II MAGELLAN NCT03819465	NSCLC 1L	200	<ul style="list-style-type: none"> <li>Arm A1: <i>Imfinzi</i></li> <li>Arm A2: <i>Imfinzi</i> + danvatirsen</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> + danvatirsen + 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>



# Imfinzi (PD-L1 mAb)

## Other cancers, early disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III POTOMAC 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: Q3 2018</li> <li>Data anticipated: 2021+</li> </ul>
Phase III NIAGARA	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: Q1 2019</li> <li>Data anticipated: 2021+</li> </ul>
Phase III EMERALD-1 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 EMERALD-2 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) +/- treme (CTLA-4 mAb)

## Other cancers, late disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III DANUBE NCT02516241	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 NCT03682068	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 NCT02551159	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 NCT03298451	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: Q3 2019</li> <li>Data anticipated: H2 2020</li> </ul>
Phase II NCT02527434	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 NCT03875235	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 NCT03830866	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) +/- treme (CTLA-4 mAb)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase III STRONG  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>
Phase I Combination in Advanced Solid Tumours  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>
Phase I Immunotherapy in Combination With Chemoradiation in Patients With Advanced Solid Tumours  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>
Phase II BEGONIA  NCT03742102	mTNBC 1L	100	<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
Phase III SOLO-1  NCT01844986	BRCAM maintenance ovarian cancer 1L	391	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> tablets BID maintenance therapy for two years or until disease progression</li> <li>Arm 2: placebo</li> </ul> Global trial	<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: Q3 2013</li> <li>LPCD: Q1 2015</li> <li>Data readout: Q2 2018</li> <li>Primary endpoint met</li> </ul>
Phase III SOLO3  NCT02282020	PSR gBRCAM ovarian cancer 3L+	266	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> BID to progression</li> <li>Arm 2: physician's choice (single-agent chemo)</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>LPCD: Q2 2018</li> <li>Data readout: Q4 2018</li> <li>Primary endpoint met</li> </ul>
Phase III OlympiA  NCT02032823  Partnered	BRCAM 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> Global trial partnership with BIG and NCI/NRG	<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>
Phase III OlympiAD  NCT02000622	BRCAM metastatic breast cancer	302	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> 300mg BiD, continuous to progression</li> <li>Arm 2: physician's choice: capecitabine 2500mg/m<sup>2</sup> x 14 q 21 vinorelbine 30mg/m<sup>2</sup> d 1, 8 q 21 eribulin 1.4mg/m<sup>2</sup> d 1, 8 q 21 to progression</li> </ul> Global trial	<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: Q2 2014</li> <li>LPCD: Q4 2015</li> <li>Data readout: Q1 2017</li> <li>Primary endpoint met</li> </ul>
Phase III POLO  NCT02184195	gBRCAM 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> Global trial	<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>
Phase III PROfound  NCT02987543	Metastatic castration-resistant prostate cancer HRRm, 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> Global trial	<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
Phase III DuO-O NCT03737643	Advanced ovarian cancer 1L	1,056	Non tBRCAm (tumour BRCA) patients <ul style="list-style-type: none"> <li>Arm 1: bevacizumab</li> <li>Arm 2: bevacizumab + <i>Imfinzi</i></li> <li>Arm 3: bevacizumab + <i>Imfinzi</i> + <i>Lynparza</i></li> </ul> tBRCAm patients <ul style="list-style-type: none"> <li>bevacizumab (optional) + <i>Imfinzi</i> + <i>Lynparza</i></li> </ul> Global trial	Primary endpoint: <ul style="list-style-type: none"> <li>PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2021+</li> </ul>
Phase II ORION NCT03775486	Stage IV NSCLC whose disease has not progressed following SoC chemo + <i>Imfinzi</i> Maintenance therapy 1L	327	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + <i>Lynparza</i></li> <li>Arm 2: <i>Imfinzi</i> + placebo</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, ORR, DoR, PFS in HRRm, PK, ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q1 2019</li> <li>Data anticipated: 2021+</li> </ul>
Phase II BAYOU NCT03459846	Platinum-Ineligible unresectable Stage IV urothelial cancer	150	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + <i>Lynparza</i></li> <li>Arm 2: <i>Imfinzi</i> + placebo</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, DoR, ORR, PFS in HRRm, PFS6, PK, ADA, PRO</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2018</li> <li>Data anticipated : H1 2020</li> </ul>
Phase I / II MEDIOLA NCT02734004	gBRCAm ovarian cancer 2L+ gBRCAm HER2-negative breast cancer 1-3L SCLC 2L+ Gastric cancer 2L+	148	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> + <i>Imfinzi</i></li> <li>Dose until progression</li> </ul> Global trial	Primary endpoints: <ul style="list-style-type: none"> <li>DCR at 12 weeks</li> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2016</li> <li>LPCD: Q2 2017</li> </ul>
Phase I / II MEDIOLA (Ovarian expansion) NCT02734004	gBRCAm ovarian cancer 2L+ Non-gBRCAm ovarian cancer 2L+ Non-gBRCAm ovarian cancer 2L+	140	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> + <i>Imfinzi</i></li> <li>Arm 2: <i>Lynparza</i> + <i>Imfinzi</i></li> <li>Arm 3: <i>Lynparza</i> + <i>Imfinzi</i> + bevacizumab</li> <li>Dose until progression</li> </ul> Global trial	Primary endpoints: <ul style="list-style-type: none"> <li>DCR at 12 weeks</li> <li>ORR</li> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> </ul>



# Lynparza (PARP inhibitor)

## Other combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III <b>PAOLA-1</b>  NCT02477644 Externally sponsored	Advanced ovarian cancer 1L maintenance	806	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> 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>	<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>
Phase III <b>PROpel</b>  NCT03732820	Metastatic castration-resistant prostate cancer 1L	720	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> + abiraterone</li> <li>Arm 2: placebo + abiraterone</li> </ul> Global trial	Primary Endpoint: <ul style="list-style-type: none"> <li>PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2021</li> </ul>
Phase II  <b>VIOLETTE</b> NCT03330847	TNBC	450	<ul style="list-style-type: none"> <li>Arm 1: AZD6738 + <i>Lynparza</i></li> <li>Arm 2: <i>Lynparza</i></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>
Phase III <b>GY004</b>  NCT02446600 Externally sponsored	Recurrent platinum sensitive ovarian cancer	549	<ul style="list-style-type: none"> <li>Arm 1: chemo</li> <li>Arm 2: <i>Lynparza</i></li> <li>Arm 3: cediranib + <i>Lynparza</i></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>
Phase II/III <b>GY005</b>  NCT02502266 Externally sponsored	Recurrent platinum resistant/refractory ovarian cancer	680	<ul style="list-style-type: none"> <li>Arm 1: chemo</li> <li>Arm 2: cediranib + <i>Lynparza</i></li> <li>Arm 3: cediranib</li> <li>Arm 4: <i>Lynparza</i></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>
Phase II <b>LYNK-002</b>  NCT03742895 Partnered	HRRm or HRD-positive advanced cancer	370	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i></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: <i>Calquence</i> + obinutuzumab</li> <li>Arm C: <i>Calquence</i></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	Previously untreated CLL fit	780	<ul style="list-style-type: none"> <li>Arm A: <i>Calquence</i> + venetoclax</li> <li>Arm B: <i>Calquence</i> + venetoclax + obinutuzumab</li> <li>Arm C: FCR or BR</li> </ul>	<ul style="list-style-type: none"> <li>Primary - AV vs FCR/BR efficacy PFS</li> <li>Secondary AVG vs FCR/BR efficacy PFS; AV vs FCR/BR and AVG vs FCR/BR</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: <i>Calquence</i></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: <i>Calquence</i></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: <i>Calquence</i> + 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	<i>Calquence</i> monotherapy	<ul style="list-style-type: none"> <li>ORR at 36 cycles</li> </ul>	<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><i>Calquence</i> monotherapy</li> <li>Arm A: lymph node biopsy</li> <li>Arm B: bone marrow biopsy</li> </ul>	<ul style="list-style-type: none"> <li>ORR</li> </ul>	<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><i>Calquence</i> monotherapy</li> <li>Dose escalation and expansion</li> </ul>	<ul style="list-style-type: none"> <li>Safety, PK, PD</li> </ul>	<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 <i>Calquence</i> and ACP-319 (Pi3K inhibitor)	<ul style="list-style-type: none"> <li>Safety</li> <li>ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>Data anticipated: 2020</li> </ul>
Phase I/II ACE-LY-005 NCT02362035	Haematological malignancies	161	<i>Calquence</i> + pembrolizumab	<ul style="list-style-type: none"> <li>Safety</li> <li>Secondary endpoints: ORR, DoR, PFS, OS, TTNT (time to next therapy)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>Data anticipated: 2021+</li> </ul>
Phase I/II ACE-WM-001 NCT02180724	Waldenstrom microglobulinaemia	106	<i>Calquence</i> monotherapy	<ul style="list-style-type: none"> <li>ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2014</li> <li>Data readout: Q1 2018</li> </ul>
Phase Ib ACE-LY-002 NCT02112526	Relapsed/refractory de novo activated B-cell DLBCL	21	<i>Calquence</i> monotherapy	<ul style="list-style-type: none"> <li>Safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2014</li> <li>Data anticipated: H2 2019</li> </ul>
Phase Ib ACE-LY-106 NCT02717624	MCL	70	<i>Calquence</i> in combination with bendamustine and rituxumab <ul style="list-style-type: none"> <li>Arm A: treatment naïve</li> <li>Arm B: relapsed/refractory</li> <li>Arm C: treatment naïve: <i>Calquence</i> + venetoclax + rituxumab</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>Data anticipated: 2020+</li> </ul>
Phase Ib ACE-MY-001 NCT02211014	Relapsed/refractory MM	28	<ul style="list-style-type: none"> <li>Arm A: <i>Calquence</i></li> <li>Arm B: <i>Calquence</i> + dexamethasone</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>Data readout: Q2 2019</li> </ul>
Phase I ACE-LY-003 NCT02180711	Relapsed/refractory follicular lymphoma	80	<ul style="list-style-type: none"> <li>Arm A: <i>Calquence</i></li> <li>Arm B: <i>Calquence</i> + rituximab</li> <li>Arm C: <i>Calquence</i> + rituximab + lenolidomide</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>Data anticipated: 2021+</li> </ul>
Phase I ACE-CL-002 NCT02157324	Relapsed/refractory CLL/ SLL	12	<i>Calquence</i> in combination with ACP-319 dose escalation	<ul style="list-style-type: none"> <li>Safety, PK, PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2014</li> <li>Data anticipated: H2 2020</li> </ul>
Phase I ACE-CL-003 NCT02296918	CLL/SLL/PLL	69	<i>Calquence</i> + obinutuzumab <ul style="list-style-type: none"> <li>Arm A: relapsed/refractory</li> <li>Arm B: treatment naïve</li> <li><i>Calquence</i> + venetoclax + rituxumab</li> <li>Arm C: relapsed/refractory</li> <li>Arm D: treatment naïve</li> </ul>	<ul style="list-style-type: none"> <li>Safety, ORR</li> <li>Secondary endpoints: PD, PFS, TTNT, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>Data anticipated: 2021+</li> </ul>

# 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>• <i>Calquence</i> monotherapy</li> <li>• Dose confirmation and expansion</li> <li>• <i>Calquence</i> + 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: <i>Calquence</i> + ceralasertib (AZD6738)</li> </ul>	<ul style="list-style-type: none"> <li>• Identify dose of ceralasertib and safety of co-administration of <i>Calquence</i> + 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: <i>Calquence</i> daily + vistusertib daily</li> <li>• Part 2: <i>Calquence</i> 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: <i>Calquence</i> + danvatirsen</li> <li>• Arm 2: <i>Calquence</i> + AZD6738</li> <li>• Arm 3: <i>Calquence</i> + Hu5F9G4 + Rituxan</li> <li>• Arm 4: <i>Calquence</i> + 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

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoint(s)	Status
Phase Ib/II ACE-ST-209  NCT02586857	≥ 2L glioblastoma multiforme	52	<ul style="list-style-type: none"><li>• Arm A: <i>Calquence</i> 200mg BID</li><li>• Arm B: <i>Calquence</i> 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>

Oncology

CVRM

Respiratory

Other



# *Lumoxiti* (moxetumomab pasudotox, CD22 mAb)

## Blood cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III <b>PLAIT</b> 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>
Phase I NCT00586924  Partnered	Adults with relapsed or refractory HCL	49	<ul style="list-style-type: none"> <li>Open-label dose escalation Phase I trial</li> <li><i>Lumoxiti</i> i.v.</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: MTD and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2007</li> <li>LPCD: Q1 2014</li> <li>Data readout: Q2 2015</li> </ul>



# Trastuzumab deruxtecan (DS-8201, HER2 ADC)

## Breast and gastric cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>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 <ul style="list-style-type: none"> <li>Trastuzumab deruxtecan</li> </ul>	Primary endpoint ORR  Secondary end points DoR, CBR, CBR, PFS, OS	<ul style="list-style-type: none"> <li>FPCD: Q3 2017</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q2 2019</li> </ul>
<b>Phase III</b> <b>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 <ul style="list-style-type: none"> <li>Trastuzumab deruxtecan</li> <li>Physicians choice of               <ul style="list-style-type: none"> <li>Lapatinib + capecitabine</li> <li>Trastuzumab + capecitabine</li> </ul> </li> </ul>	Primacy endpoint PFS  Secondary endpoints OS, ORR, DoR, CBR	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>Data anticipated 2021</li> </ul>
<b>Phase III</b> <b>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 <ul style="list-style-type: none"> <li>Trastuzumab deruxtecan</li> <li>Ado-trastuzumab emtansine</li> </ul>	Primary endpoint PFS  Secondary endpoints OS, ORR, DoR, CBR	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>Data anticipated 2021</li> </ul>
<b>Phase III</b> <b>DESTINY-Breast04</b>  NCT03734029 Partnered	HER2-low, unresectable and/or metastatic breast cancer patients	540	Randomised open label parallel assignment <ul style="list-style-type: none"> <li>Trastuzumab deruxtecan</li> <li>Physicians choice of SoC chemo (choice of capecitabine, eribulin, gemcitabine, paclitaxel or nab-paclitaxel)</li> </ul>	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</b> <b>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 <ul style="list-style-type: none"> <li>Trastuzumab deruxtecan</li> <li>SoC chemo</li> </ul>	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 anticipated H1 2020</li> </ul>



# Trastuzumab deruxtecan (DS-8201, HER2 ADC)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase II NCT03384940 Partnered	HER2-expressing advanced colorectal cancer	90	Non randomised single group assignment • Trastuzumab deruxtecan	Primary end point ORR  Secondary end points PFS, OS, DoR, range of PK endpoints	<ul style="list-style-type: none"> <li>FPCD Q1 2018</li> <li>Data anticipated 2020+</li> </ul>
Phase II NCT03505710 Partnered	HER2-over-expressing or mutated, unresectable and/or metastatic NSCLC	130	Non randomised parallel group assignment • Trastuzumab deruxtecan	Primary end point ORR  Secondary end points DoR, PFS, OS	<ul style="list-style-type: none"> <li>FPCD Q2 2018</li> <li>Data anticipated 2020</li> </ul>
Phase I NCT02564900 Partnered	Advanced solid malignant tumours	278	Non randomised single group assignment • Trastuzumab deruxtecan	Primary end points number of subjects with AEs, tumour response  Secondary end points PK	<ul style="list-style-type: none"> <li>FPCD Q3 2015</li> <li>Data read out Q3 2018</li> </ul>



# Selumetinib (MEK inhibitor)

## Paediatric neurofibromatosis type 1

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II SPRINT</b>  NCT01362803  Partnered	Paediatric NF1	50 (stratum 1)	<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
Phase I NCT01985555 Partnered	Advanced NSCLC (all comers)	85	<ul style="list-style-type: none"> <li>Dose escalation trial</li> </ul> Conducted in China	<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>
Phase II NCT02897479 Partnered	Lung PSC and other NSCLC	65	<ul style="list-style-type: none"> <li>Single arm trial: savolitinib QD</li> </ul> Conducted in China	<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

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
Phase IIb CONCERTO  NCT02889900	PRR ovarian cancer - heavily pre-treated BRCAwt	62	<ul style="list-style-type: none"><li>Cediranib 30mg + <i>Lynparza</i> 200mg BID</li></ul>	<ul style="list-style-type: none"><li>ORR, DoR, DCR, QoL. OS; Safety</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2017</li><li>LPCD: Q1 2019</li></ul>



# Capivasertib (AKT inhibitor)

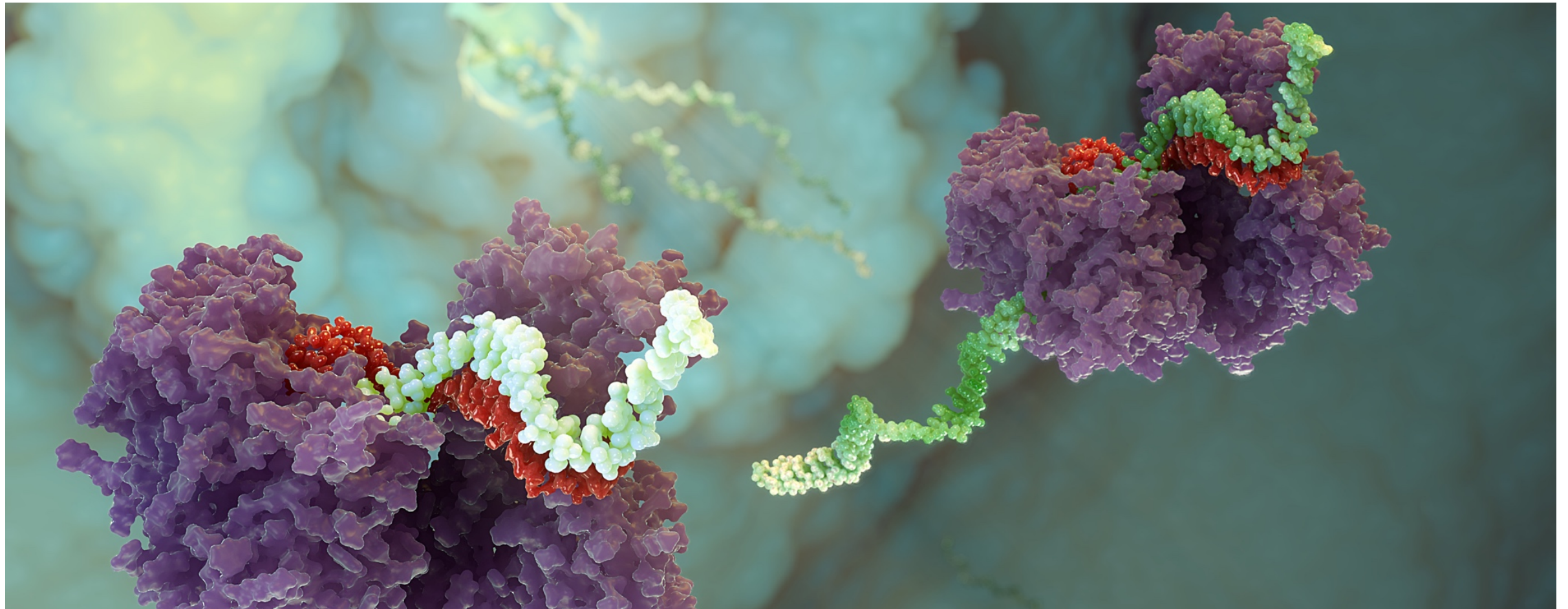
## Breast cancer, prostate cancer

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

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Compound	Population	Patients	Design	Endpoints	Status
Phase I/II STUDY 1108  NCT01693562	<i>Imfinzi</i>	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: H2 2019</li> </ul>
Phase I  NCT02117219	<i>Imfinzi</i> , azacitidine	Myelodysplastic syndrome	79	<p>Dose escalation and dose expansion trial</p> <ul style="list-style-type: none"> <li>Part 1: <i>Imfinzi</i></li> <li>Part 2 Arm 1: <i>Imfinzi</i> and tremelimumab</li> <li>Part 2 Arm 2: <i>Imfinzi</i>, 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  NCT02900157	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  NCT03334617	<i>Imfinzi</i> <i>Lynparza</i> vistusertib ceralasertib (AZD6738) danvatirsen oleclumab	NSCLC	260	<p>5 modules encompassing 13 cohorts</p> <ul style="list-style-type: none"> <li>Module 1; <i>Imfinzi</i> and <i>Lynparza</i></li> <li>Module 2; <i>Imfinzi</i> and danvatirsen</li> <li>Module 3; <i>Imfinzi</i> and ceralasertib (AZD6738)</li> <li>Module 4; <i>Imfinzi</i> and vistusertib</li> <li>Module 5; <i>Imfinzi</i> and oleclumab</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  NCT03822351	<i>Imfinzi</i>	Stage III NSCLC unresectable	300	<ul style="list-style-type: none"> <li>Arm A: <i>Imfinzi</i></li> <li>Arm B: <i>Imfinzi</i> + oleclumab</li> <li>Arm C: <i>Imfinzi</i> + 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  NCT03794544	<i>Imfinzi</i>	Resectable, early stage NSCLC	160	<ul style="list-style-type: none"> <li>Arm A: <i>Imfinzi</i></li> <li>Arm B: <i>Imfinzi</i> + oleclumab</li> <li>Arm C: <i>Imfinzi</i> + monalizumab</li> <li>Arm D: <i>Imfinzi</i> + 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
Phase Ib/II STUDY 21  NCT02340975	GEJ adenocarcinoma	114	<ul style="list-style-type: none"> <li>Arm A: <i>Imfinzi</i> + tremelimumab 2L</li> <li>Arm B: <i>Imfinzi</i> 2L</li> <li>Arm C: tremelimumab 2L</li> <li>Arm D: <i>Imfinzi</i> + tremelimumab 3L</li> <li>Arm E: <i>Imfinzi</i> + tremelimumab 2L &amp; 3L</li> </ul> <p>US and ROW trial centres</p>	<ul style="list-style-type: none"> <li>Primary endpoints: Safety &amp; tolerability, ORR, PFS</li> <li>Secondary endpoints: DCR, OS, DoR, PD-L1 Expression</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2015</li> <li>Data anticipated: H2 2019</li> </ul>
Phase Ib/II STUDY 22  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>
Phase Ib STUDY 006  NCT02000947	NSCLC (Immunotx naïve and Immunotx pretreated patient cohorts)	459	<ul style="list-style-type: none"> <li>Dose escalation: minimum 5 cohorts exploring various treme 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> <li>Secondary endpoints include antitumour activity, PK and immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2013</li> <li>LPCD: Q4 2016</li> <li>Data anticipated: H1 2020</li> </ul>
Phase I STUDY 10  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 treme and <i>Imfinzi</i> dose combinations and 2 cohorts exploring various Q2W treme 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> <li>Secondary endpoints include anti-tumour activity, PK/PD and immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>LPCD: Q2 2017</li> <li>Data anticipated: H1 2020</li> </ul>
Phase Ib STUDY 23  NCT02549651	DLBCL	32	<ul style="list-style-type: none"> <li>Arm A: <i>Imfinzi</i></li> <li>Arm B: <i>Imfinzi</i> + tremelimumab</li> <li>Arm C: <i>Imfinzi</i> + AZD9150</li> </ul> <p>US and European trial centres</p>	<ul style="list-style-type: none"> <li>Primary endpoint: Safety &amp; tolerability</li> <li>Secondary endpoints: OR, DC, DoR, PFS, OS, PK/PD, immunogenicity and biomarkers</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2016</li> <li>LPCD: Q4 2018</li> <li>Data readout: Q3 2019</li> </ul>



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

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II NCT02671435	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 in adult subjects with CRC and monalizumab in combination with 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/IIa NCT03162224	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>



# MEDI1191 (IL-12 modRNA)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

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 intratumorally 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
Phase I NCT03215381	Healthy volunteers	8	<ul style="list-style-type: none"> <li>PET trial</li> <li>[11C]AZD1390 microdose administered by i.v. bolus</li> </ul> <p>Trial conducted in a single centre in Sweden</p>	<ul style="list-style-type: none"> <li>Brain distribution of AZD1390 to assess if [11C]AZD1390 crosses the blood brain barrier in healthy volunteers</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q1 2018</li> <li>Data readout: Q2 2018</li> </ul>
Phase I NCT03423628	Recurrent glioblastoma eligible for re-irradiation, brain metastases and leptomeningeal disease, newly-diagnosed glioblastoma patients	c. 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
Phase II D6010C00004 NCT02272790	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>
Phase I D6010C00005 NCT02511795	Advanced solid tumours	130	<ul style="list-style-type: none"> <li>Dose escalation trial to determine MTD (adavosertib + <i>Lynparza</i>) followed by an expansions 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 anticipated: H2 2019</li> </ul>
Phase I D6015C00002 NCT02617277	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 anticipated: H2 2019</li> </ul>
Phase I D6014C00006 NCT03333824	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 anticipated: H2 2019</li> </ul>
Phase I D6014C00007 NCT03313557	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 anticipated: H2 2019</li> </ul>





# MEDI2228 (BCMA antibody drug conjugate)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03489525	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: <ul style="list-style-type: none"><li>• Safety</li><li>• Determination of MTD</li></ul> Secondary endpoints: pPK, immunogenicity, ORR, DCR, DoR, PFS, OS	<ul style="list-style-type: none"><li>• FPCD: Q2 2018</li><li>• Data anticipated: 2020+</li></ul>



# AZD2811 (AURN)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT02579226	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>
Phase I NCT03217838	AML/high-risk MDS	130	<ul style="list-style-type: none"><li>• Part A: AZD2811 monotherapy and azacytidine combination dose escalation cohorts</li><li>• Part B: AZD2811 monotherapy and azacytidine 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: 2020+</li></ul>



# AZD4573 (CDK9 inhibitor)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03263637	Relapsed/refractory haematologic 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: • safety/PK; Secondary: • efficacy	<ul style="list-style-type: none"><li>• FPCD: Q4 2017</li><li>• Data anticipated: H2 2020</li></ul>



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

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT02740985	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	295	Phase Ia – solid tumours or mCRPC: <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 monotherapy (capsule formulation)</li> <li>AZD4635 + <i>Imfinzi</i> (capsule formulation)</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>PK of AZD4635 as monotherapy and combination with <i>Imfinzi</i> abiraterone and enzalutamide.</li> <li>Preliminary assessment of anti-tumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2016</li> <li>Data anticipated: 2020</li> </ul>
Phase I NCT03710434	Healthy male volunteers	21	<ul style="list-style-type: none"> <li>Arm 1: Part A 2-period randomised crossover study of single doses of AZD4635, nanosuspension or solid oral formulation in fasted state</li> <li>Arm 2: Part B, 4-period, open-label, randomised, crossover study of single doses of AZD4635 in the same subjects from Part A. The treatments selected for Part B will depend on the outcome of interim analyses of AZD4635 exposure.</li> </ul> Both parts conducted at a site in the UK	Primary outcome measures: <ul style="list-style-type: none"> <li>Maximum observed C<sub>max</sub> of AZD4635 solid oral formulation and nano-suspension</li> <li>Exposure to AZD4635 solid oral formulation and nano-suspension</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q2 2019</li> </ul>
Phase II NCT04089553	Prostate cancer	60	ARM 1: AZD4635 plus <i>Imfinzi</i> ARM 2: AZD4635 plus 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>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> </ul>
Phase I NCT03980821	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>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> </ul>



# AZD5069 (CXCR2 antagonist)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

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	<ul style="list-style-type: none"><li>Safety/efficacy trial</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2016</li><li>LPCD: Q3 2018</li><li>Data anticipated: H2 2019</li></ul>



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

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03089645	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)

Approved medicines

Late-stage development

Early development

Oncology

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I/Ib NCT03205176	Relapsed/refractory solid tumours, lymphomas	60	Monotherapy dose escalation in advanced solid tumours and lymphomas  Dose escalation of AZD5153 in combination with <i>Lynparza</i> in platinum resistant/refractory HGS patients.  Dose and schedule from dose escalation may be applied in dose expansion phase in HGS ovarian cancer.	<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>

CVRM

Respiratory

Other



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

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03530397	Advanced solid tumours	263	Open-label, dose-escalation and dose-expansion dose-escalation: MEDI5752 i.v. dose-expansion : 2 cohorts with 2 arms each	Primary endpoints: <ul style="list-style-type: none"><li>dose-escalation: safety &amp; determination of MTD</li><li>dose-expansion: assessment of antitumour activity based on OR</li></ul> Secondary endpoints: <ul style="list-style-type: none"><li>PK, ADA, tumoural baseline PD-L1, assessment of antitumour activity based on OR, DoR, DC, PFS, OS</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2018</li><li>Data anticipated: 2021+</li></ul>





# AZD5991 (MCL1 inhibitor)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03218683	Relapsed/refractory haematologic malignancies	48	<ul style="list-style-type: none"><li>• Arm1: monotherapy dose escalation in relapsed/refractory haematological malignancies. Seven dose escalation cohorts.</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: 2021</li></ul>



# Ceralasertib (AZD6738, ATR inhibitor)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT02264678	Solid tumours	250	<ul style="list-style-type: none"> <li>• Arm 1: ceralasertib + carboplatin</li> <li>• Arm 2: ceralasertib dose escalation, ceralasertib + <i>Lynparza</i></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: 2020+</li> </ul>
Phase I NCT03022409	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</i>/treme</li> <li>• Arm A5: AZD5069/<i>Imfinzi</i>/treme</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: H2 2020</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: H2 2020</li> </ul>



# MEDI7247 (PBD ADC mAb)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03106428	Relapsed/refractory haematological malignancies	408	First-time-in-human Phase I, multi-centre, open-label, single-arm, dose-escalation, and dose-expansion trial for adult subjects	<ul style="list-style-type: none"><li>Primary endpoint: safety</li><li>Secondary endpoints: PK, immunogenicity and antitumour activity</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2017</li><li>Data anticipated: 2021+</li></ul>
Phase I/Ib NCT03811652	Advanced or metastatic solid tumours	336	Open-label, dose-escalation and dose-expansion	<ul style="list-style-type: none"><li>Primary endpoint: safety</li><li>Secondary endpoints: PK, immunogenicity and antitumour activity</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2018</li><li>Data anticipated: 2021+</li></ul>



# Oleclumab (MEDI9447, CD73 mAb)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT02503774	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>
Phase Ib/II NCT03611556	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 PF, PD, immunogenicity, safety and anti-tumour activity</p>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Data anticipated: 2021+</li> </ul>
Phase Ib/II NCT03381274	NSCLC	98	<ul style="list-style-type: none"> <li>Arm A: oleclumab i.v. + <i>Tagrisso</i></li> <li>Arm B: oleclumab i.v. + AZD4635</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 (selective estrogen receptor degrader)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03236974	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 anticipated: H2 2019</li> </ul>
Phase I NCT02248090	ER+ breast cancer	c. 50	<ul style="list-style-type: none"> <li>This is a Phase I open label multicentre trial of AZD9496 administered orally in patients with advanced ER+ HER2- 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. In addition, expansion cohort(s) at potential therapeutic dose(s) in patients with or without ESR1 mutations will be enrolled to further determine the safety, tolerability, pharmacokinetics and biological activity of AZD9496</li> </ul>	<ul style="list-style-type: none"> <li>Primary outcome measures: safety and tolerability</li> <li>Secondary outcome measures: single and multiple dose PK of AZD9496 4<math>\beta</math>-hydroxycholesterol concentration in blood</li> <li>Anti-tumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>LPCD: Q2 2016</li> <li>Data readout: Q2 2017</li> </ul>
Phase I NCT02780713	Healthy subjects	14	<ul style="list-style-type: none"> <li>This is a Phase I open label single centre trial to assess the pharmacokinetics and safety of different forms and formulations of AZD9496 in healthy subjects</li> </ul>	<ul style="list-style-type: none"> <li>Primary outcome measures: PK for AZD9496 and its metabolites</li> <li>Secondary outcome measures: safety and tolerability and PK</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2016</li> <li>LPCD: Q3 2016</li> <li>Data readout: Q2 2017</li> </ul>



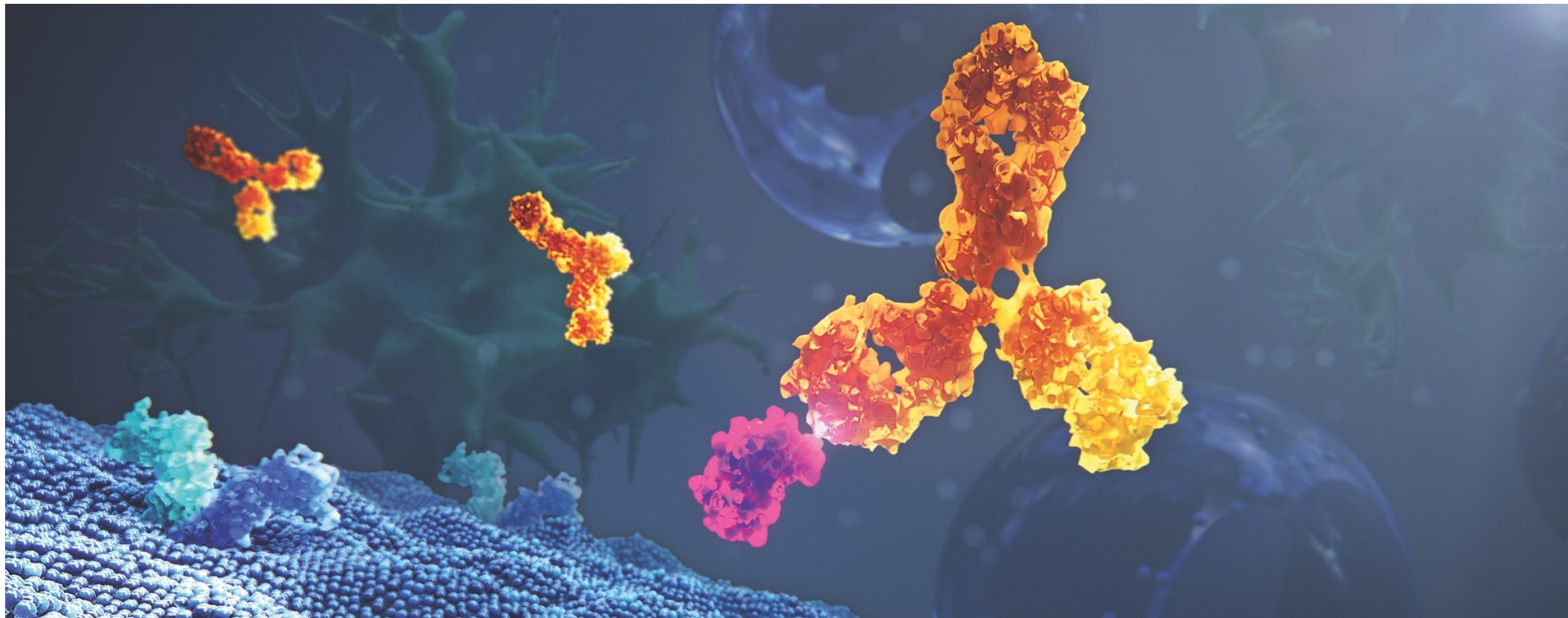
# AZD9833 (selective oestrogen receptor degrader)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03616587	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)

## Diabetes

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III/IV DECLARE</b>  <b>NCT01730534</b>	Type-2 diabetes with high risk for CV event	17,190	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg QD + SoC therapy QD</li> <li>Arm 2: placebo + SoC therapy for type-2 diabetes</li> </ul> Global trial – 33 countries	<ul style="list-style-type: none"> <li>Primary endpoints: superiority for MACE. Superiority for the composite endpoint of CV death or hospitalisation for heart failure</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2013</li> <li>LPCD: Q2 2015</li> <li>Data Readout: Q3 2018</li> <li>Met primary safety endpoint and one of two primary efficacy endpoints (hHF or CV death)</li> </ul>
<b>Phase III DEPICT 1</b>  <b>NCT02268214</b>  <b>Partnered</b>	Type-1 diabetes	833	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 5mg QD 52 weeks + insulin</li> <li>Arm 2: <i>Farxiga</i> 10mg QD 52 weeks + insulin</li> <li>Arm 3: placebo QD 52 weeks + insulin</li> </ul> Global trial – 17 countries	<ul style="list-style-type: none"> <li>Primary endpoint: adjusted mean change from baseline in HbA1c at week 24</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>LPCD Q2 2016</li> <li>Data readout: Q1 2017</li> <li>Primary endpoint met</li> </ul>
<b>Phase III DEPICT 2</b>  <b>NCT02460978</b>  <b>Partnered</b>	Type-1 diabetes	813	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 5mg QD 52 weeks + insulin</li> <li>Arm 2: <i>Farxiga</i> 10mg QD 52 weeks + insulin</li> <li>Arm 3: placebo QD 52 weeks + insulin</li> </ul> Global trial – 14 countries	<ul style="list-style-type: none"> <li>Primary endpoint: adjusted mean change from baseline in HbA1c at week 24</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q1 2017</li> <li>Data readout: Q4 2017</li> <li>Primary endpoint met</li> </ul>

Oncology

CVRM

Respiratory

Other



# Farxiga (SGLT2 inhibitor)

## Diabetes / cardiovascular risk reduction

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 Q3 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> <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: ≥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	4,700	<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: Q3 2018</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase III DETERMINE-preserved</b> <b>NCT03877224</b>	CHF patients with HFpEF	400	<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>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>
<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</b> <b>THEMIS</b> NCT01991795	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> Secondary endpoints: <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</b> <b>THALES</b> NCT03354429	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	<ul style="list-style-type: none"> <li>Primary endpoint:               <ul style="list-style-type: none"> <li>Prevention of the composite of subsequent stroke and death at 30 days</li> </ul> </li> </ul> Secondary endpoints include: <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>Data anticipated: H1 2020</li> </ul>
<b>Phase III</b> <b>HESTIA3</b> NCT03615924	Paediatric 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>



# *Epanova* (omega-3 carboxylic acids)

## Hypertriglyceridaemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>STRENGTH (CVOT)</b> <b>NCT02104817</b>	Patients with hypertriglyceridaemia and high cardiovascular disease risk	13,000	<ul style="list-style-type: none"> <li>Arm 1: <i>Epanova</i> 4g QD + statin</li> <li>Arm 2: placebo (corn oil) + statin</li> </ul> Global trial – 22 countries	<ul style="list-style-type: none"> <li>Primary endpoint: composite of MACE</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>LPCD: Q2 2017</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase III</b> <b>NCT02463071</b>	Japanese patients with hypertriglyceridaemia	375	<ul style="list-style-type: none"> <li><i>Epanova</i> 2g and 4g vs. placebo (after meal) daily for 52 weeks</li> </ul> Global trial – one country	Primary endpoints: <ul style="list-style-type: none"> <li>Safety in Japanese patients</li> <li>percentage change in triglycerides</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2015</li> <li>LPCD: Q1 2016</li> <li>Data readout: Q2 2017</li> </ul>
<b>Phase III</b> <b>EVOLVE II</b> <b>NCT02009865</b>	Severe hypertriglyceridaemia	162	<ul style="list-style-type: none"> <li>Arm 1: <i>Epanova</i> 2g QD</li> <li>Arm 2: placebo (olive oil)</li> </ul> Global trial – seven countries	<ul style="list-style-type: none"> <li>Primary endpoint: change in serum triglycerides over 12 weeks</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2013</li> <li>LPCD: Q4 2014</li> <li>Data readout: Q4 2015</li> <li>Primary endpoint met</li> </ul>
<b>Phase I</b> <b>China PK</b> <b>NCT03574142</b>	Healthy Chinese subjects	14	Open-label trial to evaluate the pharmacokinetics of single and multiple doses of <i>Epanova</i> 4 g/day in Chinese healthy subjects  Local trial – China	<ul style="list-style-type: none"> <li>Primary endpoints: plasma concentrations versus time profile of EPA and DHA to assess PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>LPCD: Q2 2018</li> <li>Data readout: Q4 2018</li> </ul>



# Lokelma (sodium zirconium cyclosilicate)

## Hyperkalaemia

Trial	Population	Patients	Design	Endpoints	Status
Phase III Harmonize Global NCT02875834	Hyperkalaemia	248	Open-label <i>Lokelma</i> 10g TID for 48 hours followed by: <ul style="list-style-type: none"> <li>• Arm 1: <i>Lokelma</i> 5g QD for 28 days</li> <li>• Arm 2: <i>Lokelma</i> 10g QD for 28 days</li> <li>• Arm 3: placebo QD for 28 days</li> </ul> Global trial – four countries	<ul style="list-style-type: none"> <li>• Primary endpoint: maintenance of normokalaemia</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2017</li> <li>• LPCD: Q1 2018</li> <li>• Data readout: Q4 2018</li> <li>• Primary endpoint met</li> </ul>
Phase II/III NCT03127644	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>
Phase III NCT03172702 J-LTS	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 downtitrate 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>
Phase I NCT03283267	Healthy Subjects	22	<ul style="list-style-type: none"> <li>• Arm 1: open-label <i>Lokelma</i> 5g QD for 4 days</li> <li>• Arm 2: open-label <i>Lokelma</i> 10g QD for 4 days</li> </ul> China	<ul style="list-style-type: none"> <li>• Primary endpoint: mean change from baseline to <i>Lokelma</i> treatment period in urine potassium excretion</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2017</li> <li>• LPCD: Q4 2017</li> <li>• Data readout: Q1 2018</li> </ul>
Phase IIIb DIALIZE NCT03303521	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>
Phase II PRIORITIZE HF NCT03532009	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 downtitrate 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> </ul>



# Roxadustat (HIF-PHI)

## Anaemia

Approved medicines

Late-stage development

Early development

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> <li>Sponsored by FibroGen</li> </ul>
<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> <li>Sponsored by Astellas</li> </ul>
<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: H2 2019</li> <li>Sponsored by Astellas</li> </ul>
<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</li> <li>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> <li>Sponsored by AstraZeneca</li> </ul>
<b>Phase III ROCKIES</b> NCT02174731		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</li> <li>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> <li>Sponsored by AstraZeneca</li> </ul>
<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> <li>Sponsored by FibroGen</li> </ul>
<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> <li>Sponsored by Astellas</li> </ul>
<b>Phase III ANDES</b> NCT01750190 Partnered		Anaemia in CKD in patients 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>

Oncology

CVRM

Respiratory

Other



# Roxadustat (HIF-PHI)

## Anaemia

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>HIMALAYAS</b> <b>NCT02052310</b> <b>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</b> <b>NCT03263091</b> <b>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</b> <b>NCT03303066</b> <b>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: 2020+</li> </ul> Sponsored by FibroGen
<b>Phase II</b> <b>NCT04076943</b> <b>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

Oncology

CVRM

Respiratory

Other



# *Eklira/ Tudorza (LAMA, DPI)*

## COPD

Approved medicines

Late-stage development

Early development

Trial	Population	Number of patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03276052</b>	Healthy Chinese subjects	18	Open-label, 2-period ascending dose incomplete block, cross-over trial <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> Global trial – one Country	<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: H2 2020</li></ul>

Oncology

CVRM

Respiratory

Other





# Duaklir Genuair (LAMA/LABA, DPI)

## COPD

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III AVANT 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 Acclidinium 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 Acclidinium 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>

Oncology

CVRM

Respiratory

Other



# 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	Treatments (52-week treatment period) <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> Randomised, double-blind, chronic-dosing, multi-centre  Country – US	Primary endpoints: <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	8,000 (possible increase by 4,000 after blinded sample size re-assessment)	Treatments (1-year treatment period) <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> Randomised, double-blind, multi-centre and parallel-group  Multi-country	<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	Treatments (24-week treatment period) <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><i>Symbicort Turbuhaler</i> 400/12µg BID DPI</li> </ul> Randomised, double-blind, parallel-group, and chronic dosing and multi-centre  Multi-country	Primary Endpoints: <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. <i>Symbicort Turbuhaler</i>)</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	Treatments (28-week treatment period) <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><i>Symbicort Turbuhaler</i> 400/12µg BID DPI</li> </ul> Randomised, double-blind, parallel-group, chronic dosing, multicenter  Country: Japan	Primary outcome measures: <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>



# PT027 (ICS/SABA, pMDI)

## Asthma

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III MANDALA</b> <b>NCT03769090</b> <b>Managed by Avillion</b>	Moderate to severe asthma	3,100	Treatments (minimum 24-week treatment period) <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> Randomised, double-blind, multi-centre, parallel group Multi-country	Primary endpoint: <ul style="list-style-type: none"> <li>• Time to first severe asthma exacerbation</li> </ul> Secondary endpoints: <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> <b>Managed by Avillion</b>	Mild to moderate asthma	600	Treatments (12 week treatment period) <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> Randomised, double-blind, multi-centre and parallel-group Multi-country	Dual primary endpoints: <ul style="list-style-type: none"> <li>• Change from baseline in FEV1 AUC0-6 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>



# *Daliresp/ Daxas* (PDE4 inhibitor, oral)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IV RESPOND</b> NCT01443845	COPD	2,354	<ul style="list-style-type: none"> <li>52W, randomised, DB with <i>Daliresp</i> 500µg OD vs. placebo, in COPD on top of ICS/LABA</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: rate of moderate or severe COPD exacerbations per subject per year</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2011</li> <li>LPCD: Q1 2016</li> <li>Data readout: Q4 2016</li> </ul>
<b>Phase IV OPTIMIZE</b> NCT02165826	COPD	1,323	<ul style="list-style-type: none"> <li>12W, randomised, DB to evaluate tolerability and PK of <i>Daliresp</i> 500µg OD with an up-titration regimen during the first 4Ws, including an open label down-titration evaluating tolerability and PK of 250µg <i>Daliresp</i> OD in patients not tolerating 500µg OD</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: percentage of participants prematurely discontinuing trial treatment for any reason during the main period</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2014</li> <li>LPCD: Q3 2015</li> <li>Data readout: Q4 2016</li> </ul>
<b>Phase IIIb ROBERT</b> NCT01509677	COPD	158	<ul style="list-style-type: none"> <li>16W, randomised, placebo-controlled, DB, parallel-group trial to assess the anti-inflammatory effects of <i>Daliresp</i> in COPD</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: number of inflammatory cells CD8+ in bronchial biopsy tissue specimen (sub-mucosa) measured at randomisation and at the end of the intervention period</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2012</li> <li>LPCD: Q1 2016</li> <li>Data readout: Q4 2016</li> </ul>
<b>Post Launch PASS</b> 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 (IL-5R 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 IIIb 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: Q3 2017</li> <li>Data readout: 2021+</li> </ul>



# Fasenra (IL-5R mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III BORA</b> <b>NCT02258542</b>	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> </ul> <ul style="list-style-type: none"> <li>placebo administered at select interim visits to maintain blind between treatment arms</li> </ul> 56-week (adults) 108-week (adolescents) Global trial – 24 countries	<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>
<b>Phase III GREGALE</b> <b>NCT02417961</b>	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> 28-week (adults) Global trial – two countries	<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>
<b>Phase III ARIA</b> <b>NCT02821416</b>	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> 37-week trial	<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: H2 2019</li> </ul>
<b>Phase III ALIZE</b> <b>NCT02814643</b>	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> 12-week trial	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 (IL-5R mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III GRECO</b>  <b>NCT02918071</b>	Severe asthma on ICS-LABA Age 18-75 years	120	Open label <i>Fasenra</i> 30mg Q4w  28-week trial Global trial - two countries	<ul style="list-style-type: none"> <li>Primary endpoint: percentage of patients/ caregivers who successfully self administer at home</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2016</li> <li>Data readout: Q4 2017</li> <li>Primary endpoint met</li> </ul>
<b>Phase IIIb ANDHI</b>  <b>NCT03170271</b>	A multi-centre, randomised, double-blind, parallel group, placebo controlled, Phase IIIb 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	<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> 24-week trial Global trial – 15 countries	<ul style="list-style-type: none"> <li>Primary endpoint: rate of asthma exacerbations</li> <li>Secondary outcome measures: Saint George Respiratory Questionnaire (SGRQ)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2017</li> <li>LPCD: Q1 2019</li> <li>Data anticipated: Q4 2019</li> </ul>
<b>Phase I AMES</b>  <b>NCT02968914</b>	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	<ul style="list-style-type: none"> <li>Primary endpoint: PK comparability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>Data readout: Q3 2017</li> </ul>



# Fasenra (IL-5R mAb)

## Nasal polyposis, other

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III OSTRO</b> NCT03401229	Patients with severe bilateral nasal polyposis who are still symptomatic despite standard of care therapy  Age 18-75 years	400	<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- 8 countries	<ul style="list-style-type: none"> <li>Primary endpoint: effect of <i>Fasenra</i> on nasal polyp burden and on patient reported nasal blockage</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2018</li> <li>LPCD: Q2 2019</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase III MANDARA</b>	Patients with relapsing or refractory EGPA on corticosteroid therapy with or without stable immunosuppressive therapy  Age 18 years and older	140	<ul style="list-style-type: none"> <li>Arm 1: <i>Fasenra</i> 30mg Q4W s.c.</li> <li>Arm 2: mepolizumab 300mg Q4W s.c.</li> </ul> 52-week trial with a minimum 1 year open label extension Global trial- 9 countries	<ul style="list-style-type: none"> <li>Primary endpoint: Proportion of patients achieving remission (BVAS=0 and OCS dose <math>\leq</math> 4mg/day) at both weeks 36 and 48.</li> </ul>	<ul style="list-style-type: none"> <li>Initiating</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase III NATRON</b>	Patients with HES (history of persistent eosinophilia >1500 cells/ $\mu$ L 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	<ul style="list-style-type: none"> <li>Arm 1: <i>Fasenra</i> 30mg Q4W s.c.</li> <li>Arm 2: placebo Q4W s.c.</li> </ul> 24-week trial with a minimum 1 year open label extension Global trial- 9-12 countries	<ul style="list-style-type: none"> <li>Primary endpoint: Time to first HES worsening/flare.</li> </ul>	<ul style="list-style-type: none"> <li>Initiating</li> <li>Data anticipated: 2021+</li> </ul>
<b>Phase III MESSINA</b>	Documented diagnosis of EoE Age 12 to 65 years	170	<ul style="list-style-type: none"> <li>Arm 1: <i>Fasenra</i> 30mg Q4W s.c.</li> <li>Arm 2: placebo Q4W s.c.</li> </ul> 24-week double blind treatment period and open label period(s)	<ul style="list-style-type: none"> <li>Primary endpoints:                Histologic response at week 24                Change from baseline in DSQ score at week 24</li> </ul>	<ul style="list-style-type: none"> <li>Initiating</li> <li>Data anticipated: 2021+</li> </ul>





# Fasenra (IL-5R mAb)

## COPD

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III RESOLUTE</b> <b>NCT04053634</b>	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>

Oncology

CVRM

Respiratory

Other



# 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	1,060	<ul style="list-style-type: none"> <li>Arm 1: tezepelumab s.c.</li> <li>Arm 2: placebo s.c.</li> </ul> 52 week trial Global trial – 18 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: 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	152	<ul style="list-style-type: none"> <li>Arm 1: tezepelumab s.c.</li> <li>Arm 2: placebo s.c.</li> </ul> 48 week trial Global trial – seven countries	<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>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> Extension Study to NAVIGATOR and SOURCE. 52 week trial (subjects from NAVIGATOR); 56 week trial (subjects from SOURCE) Global trial – ~ 20 countries	<ul style="list-style-type: none"> <li>Primary endpoint: Exposure adjusted rates of AEs/SAEs</li> <li>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	210	<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> Global trial – 4 countries	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)

## Atopic dermatitis, COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb</b>  <b>NCT03809663</b>	Patients with chronic atopic dermatitis	300	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 <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: 2020+</li> </ul>
<b>Phase IIa 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> 52 week trial  Global trial – 10 countries	<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>



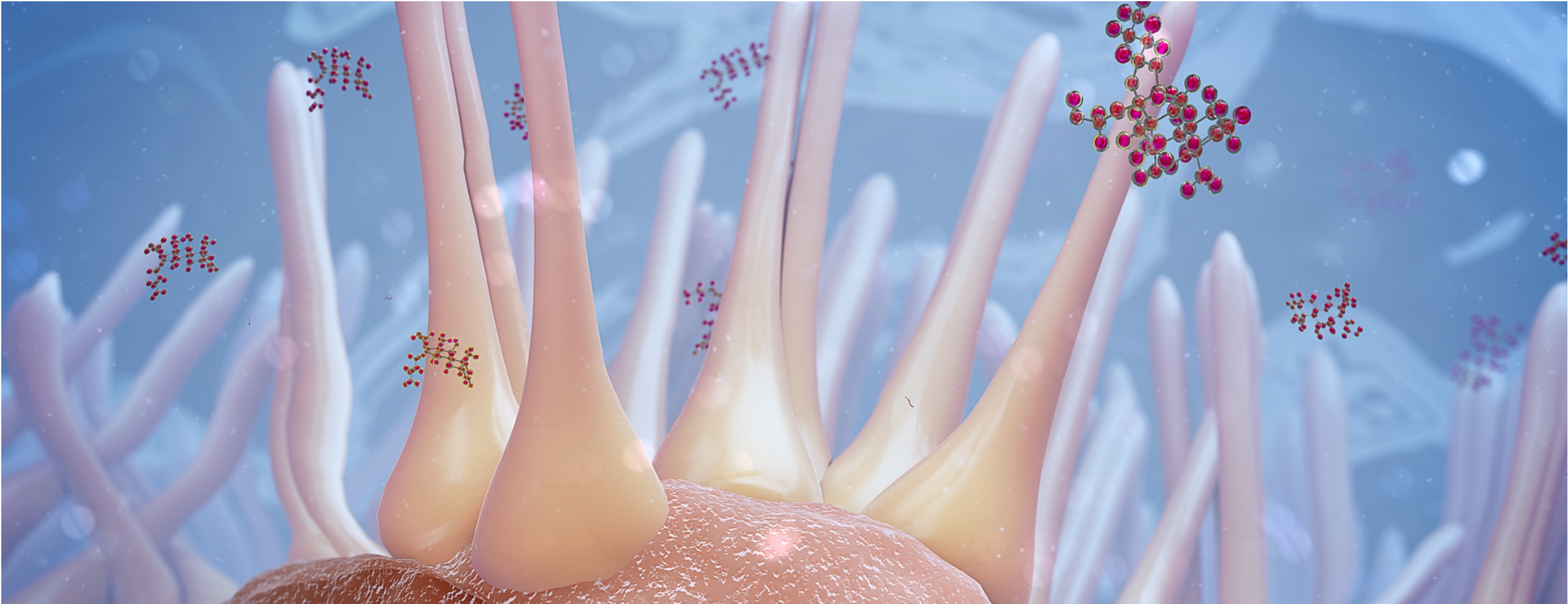
# Anifrolumab (type I interferon receptor mAb)

## Lupus (SLE / LN)

Trial	Population	Patients	Design	Endpoints	Status
Phase III TULIP SLE 1  NCT02446912	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: Q3 2015</li> <li>LPCD: Q3 2017</li> <li>Data readout: Q3 2018</li> <li>Primary endpoint not met</li> </ul>
Phase III TULIP SLE 2  NCT02446899	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</li> <li>BICLA at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q3 2017</li> <li>Data readout: Q3 2019</li> <li>Primary endpoint met</li> </ul>
Phase III TULIP LTE  NCT02794285	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  NCT01438489	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  NCT01753193	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  NCT02962960	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  NCT02547922	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 I</b> NCT02394314	Healthy adult subjects	64	<ul style="list-style-type: none"> <li>SAD s.c. administration</li> <li>Germany</li> </ul>	<ul style="list-style-type: none"> <li>Primary: safety profile in terms of adverse events, vital signs, ECG, telemetry, lab variables, nausea, immunogenicity and physical examination</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>LPCD: Q4 2015</li> <li>Data readout: Q4 2015</li> </ul>
<b>Phase II</b> NCT02548585 Completed	Adults with type-2 diabetes	113	<ul style="list-style-type: none"> <li>MAD s.c. administration</li> <li>Germany</li> </ul>	<ul style="list-style-type: none"> <li>Primary: efficacy MMT glucose AUC and body weight loss</li> <li>Secondary: efficacy HbA1c, fructosamine</li> <li>Secondary: safety profile in terms of adverse events, vital signs, ECG, telemetry, lab variables, nausea, immunogenicity and physical examination</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>LPCD: Q1 2017</li> <li>Data readout: Q1 2017</li> </ul>
<b>Phase II</b> NCT03244800	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> NCT03235050	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 I</b> NCT03235375	Adults with renal impairment	37	<ul style="list-style-type: none"> <li>Arm1: Subjects with CrCl <math>&lt;20</math>ml/min cotadutide s.c.</li> <li>Arm2: Subjects with CrCl 20-30ml/min cotadutide s.c.</li> <li>Arm3: Subjects with CrCl <math>&gt;90</math>ml/min cotadutide s.c.</li> <li>Arm4: Subjects with CrCl <math>&gt;30 &lt; 60</math>ml/min cotadutide s.c.</li> <li>Germany, New Zealand</li> </ul>	<ul style="list-style-type: none"> <li>Primary: PK</li> <li>Secondary: safety, tolerability and immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2017</li> <li>LPCD: Q1 2018</li> <li>Data readout: Q3 2018</li> </ul>



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

## Diabetes/obesity

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> NCT03347968	Healthy adult subjects	22	<ul style="list-style-type: none"> <li>Open label, one sequence, cross-over cotadutide with warfarin and esmolol US</li> </ul>	<ul style="list-style-type: none"> <li>Effect of MEDI0382 on PK &amp; PD of warfarin &amp; esmolol</li> <li>Safety profile</li> <li>Immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q1 2018</li> <li>Data readout: Q3 2018</li> </ul>
<b>Phase I</b> NCT03341013	Healthy adult subjects	24	<ul style="list-style-type: none"> <li>Open label, cross-over, two period</li> <li>Single dose cotadutide formulation 2 s.c.</li> <li>Single dose cotadutide formulation 3 s.c.</li> <li>US</li> </ul>	<ul style="list-style-type: none"> <li>Primary: AUC, plasma concentration</li> <li>Secondary: PK</li> <li>Secondary: safety</li> <li>Secondary: immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q2 2018</li> </ul>
<b>Phase I</b> NCT03385369	Overweight/obese subjects of Japanese or Chinese descent	32	<ul style="list-style-type: none"> <li>Arm1: single low dose of cotadutide or placebo (Japanese)</li> <li>Arm2: single intermediate-low dose of cotadutide or placebo (Japanese)</li> <li>Arm3: single intermediate-high dose of cotadutide or placebo (Japanese)</li> <li>Arm4: single high dose of cotadutide or placebo (Japanese)</li> <li>Arm5: single intermediate-low dose of cotadutide or placebo (Chinese)</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: Q1 2018</li> <li>LPCD: Q2 2018</li> <li>Data readout: Q3 2018</li> </ul>
<b>Phase II</b> NCT03444584	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> NCT03550378	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> NCT03555994	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
<b>Phase II</b> 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> </ul>
<b>Phase I</b> 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>
<b>Phase II</b> 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> </ul>
<b>Phase II</b> 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>
<b>Phase II</b> 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>Initiating</li> </ul>
<b>Phase I</b> 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>Initiating</li> </ul>





# AZD0449 (inhaled JAK-1 inhibitor)

## Asthma

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
<b>AZD0449</b> <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>



# Verinurad (RDEA3170, URAT1 inhibitor)

## CKD

Trial	Population	Patients	Design	Endpoints	Status
Phase II NCT03118739	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> The trial is a multi-centre trial conducted in the US	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>
Phase II NCT03316131	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> The trial is a two-centre trial conducted in the US	Primary: Peak uric acid excretion during the first 8 hours) on Day 7 of treatment Secondary: serum uric acid levels after 7 days of treatment.	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q4 2019</li> </ul>
Phase II	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> This trial is a single centre study conducted in the US	Safety analyses (AEs, ECG abnormalities, vital sign abnormalities, laboratory abnormalities) PK outcomes (AUC, C <sub>max</sub> , t <sub>max</sub> )	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>LPCD: Q2 2019</li> <li>Data readout: Q3 2019</li> </ul>



# AZD4831 (MPO inhibitor)

## Cardiovascular disease

Trial	Population	Patients	Design	Endpoints	Status
<b>AZD4831 (MPO)</b> <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	<ul style="list-style-type: none"> <li>Safety and tolerability</li> <li>PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2016</li> <li>LPCD: Q4 2016</li> <li>Data readout Q2 2017</li> </ul>
<b>AZD4831 (MPO)</b> <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	<ul style="list-style-type: none"> <li>Safety and tolerability</li> <li>PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q1 2018</li> </ul>
<b>AZD4831 (MPO)</b> <b>Phase IIa</b> <b>NCT03756285</b>	HFpEF	96	Arm 1: AZD4831 Arm 2: placebo  Global trial – five countries	<ul style="list-style-type: none"> <li>Primary endpoint: The change from baseline in MPO activity in % after AZD4831 treatment</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> </ul>



# AZD5718 (FLAP inhibitor)

## Cardiovascular disease

Trial	Population	Patients	Design	Endpoints	Status
<b>AZD5718 (FLAP)</b> <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> Global trial – three countries in Europe	<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>AZD5718 (FLAP)</b> <b>Phase I</b> <b>NCT03948451</b>	Healthy subjects	6	hADME trial (one trial site in UK) <ul style="list-style-type: none"> <li>• Oral administration</li> </ul> Open-label study to characterize the absorption, distribution, metabolism and excretion following a single oral dose of [14C]AZD5718 in healthy male volunteers	<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> </ul>
<b>AZD5718 (FLAP)</b> <b>Phase I</b> <b>NCT04087187</b>	Healthy subjects	14	BA trial (one trial site in UK) 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	<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> </ul>



# AZD6615 (anti-hypercholesterolemia)

## Hypercholesterolemia

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

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

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> NCT03362593	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

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

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	<ul style="list-style-type: none"><li>• FPCD: Q3 2018</li><li>• LPCD: Q3 2019</li></ul>



# 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) <ul style="list-style-type: none"> <li>Planned to investigate 3 different dose levels vs. placebo but up to 5 cohort may be used</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q3 2017</li> <li>Data readout: Q1 2018</li> </ul>
<b>Phase IIa</b> <b>NCTT03370887</b>	HF	Up to 33	Phase IIa trial (two trial sites in Finland) <ul style="list-style-type: none"> <li>Arm 1: AZD8601 Dose A</li> <li>Arm 2: AZD 8601 Dose B</li> <li>Arm 3: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2018</li> </ul>





## Heart failure with preserved ejection fraction

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03435276	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: • Safety and tolerability  Secondary; • PK parameters	<ul style="list-style-type: none"> <li>• FPCD: Q1 2018</li> <li>• LPCD: Q2 2018</li> <li>• Data readout: Q3 2018</li> </ul>
Phase I NCT03450759	Healthy subjects	12	Bioavailability trial  Investigation of four different oral formulations of AZD9977 and influence of food.  Trial conducted in the UK.	Primary: • relative bioavailability vs. oral suspension (reference) • PK parameters	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• LPCD: Q2 2018</li> <li>• Data readout: Q3 2018</li> </ul>
Phase I NCT03682497	HFpEF	60	Proof of differentiation  To compare the effect of AZD9977 with spironolactone on serum potassium	Primary: • serum potassium	<ul style="list-style-type: none"> <li>• FPCD Q4 2018</li> <li>• LPCD Q1 2019</li> </ul>
Phase I NCT03843060	Healthy subjects	14	DDI  To assess the effect of itraconazole on the pharmacokinetics of AZD9977  Trial conducted in the US	Primary: • PK parameters  Secondary; • Safety and tolerability	<ul style="list-style-type: none"> <li>• FPCD: Q1 2019</li> <li>• LPCD: Q1 2019</li> <li>• Data readout: Q3 2019</li> </ul>
Phase I NCT03801967	Healthy subjects	45	JSMAD  Single and multiple-ascending dose administration in Japanese healthy volunteers.  Trial conducted in the UK	Primary: • Safety and tolerability  Secondary; • PK parameters	<ul style="list-style-type: none"> <li>• FPCD: Q1 2019</li> <li>• LPCD: Q2 2019</li> <li>• Data readout: Q3 2019</li> </ul>
Phase I NCT03804645	Healthy subjects	12	Bioavailability trial  Investigation of four different oral formulations of AZD9977 and influence of food.  Trial conducted in the UK	Primary: • relative bioavailability vs. capsule formulation (reference) • PK parameters	<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>	Primary endpoints: Infarct size as a percentage of left ventricle (LV) mass at 10-12 weeks post-MI (myocardial infarction) compared to placebo Secondary endpoints: <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>



# AZD0284 (ROR $\gamma$ inverse agonist)

## Plaque psoriasis vulgaris

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT02976831	Healthy subjects	80	Part 1 (SAD) <ul style="list-style-type: none"> <li>Seven different dose levels investigated vs. placebo</li> <li>Oral administration</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerability and PK following oral administration with single ascending dose</li> <li>Preliminary assessment of the effect of food on the single dose PK parameters of AZD0284</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2016</li> <li>LPCD: Q2 2017</li> </ul>
			Part 2 (MAD) <ul style="list-style-type: none"> <li>Three different dose levels investigated vs. placebo in healthy subjects</li> <li>Oral administration</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerability &amp; PK in healthy subjects following administration of multiple ascending oral doses</li> <li>PoM confirmed by demonstrating that oral dosing of AZD0284 reduces IL-17 secretion by ex vivo stimulated whole blood T cells</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q1 2017</li> </ul>
Phase I NCT03029741	Healthy subjects	6	A Phase I, 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 [14C] AZD0284 in healthy male and female subjects. Oral AZD0284 and [14C] AZD0284 intravenous solution are referred to as the investigational products in this trial	<ul style="list-style-type: none"> <li>Determination of absolute bioavailability of AZD0284</li> <li>Safety and tolerability of AZD0284</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q1 2017</li> </ul>
Phase Ib NCT03310320	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), pruritus and biomarkers associated with the mechanism of disease and AZD0284	<ul style="list-style-type: none"> <li>Reduction from baseline to the end of 4 weeks treatment, in gene expression level of IL-17A and CCL20 relative to placebo</li> <li>Change (percent improvement) in PASI compared to placebo</li> <li>Safety and tolerability and PK following 4 weeks oral administration with single ascending dose</li> </ul>	<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>



# MEDI1341 (alpha-synuclein mAb)

## Parkinson's Disease

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> NCT03272165	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>

Oncology

CVRM

Respiratory

Other



# 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	70	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 <ul style="list-style-type: none"> <li>ARM 1-4 (ARM 5 optional) (inhaled nebulizer) and matched placebo</li> </ul> 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>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>LPCD Q2 2019</li> <li>Data anticipated: H2 2019</li> </ul>
<b>Phase I</b> <b>NCT03921268</b>	Healthy subjects	18	A randomised open label, 3-period, 3-treatment, crossover study to assess the effect of Inhalation device and formulation on pharmacokinetics following a single Inhaled dose of AZD1402 in healthy subjects  United Kingdom	Primary endpoint: <ul style="list-style-type: none"> <li>PK parameters</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>LPCD: Q2 2019</li> <li>Data readout: Q3 2019</li> </ul>



# MEDI1814 (amyloid beta mAb)

## Alzheimer's disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT02036645	Alzheimer's disease & healthy elderly	121	<ul style="list-style-type: none"> <li>SAD &amp; MAD</li> <li>Up to 10 i.v. cohorts are planned vs. placebo</li> <li>2 s.c. cohorts are planned vs. placebo</li> </ul> US only	<ul style="list-style-type: none"> <li>Safety, tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2014</li> <li>LPCD: Q2 2016</li> <li>Data readout: Q4 2016</li> </ul>



# MEDI3506 (IL-33 mAb) ligand

## Chronic obstructive pulmonary disease (COPD)

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I (Combined SAD / MAD)</b>  <b>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



# AZD5634 (ENaC, inhaled)

## Cystic Fibrosis

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02679729</b>	Healthy volunteers	56	<p>A Phase I, 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 Phase Ib 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)

Approved medicines

Late-stage development

Early development

## Osteoarthritis pain

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> NCT02508155	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> NCT03755934	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>

Oncology

CVRM

Respiratory

Other



# 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: <ul style="list-style-type: none"> <li>PK, safety and tolerability following 2 weeks treatment with AZD7594</li> </ul> Secondary endpoints <ul style="list-style-type: none"> <li>Changes from baseline in lung function, asthma control and plasma cortisol on day 15</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>Data readout: H1 2020</li> </ul>
<b>Phase IIB</b> <b>GRANIT</b> <b>NCT03622112</b>	Adult asthma patients (GINA 3),	800	A Phase IIB randomised, double blind, placebo-controlled, parallel arm, multi-centre study to assess efficacy and safety of multiple dose levels of AZD7594 DPI given once daily for 12 weeks, compared to placebo, in asthmatics symptomatic on low dose ICS with fluticasone furoate (100 µg) as an open-label active reference agent	Primary endpoint: <ul style="list-style-type: none"> <li>To assess efficacy of 5 doses of inhaled AZD7594 compared to placebo and estimate dose response using change from baseline in trough FEV<sub>1</sub> at week 12</li> </ul> Key secondary endpoints <ul style="list-style-type: none"> <li>Change from baseline in: FENO, PEF, ACQ, daily symptoms</li> <li>CompEx</li> <li>In a subset: 24 hour plasma cortisol, PK</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>LPCD: Q3 2019</li> <li>Data readout: H2 2019</li> </ul>



# AZD7986 (DPP1)

## COPD

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

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

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03436316</b>	Healthy subjects	54	SAD A Phase I trial to assess the safety, tolerability and PK of AZD8154 following single dose administration in healthy subjects	Primary endpoint: • Safety and tolerability  Secondary endpoint: • PK parameters	• FPCD: Q3 2018

Oncology

CVRM

Respiratory

Other



# AZD8871 (MABA, inhaled)

## Respiratory

Approved medicines

Late-stage development

Early development

Oncology

CVRM

Respiratory

Other

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIa</b> <b>NCT03645434</b>	Patients with COPD	73	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: <ul style="list-style-type: none"><li>• AZD8871 600 µg once daily</li><li>• Anoro® Ellipta® (55 µg umeclidinium [UMEC]/ 22 µg vilanterol [VI]) once daily</li><li>• Placebo</li></ul>	Primary endpoint: <ul style="list-style-type: none"><li>• Change from baseline in trough FEV<sub>1</sub> on day 15</li></ul> Secondary endpoints: <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: H2 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	Primary endpoint: <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> Secondary endpoints: <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 Phase II, 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	Primary endpoint: <p>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)</p> Secondary endpoints: <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>



# Other biologics

## Infections

Approved medicines

Late-stage development

Early development

Trial	Compound	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> EudraCT 2014-001097-34	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> NCT02878330	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> NCT02696902	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: 2020</li> </ul>

Oncology

CVRM

Respiratory

Other



# List of abbreviations

<b>14C</b>	Radioactive isotope of carbon, Carbon 14
<b>1L, 2L, 3L</b>	1st, 2nd or 3rd line
<b>5-FU</b>	5-fluorouracil
<b>A2AR</b>	Adenosine A2A receptor
<b>ACQ</b>	Asthma control questionnaire
<b>ACR</b>	American college of rheumatology response scoring system
<b>ADA</b>	Anti-drug antibodies
<b>ADC</b>	Antibody-drug conjugate
<b>ADP</b>	Adenosine diphosphate
<b>AE</b>	Adverse Event
<b>AI</b>	Auto-injector
<b>AKT</b>	Protein kinase B
<b>ALK</b>	Anaplastic large-cell lymphoma kinase
<b>APFS</b>	Accessorised pre-filled syringe
<b>AQLQ</b>	Asthma quality of life questionnaire
<b>AS</b>	Albuterol sulphate
<b>ATM</b>	Ataxia-telangiectasia mutated kinase
<b>ATR</b>	Ataxia telangiectasia and rad3-related protein
<b>AUC</b>	Area under curve
<b>B7RP</b>	B7-related protein-1
<b>BA</b>	Bioavailability
<b>BAFF</b>	B-cell activating factor
<b>BCG</b>	Bacillus Calmette–Guérin
<b>BCMA</b>	B-cell maturation antigen
<b>BDA</b>	Budesonide albuterol
<b>BFF</b>	Budesonide and formoterol fumarate
<b>BGF</b>	Budesonide, glycopyrronium and formoterol fumarate
<b>BICR</b>	Blinded independent central review
<b>BID</b>	Bis in die (twice per day)
<b>BIG</b>	Big ten cancer research consortium
<b>BMD</b>	Bone mineral density
<b>BMI</b>	Body mass index
<b>BRCAwt</b>	Breast cancer wild-type gene
<b>BRD4</b>	Bromodomain-containing protein 4
<b>BTC</b>	Biliary tract carcinoma
<b>BTK</b>	Bruton's tyrosine kinase
<b>CA-125</b>	Cancer antigen 125
<b>CAD</b>	Coronary artery disease
<b>CBR</b>	Clinical benefit rate
<b>CCL20</b>	Chemokine (C-C motif) ligand 20
<b>CD</b>	Cluster of differentiation
<b>CDK</b>	Cyclin-dependent kinase
<b>CE</b>	Clinically evaluable
<b>CHD</b>	Coronary heart disease
<b>Chemo</b>	Chemotherapy

<b>CHF</b>	Chronic heart failure
<b>CKD</b>	Chronic kidney disease
<b>CLL</b>	Chronic lymphocytic leukaemia
<b>CMAx</b>	Maximum observed plasma concentration
<b>C-MET</b>	Tyrosine-protein kinase Met
<b>CNS</b>	Central nervous system
<b>COPD</b>	Chronic obstructive pulmonary disease
<b>CR</b>	Complete response
<b>CRC</b>	Colorectal cancer
<b>CrCl</b>	Creatinine clearance
<b>CRR</b>	Complete response rate
<b>CTC</b>	Circulating tumour cell
<b>CTLA-4</b>	Cytotoxic T-lymphocyte–associated antigen 4
<b>CV</b>	Cardiovascular
<b>CVOT</b>	Cardiovascular outcomes trial
<b>CVRM</b>	Cardiovascular renal and metabolism
<b>CXCR2</b>	C-X-C Motif chemokine receptor 2
<b>DB</b>	Double blind
<b>DC</b>	Disease control
<b>DCR</b>	Disease control rate
<b>DDI</b>	Drug-drug Interaction
<b>dECG</b>	Differentiated electrocardiogram
<b>DFS</b>	Disease free survival
<b>DLBCL</b>	Diffuse large B-cell lymphoma
<b>DLT</b>	Dose-limiting toxicity
<b>DMARDs</b>	Disease-modifying antirheumatic drugs
<b>DNA</b>	Deoxyribonucleic acid
<b>DoCR</b>	Durability of complete response
<b>DoR</b>	Duration of response
<b>DPI</b>	Dry powder inhaler
<b>DXA</b>	Dual energy X-ray absorptiometry
<b>EBRT</b>	External beam radiation therapy
<b>ECG</b>	Electrocardiogram
<b>EFS</b>	Event-free survival
<b>eGFR</b>	Estimated glomerular filtration rate
<b>EGFR</b>	Epidermal growth factor receptor
<b>ER</b>	Oestrogen receptor
<b>ERK</b>	Extracellular signal-regulated kinase
<b>ESR</b>	Externally sponsored study
<b>ESR1</b>	Oestrogen receptor 1
<b>ESSC</b>	Esophageal squamous cell carcinoma
<b>FDC</b>	Fixed-dose combination
<b>FeNO</b>	Fractional nitric oxide concentration in exhaled breath
<b>FEV</b>	Forced-expiratory volume
<b>FGFR</b>	Fibroblast growth factor receptor

<b>FLAP</b>	5-lipoxygenase-activating protein
<b>FPDC</b>	First patient commenced dosing
<b>FPG</b>	Fasting plasma glucose
<b>GA</b>	Gestational age
<b>GBM</b>	Glioblastoma
<b>gBRCAm or tBRCAm</b>	Germline or tumour BRCA mutation somatic
<b>GEJ</b>	Gastric/gastro-oesophageal junction
<b>GFF</b>	Glycopyrronium and formoterol fumarate
<b>GLP-1</b>	Glucagon-like peptide-1
<b>GMFRs</b>	Geometric mean fold rises
<b>GMTs</b>	Geometric mean titers
<b>HAI</b>	Haemagglutination-inhibition
<b>HbA1c</b>	Hemoglobin A1c
<b>HCC</b>	Hepatocellular carcinoma
<b>HD</b>	High dose
<b>HDL-C</b>	High-density lipoprotein cholesterol
<b>HER2</b>	Human epidermal growth factor receptor 2
<b>HF</b>	Heart failure
<b>HFpEF</b>	Heart failure with preserved ejection fraction
<b>HFrEF</b>	Heart failure with reduced ejection fraction
<b>HGFR</b>	Met/hepatocyte growth factor receptor
<b>HGSC</b>	High grade serous carcinoma
<b>hHF</b>	Hospitalisation for heart failure
<b>HIF-PHI</b>	Hypoxia inducible factor - prolyl hydroxylase inhibitor
<b>HNSCC</b>	Head and neck squamous-cell carcinoma
<b>HPV</b>	Human papillomavirus
<b>HRD</b>	Homologous recombination deficiency
<b>HRRm</b>	Homologous recombination repair mutation
<b>i</b>	inhibitor
<b>IA</b>	Investigator-assessed
<b>ICS</b>	Inhaled corticosteroid
<b>ICU</b>	Intensive care unit
<b>IDFS</b>	Invasive disease-free survival
<b>IL</b>	Interleukin
<b>i.m.</b>	Intramuscular
<b>IRC</b>	Independent review committee
<b>ISS</b>	Investigator-sponsored studies
<b>i.v.</b>	Intravenous
<b>J-SD</b>	Japanese single dose
<b>Ki67</b>	Protein that is encoded by the MKI67 gene in human





# 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>	Pyrralobenzodiazepine	<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>	Prolymphocytic 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 lymphopoeitin
<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>TTP</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 DRAFT

## Q3 2019 results update

