



## Clinical trials appendix

Full year and Q4 2020  
results update



# Movement since Q3 2020 update

New to Phase I	New to Phase II	New to Pivotal trial	New to registration
<b>NME</b> <b>AZD3366</b> CD39L3 CV disease	<b>NME</b> <b>AZD8233</b> hypercholesterolemia CV disease	<b>NME</b> <b>AZD7442</b> COVID-19 long-acting antibody combination prevention and treatment of COVID-19	<b>NME</b> <b>COVID-19 Vaccine AstraZeneca [EU]<sup>1</sup></b> SARS-CoV-2 COVID vaccine
<b>AZD3427</b> Relaxin ThP CV disease	<b>MEDI6570</b> LOX-1 mAb CV disease	<b>monalizumab<sup>#</sup> + cetuximab (INTERLINK-1)</b> NKG2a mAb + EGFR mAb 2L+ relapsed metastatic head and neck squamous cell cancer	<b>Lifecycle Management</b> <b>Farxiga/Forxiga<sup>2</sup> Dapa-CKD [US, EU, JP &amp; CN]<sup>1</sup></b> SGLT2 inhibitor renal outcomes and CV mortality in patients with CKD
<b>AZD5305</b> PARP1Sel solid tumours	<b>Imfinzi + imaradenant<sup>#</sup> (AZD4635) + cabazitaxel</b> PD-L1 mAb + A2aR inhibitor + chemotherapy prostate cancer	<b>Lifecycle Management</b> <b>Breztri</b> LABA/LAMA/ICS asthma	
<b>MEDI5752 + Axitinib</b> PD-1/CTLA-4 bispecific mAb + VEGF advanced renal cell carcinoma	<b>Additional indication</b> <b>adavosertib<sup>#</sup></b> Wee1 inhibitor uterine serous cancer	<b>Enhertu<sup>#</sup> DESTINY-Breast05</b> HER2 targeting antibody drug conjugate HER2-positive post-neoadjuvant high-risk breast cancer	
<b>MEDI9253</b> rNDV IL12 solid tumor	<b>AZD5718</b> FLAP CKD  <b>Lifecycle Management</b> <b>Enhertu<sup>#</sup> DESTINY-PanTumour01</b> HER2 targeting antibody drug conjugate HER2-expressing solid tumors	<b>Farxiga/Forxiga<sup>2</sup> DAPA-MI</b> SGLT2 inhibitor prevention of heart failure and CV death following a myocardial infarction in patients without type-2 diabetes	
	<b>Fasenra ARROYO</b> IL-5R mAb atopic dermatitis	<b>Imfinzi<sup>#</sup> + CRT KUNLUN</b> PD-L1 mAb + CRT locally advanced esophageal squamous cell carcinoma	
	<b>Fasenra HILLIER</b> IL-5R mAb chronic spontaneous urticaria	<b>Imfinzi<sup>#</sup> + CTx MATTERHORN</b> PD-L1 mAb + CTx neoadjuvant/adjuvant gastric cancer	
		<b>Tagrisso +/- CTx neoadjuvant NeoADAURA</b> EGFR inhibitor +/- CTx stage II/III resectable EGFRm NSCLC	

Phase progressions based on first patient dose achievement.

<sup>¶</sup> Registrational Phase II/III trial <sup>#</sup> Partnered and/or in collaboration <sup>1</sup> Submission accepted

<sup>2</sup> Farxiga in the US; Forxiga in ROW



# Movement since Q3 2020 update

Removed from Phase I	Removed from Phase II	Removed from Phase III	Removed from registration
<b>NME</b> <b>AZD5153</b> BRD4 inhibitor solid tumours, haematological malignancies	<b>NME</b> <b>abediterol<sup>#</sup></b> LABA asthma / COPD	<b>Additional indication</b> <b>Imfinzi<sup>#</sup> + tremelimumab KESTREL</b> PD-L1 mAb + CTLA-4 mAb 1st-line HNSCC	<b>NME</b> <b>COVID-19 Vaccine AstraZeneca<sup>#</sup> [EU]<sup>1</sup></b> SARS-CoV-2 COVID vaccine
<b>AZD5634</b> inhaled ENaC cystic fibrosis	<b>imaradenant<sup>#</sup> (AZD4635)</b> A2aR inhibitor prostate cancer	<b>Lifecycle Management</b> <b>Farxiga/Forxiga<sup>2</sup> DETERMINE-Preserved</b> SGLT-2 inhibitor heart failure with preserved ejection fraction	<b>Lifecycle Management</b> <b>Brilinta<sup>3</sup> THALES [US]<sup>1</sup></b> P2Y12 receptor antagonist acute ischaemic stroke or transient ischaemic attack
<b>AZD6615</b> hypercholesterolemia CV disease	<b>oleclumab + imaradenant<sup>#</sup> (AZD4635)</b> CD73 mAb + A2aR inhibitor prostate cancer	<b>Farxiga/Forxiga<sup>2</sup> DETERMINE-Reduced</b> SGLT-2 inhibitor heart failure with reduced ejection fraction	<b>Symbicort SYGMA [CN]<sup>1</sup></b> ICS/LABA as-needed use in mild asthma
<b>AZD9496</b> selective oestrogen, oestrogen receptor +ve breast cancer	<b>velsecorat</b> inhaled SGRM asthma / COPD  <b>Lifecycle Management</b> <b>Calquence CALAVI</b> BTK inhibitor COVID-19		<b>Tagrisso ADAURA [US]<sup>1</sup></b> EGFR inhibitor adjuvant EGFRm NSCLC

Phase progressions based on first patient dose achievement.

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



# Q4 2020 new molecular entity (NME)<sup>1</sup> pipeline

## Phase I

21 New Molecular Entities

AZD0466 BCL2/xL haematological and solid tumours	<i>Imfinzi#</i> +tremelimumab PD-L1+CTLA-4 solid tumours
AZD1390 glioblastoma	<i>Imfinzi#</i> +tremelimumab+chemo PD-L1+CTLA-4 1L PDAC oesophageal SCLC
AZD4573 CDK9 haematological malignancies	<i>Imfinzi</i> +selumetinib# PD-L1+MEK solid tumours
AZD5305 PARP1Sel solid tumours	IPH5201# CD39 solid tumours
AZD5991 MCL1 haematological malignancies	MEDI1191 IL12 mRNA solid tumours
AZD7648# DNAPK solid and haematological tumours	MEDI2228 BCMA ADC multiple myeloma
AZD8701 FOXP3 solid tumours	MEDI5395 rNDV GMCSF solid tumours
<i>Calquence</i> (platform) PRISM BTK + multiple novel onc therapies r/r aggressive NHL	MEDI5752+Axitinib PD-1/CTLA-4+VEGF advanced renal cell carcinoma
<i>Calquence</i> +cerlasertib BTK+ATR haematological tumours	MEDI9253 rNDV IL12 solid tumours
<i>Imfinzi#</i> +adavosertib# PD-L1+Wee1 solid tumours	Tagrisso combo# TATTION EGFR+MEK/MET advanced EGFRm NSCLC
<i>Imfinzi#</i> +RT (platform) CLOVER PD-L1+RT HNSCC NSCLC SCLC	

## Phase II

21 New Molecular Entities

adavosertib# Wee1 ovarian / uterine serous / solid tumours	<i>Imfinzi#</i> +monalizumab# PD-L1+NKG2a solid tumours
AZD2811 nanoparticle Aurora solid tumours, haematological malignancies	<i>Imfinzi#</i> +tremelimumab PD-L1+CTLA-4 biliary tract oesophageal
camizestrant (AZD9833) SERD ER+ breast	<i>Imfinzi#</i> +tremelimumab PD-L1+CTLA-4 gastric cancer
capivasertib# AKT prostate	<i>Imfinzi</i> +FOLFOX+bevacizumab (platform) COLUMBIA1 PD-L1+chemo+VEGF+multiple novel
<i>Imfinzi</i> (platform) HUDSON PD-L1+multiple novel ONC therapies post IO NSCLC	<i>Imfinzi</i> +Lynparza# BAYOU PD-L1+PARP bladder
<i>Imfinzi#</i> (platform) BALTIc PD-L1+CTLA-4, WEE1+Carboplatin, ATR+PARP ES-SCLC R/R	Lynparza#+AZD6738 VIOLETTE PARP+ATR breast
<i>Imfinzi#</i> (platform) COAST PD-L1+multiple novel ONC therapies NSCLC	MEDI5752 PD-1/CTLA-4 solid tumours
<i>Imfinzi#</i> (platform) NeoCOAST PD-L1+multiple novel ONC therapies NSCLC	oleclumab+chemo or <i>Imfinzi#</i> +oleclumab+chemo CD73+chemo or PD-L1+CD73+chemo pancreatic
<i>Imfinzi#</i> + imaradenant# (AZD4635) + cabazitaxel PD-L1+A2aR+CTx prostate cancer	Post-1L Tagrisso (platform) ORCHARD EGFR+multiple novel ONC therapies EGFRm NSCLC
<i>Imfinzi#</i> +Lynparza# ORION PD-L1+PARP 1L mNSCLC	Lynparza#+ <i>Imfinzi#</i> +bevacizumab DUO-O PARP+PD-L1+VEGF 1L ovarian cancer
<i>Imfinzi#</i> +MEDI0457# PD-L1+DNA HPV vaccine HNSCC	monalizumab#+cetuximab INTERLINK-1 NKG2a+EGFR 2L+ relapsed metastatic HNSCC

## Phase III

10 New Molecular Entities

capivasertib# + abiraterone CAPtello-281 AKT+abiraterone PTEN deficient metastatic hormone sensitive prostate cancer
capivasertib#+fulvestrant CAPtello-291 AKT+fulvestrant locally-advanced (inoperable) or metastatic breast cancer
capivasertib+chemotherapy CAPtello-290 AKT+chemotherapy mTNBC 1L
<i>Imfinzi#</i> +/-tremelimumab+chemo POSEIDON PD-L1+/-CTLA-4+SoC 1L NSCLC
<i>Imfinzi#</i> +/-tremelimumab+CRT ADRIATIC PD-L1+/-CTLA-4+CRT LS-SCLC
<i>Imfinzi#</i> +tremelimumab HIMALAYA PD-L1+CTLA-4 1L HCC
<i>Imfinzi#</i> +tremelimumab+SoC NILE PD-L1+CTLA-4+SoC 1L urothelial cancer
Lynparza#+ <i>Imfinzi#</i> DUO-E PARP+PD-L1 1L endometrial cancer
Lynparza#+ <i>Imfinzi#</i> +bevacizumab DUO-O PARP+PD-L1+VEGF 1L ovarian cancer
monalizumab#+cetuximab INTERLINK-1 NKG2a+EGFR 2L+ relapsed metastatic HNSCC

## Under Review

0 New Molecular Entities



# Q4 2020 new molecular entity (NME)<sup>1</sup> pipeline

## Phase I

14 New Molecular Entities

AZD0284 RORG psoriasis / respiratory	AZD4041# orexin 1 receptor antagonist opioid use disorder
AZD0449 Inhaled JAK inhibitor asthma	AZD8154 Inhaled PI3Kgd asthma
AZD1402# inhaled IL-4Ra asthma	AZD9977 MCR CV disease
AZD2373 Podocyte health nephropathy	MEDI0618# PAR2 antagonist mAb osteoarthritis pain
AZD2693 nonalcoholic steatohepatitis	MEDI1341# alpha synuclein parkinson's disease
AZD3366 CD39L3 CV disease	MEDI1814# amyloid $\beta$ alzheimer's disease
AZD3427 Relaxin ThP CV disease	MEDI8367 avb8 chronic kidney disease

## Phase II

21 New Molecular Entities

anifrolumab# Type I IFN receptor lupus nephritis	MEDI3506 IL-33 AD / COPD / asthma / COVID-19
anifrolumab# Type I IFN receptor SLE SC	MEDI5884# cholesterol modulation cardiovascular
AZD4831 MPO HFpEF	MEDI6012 LCAT cardiovascular
AZD5718 FLAP coronary artery disease / CKD	MEDI6570 LOX-1 CV disease
AZD7986# DPP1 COPD	MEDI7352 NGF/TNF OA pain / painful diabetic neuropathy
AZD8233 hypercholesterolemia cardiovascular	navafenterol# MABA COPD
AZD8601# VEGF-A cardiovascular	survatoxumab $\alpha$ -Toxin Staphylococcus pneumonia
AZD9567 SGRM chronic inflammatory diseases	tezepelumab# TSLP atopic dermatitis
brazikumab IL23 ulcerative colitis	tezepelumab# TSLP COPD
cotadutide GLP-1/glucagon T2D / obesity / NASH / DKD	verinurad URAT-1 CKD / HFpEF
MEDI3506 IL-33 diabetic kidney disease	

## Phase III

5 New Molecular Entities

AZD7442 long-acting antibody combination COVID-19
brazikumab† IL23 crohns disease
nirsevimab# RSV mAb-YTE passive RSV immunisation
PT027 ICS/SABA asthma
tezepelumab# NAVIGATOR SOURCE TSLP severe uncontrolled asthma

## Under review

1 New Molecular Entity

anifrolumab# TULIP Type I IFN receptor SLE
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Phase progressions based on first patient dose achievement.

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

† Partnered and/or in collaboration; † Registration Phase II/III trial

BioPharmaceuticals

Precision medicine approach being explored



# Q4 2020 lifecycle management (LCM)<sup>1</sup> pipeline

Phase I	Phase II	Phase III	Under Review
1 Project	8 Projects	30 Projects	0 Projects
<i>Imfinzi#</i> +azacitidine# PD-L1+azacitidine MDS	<i>Enhertu#</i> DESTINY-CRC-01 ADC colorectal cancer	<i>Calquence#</i> BTK inhibitor 1st line MCL	<i>Imfinzi#</i> CALLA PD-L1 adj. locally-advanced cervical cancer
	<i>Enhertu#</i> DESTINY-Gastric02 ADC gastric	<i>Calquence#</i> BTK inhibitor r/r CLL, high risk	<i>Imfinzi#</i> +CTx TOPAZ-1 PD-L1+CTx 1L biliary tract cancer
	<i>Enhertu#</i> DESTINY-Lung01 ADC NSCLC	<i>Calquence#</i> +venetoclax+obinutuzumab BTK+BCL-2+anti-CD20 1st line CLL	<i>Imfinzi#</i> PEARL PD-L1 1L metastatic NSCLC
	<i>Enhertu#</i> DESTINY-PanTumor01 HER2 targeting ADC HER2-expressing solid tumours	<i>Calquence</i> +R-CHOP ESCALADE BTK+R-CHOP 1L DLBCL	<i>Imfinzi#</i> post-SBRT PACIFIC-4 PD-L1 post-SBRT stage I/II NSCLC
	<i>Enhertu#</i> DESTINY-PanTumor02 HER2 targeting ADC HER2-expressing solid tumours	<i>Enhertu#</i> DESTINY-Breast02 ADC breast	<i>Imfinzi#</i> +VEGF EMERALD-2 PD-L1+VEGF adjvant HCC
	<i>Imfinzi#</i> (platform) BEGONIA PD-L1 1L mTNBC	<i>Enhertu#</i> DESTINY-Breast03 ADC breast	<i>Imfinzi#</i> +VEGF+TACE EMERALD-1 PD-L1+VEGF+TACE locoregional HCC
	<i>Imfinzi#</i> (platform) MAGELLAN PD-L1 1L mNSCLC	<i>Enhertu#</i> DESTINY-Breast04 ADC breast	<i>Lynparza#</i> LYNK-003 PARP platinum sensitive 1L colorectal cancer
	<i>Lynparza#</i> (basket) MK-7339-002 / LYNK002 PARP HRRm cancer	<i>Enhertu#</i> DESTINY-Breast05 ADC breast	<i>Imfinzi#</i> +CRT KUNLUN PD-L1+CRT locally-advanced esophageal squamous cell carcinoma
		<i>Enhertu#</i> DESTINY-Breast06 ADC breast	<i>Lynparza#</i> OlympiA PARP gBRCA adjvant breast
		<i>Imfinzi#</i> +FLOT MATTERHORN PD-L1+CTx neo-adjuvant/adjuvant gastric	<i>Imfinzi#</i> +CRT PACIFIC-2 PD-L1+CRT NSCLC
			<i>Lynparza#</i> SOLO-3 PARP BRCAm PSR ovarian
			<i>Imfinzi#</i> +CRT PACIFIC-5 (China) PD-L1+CRT locally-advanced stage III NSCLC
			<i>Lynparza</i> +abiraterone# PROpel PARP+NHA prostate cancer
			<i>Tagrisso</i> +/- CTx neoadjuvant NeoADAURA EGFR stage II/III resectable EGFRm NSCLC
			<i>Tagrisso</i> LAURA EGFRm locally-advanced unresectable NSCLC
			<i>Tagrisso</i> +chemo FLAURA2 EGFR+chemo 1L adv EGFRm NSCLC

Phase progressions based on first patient dose achievement.

<sup>1</sup> Includes significant LCM projects and parallel indications for assets beyond Phase III

# Partnered and/or in collaboration; <sup>1</sup> Registrational Phase II/III trial



# Q4 2020 lifecycle management (LCM)<sup>1</sup> pipeline

Phase I	Phase II	Phase III	Under Review
0 Projects	3 Projects	9 Projects	1 Project
	<i>Fasenra ARROYO</i> IL-5R chronic spontaneous urticaria	<i>Breztri</i> LABA/LAMA/ICS asthma	<i>Farxiga/Forxiga DAPA-CKD</i> SGLT2 CKD
	<i>Fasenra HILLIER</i> IL-5R atopic dermatitis	<i>Farxiga/Forxiga DAPA-MI</i> SGLT2 prevention of HF and CV death following a myocardial infarction	
	roxadustat# HIF-PH inhibitor chemo induced anaemia	<i>Farxiga/Forxiga DELIVER</i> SGLT2 HFpEF	
		<i>Fasenra MANDARA</i> IL-5R EGPA	
		<i>Fasenra MESSINA</i> IL-5R eosinophilic esophagitis	
		<i>Fasenra NATRON</i> IL-5R hypereosinophilic syndrome	
		<i>Fasenra# OSTRO, ORCHID</i> IL-5R nasal polyps	
		<i>Fasenra# RESOLUTE</i> IL-5R COPD	
		roxadustat# HIFPH anaemia MDS	

Phase progressions based on first patient dose achievement.

<sup>1</sup> Includes significant LCM projects and parallel indications for assets beyond Phase III

# Partnered and/or in collaboration; <sup>1</sup> Registrational Phase II/III trial



# Estimated key regulatory submission acceptances

NME

AZD7442 SARS-CoV-2

tezepelumab asthma  
NAVIGATOR

**H1 2021**

*Calquence* r/r CLL, high risk  
ELEVATE-RR

*Imfinzi* + CRT NSCLC  
PACIFIC-2

COVID-19 Vaccine AstraZeneca  
SARS-CoV-2 (US / Japan)

*Fasenra* nasal polyps  
OSTRO

*Imfinzi* + tremelimumab HCC  
HIMALAYA

*Imfinzi* +/- tremelimumab NSCLC  
POSEIDON

**H2 2021**

*Enhertu*  
DESTINY-Breast03

*Imfinzi* NSCLC  
PEARL

*Lynparza* breast  
OLYMPIA

*Lynparza* + abiraterone prostate  
PROPEL

PT027 asthma

*Imfinzi* + tremelimumab + CRT LDS-SCLC  
ADRIATIC

Koselugo NF1 (China / Japan)

**2022**

*Enhertu*  
DESTINY-Breast02

*Enhertu*  
DESTINY-Breast04

*Imfinzi* + CTx biliary tract  
TOPAZ-1

*Imfinzi* + VEGF + TACE locoregional HCC  
EMERALD-1

*Lynparza* ovarian  
SOLO-3

*Duaklir* Genuair COPD (China)

*Farxiga* HF (HFpEF)  
DELIVER

roxadustat anemia in MDS

*Xigduo* XR/Xigduo  
type-2 diabetes (China)

capivasertib + fulvestrant locally advanced or  
mBC CAPtello-291

capivasertib + CTx 1L mTNBC  
CAPtello-290

capivasertib + abiraterone PTEN deficient  
mHSPC CAPtello-281

*Imfinzi* + tremelimumab + SoC urothelial  
NILE

*Calquence* + R-CHOP 1L DLBCL  
ESCALADE

*Calquence* + venetoclax +  
obinutuzumab 1L CLL AMPLIFY

*Calquence* 1L MCL  
ECHO

*Enhertu*  
DESTINY-Breast05

*Enhertu*  
DESTINY-Breast06

*Imfinzi* + CRT LA ESCC  
KUNLUN

*Imfinzi* + CRT NSCLC  
PACIFIC-5 (China)

*Imfinzi* neoadjuvant NSCLC  
AEGEAN

*Imfinzi* + CRT neo-adjuvant/adjuvant gastric  
MATTERHORN

*Imfinzi* + CTx stage II-III adjuvant NSCLC  
MERMAID-1

*Imfinzi* + VEGF adjuvant HCC  
EMERALD-2

*Imfinzi* post-SBRT NSCLC  
PACIFIC-4

*Imfinzi* cervical  
CALLA

*Imfinzi* adjuvant NSCLC  
BR.31

brazilumab crohns disease

*Fasenra*  
severe asthma (China)

nirsevimab  
passive RSV immunisation

*Lynparza* + *Imfinzi* endometrial cancer  
DUO-E

*Lynparza*+*Imfinzi* + bevacizumab ovarian  
DUO-O

*Imfinzi* non muscle invasive bladder POTOMAC

*Lynparza* platinum sensitive 1L colorectal  
LYNK-003

monalizumab + cetuximab 2L+ relapsed metastatic  
HNSCC INTERLINK-1

*Tagrisso* stage II/III resectable EGFRm NSCLC  
NeoADAURA

*Tagrisso* locally adv. unresectable NSCLC LAURA

*Tagrisso* + CTx EGFRm NSCLC  
FLAURA2

*Imfinzi* + chemo muscle invasive bladder  
NIAGARA

*Breztri* asthma  
KALOS, LOGOS

*Farxiga* prevention of HF and CV death following a  
myocardial infarction DAPA-MI

*Fasenra* COPD  
RESOLUTE

*Fasenra* eosinophilic esophagitis  
MESSINA

*Fasenra* EGPA  
MANDARA

*Fasenra* HES  
NATRON

*Fasenra* nasal polyps  
ORCHID (China / Japan)

Note. NME section includes novel combinations and additional indications for assets where the lead is not yet launched



# Designations

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Accelerated approvals

<i>Lynparza</i> ovarian cancer SOLO-2 (US)
<i>Tagrisso</i> EGFRm T790M NSCLC (US)
<i>Imfinzi</i> bladder cancer (US)
<i>Calquence</i> MCL (US)
<i>Enhertu</i> unresectable or HER2+ MBC 3L DESTINY-Breast01 (US)

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

<i>Tagrisso</i> EGFRm T790M NSCLC (US)
<i>Lynparza</i> prostate cancer PROFOUND (US)
<i>Imfinzi</i> bladder cancer 1L (US)
<i>Calquence</i> MCL (US)
<i>Imfinzi</i> stage III NSCLC 1L PACIFIC (US)
<i>Tagrisso</i> NSCLC 1L FLAURA (US)
tezepelumab asthma (US)
nirsevimab RSV mAB (US)
nirsevimab RSV mAB (EU) <sup>1</sup>
selumetinib NFI type 1 SPRINT (US)
<i>Enhertu</i> DESINTY-BREAST01 (US)
<i>Calquence</i> CLL (US)
<i>Enhertu</i> gastric cancer (JP) <sup>2</sup>
<i>Enhertu</i> HER2+/HER2low gastric 3L DESTINY-Gastric01 (US)
<i>Enhertu</i> HER2mut NSCLC 2L+ DESTINY-Lung01 (US)
<i>Tagrisso</i> adjuvant NSCLC ADAURA (US)
<i>Forxiga</i> CKD DAPA-CKD (US)

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Fast Track

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

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

<i>Tagrisso</i> EGFRm T790M NSCLC (JP)
<i>Tagrisso</i> EGFRm T790M NSCLC (US)
<i>Imfinzi</i> bladder cancer 2L (US)
<i>Tagrisso</i> NSCLC AURA3 (US)
<i>Calquence</i> MCL (US)
<i>Lynparza</i> breast cancer OLYMPIAD (US)
roxadustat CKD (CN)
<i>Tagrisso</i> NSCLC FLAURA (US)
<i>Imfinzi</i> stage III NSCLC PACIFIC (EU)
<i>Imfinzi</i> stage III NSCLC PACIFIC (JP)
<i>Lynparza</i> tablet (US)
<i>Lynparza</i> tablet (CN)
<i>Lynparza</i> breast cancer OLYMPIAD (JP)
<i>Tagrisso</i> NSCLC 1L FLAURA (JP)
<i>Lumoxiti</i> HCL PLAiT (US)
<i>Lynparza</i> ovarian SOLO-1 (US)
<i>Lynparza</i> ovarian SOLO-1 (CN)
Breztri Aerosphere (PT010) COPD (CN)
<i>Tagrisso</i> NSCLC 1L FLAURA (CN)
Breztri Aerosphere (PT010) (CN)
<i>Lokelma</i> hyperkalaemia (CN)
<i>Lynparza</i> pancreatic 1L (US)
<i>Enhertu</i> DESINTY-BREAST01 (US)
<i>Farxiga</i> HF DAPA-HF (US)
<i>Imfinzi</i> +/-treme+SOC SCLC 1L CASPIAN (US)
<i>Farxiga</i> HF DAPA-HF (US)
<i>Imfinzi</i> +/-treme+SOC SCLC 1L CASPIAN (US)
<i>Lynparza</i> prostate PROfound (US)
<i>Lynparza</i> +Avastin ovarian 1L PAOLA-1 (US)
Koselugo/selumetinib NFI type 1 SPRINT (US)
<i>Calquence</i> CLL ELEVATE-TN, ASCEND <sup>3</sup> (US)
<i>Brilinta</i> stroke THALES (US)
<i>Imfinzi</i> Q4W regimen NSCLC, bladder (US)
<i>Tagrisso</i> adjuvant NSCLC ADAURA (US)
<i>Enhertu</i> HER2+/HER2low gastric 3L DESTINY-Gastric01 (US)
<i>Lynparza</i> prostate PROfound (CN)
<i>Forxiga</i> CKD DAPA-CKD (US)
<i>Forxiga</i> CKD DAPA-CKD (JP)

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Orphan

<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> CLL 1L (EU)
selumetinib thyroid cancer ASTRA (US)
<i>Lynparza</i> breast cancer OLYMPIAD (JP)
<i>Tagrisso</i> NSCLC 1L FLAURA (JP)
<i>Lumoxiti</i> HCL PLAiT (US)
<i>Lynparza</i> ovarian SOLO-1 (US)
<i>Lynparza</i> ovarian SOLO-1 (CN)
Breztri Aerosphere (PT010) COPD (CN)
<i>Tagrisso</i> NSCLC 1L FLAURA (CN)
Breztri Aerosphere (PT010) (CN)
<i>Lokelma</i> hyperkalaemia (CN)
<i>Lynparza</i> pancreatic 1L (US)
<i>Enhertu</i> DESINTY-BREAST01 (US)
<i>Farxiga</i> HF DAPA-HF (US)
<i>Imfinzi</i> +/-treme+SOC SCLC 1L CASPIAN (US)
<i>Fasenra</i> EoE (US)
<i>Imfinzi</i> +treme HCC 1L HIMALAYA (US)
<i>Lynparza</i> pancreatic cancer POLO (JP)
<i>Enhertu</i> HER2+/HER2low gastric 3L DESTINY-Gastric01 (US)
Koselugo/selumetinib NFI type 1 SPRINT (JP)
<i>Imfinzi</i> +CTx biliary tract 1L TOPAZ-1 (US)
<i>Imfinzi</i> +/- tremelimumab HCC 1L HIMALAYA (EU)

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

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

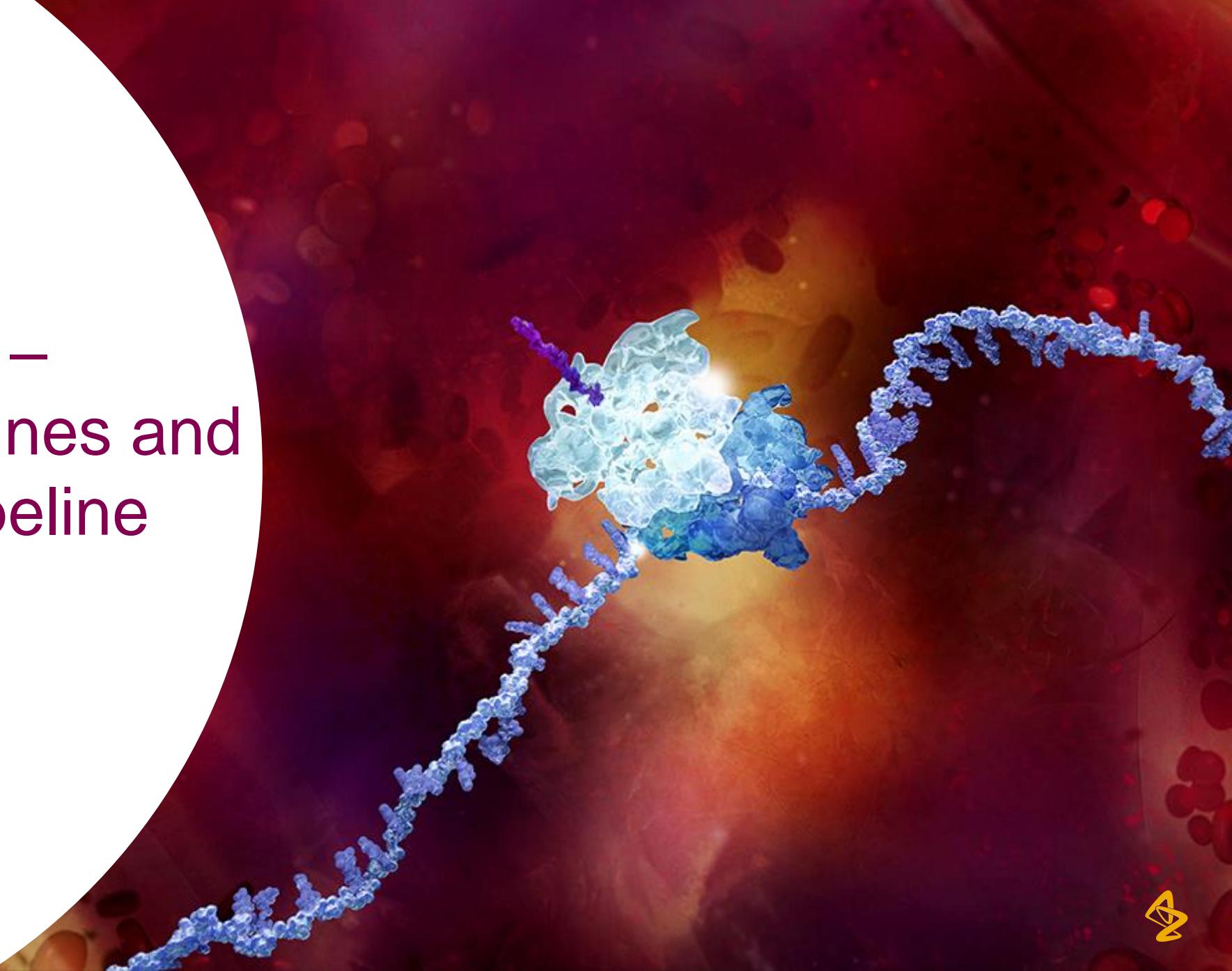
FAST TRACK is a process designed to facilitate the development, and expedite the review of medicines to treat serious conditions and fill an unmet medical need. <sup>3</sup>REAL-TIME ONCOLOGY REVIEW (RTOR) and Project Orbis is an initiative of the FDA Oncology Centre of Excellence (OCE) providing a framework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

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 <a href="#">NCT02511106</a>	Adjuvant EGFRm NSCLC	682	<ul style="list-style-type: none"> <li>Arm 1: Tagrisso QD following complete tumour resection, with or without chemo</li> <li>Arm 2: placebo</li> </ul> Global trial - 25 countries	<ul style="list-style-type: none"> <li>Primary endpoint: DFS</li> <li>Secondary endpoints: DFS Rate, OS, OS Rate, QoL</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q1 2019</li> <li>Data readout: Q2 2020</li> <li>Trial unblinded due to efficacy</li> <li>DFS primary endpoint met</li> </ul>
Phase III LAURA <a href="#">NCT03521154</a>	Maintenance therapy in patients with locally advanced, unresectable EGFRm Stage III NSCLC whose disease has not progressed following platinum-based chemoradiation therapy	200	<ul style="list-style-type: none"> <li>Arm 1: Tagrisso</li> <li>Arm 2: placebo</li> </ul> Global trial - 17 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: Q4 2018</li> <li>Data anticipated: 2022+</li> </ul>
Phase III ASTRIS <a href="#">NCT02474355</a>	Real world setting in adult patients with advanced or metastatic, EGFRm T790M+ NSCLC	3,020	Single-arm trial - Tagrisso Global trial - 16 countries	<ul style="list-style-type: none"> <li>Primary endpoints: OS and safety</li> <li>Secondary endpoint: PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q4 2017</li> </ul>
Phase II ELIOS <a href="#">NCT03239340</a>	EGFR TKI treatment-naïve patients with locally-advanced or metastatic EGFRm NSCLC	150	Single arm trial - Tagrisso Global trial - five countries	<ul style="list-style-type: none"> <li>Primary Endpoint: proportion of patients with a given tumour genetic and proteomic marker at the point of disease progression as defined by the investigator</li> <li>Secondary endpoint: PFS, ORR, DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> </ul>
Phase I ODIN-BM <a href="#">NCT03463525</a>	Patients with EGFRm NSCLC with brain metastases	8	Single-arm trial - Tagrisso	<ul style="list-style-type: none"> <li>Primary Endpoints: assessments of brain standard uptake value (SUV) and pharmacokinetics (PK)</li> <li>Secondary endpoints: PK</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q1 2020</li> <li>Data anticipated: H1 2021</li> </ul>



# Tagrisso (highly-selective, irreversible EGFRi)

## NSCLC, combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III NeoADAURA <a href="#">NCT04351555</a>	Neoadjuvant EGFRm NSCLC	351	Arm 1: placebo plus plus pemetrexed/carboplatin or pemetrexed/cisplatin Arm 2: Tagrisso plus pemetrexed/carboplatin or pemetrexed/cisplatin Arm 3: Tagrisso  Global trial – 23 countries	<ul style="list-style-type: none"> <li>Primary endpoint: mPR</li> <li>Secondary endpoints cPR, EFS, DFS, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q1 2021</li> <li>Data anticipated: 2022+</li> </ul>
Phase III FLAURA2 <a href="#">NCT04035486</a>	1st-line EGFRm NSCLC	586	Arm 1: Tagrisso plus pemetrexed/carboplatin or pemetrexed/cisplatin Arm 2: Tagrisso  Global trial – 22 countries	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, LOS, ORR DoR, Depth of response, PFS2. QoL, PK</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: 2022+</li> </ul>
Phase II ORCHARD <a href="#">NCT03944772</a>	Advanced EGFRm NSCLC patients who have progressed on first line Tagrisso treatment	182	Modular design platform trial: <ul style="list-style-type: none"> <li>Module 1: Tagrisso + savolitinib</li> <li>Module 2: Tagrisso + gefitinib</li> <li>Module 3: Tagrisso + necitumumab</li> <li>Module 4: carboplatin + pemetrexed + Imfinzi</li> <li>Module 5: Tagrisso + alectinib</li> <li>Module 6: Tagrisso + selpercatinib</li> <li>No intervention: observational cohort</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: 2022+</li> </ul>
Phase II SAVANNAH <a href="#">NCT03778229</a>	EGFRm / MET+, locally advanced or metastatic NSCLC who have progressed following treatment with Tagrisso	172	<ul style="list-style-type: none"> <li>Single arm trial: Tagrisso + savolitinib</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints include PFS, DoR and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q1 2019</li> <li>Data anticipated: 2022+</li> </ul>
Phase Ib TATTION <a href="#">NCT02143466</a>	Advanced EGFRm NSCLC TKI failure	344	<ul style="list-style-type: none"> <li>Arm 1: Tagrisso + Imfinzi</li> <li>Arm 2: Tagrisso + savolitinib</li> <li>Arm 3: Tagrisso + selumetinib</li> </ul> Enrolment to Tagrisso + Imfinzi arm 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: H2 2020</li> </ul>



# *Imfinzi* (PD-L1 mAb)

## NSCLC, early disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III MERMAID-1  NCT04385368	Completely resected Stage II and III NSCLC	332	• Arm 1: <i>Imfinzi</i> + SoC chemo • Arm 2: placebo + SoC chemo	Primary endpoint: • DFS Secondary endpoint • DFS, OS,	• FPCD: Q3 2020 • Data anticipated: 2022+
Phase III MERMAID-2  NCT04642469	Completely resected Stage II-III NSCLC	284	• Arm 1: <i>Imfinzi</i> • Arm 2: placebo	Primary endpoint: • DFS Secondary endpoint • DFS, PFS, OS	• Initiating • Data anticipated: 2022+
Phase III AEGEAN  NCT03800134	Neoadjuvant NSCLC patients Stage II and III resected NSCLC (incl. EGFR/ALK positive)	800	• Arm 1: <i>Imfinzi</i> + platinum-based chemo • Arm 2: placebo + platinum-based chemo	Primary endpoint: • mPR, EFS Secondary endpoint • pCR	• FPCD: Q1 2019 • Data anticipated: 2022+
Phase III ADJUVANT BR.31  NCT02273375 Partnered	Adjuvant NSCLC patients Ib ( $\geq 4\text{cm}$ ) – stage IIIa resected NSCLC (incl. EGFR/ALK positive)	1,360	• Arm 1: <i>Imfinzi</i> mg/kg i.v. Q4W x 12m • Arm 2: placebo  Global trial	Primary endpoint: • DFS  Secondary endpoint: • OS	• FPCD: Q1 2015 • LPCD Q1 2020 • Data anticipated: 2022+
Phase III PACIFIC-2  NCT03519971	Unresected, locally-advanced NSCLC	300	• Arm 1: <i>Imfinzi</i> i.v. Q4W + chemo/RT • Arm 2: placebo + chemo/RT  ex US global trial	Primary endpoint: • PFS • ORR Secondary endpoint: • OS	• FPCD: Q2 2018 • LPCD: Q3 2019 • Data anticipated: H1 2021
Phase III PACIFIC-4  NCT03833154	<i>Imfinzi</i> with SBRT in unresected, Stage I/II NSCLC	630	• Arm 1: <i>Imfinzi</i> i.v. Q4W with definitive SBRT • Arm 2: placebo with definitive SBRT	Primary endpoint: • PFS Secondary endpoint: • OS	• FPCD: Q2 2019 • Data anticipated: 2022+
Phase III PACIFIC-5  NCT03706690	Unresected, locally-advanced NSCLC	360	• Arm 1: <i>Imfinzi</i> i.v. Q4W following chemo/RT • Arm 2: placebo following chemo/RT  ex US global trial, China focus	Primary endpoint: • PFS Secondary endpoint: • OS	• FPCD: Q1 2019 • Data anticipated: 2022+
Phase II/III Lung Master Protocol  NCT02154490 Partnered	Stage IV squamous NSCLC patients  Biomarker-targeted 2L therapy	140	• Subtrial A: <i>Imfinzi</i> (non-match for other biomarker driven subtrials) i.v. Q2W single arm <i>Imfinzi</i> Phase II only • Subtrial B: PI3K inhibitor vs. docetaxel • Subtrial C: CDK4/6 inhibitor vs. docetaxel • Subtrial D: AZD4547 (FGFR inhibitor) vs. docetaxel • Subtrial E: C-MET/HGFR Inhibitor + erlotinib vs. erlotinib	Primary endpoints: • ORR • PFS • OS	• FPCD: Q2 2014 • Data anticipated: 2022+

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

## Lung cancer, advanced disease

Trial	Population	Patients	Design	Endpoints	Status
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> <p>Asia trial</p>	Primary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q1 2019</li> <li>Data anticipated: 2022</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: Q4 2018</li> <li>Data readout: Q4 2019</li> <li>PFS primary endpoint met</li> <li>OS data anticipated: H1 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> + danavatirsen</li> <li>Arm A3: <i>Imfinzi</i> + oleclumab</li> <li>Arm A3: MEDI5752</li> <li>Arm B1: <i>Imfinzi</i> + Investigator's choice of chemo</li> <li>Arm B2: <i>Imfinzi</i> + danavatirsen + Investigator's choice of chemo</li> <li>Arm B3: <i>Imfinzi</i> + oleclumab + Investigator's choice of chemo</li> <li>Arm B4: MEDI5752</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: 2022+</li> </ul>
Phase III ADRIATIC  NCT03703297	Limited stage 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: 2022</li> </ul>
Phase III CASPIAN  NCT03043872	Extensive stage SCLC 1L	805	<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</li> <li>OS primary endpoint not met for <i>Imfinzi</i> + tremelimumab</li> </ul>
Phase II BALTIC  NCT02937818	SCLC	72	<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: ceralasertib and Lynparza</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2016</li> <li>Data anticipated: 2022+</li> </ul>



# *Imfinzi* (PD-L1 mAb)

## Other cancers, early disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III <b>POTOMAC</b> NCT03528694	Non-muscle invasive bladder cancer	975	<ul style="list-style-type: none"> <li>Arm 1: BCG (Induction + maintenance)</li> <li>Arm 2: <i>Imfinzi</i> + BCG (Induction only)</li> <li>Arm 3: <i>Imfinzi</i> + BCG (Induction + maintenance)</li> </ul>	Primary endpoints: <ul style="list-style-type: none"> <li>DFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>LPCD: Q4 2020</li> <li>Data anticipated: 2022+</li> </ul>
Phase III <b>NIAGARA</b> NCT03732677	Muscle-invasive bladder cancer	960	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> in combination with gemcitabine + cisplatin, <i>Imfinzi</i> maintenance</li> <li>Arm 2: gemcitabine + cisplatin</li> </ul>	Coprimary endpoints: <ul style="list-style-type: none"> <li>pCR</li> <li>EFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2022+</li> </ul>
Phase III <b>EMERALD-1</b> NCT03778957	Locoregional HCC	710	<ul style="list-style-type: none"> <li>Arm 1: TACE in combination with <i>Imfinzi</i></li> <li>Arm 2: TACE in combination with <i>Imfinzi</i> + bevacizumab</li> <li>Arm 3: TACE in combination with placebo</li> </ul>	Primary endpoint PFS for Arm 1 vs Arm 3  Secondary endpoint PFS for Arm 2 vs Arm 3 , OS	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2022</li> </ul>
Phase III <b>EMERALD-2</b> NCT03847428	Adjuvant therapy in HCC	888	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + bevacizumab</li> <li>Arm 2: <i>Imfinzi</i> + placebo</li> <li>Arm 3: placebo + placebo</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>RFS for Arm 2 vs Arm 3</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>RFS Arm 1 vs Arm 3, OS, RFS at 24m</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: 2022+</li> </ul>
Phase III <b>KUNLUN</b> NCT04550260	Locally advanced, unresectable ESCC	600	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + definitive CRT</li> <li>Arm 2: placebo + definitive CRT</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>PFS</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: 2022+</li> </ul>
Phase III <b>MATTERHORN</b> NCT04592913	Resectable GC/GEJC	900	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + FLOT</li> <li>Arm 2: placebo + FLOT</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>EFS</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>OS Arm 1 vs Arm 2</li> <li>pCR Arm 1 vs Arm 2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: 2022+</li> </ul>





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

## Other cancers, advanced disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III NILE <a href="#">NCT03682068</a>	Bladder cancer 1L	885	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + tremelimumab + SoC</li> <li>Arm 2: <i>Imfinzi</i> + SoC</li> <li>Arm 3: SoC</li> </ul>	Primary endpoints: <ul style="list-style-type: none"> <li>PFS</li> <li>OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2022+</li> </ul>
Phase III KESTREL <a href="#">NCT02551159</a>	HNSCC 1L	823	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i></li> <li>Arm 2: <i>Imfinzi</i> + tremelimumab</li> <li>Arm 3: SoC</li> </ul>	Primary endpoints: <ul style="list-style-type: none"> <li>OS</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>PFS, ORR, DoR, safety, biomarkers</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD Q1 2017</li> <li>Data readout: Q1 2021</li> <li>Primary endpoint not met</li> </ul>
Phase III HIMALAYA <a href="#">NCT03298451</a>	HCC 1L	1,324	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + tremelimumab</li> <li>Arm 2: <i>Imfinzi</i></li> <li>Arm 3: sorafenib</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>OS</li> </ul> Secondary endpoint: <ul style="list-style-type: none"> <li>PFS, TTP, ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q4 2019</li> <li>Data anticipated: H2 2021</li> </ul>
Phase II <a href="#">NCT02527434</a>	Urothelial bladder cancer triple-negative breast cancer pancreatic ductal-adenocarcinoma	76	<ul style="list-style-type: none"> <li>Arm 1 tremelimumab (urothelial bladder cancer)</li> <li>Arm 2 tremelimumab (triple-negative breast cancer)</li> <li>Arm 3 tremelimumab (pancreatic ductal-adenocarcinoma)</li> </ul>	Primary endpoint: <ul style="list-style-type: none"> <li>ORR</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>Safety, DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q4 2016</li> <li>Data readout: Q4 2018</li> </ul>
Phase III TOPAZ-1 <a href="#">NCT03875235</a>	BTC 1L	757	<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> <p>Global trial</p>	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: 2022</li> </ul>
Phase III CALLA <a href="#">NCT03830866</a>	Locally advanced cervical cancer	714	<ul style="list-style-type: none"> <li>Arm 1 <i>Imfinzi</i> + EBRT + brachytherapy with platinum</li> <li>Arm 2 placebo + EBRT + brachytherapy with platinum</li> </ul> <p>Global trial</p>	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: 2022+</li> </ul>

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

## Other cancers, advanced disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III STRONG</b> <b>NCT03084471</b>	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: 2022+</li> </ul>
<b>Phase I NCT02658214</b>	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: 2022+</li> </ul>
<b>Phase I CLOVER</b> <b>NCT03509012</b>	HNSCC, NSCLC, SCLC	102	<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: H1 2021</li> </ul>
<b>Phase II BEGONIA</b> <b>NCT03742102</b>	mTNBC 1L	110	<ul style="list-style-type: none"> <li>Arm 1 <i>Imfinzi</i> + paclitaxel</li> <li>Arm 2 <i>Imfinzi</i> + paclitaxel + capivasertib</li> <li>Arm 4 <i>Imfinzi</i> + paclitaxel + danvatirsen</li> <li>Arm 5 <i>Imfinzi</i> + paclitaxel + oleclumab</li> <li>Arm 6 <i>Imfinzi</i> + Enhertu</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: 2022+</li> </ul>



# Lynparza (PARP inhibitor)

## Multiple cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase III OlympiA  NCT02032823  Partnered	BRCAm adjuvant breast cancer	1,836	<ul style="list-style-type: none"> <li>• Arm 1: Lynparza BiD 12 month duration</li> <li>• Arm 2: placebo 12-month duration</li> </ul> <p>Global trial partnership with BIG and NCI/NRG</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: invasive disease-free survival (IDFS)</li> <li>• Secondary endpoint: distant disease-free survival and OS</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2014</li> <li>• LPCD: Q2 2019</li> <li>• Data anticipated: H1 2021</li> </ul>
Phase III PROfound  NCT02987543	Metastatic castration-resistant prostate cancer HRM, 2L+	387	<ul style="list-style-type: none"> <li>• Arm 1: Lynparza BID</li> <li>• Arm 2: physician's choice: enzalutamide 160mg once daily or abiraterone acetate 1,000mg once daily</li> </ul> <p>Global trial</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: radiologic PFS</li> <li>• Secondary endpoints: ORR, Time to Pain Progression, OS</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2017</li> <li>• LPCD: Q4 2018</li> <li>• Data readout : Q3 2019</li> <li>• Primary endpoint met</li> </ul>



# Lynparza (PARP inhibitor)

## Imfinzi combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III DuO-O  NCT03737643	Advanced ovarian cancer 1L	1,256	<p>Non tBRCAm (tumour BRCA) patients</p> <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> <p>tBRCAm patients</p> <ul style="list-style-type: none"> <li>bevacizumab (optional) + <i>Imfinzi</i> + <i>Lynparza</i></li> </ul> <p>Global trial</p>	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>PFS</li> </ul> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>OS, PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2022+</li> </ul>
Phase III DUO-E  NCT04269200	Advanced and recurrent endometrial cancer 1L	699	<ul style="list-style-type: none"> <li>Arm 1: chemo + <i>Imfinzi</i> placebo followed by <i>Imfinzi</i> placebo and <i>Lynparza</i> placebo</li> <li>Arm 2: chemo + <i>Imfinzi</i> followed by <i>Imfinzi</i> + <i>Lynparza</i> placebo</li> <li>Arm 3: chemo + <i>Imfinzi</i> followed by <i>Imfinzi</i> + <i>Lynparza</i></li> </ul> <p>Global Trial</p>	<p>Primary endpoint</p> <ul style="list-style-type: none"> <li>PFS</li> </ul> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>OS, PFS2, ORR, DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2020</li> <li>Data anticipated: 2022+</li> </ul>
Phase II ORION  NCT03775486	Stage IV NSCLC whose disease has not progressed following SoC chemo + <i>Imfinzi</i> Maintenance therapy 1L	250	<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> <p>Global trial</p>	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>PFS</li> </ul> <p>Secondary endpoints:</p> <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: H1 2021</li> </ul>
Phase II BAYOU  NCT03459846	Platinum-Ineligible unresectable Stage IV urothelial cancer	154	<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> <p>Global trial</p>	<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: Q2 2018</li> <li>LPCD: Q3 2019</li> <li>Data anticipated : H1 2021</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> <p>Global trial</p>	<p>Primary endpoints:</p> <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+	115	<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> <p>Global trial</p>	<p>Primary endpoints:</p> <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> <li>LPCD: Q2 2020</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: Lynparza maintenance therapy for two years or until disease progression</li> <li>Arm 2: placebo for two years or until disease progression</li> </ul> Global trial	Primary endpoint: <ul style="list-style-type: none"> <li>PFS</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>OS, PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2015</li> <li>LPCD: Q2 2018</li> <li>Data readout: Q3 2019</li> <li>Primary endpoint met</li> </ul>
Phase III <b>PROpel</b> NCT03732820	Metastatic castration-resistant prostate cancer 1L	720	<ul style="list-style-type: none"> <li>Arm 1: Lynparza + abiraterone</li> <li>Arm 2: placebo + abiraterone</li> </ul> Global trial	Primary Endpoint: <ul style="list-style-type: none"> <li>rPFS</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>TFST, TPP, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: H2 2021</li> </ul>
Phase II <b>VIOLETTE</b> NCT03330847	TNBC	350	<ul style="list-style-type: none"> <li>Arm 1: Lynparza + ceralasertib</li> <li>Arm 2: Lynparza</li> </ul> Trial conducted in 15 countries: North America, Europe and Asia	<ul style="list-style-type: none"> <li>PFS</li> <li>ORR / OS</li> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Data anticipated: H2 2021</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 + Lynparza</li> <li>Arm 3: cediranib</li> <li>Arm 4: Lynparza</li> </ul> US/Canada sites	Primary endpoints: <ul style="list-style-type: none"> <li>PFS, OS</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>ORR, QoL, safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2016</li> <li>Data anticipated: 2022+</li> </ul>
Phase II <b>LYNK-002</b> NCT03742895 Partnered	HRM or HRD-positive advanced cancer	370	<ul style="list-style-type: none"> <li>Arm 1: Lynparza</li> </ul> Global trial	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>
Phase III <b>LYNK-003</b> NCT04456699 Partnered	Advanced colorectal cancer 1L maintenance	525	<ul style="list-style-type: none"> <li>Arm 1: bevacizumab + 5-FU maintenance</li> <li>Arm 2: bevacizumab + Lynparza maintenance</li> <li>Arm 3: Lynparza maintenance</li> </ul> Global trial	Primary endpoints: <ul style="list-style-type: none"> <li>PFS</li> </ul> Secondary endpoints: <ul style="list-style-type: none"> <li>OS, ORR, DoR, AEs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data anticipated: 2022+</li> </ul>
Phase II <b>DUETTE</b> NCT04239014	Ovarian post-PARPi maintenance PSR	192	<ul style="list-style-type: none"> <li>Arm 1: Lynparza + ceralasertib</li> <li>Arm 2: Lynparza</li> <li>Arm 3: 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>TTSP, ORR, OS</li> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>Initiating</li> <li>Data anticipated: 2022+</li> </ul>



# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II DESTINY-Breast01</b> <a href="#">NCT03248492</a>	HER2-positive, unresectable and/or metastatic breast cancer patients previously treated with trastuzumab emtansine	230	Randomised, open label, sequential assignment • <i>Enhertu</i>	Primary endpoint ORR Secondary end points DoR, CBR, CBR, PFS, OS	• FPCD: Q4 2017 • LPCD: Q4 2018 • Data readout: Q2 2019 • Primary objective met
<b>Phase III DESTINY-Breast02</b> <a href="#">NCT03523585</a>	HER2-positive, unresectable and/or metastatic breast cancer pretreated with prior standard of care HER2 therapies, including trastuzumab emtansine	600	Randomised open label parallel assignment • <i>Enhertu</i> Physicians choice of • Lapatinib + capecitabine • Trastuzumab + capecitabine	Primacy endpoint PFS Secondary endpoints OS, ORR, DoR, CBR	• FPCD: Q4 2018 • Data anticipated H2 2021
<b>Phase III DESTINY-Breast03</b> <a href="#">NCT03529110</a>	HER2-positive, unresectable and/or metastatic breast cancer patients previously treated with trastuzumab and taxane	500	Randomised open label parallel assignment • <i>Enhertu</i> • Ado-trastuzumab emtansine	Primary endpoint PFS Secondary endpoints OS, ORR, DoR, CBR	• FPCD: Q4 2018 • Data anticipated H2 2021
<b>Phase III DESTINY-Breast04</b> <a href="#">NCT03734029</a>	HER2-low, unresectable and/or metastatic breast cancer patients	540	Randomised open label parallel assignment • <i>Enhertu</i> • Physicians choice of SoC chemo (choice of capecitabine, eribulin, gemcitabine, paclitaxel or nab-paclitaxel)	Primary end point PFS Secondary end points OS, DoR, ORR	• FPCD: Q4 2018 • Data anticipated H2 2021
<b>Phase III DESTINY-Breast05</b> <a href="#">NCT04622319</a>	High-risk HER2-positive patients with residual invasive breast cancer following neoadjuvant therapy	1,600	Randomised open label parallel assignment • <i>Enhertu</i> • Ado-trastuzumab emtansine	Primary end point IDFS Secondary end points DFS, OS, DRFI, BMFI	• FPCD: Q4 2020 • Data anticipated 2022+
<b>Phase III DESTINY-Breast06</b> <a href="#">NCT04494425</a>	HER2-Low, HR+ breast cancer patients whose disease has progressed on endocrine therapy in the metastatic setting	850	Randomised open label parallel assignment • <i>Enhertu</i> • Investigator's choice standard of care chemotherapy (capecitabine, paclitaxel, nab-paclitaxel)	Primary end point PFS Secondary end points OS, DoR, ORR	• FPCD Q2 2020 • Data anticipated 2022+
<b>Phase Ib/II DESTINY-Breast07</b> <a href="#">NCT04538742</a>	HER2-positive metastatic breast cancer	350	Randomised open label sequential assignment • <i>Enhertu</i> • <i>Enhertu + Imfinzi</i> • <i>Enhertu + pertuzumab</i> • <i>Enhertu + paclitaxel</i> • <i>Enhertu + Imfinzi + paclitaxel</i>	Primary end point AE, SAE Secondary end points ORR, PFS, DoR, OS	• FPCD: Q1 2021 • Data anticipated 2022+
<b>Phase Ib DESTINY-Breast08</b> <a href="#">NCT04556773</a>	HER2-low metastatic breast cancer	185	Non-Randomised open label parallel assignment • <i>Enhertu + capecitabine</i> • <i>Enhertu + Imfinzi + paclitaxel</i> • <i>Enhertu + capivasertib</i> • <i>Enhertu + anastrozole</i> • <i>Enhertu + Faslodex</i>	Primary end point AE, SAE Secondary end points ORR, PFS, DoR, OS	• FPCD: Q1 2021 • Data anticipated 2022+





# Enhertu (trastuzumab deruxtecan, HER2 ADC)

## Gastric cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase II DESTINY-Gastric01  NCT03329690	HER2-overexpressing advanced gastric or gastroesophageal junction adenocarcinoma patients who have progressed on two prior treatment regimens	233	Randomised open label parallel assignment • <i>Enhertu</i> • SoC chemo  Asian trial 2 countries	Primary end point ORR  Secondary end points PFS, OS, DoR, DCR, TTF, range of PK endpoints	• FPCD: Q4 2017 • LPCD: Q2 2019 • Data readout Q1 2020 • Primary endpoint met
Phase II DESTINY-Gastric02  NCT04014075	HER2-positive gastric cancer that cannot be surgically removed or has spread	79	Open label single group assignment • <i>Enhertu</i>	Primary endpoint ORR  Secondary endpoints PFS, ORR, OS, DoR	• FPCD: Q4 2019 • Data anticipated: H2 2021
Phase Ib/II DESTINY-Gastric03  NCT04379596	HER2-overexpressing gastric or gastroesophageal junction cancer patients	220	<ul style="list-style-type: none"> <li>• Open label parallel assignment</li> <li>• Part 1: To determine recommended Phase 2 dose</li> <li>• 5 Arms combine <i>Enhertu</i> with standard of care chemotherapies (5-FU, capecitabine, oxaliplatin) and / or durvalumab</li>   <li>• Part 2: To assess efficacy of the selected combinations</li> <li>• Arm 2A Standard chemotherapy (control)</li> <li>• Arm 2B <i>Enhertu</i> monotherapy</li> <li>• Arm 2C <i>Enhertu</i> with chemotherapy</li> <li>• Arm 2D <i>Enhertu</i> with chemotherapy and durvalumab</li> </ul> Global trial 8 countries	Part 1 Primary endpoint safety  Part 2 Primary endpoint ORR  Secondary end points DoR, DCR, PFS, OS, range of PK endpoints, ADAs	• FPCD Q2 2020
Phase III DESTINY-Gastric04  NCT04704934	HER2-positive gastric cancer or gastro-esophageal junction adenocarcinoma patients who have progressed on or after a trastuzumab-containing regimen and have not received any additional systemic therapy	490	Open label randomised parallel group assignment • <i>Enhertu</i> • SoC chemo	Primary endpoint: OS Secondary endpoints: ORR, DoR, PFS, DcR, safety	• Initiating

# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II DESTINY-Lung01</b>  NCT03505710  Partnered	HER2-over-expressing or mutated, unresectable and/or metastatic NSCLC	170	Non randomised parallel group assignment • <i>Enhertu</i>	Primary endpoint ORR Secondary endpoints DoR, PFS, OS	• FPCD Q2 2018 • Data anticipated H2 2021
<b>Phase II DESTINY-Lung02</b>  NCT04644237  Partnered	HER2-Mutated, Unresectable and/or Metastatic NSCLC	150	Randomised parallel group assignment • Arm 1 <i>Enhertu</i> 6.4 mg/kg • Arm 2 <i>Enhertu</i> 5.4mg/kg	Primary endpoint: ORR Secondary endpoints: DoR, DCR, PFS, OS, PK	• FPCD Q1 2021
<b>Phase Ib DESTINY-Lung03</b>  NCT04686305	HER2-over-expressing, unresectable and/or metastatic NSCLC	120	Non randomised parallel group assignment • Arm 1 <i>Enhertu</i> + Cisplatin + Imfinzi • Arm 2 <i>Enhertu</i> + Carboplatin + Imfinzi • Arm 3 <i>Enhertu</i> + Pemetrexed + Imfinzi • Arm 4 <i>Enhertu</i> + Imfinzi	Primary endpoint: safety Secondary endpoints: ORR, DoR, DCR, PFS, OS, range of PK endpoints	• Initiating



# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase II DPT02  NCT04482309	HER2 expressing tumours	280	Non randomised single group assignment • <i>Enhertu</i>	Primary endpoint: ORR Secondary endpoints: DoR, DCR, PFS, OS	• FPCD Q4 2020
Phase II DPT01  NCT04639219	HER2m expressing tumours	100	Non-randomised single group assignment • <i>Enhertu</i>	Primary endpoint: ORR Secondary endpoints: DoR, DCR, PFS, PK	• FPCD Q1 2021
Phase II DESTINY-CRC01  NCT03384940	HER2-expressing advanced colorectal cancer	90	Non randomised single group assignment • <i>Enhertu</i>	Primary endpoint ORR Secondary endpoints PFS, OS, DoR, range of PK endpoints	• FPCD Q1 2018 • LPCD Q2 2019 • Data readout: Q2 2020 • Primary endpoint met
Phase I J101  NCT02564900	Advanced solid malignant tumours	278	Non randomised single group assignment • <i>Enhertu</i>	Primary end points ORR, number of subjects with AEs, tumour response Secondary endpoints PK	• FPCD Q3 2015 • Data read out Q3 2018
Phase I  NCT04042701	HER2-expressing locally advanced/metastatic breast or NSCLC	115	• Non randomised parallel group assignment • <i>Enhertu</i> + pembrolizumab  Global trial 2 countries	Primary end points DLT, ORR Secondary endpoints DoR, DCR, PFS, TTR, OS	• FPCD Q2 2020
Phase I  NCT03523572	HER2-expressing breast and urothelial cancer	99	• Non randomised sequential assignment • <i>Enhertu</i> + nivolumab  Global trial 7 countries	Primary end points DLT, ORR, TEAEs Secondary endpoints DoR, DCR, PFS, TTR, OS, ORR (investigator)	• FPCD Q3 2018



# Calquence (BTK inhibitor)

## Blood cancers

Trial	Population	Patients	Design	Endpoint(s)	Status
Phase III ACE-CL-007 (ELEVATE-TN) NCT02475681	Previously untreated CLL	535	<ul style="list-style-type: none"> <li>Arm A: chlorambucil + obinutuzumab</li> <li>Arm B: Calquence + obinutuzumab</li> <li>Arm C: Calquence</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS (Arm A vs. Arm B)</li> <li>Secondary endpoints: IRC (independent review committee) assessed ORR, OS (Arm A vs. Arm B vs. Arm C)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2015</li> <li>Data readout: Q2 2019</li> <li>Primary endpoint met</li> </ul>
Phase III ACE-CL-311 NCT03836261	Previously untreated CLL fit	780	<ul style="list-style-type: none"> <li>Arm A: Calquence + venetoclax</li> <li>Arm B: Calquence + venetoclax + obinutuzumab</li> <li>Arm C: FCR or BR</li> </ul>	<ul style="list-style-type: none"> <li>Primary – IRC PFS (A vs C)</li> <li>Secondary - IRC PFS (B vs C); INV PFS (A vs C; B vs C)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2022+</li> </ul>
Phase III ACE-CL-309 (ASCEND) NCT02970318	Relapsed/refractory CLL	306	<ul style="list-style-type: none"> <li>Arm A: Calquence</li> <li>Arm B: rituximab + idelalisib or bendamustine (investigator's choice)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: IRC assessed PFS (arm A vs. Arm B)</li> <li>Secondary endpoints: INV-assessed ORR, OS, DoR, PROs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q3 2016</li> <li>Data readout: Q2 2019</li> <li>Primary endpoint met</li> </ul>
Phase III ACE-CL-006 (ELEVATE-RR) NCT02477696	Relapsed/refractory high risk CLL	533	<ul style="list-style-type: none"> <li>Arm A: Calquence</li> <li>Arm B: ibrutinib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: comparison of incidence of infections, RTs (Richter's Transformation) and atrial fibrillation, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2015</li> <li>Data readout: Q1 2021</li> <li>Primary endpoint met</li> </ul>
Phase III ACE-LY-308 NCT02972840	Previously untreated MCL	546	<ul style="list-style-type: none"> <li>Arm A: Calquence + bendamustine + rituximab</li> <li>Arm B: bendamustine + rituximab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS by Lugano Classification for NHL</li> <li>Secondary endpoints: IA, PFS, ORR, DoR, time to response, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>Data anticipated: 2022</li> </ul>
Phase III ESCALADE NCT04529772	DLBCL	600	Calquence + rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone	<ul style="list-style-type: none"> <li>Safety, ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2020</li> <li>Data anticipated: 2022+</li> </ul>
Phase II ACE-CL-208 NCT02717611	Relapsed/ refractory CLL, intolerant to ibrutinib	60	Calquence 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>Calquence 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: 2022+</li> </ul>
Phase I/II ACE-CL-001 NCT02029443	CLL/SLL/Richter's transformation	306	Calquence monotherapy Dose escalation and expansion	<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 Calquence and ACP-319 (Pi3K inhibitor)	• Safety • ORR	• FPCD: Q1 2015 • Data anticipated: H1 2020
Phase I/II ACE-LY-005  NCT02362035	Haematological malignancies	161	Calquence + pembrolizumab	• Safety • Secondary endpoints: ORR, DoR, PFS, OS, TTNT (time to next therapy)	• FPCD: Q1 2015 • Data anticipated: 2021
Phase I/II ACE-WM-001  NCT02180724	Waldenstrom microglobulinaemia	106	Calquence monotherapy	• ORR	• FPCD: Q3 2014 • Data readout: Q4 2019
Phase Ib ACE-LY-002  NCT02112526	Relapsed/refractory de novo activated B-cell DLBCL	21	Calquence monotherapy	• Safety	• FPCD: Q3 2014 • Data anticipated: H2 2019
Phase Ib ACE-LY-106  NCT02717624	MCL	70	Calquence in combination with bendamustine and rituximab • Arm A: treatment naïve • Arm B: relapsed/refractory • Arm C: treatment naïve: Calquence + venetoclax + rituximab	• Safety	• FPCD: Q1 2016 • Data anticipated: 2022+
Phase Ib ACE-MY-001  NCT02211014	Relapsed/refractory MM	28	• Arm A: Calquence • Arm B: Calquence + dexamethasone	• Safety	• FPCD: Q1 2015 • Data readout: Q2 2019
Phase I ACE-LY-003  NCT02180711	Relapsed/refractory follicular lymphoma	80	• Arm A: Calquence • Arm B: Calquence + rituximab • Arm C: Calquence + rituximab + lenolidomide	• Safety	• FPCD: Q1 2015 • Data anticipated: 2022+
Phase I ACE-CL-002  NCT02157324	Relapsed/refractory CLL/ SLL	12	Calquence in combination with ACP-319 dose escalation	• Safety, PK, PD	• FPCD: Q3 2014 • Data anticipated: H2 2020
Phase I ACE-CL-003  NCT02296918	CLL/SLL/PLL	69	Calquence + obinutuzumab • Arm A: relapsed/refractory • Arm B: treatment naïve Calquence + venetoclax + rituximab • Arm C: relapsed/refractory • Arm D: treatment naïve	• Safety, ORR • Secondary endpoints: PD, PFS, TTNT, OS	• FPCD: Q4 2014 • Data anticipated: 2022+

# Calquence (BTK inhibitor)

## Blood and other cancers

Trial	Population	Patients	Design	Endpoint(s)	Status
<b>Phase I</b> <b>NCT03198650</b>	Japanese adults with advanced B-cell malignancies	34	<ul style="list-style-type: none"> <li>Calquence monotherapy</li> <li>Dose confirmation and expansion</li> <li>Calquence + obinutuzumab</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>PK</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>Data anticipated: 2022+</li> </ul>
<b>Phase I/II</b> <b>CL-110</b> <b>NCT03328273</b>	CLL r/r	62	<ul style="list-style-type: none"> <li>Arm A: ceralasertib (AZD6738) monotherapy</li> <li>Arm B: Calquence + ceralasertib (AZD6738)</li> </ul>	<ul style="list-style-type: none"> <li>Identify dose of ceralasertib and safety of co-administration of Calquence + ceralasertib</li> </ul>	FPCD: Q1 2018 Data anticipated: H1 2021
<b>Phase I/II</b> <b>LY-110</b> <b>NCT03205046</b>	B-cell malignancies r/r	25	<ul style="list-style-type: none"> <li>Part 1: Calquence daily + vistusertib daily</li> <li>Part 2: Calquence daily + vistusertib 5 days on/2 days off</li> </ul>	<ul style="list-style-type: none"> <li>MTD and optimal dosing schedule</li> <li>Safety</li> </ul>	FPCD: Q3 2017 Data anticipated: H2 2020
<b>Phase III</b> <b>CL-312</b> <b>NCT04008706</b>	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: 2022+
<b>Phase Ib/II</b> <b>PRISM</b> <b>NCT03527147</b>	Relapsed/refractory aggressive NHL	88	<ul style="list-style-type: none"> <li>Arm 1: Calquence + danavatirsen</li> <li>Arm 2: Calquence + ceralasertib</li> <li>Arm 3: Calquence + Hu5F9G4 + Rituxan</li> <li>Arm 4: Calquence + AZD5153</li> </ul> <p>An open-label platform trial 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
<b>Phase Ib/II</b> <b>ACE-ST-209</b> <b>NCT02586857</b>	≥ 2L glioblastoma multiforme	52	<ul style="list-style-type: none"> <li>Arm A: Calquence 200mg BID</li> <li>Arm B: Calquence 400mg QD</li> </ul>	<ul style="list-style-type: none"> <li>Safety, ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>Data anticipated: H2 2019</li> </ul>
<b>Phase I/II</b> <b>D8220C0007</b> <b>NCT03932331</b>	Chinese adults r/r MCL and r/r CLL	105	<ul style="list-style-type: none"> <li>Part 1: R/r B-cell Malignancies Phase II</li> <li>Part 2: Cohort A: r/r MCL</li> <li>Part 2: Cohort B: r/r CLL</li> </ul>	<ul style="list-style-type: none"> <li>Safety, ORR</li> </ul>	FPCD: Q2 2020
<b>Phase I</b> <b>D8220C00018</b> <b>NCT04488016</b>	Healthy volunteers	28	Part 1: Rel bioavailability for capsule vs tablet Part 2: Rel bioavailability for oral solution of tablet	<ul style="list-style-type: none"> <li>Safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: H1 2021</li> </ul>



# Koselugo (selumetinib, MEK inhibitor)

## Paediatric neurofibromatosis type 1, solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II SPRINT</b> NCT01362803 Partnered	Paediatric NF1	50 (stratum 1) 25 (Stratum 2)	<ul style="list-style-type: none"> <li>Single arm: <i>Koselugo</i> 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 <i>Koselugo</i> + MK-8353 (ERK inhibitor)</b> NCT03745989 Partnered (Merck Lead trial)	Advanced solid tumours	80 (dose escalation trial)	Phase Ib open-label trial of MK-8353 in combination with <i>Koselugo</i> in participants with advanced solid tumours	<ul style="list-style-type: none"> <li>DLTs</li> <li>AEs</li> <li>Trial drug discontinuations due to an AE</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> </ul>
<b>Phase I Japan PK / Safety study</b> Partnered	Paediatric Inoperable NF1-PN patients	9-12	Open-label Phase I clinical study to assess safety and PK of <i>Koselugo</i> in Japanese paediatric NF1-PN patients	<ul style="list-style-type: none"> <li>Primary endpoints safety</li> <li>Secondary endpoints of PK/anti-tumour effect</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> </ul>
<b>Phase I China PK / Safety / Efficacy study</b>	Pediatric (2-17 years old), adult NF1	32	<ul style="list-style-type: none"> <li>Single arm with 3 phases;           <ul style="list-style-type: none"> <li>Dose confirmation phase (n=6 for 3 cycles),</li> <li>Expansion phase (24mths post LSD)</li> <li>Long term Follow up (60mths post LSD)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Primary: Safety/tolerability and PK</li> <li>Secondary: Efficacy (ORR, DoR; TTR; PFS)</li> </ul>	FPCD: Q4 2020



# Lumoxiti (moxetumomab pasudotox, CD22 mAb)

## Blood cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III PLAIT  NCT01829711  Partnered	Adults with relapsed or refractory HCL	80	<ul style="list-style-type: none"> <li>Multicentre, single-arm, open-label Phase III trial</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>





# Savolitinib (MET inhibitor)

## NSCLC and other cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT01985555</b> Partnered	Advanced NSCLC (all comers)	85	<ul style="list-style-type: none"> <li>Dose escalation trial</li> </ul> <p>Conducted in China</p>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> <li>Secondary endpoint: PK profile</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2013</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase II</b> <b>NCT02897479</b> Partnered	Lung PSC and other NSCLC	65	<ul style="list-style-type: none"> <li>Single arm trial: savolitinib QD</li> </ul> <p>Conducted in China</p>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoint: PFS, safety parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>Data anticipated: H1 2020</li> </ul>
<b>Phase II</b> <b>NCT04606771</b>	EGFRm/MET amplified advanced NSCLC	56	<ul style="list-style-type: none"> <li><i>Tagrisso</i> and savolitinib contribution of components</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoint: PFS, DoR, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: 2022</li> </ul>



# Capivasertib (AKT inhibitor)

## Breast cancer, prostate cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III CAPItello-290</b>  NCT03997123	Locally advanced or metastatic TNBC	800	Double-blind randomised comparative trial • Arm 1: capivasertib + paclitaxel • Arm 2: placebo + paclitaxel	• PFS • OS	• FPCD Q3 2019 • Data anticipated: 2022+
<b>Phase III CAPItello-291</b>  NCT04305496	Locally advanced (Inoperable) or metastatic HR+/HER2- breast cancer	834	Double-blind randomised comparative trial • Arm 1: capivasertib + Faslodex • Arm 2: placebo +Faslodex	• PFS	• FPCD Q2 2020 • Data anticipated: 2022+
<b>Phase III CAPItello-281</b>  NCT04493853	De novo PTEN deficient metastatic hormone sensitive prostate cancer	1,000	Double-blind randomised comparative trial • Arm 1: capivasertib + abiraterone • Arm 2: placebo + abiraterone	• rPFS	• FPCD Q3 2020 • Data anticipated 2022+

# Monalizumab (NKG2a mAb)

## Cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III INTERLINK-1</b>  <b>NCT04590963</b>	Recurrent or Metastatic SCCHN, 2L	600	<ul style="list-style-type: none"> <li>• Arm A: monalizumab + cetuximab i.v.</li> <li>• Arm B: placebo + cetuximab i.v.</li> </ul> <p>Global trial</p>	<ul style="list-style-type: none"> <li>• Primary: OS</li> <li>• Secondary: PFS, ORR, DoR</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2020</li> <li>• Data anticipated: 2022+</li> </ul>
<b>Phase I/II</b>  <b>NCT02671435</b>	Advanced solid tumours	381	<p>Escalation phase</p> <ul style="list-style-type: none"> <li>• monalizumab + <i>Imfinzi</i> i.v.</li> </ul> <p>Expansion phase</p> <ul style="list-style-type: none"> <li>• monalizumab + <i>Imfinzi</i> i.v. recommended dose</li> </ul> <p>Exploration phase</p> <ul style="list-style-type: none"> <li>• monalizumab + <i>Imfinzi</i> i.v. recommended dose + SoC systemic therapy with or without biologic agent and monalizumab in combination with a biologic agent in adult subjects with CRC</li> </ul> <p>Global trial</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Exploration Phase: Objective Response per RECIST</li> </ul> <p>• Secondary endpoints include tumour response (OR, DC, DoR, PFS and OS), immunogenicity, pharmacokinetics, pharmacodynamics</p>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2016</li> <li>• Data anticipated: 2022</li> </ul>



# Camizestrant (AZD9833, oral SERD)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III  NCT04711252	ER+ HER2- breast cancer	1,342	A randomised, multicentre, double-blind, Phase III trial of camizestrant plus palbociclib versus anastrozole plus palbociclib for the treatment of patients with oestrogen receptor-positive, HER2-negative advanced breast cancer who have not received any systemic treatment for advanced disease	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoint: OS, PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: 2022+</li> </ul>
Phase I  NCT03616587	ER+ breast cancer	266	<ul style="list-style-type: none"> <li>Open label multicentre trial of camizestrant 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 or abemaciclib. 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 camizestrant alone and in combination with Palbociclib or abemaciclib</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>
Phase II  NCT04214288	ER+ breast cancer	288	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel-group, multicentre trial aimed to compare the efficacy and safety of oral camizestrant versus intramuscular (IM) Faslodex in women with advanced breast cancer.</li> </ul>	<ul style="list-style-type: none"> <li>Primary outcome measure: mPFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2020</li> </ul>
Phase II  NCT04588298	ER+ breast cancer	84	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel-group, multicentre trial to investigate the biological effects of camizestrant in women with ER positive, HER2 negative primary breast cancer</li> </ul>	<ul style="list-style-type: none"> <li>Primary outcome measure: change in ER expression between pre- and on-treatment tumour biopsies</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> </ul>
Phase I  NCT04541433	ER+ breast cancer	18	<ul style="list-style-type: none"> <li>Open-label study designed to evaluate the safety, tolerability, pharmacokinetics, and anti-tumour activity of camizestrant in Japanese women with endocrine resistant ER+ HER2- breast cancer that is not amenable to treatment with curative intent.</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</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> </ul>
Phase I  NCT04546347	Healthy volunteers	32	<ul style="list-style-type: none"> <li>Randomised, open-label study to determine the relative bioavailability of different oral camizestrant tablet formulations and an camizestrant oral solution, the effect of food on the pharmacokinetics of an oral camizestrant tablet formulation, and the absolute bioavailability of camizestrant study in healthy post-menopausal female volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>Primary outcome measure: relative bioavailability of AZD9833 delivered as different tablet formulations and the effect of food</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>LPCD: Q4 2020</li> <li>Data anticipated H1 2021</li> </ul>



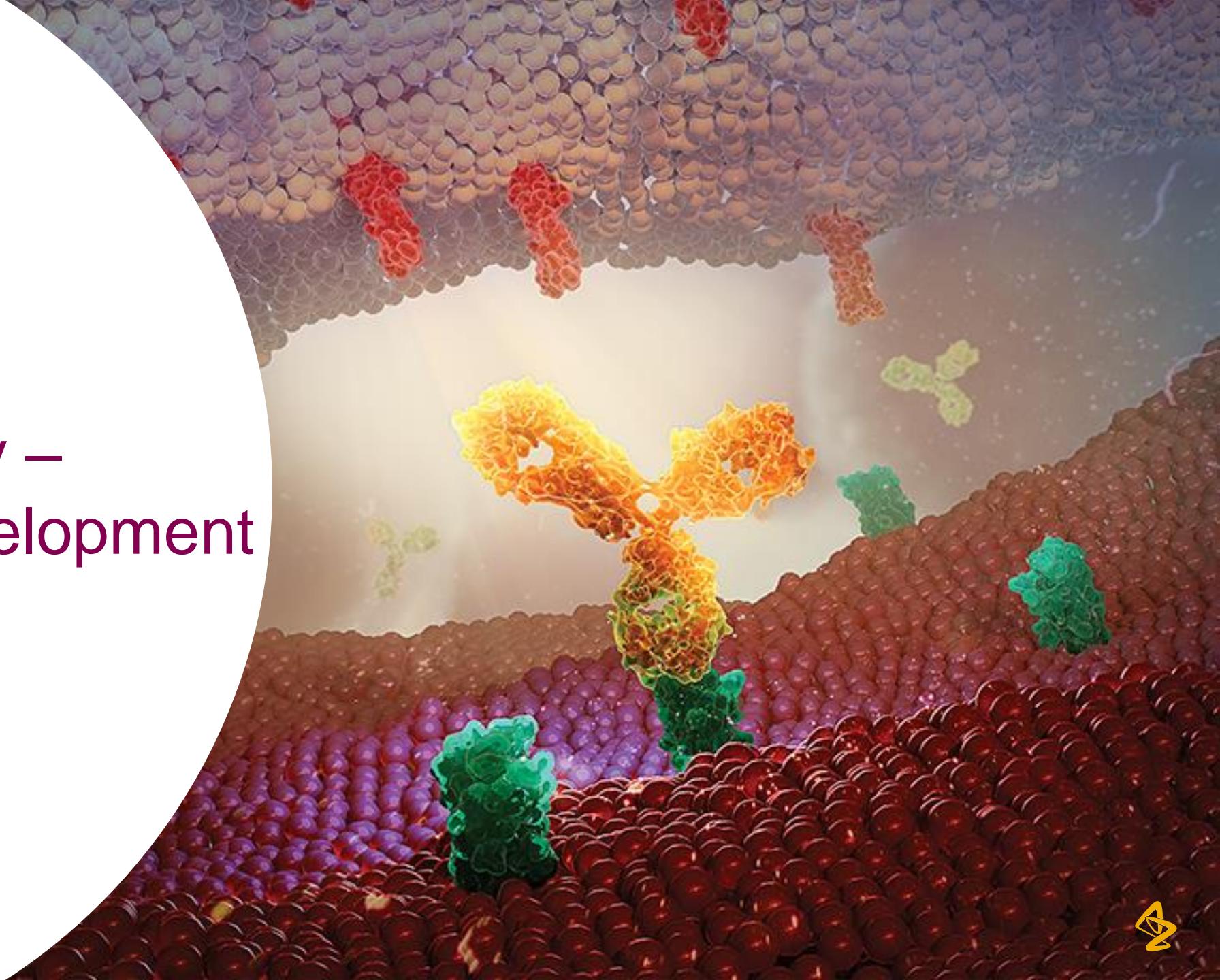
# Datopotamab deruxtecan (TROP2 ADC)

## NSCLC

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III TROPION-Lung01</b>  <b>NCT04656652 Partnered</b>	NSCLC (without actionable mutation)	590	Randomised, open label • Datopotamab deruxtecan • Docetaxel  Global trial	• Primary endpoints: PFS, OS • Secondary endpoints: ORR, DoR, TTR, DCR, PK, anti-drug antibodies	• FPCD: Q4 2020 • Data anticipated: 2022+
<b>Phase II TROPION-Lung05</b>  <b>NCT04484142 Partnered</b>	NSCLC (with actionable mutation)	150	Randomised, open label • Datopotamab deruxtecan  Global trial	• Primary endpoint: ORR • Secondary endpoint: DOR, PFS, OS, safety, PK, anti-drug antibodies	• Initiating
<b>Phase I NCT03401385 Partnered</b>	NSCLC TNBC	350	Open label, two-part (dose escalation, dose expansion) • Datopotamab deruxtecan  Japan, US	• Primary endpoint: safety • Secondary endpoint: PK, antitumor activity, anti-drug antibodies	• FPCD: Q1 2018
<b>Phase I TROPION-Lung02</b>  <b>NCT04526691 Partnered</b>	NSCLC (without actionable mutation)	86	Open label, combination with pembrolizumab, two-part (dose escalation, dose expansion) • Datopotamab deruxtecan + pembrolizumab  Japan, US	• Primary endpoint: safety • Secondary endpoint: ORR, DOR, PFS, OS, PK, anti-drug antibodies	• FPCD: Q4 2020
<b>Phase I TROPION-Lung04</b>  <b>NCT04612751 Partnered</b>	NSCLC (without actionable mutation)	74	Open label, combination with <i>Imfinzi</i> , two-part (dose escalation, dose expansion) • Datopotamab deruxtecan + <i>Imfinzi</i>  US, Japan	• Primary endpoint: safety • Secondary endpoint: ORR, DOR, PFS, OS, PK,	• Initiating



# Oncology – early-stage development



# *Imfinzi* (PD-L1 mAb)

## Cancer

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 readout: Q2 2020</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: Q2 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>LPCD: Q1 2017</li> <li>Data readout: Q2 2020</li> </ul>
Phase II HUDSON  NCT03334617	<i>Imfinzi</i> <i>Lynparza</i> vistusertib ceralasertib (AZD6738) danvatirsen oleclumab <i>Enhertu</i> cediranib	NSCLC	340	<p>5 modules encompassing 16 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> <li>Module 6: <i>Imfinzi</i> and <i>Enhertu</i></li> <li>Module 7: <i>Imfinzi</i> and cediranib</li> <li>Module 8: Ceralasertib</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: 2022+</li> </ul>
Phase II COAST  NCT03822351	<i>Imfinzi</i>	Stage III NSCLC unresectable	189	<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 2021</li> </ul>
Phase II NeoCOAST  NCT03794544	<i>Imfinzi</i>	Resectable, early stage NSCLC	84	<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 2021</li> </ul>



# *Imfinzi* (PD-L1 mAb)

## Cancer

Trial	Compound	Population	Patients	Design	Endpoints	Status
Phase Ib/II COLUMBIA 1  NCT04068610	<i>Imfinzi</i>	1L metastatic MSS-CRC	112	<ul style="list-style-type: none"> <li>Part 1 S1 FOLFOX + bevacizumab + <i>Imfinzi</i> + oleclumab</li> <li>Part 2 Control 1 FOLFOX + bevacizumab</li> <li>Part 2 E1 FOLFOX + bevacizumab + <i>Imfinzi</i> + oleclumab</li> </ul>	Primary <ul style="list-style-type: none"> <li>Part 1: Safety</li> <li>Part 2: Efficacy - OR</li> </ul> Secondary <ul style="list-style-type: none"> <li>Part 1: Efficacy – OR, BOR, DoR, PFS</li> <li>Part 2: Safety and Efficacy ( BOR, DoR, DC, PFS, OS)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>Data anticipated: H2 2020</li> </ul>



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

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase Ib/II STUDY 22</b>  <b>NCT02519348</b>	Hepatocellular carcinoma	545	<ul style="list-style-type: none"> <li>Arm A: <i>Imfinzi</i> + tremelimumab</li> <li>Arm B: <i>Imfinzi</i> 2L</li> <li>Arm C: tremelimumab 2L</li> <li>Arm D: <i>Imfinzi</i> + tremelimumab</li> <li>Arm E: <i>Imfinzi</i> in combination with bevacizumab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: Safety &amp; tolerability, DLTs</li> <li>Secondary endpoints: ORR, DoR, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>Data anticipated: H2 2020</li> </ul>
<b>Phase Ib STUDY 006</b>  <b>NCT02000947</b>	NSCLC (Immunotx naïve and Immunotx pretreated patient cohorts)	459	<ul style="list-style-type: none"> <li>Dose escalation: minimum 5 cohorts exploring various tremelimumab Q4W and <i>Imfinzi</i> i.v. Q4W dose combinations, higher dose levels and alternate Q2 schedule added with amendment</li> <li>Dose expansion: MTD for the combination in escalation to be explored in expansion</li> </ul> <p>North American, EU and ROW trial centres</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>Safety</li> <li>Optimal biologic dose for the combination</li> <li>OR</li> </ul> <p>Secondary endpoints include antitumour activity, PK and immunogenicity</p>	<ul style="list-style-type: none"> <li>FPCD: Q4 2013</li> <li>LPCD: Q4 2016</li> <li>Data readout: Q3 2020</li> </ul>
<b>Phase I STUDY 10</b>  <b>NCT02261220</b>	Solid tumours (basket trial)	380	<ul style="list-style-type: none"> <li>Dose expansion: MTD for the combination in escalation to be explored in expansion cohorts specific for each of 7 tumour types</li> <li>Dose exploration: 2 cohorts exploring various Q4W tremelimumab and <i>Imfinzi</i> dose combinations and 2 cohorts exploring various Q2W tremelimumab and <i>Imfinzi</i> dose combinations</li> </ul> <p>North American, EU and ROW trial centres</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>Safety</li> <li>Optimal biologic dose for the combination</li> </ul> <p>Secondary endpoints include anti-tumour activity, PK/PD and immunogenicity</p>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>LPCD: Q2 2017</li> <li>Data readout: Q4 2020</li> </ul>



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

## Head and neck squamous cell carcinoma (HNSCC)

Trial	Population	Patients	Design	Endpoints	Status
Phase Ib/Ila <a href="#">NCT03162224</a>	HPV associated recurrent/metastatic head and neck cancer	50	Multi-centre, open label trial to evaluate the safety and efficacy of combination treatment with MEDI0457 and <i>Imfinzi</i>	Primary endpoints: Safety & Tolerability, ORR  Secondary endpoints: PK, ADA, DCR, OS, PFS	<ul style="list-style-type: none"> <li>• FPCD: Q3 2017</li> <li>• Data anticipated: H1 2021</li> </ul>



# AZD0466 (Bcl2/xL inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04214093</b>	Advanced hematologic malignancies or solid tumours	102	<p>Monotherapy dose escalation, consisting of two arms:</p> <ul style="list-style-type: none"> <li>Arm A: Patients with low risk for tumour lysis syndrome (solid tumours, lymphomas, myelomas)</li> <li>Arm B: Patients with high risk for tumour lysis syndrome (relapsed/refractory haem malignancies)</li> </ul>	<ul style="list-style-type: none"> <li>Primary: safety</li> <li>Secondary: PK, anti-tumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: H2 2021</li> </ul>



# MEDI1191 (IL12 modRNA)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03946800	Advanced solid tumours	87	First-time-in-human Phase I, open-label, dose-escalation and expansion trial of MEDI1191 administered intratumourally as monotherapy and in combination with <i>Imfinzi</i>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> <li>Secondary endpoints: PK, immunogenicity and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: 2022</li> </ul>



# AZD1390 (ATM inhibitor)

## Cancer

Trial	Population	Subjects	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03423628</b>	Recurrent glioblastoma eligible for re-irradiation, brain metastases and leptomeningeal disease, newly-diagnosed glioblastoma patients	132	<ul style="list-style-type: none"> <li>Designed to evaluate the safety, tolerability and PK of AZD1390 in combination with radiation therapy in patients with GBM and brain metastases from solid tumours</li> <li>Dose and schedule of AZD1390 administration will be adjusted during assessment of safety and tolerability during this Phase I trial</li> </ul> <p>Conducted across seven sites in USA and UK</p>	<ul style="list-style-type: none"> <li>Primary: investigate the safety, tolerability, and MTD of AZD1390 administered in combination with radiation therapy in brain malignancies</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q2 2018</li> <li>Data anticipated: 2022</li> </ul>



# Adavosertib (WEE-1 inhibitor)

## Ovarian cancer, uterine serous cancer, solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>D6010C00004</b> <b>NCT02272790</b>	Platinum-resistant (PR) ovarian cancer	95	<ul style="list-style-type: none"> <li>Arm B: paclitaxel + adavosertib</li> <li>Arm C: carboplatin + adavosertib</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DoR, PFS, OS, DCR, safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>LPCD: Q2 2018</li> <li>Data readout: Q3 2019</li> </ul>
<b>Phase I</b> <b>D6015C00002</b> <b>NCT02617277</b>	Advanced solid tumours	56	<ul style="list-style-type: none"> <li>Dose escalation trial to determine MTD (adavosertib + <i>Imfinzi</i>)</li> </ul> Conducted in US	<ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q4 2018</li> <li>Data readout Q4 2019</li> </ul>
<b>Phase II</b> <b>D601HC00002</b> <b>NCT04590248</b>	Uterine serous carcinoma	120	<ul style="list-style-type: none"> <li>Adavosertib monotherapy</li> <li>Phase IIb, open-label, single-arm, multi-center study</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DoR, depth of response, PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> </ul>



# MEDI2228 (BCMA antibody drug conjugate)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03489525</b>	Relapsed/refractory multiple myeloma	142	First-time-in-human Phase I, multi-centre, open-label, single-arm, dose-escalation, and dose-expansion trial for adult subjects	Primary endpoints: • Safety • Determination of MTD  • Secondary endpoints: pPK, immunogenicity, ORR, DCR, DoR, PFS, OS	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• Data anticipated: H2 2021</li> </ul>



# AZD2811NP (AURN)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02579226</b>	Solid tumours	72	<ul style="list-style-type: none"> <li>Arm 1: AZD2811NP dose escalation</li> <li>Arm 2: AZD2811NP 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: H1 2021</li> </ul>
<b>Phase I</b> <b>NCT03217838</b>	AML/high-risk MDS	124	<ul style="list-style-type: none"> <li>Part A: AZD2811NP monotherapy / azacitidine combination / venetoclax combination dose escalation cohorts</li> <li>Part B: AZD2811NP monotherapy / azacitidine combination / venetoclax combination dose expansions to further explore the tolerability, PK and clinical activity</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerability</li> <li>PK and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2017</li> <li>Data anticipated: 2022+</li> </ul>





# AZD4573 (CDK9 inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03263637</b>	Relapsed/refractory haematologic malignancies	45	<p>Arm 1: dose escalation in haematological malignancies excluding AML/ALL/high-risk MDS/CMMI/CLL.</p> <p>Arm 2: dose escalation in relapsed or refractory AML, ALL, high-risk MDS, CMMI, CLL and Richter's syndrome.</p> <p>i.v. route of administration</p> <p>Trial conducted in NL, UK, GE</p>	<p>Primary:</p> <ul style="list-style-type: none"> <li>• safety/PK;</li> </ul> <p>Secondary:</p> <ul style="list-style-type: none"> <li>• efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2017</li> <li>• Data anticipated: H1 2021</li> </ul>
<b>Phase I/II</b> <b>NCT04630756</b>	Relapsed/refractory haematologic malignancies	78	<p>Modular design platform trial:</p> <ul style="list-style-type: none"> <li>• Module 1: AZD4573 + Calquence (100mg twice daily) combination</li> <li>• Arm 1: dose setting (DLBCL, all comers); ramp-up across 3 dose levels (Part A)</li> <li>• Arm 2: dose expansion (GCB vs. non-GCB DLBCL); target dose (Part B)</li> <li>• I.V. route of administration</li> <li>• Trial conducted in 10 countries across North America, EU, ROW</li> </ul>	<p>Primary:</p> <ul style="list-style-type: none"> <li>• Safety (Part A)</li> <li>• ORR (Part B)</li> </ul> <p>Secondary:</p> <ul style="list-style-type: none"> <li>• Safety, anti-tumour activity (Part B)</li> <li>• PK (Parts A &amp; B)</li> </ul>	<ul style="list-style-type: none"> <li>• Initiating</li> </ul>

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

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02740985</b>	Phase Ia: patients with advanced solid tumours  Phase Ib: Post-immunotherapy NSCLC Other post-immunotherapy solid tumours Immune checkpoint-naïve mCRPC Immune checkpoint-naïve CRC Other immune checkpoint-naïve solid tumours	313	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 + <i>Imfinzi</i> + oleclumab</li><li>• AZD4635 + docetaxel.</li></ul> Phase Ib: AZD4635 monotherapy or AZD4635 + <i>Imfinzi</i> dose expansions in NSCLC, mCRPC, CRC and other post-immunotherapy and immune checkpoint-naïve solid tumours  Conducted at sites in the US	Primary outcome measure: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary outcome measures: <ul style="list-style-type: none"><li>• Preliminary assessment of anti-tumour activity</li></ul>	• FPCD: Q2 2016 • Data anticipated: H1 2021
<b>Phase I</b> <b>NCT03710434</b>	Healthy male volunteers	21	<ul style="list-style-type: none"><li>• Part A 2-period randomised crossover trial of single doses of AZD4635, nanosuspension or solid oral formulation in fasted state</li><li>• Part B, 4-period, open-label, randomised, crossover trial of single doses of AZD4635 in the same subjects from Part A to assess food effect, pH effect and formulation variants</li></ul> Both parts conducted at a site in the UK	Primary outcome measures: <ul style="list-style-type: none"><li>• Cmax and exposure (AUC) of AZD4635 solid oral formulation and nano-suspension</li></ul>	• FPCD: Q4 2018 • LPCD: Q2 2019
<b>Phase II</b> <b>NCT04089553</b>	Prostate cancer	60	ARM 1: AZD4635 + <i>Imfinzi</i> ARM 2: AZD4635 + oleclumab  Conducted at sites in the US	<ul style="list-style-type: none"><li>• Primary outcome measure: Efficacy; (ORR and PSA response)</li><li>• Secondary outcome measure: Efficacy, PK, safety and tolerability</li></ul>	• FPCD: Q3 2019 • Data anticipated: H1 2021
<b>Phase I</b> <b>NCT03980821</b>	Japanese patients with advanced solid malignancies	12	AZD4635 dose escalation  Conducted at sites in Japan	Primary outcome measure: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary outcome measure: <ul style="list-style-type: none"><li>• PK and preliminary anti-tumour activity</li></ul>	• FPCD: Q3 2019 • LPCD: Q3 2020
<b>Phase II</b> <b>NCT04495179</b>	Prostate cancer	160	ARM A: AZD4635 + <i>Imfinzi</i> ARM B: AZD4635+ <i>Imfinzi</i> + cabazitaxel  Conducted at sites in US, Europe, UK and Korea	<ul style="list-style-type: none"><li>• Primary outcome measure: Efficacy (rPFS)</li><li>• Secondary outcome measure: Efficacy (OS, PSA response, ORR, DoR)</li></ul>	• FPCD: Q3 2020 • Data anticipated: 2022+



# AZD5153 (BRD4 inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I/Ib</b> <b>NCT03205176</b>	Relapsed/refractory solid tumours, lymphomas	60	<p>Monotherapy dose escalation in advanced solid tumours and lymphomas</p> <p>Dose escalation of AZD5153 in combination with <i>Lynparza</i> in platinum resistant/refractory HGS patients.</p>	<ul style="list-style-type: none"> <li>• Primary: safety</li> <li>• Secondary: efficacy, PK</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2017</li> <li>• Data anticipated: H1 2021</li> </ul>





# AZD5305 (PARP inhibitor)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I  NCT04644068	Advanced, metastatic HER2 neg. with BRCAm, PALB2m or RAD51C/Dm Breast cancer  Advanced, metastatic TNBC  BRCAm, PALB2m or RAD51C/Dm PSR ovarian cancer  HRD+ve1 (non-BRCAm or PALB2m or RAD51C/Dm) PSR ovarian cancer  PSR ovarian cancer	612	A modular phase I/IIa, open-label, multicentre trial to assess the safety, tolerability, pharmacokinetics, pharmacodynamics and preliminary efficacy of ascending doses of AZD5305 as monotherapy and in combination with anti-cancer agents in patients with advanced solid malignancies	<ul style="list-style-type: none"> <li>Primary endpoint: safety/tolerability &amp; PK</li> <li>Secondary endpoints: efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: 2022+</li> </ul>

# MEDI5395 (rNDV GMCSF)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03889275	Select advanced solid tumours	188	First-time-in-human Phase I, open-label, dose-escalation and expansion arm of MEDI5395 in combination with <i>Imfinzi</i>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> <li>Secondary endpoints: PK, PD, immunogenicity and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: 2022+</li> </ul>



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

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I/IIa</b> <b>NCT03530397</b>	Advanced solid tumours	261	<p>Open-label, dose-escalation and dose-expansion:</p> <ul style="list-style-type: none"> <li>Dose-escalation: MEDI5752 i.v.</li> <li>Dose-expansion: MEDI5752 i.v. as monotherapy and in combination with chemotherapy</li> <li>Arm A: MEDI5752 i.v.</li> <li>Arm B: MEDI5752 i.v., pemetrexed and carboplatin</li> <li>Arm C: Pembrolizumab, pemetrexed and carboplatin</li> </ul>	<p>Primary endpoints:</p> <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> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>PK, ADA, tumoural baseline PD-L1, assessment of antitumour activity based on OR, DoR, DCR, PFS, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Data anticipated: 2022+</li> </ul>
<b>Phase Ib</b> <b>NCT04522323</b>	Advanced renal cell carcinoma	77	Open-label, dose-escalation and dose-expansion to explore the safety, tolerability and anti-tumour activity of MEDI5752 in combination with axitinib:	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>dose-escalation: safety &amp; tolerability</li> </ul> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>PK, ADA and antitumour activity of MEDI5752 + axitinib based on PFS, OR, DoR, DCR, TTR, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data anticipated: 2022+</li> </ul>



# AZD5991 (MCL1 inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I/Ib/IIa NCT03218683	Relapsed/refractory haematologic malignancies	121	<ul style="list-style-type: none"> <li>• Arm1: monotherapy dose escalation &amp; expansions in relapsed/refractory haematological malignancies</li> <li>• Arm2: combination dose escalation (AZD5991+venetoclax) in relapsed/refractory AML/MDS;</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: PK, efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2017</li> <li>• Data anticipated: H2 2021</li> </ul>



# Ceralasertib (AZD6738, ATR inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02264678</b>	Solid tumours	250	<ul style="list-style-type: none"> <li>Arm 1: ceralasertib + carboplatin</li> <li>Arm 2: ceralasertib dose escalation, ceralasertib + <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: 2022+</li> </ul>
<b>Phase I</b> <b>NCT03022409</b>	HNSCC	44	<p>Window of opportunity</p> <ul style="list-style-type: none"> <li>Arm 1: ceralasertib</li> <li>Arm 2: <i>Lynparza</i></li> </ul> <p>Trial conducted in US, France, Taiwan and the UK</p>	<ul style="list-style-type: none"> <li>Biomarker change</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>Data anticipated: H2 2021</li> </ul>
<b>Phase II</b> <b>PLANETTE</b> <b>NCT04564027</b>	Solid tumours mCRPC	52	<ul style="list-style-type: none"> <li>Cohort A: ceralasertib; ATM-altered AST</li> <li>Cohort B: ceralasertib; ATM-altered mCRPC</li> </ul>	Cohort A: ORR Cohort B: Composite RR	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: 2022+</li> </ul>



# AZD7648 (selective DNA-PK inhibitor)

## Advanced solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03907969	Advanced malignancies	234	<ul style="list-style-type: none"> <li>First in human modular dose escalation and dose expansion trial</li> <li>Arm 1 - AZD7648 monotherapy</li> <li>Arm 2 - AZD7648 + Pegylated Liposomal Doxorubicin</li> <li>Arm 3 - AZD7648 + Lynparza</li> <li>Countries: US, UK</li> </ul>	<ul style="list-style-type: none"> <li>Primary outcome measures: safety and tolerability</li> <li>Secondary outcome measures: PK, Cytochromes P450, preliminary anti-tumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: 2022</li> </ul>



# AZD8701 (FOXP3 antisense oligonucleotide)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I/Ib</b> NCT04504669	Advanced solid tumours	123	Dose escalation and dose expansion trial  Arm 1: AZD8701 monotherapy Arm 2: AZD8701 & <i>Imfinzi</i> combination therapy  Global trial - four countries - US, CA, FR, ES  i.v. route of administration	Primary endpoints: safety & tolerability  Secondary endpoints: PK, PD, preliminary anti-tumour activity	<ul style="list-style-type: none"> <li>• FPCD: Q3 2020</li> <li>• Data Anticipated: 2022+</li> </ul>



# MEDI9253 (rNDV-IL12)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I <b>NCT04613492</b>	Advanced solid tumours	86	First-time-in-human Phase I, open-label, dose-escalation and expansion arm of MEDI9253 in combination with <i>Imfinzi</i>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> <li>Secondary endpoints: PK, PD, immunogenicity and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: 2022+</li> </ul>



# Oleclumab (CD73 mAb)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02503774</b>	Advanced malignancies	348	<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: H1 2021</li> </ul>
<b>Phase Ib/II</b> <b>NCT03611556</b>	Pancreatic 1L and 2L with prior gemcitabine-based chemotherapy	339	<ul style="list-style-type: none"> <li>• Arm A1: gemcitabine and nab paclitaxel i.v.</li> <li>• Arm A2: gemcitabine and nab paclitaxel i.v. + oleclumab i.v.</li> <li>• Arm A3: gemcitabine and nab paclitaxel i.v. + oleclumab i.v. + <i>Imfinzi</i> i.v.</li> <li>• Arm B1: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v.</li> <li>• Arm B2: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v. + oleclumab i.v.</li> <li>• Arm B3: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v. + oleclumab i.v. + <i>Imfinzi</i> i.v.</li> </ul> <p>US, Norway, Spain and Australian trial centres</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>• Safety and anti-tumour activity</li> </ul> <p>• Secondary endpoints include PFS, PK, immunogenicity, safety and anti-tumour activity</p>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• Data anticipated: H2 2021</li> </ul>



# IPH5201 (CD39 mAb)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I  NCT04261075 Partnered	Advanced Solid tumours	204	<ul style="list-style-type: none"> <li>First time in human Phase I, open-label, dose-escalation trial to determine MTD of IPH5201 as monotherapy, or in combination with <i>Imfinzi</i> +/- oleclumab.</li> <li>Part 1: IPH5201 monotherapy dose escalation to MTD</li> <li>Part 2: IPH5201 + <i>Imfinzi</i> dose escalation to MTD</li> <li>Part 3: IPH5201 + <i>Imfinzi</i> + Oleclumab dose escalation to MTD</li> <li>Route of Administration: IV</li> <li>Geographical Regions: 4 countries - US and 3 in EU.</li> </ul>	Primary endpoints: AE, SAE, DLT  Secondary endpoints: OR, DC, PK, ADA	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>Data anticipated: 2022</li> </ul>



# BioPharmaceuticals – approved medicines and late-stage pipeline



# *Farxiga (SGLT2 inhibitor)*

## Heart failure and chronic kidney disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III Dapa-HF</b> <b>NCT03036124</b>	CHF patients with HFrEF	4,744	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg or 5 mg QD + SoC therapy</li> <li>Arm 2: placebo + SoC therapy</li> <li>Global trial - 20 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to the first occurrence of any of the components of the composite: CV death or hospitalisation for HF or an urgent HF visit</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD Q4 2018</li> <li>Data readout: Q3 2019</li> <li>Primary endpoint met</li> </ul>
<b>Phase III Dapa-CKD</b> <b>NCT03036150</b>	Patients With CKD	4,304	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg or 5 mg QD</li> <li>Arm 2: placebo</li> </ul> <p>Global trial - 21 countries</p>	<ul style="list-style-type: none"> <li>Primary endpoint: time to the first occurrence of any of the components of the composite: ≥50% sustained decline in eGFR or reaching ESRD or CV death or renal death</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q2 2020</li> <li>Data readout: Q2 2020</li> <li>Primary endpoint met</li> </ul>
<b>Phase III DELIVER</b> <b>NCT03619213</b>	CHF patients with HFpEF	6,100	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg QD</li> <li>Arm 2: placebo</li> <li>Global trial - 21 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to the first occurrence of any of the components of the composite: CV death or hospitalisation for HF or an urgent HF visit</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: H2 2021</li> </ul>
<b>Phase III DETERMINE-preserved</b> <b>NCT03877224</b>	CHF patients with HFpEF	504	<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>	Family of primary endpoints: <ul style="list-style-type: none"> <li>Change from baseline in the KCCQ-TSS at Week 16.</li> <li>Change from baseline in the KCCQ-PLS at Week 16.</li> <li>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>LPCD: Q3 2020</li> <li>Data readout: Q4 2020</li> <li>Primary endpoints not met</li> </ul>
<b>Phase III DETERMINE-reduced</b> <b>NCT03877237</b>	CHF patients with HFrEF	313	<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>	Family of primary endpoints: <ul style="list-style-type: none"> <li>Change from baseline in the KCCQ-TSS at Week 16.</li> <li>Change from baseline in the KCCQ-PLS at Week 16.</li> <li>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>LPCD Q1 2020</li> <li>Data readout: Q4 2020</li> <li>One primary endpoint met</li> </ul>
<b>Phase III DAPA-MI</b> <b>NCT04564742</b>	Patients with myocardial infarction	6,400	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg QD</li> <li>Arm 2: placebo</li> <li>Global trial - 2 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: hospitalization for HF or CV death</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: 2022+</li> </ul>



# Brilinta (P2Y12 receptor antagonist)

## Cardiovascular risk reduction

Trial	Population	Patients	Design	Endpoints (primary)	Status
<b>Phase III THEMIS</b> <b>NCT01991795</b>	Patients with type-2 diabetes and coronary artery disease without a previous history of MI or stroke	19,000	<ul style="list-style-type: none"> <li>• Arm 1: Brilinta 60mg BiD</li> <li>• Arm 2: placebo BiD</li> </ul> on a background of acetylsalicylic acid if not contra-indicated or not tolerated  Global trial – 42 countries	<ul style="list-style-type: none"> <li>• Primary endpoint: composite of CV death, non-fatal MI and non-fatal stroke</li> </ul> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>• Prevention of CV death</li> <li>• Prevention of MI</li> <li>• Prevention of ischaemic stroke</li> <li>• Prevention of all-cause death</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2014</li> <li>• LPCD: Q2 2016</li> <li>• Data readout: Q1 2019</li> <li>• Primary endpoint met</li> </ul>
<b>Phase III THALES</b> <b>NCT03354429</b>	Patients with acute ischaemic stroke or transient ischaemic attack	11,000	<ul style="list-style-type: none"> <li>• Arm 1: Brilinta 90mg BiD</li> <li>• Arm 2: placebo BiD</li> </ul> on a background of acetylsalicylic acid if not contra-indicated or not tolerated  Global trial – 28 countries	Primary endpoint: <ul style="list-style-type: none"> <li>• Prevention of the composite of subsequent stroke and death at 30 days</li> </ul> <p>Secondary endpoints include:</p> <ul style="list-style-type: none"> <li>• Prevention of subsequent ischaemic stroke at 30 days</li> <li>• Reduction of overall disability at 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2018</li> <li>• LPCD: Q4 2019</li> <li>• Data readout: Q1 2020</li> <li>• Primary endpoint met</li> </ul>





# Lokelma (sodium zirconium cyclosilicate)

## Hyperkalaemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II PRIORITY HF NCT03532009</b>	Patients with chronic heart failure and hyperkalaemia or at high risk of developing hyperkalaemia	182	<ul style="list-style-type: none"> <li>Arm 1: <i>Lokelma</i> 5g QD for 12 weeks. Option to uptitrate to 10 and 15g QD or downtitrade to 5g QOD</li> <li>Arm 2: placebo QD for 12 weeks</li> </ul> <p>Global trial – nine countries</p>	<ul style="list-style-type: none"> <li>Primary endpoint: difference between <i>Lokelma</i> and placebo in RAAS (renin–angiotensin–aldosterone system) blockade treatment.</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>LPCD: Q2 2020</li> <li>Data readout: Q4 2020</li> </ul>
<b>Phase IIIb DIALIZE China NCT04217590</b>	Patients with ESRD with hyperkalemia and on stable haemodialysis	134	<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> <p>China</p>	<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 2020</li> <li>Data readout: H2 2021</li> </ul>
<b>Phase III HARMONIZE Asia NCT03528681</b>	Hyperkalaemia	337	<p>Open-label <i>Lokelma</i> 10g TID for 48 hours followed by:</p> <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> <p>China, India</p>	<ul style="list-style-type: none"> <li>Primary endpoint: maintenance of normokalaemia</li> </ul>	<ul style="list-style-type: none"> <li>Initiating</li> <li>Data readout: 2022+</li> </ul>

# Roxadustat (HIF-PH inhibitor)

## Anaemia

Trial	Population	Patients	Design	Endpoints	Status
Phase III <b>ANDES</b> NCT01750190 Partnered	Anaemia in CKD in patients not receiving dialysis	922	<ul style="list-style-type: none"> <li>Arm 1: roxadustat</li> <li>Arm 2: placebo</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2012</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q4 2018</li> <li>Primary endpoint met</li> </ul> Sponsored by FibroGen
Phase III <b>ALPS</b> NCT01887600 Partnered		597	<ul style="list-style-type: none"> <li>Arm 1: roxadustat</li> <li>Arm 2: placebo</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2013</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q3 2018</li> <li>Primary endpoint met</li> </ul> Sponsored by Astellas
Phase III <b>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>LPCD: Q4 2019</li> <li>Data readout: Q1 2020</li> <li>Primary endpoint met</li> </ul> Sponsored by Astellas
Phase III <b>OLYMPUS</b> NCT02174627		2,781	<ul style="list-style-type: none"> <li>Arm 1: roxadustat</li> <li>Arm 2: placebo</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary efficacy endpoint: Haemoglobin response</li> <li>Primary safety objective: Contribute CV safety data to pooled safety analyses across the Phase III program</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2014</li> <li>LPCD: Q4 2018</li> <li>Data readout: Q4 2018</li> <li>Primary endpoint met</li> </ul> Sponsored by AstraZeneca
Phase III <b>ROCKIES</b> NCT02174731	Anaemia in CKD in patients receiving dialysis	2,133	<ul style="list-style-type: none"> <li>Arm 1: roxadustat</li> <li>Arm 2: epoetin alfa</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary efficacy endpoint: Haemoglobin response</li> <li>Primary safety objective: Contribute CV safety data to pooled safety analyses across the Phase III program</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2014</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q4 2018</li> <li>Primary endpoint met</li> </ul> Sponsored by AstraZeneca
Phase III <b>SIERRAS</b> NCT02273726 Partnered		741	<ul style="list-style-type: none"> <li>Arm 1: roxadustat</li> <li>Arm 2: epoetin alfa</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q4 2018</li> <li>Primary endpoint met</li> </ul> Sponsored by FibroGen
Phase III <b>PYRENEES</b> NCT02278341 Partnered		838	<ul style="list-style-type: none"> <li>Arm 1: roxadustat</li> <li>Arm 2: epoetin alfa or darbepoetin alfa</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q3 2018</li> <li>Primary endpoint met</li> </ul> Sponsored by Astellas

# Roxadustat (HIF-PH inhibitor)

## Anaemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III HIMALAYAS</b> <b>NCT02052310 Partnered</b>	Anaemia in newly initiated dialysis patients	1,043	<ul style="list-style-type: none"> <li>Arm 1: roxadustat</li> <li>Arm 2: epoetin alfa</li> </ul> Global trial	<ul style="list-style-type: none"> <li>Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2013</li> <li>LPCD: Q3 2018</li> <li>Data readout: Q4 2018</li> <li>Primary endpoint met</li> </ul> Sponsored by FibroGen
<b>Phase III NCT03263091 Partnered</b>	Anaemia in lower risk MDS patients	184	Open label roxadustat lead-in Arm 1: roxadustat Arm 2: placebo  US/global trial	<ul style="list-style-type: none"> <li>Primary endpoint: Proportion of patients achieving transfusion independence</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2017</li> <li>Data anticipated: 2022</li> </ul> Sponsored by FibroGen
<b>Phase II/III NCT03303066 Partnered</b>	Anaemia in lower risk MDS patients	175	Open label roxadustat lead-in Arm 1: roxadustat Arm 2: placebo  China	<ul style="list-style-type: none"> <li>Primary endpoint: Haemoglobin response</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Data anticipated: 2022</li> </ul> Sponsored by FibroGen
<b>Phase II NCT04076943 Partnered</b>	Anemia in patients receiving chemotherapy treatment for non-myeloid malignancies	100	US	<ul style="list-style-type: none"> <li>Primary endpoint: Maximum change in hemoglobin within 16 weeks from baseline without RBC transfusion</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>LPCD: Q3 2020</li> <li>Data anticipated: H1 2021</li> </ul> Sponsored by FibroGen



# Eklira/ Tudorza (LAMA, DPI)

## COPD

Trial	Population	Number of patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03276052</b>	Healthy Chinese volunteers	20	<p>Open-label, 2-period ascending dose incomplete block, cross-over trial</p> <ul style="list-style-type: none"> <li>• aclidinium bromide 400 µg DPI</li> </ul> <p>Global trial – one Country</p>	<ul style="list-style-type: none"> <li>• To investigate the PK of aclidinium bromide and its metabolites after single and multiple doses (BID) of aclidinium bromide 200 µg, 400 µg and 800 µg</li> <li>• To evaluate the safety, and tolerability of aclidinium bromide 200 µg, 400 µg and 800 µg after single and multiple dose administration (BID)</li> </ul>	<ul style="list-style-type: none"> <li>• Initiating</li> <li>• Data anticipated: 2022+</li> </ul>



# Duaklir Genuair (LAMA/LABA, DPI)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
Phase III AVANT <a href="#">NCT03022097</a>	Patients with stable COPD	1,060	<ul style="list-style-type: none"> <li>Arm 1: <i>Duaklir Genuair</i> 400/12 µg DPI</li> <li>Arm 2: aclidinium bromide 400 µg DPI</li> <li>Arm 3: formoterol fumarate 12 µg DPI</li> <li>Arm 4: tiotropium 18 µg DPI</li> </ul> <p>Global trial – five countries</p>	<p>Primary endpoints:</p> <ul style="list-style-type: none"> <li>Change from baseline in one hour morning post-dose dose FEV1 <i>Duaklir Genuair</i> 400/12 µg compared to Aclidinium bromide at Week 24</li> <li>Change from baseline in morning pre-dose (trough) FEV1 of <i>Duaklir Genuair</i> 400/12 µg compared to Formoterol fumarate at Week 24</li> <li>Change from baseline in trough FEV1 of Aclidinium bromide 400 µg compared to placebo at Week 24</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>Data anticipated: 2022+</li> </ul>



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

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III KALOS</b> <b>NCT04609878</b>	Severe asthma	2,800	<p>Treatments (24 to 52 week variable length)</p> <ul style="list-style-type: none"> <li>• BGF MDI 320/28.8/9.6µg BID pMDI</li> <li>• BGF MDI 320/14.4/9.6µg BID pMDI</li> <li>• BFF MDI 320/9.6µg BID pMDI</li> <li>• Symbicort 320/9µg BID pMDI</li> </ul> <p>Randomised, double-blind, double dummy, parallel group and multicentre</p> <p>Multi-country</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: Change from baseline in forced expiratory volume in 1 second (FEV1) area under the curve 0 to 3 hours (AUC0-3) at Week 24</li> <li>• Primary endpoint of Pooled Studies D5982C00007 and D5982C00008: Rate of severe asthma exacerbations</li> <li>• Secondary endpoint: Change from baseline in morning pre-dose trough FEV1 at Week 24</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2021</li> <li>• Data anticipated: 2022+</li> </ul>
<b>Phase III LOGOS</b> <b>NCT04609904</b>	Severe asthma	2,800	<p>Treatments (24 to 52 week variable length)</p> <ul style="list-style-type: none"> <li>• BGF MDI 320/28.8/9.6µg BID pMDI</li> <li>• BGF MDI 320/14.4/9.6µg BID pMDI</li> <li>• BFF MDI 320/9.6µg BID pMDI</li> <li>• Symbicort 320/9µg BID pMDI</li> </ul> <p>Randomised, double-blind, double dummy, parallel group and multicentre</p> <p>Multi-country</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: Change from baseline in forced expiratory volume in 1 second (FEV1) area under the curve 0 to 3 hours (AUC0-3) at Week 24</li> <li>• Primary endpoint of Pooled Studies D5982C00007 and D5982C00008: Rate of severe asthma exacerbations</li> <li>• Secondary endpoint: Change from baseline in morning pre-dose trough FEV1 at Week 24</li> </ul>	<ul style="list-style-type: none"> <li>• Initiating</li> <li>• Data anticipated: 2022+</li> </ul>



# Daliresp/Daxas (PDE4 inhibitor, oral)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
Post Launch PASS  NCT03381573	COPD	124,080	<ul style="list-style-type: none"> <li>This is a retrospective cohort trial comparing COPD patients aged 40 years and older with new exposure to roflumilast with up to 5 unexposed (i.e., not roflumilast-exposed) COPD controls matched by propensity score (PS), age, sex, and year of cohort entry. The trial is using electronic healthcare databases in the US (Military Health System database), Germany (German Pharmacoepidemiological Research Database), and Sweden (national databases including healthcare, death, and demographics data).</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: all-cause mortality (up to five years)</li> </ul>	<ul style="list-style-type: none"> <li>Data anticipated: 2022+</li> </ul>



# Fasenra (IL5R mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III MELTEMI</b>  NCT02808819	A multi-centre, open-label, safety extension trial with <i>Fasenra</i> for asthmatic adults on ICS plus LABA2 Agonist Age 18-75 years	447	<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 readout: Q3 2020</li> <li>• Primary endpoint met</li> </ul>
<b>Phase IIb PONENTE</b>  NCT03557307	Severe eosinophilic asthmatics receiving HD ICS + LABA and chronic OCS with or without additional asthma controller(s). Age 18 Years and older	598	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: Q4 2020</li> <li>• Primary endpoint met</li> </ul>
<b>D3250C00036 China ICS/LABA Trial (MIRACLE)</b>  NCT03186209	Severe, uncontrolled asthma, despite background controller medication, MD & HD ICS + LABA ± chronic OCS Age 12-75 years	666	<ul style="list-style-type: none"> <li>• Arm 1: <i>Fasenra</i> 30mg Q8W s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> 56-week trial Global trial – 4 countries	<ul style="list-style-type: none"> <li>• Primary endpoint: annual asthma exacerbation rate</li> <li>• Secondary endpoints: assess pulmonary function, asthma symptoms, other asthma control metrics</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2017</li> <li>• Data readout: 2022+</li> </ul>



# Fasenra (IL5R 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	2,133	<ul style="list-style-type: none"> <li>• Arm 1: Fasenra 30mg Q4W s.c.</li> <li>• Arm 2: Fasenra 30mg Q8W s.c.*</li> <li>• placebo administered at select interim visits to maintain blind between treatment arms</li> </ul> <p>56-week (adults) 108-week (adolescents) Global trial – 24 countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2014</li> <li>• Data readout: Q3 2018</li> <li>• Primary endpoint met</li> </ul>
<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	162	<ul style="list-style-type: none"> <li>• Arm 1: Fasenra 30mg Q4W s.c.</li> </ul> <p>28-week (adults) Global trial – two countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: functionality, reliability, and performance of a pre-filled syringe with Fasenra 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 Fasenra on allergen-induced inflammation in Mild, atopic asthmatic Age 18-65 years	46	<ul style="list-style-type: none"> <li>• Arm 1 : Fasenra 30mg Q4W s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> <p>37-week trial</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: safety and tolerability</li> <li>• Primary endpoint: the effect of Fasenra 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>• LPCD: Q2 2019</li> <li>• Data readout: Q4 2020</li> <li>• Primary endpoint met</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 Fasenra on the humoral immune response to the seasonal influenza vaccination in adolescent and young adult patients with severe asthma Ages 12-21 years	103	<ul style="list-style-type: none"> <li>• Arm 1: Fasenra 30mg Q4W s.c. with one dose of seasonal influenza virus vaccine IM</li> <li>• Arm 2: placebo Q4W s.c. with one dose of seasonal influenza virus vaccine intra muscular</li> </ul> <p>12-week trial</p>	Primary endpoints: <ul style="list-style-type: none"> <li>• Post-dose strain-specific HAI antibody GMFRs</li> <li>• Post-dose strain-specific serum HAI antibody GMTs</li> <li>• Proportion of patients who experience a strain-specific post-dose antibody response with antibody response defined as a ≥4-fold rise in HAI antibody titer</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2016</li> <li>• Data readout: Q3 2017</li> <li>• Primary endpoint met</li> </ul>



# Fasenra (IL5R mAb)

## Severe, uncontrolled asthma, COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III GRECO</b> <b>NCT02918071</b>	Severe asthma on ICS-LABA Age 18-75 years	121	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	659	<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 readout: Q4 2019</li> <li>Primary endpoint met</li> </ul>
<b>Phase I AMES</b> <b>NCT02968914</b>	Healthy volunteers age 18-55 years	180	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>
<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	868	<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: 2022+</li> </ul>



# Fasenra (IL5R mAb)

## Nasal polyposis and other eosinophilic diseases

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III OSTRO</b> <b>NCT03401229</b>	Patients with severe bilateral nasal polyposis who are still symptomatic despite standard of care therapy  Age 18-75 years	413	• Arm 1: <i>Fasenra</i> 30mg Q8W s.c. • Arm 2: placebo s.c.  56-week trial Global trial- 8 countries	• Primary endpoint: effect of <i>Fasenra</i> on nasal polyp burden and on patient reported nasal blockage	• FPCD: Q1 2018 • LPCD: Q2 2019 • Data readout: Q3 2020 • Co-primary endpoints met
<b>Phase III ORCHID</b> <b>NCT04157335</b>	Patients with eosinophilic chronic rhinosinusitis with severe nasal polyposis  Age 18-75 years	148	Arm 1: <i>Fasenra</i> 30mg Q8W s.c. Arm 2: placebo Q8W s.c.  56-week trial  Asian countries (4 countries)	• Primary endpoint: Change in endoscopic total nasal polyp score and Change in mean nasal blockage score	• FPCD: Q4 2019 • Data anticipated: 2022+
<b>Phase III MANDARA</b> <b>NCT04157348</b>	Patients with relapsing or refractory EGPA on corticosteroid therapy with or without stable immunosuppressive therapy  Age 18 years and older	140	• Arm 1: <i>Fasenra</i> 30mg Q4W s.c. • Arm 2: mepolizumab 300mg Q4W s.c.  52-week trial with a minimum 1 year open label extension Global trial- 9 countries	• Primary endpoint: Proportion of patients achieving remission (BVAS=0 and OCS dose ≤ 4mg/day) at both weeks 36 and 48.	• FPCD: Q4 2019 • Data anticipated: 2022+
<b>Phase III NATRON</b> <b>NCT04191304</b>	Patients with HES (history of persistent eosinophilia >1500 cells/µL with evidence of end organ manifestations attributable to eosinophilia) and signs or symptoms of HES worsening/flare at Visit 1  Age 12 years and older	120	• Arm 1: <i>Fasenra</i> 30mg Q4W s.c. • Arm 2: placebo Q4W s.c.  24-week trial with a minimum 1 year open label extension Global trial- 9-12 countries	• Primary endpoint: Time to first HES worsening/flare.	• FPCD Q3 2020 • Data anticipated: 2022
<b>Phase III MESSINA</b> <b>NCT04543409</b>	Documented diagnosis of EoE Age 12 to 65 years	170	• Arm 1: <i>Fasenra</i> 30mg Q4W s.c. • Arm 2: placebo Q4W s.c. 24-week double blind treatment period and open label period(s)	• Primary endpoints: Histologic response at week 24 Change from baseline in DSQ score at week 24	• FPCD Q4 2020 • Data anticipated: 2022



# Fasenra (IL5R mAb)

## Dermatology

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III FJORD</b>	Patients with symptomatic (newly diagnosed or relapsing) Bullous Pemphigoid	120	<ul style="list-style-type: none"> <li>• Arm 1: Fasenra regimen</li> <li>• Arm 2: placebo</li> </ul> 36-week double blind treatment period and open label period Global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Proportion of patients with sustained (<math>\geq 2</math> months) remission off OCS at 36 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Initiating</li> <li>• Data anticipated: 2022+</li> </ul>
<b>Phase II ARROYO</b>	Patients with moderate/severe Chronic Spontaneous Urticaria, and resistant to H1 treatment	160	<ul style="list-style-type: none"> <li>• Arm 1: Fasenra regimen 1</li> <li>• Arm 2: Fasenra regimen 2</li> <li>• Arm 3: placebo</li> </ul> 24-week double blind treatment period and open label period Global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Change from baseline in ISS7 at week 12</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2020</li> <li>• Data anticipated: 2022+</li> </ul>
<b>Phase II HILLIER NCT04605094</b>	Patients with moderate to severe Atopic Dermatitis despite treatment with topical medications	160-200	<ul style="list-style-type: none"> <li>• Arm 1: Fasenra regimen</li> <li>• Arm 2: placebo</li> </ul> 16-week double blind treatment period and open label periods Global trial	<ul style="list-style-type: none"> <li>• Primary endpoint: Proportion of patients with an IGA 0/1 and a decrease in IGA of <math>\geq 2</math> points at week 16</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2020</li> <li>• Data anticipated: 2022+</li> </ul>



# Tezepelumab (TSLP mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III NAVIGATOR</b> <b>NCT03347279</b> <b>Partnered</b>	Severe asthma Age 12-80 years	1,061	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> <p>52 week trial Global trial – 18 countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: Annual asthma exacerbation rate</li> <li>• Secondary endpoints: Change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12), asthma control (ACQ-6)</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2018</li> <li>• LPCD: Q3 2019</li> <li>• Data readout: Q4 2020</li> <li>• Primary endpoint met</li> </ul>
<b>Phase III SOURCE</b> <b>NCT03406078</b> <b>Partnered</b>	Severe asthma Age 18-80 years	150	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> <p>48 week trial Global trial – seven countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: Reduction from baseline in daily OCS dose while not losing asthma control</li> <li>• Secondary endpoint: Annual asthma exacerbation rate</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2018</li> <li>• LPCD: Q4 2019</li> <li>• Data readout: Q4 2020</li> <li>• Primary endpoint not met</li> </ul>
<b>Phase III DESTINATION</b> <b>NCT03706079</b> <b>Partnered</b>	Severe asthma Age 12-80 years	~975	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> <p>Extension trial to NAVIGATOR and SOURCE. 52 week trial (subjects from NAVIGATOR); 56 week trial (subjects from SOURCE) Global trial – 18 countries</p>	<ul style="list-style-type: none"> <li>• Primary endpoint: Exposure adjusted rates of AEs/SAEs Secondary endpoints: Annual asthma exacerbation rate</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2019</li> <li>• LPCD: Q4 2020</li> <li>• Data anticipated: H2 2022</li> </ul>
<b>Phase III PATH-HOME</b> <b>NCT03968978</b> <b>Partnered</b>	Severe asthma Age 12-80 years	216	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c. via autoinjector (AI)</li> <li>• Arm 2: tezepelumab s.c. via accessorized pre-filled syringe (APFS)</li> </ul> <p>24 week trial Global trial – 4 countries</p>	Primary endpoint: Proportion of health care professionals and patients /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 readout: Q4 2020</li> <li>• Primary endpoint met</li> </ul>



# Tezepelumab (TSLP mAb)

## Severe, uncontrolled asthma & COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II CASCADE</b>  NCT03688074  Partnered	Severe asthma Age 18-75 years	116	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> 28 week trial  Global trial – five countries	<ul style="list-style-type: none"> <li>• Primary endpoint: number of airway submucosal inflammatory cells/mm<sup>2</sup> of bronchoscopy biopsies</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2018</li> <li>• LPCD: Q4 2019</li> <li>• Data anticipated: H1 2021</li> </ul>
<b>Phase III DIRECTION</b>  NCT03927157  Partnered	Severe asthma Age 18-80 years	396	<ul style="list-style-type: none"> <li>• Arm 1: tezepelumab s.c.</li> <li>• Arm 2: placebo s.c.</li> </ul> 52 week trial  Regional Asia trial – three countries	<ul style="list-style-type: none"> <li>• Primary endpoint: Annual asthma exacerbation rate</li> <li>• Secondary endpoints: Change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12), asthma control (ACQ-6)</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2019</li> </ul>
<b>Phase III NOZOMI</b>  NCT04048343  Partnered	Severe asthma 12-80 years	65	Arm 1: tezepelumab s.c. 52 week trial Local trial - Japan	<ul style="list-style-type: none"> <li>• Primary endpoint: Number of patients with adverse events</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2019</li> <li>• LPCD: Q4 2019</li> <li>• Data anticipated: H1 2021</li> </ul>
<b>Phase IIa COURSE</b>  NCT04039113  Partnered	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: 2022+</li> </ul>



# PT027 (SABA/ICS, pMDI)

## Asthma

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	<p>Treatments (minimum 24-week treatment period)</p> <ul style="list-style-type: none"> <li>BDA (budesonide albuterol) MDI 80/180 µg prn</li> <li>BDA MDI 160/180 µg prn</li> <li>AS (albuterol sulphate) MDI 180 µg prn</li> </ul> <p>Randomised, double-blind, multi-centre, parallel group</p> <p>Multi-country</p>	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>Time to first severe asthma exacerbation</li> </ul> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>Severe exacerbation rate (annualised)</li> <li>Total corticosteroid exposure over the treatment period</li> <li>Asthma Control Questionnaire -5 change from baseline and responder analysis at Week 24</li> <li>Asthma quality of life questionnaire for 12 years and older/paediatric 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: H2 2021</li> </ul>
<b>Phase III DENALI</b>  <b>NCT03847896</b>  <b>Managed by Avillion</b>	Mild to moderate asthma	1,000	<p>Treatments (12 week treatment period)</p> <ul style="list-style-type: none"> <li>BDA MDI 80/180 µg QID</li> <li>BDA MDI 160/180 µg QID</li> <li>BD MDI 160 µg QID</li> <li>AS MDI 180 µg QID</li> <li>placebo MDI QID</li> </ul> <p>Randomised, double-blind, multi-centre and parallel-group</p> <p>Multi-country</p>	<p>Dual primary endpoints:</p> <ul style="list-style-type: none"> <li>Change from baseline in FEV1 AUC<sub>0-6</sub> hours over 12 weeks</li> <li>Change from baseline in trough FEV1 at week 12</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: H2 2021</li> </ul>
<b>Phase III TYREE</b>  <b>NCT04234464</b>  <b>Managed by Avillion</b>	Asthma with exercise induced bronchoconstriction	60	<p>Treatments (single dose)</p> <ul style="list-style-type: none"> <li>BDA MDI 160/180 µg</li> <li>placebo MDI QID</li> </ul> <p>Randomised, double-blind, multi-centre crossover</p> <p>Country: US</p>	<p>Primary endpoint:</p> <ul style="list-style-type: none"> <li>The maximum percentage fall from post-dose, pre-exercise baseline in forced expiratory volume in 1 second (FEV1) observed up to 60 minutes post-exercise challenge</li> </ul>	<ul style="list-style-type: none"> <li>FPCD Q1 2020</li> <li>LPCD: Q3 2020</li> <li>Data Readout: Q4 2020</li> <li>Primary endpoint met</li> </ul>



# Anifrolumab (type I interferon receptor mAb)

## Lupus (SLE / LN)

Trial	Population	Patients	Design	Endpoints	Status
Phase III TULIP SLE 1 <a href="#">NCT02446912</a>	Moderate to severe SLE	450	<ul style="list-style-type: none"> <li>Arm 1: 300mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 2: 150mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 3: placebo i.v. Q4W for 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: response in SLE responder index at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q3 2018</li> <li>Primary endpoint not met</li> </ul>
Phase III TULIP SLE 2 <a href="#">NCT02446899</a>	Moderate to severe SLE	360	<ul style="list-style-type: none"> <li>Arm 1: 300mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 2: placebo i.v. Q4W for 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: response in SLE responder index at week 52 BICLA at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q3 2019</li> <li>Primary endpoint met</li> </ul>
Phase III TULIP LTE <a href="#">NCT02794285</a>	Moderate to severe SLE	630	<ul style="list-style-type: none"> <li>Arm 1: 300mg i.v. anifrolumab Q4W for 152 weeks</li> <li>Arm 2: placebo i.v. Q4W for 152 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: extension to evaluate long-term safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2016</li> <li>LPCD: Q4 2018</li> <li>Data anticipated: 2022+</li> </ul>
Phase II <a href="#">NCT01438489</a>	Moderate to severe SLE patients	307	<ul style="list-style-type: none"> <li>Arm 1: 300mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 2: 1000mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 3: placebo i.v. Q4W for 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: response in SLE responder index at 6 months</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2012</li> <li>LPCD: Q1 2015</li> <li>Data readout: Q3 2014</li> </ul>
Phase II <a href="#">NCT01753193</a>	Moderate to severe SLE patients	218	<ul style="list-style-type: none"> <li>Arm 1: anifrolumab, i.v. Q4W for 104 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: open-label extension to evaluate long-term safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2013</li> <li>Data readout: Q4 2018</li> </ul>
Phase II <a href="#">NCT02962960</a>	Moderate to severe SLE patients	32	<ul style="list-style-type: none"> <li>Arm 1: 150mg s.c. every other week</li> <li>Arm 2: 300mg s.c. every other week</li> <li>Arm 3: placebo s.c. every other week</li> </ul>	<ul style="list-style-type: none"> <li>PK/PD, safety, tolerability, primary analysis at week 12, secondary analysis at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2017</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q1 2018</li> </ul>
Phase II TULIP-LN1 <a href="#">NCT02547922</a>	Active Proliferative LN	150	<ul style="list-style-type: none"> <li>Arm 1: 900 mg i.v. Q4W for 12 weeks then 300mg i.v. anifrolumab Q4W for 36 weeks</li> <li>Arm 2: 300 mg i.v. anifrolumab Q4W for 48 weeks</li> <li>Arm 3: placebo i.v. Q4W for 48 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Response in proteinuria at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q4 2018</li> <li>Data anticipated: H1 2021</li> </ul>



# Brazikumab (IL23 inhibitor)

## Inflammatory bowel disease (Crohn's disease, ulcerative colitis)

Trial	Population	Patients	Design	Endpoints	Status
Phase IIb / III <b>INTREPID</b> NCT03759288	Crohn's Disease	1,140	<ul style="list-style-type: none"> <li>Arm 1: brazikumab high IV dose on day 1, 29 and 57 + SC brazikumab on day 85 and every 4 weeks through week 48</li> <li>Arm 2: brazikumab low IV dose on day 1, 29 and 57 + 240-mg SC brazikumab on day 85 and every 4 weeks through week 48</li> <li>Arm 3: adalimumab SC on day 1, 15, 29 and every 2 weeks through week 50</li> <li>Arm 4: placebo</li> </ul>	Primary <ul style="list-style-type: none"> <li>Endoscopic response and clinical remission at week 12</li> </ul> Secondary <ul style="list-style-type: none"> <li>Endoscope response and clinical remission at both weeks 12 and 52</li> <li>Endoscopic remission and clinical remission at week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: H2 2022</li> </ul>
Phase III <b>NCT03961815</b>	Crohn's Disease	1,000	<ul style="list-style-type: none"> <li>Open label extension</li> </ul>	<ul style="list-style-type: none"> <li>Safety of long-term treatment with brazikumab</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: 2022+</li> </ul>
Phase II <b>EXPEDITION</b> NCT03616821	Ulcerative Colitis	375	<ul style="list-style-type: none"> <li>Arm 1: brazikumab dose 1 IV on day 1, 15 and 43 + SC brazikumab from day 71 and every 4 weeks</li> <li>Arm 2: brazikumab dose 2 IV on day 1, 15 and 43 + SC brazikumab from day 71 and every 4 weeks</li> <li>Arm 3: brazikumab dose 3 IV on day 1, 15 and 43 + SC brazikumab from day 71 and every 4 weeks</li> <li>Arm 4: vedolizumab 300 mg IV on day 1, 15 and 43 + IV vedolizumab from day 99 and every 8 weeks</li> <li>Arm 5: placebo</li> </ul>	Primary <ul style="list-style-type: none"> <li>Clinical remission at week 10</li> </ul> Secondary <ul style="list-style-type: none"> <li>Sustained clinical remission at week 10 and 54</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>Data anticipated: H2 2022</li> </ul>
Phase II NCT04277546	Ulcerative Colitis	300	<ul style="list-style-type: none"> <li>Open label extension</li> </ul>	<ul style="list-style-type: none"> <li>Clinically significant adverse events</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>Data anticipated: 2022+</li> </ul>



# Nirsevimab (Respiratory syncytial virus mAb-YTE )

## Infection

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb</b> <b>NCT02878330</b>	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>LPCD: Q4 2017</li> <li>Data readout: Q4 2018</li> <li>Primary endpoint met</li> </ul>
<b>Phase II/III</b> <b>MEDLEY</b> <b>NCT03959488</b>	High risk preterm (born 35 weeks 0 day or less GA), CHD and CLD infants eligible to receive palivizumab	1,500	<ul style="list-style-type: none"> <li>Randomised, Double-blind, palivizumab-controlled</li> <li>Route of administration: intramuscular</li> </ul> <p>Global trial – 32 countries</p>	<ul style="list-style-type: none"> <li>Primary: Safety and tolerability</li> <li>Secondary: PK, ADA and descriptive efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>Data readout: H2 2021</li> </ul>
<b>Phase III</b> <b>MELODY</b> <b>NCT03979313</b>	Healthy infants (born 35 weeks 0 days or greater GA)	3,000	<ul style="list-style-type: none"> <li>Randomised, Double-blind, placebo-controlled</li> <li>Route of administration: intramuscular</li> </ul> <p>Global trial – 31 countries</p>	<ul style="list-style-type: none"> <li>Primary: Efficacy</li> <li>Secondary: Safety, PK, ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>Data readout: 2022+</li> </ul>
<b>Phase II</b> <b>Japan IC</b> <b>NCT04484935</b>	Immunocompromised Japanese children who are ≤ 24 months of age at the time of dose administration	30	<ul style="list-style-type: none"> <li>Open-label, Uncontrolled, single-dose Study</li> <li>Route of administration: intramuscular</li> </ul> <p>Japan only</p>	<ul style="list-style-type: none"> <li>Primary: Safety and tolerability</li> <li>Secondary: PK, ADA, efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data readout: 2022+</li> </ul>



# AZD1222 (SARS-CoV-2)

## Prevention of COVID-19

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I/II COV001 (UK)</b>  <b>NCT04324606 Partnered</b>	Healthy adults Age 18-55 years	1,077	Single-blinded, randomised, controlled, multi-centre trial • AZD1222 • Control vaccine: MenACWY UK	• Primary endpoint: efficacy and safety • Secondary endpoints: safety, tolerability, reactogenicity, and immunogenicity	• FPCD: Q2 2020 • LPCD: Q2 2020
<b>Phase I/II COV005 (SA)</b>  <b>NCT04444674 Partnered</b>	Healthy adults Age 18-65 years  HIV+ subgroup	2,125	Adaptive, double-blinded, randomised placebo-controlled trial • AZD1222 • Placebo South Africa	• Primary endpoint: efficacy, safety, and immunogenicity	• FPCD: Q2 2020 • LPCD: Q4 2020 • Data anticipated: H1 2021
<b>Phase II/III COV002 (UK)</b>  <b>NCT04400838 Partnered</b>	Main efficacy trial: healthy adults aged $\geq$ 18 years  Healthy adults 56 - <70 years Healthy adults $\geq$ 70 years Healthy children 5 – 12 years	10,812	Single-blinded, randomised, controlled, multi-centre trial with sequential age escalation/de-escalation immunogenicity sub-studies that include prime boost • AZD1222 • Control vaccine: MenACWY UK	• Primary endpoint: efficacy and safety • Secondary endpoints: safety, tolerability, reactogenicity, and immunogenicity	• FPCD: Q2 2020 • LPCD: Q4 2020
<b>Phase III D8110C00001 (US, global)</b>  <b>NCT04516746</b>	Healthy adults Age 18-65 years	32,429	Adaptive, double-blinded, randomised placebo-controlled trial • AZD1222 • Placebo US, with intent to expand to other countries	• Primary endpoints: efficacy, safety, tolerability, and reactogenicity • Secondary endpoints: immunogenicity	• FPCD: Q3 2020 • Data anticipated: H1 2021
<b>Phase III COV003 (Brazil)</b>  <b>NCT04536051 Partnered</b>	Health professionals and adults with high potential for exposure to SARS-CoV-2 Age 18-55 years	10,414	Single-blinded, randomised, controlled multi-centre trial • AZD1222 • Control vaccine: MenACWY Brazil	• Primary endpoint: efficacy • Secondary endpoints: safety, tolerability, reactogenicity, and immunogenicity	• FPCD: Q2 2020 • LPCD: Q4 2020
<b>Phase III D8111C00001</b>  <b>NCT04540393</b>	Healthy adults Age $\geq$ 18 years	100	Open-label, non-comparative trial Russia	• Primary endpoints: safety, tolerability • Secondary endpoints: immunogenicity	• Paused
<b>Phase I/II D8111C00002</b>  <b>NCT04568031</b>	Healthy adults Age $\geq$ 18 years	256	Double-blinded, randomised, placebo-controlled multi-centre trial • AZD1222 • Placebo Japan	• Primary endpoints: safety, tolerability, reactogenicity, immunogenicity • Secondary endpoints: immunogenicity	• FPCD: Q3 2020
<b>Phase I/II COV004 (Kenya)</b>	Healthy adults	400	Double-blinded, randomised, placebo-controlled multi-centre trial • AZD1222 • Control vaccine: rabies Kenya	• Primary endpoints: safety, tolerability, reactogenicity, immunogenicity • Secondary endpoints: immunogenicity	• FPCD: Q4 2020

# AZD7442 (LAAB combination of AZD8895 & AZD1061)

## Prevention and treatment of COVID-19

Trial	Population	Patients/Subjects	Design	Endpoints	Status
<b>Phase I</b>  <b>NCT04507256</b>	Healthy adults Age 18-55 years	60	Double-blinded, randomised, placebo controlled, single ascending dose study  AZD7442/placebo (10:2)  Single center, UK	<ul style="list-style-type: none"> <li>Primary endpoint: safety, tolerability and PK</li> <li>Secondary endpoints: immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPPD: August 2020</li> <li>LPCD: October 2020</li> </ul>
<b>Phase III</b> <b>PROVENT</b> <b>D8850C00002</b>  <b>NCT04625725</b>	Adults having increased risk for inadequate response to active immunization or having increased risk for SARS-CoV-2 infection	5,000	Double-blinded, randomized, placebo controlled, multi center study to determine safety and efficacy  AZD7442/placebo (2:1)  Pre-exposure  Countries: USA, UK, Belgium, France, Spain	<ul style="list-style-type: none"> <li>Primary endpoint: positive symptomatic illness post -dose</li> <li>Secondary endpoints: Incidence of nucleocapsid antibodies, incidence of emergency visits, incidence of PCR positive, incidence of ADA to AZD7442 in serum and AZD7442 serum concentrations</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: H2 2021</li> </ul>
<b>Phase III</b> <b>STORMCHASER</b> <b>D8850C00003</b>  <b>NCT04625972</b>	Adults with potential exposure To an identified individual with confirmed SARS-CoV2 infection and at risk of developing COVID-19	1,125	Double-blinded, randomized, placebo controlled, multi center study to determine safety and efficacy  AZD7442/placebo (2:1)  Post-exposure  Countries: USA and UK	<ul style="list-style-type: none"> <li>Primary endpoint: positive symptomatic illness post -dose</li> <li>Secondary endpoints: Incidence of nucleocapsid antibodies, incidence of COVID-19 related death, incidence of all cause mortality, incidence of ADA to AZD7442 in serum and ZD7442 serum concentrations</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: H1 2021</li> </ul>
<b>PHASE III</b> <b>TACKLE</b>  <b>NCT04723394</b>	Adults with confirmed mild to moderate SARS-CoV2 infection. Symptomatic patients with documented positive SARS-CoV-2 molecular test.	1,700	Double-blinded, randomized, placebo controlled, multi center study to determine safety and efficacy of AZD7442 for treatment of Covid-19 in non-hospitalized patients  AZD7442/placebo (1:1)  Countries: UK, Germany, Spain, Italy, Hungary, Russia, US, Mexico and Japan	<ul style="list-style-type: none"> <li>Primary endpoint: efficacy in the prevention of the composite endpoint of either severe COVID-19 or death from any cause through study Day 29</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: H1 2021</li> </ul>



# COVID-19 trials

## Treatment of COVID-19

Trial	Compound	Population	Patients	Design	Endpoints	Status
Phase III DARE-19  NCT04350593	<i>Farxiga</i>	COVID-19	1,250	• Current SoC or current SoC + <i>Farxiga</i>	• Primary outcome measures: time to first occurrence of either death from any cause or new/worsened organ dysfunction through 30 days of follow up or improving clinical recovery; hierarchical composite outcome measures including time to death from any cause through day 30, new/worsened organ dysfunction, clinical status at day 30 and hospital discharge before day 30 and alive at day 30	• FPCD: Q2 2020 • LPCD: Q1 2021 • Data anticipated H1 2021
Phase II TACTIC-E  NCT04393246	<i>Farxiga</i>	COVID-19	1,407	• Current SoC or current SoC + <i>Farxiga</i> + ambrisentan	• Primary Outcome Measures: time to incidence of the composite endpoint of: death, mechanical ventilation, extracorporeal membrane oxygenation, cardiovascular organ support, or renal failure	• FPCD: Q4 2020 • Data anticipated H1 2021
Phase IIIa TACTIC-COVID  NCT04355637	<i>Pulmicort</i>	COVID-19	300	• Current SoC or SoC + <i>Pulmicort</i>	• Primary outcome measures: proportion of patients in both arms fulfilling the criteria for treatment failure	• FPCD: Q2 2020 • Data anticipated H1 2021
Phase IIIa STOIC  NCT04416399	<i>Pulmicort</i>	COVID-19	478	• Current SoC or SoC + <i>Pulmicort</i>	• Primary Outcome Measures: emergency department attendance or hospitalisation related to COVID-19	• FPCD: Q2 2020 • Data readout Q1 2021
Phase IIIa INHASCO  NCT04331054	<i>Symbicort</i>	COVID-19	436	• Current SoC or SoC + <i>Symbicort</i>	• Primary Outcome Measures: time (in days) to clinical improvement within 30 days after randomisation	• FPCD: Q2 2020 • Data anticipated H1 2021
Phase II ACCORD	MEDI3506	COVID-19	180	• Current SoC or current SoC + MEDI3506	• Primary endpoints: time to a 2-point improvement on a 9-point category ordinal scale, discharge from hospital, or considered fit for discharge whichever comes first by Day 29	• FPCD: Q2 2020 • Data anticipated H1 2021



# BioPharmaceuticals – early-stage development



# Cotadutide (GLP-1-glucagon agonist)

## Diabetes/CKD, NASH

Trial	Population	Patients	Design	Endpoints	Status
Phase II 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, Netherlands, UK</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> <li>Part B FPCD: Q1 2020</li> <li>LPCD: H1 2021</li> </ul>
Phase II NCT03596177	Overweight and obese patients with type-2 diabetes	27	<ul style="list-style-type: none"> <li>Cotadutide or placebo s.c.</li> <li>UK</li> </ul>	<ul style="list-style-type: none"> <li>Primary: efficacy body weight loss</li> <li>Secondary: change in total energy intake</li> <li>Secondary: change in total energy expenditure, active energy expenditure, resting energy expenditure</li> <li>Secondary: safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q4 2019</li> <li>Data readout: Q4 2020</li> </ul>
Phase II NCT04019561	Obese patients with non-alcoholic fatty liver disease (NAFLD)/non-alcoholic steatohepatitis (NASH)	72	<ul style="list-style-type: none"> <li>Arm1: cotadutide high dose s.c.</li> <li>Arm2: placebo high dose s.c.</li> <li>Arm3: cotadutide low dose s.c.</li> <li>Arm4: placebo low dose s.c.</li> <li>US</li> </ul>	<ul style="list-style-type: none"> <li>Primary: safety and tolerability</li> <li>Secondary: change in hepatic fat fraction,</li> <li>Secondary: change in liver fat volume</li> <li>Secondary: change in visceral adipose tissue</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>LPCD: H1 2021</li> <li>Data Readout: H2 2021</li> </ul>
Phase II NCT04515849	A Study of Cotadutide in participants who have chronic kidney disease with type 2 diabetes mellitus	225	<ul style="list-style-type: none"> <li>Arm1: cotadutide 100 micrograms</li> <li>Arm2: cotadutide 300 micrograms</li> <li>Arm3: cotadutide 600 micrograms</li> <li>Arm4: semaglutide</li> <li>Arm5: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary: efficacy change in UACR</li> <li>Secondary: Change in HbA1c</li> <li>Secondary: Change in glucose measured by CGM</li> <li>Secondary: Effects on body weight</li> <li>Secondary: Safety, tolerability, Immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>LPCD: H2 2021</li> <li>Data readout: H2 2021</li> </ul>
Phase I NCT04091373	Healthy adult patients	36		<ul style="list-style-type: none"> <li>Primary: to evaluate exposure following a single s.c of cotadutide at each of 3 different sites of injection</li> <li>Secondary: immunogenicity</li> <li>Secondary: safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>LPCD: Q1 2020</li> <li>Data readout: Q4 2020</li> </ul>



# Verinurad (URAT1 inhibitor)

## CKD, HFpEF

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>NCT03990363</b>	Patients with: <ul style="list-style-type: none"><li>sUA ≥6.0 mg/dL</li><li>eGFR ≥25 mL/min/1.73 m<sup>2</sup> Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI formula)</li><li>Mean UACR between 30 mg/g and 5000 mg/g</li></ul>	725	<ul style="list-style-type: none"> <li>Arm A; Verinurad 12 mg + allopurinol 300 mg</li> <li>Arm B Verinurad 7.5 mg + allopurinol 300 mg</li> <li>Arm C; Verinurad 3 mg + allopurinol 300 mg</li> <li>Arm D; Verinurad placebo + allopurinol 300 mg</li> <li>Arm E; Verinurad placebo + allopurinol placebo</li> </ul> <p>This trial is multi-centre trial conducted in USA, China, Czech Republic, France, Hungary, Israel, Italy, Mexico, Poland, Romania, Slovakia, South Africa, Spain</p>	Ratio of urinary albumin to urinary creatinine Changes in eGFR, Cystatin C, and uric acid	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>Data anticipated: H2 2021</li> </ul>
<b>Phase I</b> <b>NCT03118739</b>	Healthy volunteers	24	<ul style="list-style-type: none"> <li>Treatment A: Verinurad 24 mg ER8 formulation + 300 mg allopurinol</li> <li>Treatment B: Verinurad 40 mg IR formulation + 300 mg allopurinol</li> <li>Treatment C: Matched placebos for both verinurad and allopurinol</li> </ul> <p>The trial is a single-centre, randomised, placebo-controlled, double-blind, 3-period, cross-over trial conducted in Germany</p>	To assess the effect of a single dose of verinurad given as either a 24 mg extended-release (ER8) formulation (therapeutic exposure) or a 40 mg immediate-release (IR) formulation (supra-therapeutic exposure), both in combination with allopurinol 300 mg, on the QT interval corrected for heart rate using Fridericia's formula (QTcF) compared to placebo	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data readout: H2 2020</li> </ul>
<b>Phase I</b> <b>NCT04532918</b>	Healthy volunteers	14	<ul style="list-style-type: none"> <li>Treatment A: Verinurad 7.5 mg ER8 formulation + 300 mg Allopurinol under fasted conditions</li> <li>Treatment B: Verinurad 7.5 mg IR formulation + 300 mg allopurinol + cyclosporine 600 mg under fasted conditions</li> <li>Treatment C: Verinurad 7.5 mg IR formulation + 300 mg allopurinol + rifampicin 600 mg under fasted conditions</li> </ul> <p>The trial is a single-centre, randomised, open-label, 3-period, fixed sequence, trial conducted in Germany</p>	To quantify the effects of cyclosporine, a broad transporter inhibitor, and rifampicin, an OATP1B1/3 inhibitor, on verinurad pharmacokinetics (PK).	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>LPCD: Q4 2020</li> <li>Data anticipated: H1 2021</li> </ul>
<b>Phase II</b> <b>NCT04327024</b>	Patients with heart failure with preserved ejection fraction	435	<ul style="list-style-type: none"> <li>Arm A: verinurad 12 mg + allopurinol 300 mg</li> <li>Arm B: verinurad placebo + allopurinol 300 mg</li> <li>Arm C: verinurad placebo + allopurinol placebo</li> </ul> <p>The trial is a multi-centre trial conducted in Argentina, Australia, Austria, Bulgaria, Canada, Germany, Mexico, Poland, Russia, Slovakia South Korea, USA</p>	Peak V02 Change from baseline at Week 28 in exercise capacity Change from baseline at Week 28 in Kansas-City Cardiomyopathy Questionnaire-Total Symptom Score (KCCQ-TSS)	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data readout: 2022+</li> </ul>



# AZD2373

## Chronic kidney disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04269031</b>	Healthy volunteers	48	SAD  Dose escalation in 6 cohorts with 6 volunteers receiving AZD2373 and 2 volunteers receiving placebo in each cohort  Trial conducted in the US	Primary: • Safety and tolerability  Secondary; • PK parameters	• FPCD: Q1 2020



# AZD2693 (resolution of NASH)

## NASH

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04142424</b>	Healthy volunteers	48	SAD  6 cohorts with 6 volunteers receiving AZD2693 and 2 volunteers receiving placebo in each cohort  Route of administration: subcutaneous injections  Trial conducted in the US.	Primary: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary; <ul style="list-style-type: none"><li>• PK</li></ul>	• FPCD: Q4 2019 • Data anticipated: H2 2021
<b>Phase I</b> <b>NCT04142424</b>	NAFLD F0-F3	60	MAD  3 cohorts receiving AZD2693 and placebo in each cohort  Route of administration: subcutaneous injections  Trial conducted in the US.	Primary: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary; <ul style="list-style-type: none"><li>• PK</li></ul>	• FPCD: Q1 2021 • Data anticipated: H2 2021



# AZD3427 (relaxin)

## Heart failure

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04630067</b>	SAD – Healthy Volunteers MAD – Heart Failure	96	<ul style="list-style-type: none"> <li>Multi-center single and multiple ascending dose study (SAD and MAD) planned in 96 participants (US)</li> <li>Part A (SAD) will include 6 cohorts randomized to AZD3427 or placebo</li> <li>Part B (MAD) will include cohorts randomized to AZD3427 or placebo</li> </ul>	Safety & Tolerability	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: 2022+</li> </ul>



# AZD3366

## Cardiovascular disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04588727</b>	Healthy volunteers	87	SAD  Part A Dose escalation in 6 cohorts with 6 volunteers receiving AZD3366 and 2 volunteers receiving placebo in each cohort  Part B 12 subjects receiving AZD3366 and ticagrelor and ASA  Trial conducted in the US	Primary: • Safety and tolerability  Secondary: • PK parameters	• FPCD: Q4 2020



# MEDI3506 (IL33 ligand mAb)

## Diabetic kidney disease

Trial	Population	Patients	Design	Endpoints	Status
Phase II NCT04170543	Adult patients with diabetic kidney disease	565	<ul style="list-style-type: none"> <li>• Arm A- MEDI3506 Dose 1 + dapagliflozin</li> <li>• Arm B- MEDI3506 Dose 2 + dapagliflozin</li> <li>• Arm C- MEDI3506 Dose 3 + dapagliflozin</li> <li>• Arm D- MEDI3506 Dose 4 + dapagliflozin</li> <li>• Arm E- placebo + dapagliflozin</li> </ul> <p>This trial is multi-centre trial conducted in USA, Canada, Japan and additional countries.</p>	<ul style="list-style-type: none"> <li>• Efficacy and safety</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2019</li> </ul>



# AZD4831 (MPO inhibitor)

## Cardiovascular disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02712372</b>	Healthy patients	c. 96	SAD trial (one trial site in Germany) • Planned to investigate 6 different dose levels vs. placebo but up to 10 cohort may be used	• Safety and tolerability • PK parameters	• FPCD: Q3 2016 • LPCD: Q4 2016 • Data readout Q2 2017
<b>Phase I</b> <b>NCT03136991</b>	Healthy patients	c. 40	MAD (one trial site in USA) • The planned number of cohorts is four but up to five cohorts may be included	• Safety and tolerability • PK parameters	• FPCD: Q2 2017 • LPCD: Q4 2017 • Data readout: Q1 2018
<b>Phase IIa</b> <b>NCT03756285</b>	HFpEF	96	Arm 1: AZD4831 Arm 2: placebo  Global trial – five countries	• Primary endpoint: The change from baseline in MPO activity in % after AZD4831 treatment	• FPCD: Q4 2018 • Data readout: H2 2020
<b>Phase I</b> <b>NCT04232345</b>	Healthy patients	32	SAD trial in Japanese and Chinese patients	• Safety and tolerability	• FPCD Q1 2020 • Data anticipated: H1 2021



# AZD5718 (FLAP inhibitor)

## Cardiovascular disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIa</b> <b>NCT03317002</b>	CAD	129	<ul style="list-style-type: none"> <li>Arm 1: AZD5718 Dose A</li> <li>Arm 2: AZD5718 Dose B</li> <li>Arm 3: placebo</li> </ul> <p>Global trial – three countries in Europe</p>	<ul style="list-style-type: none"> <li>Primary endpoint: PD effect of AZD5718 by assessment of u-LTE4</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q4 2019</li> </ul>
<b>Phase I</b> <b>NCT03948451</b>	Healthy patients	6	<p>hADME trial (one trial site in UK)</p> <ul style="list-style-type: none"> <li>Oral administration</li> </ul> <p>Open-label trial to characterize the absorption, distribution, metabolism and excretion following a single oral dose of [14C]AZD5718 in healthy male volunteers</p>	<ul style="list-style-type: none"> <li>Mass balance, with routes and rates of elimination of [14C]AZD5718.</li> <li>Metabolite profiling and structural identification</li> <li>PK and total radioactivity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>LPCD: Q2 2019</li> </ul>
<b>Phase I</b> <b>NCT04087187</b>	Healthy patients	14	<p>BA trial (one trial site in UK)</p> <p>An open-label, randomized, 3-period, 3-treatment, crossover trial to assess the drug absorption into the blood after administration of 3 doses of AZD5718</p>	<ul style="list-style-type: none"> <li>To evaluate the pharmacokinetics and exposure of 3 different doses of AZD5718</li> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>LPCD: Q4 2019</li> </ul>
<b>Phase I</b> <b>NCT04210388</b>	Healthy patients	12	<p>BA trial (one trial site in UK)</p> <p>The trial is a randomized, single-dose, open-label, combined 2x2 dose and 3x3 dose crossover design in fixed sequence.</p>	<p>To evaluate:</p> <ul style="list-style-type: none"> <li>The relative bioavailability of different formulations</li> <li>Safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>LPCD: Q1 2020</li> </ul>
<b>Phase IIb</b> <b>NCT04492722</b>	CKD	632	<p>Interventional</p> <p>A Phase IIb randomised, double-blind, placebo-controlled, multi-centre, dose-ranging trial of AZD5718 in participants with proteinuric CKD</p>	<p>To evaluate:</p> <ul style="list-style-type: none"> <li>dose-response efficacy</li> <li>Safety</li> <li>pharmacokinetics (PK)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> </ul>



# AZD8233 (PCSK9 inhibitor, sub-cutaneous)

## Dyslipidemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03593785</b>	Healthy subjects	72	SAD  7 cohorts with 6 subjects receiving AZD8233 and 2 subjects receiving placebo in each cohort  Trial conducted in the US.	Primary: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary: <ul style="list-style-type: none"><li>• PK and PD parameters</li></ul>	• FPCD: Q3 2018 • LPCD: Q3 2019
<b>Phase I</b> <b>NCT04155645</b>	Dyslipidemia	33	MAD  Up to 3 cohorts with 8 subjects receiving AZD8233 and 3 subjects receiving placebo in each cohort  Trial conducted in the US	Primary: <ul style="list-style-type: none"><li>• Safety and tolerability</li></ul> Secondary: <ul style="list-style-type: none"><li>• PK and PD parameters</li></ul>	• FPCD Q1 2020
<b>Phase II</b> <b>NCT04641299</b>	Dyslipidemia	108	Subjects are randomized across four different treatment arms in a 1:1:1:1 ratio for a 12-week treatment period  Arm 1: High AZD8233 dose Arm 2: Medium AZD8233 dose Arm 3: Low AZD8233 dose Arm 4: placebo  Trial conducted in 3 countries (US, Slovakia and Denmark)	Primary: <ul style="list-style-type: none"><li>• Efficacy</li></ul>	• FPCD: Q4 2020



# MEDI8367

## Chronic kidney disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04365218</b>	Healthy volunteers CKD	70	Single ascending dose 6 cohorts Arm 1: MEDI8367 Arm 2: placebo  Subcutaneous administration  Trial conducted in the US	Primary: • Safety and tolerability  Secondary; • PK parameters • ADA	• FPCD: Q3 2020



# AZD8601 (VEGF-A modified RNA)

## Cardiovascular disease

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



# AZD9977

## Heart failure

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03435276	Healthy volunteers	27	MAD Dose escalation in 3 cohorts with 6 subjects receiving AZD9977 and 3 volunteers receiving placebo in each cohort  Trial conducted in the UK.	Primary: <ul style="list-style-type: none"><li>Safety and tolerability</li></ul> Secondary: <ul style="list-style-type: none"><li>PK parameters</li></ul>	• FPCD: Q1 2018 • LPCD: Q2 2018 • Data readout: Q3 2018
Phase I NCT03450759	Healthy volunteers	12	Bioavailability trial Investigation of four different oral formulations of AZD9977 and influence of food.  Trial conducted in the UK.	Primary: <ul style="list-style-type: none"><li>relative bioavailability vs. oral suspension (reference)</li><li>PK parameters</li></ul>	• FPCD: Q2 2018 • LPCD: Q2 2018 • Data readout: Q3 2018
Phase I NCT03682497	HF	60	Proof of differentiation To compare the effect of AZD9977 with spironolactone on serum potassium	Primary: <ul style="list-style-type: none"><li>serum potassium</li></ul>	• FPCD Q4 2018 • LPCD Q1 2019
Phase I NCT03843060	Healthy volunteers	14	DDI To assess the effect of itraconazole on the pharmacokinetics of AZD9977  Trial conducted in the US	Primary: <ul style="list-style-type: none"><li>PK parameters</li></ul> Secondary: <ul style="list-style-type: none"><li>Safety and tolerability</li></ul>	• FPCD: Q1 2019 • LPCD: Q1 2019 • Data readout: Q3 2019
Phase I NCT03801967	Healthy volunteers	45	JSMAD Single and multiple-ascending dose administration in Japanese healthy volunteers.  Trial conducted in the UK	Primary: <ul style="list-style-type: none"><li>Safety and tolerability</li></ul> Secondary: <ul style="list-style-type: none"><li>PK parameters</li></ul>	• FPCD: Q1 2019 • LPCD: Q2 2019 • Data readout: Q3 2019
Phase I NCT03804645	Healthy volunteers	12	Bioavailability trial Investigation of four different oral formulations of AZD9977 and influence of food.  Trial conducted in the UK	Primary: <ul style="list-style-type: none"><li>relative bioavailability vs. capsule formulation (reference)</li><li>PK parameters</li></ul>	• FPCD: Q1 2019 • LPCD: Q2 2019 • Data readout: Q3 2019
Phase I NCT04469907	Renal Impairment	32	Renal Impairment Single dose administration of AZD9977 conducted in participants with severe renal impairment and compared with matched participants with normal renal function  Trial conducted in the US	Primary: <ul style="list-style-type: none"><li>PK parameters</li></ul> Secondary: <ul style="list-style-type: none"><li>Safety and tolerability</li></ul>	• FPCD: Q3 2020 • LPCD: H1 2021 • Data readout: H1 2021
Phase I NCT04686591	Healthy volunteers	8	ADME Study of absorption-distribution-metabolism-excretion (ADME) of <sup>14</sup> C-AZD9977 following a single oral dose and absolute bioavailability of a single oral dose with respect to AZD9977 Trial conducted in the UK	Primary: <ul style="list-style-type: none"><li>Absolute bioavailability</li><li>The mass balance, rates and routes of elimination</li></ul> Secondary: <ul style="list-style-type: none"><li>Safety and tolerability</li></ul>	• FPCD: Q1 2021 • LPCD: Q1 2021 • Data readout: H2 2021

# Zibotentan (endothelin receptor antagonist)

## Chronic kidney disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb</b> <b>NCT04724837</b>	Chronic Kidney Disease	660	<p>Global recruitment</p> <p>Part A: 132 participants equally randomised across 4 arms:            Arm 1: Zibotentan dose A + Dapagliflozin 10 mg once daily.            Arm 2: Zibotentan dose A once daily.            Arm 3: Dapagliflozin 10 mg once daily.            Arm 4: Placebo once daily.</p> <p>Part B: 528 participants equally randomised across 6 arms:            Arm 1: Zibotentan dose C + Dapagliflozin 10 mg once daily.            Arm 2: Zibotentan dose B + Dapagliflozin 10 mg once daily.            Arm 3: Zibotentan dose A + Dapagliflozin 10 mg once daily.            Arm 4: Zibotentan dose A once daily.            Arm 5: Dapagliflozin 10 mg once daily.            Arm 6: Placebo once daily.</p>	<p><b>Primary Endpoint:</b>            Change in log-transformed UACR from baseline to week 12.</p> <p><b>Secondary Endpoints:</b></p> <ul style="list-style-type: none"> <li>Change in log-transformed UACR from baseline to week 12.</li> <li>Change in blood pressure from baseline (Visit 2) to week 12.</li> <li>The least squares mean change of UACR at week 12 from the 3 Zibo/Dapa dose groups and the dapagliflozin monotherapy group.</li> <li>Change in eGFR from baseline to week 1, week 12 and week 14.</li> <li>Change in eGFR from week 1 to week 12.</li> </ul>	<ul style="list-style-type: none"> <li>Initiating</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	595	<ul style="list-style-type: none"> <li>Cohort A: 2-dose regimen 300 mg of MEDI6012 or placebo on day 1 (loading dose) prior to pPCI followed by a second inpatient dose of 150 mg or placebo on Day 3 by i.v. push.</li> <li>Cohort B: 6-dose regimen 300 mg of MEDI6012 or placebo on day 1 prior to pPCI followed by a second inpatient dose of 150 mg or placebo on day 3 and outpatient maintenance doses of 100 mg or placebo on days 10, 17, 24, and 31 by i.v. push.</li> </ul>	<p>Primary endpoints: Infarct size as a percentage of left ventricle (LV) mass at 10-12 weeks post-MI (myocardial infarction) compared to placebo</p> <p>Secondary endpoints:</p> <ul style="list-style-type: none"> <li>Ejection Fraction at 10-12 weeks post-MI compared to placebo.</li> <li>Change in NCPV in the coronary arteries from at 10-12 weeks post-MI compared with placebo</li> <li>Myocardial mass and LV volumes at end-systole and end-diastole</li> <li>Incidence of TEAEs and treatment-emergent SAEs.</li> <li>LCAT mass and ADAs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 18</li> <li>LPCD: Q4 2020</li> <li>Data anticipated: 2022+</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>
<b>Phase IIb</b> <b>NCT04610892</b>	MEDI6570	Post MI	792	<p>Evaluation of anti-inflammatory potential of MEDI6570 and its effect on surrogates for atherosclerotic and heart failure (HF) events. Subjects are randomized across four different treatment arms in a 1:1:1:1 ratio</p> <p>Arm 1: High AZD6570 dose      Arm 2: Medium AZD6570 dose      Arm 3: Low AZD6570 dose      Arm 4: Placebo</p> <p>Trial conducted in 9 countries (US, Canada, Hungary, Japan, Czech Republic, Italy, Spain, Netherlands, Poland,)</p>	<ul style="list-style-type: none"> <li>Efficacy and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> </ul>



# AZD0449 (inhaled JAK-1 inhibitor)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03766399	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 2x6 subjects</li> </ul> <p>Part 2 MAD:</p> <ul style="list-style-type: none"> <li>2 cohorts of (6, 6,) mild asthmatics receiving two different doses of AZD0449 and (3,3) patients receiving placebo in each cohort</li> <li>1 cohort of 6 patients receiving 1 dose of AZD0449 and 2 patients receiving placebo</li> </ul> <p>Part 3 bridge</p> <ul style="list-style-type: none"> <li>1 cohort of 6 patients receiving 1 dose of AZD0449 (DPI formulation) and 2 patients receiving placebo.</li> <li>Up to 18 mild asthmatic patients will receive AZD0449 (DPI) and 18 patients receiving placebo. Interim analysis planned after 9 +9 patients.</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> <li>Data anticipated: H1 2021</li> </ul>



# AZD1402 (IL4 receptor alpha antagonist)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase Ib</b> <b>NCT03574805</b> <b>Partnered</b>	Patients with mild asthma	84	PoM. A dose-escalating, single blind trial to assess the safety, tolerability, and pharmacokinetics of multiple doses of PRS-060 administered by oral Inhalation In subjects with mild asthma  Australia	Primary endpoint: • Safety and tolerability  Secondary endpoint: • PK parameters • Potential immunogenicity • Change in FENO	• LPCD: Q3 2018



# MEDI3506 (IL33 ligand mAb)

## COPD, atopic dermatitis, asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>NCT04212169</b>	Adult subjects with atopic dermatitis	152	<p>Randomised, blinded, placebo-controlled trial to determine the efficacy and safety of three different doses of MEDI3506 by SC route vs placebo</p> <p>Conducted in US, Australia, Germany, Poland &amp; UK</p>	<ul style="list-style-type: none"> <li>Primary: change from baseline at week 16 in Eczema Area and Severity Index (EASI) score</li> <li>Secondary: safety and other efficacy measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> </ul>
<b>Phase II</b> <b>NCT04570657</b>	Adult participants with uncontrolled moderate to severe asthma	228	<p>Randomised, double-blind, placebo-controlled trial to evaluate the efficacy, safety, pharmacokinetics (PK) and immunogenicity of two different doses of MEDI3506 by SC route vs placebo</p> <p>Conducted in US, Argentina, Germany, Hungary, Poland &amp; South Africa</p>	<ul style="list-style-type: none"> <li>Primary: change from baseline at week 16 in FEV1</li> <li>Secondary: safety and other efficacy measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> </ul>
<b>Phase II</b> <b>NCT04631016</b>	Adult subjects COPD and chronic bronchitis	322	<p>Randomised, double-blind, placebo-controlled, parallel group, proof of concept trial to evaluate the efficacy and safety of MEDI3506 as a single dose by SC route versus placebo</p> <p>Conducted in US, Canada, Denmark, Germany, Hungary, Netherlands, Poland, South Africa, Spain</p>	<ul style="list-style-type: none"> <li>Primary: change from baseline to week 12 in FEV1</li> <li>Secondary: safety and other efficacy measures</li> </ul>	<ul style="list-style-type: none"> <li>Initiating</li> </ul>



# AZD7986 (DPP1)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02653872</b>	Healthy volunteers	15	<p>This is a phase I, non-randomised, fixed sequence, 3-period, drug-drug interaction trial 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 trial to assess the safety, tolerability, PK and food effect of single and multiple oral doses of AZD7986 in healthy volunteers.</p> <ul style="list-style-type: none"> <li>• Arm 1: AZD7986, single and multiple oral doses</li> <li>• Arm 2: placebo, single and multiple doses</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and tolerability</li> <li>• PK/PD</li> <li>• Bioavailability</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2014</li> <li>• Data readout: Q3 2016</li> </ul>



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

## Asthma

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



# AZD8871 (MABA, inhaled)

## Respiratory

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



# AZD9567 (SGRM, oral)

## Respiratory

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02760316</b>	Healthy subjects	71	MAD trial with a total of 6 dose levels of AZD9567: 10 mg, 20mg, 40mg, 80mg and 125 mg as well as with 3 dose levels of prednisolone: 5 mg, 20 mg and 40 mg	<b>Primary endpoint:</b> <ul style="list-style-type: none"><li>To assess the safety and tolerability of AZD9567 following multiple oral ascending doses in subjects with BMI between 28 and 38 kg/m<sup>2</sup> and with a positive glucose tolerance test (7,8 to 11,0 mmol/L)</li></ul> <b>Secondary endpoints:</b> <ul style="list-style-type: none"><li>To characterise the pharmacokinetics of AZD9567 following multiple oral administration of ascending doses</li><li>To characterise the pharmacodynamics of AZD9567 assessed as effect on glucose homeostasis through OGTT (oral glucose tolerance test) in comparison with prednisolone</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2016</li><li>Data readout: Q2 2018</li></ul>
<b>Phase IIa</b> <b>NCT03368235</b>	Patients with active RA	21	A randomised, double-blind, parallel trial to assess the efficacy, safety and tolerability of AZD9567 compared to prednisolone 20 mg in patients with active rheumatoid arthritis	<b>Primary endpoint:</b> To assess the efficacy of AZD9567, 40 mg, compared to prednisolone 20 mg in patients with active RA in spite of stable treatment with conventional and/or s.c./i.v. biological DMARDs (Disease-modifying antirheumatic drugs)  <b>Secondary endpoints:</b> <ul style="list-style-type: none"><li>To further assess the efficacy of AZD9567, 40 mg, compared to prednisolone 20 mg in patients with active rheumatoid arthritis in spite of stable treatment with conventional and/or s.c./i.v. biological DMARDs (e.g SJC 66/TJC68, ACR response criteria)</li><li>To evaluate the pharmacokinetic profile of AZD9567</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2018</li><li>Data readout: Q2 2020</li></ul>



# AZD0284 (ROR $\gamma$ inverse agonist)

## Plaque psoriasis vulgaris

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02976831</b>	Healthy subjects	80	Part 1 (SAD) • Seven different dose levels investigated vs. placebo • Oral administration	• Safety and tolerability and PK following oral administration with single ascending dose • Preliminary assessment of the effect of food on the single dose PK parameters of AZD0284	• FPCD: Q3 2016 • LPCD: Q2 2017
			Part 2 (MAD) • Three different dose levels investigated vs. placebo in healthy subjects • Oral administration	• Safety and tolerability & PK in healthy subjects following administration of multiple ascending oral doses • PoM confirmed by demonstrating that oral dosing of AZD0284 reduces IL-17 secretion by ex vivo stimulated whole blood T cells	
<b>Phase I</b> <b>NCT03029741</b>	Healthy subjects	6	A single centre, open-label, non-randomised, single dose trial performed in 6 healthy male subjects aged 18 to 65 years, inclusive. The trial will assess the absolute bioavailability of a single oral dose of AZD0284 and the pharmacokinetics (PK) of a single intravenous (IV) microdose of [ <sup>14</sup> C] AZD0284 in healthy male and female subjects. Oral AZD0284 and [ <sup>14</sup> C] AZD0284 intravenous solution are referred to as the investigational products in this trial	• Determination of absolute bioavailability of AZD0284 • Safety and tolerability of AZD0284	• FPCD: Q1 2017 • LPCD: Q1 2017
<b>Phase Ib</b> <b>NCT03310320</b>	Patients with moderate to severe plaque psoriasis	15	This was a randomised, double-blind, placebo-controlled, multi-centre, parallel group Phase Ib study, designed to evaluate the pharmacodynamic (PD) effects, clinical efficacy and safety of AZD0284 compared with placebo as measured by the relative change from baseline in Psoriasis Area and Severity Index (PASI) score and biomarkers associated with the mechanism of disease and AZD0284.	• Relative change from baseline of IL-17A and CCL20 mRNA expression levels in lesional skin at Week 4. • Percent improvement from baseline in individual PASI score at Week 4	• FPCD: Q4 2017 • LPCD: Q1 2018



# MEDI0618 (PAR2 antagonist mAb)

## Osteoarthritis pain

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



# MEDI1341 (alpha-synuclein mAb)

## Parkinson's disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT03272165</b>	Healthy volunteers	48	<ul style="list-style-type: none"> <li>SAD</li> <li>Up to 6 i.v. cohorts are planned vs placebo</li> </ul> <p>US only</p>	<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: H1 2021</li> </ul>
<b>Phase I</b> <b>NCT04449484</b>	Parkinson's Disease	36	<ul style="list-style-type: none"> <li>MAD</li> <li>Up to 3 i.v. cohorts are planned vs placebo</li> <li>US only</li> </ul>	<ul style="list-style-type: none"> <li>Safety, tolerability, PK, PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data anticipated: 2022+</li> </ul>



# AZD4041 (orexin 1 receptor antagonist)

## Opioid use disorder

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04076540</b> Partnered with Eolas Therapeutics Inc and NIH.	Healthy volunteers	48 healthy volunteers	<ul style="list-style-type: none"> <li>Randomised, double blind, single ascending dose</li> <li>Up to 6 cohorts are planned vs. placebo</li> </ul> <p>Single centre in US only</p>	<ul style="list-style-type: none"> <li>Safety, tolerability, PK, PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: H1 2021</li> </ul>



# MEDI7352 (NGF TNF bispecific mAb)

## Osteoarthritis pain

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT02508155</b>	Painful osteoarthritis of the knee	160	<ul style="list-style-type: none"> <li>SAD &amp; MAD</li> <li>Up to 12 i.v. cohorts are planned vs. placebo</li> <li>1 s.c. cohorts are planned vs. placebo</li> </ul> Europe only	<ul style="list-style-type: none"> <li>Safety, tolerability, PK, PD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2016</li> <li>Data anticipated: H1 2021</li> </ul>
<b>Phase II</b> <b>NCT03755934</b>	Painful diabetic neuropathy	271	<ul style="list-style-type: none"> <li>Multiple dose trial</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>
<b>Phase Ib</b> <b>NCT04675034</b>	Painful osteoarthritis of the knee	300	<ul style="list-style-type: none"> <li>Multiple dose trial</li> <li>3 active s.c. dose cohorts vs. placebo</li> </ul> Global (8 countries)	<ul style="list-style-type: none"> <li>Dose response, safety, tolerability, PK, PD, ADA</li> </ul>	<ul style="list-style-type: none"> <li>Initiating</li> <li>Data anticipated 2022</li> </ul>



# Other biologics

## Infections

Trial	Compound	Population	Patients	Design	Endpoints	Status
Phase II  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>
Phase II  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 readout: Q4 2020</li> </ul>



# List of abbreviations

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



# List of abbreviations

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





## Clinical trials appendix

Full year and Q4 2020  
results update

