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# Clinical Trials Appendix

## FY and Q4 2023 Results Update

8th February 2024

# Pipeline
# at a glance

Across five focus therapy areas:

**Oncology**

**BioPharmaceuticals**

CVRM | R&I | V&I

**Rare Disease**

**178**

projects in our development pipeline

**17**

new molecular entities (NMEs) in our late-stage pipeline

**123**

new molecular entities or major lifecycle management projects in Phase II and Phase III

**24**

regulatory approvals in major markets in 2023



As of 8 February 2024.
Appendix: Glossary.

# Key upcoming pipeline catalysts: 2024 and 2025

**Oncology** **BioPharmaceuticals** **Rare Disease**

| | H1 2024 | H2 2024 | 2025 | |
|---|---|---|---|---|
| **Regulatory decision[1,2]** | ***Tagrisso*** – EGFRm NSCLC (1L) (FLAURA2)<br>***Imfinzi*** – NSCLC (neoadjuvant) (AEGEAN)<br>***Enhertu*** – HER2+ breast cancer (3L) (DESTINY-Breast02) (EU)<br>***Enhertu*** – HER2-expressing tumours (DESTINY-PanTumour02)<br>***Truqap*** – HR+/HER2-neg breast cancer (2L) (CAPItello-291) (EU, JP)<br>***Beyfortus*** – RSV (MELODY-MEDLEY) (JP)<br>**roxadustat** – chemotherapy-induced anaemia (CN)<br>***Ultomiris*** – NMOSD (CHAMPION-NMOSD) (US)<br>***Voydeya*** – PNH with EVH (ALPHA) (US, EU) | ***Lynparza + Imfinzi*** – endometrial cancer (1L) (DUO-E)<br>***Enhertu*** –HER2+/HER2-low gastric cancer (3L) (DESTINY-Gastric01) (CN)<br>***Wainua*** – ATTRv-PN (NEURO-TTRansform) (EU)<br>***Fasenra*** – EGPA (MANDARA)<br>***Fasenra*** – asthma (MIRACLE) (CN) | ***Lynparza*** – gBRCA breast cancer (adjuvant) (OlympiA) (CN)<br>***Truqap*** – HR+/HER2-neg. breast cancer (2L) (CAPItello-291) (CN)<br>***Ultomiris*** – gMG (CN) | |
| **Key Phase III data readouts** | ***Tagrisso*** – EGFRm NSCLC (unresectable Stg. III) (LAURA)<br>***Imfinzi*** – SCLC (limited-stage) (ADRIATIC)<br>***Imfinzi*** – bladder cancer (1L) (NILE)<br>***Enhertu*** – HER2-low breast cancer (2L) (DESTINY-Breast06)<br>***Truqap*** – TNBC (locally adv./met.) (CAPItello-290)<br>***Fasenra*** – HES (NATRON)<br>**sipavibart** – prevention of COVID-19 (SUPERNOVA) | ***Tagrisso*** – EGFRm NSCLC (resectable, Stg. II/III) (NeoADAURA)<br>***Imfinzi*** – liver cancer (adjuvant) (EMERALD-2)<br>***Imfinzi*** – NSCLC (unresectable) (Stg. III) (PACIFIC-5)<br>***Lynparza*** – PARP BRCAwt ovarian cancer (1L) (MONO-OLA1)<br>***Orpathys*** – NSCLC with MET exon 14 mutations (locally adv./met.)<br>**Dato-DXd** – TNBC (locally rec. inop./met.) (TROPION-Breast02)<br>***Fasenra*** – CRwNP (ORCHID)<br>***Tezspire*** – chronic rhinosinusitis with nasal polyps (WAYPOINT)<br>***Tezspire*** – severe asthma (DIRECTION)<br>***Koselugo*** – NF1-PN (KOMET) | ***Tagrisso*** – EGFRm NSCLC (SAFFRON)<br>***Imfinzi*** – non-muscle-inv. bladder cancer (POTOMAC)<br>***Imfinzi*** – bladder cancer (muscle invasive) (NIAGARA)<br>***Imfinzi*** – GC/GEJC (resect.) (MATTERHORN)<br>***Imfinzi*** – muscle-inv. bladder cancer (VOLGA)<br>***Enhertu*** – high-risk HER2+ early breast cancer (DESTINY-Breast05)<br>***Enhertu*** – HER2+ met. breast cancer (1L) (DESTINY-Breast09)<br>***Enhertu*** – high-risk HER2+ early breast cancer (non-met.) (DESTINY-Breast11)<br>***Enhertu*** – HER2+ gastric cancer (2L) (DESTINY-Gastric04)<br>***Enhertu*** – HER2m NSCLC (DESTINY-Lung04)<br>***Truqap*** – de novo PTEN deficient met. HSPC (CAPItello-281)<br>**camizestrant** – HR+/HER2-neg breast cancer (SERENA-6)<br>**ceralasertib** – post-IO NSCLC (LATIFY)<br>**Dato-DXd** – NSCLC (1L) (AVANZAR) | ***Wainua*** – ATTR-CM (CARDIO-TTRansform)<br>**baxdrostat** – uncontrolled hypertension (BaxHTN)<br>***Breztri*** – mild to moderate asthma (LITHOS)<br>***Breztri*** – severe asthma (KALOS)<br>***Breztri*** – severe asthma (LOGOS)<br>***Breztri*** – moderate asthma (VATHOS)<br>***Breztri*** – COPD (ATHLOS)<br>***Fasenra*** – moderate to severe COPD (RESOLUTE)<br>***Saphnelo*** – moderate to severe SLE (TULIP-SC)<br>***Saphnelo*** – moderate to severe SLE (AZALEA-SLE)<br>***Airsupra*** – mild asthma (BATURA)<br>**tozorakimab** – acute respiratory failure (TILIA)<br>***Ultomiris*** – HSCT-TMA (ALXN1210-TM-313)<br>***Ultomiris*** – paed. HSCT-TMA (ALXN1210-TM-314)<br>***Ultomiris*** – CSA-AKI (ARTEMIS)<br>**anselamimab** – AL amyloidosis (Mayo Stg. IIIa) (CAEL101-302)<br>**anselamimab** – AL amyloidosis (Mayo Stg. IIIb) (CAEL101-301) |

[1]Regulatory decision includes programmes under review in a major market
[2]Inclusion dependent on status of regulatory submission and/or submission acceptance in regions in which submission acceptance is granted
As of 8 February 2024.
Appendix: Glossary.

# Clinical Trials Appendix: selected highlights

| | BioPharmaceuticals | Oncology | Rare Disease |
|---|---|---|---|
| **Approved medicines: key LCM** | farxiga (dapagliflozin)<br>Fasenra (benralizumab)<br>AIRSUPRA (albuterol 90 mcg/budesonide 80 mcg) Inhalation Aerosol<br>BREZTRI AEROSPHERE<br>Saphnelo (anifrolumab-fnia)<br>WAINUA (eplontersen)<br>TEZSPIRE (tezepelumab-ekko) | TAGRISSO osimertinib<br>ENHERTU fam-trastuzumab deruxtecan-nxki<br>CALQUENCE (acalabrutinib) 100 mg capsules<br>Lynparza olaparib<br>IMFINZI durvalumab<br>Truqap capivasertib 160 mg • 200 mg tablets | ULTOMIRIS (ravulizumab-cwvz) |
| **Next-wave pipeline** | tozorakimab (IL-33 ligand mAb)<br>sipavibart (AZD3152, COVID-19 LAAB)<br>mitiperstat (MPO inhibitor)<br>baxdrostat (aldosterone synthase inhibitor) | Dato-DXd (TROP2 ADC)<br>camizestrant (oral SERD)<br>saruparib (PARP1 inhibitor)<br>*bispecific mAbs:* volrustomig (PD-1/CTLA-4); rilvegostomig (PD-1/TIGIT); sabestomig (PD-1/TIM3) | vemircopan (factor D inhibitor)<br>gefurulimab (humanised bispecific heavy-chain antibody)<br>efzimfotase alfa (ALXN1850, ngHPP)<br>ALXN2220 (TTR depleter) |


As of 8 February 2024.
Appendix: Glossary.

# Project movements since Q3 2023 update

## New to Phase I

**NME**

**AZD0305** (GPRC5D ADC)
relapsed/refractory multiple myeloma

**AZD1163** (bispecific antibody)
rheumatoid arthritis

**AZD2389** (anti-fibrotic mechanism)
metabolic dysfunction-associated steatohepatitis

**AZD3470** (PRMT5 inhibitor)
classic Hodgkin lymphoma and solid tumours

**AZD4144** (inflammation modulator)
cardiorenal disease

**AZD5851** (GPC3 CAR-T)
hepatocellular carcinoma

**AZD6422** (CLDN18.2 CAR-T)
solid tumours

**AZD6912** (siRNA)
rheumatoid arthritis

**AZD8421** (CDK2 inhibitor)
solid tumours

**AZD9829** (CD123 TOP1i ADC)
acute myeloid leukaemia, myelodysplastic syndromes

**COVID mRNA VLP vaccine#** (vaccine)
COVID-19

**Additional indication**

**AZD0486** (CD19/CD3 T-cell engager)
B-cell acute lymphoblastic leukaemia

## New to Phase II

**NME**

**AZD0780** (PCSK9 inhibitor)
dyslipidaemia

**AZD0901** (CLDN18.2 MMAE ADC)
solid tumours

**AZD4604** (inhaled JAK1 inhibitor)
asthma

**AZD9574** (PARP-sel BBB inhibitor)
advanced solid malignancies

## New to pivotal trial

**NME**

**ALXN2220#** (transthyretin (TTR) depleter)
transthyretin amyloid cardiomyopathy

**baxdrostat** (aldosterone synthase inhibitor)
hypertension

**efzimfotase alfa** (ALXN1850, next-generation tissue-nonspecific alkaline phosphatase enzyme replacement therapy)
hypophosphatasia

**rilvegostomig** (PD-1/TIGIT bispecific mAb)
**ARTEMIDE-Biliary01#** adjuvant biliary tract cancer

**saruparib** (PARP1 inhibitor)
**EvoPAR-Prostate01** metastatic castration-sensitive prostate cancer

**Additional indication**

**datopotamab deruxtecan** (TROP2 ADC)
**TROPION-Breast04#** neoadjuvant/adjuvant triple negative or HR-low/HER2-negative breast cancer

**datopotamab deruxtecan** (TROP2 ADC)
**TROPION-Breast05#** PD-L1+ triple negative breast cancer (1L)

**volrustomig** (PD-1/CTLA-4 bispecific mAb)
**eVOLVE-HNSCC** unresected locally advanced head and neck squamous cell carcinoma

**volrustomig** (PD-1/CTLA-4 bispecific mAb)
**eVOLVE-Meso** unresectable malignant pleural mesothelioma (1L)

## New to registration

**Life-cycle management**

***Enhertu*** (HER2-targeting ADC)
**DESTINY-PanTumour02#1** HER2 expressing solid tumours

***Fasenra*** (IL-5R mAb)
**MANDARA1** eosinophilic granulomatosis with polyangiitis

***Lynparza + Imfinzi*** (PARP inhibitor + PD-L1 mAb)
**DUO-E#1** endometrial cancer (1L)


As of 8 February 2024.
Appendix: Glossary.

# Project movements since Q3 2023 update

## Removed from Phase I

## Removed from Phase II

**Additional indication**
**tozorakimab** (IL-33 ligand mAb)
diabetic kidney disease

**Life-cycle management**
***Ultomiris*** (anti-C5 mAb)
dermatomyositis

## Removed from Phase III

**Life-cycle management**
***Imfinzi*** (PD-L1 mAb + CRT)
**PACIFIC-2**[#] locally-advanced (Stage III) NSCLC

***Lokelma*** (potassium binder)
**DIALIZE-Outcomes** CV outcomes in patients on chronic haemodialysis with hyperkalaemia

***Lokelma*** (potassium binder)
**STABILIZE-CKD** hyperkalaemia in CKD

## Approved/removed from registration

**NME**
***Truqap*** (capivasertib, AKT inhibitor) + *Faslodex*
**CAPItello-291**[#2] AI-resistant locally advanced (inoperable) or metastatic breast cancer (2L+)

***Voydeya*** (danicopan, factor D inhibitor)
**ALPHA**[2] paroxysmal nocturnal haemoglobinuria with clinically significant extravascular haemolysis

***Wainua*** (eplontersen, ligand-conjugated antisense[#2]) hereditary transthyretin-mediated amyloid polyneuropathy (ATTRv-PN)


As of 8 February 2024.
Appendix: Glossary.

# Q4 2023 Oncology new molecular entity[1] pipeline

## Phase I

15 New Molecular Entities

- AZD0305 (GPRC5D ADC) relapsed/refractory multiple myeloma
- AZD0486 (CD19-CD3 TCE) B-cell acute lymphoblastic leukeamia
- AZD5335 (anti-FRα TOP1i ADC) ovarian cancer, lung adenocarcinoma
- AZD5863 (CLDN18.2 x CD3 bi-specific antibody) solid tumours
- AZD8421 (CDK2 inhibitor) solid tumours
- AZD9829 (CD123 TOP1i ADC) AML, MDS
- NT-175 (TP53-armoured TCR) solid tumours
- volrustomig + lenvatinib (PD-1/CTLA-4 + VEGF) advanced RCC
- AZD0486 (CD19-CD3 TCE) R/R B-cell non-Hodgkin lymphoma
- AZD1390 (ATM inhibitor) glioblastoma
- AZD3470 (PRMT5 inhibitor) cHL, solid tumours
- AZD5851 (GPC3 CAR-T) hepatocellular carcinoma
- AZD6422 (CLDN18.2 CAR-T) solid tumours
- AZD9592 (EGFR-cMET TOP1i ADC) solid tumours
- NT-125 (autologous, multi-specific neoantigen-targeting TCR-T) solid tumours

## Under review

0 New Molecular Entities

## Phase II

10 New Molecular Entities

- AZD0171 + *Imfinzi* + CTx (anti-LIF + PD-L1 + CTx) 1L metastatic PDAC
- AZD8205 (B7H4 ADC) solid tumours
- AZD9574 (PARP1-sel BBB inhibitor) advanced solid malignancies
- camizestrant (oral SERD) HR+ breast cancer
- ceralasertib (ATR inhibitor) solid tumours
- IPH5201 + *Imfinzi*# (CD39 + PD-L1 mAb) neoadjuvant/adjuvant NSCLC
- rilvegostomig (PD-1/TIGIT bispecific mAb) ARTEMIDE-01# solid tumours
- sabestomig (PD-1/TIM3 bispecific mAb) solid tumours, haematological malignancies
- saruparib (PARP1 inhibitor) solid tumours
- volrustomig (PD-1/CTLA-4 bispecific mAb) solid tumours

## Phase III

21 New Molecular Entities

- camizestrant + CDK4/6i (oral SERD + CDK4/6i) SERENA-6 HR+ HER2-negative ESR1m breast cancer (1L)
- camizestrant (oral SERD) CAMBRIA-1 HR+ HER2-negative extended adjuvant breast cancer
- ceralasertib + *Imfinzi* (ATR inhibitor + PDL-1 mAb) LATIFY NSCLC
- datopotamab deruxtecan (TROP2 ADC) TROPION-Breast01# HR+ HER2-negative breast cancer (2L/3L)
- datopotamab deruxtecan (TROP2 ADC) TROPION-Breast03# adjuvant residual disease TNBC
- datopotamab deruxtecan (TROP2 ADC) TROPION-Breast05# PD-L1+ TNBC (1L)
- datopotamab deruxtecan (TROP 2 ADC) TROPION-Lung07# NSCLC PD-L1 <50% non-squamous (1L)
- *Imfinzi* +/- oleclumab +/- monalizumab (PD-L1 mAb + NKG2A or PD-L1 mAb + CD73) PACIFIC-9# unresectable Stage III NSCLC
- saruparib (PARP1 inhibitor) EvoPAR-Prostate01 metastatic castration-sensitive prostate cancer
- volrustomig (PD-1/CTLA-4 bispecific mAb) eVOLVE-HNSCC unresected locally advanced HNSCC
- volrustomig (PD-1/CTLA-4 bispecific mAb) eVOLVE-Meso unresectable malignant pleural mesothelioma (1L)
- camizestrant + palbociclib (oral SERD + CDK4/6) SERENA-4 HR+ HER2-negative breast cancer (1L)
- camizestrant (oral SERD) CAMBRIA-2 ER+/HER2-negative early breast cancer
- datopotamab deruxtecan (TROP 2 ADC) AVANZAR# TROP2 BM+ squamous and non-squamous NSCLC (1L)
- datopotamab deruxtecan (TROP2 ADC) TROPION-Breast02# TNBC (1L)
- datopotamab deruxtecan (TROP2 ADC) TROPION-Breast04# neoadjuvant/adjuvant triple negative or HR-low/HER2-negative breast cancer
- datopotamab deruxtecan (TROP2 ADC) TROPION-Lung01# NSCLC with/without actionable genomic alterations (2L+)
- datopotamab deruxtecan (TROP2 ADC) TROPION-Lung08# metastatic NSCLC (1L)
- rilvegostomig (PD-1/TIGIT bispecific mAb) ARTEMIDE-Biliary01# adjuvant biliary tract cancer
- volrustomig (PD-1/CTLA-4 bispecific mAb) eVOLVE-Cervical locally advanced cervical cancer
- volrustomig (PD-1/CTLA-4 bispecific mAb) eVOLVE-Lung02 metastatic NSCLC (1L)

Phase progressions based on first subject in achievement
[1]Includes additional indications for assets where the lead is not yet launched
#Partnered and/or in collaboration ¶Registrational Phase II trial
As of 8 February 2024.
Appendix: Glossary.

● Precision medicine approach being explored

# Q4 2023 Oncology lifecycle management[1] pipeline

## Phase I
1 Project

- *Enhertu* (HER2 ADC) DESTINY-Breast08# HER2-low breast cancer

## Phase II
9 Projects

- *Enhertu* (HER2 ADC) DESTINY-Breast07# HER2-positive breast cancer
- *Enhertu* (HER2 ADC) DESTINY-PanTumour01# HER2-mutated tumours
- *Imfinzi* (PD-L1 mAb) BEGONIA metastatic TNBC (1L)
- *Imfinzi* (PD-L1 mAb + multiple novel therapies) HUDSON post-IO NSCLC
- *Imfinzi* (PD-L1 mAb + multiple novel combinations) NeoCOAST-2# NSCLC
- *Lynparza* (PARP inhibitor) LYNK002# HRRm cancer
- *Tagrisso* + *Orpathys* (EGFR inhibitor + MET inhibitor) SAVANNAH# advanced EGFRm NSCLC
- *Tagrisso* (EGFR inhibitor + multiple novel therapies) ORCHARD# EGFRm osimertinib-resistant NSCLC (2L)
- *Truqap* (AKT inhibitor) prostate cancer

## Phase III
33 Projects

- *Calquence* + R-CHOP (BTK inhibitor + R-CHOP) ESCALADE DLBCL (1L)
- *Enhertu* (HER2 ADC) DESTINY-Breast05# HER2-positive post-neoadjuvant high-risk breast cancer
- *Enhertu* (HER2 ADC) DESTINY-Breast09# HER2-positive breast cancer (1L)
- *Imfinzi* + CRT (PD-L1 mAb + CRT) PACIFIC-5 (China)# locally-advanced Stage III NSCLC
- *Imfinzi* + domvanalimab (PD-L1 mAb + TIGIT + CTx) PACIFIC-8# unresectable Stage III NSCLC
- *Imfinzi* + *Imjudo* + TACE +/- lenvatinib (PD-L1 mAb + CTLA4 + VEGF +/- chemoembolization) EMERALD-3 locoregional HCC
- *Imfinzi* + VEGF (PD-L1 mAb + VEGF) EMERALD-2# adjuvant HCC
- *Lynparza* + *Imfinzi* + bevacizumab (PARP inhibitor + PD-L1 mAb + VEGF) DUO-O# ovarian cancer (1L)
- *Orpathys* + *Imfinzi* (MET inhibitor + PD-L1 mAb) SAMETA# papillary renal cell carcinoma (1L)
- *Tagrisso* (EGFR inhibitor) ADAURA2 adjuvant EGFRm NSCLC Stage Ia2-Ia3 following complete tumour resection
- *Truqap* +CTx (AKT inhibitor + CTx) CAPItello-290 mTNBC (1L)
- *Calquence* + venetoclax + obinutuzumab (BTK inhibitor+ BCL-2 + anti-CD20) AMPLIFY# CLL (1L)
- *Enhertu* (HER2 ADC) DESTINY-Breast11# neoadjuvant HER2-positive breast cancer
- *Enhertu* (HER2 ADC) DESTINY-Gastric04# HER2-positive gastric cancer (2L)
- *Imfinzi* + CRT (PD-L1 mAb + CRT) KUNLUN# locally-advanced ESCC
- *Imfinzi* + EV +/- *Imjudo* (PD-L1 mAb + nectin-4 targeting ADC +/- CTLA-4) VOLGA MIBC
- *Imfinzi* + Imjudo + SoC (PD-L1 mAb + CTLA-4 + SoC) NILE urothelial cancer (1L)
- *Imfinzi* +/- *Imjudo* + CRT (PD-L1 mAb +/- CTLA-4 + CRT) ADRIATIC# late-stage SCLC (1L)
- *Imfinzi* (PD-L1 mAb) POTOMAC non-muscle invasive bladder cancer
- *Tagrisso* (EGFR inhibitor) LAURA Stage III EGFRm NSCLC
- *Tagrisso* +/- CTx (EGFR inhibitor +/- CTx) NeoADAURA Stage II/III resectable EGFRm NSCLC (neoadjuvant)
- *Truqap* + docetaxel (AKT inhibitor + docetaxel) CAPItello-280 mCRPC prostate cancer
- *Calquence* (BTK inhibitor) ECHO# MCL (1L)
- *Enhertu* (HER2 ADC) DESTINY-Breast06# post-ET HR+/HER2-low breast cancer (2L)
- *Enhertu* (HER2 ADC) DESTINY-Lung04# HER2m NSCLC (1L)
- *Imfinzi* + CTx (PD-L1 mAb + CTx) NIAGARA muscle invasive bladder cancer
- *Imfinzi* + FLOT (PD-L1 mAb + CTx) MATTERHORN# neoadjuvant/adjuvant gastric cancer
- *Imfinzi* + VEGF + TACE (PD-L1 mAb + VEGF + TACE) EMERALD-1# locoregional HCC
- *Imfinzi* post-SBRT (PD-L1 mAb) PACIFIC-4# post-SBRT Stage I/II NSCLC
- *Lynparza* (PARP inhibitor) MONO-OLA1# BRCAwt ovarian cancer (1L)
- *Tagrisso* + Orpathys (EGFR inhibitor + MET inhibitor) SAFFRON# advanced EGFRm NSCLC
- *Truqap* + abiraterone (AKT inhibitor + abiraterone) CAPItello-281 PTEN-deficient mHSPC
- *Truqap* + *Faslodex* + palbociclib (AKT inhibitor + *Faslodex* + CDK4/6) CAPItello-292¶ early relapse/ET-resistant locally advanced or mBC (1L)

## Under review
4 Projects

- *Enhertu* (HER2 ADC) DESTINY-PanTumour02# HER2-expressing solid tumours
- *Imfinzi* + CTx neoadjuvant (PD-L1 mAb + CTx) AEGEAN locally-advanced Stage II/III NSCLC
- *Lynparza* + *Imfinzi* (PARP inhibitor + PD-L1 mAb) DUO-E# endometrial cancer (1L)
- *Tagrisso* + CTx (EGFR inhibitor + CTx) FLAURA2 advanced EGFRm NSCLC (1L)

Phase progressions based on first subject in achievement
[1]Includes significant lifecycle management projects and parallel indications for assets beyond Phase III
#Partnered and/or in collaboration ¶Registrational Phase I/III trial
As of 8 February 2024.
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● Precision medicine approach being explored

# Q4 2023 BioPharmaceuticals new molecular entity[1] pipeline

## Phase I
17 New Molecular Entities

- AZD1163 (bispecific antibody) rheumatoid arthritis
- AZD2389 (anti-fibrotic mechanism) metabolic dysfunction-associated steatohepatitis
- AZD4144 (inflammation modulator) cardiorenal disease
- AZD5462# (relaxin) heart failure
- AZD6793 (IRAK4 inhibitor) inflammatory diseases
- AZD7503 (antisense oligonucleotide) non-alcoholic steatohepatitis
- AZD8630# (inhaled TSLP) asthma
- COVID mRNA VLP vaccine (vaccine) COVID-19
- MEDI1814# (amyloid beta mAb) Alzheimer's disease
- AZD2373 nephropathy
- AZD4041# (orexin 1 receptor antagonist) opioid use disorder
- AZD5055 (oral porcupine inhibitor) idiopathic pulmonary fibrosis
- AZD6234 (long-acting amylin) obesity with related comorbidities
- AZD6912 (siRNA) rheumatoid arthritis
- AZD7798 (humanised mAb) Crohn's disease
- AZD9550 (GLP-1-glucagon agonist) non-alcoholic steatohepatitis
- MEDI0618* (PAR2 antagonist mAb) migraine

## Phase II
13 New Molecular Entities

- atuliflapon (FLAP inhibitor) asthma
- AZD0780 (PCSK9 inhibitor) dyslipidemia
- AZD2693 (antisense oligonucleotide) resolution non-alcoholic steatohepatitis
- AZD3427 (relaxin) mimetic heart failure
- AZD4604 (inhaled JAK-1 inhibitor) asthma
- balcinrenone/dapagliflozin (MR modulator + SGLT2 inhibitor) heart failure with CKD
- MEDI1341# (alpha-synuclein mAb) multiple system atrophy/Parkinson's disease
- MEDI6570 cardiovascular disease
- MEDI7352 (NGF TNF bispecific mAb) Osteoarthritis pain, painful diabetic neuropathy
- mitiperstat (MPO inhibitor) HFpEF, NASH
- mitiperstat (MPO inhibitor) COPD
- tozorakimab (IL-33 ligand mAb) FRONTIER-3 asthma
- zibotentan/dapagliflozin (ETA receptor antagonist/SGLT2 inhibitor) liver cirrhosis

## Phase III
5 New Molecular Entities

- baxdrostat (aldosterone synthase inhibitor) hypertension
- sipavibart (SARS-CoV-2 LAAB) SUPERNOVA prevention of COVID-19
- tozorakimab (IL-33 ligand mAb) OBERON TITANIA PROSPERO MIRANDA COPD
- tozorakimab (IL-33 ligand mAb) TILIA severe viral lower respiratory tract disease
- zibotentan/dapagliflozin (ETA receptor antagonist/SGLT2 inhibitor) CKD and high proteinuria

## Under review
0 New Molecular Entities

Phase progressions based on first subject in achievement [1]Includes additional indications for assets where the lead is not yet launched
[#]Partnered and/or in collaboration *Phase I/IIa [¶]Registrational Phase I/III trial
As of 8 February 2024.
Appendix: Glossary.

● Precision medicine approach being explored

# Q4 2023 BioPharmaceuticals new molecular entity[1] pipeline

| Phase I | Phase II | Phase III | Under review |
|---|---|---|---|
| 0 Projects | 2 Projects | 12 Projects | 2 Projects |
| | *Andexxa* (anti-factor Xa reversal)<br>urgent surgery | *Breztri*/Trixeo (LABA/LAMA/ICS)<br>KALOS LOGOS asthma | *Fasenra* (IL-5R mAb)<br>MANDARA eosinophilic granulomatosis with polyangiitis |
| | *Tezspire* (TSLP mAb)<br>COURSE# COPD | *Breztri*/Trixeo (LABA/LAMA/ICS)<br>ATHLOS COPD | roxadustat# (HIF-PH inhibitor)<br>CTx-induced anaemia |
| | | *Farxiga/Forxiga* (SGLT2 inhibitor)<br>DAPA-MI prevention of HF and CV death following a myocardial infarction | |
| | | *Fasenra* (IL-5R mAb)<br>RESOLUTE# chronic obstructive pulmonary disease | |
| | | *Fasenra* (IL-5R mAb)<br>NATRON hypereosinophilic syndrome | |
| | | *Fasenra* (IL-5R mAb)<br>ORCHID# nasal polyps | |
| | | *Saphnelo* (type I interferon receptor mAb)<br>DAISY# systemic sclerosis | |
| | | *Saphnelo* (type I interferon receptor mAb)<br>IRIS# lupus nephritis | |
| | | *Saphnelo* (type I interferon receptor mAb)<br>TULIP-SC# SLE s.c. | |
| | | *Tezspire* (TSLP mAb)<br>WAYPOINT# nasal polyps | |
| | | *Tezspire* (TSLP mAb)<br>CROSSING# eosinophilic esophagitis | |
| | | *Wainua* (ligand-conjugated antisense)#<br>CARDIO-TTRansform ATTR-CM | |

Phase progressions based on first subject in achievement

[1]Includes significant lifecycle management projects and parallel indications for assets beyond Phase III

[#]Partnered and/or in collaboration [¶]Registrational Phase I/III trial

As of 8 February 2024.

Appendix: Glossary.

Precision medicine approach being explored

# Q4 2023 Rare Disease pipeline[1]

## Phase I
4 Projects

- ALXN1910 (next-generation TNSALP ERT)
  bone metabolism
- ALXN1920 (kidney-targeted factor H fusion protein)
  nephrology
- ALXN2030 (siRNA targeting complement C3)
  nephrology
- ALXN2080 (factor D inhibitor)
  healthy volunteers

## Phase II
4 Projects

- vemircopan (factor D inhibitor)
  generalised myasthenia gravis
- vemircopan (factor D inhibitor)
  proliferative lupus nephritis or immunoglobulin A nephropathy
- *Ultomiris* (anti-C5 mAb)
  proliferative lupus nephritis or immunoglobulin A nephropathy
- *Voydeya* (factor D inhibitor)
  Geographic atrophy

## Phase III
7 Projects

- acoramidis# (oral TTR stabiliser)
  transthyretin amyloid cardiomyopathy
- ALXN2220# (TTR depleter)
  transthyretin amyloid cardiomyopathy
- anselamimab (fibril-reactive mAb)
  AL amyloidosis
- efzimfotase alfa (next-generation TNSALP ERT)
  hypophosphatasia
- gefurulimab (humanised bispecific $V_HH$ antibody)
  generalised myasthenia gravis
- *Ultomiris* (anti-C5 mAb)
  haematopoietic stem cell transplant–associated thrombotic microangiopathy
- *Ultomiris* (anti-C5 mAb)
  ARTEMIS cardiac surgery-associated acute kidney injury

## Under review
0 Projects

Phase progressions based on first subject in achievement
[1]Includes new molecular entities and significant lifecycle management projects
[#]Partnered and/or in collaboration [¶]Registrational Phase II/III trial
As of 8 February 2024.
Appendix: Glossary.

● Precision medicine approach being explored

# Designations in our pipeline

**3** Accelerated approvals

- *Andexxa* acute major bleed (US)
- *Beyfortus* RSV mAb-YTE (EU)
- *Calquence* MCL (1L) (US)

**11** Breakthrough / PRIME[1] / Sakigake[2]

- *Beyfortus* RSV mAb-YTE MELODY-MEDLEY (US)
- *Beyfortus* RSV mAb-YTE MELODY-MEDLEY (CN)
- *Beyfortus* RSV mAb-YTE MELODY-MEDLEY (EU)[1]
- *Calquence* MCL (1L) (US)
- *Enhertu* HER2-overexpressing tumors DESTINY-PanTumor02 (US)
- *Enhertu* HER2-positive/HER2-low gastric (3L) DESTINY-Gastric01 (US)
- *Enhertu* HER2-positive/HER2-low gastric (3L) DESTINY-Gastric01 (JP)[2]
- *Tagrisso* + CTx EGFRm NSCLC (1L) FLAURA2 (US)
- *Tezspire* asthma NAVIGATOR (US)
- *Voydeya* PNH with c.s. EVH (US)
- *Voydeya* PNH with c.s. EVH (EU)

**9** Fast Track

- anselamibab AL amyloidosis (US)
- AZD3427 relaxin mimetic heart failure (US)
- *Beyfortus* RSV mAb-YTE MELODY-MEDLEY (US)
- camizestrant HR+ HER2-negative ESR1m breast cancer (1L) SERENA-6 (US)
- *Orpathys* + *Tagrisso* NSCLC SAVANNAH/SAFFRON (US)
- *Saphnelo* SLE (US)
- tozorakimab severe viral lower respiratory tract disease (US)
- *Truqap* + fulv HR+ breast (2L+) CAPItello-291 (US)
- *Wainua* transthyretin amyloid cardiomyopathy (US)

**12** Priority Review

- *Beyfortus* RSV mAb-YTE MELODY-MEDLEY (CN)
- *Calquence* MCL (1L) (US)
- Enhertu HER2-overexpressing tumors DESTINY-PanTumor02 (US)
- *Enhertu* HER2-positive/HER2-low gastric (3L) DESTINY-Gastric01 (US)
- *Imfinzi* + *Imjudo* HCC (1L) HIMALAYA (US)
- *Lynparza* + abiraterone all-comers mCRPC (1L) PROpel (US)
- *Lynparza* gBRCA adjuvant breast OlympiA (US)
- *Roxadustat* chronic kidney disease (CN)
- *Tagrisso* + CTx EGFRm NSCLC (1L) FLAURA2 (US)
- *Tezspire* asthma NAVIGATOR (US)
- *Truqap* + *Faslodex* HR+ breast cancer (2L+) CAPItello-291 (US)
- *Ultomiris* generalised myasthenia gravis (US)

**20** Orphan

- ALXN2220 ATTR-CM (US)
- *Andexxa* acute major bleed (JP)
- anselamibab AL amyloidosis (US)
- anselamibab AL amyloidosis (EU)
- *Calquence* CLL (1L) (US)
- *Calquence* CLL (1L) (EU)
- *Calquence* MCL (1L) (US)
- *Enhertu* HER2-positive/HER2-low gastric cancer (3L) DESTINY-Gastric01 (US)
- *Fasenra* EGPA MANDARA (US)
- *Fasenra* HES NATRON (US)
- gefurulimab myasthenia gravis (US)
- *Imfinzi +/- Imjudo* HCC (1L) HIMALAYA (EU)
- *Imfinzi +/- Imjudo* HCC (1L) HIMALAYA (US)
- *Lynparza* gBRCA adjuvant breast cancer OlympiA (JP)
- *Tezspire* EoE CROSSING (US)
- *Ultomiris* HSCT-TMA (US)
- *Voydeya* PNH (US)
- *Voydeya* PNH (EU)
- *Wainua* transthyretin-mediated amyloidosis (EU)
- *Wainua* transthyretin-mediated amyloidosis (US)

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. [1]PRIME is a scheme launched by the EMA to enhance support for the development of medicines that target an unmet medical need. [2]SAKIGAKE is aimed at early introduction of innovative medicines, medical devices, etc. that are initially developed in Japan

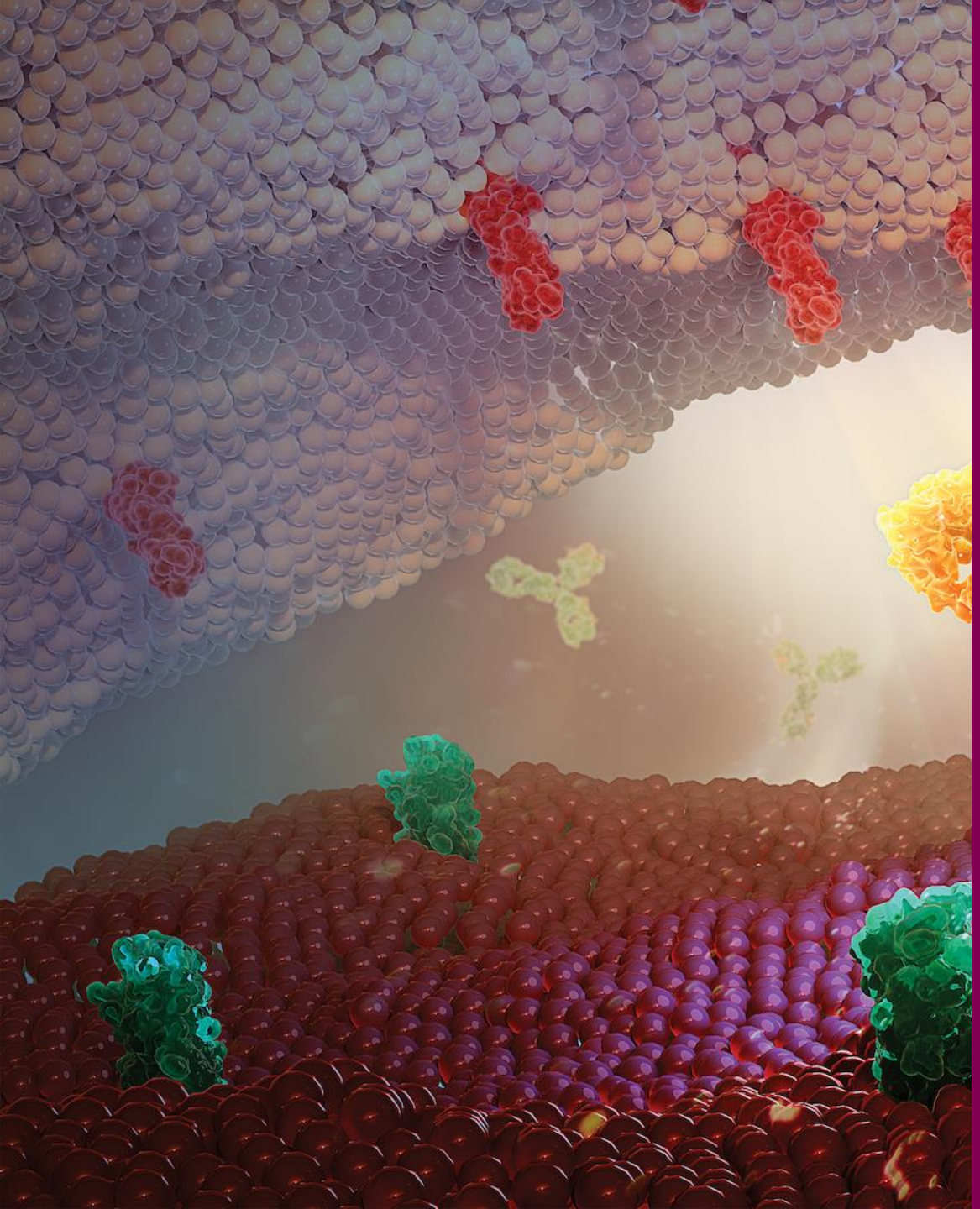
FAST TRACK is a process designed to facilitate the development, and expedite the review of medicines to treat serious conditions and fill an unmet medical need

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

NOTE: excludes designations for projects which have launched in all applicable major markets
As of 8 February 2024.
Appendix: Glossary.

Oncology BioPharmaceuticals Rare Disease



# Oncology:
## approved medicines and late-stage pipeline

# *Tagrisso* (highly-selective, irreversible EGFR inhibitor)

## NSCLC

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>LAURA<br>NCT03521154** | Maintenance therapy in patients with locally advanced, unresectable EGFRm Stage III NSCLC whose disease has not progressed following platinum-based chemoradiation therapy | 200 | • Arm 1: *Tagrisso*<br>• Arm 2: placebo<br>• Global trial – 17 countries | • Primary endpoint: PFS (BICR)<br>• Secondary endpoints: CNS PFS, OS, DoR, ORR and DCR | • FPCD: Q4 2018<br>• LPCD: Q3 2022<br>• Data anticipated: H1 2024 |
| **Phase III<br>ADAURA2<br>NCT05120349** | Adjuvant EGFRm NSCLC Stage IA2 to IA3 following complete tumour resection | 380 | • Arm 1: *Tagrisso*<br>• Arm 2: placebo | • Primary endpoint: DFS<br>• Secondary endpoints: DFS Rate, OS, OS rate and QoL | • FPCD: Q2 2022<br>• Data anticipated: >2025 |


As of 8 February 2024.
Appendix: Glossary.

# *Tagrisso* (highly-selective, irreversible EGFR inhibitor)

## NSCLC, combinations

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>NeoADAURA<br>NCT04351555** | Neoadjuvant EGFRm NSCLC | 351 | • Arm 1: placebo + pemetrexed/carboplatin or pemetrexed/cisplatin<br>• Arm 2: *Tagrisso* + pemetrexed/carboplatin or pemetrexed/cisplatin<br>• Arm 3: *Tagrisso*<br>• Global trial – 23 countries | • Primary endpoint: mPR<br>• Secondary endpoints: cPR, EFS, DFS and OS | • FPCD: Q1 2021<br>• LPCD: Q4 2023<br>• Data anticipated: H2 2024 |
| **Phase III<br>FLAURA2<br>NCT04035486** | 1L EGFRm NSCLC | 586 | • Arm 1: *Tagrisso* + pemetrexed/carboplatin or pemetrexed/cisplatin<br>• Arm 2: *Tagrisso*<br>• Global trial – 23 countries | • Primary endpoint: PFS<br>• Secondary endpoints: OS, LOS, ORR DoR, depth of response, PFS2, QoL and PK parameters | • FPCD: Q4 2019<br>• Data readout: Q2 2023<br>• Primary endpoint met |
| **Phase III<br>SAFFRON<br>NCT05261399<br>Partnered (HUTCHMED)** | EGFR-mutated, MET-overexpressed and/or amplified, locally advanced or metastatic NSCLC patients who have progressed on first- or second-line treatment with Tagrisso | 324 | • Arm 1: *Tagrisso* + *Orpathys*<br>• Arm2: pemetrexed with either cisplatin or carboplatin | • Primary enpoint: PFS<br>• Secondary endpoints: OS, ORR, PK, DCR and DoR | • FPCD: Q3 2022<br>• Data anticipated: 2025 |
| **Phase III<br>SANOVO<br>NCT05009836<br>Partnered (HUTCHMED)** | 1L EGFRm, MET+ locally advanced or metastatic NSCLC | 320 | • Arm 1: *Tagrisso* + *Orpathys*<br>• Arm 2: *Tagrisso* + placebo | • Primary endpoint: PFS | • FPCD: Q3 2021<br>• Data anticipated: H2 2024 |


As of 8 February 2024.
Appendix: Glossary.

# *Tagrisso* (highly-selective, irreversible EGFR inhibitor)

## NSCLC, combinations

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**SACHI**<br>**NCT05015608**<br>**Partnered (HUTCHMED)** | Locally advanced or metastatic NSCLC with MET amplification after failure of the first-line EGFR inhibitor therapy | 250 | • Arm 1: *Tagrisso* + *Orpathys*<br>• Arm 2: pemetrexed + platinum | • Primary endpoint: PFS | • FPCD: Q3 2021<br>• Data anticipated: H2 2024 |
| **Phase II**<br>**SAVANNAH**<br>**NCT03778229**<br>**Partnered (HUTCHMED)** | EGFRm/MET+, locally advanced or metastatic NSCLC who have progressed following treatment with Tagrisso | 360 | • Protocol v1-6: single-arm, open-label trial<br>• Protocol v7: randomised, double-blind trial<br>• Arm 1: *Tagrisso* + *Orpathys*<br>• Arm 2: placebo + *Orpathys*<br>• Global trial | • Primary endpoint: ORR<br>• Secondary endpoints: PFS, DoR and OS | • FPCD: Q1 2019<br>• Data anticipated: H2 2024<br>• Initial data readout: Q2 2020 |
| **Phase II**<br>**ORCHARD**<br>**NCT03944772** | Advanced EGFRm NSCLC patients who have progressed on first-line Tagrisso treatment | 250 | • Modular design platform trial:<br>• Module 1: *Tagrisso* + *Orpathys* (cMET)<br>• Module 2: *Tagrisso* + gefitinib (EGFRm)<br>• Module 3: *Tagrisso* + necitumumab (EGFRm)<br>• Module 4: carboplatin + pemetrexed + *Imfinzi*<br>• Module 5: *Tagrisso* + alectinib (ALK)<br>• Module 6: *Tagrisso* + selpercatinib (RET fusion)<br>• Module 7: *Imfinzi* + etoposide + carboplatin or cisplatin<br>• Module 8: *Tagrisso* + pemetrexed + carboplatin or cisplatin<br>• Module 9: *Tagrisso* + *Koselugo*<br>• Module 10: *Tagrisso* + datopotamab deruxtecan<br>• No intervention: observational cohort<br>• Global trial – 9 countries | • Primary endpoint: ORR<br>• Secondary endpoints: PFS, DoR, OS, safety and tolerability | • FPCD: Q3 2019<br>• LPCD: Q4 2023<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# *Imfinzi* (PD-L1 mAb)

## Gastrointestinal cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>EMERALD-1<br>NCT03778957** | Locoregional HCC | 710 | • Arm 1: TACE in combination with *Imfinzi*<br>• Arm 2: TACE in combination with *Imfinzi* + bevacizumab<br>• Arm 3: TACE in combination with placebo | • Primary endpoint: PFS (Arm 2 vs. Arm 3)<br>• Secondary endpoints: PFS (Arm 1 vs. Arm 3) and OS | • FPCD: Q1 2019<br>• LPCD: Q3 2021<br>• Data readout: Q4 2023<br>• Primary endpoint met |
| **Phase III<br>EMERALD-2<br>NCT03847428** | HCC (adjuvant) | 908 | • Arm 1: *Imfinzi* + bevacizumab<br>• Arm 2: *Imfinzi* + placebo<br>• Arm 3: placebo + placebo | • Primary endpoint: RFS (Arm 1 vs. Arm 3)<br>• Secondary endpoints: RFS (Arm 2 vs. Arm 3), OS and RFS at 24 months | • FPCD: Q2 2019<br>• LPCD: Q2 2022<br>• Data anticipated: H2 2024 |
| **Phase III<br>KUNLUN<br>NCT04550260** | Locally advanced, unresectable ESCC | 640 | • Arm 1: *Imfinzi* + definitive CRT<br>• Arm 2: placebo + definitive CRT | • Primary endpoint: PFS<br>• Secondary endpoint: OS | • FPCD: Q4 2020<br>• LPCD: Q3 2023<br>• Data anticipated: >2025 |
| **Phase III<br>MATTERHORN<br>NCT04592913** | Resectable GC/GEJC | 900 | • Arm 1: *Imfinzi* + FLOT<br>• Arm 2: placebo + FLOT | • Primary endpoint: EFS<br>• Secondary endpoints: OS (Arm 1 vs. Arm 2) and pCR (Arm 1 vs. Arm 2) | • FPCD: Q4 2020<br>• LPCD: Q3 2022<br>• Data anticipated: 2025 |
| **Phase III<br>HIMALAYA<br>NCT03298451** | 1L HCC | 1324 | • Arm 1: *Imfinzi* + *Imjudo*<br>• Arm 2: *Imfinzi*<br>• Arm 3: sorafenib | • Primary endpoint: OS<br>• Secondary endpoints: PFS, TTP and ORR | • FPCD: Q4 2017<br>• LPCD: Q4 2019<br>• Data readout: Q4 2021 |
| **Phase III<br>TOPAZ-1<br>NCT03875235** | 1L BTC | 810 | • Arm 1: *Imfinzi* + gemcitabine + cisplatin<br>• Arm 2: placebo + gemcitabine + cisplatin<br>• Global trial | • Primary endpoint: OS<br>• Secondary endpoints: PFS, ORR and DoR | • FPCD: Q2 2019<br>• LPCD: Q4 2020<br>• Data readout: Q4 2021 |
| **Phase III<br>EMERALD-3<br>NCT05301842** | Locoregional HCC | 525 | • Arm 1: TACE + T300 + D + lenvatanib<br>• Arm 2: TACE + T300 + D<br>• Arm 3: TACE | • Primary endpoint: PFS<br>• Secondary endpoint: OS | • FPCD: Q2 2022<br>• Data anticipated: >2025 |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Appendix: Glossary.

# *Imfinzi* (PD-L1 mAb)

## Lung cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>AEGEAN<br>NCT03800134** | Neoadjuvant NSCLC patients, Stage II and III resected NSCLC (incl. EGFR/ALK-positive) | 800 | • Arm 1: *Imfinzi* + platinum-based chemotherapy<br>• Arm 2: placebo + platinum-based chemotherapy | • Primary endpoints: pCR snd EFS<br>• Secondary endpoints: mPR and DFS | • FPCD: Q1 2019<br>• Data readout: Q1 2023 |
| **Phase III<br>ADJUVANT BR.31<br>NCT02273375<br>Partnered (CCTG)** | Adjuvant NSCLC patients, Stage Ib (≥4cm) – Stage IIIa resected (incl. EGFR/ALK-positive) | 1360 | • Arm 1: *Imfinzi* mg/kg i.v. Q4W x 12 months<br>• Arm 2: placebo<br>• Global trial | • Primary endpoint: DFS<br>• Secondary endpoint: OS | • FPCD: Q1 2015<br>• LPCD: Q1 2020<br>• Data anticipated: H1 2024 |
| **Phase III<br>PACIFIC-2<br>NCT03519971** | Unresected, locally advanced NSCLC | 300 | • Arm 1: *Imfinzi* i.v. Q4W + chemotherapy/RT<br>• Arm 2: placebo + chemotherapy/RT<br>• Global trial (ex-US) | • Primary endpoint: PFS<br>• Secondary endpoints: OS and ORR | • FPCD: Q2 2018<br>• LPCD: Q3 2019<br>• Data readout: Q4 2023<br>• Primary endpoint not met |
| **Phase III<br>PACIFIC-4<br>NCT03833154** | Imfinzi with SBRT in unresected, Stage I/II NSCLC | 630 | • Arm 1: *Imfinzi* i.v. Q4W with definitive SBRT<br>• Arm 2: placebo with definitive SBRT | • Primary endpoint: PFS<br>• Secondary endpoint: OS | • FPCD: Q2 2019<br>• Data anticipated: >2025 |
| **Phase III<br>PACIFIC-5<br>NCT03706690** | Unresected, locally advanced NSCLC | 360 | • Arm 1: *Imfinzi* i.v. Q4W following chemotherapy/RT<br>• Arm 2: placebo following chemotherapy/RT<br>• Global trial (ex-US with China focus) | • Primary endpoint: PFS<br>• Secondary endpoint: OS | • FPCD: Q1 2019<br>• Data anticipated: H2 2024 |
| **Phase III<br>PACIFIC-8<br>NCT05211895<br>Partnered (Arcus Biosciences)** | Unresected, locally advanced NSCLC | 860 | • Arm 1: *Imfinzi* + domvanalimab following chemotherapy/RT<br>• Arm 2: *Imfinzi* + placebo following chemotherapy/RT | • Primary endpoint: PFS<br>• Secondary endpoint: OS | • FPCD: Q1 2022<br>• Data anticipated: >2025 |
| **Phase III<br>ADRIATIC<br>NCT03703297** | Limited-stage SCLC 1L following platinum-based concurrent chemoradiation therapy | 600 | • Arm 1: *Imfinzi* + *Imjudo* (4 doses)<br>• Arm 2: *Imfinzi*<br>• Arm 3: placebo | • Primary endpoints: PFS and OS | • FPCD: Q4 2018<br>• Data anticipated: H1 2024 |


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Appendix: Glossary.

# *Imfinzi* (PD-L1 mAb)

## Lung cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>PACIFIC-9<br>NCT05221840<br>Partnered (Innate)** | Patients with locally advanced (Stage III), unresectable NSCLC who have not progressed following platinum-based CRT | 999 | • Arm 1: *Imfinzi* + oleclumab<br>• Arm 2: *Imfinzi* + monalizumab + placebo<br>• Arm 3: *Imfinzi* + placebo | • Primary endoint: PFS<br>• Secondary endpoints: OS, ORR, DoR, PFS2 and TFST | • FPCD: Q2 2022<br>• Data anticipated: >2025 |
| **Phase II<br>HUDSON<br>NCT03334617** | NSCLC, patients who progressed on an anti-PD-1/PD-L1-containing therapy | 529 | • Open-label, biomarker-directed, multi-centre trial<br>• Module 1: *Imfinzi* + *Lynparza*<br>• Module 2: *Imfinzi* + danvatirsen<br>• Module 3: *Imfinzi* + ceralasertib<br>• Module 4: *Imfinzi* + vistusertib<br>• Module 5: *Imfinzi* + oleclumab<br>• Module 6: *Imfinzi* + *Enhertu*<br>• Module 7: *Imfinzi* + cediranib<br>• Module 8: ceralasertib<br>• Module 9: *Imfinzi* + ceralasertib<br>• Module 10: *Imfinzi* + ceralasertib<br>• Module 11: ceralasertib | • Primary endpoint: ORR<br>• Secondary endpoints: efficacy including OS, PFS, DCR, safety and tolerability and DoR | • FPCD: Q1 2018<br>• LPCD: Q3 2023<br>• Data anticipated: 2025 |
| **Phase II<br>NeoCOAST-2<br>NCT05061550** | Early-stage, resectable NSCLC (Stage II to Stage IIIA) | 490 | • Open-label trial<br>• Arm 1: *Imfinzi* + oleclumab + platinum doublet chemotherapy<br>• Arm 2: *Imfinzi* + monalizumab + platinum doublet chemotherapy<br>• Arm 3: volrustomig + platinum doublet chemotherapy<br>• Arm 4: datopotamab deruxtecan + single agent platinum chemotherapy<br>• Arm 5: AZD0171 + platinum doublet chemotherapy | • Primary endpoints: pCR, safety | • FPCD: Q2 2022<br>• Data anticipated: >2025 |
| **Phase I/II<br>SCope-D1<br>NCT04870112** | NSCLC, SCLC | 18 | • Open-label, multi-centre trial<br>• s.c. *Imfinzi* | • Primary endpoints: PK parameters and safety | • FPCD: Q4 2021<br>• LPCD: Q2 2022<br>• Data anticipated: H2 2024 |


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Appendix: Glossary.

# *Imfinzi* (PD-L1 mAb)

## Other cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>POTOMAC<br>NCT03528694** | Non-muscle-invasive bladder cancer | 1018 | • Arm 1: BCG (induction + maintenance)<br>• Arm 2: *Imfinzi* + BCG (induction only)<br>• Arm 3: *Imfinzi* + BCG (induction + maintenance) | • Primary endpoint: DFS | • FPCD: Q2 2018<br>• LPCD: Q4 2020<br>• Data anticipated: 2025 |
| **Phase III<br>NIAGARA<br>NCT03732677** | Muscle-invasive bladder cancer | 1063 | • Arm 1: *Imfinzi* in combination with gemcitabine + cisplatin, *Imfinzi* maintenance<br>• Arm 2: gemcitabine + cisplatin | • Co-primary endpoints: pCR and EFS | • FPCD: Q4 2018<br>• LPCD: Q3 2021<br>• Data anticipated: 2025 |
| **Phase III<br>SAMETA<br>NCT05043090** | MET-driven, unresectable and locally advanced or metastatic papillary renal cell carcinoma | 200 | • Arm 1: *Orpathys* + *Imfinzi*<br>• Arm 2: sunitinib<br>• Arm 3: *Imfinzi* monotherapy | • Primary endpoint: PFS<br>• Secondary endpoints: OS, ORR, DoR and DCR | • FPCD: Q4 2021<br>• Data anticipated: 2025 |
| **Phase III<br>NILE<br>NCT03682068** | 1L bladder cancer | 1292 | • Arm 1: *Imfinzi* + *Imjudo* + SoC<br>• Arm 2: *Imfinzi* + SoC<br>• Arm 3: SoC | • Primary endpoint: OS | • FPCD: Q4 2018<br>• LPCD: Q2 2021<br>• Data anticipated: H1 2024 |
| **Phase III<br>VOLGA<br>NCT04960709** | Muscle-invasive bladder cancer ineligible to cisplatin | 830 | • Arm 1: *Imfinzi* + *Imjudo* + enfortumab vedotin<br>• Arm 2: *Imfinzi* + enfortumab vedotin<br>• Arm 3: SoC cystectomy | • Primary endpoints: safety, EFS and pCR<br>• Secondary endpoint: OS | • FPCD: Q4 2021<br>• Data anticipated: 2025 |
| **Phase II<br>BEGONIA<br>NCT03742102** | 1L mTNBC | 240 | • Arm 1: *Imfinzi* + paclitaxel<br>• Arm 2: *Imfinzi* + paclitaxel + *Truqap*<br>• Arm 5: *Imfinzi* + paclitaxel + oleclumab<br>• Arm 6: *Imfinzi* + *Enhertu*<br>• Arm 7: *Imfinzi* + datopotamab deruxtecan<br>• Arm 8: *Imfinzi* + datopotamab deruxtecan (PD-L1-high)<br>• Global trial | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: ORR, PFS, DoR, OS, PK and ADA | • FPCD: Q1 2019<br>• Data anticipated: 2025 |


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Appendix: Glossary.

# *Lynparza* (PARP inhibitor)

## *Imfinzi* combinations

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**DUO-O**<br>**NCT03737643** | 1L advanced ovarian cancer | 1407 | • Non-tBRCAm (tumour BRCA) patients<br>• Arm 1: chemotherapy + bevacizumab + *Imfinzi* placebo followed by bevacizumab + *Imfinzi* placebo + *Lynparza* placebo<br>• Arm 2: chemotherapy + bevacizumab + *Imfinzi* followed by bevacizumab + *Imfinzi* + *Lynparza* placebo<br>• Arm 3: chemotherapy + bevacizumab + *Imfinzi* followed by bevacizumab + *Imfinzi* + *Lynparza*<br>• tBRCAm patients<br>• chemotherapy + bevacizumab (optional) + *Imfinzi* followed by bevacizumab (optional) + *Imfinzi* + *Lynparza*<br>• Global trial | • Primary endpoint: PFS<br>• Secondary endpoints: OS and PFS2 | • FPCD: Q1 2019<br>• LPCD: Q2 2023<br>• Data readout: Q2 2023<br>• Primary endpoint met |
| **Phase III**<br>**DUO-E**<br>**NCT04269200** | 1L advanced and recurrent endometrial cancer | 805 | • Arm 1: chemotherapy + *Imfinzi* placebo followed by *Imfinzi* placebo + *Lynparza* placebo<br>• Arm 2: chemotherapy + *Imfinzi* followed by *Imfinzi* + *Lynparza* placebo<br>• Arm 3: chemotherapy + *Imfinzi* followed by *Imfinzi* + *Lynparza*<br>• Global trial | • Primary endpoint: PFS<br>• Secondary endpoints: OS, PFS2, ORR and DoR | • FPCD: Q2 2020<br>• LPCD: Q2 2023<br>• Data readout: Q2 2023<br>• Primary endpoint met |


As of 8 February 2024.
Appendix: Glossary.

# *Lynparza* (PARP inhibitor)

## Multiple cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>OlympiA<br>NCT02032823<br>Partnered (BIG & NRG Oncology)** | gBRCAm adjuvant breast cancer | 1836 | • Arm 1: *Lynparza* BID 12-month duration<br>• Arm 2: placebo 12-month duration<br>• Global trial in partnership with Breast International Group and National Cancer Institute/NRG Oncology | • Primary endpoint: iDFS<br>• Secondary endpoints: distant disease-free survival and OS | • FPCD: Q2 2014<br>• LPCD: Q2 2019<br>• Data readout: Q1 2021<br>• Primary endpoint met |
| **Phase III<br>MONO-OLA1<br>NCT04884360** | BRCAwt advanced ovarian cancer, 1L maintenance | 420 | • Arm 1: *Lynparza* BID 24-month duration<br>• Arm 2: placebo BID 24-month duration<br>• Global trial – 12 countries | • Primary endpoints: PFS (BRCAwt HRD-positive) and PFS (BRCAwt)<br>• Secondary endpoints: OS, TFST and PFS2 | • FPCD: Q3 2021<br>• Data anticipated: H2 2024 |


As of 8 February 2024.
Appendix: Glossary.

# *Lynparza* (PARP inhibitor)

## Other combinations

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>PROpel<br>NCT03732820** | 1L metastatic castration-resistant prostate cancer | 906 | • Arm 1: *Lynparza* + abiraterone<br>• Arm 2: placebo + abiraterone<br>• Global trial (including China) | • Primary endpoint: rPFS<br>• Secondary endpoints: OS | • FPCD: Q4 2018<br>• LPCD: Q3 2022<br>• Data readout: Q3 2021<br>• Primary endpoint met |
| **Phase II<br>LYNK-002<br>NCT03742895<br>Partnered (Merck Sharp & Dohme LLC)** | HRRm or HRD-positive advanced cancer | 390 | • Arm 1: *Lynparza*<br>• Global trial | • Primary endpoint: ORR<br>• Secondary endpoints: DOR, OS, PFS, AE and Prog by CA-125 | • FPCD: Q1 2019 |


As of 8 February 2024.
Appendix: Glossary.

# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**DESTINY-Breast02**<br>**NCT03523585**<br>**Partnered (Daiichi Sankyo)** | HER2-positive, unresectable and/or metastatic breast cancer pretreated with prior SoC HER2 therapies including trastuzumab emtansine | 600 | • Randomised, open-label, parallel assignment<br>• Arm 1: *Enhertu*<br>• Arm 2: physician's choice of lapatinib + capecitabine or trastuzumab + capecitabine | • Primacy endpoint: PFS<br>• Secondary endpoints: OS, ORR, DoR and CBR | • FPCD: Q3 2018<br>• LPCD: Q4 2020<br>• Data readout: Q3 2022<br>• Primary endpoint met |
| **Phase III**<br>**DESTINY-Breast03**<br>**NCT03529110**<br>**Partnered (Daiichi Sankyo)** | HER2-positive, unresectable and/or metastatic breast cancer previously treated with trastuzumab and taxane | 524 | • Randomised, open-label, parallel assignment<br>• Arm 1: *Enhertu*<br>• Arm 2: ado-trastuzumab emtansine | • Primary endpoint: PFS<br>• Secondary endpoints: OS, ORR, DoR and CBR | • FPCD: Q3 2018<br>• LPCD: Q2 2020<br>• Data readout: Q3 2021<br>• Primary endpoint met |
| **Phase III**<br>**DESTINY-Breast04**<br>**NCT03734029**<br>**Partnered (Daiichi Sankyo)** | HER2-low, unresectable and/or metastatic breast cancer | 557 | • Randomised, open-label, parallel assignment<br>• Arm 1: *Enhertu*<br>• Arm 2: physician's choice of SoC chemotherapy (choice of capecitabine, eribulin, gemcitabine, paclitaxel or nab-paclitaxel) | • Primary endpoint: PFS<br>• Secondary endpoints: OS, DoR and ORR | • FPCD: Q4 2018<br>• LPCD: Q4 2020<br>• Data readout: Q1 2022<br>• Primary endpoint met |
| **Phase III**<br>**DESTINY-Breast05**<br>**NCT04622319**<br>**Partnered (Daiichi Sankyo)** | High-risk HER2-positive with residual invasive breast cancer following neoadjuvant therapy | 1600 | • Randomised, open-label, parallel assignment<br>• Arm 1: *Enhertu*<br>• Arm 2: ado-trastuzumab emtansine | • Primary endpoint: IDFS<br>• Secondary endpoints: DFS, OS, DRFI and BMFI | • FPCD: Q4 2020<br>• Data anticipated: 2025 |
| **Phase III**<br>**DESTINY-Breast06**<br>**NCT04494425**<br>**Partnered (Daiichi Sankyo)** | HER2-low, HR+ breast cancer with disease progression on endocrine therapy in the metastatic setting | 850 | • Randomised, open-label, parallel assignment<br>• Arm 1: *Enhertu*<br>• Arm 2: investigator's choice SoC chemotherapy (capecitabine, paclitaxel, nab-paclitaxel) | • Primary endpoint: PFS<br>• Secondary endpoints: OS, DoR and ORR | • FPCD: Q3 2020<br>• Data anticipated: H1 2024 |
| **Phase III**<br>**DESTINY-Breast09**<br>**NCT04784715**<br>**Partnered (Daiichi Sankyo)** | HER2-positive, metastatic breast cancer with no prior therapy for advanced or metastatic disease | 1134 | • Randomised, parallel assignment<br>• Arm 1: *Enhertu* + placebo<br>• Arm 2: *Enhertu* + pertuzumab<br>• Arm 3: SoC | • Primary endpoint: PFS<br>• Secondary endpoints: OS, DoR and ORR | • FPCD: Q2 2021<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**DESTINY-Breast11**<br>**NCT05113251**<br>**Partnered (Daiichi Sankyo)** | High-risk HER2-positive early non-metastatic breast cancer | 900 | • Randomised, open-label, parallel assignment<br>• Arm 1: *Enhertu*<br>• Arm 2: *Enhertu* followed by THP<br>• Arm 3: doxorubicin and cyclophosphamide followed by THP | • Primary endpoint: pCR<br>• Secondary endpoints: EFS, IDFS and OS | • FPCD: Q4 2021<br>• Data anticipated: 2025 |
| **Phase Ib/II**<br>**DESTINY-Breast07**<br>**NCT04538742**<br>**Partnered (Daiichi Sankyo)** | HER2-positive metastatic breast cancer | 245 | • Randomised, open-label, sequential assignment<br>• Arm 1: *Enhertu*<br>• Arm 2: *Enhertu* + *Imfinzi*<br>• Arm 3: *Enhertu* + pertuzumab<br>• Arm 4: *Enhertu* + paclitaxel<br>• Arm 5: *Enhertu* + *Imfinzi* + paclitaxel<br>• Arm 6: *Enhertu* + tucatinib | • Primary endpoints: AE and SAE<br>• Secondary endpoints: ORR, PFS, DoR and OS | • FPCD: Q1 2021<br>• Data anticipated: 2025 |
| **Phase Ib**<br>**DESTINY-Breast08**<br>**NCT04556773**<br>**Partnered (Daiichi Sankyo)** | HER2-low metastatic breast cancer | 139 | • Non-randomised, open-label parallel assignment<br>• Arm 1: *Enhertu* + capecitabine<br>• Arm 2: *Enhertu* + *Imfinzi* + paclitaxel<br>• Arm 3: *Enhertu* + *Truqap*<br>• Arm 4: *Enhertu* + anastrozole<br>• Arm 5: *Enhertu* + *Faslodex* | • Primary endpoints: AE and SAE<br>• Secondary endpoints: ORR, PFS, DoR and OS | • FPCD: Q1 2021<br>• Data readout: Q3 2023 |


As of 8 February 2024.
Appendix: Glossary.

# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Gastric cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**DESTINY-Gastric04**<br>**NCT04704934**<br>**Partnered (Daiichi Sankyo)** | 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<br>• Arm 1: *Enhertu*<br>• Arm 2: SoC chemotherapy | • Primary endpoint: OS<br>• Secondary endpoints: ORR, DoR, PFS, DcR and safety | • FPCD: Q2 2021<br>• Data anticipated: 2025 |
| **Phase II**<br>**DESTINY-Gastric06**<br>**NCT04989816**<br>**Partnered (Daiichi Sankyo)** | HER2-positive gastric cancer or gastro-esophageal junction adenocarcinoma patients who have progressed on two prior treatment regimens | 95 | • Open-label, single group assignment<br>• *Enhertu*<br>• China only | • Primary endpoint: ORR<br>• Secondary endpoints: PFS, ORR, DCR, OS, DoR and safety | • FPCD: Q3 2021<br>• Data readout: Q3 2023 |
| **Phase Ib/II**<br>**DESTINY-Gastric03**<br>**NCT04379596**<br>**Partnered (Daiichi Sankyo)** | HER2-overexpressing gastric or gastroeosophogeal junction cancer | 357 | • Open-label, parallel assignment<br>• Part 1: to determine recommended Phase II combination dose<br>• 5 Arms combining *Enhertu* with SoC chemotherapies (5-FU, capecitabine, oxaliplatin) and/or durvalumab<br>• Part 2: to assess efficacy of the selected combinations<br>• Arm 2A: standard chemotherapy<br>• Arm 2B: *Enhertu* monotherapy<br>• Arm 2C: *Enhertu* with chemotherapy<br>• Arm 2D: *Enhertu* with chemotherapy and pembrolizumab<br>• Arm 2E: *Enhertu* and pembrolizumab<br>• Arm 3A: *Enhertu*, FP and volrustomig<br>• Arm 3B: *Enhertu*, FP and volrustomig | • Primary endpoint (Part 1): safety<br>• Primary endpoint (Part 2): ORR<br>• Secondary endpoints: DoR, DCR, PFS, OS, PK parameters and preence of ADAs | • FPCD: Q2 2020<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Other cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**DESTINY-Lung04**<br>**NCT05048797**<br>**Partnered (Daiichi Sankyo)** | HER2-mutated, unresectable, locally advanced/metastatic NSCLC | 264 | • Randomised, parallel group assignment<br>• Arm 1: *Enhertu*<br>• Arm 2: SoC (platinum, pemetrexed and pembrolizumab) | • Primary endpoint: PFS<br>• Secondary endpoints: OS, CNS-PFS, PFS (INV), ORR, DoR, safety, PK parameters, ADA, PRO-tolerability and PRO- pulmonary symptoms | • FPCD: Q4 2021<br>• Data anticipated: 2025 |
| **Phase II**<br>**DESTINY-Lung02**<br>**NCT04644237**<br>**Partnered (Daiichi Sankyo)** | HER2-mutated, unresectable and/or metastatic NSCLC | 152 | • Randomised, parallel group assignment<br>• Arm 1: *Enhertu* 6.4mg/kg<br>• Arm 2: *Enhertu* 5.4mg/kg | • Primary endpoint: ORR<br>• Secondary endpoints: DoR, DCR, PFS, OS and PK parameters | • FPCD: Q1 2021<br>• Data readout: Q1 2023<br>• Primary endpoint met |
| **Phase II**<br>**DESTINY-PanTumor02**<br>**NCT04482309**<br>**Partnered (Daiichi Sankyo)** | HER2-expressing tumours | 468 | • Non-randomised, single group assignment<br>• *Enhertu* | • Primary endpoint: ORR<br>• Secondary endpoints: DoR, DCR, PFS and OS | • FPCD: Q4 2020<br>• Data readout: Q3 2023 |
| **Phase II**<br>**DESTINY-PanTumor01**<br>**NCT04639219**<br>**Partnered (Daiichi Sankyo)** | HER2-mutated tumours | 102 | • Non-randomised, single group assignment<br>• *Enhertu* | • Primary endpoint: ORR<br>• Secondary endpoints: DoR, DCR, PFS and PK parameters | • FPCD: Q1 2021<br>• Data readout: Q2 2023 |
| **Phase II**<br>**DESTINY-CRC02**<br>**NCT04744831**<br>**Partnered (Daiichi Sankyo)** | HER2-overexpressing advanced or metastatic colorectal cancer | 120 | • Randomised, parallel group assignment<br>• Arm 1: *Enhertu* 6.4mg/kg<br>• Arm 2: *Enhertu* 5.4mg/kg | • Primary endpoint: ORR<br>• Secondary endpoints: ORR, PFS, OS, DoR, DCR and PK parameters | • FPCD: Q1 2021<br>• Data readout: Q1 2023<br>• Primary endpoint met |
| **Phase Ib**<br>**DESTINY-Lung03**<br>**NCT04686305**<br>**Partnered (Daiichi Sankyo)** | HER2-over-expressing, unresectable and/or metastatic NSCLC | 168 | • Non-randomised, parallel group assignment<br>• Part 1: to determine recommended combination dose<br>• 3 Arms combine *Enhertu* with SoC chemotherapies (cisplatin, carboplatin or pemetrexed) and *Imfinzi*; Arm 1D: *Enhertu* monotherapy arm<br>• Part 2: to assess efficacy of the selected combinations with chemotherapies (cisplatin, carboplatin or pemetrexed) and *Imfinzi* not initiated<br>• Part 3 (2 arms): dose confirmation to assess safety and efficacy with volrustomig and volrustomig and chemotherapy (carboplatin) | • Primary endpoint: safety and RP2D<br>• Secondary endpoints: ORR, DoR, DCR, PFS, OS and PK parameters | • FPCD: Q4 2021<br>• Data anticipated: >2025 |


As of 8 February 2024.
Appendix: Glossary.

# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Other cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase Ib**<br>**U106**<br>**NCT04042701**<br>**Partnered (Daiichi Sankyo)** | HER2-expressing locally advanced/metastatic breast or NSCLC | 115 | • Non-randomised, parallel group assignment<br>• *Enhertu* + pembrolizumab<br>• Global trial – 2 countries | • Primary endpoints: DLT and ORR<br>• Secondary endpoints: DoR, DCR, PFS, TTR and OS | • FPCD: Q2 2020<br>• Data anticipated: H2 2024 |


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Appendix: Glossary.

# *Calquence* (BTK inhibitor)

## Blood cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>AMPLIFY (ACE-CL-311)<br>NCT03836261** | Previously untreated CLL | 981 | • Arm 1; *Calquence* + venetoclax<br>• Arm 2: *Calquence* + venetoclax + obinutuzumab<br>• Arm 3: FCR or BR | • Primary endpoint: IRC PFS (Arm 1 vs. Arm 3)<br>• Secondary endpoints: IRC PFS (Arm 2 vs. Arm 3) and INV PFS (Arm 1 vs. Arm 3; Arm 2 vs. Arm 3) | • FPCD: Q1 2019<br>• Data anticipated: >2025 |
| **Phase III<br>ECHO (ACE-LY-308)<br>NCT02972840** | Previously untreated MCL | 634 | • Arm 1: *Calquence* + bendamustine + rituximab<br>• Arm 2: bendamustine + rituximab | • Primary endpoint: PFS by Lugano Classification for NHL<br>• Secondary endpoints: IA, PFS, ORR, DoR, time to response and OS | • FPCD: Q2 2017<br>• Data anticipated: >2025 |
| **Phase III<br>ESCALADE<br>NCT04529772** | DLBCL | 600 | • *Calquence* + rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone | • Primary endpoint: PFS | • FPCD: Q1 2021<br>• Data anticipated: >2025 |
| **Phase III<br>NCT04075292** | Untreated CLL | 155 | • Arm 1: *Calquence*<br>• Arm 2: chlorambucil + rituximab | • Primary endpoint: PFS<br>• Secondary endpoints: ORR and DoR | • FPCD: Q1 2020<br>• Data anticipated: 2025 |
| **Phase II<br>TrAVeRse<br>NCT05951959** | Treatment-naïve MCL | 100 | • Open-label, single-arm trial<br>• *Calquence* + venetoclax + rituximab | • Primary endpoint: MRD-negative CR at end of induction | • FPCD: Q1 2024<br>• Data anticipated: >2025 |
| **Phase Ib<br>ACE-LY-106<br>NCT02717624** | MCL | 61 | • *Calquence* in combination with bendamustine and rituxumab<br>• Arm 1: treatment naive<br>• Arm 2: R/R<br>• Arm 3: treatment naïve: *Calquence* + venetoclax + rituxumab | • Primary endpoint: safety | • FPCD: Q2 2016<br>• LPCD: Q2 2022<br>• Data readout: Q1 2023 |
| **Phase I<br>ACE-LY-003<br>NCT02180711** | R/R follicular lymphoma | 89 | • Arm 1: *Calquence*<br>• Arm 2: *Calquence* + rituximab<br>• Arm 3: *Calquence* + rituximab + lenolidomide | • Primary endpoint: safety | • FPCD: Q1 2015<br>• Data anticipated: H1 2024 |


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Appendix: Glossary.

# *Orpathys* (savolitinib, MET inhibitor)

## NSCLC and other cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>NCT04923945<br>Partnered (HUTCHMED)** | Locally advanced or metastatic NSCLC patients with MET exon 14 mutations without EGFR, ALK and ROS1 mutations progressing on platinum chemotherapy and are treatment naïve to c-MET therapy or did not receive prior drug therapy for advanced tumours | 163 | • Single-arm trial<br>• *Orpathys* | • Primary endpoint: ORR | • FPCD: Q3 2021<br>• Data anticipated: H2 2024 |
| **Phase II<br>NCT04923932<br>Partnered (HUTCHMED)** | Locally advanced or metastatic gastric cancer and esophagogastric junction adenocarcinoma patients with MET gene amplifications | 75 | • Single-arm, multi-cohort, multi-centre, open-label trial<br>• *Orpathys* | • Primary endpoint: ORR<br>• Secondary endpoints: PFS and safety | • FPCD: Q3 2021<br>• Data anticipated: H2 2024 |


As of 8 February 2024.
Appendix: Glossary.

# *Truqap* (capivasertib, AKT inhibitor)

## Breast cancer and prostate cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>CAPItello-290<br>NCT03997123** | Locally advanced or metastatic TNBC | 924 | • Double-blind, randomised, comparative trial<br>• Arm 1: *Truqap* + paclitaxel<br>• Arm 2: placebo + paclitaxel | • Primary endpoint: OS | • FPCD: Q3 2019<br>• LPCD: Q1 2022<br>• Data anticipated: H1 2024 |
| **Phase III<br>CAPItello-291<br>NCT04305496** | 2L+ AI-resistant locally advanced (inoperable) or metastatic HR+/HER2-negative breast cancer | 834 | • Double-blind, randomised, comparative trial<br>• Arm 1: *Truqap* + *Faslodex*<br>• Arm 2: placebo + *Faslodex* | • Primary endpoint: PFS | • FPCD: Q2 2020<br>• LPCD: Q4 2021<br>• Data readout: Q4 2022<br>• Both primary endpoints met |
| **Phase III<br>CAPItello-281<br>NCT04493853** | De novo PTEN deficient metastatic hormone sensitive prostate cancer | 1000 | • Double-blind, randomised, comparative trial<br>• Arm 1: *Truqap* + abiraterone<br>• Arm 2: placebo + abiraterone | • Primary endpoint: rPFS | • FPCD: Q3 2020<br>• Data anticipated: 2025 |
| **Phase III<br>CAPItello-280<br>NCT05348577** | mCRPC prostate cancer | 790 | • Double-blind, randomised, comparative trial<br>• Arm 1: *Truqap* + docetaxel<br>• Arm 2: placebo + docetaxel | • Primary endpoint: OS | • FPCD: Q2 2022<br>• Data anticipated: >2025 |
| **Phase Ib/III<br>CAPItello-292<br>NCT04862663** | 1L triplet in early relapse/endocrine-resistant locally advanced (inoperable) or metastatic HR+/HER2-negative breast cancer | 700 | • Double-blind, randomised, comparative trial<br>• Arm 1: *Truqap* + palbociclib + *Faslodex*<br>• Arm 2: placebo + palbociclib + *Faslodex* | • Primary endpoint: PFS | • FPCD: Q2 2021<br>• Data anticipated: >2025 |


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Appendix: Glossary.

# datopotamab deruxtecan (TROP2 ADC)

## Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>TROPION-Breast01<br>NCT05104866<br>Partnered (Daiichi Sankyo)** | Inoperable or metastatic HR+ HER2-negative breast cancer after treatment with one or two prior lines of systemic chemotherapy | 733 | • Open-label, randomised trial<br>• Arm 1: datopotamab deruxtecan<br>• Arm 2: investigator's choice SoC chemotherapy (eribulin, vinorelbine, capecitabine, gemcitabine) | • Primary endpoints: PFS (BICR) and OS<br>• Secondary endpoints: ORR, DoR, PFS (Inv), DCR, PK parameters and ADA | • FPCD: Q4 2021<br>• LPCD: Q4 2022<br>• Data readout: Q3 2023 |
| **Phase III<br>TROPION-Breast02<br>NCT05374512<br>Partnered (Daiichi Sankyo)** | Locally recurrent inoperable or metastatic TNBC | 600 | • Open-label, randomised trial<br>• Arm 1: datopotamab deruxtecan<br>• Arm 2: investigator's choice of chemotherapy (paclitaxel, nab-paclitaxel, carboplatin, capecitabine, eribulin mesylate)<br>• Global trial | • Primary endpoints: PFS (BICR) and OS<br>• Secondary endpoints: PFS (Inv), ORR, DoR, PK parameters and ADA | • FPCD: Q2 2022<br>• Data anticipated: H2 2024 |
| **Phase III<br>TROPION-Breast03<br>NCT05629585<br>Partnered (Daiichi Sankyo)** | Stage I-III TNBC without pathological complete response following neoadjuvant therapy | 1075 | • Open-label, randomised<br>• Arm 1: datopotamab deruxtecan + *Imfinzi*<br>• Arm 2: datopotamab deruxtecan<br>• Arm 3: investigator's choice of therapy (capecitabine, pembrolizumab, or capecitabine + pembrolizumab)<br>• Global trial | • Primary endpoint: iDFS<br>• Secondary endpoints: DDFS, OS, PK and ADA | • FPCD: Q4 2022<br>• Data anticipated: >2025 |
| **Phase III<br>TROPION-Breast04<br>NCT06112379<br>Partnered (Daiichi Sankyo)** | Neoadjuvant/adjuvant triple-negative or HR-low/HER2-negative breast cancer | 1728 | • Open-label, randomised<br>• Arm 1: datopotamab deruxtecan + durvalumab<br>• Arm 2: pembrolizumab + chemotherapy<br>• Global trial | • Dual primary endpoint: pCR and EFS<br>• Secondary endpoints: OS, DDFS and safety | • FPCD: Q4 2023<br>• Data anticipated: >2025 |
| **Phase III<br>TROPION-Breast05<br>NCT06103864<br>Partnered (Daiichi Sankyo)** | Patients with PD-L1-positive locally recurrent inoperable or metastatic TNBC | 625 | • Open-label, randomised<br>• Arm 1: datopotamab deruxtecan + durvalumab<br>• Arm 2: investigator's choice of chemotherapy in combination with pembrolizumab (paclitaxel, nab-paclitaxel, or gemcitabine + carboplatin)<br>• Arm 3: datopotamab deruxtecan<br>• Global trial | • Primary endpoint: PFS (BICR)<br>• Secondary endpoint: OS, PFS (inv), ORR, DoR, DCR and safety | • FPCD: Q4 2023<br>• Data anticipated: >2025 |


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Appendix: Glossary.

# datopotamab deruxtecan (TROP2 ADC)

## NSCLC

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>TROPION-Lung01<br>NCT04656652<br>Partnered (Daiichi Sankyo)** | Previously treated advanced or metastatic NSCLC with or without actionable genomic alterations | 590 | • Randomised, open-label, parallel assignment<br>• Arm 1: datopotamab deruxtecan<br>• Arm 2: docetaxel<br>• Global trial | • Primary endpoints: PFS and OS<br>• Secondary endpoints: ORR, DoR, TTR, DCR, PK parameters and ADA | • FPCD: Q1 2021<br>• LPCD: Q4 2022<br>• Data readout: Q3 2023<br>• Dual primary endpoint met (PFS) |
| **Phase III<br>TROPION-Lung08<br>NCT05215340<br>Partnered (Daiichi Sankyo)** | Treatment-naïve patients with PD-L1-high advanced or metastatic NSCLC without actionable genomic alterations | 740 | • Randomised, open-label<br>• Arm 1: datopotamab deruxtecan + pembrolizumab<br>• Arm 2: pembrolizumab<br>• Global trial | • Primary endpoints: PFS and OS | • FPCD: Q1 2022<br>• Data anticipated: >2025 |
| **Phase III<br>TROPION-Lung07<br>NCT05555732<br>Partnered (Daiichi Sankyo)** | 1L patients with PD-L1 TPS <50% and advanced or metastatic NSCLC without actionable genomic alternations | 975 | • Randomised, open-label<br>• Arm 1: datopotamab deruxtecan + pembrolizumab + platinum chemotherapy<br>• Arm 2: datopotamab deruxtecan + pembrolizumab<br>• Arm 3: pembrolizumab + pemetrexed + platinum chemotherapy<br>• Global trial | • Primary endpoints: PFS and OS | • FPCD: Q1 2023<br>• Data anticipated: >2025 |
| **Phase III<br>AVANZAR<br>NCT05687266** | 1L NSCLC | 1000 | • Arm 1: carboplatin + datopotamab deruxtecan + *Imfinzi*<br>• Arm 2: pembrolizumab<br>• Global trial | • Co-primary endpoints: OS and PFS in TROP2 biomarker-positive | • FPCD: Q1 2023<br>• Data anticipated: 2025 |
| **Phase II<br>TROPION-Lung05<br>NCT04484142<br>Partnered (Daiichi Sankyo)** | Advanced or metastatic NSCLC with actionable genomic alterations and progressed on or after kinase inhibitor therapy and platinum-based chemotherapy | 137 | • Single-arm, open-label<br>• datopotamab deruxtecan<br>• Global trial | • Primary endpoint: ORR<br>• Secondary endpoints: DOR, PFS, OS, safety, PK parameters and ADA | • FPCD: Q1 2021<br>• LPCD: Q1 2022<br>• Data anticipated: H2 2024 |


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Appendix: Glossary.

# datopotamab deruxtecan (TROP2 ADC)

## NSCLC

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I<br>TROPION-Lung02<br>NCT04526691<br>Partnered (Daiichi Sankyo)** | Advanced or metastatic NSCLC | 145 | • Open-label, two-part (dose escalation and dose expansion), sequential assignment<br>• datopotamab deruxtecan + pembrolizumab +/- platinum chemotherapy<br>• Global trial – US, Japan, Italy, Spain and Taiwan | • Primary endpoints: DLT and safety<br>• Secondary endpoints: ORR, DOR, PFS, OS, PK parameters and ADA | • FPCD: Q4 2020<br>• LPCD: Q2 2023<br>• Data anticipated: H2 2024 |
| **Phase I<br>TROPION-Lung04<br>NCT04612751<br>Partnered (Daiichi Sankyo)** | Advanced or metastatic NSCLC | 232 | • Open-label, two-part (dose escalation, dose expansion), sequential assignment<br>• datopotamab deruxtecan + *Imfinzi* +/- platinum chemotherapy<br>• Cohort 1 & 2: datopotamab deruxtecan + *Imfinzi*<br>• Cohort 3 & 4: datopotamab deruxtecan + *Imfinzi* + carboplatin<br>• Cohort 5 & 6: datopotamab deruxtecan + rilvegostomig<br>• Cohort 7 & 8: datopotamab deruxtecan + rilvegostomig + carboplatin<br>• Cohort 9 &10: datopotamab deruxtecan + volrustomig + carboplatin<br>• Cohort 11: datopotamab deruxtecan + volrustomig<br>• Cohort 12, 13 & 14: datopotamab deruxtecan + sabestomig<br>• Global trial | • Primary endpoints: DLT and safety<br>• Secondary endpoints: ORR, DOR, PFS, OS, PK parameters and ADA | • FPCD: Q1 2021<br>• Data anticipated: >2025 |


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Appendix: Glossary.

# datopotamab deruxtecan (TROP2 ADC)

## Other cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**TROPION-PanTumor03**<br>**NCT05489211**<br>**Partnered (Daiichi Sankyo)** | Endometrial cancer, gastric cancer, mCRPC, ovarian cancer, CRC, bladder cancer and BTC | 531 | • Sub-study 1 (endometrial cancer);<br>• Sub-study 1a: datopotamab deruxtecan monotherapy<br>• Sub-study 1b: datopotamab deruxtecan + *Imfinzi*,<br>• Sub-study 1c: datopotamab deruxtecan + saruparib<br>• Sub-study 1d: datopotamab deruxtecan + *Imfinzi* + saruparib<br>• Sub-study 2 (gastric cancer);<br>• Sub-study 2a: datopotamab deruxtecan + capecitabine<br>• Sub-study 2b: datopotamab deruxtecan + 5-fluorouracil<br>• Sub-study 2c: datopotamab deruxtecan + chemotherapy (capecitabine or 5-FU) + nivolumab<br>• Sub-study 3 (mCRPC);<br>• Sub-study 3a: datopotamab deruxtecan<br>• Sub-study 3b: datopotamab deruxtecan + saruparib<br>• Sub-study 3c: datopotamab deruxtecan + prednisone/prednisolone<br>• Sub-study 4 (ovarian cancer)<br>• Sub-study 4a: datopotamab deruxtecan<br>• Sub-study 4b<br>• Arm1: datopotamab deruxtecan + carboplatin<br>• Arm2: datopotamab deruxtecan + saruparib<br>• Sub-study 5 (CRC)<br>• Sub-study 5a: datopotamab deruxtecan<br>• Sub-study 5b<br>• Arm 1: datopotamab deruxtecan + 5-FU + leucovorin + bevacizumab<br>• Arm 2: datopotamab deruxtecan + capecitabine + bevacizumab<br>• Sub-study 6 (bladder)<br>• Arm 1: 1L cis-ineligible/2L datopotamab deruxtecan + volrustomig<br>• Arm 2: 1L cis-ineligible/2L datopotamab deruxtecan + rilvegostomig<br>• Sub-study 7 (BTC)<br>• Arm 7a: TROP2+ 2L+ datopotamab deruxtecan | • Primary endpoints: ORR and safety | • FPCD: Q3 2022<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# datopotamab deruxtecan (TROP2 ADC)

## Other cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/II<br>TROPION-PanTumor02<br>NCT05460273<br>Partnered (Daiichi Sankyo)** | NSCLC and TNBC and other solid tumours in Chinese patients | 119 | • Single-arm, multi-cohort study with no blinding<br>• datopotamab deruxtecan<br>• China only | • Primary endpoint: ORR<br>• Secondary endpoints: DoR, DCR, BOR, TTR PFS and OS | • FPCD: Q3 2022<br>• LPCD: Q2 2023<br>• Data readout: Q4 2023 |
| **Phase I<br>TROPION-PanTumor01<br>NCT03401385<br>Partnered (Daiichi Sankyo)** | Subjects with advanced solid tumours: NSCLC, TNBC, HR+ breast cancer, HER2-negative gastric/GEJ, oesophageal, urothelial, SCLC, CRPC, PDAC, HNSCC, HR+ HER2-low breast cancer and HER2-positive breast cancer | 890 | • Open-label, two-part (dose escalation, dose expansion), sequential assignment<br>• datopotamab deruxtecan<br>• US and Japan | • Primary endpoints: DLT and safety<br>• Secondary endpoints: PK parameters, anti-tumour activity and ADA | • FPCD: Q1 2018<br>• Data anticipated: H2 2024 |


As of 8 February 2024.
Appendix: Glossary.

# camizestrant (AZD9833, next-generation oral SERD)

## Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>SERENA-4<br>NCT04711252** | HR+ HER2-negative advanced breast cancer | 1342 | • Randomised, double-blind, comparative trial<br>• Arm 1: camizestrant + palbociclib<br>• Arm 2: anastrazole + palbociclib | • Primary endpoint: PFS<br>• Secondary endpoints: OS and PFS2 | • FPCD: Q1 2021<br>• Data anticipated: >2025 |
| **Phase III<br>SERENA-6<br>NCT04964934** | HR+ HER2-negative advanced breast cancer | 300 | • Randomised, double-blind, comparator trial<br>• Arm 1: camizestrant + palbociclib or abemaciclib or ribociclib<br>• Arm 2: anastrazole or letrozole + palbociclib or abemaciclib or ribociclib | • Primary endpoint: PFS<br>• Secondary endpoint: OS and PFS2 | • FPCD: Q3 2021<br>• Data anticipated: 2025 |
| **Phase III<br>CAMBRIA-1<br>NCT05774951** | ER+/HER2-negative early breast cancer patients who completed definitive locoregional therapy and standard adjuvant ET for at least 2 years and up to 5 years | 4300 | • Arm 1: continue standard ET of investigator's choice<br>• Arm 2: camizestrant<br>• Global trial – 39 countries | • Primary endpoint: IBCFS<br>• Secondary endpoints: IDFS, DRFS and OS | • FPCD: Q1 2023<br>• Data anticipated: >2025 |
| **Phase III<br>CAMBRIA-2<br>NCT05952557** | ER+/HER2-negative early breast cancer with intermediate-high or high risk of recurrence that has completed definitive locoregional therapy and have no evidence of disease | 5500 | • Arm A: standard endocrine therapy of investigator's choice (aromatase inhibitors [exemestane, letrozole, anastrozole] or tamoxifen) ± abemaciclib<br>• Arm B: camizestrant ± abemaciclib<br>• Global study – 43 countries | • Primary endpoint: IBCFS<br>• Secondary endpoints: IDFS, DRFS and OS | • FPCD: Q4 2023<br>• Data anticipated: >2025 |


As of 8 February 2024.
Appendix: Glossary.

# camizestrant (AZD9833, next-generation oral SERD)

## Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II<br>SERENA-2<br>NCT04214288** | HR+ advanced breast cancer | 240 | • Randomised, open-label, parallel-group, multi-centre trial<br>• Arm 1: camizestrant (75mg)<br>• Arm 2: camizestrant (150mg)<br>• Arm 3: camizestrant (300mg)<br>• Arm 4: *Faslodex* | • Primary endpoint: PFS | • FPCD: Q2 2020<br>• LPCD: Q3 2021<br>• Data readout: Q4 2022<br>• Primary endpoint met at 75mg and 150mg doses |
| **Phase II<br>SERENA-3<br>NCT04588298** | HR+ HER2-negative early breast cancer | 135 | • Randomised, open-label, parallel-group, multi-centre trial<br>• camizestrant | • Primary endpoint: change in ER expression between pre- and on-treatment tumour biopsies | • FPCD: Q4 2020<br>• LPCD: Q2 2023<br>• Data readout: Q3 2023 |
| **Phase I<br>NCT04541433** | HR+ HER2-negative advanced breast cancer | 18 | • Open-label trial<br>• camizestrant<br>• Japan only | • Primary endpoints: safety and tolerability<br>• Secondary endpoint: PK parameters | • FPCD: Q4 2020<br>• LPCD: Q1 2022<br>• Data readout: Q1 2023 |
| **Phase I<br>SERENA-1<br>NCT03616587** | HR+ HER2-negative advanced breast cancer | 386 | • Escalation phase: open-label multi-centre trial<br>• Cohort 1: camizestrant<br>• Cohort 2: camizestrant + palbociclib, everolimus, abemeciclib (+/- anastrozole), *Truqap*, ribociclib (+/- anastrozole) or anastrozole<br>• Expansion phase: randomised expansion cohort(s)<br>• Cohort 1: camizestrant<br>• Cohort 2: camizestrant + palbociclib, everolimus, abemeciclib (+/- anastrozole), *Truqap*, ribociclib (+/- anastrozole) or anastrozole | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters and anti-tumour activity | • FPCD: Q4 2018<br>• Data anticipated: H2 2024 |
| **Phase I<br>NCT04818632** | HR+ HER2-negative metastatic breast cancer in Chinese patients | 30 | • Dose escalation: camizestrant<br>• Dose expansion:<br>• Cohort 1: camizestrant<br>• Cohort 2: camizestrant + palbociclib<br>• Cohort 3: camizestrant + everolimus<br>• China only | • Primary endpoints: safety and tolerability, PK parameters<br>• Secondary endpoint: anti-tumour activity | • FPCD: Q1 2021<br>• LPCD: Q1 2023<br>• Data readout: Q4 2023 |


As of 8 February 2024.
Appendix: Glossary.

# ceralasertib (AZD6738, ATR inhibitor)

## Multiple cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>LATIFY<br>NCT05450692** | Post-IO NSCLC | 580 | • Double-arm randomised:<br>• Arm 1: ceralasertib + *Imfinzi*<br>• Arm 2: docetaxel | • Primary endpoint: OS<br>• Secondary endpoint: PFS, ORR, DoR, TTR, DCR, PFS2 and TTD | • FPCD: Q4 2022<br>• Data anticipated: 2025 |
| **Phase I/II<br>NCT02264678** | Solid tumours | 466 | • Module 1: ceralasertib + carboplatin<br>• Module 2: ceralasertib dose escalation, ceralasertib + *Lynparza*<br>• Module 3: ceralasertib + *Imfinzi*<br>• Module 4: ceralasertib monotherapy + *Lynparza* + *Imfinzi* (food effect/QT)<br>• Module 5: ceralasertib + saruparib<br>• Global trial – North America, Europe and South Korea | • Primary endpoints: safety and tolerability, efficacy and PK parameters | • FPCD: Q4 2014<br>• Data anticipated: >2025 |


As of 8 February 2024.
Appendix: Glossary.

# rilvegostomig (AZD2936, PD-1/TIGIT bispecific mAb)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**ARTEMIDE-Biliary01**<br>**NCT06097728** | BTC with curative intent | 750 | • Randomized, Double-Blind, Placebo-Controlled, Multicenter<br>• Arm 1: rilvegostomig in combination with investigator's choice of chemotherapy (capecitabine, S-1 (tegafur/gimeracil/oteracil) or gemcitabine/cisplatin)<br>• Arm 2: placebo in combination with investigator's choice of chemotherapy (capecitabine, S-1 (tegafur/gimeracil/oteracil) or gemcitabine/cisplatin) | • Primary endpoint: RFS<br>• Secondary endpoint: OS | • FPCD: Q4 2023<br>• Data anticipated: >2025 |


As of 8 February 2024.
Appendix: Glossary.

# saruparib (AZD5305, PARP1 inhibitor)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**EvoPAR-PR01**<br>**NCT06120491** | HRRm and Nnn-HRRm mCSPC | 1800 | • Randomised, placebo-controlled trial<br>• Arm 1: saruparib + physician's choice NHA (abiraterone, darolutamide or enzalutamide)<br>• Arm 2: placebo + physician's choice NHA (abiraterone, darolutamide or enzalutamide) | • Primary endpoint: rPFS<br>• Secondary endpoints: OS and PFS2 | • FPCD: Q4 2023<br>• Data anticipated: >2025 |


As of 8 February 2024.
Appendix: Glossary.

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

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>eVOLVE-Cervical<br>NCT06079671** | High-risk locally advanced cervical cancer with no progression following platinum-based CCRT | 1000 | • Randomised, double-blind, placebo-controlled, multi-centre trial<br>• Arm 1: volrustomig<br>• Arm 2: placebo | • Primary endpoint: PFS (Inv, PD-L1 expressing patients)<br>• Secondary endpoints: PFS (Inv, ITT), OS, ORR, DoR and TFST | • FPCD: Q4 2023<br>• Data anticipated: >2025 |
| **Phase III<br>eVOLVE-Lung02<br>NCT05984277** | 1L mNSCLC with PD-L1 <50% | 900 | • Double-arm randomised, open-label trial<br>• Arm 1: volrustomig + chemotherapy<br>• Arm 2: pembrolizumab + chemotherapy | • Primary endpoints: OS and PFS (PD-L1 < 1%)<br>• Secondary endpoints: PFS (Inv), ORR and DoR (ITT)<br>•<br>• | • FPCD: Q4 2023<br>• Data anticipated: >2025 |
| **Phase III<br>eVOLVE-Meso<br>NCT06097728** | 1L unresectable malignant pleural mesothelioma | 600 | • Double-arm, randomised, open-label trial<br>• Arm 1: volrustomig + chemotherapy<br>• Arm 2: chemotherapy or nivolumab + ipilimumab | • Primary endpoint: OS<br>• Secondary endpoints: PFS, landmark OS, landmark PFS and ORR | • FPCD: Q4 2023<br>• Data anticipated: >2025 |
| **Phase III<br>eVOLVE-HNSCC<br>NCT06129864** | Unresected, locally advanced HNSCC | 1145 | • Randomised, double-blind, placebo-controlled, multi-centre trial<br>• Arm 1: volrustomig<br>• Arm 2: observational | • Primary endpoint: PFS (BICR, PD-L1 expressing tumours)<br>• Secondary endpoints: PFS (BICR, ITT), landmark PFS, OS (PD-L1 expressing tumours), landmark OS and OS (ITT) | • FPCD: Q1 2024<br>• Data anticipated: >2025 |


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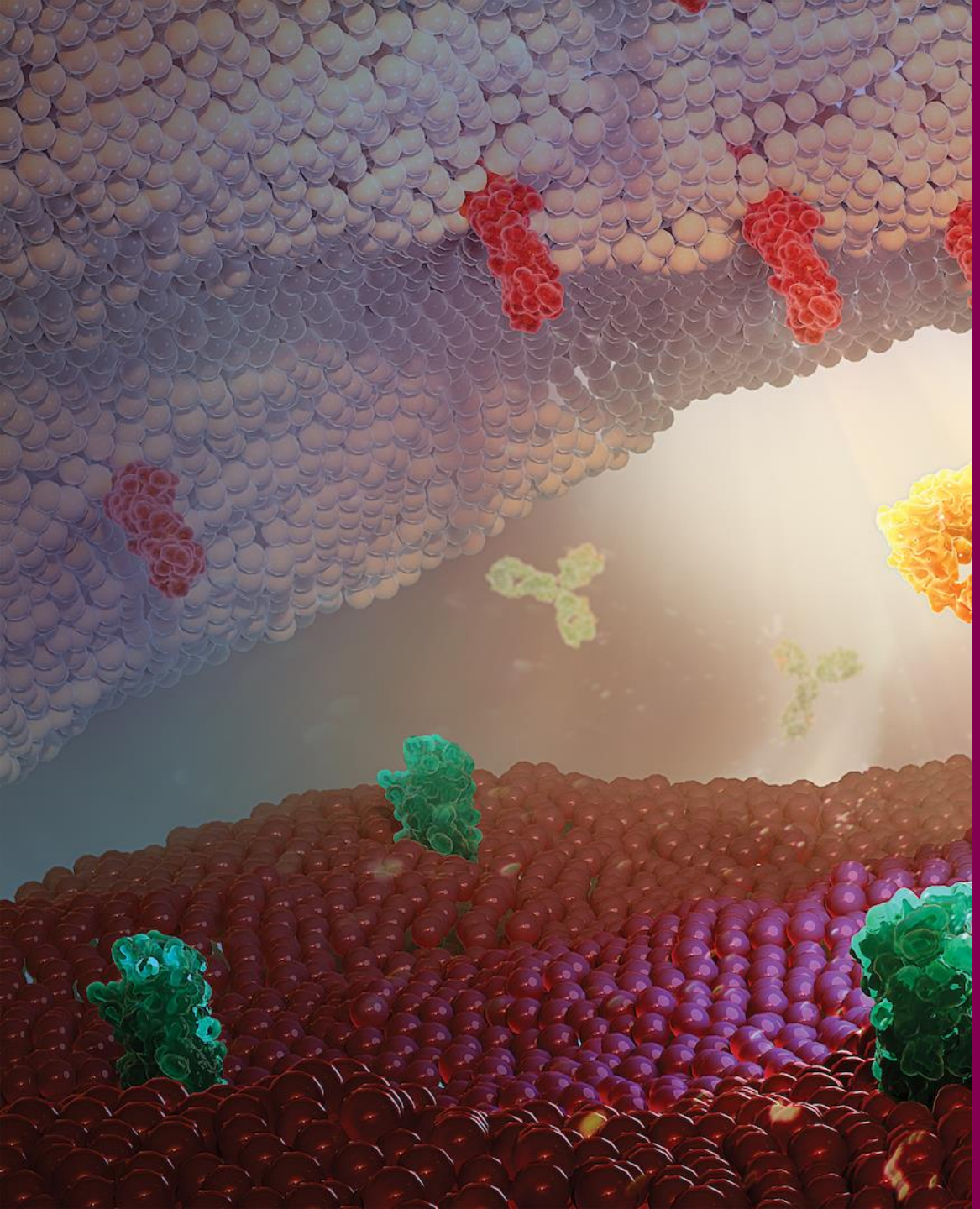
Appendix: Glossary.



# Oncology:
## early-stage development

# AZD0171 (anti-LIF mAb)

## Cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**NCT04999969** | 1L metastatic pancreatic ductal adenocarcinoma | 115 | • Open-label, non-randomised trial<br>• AZD0171 + *Imfinzi* + gemcitabine, nab-paclitaxel | • Primary endpoints: safety, OS at 12 months<br>• Secondary endpoints: ORR, DoR and PFS | • FPCD: Q1 2022<br>• Data anticipated: H2 2024 |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Appendix: Glossary.

# AZD0305 (GPRC5D ADC)

## Blood cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/II**<br>**NCT06106945** | R/R multiple myeloma | | • Open-label, dose escalation and dose expansion trial<br>• Phase I: AZD0305 prescribed at specified dose levels<br>• Phase II: AZD0305 prescribed as RP2D | • Primary endpoints: occurrence of dose-limiting toxicities and incidence and severity of AEs and SAEs<br>• Secondary endpoints: ORR, DoR, PFS, OS, PK parameters and immunogenicity | • FPCD: Q4 2023<br>• Data anticipated: 2025 |


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Appendix: Glossary.

# AZD0486 (TNB-486, CD19/CD3 next-generation bispecific T-cell engager)

## Haematologic malignancies

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/II**<br>**NCT06137118** | R/R B-ALL | 120 | • Multi-centre, open-label, single-arm dose escalation and dose optimisation study | • Primary endpoints: DLT, safety and ORR<br>• Secondary endpoints: ORR, DoR, CR rate at any time during trial, EFS, OS, subsequent alloSCT, CR MRD-negative rate, PK parameters and ADA | • Initiating<br>• Data anticipated: >2025 |
| **Phase I**<br>**NCT04594642** | R/R B-cell non-Hodgkin lymphoma | 116 | • Multi-centre, open-label, dose escalation and dose expansion trial<br>• AZD0486 | • Primary endpoints: safety and tolerability, MTD and/or RP2D and PK parameters<br>• Secondary endpoints: clinical activity of AZD0486 monotherapy and ADA titers for AZD0486 monotherapy | • FPCD: Q1 2021<br>• Data anticipated: >2025 |


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Appendix: Glossary.

# AZD0901 (CLDN18.2 MMAE ADC)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II NCT06219941** | Locally advanced unresectable or metastatic solid tumours expressing CLDN18.2 | 123 | • Open-label, multi-centre trial of AZD0901 administered via i.v.<br>• Sub-study 1: AZD0901 monotherapy<br>• Sub-study 2: AZD0901 + anti-cancer agents | • Primary endpoints: AEs, SAEs and ORR<br>• Secondary endpoints: OS, PFS, DoR, DCR, PK parameters and prevalence of ADAs | • Initiating<br>• Data anticipated: Q1 2027 |


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Appendix: Glossary.

# AZD1390 (ATM inhibitor)

## Cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT03423628** | Recurrent glioblastoma eligible for re-irradiation, brain metastases and leptomeningeal disease, newly-diagnosed glioblastoma patients | 120 | • Open-label trial<br>• Arm 1: recurrent GBM, AZD1390 + RT in dose escalation cohorts<br>• Arm 3: primary GBM, AZD1390 + RT in dose escalation cohorts | • Primary endpoints: safety, tolerability and MTD<br>• Secondary endpoints: PK parameters and preliminary assessment of anti-tumour activity | • FPCD: Q2 2018<br>• Data anticipated: H2 2024 |


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Appendix: Glossary.

# AZD3470 (PRMT5)

## Solid tumours and blood cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I<br>PRIMROSE<br>NCT06130553** | MTAP-deficient advanced solid tumours | 210 | • Arm 1: AZD3470<br>• Global trial – 8 countries | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters and clinical efficacy | • Initiating<br>• Data anticipated: 2025 |
| **Phase I<br>PRIMAVERA<br>NCT06137144** | R/R haematologic malignancies | 110 | • Modular Phase I/II open-label dose escalation and expansion trial<br>• Module 1: Part A (dose escalation): AZD3470 monotherapy<br>• Module 1: Part B (dose expansion/optimisation): AZD3470 monotherapy | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters and clinical effacacy | • Initiating<br>• Data anticipated: >2025 |


As of 8 February 2024.
Appendix: Glossary.

# AZD5335 (anti-FRα TOP1i ADC)

## Solid tumours, ovarian cancer, lung cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/II<br>FONTANA<br>NCT05797168** | Advanced solid tumour malignancies | 150 | • Module 1: AZD5335 monotherapy<br>• Module 2: AZD5335 in combination with saruparib | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: efficacy and PK parameters | • Data anticipated: >2025 |


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Appendix: Glossary.

# AZD5851 (armoured TGFbetaRIIDN GPC3 CAR-T)

## Gastrointestinal cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/II**<br>**ATHENA**<br>**NCT06084884** | GPC3-positive advanced/recurrent HCC | | • Open-label, single-arm, multi-centre trial with dose escalation and dose expansion components<br>• AZD5851 | • Primary endpoints (Phase I): DLT, AEs (including AESI and SAEs), determination of recommended dose for expansion phase<br>• Secondary endpoints (Phase I): ORR per RECIST v. 1.1, TTR, DCR, DRR, BoR, DoR, PFS and OS; PK parameters (Cmax, Tmax, Tlast, AUC) | • FPCD: Q1 2024<br>• Data anticipated: >2025 |


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Appendix: Glossary.

# AZD5863 (CLDN18.2 x CD3 bispecific antibody)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT06005493** | Advanced or metastatic solid tumours with CLDN18.2 expression | 200 | • Part A: dose escalation phase to determine the safety, tolerability, RP2D, and/or MTD of AZD5863<br>• Part B: dose expansion phase to further characterise the safety profile and evaluate anti-tumour activity of AZD5863 | • Primary endpoint (Part A): safety and tolerability<br>• Primary endpoint (Part B): safety, tolerability and preliminary anti-tumour activity<br>• Secondary endpoints: preliminary anti-cancer activity, PK parameters and immunogenicity | • FPCD: Q4 2023<br>• Data anticipated: >2025 |


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Appendix: Glossary.

# AZD6422 (CLDN18.2 CAR-T)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT05981235** | Advanced or metastatic CLDN18.2-positive GI tumours | 96 | • Open-label trial assessing anti-CLDN18.2 CAR-T cell therapy with dose escalation (Part 1) and dose expansion (Part 2) | • Primary endpoints: incidence of TEAEs, AESIs and SAEs, DLT and changes from baseline in vital signs, laboratory parameters, physical examination and 12-lead ECG<br>• Secondary endpoints: ORR, DoR, DCR and PFS | • FPCD: Q4 2023<br>• Data anticipated: >2025 |


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Appendix: Glossary.

# AZD8205 (B7H4 ADC)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/II NCT05123482** | Breast cancer, BTC, ovarian cancer, endometrial cancer | 280 | • Open-label, non-randomised dose escalation, and randomised/non-randomised dose expansion trial in monotherapy<br>• AZD8205 | • Primary endpoints: AE, SAE, DLTs, changes in lab and preliminary efficacy parameters<br>• Secondary endpoints: ORR, DCR, DoR, PFS, OS, PK parameters and ADA | • FPCD: Q1 2022<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# AZD8421 (CDK2 inhibitor)

## Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/II**<br>**NCT06188520** | ER+ HER2-negative advanced breast cancer | 204 | • Arm 1: AZD8421<br>• Arm 2: AZD8421+ camizestrant + abemaciclib<br>• Arm 3: AZD8421 + camizestrant + ribociclib<br>• Arm 4: AZD8421 + camizestrant + palbociclib<br>• Global trial – 4 countries | • Primary endpoints: safety and tolerablility<br>• Secondary endpoints: PK parameters | • FPCD: Q4 2023<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# AZD9574 (PARP1-sel BBB inhibitor)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/IIa**<br>**CERTIS-1**<br>**NCT05417594** | Advanced solid malignancies | 490 | • Modular, open-label, multi-centre dose escalation and expansion trial<br>• Module 1: AZD9574 monotherapy<br>• Module 2: AZD9574 + temozolomide<br>• Module 3: [11C]AZ14193391 + AZD9574 or [11C]AZ14193391 + AZD9574 + temozolomide<br>• Module 4: AZD9574 + *Enhertu*<br>• Module 5: AZD9574 + datopotamab deruxtecan | • Primary endpoints: safety and tolerability of AZD9574 as monotherapy and in combination with anti-cancer agents, determination of PARP1 occupancy in brain by AZD9574 at examined doses and plasma concentration and evaluation of safety of radioligand [11C]AZ14193391<br>• Secondary endpoints: PK parameters and efficacy of AZD9574 as monotherapy and in combination with anti-cancer agents | • FPCD: Q3 2022<br>• Data anticipated: >2025 |


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Appendix: Glossary.

# AZD9592 (EGFR-cMET TOP1i ADC)

## Lung cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**EGRET**<br>**NCT05647122** | Advanced solid tumours including NSCLC and HNSCC | 108 | • Escalation phase, open-label, multi-centre trial<br>• Arm 1: AZD9592<br>• Arm 2: AZD9592 + *Tagrisso* | • Primary endpoints (escalation): safety and tolerability<br>• Primary endpoints (expansion): safety and tolerability, anti-tumour activity<br>• Secondary endpoints (escalation): PK parameters, immunogenicity, anti-tumour activity<br>• Secondary endpoints (expansion): PK parameters and immunogenicity | • FPCD: Q1 2023<br>• Data anticipated: 2025 |


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Appendix: Glossary.

# AZD9829 (CD123 TOP1i ADC)

## Blood cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/II**<br>**NCT06179511** | CD123-positive haematological malignancies | 60 | • Open-label, multicentre trial<br>• Module 1: dose escalation with ascending dose level cohorts of AZD9829 in AML and MDS participants | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters | • Initiating<br>• Data anticipated: 2025 |


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Appendix: Glossary.

# IPH5201 (CD39 mAb)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT04261075**<br>**Partnered (Innate Pharma)** | Advanced solid tumours | 57 | • Open-label, dose escalation trial to determine MTD of IPH5201 as monotherapy, or in combination with *Imfinzi* +/- oleclumab<br>• Part 1: IPH5201 monotherapy dose escalation to MTD<br>• Part 2: IPH5201 + *Imfinzi* dose escalation to MTD<br>• Part 3: IPH5201 + *Imfinzi* + oleclumab dose escalation to MTD<br>• Route of administration: i.v.<br>• Global trial – US and EU | • Primary endpoints: AE, SAE and DLT<br>• Secondary endpoints: OR, DC, PK parameters and ADA | • FPCD: Q1 2020<br>• LPCD: Q2 2022<br>• Data readout: Q1 2023 |


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Appendix: Glossary.

# NT-125 (autologous, multi-specific neoantigen-targeting TCR-T)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**EudraCT: 2021-006406-73** | Adults with recurrent or metastatic NSCLC, melanoma, colorectal adenocarcinoma, HNSCC, bladder carcinoma, TNBC, cervical squamous cell carcinoma and adenocarcinoma or microsatellite instability-high/mismatch repair-deficient solid tumours | 42 | • Open-label, single-arm, single-centre trial with dose escalation and dose expansion components<br>• Arm 1: NT-125 | • Primary endpoints (Phase Ia): incidence of AEs defined as DLTs<br>• Primary endpoints (Phase Ib): ORR per RECIST v.1.1<br>• Secondary endpoints (Phase Ia): percentage of pre-screened and enrolled subjects that receive treatment<br>• Secondary endpoints (Phase Ib): percentage change tumour size, best percentage change tumour size, DoR, clinical benefit rate, TTP, PFS and OS | • FPCD: Q2 2023<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# NT-175 (TP53-armored TCR)

## Multiple cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT05877599** | Unresectable, advanced, and/or metastatic solid tumours positive for HLA-A*02:01 and the TP53 R175H mutation | 24 | • Open-label, single-arm, multi-centre trial with dose escalation | • Primary endpoint: incidence of DLTs, TEAEs and SAEs<br>• Secondary endpoints: ORR per RECIST v.1.1, BOR, DOR, CBR (CR, PR, SD), TTR, PFS and OS | • FPCD: Q3 2023<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# oleclumab (CD73 mAb)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase Ib/II**<br>**NCT03611556** | Pancreatic 1L and 2L with prior gemcitabine-based chemotherapy | 339 | • Arm A1: gemcitabine and nab paclitaxel i.v.<br>• Arm A2: gemcitabine and nab paclitaxel i.v. + oleclumab i.v.<br>• Arm A3: gemcitabine and nab paclitaxel i.v. + oleclumab i.v. + *Imfinzi* i.v.<br>• Arm B1: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v.<br>• Arm B2: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v. + oleclumab i.v.<br>• Arm B3: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v. + oleclumab i.v. + *Imfinzi* i.v.<br>• Global trial – US, Norway, Spain and Australia | • Primary endpoints: safety and anti-tumour activity<br>• Secondary endpoints: PFS, PK parameters, immunogenicity, safety and anti-tumour activity | • FPCD: Q2 2018<br>• LPCD: Q3 2022<br>• Data readout: Q1 2023 |


As of 8 February 2024.
Appendix: Glossary.

# rilvegostomig (AZD2936, PD-1/TIGIT bispecific mAb)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase IIb<br>GEMINI-GC<br>NCT05702229<br>Partnered (Compugen)** | Gastric cancer | 240 | • Open-label gastric platform study<br>• Sub-study 1: volrustomig combined with XELOX or FOLFOX<br>• Sub-study 2: rilvegostomig combined with XELOX or FOLFOX<br>• Sub-study 3: AZD0901 combined with volrustomig plus fluorouracil or capecitabine<br>• Sub-study 4: AZD0901 combined with rilvegostomig plus fluorouracil or capecitabine<br>• Sub-study 5: AZD7789 combined with XELOX or FOLFOX<br>• Sub-study 6: AZD0901 combined with AZD7789 plus fluorouracil or capecitabine | • Primary endpoints: safety and efficacy (ORR and PFS6)<br>• Secondary endpoints: DoR, OS, PK, ADA and safety | • FPCD: Q1 2023<br>• Data anticipated: 2025 |
| **Phase IIb<br>GEMINI-HBP<br>NCT05775159<br>Partnered (Compugen)** | HCC, BTC | 180 | • Open-label hepatobiliary platform study<br>• HCC sub-study:<br>• Cohort 1A: volrustomig monotherapy<br>• Cohort 1B: volrustomig combination with bevacizumab<br>• Cohort 1C: volrustomig combination with lenvatinib<br>• BTC sub-study:<br>• Cohort 2A: rilvegostomig combination with gemcitabine and cisplatin<br>• Cohort 2B: volrustomig combination with gemcitabine and cisplatin | • Primary endpoints (HCC sub-study): safety and efficacy (ORR)<br>• Primary endpoints (BTC sub-study): safety and efficacy (PFS6)<br>• Secondary endpoints: DoR, OS, PK and ADA | • FPCD: Q2 2023<br>• Data anticipated: H2 2024 |
| **Phase I/II<br>ARTEMIDE-01<br>NCT04995523<br>Partnered (Compugen)** | NSCLC | 192 | • Open-label, dose escalation and dose expansion trial<br>• Part A: dose escalation in CPI-experienced NSCLC patients with rilvegostomig i.v. monotherapy<br>• Part B: dose expansion in CPI-experienced NSCLC patients with rilvegostomig i.v. monotherapy<br>• Part C: dose expansion in CPI-naive NSCLC patients with rilvegostomig i.v. monotherapy<br>• Part D: randomised dose expansion in CPI-naive NSCLC patients with rilvegostomig i.v. monotherapy<br>• Global trial | • Primary endpoints (Part A): safety, RP2D and MTD<br>• Primary endpoints (Part B): safety and efficacy (ORR)<br>• Primary endpoints (Part C): safety and efficacy (ORR)<br>• Primary endpoints (Part D): safety and efficacy (ORR)<br>• Secondary endpoints: PK parameters, PD (receptor occupancy), efficacy (DCR, DoR, DRR, PFS) | • FPCD: Q4 2021<br>• Data anticipated: H2 2024 |


As of 8 February 2024.
Appendix: Glossary.

# sabestomig (AZD7789, PD-1/TIM3 bispecific mAb)

## Cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/IIa**<br>**NCT04931654** | NSCLC, gastric cancer and other tumours | 192 | • Open-label, non-randomised dose escalation and dose expansion trial<br>• Part A: dose escalation in post-IO NSCLC patients with sabestomig i.v. monotherapy<br>• Part B: dose expansion in post-IO and IO-naïve NSCLC patients and also post-IO gastric patients with sabestomig i.v. monotherapy<br>• Global trial | • Primary endpoints: AE, SAE, DLTs and ORR<br>• Secondary endpoints: ORR, DCR, DoR, PFS, OS, PK parameters, ADA and ctDNA | • FPCD: Q4 2021<br>• Data anticipated: 2025 |
| **Phase I/II**<br>**NCT05216835** | R/R classical Hodgkin lymphoma | 180 | • Cohort A: dose escalation where patients with anti-PD-1/PD-L1 exposed R/R cHL will receive sabestomig<br>• Cohort B1: dose expansion where patients with anti-PD-1/PD-L1 exposed R/R cHL will receive sabestomig once the recommended Phase II dose (RP2D) has been determined<br>• Cohort B2: dose expansion where patients with anti-PD-1/PD-L1 naïve R/R cHL will receive sabestomig once the RP2D has been determined | • Primary endpoints (Cohort A): AE and DLTs<br>• Primary endpoints (Cohort B1): AE and ORR<br>• Primary endpoints (Cohort B2): AE and CRR<br>• Secondary endpoints (Cohort A): CRR, ORR, DoR, DoCR, PFS, OS, ADA and PK parameters<br>• Secondary endpoints (Cohort B1 and B2): DoR, DoCR, PFS, OS, ADA and PK parameters | • FPCD: Q2 2022<br>• Data anticipated: >2025 |


As of 8 February 2024.
Appendix: Glossary.

# saruparib (AZD5305, PARP1 inhibitor)

## Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I/IIa<br>PETRA<br>NCT04644068** | Advanced solid tumours | 804 | • Modular, open-label, multi-centre dose escalation and expansion trial<br>• Module 1: saruparib<br>• Module 2: saruparib + paclitaxel<br>• Module 3: saruparib + carboplatin +/- paclitaxel<br>• Module 4: saruparib + *Enhertu*<br>• Module 5: saruparib + datopotamab deruxtecan<br>• Module 6: saruparib + camizestrant | • Primary endpoints: safety and tolerability, PK parameters<br>• Secondary endpoint: efficacy | • FPCD: Q4 2020<br>• Data anticipated: >2025 |
| **Phase I/IIa<br>PETRANHA<br>NCT05367440** | Metastatic prostate cancer | 172 | • Multi-arm, open-label, non-randomised, multi-centre trial of saruparib in combination with new hormonal agents in patients with metastatic prostate cancer<br>• Arm 1: saruparib + enzalutamide<br>• Arm 2: saruparib + abiraterone acetate<br>• Arm 3: saruparib + darolutamide | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters and efficacy | • FPCD: Q2 2022<br>• Data anticipated: >2025 |
| **Phase I<br>NCT05573724** | Locally advanced, unresectable or metastatic solid tumours | 16 | • Part A: to assess the effect of multiple doses of itraconazole on the single-dose PK parameters of saruparib which will last up to 13 days and follows a non-randomised, open-label, 2 intervention design<br>• Part B: option to continue with saruparib monotherapy after completing Part A and whilst obtaining clinical benefit | • Primary endpoint: PK parameters<br>• Secondary endpoints: safety and tolerability | • FPCD: Q4 2022<br>• LPCD: Q2 2023<br>• Data readout: Q4 2023 |
| **Phase I<br>ASCERTAIN<br>NCT05938270** | Newly diagnosed prostate cancer | 120 | • Open-label, randomised, multi-centre trial | • Primary endpoint: to assess the effects of treatment on γH2AX change<br>• Secondary endoints: safety and tolerability, impact on surgical feasibility and change in Ki67 | • FPCD: Q3 2023<br>• Data anticipated: 2025 |

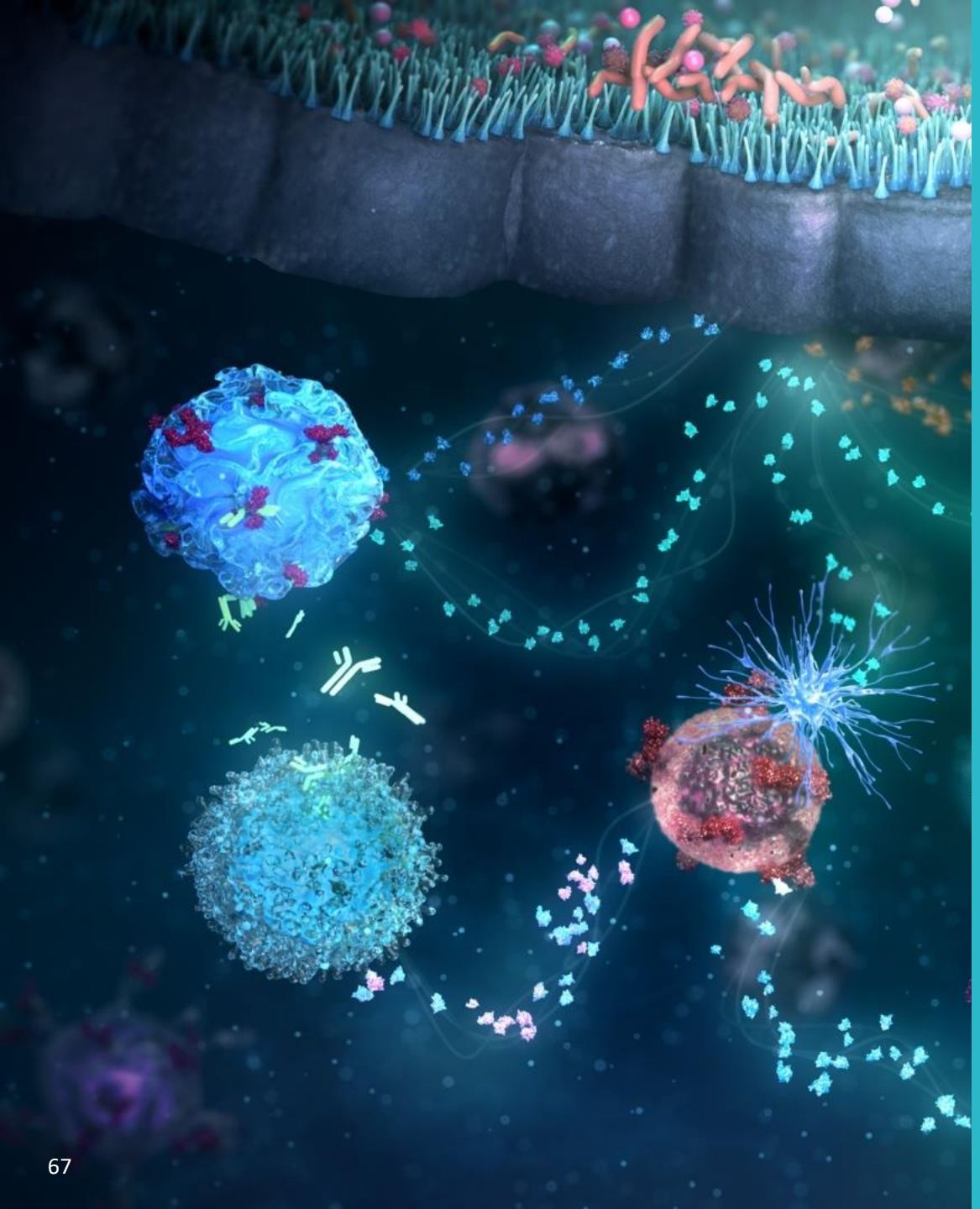

As of 8 February 2024.
Appendix: Glossary.

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

## Cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase Ib**<br>**NCT04522323** | Advanced renal cell carcinoma | 179 | • Open-label, dose escalation and dose expansion trial<br>• Arm 1: volrustomig and axitinib<br>• Arm 2: volrustomig and lenvatanib | • Primary endpoints (escalation): safety, MTD, RP2D, tolerability and anti-tumour activity of combination (ORR)<br>• Secondary endpoints: PK parameters, ADA and anti-tumour activity (PFS, OR, DoR, DCR, TTR, OS) | • FPCD: Q3 2020<br>• Data anticipated: >2025 |
| **Phase I**<br>**NCT03530397** | Advanced solid tumours | 400 | • Open-label, dose escalation and dose expansion trial<br>• Dose escalation: volrustomig i.v.<br>• Dose expansion: volrustomig i.v. as monotherapy and in combination with chemotherapy<br>• Arm 1: volrustomig i.v.<br>• Arm 2: volrustomig i.v., pemetrexed and carboplatin<br>• Arm 3: pembrolizumab, pemetrexed and carboplatin<br>• Arm 4: volrustomig i.v., taxane (paclitaxel or nab-paclitaxel) and carboplatin | • Primary endpoints (escalation): safety and tolerability, MTD, OBD and HPDD<br>• Primary endpoint (expansion): antitumour activity based on ORR<br>• Secondary endpoints: PK parameters, ADA, tumoural baseline PD-L1, anti-tumour activity (OR, DoR, DCR, PFS, OS) | • FPCD: Q2 2018<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.



# BioPharmaceuticals: approved medicines and late-stage development

# *Andexxa* (anti-factor Xa reversal)

## Haematology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase IV**<br>**I8-513 (post-launch)**<br>**NCT03661528** | Acute intracranial haemorrhage | 1200 | • Arm 1: *Andexxa*<br>• Arm 2: usual care<br>• Global trial | • Primary endpoint: proportion of patients with good or excellent haemostatic efficacy as rated by an independent adjudication committee<br>• Secondary endpoint: change from baseline in anti-factor Xa activity | • FPCD: Q2 2019<br>• Data readout: Q2 2023<br>• Primary endpoint met |
| **Phase II**<br>**19-515**<br>**NCT04233073** | Urgent surgery | 10 | • Arm 1: *Andexxa* | • Primary endpoint: proportion of patients with good or excellent intraoperative haemostatic efficacy as determined by the surgeon's assessment and confirmed by an independent adjudication committee<br>• Secondary endpoint: percent change from baseline in anti-factor Xa activity | • FPCD: Q2 2021<br>• LPCD: Q1 2022<br>• Data readout: Q4 2022 |




As of 8 February 2024.
Appendix: Glossary.

# *Farxiga* (SGLT2 inhibitor)

## Heart failure and chronic kidney disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**DAPA-MI**<br>**NCT04564742** | Myocardial infarction | 6400 | • Arm 1: *Farxiga* 10mg QD<br>• Arm 2: placebo<br>• Global trial – 2 countries | • Primary endpoint: time to the first occurrence of any of the components of the composite (hospitalisation for HF or CV death) | • FPCD: Q4 2020<br>• Data readout: Q4 2023<br>• Primary endpoint met |




As of 8 February 2024.
Appendix: Glossary.

# *Lokelma* (sodium zirconium cyclosilicate)

## Hyperkalaemia

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**DIALIZE-Outcomes**<br>**NCT04847232** | Recurrent hyperkalaemia on chronic haemodialysis | 2800 | • Arm 1: *Lokelma* 5g to 15g QD for 4 weeks on non-dialysis days; thereafter, adjusted monthly<br>• Arm 2: placebo QD<br>• Global trial – 26 countries | • Primary endpoint: time to first occurrence of SCD, stroke or hospitalisation, intervention or ED visit due to arrhythmia | • FPCD: Q3 2021<br>• Trial discontinued due to strategic portfolio prioritisation |
| **Phase III**<br>**STABILIZE-CKD**<br>**NCT05056727** | Patients with CKD and hyperkalaemia or at risk of hyperkalaemia | 1360 | • Open-label *Lokelma* (10g TID or 5g QD) for up to 72 hours, followed by 3 months open-label treatment with *Lokelma* (5g QOD to 15g QD) and uptitration of lisinopril or valsartan; thereafter, patients are randomised to a 24-month treatment:<br>• Arm 1: *Lokelma* (5g QOD to 15g QD) and lisinopril or valsartan<br>• Arm 2: placebo and lisinopril or valsartan<br>• Global trial – 20 countries | • Primary endpoints: total slope (eGFR measurements starting at randomisation) and chronic slope (eGFR measurements starting at 12 weeks after randomisation) | • FPCD: Q4 2021<br>• Trial discontinued due to strategic portfolio prioritisation |




As of 8 February 2024.
Appendix: Glossary.

# roxadustat (HIF-PH inhibitor)

## Anaemia

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>MATTERHORN<br>NCT03263091<br>Partnered (FibroGen)** | Anaemia in lower-risk MDS patients | 184 | • Open-label roxadustat lead-in<br>• Arm 1: roxadustat<br>• Arm 2: placebo<br>• Global trial | • Primary endpoint: proportion of patients achieving transfusion independence | • FPCD: Q3 2017<br>• Data readout: Q2 2023<br>• Primary endpoint not met |
| **Phase II/III<br>NCT03303066<br>Partnered (FibroGen)** | Anaemia in lower-risk MDS patients | 43 | • Open-label roxadustat lead-in<br>• Arm 1: roxadustat<br>• Arm 2: placebo<br>• China only | • Primary endpoint: haemoglobin response | • FPCD: Q2 2018<br>• LPCD: Q1 2023<br>• Data readout: Q2 2023<br>• Primary endpoint met |




As of 8 February 2024.
Appendix: Glossary.

# *Wainua* (eplontersen, ligand-conjugated antisense)

## ATTR

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>CARDIO-TTRansform<br>NCT04136171<br>Partnered (Ionis Pharmaceuticals, Inc.)** | Hereditary or wild-type transthyretin-mediated amyloid cardiomyopathy (ATTR-CM) | 1438 | • Arm 1: *Wainua* s.c.<br>• Arm 2: placebo | • Primary endpoints: composite outcome of CV mortality and recurrent CV clinical events at Week 140<br>• Secondary endpoints: 6MWT, KCCQ, CV events and CV mortality | • FPCD: Q1 2020<br>• Data anticipated: 2025 |
| **Phase III<br>NEURO-TTRansform<br>NCT04136184<br>Partnered (Ionis Pharmaceuticals, Inc.)** | Hereditary transthyretin-mediated amyloid polyneuropathy (ATTRv-PN) | 168 | • Arm 1: *Wainua* s.c.<br>• Arm 2: inotersen s.c. | • Primary endpoints (at Week 35): change from baseline in mNIS+7 and percent change from baseline in TTR concentration<br>• Secondary endpoint (Week 35): changes from baseline in Norfolk QOL<br>• Primary endpoints (at Week 66): change from baseline in mNIS+7, change from baseline in the Norfolk QoL-DN Questionnaire and percent change from baseline in TTR concentration | • FPCD: Q1 2020<br>• LPCD: Q3 2023<br>• Data readout: Q2 2022<br>• Co-primary endpoints met at Week 35 and Week 66 |




As of 8 February 2024.
Appendix: Glossary.

# baxdrostat (selective aldosterone synthase inhibitor)

## Hypertension

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**BaxHTN**<br>**NCT06034743** | Patients with uncontrolled hypertension on two or more medications including patients with resistant hypertension | 720 | • Arm 1: baxdrostat 1mg QD<br>• Arm 2: baxdrostat 2mg QD<br>• Arm 3: placebo QD<br>• Global trial – 29 countries | • Primary endpoint: effect of baxdrostat vs. placebo on seated systolic blood pressure at Week 12<br>• Secondary endpoints: effect of baxdrostat vs. placebo on seated systolic blood pressure at 8 weeks after randomised withdrawal, safety and tolerability | • FPCD: Q1 2024<br>• Data anticipated: 2025 |
| **Phase II**<br>**SPARK**<br>**NCT04605549** | Patients with primary aldosteronism | 18 | • Arm 1: baxdrostat 2-8mg QD<br>• US only | • Primary endpoints: safety and tolerability in patients with PA at doses from 2 to 8mg per day for 12 weeks and the reduction in SBP patients with PA after 12 weeks<br>• Secondary endpoints: reduction in DBP as a function of dose in patients with PA after 12 weeks of treatment, change in serum potassium and requirement for potassium supplementation and change in serum sodium and requirement for fluid or mineral replacement | • FPCD: Q3 2022<br>• Data anticipated: H2 2024 |
| **Phase II**<br>**HALO-OLE**<br>**NCT05459688** | Patients with uncontrolled hypertension who have completed study CIN-107-124 | 175 | • Arm 1: baxdrostat 2mg QD<br>• US only | • Primary endpoints: safety and tolerability | • FPCD: Q2 2022<br>• Data anticipated: H1 2024 |
| **Phase II**<br>**FigHTN**<br>**NCT05432167** | Patients with uncontrolled hypertension and CKD | 194 | • Arm 1: baxdrostat (low dose)<br>• Arm 2: baxdrostat (high dose)<br>• Arm 3: placebo<br>• US only | • Primary endpoint: change from baseline in mean seated systolic blood pressure vs. placebo at Week 26<br>• Secondary endpoint: to evaluate the treatment effect on SBP at Week 26 by dosing strategy | • FPCD: Q2 2022<br>• Data anticipated: H2 2024 |




As of 8 February 2024.
Appendix: Glossary.

# tozorakimab (IL-33 ligand mAb)

## Diabetic kidney disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**NCT04170543** | Adult patients with diabetic kidney disease | 581 | • Arm 1: tozorakimab dose 1 + *Farxiga*<br>• Arm 2: tozorakimab dose 2 + *Farxiga*<br>• Arm 3: tozorakimab dose 3 + *Farxiga*<br>• Arm 4: tozorakimab dose 4 + *Farxiga*<br>• Arm 5: placebo + *Farxiga*<br>• Global trial – US, Canada, Japan and additional countries | • Primary endpoint: change from baseline in UACR compared to placebo at 24 weeks<br>• Secondary endpoints: safety and other efficacy measures | • FPCD: Q4 2019<br>• LPCD: Q2 2023<br>• Trial discontinued due to efficacy |




As of 8 February 2024.
Appendix: Glossary.

# zibotentan/dapagliflozin (ETA receptor antagonist/SGLT2 inhibitor)

## Chronic kidney disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**ZENITH High Proteinuria**<br>**NCT06087835** | CKD and high proteinuria | 1500 | • Randomised, parallel, multi-centre, double-blind trial<br>• Arm 1: zibotentan/*Farxiga* dose A or dose B<br>• Arm 2: *Farxiga*<br>• Global trial | • Primary endpoint: change in eGFR from baseline<br>• Secondary endpoints: change in UPCR from baseline to each participant's mean level; change in UACR from baseline to each participant's mean level; time to the first occurrence of any of the components of the renal composite endpoint of 40% sustained decline in eGFR or ESKD or renal death | • FPCD: Q4 2023<br>• Data anticipated: >2025 |
| **Phase IIb**<br>**ZENITH-CKD**<br>**NCT04724837** | CKD | 447 | • Arm 1: zibotentan dose A + *Farxiga* 10mg QD<br>• Arm 2: zibotentan dose B + *Farxiga* 10mg QD<br>• Arm 3: *Farxiga* 10mg + placebo QD<br>• Global trial | • Primary endpoint: change in log-transformed UACR from baseline to Week 12 zibotentan dose B/*Farxiga* 10mg vs. *Farxiga* 10mg<br>• Secondary endpoints: change in log-transformed UACR from baseline to Week 12 zibotentan dose A/*Farxiga* 10mg vs. *Farxiga* 10mg; change in blood pressure, least squares mean change of UACR, change in eGFR at predetermined timepoints and number of participants experiencing adverse events | • FPCD: Q2 2021<br>• Data readout: Q3 2023<br>• Primary endpoint met |


As of 8 February 2024.
Appendix: Glossary.

# zibotentan/dapagliflozin (ETA receptor antagonist/SGLT2 inhibitor)

## Liver cirrhosis

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**ZEAL**<br>**NCT05516498** | Part A: participants with Child-Pugh A cirrhosis with features of portal hypertension and with no history of decompensation events<br>Part B: participants with a broader range of Child-Pugh A and Child-Pugh B cirrhosis with more severe disease | 195 | • Phase IIa/b multi-centre, randomised, double-blind, placebo-controlled, parallel group dose-ranging trial<br>• Part A - Arm 1: placebo<br>• Part A - Arm 2: zibotentan dose B + *Farxiga*<br>• Part B - Arm 1: placebo<br>• Part B - Arm 2: placebo + *Farxiga*<br>• Part B - Arm 3: zibotentan dose A + *Farxiga*<br>• Part B - Arm 4: zibotentan dose B + *Farxiga*<br>• Part B - Arm 5: zibotentan dose C + *Farxiga*<br>• Global trial | • Primary endpoint (Part A): absolute change in HVPG from baseline to Week 6 comparing zibotentan and *Farxiga* in combination vs. placebo<br>• Primary endpoint (Part B): absolute change in HVPG from baseline to Week 6 comparing zibotentan and *Farxiga* in combination and *Farxiga* mono vs. placebo | • FPCD: Q4 2022<br>• Data anticipated: 2025 |




As of 8 February 2024.
Appendix: Glossary.

# *Airsupra* (PT027, SABA/ICS, pMDI)

## Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase IIIb<br>BATURA<br>NCT05505734<br>Managed by Avillion (Avillion)** | Adults and adolescents with mild asthma | 1910 | • Randomised, double-blind, multi-centre, parallel-group, decentralised<br>• 12 to 52-week treatment period<br>• Arm 1: *Airsupra* MDI 160/180µg<br>• Arm 2: AS MDI 180µg<br>• US only | • Primary: time to first severe asthma exacerbation | • FPCD: Q3 2022<br>• Data anticipated: 2025 |
| **Phase III<br>MANDALA<br>NCT03769090<br>Managed by Avillion (Avillion)** | Moderate to severe asthma | 3132 | • Randomised, double-blind, multi-centre, parallel group<br>• Treatments: minimum 24-week treatment period<br>• Arm 1: *Airsupra* (budesonide albuterol) MDI 80/180µg prn<br>• Arm 2: *Airsupra* MDI 160/180µg prn<br>• Arm 3: AS MDI 180µg prn<br>• Global trial | • Primary endpoint: time to first severe asthma exacerbation<br>• Secondary endpoints: severe exacerbation rate (annualised); total corticosteroid exposure over the treatment period; Asthma Control Questionnaire -5 change from baseline and responder analysis at Week 24; 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 | • FPCD: Q4 2018<br>• LPCD: Q1 2021<br>• Data readout: Q3 2021<br>• Primary endpoint met |
| **Phase III<br>DENALI<br>NCT03847896<br>Managed by Avillion (Avillion)** | Mild to moderate asthma | 1001 | • Randomised, double-blind, multi-centre and parallel-group<br>• Treatments: 12-week treatment period<br>• Arm 1: *Airsupra* MDI 80/180µg QID<br>• Arm 2: *Airsupra* MDI 160/180µg QID<br>• Arm 3: *Airsupra* MDI 160µg QID<br>• Arm 4: AS MDI 180µg QID<br>• Arm 5: placebo MDI QID<br>• Global trial | • Dual primary endpoints: change from baseline in FEV1 AUC0-6 hours over 12 weeks; change from baseline in trough FEV1 at Week 12 | • FPCD: Q2 2019<br>• LPCD: Q2 2021<br>• Data readout: Q3 2021<br>• Dual primary endpoints met |




As of 8 February 2024.
Appendix: Glossary.

# *Breztri*, *Trixeo* (LAMA/LABA/ICS)

## Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**KALOS**<br>**NCT04609878** | Severe asthma | 2200 | • Randomised, double-blind, double-dummy, parallel group and multi-centre trial<br>• Treatments (24- to 52-week variable length)<br>• Arm 1: *Breztri* 320/28.8/9.6µg BID MDI<br>• Arm 2: *Breztri* 320/14.4/9.6µg BID MDI<br>• Arm 3: *Symbicort* 320/9.6µg BID MDI<br>• Arm 4: *Symbicort* 320/9µg BID pMDI<br>• Global trial | • Primary endpoint: change from baseline in FEV1 AUC0-3 at Week 24<br>• Secondary endpoint: change from baseline in morning pre-dose trough FEV1 at Week 24 | • FPCD: Q1 2021<br>• Data anticipated: 2025 |
| **Phase III**<br>**LOGOS**<br>**NCT04609904** | Severe asthma | 2200 | • Randomised, double-blind, double dummy, parallel group and multi-centre trial<br>• Treatments (24- to 52-week variable length)<br>• Arm 1: *Breztri* 320/28.8/9.6µg BID MDI<br>• Arm 2: *Breztri* 320/14.4/9.6µg BID MDI<br>• Arm 3: *Symbicort* 320/9.6µg BID MDI<br>• Arm 4: *Symbicort* 320/9µg BID pMDI<br>• Global trial | • Primary endpoint: change from baseline in FEV1 AUC0-3 at Week 24<br>• Secondary endpoint: change from baseline in morning pre-dose trough FEV1 at Week 24 | • FPCD: Q1 2021<br>• Data anticipated: 2025 |
| **Phase III**<br>**VATHOS**<br>**NCT05202262** | Moderate asthma | 630 | • Randomised, double-blind, parallel group, multi-centre trial<br>• Treatments (24-week)<br>• Arm 1: *Symbicort* 320/9.6µg BID MDI<br>• Arm 1: *Symbicort* 160/9.6µg BID MDI<br>• Arm 3: BD 320µg BID MDI<br>• Arm 4: Open-label *Symbicort* TBH 320/9µg BID<br>• Global trial | • Primary endpoint: change from baseline in FEV1 AUC0-3 at Week 24 | • FPCD: Q1 2022<br>• Data anticipated: 2025 |
| **Phase III**<br>**LITHOS**<br>**NCT05755906** | Mild to moderate asthma | 340 | • Randomised, double-blind, parallel group and multi-centre<br>• Treatments (12-week)<br>• Arm 1: *Symbicort* 160/9.6µg BID MDI<br>• Arm 2: BD 160µg BID MDI<br>• Global trial | • 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 12 | • FPCD: Q1 2023<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# *Breztri*, *Trixeo* (LAMA/LABA/ICS)

## COPD

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**NCT05573464** | Moderate to very severe COPD | 542 | • Randomised, double-blind, 12-week (with an extension to 52 weeks in a subset of participants), parallel-group, multi-centre trial<br>• Arm 1: *Breztri* MDI HFO 160/7.2/4.8µg (2 inhalations BID)<br>• Arm 2: *Breztri* MDI HFA 160/7.2/4.8µg (2 inhalations BID) | • Primary endpoints: number of participants with AEs/SAEs and potentially clinically significant changes in Digital 12-lead Holter ECG, laboratory values, blood pressure, pulse rate, respiratory rate and body temperature | • FPCD: Q3 2022<br>• Data anticipated: H2 2024 |
| **Phase III**<br>**ATHLOS**<br>**NCT06067828** | COPD | 180 | • Randomised, double-blind, three-treatment, three-period, cross-over trial<br>• Treatments (2-week treatment periods, 2-week washout between treatments)<br>• Arm 1: *Breztri* 320/14.4/9.6µg BID MDI<br>• Arm 2: *Symbicort* 320/9.6µg BID MDI<br>• Arm 3: placebo BID MDI | • Primary endpoint: change from baseline in isotime IC<br>• Secondary endpoint: change from baseline in constant work rate cycle ergometry endurance time | • FPCD: Q4 2023<br>• Data anticipated: 2025 |


As of 8 February 2024.
Appendix: Glossary.

# *Fasenra* (IL-5R mAb)

## Nasal polyposis and other eosinophilic diseases

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>OSTRO<br>NCT03401229** | Patients with severe bilateral nasal polyps who are still symptomatic despite SoC therapy; age 18 to 75 years | 413 | • Arm 1: *Fasenra* 30mg Q8W s.c.<br>• Arm 2: placebo s.c.<br>• 56-week trial<br>• Global trial – 8 countries | • Primary endpoint: effect of Fasenra on nasal polyp burden and on patient reported nasal blockage | • FPCD: Q1 2018<br>• LPCD: Q2 2019<br>• Data readout: Q3 2020<br>• Co-primary endpoints met |
| **Phase III<br>ORCHID<br>NCT04157335** | Patients with eosinophilic chronic rhinosinusitis with severe nasal polyposis; age 18 to 75 years | 276 | • Arm 1: *Fasenra* 30mg Q8W s.c.<br>• Arm 2: placebo Q8W s.c.<br>• 56-week trial<br>• Global trial – 10 countries | • Primary endpoints: change in endoscopic total nasal polyp score and change in mean nasal blockage score | • FPCD: Q4 2019<br>• Data anticipated: H2 2024 |
| **Phase III<br>MANDARA<br>NCT04157348** | Patients with R/R EGPA on corticosteroid therapy with or without stable immunosuppressive therapy; age 18 years and older | 140 | • Arm 1: *Fasenra* 30mg Q4W s.c.<br>• Arm 2: mepolizumab 300mg Q4W s.c.<br>• 52-week trial with a minimum 1-year open label extension<br>• Global trial – 9 countries | • Primary endpoint: proportion of patients achieving remission (BVAS=0 and OCS dose ≤4mg/day) at Week 36 and Week 48 | • FPCD: Q4 2019<br>• Data readout: Q3 2023<br>• Primary endpoint met |
| **Phase III<br>NATRON<br>NCT04191304** | 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: *Fasenra* 30mg Q4W s.c.<br>• Arm 2: placebo Q4W s.c.<br>• 24-week trial with a minimum 1-year open label extension<br>• Global trial – 9 to 12 countries | • Primary endpoint: time to first HES worsening/flare | • FPCD: Q3 2020<br>• Data anticipated: H1 2024 |




As of 8 February 2024.
Appendix: Glossary.

# *Fasenra* (IL-5R mAb)

## Severe, uncontrolled asthma and COPD

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>MIRACLE<br>NCT03186209** | Severe, uncontrolled asthma despite background controller medication, MD and HD ICS + LABA ± chronic OCS; age 12 to 75 years | 695 | • Arm 1: *Fasenra* 30mg Q8W s.c.<br>• Arm 2: placebo s.c.<br>• 56-week trial | • Primary endpoint: annual asthma exacerbation rate<br>• Secondary endpoints: pulmonary function, asthma symptoms and other asthma control metrics | • FPCD: Q4 2017<br>• LPCD: Q4 2021<br>• Data readout: Q1 2023<br>• Primary endpoint met |
| **Phase III<br>RESOLUTE<br>NCT04053634** | Patients with moderate to very severe COPD with a history of frequent exacerbations on a background triple therapy (ICS/LABA/LAMA); age 40 to 85 years | 642 | • Double-blind, placebo-controlled trial<br>• Arm 1: *Fasenra* 100mg Q8W s.c.<br>• Arm 2: placebo Q8W s.c.<br>• 56-week treatment<br>• Global trial – 26 countries | • Primary endpoint: annualised rate of moderate or severe exacerbations over 56 weeks | • FPCD: Q4 2019<br>• Data anticipated: 2025 |




As of 8 February 2024.
Appendix: Glossary.

# *Saphnelo* (type I interferon receptor mAb)

## Lupus (SLE/LN)

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**TULIP-SC**<br>**NCT04877691**<br>**Partnered (BMS)** | Moderate to severe SLE | 360 | • Arm 1: *Saphnelo* s.c.<br>• Arm 2: placebo s.c.<br>• Global trial | • Primary endpoint: BICLA at Week 52 | • FPCD: Q3 2021<br>• Data anticipated: 2025 |
| **Phase III**<br>**AZALEA-SLE**<br>**NCT04931563**<br>**Partnered (BMS)** | Moderate to severe SLE | 260 | • Arm 1: 300mg *Saphnelo* i.v. Q4W<br>• Arm 2: placebo i.v. Q4W<br>• Asia only | • Primary endpoint: BICLA at Week 52 | • FPCD: Q4 2021<br>• Data anticipated: 2025 |
| **Phase III**<br>**IRIS**<br>**NCT05138133**<br>**Partnered (BMS)** | Active, proliferative LN | 360 | • Arm 1: *Saphnelo* i.v.<br>• Arm 2: placebo i.v. | • Primary endpoint: CRR at Week 52 | • FPCD: Q2 2022<br>• Data anticipated: >2025 |




As of 8 February 2024.
Appendix: Glossary.

# *Saphnelo* (type I interferon receptor mAb)

## Sclerosis

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**DAISY**<br>**NCT05925803**<br>**Partnered (BMS)** | Systemic sclerosis | 306 | • Arm 1: *Saphnelo* s.c.<br>• Arm 2: placebo s.c. | • Primary endpoint: CRISS-25 at Week 52 | • FPCD: Q4 2023<br>• Data anticipated: >2025 |




As of 8 February 2024.
Appendix: Glossary.

# *Tezspire* (TSLP mAb)

## CRSwNP, COPD and EoE

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**WAYPOINT**<br>**NCT04851964**<br>**Partnered (AMGEN)** | Severe chronic rhinosinusitis with nasal polyps; age 18 years and older | 416 | • Arm 1: *Tezspire* s.c.<br>• Arm 2: placebo s.c.<br>• 52-week trial<br>• Global trial – 10 countries | • Co-primary endpoint: nasal polyp score and participant reported nasal congestion | • FPCD: Q2 2021<br>• LPCD: Q4 2023<br>• Data anticipated: H2 2024 |
| **Phase III**<br>**CROSSING**<br>**NCT05583227**<br>**Partnered (AMGEN)** | Adult and paediatric aged 12 years and older with eosinophilic esophagitis | 360 | • Arm 1: *Tezspire* s.c. low dose<br>• Arm 2: *Tezspire* s.c. high dose<br>• Arm 3: placebo<br>• 52-week trial<br>• Global trial – 20+ countries | • Co-primary endpoints: histologic response of peak esophageal eosinophil per HPF count of ≤6 across all available esophageal levels and change from baseline in Dysphagia Symptom Questionnaire score | • FPCD: Q1 2023<br>• Data anticipated: >2025 |
| **Phase IIa**<br>**COURSE**<br>**NCT04039113**<br>**Partnered (AMGEN)** | Moderate to very severe COPD; age 40 to 80 | 338 | • Arm 1: *Tezspire* s.c.<br>• Arm 2: placebo s.c.<br>• 52-week trial<br>• Global trial – 10 countries | • Primary endpoint: rate of moderate or severe COPD exacerbations | • FPCD: Q3 2019<br>• LPCD: Q4 2022<br>• Data anticipated: H1 2024 |


As of 8 February 2024.
Appendix: Glossary.

# *Tezspire* (TSLP mAb)

## Severe, uncontrolled asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>NAVIGATOR<br>NCT03347279<br>Partnered (AMGEN)** | Severe asthma; age 12 to 80 years | 1061 | • Arm 1: *Tezspire* s.c.<br>• Arm 2: placebo s.c.<br>• 52-week trial<br>• Global trial – 18 countries | • Primary endpoint: annual asthma exacerbation rate<br>• Secondary endpoints: change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12) and asthma control (ACQ-6) | • FPCD: Q1 2018<br>• LPCD: Q3 2019<br>• Data readout: Q4 2020<br>• Primary endpoint met |
| **Phase III<br>DIRECTION<br>NCT03927157<br>Partnered (AMGEN)** | Severe asthma; age 18 to 80 years | 405 | • Arm 1: *Tezspire* s.c.<br>• Arm 2: placebo s.c.<br>• 52-week trial<br>• Regional trial (Asia) – 3 countries | • Primary endpoint: annual asthma exacerbation rate<br>• Secondary endpoints: change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12) and asthma control (ACQ-6) | • FPCD: Q3 2019<br>• LPCD: Q2 2023<br>• Data anticipated: H2 2024 |




As of 8 February 2024.
Appendix: Glossary.

# HFO1234ze (next-generation propellant)

## pMDI

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III NCT05755932** | Mucociliary clearance in healthy volunteers | 30 | • Randomised, double-blind, multi-site, two-way crossover trial with propellant only<br>• Arm 1: HFO pMDI; 6 inhalations BID for 7 days<br>• Arm 2: HFA pMDI; 6 inhalations BID for 7 days | • Primary endpoint: change from baseline in MCC through 60 minutes following inhalation of 99m technetium sulfur colloid and gamma camera imaging<br>• Secondary endpoint: change from baseline in MCC at 3 hours following inhalation of 99m technetium sulfur colloid and gamma camera imaging | • FPCD: Q2 2023<br>• Data anticipated: H2 2024 |
| **Phase III NCT05850494** | Well-controlled or partially-controlled asthma | 52 | • Randomised, mulit-centre double-blind, single-dose crossover trial<br>• Arm 1: HFO propellant only pMDI; 4 inhalations per dose<br>• Arm 2: HFA propellant only pMDI; 4 inhalations per dose | • Primary endpoints: change from baseline FEV1 0 to 15 minutes post-dose, cumulative incidence of bronchospasm events and safety and tolerability | • FPCD: Q2 2023<br>• Data anticipated: H1 2024 |
| **Phase III NCT06075095** | COPD | 240 | • Randomised, placebo-controlled, double-blind, multi-centre, 4-week, 3-way crossover pharmacodynamic trial to assess the equivalence of *Breztri* delivered by pMDI HFO vs. with *Breztri* delivered by pMDI HFA<br>• Arm 1: *Breztri* pMDI HFO 320/14.4/9.6µg<br>• Arm 2: *Breztri* pMDI HFA 320/14.4/9.6 µg<br>• Placebo: MDI HFA | • Primary endpoint: changes in FEV1 AUC (0-4) and change in morning pre-dose trough FEV1<br>• Secondary endpoints: safety and efficacy | • Initiating<br>• Data anticipated: 2025 |




As of 8 February 2024.
Appendix: Glossary.

# HFO1234ze (next-generation propellant)

## pMDI

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I NCT06139991** | Healthy volunteers | | • Randomised, double-blind, single-dose, cross-over trial to assess the equivalence of *Airsupra* delivered by pMDI HFO vs. with *Airsupra* delivered by pMDI HFA<br>• Arm 1: *Airsupra* pMDI HFO 80/90µg (single dose of 2 inhalations)<br>• Arm B: *Airsupra* pMDI HFA 80/90µg (single dose of 2 inhalations) | • Primary endpoint: AUClast and Cmax | • FPCD: Q4 2023<br>• Data anticipated: H2 2024 |
| **Phase I NCT05477108** | Healthy volunteers | 108 | • Randomised, double-blind, single-dose, single-centre, partial-replicate, 3-way crossover trial<br>• Arm 1: *Breztri* pMDI HFO 160/7.2/4.8µg (single dose of 4 inhalations)<br>• Arm 2: *Breztri* pMDI HFA 160/7.2/4.8µg (single dose of 4 inhalations) | • Primary endpoint: AUCinf, AUClast and Cmax | • FPCD: Q3 2022<br>• Data readout: Q4 2023 |
| **Phase I NCT05569421** | Healthy volunteers | 108 | • Randomised, double-blind, single-dose, single-centre, partial-replicate, 3-way crossover trial<br>• Arm 1: *Breztri* pMDI HFO 160/7.2/4.8µg (single dose of 4 inhalations)<br>• Arm 2: *Breztri* pMDI HFA 160/7.2/4.8µg (single dose of 4 inhalations) | • Primary endpoint: AUCinf, AUClast and Cmax | • FPCD: Q4 2022<br>• Data anticipated: H1 2024 |

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Appendix: Glossary.

# tozorakimab (IL-33 ligand mAb)

## Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**FRONTIER-3**<br>**NCT04570657** | Adults with uncontrolled moderate to severe asthma | 250 | • Randomised, double-blind, placebo-controlled trial<br>• Arm 1: tozorakimab dose 1 s.c.<br>• Arm 2: tozorakimab dose 2 s.c.<br>• Arm 3: placebo s.c.<br>• Global trial – US, Argentina, Germany, Hungary, Poland, South Africa and UK | • Primary endpoint: change from baseline at Week 16 in FEV1<br>• Secondary endpoints: safety and other efficacy measures | • FPCD: Q4 2020<br>• LPCD: Q3 2022<br>• Data readout: Q2 2023 |


As of 8 February 2024.
Appendix: Glossary.

# tozorakimab (IL-33 ligand mAb)

## COPD

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>OBERON<br>NCT05166889** | Adults with symptomatic COPD with a history of exacerbations | 1060 | • Randomised, double-blind, placebo-controlled, parallel-group<br>• Treatment: 52-week<br>• Arm 1: tozorakimab dose 1 s.c. + SoC<br>• Arm 2: tozorakimab dose 2 s.c. + SoC<br>• Arm 3: placebo s.c. + SoC<br>• Global trial – 20 countries | • Primary endpoint: annualised rate of moderate to severe COPD exacerbations (former smokers)<br>• Secondary endpoints: annualised rate of moderate to severe COPD exacerbations (former or current smokers) and change in pre-BD FEV1, E-RS:COPD and SGRQ | • FPCD: Q1 2022<br>• Data anticipated: >2025 |
| **Phase III<br>TITANIA<br>NCT05158387** | Adults with symptomatic COPD with a history of exacerbations | 1060 | • Randomised, double-blind, placebo-controlled, parallel-group<br>• Treatment: 52-week<br>• Arm 1: tozorakimab dose 1 s.c. + SoC<br>• Arm 2: tozorakimab dose 2 s.c. + SoC<br>• Arm 3: placebo s.c.+ SoC<br>• Global trial – 19 countries | • Primary endpoint: annualised rate of moderate to severe COPD exacerbations (former smokers)<br>• Secondary endpoints: annualised rate of moderate to severe COPD exacerbations (former or current smokers) and change in pre-BD FEV1, E-RS:COPD and SGRQ | • FPCD: Q1 2022<br>• Data anticipated: >2025 |
| **Phase III<br>PROSPERO<br>NCT05742802** | Subjects who completed either OBERON or TITANIA will be offered the opportunity to consent (adults with symtomatic COPD with a history of exacerbations) | 1596 | • Randomised, double-blind, placebo-contolled, paralell-group, long-term extension trial<br>• Treatment: 52-weeks<br>• Arm 1: tozorakimab dose 1 s.c. + SoC<br>• Arm 2: tozorakimab dose 2 s.c. + SoC<br>• Arm 3: placebo s.c. + SoC<br>• Global trial – 38 countries | • Primary endpoint: time to first severe COPD exacerbation in primary population of former smokers over the treatment period incorporating both the predecessor studies and PROSPERO<br>• Secondary endpoint: time to first severe COPD exacerbation in the overall population of current and former smokers | • FPCD: Q1 2023<br>• Data anticipated: >2025 |




As of 8 February 2024.
Appendix: Glossary.

# tozorakimab (IL-33 ligand mAb)

## COPD

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**MIRANDA**<br>**NCT06040086** | Adults with symptomatic COPD with a history of exacerbations | 1240 | • Randomised, double-blind, placebo-controlled, parallel group<br>• Arm 1: tozorakimab dose s.c. + SoC<br>• Arm 2: placebo s.c. + SoC<br>• Global trial – 29 countries | • Primary endpoint: annualised rate of moderate to severe COPD exacerbations (former smokers)<br>• Secondary endpoints: annualised rate of moderate to severe COPD exacerbations (former or current smokers), annualised rate of severe COPD exacerbations (former and former or current smokers) and change in pre-BD FEV1, E-RS:COPD and SGRQ | • FPCD: Q4 2023<br>• Data anticipated: >2025 |
| **Phase II**<br>**NCT04631016** | Adults with COPD and chronic bronchitis | 137 | • Randomised, double-blind, placebo-controlled, parallel-group, PoC trial<br>• Arm 1: tozorakimab s.c.<br>• Arm 2: placebo s.c.<br>• Global trial – 15 countries | • Primary endpoint: change from baseline at Week 12 in FEV1<br>• Secondary endpoints: safety and other efficacy measures | • FPCD: Q1 2021<br>• Data readout: Q3 2023 |




As of 8 February 2024.
Appendix: Glossary.

# tozorakimab (IL-33 ligand mAb)

## Severe viral LRTD

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**TILIA**<br>**NCT05624450** | Adults hospitalised for viral lung infection requiring supplemental oxygen | 2902 | • Randomised, double-blind, placebo-controlled, parallel group<br>• Arm 1: tozorakimab dose i.v. + SoC<br>• Arm 2: placebo i.v. + SoC<br>• Global trial – 38 countries | • Primary endpoint: progression to death or to invasive mechanical ventilation/extracorporeal membrane oxygenation<br>• Secondary endpoints: safety and other efficacy measures | • FPCD: Q4 2022<br>• Data anticipated: 2025 |




As of 8 February 2024.
Appendix: Glossary.

# *Beyfortus* (nirsevimab, RSV mAb-YTE)

## Infection

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>MELODY<br>NCT03979313** | Healthy infants (born 35 weeks 0 days or greater gestational age) | 3012 | • Randomised, double-blind, placebo-controlled<br>• Arm 1: *Beyfortus* i.m.<br>• Arm 2: placebo i.m.<br>• Global trial – 31 countries | • Primary endpoint: efficacy<br>• Secondary endpoints: safety, PK parameters and ADA | • Data readout: Q3 2022<br>• FPCD: Q2 2021 (safety cohort)<br>• LPCD: Q4 2021 (safety cohort)<br>• Data readout: Q3 2022 (safety cohort)<br>• Primary endpoint met<br>• FPCD: Q3 2019 (efficacy cohort)<br>• LPCD: Q1 2020 (efficacy cohort)<br>• Data readout: Q2 2021 (efficacy cohort)<br>• Primary endpoint met |
| **Phase III<br>CHIMES<br>NCT05110261** | Healthy infants (born 29 weeks 0 days or greater gestational age) | 800 | • Randomised, double-blind, placebo-controlled<br>• Arm 1: *Beyfortus* i.m.<br>• Arm 2: placebo i.m.<br>• China only | • Primary endpoints efficacy<br>• Secondary endpoints: safety, PK parameters and ADA | • FPCD: Q4 2021<br>• Data anticipated: 2025 |
| **Phase II/III<br>MEDLEY<br>NCT03959488** | High-risk pre-term (born 35 weeks 0 day or less gestational-age) CHD and CLD infants eligible to receive Synagis | 925 | • Randomised, double-blind, palivizumab-controlled<br>• Arm 1: *Beyfortus* i.m.<br>• Arm 2: Synagis i.m.<br>• Global trial – 32 countries | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters, ADA and descriptive efficacy | • FPCD: Q3 2019<br>• LPCD: Q4 2020<br>• Data readout: Q2 2021<br>• Safety objective met |
| **Phase II<br>MUSIC<br>NCT04484935** | Immunocompromised children who are ≤24 months of age at the time of dose administration | 100 | • Open-label, uncontrolled, single-dose trial<br>• *Beyfortus* i.m.<br>• Route of administration: i.m.<br>• Global trial – 8 countries | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters, ADA and efficacy | • FPCD: Q3 2020<br>• LPCD: Q1 2022<br>• Data readout: Q2 2023<br>• Primary endpoint met |




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Appendix: Glossary.

# *Evusheld* (AZD7442, tixagevimab + cilgavimab)

## COVID-19

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II<br>ENDURE<br>NCT05375760** | Adults and pediatric individuals (≥12 years of age weighing at least 40kg) who are moderate to severely immunocompromised due to an underlying disease or are taking immunosuppressive medications and therefore unable to mount an adequate immune response | 251 | • Randomised, open-label, dose-ranging to assess safety, immunogenicity, PK and PD profiles in pre-exposure prophylaxis<br>• Arm 1: *Evusheld*, dose regimen 1<br>• Arm 2: *Evusheld*, dose regimen 2<br>• US only | • Primary endpoints: safety and tolerability, incidence of ADA<br>• Secondary endpoints: individual serum concentration; GMTs and GMFR in severe acute respiratory CoV-2 neutralizing antibodies | • FPCD: Q2 2022<br>• LPCD: Q3 2022<br>• Data anticipated: H1 2024 |
| **Phase I<br>NCT05166421** | Healthy adults; age ≥18 years | 207 | • Open-label, randomised, three-arm, single-dose trial<br>• Arm 1: *Evusheld* administered as a single co-formulated dose (clonal cell line material)<br>• Arm 2: *Evusheld* administered as two separate doses (clonal cell line material)<br>• Arm 3: *Evusheld* administered as two separate doses (cell pool material)<br>• *Evusheld* (1:1:1)<br>• US only | • Primary endpoints: safety and PK parameters | • FPCD: Q1 2022<br>• LPCD: Q3 2022<br>• Data readout: Q4 2023<br>• Primary endpoint met |
| **Phase I<br>TRUST<br>NCT05281601<br>(No partner)** | Pediatric participants ≥29 weeks gestational age to <18 years at increased risk of developing severe SARS-CoV-2 infection | 100 | • Open-label, single-dose, three cohort trial<br>• Cohort 1: pre-exposure prophylaxis<br>• Cohort 2: mild-to-moderate COVID-19<br>• Cohort 3: severe COVID-19<br>• *Evusheld*<br>• US only | • Primary endpoints: safety, tolerability and PK parameters | • FPCD: Q1 2022<br>• Data anticipated: H2 2024 |




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Appendix: Glossary.

# sipavibart (AZD3152, SARS-CoV-2 LAAB)

## COVID-19

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**SUPERNOVA**<br>**NCT05648110** | Phase I: healthy adults; age 18 to 55 years<br>Phase II: immuocompetent or immunoimpared adults<br>Phase III: 12 years of age or older with conditions causing immune impairment | 3200 | • 2 parts (Phase I: sentinel safety cohort and Phase III: main cohort)<br>• Phase I (sentinel safety cohort): 56 healthy adults, age 18 to 55 years, randomised in a 5:2 ratio to receive AZD5156 or placebo<br>• Phase III (main cohort): randomised 1:1 to receive AZD3152 300mg or comparator (600mg *Evusheld* or placebo) administered i.m. in the anterolateral thigh on Day 1; participants will receive a second dose of their original randomised trial intervention 6 months after Visit 1<br>• Phase II (sub-study, open-label): participants randomised 2:1 to receive 1200mg i.v. AZD3152 or 300mg i.m. *Evusheld*<br>• Global trial | • Primary endpoints (Phase III main cohort): to evaluate the safety of AZD3152 and Evusheld and/or placebo and to compare the efficacy of AZD3152 to Evusheld and/or placebo in the prevention of symptomatic COVID-19<br>• Primary endpoints (Phase II sub-study): to evaluate the safety of AZD3152 and Evushled; to compare the nAb responses to the SARS-CoV-2 to a current variant of concern following AZD3152 administration vs. SARS-CoV-2 nAb responses to prior variants following Evusheld admininistration, to characterise the PK of AZD3152 and Evusheld in serum and to evaluate the ADA responses to AZD3152 and AZD7442 in serum | • FPCD: Q4 2022<br>• LPCD: Q4 2023<br>• Data anticipated: H1 2024 |
| **Phase I**<br>**LITTLE DIPPER**<br>**NCT05872958** | Healthy adult participants; age 18 to 55 years | 96 | • Phase I, double-blind, placebo-controlled, multi-centre, dose exploration study<br>• to evaluate the safety and PK of AZD3152 in healthy adult participants across different dose levels and routes of administration<br>• Approximately 96 participants randomised in a 10:2 ratio to receive either AZD3152 or placebo administered i.m. or i.v. across 5 fixed-dose cohorts | • Primary endpoint: to evaluate the safety of i.m. or i.v. administration of AZD315 and to characterise the PK of AZD3152 in serum after a single i.m. or i.v. dose<br>• Secondary endpoint: to evaluate ADA responses to AZD3152 | • FPCD: Q2 2023<br>• LPCD: Q3 2023<br>• Data readout: Q4 2023<br>• Primary endpoint met |




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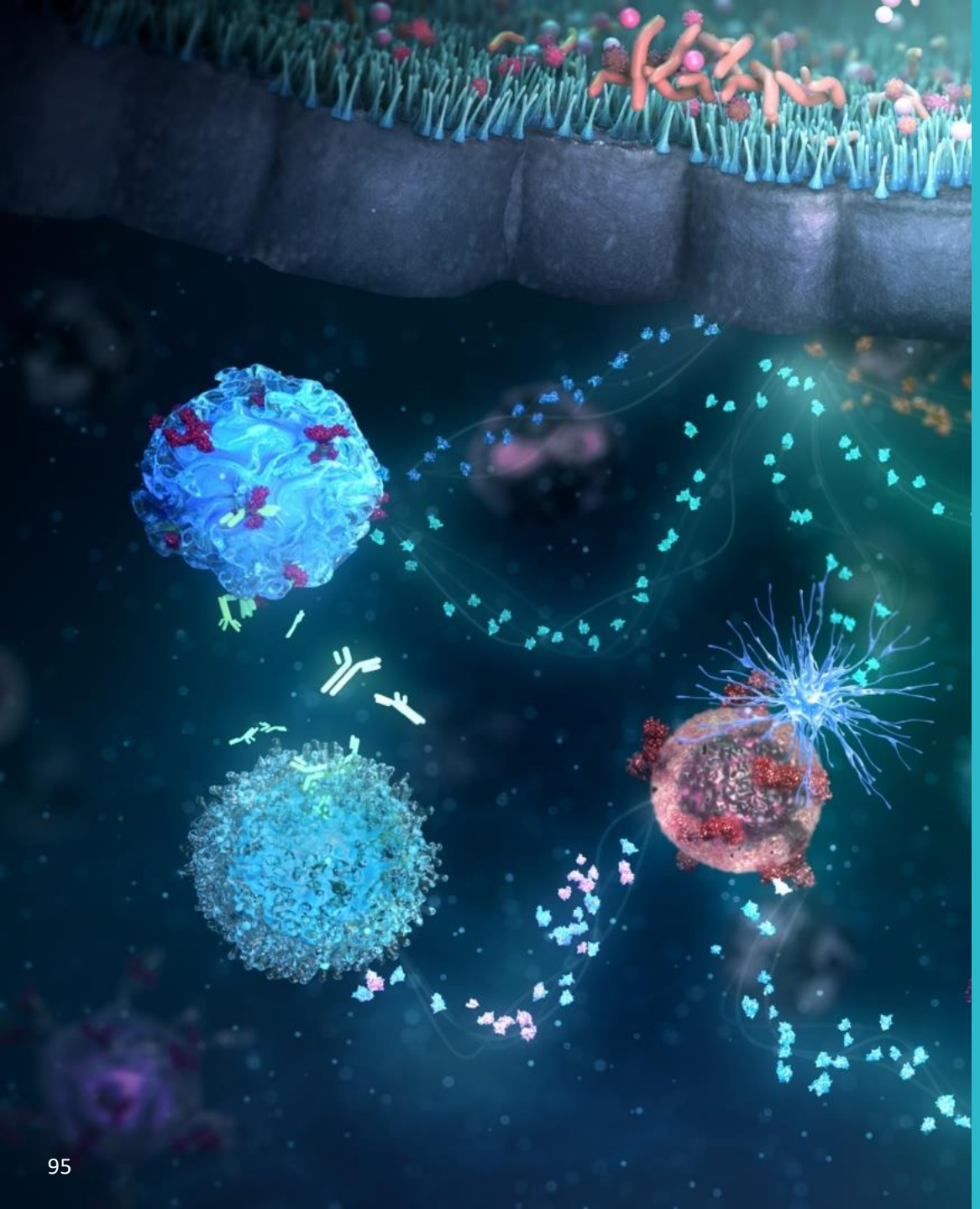
Appendix: Glossary.



# BioPharmaceuticals: early-stage development



AstraZeneca

# AZD0780 (PCSK9 inhibitor)

## Dyslipidaemia

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II<br>PURSUIT<br>NCT06173570** | Dyslipidemia | 175 | • Randomised trial with equal distribution across 5 parallel treatment arms to either placebo or one of four AZD0780 doses | • Primary endpoint: percent change in LDL-C level from baseline to Week 12<br>• Secondary endpoints: percent change from baseline of LDL-C at Week 12, plasma concentrations summarised by sampling timepoint, percent change from baseline at Week 12 in other lipid parameters and inflammatory markers and safety and tolerability | • FPCD: Q1 2024<br>• Data anticipated: 2025 |
| **Phase I<br>NCT05384262** | Healthy adults | 132 | • Randomised, placebo-controlled SAD/MAD trial | • Primary endpoints: safety and tolerability | • FPCD: Q2 2022<br>• Data anticipated: H1 2024 |
| **Phase I<br>NCT05787002** | Healthy volunteers | 16 | • Open-label, two-period, two-sequence crossover study to assess the effect of AZD0780 on the PK of Crestor | • Primary endpoints: PK parameters, safety and tolerability | • FPCD: Q1 2023<br>• LPCD: Q2 2023<br>• Data readout: Q4 2023 |
| **Phase I<br>NCT05817461** | Healthy volunteers | 8 | • Open-label, two-part sequential human ADME study | • Primary endpoints: mass balance recovery, absorption, metabolism, excretion of [14C]AZD0780 and absolute bioavailability of AZD0780<br>• Secondary endpoints: safety and tolerability | • FPCD: Q2 2023<br>• LPCD: Q2 2023<br>• Data readout: Q4 2023 |




As of 8 February 2024.
Appendix: Glossary.

# AZD2373

## Chronic kidney disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT04269031** | Healthy volunteers | 30 | • SAD dose escalation in 6 cohorts with 6 volunteers receiving AZD2373 and 2 volunteers receiving placebo in each cohort<br>• Arm 1: AZD2373 s.c.<br>• Arm 2: placebo s.c.<br>• US only | • Primary endpoints: safety and tolerability<br>• Secondary endpoint: PK parameters | • FPCD: Q1 2020<br>• LPCD: Q3 2021<br>• Data readout: Q3 2022 |
| **Phase I**<br>**NCT05351047** | Healthy volunteers | 24 | • MAD dose escalation in 3 cohorts with 6 volunteers per cohort receiving AZD2373 and 2 volunteers per cohort receiving placebo<br>• Arm 1: AZD2373 s.c.<br>• Arm 2: placebo s.c.<br>• US only | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters, effect of s.c. MAD administrations of AZD2373 on plasma concentrations of APOL1 protein and APOL1 G0, G1, G2 allele genotype status in trial participants | • FPCD: Q2 2022<br>• LPCD: Q1 2023<br>• Data readout: Q4 2023 |




As of 8 February 2024.
Appendix: Glossary.

# AZD2389 (anti-fibrotic mechanism)

## MASH

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT06138795** | Healthy volunteers | 104 | • Randomised, placebo-controlled SAD/MAD trial | • Primary endpoints: safety and tolerability | • FPCD: Q4 2023<br>• Data anticipated: H2 2024 |




As of 8 February 2024.
Appendix: Glossary.

# AZD2693 (antisense oligonucleotide)

## MASH

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase IIb<br>FORTUNA<br>NCT05809934** | NASH with fibrosis | 180 | • Randomised, double-blind, placebo-controlled, multi-centre trial<br>• Arm 1: AZD2693 s.c. dose 1<br>• Arm 2: AZD2693 s.c. dose 2<br>• Arm 3: placebo s.c.<br>• Global trial | • Primary endpoints: efficacy, safety and tolerability of AZD2693 | • FPCD: Q2 2023<br>• Data anticipated: >2025 |
| **Phase I<br>NCT04483947** | NASH/NAFLD F0-F3 | 74 | • MAD with 4 cohorts receiving AZD2693 and placebo in each cohort<br>• Arm 1: AZD2693 s.c.<br>• Arm 2: placebo s.c.<br>• US only | • Primary endpoints: safety and tolerability<br>• Secondary endpoint: PK parameters | • FPCD: Q2 2021<br>• LPCD: Q3 2023<br>• Data anticipated: H1 2024 |
| **Phase I<br>NCT05107336** | Healthy volunteers | 44 | • MAD with 4 cohorts receiving AZD2693 and placebo in each cohort<br>• Arm 1: AZD2693 s.c.<br>• Arm 2: placebo s.c.<br>• JP only | • Primary endpoints: safety and tolerability<br>• Secondary endpoint: PK parameters | • FPCD: Q4 2021<br>• LPCD: Q4 2022<br>• Data readout: Q4 2023 |
| **Phase I<br>NCT05919069** | Hepatic impairment | 32 | • Single-dose, non-randomised, open-label, parallel group study<br>• US only | • Primary endpoints: safety, tolerability and PK parameters | • FPCD: Q3 2023<br>• Data anticipated: H2 2024 |




As of 8 February 2024.
Appendix: Glossary.

# AZD3427 (relaxin)

## Heart failure

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**Re-PHiRE**<br>**NCT05737940** | Heart failure and pulmonary hypertension due to left heart disease | 220 | • Randomised, double-blind, placebo-controlled, multi-centre trial<br>• Arm 1: AZD3427 (high dose)<br>• Arm 2: AZD3427 (medium dose)<br>• Arm 3: AZD3427 (low dose)<br>• Arm 4: placebo<br>• Global trial – US, Canada, China, Japan, Czech Republic, Italy, Spain, Netherlands, Poland, UK, Austria, Germany, Denmark and Sweden | • Primary endpoint: change in PVR from baseline to Week 25 vs. placebo as measured by right heart catheterisation | • FPCD: Q2 2023<br>• Data anticipated: 2025 |




As of 8 February 2024.
Appendix: Glossary.

# AZD4144 (inflammation modulator)

## Cardiorenal disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT06122714** | Healthy volunteers | 104 | • Randomised, single-blind, placebo-controlled, single ascending dose SAD/MAD sequential group trial | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters | • FPCD: Q4 2023<br>• Data anticipated: H2 2024 |




As of 8 February 2024.
Appendix: Glossary.

# AZD5462 (relaxin)

## Heart failure

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT04994106** | Healthy volunteers | 98 | • Single-centre SAD and MAD<br>• Part A: SAD (8 cohorts)<br>• Arm 1: AZD5462<br>• Arm 2: placebo<br>• Part B: MAD (5 cohorts)<br>• Arm 1: AZD5462<br>• Arm 2: placebo<br>• US only | • Primary endpoints: safety and tolerability | • FPCD: Q4 2021<br>• LPCD: Q3 2022<br>• Data readout: Q2 2023 |




As of 8 February 2024.
Appendix: Glossary.

# AZD6234 (long-acting amylin)

## Obesity with related comorbidities

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I NCT05511025** | Healthy participants who are overweight or obese | 64 | • SAD trial | • Primary endpoint: safety | • FPCD: Q4 2022<br>• Data anticipated: H1 2024 |
| **Phase I NCT06132841** | Overweight or obese participants | | • Randomised, single-blind, placebo-controlled trial with repeated doses of AZD6234 or placebo via s.c. injection | • Primary endpoint: safety and terability of repeat doses | • FPCD: Q4 2023<br>• Data anticipated: H2 2024 |




As of 8 February 2024.
Appendix: Glossary.

# AZD7503 (antisense oligonucleotide)

## MASH

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I NCT05143905** | Healthy volunteers | 56 | • SAD, 7 cohorts<br>• Arm 1: AZD7503 s.c.<br>• Arm 2: placebo s.c.<br>• US only | • Primary endpoints: safety and tolerability<br>• Secondary endpoint: PK | • FPCD: Q4 2021<br>• Data readout: Q4 2023 |
| **Phase I NCT05560607** | NAFLD or NASH | 14 | • Single-centre, open-label Phase I study to assess knockdown of hepatic HSD17B13 mRNA PK, safety and tolerability following multiple doses of AZD7503 | • Primary endpoint: safety and tolerability<br>• Secondary endpoint: change in HSD17B13 mRNA expression | • FPCD: Q3 2022<br>• Data anticipated: H2 2024 |
| **Phase I NCT05864391** | NASH F1-F3 | 60 | • Randomised, single-blind, MAD trial | • Primary endpoint: safety and tolerability<br>• Secondary endpoint: PK parameters | • FPCD: Q3 2022<br>• Data anticipated: H2 2024 |




As of 8 February 2024.
Appendix: Glossary.

# AZD9550 (GLP-1-glucagon agonist)

## MASH

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT05848440** | Healthy volunteers | 64 | • SAD trial | • Primary endpoint: safety and tolerability | • FPCD: Q2 2023<br>• Data anticipated: H1 2024 |
| **Phase I**<br>**CONTEMPO**<br>**NCT06151964** | Overweight and obese participants with T2DM | 90 | • Randomised, single-blind, placebo-controlled, MAD trial with 4 parts (A to D)<br>• Part A: multiple repeat doses of AZD9550 or placebo given as 4 QW s.c. doses for 4 weeks to 2 sequential cohorts evaluating 2 low dose levels of AZD9550 or placebo<br>• Part B: QW up-titration over 5 doses of AZD9550 or placebo<br>• Part C: bi-weekly/monthly up-titration of AZD9550 or placebo for 24 weeks<br>• Part D: bi-weekly/monthly up-titration of AZD9550 or placebo for 24 weeks (Japan only) | • Primary endpoints: safety and tolerability and PK parameters | • FPCD: Q4 2023<br>• Data anticipated: 2025 |



 As of 8 February 2024.
Appendix: Glossary.

# balcinrenone/dapagliflozin (MR modulator + SGLT2 inhibitor)

## Heart failure

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase IIb<br>MIRACLE<br>NCT04595370** | Heart failure with chronic kidney disease | 500 | • Randomised, stratified according to T2DM and eGFR (≥20 to <30 mL/min / ≥30 to <45 mL/min / ≥45 mL/min) for 12 weeks<br>• Arm 1: AZD9977 A + *Farxiga* 10mg<br>• Arm 2: AZD9977 B + *Farxiga* 10mg<br>• Arm 3: AZD9977 C + *Farxiga* 10mg<br>• Arm 4: *Farxiga* 10mg<br>• 12 weeks<br>• Global trial – 19 countries | • Primary endpoint: percent change from baseline in UACR at 12 weeks<br>• Secondary endpoints: percent change from baseline in UACR at 12 weeks to assess dose-response relationship; dose-response relationship of Farxiga and 3 doses of AZD9977 combined with Farxiga on UACR; safety, tolerability and serum potassium values; eGFR | • FPCD: Q2 2021<br>• LPCD: Q3 2023<br>• Data readout: Q4 2023 |



 As of 8 February 2024.
Appendix: Glossary.

# MEDI6570

## Cardiovascular disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase IIb**<br>**NCT04610892** | Post-myocardial infarction | 400 | • Evaluation of anti-inflammatory potential and effect on surrogates for atherosclerotic and heart failure events<br>• Arm 1: MEDI6570 (high dose)<br>• Arm 2: MEDI6570 (medium dose)<br>• Arm 3: MEDI6570 (low dose)<br>• Arm 4: placebo<br>• Global trial – US, Canada, Hungary, Japan, Czech Republic, Italy, Spain, Netherlands, Poland, UK, Australia and Russia | • Primary endpoints: safety and efficacy | • FPCD: Q4 2020<br>• LPCD: Q4 2022<br>• Data anticipated: H1 2024 |




As of 8 February 2024.
Appendix: Glossary.

# mitiperstat (MPO inhibitor)

## Cardiovascular disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase IIb<br>ENDEAVOR<br>NCT04986202** | HFpEF | 711 | • Randomised, double-blind<br>• Arm 1: 2.5mg mitiperstat<br>• Arm 2: 5mg mitiperstat<br>• Arm 3: placebo<br>• Global trial | • Primary endpoints: safety and efficacy | • FPCD: Q3 2021<br>• Data anticipated: H1 2024 |
| **Phase I<br>NCT05236543** | Healthy volunteers | 14 | • Open-label<br>• mitiperstat vs. mitiperstat and itraconazole<br>• UK only | • Primary endpoints: PK parameters<br>• Secondary endpoints: safety and tolerability | • FPCD: Q1 2022<br>• LPCD: Q3 2022<br>• Data readout: Q1 2023 |
| **Phase I<br>NCT05457270** | Healthy volunteers | 30 | • Open-label<br>• 2-period, 2-treatment, single-dose, crossover trial<br>• Period 1: single oral dose mitiperstat Formulation A or B on Day 1<br>• Period 2: single oral dose mitiperstat Formulation A or B on Day 1<br>• US only | • Primary endpoints: relative bioavailability and PK parameters<br>• Secondary endpoints: safety and tolerability | • FPCD: Q3 2022<br>• LPCD: Q3 2022<br>• Data readout: Q1 2023 |




As of 8 February 2024.
Appendix: Glossary.

# mitiperstat (MPO inhibitor)

## MASH

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**COSMOS**<br>**NCT05638737** | NASH | 90 | • Randomised, placebo-controlled, double-blind<br>• Arm 1: 5mg mitiperstat<br>• Arm 2: placebo<br>• Global trial | • Primary endpoints: safety, tolerability and PD parameters | • FPCD: Q1 2023<br>• Data anticipated: H1 2024 |
| **Phase I**<br>**NCT05751759** | Participants with hepatic impairment and participants with normal hepatic function | 32 | • Phase I, single dose, non-randomised, open-label, parallel-group trial | • Primary endpoints: safety, tolerability and PK parameters | • FPCD: Q1 2023<br>• Data anticipated: H2 2024 |




As of 8 February 2024.
Appendix: Glossary.

# atuliflapon (FLAP inhibitor)

## Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**FLASH**<br>**NCT05251259** | Patients with moderate-to-severe uncontrolled asthma | 1102 | • Randomised, placebo-controlled, double-blind, multi-centre, 2-part trial with a lead-in PK cohort<br>• PK cohort<br>• Arm 1: atuliflapon<br>• Arm 2: placebo<br>• Part 1<br>• Arm 1: atuliflapon<br>• Arm 2: placebo<br>• Part 2<br>• Arm 1: atuliflapon dose A<br>• Arm 2: atuliflapon dose B<br>• Arm 3: atuliflapon dose C<br>• Arm 4: placebo<br>• Global trial | • Primary endpoint: time to first CompEx asthma event | • FPCD: Q2 2022<br>• Data anticipated: >2025 |




As of 8 February 2024.
Appendix: Glossary.

# AZD1163 (bispecific antibody)

## Rheumatoid arthritis

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT06103877** | Healthy volunteers | 64 | • Randomised, double-blind, placebo-controlled SAD/MAD trial<br>• Part 1 (SAD): 9 cohorts with 8 i.v. administered dose levels and 1 s.c. administered dose level of AZD1163<br>• Part 2 (MAD): 2 s.c. dose levels of AZD1163 | • Primary endpoint: number of participants with AEs<br>• Secondary endpoints: AUCinf, AUClast and Cmax | • FPCD: Q4 2023<br>• Data anticipated: 2025 |




As of 8 February 2024.
Appendix: Glossary.

# AZD4604 (inhaled JAK-1 inhibitor)

## Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase IIa**<br>**AJAX**<br>**NCT06020014** | Moderate-to-severe asthma uncontrolled on medium- to high-dose ICS-LABA | 320 | • Multicentre, randomised, placebo-controlled, double-blind, parallel-group trial<br>• Arm 1: AZD4604<br>• Arm 2: placebo | • Primary endpoint: time to first CompEx asthma event<br>• Secondary endpoints: Pre-BD FEV1, CAAT, ACQ-6, average morning and average evening PEF, daily asthma symptom score, time to first CompEx acute worsening event, CompEx event rate and CompEx acute worsening event rate | • FPCD: Q4 2023<br>• Data anticipated: >2025 |
| **Phase I**<br>**NCT04769869** | Healthy volunteers and patients with mild asthma | 137 | • SAD/MAD/POM trial<br>• Part 1 SAD<br>• Arm 1: AZD4604 (DPI)<br>• Arm 2: placebo (DPI)<br>• Part 2 MAD<br>• Arm 1: AZD4604 (DPI)<br>• Arm 2: placebo (DPI)<br>• Part 3 POM<br>• Arm 1: AZD4604 (DPI)<br>• Arm 2: placebo (DPI)<br>• UK only | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters and FENO | • FPCD: Q4 2021<br>• Data readout: Q3 2023 |



 As of 8 February 2024.
Appendix: Glossary.

# AZD5055 (oral porcupine inhibitor)

## IPF and other ILDs with progressive fibrosis

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT05134727** | Healthy volunteers | 90 | • SAD/MAD trial<br>• Part 1: SAD<br>• Arm 1: AZD5055 (oral suspension)<br>• Arm 2: placebo (oral suspension)<br>• Part 2: MAD<br>• Arm 1: AZD5055 (oral suspension)<br>• Arm 2: placebo (oral suspension) | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters | • FPCD: Q4 2021<br>• LPCD: Q2 2023<br>• Data readout: Q2 2023 |
| **Phase I**<br>**NCT05630677** | Healthy volunteers | 18 | • BA trial to compare film-coated tablet with oral suspension and to assess the effect of food and an acid reducing agent on PK of AZD5055 in healthy volunteers | • Primary endpoints: bioavailability and PK parameters | • FPCD: Q4 2022<br>• LPCD: Q1 2023<br>• Data readout: Q2 2023 |




As of 8 February 2024.
Appendix: Glossary.

# AZD6793 (IRAK4)

## Inflammatory diseases

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT05662033** | Healthy volunteers | 133 | • Single-blind, randomised, placebo-controlled study to investigate the safety, tolerability and PK of oral AZD6793 following single and multiple ascending doses in healthy subjects | • Primary endpoints: safety and tolerability<br>• Secondary endpoint: PK parameters | • FPCD: Q4 2022<br>• Data anticipated: H1 2024 |




As of 8 February 2024.
Appendix: Glossary.

# AZD6912 (siRNA)

## Rheumatoid arthritis

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT06115967** | Healthy volunteers | 64 | • Randomised, double-blind, placebo-controlled SAD trial<br>• Arm 1: AZD6912<br>• Arm 2: placebo | • Primary endpoint: incidence of AEs<br>• Secondary endpoint: PK parameters | • FPCD: Q4 2023<br>• Data anticipated: 2025 |




As of 8 February 2024.
Appendix: Glossary.

# AZD7798 (humanised mAb)

## Crohn's disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT05452304** | Healthy volunteers | 144 | • SAD<br>• Arm1: AZD7798<br>• Arm2: placebo | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters and immunogenicity | • FPCD: Q3 2022<br>• Data readout: Q4 2023 |




As of 8 February 2024.
Appendix: Glossary.

# AZD8630 (inhaled TSLP)

## Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I<br>NCT05110976<br>Partnered (AMGEN)** | Healthy volunteers and patients with asthma | 232 | • SAD and MAD trial | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK parameters and FENO | • FPCD: Q1 2022<br>• LPCD: Q3 2023<br>• Data readout: Q4 2023 |


As of 8 February 2024.
Appendix: Glossary.

# mitiperstat (MPO inhibitor)

## COPD

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**CRESCENDO**<br>**NCT05492877** | Moderate to severe COPD; age 40 to 80 | 406 | • Randomised, double-blind trial<br>• Arm 1: 5mg mitiperstat<br>• Arm 2: placebo<br>• Global trial – 14 countries | • Primary endpoint: time to first COPD CompEx event<br>• Secondary endpoints: plasma concentration-time profiles, PK parameters, time to first COPD exacerbation event, post-BD FEV1, respiratory symptoms, disease impact, safety and tolerability | • FPCD: Q1 2023<br>• Data anticipated: 2025 |

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Appendix: Glossary.

# AZD4041 (orexin 1 receptor antagonist)

## Opioid use disorder

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I<br>NCT05587998<br>Partnered (National Institute on Drug Abuse)** | Healthy recreational opioid users | 36 | • Randomised, double-blind, placebo-controlled, fixed sequence trial | • Primary endpoint: change in respiratory parameters | • FPCD: Q3 2022<br>• LPCD: Q2 2023<br>• Data readout: Q3 2023<br>• Primary endpoint met |




As of 8 February 2024.
Appendix: Glossary.

# MEDI0618 (PAR2 antagonist mAb)

## Osteoarthritis pain, migraine prevention

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT05714254**<br>**(.)** | Healthy volunteers | 48 | • Randomised, double-blind, placebo-controlled MAD trial<br>• Arm 1: MEDI0618 i.v. or placebo<br>• Arm 2: MEDI0618 s.c. or placebo | • Primary endpoints: safety, tolerability and PK parameters | • FPCD: Q4 2022<br>• LPCD: Q3 2023<br>• Data anticipated: H1 2024 |




As of 8 February 2024.
Appendix: Glossary.

# MEDI1341 (alpha-synuclein mAb)

## Multiple system atrophy

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**NCT05526391**<br>**Partnered (Takeda)** | Patients with diagnosis of possible or probably MSA (using modified Gilman et al. 2008 diagnostic criteria) | 138 | • Randomised, double-blind, placebo-controlled trial<br>• Early PK cohort<br>• Arm 1: TAK-341/MEDI1341 i.v.<br>• Arm 2: placebo i.v.<br>• Main cohort<br>• Arm 3: TAK-341/MEDI1341 i.v.<br>• Arm 4: placebo i.v. | • Primary endpoints: efficacy, change from baseline on modified Unified Multiple System Atrophy Rating Scale at 52 weeks<br>• Secondary endpoints: PK parameters, safety and efficacy | • FPCD: Q4 2022<br>• Data anticipated: 2025 |




As of 8 February 2024.
Appendix: Glossary.

# MEDI1341 (alpha-synuclein mAb)

## Parkinson’s disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**NCT04449484**<br>**Partnered (Takeda)** | Parkinson's disease | 25 | • MAD trial<br>• Arm 1: MEDI1341 i.v.<br>• Arm 2: placebo i.v.<br>• US only | • Primary endpoints: safety and tolerability<br>• Secondary endpoints: PK and PD parameters | • FPCD: Q3 2020<br>• LPCD: Q3 2021<br>• Data readout: Q4 2022 |




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Appendix: Glossary.

# MEDI7352 (NGF TNF bispecific mAb)

## Osteoarthritis pain

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase IIb**<br>**NCT04675034** | Painful osteoarthritis of the knee | 350 | • MAD trial<br>• Arm 1: MEDI7352 s.c.<br>• Arm 2: placebo s.c.<br>• Global – 7 countries | • Primary endpoint: dose response<br>• Secondary endpoints: safety, tolerability, PK and PD parameters, ADA | • FPCD: Q1 2021<br>• LPCD: Q3 2022<br>• Data readout: Q4 2023 |
| **Phase IIa**<br>**NCT03755934** | Painful diabetic neuropathy | 107 | • MAD trial<br>• Arm 1: MEDI7352 i.v.<br>• Arm 2: placebo i.v.<br>• Europe only | • Primary endpoint: dose response<br>• Secondary endpoints: safety, tolerability, PK and PD parameters | • FPCD: Q4 2018<br>• LPCD: Q1 2023<br>• Data readout: Q4 2023 |




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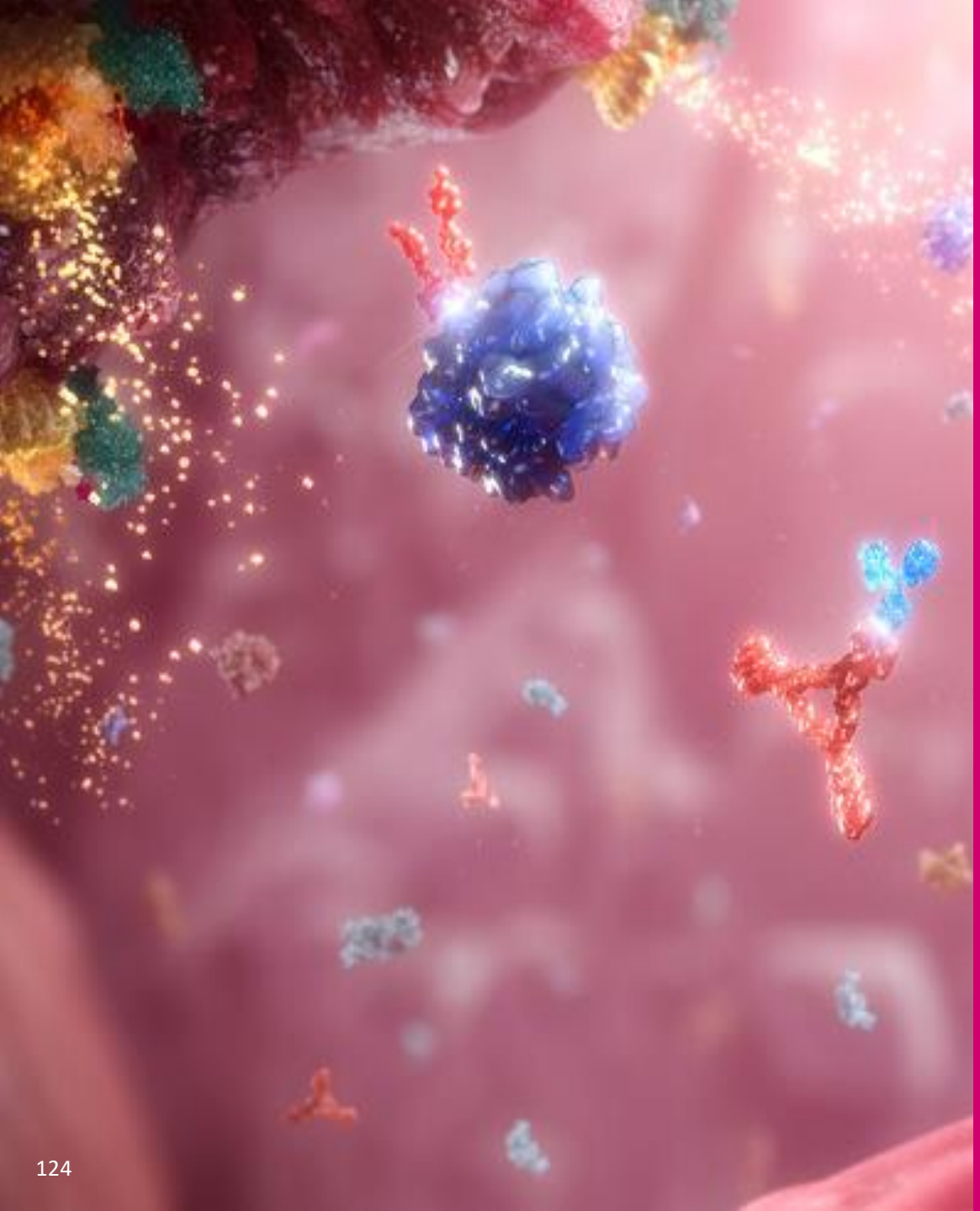
Appendix: Glossary.



# Rare Disease:
## approved medicines and late-stage development



AstraZeneca

# *Koselugo* (selumetinib, MEK inhibitor)

## Neurofibromatosis type 1, solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**KOMET**<br>**NCT04924608** | Adult age ≥18 years with NF1 who have symptomatic, inoperable PN<br><br>Available baseline chronic target PN pain score | 146 | • Multi-centre, international trial with a parallel, randomised, double-blind, placebo-controlled, 2 arm design<br>• Arm 1: *Koselugo* 25mg/m2 BID<br>• Arm 2: placebo BID until end of Cycle 12, then crossover to *Koselugo* 25mg/m2 BID | • Primary endpoint: ORR by end of Cycle 16 on Koselugo vs. placebo as determined by ICR per REiNS criteria<br>• Secondary endpoint: change in baseline of chronic PN-pain intensity on Koselugo vs. placebo | • FPCD: Q4 2021<br>• Data anticipated: H2 2024 |
| **Phase I/II**<br>**SPRINKLE**<br>**NCT05309668** | Paediatric (age 1 to 6 years) diagnosed with NF1 with symptomatic, inoperable PN with at least one measurable PN, defined as a PN of at least 3cm, measured in one dimension | 38 | • Single-arm, open-label with *Koselugo* granule formulation | • Primary endpoints: Koselugo AUC0-12 derived after single dose administration [time frame: pre-dose and 1, 2, 3, 4, 6, 8 and 10-12 hours after Koselugo single dose on the first day of treatment (Cycle 1 Day 1)]; AEs graded by CTCAE Ver 5.0 [time frame: from screening until 30 days after last dose] | • FPCD: Q1 2022<br>• Data anticipated: H2 2024 |
| **Phase I**<br>**China PK/Safety/Efficacy**<br>**NCT04590235** | Pediatric (age 2 to 17 years old), adult NF1 | 32 | • Single-arm trial with 3 phases: dose confirmation phase (n=6 for 3 cycles), expansion phase (24 months post-LSD) and long-term follow-up (60 months post-LSD) | • Primary endpoints: safety, tolerability and PK parameters<br>• Secondary endpoint: efficacy (ORR, DoR; TTR; PFS) | • FPCD: Q1 2021<br>• Data readout: Q4 2023 |
| **Phase I**<br>**Food Effect/GI Tolerability**<br>**NCT05101148** | Adolescents aged ≥12 to <18 years at trial entry with a clinical diagnosis of NF1-related PN<br><br>Koselugo with a low-fat meal compared to fasted state | 24 | • Single-arm, multiple dose, sequential, two or three period trial<br>• *Koselugo* 25mg/m2 BID given with a low-fat meal vs. the same dose given in a fasted state | • Primary endpoints: PK parameters (steady state systemic exposure), safety (GI toxicity) | • FPCD: Q3 2021<br>• Data anticipated: >2025 |


As of 8 February 2024.
Appendix: Glossary.

# *Ultomiris* (anti-C5 mAb)

## Haematology, nephrology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**ALXN1210-TM-313**<br>**NCT04543591** | Thrombotic microangiopathy-associated haematopoietic stem cell transplant | 106 | • Arm 1: *Ultomiris* Q8W<br>• Arm 2: placebo | • Primary endpoint: TMA response<br>• Secondary endpoints: time to TMA response, TMA relapse | • FPCD: Q4 2020<br>• Data anticipated: 2025 |
| **Phase III**<br>**ALXN1210-TM-314**<br>**NCT04557735** | Paedeatric thrombotic microangiopathy-associated haematopoietic stem cell transplant | 40 | • Arm 1: *Ultomiris* administered once every 4 to 8 weeks | • Primary endpoint: proportion of participants with TMA response<br>• Secondary endpoints: time to TMA response, proportion of participants with TMA relapse | • FPCD: Q4 2020<br>• Data anticipated: 2025 |
| **Phase III**<br>**ARTEMIS**<br>**NCT05746559** | CSA-AKI | 736 | • Randomised, double-blind, placebo-controlled, muticentre trial<br>• *Ultomiris* i.v. to protect patients with CKD from CSA-AKI and subsequent MAKE | • Primary endpoint: to assess the efficacy of a single dose of Ultomiris i.v. vs. placebo in reducing the risk of the clinical consequences of AKI (MAKE) at 90 days in adult participants with CKD who undergo non-emergent cardiac surgery with CPB | • FPCD: Q1 2023<br>• Data anticipated: 2025 |
| **Phase II**<br>**SANCTUARY**<br>**NCT04564339** | Proliferative lupus nephritis or immunoglobulin A nephropathy | 120 | • Arm 1: LN cohort, *Ultomiris*<br>• Arm 2: LN cohort, placebo<br>• Arm 3: IgAN cohort, *Ultomiris*<br>• Arm 4: IgAN cohort, placebo | • Primary endpoint: percentage change in proteinuria from baseline to Week 26<br>• Secondary endpoints: percentage change in proteinuria from baseline to Week 50 | • FPCD: Q1 2021<br>• Data anticipated: >2025<br>• Primary endpoint met (IgAN cohort) |




As of 8 February 2024.
Appendix: Glossary.

# *Ultomiris* (anti-C5 mAb)

## Neurology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**ALXN1210-NMO-307**<br>**NCT04201262** | Neuromyelitis optica spectrum disorder | 58 | • Arm 1: *Ultomiris* Q8W | • Primary endpoint: time to first adjudicated on-trial relapse | • FPCD: Q4 2019<br>• LPCD: Q1 2021<br>• Data readout: Q2 2022<br>• Primary endpoint met |
| **Phase II/III**<br>**ALXN1210-DM-310**<br>**NCT04999020** | Dermatomyositis | 150 | • Arm 1: *Ultomiris*<br>• Arm 2: placebo | • Primary endpoint: improvement response on IMACS-TIS | • FPCD: Q4 2021<br>• Trial discontinued due to efficacy |
| **Phase II/III**<br>**ALXN1210-NMO-317**<br>**NCT05346354** | Neuromyelitis optica spectrum disorder | 12 | • Arm 1: *Ultomiris* Q8W | • Primary endpoint: change from baseline in annualised relapse rate at Week 50 | • FPCD: Q3 2022<br>• Data anticipated: >2025 |




As of 8 February 2024.
Appendix: Glossary.

# *Voydeya* (danicopan, factor D inhibitor)

## Haematology, ophthalmology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**ALPHA**<br>**NCT04469465** | PNH with clinically significant EVH | 86 | • Arm 1: *Voydeya* + C5 Inhibitor<br>• Arm 2: placebo + C5 Inhibitor | • Primary endpoint: change from baseline in haemoglobin at Week 12<br>• Secondary endpoint: percentage of participants with transfusion avoidance | • FPCD: Q1 2021<br>• Data readout: Q3 2022<br>• Primary endpoint met |
| **Phase III**<br>**ALXN2040-PNH-303**<br>**NCT05389449** | PNH | 100 | • Arm 1: *Voydeya* together with background C5 inhibitor therapy | • Primary endpoint: participants experiencing TEAEs and serious TEAEs | • FPCD: Q4 2022<br>• Data anticipated: >2025 |
| **Phase II**<br>**ALXN2040-GA-201**<br>**NCT05019521** | Geographic atrophy | 365 | • Arms 1-3: *Voydeya* dosed at 100mg-400mg QD<br>• Arm 4: placebo | • Primary endpoint: mean rate of change from baseline at Week 52 in the square root of total GA lesion area in the trial eye as measured by FAF | • FPCD: Q3 2021<br>• Data anticipated: 2025 |




As of 8 February 2024.
Appendix: Glossary.

# acoramidis (ALXN2060)

## ATTR-CM

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**ALXN2060-TAC-302**<br>**NCT04622046** | ATTR-CM | 22 | • Arm 1: 800mg acoramidis administered twice daily<br>• Japan only | • Primary endpoint: change from baseline to Month 12 of treatment in distance walked during the six-minute walk test, cause mortality and cardiovascular related hospitalisation over a 30-month period | • FPCD: Q4 2020<br>• Data readout: Q1 2024 |




As of 8 February 2024.
Appendix: Glossary.

# ALXN2220 (NI006, TTR depleter)

## Amyloidosis

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**DepleTTR-CM**<br>**NCT06183931** | ATTR-CM | 1000 | • Arm 1: ALXN2220 via i.v. infusion Q4W for at least 24 months up to a maximum of 48 months<br>• Arm 2: placebo via i.v. infusion Q4W for at least 24 months up to a maximum of 48 months | • Primary endpoints: all-cause mortality and total CV events | • FPCD: Q1 2024<br>• Data anticipated: >2025 |




As of 8 February 2024.
Appendix: Glossary.

# anselamimab (CAEL-101, fibril-reactive mAb)

## AL amyloidosis

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>CAEL101-302<br>NCT04512235** | AL amyloidosis (Mayo Stage IIIa) | 267 | • Arm 1: anselamimab combined with SoC for PCD<br>• Arm 2: placebo combined with SoC for PCD | • Primary endpoint: time from first dose of trial drug until death or end of trial<br>• Secondary endpoint: change in distance walked during a six-minute walk test and quality of life measures | • FPCD: Q4 2020<br>• Data anticipated: 2025 |
| **Phase III<br>CAEL101-301<br>NCT04504825** | AL amyloidosis (Mayo Stage IIIb) | 124 | • Arm 1: anselamimab combined with SoC for PCD<br>• Arm 2: placebo combined with SoC for PCD | • Primary endpoint: time from first dose of trial drug until death or end of trial<br>• Secondary endpoint: change in distance walked during a six-minute walk test and quality of life measures | • FPCD: Q1 2021<br>• Data anticipated: 2025 |
| **Phase II<br>CAEL101-203<br>NCT04304144** | AL amyloidosis (Mayo Stage I, Stage II and Stage IIIa) | 25 | • Arm 1: anselamimab combined with SoC CyBorD<br>• Arm 2: placebo combined with SoC CyBorD and daratumumab | • Primary endpoint: occurrence of DLT during the first 4 weeks of therapy<br>• Secondary endpoint: AUC (plasma curve concentration) | • FPCD: Q1 2020<br>• Data anticipated: H1 2024 |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Appendix: Glossary.

# efzimfotase alfa (ALXN1850, next-generation asfotase alfa)

## Hypophosphatasia

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III<br>HICKORY<br>NCT06079281** | Hypophosphatasia | 114 | • Arm 1: placebo on Day 1 followed by Q2W via s.c. injection for 24 weeks<br>• Arm 2: bodyweight-dependent doses of either 20mg, 35mg or 50mg Q2W via s.c. injection for 24 weeks | • Primary endpoint: change from baseline in 6MWT at Day 169 | • Initiating<br>• Data anticipated: >2025 |
| **Phase I<br>ALXN1850-HPP-101<br>NCT04980248** | Hypophosphatasia | 15 | • Arm 1: efzimfotase alfa, 3 cohorts at low, medium and high dosages | • Primary endpoint: incidence of TEAEs and TESAEs | • FPCD: Q3 2021<br>• Data readout: Q4 2022<br>• Primary endpoint met |




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Appendix: Glossary.

# gefurulimab (ALXN1720, anti-C5 humanised bispecific heavy-chain antibody)

## Neurology, nephrology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase III**<br>**ALXN1720-MG-301**<br>**NCT05556096** | Generalised myasthenia gravis | 254 | • Arm 1: weight-based maintenance treatment with gefurulimab on Day 1, followed by weight-based maintenance treatment of gefurulimab on Week 1 (Day 8) and Q1W thereafter for a total of 26 weeks<br>• Arm 2: placebo | • Primary endpoint: change from baseline in MG-ADL total score at Week 26 | • FPCD: Q4 2022<br>• Data anticipated: >2025 |
| **Phase I**<br>**ALXN1720-NEPH-102**<br>**NCT05314231** | Proteinuria | 13 | • Arm 1: gefurulimab s.c. infusion at a dose of 1500mg | • Primary endpoint: serum concentration of [time frame: Day 1 (0.5 hours pre-dose and post-dose) and dose on Days 2, 3, 8, 15, 29, 43 and 57] | • FPCD: Q2 2022<br>• Data readout: Q3 2023 |




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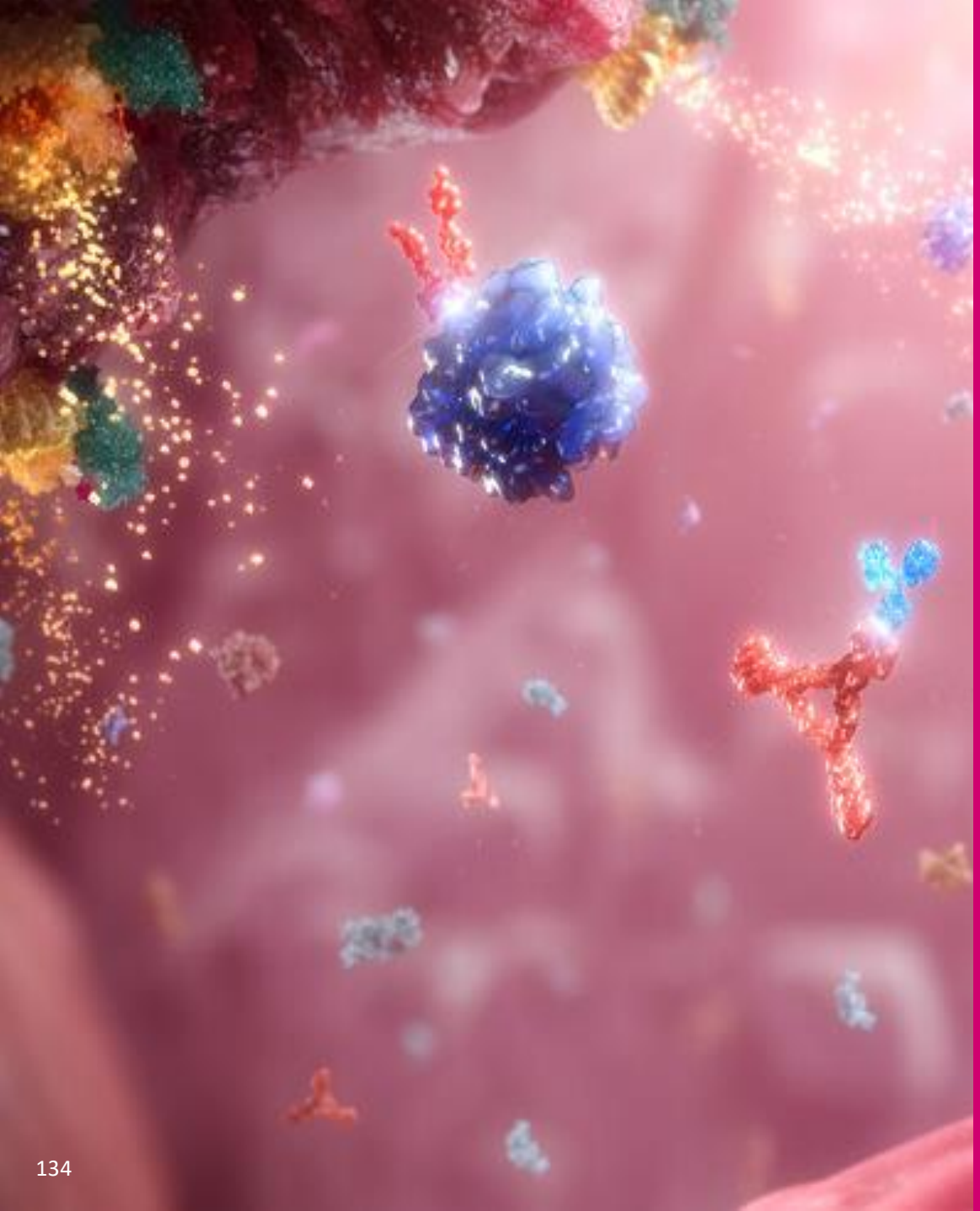
Appendix: Glossary.



# Rare Disease:
## early-stage development



AstraZeneca

# ALXN1910 (next-generation TNSALP ERT)

## Bone metabolism

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**ALXN1910-HV-101**<br>**NCT05307978** | Healthy adults | 48 | • Randomised, placebo-controlled SAD | • Primary endpoint: safety | • FPCD: Q2 2022<br>• Data readout: Q2 2023 |

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Appendix: Glossary.

# ALXN1920 (kidney-targeted factor H fusion protein)

## Nephrology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**ALXN1920-HV-101**<br>**NCT05751642** | Healthy adults | 48 | • Randomised, double-blind, placebo-controlled, SAD | • Primary endpoint: safety and tolerability<br>• Secondary endpoints: PK/PD parameters | • FPCD: Q2 2023<br>• Data anticipated: H2 2024 |




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Appendix: Glossary.

# vemircopan (ALXN2050, factor D inhibitor)

## Haematology, nephrology, neurology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase II**<br>**ALXN2050-gMG-201**<br>**NCT05218096** | Generalised myasthenia gravis | 70 | • Arm 1: vemircopan 180mg<br>• Arm 2: vemircopan 120mg<br>• Arm 3: placebo followed by vemircopan | • Primary endpoint: MG-ADL total score reduction of ≥2 points in any 4 consecutive weeks during the first 8 weeks and who did not receive rescue therapy | • FPCD: Q2 2022<br>• Data anticipated: 2025 |
| **Phase II**<br>**ALXN2050-NEPH-201**<br>**NCT05097989** | Lupus nephritis or immunoglobulin A nephropathy | 126 | • Arm 1 – LN cohort: vemircopan 180mg<br>• Arm 2 – LN cohort: vemircopan 120mg<br>• Arm 3 – LN cohort: placebo<br>• Arm 4 – IgAN cohort: vemircopan 180mg<br>• Arm 5 – IgAN cohort: vemircopan 120mg<br>• Arm 6 – IgAN cohort: placebo | • Primary endpoint (both cohorts): percentage change in proteinuria from baseline to Week 26 | • FPCD: Q3 2022<br>• Data anticipated: >2025 |
| **Phase I**<br>**ALXN2050-HV-109**<br>**NCT05259085** | Impaired hepatic function | 36 | • Arm 1: mild IHF, 120mg vemircopan BID orally on Days 1 through 3, 120mg orally on the morning of Day 4<br>• Arm 2: moderate IHF, 120mg vemircopan BID orally on Days 1 through 3, 120mg orally on the morning of Day 4<br>• Arm 3: severe IHF, 120mg vemircopan BID orally on Days 1 through 3, 120mg orally on the morning of Day 4<br>• Arm 4: healthy control, 120mg vemircopan BID orally on Days 1 through 3, 120mg orally on the morning of Day 4 | • Primary endpoint (Arm 1): AUC0-12 of plasma vemircopan after steady-state<br>• Primary endpoint (Arm 2): AUCt of plasma vemircopan after steady-state<br>• Primary endpoint (Arm 3): Cmax,ss of vemircopan<br>• Primary endpoint (Arm 4): Tmax,ss following vemircopan | • FPCD: Q2 2022<br>• Data anticipated: H1 2024 |


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Appendix: Glossary.

# ALXN2080 (factor D inhibitor)

## Complement-mediated disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**ALXN2080-HV-101**<br>**NCT05428696** | Healthy volunteers | 90 | • SAD/MAD trial | • Primary endpoints: safety and tolerability, PK and PD parameters | • FPCD: Q3 2022<br>• Data readout: Q3 2023 |




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Appendix: Glossary.

# ALXN2030 (siRNA targeting complement C3)

## Nephrology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**ALXN2030-HV-101**<br>**NCT05501717** | Healthy volunteers | 48 | • Randomised, placebo-controlled SAD | • Primary endpoint: safety | • FPCD: Q4 2022<br>• Data anticipated: 2025 |




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Appendix: Glossary.

# tarperprumig (ALXN1820, anti-properdin)

## Haematology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|---|---|---|---|
| **Phase I**<br>**ALXN1820-HV-101**<br>**NCT04631562** | Healthy volunteers | 60 | • Arm 1: tarperprumig administered s.c. or i.v., multiple ascending doses<br>• Arm 2: placebo | • Primary endpoint: participants with TEAEs | • FPCD: Q1 2021<br>• Data readout: Q1 2023 |




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Appendix: Glossary.

# Glossary – 1 of 4

| | |
|---|---|
| 14C | Carbon 14 |
| 1L, 2L, 3L | 1st-, 2nd- or 3rd-line |
| 5-FU | 5-fluorouracil |
| 6MWT | 6-minute walk test |
| A2AR | Adenosine A2A receptor |
| ACQ | Asthma Control Questionnaire |
| ACR | American College of Rheumatology Response Scoring System |
| ADA | Anti-drug antibody |
| ADC | Antibody-drug conjugate |
| ADP | Adenosine diphosphate |
| AE | Adverse event |
| aHUS | Atypical haemolytic uraemic syndrome |
| AI | Auto-injector |
| AI | Aromatase inhibitor |
| AKT | Protein kinase B |
| AL amyloidosis | Light-chain amyloidosis |
| ALK | Anaplastic large-cell lymphoma kinase |
| ALL | Acute lymphocytic leukaemia |
| alloSCT | Allogeneic stem cell tranplantation |
| ALSFRS-R | Amyotrophic Lateral Sclerosis Functional Rating Scale-Revised |
| AML | Acute myeloid leukaemia |
| anti-FRα | Anti-folate receptor alpha |
| APFS | Accessorised pre-filled syringe |
| APOL1 | Apolipoprotein L1 |
| APOL1 G0/G1/G2 | Sequences of the G0, G1, and G2 APOL1 variants from amino acids 339–398 |
| AQLQ | Asthma Quality of Life Questionnaire |
| AS | Albuterol sulfate |
| ASO | Antistreptolysin O |
| ATM | Ataxia telangiectasia mutated kinase |
| ATR | Ataxia telangiectasia and Rad3-related protein |
| ATTR | Transthyretin amyloidosis |
| ATTR-CM | Transthyretin amyloid cardiomyopathy |
| ATTRv-PN | Hereditary transthyretin-mediated amyloid polyneuropathy |
| AUC | Area under curve |
| AUCinf | Area under plasma concentration time curve from zero to infinity |
| AUClast | Area under plasma concentration curve from zero to the last quantifiable concentration |
| AUCt | Area under concentration-time curve |
| AUEC | Area under the effect-time curve |
| Avb8 | Alpha v beta 8 |
| B7H4 | B7 homolog 4 |
| BA | Bioavailability |
| BAFF | B-cell activating factor |
| B-ALL | B cell acute lymphoblastic leukaemia |
| BBB | Blood-brain barrier |
| BCG | Bacillus Calmette-Guérin |
| BCL2 | B-cell leukemia/lymphoma 2 protein |
| BCMA | B-cell maturation antigen |
| BDA | Budesonide albuterol |
| BFF | Budesonide and formoterol fumarate |
| BGF | Budesonide, glycopyrronium and formoterol fumarate |
| BICLA | British Isles Lupus Assessment Group-based Composite Lupus Assessment |
| BICR | Blinded independent central review |
| BID | Twice per day |
| BIG | Big Ten Cancer Research Consortium |
| BM | Biomarker |
| BMD | Bone mineral density |
| BMFI | Bone metastasis-free interval |
| BMI | Body mass index |
| BOR | Best overall response rate |
| BR | Bendamustine and rituximab |
| BRCA | BReast CAncer gene |
| BRCAm | BReast CAncer gene-mutated |
| BRCAwt | BReast CAncer wild-type gene |
| BRD4 | Bromodomain-containing protein 4 |
| BTC | Biliary tract carcinoma |
| BTK | Bruton's tyrosine kinase |
| BVAS | Birmingham Vasculitis Activity Score |
| C3 | Complement component 3 |
| C5 | Complement component 5 |
| CA-125 | Cancer antigen-125 |
| CAAT | Chronic Airways Assessment Test |
| CAD | Coronary artery disease |
| CAGR | Compound annual growth rate |
| CAR-T | Chimeric antigen receptor therapy |
| CBP | Cardiopulmonary bypass |
| CBR | Clinical benefit rate |
| CD | Cluster of differentiation |
| CD123 | Interleukin 3 receptor a |
| CD19 | Cluster of differentiation 19 |
| CD3 | Cluster of differentiation 3 |
| CD39 | Cluster of differentiation 39 |
| CD73 | Cluster of differentiation 73 |
| CD8 | Cluster of differentiation 8 |
| CDAI | Clinical Disease Activity Index |
| CDK | Cyclin-dependent kinase |
| CDK2 | Cyclin-dependent kinase 2 |
| CE | Clinically evaluable |
| CHD | Coronary heart disease |
| Chemo | Chemotherapy |
| CHF | Chronic heart failure |
| cHL | Classic Hodgkin lymphoma |
| CKD | Chronic kidney disease |
| CLD | Chronic lung disease |
| CLDN18.2 | Claudin 18.2 |
| CLL | Chronic lymphocytic leukaemia |
| cm | Centimetre |
| CMAX | Maximum observed plasma concentration |
| cMET | Tyrosine-protein kinase mesenchymal epithelial transition factor |
| CMML | Chronic myelomonocytic leukaemia |
| CNS | Central nervous system |
| CNS-PFS | Central nervous system progression-free survial |
| CompEx | Composite endpoint for exacerbations |
| COPD | Chronic obstructive pulmonary disease |
| CPB | Cardiopulmonary bypass |
| CPI | Checkpoint inhibitor |
| CPI-experienced | Checkpoint inhibitor-experienced |
| CPI-naive | Checkpoint inhibitor-naïve |
| cPR | Central pathological review |
| CR | Complete response |
| CRC | Colorectal cancer |
| CrCl | Creatinine clearance |
| CRR | Complete response rate |
| CRR | Complete renal response |
| CRSwNP | Chronic rhinosinusitis with nasal polyps |
| CRT | Chemoradiotherapy |
| CSA-AKI | Cardiac surgery-associated acute kidney injury |
| CTC | Circulating tumour cell |
| CTCAE | Common Terminology Criteria for Adverse Events |
| ctDNA | Circulating tumor DNA |
| CTLA-4 | Cytotoxic T-lymphocyte-associated antigen-4 |


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Appendix: Glossary.

# Glossary – 2 of 4

| | |
|---|---|
| CTx | Chemotherapy |
| CV | Cardiovascular |
| CVOT | Cardiovascular outcomes trial |
| CXCR2 | C-X-C Motif chemokine receptor 2 |
| CyBorD | Cyclophosphamide, bortezomib and dexamethasone |
| Dato-DXd | Datopotamab deruxtecan |
| DCR | Disease control rate |
| DDFS | Distant disease-free survival |
| DDI | Drug-drug Interaction |
| dECG | Differentiated electrocardiogram |
| DFS | Disease-free survival |
| DLBCL | Diffuse large B-cell lymphoma |
| DLT | Dose-limiting toxicity |
| DMARDs | Disease-modifying antirheumatic drugs |
| DNA | Deoxyribonucleic acid |
| dNCC | Directly measured non-ceruloplasmin-bound copper |
| DoCR | Durability of complete response |
| DoR | Duration of response |
| DPB | Disease progression in bone |
| DPI | Dry powder inhaler |
| DRFI | Disease recurrence-free interval |
| DSQ | Dysphagia Symptom Questionnaire |
| DXA | Dual energy X-ray absorptiometry |
| EBRT | External beam radiation therapy |
| ECG | Electrocardiogram |
| ED | Emergency department |
| EFS | Event-free survival |
| EG | Eosinophilic gastritis |
| EGE | Eosinophilic gastroenteritis |
| eGFR | Estimated glomerular filtration rate |
| eGFR | Epidermal growth factor receptor-mutated |
| EGFRi | Epidermal growth factor receptor inhibitor |
| EGFRm | Epidermal growth factor receptor-mutated |
| EGPA | Eosinophilic granulomatosis with polyangiitis |
| EoE | Eosinophilic oesophagitis |
| ER | Estrogen receptor |
| ER+ | Estrogen receptor-positive |
| ERK | Extracellular signal-regulated kinase |
| E-RS:COPD | Evaluating Respiratory Symptoms in Chronic Obstructive Pulmonary Disease |
| ERT | Enzyme replacement therapy |
| ESAI | Eczema Area and Severity Index |
| ESCC | Esophageal squamous cell carcinoma |
| ESKD | Early-stage kidney disease |
| ESR1 | Estrogen receptor 1 |
| ESRD | End-stage renal disease |
| ET | Endocrine therapy |
| ETA | Endothelin A |
| EU | European Union |
| EVH | Extravascular haemolysis |
| FAF | Fundus autofluorescence |
| FCR | Fludarabine, cyclophosphamide and rituximab |
| FDC | Fixed-dose combination |
| FeNO | Fractional nitric oxide concentration in exhaled breath |
| FEV | Forced-expiratory volume |
| FEV1 | Forced expiratory volume in 1 second |
| FGFR | Fibroblast growth factor receptor |
| FL | Follicular lymphoma |
| FLAP | 5-lipooxygenase activating protein |
| FLOT | Fluorouracil, leucovorin, oxaliplatin and docetaxel |
| FOLFOX | Folinic acid, fluorouracil and oxaliplatin |
| FOXP3 | Forkhead box P3 |
| FP | 5-fluorouracil/cisplatin |
| FPCD | First patient commenced dosing |
| FPG | Fasting plasma glucose |
| GA | Geographic atrophy |
| GBM | Glioblastoma |
| gBRCAm | Germline BRCA-mutated |
| GC | Gastric cancer |
| GCB | Germinal center B-cell |
| GEJ | Gastric/gastroesophogeal junction |
| GEJC | Gastroesophageal junction cancer |
| GFF | Glycopyrronium and formoterol fumarate |
| GI | Gastrointestinal |
| GLP-1 | Glucagon-like peptide-1 |
| GMFR | Geometric mean fold rise |
| gMG | Generalised myasthenia gravis |
| GMT | Geometric mean titer |
| GPC3 | Glypican 3 |
| GPC3-positive | Glypican 3-positive |
| GPRC5D | G protein-coupled receptor, class C, group 5, member D |
| H1 | H1-antihistamine |
| hADME | Human mass balance |
| HCC | Hepatocellular carcinoma |
| HD | High dose |
| HDL-C | High-density lipoprotein cholesterol |
| HER2 | Human epidermal growth factor receptor 2 |
| HER2-low | Human epidermal growth factor receptor 2-low |
| HER2-negative | Human epidermal growth factor receptor 2-negative |
| HER2-positive | Human epidermal growth factor receptor 2-positive |
| HES | Hyper eosinophilic syndrome |
| HF | Heart failure |
| HFA | Hydrofluoroalkane |
| HFO | Hydrofluoro-olefins |
| HFpEF | Heart failure with preserved ejection fraction |
| HFrEF | Heart failure with reduced ejection fraction |
| HGFR | Met/hepatocyte growth factor receptor |
| HGSC | High-grade serous carcinoma |
| hHF | Hospitalisation for heart failure |
| HIF-PH | Hypoxia inducible factor-prolyl hydroxylase |
| HLA-A*02:01 | Human leukocyte antigen serotype within the HLA-A serotype group |
| HNSCC | Head and neck squamous-cell carcinoma |
| HPD | Hyperprogressive disease |
| HPDD | Highest protocol-defined dose |
| HPF | High-power field |
| HPP | Hypophosphatasia |
| HR+ | Hormone receptor-positive |
| HRD | Homologous recombination deficiency |
| HRD+ | Homologous recombination deficiency-positive |
| HR-low | Hormone receptor-low |
| HRRm | Homologous recombination repair-mutated |
| HSD17B13 | Hydroxysteroid 17-beta dehydrogenase 13 |
| HVPG | Hepatic venous pressure gradient |
| i | Inhibitor |
| i.m. | Intramuscular |
| i.v. | Intravenous |
| IA | Investigator-assessed |
| ICR | Independent central review |
| ICS | Inhaled corticosteroid |
| ICS-LABA | Inhaled corticosteroid long-acting beta-agonists |
| ICU | Intensive care unit |


As of 8 February 2024.
Appendix: Glossary.

# Glossary – 3 of 4

| | |
|---|---|
| IDFS | Invasive disease-free survival |
| IgAN | Immunoglobulin A nephropathy |
| IHF | Impaired hepatic function |
| IL | Interleukin |
| IL-12 | Interleukin-12 |
| IL-33 | Interleukin-33 |
| IL-5R | Interleukin-5 receptor |
| IMAC-TIS | International Myositis Assessment and Clinical Studies-Total Improvement Score |
| INV | Investigator review |
| IO | Immuno-oncology |
| IPFS | Invasive progression-free survival |
| IRAK4 | Interleukin-1 receptor-associated kinase 4 |
| IRC | Independent review committee |
| ISS | Investigator-sponsored studies |
| ISS7 | Itch-severity score (weekly) |
| ITT | Intent-to-treat |
| JAK-1 | Janus kinase 1 |
| KCCQ | ansas City Cardiomyopathy Questionnaire |
| kg | Kilogram |
| Ki67 | Antigen Kiel 67 |
| LAAB | Long-acting antibody |
| LABA | Long-acting beta agonist |
| LAMA | Long-acting muscarinic agonist |
| LCAT | Lecithin-cholesterol acyltransferase |
| LDH | Lactate dehydrogenase |
| LDL-C | Low-density lipoprotein cholesterol |
| LICA | Ligand-conjugated ASO |
| LIF | Low-density lipoprotein cholesterol |
| LN | Lupus nephritis |
| LOS | Length of stay |
| LPCD | Last patient commenced dosing |
| LSD | Last subject dosed |
| LV | Left ventricle |
| m | Mutation |
| mAb | Monoclonal antibody |
| MABA | Muscarinic antagonist-beta2 agonist |
| MACE | Major adverse cardiac events |
| MAD | Multiple ascending dose |
| MAKE | Major adverse kidney events |
| MASH | Metabolic dysfunction-associated steatohepatitis |
| MCC | Mucociliary clearance |
| MCL | Mantle cell lymphona |
| mCRPC | Metastatic castrate-resistant prostate cancer |
| MDI | Metered-dose inhaler |
| MDS | Myelodysplastic syndrome |
| MEK | Mitogen-activated protein kinase |
| MET | Mesenchymal epithelial transition factor |
| mFOLFOX | Modified folinic acid, fluorouracil and oxaliplatin |
| mg | Milligram |
| MG-ADL | Myasthenia Gravis-Activities of Daily Living |
| MI | Myocardial infarction |
| MMAE | Monomethyl auristatin E |
| MMT | Mixed meal test |
| mPFS | Median progression-free survival |
| MPO | Myeloperoxidase |
| mPR | Major pathological response |
| MR | Mineralocorticoid receptor |
| MRD-negative | Minimal residual disease-negative |
| MRI | Magnetic resonance imaging |
| mRNA | Messenger ribonucleic acid |
| MSA | Multiple system atrophy |
| MTAP-deficient | Methylthioadenosine phosphorylase-deficient |
| MTD | Maximum tolerated dose |
| mTNBC | Metastatic triple-negative breast cancer |
| MZL | Marginal zone lymphoma |
| nAb | Neutralising antibody |
| NaC | Sodium channel |
| NAFLD | Non-alcoholic fatty liver disease |
| NASH | Non-alcoholic fatty liver disease |
| NCFB | Non-cystic fibrosis bronchiectasis |
| NCI | National Cancer Institute |
| NCPV | Noncalcified plaque volume |
| NF1 | Neurofibromatosis type 1 |
| NF1-PN | Neurofibromatosis type 1 with plexiform neurofibromas |
| ng | Next-generation |
| NGF | Nerve growth factor |
| NHA | New hormonal agents |
| NHL | Non-Hodgkin's lymphoma |
| NIH | National Institute of Health |
| NKTCL | Extranodal natural killer T-cell lymphoma |
| NMOSD | Neuromyelitis optica spectrum disorder |
| NRG | National Clinical Trials Network in Oncology |
| NSCLC | Non-small cell lung cancer |
| OBD | Optimal biological dose |
| OCS | Oral corticosteroid |
| OD | Once daily |
| OGTT | Oral glucose tolerance test |
| OR | Objective response |
| ORR | Overall response rate |
| OS | Overall surival |
| PA | Primary aldosteronism |
| PALB2m | Partner and localizer of BRCA2-mutated |
| PAR2 | Protease-activated receptor 2 |
| PARP | Poly ADP ribose polymerase |
| PARP-1sel | Poly ADP ribose polymerase-1 selective |
| PASI | Psoriasis area severity index |
| PBD | Pyrrolobenzodiazepine |
| PCD | Plasma cell dyscrasia |
| pCR | Pathological complete response |
| PCSK9 | Proprotein convertase subtilisin/kexin type 9 |
| PD | Pharmacodynamics |
| PD-1 | Programmed cell death protein-1 |
| PDAC | Pancreatic ductal adenocarcinoma |
| PDE4 | Phosphodiesterase type 4 |
| PD-L1 | Programmed death-ligand 1 |
| PD-L1-high | Programmed death-ligand 1-high |
| Peak | Maximum |
| PET | Positron-emission tomography |
| PFS | Progression-free survival |
| PFS2 | Time to second disease progression or death |
| PgR | Progesterone receptor |
| PI3K | Phosphoinositide 3 kinase |
| PIK3CA | Phosphatidylinositol 3 kinase catalytic alpha gene |
| PK | Pharmacokinetic |
| PLL | Prolymphocytic leukaemia |
| pMDI | Pressurised metered-dose inhaler |
| PN | Plexiform neurofibroma |
| PNH | Paroxysmal nocturnal haemoglobinuria |
| POC | Proof of concept |
| POM | Proof of mechanism |


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Appendix: Glossary.

# Glossary – 4 of 4

| | |
|---|---|
| post-BD | Post-bronchodilator |
| pPCI | Primary percutaneous coronary intervention |
| PR | Partial response |
| pre-BD | Pre-bronchodilator |
| PRMT5 | Protein arginine methyltransferase 5 |
| PRO | Patient reported outcome |
| PRR | Recurrent platinum resistant |
| PS | Propensity score |
| PSA | Prostate-specific antigen |
| PSC | Pulmonary sarcomatoid carcinoma |
| PSMA | Prostate-specific membrane antigen |
| PSR | Platinum-sensitive relapsed |
| PTCL | Peripheral T-cell lymphoma |
| PTEN | Phosphatase and tensin homolog gene |
| PVR | Pulmonary vascular resistance |
| Q1W | Every week |
| Q4W | Every four weeks |
| Q8W | Every eight weeks |
| QD | Once daily |
| QID | Four times per day |
| QOD | Evey other day |
| QoL | Quality of life |
| QoL-DN | Norfolk Quality of Life-Diabetic Neuropathy |
| QT | Duration of ventricular electrical systole |
| QTcF | Corrected QT interval by Fredericia |
| R/R | Relapsed/refractory |
| RA | Rheumatoid arthritis |
| RAAS | Renin-angiotensin-aldosterone system |
| RECIST | Response Evaluation Criteria in Solid Tumours |
| REiNS | Response Evaluation in Neurofibromatosis and Schwannomatosis |
| RET | Rearranged during transfection |
| RFS | Relapse-free survival |
| rhLCAT | Recombinant human lecithin-cholesterol acyltransferase |
| rNDV | Recombinant Newcastle disease virus |
| RORγ | Related orphan receptor gamma |
| RP2D | Recommended Phase II dose |
| rPFS | Radiographic progression-free survival |
| RR | Response rate |
| RSV | Respiratory syncytial virus |
| RT | Radiation therapy |
| s.c. | Subcutaneous |
| SABA | Short-acting beta2-agonist |
| SAD | Single ascending dose |
| SAE | Serious adverse event |
| SARS-CoV-2 | Severe-acute-respiratory-syndrome-related coronavirus-19 |
| SBP | Systolic blood pressure |
| SBRT | Stereotactic body radiation therapy |
| SCCHN | Squamous-cell carcinoma of the head and neck |
| SCD | Sickle cell disease |
| SCLC | Small cell lung cancer |
| SD | Stable disease |
| SERD | Selective estrogen receptor degrader |
| SGLT2 | Sodium-glucose transport protein 2 |
| SGRM | Selective glucocorticoid receptor modulator |
| SGRQ | Saint George Respiratory Questionnaire |
| siRNA | Small interfering ribonucleic acid |
| SJC | Swollen joint count |
| SLE | Systemic lupus erythematosus |
| SLL | Small lymphocytic lymphoma |
| SMAD | Single and multiple ascending dose trial |
| SoC | Standard of care |
| sPGA | Static Physician's Global Assessment Score |
| SS | Steady state |
| STAT3 | Signal transducer and activator of transcription 3 |
| sUA | Serum uric acid |
| T2DM | Type 2 diabetes mellitus |
| T300 | *Imfinzi* plus *Imjudo* |
| T790M | Threonine 790 substitution with methionine |
| TACE | Transarterial chemoembolization |
| tBRCAm | Tumour (somatic) BRCA-mutated |
| TCR-T | T-cell receptor therapy |
| TEAE | Treatment-emergent adverse event |
| TESAE | Treatment-emergent serious adverse event |
| TFST | Time to first subsequent therapy or death |
| TGFbetaRIIDN | Transforming growth factor-beta RIIDN |
| THP | Paclitaxel, trastuzumab and pertuzumab |
| TID | Three times per day |
| TIGIT | T-cell immunoreceptor with Ig and ITIM domains |
| TIM3 | T-cell immunoglobulin and mucin domain 3 |
| TJC | Tender joint count |
| TKI | Tyrosine kinase Inhibitor |
| TLR | Toll-like receptor 9 |
| TMA | Thrombotic microangiopathy |
| Tmax | Time to reach maximum observed plasma concentration |
| TNBC | Triple negative breast cancer |
| TNF | Tumour necrosis factor |
| TNSALP | Tissue-nonspecific alkaline phosphatase |
| TOP1i | Topoisomerase 1 inhibitor |
| TP53 | Tumour protein p53 |
| TP53 R175H | Tumour protein p53 with arginine at position 175 replaced with histidine |
| TPS | Tumour proportion score |
| TROP2 | Trophoblast cell surface antigen 2 |
| TSLP | Thymic stromal lymphopoietin |
| TTD | Time to treatment discontinuation |
| TTF | Time to treatment failure |
| TTNT | Time to next therapy |
| TTP | Time to tumour progression |
| TTR | Time to treatment response |
| TTR | Transthyretin |
| UACR | Urine albumin creatinine ratio |
| UK | United Kingdom |
| u-LTE4 | Urinary leukotriene E4 |
| UMEC | Umeclidinium |
| UPCR | Urine protein creatinine ratio |
| URAT1 | Uric acid transporter 1 |
| US | United States |
| VEGF | Vascular endothelial growth factor |
| VHH | Single domain antibody |
| XELOX | Oxaliplatin and capecitabine |
| γH2AX | H2A histone family member X phosphorylated on serine 139 |


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Appendix: Glossary.