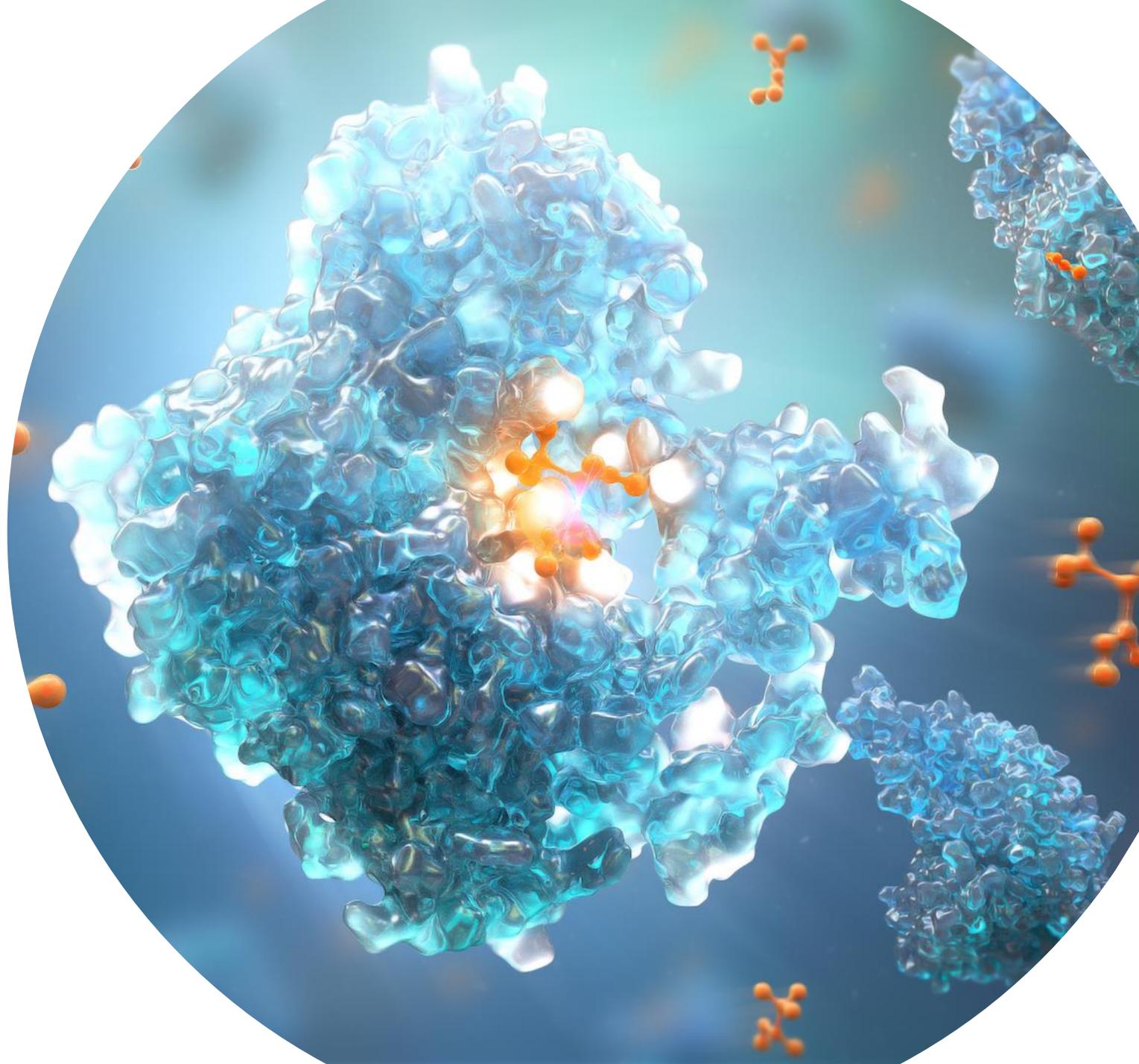




# Clinical Trials Appendix

Q1 2023 Results Update



# Upcoming pipeline catalysts: 2023 and 2024

Oncology BioPharmaceuticals Rare Disease



## Regulatory decision<sup>1</sup>

### H1 2023

**Lynparza** – prostate cancer (1L) (PROpel) (US)  
**Farxiga** – HFpEF (DELIVER) (US)  
**Beyfortus** – RSV (MELODY/MEDLEY) (US)  
**Ultomiris** – NMOSD (CHAMPION-NMOSD)

### H2 2023

**Lynparza** – prostate cancer (1L) (PROpel) (JP)  
**Enhertu** – HER2m NSCLC (2L+) (DESTINY-Lung01) (EU, JP)  
**Enhertu** – HER2-low breast cancer (3L) (DESTINY-Breast04) (CN)  
**Calquence** – CLL (ASCEND) (CN)  
**Farxiga** – HFpEF (DELIVER) (CN)  
**epiontersen** – hATTR-PN (NEURO-TTRransform) (US)  
**Soliris** – gMG (CN)  
**Soliris** – NMOSD (CN)  
**Koselugo** – NF1-PN (SPRINT) (CN)

### 2024

**Imfinzi** – biliary tract cancer (TOPAZ-1) (CN)



## Regulatory submission and/or acceptance

**Lynparza** – gBRCA breast cancer (adjuvant) (Olympia) (CN)  
**capivasertib** – HR+/HER2- breast cancer (1L) (CAPitello-291)  
**Beyfortus** – respiratory syncytial virus (CN)  
**danicopan** – PNH with extravascular haemolysis (US)

**Tagrisso** – EGFRm NSCLC (1L) (FLAURA2)  
**Tagrisso** – EGFRm NSCLC (unresectable Stg. III) (LAURA)  
**Imfinzi** – NSCLC (neoadjuvant) (AEGEAN)  
**Imfinzi** – bladder cancer (muscle invasive) (NIAGARA)  
**Imfinzi** – bladder cancer (1L) (NILE)  
**Enhertu** – HER2+/HER2low gastric 3L (DESTINY-Gastric01) (CN)  
**Dato-DXd** – NSCLC (3L) (TROPION-Lung01)  
**Dato-DXd** – HR+/HER2- breast cancer (inoperable and/or met.) (TROPION-Breast01)  
**Evusheld** – COVID-19 (TACKLE/PROVENT) (CN)  
**AZD3152** – prevention of COVID-19 (SUPERNOVA)  
**danicopan** – PNH with extravascular haemolysis (JP)

**Tagrisso** – EGFRm NSCLC (resectable, Stg. II/III) (NeoADAURA)  
**Imfinzi + Imjudo** – hepatocellular carcinoma (1L) (HIMALAYA) (CN)  
**Imfinzi** – NSCLC (unresectable, Stg. III) (PACIFIC-2)  
**Imfinzi** – liver cancer (locoregional) (EMERALD-1)  
**Imfinzi** – SCLC (limited-stage) (ADRIATIC)  
**Lynparza** – ovarian cancer (1L) (DUO-O)  
**Lynparza** – endometrial cancer (1L) (DUO-E)  
**Lynparza** – prostate cancer (1L) (PROpel) (CN)  
**Enhertu** – HER2-low breast cancer (2L) (DESTINY-Breast06)  
**Enhertu** – High-risk HER2+ early breast cancer (non-met.) (DESTINY-Breast11)

**capivasertib** – TNBC (locally adv./met.) (CAPitello-290)  
**Calquence** – MCL (1L) (ECHO)  
**roxadustat** – anaemia of myelodysplastic syndrome)  
**tozorakimab** – acute respiratory failure (TILIA)  
**Fasenra** – bullous pemphigoid (FJORD)  
**Fasenra** – EGPA (MANDARA)  
**Fasenra** – HES (NATRON)  
**acoramidis** – ATTR-CM (ALXN2060-TAC-302)  
**anselamimab** – AL amyloidosis (CAEL101-302)



## Key Phase III data readouts

**Tagrisso** – EGFRm NSCLC (1L) ([FLAURA2](#))  
**Dato-DXd** – NSCLC (3L) ([TROPION-Lung01](#))  
**roxadustat** – anaemia of myelodysplastic syndrome

**Tagrisso** – EGFRm NSCLC (unresectable Stg. III) ([LAURA](#))  
**Imfinzi** – NSCLC (unresectable, Stg. III) ([PACIFIC-2](#))  
**Imfinzi** – SCLC (limited-stage) ([ADRIATIC](#))  
**Imfinzi** – liver cancer (locoregional) ([EMERALD-1](#))  
**Imfinzi** – bladder cancer (muscle invasive) ([NIAGARA](#))  
**Imfinzi** – bladder cancer (1L) ([NILE](#))  
**Lynparza** – endometrial cancer (1L) ([DUO-E](#))  
**Enhertu** – HER2-low breast cancer (2L) ([DESTINY-Breast06](#))  
**capivasertib** – TNBC (locally adv./met.) ([CAPitello-290](#))  
**Dato-DXd** – HR+/HER2- breast cancer (inoperable and/or met.) ([TROPION-Breast01](#))  
**Farxiga** – myocardial infarction ([DAPA-MI](#))  
**Fasenra** – EGPA ([MANDARA](#))  
**Fasenra** – HES ([NATRON](#))  
**AZD3152** – prevention of COVID-19 ([SUPERNOVA](#))

**Tagrisso** – EGFRm NSCLC (resectable, Stg. II/III) ([NeoADAURA](#))  
**Imfinzi** – liver cancer (adjuvant) ([EMERALD-2](#))  
**Lynparza** – PARP 1L BRCAwt ovarian cancer ([MONO-OLA1](#))  
**Enhertu** – high-risk HER2+ early breast cancer (non-met.) ([DESTINY-Breast11](#))  
**Enhertu** – HER2+ gastric cancer (2L) ([DESTINY-Gastric04](#))  
**Calquence** – MCL (1L) ([ECHO](#))  
**Orpathys** – NSCLC with MET exon 14 mutations (locally adv./met.)  
**Dato-DXd** – TNBC (locally recurrent inop./met.) ([TROPION-Breast02](#))

**tozorakimab** – acute respiratory failure ([TILIA](#))  
**Fasenra** – CRwNP ([ORCHID](#))  
**Fasenra** – bullous pemphigoid ([FJORD](#))  
**Tezspire** – chronic rhinosinusitis with nasal polyps ([WAYPOINT](#))  
**Tezspire** – severe asthma ([DIRECTION](#))  
**Ultomiris** – DM ([ALXN1210-DM-310](#))  
**Koselugo** – NF1-PN ([KOMET](#))  
**acoramidis** – ATTR-CM ([ALXN2060-TAC-302](#))  
**anselamimab** – AL amyloidosis ([CAEL101-301 and -302](#))

<sup>1</sup>Regulatory decision includes programmes under review in a major market



# Clinical Trials Appendix: selected highlights

Approved medicines:  
key LCM

## BioPharmaceuticals

 **Saphnelo™**  
(anifrolumab-fnia)  
Intravenous Use 300 mg/vial

 **Fasenra®**  
(benralizumab) Subcutaneous Injection 30 mg

 **farxiga** (dapagliflozin)

 **TEZSPIRE™**  
(tezepelumab-ekko) Subcutaneous Injection 210 mg

## Oncology

 **TAGRISSO®**  
osimertinib

 **ENHERTU®**  
fam-trastuzumab deruxtecan-nxki  
20 mg/mL INJECTION FOR INTRAVENOUS USE

 **CALQUENCE®**  
(acalabrutinib) 100 mg capsules

 **IMFINZI®**  
durvalumab  
Injection for Intravenous Use 50 mg/mL

 **Lynparza™**  
olaparib

## Rare Disease

 **ULTOMIRIS®**  
(ravulizumab-cwvz)

Next-wave pipeline

tozorakimab (IL-33)

AZD3152 (COVID-19 LAAB)

eplontersen (LICA)

mitiperstat (MPO)

Dato-DXd (TROP2 ADC)

volrustomig (PD-1/CTLA-4)

capivasertib (AKT)

camizestrant (ngSERD)

rilvegostomig (PD-1/TIGIT)

AZD5305 (PARP-1sel)

vemircopan (oral Factor D)

gefurulimab (C5 mini-body)

ALXN1850 (ngHPP)



# Movement since Q4 2022 update

New to Phase I	New to Phase II	New to Pivotal trial	New to registration
	<p><b><u>NME</u></b>  <b>AZD7789</b>            PD1/TIM3 bispecific mAb solid tumours</p>	<p><b><u>Additional indication</u></b>  <b>Dato-DXd AVANZAR<sup>2</sup></b>            TROP2 ADC1L NSCLC, squamous and non-squamous 1L NSCLC, TROP2 BM+</p> <p><b>Dato-DXd TROPION Lung07<sup>2</sup></b>            TROP2 ADC 1L NSCLC PD-L1 &lt;50% non-squamous</p> <p><b>camizestrant CAMBRIA-1</b>            selective estrogen receptor degrader HR+ HER2- extended adjuvant breast cancer</p> <p><b><u>Life-cycle management</u></b>  <b>Tezspire CROSSING<sup>#</sup></b>            TSLP mAb eosinophilic esophagitis</p> <p><b>Ultomiris ARTEMIS</b>            anti-complement C5 mAb cardiac surgery-associated acute kidney injury</p>	<p><b><u>NME</u></b>  <b>eplontersen<sup>#</sup> [US]<sup>1</sup></b>            ligand-conjugated antisense patients with hereditary transthyretin-mediated amyloid polyneuropathy (hATTR-PN)</p> <p><b>danicopan [EU]</b>            oral factor D inhibitor paroxysmal nocturnal haemoglobinuria with clinically significant extravascular haemolysis</p> <p><b><u>Life-cycle management</u></b>  <b>Enhertu DESTINY-Breast02<sup>#</sup> [EU]</b>            HER2 targeting antibody drug conjugate HER2+, unresectable and/or metastatic breast cancer pre-treated with prior standard of care HER2 therapies, including T-DM1</p>
Removed from Phase I	Removed from Phase II	Removed from Phase III	Removed from registration
<p><b><u>NME</u></b>  <b>AZD8853<sup>#</sup></b>            GDF-15 solid tumours</p>	<p><b><u>NME</u></b>            cotadutide            GLP-1/glucagon dual agonist non-alcoholic steatohepatitis</p> <p><b><u>Life-cycle management</u></b>  <b>Imfinzi (platform) MAGELLAN<sup>#</sup></b>            PD-L1 mAb + multiple novel oncology therapies +/- CTx 1st-line metastatic non-small cell lung cancer</p>	<p><b><u>NME</u></b>  <b>ALXN1840</b>            bis-choline tetrathiomolybdate Wilson disease</p>	

4 Phase progressions based on first patient dose achievement

<sup>#</sup>Partnered and/or in collaboration <sup>1</sup>Submission accepted <sup>2</sup>First patient dosed in Q1 2023

Appendix: [Glossary](#).



# Q1 2023 Oncology new molecular entity<sup>1</sup> pipeline

Phase I 6 New Molecular Entities	Phase II 13 New Molecular Entities	Phase III 18 New Molecular Entities	
AZD0466# BCL2/xL haematological malignancies	AZD0171 + <i>Imfinzi</i> + CTx anti-LIF+PD-L1+CTx 1L metastatic PDAC	camizestrant + CDK4/6i SERENA-6 SERD+CDK4/6 1L HR+ HER2- ESR1m breast cancer	camizestrant CAMBRIA-1 SERD HR+ HER2- extended adjuvant breast cancer
AZD1390 ATM glioblastoma	AZD4573 CDK9 haematological malignancies	capivasertib + abiraterone CAPItello-281 AKT+abiraterone PTEN deficient mHSPC	camizestrant + palbociclib SERENA-4 SERD+CDK4/6 1L HR+ HER2- breast cancer
AZD9574 PARP inhibitor advanced solid malignancies	AZD4573 + <i>Calquence</i> CDK9+BTK haematological malignancies	capivasertib + docetaxel CAPItello-280 AKT+Docetaxel mCRPC prostate cancer	capivasertib + CTx CAPItello-290 AKT+chemotherapy 1L mTNBC
AZD9592 EGFR/cMET solid tumours	AZD5305 PARP1Sel solid tumours	capivasertib + fulvestrant CAPItello-291 AKT+fulvestrant 2L and beyond in AI resistant locally advanced or mBC	capivasertib + fulvestrant + palbociclib CAPItello-292 AKT+fulvestrant+CDK4/6 1L triplet in early relapse/ET resistant locally advanced or mBC
IPH5201# CD39 solid tumours	AZD7789 PD1/TIM3 bispecific mAb solid tumours, haematological malignancies	ceralasertib + <i>Imfinzi</i> MONETTE ATR inhibitor + PDL-1 melanoma	ceralasertib + <i>Imfinzi</i> LATIFY ATR inhibitor + PDL-1 non-small cell lung cancer
volrustomig + lenvatinib PD-1/CTLA-4+VEGF advanced RCC	AZD8205 B7-H4 targeting ADC solid tumours	datopotamab deruxtecan TROPION-Breast02# TROP2 ADC 1L TNBC	datopotamab deruxtecan TROPION-Breast01# TROP2 ADC 2-3L HR+ HER2- breast cancer
	camizestrant SERD HR+ breast cancer	datopotamab deruxtecan TROPION-Lung01# TROP2 ADC 2L+ NSCLC with or without actionable genomic alterations	datopotamab deruxtecan TROPION-Breast03# TROP2 ADC adjuvant residual disease TNBC
	capivasertib AKT prostate cancer	datopotamab deruxtecan TROPION-Lung08# TROP2 ADC 1L metastatic NSCLC	datopotamab deruxtecan TROPION-Lung07# TROP 2 ADC 1L NSCLC PD-L1 <50% non-squamous
	ceralasertib ATR solid tumours	<i>Imfinzi</i> +/- oleclumab +/- monalizumab PACIFIC-9# PD-L1+NKG2A or PD-L1+CD73 unresectable stage III NSCLC	datopotamab deruxtecan AVANZAR# TROP 2 ADC 1L NSCLC, squamous and non-squamous 1L NSCLC, TROP2 BM+
	<i>Imfinzi</i> + monalizumab# PD-L1+NKG2A solid tumours		
	oleclumab+CTx or <i>Imfinzi</i> +oleclumab+CTx CD73+chemo or PD-L1+CD73+chemo metastatic pancreatic cancer		
	rilvegostomig (AZD2936) ARTEMIDE-01# PD1/TIGIT bispecific mAb solid tumours		
	volrustomig PD-1/CTLA-4 solid tumours		
			<b>Under review</b> 0 New Molecular Entities

Phase progressions based on first patient dose achievement

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

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

Appendix: [Glossary](#).

● Precision medicine approach being explored



# Q1 2023 Oncology lifecycle management<sup>1</sup> pipeline

Phase I 2 Projects	Phase II 11 Projects	Phase III 33 Projects	Under review 1 Project
<i>Enhertu</i> (platform) DESTINY-Breast08# HER2 ADC HER2-low breast cancer	<i>Enhertu</i> (platform) DESTINY-Breast07# HER2 ADC HER2+ breast cancer	<i>Calquence</i> + R-CHOP ESCALADE BTK+R-CHOP 1L DLBCL	<i>Calquence</i> ECHO# BTK inhibitor 1L MCL
<i>Tagrisso</i> + ( <i>Koselugo</i> or <i>Orpathys</i> ) TATTON# EGFR+MEK/MET advanced EGFRm NSCLC	<i>Enhertu</i> DESTINY-PanTumour01# HER2 ADC HER2 mutant tumours	<i>Enhertu</i> DESTINY-Breast05# HER2 ADC HER2+ post-neoadjuvant high-risk breast cancer	<i>Enhertu</i> DESTINY-Breast11# HER2 ADC Neoadjuvant HER2+ breast cancer
	<i>Enhertu</i> DESTINY-PanTumour02# HER2 ADC HER2 expressing solid tumours	<i>Enhertu</i> DESTINY-Lung04# HER2 ADC HER2m NSCLC 1L	<i>Enhertu</i> DESTINY-Breast09# HER2 ADC HER2+ breast cancer 1L
	<i>Imfinzi</i> (platform) BEGONIA PD-L1 1L metastatic TNBC	<i>Imfinzi</i> + CRT PACIFIC-5 (China)# PD-L1+CRT locally-advanced stage III NSCLC	<i>Imfinzi</i> + CRT KUNLUN# PD-L1+CRT locally-advanced ESCC
	<i>Imfinzi</i> (platform) COAST# PD-L1+multiple novel ONC therapies NSCLC	<i>Imfinzi</i> + domvanalimab (AB154) PACIFIC-8# PD-L1+TIGIT+CTx unresectable stage III NSCLC	<i>Imfinzi</i> + CTx neoadjuvant AEGEAN PD-L1+CTx locally-advanced stage II-III NSCLC
	<i>Imfinzi</i> (platform) HUDSON PD-L1+multiple novel ONC therapies post IO non-small cell lung cancer	<i>Imfinzi</i> + FLOT MATTERHORN# PD-L1+CTx neo-adjuvant/adjuvant gastric cancer	<i>Imfinzi</i> + EV +/- <i>Imjudo</i> VOLGA PD-L1 + nectin-4 targeting ADC +/- CTLA4 MIBC
	<i>Imfinzi</i> (platform) NeoCOAST# PD-L1+multiple novel ONC therapies NSCLC	<i>Imfinzi</i> + VEGF EMERALD-2# PD-L1+VEGF adjuvant HCC	<i>Imfinzi</i> + <i>Imjudo</i> + TACE +/- lenvatinib EMERALD-3 PD-L1+CTLA4+VEGF+/-chemo-embolization locoregional HCC
	<i>Imfinzi</i> + <i>Lynparza</i> ORION# PD-L1+PARP 1L mNSCLC	<i>Imfinzi</i> post-SBRT PACIFIC-4# PD-L1 mAb post-SBRT stage I/II NSCLC	<i>Imfinzi</i> +/- <i>Imjudo</i> + CRT ADRIATIC# PD-L1+/-CTLA-4+CRT 1L LS-SCLC
	<i>Lynparza</i> (basket) LYNK002# PARP HRRm cancer	<i>Lynparza</i> MONO-OLA1# PARP 1L BRCAwt ovarian cancer	<i>Lynparza</i> + <i>Imfinzi</i> + bevacizumab DUO-O# PARP+PD-L1+VEGF 1L ovarian cancer
	<i>Tagrisso</i> + <i>Orpathys</i> SAVANNAH# EGFR+MET advanced EGFRm NSCLC	<i>Tagrisso</i> LAURA EGFR inhibitor stage III EGFRm NSCLC	<i>Orpathys</i> + <i>Imfinzi</i> SAMETA# MET+PD-L1 1L papillary renal cell carcinoma
	<i>Tagrisso</i> ORCHARD platform study# EGFR+multiple novel ONC therapies 2L EGFRm osimertinib-resistant NSCLC	<i>Tagrisso</i> ADAURA2 adjuvant EGFRm NSCLC stage Ia2-Ia3 following complete tumour resection	<i>Tagrisso</i> + <i>Orpathys</i> SAFFRON# EGFR + MET advanced EGFRm non-small cell lung cancer
		<i>Calquence</i> + venetoclax + obinutuzumab AMPLIFY# BTK+BCL-2+anti-CD20 1L CLL	
		<i>Enhertu</i> DESTINY-Breast06# HER2 ADC post-ET HER2-low/HR+ breast cancer 2L	
		<i>Enhertu</i> DESTINY-Gastric04# HER2 ADC HER2+ gastric 2L	
		<i>Imfinzi</i> + CRT PACIFIC-2# PD-L1+CRT locally-advanced stage III NSCLC	
		<i>Imfinzi</i> + CTx NIAGARA PD-L1+CTx muscle invasive bladder cancer	
		<i>Imfinzi</i> + <i>Imjudo</i> + SoC NILE PD-L1+CTLA-4+SoC 1L urothelial cancer	
		<i>Imfinzi</i> + VEGF + TACE EMERALD-1# PD-L1+VEGF+TACE locoregional HCC	
		<i>Imfinzi</i> POTOMAC PD-L1 non-muscle invasive bladder cancer	
		<i>Lynparza</i> + <i>Imfinzi</i> DUO-E# PARP+PD-L1 1L endometrial cancer	
		<i>Tagrisso</i> + CTx FLAURA2 EGFR+chemo 1L adv EGFRm NSCLC	
		<i>Tagrisso</i> +/- CTx neoadjuvant NeoADAURA EGFR+/-CTx stage II/III resectable EGFRm NSCLC	

Phase progressions based on first patient dose achievement

<sup>1</sup>Includes significant life-cycle management projects and parallel indications for assets beyond Phase III

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

Appendix: [Glossary](#).

● Precision medicine approach being explored



# Q1 2023 BioPharmaceuticals new molecular entity<sup>1</sup> pipeline

Phase I 17 New Molecular Entities		Phase II 12 New Molecular Entities	Phase III 5 New Molecular Entities	Under review 1 New Molecular Entity
AZD0186 GLP1R agonism type-2 diabetes	AZD0780 PCSK9 dyslipidemia	atuliflapon FLAP asthma	AZD3152 SUPERNOVA <sup>1</sup> SARS-CoV-2 LAAB prevention of COVID-19	eplontersen# LICA hATTR-Polyneuropathy
AZD2373 podocyte health nephropathy	AZD2693 NASH resolution non-alcoholic steatohepatitis	balcinrenone/dapagliflozin MR+SGLT2 heart failure with CKD	brazikumab INTREPID IL-23 Crohn's disease	
AZD3366 CD39L3 cardiovascular disease	AZD3427 Relaxin mimetic heart failure	brazikumab EXPEDITION IL-23 mAb ulcerative colitis	eplontersen# LICA ATTR-Cardiomyopathy	
AZD4041# orexin 1 receptor antagonist opioid use disorder	AZD4604 inhaled JAK1 asthma	elarekibep (AZD1402)# Inhaled IL-4Ra asthma	tozorakimab OBERON TITANIA PROSPERO IL-33 COPD	
AZD5055 Porcupine inhibitor idiopathic pulmonary fibrosis	AZD5462 RXFP1 agonist CV disease	MEDI1341# alpha synuclein mAb multiple system atrophy/parkinson's disease	tozorakimab TILIA IL-33 mAb Acute Respiratory Failure	
AZD6234 peptide obesity with related comorbidities	AZD6793 IRAK4 inhibitor inflammatory diseases	MEDI6570 LOX-1 CV disease		
AZD7503 ASO non-alcoholic steatohepatitis	AZD7798 humanised monoclonal antibody targets T cells subset Crohn's disease	MEDI7352 NGF/TNF OA pain / PDN		
AZD8630# Inhaled TSLP Fab asthma	MEDI0618* PAR2 antagonist osteoarthritis pain	mitiperstat myeloperoxidase COPD		
MEDI1814# amyloid beta mAb alzheimer's disease		mitiperstat MPO HFpEF / NASH		
		tozorakimab IL-33 diabetic kidney disease		
		tozorakimab FRONTIER 3 IL-33 asthma		
		zibotentan/dapagliflozin endothelin A receptor antagonist + SGLT2 CKD/ liver cirrhosis		

Phase progressions based on first patient dose achievement

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

#Partnered and/or in collaboration; \*Phase I/IIa <sup>1</sup>Registrational Phase I/III trial

Appendix: [Glossary](#).

● Precision medicine approach being explored



# Q1 2023 BioPharmaceuticals lifecycle management<sup>1</sup> pipeline

Phase I 0 Projects	Phase II 3 Projects	Phase III 14 Projects	Under review 0 Projects
	<i>Andexxa</i> anti-factor Xa reversal urgent surgery	<i>Breztri/Trixeo</i> (PT010) KALOS LOGOS LABA/LAMA/ICS asthma	<i>Farxiga/Forxiga</i> DAPA-MI SGLT-2 prevention of HF and CV death following a myocardial infarction
	roxadustat# HIFPH anaemia chemotherapy induced anaemia	<i>Fasenra</i> RESOLUTE# IL-5R chronic obstructive pulmonary disease	<i>Fasenra</i> FJORD IL-5R bullous pemphigoid
	<i>Tezspire</i> COURSE# TSLP chronic obstructive pulmonary disease	<i>Fasenra</i> MANDARA IL-5R eosinophilic granulomatosis with polyangiitis	<i>Fasenra</i> NATRON IL-5R hypereosinophilic syndrome
		<i>Fasenra</i> ORCHID# IL-5R nasal polyps	<i>Lokelma</i> DIALIZE-Outcomes potassium binder CV outcomes in patients on chronic haemodialysis with hyperkalaemia
		<i>Lokelma</i> STABILIZE-CKD potassium binder hyperkalaemia in CKD	roxadustat# HIFPH anaemia MDS
		<i>Saphnelo</i> IRIS# Type I IFN receptor mAb lupus nephritis	<i>Saphnelo</i> TULIP-SC# Type I IFN receptor SLE SC
		<i>Tezspire</i> WAYPOINT# TSLP nasal polyps	<i>Tezspire</i> CROSSING# TSLP eosinophilic esophagitis

Phase progressions based on first patient dose achievement

<sup>1</sup>Includes significant life-cycle management projects and parallel indications for assets beyond Phase III

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

Appendix: [Glossary](#).

● Precision medicine approach being explored



# Q1 2023 Rare Disease pipeline<sup>1</sup>

Phase I 6 Projects	Phase II 5 Projects	Phase III 5 Projects	Under review 2 Projects
ALXN1850 next gen TNSALP ERT hypophosphatasia	danicipan factor D geographic atrophy	acoramidis# oral TTR stabilizer transthyretin amyloid cardiomyopathy	danicipan factor D PNH with clinically significant extravascular haemolysis
ALXN1910 next gen TNSALP ERT bone metabolism	vemircopan oral Factor D proliferative lupus nephritis or immunoglobulin A nephropathy	anselamimab (CAEL-101) fibril-reactive mAb AL amyloidosis	<i>Ultomiris</i> CHAMPION-NMOSD anti-complement C5 mAb neuromyelitis optica spectrum disorder
ALXN2030 siRNA targeting complement C3 nephrology	vemircopan oral factor D inhibitor paroxysmal nocturnal haemoglobinuria	gefurulimab humanised bispecific VHH antibody generalised myasthenia gravis	
ALXN2080 oral factor D healthy volunteers	vemircopan oral factor D inhibitor generalized myasthenia gravis	<i>Ultomiris</i> anti-complement C5 mAb haematopoietic stem cell transplant-associated thrombotic microangiopathy	
ALXN2220 (NI006)# TTR deleter transthyretin amyloid cardiomyopathy	<i>Ultomiris</i> anti-complement C5 mAb dermatomyositis	<i>Ultomiris</i> ARTEMIS anti-complement C5 mAb cardiac surgery-associated acute kidney injury	
tarperprumig (ALXN1820) anti-properdin bi-specific haematology			

Phase progressions based on first patient dose achievement

<sup>1</sup>Includes new molecular entities and significant life-cycle management projects

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

Appendix: [Glossary](#).

● Precision medicine approach being explored



# Estimated key regulatory submission acceptances

	NME		LCM			
	<p>capivasertib + fulvestrant CAPitello-291 2L and beyond in AI resistant locally advanced or mBC</p> <p><b>H1 2023</b></p>	<p>AZD3152 SUPERNOVA prevention of COVID-19</p> <p>datopotamab deruxtecan TROPION-Lung01 2L+ NSCLC with or without actionable genomic alterations</p> <p>datopotamab deruxtecan TROPION-Breast01 2-3L HR+ HER2- breast cancer</p> <p><b>H2 2023</b></p> <p><i>Imfinzi</i> + CTx neoadjuvant AEGEAN locally-advanced stage II-III NSCLC</p> <p><i>Imfinzi</i> + CTx NIAGARA muscle invasive bladder cancer</p> <p><i>Imfinzi</i> + <i>Imjudo</i> + SoC NILE 1L urothelial cancer</p> <p><i>Tagrisso</i> LAURA stage III EGFRm NSCLC</p> <p><i>Tagrisso</i> + CTx FLAURA2 1L adv EGFRm NSCLC</p>	<p>anselamimab (CAEL-101) AL amyloidosis</p> <p>acoramidis transthyretin amyloid cardiomyopathy</p> <p>tozorakimab TILIA Acute Respiratory Failure</p> <p>capivasertib + CTx CAPitello-290 1L mTNBC</p> <p><b>2024</b></p> <p><i>Calquence</i> ECHO 1L MCL</p> <p><i>Enhertu</i> DESTINY-Breast11 Neoadjuvant HER2+ breast cancer</p> <p><i>Enhertu</i> DESTINY-Breast06 post-ET HER2-low/HR+ breast cancer 2L</p> <p><i>Imfinzi</i> + CRT PACIFIC-2 locally-advanced stage III NSCLC</p> <p><i>Imfinzi</i> + VEGF + TACE EMERALD-1 locoregional HCC</p> <p><i>Imfinzi</i> +/- <i>Imjudo</i> + CRT ADRIATIC 1L LS-SCLC</p> <p><i>Lynparza</i> + <i>Imfinzi</i> + bevacizumab DUO-O 1L ovarian cancer</p> <p><i>Lynparza</i> + <i>Imfinzi</i> DUO-E 1L endometrial cancer</p> <p><i>Tagrisso</i> +/- CTx neoadjuvant NeoADAURA stage II/III resectable EGFRm NSCLC</p> <p><i>Fasenra</i> FJORD bullous pemphigoid</p> <p><i>Fasenra</i> MANDARA eosinophilic granulomatosis with polyangiitis</p> <p><i>Fasenra</i> NATRON hypereosinophilic syndrome</p> <p>roxadustat anaemia MDS</p>	<p>capivasertib + fulvestrant + palbociclib CAPitello-292 1L triplet in early relapse/ET resistant locally advanced or mBC</p> <p>capivasertib + docetaxel CAPitello-280 mCRPC prostate cancer</p> <p>capivasertib + abiraterone CAPitello-281 PTEN deficient mHSPC</p> <p>camizestrant CAMBRIA-1 HR+ HER2- extended adjuvant breast cancer</p> <p>camizestrant + palbociclib SERENA-4 1L HR+ HER2- breast cancer</p> <p>camizestrant + CDK4/6i SERENA-6 1L HR+ HER2- ESR1m breast cancer</p> <p><b>&gt;2024</b></p> <p><i>Calquence</i> + R-CHOP ESCALADE 1L DLBCL</p> <p><i>Calquence</i> + venetoclax + obinutuzumab AMPLIFY 1L CLL</p> <p><i>Enhertu</i> DESTINY-Breast05 HER2+ post-neoadjuvant high-risk breast cancer</p> <p><i>Enhertu</i> DESTINY-Breast09 HER2+ breast cancer 1L</p> <p><i>Enhertu</i> DESTINY-Gastric04 HER2+ gastric 2L</p> <p><i>Enhertu</i> DESTINY-Lung04 HER2m NSCLC 1L</p> <p><i>Imfinzi</i> + CRT KUNLUN locally-advanced ESCC</p> <p><i>Imfinzi</i> + CRT PACIFIC-5 (China) locally-advanced stage III NSCLC</p> <p><i>Imfinzi</i> + domvanalimab (AB154) PACIFIC-8 unresectable stage III NSCLC</p> <p><i>Imfinzi</i> + EV +/- <i>Imjudo</i> VOLGA MIBC</p> <p><i>Imfinzi</i> + FLOT MATTERHORN neo-adjuvant/adjuvant gastric cancer</p> <p><i>Imfinzi</i> + <i>Imjudo</i> + TACE +/- lenvatinib EMERALD-3 locoregional HCC</p> <p><i>Imfinzi</i> + VEGF EMERALD-2 adjuvant HCC</p>	<p>datopotamab deruxtecan TROPION-Lung08 1L metastatic NSCLC</p> <p>datopotamab deruxtecan TROPION-Lung07 1L NSCLC PD-L1 &lt;50% non-squamous</p> <p>datopotamab deruxtecan TROPION-Breast03 adjuvant residual disease TNBC</p> <p>datopotamab deruxtecan TROPION-Breast02 1L TNBC</p> <p>ceralasertib + <i>Imfinzi</i> MONETTE melanoma</p> <p>ceralasertib + <i>Imfinzi</i> LATIFY non-small cell lung cancer</p> <p><b>&gt;2024</b></p> <p><i>Imfinzi</i> post-SBRT PACIFIC-4 stage I/II NSCLC</p> <p><i>Imfinzi</i> POTOMAC non-muscle invasive bladder cancer</p> <p><i>Lynparza</i> MONO-OLA1 1L BRCAwt ovarian cancer</p> <p><i>Orpathys</i> + <i>Imfinzi</i> SAMETA 1L papillary renal cell carcinoma</p> <p><i>Tagrisso</i> + <i>Orpathys</i> SAFFRON advanced EGFRm non-small cell lung cancer</p> <p><i>Tagrisso</i> ADAURA2 adjuvant EGFRm NSCLC stage Ia2-Ia3 following complete tumour resection</p> <p><i>Bretri/Trixeo</i> (PT010) KALOS LOGOS asthma</p> <p><i>Fasenra</i> RESOLUTE chronic obstructive pulmonary disease</p> <p><i>Fasenra</i> ORCHID nasal polyps</p> <p><i>Lokelma</i> DIALIZE-Outcomes CV outcomes in patients on chronic haemodialysis with hyperkalaemia</p> <p>Lokelma STABILIZE-CKD hyperkalaemia in CKD</p> <p><i>Saphnelo</i> IRIS lupus nephritis</p> <p><i>Saphnelo</i> TULIP-SC SLE SC</p>	<p>gefurulumab generalised myasthenia gravis</p> <p>tozorakimab OBERON TITANIA PROSPERO COPD</p> <p>eplontersen ATTR-Cardiomyopathy</p> <p>brazikumab INTREPID Crohn's disease</p> <p><i>Imfinzi</i> +/- oleclumab +/- monalizumab PACIFIC-9 unresectable stage III NSCLC</p> <p>datopotamab deruxtecan AVANZAR 1L NSCLC, squamous and non-squamous 1L NSCLC, TROP2 BM+</p> <p><b>&gt;2024</b></p> <p><i>Tezspire</i> WAYPOINT nasal polyps</p> <p><i>Tezspire</i> CROSSING eosinophilic esophagitis</p> <p><i>Ultomiris</i> dermatomyositis</p> <p><i>Ultomiris</i> haematopoietic stem cell transplant-associated thrombotic microangiopathy</p> <p><i>Ultomiris</i> ARTEMIS cardiac surgery-associated acute kidney injury</p>

■ Oncology
 ■ BioPharmaceuticals
 ■ Rare Disease



# Designations in our pipeline

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Accelerated approvals

Andexxa Acute Major Bleed (US)
Calquence MCL 1L (US)
Beyfortus RSV mAb-YTE (EU)

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

Beyfortus RSV mAb-YTE MELODY-MEDLEY (US)
Beyfortus RSV mAb-YTE MELODY-MEDLEY (CN)
Beyfortus RSV mAb-YTE MELODY-MEDLEY (EU) <sup>1</sup>
Calquence CLL ELEVATE-TN, ASCEND (US)
Calquence MCL 1L (US)
danicopan PNH-EVH (US)
danicopan PNH-EVH (EU)
Enhertu HER2+ breast 2L DESTINY-Breast03 (US)
Enhertu HER2+/HER2-low gastric 3L DESTINY-Gastric01 (US)
Enhertu HER2+/HER2-low gastric 3L DESTINY-Gastric01 (JP) <sup>2</sup>
Enhertu HER2mut NSCLC 2L+ DESTINY-Lung01 (US)
Enhertu HER2-low unresectable and/or metastatic breast cancer DESTINY-Breast04 (US)
Koselugo NFI type 1 SPRINT (US)
Tezspire asthma NAVIGATOR (US)

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Fast Track

Beyfortus RSV mAb-YTE MELODY-MEDLEY (US)
anselamibab (CAEL-101) AL amyloidosis (US)
camizestrant 1L HR+ HER2- ESR1m breast cancer SERENA-6 (US)
capivasertib+fulv HR+ breast 2L+ (CAPitello-291)
Forxiga MI RRCT DAPA-MI (US)
Lokelma ESRD DIALIZE-OUTCOMES (US)
Saphnelo SLE (US)
tozorakimab acute respiratory failure (US)
Orpathys + Tagrisso NSCLC (SAVANNAH / SAFFRON) (US)

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Priority Review

Calquence MCL 1L (US)
Enhertu HER2+ breast 2L DESTINY-Breast03 (US)
Enhertu HER2+ breast 2L DESTINY-Breast03 (CN)
Enhertu HER2+/HER2-low gastric 3L DESTINY-Gastric01 (US)
Enhertu HER2mut NSCLC 2L+ DESTINY-Lung01 (US)
Enhertu HER2-low unresectable and/or metastatic breast cancer DESTINY-Breast04 (US)
Imfinzi + CTx BTC 1L (TOPAZ-1) (US)
Imfinzi + Imjudo HCC 1L (HIMALAYA) (US)
Koselugo NFI type 1 SPRINT (US)
Lynparza + abiraterone all-comers mCRPC 1L (PROpel)
Lynparza gBRCA adj breast OlympiA (US)
Roxadustat chronic kidney disease (CN)
Tezspire asthma NAVIGATOR (US)
Ultomiris gMG (US)

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Orphan

Andexxa Acute Major Bleed (JP)
anselamibab (CAEL-101) AL amyloidosis (US)
anselamibab (CAEL-101) AL amyloidosis (EU)
Calquence CLL 1L (US)
Calquence CLL 1L (EU)
Calquence MCL 1L (US)
danicopan PNH (US)
danicopan PNH (EU)
Enhertu HER2+/HER2-low gastric 3L DESTINY-Gastric01 (US)
eplontersen transthyretin-mediated amyloidosis (US)
Fasenra EGPA MANDARA (US)
Fasenra HES NATRON (US)
Imfinzi + CTx Biliary Tract 1L TOPAZ-1 (US)
Imfinzi + CTx Biliary Tract 1L TOPAZ-1 (JP)
Imfinzi +/- Imjudo HCC 1L (EU)
Imfinzi +/- Imjudo HCC 1L (US)
Koselugo NFI type 1 SPRINT (US)
Koselugo NFI type 1 SPRINT (EU)
Koselugo NFI type 1 SPRINT (JP)
Lynparza gBRCA adj breast OlympiA (JP)
Tezspire eosinophilic esophagitis (US)
Ultomiris DM (US)
Ultomiris HSCT-TMA (US)
Ultomiris SC PNH (US)
vemircopan PNH (US)
vemircopan PNH (EU)

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

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

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

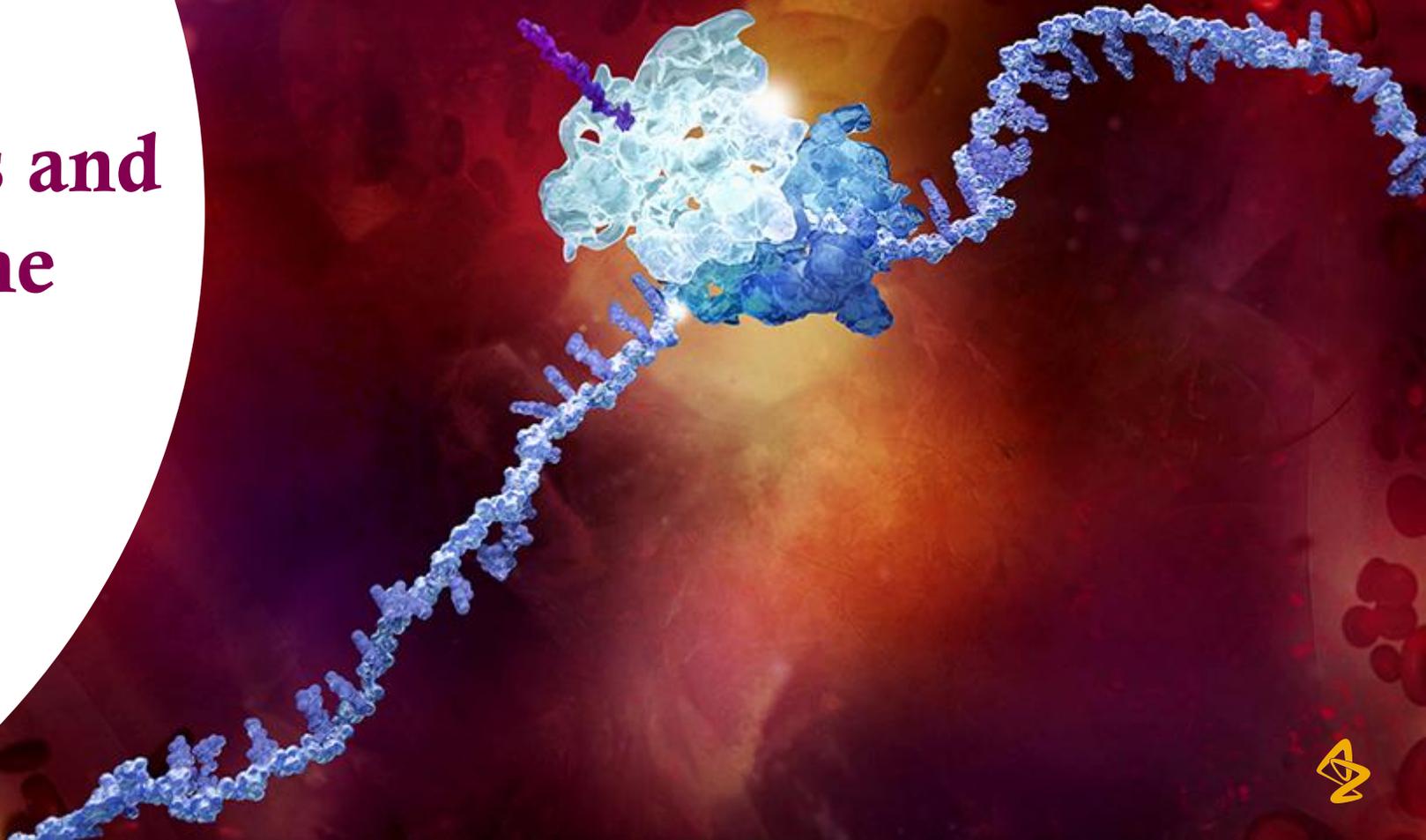
PRIORITY REVIEW DESIGNATION is the US FDA's goal to take action on an application within 6 months.

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

 Oncology  BioPharmaceuticals  Rare Disease



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



# Tagrisso (highly-selective, irreversible EGFRi)

## NSCLC

Trial	Population	Patients	Design	Endpoints	Status
Phase III ADAURA NCT02511106	Adjuvant EGFRm NSCLC	682	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> QD following complete tumour resection, with or without chemotherapy</li> <li>Arm 2: placebo</li> <li>Global trial – 25 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: DFS</li> <li>Secondary endpoints: DFS Rate, OS, OS rate and QoL</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2015</li> <li>LPCD: Q1 2019</li> <li>Data readout: Q2 2020</li> <li>Trial unblinded due to efficacy; primary and secondary (OS) endpoints met</li> </ul>
Phase III LAURA NCT03521154	Maintenance therapy in patients with locally advanced, unresectable EGFRm Stage III NSCLC whose disease has not progressed following platinum-based chemoradiation therapy	200	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i></li> <li>Arm 2: placebo</li> <li>Global trial – 17 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS (BICR)</li> <li>Secondary endpoints: CNS PFS, OS, DoR, ORR and DCR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: H2 2023</li> </ul>
Phase III ADAURA2 NCT05120349	Adjuvant EGFRm NSCLC Stage IA2 to IA3 following complete tumour resection	380	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i></li> <li>Arm 2: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: DFS</li> <li>Secondary endpoints: DFS Rate, OS, OS rate and QoL</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# Tagrisso (highly-selective, irreversible EGFRi)

## NSCLC, combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III NeoADAURA NCT04351555	Neoadjuvant EGFRm NSCLC	351	<ul style="list-style-type: none"> <li>Arm 1: placebo + pemetrexed/carboplatin or pemetrexed/cisplatin</li> <li>Arm 2: <i>Tagrisso</i> + pemetrexed/carboplatin or pemetrexed/cisplatin</li> <li>Arm 3: <i>Tagrisso</i></li> <li>Global trial – 23 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: mPR</li> <li>Secondary endpoints: cPR, EFS, DFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase III FLAURA2 NCT04035486	1L EGFRm NSCLC	586	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> plus pemetrexed/carboplatin or pemetrexed/cisplatin</li> <li>Arm 2: <i>Tagrisso</i></li> <li>Global trial – 23 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, LOS, ORR DoR, depth of response, PFS2, QoL and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: H1 2023</li> </ul>
Phase III COMPEL NCT04765059	EGFRm metastatic NSCLC patients who have progressed extracranially following 1L treatment with <i>Tagrisso</i>	204	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> + pemetrexed/carboplatin or pemetrexed/cisplatin</li> <li>Arm 2: placebo + pemetrexed/carboplatin or pemetrexed/cisplatin</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: intracranial PFS, extracranial PFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase III SAFFRON NCT05261399 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 <i>Tagrisso</i>	324	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> + <i>Orpathys</i></li> <li>Arm2: pemetrexed with either cisplatin or carboplatin</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, ORR, PK, DCR and DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III SANOVO NCT05009836 Partnered (HUTCHMED)	1L EGFRm, MET+ locally advanced or metastatic NSCLC	320	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> + <i>Orpathys</i></li> <li>Arm 2: <i>Tagrisso</i> + placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: 2024</li> </ul>



# Tagrisso (highly-selective, irreversible EGFRi)

## NSCLC, combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III SACHI NCT05015608 Partnered (HUTCHMED)	Locally advanced or metastatic NSCLC with MET amplification after failure of the first-line EGFR inhibitor therapy	250	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> + <i>Orpathys</i></li> <li>Arm 2: pemetrexed + platinum</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase II SAVANNAH NCT03778229	EGFRm/MET+, locally advanced or metastatic NSCLC who have progressed following treatment with <i>Tagrisso</i>	360	<ul style="list-style-type: none"> <li>Protocol v1-6: single-arm, open-label trial</li> <li>Protocol v7: randomised, double-blind trial</li> <li>Arm 1: <i>Tagrisso</i> + <i>Orpathys</i></li> <li>Arm 2: placebo + <i>Orpathys</i></li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: PFS, DoR and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2024</li> <li>Initial data readout: Q2 2020</li> </ul>
Phase II ORCHARD NCT03944772	Advanced EGFRm NSCLC patients who have progressed on first-line <i>Tagrisso</i> treatment	250	<ul style="list-style-type: none"> <li>Modular design platform trial:</li> <li>Module 1: <i>Tagrisso</i> + <i>Orpathys</i> (cMET)</li> <li>Module 2: <i>Tagrisso</i> + gefitinib (EGFRm)</li> <li>Module 3: <i>Tagrisso</i> + necitumumab (EGFRm)</li> <li>Module 4: carboplatin + pemetrexed + <i>Imfinzi</i></li> <li>Module 5: <i>Tagrisso</i> + alectinib (ALK)</li> <li>Module 6: <i>Tagrisso</i> + selpercatinib (RET fusion)</li> <li>Module 7: <i>Imfinzi</i> + etoposide + carboplatin or cisplatin</li> <li>Module 8: <i>Tagrisso</i> + pemetrexed + carboplatin or cisplatin</li> <li>Module 9: <i>Tagrisso</i> + <i>Koselugo</i></li> <li>Module 10: <i>Tagrisso</i> + datopotamab deruxtecan</li> <li>No intervention: observational cohort</li> <li>Global trial – 9 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: PFS, DoR, OS, safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>Data anticipated: &gt;2024</li> </ul>



# Imfinzi (PD-L1 mAb)

## Gastrointestinal cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III EMERALD-1 NCT03778957	Locoregional HCC	710	<ul style="list-style-type: none"> <li>Arm 1: TACE in combination with <i>Imfinzi</i></li> <li>Arm 2: TACE in combination with <i>Imfinzi</i> + bevacizumab</li> <li>Arm 3: TACE in combination with placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS (Arm 2 vs. Arm 3)</li> <li>Secondary endpoints: PFS (Arm 1 vs. Arm 3) and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>LPCD: Q3 2021</li> <li>Data anticipated: H2 2023</li> </ul>
Phase III EMERALD-2 NCT03847428	HCC (adjuvant)	908	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + bevacizumab</li> <li>Arm 2: <i>Imfinzi</i> + placebo</li> <li>Arm 3: placebo + placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: RFS (Arm 1 vs. Arm 3)</li> <li>Secondary endpoints: RFS (Arm 2 vs. Arm 3), OS and RFS at 24 months</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>LPCD: Q2 2022</li> <li>Data anticipated: 2024</li> </ul>
Phase III KUNLUN NCT04550260	Locally advanced, unresectable ESCC	600	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + definitive CRT</li> <li>Arm 2: placebo + definitive CRT</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III MATTERHORN NCT04592913	Resectable GC/GEJC	900	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + FLOT</li> <li>Arm 2: placebo + FLOT</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: EFS</li> <li>Secondary endpoints: OS (Arm 1 vs. Arm 2) and pCR (Arm 1 vs. Arm 2)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>LPCD: Q3 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III HIMALAYA NCT03298451	1L HCC	1324	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + <i>Imjudo</i></li> <li>Arm 2: <i>Imfinzi</i></li> <li>Arm 3: sorafenib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: OS</li> <li>Secondary endpoints: PFS, TTP and ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q4 2019</li> <li>Data readout: Q4 2021</li> </ul>
Phase III TOPAZ-1 NCT03875235	1L BTC	810	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + gemcitabine + cisplatin</li> <li>Arm 2: placebo + gemcitabine + cisplatin</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: OS</li> <li>Secondary endpoints: PFS, ORR and DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>LPCD: Q4 2020</li> <li>Data readout: Q4 2021</li> </ul>
Phase III EMERALD-3 NCT05301842	Locoregional HCC	525	<ul style="list-style-type: none"> <li>Arm A: TACE + T300 + D + lenvatanib</li> <li>Arm B: TACE + T300 + D</li> <li>Arm C: TACE</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# Imfinzi (PD-L1 mAb)

## Lung cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III AEGEAN NCT03800134	Neoadjuvant NSCLC patients, Stage II and III resected NSCLC (incl. EGFR/ALK positive)	800	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + platinum-based chemotherapy</li> <li>Arm 2: placebo + platinum-based chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: pCR and EFS</li> <li>Secondary endpoints: mPR and DFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data readout: Q1 2023</li> </ul>
Phase III ADJUVANT BR.31 NCT02273375 Partnered (CCTG)	Adjuvant NSCLC patients, Stage Ib ( $\geq 4$ cm) – Stage IIIa resected (incl. EGFR/ALK-positive)	1360	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> mg/kg i.v. Q4W x 12 months</li> <li>Arm 2: placebo</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: DFS</li> <li>Secondary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2015</li> <li>LPCD: Q1 2020</li> <li>Data anticipated: 2024</li> </ul>
Phase III PACIFIC-2 NCT03519971	Unresected, locally-advanced NSCLC	300	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> i.v. Q4W + chemotherapy/RT</li> <li>Arm 2: placebo + chemotherapy/RT</li> <li>Global trial (ex-US)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS and ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>LPCD: Q3 2019</li> <li>Data anticipated: H2 2023</li> </ul>
Phase III PACIFIC-4 NCT03833154	<i>Imfinzi</i> with SBRT in unresected, Stage I/II NSCLC	630	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> i.v. Q4W with definitive SBRT</li> <li>Arm 2: placebo with definitive SBRT</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III PACIFIC-5 NCT03706690	Unresected, locally-advanced NSCLC	360	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> i.v. Q4W following chemotherapy/RT</li> <li>Arm 2: placebo following chemotherapy/RT</li> <li>Global trial (ex-US with China focus)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: 2024</li> </ul>
Phase III PACIFIC-8 NCT05211895 Partnered (Arcus Biosciences)	Unresected, locally-advanced NSCLC	860	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + domvanalimab following chemotherapy/RT</li> <li>Arm 2: <i>Imfinzi</i> + placebo following chemotherapy/RT</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# Imfinzi (PD-L1 mAb)

## Lung cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III POSEIDON NCT03164616	1L NSCLC	1000	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + chemotherapy</li> <li>Arm 2: <i>Imfinzi</i> + <i>Imjudo</i> + chemotherapy</li> <li>Arm 3: SoC</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: OS and PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>LPCD: Q4 2018</li> <li>Data readout: Q4 2019</li> <li>Primary endpoints met</li> </ul>
Phase III ADRIATIC NCT03703297	Limited-stage SCLC 1L following platinum-based concurrent chemoradiation therapy	600	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + <i>Imjudo</i> (4 doses)</li> <li>Arm 2: <i>Imfinzi</i></li> <li>Arm 3: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: H2 2023</li> </ul>
Phase III PACIFIC-9 NCT05221840 Partnered (Innate)	Patients with locally advanced (Stage III), unresectable NSCLC who have not progressed following platinum-based CRT	999	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + oleclumab</li> <li>Arm 2: <i>Imfinzi</i> + monalizumab + placebo</li> <li>Arm 3: <i>Imfinzi</i> + placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, ORR, DoR, PFS2 and TFST</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II HUDSON NCT03334617	NSCLC, patients who progressed on an anti-PD-1/PD-L1-containing therapy	340	<ul style="list-style-type: none"> <li>Open-label, biomarker-directed, multicentre trial</li> <li>Module 1: <i>Imfinzi</i> and <i>Lynparza</i></li> <li>Module 2: <i>Imfinzi</i> and danvatirsen</li> <li>Module 3: <i>Imfinzi</i> and ceralasertib</li> <li>Module 4: <i>Imfinzi</i> and vistusertib</li> <li>Module 5: <i>Imfinzi</i> and oleclumab</li> <li>Module 6: <i>Imfinzi</i> and <i>Enhertu</i></li> <li>Module 7: <i>Imfinzi</i> and cediranib</li> <li>Module 8: ceralasertib</li> <li>Module 9: <i>Imfinzi</i> and ceralasertib</li> <li>Module 10: <i>Imfinzi</i> and ceralasertib</li> <li>Module 11: ceralasertib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: efficacy including OS, PFS, DCR, safety and tolerability and DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2018</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II COAST NCT03822351	Stage III unresectable NSCLC	189	<ul style="list-style-type: none"> <li>Arm A: <i>Imfinzi</i></li> <li>Arm B: <i>Imfinzi</i> + oleclumab</li> <li>Arm C: <i>Imfinzi</i> + monalizumab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: OR per RECIST v1.1</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data readout: Q3 2021</li> </ul>
Phase II NeoCOAST NCT03794544	Resectable, early-stage NSCLC	84	<ul style="list-style-type: none"> <li>Arm A: <i>Imfinzi</i></li> <li>Arm B: <i>Imfinzi</i> + oleclumab</li> <li>Arm C: <i>Imfinzi</i> + monalizumab</li> <li>Arm D: <i>Imfinzi</i> + danvatirsen</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: major pathological response rate</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>LPCD: Q1 2021</li> <li>Data readout: Q1 2022</li> </ul>



# Imfinzi (PD-L1 mAb)

## Lung cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase II MAGELLAN NCT03819465	1L NSCLC	212	<ul style="list-style-type: none"> <li>Arm A1: <i>Imfinzi</i></li> <li>Arm A2: <i>Imfinzi</i> + danvatirsen</li> <li>Arm A3: <i>Imfinzi</i> + oleclumab</li> <li>Arm A4: MEDI5752</li> <li>Arm A5: rilvegostomig</li> <li>Arm B1: <i>Imfinzi</i> + Investigator's choice of chemo</li> <li>Arm B2: <i>Imfinzi</i> + danvatirsen + Investigator's choice of chemo</li> <li>Arm B3: <i>Imfinzi</i> + oleclumab + Investigator's choice of chemo</li> <li>Arm B4: MEDI5752</li> <li>Arm B5: rilvegostomig + chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: ORR, DoR, PFS, OS, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Trial discontinued due to strategic portfolio prioritisation</li> </ul>
Phase II NeoCOAST-2 NCT05061550	Early stage, resectable NSCLC (Stage II to Stage IIIA)	350	<ul style="list-style-type: none"> <li>Open-label trial</li> <li>Arm 1: <i>Imfinzi</i> + oleclumab + platinum doublet chemotherapy</li> <li>Arm 2: <i>Imfinzi</i> + monalizumab + platinum doublet chemotherapy</li> <li>Arm 3: MEDI5752 + platinum doublet chemotherapy</li> <li>Arm 4: datopotamab deruxtecan + single agent platinum chemotherapy</li> <li>Arm 5: AZD0171 + platinum doublet chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: pCR, safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase I/II SCope-D1 NCT04870112	NSCLC, SCLC	18	<ul style="list-style-type: none"> <li>Open-label, multicentre trial to evaluate the safety, PK and preliminary efficacy of s.c. <i>Imfinzi</i></li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PK parameters and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: H2 2023</li> </ul>



# Imfinzi (PD-L1 mAb)

## Other cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III POTOMAC NCT03528694	Non-muscle invasive bladder cancer	1018	<ul style="list-style-type: none"> <li>Arm 1: BCG (induction + maintenance)</li> <li>Arm 2: <i>Imfinzi</i> + BCG (induction only)</li> <li>Arm 3: <i>Imfinzi</i> + BCG (induction + maintenance)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: DFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>LPCD: Q4 2020</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III NIAGARA NCT03732677	Muscle-invasive bladder cancer	1063	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> in combination with gemcitabine + cisplatin, <i>Imfinzi</i> maintenance</li> <li>Arm 2: gemcitabine + cisplatin</li> </ul>	<ul style="list-style-type: none"> <li>Co-primary endpoints: pCR and EFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q3 2021</li> <li>Data anticipated: H2 2023</li> </ul>
Phase III SAMETA NCT05043090	MET-driven, unresectable and locally advanced or metastatic papillary renal cell carcinoma	200	<ul style="list-style-type: none"> <li><i>Orpathys</i> + <i>Imfinzi</i> vs. sunitinib and <i>Imfinzi</i> monotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, ORR, DoR and DCR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III NILE NCT03682068	1L bladder cancer	1292	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + <i>Imjudo</i> + SoC</li> <li>Arm 2: <i>Imfinzi</i> + SoC</li> <li>Arm 3: SoC</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q2 2021</li> <li>Data anticipated: H2 2023</li> </ul>
Phase III VOLGA NCT04960709	Muscle-invasive bladder cancer ineligible to cisplatin	830	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + <i>Imjudo</i> + enfortumab vedotin</li> <li>Arm 2: <i>Imfinzi</i> + enfortumab vedotin</li> <li>Arm 3: SoC cystectomy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety, EFS and pCR</li> <li>Secondary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II BEGONIA NCT03742102	1L mTNBC	210	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + paclitaxel</li> <li>Arm 2: <i>Imfinzi</i> + paclitaxel + capivasertib</li> <li>Arm 5: <i>Imfinzi</i> + paclitaxel + oleclumab</li> <li>Arm 6: <i>Imfinzi</i> + <i>Enhertu</i></li> <li>Arm 7: <i>Imfinzi</i> + datopotamab deruxtecan</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: ORR, PFS, DoR, OS, PK and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: H1 2023</li> </ul>
Phase I CLOVER NCT03509012	HNSCC, NSCLC, SCLC	167	<ul style="list-style-type: none"> <li><i>Imfinzi</i> +/- <i>Imjudo</i> in combination with chemoradiation in advanced solid tumours</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Data readout Q4 2021</li> </ul>



# Lynparza (PARP inhibitor)

## Imfinzi combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III DUO-O NCT03737643	1L advanced ovarian cancer	1256	<ul style="list-style-type: none"> <li>Non-tBRCAm (tumour BRCA) patients</li> <li>Arm 1: bevacizumab</li> <li>Arm 2: bevacizumab + <i>Imfinzi</i></li> <li>Arm 3: bevacizumab + <i>Imfinzi</i> + <i>Lynparza</i></li> <li>tBRCAm patients</li> <li>bevacizumab (optional) + <i>Imfinzi</i> + <i>Lynparza</i></li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS and PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data readout: Q2 2023</li> <li>Primary endpoint met</li> </ul>
Phase III DUO-E NCT04269200	1L advanced and recurrent endometrial cancer	699	<ul style="list-style-type: none"> <li>Arm 1: chemotherapy + <i>Imfinzi</i> placebo followed by <i>Imfinzi</i> placebo and <i>Lynparza</i> placebo</li> <li>Arm 2: chemotherapy + <i>Imfinzi</i> followed by <i>Imfinzi</i> + <i>Lynparza</i> placebo</li> <li>Arm 3: chemotherapy + <i>Imfinzi</i> followed by <i>Imfinzi</i> + <i>Lynparza</i></li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, PFS2, ORR and DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2020</li> <li>Data anticipated: H2 2023</li> </ul>



# Lynparza (PARP inhibitor)

## Multiple cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase III OlympiA NCT02032823 Partnered (BIG and NRG Oncology)	BRCAm adjuvant breast cancer	1836	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> BID 12-month duration</li> <li>Arm 2: placebo 12-month duration</li> <li>Global trial in partnership with Breast International Group and National Cancer Institute/NRG Oncology</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: iDFS</li> <li>Secondary endpoints: distant disease-free survival and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2014</li> <li>LPCD: Q2 2019</li> <li>Data readout: Q1 2021</li> <li>Primary endpoint met</li> </ul>
Phase III MONO-OLA1 NCT04884360	BRCAwT advanced ovarian cancer, 1L maintenance	420	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i></li> <li>Arm 2: placebo</li> <li>Global trial – 12 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS (BRCAwT HRD+ve) and PFS (BRCAwT)</li> <li>Secondary endpoints: OS, TFST and PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: 2024</li> </ul>



# Lynparza (PARP inhibitor)

## Other combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III PROpel NCT03732820	1L metastatic castration-resistant prostate cancer	904	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> + abiraterone</li> <li>Arm 2: placebo + abiraterone</li> <li>Global trial (including China)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: rPFS</li> <li>Secondary endpoints: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q3 2022</li> <li>Data readout: Q3 2021</li> <li>Primary endpoint met</li> </ul>
Phase II/III COCOS (GY005) NCT02502266 Partnered (National Cancer Institute)	Recurrent platinum R/R ovarian cancer	680	<ul style="list-style-type: none"> <li>Arm 1: chemotherapy</li> <li>Arm 2: cediranib + <i>Lynparza</i></li> <li>Arm 3: cediranib</li> <li>Arm 4: <i>Lynparza</i></li> <li>US and Canada</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS and OS</li> <li>Secondary endpoints: ORR, QoL and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2016</li> <li>LPCD: Q1 2022</li> <li>Data anticipated: H2 2023</li> </ul>
Phase II LYNK-002 NCT03742895 Partnered (Merck Sharp & Dohme LLC)	HRRm or HRD-positive advanced cancer	390	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i></li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DOR, OS, PFS, AE and Prog by CA-125</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> </ul>



# Enhertu (trastuzumab deruxtecan, HER2 ADC)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III DESTINY-Breast02 NCT03523585 Partnered (Daiichi Sankyo)	HER2-positive, unresectable and/or metastatic breast cancer pretreated with prior SoC HER2 therapies including trastuzumab emtansine	600	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel assignment</li> <li>Enhertu</li> <li>Physician's choice of lapatinib + capecitabine or trastuzumab + capecitabine</li> </ul>	<ul style="list-style-type: none"> <li>Primacy endpoint: PFS</li> <li>Secondary endpoints: OS, ORR, DoR and CBR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>LPCD: Q4 2020</li> <li>Data readout: Q3 2022</li> <li>Primary endpoint met</li> </ul>
Phase III DESTINY-Breast03 NCT03529110 Partnered (Daiichi Sankyo)	HER2-positive, unresectable and/or metastatic breast cancer previously treated with trastuzumab and taxane	524	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel assignment</li> <li>Enhertu</li> <li>Ado-trastuzumab emtansine</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, ORR, DoR and CBR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>LPCD: Q2 2020</li> <li>Data readout: Q3 2021</li> <li>Primary endpoint met</li> </ul>
Phase III DESTINY-Breast04 NCT03734029 Partnered (Daiichi Sankyo)	HER2-low, unresectable and/or metastatic breast cancer	557	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel assignment</li> <li>Enhertu</li> <li>Physician's choice of SoC chemotherapy (choice of capecitabine, eribulin, gemcitabine, paclitaxel or nab-paclitaxel)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, DoR and ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q4 2020</li> <li>Data readout: Q1 2022</li> <li>Primary endpoint met</li> </ul>
Phase III DESTINY-Breast05 NCT04622319 Partnered (Daiichi Sankyo)	High-risk HER2-positive with residual invasive breast cancer following neoadjuvant therapy	1600	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel assignment</li> <li>Enhertu</li> <li>Ado-trastuzumab emtansine</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: IDFS</li> <li>Secondary endpoints: DFS, OS, DRFI and BMFI</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III DESTINY-Breast06 NCT04494425 Partnered (Daiichi Sankyo)	HER2-low, HR+ breast cancer with disease progression on endocrine therapy in the metastatic setting	850	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel assignment</li> <li>Enhertu</li> <li>Investigator's choice SoC chemotherapy (capecitabine, paclitaxel, nab-paclitaxel)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, DoR and ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data anticipated: H2 2023</li> </ul>
Phase III DESTINY-Breast09 NCT04784715 Partnered (Daiichi Sankyo)	HER2-positive, metastatic breast cancer with no prior therapy for advanced or metastatic disease	1134	<ul style="list-style-type: none"> <li>Randomised, parallel assignment</li> <li>Enhertu + placebo</li> <li>Enhertu + pertuzumab</li> <li>SoC</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, DoR and ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>Data anticipated: &gt;2024</li> </ul>



# Enhertu (trastuzumab deruxtecan, HER2 ADC)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III DESTINY-Breast11 NCT05113251 Partnered (Daiichi Sankyo)	High-risk HER2-positive early non-metastatic breast cancer	624	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel assignment</li> <li><i>Enhertu</i></li> <li><i>Enhertu</i> followed by THP</li> <li>doxorubicin and cyclophosphamide followed by THP</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: pCR</li> <li>Secondary endpoints: EFS, IDFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase Ib/II DESTINY-Breast07 NCT04538742 Partnered (Daiichi Sankyo)	HER2-positive metastatic breast cancer	450	<ul style="list-style-type: none"> <li>Randomised, open-label, sequential assignment</li> <li><i>Enhertu</i></li> <li><i>Enhertu</i> + <i>Imfinzi</i></li> <li><i>Enhertu</i> + pertuzumab</li> <li><i>Enhertu</i> + paclitaxel</li> <li><i>Enhertu</i> + <i>Imfinzi</i> + paclitaxel</li> <li><i>Enhertu</i> + tucatinib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: AE and SAE</li> <li>Secondary endpoints: ORR, PFS, DoR and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase Ib DESTINY-Breast08 NCT04556773 Partnered (Daiichi Sankyo)	HER2-low metastatic breast cancer	139	<ul style="list-style-type: none"> <li>Non-randomised, open-label parallel assignment</li> <li><i>Enhertu</i> + capecitabine</li> <li><i>Enhertu</i> + <i>Imfinzi</i> + paclitaxel</li> <li><i>Enhertu</i> + capivasertib</li> <li><i>Enhertu</i> + anastrozole</li> <li><i>Enhertu</i> + Faslodex</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: AE and SAE</li> <li>Secondary endpoints: ORR, PFS, DoR and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: H2 2023</li> </ul>



# Enhertu (trastuzumab deruxtecan, HER2 ADC)

## Gastric cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III DESTINY-Gastric04 NCT04704934 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	<ul style="list-style-type: none"> <li>Open-label, randomised, parallel group assignment</li> <li><i>Enhertu</i></li> <li>SoC chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: OS</li> <li>Secondary endpoints: ORR, DoR, PFS, DcR and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase II DESTINY-Gastric01 NCT03329690 Partnered (Daiichi Sankyo)	HER2-overexpressing advanced gastric or gastroesophageal junction adenocarcinoma patients who have progressed on two prior treatment regimens	233	<ul style="list-style-type: none"> <li>Randomised, open-label parallel assignment</li> <li><i>Enhertu</i></li> <li>SoC chemotherapy</li> <li>Two additional open-label patient cohorts with lower levels of HER2 expression</li> <li>Japan and Korea</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: PFS, OS, DoR, DCR, TTF and range of PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q2 2019</li> <li>Data readout: Q1 2020</li> <li>Primary endpoint met</li> </ul>
Phase II DESTINY-Gastric02 NCT04014075 Partnered (Daiichi Sankyo)	HER2-positive gastric cancer that cannot be surgically removed or has spread, in patients who have progressed on or after trastuzumab containing regimen	79	<ul style="list-style-type: none"> <li>Open-label, single group assignment</li> <li><i>Enhertu</i></li> <li>Western population</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: PFS, ORR, OS and DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>LPCD: Q4 2020</li> <li>Data readout: Q2 2021</li> <li>Primary endpoint met</li> </ul>
Phase II DESTINY-Gastric06 NCT04989816 Partnered (Daiichi Sankyo)	HER2-positive gastric cancer or gastro-esophageal junction adenocarcinoma patients who have progressed on two prior treatment regimens	100	<ul style="list-style-type: none"> <li>Open-label, single group assignment</li> <li><i>Enhertu</i></li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: PFS, ORR, DCR, OS, DoR and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>Data anticipated: H2 2023</li> </ul>
Phase Ib/II DESTINY-Gastric03 NCT04379596 Partnered (Daiichi Sankyo)	HER2-overexpressing gastric or gastroesophageal junction cancer	255	<ul style="list-style-type: none"> <li>Open-label, parallel assignment</li> <li>Part 1: to determine recommended Phase II combination dose</li> <li>5 Arms combining <i>Enhertu</i> with SoC chemotherapies (5-FU, capecitabine, oxaliplatin) and/or durvalumab</li> <li>Part 2: to assess efficacy of the selected combinations</li> <li>Arm 2A: standard chemotherapy</li> <li>Arm 2B: <i>Enhertu</i> monotherapy</li> <li>Arm 2C: <i>Enhertu</i> with chemotherapy</li> <li>Arm 2D: <i>Enhertu</i> with chemotherapy and pembrolizumab</li> <li>Arm 2E: <i>Enhertu</i> and pembrolizumab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (Part 1): safety</li> <li>Primary endpoint (Part 2): ORR</li> <li>Secondary endpoints: DoR, DCR, PFS, OS, PK parameters and presence of ADAs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2020</li> <li>Data anticipated: H2 2023</li> </ul>



# Enhertu (trastuzumab deruxtecan, HER2 ADC)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase III DESTINY-Lung04 NCT05048797 Partnered (Daiichi Sankyo)	HER2-mutated, unresectable, locally advanced/metastatic NSCLC	264	<ul style="list-style-type: none"> <li>Randomised, parallel group assignment</li> <li>Arm 1: <i>Enhertu</i></li> <li>Arm 2: SoC (platinum, pemetrexed and pembrolizumab)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS, CNS-PFS, PFS (INV), ORR, DoR, safety, PK parameters, ADA, PRO-tolerability and PRO- pulmonary symptoms</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II DESTINY-Lung01 NCT03505710 Partnered (Daiichi Sankyo)	HER2-overexpressing or mutated, unresectable and/or metastatic NSCLC	181	<ul style="list-style-type: none"> <li>Non-randomised, parallel group assignment</li> <li><i>Enhertu</i></li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DoR, PFS, OS and DCR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>LPCD: Q1 2022</li> <li>Data readout: Q3 2021</li> <li>Primary endpoint met</li> </ul>
Phase II DESTINY-Lung02 NCT04644237 Partnered (Daiichi Sankyo)	HER2-mutated, unresectable and/or metastatic NSCLC	152	<ul style="list-style-type: none"> <li>Randomised, parallel group assignment</li> <li>Arm 1: <i>Enhertu</i> 6.4mg/kg</li> <li>Arm 2: <i>Enhertu</i> 5.4mg/kg</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DoR, DCR, PFS, OS and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data readout: Q1 2023</li> <li>Primary endpoint met</li> </ul>
Phase II DESTINY-PanTumor02 NCT04482309 Partnered (Daiichi Sankyo)	HER2-expressing tumours	268	<ul style="list-style-type: none"> <li>Non-randomised, single group assignment</li> <li><i>Enhertu</i></li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DoR, DCR, PFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data readout: Q1 2023</li> </ul>
Phase II DESTINY-PanTumor01 NCT04639219 Partnered (Daiichi Sankyo)	HER2-mutated tumours	102	<ul style="list-style-type: none"> <li>Non-randomised, single group assignment</li> <li><i>Enhertu</i></li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DoR, DCR, PFS and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: H1 2023</li> </ul>
Phase II DESTINY-CRC02 NCT04744831 Partnered (Daiichi Sankyo)	HER2-overexpressing advanced or metastatic colorectal cancer	120	<ul style="list-style-type: none"> <li>Randomised, parallel group assignment</li> <li>Arm 1: <i>Enhertu</i> 6.4mg/kg</li> <li>Arm 2: <i>Enhertu</i> 5.4mg/kg</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: ORR, PFS, OS, DoR, DCR and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data readout: Q1 2023</li> <li>Primary endpoint met</li> </ul>



# Enhertu (trastuzumab deruxtecan, HER2 ADC)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase Ib DESTINY-Lung03 NCT04686305 Partnered (Daiichi Sankyo)	HER2-over-expressing, unresectable and/or metastatic NSCLC	136	<ul style="list-style-type: none"> <li>Non-randomised, parallel group assignment</li> <li>Part 1: to determine recommended combination dose</li> <li>3 Arms combine <i>Enhertu</i> with SoC chemotherapies (cisplatin, carboplatin or pemetrexed) and <i>Imfinzi</i>; Arm 1D: <i>Enhertu</i> monotherapy arm</li> <li>Part 2: to assess efficacy of the selected combinations</li> <li>Arm 1: <i>Enhertu</i> + cisplatin + <i>Imfinzi</i></li> <li>Arm 2: <i>Enhertu</i> + carboplatin + <i>Imfinzi</i></li> <li>Arm 3: <i>Enhertu</i> + pemetrexed + <i>Imfinzi</i></li> <li>Arm 4: <i>Enhertu</i> + <i>Imfinzi</i></li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety</li> <li>Secondary endpoints: ORR, DoR, DCR, PFS, OS and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase Ib U106 NCT04042701 Partnered (Daiichi Sankyo)	HER2-expressing locally advanced/metastatic breast or NSCLC	115	<ul style="list-style-type: none"> <li>Non-randomised, parallel group assignment</li> <li><i>Enhertu</i> + pembrolizumab</li> <li>Global trial – 2 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: DLT and ORR</li> <li>Secondary endpoints: DoR, DCR, PFS, TTR and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2020</li> <li>Data anticipated: H2 2023</li> </ul>
Phase Ib U105 NCT03523572 Partnered (Daiichi Sankyo)	HER2-expressing breast and urothelial cancer	99	<ul style="list-style-type: none"> <li>Non-randomised, sequential assignment</li> <li><i>Enhertu</i> + nivolumab</li> <li>Global trial – 7 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: DLT, ORR and TEAEs</li> <li>Secondary endpoints: DoR, DCR, PFS, TTR, OS and ORR (investigator)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>Data readout: Q3 2021</li> </ul>



# Calquence (BTK inhibitor)

## Blood cancers

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III ELEVATE-TN (ACE-CL-007) NCT02475681	Previously untreated CLL	535	<ul style="list-style-type: none"> <li>Arm A: chlorambucil + obinutuzumab</li> <li>Arm B: <i>Calquence</i> + obinutuzumab</li> <li>Arm C: <i>Calquence</i></li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS (Arm A vs. Arm B)</li> <li>Secondary endpoints: IRC-assessed ORR and OS (Arm A vs. Arm B vs. Arm C)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2015</li> <li>Data readout: Q2 2019</li> <li>Primary endpoint met</li> </ul>
Phase III AMPLIFY (ACE-CL-311) NCT03836261	Previously untreated CLL	981	<ul style="list-style-type: none"> <li>Arm A; <i>Calquence</i> + venetoclax</li> <li>Arm B: <i>Calquence</i> + venetoclax + obinutuzumab</li> <li>Arm C: FCR or BR</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: IRC PFS (Arm A vs. Arm C)</li> <li>Secondary endpoints: IRC PFS (Arm B vs. Arm C) and INV PFS (Arm A vs. Arm C; Arm B vs. Arm C)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III ASCEND (ACE-CL-309) NCT02970318	R/R CLL	306	<ul style="list-style-type: none"> <li>Arm A: <i>Calquence</i></li> <li>Arm B: rituximab + idelalisib or bendamustine (investigator's choice)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: IRC assessed PFS (Arm A vs. Arm B)</li> <li>Secondary endpoints: INV-assessed ORR, OS, DoR and PROs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>Data readout: Q2 2019</li> <li>Primary endpoint met</li> </ul>
Phase III ELEVATE-RR (ACE-CL-006) NCT02477696	R/R high-risk CLL	533	<ul style="list-style-type: none"> <li>Arm A: <i>Calquence</i></li> <li>Arm B: ibrutinib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: comparison of incidence of infections, RTs and atrial fibrillation, OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>Data readout: Q1 2021</li> <li>Primary endpoint met</li> </ul>
Phase III ECHO (ACE-LY-308) NCT02972840	Previously untreated MCL	634	<ul style="list-style-type: none"> <li>Arm A: <i>Calquence</i> + bendamustine + rituximab</li> <li>Arm B: bendamustine + rituximab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS by Lugano Classification for NHL</li> <li>Secondary endpoints: IA, PFS, ORR, DoR, time to response and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2017</li> <li>Data anticipated: 2024</li> </ul>
Phase III ESCALADE NCT04529772	DLBCL	600	<ul style="list-style-type: none"> <li><i>Calquence</i> + rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III NCT04075292	Untreated CLL	155	<ul style="list-style-type: none"> <li>Arm A: <i>Calquence</i></li> <li>Arm B: Chlorambucil + rituximab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: ORR and DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>Data anticipated: H2 2023</li> </ul>



# Calquence (BTK inhibitor)

## Blood cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase Ib ACE-LY-106 NCT02717624	MCL	61	<ul style="list-style-type: none"> <li>• <i>Calquence</i> in combination with bendamustine and rituxumab</li> <li>• Arm A: treatment naïve</li> <li>• Arm B: R/R</li> <li>• Arm C: treatment naïve: <i>Calquence</i> + venetoclax + rituxumab</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: safety</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2016</li> <li>• LPCD: Q2 2022</li> <li>• Data readout: Q1 2023</li> </ul>
Phase I/II ACE-CL-001 NCT02029443	CLL, SLL, Richter's transformation	306	<ul style="list-style-type: none"> <li>• <i>Calquence</i> monotherapy</li> <li>• Dose escalation and expansion</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoints: safety, PK and PD parameters</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2014</li> <li>• Data readout: Q4 2021</li> </ul>
Phase I ACE-LY-003 NCT02180711	R/R follicular lymphoma	89	<ul style="list-style-type: none"> <li>• Arm A: <i>Calquence</i></li> <li>• Arm B: <i>Calquence</i> + rituximab</li> <li>• Arm C: <i>Calquence</i> + rituximab + lenolidomide</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: safety</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2015</li> <li>• Data anticipated: 2024</li> </ul>
Phase I ACE-CL-003 NCT02296918	CLL/SLL/PLL	114	<ul style="list-style-type: none"> <li>• <i>Calquence</i> + obinutuzumab</li> <li>• Arm A: R/R</li> <li>• Arm B: treatment naïve</li> <li>• <i>Calquence</i> + venetoclax + rituxumab</li> <li>• Arm C: R/R</li> <li>• Arm D: treatment naïve</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoints: safety and ORR</li> <li>• Secondary endpoints: PD, PFS, TTNT and OS</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2014</li> <li>• Data readout: Q1 2022</li> </ul>



# Orpathys (savolitinib, MET inhibitor)

## NSCLC and other cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase III NCT04923945 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	<ul style="list-style-type: none"> <li>Single-arm trial</li> <li><i>Orpathys</i></li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase II NCT04923932 Partnered (HUTCHMED)	Locally advanced or metastatic gastric cancer and esophagogastric junction adenocarcinoma patients with MET gene amplifications	75	<ul style="list-style-type: none"> <li>Single-arm, multi-cohort, multicentre, open-label trial</li> <li><i>Orpathys</i></li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: PFS and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: 2024</li> </ul>



# capivasertib (AKT inhibitor)

## Breast cancer, prostate cancer and indolent non-hodgkin lymphoma

Trial	Population	Patients	Design	Endpoints	Status
Phase III CAPitello-290 NCT03997123	Locally advanced or metastatic TNBC	924	<ul style="list-style-type: none"> <li>• Double-blind, randomised, comparative trial</li> <li>• Arm 1: capivasertib + paclitaxel</li> <li>• Arm 2: placebo + paclitaxel</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2019</li> <li>• Data anticipated: H2 2023</li> </ul>
Phase III CAPitello-291 NCT04305496	2L+ AI resistant locally advanced (inoperable) or metastatic HR+/HER2- breast cancer	834	<ul style="list-style-type: none"> <li>• Double-blind, randomised, comparative trial</li> <li>• Arm 1: capivasertib + Faslodex</li> <li>• Arm 2: placebo + Faslodex</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: PFS</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2020</li> <li>• Data readout: Q4 2022</li> <li>• Both primary endpoints met</li> </ul>
Phase III CAPitello-281 NCT04493853	De novo PTEN deficient metastatic hormone sensitive prostate cancer	1000	<ul style="list-style-type: none"> <li>• Double-blind, randomised, comparative trial</li> <li>• Arm 1: capivasertib + abiraterone</li> <li>• Arm 2: placebo + abiraterone</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: rPFS</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q3 2020</li> <li>• Data anticipated: &gt;2024</li> </ul>
Phase III CAPitello-292 NCT04862663	1L triplet in early relapse/endocrine-resistant locally advanced (inoperable) or metastatic HR+/HER2- breast cancer	700	<ul style="list-style-type: none"> <li>• Double-blind, randomised, comparative trial</li> <li>• Arm 1: capivasertib + palbociclib + Faslodex</li> <li>• Arm 2: placebo + palbociclib + Faslodex</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: PFS</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2021</li> <li>• Data anticipated: &gt;2024</li> </ul>
Phase III CAPitello-280 NCT05348577	mCRPC prostate cancer	790	<ul style="list-style-type: none"> <li>• Double-blind, randomised, comparative trial</li> <li>• Arm 1: capivasertib + docetaxel</li> <li>• Arm 2: placebo + docetaxel</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2022</li> <li>• Data anticipated: &gt;2024</li> </ul>
Phase II CAPITAL NCT05008055	R/R FL, R/R MZL, R/R MCL	272	<ul style="list-style-type: none"> <li>• Open-label, non-randomised</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoints: ORR and safety</li> <li>• Secondary endpoint: DOR, PFS, OS, safety and PK/PD parameters</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2021</li> <li>• Data anticipated: H2 2023</li> </ul>



# datopotamab deruxtecan (TROP2 ADC)

## NSCLC

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III TROPION-Lung01 NCT04656652 Partnered (Daiichi Sankyo)	Previously treated advanced or metastatic NSCLC with or without actionable genomic alterations	590	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel assignment</li> <li>Arm 1: datopotamab deruxtecan</li> <li>Arm 2: docetaxel</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS and OS</li> <li>Secondary endpoints: ORR, DoR, TTR, DCR, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>LPD: Q4 2022</li> <li>Data anticipated: H1 2023</li> </ul>
Phase III TROPION-Lung08 NCT05215340 Partnered (Daiichi Sankyo)	Treatment-naïve patients with PD-L1-high advanced or metastatic NSCLC without actionable genomic alterations	740	<ul style="list-style-type: none"> <li>Randomised, open-label</li> <li>Arm 1: datopotamab deruxtecan + pembrolizumab</li> <li>Arm 2: pembrolizumab</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III TROPION-Lung07 NCT0555732 Partnered (Daiichi Sankyo)	1L patients with PD-L1 TPS <50% and advanced or metastatic NSCLC without actionable genomic alterations	975	<ul style="list-style-type: none"> <li>Randomised, open-label</li> <li>Arm 1: datopotamab deruxtecan + pembrolizumab + platinum chemotherapy</li> <li>Arm 2: datopotamab deruxtecan + pembrolizumab</li> <li>Arm 2: pembrolizumab + pemetrexed</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2023</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III AVANZAR NCT05687266	1L NSCLC	1000	<ul style="list-style-type: none"> <li>Arm 1: carboplatin + datopotamab deruxtecan + durvalumab</li> <li>Arm 2: pembrolizumab</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Co-primary endpoints: OS and PFS in TROP2 biomarker-positive</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2023</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II TROPION-Lung05 NCT04484142 Partnered (Daiichi Sankyo)	Advanced or metastatic NSCLC with actionable genomic alterations and progressed on or after kinase inhibitor therapy and platinum-based chemotherapy	137	<ul style="list-style-type: none"> <li>Single-arm, open-label</li> <li>datopotamab deruxtecan</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DOR, PFS, OS, safety, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>LPD: Q1 2022</li> <li>Data readout: Q1 2023</li> </ul>
Phase I TROPION-Lung02 NCT04526691 Partnered (Daiichi Sankyo)	Advanced or metastatic NSCLC	140	<ul style="list-style-type: none"> <li>Open-label, two-part (dose escalation, dose expansion), sequential assignment</li> <li>datopotamab deruxtecan + pembrolizumab +/- platinum chemotherapy</li> <li>US and Japan</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: DLT and safety</li> <li>Secondary endpoints: ORR, DOR, PFS, OS, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: 2024</li> </ul>



# datopotamab deruxtecan (TROP2 ADC)

## NSCLC and other cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase I TROPION-Lung04 NCT04612751 Partnered (Daiichi Sankyo)	Advanced or metastatic NSCLC	232	<ul style="list-style-type: none"> <li>Open-label, two-part (dose escalation, dose expansion), sequential assignment</li> <li>datopotamab deruxtecan + <i>Imfinzi</i> +/- platinum chemotherapy</li> <li>Cohort 1 &amp; 2: datopotamab deruxtecan + <i>Imfinzi</i></li> <li>Cohort 3 &amp; 4: datopotamab deruxtecan + <i>Imfinzi</i> + carboplatin</li> <li>Cohort 5 &amp; 6: datopotamab deruxtecan + AZ2936</li> <li>Cohort 7 &amp; 8: datopotamab deruxtecan + AZ2936 + carboplatin</li> <li>Cohort 9 &amp; 10: datopotamab deruxtecan + MEDI5752 + Carboplatin</li> <li>Cohort 11: datopotamab deruxtecan + MEDI5752</li> <li>US and Japan</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: DLT and safety</li> <li>Secondary endpoints: ORR, DOR, PFS, OS, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase I TROPION-PanTumor01 NCT03401385 Partnered (Daiichi Sankyo)	Subjects with advanced solid tumours: NSCLC, TNBC, HR+ breast cancer, HER2-negative gastric/GEJ, esophageal, urothelial, SCLC	770	<ul style="list-style-type: none"> <li>Open-label, two-part (dose escalation, dose expansion), sequential assignment</li> <li>datopotamab deruxtecan</li> <li>US and Japan</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: DLT and safety</li> <li>Secondary endpoints: PK parameters, anti-tumour activity and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2018</li> <li>Data anticipated: 2024</li> <li>Early data readout (NSCLC) Q1 2021</li> <li>Early data readout (TNBC) Q2 2021</li> </ul>
Phase II TROPION-PanTumor03 NCT05489211 Partnered (Daiichi Sankyo)	Endometrial cancer, gastric cancer, mCRPC, ovarian cancer, CRC	531	<ul style="list-style-type: none"> <li>Sub-study 1 (endometrial cancer);</li> <li>Sub-study 1a: datopotamab deruxtecan monotherapy</li> <li>Sub-study 1b: datopotamab deruxtecan + <i>Imfinzi</i>,</li> <li>Sub-study 1c: datopotamab deruxtecan + AZD5305,</li> <li>Sub-study 1d: datopotamab deruxtecan + durvalumab + AZD5305</li> <li>Sub-study 2 (gastric cancer);</li> <li>Sub-study 2a: datopotamab deruxtecan + capecitabine,</li> <li>Sub-study 2b: datopotamab deruxtecan + 5-fluorouracil</li> <li>Sub-study 2c: datopotamab deruxtecan + chemotherapy (capecitabine or 5-FU) + nivolumab</li> <li>Sub-study 3 (mCRPC);</li> <li>Sub-study 3a: datopotamab deruxtecan</li> <li>Sub-study 3b: datopotamab deruxtecan + AZD5305</li> <li>Sub-study 4 (ovarian cancer)</li> <li>Sub-study 4a: datopotamab deruxtecan</li> <li>Sub-study 4b</li> <li>Arm1: datopotamab deruxtecan + carboplatin</li> <li>Arm2: datopotamab deruxtecan + AZD5305</li> <li>Sub-study 5 (CRC)</li> <li>Sub-study 5a: datopotamab deruxtecan</li> <li>Sub-study 5b</li> <li>Arm 1: datopotamab deruxtecan + 5-FU + leucovorin + bevacizumab</li> <li>Arm 2: datopotamab deruxtecan + capecitabine + bevacizumab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: ORR and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# datopotamab deruxtecan (TROP2 ADC)

## Breast cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III TROPION-Breast01 NCT05104866 Partnered (Daiichi Sankyo)	Inoperable or metastatic HR+ HER2-breast cancer	733	<ul style="list-style-type: none"> <li>Open-label, randomised</li> <li>datopotamab deruxtecan vs. investigator's choice SoC chemotherapy (eribulin, vinorelbine, capecitabine, gemcitabine)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS and OS</li> <li>Secondary endpoints: ORR, DoR, DCR, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>LPD: Q4 2022</li> <li>Data anticipated: H2 2023</li> </ul>
Phase III TROPION-Breast02 NCT05374512 Partnered (Daiichi Sankyo)	Locally recurrent inoperable or metastatic TNBC	600	<ul style="list-style-type: none"> <li>Open-label, randomised</li> <li>datopotamab deruxtecan vs. investigator's choice of chemotherapy (paclitaxel, nab-paclitaxel, carboplatin, capecitabine, eribulin mesylate)</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS (BICR) and OS</li> <li>Secondary endpoints: PFS (Inv), ORR, DoR, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: 2024</li> </ul>
Phase III TROPION-Breast03 NCT05629585 Partnered (Daiichi Sankyo)	Stage I-III TNBC without pathological complete response following neoadjuvant therapy	1075	<ul style="list-style-type: none"> <li>Open-label, randomised</li> <li>Arm 1: datopotamab deruxtecan + <i>Imfinzi</i></li> <li>Arm 2: datopotamab deruxtecan</li> <li>Arm 3: investigator's choice of therapy (capecitabine, pembrolizumab, or capecitabine + pembrolizumab)</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: iDFS</li> <li>Secondary endpoints: DDFS, OS, PK and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# camizestrant (AZD9833, next-generation oral SERD)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III SERENA-4 NCT04711252	HR+ HER2- breast cancer	1342	<ul style="list-style-type: none"> <li>Randomised, double-blind, comparative trial</li> <li>Arm A: camizestrant + palbociclib</li> <li>Arm B: anastrozole + palbociclib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoints: OS and PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III SERENA-6 NCT04964934	HR+ HER2- breast cancer	300	<ul style="list-style-type: none"> <li>Randomised, double-blind, comparator trial</li> <li>Arm A: camizestrant + palbociclib or abemaciclib</li> <li>Arm B: anastrozole or letrozole + palbociclib or abemaciclib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS</li> <li>Secondary endpoint: OS and PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III CAMBRIA-1 NCT05774951	ER+/HER2- early breast cancer patients who completed definitive locoregional therapy and standard adjuvant ET for at least 2 years and up to 5 years	4300	<ul style="list-style-type: none"> <li>Arm A: continue standard ET of investigator's choice</li> <li>Arm B: camizestrant</li> <li>Global trial – 39 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: IBCFS</li> <li>Secondary endpoints: IDFS, DRFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2023</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II SERENA-2 NCT04214288	HR+ breast cancer	240	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel-group, multicentre trial</li> <li>camizestrant vs. i.m. Faslodex in women with advanced breast cancer</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: mPFS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2020</li> <li>LPCD: Q3 2021</li> <li>Data readout: Q4 2022</li> <li>Primary endpoint met at 75mg and 150mg doses</li> </ul>
Phase II SERENA-3 NCT04588298	HR+ breast cancer	132	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel-group, multicentre trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change in ER expression between pre- and on-treatment tumour biopsies</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: H1 2023</li> </ul>



# camizestrant (AZD9833, next-generation oral SERD)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT04541433	HR+ breast cancer	18	<ul style="list-style-type: none"> <li>Open-label trial</li> <li>Anti-tumour activity of camizestrant in Japanese women with endocrine resistant HR+ HER2- breast cancer that is not amenable to treatment with curative intent</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoint: PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>LPCD: Q1 2022</li> <li>Data readout: Q1 2023</li> </ul>
Phase I SERENA-1 NCT03616587	HR+ breast cancer	403	<ul style="list-style-type: none"> <li>Escalation phase: open-label multicentre trial</li> <li>Cohort 1: camizestrant</li> <li>Cohort 2: camizestrant + palbociclib, everolimus, abemeciclib (+/- anastrozole), capivasertib, ribociclib (+/- anastrozole) or anastrozole</li> <li>Expansion phase: randomised expansion cohort(s)</li> <li>Cohort 1: camizestrant</li> <li>Cohort 2: camizestrant + palbociclib, everolimus, abemeciclib (+/- anastrozole), capivasertib, ribociclib (+/- anastrozole) or anastrozole</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: PK parameters and anti-tumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2024</li> </ul>
Phase I NCT04818632	HR+ HER2- breast cancer in Chinese patients	30	<ul style="list-style-type: none"> <li>Dose escalation: camizestrant</li> <li>Dose expansion:</li> <li>Cohort 1: camizestrant</li> <li>Cohort 2: camizestrant + palbociclib</li> <li>Cohort 3: camizestrant + everolimus</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability, PK parameters</li> <li>Secondary endpoint: anti-tumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>LPCD: Q1 2023</li> <li>Data anticipated: H2 2023</li> </ul>



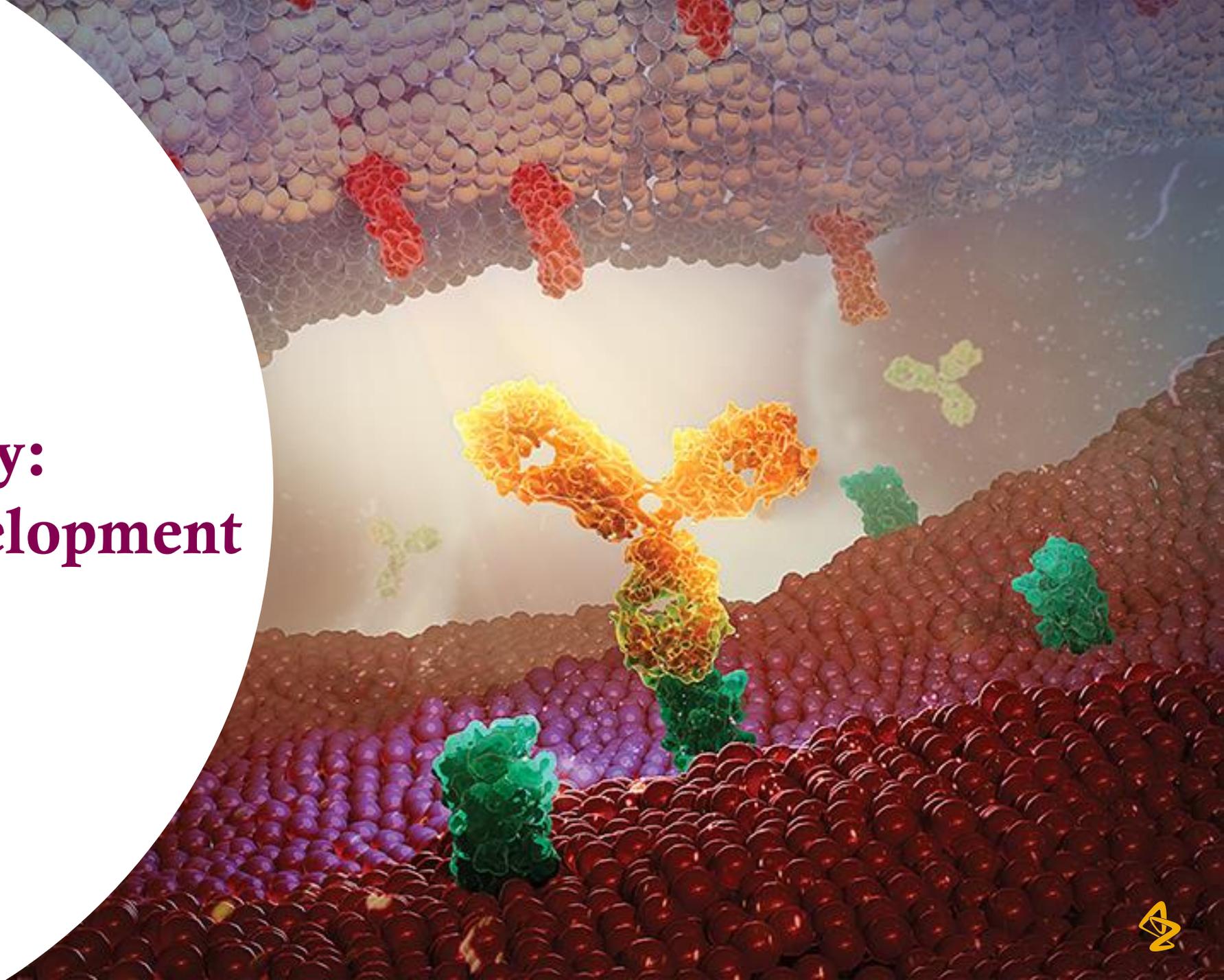
# ceralasertib (AZD6738, ATR inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III LATIFY NCT05450692	Post-IO NSCLC	580	<ul style="list-style-type: none"> <li>Double-arm randomised:</li> <li>Arm 1: ceralasertib + <i>Imfinzi</i></li> <li>Arm 2: docetaxel</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: OS</li> <li>Secondary endpoint: PFS, ORR, DoR, TTR, DCR, PFS2 and TTD</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II PLANETTE NCT04564027	Solid tumours, mCRPC	61	<ul style="list-style-type: none"> <li>Cohort A: ceralasertib; ATM-altered AST</li> <li>Cohort B: ceralasertib; ATM-altered mCRPC</li> <li>North America and Europe</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (Cohort A): ORR</li> <li>Primary endpoint (Cohort B): CRR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Trial discontinued due to strategic portfolio prioritisation</li> </ul>
Phase II MONETTE NCT05061134	2L+ post-IO melanoma	195	<ul style="list-style-type: none"> <li>Double-armed randomised and biopsy sub-study</li> <li>Arm 1: ceralasertib + <i>Imfinzi</i></li> <li>Arm 2: ceralasertib</li> <li>Arm 3: ceralasertib (biopsy sub-study)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DoR, TTR, PFS, OS, safety and biomarkers</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: 2024</li> </ul>
Phase I/II NCT02264678	Solid tumours	330	<ul style="list-style-type: none"> <li>Module 1: ceralasertib + carboplatin</li> <li>Module 2: ceralasertib dose escalation, ceralasertib + <i>Lynparza</i></li> <li>Module 3: ceralasertib + <i>Imfinzi</i></li> <li>Module 4: ceralasertib monotherapy + <i>Lynparza</i> + <i>Imfinzi</i> (food effect/QT)</li> <li>Module 5: ceralasertib + AZD5305</li> <li>North America, Europe and South Korea</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability, efficacy and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2014</li> <li>Data anticipated: &gt;2024</li> </ul>



**Oncology:  
early-stage development**



# AZD0171 (anti-LIF mAb)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase II NCT04999969	1L metastatic pancreatic ductal adenocarcinoma	115	<ul style="list-style-type: none"><li>Open-label, non-randomised trial of AZD0171 + <i>Imfinzi</i> + gemcitabine, nab-paclitaxel</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety, OS at 12 months</li><li>Secondary endpoints: ORR, DoR, PFS</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2022</li><li>Data anticipated: 2024</li></ul>



# AZD0466 (Bcl2/xL inhibitor)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II NCT04865419	Advanced haematologic malignancies	141	<ul style="list-style-type: none"> <li>Module 1:</li> <li>Part A: dose escalation (AZD0466)</li> <li>Part B: dose expansion (AZD0466)</li> <li>Module 2: DDI trial</li> <li>AZD0466 with voriconazole</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety</li> <li>Secondary endpoint: PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase I/II NCT05205161	Advanced non-Hodgkin lymphoma	50	<ul style="list-style-type: none"> <li>Part A: dose escalation</li> <li>Part B: dose expansion Arm 1: R/R MCL</li> <li>Part B: dose expansion Arm 2: R/R FL or MZL</li> <li>Part B: dose expansion Arm 3: R/R DLBCL</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (Part A): safety</li> <li>Primary endpoint (Part B): ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# AZD1390 (ATM inhibitor)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT03423628	Recurrent glioblastoma eligible for re-irradiation, brain metastases and leptomeningeal disease, newly-diagnosed glioblastoma patients	120	<ul style="list-style-type: none"><li>Open-label trial</li><li>Arm A: recurrent GBM, AZD1390 + RT in dose escalation cohorts</li><li>Arm C: primary GBM, AZD1390 + RT in dose escalation cohorts</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety, tolerability and MTD</li><li>Secondary endpoints: PK parameters and preliminary assessment of anti-tumour activity</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2018</li><li>Data anticipated: 2024</li></ul>



# AZD4573 (CDK9 inhibitor)

## Blood cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase II NCT05140382	R/R Peripheral T-cell lymphoma and R/R classical Hodgkins Lymphoma	79	<ul style="list-style-type: none"> <li>Open label, non-randomised modular dose confirmation and expansion study in pts with R/R PTCL or cHL</li> <li>Module 1: AZD4573 monotherapy</li> <li>Cohort 1: PTCL, all comers (excluding NKTCL)</li> <li>Cohort 2: PTCL (NKTCL only)</li> <li>Cohort 3: cHL</li> <li>i.v. route of administration</li> <li>Global trial – 30 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: efficacy</li> <li>Secondary endpoints: safety and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase I/II NCT04630756	R/R haematologic malignancies	37	<ul style="list-style-type: none"> <li>Open label, non-randomised trial</li> <li>Module 1 Part A: dose setting</li> <li>AZD4573 + <i>Calquence</i> (100mg BID) combination in DLBCL, all comers; ramp-up across 3 dose levels</li> <li>Module 1 Part B: dose expansion</li> <li>AZD4573 + <i>Calquence</i> (100mg BID) combination in GCB and non-GCB DLBCL</li> <li>Module 2 Part A: dose confirmation</li> <li>AZD4573 monotherapy window followed by AZD4573 + acalabrutinib in patients with R/R MCL</li> <li>i.v. route of administration</li> <li>Global trial — 10 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (Part A): safety</li> <li>Primary endpoint (Part B): ORR</li> <li>Secondary endpoints: safety, PK parameters and anti-tumour activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase I NCT03263637	R/R haematologic malignancies	44	<ul style="list-style-type: none"> <li>Arm 1: dose escalation in haematological malignancies excluding AML/ALL/high-risk MDS/CMML/CLL</li> <li>Arm 2: dose escalation in R/R AML, ALL, high-risk MDS, CMML, CLL and Richter's syndrome</li> <li>i.v. route of administration</li> <li>Netherlands, UK, Germany</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and PK parameters</li> <li>Secondary endpoint: efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q3 2021</li> <li>Data readout: Q4 2022</li> </ul>



# AZD5305 (PARP1 inhibitor)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I/IIa PETRA NCT04644068	Advanced, metastatic HER2- breast cancer (BRCAm, PALB2m or RAD51C/Dm); advanced, metastatic TNBC; PSR ovarian cancer (BRCAm, PALB2m or RAD51C/Dm); PSR ovarian cancer (HRD+); prostate cancer (mCRPC, BRCAm); prostate cancer (mCRPC, HRRm); pancreatic cancer	559	<ul style="list-style-type: none"> <li>Modular, open-label, multicentre dose escalation and expansion trial</li> <li>Module 1: AZD5305</li> <li>Module 2: AZD5305 + paclitaxel</li> <li>Module 3: AZD5305 + carboplatin +/- paclitaxel</li> <li>Module 4: AZD5305 + <i>Enhertu</i></li> <li>Module 5: AZD5305 + datopotamab deruxtecan</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability, PK parameters</li> <li>Secondary endpoint: efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase I/IIa PETRANHA NCT05367440	Metastatic prostate cancer	172	<ul style="list-style-type: none"> <li>Multi-arm, open-label, non-randomised, multi-centre study of AZD5305 in combination with physicians' choice new hormonal agents in patients with metastatic prostate cancer</li> <li>Arm 1: AZD5305 + enzalutamide</li> <li>Arm 2: AZD5305 + abiraterone acetate</li> <li>Arm 3: AZD5305 + darolutamide</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: PK parameters and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase I NCT05573724	Locally advanced, unresectable or metastatic solid tumours	14	<ul style="list-style-type: none"> <li>Part A: to assess the effect of multiple doses of itraconazole on the single dose PK parameters of AZD5305 which will last up to 13 days and follows a non-randomised, open-label, 2 intervention design</li> <li>Part B: option to continue with AZD5305 monotherapy after completing Part A and whilst obtaining clinical benefit</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PK parameters</li> <li>Secondary endpoints: safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>LPCD: Q2 2023</li> <li>Data anticipated: H2 2023</li> </ul>



# AZD7789 (PD-1/TIM3 bispecific mAb)

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I/IIa NCT04931654	NSCLC, other tumours	81	<ul style="list-style-type: none"> <li>Open-label, non-randomised dose-escalation and dose-expansion trial</li> <li>Part A: dose escalation in post-IO NSCLC patients with AZD7789 i.v. monotherapy</li> <li>Part B: dose expansion in post-IO and IO-naïve NSCLC patients with AZD7789 i.v. monotherapy</li> <li>North America, Europe</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: AE, SAE, DLTs and ORR</li> <li>Secondary endpoints: ORR, DCR, DoR, PFS, OS, PK parameters, ADA and ctDNA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase I/II NCT05216835	R/R classical Hodgkin lymphoma	180	<ul style="list-style-type: none"> <li>Cohort A: dose escalation where patients with anti-PD-1/PD-L1 exposed R/R cHL will receive AZD7789</li> <li>Cohort B1: dose expansion where patients with anti-PD-1/PD-L1 exposed R/R cHL will receive AZD7789 once the recommended Phase II dose (RP2D) has been determined</li> <li>Cohort B2: dose expansion where patients with anti-PD-1/PD-L1 naïve R/R cHL will receive AZD7789 once the RP2D has been determined</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (Cohort A): AE and DLTs</li> <li>Primary endpoints (Cohort B1): AE and ORR</li> <li>Primary endpoints (Cohort B2): AE and CRR</li> <li>Secondary endpoints (Cohort A): CRR, ORR, DoR, DoCR, PFS, OS, ADA and PK parameters</li> <li>Secondary endpoints (Cohort B1 and B2): DoR, DoCR, PFS, OS, ADA and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# AZD8205 (B7H4 ADC)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II NCT05123482	Breast cancer, biliary tract cancer, ovarian cancer, endometrial cancer	280	<ul style="list-style-type: none"><li>Open-label, non-randomised dose-escalation, and randomised/non-randomised dose-expansion trial in monotherapy</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: AE, SAE, DLTs, changes in lab and preliminary efficacy parameters</li><li>Secondary endpoints: ORR, DCR, DoR, PFS, OS, PK parameters and ADA</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2022</li><li>Data anticipated: &gt;2024</li></ul>



# AZD8853 (anti-GDF15)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II NCT05397171	Selected, advanced metastatic solid tumours	165	<ul style="list-style-type: none"> <li>Open-label trial</li> <li>AZD8853 monotherapy</li> <li>Part A: dose escalation,</li> <li>Part B: safety expansion/proof of mechanism utilising exploratory CD8+ PET imaging</li> <li>Part C: efficacy expansion</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: ORR, DCR, DoR, PFS, PK parameters, PD and immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Trial discontinued due to strategic portfolio prioritisation</li> </ul>



# AZD9574 (PARP1-sel BBB inhibitor)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I/IIa CERTIS-1 NCT05417594	Advanced solid malignancies	195	<ul style="list-style-type: none"> <li>Modular, open-label, dose escalation trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability of AZD9574 as monotherapy and in combination with anti-cancer agents</li> <li>Secondary endpoints: PK parameters and efficacy of AZD9574 as monotherapy and in combination with anti-cancer agents</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# AZD9592 (EGFR-cMET TOP1i ADC)

## Lung cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I EGRET NCT05647122</b>	Advanced solid tumours including NSCLC and HNSCC	108	<ul style="list-style-type: none"><li>• Escalation phase, open-label, multicentre trial</li><li>• AZD9592</li><li>• AZD9592 + osimertinib</li><li>• Expansion phase, open-label, multicentre trial</li><li>• AZD9592</li><li>• AZD9592 + osimertinib</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoints (escalation): safety and tolerability</li><li>• Primary endpoints (expansion): safety and tolerability, anti-tumour activity</li><li>• Secondary endpoints (escalation): PK parameters, immunogenicity, anti-tumour activity</li><li>• Secondary endpoints (expansion): PK parameters and immunogenicity</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q1 2023</li><li>• Data anticipated: 2024</li></ul>



# capivasertib (AKT inhibitor)

## Breast cancer, prostate cancer and indolent non-hodgkin lymphoma

Trial	Population	Patients	Design	Endpoints	Status
Phase II CAPITAL NCT05008055	R/R FL, R/R MZL, R/R MCL	272	<ul style="list-style-type: none"> <li>Open-label, non-randomised</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: ORR and safety</li> <li>Secondary endpoint: DOR, PFS, OS, safety and PK/PD parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: H2 2023</li> </ul>



# IPH5201 (CD39 mAb)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04261075</b> Partnered (Innate Pharma)	Advanced solid tumours	57	<ul style="list-style-type: none"> <li>Open-label, dose-escalation trial to determine MTD of IPH5201 as monotherapy, or in combination with <i>Imfinzi</i> +/- oleclumab</li> <li>Part 1: IPH5201 monotherapy dose escalation to MTD</li> <li>Part 2: IPH5201 + <i>Imfinzi</i> dose escalation to MTD</li> <li>Part 3: IPH5201 + <i>Imfinzi</i> + oleclumab dose escalation to MTD</li> <li>Route of administration: i.v.</li> <li>US and EU</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: AE, SAE and DLT</li> <li>Secondary endpoints: OR, DC, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>LPCD: Q2 2022</li> <li>Data readout: Q4 2022</li> </ul>



# oleclumab (CD73 mAb)

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase Ib/II NCT03611556	Pancreatic 1L and 2L with prior gemcitabine-based chemotherapy	339	<ul style="list-style-type: none"><li>• Arm A1: gemcitabine and nab paclitaxel i.v.</li><li>• Arm A2: gemcitabine and nab paclitaxel i.v. + oleclumab i.v.</li><li>• Arm A3: gemcitabine and nab paclitaxel i.v. + oleclumab i.v. + <i>Imfinzi</i> i.v.</li><li>• Arm B1: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v.</li><li>• Arm B2: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v. + oleclumab i.v.</li><li>• Arm B3: mFOLFOX (oxaliplatin, leucovorin, 5-FU) i.v. + oleclumab i.v. + <i>Imfinzi</i> i.v.</li><li>• US, Norway, Spain and Australia</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoints: safety and anti-tumour activity</li><li>• Secondary endpoints: PFS, PK parameters, immunogenicity, safety and anti-tumour activity</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q2 2018</li><li>• Data anticipated: H1 2023</li></ul>



# rilvegostomig (PD-1/TIGIT bispecific mAb)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II ARTEMIDE-01 NCT04995523 Partnered (Compugen)	NSCLC	192	<ul style="list-style-type: none"> <li>Open-label, dose escalation and dose expansion trial</li> <li>Part A: dose escalation in CPI-experienced NSCLC patients with AZD2936 i.v. monotherapy</li> <li>Part B: dose expansion in CPI-experienced NSCLC patients with AZD2936 i.v. monotherapy</li> <li>Part C: dose expansion in CPI-naive NSCLC patients with AZD2936 i.v. monotherapy</li> <li>Part D: randomised dose expansion in CPI-naive NSCLC patients with AZD2936 i.v. monotherapy</li> <li>Europe, Australia, Taiwan, South Korea, Japan, China, Brazil and North America</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (Part A): safety, RP2D and MTD</li> <li>Primary endpoints (Part B): safety and efficacy (ORR)</li> <li>Primary endpoints (Part C): safety and efficacy (ORR)</li> <li>Primary endpoints (Part D): safety and efficacy (ORR)</li> <li>Secondary endpoints: PK parameters, PD (receptor occupancy), efficacy (DCR, DoR, DRR, PFS)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: 2024</li> </ul>



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

## Haematologic malignancies

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT04594642	R/R B-cell non-Hodgkin lymphoma	116	<ul style="list-style-type: none"> <li>Multicentre, Phase I, open-label, dose-escalation and expansion study</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability, PK parameters</li> <li>Secondary endpoints: clinical activity of monotherapy TNB-486, anti-drug antibody titers for monotherapy TNB-486</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: H2 2023</li> </ul>



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

## Cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase Ib NCT04522323	Advanced renal cell carcinoma	70	<ul style="list-style-type: none"> <li>Open-label, dose escalation and dose expansion trial</li> <li>Arm 1: volrustomig and axitinib</li> <li>Arm 2: volrustomig and lenvatanib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (escalation): safety, MTD, RP2D, tolerability and anti-tumour activity of combination (ORR)</li> <li>Secondary endpoints: PK parameters, ADA and anti-tumour activity (PFS, OR, DoR, DCR, TTR, OS)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase I NCT03530397	Advanced solid tumours	396	<ul style="list-style-type: none"> <li>Open-label, dose-escalation and dose-expansion trial</li> <li>Dose escalation: volrustomig i.v.</li> <li>Dose expansion: volrustomig i.v. as monotherapy and in combination with chemotherapy</li> <li>Arm A: volrustomig i.v.</li> <li>Arm B: volrustomig i.v., pemetrexed and carboplatin</li> <li>Arm C: pembrolizumab, pemetrexed and carboplatin</li> <li>Arm D: volrustomig i.v., taxane (paclitaxel or nab-paclitaxel) and carboplatin</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (escalation): safety and tolerability, MTD, OBD and HPDD</li> <li>Primary endpoint (expansion): antitumour activity based on ORR</li> <li>Secondary endpoints: PK parameters, ADA, tumoural baseline PD-L1, anti-tumour activity (OR, DoR, DCR, PFS, OS)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2018</li> <li>Data anticipated: &gt;2024</li> </ul>



**BioPharmaceuticals:  
approved medicines and  
late-stage pipeline**



# Andexxa (anti-factor Xa reversal)

## Haematology

Approved medicines  
Late-stage development  
Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IV I8-513 (Post-Launch) NCT03661528</b>	Acute intracranial haemorrhage	1200	<ul style="list-style-type: none"> <li>Arm 1: <i>Andexxa</i></li> <li>Arm 2: usual care</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: proportion of patients with good or excellent haemostatic efficacy as rated by an independent adjudication committee</li> <li>Secondary endpoint: change from baseline in anti-fXa activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>Data anticipated: 2024</li> </ul>
<b>Phase II 19-515 NCT04233073</b>	Urgent surgery	10	<ul style="list-style-type: none"> <li>Arm 1: <i>Andexxa</i></li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Secondary endpoint: percent change from baseline in anti-factor Xa activity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>LPCD: Q1 2022</li> <li>Data readout: Q4 2022</li> </ul>

Oncology  
CVRM  
R&I  
Other  
V&I  
Rare Disease



# Farxiga (SGLT2 inhibitor)

## Heart failure and chronic kidney disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III DELIVER NCT03619213</b>	CHF patients with HFpEF	6263	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg QD</li> <li>Arm 2: placebo</li> <li>Global trial – 21 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to the first occurrence of any of the components of the composite (CV death or hospitalisation for HF or an urgent HF visit)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q1 2022</li> <li>Data readout: Q2 2022</li> <li>Primary endpoint met</li> </ul>
<b>Phase III DAPA-MI NCT04564742</b>	Myocardial infarction	6400	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg QD</li> <li>Arm 2: placebo</li> <li>Global trial – 2 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to the first occurrence of any of the components of the composite (hospitalisation for HF or CV death)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: H2 2023</li> </ul>
<b>Phase I NCT04856007</b>	Healthy Chinese volunteers	80	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 5mg + metformin 500mg XR</li> <li>Arm 2: <i>Farxiga</i>/metformin XR FDC 5/500mg</li> <li>Arm 3: <i>Farxiga</i> 10mg + metformin 1000 mgXR</li> <li>Arm 4: <i>Farxiga</i>/metformin XR FDC 10/1000mg</li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: plasma AUCinf, AUClast and Cmax of <i>Farxiga</i> and metformin</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>LPCD: Q2 2021</li> <li>Data readout: Q4 2021</li> </ul>
<b>Phase I NCT05266404</b>	Healthy volunteers	46	<ul style="list-style-type: none"> <li>Arm 1: <i>Farxiga</i> 10mg + sitagliptin 100mg</li> <li>Arm 2: <i>Farxiga</i>/sitagliptin FDC 10/100mg</li> <li>Germany only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: AUCinf, AUClast and Cmax of <i>Farxiga</i> and sitagliptin</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>LPCD: Q2 2022</li> <li>Data readout: Q4 2022</li> </ul>



# Lokelma (sodium zirconium cyclosilicate)

## Hyperkalaemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIIb DIALIZE China NCT04217590</b>	ESRD with hyperkalaemia and on stable haemodialysis	134	<ul style="list-style-type: none"> <li>Arm 1: <i>Lokelma</i> 5g QD for 8 weeks on non-dialysis days with option to uptitrate to 10g and 15g QD</li> <li>Arm 2: placebo QD for 8 weeks on non-dialysis days</li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: proportion of patients who maintain a pre-dialysis serum K between 4.0 and 5.0 mmol/L on 3 out of 4 dialysis treatments following the long interdialytic interval</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>LPCD: Q3 2021</li> <li>Data readout: Q1 2022</li> <li>Primary endpoint met</li> </ul>
<b>Phase III HARMONIZE Asia NCT03528681</b>	Hyperkalaemia	250	<ul style="list-style-type: none"> <li>Open-label <i>Lokelma</i> 10g TID for 48 hours followed by:</li> <li>Arm 1: <i>Lokelma</i> 5g QD for 28 days</li> <li>Arm 2: <i>Lokelma</i> 10g QD for 28 days</li> <li>Arm 3: placebo QD for 28 days</li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: maintenance of normokalaemia</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>LPCD: Q3 2022</li> <li>Data readout: Q4 2022</li> <li>Primary endpoint met</li> </ul>
<b>Phase III DIALIZE-Outcomes NCT04847232</b>	Recurrent hyperkalaemia on chronic haemodialysis	2800	<ul style="list-style-type: none"> <li>Arm 1: <i>Lokelma</i> 5g to 15g QD for 4 weeks on non-dialysis days, thereafter adjusted monthly</li> <li>Arm 2: placebo QD</li> <li>Global trial – 26 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to first occurrence of SCD, stroke or hospitalisation, intervention or ED visit due to arrhythmia</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase III STABILIZE-CKD NCT05056727</b>	Patients with CKD and hyperkalaemia or at risk of hyperkalaemia	1360	<ul style="list-style-type: none"> <li>Open-label <i>Lokelma</i> (10g TID or 5g QD) for up to 72 hours, followed by 3 months open-label treatment with <i>Lokelma</i> (5g QOD to 15g QD) and uptitration of lisinopril or valsartan; thereafter, patients are randomised to a 24 month treatment:</li> <li>Arm 1: <i>Lokelma</i> (5g QOD to 15g QD) and lisinopril or valsartan</li> <li>Arm 2: placebo and lisinopril or valsartan</li> <li>Global trial – 20 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: total slope (eGFR measurements starting at randomisation) and chronic slope (eGFR measurements starting at 12 weeks after randomisation)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: &gt;2024</li> </ul>



# roxadustat (HIF-PH inhibitor)

## Anaemia

Approved medicines  
Late-stage development  
Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>NCT03263091</b> <b>Partnered (FibroGen)</b>	Anaemia in lower-risk MDS patients	184	<ul style="list-style-type: none"><li>• Open-label roxadustat lead-in</li><li>• Arm 1: roxadustat</li><li>• Arm 2: placebo</li><li>• Global trial</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: proportion of patients achieving transfusion independence</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q3 2017</li><li>• Data anticipated: H1 2023</li></ul>
<b>Phase II/III</b> <b>NCT03303066</b> <b>Partnered (FibroGen)</b>	Anaemia in lower-risk MDS patients	43	<ul style="list-style-type: none"><li>• Open-label roxadustat lead-in</li><li>• Arm 1: roxadustat</li><li>• Arm 2: placebo</li><li>• China only</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: haemoglobin response</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q2 2018</li><li>• Data anticipated: H1 2023</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# eplontersen (ligand-conjugated antisense)

## ATTR

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III CARDIO-TTRansform NCT04136171 Partnered (Ionis Pharmaceuticals, Inc.)</b>	Hereditary or wild-type transthyretin-mediated amyloid cardiomyopathy (ATTR-CM)	1400	<ul style="list-style-type: none"> <li>Arm 1: eplontersen s.c.</li> <li>Arm 2: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: composite outcome of CV mortality and recurrent CV clinical events at Week 140</li> <li>Secondary endpoints: change in baselines from 6MWT and KCCQ, CV events and CV mortality</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase III NEURO-TTRansform NCT04136184 Partnered (Ionis Pharmaceuticals, Inc.)</b>	Hereditary transthyretin-mediated amyloid polyneuropathy (hATTR-PN)	168	<ul style="list-style-type: none"> <li>Arm 1: eplontersen s.c.</li> <li>Arm 2: inotersen s.c.</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (at Week 35): change from baseline in mNIS+7 and percent change from baseline in TTR concentration</li> <li>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</li> <li>Secondary endpoints: changes from baseline in Norfolk QOL-DN at Week 35, NSC score at Weeks 35 and 66, PCS score of the SF-36 at Week 65, PND score at Week 65 and mBMI at Week 65</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>Data readout: Q2 2022</li> <li>Co-primary endpoints met</li> </ul>



# mitiperstat (MPO inhibitor)

## Cardiovascular disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb/III ENDEAVOR NCT04986202</b>	HFpEF	1485	<ul style="list-style-type: none"><li>• Randomised, double-blind</li><li>• Arm 1: 2.5mg mitiperstat</li><li>• Arm 2: 5mg mitiperstat</li><li>• Arm 3: placebo</li><li>• Global trial</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoints: efficacy and safety</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q3 2021</li><li>• Data anticipated: &gt;2024</li></ul>



# tozorakimab (IL-33 ligand mAb)

## Diabetic kidney disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>NCT04170543</b>	Adult patients with diabetic kidney disease	581	<ul style="list-style-type: none"><li>• Arm A: tozorakimab dose 1 + <i>Farxiga</i></li><li>• Arm B: tozorakimab dose 2 + <i>Farxiga</i></li><li>• Arm C: tozorakimab dose 3 + <i>Farxiga</i></li><li>• Arm D: tozorakimab dose 4 + <i>Farxiga</i></li><li>• Arm E: placebo + <i>Farxiga</i></li><li>• US, Canada, Japan and additional countries</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: UACR</li><li>• Secondary endpoints: safety and other efficacy measures</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q4 2019</li><li>• LPCD: Q3 2022</li><li>• Data anticipated: H2 2023</li></ul>



# zibotentan (endothelin receptor antagonist)

## Chronic kidney disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05505162	Healthy female volunteers of non-childbearing potential	24	<ul style="list-style-type: none"><li>Open-label, single sequence , single centre study</li><li>US only</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: PK parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q3 2022</li><li>Data anticipated: H1 2023</li></ul>



# zibotentan (endothelin receptor antagonist)

## Liver Cirrhosis with Features of portal hypertension

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>ZEAL</b> <b>NCT05516498</b>	Part A: participants with Child-Pugh A cirrhosis with features of portal hypertension and with no history of decompensation events. Part B: participants with a broader range of Child-Pugh A and Child-Pugh B cirrhosis with more severe disease	140	<ul style="list-style-type: none"> <li>Phase IIa/b multicentre, randomised, double-blind, placebo-controlled, parallel group dose-ranging study</li> <li>Part A Arm 1: placebo</li> <li>Part A Arm 2: zibotentan dose B + <i>Farxiga</i></li> <li>Part B Arm 1: placebo</li> <li>Part B Arm 2: placebo + <i>Farxiga</i></li> <li>Part B Arm 3: zibotentan dose A + <i>Farxiga</i></li> <li>Part B Arm 4: zibotentan dose B + <i>Farxiga</i></li> <li>Part B Arm 5: zibotentan dose C + <i>Farxiga</i></li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (Part A): absolute change in HVPG from baseline to Week 6 comparing zibotentan and <i>Farxiga</i> in combination vs. placebo</li> <li>Primary endpoint (Part B): HVPG response from baseline to Week 6 comparing zibotentan and <i>Farxiga</i> in combination and <i>Farxiga</i> monotherapy vs. placebo</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: 2024</li> </ul>



# Breztri (next-generation propellant)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>NCT05573464</b>	Moderate to very severe COPD	542	<ul style="list-style-type: none"> <li>Randomised, double-blind, 12-week (with an extension to 52 weeks in a subset of participants), parallel-group, multicentrestudy</li> <li>BGF MDI HFO 160/7.2/4.8µg (2 inhalations BID)</li> <li>BGF MDI HFA 160/7.2/4.8µg (2 inhalations BID)</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: 2024</li> </ul>
<b>Phase I</b> <b>NCT05477108</b>	Healthy volunteers	108	<ul style="list-style-type: none"> <li>Randomised, double-blind, single-dose, single-center, partial-replicate, 3-way cross-over</li> <li>BGF MDI HFO 160/7.2/4.8µg (single dose of 4 inhalations)</li> <li>BGF MDI HFA 160/7.2/4.8µg (single dose of 4 inhalations)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: AUCinf, AUClast and Cmax</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: H2 2023</li> </ul>
<b>Phase I</b> <b>NCT05569421</b>	Healthy volunteers	108	<ul style="list-style-type: none"> <li>Randomised, double-blind, single-dose, single-center, partial-replicate, 3-way cross-over study</li> <li>BGF MDI HFO 160/7.2/4.8µg (single dose of 4 inhalations)</li> <li>BGF MDI HFA 160/7.2/4.8µg (single dose of 4 inhalations)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: AUCinf, AUClast and Cmax</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: 2024</li> </ul>



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

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III KALOS NCT04609878</b>	Severe asthma	2200	<ul style="list-style-type: none"> <li>Randomised, double-blind, double-dummy, parallel group and multicentre trial</li> <li>Treatments (24 to 52 week variable length)</li> <li>BGF 320/28.8/9.6µg BID MDI</li> <li>BGF 320/14.4/9.6µg BID MDI</li> <li>BFF 320/9.6µg BID MDI</li> <li>Symbicort 320/9µg BID pMDI</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in FEV1 AUC0-3 at Week 24</li> <li>Secondary endpoint: change from baseline in morning pre-dose trough FEV1 at Week 24</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase III LOGOS NCT04609904</b>	Severe asthma	2200	<ul style="list-style-type: none"> <li>Randomised, double-blind, double dummy, parallel group and multicentre trial</li> <li>Treatments (24- to 52-week variable length)</li> <li>BGF 320/28.8/9.6µg BID MDI</li> <li>BGF 320/14.4/9.6µg BID MDI</li> <li>BFF 320/9.6µg BID MDI</li> <li>Symbicort 320/9µg BID pMDI</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in FEV1 AUC0-3 at Week 24</li> <li>Secondary endpoint: change from baseline in morning pre-dose trough FEV1 at Week 24</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase III VATHOS NCT05202262</b>	Moderate asthma	630	<ul style="list-style-type: none"> <li>Randomised, double-blind, parallel group, multicentre trial</li> <li>Treatments (24 week)</li> <li>BFF 320/9.6µg BID MDI</li> <li>BFF 160/9.6µg BID MDI</li> <li>BD 320µg BID MDI</li> <li>Open-label Symbicort TBH 320/9µg BID</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in FEV1 AUC0-3 at Week 24</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data anticipated: 2024</li> </ul>
<b>Phase III LITHOS NCT05755906</b>	Mild to moderate asthma	340	<ul style="list-style-type: none"> <li>Randomised, double-blind, parallel group and multicentre</li> <li>Treatments (12 week)</li> <li>BFF 160/9.6µg BID MDI</li> <li>BD 160µg BID MDI</li> <li>Multi-country</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: Change from baseline in forced expiratory volume in 1 second (FEV1) area under the curve 0 to 3 hours (AUC0-3) at Week 12</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2023</li> <li>Data anticipated: 2024</li> </ul>



# Daliresp/Daxas (oral PDE4 inhibitor)

## COPD

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IV PASS (post launch) NCT03381573</b>	COPD	124080	<ul style="list-style-type: none"><li>A retrospective cohort trial comparing COPD patients aged 40 years and older with new exposure to roflumilast with up to 5 unexposed (i.e., not roflumilast-exposed) COPD controls matched by propensity score, age, sex and year of cohort entry</li><li>US, Germany, Sweden and Norway (using electronic healthcare databases)</li></ul>	<ul style="list-style-type: none"><li>Primary endpoint: all-cause mortality (up to 5 years)</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2017</li><li>LPCD: Q4 2022</li><li>Data readout: Q4 2022</li></ul>



# Fasenra (IL-5R mAb)

## Dermatology

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III FJORD NCT04612790</b>	Patients with symptomatic (newly diagnosed or relapsing) bullous pemphigoid	120	<ul style="list-style-type: none"><li>• Double-blind, open-label trial</li><li>• Arm 1: <i>Fasenra</i></li><li>• Arm 2: placebo</li><li>• 36-week</li><li>• Global trial</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: proportion of patients with complete sustained (<math>\geq 2</math> months) remission off OCS at 36 weeks</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q2 2021</li><li>• Data anticipated: 2024</li></ul>



# Fasenra (IL-5R mAb)

## Nasal polyposis and other eosinophilic diseases

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III OSTRO NCT03401229</b>	Patients with severe bilateral nasal polyps who are still symptomatic despite SoC therapy; age 18 to 75 years	413	<ul style="list-style-type: none"> <li>Arm 1: <i>Fasenra</i> 30mg Q8W s.c.</li> <li>Arm 2: placebo s.c.</li> <li>56-week trial</li> <li>Global trial – 8 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: effect of <i>Fasenra</i> on nasal polyp burden and on patient reported nasal blockage</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2018</li> <li>LPCD: Q2 2019</li> <li>Data readout: Q3 2020</li> <li>Co-primary endpoints met</li> </ul>
<b>Phase III ORCHID NCT04157335</b>	Patients with eosinophilic chronic rhinosinusitis with severe nasal polyposis; age 18 to 75 years	276	<ul style="list-style-type: none"> <li>Arm 1: <i>Fasenra</i> 30mg Q8W s.c.</li> <li>Arm 2: placebo Q8W s.c.</li> <li>56-week trial</li> <li>Global trial – 10 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: change in endoscopic total nasal polyp score and change in mean nasal blockage score</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: 2024</li> </ul>
<b>Phase III MANDARA NCT04157348</b>	Patients with R/R EGPA on corticosteroid therapy with or without stable immunosuppressive therapy; age 18 years and older	140	<ul style="list-style-type: none"> <li>Arm 1: <i>Fasenra</i> 30mg Q4W s.c.</li> <li>Arm 2: mepolizumab 300mg Q4W s.c.</li> <li>52-week trial with a minimum 1-year open label extension</li> <li>Global trial – 9 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: proportion of patients achieving remission (BVAS=0 and OCS dose <math>\leq</math>4mg/day) at Week 36 and Week 48</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: H2 2023</li> </ul>
<b>Phase III NATRON NCT04191304</b>	Patients with HES (history of persistent eosinophilia $>$ 1500 cells/ $\mu$ L with evidence of end organ manifestations attributable to eosinophilia) and signs or symptoms of HES worsening/flare at Visit 1; age 12 years and older	120	<ul style="list-style-type: none"> <li>Arm 1: <i>Fasenra</i> 30mg Q4W s.c.</li> <li>Arm 2: placebo Q4W s.c.</li> <li>24-week trial with a minimum 1-year open label extension</li> <li>Global trial – 9 to 12 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to first HES worsening/flare</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data anticipated: H2 2023</li> </ul>



# Fasenra (IL-5R mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb PONENTE NCT03557307</b>	Severe eosinophilic asthmatics receiving HD ICS + LABA and chronic OCS with or without additional asthma controller(s); age 18 years and older	598	<ul style="list-style-type: none"> <li>Arm 1: <i>Fasenra</i> 30mg Q8W s.c.</li> <li>38-week trial</li> <li>Global trial – 16 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: reduction of oral corticosteroid dose</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>LPCD: Q3 2019</li> <li>Data readout: Q4 2020</li> <li>Primary endpoint met</li> </ul>
<b>Phase III MIRACLE NCT03186209</b>	Severe, uncontrolled asthma despite background controller medication, MD and HD ICS + LABA ± chronic OCS; age 12 to 75 years	695	<ul style="list-style-type: none"> <li>Arm 1: <i>Fasenra</i> 30mg Q8W s.c.</li> <li>Arm 2: placebo s.c.</li> <li>56-week trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: annual asthma exacerbation rate</li> <li>Secondary endpoints: pulmonary function, asthma symptoms and other asthma control metrics</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2017</li> <li>LPCD: Q4 2021</li> <li>Data readout: Q1 2023</li> <li>Primary endpoint met</li> </ul>



# Fasenra (IL-5R mAb)

## Severe, uncontrolled asthma, COPD and other eosinophilic diseases

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III RESOLUTE NCT04053634</b>	Patients with moderate to very severe COPD with a history of frequent exacerbations on a background triple therapy (ICS/LABA/LAMA); age 40 to 85 years	642	<ul style="list-style-type: none"> <li>• Double-blind, placebo-controlled trial</li> <li>• Arm 1: <i>Fasenra</i> 100mg Q8W s.c.</li> <li>• Arm 2: placebo Q8W s.c.</li> <li>• 56-week treatment</li> <li>• Global trial – 26 countries</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: annualized rate of moderate or severe exacerbations over 56 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2019</li> <li>• Data anticipated: &gt;2024</li> </ul>



# Saphnelo (type I interferon receptor mAb)

## Lupus (SLE/LN)

Approved medicines  
Late-stage development  
Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III TULIP-SC NCT04877691 Partnered (BMS)	Moderate to severe SLE	360	<ul style="list-style-type: none"> <li>Arm 1: <i>Saphnelo</i> s.c.</li> <li>Arm 2: placebo s.c.</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: BICLA at Week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III AZALEA-SLE NCT04931563 Partnered (BMS)	Moderate to severe SLE patients	328	<ul style="list-style-type: none"> <li>Arm 1: 300mg <i>Saphnelo</i> i.v. Q4W</li> <li>Arm 2: placebo i.v. Q4W</li> <li>Asia only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: BICLA at Week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase III IRIS NCT05138133 Partnered (BMS)	Active, proliferative LN	360	<ul style="list-style-type: none"> <li>Arm 1: <i>Saphnelo</i> i.v.</li> <li>Arm 2: placebo i.v.</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: CRR at Week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: &gt;2024</li> </ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# Tezspire (TSLP mAb)

## Severe, uncontrolled asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III NAVIGATOR NCT03347279 Partnered (AMGEN)</b>	Severe asthma; age 12 to 80 years	1061	<ul style="list-style-type: none"> <li>Arm 1: Tezspire s.c.</li> <li>Arm 2: placebo s.c.</li> <li>52-week trial</li> <li>Global trial – 18 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: annual asthma exacerbation rate</li> <li>Secondary endpoints: change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12) and asthma control (ACQ-6)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2018</li> <li>LPCD: Q3 2019</li> <li>Data readout: Q4 2020</li> <li>Primary endpoint met</li> </ul>
<b>Phase III DESTINATION NCT03706079 Partnered (AMGEN)</b>	Severe asthma; age 12 to 80 years	951	<ul style="list-style-type: none"> <li>Extension trial to NAVIGATOR and SOURCE</li> <li>Arm 1: Tezspire s.c.</li> <li>Arm 2: placebo s.c.</li> <li>52-week trial (subjects from NAVIGATOR); 56-week trial (subjects from SOURCE)</li> <li>Global trial – 18 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: exposure adjusted rates of AEs/SAEs</li> <li>Secondary endpoints: annual asthma exacerbation rate</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>LPCD: Q4 2020</li> <li>Data readout: Q3 2022</li> <li>Primary endpoint met</li> </ul>
<b>Phase III PATH-HOME NCT03968978 Partnered (AMGEN)</b>	Severe asthma; age 12 to 80 years	216	<ul style="list-style-type: none"> <li>Arm 1: Tezspire s.c. via AI</li> <li>Arm 2: Tezspire s.c. via APFS</li> <li>24-week trial</li> <li>Global trial – 4 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: proportion of health care professionals and patients/caregivers who successfully administered Tezspire in clinic and at home with an APFS or an AI, respectively</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>LPCD: Q3 2019</li> <li>Data readout: Q4 2020</li> <li>Primary endpoint met</li> </ul>
<b>Phase III NOZOMI NCT04048343 Partnered (AMGEN)</b>	Severe asthma; age 12 to 80 years	65	<ul style="list-style-type: none"> <li>Arm 1: Tezspire s.c.</li> <li>52-week trial</li> <li>Japan only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: number of patients with AEs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>LPCD: Q1 2020</li> <li>Data readout: Q2 2021</li> <li>Primary endpoint met</li> </ul>
<b>Phase II CASCADE NCT03688074 Partnered (AMGEN)</b>	Severe asthma; age 18 to 75 years	116	<ul style="list-style-type: none"> <li>Arm 1: Tezspire s.c.</li> <li>Arm 2: placebo s.c.</li> <li>28-week trial</li> <li>Global trial – 5 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: number of airway submucosal inflammatory cells/mm<sup>2</sup> of bronchoscopic biopsies</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q4 2019</li> <li>Data readout: Q2 2021</li> <li>Primary endpoint met</li> </ul>



# Tezspire (TSLP mAb)

## Severe, uncontrolled asthma, COPD, CRSwNP & EoE

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III DIRECTION NCT03927157 Partnered (AMGEN)</b>	Severe asthma; age 18 to 80 years	396	<ul style="list-style-type: none"> <li>Arm 1: <i>Tezspire</i> s.c.</li> <li>Arm 2: placebo s.c.</li> <li>52-week trial</li> <li>Regional Asia trial – 3 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: annual asthma exacerbation rate</li> <li>Secondary endpoints: change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12) and asthma control (ACQ-6)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>Data anticipated: 2024</li> </ul>
<b>Phase III SUNRISE NCT05398263 Partnered (AMGEN)</b>	Severe asthma; age 18 to 80 years	207	<ul style="list-style-type: none"> <li>Arm 1: <i>Tezspire</i> s.c.</li> <li>Arm 2: placebo s.c.</li> <li>28-week trial</li> <li>Global trial – 10 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: categorised percent reduction from baseline in the daily maintenance OCS dose at Week 28 whilst maintaining asthma control</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase III WAYPOINT NCT04851964 Partnered (AMGEN)</b>	Severe chronic rhinosinusitis with nasal polyps; age 18 years and older	400	<ul style="list-style-type: none"> <li>Arm 1: <i>Tezspire</i> s.c.</li> <li>Arm 2: placebo s.c.</li> <li>52-week trial</li> <li>Global trial – 10 countries</li> </ul>	<ul style="list-style-type: none"> <li>Co-primary endpoint: nasal polyp score and participant reported nasal congestion</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>Data anticipated: 2024</li> </ul>
<b>Phase III CROSSING NCT05583227 Partnered (AMGEN)</b>	Adult and pediatric aged 12 years and older with eosinophilic esophagitis	360	<ul style="list-style-type: none"> <li>Arm 1: <i>Tezspire</i> s.c. low dose</li> <li>Arm 2: <i>Tezspire</i> s.c. high dose</li> <li>Arm 3: Placebo</li> <li>52-week trial</li> <li>Global trial – 20 countries</li> </ul>	<ul style="list-style-type: none"> <li>Co-primary endpoints: histologic response of peak esophageal eosinophil per HPF count of <math>\leq 6</math> across all available esophageal levels and change from baseline in Dysphagia Symptom Questionnaire score</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2023</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase IIa COURSE NCT04039113 Partnered (AMGEN)</b>	Moderate to very severe COPD; age 40 to 80	338	<ul style="list-style-type: none"> <li>Arm 1: <i>Tezspire</i> s.c.</li> <li>Arm 2: placebo s.c.</li> <li>52-week trial</li> <li>Global trial – 10 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: rate of moderate or severe COPD exacerbations</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>Data anticipated: 2024</li> </ul>



# Airsupra (PT027, SABA/ICS, pMDI)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>MANDALA</b> <b>NCT03769090</b> <b>Managed by Avillion</b> <b>(Avillion)</b>	Moderate to severe asthma	3132	<ul style="list-style-type: none"> <li>Randomised, double-blind, multicentre, parallel group</li> <li>Treatments: minimum 24-week treatment period</li> <li>BDA (budesonide albuterol) MDI 80/180µg prn</li> <li>BDA MDI 160/180µg prn</li> <li>AS (albuterol sulphate) MDI 180µg prn</li> <li>Multi-country</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to first severe asthma exacerbation</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>LPCD: Q1 2021</li> <li>Data readout: Q3 2021</li> <li>Primary endpoint met</li> </ul>
<b>Phase III</b> <b>DENALI</b> <b>NCT03847896</b> <b>Managed by Avillion</b> <b>(Avillion)</b>	Mild to moderate asthma	1001	<ul style="list-style-type: none"> <li>Randomised, double-blind, multicentre and parallel-group</li> <li>Treatments: 12-week treatment period)</li> <li>BDA MDI 80/180µg QID</li> <li>BDA MDI 160/180µg QID</li> <li>BD MDI 160 µgQID</li> <li>AS MDI 180 µgQID</li> <li>placebo MDI QID</li> <li>Multi-country</li> </ul>	<ul style="list-style-type: none"> <li>Dual primary endpoints: change from baseline in FEV1 AUC0-6 hours over 12 weeks; change from baseline in trough FEV1 at Week 12</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2019</li> <li>LPCD: Q2 2021</li> <li>Data readout: Q3 2021</li> <li>Dual primary endpoints met</li> </ul>
<b>Phase III</b> <b>TYREE</b> <b>NCT04234464</b> <b>Managed by Avillion</b> <b>(Avillion)</b>	Asthma with exercise induced bronchoconstriction	60	<ul style="list-style-type: none"> <li>Randomised, double-blind, multicentre crossover</li> <li>Treatments: single dose</li> <li>BDA MDI 160/180µg</li> <li>placebo MDI QID</li> <li>US only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: maximum percentage fall from post-dose, pre-exercise baseline in FEV1 observed up to 60 minutes post-exercise challenge</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>LPCD: Q3 2020</li> <li>Data readout: Q4 2020</li> <li>Primary endpoint met</li> </ul>



# brazikumab (IL-23 inhibitor)

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

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III NCT03961815</b>	Crohn's disease	161	<ul style="list-style-type: none"> <li>Open-label, long-term extension safety study of brazikumab in participants with moderately to severely active Crohn's disease</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety of long-term treatment with brazikumab (AEs, clinical laboratory values, vital signs and ECGs)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase IIb/III INTREPID NCT03759288</b>	Crohn's disease	928	<ul style="list-style-type: none"> <li>A 52-week, multicentre, randomised, double-blind, placebo- and active-controlled, operationally seamless Phase IIb/III, parallel group study to assess the efficacy and safety of brazikumab in participants with moderately to severely active Crohn's disease</li> <li>Stage 1: <ul style="list-style-type: none"> <li>Arm 1: brazikumab high i.v. dose on Day 1, 29 and 57 + s.c. brazikumab on Day 85 and every 4 weeks through Week 48</li> <li>Arm 2: brazikumab low i.v. dose on Day 1, 29 and 57 s.c. brazikumab on Day 85 and every 4 weeks through Week 48</li> <li>Arm 3: placebo</li> </ul> </li> <li>Stage 2: <ul style="list-style-type: none"> <li>Arm 1: brazikumab high i.v. dose on Day 1, 29 and 57 + s.c. brazikumab on Day 85 and every 4 weeks through Week 48</li> <li>Arm 2: brazikumab low i.v. dose on Day 1, 29 and 57 s.c. brazikumab on Day 85 and every 4 weeks through Week 48</li> <li>Arm 3: adalimumab s.c. on Day 1, 15, 29 and every 2 weeks through Week 50</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (Stage 1): CDAI remission at Week 12</li> <li>Stage 2 primary endpoints: <ul style="list-style-type: none"> <li>Endoscopic response at week 52,</li> <li>Clinical remission at week 52</li> </ul> </li> <li>Primary endpoints (Stage 2): <ul style="list-style-type: none"> <li>endoscopic response at Week 52 and clinical remission at Week 52</li> </ul> </li> <li>Secondary endpoints (Stage 1): <ul style="list-style-type: none"> <li>endoscopic response at Week 12,</li> <li>clinical remission at Week 12, CDAI response at Week 12, response and remission at Week 52</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase II EXPEDITION NCT03616821</b>	Ulcerative colitis	256	<ul style="list-style-type: none"> <li>A 54-week, multicentre, randomised, double-blind, placebo-controlled, parallel-group study to assess the efficacy and safety of brazikumab in participants with moderately to severely active ulcerative colitis</li> <li>Arm 1: brazikumab dose 1 i.v. on Day 1, 15 and 43 + s.c. brazikumab from Day 71 and every 4 weeks</li> <li>Arm 2: brazikumab dose 2 i.v. on day 1, 15 and 43 + s.c. brazikumab from Day 71 and every 4 weeks</li> <li>Arm 3: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: clinical remission at Week 10</li> <li>Secondary endpoint: sustained clinical remission at Week 10 and 54</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2018</li> <li>Data anticipated: &gt;2024</li> </ul>



# brazikumab (IL-23 inhibitor)

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

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>NCT04277546</b>	Ulcerative colitis	165	<ul style="list-style-type: none"> <li>Open-label, long-term extension safety study of brazikumab in participants with moderately to severely active ulcerative colitis</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety of long-term treatment with brazikumab (AEs, clinical laboratory values, vital signs and ECGs)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase I</b> <b>NCT05033431</b>	Healthy volunteers	48	<ul style="list-style-type: none"> <li>Open-label study to evaluate the PK, safety and tolerability of a single dose of brazikumab administered by i.v. infusion and s.c. injection in healthy Chinese and Caucasian participants</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PK parameters (C<sub>max</sub>, AUC<sub>inf</sub>, AUCl<sub>ast</sub> and AUC<sub>0-28d</sub>)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: H1 2023</li> </ul>



# tozorakimab (IL-33 ligand mAb)

## Acute Respiratory Failure

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>TILIA</b> <b>NCT05624450</b>	Adults hospitalised for viral lung infection requiring supplemental oxygen	2352	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, parallel group</li> <li>Arm 1: tozorakimab dose i.v. + SoC</li> <li>Arm 2: placebo i.v. + SoC</li> <li>Global trial — 38 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: progression to death or to invasive mechanical ventilation/extracorporeal membrane oxygenation</li> <li>Secondary endpoints: safety and other efficacy measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: 2024</li> </ul>



# tozorakimab (IL-33 ligand mAb)

## Atopic dermatitis, asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>NCT04212169</b>	Adults with atopic dermatitis	148	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled trial</li> <li>Arm 1: tozorakimab s.c.</li> <li>Arm 2: tozorakimab s.c.</li> <li>Arm 3: tozorakimab s.c.</li> <li>Arm 4: placebo s.c.</li> <li>Global trial — 6 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline at Week 16 in EASI score</li> <li>Secondary endpoints: safety and other efficacy measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>LPCD: Q2 2022</li> <li>Data readout: Q4 2022</li> </ul>
<b>Phase II</b> <b>FRONTIER-3</b> <b>NCT04570657</b>	Adults with uncontrolled moderate to severe asthma	250	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled trial</li> <li>Arm 1: tozorakimab dose 1 s.c.</li> <li>Arm 2: tozorakimab dose 2 s.c.</li> <li>Arm 3: placebo s.c.</li> <li>US, Argentina, Germany, Hungary, Poland, South Africa and UK</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline at Week 16 in FEV1</li> <li>Secondary endpoints: safety and other efficacy measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>LPCD: Q3 2022</li> <li>Data anticipated: H1 2023</li> </ul>
<b>Phase I</b> <b>NCT05070312</b>	Healthy volunteers	36	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, dose ascending trial</li> <li>Arm 1: tozorakimab dose 1 s.c.</li> <li>Arm 2: placebo s.c.</li> <li>Arm 3: tozorakimab dose 2 s.c.</li> <li>Arm 4: placebo s.c.</li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PK parameters</li> <li>Secondary endpoint: immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>LPCD: Q4 2021</li> <li>Data readout: Q2 2022</li> </ul>



# tozorakimab (IL-33 ligand mAb)

## COPD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III OBERON NCT05166889</b>	Adults with symptomatic COPD with a history of exacerbations	1272	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, parallel group</li> <li>Treatment: 52 week</li> <li>Arm 1: tozorakimab dose 1 s.c. + SoC</li> <li>Arm 2: tozorakimab dose 2 s.c. + SoC</li> <li>Arm 3: placebo s.c. + SoC</li> <li>Global trial – 20 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: annualized rate of moderate to severe COPD exacerbations (former smokers)</li> <li>Secondary endpoints: annualized rate of moderate to severe COPD exacerbations (former or current smokers), time to moderate to severe COPD exacerbation and change in pre-BD FEV1, E-RS:COPD and SGRQ</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase III TITANIA NCT05158387</b>	Adults with symptomatic COPD with a history of exacerbations	1272	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, parallel group</li> <li>Treatment: 52 week</li> <li>Arm 1: tozorakimab dose 1 s.c. + SoC</li> <li>Arm 2: tozorakimab dose 2 s.c. + SoC</li> <li>Arm 3: Placebo s.c.+ SoC</li> <li>Global trial – 19 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: annualized rate of moderate to severe COPD exacerbations (former smokers)</li> <li>Secondary endpoints: annualized rate of moderate to severe COPD exacerbations (former or current smokers), time to moderate to severe COPD exacerbation and change in pre-BD FEV1, E-RS:COPD and SGRQ</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase III PROSPERO NCT05742802</b>	Subjects who completed either OBERON or TITANIA will be offered the opportunity to consent (adults with symptomatic COPD with a history of exacerbations)	2544	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, parallel group, long term extension study</li> <li>Treatment: 52 weeks</li> <li>Arm 1: tozorakimab dose 1 s.c. + SoC</li> <li>Arm 2: tozorakimab dose 2 s.c. + SoC</li> <li>Arm 3: placebo s.c. + SoC</li> <li>Global trial – 38 countries</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Secondary endpoint: time to first severe COPD exacerbation in the overall population of current and former smokers</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2023</li> <li>Data anticipated: &gt;2024</li> </ul>
<b>Phase II NCT04631016</b>	Adults with COPD and chronic bronchitis	137	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, parallel group, PoC trial</li> <li>Arm 1: tozorakimab s.c.</li> <li>Arm 2: placebo s.c.</li> <li>Global trial – 15 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline at Week 12 in FEV1</li> <li>Secondary endpoints: safety and other efficacy measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: H2 2023</li> </ul>



# Evusheld (AZD7442, tixagevimab + cilgavimab)

## Prevention and treatment of COVID-19

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III PROVENT NCT04625725</b>	Adults with increased risk for inadequate response to active immunisation or having increased risk for SARS-CoV-2 infection	5197	<ul style="list-style-type: none"> <li>• Double-blind, randomised, placebo-controlled, multicentre study to determine safety and efficacy in pre-exposure prophylaxis</li> <li>• Arm 1: <i>Evusheld</i></li> <li>• Arm 2: placebo</li> <li>• <i>Evusheld</i>/placebo (2:1)</li> <li>• US, UK, Belgium, France and Spain</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: positive symptomatic illness post-dose</li> <li>• Secondary endpoints: incidence of nucleocapsid antibodies, emergency visits, PCR positive, ADA to <i>Evusheld</i> in serum and <i>Evusheld</i> serum concentration</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2020</li> <li>• LPCD: Q1 2021</li> <li>• Data readout: Q3 2021</li> <li>• Primary endpoint met</li> </ul>
<b>Phase II ENDURE NCT05375760</b>	Adults and pediatric individuals ( $\geq 12$ 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	<ul style="list-style-type: none"> <li>• Randomised, open-label, dose-ranging to assess safety, immunogenicity, PK and PD profiles in pre-exposure prophylaxis</li> <li>• Arm 1: <i>Evusheld</i>, dose regimen 1</li> <li>• Arm 2: <i>Evusheld</i>, dose regimen 2</li> <li>• US only</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoints: safety and tolerability, incidence of ADA</li> <li>• Secondary endpoints: individual serum concentration; GMTs and GMFR in severe acute respiratory CoV-2 neutralizing antibodies</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2022</li> <li>• LPCD: Q3 2022</li> <li>• Data anticipated: 2024</li> </ul>
<b>Phase I NCT05166421</b>	Healthy adults; age $\geq 18$ years	207	<ul style="list-style-type: none"> <li>• Open-label, randomised, three-arm, single dose trial</li> <li>• Arm 1: <i>Evusheld</i> administered as a single co-formulated dose (clonal cell line material)</li> <li>• Arm 2: <i>Evusheld</i> administered as two separate doses (clonal cell line material)</li> <li>• Arm 3: <i>Evusheld</i> administered as two separate doses (cell pool material)</li> <li>• <i>Evusheld</i> (1:1:1)</li> <li>• US only</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoints: safety and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2022</li> <li>• Data anticipated: H2 2023</li> </ul>



# Evusheld (AZD7442, tixagevimab + cilgavimab)

## Prevention and treatment of COVID-19

Trial	Population	Patients	Design	Endpoints	Status
Phase I TRUST NCT05281601	Pediatric participants ≥29 weeks gestational age to <18 years at increased risk of developing severe SARS-CoV-2 infection	100	<ul style="list-style-type: none"> <li>Open-label, single dose, three cohort trial</li> <li>Cohort 1: pre-exposure prophylaxis</li> <li>Cohort 2: mild-to-moderate COVID-19</li> <li>Cohort 3: severe COVID-19</li> <li>Evusheld</li> <li>US only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety, tolerability and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# Vaxzevria (SARS-CoV-2)

## Prevention of COVID-19

Approved medicines  
Late-stage development  
Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III NCT04516746	Healthy adults; age 18 to 65 years	32429	<ul style="list-style-type: none"><li>Adaptive, double-blind, randomised placebo-controlled trial</li><li>Vaxzevria vs. placebo</li><li>US, Peru and Chile</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: efficacy, safety, tolerability and reactogenicity</li><li>Secondary endpoint: immunogenicity</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q3 2020</li><li>LPCD: Q1 2021</li><li>Primary endpoint met</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# AZD3152 (SARS-CoV-2 LAAB)

## Prevention of COVID-19

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III SUPERNOVA NCT05648110	Phase I: healthy adults; age 18 to 55 years Phase III: 12 years of age or older with conditions causing immune impairment, who are less likely to an adequate protective immune response after vaccination and are at high-risk of developing severe COVID-19	3200	<ul style="list-style-type: none"> <li>2 parts (Phase I: sentinel safety cohort and Phase III: main cohort)</li> <li>Phase I (sentinel safety cohort): 56 healthy adults, age 18 to 55 years, randomised in a 5:2 ratio to receive AZD5156 or placebo</li> <li>Phase III (main cohort): randomised 1:1 to receive AZD3152 300mg or <i>Evusheld</i> 600mg administered i.m. in the anterolateral thigh on Day 1; participants will receive a second dose of their original randomised study intervention 6 months after Visit 1; main cohort randomisation will be stratified by SARS-CoV-2 vaccination status within 6 months prior to randomisation, prior SARS-CoV-2 infection within 6 months prior to randomisation, and <i>Evusheld</i> use within 12 months prior to randomisation; the duration of a main cohort participant's involvement in the study will be approximately 15 months from when the first dose of study intervention is administered</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: to evaluate the safety of AZD3152 and <i>Evusheld</i> and to compare the nAb responses to the SARS-CoV-2 Alpha variant in serum following AZD3152 and <i>Evusheld</i> administration</li> <li>Secondary endpoints: to compare the efficacy of AZD3152 to <i>Evusheld</i> in the prevention of symptomatic COVID-19, to compare the nAb responses to the SARS-CoV-2 Omicron variant variants (BA.2 and/or BA.4/5 4/5) and the emerging dominant variant of concern circulating during the course of the study, to describe the incidence of symptomatic COVID -19, to characterise the PK of AZD3152 and <i>Evusheld</i> in serum and to evaluate the ADA responses to AZD3152 and AZD7442 in serum</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: H2 2023</li> </ul>



# Beyfortus (nirsevimab, RSV mAb-YTE)

## Infection

Trial	Population	Patients	Design	Endpoints	Status
Phase III MELODY NCT03979313	Healthy infants (born 35 weeks 0 days or greater gestational age)	3000	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled</li> <li>Arm 1: <i>Beyfortus</i> i.m.</li> <li>Arm 2: placebo i.m.</li> <li>Global trial – 31 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: efficacy</li> <li>Secondary endpoints: safety, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>Data readout: Q3 2022</li> <li>FPCD: Q2 2021 (safety cohort)</li> <li>LPCD: Q4 2021 (safety cohort)</li> <li>Data readout: Q3 2022 (safety cohort)</li> <li>Primary endpoint met</li> <li>FPCD: Q3 2019 (efficacy cohort)</li> <li>LPCD: Q1 2020 (efficacy cohort)</li> <li>Data readout: Q2 2021 (efficacy cohort)</li> <li>Primary endpoint met</li> </ul>
Phase III CHIMES NCT05110261	Healthy infants (born 29 weeks 0 days or greater gestational age)	800	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled</li> <li>Arm 1: <i>Beyfortus</i> i.m.</li> <li>Arm 2: placebo i.m.</li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints efficacy</li> <li>Secondary endpoints: safety, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase IIb NCT02878330	29- to 35-week gestational-age infants	1453	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled trial</li> <li>Arm 1: <i>Beyfortus</i> i.m.</li> <li>Arm 2: placebo i.m.</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2016</li> <li>LPCD: Q4 2017</li> <li>Data readout: Q4 2018</li> <li>Primary endpoint met</li> </ul>
Phase II/III MEDLEY NCT03959488	High-risk pre-term (born 35 weeks 0 day or less gestational-age) CHD and CLD infants eligible to receive Synagis	925	<ul style="list-style-type: none"> <li>Randomised, double-blind, palivizumab-controlled</li> <li>Arm 1: <i>Beyfortus</i> i.m.</li> <li>Arm 2: Synagis i.m.</li> <li>Global trial – 32 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: PK parameters, ADA and descriptive efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2019</li> <li>LPCD: Q4 2020</li> <li>Data readout: Q2 2021</li> <li>Safety objective met</li> </ul>
Phase II MUSIC NCT04484935	Immunocompromised children who are ≤24 months of age at the time of dose administration	100	<ul style="list-style-type: none"> <li>Open-label, uncontrolled, single-dose trial</li> <li><i>Beyfortus</i> i.m.</li> <li>Route of administration: i.m.</li> <li>Global trial – 8 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: PK parameters, ADA and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data anticipated: H1 2023</li> </ul>
Phase I NCT04840849	Healthy Chinese adults; age 18 to 45 years	24	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled</li> <li>Arm 1: <i>Beyfortus</i> i.m.</li> <li>Arm 2: placebo i.m.</li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PK parameters</li> <li>Secondary endpoints: ADA and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>LPCD: Q2 2021</li> <li>Data readout: Q2 2022</li> </ul>



# BioPharmaceuticals: early-stage development



# AZD0186 (oral sm GLP-1Ra)

## Type 2 diabetes

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05694741	Healthy volunteers	24	<ul style="list-style-type: none"><li>Randomised, sequential assignment, sponsor-open, placebo-controlled</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety and tolerability</li><li>Secondary endpoint: PK parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2022</li><li>LPCD: Q2 2023</li><li>Data anticipated: H2 2023</li></ul>



# AZD0780 (PCSK9 inhibitor)

## Dyslipidaemia

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05384262	Healthy adults	132	<ul style="list-style-type: none"><li>Randomised, placebo-controlled SAD/MAD trial</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety and tolerability</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2022</li><li>Data anticipated: H2 2023</li></ul>



# AZD2373

## Chronic kidney disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04269031</b>	Healthy volunteers	30	<ul style="list-style-type: none"><li>SAD dose escalation in 6 cohorts with 6 volunteers receiving AZD2373 and 2 volunteers receiving placebo in each cohort</li><li>Arm 1: AZD2373 s.c.</li><li>Arm 2: placebo s.c.</li><li>US only</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety and tolerability</li><li>Secondary endpoint: PK parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2020</li><li>LPCD: Q3 2021</li><li>Data readout: Q3 2022</li></ul>
<b>Phase I</b> <b>NCT05351047</b>	Healthy volunteers	40	<ul style="list-style-type: none"><li>MAD dose escalation in 3 cohorts with optional additional 2 cohorts with 6 volunteers per cohort receiving AZD2373 and 2 volunteers per cohort receiving placebo</li><li>Arm 1: AZD2373 s.c.</li><li>Arm 2: placebo s.c.</li><li>US only</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety and tolerability</li><li>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 study participants</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2022</li><li>Data anticipated: H2 2023</li></ul>



# AZD2693 (antisense oligonucleotide)

## NASH

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04142424</b>	Healthy volunteers	72	<ul style="list-style-type: none"> <li>SAD with 6 cohorts with 6 volunteers receiving AZD2693 and 2 volunteers receiving placebo in each cohort</li> <li>Arm 1: AZD2693 s.c.</li> <li>Arm 2: placebo s.c.</li> <li>US only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoint: PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>LPCD: Q3 2021</li> <li>Data readout: Q1 2022</li> </ul>
<b>Phase I</b> <b>NCT04483947</b>	NASH/NAFLD F0-F3	72	<ul style="list-style-type: none"> <li>MAD with 4 cohorts receiving AZD2693 and placebo in each cohort</li> <li>Arm 1: AZD2693 s.c.</li> <li>Arm 2: placebo s.c.</li> <li>US only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoint: PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>Data anticipated: 2024</li> </ul>
<b>Phase I</b> <b>NCT05107336</b>	Healthy volunteers	44	<ul style="list-style-type: none"> <li>MAD with 4 cohorts receiving AZD2693 and placebo in each cohort</li> <li>Arm 1: AZD2693 s.c.</li> <li>Arm 2: placebo s.c.</li> <li>JP only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoint: PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>LPCD: Q4 2022</li> <li>Data anticipated: H2 2023</li> </ul>



# AZD3427 (relaxin)

## Heart failure

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04630067</b>	Healthy volunteers (SAD) Heart failure (MAD)	104	<ul style="list-style-type: none"><li>• Multicentre SAD and MAD study</li><li>• Part A: SAD 6 cohorts</li><li>• Arm 1: AZD3427</li><li>• Arm 2: placebo</li><li>• Part B: MAD</li><li>• Arm 1: AZD3427</li><li>• Arm 2: placebo</li><li>• US only</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoints: safety and tolerability</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q4 2020</li><li>• LPCD: Q3 2022</li><li>• Data readout: Q4 2022</li></ul>



# AZD5462 (relaxin)

## Heart failure

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04994106</b>	Healthy volunteers (SAD/MAD)	98	<ul style="list-style-type: none"><li>• Single centre SAD and MAD</li><li>• Part A :SAD (8 cohorts)</li><li>• Arm 1: AZD5462</li><li>• Arm 2: placebo</li><li>• Part B: MAD (5 cohorts)</li><li>• Arm 1: AZD5462</li><li>• Arm 2: placebo</li><li>• US only</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoints: safety and tolerability</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q4 2021</li><li>• LPCD: Q3 2022</li><li>• Data anticipated: H1 2023</li></ul>



# 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	<ul style="list-style-type: none"><li>SAD trial</li></ul>	<ul style="list-style-type: none"><li>Primary endpoint: safety</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2022</li><li>Data anticipated: H2 2023</li></ul>



# AZD7503 (antisense oligonucleotide)

## NASH

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05143905	Healthy volunteers	56	<ul style="list-style-type: none"><li>SAD. 7 cohorts with 8 volunteers receiving AZD7503 and 2 volunteers receiving placebo in each cohort</li><li>Arm 1: AZD7503 s.c.</li><li>Arm 2: placebo s.c.</li><li>US only</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety and tolerability</li><li>Secondary endpoint: PK</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2021</li><li>Data anticipated: H1 2023</li></ul>



# balcinrenone/dapagliflozin (MR modulator + SGLT2i)

## Heart failure

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb</b> <b>MIRACLE</b> <b>NCT04595370</b>	Heart failure with chronic kidney disease	500	<ul style="list-style-type: none"> <li>Randomised, stratified according to T2DM and eGFR (<math>\geq 20</math> to <math>&lt; 30</math> mL/min / <math>\geq 30</math> to <math>&lt; 45</math> mL/min / <math>\geq 45</math> mL/min) for 12 weeks</li> <li>Arm 1: AZD9977 A + <i>Farxiga</i> 10mg</li> <li>Arm 2: AZD9977 B + <i>Farxiga</i> 10mg</li> <li>Arm 3: AZD9977 C + <i>Farxiga</i> 10mg</li> <li>Arm 4: <i>Farxiga</i> 10mg</li> <li>12 weeks</li> <li>Global trial — 19 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: percent change from baseline in UACR at 12 weeks</li> <li>Secondary endpoints: percent change from baseline in UACR at 12 weeks to assess dose-response relationship; dose-response relationship of <i>Farxiga</i> and 3 doses of AZD9977 combined with <i>Farxiga</i> on UACR; safety, tolerability and serum potassium values; eGFR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>Data anticipated: 2024</li> </ul>



# cotadutide (GLP-1-glucagon agonist)

## Diabetes/CKD, NASH

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase II/III PROXYMO-ADV NCT05364931	Patients with F2/F3 biopsy confirmed NASH	45	<ul style="list-style-type: none"> <li>Phase IIb/III randomised, double-blind, placebo-controlled</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: proportion of participants with resolution of NASH without worsening of liver fibrosis based on biopsy at</li> <li>Week 48; proportion of participants with resolution of NASH without worsening of liver fibrosis based on biopsy</li> <li>at Week 84; proportion of participants with improvement of liver fibrosis by at least one stage without worsening of</li> <li>NASH based on biopsy at Week 84</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Trial discontinued due to strategic portfolio prioritisation</li> </ul>



# MEDI6570

## Cardiovascular

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb NCT04610892</b>	Post-myocardial infarction	400	<ul style="list-style-type: none"> <li>Evaluation of anti-inflammatory potential and effect on surrogates for atherosclerotic and heart failure events</li> <li>Arm 1: high MEDI6570 dose</li> <li>Arm 2: medium MEDI6570 dose</li> <li>Arm 3: low MEDI6570 dose</li> <li>Arm 4: placebo</li> <li>US, Canada, Hungary, Japan, Czech Republic, Italy, Spain, Netherlands, Poland, UK, Australia and Russia</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>LPCD: Q4 2022</li> <li>Data anticipated: 2024</li> </ul>



# MEDI8367

## Chronic kidney disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT04365218	Healthy volunteers CKD	12	<ul style="list-style-type: none"><li>• SAD trial</li><li>• 6 cohorts</li><li>• Arm 1: MEDI8367 s.c.</li><li>• Arm 2: placebo s.c.</li><li>• US only</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoints: safety and tolerability</li><li>• Secondary endpoints: PK parameters and ADA</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q3 2020</li><li>• LPCD: Q4 2020</li><li>• Data readout: Q2 2022</li></ul>



# mitiperstat (MPO inhibitor)

## Cardiovascular disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05236543	Healthy volunteers	14	<ul style="list-style-type: none"><li>Open-label</li><li>mitiperstat vs. mitiperstat and Itraconazole</li><li>UK only</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: PK parameters</li><li>Secondary endpoints: safety and tolerability</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2022</li><li>LPCD: Q3 2022</li><li>Data readout: Q1 2023</li></ul>
Phase I NCT05457270	Healthy volunteers	30	<ul style="list-style-type: none"><li>Open-label</li><li>2-period, 2-treatment, single-dose, crossover study</li><li>Period 1: single oral dose mitiperstat Formulation A or B on Day 1</li><li>Period 2: single oral dose mitiperstat Formulation A or B on Day 1</li><li>US only</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: relative bioavailability and PK parameters</li><li>Secondary endpoints: safety and tolerability</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q3 2022</li><li>LPCD: Q3 2022</li><li>Data anticipated: H1 2023</li></ul>



# mitiperstat (MPO inhibitor)

## NASH

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase II COSMOS NCT05638737	NASH	90	<ul style="list-style-type: none"><li>Randomised, placebo-controlled, double-blind</li><li>Arm 1: 5mg mitiperstat</li><li>Arm 2: placebo</li><li>Global trial</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety, tolerability and PD parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2023</li><li>Data anticipated: 2024</li></ul>



# zibotentan (endothelin receptor antagonist)

## Chronic kidney disease

Trial	Population	Patients	Design	Endpoints	Status
Phase IIb ZENITH-CKD NCT04724837	CKD	495	<ul style="list-style-type: none"> <li>Arm 1: zibotentan dose A + <i>Farxiga</i> 10mg QD (n=166)</li> <li>Arm 2: zibotentan dose B + <i>Farxiga</i> 10mg QD (n=83)</li> <li>Arm 3: <i>Farxiga</i> 10mg + placebo QD (n=166)</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change in log-transformed UACR from baseline to Week 12 zibotentan dose B/<i>Farxiga</i> 10mg vs. <i>Farxiga</i> 10mg</li> <li>Secondary endpoints: change in log-transformed UACR from baseline to Week 12 zibotentan dose A/<i>Farxiga</i> 10mg vs. <i>Farxiga</i> 10mg; change in blood pressure, least squares mean change of UACR, change in eGFR at predetermined timepoints and number of participants experiencing adverse events</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>Data anticipated: H2 2023</li> </ul>



# atuliflapon (FLAP inhibitor)

## Asthma

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II FLASH NCT05251259</b>	Patients with moderate-to-severe uncontrolled asthma	1928	<ul style="list-style-type: none"><li>• Randomised, placebo-controlled, double-blind, multicentre, 2-part study with an active comparator (montelukast) arm, and a lead-in PK cohort</li><li>• PK cohort</li><li>• Arm 1: atuliflapon</li><li>• Arm 2: placebo</li><li>• Part 1</li><li>• Arm 1: atuliflapon</li><li>• Arm 2: placebo</li><li>• Part 2</li><li>• Arm 1: atuliflapon dose A</li><li>• Arm 2: atuliflapon dose B</li><li>• Arm 3: atuliflapon dose C</li><li>• Arm 4: montelukast</li><li>• Arm 5: placebo</li><li>• Global trial</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: time to first CompEx Asthma event</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q2 2022</li><li>• Data anticipated: 2024</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# AZD4604 (inhaled JAK-1 inhibitor)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT04769869	Healthy volunteers and patients with mild asthma	137	<ul style="list-style-type: none"> <li>SAD/MAD/POM trial</li> <li>Part 1 SAD</li> <li>Arm 1: AZD4604 (DPI)</li> <li>Arm 2: placebo (DPI)</li> <li>Part 2 MAD</li> <li>Arm 1: AZD4604 (DPI)</li> <li>Arm 2: placebo (DPI)</li> <li>Part 3 POM</li> <li>Arm 1: AZD4604 (DPI)</li> <li>Arm 2: placebo (DPI)</li> <li>UK only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: PK parameters and FENO</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: H1 2023</li> </ul>



# AZD5055 (oral porcupine inhibitor)

## Idiopathic pulmonary fibrosis (IPF) and other ILDs with progressive fibrosis

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I NCT05134727</b>	Healthy volunteers	90	<ul style="list-style-type: none"> <li>SAD/MAD trial</li> <li>Part 1: SAD</li> <li>Arm 1: AZD5055 (oral suspension)</li> <li>Arm 2: placebo (oral suspension)</li> <li>Part 2: MAD</li> <li>Arm 1: AZD5055 (oral suspension)</li> <li>Arm 2: placebo (oral suspension)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>LPCD: Q2 2023</li> <li>Data anticipated: H1 2023</li> </ul>
<b>Phase I NCT05630677</b>	Healthy volunteers	18	<ul style="list-style-type: none"> <li>BA study 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</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: bioavailability and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>LPCD: Q1 2023</li> <li>Data anticipated: H1 2023</li> </ul>



# AZD6793 (IRAK4)

## Inflammatory diseases

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT05662033</b>	Healthy volunteers	133	<ul style="list-style-type: none"><li>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</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety and tolerability</li><li>Secondary endpoint: PK parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2022</li><li>Data anticipated: H2 2023</li></ul>



# AZD7798 (humanized monoclonal antibody)

## Crohn's disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05452304	Healthy volunteers	64	<ul style="list-style-type: none"><li>SAD</li><li>Arm1: AZD7798</li><li>Arm2: placebo</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety and tolerability</li><li>Secondary endpoints: PK parameters and immunogenicity</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q3 2022</li><li>Data anticipated: H2 2023</li></ul>



# AZD8630 (inhaled TSLP)

## Asthma

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT05110976</b> <b>Partnered (AMGEN)</b>	Healthy volunteers and patients with asthma	232	<ul style="list-style-type: none"><li>SAD and MAD trial</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety and tolerability</li><li>Secondary endpoints: PK parameters and FENO</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2022</li><li>Data anticipated: H2 2023</li></ul>



# elarekibep (AZD1402, IL-4 receptor alpha antagonist)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIa</b> <b>APATURA</b> <b>NCT04643158</b>	Patients with asthma on medium dose inhaled corticosteroids	225	<ul style="list-style-type: none"> <li>Randomised, placebo-controlled, double-blinded, multicentre, 2-part trial.</li> <li>Part 1: population with asthma controlled on medium dose ICS-LABA               <ul style="list-style-type: none"> <li>Part 1a                   <ul style="list-style-type: none"> <li>Arm 1: AZD1402 dose 1 (low) (DPI)</li> <li>Arm 2: AZD1402 dose 2 (DPI)</li> <li>Arm 3: placebo</li> </ul> </li> <li>Part 1b                   <ul style="list-style-type: none"> <li>Arm 1: AZD1402 dose 3 (high) (DPI)</li> <li>Arm 2: placebo</li> </ul> </li> </ul> </li> <li>Part 2: population uncontrolled on medium dose ICS-LABA               <ul style="list-style-type: none"> <li>Arm 1: AZD1402 dose 1 (DPI)</li> <li>Arm 2: AZD1402 dose 2 (DPI)</li> <li>Arm 3: placebo</li> </ul> </li> <li>Ukraine, Australia, Germany, Hungary, Korea, Poland, Spain, UK and Taiwan</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (Part 1): safety and tolerability, PK parameters</li> <li>Primary endpoint (Part 2): change in FEV1</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>Data anticipated: 2024</li> </ul>



# mitiperstat (MPO inhibitor)

## COPD

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIa CRESCENDO NCT05492877</b>	Moderate to severe COPD; age 40 to 80	288	<ul style="list-style-type: none"><li>• Randomised, double-blind study</li><li>• Arm 1: 5mg mitiperstat</li><li>• Arm 2: placebo</li><li>• Global trial – 14 countries</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: time to first COPD CompEx event</li><li>• Secondary endpoints: plasma concentration-time profiles, PK parameters, time to first COPD exacerbation event, post-BD FEV1, respiratory symptoms, disease impact, safety and tolerability</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q1 2023</li><li>• Data anticipated: 2024</li></ul>



# AZD4041 (orexin 1 receptor antagonist)

## Opioid use disorder

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05209334 Partnered (National Institute on Drug Abuse)	Healthy volunteers	36	<ul style="list-style-type: none"> <li>Randomised, double-blind MAD trial</li> <li>Arm 1: AZD4041</li> <li>Arm 2: placebo</li> <li>Canada only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoint: PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>LPCD: Q2 2022</li> <li>Data readout: Q4 2022</li> <li>Primary end point met</li> </ul>
Phase I NCT05587998 Partnered (National Institute on Drug Abuse)	Healthy recreational opioid users	36	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, fixed sequence study</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change in respiratory parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>LPCD: Q2 2023</li> <li>Data anticipated: H2 2023</li> </ul>



# MEDI0618 (PAR2 antagonist mAb)

## Osteoarthritis pain

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT04198558	Healthy volunteers	64	<ul style="list-style-type: none"> <li>SAD trial</li> <li>Arm 1: MEDI0618 i.v.</li> <li>Arm 2: placebo i.v.</li> <li>Arm 3: MEDI0618 s.c.</li> <li>Arm 4: placebo s.c.</li> <li>Europe only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoint: PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data readout: Q2 2022</li> </ul>
Phase I NCT05714254	Healthy volunteers	48	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled MAD study</li> <li>Arm 1: MEDI0618 i.v. or placebo</li> <li>Arm 2: MEDI0618 s.c. or placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety, tolerability and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: 2024</li> </ul>



# MEDI1341 (alpha-synuclein mAb)

## Multiple system atrophy

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>NCT05526391</b> <b>Partnered (Takeda)</b>	Patients with diagnosis of possible or probably MSA (using modified Gilman et al. 2008 diagnostic criteria)	138	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled study</li> <li>Early PK cohort</li> <li>Arm 1: TAK-341/MEDI1341 i.v.</li> <li>Arm 2: placebo i.v.</li> <li>Main cohort</li> <li>Arm 3: TAK-341/MEDI1341 i.v.</li> <li>Arm 4: placebo i.v.</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: efficacy, change from baseline on modified Unified Multiple System Atrophy Rating Scale at 52 weeks</li> <li>Secondary endpoints: PK parameters, safety and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: &gt;2024</li> </ul>



# MEDI1341 (alpha-synuclein mAb)

## Parkinson's disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04449484</b> <b>Partnered (Takeda)</b>	Parkinson's disease	25	<ul style="list-style-type: none"><li>• MAD trial</li><li>• Arm 1: MEDI1341 i.v.</li><li>• Arm 2: placebo i.v.</li><li>• US only</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoints: safety and tolerability</li><li>• Secondary endpoints: PK and PD parameters</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q3 2020</li><li>• LPCD: Q3 2021</li><li>• Data readout: Q4 2022</li></ul>



# MEDI7352 (NGF TNF bispecific mAb)

## Osteoarthritis pain

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb</b> NCT04675034	Painful osteoarthritis of the knee	350	<ul style="list-style-type: none"> <li>MAD trial</li> <li>Arm 1: MEDI7352 s.c.</li> <li>Arm 2: placebo s.c.</li> <li>Global – 7 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: dose response</li> <li>Secondary endpoints: safety, tolerability, PK and PD parameters, ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>LPCD: Q3 2022</li> <li>Data anticipated: H2 2023</li> </ul>
<b>Phase IIa</b> NCT03755934	Painful diabetic neuropathy	271	<ul style="list-style-type: none"> <li>MAD trial</li> <li>Arm 1: MEDI7352 i.v.</li> <li>Arm 2: placebo i.v.</li> <li>Europe only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: dose response</li> <li>Secondary endpoints: safety, tolerability, PK and PD parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2018</li> <li>Data anticipated: 2024</li> </ul>
<b>Phase I</b> NCT04770428	Healthy volunteers (Japanese and Caucasian)	20	<ul style="list-style-type: none"> <li>MAD trial</li> <li>Arm 1: MEDI7352 s.c.</li> <li>Arm 2: placebo s.c.</li> <li>Europe only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: PK and PD parameters, ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>LPCD: Q3 2021</li> <li>Data readout: Q4 2021</li> </ul>



**Rare Disease: approved  
medicines and late-stage  
pipeline**



# Koselugo (selumetinib, MEK inhibitor)

## Neurofibromatosis Type 1 (NF1)

Trial	Population	Patients	Design	Endpoints	Status
Phase III KOMET NCT04924608	Adult age ≥18 years with NF1 who have symptomatic, inoperable PN  Available baseline chronic target PN pain score	146	<ul style="list-style-type: none"> <li>Multicentre, international study with a parallel, randomised, double-blind, placebo-controlled, 2 arm design</li> <li>Arm A: <i>Koselugo</i> 25mg/m<sup>2</sup> BID</li> <li>Arm B: placebo BID until end of Cycle 12, then cross-over to <i>Koselugo</i> 25mg/m<sup>2</sup> BID</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR by end of Cycle 16 on <i>Koselugo</i> vs. placebo as determined by ICR per REiNS criteria</li> <li>Secondary endpoint: change in baseline of chronic PN-pain intensity on <i>Koselugo</i> vs. placebo</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>Data anticipated: 2024</li> </ul>



# Koselugo (selumetinib, MEK inhibitor)

## Paediatric neurofibromatosis type 1, solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase II SPRINT NCT01362803 Partnered (NCI)	Paediatric NF1	75	<ul style="list-style-type: none"> <li>Single arm: <i>Koselugo</i> 25mg/m<sup>2</sup> BID with 2 strata</li> <li>Stratum 1: PN-related morbidity present at enrolment</li> <li>Stratum 2: no PN-related morbidity present at enrolment</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: complete partial and complete response rate measured by volumetric MRI, duration of response and functional outcomes/QoL</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2015</li> <li>LPCD: Q4 2016</li> <li>Data readout: Q1 2019</li> <li>Primary endpoint met</li> </ul>
Phase I/II SPRINKLE 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	<ul style="list-style-type: none"> <li>Single-arm, open-label with <i>Koselugo</i></li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: selumetinib AUC<sub>0-12</sub> derived after single dose administration [time frame: pre-dose and 1, 2, 3, 4, 6, 8 and 10-12 hours after selumetinib single dose on the first day of study treatment (Cycle 1 Day 1)]; AEs graded by CTCAE Ver 5.0 [time frame: from screening until 30 days after last dose]</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data anticipated: 2024</li> </ul>
Phase I Japan PK/Safety NCT04495127	Paediatric inoperable NF1-PN patients	12	<ul style="list-style-type: none"> <li>Open-label trial</li> <li><i>Koselugo</i> in Japanese paediatric NF1-PN patients</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety</li> <li>Secondary endpoints: PK parameters, anti-tumour effect</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>LPCD: Q4 2020</li> <li>Data readout: Q4 2021</li> </ul>
Phase I China PK/Safety/Efficacy NCT04590235	Pediatric (age 2 to 17 years old), adult NF1	32	<ul style="list-style-type: none"> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety, tolerability and PK parameters</li> <li>Secondary endpoint: efficacy (ORR, DoR; TTR; PFS)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: H2 2023</li> </ul>
Phase I Food Effect/GI Tolerability NCT05101148	Adolescents aged ≥ 12 to < 18 years at trial entry with a clinical diagnosis of NF1-related PN  <i>Koselugo</i> with a low-fat meal compared to fasted state	24	<ul style="list-style-type: none"> <li>Single-arm, multiple dose, sequential, two or three period trial</li> <li><i>Koselugo</i> 25mg/m<sup>2</sup> BID given with a low-fat meal vs. the same dose given in a fasted state</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PK parameters (steady state systemic exposure), safety (GI toxicity)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: H1 2023</li> </ul>



# Ultomiris (anti-C5 mAb)

## Haematology & nephrology

Trial	Population	Patients	Design	Endpoints	Status
Phase III ALXN1210-PNH-303 NCT03748823	PNH and aHUS	136	<ul style="list-style-type: none"> <li>• <i>Ultomiris</i> s.c.</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: Day 71 serum <i>Ultomiris</i> C trough</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2019</li> <li>• Data readout: Q2 2020</li> <li>• Primary endpoint met</li> </ul>
Phase III ALXN1210-TM-313 NCT04543591	Thrombotic microangiopathy-associated haematopoietic stem cell transplant	184	<ul style="list-style-type: none"> <li>• Arm 1: <i>Ultomiris</i> Q8W</li> <li>• Arm 2: placebo</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: TMA response</li> <li>• Secondary endpoints: time to TMA response, TMA relapse</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2020</li> <li>• Data anticipated: &gt;2024</li> </ul>
Phase III ALXN1210-TM-314 NCT04557735	Paediatric thrombotic microangiopathy-associated haematopoietic stem cell transplant	40	<ul style="list-style-type: none"> <li>• Arm 1: <i>Ultomiris</i> administered once every 4 to 8 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: proportion of participants with TMA response</li> <li>• Secondary endpoints: time to TMA response, proportion of participants with TMA relapse</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q4 2020</li> <li>• Data anticipated: &gt;2024</li> </ul>
Phase III ARTEMIS NCT05746559	CSA-AKI	736	<ul style="list-style-type: none"> <li>• Randomised, double-blind, placebo-controlled, multicentre</li> <li>• <i>Ultomiris</i> i.v. to protect patients with CKD from CSA-AKI and subsequent MAKE</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: to assess the efficacy of a single dose of <i>Ultomiris</i> 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</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q2 2023</li> <li>• Data anticipated: &gt;2024</li> </ul>
Phase II ALXN1210-NEPH-202 NCT04564339	Proliferative lupus nephritis or immunoglobulin A nephropathy	120	<ul style="list-style-type: none"> <li>• Arm 1: LN cohort, <i>Ultomiris</i></li> <li>• Arm 2: LN cohort, placebo</li> <li>• Arm 3: IgAN cohort, <i>Ultomiris</i></li> <li>• Arm 4: IgAN cohort, placebo</li> </ul>	<ul style="list-style-type: none"> <li>• Primary endpoint: percentage change in proteinuria from baseline to Week 26</li> <li>• Secondary endpoints: percentage change in proteinuria from baseline to Week 50</li> </ul>	<ul style="list-style-type: none"> <li>• FPCD: Q1 2021</li> <li>• Data anticipated: 2024</li> </ul>



# Ultomiris (anti-C5 mAb)

## Neurology

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III ALXN1210-NMO-307 NCT04201262	Neuromyelitis optica spectrum disorder	58	• Arm 1: <i>Ultomiris</i> Q8W	• Primary endpoint: time to first adjudicated on-trial relapse	• FPCD: Q4 2019 • LPCD: Q1 2021 • Data readout: Q2 2022 • Primary endpoint met
Phase III ALXN1210-MG-306 NCT03920293	Generalised myasthenia gravis	175	• Arm 1: <i>Ultomiris</i> • Arm 2: placebo	• Primary endpoint: change from baseline in MG-ADL total score at Week 26	• Data readout: Q2 2021 • Primary endpoint met
Phase II/III ALXN1210-DM-310 NCT04999020	Dermatomyositis	150	• Arm 1: <i>Ultomiris</i> • Arm 2: placebo	• Primary endpoint: improvement response on IMACS-TIS	• FPCD: Q4 2021 • Data anticipated: 2024
Phase II/III ALXN1210-NMO-317 NCT05346354	Neuromyelitis optica spectrum disorder	12	• Arm 1: <i>Ultomiris</i> Q8W	• Primary endpoint: change from baseline in annualized relapse rate at Week 50	• FPCD: Q3 2022 • Data anticipated: >2024

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# acoramidis (ALXN2060)

## ATTR-CM

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III ALXN2060-TAC-302 NCT04622046	ATTR-CM	22	<ul style="list-style-type: none"><li>Arm 1: 800mg acoramidis administered twice daily</li></ul>	<ul style="list-style-type: none"><li>Primary endpoint: change from baseline to Month 12 of treatment in distance walked during the sixallminute walk test, cause mortality and cardiovascular related hospitalisation over a 30-month period</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2020</li><li>Data anticipated: 2024</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# ALXN1840 (bis-choline tetrathiomolybdate)

## Wilson disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III WTX101-301 FoCus NCT03403205	Wilson disease	215	<ul style="list-style-type: none"> <li>Arm 1: ALXN1840 administered orally for 48 weeks at doses ranging from 15mg QOD up to a titrated dose of 60mg daily</li> <li>Arm 2: SoC</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: daily mean AUEC of dNCC</li> <li>Secondary endpoint: change from baseline in the UWDRS Part II total score</li> </ul>	<ul style="list-style-type: none"> <li>Data readout: Q3 2021</li> <li>Primary endpoint met</li> </ul>
Phase II ALXN1840-WD-204 NCT04573309	Wilson disease	9	<ul style="list-style-type: none"> <li>Arm 1: participants administered ALXN1840 at a dose of 15mg QOD on Day 1 through Day 28 and then increased to 30mg/day on Day 29 through Day 39</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: mean daily copper balance</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2020</li> <li>Data readout: Q4 2022</li> <li>Primary endpoint not met</li> </ul>
Phase II ALXN1840-WD-205 NCT04422431	Wilson disease	31	<ul style="list-style-type: none"> <li>Arm 1: ALXN1840 participants initiated at 15mg QD, then increased to 30mg QD at Week 6</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline at Week 48 in liver copper concentration</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data readout: Q4 2022</li> <li>Primary endpoint not met</li> </ul>



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

## AL amyloidosis

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III CAEL101-302 NCT04512235	Mayo stage IIIa amyloidosis	267	<ul style="list-style-type: none"> <li>Arm 1: anselamimab combined with SoC for PCD</li> <li>Arm 2: placebo combined with SoC for PCD</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time from first dose of trial drug until death or end of trial</li> <li>Secondary endpoint: change in distance walked during a sixminute walk test and quality of life measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: 2024</li> </ul>
Phase III CAEL101-301 NCT04504825	Mayo stage IIIb amyloidosis	124	<ul style="list-style-type: none"> <li>Arm 1: anselamimab combined with SoC for PCD</li> <li>Arm 2: placebo combined with SoC for PCD</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time from first dose of trial drug until death or end of trial</li> <li>Secondary endpoint: change in distance walked during a sixminute walk test and quality of life measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: 2024</li> </ul>
Phase II CAEL101-203 NCT04304144	Mayo Stage I, Stage II and Stage IIIa amyloidosis	25	<ul style="list-style-type: none"> <li>Arm 1: anselamimab combined with SoC CyBorD</li> <li>Arm 2: placebo combined with SoC CyBorD and daratumumab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: occurrence of DLT during the first 4 weeks of therapy</li> <li>Secondary endpoint: AUC (plasma curve concentration)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>Data anticipated: H2 2023</li> </ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# danicopan (ALXN2040, factor D inhibitor)

## Haematology & ophthalmology

Trial	Population	Patients	Design	Endpoints	Status
Phase III ALXN2040-PNH-301 NCT04469465	PNH with clinically significant EVH	84	<ul style="list-style-type: none"> <li>Arm 1: danicopan + C5 Inhibitor</li> <li>Arm 2: placebo + C5 Inhibitor</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in haemoglobin at Week 12</li> <li>Secondary endpoint: percentage of participants with transfusion avoidance</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data readout: Q3 2022</li> <li>Primary endpoint met</li> </ul>
Phase III ALXN2040-PNH-303 NCT05389449	PNH	100	<ul style="list-style-type: none"> <li>Arm 1: danicopan together with background C5 inhibitor therapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: participants experiencing TEAEs and serious TEAEs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II ALXN2040-GA-201 NCT05019521	Geographic atrophy	332	<ul style="list-style-type: none"> <li>Arms 1-3: danicopan dosed at 100mg-400mg QD</li> <li>Arm 4: placebo</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: &gt;2024</li> </ul>



# gefurulimab (ALXN1720, anti-C5 bi-specific V<sub>H</sub>H antibody)

## Neurology and nephrology

Trial	Population	Patients	Design	Endpoints	Status
Phase III ALXN1720-MG-301 NCT05556096	Generalized myasthenia gravis	200	<ul style="list-style-type: none"> <li>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</li> <li>Arm 2: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in MG-ADL total score at Week 26</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase I ALXN1720-NEPH-102 NCT05314231	Proteinuria	12	<ul style="list-style-type: none"> <li>Arm 1: gefurulimab, s.c. infusion at a dose of 1500mg</li> </ul>	<ul style="list-style-type: none"> <li>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]</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: H1 2023</li> </ul>



**Rare Disease:  
early-stage development**



# ALXN1850 (next-generation asfotase alfa)

## Hypophosphatasia

Trial	Population	Patients	Design	Endpoints	Status
Phase I ALXN1850-HPP-101 NCT04980248	Hypophosphatasia	15	<ul style="list-style-type: none"> <li>Arm 1: ALXN1850, 3 cohorts at low, medium and high dosages</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: incidence of TEAEs and TESAEs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data readout: Q4 2022</li> <li>Primary endpoint met</li> </ul>



# ALXN1910 (next-generation TNSALP ERT)

## Bone metabolism

Trial	Population	Patients	Design	Endpoints	Status
Phase I ALXN1910-HV-101 NCT05307978	Healthy adults	48	<ul style="list-style-type: none"><li>Randomised, placebo-controlled SAD</li></ul>	<ul style="list-style-type: none"><li>Primary endpoint: safety</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2022</li><li>Data anticipated: H1 2023</li></ul>



# ALXN2030 (siRNA targeting complement C3)

## Nephrology

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase I ALXN2030-HV-101 NCT05501717	Healthy volunteers	48	<ul style="list-style-type: none"><li>Randomised, placebo-controlled SAD</li></ul>	<ul style="list-style-type: none"><li>Primary endpoint: safety</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2022</li><li>Data anticipated: 2024</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# ALXN2080 (oral factor D inhibitor)

## Complement-mediated disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I ALXN2080-HV-101 NCT05428696	Healthy volunteers	100	<ul style="list-style-type: none"><li>SAD/MAD trial</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: safety and tolerability, PK and PD parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q3 2022</li><li>Data anticipated: H2 2023</li></ul>



# tarperprumig (ALXN1820, anti-properdin)

## Haematology

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I ALXN1820-HV-101 NCT04631562	Healthy volunteers	60	<ul style="list-style-type: none"><li>• Arm 1: tarperprumig administered s.c. or i.v., multiple ascending doses</li><li>• Arm 2: placebo</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: participants with TEAEs</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q1 2021</li><li>• Data readout: Q1 2023</li></ul>



# vemircopan (ALXN2050, factor D inhibitor)

## Haematology, nephrology, neurology

Trial	Population	Patients	Design	Endpoints	Status
Phase II ACH228-110 NCT04170023	PNH	28	<ul style="list-style-type: none"> <li>Arm 1: vemircopan monotherapy with groups including: treatment-naïve, C5 inhibitor treatment experienced and patients previously receiving danicopan</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change in haemoglobin relative to baseline</li> <li>Secondary endpoints: number of participants who have transfusion avoidance and change in LDH relative to baseline</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2019</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II ALXN2050-gMG-201 NCT05218096	Generalized myasthenia gravis	70	<ul style="list-style-type: none"> <li>Arm 1: vemircopan 180mg</li> <li>Arm 2: vemircopan 120mg</li> <li>Arm 3: placebo followed by vemircopan</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: MG-ADL total score reduction of <math>\geq 2</math> points in any 4 consecutive weeks during the first 8 weeks and who did not receive rescue therapy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase II ALXN2050-NEPH-201 NCT05097989	Lupus nephritis or immunoglobulin A nephropathy	126	<ul style="list-style-type: none"> <li>Arm 1 – LN cohort: vemircopan 180mg</li> <li>Arm 2 – LN cohort: vemircopan 120mg</li> <li>Arm 3 – LN cohort: placebo</li> <li>Arm 4 – IgAN cohort: vemircopan 180mg</li> <li>Arm 5 – IgAN cohort: vemircopan 120mg</li> <li>Arm 6 – IgAN cohort: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (both cohorts): percentage change in proteinuria from baseline to Week 26</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: &gt;2024</li> </ul>
Phase I ALXN2050-HV-109 NCT05259085	Impaired hepatic function	36	<ul style="list-style-type: none"> <li>Arm 1: mild IHF, 120mg vemircopan BID orally on Days 1 through 3, 120mg orally on the morning of Day 4</li> <li>Arm 2: moderate IHF, 120mg vemircopan BID orally on Days 1 through 3, 120mg orally on the morning of Day 4</li> <li>Arm 3: severe IHF, 120mg vemircopan BID orally on Days 1 through 3, 120mg orally on the morning of Day 4</li> <li>Arm 4: healthy control, 120mg vemircopan BID orally on Days 1 through 3, 120mg orally on the morning of Day 4</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (Arm 1): AUC<sub>0-12</sub> of plasma vemircopan after steady-state</li> <li>Primary endpoint (Arm 2): AUC<sub>t</sub> of plasma vemircopan after steady-state</li> <li>Primary endpoint (Arm 3): C<sub>max,ss</sub> of vemircopan</li> <li>Primary endpoint (Arm 4): T<sub>max,ss</sub> following vemircopan</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>Data anticipated: 2024</li> </ul>



# List of abbreviations

<b>14C</b>	Carbon 14
<b>1L, 2L, 3L</b>	1st-, 2nd- or 3rd-line
<b>5-FU</b>	5-fluorouracil
<b>A2AR</b>	Adenosine A2A receptor
<b>ACQ</b>	Asthma Control Questionnaire
<b>ACR</b>	American College of Rheumatology Response Scoring System
<b>ADA</b>	Anti-drug antibody
<b>ADC</b>	Antibody-drug conjugate
<b>ADP</b>	Adenosine diphosphate
<b>AE</b>	Adverse event
<b>aHUS</b>	Atypical haemolytic uraemic syndrome
<b>AI</b>	Auto-injector
<b>AI</b>	Aromatase inhibitor
<b>AKT</b>	Protein kinase B
<b>ALK</b>	Anaplastic large-cell lymphoma kinase
<b>ALL</b>	Acute lymphocytic leukaemia
<b>ALSFRS-R</b>	Amyotrophic Lateral Sclerosis Functional Rating Scale-Revised
<b>AML</b>	Acute myeloid leukaemia
<b>APFS</b>	Accessorised pre-filled syringe
<b>APOL1</b>	Apolipoprotein L1
<b>AQLQ</b>	Asthma quality of life questionnaire
<b>AS</b>	Albuterol sulfate
<b>ASO</b>	Antistreptolysin O
<b>ATR</b>	Ataxia telangiectasia and Rad3-related protein
<b>ATTR-CM</b>	Transthyretin amyloid cardiomyopathy
<b>ATTRv-PN</b>	Hereditary transthyretin-mediated amyloid polyneuropathy
<b>AUC</b>	Area under curve
<b>AUCinf</b>	Area under plasma concentration time curve from zero to infinity
<b>AUClast</b>	Area under plasma concentration curve from zero to the last quantifiable concentration
<b>AUCt</b>	Area under concentration-time curve
<b>AUEC</b>	Area under the effect-time curve
<b>Avb8</b>	Alpha v beta 8
<b>B7-H4</b>	B7 homolog 4
<b>BA</b>	Bioavailability
<b>BAFF</b>	B-cell activating factor
<b>BCG</b>	Bacillus Calmette-Guérin
<b>BCL2</b>	B-cell leukemia/lymphoma 2 protein
<b>BCMA</b>	B-cell maturation antigen

<b>BCMA</b>	B-cell maturation antigen
<b>BDA</b>	Budesonide albuterol
<b>BFF</b>	Budesonide and formoterol fumarate
<b>BGF</b>	Budesonide, glycopyrronium and formoterol fumarate
<b>BICLA</b>	British Isles Lupus Assessment Group-based Composite Lupus Assessment
<b>BICR</b>	Blinded independent central review
<b>BID</b>	Twice per day
<b>BIG</b>	Big Ten Cancer Research Consortium
<b>BM</b>	Biomarker
<b>BMD</b>	Bone mineral density
<b>BMFI</b>	Bone metastasis-free interval
<b>BMI</b>	Body mass index
<b>BR</b>	Bendamustine and rituximab
<b>BRCAm</b>	BReast CAncer gene-mutated
<b>BRCAwt</b>	BReast CAncer wild-type gene
<b>BRD4</b>	Bromodomain-containing protein 4
<b>BTC</b>	Biliary tract carcinoma
<b>BTK</b>	Bruton's tyrosine kinase
<b>BVAS</b>	Birmingham Vasculitis Activity Score
<b>C5</b>	Complement component 5
<b>CA-125</b>	Cancer antigen-125
<b>CAD</b>	Coronary artery disease
<b>CAGR</b>	Compound annual growth rate
<b>CBP</b>	Cardiopulmonary bypass
<b>CBR</b>	Clinical benefit rate
<b>CD</b>	Cluster of differentiation
<b>CD8</b>	Cluster of differentiation 8
<b>CDAI</b>	Clinical Disease Activity Index
<b>CDK</b>	Cyclin-dependent kinase
<b>CE</b>	Clinically evaluable
<b>CHD</b>	Coronary heart disease
<b>Chemo</b>	Chemotherapy
<b>CHF</b>	Chronic heart failure
<b>cHL</b>	Classic Hodgkin lymphoma
<b>CLD</b>	Chronic lung disease
<b>CLL</b>	Chronic lymphocytic leukaemia
<b>CMAX</b>	Maximum observed plasma concentration
<b>cMET</b>	Tyrosine-protein kinase mesenchymal epithelial transition factor

<b>CMMML</b>	Chronic myelomonocytic leukaemia
<b>CNS</b>	Central nervous system
<b>CompEx</b>	Composite endpoint for exacerbations
<b>COPD</b>	Chronic obstructive pulmonary disease
<b>CPI</b>	Checkpoint inhibitor
<b>cPR</b>	Central pathological review
<b>CR</b>	Complete response
<b>CRC</b>	Colorectal cancer
<b>CrCl</b>	Creatinine clearance
<b>CRR</b>	Complete response rate
<b>CRR</b>	Complete renal response
<b>CSA-AKI</b>	Cardiac surgery-associated acute kidney injury
<b>CTC</b>	Circulating tumour cell
<b>CTCAE</b>	Common Terminology Criteria for Adverse Events
<b>ctDNA</b>	Circulating tumor DNA
<b>CTLA-4</b>	Cytotoxic T-lymphocyte-associated antigen-4
<b>CTx</b>	Chemotherapy
<b>CV</b>	Cardiovascular
<b>CVOT</b>	Cardiovascular outcomes trial
<b>CXCR2</b>	C-X-C Motif chemokine receptor 2
<b>CyBorD</b>	Cyclophosphamide, bortezomib and dexamethasone
<b>Dato-DXd</b>	Datopotamab deruxtecan
<b>DCR</b>	Disease control rate
<b>DDFS</b>	Distant disease-free survival
<b>DDI</b>	Drug-drug Interaction
<b>dECG</b>	Differentiated electrocardiogram
<b>DFS</b>	Disease-free survival
<b>DLBCL</b>	Diffuse large B-cell lymphoma
<b>DLT</b>	Dose-limiting toxicity
<b>DMARDs</b>	Disease-modifying antirheumatic drugs
<b>DNA</b>	Deoxyribonucleic acid
<b>dNCC</b>	Directly measured non-ceruloplasmin-bound copper
<b>DoCR</b>	Durability of complete response
<b>DoR</b>	Duration of response
<b>DPI</b>	Dry powder inhaler
<b>DRFI</b>	Disease recurrence-free interval
<b>DSQ</b>	Dysphagia Symptom Questionnaire
<b>DXA</b>	Dual energy X-ray absorptiometry
<b>EBRT</b>	External beam radiation therapy



# List of abbreviations

<b>ECG</b>	Electrocardiogram
<b>EFS</b>	Event-free survival
<b>EG</b>	Eosinophilic gastritis
<b>EGE</b>	Eosinophilic gastroenteritis
<b>eGFR</b>	Estimated glomerular filtration rate
<b>EGFRm</b>	Epidermal growth factor receptor-mutated
<b>EGPA</b>	Eosinophilic granulomatosis with polyangiitis
<b>EoE</b>	Eosinophilic oesophagitis
<b>ER</b>	Oestrogen receptor
<b>ERK</b>	Extracellular signal-regulated kinase
<b>E-RS:COPD</b>	Evaluating Respiratory Symptoms in Chronic Obstructive Pulmonary Disease
<b>ESAI</b>	Eczema Area and Severity Index
<b>ESCC</b>	Esophageal squamous cell carcinoma
<b>ESR1</b>	Oestrogen receptor 1
<b>ESRD</b>	End-stage renal disease
<b>ET</b>	Endocrine therapy
<b>EVH</b>	Extravascular haemolysis
<b>FAF</b>	Fundus autofluorescence
<b>FCR</b>	Fludarabine, cyclophosphamide and rituximab
<b>FDC</b>	Fixed-dose combination
<b>FeNO</b>	Fractional nitric oxide concentration in exhaled breath
<b>FEV</b>	Forced-expiratory volume
<b>FEV1</b>	Forced expiratory volume in 1 second
<b>FGFR</b>	Fibroblast growth factor receptor
<b>FL</b>	Follicular lymphoma
<b>FOLFOX</b>	Folinic acid, fluorouracil and oxaliplatin
<b>FOXP3</b>	Forkhead box P3
<b>FPCD</b>	First patient commenced dosing
<b>FPG</b>	Fasting plasma glucose
<b>GA</b>	Geographic atrophy
<b>GBM</b>	Glioblastoma
<b>gBRCAm</b>	Germline BRCA-mutated
<b>GC</b>	Gastric cancer
<b>GCB</b>	Germinal center B-cell
<b>GEJ</b>	Gastric/gastroesophageal junction
<b>GEJC</b>	Gastroesophageal junction cancer
<b>GFF</b>	Glycopyrronium and formoterol fumarate
<b>GI</b>	Gastrointestinal

<b>GLP-1</b>	Glucagon-like peptide-1
<b>GMFR</b>	Geometric mean fold rise
<b>gMG</b>	Generalised myasthenia gravis
<b>GMT</b>	Geometric mean titer
<b>H1</b>	H1-antihistamine
<b>hADME</b>	Human mass balance
<b>HCC</b>	Hepatocellular carcinoma
<b>HD</b>	High dose
<b>HDL-C</b>	High-density lipoprotein cholesterol
<b>HER2+</b>	Human epidermal growth factor receptor 2-positive
<b>HER2-low</b>	Human epidermal growth factor receptor 2-low
<b>HER2-neg</b>	Human epidermal growth factor receptor 2-negative
<b>HES</b>	Hyper eosinophilic syndrome
<b>HF</b>	Heart failure
<b>HFpEF</b>	Heart failure with preserved ejection fraction
<b>HFrfEF</b>	Heart failure with reduced ejection fraction
<b>HGFR</b>	Met/hepatocyte growth factor receptor
<b>HGSC</b>	High-grade serous carcinoma
<b>hHF</b>	Hospitalisation for heart failure
<b>HIF-PHI</b>	Hypoxia inducible factor-prolyl hydroxylase inhibitor
<b>HNSCC</b>	Head and neck squamous-cell carcinoma
<b>HPD</b>	Hyperprogressive disease
<b>HPF</b>	High-power field
<b>HPP</b>	Hypophosphatasia
<b>HR+</b>	Hormone receptor-positive
<b>HRD</b>	Homologous recombination deficiency
<b>HRD+</b>	Homologous recombination deficiency-positive
<b>HRRm</b>	Homologous recombination repair-mutated
<b>HVPG</b>	Hepatic venous pressure gradient
<b>i</b>	Inhibitor
<b>i.m.</b>	Intramuscular
<b>i.v.</b>	Intravenous
<b>IA</b>	Investigator-assessed
<b>ICR</b>	Independent central review
<b>ICS</b>	Inhaled corticosteroid
<b>ICU</b>	Intensive care unit
<b>IDFS</b>	Invasive disease-free survival
<b>IgAN</b>	Immunoglobulin A nephropathy
<b>IHF</b>	Impaired hepatic function

<b>IL</b>	Interleukin
<b>IL-12</b>	Interleukin-12
<b>IL-33</b>	Interleukin-33
<b>IL-5R</b>	Interleukin-5 receptor
<b>IMAC-TIS</b>	International Myositis Assessment And Clinical Studies-Total Improvement Score
<b>INV</b>	Investigator review
<b>IO</b>	Immuno-oncology
<b>IPFS</b>	Invasive progression-free survival
<b>IRAK4</b>	Interleukin-1 receptor-associated kinase 4
<b>IRC</b>	Independent review committee
<b>ISS</b>	Investigator-sponsored studies
<b>ISS7</b>	Itch-severity score (weekly)
<b>LAAB</b>	Long-acting antibody
<b>LABA</b>	Long-acting beta agonist
<b>LAMA</b>	Long-acting muscarinic agonist
<b>LCAT</b>	Lecithin-cholesterol acyltransferase
<b>LDH</b>	Lactate dehydrogenase
<b>LICA</b>	Ligand-conjugated ASO
<b>LN</b>	Lupus nephritis
<b>LOS</b>	Length of stay
<b>LPCD</b>	Last patient commenced dosing
<b>LSD</b>	Last subject dosed
<b>LV</b>	Left ventricle
<b>m</b>	Mutation
<b>mAb</b>	Monoclonal antibody
<b>MABA</b>	Muscarinic antagonist-beta2 agonist
<b>MACE</b>	Major adverse cardiac events
<b>MAD</b>	Multiple ascending dose
<b>MAKE</b>	Major adverse kidney events
<b>MCC</b>	Mucociliary clearance
<b>MCL</b>	Mantle cell lymphoma
<b>mCRPC</b>	Metastatic castrate-resistant prostate cancer
<b>MDI</b>	Metered-dose inhaler
<b>MDS</b>	Myelodysplastic syndrome
<b>MEK</b>	Mitogen-activated protein kinase
<b>MET</b>	Mesenchymal epithelial transition factor
<b>MG-ADL</b>	Myasthenia Gravis-Activities of Daily Living
<b>MI</b>	Myocardial infarction



# List of abbreviations

<b>MMT</b>	Mixed meal test
<b>mPFS</b>	Median progression-free survival
<b>MPO</b>	Myeloperoxidase
<b>mPR</b>	Major pathological response
<b>MRI</b>	Magnetic resonance imaging
<b>mRNA</b>	Messenger ribonucleic acid
<b>MSA</b>	Multiple system atrophy
<b>MTD</b>	Maximum tolerated dose
<b>mTNBC</b>	Metastatic triple-negative breast cancer
<b>MZL</b>	Marginal zone lymphoma
<b>nAb</b>	Neutralising antibody
<b>NaC</b>	Sodium channel
<b>NASH</b>	Non-alcoholic fatty liver disease
<b>NCFB</b>	Non-cystic fibrosis bronchiectasis
<b>NCI</b>	National Cancer Institute
<b>NCPV</b>	Noncalcified plaque volume
<b>NF1</b>	Neurofibromatosis type 1
<b>NF1-PN</b>	Neurofibromatosis type 1 with plexiform neurofibromas
<b>ng</b>	Next-generation
<b>NGF</b>	Nerve growth factor
<b>NHA</b>	New hormonal agents
<b>NHL</b>	Non-Hodgkin's lymphoma
<b>NIH</b>	National Institute of Health
<b>NKTCL</b>	Extranodal natural killer T-cell lymphoma
<b>NMOSD</b>	Neuromyelitis optica spectrum disorder
<b>NRG</b>	National Clinical Trials Network in Oncology
<b>NSCLC</b>	Non-small cell lung cancer
<b>OBD</b>	Optimal biological dose
<b>OCS</b>	Oral corticosteroid
<b>OD</b>	Once daily
<b>OGTT</b>	Oral glucose tolerance test
<b>OR</b>	Objective response
<b>ORR</b>	Overall response rate
<b>OS</b>	Overall survival
<b>PALB2m</b>	Partner and localizer of BRCA2-mutated
<b>PARP-1sel</b>	Poly ADP ribose polymerase-1 selective
<b>PASI</b>	Psoriasis area severity index
<b>PBD</b>	Pyrrrolbenzodiazepine
<b>PCD</b>	Plasma cell dyscrasia

<b>pCR</b>	Pathological complete response
<b>PCSK9</b>	Proprotein convertase subtilisin/kexin type 9
<b>PD</b>	Pharmacodynamics
<b>PD-1</b>	Programmed cell death protein-1
<b>PDAC</b>	Pancreatic ductal adenocarcinoma
<b>PDE4</b>	Phosphodiesterase type 4
<b>PD-L1</b>	Programmed death-ligand 1
<b>Peak</b>	Maximum
<b>PET</b>	Positron-emission tomography
<b>PFS</b>	Progression-free survival
<b>PFS2</b>	Time to second disease progression or death
<b>PgR</b>	Progesterone receptor
<b>PI3K</b>	Phosphoinositide 3 kinase
<b>PIK3CA</b>	Phosphatidylinositol 3 kinase catalytic alpha gene
<b>PK</b>	Pharmacokinetic
<b>PLL</b>	Polymphocytic leukaemia
<b>pMDI</b>	Pressurised metered-dose inhaler
<b>PN</b>	Plexiform neurofibroma
<b>PNH</b>	Paroxysmal nocturnal haemoglobinuria
<b>POC</b>	Proof of concept
<b>POM</b>	Proof of mechanism
<b>post-BD</b>	Post-bronchodilator
<b>pPCI</b>	Primary percutaneous coronary intervention
<b>PR</b>	Partial response
<b>pre-BD</b>	Pre-bronchodilator
<b>PRO</b>	Patient reported outcome
<b>PRR</b>	Recurrent platinum resistant
<b>PS</b>	Propensity score
<b>PSA</b>	Prostate-specific antigen
<b>PSC</b>	Pulmonary sarcomatoid carcinoma
<b>PSMA</b>	Prostate-specific membrane antigen
<b>PSR</b>	Platinum-sensitive relapsed
<b>PTCL</b>	Peripheral T-cell lymphoma
<b>PTEN</b>	Phosphatase and tensin homolog gene
<b>Q1W</b>	Every one week
<b>Q4W</b>	Every four weeks
<b>Q8W</b>	Every eight weeks
<b>QD</b>	Once daily
<b>QID</b>	Four times per day

<b>QOD</b>	Every other day
<b>QoL</b>	Quality of life
<b>QTcF</b>	Corrected QT interval by Fredericia
<b>R/R</b>	Relapsed/refractory
<b>RA</b>	Rheumatoid arthritis
<b>RAAS</b>	Renin-angiotensin-aldosterone system
<b>RECIST</b>	Response Evaluation Criteria in Solid Tumours
<b>REINS</b>	Response Evaluation in Neurofibromatosis and Schwannomatosis
<b>RFS</b>	Relapse-free survival
<b>rhLCAT</b>	Recombinant human lecithin-cholesterol acyltransferase
<b>rNDV</b>	Recombinant Newcastle disease virus
<b>RORγ</b>	Related orphan receptor gamma
<b>RP2D</b>	Recommended Phase II dose
<b>rPFS</b>	Radiographic progression-free survival
<b>RR</b>	Response rate
<b>RT</b>	Radiation therapy
<b>s.c.</b>	Subcutaneous
<b>SABA</b>	Short-acting beta2-agonist
<b>SAD</b>	Single ascending dose
<b>SAE</b>	Serious adverse event
<b>SBRT</b>	Stereotactic body radiation therapy
<b>SCCHN</b>	Squamous-cell carcinoma of the head and neck
<b>SCLC</b>	Small cell lung cancer
<b>SD</b>	Stable disease
<b>SERD</b>	Selective oestrogen receptor degrader
<b>SGLT2</b>	Sodium-glucose transport protein 2
<b>SGRM</b>	Selective glucocorticoid receptor modulator
<b>SGRQ</b>	Saint George Respiratory Questionnaire
<b>siRNA</b>	Small interfering ribonucleic acid
<b>SJC</b>	Swollen joint count
<b>SLE</b>	Systemic lupus erythematosus
<b>SLL</b>	Small lymphocytic lymphoma
<b>SMAD</b>	Single and multiple ascending dose trial
<b>SoC</b>	Standard of care
<b>sPGA</b>	Static Physician's Global Assessment Score
<b>SS</b>	Steady state
<b>STAT3</b>	Signal transducer and activator of transcription 3
<b>sUA</b>	Serum uric acid
<b>T790M</b>	Threonine 790 substitution with methionine



# List of abbreviations

TACE	Transarterial chemoembolization
tBRCAm	Tumour (somatic) BRCA-mutated
TEAE	Treatment-emergent adverse event
TESAE	Treatment-emergent serious adverse event
TFST	Time to first subsequent therapy or death
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
T <sub>max</sub>	Time to reach maximum observed plasma concentration
TNF	Tumour necrosis factor
TPS	Tumour proportion score
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
UACR	Urine albumin creatinine ratio
u-LTE4	Urinary leukotriene E4
UMEC	Umeclidinium
URAT1	Uric acid transporter 1
UWDRS	Unified Wilson Disease Rating Scale
VEGF	Vascular endothelial growth factor
VHH	Single domain antibody

