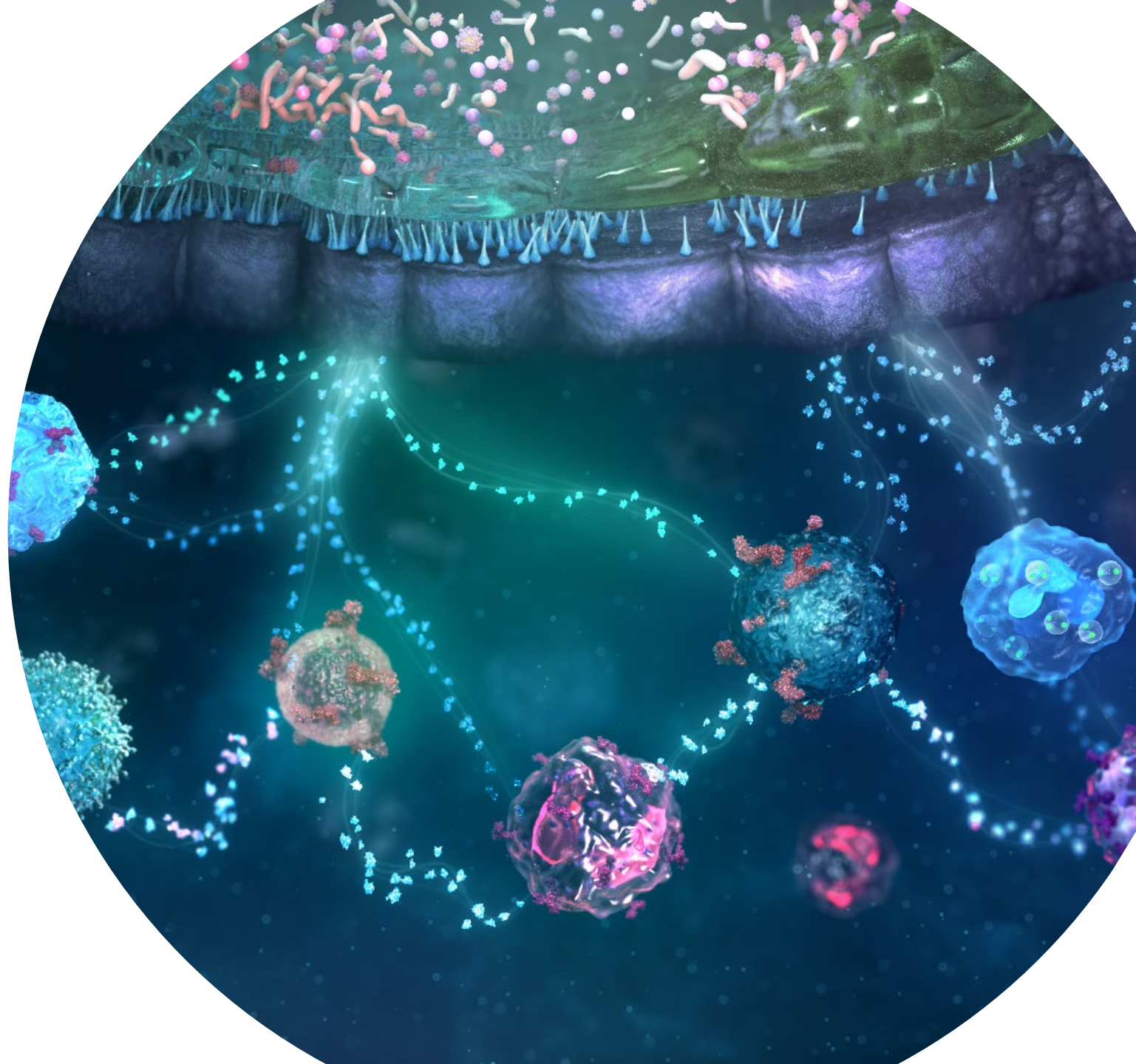




# Clinical Trials Appendix

H1 2024 Results Update

25 July 2024



# Pipeline at a glance

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Across five focus therapy areas:



**Oncology**



**BioPharmaceuticals**

CVRM | R&I | V&I



**Rare Disease**

**189**

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projects in our  
development pipeline

**20**

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

**131**

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new molecular entities  
(NME) or major lifecycle  
management (LCM) projects  
in Phase II and Phase III

**16**

---

regulatory approvals  
in major markets  
since FY 2023



# Key upcoming pipeline catalysts: 2024 and 2025

Oncology BioPharmaceuticals Rare Disease

## H2 2024

**Tagrisso** – EGFRm NSCLC (unresectable Stg. III) (LAURA)  
**Lynparza + Imfinzi** – endometrial cancer (1L) (DUO-E)  
**Imfinzi** – NSCLC (neoadjuvant) (AEGEAN)  
**Enhertu** – HER2+ gastric cancer (3L) (DESTINY-Gastric06) (CN)  
**Dato-DXd** – NSCLC (non-squamous 2L and 3L) (TROPION-Lung01)  
**Wainua** – ATTRv-PN (NEURO-TTRransform) (EU)  
**Fasenna** – EGPA (MANDARA)  
**Fasenna** – asthma (MIRACLE) (CN)

**Tagrisso** – EGFRm NSCLC (resectable, Stg. II/III) ([NeoADAURA](#))  
**Imfinzi** – bladder cancer (1L) ([NILE](#))  
**Lynparza** – PARP BRCAwt ovarian cancer (1L) ([MONO-OLA1](#))  
**Truqap** – de novo PTEN deficient met. HSPC ([CAPITello-281](#))  
**Orpathys** – NSCLC with MET exon 14 mutations (locally adv./met.)  
**Dato-DXd** – TNBC (locally rec. inop./met.) ([TROPION-Breast02](#))  
**Fasenna** – CRwNP ([ORCHID](#))  
**Fasenna** – HES ([NATRON](#))  
**Tezspire** – CRwNP ([WAYPOINT](#))  
**Koselugo** – NF1-PN ([KOMET](#))

## H1 2025

**Lynparza** – gBRCA breast cancer (adjuvant) (Olympia) (CN)  
**Dato-DXd** – HR+/HER2- breast cancer (inoperable and/or met.) (TROPION-Breast01)  
**acoramidis** – ATTR-CM (ALXN2060-TAC-302) (JP)

**Imfinzi** – non-muscle-inv. bladder cancer ([POTOMAC](#))  
**Enhertu** – high-risk HER2+ early breast cancer (non-met.) ([DESTINY-Breast11](#))  
**Breztri** – severe asthma ([KALOS](#))  
**Breztri** – severe asthma ([LOGOS](#))  
**Breztri** – moderate asthma ([VATHOS](#))  
**Breztri** – mild to moderate asthma ([LITHOS](#))  
**Saphnelo** – moderate to severe SLE ([AZALEA-SLE](#))  
**Airsupra** – mild asthma ([BATURA](#))  
**Ultomiris** – paediatric HSCT-TMA ([ALXN1210-TM-314](#))  
**anselamimab** – AL amyloidosis (Mayo Stg. IIIa) ([CAEL101-302](#))  
**eneboparatide** – hypoparathyroidism ([CALYPSO](#))

## H2 2025

**Truqap** – HR+/HER2-neg breast cancer (2L) (CAPITello-291) (CN)  
**Ultomiris** – gMG (CN)

**Tagrisso** – EGFRm NSCLC ([SAFFRON](#))  
**Imfinzi** – GC/GEJC (resect.) ([MATTERHORN](#))  
**Imfinzi** – muscle-inv. bladder cancer ([VOLGA](#))  
**Enhertu** – high-risk HER2+ early breast cancer ([DESTINY-Breast05](#))  
**Enhertu** – HER2+ met. breast cancer (1L) ([DESTINY-Breast09](#))  
**Enhertu** – HER2+ gastric (2L) ([DESTINY-Gastric04](#))  
**Enhertu** – HER2m NSCLC ([DESTINY-Lung04](#))  
**Calquence** – CLL (1L) ([AMPLIFY](#))  
**camizestrant** – HR+/HER2-neg breast cancer ([SERENA-6](#))  
**cerlasertib** – post-IO NSCLC ([LATIFY](#))  
**Dato-DXd** – NSCLC (1L) ([AVANZAR](#))  
**Breztri** – COPD ([ATHLOS](#))  
**Fasenna** – moderate to severe COPD ([RESOLUTE](#))  
**Saphnelo** – moderate to severe SLE ([TULIP-SC](#))  
**baxdrostat** – uncontrolled hypertension ([BaxHTN](#))  
**Ultomiris** – HSCT-TMA ([ALXN1210-TM-313](#))  
**anselamimab** – AL amyloidosis (Mayo Stg. IIIb) ([CAEL101-301](#))



Regulatory decision<sup>1,2</sup>



Key Phase III data readouts

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

<sup>2</sup>Inclusion dependent on status of regulatory submission and/or submission acceptance in regions in which submission acceptance is granted



# Clinical Trials Appendix: selected highlights

Approved medicines:  
key LCM

## BioPharmaceuticals



**AIRSUPRA™**  
(albuterol 90 mcg/budesonide 80 mcg)  
Inhalation Aerosol



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



**BREZTRI**  
AEROSPHERE™



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



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



**WAINUA™**  
(eplontersen)

## Oncology



**TAGRISSO®**  
osimertinib



**ENHERTU®**



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



**Lynparza™**  
olaparib



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



**IMJUDO®**  
tremelimumab-actl  
Injection for Intravenous Use 20 mg/mL



**Truqap™**  
capiwasertib  
160 mg • 200 mg tablets

## Rare Disease



**ULTOMIRIS®**  
(ravulizumab-cwvz)



**Strensiq®**  
(asfotase alfa) 40  
mg/mL  
For injection

Next-wave pipeline:  
registrational studies ongoing

balcinrenone/dapagliflozin (MRM/SGLT2)

baxdrostat (aldosterone synthase inhibitor)

baxdrostat/dapagliflozin (ASI/SGLT2)

zibotentan/dapagliflozin (ETA receptor antagonist/SGLT2)

tozorakimab (IL-33 ligand mAb)

camizestrant (oral SERD)

Dato-DXd (TROP2 ADC)

saruparib (PARP1 inhibitor)

rilvegostomig (PD-1/TIGIT)

volrustomig (PD-1/CTLA-4)

AZD0901 (CLDN18.2 ADC)

ALXN2220 (TTR depleter)

efzimfotase alfa (enzyme replacement therapy)

eneboparatide (PTH 1 agonist)

gefurulimab (C5 inhibitor)



# Project movements since Q1 2024 update

## New to Phase I

### NME

#### **AZD0233**

CX3CR1 dilated cardiomyopathy

#### **AZD5148**

anti-clostridioides difficile TcdB mAb reduction of recurrence

## New to Phase II

### NME

#### **AZD4041<sup>#</sup>**

orexin 1 receptor antagonist opioid use disorder

#### **AZD5335**

anti-folate receptor alpha topoisomerase 1 inhibitor ADC ovarian cancer, lung adenocarcinoma

#### **AZD5462<sup>#</sup>**

RXFP1 agonist heart failure

#### **FPI-2265<sup>#</sup>**

PSMA radio conjugate prostate cancer

### Additional indication

#### **balcinrenone/dapagliflozin**

MR modulator + SGLT2 inhibitor CKD

## New to pivotal trial

### NME

**eneboparatide CALYPSO<sup>#</sup>** parathyroid hormone receptor 1 hypoparathyroidism

### Additional indication

#### **datopotamab deruxtecan + Tagrisso TROPION-Lung14**

TROP2 ADC + EGFR inhibitor 1L EGFRm NSCLC

### Life-cycle management

#### **Saphnelo JASMINE<sup>#</sup>**

type I IFN receptor mAb Myositis

#### **Saphnelo LAVENDER<sup>#</sup>**

type I IFN receptor mAb CLE

## New to registration

### NME

#### **sipavibart SUPERNOVA**

SARS-CoV-2 LAAB prevention of COVID-19

### Life-cycle management

#### **Tagrisso LAURA**

EGFR inhibitor Stage III EGFRm non-small cell lung cancer

## Removed from Phase I

## Removed from Phase II

## Removed from Phase III

## Approved/removed from registration

### Life-cycle management

#### **Andexxa**

anti-factor Xa reversal urgent surgery

### Life-cycle management

#### **Lynparza + Imfinzi DUO-E<sup>#</sup>**

PARP inhibitor + PD-L1 mAb 1st-line endometrial cancer

Phase progressions based on first subject in achievement

<sup>#</sup> Partnered and/or in collaboration

5 As of 25 July 2024.

Appendix: [Glossary](#).



# Q2 2024 Oncology new molecular entity<sup>1</sup> pipeline

## Phase I

17 New Molecular Entities

AZD0120 autologous anti-CD19 and anti-BCMA CART cell immunotherapy multiple myeloma	AZD0305 GPCR5D ADC relapsed/refractory multiple myeloma
AZD0486 CD19-CD3 TCE R/R B-cell non-Hodgkin lymphoma	AZD0486 CD19-CD3 TCE B-cell acute lymphoblastic leukemia
AZD0754 STEAP2 CAR-T prostate cancer	AZD1390 ATM inhibitor glioblastoma
AZD3470 PRMT5 inhibitor classic Hodgkin lymphoma, solid tumours	AZD5851 GPC3 CAR-T hepatocellular carcinoma
AZD5863 CLDN18.2 x CD3 bi-specific antibody (HBM7022) solid tumours	AZD6422 CLDN18.2 CAR-T solid tumours
AZD8421 CDK2 inhibitor solid tumours	AZD9592 EGFR/cMET solid tumours
AZD9829 CD123 TOP1i ADC AML, MDS	NT-125# autologous, fully-individualized, multi-specific TCR therapy targeting neoantigens solid tumours
NT-112# TGFBR2 KO Armored TCR-T targeting KRAS G12D solid tumour	volrustomig + lenvatinib PD-1/CTLA-4+VEGF advanced RCC
NT-175# TGFBR2 KO armoured TCR-T targeting TP53 R175H/HLA-A*02:01 solid tumours	

## Phase II

13 New Molecular Entities

AZD0171 + <i>Imfinzi</i> + CTx anti-LIF+PD-L1+CTx 1L metastatic PDAC
AZD0901 CLDN18.2 MMAE ADC solid tumours
AZD5335 anti-FR $\alpha$ TOP1i ADC ovarian cancer, lung adenocarcinoma
AZD8205 B7-H4 targeting ADC solid tumours
AZD9574 PARP inhibitor advanced solid malignancies
camizestrant SERD HR+ breast cancer
ceralasertib ATR solid tumours
FPI-2265# PSMA radioconjugate prostate cancer
IPH5201 + <i>Imfinzi</i> # CD39 + PD-L1 neoadjuvant/adjuvant NSCLC
rilvegostomig ARTEMIDE-01# PD-1/TIGIT bispecific mAb solid tumours
sabestomig PD-1/TIM3 bispecific mAb solid tumours, haematological malignancies
saruparib PARP1Sel solid tumours
volrustomig PD-1/CTLA-4 solid tumours

## Phase III

22 New Molecular Entities

AZD0901 CLARITY-Gastric01 CLDN18.2 MMAE ADC gastric 2L+	camizestrant + CDK4/6i SERENA-6 SERD+CDK4/6 1L HR+ HER2- ESR1m breast cancer
camizestrant + palbociclib SERENA-4 SERD+CDK4/6 1L HR+ HER2- breast cancer	camizestrant CAMBRIA-1 SERD HR+ HER2- extended adjuvant breast cancer
camizestrant CAMBRIA-2 selective estrogen receptor degrader ER+/HER2- early breast cancer	ceralasertib + <i>Imfinzi</i> LATIFY ATR inhibitor + PDL-1 NSCLC
datopotamab deruxtecan + <i>Tagrisso</i> TROPION-Lung14 TROP2 ADC + EGFR inhibitor 1L EGFRm NSCLC	datopotamab deruxtecan AVANZAR# TROP 2 ADC 1L NSCLC, squamous and non-squamous 1L NSCLC, TROP2 BM+
datopotamab deruxtecan TROPION-Breast02# TROP2 ADC 1L TNBC	datopotamab deruxtecan TROPION-Breast03# TROP2 ADC adjuvant residual disease TNBC
datopotamab deruxtecan TROPION-Breast04# TROP2 ADC neoadjuvant/adjuvant triple negative or HR-low/HER2-negative breast cancer	datopotamab deruxtecan TROPION-Breast05# TROP2 ADC 1L PD-L1+ TNBC
datopotamab deruxtecan TROPION-Lung07# TROP 2 ADC 1L NSCLC PD-L1 <50% non-squamous	datopotamab deruxtecan TROPION-Lung08# TROP2 ADC 1L metastatic NSCLC
datopotamab deruxtecan TROPION-Lung10# TROP2 ADC locally advanced or metastatic non-squamous NSCLC with high PD-L1 expression (TC $\geq$ 50%) and without actionable genomic alterations	<i>Imfinzi</i> +/- oleclumab +/- monalizumab PACIFIC-9# PD-L1+NKG2A or PD-L1+CD73 unresectable stage III NSCLC
rilvegostomig ARTEMIDE-Biliary01# PD-1/TIGIT bispecific mAb adjuvant biliary tract cancer	volrustomig eVOLVE-Meso PD-1/CTLA-4 bispecific mAb 1L unresectable malignant pleural mesothelioma
saruparib EvoPAR-Prostate01 PARP1Sel metastatic castration-sensitive prostate cancer	volrustomig eVOLVE-Cervical PD-1/CTLA-4 bispecific mAb locally advanced cervical cancer
volrustomig eVOLVE-HNSCC PD-1/CTLA-4 bispecific mAb unresected locally advanced HNSCC	volrustomig eVOLVE-Lung02 PD-1/CTLA-4 bispecific mAb 1L metastatic NSCLC
<b>Under review</b>	
2 New Molecular Entities	
datopotamab deruxtecan TROPION-Breast01# TROP2 ADC 2-3L HR+ HER2- breast cancer	datopotamab deruxtecan TROPION-Lung01# TROP2 ADC NSCLC non-squamous 2L and 3L

Phase progressions based on first subject in achievement

1. Includes additional indications for assets where the lead is not yet launched

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

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As of 25 July 2024.

Appendix: [Glossary](#).

● Precision medicine approach being explored



# Q2 2024 Oncology lifecycle management<sup>1</sup> pipeline

Phase I 1 Project	Phase II 9 Projects	Phase III 32 Projects		
<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> + venetoclax + obinutuzumab AMPLIFY# BTK+BCL-2+anti-CD20 1L CLL	<i>Calquence</i> ECHO# BTK inhibitor 1L MCL
	<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-Breast06# HER2 ADC post-ET HER2-low/HR+ breast cancer 2L
	<i>Imfinzi</i> (platform) BEGONIA PD-L1 1L metastatic TNBC	<i>Enhertu</i> DESTINY-Breast09# HER2 ADC HER2+ breast cancer 1L	<i>Enhertu</i> DESTINY-Gastric04# HER2 ADC HER2+ gastric 2L	<i>Enhertu</i> DESTINY-Lung04# HER2 ADC HER2m NSCLC 1L
	<i>Imfinzi</i> (platform) HUDSON PD-L1+multiple novel ONC therapies post IO NSCLC	<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> + CTx NIAGARA PD-L1+CTx muscle invasive bladder cancer
	<i>Imfinzi</i> (platform) NeoCOAST-2# PD-L1 mAb + multiple novel oncology therapies NSCLC	<i>Imfinzi</i> + domvanalimab (AB154) PACIFIC-8# PD-L1+TIGIT+CTx unresectable stage III NSCLC	<i>Imfinzi</i> + EV +/- <i>Imjudo</i> VOLGA PD-L1 + nectin-4 targeting ADC +/- CTLA-4 MIBC	<i>Imfinzi</i> + FLOT MATTERHORN# PD-L1+CTx neoadjuvant/adjvant gastric cancer
	<i>Lynparza</i> (basket) LYNK002# PARP HRRm cancer	<i>Imfinzi</i> + <i>Imjudo</i> + TACE +/- lenvatinib EMERALD-3 PD-L1+CTLA4+VEGF+/-chemoembolization locoregional HCC	<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>Tagrisso</i> + Orpathys SAVANNAH# EGFR+MET advanced EGFRm NSCLC	<i>Imfinzi</i> + VEGF EMERALD-2# PD-L1+VEGF adjuvant HCC	<i>Imfinzi</i> +/- <i>Imjudo</i> + CRT ADRIATIC# PD-L1+/-CTLA-4+CRT 1L LS-SCLC	<i>Imfinzi</i> post-SBRT PACIFIC-4# PD-L1 mAb post-SBRT stage I/II NSCLC
	<i>Tagrisso</i> ORCHARD platform study# EGFR+multiple novel ONC therapies 2L EGFRm osimertinib-resistant NSCLC	<i>Lynparza</i> + <i>Imfinzi</i> + bevacizumab DUO-O# PARP+PD-L1+VEGF 1L ovarian cancer	<i>Imfinzi</i> POTOMAC PD-L1 non-muscle invasive bladder cancer	<i>Lynparza</i> MONO-OLA1# PARP 1L BRCAwt ovarian cancer
	<i>Truqap</i> AKT prostate cancer	<i>Orpathys</i> + <i>Imfinzi</i> SAMETA# MET+PD-L1 1L papillary renal cell carcinoma	<i>Tagrisso</i> + <i>Orpathys</i> SAFFRON# EGFR + MET advanced EGFRm non-small cell lung cancer	<i>Tagrisso</i> +/- CTx neoadjuvant NeoADAURA EGFR+/-CTx stage II/III resectable EGFRm NSCLC
		<i>Truqap</i> + abiraterone CAPitello-281 AKT+abiraterone PTEN deficient mHSPC	<i>Tagrisso</i> ADAURA2 EGFR adjuvant EGFRm NSCLC stage Ia2-Ia3 following complete tumour resection	<i>Truqap</i> + CTx CAPitello-290 AKT+chemotherapy 1L mTNBC
		<i>Truqap</i> + docetaxel CAPitello-280 AKT+docetaxel mCRPC prostate cancer	<i>Truqap</i> + <i>Faslodex</i> + palbociclib CAPitello-292 AKT+fulvestrant+CDK4/6 1L triplet in early relapse/ET resistant locally advanced or mBC	
			<b>Under review</b> 2 Projects	
			<i>Imfinzi</i> + CTx neoadjuvant AEGEAN PD-L1+CTx locally-advanced stage II-III NSCLC	<i>Tagrisso</i> LAURA EGFR inhibitor stage III EGFRm NSCLC

Phase progressions based on first subject in achievement

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

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

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As of 25 July 2024.

Appendix: [Glossary](#).

● Precision medicine approach being explored



# Q2 2024 BioPharmaceuticals new molecular entity<sup>1</sup> pipeline

Phase I 17 New Molecular Entities	Phase II 14 New Molecular Entities	Phase III 6 New Molecular Entities	Under review 1 New Molecular Entity
AZD0233 CX3CR1 dilated cardiomyopathy	AZD0292 pseudomonas Psl-PcrV bispecific mAb non-CF bronchiectasis	atuliflapon FLAP asthma	balcirenone/dapagliflozin MR modulator + SGLT2 inhibitor heart failure with CKD
AZD1163 bispecific antibody rheumatoid arthritis	AZD1705 lipid lowering cardiovascular disease	AZD0780 PCSK9 dyslipidemia	Baxdrostat BaxHTN aldosterone synthase inhibitor hypertension
AZD2373 podocyte health nephropathy	AZD2389 anti-fibrotic mechanism metabolic dysfunction-associated steatohepatitis (MASH)	AZD2693 NASH resolution non-alcoholic steatohepatitis	baxdrostat/dapagliflozin aldosterone synthase inhibitor and reversible inhibitor of SGLT2 CKD
AZD4144 inflammation modulator cardiorenal disease	AZD5148 Anti-Clostridioides difficile TcdB mAb Reduction of recurrence	AZD3427 relaxin mimetic heart failure	tozorakimab OBERON TITANIA PROSPERO MIRANDA IL-33 COPD
AZD6234 peptide obesity with related comorbidities	AZD6793 IRAK4 inhibitor inflammatory diseases	AZD4041# orexin 1 receptor antagonist opioid use disorder	tozorakimab TILIA IL-33 severe viral lower respiratory tract disease
AZD6912 siRNA rheumatoid arthritis	AZD7798 humanised monoclonal antibody targets T cells subset Crohn's disease	AZD4604 inhaled JAK1 inhibitor asthma	zibotentan/dapagliflozin endothelin A receptor antagonist/SGLT2i CKD with high proteinuria
AZD8630# inhaled TSLP Fab asthma	AZD9550 GLP-1R glucagon dual agonist non-alcoholic steatohepatitis	AZD5462# RXFP1 agonist heart failure	
COVID mRNA VLP vaccine Vaccine COVID-19	MEDI0618* PAR2 antagonist migraine	balcirenone/dapagliflozin MR modulator + SGLT2 inhibitor CKD	
MEDI1814# amyloid beta mAb Alzheimer's disease		MEDI1341# alpha synuclein mAb multiple system atrophy/Parkinson's disease	
		MEDI7352 NGF/TNF OA pain / PDN	
		mitiperstat MPO HFpEF / NASH	
		mitiperstat myeloperoxidase COPD	
		tozorakimab FRONTIER 3 IL-33 asthma	
		zibotentan/dapagliflozin endothelin A receptor antagonist/SGLT2i liver cirrhosis	

Phase progressions based on first subject in achievement

1. Includes additional indications for assets where the lead is not yet launched

# Partnered and/or in collaboration \* Phase I/IIa

8 As of 25 July 2024.

Appendix: [Glossary](#).

● Precision medicine approach being explored





# Q2 2024 BioPharmaceuticals life cycle management<sup>1</sup> pipeline

Phase I 0 Projects	Phase II 1 Project	Phase III 14 Projects	Under review 2 Projects
	<p><i>Tezpire</i> COURSE# TSLP chronic obstructive pulmonary disease</p>	<p><i>Breztri/Trixeo</i> THARROS# LABA/LAMA/ICS cardiopulmonary outcomes trial in COPD</p>	<p><i>Breztri/Trixeo</i> (PT010) KALOS LOGOS LABA/LAMA/ICS asthma</p>
		<p><i>Breztri/Trixeo</i> ATHLOS LABA/LAMA/ICS COPD cardiopulmonary exercise trial</p>	<p><i>Fasenra</i> RESOLUTE# IL-5R chronic obstructive pulmonary disease</p>
		<p><i>Fasenra</i> NATRON IL-5R hypereosinophilic syndrome</p>	<p><i>Fasenra</i> ORCHID# IL-5R nasal polyps</p>
		<p><i>Saphnelo</i> DAISY# type I IFN receptor systemic sclerosis</p>	<p><i>Saphnelo</i> IRIS# type I IFN receptor mAb lupus nephritis</p>
		<p><i>Saphnelo</i> JASMINE# type I IFN receptor mAb myositis</p>	<p><i>Saphnelo</i> LAVENDER# type I IFN receptor mAb CLE</p>
		<p><i>Saphnelo</i> TULIP-SC# type I IFN receptor SLE SC</p>	<p><i>Tezpire</i> WAYPOINT# TSLP nasal polyps</p>
		<p><i>Tezpire</i> CROSSING# TSLP eosinophilic esophagitis</p>	<p><i>Wainua</i># LICA ATTR-cardiomyopathy</p>
			<p><i>Fasenra</i> MANDARA IL-5R eosinophilic granulomatosis with polyangiitis</p>
			<p>roxadustat # HIFPH anaemia chemotherapy induced anaemia</p>

Phase progressions based on first subject in achievement

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

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

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As of 25 July 2024.

Appendix: [Glossary](#).

● Precision medicine approach being explored



# Q2 2024 Rare Disease pipeline<sup>1</sup>

Phase I 4 Projects	Phase II 4 Projects	Phase III 8 Projects	Under review 1 Project
ALXN1910 next gen TNSALP ERT bone metabolism	danicopan factor D geographic atrophy	ALXN2220 DepleTTR-CM# TTR depleter transthyretin amyloid cardiomyopathy	acoramidis# oral TTR stabilizer transthyretin amyloid cardiomyopathy
ALXN1920 kidney-targeted factor H fusion protein nephrology	vemircopan oral factor D immunoglobulin A nephropathy	anselamimab CAEL101-301/2 fibril-reactive mAb AL amyloidosis	
ALXN2030 siRNA targeting complement C3 nephrology	vemircopan oral factor D inhibitor proliferative lupus nephritis	efzimofase alfa MULBERRY/HICKORY/CHESTNUT next generation TNSALP ERT hypophosphatasia	
ALXN2080 oral factor D healthy volunteers	<i>Ultomiris</i> anti-complement C5 mAb proliferative lupus nephritis	eneboparatide CALYPSO parathyroid hormone receptor 1 hypoparathyroidism	
		gefurulimab PREVAIL humanised bispecific VHH antibody generalised myasthenia gravis	
		<i>Ultomiris</i> ALXN1210-TM-313 anti-complement C5 mAb haematopoietic stem cell transplant-associated thrombotic microangiopathy	
		<i>Ultomiris</i> ARTEMIS anti-complement C5 mAb cardiac surgery-associated acute kidney injury	
		<i>Ultomiris</i> I CAN anti-complement C5 mAb immunoglobulin A nephropathy	

Phase progressions based on first subject in achievement

1. Includes new molecular entities and significant lifecycle management projects

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

As of 25 July 2024.

Appendix: [Glossary](#).

● Precision medicine approach being explored



# Designations in our pipeline

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Accelerated approvals

<i>Andexxa</i> acute major bleed (US)
<i>Beyfortus</i> RSV mAb-YTE (EU)
sipavibart SARS-CoV-2 LAAB prevention of COVID-19 (EU)
<i>Calquence</i> MCL (1L) (US)
<i>Enhertu</i> HER2 overexp tumors (DESTINY-PanTumor02) (US)

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

<i>Beyfortus</i> RSV mAb-YTE MELODY-MEDLEY (US)
<i>Beyfortus</i> RSV mAb-YTE MELODY-MEDLEY (CN)
<i>Beyfortus</i> RSV mAb-YTE MELODY-MEDLEY (EU) <sup>1</sup>
<i>Tezspire</i> asthma NAVIGATOR (US)
<i>Tezspire</i> COPD COURSE (US)
tozorakimab severe viral LRTD TILIA (CN)
<i>Calquence</i> MCL (1L) (US)
<i>Enhertu</i> HER2-overexpressing tumors DESTINY-PanTumor02 (US)
<i>Enhertu</i> HER2+/HER2-low gastric (3L) DESTINY-Gastric01 (US)
<i>Enhertu</i> HER2+/HER2-low gastric (3L) DESTINY-Gastric01 (JP) <sup>2</sup>
<i>Enhertu</i> HER2m NSCLC (2L+) DESTINY-Lung01 (US)
<i>Imfinzi</i> +/ <i>Imjudo</i> +CRT LS-SCLC (1L) ADRIATIC (US)
<i>Tagrisso</i> + CTx EGFRm NSCLC (1L) FLAURA2 (US)
<i>Tagrisso</i> stage III EGFRm NSCLC LAURA (US)

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Fast Track

AZD3427 relaxin mimetic heart failure (US)
<i>Beyfortus</i> RSV mAb-YTE MELODY-MEDLEY (US)
<i>Saphnelo</i> SLE (US)
tozorakimab severe viral LRTD TILIA (US)
<i>Wainua</i> ATTR-Cardiomyopathy (US)
camizestrant 1L HR+ HER2- ESR1m breast cancer SERENA-6 (US)
<i>Orpathys</i> + <i>Tagrisso</i> NSCLC SAVANNAH/SAFFRON (US)
<i>Truqap</i> + fulv HR+ breast (2L+) CAPitello-291 (US)
anselamimab AL amyloidosis CAEL101-301/2 (US)

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Priority Review

<i>Beyfortus</i> RSV mAb-YTE MELODY-MEDLEY (CN)
<i>Roxadustat</i> chronic kidney disease (CN)
<i>Tezspire</i> asthma NAVIGATOR (US)
<i>Calquence</i> MCL (1L) (US)
<i>Enhertu</i> HER2 overexpressing tumors DESTINY-PanTumor02 (US)
<i>Enhertu</i> HER2+/HER2-low gastric (3L) DESTINY-Gastric01 (US)
<i>Imfinzi</i> + <i>Imjudo</i> HCC (1L) HIMALAYA (US)
<i>Lynparza</i> + abiraterone all-comers mCRPC (1L) PROpel (US)
<i>Lynparza</i> gBRCA adjuvant breast OlympiA (US)
<i>Tagrisso</i> + CTx EGFRm NSCLC (1L) FLAURA2 (US)
<i>Tagrisso</i> stage III EGFRm NSCLC LAURA (US)
<i>Tagrisso</i> stage III EGFRm NSCLC LAURA (CN)
<i>Truqap</i> + fulv HR+ breast (2L+) CAPitello-291 (US)
<i>Ultomiris</i> gMG (US)

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Orphan

<i>Andexxa</i> acute major bleed (JP)
<i>Fasenra</i> EGPA MANDARA (US)
<i>Fasenra</i> HES NATRON (US)
<i>Saphnelo</i> myositis JASMINE (US)
<i>Saphnelo</i> systemic sclerosis (US)
<i>Tezspire</i> EoE CROSSING (US)
<i>Wainua</i> transthyretin-mediated amyloidosis (EU)
<i>Wainua</i> transthyretin-mediated amyloidosis (US)
<i>Calquence</i> CLL (1L) (US)
<i>Calquence</i> CLL (1L) (EU)
<i>Calquence</i> MCL (1L) (US)
<i>Enhertu</i> HER2+/HER2-low gastric (3L) DESTINY-Gastric01 (US)
<i>Imfinzi</i> +/- <i>Imjudo</i> HCC (1L) HIMALAYA (EU)
<i>Imfinzi</i> +/- <i>Imjudo</i> HCC (1L) HIMALAYA (US)
<i>Lynparza</i> gBRCA adjuvant breast OlympiA (JP)
ALXN2220 ATTR-CM DepleTTR-CM (US)
anselamimab AL amyloidosis CAEL101-301/2 (US)
anselamimab AL amyloidosis CAEL101-301/2 (EU)
gefurulumab myasthenia gravis PREVAIL (US)
<i>Ultomiris</i> HSCT-TMA ALXN1210-TM-313 (US)

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

BREAKTHROUGH DESIGNATION is a process designed to expedite the development and review of medicines which may demonstrate substantial improvement over available therapy. <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

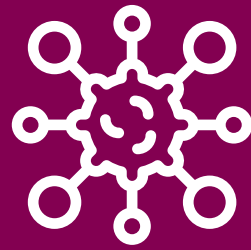
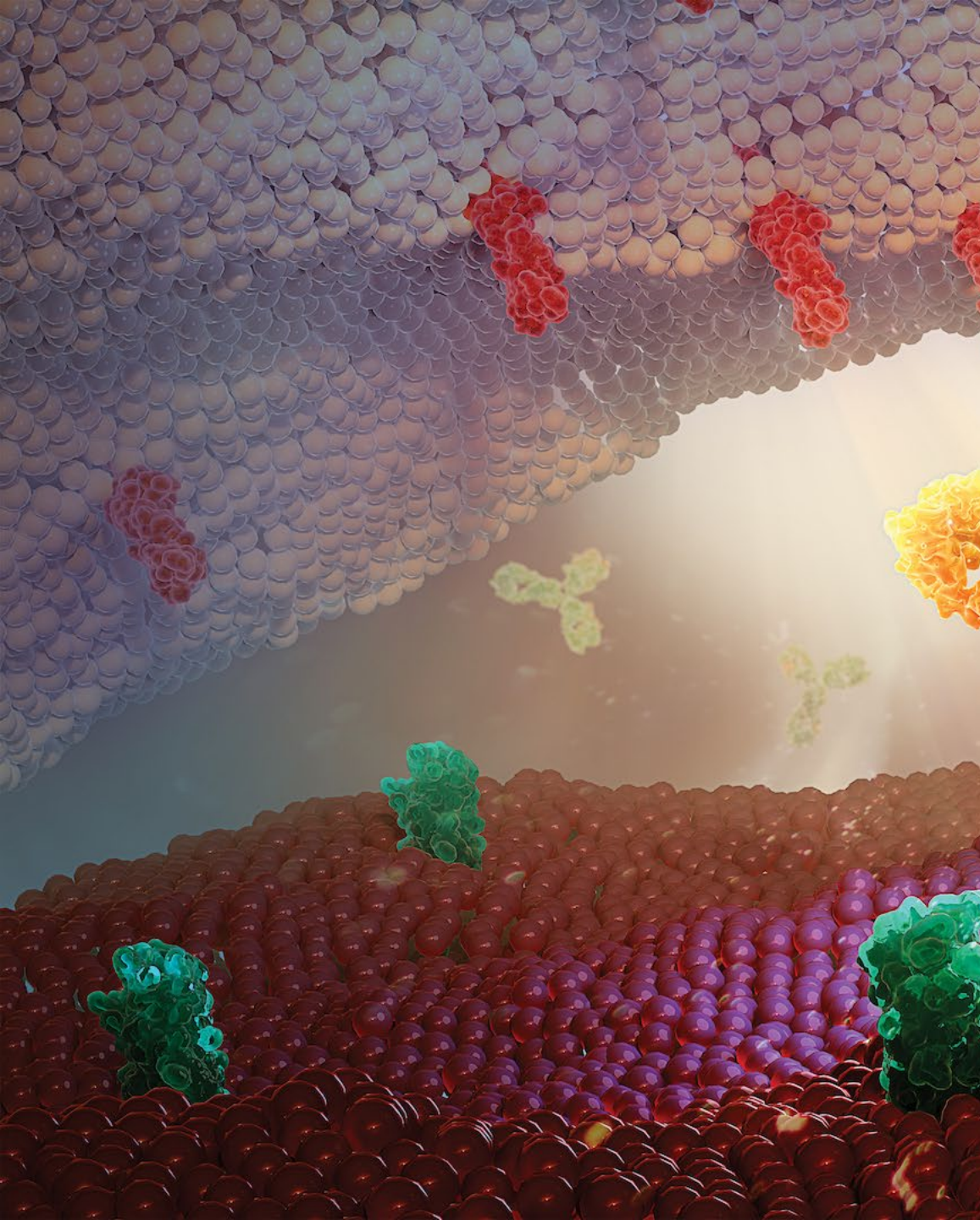
ORPHAN DRUG DESIGNATION, intended for treatment, diagnosis or prevention of rare diseases/disorders that affect fewer than 200,000 patients in the US, or that affect more than 200,000 patients but are not expected to recover the costs of developing and marketing a treatment drug

NOTE: excludes designations for projects which have launched in all applicable major markets

As of 25 July 2024.

Appendix: [Glossary](#).





# Oncology:

approved medicines  
and late-stage  
pipeline

# 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 readout: Q4 2023</li> <li>Primary endpoint met</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: &gt;2025</li> </ul>
Phase III KUNLUN NCT04550260	Locally advanced, unresectable ESCC	640	<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>LPCD: Q3 2023</li> <li>Data anticipated: &gt;2025</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: H2 2025</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 1: TACE + T300 + D + lenvatinib</li> <li>Arm 2: TACE + T300 + D</li> <li>Arm 3: 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;2025</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 readout: Q2 2024</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;2025</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: H2 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;2025</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 readout: Q2 2024</li> <li>Primary endpoint met</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;2025</li> </ul>



# Imfinzi (PD-L1 mAb)

## Lung cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase II HUDSON NCT03334617	NSCLC, patients who progressed on an anti-PD-1/PD-L1-containing therapy	529	<ul style="list-style-type: none"> <li>Open-label, biomarker-directed, multi-centre trial</li> <li>Module 1: <i>Imfinzi</i> + <i>Lynparza</i></li> <li>Module 2: <i>Imfinzi</i> + danvatirsen</li> <li>Module 3: <i>Imfinzi</i> + ceralasertib</li> <li>Module 4: <i>Imfinzi</i> + vistusertib</li> <li>Module 5: <i>Imfinzi</i> + oleclumab</li> <li>Module 6: <i>Imfinzi</i> + <i>Enhertu</i></li> <li>Module 7: <i>Imfinzi</i> + cediranib</li> <li>Module 8: ceralasertib</li> <li>Module 9: <i>Imfinzi</i> + ceralasertib</li> <li>Module 10: <i>Imfinzi</i> + 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>LPCD: Q3 2023</li> <li>Data anticipated: H2 2024</li> </ul>
Phase II NeoCOAST-2 NCT05061550	Early-stage, resectable NSCLC (Stage II to Stage IIIA)	490	<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: volrustomig + 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;2025</li> </ul>
Phase I/II SCope-D1 NCT04870112	NSCLC, SCLC	18	<ul style="list-style-type: none"> <li>Open-label, multi-centre trial</li> <li>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>LPCD: Q2 2022</li> <li>Data anticipated: H2 2024</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: H1 2025</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 readout: Q2 2024</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>Arm 1: <i>Orpathys</i> + <i>Imfinzi</i></li> <li>Arm 2: sunitinib</li> <li>Arm 3: <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: H2 2025</li> </ul>
Phase III NILE NCT03682068	1L bladder cancer	1244	<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 2024</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: H2 2025</li> </ul>
Phase II BEGONIA NCT03742102	1L mTNBC	240	<ul style="list-style-type: none"> <li>Arm 1: <i>Imfinzi</i> + paclitaxel</li> <li>Arm 2: <i>Imfinzi</i> + paclitaxel + <i>Truqap</i></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>Arm 8: <i>Imfinzi</i> + datopotamab deruxtecan (PD-L1-high)</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: H2 2025</li> </ul>





# Lynparza (PARP inhibitor)

## Imfinzi combinations

Trial	Population	Patients	Design	Endpoints	Status
Phase III DUO-O NCT03737643	1L advanced ovarian cancer	1407	<ul style="list-style-type: none"> <li>Non-tBRCAm (tumour BRCA) patients</li> <li>Arm 1: chemotherapy + bevacizumab + <i>Imfinzi</i> placebo followed by bevacizumab + <i>Imfinzi</i> placebo + <i>Lynparza</i> placebo</li> <li>Arm 2: chemotherapy + bevacizumab + <i>Imfinzi</i> followed by bevacizumab + <i>Imfinzi</i> + <i>Lynparza</i> placebo</li> <li>Arm 3: chemotherapy + bevacizumab + <i>Imfinzi</i> followed by bevacizumab + <i>Imfinzi</i> + <i>Lynparza</i></li> <li>tBRCAm patients</li> <li>chemotherapy + bevacizumab (optional) + <i>Imfinzi</i> followed by 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>LPCD: Q2 2023</li> <li>Data readout: Q2 2023</li> <li>Primary endpoint met</li> </ul>
Phase III DUO-E NCT04269200	1L advanced and recurrent endometrial cancer	805	<ul style="list-style-type: none"> <li>Arm 1: chemotherapy + <i>Imfinzi</i> placebo followed by <i>Imfinzi</i> placebo + <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>LPCD: Q2 2023</li> <li>Data readout: Q2 2023</li> <li>Primary endpoint met</li> </ul>



# Lynparza (PARP inhibitor)

## Other cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III OlympiA NCT02032823 Partnered (BIG & NRG Oncology)	gBRCAm 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	BRCAt advanced ovarian cancer, 1L maintenance	420	<ul style="list-style-type: none"> <li>Arm 1: <i>Lynparza</i> BID 24-month duration</li> <li>Arm 2: placebo BID 24-month duration</li> <li>Global trial – 12 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS (BRCAt HRD-positive) and PFS (BRCAt)</li> <li>Secondary endpoints: OS, TFST and PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data anticipated: H2 2024</li> </ul>
Phase III PROpel NCT03732820	1L metastatic castration-resistant prostate cancer	906	<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>



# 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>Arm 1: <i>Enhertu</i></li> <li>Arm 2: 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>Arm 1: <i>Enhertu</i></li> <li>Arm 2: 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>Arm 1: <i>Enhertu</i></li> <li>Arm 2: 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>Arm 1: <i>Enhertu</i></li> <li>Arm 2: 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: H2 2025</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>Arm 1: <i>Enhertu</i></li> <li>Arm 2: 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 readout: Q2 2024</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>Arm 1: <i>Enhertu</i> + placebo</li> <li>Arm 2: <i>Enhertu</i> + pertuzumab</li> <li>Arm 3: 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: H2 2025</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	900	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel assignment</li> <li>Arm 1: <i>Enhertu</i></li> <li>Arm 2: <i>Enhertu</i> followed by THP</li> <li>Arm 3: 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: H1 2025</li> </ul>
Phase Ib/II DESTINY-Breast07 NCT04538742 Partnered (Daiichi Sankyo)	HER2-positive metastatic breast cancer	245	<ul style="list-style-type: none"> <li>Randomised, open-label, sequential assignment</li> <li>Arm 1: <i>Enhertu</i></li> <li>Arm 2: <i>Enhertu</i> + <i>Imfinzi</i></li> <li>Arm 3: <i>Enhertu</i> + pertuzumab</li> <li>Arm 4: <i>Enhertu</i> + paclitaxel</li> <li>Arm 5: <i>Enhertu</i> + <i>Imfinzi</i> + paclitaxel</li> <li>Arm 6: <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: H1 2025</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>Arm 1: <i>Enhertu</i> + capecitabine</li> <li>Arm 2: <i>Enhertu</i> + <i>Imfinzi</i> + paclitaxel</li> <li>Arm 3: <i>Enhertu</i> + <i>Truqap</i></li> <li>Arm 4: <i>Enhertu</i> + anastrozole</li> <li>Arm 5: <i>Enhertu</i> + <i>Faslodex</i></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 readout: Q3 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>Arm 1: <i>Enhertu</i></li> <li>Arm 2: 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: H2 2025</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	95	<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: Q3 2021</li> <li>LPCD: Q2 2024</li> <li>Data readout: Q3 2023</li> </ul>
Phase Ib/II DESTINY-Gastric03 NCT04379596 Partnered (Daiichi Sankyo)	Metastatic or unresectable HER2+ GC, GEJ, & esophageal adenocarcinoma Part 1: ≥ 2L following trastuzumab containing therapy Part 2, 3 and 4: Previously untreated metastatic or unresectable GC Part 3 and 4: HER2 expressing (IHC 3+,2+,1+) (local assess)	417	<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 and 3: 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> <li>Arm 2F: <i>Enhertu</i>, chemotherapy and pembrolizumab</li> <li>Arm 3A (HER2+): <i>Enhertu</i>, chemotherapy and volrustomig</li> <li>Arm 3B (HER2low): <i>Enhertu</i>, chemotherapy and volrustomig</li> <li>Arm 4A (HER2+): <i>Enhertu</i>, chemotherapy and rilvegostomig</li> <li>Arm 4B (HER2low): <i>Enhertu</i>, chemotherapy and rilvegostomig</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (Part 1): safety, RP2D and 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>LPCD: Q3 2026</li> <li>Data anticipated: &gt;2025</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	450	<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: H2 2025</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	468	<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: Q3 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 readout: Q2 2023</li> </ul>
Phase II DESTINY-CRC02 NCT04744831 Partnered (Daiichi Sankyo)	HER2-overexpressing advanced or metastatic colorectal cancer	122	<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
<b>Phase Ib</b> <b>DESTINY-Lung03</b> <b>NCT04686305</b> <b>Partnered (Daiichi Sankyo)</b>	HER2-over-expressing, unresectable and/or metastatic NSCLC Part 1: 2L/3L advanced Parts 2/3/4: 1L advanced	244	<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 with chemotherapies (cisplatin, carboplatin or pemetrexed) and <i>Imfinzi</i> not initiated</li> <li>Part 3 (2 arms): dose confirmation to assess safety and efficacy with volrustomig and volrustomig and chemotherapy (carboplatin)</li> <li>Part 4 (2 arms): dose confirmation to assess safety and efficacy with rilvegostomig and rilvegostomig and chemotherapy (carboplatin)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and RP2D</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: &gt;2025</li> </ul>
<b>Phase Ib</b> <b>U106</b> <b>NCT04042701</b> <b>Partnered (Daiichi Sankyo)</b>	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 2024</li> </ul>



# Calquence (BTK inhibitor)

## Blood cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase III AMPLIFY (ACE-CL-311) NCT03836261	Previously untreated CLL	981	<ul style="list-style-type: none"> <li>Arm 1: <i>Calquence</i> + venetoclax</li> <li>Arm 2: <i>Calquence</i> + venetoclax + obinutuzumab</li> <li>Arm 3: FCR or BR</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: IRC PFS (Arm 1 vs. Arm 3)</li> <li>Secondary endpoints: IRC PFS (Arm 2 vs. Arm 3) and INV PFS (Arm 1 vs. Arm 3; Arm 2 vs. Arm 3)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2019</li> <li>Data anticipated: H2 2025</li> </ul>
Phase III ECHO (ACE-LY-308) NCT02972840	Previously untreated MCL	634	<ul style="list-style-type: none"> <li>Arm 1: <i>Calquence</i> + bendamustine + rituximab</li> <li>Arm 2: 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 readout: Q2 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;2025</li> </ul>
Phase III NCT04075292	Untreated CLL	155	<ul style="list-style-type: none"> <li>Arm 1: <i>Calquence</i></li> <li>Arm 2: 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 readout: Q2 2024</li> </ul>
Phase II TrAVeRse NCT05951959	Treatment-naïve MCL	100	<ul style="list-style-type: none"> <li>Open-label, single-arm trial</li> <li><i>Calquence</i> + venetoclax + rituximab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: MRD-negative CR at end of induction</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
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 1: treatment naïve</li> <li>Arm 2: R/R</li> <li>Arm 3: treatment naïve: <i>Calquence</i> + venetoclax + rituximab</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 ACE-LY-003 NCT02180711	R/R follicular lymphoma	89	<ul style="list-style-type: none"> <li>Arm 1: <i>Calquence</i></li> <li>Arm 2: <i>Calquence</i> + rituximab</li> <li>Arm 3: <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 readout: Q1 2024</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: H2 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, multi-centre, 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: H2 2024</li> </ul>



# Tagrisso (highly-selective, irreversible EGFR inhibitor)

## NSCLC

Trial	Population	Patients	Design	Endpoints	Status
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	216	<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>LPCD: Q3 2022</li> <li>Data readout: Q1 2024</li> <li>Primary endpoint met</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;2025</li> </ul>
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>LPCD: Q4 2023</li> <li>Data anticipated: H2 2024</li> </ul>
Phase III FLAURA2 NCT04035486	1L EGFRm NSCLC	586	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> + 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 readout: Q2 2023</li> <li>Primary endpoint met</li> </ul>



# Tagrisso (highly-selective, irreversible EGFR inhibitor)

## NSCLC, combinations

Trial	Population	Patients	Design	Endpoints	Status
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 Tagrisso	324	<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> + <i>Orpathys</i></li> <li>Arm 2: 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: H2 2025</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: H2 2024</li> </ul>
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: H2 2024</li> </ul>
Phase II SAVANNAH NCT03778229 Partnered (HUTCHMED)	EGFRm/MET+, locally advanced or metastatic NSCLC who have progressed following treatment with Tagrisso	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: H2 2024</li> <li>Initial data readout: Q2 2020</li> </ul>
Phase II ORCHARD NCT03944772	Advanced EGFRm NSCLC patients who have progressed on first-line Tagrisso 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>LPCD: Q4 2023</li> <li>Data anticipated: H2 2025</li> </ul>



# Truqap (capiwasertib, AKT inhibitor)

## Breast cancer and prostate cancer

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: <i>Truqap</i> + 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>• LPCD: Q1 2022</li> <li>• Data readout: Q2 2024</li> <li>• Did not meet primary endpoint</li> </ul>
Phase III CAPitello-291 NCT04305496	2L+ AI-resistant locally advanced (inoperable) or metastatic HR+/HER2-negative breast cancer	834	<ul style="list-style-type: none"> <li>• Double-blind, randomised, comparative trial</li> <li>• Arm 1: <i>Truqap</i> + <i>Faslodex</i></li> <li>• Arm 2: placebo + <i>Faslodex</i></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>• LPCD: Q4 2021</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: <i>Truqap</i> + 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: H2 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: <i>Truqap</i> + 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;2025</li> </ul>
Phase Ib/III CAPitello-292 NCT04862663	1L triplet in early relapse/endocrine-resistant locally advanced (inoperable) or metastatic HR+/HER2-negative breast cancer	700	<ul style="list-style-type: none"> <li>• Double-blind, randomised, comparative trial</li> <li>• Arm 1: <i>Truqap</i> + palbociclib + <i>Faslodex</i></li> <li>• Arm 2: placebo + palbociclib + <i>Faslodex</i></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;2025</li> </ul>



# datopotamab deruxtecan (TROP2 ADC)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III TROPION-Breast01 NCT05104866 Partnered (Daiichi Sankyo)	Inoperable or metastatic HR+ HER2-breast cancer after treatment with one or two prior lines of systemic chemotherapy	733	<ul style="list-style-type: none"> <li>Open-label, randomised trial</li> <li>Arm 1: datopotamab deruxtecan</li> <li>Arm 2: investigator's choice SoC chemotherapy (eribulin, vinorelbine, capecitabine, gemcitabine)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS (BICR) and OS</li> <li>Secondary endpoints: ORR, DoR, PFS (Inv), DCR, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2021</li> <li>LPCD: Q4 2022</li> <li>Data readout: Q3 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 trial</li> <li>Arm 1: datopotamab deruxtecan</li> <li>Arm 2: 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: H2 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;2025</li> </ul>
Phase III TROPION-Breast04 NCT06112379 Partnered (Daiichi Sankyo)	Neoadjuvant/adjuvant triple-negative or HR-low/HER2-negative breast cancer	1728	<ul style="list-style-type: none"> <li>Open-label, randomised</li> <li>Arm 1: datopotamab deruxtecan + durvalumab</li> <li>Arm 2: pembrolizumab + chemotherapy</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Dual primary endpoint: pCR and EFS</li> <li>Secondary endpoints: OS, DDFS and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase III TROPION-Breast05 NCT06103864 Partnered (Daiichi Sankyo)	Patients with PD-L1-positive locally recurrent inoperable or metastatic TNBC	625	<ul style="list-style-type: none"> <li>Open-label, randomised</li> <li>Arm 1: datopotamab deruxtecan + durvalumab</li> <li>Arm 2: investigator's choice of chemotherapy in combination with pembrolizumab (paclitaxel, nab-paclitaxel, or gemcitabine + carboplatin)</li> <li>Arm 3: datopotamab deruxtecan</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS (BICR)</li> <li>Secondary endpoint: OS, PFS (inv), ORR, DoR, DCR and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</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 readout: Q3 2023</li> <li>Dual primary endpoint met (PFS)</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;2025</li> </ul>
Phase III TROPION-Lung07 NCT05555732 Partnered (Daiichi Sankyo)	1L patients with PD-L1 TPS <50% and advanced or metastatic NSCLC without actionable genomic alterations	1170	<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 3: pembrolizumab + pemetrexed + platinum chemotherapy</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;2025</li> </ul>
Phase III AVANZAR NCT05687266	1L NSCLC	1280	<ul style="list-style-type: none"> <li>Arm 1: carboplatin + datopotamab deruxtecan + <i>Imfinzi</i></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: H2 2025</li> </ul>
Phase III TROPION-Lung10 NCT06357533 Partnered (Daiichi Sankyo)	Locally advanced or metastatic non-squamous NSCLC with high PD-L1 expression (TC ≥50%) and without actionable genomic alterations	675	<ul style="list-style-type: none"> <li>Randomised, open-label, sponsor-blinded, parallel assignment</li> <li>Arm 1: datopotamab deruxtecan in combination with rilvegostomig</li> <li>Arm 2: rilvegostomig monotherapy</li> <li>Arm 3: pembrolizumab monotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS and OS in TROP2 biomarker-positive participants</li> <li>Secondary endpoints: PFS and OS in the ITT population, ORR, DoR, TTD, PK, immunogenicity and PFS2</li> </ul>	<ul style="list-style-type: none"> <li>Data anticipated: &gt;2025</li> </ul>
Phase III TROPION-Lung14 NCT06350097 Partnered (Daiichi Sankyo)	EGFRm Locally Advanced or Metastatic Non-small Cell Lung Cancer		<ul style="list-style-type: none"> <li>Arm 1: <i>Tagrisso</i> + datopotamab deruxtecan</li> <li>Arm 2: <i>Tagrisso</i> monotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS by BICR</li> <li>Secondary endpoints: OS, PFS by INV, ORR, DoR; DCR; PFS of CNS met pts; PFS2; Safety; PK and Immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</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 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>LPCD: Q1 2022</li> <li>Data anticipated: H2 2024</li> </ul>
Phase I TROPION-Lung02 NCT04526691 Partnered (Daiichi Sankyo)	Advanced or metastatic NSCLC	145	<ul style="list-style-type: none"> <li>Open-label, two-part (dose escalation and dose expansion), sequential assignment</li> <li>datopotamab deruxtecan + pembrolizumab +/- platinum chemotherapy</li> <li>Global trial – US, Japan, Italy, Spain and Taiwan</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>LPCD: Q2 2023</li> <li>Data anticipated: H2 2024</li> </ul>
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 4a: datopotamab deruxtecan + <i>Imfinzi</i> + carboplatin (SQ 1L only)</li> <li>Cohort 5 &amp; 6: datopotamab deruxtecan + rilvegostomig</li> <li>Cohort 7 &amp; 8: datopotamab deruxtecan + rilvegostomig + carboplatin</li> <li>Cohort 9 &amp; 10: datopotamab deruxtecan + volrustomig + carboplatin</li> <li>Cohort 11: datopotamab deruxtecan + volrustomig</li> <li>Cohort 12, 13 &amp; 14: datopotamab deruxtecan + sabestomig</li> <li>Global trial</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;2025</li> </ul>



# datopotamab deruxtecan (TROP2 ADC)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> <b>TROPION-PanTumor03</b> <b>NCT05489211</b> <b>Partnered (Daiichi Sankyo)</b>	Endometrial cancer, gastric cancer, mCRPC, ovarian cancer, CRC, bladder cancer and BTC	556	<ul style="list-style-type: none"> <li>Sub-study 1 (endometrial cancer);</li> <li>Sub-study 1a: datopotamab deruxtecan monotherapy</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 3 (mCRPC);</li> <li>Sub-study 3a: datopotamab deruxtecan (post-NHA)</li> <li>Sub-study 3c: datopotamab deruxtecan + prednisone/prednisolone</li> <li>Sub-study 4 (ovarian cancer);</li> <li>Sub-study 4a: datopotamab deruxtecan</li> <li>Sub-study 4a (expansion): datopotamab deruxtecan PSR/PRR (2-3L)</li> <li>Sub-study 4c: datopotamab deruxtecan + carboplatin + bevacizumab PSR (2-3L)</li> <li>Sub-study 5 (CRC);</li> <li>Sub-study 5a1: datopotamab deruxtecan (TROP2+ 3L+)</li> <li>Sub-study 5a2: datopotamab deruxtecan (TROP2+ 2L+)</li> <li>Sub-study 5b: datopotamab deruxtecan + 5-FU/leucovorin or Capecitabine + bevacizumab (TROP2+ 1L)</li> <li>Sub-study 6 (bladder);</li> <li>Sub-study 6d: datopotamab deruxtecan (2L+)</li> <li>Sub-study 6b: 1L cis-ineligible/2L datopotamab deruxtecan + rilvegostomig (1L)</li> <li>Sub-study 6c: post-pembro/EV - datopotamab deruxtecan + Carbo/Cisplatin (2L)</li> <li>Sub-study 7 (BTC)</li> <li>Sub-study 7a: TROP2+ datopotamab deruxtecan (2L+)</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;2025</li> </ul>





# datopotamab deruxtecan (TROP2 ADC)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II TROPION-PanTumor02 NCT05460273 Partnered (Daiichi Sankyo)	NSCLC and TNBC and other solid tumours in Chinese patients	119	<ul style="list-style-type: none"> <li>Single-arm, multi-cohort trial with no blinding</li> <li>datopotamab deruxtecan</li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: ORR</li> <li>Secondary endpoints: DoR, DCR, BOR, TTR PFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>LPCD: Q2 2023</li> <li>Data readout: Q2 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, oesophageal, urothelial, SCLC, CRPC, PDAC, HNSCC, HR+ HER2-low breast cancer and HER2-positive breast cancer	890	<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: H1 2025</li> </ul>



# AZD0901 (CLDN18.2 MMAE ADC)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>CLARITY- Gastric 01</b> <b>NCT06346392</b>	2L+ advanced or metastatic gastric or GEJ adenocarcinoma expressing CLDN18.2	589	<ul style="list-style-type: none"> <li>Multi-centre, open-label, sponsor-blinded, randomised trial</li> <li>Arm 1: AZD0901 dose level 1 via i.v. infusion treatment</li> <li>Arm 2: AZD0901 dose level 2 via i.v. infusion treatment</li> <li>Arm 3: investigator's choice chemotherapies</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PFS and OS</li> <li>Secondary endpoints: OS, PFS for 3L+, ORR, ORR for 3L+, DoR, MMAE, safety and tolerability, PK parameters and prevalence of ADAs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase II</b> <b>NCT06219941</b>	Locally advanced unresectable or metastatic solid tumours expressing CLDN18.2	123	<ul style="list-style-type: none"> <li>Open-label, multi-centre trial of AZD0901 administered via i.v.</li> <li>Sub-study 1: AZD0901 monotherapy</li> <li>Sub-study 2: AZD0901 and anti-cancer agents</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: AEs, SAEs and ORR</li> <li>Secondary endpoints: OS, PFS, DoR, DCR, PK parameters and prevalence of ADAs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: &gt;2025</li> </ul>



# camizestrant (AZD9833, next-generation oral SERD)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase III SERENA-4 NCT04711252	HR+ HER2-negative advanced breast cancer	1370	<ul style="list-style-type: none"> <li>Randomised, double-blind, comparative trial</li> <li>Arm 1: camizestrant + palbociclib</li> <li>Arm 2: 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;2025</li> </ul>
Phase III SERENA-6 NCT04964934	HR+ HER2-negative advanced breast cancer	300	<ul style="list-style-type: none"> <li>Randomised, double-blind, comparator trial</li> <li>Arm 1: camizestrant + palbociclib or abemaciclib or ribociclib</li> <li>Arm 2: anastrozole or letrozole + palbociclib or abemaciclib or ribociclib</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: H2 2025</li> </ul>
Phase III CAMBRIA-1 NCT05774951	ER+/HER2-negative early breast cancer patients who completed definitive locoregional therapy and standard adjuvant ET for at least 2 years and up to 5 years	4300	<ul style="list-style-type: none"> <li>Arm 1: continue standard ET of investigator's choice</li> <li>Arm 2: 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;2025</li> </ul>
Phase III CAMBRIA-2 NCT05952557	ER+/HER2-negative early breast cancer with intermediate-high or high risk of recurrence that has completed definitive locoregional therapy and have no evidence of disease	5500	<ul style="list-style-type: none"> <li>Arm A: standard endocrine therapy of investigator's choice (aromatase inhibitors [exemestane, letrozole, anastrozole] or tamoxifen) ± abemaciclib</li> <li>Arm B: camizestrant ± abemaciclib</li> <li>Global trial</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: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase I NCT04818632	HR+ HER2-negative metastatic 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> <li>China only</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 readout: Q4 2023</li> </ul>



# camizestrant (AZD9833, next-generation oral SERD)

## Breast cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase II SERENA-2 NCT04214288	HR+ advanced breast cancer	240	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel-group, multi-centre trial</li> <li>Arm 1: camizestrant (75mg)</li> <li>Arm 2: camizestrant (150mg)</li> <li>Arm 3: camizestrant (300mg)</li> <li>Arm 4: <i>Faslodex</i></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>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+ HER2-negative early breast cancer	135	<ul style="list-style-type: none"> <li>Randomised, open-label, parallel-group, multi-centre trial</li> <li>camizestrant</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>LPCD: Q2 2023</li> <li>Data readout: Q3 2023</li> </ul>
Phase I NCT04541433	HR+ HER2-negative advanced breast cancer	18	<ul style="list-style-type: none"> <li>Open-label trial</li> <li>camizestrant</li> <li>Japan 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 2020</li> <li>LPCD: Q1 2022</li> <li>Data readout: Q1 2023</li> </ul>
Phase I SERENA-1 NCT03616587	HR+ HER2-negative advanced breast cancer	396	<ul style="list-style-type: none"> <li>Escalation phase: open-label multi-centre trial</li> <li>Cohort 1: camizestrant</li> <li>Cohort 2: camizestrant + palbociclib, everolimus, abemeciclib (+/- anastrozole), <i>Truqap</i>, 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), <i>Truqap</i>, 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>LPCD: Q1 2024</li> <li>Data anticipated: H1 2025</li> </ul>
Phase I NCT04818632	HR+ HER2-negative metastatic 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> <li>China only</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 readout: Q4 2023</li> </ul>



# ceralasertib (AZD6738, ATR inhibitor)

## Multiple cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase III LATIFY NCT05450692	Post-IO NSCLC	594	<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: H2 2025</li> </ul>
Phase I/II NCT02264678	Solid tumours	466	<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 + saruparib</li> <li>Global trial – 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;2025</li> </ul>



# *Enhertu* (trastuzumab deruxtecan, HER2 ADC)

## Other cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase II DESTINY-PanTumor03 NCT06271837 Partnered (Daiichi Sankyo)	HER2 expressing tumours to pursue HER2 tumour agnostic label (IHC3+)	50	<ul style="list-style-type: none"> <li>Non-randomised 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: DoR, DCR, PFS, OS, safety and tolerability, PK</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2023</li> <li>Data anticipated: H2 2025</li> </ul>



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

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>ARTEMIDE-Biliary01</b> <b>NCT06109779</b> <b>Partnered (Compugen)</b>	BTC with curative intent	750	<ul style="list-style-type: none"> <li>Randomised, Double-Blind, Placebo-Controlled, Multicentre</li> <li>Arm 1: rilvegostomig in combination with investigator's choice of chemotherapy (capecitabine, S-1 (tegafur/gimeracil/oteracil) or gemcitabine/cisplatin)</li> <li>Arm 2: placebo in combination with investigator's choice of chemotherapy (capecitabine, S-1 (tegafur/gimeracil/oteracil) or gemcitabine/cisplatin)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: RFS</li> <li>Secondary endpoint: OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase I/II</b> <b>ARTEMIDE-01</b> <b>NCT04995523</b> <b>Partnered (Compugen)</b>	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 rilvegostomig i.v. monotherapy</li> <li>Part B: dose expansion in CPI-experienced NSCLC patients with rilvegostomig i.v. monotherapy</li> <li>Part C: dose expansion in CPI-naive NSCLC patients with rilvegostomig i.v. monotherapy</li> <li>Part D: randomised dose expansion in CPI-naive NSCLC patients with rilvegostomig i.v. monotherapy</li> <li>Global trial</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>LPCD: Q1 2024</li> <li>Data anticipated: H2 2024</li> </ul>



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

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase IIb GEMINI-Gastric NCT05702229 Partnered (Compugen)	Gastric cancer	240	<ul style="list-style-type: none"> <li>Open-label gastric platform trial</li> <li>Sub-study 1: volrustomig combined with XELOX or FOLFOX</li> <li>Sub-study 2: rilvegostomig combined with XELOX or FOLFOX</li> <li>Sub-study 3: AZD0901 combined with volrustomig plus fluorouracil or capecitabine</li> <li>Sub-study 4: AZD0901 combined with rilvegostomig plus fluorouracil or capecitabine</li> <li>Sub-study 5: AZD7789 combined with XELOX or FOLFOX</li> <li>Sub-study 6: AZD0901 combined with AZD7789 plus fluorouracil or capecitabine</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and efficacy (ORR and PFS6)</li> <li>Secondary endpoints: DoR, OS, PK, ADA and safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2023</li> <li>Data anticipated: H2 2025</li> </ul>
Phase IIb GEMINI-HBP NCT05775159 Partnered (Compugen)	HCC, BTC	260	<ul style="list-style-type: none"> <li>Open-label hepatobiliary platform trial</li> <li>HCC sub-study: <ul style="list-style-type: none"> <li>Cohort 1A: volrustomig monotherapy</li> <li>Cohort 1B: volrustomig combination with bevacizumab</li> <li>Cohort 1C: volrustomig combination with lenvatinib</li> <li>Cohort 1D: volrustomig combination with rilvegostomig and bevacizumab</li> <li>Cohort 1E: rilvegostomig combination with bevacizumab</li> </ul> </li> <li>BTC sub-study: <ul style="list-style-type: none"> <li>Cohort 2A: rilvegostomig combination with gemcitabine and cisplatin</li> <li>Cohort 2B: volrustomig combination with gemcitabine and cisplatin</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (HCC sub-study): safety and efficacy (ORR)</li> <li>Primary endpoints (BTC sub-study): safety and efficacy (PFS6)</li> <li>Secondary endpoints: DoR, OS, PK and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2023</li> <li>Data anticipated: H2 2025</li> </ul>





# saruparib (AZD5305, PARP1 inhibitor)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase III EvoPAR-Prostate01 NCT06120491	HRRm and non-HRRm mCSPC	1800	<ul style="list-style-type: none"> <li>Randomised, placebo-controlled trial</li> <li>Arm 1: saruparib + physician's choice NHA (abiraterone, darolutamide or enzalutamide)</li> <li>Arm 2: placebo + physician's choice NHA (abiraterone, darolutamide or enzalutamide)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: rPFS</li> <li>Secondary endpoints: OS and PFS2</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase I/IIa PETRA NCT04644068	Advanced solid tumours	804	<ul style="list-style-type: none"> <li>Modular, open-label, multi-centre dose escalation and expansion trial</li> <li>Module 1: saruparib</li> <li>Module 2: saruparib + paclitaxel</li> <li>Module 3: saruparib + carboplatin +/- paclitaxel</li> <li>Module 4: saruparib + <i>Enhertu</i></li> <li>Module 5: saruparib + datopotamab deruxtecan</li> <li>Module 6: saruparib + camizestrant</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;2025</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 trial of saruparib in combination with new hormonal agents in patients with metastatic prostate cancer</li> <li>Arm 1: saruparib + enzalutamide</li> <li>Arm 2: saruparib + abiraterone acetate</li> <li>Arm 3: saruparib + darolutamide</li> <li>Arm 4: saruparib + apalutamide</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;2025</li> </ul>



# saruparib (AZD5305, PARP1 inhibitor)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05573724	Locally advanced, unresectable or metastatic solid tumours	16	<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 saruparib 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 saruparib 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 readout: Q4 2023</li> </ul>
Phase I ASCERTAIN NCT05938270	Newly diagnosed prostate cancer	120	<ul style="list-style-type: none"> <li>Open-label, randomised, multi-centre trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: to assess the effects of treatment on <math>\gamma</math>H2AX change</li> <li>Secondary endpoints: safety and tolerability, impact on surgical feasibility and change in Ki67</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2023</li> <li>Data anticipated: H1 2025</li> </ul>



# volrustomig (MEDI5752, PD-1/CTLA-4 bispecific 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 NCT04522323	Advanced renal cell carcinoma	179	<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 lenvatinib</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;2025</li> </ul>
Phase I NCT03530397	Advanced solid tumours	400	<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 1: volrustomig i.v.</li> <li>Arm 2: volrustomig i.v., pemetrexed and carboplatin</li> <li>Arm 3: pembrolizumab, pemetrexed and carboplatin</li> <li>Arm 4: 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;2025</li> </ul>

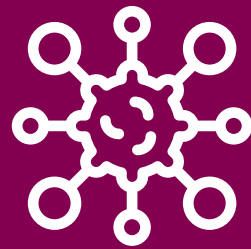
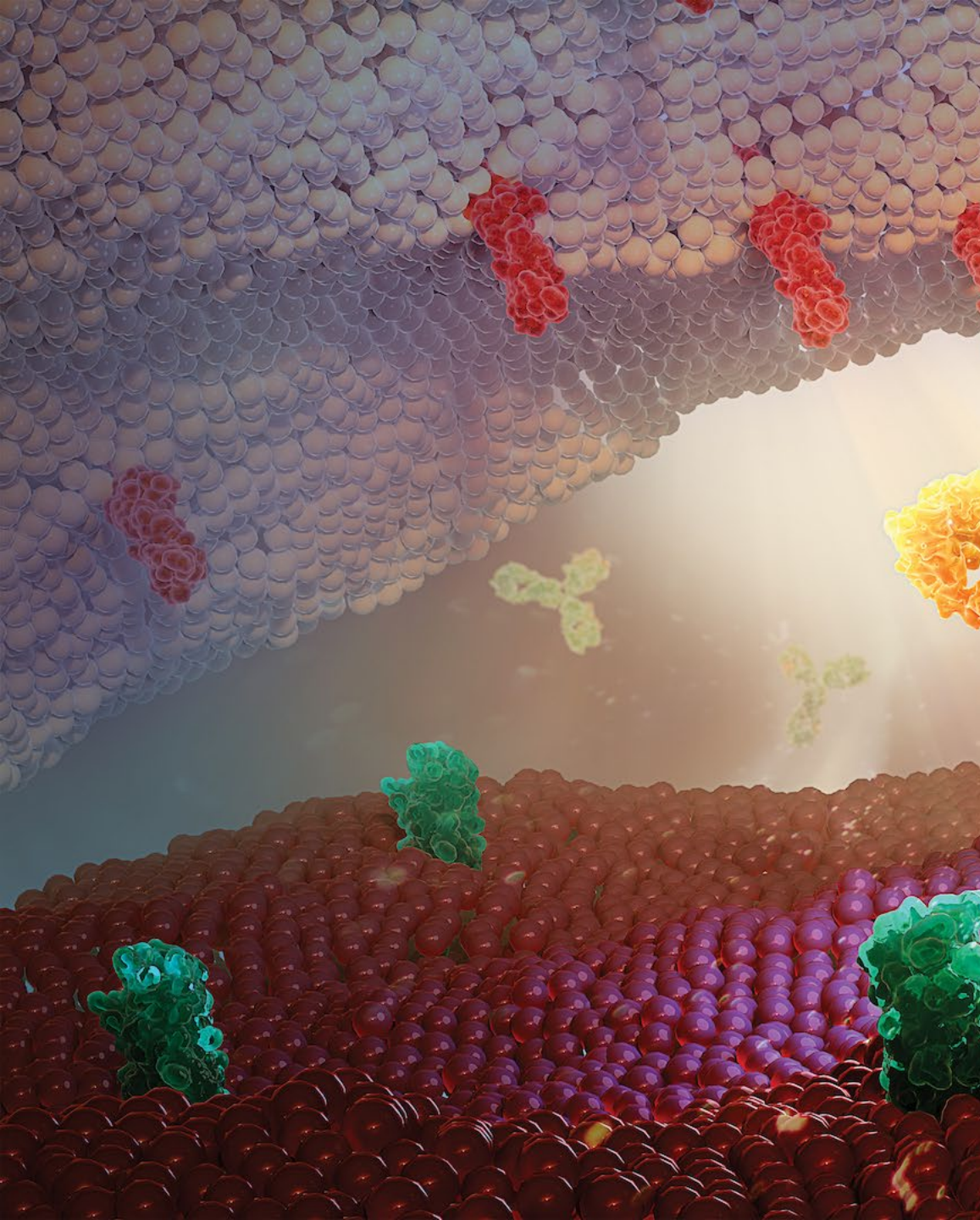


# volrustomig (MEDI5752, PD-1/CTLA-4 bispecific mAb)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase III eVOLVE-Cervical NCT06079671	High-risk locally advanced cervical cancer with no progression following platinum-based CCRT	1000	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, multi-centre trial</li> <li>Arm 1: volrustomig</li> <li>Arm 2: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS (Inv, PD-L1 expressing patients)</li> <li>Secondary endpoints: PFS (Inv, ITT), OS, ORR, DoR and TFST</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase III eVOLVE-Lung02 NCT05984277	1L mNSCLC with PD-L1 <50%	900	<ul style="list-style-type: none"> <li>Double-arm randomised, open-label trial</li> <li>Arm 1: volrustomig + chemotherapy</li> <li>Arm 2: pembrolizumab + chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: OS and PFS (PD-L1 &lt; 1%)</li> <li>Secondary endpoints: PFS (ITT), ORR and DoR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase III eVOLVE-Meso NCT06097728	1L unresectable malignant pleural mesothelioma	600	<ul style="list-style-type: none"> <li>Double-arm, randomised, open-label trial</li> <li>Arm 1: volrustomig + chemotherapy</li> <li>Arm 2: chemotherapy or nivolumab + ipilimumab</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: OS</li> <li>Secondary endpoints: PFS, landmark OS, landmark PFS and ORR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase III eVOLVE-HNSCC NCT06129864	Unresected, locally advanced HNSCC	1145	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, multi-centre trial</li> <li>Arm 1: volrustomig</li> <li>Arm 2: observational</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: PFS (BICR, PD-L1 expressing tumours)</li> <li>Secondary endpoints: PFS (BICR, ITT), landmark PFS, OS (PD-L1 expressing tumours), landmark OS and OS (ITT)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: &gt;2025</li> </ul>





# Oncology: early-stage development

# AZD0120 (GC012F, autologous anti-CD19 and anti-BCMA CAR-T)

## Blood cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II NCT05850234	Relapsed/refractory multiple myeloma	68	<ul style="list-style-type: none"> <li>Open-label, single-arm, multi-centre trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: incidence of AEs, DLTs and ORR</li> <li>Secondary endpoints: DOR, PFS, OS and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2023</li> <li>Data anticipated: &gt;2025</li> </ul>



# 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	126	<ul style="list-style-type: none"><li>Open-label, non-randomised trial</li><li>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 and PFS</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2022</li><li>Data anticipated: H2 2024</li></ul>



# AZD0305 (GPRC5D ADC)

## 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 I/II NCT06106945	R/R multiple myeloma		<ul style="list-style-type: none"><li>Open-label, dose escalation and dose expansion trial</li><li>Phase I: AZD0305 prescribed at specified dose levels</li><li>Phase II: AZD0305 prescribed as RP2D</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: occurrence of dose-limiting toxicities and incidence and severity of AEs and SAEs</li><li>Secondary endpoints: ORR, DoR, PFS, OS, PK parameters and immunogenicity</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2023</li><li>Data anticipated: H2 2025</li></ul>





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

## Haematologic malignancies

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II NCT06137118	R/R B-ALL	120	<ul style="list-style-type: none"> <li>Multi-centre, open-label, single-arm dose escalation and dose optimisation trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: DLT, safety and ORR</li> <li>Secondary endpoints: ORR, DoR, CR rate at any time during trial, EFS, OS, subsequent alloSCT, CR MRD-negative rate, PK parameters and ADA</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase I NCT04594642	R/R B-cell non-Hodgkin lymphoma	116	<ul style="list-style-type: none"> <li>Multi-centre, open-label, dose escalation and dose expansion trial</li> <li>AZD0486</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability, MTD and/or RP2D and PK parameters</li> <li>Secondary endpoints: clinical activity of AZD0486 monotherapy and ADA titers for AZD0486 monotherapy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: &gt;2025</li> </ul>



# AZD0754 (STEAP2 dnTGFbetaRII armoured CAR-T)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II APOLLO NCT06267729	Metastatic castration resistance prostate cancer with prior NHA and taxane exposure	60	<ul style="list-style-type: none"> <li>Open-label, single-arm, multi-centre trial with dose escalation and dose expansion components</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (Phase I): DLT, AEs (including AESI and SAEs), determination of recommended dose for expansion phase</li> <li>Secondary endpoints (Phase I): PSA related changes (PSA50, PSA90), radiological assessment according to RECIST v1.1 and PCWG3 (ORR, BOR, DRR, DCR, TTR, rPFS, OS), PK parameters (Cmax, Tmax, Tlast, AUC)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</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	138	<ul style="list-style-type: none"><li>Open-label trial</li><li>Arm 1: recurrent GBM, AZD1390 + RT in dose escalation cohorts (Japan safety/PK cohorts added)</li><li>Arm 3: 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: &gt;2025</li></ul>



# AZD3470 (PRMT5)

## Solid tumours and blood cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I PRIMROSE NCT06130553	MTAP-deficient advanced solid tumours	210	<ul style="list-style-type: none"> <li>Arm 1: AZD3470</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 and clinical efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: H2 2025</li> </ul>
Phase I PRIMAVERA NCT06137144	R/R haematologic malignancies	110	<ul style="list-style-type: none"> <li>Modular Phase I/II open-label dose escalation and expansion trial</li> <li>Module 1 – Part A (dose escalation): AZD3470 monotherapy</li> <li>Module 1 – Part B (dose expansion/optimisation): AZD3470 monotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: PK parameters and clinical efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: &gt;2025</li> </ul>



# AZD5335 (anti-FR $\alpha$ TOP1i ADC)

## Solid tumours, ovarian cancer, lung cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II FONTANA NCT05797168	Advanced solid tumour malignancies	150	<ul style="list-style-type: none"> <li>Module 1: AZD5335 monotherapy</li> <li>Module 2: AZD5335 in combination with saruparib</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability</li> <li>Secondary endpoints: efficacy and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2023</li> <li>Data anticipated: &gt;2025</li> </ul>



# AZD5851 (armoured TGFbetaRIIDN GPC3 CAR-T)

## Gastrointestinal cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase I/II ATHENA NCT06084884	GPC3-positive advanced/recurrent HCC	93	<ul style="list-style-type: none"> <li>Open-label, single-arm, multi-centre trial with dose escalation and dose expansion components</li> <li>AZD5851</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (Phase I): DLT, AEs (including AESI and SAEs), determination of recommended dose for expansion phase</li> <li>Secondary endpoints (Phase I): ORR per RECIST v. 1.1, TTR, DCR, DRR, BoR, DoR, PFS and OS; PK parameters (Cmax, Tmax, Tlast, AUC)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: &gt;2025</li> </ul>



# AZD5863 (CLDN18.2 x CD3 bispecific antibody)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT06005493	Advanced or metastatic solid tumours with CLDN18.2 expression	200	<ul style="list-style-type: none"> <li>Part A: dose escalation phase to determine the safety, tolerability, RP2D, and/or MTD of AZD5863</li> <li>Part B: dose expansion phase to further characterise the safety profile and evaluate anti-tumour activity of AZD5863</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (Part A): safety and tolerability</li> <li>Primary endpoint (Part B): safety, tolerability and preliminary anti-tumour activity</li> <li>Secondary endpoints: preliminary anti-cancer activity, PK parameters and immunogenicity</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>



# AZD6422 (CLDN18.2 CAR-T)

## Solid tumours

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05981235	Advanced or metastatic CLDN18.2-positive GI tumours	96	<ul style="list-style-type: none"><li>Open-label trial assessing anti-CLDN18.2 CAR-T cell therapy with dose escalation (Part 1) and dose expansion (Part 2)</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: incidence of TEAEs, AESIs and SAEs, DLT and changes from baseline in vital signs, laboratory parameters, physical examination and 12-lead ECG</li><li>Secondary endpoints: ORR, DoR, DCR and PFS</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2023</li><li>Data anticipated: &gt;2025</li></ul>





# AZD8205 (B7H4 ADC)

## Solid tumours

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, BTC, ovarian cancer, endometrial cancer	340	<ul style="list-style-type: none"><li>Open-label dose escalation and expansion trial</li><li>Sub-study 1: AZD8205 monotherapy</li><li>Sub-study 2: AZD8205 + rilvegostomig</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;2025</li></ul>



# AZD8421 (CDK2 inhibitor)

## 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 I/II CYCAD-1 NCT06188520	ER+ HER2-negative advanced breast cancer	204	<ul style="list-style-type: none"><li>Module 1: AZD8421</li><li>Module 2: AZD8421+ camizestrant + one or more of abemaciclib or ribociclib or palbociclib</li><li>Global trial – 5 countries</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 2023</li><li>Data anticipated: H1 2025</li></ul>



# AZD9574 (PARP1-selective BBB inhibitor)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I/IIa CERTIS-1 NCT05417594	Advanced solid malignancies	490	<ul style="list-style-type: none"> <li>Modular, open-label, multi-centre dose escalation and expansion trial</li> <li>Module 1: AZD9574 monotherapy</li> <li>Module 2: AZD9574 + temozolomide</li> <li>Module 3: [11C]AZ14193391 + AZD9574 or [11C]AZ14193391 + AZD9574 + temozolomide</li> <li>Module 4: AZD9574 + <i>Enhertu</i></li> <li>Module 5: AZD9574 + datopotamab deruxtecan</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, determination of PARP1 occupancy in brain by AZD9574 at examined doses and plasma concentration and evaluation of safety of radioligand [11C]AZ14193391</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;2025</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
Phase I EGRET NCT05647122	Advanced solid tumours including NSCLC, HNSCC and CRC	108	<ul style="list-style-type: none"> <li>Escalation phase, open-label, multi-centre trial</li> <li>Arm 1: AZD9592</li> <li>Arm 2: AZD9592 + osimertinib</li> <li>Arm 3: AZD9592 + 5FU + bevacizumab</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: H2 2025</li> </ul>



# AZD9829 (CD123 TOP1i ADC)

## 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 I/II NCT06179511	CD123-positive haematological malignancies	60	<ul style="list-style-type: none"><li>Open-label, multicentre trial</li><li>Module 1: dose escalation with ascending dose level cohorts of AZD9829 in AML and MDS participants</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: Q1 2024</li><li>Data anticipated: H2 2025</li></ul>



# FPI-2265 (PSMA radioconjugate)

## Prostate cancer

Trial	Population	Patients	Design	Endpoints	Status
Phase II/III NCT06402331 AlphaBreak	PSMA-positive mCRPC previously treated with lutetium-PSMA therapy	60	<ul style="list-style-type: none"> <li>Open-label, randomised, multi-centre trial</li> <li>3 arm dose-optimisation</li> <li>Arm A: FPI-2265, IV Q4W</li> <li>Arm B: FPI-2265, IV Q6W</li> <li>Arm C: FPI-2265, IV Q8W</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PSA50, safety</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: &gt;2025</li> </ul>



# IPH5201 (CD39 mAb)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>NCT04261075</b> <b>Partnered (Innate Pharma)</b>	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>Global trial – 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: Q1 2023</li> </ul>



# NT-112 (KRAS G12D specific TCR)

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT06218914	Unresectable, advanced and/or metastatic non-small cell lung cancer, colorectal adenocarcinoma, pancreatic adenocarcinoma, endometrial cancer or any solid tumour histology positive for KRAS G12D mutation	24	<ul style="list-style-type: none"> <li>Open-label, single-arm, multi-centre trial with dose escalation</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: incidence of DLTs, TEAEs and SAEs</li> <li>Secondary endpoints: ORR per RECIST v.1.1, BOR, DOR, CBR (CR, PR, SD), TTR, PFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: &gt;2025</li> </ul>





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

## Solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I</b> <b>EudraCT: 2021-006406-73</b>	Adults with recurrent or metastatic NSCLC, melanoma, colorectal adenocarcinoma, HNSCC, bladder carcinoma, TNBC, cervical squamous cell carcinoma and adenocarcinoma or microsatellite instability-high/mismatch repair-deficient solid tumours	42	<ul style="list-style-type: none"> <li>Open-label, single-arm, single-centre trial with dose escalation and dose expansion components</li> <li>Arm 1: NT-125</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (Phase Ia): incidence of AEs defined as DLTs</li> <li>Primary endpoints (Phase Ib): ORR per RECIST v.1.1</li> <li>Secondary endpoints (Phase Ia): percentage of pre-screened and enrolled subjects that receive treatment</li> <li>Secondary endpoints (Phase Ib): percentage change tumour size, best percentage change tumour size, DoR, clinical benefit rate, TTP, PFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2023</li> <li>Data anticipated: H2 2025</li> </ul>



# NT-175 (TP53-armored TCR)

## Multiple cancers

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05877599	Unresectable, advanced, and/or metastatic solid tumours positive for HLA-A*02:01 and the TP53 R175H mutation	24	<ul style="list-style-type: none"> <li>Open-label, single-arm, multi-centre trial with dose escalation</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: incidence of DLTs, TEAEs and SAEs</li> <li>Secondary endpoints: ORR per RECIST v.1.1, BOR, DOR, CBR (CR, PR, SD), TTR, PFS and OS</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2023</li> <li>Data anticipated: H1 2025</li> </ul>



# oleclumab (CD73 mAb)

## Solid tumours

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>• Global trial – 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>• LPCD: Q3 2022</li><li>• Data readout: Q1 2023</li></ul>



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

## Cancer

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

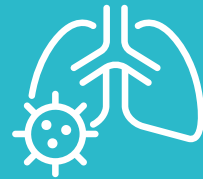
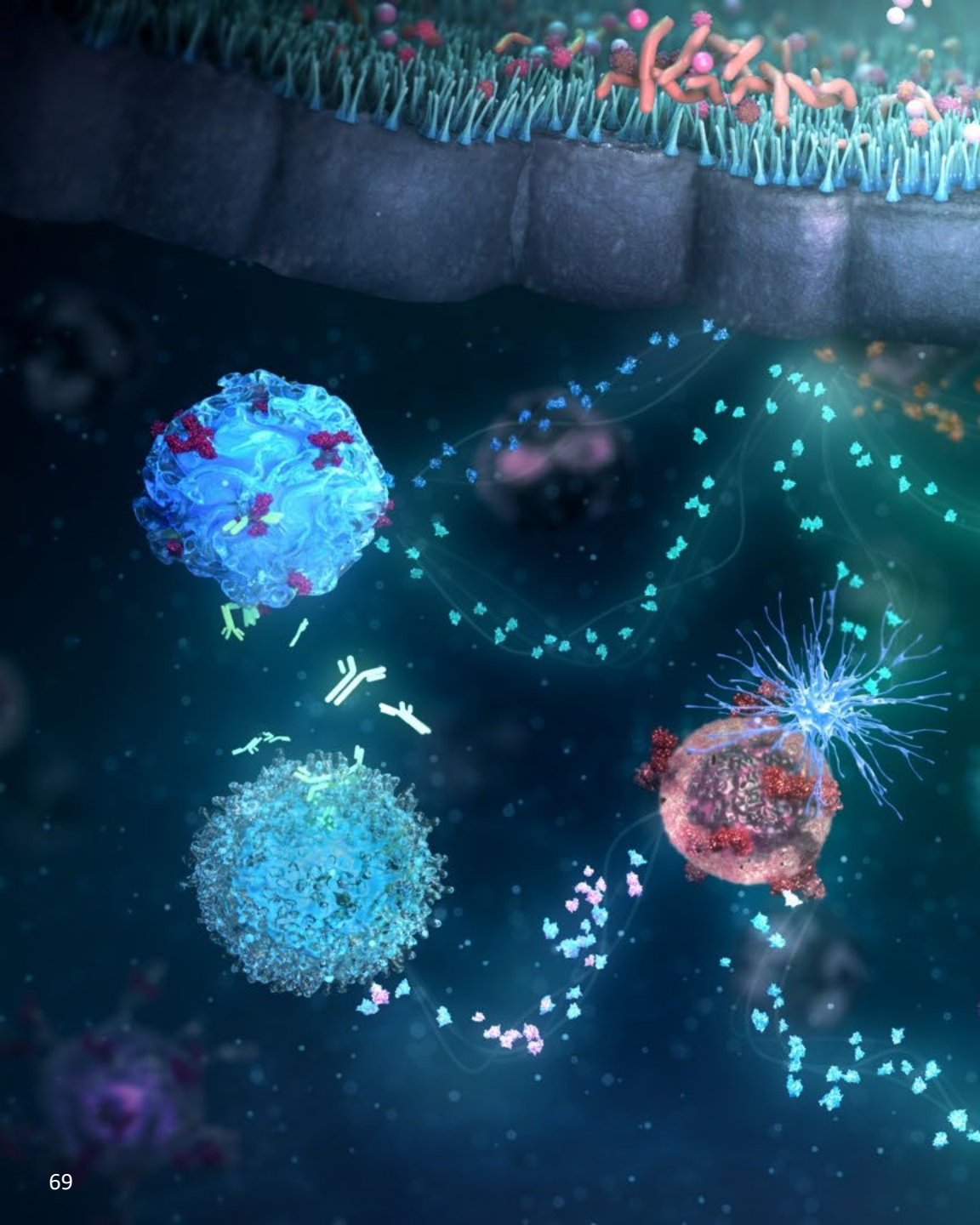
Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I/IIa NCT04931654	NSCLC, gastric cancer and other tumours	192	<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 sabestomig i.v. monotherapy</li> <li>Part B: dose expansion in post-IO and IO-naïve NSCLC patients and also post-IO gastric patients with sabestomig i.v. monotherapy</li> <li>Global trial</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: H1 2025</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 sabestomig</li> <li>Cohort B1: dose expansion where patients with anti-PD-1/PD-L1 exposed R/R cHL will receive sabestomig once the recommended Phase II dose (RP2D) has been determined</li> <li>Cohort B2: dose expansion where patients with anti-PD-1/PD-L1 naïve R/R cHL will receive sabestomig once the RP2D has been determined</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;2025</li> <li>Active - No Longer Recruiting</li> </ul>





# BioPharmaceuticals: approved medicines and late-stage development

# Andexxa (anti-factor Xa reversal)

## Haematology

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 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-factor Xa activity</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q2 2019</li><li>• Data readout: Q2 2023</li><li>• Primary endpoint met</li></ul>



# roxadustat (HIF-PH inhibitor)

## Anaemia

Approved medicines  
Late-stage development  
Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II/III NCT03303066 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>• LPCD: Q1 2023</li><li>• Data readout: Q2 2023</li><li>• Primary endpoint met</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# Wainua (eplontersen, ligand-conjugated antisense)

Approved medicines  
Late-stage development  
Early development

Oncology

## ATTR

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)	1438	<ul style="list-style-type: none"> <li>Arm 1: <i>Wainua</i> 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: 6MWT, KCCQ, CV events and CV mortality</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>Data anticipated: 2025+</li> </ul>
<b>Phase III NEURO-TTRansform NCT04136184 Partnered (Ionis Pharmaceuticals, Inc.)</b>	Hereditary transthyretin-mediated amyloid polyneuropathy (ATTRv-PN)	168	<ul style="list-style-type: none"> <li>Arm 1: <i>Wainua</i> 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>Secondary endpoint (Week 35): changes from baseline in Norfolk QOL</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> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2020</li> <li>LPCD: Q3 2023</li> <li>Data readout: Q2 2022</li> <li>Co-primary endpoints met at Week 35 and Week 66</li> </ul>
<b>Phase III EPIC-ATTR NCT06194825</b>	ATTR-CM	60	<ul style="list-style-type: none"> <li>Arm 1: <i>Wainua</i> s.c. Q4W</li> <li>Arm 2: placebo</li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint (at week 24): percent change from baseline in serum TTR concentration</li> <li>Secondary endpoints: PK, immunogenicity, disease biomarkers (NT pro-BNP, hsTnT)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: H1 2025</li> </ul>

CVRM

R&I

Other

V&I

Rare Disease





# balcinrenone/dapagliflozin (MR modulator + SGLT2 inhibitor)

## Heart failure, CKD

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III BalancedD-HF NCT06307652</b>	Heart failure patients with renal impairment (eGFR 20-60 ml/min) with heart failure event within the last 6 months	4800	<ul style="list-style-type: none"> <li>Randomised, double-blind, parallel-group, double-dummy, active-controlled, event-driven trial</li> <li>Arm 1: balcinrenone/dapagliflozin 15mg/10mg</li> <li>Arm 2: balcinrenone/dapagliflozin 40mg/10mg</li> <li>Arm 3: dapagliflozin 10mg</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: time to first occurrences of any the components of the composite of CV death, HF hospitalisation and HF event without hospitalisation</li> <li>Secondary endpoints: total occurrences (first and recurrent) of the components of the composite of CV death, HF hospitalisation and HF event without hospitalization; time to CV death; the hierarchical composite endpoint of death from any cause, total HF events, and change from baseline in KCCQ total symptom score to 24-week post-randomisation; and time do death from any cause</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase IIb MIRO-CKD NCT06350123</b>	CKD	300	<ul style="list-style-type: none"> <li>Multicentre, randomised, double-blind, dose-finding, parallel group, double-dummy trial</li> <li>Arm 1: balcinrenone/dapagliflozin 15 mg/10 mg once daily</li> <li>Arm 2: balcinrenone/dapagliflozin 40 mg/10 mg once daily</li> <li>Arm 3: dapagliflozin 10 mg once daily</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: Relative change in UACR from baseline to Week 12</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase IIb MIRACLE 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 + dapagliflozin 10mg</li> <li>Arm 2: AZD9977 B + dapagliflozin 10mg</li> <li>Arm 3: AZD9977 C + dapagliflozin 10mg</li> <li>Arm 4: dapagliflozin 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 dapagliflozin and 3 doses of AZD9977 combined with dapagliflozin on UACR; safety, tolerability and serum potassium values; eGFR</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2021</li> <li>LPCD: Q3 2023</li> <li>Data readout: Q4 2023</li> </ul>



# baxdrostat (selective aldosterone synthase inhibitor)

## Hypertension

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III BaxHTN NCT06034743</b>	Patients with uncontrolled hypertension on two or more antihypertensive medications including patients with resistant hypertension	720	<ul style="list-style-type: none"> <li>Arm 1: baxdrostat 1mg QD</li> <li>Arm 2: baxdrostat 2mg QD</li> <li>Arm 3: placebo QD</li> <li>Global trial – 29 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: effect of baxdrostat vs. placebo on seated systolic blood pressure at Week 12</li> <li>Secondary endpoints: effect of baxdrostat vs. placebo on seated systolic blood pressure at 8 weeks after randomised withdrawal, safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: H2 2025</li> </ul>
<b>Phase III Bax24 NCT06168409</b>	Patients with resistant hypertension on three or more antihypertensive medications	212	<ul style="list-style-type: none"> <li>Arm 1: baxdrostat 2mg QD</li> <li>Arm 2: placebo QD</li> <li>Global trial – 29 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: effect of baxdrostat vs. placebo on ambulatory 24-hour average systolic blood pressure at Week 12</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: H1 2025</li> </ul>
<b>Phase III BaxAsia NCT06344104</b>	Patients with uncontrolled hypertension on two or more antihypertensive medications including patients with resistant hypertension	300	<ul style="list-style-type: none"> <li>Arm 1: baxdrostat 1mg QD</li> <li>Arm 2 baxdrostat 2mg QD</li> <li>Arm 3: placebo QD</li> <li>Global Trial – 10 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: effect of baxdrostat vs. placebo on seated systolic blood pressure at Week 12</li> <li>Secondary endpoints: effect of baxdrostat vs. placebo on ambulatory 24-hour average systolic blood pressure, safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</li> </ul>



# baxdrostat (selective aldosterone synthase inhibitor)

## Hypertension

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II SPARK NCT04605549</b>	Patients with primary aldosteronism	18	<ul style="list-style-type: none"> <li>Arm 1: baxdrostat 2-8mg QD</li> <li>US only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability in patients with PA at doses from 2 to 8mg per day for 12 weeks and the reduction in SBP patients with PA after 12 weeks</li> <li>Secondary endpoints: reduction in DBP as a function of dose in patients with PA after 12 weeks of treatment, change in serum potassium and requirement for potassium supplementation and change in serum sodium and requirement for fluid or mineral replacement</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: H2 2024</li> </ul>
<b>Phase II HALO-OLE NCT05459688</b>	Patients with uncontrolled hypertension who have completed trial CIN-107-124	175	<ul style="list-style-type: none"> <li>Arm 1: baxdrostat 2mg QD</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: Q2 2022</li> <li>LPCD: Q4 2023</li> <li>Data readout: Q2 2024</li> </ul>
<b>Phase II FigHTN NCT05432167</b>	Patients with uncontrolled hypertension and CKD	194	<ul style="list-style-type: none"> <li>Arm 1: baxdrostat (low dose)</li> <li>Arm 2: baxdrostat (high dose)</li> <li>Arm 3: placebo</li> <li>US only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in mean seated systolic blood pressure vs. placebo at Week 26</li> <li>Secondary endpoint: to evaluate the treatment effect on SBP at Week 26 by dosing strategy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2022</li> <li>LPCD: Q2 2024</li> <li>Data anticipated: H2 2024</li> </ul>
<b>Phase II NCT06336356</b>	Patients with uncontrolled hypertension on one or more antihypertensive medications	45	<ul style="list-style-type: none"> <li>Arm 1: baxdrostat 2mg QD</li> <li>Arm 2: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: individual cortisol level before and after ACTH stimulation test at baseline and Week 8.</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: H1 2025</li> </ul>
<b>Phase I NCT06194032</b>	Healthy volunteers	28	<ul style="list-style-type: none"> <li>Arm 1: baxdrostat 16mg (single dose)</li> <li>Arm 2: baxdrostat 32mg (single dose)</li> <li>Arm 3: placebo (single dose)</li> <li>Arm 4: moxifloxacin 400mg (single dose)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: placebo-corrected change from baseline QTcF</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>LPCD: Q2 2024</li> <li>Data anticipated: H2 2024</li> </ul>
<b>Phase I NCT06357520</b>	Healthy volunteers	14	<ul style="list-style-type: none"> <li>Arm 1: baxdrostat 2mg and itraconazole 200mg</li> <li>US only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: AUC<sub>inf</sub> and C<sub>max</sub></li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: H2 2024</li> </ul>



# baxdrostat/dapagliflozin

## CKD

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 BaxDuo-Arctic NCT06268873</b>	CKD and high blood pressure	2500	<ul style="list-style-type: none"><li>• Arm 1: baxdrostat/dapagliflozin QD</li><li>• Arm 2: dapagliflozin/placebo QD</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: change from baseline in eGFR to post-treatment</li><li>• Secondary endpoints: change from baseline in SBP and UACR, kidney HCE and eGFR</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q2 2024</li><li>• Data anticipated: &gt;2025</li></ul>



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

## Chronic kidney disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III</b> <b>ZENITH High Proteinuria</b> <b>NCT06087835</b>	CKD and high proteinuria	1500	<ul style="list-style-type: none"> <li>Randomised, parallel, multi-centre, double-blind trial</li> <li>Arm 1: zibotentan/dapagliflozin dose A or dose B</li> <li>Arm 2: dapagliflozin</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change in eGFR from baseline</li> <li>Secondary endpoints: change in UPCR from baseline to each participant's mean level; change in UACR from baseline to each participant's mean level; time to the first occurrence of any of the components of the renal composite endpoint of 40% sustained decline in eGFR or ESKD or renal death</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase IIb</b> <b>ZENITH-CKD</b> <b>NCT04724837</b>	CKD	447	<ul style="list-style-type: none"> <li>Arm 1: zibotentan dose A + dapagliflozin 10mg QD</li> <li>Arm 2: zibotentan dose B + dapagliflozin 10mg QD</li> <li>Arm 3: dapagliflozin 10mg + placebo QD</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/dapagliflozin 10mg vs. dapagliflozin 10mg</li> <li>Secondary endpoints: change in log-transformed UACR from baseline to Week 12 zibotentan dose A/dapagliflozin 10mg vs. dapagliflozin 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 readout: Q3 2023</li> <li>Primary endpoint met</li> </ul>



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

## Liver cirrhosis

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	195	<ul style="list-style-type: none"> <li>Phase IIa/b multi-centre, randomised, double-blind, placebo-controlled, parallel group dose-ranging trial</li> <li>Part A - Arm 1: placebo</li> <li>Part A - Arm 2: zibotentan dose B + dapagliflozin</li> <li>Part B - Arm 1: placebo</li> <li>Part B - Arm 2: placebo + dapagliflozin</li> <li>Part B - Arm 3: zibotentan dose A + dapagliflozin</li> <li>Part B - Arm 4: zibotentan dose B + dapagliflozin</li> <li>Part B - Arm 5: zibotentan dose C + dapagliflozin</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 dapagliflozin in combination vs. placebo</li> <li>Primary endpoint (Part B): absolute change in HVPG from baseline to Week 6 comparing zibotentan and dapagliflozin in combination and dapagliflozin mono vs. placebo</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2022</li> <li>Data anticipated: H1 2025</li> </ul>



# Airsupra (PT027, SABA/ICS, pMDI)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIIb</b> <b>BATURA</b> <b>NCT05505734</b> <b>Managed by Avillion</b> <b>(Avillion)</b>	Adults and adolescents with mild asthma	2518	<ul style="list-style-type: none"> <li>Randomised, double-blind, multi-centre, parallel-group, decentralised</li> <li>12 to 52-week treatment period</li> <li>Arm 1: <i>Airsupra</i> MDI 160/180µg</li> <li>Arm 2: AS MDI 180µg</li> <li>US only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to first severe asthma exacerbation</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: H1 2025</li> </ul>
<b>Phase IIIb</b> <b>ACADIA</b> <b>NCT06307665</b>	Adolescents with Asthma	440	<ul style="list-style-type: none"> <li>Randomised, double-blind, multi-center, parallel-group</li> <li>Arm 1: BDA MDI 160/180 µg prn</li> <li>Arm 2: AS MDI 180 µg prn</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: severe asthma exacerbation rate (annualised)</li> <li>Secondary endpoints: time to first severe exacerbation, annualised total systemic corticosteroid exposure, safety (AEs &amp; SAEs), PK sub-study (including Cmax, AUClast and AUCinf)</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
<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, multi-centre, parallel group</li> <li>Treatments: minimum 24-week treatment period</li> <li>Arm 1: <i>Airsupra</i> (budesonide albuterol) MDI 80/180µg prn</li> <li>Arm 2: <i>Airsupra</i> MDI 160/180µg prn</li> <li>Arm 3: AS MDI 180µg prn</li> <li>Global trial</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>



# Airsupra (PT027, SABA/ICS, pMDI)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
Phase III DENALI NCT03847896 Managed by Avillion (Avillion)	Mild to moderate asthma	1001	<ul style="list-style-type: none"> <li>Randomised, double-blind, multi-centre and parallel-group</li> <li>Treatments: 12-week treatment period</li> <li>Arm 1: <i>Airsupra</i> MDI 80/180µg QID</li> <li>Arm 2: <i>Airsupra</i> MDI 160/180µg QID</li> <li>Arm 3: <i>Airsupra</i> MDI 160µg QID</li> <li>Arm 4: AS MDI 180µg QID</li> <li>Arm 5: placebo MDI QID</li> <li>Global trial</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>
Phase III BAIYUN NCT06471257	Adult patients with asthma	790	<ul style="list-style-type: none"> <li>Randomised, double-blind, multi-centre, event-driven, parallel-group</li> <li>Arm 1: BDA MDI 160/180 µg prn</li> <li>Arm 2: AS MDI 180 µg prn</li> <li>China only</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: Time to first severe exacerbation</li> <li>Secondary endpoints: Severe exacerbation rate (annualised), total systemic corticosteroid exposure, ACQ-5 responder, AQLQ+12 responder</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase I NCT06139991	Healthy volunteers	66	<ul style="list-style-type: none"> <li>Randomised, double-blind, single-dose, single-center, partial-replicate, 3-way crossover trial</li> <li>BDA MDI HFO 80/90µg (single dose of 2 inhalations)</li> <li>BDA MDI HFA 80/90µg (single dose of 2 inhalations)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: AUClast, Cmax</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: H2 2024</li> </ul>





# Breztri, Trixeo (LAMA/LABA/ICS)

## 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 multi-centre trial</li> <li>Treatments (24- to 52-week variable length)</li> <li>Arm 1: Breztri 320/28.8/9.6µg BID MDI</li> <li>Arm 2: BGF 320/14.4/9.6µg BID MDI</li> <li>Arm 3: <i>Symbicort Aerosphere</i> 320/9.6µg BID MDI</li> <li>Arm 4: <i>Symbicort</i> 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: H1 2025</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 multi-centre trial</li> <li>Treatments (24- to 52-week variable length)</li> <li>Arm 1: Breztri 320/28.8/9.6µg BID MDI</li> <li>Arm 2: BGF 320/14.4/9.6µg BID MDI</li> <li>Arm 3: <i>Symbicort Aerosphere</i> 320/9.6µg BID MDI</li> <li>Arm 4: <i>Symbicort</i> 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: H1 2025</li> </ul>
<b>Phase III VATHOS NCT05202262</b>	Moderate asthma	630	<ul style="list-style-type: none"> <li>Randomised, double-blind, parallel group, multi-centre trial</li> <li>Treatments (24-week)</li> <li>Arm 1: <i>Symbicort Aerosphere</i> 320/9.6µg BID MDI</li> <li>Arm 2: BGF 160/9.6µg BID MDI</li> <li>Arm 3: BD 320µg BID MDI</li> <li>Arm 4: open-label <i>Symbicort</i> 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: H1 2025</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 multi-centre</li> <li>Treatments (12-week)</li> <li>Arm 1: BGF 160/9.6µg BID MDI</li> <li>Arm 2: BD 160µg BID MDI</li> <li>Global trial</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: H1 2025</li> </ul>



# Breztri, Trixeo (LAMA/LABA/ICS)

## COPD

Approved medicines  
Late-stage development  
Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III ATHLOS NCT06067828	COPD	180	<ul style="list-style-type: none"> <li>Randomised, double-blind, three-treatment, three-period, cross-over trial</li> <li>Treatments (2-week treatment periods, 2-week washout between treatments)</li> <li>Arm 1: <i>Breztri</i> 320/14.4/9.6µg BID MDI</li> <li>Arm 2: <i>Symbicort Aerosphere</i> 320/9.6µg BID MDI</li> <li>Arm 3: placebo BID MDI</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in isotime IC</li> <li>Secondary endpoint: change from baseline in constant work rate cycle ergometry endurance time</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: H2 2025</li> </ul>
Phase III THARROS NCT06283966	COPD	5000	<ul style="list-style-type: none"> <li>Randomised, double blind, parallel group, multi-centre event-driven trial</li> <li>comparing <i>Breztri</i> 320/14.4/9.6 µg BID with GFF MDI 14.4/9.6 µg BID in participants</li> <li>with COPD who are at risk of a cardiopulmonary event</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to first severe cardiac or COPD event</li> <li>Secondary endpoints: time to first severe COPD exacerbation event, time to first severe cardiac event, time to cardiopulmonary death, moderate/severe COPD exacerbation rate, time to MI hospitalisation or cardiac death and time to HF acute healthcare visit/hospitalisation or cardiac death</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: &gt;2025</li> </ul>

Oncology  
CVRM  
R&I  
Other  
V&I  
Rare Disease



# Fasenra (IL-5R mAb)

## Nasal polyposis and other eosinophilic diseases

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III OSTRO</b> NCT03401229	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</b> NCT04157335	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 – 17 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: H2 2024</li> </ul>
<b>Phase III MANDARA</b> NCT04157348	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 readout: Q3 2023</li> <li>Primary endpoint met</li> </ul>
<b>Phase III NATRON</b> NCT04191304	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 – 15 to 18 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 2024</li> </ul>



# Fasenra (IL-5R mAb)

## Severe, uncontrolled asthma and COPD

Trial	Population	Patients	Design	Endpoints	Status
<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>
<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 – 30 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: annualised 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: H2 2025</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: H2 2025</li> </ul>
Phase III AZALEA-SLE NCT04931563 Partnered (BMS)	Moderate to severe SLE	276	<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>LPCD: Q2 2024</li> <li>Data anticipated: H1 2025</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> <li>Global trial</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;2025</li> </ul>
Phase III LAVENDER NCT06015737 Partnered (BMS)	Chronic and/or subacute CLE	460	<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 (US): CLA-IGA-R erythema 0/1 at Week 24</li> <li>Primary endpoint (EU and RoW): CLASI-70 at Week 24</li> </ul>	<ul style="list-style-type: none"> <li>Data anticipated: &gt;2025</li> </ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# *Saphnelo* (type I interferon receptor mAb)

## Sclerosis and other myopathies

Trial	Population	Patients	Design	Endpoints	Status
Phase III DAISY NCT05925803 Partnered (BMS)	Systemic sclerosis	306	<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: CRISS-25 at Week 52</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase III JASMINE NCT06455449 Partnered (BMS)	Idiopathic inflammatory myopathies	240	<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: Total Improvement Score <math>\geq</math> 40 at Week 52</li> </ul>	<ul style="list-style-type: none"> <li>Data anticipated: &gt;2025</li> <li>Initiating</li> </ul>



# Tezspire (TSLP mAb)

## CRSwNP, COPD and EoE

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III WAYPOINT NCT04851964 Partnered (AMGEN)</b>	Severe chronic rhinosinusitis with nasal polyps; age 18 years and older	416	<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>LPCD: Q4 2023</li> <li>Data anticipated: H2 2024</li> </ul>
<b>Phase III CROSSING NCT05583227 Partnered (AMGEN)</b>	Adult and paediatric 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;2025</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>LPCD: Q4 2022</li> <li>Data readout: Q2 2024</li> <li>Primary endpoint not met</li> </ul>



# Tezspire (TSLP mAb)

## Severe, uncontrolled asthma

Approved medicines  
Late-stage development  
Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III <b>NAVIGATOR</b> NCT03347279 Partnered (AMGEN)	Severe asthma; age 12 to 80 years	1061	<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 – 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>
Phase III <b>DIRECTION</b> NCT03927157 Partnered (AMGEN)	Severe asthma; age 18 to 80 years	405	<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 trial (Asia) – 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>LPCD: Q2 2023</li> <li>Data readout: Q3 2024</li> <li>Primary endpoint met</li> </ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease





# HFO1234ze (next-generation propellant)

## pMDI

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III NCT05755932	Mucociliary clearance in healthy volunteers	30	<ul style="list-style-type: none"> <li>Randomised, double-blind, multi-site, two-way crossover trial with propellant only</li> <li>Arm 1: HFO pMDI; 6 inhalations BID for 7 days</li> <li>Arm 2: HFA pMDI; 6 inhalations BID for 7 days</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in MCC through 60 minutes following inhalation of 99m technetium sulfur colloid and gamma camera imaging</li> <li>Secondary endpoint: change from baseline in MCC at 3 hours following inhalation of 99m technetium sulfur colloid and gamma camera imaging</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2023</li> <li>Data anticipated: H2 2024</li> </ul>
Phase III NCT05850494	Well-controlled or partially-controlled asthma	52	<ul style="list-style-type: none"> <li>Randomised, multi-centre double-blind, single-dose crossover trial</li> <li>Arm 1: HFO propellant only pMDI; 4 inhalations per dose</li> <li>Arm 2: HFA propellant only pMDI; 4 inhalations per dose</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: change from baseline FEV1 0 to 15 minutes post-dose, cumulative incidence of bronchospasm events and safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2023</li> <li>Data readout: Q1 2024</li> <li>Primary endpoint met</li> </ul>
Phase III NCT06075095	COPD	240	<ul style="list-style-type: none"> <li>Randomised, placebo-controlled, double-blind, multi-centre, 4-week, 3-way crossover pharmacodynamic trial to assess the equivalence of <i>Breztri</i> delivered by pMDI HFO vs. with <i>Breztri</i> delivered by MDI HFA</li> <li>Arm 1: <i>Breztri</i> pMDI HFO 320/14.4/9.6µg</li> <li>Arm 2: <i>Breztri</i> pMDI HFA 320/14.4/9.6 µg</li> <li>Placebo: MDI HFA</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: changes in FEV1 AUC (0-4) and change in morning pre-dose trough FEV1</li> <li>Secondary endpoints: safety and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>Data anticipated: H2 2025</li> </ul>
Phase III NCT05573464	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, multi-centre trial</li> <li>Arm 1: <i>Breztri</i> MDI HFO 160/7.2/4.8µg (2 inhalations BID)</li> <li>Arm 2: <i>Breztri</i> 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: H2 2024</li> </ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# HFO1234ze (next-generation propellant)

## pMDI

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 NCT05477108</b>	Healthy volunteers	108	<ul style="list-style-type: none"> <li>Randomised, double-blind, single-dose, single-centre, partial-replicate, 3-way crossover trial</li> <li>Arm 1: <i>Breztri</i> pMDI HFO 160/7.2/4.8µg (single dose of 4 inhalations)</li> <li>Arm 2: <i>Breztri</i> pMDI 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 readout: Q4 2023</li> <li>Primary endpoint met</li> </ul>
<b>Phase I NCT05569421</b>	Healthy volunteers	108	<ul style="list-style-type: none"> <li>Randomised, double-blind, single-dose, single-centre, partial-replicate, 3-way crossover trial</li> <li>Arm 1: <i>Breztri</i> pMDI HFO 160/7.2/4.8µg (single dose of 4 inhalations)</li> <li>Arm 2: <i>Breztri</i> pMDI 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 readout: Q1 2024</li> <li>Primary endpoint met</li> </ul>
<b>Phase I NCT06139991</b>	Healthy volunteers	66	<ul style="list-style-type: none"> <li>Randomised, double-blind, single-dose, cross-over trial to assess the equivalence of <i>Airsupra</i> delivered by pMDI HFO vs. with <i>Airsupra</i> delivered by pMDI HFA</li> <li>Arm 1: <i>Airsupra</i> pMDI HFO 80/90µg (single dose of 2 inhalations)</li> <li>Arm B: <i>Airsupra</i> pMDI HFA 80/90µg (single dose of 2 inhalations)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: AUClast and Cmax</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: H2 2024</li> </ul>
<b>Phase I NCT06297668</b>	Healthy participants	42	<ul style="list-style-type: none"> <li>Randomised, partial double-blind, single dose, three way cross-over trial</li> <li>Arm 1: BGF MDI HFA 160/7.2/4.8 µg with spacer</li> <li>Arm 2: BGF MDI HFO 160/7.2/4.8 µg with spacer</li> <li>Arm 3: BGF MDI HFO 160/7.2/4.8 µg without spacer</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: Area Under the Plasma Concentration-curve from Zero to the Last Quantifiable Concentration (AUClast) of BGF MDI, Maximum Observed Concentration (Cmax) of BGF MDI</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>LPCD: Q2 2024</li> <li>Data anticipated: H2 2024</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	1060	<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: annualised rate of moderate to severe COPD exacerbations (former smokers)</li> <li>Secondary endpoints: annualised rate of moderate to severe COPD exacerbations (former or current smokers) and change in pre-BD FEV1, E-RS:COPD and SGRQ</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase III TITANIA NCT05158387</b>	Adults with symptomatic COPD with a history of exacerbations	1060	<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: annualised rate of moderate to severe COPD exacerbations (former smokers)</li> <li>Secondary endpoints: annualised rate of moderate to severe COPD exacerbations (former or current smokers) and change in pre-BD FEV1, E-RS:COPD and SGRQ</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data anticipated: &gt;2025</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)	1596	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, parallel-group, long-term extension trial</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;2025</li> </ul>



# tozorakimab (IL-33 ligand mAb)

## 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 III MIRANDA NCT06040086</b>	Adults with symptomatic COPD with a history of exacerbations	1240	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, parallel group</li> <li>Arm 1: tozorakimab dose s.c. + SoC</li> <li>Arm 2: placebo s.c. + SoC</li> <li>Global trial – 29 countries</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: annualised rate of moderate to severe COPD exacerbations (former smokers)</li> <li>Secondary endpoints: annualised rate of moderate to severe COPD exacerbations (former or current smokers), annualised rate of severe COPD exacerbations (former and former or current smokers) and change in pre-BD FEV1, E-RS:COPD and SGRQ</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase II FRONTIER-4 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 readout: Q3 2023</li> </ul>



# tozorakimab (IL-33 ligand mAb)

## Severe viral LRTD, asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III TILIA NCT05624450</b>	Adults hospitalised for viral lung infection requiring supplemental oxygen	2902	<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: &gt;2025</li> </ul>
<b>Phase II FRONTIER-3 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>Global trial – 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 readout: Q2 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)	3012	<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: H1 2025</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: <i>Synagis</i> 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>LPCD: Q1 2022</li> <li>Data readout: Q2 2023</li> <li>Primary endpoint met</li> </ul>



# Evusheld (AZD7442, tixagevimab + cilgavimab)

## COVID-19

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase II ENDURE NCT05375760	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 readout: Q1 2024</li> <li>Primary endpoint met</li> </ul>
Phase I NCT05166421	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>LPCD: Q3 2022</li> <li>Data readout: Q4 2023</li> <li>Primary endpoint met</li> </ul>
Phase I TRUST NCT05281601 (No partner)	Pediatric participants $\geq 29$ 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><i>Evusheld</i></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: H2 2024</li> </ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



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

## COVID-19

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

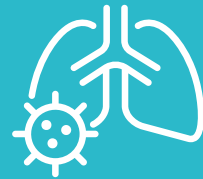
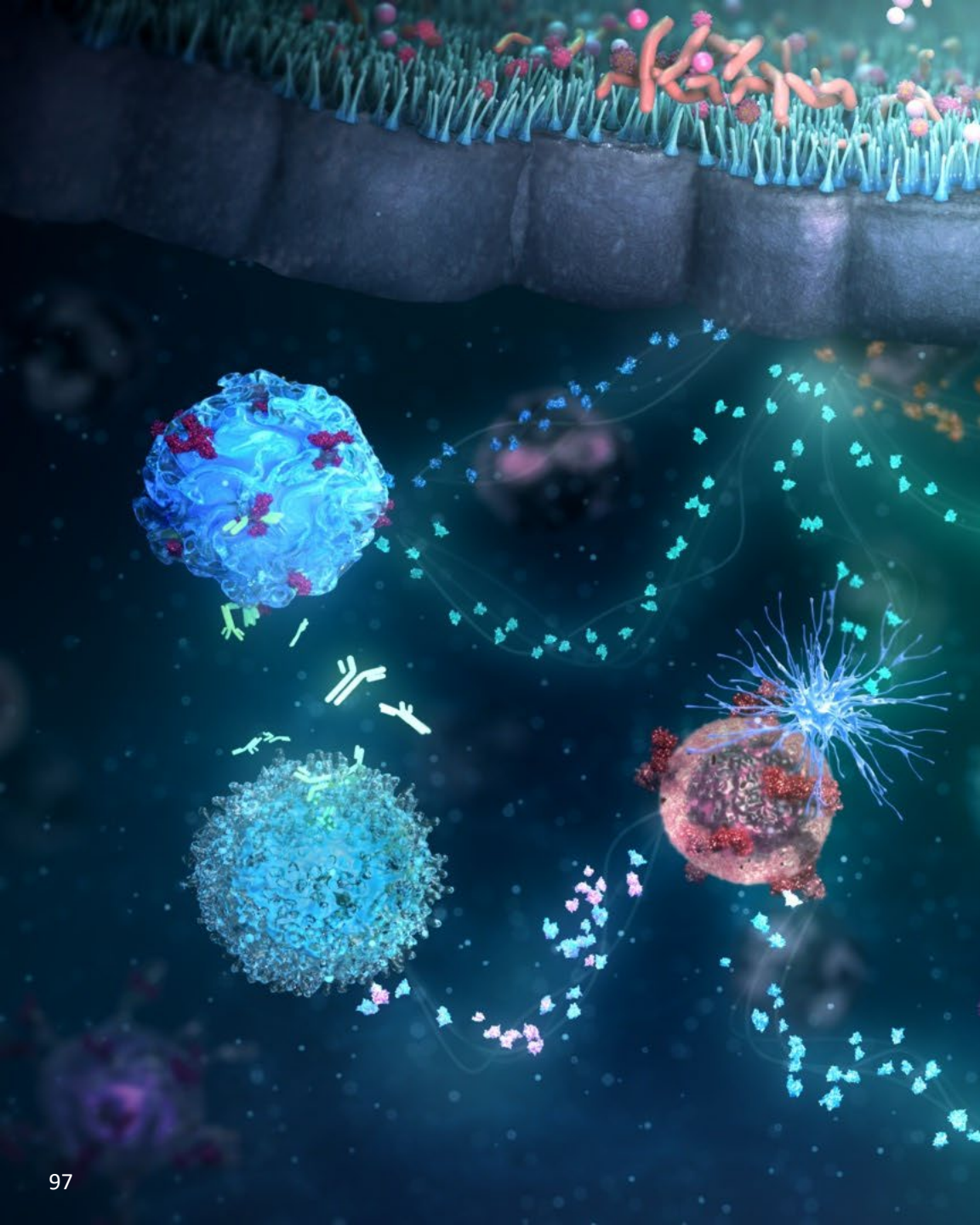
V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III SUPERNOVA NCT05648110	Phase I: healthy adults; age 18 to 55 years Phase II: immunocompetent or immunoimpaired adults Phase III: 12 years of age or older with conditions causing immune impairment	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 comparator (600mg <i>Evusheld</i> or placebo) administered i.m. in the anterolateral thigh on Day 1; participants will receive a second dose of their original randomised trial intervention 6 months after Visit 1</li> <li>Phase II (sub-study, open-label): participants randomised 2:1 to receive 1200mg i.v. AZD3152 or 300mg i.m. <i>Evusheld</i></li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (Phase III main cohort): to evaluate the safety of AZD3152 and <i>Evusheld</i> and/or placebo and to compare the efficacy of AZD3152 to <i>Evusheld</i> and/or placebo in the prevention of symptomatic COVID-19</li> <li>Primary endpoints (Phase II sub-study): to evaluate the safety of AZD3152 and <i>Evusheld</i>; to compare the nAb responses to the SARS-CoV-2 to a current variant of concern following AZD3152 administration vs. SARS-CoV-2 nAb responses to prior variants following <i>Evusheld</i> administration, 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>LPCD: Q4 2023</li> <li>Data readout: Q2 2024</li> <li>Primary Endpoint met</li> </ul>
Phase I LITTLE DIPPER NCT05872958	Healthy adult participants; age 18 to 55 years	96	<ul style="list-style-type: none"> <li>Phase I, double-blind, placebo-controlled, multi-centre, dose exploration trial</li> <li>to evaluate the safety and PK of AZD3152 in healthy adult participants across different dose levels and routes of administration</li> <li>Approximately 96 participants randomised in a 10:2 ratio to receive either AZD3152 or placebo administered i.m. or i.v. across 5 fixed-dose cohorts</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: to evaluate the safety of i.m. or i.v. administration of AZD3152 and to characterise the PK of AZD3152 in serum after a single i.m. or i.v. dose</li> <li>Secondary endpoint: to evaluate ADA responses to AZD3152</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2023</li> <li>LPCD: Q3 2023</li> <li>Data readout: Q4 2023</li> <li>Primary endpoint met</li> </ul>







# BioPharmaceuticals: early-stage development

# AZD0233

## Dilated Cardiomyopathy

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT06381466	Healthy volunteers	96	<ul style="list-style-type: none"><li>Randomised, SAD/MAD dose escalating trial</li></ul>	<ul style="list-style-type: none"><li>Primary endpoint: safety and Tolerability</li><li>Secondary endpoints: PK parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2024</li><li>Data anticipated: H1 2025</li></ul>



# AZD0780 (PCSK9 inhibitor)

## Dyslipidaemia

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II PURSUIT NCT06173570</b>	Dyslipidaemia	428	<ul style="list-style-type: none"> <li>Randomised trial with equal distribution across 5 parallel treatment arms to either placebo or one of four AZD0780 doses</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: percent change in LDL-C level from baseline to Week 12</li> <li>Secondary endpoints: percent change from baseline of LDL-C at Week 12, plasma concentrations summarised by sampling timepoint, percent change from baseline at Week 12 in other lipid parameters and inflammatory markers and safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2024</li> <li>LPCD: Q2 2024</li> <li>Data anticipated: H1 2025</li> </ul>
<b>Phase I NCT05384262</b>	Healthy adults	183	<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>LPCD: Q2 2024</li> <li>Data anticipated: H2 2024</li> </ul>
<b>Phase I NCT05787002</b>	Healthy volunteers	16	<ul style="list-style-type: none"> <li>Open-label, two-period, two-sequence crossover trial to assess the effect of AZD0780 on the PK of Crestor</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: PK parameters, safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2023</li> <li>LPCD: Q2 2023</li> <li>Data readout: Q4 2023</li> </ul>
<b>Phase I NCT05817461</b>	Healthy volunteers	8	<ul style="list-style-type: none"> <li>Open-label, two-part sequential human ADME trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: mass balance recovery, absorption, metabolism, excretion of [<sup>14</sup>C]AZD0780 and absolute bioavailability of AZD0780</li> <li>Secondary endpoints: safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2023</li> <li>LPCD: Q2 2023</li> <li>Data readout: Q4 2023</li> </ul>



# AZD1705 (Angptl3 inhibitor)

## Dyslipidaemia

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>NCT06238466</b>	Dyslipidaemia	112	<ul style="list-style-type: none"><li>Part A: single dose of AZD1705 with an in-clinic period of 3 days followed by an outpatient follow-up period of approximately 16 weeks</li><li>Part B: 2 doses of AZD1705 given 28 days apart with an in-clinic period followed by an outpatient follow-up period of approximately 20 weeks</li></ul>	<ul style="list-style-type: none"><li>Primary endpoints: AEs and SAEs</li><li>Secondary endpoints: AUCinf, AUClast, Cmax, Ae, fe, CLR, LDL-C, ApoB, triglycerides and target plasma protein</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q1 2024</li><li>Data anticipated: H2 2025</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	24	<ul style="list-style-type: none"><li>MAD dose escalation in 3 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 trial participants</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2022</li><li>LPCD: Q1 2023</li><li>Data readout: Q4 2023</li></ul>



# AZD2389 (anti-fibrotic mechanism)

## MASH

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT06138795	Healthy volunteers	104	<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: Q4 2023</li><li>Data anticipated: H2 2024</li></ul>



# AZD2693 (antisense oligonucleotide)

## MASH

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb FORTUNA NCT05809934</b>	NASH with fibrosis	180	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, multi-centre trial</li> <li>Arm 1: AZD2693 s.c. dose 1</li> <li>Arm 2: AZD2693 s.c. dose 2</li> <li>Arm 3: placebo s.c.</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: efficacy, safety and tolerability of AZD2693</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase I NCT04483947</b>	NASH/NAFLD F0-F3	74	<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>LPCD: Q3 2023</li> <li>Data anticipated: H1 2024</li> </ul>
<b>Phase I 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 readout: Q4 2023</li> </ul>
<b>Phase I NCT05919069</b>	Hepatic impairment	32	<ul style="list-style-type: none"> <li>Single-dose, non-randomised, open-label, parallel group trial</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: Q3 2023</li> <li>Data anticipated: H2 2024</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 II Re-PHiRE NCT05737940</b>	Heart failure and pulmonary hypertension due to left heart disease	220	<ul style="list-style-type: none"><li>• Randomised, double-blind, placebo-controlled, multi-centre trial</li><li>• Arm 1: AZD3427 (high dose)</li><li>• Arm 2: AZD3427 (medium dose)</li><li>• Arm 3: AZD3427 (low dose)</li><li>• Arm 4: placebo</li><li>• Global trial – US, Canada, China, Japan, Czech Republic, Italy, Spain, Netherlands, Poland, UK, Austria, Germany, Denmark and Sweden</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: change in PVR from baseline to Week 25 vs. placebo as measured by right heart catheterisation</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q2 2023</li><li>• Data anticipated: H1 2025</li></ul>





# AZD4144 (inflammation modulator)

## Cardiorenal 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 NCT06122714	Healthy volunteers	96	<ul style="list-style-type: none"><li>Randomised, single-blind, placebo-controlled, single ascending dose SAD/MAD sequential group trial</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 2023</li><li>Data anticipated: H2 2024</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 IIb LUMINARA NCT06299826</b>	Stable patients with chronic heart failure	360	<ul style="list-style-type: none"> <li>Two Cohort, Randomised, double-blind, placebo-controlled, multi-centre trial</li> <li>Arm 1: AZD5462 (high dose)</li> <li>Arm 2: AZD5462 (medium dose)</li> <li>Arm 3: AZD5462 (low dose)</li> <li>Arm 4: placebo</li> <li>Global trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change in heart function from baseline to Week 25 compared to placebo.</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2024</li> <li>Data anticipated: H2 2025</li> </ul>
<b>Phase I NCT04994106</b>	Healthy volunteers	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 readout: Q2 2023</li> </ul>



# AZD6234 (long-acting amylin)

## Obesity with related comorbidities

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I NCT05511025</b>	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 readout: Q1 2024</li> </ul>
<b>Phase I NCT06132841</b>	Overweight or obese participants		<ul style="list-style-type: none"> <li>Randomised, single-blind, placebo-controlled trial with repeated doses of AZD6234 or placebo via s.c. injection</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability of repeat doses</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: H2 2025</li> </ul>



# AZD7503 (antisense oligonucleotide)

## MASH

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I NCT05143905</b>	Healthy volunteers	56	<ul style="list-style-type: none"> <li>SAD, 7 cohorts</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 readout: Q4 2023</li> <li>Trial discontinued due to strategic portfolio prioritisation</li> </ul>
<b>Phase I NCT05560607</b>	NAFLD or NASH	14	<ul style="list-style-type: none"> <li>Single-centre, open-label Phase I trial to assess knockdown of hepatic HSD17B13 mRNA PK, safety and tolerability following multiple doses of AZD7503</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> <li>Secondary endpoint: change in HSD17B13 mRNA expression</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2022</li> <li>Data anticipated: H2 2024</li> <li>Trial discontinued due to strategic portfolio prioritisation</li> </ul>
<b>Phase I NCT05864391</b>	NASH F1-F3	60	<ul style="list-style-type: none"> <li>Randomised, single-blind, MAD trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> <li>Secondary endpoint: PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2023</li> <li>Data anticipated: H2 2024</li> <li>Trial discontinued due to strategic portfolio prioritisation</li> </ul>



# AZD9550 (GLP-1-glucagon agonist)

## MASH

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase I NCT05848440</b>	Healthy volunteers	64	<ul style="list-style-type: none"> <li>SAD trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: safety and tolerability</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2023</li> <li>LPCD: Q4 2023</li> <li>Data readout: Q2 2024</li> </ul>
<b>Phase I CONTEMPO NCT06151964</b>	Overweight and obese participants with T2DM	90	<ul style="list-style-type: none"> <li>Randomised, single-blind, placebo-controlled, MAD trial with 4 parts (A to D)</li> <li>Part A: multiple repeat doses of AZD9550 or placebo given as 4 QW s.c. doses for 4 weeks to 2 sequential cohorts evaluating 2 low dose levels of AZD9550 or placebo</li> <li>Part B: QW up-titration over 5 doses of AZD9550 or placebo</li> <li>Part C: bi-weekly/monthly up-titration of AZD9550 or placebo for 24 weeks</li> <li>Part D: bi-weekly/monthly up-titration of AZD9550 or placebo for 24 weeks (Japan only)</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety and tolerability and PK parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: H2 2025</li> </ul>



# MEDI6570

## 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 GOLDILOX 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: MEDI6570 (high dose)</li><li>• Arm 2: MEDI6570 (medium dose)</li><li>• Arm 3: MEDI6570 (low dose)</li><li>• Arm 4: placebo</li><li>• Global trial – 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 readout: Q1 2024</li><li>• Trial discontinued due to strategic portfolio prioritisation</li></ul>



# mitiperstat (MPO inhibitor)

## Cardiovascular disease

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIb ENDEAVOR NCT04986202</b>	HFpEF	711	<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: safety and efficacy</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q3 2021</li> <li>Data readout: Q2 2024</li> </ul>
<b>Phase I NCT05236543</b>	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>
<b>Phase I NCT05457270</b>	Healthy volunteers	30	<ul style="list-style-type: none"> <li>Open-label</li> <li>2-period, 2-treatment, single-dose, crossover trial</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 readout: Q1 2023</li> </ul>



# mitiperstat (MPO inhibitor)

## MASH

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II COSMOS NCT05638737</b>	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 readout: Q2 2024</li></ul>
<b>Phase I NCT05751759</b>	Participants with hepatic impairment and participants with normal hepatic function	32	<ul style="list-style-type: none"><li>• Phase I, single dose, non-randomised, open-label, parallel-group trial</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 2023</li><li>• Data anticipated: H2 2024</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease





# atuliflapon (FLAP inhibitor)

## Asthma

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIa FLASH NCT05251259</b>	Patients with moderate-to-severe uncontrolled asthma	666	<ul style="list-style-type: none"><li>• Randomised, placebo-controlled, double-blind, multi-centre trial with 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>• 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: H1 2025</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# AZD0292 (Psl-PcrV N3Y-bispecific mAb)

## Bronchiectasis

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>NCT06311760</b>	Healthy volunteers	24	<ul style="list-style-type: none"><li>• Randomised, single-blind, placebo-controlled trial</li><li>• Arm 1: AZD0292 Dose 1 administered via i.v. infusion</li><li>• Arm 2: AZD0292 Dose 2 administered via i.v. infusion</li><li>• Arm 3: AZD0292 Dose 3 administered via i.v. infusion</li><li>• Arm 4: placebo administered via i.v. infusion</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoints: AEs and participants with AESI</li><li>• Secondary endpoints: Cmax, AUClast, AUCinfinity and ADA</li></ul>	<ul style="list-style-type: none"><li>• Data anticipated: H1 2025</li></ul>



# AZD1163 (bispecific antibody)

## Rheumatoid arthritis

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>NCT06103877</b>	Healthy volunteers	64	<ul style="list-style-type: none"><li>• Randomised, double-blind, placebo-controlled SAD/MAD trial</li><li>• Part 1 (SAD): 9 cohorts with 8 i.v. administered dose levels and 1 s.c. administered dose level of AZD1163</li><li>• Part 2 (MAD): 2 s.c. dose levels of AZD1163</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: number of participants with AEs</li><li>• Secondary endpoints: AUCinf, AUClast and Cmax</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q4 2023</li><li>• Data anticipated: H1 2025</li></ul>



# AZD4604 (inhaled JAK-1 inhibitor)

## Asthma

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase IIa AJAX NCT06020014</b>	Moderate-to-severe asthma uncontrolled on medium- to high-dose ICS-LABA	320	<ul style="list-style-type: none"> <li>Multicentre, randomised, placebo-controlled, double-blind, parallel-group trial</li> <li>Arm 1: AZD4604</li> <li>Arm 2: placebo</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: time to first CompEx asthma event</li> <li>Secondary endpoints: Pre-BD FEV1, CAAT, ACQ-6, average morning and average evening PEF, daily asthma symptom score, time to first CompEx acute worsening event, CompEx event rate and CompEx acute worsening event rate</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase I NCT04769869</b>	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 readout: Q3 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
Phase I NCT05662033	Healthy volunteers	133	<ul style="list-style-type: none"><li>Single-blind, randomised, placebo-controlled trial</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 2024</li></ul>
Phase I NCT06368440	Healthy volunteers	40	<ul style="list-style-type: none"><li>Single-blind, randomised, placebo-controlled trial</li><li>Japanese and Chinese healthy participants</li></ul>	<ul style="list-style-type: none"><li>Primary endpoint: safety</li><li>Secondary endpoints: PK parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2024</li><li>Data anticipated: H1 2025</li></ul>



# AZD6912 (siRNA)

## Rheumatoid arthritis

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT06115967	Healthy volunteers	64	<ul style="list-style-type: none"><li>Randomised, double-blind, placebo-controlled SAD trial</li><li>Arm 1: AZD6912</li><li>Arm 2: placebo</li></ul>	<ul style="list-style-type: none"><li>Primary endpoint: incidence of AEs</li><li>Secondary endpoint: PK parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q4 2023</li><li>Data anticipated: H2 2025</li></ul>



# AZD7798 (humanised mAb)

## 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
<b>Phase I</b> <b>NCT05452304</b>	Global, Japanese and Chinese healthy volunteers	144	<ul style="list-style-type: none"><li>• SAD repeating dose trial</li><li>• Arm 1: AZD7798</li><li>• Arm 2: 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 readout: Q4 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>LPCD: Q3 2023</li><li>Data readout: Q4 2023</li></ul>





# mitiperstat (MPO inhibitor)

## COPD

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II CRESCENDO NCT05492877</b>	Moderate to severe COPD; age 40 to 80	406	<ul style="list-style-type: none"><li>• Randomised, double-blind trial</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: H1 2025</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# AZD4041 (orexin 1 receptor antagonist)

## Opioid use disorder

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase II</b> NCT06406400	Healthy volunteers and opioid users	100	<ul style="list-style-type: none"> <li>Part 1: open label, fixed sequence trial. AZD4041 and itraconazole</li> <li>Part 2: randomised placebo-controlled double-blind trial</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints (Part 1): DDI, PK parameters, safety</li> <li>Primary endpoints (Part 2): efficacy, safety, PK and PD parameters</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
<b>Phase I</b> 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 trial</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 readout: Q3 2023</li> <li>Primary endpoint met</li> </ul>



# MEDI0618 (PAR2 antagonist mAb)

## Osteoarthritis pain, migraine prevention

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT05714254	Healthy volunteers	48	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled MAD trial</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>LPCD: Q3 2023</li> <li>Data readout: Q1 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 trial</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: H2 2025</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 NCT04675034</b>	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 readout: Q4 2023</li> </ul>
<b>Phase IIa NCT03755934</b>	Painful diabetic neuropathy	107	<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>LPCD: Q1 2023</li> <li>Data readout: Q4 2023</li> </ul>



# mRNA VLP vaccine

## COVID-19

Trial	Population	Patients	Design	Endpoints	Status
Phase I ARTEMIS-C NCT06147063	Healthy volunteers ≥18+ with history of a SARS-CoV-2 infection and/or prior completion of primary series/booster vaccination at least 6 months prior to start	240	<ul style="list-style-type: none"> <li>Arm 1: dose 1 via i.m. injection AZD9838 in 18–64-year-olds</li> <li>Arm 2: dose 2 via i.m. injection AZD9838 in 18–64-year-olds</li> <li>Arm 3: i.m. dose of licensed mRNA vaccine in 18–64-year-olds</li> <li>Arm 4: dose 1 via i.m. injection AZD6563 in 18–64-year-olds</li> <li>Arm 5: dose 2 via i.m. injection AZD6563 in 18–64-year-olds</li> <li>Arm 6: dose 1 via i.m. injection in 65+ year olds</li> <li>Arm 7: dose 2 via i.m. injection in 65+ year olds</li> <li>Arm 8: i.m dose of licensed mRNA vaccine in 65+ year olds</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: safety as measured by AEs, ARs, SAEs, MAAEs, AESIs, GMTs of strain neutralising antibodies and GMFRs of strain neutralising antibodies</li> <li>Secondary endpoints: nAb responses to the SARS-CoV2 ancestral strain, Omicron BA.4/5, and Omicron XBB.1.5 in serum</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2023</li> <li>Data anticipated: H2 2025</li> </ul>



# AZD5148 (Clostridium difficile mAb)

## Infection

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

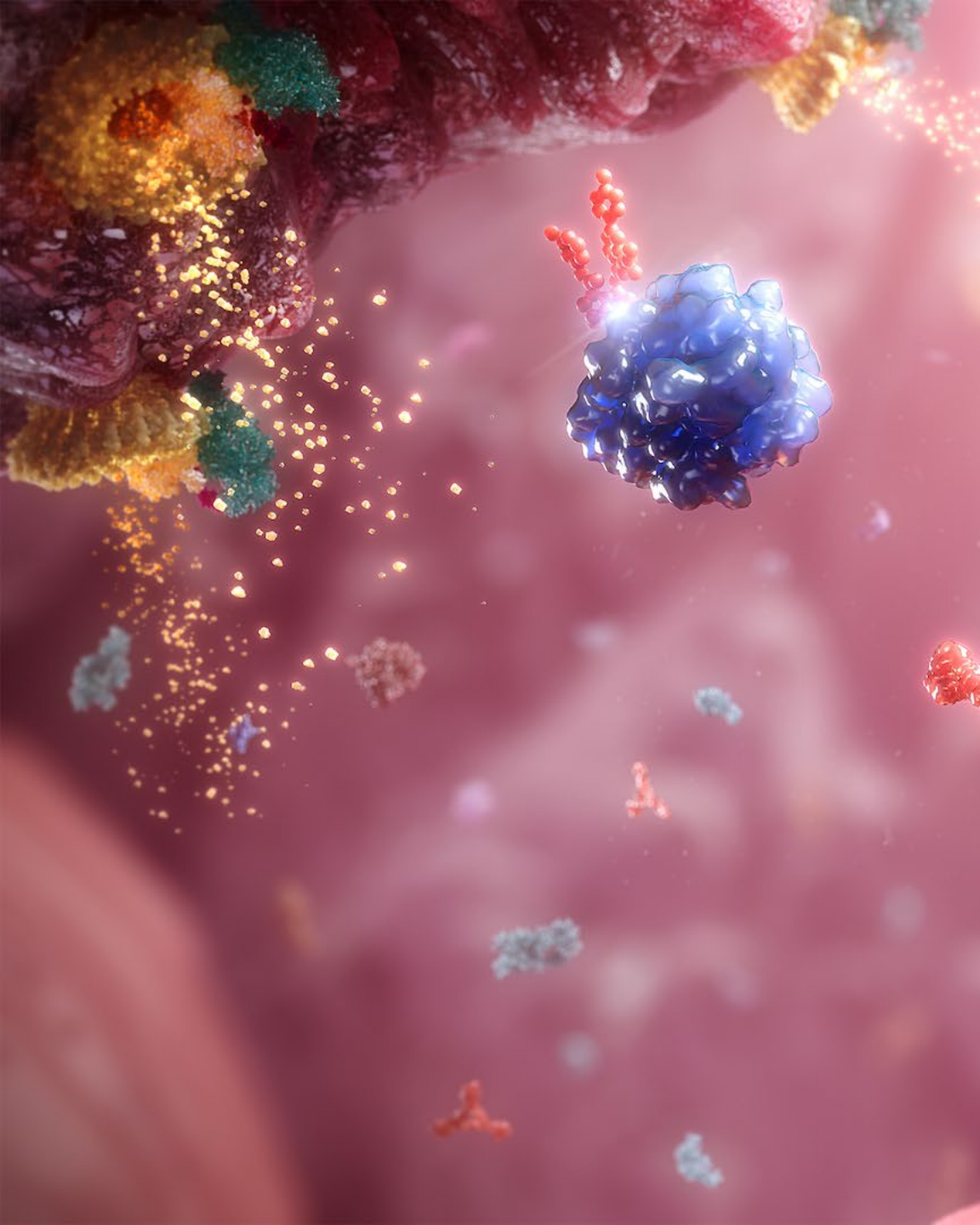
V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase I NCT06469151	Healthy adult volunteers	84	<ul style="list-style-type: none"><li>• Randomised, double-blind, placebo-controlled, dose escalation</li><li>• Cohort 1: AZD5148 (dose 1, i.m.) or placebo</li><li>• Cohort 2a: AZD5148 (dose 2, i.m.) or placebo</li><li>• Cohort 2b: AZD5148 (dose 2, i.m., Chinese patients) or placebo</li><li>• Cohort 3: AZD5148 (dose 2, i.v.) or placebo</li><li>• Cohort 4a: AZD5148 (dose 3, i.v.) or placebo</li><li>• Cohort 4b: AZD5148 (dose 3, i.v., Chinese patients) or placebo</li><li>• Cohort 5: AZD5148 (dose 4, i.v.) or placebo</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: safety</li><li>• Secondary endpoints: PK parameters</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q2 2024</li><li>• Data readout: H2 2025</li></ul>







# Rare Disease: approved medicines and late-stage development

# Koselugo (selumetinib, MEK inhibitor)

## Neurofibromatosis type 1, solid tumours

Trial	Population	Patients	Design	Endpoints	Status
<b>Phase III KOMET NCT04924608</b>	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>Multi-centre, international trial with a parallel, randomised, double-blind, placebo-controlled, 2 arm design</li> <li>Arm 1: <i>Koselugo</i> 25mg/m<sup>2</sup> BID</li> <li>Arm 2: placebo BID until end of Cycle 12, then crossover 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: H2 2024</li> </ul>
<b>Phase I/II SPRINKLE NCT05309668</b>	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> granule formulation</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: <i>Koselugo</i> 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 <i>Koselugo</i> single dose on the first day of treatment (Cycle 1 Day 1)]; AEs graded by CTCAE Ver 5.0 [time frame: from screening until 30 days after last dose]</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2022</li> <li>Data readout: Q2 2024</li> </ul>
<b>Phase I China PK/Safety/Efficacy NCT04590235</b>	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 readout: Q4 2023</li> </ul>
<b>Phase I Food Effect/GI Tolerability NCT05101148</b>	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: &gt;2025</li> </ul>



# Ultomiris (anti-C5 mAb)

## Haematology, nephrology

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III ALXN1210-TM-313 NCT04543591	Thrombotic microangiopathy-associated haematopoietic stem cell transplant	106	<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: H2 2025</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: H1 2025</li> </ul>
Phase III ARTEMIS NCT05746559	CSA-AKI	736	<ul style="list-style-type: none"> <li>Randomised, double-blind, placebo-controlled, multicentre trial</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: Q1 2023</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase III ICAN NCT06291376	Immunoglobulin A nephropathy	450	<ul style="list-style-type: none"> <li>Arm 1: <i>Ultomiris</i> via weight-based i.v. infusion</li> <li>Arm 2: placebo via weight-based i.v. infusion</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoints: change from baseline in proteinuria based on 24-hour UPCR at Week 34 and eGFR over 106 weeks</li> <li>Secondary endpoints: change from baseline in proteinuria based on 24-hour UPCR at Weeks 10, 26, 34, 50, and 106 and change from baseline in eGFR at Weeks 34, 50, and 106</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</li> <li>Initiating</li> </ul>
Phase II SANCTUARY 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: H1 2025</li> <li>Primary endpoint met (IgAN cohort)</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 II/III ALXN1210-NMO-317 NCT05346354	Neuromyelitis optica spectrum disorder	12	• Arm 1: <i>Ultomiris</i> Q8W	• Primary endpoint: change from baseline in annualised relapse rate at Week 50	• FPCD: Q3 2022 • Data anticipated: >2025

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# Voydeya (factor D inhibitor)

## Haematology

Approved medicines  
Late-stage development  
Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III ALPHA NCT04469465	PNH with clinically significant EVH	86	<ul style="list-style-type: none"><li>• Arm 1: <i>Voydeya</i> + 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: <i>Voydeya</i> 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;2025</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# acoramidis (ALXN2060)

## ATTR-CM

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

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><li>• Japan only</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: change from baseline to Month 12 of treatment in distance walked during the six-minute walk test, cause mortality and cardiovascular related hospitalisation over a 30-month period</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q4 2020</li><li>• Data readout: Q1 2024</li><li>• Primary endpoint met</li></ul>



# ALXN2220 (NI006, TTR depleter)

## Amyloidosis

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase III DepleTTR-CM NCT06183931	ATTR-CM	1000	<ul style="list-style-type: none"><li>• Arm 1: ALXN2220 via i.v. infusion Q4W for at least 24 months up to a maximum of 48 months</li><li>• Arm 2: placebo via i.v. infusion Q4W for at least 24 months up to a maximum of 48 months</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoints: all-cause mortality and total CV events</li></ul>	<ul style="list-style-type: none"><li>• FPCD: Q1 2024</li><li>• Data anticipated: &gt;2025</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	AL amyloidosis (Mayo Stage IIIa)	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 six-minute walk test and quality of life measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q4 2020</li> <li>Data anticipated: H1 2025</li> </ul>
Phase III CAEL101-301 NCT04504825	AL amyloidosis (Mayo Stage IIIb)	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 six-minute walk test and quality of life measures</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q1 2021</li> <li>Data anticipated: H2 2025</li> </ul>
Phase II CAEL101-203 NCT04304144	AL amyloidosis (Mayo Stage I, Stage II and Stage IIIa)	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 readout: Q2 2024</li> </ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease





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

## Hypophosphatasia

Trial	Population	Patients	Design	Endpoints	Status
Phase III HICKORY NCT06079281	Hypophosphatasia	114	<ul style="list-style-type: none"> <li>Arm 1: placebo on Day 1 followed by Q2W via s.c. injection for 24 weeks</li> <li>Arm 2: bodyweight-dependent doses of either 20mg, 35mg or 50mg of efzimfotase alfa Q2W via s.c. injection for 24 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: change from baseline in 6MWT at Day 169</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase III CHESTNUT NCT06079372	Hypophosphatasia	40	<ul style="list-style-type: none"> <li>Arm 1: bodyweight-dependent doses of either 20mg, 35mg or 50mg of efzimfotase alfa Q2W via s.c. for 24 weeks</li> <li>Arm 2: 6mg/kg/week of Strensiq via s.c. injection as either 2mg/kg 3 times per week or 1mg/kg 6 times per week for 24 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: number of participants TEAEs</li> </ul>	<ul style="list-style-type: none"> <li>FPCD: Q2 2024</li> <li>Data anticipated: &gt;2025</li> </ul>
Phase III MULBERRY NCT06079359	Hypophosphatasia	30	<ul style="list-style-type: none"> <li>Arm 1: bodyweight dependent doses of either 25mg, 35mg, or 50mg of efzimfotase Q2W via s.c. injection for 24 weeks</li> <li>Arm 2: placebo Q2W for 24 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Primary endpoint: Radiographic Global Impression of Change (RGI-C) Score at Day 169</li> </ul>	<ul style="list-style-type: none"> <li>Data anticipated: &gt;2025</li> <li>Initiating</li> </ul>
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>



# eneboparatide (PTH 1 inhibitor)

## Hypoparathyroidism

Approved medicines

Late-stage development

Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase III CALYPSO NCT05778071	Chronic hypoparathyroidism (cHP)	165	<ul style="list-style-type: none"><li>• Arm 1: 20mcg eneboparatide administered once daily via s.c. injection</li><li>• Arm 2: placebo administered once daily via s.c. injection</li></ul>	<ul style="list-style-type: none"><li>• Primary endpoint: achieving complete independence from active vitamin D, achieving independence from therapeutic doses of oral calcium (i.e. taking oral elemental calcium supplements ≤600mg/day) and albumin-adjusted serum calcium within the normal range (8.3 to 10.6mg/dL) vs. placebo after 24 weeks of treatment</li></ul>	<ul style="list-style-type: none"><li>• FPCD:Q3 2023</li><li>• Data anticipated: H1 2025</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease

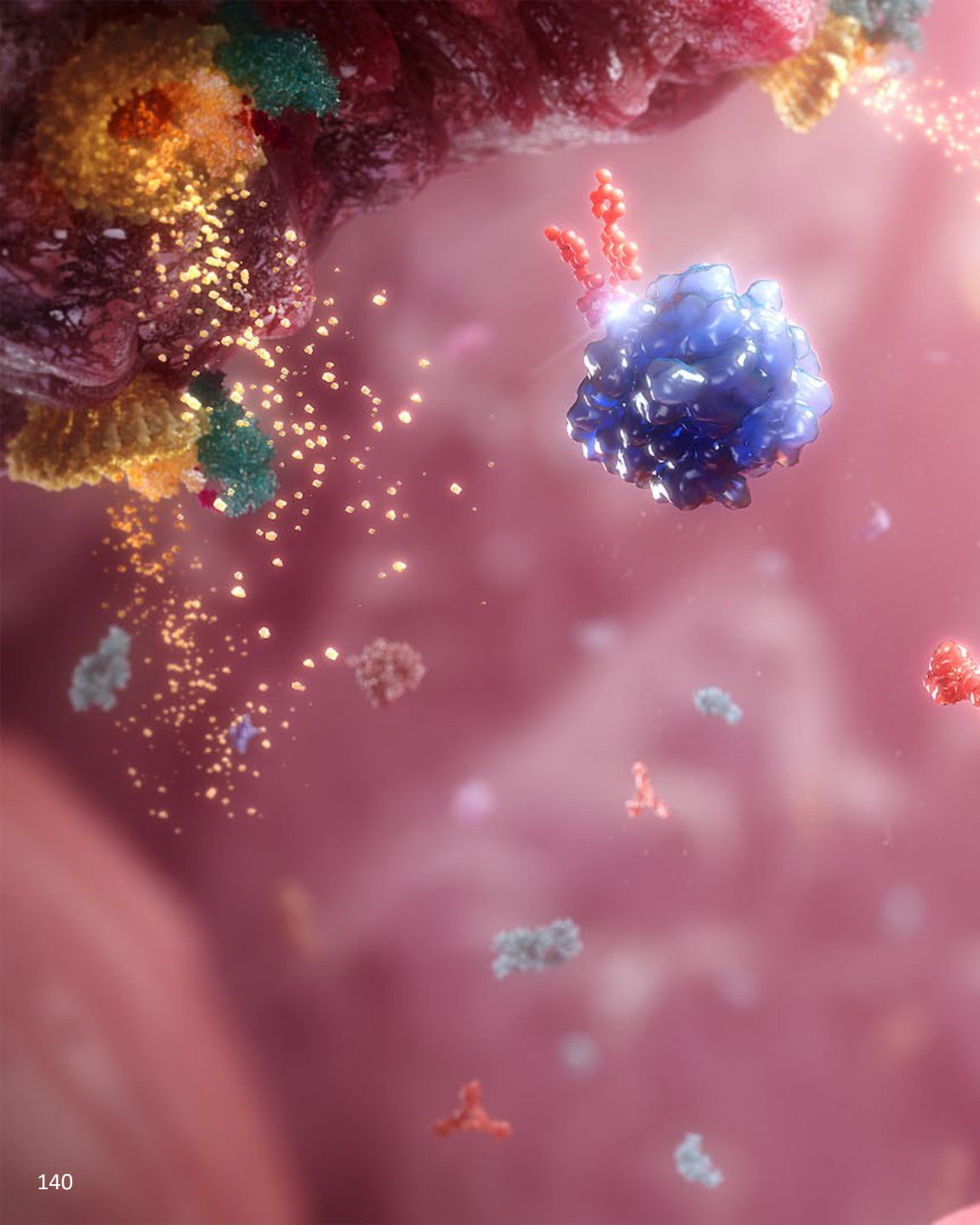


# gefurulimab (ALXN1720, anti-C5 humanised bispecific heavy-chain antibody)

## Neurology, nephrology

Trial	Population	Patients	Design	Endpoints	Status
Phase III ALXN1720-MG-301 NCT05556096	Generalised myasthenia gravis	254	<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;2025</li> </ul>
Phase I ALXN1720-NEPH-102 NCT05314231	Proteinuria	13	<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 readout: Q3 2023</li> </ul>





# Rare Disease: early-stage development

# ALXN1910 (next-generation TNSALP ERT)

## Bone metabolism

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

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 readout: Q2 2023</li></ul>



# ALXN1920 (kidney-targeted factor H fusion protein)

## Nephrology

Approved medicines  
Late-stage development  
Early development

Trial	Population	Patients	Design	Endpoints	Status
Phase I ALXN1920-HV-101 NCT05751642	Healthy adults	48	<ul style="list-style-type: none"><li>Randomised, double-blind, placebo-controlled, SAD</li></ul>	<ul style="list-style-type: none"><li>Primary endpoint: safety and tolerability</li><li>Secondary endpoints: PK/PD parameters</li></ul>	<ul style="list-style-type: none"><li>FPCD: Q2 2023</li><li>Data readout: Q2 2024</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# 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: H1 2025</li></ul>

Oncology

CVRM

R&I

Other

V&I

Rare Disease



# ALXN2080 (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	90	<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 readout: Q3 2023</li></ul>





# danicopan (factor D inhibitor)

## Ophthalmology

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

Other

V&I

Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Phase II ALXN2040-GA-201 NCT05019521	Geographic atrophy	365	<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: H2 2025</li></ul>



# vemircopan (ALXN2050, factor D inhibitor)

## Haematology, nephrology, neurology

Trial	Population	Patients	Design	Endpoints	Status
Phase II ALXN2050-gMG-201 NCT05218096	Generalised 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>Trial discontinued due to lack of efficacy</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;2025</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: H2 2024</li> </ul>



# Glossary – 1 of 5

<b>14C</b>	Carbon 14	<b>ASO</b>	Antisense oligonucleotide	<b>BTK</b>	Bruton's tyrosine kinase
<b>1L, 2L, 3L</b>	1st-, 2nd- or 3rd-line	<b>ATM</b>	Ataxia telangiectasia mutated kinase	<b>BTKi</b>	Bruton's tyrosine kinase
<b>5-FU</b>	5-fluorouracil	<b>ATR</b>	Ataxia telangiectasia and Rad3-related protein	<b>BVAS</b>	Birmingham Vasculitis Activity Score
<b>6MWT</b>	6-minute walk test	<b>ATTR</b>	Transthyretin amyloidosis	<b>C3</b>	Complement component 3
<b>A2AR</b>	Adenosine A2A receptor	<b>ATTR-CM</b>	Transthyretin amyloid cardiomyopathy	<b>C5</b>	Complement component 5
<b>AAV</b>	Adeno-associated virus	<b>ATTR-PN</b>	Transthyretin amyloid polyneuropathy	<b>CA-125</b>	Cancer antigen-125
<b>ACE</b>	Angiotensin-converting enzyme	<b>ATTRv-PN</b>	Hereditary transthyretin-mediated amyloid polyneuropathy	<b>CAAT</b>	Chronic Airways Assessment Test
<b>AChR+</b>	Acetylcholine receptor-positive	<b>AUC</b>	Area under curve	<b>CAD</b>	Coronary artery disease
<b>ACQ</b>	Asthma Control Questionnaire	<b>AUCinf</b>	Area under plasma concentration time curve from zero to infinity	<b>CAGR</b>	Compound annual growth rate
<b>ACR</b>	American College of Rheumatology Response Scoring System	<b>AUClast</b>	Area under plasma concentration curve from zero to the last quantifiable concentration	<b>cAMR</b>	Chronic antibody-mediated rejection
<b>ADA</b>	Anti-drug antibody	<b>AUCt</b>	Area under concentration-time curve	<b>CAR-T</b>	Chimeric antigen receptor therapy
<b>ADC</b>	Antibody-drug conjugate	<b>AUEC</b>	Area under the effect-time curve	<b>CBP</b>	Cardiopulmonary bypass
<b>ADP</b>	Adenosine diphosphate	<b>Avb8</b>	Alpha v beta 8	<b>CBR</b>	Clinical benefit rate
<b>ADsCa</b>	Albumin-adjusted serum calcium	<b>B7H4</b>	B7 homolog 4	<b>CD</b>	Cluster of differentiation
<b>AE</b>	Adverse event	<b>BA</b>	Bioavailability	<b>CD123</b>	Interleukin 3 receptor a
<b>AER</b>	Annual exacerbation rate	<b>BAFF</b>	B-cell activating factor	<b>CD19</b>	Cluster of differentiation 19
<b>AEs</b>	Adverse effects	<b>B-ALL</b>	B cell acute lymphoblastic leukaemia	<b>CD3</b>	Cluster of differentiation 3
<b>AGA</b>	Actional genomic alteration	<b>BBB</b>	Blood-brain barrier	<b>CD39</b>	Cluster of differentiation 39
<b>aHUS</b>	Atypical haemolytic uraemic syndrome	<b>BCG</b>	Bacillus Calmette-Guérin	<b>CD73</b>	Cluster of differentiation 73
<b>AI</b>	Auto-injector	<b>BCL2</b>	B-cell leukemia/lymphoma 2 protein	<b>CD8</b>	Cluster of differentiation 8
<b>AI</b>	Aromatase inhibitor	<b>BCMA</b>	B-cell maturation antigen	<b>CDAI</b>	Clinical Disease Activity Index
<b>AKT</b>	Protein kinase B	<b>BDA</b>	Budesonide albuterol	<b>CDK</b>	Cyclin-dependent kinase
<b>AL amyloidosis</b>	Light-chain amyloidosis	<b>BFF</b>	Budesonide and formoterol fumarate	<b>CDK2</b>	Cyclin-dependent kinase 2
<b>ALK</b>	Anaplastic large-cell lymphoma kinase	<b>BGF</b>	Budesonide, glycopyrronium and formoterol fumarate	<b>CDK4/6i</b>	Cyclin-dependent kinase 4/6 inhibitor
<b>ALL</b>	Acute lymphocytic leukaemia	<b>BICLA</b>	British Isles Lupus Assessment Group-based Composite Lupus Assessment	<b>CE</b>	Clinically evaluable
<b>alloSCT</b>	Allogeneic stem cell transplantation	<b>BICR</b>	Blinded independent central review	<b>CHD</b>	Coronary heart disease
<b>ALSFRS-R</b>	Amyotrophic Lateral Sclerosis Functional Rating Scale-Revised	<b>BID</b>	Twice per day	<b>Chemo</b>	Chemotherapy
<b>AML</b>	Acute myeloid leukaemia	<b>BIG</b>	Big Ten Cancer Research Consortium	<b>CHF</b>	Chronic heart failure
<b>AMR</b>	Antibody mediated rejection	<b>BM</b>	Biomarker	<b>cHL</b>	Classic Hodgkin lymphoma
<b>anti-FR<math>\alpha</math></b>	Anti-folate receptor alpha	<b>BMD</b>	Bone mineral density	<b>CI</b>	Confidence interval
<b>anti-PCD</b>	Anti-plasma cell dyscrasia	<b>BMFI</b>	Bone metastasis-free interval	<b>CKD</b>	Chronic kidney disease
<b>APFS</b>	Accessorised pre-filled syringe	<b>BMI</b>	Body mass index	<b>CLD</b>	Chronic lung disease
<b>APOL1</b>	Apolipoprotein L1	<b>BOR</b>	Best overall response rate	<b>CLDN 18.2</b>	Claudin-18.2
<b>APOL1 G0/G1/G2</b>	Sequences of the G0, G1, and G2 APOL1 variants from amino acids 339–398	<b>BR</b>	Bendamustine and rituximab	<b>CLDN18.2</b>	Claudin 18.2
<b>AQLQ</b>	Asthma Quality of Life Questionnaire	<b>BRCA</b>	BReast CAncer gene	<b>CLL</b>	Chronic lymphocytic leukaemia
<b>AQP4+</b>	Aquaporin-4 antibody positive	<b>BRCAm</b>	BReast CAncer gene-mutated	<b>cm</b>	Centimetre
<b>ARB</b>	Angiotensin receptor blockers	<b>BRCAwt</b>	BReast CAncer wild-type gene	<b>CM</b>	Cardiomyopathy
<b>AS</b>	Albuterol sulfate	<b>BRD4</b>	Bromodomain-containing protein 4	<b>CMAx</b>	Maximum observed plasma concentration
<b>ASCO</b>	American Society of Clinical Oncology	<b>BTC</b>	Biliary tract carcinoma	<b>cMET</b>	C-mesenchymal epithelial transition factor
<b>ASI</b>	Aldosterone synthase inhibitor	<b>BTC</b>	Biliary tract cancer	<b>CMML</b>	Chronic myelomonocytic leukaemia



# Glossary – 2 of 5

<b>CNS</b>	Central nervous system	<b>DNA</b>	Deoxyribonucleic acid	<b>ETA</b>	Endothelin A
<b>CNS-PFS</b>	Central nervous system progression-free survival	<b>dNCC</b>	Directly measured non-ceruloplasmin-bound copper	<b>ETA RA</b>	Endothelin receptor A antagonist
<b>CompEx</b>	Composite endpoint for exacerbations	<b>dnTGFb</b>	Dominant-negative transforming growth factor-beta	<b>EU</b>	European Union
<b>COPD</b>	Chronic obstructive pulmonary disease	<b>DoCR</b>	Durability of complete response	<b>EVH</b>	Extravascular haemolysis
<b>CPB</b>	Cardiopulmonary bypass	<b>DoR</b>	Duration of response	<b>FAF</b>	Fundus autofluorescence
<b>CPI</b>	Checkpoint inhibitor	<b>DPB</b>	Disease progression in bone	<b>FCR</b>	Fludarabine, cyclophosphamide and rituximab
<b>CPI-experienced</b>	Checkpoint inhibitor-experienced	<b>DPI</b>	Dry powder inhaler	<b>FDC</b>	Fixed-dose combination
<b>CPI-naïve</b>	Checkpoint inhibitor-naïve	<b>dPTEN</b>	Phosphatase and tensin homolog deficient	<b>FeNO</b>	Fractional nitric oxide concentration in exhaled breath
<b>cPR</b>	Central pathological review	<b>DRFI</b>	Disease recurrence-free interval	<b>FEV</b>	Forced-expiratory volume
<b>CR</b>	Complete response	<b>DSQ</b>	Dysphagia Symptom Questionnaire	<b>FEV1</b>	Forced expiratory volume in 1 second
<b>CRC</b>	Colorectal cancer	<b>DXA</b>	Dual energy X-ray absorptiometry	<b>FGFR</b>	Fibroblast growth factor receptor
<b>CrCl</b>	Creatinine clearance	<b>EBITDA</b>	Earnings before interest, tax, depreciation and amortisation	<b>FL</b>	Follicular lymphoma
<b>CRR</b>	Complete response rate	<b>EBRT</b>	External beam radiation therapy	<b>FLAP</b>	5-lipoxygenase activating protein
<b>CRR</b>	Complete renal response	<b>ECG</b>	Electrocardiogram	<b>FLOT</b>	Fluorouracil, leucovorin, oxaliplatin and docetaxel
<b>CRSwNP</b>	Chronic rhinosinusitis with nasal polyps	<b>ED</b>	Emergency department	<b>FOLFOX</b>	Folinic acid, fluorouracil and oxaliplatin
<b>CRT</b>	Chemoradiotherapy	<b>EFS</b>	Event-free survival	<b>FOXP3</b>	Forkhead box P3
<b>CRwNP</b>	Chronic rhinosinusitis with nasal polyps	<b>EG</b>	Eosinophilic gastritis	<b>FP</b>	5-fluorouracil/cisplatin
<b>CSA-AKI</b>	Cardiac surgery-associated acute kidney injury	<b>EGE</b>	Eosinophilic gastroenteritis	<b>FPCD</b>	First patient commenced dosing
<b>CTC</b>	Circulating tumour cell	<b>eGFR</b>	Estimated glomerular filtration rate	<b>FPG</b>	Fasting plasma glucose
<b>CTCAE</b>	Common Terminology Criteria for Adverse Events	<b>eGFR</b>	Epidermal growth factor receptor-mutated	<b>FR<math>\alpha</math></b>	Folate receptor alpha
<b>ctDNA</b>	Circulating tumor DNA	<b>EGFRi</b>	Epidermal growth factor receptor inhibitor	<b>FX</b>	Foreign exchange
<b>CTLA4</b>	Cytotoxic T-lymphocyte associated protein 4	<b>EGFRm</b>	Epidermal growth factor receptor-mutated	<b>G7</b>	US, Japan, EU5
<b>CTLA-4</b>	Cytotoxic T-lymphocyte-associated antigen-4	<b>EGPA</b>	Eosinophilic granulomatosis with polyangiitis	<b>GA</b>	Geographic atrophy
<b>CTx</b>	Chemotherapy	<b>EM</b>	Emerging Markets	<b>GBM</b>	Glioblastoma
<b>CV</b>	Cardiovascular	<b>EoE</b>	Eosinophilic oesophagitis	<b>gBRCAm</b>	Germline BRCA-mutated
<b>CVOT</b>	Cardiovascular outcomes trial	<b>EOS</b>	Eosinophil	<b>GC</b>	Gastric cancer
<b>CVRM</b>	Cardiovascular, Renal and Metabolism	<b>EPI</b>	Epigenetics	<b>GCB</b>	Germinal center B-cell
<b>CXCR2</b>	C-X-C Motif chemokine receptor 2	<b>ER</b>	Estrogen receptor	<b>GEJ</b>	Gastric/gastroesophageal junction
<b>CyBorD</b>	Cyclophosphamide, bortezomib and dexamethasone	<b>ER+</b>	Estrogen receptor-positive	<b>GEJC</b>	Gastroesophageal junction cancer
<b>Dato-DXd</b>	Datopotamab deruxtecan	<b>ERK</b>	Extracellular signal-regulated kinase	<b>GFF</b>	Glycopyrronium and formoterol fumarate
<b>DCR</b>	Disease control rate	<b>ERoW</b>	Established Rest of World	<b>GI</b>	Gastrointestinal
<b>DDFS</b>	Distant disease-free survival	<b>E-RS:COPD</b>	Evaluating Respiratory Symptoms in Chronic Obstructive Pulmonary Disease	<b>GLP-1</b>	Glucagon-like peptide-1
<b>DDI</b>	Drug-drug Interaction	<b>ERT</b>	Enzyme replacement therapy	<b>GLP-1/glu</b>	Glucagon-like peptide 1 receptor/glucagon dual peptide agonist
<b>DDR</b>	DNA damage response	<b>ESAI</b>	Eczema Area and Severity Index	<b>GLP-1RA</b>	Glucagon-like peptide 1 receptor agonist
<b>dECG</b>	Differentiated electrocardiogram	<b>ESCC</b>	Esophageal squamous cell carcinoma	<b>GMFR</b>	Geometric mean fold rise
<b>DFS</b>	Disease-free survival	<b>ESKD</b>	Early-stage kidney disease	<b>gMG</b>	Generalised myasthenia gravis
<b>DGF</b>	Delayed graft function	<b>ESR1</b>	Estrogen receptor 1	<b>GMT</b>	Geometric mean titer
<b>DLBCL</b>	Diffuse large B-cell lymphoma	<b>ESRD</b>	End-stage renal disease	<b>GN</b>	Glomerulonephritis
<b>DLT</b>	Dose-limiting toxicity	<b>ET</b>	Endocrine therapy	<b>GPC3</b>	Glypican-3
<b>DMARDs</b>	Disease-modifying antirheumatic drugs	<b>ETA</b>	Endothelin A	<b>GPC3-positive</b>	Glypican 3-positive



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<b>GPRC5D</b>	G protein-coupled receptor, class C, group 5, member D
<b>GU</b>	Genitourinary
<b>GYN</b>	Gynaecologic
<b>H1</b>	H1-antihistamine
<b>hADME</b>	Human mass balance
<b>HbA1c</b>	Glycated haemoglobin
<b>HCC</b>	Hepatocellular carcinoma
<b>HD</b>	High dose
<b>HDL-C</b>	High-density lipoprotein cholesterol
<b>HER2</b>	Human epidermal growth factor receptor 2
<b>HER2-low</b>	Human epidermal growth factor receptor 2-low
<b>HER2-negative</b>	Human epidermal growth factor receptor 2-negative
<b>HER2-positive</b>	Human epidermal growth factor receptor 2-positive
<b>HES</b>	Hyper eosinophilic syndrome
<b>HF</b>	Heart failure
<b>HFA</b>	Hydrofluoroalkane
<b>HFO</b>	Hydrofluoro-olefins
<b>HFpEF</b>	Heart failure with preserved ejection fraction
<b>HFrEF</b>	Heart failure with reduced ejection fraction
<b>HGFR</b>	Met/hepatocyte growth factor receptor
<b>HGSC</b>	High-grade serous carcinoma
<b>hHF</b>	Hospitalisation for heart failure
<b>HIF-PH</b>	Hypoxia inducible factor-prolyl hydroxylase
<b>HK</b>	Hyperkalaemia
<b>HLA-A*02:01</b>	Human leukocyte antigen serotype within the HLA-A serotype group
<b>HLR</b>	High-level results
<b>hMPV</b>	Human metapneumovirus
<b>HNSCC</b>	Head and neck squamous-cell carcinoma
<b>HPD</b>	Hyperprogressive disease
<b>HPDD</b>	Highest protocol-defined dose
<b>HPF</b>	High-power field
<b>HPP</b>	Hypophosphatasia
<b>HR</b>	Hazard ratio
<b>HR+</b>	Hormone receptor-positive
<b>HRD</b>	Homologous recombination deficiency
<b>HRD+</b>	Homologous recombination deficiency-positive
<b>HR-low</b>	Hormone receptor-low
<b>HRR</b>	homologous recombination repair
<b>HRRm</b>	Homologous recombination repair-mutated
<b>HSCT-TMA</b>	hematopoietic stem cell transplantation-associated thrombotic microangiopathy

<b>HSD17B13</b>	Hydroxysteroid 17-beta dehydrogenase 13
<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>IBD</b>	Inflammatory bowel disease
<b>ICR</b>	Independent central review
<b>ICS</b>	Inhaled corticosteroid
<b>ICS-LABA</b>	Inhaled corticosteroid long-acting beta-agonists
<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>IIT</b>	Investigated initiated trial
<b>iJAK1</b>	Inhaled Janus kinase
<b>IL</b>	Interleukin
<b>IL-12</b>	Interleukin-12
<b>IL-33</b>	Interleukin-33
<b>IL-5</b>	Interleukin-5
<b>IL-5R</b>	Interleukin-5 receptor
<b>IMAC-TIS</b>	International Myositis Assessment And Clinical Studies-Total Improvement Score
<b>IND</b>	Investigational new drug
<b>INV</b>	Investigator review
<b>IO</b>	Immuno-oncology
<b>IPF</b>	Idiopathic pulmonary fibrosis
<b>IPFS</b>	Invasive progression-free survival
<b>IRA</b>	Inflation Reduction Act
<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>iTSLP</b>	Inhaled thymic stromal lymphopietin
<b>ITT</b>	Intent-to-treat
<b>IVIg</b>	Intravenous immunoglobulin
<b>JAK-1</b>	Janus kinase 1
<b>K+</b>	Potassium
<b>KCCQ</b>	Kansas City Cardiomyopathy Questionnaire
<b>kg</b>	Kilogram
<b>Ki67</b>	Antigen Kiel 67

<b>LA amylin</b>	Long-acting amylin
<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>LCM</b>	Lifecycle management
<b>LDH</b>	Lactate dehydrogenase
<b>LDL-C</b>	Low-density lipoprotein cholesterol
<b>LICA</b>	Ligand-conjugated ASO
<b>LIF</b>	Low-density lipoprotein cholesterol
<b>LN</b>	Lupus nephritis
<b>LoE</b>	Loss of exclusivity
<b>LOS</b>	Length of stay
<b>LPCD</b>	Last patient commenced dosing
<b>LSD</b>	Last subject dosed
<b>LS-SCLC</b>	Limited stage small-cell lung cancer
<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>MASH</b>	Metabolic dysfunction-associated steatohepatitis
<b>MASLD</b>	Metabolic dysfunction-associated steatotic liver disease
<b>mBC</b>	Metastatic breast cancer
<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>mDOR</b>	Median duration of response
<b>MDS</b>	Myelodysplastic syndrome
<b>MEK</b>	Mitogen-activated protein kinase
<b>MET</b>	Mesenchymal epithelial transition factor
<b>mFOLFOX</b>	Modified folinic acid, fluorouracil and oxaliplatin
<b>mg</b>	Milligram
<b>mg/dL</b>	Milligrams per decilitre
<b>MG-ADL</b>	Myasthenia Gravis-Activities of Daily Living
<b>MGFA</b>	Myasthenia Gravis Foundation of America
<b>mHSPC</b>	Metastatic hormone sensitive prostate cancer



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<b>MI</b>	Myocardial infarction
<b>mL</b>	Millilitre
<b>MM</b>	Multiple myeloma
<b>MMAE</b>	Monomethyl auristatin E
<b>MMT</b>	Mixed meal test
<b>MoA</b>	Mechanism of action
<b>mPFS</b>	Median progression-free survival
<b>MPO</b>	Myeloperoxidase
<b>mPR</b>	Major pathological response
<b>MR</b>	Mineralocorticoid receptor
<b>MRA</b>	Mineralocorticoid receptor antagonist
<b>MRD-negative</b>	Minimal residual disease-negative
<b>MRI</b>	Magnetic resonance imaging
<b>MRM</b>	Mineralocorticoid receptor modulator
<b>mRNA</b>	Messenger ribonucleic acid
<b>MSA</b>	Multiple system atrophy
<b>MTAP-deficient</b>	Methylthioadenosine phosphorylase-deficient
<b>MTD</b>	Maximum tolerated dose
<b>mTNBC</b>	Metastatic triple-negative breast cancer
<b>MZL</b>	Marginal zone lymphoma
<b>n/m</b>	Not material
<b>nAb</b>	Neutralising antibody
<b>NaC</b>	Sodium channel
<b>NAFLD</b>	Non-alcoholic fatty liver disease
<b>NASH</b>	Non-alcoholic fatty liver disease
<b>NBRx</b>	New-to-brand prescription
<b>NCFB</b>	Non-cystic fibrosis bronchiectasis
<b>NCI</b>	National Cancer Institute
<b>NCPV</b>	Noncalcified plaque volume
<b>Neo-adj</b>	Neoadjuvant
<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>ngSERD</b>	Next-generation oral selective estrogen receptor degrader
<b>NHA</b>	Novel hormonal agent
<b>NHL</b>	Non-Hodgkin’s lymphoma
<b>NIH</b>	National Institute of Health
<b>NKTCL</b>	Extranodal natural killer T-cell lymphoma
<b>NME</b>	New molecular entity

<b>NME</b>	New molecular entity
<b>NMOSD</b>	Neuromyelitis optica spectrum disorder
<b>NP</b>	Nasal polyps
<b>NRDL</b>	National Reimbursement Drug List
<b>NRG</b>	National Clinical Trials Network in Oncology
<b>NSCLC</b>	Non-small cell lung cancer
<b>NST</b>	Neoadjuvant systemic treatment
<b>NT-proBNP</b>	N-terminal pro-B-type natriuretic peptide
<b>NYHA</b>	New York Heart Association
<b>OBD</b>	Optimal biological dose
<b>OCS</b>	Oral corticosteroid
<b>OD</b>	Once daily
<b>oGLP1</b>	Oral glucagon-like receptor peptide 1
<b>OGTT</b>	Oral glucose tolerance test
<b>oPCSK9</b>	Oral protein convertase subtilisin/kexin type 9
<b>OR</b>	Objective response
<b>ORR</b>	Overall response rate
<b>oRXFP1</b>	Oral relaxin family peptide receptor 1
<b>OS</b>	Overall survival
<b>PA</b>	Primary aldosteronism
<b>PALB2m</b>	Partner and localizer of BRCA2-mutated
<b>PAR2</b>	Protease-activated receptor 2
<b>PARP</b>	Poly ADP ribose polymerase
<b>PARP1</b>	poly(ADP-ribose) polymerase-1
<b>PARP-1sel</b>	Poly ADP ribose polymerase-1 selective
<b>PARPi</b>	poly-ADP ribose polymerase inhibitor
<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>PD1</b>	Programmed cell death protein 1
<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>PD-L1-high</b>	Programmed death-ligand 1-high
<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-4,5-biphosphate 3-kinase catalytic subunit
<b>PK</b>	Pharmacokinetic
<b>PK/PD</b>	Pharmacokinetic/pharmacodynamic
<b>PLEX</b>	Plasma exchange
<b>PLL</b>	Prolymphocytic leukaemia
<b>pMDI</b>	Pressurised metered-dose inhaler
<b>PN</b>	Plexiform neurofibroma
<b>PN</b>	Polyneuropathy
<b>PNH</b>	Paroxysmal nocturnal haemoglobinuria
<b>PNH-EVH</b>	PNH with extravascular haemolysis
<b>PNPLA3</b>	Phospholipase domain-containing protein 3
<b>POC</b>	Proof-of-concept
<b>POM</b>	Proof-of-mechanism
<b>post-BD</b>	Post-bronchodilator
<b>PP</b>	Plasmapheresis
<b>pPCI</b>	Primary percutaneous coronary intervention
<b>PR</b>	Partial response
<b>pre-BD</b>	Pre-bronchodilator
<b>PRMT5</b>	Protein arginine methyltransferase 5
<b>PRO</b>	Patient reported outcome
<b>PRR</b>	Recurrent platinum resistant
<b>PS</b>	Propensity score
<b>PSA</b>	Prostate-specific antigen
<b>PSA50</b>	Prostate-specific antigen 50
<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>PTH</b>	parathyroid hormone receptor
<b>PVR</b>	Pulmonary vascular resistance
<b>Q1W</b>	Every one week
<b>Q2W</b>	Every two weeks
<b>Q4W</b>	Every four weeks
<b>Q8W</b>	Every eight weeks
<b>QCS</b>	Quantitative continuous scoring



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<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>QoL-DN</b>	Norfolk Quality of Life-Diabetic Neuropathy
<b>QT</b>	Duration of ventricular electrical systole
<b>QTcF</b>	Corrected QT interval by Fredericia
<b>R&amp;I</b>	Respiratory and Immunology
<b>R/R</b>	Relapsed/refractory
<b>r/r</b>	Relapsed/refractory
<b>RA</b>	Rheumatoid arthritis
<b>RAAS</b>	Renin-angiotensin-aldosterone system
<b>RAGE</b>	Receptor for advanced glycation end products
<b>RC</b>	Radioconjugates
<b>RECIST</b>	Response Evaluation Criteria in Solid Tumours
<b>REINS</b>	Response Evaluation in Neurofibromatosis and Schwannomatosis
<b>RET</b>	Rearranged during transfection
<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>RSV</b>	Respiratory syncytial virus
<b>RT</b>	Radiation therapy
<b>s. asthma</b>	Severe asthma
<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>SARS-CoV-2</b>	Severe-acute-respiratory-syndrome-related coronavirus-19
<b>SBP</b>	Systolic blood pressure
<b>SBRT</b>	Stereotactic body radiation therapy
<b>SCCHN</b>	Squamous-cell carcinoma of the head and neck
<b>SCD</b>	Sickle cell disease
<b>SCLC</b>	Small cell lung cancer
<b>SD</b>	Stable disease
<b>SERD</b>	Selective estrogen receptor degrader
<b>SG&amp;A</b>	Selling, General and Administrative

<b>SGLT2</b>	Sodium-glucose transport protein 2
<b>SGLT2i</b>	Sodium/glucose cotransporter 2 inhibitor
<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>sK</b>	Serum potassium
<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>ST2</b>	Suppression of tumorigenicity 2
<b>STAT3</b>	Signal transducer and activator of transcription 3
<b>Stg. I/II/III</b>	Stage I/II/III
<b>sUA</b>	Serum uric acid
<b>T2D</b>	Type-2 diabetes
<b>T2DM</b>	Type-2 diabetes mellitus
<b>T300</b>	Imfinzi plus Imjudo
<b>T790M</b>	Threonine 790 substitution with methionine
<b>TACE</b>	Transarterial chemoembolization
<b>tBRCAm</b>	Tumour (somatic) BRCA-mutated
<b>TCE</b>	T-cell engager
<b>TCR</b>	T-cell receptor
<b>TCR-T</b>	T-cell receptor therapy
<b>TDR</b>	Tumour drivers and resistance
<b>TEAE</b>	Treatment-emergent adverse event
<b>TESAE</b>	Treatment-emergent serious adverse event
<b>TFST</b>	Time to first subsequent therapy or death
<b>TGFbetaRIIDN</b>	Transforming growth factor-beta RIIDN
<b>THP</b>	Paclitaxel, trastuzumab and pertuzumab
<b>TID</b>	Three times per day
<b>TIGIT</b>	T-cell immunoreceptor with Ig and ITIM domains
<b>TIM3</b>	T-cell immunoglobulin and mucin domain 3
<b>TIM-3</b>	T-cell immunoglobulin and mucin domain-containing protein
<b>TJC</b>	Tender joint count
<b>TKI</b>	Tyrosine kinase Inhibitor
<b>TLR</b>	Toll-like receptor 9
<b>TMA</b>	Thrombotic microangiopathy

<b>Tmax</b>	Time to reach maximum observed plasma concentration
<b>TNBC</b>	Triple negative breast cancer
<b>TNF</b>	Tumour necrosis factor
<b>TNSALP</b>	Tissue-nonspecific alkaline phosphatase
<b>TOP1i</b>	Topoisomerase 1 inhibitor
<b>TP53</b>	Tumour protein 53
<b>TP53 R175H</b>	Tumour protein p53 with arginine at position 175 is replaced with histidine
<b>TPS</b>	Tumour proportion score
<b>Treg</b>	Regulatory T-cell
<b>TROP2</b>	Trophoblast cell surface antigen 2
<b>TSLP</b>	Thymic stromal lymphopoietin
<b>TTD</b>	Time to treatment discontinuation
<b>TTF</b>	Time to treatment failure
<b>TTNT</b>	Time to next therapy
<b>TTP</b>	Time to tumour progression
<b>TTR</b>	Time to treatment response
<b>TTR</b>	Transthyretin
<b>u/r HTN</b>	Uncontrolled or treatment resistant hypertension
<b>UACR</b>	Urinary albumin/creatinine ratio
<b>UK</b>	United Kingdom
<b>ULN</b>	Upper limit of normal
<b>u-LTE4</b>	Urinary leukotriene E4
<b>UMEC</b>	Umeclidinium
<b>UPCR</b>	Urine protein creatinine ratio
<b>URAT1</b>	Uric acid transporter 1
<b>US</b>	United States
<b>V&amp;i</b>	Vaccines and Immune Therapies
<b>VEGF</b>	Vascular endothelial growth factor
<b>VHH</b>	Single domain antibody
<b>VLP</b>	Virus-like particle
<b>XELOX</b>	Oxaliplatin and capecitabine

