AstraZeneca
What science can do

Taking our science to the 2017 ASCO Annual Meeting

Investor science event

Chicago, IL, USA

05 June 2017

Forward-looking statements

In order, among other things, to utilise the 'safe harbour' provisions of the US Private Securities Litigation Reform Act 1995, we are providing the following cautionary statement:

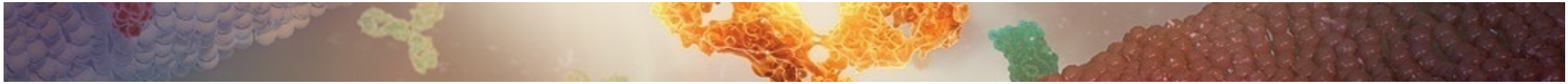
This document contains certain forward-looking statements with respect to the operations, performance and financial condition of the Group, including, among other things, statements about expected revenues, margins, earnings per share or other financial or other measures. Although we believe our expectations are based on reasonable assumptions, any forward-looking statements, by their very nature, involve risks and uncertainties and may be influenced by factors that could cause actual outcomes and results to be materially different from those predicted. The forward-looking statements reflect knowledge and information available at the date of preparation of this document and AstraZeneca undertakes no obligation to update these forward-looking statements. We identify the forward-looking statements by using the words 'anticipates', 'believes', 'expects', 'intends' and similar expressions in such statements. Important factors that could cause actual results to differ materially from those contained in forward-looking statements, certain of which are beyond our control, include, among other things: the loss or expiration of, or limitations to, patents, marketing exclusivity or trademarks, or the risk of failure to obtain and enforce patent protection; effects of patent litigation in respect of IP rights; the impact of any delays in the manufacturing, distribution and sale of any of our products; the impact of any failure by third parties to supply materials or services; the risk of failure of outsourcing; the risks associated with manufacturing biologics; the risk that R&D will not yield new products that achieve commercial success; the risk of delay to new product launches; the risk that new products do not perform as we expect; the risk that strategic alliances and acquisitions, including licensing and collaborations, will be unsuccessful; the risks from pressures resulting from generic competition; the impact of competition, price controls and price reductions; the risks associated with developing our business in emerging markets; the risk of illegal trade in our products; the difficulties of obtaining and maintaining regulatory approvals for products; the risk that regulatory approval processes for biosimilars could have an adverse effect on future commercial prospects; the risk of failure to successfully implement planned cost reduction measures through productivity initiatives and restructuring programmes; the risk of failure of critical processes affecting business continuity; economic, regulatory and political pressures to limit or reduce the cost of our products; failure to achieve strategic priorities or to meet targets or expectations; the risk of substantial adverse litigation/government investigation claims and insufficient insurance coverage; the risk of substantial product liability claims; the risk of failure to adhere to applicable laws, rules and regulations; the risk of failure to adhere to applicable laws, rules and regulations relating to anti-competitive behaviour; the impact of increasing implementation and enforcement of more stringent anti-bribery and anti-corruption legislation; taxation risks; exchange rate fluctuations; the risk of an adverse impact of a sustained economic downturn; political and socio-economic conditions; the risk of environmental liabilities; the risk of occupational health and safety liabilities; the risk associated with pensions liabilities; the impact of failing to attract and retain key personnel and to successfully engage with our employees; the risk of misuse of social medial platforms and new technology; and the risk of failure of information technology and cybercrime. Nothing in this presentation / webcast should be construed as a profit forecast.

Speakers and Q&A participants

Pascal Soriot
Executive Director and
Chief Executive Officer

Sean Bohen
Executive Vice President,
Global Medicines Development
and Chief Medical Officer

Jamie Freedman
Executive Vice President and
Head, Oncology Business Unit



Rob Iannone
Head of Immuno-Oncology,
Global Medicines Development

Susan Galbraith
Head of Oncology,
Innovative Medicines Biotech
Unit

Klaus Edvardsen
Head of Oncology,
Global Medicines Development

David Berman
Head of Oncology,
MedImmune

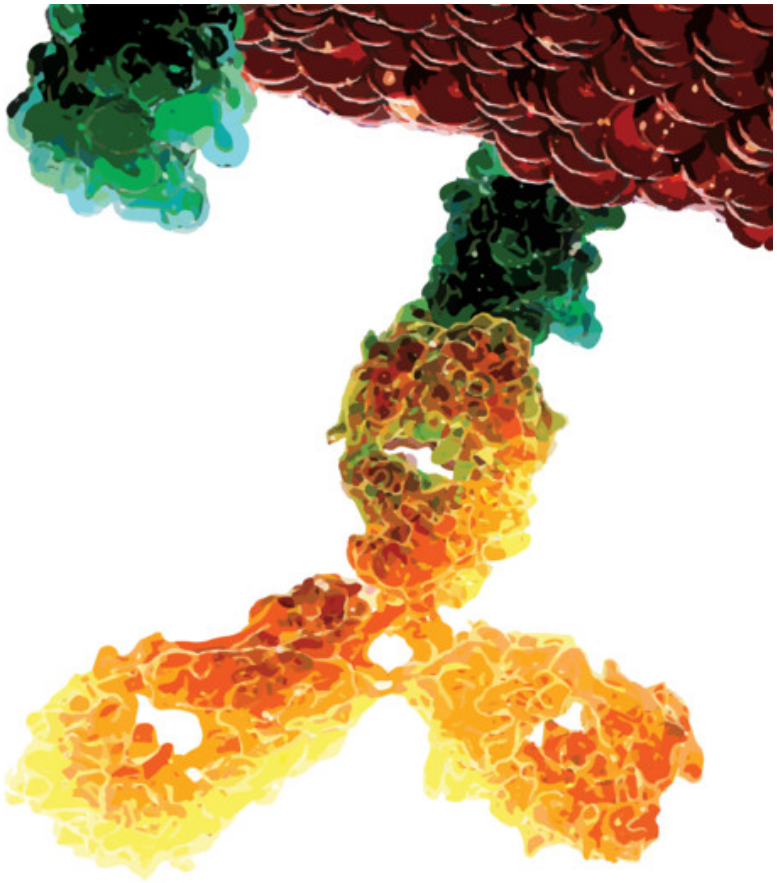
Agenda

Welcome

Strategy

Pipeline and news flow

Summary and Q&A



Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity

Key Phase III medicines & lifecycle

Pipeline will determine the rate of growth

Oncology
Imfinzi[1] multiple cancers
***Imfinzi* + treme** multiple cancers
acalabrutinib blood cancers
moxetumomab leukaemia
selumetinib thyroid cancer
Lynparza[1,2] multiple cancers
Tagrisso[1] lung cancer

Cardiovascular & Metabolic Diseases
ZS-9[2] hyperkalaemia
roxadustat[2] anaemia

Other
anifrolumab lupus
lanabecestat (AZD3293) Alzheimer's disease

Respiratory
benralizumab severe, uncontrolled asthma[2] / COPD
tralokinumab severe, uncontrolled asthma
PT010 COPD / asthma

1. Life-cycle development programme.
2. Under regulatory review in major jurisdiction.

Status as of 5 June 2017.

Key Phase III medicines & lifecycle

Oncology has a transformative potential

Focus today

Oncology
Imfinzi[1] multiple cancers
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acalabrutinib blood cancers
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selumetinib thyroid cancer
Lynparza[1,2] multiple cancers
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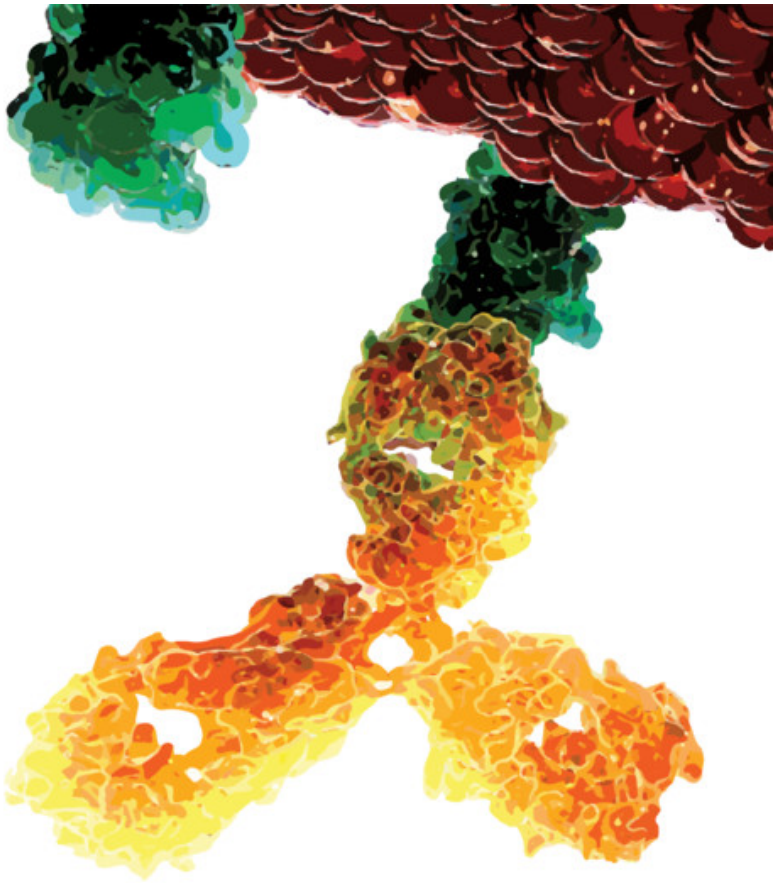
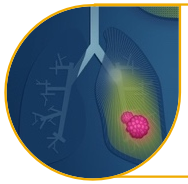


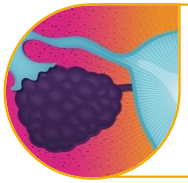
Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity

Delivering the Oncology strategy at a fast pace

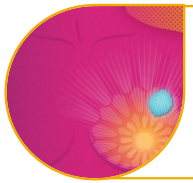


Establishing leadership in lung cancer

Emerging as a leader in Immuno-Oncology



Advancing *Lynparza* and the DDR[1] portfolio 'beyond BRCA[2]'

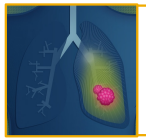


Developing Haematology

1. DDR = DNA Damage Response.
2. BRCA = BReast CAncer (genes).

Establishing leadership in lung cancer

Unique opportunity across all disease stages



Non-small cell lung cancer
(~85% of all lung cancers)

EGFRm / T790M[1] opportunity
(~15-20% of patients, double in Asia)

IO[2] market opportunity
(~75-80% of patients)

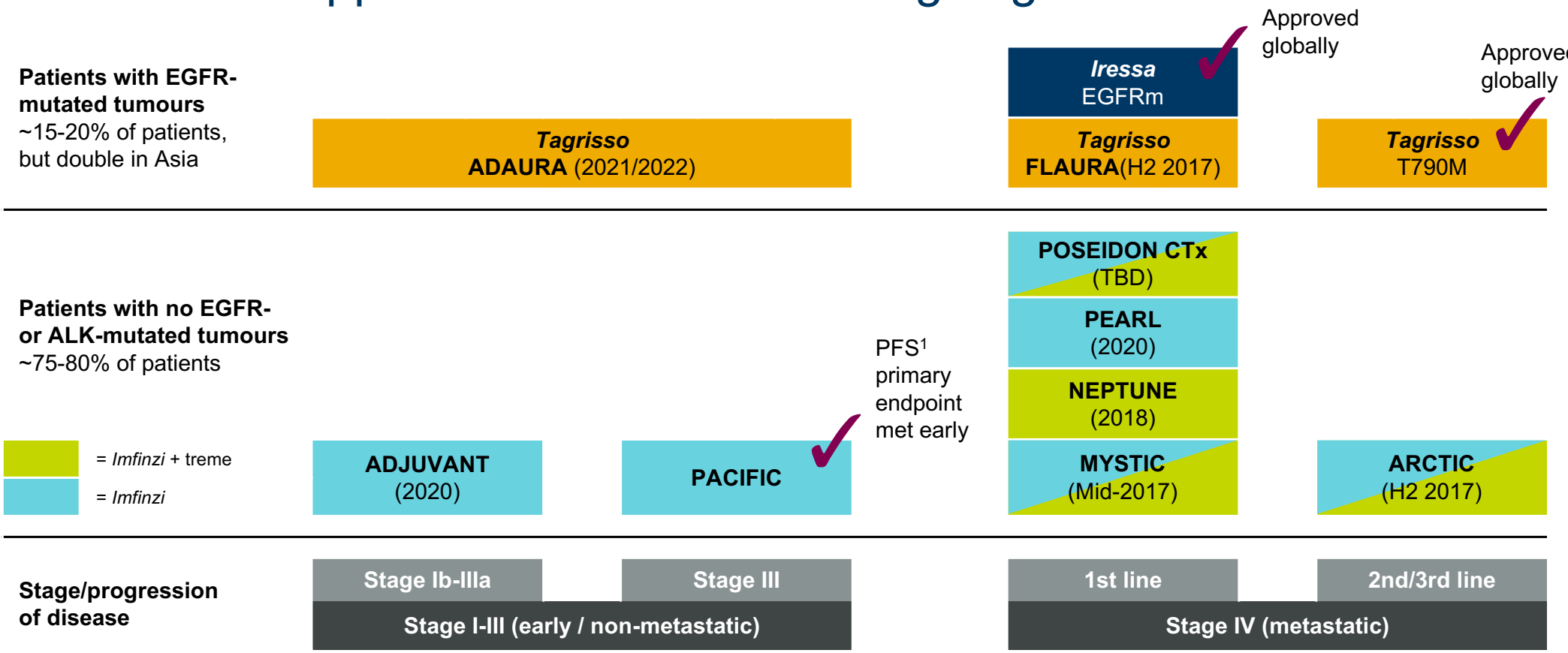
Stage I-III (early / non-metastatic)

Stage IV (metastatic)

1. EGFRm / T790M = Epidermal Growth Factor Receptor mutation / The T790M mutation substitutes a threonine (T) with a methionine (M) at position 790 of exon 20, affecting the ATP binding pocket of the EGFR kinase domain.
2. IO = Immuno-Oncology.
NSCLC staging details: https://www.cancer.org/cancer/non-small-cell-lung-cancer/detection-diagnosis-staging/staging.html.
Source: AstraZeneca epidemiology data.

AstraZeneca in non-small cell lung cancer (NSCLC)

Overview of approved medicines and ongoing Phase III trials



1. PFS = Progression-Free Survival.
( ) = First data anticipated.
Source: AstraZeneca epidemiology data.

Tagrisso: Become the treatment of choice

Potential to transform EGFRm NSCLC outcomes

TAGRISSO® osimertinib

Establish

Tagrisso as the new standard of care for EGFR T790M-positive NSCLC at first progression

Expand

the benefit of *Tagrisso* to 1L and adjuvant EGFRm NSCLC as the new treatment of choice

Extend

as the backbone therapy for all EGFRm patients; in early disease and via combinations with other mechanisms

Imfinzi: Ongoing development programme

Potential for 1L differentiation with tremelimumab

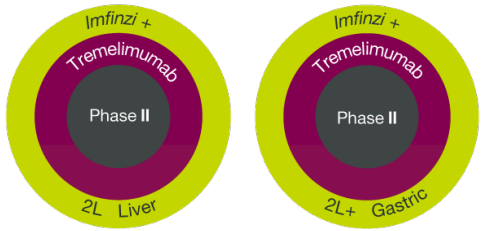
Lung cancer

NSCLC and small-cell lung cancer (SCLC)

Head and neck cancer

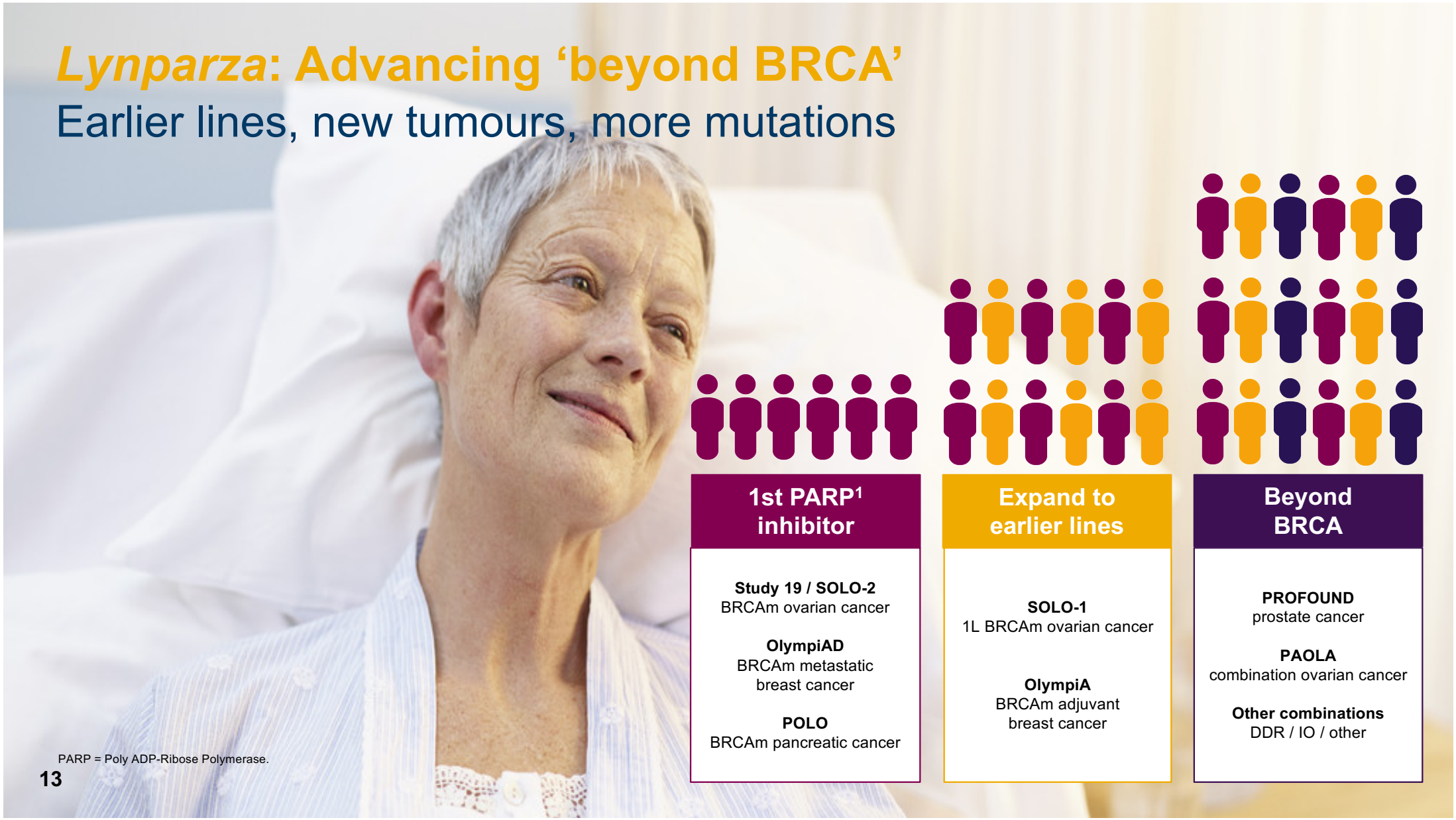
Bladder cancer

Other cancers



Lynparza: Advancing 'beyond BRCA'

Earlier lines, new tumours, more mutations



1st PARP[1] inhibitor	Expand to earlier lines	Beyond BRCA
Study 19 / SOLO-2 BRCAm ovarian cancer	**SOLO-1** 1L BRCAm ovarian cancer	**PROFOUND** prostate cancer
OlympiAD BRCAm metastatic breast cancer	**OlympiA** BRCAm adjuvant breast cancer	**PAOLA** combination ovarian cancer
POLO BRCAm pancreatic cancer		**Other combinations** DDR / IO / other

PARP = Poly ADP-Ribose Polymerase.

Developing Haematology

Moxetumomab

- Hairy cell leukemia (HCL)

Acalabrutinib

- B-cell blood cancers

Collaboration with respected partner

Celgene

IMFINZI™ durvalumab
Injection for Intravenous Use 50 mg/mL

Next wave

Cell death

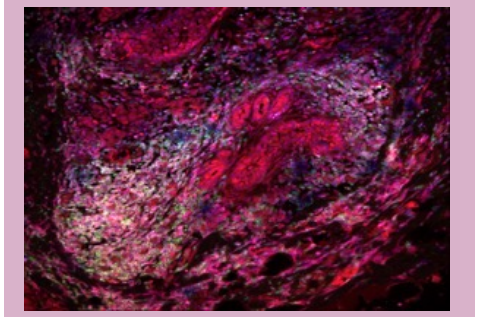
ADC[1]

IO

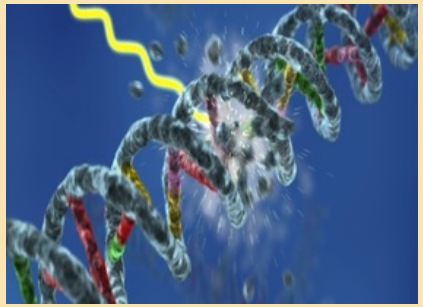
1. ADC = Antibody Drug Conjugate.
Illustrative.

Oncology: Scientific leadership around four key platforms

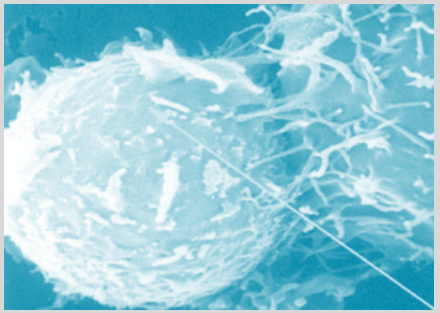
Opportunity for novel combinations



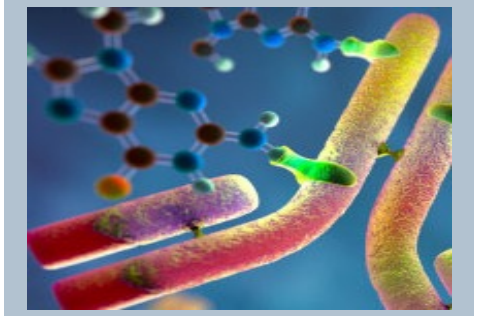
Tumour drivers and resistance



DNA damage response



Immuno-Oncology



Antibody-drug conjugates

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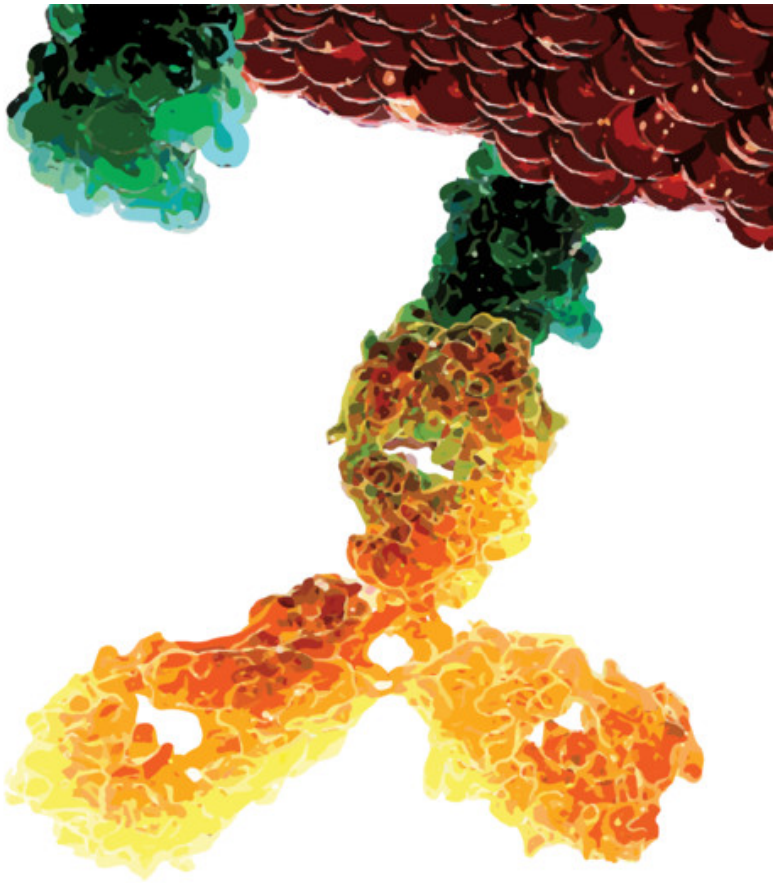
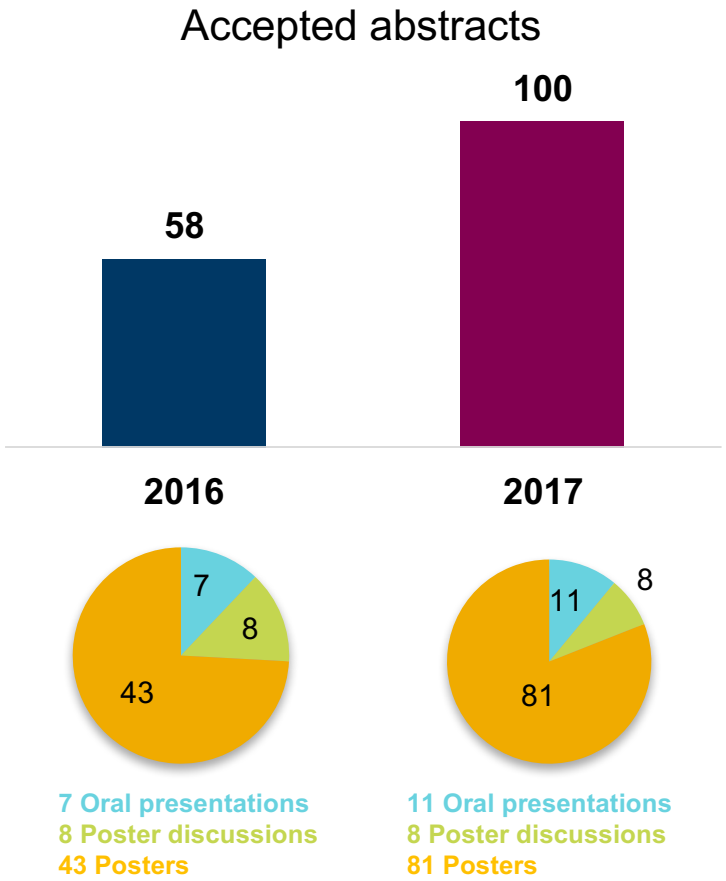


Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity

ASCO Annual Meeting presence almost doubled

Relevance of AstraZeneca in Oncology is fast increasing



Source: AstraZeneca analysis based on ASCO abstract acceptances.

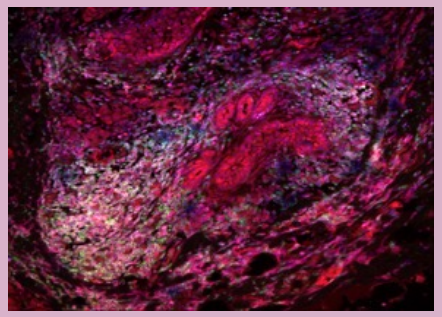
100 company-sponsored and supported **abstracts** at ASCO. This includes **five 'Best of ASCO'** presentations, and a total of **11 oral presentations** and **eight poster discussions**.

Highlights

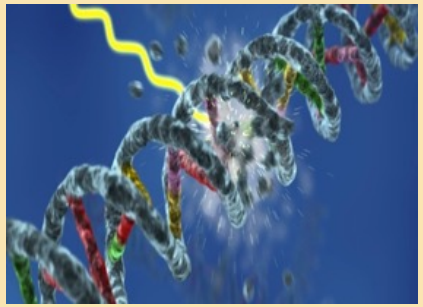
- ***Lynparza***
  - Phase III OlympiAD BRCAm mBC
  - Phase III SOLO-2 BRCAm OC HRQOL
- ***Tagrisso***
  - Phase III AURA3 NSCLC CNS disease
- ***Imfinzi***
  - Study 1108 monotherapy; updates in bladder cancer and NSCLC

Oncology: Scientific leadership around four key platforms

Opportunity for novel combinations



Tumour drivers and resistance



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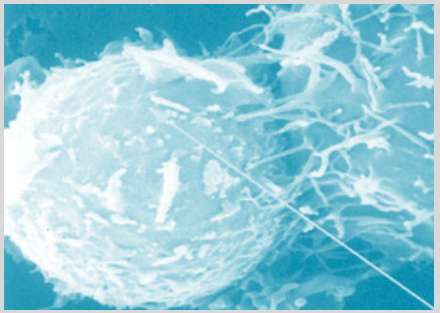
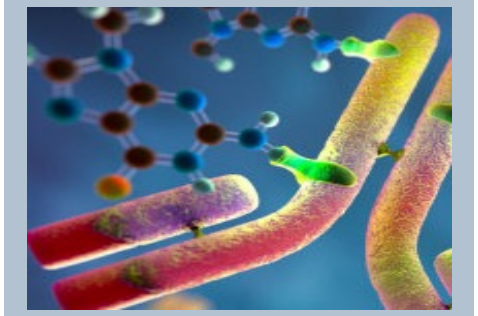


Immuno-Oncology

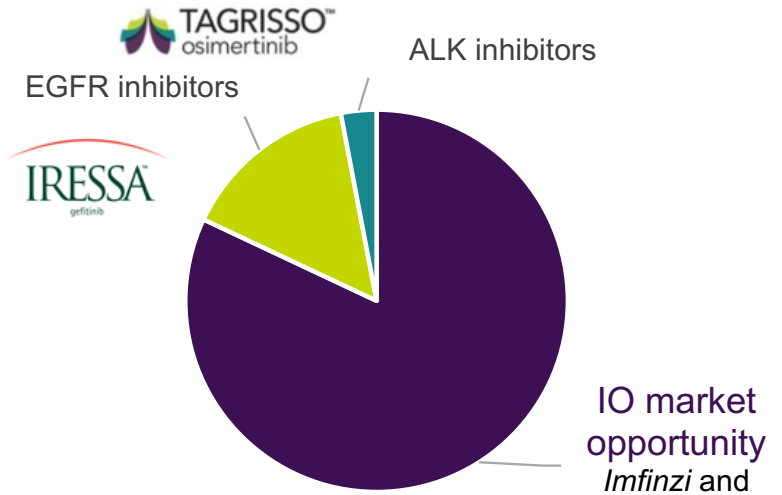


Antibody-drug conjugates

NSCLC: Stage IV metastatic disease

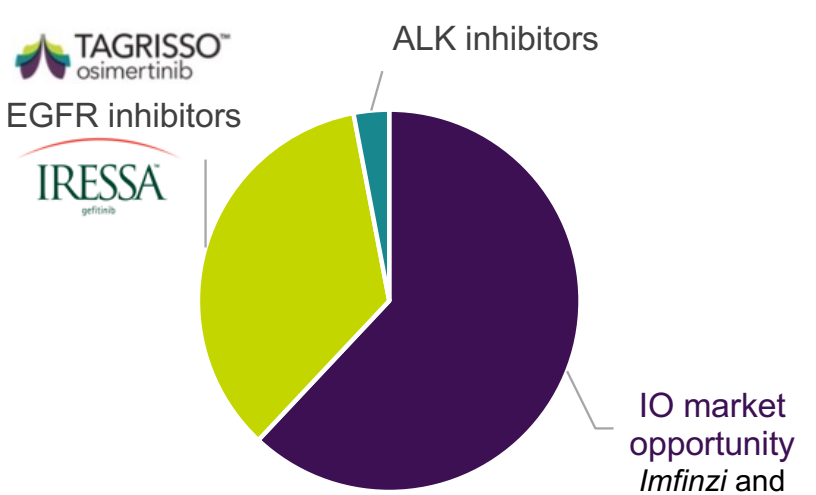
Potential to benefit the majority of patients

Typical non-Asian NSCLC-patient segmentation



Illustrative

Typical Asian NSCLC-patient segmentation



Illustrative

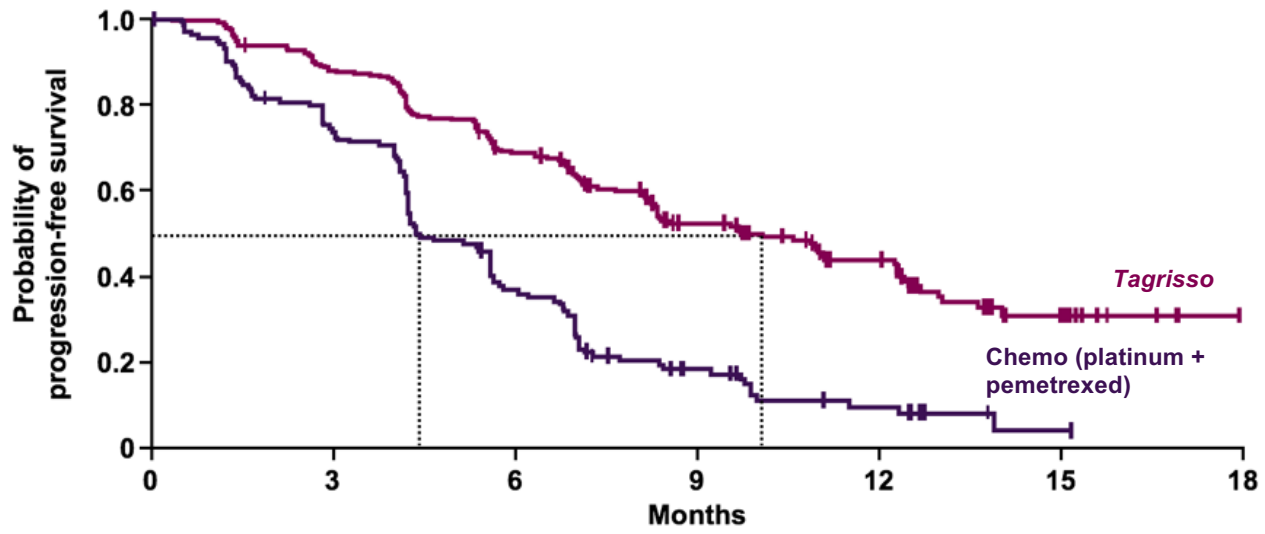
***Tagrisso*, *Imfinzi* and *Imfinzi* + treme:**
Unique opportunities to benefit NSCLC patients and create significant value

Source: AstraZeneca epidemiology data.

Tagrisso

First randomised Phase III trial to demonstrate superiority

AURA3 - 2L T790M NSCLC
Investigator assessment[1]



PFS HR 0.30 (95% CI 0.23; 0.41), p<0.001; median PFS 10.1 vs. 4.4 months

PFS by investigator	*Tagrisso* (N=279)	Chemo (N=140)
HR (95% CI)	**0.30** (0.23; 0.41) p<0.001	
Median PFS, months (95% CI)	10.1 (8.3; 12.3)	4.4 (4.2; 5.6)

With CNS metastases

PFS by investigator	*Tagrisso* (N=93)	Chemo (N=51)
HR (95% CI)	**0.32** (0.21; 0.49) p<0.001	
Median PFS, months (95% CI)	8.5 (6.8; 12.3)	4.2 (4.1; 5.4)

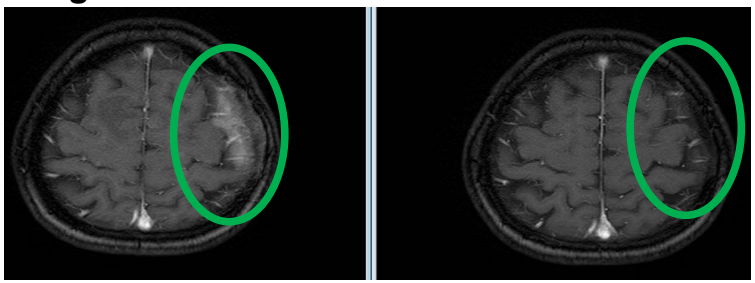
AURA3: Similar PFS hazard ratio with or without brain metastases

1. Analysis of PFS by BICR was consistent with the investigator-based analysis: HR 0.28 (95% CI 0.20; 0.38), p<0.001; median PFS 11.0 vs. 4.2 months.
Source: WCLC 2016, abstract PL03.03.

Tagrisso

Encouraging long-term CNS benefit supports 1L use

Tagrisso crosses the blood-brain barrier



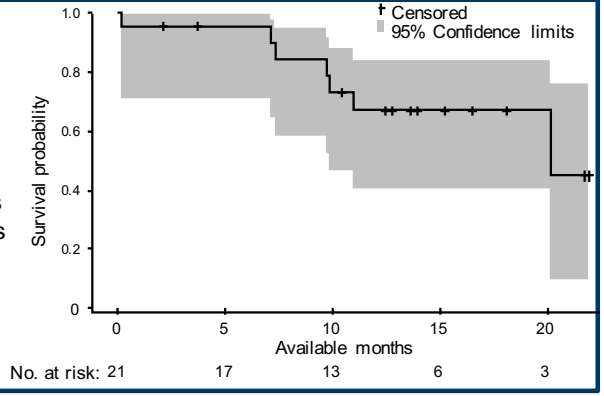
AURA17: Radiological response of leptomeningeal lesion

Updated results from the BLOOM trial

Phase I BLOOM trial of *Tagrisso* for patients with EGFRm NSCLC with leptomeningeal metastases (LM)

Encouraging activity and manageable tolerability in patients with LM from EGFRm NSCLC was observed

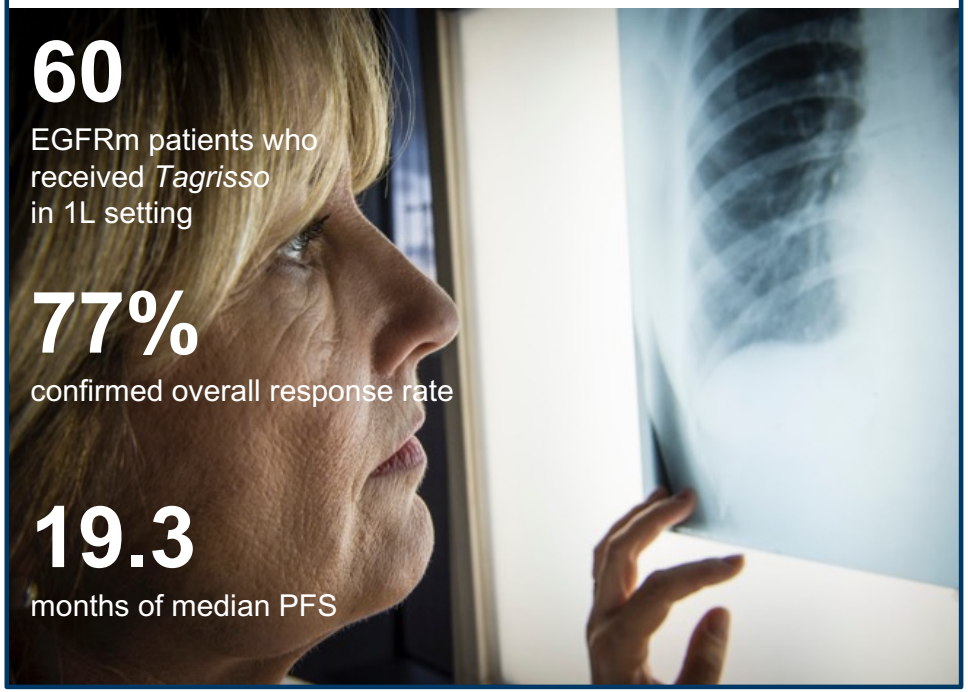
Overall LM disease response of 43%



Source: ASCO 2017, abstract 2020.

Potential in 1L EGFRm NSCLC

Tony Mok, discussion of *Tagrisso* data,
ELCC, Geneva, Switzerland 13 April 2016



Source: ELCC 2016, abstract LBA1_PR.

Tagrisso

Potential to transform EGFRm NSCLC outcomes

TAGRISSO® osimertinib

1 **At launch (2015-17)**

Establish

Tagrisso as the new standard of care for EGFR T790M-positive NSCLC at first progression

2 **From 2018**

Expand

the benefit of *Tagrisso* to 1L and adjuvant EGFRm NSCLC as the new treatment of choice

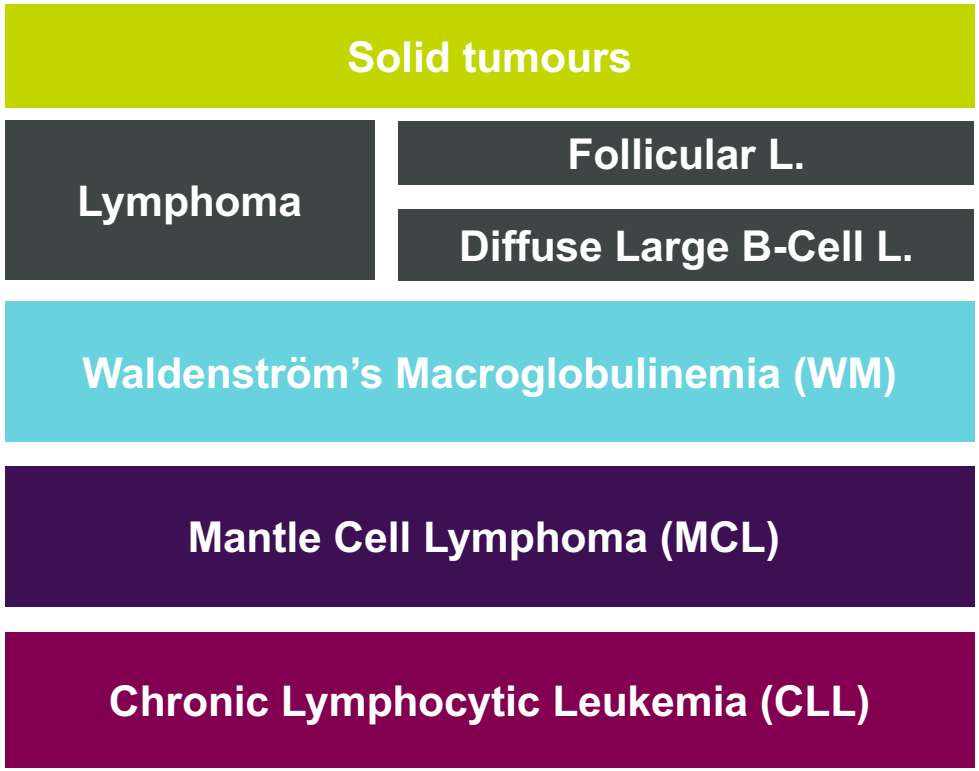
3 **From 2021**

Extend

as the backbone therapy for all EGFRm patients; in early disease and via combinations with other mechanisms[1]

Acalabrutinib

Extensive clinical trial programme underway



21 clinical trials underway with +2,000 patients - excerpts:

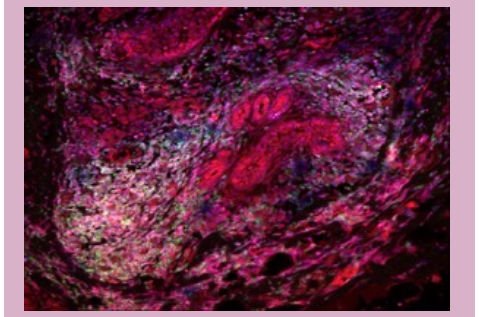
Indication	Line of therapy; trial design	Phase
CLL	**Front line** acalabrutinib + obinutuzumab vs. obinutuzumab + chlorambucil vs. acalabrutinib	III
	Relapsed/refractory acalabrutinib vs. ibrutinib	III
	Relapsed/refractory acalabrutinib vs. investigator's choice of idelalisib plus rituximab or bendamustine plus rituximab	III
	Relapsed/refractory, ibrutinib-intolerant acalabrutinib	II
MCL	**Front line, previously untreated** acalabrutinib + bendamustine + rituximab vs. bendamustine + rituximab	III
	Relapsed/refractory acalabrutinib	II
WM	**Relapsed/refractory** acalabrutinib	Ib/II

Pivotal Phase II data anticipated H1 2017[1]

1. Potential fast-to-market opportunity ahead of randomised, controlled trials.

Oncology: Scientific leadership around four key platforms

Opportunity for novel combinations



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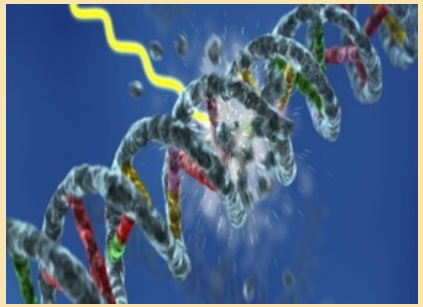

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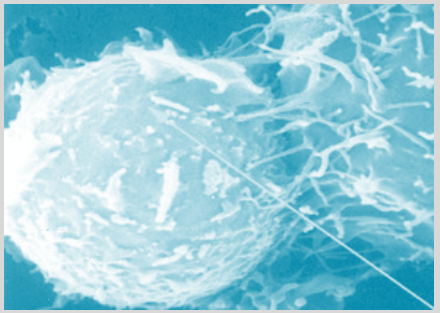
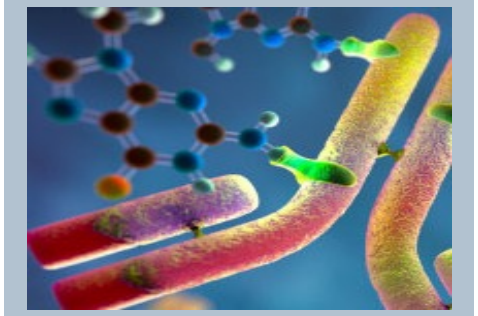


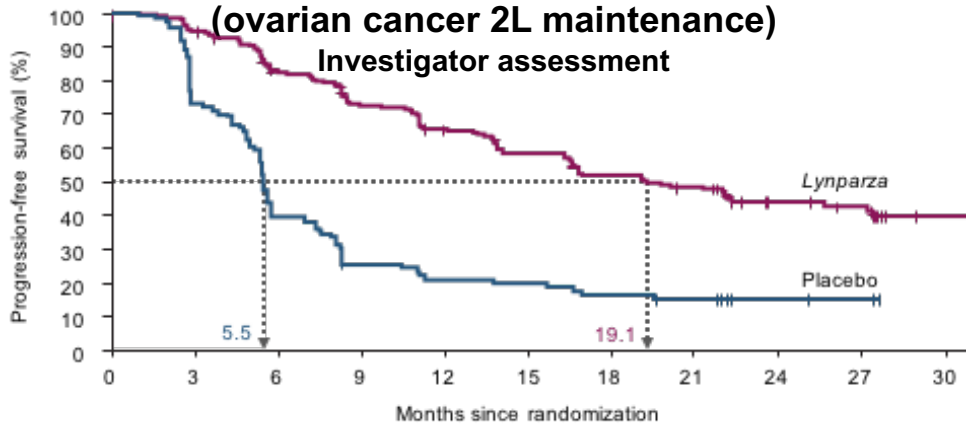
Immuno-Oncology



Antibody-drug conjugates

Lynparza: Ovarian cancer
Compelling efficacy and safety

Compelling efficacy from SOLO-2 (ovarian cancer 2L maintenance)



PFS	*Lynparza* (N=196)	Placebo (N=99)
Investigator, HR (95% CI)	0.30 (0.22; 0.41) p<0.0001	
Investigator, median PFS, months	19.1	5.5
BICR[1], HR (95% CI)	0.25 (0.18; 0.35) p<0.0001	
BICR, median PFS, months	30.2	5.5

Compelling safety data, patient convenience

% (events, n)	Anemia Grade ≥3	Neutropenia Grade ≥3	Thrombocytopenia Grade ≥3
SOLO-2	19.5% (38)	5.1% (10)	1.0% (2)
Interpretation	>10%	<10%	<<10%

Reducing burden for patients; from 16 capsules to 4 tablets

1. BICR = Blinded Independent Central Review.
Source: Presentation at SGO 2017.

Lynparza: Breast cancer
OlympiAD study design

- HER2-negative metastatic breast cancer
  - ER+ and/or PR+ or
  - TNBC
- Deleterious or suspected deleterious g*BRCA*m
- ≤2 prior chemotherapy lines in metastatic setting
- Prior anthracycline and taxane
- HR+ disease progressed on ≥1 endocrine therapy, or not suitable
- If prior platinum use
  - No evidence of progression during treatment in the advanced setting
  - ≥12 months since (neo)adjuvant treatment

Olaparib
300 mg tablets bd

2:1 randomization

Chemotherapy treatment of physician's choice (TPC)
- **Capecitabine**
- **Eribulin**
- **Vinorelbine**

Treat until progression

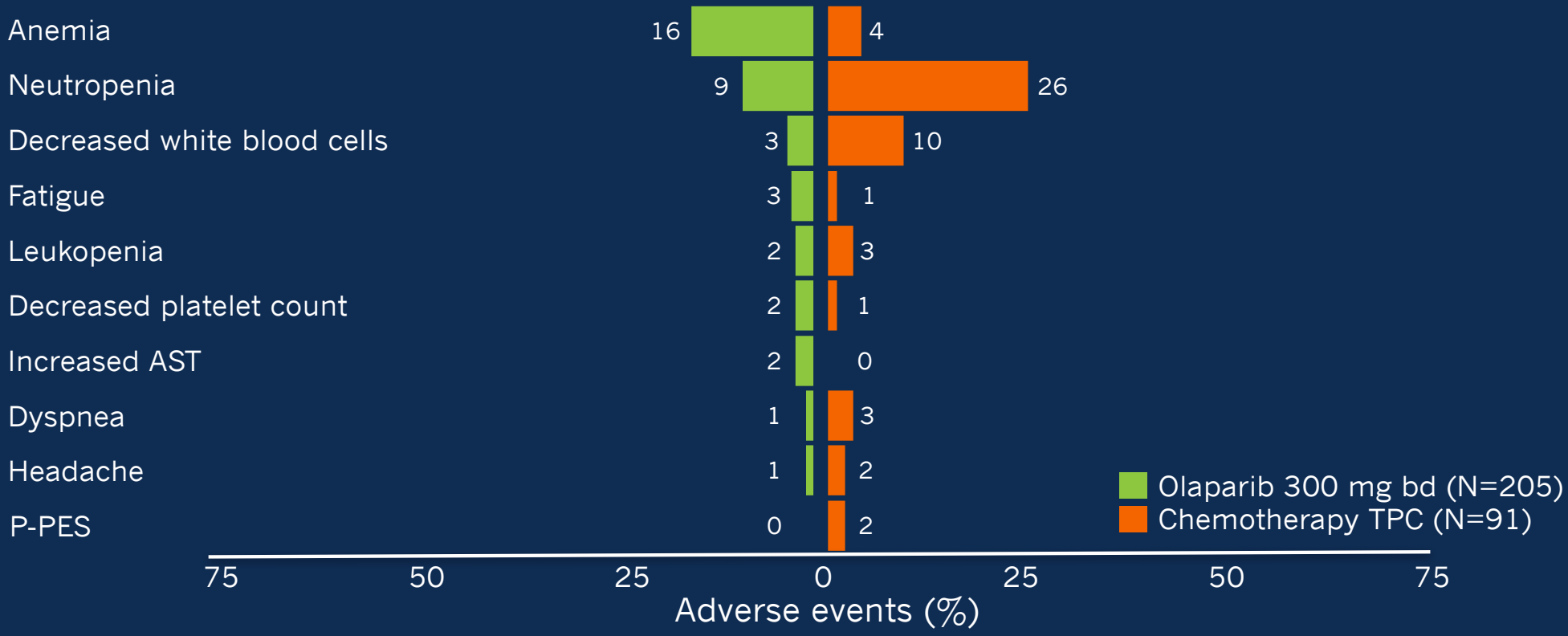
Primary endpoint
Progression-free survival (RECIST 1.1, BICR)

Secondary endpoints
- Overall survival
- Time to second progression or death
- Objective response rate
- Global HRQoL (EORTC-QLQ-C30)
- Safety and tolerability

BICR, blinded independent central review; ER, estrogen receptor; HRQoL, health-related quality of life; PR, progesterone receptor; RECIST, response evaluation criterial in solid tumors; TNBC, triple negative breast cancer

Lynparza: Breast cancer

Grade ≥3 adverse events in ≥2% patients in either arm

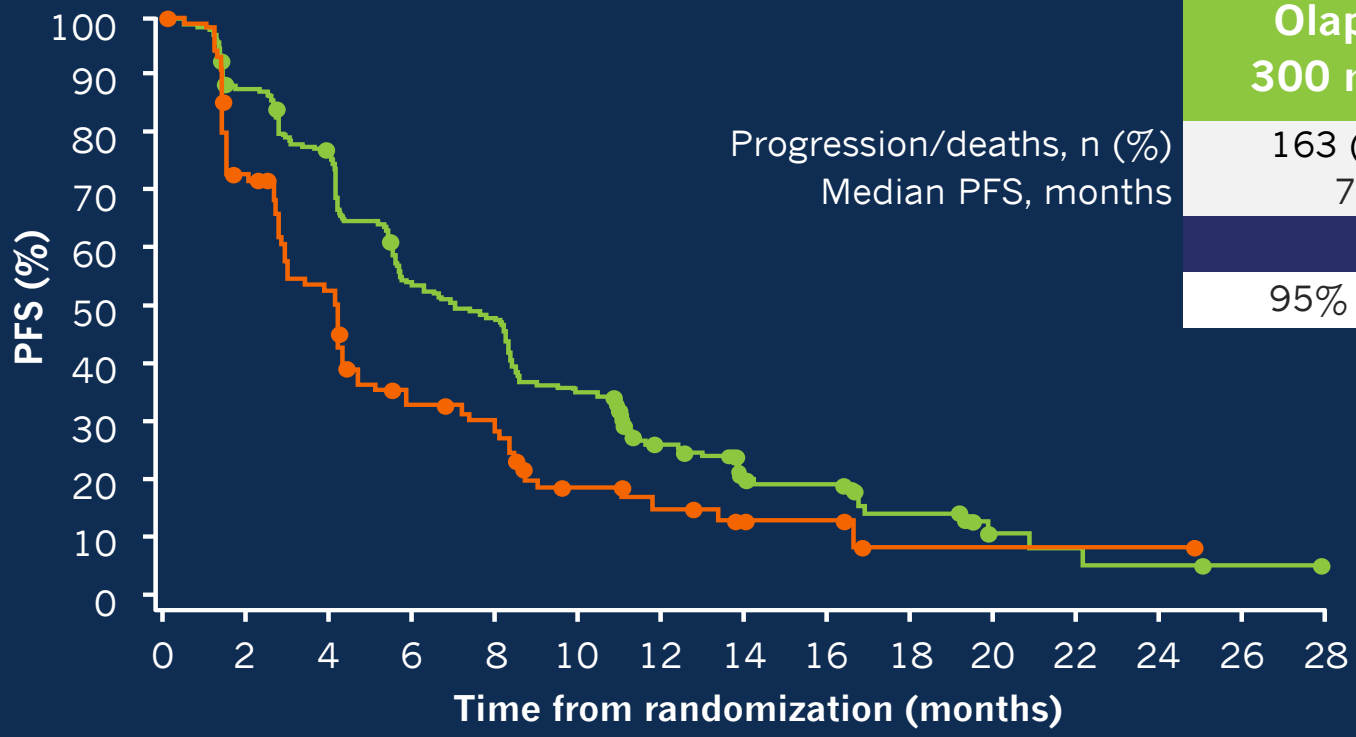


MedDRA preferred terms for adverse events have been combined for 1) anemia and 2) neutropenia

ALT, alanine aminotransferase; AST, aspartate aminotransferase; P-PES, Palmar-plantar erythrodysesthesia syndrome

Lynparza: Breast cancer

Primary endpoint: progression-free survival by BICR

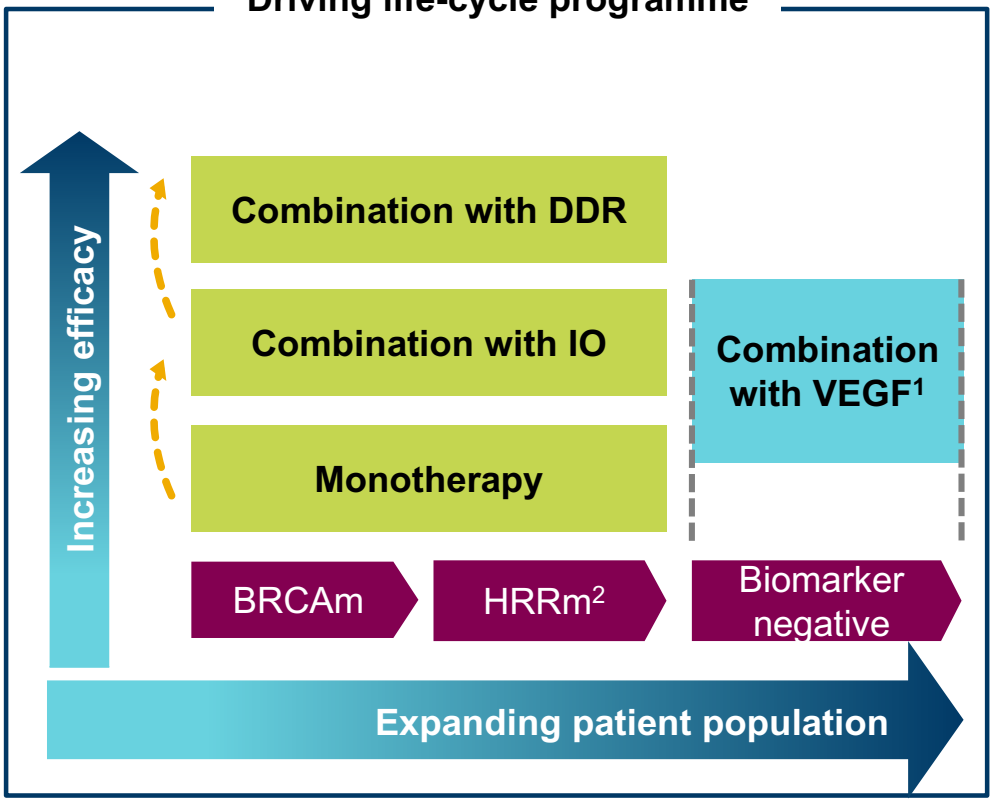


	Olaparib 300 mg bd	Chemotherapy TPC
Progression/deaths, n (%)	163 (79.5)	71 (73.2)
Median PFS, months	7.0	4.2
HR 0.58		
95% CI 0.43 to 0.80; *P*=0.0009		

Lynparza: Expanding beyond BRCA

Strategy; expected regulatory submissions

Driving life-cycle programme



Key data readouts

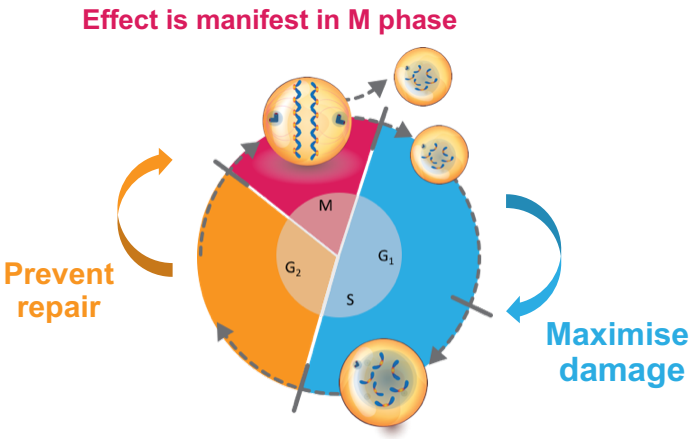
2016	2017	2018+	
		PROFOUND prostate cancer	
		PAOLA bevacizumab combination ovarian cancer	***Lynparza*** **+ AZD6738** (ATR)
		POLO BRCAm pancreatic cancer	***Lynparza*** **+ AZD2811** (Aurora B kinase)
SOLO-2 2L BRCAm PSR ovarian cancer ✔	**SOLO-1** 1L BRCAm ovarian cancer	**OlympiA** BRCAm adjuvant BC	***Lynparza*** **+ AZD1775** (WEE1)
GOLD gastric cancer ✘	**OlympiAD** BRCAm metastatic breast cancer ✔	**SOLO-3** 3L+ gBRCAm PSR ovarian cancer	***Lynparza*** **+ AZD0156** (ATM)

1. VEGF = Vascular Endothelial Growth Factor.
2. HRRm = Homologous Recombination Repair mutations.

DNA damage response (DDR)

Deep portfolio from preclinical to launch

Preclinical	Phase I	Phase II	Launched / Phase III
DNA-PK[1] (DSB[2] repair)	**AZD1390** (ATM[3])	**AZD6738** (ATR[4])	***Lynparza*** (PARP)
	AZD0156 (ATM)	**AZD1775** (WEE1)	
	AZD2811 (Aurora B)		



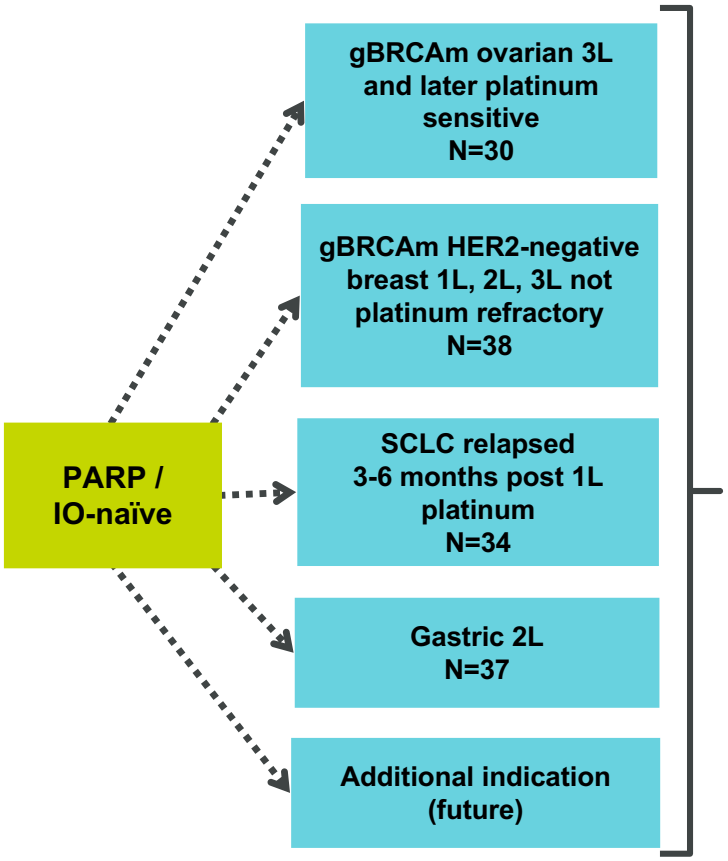
G1 = Gap/growth phase I
S = DNA replication phase
G2 = Gap/growth phase II
M = Cell division phase
\ = Cell cycle checkpoint

Uniquely placed to explore full range of opportunities in DDR

1. DNA-PK = DNA-dependent Protein Kinase.
2. DSB = Double Strand Break.
3. ATM = Ataxia-Telangiectasia Mutated.
4. ATR = Ataxia-Telangiectasia and Rad3-related.

Lynparza + *Imfinzi* (MEDIOLA trial)

Leading with novel anti-PDL1 plus targeted-therapy combinations



Baseline tumour biopsy and blood

Repeat tumour biopsy and blood

Repeat tumour biopsy and blood: C2D1

Lynparza **monotherapy** (4 weeks run-in) → ***Lynparza + Imfinzi*** **combination** (to progression)

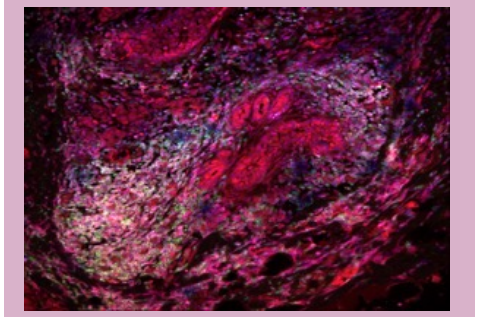
Key features:

- Phase II proof-of-concept basket trial
- Dose finding established in National Cancer Institute (NCI) D081KC00001
- Rigorous translational science

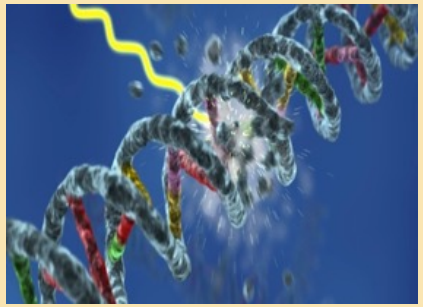
Source: ASCO 2016, abstract 3015.

Oncology: Scientific leadership around four key platforms

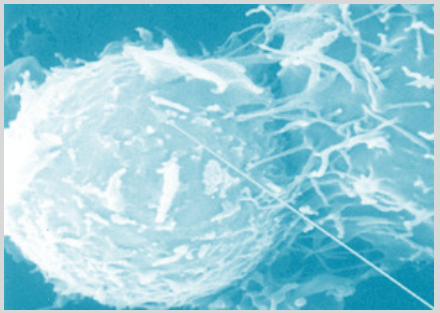
Opportunity for novel combinations



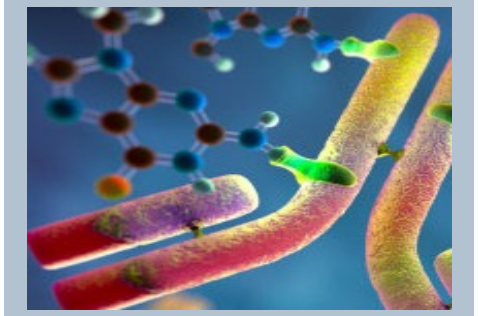
Tumour drivers and resistance



DNA damage response



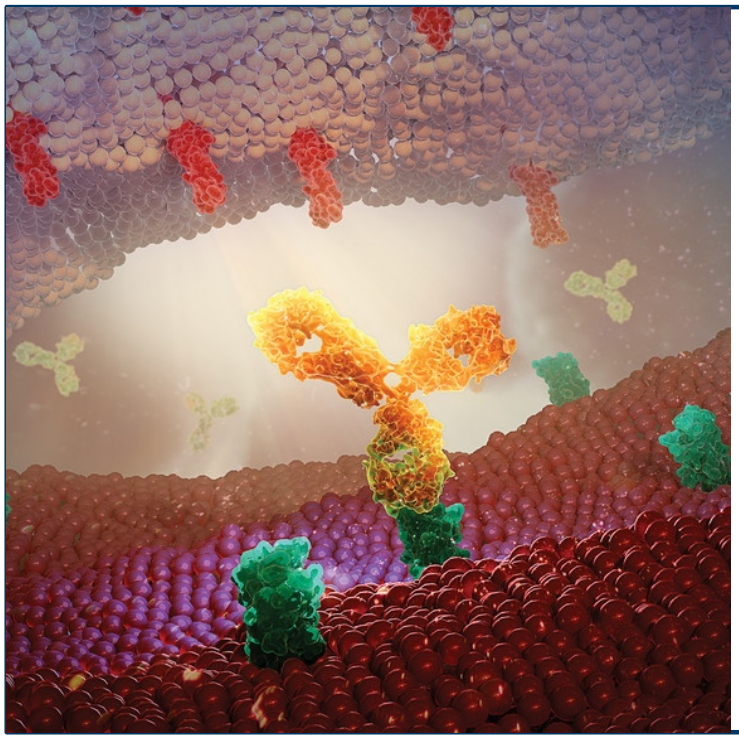
Immuno-Oncology



Antibody-drug conjugates

Imfinzi: Bladder cancer 2L

First approval; compelling data



	All patients N=182	PD-L high N=95	PD-L1 low/negative N=73	PD-L1 NE[1] N=14
Objective Response Rate (ORR) by BICR, n (%) (95% confidence interval [CI])	31 (17.0%) (11.9, 23.3)	25 (26.3%) (17.8, 36.4)	3 (4.1%) (0.9, 11.5)	3 (21.4%) (4.7, 50.8)
Complete Response	5	3	1	1
Partial Response	26	22	2	2
Median Duration of Response (DoR) (Range, months)	Not reached (0.9+[2], 19.9+)	Not reached (0.9+, 19.9+)	Not reached (1.9+, 12.3)	Not reached (2.3+, 2.6)

1. NE = Not Evaluable.
2. '+' = censored value.

Source: *Imfinzi* US prescribing information.

Imfinzi: Stage III NSCLC

PACIFIC trial: First and only IO medicine with PFS

PACIFIC

News Release

Regulatory News Service

AstraZeneca

This announcement contains inside information

12 May 2017 07:00 BST

***IMFINZI* SIGNIFICANTLY REDUCES THE RISK OF DISEASE WORSENING OR DEATH IN THE PHASE III PACIFIC TRIAL FOR STAGE III UNRESECTABLE LUNG CANCER**

Imfinzi met a primary endpoint of statistically-significant and clinically-meaningful progression-free survival (PFS) in 'all-comer' patients with locally-advanced, unresectable (Stage III) non-small cell lung cancer in a planned interim analysis

Imfinzi is the first immuno-oncology medicine to show superior PFS in this setting

Plans for regulatory submission under active discussion with authorities

AstraZeneca and MedImmune, its global biologics research and development arm, today announced positive results for the Phase III PACIFIC trial, a randomised, double-blinded, placebo-controlled multi-centre trial of *Imfinzi* (durvalumab) as sequential treatment in patients with locally-advanced, unresectable (Stage III) non-small cell lung cancer (NSCLC) who had not progressed following standard platinum-based chemotherapy concurrent with radiation therapy.

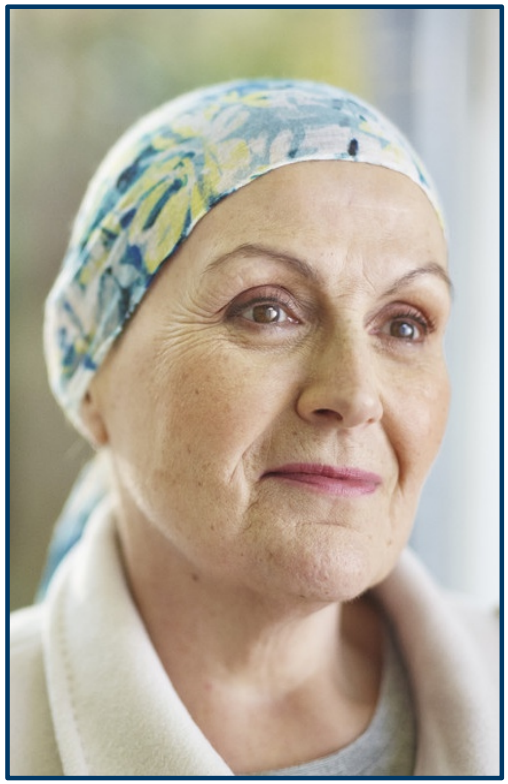
Key facts

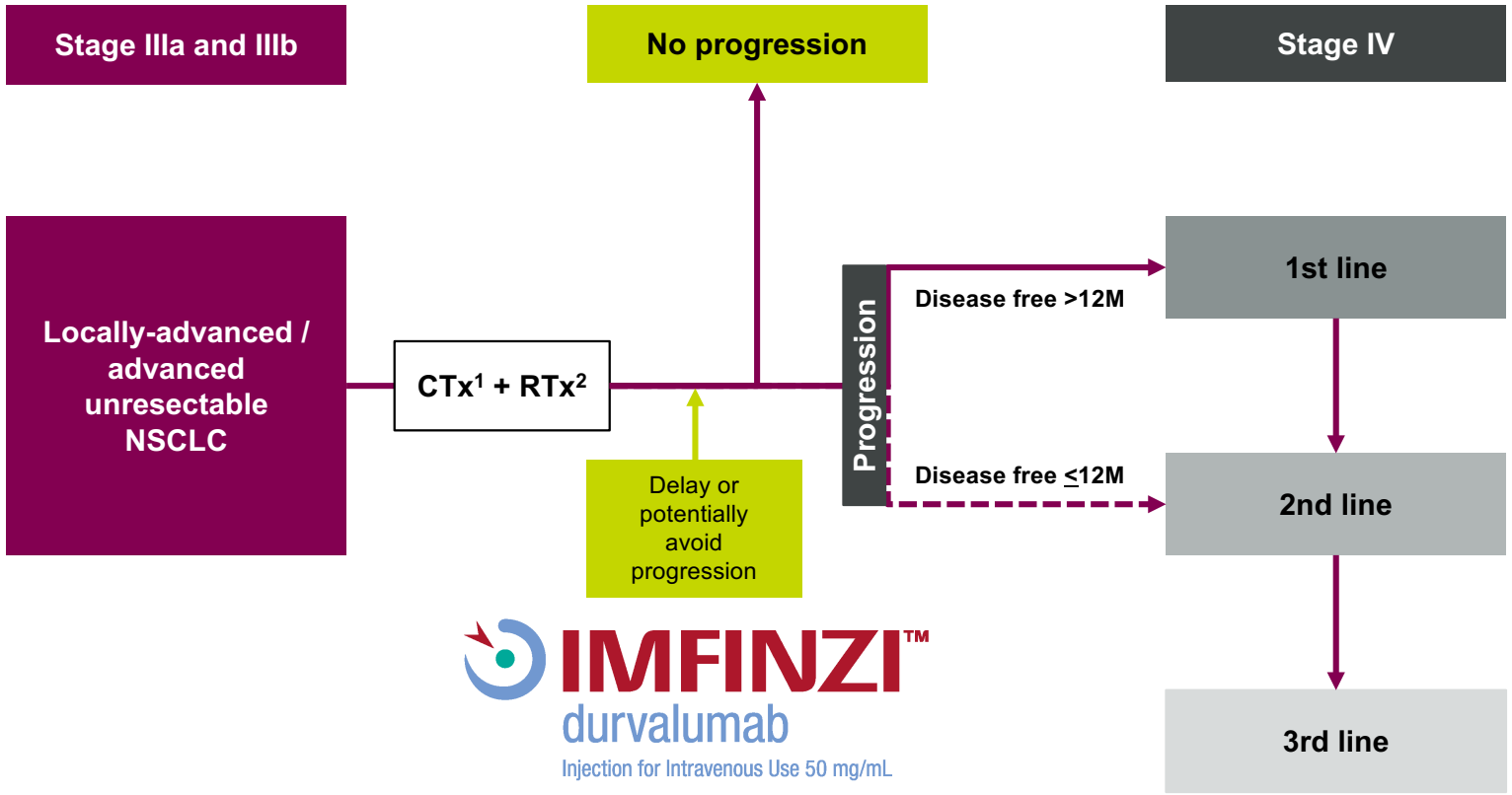
- ~100,000 patients are diagnosed with Stage III lung cancer each year in G7; about half being unresectable
- Trial will continue for overall survival with final overall survival data currently expected in 2019
- 2-3 years ahead of competitors

Source: AstraZeneca epidemiology data. G7 countries include the US, Japan, Germany, the UK, France, Italy and Canada.

Imfinzi: Stage III NSCLC

PACIFIC trial: Statistically-significant and clinically-meaningful PFS





1. CTx = Chemotherapy.
2. RTx = Radiation therapy.

Imfinzi: Stage IV NSCLC

MYSTIC trial: Multiple potential outcomes

	2017	2018
Primary endpoints		
Imfinzi + treme combo PFS in 'expressers'	Mid-2017 **PFS final analysis**	
Imfinzi + treme combo OS in 'expressers'	OS interim analyses	**OS final analysis**
Imfinzi OS in 'expressers'	OS interim analyses	**OS final analysis**

Illustrative. Trial is event-driven.

Imfinzi: Stage Ib-IV NSCLC

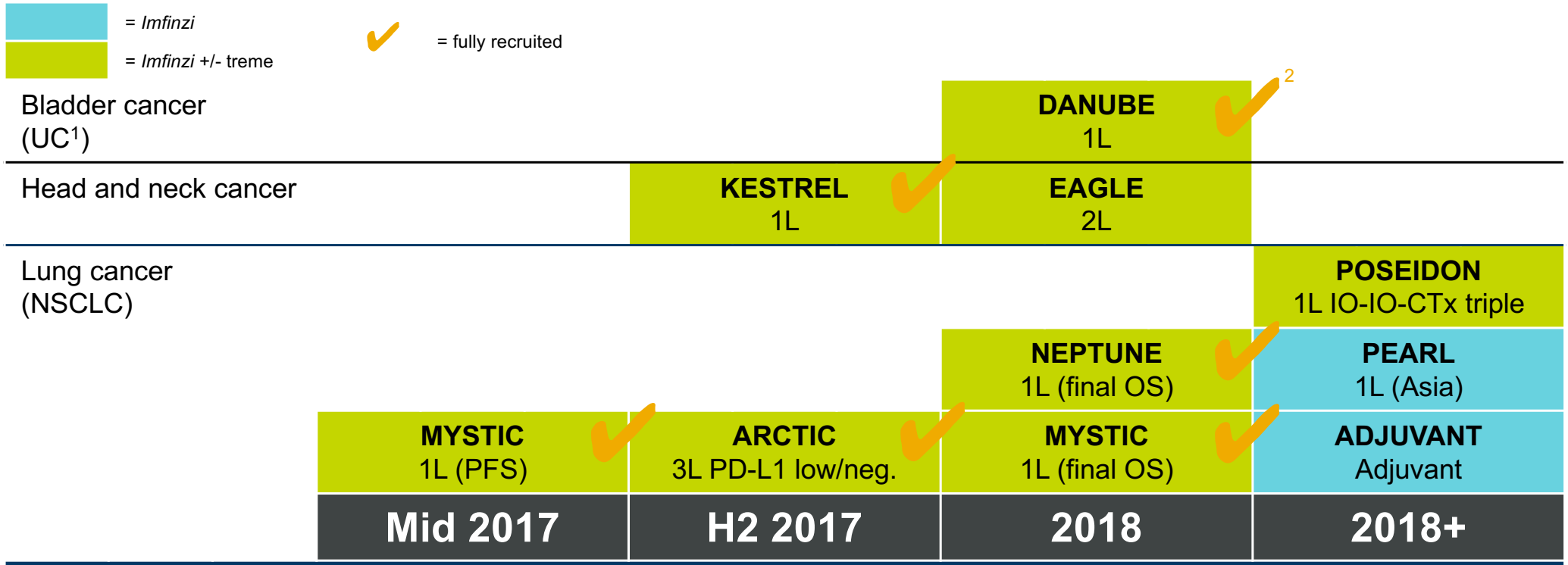
Extensive Phase III programme

	ADJUVANT	PACIFIC	MYSTIC	NEPTUNE	PEARL	POSEIDON	ARCTIC
Trial design	Stage Ib-IIIa Randomised, controlled *Imfinzi* vs placebo	Stage III unresectable Randomised, controlled *Imfinzi* vs placebo	Stage IV / 1L EGFR/ALK wt Non-sq / sq[2] Randomised, controlled *Imfinzi*, *Imfinzi* + treme vs SoC	Stage IV / 1L EGFR/ALK wt Non-sq / sq Randomised, controlled *Imfinzi* + treme vs SoC	Stage IV / 1L EGFR/ALK wt Non-sq / sq PD-L1 expr. Randomised, controlled *Imfinzi* vs SoC	Stage IV / 1L EGFR/ALK wt Non-sq / sq Randomised, controlled *Imfinzi* + SoC, *Imfinzi* + treme + SoC vs SoC	Stage IV / 3L EGFR/ALK wt Non-sq / sq PD-L1 low Randomised, controlled *Imfinzi*, treme, *Imfinzi* + treme vs SoC
Primary endpoint(s)	DFS[1]	PFS OS ✔	PFS OS	OS	PFS OS	PFS	PFS OS
Data readout	2020	PFS 2019 (final OS)	Mid-2017 (PFS) 2018 (final OS)	2018	2020	TBD	H2 2017
Recruitment status	Ongoing	Fully recruited	Fully recruited	Fully recruited New	Ongoing	Ongoing New	Fully recruited

1. DFS = Disease-Free Survival.
2. Non-sq / sq = Non-squamous / squamous (histology).

Imfinzi: Key news flow

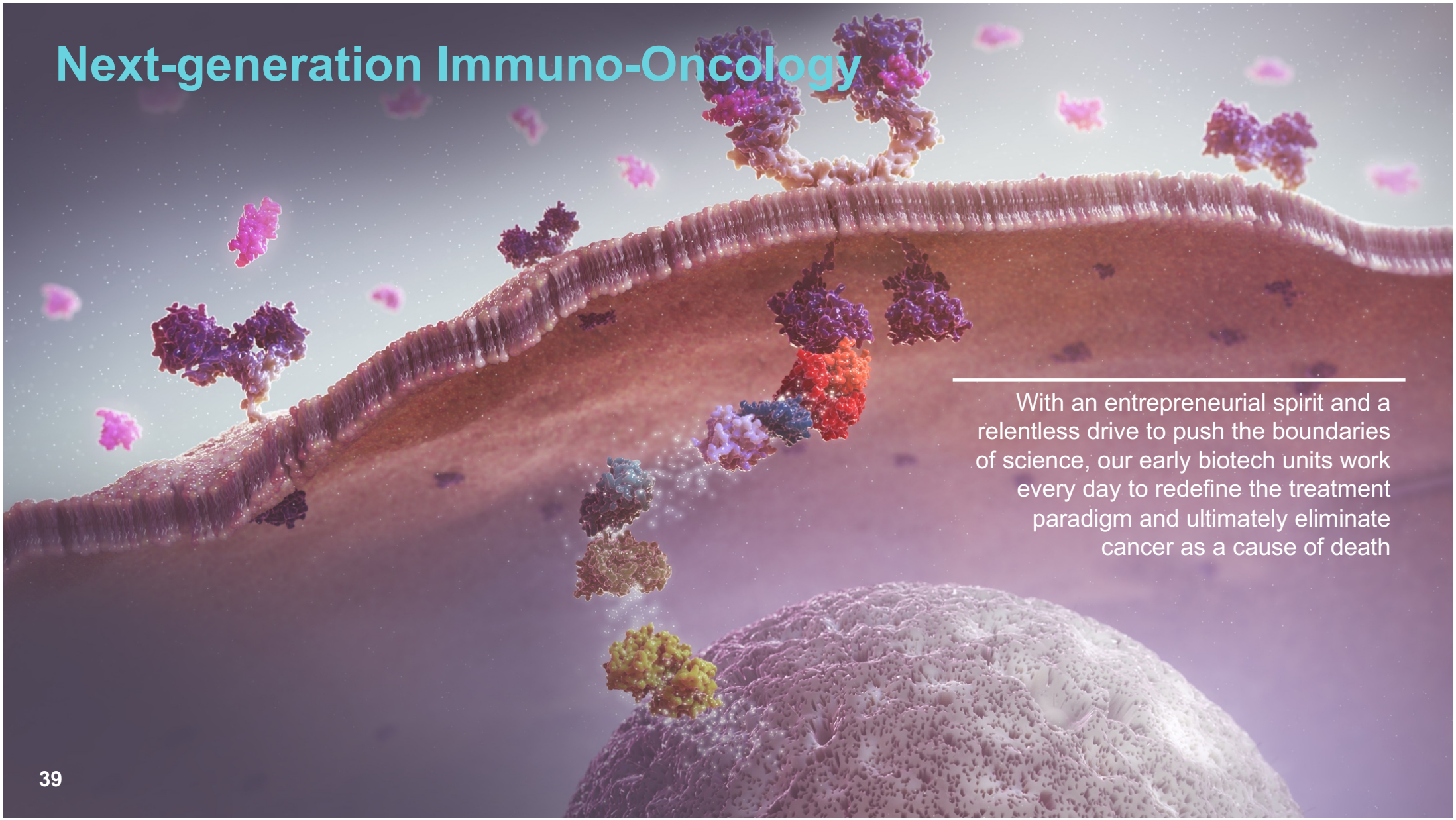
Mono and combo w/treme



Potential leadership in IO & IO-IO combinations across multiple cancer types

1. Urothelial Carcinoma.
2. Global trial excluding China.

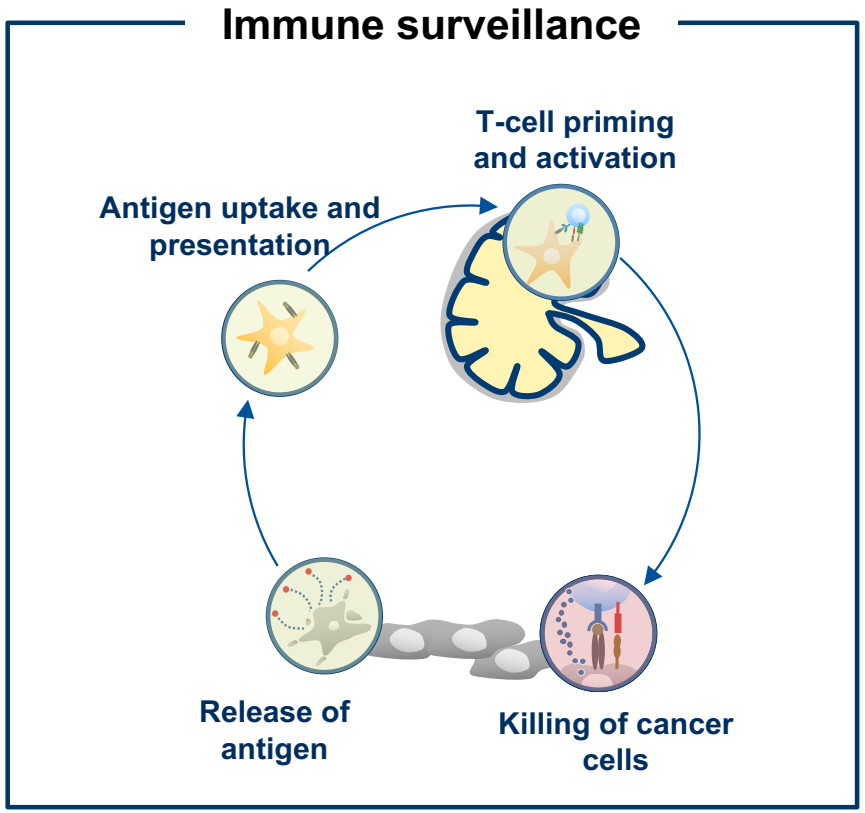
Next-generation Immuno-Oncology

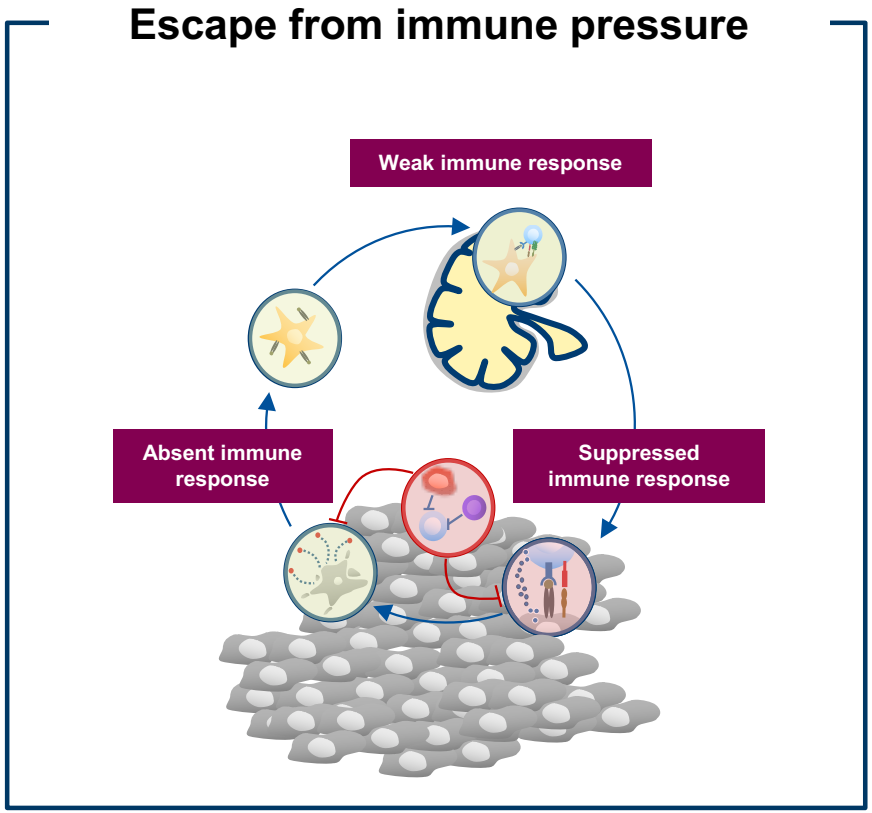


With an entrepreneurial spirit and a relentless drive to push the boundaries of science, our early biotech units work every day to redefine the treatment paradigm and ultimately eliminate cancer as a cause of death

Next-generation Immuno-Oncology

Cancer may arise when tumour cells escape immune pressure





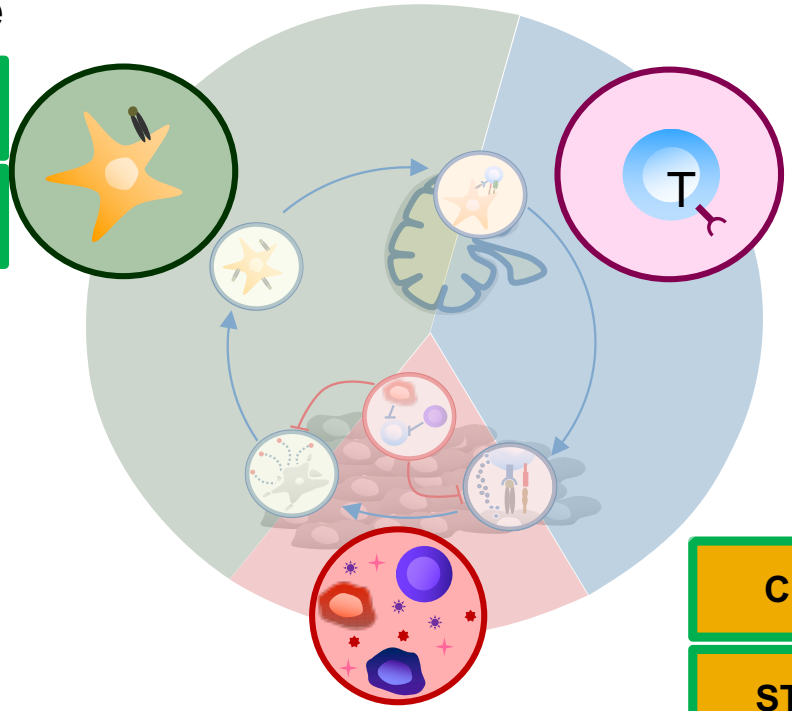
Source: AstraZeneca illustrations.

Next-generation Immuno-Oncology

Broad IO clinical programme to enhance anti-tumor immunity

Prime new response

- TLR 7/8
- HDAC[1]
- DNA vaccine
- HPVE7[1]



Potentiate existing response

- PD-L1
- hOX40[2]
- PD-1
- CTLA-4
- GITR
- NKG2A

Reverse local immune-suppression

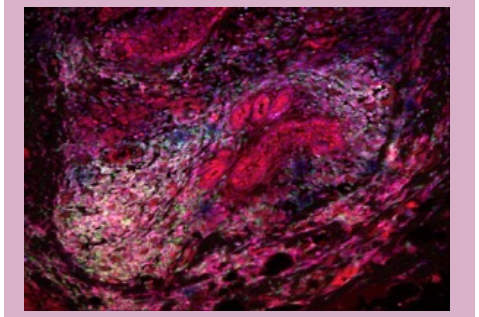
- CD73
- A2AR
- CXCR2
- STAT3
- IDO[1]
- IMCgp100[1]
- CSF-1R[1]
- TGFβR-1[1]
- CCR4[1]

Ongoing *Imfinzi* combination

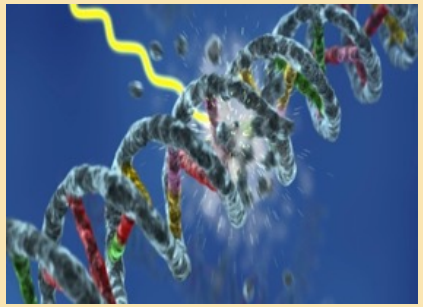
1. Clinical collaborations.
2. Combination with *Imfinzi* and tremelimumab.

Oncology: Scientific leadership around four key platforms

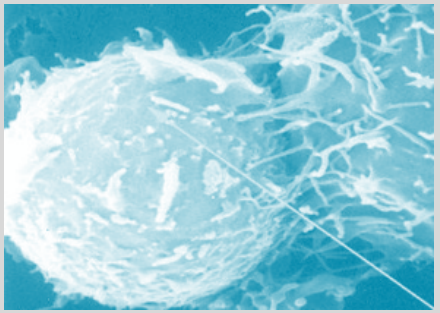
Opportunity for novel combinations



Tumour drivers and resistance



DNA damage response



Immuno-Oncology

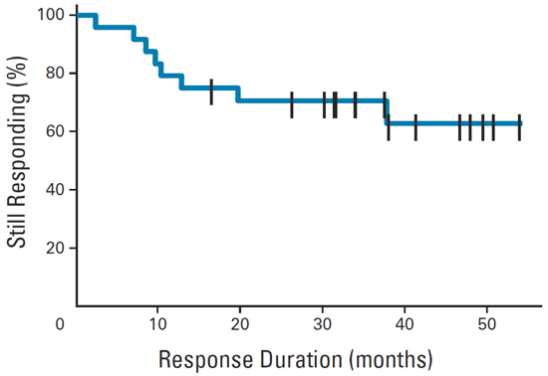
Antibody-drug conjugates

ADC: Growing antibody-drug conjugate programme

Now four clinical-stage programmes

Phase III moxetumomab

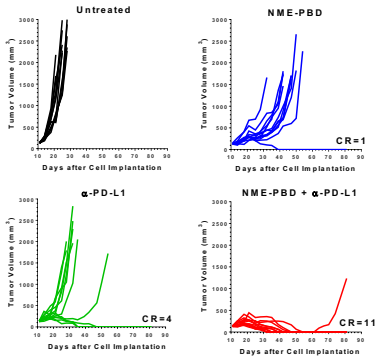
- Promising activity in relapsed/refractory HCL



CD22 fused with pseudomonas toxin

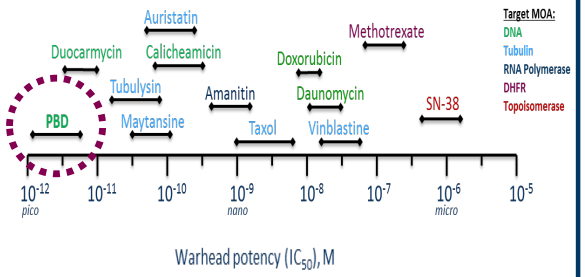
Phase I antibody-drug conjugates

- HER2 biparatopic (tubulysin)
- PSMA (PBD)
- Target not disclosed (PBD)



Solid and hematologic cancers

Proprietary payloads



Two payloads: PBD[1] and tubulysin

1. PBD = Pyrrolobenzodiazepine.

Source: AstraZeneca data on file; ASCO 2015, abstract 7079.

Transformative potential of Oncology

PACIFIC Phase III trial only one opportunity

Faslodex
breast cancer 1L
Reg. decisions

Lynparza
ovarian cancer 2L
Reg. decision (US)

acalabrutinib
blood cancer
Phase II/reg. submission (US)[1]

Lynparza
ovarian cancer 2L
Reg. submission (EU)

Imfinzi
lung cancer Stage III
Reg. submission (US)

Lynparza
breast cancer
Reg. submissions

Major Oncology milestones over the 2017-2018 timeframe

***Imfinzi* +/- treme**
lung cancer 1L
Phase III **MYSTIC**

***Imfinzi* +/- treme**
lung cancer 3L
Phase III **ARCTIC**

***Imfinzi* +/- treme**
head/neck cancer 1L
Phase III **KESTREL**

***Imfinzi* + treme**
lung cancer 1L
Phase III **NEPTUNE**

***Imfinzi* +/- treme**
head/neck cancer 2L
Phase III **EAGLE**

Tagrisso
lung cancer 1L
Phase III **FLAURA**

Lynparza
ovarian cancer 1L
Phase III

moxetumomab
leukaemia
Phase III

***Imfinzi* +/- treme**
bladder cancer
Phase III **DANUBE**

selumetinib
thyroid cancer
Phase III

1. Potential fast-to-market opportunity ahead of randomised, controlled trials.
Timeline based on Q1 2017 Results forthcoming major news flow; the exact location of each box is approximate.

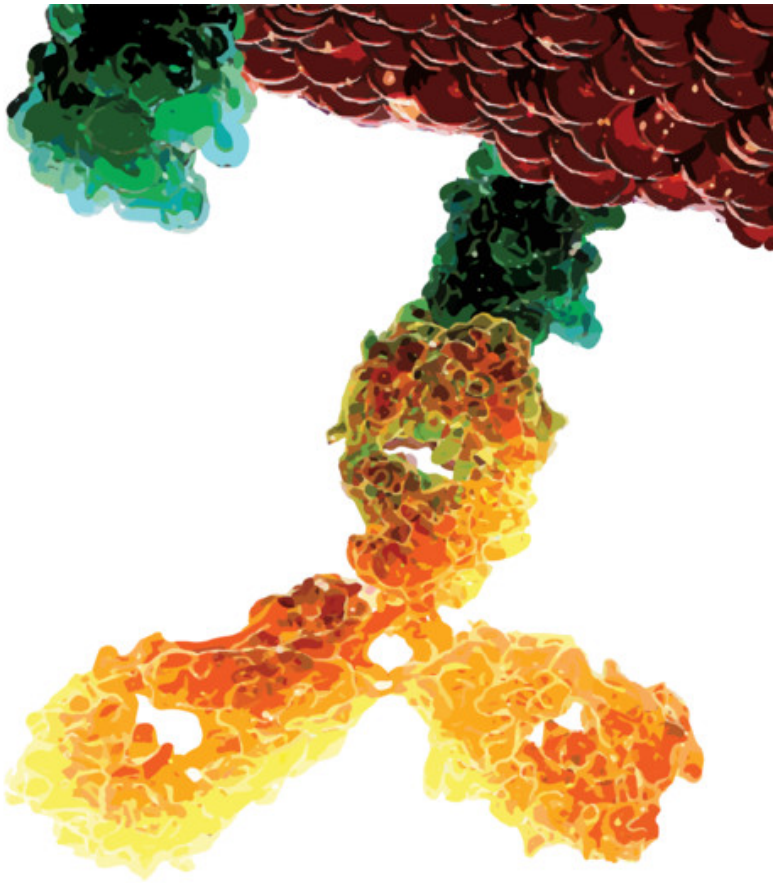
Agenda

Welcome

Strategy

Pipeline and news flow

Summary and Q&A



Antibody that blocks inhibitory signals from the tumour to cells of the immune system, resulting in enhanced anti-tumour immunity

Summary

1. Significant progress made in Oncology strategy execution
2. *Lynparza* and DDR portfolio expanding beyond ovarian cancer and BRCA
3. Establishing lung cancer leadership through *Tagrisso* and *Imfinzi* +/- treme
4. Development of Haematology gaining momentum
5. Oncology pipeline with transformative potential

Questions & answers

Please press *1 on your phone if you wish to ask a question or use the dedicated Q&A facility on the webcast

- Pascal Soriot, moderator
- Sean Bohen
- Jamie Freedman
- Rob Iannone
- Klaus Edvardsen
- Susan Galbraith
- David Berman

Investor science event expected to end at 8:30 PM CDT
Food and drinks are available outside - please join us!

Use of AstraZeneca webcast, conference call and presentation slides

AstraZeneca
What science can do

Taking our science to the 2017 ASCO Annual Meeting

Investor science event

Chicago, IL, USA

05 June 2017