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Late-stage pipeline conference call

2 December 2015

Introduction

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Thomas Kudsk Larsen
Head of Investor Relations

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; the risk of substantial adverse litigation/government investigation claims and insufficient insurance coverage; effects of patent litigation in respect of IP rights; exchange rate fluctuations; the risk that R&D will not yield new products that achieve commercial success; the risk that strategic alliances and acquisitions, including licensing and collaborations, will be unsuccessful; the impact of competition, price controls and price reductions; taxation risks; the risk of substantial product liability claims; 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 of delay to new product launches; the difficulties of obtaining and maintaining regulatory approvals for products; 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 risk that new products do not perform as we expect; failure to achieve strategic priorities or to meet targets or expectations; 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 risk of misuse of social medial platforms and new technology; the risks associated with developing our business in emerging markets; the risk of illegal trade in our products; the risks from pressures resulting from generic competition; the risk of failure to successfully implement planned cost reduction measures through productivity initiatives and restructuring programmes; economic, regulatory and political pressures to limit or reduce the cost of our products; the risk that regulatory approval processes for biosimilars could have an adverse effect on future commercial prospects; the impact of failing to attract and retain key personnel and to successfully engage with our employees; the impact of increasing implementation and enforcement of more stringent anti-bribery and anti-corruption legislation; and the risk of failure of information technology and cybercrime. Nothing in this presentation/webcast should be construed as a profit forecast.

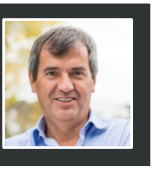
Meet the experts

2015 review
Sean Bohen

Respiratory, Inflammation & Autoimmunity
Bing Yao & David Chang


Cardiovascular & Metabolic Disease
Elisabeth Björk

Oncology
Mohammed Dar & Antoine Yver

Closing
Sean Bohen

2015 review

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

2015: Delivering the late-stage pipeline

cediranib
submission (EU)

Iressa
approval (US)

lesinurad
positive Advisory Committee (US)

Tagrisso
approval (US)

lesinurad
submission

saxa/dapa
submission (EU)

CAZ AVI
submission (EU)

saxa/dapa
Complete Response Letter (US)

Brilinta
ACS, post-MI submission (JP)

A great year for patients and science

Brilinta*/*Brilique
Phase III PEGASUS

Faslodex
approval 500mg (CN)

selumitinib
Phase III endpoint not met (uveal melanoma)

PT003
submission (US)

Tagrisso
submission (JP)

PT003
Phase III readout

Tagrisso
submission (US, EU)

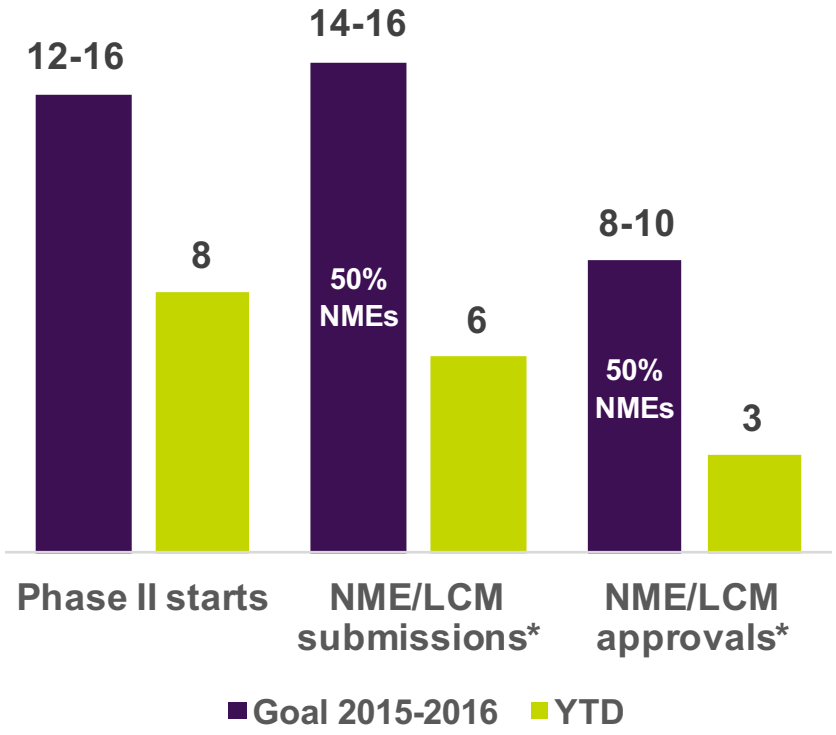
Brilinta
post-MI approval (US)

Illustrative timeline of 2015 events YTD Favourable Unfavourable

2015-2016: Delivering promises from Investor Day 2014

Building pipeline for long-term sustainability

- Focus on distinctive science in three therapy areas
- Shift toward more targeted specialty-care programmes, often with companion diagnostics
- High-quality early and mid-stage programmes to ensure sustainability of pipeline



* Based on first major market submission acceptance/approval
Goals updated as of latest announcements

Key late-stage new medicines and lifecycle programmes

Respiratory, Inflammation & Autoimmunity

Phase III

PT010
LAMA/LABA/ICS
COPD

anifrolumab
IFNAR
Lupus (SLE)

benralizumab
IL-5R
Severe asthma, COPD

brodalumab
IL-17R
Psoriasis

tralokinumab
IL-13
Severe asthma

Under review

PT003
LAMA/LABA
COPD

lesinurad
URAT-1
Gout

Cardiovascular & Metabolic Disease

Phase III

roxadustat
HIF-PH
Anaemia CKD/ESRD

Under review

ZS-9[1]
Potassium binder
Hyperkalaemia

Additional uses

Brilinta/Brilique
$P2Y_{12}$
Stroke

Brilinta/Brilique
$P2Y_{12}$
Peripheral Arterial Disease

Oncology

Phase III

selumetinib
MEK
2L KRASm NSCLC

durvalumab
PD-L1
3L PD-L1 pos. NSCLC

moxetumomab
CD22
HCL

tremelimumab
CTLA-4
Mesothelioma

Additional uses

Lynparza
PARP
Various indications

Tagrisso
EGFR T790M
Various indications

Under review

cediranib
VEGF
PSR ovarian cancer

***Tagrisso* (EU, JP)**
EGFR T790M
2L T790Mm NSCLC

Other

Under review

CAZ AVI
Cephalosporin/BLI
Serious infections

1. Pending completion of ZS Pharma acquisition

Highlights of today

Respiratory, Inflammation & Autoimmunity

Phase III

PT010
LAMA/LABA/ICS
COPD

anifrolumab
IFNAR
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Respiratory, Inflammation & Autoimmunity

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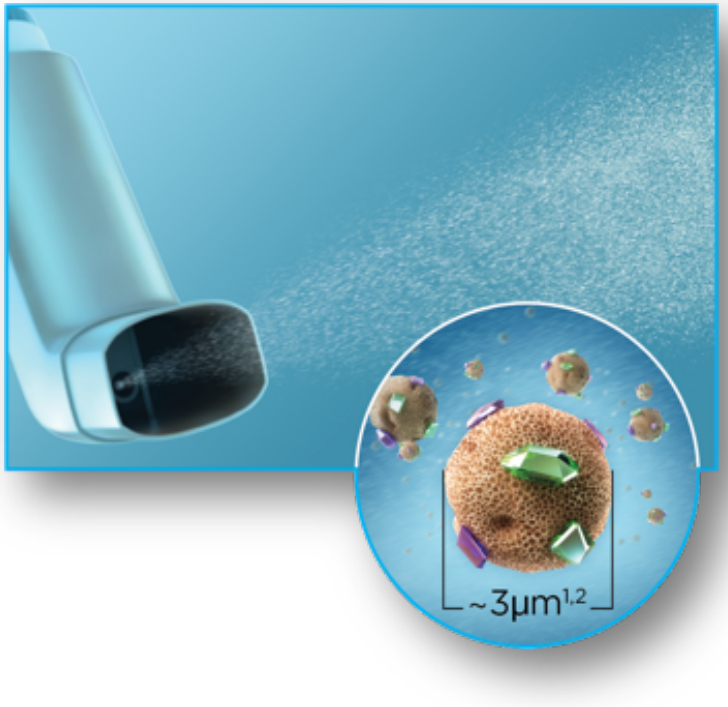
Bing Yao, Senior Vice President, Head of Respiratory, Inflammation & Autoimmunity iMED, MedImmune
David Chang, Vice President and Head, Inflammation, Autoimmunity & Neuroscience, Global Medicines Development

PT003: A novel co-suspension MDI

Fixed-dose combination of LAMA/LABA

- For long-term maintenance treatment of airflow obstruction in patients with moderate to severe COPD[1]
- Only LAMA/LABA[2] combination developed in a pressurised Metered Dose Inhaler (pMDI)
- First product using the Pearl co-suspension formulation technology

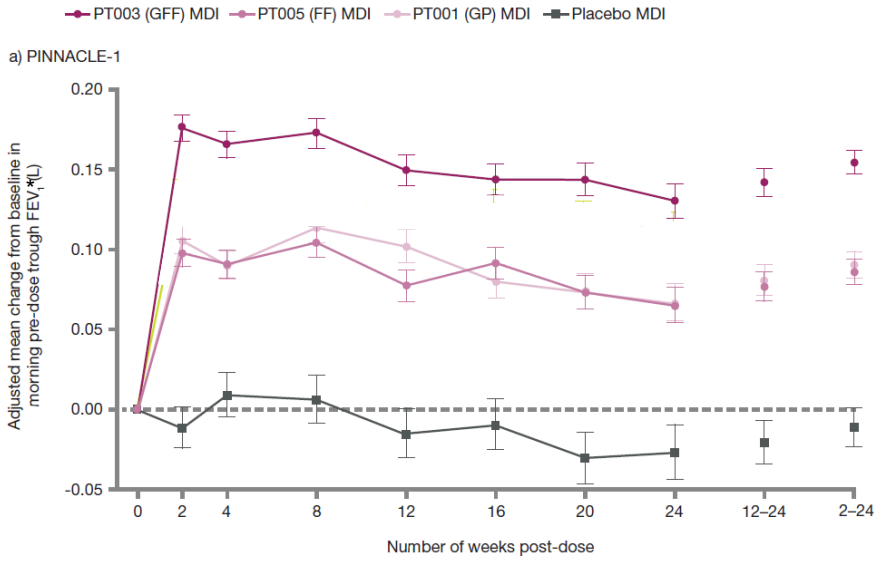


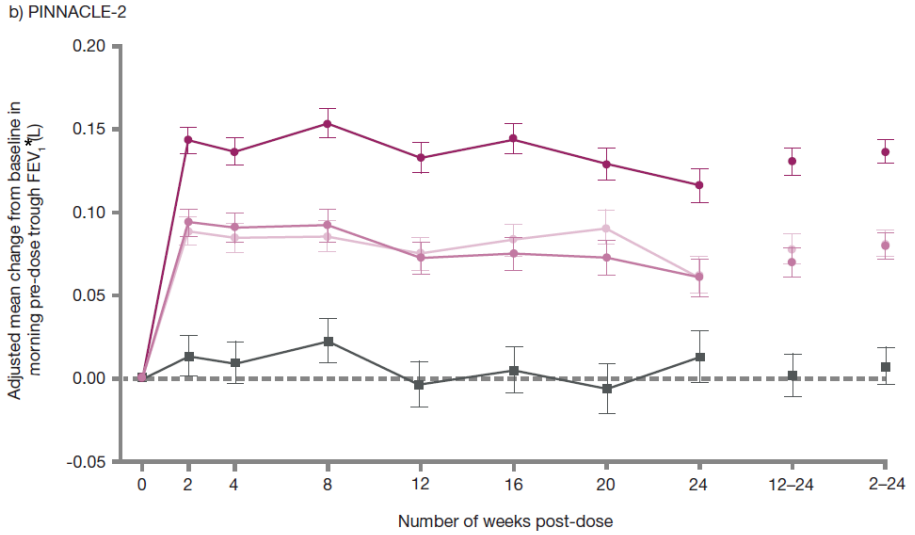
1. COPD = Chronic Obstructive Pulmonary Disease
2. LAMA/LABA = Long-Acting Muscarinic Antagonist/Long-Acting Beta Agonist

PT003: Phase III demonstrated superiority to monotherapy

Patients with moderate-to-severe COPD

- Statistically-significant improvements in lung function
- Symptomatic benefit observed based upon self-administered computerised TDI[1]
- Secondary endpoints generally supportive
- Well-tolerated, with similar safety profile to mono-components and placebo





1. TDI = Transition Dyspnea Index
2. FEV = Forced Expiratory Volume

PT003: Key milestones

Regulatory submission* (US) **Q3 2015**

Regulatory approval (US) **PDUFA Q2 2016**

Launch (US)

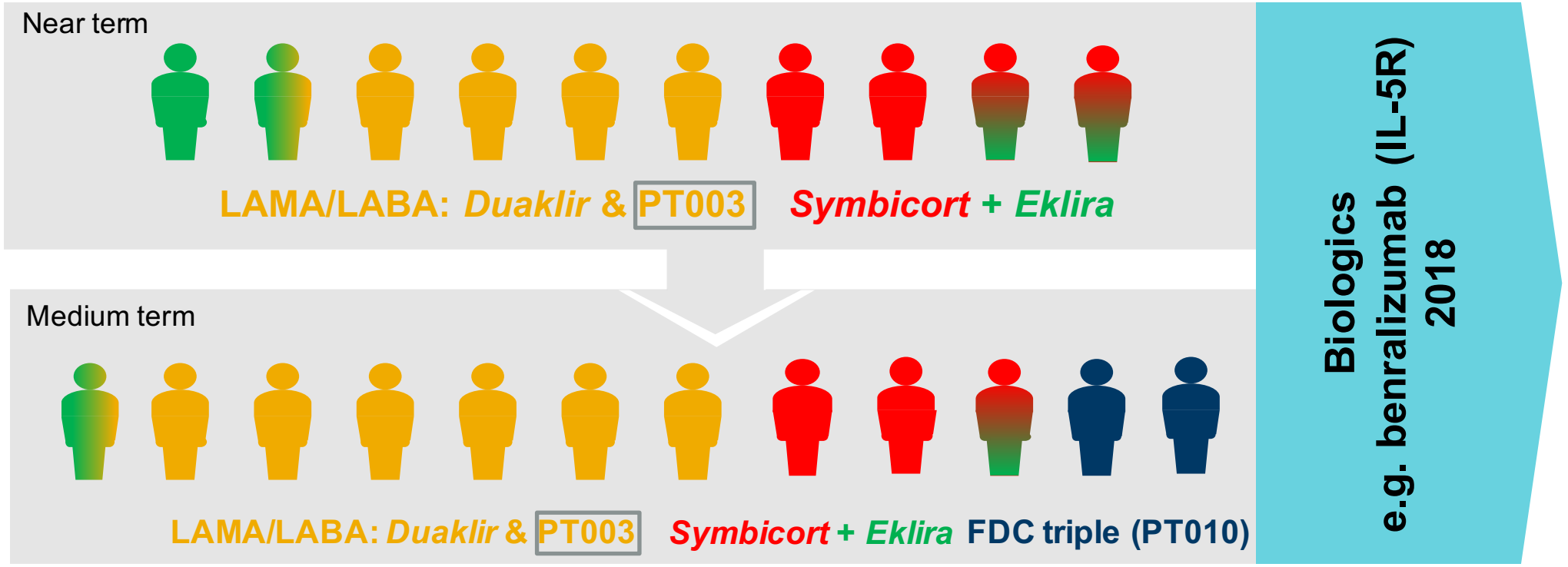
Novel fixed-dose combination of LAMA/LABA in unique pMDI device

Regulatory submission* (EU) **H2 2016**

Regulatory submission (JP, CN) **2017**

* Regulatory submission confirmed upon acceptance

COPD: Addresses all disease severities

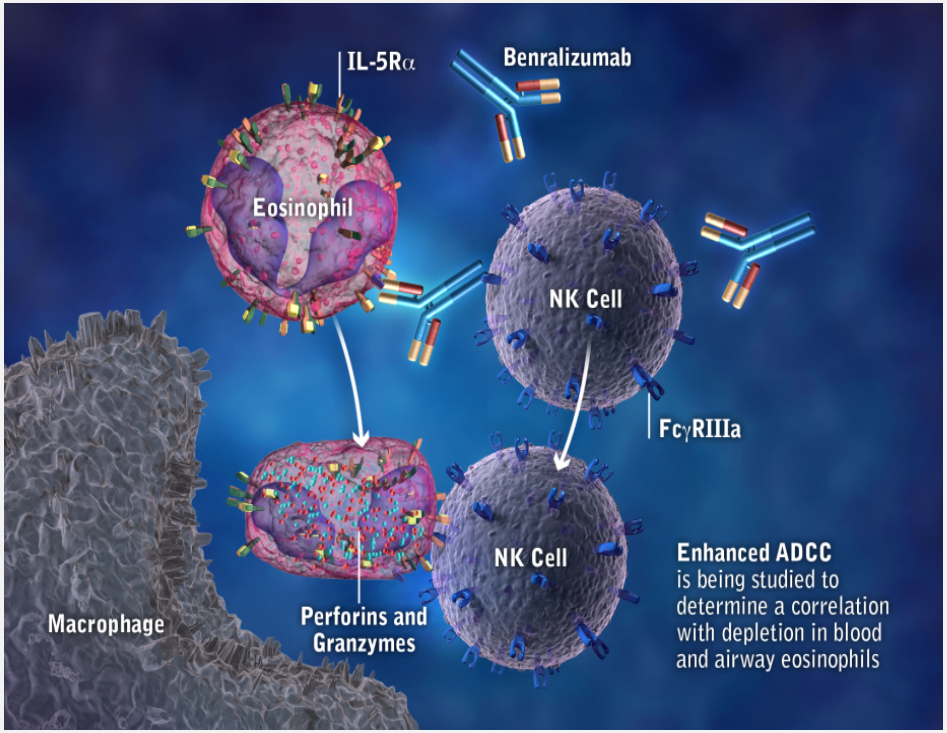


Represents relative prevalence of COPD diagnosed population per disease state

Unique mechanism for eosinophilic inflammation

Benralizumab depletes eosinophils in a different way to anti-IL-5 ligand approaches

- Binds to IL-5 receptor (IL-5Rα) on eosinophils and basophils
- Leads to Antibody-Dependent Cell-mediated Cytotoxicity (ADCC) and death of eosinophils and basophils via apoptosis
- Efficiently depletes inflammatory cells in the bone marrow, blood, lung and sputum
- In Phase III for severe asthma and COPD

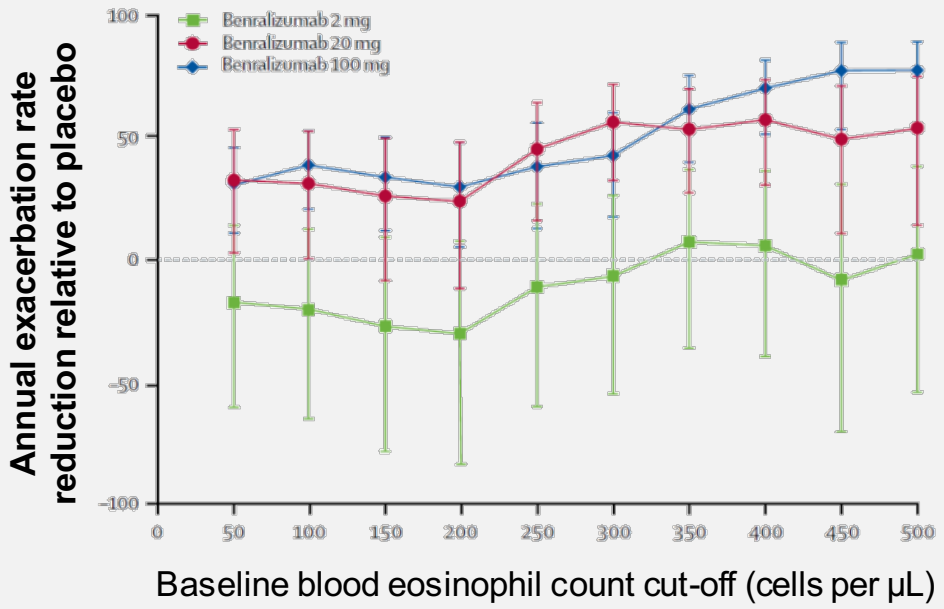


Benralizumab: Targeting best-in-class efficacy

Differentiated profile

- Differentiated mode of action resulting in potent reduction of eosinophils
- Rapid onset of action
- Improvement in lung function and asthma control
- Reduction in asthma exacerbation
- Convenient pre-filled syringe; every four week dosing or potentially every eight week dosing

Phase IIb: Exacerbation rate reduction



Severe asthma: Phase III data H1 2016

Source: M. Castro et al., Lancet Respiratory Medicine, 2014

Benralizumab: Comprehensive programme in severe asthma

Key trials for regulatory submission

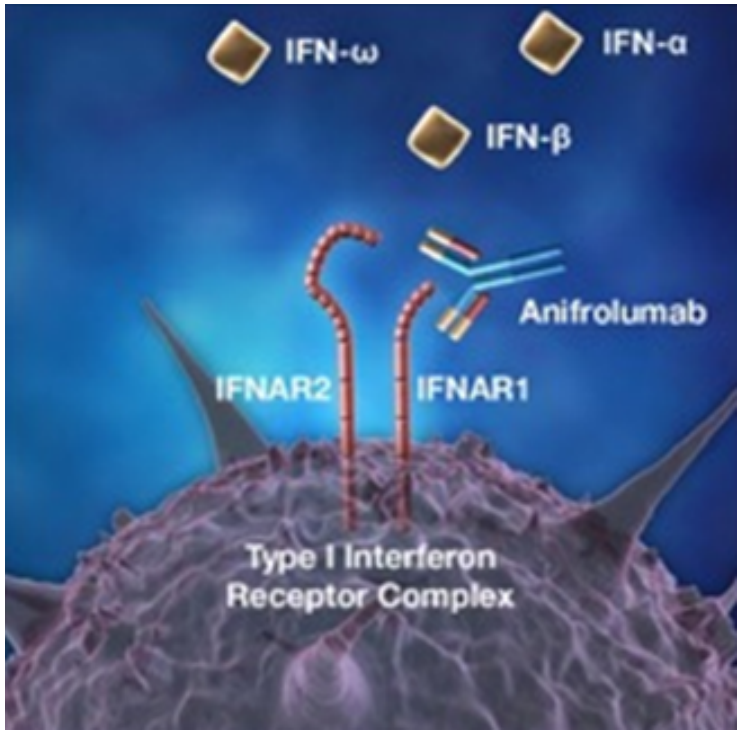
	CALIMA	SIROCCO	ZONDA	BISE	GREGALE	BORA
Patient population	Adults/adolescents with severe asthma, inadequately controlled on high-dose ICS/LABA		Adults with severe asthma, inadequately controlled on high-dose ICS/LABA and chronic OCS therapy	Adults with mild-moderate asthma	Adults with severe asthma, inadequately controlled on medium-dose & high-dose ICS+LABA± chronic OCS	Adults/adolescents with severe asthma, inadequately controlled on medium-dose & high-dose ICS+LABA± chronic OCS
Estimated enrolment	N = 1,096 high dose + 216 medium dose	N = 1,134	N = 200	N = 200	N = 120	N = 2,550
Endpoints	Safety and efficacy				Functionality, reliability, and performance of at-home administration with pre-filled syringe	Safety and tolerability
Top-line results	H1 2016					2017

Regulatory submissions expected H2 2016

Anifrolumab: Targeting type-I interferon system in SLE

- Central pathogenic mediator in SLE[1,2]
- Mixed trial results for sifalimumab[3] and rontalizumab[4]
- All type-I IFN signalling is mediated by type-I IFN-α receptor (IFNAR)[5]
- Inhibiting IFNAR has potential to block the biological effects of all type-I IFNs[6]
- Anifrolumab is unique, fully human, IgG1 K monoclonal antibody that binds to IFNAR[7] and prevents binding of type-I IFNs

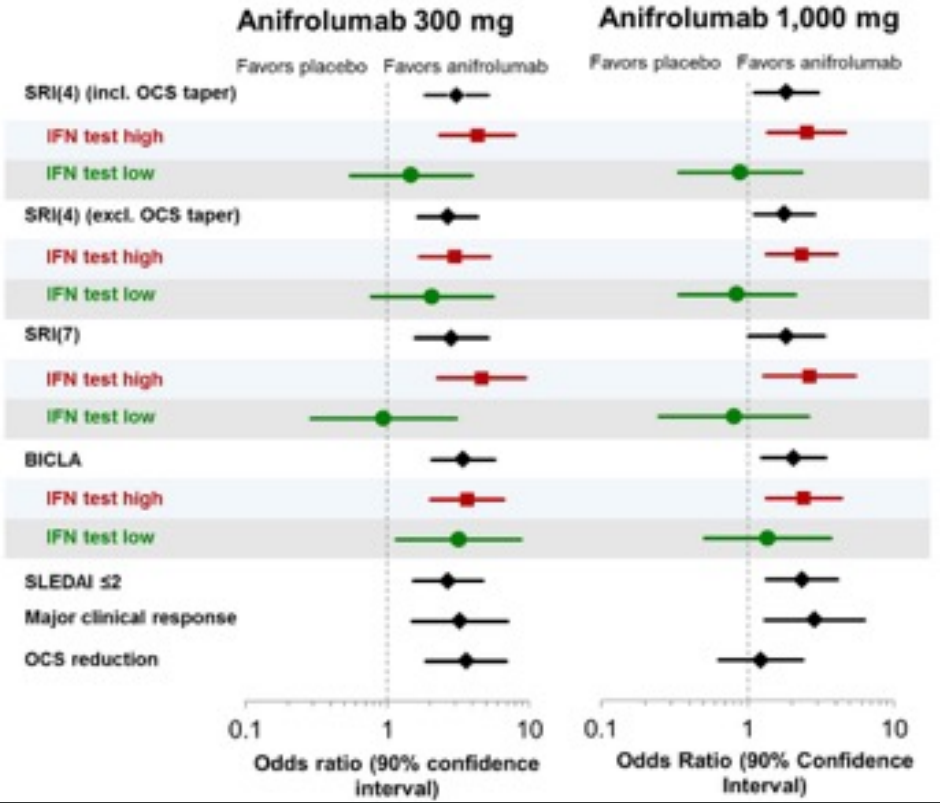
IFN: interferon; IFNAR: type-I IFN-α receptor; SLE: Systemic Lupus Erythematosus



1. Lauwerys BR et al. *Rheumatology* (Oxford) 2014;53:1369-76
2. Crow MK. *J Immunol* 2014;192:5459-68
3. Khamashta M et al. *Arthritis Rheumatol* 2014:3529-40 (Abstract L4)
4. Kalunian KC et al. *Ann Rheum Dis* 2015:doi:10.1136/annrheumdis-2014-206090
5. Ivashkiv LB et al. *Nat Rev Immunol* 2014;14:36-49
6. Lichtman EI et al. *Clin Immunol* 2012;143:210-21
7. Peng L et al. *mAbs* 2015;7:428-39

Anifrolumab: Phase II trial conclusions

- Substantial benefit achieved across multiple global and organ-specific disease activity measures
- Greater efficacy in patients with high IFN gene signatures supports the pathobiology of this treatment strategy
- Safety and tolerability acceptable
- Phase III trial underway with 300mg as maximum dosage



Targeting IFNAR is a promising therapeutic approach for patients with SLE who do not respond to currently-available therapies

Source: Furie, R. Anifrolumab, an Anti-Interferon-Alpha Receptor Monoclonal Antibody, in Moderate to Severe Systemic Lupus Erythematosus (SLE), ACR 2015

Anifrolumab: Potential differentiators in SLE

First-in-class mechanism of action

- Most-advanced molecule targeting IFNAR
- Blocks all type-I interferons (not just IFN-α)

Potential best-in-disease efficacy

Statistical significance achieved:

- **26.0%** treatment difference vs. placebo on SRI(4)[1] response at day 365 with a sustained reduction of OCS[2]
- **29.8%** treatment difference vs. placebo on reduction of OCS dosage at day 365 to <= 7.5mg/day[3]

Personalised healthcare approach

- Complementary IFN test

1. Systemic Lupus Erythematosus Responder Index 2. Oral Corticosteroids
3. In patients receiving >=10mg/day of oral corticosteroids at baseline

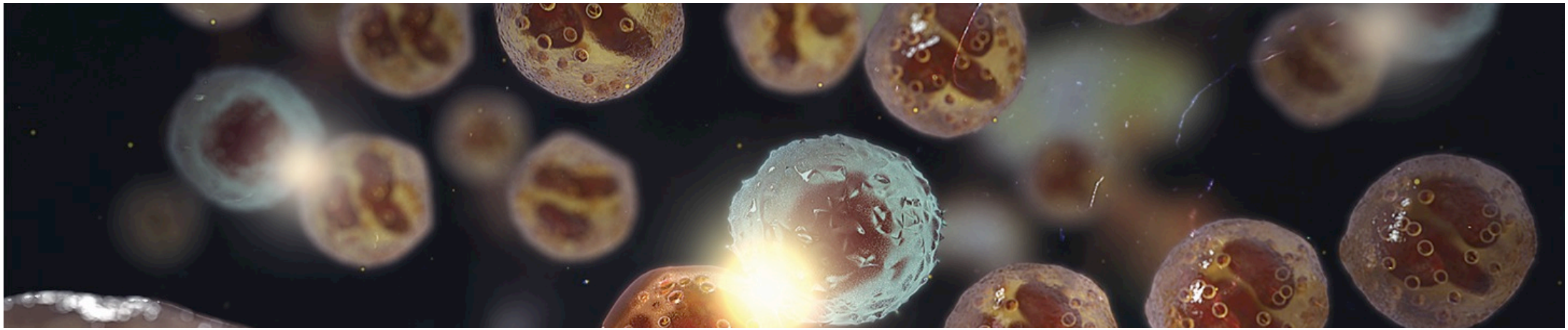
Anifrolumab: Development status

Phase III SLE programme initiated

- Final data available 2018
- Regulatory submission 2019

Lifecycle management programme

- Phase II lupus nephritis trial expected to start in due course
- Phase I subcutaneous administration trial also expected to start in due course



Cardiovascular & Metabolic Disease

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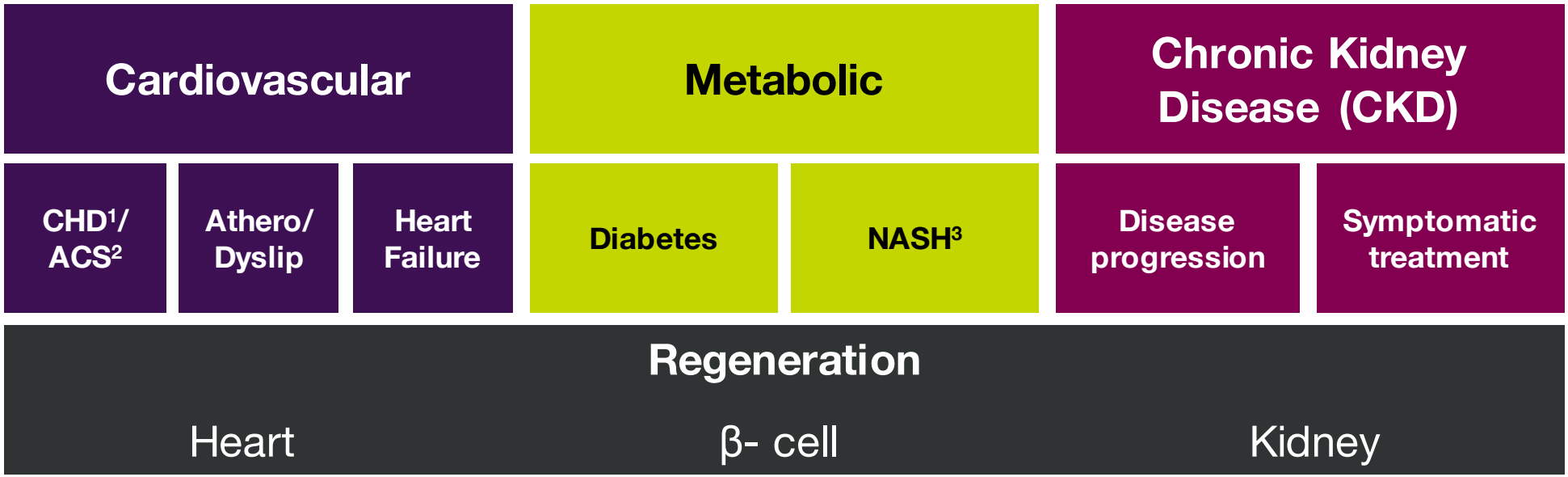
Elisabeth Björk
Vice President, Cardiovascular & Metabolic Disease Head, Global Medicines Development

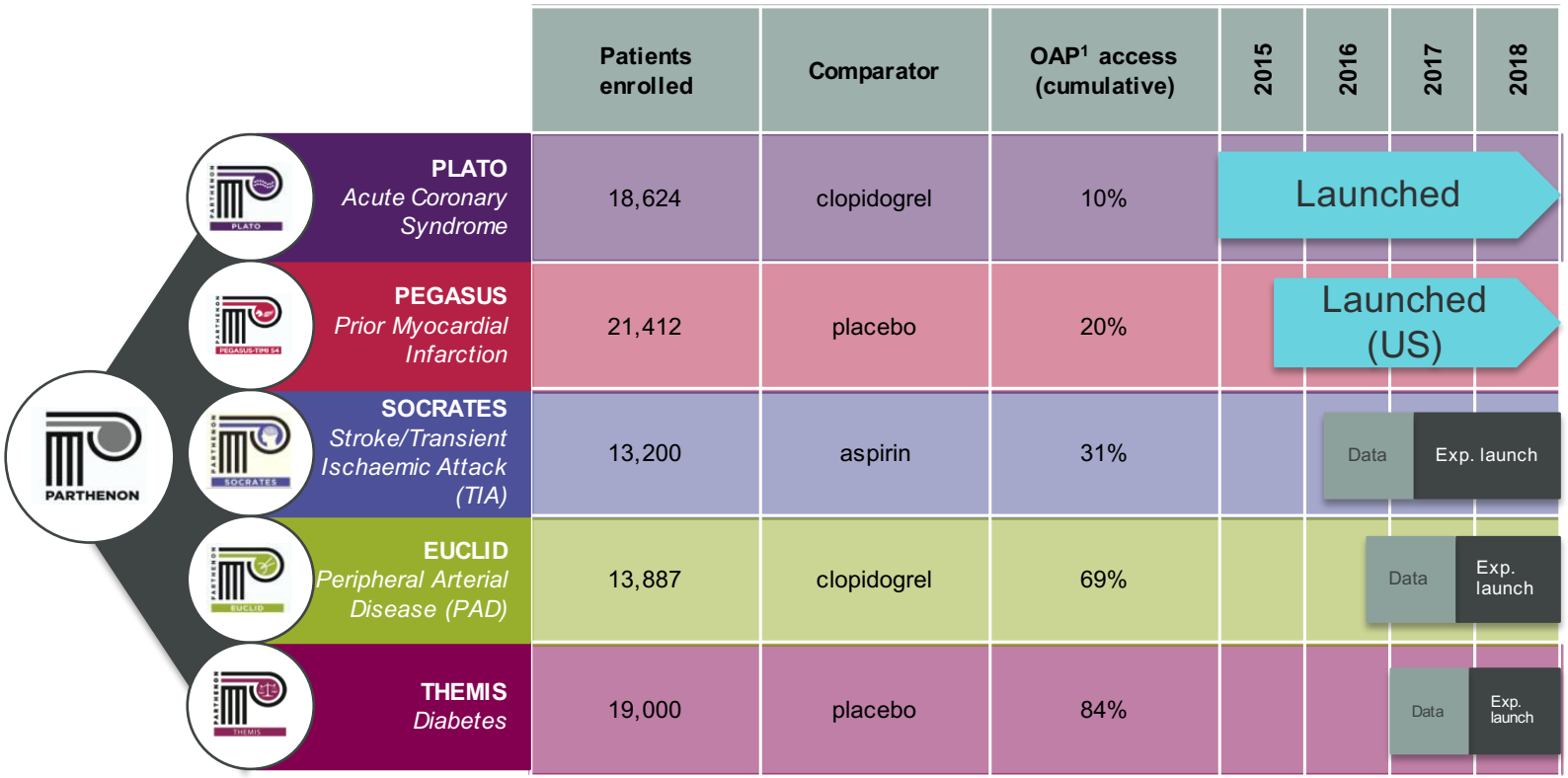
Cardiovascular & Metabolic Disease strategy

Aim to reduce morbidity, mortality and organ damage by addressing multiple CV risk factors



1. Coronary Heart Disease 2. Acute Coronary Syndrome
3. Non-Alcoholic SteatoHepatitis

Brilinta/Brilique: PARTHENON programme potential to deliver four launches in four years



1.5 million

Estimate of patients treated with *Brilinta/Brilique*

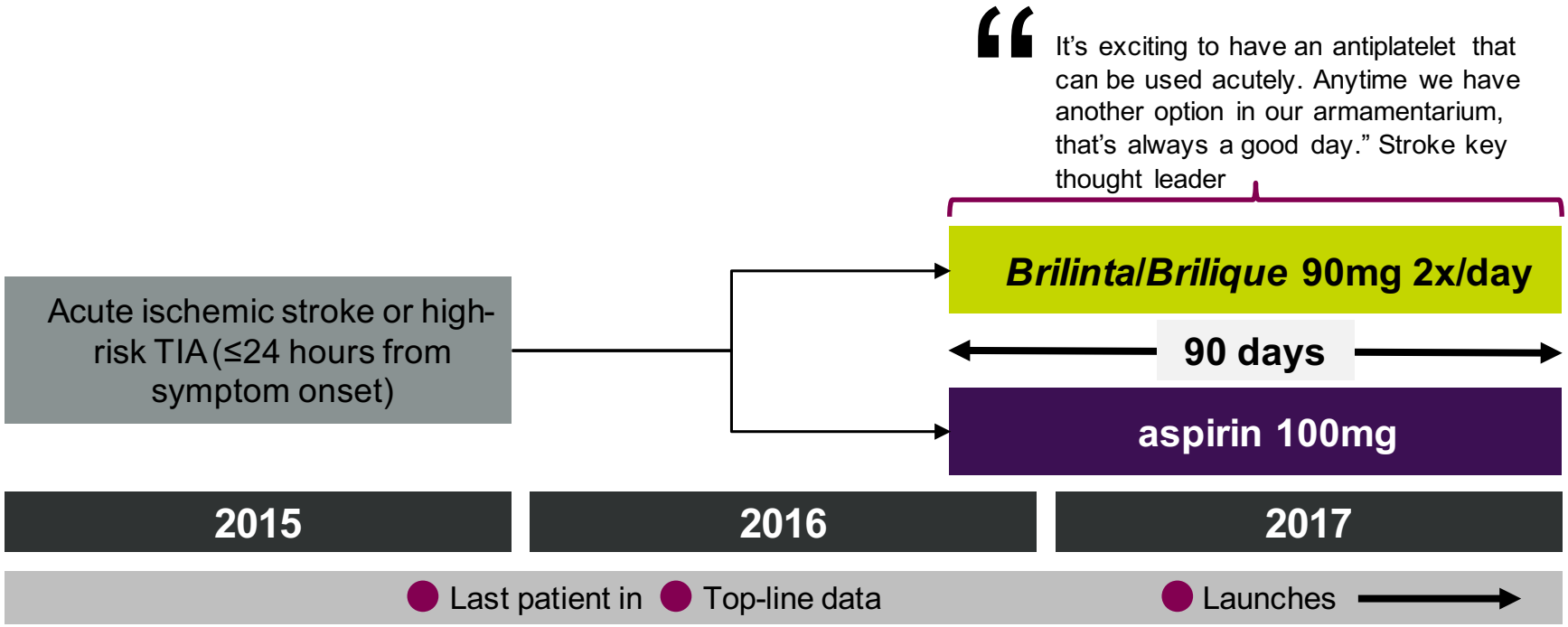
20,000

Estimated number of deaths prevented with *Brilinta/Brilique*

1. Oral Anti-Platelet

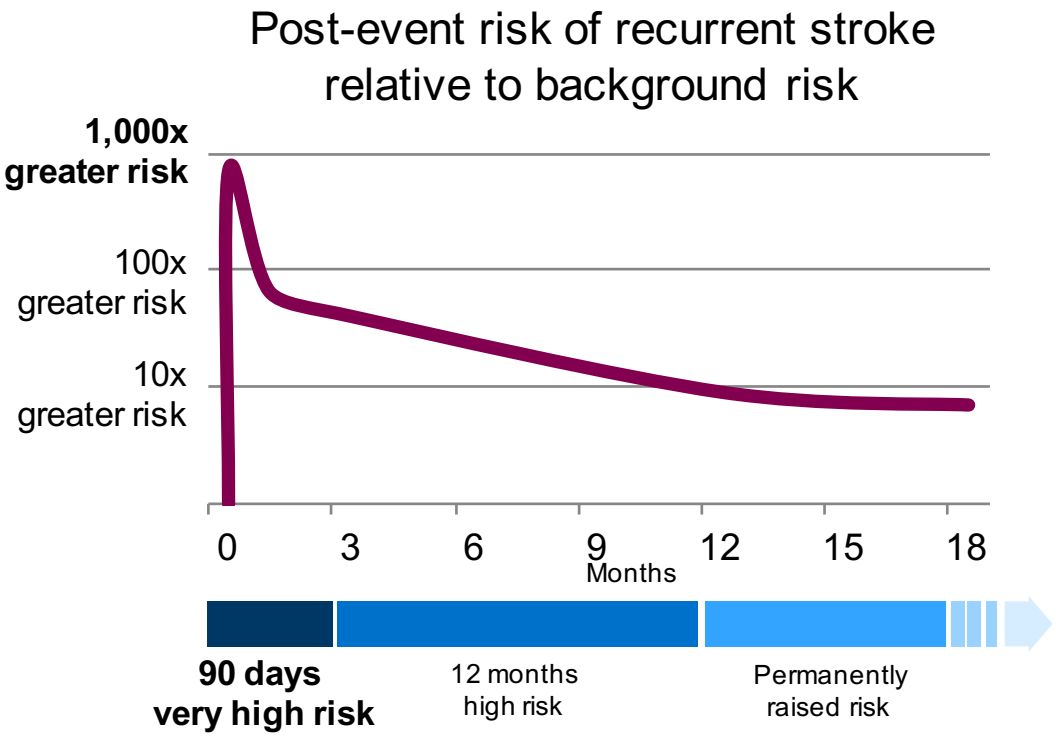
SOCRATES: Top-line data anticipated H1 2016

First large-scale prospective international trial in acute stroke and TIA



SOCRATES: Early treatment to address recurrent risk

- Initiating treatment with *Brilinta*/*Brilique* within 24 hours of a stroke may reduce the risk of recurrent events
- Approximately 3–15% of patients who have an acute stroke will have a subsequent stroke within 90 days

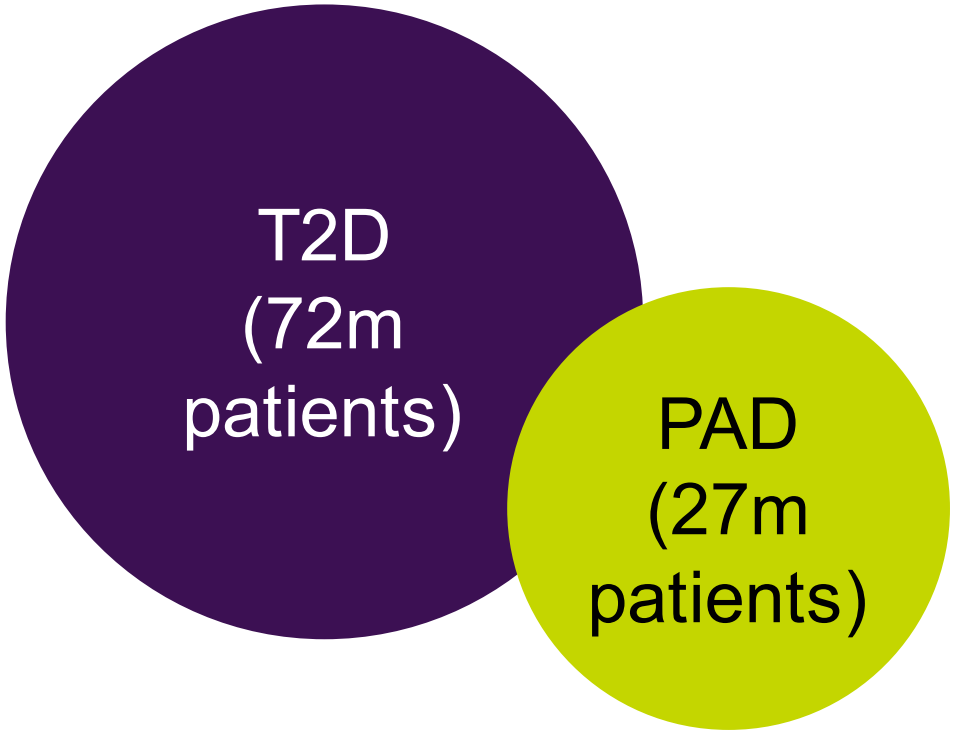


TIA incidence per 1,000, Cancelli et al., Stroke 2011
AIS incidence per 1,000, Bamford 1990
Recurrent risk 13% for first year, and 4% annually thereafter, Burn 1994
7d 10%, 30d 13%, 90d 18% risk, Coull

EUCLID: PAD large and growing area of patient need

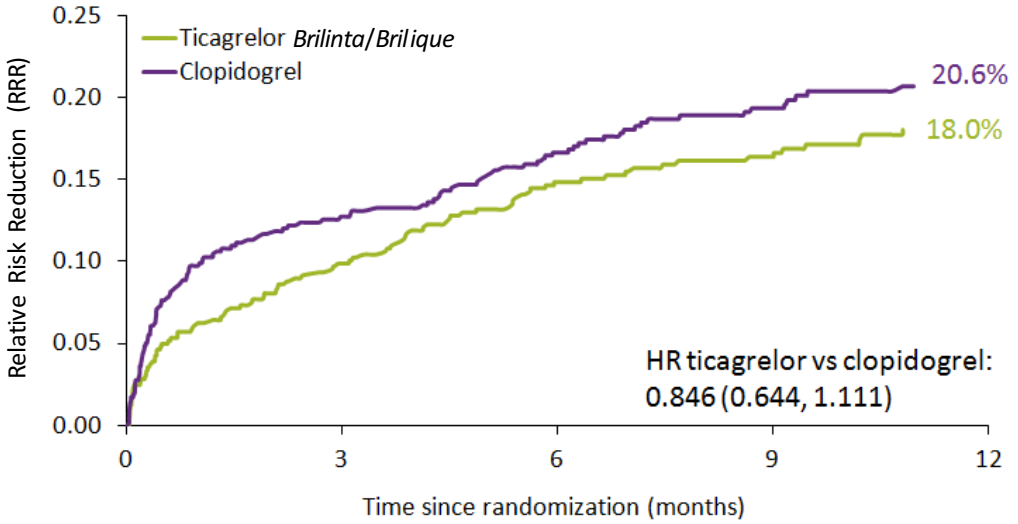
Clear precedent exists for superiority to clopidogrel

PAD is almost half as prevalent as type-2 diabetes (T2D)[1]



PLATO trial; PAD patients: 15% RRR (CVD/MI/stroke)[2]

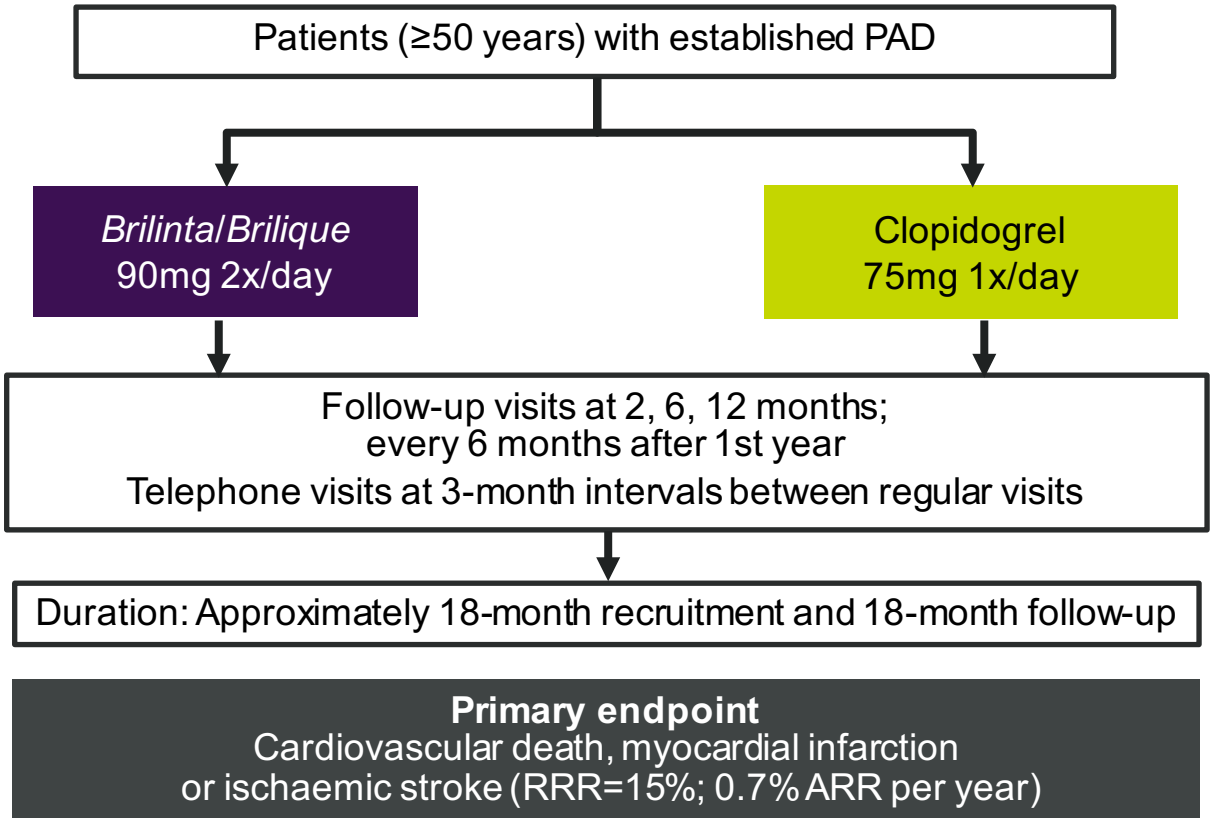
PLATO trial; PAD patients: 26% RRR (all-cause mortality)[2]



1. DRG major market prevalence estimates, 2014 Pharmacor reports
2. Patel MR et al; EJPC, 22:734 (2014)

EUCLID: Trial design

13,887 patients enrolled



PAD established as either:

A. Prior lower-extremity (LE) revascularisation (=57% trial)
B. No prior LE revascularisation, but symptomatic PAD (IC[1] or CLI[2]) with ABI[3] ≤0.80 at enrolment (=43% trial)

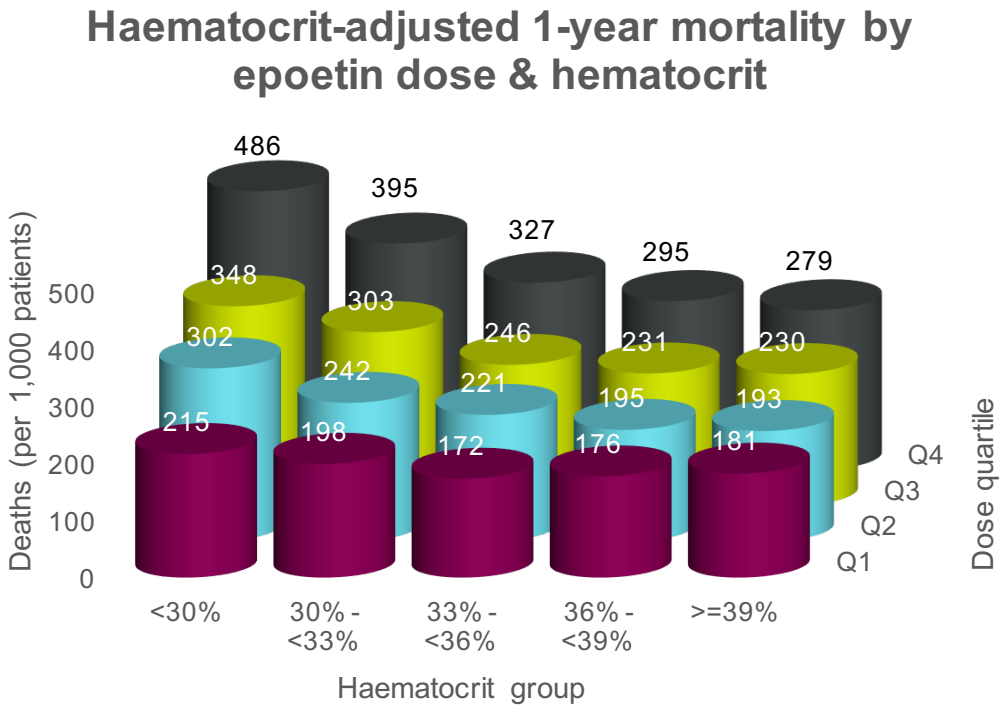
Key exclusion criteria:

- Ongoing or planned need for DAPT[4] at enrolment e.g. recent (<30 days) or imminent (<90 days) coronary or LE revascularisation
- Recent or planned (90 days) major LE amputation
- Poor metaboliser for CYP2C19 (-/-)

1. Intermittent Claudication 2. Critical Limb Ischemia
3. Ankle-Brachial Index 4. Dual Antiplatelet Therapy

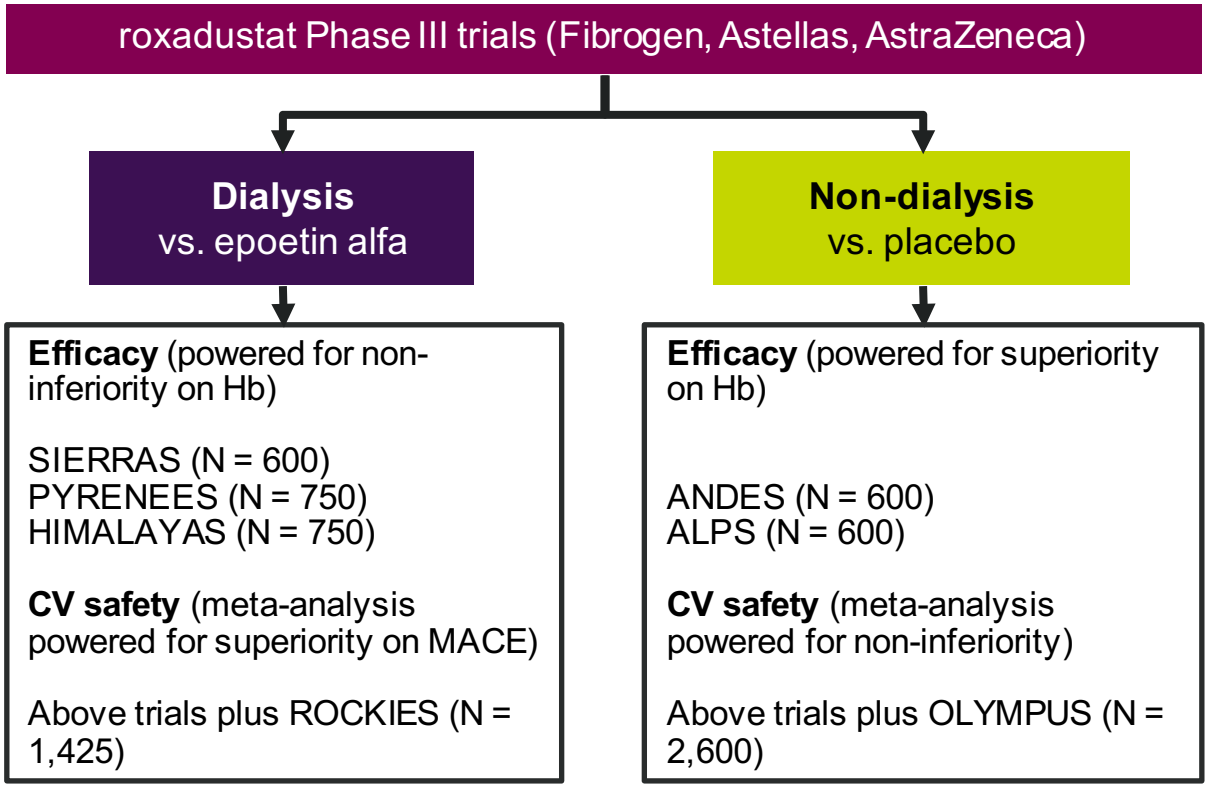
Roxadustat: A potential first-in-class oral treatment that mimics the body's natural response at high altitude

- Higher doses of rEPO[1] predict mortality regardless of haematocrit
- Mechanism for increased CV risk with rEPO is uncertain, but may involve:
  - supra-physiologic EPO levels
  - rapid rate of Hb rise
  - high Hb targets
  - effects on blood pressure
- Phase III programme designed to avoid these concerns through the novel mechanism of action and intermittent dosing



1. recombinant ErythroPOietin

Roxadustat: Comprehensive development programme



MACE: All-cause mortality, MI, stroke
MACE+: Add unstable angina leading to hospitalisation or heart failure requiring hospitalisation
Composite safety endpoint: Add deep-vein thrombosis, pulmonary embolism, vascular access thrombosis or hypertensive emergency

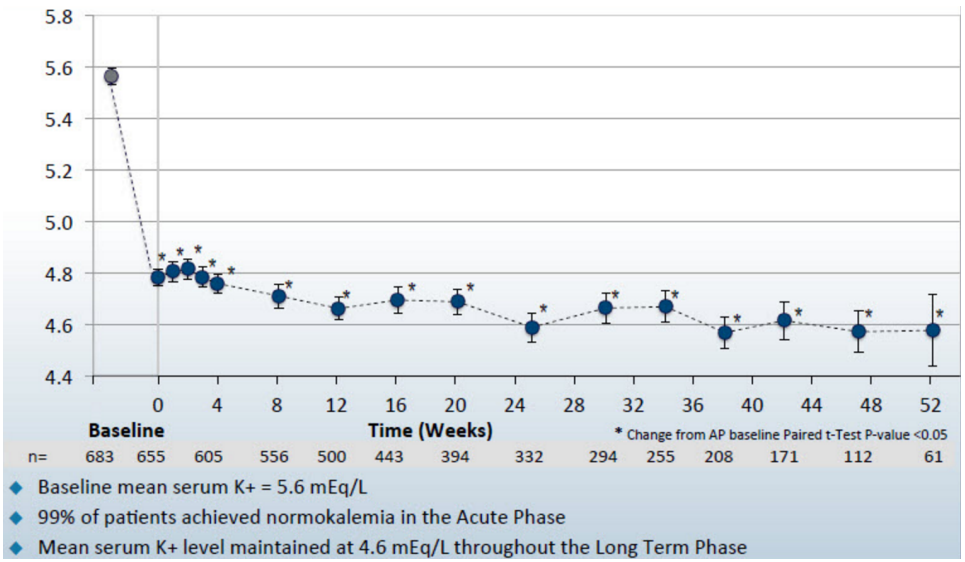
ZS-9: ~1,700 patients in clinical trial programme

Trial	Published	Trial type	# Patients	Duration	Endpoint
ZS002 (completed)	kidney INTERNATIONAL	Phase II Double-blind RCT	N = 90 Serum K 5.0–6.0 mEq/L	48 hours	Δ serum K+ level (3 doses) ✓
ZS003 (completed)	The NEW ENGLAND JOURNAL of MEDICINE	Phase III Double-blind RCT	N = 753 Serum K 5.0–6.5 mEq/L	14 days	Δ serum K+ level (4 doses) ✓
ZS004e (completed/ extension ongoing)	JAMA® The Journal of the American Medical Association	Phase III Double-blind RCT	N = 258 Serum K >5.0 mEq/L	1 month + 11 months extension	Maintenance of serum K+ (28 days) ✓
ZS005 (ongoing)		Open-label safety trial	N = 750 Serum K >5.0 mEq/L	12 months	Safety & tolerability of long-term dose (initiated Q2 2014)

ZS-9: Efficacy and safety

- 99% of patients achieved normokalaemia within 24-72hrs
- Mean potassium levels were maintained throughout the 12-month period
- Rates of edema and hypertension were consistent with the patient population over this time frame

ZS005: Serum K+ over 52-weeks



Source: Aggregated clinical trial data from company due diligence. Data on file.

Oncology

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Mohammed Dar, Vice President, Oncology Clinical Development, MedImmune
Antoine Yver, Head of Oncology, Global Medicines Development

Immuno-Oncology (IO) strategy

Focus on combination & first-mover indications

Speed	• Durvalumab in PD-L1 positive 3L+ NSCLC & 2L SCCHN • Durva + treme in PD-L1 negative 2L SCCHN

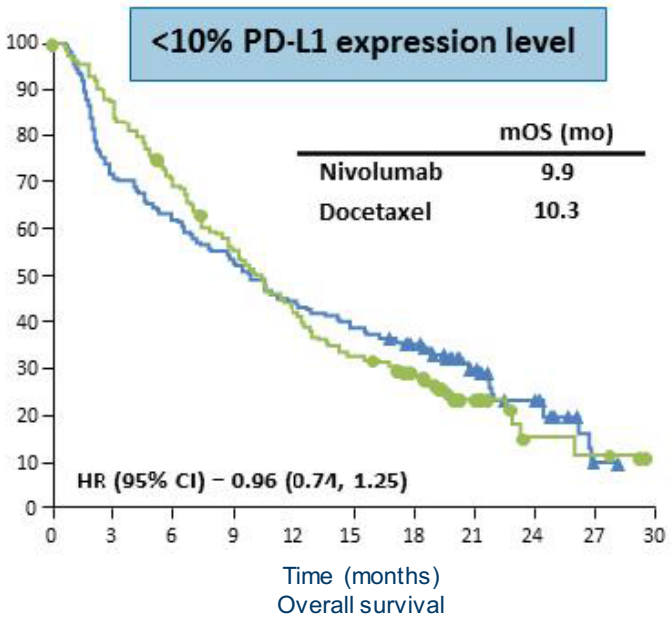
Differentiation	• Early-stage disease: Adjuvant and stage III, unresectable NSCLC
	• Durva + treme combo (chemo-free regimen)
	  • Including 1st line
	  • Irrespective of PD-L1 status

Leadership	• Novel combinations e.g. durvalumab + *Tagrisso* • New tumour types and haematological malignancies (Celgene strategic collaboration)

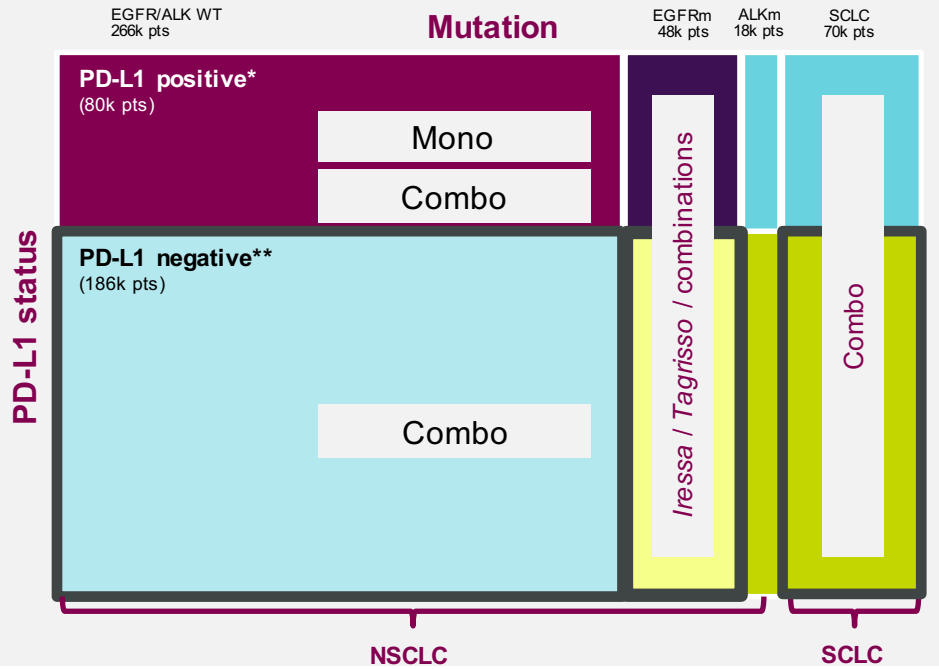
IO: Clinical activity in lung cancer

Greatest unmet medical need is in PD-L1 negative tumours

60-70% of patients below 10% PD-L1 expression level



IO combinations address major unmet medical need: PD-L1 negative tumours in lung cancer



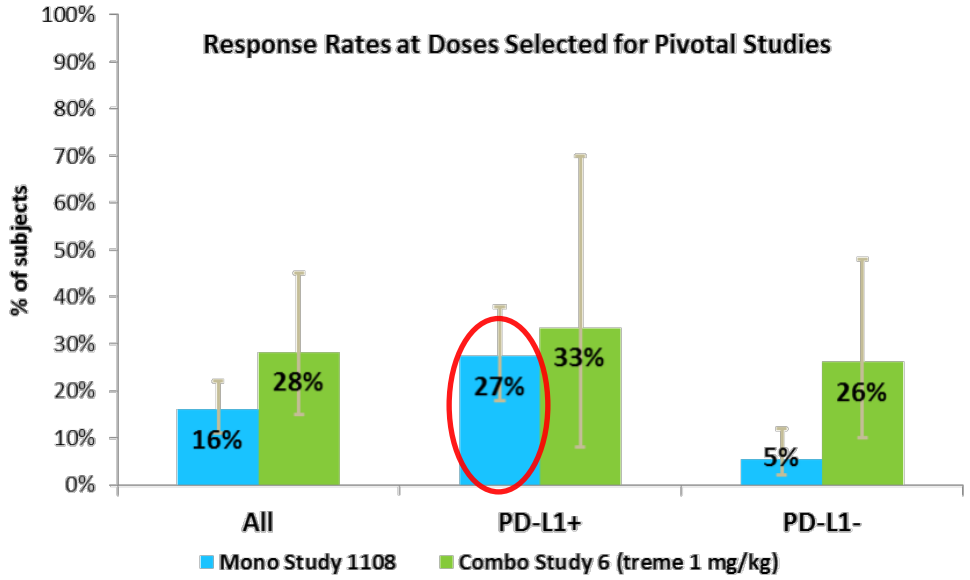
Source: Borghaei, H. (2015). Nivolumab versus Docetaxel in Advanced Nonsquamous Non-Small-Cell Lung Cancer. *NEJM*, *373*, 1627-39.

Source: Internal estimates based on market research. *PD-L1 positive: Patients with moderate/high level of PD-L1 expression; represent ~30%. **PD-L1 negative: Patients with low level of PD-L1 expression or no PD-L1 expression; represent ~70%. Note: Patient number estimates in 2020. EGFRm: 14%, ALKm: 5%

Durvalumab: Promising activity in PD-L1 positive NSCLC

- Durvalumab monotherapy shows promising overall response rate (ORR) in PD-L1 positive NSCLC patients
- Data emerging in additional indications (Study 1108)

PD-L1 positive: Durvalumab monotherapy

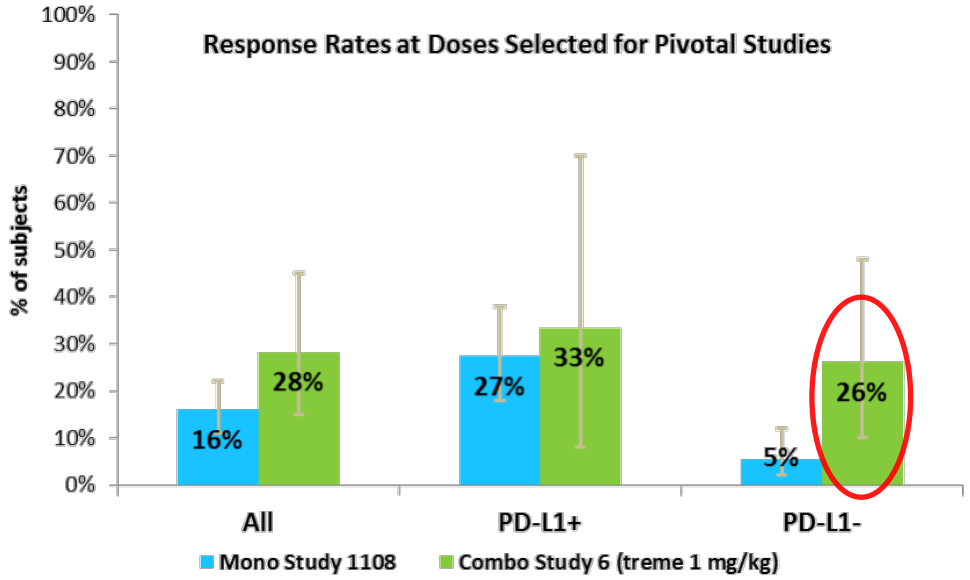


30 June 2015 data cut for Study 6, SITC 2015

Durva + treme: Promising activity in PD-L1 negative NSCLC

- Durvalumab works in tandem with tremelimumab to further break down the tumour defence and extends the benefit of immunotherapy to more patients (PD-L1 negative)

PD-L1 negative: Durva + treme combo therapy



30 June 2015 data cut for Study 6, SITC 2015

IO: NSCLC top priority

First in early stage and differentiated with durva + treme

Adjuvant	Unresectable stage III	1st line	2nd line	3rd line
ADJUVANT durvalumab vs. placebo	**PACIFIC** durvalumab vs. placebo	**MYSTIC** (PFS) durva + treme vs. durvalumab vs. SoC[1]		**ATLANTIC** PD-L1 pos.: durvalumab single-arm Phase II
		NEPTUNE (OS) durva + treme vs. SoC[1]		**ARCTIC** PD-L1 pos.: durvalumab vs. SoC[1]
		durva + treme + chemo vs. SoC[1]		PD-L1 neg.: durva + treme vs. CoC[2] vs. SoC[1]
		durvalumab + *Iressa* vs. *Iressa* (EGFRm)	durvalumab + *Tagrisso* vs. *Tagrisso* (T790Mm)	

First in early stages of the disease — *Leadership in IO/IO and IO/SM combinations* — *Highest unmet medical need*

Durvalumab monotherapy | Durva + treme | Durvalumab + SM combo

1. Standard of Care 2. Contribution of Components
1st/2nd/3rd line = First-line/second-line/third-line metastatic treatment

IO: Additional tumour types

Leading with durva + treme and in early lines of treatment

SCCHN 1st line	SCCHN 2nd line	Bladder 1st line	Gastric 2nd/3rd line	Liver 2nd line	Pancreatic 2nd line
KESTREL durva + treme vs. durvalumab vs. tremelimumab	PD-L1 pos. **HAWK** durvalumab single-arm Phase II	**DANUBE** durva + treme vs. durvalumab vs. SoC[1]	durva + treme vs. durvalumab vs. tremelimumab Phase II	durva + treme vs. durvalumab vs. tremelimumab Phase II	durva + treme Phase II
	PD-L1 neg. **CONDOR** durva + treme vs. durvalumab vs. tremelimumab				
	All **EAGLE** durva + treme vs. durvalumab vs. SoC[1]				

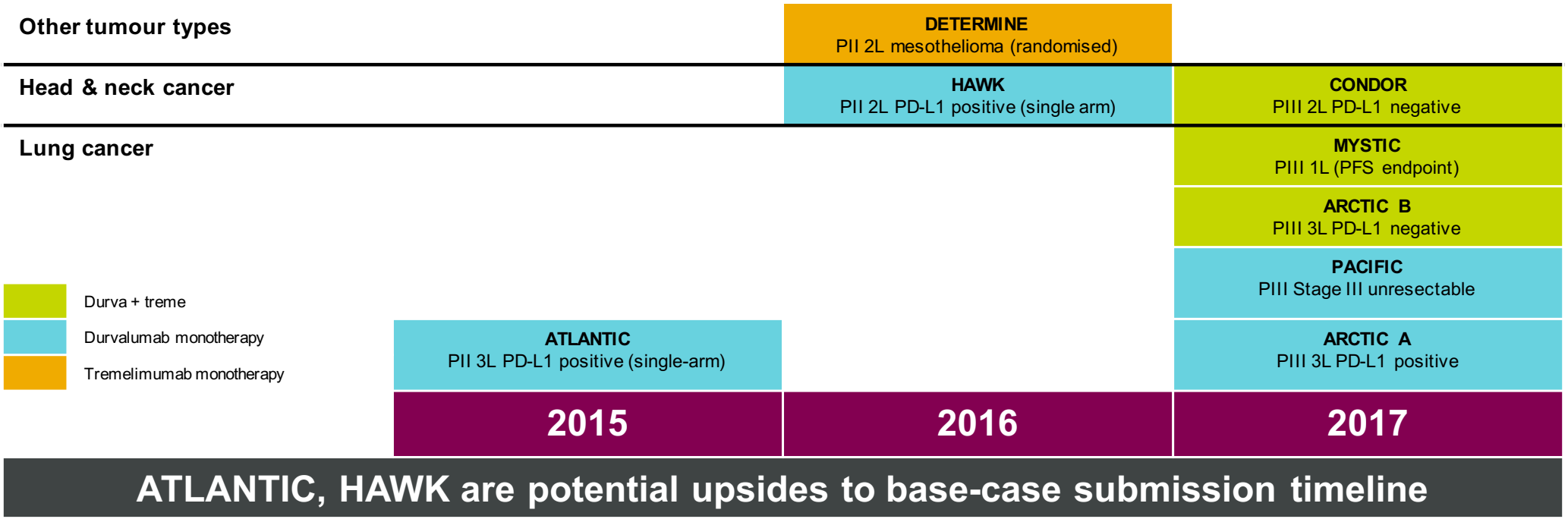
Durvalumab monotherapy Durva + treme

Change paradigm with chemo-free regimen

1. Standard of Care
1st/2nd/3rd line = First-line/second-line/third-line metastatic treatment

IO: Way to market

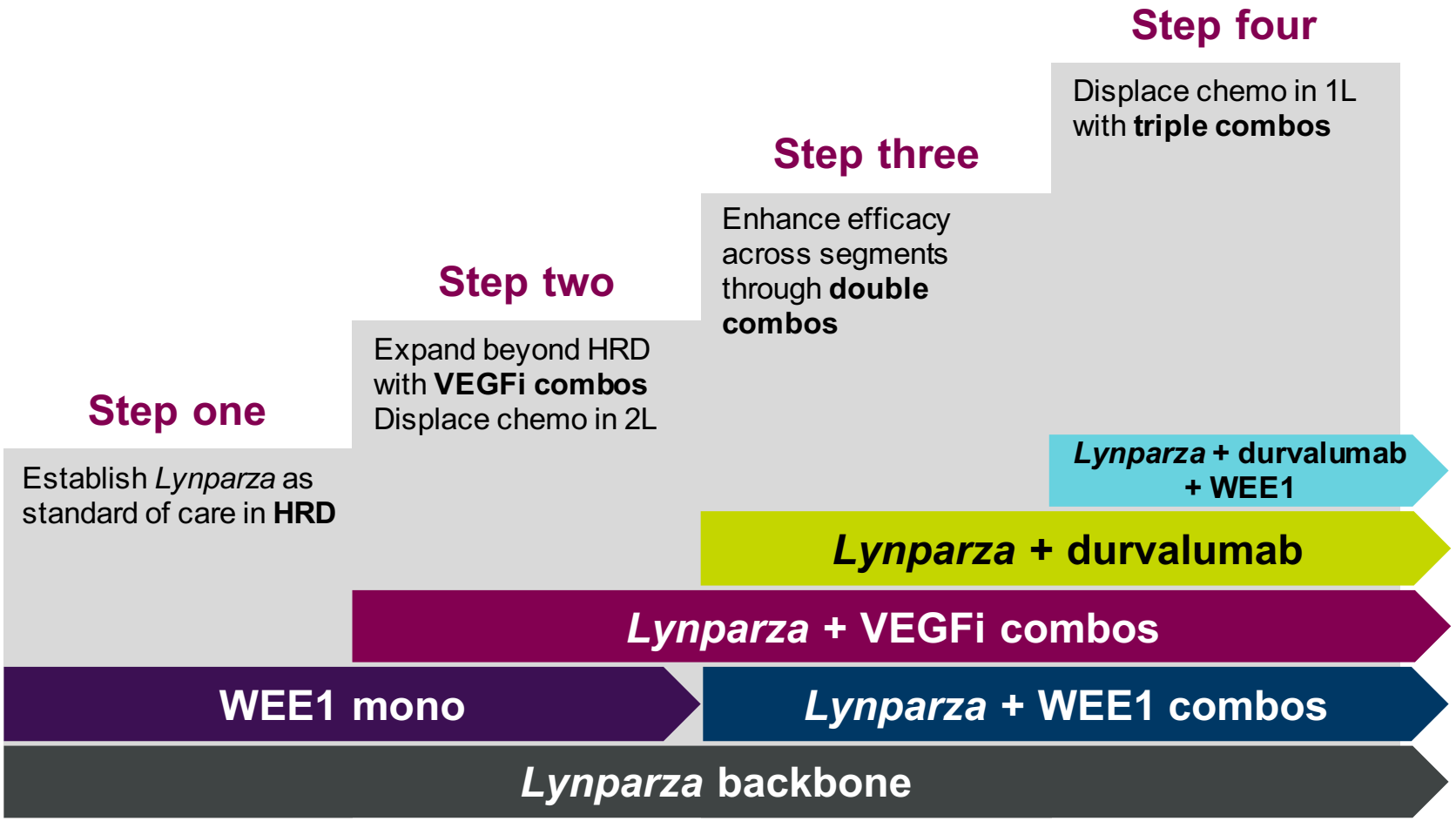
Data availability from key ongoing trials



Lynparza: Strategy built on three pillars

BRCAm	Other HRD	Combinations
Target disease with BRCA mutations - germline and somatic	Expand to target other Homologous Recombination Repair Deficiency (HRD) tumours	Combine to induce HRD, target complimentary DNA Damage Repair (DDR) pathways or potential synergistic effects
Cancer type		
Ovarian (current approval)		
Breast (triple-negative)		
Gastric		
Pancreatic		
Prostate		

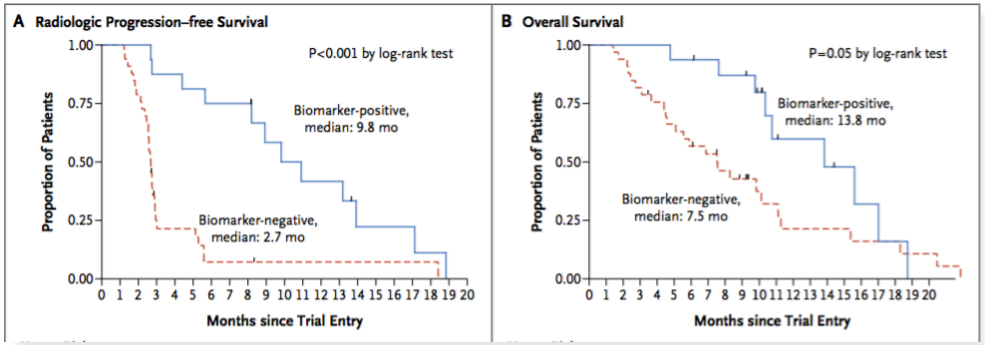
Lynparza: Backbone in ovarian cancer



Lynparza: 3rd line+ prostate cancer

Trial published in NEJM informs lifecycle

DNA-repair defects	Responder		
	No	Yes	RR%
All-comer	33	16	33%
Biomarker negative	31	2	<1%
Biomarker positive	2	**14**	**63%** RECIST (BRCA/ATM; 5/8)
P-value	P<0.001		



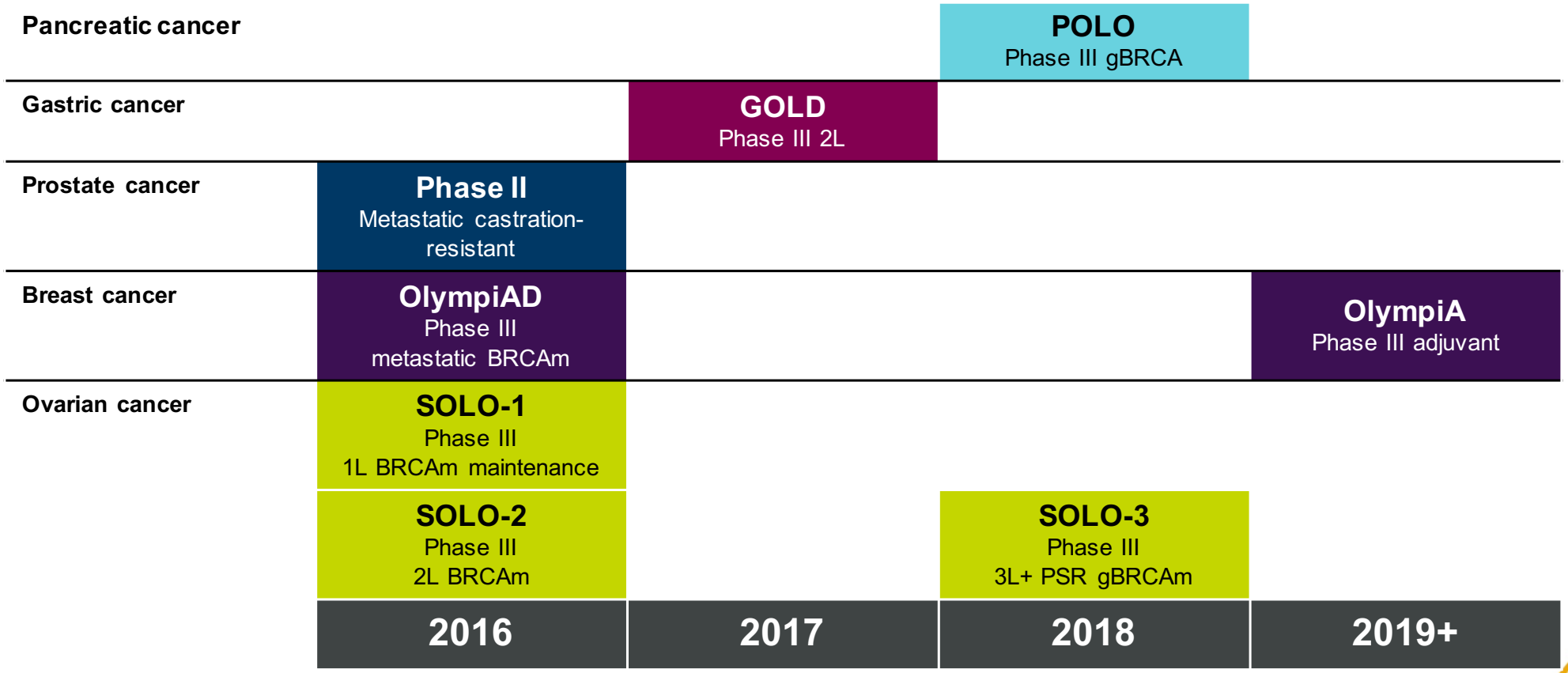
DNA-repair defects and olaparib in metastatic prostate cancer
Mateo J, Carreira S, Sandhu S, et al.
N Engl J Med 2015; 373(18): 1697–1708

88% RR[1] and 9.8m PFS in biomarker-positive patients (N = 16)

- Ongoing consultations with health authorities regarding later lines of treatment as well as 1st line settings
- Developing companion diagnostic to identify HRRm population[2]

1. Composite RR = RECIST + CTC conversion + PSA decline
2. HRRm = Patients with mutation in a panel of HRR genes including BRCA1, BRCA2, ATM

Lynparza: Ongoing trials and expected newsflow



Tagrisso (osimertinib, formerly AZD9291)

2 yrs
8 mths
Clinical development time

59%
ORR
12.4 mths
Duration of response

<6 hrs
Time to first product shipment after approval

TAGRISSO™
osimertinib

~1.6m
Global lung cancer deaths

>80%
Lung cancer is NSCLC

10%
Typical 5-year survival rate

Tagrisso

Innovative therapy with large potential

EGFRm NSCLC

Adjuvant

United States: 3k
EU5: 3k
Japan: 8k

14k Patients treated

1st line

United States: 12k
EU5: 9k
Japan: 18k

39k Patients treated

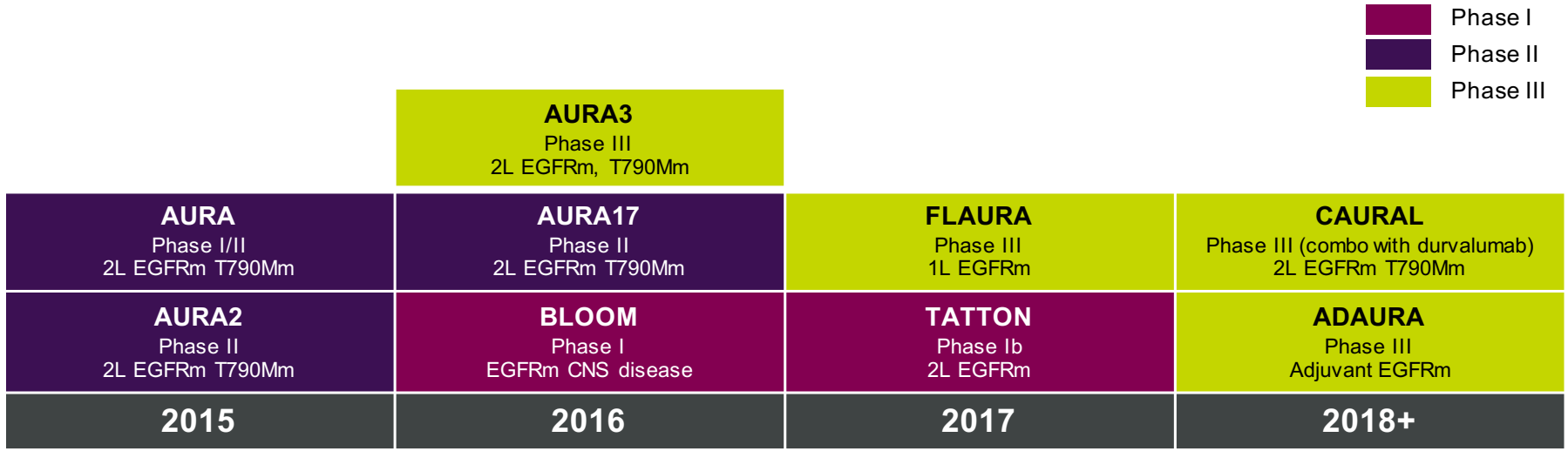
2nd line (T790M)

United States: 4k
EU5: 3k
Japan: 8k

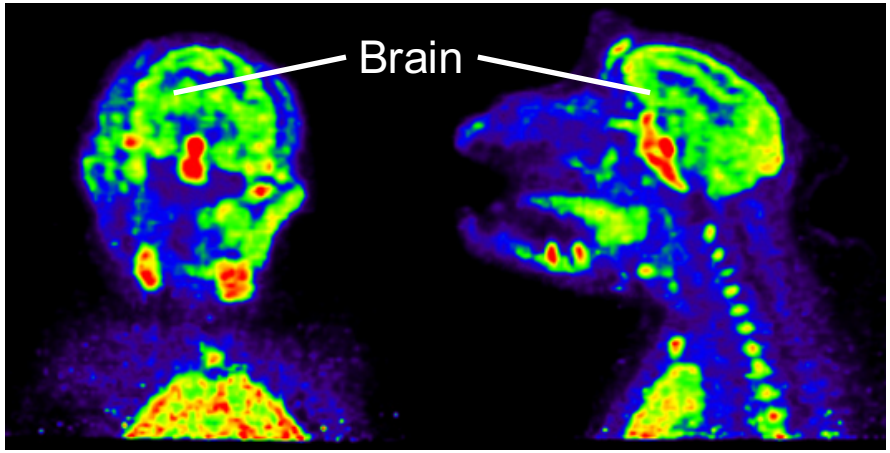
15k Patients treated

- Record development speed, breakthrough designation
- Crucial step to building leadership position in lung cancer market
- Opportunity for earlier treatment and combination therapy

Tagrisso: Ongoing NSCLC trials and expected newsflow



Tagrisso: CNS disease pre-clinical evidence

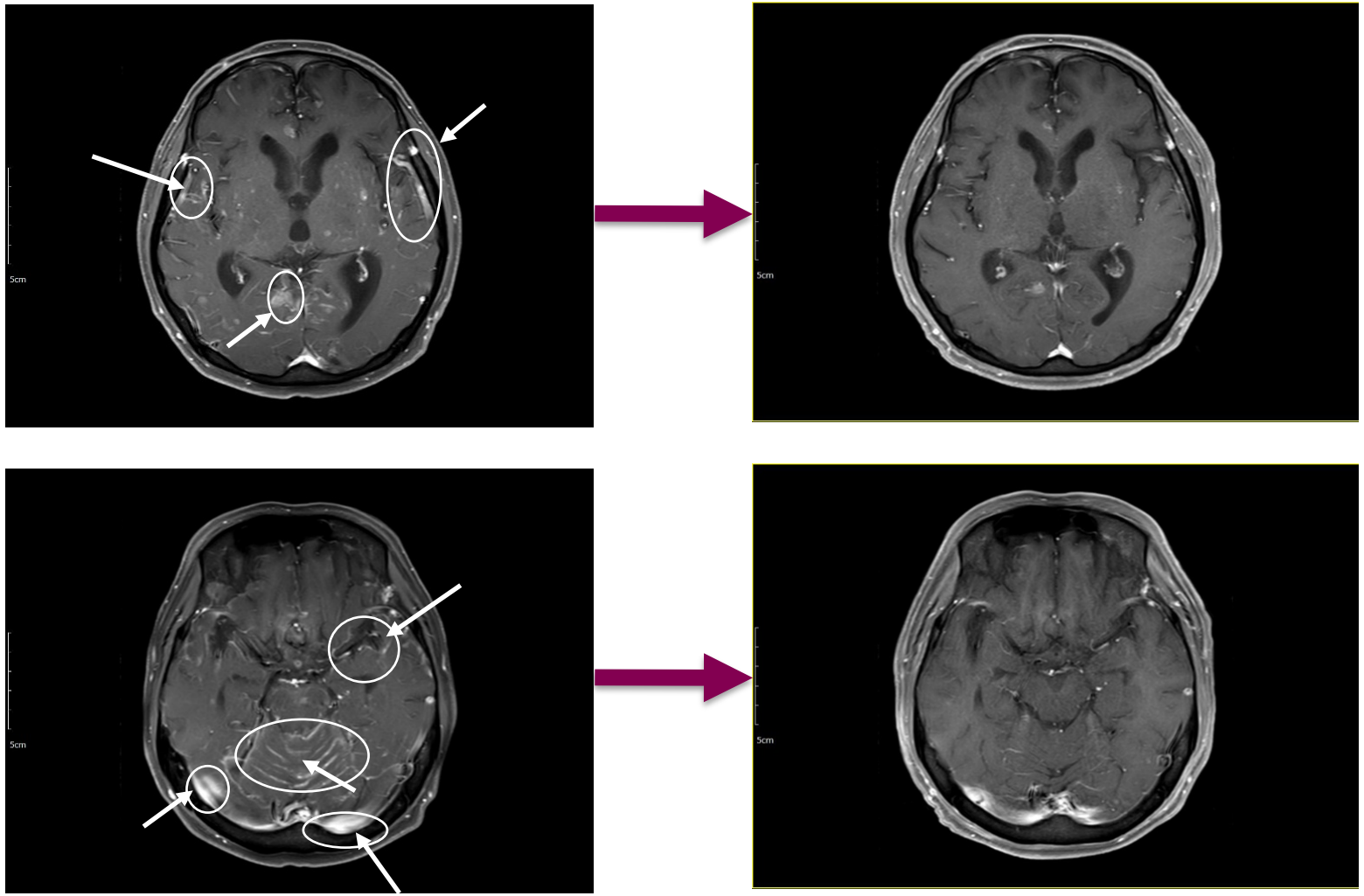


[^{11}C]*Tagrisso* cyno monkey

	Brain to blood ratio $AUC_{0–90\ min}$ (corrected for radioactivity in cerebral blood)
[^{11}C]*Tagrisso* (N = 3)	2.6 ± 1.4
[^{11}C]CO-1686 (N = 2)	0.025
[^{11}C]gefitinib (N = 2)	0.28

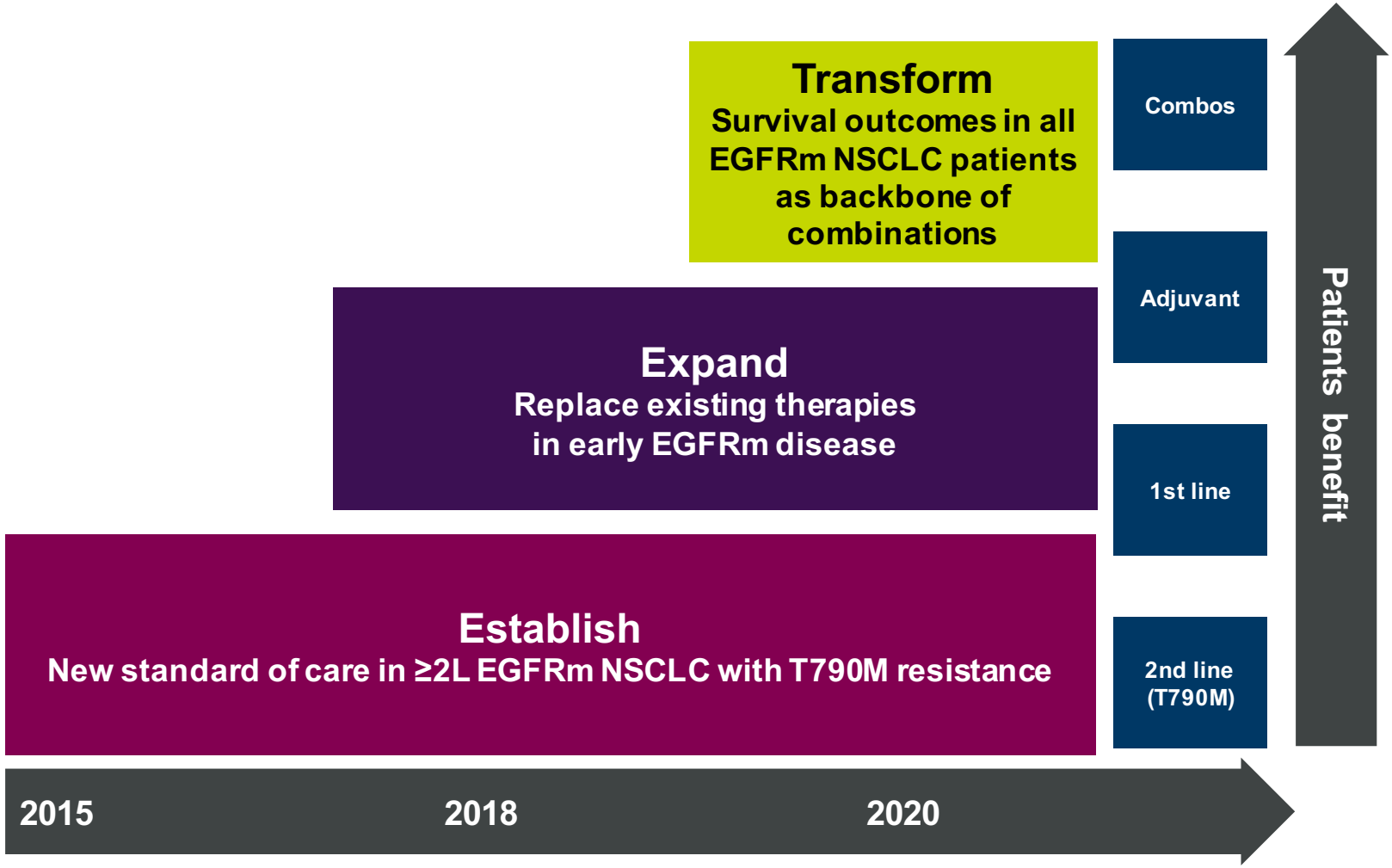
Tagrisso: CNS disease leptomeningeal metastasis

Brain MRI at baseline **Brain MRI at four months 160mg 1x/day**



AACR NCI EORTC meeting
Nov. 2015

Tagrisso: Reaching more patients through lifecycle



Closing

AstraZeneca
What science can do

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

Key newsflow through 2016

Regulatory approvals

- **lesinurad** - gout (US)

H1 2016

- **PT003** - COPD (US)
- **ZS-9**[1] - hyperkalaemia (US)
- ***Tagrisso*** - lung cancer (EU, JP)

H2 2016

- **saxa/dapa** - type-2 diabetes (EU)
- **cediranib** - ovarian cancer (EU)
- **CAZ AVI** - serious infections (EU)

Key regulatory submissions

- **brodalumab** - psoriasis (US, EU)
- **ZS-9**[1] - hyperkalaemia (EU)

H1 2016

- ***Brilinta/Brilique*** - stroke
- **durvalumab** - lung cancer (US)
- **tremelimumab** - mesothelioma

H2 2016

- **benralizumab** - severe asthma (US, EU)
- **roxadustat** - anaemia (CN)

Key Phase III readouts

- **durvalumab** - lung cancer (PII)

H1 2016

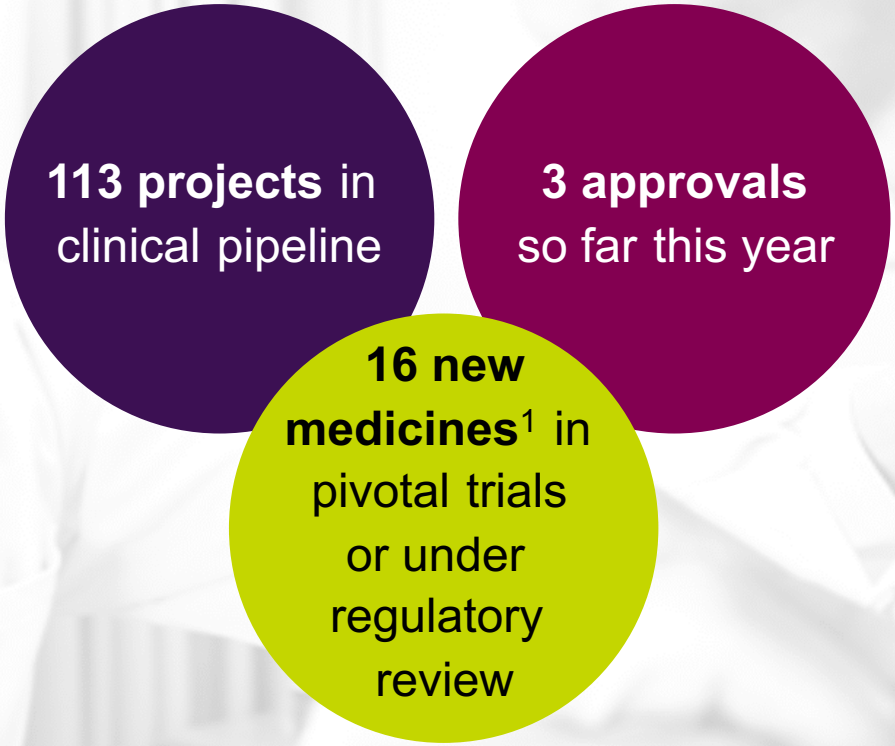
- **benralizumab** - severe asthma
- ***Brilinta/Brilique*** - stroke
- ***Lynparza*** - breast cancer
- **tremelimumab** - mesothelioma (PII)

H2 2016

- ***Brilinta/Brilique*** - PAD
- ***Lynparza*** - ovarian cancer
- **durvalumab** - H&N cancer (PII)
- **selumitinib** - lung cancer

1. Pending completion of ZS Pharma acquisition

Disciplined execution of science-driven pipeline



1. Pending completion of ZS Pharma acquisition

AstraZeneca
What science can do

Q&A

Please press *1 on your phone to indicate that you wish to ask a question

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