AstraZeneca

LCM development programmes

Q1 2014

BRILINTA/BRILIQUE (ADP receptor antagonist)

PARTHENON development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Patients with prior MI	**Phase III PEGASUS** NCT01225562	N = 21000	• **ARM 1**: Ticagrelor 90 mg BD • **ARM 2:** Ticagrelor 60 mg BD • **ARM 3:** Placebo *on a background of ASA* Global study – 31 countries	• Composite of CV death, non-fatal NI, or non-fatal stroke.	• FSI Q4 10 • LSI Q2 13 • Est. completion date Q4 14 • Est. external presentation Q3 2015 (ESC)
Patients with PAD	**Phase III EUCLID** NCT01732822	N = 13500	• **ARM 1:** Ticagrelor 90 mg BD • **ARM 2:** Clopidogrel 75 mg QD *monotherapy trial* Global study – 28 countries	• Composite of CV death, MI and ischemic stroke	• FSI Q4 12 • LSI Q1 14 • Est. completion date Q1 16
Patients with Stroke or TIA	**Phase III SOCRATES** NCT01994720	N = 9600	• **ARM 1:** Ticagrelor 90 mg BD •**ARM 2:** ASA 100mg day *monotherapy trial* Global study – 26 countries	• Composite of stroke, MI or death	• FSI Q1 14 • Est. completion date Q4 15
Patients with Type 2 Diabetes and Coronary Artery Disease without a previous history of MI or Stroke	**Phase III THEMIS** NCT01991795	N = 17000	• **ARM 1**: Ticagrelor 90 mg BD • **ARM 2:** Placebo *on a background of ASA if not contra indicated or not tolerated* Global study – approx. 40 countries	• Composite of CV death, MI or stroke .	• FSI planned to Q1 14 • Est. completion date Q1 17

Forxiga/Farxiga (SGLT-2 inhibitor)

Type 2 Diabetes development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Typ 2 diabetes mellitus with high risk for CV event	**Phase III/IV DECLARE** **NCT01730534**	N = 17150	• **ARM 1:** Dapagliflozin 10 mg QD + standard of care therapy • **ARM 2:** Placebo + standard of care therapy for Type 2 Diabetes Global study – 32 countries	• Time to first event included in the composite endpoint of CV death, MI or ischemic stroke	• FSI Q2 13 • LSI Q2 16 • LSLV Q2 19 • Est. completion date Q3 19 • Est. external presentation 2020

Saxagliptin/Dapagliflozin (DPP-4/SGLT-2 inhibitors)

FDC Type 2 Diabetes development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status*
Type 2 Diabetes Mellitus	**Phase III** NCT01606007	N = 516	• **ARM 1:** Saxa 5 mg + Met XR • **ARM 2:** Dapa 10 mg + Met XR • **ARM 3:** Saxa 5 mg + Dapa 10 mg + Met XR Global study – 8 countries	• HbA1C reduction at 24 week	• FSI Q3 12 • LSI Q2 13 • Est. completion date Q1 14 • Targeted as Late Breaking abstract ADA June 2014
Type 2 Diabetes Mellitus	**Phase III** NCT01619059	N = 280	• **ARM 1:** Saxa 5mg + Dapa 10 mg + Met IR • **ARM 2:** Placebo + Dapa 10 mg + Met IR Global study – 8 countries	• HbA1C reduction at 24 week	• FSI Q2 12 • Est. Primary completion date Q2 14 • Est. Study completion date Q1 15 • Est. external presentation Q2 15
Type 2 Diabetes Mellitus	**Phase III** NCT01646320	N = 280	• **ARM 1:** Dapa 10 mg + Saxa 5 mg + Met IR • **ARM 2:** Placebo + Saxa 5 mg + Met IR Global study – 7 countries	• HbA1C reduction at 24 week	• FSI Sep 2012 • Est. Primary completion date Q4 14 • Est. Study completion date Q4 15

*studies performed by BMS

BYDUREON/Exenatide (GLP-1 receptor antagonist)

Autoinjector Type 2 Diabetes development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Type 2 Diabetes	**Phase III DURATION-NEO 1** NCT01652716	N = 375	• **ARM 1:** Byetta • **ARM 2:** Exenatide weekly suspension *On a background of diet & exercise alone or with stable regimen of oral antidiabetes* US only	• Change in HbA1c from baseline at 28 weeks (52 week OLE)	• FSI Q1 13 • LSI Q2 13 • Est. completion date Q2 14 • Est. external presentation 2014 (EASD) or 2015 (ADA) • Est. filing 2015
Type 2 Diabetes	**Phase III DURATION-NEO 2** NCT01652729	N = 360	• **ARM 1:** Sitagliptin • **ARM 2:** Exenatide weekly suspension • **ARM 3:** Placebo *On a background of diet & exercise alone or with stable regimen of oral antidiabetes* US only	• Change in HbA1c from baseline at 28 weeks	• FSI Q1 13 • LSI Q3 13 • Est. completion date Q3 14 • Est. external presentation 2014 (EASD) or 2015 (ADA)
Type 2 Diabetes	**Phase IV EXSCEL** NCT01144338	N = 14000	• **ARM 1:** Bydureon once weekly 2mg • **ARM 2:** Placebo *On a background of standard of care medication, different degree of CV risk* Global study	• Time to first confirmed CV event in the primary composite CV endpoint (CV death, non-fatal MI, non-fatal stroke)	• FSI Q2 10 • Est completion date 2018

IRESSA (EGFR TKI)

EGFR M+ NSCLC development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
EGFR M+ NSCLC who have progressed on 1st line IRESSA	**Phase III IMPRESS** NCT01544179	N = 289	• **ARM 1:** Gefitinib 250 mg QD + max 6 cycles of cisplatin and pemetrexed • **ARM 2:** Placebo + max 6 cycles of cisplatin and pemetrexed Global study – 11 countries	• Progression Free Survival • Overall Survival is a secondary endpoint.	• FSI Q1 12 • LSI Q4 13 • Est completion date Q1 15
EGFR M+ NSCLC who failed 1st line EGFR TKI and Chemo OR not suitable for chemo	**Phase I** NCT02040064	N = 18-24	• Rolling 6 design with 6 week DLT period • **Cohort 1:** Gefitinib 250mg +Treme 3 mg/kg* • **Cohort 2:** Gefitinib 250mg+ Treme 6 mg/kg* • **Cohort 3:** Gefitinib 250mg + Treme 10 mg/kg* *Tremelimumab is given QM for first 6 months thereafter Q3M 3 Sites: IGR (Paris), Marseille, Toulouse	• Determine the RP2D for Tremelimumab and associated DLTs of the combination	• FSI Q1 14 • Interim report June 2015 • LSI Q4 15 • Est completion date 2018

Faslodex (oestrogen receptor antagonist)

Breast cancer development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
1st line postmenopausal HR+ locally advanced or metastatic breast cancer, with no prior hormonal therapy	**Phase III FALCON** NCT01602380	N = 605	• **ARM 1:** Faslodex 500 mg (+ oral placebo) • **ARM 2:** Arimidex 1 mg (+ placebo injection) Global study – 21 countries	• Progression Free Survival • Overall Survival is a secondary endpoint	• FSI Oct 2012 • LSI Oct 2014 • Est. completion date Q2 16 • Est. external presentation H2 16

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Late stage development programmes

Q1 2014

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Epanova (prescription grade Omega-3 free fatty acid EPA+DHA)

Hypertriglyceridemia development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Severe hyper-triglyceridemia	**Phase III EVOLVE II** NCT02009865	N = 104	• **ARM 1:** Epanova 2g QD • **ARM 2:** Placebo (olive oil) Global study – 7 countries	• Change in serum triglycerides over 12 weeks	• FSI Q4 13 • LSI Q4 14 • Est primary completion Q4 14 • Est completion date Q4 15

Metreleptin (recombinant leptin analogue)

Lipidystrophy development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoints	Status
Lipodystrophy	**Phase III** **NIH /NIDDK** **ISS** NCT01778556	N = 72*	• **ARM 1:** Metreleptin Open label treatment protocol NIH sponsored Patients from multiple countries	• Glycaemic control • Triglycerides • Various sub-protocols	• Ongoing • Est. Completion date Q4 15
Lipodystrophy with associated diabetes and/or hyper-triglyceridaemia	**Phase III** **FHA101** NCT00677313	N = 28*	• **ARM 1:** Metreleptin Open label treatment protocol	• Glycaemic control • Triglycerides	• Ongoing • Est. Completion date Q2 14

* Relates to data-cut for BLA submission: studies are ongoing

Benralizumab (anti-IL5Rα)

Asthma development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Severe asthma, inadequately controlled despite background controller medication HD ICS + LABA ± chronic OCS	**Phase III CALIMA** NCT01914757	N = 1026	• **ARM 1:** 30 mg Q8wk • **ARM 2:** 30 mg Q4wk • **ARM 3:** Placebo 56-week study Global study – 9 countries	• Rate of Asthma Exacerbations	• FSI Q4 13 • Est completion date Q1 16
Severe asthma, inadequately controlled despite background controller medication HD ICS + LABA ± chronic OCS	**Phase III SIROCCO** NCT01928771	N = 1134	• **ARM 1:** 30 mg Q8wk • **ARM 2:** 30 mg Q4wk • **ARM 3:** Placebo 48-week study Global study – 14 countries	• Rate of Asthma Exacerbations	• FSI Q4 13 • Est completion date Q1 16
Severe asthma, inadequately controlled despite background controller medication MD ICS + LABA ± chronic OCS	**Phase III PAMPERO** NCT01947946	N = 1410	• **ARM 1:** 30 mg Q8wk • **ARM 2:** 30 mg Q4wk • **ARM 3:** Placebo 48-week study Global study – 12 countries	• Rate of Asthma Exacerbations	• FSI Q1 14 • Est completion date Q1 16

PT003 (LABA/LAMA) & PT001 (LAMA) COPD

COPD development programme

Patient Population	Phase Study	# of patients	Design G = Glycopyrronium, F = Formoterol fumarate	Primary Endpoint	Status
Moderate to Very Severe COPD	**Phase III** **PINNACLE 1** NCT01854645	N = 1751	• **ARM 1:** GF MDI (PT003) 14.4/9.6 µg • **ARM 2:** G MDI (PT001) 14.4 µg • **ARM 3:** F MDI (PT005) 9.6 µg • **ARM 4:** Open-label tiotropium bromide inhalation powder • **ARM 5:** Placebo MDI 24 week study	• Change from baseline in morning pre-dose trough FEV_1	• FSI Q2 13 • LSI Q1 14 • Est completion date Q4 14
Moderate to Very Severe COPD	**Phase III** **PINNACLE 2** NCT01854658	N = 1376	• **ARM 1:** GF MDI (PT003) 14.4/9.6 µg • **ARM 2:** G MDI (PT001) 14.4 µg • **ARM 3:** F MDI (PT005) 9.6 µg • **ARM 4:** Placebo MDI 24 week study	• Change from baseline in morning pre-dose trough FEV_1	• FSI Q3 13 • LSI Q2 14 • Est completion date Q1 15
Moderate to Very Severe COPD	**Phase III** **PINNACLE 3** NCT01970878	N = 850	• **ARM 1:** GF MDI (PT003) 14.4/9.6 µg • **ARM 2:** G MDI (PT001) 14.4 µg • **ARM 3:** F MDI (PT005) 9.6 µg • **ARM 4:** Open-label tiotropium bromide inhalation powder 28 week extension	• Overall safety, tolerability and efficacy	• FSI Q4 13 • LSI Q2 14 • Est completion date Q1 15

Brodalumab (anti-IL-17RA)

Inflammatory diseases development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Moderate to severe plaque psoriasis	**Phase III AMAGINE-1** NCT01708590	N = 661	• **ARM 1:** 210 mg brodalumab • **ARM 2:** 140 mg brodalumab • **ARM 3:** placebo	• PASI at wk 12 • Static physician's global assessment (sPGA) at wk 12	• FSI Q3 12 • Est completion date Q2 14 • Est external presentation Q4 14 (EADV)
Moderate to severe plaque psoriasis	**Phase III AMAGINE-2** NCT01708603	N = 1800	• **ARM 1:** 210 mg brodalumab • **ARM 2:** 140 mg brodalumab • **ARM 3:** ustekinumab • **ARM 4:** placebo	• PASI at wk 12 • Static physician's global assessment (sPGA) at wk 12	• FSI Q312 • Est completion date Q4 14 • Est external presentation Q1 15 (AAD)
Moderate to severe plaque psoriasis	**Phase III AMAGINE-3** NCT01708629	N = 1881	• **ARM 1:** 210 mg brodalumab • **ARM 2:** 140 mg brodalumab • **ARM 3:** ustekinumab • **ARM 4:** placebo	• PASI at wk 12 • Static physician's global assessment (sPGA) at wk 12	• FSI Q3 12 • Est completion date Q4 14 • Est external presentation Q1 15 (AAD)
Moderate to severe PsA	**Phase II**	N = 156	• **ARM 1:** 280 mg brodalumab • **ARM 2:** 140 mg brodalumab • **ARM 3:** placebo	• ACR20 response at wk 12	• Primary data Q4 12 • OLE ongoing • FSI Q1 14
Moderate to severe inadequately controlled high reversibility asthma	**Phase II** NCT01902290	N = 566	• **ARM 1:** 210 mg brodalumab • **ARM 2:** placebo	• Change in ACQ at wk 24	• FSI Q2 13 • Est completion date Q2 15

Lesinurad (URAT1 inhibitor)

Gout development programme

Patient Population	Phase Study	# of patients	Design	Primary endpoint	Status
Gout with Inadequate Hypouricemic Response to Allopurinol	**Phase III CLEAR 1** NCT01510158	N = 600	• **Arm 1:** Placebo • **Arm 2:** lesinurad 200 mg QD • **Arm 3:** lesinurad 400 mg QD All arms: SOC allopurinol QD	• Proportion of subjects with an sUA level that is < 6.0 mg/dL by Month 6	• FSI Q1 12 • LSI Q3 13 • Est completion date Q2 14 • Est external presentation Q4 14 (ACR)
Gout with Inadequate Hypouricemic Response to Allopurinol	**Phase III CLEAR 2** NCT01493531	N = 600	• **Arm 1:** Placebo • **Arm 2:** lesinurad 200 mg QD • **Arm 3:** lesinurad 400 mg QD All arms: SOC allopurinol QD	• Proportion of subjects with an sUA level that is < 6.0 mg/dL by Month 6	• FSI Q4 11 • LSI Q2 13 • Est completion date Q2 14 • Est external presentation Q4 14 (ACR)
Tophaceous Gout	**Phase III CRYSTAL** NCT01510769	N = 315	• **Arm 1:** Placebo • **Arm 2:** lesinurad 200 mg QD • **Arm 3:** lesinurad 400 mg QD All arms: febuxostat 80 mg QD	• Proportion of subjects with an sUA level that is < 5.0 mg/dL by Month 6	• FSI Q1 12 • LSI Q2 13 • Est completion date Q2 14 • Est external presentation Q4 14 (ACR)
Gout with Intolerance or Contraindication to a Xanthine Oxidase Inhibitor	**Phase III LIGHT** NCT01508702	N = 200	• **Arm 1:** Placebo • **Arm 2:** lesinurad 400 mg QD	• Proportion of subjects with an sUA level that is < 6.0 mg/dL at Month 6	• FSI Q1 12 • LSI Q2 13 • Est completion date Q4 13 • Est external presentation Q4 14 (ACR)
Gout previously enrolled LIGHT study	**Phase III LIGHT OLE** NCT01650246	N ≤ 200	All arms: open-label lesinurad 400 mg QD	• Assess the long-term efficacy and safety of lesinurad monotherapy.	• FSI Q4 12 • Recruitment ongoing
Gout previously enrolled in studies CLEAR 1 & 2	**Phase III CLEAR OLE** NCT01808131	N ≤ 200	• **Arm 1:** lesinurad 200 mg QD • **Arm 2:** lesinurad 400 mg QD All arms: SOC allopurinol QD	• Assess the long-term efficacy and safety of lesinurad in combination with allopurinol.	• FSI Q1 13 • Recruitment ongoing
Gout previously enrolled in CRYSTAL study	**Phase III CRYSTAL** NCT01808144	N ≤ 315	• **Arm 1:** lesinurad 200 mg QD • **Arm 2:** lesinurad 400 mg QD All arms: febuxostat 80 mg QD	• Assess the long-term efficacy and safety of lesinurad in combination with febuxostat.	• FSI Q1 13 • Recruitment ongoing

Olaparib (PARP inhibitor)

Ovarian and gastric cancer development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
PSR gBRCAm ovarian cancer	**Phase III SOLO-2** NCT01874353	N = 264	• **ARM 1:** olaparib tablet 300 mg BD maintenance therapy until progression • **ARM 2:** placebo Global study – 13 countries	• Progression Free Survival • Overall Survival is a secondary endpoint.	• FSI Q3 13 • LSI Q1 15 • Est completion date Q3 15 • Est external presentation Q2 16 (ASCO)
1st line gBRCAm ovarian cancer	**Phase III SOLO-1** NCT01844986	N = 344	• **ARM 1:** olaparib tablet 300 mg BD maintenance therapy for 2 years or until disease progression • **ARM 2:** placebo Global study – 14 countries	• Progression Free Survival • Overall Survival is a secondary endpoint.	• FSI Q3 13 • LSI Q1 15 • Est completion date Q3 16 • Est external presentation Q2 17
2nd line gastric cancer (all comers with a co-primary sub population)	**Phase III GOLD** NCT01924533	N = 500	• **ARM 1:** paclitaxel + olaparib until progression • **ARM 2:** paclitaxel + placebo olaparib dose 100mg BD throughout paclitaxel dose cycle & 300 mg BD post cycle The study will be conducted in Korea, China and Japan	• Overall Survival	• FSI Q3 13 • LSI Q3 15 • Est completion date Q4 16 • Est external presentation Q3 17

Selumetinib (AZD6244, ARRY142886) (MEK-inhibitor)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
2nd Line KRASm NSCLC	**Phase III SELECT-1** NCT01933932	N = 634	• **ARM 1:** Selumetinib 75mg BD + docetaxel 75 mg/m2 intravenously administered on day 1 of each 21 day cycle • **ARM 2:** Placebo BD + docetaxel 75 mg/m2 intravenously administered on day 1 of each 21 day cycle Global study – 26 countries	• Progression Free Survival • Overall Survival is a secondary endpoint.	• FSI Q4 13 • LSI Q1 16 • Est completion date Q3 16 • Est external presentation Q2 17
Metastatic Uveal Melanoma	**Phase II SUMIT** NCT01933932	N = 128	• **ARM 1:** Selumetinib 75 mg BD + dacarbazine 1000 mg/m^2 day 1 of every 21 day cycle • **ARM 2:** Placebo BD + dacarbazine 1000 mg/m^2 day 1 of every 21 day cycle 3:1 Randomisation Global study – 10 countries	• Progression Free Survival	• FSI Q1 14 • LSI Q4 14 • Est completion date Q2 15 • Est external presentation Q4 15
Differentiated Thyroid Cancer	**Phase II ASTRA** NCT01933932	N = 304	• **ARM 1:** Selumetinib 75mg BD 5 weeks duration + RAI 100mCi[a] • **ARM 2:** Placebo BD 5 weeks duration + RAI 100mCi[a] Global study – 8 countries [a] Single dose of 100mCi ^{131}I administered following 4 weeks of selumetinib (or placebo).	• Complete remission (CR) rate at 18 months post-RAI • Clinical remission rate at 18 m post RAI (per SoC)	• FSI Q3 13 • LSI Q3 14 • Est completion date Q3 16 • Est external presentation Q2 17

CAZ-AVI (BLI/cephalosporin SBI)

Serious infections development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Hospitalised patients with complicated intra-abdominal infections	**Phase III RECLAIM-1** NCT01499290	N = 523	• **ARM 1:** CAZ-AVI (2000/500mg) plus Metronidazole • **ARM 2:** Meropenem Global study – 25 countries	• Co primary of: (i) clinical response at TOC (MITT) (ii) clinical response at TOC (i.e. clinically evaluable)	• FSI Q1 12 • LSI Q1 14 • Est completion date Q2 14 • Est external presentation Q2 15 (ECCMID)
Hospitalised patients with complicated intra-abdominal infections	**Phase III RECLAIM-2** NCT01500239	N = 582	• **ARM 1:** CAZ-AVI (2000/500mg) plus Metronidazole • **ARM 2:** Meropenem Global study – 24 countries	• Co primary of: (i) clinical response at TOC (MITT) (ii) clinical response at TOC (i.e. clinically evaluable)	• FSI Q2 12 • LSI Q1 14 • Est completion date Q2 14 • Est external presentation Q2 15 (ECCMID)
Hospitalised Adults With complicated urinary tract Infections	**Phase III RECAPTURE-1** NCT01595438	N = 460	• **ARM 1:** CAZ-AVI (2000/500mg) plus either 500 mg of Ciprofloxacin or 800 mg/160 mg of sulfamethoxazole/trimethoprim • **ARM 2:** Doripenem (500 mg) plus either 500 mg of Ciprofloxacin or 800 mg/160 mg of sulfamethoxazole/trimethoprim Global study – 26 countries	• Per patient microbiological response at TOC in patients with a cUTI and a Gram-negative pathogen (i.e. mMITT)	• FSI Q4 12 • LSI Q2 14 • Est completion date Q4 14 • Est external presentation Q3 15 (ICAAC)
Hospitalised patients with complicated urinary tract infections	**Phase III RECAPTURE-2** NCT01599806	N = 504	• **ARM 1:** CAZ-AVI (2000/500mg) plus either 500 mg of Ciprofloxacin or 800 mg/160 mg of sulfamethoxazole/trimethoprim • **ARM 2:** Doripenem (500 mg) plus either 500 mg of Ciprofloxacin or 800 mg/160 mg of sulfamethoxazole/trimethoprim Global study – 25 countries	• Per patient microbiological response at TOC in patients with a cUTI and a Gram-negative pathogen (i.e. mMITT)	• FSI Q4 12 • LSI Q2 14 • Est completion date Q4 14 • Est external presentation Q3 15 (ICAAC)

CAZ-AVI (BLI/cephalosporin SBI)

Serious infections development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Patients with complicated urinary tract infections and complicated intra-abdominal infections	**Phase III REPRISE** NCT01644643	N = 400	• **ARM 1:** CAZ-AVI (2000/500mg) plus Metronidazole • **ARM 2:** Best available therapy Global study – 31 countries	• Patients with clinical cure at the Test of Cure visit in the microbiological intent to treat analysis set	• FSI Q113 • LSI Q1 15 • Est completion date Q2 15 • Est external presentation Q1 16
Hospitalised patients with complicated intra-abdominal infections	**Phase III RECLAIM-3** NCT01726023	N = 404	• **ARM 1:** CAZ-AVI (2000/500mg) plus Metronidazole • **ARM 2:** Meropenem Asia-focused study – 3 countries (China, Vietnam & Korea)	• Clinical Cure at the TOC visit in the Clinically Evaluable (CE) analysis set	• FSI Q1 13 • LSI Q4 14 • Est completion date Q1 15 • Est external presentation Q4 15
Hospitalised patients with nosocomial pneumonia infections, including hospital acquired pneumonia (HAP) and ventilator associated pneumonia (VAP)	**Phase III REPROVE** NCT01808092	N =1660	• **ARM 1:** CAZ-AVI (2000/500mg) • **ARM 2:** Meropenem Global study – 24 countries	• Proportion of patients with clinical cure at the TOC visit in the cMITT and CE analysis sets (co-primary analyses).	• FSI Q2 13 • LSI Q2 16 • Est completion date Q3 16 • Est external presentation Q2 17

AstraZeneca

Early development programmes

Q1 2014

AZD1722 (NHE3 inhibitor)

ESRD & CKD development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
ESRD on hemodialysis	**Phase IIa** NCT01764854	N = 70	• **ARM 1:** AZD1722, starting dose 45 mg BD, down titration based on tolerability • **ARM 2:** Placebo Conducted in the US	• Reduction in mean weekly interdialytic weight gain (IDWG)	• FSI Q1 13 • LSI Q4 13 • Est completion date Q1 14 • Est external presentation Q4 14
CKD with Type 2 Diabetes and Albuminuria	**Phase IIa** NCT01847092	N = 140	• **ARM 1:** AZD1722, starting dose 15 mg BD, dose escalation based on tolerability (max 60 mg BD) • **ARM 2:** Placebo Conducted in the US, plans to expand into Germany	• Changes in Urine Albumin to Creatinine Ratio (UACR)	• FSI Q2 13 • LSI Q3 14 • Est completion date Q4 14 • Est external presentation Q3 15
Patients with constipation predominant Irritable Bowel Syndrome (IBS-C)	**Phase IIb** NCT01923428	N = 360	• **ARM 1:** AZD1722, 5 mg BD • **ARM 2:** AZD1722, 20 mg BD • **ARM 3:** AZD1722, 50 mg BD • **ARM 4:** Placebo Conducted in the US	• Percent Complete Spontaneous Bowel Movement responders vs placebo	• FSI Q3 13 • LSI Q2 14 • Est completion date Q4 14 • Est external presentation Q3 15

AZD5069 (CXCR2)

Asthma development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Adult patients with uncontrolled persistent asthma	**Phase IIb NIMBUS** NCT01704495	N = 640	• **Arm 1:** ICS/LABA + AZD5069 45mg • **Arm 2:** ICS/LABA + AZD5069 15mg • **Arm 3:** ICS/LABA + AZD5069 5mg • **Arm 4:** ICS/LABA + Placebo 6 month treatment followed by an optional 6 month safety follow up	• Placebo adjusted effect of AZD5069 on rate of severe exacerbations	• FSI Q4 12 • Est completion Q2 14 • Target late breaking abstract Q3 14 (ERS)
Adult patients with Bronchiectasis	**Phase IIa STRATUS** NCT01255592	N = 52	• **Arm 1:** AZD5069 80mg BD • **Arm 2:** Placebo 28-Day Oral Administration, multiple centre	• Placebo adjusted effect of AZD5069 on reduction of sputum neutrophils	• Study Completed • Estimated publication final data Q4 14
Healthy Volunteers	**Phase I** NCT01480739	N = 30	• **Arm 1:** AZD5069 100 mg (50 mg x 2) BD for 7 days • **Arm 2:** Placebo 100 mg (50 mg x 2) BD for 7 days Two-way cross-over, single centre	• Effects on blood neutrophil numbers, function and recruitment after SC G-CSF injection and strenuous exercise	• Study Completed • Est external presentation Q3 14 (ERS)
Healthy Volunteers	**Phase I**	N = 69 + 33	• Single ascending dose study • Eight different dose levels investigated • Multiple ascending dose study • Three different dose levels investigated	• Safety and tolerability	• Study Completed • Estimated publication Q4 2014
Healthy Volunteers Adult Japanese males	**Phase I** NCT01100047	N = 63	• Single ascending dose study • Five different dose levels investigated • Multiple ascending dose study • Five different dose levels investigated	• Safety and tolerability	• Study Completed • Estimated publication Q1 2015

PT010 (LABA/LAMA/ICS)

COPD development programme

Patient Population	Phase Study	# of patients	Design (B= Budesonide, G = Glycopyrronium, F = Formoterol fumarate)	Primary Endpoint	Status
Healthy volunteers	**Phase I** NCT01980615	N = 84	• **ARM 1:** BGF MDI 320/14.4/9.6 µg • **ARM 2:** BGF MDI 160/14.4/9.6 µg • **ARM 3:** BGF MDI 80/14.4/9.6 µg • **ARM 4:** GFF MDI 14.4/9.6 µg • **ARM 5:** Symbicort MDI 320/9 µg • **ARM 6:** Symbicort MDI 160/9 µg Randomized, double-blind within device, four-period, six- treatment, cross-over Single centre Phase 1 unit	• Overall safety • PK parameters AUC0-12 and Cmax	• FSI Q4 13 • LSI Q4 13 • Est completion Q1 14 • Est external presentation Q2 14 (ATS)

RDEA3170 (URAT1)

Gout development program

Patient Population	Phase Study	# of patients	Design	Primary endpoint	Status
Subjects with Gout	**Phase II** NCT01927198	N = 160	• **Arm A:** Placebo • **Arm B:** RDEA3170 5 mg QD • **Arm C:** RDEA3170 10 mg QD • **Arm D:** RDEA3170 12.5 mg QD	• Efficacy at Week 12	• FSI Q3 13 • LSI Q4 13 • Estimated completion Q214

AZD9291 (3rd Generation EGFR TKI)

NSCLC development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Advanced NSCLC TKI failure with activating EGFR mutations + /- primary resistance mutation T790M	**Phase I AURA** NCT01802632	N ~ 200	• Dose escalation study • Cohort expansion	• Safety and tolerability	• FSI Q1 13 • Est completion Q4 14 • Est external presentation Q2 14 (ASCO) • Est external presentation final data Q2 15 (ASCO)
Healthy Volunteers	**Phase I** NCT01951599	N = 16	• **Arm 1**: Capsule formulation • **Arm 2:** Solution formulation • **Arm 3:** Tablet formulation • **Arm 4:** Tablet fasted • **Arm 5:** Tablet fed • Ph I open label bioavailability study/food effect • 3 arm crossover	• PK	• FSI Q4 13 • LSI Q4 13 • Est completion Q2 14 • Est external presentation Q2 14 (ASCO)

AZD1775 (WEE-1)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Adult Patients with Advanced Solid Tumors	**Phase I** NCT00648648	N = 200	• Dose escalation study monotherapy & combination with either gemcitabine or cisplatin • In part 2B of the study, MTD was 225 mg BID X 5 doses with carboplatin and 200 mg BID X 5 doses with cisplatin	• Tolerability, PK/PD • ORR	• FSI Q2 08 • LSI Q3 13 • Est completion Q1 14 • Est external presentation Q2 14
p53 mutant platinum sensitive relapsed ovarian cancer	**Phase II** NCT01357161	N = 120	• **ARM 1:** carbo/paclitaxel + AZD1775 225mg • **ARM 2:** carbo/paclitaxel Global study 9 countries	• Progression Free Survival • Overall Survival is a secondary endpoint.	• FSI Q4 11 • LSI Q3 14 • Est completion Q1 15 • Est external presentation Q2 16 (ASCO)

AZD4547 (FGFR)

Solid tumours development programme

Patient population	Phase Study	# of patients	Design	Primary Endpoint	Status
Advanced solid tumours who have failed standard therapy or for whom no standard therapy exists	**Phase I** NCT00979134	N = 149	• **Part A:** AZD4547 monotherapy in ascending multiple doses (c. 50 patients) • **Part B:** AZD4547 monotherapy multiple dosing at recommended dose from Part A • **Part C:** AZD4547 monotherapy in cohorts of patients whose tumours have FGFR amplification	• **Part A:** MTD and recommended dose for Parts B and C • **Part B:** Safety and tolerability • **Part C:** Safety, tolerability and tumour size assessment	**Parts A,B, C1** • Presented at AACR, 2013 **Parts C2/3** • Est external presentation Q2 14 (ASCO)
Advanced cancer who have failed standard therapy or for whom no standard therapy exists	**Phase I** NCT01213160	N = 33	• **Part A:** AZD4547 monotherapy in ascending multiple doses given bd and od (c. 30 patients) • **Part B:** AZD4547 monotherapy in patients whose tumours have FGFR amplification (c. 8 patients) Conducted in Japan	• **Part A:** MTD and Recommended dose for Parts B and C • **Part B:** Safety and tolerability and preliminary anti-tumour activity	**Recruited** Q1 13

Female ER+ Breast cancer patients whose disease has progressed following treatment with one prior endocrine therapy	**Phase II GLOW**
	NCT01202591
		N = 900	• **Part A:** AZD4547 in ascending multiple doses in combination with 25mg exemestane
			• **Part B:**
			  • **ARM 1:** AZD4547 (dose from part A) + fulvestrant
			  • **ARM 2:** Fulvestrant
			
			Patients with FGFR1 polysomy (30 patients) or FGFR1 amplification (60 patients)
				• **Part A:** MTD of AZD4547 in combination with 25mg exemestane in three schedules of AZD4547
				• **Part B Interim analysis:** Tumour size analysis on 30 FGFR amplified patients
				• **Part B Final analysis:** Progression Free Survival
					Part A recruited
					
					Part B
					• FSI Q3 13
					
					Interim analysis
					• Est Q414
					
					Final analysis
					• Est Q4 15

Advanced gastro-oesophageal cancer	**Phase II SHINE** NCT01457846	N = 71	• **Stratum A** (FGFR2 polysomy): AZD4547 vs paclitaxel randomised 1:1 (30 to 80 patients) • **Stratum B** (FGFR 2 low gene amplification: AZD4547 vs paclitaxel randomised 3:2 (25 to 80 patients) • **Stratum C** (FGFR2 high gene amplification: AZD4547 vs paclitaxel randomised 3:2 (25 to 80 patients)	• Progression Free Survival • Key Secondary: Overall survival/Tumour size	Recruitment closed after an interim analysis Q213 • Est external presentation Q4 14

AZD6094 (volitinib) (cMET)

Oncology development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Advanced Cancer (All comers)	**Phase I** NCT01773018	N ~ 40	• **Dose escalation study** Conducted in Australia	• Safety and tolerability	• FSI Q1 12 • LSI Q1 14 • Est completion Q3 14 • Est external presentation Q2 14 (AACR & ASCO)
Advanced Cancer (All comers)	**Phase I** NCT0198555	N ~20	• **Dose escalation study** Conducted in China	• Safety and tolerability	• FSI Q2 13 • LSI Q1 14 • Est completion Q2 14

AZD9150 (STAT3)

Oncology development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
HCC	**Phase I** NCT01839604	N = 80	• Dose-escalation and dose-expansion study Study conducted in Japan, Korea, Taiwan and Hong Kong	• Safety and tolerability . • Recommended phase II dose and schedule	• FSI Q2 13 • Est completion Q4 14 • Est external presentation Q4 14 (EORTC)
DLBLC	**Phase I***	N = 80	• Dose-escalation and dose-expansion study Study conducted in US	• Safety and tolerability . • Recommended phase II dose and schedule	• FSI Q1 12 • Est completion Q1 15 • Est external presentation Q4 14 (ASH)

* Sponsored by ISIS

AZD3293 (BACE)

Alzheimer's Disease development programme

Patient Population	Phase Study	# of Patients	Design	Endpoints	Status
Healthy Volunteers	**Phase I** NCT01739647	N = 72	• **Active ARMS:** AZD3293 single doses, ascending doses ranging from 1mg to a maximum of 1000mg • **Comparator ARM:** placebo 1 site in US	• AEs, labs, vital signs, ECGs • PK • PD (Aβ 40 and 42 plasma)	• Poster presentation Clinical Trial in Alzheimer's Disease Conference Q4 13 • Est external presentations Q1 & Q3 14

Healthy volunteers and Alzheimer's Disease Patients	**Phase I**
	NCT01795339
		N = 56	• **Active ARMS:**
			  • **(Part 1)** AZD3293 multiple ascending doses, starting with 5 mg
			  • **(Part 2)** Multiple doses (12 days) of AZD3293 one to up to 3 dosage levels
			• **Comparator ARM:** Placebo
			
			1 site in US
				• AEs, labs, vital signs, ECGs
				• PK
				• PD (Aβ40 and 42 plasma and CSF)
					• Est. Completion date Q1 14
					• Partial data included in Clinical Trial in Alzheimer's Disease Conference Q4 13.
					• Est external presentations Q1 & Q3 14

Healthy Volunteers	**Phase I** NCT02005211	N = 40	• **Active ARMS:** Ascending AZD3293 single doses (15, 50, 150 mg planned) and multiple doses (15, 50 mg doses planned) • **Comparator ARM:** placebo 1 site in Japan	• AEs, labs, vital signs, ECGs • PK • PD (Aβ 40 and 42 plasma)	• FSI Q4 13 • Est. Completion date Q2 14
Healthy Volunteers	**Phase I** NCT02010970	N = 61	• **Active ARMS:** AZD3293 single and multiple doses open label, alone and in combination with CYP3A4 inhibitors (itraconazole, diltiazem, and midazolam) in fixed sequence design DDI study 1 site in US	• AEs, labs, vital signs, ECGs • PK	• FSI Q4 13 • Est. Completion date Q1 14

AZD3293 (BACE)

Alzheimer's Disease development programme

Patient Population	Phase Study	# of patients	Design	Endpoints	Status
Healthy Volunteers	**Phase I** NCT02039180	N = 16	• **ARMS 1 and 2:** Single AZD3293 doses in two separate tablet formulations • **Comparator ARM:** Single AZD3293 dose in oral solution 1 site in US	• AEs, labs, vital signs, ECGs • PK	• FSI Q1 14. • LSO Q1 14.
Healthy Volunteers	**Phase I** NCT02040987	N = 52	• **CROSSOVER:** AZD3293 (one single high dose and one single low dose), placebo, and moxifloxacin single doses 1 site in US	• QTcF and secondary ECG variables in relation to plasma exposure of AZD3293 • PK • AEs, labs, vital signs, ECG and telemetry results	• FSI Q1 14. • LSO Q2 14.

ATM-AVI (Aztreonam-Avibactam β- lactamase)

Serious infections development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Healthy volunteers	**Phase I** NCT01689207	 N = 12 N = 54 N = 35	• Randomised, double-blind, 3-part study in healthy young and elderly volunteers given Aztreonam and Avibactam alone and in combination • **Part A:** single 1 hour IV infusions • **Part B:** single IV infusion on Days 1 and 11 and multiple (every 6 hr) IV infusions on Days 2-10. Various dose regimens of Aztreonam-Avibactam are being tested. • **Part C**: multiple (every 6 hr) IV infusions Days 1-10 in healthy young and elderly volunteers Single center in UK	• Safety/tolerability • Pharmacokinetics (secondary)	• FSI Q4 12 • LSI Q4 14 • Est completion date Q1 15 • Est external presentation Q3 15 (ICAAC)

MedImmune

Early development programmes

Q1 2014

AstraZeneca

Sifalimumab/MEDI-545 (anti-interferon α mAb)

SLE development programme

Patient Population	Phase Study	# of patients	Design	Primary endpoint	Status
Moderate-severe SLE patients	**Phase II** NCT01283139	N= 431	• **Arm 1:** 200 mg IV MEDI-545 q2wks for 4 wks then monthly for 44 wks • **Arm 2:** 600 mg IV MEDI-545 q2wks for 4 wks then monthly for 44 wks • **Arm 3:** 1200 mg IV MEDI-545 q2 wks for 4 wks then monthly for 44 wks • **Arm 4:** placebo IV q2wks for 4 wks then monthly for 44 wks	• Proportion of subjects achieving a response in an SLE responder index at 12 months	• FSI Q2 11 • Est completion Q2 14
SLE, DM or PM patients	**Phase II** NCT00979654	N=260	• 600 mg IV Medi-545 Open label study	• Evaluate long-term safety and tolerability of multiple IV doses of MEDI-545	• FSI Q3 10 • Est completion Q1 15

MEDI-546 (anti-type I IFN receptor mAb)

SLE development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Moderate-severe SLE patients	**Phase II** NCT01438489	N = 300	• **ARM 1:** 300 mg IV MEDI-546 q4wks for 48 weeks • **ARM 2:** 1000 mg IV MEDI-546 q4wks for 48 weeks • **ARM 3:** placebo IV q4wks for 48 weeks	• Response in SLE responder index at 6 months	• FSI Q1 12 • Est completion Q2 15
Moderate-severe SLE patients	**Phase II** NCT01753193	N = 240	• **ARM 1:** MEDI-546, IV q4wks for 104 weeks	• Open-label extension to evaluate long-term safety and tolerability	• FSI Q1 13 • Est completion Q1 17
Japanese SLE patients	**Phase II** NCT01559090	N = 21	• **ARM 1:** Stage I: 100mg IV MEDI-546, single dose and multiple doses once every 4 wks for 48 wks. Stage II: 300mgIV, multiple doses once every 4 wks for 104 wks • **ARM 2::** Stage I: 300mg IV MEDI-546, single dose and multiple doses once every 4 wks for 48 wks. Stage II: 300mgIV, multiple doses once every 4 wks for 104 wks • **ARM 3:** Stage I: 1000mg IV MEDI-546, single dose and multiple doses once every 4 wks for 48 wks. Stage II: 1000mgIV, multiple doses once every 4 wks for 104 wks	• Safety profile of MEDI-546: adverse events, vital signs, clinical laboratory assessments and ECGs	• FSI Q1 12 • Est completion Q2 17

Mavrilimumab (CAM-3001) (anti-GMCSF mAb)

RA development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
RA patients*with an inadequate response to DMARDs	**Phase II EARTH Explorer 1** NCT01706926	N = 280	• **ARM 1:** Mavrilimumab 30 mg • **ARM 2:** Mavrilimumab 100 mg • **ARM 3:** Mavrilimumab 150 mg • **ARM 4:** Placebo	• DAS28 response at wk12 • ACR 20 at wk 24	• FSI Q3 12 • Est completion Q1 14
RA patients*who have failed 1 or 2 anti-TNF for efficacy, intolerance or safety, OR an inadequate response to DMARDs	**Phase II EARTH Explorer 2** NCT01706926	N = 120	• **ARM 1:** Mavrilimumab 100 mg q2w • **ARM 2:** golilumab	• ACR 20/50/70 at wk 24 • DAS28 remission • Function (HAQ-DI)	• FSI Q1 13 • Est completion Q2 15
Eligible RA patients from Explorer 1 & 2	**Phase II EARTH Explorer X** NCT01706926	N = 400	• **ARM 1:** Mavrilimumab 100 mg q2w Open label extension of Explorer 1 & 2	• Sustained disease improvement & safety	• FSI Q1 13 • OLE, ongoing until regulatory filing

Tralokinumab (anti-IL-13 mAb)

Asthma & IPF development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Adults with Uncontrolled Severe Asthma	**Phase IIb** NCT01402986	N = 452	Cohort 1: • **ARM 1:** Tralokinumab high dose • **ARM 2:** Placebo Cohort 2 : • **ARM 1:** Tralokinumab low dose • **ARM 2:** Placebo 2:1 randomisation in both cohorts Global study – 15 countries	• Asthma exacerbation rate at week 52	• FSI Q4 11 • Est completion Q4 13
Adults with Idiopathic Pulmonary Fibrosis	**Phase II** NCT01629667	N = 186	• **ARM 1:** Tralokinumab high dose • **ARM 2:** Tralokinumab low dose • **ARM 3:** Placebo High dose: low dose: placebo (1:1:1) Global study – 6 countries	• Change from baseline in percent-predicted forced vital capacity at week 72	• FSI Q4 12 • Est completion Q2 16
Japanese Adults with Idiopathic Pulmonary Fibrosis	**Phase II** NCT02036580	N = 20	Cohort 1: • **ARM 1:** Tralokinumab high dose • **ARM 2:** Placebo Cohort 2 : • **ARM 1:** Tralokinumab low dose • **ARM 2:** Placebo 8:2 randomisation in both cohorts Japan only study	• Safety and tolerability	• FSI Q1 14 • Est completion Q4 15

MEDI-551 (anti-CD19 mAb)

NMO/MS development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Multiple sclerosis	**Phase I** NCT01585766	N = 28	• Single ascending dose study	• Safety, PK	• Study is recruiting • Expected to complete recruitment Q1 14 • Est. Completion date Q3 14

MEDI-551 (anti-CD19 mAb)

Hematological tumors development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status*
Adults with relapsed or refractory B-cell chronic lymphocytic leukemia (CLL)	**Phase II** NCT01466153	N = 180	• **ARM 1:** MEDI-551 (dose-level 1) and Bendamustine • **ARM 2:** MEDI-551 (dose-level 2) and Bendamustine • **ARM 3:** Rituxan and Bendamustine Open label study	• Evaluation of the Overall Response Rate (ORR), including Complete Response (CR) or Partial Response (PR)	• FSI Q1 12 • Est completion Q3 15
Adults with relapsed or refractory B-cell diffuse large B-cell lymphoma (DLBCL)	**Phase II** NCT014533205	N = 170	• **ARM 1:** MEDI-551 and ICE/DHAP • **ARM 2:** ICE/DHAP Open label study	• Evaluation of the Overall Response Rate (ORR), including Complete Response (CR) or Partial Response (PR)	• FSI Q3 11 • Restart Q2 12 • Est completion Q4 19
Adults with relapsed or refractory B-cell malignancies	**Phase I/II** NCT00983619	N = 91	• Dose-escalation study Open label study	• To evaluate the MTD and efficacy	• FSI Q2 10 • Est completion Q1 18
Adults with relapsed or refractory B-cell malignancies	**Phase I** NCT01957579	N = 18	• Dose-escalation study Conducted in Japan	• To evaluate the MTD and efficacy	• FSI Q2 11 • Est completion Q2 15
Adults with Newly Diagnosed multiple myeloma	**Phase I** NCT01861340	N = 15	• Lenalidomide, Dexamethasone and MEDI-551	• To explore the effect of Lenalidomide, dexamethasone and MEDI-551 on multiple myeloma cancer stem cells	• FSI Q3 13 • Est completion Q2 16

MEDI-573 (anti-IGF Ligand)

Breast Cancer development programme

Patient Population	Phase Study	# of patients	Design	Primary endpoint	Status*
Patients with HR+ HER2-, 1st line, metastatic breast cancer taking aromatase inhibitors	**Phase I/II** NCT01446159	N = 187	• **ARM 1:** MEDI-573 and Aromatase Inhibitor • **ARM 2:** Aromatase Inhibitor alone Open label study	• Progression Free Survival among all patients. • retrospective evaluation of predictive biomarker +ve subgroups (e.g. those with high tumoral IRA/IRB ratio).	• FSI Q2 11 • Est completion Q3 14 • Est final study completion Q3 15

MEDI4736 (anti-PD-L1 mAb)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
NSCLC, SCCHN HCC, pancreas, triple-negative BC, gastroesophageal, uveal melanoma, cutaneous melanoma	**Phase I** NCT01693562	N = 220	• **Dose Escalation:** 5 cohorts at Q2W and 1 cohort at Q3W • **Dose Expansion:** 9 tumor type cohorts at the Q2W MTD defined during dose escalation Global study – 5 countries	• Safety • Optimal biologic dose • Secondary endpoints include PK, immunogenicity and antitumor activity	• FSI Q3 12 • LSI Q4 14 • Est completion Q4 15 • Est external presentations Q2 14 of both dose escalation and dose expansion (ASCO) • Further potential update Q3 14 (ESMO)
Solid tumors (all comers)	**Phase I** NCT01938612	N = 24	• **Dose Escalation:** 3 cohorts at Q2W and 1 cohort at Q3W This study is being conducted in Japan	• Safety • Optimal biologic dose	• FSI Q3 13 • LSI Q4 14 • Est completion Q3 16

MEDI4736 (anti-PD-L1) + tremelimumab (anti-CTLA-4)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
NSCLC (Immunotx naïve and Immunotx pretreated patient cohorts)	**Phase I** NCT02000947	N = 156	• **Dose Escalation:** minimum 5 cohorts exploring various treme Q4w and MEDI4736 Q2w dose combinations • **Dose Expansion:** MTD for the combination in each cohort (immunotherapy-naïve patients and immunotherapy-pretreated patients) North American study centers	• Safety • Optimal biologic dose for the combination • Secondary endpoints include Antitumor activity, PK and immunogenicity	• FSI Q4 13 • LSI Q3 15 • Est completion Q2 17 • Est external presentation of preliminary data Q2 14 (ASCO) • Further potential update Q3 14 (ESMO)
Solid tumours	**Phase I** NCT01975831	N = 102	• **Dose Escalation:** minimum 5 cohorts exploring various treme Q4w and MEDI4736 Q2w dose combinations • **Dose Expansion:** 6 tumor type cohorts at the MTD defined during dose escalation US study centers	• Safety • Optimal biologic dose for the combination • Secondary endpoints include PK, immunogenicity, tumor response by RECIST and irRC, Progression Free Survival and Overall Survival	• FSI Q4 13 • LSI Q3 15 • Est completion Q3 17 • Est external presentation of preliminary data Q3 14 (ESMO)

MEDI4736 (anti-PD-L1 mAb) + dabrafenib/trametinib

Melanoma development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Metastatic or unresectable melanoma **BRAF-mutation+ (Cohort A)** **BRAF Wild Type (Cohorts B&C)**	**Phase I/II** **NCT02027961**	N = 69	**Dose Escalation:** • **Cohort A** – dabrafenib 150mg BD/ trametinib 2mg QD/ MEDI4736 3mg/kg Q2W (Cohort A1) or 10mg/kg Q2W (Cohort A2) • **Cohort B** – trametinib 2mg QD/ MEDI4736 10mg/kg Q2W • **Cohort C** – trametinib 2mg QD for 6 wks / MEDI4736 10mg/kg Q2W starting at week 5 • **Dose Expansion:** Each cohort will be expanded at the maximum tolerated dose (MTD) to enroll a total of 20 subjects per cohort Global study – 4 countries	• Safety • Optimal biologic dose for the combination • Secondary endpoints include Objective Response and Disease Control, Duration of Response, Progression-free Survival and Overall Survival	• FSI Q1 14 • LSI Q1 15 • Est completion Q2 17

IMT-C portfolio

Oncology development programme

	Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Treme-limumab (anti-CTLA-4)	**Patients with unresectable pleural or peritoneal malignant mesothelioma**	**Phase II** NCT01843374	N = 180	• **ARM 1:** Tremelimumab • **ARM 2:** Placebo	• Overall survival (OS)	• FSI Q2 13 • LSI Q2 14 • Est. completion date Q2 15
MEDI 6469 (anti-OX40 mAb)	**Breast Cancer**	**Phase I/II** NCT01862900	N = 40	• Single Dose, Stereotactic Body Radiation Therapy to Metastatic Lesions in the Liver or Lung in Combination With MEDI6469	• MTD, safety, ORR	• FSI Q2 13 • Est. completion date Q2 18
	Prostate Cancer	**Phase I/II** NCT01303705	N = 37	• Single dose, MEDI6469, Cyclophosphamide (CTX) and Radiation	• MTD, safety, efficacy	• FSI Q4 10 • Est completion Q4 15
	Advanced Cancers	**Phase I** NCT01644968	N = 30	• Dose escalation study (3+3)	• MTD, safety	• FSI Q4 03 • Completed Q2 09
MEDI0680/ AMP-514 (anti-PD-1 mAb)	**Cancer All Comers**	**Phase Ia** NCT02013804	N = 24	• Dose Escalation Study (3+3)	• Safety and tolerability	• FSI Q4 13 • LSI Q2 14 • Est. completion date Q2 16

MEDI3617 (anti-Ang2 mAb)

Solid Tumors development programme

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
Solid tumors and ovarian cancer	**Phase I** NCT01248949	N = 24-42	• MEDI3617 Dose escalation study	Safety and tolerability	**Complete**
		N = 12-24	• MEDI3617 + bevacizumab dose escalation, administered Q3w		
		N = 6-12	• MEDI3617 + paclitaxel dose escalation		
		N = 6-12	• MEDI3617 + carboplatin + paclitaxel dose escalation		
		N = 12-24	• MEDI3617 + bevacizumab dose escalation, administered Q2w	Safety and tolerability	**Recruitment Complete**
		N = 25	• MEDI3617 single-agent expansion in ovarian cancer patients	Safety and tolerability > 20% efficacy signal	FSI Q4 12 LSI Q3 14

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