Clinical Trials Appendix

Q1 2015 Results Update

The following information about AstraZeneca clinical studies in Phases I-IV has been created with selected information from clinicaltrials.gov to facilitate understanding of key aspects of our clinical programmes and is correct to the best of our knowledge as of 31 March 2015, unless otherwise specified.

It includes estimated timelines with regards to study completion and first external presentations of primary data. These estimates are subject to change as programmes recruit faster or slower than anticipated.

Project postings on clinicaltrials.gov are updated on a continuous basis as projects progress. For the most up to date information on our clinical programmes please visit clinicaltrials.gov.

Movement since YE 2014 update

New to Phase I	New to Phase II	New to Pivotal Study	New to Registration
NMEs **AZD7986** DPP1 COPD **MEDI0382** GLP-1/glucagon diabetes/obesity **MEDI0562#** hOX40 agonist solid tumours **MEDI6469#+rituximab** CD19+CD20 solid tumours **MEDI7836** IL-13 asthma **MEDI8852** influenza A treatment	**NMEs** **ATM AVI#** targeted serious bacterial infection **MEDI-551#** CD19 neuromyelitis optica **MEDI8897#** passive RSV prophylaxis **Additional indications** **tralokinumab** IL-13 atopic dermatitis ***Epanova+Farxiga/Forxiga*** non-alcoholic steatohepatitis (NASH)	**Additional indications** **AZD9291** EGFR TK 1L advanced NSCLC **MEDI 4736#** PD-L1 2L SCCHN (HAWK) **Line extensions** ***Lynparza*** gBRCA PSR ovarian (SOLO-3) ***Lynparza*** pancreatic cancer	**Line extensions** **saxa-dapa FDC** Type 2 diabetes ***Brilinta/Brilique†*** outcomes after prior MI (PEGASUS)

Removed from Phase I	Removed from Phase II	Removed from Phase III	Removed from Registration
NMEs **MEDI-559** vaccine passive RSV prophylaxis	**NMEs** **AZD0914** GyrAR serious bacterial infection **AZD2115#** COPD **Additional indications** **brodalumab#** Asthma		

Partnered; Ψ Added to pipeline in Q1 (COMMID approved); † Submission made Q1 2015 & acceptance anticipated Q2 2105

Q1 2015 NME† Pipeline – External View

Phase 1
30 New Molecular Entities

Small molecule	Large molecule
AZD1419# TLR9 asthma	MEDI4920 CD40L-Tn3 Primary Sjögrens
AZD7594 Inhaled SGRM asthma, COPD	MEDI5872# B7RP1 SLE
AZD7986 DPP1 COPD	MEDI7863 IL-13 asthma
AZD8999 MABA asthma, COPD	MEDI0382 GLP-1/glucagon diabetes, obesity
AZD3759 EGFR NSCLC	MEDI6012 LCAT ACS
AZD5312# androgen receptor prostate	MEDI8111 Rh-Factor II trauma, bleeding
AZD6738 ATR CLL, H&N	MEDI0562# hOX40 solid tumours
AZD8186 PI3Kβ solid tumours	MEDI0639# DLL-4 solid tumours
AZD8835 PI3Kα solid tumours	MEDI0680 PD-1 solid tumours
AZD9150# STAT3 haems & solids	MEDI3617# ANG-2 solid tumours
AZD9496 SERD ER+ breast	MEDI-565# CEA BITE GI tumours
AZD8108 NMDA suicidal ideation	MEDI6383# Ox40 FP solid tumours
	MEDI6469# mOx40 solid tumours
	MEDI3902 Psl/PcrV pseudomonas
	MEDI-550 pandemic influenza virus vaccine
	MEDI7510 sF+GLA-SE RSV prevention
	MEDI8852 influenza A treatment
	MEDI1814 amyloidβ Alzheimer's

Phase 2
29 New Molecular Entities

Small molecule	Large molecule
abediterol (AZD0548) LABA asthma, COPD	anifrolumab# IFNαR SLE
AZD7624 Inhaled p38 inhibitor COPD	AZD9412# Inhaled βIFN asthma, COPD
PT010 LABA/LAMA/ICS COPD	mavrilimumab# GM-CSFR rheumatoid arthritis
RDEA3170 SURI hyperuricemia, gout	MEDI2070# IL-23 Crohns
AZD4901 PCOS	MEDI-551# CD19 neuromyelitis optica∂
tenapanor# NHE3 ESRD-PI/CKD	MEDI7183# α4β7 Crohns, ulcerative colitis
AZD1775# Wee-1 ovarian	MEDI9929# TSLP asthma
AZD2014 mTOR 1/2 solid tumours	sifalimumab# INFα SLE
AZD4547 FGFR solid tumours	MEDI-551# CD19 CLL, DLBCL
AZD5363# AKT breast cancer	MEDI-573# IGF metastatic breast cancer
AZD6094# MET pRCC	MEDI4893 staph alpha toxin SSI
ATM AVI# BL/BLI SBI	MEDI8897# RSV passive prophylaxis
AZD5847 oxazolidinone TB	
CXL# BLI/cephalosporin MRSA	
AZD3241 MPO Multiple System Atrophy	
AZD3293# β-secretase Alzheimer's	
AZD5213 H3R Tourettes, neuropathic pain	

Phase 3
12 New Molecular Entities

Small molecule	Large molecule
PT003 LABA/LAMA COPD	benralizumab# IL-5R severe asthma
roxadustat# HIFPH anaemia CKD/ESRD	brodalumab# IL-17R psoriasis
AZD9291 EGFRm T790M NSCLC >2L	tralokinumab IL-13 severe asthma
cediranib VEGF PSR ovarian	MEDI4736# ATLANTIC¶ PD-L1 NSCLC 3L
selumetinib# SUMIT MEK uveal melanoma	moxetumomab# CD22 HCL
CAZ AVI# RECLAIM BLI/cephalosporin SBI	tremelimumab¶ CTLA-4 mesothelioma

Applications Under Review
1 New Molecular Entities

Small molecule	Large molecule
lesinurad SURI gout	

RIA CVMD Oncology Infection Neuroscience

Terminations in Q1 2015
AZD2115 (COPD) in P2, brodalumab (asthma) in P2, MEDI-559 (RSV prophylaxis) in P1
Divestitures in Q1 2015
AZD0914 (infection) in P2

† Includes significant fixed dose combination projects, and parallel indications that are in a separate therapeutic area *(See LCM chart for other parallel indications and oncology combination projects)*
# Partnered
¶ Registrational P2/3 study
∂ Neuromyelitis optica now lead indication (Multiple sclerosis P1 study continuing)

Q1 2015 LCM† Pipeline – External View

Phase 1
1 Project

Small molecule	Large molecule
	MEDI4736# PD-L1 solid tumours

Phase 2
7 Projects

Small molecule	Large molecule
Epanova+Farxiga/Forxiga NASH	tralokinumab IL-13 IPF
Lynparza prostate cancer	tralokinumab IL-13 atopic dermatitis
selumetinib# MEK 2L KRAS- NSCLC	MEDI4736# PD-L1 solid tumours
	moxetumomab# CD22 pALL

Phase 3
30 Projects

Small molecule		Large molecule
Symbicort BAI asthma/COPD	Faslodex FALCON 1L advanced breast cancer	benralizumab# IL-5R COPD
Symbicort SYGMA as needed in mild asthma	Lynparza GOLD 2L gastric cancer	brodalumab# IL-17R psoriatic arthritis
Brilinta/Brilique EUCLID PAD outcomes	Lynparza OlympiAD gBRCA metastatic breast	MEDI4736# PACIFIC PD-L1 NSCLC Stage3
Brilinta/Brilique HESTIA paeds w/ sickle cell	Lynparza POLO pancreatic cancer	MEDI4736# HAWK¶ PD-L1 2L SCCHN
Brilinta/Brilique SOCRATES stroke outcomes	Lynparza SOLO-1 1L BRCAm ovarian	
Brilinta/Brilique THEMIS diabetes & CAD outcomes	Lynparza SOLO-2 >2L BRCAm PSR ovarian	
Bydureon weekly suspension	Lynparza SOLO-3 BRCAm PSR ovarian	
Bydureon EXSCEL outcomes	Lynparza OlympiA gBRCA adjuvant TNBC	
Epanova STRENGTH outcomes	selumetinib# ASTRA MEK 2L differentiated thyroid	
Farxiga/Forxiga Type 1 diabetes	selumetinib# SELECT-1 MEK 2L KRAS+ NSCLC	
Farxiga/Forxiga DECLARE outcomes	CAZ AVI# REPROVE HAP/VAP	
AZD9291 EGFR 1L adv. EGFRm NSCLC	linaclotide# (CN only) IBS-c	
Caprelsa differentiated thyroid cancer	Nexium (CN only) stress ulcer prophylaxis	

Phase 1
11 Projects

Oncology Combinations
AZD9291+MEDI4736#/selumetinib#/AZD6094# TATTON
MEDI4736# sequencing PD-L1 after EGFR/MEK/CTLA-4 NSCLC
MEDI4736#+dabrafenib+trametinib¥ PD-L1+BRAF+MEK melanoma
MEDI4736#+Iressa PD-L1+EGFR NSCLC
MEDI4736#+MEDI0680 PD-L1+PD-1 solid tumours
MEDI4736#+MEDI6469# PD-L1+mOx40 solid tumours
MEDI4736#+tremelimumab PD-L1+CTLA-4 solid tumours
MEDI-551#+MEDI0680 CD19+PD-1 haems
MEDI-551#+rituximab PD-L1+CD20 haems
MEDI6469#+rituximab mOX40+CD20 solid tumours
MEDI6469#+tremelimumab mOX40+CTLA-4 solid tumours

Applications Under Review
3 Projects

Small molecule	Large molecule
Brilinta/Brilique PEGASUS prior MI outcomes	
saxa+dapa FDC diabetes	
Nexium (JP only) refractory reflux oesophagitis	

RIA | CVMD | Oncology | Infection | Neuroscience | Gastrointestinal

† Includes significant LCM projects and parallel indications for assets in P3 or beyond. Excludes LCM projects already launched in a major market
# Partnered; ¶ Registrational P2/3 study; ¥ MedImmune-sponsored study in collaboration with Novartis
Brilinta PEGASUS US and EU submission made Q1 2015, acceptance anticipated Q2 2015

2015-2016:
14-16 NME & LE submissions

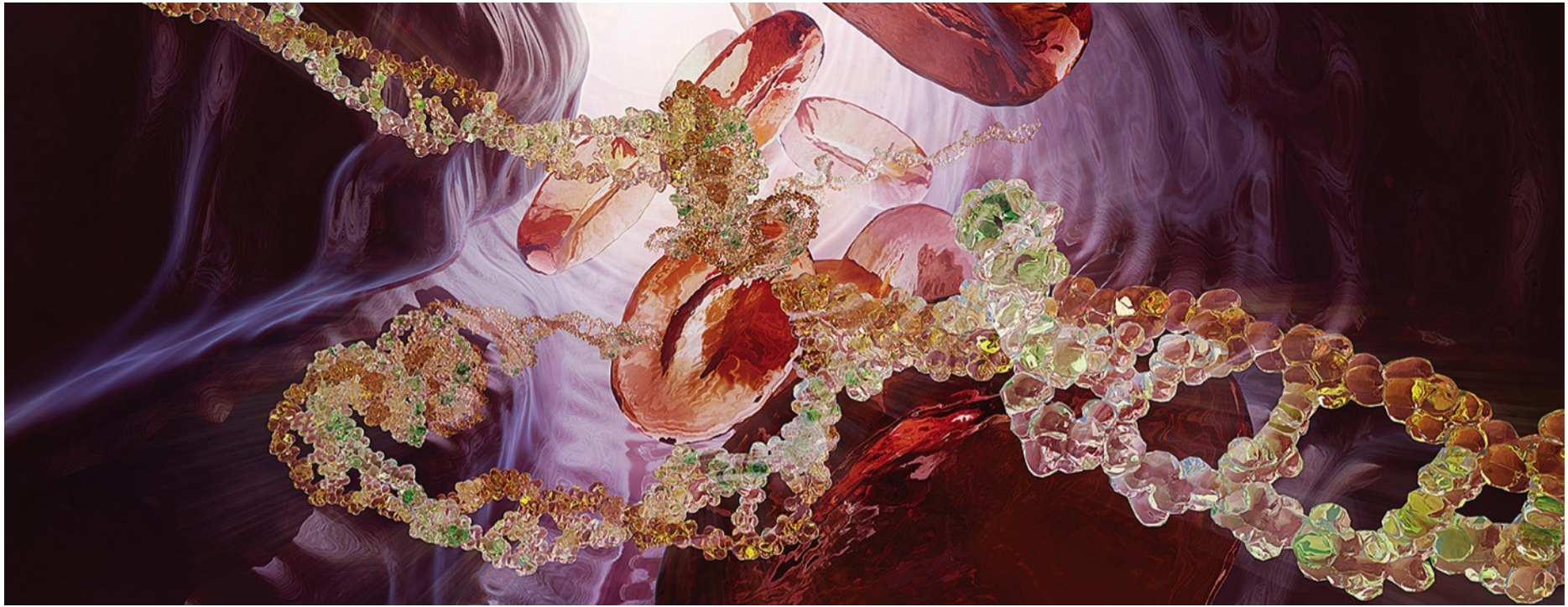
LE submission opportunities				**MEDI4736 + tremelimumab** 2L SCCHN
			Faslodex 1L metastatic breast cancer	**MEDI4736** 2L SCCHN
			Brilinta stroke	***Lynparza*** BRCAm metastatic breast cancer
		saxa/dapa FDC type 2 diabetes ✓	**brodalumab*** psoriatic arthritis	***Lynparza*** BRCAm PSR ovarian cancer (SOLO-2)
	Brilinta prior MI ✓	***Bydureon*** autoinjector	**lesinurad FDC** gout	***Caprelsa*** differentiated thyroid cancer
NME submission opportunities	**CAZ AVI (CEPH/BLI)** serious infections	**cediranib (VEGFR)** ovarian cancer (EU)		**AZD6094 MET (cMET)** papillary renal cell carcinoma
	brodalumab* (IL-17R) psoriasis	**selumetinib (MEK)** uveal melanoma	**roxadustat (HIF)** CKD / ESRD (China)	**tremelimumab (CTLA-4)** mesothelioma
	PT003 (LAMA/LABA) COPD	**AZD9291 (EGFR T790)** 2L NSCLC	**benralizumab (IL-5R)** severe asthma	**MEDI4736 (PD-L1)** 3L NSCLC
	2015		**2016**	

*Partner Amgen to manage regulatory submission

AstraZeneca

AstraZeneca
What science can do

Clinical trials – Approved medicines
Q1 2015 Results Update



Symbicort (ICS/LABA)

Mild asthma development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Patients in need of GINA step 2 treatment	**Phase III** **SYGMA1** **NCT02149199**	N = 3750	• **ARM 1**: Symbicort Turbuhaler 160/4.5 µg 'as needed' + Placebo Pulmicort Turbuhaler 200 µg bid • **ARM 2:** Pulmicort 200 µg Turbuhaler bid + terbutaline 0.4 mg Turbuhaler 'as needed' • **ARM 3:** terbutaline Turbuhaler 0.4 mg 'as needed' + placebo Pulmicort 200 µg Turbuhaler bid Global study – 19 countries	• Well controlled asthma weeks • Time to first severe asthma exacerbation • Time to first moderate or severe asthma exacerbation • Average change from baseline in pre-dose FEV1	• FPD: Q4 14 • LSI: Q4 15 • Est. completion date: Q1 17 • Est. external presentation: Beyond planning horizon
Patients in need of GINA step 2 treatment	**Phase III** **SYGMA2** **NCT02224157**	N = 4114*	• **ARM 1**: Symbicort Turbuhaler 160/4.5 µg 'as needed' + Placebo Pulmicort Turbuhaler 200 µg bid • **ARM 2:** Pulmicort 200 µg Turbuhaler bid + terbutaline 0.4 mg Turbuhaler 'as needed' Global study – 25 countries	• Annual severe asthma exacerbation rate • Time to first severe asthma exacerbation • Average change from baseline in pre-dose FEV1 • Time to study specific asthma related discontinuation	• FPD: Q1 15 • LSI: Q4 15 • Est. completion date: Q1 17 • Est. external presentation: Beyond planning horizon

*** There will be a blinded review for event rate which means that the final number of patients is uncertain until this review has taken place.**

Eklira (LAMA)

COPD development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Patients with COPD	**Phase IV** **NCT02375724** **Partnered: Menarini**	N = 224	• ARM 1: aclidinium bromide 400 µg • ARM 2: Placebo to aclidinium bromide 400 µg Global Study – 5 countries	• Change from baseline in Overall E-RS Total score (i.e. score over the whole 8 weeks study period) • Change from baseline in Overall E-RS Cough and Sputum domain score. • Change from baseline in the LCQ Total score at Week 8. Average change from baseline in pre-dose FEV1	• FPD: Q1 15 • LSI: Q3 15 • Est. completion date: Q2 16
Patients With moderate to very severe COPD	**Phase IV ASCENT** **NCT01966107** **Partnered: Forest/Actavis**	N = 4000	• ARM 1: aclidinium bromide 400 µg • ARM 2: Placebo to aclidinium bromide 400 µg Global Study – 2 countries	• Time to first Major Adverse Cardiovascular Event (MACE). Up to 36 Months • Rate of moderate or severe COPD exacerbations per patient per year during the first year of treatment. • Rate of hospitalizations due to COPD exacerbation per patient per year during the first year of treatment • Time to first Major Adverse Cardiovascular Event (MACE) or other serious cardiovascular events of interest. Up to 36 Months	• FPD: Q4 13 • LSI: Q1 15 • Est. completion date: Q1 18
Patients with stable moderate-and-severe COPD	**Phase IV** **NCT02153489** **Partnered: Almirall**	N = 30	• ARM 1: aclidinium bromide 400 µg • ARM 2: Placebo to Aclidinium bromide 400 µg Local Study – 1 country	• Change from baseline in normalized forced expiratory volume in one second (FEV1). Week 3. FEV1 over the 24-hour period (AUC0-24) will be measured following morning administration • Adverse events. Week 5. A follow up telephone call will be made 14 days after the last study drug administration (for completed patients) or premature discontinuation visit (when applicable) to record adverse events.	• FPD: Q2 14 • LSI: Q2 15 • Est. completion date: Q3 15

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

Hypertriglyceridaemia development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Severe hyper-triglyceridaemia	**Phase III** **EVOLVE II** **NCT02009865**	N = 162	• **ARM 1:** Epanova 2g QD • **ARM 2:** Placebo (olive oil) Global study – 7 countries	• Change in serum triglycerides over 12 weeks	• FPD: Q4 13 • LSI: Q4 14 • Est. topline results: Q2 15
Patients with hypertri-glyceridaemia and high CVD risk	**Phase III** **STRENGTH (CVOT)** **NCT02104817**	N = 13,000	• **ARM 1:** Epanova 4g QD + statin • **ARM 2:** Placebo (corn oil) + statin Global study – 22 countries	• Composite of MACE	• FPD: Q4 14 • Est. topline results: H2 19
Healthy male Japanese and Caucasian subjects	**Phase I** **SAD/MAD** **NCT02209766**	N = 18	• **ARM 1: (Japanese):** Epanova 2g vs. Placebo QD • **ARM 2: (Japanese):** Epanova 4g vs Placebo QD • **ARM 3: (Caucasian):** Epanova 4g vs Placebo Local study – 1 country	• PK of single and multiple doses in healthy male Japanese subjects • Safety/tolerability profile	• FPD: Q3 14 • LSI: Q4 14 • Est. topline results: Q2 15
Patients with a history of pancreatitis	**Phase I** **NCT02189252**	N = 16	• **ARM 1:** Epanova 4g →Lovaza 4g QD • **ARM 2:** Lovaza 4g →Epanova 4 g QD • **ARM 3:** Epanova 2g →Lovaza 4g QD • **ARM 4:** Lovaza 4g →Epanova 2g QD Global study – 2 countries	• Plasma concentration vs. time curve ($AUC_{0-\tau}$) [Time Frame: 0 to 24 hours (AUC_{0-24})]	• FPD: Q3 14 • LSI: Q2 15 • Est. topline results: Q3 15

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

Hypertriglyceridaemia development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Type 2 DiM **Liver fat ≥5.5%**	**Phase II** **EFFECT II** **NCT02279407**	N = 100	• **ARM 1:** Epanova 4g QD • **ARM 2:** Placebo (olive oil) • **ARM 3:** Epanova 4gm + dapaglifozin 10 mg QD • **ARM 4:** dapaglifozin 10 mg Local study – 1 country	• Reduction in liver fat content (%) at the end of 12 weeks	• FPD: Q1 15 • LSI: Q2 15 • Est. topline results: Q3 15
Pancreatic Exocrine Insufficiency (PEI) in patients with type 2 diabetes	**Phase I** **PRECISE** **NCT02370537**	N = 66	• **Treatment 1**: Epanova© 4g single dose • **Treatment 2** : Omacor© 4 g single dose Global study – 6 countries in Europe	• Presence of Pancreatic Exocrine Insufficiency (PEI), Pharmacokinetics of Epanova and Omacor following a single oral dose in patients with different degrees of PEI	• FPD: Q1 15 • LSI: Q3 15 • Est. topline results: Q4 15
Healthy volunteers	**Phase I** **Microsphere bioavailability** **NCT02359045**	N = 40 Part A N = ~42 Part B	• **Treatment A**: D1400147 4g • **Treatment B**: D14000136 4g • **Treatment C**: D14000137 4g • **Treatment D**: Epanova 4g Local study – 1 country	• Rate and extent of absorption of omega-3-carboxylic acids following single-dose oral administration of test formulations A, B and C and reference formulation (Epanova®) under fed and fasted condition, by assessment of AUC, AUC(0-72) and Cmax	• FPD: Q1 15 • LSI: Q2 15 • Est. topline results: Q3 15
Healthy male volunteers	**Phase I** **Japanese food interaction** **NCT02372344**	N = 42	• Epanova 4 g X 3 separate occasions (fasting, before meal, and after meal) Local study – 1 country	• Effect of food timing (fasting, before meal, and after meal) on pharmacokinetics (AUC, Cmax, AUC0-72)	• FPD: Q1 15 • LSI: Q2 15 • Est. topline results: Q4 15

Onglyza (DPP-IV inhibitor)

Type 2 Diabetes development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Type 2 diabetes mellitus	**Phase III** **NCT02104804**	N = 444	• **ARM 1:** *Onglyza* 5 mg QD +insulin or *Onglyza* 5 mg QD+ insulin + Met • **ARM 2:** Placebo QD +insulin or Placebo QD + insulin + Met Study in China	Primary: • Change from baseline in HbA1C at 24 weeks Secondary: • Change from baseline at 24 weeks in 120-minute postprandial plasma glucose (PPG) in response to a meal tolerance	• FPD: Q3 14 • LSI: Q4 15 • Est. topline results: Q3 16 • Est. external presentation: Beyond planning horizon
Type 2 diabetes mellitus	**Phase III** **NCT02273050**	N = 639	• **ARM 1:** *Onglyza* 5 mg + Met (500 mg with titration) • **ARM 2:** *Onglyza* 5 mg + Placebo • **ARM 3:** Met (500 mg with titration) + Placebo Study in China	Primary: • The change in HbA1c from baseline to week 24 (prior to rescue) Secondary • The proportion of subjects achieving a therapeutic glycaemic response at week 24 (prior to rescue) defined as HbA1c <7.0%	• FPD: Q1 15 • LSI: Q2 16 • Est. topline results: Q1 17 • Est. external presentation: Beyond planning horizon

Farxiga/Forxiga (SGLT-2 inhibitor)

Diabetes development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Type 2 diabetes mellitus with high risk for CV event	**Phase III/IV** **DECLARE** **NCT01730534**	N = 17150	• **ARM 1:** *Forxiga* 10 mg QD + standard of care therapy QD • **ARM 2:** Placebo + standard of care therapy for Type 2 Diabetes Global study – 33 countries	• Time to first event included in the composite endpoint of CV death, MI or ischemic stroke	• FPD: Q2 13 • LSI: Q2 16 • Est. completion date: Q2 19 • Est. external presentation: 2020
Type 1 diabetes mellitus	**Phase III** **NCT02268214** Partnered: BMS	N = 768	**Arm 1:** *Forxiga* 5 mg QD 52 weeks + insulin **Arm 2:** *Forxiga* 10 mg QD 52 weeks + insulin **Arm 3:** Placebo QD 52 weeks + insulin Global study – 17 countries	<u>Primary endpoint</u> • Adjusted Mean Change From Baseline in Haemoglobin A1C (HbA1c) at Week 24 <u>Secondary endpoints</u> • Percent change in total daily insulin dose • Percent change in body weight • Change in the mean value of 24-hour glucose readings obtained from continuous Glucose Monitoring (CGM) <u>Safety:</u> • Proportion of subjects with hypoglycemia events and the frequency and severity of the hypoglycemia events	• FPD: Q4 14 • LSI: Q1 16 • Est. topline results: Q4 17 • Est. external presentation: Beyond planning horizon

Farxiga/Forxiga (SGLT-2 inhibitor)

Diabetes development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Asian subjects with type 2 diabetes who have inadequate glycemic control on insulin	**Phase III** **NCT02096705** Partnered: BMS	N = 260	**ARM 1:** *Forxiga* 10 mg QD for 24 weeks + background Insulin **ARM 2:** Placebo QD for 24 weeks + background Insulin Asian study	• Change from baseline in HbA1c at week 24	• FPD: Q1 14 • LSI: Q2 15 • Est. topline results: Q2 16
Japanese patients with type 2 diabetes with inadequate glycemic control on insulin	**Phase IV** **NCT02157298**	N = 224	**ARM 1:** *Forxiga* 5mg **ARM 2**: Placebo Japan study	• Change from baseline in HbA1c at week 16	• FPD: Q2 14 • LSI: Q4 14 • Est. topline results: Q2 16

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

FDC Type 2 Diabetes development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status*
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 – 9 countries	Primary: • Mean change from baseline in HbA1C at week 24 Secondary: • Mean change from baseline in 2h MTT at week 24	• FPD: Q4 12 • Est. topline results: Q4 14 • External presentation: Q2 15 (ADA congress)
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 – 8 countries	Primary: • Mean change from baseline in HbA1C at week 24 Secondary: • Mean change from baseline in FPG at week 24	• FPD: Q4 12 • Est. topline results: Q3 14 • External presentation: Q2 15 (ADA congress)
Type 2 diabetes mellitus	**Phase III** **NCT02284893**	N = 420	• **ARM 1:** Saxa 5 mg + Dapa 10 mg + Met IR/XR • **ARM 2:** Sitagliptin 100 mg + Met IR/XR Global study – 6 countries	Primary: • Mean change from baseline in HbA1C at week 24 Secondary: • The proportion of subjects achieving a therapeutic glycemic respons at week 24 defined as HbA1C<7%	• FPD: Q1 15 • Est. topline results: Q3 16 • Est. external presentation: 2016

*studies performed by BMS

Bydureon (GLP-1 receptor antagonist)

Type 2 Diabetes development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Type 2 diabetes	**Phase III** **DURATION-NEO 1** **NCT01652716** Partnered	N = 375	• **ARM 1:** *Bydureon* BiD SC (autoinjector) • **ARM 2:** *Bydureon* weekly suspension SC (autoinjector) On a background of diet & exercise alone or with stable regimen of oral antidiabetes US only	• Change in HbA1c from baseline at 28 weeks	• FPD: Q1 13 • Completion date: Q3 14 • External presentation: Q2 14
Type 2 diabetes	**Phase III** **DURATION-NEO 2** **NCT01652729** Partnered	N = 360	• **ARM 1:** Sitagliptin • **ARM 2:** *Bydureon* weekly suspension SC (autoinjector) • **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	• FPD: Q1 13 • Completion date: Q3 14 • Est. external presentation: Q2 16

Bydureon (GLP-1 receptor antagonist)

Type 2 Diabetes development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Type 2 diabetes	**Phase IV** **EXSCEL** **NCT01144338** Partnered	N = 14000	• **ARM 1:** *Bydureon* once weekly 2mg SC • **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)	• FPD: Q2 10 • LSI: Q2 15 • Est. completion: 2018 • Est. external presentation: Beyond planning horizon
Type 2 diabetes	**Phase III** **DURATION 7** **NCT02229383**	N = 440	• **ARM 1:** *Bydureon* once weekly 2 mg SC + Titrated Basal Insulin • **ARM 2:** Placebo + Titrated Basal Insulin Double-blind 1:1 randomization Background therapy with or without Metformin Global Study	• Change in HbA1c from baseline at 28 weeks	• FPD: Q3 14 • LSI: Q4 15 • Est. completion: 2016 • Est. external presentation: Beyond planning horizon
Type 2 diabetes	**Phase III** **DURATION 8** **NCT02229396**	N = 660	• **ARM 1:** *Bydureon* once weekly 2 mg SC • **ARM 2:** Dapagliflozin 10 mg • **ARM 3:** *Bydureon* once weekly 2 mg SC + Dapagliflozin 10 mg Double-blind 1:1:1 randomization Background therapy with Metformin 1500 mg/day up to 2 months prior to screening Global Study	• Change in HbA1c from baseline at 28 weeks	• FPD: Q3 14 • LSI: Q4 15 • Est. completion: 2016 for 28-week data and 2017 for 52-week data • Est. external presentation: Beyond planning horizon

Brilinta/Brilique (ADP receptor antagonist)

PARTHENON development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Patients with prior MI	**Phase III** **PEGASUS** **NCT01225562**	N = 21,000	• **ARM 1**: Ticagrelor 90 mg BiD • **ARM 2:** Ticagrelor 60 mg BiD • **ARM 3:** Placebo BiD *on a background of ASA* Global study – 31 countries	• Composite of CV death, non-fatal MI and non-fatal stroke	• FPD: Q4 10 • LSI: Q2 13 • Completion date: Q1 15 • Est. external presentation: Q1 15 (ACC)
Patients with PAD	**Phase III** **EUCLID** **NCT01732822**	N = 13,500	• **ARM 1:** Ticagrelor 90 mg BiD • **ARM 2:** Clopidogrel 75 mg QD *monotherapy trial* Global study – 28 countries	• Composite of CV death, non-fatal MI and ischemic stroke	• FPD: Q3 12 • LSI: Q1 14 • Est. topline results: Q4 16 • Est. external presentation: 2017
Patients with stroke or TIA	**Phase III** **SOCRATES** **NCT01994720**	N = 13,600	• **ARM 1:** Ticagrelor 90 mg BiD • **ARM 2:** ASA 100mg/day *monotherapy trial* Global study – 33 countries	• Composite of non-fatal stroke, non-fatal MI and all cause death	• FPD: Q1 14 • Est. topline results: Q2 16 • Est. external presentation: 2016
Patients with type 2 diabetes and coronary artery disease without a previous history of MI or stroke	**Phase III** **THEMIS** **NCT01991795**	N = 17,000	• **ARM 1**: Ticagrelor 90 mg BiD • **ARM 2:** Placebo BiD *on a background of ASA if not contra indicated or not tolerated* Global study – approx. 40 countries	• Composite of CV death, non-fatal MI and non-fatal stroke	• FPD: Q1 14 • Est. topline results: Q1 17 • Est. external presentation: Beyond planning horizon

Faslodex (oestrogen receptor antagonist)

Breast cancer development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Postmenopausal women with HR+ locally advanced or metastatic breast cancer, who have not previously been treated with any hormonal therapy (1st-line)	**Phase III** **FALCON** **NCT01602380**	N ~450	• **ARM 1:** Faslodex 500 mg monthly IM + an additional dose on d14 (+ oral placebo) • **ARM 2:** Arimidex 1 mg (+ placebo injection) Global study – 21 countries	• Progression Free Survival (PFS) • Overall Survival is a secondary endpoint	• FPD: Q4 12 • LSI: Q3 14 • Est. topline results: Q2 16 • Est. external presentation: 2016

Caprelsa

Thyroid cancer development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Differentiated thyroid cancer refractory or unsuitable for radioiodine therapy	**Phase III** **NCT01876784**	N = 227	• **ARM 1:** Vandetanib 300 mg oral dose QD • **ARM 2:** Placebo Global study – 12 countries	• Progression Free Survival	• FPD: Q3 13 • LSI: Q4 14 • Est. completion date: Q2 17 • Est. external presentation: Q4 17
Unresectable locally advanced or metastatic medullary thyroid carcinoma	**Phase I/II** **NCT01661179**	N = 10	• **ARM 1:** Vandetanib 300mg oral dose QD Japanese patients	• Frequency and severity of adverse events • Secondary end point objective response rate	• FPD: Q4 12 • LSI: Q2 13 • Est. completion date: Q3 14

Lynparza (PARP inhibitor)

Solid tumours development programmes

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
PSR BRCAm ovarian cancer	**Phase III** **SOLO-2** **NCT01874353**	N = 264	• **ARM 1:** *Lynparza* tablets 300 mg BiD as maintenance therapy until progression • **ARM 2:** placebo tablets BiD Global study	• Progression Free Survival • Overall Survival secondary endpoint.	• FPD: Q3 13 • LSI: Q4 14 • Est. topline results: Q3 15 • Primary external presentation: 2016
1L maintenance BRCAm ovarian cancer	**Phase III** **SOLO-1** **NCT01844986**	N = 344	• **ARM 1:** *Lynparza* tablets 300 mg BiD maintenance therapy for 2 years or until disease progression • **ARM 2:** placebo Global study	• Progression Free Survival • Overall Survival secondary endpoint.	• FPD: Q3 13 • LSI: Q1 15 • Est. topline results: Q3 16 • Primary external presentation: 2017
PSR gBRCAm ovarian cancer **3+ Line**	**Phase III** **SOLO-3** **NCT02282020**	N = 411	• **ARM 1:** *Lynparza* 300 mg BiD to progression • **ARM 2:** Physician's choice (single agent chemotherapy) Global study	• Progression Free Survival • Overall Survival secondary endpoint	• FPD: Q1 15 • LSI: Q2 2017 • Est. topline results: Q4 2017
2L gastric cancer (all patients with a co-primary sub population)	**Phase III** **GOLD** **NCT01924533**	N = 500	• **ARM 1:** paclitaxel + *Lynparza* until progression • **ARM 2:** paclitaxel + placebo *Lynparza* dose 100mg BiD throughout paclitaxel dose cycle & 300 mg BiD post cycle Asian study	• Overall Survival	• FPD: Q3 13 • LSI: Q3 15 • Est. topline results: Q3 16 • Est. primary external presentation: 2017

Lynparza (PARP inhibitor)

Solid tumours development programmes

Patient Population	Phase Study	# of patients	Design	Primary Endpoint	Status
BRCAm metastatic breast cancer	**Phase III** **OlympiAD** **NCT02000622**	N = 310	• **ARM 1:** *Lynparza* 300 mg BiD, continuous to progression • **ARM 2:** Physician's choice: Capecitabine 2500 mg/m2 x 14 q 21 Vinorelbine 30 mg/m2 d 1, 8 q 21 Eribulin 1.4 mg/m2 d 1, 8 q 21 to progression Global study	• Progression Free Survival • Secondary endpoint: Overall Survival	• FPD: Q2 14 • LSI: Q4 15 • Est. topline results: Q2 16 • Primary external presentation: 2017
BRCAm adjuvant breast cancer	**Phase III** **OlympiA** **NCT02032823**	N = 1320	• **ARM 1:** *Lynparza* 300 mg BiD 12 month duration • **ARM 2:** Placebo 12 month duration Global study partnership with BIG and NCI/NRG	• Invasive Disease Free Survival (IDFS) • Secondary endpoint: Distance Disease Free Survival and Overall Survival	• FPD: Q2 14 • LSI: Q1 18 • Est. topline results: Q1 20
Pancreas gBRCA	**Phase III** **POLO** **NCT02184195**	N = 145	• **ARM 1:** *Lynparza* tablets 300 mg twice daily as maintenance therapy until progression. • **ARM 2:** placebo tablets BiD Global study	• Primary endpoint: Progression Free Survival • Secondary endpoint: Overall Survival	• FPD: Q1 15 • LSI: Q4 15 • Est. topline results: Q2 16 • Est. primary external presentation: 2016
Metastatic castration resistant prostate CA	**Phase II** **NCT01972217**	N = 170	• **ARM 1:** *Lynparza* 300mg BiD + Abiraterone • **ARM 2:** Placebo + Abiraterone Global study	• Radiologic Progression Free Survival	• FPD: Q3 14 • LSI: Q3 2017 • Est. topline results: Q2 16

Zinforo

Serious infections development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Patients with complicated skin and soft tissue infections (cSSTI)	**Phase III** **COVERS** **NCT01499277**	N = 765 *(801 actually screened)*	• **ARM 1:** Ceftaroline fosamil 600 mg q 8 hrs • **ARM 2:** Vancomycin plus aztreonam	• NI in Clinical Cure rate at the Test of Cure (TOC) visit in both the modified Intent-To-Treat (MIIT) and the Clinically Evaluable (CE) analysis sets • Secondary endpoints include clinical response at End of Treatment (EOT) visit and microbiological response at TOC and EOT	• FPD: Q2 12 • LSI: Q2 14 • Completion: Q2 14 • Ext. presentation: Q2 15
Patients with complicated skin and soft tissue infections (cSSTI)	**Phase III** **COVERS MRSA Expansion** **NCT02202135**	N = 4	• **ARM 1:** Ceftaroline fosamil 600 mg q 8 hrs • **ARM 2:** Vancomycin plus aztreonam	• Assess clinical Cure rate at the Test of Cure (TOC) visit in both the modified Intent-To-Treat (MIIT) and the Clinically Evaluable (CE) analysis sets • Secondary endpoints include clinical response at End of Treatment (EOT) visit and microbiological response at TOC and EOT	• FPD: Q2 14 • LSI: Q4 14 • Completion: Q1 15 • Ext. presentation: 2016

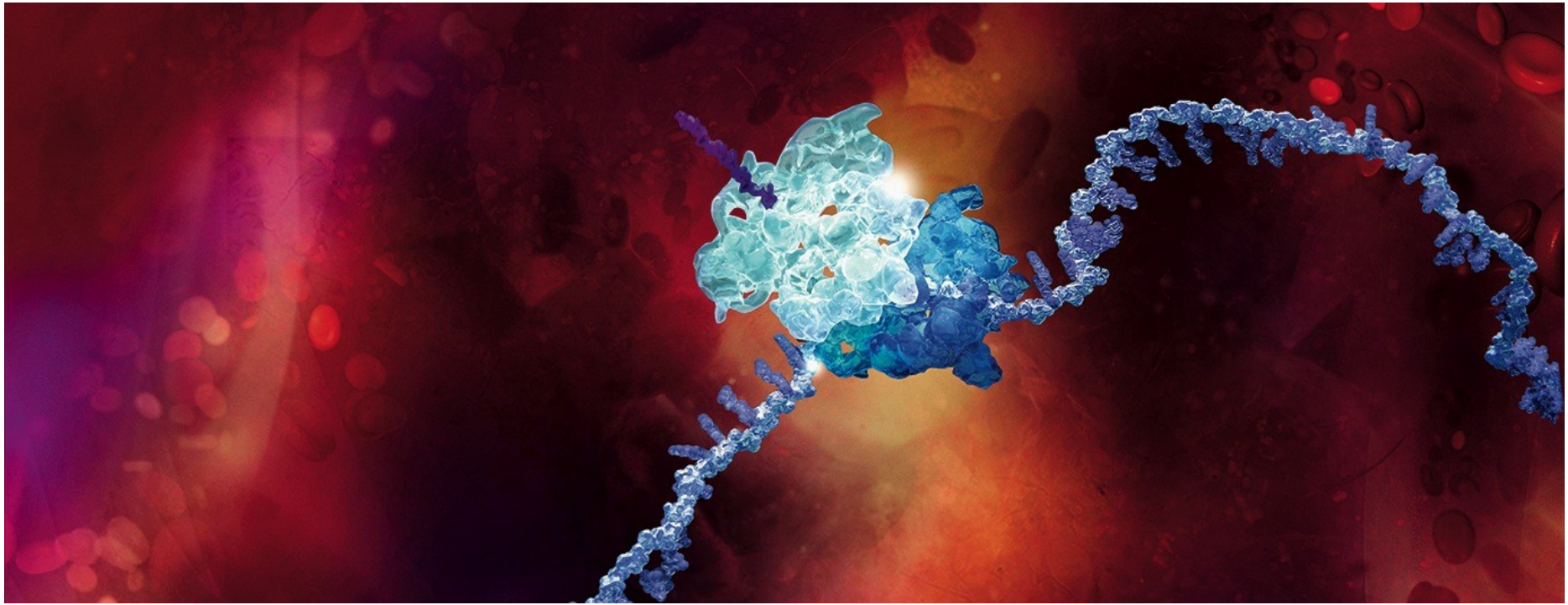
Gastrointestinal

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Nexium	**Refractory RE**	**Phase III** **ROSE** **NCT01669811**	N = 280	• **ARM 1:** Nexium 20 mg BiD • **ARM 2:** Nexium 20 mg QD Japan-only study	• Healing of refractory RE	• FPD: Q3 12 • LSI: Q1 14 • Completion date: Q2 14 • Est. external presentation: Q2 15 Japanese GI congress
Nexium	**Seriously ill patients (Stress Ulcer Prophylaxis, SUP)**	**Phase III** **NCT02157376**	N = 300	• **ARM 1:** Nexium 30 min intermittent infusions given for max.14 days • **ARM 2:** Cimetidine(Tagamet) 30 min bolus infusion + continuous infusion for max. 14 days China-only study	• Proportion of patients with upper GI bleeding	• FPD: Q3 14 • LSI: Q3 16 • Est. completion date: Q4 16 • Est. external presentation: 2018
Entocort	**Crohn's disease (mild to moderate)**	**Phase III** **NCT01514240**	N = 110	• **ARM 1:** Entocort 9 mg QD • **ARM 2:** Mesalazine 1 g TD Japan-only study	• Remission defined by a CDAI score of ≤150	• FPD: Q1 12 • LSI: Q2 14 • Completion date: Q3 14 • Est. external presentation: 2016
Linaclotide	**IBS-C**	**Phase III** **NCT01880424**	N = 800	• **ARM 1:** Linaclotide 290µg QD • **ARM 2:** placebo Participating countries China, Australia, New Zealand, USA and Canada	• 12-week abdominal pain/abdominal discomfort response • 12-week IBS degree of relief response	• FPD: Q3 13 • LSI: Q1 15 • Est. completion date: Q2 15 • Est. external presentation: 2016

AstraZeneca

AstraZeneca
What science can do

Late stage development programmes
Q1 2015 Results Update



Lesinurad (SURI, URAT 1 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	• FPD: Q1 12 • LSI: Q3 13 • Study complete • Ext. 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	• FPD: Q4 11 • LSI: Q2 13 • Study complete • Ext. 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	• FPD: Q1 12 • LSI: Q2 13 • Study complete • Est. external presentation: Q2 15 (EULAR)
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	• FPD: Q1 12 • LSI: Q2 13 • Study complete • Est. external presentation: Q2 15 (EULAR)
Gout previously enrolled LIGHT study	**Phase III** **LIGHT Ext** **NCT01650246**	N = 143	All arms: open-label lesinurad 400 mg QD	• Assess the long-term efficacy and safety of lesinurad monotherapy.	• FPD: Q4 12 • LSI: Q1 14 • Study complete • Est. external presentation: Q2 15 (EULAR)
Gout previously enrolled in studies CLEAR 1 & 2	**Phase III** **CLEAR Ext** **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.	• FPD: Q1 13 • LSI: Q2 14 • Study ongoing
Gout previously enrolled in CRYSTAL study	**Phase III** **CRYSTAL Ext** **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.	• FPD: Q1 13 • LSI: Q2 14 • Study ongoing

Anti-IL-17RA (brodalumab)

Psoriasis & psoriatic arthritis development programmes

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Moderate to severe plaque psoriasis	**Phase III** **AMAGINE-1** **NCT01708590**	N = 661	• **ARM 1:** 210 mg brodalumab SC • **ARM 2:** 140 mg brodalumab SC • **ARM 3:** placebo SC	• PASI at wk 12 • Static physician's global assessment (sPGA) at wk 12	• Completed • OLE ongoing • Externally presented: Q1 15 (AAD)
Moderate to severe plaque psoriasis	**Phase III** **AMAGINE-2** **NCT01708603**	N = 1800	• **ARM 1:** 210 mg brodalumab SC • **ARM 2:** 140 mg brodalumab SC • **ARM 3:** 45 or 90 mg ustekinumab SC • **ARM 4:** placeboSC	• PASI at wk 12 • Static physician's global assessment (sPGA) at wk 12	• Completed • OLE ongoing • Externally presented: Q1 15 (AAD)
Moderate to severe plaque psoriasis	**Phase III** **AMAGINE-3** **NCT01708629**	N = 1881	• **ARM 1:** 210 mg brodalumab SC • **ARM 2:** 140 mg brodalumab SC • **ARM 3:** 45 or 90 mg ustekinumab SC • **ARM 4:** placeboSC	• PASI at wk 12 • Static physician's global assessment (sPGA) at wk 12	• Completed • OLE ongoing • Externally presented: Q1 15 (AAD)
Moderate to severe psoriatic arthritis	**Phase II** **NCT01516957**	N = 156	• **ARM 1:** 280 mg brodalumab SC • **ARM 2:** 210 mg brodalumab SC • **ARM 3:** 140 mg brodalumab SC • **ARM 4:** placebo SC	• ACR20 response at wk 12	• Completed • OLE ongoing • Externally presented
Adult subjects with psoriatic arthritis	**Phase III** **AMVISION-1** **NCT02029495**	N = 630	• **ARM 1:** 210mg brodalumab SC • **ARM 2:** 140 mg brodalumab SC • **ARM 3:** placebo SC	Primary: • ACR20 response at wk 16 Secondary: • Radiographic assessment of joints • PASI 75, HAQ-DI and PSI	• FPD: Q1 14 • Recruitment ongoing • Est. primary completion: Q1 16
Adult subjects with psoriatic arthritis	**Phase III** **AMVISION-2** **NCT02024646**	N = 495	• **ARM 1:** 210mg brodalumab SC • **ARM 2**: 140 mg brodalumab SC • **ARM 3**: placebo SC	• ACR20 response at wk 16	• FPD: Q1 14 • Recruitment ongoing • Est. primary completion: Q1 16

LABA/LAMA (PT003) & LAMA (PT001)

COPD development programme

Patient Population	Phase Study	# of patients	Design G = Glycopyrronium, F = Formoterol fumarate	Endpoint(s)	Status
Moderate to very severe COPD	**Phase III (PINNACLE 1)** **NCT01854645**	N = 2103	Treatment (24-week Treatment Period) • **ARM 1:** GFF MDI (PT003) 14.4/9.6 µg BiD • **ARM 2:** GP MDI (PT001) 14.4 µg BiD • **ARM 3:** FF MDI (PT005) 9.6 µg BiD • **ARM 4:** Open-label tiotropium bromide inhalation powder 18 µg QD • **ARM 5:** Placebo MDI BiD Multicenter, randomized, double-blind, parallel-group, chronic dosing, placebo- and active- controlled Estimated time from FSFV to DBL is approximately 21 months. US, Australia, New Zealand	• Change from baseline in morning pre-dose trough FEV_1	• FPD: Q2 13 • LSI: Q3 14 • Topline results: Q1 15 • Est. external presentation: 2016
Moderate to very severe COPD	**Phase III (PINNACLE 2)** **NCT01854658**	N = 1618	Treatment (24-week Treatment Period) • **ARM 1:** GFF MDI (PT003) 14.4/9.6 µg BiD • **ARM 2:** GP MDI (PT001) 14.4 µg BiD • **ARM 3:** FF MDI (PT005) 9.6 µg BiD • **ARM 4:** Placebo MDI BiD Mmulticenter, randomized, double-blind, parallel group, chronic dosing and placebo-controlled Estimated time from FSFV to DBL is approximately 20 months. US	• Change from baseline in morning pre-dose trough FEV_1	• FPD: Q3 13 • LSI: Q3 14 • Topline results: Q1 15
Moderate to very severe COPD	**Phase III (PINNACLE 3)** **NCT01970878**	N = 850	Treatment (28-week Treatment Period) • **ARM 1:** GFF MDI (PT003) 14.4/9.6 µg BiD • **ARM 2:** GP MDI (PT001) 14.4 µg BiD • **ARM 3:** FF MDI (PT005) 9.6 µg BiD • **ARM 4:** Open-label tiotropium bromide inhalation powder QD Multi-center, randomized, double-blind, parallel-group and active-controlled Estimated time from FSFV to DBL is approximately 16 months. US, Australia, New Zealand	• Overall safety, tolerability and efficacy	• FPD: Q4 13 • LSI: Q3 14 • Topline results: Q1 15

LABA/LAMA (PT003) & LAMA (PT001)

COPD development programme continued

Patient Population	Phase Study	# of patients	Design G = Glycopyrronium, F = Formoterol fumarate	Endpoint(s)	Status
Moderate to severe COPD	**Phase IIIb** **(Dose Indicator Study)** **NCT02268396**	N = 150	Treatment (5- to 6- week Treatment Period) • GFF 14.4/9.6 µg • Placebo MDI BID Open-label and multiple-center Estimated time from FSFV to DBL is approximately 11 weeks. US	Percentage of devices where number of actuations as counted at the end of the study using dose indicator reading is consistent (± 20 actuations) with number of actuations reported by subject .	• FPD: Q4 14 • LSI: Q4 14 • Topline results: Q1 15
Moderate to severe COPD	**Phase IIIb** **(24 Hr Lung Function Placebo)** **NCT02347085**	N = 40	Treatments (8-week Treatment Period) • GFF MDI 14.4/9.6 µg BID • Placebo MDI BID Randomized, 2-period, 2-treatment Double-blind, Multi-center and Crossover Estimated time from FSFV to DBL is approximately 7 months, US	FEV1 AUC0-24 on Day 29	• FPD: Q1 15 • LSI: Q2 15 • Est. topline results: Q3 15
Moderate to severe COPD	**Phase IIIb** **(24 Hr Lung Function Active)** **NCT02347072**	N = 80	Treatments (12-week Treatment Period) • GFF MDI 14.4/9.6 µg BID • Placebo • Spiriva Respimat 5 µg QD (open-label) Randomized and 3-way cross-over Estimated time from FSFV to DBL is approximately 10 months, US	FEV1 AUC0-24 on Day 29	• FPD: Q1 15 • LSI: Q2 15 • Est. topline results: Q4 15

Anti-IL-5Rα (benralizumab)

Asthma development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Severe asthma, inadequately controlled despite background controller medication, MD & HD ICS + LABA ± chronic OCS **Age 12 – 75yrs**	**Phase III** **CALIMA** **NCT01914757**	N = 1026 HD + ~200 MD	• **ARM 1:** 30 mg Q8w SC • **ARM 2:** 30 mg Q4w SC • **ARM 3:** Placebo SC 56-week study Global study – 11 countries	• Annual asthma exacerbation rate • Assess pulmonary function, asthma symptoms, other asthma control metrics, ER/ED hospitalization visits, PK, and IM	• FPD: Q4 13 • Est. completion: Q1 16
Severe asthma, inadequately controlled despite background controller medication HD ICS + LABA ± chronic OCS **Age 12 – 75 yrs**	**Phase III** **SIROCCO** **NCT01928771**	N = 1134	• **ARM 1:** 30 mg Q8w SC • **ARM 2:** 30 mg Q4w SC • **ARM 3:** Placebo SC 48-week study Global study – 17 countries	• Annual asthma exacerbation rate • Assess pulmonary function, asthma symptoms, other asthma control metrics, ER/ED hospitalization visits, PK, and IM	• FPD: Q4 13 • Est. completion: Q1 16
Severe asthma, inadequately controlled on high dose inhaled corticosteroid plus long-acting β2 agonist and chronic oral corticosteroid therapy **Age 18 – 75 yrs**	**Phase III** **ZONDA** **NCT02075255**	N = 210	• **ARM 1:** 30 mg Q8w SC • **ARM 2:** 30 mg Q4w SC • **ARM 3:** Placebo SC 46-week study Global study – 7 countries	• Reduction of oral corticosteroid dose	• FPD: Q3 14 • Est. completion: Q2 16

Anti-IL-5Rα (benralizumab)

Asthma development programme (continued)

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Asthmatic with FEV1 (50-90% predicted) on low to medium dose inhaled corticosteroid **Age 18 – 75 yrs**	**Phase III** **BISE** **NCT02322775**	N = 200	• **ARM 1:** 30 mg Q4w SC • **ARM 3:** Placebo SC 12-week study Global study	• Pulmonary function (FEV1)	• FPD: Q1 15 • Est. completion: Q1 16
Severe asthma, inadequately controlled despite background controller medication, MD & HD ICS + LABA ± chronic OCS **Age 12 – 75yrs**	**Phase III** **BORA** **NCT02258542**	N = 2550	• **ARM 1:** 30 mg Q4w SC • **ARM 2:** 30 mg Q8w SC* * Placebo administered at select interim visits to maintain blind between treatment arms 56-week (adults) 108-week (adolescents) Global study	• Safety and tolerability	• FPD: Q4 14 • Est. completion: Q4 17

Anti-IL-5Rα (benralizumab)

COPD development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Moderate to very severe Chronic Obstructive Pulmonary Disease (COPD) with exacerbation history	**Phase III** **TERRANOVA** **NCT02155660**	N = 2088	• **ARM 1:** 10 mg Q8w SC • **ARM 2:** 30 mg Q4w SC • **ARM 3:** 100 mg Q8w SC • **ARM 4:** Placebo SC 48-week study Global study – 15 countries	• Rate of COPD exacerbation	• FPD: Q3 14
Moderate to very severe Chronic Obstructive Pulmonary Disease (COPD) with exacerbation history	**Phase III** **GALATHEA** **NCT02138916**	N = 1566	• **ARM 1:** 30 mg Q4w SC • **ARM 2:** 100 mg Q8w SC • **ARM 3:** Placebo SC 48-week study Global study – 21 countries	• Rate of COPD exacerbation	• FPD: Q3 14

Tralokinumab (anti-IL-13)

Asthma development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Adults with uncontrolled severe asthma	**Phase III** **STRATOS 1** **NCT02161757**	N = 1140	Cohort 1: • **ARM 1:** Tralokinumab dose regimen 1, SC • **ARM 2:** Placebo SC Cohort 2 : • **ARM 1:** Tralokinumab dose regimen 2, SC • **ARM 2:** Placebo SC 2:1 randomisation in both cohorts Global study – 16 countries	Primary endpoint: • Annual asthma exacerbation rate Key Secondary Endpoints: • Effect of tralokinumab on measures of pulmonary function (FEV1), asthma symptoms (Asthma Daily Diary), asthma control (ACQ-6) and asthma related QoL (AQLQ (S) +12)	• FPD: Q3 14 • Est. topline results: Q3 17
Adults with uncontrolled severe asthma	**Phase III** **STRATOS 2** **NCT02194699**	N = 770	• **ARM 1:** Tralokinumab SC • **ARM 2:** Placebo SC 1:1 randomisation Global study – 13 countries including Japan	Primary endpoint: • Annual asthma exacerbation rate Key Secondary Endpoints: • Effect of tralokinumab on measures of pulmonary function (FEV1), asthma symptoms (Asthma Daily Diary), asthma control (ACQ-6) and asthma related QoL (AQLQ (S) +12)	• FPD: Q1 15 • Est. topline results: Q3 17
Adults with oral corticosteroid dependent asthma	**Phase III** **TROPOS** **NCT02281357**	N = 120	• **ARM 1:** Tralokinumab SC • **ARM 2:** Placebo SC 1:1 randomisation Global studies - 5 countries	Primary endpoint: • % Change in OCS dose Key Secondary Endpoints: • Proportion of subjects achieving final daily OCS dose ≤5 mg • Proportion of subjects achieving ≥50% reduction in OCS dose	• FPD: Q1 15 • Est. topline results: Q3 17

Roxadustat (HIF-PHI)

Phase III CKD programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Anaemia in Chronic Kidney Disease patients not receiving dialysis	**Phase III ANDES** **NCT01750190**	N = 600	• **ARM 1:** Roxadustat • **ARM 2:** Placebo Global study – 16 countries	• Haemoglobin response	• Sponsored by FibroGen • FPD: Q4 12 • Est. completion: Q2 17
	Phase III ALPS **NCT01887600**	N = 600	• **ARM 1:** Roxadustat • **ARM 2:** Placebo Global study – 14 countries	• Haemoglobin response	• Sponsored by Astellas • FPD: Q2 13 • Est. completion: Q2 16
	Phase III DOLOMITES **NCT02021318**	N = 570	• **ARM 1:** Roxadustat • **ARM 2:** Darbepoetin alfa Global study –17 countries	• Haemoglobin response	• Sponsored by Astellas • FPD: Q1 14 • Est. completion: Q3 17
	Phase III OLYMPUS **NCT02174627**	N = 2600	• **ARM 1:** Roxadustat • **ARM 2:** Placebo Global study – 26 countries	• MACE	• Sponsored by AstraZeneca • FPD: Q2 14 • Est completion: Q1 17
Anaemia in CKD in patients receiving dialysis	**Phase III ROCKIES** **NCT02174731**	N = 1425	• **ARM 1:** Roxadustat • **ARM 2:** Epoetin alfa Global study – 20 countries	• MACE	• Sponsored by AstraZeneca • FPD: Q2 14 • Est completion: Q1 17
	Phase III SIERRAS **NCT02273726**	N = 600	• **ARM 1:** Roxadustat • **ARM 2:** Epoetin alfa Global study – 1-4 countries	• Haemoglobin response	• Sponsored by FibroGen • FPD: Q4 14 • Est. completion: Q2 17
	Phase III PYRENEES **NCT02278341**	N = 750	• **ARM 1:** Roxadustat • **ARM 2:** Erythropoiesis Stimulating Agent Global study –14 countries	• Haemoglobin response	• Sponsored by Astellas • FPD: Q4 14 • Est. completion: Q1 17
Anaemia in newly initiated dialysis patients	**Phase III HIMALAYAS** **NCT02052310**	N = 750	• **ARM 1:** Roxadustat • **ARM 2:** Epoetin alfa Global study – 21 countries	• Haemoglobin response	• Sponsored by FibroGen • FPD: Q4 13 • Est. completion: Q2 17

AZD9291 (Highly selective, irreversible EGFR TKI)

NSCLC development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced EGFRm NSCLC TKI failure + /- primary resistance mutation T790M	**Phase I/II** **AURA** **NCT01802632**	N ~ 500	• Dose escalation study • Ph II Extension cohort (T790M only) 80mg QD	• Safety and tolerability • ORR • PFS and OS secondary endpoints	• FPD: Q1 13 • Enrolment complete (N=201 in extension portion) • Next external presentation: Q2 15 (ELCC) • Est. external presentation: Q3 15 (WCLC)
Advanced EGFRm NSCLC TKI failure and primary resistance mutation T790M	**Phase II** **AURA2** **NCT02094261**	N = 175	• AZD9291 80 mg QD • Global study – 5 countries	• ORR • PFS and OS secondary endpoints	• FPD: Q2 14 • Enrolment complete (N=210) • Est. external presentation: Q3 15 (WCLC)
Advanced EGFRm NSCLC TKI failure and primary resistance mutation T790M	**Phase III** **AURA3** **NCT02151981**	N = 610	• **ARM 1**: AZD9291 80mg QD • **ARM2:** pemetrexed 500mg/m2 + carboplatin AUC5 or pemetrexed 500mg/m2 + cisplatin 75mg/m2 (2:1 randomization)	• PFS • OS and QoL as secondary endpoints	• FPD: Q3 14 • Enrolment open • Est. completion: Q2 16 • Est. external presentation: TBD
Advanced EGFRm NSCLC 1L	**Phase III** **FLAURA** **NCT02296125**	N = 650	• **ARM1:** AZD9291 80mg • **ARM2**: erlotinib 150mg or gefitinib 250 mg (dealers choice); 1:1 randomisation	• PFS • OS and QoL as secondary endpoints	• FPD: Q1 15 • Enrolment open • Est. Completion: 2017 • Est. external presentation: TBD
Advanced EGFRm NSCLC TKI failure	**Phase Ib** **TATTON** **NCT02143466**	N ~ 90	• **ARM 1:** AZD9291 + MEDI4736 • **ARM 2:** AZD9291 + AZD6094 • **ARM 3:** AZD9291 + selumetinib	• Safety, Tolerability, Pharmacokinetics and Preliminary Anti-tumour Activity	• FPD: Q3 14 • Est. Completion: Q3 15 • Est. external presentation: TBD

Selumetinib (AZD6244, ARRY142886) (MEK-inhibitor)

Solid tumours development programmes

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
2L KRASm positive NSCLC	**Phase III** **SELECT-1** **NCT01933932**	N = 634	• **ARM 1:** Selumetinib 75mg BiD + docetaxel 75 mg/m2 IV on day 1 of each 21 day cycle • **ARM 2:** Placebo BiD + docetaxel 75 mg/m2 IV on day 1 of each 21 day cycle Global study – 26 countries	• Progression Free Survival • Overall Survival is a secondary endpoint.	• FPD: Q4 13 • LSI: Q1 16 • Est. topline results: Q3 16 • Est. external presentation: Beyond planning horizon
Metastatic uveal melanoma	**Phase III** **SUMIT** **NCT01974752**	N = 129	• **ARM 1:** Selumetinib 75 mg BiD + dacarbazine 1000 mg/m^2 day 1 of every 21 day cycle • **ARM 2:** Placebo BiD + dacarbazine 1000 mg/m^2 day 1 of every 21 day cycle 3:1 Randomisation Global study – 10 countries	• Progression Free Survival	• FPD: Q2 14 • LSI: Q1 15 • Est. topline results: Q2 15 • Est. external presentation: 2015

[1] Clintrials.gov to be updated with Phase II study, currently showing reference to Phase I

Selumetinib (AZD6244, ARRY142886) (MEK-inhibitor)

Solid tumours development programmes

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
2L KRASm negative NSCLC	**Phase II** **SELECT-2** **NCT01750281**	N = 265	• **ARM 1:** Selumetinib 75mg BiD + docetaxel 75 mg/m2 IV on day 1 of each 21 day cycle • **ARM 2:** Selumetinib 75mg BiD + docetaxel 60 mg/m2 IV on day 1 of each 21 day cycle • **ARM 3**: Placebo BiD + docetaxel 75 mg/m2 IV on day 1 of each 21 day cycle Global study – 7 countries	• Progression Free Survival • Overall Survival is a secondary endpoint.	• FPD: Q1 13 • LSI: Q3 15 • Est. topline results: Q1 16 • Est. external presentation: Beyond planning horizon
Differentiated thyroid cancer	**Phase III** **ASTRA** **NCT01843062**	N = 304	• **ARM 1:** Selumetinib 75mg BiD 5 weeks duration + RAI 100mCi[a] • **ARM 2:** Placebo BiD 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)	• FPD: Q3 13 • LSI: Q3 15 • Est. topline results: Q2 17 • Est. external presentation: Beyond planning horizon

Anti-PD-L1 (MEDI4736)

Solid tumours development programmes

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Stage IIIB-IV NSCLC patients **PD-L1+ve patients**	**Phase II** **ATLANTIC** **NCT02087423**	N = 188	• Cohort 1: MEDI4736 IV Q2W (EFGR/ALK WT) • Cohort 2: MEDI4736 IV Q2W (EFGR/ALK M+) Global study – 18 countries	• Objective Response Rate • Secondary endpoints include duration of response, progression free survival and overall survival	• FPD: Q1 14 • LSI: Q2 15 • Est. completion date: Q3 15 • Est. external presentation: 2016
Unresectable Stage III NSCLC patients following platinum-based concurrent chemo-radiation therapy	**Phase III** **PACIFIC** **NCT02125461**	N = 702	• ARM 1: MEDI4736 IV Q2W • ARM 2: placebo Global study	• Progression Free Survival (PFS) • Overall Survival (OS)	• FPD: Q2 14 • LSI: Q3 16 • Est. completion date: Q2 17 • Est. external presentation: Beyond planning horizon
Stage IIIB-IV 3L NSCLC patients who have not be tested positive for EGFR/Alk mutation	**Phase III** **ARCTIC** **NCT02352948**	N =900	<u>Substudy A</u> • ARM 1: MEDI4736 IV Q2W (PD-L1+ patients) vs • ARM 2: Standard of Care <u>Substudy B</u> • ARM 3: MEDI4736+tremelimumab (PD-L1 –ve patients) vs • ARM 4: Standard of Care • ARM 5: tremelimumab (PD-L1 –ve patients) • ARM 6: MEDI4736 (PD-L1 –ve patients) • Dose and Schedule for Combination Arm under discussion	• Progression Free Survival (PFS) • Overall Survival (OS)	<u>Monotherapy arm</u> • FPD: Q2 15 • LSI: Q2 16 • Est. completion date: Q1 17 (PFS) <u>Combination therapy</u> • Planned FPD: Q2 15 • LSI: Q3 16 • Est. completion date: Q3 17 (PFS) • Est. external presentation: Beyond planning horizon

Anti-PD-L1 (MEDI4736) continued…

Solid tumours development programmes

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Stage IV squamous NSCLC patients **Biomarker-targeted 2L therapy**	**Phase II/III Lung Master Protocol** **NCT02154490** Partnered with NCI, FNIH, and SWOG	N = 400 (4736 substudy only); revised to 100 (pending CTEP approval)	Umbrella study with 5 substudies based on biomarker expression • **Substudy A**: MEDI4736 (non-match for other biomarker driven substudies) IVQ2W vs. Docetaxel; revised to single arm MEDI4736 PhII only (pending CTEP approval) • **Substudy B**: PI3K Inhibitor vs. docetaxel • **Substudy C**: CDK4/6 inhibitor vs. docetaxel • **Substudy D**: AZD4547 (FGFR inhibitor) vs. docetaxel • **Substudy E**: C-MET/HGFR Inhibitor + erlotinib vs. Erlotinib (Substudy is closed)	Overall Master Protocol (co-primary) • Progression Free Survival (PFS) • Overall Survival (OS) Substudy A (co-primary) • ORR, all patients • ORR, PDL1 +	• FPD: Q3 14 • LSI: Q3 15 (Phase II) • Est. completion date: Q1 16 (Phase II) • Est. external presentation: Beyond planning horizon
Stage IIIB-IV NSCLC patients	**Phase I/II Sequencing Study** **NCT02179671**	N = 72	• **ARM 1**: Iressa initially then switch to MEDI4736 IVQ2W • **ARM 2**: AZD9291 then switch to MEDI4736 • **ARM 3**: Selumetinib + Docetaxel then switch to MEDI4736 • **ARM 4**: tremelimumab then switch to MEDI4736	• Complete Response Rate • ORR, Disease Control Rate	• FPD: Q3 14 • LSI: Q2 15 • Est. completion date: Q3 16 • Est. external presentation: 2016
Adjuvant NSCLC patients IB (≥4cm) – IIIA resected NSCLC (incl. EGFR/ALK pos)	**Phase III ADJUVANT** **NCT02273375** Partnered with NCIC CTG	N=1100	• **Arm 1**: MEDI4736 10mg/kg IV Q2W x 6 mos followed by MEDI4736 20 mg/kg IV Q4W x 6 mos • **Arm 2**: Placebo Global Study	• mRFS • OS	• FPD: Q1 15 • LSI: Q1 18 • Est. completion date: Q3 20 • Est. external publication: Beyond planning horizon

Anti-PD-L1 (MEDI4736) continued…

Solid tumours development programmes

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Solid tumors (treme Phase I)	**Phase 1 combination in advanced solid tumours in Japanese patients** **NCT02141347**	N=22	• Tremelimumab + MEDI4736 • Dose Escalation study • Tremelimumab Q4W/Q12W 3-10mg/kg • Tremelimumab Q4W/Q12W X mg/kg + MEDI4736 Q4W X mg/kg	• Safety • Optimal biologic dose	• FPD: Q2 14 • LSI: Q2 15 • Est. completion: Q3 15 • Est. external publication: Q4 15
SCCHN	**Phase II HAWK** **NCT02207530**	N= 112	• Single-arm: MEDI4736 IVQ2W	• ORR	• FPD: Q1 15 • LSI: Q3 15 • Est. completion: Q2 17 • Est. external presentation: Beyond planning horizon
SCCHN	**Phase II CONDOR** **NCT02319044**	N=240	• ARM 1: MEDI4736 • ARM 2: Tremelimumab • ARM 3: Tremelimumab + MEDI4736	• ORR	• FPD: Q2 15 • LSI: Q1 16 • Est. completion: Q4 17 (DBL)

Anti-PD-L1 (MEDI4736) continued…

Solid tumours development programmes

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Solid tumours	**Phase I** **NCT02301130** **Partnered with KHK**	N= 108	• **Dose Escalation: N=36,** 3 cohorts receiving Treatment A (mogamulizumab+MEDI4736) and 3 cohorts receiving Treatment B (mogamulizumab+treme), in parallel • **Dose Expansion: N=72,** Multiple solid tumour types (NSCLC, Head and Neck, Pancreatic), Treatment A or B (12 subjects per treatment per disease type, in parallel)	• Safety and Tolerability • MTD • ORR, DoR, DCR, PFS, OS	• FPD: Q4 14 • LSI: Q4 15 • Est. completion: Q3 16 (DBL)
Solid tumours (all-comers)	**Phase I** **NCT01938612**	N = 118	• **Dose Escalation:** 3 cohorts at Q2W and 1 cohort at Q3W • **Dose Expansion:** Multiple solid tumour types Study conducted in Japan	• Safety • Optimal biologic dose	• FPD: Q3 13 • LSI: Q4 14 • Est. completion: Q2 16

Anti-CTLA-4 (tremelimumab)

Mesothelioma development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Patients with unresectable pleural or peritoneal malignant mesothelioma	**Phase II** **NCT01843374**	N = 564	• **ARM 1:** Tremelimumab IV • **ARM 2:** Placebo	• Overall survival (OS)	• FPD: Q2 13 • LSI: Q4 14 • Est. completion date: Q1 16

CAZ-AVI (BLI/cephalosporin SBI)

Serious infections development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Hospitalised patients with complicated intra-abdominal infections	**Phase III** **RECLAIM-1** **NCT01499290**	N = 493	• **ARM 1:** CAZ-AVI 2000/500mg plus Metronidazole IV • **ARM 2:** Meropenem IV Global study – 20 countries	• Co primary of: (i) clinical response at TOC (MITT) (ii) clinical response at TOC (i.e. clinically evaluable)	• FPD: Q1 12 • LSI: Q2 14 • Topline results: Q3 14 • External presentation: Q2 15
Hospitalised patients with complicated intra-abdominal infections	**Phase III** **RECLAIM-2** **NCT01500239**	N = 577	• **ARM 1:** CAZ-AVI 2000/500mg plus Metronidazole IV • **ARM 2:** Meropenem IV Global study – 21 countries	• Co primary of: (i) clinical response at TOC (MITT) (ii) clinical response at TOC (i.e. clinically evaluable)	• FPD: Q2 12 • LSI: Q2 14 • Topline results: Q3 14 • External presentation: Q2 15
Hospitalised adults with complicated urinary tract Infections	**Phase III** **RECAPTURE-1** **NCT01595438**	N = 563	• **ARM 1:** CAZ-AVI 2000/500mg IV plus either 500 mg of oral ciprofloxacin or 800 mg/160 mg of oral sulfamethoxazole/trimethoprim • **ARM 2:** Doripenem 500 mg IV plus either 500 mg of oral ciprofloxacin or 800 mg/160 mg of oral 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)	• FPD: Q4 12 • LSI: Q3 14 • Est. topline results: Q2 15 • Est. external presentation: Q3 15
Hospitalised patients with complicated urinary tract infections	**Phase III** **RECAPTURE-2** **NCT01599806**	N = 583	• **ARM 1:** CAZ-AVI 2000/500mg IV plus either 500 mg of oral ciprofloxacin or 800 mg/160 mg of oral sulfamethoxazole/trimethoprim • **ARM 2:** Doripenem 500 mg IV plus either 500 mg of oral ciprofloxacin or 800 mg/160 mg of oral 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)	• FPD: Q4 12 • LSI: Q3 14 • Est. topline results: Q2 15 • Est. external presentation: Q3 15

CAZ-AVI (BLI/cephalosporin SBI)

Serious infections development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Patients with complicated urinary tract infections and complicated intra-abdominal infections	**Phase III REPRISE** **NCT01644643**	N = 345	• **ARM 1:** CAZ-AVI 2000/500mg plus Metronidazole IV • **ARM 2:** Best available therapy Global study – 30 countries	• Patients with clinical cure at the Test of Cure visit in the microbiological intent to treat analysis set	• FPD: Q1 13 • LSI: Q3 14 • Est. topline results: Q2 15 • External presentation: Q2 15
Hospitalised patients with complicated intra-abdominal infections	**Phase III RECLAIM-3** **NCT01726023**	N = 441	• **ARM 1:** CAZ-AVI 2000/500mg plus Metronidazole IV • **ARM 2:** Meropenem IV Asia-focused study – 3 countries (China, Vietnam & Korea)	• Clinical Cure at the TOC visit in the MITT analysis set	• FPD: Q1 13 • LSI: Q1 15 • Est. topline results: Q2 15 • Est. external presentation: Q3 15
Hospitalised patients with nosocomial pneumonia infections, including hospital acquired pneumonia (HAP) and ventilator associated pneumonia (VAP)	**Phase III REPROVE** **NCT01808092**	N = 1000	• **ARM 1:** CAZ-AVI 2000/500mg IV • **ARM 2:** Meropenem IV Global study – 24 countries	• Proportion of patients with clinical cure at the TOC visit in the cMITT and CE analysis sets (co-primary analyses)	• FPD: Q2 13 • LSI: Q4 15 • Est. topline results: Q2 16 • Est. external presentation 2016

BACE (AZD3293)

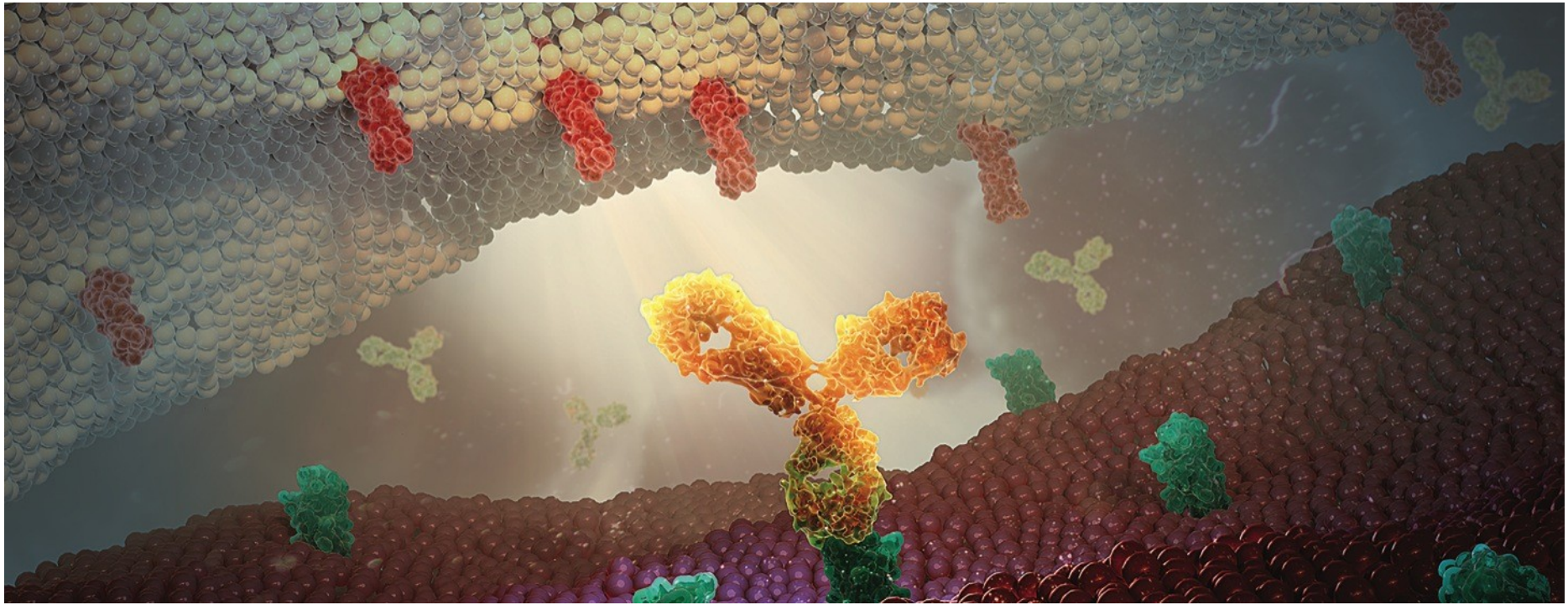
Alzheimer's Disease development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Alzheimer's disease patients	**Phase II/III** **AMARANTH** **NCT02245737**	N = 2202	• **ARM 1:** AZD3293 20 mg once daily • **ARM 2:** AZD3293 50 mg once daily • **ARM 3:** placebo once daily • 24-month treatment duration Global study – approx. 15 countries	• Change in Clinical Dementia Rating Sum of Boxes (CDR-SB) • Changes in Cognitive (ADAS-Cog 13) and functional (ADCS-ADL) scales • Changes in biomarkers and imaging assays • Safety and tolerability	• FPD: Q4 14 • Est. topline results: Q3 19

AstraZeneca

AstraZeneca
IMED Biotech Unit

Early development programmes
Q1 2015 Results Update



LABA/LAMA/ICS (PT010)

COPD & Asthma development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Moderate to severe COPD	**Phase II (BFF dose-ranging)** **NCT02196077**	N = 180	• **ARM 1:** BFF MDI 320/9.6 µg BiD • **ARM 2:** BFF MDI 160/9.6 µg BiD • **ARM 3:** BFF MDI 80/9.6 µg BiD • **ARM 4:** BD MDI 320 µg BiD • **ARM 5:** FF MDI 9.6 µg BiD Randomized, 4-period, 5-treatment incomplete-block and crossover Estimated time from FSFV to DBL is approximately 7 months. US	• Forced expiratory volume in 1 second area under the curve from 0 to 12 hours (FEV_1 AUC_{0-12})	• FPD: Q2 14 • LSI: Q3 14* • Est. topline results: Q2 15 * Clinically completed
Adult mild to moderate persistent asthma	**Phase II (BD dose-ranging in asthma)** **NCT02105012**	N = 150	• **ARM 1:** BD MDI 320 µg BiD • **ARM 2:** BD MDI 160 µg BiD • **ARM 3:** BD MDI 80 µg BiD • **ARM 4:** BD MDI 40 µg BiD • **ARM 5:** Placebo MDI BiD Randomized, 4-period, 5-treatment incomplete-block and crossover 4 week Estimated time from FSFV to DBL is approximately 18 months. US	• Change from baseline in morning pre-dose trough forced expiratory volume in one second (FEV_1)	• FPD: Q2 14 • LSI: Q4 14* * Clinically completed
Healthy volunteers	**Phase I (BGF PK study)** **NCT02189304**	N = 72	• **ARM 1:** BGF MDI 320/14.4/9.6 µg • **ARM 2:** BFF MDI (320/9.6 µg) • **ARM 3:** Symbicort Turbuhaler® 400/12 µg Randomized, double-blind, single-dose, 3-period, 3-treatment and crossover Estimated time from FSFV to DBL is approximately 3 months. US	• Overall safety • PK parameters AUC_{0-12} and Cmax	• FPD: Q3 14 • LSI: Q3 14* • Topline results: Q4 14 * Clinically completed

LABA/LAMA/ICS (PT010)

COPD & Asthma development programme continued

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Japanese healthy volunteers	**Phase I (BGF PK in Japanese subjects)** **NCT02197975**	N = 20	Treatment (2-week Treatment Period) • **ARM 1:** BGF MDI 320/14.4/9.6 µg • **ARM 2:** BGF MDI 160/14.4/9.6 µg • **ARM 3:** Placebo MDI Randomized, double-blind, placebo-controlled, 2-period, ascending-dose and crossover Estimated time from FSFV to DBL is approximately 8 weeks. Japan	• Overall safety • PK parameters AUC_{0-12} and Cmax	• FPD: Q3 14 • LSI: Q3 14* • Est. topline results: Q4 14 * Clinically completed
Japanese healthy volunteers	**Phase I (GFF PK in Japanese subjects)** **NCT02196714**	N = 24	Treatment (4-day Treatment Period) • **ARM 1:** GFF MDI 14.4/9.6 µg • **ARM 2:** GFF MDI 28.8/9.6 µg • **ARM 2:** GP MDI 14.4 µg • **ARM 2:** GP MDI 28.8 µg Randomized, double-blind, single-dose, 4-Period, 4-treatment and crossover Estimated time from FSFV to DBL is approximately 13 weeks. Japan	• Overall safety • PK parameters AUC_{0-12} and Cmax	• FPD: Q3 14 • LSI: Q3 14* • Est. topline results: Q4 14 * Clinically completed

MABA (AZD2115)

COPD clinical development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
COPD	**Phase IIa** **MISTRAL** **NCT01498081**	N = 39	• **ARM 1:** AZD2115, 25 µg (iNeb) • **ARM 2:** AZD2115, 80 µg (iNeb) • **ARM 3:** AZD2115, 240 µg (iNeb) • **ARM 4:** indacaterol, 150 µg • **ARM 5:** indacaterol, 150 µg + tiotropium, 18 µg • **ARM 6:** placebo Conducted in Sweden and Poland	• Peak and trough FEV1	• FPD: Q1 12 • Completed • Est. external presentation: 2016
COPD	**Phase IIa** **NCT02109406**	N = 30	• **ARM 1:** AZD2115, 50 µg BID (pMDI) • **ARM 2:** AZD2115, 100 µg BID (pMDI) • **ARM 3:** placebo Multiple-dose and 3-way crossover Conducted in US	• FEV1 AUC(0-12) relative to baseline following chronic dosing on Day 15	• FPD: Q2 14 • Completed • Est. external presentation: 2016

p38 inhibitor (AZD7624)

COPD development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Healthy subjects	**Phase I** **NCT01754844**	N = 48	**SAD** • Five different dose levels investigated vs placebo • Inhaled (nebulised) administration Study conducted in the UK	• Safety and tolerability following inhaled administration with single ascending dose	• FPD: Q1 13 • Completed • Est. publication: Q3 15
Healthy subjects and COPD	**Phase I** **NCT01817855**	N = 47	**MAD** • Different dose levels investigated vs placebo in healthy volunteers and patients with COPD • Inhaled (nebulised) administration Study conducted in the UK	• Safety and tolerability in healthy subjects and patients with COPD following administration of multiple ascending inhaled doses	• FPD: Q3 2013 • Completed • Est. publication: Q3 15
Healthy subjects	**Phase Ib** **LPS** **NCT01937338**	N = 30	• 2-way cross-over RCT • Single administration of 1200µg of AZD7624 or placebo at 0.5 hours prior to lipopolysaccharide (LPS) challenge. • Inhaled (nebulised) administration Study conducted in the UK	• Effect on neutrophils in induced sputum after oral inhalation of LPS, compared to placebo	• FPD: Q4 2013 • Completed • Est. publication: Q2 15
COPD	**Phase IIa** **NCT02238483**	N = 212	• **ARM 1**: AZD7624, 1.0mg • **ARM 2**: placebo • Inhaled (nebulised) administration Study conducted in US, EU, South Africa & South America	• Effect on rate of exacerbations and lung function compared to placebo	• FPD: Q4 2014 • LSI: Q4 2015 • Est. topline results: Q1 16

DPP1 inhibitor (AZD7986)

COPD development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Healthy subjects and COPD	**Phase I** **NCT02303574**	N = up to 152	**Part 1 (SAD)** • Five different dose levels investigated vs placebo • oral administration	• Safety and tolerability and PK following oral administration with single ascending dose • Preliminary assessment of the effect of food on the single dose PK parameters of AZD7986	• FPD: Q4 14 • LSI: Q1 15 • Est. publication: 2016
			Part 2 (MAD) • Three different dose levels investigated vs placebo in healthy volunteers and patients with COPD • oral administration Study conducted in the UK	• Safety and tolerability & PK in healthy subjects following administration of multiple ascending oral doses • NE activity	• FPD: Q1 15 • LSI: Q3 15 • Est. completion: Q3 15 • Est. publication: 2016

RDEA3170 (SURI, URAT 1 inhibitor)

Gout development programme

Patient Population	Phase Study	# of patients	Design	Primary endpoint	Status
Monotherapy study in 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 and Safety at Week 24	• FPD: Q3 13 • LSI: Q4 13 • Study complete • Est. external presentation: H1 16
Monotherapy study in Japanese patients with gout or asymptomatic hyperuricemia	**Phase II** **NCT02078219**	N = 200	• **Arm A**: Placebo • **Arm B**: RDEA3170 5 mg QD • **Arm C**: RDEA3170 10 mg QD • **Arm D**: RDEA3170 12.5 mg QD • **Arm E**: Open-label Allopurinol 100mg BID	• To compare the efficacy of RDEA3170 monotherapy at Week 16 with placebo and Allopurinol.	• FPD: Q1 14 • LSI: Q3 14 • Est. completion: Q2 15 • Est. external presentation: H1 16
Combination therapy study with febuxostat in subjects with gout	**Phase II** **NCT02246673**	N = 200	• **Arm A**: RDEA3170 2.5 mg QD • **Arm B**: RDEA3170 5.0 mg QD • **Arm C**: RDEA3170 10 mg QD • **Arm D**: RDEA3170 15 mg QD *All arms include combination with 40 mg QD febuxostat for 7 days followed by combination with 80 mg QD febuxostat for 7 days	• To assess the PK and PD profiles of RDEA3170 administered with febuxostat	• FPD: Q4 14 • LSI: Q2 15 • Est. completion: Q3 15
Combination study with febuxostat for treating gout or asymptomatic hyperuricemia in Japanese patients	**Phase II** **NCT02317861**	N = 60	• **Arm A**: RDEA3170 2.5 mg QD + 10mg or 20mg QD febuxostat • **Arm B**: RDEA3170 5.0 mg QD + 10mg or 20mg QD febuxostat • **Arm C**: RDEA3170 5.0 mg QD + 20mg or 40mg QD febuxostat • **Arm D**: RDEA3170 10 mg QD + 20mg or 40mg QD febuxostat	• To assess the PD and safety profiles of RDEA3170 administered with febuxostat	• FPD: Q4 14 • LSI: Q2 15 • Est. completion: Q3 15

Tenapanor/AZD1722 (NHE3 inhibitor)

Phase II development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
End Stage Renal Disease (ESRD) patients on hemodialysis (HD) with hyperphosphatemia	**Phase IIb** **NCT02081534**	N = 150	• **ARM 1:** AZD1722,1 mg BiD • **ARM 2:** AZD1722, 3 mg BiD • **ARM 3:** AZD1722, 10 mg BiD • **ARM 4:** AZD1722, 30 mg BiD • **ARM 5:** AZD1722, 3 mg OD • **ARM 6:** AZD1722, 30 mg OD • **ARM 7:** Placebo Conducted in the US, UK, Slovakia, Poland	• **Change in serum phosphate levels** • Dose response relationship of AZD1722 on serum phosphate levels • Number of patients reaching serum phosphate goal levels vs placebo	• FPD: Q1 14 • LSI: Q3 14 • Topline results: Q1 15 • Est. external presentation: Q4 15
Patients with ESRD on HD	**Phase IIa** **NCT01764854**	N = 86	• **ARM 1:** AZD1722, starting dose 45 mg BiD, down titration based on tolerability • **ARM 2:** Placebo Conducted in the US	• **Reduction in mean weekly interdialytic weight gain (IDWG)** • Effect of AZD1722 on IDWG after weekly intervals of treatment	• FPD: Q1 13 • LSI: Q4 13 • Topline results: Q1 14 • Est. publication: Q4 15
Patients with Chronic Kidney Disease (CKD), Type 2 diabetes and albuminuria	**Phase IIa** **NCT01847092**	N = 140	• **ARM 1:** AZD1722, starting dose 15 mg BiD, dose escalation based on tolerability (max 60 mg BiD) • **ARM 2:** Placebo Conducted in the US, Germany	• **Changes in Urine Albumin to Creatinine Ratio (UACR)** • Effects on UACR, eGFR, blood pressure, p-NT-proBNP, s-cardiac troponin, u-aldosterone, p-renin activity, and bioimpedence.	• FPD: Q2 13 • LSI: Q4 14 • Est. topline results: Q2 15 • Est. external presentation: Q4 15
Patients with constipation predominant Irritable Bowel Syndrome (IBS-C)	**Phase IIb** **NCT01923428**	N = 360	• **ARM 1:** AZD1722, 5 mg BiD • **ARM 2:** AZD1722, 20 mg BiD • **ARM 3:** AZD1722, 50 mg BiD • **ARM 4:** Placebo Conducted in the US	• **Percent overall responder for both CSBM and abdominal pain** • Percent Complete Spontaneous Bowel Movement (CSBM) responders • Percent abdominal pain responders	• FPD: Q3 13 • LSI: Q2 14 • Topline results: Q4 14 • Est. external presentation: Q2 15

WEE-1 (AZD1775)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
p53 mutant PSR ovarian cancer	**Phase II** **NCT01357161**	N = 120	• **ARM 1:** carbo/paclitaxel + AZD1775 225mg • **ARM 2:** carbo/paclitaxel + placebo Global study 9 countries	• Progression Free Survival • Secondary endpoint: Overall Survival	• FPD: Q4 12 • LSI: Q3 14 • Completion: Q1 15 • Est. external presentation: Q2 16 (ASCO)
p53 mutant PR ovarian cancer	**Phase II** **NCT02272790**	N = 177	• **ARM 1:** chemotherapy + AZD1775 225mg • **ARM 2:** chemotherapy Global study	• Progression Free Survival • Secondary endpoint: Overall Survival	• FPD: Q1 15 • LSI: Q4 15 • Est. completion: Q2 16 • Est. external presentation: Q2 17 (ASCO)
Previously untreated Stage IV non-squamous NSCLC with TP53 mutations	**Phase II** **NCT02087241**	N = 130	• **ARM 1:** carboplatin + pemetrexed + AZD1775 225 mg BiD • **ARM 2:** carboplatin + pemetrexed + placebo Conducted in US	• Progression Free Survival • Secondary endpoint: Overall Survival	• FPD: Q1 14 • LSI: Q1 16 • Est. completion: Q4 16 • Est. external presentation: Q2 17 (ASCO)
Previously treated NSCLC with TP53 mutations	**Phase II** **NCT02087176**	N = 135	• **ARM 1:** docetaxel + AZD1775 225 mg BiD • **ARM 2:** docetaxel+ placebo 20-25 patient run in for safety and efficacy Conducted in US	• Progression Free Survival • Secondary endpoint: Overall Survival	• FPD: Q1 14 • LSI: Q3 15 • Est. completion: Q2 16 • Est. external presentation: Q2 17 (ASCO)

TORC 1/2 (AZD2014)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
2nd line ER+ metastatic breast cancer	**Phase II** **MANTA** **NCT02216786** Partnered*	N = 300	• **ARM 1:** Fulvestrant • **ARM 2:** Fulvestrant + AZD2014 50mg BD continuous dosing • **ARM 3:** Fulvestrant + AZD2014 125mg BD two days on, 5 off • **ARM 4**: Fulvestrant + everolimus The study will be conducted in Europe	• Progression Free Survival • Secondary endpoint: Overall Survival	• FPD: Q2 14 • LSI: Q4 15 • Est. completion: Q2 17 • Est. external presentation: Q4 17
ER+ advanced metastatic breast cancer	**Phase I** **NCT01597388**	N = 92	• SAD and MAD. Continuous and intermittent dosing schedules in combination with fulvestrant Sites in US	• Safety and tolerability of AZD2014 in combination with fulvestrant • Determination of steady state PK profile of AZD2014 in combination with fulvestrant	• FPD: Q2 12 • LSI: Q2 15 • Est. completion: Q3 15

*Collaborative study. Peter Schmid PI. Sponsor QMUL

FGFR (AZD4547)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced cancer who have failed standard therapy or for whom no standard therapy exists	**Phase I** **NCT01213160**	N = 33	• **Part A:** AZD4547 in ascending multiple doses given bd and od (c. 30 patients) • **Part B:** AZD4547 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	• Completed: Q2 13 • Est.external presentation: Beyond planning horizon

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:** placebo + 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
					• Recruitment closed: Q2 14
					• Est.external presentation: Beyond planning horizon

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 interim analysis: Q2 13 • Est. external presentation: Q4 14
Stage IIIB-IV NSCLC patients Biomarker-targeted 2L therapy	**Phase II/III Lung Master Protocol** **NCT02154490** Partnered with NCI and SWOG	N = 318 (AZD4547 arm only)	5-Arm study based on biomarker expression • **ARM 1:** MEDI4736Unmatched biomarker IVQ2W • **ARM 2:** AZD4547 (FGFR inhibitor) • **ARM 3:** CDK4/6 inhibitor • **ARM 4:** PI3K Inhibitor • **ARM 5:** HGFR Inhibitor	• Progression Free Survival (PFS) • Overall Survival (OS)	• FPD: Q4 14 • Est. completion date: Q2 22 (final data collection for primary outcome measure Ph III) • Est. external presentation: Beyond planning horizon

FGFR (AZD4547) continued

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced cancer who have failed standard therapy or for whom no standard therapy exists	**Phase I** **NCT00979134**	N = 94	• **Part A:** Ascending oral doses of AZD4547 to define maximum tolerated dose (MTD) and /or continuous, tolerable recommended dose (RD) • **Part B:** Dose expansion phase at RD defined in Part A • **Part C:** Expansion phase in patiens with FGFR1 and FGFR2 amplified tumours at the RD defined from Part A	• **Part A:** MTD and Recommended dose for Parts B and C • **Part B and C:** Safety and tolerability, PK and preliminary anti-tumour activity	• Completed: Q1 14 • Est. external presentation: Beyond planning horizon

ISIS-AR (AZD5312)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced solid tumours with androgen receptor pathway as a potential factor	**Phase I** **NCT02144051**	N = 90	**Part A: Dose escalation** • AZD5312 in ascending multiple doses given iv (c. 30 patients) **Part B: Dose expansion** • AZD5312 at recommended dose from Part A, given iv • **Arm 1:** Prostate cancer patients who have received a second generation antihormonal therapy (eg. abiraterone, enzalutamide) but have not responded (n=20). AZD5312 at RP2D • **Arm 2:** Prostate cancer patients who have initially responded to a second generation anti-hormonal therapy, but later relapsed (n=20). • **Arm 3:** Non-mCRPC patient population (eg. breast, bladder, ovarian) expansion, where AR pathway may be a potential factor (n=20).	• **Part A:** MTD and Recommended dose for Parts B. Safety and tolerability and preliminary anti-tumour activity • **Part B** (prostate patients) Response rate, blood PSA, circulating tumour cell enumeration, disease progression	• FPD: Q2 14 • Est. completion: Q2 16 • Est. external presentation: Beyond planning horizon

AKT (AZD5363)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Breast and gynaecological cancers with PIK pathway mutation	**Phase I** **NCT01226316**	N = 20 per arm	Monotherapy AZD5363 480mg BD 4 days on 3 days off • **Part C arm 1:** Breast with PIK3CA mutation • **Part C arm 2:** Gynaecological with PIK3CA mutation • **Part D arm 1:** Breast with AKT-1 mutation • **Part D arm 2:** Gynaecological with AKT-1 mutation • **Part D arm 3:** other tumours with AKT-1 mutation Possible expansion up to 120 patients per arm	• Safety and tolerability • Response Rate (ORR)	• FPD: Q3 13 • Est. completion: Q4 15
ER+ breast cancer receiving 1st treatment with paclitaxel in the advanced setting	**Phase IIb** **NCT01625286**	N = 100	• **ARM 1:** AZD5363 + paclitaxel • **ARM 2:** Paclitaxel alone Two strata: PIK3CA mutation positive vs Mutation not detected	• Progression Free survival (PFS) • Response rate (ORR) & overall survival are secondary endpoints	• FPD: Q1 14 • Est. completion: Q4 16 • Est. external presentation: Q2 15 (Part A dose escalation)
All-comers solid tumours	**Phase I** **NCT01895946**	N = min 12-24	• Comparison of PK between new tablet and original capsule formulation and preliminary assessment of food effect on tablet PK • AZD5363 monotherapy 480mg bd 4 days on 3 days off • 12 pts for each of formulation switch and food effect	• PK	• Tablet-capsule comparison completed in Q3 14 & formulations declared comparable • Assessment of food effect ongoing with Est. completion: Q2 15

*Collaborative study. Peter Schmid PI. Sponsor QMUL

PI3Kα/δ inhibitor (AZD8835)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Women with estrogen receptor positive HER-2 negative advanced breast cancer with and without PIK3CA mutations	**Phase I** **NCT02260661**	N = 100	**Part A:** AZD8835 single agent dose escalation **Part B:** AZD8835 single agent dose expansion **Part C:** AZD8835 in combination with fulvestrant dose escalation **Part D:** AZD8835 (at maximum tolerated dose or recommended phase II dose) in combination with fulvestrant dose expansion Study to be conducted in US & UK	• MTD and recommended Phase II dose of oral AZD8835 as a single agent and in combination with fulvestrant. • Safety and tolerability profile of oral AZD8835 as a single agent and in combination with fulvestrant	• FPD: Q4 14 • Est. completion: Q4 17 • Est. external presentation: Beyond planning horizon

MET (Savolitinib/AZD6094)

Phase I/II development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced cancer (all-comers)	**Phase I** **NCT01773018**	N = 50	• **Dose escalation study** Conducted in Australia	• Safety and tolerability	• FPD: Q1 12 • LSI: Q3 15 • Est. completion: Q4 15 • Est. external presentation: Q2 15 (AACR)
Advanced cancer (all comers)	**Phase I** **NCT01985555**	N =70	• **Dose escalation study** Conducted in China	• Safety and tolerability	• FPD: Q2 13 • LSI: Q2 15 • Est. completion: Q4 15 • Est. external presentation: Q2 15 (AACR)
Advanced gastric cancer (all-comers)	**Phase I** **NCT02252913**	N =50	• **Dose escalation study** Conducted in China	• Safety and tolerability	• FPD: Q4 14 • LSI: Q2 16 • Est. completion: Q4 16
Papillary renal cell cancer	**Phase II** **NCT02127710**	N =75	• **Single arm study:** AZD6094 600mg QD Conducted in UK, US, Canada	• Overall Response Rate	• FPD: Q2 14 • LSI: Q2 15 • Est. completion: Q4 15 • Est. external presentation: Q2 16 (ASCO)

ATR (AZD6738)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Solid tumours	**Phase I** **NCT02264678**	N = 119	• **MAD** North America – 1 site Europe – 3 sites	• Safety and tolerability • Efficacy	• FPD: Q4 14 • Est. completion: Q4 16 • Est. external presentation: 2017

PI3Kb/d (AZD8186)

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced CRPC/SqNSCLC/TNBC and patients with known PTEN-deficient tumours	**Phase I** **NCT01884285**	N = 96	• **Part A:** AZD8186 monotherapy in ascending intermittent doses in 2 schedules • **Part B:** AZD8186 monotherapy at recommended dose and schedule(s) from Part A in PTEN deficient patients with advanced cancer Study conducted in Canada, US & UK	• **Part A:** PK, MTD and Recommended dose and schedule(s) for Part B • **Part B:** Safety and tolerability and preliminary assessment of antitumour activity (POM)	• FPD: Q2 13 • Est. completion: Q2 17 • Est. external presentation: Q2 15 (AACR)

STAT3 (AZD9150)

Haematological malignancies development

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
HCC	**Phase I** **NCT01839604**	N = 64	• Dose-escalation and dose-expansion study • IV Study conducted in Japan, Korea, Taiwan and Hong Kong	• Safety and tolerability . • Recommended phase II dose and schedule	• FPD: Q2 13 • Est. completion: Q2 15 • External presentation: Q4 14
DLBLC	**Phase I/II*** **Partnered ISIS** **NCT01563302**	N = 55	• Dose-escalation and dose-expansion study • IV Study conducted in US	• Safety and tolerability . • Recommended phase II dose and schedule	• FPD: Q1 12 • Est. completion: Q2 15 • Est. external presentation: Q2 15

* clinicaltrials.gov being updated

EGFRM BBB (AZD3759)

Lung cancer with LM and/or brain metastases

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
EGFRm+ NSCLC	**Phase I** **NCT02228369**	N = 47	• MAD • Expansion in LM patients at RP2D with AZD3759 • Expansion in LM patients at 160mg with AZD9291 Study conducted in South Korea and Taiwan	• Safety and tolerability • Preliminary anti-tumour activity	• FPD: Q4 14 • Est. completion: Q4 16

Infection early development

Serious infections development programme

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
ATM-AVI (Aztreonam-Avibactam)	Healthy volunteers	**Phase I** **NCT01689207**	N = 12 N = 56 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 centre in UK	• Safety/tolerability • Pharmacokinetics (secondary)	• FPD Q4 12 • LSI: Q4 14 • Completed: Q4 14 • Est. presentation: Q3 15 (ICAAC)

* Study sponsored by the National Institutes for Allergy and Infectious Disease (NIAID)

Histamine H3 receptor inverse agonist (AZD5213)

Phase II clinical development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status

Tourette's Disorder	**Phase IIa**
	
	NCT01904773
		N = 18	• **Part 1:** Single blind to determine tolerability and PK in adolescent age group (age ≥12 to <18).
			• **Part 2:** Randomized, double-blind, six-period, three-treatment, cross-over
			  • **ARM 1:** AZD5213 low dose
			  • **ARM 2:** AZD5213 high dose
			  • **ARM 3:** Placebo
			
			US only study, 9 sites
				• Improvement in Total Tic Severity Score (TTS) on the Yale Global Tic Severity Scale (YGTSS) at the last day of receiving treatment.	• FPD: Q4 13
					• LSI: Q3 14
					• Study completed
					• Est. external presentation: 2016

Painful diabetic neuropathy	**Phase IIa**
	
	N**CT01928381**
		N = 32	• **Part 1:** Training to improve reliability to assess pain.
			• **Part 2:** Randomized, double-blind, three-period, three-treatment, cross-over
			  • **ARM 1:** AZD5213 + Pregabalin
			  • **ARM 2:** Pregabalin
			  • **ARM 3:** Placebo
			
			US only study, 9 sites
				• Significant change on average severity of pain (BPI-DPN).	• FPD: Q4 13
					• LSI: Q4 14
					• Est. topline results: Q2 15
					• Est. external presentation: 2016

NMDA (AZD8108)

Phase I clinical development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Healthy volunteers	**Phase I** **NCT02248818**	N = 40	• Randomized, double-blind, placebo-controlled Part 1 SAD 3 dosage-level cohorts Part 2 MAD 2 dosage-level cohorts US only study, one site	• Safety and tolerability Additional endpoints: • Pharmacokinetics • Pharmacodynamics	• FPD: Q4 14 • LSI: Q2 15 • Est. topline results: Q3 15 • Est. external presentation: 2015

NK3 Receptor Antagonist (AZD4901)

Phase II clinical development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Polycystic ovary syndrome patients with amenorrhea or oligomenorrhea	**Phase IIa** **NCT01872078**	N = 56	• **ARM 1:** AZD4901 20 mg QD • **ARM 2:** AZD4901 20 mg BiD • **ARM 3:** AZD4901 40 mg BiD • **ARM 4:** placebo 28 day dosing period Study sites in US, UK, Germany	• Change from baseline at day 7 in Luteinizing Hormone AUC(0-8) Secondary endpoints: • Change from baseline in free and total testosterone at day 7 & day 28	• Completed: Q4 14 • External presentation: Q1 15 (ENDO) and Q2 15 (ESHRE)

MedImmune

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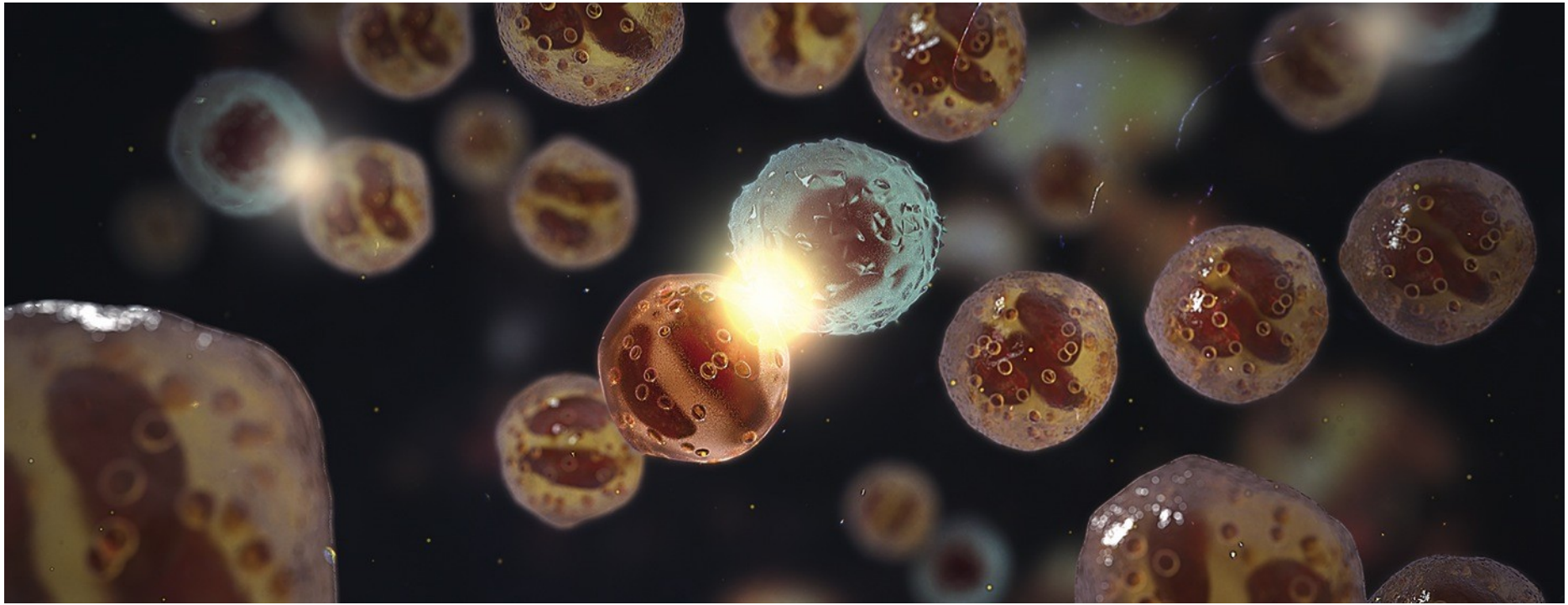
Early development programmes
Q1 2015 Results Update



Tralokinumab (anti-IL-13)

IPF development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Adults with Idiopathic Pulmonary Fibrosis	**Phase II** **NCT01629667**	N = 186	• **ARM 1:** Tralokinumab high dose 800mg IV • **ARM 2:** Tralokinumab low dose 400mg IV • **ARM 3:** Placebo IV High dose: low dose: placebo (1:1:1) Global study – 6 countries	• Change from baseline in percent-predicted forced vital capacity at week 68 Key Secondary Endpoints: • No. of patients with disease progression • Safety and tolerability • Tralokinumab serum concentration	• FPD: Q4 12 • Est. topline results: Q2 16 • Interim analysis: Q3 15 • Est. external presentation: Beyond planning horizon
Japanese adults with Idiopathic Pulmonary Fibrosis	**Phase II** **NCT02036580**	N = 20	<u>Cohort 1:</u> • **ARM 1:** Tralokinumab Low dose 400mg IV • **ARM 2:** Placebo IV <u>Cohort 2 :</u> • **ARM 1:** Tralokinumab High dose 800mgIV • **ARM 2:** Placebo IV 8:2 randomisation in both cohorts Japan only study	• Safety and tolerability Key Secondary Endpoints: • Tralokinumab serum concentration • Immunogenicity	• FPD: Q1 14 • Est. topline results: Q4 15 • Est. external presentation: Beyond planning horizon

Tralokinumab (anti-IL-13)

Atopic Dermatitis development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Adults with atopic dermatitis	**Phase II** **NCT02347176**	N = 18	• **ARM 1:** Tralokinumab dose 45mg SC • **ARM 2:** Tralokinumab dose 150mg SC • **ARM 3:** Tralokinumab dose 300mg SC • ARM4: Placebo SC Global study – 6 countries	• Change from baseline in SCORAD at week 12 Key Secondary Endpoints: • Percentage of subjects achieving IGA of 0 or 1 • Change from baseline in EASI • Percentage of subjects achieving EASI50 and SCORAD50 • Change from baseline in puritis • Safety and tolerability • Tralokinumab serum concentration	• FPD: Q1 15 • Est. topline results: Q2 16 • Est. external presentation: Beyond planning horizon

Anti-IL-13 (MEDI7836)

Asthma development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Healthy volunteers	**Phase I** **NCT02388347**	N = 32	• Cohort 1: 30 mg MEDI7836 (n = 6) or placebo (n = 2) as a single SC dose • • Cohort 2: 105 mg MEDI7836 (n = 6) or placebo (n = 2) as a single SC dose • • Cohort 3: 300 mg MEDI7836 (n = 6) or placebo (n = 2) as a single SC dose • • Cohort 4: 600 mg MEDI7836 (n = 6) or placebo (n = 2) as a single SC dose	• Safety and tolerability	• FPD: Q1 15 • LSI: Q3 15 • Est. topline results : Q4 15 • Est. external presentation: Beyond planning horizon

Anti-TSLP (MEDI9929)

Asthma development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Adult subjects with inadequately controlled, severe asthma	**Phase II** **PATHWAY** **NCT02054130** Partnered	N = 552	• **ARM 1:** Placebo • **ARM 2:** Low dose MEDI9929 70mg SC • **ARM 3:** Medium dose MEDI9929 210mg SC • **ARM 4:** High dose MEDI9929 280mg SC	• Reduction in the annualized asthma exacerbation rate (AER) measured at Week 52	• FPD: Q2 14 • LSI: Q3 15 • Est. topline results: Q4 16 • Est. external presentation: Beyond planning horizon

Sifalimumab (anti-interferon α)

SLE development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
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	• FPD: Q3 10 • Topline results: Q1 15 • Est. external presentation: Beyond planning horizon

Anifrolumab (anti-type I IFN receptor)

SLE development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Moderate-severe SLE patients	**Phase II** **NCT01438489**	N = 307 (final)	• **ARM 1:** 300 mg IV MEDI-546 Q4W for 48 weeks • **ARM 2:** 1000 mg IV MEDI-546 Q4W for 48 weeks • **ARM 3:** placebo IV Q4W for 48 weeks	• Response in SLE responder index at 6 months	• FPD: Q1 12 • Topline results: Q3 14 • Est. external presentation: Q4 15 (ACR)
Moderate-severe SLE patients	**Phase II** **NCT01753193**	N = 240	• **ARM 1:** MEDI-546, IV Q4W for 104 weeks	• Open-label extension to evaluate long-term safety and tolerability	• FPD: Q1 13 • Est. topline results: Q3 17 • Est. external presentation: Beyond planning horizon

Anti-B7RP-1 (MEDI5872)

SLE development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
SLE and lupus related inflammatory arthritis	**Phase I** **NCT01683695** Partnered	N = 40	**Dose escalation study:** • **ARM 1:** MEDI5872 SC • **AMR 2:** placebo SC Global study – 8 countries	• Safety and tolerability • Lupus Arthritis Response Rate	• FPD: Q2 12 • Est. topline results: Q2 16 • Est. external publication: Beyond planning horizon
Primary Sjögren's Syndrome	**Phase IIa** **NCT02334306** Partnered	N = 42	• **ARM 1:** MEDI5872 210 mg SC QW for 3 weeks and then Q2W for 9 weeks • **ARM 2:** placebo SC QW for 3 weeks and then Q2W for 9 weeks Global study – 5 countries	• Safety and tolerability • Change in the ESSDAI score from baseline to Day 99.	• FPD: Q1 15 • Est. topline results: Q1 17 • Est. external publication: Beyond planning horizon

Mavrilimumab (anti-GMCSF)

RA development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
RA patients who have failed 1 or 2 anti-TNF for efficacy, intolerance or safety, OR **Inadequate response to DMARDs**	**Phase II** **EARTH** **Explorer 2** **NCT01715896**	N = 138	• **ARM 1:** Mavrilimumab 100mg SC • **ARM 2:** golimumab 50 mg Global study (ex-US) on MTX background; 17 countries	• ACR 20/50/70 at wk 24 • DAS28 remission • Function (HAQ-DI)	• FPD: Q1 13 • LSI: Q2 14 • Topline results: Q4 14 • Est. external presentation: Q4 15 (ACR)
Eligible RA patients from Explorer 1 & 2	**Phase II** **EARTH** **Explorer X** **NCT01712399**	N = 400	• **ARM 1:** Mavrilimumab 100mg SC Open label extension of EARTH Explorer 1 & 2 Global study (ex-US) on MTX background; 23 countries	• Safety and exploratory efficacy	• FPD: Q1 13 • OLE, Est. topline results: Q4 15 • Est. external presentation: Beyond planning horizon
Healthy Japanese subjects	**Phase I** **NCT02213315**	N = 24	• **ARM 1:** Mavrilimumab medium dose 100mg SC • **ARM 2:** Mavrilimumab high dose 150mg SC • **ARM 3**: Placebo SC UK Study; Japanese subjects	• Pharmacokinetic profile • Safety and tolerability	• FPD: Q3 14 • LSI: Q3 14 • Topline results: Q4 14 • Est. external presentation: Q4 15 (ACR)

Autoimmunity biologics early development

Phase I/II/III clinical development programmes

Compound	Patient population	Phase Study	# of patients	Design	Endpoint(s)	Status
Anti-CD19 mAb (MEDI-551)	**Adults with Neuromyelitis Optica and Neuromyelitis Optica Spectrum Disorders (NMO/NMOSD)**	**Phase II/III** **NCT02200770**	N = 212	• **ARM 1:** MEDI-551500mg IV • **ARM 2:** placebo IV • Open-label extension 300mg Global study 26 Countries	• **Primary:** Time to attack • **Secondary:** Attack rate, safety and tolerability	• FPD: Q1 15 • LSI: Q3 17 • Est. topline results: Q1 18 • Est. external presentation: Beyond planning horizon
	Adults with multiple sclerosis	**Phase I** **NCT01585766**	N = 28	• Cohort 1: 30 mg × 2 IV MEDI-551 (n = 6) or IV placebo × 2 (n = 2) • Cohort 2: 100 mg × 2 IV MEDI-551 (n = 3) or IV placebo × 2 (n = 1) • Cohort 3: 60 mg × 1 SC MEDI-551 (n = 3) or SC placebo × 1 (n = 1) • Cohort 4: 300 mg × 1 SC MEDI-551 (n = 3) or SC placebo × 1 (n = 1) • Cohort 5: 600 mg × 2 IV MEDI-551 (n = 6) or IV placebo × 2 (n = 2) Global study	• Safety, PK	• FPD: Q3 12 • LSI: Q3 14 • Est. topline results: Q2 15 • External data presentation: Q4 15
Anti-CD40L (MEDI4920)	**Healthy adults**	**Phase I** **NCT02151110**	N = 56	• Cohort 1: 3 mg MEDI4920 (n = 2) or placebo (n = 1) as a single IV dose • Cohort 2: 10 mg MEDI4920 (n = 2) or placebo (n = 1) as a single IV dose • Cohort 3: 30 mg MEDI4920 (n = 3) or placebo (n = 2) as a single IV dose • Cohort 4: 100 mg MEDI4920 (n = 8) or placebo (n = 2) as a single IV dose • Cohort 5: 300 mg MEDI4920 (n = 8) or placebo (n = 2) as a single IV dose • Cohort 6: 1000 mg MEDI4920 (n = 8) or placebo (n = 2) as a single IV dose • Cohort 7: 2000 mg MEDI4920 (n = 8) or placebo (n = 2) as a single IV dose	• Safety, tolerability, and pharmacokinetics, anti-drug antibody, inhibition of T-cell dependent antibody response	• FPD: Q2 14 • LSI: Q4 15 • Topline results: Q1 16 • Est. external presentation: Beyond planning horizon

Cardiovascular biologics early development

Phase I clinical development programme

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
rhLCAT (MEDI6012)	**Adults with stable coronary artery disease and low HDL**	**Phase I** **NCT01554800**	N = 16	• SAD IV	• Safety • Changes in total HDL • Change in Cholestryl Ester	• Completed by Alphacore
rh-Factor II (MEDI8111)	**Healthy male subjects**	**Phase I** **NCT01958645**	N = 12	• SAD IV administration UK study site	• Safety profile in terms of adverse events (AE), vital signs, ECG, telemetry, lab variables, immunogenicity and physical examination	• FPD: Q4 13 • LSI: Q4 14 • Completed: Q4 14 • Est. external presentation: Beyond planning horizon
GLP-1-Glu MEDI0382	**Healthy male subjects**	**Phase I** **NCT02394314**	N = 64	• SAD SC administration Germany	• Safety profile in terms of adverse events (AE), vital signs, ECG, telemetry, lab variables, nausea, immunogenicity and physical examination	• FPD: Q1 15 • LSI: Q4 15 • Est. topline results: Q3 15 • External data presentation: Q2 16

Immuno-oncology portfolio

Monotherapy early development programme

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
PD-1 (MEDI0680)	**Solid tumours**	**Phase Ia** **NCT02013804**	N = 78	• Dose escalation (3+3) & expansion study • Study amended to explore Q2W schedule and doses > 10mg/kg	• Safety and tolerability	• FPD: Q4 13 • LSI: Q2 15 (escalation) • LSI: Q2 16 (expansion) • Est. topline results: Q4 16 • Est. external presentation: Q3 15 (ESMO)
PD-L1 (MEDI4736)	**Solid tumours**	**Phase I/II** **NCT01693562**	N = 802	• **Dose Escalation:** 5 cohorts at Q2W and 1 cohort at Q3W • **Dose Expansion:** 16 tumor type cohorts at the Q2W MTD defined during dose escalation; one cohort at 20mg Q4W Global study – 8 countries	• Safety • Optimal biologic dose • Secondary endpoints include PK, immunogenicity and antitumor activity	• FPD: Q3 12 • LSI: Q2 15 • Est. topline results: Q2 16 • Est. external presentations: Q2 15 (ASCO) • Further potential update: Q3 15 (ESMO)
PD-L1 (MEDI4736)	**Myelodysplastic syndrome**	**Phase I** **NCT02117219**	N = 70	Dose-escalation and dose-expansion study • **ARM 1:** MEDI4736 IV Global study – 4 countries	• Safety and tolerability • Secondary endpoints include duration of response, progression free survival and overall survival	• FPD: Q2 14 • LSI: Q2 15 (40 pts) • LSI: Q4 15 (70 pts) • Est. topline results: Q4 15 • Est. external presentation: Q4 15 (ASH)

Anti-PD-L1 (MEDI4736) + *Iressa* (gefitinib)

NSCLC development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
NSCLC (Escalation phase) **EGFR M+ NSCLC naïve to EGFR-TKI therapy (Expansion phase)**	**Phase I** **NCT02088112**	N = 47	**Escalation phase** Standard 3+3 design with 28 days DLT period • Gefitinib (QD) + MEDI4736 IV **Expansion phase** • Gefitinib (QD) + MEDI4736 IV recommended dose Global study – 3 countries	• Safety • Optimal biologic dose for the combination • Secondary endpoints include tumour response (CR, PR, SD, PD), Objective response rate, disease control rate, progression-free survival, immunogenicity, pharmacokinetics, pharmacodynamics	• FPD: Q2 14 • LSI: Q1 15 • Est. topline results: Q4 17 • Est. external communication: Beyond planning horizon

Anti-PD-L1 (MEDI4736) + dabrafenib/trametinib (GSK)

Melanoma development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	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 BiD/ trametinib 2mg QD/ MEDI4736 IV • **Cohort B** trametinib 2mg QD/ MEDI4736 IV • **Cohort C** trametinib 2mg QD/ MEDI4736 IV **Dose Expansion:** • Each cohort will be expanded at the MTD to enroll a total of 20 subjects per cohort Global study – 2 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, Pharmacokinetics and immunogenicity	• FPD: Q1 14 • LSI: Q4 15 • Est. topline results: Q1 17 • Est. external communication: Beyond planning horizon

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

Solid tumours development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
NSCLC **(Immunotx naïve and Immunotx pretreated patient cohorts)**	**Phase Ib** **NCT02000947**	N = 301	• **Dose Escalation:** minimum 5 cohorts exploring various treme Q4W and MEDI4736 IV Q4W dose combinations, higher dose levels and alternate Q2 schedule added with amendment • **Dose Expansion:** MTD for the combination in escalation to be explored in expansion North American study centres, exploration of 1-2 ex-US countries for expansion	• Safety • Optimal biologic dose for the combination • Secondary endpoints include Antitumour activity, PK and immunogenicity	• FPD: Q4 13 • LSI: Q3 15 • Est. topline results: Q4 17 • Est. external presentation: Q2 15 (ASCO)
Solid tumours (Basket study)	**Phase I** **NCT02261220**	N = 210	• **Dose Exploration:** *2* cohorts exploring various Q4W treme and MEDI4736 dose combinations and 2 cohorts exploring various Q2W treme and MEDI4736 dose combinations • **Dose Expansion:** MTD for the combination in escalation to be explored in expansion cohorts specific for each of 5 tumour types US-only study centres	• Safety & tolerability • Optimal biologic dose for the combination • Secondary endpoints include Antitumour activity, PK/PD and immunogenicity	• FPD: Q4 14 • LSI: Q1 16 • Est. topline results: Q1 17 • Est. external presentation: Q3 15 (ESMO)
SCCHN	**Phase I** **NCT02262741**	N = 164	• **Cohort A:** treatment-naïve, PD-L1+, combo tx • **Cohort B:** treatment-naïve, PD-L1-, combo tx • **Cohort C:** 2L-4L, PD-L1+, combo tx • **Cohort D:** 2L-4L, PD-L1+, treme only Global study – 5 countries	• Safety & tolerability • Secondary endpoints include OR, DC, DoR, PFS, OS, PK/PD, immunogenicity and biomarkers	• FPD: Q4 14 • LSI: Q1 16 • Est. Topline results: Q1 17 • Est. external presentation: Q2 15 (ASCO)

Anti-PD-1 (MEDI0680)+ Anti-PD-L1 (MEDI4736)

Advanced malignancies development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced malignancies	**Phase I** **NCT02118337**	N = 150	**Dose-escalation phase** • MEDI4736 IV + MEDI0680 IV **Dose-expansion phase at selected dose from dose-escalation phase** • MEDI4736 IV + MEDI0680 IV recommended dose	• Safety • Determination of MTD • Secondary endpoints include tumour response such as objective response rate, disease control rate, progression-free survival, duration of response, overall survival, immunogenicity, pharmacokinetics, pharmacodynamics	• FPD: Q2 14 • LSI: Q3 15 • Est. topline results: Q2 17 • Est. external presentation: Q3 15 (ESMO)

Murine Anti-OX40 (MEDI6469) + combinations

Advanced malignancies development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced malignancies	**Phase I/II** **NCT02205333**	N = 212	**Dose-escalation phase** • MEDI6469 IV monotherapy • MEDI6469 IV + MEDI4736 IV • MEDI6469 IV + tremelimumab IV • MEDI6469 IV + rituximab IV **Dose-expansion phase at selected dose from dose-escalation phase** • MEDI6469 IV + MEDI4736 IV • MEDI6469 IV + tremelimumab IV • MEDI6469 IV + rituximab IV US-only study centres	• Determination of MTD • Safety • Secondary endpoints include antitumour activity, pharmacokinetics, and immunogenicity	• FPD: Q3 14 • LSI: Q3 16 • Est. topline results: Q1 17 • Est. external communication: Beyond planning horizon

OX40 agonist (MEDI6383)

Advanced malignancies development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced malignancies	**Phase I** **NCT02221960**	N = 116	**Dose-escalation phase** • MEDI6383 IV **Dose—expansion phase** • MEDI6383 IV recommended dose US-only study centres	• Safety • Determination of MTD • Secondary endpoints include preliminary antitumour activity, pharmacokinetics, Biomarker activity, and immunogenicity	• FPD: Q3 14 • LSI: Q3 16 • Est. topline results: Q1 17 • Est. external communication: Beyond planning horizon

OX40 agonist (MEDI0562)

Advanced malignancies development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Advanced malignancies	**Phase I** **NCT02318394**	N = 50	**Dose-escalation phase** • MEDI0562 IV **Dose-expansion phase** • MEDI0562 IV recommended dose • US-only study centres	• Safety • Determination of MTD • Secondary endpoints include preliminary antitumor activity, pharmacokinetics, biomarker activity, and immunogenicity	• FPD: Q1 15 • LSI: Q3 16 • Est. topline results: Q2 17 • Est. external communication: Beyond planning horizon

Anti-CD19 (MEDI-551)

Haematological malignancies development programme

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Adults with relapsed or refractory B-cell chronic lymphocytic leukemia (CLL)	**Phase II** **NCT01466153**	N = 180	• **ARM 1:** MEDI-551 IV (dose-level 1) and Bendamustine • **ARM 2:** MEDI-551 IV (dose-level 2) and Bendamustine • **ARM 3:** Rituxan and Bendamustine Open-label study	• ORR, including Complete Response (CR) or Partial Response (PR)	• FPD: Q1 12 • Est. topline results: Q1 16 • Est. external presentation: Q4 15 (ASH)
Adults with relapsed or refractory B-cell diffuse large B-cell lymphoma (DLBCL)	**Phase II** **NCT01453205**	N = 170	• **ARM 1:** MEDI-551 dose level 1 and ICE/DHAP • **ARM 2:** MEDI-551 dose level 2 and ICE/DHAP • **ARM 2:** Rituxan + ICE/DHAP Open-label study	• ORR, including Complete Response (CR) or Partial Response (PR)	• FPD: Q1 12 • Est. topline results: Q4 18 • Est. external communication: Beyond planning horizon
Adults with relapsed or refractory B-cell malignancies	**Phase I/II** **NCT00983619**	N = 193	• **Arm A:** MEDI-551 IV dose escalation study and expansion (FL/CLL/DLBCL/MM) • **Arm B:** MedI-551 IV dose escalation and expansion (CLL) • **Arm C:** MEDI-551 IV dose escalation and expansion with Rituximab (DLBCL) • **Arm D:** MEDI-551 IV (CD20 refractory DLBCL)	• MTD and efficacy • Safety and tolerability • Clinical activity of MEDI-551	• FPD: Q2 10 (Arm A) • FPD: Q2 14 (Amended Arms B – D) • Est. topline results: Q4 17 • Est. external communication: Beyond planning horizon
Adults with relapsed or refractory B-cell malignancies	**Phase I** **NCT01957579**	N = 18	• Dose-escalation study IV Conducted in Japan	• MTD and efficacy	• FPD: Q2 11 • Est. topline results: Q4 16 • Est. external presentation: Beyond planning horizon
Adults with relapsed/refractory aggressive B-cell lymphomas	**Phase I/II** **NCT02271945**	N = 38	• MEDI-551 and MEDI0680 (AMP-514) IV Open-label study	• MTD and efficacy • Safety and tolerability • Clinical activity of MEDI-551vin combination with MEDI0680	• FPD: Q4 14 • Est. topline results: Q2 19 • Est. external communication: Beyond planning horizon

Moxetumomab Pasudotox (anti-CD22)

Haematological malignancies development programmes

Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Adults with relapsed refractory HCL	**Phase I** **NCT00586924**	N = 49	• Open Label dose escalation study	• MTD and efficacy	• FPD: Q2 07 • LSI: Q1 14 • Topline results : Q1 15 • Est. external presentation: Q4 15 (ASH)
Adults with relapsed or refractory HCL	**Phase III** **NCT01829711**	N = 77	• Multicentre, single-arm, open-label study	• Primary: Rate of durable CR: CR maintained for > 180 days • Efficacy: CR rate, ORR, Duration of CR and ORR, time to response (TTR), PFS • Safety and tolerability • PK and immunogenicity	• FPD: Q2 13 • Est. topline results: Q2 17 • Est. external communication: Beyond planning horizon
Children, adolescents and young adults with refractory ALL or NHL	**Phase I** **NCT00659425**	N = 55	• Multicentre, dose escalation study	• To estimate MTCD • To characterize tolerability and safety profile • To study clinical PK • To observe anti-tumor activity	• FPD: Q3 08 • LSI: Q2 14 • Est. completion: Q4 15 • Est. external presentation: Q2 15 (EHA)
Pediatrics with relapsed or refractory pALL or lymphoblastic lymphoma of B-cell origin	**Phase II** **NCT02227108**	N = 76	• Multicentre, single-arm, open-label study	• Primary: CRc rate (CR + CRi) • Efficacy: MRD negative CRc rate, ORR (CR, CRi, PR), rate of eligibility for stem cell transplant, DCOR, DOR, PFS and OS • Safety and tolerability • Evaluate PK	• FPD: Q3 14 • LSI: Q2 16 • Est. topline results: Q4 17 • Est. external communication: Beyond planning horizon

Oncology biologics early development

Solid tumours development programme

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Anti-Ang2 mAb (MEDI3617)	**Solid tumours and ovarian cancer**	**Phase I** **NCT01248949**	N = 16	• MEDI3617 + bevacizumab dose escalation, administered Q3W, IV (US only)	• Safety and tolerability	• FPD: Q4 10 • LSI: Q2 15 • Est. topline results: Q3 17 • Est. external presentation: Beyond planning horizon
			N = 13	• MEDI3617 + paclitaxel dose escalation, IV (US only)		
			N = 7	• MEDI3617 + carboplatin + paclitaxel dose escalation, IV (US only)		
			N = 27	• MEDI3617 + bevacizumab dose escalation, administered Q2W , IV (US only)		
			N = 17	• MEDI3617 single-agent expansion in ovarian cancer patients, IV (US only)		
			N = 15	• MEDI3617 + bevacizumab dose expansion in recurrent malignant glioma • US-only study centres		
Anti-IGF ligand mAb (MEDI-573)	**Patients with HR+ HER2-, 1L, metastatic breast cancer taking aromatase inhibitors**	**Phase I/II** **NCT01446159**	N = 176	• **ARM 1:** MEDI-573 IV and Aromatase Inhibitor • **ARM 2:** Aromatase Inhibitor alone Open label study	• Progression Free Survival • Retrospective evaluation of predictive biomarker +ve subgroups	• FPD: Q2 12 • LSI: Q2 13 • Est. topline results: Q1 18 • Est. external presentation: Beyond planning horizon

Oncology biologics early development

Solid tumours development programme

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Anti-CEA BiTE mAb (MEDI-565)	**Adults with gastrointestinal (GI) adenocarcinoma with no available standard or curative treatments.** **Refractory pancreatic, colorectal and gastro-esophageal cancers**	**Phase I** **NCT01284231** Partnered	N = 51 max N = 60 max, 20 in each cohort	• Dose-escalation (3+3), IV • Dose expansion study, IV	• MTD and safety profile	• FPD: Q1 11 • Est. topline results: Q4 15 • Est. external presentation: Beyond planning horizon
Anti-DLL4 mAb (MEDI0639)	**Adults with advanced solid tumours including SCLC**	**Phase I** **NCT01577745**	N = up to 28	• Dose-escalation study (3+3); IV	• MTD and safety profile	• FPD: Q2 12 • LSI: Q2 15 • Est. topline results: Q4 16 • Est. external presentation: 2016

Infectious diseases biologics early development

Phase I/II clinical development programmes

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Anti-Staph AT (MEDI4893)	**Intubated ICU**	**Phase II** **EudraCT 2014-001097-34**	N = 462	• Placebo-controlled, single-dose, dose-ranging • Route of administration: intravenous	• Efficacy and Safety	• FPD: Q4 14 • Est. topline results: Q4 17 • Est. external presentation: Beyond planning horizon
RSV sF+GLA-SE (MEDI7510)	**Adults ≥ 60 yrs**	**Phase Ia** **NCT02115815** **Phase Ib** **NCT02289820**	N = 144 N = 264	• Double blind, randomized, placebo and active controlled cohort escalation study • Route of administration: intramuscular	• Safety and tolerability • Humoral and cell-mediated immune responses	• FPD: Q2 14 • Est. topline results: Q3 14 • Est. external presentation: Q1 15 • FPD: Q1 15 • Est. topline results: Q1 16 • Est. external presentation: Beyond planning horizon
Anti-RSV mAb-YTE (MEDI8897)	**Healthy adults** **32-35 WK GA infants**	**Phase Ia** **NCT02114268** **Phase Ib/IIa** **NCT02290340**	N = 136 N = 90	• **ARM 1:** MEDI8897 IV & IM • **ARM 2:** Placebo • **ARM 1:** MEDI8897 IM • **ARM 2:** Placebo	• Evaluate Safety, Tolerability, PK and ADA • Evaluate Safety, Tolerability, PK and ADA	• FPD: Q2 14 • Est. topline results: Q2 15 • External presentation: Q4 15 International RSV Symposium • FPD: Q1 15 • Est. topline results: Q2 16 • Est. external presentation: Q1 16

Infectious diseases biologics early development

Phase I/II clinical development programmes

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Anti-Pseudomonas a. mAb (MEDI3902)	**Healthy adults**	**Phase I** **NCT02255760**	N = 56	• Randomized, Double-blind, Placebo-Controlled, Dose-Escalation Study • Route of administration: intravenous	• Evaluate the Safety, Tolerability, and Pharmacokinetics	• FPD: Q3 14 • LSI: Q1 15 • Est. topline results: Q2 15 • External presentation: 2015
Anti-influenza A mAb (MEDI8852)	**Healthy adults**	**Phase I** **NCT02350751**	N = 40	• Randomized, Double-blind, Placebo-Controlled, Dose-Escalation Study • Route of administration: intravenous	• Evaluate the Safety, Tolerability, and Pharmacokinetics	• FPD: Q1 15 • LSI: Q1 15 • Est. topline results: Q2 15 • External presentation: 2015

Vaccines biologics late development

Phase I/II clinical development programmes

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
MEDI3250 ***FluMist***	**Children 2 to 6 years of age**	**Phase III** **NCT02269488**	N = 100	• Open-label • Route of administration: intranasal	• Safety and tolerability	• FPD: Q4 14 • LSI: Q1 15 • Est. topline results: Q3 15 • External presentation: 2016
MEDI3250 ***FluMist***	**Children 7 through 18 years of age**	**Phase III** **NCT02269475**	N = 1008	• Randomize, double-blind placebo-controlled • Route of administration: intranasal	• Efficacy assessed by incidence of laboratory-confirmed influenza-like illness in the two treatment arms • Safety and tolerability	• FPD: Q4 14 • LSI: Q4 14 • Est. topline results: Q3 15 • External presentation: Q1 16

Neuroscience biologics early development

Phase I development programmes

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Anti-amyloid beta mAb (MEDI1814)	**Alzheimer's disease & healthy elderly**	**Phase I** **NCT02036645**	N = 121	• SAD & MAD • Up to 10 iv cohorts are planned vs placebo • 2 SC cohorts are planned vs placebo US only	• Safety, tolerability	• FPD: Q2 14 • LSI: Q2 16 • Est. topline results : Q1 17 • Est. external presentation: Beyond planning horizon

Gastrointestinal biologics early development

Phase I/II development programmes

Compound	Patient Population	Phase Study	# of patients	Design	Endpoint(s)	Status
Anti-α4β7 mAb (MEDI7183)	Moderate to severe ulcerative colitis	Phase II NCT01694485 Partnered	N = 360	• **ARM 1:** MEDI7183 dose level 1, SC • **ARM 2:** MEDI7183 dose level 2, SC • **ARM 3:** MEDI7183 dose level 3, SC • **ARM 4**: MEDI7183 dose level 4, SC • **ARM 5:** Matching Placebo, SC Global study - 19 countries	• Remission at week 8 (Mayo Score)	• FPD: Q4 12 • LSI: Q4 14 • Est. topline results: Q4 15 • Est. external presentation: 2016
	Moderate to severe Crohn's disease	Phase II NCT01696396 Partnered	N = 252	• **ARM 1:** MEDI7183 low dose, SC • **ARM 2:** MEDI7183 medium dose, SC • **ARM 3:** MEDI7183 high dose, SC • **ARM 4**: Matching Placebo, SC Global study - 12 countries	• Remission at week 8 (CDAI < 150)	• FPD: Q4 12 • LSI: Q4 14 • Est. topline results: Q2 15 • Est. external presentation: 2016
	Japanese subjects with moderate to severe ulcerative colitis	Phase II NCT01959165 Partnered	N = 48	• **ARM 1:** MEDI7183 low dose, 21mg SC • **ARM 2:** MEDI7183 medium dose, 70mg SC • **ARM 3:** MEDI7183 high dose, 210mg SC • **ARM 4**: Matching Placebo, SC	• Remission at week 8 (Mayo Score)	• FPD: Q4 13 • LSI: Q1 15 • Est. topline results: Q3 15 • Est. external presentation: 2016
Anti-IL-23 mAb MEDI2070	Patients with moderate to severe Crohn's disease	Phase II NCT01714726 Partnered	N = 121	• **ARM 1:** MEDI2070, 700mg IV (210mg SC for OLE) • **ARM 2:** Placebo, IV Global study - 9 countries	• CDAI response at Week 8 defined by either a CDAI score of < 150 or a CDAI reduction from baseline of at least 100 points	• FPD: Q1 13 • LSI: Q1 14 • Topline results: Q2 14 • External presentation: ECCO Q1 15; DDW Q2 15

AstraZeneca Clinical Programmes Summary

List of abbreviations

TOC	Test of Cure
MITT	Modified Intent-To-Treat population
cMITT	Clinical Modified Intent-To-Treat population
mMITT	Microbiological Modified Intent-To-Treat population
CE	Clinically Evaluable
SAD	Single Ascending Dose Study
MAD	Multiple Ascending Dose Study
QD	Once Daily
BiD	Twice Daily
TiD	Three Times a Day
Q2W	Every Other Week
Q3W	Every Three Weeks
Q4W	Every Four Weeks
Q8W	Every Eight Weeks
XR	Extended Release
IR	Immediate Release

SC	Sub-cutaneous
IV	Intra-venous
IM	Intra-muscular
MTD	Maximum Tolerated Dose
PFS	Progression Free Survival
ORR	Objective Response Rate
OS	Overall Survival
FEV	Forced Expiratory Volume
DLT	Dose Limiting Toxicity
AEs	Adverse Events
FPD	First Subject In
LSI	Last Subject In
OLE	Open Long Term Extension
MDI	Metered Dose Inhaler
ICS	Inhaled Corticosteroid
LABA	Long Acting Beta Agonist

LAMA	Long Acting Muscarinic Agonist
MTX	Methotrexate
ASA	Acetylsalicylic Acid
PARP	Poly ADP ribose polymerase
HIF-PHI	Hypoxia-inducible factor prolyl hydroxylase inhibitor