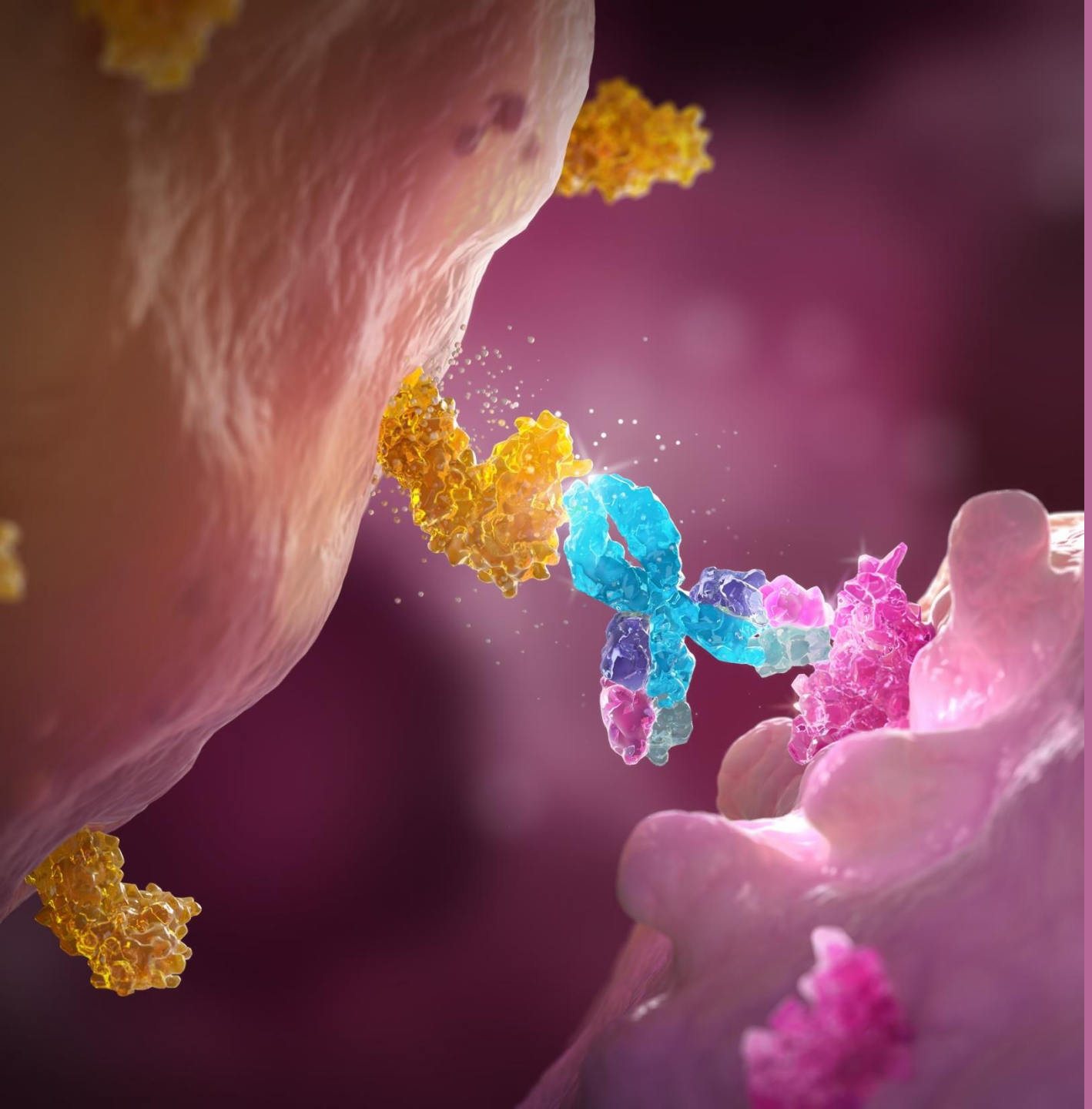


AstraZeneca at WCLC and ESMO 2025

Highlights from key early programmes presented at the IASLC 2025 World Conference on Lung Cancer and European Society of Medical Oncology Congress 2025

September-October 2025

Oncology at AstraZeneca

We have a bold ambition to provide cures for cancer in every form. We are following the science to understand cancer and all its complexities to discover, develop and deliver life-changing treatments and increase the potential to save the lives of people around the world.

AstraZeneca attendance at the World Conference on Lung Cancer and European Society of Medical Oncology Congress 2025

4
plenary presentations

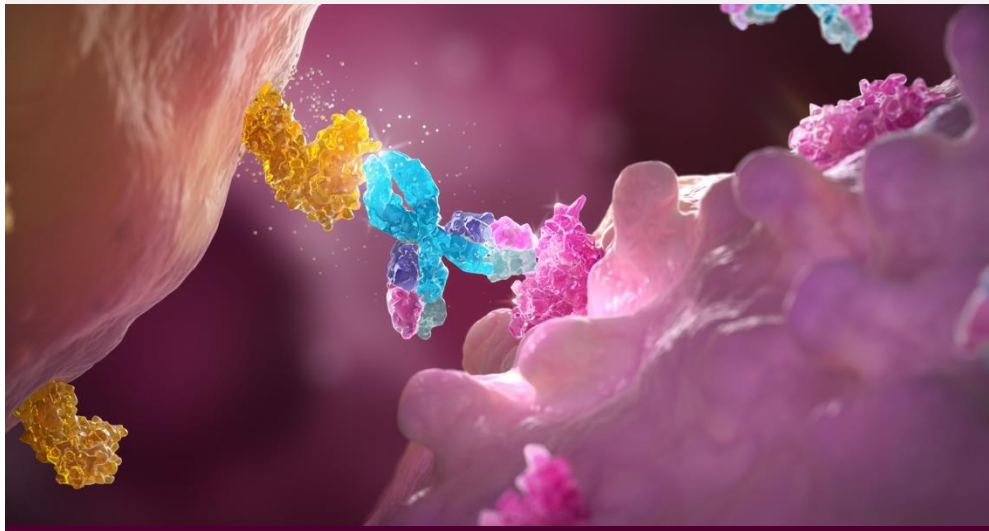
35
oral presentations

>160
abstracts

"Our presence across WCLC and ESMO this year underscores AstraZeneca's unwavering commitment to driving scientific innovation in Oncology.

The depth and breadth of data we're sharing highlights the strength of our science and the momentum behind our early pipeline as we work to transform outcomes for patients worldwide."

– Susan Galbraith EVP, Oncology Haematology R&D



For any questions or requests for follow-up information, please contact us at **IRDirectors@astrazeneca.com**

AstraZeneca's ambition in Oncology

Our Oncology strategy is built with one goal in mind – to push the boundaries of science to change the practice of medicine and transform the lives of patients living with cancer. Our broad pipeline of next-generation medicines, together with our focus on excellence in execution, are aimed at expanding treatment options and improving outcomes for patients with solid tumours and haematological cancers.

We focus on four strategic priorities:

1. Pioneering research across seven scientific platforms: tumour drivers and resistance, immuno-oncology, DNA damage response, ADCs, radioconjugates, epigenetics and cell therapies
2. Advancing innovative clinical strategies to treat early stages of disease and relapsed or refractory patients
3. Building expertise and leadership in the most prevalent and highest mortality rate tumour types
4. Delivering across our global footprint

Latest advances showcased at WCLC and ESMO 2025

Leading in next-wave IO bispecifics

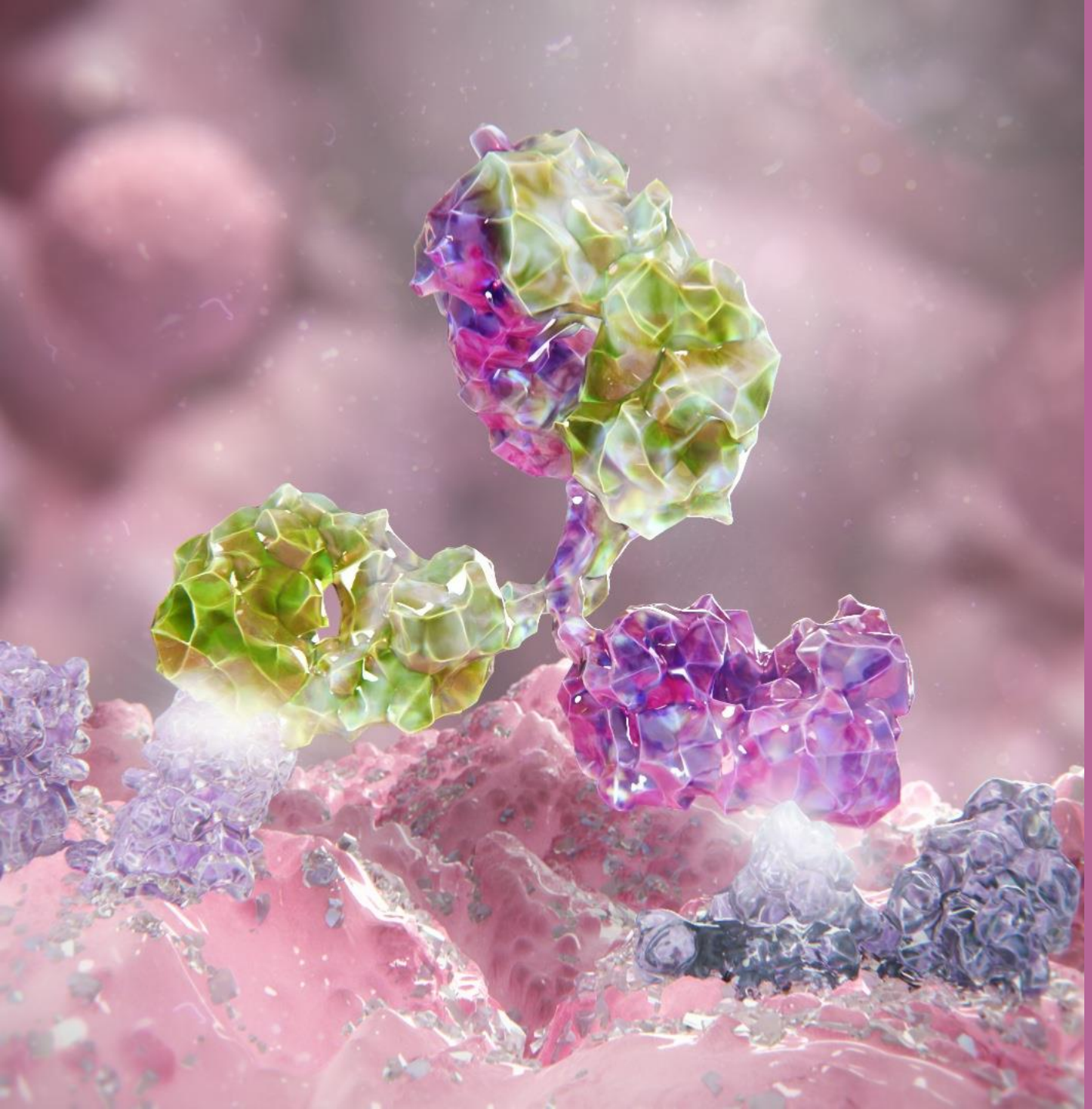
- **rilvegostomig** | *ex vivo* efficacy
- **ARTEMIDE-01** | rilvegostomig in checkpoint inhibitor-naïve metastatic NSCLC
- **TROPION-PanTumor03** | rilvegostomig + *Datroway* in locally advanced or metastatic urothelial cancer

Expanding leadership position in growing ADC market

- **FONTANA** | AZD5335 in platinum-resistant recurrent ovarian cancer
- **QCS platform** | real world assessment of TROP2 NMR by QCS in NSCLC

Progressing next generation PARP inhibition

- **PETRANHA** | saruparib + ARPI in metastatic prostate cancer



Leading in next wave IO bispecifics

Leading in next-wave IO bispecifics

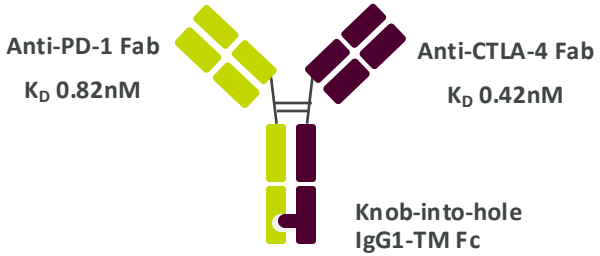
15 Phase III trials across tumour types

Bispecific antibodies are engineered to bind to two different epitopes at the same time. This dual action principle can potentially improve target specificity by binding two antigens on the same cell. Drawing on our long history of protein engineering, we are designing bispecific antibodies that simultaneously target different immune checkpoints, as part of our efforts to harness the immune system against cancer.

rilvegostomig

Fc attenuated triple-mutant IgG1 potentially maintaining and enhancing immune responses, and conferring improved safety

volrustomig



Designed to fully inhibit PD-1 while preferentially inhibiting CTLA-4 on activated T cells

rilvegostomig

TROPION-Lung12	rilve ± *Datroway*	Stg. I NSCLC
TROPION-Lung10	rilve ± *Datroway*	1L PD-L1>50% NSQ NSCLC
ARTEMIDE-Lung02	rilve + CTx	1L PD-L1>1% SQ NSCLC
ARTEMIDE-Lung03	rilve + CTx	1L PD-L1>1% NSQ NSCLC
ARTEMIDE-Lung04	rilve	1L PD-L1 >50% NSCLC
ARTEMIDE-Gastric01	rilve + *Enhertu*/trast. + CTx	HER2+ PD-L1>1 1L GC/GEJC
ARTEMIDE-HCC01	rilve + bev ± *Imjudo*	1L unresect./met. HCC
ARTEMIDE-Biliary01	rilve + CTx → rilve	resect. BTC
DESTINY-BTC01	*Enhertu* ± rilve	HER2+ adv. BTC
DESTINY-Endometrial01	*Enhertu* + rilve	pMMR HER2+ adv. EC

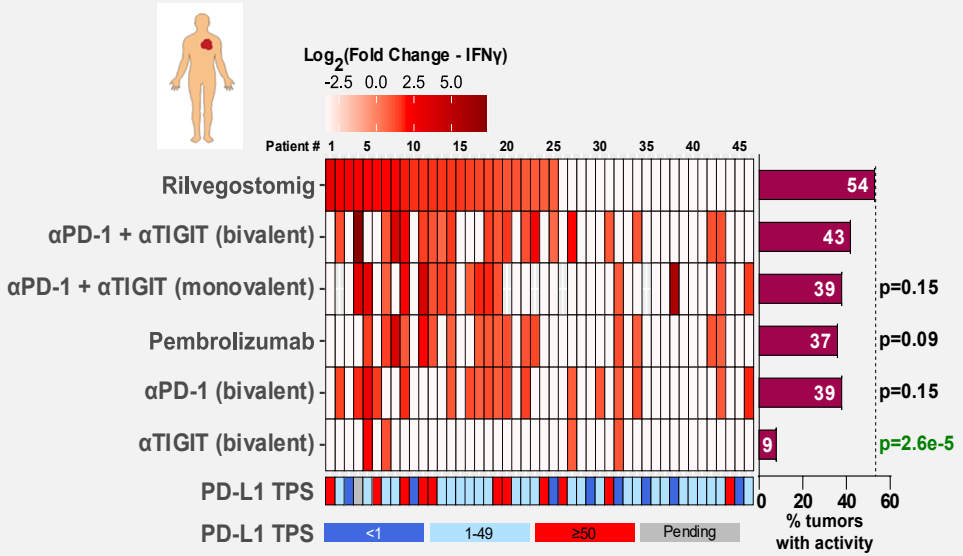
volrustomig

eVOLVE-Lung02	volru + CTx	1L PD-L1 <50% NSCLC
eVOLVE-Meso	volru + CTx	mesothelioma
eVOLVE-Cervical	volru	high-risk LA cervical
eVOLVE-HNSCC	volru	LA unresect. HNSCC
eVOLVE-RCC02[1]	volru + casdatifan	1L adv, ccRCC

1. Phase Ib/III trial (currently in Phase Ib)

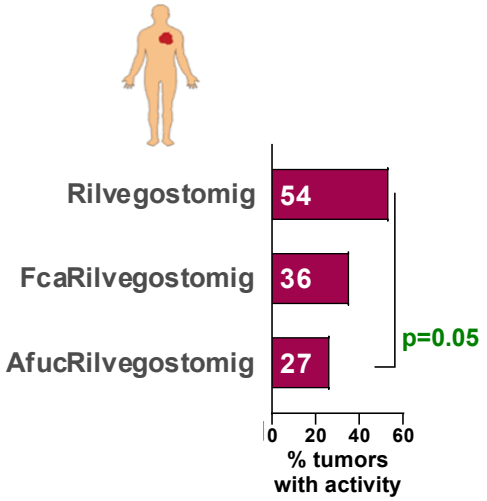
New at WCLC – further insight into differentiated mechanism of action with rilvegostomig

Bispecific approach differentiated | Coordinated inhibition of PD-1/TIGIT induces greater *ex vivo* activity than its components



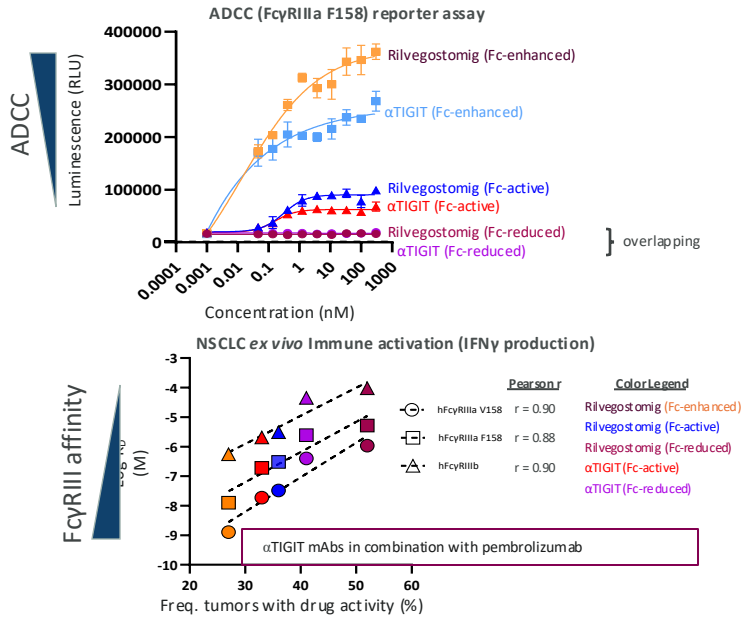
n=46 NSCLC fresh patient tumours

Fc-reduced functionality important for efficacy | Unmodified or enhanced Fc-functionality appears to be detrimental to rilvegostomig anti-tumour activity in NSCLC explants



n=33 NSCLC fresh patient tumours

Fc-functionality correlates with *ex vivo* activity

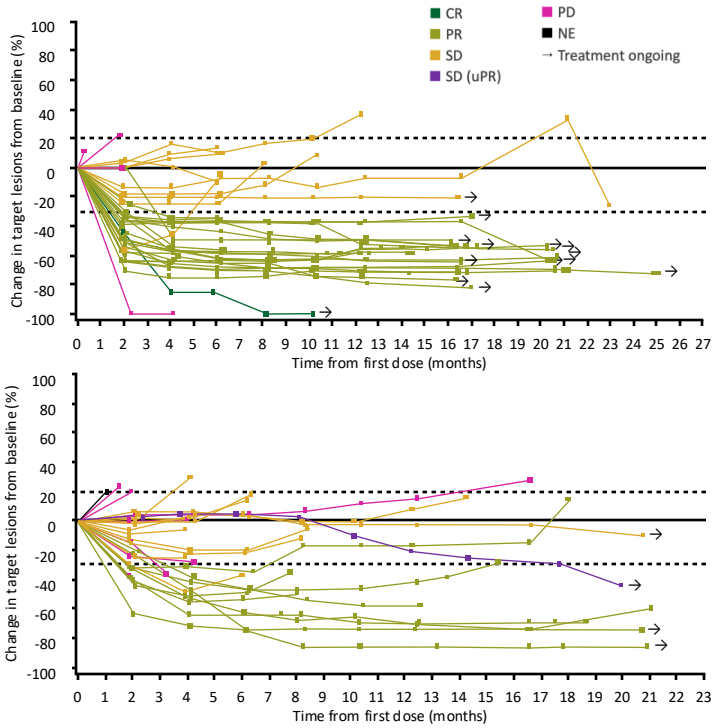


Ratiu J et al. Abstract OA03.03 presented at the World Conference on Lung Cancer 2025.

New at ESMO – ARTEMIDE-01 follow-up confirms potential of rilvegostomig in checkpoint inhibitor-naïve NSCLC

ARTEMIDE-01 | Phase I/II open-label trial investigating rilvegostomig in patients with advanced or metastatic NSCLC

Longer follow-up support extended duration of response



PD-L1 TPS ≥50%, CPI-naïve (n=34)

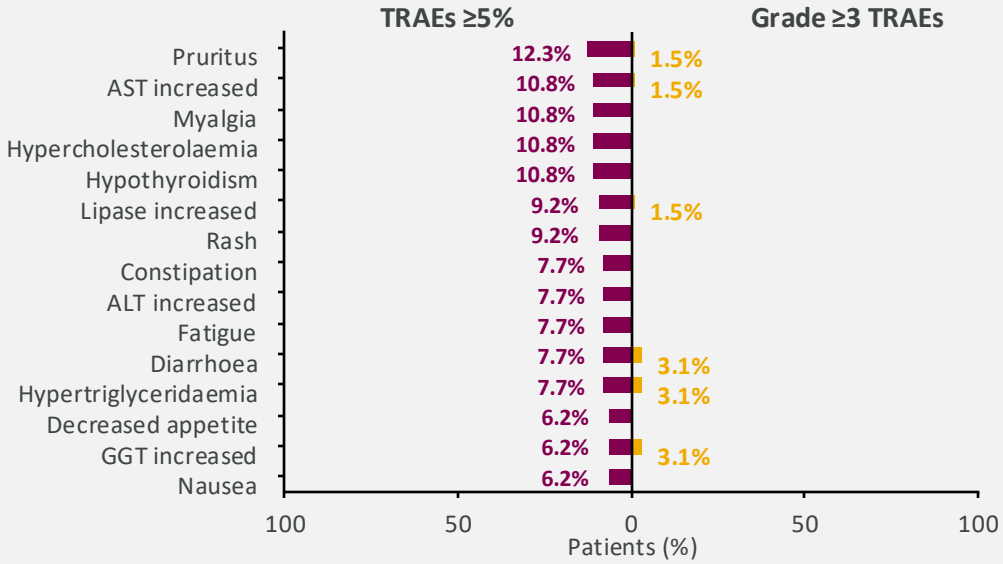
- ORR 61.8%
- DoR NR
- Median PFS 12.3 mo
- 12 mo PFS rate 55.5%

PD-L1 TPS 1-49%, CPI-naïve (n=31)

- ORR 29%
- DoR 9.8 mo
- Median PFS 6.1 mo
- 12 mo PFS rate 27.2%

Well tolerated with low 3.1% discontinuation rate and only 6.2% patients reporting Grade ≥3 imAEs

- Nearly all AEs were low grade, manageable and reversible
- No Grade 4 or 5 TRAEs reported

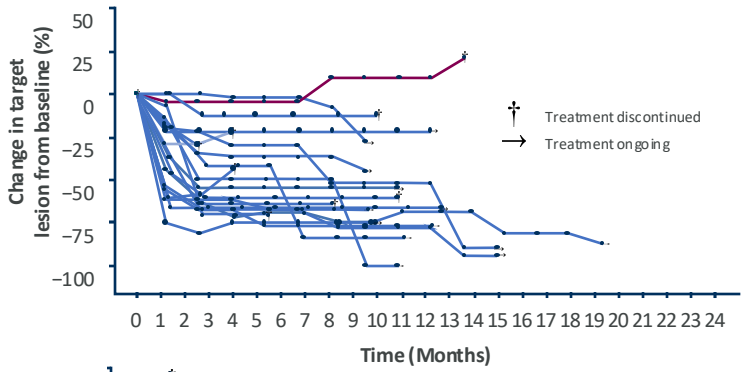


Data cutoff: 18 August 2025.
Chul Cho B et al. Abstract 1853MO presented at the European Society of Medical Oncology 2025.

New at ESMO – rilvegostomig + *Datroway* data underscore potential of next-gen IO bispecific plus ADCs

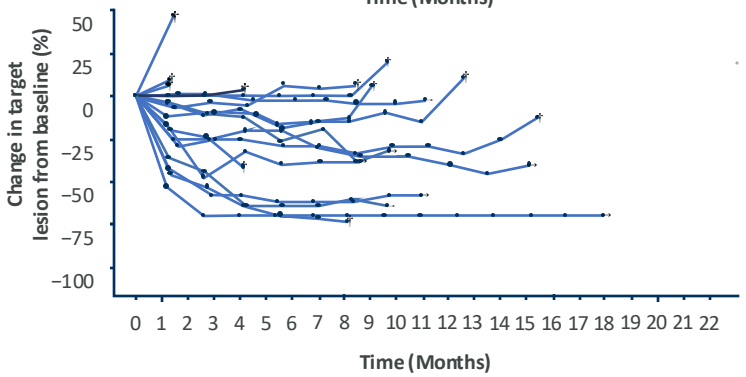
TROPION-PanTumor03 cohort 6B | Phase II open-label trial cohort investigating *Datroway* + rilvegostomig in patients with locally advanced/metastatic urothelial cancer

Encouraging response rates and strong duration of response



1L cisplatin-ineligible (N=22)

- cORR 68.2%
- DCR at 12 weeks 95.5%
- Median DoR NC
- mPFS NC

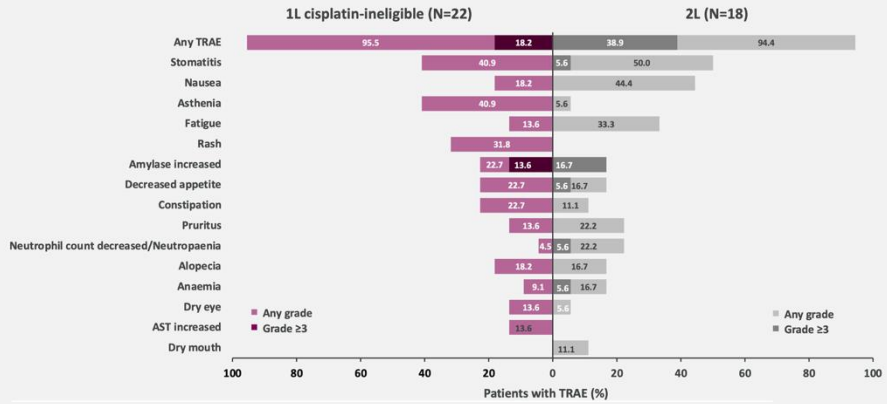


2L cisplatin-ineligible (N=28)

- cORR 38.9%
- DCR at 12 weeks 83.3%
- Median DoR NC
- mPFS 12.5 mo

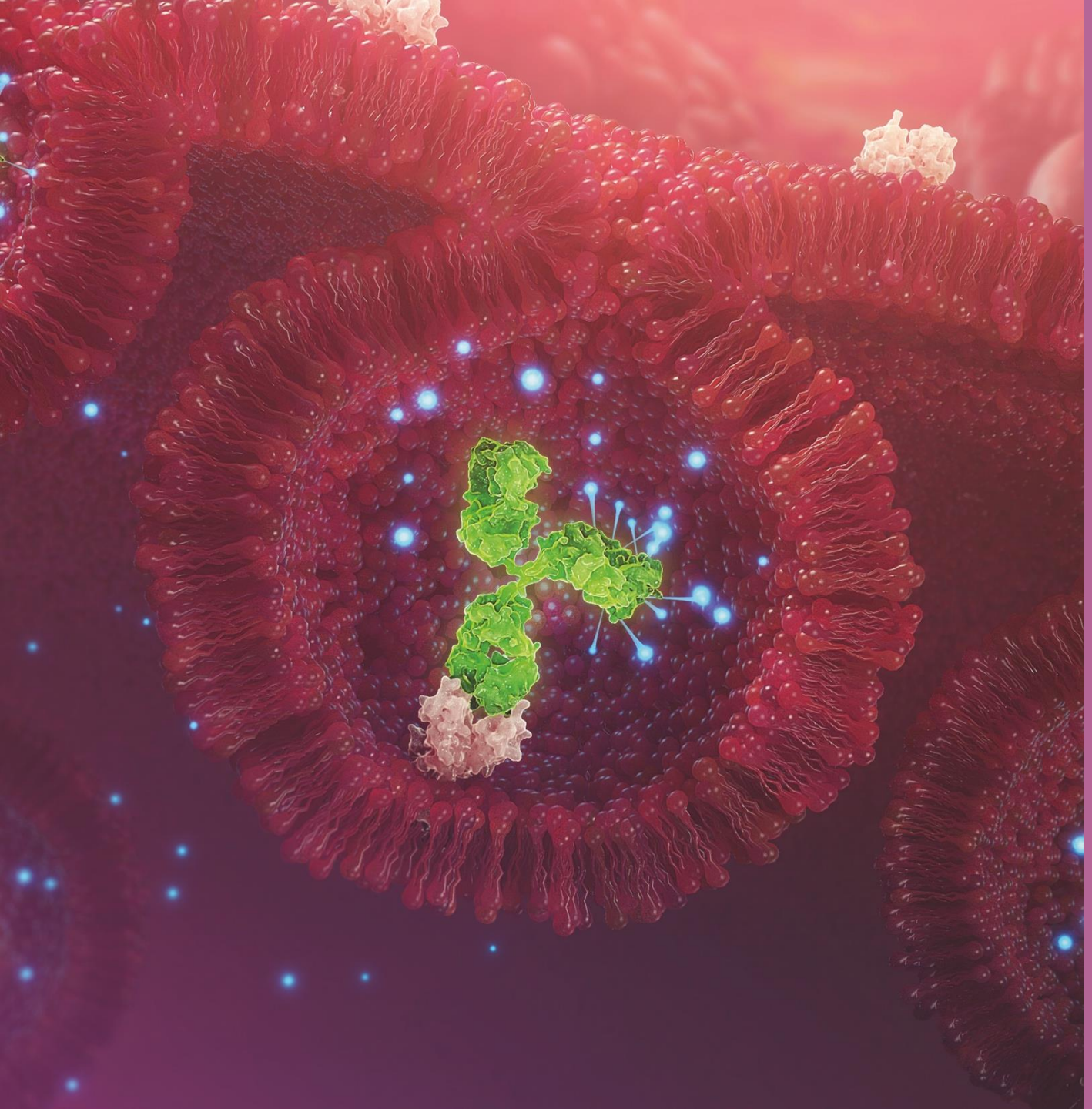
Manageable safety profile for combination in line with previous reports

- No new safety signals
- Discontinuation rate <20% in both cohorts



Data support ongoing Phase III investigations into combinations and potential opportunity in bladder cancer

Young Rha S et al. Abstract 3072MO presented at the European Society of Medical Oncology 2025.



Expanding leadership position in growing ADC market

Expanding leadership position in growing ADC market

Leveraging our internal ADC expertise, we are demonstrating the strength of our proprietary platform across several ADCs currently in clinical development. We are also working jointly with several external partners to bring ADCs to patients as quickly as possible and augment our clinical pipeline.

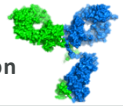
Well positioned to lead with different payloads and opportunity for combinations across portfolio

Payloads
match disease biology

TOPO1 | MTIs | + alternative MoAs

Antibody engineering
with differentiated novel mAbs and chemistry

nnAA/ss conjugation



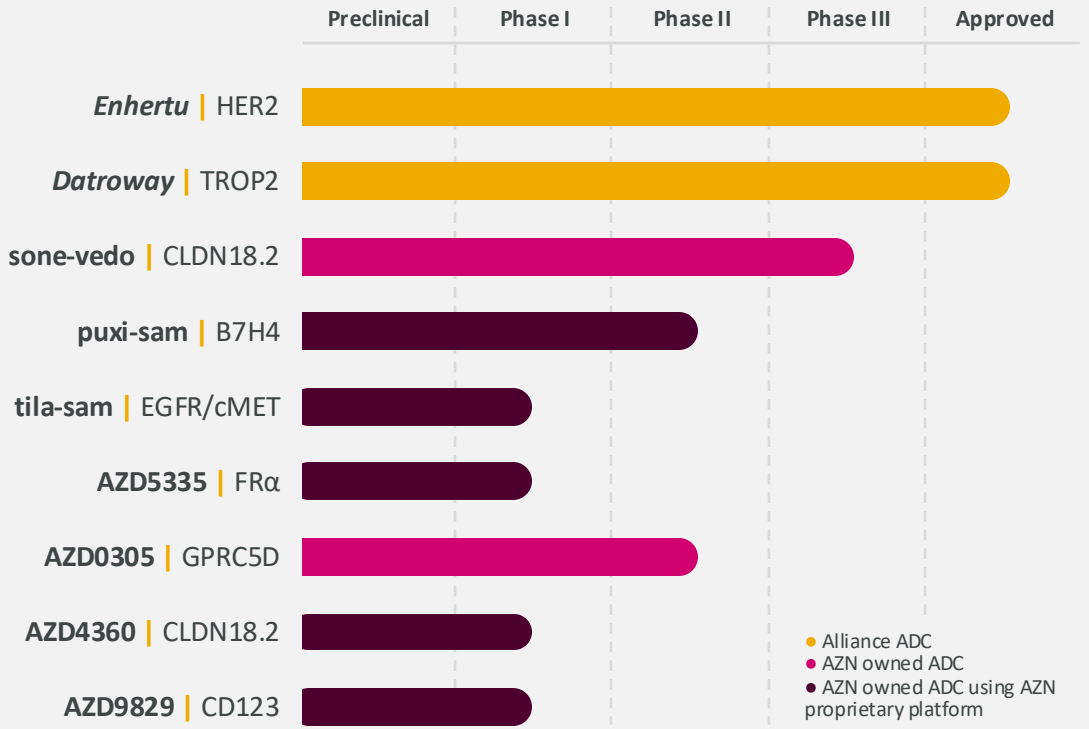
bispecific mAb

Novel targets
via surface proteomics

Tumour + normal + PDx models + Tox species

$45bn+ estimated global market size for ADCs in 2030[1]

9 ADCs now in clinic including 7 wholly owned ADCs and 5 using proprietary AZN platform

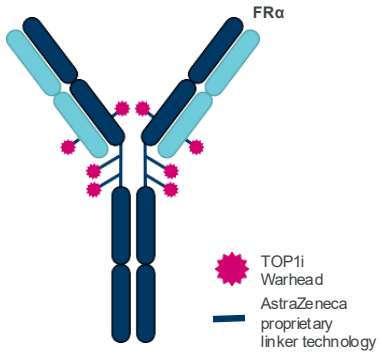


1. July 2025 Global Data (external data source)

New at ESMO – FONTANA demonstrates promise of AZD5335 in platinum-resistant recurrent ovarian cancer

FONTANA | First-in-human Phase I/IIa trial of AZD5335, a folate receptor alpha-targeted (FRα) antibody-drug conjugate, in patients with platinum-resistant recurrent ovarian cancer

AZD5335 | Specific, targeted TOP1i ADC that binds to FRα with high affinity



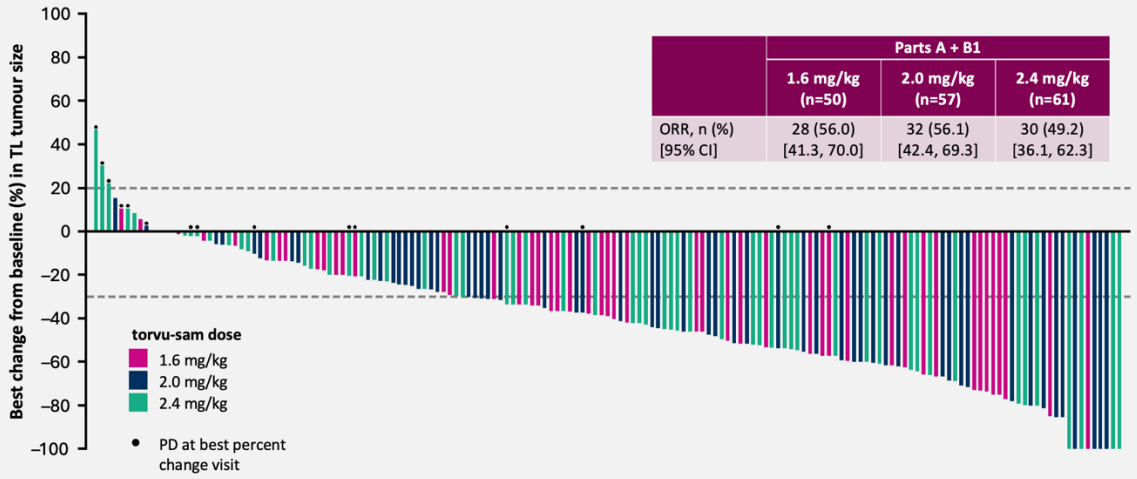
- Average DAR of 8
- Cleavable peptide linker is bystander-capable and serum-stable[1]

Consistent safety profile with that previously reported[1]

- Manageable safety profile
- No new safety signals

Robust efficacy and durable activity across dose range studied in FONTANA

- 54% ORR across dose levels in heavily pre-treated population
- Activity in both FRα-high- and low-expressing tumours

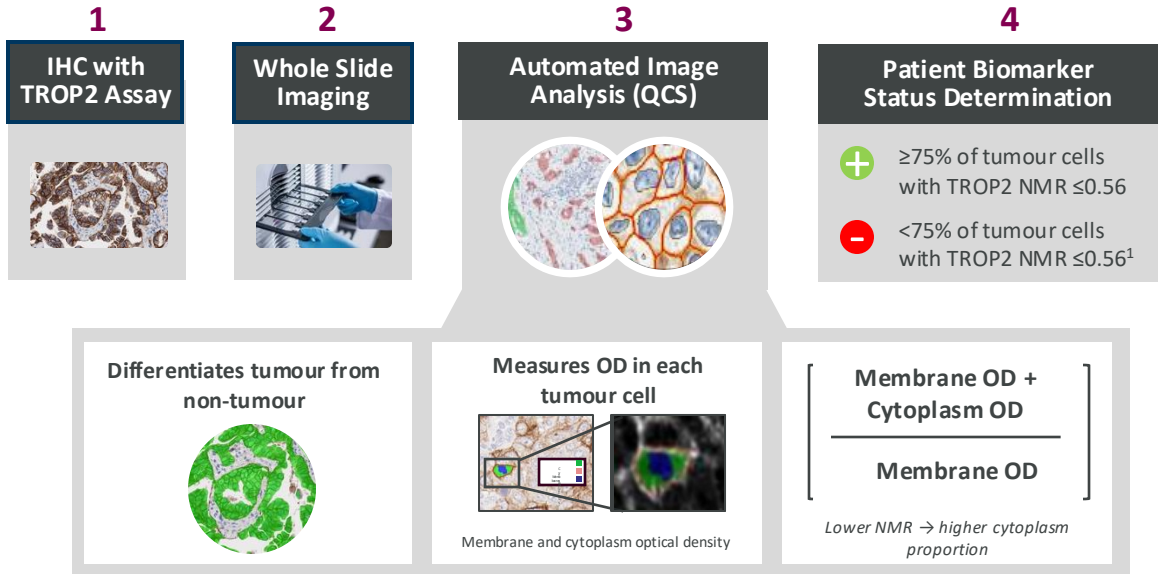


	Parts A + B1		
	1.6 mg/kg (n=50)	2.0 mg/kg (n=57)	2.4 mg/kg (n=61)
ORR, n (%) [95% CI]	28 (56.0) [41.3, 70.0]	32 (56.1) [42.4, 69.3]	30 (49.2) [36.1, 62.3]

1. Shapira-Frommer R et al. Abstract 754P presented at the European Society of Medical Oncology 2024.
Interim response evaluable set, defined as all dosed patients with measurable disease at baseline who have ≥15 weeks follow-up or 2 post-baseline scans ≥4 weeks apart, according to RECIST v1.1 criteria. Data cutoff: 11 July 2025. *Confirmed ORR.
Oaknin A et al. Abstract 1065MO presented at the European Society of Medical Oncology 2025.

New at WCLC – data support ability of laboratories to effectively implement QCS into practice

QCS is a novel, fully-supervised computational pathology approach that quantifies and locates targets like TROP2



QCS technology is currently being validated in the Phase III *Datroway* programme, using the TROP2 (EPR20043) NSCLC NMR investigational use only algorithm

In a real-world investigation of TROP2 NMR by QCS in NSCLC, TROP2 NMR assessment using the TROP2 (EPR20043) NSCLC NMR research use only algorithm was found to be:

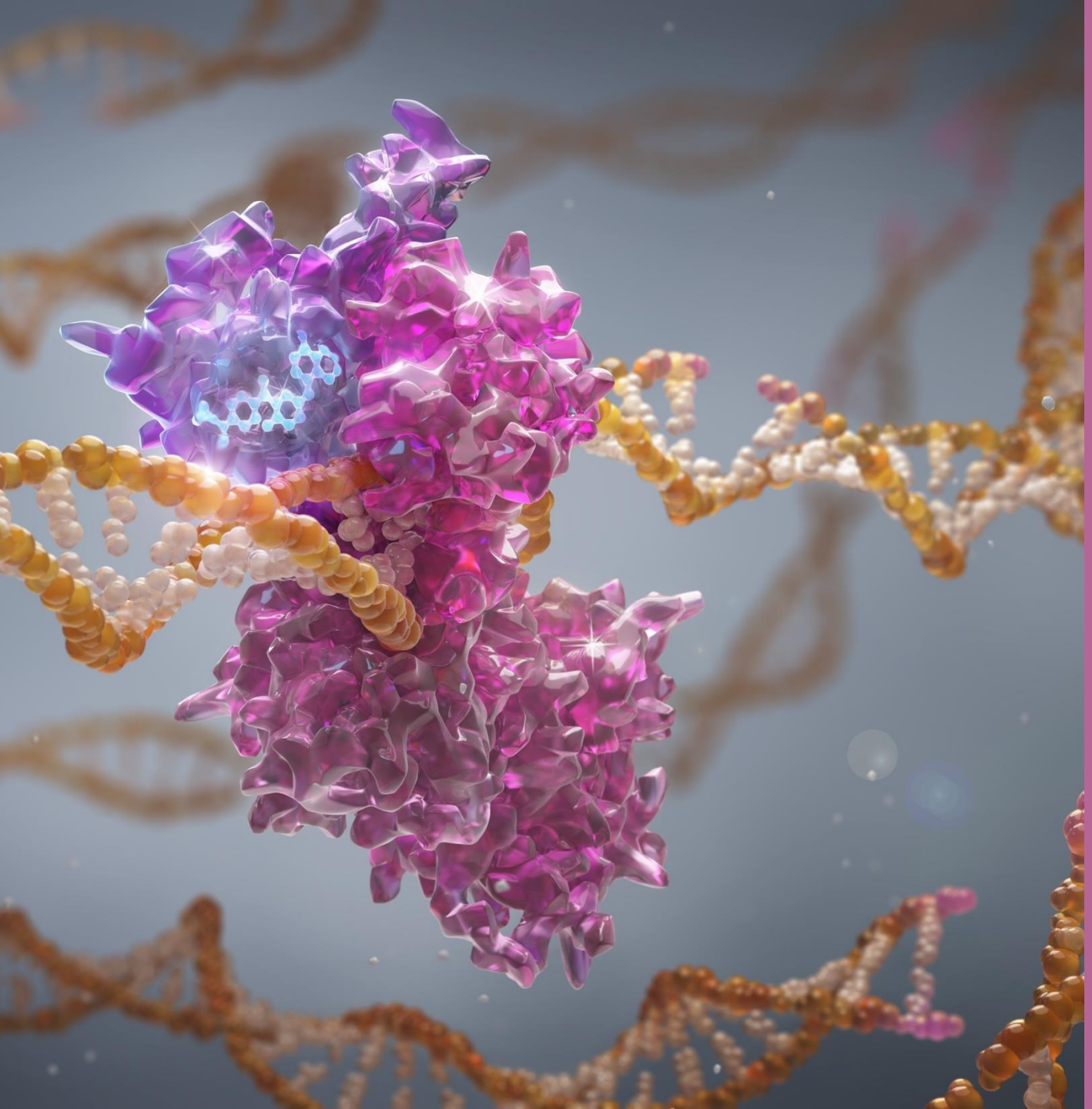
Reproducible across sites | Results were similar regardless of which lab conducted the analysis

- When compared to the Roche CLIA lab, 9 external sites showed a PPA of 99.9%, NPA of 100.0%, and OPA of 99.9%
- Across all 10 sites, the algorithm demonstrated a PPA of 99.9% and an NPA of 100.0%, resulting in an OPA of 99.9%

Reproducible across readers | Results were consistent regardless of the scoring pathologist

- Agreement between 30 participating pathologists remained consistently high, with a PPA of 99.9%, NPA of 100.0%, and OPA of 99.9%

Lopez-Rios F et al. Abstract PL02.11 presented at the World Conference on Lung Cancer 2025.



Building the next generation of PARP inhibition

Building the next generation of PARP inhibition

Targeted DDR inhibitors such as PARPi can be used to maximise DNA damage and selectively kill cancer cells, providing a targeted approach to cancer treatment with the potential to improve patient outcomes across multiple tumour types.

Strong heritage and exciting potential in PARP inhibition

Lynparza® olaparib

Leading PARPi globally

Approved in ovarian, breast, prostate and pancreatic cancers

saruparib

PARP1 selective

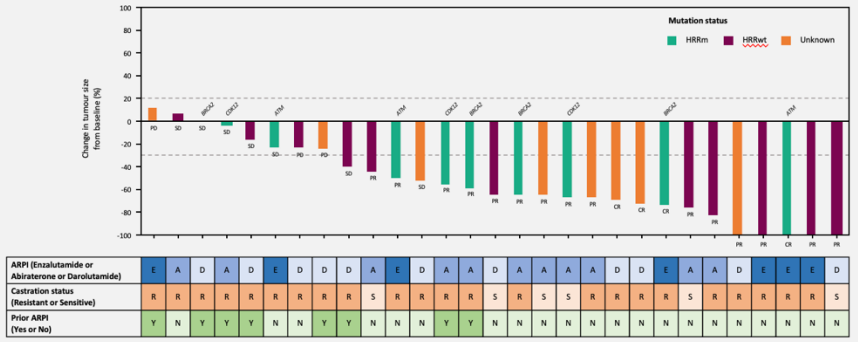
In Phase III for prostate and breast cancers

Phase III programme for saruparib spans multiple settings in breast and prostate cancer

EvoPar-Prostate01 | EvoPar-Prostate02 | EvoPar-Breast01

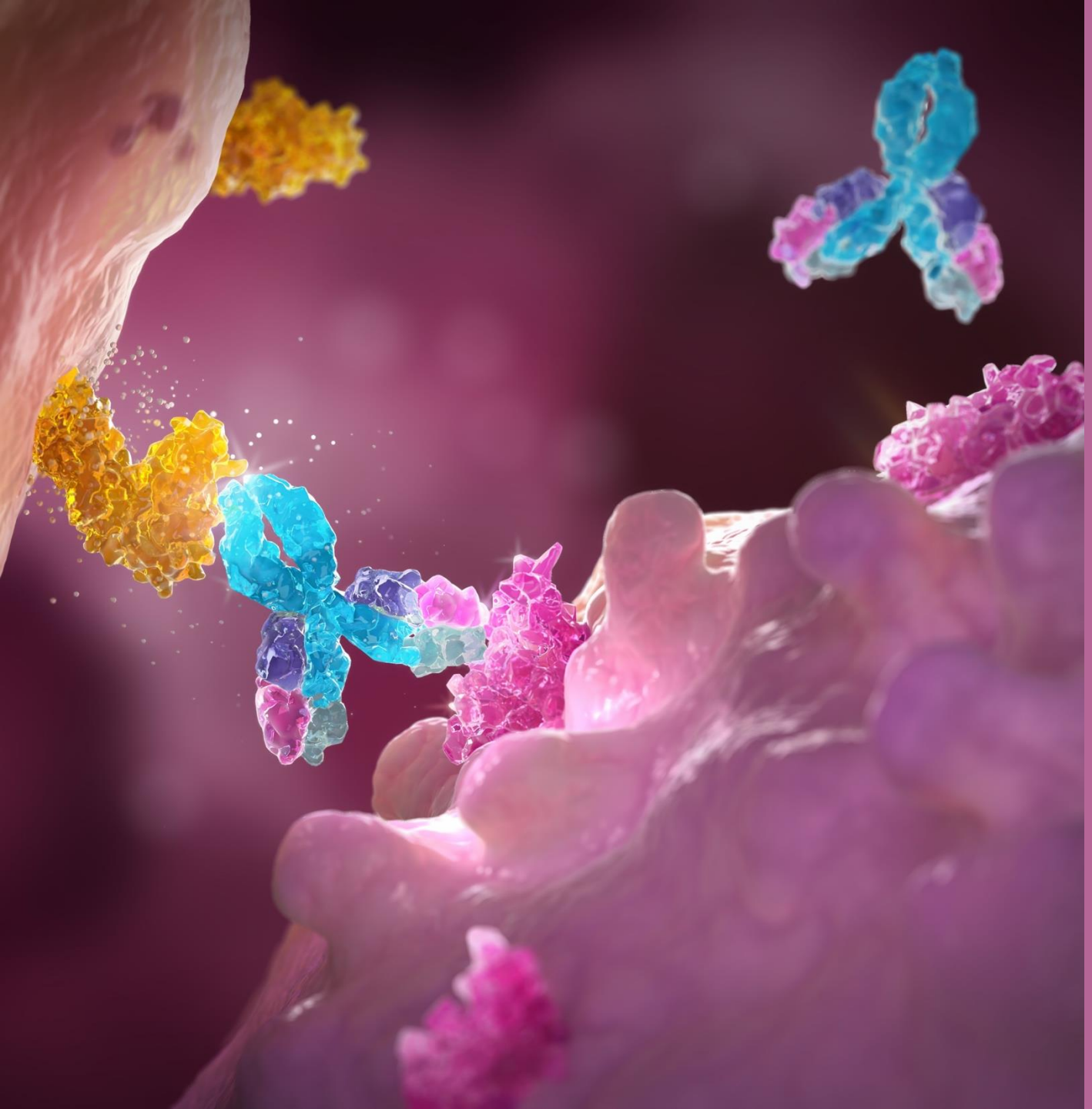
New at ESMO – promising profile in PETRANHA for saruparib + androgen receptor pathway inhibitor in metastatic prostate cancer

PETRANHA part A | Phase I/IIa multi-arm study of saruparib + ARPIs in patients with metastatic prostate cancer



- **Responses occurred irrespective of HRRm status with promising rates of PSA-90 and undetectable PSA levels**
- Comparable or lower incidence of Grade ≥3 AEs than similar combinations containing non-selective PARPi

Data presented from the Interim Response Evaluable Analysis Set (i.e., all dosed patients who received ≥1 dose of any study intervention with measurable disease at baseline) at data cutoff: 28 October 2024.
Azad A at al. Abstract 2384MO presented at the European Society of Medical Oncology 2025.



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Glossary

(c)ORR	(confirmed) objective response rate
(un)resect.	(un)resectable
1L, 2L, 3L	first-, second-, third-line
ADC	antibody conjugate
ADCC	antibody-dependent cellular cytotoxicity
adv.	advanced
AE	adverse event
ALT	alanine transaminase
ARPI	androgen receptor pathway inhibitor
AST	aspartate aminotransferase
B7H4	B7 homolog 4
bev	bevacizumab
BTC	biliary tract cancer
ccRCC	clear cell renal cell carcinoma
CD123	interleukin-3 receptor alpha chain
CLDN18.2	Claudin-18.2
CLIA	Clinical Laboratory Improvement Amendments
cMET	mesenchymal-epithelial transition factor receptor
CPI	checkpoint inhibitor
CTLA-4	cytotoxic T-lymphocyte-associated protein 4
CTx	chemotherapy
DAR	drug to antibody ratio
DCR	disease control rate
DDR	DNA damage response
DoR	duration of response
EC	endometrial cancer
EGFR	epidermal growth factor receptor
ESMO	European Society of Medical Oncology
Fab	fragment antigen-binding region
Fc	crystallisable region
FRα	folate receptor alpha
GC	gastric cancer
GEJC	gastroesophageal junction adenocarcinoma
GGT	gamma-glutamyl transferase
GPRC5D	G protein-coupled receptor, class C group 5 member D
HCC	hepatocellular carcinoma
HER2	human epidermal growth factor receptor 2
HNSCC	head and neck squamous cell carcinoma
HRRm	homologous recombination repair mutation
IgG1-TM Fc	modified immunoglobulin G1 antibody
imAE	immune mediated adverse event
IO	immuno-oncology
IUO	investigational use only
LA	locally advanced
mAbs	monoclonal antibodies
met.	metastatic
mo	month
MoA	mechanism of action
MTI	microtubule inhibitor
NC	non-calculable
nM	nanomolar
NMR	normalised membrane ratio
NPA	negative percentage agreement
NSCLC	non-small cell lung cancer
NSQ	non-squamous
OPA	overall percentage agreement
PARP	poly (ADP-ribose) polymerase
PD-(L)1	programmed death-(ligand) 1
PDx	patient-derived xenograft
PFS	progression free survival
pMMR	proficient mismatch repair
PPA	positive percentage agreement
PSA	prostate-specific antigen
puxi-sam	puxitatug samrotecan
QCS	quantitative continuous scoring
R&D	Research & Development
rilve	rilvegostomig
RUO	research use only
sone-vedo	sonesitatug vedotin
SQ	squamous
TIGIT	T-cell immunoreceptor with immunoglobulin and ITIM domains
tila-sam	tilatamig samrotecan
TOPO1	topoisomerase I
TPS	tumour proportion score
TRAE	treatment-related adverse event
trast.	trastuzumab
TROP2	trophoblast cell surface antigen 2
volru	volrustomig
WCLC	World Conference on Lung Cancer