



Clinical Trials Appendix

FY 2025 Results Update

10 February 2026



Pipeline at a glance

Across five focus therapy areas:



Oncology



BioPharmaceuticals

CVRM | R&I | V&I



Rare Disease

197

projects in our
development pipeline

20

new molecular entities
(NME) in our late-stage
pipeline

125

new molecular entities
(NME) or major lifecycle
management (LCM) projects
in Phase II or Phase III

43

regulatory approvals
in major markets
in FY 2025



Key upcoming pipeline catalysts: 2026 and 2027

Oncology BioPharmaceuticals Rare Disease

H1 2026

Calquence – CLL (1L fixed duration) (AMPLIFY) (US)
Enhertu – neoadjuvant HER2+ Stage II or III breast cancer (DESTINY-Breast11)
Enhertu – previously treated HER2+ solid tumours (DESTINY-PanTumour02) (JP)
Imfinzi + Imjudo – NSCLC (1L) (POSEIDON) (CN)
Imfinzi + Imjudo – HCC (1L) (HIMALAYA) (CN)
Imfinzi – endometrial cancer (1L) (DUO-E) (CN)
Imfinzi – resectable early-stage gastric and GEJ cancers (MATTERHORN) (EU, JP)
Imfinzi – high-risk non-muscle invasive bladder cancer (POTOMAC)
Truqap – PTEN-deficient mHSPC (CAPitello-281)
camizestrant – ESR1m HR+ HER2- adv. breast cancer (1L switch) (SERENA-6)
Breztri – uncontrolled asthma (KALOS/LOGOS)
Tezspire – CRwNP (WAYPOINT) (JP, CN)
Tezspire – severe asthma (DIRECTION) (CN)
Saphnelo – SLE (subcutaneous) (TULIP-SC) (US, JP)
baxdrostat – uncontrolled hypertension (BaxHTN)
Koselugo – adult NF1-PN (KOMET) (CN)

Imfinzi + Imjudo – locoregional HCC ([EMERALD-3](#))
Imfinzi +/- Imjudo – muscle-invasive bladder cancer ([VOLGA](#))
sonesitatur vedotin (AZD0901) – CLDN18.2+ gastric cancer (2L+) ([CLARITY-Gastric01](#))
tozorakimab – COPD ([OBERON/TITANIA/MIRANDA](#))
Ultomiris – IgAN ([ILCAN](#))
efzimfotase alfa – hypophosphatasia ([HICKORY/CHESTNUT/MULBERRY](#))
Ultomiris – HSCT-TMA ([TMA-313](#))

H2 2026

Datroway – met. TNBC not candidate for IO (TROPION-Breast02)
Enhertu – 1L HER2+ mBC (DESTINY-Breast09) (EU, JP, CN)
Enhertu – previously treated HER2+ solid tumours (DESTINY-PanTumour02) (EU)
anselamimab – AL amyloidosis (CARES)
gefurulumab – generalised myasthenia gravis (PREVAIL)

Datroway + Imfinzi – NSQ/NSQ TROP2+ NSCLC (1L) ([AVANZAR](#))
Datroway – NSQ/NSQ TROP2+ NSCLC (1L) ([TROPION-Lung07](#))
Datroway +/- Tagrisso – EGFRm NSCLC (2L) ([TROPION-Lung15](#))
Imfinzi + oleclumab/monalizumab – unresectable stage III NSCLC ([PACIFIC-9](#))
Tagrisso + Orpathys – EGFRm NSCLC (2L) ([SAFFRON](#))
camizestrant – HR+ HER2- adv. breast cancer (1L) ([SERENA-4](#))
Tezspire – eosinophilic esophagitis (EoE) ([CROSSING](#))
Wainua – ATTR-CM ([CARDIO-TTRransform](#))
tozorakimab – LRTD ([TILIA](#))
Ultomiris – CSA-AKI ([ARTEMIS](#))

2027

Enhertu – previously treated HER2+ solid tumours (DESTINY-PanTumour02) (EU)
Saphnelo – SLE (subcutaneous) (TULIP-SC) (CN)

Datroway + Imfinzi – TNBC with residual disease (post-neoadj) ([TROPION-Breast03](#))
Datroway + Imfinzi – PD-L1 CPS ≥10 TNBC (1L) ([TROPION-Breast05](#))
Truqap – 1L early relapse/ET resistant advanced HR+ BC ([CAPitello-292](#))
Tagrisso – stage IA2-IA3 EGFRm NSCLC ([ADAURA-2](#))
camizestrant – adj. switch HR+ HER2- early breast cancer ([CAMBRIA-1](#))
puxi-sam – B7-H4+ endometrial cancer (2-3L) ([Bluestar-Endometrial01](#))
volrustomig – high-risk locally advanced cervical cancer ([eVOLVE-Cervical](#))
volrustomig – mNSCLC (1L) ([eVOLVE-Lung02](#))
Saphnelo – lupus nephritis ([IRIS](#))
Saphnelo – systemic sclerosis ([DAISY](#))
Saphnelo – myositis ([JASMINE](#))
Saphnelo – CLE ([LAVENDER](#))
badi/dapa – HF with renal impairment ([BalanceD-HF](#))
zibo/dapa – CKD and high proteinuria ([ZENITH](#))
laroprovstat – dyslipidemia ([AZURE-LDL/AZURE-HeFH](#))
cliramitug – ATTR-CM ([DepleTTR-CM](#))



Regulatory decision^{1,2}



Key Phase III data readouts

Key upcoming pipeline catalysts are defined by a threshold of non-risk adjusted global peak year revenue expectations as of 10 February 2026.

¹Regulatory decision includes programmes under review in a major market

²Inclusion dependent on status of regulatory submission and/or submission acceptance in regions in which submission acceptance is granted

3 As of 10 February 2026.

Appendix: [Glossary](#).



Clinical Trials Appendix: selected highlights

Approved medicines:
key LCM

BioPharmaceuticals

AIRSUPRA™
(albuterol 90 mcg/budesonide 80 mcg)
Inhalation Aerosol

Saphnelo™
(anifrolumab-fnia)
Intravenous Use 300 mg/Vial

BREZTRI
AEROSPHERE™

TEZSPIRE™
(tezepelumab-ekko)
Subcutaneous Injection 210 mg

Fasenra®
(benralizumab)
Subcutaneous Injection 30 mg

WAINUA™
(eplontersen)

Oncology

TAGRISSO®
osimertinib

ENHERTU®

DATROWAY®
datopotamab deruxtecan-dink

CALQUENCE™
(acalabrutinib) 100 mg capsules

Lynparza™
olaparib

IMFINZI®
durvalumab
Injection for Intravenous Use 50 mg/mL

IMJUDO®
tremelimumab-actl
Injection for Intravenous Use 20 mg/mL

Truqap™
capiasertib
160 mg • 200 mg tablets

Rare Disease

ULTOMIRIS®
(ravulizumab)
injection for intravenous use

Koselugo®
(selumetinib)
10 mg & 25 mg capsules

Next-wave pipeline:
registrational studies ongoing

balcirenone/dapagliflozin (MR antagonist/modulator / SGLT2)

baxdrostat (aldosterone synthase inhibitor)

baxdrostat/dapagliflozin (ASI/SGLT2)

laroprovstat (oPSCK9)

zibotentan/dapagliflozin (ETA receptor antagonist/SGLT2)

tozorakimab (IL-33 ligand mAb)

camizestrant (next generation oral SERD)

puxitatum samrotecan (AZD8205, B7H4 ADC)

rivegostomig (PD-1/TIGIT bispecific)

saruparib (PARP1 inhibitor)

sonesitatum vedotin (AZD0901, CLDN18.2 ADC)

surovatamig (AZD0486, CD19/CD3 TCE)

torvutatum samrotecan (AZD5335, FR α TOP1i ADC)

volrustomig (PD-1/CTLA-4 bispecific)

clirimitug (ALXN2220, TTR depleter)

efzimotase alfa (enzyme replacement therapy)

eneboparatide (PTH 1 agonist)

gefurulimab (C5 inhibitor)



Project movements since Q3 2025 update

New to Phase I

NME

AZD3632

MENIN inhibitor haematological malignancies

AZD3974

anti-inflammatory and anti-fibrotic mechanism cirrhosis

AZD4063

PLN R14del dilated cardiomyopathy

AZD9750

AR PROTAC prostate cancer

Additional indication

AZD0120

CD19/BCMA CAR-T autoimmune disease

AZD0120

CD19/BCMA CAR-T multiple sclerosis

surovatamig

CD19/CD3 T-cell engager B-cell driven autoimmune disease

New to Phase II

NME

ALXN2030 CONCORD

siRNA targeting complement C3 antibody mediated rejection

AZD0292

pseudomonas Psl-PcrV bispecific mAb bronchiectasis

AZD1163

anti-PAD2/4 bispecific antibody rheumatoid arthritis

AZD3470

PRMT5 inhibitor classic Hodgkin lymphoma

AZD5148

anti-clostridioides difficile TcdB mAb reduction of *C. diff* recurrence

tarperprumig I TRANSCEND

anti-properdin (complement factor P), dual-binding, nanobody ANCA-associated vasculitis

Additional indication

surovatamig SYRUS

CD19/CD3 T-cell engager B-cell acute lymphoblastic leukaemia

New to pivotal trial

NME

torvutatug samrotecan (AZD5335) TREVI-OC-01

anti-FR α TOP1i ADC ovarian cancer

Additional indication

rilvegostomig ARTEMIDE-Biliary02#

PD-1/TIGIT bispecific mAb metastatic biliary tract cancer

surovatamig SOUNDTRACK-D2

CD19/CD3 T-cell engager 1L elderly DLBCL

Life-cycle management

Enhertu DESTINY-Endometrial02#

HER2 TOP1i ADC adjuvant endometrial cancer

New to registration

NME

anselamimab CARES

fibril-reactive mAb amyloid light-chain amyloidosis

baxdrostat BaxHTN Bax24

aldosterone synthase inhibitor hypertension

Life-cycle management

Datroway TROPION-Breast02#

TROP2 TOP1i ADC 1L TNBC

Phase progressions based on first subject in achievement

Partnered and/or in collaboration

As of 10 February 2026.

Appendix: [Glossary](#).



Project movements since Q3 2025 update

| Removed from Phase I | Removed from Phase II | Removed from Phase III | Approved/removed from registration |
|--|--|--|--|
| <p><u>NME</u> AZD0233 CX3CR1 dilated cardiomyopathy</p> <p>mRNA VLP vaccine mRNA-VLP vaccine prevention of COVID-19</p> | <p><u>NME</u> AZD3427 relaxin mimetic heart failure</p> <p><u>Additional indication</u> ceralasertib ATR inhibitor solid tumours</p> | <p><u>NME</u> ceralasertib + Imfinzi LATIFY ATR inhibitor + PDL-1 mAb 2L NSCLC</p> <p><u>Life-cycle management</u> Datroway + rilvegostomig TROPION-Lung12[#] TROP2 TOP1i ADC + PD-1/TIGIT bispecific mAb ctDNA+ / high risk Stage I adenocarcinoma NSCLC</p> <p>Lynparza + Imfinzi + bevacizumab DUO-O^{#1} PARP inhibitor + PD-L1 mAb + VEGF inhibitor 1L ovarian cancer</p> | <p><u>Life-cycle management</u> Enhertu + pertuzumab DESTINY-Breast09[#] HER2 TOP1i ADC 1L HER2+ breast cancer</p> <p>Enhertu DESTINY-Gastric04[#] HER2 TOP1i ADC 2L HER2+ gastric cancer</p> <p>Imfinzi + CRT PACIFIC-5 (China)[#] PD-L1 mAb +CRT locally advanced stage III NSCLC</p> <p>Imfinzi + FLOT MATTERHORN[#] PD-L1 mAb + CTx resectable early gastric cancer</p> <p>Saphnelo TULIP-SC[#] type I IFN receptor mAb systemic lupus erythematosus (subcutaneous)</p> |

Phase progressions based on first subject in achievement

[#] Partnered and/or in collaboration

¹ Complete; decision taken to not progress with regulatory filings in US, Europe, China or Japan

As of 10 February 2026.

Appendix: [Glossary](#).



Q4 2025 Oncology new molecular entity¹ pipeline

| Phase I 23 New Molecular Entities | | Phase II 19 New Molecular Entities | | Phase III 23 New Molecular Entities | |
|--|--|--|--|--|---|
| surovatamig CD19/CD3 TCE r/r B-cell non-Hodgkin lymphoma | surovatamig SOUNDTRACK-E CD19/CD3 TCE mature B-cell malignancies | camizestrant ngSERD HR+ HER2- breast cancer | FPI-2265# PSMA actinium RC prostate cancer | <i>Imfinzi</i> +/- oleclumab +/- monalizumab PACIFIC-9# PD-L1 mAb +/- CD73 mAb +/- NKG2A mAb unresectable stage III NSCLC | camizestrant + palbociclib SERENA-4 ngSERD + CDK4/6i 1L HR+ HER2- advanced breast cancer |
| volrustomig eVOLVE-RCC02 PD-1/CTLA-4 bispecific mAb 1L advanced clear cell renal cell carcinoma | volrustomig + lenvatinib PD-1/CTLA-4 bispecific mAb + VEGFi advanced RCC | IPH5201 + <i>Imfinzi</i> # CD39 mAb + PD-L1 mAb neoadjuvant/adjuvant NSCLC | rivegostomig ARTEMIDE-01# PD-1/TIGIT bispecific mAb solid tumours | camizestrant +/- abemaciclib CMBRIA-2 ngSERD + CDK4/6i adjuvant HR+ HER2- early breast cancer | camizestrant CMBRIA-1 ngSERD adjuvant switch HR+ HER2- early breast cancer |
| AZD0240 KRAS G12D armoured TCR-T solid tumours | AZD0516 STEAP2 TOP1i ADC prostate cancer | puxitatug samrotecan B7-H4 TOP1i ADC solid tumours | sonesitatug vedotin CLDN18.2 MMAE ADC solid tumours | puxitatug samrotecan Bluesta r-Endometrial01 B7-H4 TOP1i ADC 2-3L B7-H4+ endometrial cancer | rivegostomig ARTEMIDE-Lung03# PD-1/TIGIT bispecific mAb 1L PD-L1 TC ≥1% NSQ NSCLC |
| AZD0754 STEAP2 CAR-T prostate cancer | AZD2068 EGFR/dMET actinium radioconjugate solid tumours | saruparib PARP1 inhibitor solid tumours | surovatamig SYRUS CD19/CD3 TCE B-cell acute lymphoblastic leukaemia | rivegostomig + bevacizumab +/- <i>Imjudo</i> ARTEMIDE-HCC01# PD-1/TIGIT bispecific mAb + VEGFi +/- CTLA-4 mAb 1L HCC | rivegostomig + CTx ARTEMIDE-Biliary01# PD-1/TIGIT bispecific mAb + CTx adjuvant biliary tract cancer |
| AZD2284 STEAP2 actinium RC prostate cancer | AZD2962 IRAK4 inhibitor haematological malignancies | surovatamig SOUNDTRACK-B CD19/CD3 TCE B-cell non-Hodgkin lymphoma | torvatatug samrotecan (AZD5335) anti-FRα TOP1i ADC ovarian cancer, solid tumours | rivegostomig + CTx ARTEMIDE-Lung02# PD-1/TIGIT bispecific mAb + CTx 1L PD-L1 TC ≥1% SQ NSCLC | rivegostomig + <i>Enhertu</i> ARTEMIDE-Gastric01# PD-1/TIGIT bispecific mAb + HER2 TOP1i ADC 1L HER2+ gastric cancer |
| AZD3632 MENIN inhibitor haematological malignancies | AZD4360 CLDN18.2 TOP1i ADC solid tumours | tilatamig samrotecan EGFR/dMET TOP1i ADC solid tumours | volrustomig CANTOR PD-1/CTLA-4 bispecific mAb colorectal cancer (mCRC) | rivegostomig ARTEMIDE-Biliary02# PD-1/TIGIT bispecific mAb metastatic biliary tract cancer | rivegostomig ARTEMIDE-Lung04# PD-1/TIGIT bispecific mAb 1L PD-L1 ≥50% NSCLC |
| AZD4512 CD22 TOP1i ADC relapsed/refractory B-cell non-Hodgkin lymphoma | AZD5492 CD20 TITAN T-cell engager haematology | volrustomig PD-1/CTLA-4 bispecific mAb solid tumours | volrustomig eVOLVE-02 PD-1/CTLA-4 bispecific mAb cervical cancer, head and neck squamous cell carcinoma | saruparib + ADT +/- abiraterone EvoPAR-Prostate02 PARP1i + ADT +/- NHA localised/locally advanced BRCAm prostate cancer | saruparib + camizestrant EvoPAR-Breast01 PARP1i + ngSERD BRCA/PALB2m HR+ HER2- metastatic breast cancer |
| AZD5863 CLDN18.2/CD3 bispecific antibody solid tumours | AZD6621 STEAP2 TCE prostate cancer | volrustomig eVOLVE-01 PD-1/CTLA-4 bispecific mAb NSCLC | AZD0305 GPRC5D MMAE ADC relapsed/refractory multiple myeloma | saruparib + NHA EvoPAR-Prostate01 PARP1i + NHA HRRm/non-HRRm mCSPC | sonesitatug vedotin CLARITY-Gastric01 CLDN18.2 MMAE ADC 2L+ CLDN18.2+ gastric cancer |
| AZD6750 CD8-guided IL2 solid tumours | AZD7005 (China) GPC3 CAR-T hepatocellular carcinoma/squamous non-small cell lung cancer | AZD0120 CD19/BCMA CAR-T multiple myeloma | AZD9574 PARP1 inhibitor advanced solid malignancies | surovatamig SOUNDTRACK-D2 CD19/CD3 TCE 1L elderly DLBCL | surovatamig SOUNDTRACK-F1 CD19/CD3 TCE follicular lymphoma |
| AZD8421 CDK2 inhibitor solid tumours | AZD9750 AR PROTAC prostate cancer | AZD3470 PRMT5i classic Hodgkin lymphoma, solid tumours | | torvatatug samrotecan (AZD5335) TREVI-OC-01 anti-FRα TOP1i ADC ovarian cancer | volrustomig eVOLVE-Cervical PD-1/CTLA-4 bispecific mAb high-risk locally advanced cervical cancer |
| AZD9793 GPC3 TCE solid tumours | NT-112 KRAS G12D armoured TCR-T solid tumours | | | volrustomig eVOLVE-HNSCC PD-1/CTLA-4 bispecific mAb unresected locally advanced HNSCC | volrustomig eVOLVE-Lung02 PD-1/CTLA-4 bispecific mAb 1L metastatic NSCLC |
| NT-175 TP53 R175H armoured TCR-T solid tumours | | | | volrustomig eVOLVE-Meso PD-1/CTLA-4 bispecific mAb 1L unresectable malignant pleural mesothelioma | |
| | | | | | Under review 1 New Molecular Entity |
| | | | | | camizestrant + CDK4/6i SERENA-6 ngSERD + CDK4/6i 1L HR+ HER2- ES R1m advanced breast cancer |

Phase progressions based on first subject in achievement

1. Includes additional indications for assets where the lead is not yet launched

Partnered and/or in collaboration

As of 10 February 2026.

Appendix: [Glossary](#).



Q4 2025 Oncology lifecycle management¹ pipeline

| Phase I 0 Projects | Phase II 9 Projects | Phase III 29 Projects | Under review 4 Projects | | |
|-----------------------|--|--|--|--|---|
| | <i>Enhertu</i> DESTINY-PanTumor03 (China)# HER2 TOP1i ADC HER2 expressing solid tumours | <i>Calquence</i> + R-CHOP ESCALADE BTKi + R-CHOP 1L DLBCL | <i>Datroway</i> + <i>Imfinzi</i> CTx AVANZAR# TROP2 TOP1i ADC + PD-L1 mAb + CTx 1L NSQ/NSQ TROP2+ NSCLC | <i>Datroway</i> + <i>Imfinzi</i> TROPION-Breast04# TROP2 TOP1i ADC + PD-L1 mAb neo/adjuvant TNBC or HR- low/HER2- breast cancer | <i>Datroway</i> TROPION-Breast02# TROP2 TOP1i ADC 1L TNBC not candidates for IO |
| | <i>Enhertu</i> (platform) DESTINY-Breast07# HER2 TOP1i ADC HER2+ breast cancer | <i>Datroway</i> + pembrolizumab TROPION-Lung07# TROP2 TOP1i ADC + PD-1 mAb 1L PD-L1 <50% NSQ NSCLC | <i>Datroway</i> + <i>Imfinzi</i> TROPION-Breast05# TROP2 TOP1i ADC + PD-L1 mAb 1L PD-L1 CPS ≥10 TNBC | <i>Datroway</i> + pembrolizumab TROPION-Lung08# TROP2 TOP1i ADC + PD-1 mAb 1L PD-L1 TPS ≥50% NSQ NSCLC | <i>Enhertu</i> followed by THP DESTINY-Breast11# HER2 TOP1i ADC neoadjuvant high-risk HER2+ early breast cancer |
| | <i>Enhertu</i> DESTINY-PanTumor01# HER2 TOP1i ADC HER2m solid tumours | <i>Datroway</i> + rīvegostomig TROPION-Lung10# TROP2 TOP1i ADC + PD-1/TIGIT bispecific mAb 1L PD- L1 ≥50% NSQ NSCLC | <i>Datroway</i> + <i>Tagrisso</i> TROPION-Lung14# TROP2 TOP1i ADC + EGFR TKI 1L EGFRm NSCLC | <i>Datroway</i> + <i>Tagrisso</i> TROPION-Lung15# TROP2 TOP1i ADC + EGFR TKI 2L EGFRm NSCLC | <i>Imfinzi</i> + BCG POTOMAC PD-L1 mAb + BCG non-muscle invasive bladder cancer |
| | <i>Imfinzi</i> combinations BEGONIA PD-L1 mAb + paclitaxel/novel oncology therapies 1L TNBC | <i>Enhertu</i> + rīvegostomig DESTINY-BTC01# HER2 TOP1i ADC + PD-1/TIGIT bispecific mAb 1L HER2+ biliary tract cancer | <i>Datroway</i> +/- <i>Imfinzi</i> TROPION-Breast03# TROP2 TOP1i ADC +/- PD-L1 mAb post-neoadjuvant TNBC with residual disease | <i>Enhertu</i> + rīvegostomig/pembrolizumab DESTINY-Endometrial01# HER2 TOP1i ADC + PD-1/TIGIT bispecific mAb/PD-1 mAb 1L HER2+ pMMR endometrial cancer | <i>Truqap</i> + abiraterone CAPtello-281 AKTi + NHA PTEN deficient mHSPC |
| | <i>Imfinzi</i> combinations HUDSON PD-L1 mAb + novel oncology therapies post-IO NSCLC | <i>Enhertu</i> DESTINY-Breast05# HER2 TOP1i ADC post-neoadjuvant high-risk HER2+ early breast cancer | <i>Enhertu</i> DESTINY-Endometrial02# HER2 TOP1i ADC adjuvant endometrial cancer | <i>Enhertu</i> DESTINY-Lung04# HER2 TOP1i ADC 1L HER2m NSCLC | |
| | <i>Imfinzi</i> combinations NeoCOAST-2# PD-L1 mAb + novel oncology therapies resectable NSCLC | <i>Imfinzi</i> + domvanalimab following cCRT PACIFIC-8# PD-L1 mAb + TIGIT following cCRT unresectable stage III NSCLC | <i>Imfinzi</i> + CRT KUNLUN PD-L1 mAb + CRT locally advanced ESCC | <i>Imfinzi</i> + EV +/- <i>Imjudo</i> VOLGA PD-L1 mAb + nectin-4 targeting MMAE ADC +/- CTLA-4 mAb muscle invasive bladder cancer (cis-ineligible/refusal) | |
| | <i>Tagrisso</i> + <i>Orpathys</i> SAVANNAH# EGFR TKI + METi advanced EGFRm NSCLC | <i>Imfinzi</i> + <i>Imjudo</i> + SoC NILE PD-L1 mAb + CTLA-4 mAb + SoC 1L urothelial cancer | <i>Imfinzi</i> + <i>Imjudo</i> + TACE +/- lenvatinib EMERALD-3 PD-L1 mAb + CTLA4 mAb +/- chemoembolisation +VEGFi locoregional HCC | <i>Imfinzi</i> + SBRT PACIFIC-4# PD-L1 mAb + SBRT stage I/II NSCLC | |
| | <i>Tagrisso</i> combinations ORCHARD# EGFR TKI + multiple novel ONC therapies 2L EGFRm osimertinib- resistant NSCLC | <i>Imfinzi</i> +/- bevacizumab EMERALD-2 PD-L1 mAb +/- VEGFi adjuvant HCC | <i>Imfinzi</i> + VEGF + TACE EMERALD-1 PD-L1 mAb + VEGFi + TACE locoregional HCC | <i>arza</i> MONO-OLA1# PARPi 1L BRCAwt ovarian cancer | |
| | <i>Truqap</i> AKTi prostate cancer | <i>Orpathys</i> + <i>Imfinzi</i> SAMETA# METi + PD-L1 mAb 1L papillary renal cell carcinoma | <i>Tagrisso</i> + <i>Orpathys</i> SAFFRON# EGFR TKI + METi advanced EGFRm NSCLC | <i>Tagrisso</i> +/- CTx NeoADAURA EGFR TKI +/- CTx neo adjuvant stage II/III resectable EGFRm NSCLC | |
| | | <i>Truqap</i> + <i>Faslodex</i> + palbociclib CAPtello-292 AKTi + SERD + CDK4/6 1L early relapse/ET resistant advanced HR+ breast cancer | <i>Tagrisso</i> ADAURA2 EGFR TKI EGFRm NSCLC stage Ia2-Ia3 following complete tumour resection | | |

Phase progressions based on first subject in achievement

1. Includes significant lifecycle management projects and parallel indications for assets beyond Phase III

Partnered and/or in collaboration

As of 10 February 2026.

Appendix: [Glossary](#).



Q4 2025 BioPharmaceuticals new molecular entity¹ pipeline

| Phase I 14 New Molecular Entities | | Phase II 17 New Molecular Entities | | Phase III 8 New Molecular Entities |
|--|--|---|--|--|
| surovatamig CD19/CD3 TCE B-cell driven autoimmune disease | AZD0120 CD19/BCMA CAR-T systemic lupus erythematosus | atuliflapon FLAP inhibitor asthma | balcinrenone/dapagliflozin MR antagonist/modulator + SGLT2 inhibitor CKD | balcinrenone/dapagliflozin MR antagonist/modulator + SGLT2 inhibitor heart failure with CKD |
| AZD0120 CD19/BCMA CAR-T autoimmune diseases | AZD0120 CD19/BCMA CAR-T multiple sclerosis | elecoglipron (AZD5004) oral GLP-1 receptor agonist T2D/chronic weight management | opemalirsen podocyte health nephropathy | baxdrostat BaxPA aldosterone synthase inhibitor primary aldosteronism |
| AZD1613 PAPPA-1 mAb ADPKD | AZD1705 lipid lowering cardiovascular disease | tozorakimab IL-33 mAb asthma | AZD0292 pseudomonas Psl-PcrV bispecific mAb bronchiectasis | baxdrostat/dapagliflozin aldosterone synthase inhibitor and reversible inhibitor of SGLT2 CKD |
| AZD3974 anti-inflammatory and anti-fibrotic mechanism cirrhosis | AZD4063 PLN R14del dilated cardiomyopathy | AZD1163 anti-PAD2/4 bispecific antibody rheumatoid arthritis | AZD2389 anti-fibrotic mechanism metabolic dysfunction-associated steatohepatitis | baxdrostat/dapagliflozin aldosterone synthase inhibitor and reversible inhibitor of SGLT2 prevention of heart failure |
| AZD4144 NLRP3 cardiorenal disease | AZD4248 NNMT inhibitor cardiorenal disease | AZD4604 inhaled JAK1 inhibitor asthma | AZD5148 anti-clostridioides difficile TcdB mAb reduction of C.diff recurrence | laroprovstat AZURE PCSK9 dyslipidemia |
| AZD4954 Lp(a) inhibitor dyslipidaemia | AZD5492 CD20 TITAN T-cell engager systemic lupus erythematosus | AZD5462# RXFP1 agonist heart failure | AZD6234 peptide chronic weight management in overweight or obesity | tozorakimab OBERON TITANIA PROSPERO MIRANDA IL-33 mAb COPD |
| AZD6912 siRNA rheumatoid arthritis | AZD8965 inhibition of arginase enzyme idiopathic pulmonary fibrosis | AZD6793 IRAK4 inhibitor COPD | AZD7760 mAb combination targeting S aureus virulence factors prevention of Staph aureus infection | tozorakimab TILIA IL-33 mAb severe viral lower respiratory tract disease |
| | | AZD7798 humanised monoclonal antibody targets T-cells subset Crohn's disease | AZD8630# inhaled TSLP FAb asthma | zibotentan/dapagliflozin endothelin A receptor antagonist/SGLT2i CKD with high proteinuria |
| | | AZD9550 + AZD6234 GLP-1R glucagon dual agonist obesity | | |
| | | | | Under review 1 New Molecular Entity |
| | | | | baxdrostat BaxHTN Bax24 BaxAsia aldosterone synthase inhibitor hypertension |

Phase progressions based on first subject in achievement

1. Includes additional indications for assets where the lead is not yet launched

Partnered and/or in collaboration

As of 10 February 2026.

Appendix: [Glossary](#).



Q4 2025 BioPharmaceuticals life cycle management¹ pipeline

| Phase I 0 Projects | Phase II 0 Projects | Phase III 9 Projects | Under review 2 Projects |
|-----------------------|------------------------|--|---|
| | | <i>Breztri/Trixeo</i> ATHLOS LABA/LAMA/ICS COPD cardiopulmonary exercise trial | <i>Breztri/Trixeo</i> (PT010) KALOS LOGOS LABA/LAMA/ICS asthma |
| | | <i>Breztri/Trixeo</i> THARROS# LABA/LAMA/ICS cardiopulmonary outcomes trial in COPD | <i>Fasenra</i> NATRON IL-5R mAb hypereosinophilic syndrome |
| | | <i>Saphnelo</i> DAISY# type I IFN receptor mAb systemic sclerosis | |
| | | <i>Saphnelo</i> IRIS# type I IFN receptor mAb lupus nephritis | |
| | | <i>Saphnelo</i> JASMINE# type I IFN receptor mAb myositis | |
| | | <i>Saphnelo</i> LAVENDER# type I IFN receptor mAb cutaneous lupus erythematosus | |
| | | <i>Tezpire</i> CROSSING# TSLP mAb eosinophilic esophagitis | |
| | | <i>Tezpire</i> EMBARK, JOURNEY# TSLP mAb chronic obstructive pulmonary disease | |
| | | <i>Wainua</i> # ligand-conjugated antisense ATTR-cardiomyopathy | |

Phase progressions based on first subject in achievement

1. Includes significant lifecycle management projects and parallel indications for assets beyond Phase III

Partnered and/or in collaboration

As of 10 February 2026.

Appendix: [Glossary](#)



Q4 2025 Rare Disease pipeline¹

| Phase I 4 Projects | Phase II 4 Projects | Phase III 7 Projects | Under review 2 Projects |
|--|---|--|--|
| ALXN2080 oral factor D healthy volunteers | tarperprumig I TRANSCEND anti-properdin (complement factor P), dual-binding, nanobody ANCA-associated vasculitis | cliramtig DepleTTR-CM# TTR depleter transthyretin amyloid cardiomyopathy | anselamimab CARES fibril-reactive mAb amyloid light-chain amyloidosis |
| ALXN2350 DCMRestore AAV gene therapy BAG3-associated dilated cardiomyopathy | ALXN1920 AUTUMN kidney-targeted factor H fusion protein nephrology | efzimfotase alfa Hickory (301), Mulberry (305), Chestnut (303) next generation TNSALP ER T hypophosphatasia | gefurulumab PREVAIL novel anti-C5, dual binding, nanobody generalised myasthenia gravis |
| AZD0120 ALACRITY CD19/BCMA CAR-T amyloid light-chain amyloidosis | ALXN2030 CONCORD siRNA targeting complement C3 antibody mediated rejection | eneboparatide CALYPSO parathyroid hormone receptor 1 hypoparathyroidism | |
| AZD1390 AGILE ATM inhibitor glioblastoma | ALXN2420 ASTERIA growth hormone receptor antagonist acromegaly | <i>Ultomiris</i> anti-complement C5 mAb haematopoietic stem cell transplant-associated thrombotic microangiopathy | |
| | | <i>Ultomiris</i> ARTEMIS anti-complement C5 mAb cardiac surgery-associated acute kidney injury | |
| | | <i>Ultomiris</i> AWAKE anti-complement C5 mAb delayed graft function | |
| | | <i>Ultomiris</i> I CAN anti-complement C5 mAb immunoglobulin A nephropathy | |

Phase progressions based on first subject in achievement
 1. Includes new molecular entities and significant lifecycle management projects
 # Partnered and/or in collaboration
 As of 10 February 2026.
 Appendix: [Glossary](#).



Active designations in our pipeline

| 3 | 6 | 13 | 3 | 20 |
|--|--|---|--|--|
| Priority Review | Breakthrough / PRIME ¹ / Sakigake ² | Fast Track | Qualified infectious disease product | Orphan |
| baxdrostat HTN (US) | AZD0292 Psl-PcrV N3Y NCFBE (EU) | AZD0292 Psl-PcrV N3Y NCFBE (US) | AZD0292 Psl-PcrV N3Y NCFBE (US) | Fasenra HES NATRON (US) |
| Datroway 1L TNBC TROPION-Breast02 (US) | Tezspire COPD EMBARK, JOURNEY (US) | AZD7760 Staph aureus mAbs-Hemodialysis (US) | AZD5148 C. difficile mAb - Prevention of Recurrence (US) | Saphnelo myositis JASMINE (US) |
| clirimitug DepleTTR-CM (JP) | tozorakimab severe viral LRTD TIUA (CN) | balci/dapa HF with CKD (US) | AZD7760 prevention of Staph aureus infection (US) | Saphnelo systemic sclerosis (US) |
| | camizestrant 1L HR+ HER2- ESR1m breast cancer SERENA-6 (US) | opemalirsen nephropathy (US) | | Tezspire EoE CROSSING (US) |
| | Enhertu post-neoadjuvant high-risk HER2+ early breast cancer DESTINY-Breast05 (US) | tozorakimab COPD (US) | | surovatamig follicular lymphoma SOUNDTRACK-F1 (EU) |
| | Ultomiris HSCT-TMA paed (US) | tozorakimab severe viral LRTD (US) | | surovatamig lymphoblastic leukaemia SYRUS (EU) |
| | | Wainua ATTR-Cardiomyopathy (US) | | surovatamig lymphoblastic leukaemia SYRUS (US) |
| | | camizestrant 1L HR+ HER2- ESR1m breast cancer SERENA-6 (US) | | anselamimab AL amyloidosis CAEL101-301/2 (US) |
| | | Orpathys + Tagrisso NSCLC SAVANNAH/SAFFRON (US) | | anselamimab AL amyloidosis CAEL101-301/2 (EU) |
| | | anselamimab AL amyloidosis CAEL101-301/2 (US) | | clirimitug DepleTTR-CM (US) |
| | | clirimitug DepleTTR-CM (US) | | clirimitug DepleTTR-CM (EU) |
| | | efzimfotase alfa s.c. HPP (US) | | clirimitug DepleTTR-CM (JP) |
| | | eneboparatide HypoPT (US) | | efzimfotase alfa s.c. HPP (US) |
| | | | | efzimfotase alfa s.c. HPP (JP) |
| | | | | eneboparatide HypoPT (EU) |
| | | | | eneboparatide HypoPT (US) |
| | | | | gefurulimab myasthenia gravis PREVAIL (US) |
| | | | | Koselugo NF1 a dult 1L KOMET (CN) |
| | | | | Ultomiris HSCT-TMA ALXN1210-TM-313 (US) |
| | | | | Ultomiris HSCT-TMA ALXN1210-TM-313 (JP) |

ACCELERATED APPROVAL, these regulations allowed medicines for serious conditions that addressed an unmet medical need to be approved based on a surrogate endpoint

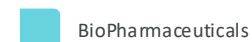
BREAKTHROUGH DESIGNATION is a process designed to expedite the development and review of medicines which may demonstrate substantial improvement over available therapy. ¹PRIME is a scheme launched by the EMA to enhance support for the development of medicines that target an unmet medical need. ²SAKIGAKE is aimed at early introduction of innovative medicines, medical devices, etc. that are initially developed in Japan

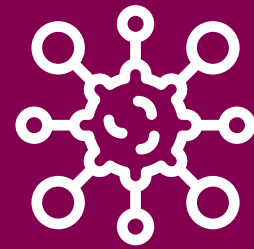
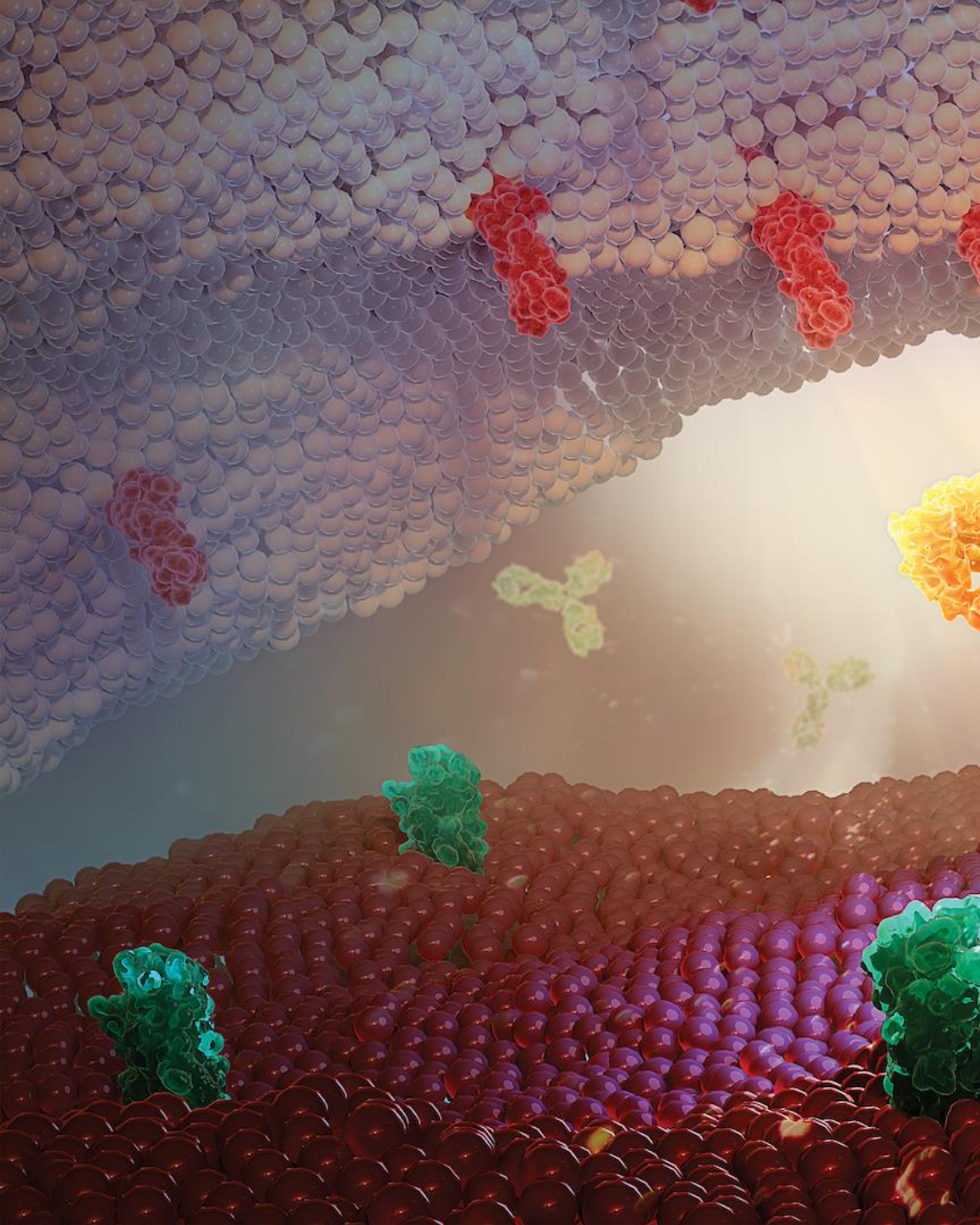
FAST TRACK is a process designed to facilitate the development, and expedite the review of medicines to treat serious conditions and fill an unmet medical need

PRIORITY REVIEW DESIGNATION is the US FDA's goal to take action on an application within 6 months

ORPHAN DRUG DESIGNATION, intended for treatment, diagnosis or prevention of rare diseases/disorders that affect fewer than 200,000 patients in the US, or that affect more than 200,000 patients but are not expected to recover the costs of developing and marketing a treatment drug

QUALIFIED INFECTIOUS DISEASE PRODUCT designation confers particular advantages, including priority review by the US Food and Drug Administration (FDA) and fast-track designation, which can accelerate development of a product, as well as an additional five years' market exclusivity if a product is licensed.





Oncology:

approved medicines
and late-stage
pipeline

Calquence (BTK inhibitor)

Blood cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--------------------------|----------|--|--|---|
| Phase III AMPLIFY (ACE-CL-311) NCT03836261 | Previously untreated CLL | 981 | <ul style="list-style-type: none"> Arm 1: <i>Calquence</i> + venetoclax Arm 2: <i>Calquence</i> + venetoclax + obinutuzumab Arm 3: FCR or BR | <ul style="list-style-type: none"> Primary endpoint: IRC PFS (Arm 1 vs. Arm 3) Secondary endpoints: IRC PFS (Arm 2 vs. Arm 3) and INV PFS (Arm 1 vs. Arm 3; Arm 2 vs. Arm 3) | <ul style="list-style-type: none"> FPCD: Q1 2019 LPCD: Q3 2023 Data readout: Q3 2024 Primary endpoint met |
| Phase III ECHO (ACE-LY-308) NCT02972840 | Previously untreated MCL | 634 | <ul style="list-style-type: none"> Arm 1: <i>Calquence</i> + bendamustine + rituximab Arm 2: bendamustine + rituximab | <ul style="list-style-type: none"> Primary endpoint: PFS by Lugano Classification for NHL Secondary endpoints: IA, PFS, ORR, DoR, time to response and OS | <ul style="list-style-type: none"> FPCD: Q2 2017 LPCD: Q1 2023 Data readout: Q2 2024 Primary endpoint met |
| Phase III ESCALADE NCT04529772 | DLBCL | 600 | <ul style="list-style-type: none"> <i>Calquence</i> + rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone | <ul style="list-style-type: none"> Primary endpoint: PFS | <ul style="list-style-type: none"> FPCD: Q1 2021 Data anticipated: 2027 |
| Phase III NCT04075292 | Untreated CLL | 155 | <ul style="list-style-type: none"> Arm 1: <i>Calquence</i> Arm 2: chlorambucil + rituximab | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: ORR and DoR | <ul style="list-style-type: none"> FPCD: Q1 2020 Data readout: Q2 2024 |
| Phase II TrAVeRse NCT05951959 | Treatment-naïve MCL | 100 | <ul style="list-style-type: none"> Open-label, single-arm trial <i>Calquence</i> + venetoclax + rituximab | <ul style="list-style-type: none"> Primary endpoint: MRD-negative CR at end of induction | <ul style="list-style-type: none"> FPCD: Q1 2024 Data anticipated: >2027 |
| Phase Ib ACE-LY-106 NCT02717624 | MCL | 61 | <ul style="list-style-type: none"> <i>Calquence</i> in combination with bendamustine and rituxumab Arm 1: treatment naïve Arm 2: R/R Arm 3: treatment naïve: <i>Calquence</i> + venetoclax + rituxumab | <ul style="list-style-type: none"> Primary endpoint: safety | <ul style="list-style-type: none"> FPCD: Q2 2016 LPCD: Q2 2022 Data readout: Q1 2023 |
| Phase I ACE-LY-003 NCT02180711 | R/R follicular lymphoma | 89 | <ul style="list-style-type: none"> Arm 1: <i>Calquence</i> Arm 2: <i>Calquence</i> + rituximab Arm 3: <i>Calquence</i> + rituximab + lenolidomide | <ul style="list-style-type: none"> Primary endpoint: safety | <ul style="list-style-type: none"> FPCD: Q1 2015 Data readout: Q1 2024 |



Datroway (datopotamab deruxtecan, TROP2 ADC)

Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|---|---|
| Phase III TROPION-Breast02 NCT05374512 Partnered (Daiichi Sankyo) | Locally recurrent inoperable or metastatic TNBC not candidates for IO | 600 | <ul style="list-style-type: none"> Open-label, randomised trial Arm 1: <i>Datroway</i> Arm 2: investigator's choice of chemotherapy (paclitaxel, nab-paclitaxel, carboplatin, capecitabine, eribulin mesylate) | <ul style="list-style-type: none"> Primary endpoints: PFS (BICR) and OS Secondary endpoints: PFS (Inv), ORR, DoR, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q2 2022 LPCD: Q2 2024 Data readout: Q4 2025 Dual primary endpoints met |
| Phase III TROPION-Breast03 NCT05629585 Partnered (Daiichi Sankyo) | Stage I-III TNBC without pathological complete response following neoadjuvant therapy | 1075 | <ul style="list-style-type: none"> Open-label, randomised trial Arm 1: <i>Datroway</i> + <i>Imfinzi</i> Arm 2: <i>Datroway</i> Arm 3: investigator's choice of therapy (capecitabine, pembrolizumab, or capecitabine + pembrolizumab) | <ul style="list-style-type: none"> Primary endpoint: iDFS Secondary endpoints: DDFS, OS, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q4 2022 LPCD: Q4 2024 Data anticipated: 2027 |
| Phase III TROPION-Breast04 NCT06112379 Partnered (Daiichi Sankyo) | Perioperative triple-negative or HR-low/HER2-negative breast cancer | 1900 | <ul style="list-style-type: none"> Open-label, randomised Arm 1: <i>Datroway</i> + <i>Imfinzi</i> Arm 2: pembrolizumab + chemotherapy | <ul style="list-style-type: none"> Primary endpoint: EFS Secondary endpoints: pCR, OS, DDFS and safety | <ul style="list-style-type: none"> FPCD: Q4 2023 LPCD: Q3 2025 Data anticipated: >2027 |
| Phase III TROPION-Breast05 NCT06103864 Partnered (Daiichi Sankyo) | Patients with PD-L1-positive locally recurrent inoperable or metastatic TNBC | 625 | <ul style="list-style-type: none"> Open-label, randomised Arm 1: <i>Datroway</i> + <i>Imfinzi</i> Arm 2: investigator's choice of chemotherapy in combination with pembrolizumab (paclitaxel, nab-paclitaxel, or gemcitabine + carboplatin) Arm 3: <i>Datroway</i> | <ul style="list-style-type: none"> Primary endpoint: PFS (BICR) Secondary endpoints: OS, PFS (inv), ORR, DoR, DCR and safety | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: 2027 |



Datroway (datopotamab deruxtecan, TROP2 ADC)

NSCLC

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|--|
| Phase III AVANZAR NCT05687266 | 1L NSCLC | 1350 | <ul style="list-style-type: none"> Arm 1: <i>Datroway</i> + <i>Imfinzi</i> + carboplatin Arm 2: pembrolizumab + CTx | <ul style="list-style-type: none"> Co-primary endpoints: PFS and OS in NSQ.ITT and NSQ TROP2 biomarker-positive | <ul style="list-style-type: none"> FPCD: Q1 2023 Data anticipated: H2 2026 |
| Phase III TROPION-Lung01 NCT04656652 Partnered (Daiichi Sankyo) | Previously treated advanced or metastatic NSCLC with or without actionable genomic alterations | 590 | <ul style="list-style-type: none"> Randomised, open-label, parallel assignment Arm 1: <i>Datroway</i> Arm 2: docetaxel | <ul style="list-style-type: none"> Primary endpoints: PFS and OS Secondary endpoints: ORR, DoR, TTR, DCR, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q1 2021 LPCD: Q4 2022 Data readout: Q3 2023 Dual primary endpoint met (PFS) |
| Phase III TROPION-Lung07 NCT05555732 Partnered (Daiichi Sankyo) | 1L patients with PD-L1 TPS <50% and advanced or metastatic NSCLC without actionable genomic alterations | 1170 | <ul style="list-style-type: none"> Randomised, open-label Arm 1: <i>Datroway</i> + pembrolizumab + platinum chemotherapy Arm 2: <i>Datroway</i> + pembrolizumab Arm 3: pembrolizumab + pemetrexed + platinum chemotherapy | <ul style="list-style-type: none"> Primary endpoints: PFS and OS | <ul style="list-style-type: none"> FPCD: Q1 2023 Data anticipated: H2 2026 |
| Phase III TROPION-Lung08 NCT05215340 Partnered (Daiichi Sankyo) | Treatment-naïve patients with PD-L1-high advanced or metastatic NSCLC without actionable genomic alterations | 740 | <ul style="list-style-type: none"> Randomised, open-label Arm 1: <i>Datroway</i> + pembrolizumab Arm 2: pembrolizumab | <ul style="list-style-type: none"> Primary endpoints: PFS and OS | <ul style="list-style-type: none"> FPCD: Q1 2022 Data anticipated: H2 2026 |
| Phase III TROPION-Lung10 NCT06357533 Partnered (Daiichi Sankyo) | Locally advanced or metastatic non-squamous NSCLC with high PD-L1 expression (TC ≥50%) and without actionable genomic alterations | 675 | <ul style="list-style-type: none"> Randomised, open-label, sponsor-blinded, parallel assignment Arm 1: <i>Datroway</i> + rilvegostomig Arm 2: rilvegostomig Arm 3: pembrolizumab | <ul style="list-style-type: none"> Primary endpoints: PFS and OS in TROP2 biomarker-positive participants Secondary endpoints: PFS and OS in the ITT population, ORR, DoR, TTD, PK parameters, immunogenicity and PFS2 | <ul style="list-style-type: none"> FPCD: Q2 2024 Data anticipated: >2027 |
| Phase III TROPION-Lung12 NCT06564844 Partnered (Daiichi Sankyo) | Stage I adenocarcinoma NSCLC who are ctDNA-positive or have high-risk pathological features | 24 | <ul style="list-style-type: none"> Randomised trial Arm 1: <i>Datroway</i> + rilvegostomig Arm 2: rilvegostomig Arm 3: standard of care | <ul style="list-style-type: none"> Primary endpoint: DFS (BICR) Secondary endpoint: OS, QoL and PK parameters | <ul style="list-style-type: none"> FPCD: Q4 2024 Trial discontinued due to strategic portfolio prioritisation |



Datroway (datopotamab deruxtecan, TROP2 ADC)

NSCLC

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|---|---|
| Phase III TROPION-Lung14 NCT06350097 Partnered (Daiichi Sankyo) | EGFRm locally advanced or metastatic NSCLC | 562 | <ul style="list-style-type: none"> Arm 1: <i>Tagrisso</i> + <i>Datroway</i> Arm 2: <i>Tagrisso</i> monotherapy | <ul style="list-style-type: none"> Primary endpoint: PFS (BICR) Secondary endpoints: OS, PFS by Inv., ORR, DoR; DCR; PFS of CNS met. patients; PFS2; safety; PK parameters and immunogenicity | <ul style="list-style-type: none"> FPCD: Q2 2024 Data anticipated: >2027 |
| Phase III TROPION-Lung15 NCT06417814 Partnered (Daiichi Sankyo) | Patients with advanced or metastatic EGFRm NSCLC whose disease has progressed on prior Osimertinib | 744 | <ul style="list-style-type: none"> Open-label, sponsor blind, randomised trial Arm 1: <i>Datroway</i> + <i>Tagrisso</i> Arm 2: <i>Datroway</i> Arm 3: Platinum-based doublet CTx | <ul style="list-style-type: none"> Dual primary endpoints: PFS (BICR) monotherapy vs. CTx and PFS (BICR) combination vs. CTx Secondary endpoints: OS, CNS PFS, PFS (Inv.), PFS2, ORR, DoR, DCR, TTR, safety and PRO | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: H2 2026 |
| Phase III TROPION-Lung17 NCT07291037 Partnered (Daiichi Sankyo) | Non-squamous 2L+ TROP2 NMR+ NSCLC | 400 | <ul style="list-style-type: none"> Ph3, 2-arm, randomised study assessing the efficacy and safety of Dato-DXd compared with docetaxel | <ul style="list-style-type: none"> PFS, OS | <ul style="list-style-type: none"> Data anticipated: >2027 |
| Phase II TROPION-Lung05 NCT04484142 Partnered (Daiichi Sankyo) | Advanced or metastatic NSCLC with actionable genomic alterations and progressed on or after kinase inhibitor therapy and platinum-based chemotherapy | 137 | <ul style="list-style-type: none"> Single-arm, open-label <i>Datroway</i> | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: DOR, PFS, OS, safety, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q1 2021 LPCD: Q1 2022 Data readout: Q1 2023 |
| Phase I TROPION-Lung02 NCT04526691 Partnered (Daiichi Sankyo) | Advanced or metastatic NSCLC | 145 | <ul style="list-style-type: none"> Open-label, two-part (dose escalation and dose expansion), sequential assignment <i>Datroway</i> + pembrolizumab +/- platinum chemotherapy | <ul style="list-style-type: none"> Primary endpoints: DLT and safety Secondary endpoints: ORR, DOR, PFS, OS, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q4 2020 LPCD: Q2 2023 Data readout: Q4 2024 |



Datroway (datopotamab deruxtecan, TROP2 ADC)

NSCLC

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------------------------|----------|---|--|--|
| Phase I TROPION-Lung04 NCT04612751 Partnered (Daiichi Sankyo) | Advanced or metastatic NSCLC | 155 | <ul style="list-style-type: none"> Open-label, two-part (dose escalation, dose expansion), sequential assignment <i>Datroway + Imfinzi +/-</i> platinum chemotherapy Cohort 1 & 2: <i>Datroway + Imfinzi</i> Cohort 3 & 4: <i>Datroway + Imfinzi + carboplatin</i> Cohort 4a: <i>Datroway + Imfinzi + carboplatin (SQ 1L only)</i> Cohort 5 & 6: <i>Datroway + rilvegostomig</i> Cohort 7 & 8: <i>Datroway + rilvegostomig + carboplatin</i> Cohort 9 & 10: <i>Datroway + volrustomig + carboplatin</i> Cohort 11: <i>Datroway + volrustomig</i> Cohort 12, 13 & 14: <i>Datroway + sabestomig</i> | <ul style="list-style-type: none"> Primary endpoints: DLT and safety Secondary endpoints: ORR, DOR, PFS, OS, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q1 2021 Data anticipated: H1 2026 |



Datroway (datopotamab deruxtecan, TROP2 ADC)

Other cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|---|---|
| Phase II TROPION-PanTumor03 NCT05489211 Partnered (Daiichi Sankyo) | Endometrial cancer, gastric cancer, mCRPC, ovarian cancer, CRC, bladder cancer and BTC | 606 | <ul style="list-style-type: none"> Sub-study 1 (endometrial cancer); Sub-study 1a: <i>Datroway</i> monotherapy Sub-study 2 (gastric cancer); Sub-study 2a: <i>Datroway</i> + capecitabine Sub-study 2b: <i>Datroway</i> + 5-fluorouracil Sub-study 3 (mCRPC); Sub-study 3a: <i>Datroway</i> (post-NHA) Sub-study 3c: <i>Datroway</i> + prednisone/prednisolone Sub-study 4 (ovarian cancer); Sub-study 4a: <i>Datroway</i> Sub-study 4a (expansion): <i>Datroway</i> PSR/PRR (2-3L) Sub-study 4c: <i>Datroway</i> + carboplatin + bevacizumab PSR (2-3L) Sub-study 5 (CRC); Sub-study 5a1: <i>Datroway</i> (TROP2+ 3L+) Sub-study 5a2: <i>Datroway</i> (TROP2+ 2L+) Sub-study 5b: <i>Datroway</i> + 5-FU/leucovorin or capecitabine + bevacizumab (TROP2+ 1L) Sub-study 6 (bladder); Sub-study 6d: <i>Datroway</i> (2L+) Sub-study 6b: 1L cis-ineligible/2L <i>Datroway</i> + rilvegostomig (1L) Sub-study 6c: post-pembro/EV - <i>Datroway</i> + carbo/cisplatin (2L) Sub-Study 6E: 1L <i>Datroway</i> + rilvegostomig Sub-study 7 (BTC) Sub-study 7a: TROP2+ <i>Datroway</i> (2L+) | <ul style="list-style-type: none"> Primary endpoints: ORR and safety | <ul style="list-style-type: none"> FPCD: Q3 2022 Data anticipated: 2027 |
| Phase I/II TROPION-PanTumor02 NCT05460273 Partnered (Daiichi Sankyo) | NSCLC and TNBC and other solid tumours in Chinese patients | 119 | <ul style="list-style-type: none"> Single-arm, multi-cohort trial with no blinding <i>Datroway</i> China only | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: DoR, DCR, BOR, TTR PFS and OS | <ul style="list-style-type: none"> FPCD: Q3 2022 LPCD: Q2 2023 Data readout: Q2 2024 |
| Phase I TROPION-PanTumor01 NCT03401385 Partnered (Daiichi Sankyo) | Subjects with advanced solid tumours: NSCLC, TNBC, HR+ breast cancer, HER2-negative gastric/GEJ, oesophageal, urothelial, SCLC, CRPC, PDAC, HNSCC, HR+ HER2-low breast cancer and HER2-positive breast cancer | 890 | <ul style="list-style-type: none"> Open-label, two-part (dose escalation, dose expansion), sequential assignment <i>Datroway</i> US and Japan | <ul style="list-style-type: none"> Primary endpoints: DLT and safety Secondary endpoints: PK parameters, anti-tumour activity and ADA | <ul style="list-style-type: none"> FPCD: Q1 2018 Data readout: Q3 2025 |



Enhertu (trastuzumab deruxtecan, HER2 ADC)

Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|---|--|
| Phase III DESTINY-Breast02 NCT03523585 Partnered (Daiichi Sankyo) | HER2-positive, unresectable and/or metastatic breast cancer pretreated with prior SoC HER2 therapies including trastuzumab emtansine | 600 | <ul style="list-style-type: none"> Randomised, open-label, parallel assignment Arm 1: <i>Enhertu</i> Arm 2: physician's choice of lapatinib + capecitabine or trastuzumab + capecitabine | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, ORR, DoR and CBR | <ul style="list-style-type: none"> FPCD: Q3 2018 LPCD: Q4 2020 Data readout: Q3 2022 Primary endpoint met |
| Phase III DESTINY-Breast03 NCT03529110 Partnered (Daiichi Sankyo) | HER2-positive, unresectable and/or metastatic breast cancer previously treated with trastuzumab and taxane | 524 | <ul style="list-style-type: none"> Randomised, open-label, parallel assignment Arm 1: <i>Enhertu</i> Arm 2: ado-trastuzumab emtansine | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, ORR, DoR and CBR | <ul style="list-style-type: none"> FPCD: Q3 2018 LPCD: Q2 2020 Data readout: Q3 2021 Primary endpoint met |
| Phase III DESTINY-Breast04 NCT03734029 Partnered (Daiichi Sankyo) | HER2-low, unresectable and/or metastatic breast cancer | 557 | <ul style="list-style-type: none"> Randomised, open-label, parallel assignment Arm 1: <i>Enhertu</i> Arm 2: physician's choice of SoC chemotherapy (choice of capecitabine, eribulin, gemcitabine, paclitaxel or nab-paclitaxel) | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, DoR and ORR | <ul style="list-style-type: none"> FPCD: Q4 2018 LPCD: Q4 2020 Data readout: Q1 2022 Primary endpoint met |
| Phase III DESTINY-Breast05 NCT04622319 Partnered (Daiichi Sankyo) | High-risk HER2-positive with residual invasive breast cancer following neoadjuvant therapy | 1600 | <ul style="list-style-type: none"> Randomised, open-label, parallel assignment Arm 1: <i>Enhertu</i> Arm 2: ado-trastuzumab emtansine | <ul style="list-style-type: none"> Primary endpoint: IDFS Secondary endpoints: DFS, OS, DRFI and BMFI | <ul style="list-style-type: none"> FPCD: Q4 2020 Data readout: Q3 2025 Primary endpoint met |
| Phase III DESTINY-Breast06 NCT04494425 Partnered (Daiichi Sankyo) | HER2-low and -ultralow, HR+ breast cancer with disease progression on endocrine therapy in the metastatic setting | 866 | <ul style="list-style-type: none"> Randomised, open-label, parallel assignment Arm 1: <i>Enhertu</i> Arm 2: investigator's choice SoC chemotherapy (capecitabine, paclitaxel, nab-paclitaxel) | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, DoR and ORR | <ul style="list-style-type: none"> FPCD: Q3 2020 LPCD: Q2 2023 Data readout: Q2 2024 Primary endpoint met |
| Phase III DESTINY-Breast09 NCT04784715 Partnered (Daiichi Sankyo) | HER2-positive, metastatic breast cancer with no prior therapy for advanced or metastatic disease | 1157 | <ul style="list-style-type: none"> Randomised, parallel assignment Arm 1: <i>Enhertu</i> + placebo Arm 2: <i>Enhertu</i> + pertuzumab Arm 3: SoC | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, DoR and ORR | <ul style="list-style-type: none"> FPCD: Q2 2021 Data readout: Q2 2025 Primary endpoint met for <i>Enhertu</i> + pertuzumab arm Data anticipated for <i>Enhertu</i> monotherapy arm: H2 2026 |



Enhertu (trastuzumab deruxtecan, HER2 ADC)

Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|--|--|
| Phase III DESTINY-Breast11 NCT05113251 Partnered (Daiichi Sankyo) | High-risk HER2-positive early non-metastatic breast cancer | 927 | <ul style="list-style-type: none"> Randomised, open-label, parallel assignment Arm 1: <i>Enhertu</i> Arm 2: <i>Enhertu</i> followed by THP Arm 3: doxorubicin and cyclophosphamide followed by THP | <ul style="list-style-type: none"> Primary endpoint: pCR Secondary endpoints: EFS, IDFS and OS | <ul style="list-style-type: none"> FPCD: Q4 2021 Data readout: Q2 2025 Primary endpoint met |
| Phase Ib/II DESTINY-Breast07 NCT04538742 Partnered (Daiichi Sankyo) | HER2-positive metastatic breast cancer | 245 | <ul style="list-style-type: none"> Randomised, open-label, sequential assignment Arm 1: <i>Enhertu</i> Arm 2: <i>Enhertu</i> + <i>Imfinzi</i> Arm 3: <i>Enhertu</i> + pertuzumab Arm 4: <i>Enhertu</i> + paclitaxel Arm 5: <i>Enhertu</i> + <i>Imfinzi</i> + paclitaxel Arm 6: <i>Enhertu</i> + tucatinib | <ul style="list-style-type: none"> Primary endpoints: AE and SAE Secondary endpoints: ORR, PFS, DoR and OS | <ul style="list-style-type: none"> FPCD: Q1 2021 Data readout: Q3 2025 |
| Phase Ib DESTINY-Breast08 NCT04556773 Partnered (Daiichi Sankyo) | HER2-low metastatic breast cancer | 139 | <ul style="list-style-type: none"> Non-randomised, open-label parallel assignment Arm 1: <i>Enhertu</i> + capecitabine Arm 2: <i>Enhertu</i> + <i>Imfinzi</i> + paclitaxel Arm 3: <i>Enhertu</i> + <i>Truqap</i> Arm 4: <i>Enhertu</i> + anastrozole Arm 5: <i>Enhertu</i> + <i>Faslodex</i> | <ul style="list-style-type: none"> Primary endpoints: AE and SAE Secondary endpoints: ORR, PFS, DoR and OS | <ul style="list-style-type: none"> FPCD: Q1 2021 LPCD: Q1 2023 Data readout: Q3 2023 |



Enhertu (trastuzumab deruxtecan, HER2 ADC)

Gastric cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|--|---|---|
| Phase III DESTINY-Gastric04 NCT04704934 Partnered (Daiichi Sankyo) | HER2-positive gastric cancer or GEJ adenocarcinoma patients who have progressed on or after a trastuzumab-containing regimen and have not received any additional systemic therapy | 490 | <ul style="list-style-type: none"> Open-label, randomised, parallel group assignment Arm 1: <i>Enhertu</i> Arm 2: SoC chemotherapy | <ul style="list-style-type: none"> Primary endpoint: OS Secondary endpoints: ORR, DoR, PFS, DcR and safety | <ul style="list-style-type: none"> FPCD: Q2 2021 Data readout: Q1 2025 |
| Phase III DESTINY-Gastric05 NCT06731478 Partnered (Daiichi Sankyo) | HER2+ 1L locally advanced or metastatic GC or GEJ adenocarcinoma | 726 | <ul style="list-style-type: none"> Arm A (CPS ≥ 1): <i>Enhertu</i> + 5-FU or capecitabine + pembrolizumab Arm B (CPS ≥ 1): <i>Enhertu</i> + 5-FU or capecitabine + cisplatin or oxaliplatin + pembrolizumab Arm C (CPS < 1): <i>Enhertu</i> + 5-FU or capecitabine Arm D (CPS < 1): ToGA | <ul style="list-style-type: none"> Primary endpoint: PFS (BICR) in ITT Secondary endpoints: OS, ORR, PFS (Inv.), DOR, safety and PRO | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: >2027 |
| Phase II DESTINY-Gastric06 NCT04989816 Partnered (Daiichi Sankyo) | HER2-positive gastric cancer or GEJ adenocarcinoma patients who have progressed on two prior treatment regimens | 95 | <ul style="list-style-type: none"> Open-label, single group assignment <i>Enhertu</i> China only | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: PFS, ORR, DCR, OS, DoR and safety | <ul style="list-style-type: none"> FPCD: Q3 2021 LPCD: Q2 2024 Data readout: Q3 2023 DESTINY-Gastric06 conditional approval converted to full approval on 20 Jan 2026 |
| Phase Ib/II DESTINY-Gastric03 NCT04379596 Partnered (Daiichi Sankyo) | Metastatic or unresectable HER2+ GC, GEJ, & esophageal adenocarcinoma Part 1: ≥ 2 L following trastuzumab containing therapy Part 2, 3 and 4: Previously untreated metastatic or unresectable GC Part 3 and 4: HER2 expressing (IHC 3+,2+,1+) (local assess) | 417 | <ul style="list-style-type: none"> Open-label, parallel assignment Part 1: to determine recommended Phase II combination dose 5 Arms combining <i>Enhertu</i> with SoC chemotherapies (5-FU, capecitabine, oxaliplatin) and/or <i>Imfinzi</i> Part 2 and 3: to assess efficacy of the selected combinations Arm 2A: standard chemotherapy Arm 2B: <i>Enhertu</i> monotherapy Arm 2C: <i>Enhertu</i> with chemotherapy Arm 2D: <i>Enhertu</i> with chemotherapy and pembrolizumab Arm 2E: <i>Enhertu</i> and pembrolizumab Arm 2F: <i>Enhertu</i>, chemotherapy and pembrolizumab Arm 3A (HER2+): <i>Enhertu</i>, chemotherapy and volrustomig Arm 3B (HER2low): <i>Enhertu</i>, chemotherapy and volrustomig Arm 4A (HER2+): <i>Enhertu</i>, chemotherapy and rilvegostomig Arm 4B (HER2low): <i>Enhertu</i>, chemotherapy and rilvegostomig Arm 5 (HER2low): <i>Enhertu</i>, chemotherapy and volrustomig (priming dose) | <ul style="list-style-type: none"> Primary endpoint (Part 1): safety, RP2D and ORR Secondary endpoints: DoR, DCR, PFS, OS, PK parameters and presence of ADAs | <ul style="list-style-type: none"> FPCD: Q2 2020 Data anticipated: 2027 |

Enhertu (trastuzumab deruxtecan, HER2 ADC)

Other cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|--|--|
| Phase III DESTINY-BTC01 NCT06467357 Partnered (Daiichi Sankyo) | Advanced treatment-naïve HER2-expressing BTC | 620 | <ul style="list-style-type: none"> Arm A: <i>Enhertu</i> + rilvegostomig Arm B: <i>Enhertu</i> Arm C: gemcitabine and cisplatin + <i>Imfinzi</i> | <ul style="list-style-type: none"> Primary endpoint: OS Secondary endpoint: OS (ITT), PFS (INV), ORR (ONV), DOR (INV) Safety, PRO | <ul style="list-style-type: none"> FPCD: Q3 2024 Data anticipated: >2027 |
| Phase III DESTINY-Endometrial01 NCT06989112 Partnered (Daiichi Sankyo) | Stage III, Stage IV, or recurrent, histologically-confirmed endometrial cancer | 600 | <ul style="list-style-type: none"> Open label, randomized, global Arm A: <i>Enhertu</i> + rilvegostomig Arm B: <i>Enhertu</i> + pembrolizumab Arm C: carboplatin/paclitaxel + pembrolizumab | <ul style="list-style-type: none"> Primary: PFS (BICR) in ITT Secondary: OS, PFS (Investigator), ORR | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: >2027 |
| Phase III DESTINY-Endometrial02 NCT07022483 Partnered (Daiichi Sankyo) | Endometrial cancer excluding sarcoma Stage IIC or III FIGO 2023 | 710 | <ul style="list-style-type: none"> Randomised, open label, parallel assignment Arm 1: <i>Enhertu</i> +/- radiotherapy Arm 2: SoC chemotherapy +/- radiotherapy | <ul style="list-style-type: none"> Primary endpoints: DFS ITT (BICR or pathology) Secondary endpoints: OS ITT, DFS ITT (INV), DDFS | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |
| Phase III DESTINY-Lung06 NCT06899126 Partnered (Daiichi Sankyo) | No prior therapy for locally advanced unresectable or metastatic NSCLC, HER2- over expressing and PD-L1 TPS <50% without known AGA that have locally available therapies targeting their AGAs in first-line advanced/metastatic | 686 | <ul style="list-style-type: none"> Arm A: <i>Enhertu</i> + pembrolizumab Arm B: pembrolizumab + pemetrexed + platinum CTX (cis or carbo) | <ul style="list-style-type: none"> Primary endpoint: PFS by BICR Secondary endpoint: OS, PFS (Inv.), ORR per RECIST v1.1, DOR, safety and tolerability, PROs | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |
| Phase III DESTINY-Lung04 NCT05048797 Partnered (Daiichi Sankyo) | HER2-mutated, unresectable, locally advanced/metastatic NSCLC | 450 | <ul style="list-style-type: none"> Randomised, parallel group assignment Arm 1: <i>Enhertu</i> Arm 2: SoC (platinum, pemetrexed and pembrolizumab) | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, CNS-PFS, PFS (INV), ORR, DoR, safety, PK parameters, ADA, PRO-tolerability and PRO- pulmonary symptoms | <ul style="list-style-type: none"> FPCD: Q4 2021 Data anticipated: H1 2026 |
| Phase III DESTINY-Ovarian01 NCT06819007 Partnered (Daiichi Sankyo) | (HER2)-expressing (immunohistochemistry [IHC] 3+/2+/1+) advanced high-grade epithelial ovarian cancer | 582 | <ul style="list-style-type: none"> DS-unilateral Phase 3, open label, randomised Arm 1: <i>Enhertu</i> + bevacizumab Arm 2: bevacizumab | <ul style="list-style-type: none"> Primary: PFS (BICR) in IHC 2+/3+ Secondary: PFS (BICR) in ITT (3/2/1+), OS ICH 2+/3+, OS ITT | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: >2027 |
| Phase II DESTINY-CRC02 NCT04744831 Partnered (Daiichi Sankyo) | HER2-overexpressing advanced or metastatic colorectal cancer | 122 | <ul style="list-style-type: none"> Randomised, parallel group assignment Arm 1: <i>Enhertu</i> 6.4mg/kg Arm 2: <i>Enhertu</i> 5.4mg/kg | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: ORR, PFS, OS, DoR, DCR and PK parameters | <ul style="list-style-type: none"> FPCD: Q1 2021 Data readout: Q1 2023 Primary endpoint met |



Enhertu (trastuzumab deruxtecan, HER2 ADC)

Other cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|---|--|---|
| Phase II DESTINY-Lung02 NCT04644237 Partnered (Daiichi Sankyo) | HER2-mutated, unresectable and/or metastatic NSCLC | 152 | <ul style="list-style-type: none"> Randomised, parallel group assignment Arm 1: <i>Enhertu</i> 6.4mg/kg Arm 2: <i>Enhertu</i> 5.4mg/kg | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: DoR, DCR, PFS, OS and PK parameters | <ul style="list-style-type: none"> FPCD: Q1 2021 Data readout: Q1 2023 Primary endpoint met |
| Phase II DESTINY-Lung05 NCT05246514 Partnered (Daiichi Sankyo) | HER2-mutant metastatic NSCLC who have disease progression on or after at least one-line of treatment | 80 | <ul style="list-style-type: none"> Open-label, single-arm trial China only | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: investigator and ICR assessed DCR, DoR and PFS, investigator assessed ORR, OS, ICR assessed NS-PFS, PK parameters, immunogenicity and safety | <ul style="list-style-type: none"> FPCD: Q3 2022 LPCD: Q1 2023 Data readout: Q4 2023 Primary endpoint met |
| Phase II DESTINY-PanTumor01 NCT04639219 Partnered (Daiichi Sankyo) | HER2-mutated tumours | 102 | <ul style="list-style-type: none"> Non-randomised, single group assignment <i>Enhertu</i> | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: DoR, DCR, PFS and PK parameters | <ul style="list-style-type: none"> FPCD: Q1 2021 LPCD: Q2 2022 Data readout: Q2 2023 |
| Phase II DESTINY-PanTumor02 NCT04482309 Partnered (Daiichi Sankyo) | HER2-expressing tumours | 468 | <ul style="list-style-type: none"> Non-randomised, single group assignment <i>Enhertu</i> | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: DoR, DCR, PFS and OS | <ul style="list-style-type: none"> FPCD: Q4 2020 Data readout: Q3 2023 |
| Phase II DESTINY-PanTumor03 NCT06271837 Partnered (Daiichi Sankyo) | HER2 expressing tumours | 125 | <ul style="list-style-type: none"> Non-randomised single group assignment <i>Enhertu</i> China only | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: DoR, DCR, PFS, OS, safety and tolerability, PK | <ul style="list-style-type: none"> FPCD: Q3 2024 Data readout: Q1 2026 |



Enhertu (trastuzumab deruxtecan, HER2 ADC)

Other cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|--|---|
| Phase Ib DESTINY-Lung03 NCT04686305 Partnered (Daiichi Sankyo) | HER2-over expressing, unresectable and/or metastatic NSCLC Part 1: 2L/3L advanced Parts 2/3/4/5: 1L advanced | 244 | <ul style="list-style-type: none"> Non-randomised, parallel group assignment Part 1: to determine recommended combination dose 3 Arms combine <i>Enhertu</i> with SoC chemotherapies (cisplatin, carboplatin or pemetrexed) and <i>Imfinzi</i>; Arm 1D: <i>Enhertu</i> monotherapy arm Part 2: to assess efficacy of the selected combinations with chemotherapies (cisplatin, carboplatin or pemetrexed) and <i>Imfinzi</i> not initiated Part 3 (2 arms): dose confirmation to assess safety and efficacy with volrustomig and volrustomig and chemotherapy (carboplatin) Part 4 (2 arms): dose confirmation to assess safety and efficacy with rilvegostomig and rilvegostomig and chemotherapy (carboplatin) Part 5: to evaluate priming approach (<i>Enhertu</i>+ volru (500mg) followed by 250mg until progression) | <ul style="list-style-type: none"> Primary endpoint: safety and RP2D Secondary endpoints: ORR, DoR, DCR, PFS, OS and PK parameters | <ul style="list-style-type: none"> FPCD: Q4 2021 Data anticipated: 2027 |
| Phase I Enhertu SubQ NCT07015697 Partnered (Daiichi Sankyo) | Part 1: pre-treated mBC Part 2: HER2-low mBC | 76 | <ul style="list-style-type: none"> Non-Randomised, sequential assignment Part 1: Dose Escalation, s.c. T-DXd with hyaluronidase co-mixed Part 2: Expansion, s.c. T-DXd with hyaluronidase co-mixed flat dose | <ul style="list-style-type: none"> Part 1: DLT incidence, safety, PK Part 2: Primary endpoint: PK; Secondary endpoints: ORR, safety, tolerability | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |
| Phase III DESTINY-Endometrial02 NCT07022483 Partnered (Daiichi Sankyo) | Endometrial cancer excluding sarcoma Stage IIC or III FIGO 2023 | 710 | <ul style="list-style-type: none"> Randomised, open label, parallel assignment Arm 1: <i>Enhertu</i> +/- radiotherapy Arm 2: SoC chemotherapy +/- radiotherapy | <ul style="list-style-type: none"> Primary endpoints: DFS ITT (BICR or pathology) Secondary endpoints: OS ITT, DFS ITT (INV), DDFS | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |
| Phase III DESTINY-Lung06 NCT06899126 Partnered (Daiichi Sankyo) | No prior therapy for locally advanced unresectable or metastatic NSCLC, HER2- over expressing and PD-L1 TPS <50% without known AGA that have locally available therapies targeting their AGAs in first-line advanced/metastatic | 686 | <ul style="list-style-type: none"> Arm A: <i>Enhertu</i> + pembrolizumab Arm B: pembrolizumab + pemetrexed + platinum CTX (cis or carbo) | <ul style="list-style-type: none"> Primary endpoint: PFS by BICR Secondary endpoint: OS, PFS (Inv.), ORR per RECIST v1.1, DOR, safety and tolerability, PROs | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |



Imfinzi (PD-L1 mAb)

Gastrointestinal cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|-------------------------------------|----------|---|--|---|
| Phase III EMERALD-1 NCT03778957 | Locoregional HCC | 710 | <ul style="list-style-type: none"> Arm 1: TACE in combination with <i>Imfinzi</i> Arm 2: TACE in combination with <i>Imfinzi</i> + bevacizumab Arm 3: TACE in combination with placebo | <ul style="list-style-type: none"> Primary endpoint: PFS (Arm 2 vs. Arm 3) Secondary endpoints: PFS (Arm 1 vs. Arm 3) and OS | <ul style="list-style-type: none"> FPCD: Q1 2019 LPCD: Q3 2021 Data readout: Q4 2023 Primary endpoint met |
| Phase III EMERALD-2 NCT03847428 | HCC (adjuvant) | 908 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + bevacizumab Arm 2: <i>Imfinzi</i> + placebo Arm 3: placebo + placebo | <ul style="list-style-type: none"> Primary endpoint: RFS (Arm 1 vs. Arm 3) Secondary endpoints: RFS (Arm 2 vs. Arm 3), OS and RFS at 24 months | <ul style="list-style-type: none"> FPCD: Q2 2019 LPCD: Q2 2022 Data anticipated: H2 2026 |
| Phase III EMERALD-3 NCT05301842 | Locoregional HCC | 725 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + <i>Imjudo</i> + TACE + lenvatanib Arm 2: <i>Imfinzi</i> + <i>Imjudo</i> + TACE Arm 3: TACE | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q2 2022 Data anticipated: H1 2026 |
| Phase III HIMALAYA NCT03298451 | 1L HCC | 1324 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + <i>Imjudo</i> Arm 2: <i>Imfinzi</i> Arm 3: sorafenib | <ul style="list-style-type: none"> Primary endpoint: OS Secondary endpoints: PFS, TTP and ORR | <ul style="list-style-type: none"> FPCD: Q4 2017 LPCD: Q4 2019 Data readout: Q4 2021 |
| Phase III KUNLUN NCT04550260 | Locally advanced, unresectable ESCC | 640 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + definitive CRT Arm 2: placebo + definitive CRT | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q4 2020 LPCD: Q3 2023 Data anticipated: H2 2026 |
| Phase III MATTERHORN NCT04592913 | Resectable GC/GEJC | 900 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + FLOT Arm 2: placebo + FLOT | <ul style="list-style-type: none"> Primary endpoint: EFS Secondary endpoints: OS (Arm 1 vs. Arm 2) and pCR (Arm 1 vs. Arm 2) | <ul style="list-style-type: none"> FPCD: Q4 2020 LPCD: Q3 2022 Data readout: Q1 2025 Primary endpoint met |



Imfinzi (PD-L1 mAb)

Lung cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|---|---|
| Phase III ADJUVANT BR.31 NCT02273375 Partnered (CCTG) | Adjuvant NSCLC patients, Stage Ib (≥4cm) - Stage IIIa resected (incl. EGFR/ALK-positive) | 1415 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> mg/kg i.v. Q4W x 12 months Arm 2: placebo Global trial | <ul style="list-style-type: none"> Primary endpoint: DFS Secondary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q1 2015 LPCD: Q1 2020 Data readout: Q2 2024 |
| Phase III ADRIATIC NCT03703297 | Limited-stage SCLC 1L following platinum-based concurrent chemoradiation therapy | 730 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + <i>Imjudo</i> (4 doses) Arm 2: <i>Imfinzi</i> Arm 3: placebo | <ul style="list-style-type: none"> Primary endpoints: PFS and OS | <ul style="list-style-type: none"> FPCD: Q4 2018 Data readout: Q2 2024 Primary endpoint met |
| Phase III PACIFIC-4 NCT03833154 | <i>Imfinzi</i> with SBRT in unresected, Stage I/II NSCLC | 630 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> i.v. Q4W with definitive SBRT Arm 2: placebo with definitive SBRT | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q2 2019 Data anticipated: >2027 |
| Phase III PACIFIC-5 NCT03706690 | Unresected, locally advanced NSCLC | 407 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> i.v. Q4W following chemotherapy/RT Arm 2: placebo following chemotherapy/RT Global trial (ex-US with China focus) | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q1 2019 LPCD: Q2 2022 Data readout: Q3 2024 Primary endpoint met |
| Phase III PACIFIC-8 NCT05211895 Partnered (Arcus Biosciences) | Unresected, locally advanced NSCLC | 860 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + domvanalimab following chemotherapy/RT Arm 2: <i>Imfinzi</i> + placebo following chemotherapy/RT | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q1 2022 Data anticipated: >2027 |
| Phase III PACIFIC-9 NCT05221840 Partnered (Innate Pharma) | Patients with locally advanced (Stage III), unresectable NSCLC who have not progressed following platinum-based CRT | 999 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + oleclumab Arm 2: <i>Imfinzi</i> + monalizumab + placebo Arm 3: <i>Imfinzi</i> + placebo | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, ORR, DoR, PFS2 and TFST | <ul style="list-style-type: none"> FPCD: Q2 2022 Data anticipated: H2 2026 |



Imfinzi (PD-L1 mAb)

Lung cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|--|--|
| Phase II HUDSON NCT03334617 | NSCLC, patients who progressed on an anti-PD-1/PD-L1-containing therapy | 531 | <ul style="list-style-type: none"> Open-label, biomarker-directed, multi-centre trial Module 1: <i>Imfinzi</i> + <i>Lynparza</i> Module 2: <i>Imfinzi</i> + danvatirsen Module 3: <i>Imfinzi</i> + ceralasertib Module 4: <i>Imfinzi</i> + vistusertib Module 5: <i>Imfinzi</i> + oleclumab Module 6: <i>Imfinzi</i> + <i>Enhertu</i> Module 7: <i>Imfinzi</i> + cediranib Module 8: ceralasertib Module 9: <i>Imfinzi</i> + ceralasertib Module 10: <i>Imfinzi</i> + ceralasertib Module 11: ceralasertib | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: efficacy including OS, PFS, DCR, safety and tolerability and DoR | <ul style="list-style-type: none"> FPCD: Q1 2018 LPD: Q3 2023 Data readout: Q4 2024 |
| Phase II NeoCOAST-2 NCT05061550 | Early-stage, resectable NSCLC (Stage II to Stage IIIA) | 630 | <ul style="list-style-type: none"> Open-label trial Arm 1: <i>Imfinzi</i> + oleclumab + platinum doublet chemotherapy Arm 2: <i>Imfinzi</i> + monalizumab + platinum doublet chemotherapy Arm 3: volrustomig + platinum doublet chemotherapy Arm 4: <i>Datroway</i> + single agent platinum chemotherapy Arm 5: AZD0171 + platinum doublet chemotherapy Arm 6: rilvegostomig + platinum doublet chemotherapy Arm 7: <i>Datroway</i> + rilvegostomig + single agent platinum chemotherapy | <ul style="list-style-type: none"> Primary endpoints: pCR and safety | <ul style="list-style-type: none"> FPCD: Q2 2022 Data anticipated: 2027 |



Imfinzi (PD-L1 mAb)

Other cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|--|---|
| Phase III NIAGARA NCT03732677 | Muscle-invasive bladder cancer eligible for cisplatin | 1063 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> in combination with gemcitabine + cisplatin, <i>Imfinzi</i> maintenance Arm 2: gemcitabine + cisplatin | <ul style="list-style-type: none"> Co-primary endpoints: pCR and EFS | <ul style="list-style-type: none"> FPCD: Q4 2018 LPCD: Q3 2021 Data readout: Q2 2024 |
| Phase III NILE NCT03682068 | 1L bladder cancer | 1246 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + <i>Imjudo</i> + SoC Arm 2: <i>Imfinzi</i> + SoC Arm 3: SoC | <ul style="list-style-type: none"> Primary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q4 2018 LPCD: Q2 2021 Data anticipated: H1 2026 |
| Phase III POTOMAC NCT03528694 | Non-muscle-invasive bladder cancer | 1018 | <ul style="list-style-type: none"> Arm 1: BCG (induction + maintenance) Arm 2: <i>Imfinzi</i> + BCG (induction only) Arm 3: <i>Imfinzi</i> + BCG (induction + maintenance) | <ul style="list-style-type: none"> Primary endpoint: DFS | <ul style="list-style-type: none"> FPCD: Q2 2018 LPCD: Q4 2020 Data readout: Q2 2025 |
| Phase III SAMETA NCT05043090 Partnered (HUTCHMED) | MET-driven, unresectable and locally advanced or metastatic papillary renal cell carcinoma | 200 | <ul style="list-style-type: none"> Arm 1: <i>Orpathys</i> + <i>Imfinzi</i> Arm 2: sunitinib Arm 3: <i>Imfinzi</i> monotherapy | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, ORR, DoR and DCR | <ul style="list-style-type: none"> FPCD: Q4 2021 Data anticipated: H1 2026 |
| Phase III VOLGA NCT04960709 | Muscle-invasive bladder cancer ineligible to cisplatin | 712 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + <i>Imjudo</i> + enfortumab vedotin Arm 2: <i>Imfinzi</i> + enfortumab vedotin Arm 3: SoC cystectomy | <ul style="list-style-type: none"> Primary endpoints: safety, EFS and pCR Secondary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q4 2021 LPCD: Q1 2025 Data anticipated: H1 2026 |
| Phase II BEGONIA NCT03742102 | 1L mTNBC | 243 | <ul style="list-style-type: none"> Arm 1: <i>Imfinzi</i> + paclitaxel Arm 2: <i>Imfinzi</i> + paclitaxel + <i>Truqap</i> Arm 5: <i>Imfinzi</i> + paclitaxel + oleclumab Arm 6: <i>Imfinzi</i> + <i>Enhertu</i> Arm 7: <i>Imfinzi</i> + <i>Datroway</i> Arm 8: <i>Imfinzi</i> + <i>Datroway</i> (PD-L1-high) | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: ORR, PFS, DoR, OS, PK and ADA | <ul style="list-style-type: none"> FPCD: Q1 2019 Data readout: Q2 2025 |



Lynparza (PARP inhibitor)

Imfinzi combinations

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|--|--|
| Phase III DUO-E NCT04269200 | 1L advanced and recurrent endometrial cancer | 805 | <ul style="list-style-type: none"> Arm 1: chemotherapy + <i>Imfinzi</i> placebo followed by <i>Imfinzi</i> placebo + <i>Lynparza</i> placebo Arm 2: chemotherapy + <i>Imfinzi</i> followed by <i>Imfinzi</i> + <i>Lynparza</i> placebo Arm 3: chemotherapy + <i>Imfinzi</i> followed by <i>Imfinzi</i> + <i>Lynparza</i> Global trial | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, PFS2, ORR and DoR | <ul style="list-style-type: none"> FPCD: Q2 2020 LPCD: Q2 2023 Data readout: Q2 2023 Primary endpoint met |
| Phase III DUO-O NCT03737643 | 1L advanced ovarian cancer | 1407 | <ul style="list-style-type: none"> Non-tBRCAm (tumour BRCA) patients Arm 1: chemotherapy + bevacizumab + <i>Imfinzi</i> placebo followed by bevacizumab + <i>Imfinzi</i> placebo + <i>Lynparza</i> placebo Arm 2: chemotherapy + bevacizumab + <i>Imfinzi</i> followed by bevacizumab + <i>Imfinzi</i> + <i>Lynparza</i> placebo Arm 3: chemotherapy + bevacizumab + <i>Imfinzi</i> followed by bevacizumab + <i>Imfinzi</i> + <i>Lynparza</i> tBRCAm patients chemotherapy + bevacizumab (optional) + <i>Imfinzi</i> followed by bevacizumab (optional) + <i>Imfinzi</i> + <i>Lynparza</i> Global trial | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS and PFS2 | <ul style="list-style-type: none"> FPCD: Q1 2019 LPCD: Q2 2023 Data readout: Q2 2023 Primary endpoint met |
| Phase II OlympiaN NCT05498155 | HER2 negative BRCAm neoadjuvant breast cancer | 50 | <ul style="list-style-type: none"> Non-randomised 2 cohort study Cohort A: lower-risk population receive neoadjuvant <i>Lynparza</i> monotherapy for 4-6 cycles Cohort B: higher-risk population receive neoadjuvant <i>Lynparza</i> + <i>Imfinzi</i> for 4-6 cycles | <ul style="list-style-type: none"> Primary endpoint: pCR (central review) Secondary endpoints: pCR (local pathology review), RCB, percentage change in tumour volume, EFS, safety and tolerability | <ul style="list-style-type: none"> FPCD: Q4 2022 LPCD: Q2 2024 Data readout: Q3 2025 Primary endpoint met. |



Lynparza (PARP inhibitor)

Other cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|---|---|---|
| Phase III MONO-OLA1 NCT04884360 | BRCAwt advanced ovarian cancer, 1L maintenance | 366 | <ul style="list-style-type: none"> Arm 1: <i>Lynparza</i> BID 24-month duration Arm 2: placebo BID 24-month duration Global trial – 12 countries | <ul style="list-style-type: none"> Primary endpoints: PFS (BRCAwt HRD-positive) and PFS (BRCAwt) Secondary endpoints: OS, TFST and PFS2 | <ul style="list-style-type: none"> FPCD: Q3 2021 LPCD: Q1 2024 Data anticipated: H2 2026 |



Orpathys (savolitinib, MET inhibitor)

Gastric cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|--|---|
| Phase II NCT04923932 Partnered (HUTCHMED) | Locally advanced or metastatic gastric cancer and esophagogastric junction adenocarcinoma patients with MET gene amplifications | 75 | <ul style="list-style-type: none"> Single-arm, multi-cohort, multi-centre, open-label trial <i>Orpathys</i> | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: PFS and safety | <ul style="list-style-type: none"> FPCD: Q3 2021 LPCD: Q2 2025 Data readout: Q4 2025 |



Tagrisso (highly-selective, irreversible EGFR inhibitor)

NSCLC

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|--|--|---|
| Phase III ADAURA2 NCT05120349 | Adjuvant EGFRm NSCLC Stage IA2 to IA3 following complete tumour resection | 380 | <ul style="list-style-type: none"> Arm 1: <i>Tagrisso</i> Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: DFS Secondary endpoints: DFS rate, OS, OS rate and QoL | <ul style="list-style-type: none"> FPCD: Q2 2022 LPCD: Q4 2024 Data anticipated: 2027 |
| Phase III LAURA NCT03521154 | Maintenance therapy in patients with locally advanced, unresectable EGFRm Stage III NSCLC whose disease has not progressed following platinum-based chemoradiation therapy | 216 | <ul style="list-style-type: none"> Arm 1: <i>Tagrisso</i> Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: PFS (BICR) Secondary endpoints: CNS PFS, OS, DoR, ORR and DCR | <ul style="list-style-type: none"> FPCD: Q4 2018 LPCD: Q3 2022 Data readout: Q1 2024 Primary endpoint met |
| Phase III NeoADAURA NCT04351555 | Neoadjuvant EGFRm NSCLC | 351 | <ul style="list-style-type: none"> Arm 1: placebo + pemetrexed/carboplatin or pemetrexed/cisplatin Arm 2: <i>Tagrisso</i> + pemetrexed/carboplatin or pemetrexed/cisplatin Arm 3: <i>Tagrisso</i> | <ul style="list-style-type: none"> Primary endpoint: mPR Secondary endpoints: cPR, EFS, DFS and OS | <ul style="list-style-type: none"> FPCD: Q1 2021 LPCD: Q4 2023 Data readout: Q4 2024 Primary endpoint met |



Tagrisso (highly-selective, irreversible EGFR inhibitor)

NSCLC, combinations

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|--|---|--|
| Phase III SACHI NCT05015608 Partnered (HUTCHMED) | Locally advanced or metastatic NSCLC with MET amplification after failure of the first-line EGFR inhibitor therapy | 250 | <ul style="list-style-type: none"> Arm 1: <i>Tagrisso</i> + <i>Orpathys</i> Arm 2: pemetrexed + platinum China only | <ul style="list-style-type: none"> Primary endpoint: PFS | <ul style="list-style-type: none"> FPCD: Q3 2021 Data readout: Q3 2024 primary endpoint met |
| Phase III SAFFRON NCT05261399 Partnered (HUTCHMED) | EGFRm, MET-overexpressed and/or amplified, locally advanced or metastatic NSCLC patients who have progressed on first- or second-line treatment with <i>Tagrisso</i> | 324 | <ul style="list-style-type: none"> Arm 1: <i>Tagrisso</i> + <i>Orpathys</i> Arm 2: pemetrexed with either cisplatin or carboplatin | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS, ORR, PK, DCR and DoR | <ul style="list-style-type: none"> FPCD: Q3 2022 Data anticipated: H2 2026 |
| Phase III SANOVO NCT05009836 Partnered (HUTCHMED) | 1L EGFRm, MET+ locally advanced or metastatic NSCLC | 320 | <ul style="list-style-type: none"> Arm 1: <i>Tagrisso</i> + <i>Orpathys</i> Arm 2: <i>Tagrisso</i> + placebo | <ul style="list-style-type: none"> Primary endpoint: PFS | <ul style="list-style-type: none"> FPCD: Q3 2021 Data anticipated: H2 2026 |
| Phase II ORCHARD NCT03944772 | Advanced EGFRm NSCLC patients who have progressed on first-line <i>Tagrisso</i> treatment | 250 | <ul style="list-style-type: none"> Modular design platform trial: Module 1: <i>Tagrisso</i> + <i>Orpathys</i> (cMET) Module 2: <i>Tagrisso</i> + gefitinib (EGFRm) Module 3: <i>Tagrisso</i> + necitumumab (EGFRm) Module 4: carboplatin + pemetrexed + <i>Imfinzi</i> Module 5: <i>Tagrisso</i> + alectinib (ALK) Module 6: <i>Tagrisso</i> + selpercatinib (RET fusion) Module 7: <i>Imfinzi</i> + etoposide + carboplatin or cisplatin Module 8: <i>Tagrisso</i> + pemetrexed + carboplatin or cisplatin Module 9: <i>Tagrisso</i> + <i>Koselugo</i> Module 10: <i>Tagrisso</i> + <i>Datroway</i> No intervention: observational cohort | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: PFS, DoR, OS, safety and tolerability | <ul style="list-style-type: none"> FPCD: Q3 2019 LPCD: Q4 2023 Data readout: Q4 2025 |
| Phase II SAVANNAH NCT03778229 Partnered (HUTCHMED) | EGFRm/MET+, locally advanced or metastatic NSCLC who have progressed following treatment with <i>Tagrisso</i> | 360 | <ul style="list-style-type: none"> Protocol v1-6: single-arm, open-label trial Protocol v7: randomised, double-blind trial Arm 1: <i>Tagrisso</i> + <i>Orpathys</i> Arm 2: placebo + <i>Orpathys</i> | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: PFS, DoR and OS | <ul style="list-style-type: none"> FPCD: Q1 2019 LPCD: Q1 2024 Data readout: Q3 2024 Clinically meaningful ORR |



Truqap (capiwasertib, AKT inhibitor)

Breast cancer and prostate cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|---|
| Phase III CAPitello-280 NCT05348577 | mCRPC prostate cancer | 1033 | <ul style="list-style-type: none"> Double-blind, randomised, comparative trial Arm 1: <i>Truqap</i> + docetaxel Arm 2: placebo + docetaxel | <ul style="list-style-type: none"> Primary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q2 2022 LPCD: Q3 2024 Data readout: Q2 2025 Trial discontinued due to lack of efficacy |
| Phase III CAPitello-281 NCT04493853 | De novo PTEN deficient metastatic hormone sensitive prostate cancer | 1012 | <ul style="list-style-type: none"> Double-blind, randomised, comparative trial Arm 1: <i>Truqap</i> + abiraterone Arm 2: placebo + abiraterone | <ul style="list-style-type: none"> Primary endpoint: rPFS | <ul style="list-style-type: none"> FPCD: Q3 2020 LPCD: Q1 2024 Data readout: Q4 2024 Primary endpoint met |
| Phase III CAPitello-291 NCT04305496 | 2L+ AI-resistant locally advanced (inoperable) or metastatic HR+ HER2-negative breast cancer | 834 | <ul style="list-style-type: none"> Double-blind, randomised, comparative trial Arm 1: <i>Truqap</i> + <i>Faslodex</i> Arm 2: placebo + <i>Faslodex</i> | <ul style="list-style-type: none"> Primary endpoint: PFS | <ul style="list-style-type: none"> FPCD: Q2 2020 LPCD: Q4 2021 Data readout: Q4 2022 Both primary endpoints met |
| Phase Ib/III CAPitello-292 NCT04862663 | 1L triplet in early relapse/endocrine-resistant locally advanced (inoperable) or metastatic HR+/HER2-negative breast cancer | 793 | <ul style="list-style-type: none"> Double-blind, randomised, comparative trial Arm 1: <i>Truqap</i> + palbociclib + <i>Faslodex</i> Arm 2: placebo + palbociclib + <i>Faslodex</i> | <ul style="list-style-type: none"> Primary endpoint: PFS | <ul style="list-style-type: none"> FPCD: Q2 2021 Data anticipated: 2027 |



camizestrant (next-generation oral SERD)

Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|--|---|---|
| Phase III SERENA-4 NCT04711252 | HR+ HER2-negative advanced breast cancer | 1370 | <ul style="list-style-type: none"> Randomised, double-blind, comparative trial Arm 1: camizestrant + palbociclib Arm 2: anastrozole + palbociclib | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoints: OS and PFS2 | <ul style="list-style-type: none"> FPCD: Q1 2021 LPCD: Q4 2023 Data anticipated: H2 2026 |
| Phase III SERENA-6 NCT04964934 | HR+ HER2-negative advanced breast cancer | 312 | <ul style="list-style-type: none"> Randomised, double-blind, comparator trial Arm 1: camizestrant + palbociclib or abemaciclib or ribociclib Arm 2: anastrozole or letrozole + palbociclib or abemaciclib or ribociclib | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoint: OS and PFS2 | <ul style="list-style-type: none"> FPCD: Q3 2021 LPCD: Q3 2024 Data readout: Q1 2025 Primary endpoint met |
| Phase III CAMBRIA-1 NCT05774951 | ER+/HER2-negative early breast cancer patients who completed definitive locoregional therapy and standard adjuvant ET for at least 2 years and up to 5 years | 4300 | <ul style="list-style-type: none"> Arm 1: continue standard ET of investigator's choice Arm 2: camizestrant | <ul style="list-style-type: none"> Primary endpoint: IBCFS Secondary endpoints: IDFS, DRFS and OS | <ul style="list-style-type: none"> FPCD: Q1 2023 Data anticipated: 2027 |
| Phase III CAMBRIA-2 NCT05952557 | ER+/HER2-negative early breast cancer with intermediate-high or high risk of recurrence that has completed definitive locoregional therapy and have no evidence of disease | 5500 | <ul style="list-style-type: none"> Arm A: standard endocrine therapy of investigator's choice (aromatase inhibitors [exemestane, letrozole, anastrozole] or tamoxifen) ± abemaciclib Arm B: camizestrant ± abemaciclib | <ul style="list-style-type: none"> Primary endpoint: IBCFS Secondary endpoints: IDFS, DRFS and OS | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: >2027 |
| Phase II SERENA-2 NCT04214288 | HR+ advanced breast cancer | 240 | <ul style="list-style-type: none"> Randomised, open-label, parallel-group, multi-centre trial Arm 1: camizestrant (75mg) Arm 2: camizestrant (150mg) Arm 3: camizestrant (300mg) Arm 4: <i>Faslodex</i> | <ul style="list-style-type: none"> Primary endpoint: PFS | <ul style="list-style-type: none"> FPCD: Q2 2020 LPCD: Q3 2021 Data readout: Q4 2022 Primary endpoint met at 75mg and 150mg doses |



camizestrant (next-generation oral SERD)

Breast cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|---|---|
| Phase I SERENA-1 NCT03616587 | HR+ HER2-negative advanced breast cancer | 396 | <ul style="list-style-type: none"> Escalation phase: open-label multi-centre trial Cohort 1: camizestrant Cohort 2: camizestrant + palbociclib, everolimus, abemeciclib (+/- anastrozole), <i>Truqap</i>, ribociclib (+/- anastrozole) or anastrozole Expansion phase: randomised expansion cohort(s) Cohort 1: camizestrant Cohort 2: camizestrant + palbociclib, everolimus, abemeciclib (+/- anastrozole), <i>Truqap</i>, ribociclib (+/- anastrozole) or anastrozole | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK parameters and anti-tumour activity | <ul style="list-style-type: none"> FPCD: Q4 2018 LPCD: Q1 2024 Data readout: Q1 2025 |
| Phase I NCT04541433 | HR+ HER2-negative advanced breast cancer | 10 | <ul style="list-style-type: none"> Open-label trial camizestrant Japan only | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoint: PK parameters | <ul style="list-style-type: none"> FPCD: Q4 2020 LPCD: Q1 2022 Data readout: Q1 2023 |
| Phase I NCT04818632 | HR+ HER2-negative metastatic breast cancer in Chinese patients | 30 | <ul style="list-style-type: none"> Dose escalation: camizestrant Dose expansion: Cohort 1: camizestrant Cohort 2: camizestrant + palbociclib Cohort 3: camizestrant + everolimus China only | <ul style="list-style-type: none"> Primary endpoints: safety, tolerability and PK parameters Secondary endpoint: anti-tumour activity | <ul style="list-style-type: none"> FPCD: Q1 2021 LPCD: Q1 2023 Data readout: Q4 2023 |



ceralasertib (AZD6738, ATR inhibitor)

Multiple cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---------------|----------|---|--|--|
| Phase III LATIFY NCT05450692 | Post-IO NSCLC | 594 | <ul style="list-style-type: none"> • Double-arm randomised • Arm 1: ceralasertib + <i>Imfinzi</i> • Arm 2: docetaxel | <ul style="list-style-type: none"> • Primary endpoint: OS • Secondary endpoints: PFS, ORR, DoR, TTR, DCR, PFS2 and TTD | <ul style="list-style-type: none"> • FPCD: Q4 2022 • Data readout: Q4 2025 • Primary endpoint not met |
| Phase I/II NCT02264678 | Solid tumours | 357 | <ul style="list-style-type: none"> • Module 1: ceralasertib + carboplatin • Module 2: ceralasertib dose escalation, ceralasertib + <i>Lynparza</i> • Module 3: ceralasertib + <i>Imfinzi</i> • Module 4: ceralasertib monotherapy + <i>Lynparza</i> + <i>Imfinzi</i> (food effect/QT) • Module 5: ceralasertib + saruparib • Global trial – North America, Europe and South Korea | <ul style="list-style-type: none"> • Primary endpoints: safety and tolerability, efficacy and PK parameters | <ul style="list-style-type: none"> • FPCD: Q4 2014 • Trial discontinued due to efficacy |



puxitatug samrotercan (AZD8205, B7H4 ADC)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|--|---|
| Phase III Bluestar-Endometrial01 NCT07044336 | B7-H4 selected 2-3L endometrial cancer | 700 | <ul style="list-style-type: none"> Randomised, single-open label puxitatug samrotercan 2.4mg/kg Q3W docetaxel/paclitxel | <ul style="list-style-type: none"> Primary endpoints: PFS, OS Secondary endpoints: ORR, DoR, PFS2, TFST, TSST, TDT | <ul style="list-style-type: none"> Data anticipated: 2027 |
| Phase I/II BLUESTAR NCT05123482 | Breast cancer, ovarian cancer, endometrial cancer, squamous NSCLC | 370 | <ul style="list-style-type: none"> Open-label dose escalation and expansion trial Sub-study 1: puxitatug samrotercan monotherapy Sub-study 2: puxitatug samrotercan + rilvegostomig | <ul style="list-style-type: none"> Primary endpoints: AE, SAE, DLTs, changes in lab and preliminary efficacy parameters Secondary endpoints: ORR, DCR, DoR, PFS, OS, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q1 2022 Data anticipated: 2027 |



rilvegostomig (PD-1/TIGIT bispecific mAb)

Gastrointestinal cancers

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|-----------------|----------|--|---|--|
| Phase III ARTEMIDE-Biliary02 NCT07221253 Partnered (Compugen) | 1L Advanced BTC | 1100 | <ul style="list-style-type: none">• Randomised, open label, Global, Multicenter• Arm 1: rilvegostomig + gemcitabine/cisplatin• Arm 2: <i>Imfinzi</i> + gemcitabine/cisplatin | <ul style="list-style-type: none">• Primary endpoint: OS• Secondary endpoints: PFS, ORR, DoR | <ul style="list-style-type: none">• FPCD: Q4 2025• Data anticipated: >2027 |

CVRM

R&I

V&I

Rare Disease



rilvegostomig (PD-1/TIGIT bispecific mAb)

Lung cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|---|---|
| Phase III ARTEMIDE-Lung02 NCT06692738 Partnered (Compugen) | squamous NSCLC 1L patients whose tumours express PD-L1 (TC >/=1%) | 880 | <ul style="list-style-type: none"> Randomised, double-blind, multicenter, Arm 1: rilvegostomig + platinum-based doublet chemotherapy followed by rilvegostomig maintenance. Arm 2: pembrolizumab + platinum-based doublet chemotherapy followed by pembrolizumab maintenance. | <ul style="list-style-type: none"> Primary endpoints: PFS, OS Secondary endpoint: OS, ORR, DoR | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: >2027 |
| Phase III ARTEMIDE-Lung03 NCT06627647 Partnered (Compugen) | Non-squamous NSCLC 1L patients whose tumours express PD-L1 (TC ≥1%) | 878 | <ul style="list-style-type: none"> Randomised, double-blind, multi-centre trial Arm 1: rilvegostomig + platinum-based doublet chemotherapy followed by rilvegostomig monotherapy + pemetrexed in maintenance Arm 2: pembrolizumab + platinum-based doublet chemotherapy followed by pembrolizumab monotherapy + pemetrexed in maintenance | <ul style="list-style-type: none"> Primary endpoints: PFS and OS Secondary endpoints: OS, ORR and DoR | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: >2027 |
| Phase II LIBRA NCT07098338 Partnered (Daiichi Sankyo) | Non-Small Cell Lung Cancer 1L non-AGA and 2L EGFRm | 278 | <ul style="list-style-type: none"> Non-Randomised, Sequential Assignment, Open Label Sub-study 1: rilvegostomig ± ramucirumab, i.v. Sub-study 2: rilvegostomig + ramucirumab, i.v. Sub-study 3: <i>Datroway</i> + ramucirumab ± rilvegostomig, i.v. | <ul style="list-style-type: none"> Primary Endpoints: Safety and ORR Second Endpoints: BOR, PFS, DCR, DoR, OS, PK Parameters and ADA | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: >2027 |
| Phase I/II ALTAIR NCT06996782 | Sub-study 2 population: Patients ≥ 18 years with histologically confirmed Stage IV NSCLC, No prior therapy for metastatic disease, PD-L1 results available (local or central, SP263 or 22C3), EGFR/ALK wild-type, ECOG PS 0 or 1. | 116 | <ul style="list-style-type: none"> This is a multicentre, open-label study to evaluate the safety and efficacy of various combinations of study interventions in participants with advanced or metastatic NSCLC (mNSCLC). The study will include sub-studies and each sub-study focused on a specific treatment may include 2 parts - Part A consisting of one of more safety run-in cohorts to evaluate 2 or more dose levels to identify the recommended Phase 2 dose (RP2D) unless RP2D has been established then Part A will not be required; and Part B consisting of one or more expansion cohorts. The initial Sub-study 2 will evaluate the safety, tolerability, and anti-tumour activity of rilvegostomig plus standard of care (SoC) platinum-based chemotherapy, with or without ramucirumab. | <ul style="list-style-type: none"> Primary Endpoint: ORR Secondary Endpoint: Safety, DoR, DCR, PFS, PFS6/12 landmarks Exploratory Endpoint: Landmark OS, Molecular ctDNA response, Efficacy vs biomarker cut-off | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |



rilvegostomig (PD-1/TIGIT bispecific mAb)

Lung cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---------------|----------|--|--|--|
| Phase I/II ARTEMIDE-01 NCT04995523 Partnered (Compugen) | NSCLC | 210 | <ul style="list-style-type: none"> Open-label, dose escalation and dose expansion trial Part A: dose escalation in CPI-experienced NSCLC patients with rilvegostomig i.v. monotherapy Part B: dose expansion in CPI-experienced NSCLC patients with rilvegostomig i.v. monotherapy Part C: dose expansion in CPI-naive NSCLC patients with rilvegostomig i.v. monotherapy Part D: randomised dose expansion in CPI-naive NSCLC patients with rilvegostomig i.v. monotherapy Part E: dose expansion in CPI-naive stage IV squamous NSCLC patients with rilvegostomig i.v. monotherapy Global trial | <ul style="list-style-type: none"> Primary endpoints (Part A): safety, RP2D and MTD Primary endpoints (Part B): safety and efficacy (ORR) Primary endpoints (Part C): safety and efficacy (ORR) Primary endpoints (Part D): safety and efficacy (ORR) Primary endpoints (Part E): safety and efficacy (ORR) Secondary endpoints: PK parameters, PD (receptor occupancy), efficacy (DCR, DoR, DRR, PFS) | <ul style="list-style-type: none"> FPCD: Q4 2021 Data anticipated: H2 2026 |
| Phase I ARTEMIDE-subQ NCT07161414 Partnered (Compugen) | Solid tumours | 40 | <ul style="list-style-type: none"> Part 1 Dose finding: determine subcutaneous rilvegostomig dose co-administered with Recombinant Human Hyaluronidase (rHu) that yields drug exposure comparable with IV rilvegostomig. 2 planned dose levels (DL1 in Cohort A and DL2 in Cohort B). Part 2 Dose confirmation: Part 2 will be initiated once a dose has been identified based on Part 1. | <ul style="list-style-type: none"> Primary endpoint: AUCtau Secondary endpoint: safety, Ctough, Cavg, serum rilvegostomig concentration | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: 2027 |



rilvegostomig (PD-1/TIGIT bispecific mAb)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|---|--|
| Phase III ARTEMIDE-Biliary01 NCT06109779 Partnered (Compugen) | adjuvant BTC with curative intent | 750 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, multicenter Arm 1: rilvegostomig + investigator's choice of chemotherapy (capecitabine, S-1 (tegafur/gimeracil/oteracil) or gemcitabine/cisplatin) Arm 2: placebo + investigator's choice of chemotherapy (capecitabine, S-1 (tegafur/gimeracil/oteracil) or gemcitabine/cisplatin) | <ul style="list-style-type: none"> Primary endpoint: RFS Secondary endpoint: OS | <ul style="list-style-type: none"> FPCD: Q4 2023 LPCD: Q1 2026 Data anticipated: >2027 |
| Phase III ARTEMIDE-Gastric01 NCT06764875 Partnered (Compugen) | HER2-positive locally advanced or metastatic gastric or GEJ adenocarcinoma participants whose tumors express PD L1 CPS \geq 1 | 840 | <ul style="list-style-type: none"> Randomised, multicentre Arm A: rilvegostomig in combination with fluoropyrimidine and <i>Enhertu</i> Arm B: trastuzumab in combination with chemotherapy and pembrolizumab Arm C: trastuzumab in combination with chemotherapy and rilvegostomig | <ul style="list-style-type: none"> Primary endpoints: PFS, OS Secondary endpoints: ORR, DoR | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: >2027 |
| Phase III ARTEMIDE-HCC01 NCT06921785 Partnered (Compugen) | Patients with advanced hepatocellular cancer who are not amenable to curative therapy or locoregional therapy | 1220 | <ul style="list-style-type: none"> Randomised, open-label, sponsor-blinded, 3-arm, multicentre, global Arm A: <i>Imjudo</i>, rilvegostomig and bevacizumab Arm B: rilvegostomig and bevacizumab Arm C: atezolizumab and bevacizumab | <ul style="list-style-type: none"> Primary endpoint: OS Secondary endpoints: PFS, ORR, DoR | <ul style="list-style-type: none"> FPCD: Q2 2022 Data anticipated: >2027 |
| Phase III ARTEMIDE-Lung04 NCT06868277 Partnered (Compugen) | NSCLC 1L patients whose tumours express PD-L1 (TC \geq 50%) | 830 | <ul style="list-style-type: none"> randomised, double-blind, multicentre Arm A: rilvegostomig Arm B: pembrolizumab | <ul style="list-style-type: none"> Primary endpoints: PFS, OS Secondary endpoints: ORR, DoR | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: >2027 Initiating |



rilvegostomig (PD-1/TIGIT bispecific mAb)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---------------------------------|----------|--|---|---|
| Phase IIb GEMINI-Gastric NCT05702229 Partnered (Compugen) | Gastric cancer | 360 | <ul style="list-style-type: none"> Open-label gastric platform trial Sub-study 1: volrustomig + XELOX or FOLFOX Sub-study 2: rilvegostomig + XELOX or FOLFOX Sub-study 3: sonestatug vedotin + volrustomig plus fluorouracil or capecitabine Sub-study 4: sonestatug vedotin + fluorouracil or capecitabine with or without rilvegostomig | <ul style="list-style-type: none"> Primary endpoints: safety and efficacy (ORR and PFS6) Secondary endpoints: DoR, OS, PK, ADA and safety | <ul style="list-style-type: none"> FPCD: Q1 2023 Data anticipated: >2027 |
| Phase IIb GEMINI-Hepatobiliary NCT05775159 Partnered (Compugen) | HCC, BTC | 294 | <ul style="list-style-type: none"> Open-label hepatobiliary platform trial HCC sub-study: <ul style="list-style-type: none"> Cohort 1A: volrustomig monotherapy Cohort 1B: volrustomig combination with bevacizumab Cohort 1C: volrustomig combination with lenvatinib Cohort 1D: volrustomig combination with rilvegostomig and bevacizumab Cohort 1E: rilvegostomig combination with bevacizumab BTC sub-study: <ul style="list-style-type: none"> Cohort 2A: rilvegostomig combination with gemcitabine and cisplatin Cohort 2B: volrustomig combination with gemcitabine and cisplatin | <ul style="list-style-type: none"> Primary endpoints (HCC sub-study): safety and efficacy (ORR) Primary endpoints (BTC sub-study): safety and efficacy (PFS6) Secondary endpoints: DoR, OS, PK and ADA | <ul style="list-style-type: none"> FPCD: Q2 2023 Data anticipated: 2027 |
| Phase IIb GEMINI-PeriOp Gastric NCT07069712 Partnered (Compugen) | Gastroesophageal Adenocarcinoma | 150 | <ul style="list-style-type: none"> Open-label platform study Substudy 1: sonestatug vedotin + rilvegostomig and 5-FU or capecitabine Substudy 2: <i>Enhertu</i> + rilvegostomig and 5-FU or capecitabine Substudy 3: rilvegostomig +FLOT chemotherapy | <ul style="list-style-type: none"> Primary endpoints: safety, pCR rate | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: 2027 |



saruparib (AZD5305, PARP1 inhibitor)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|---|---|--|
| Phase III EvoPAR-Breast01 NCT06380751 | BRCA1, BRCA2, or PALB2m, HR-positive, HER2-negative advanced breast cancer | 500 | <ul style="list-style-type: none"> Randomised, open-label trial Arm 1: saruparib + camizestrant Arm 2: physician's choice CDK4/6i + physician's choice ET Arm 3: physician's choice CDK4/6i + camizestrant | <ul style="list-style-type: none"> Primary endpoint: PFS (BICR) Secondary endpoints: PFS2 and OS | <ul style="list-style-type: none"> FPCD: Q3 2024 Data anticipated: >2027 |
| Phase III EvoPAR-Prostate01 NCT06120491 | HRRm and non-HRRm mCSPC | 1800 | <ul style="list-style-type: none"> Randomised, placebo-controlled trial Arm 1: saruparib + physician's choice NHA (abiraterone, darolutamide or enzalutamide) Arm 2: placebo + physician's choice NHA (abiraterone, darolutamide or enzalutamide) | <ul style="list-style-type: none"> Primary endpoint: rPFS Secondary endpoints: OS and PFS2 | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: >2027 |
| Phase III EvoPAR-Prostate02 NCT06952803 | Adjuvant saruparib for high-risk BRCAm prostate cancer patients | 700 | <ul style="list-style-type: none"> A Randomised, Double-blind, Placebo-controlled, Phase III Study of Adjuvant Saruparib (AZD5305) in Patients With BRCAm Localised High-Risk Prostate Cancer Receiving Radiotherapy With Androgen Deprivation Therapy (EvoPAR-Prostate02) | <ul style="list-style-type: none"> Primary: MFS by CI or PSMA-PET by BICR Key secondary: OS | <ul style="list-style-type: none"> Data anticipated: >2027 |
| Phase I/IIa PETRA NCT04644068 | Advanced solid tumours | 702 | <ul style="list-style-type: none"> Modular, open-label, multi-centre dose escalation and expansion trial Module 1: saruparib Module 2: saruparib + paclitaxel Module 3: saruparib + carboplatin +/- paclitaxel Module 4: saruparib + <i>Enhertu</i> Module 5: saruparib + <i>Datroway</i> Module 6: saruparib + camizestrant | <ul style="list-style-type: none"> Primary endpoints: safety, tolerability and PK parameters Secondary endpoint: efficacy | <ul style="list-style-type: none"> FPCD: Q4 2020 LPCD: Q3 2025 Data anticipated: 2027 |
| Phase I/IIa PETRANHA NCT05367440 | Metastatic prostate cancer | 175 | <ul style="list-style-type: none"> Multi-arm, open-label, non-randomised, multi-centre trial of saruparib in combination with new hormonal agents in patients with metastatic prostate cancer Arm 1: saruparib + enzalutamide Arm 2: saruparib + abiraterone acetate Arm 3: saruparib + darolutamide Arm 4: saruparib + apalutamide | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK parameters and efficacy | <ul style="list-style-type: none"> FPCD: Q2 2022 LPCD: Q3 2025 Data anticipated: >2027 |



saruparib (AZD5305, PARP1 inhibitor)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|---|---|
| Phase I/II Ovarian Platform Study NCT07060365 | Saruparib mono as neoadj. treatment in newly diagnosed BRCA1/2m Advanced/Recurrent Ovarian Cancer | 30 | <ul style="list-style-type: none"> A Master Protocol Phase I/II Study to Investigate Biomarker Guided Novel Anticancer Agent(s) as Monotherapy or Combination Therapy for the Treatment of Participants with Advanced/Recurrent Ovarian Cancer (Ovarian Platform) | <ul style="list-style-type: none"> Primary : Safety [TEAEs, SAEs, AEs leading to dose discontinuation/reductions] Secondary : ORR, Complete resection rate, pCR, CA-125 response, PK | <ul style="list-style-type: none"> FPCD: Q4 2025 Trial discontinued due to strategic portfolio prioritisation |
| Phase I ASCERTAIN NCT05938270 | Newly diagnosed prostate cancer | 120 | <ul style="list-style-type: none"> Open-label, randomised, multi-centre trial | <ul style="list-style-type: none"> Primary endpoint: to assess the effects of treatment on γH2AX change Secondary endpoints: safety and tolerability, impact on surgical feasibility and change in Ki67 | <ul style="list-style-type: none"> FPCD: Q3 2023 Data anticipated: H2 2026 |
| Phase I NCT05573724 | Locally advanced, unresectable or metastatic solid tumours | 16 | <ul style="list-style-type: none"> Part A: to assess the effect of multiple doses of itraconazole on the single-dose PK parameters of saruparib which will last up to 13 days and follows a non-randomised, open-label, 2 intervention design Part B: option to continue with saruparib monotherapy after completing Part A and whilst obtaining clinical benefit | <ul style="list-style-type: none"> Primary endpoint: PK parameters Secondary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q4 2022 LPCD: Q2 2023 Data readout: Q4 2023 Primary endpoint met |



sonesitug vedotin (AZD0901, CLDN18.2 MMAE ADC)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|---|--|
| Phase III CLARITY- Gastric 01 NCT06346392 | 2L+ advanced or metastatic gastric or GEJ adenocarcinoma expressing CLDN18.2 | 572 | <ul style="list-style-type: none"> Multi-centre, open-label, sponsor-blinded, randomised trial Arm 1: sonesitug vedotin dose level 1 via i.v. infusion treatment Arm 2: sonesitug vedotin dose level 2 via i.v. infusion treatment Arm 3: investigator's choice chemotherapies | <ul style="list-style-type: none"> Primary endpoints: PFS and OS Secondary endpoints: OS, PFS for 3L+, ORR, ORR for 3L+, DoR, MMAE, safety and tolerability, PK parameters and prevalence of ADAs | <ul style="list-style-type: none"> FPCD: Q2 2024 Data anticipated: H1 2026 |
| Phase II CLARITY-PanTumour01 NCT06219941 | Locally advanced unresectable or metastatic solid tumours expressing CLDN18.2 | 224 | <ul style="list-style-type: none"> Open-label, multi-centre trial Sub-study 1: sonesitug vedotin monotherapy (Gastric Cancer) Sub-study 2: sonesitug vedotin and anti-cancer agents (Pancreatic Cancer) Sub-study 3: sonesitug vedotin monotherapy (Biliary Tract Cancer) | <ul style="list-style-type: none"> Primary endpoints: AEs, SAEs and ORR Secondary endpoints: OS, PFS, DoR, DCR, PK parameters and prevalence of ADAs | <ul style="list-style-type: none"> FPCD: Q1 2024 Data anticipated: 2027 |



surovatamig (AZD0486, CD19/CD3 T-cell engager)

Haematologic malignancies

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|---|---|
| Phase III SOUNDTRACK-D2 NCT07215585 | B-cell non-Hodgkin lymphoma, diffuse large B-cell lymphoma (Elderly) | 420 | <ul style="list-style-type: none"> Multi-centre, randomised Safety Run-in Arm 1: R-mini-CHOP followed by surovatamig Arm 2: R-mini-CHOP | <ul style="list-style-type: none"> Primary: PFS Key secondary: OS | <ul style="list-style-type: none"> Data anticipated: >2027 |
| Phase III SOUNDTRACK-F1 NCT06549595 | Previously untreated follicular lymphoma | 1015 | <ul style="list-style-type: none"> Multi-centre, randomised, open-label trial Arm 1: rituximab + surovatamig followed by observation Arm 2: rituximab + surovatamig followed by maintenance AZD0486 Arm 3: Investigator's choice of RCHOP/RCVP/BR followed by standard of care maintenance or observation | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoint: CR | <ul style="list-style-type: none"> FPCD: Q3 2024 Data anticipated: >2027 |
| Phase II SOUNDTRACK-B NCT06526793 | B-cell non-Hodgkin lymphoma, follicular lymphoma and diffuse large B-cell lymphoma | 240 | <ul style="list-style-type: none"> Multi-centre, single-arm, open-label trial Module 1 Follicular Lymphoma Module 2 Diffuse large B-cell lymphoma | <ul style="list-style-type: none"> Primary endpoint: ORR Secondary endpoints: DoR, CR and PFS | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: 2027 |
| Phase I/IIb SYRUS NCT06137118 | R/R B-ALL | 163 | <ul style="list-style-type: none"> Multi-centre, open-label, single-arm dose escalation and dose optimisation trial | <ul style="list-style-type: none"> Ph1 primary endpoints: DLT, and safety Ph2 primary endpoint: CR Secondary endpoints: ORR, DoR, CR rate at any time during trial, EFS, OS, subsequent alloSCT, CR MRD-negative rate, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q1 2024 Data anticipated: 2027 |
| Phase I/II SOUNDTRACK-E NCT06564038 | Mature B-cell malignancies (chronic lymphocytic leukaemia/small lymphocytic leukaemia, mantle-cell lymphoma, and large B-cell lymphoma) | 180 | <ul style="list-style-type: none"> Multi-centre, open-label trial Sub-study 1 (RR CLL/SLL): surovatamig in IV or SC Sub-study 2 (RR MCL): surovatamig in IV or SC Sub-study 3 (RR LBCL): surovatamig IV + R-CHOP | <ul style="list-style-type: none"> Primary endpoints: DLT and safety Secondary endpoints: ORR, CR rate, DoR, Cmax, AUC, Cmin, Tmax, Ctrough, half-life of AZD0486, clearance of AZD0486 and ADA | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: H2 2026 |
| Phase I NCT04594642 | R/R B-cell non-Hodgkin lymphoma | 317 | <ul style="list-style-type: none"> Multi-centre, open-label, dose escalation and dose expansion trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability, MTD and/or RP2D and PK parameters Secondary endpoints: clinical activity of AZD0486 monotherapy and ADA titers for AZD0486 monotherapy | <ul style="list-style-type: none"> FPCD: Q1 2021 Data anticipated: H2 2026 |



torvutatug samrotecan (torvu-sam, AZD5335, anti-FR α TOP1i ADC)

Ovarian cancer, solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|---|---|
| Phase III Trevi-OC-01 NCT07218809 - | Previously treated FR α platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer. | 1100 | <ul style="list-style-type: none"> Randomised, open-label FRα-high cohort: torvu-sam or MIRV FRα-low cohort: torvu-sam or IC ctx | <ul style="list-style-type: none"> Primary endpoint: PFS Secondary endpoint: OS, ORR, Safety & tolerability, HRQoL | <ul style="list-style-type: none"> Data anticipated: >2027 Initiating |
| Phase I/II FONTANA NCT05797168 | Advanced solid tumour malignancies | 506 | <ul style="list-style-type: none"> Module 1: torvu-sam monotherapy Module 2: torvu-sam + saruparib Module 3: torvu-sam + bevacizumab Module 4: torvu-sam + carboplatin +/- bevacizumab Module 5: torvu-sam + AZD9574 | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: efficacy and PK parameters | <ul style="list-style-type: none"> FPCD: Q3 2023 Data anticipated: >2027 |



volrustomig (PD-1/CTLA-4 bispecific mAb)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|---|---|---|
| Phase III eVOLVE-Cervical NCT06079671 | High-risk locally advanced cervical cancer with no progression following platinum-based cCRT | 800 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, multi-centre trial Arm 1: volrustomig Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: PFS (Inv, ITT) Secondary endpoints: OS, ORR, DoR | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: 2027 |
| Phase III eVOLVE-HNSCC NCT06129864 | Unresected, locally advanced HNSCC | 1145 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, multi-centre trial Arm 1: volrustomig Arm 2: observational | <ul style="list-style-type: none"> Primary endpoint: PFS (BICR, PD-L1 expressing tumours) Secondary endpoints: PFS (BICR, ITT), landmark PFS, OS (PD-L1 expressing tumours), landmark OS and OS (ITT) | <ul style="list-style-type: none"> FPCD: Q1 2024 Data anticipated: >2027 |
| Phase III eVOLVE-Lung02 NCT05984277 | 1L mNSCLC with PD-L1 <50% | 1200 | <ul style="list-style-type: none"> Double-arm randomised, open-label trial Arm 1: volrustomig + chemotherapy Arm 2: pembrolizumab + chemotherapy | <ul style="list-style-type: none"> Primary endpoints: OS and PFS (PD-L1 < 1%) Secondary endpoints: PFS (ITT), ORR and DoR . . | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: 2027 |
| Phase III eVOLVE-Meso NCT06097728 | 1L unresectable malignant pleural mesothelioma | 825 | <ul style="list-style-type: none"> Double-arm, randomised, open-label trial Arm 1: volrustomig + chemotherapy Arm 2: chemotherapy or nivolumab + ipilimumab | <ul style="list-style-type: none"> Primary endpoint: OS Secondary endpoints: PFS, landmark OS, landmark PFS and ORR | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: >2027 |
| Phase IIb eVOLVE-01 NCT06448754 | NSCLC | 180 | <ul style="list-style-type: none"> Platform, randomised, open-label, multicenter, global trial Substudy 1: mNSCLC (non-squamous). Participants randomized in two treatment arms: Arm 1A and Arm 1B. Arm 1A: volrustomig dose regimen 1 + chemotherapy Arm 1B: volrustomig dose regimen 2 + chemotherapy Substudy 2: mNSCLC. Participants enroll to Arm 2A only. Arm 2A: volrustomig dose regimen 2 + ramucirumab + chemotherapy | <ul style="list-style-type: none"> Primary endpoints: safety, & tolerability, ORR Secondary endpoints: DCR, DOR, PFS, OS | <ul style="list-style-type: none"> FPCD: Q3 2024 Data anticipated: 2027 |



volrustomig (PD-1/CTLA-4 bispecific mAb)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|--|---|
| Phase II CANTOR NCT06792695 | Colorectal Cancer (mCRC) | 120 | <ul style="list-style-type: none"> Platform, randomised, open-label, multicenter, global trial Arm A: Volrustomig + FOLFIRI + bevacizumab group Arm B: FOLFIRI + bevacizumab group | <ul style="list-style-type: none"> Primary endpoints: PFS, safety Secondary endpoints: OS, ORR, DCR, DOR | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: 2027 |
| Phase II eVOLVE-02 NCT06535607 | Advanced/metastatic solid tumours | 110 | <ul style="list-style-type: none"> Platform, multi-centre trial Sub-study 1: volrustomig monotherapy in participants with cervical cancer Sub-study 2: volrustomig monotherapy in participants with head and neck squamous cell carcinoma Sub-study 3: volrustomig in combination with chemotherapy in participants with head and neck squamous cell carcinoma | <ul style="list-style-type: none"> Primary endpoints: ORR and safety Secondary endpoints: DOR, PFS, TTR, OS, PK parameters and immunogenicity | <ul style="list-style-type: none"> FPCD: Q3 2024 Data anticipated: >2027 |
| Phase Ib/III eVOLVE-RCC02 NCT07000149 Partnered (Arcus Biosciences) | 1L advanced clear cell renal cell carcinoma (ccRCC) | 60 | <ul style="list-style-type: none"> Randomised, open-label, multicenter, global trial Ph1b: Arm 1 - volrustomig Dose 1 + casdatifan Arm 2 - volrustomig Dose 2 + casdatifan | <ul style="list-style-type: none"> Primary endpoints: AEs, SAEs Secondary endpoints: ORR, DoR, PFS, DCR, PK parameters and immunogenicity, TTR | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: >2027 |
| Phase Ib NCT04522323 | Advanced renal cell carcinoma | 67 | <ul style="list-style-type: none"> Open-label, dose escalation and dose expansion trial Arm 1: volrustomig + axitinib Arm 2: volrustomig + lenvatanib | <ul style="list-style-type: none"> Primary endpoints (escalation): safety, MTD, RP2D, tolerability and anti-tumour activity of combination (ORR) Secondary endpoints: PK parameters, ADA and anti-tumour activity (PFS, OR, DoR, DCR, TTR, OS) | <ul style="list-style-type: none"> FPCD: Q3 2020 LPCD: Q2 2023 Data anticipated: H1 2026 |



volrustomig (PD-1/CTLA-4 bispecific mAb)

Solid tumours

Approved medicines

Late-stage development

Early development

Oncology

CVRM

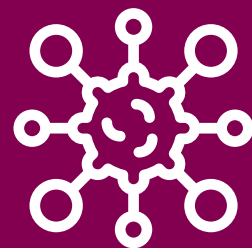
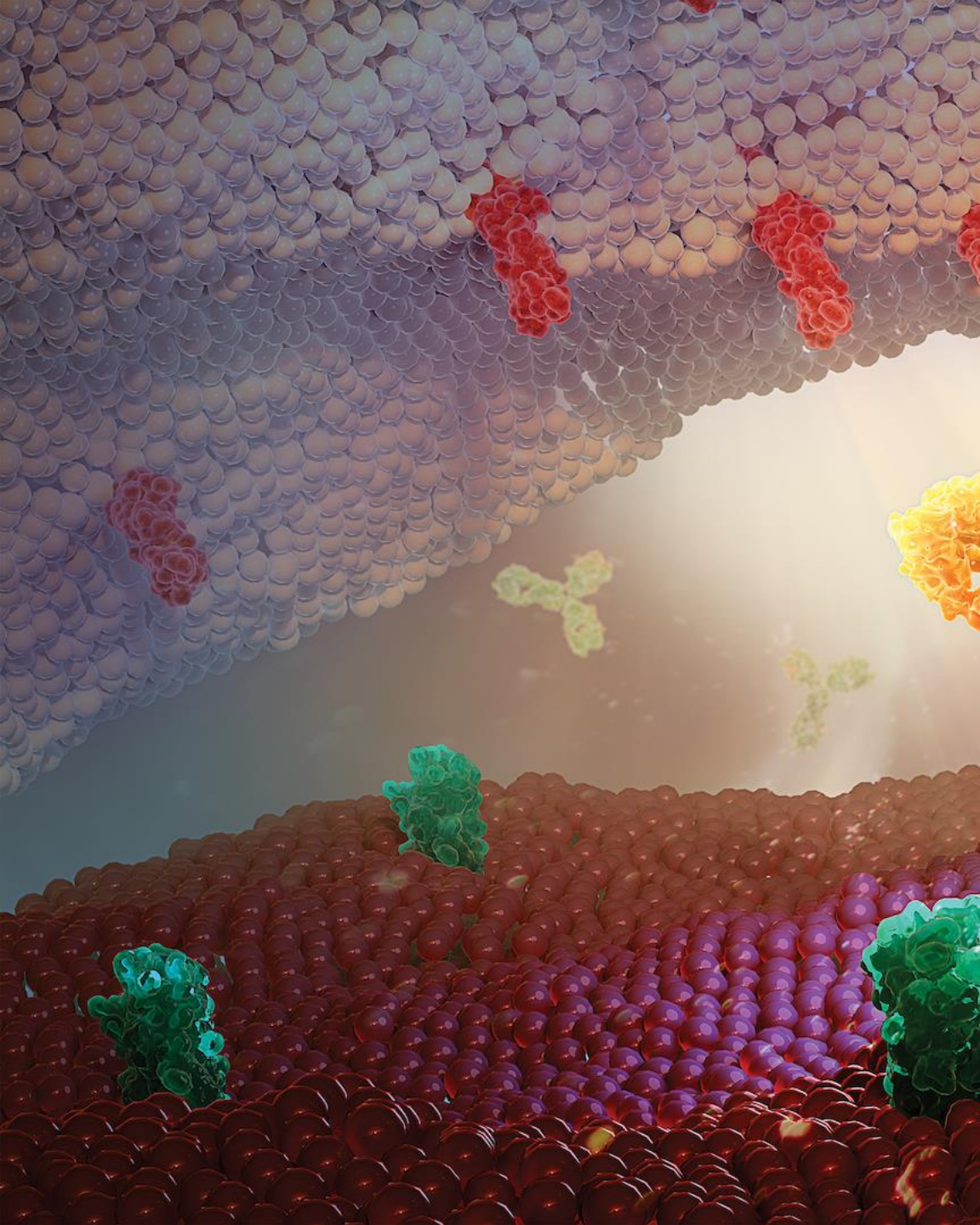
R&I

V&I

Rare Disease

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------------------|----------|---|--|---|
| Phase I NCT03530397 | Advanced solid tumours | 400 | <ul style="list-style-type: none"> Open-label, dose escalation and dose expansion trial Dose escalation: volrustomig i.v. Dose expansion: volrustomig i.v. as monotherapy and + chemotherapy Arm 1: volrustomig i.v. Arm 2: volrustomig i.v., pemetrexed + carboplatin Arm 3: pembrolizumab, pemetrexed + carboplatin Arm 4: volrustomig i.v., taxane (paclitaxel or nab-paclitaxel) + carboplatin | <ul style="list-style-type: none"> Primary endpoints (escalation): safety and tolerability, MTD, OBD and HPDD Primary endpoint (expansion): antitumour activity based on ORR Secondary endpoints: PK parameters, ADA, tumoural baseline PD-L1, anti-tumour activity (OR, DoR, DCR, PFS, OS) | <ul style="list-style-type: none"> FPCD: Q2 2018 LPCD: Q4 2023 Data anticipated: H1 2026 |





Oncology: early-stage development

FPI-2265 (PSMA radioconjugate)

Prostate cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|---|--|
| Phase II AlphaBreak NCT06402331 Partnered (Fusion) | PSMA-positive mCRPC previously treated with lutetium-PSMA therapy | 100 | <ul style="list-style-type: none"> Open-label, randomised, multi-centre trial | <ul style="list-style-type: none"> Primary endpoints: PSA50 and safety | <ul style="list-style-type: none"> FPCD: Q2 2024 Data anticipated: H2 2026 |



IPH5201 (CD39 mAb)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------------------|----------|--|--|---|
| Phase I NCT04261075 Partnered (Innate Pharma) | Advanced solid tumours | 57 | <ul style="list-style-type: none"> Open-label, dose escalation trial to determine MTD of IPH5201 as monotherapy, or in combination with <i>Imfinzi</i> +/- oleclumab Part 1: IPH5201 monotherapy dose escalation to MTD Part 2: IPH5201 + <i>Imfinzi</i> dose escalation to MTD Part 3: IPH5201 + <i>Imfinzi</i> + oleclumab dose escalation to MTD Route of administration: i.v. Global trial – US and EU | <ul style="list-style-type: none"> Primary endpoints: AE, SAE and DLT Secondary endpoints: OR, DC, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q1 2020 LPCD: Q2 2022 Data readout: Q2 2023 |



NT-112 (KRAS G12D specific TCR)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|--|
| Phase I NCT06218914 | Unresectable, advanced and/or metastatic non-small cell lung cancer, colorectal adenocarcinoma, pancreatic adenocarcinoma, endometrial cancer or any solid tumour histology positive for KRAS G12D mutation | 24 | <ul style="list-style-type: none"> Open-label, single-arm, multi-centre trial with dose escalation | <ul style="list-style-type: none"> Primary endpoints: incidence of DLTs, TEAEs and SAEs Secondary endpoints: ORR per RECIST v.1.1, BOR, DOR, CBR (CR, PR, SD), TTR, PFS and OS | <ul style="list-style-type: none"> FPCD: Q1 2024 Data anticipated: H2 2026 |



NT-125 (autologous, multi-specific neoantigen-targeting TCR-T)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|---|--|
| Phase I EudraCT: 2021-006406-73 | Adults with recurrent or metastatic NSCLC, melanoma, colorectal adenocarcinoma, HNSCC, bladder carcinoma, TNBC, cervical squamous cell carcinoma and adenocarcinoma or microsatellite instability-high/mismatch repair-deficient solid tumours | 42 | <ul style="list-style-type: none"> Open-label, single-arm, single-centre trial with dose escalation and dose expansion components Arm 1: NT-125 | <ul style="list-style-type: none"> Primary endpoint (Phase Ia): incidence of AEs defined as DLTs Primary endpoint (Phase Ib): ORR per RECIST v.1.1 Secondary endpoints (Phase Ia): percentage of pre-screened and enrolled subjects that receive treatment Secondary endpoints (Phase Ib): percentage change tumour size, best percentage change tumour size, DoR, clinical benefit rate, TTP, PFS and OS | <ul style="list-style-type: none"> FPCD: Q2 2023 LPCD: Q4 2023 Trial discontinued due to strategic portfolio prioritisation |



NT-175 (TP53-armored TCR)

Multiple cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|---|--|
| Phase I NCT05877599 | Unresectable, advanced, and/or metastatic solid tumours positive for HLA-A*02:01 and TP53 R175H mutation | 162 | <ul style="list-style-type: none"> Open-label, single-arm, multi-centre trial with dose escalation and dose expansion components | <ul style="list-style-type: none"> Primary endpoint: Incidence of DLTs, TEAEs and SAEs Secondary endpoints: ORR per RECIST v.1.1, BOR, DOR, CBR (CR, PR, SD), TTR, PFS and OS | <ul style="list-style-type: none"> FPCD: Q3 2023 Data anticipated: H2 2026 |



tilatamig samrotercan (AZD9592, EGFR-cMET TOP1i ADC)

Lung cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|--|---|
| Phase I EGRET NCT05647122 | Advanced solid tumours including NSCLC, HNSCC and CRC | 403 | <ul style="list-style-type: none"> Escalation phase, open-label, multi-centre trial Arm 1: tilatamig samrotercan Arm 2: tilatamig samrotercan + <i>Tagrisso</i> Arm 3: tilatamig samrotercan + 5FU + bevacizumab | <ul style="list-style-type: none"> Primary endpoints (escalation): safety and tolerability Primary endpoints (expansion): safety, tolerability and anti-tumour activity Secondary endpoints (escalation): PK parameters, immunogenicity and anti-tumour activity Secondary endpoints (expansion): PK parameters and immunogenicity | <ul style="list-style-type: none"> FPCD: Q1 2023 Data anticipated: 2027 |



AZD0120 (GC012F, autologous anti-CD19 and anti-BCMA CAR-T)

Blood cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|--|
| Phase II DURGA-3 NCT06235229 | Relapsed/refractory multiple myeloma | 20 | <ul style="list-style-type: none"> Open-label, multi-centre, non-randomised trial Phase II dose expansion China only | <ul style="list-style-type: none"> Primary endpoint (PIb): safety and tolerability measures Secondary endpoints (PIb): PK parameters Primary endpoint (PII): ORR Secondary endpoints (PII): PFS, OS, MRD, DOR, TTR | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: H1 2026 Initiating |
| Phase I DURGA-2 NCT07073547 | Newly diagnosed multiple myeloma (NDMM) ; Early relapsed or primary refractory multiple myeloma | 40 | <ul style="list-style-type: none"> Open-label, single-arm, multi-centre trial | <ul style="list-style-type: none"> Primary endpoints: incidence of AEs, SAEs and DLTs Secondary endpoints: ORR, CRR, DoR, TTR, MRD negative status at 9 months, AEs and PK parameters | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: H2 2026 |
| Phase I/II DURGA-1 NCT05850234 | Relapsed/refractory multiple myeloma | 162 | <ul style="list-style-type: none"> Open-label, single-arm, multi-centre trial | <ul style="list-style-type: none"> Primary endpoints: ORR Secondary endpoints: DOR, PFS, OS, MRD negative rate, AEs | <ul style="list-style-type: none"> FPCD: Q3 2023 Data anticipated: 2027 |



AZD0305 (GPRC5D ADC)

Blood cancers

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|----------------------|----------|---|---|--|
| Phase I/II NCT06106945 | R/R multiple myeloma | 226 | <ul style="list-style-type: none">Open-label, dose escalation and dose expansion trialPhase I: AZD0305 in monotherapy or in combination with other anticancer agents, prescribed at specified dose levelsPhase II: AZD0305 monotherapy prescribed as RP2D | <ul style="list-style-type: none">Primary endpoints: occurrence of dose-limiting toxicities and incidence and severity of AEs and SAEsSecondary endpoints: ORR, DoR, PFS, OS, PK parameters and immunogenicity | <ul style="list-style-type: none">FPCD: Q4 2023Data anticipated: 2027 |

CVRM

R&I

V&I

Rare Disease



AZD0516 (STEAP2 ADC)

Prostate cancer

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------|----------|--|---|---|
| Phase I/II SEACLIFF NCT07181161 - | mCRPC | 177 | <ul style="list-style-type: none">Open-label multi-centre, modular dose escalation and dose optimisation trial | <ul style="list-style-type: none">Primary: safety and tolerabilitySecondary: efficacy, PK and immunogenicity | <ul style="list-style-type: none">FPCD: Q4 2025Data anticipated: >2027Initiating |

CVRM

R&I

V&I

Rare Disease



AZD0754 (STEAP2 dnTGFβRII-armoured CAR-T)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|---|---|
| Phase I/II APOLLO NCT06267729 | Metastatic castration resistance prostate cancer with prior NHA and taxane exposure | 60 | <ul style="list-style-type: none"> Open-label, single-arm, multi-centre trial with dose escalation and dose expansion components | <ul style="list-style-type: none"> Primary endpoints (Phase I): DLT, AEs (including AESI and SAEs), determination of recommended dose for expansion phase Secondary endpoints (Phase I): PSA related changes (PSA50, PSA90), radiological assessment according to RECIST v1.1 and PCWG3 (ORR, BOR, DRR, DCR, TTR, rPFS, OS), PK parameters (Cmax, Tmax, Tlast, AUC) | <ul style="list-style-type: none"> FPCD: Q2 2024 Data anticipated: 2027 |



AZD2068 (FPI-2068, EGFR cMET radioconjugate)

Solid tumours

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|------------------------|----------|--|--|--|
| Phase I NCT06147037 | Advanced solid tumours | 110 | <ul style="list-style-type: none">• Multicentre, open-label dose escalation trial• Part A: optimisation of FPI-2053 dose (treatment with dose level 1 of [225Ac]-AZD2068 - fixed dose)• Part B: dose escalation of [225Ac]-AZD2068 with optimal FPI-2053 | <ul style="list-style-type: none">• Primary endpoints: safety and tolerability• Secondary endpoints: anti-tumour activity, immunogenicity and PK parameters | <ul style="list-style-type: none">• FPCD: Q3 2024• Data anticipated: 2027 |

CVRM

R&I

V&I

Rare Disease



AZD2284 (STEAP2 radioconjugate)

Prostate cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------|----------|--|---|---|
| Phase I NCT06879041 | mCRPC | 134 | <ul style="list-style-type: none"> Part A (Imaging): Part A (Cold Antibody Exploration): aims to determine the optimal dosing regimen, with or without unconjugated antibody (AZD2275) pre-administration to improve the biodistribution of AZD2287 Part B (Therapeutic): Part B (Actinium-225 Dose Escalation): aims to assess the safety, tolerability, and efficacy of escalating doses of AZD2284 informed by the optimal dosing regimen identified in Part A Part B Expansion Cohorts 1 and 2: aims to explore efficacy of AZD2284 | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: anti-tumour activity, PK parameters and immunogenicity | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: 2027 |



AZD2962 (IRAK4 inhibitor)

Blood cancers

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------------------|----------|---|--|---|
| Phase I NCT07064122 | Haematologic neoplasms | 72 | <ul style="list-style-type: none">Modular, open-label, multi-centreAZD2962 orally QD dose escalation | <ul style="list-style-type: none">Primary endpoints: DLT, AEs, duration of exposure, relative dose intensitySecondary endpoints: OR, DoR, TTR, OS, time to progression, PK measures | <ul style="list-style-type: none">Data anticipated: >2027Initiating |

CVRM

R&I

V&I

Rare Disease



AZD3470 (PRMT5)

Solid tumours and blood cancer

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|--|--|
| Phase I/II PRIMROSE NCT06130553 | MTAP-deficient advanced solid tumours Arm 2: 2L+ NSCLC | 234 | <ul style="list-style-type: none"> Open-label, multi-centre Arm 1: Phase 1 AZD3470 Arm 2: Phase 2 Proof of concept AZD3470 + <i>Datroway</i> | <ul style="list-style-type: none"> Arm 1: Primary endpoints: safety and tolerability Secondary endpoints: PK parameters and clinical efficacy Arm 2: Primary endpoints: PFS, Safety | <ul style="list-style-type: none"> FPCD: Q1 2024 Data anticipated: 2027 |
| Phase I PRIMAVERA NCT06137144 | R/R haematologic malignancies | 110 | <ul style="list-style-type: none"> Modular Phase I/II open-label dose escalation and expansion trial Module 1 – Part A (dose escalation): AZD3470 monotherapy Module 1 – Part B (dose expansion/optimisation): AZD3470 monotherapy | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK parameters and clinical efficacy | <ul style="list-style-type: none"> FPCD: Q1 2024 Data anticipated: H1 2026 |



AZD3632 (menin inhibitor)

Blood cancers

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|--|--|
| Phase I/II MOMENTUM NCT07155226 | R/RAML, ALL and HR MDS with KMT2Ar, NPM1m, or other genotypes associated with homeobox (HOX) overexpression | 84 | <ul style="list-style-type: none">Module 1 is a dose escalation of AZD3632 monotherapy.Module 2 will investigate the safety, PK, and tolerability when co-administered with posaconazole. | <ul style="list-style-type: none">Primary endpoints: safety and tolerabilitySecondary endpoints: preliminary efficacy (CR, CRh, TTR, DoR, TI, EFS, OS), PK parameters | <ul style="list-style-type: none">FPCD: Q1 2026Data anticipated: >2027 |

CVRM

R&I

V&I

Rare Disease



AZD4360 (CLDN18.2 ADC)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|--|--|---|
| Phase I/II CONCLUDE NCT06921928 | Histologically confirmed advanced or metastatic Pancreatic ductal adenocarcinoma (PDAC), Gastric or Gastroesophageal junction cancer (G/GEJC), and Biliary tract cancer (BTC) with documented positive CLDN18.2 expression | 117 | <ul style="list-style-type: none"> Open-label, multi-centre trial with FIH modular protocol design Module 1: AZD4360 monotherapy | <ul style="list-style-type: none"> Primary endpoints: safety Secondary endpoints: efficacy, PK, immunogenicity | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: 2027 |



AZD4512 (CD22 ADC)

Blood cancers

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|--|---|
| Phase I/II ALLight NCT07109219 | Acute Lymphoblastic Leukemia (ALL) | 83 | <ul style="list-style-type: none"> Modular phase I/II, open-label multi-centre study Module 1: Dose Escalation Module 2: Dose Expansion | <ul style="list-style-type: none"> Module 1: <ul style="list-style-type: none"> Primary endpoints: safety Secondary endpoints: PK, safety, ORR, DoR, EFS, OS Module 2: <ul style="list-style-type: none"> Primary endpoints: ORR, safety Secondary endpoints: DoR, EFS, OS, PK, safety | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |
| Phase I/II Lumi-NHL NCT07123454 | Relapsed/Refractory B-cell Non-Hodgkin Lymphoma (B-NHL) | 91 | <ul style="list-style-type: none"> Modular, open-label, non-randomised, multi-centre, dose escalation and expansion | <ul style="list-style-type: none"> Primary endpoints: safety measures Secondary endpoints: ORR, CR, DoR, PFS, OS | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |



AZD5492 (CD20 TITAN TCE)

Blood cancers

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--------------------|----------|---|---|---|
| Phase I TITANIUM NCT06542250 | CLL, MCL, LBCL, FL | 176 | <ul style="list-style-type: none">Module 1: AZD5492 monotherapyAZD5492 monotherapy for r/r B-cell malignancies | <ul style="list-style-type: none">Primary endpoints: safety and tolerabilitySecondary endpoints: preliminary efficacy (ORR, CRR, DoR, PFS, OS), PK parameters and immunogenicity | <ul style="list-style-type: none">FPCD: Q3 2024Data anticipated: H2 2026 |

CVRM

R&I

V&I

Rare Disease



AZD5863 (CLDN18.2 CD3 bispecific antibody)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|---|--|
| Phase I NCT06005493 | Advanced or metastatic solid tumours with CLDN18.2 expression | 280 | <ul style="list-style-type: none"> Part A: dose escalation phase to determine the safety, tolerability, RP2D, and/or MTD of AZD5863 Part B: dose expansion phase to further characterise the safety profile and evaluate anti-tumour activity of AZD5863 | <ul style="list-style-type: none"> Primary endpoints (Part A): safety and tolerability Primary endpoints (Part B): safety, tolerability and preliminary anti-tumour activity Secondary endpoints: preliminary anti-cancer activity, PK parameters and immunogenicity | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: H2 2026 |



AZD6621 (STEAP2 T-cell engager)

Prostate cancer

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------|----------|--|---|---|
| Phase I/II ACTIVATED-4-PC NCT07192614 - | mCRPC | 52 | <ul style="list-style-type: none">Open-label, multi-centre, modular dose escalation and dose optimisation trial. | <ul style="list-style-type: none">Primary: safety, tolerabilitySecondary: efficacy, PK, immunogenicity | <ul style="list-style-type: none">FPCD: Q4 2025Data anticipated: >2027Initiating |

CVRM

R&I

V&I

Rare Disease



AZD6750 (CD8 guided IL-2)

Solid tumours

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|---|---|--|
| Phase I/II NCT07115043 | Select advanced or metastatic solid tumors | 60 | <ul style="list-style-type: none">Open-label, dose escalation and expansion studyModule 1: AZD6750 monotherapyModule 2: AZD6750 + rilvegostomig | <ul style="list-style-type: none">Primary endpoints: Safety and efficacy measuresSecondary endpoints: PK/PD parameters, immunogenicity, efficacy | <ul style="list-style-type: none">FPCD: Q3 2025Data anticipated: >2027 |

CVRM

R&I

V&I

Rare Disease



AZD7003 (GPC3 CAR-T)

Hepatocellular carcinoma (HCC)

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--------------------------------------|----------|---|---|---|
| Phase I/II STARLIGHT NCT06590246 | GPC3-positive advanced/recurrent HCC | 121 | <ul style="list-style-type: none"> Open-label, single-arm, multi-centre trial with dose escalation and dose expansion components China only | <ul style="list-style-type: none"> Primary endpoints (Phase I): DLT, AEs (including AESI and SAEs), determination of recommended dose for expansion phase Secondary endpoints (Phase I): ORR per RECIST v. 1.1, TTR, DCR, DRR, BoR, DoR, PFS and OS; PK parameters (Cmax, Tmax, Tlast, AUC) | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: >2027 |



AZD8421 (CDK2 inhibitor)

Breast cancer

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|---|---|
| Phase I/II CYCAD-1 NCT06188520 | ER+ HER2-negative advanced breast cancer | 204 | <ul style="list-style-type: none">Module 1: AZD8421Module 2: AZD8421+ camizestrant + one or more of abemaciclib or ribociclib or palbociclib | <ul style="list-style-type: none">Primary endpoints: safety and tolerabilitySecondary endpoints: PK parameters | <ul style="list-style-type: none">FPCD: Q4 2023Data anticipated: H2 2026 |

CVRM

R&I

V&I

Rare Disease



AZD9574 (PARP1-selective BBB inhibitor)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|-----------------------------|----------|--|---|---|
| Phase I/IIa CERTIS-1 NCT05417594 | Advanced solid malignancies | 695 | <ul style="list-style-type: none"> Modular, open-label, multi-centre dose escalation and expansion trial Module 1: AZD9574 monotherapy Module 2: AZD9574 + temozolomide Module 3: [¹¹C]AZ14193391 + AZD9574 or [¹¹C]AZ14193391 + AZD9574 + temozolomide Module 4: AZD9574 + <i>Enhertu</i> Module 5: AZD9574 + <i>Datroway</i> | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability of AZD9574 as monotherapy and in combination with anti-cancer agents, determination of PARP1 occupancy in brain by AZD9574 at examined doses and plasma concentration and evaluation of safety of radioligand [¹¹C]AZ14193391 Secondary endpoints: PK parameters and efficacy of AZD9574 as monotherapy and in combination with anti-cancer agents | <ul style="list-style-type: none"> FPCD: Q3 2022 Data anticipated: 2027 |



AZD9750 (AR PROTAC)

Prostate cancer

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|----------------------------|----------|--|--|---|
| Phase I/II ANDROMEDA NCT07336446 | Metastatic prostate cancer | 300 | <ul style="list-style-type: none">Open-label, multicenterPart A: monotherapy dose escalation or combination dose findingPart B: monotherapy dose optimisation and expansion or combination dose expansion) | <ul style="list-style-type: none">Primary endpoints: Safety and tolerability, Clinical efficacy (Part B) | <ul style="list-style-type: none">FPCD: Q1 2026Data anticipated: >2027Initiating |

CVRM

R&I

V&I

Rare Disease

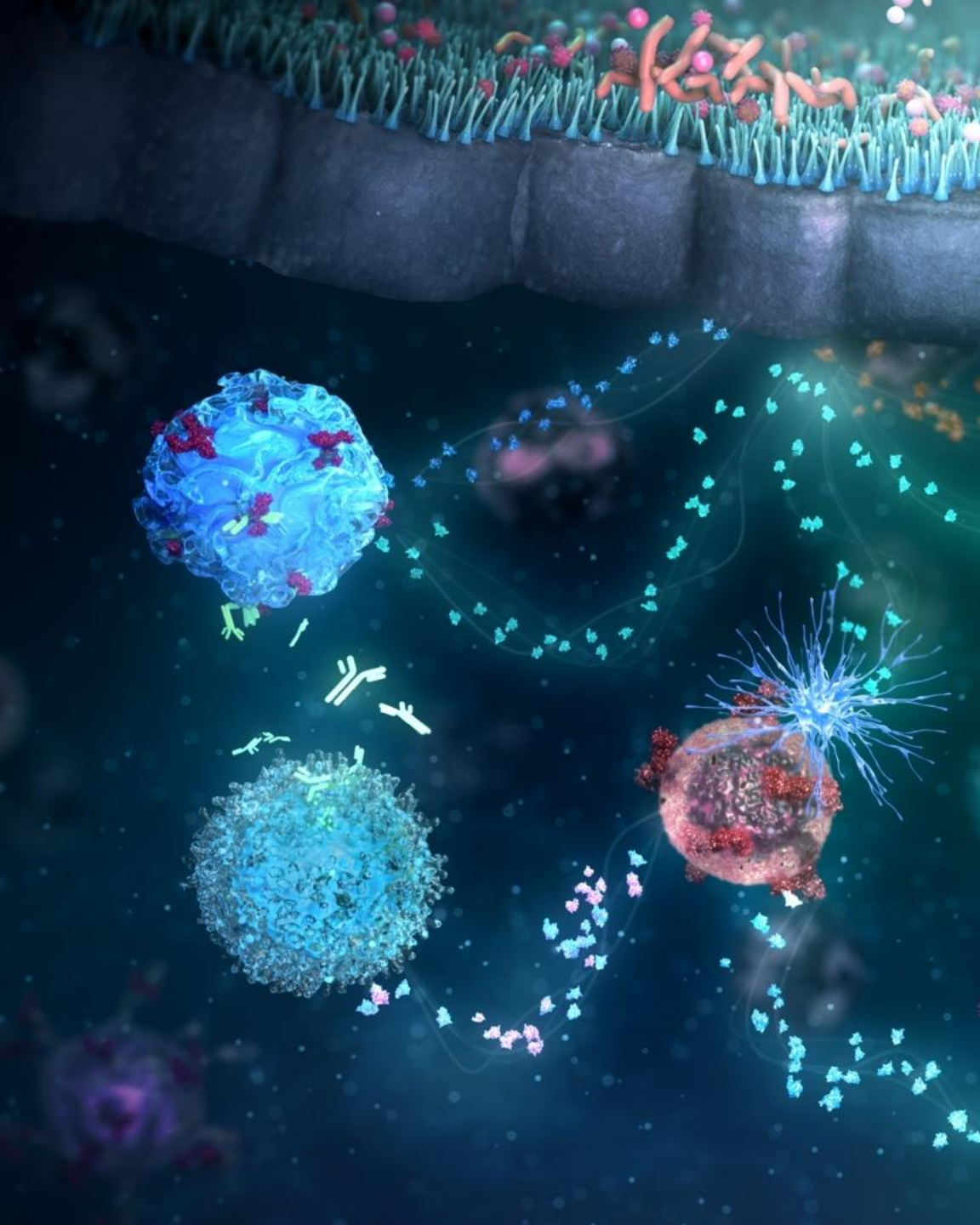


AZD9793 (GPC3 TITAN T-cell engager)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--------------------------|----------|--|---|--|
| Phase I/II RHEA-1 NCT06795022 | Metastatic solid tumours | 304 | <ul style="list-style-type: none"> Open label, non randomised, multi-centre, dose escalation and expansion Module 1: intravenous AZD9793 Module 2: subcutaneous AZD9793 | <ul style="list-style-type: none"> Primary endpoint: safety and tolerability Secondary endpoints: ORR, BOR, DRR, DoR, TTR, PFS, OS, PK Parameters | <ul style="list-style-type: none"> Data anticipated: >2027 Active |





BioPharmaceuticals: approved medicines and late-stage development

Wainua (eplontersen, ligand-conjugated antisense)

ATTR

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|---|
| Phase III CARDIO-TTRansform NCT04136171 Partnered (Ionis Pharmaceuticals, Inc.) | Hereditary or wild-type transthyretin-mediated amyloid cardiomyopathy (ATTR-CM) | 1438 | <ul style="list-style-type: none"> Arm 1: <i>Wainua</i> s.c. Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoints: composite outcome of CV mortality and recurrent CV clinical events at Week 140 Secondary endpoints: 6MWT, KCCQ, CV events and CV mortality, all cause mortality, composite outcome of CV mortality and recurrent CV clinical events in subgroup of patients treated with tafamidis at baseline | <ul style="list-style-type: none"> FPCD: Q1 2020 Data anticipated: H2 2026 |
| Phase III EPIC-ATTR NCT06194825 | ATTR-CM | 64 | <ul style="list-style-type: none"> Arm 1: <i>Wainua</i> s.c. Q4W Arm 2: placebo China only | <ul style="list-style-type: none"> Primary endpoint (at week 24): percent change from baseline in serum TTR concentration Secondary endpoints: PK, immunogenicity, disease biomarkers (NT pro-BNP, hsTnT) | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: H1 2026 |
| Phase III NEURO-TTRansform NCT04136184 Partnered (Ionis Pharmaceuticals, Inc.) | Hereditary transthyretin-mediated amyloid polyneuropathy (ATTRv-PN) | 168 | <ul style="list-style-type: none"> Arm 1: <i>Wainua</i> s.c. Arm 2: inotersen s.c. | <ul style="list-style-type: none"> Primary endpoints (at Week 35): change from baseline in mNIS+7 and percent change from baseline in TTR concentration Secondary endpoint (Week 35): changes from baseline in Norfolk QOL Primary endpoints (at Week 66): change from baseline in mNIS+7, change from baseline in the Norfolk QoL-DN Questionnaire and percent change from baseline in TTR concentration | <ul style="list-style-type: none"> FPCD: Q1 2020 LPD: Q3 2023 Data readout: Q2 2022 Co-primary endpoints met at Week 35 and Week 66 |



balcinrenone/dapagliflozin (MR antagonist/modulator + SGLT2 inhibitor)

Heart failure, CKD

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|--|---|
| Phase III Balanced-HF NCT06307652 | Heart failure patients with renal impairment (eGFR 20-60 ml/min) with heart failure event within the last 6 months | 4800 | <ul style="list-style-type: none"> Randomised, double-blind, parallel-group, double-dummy, active-controlled, event-driven trial Arm 1: balcinrenone/dapagliflozin 15mg/10mg Arm 2: balcinrenone/dapagliflozin 40mg/10mg Arm 3: dapagliflozin 10mg | <ul style="list-style-type: none"> Primary endpoints: time to first occurrences of any the components of the composite of CV death, HF hospitalisation and HF event without hospitalisation Secondary endpoints: total occurrences (first and recurrent) of the components of the composite of CV death, HF hospitalisation and HF event without hospitalisation; time to CV death; the hierarchical composite endpoint of death from any cause, total HF events, and change from baseline in KCCQ total symptom score to 24-week post-randomisation; and time do death from any cause | <ul style="list-style-type: none"> FPCD: Q2 2024 Data anticipated: 2027 |
| Phase IIb MIRO-CKD NCT06350123 - | CKD | 300 | <ul style="list-style-type: none"> Multicentre, randomised, double-blind, dose-finding, parallel group, double-dummy trial Arm 1: balcinrenone/dapagliflozin 15 mg/10 mg once daily Arm 2: balcinrenone/dapagliflozin 40 mg/10 mg once daily Arm 3: dapagliflozin 10 mg once daily | <ul style="list-style-type: none"> Primary endpoint: Relative change in UACR from baseline to Week 12 | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q4 2024 Data readout: Q3 2025 Primary endpoint met |



baxdrostat (selective aldosterone synthase inhibitor)

Hypertension

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|--|---|
| Phase III Bax24 NCT06168409 | Patients with resistant hypertension on three or more antihypertensive medications | 218 | <ul style="list-style-type: none"> Arm 1: baxdrostat 2mg QD Arm 2: placebo QD | <ul style="list-style-type: none"> Primary endpoint: effect of baxdrostat vs. placebo on ambulatory 24-hour average systolic blood pressure at Week 12 | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q2 2025 Data readout: Q4 2025 Primary endpoint met |
| Phase III BaxAsia NCT06344104 | Patients with uncontrolled hypertension on two or more antihypertensive medications including patients with resistant hypertension | 326 | <ul style="list-style-type: none"> Arm 1: baxdrostat 1mg QD Arm 2 baxdrostat 2mg QD Arm 3: placebo QD | <ul style="list-style-type: none"> Primary endpoint: effect of baxdrostat vs. placebo on seated systolic blood pressure at Week 12 Secondary endpoints: effect of baxdrostat vs. placebo on seated systolic blood pressure at 8 weeks after randomised withdrawal, safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q1 2025 Data readout: Q1 2026 Primary endpoint met |
| Phase III BaxHTN NCT06034743 | Patients with uncontrolled hypertension on two or more antihypertensive medications including patients with resistant hypertension | 796 | <ul style="list-style-type: none"> Arm 1: baxdrostat 1mg QD Arm 2: baxdrostat 2mg QD Arm 3: placebo QD | <ul style="list-style-type: none"> Primary endpoint: effect of baxdrostat vs. placebo on seated systolic blood pressure at Week 12 Secondary endpoints: effect of baxdrostat vs. placebo on seated systolic blood pressure at 8 weeks after randomised withdrawal, safety and tolerability | <ul style="list-style-type: none"> FPCD: Q1 2024 LPCD: Q1 2025 Data readout: Q3 2025 Primary endpoint met |
| Phase II FigHTN NCT05432167 | Patients with uncontrolled hypertension and CKD | 194 | <ul style="list-style-type: none"> Arm 1: baxdrostat (low dose) Arm 2: baxdrostat (high dose) Arm 3: placebo US only | <ul style="list-style-type: none"> Primary endpoint: change from baseline in mean seated systolic blood pressure vs. placebo at Week 26 Secondary endpoint: to evaluate the treatment effect on SBP at Week 26 by dosing strategy | <ul style="list-style-type: none"> FPCD: Q2 2022 LPCD: Q2 2024 Data readout: Q3 2024 |
| Phase II HALO-OLE NCT05459688 | Patients with uncontrolled hypertension who have completed CIN-107-124 | 175 | <ul style="list-style-type: none"> Arm 1: baxdrostat 2mg QD US only | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2022 LPCD: Q3 2022 Data readout: Q2 2024 |



baxdrostat (selective aldosterone synthase inhibitor)

Hypertension

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|---|---|
| Phase II NCT06336356 | Patients with uncontrolled hypertension on one or more antihypertensive medications | 45 | <ul style="list-style-type: none"> Arm 1: baxdrostat 2mg QD Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: individual cortisol level before and after ACTH stimulation test at baseline and Week 8 | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q3 2024 Data readout: Q1 2025 |
| Phase I NCT06194032 | Healthy volunteers | 28 | <ul style="list-style-type: none"> Arm 1: baxdrostat 16mg (single dose) Arm 2: baxdrostat 32mg (single dose) Arm 3: placebo (single dose) Arm 4: moxifloxacin 400mg (single dose) | <ul style="list-style-type: none"> Primary endpoint: placebo-corrected change from baseline QTcF | <ul style="list-style-type: none"> FPCD: Q1 2024 LPCD: Q2 2024 Data readout: Q3 2024 |
| Phase I NCT06357520 | Healthy volunteers | 14 | <ul style="list-style-type: none"> Arm 1: baxdrostat 2mg and itraconazole 200mg US only | <ul style="list-style-type: none"> Primary endpoint: AUCinf and Cmax | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q2 2024 Data readout: Q3 2024 |
| Phase I NCT06657105 | Healthy volunteers | 22 | <ul style="list-style-type: none"> Arm1: baxdrostat 2mg and ethiny estradiol/levonorgestrel 0.06/0.3mg | <ul style="list-style-type: none"> Primary endpoints: AUCinf, AUClast and Cmax | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q4 2024 Data readout: Q2 2025 |



baxdrostat (selective aldosterone synthase inhibitor)

Primary aldosteronism

| Trial | Population | Patients | Design | Endpoints | Status |
|--|-------------------------------------|----------|--|---|---|
| Phase III BaxPA NCT07007793 | Primary aldosteronism | 180 | <ul style="list-style-type: none"> Multicentre, randomised, double-blind, placebo-controlled, parallel-group Arm 1: baxdrostat QD Arm 2: placebo QD | <ul style="list-style-type: none"> Primary endpoints: change from baseline in seated systolic blood pressure and achieving normalization of the renin angiotensin aldosterone system at week 8 Secondary endpoints: effect of baxdrostat vs. placebo on seated systolic blood pressure and plasma renin activity at 8 weeks after randomised withdrawal. | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |
| Phase II SPARK NCT04605549 | Patients with primary aldosteronism | 18 | <ul style="list-style-type: none"> Arm 1: baxdrostat 2-8mg QD US only | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability in patients with PA at doses from 2 to 8mg per day for 12 weeks and the reduction in SBP patients with PA after 12 weeks Secondary endpoints: reduction in DBP as a function of dose in patients with PA after 12 weeks of treatment, change in serum potassium and requirement for potassium supplementation and change in serum sodium and requirement for fluid or mineral replacement | <ul style="list-style-type: none"> FPCD: Q3 2022 LPCD: Q2 2023 Data readout: Q1 2025 |



baxdrostat/dapagliflozin (selective ASI/SGLT2)

CKD/Prevention of heart failure

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|---|
| Phase III BaxDuo-Arctic NCT06268873 | CKD and high blood pressure | 2500 | <ul style="list-style-type: none"> Arm 1: baxdrostat/dapagliflozin QD Arm 2: dapagliflozin/placebo QD | <ul style="list-style-type: none"> Primary endpoint: change from baseline in eGFR to post-treatment Secondary endpoints: change from baseline in SBP and UACR, kidney HCE and eGFR | <ul style="list-style-type: none"> FPCD: Q2 2024 Data anticipated: >2027 |
| Phase III BaxDuo-Pacific NCT06742723 | CKD and high blood pressure | 5000 | <ul style="list-style-type: none"> Arm 1: baxdrostat/dapagliflozin QD Arm 2: dapagliflozin/placebo QD | <ul style="list-style-type: none"> Primary endpoint: Time to the first occurrence of any of the components of the composite of Kidney disease progression (\geq 50% sustained decline in eGFR, Onset of kidney failure), CV events (HF with or without hospitalisation CV death) | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: >2027 |
| Phase III PREVENT-HF NCT06677060 | T2D, history of hypertension and established CVD and risk factor(s) | 11300 | <ul style="list-style-type: none"> Arm 1: baxdrostat/dapagliflozin QD Arm 2: dapagliflozin/placebo QD | <ul style="list-style-type: none"> Primary endpoint: Time to first occurrence of any of the components of the composite of: Hospitalisation for HF, HF without hospitalisation, CV death | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: >2027 |
| Phase II BaxDuo-Baltic NCT07222917 - | CKD and high blood pressure | 218 | <ul style="list-style-type: none"> Arm 1: baxdrostat/dapagliflozin Arm 2: baxdrostat/Placebo | <ul style="list-style-type: none"> Primary endpoint: change from baseline in UACR at 12 weeks | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: 2027 |



Iaroprovstat (AZD0780, PCSK9 inhibitor)

Dyslipidaemia

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|---|--|---|
| Phase III AZURE-HeFH NCT07000136 | Heterozygos familial hypercholesterolemia | 405 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, parallel-group trial Arm 1: Iaroprovstat Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: Relative change in LDL-C from baseline to 12 weeks Secondary endpoint: Relative change in LDL-C from baseline to 12 weeks in patients on a statin, indicator for LDL-C < 70 mg/dL (< 1.8 mmol/L) at 12 weeks | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: 2027 |
| Phase III AZURE-LDL NCT07000123 | Patients with dyslipidaemia and history of clinical ASCVD or at risk for a first ASCVD event | 2800 | <ul style="list-style-type: none"> Randomised, double-Blind, placebo-controlled, parallel-group trial Arm 1: Iaroprovstat Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: Relative change in LDL-C from baseline to 12 weeks Secondary endpoints: Relative change in LDL-C from baseline to 12 weeks in patients on statins Indicator for LDL-C < 70 mg/dL (< 1.8 mmol/L) at 12 weeks | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: 2027 |
| Phase III AZURE-Outcomes NCT07000357 | Patients with dyslipidaemia and established ASCVD or at high risk for a first ASCVD event | 15100 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, parallel-group trial Arm 1: Iaroprovstat Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: Time to first event of any component of MACE-PLUS Secondary endpoints: Time to first event of any component of 3P MACE, Time to first event of any component of MACE PLUS in patients with a history of ASCVD | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: >2027 |
| Phase II/III AZURE-China NCT06834932 | Participants with elevated LDL-C | 360 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, multi-centre China only | <ul style="list-style-type: none"> Primary endpoint (Part A) : PK parameters Secondary endpoint: (Part A) LDL-C at Week 4, To evaluate the effect of treatment with AZD0780 versus placebo on LDL-C at Week 4 Primary Endpoint (Part B): To compare the effect of treatment with AZD0780 versus placebo on LDL-C at 12 weeks Secondary Endpoint (Part B):To evaluate the effect of treatment with AZD0780 versus placebo on LDL-C at Week 12 | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: 2027 |



Iaroprovstat (AZD0780, PCSK9 inhibitor)

Dyslipidaemia

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|---|---|---|
| Phase II PURSUIT NCT06173570 | Dyslipidaemia | 428 | <ul style="list-style-type: none"> Randomised trial with equal distribution across five parallel treatment arms to either placebo or one of four AZD0780 doses | <ul style="list-style-type: none"> Primary endpoint: percent change in LDL-C level from baseline to Week 12 Secondary endpoints: percent change from baseline of LDL-C at Week 12, plasma concentrations summarised by sampling timepoint, percent change from baseline at Week 12 in other lipid parameters and inflammatory markers and safety and tolerability | <ul style="list-style-type: none"> FPCD: Q1 2024 LPCD: Q2 2025 Data readout: Q1 2025 Primary endpoint met |
| Phase II NCT06692764 | Participants with ASCVD or risk equivalents and LDL-C ≥ 70 mg/dL on stable medication | 172 | <ul style="list-style-type: none"> Multi-centre, randomised, double-blind, placebo-controlled, crossover trial | <ul style="list-style-type: none"> Primary endpoint: ambulatory 24-hour average systolic blood pressure at Week 4 Secondary endpoint: ambulatory 24-hour average diastolic blood pressure at Week 4 | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: H1 2026 |
| Phase I NCT06576765 | Hepatic impairment and matched healthy controls | 32 | <ul style="list-style-type: none"> Multi-centre, single-dose, non-randomised, open-label, parallel-group trial | <ul style="list-style-type: none"> Primary endpoint: PK parameters Secondary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q4 2024 Data readout: Q2 2025 |
| Phase I NCT06592482 | Renal impairment and matched healthy controls | 30 | <ul style="list-style-type: none"> Multi-centre, single-dose, non-randomised, open-label, parallel-group trial | <ul style="list-style-type: none"> Primary endpoint: PK parameters Secondary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q4 2024 Data readout: Q2 2025 |
| Phase I NCT06671405 | Healthy volunteers | 78 | <ul style="list-style-type: none"> Open-label, fixed sequence trial to assess the PK of AZD0780 when administered in combination with itraconazole, carbamazepine, and the PK of midazolam and EE/LNG when administered with AZD0780 | <ul style="list-style-type: none"> Primary endpoint: PK parameters Secondary endpoints: safety and PK parameters | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q1 2025 Data readout: Q4 2025 |
| Phase I NCT06742853 | Healthy volunteers with elevated LDL-C | 120 | <ul style="list-style-type: none"> Randomised, single-blind, placebo-controlled trial | <ul style="list-style-type: none"> Primary endpoints: percent change in LDL-C at Week-4 and safety and tolerability | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q3 2025 Data readout: Q4 2025 |
| Phase I NCT07216131 | Healthy Volunteers | 14 | <ul style="list-style-type: none"> A fixed-sequence, Open-label PK trial of Iaroprovstat effect on metformin | <ul style="list-style-type: none"> Primary endpoint: Pk measures Secondary endpoint: safety and tolerability measures | <ul style="list-style-type: none"> FPCD: Q4 2025 LPCD: Q4 2025 Data anticipated: H1 2026 |



zibotentan/dapagliflozin (ETA receptor antagonist/SGLT2 inhibitor)

Chronic kidney disease

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--------------------------|----------|--|--|--|
| Phase III ZENITH High Proteinuria NCT06087835 - | CKD and high proteinuria | 1835 | <ul style="list-style-type: none"> Randomised, parallel, multi-centre, double-blind trial Arm 1: zibotentan/dapagliflozin dose A or dose B Arm 2: dapagliflozin | <ul style="list-style-type: none"> Primary endpoint: change in eGFR from baseline Secondary endpoints: change in UPCR from baseline to each participant's mean level; change in UACR from baseline to each participant's mean level; time to the first occurrence of any of the components of the renal composite endpoint of 40% sustained decline in eGFR or ESKD or renal death | <ul style="list-style-type: none"> FPCD: Q4 2023 LPCD: Q4 2024 Data anticipated: 2027 |

Oncology

CVRM

R&I

V&I

Rare Disease



Airsupra (PT027, SABA/ICS, pMDI)

Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|---|---|
| Phase IIIb ACADIA NCT06307665 - | Adolescents with asthma | 440 | <ul style="list-style-type: none"> Randomised, double-blind, multi-center, parallel-group Arm 1: BDA MDI 160/180µg prn Arm 2: AS MDI 180µg prn | <ul style="list-style-type: none"> Primary endpoint: severe asthma exacerbation rate (annualised) Secondary endpoints: time to first severe exacerbation, annualised total systemic corticosteroid exposure, safety (AEs and SAEs), PK sub-study (including Cmax, AUClast and AUCinf) | <ul style="list-style-type: none"> FPCD: Q2 2024 Data anticipated: 2027 |
| Phase IIIb BATURA NCT05505734 Managed by Avillion (Avillion) | Adults and adolescents with mild asthma | 2517 | <ul style="list-style-type: none"> Randomised, double-blind, multi-centre, parallel-group, decentralised 12 to 52-week treatment period Arm 1: <i>Airsupra</i> MDI 160/180µg Arm 2: AS MDI 180µg US only | <ul style="list-style-type: none"> Primary endpoint: time to first severe asthma exacerbation | <ul style="list-style-type: none"> FPCD: Q3 2022 LPCD: Q1 2024 Data readout: Q4 2024 Primary endpoint met |
| Phase III BAIYUN NCT06471257 | Adult patients with asthma | 790 | <ul style="list-style-type: none"> Randomised, double-blind, multi-centre, event-driven, parallel-group Arm 1: BDA MDI 160/180µg prn Arm 2: AS MDI 180µg prn China only | <ul style="list-style-type: none"> Primary endpoint: time to first severe exacerbation Secondary endpoints: severe exacerbation rate (annualised), total systemic corticosteroid exposure, ACQ-5 responder, AQLQ+12 responder | <ul style="list-style-type: none"> FPCD: Q3 2024 Data anticipated: H2 2026 |
| Phase II MITCHELL NCT06644924 - | Adults with asthma | 102 | <ul style="list-style-type: none"> Randomised, single-dose, double-blind, placebo-controlled, 3-period, 3-treatment, crossover, multicenter Arm 1: AS MDI 180µg (double-blind) Arm 2: Placebo MDI (double-blind) Arm 3: Ventolin Evohaler 200µg (open-label) US Only | <ul style="list-style-type: none"> Primary endpoint: Mean change from baseline in FEV1 AUC0-6 (Non-inferiority of AS MDI relative to Ventolin Evohaler) Secondary endpoints: FEV1 AUC0-6, Mean change from baseline in FEV1 AUC0-4, Safety (AEs and SAEs) | <ul style="list-style-type: none"> FPCD: Q1 2025 LPCD: Q2 2025 Data readout: Q3 2025 Primary endpoint met |
| Phase I PUTUO NCT06514157 | Healthy volunteers | 14 | <ul style="list-style-type: none"> Open-label, single-dose, single-centre trial Treatment: BDA MDI 160µg/180µg (single dose) | <ul style="list-style-type: none"> Primary endpoints: PK parameters for budesonide and albuterol include AUClast, AUCinf, Cmax, tmax, tlast, t½λz, CL/F and Vz/F | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q3 2024 Data readout: Q1 2025 |



Breztri, Trixeo (LAMA/LABA/ICS)

Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|---|--|
| Phase III KALOS NCT04609878 | Uncontrolled asthma | 2266 | <ul style="list-style-type: none"> Randomised, double-blind, double-dummy, parallel group and multi-centre trial Treatments (24- to 52-week variable length) Arm 1: BGF 320/28.8/9.6µg BID MDI Arm 2: BGF 320/14.4/9.6µg BID MDI Arm 3: <i>Symbicort</i> Aerosphere 320/9.6µg BID MDI Arm 4: <i>Symbicort</i> 320/9µg BID pMDI | <ul style="list-style-type: none"> Primary endpoint: change from baseline in FEV1 AUC0-3 at Week 24 Secondary endpoint: change from baseline in morning pre-dose trough FEV1 at Week 24 | <ul style="list-style-type: none"> FPCD: Q1 2021 Data readout: Q2 2025 Primary endpoint met |
| Phase III LITHOS NCT05755906 | Inadequately controlled asthma despite treatment with low dose ICS or ICS/LABA | 373 | <ul style="list-style-type: none"> Randomised, double-blind, parallel group and multi-centre Treatments (12-week) Arm 1: PT009 160/9.6µg BID MDI Arm 2: BD 160µg BID MDI | <ul style="list-style-type: none"> Primary endpoint: Change from baseline in forced expiratory volume in 1 second (FEV1) area under the curve 0 to 3 hours (AUC0-3) at Week 12 | <ul style="list-style-type: none"> FPCD: Q1 2023 Data readout: Q1 2025 |
| Phase III LOGOS NCT04609904 | Uncontrolled asthma | 2182 | <ul style="list-style-type: none"> Randomised, double-blind, double dummy, parallel group and multi-centre trial Treatments (24- to 52-week variable length) Arm 1: BGF 320/28.8/9.6µg BID MDI Arm 2: BGF 320/14.4/9.6µg BID MDI Arm 3: <i>Symbicort</i> Aerosphere 320/9.6µg BID MDI Arm 4: <i>Symbicort</i> 320/9µg BID pMDI | <ul style="list-style-type: none"> Primary endpoint: change from baseline in FEV1 AUC0-3 at Week 24 Secondary endpoint: change from baseline in morning pre-dose trough FEV1 at Week 24 | <ul style="list-style-type: none"> FPCD: Q1 2021 Data readout: Q2 2025 Primary endpoint met |
| Phase III VATHOS NCT05202262 | Inadequately controlled asthma despite treatment with medium dose ICS or ICS/LABA | 645 | <ul style="list-style-type: none"> Randomised, double-blind, parallel group, multi-centre trial Treatments (24-week) Arm 1: <i>Symbicort</i> Aerosphere 320/9.6µg BID MDI Arm 2: PT009 160/9.6µg BID MDI Arm 3: BD 320µg BID MDI Arm 4: open-label <i>Symbicort</i> Turbuhaler 320/9µg BID | <ul style="list-style-type: none"> Primary endpoint: change from baseline in FEV1 AUC0-3 at Week 24 | <ul style="list-style-type: none"> FPCD: Q1 2022 Data readout: Q2 2025 |



Breztri, Trixeo (LAMA/LABA/ICS)

COPD

| Trial | Population | Patients | Design | Endpoints | Status |
|---|------------|----------|--|--|---|
| Phase III ATHLOS NCT06067828 | COPD | 180 | <ul style="list-style-type: none"> Randomised, double-blind, three-treatment, three-period, crossover trial Treatments (2-week treatment periods, 2-week washout between treatments) Arm 1: <i>Breztri</i> 320/14.4/9.6µg BID MDI Arm 2: <i>Symbicort</i> Aerosphere 320/9.6µg BID MDI Arm 3: placebo BID MDI | <ul style="list-style-type: none"> Primary endpoint: change from baseline in isotime IC Secondary endpoint: change from baseline in constant work rate cycle ergometry endurance time | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: H1 2026 |
| Phase III THARROS NCT06283966 | COPD | 5000 | <ul style="list-style-type: none"> Randomised, double blind, parallel group, multi-centre event-driven trial comparing BGF MDI 320/14.4/9.6µg BID with GFF MDI 14.4/9.6µg BID in participants with COPD who are at risk of a cardiopulmonary event | <ul style="list-style-type: none"> Primary endpoint: time to first severe cardiac or COPD event Secondary endpoints: time to first severe COPD exacerbation event, time to first severe cardiac event, time to cardiopulmonary death, moderate/severe COPD exacerbation rate, time to MI hospitalisation or cardiac death and time to HF acute healthcare visit/hospitalisation or cardiac death | <ul style="list-style-type: none"> FPCD: Q1 2024 Data anticipated: >2027 |



Fasenra (IL-5R mAb)

Other eosinophilic diseases

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|--|---|
| Phase III MANDARA NCT04157348 | Patients with r/r EGPA on corticosteroid therapy with or without stable immunosuppressive therapy; age 18 years and older | 140 | <ul style="list-style-type: none"> Arm 1: <i>Fasenra</i> 30mg Q4W s.c. Arm 2: mepolizumab 300mg Q4W s.c. 52-week trial with a minimum 1-year open label extension | <ul style="list-style-type: none"> Primary endpoint: proportion of patients achieving remission (BVAS=0 and OCS dose ≤4mg/day) at Week 36 and Week 48 | <ul style="list-style-type: none"> FPCD: Q4 2019 LPCD: Q3 2022 Data readout: Q3 2023 Primary endpoint met |
| Phase III NATRON NCT04191304 | Patients with HES (history of persistent eosinophilia >1500 cells/μL with evidence of end organ manifestations attributable to eosinophilia) and signs or symptoms of HES worsening/flare at Visit 1; age 12 years and older | 134 | <ul style="list-style-type: none"> Arm 1: <i>Fasenra</i> 30mg Q4W s.c. Arm 2: placebo Q4W s.c. 24-week trial with a minimum 1-year open label extension | <ul style="list-style-type: none"> Primary endpoint: time to first HES worsening/flare | <ul style="list-style-type: none"> FPCD: Q3 2020 LPCD: Q4 2024 Data readout: Q2 2025 Primary endpoint met |



Saphnelo (type I interferon receptor mAb)

Lupus (SLE/LN)

| Trial | Population | Patients | Design | Endpoints | Status |
|---|-----------------------------|----------|---|--|---|
| Phase III AZALEA-SLE NCT04931563 Partnered (BMS) | Moderate to severe SLE | 276 | <ul style="list-style-type: none"> Arm 1: 300mg <i>Saphnelo</i> i.v. Q4W Arm 2: placebo i.v. Q4W Asia only | <ul style="list-style-type: none"> Primary endpoint: BICLA at Week 52 | <ul style="list-style-type: none"> FPCD: Q4 2021 LPCD: Q2 2024 Data readout: Q2 2025 Primary endpoint met |
| Phase III IRIS NCT05138133 Partnered (BMS) | Active, proliferative LN | 360 | <ul style="list-style-type: none"> Arm 1: <i>Saphnelo</i> i.v. Arm 2: placebo i.v. | <ul style="list-style-type: none"> Primary endpoint: CRR at Week 52 | <ul style="list-style-type: none"> FPCD: Q2 2022 Data anticipated: 2027 |
| Phase III LAVENDER NCT06015737 Partnered (BMS) | Chronic and/or subacute CLE | 302 | <ul style="list-style-type: none"> Arm 1: <i>Saphnelo</i> s.c. Arm 2: placebo s.c. | <ul style="list-style-type: none"> Primary endpoint: Clinical response based on CLASI-70 at week 24 | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: 2027 |
| Phase III TULIP-SC NCT04877691 Partnered (BMS) | Moderate to severe SLE | 367 | <ul style="list-style-type: none"> Arm 1: <i>Saphnelo</i> s.c. Arm 2: placebo s.c. | <ul style="list-style-type: none"> Primary endpoint: BICLA at Week 52 | <ul style="list-style-type: none"> FPCD: Q3 2021 LPCD: Q3 2024 Data readout: Q3 2025 Primary endpoint met |



Saphnelo (type I interferon receptor mAb)

Sclerosis and other myopathies

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------------------------------|----------|--|---|--|
| Phase III DAISY NCT05925803 Partnered (BMS) | Systemic sclerosis | 306 | <ul style="list-style-type: none"> Arm 1: <i>Saphnelo</i> s.c. Arm 2: placebo s.c. | <ul style="list-style-type: none"> Primary endpoint: CRISS-25 at Week 52 | <ul style="list-style-type: none"> FPCD: Q4 2023 LPCD: Q1 2026 Data anticipated: 2027 |
| Phase III JASMINE NCT06455449 Partnered (BMS) | Idiopathic inflammatory myopathies | 240 | <ul style="list-style-type: none"> Arm 1: <i>Saphnelo</i> s.c. Arm 2: placebo s.c. | <ul style="list-style-type: none"> Primary endpoint: Total Improvement Score ≥ 40 at Week 52 | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: 2027 |



Tezspire (TSLP mAb)

CRSwNP, COPD and EoE

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|---|---|---|
| Phase III CROSSING NCT05583227 Partnered (AMGEN) | Adult and paediatric aged 12 years and older with eosinophilic esophagitis | 360 | <ul style="list-style-type: none"> Arm 1: <i>Tezspire</i> s.c. low dose Arm 2: <i>Tezspire</i> s.c. high dose Arm 3: placebo 52-week trial | <ul style="list-style-type: none"> Co-primary endpoints: histologic response of peak esophageal eosinophil per HPF count of ≤ 6 across all available esophageal levels and change from baseline in Dysphagia Symptom Questionnaire score | <ul style="list-style-type: none"> FPCD: Q1 2023 LPCD: Q3 2025 Data anticipated: H2 2026 |
| Phase III EMBARK NCT06883305 Partnered (Amgen) | Adults with moderate to very severe COPD | 990 | <ul style="list-style-type: none"> Randomized, double-blind, placebo-controlled Arm 1: <i>Tezspire</i> s.c. dose 1 Arm 2: <i>Tezspire</i> s.c. dose 2 Arm 3: placebo 52-week treatment minimum | <ul style="list-style-type: none"> Primary endpoint: Annualized moderate to severe COPD exacerbations. | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: >2027 |
| Phase III JOURNEY NCT06878261 Partnered (Amgen) | Adults with moderate to very severe COPD | 990 | <ul style="list-style-type: none"> Randomized, double-blind, placebo-controlled Arm 1: <i>Tezspire</i> s.c. dose 1 Arm 2: <i>Tezspire</i> s.c. dose 2 Arm 3: placebo 52-week treatment minimum | <ul style="list-style-type: none"> Primary endpoint: Annualized moderate to severe COPD exacerbations | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: >2027 |
| Phase III WAYPOINT NCT04851964 Partnered (AMGEN) | Severe chronic rhinosinusitis with nasal polyps; age 18 years and older | 416 | <ul style="list-style-type: none"> Arm 1: <i>Tezspire</i> s.c. Arm 2: placebo s.c. 52-week trial | <ul style="list-style-type: none"> Co-primary endpoint: nasal polyp score and participant reported nasal congestion | <ul style="list-style-type: none"> FPCD: Q2 2021 LPCD: Q4 2023 Data readout: Q4 2024 Co-primary endpoints met |



Tezspire (TSLP mAb)

Severe, uncontrolled asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|--|-----------------------------------|----------|--|---|---|
| Phase III DIRECTION NCT03927157 Partnered (AMGEN) | Severe asthma; age 18 to 80 years | 405 | <ul style="list-style-type: none"> Arm 1: <i>Tezspire</i> s.c. Arm 2: placebo s.c. 52-week trial Regional trial (Asia) – 3 countries | <ul style="list-style-type: none"> Primary endpoint: annual asthma exacerbation rate Secondary endpoints: change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12) and asthma control (ACQ-6) | <ul style="list-style-type: none"> FPCD: Q3 2019 LPCD: Q2 2023 Data readout: Q3 2024 Primary endpoint met |
| Phase III NAVIGATOR NCT03347279 Partnered (AMGEN) | Severe asthma; age 12 to 80 years | 1061 | <ul style="list-style-type: none"> Arm 1: <i>Tezspire</i> s.c. Arm 2: placebo s.c. 52-week trial | <ul style="list-style-type: none"> Primary endpoint: annual asthma exacerbation rate Secondary endpoints: change from baseline in pre-BD FEV1, asthma related QoL (AQLQ(S)+12) and asthma control (ACQ-6) | <ul style="list-style-type: none"> FPCD: Q1 2018 LPCD: Q3 2019 Data readout: Q4 2020 Primary endpoint met |



tozorakimab (IL-33 ligand mAb)

COPD

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|---|--|
| Phase III OBERON NCT05166889 | Adults with symptomatic COPD with a history of exacerbations | 1132 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, parallel-group Treatment: 52-week Arm 1: tozorakimab dose 1 s.c. + SoC Arm 2: tozorakimab dose 2 s.c. + SoC Arm 3: placebo s.c. + SoC | <ul style="list-style-type: none"> Primary endpoint: annualised rate of moderate to severe COPD exacerbations (former smokers) Secondary endpoints: annualised rate of moderate to severe COPD exacerbations (former or current smokers), annualised rate of COPD exacerbations requiring hospitalisation and/or ER/ED visits and change in pre/post-BD FEV1, E-RS:COPD and SGRQ | <ul style="list-style-type: none"> FPCD: Q1 2022 Data anticipated: H1 2026 |
| Phase III TITANIA NCT05158387 | Adults with symptomatic COPD with a history of exacerbations | 1174 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, parallel-group Treatment: 52-week Arm 1: tozorakimab dose 1 s.c. + SoC Arm 2: tozorakimab dose 2 s.c. + SoC Arm 3: placebo s.c. + SoC | <ul style="list-style-type: none"> Primary endpoint: annualised rate of moderate to severe COPD exacerbations (former smokers) Secondary endpoints: annualised rate of moderate to severe COPD exacerbations (former or current smokers), annualized COPD exacerbations requiring hospitalisation and/or Emergency Room/Emergency Department and change in pre/post-BD FEV1, E-RS:COPD and SGRQ | <ul style="list-style-type: none"> FPCD: Q1 2022 Data anticipated: H1 2026 |
| Phase III MIRANDA NCT06040086 | Adults with symptomatic COPD with a history of exacerbations | 1454 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, parallel group Arm 1: tozorakimab dose s.c. + SoC Arm 2: placebo s.c. + SoC | <ul style="list-style-type: none"> Primary endpoint: annualised rate of moderate to severe COPD exacerbations (former smokers) Secondary endpoints: annualised rate of moderate to severe COPD exacerbations (former or current smokers), annualised rate of severe COPD exacerbations (former and former or current smokers), COPD exacerbations requiring hospitalisation and/or Emergency Room (ER)/ Emergency Department (ED) visits and change in pre/post-BD FEV1, E-RS:COPD and SGRQ | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: H1 2026 |



tozorakimab (IL-33 ligand mAb)

COPD

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|--|
| Phase III PROSPERO NCT05742802 | Subjects who completed either OBERON or TITANIA will be offered the opportunity to consent (adults with symptomatic COPD with a history of exacerbations) | 1713 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, parallel-group, long-term extension trial Treatment: 52-weeks Arm 1: tozorakimab dose 1 s.c. + SoC Arm 2: tozorakimab dose 2 s.c. + SoC Arm 3: placebo s.c. + SoC | <ul style="list-style-type: none"> Primary endpoint: annualised rate of severe COPD exacerbation in primary population of former smokers over the treatment period incorporating both the predecessor studies and PROSPERO Secondary endpoint: annualised rate of severe COPD exacerbation in the overall population of current and former smokers, time to first severe COPD exacerbation in former smokers, annualised rate of COPD exacerbations requiring hospitalisation and/or ER/ED visits in former smokers. | <ul style="list-style-type: none"> FPCD: Q1 2023 Data anticipated: H1 2026 |

Oncology

CVRM

R&I

V&I

Rare Disease



tozorakimab (IL-33 ligand mAb)

Severe viral LRTD, asthma

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|--|--|
| Phase III TILIA NCT05624450 | Adults hospitalised for viral lung infection requiring supplemental oxygen | 2870 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, parallel group Arm 1: tozorakimab dose i.v. + SoC Arm 2: placebo i.v. + SoC | <ul style="list-style-type: none"> Primary endpoint: progression to death or to invasive mechanical ventilation/extracorporeal membrane oxygenation Secondary endpoints: safety and other efficacy measures | <ul style="list-style-type: none"> FPCD: Q4 2022 Data anticipated: H2 2026 |
| Phase II UMBRIEL NCT06932263 | Adult participants with uncontrolled asthma on medium-to-high dose inhaled corticosteroids | 540 | <ul style="list-style-type: none"> Multi-centre, double-blind, placebo-controlled dose range finding Arm 1: tozorakimab dose 1 s.c. Arm 2: tozorakimab dose 2 s.c. Arm 3: placebo s.c. | <ul style="list-style-type: none"> Primary endpoint: annualised rate of severe asthma exacerbations Secondary endpoints: annualised rate of severe asthma exacerbations, time-to-first severe asthma exacerbation; pre and post BD FEV1, change in baseline ACQ- 6 and AQLQ(S), safety and other efficacy measures | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: 2027 Enrolling |

Oncology

CVRM

R&I

V&I

Rare Disease



Next-generation propellant pMDI

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|--|--|
| Phase III NCT05755932 | Mucociliary clearance in healthy volunteers | 30 | <ul style="list-style-type: none"> Randomised, double-blind, multi-site, two-way crossover trial with propellant only Arm 1: NGP pMDI; 6 inhalations BID for 7 days Arm 2: HFA pMDI; 6 inhalations BID for 7 days | <ul style="list-style-type: none"> Primary endpoint: change from baseline in MCC through 60 minutes following inhalation of 99m technetium sulfur colloid and gamma camera imaging Secondary endpoint: change from baseline in MCC at 3 hours following inhalation of 99m technetium sulfur colloid and gamma camera imaging | <ul style="list-style-type: none"> FPCD: Q2 2023 Data readout: Q4 2024 |
| Phase III NCT05850494 | Well-controlled or partially-controlled asthma | 52 | <ul style="list-style-type: none"> Randomised, multi-centre double-blind, single-dose crossover trial Arm 1: NGP propellant only pMDI; 4 inhalations per dose Arm 2: HFA propellant only pMDI; 4 inhalations per dose | <ul style="list-style-type: none"> Primary endpoints: change from baseline FEV1 0 to 15 minutes post-dose, cumulative incidence of bronchospasm events and safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2023 Data readout: Q1 2024 Primary endpoint met |
| Phase III NCT06075095 | COPD | 300 | <ul style="list-style-type: none"> Randomised, placebo-controlled, double-blind, multi-centre, 4-week, 3-way crossover pharmacodynamic trial to assess the equivalence of <i>Breztri</i> delivered by pMDI NGP vs. with <i>Breztri</i> delivered by MDI HFA Arm 1: <i>Breztri</i> pMDI NGP 320/14.4/9.6µg Arm 2: <i>Breztri</i> pMDI HFA 320/14.4/9.6µg Placebo: MDI HFA | <ul style="list-style-type: none"> Primary endpoints: changes in FEV1 AUC (0-4) and change in morning pre-dose trough FEV1 Secondary endpoints: safety and efficacy | <ul style="list-style-type: none"> FPCD: Q1 2024 Data readout: Q3 2025 Primary endpoint met |
| Phase III NCT06502366 | Asthma | 398 | <ul style="list-style-type: none"> Randomised, placebo-controlled, double-blind, multi-centre, 12-week, 3-way, partial-replicate crossover trial BDA MDI NGP 160/180µg BDA MDI HFA 160/180µg Placebo: MDI HFA | <ul style="list-style-type: none"> Primary endpoint: change from baseline in peak FEV1 in 0-60 minutes after dosing at Day 29 Secondary endpoint: change from baseline in morning pre-dose trough FEV1 | <ul style="list-style-type: none"> FPCD: Q3 2024 Data anticipated: H1 2026 |
| Phase III NCT05573464 | Moderate to very severe COPD | 542 | <ul style="list-style-type: none"> Randomised, double-blind, 12-week (with an extension to 52 weeks in a subset of participants), parallel-group, multi-centre trial Arm 1: <i>Breztri</i> MDI NGP 160/7.2/4.8µg (2 inhalations BID) Arm 2: <i>Breztri</i> MDI HFA 160/7.2/4.8µg (2 inhalations BID) | <ul style="list-style-type: none"> Primary endpoints: number of participants with AEs/SAEs and potentially clinically significant changes in Digital 12-lead Holter ECG, laboratory values, blood pressure, pulse rate, respiratory rate and body temperature | <ul style="list-style-type: none"> FPCD: Q3 2022 Data readout: Q4 2024 |

Oncology

CVRM

R&I

V&I

Rare Disease



Next-generation propellant pMDI

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

V&I

Rare Disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--------------------|----------|--|---|---|
| Phase I <u>NCT05569421</u> | Healthy volunteers | 108 | <ul style="list-style-type: none"> Randomised, double-blind, single-dose, single-centre, partial-replicate, 3-way crossover trial Arm 1: <i>Breztri</i> pMDI NGP 160/7.2/4.8µg (single dose of 4 inhalations) Arm 2: <i>Breztri</i> pMDI HFA 160/7.2/4.8µg (single dose of 4 inhalations) | <ul style="list-style-type: none"> Primary endpoints: AUCinf, AUClast and Cmax | <ul style="list-style-type: none"> FPCD: Q4 2022 LPCD: Q2 2023 Data readout: Q1 2024 Primary endpoint met |
| Phase I <u>NCT06139991</u> | Healthy volunteers | 66 | <ul style="list-style-type: none"> Randomised, double-blind, single-dose, crossover trial to assess the equivalence of <i>Airsupra</i> delivered by pMDI NGP vs. with <i>Airsupra</i> delivered by pMDI HFA Arm 1: <i>Airsupra</i> pMDI NGP 80/90µg (single dose of 2 inhalations) Arm B: <i>Airsupra</i> pMDI HFA 80/90µg (single dose of 2 inhalations) | <ul style="list-style-type: none"> Primary endpoints: AUClast and Cmax | <ul style="list-style-type: none"> FPCD: Q4 2023 LPCD: Q2 2024 Data readout: Q4 2024 |
| Phase I <u>NCT06297668</u> | Healthy volunteers | 42 | <ul style="list-style-type: none"> Randomised, partial double-blind, single dose, three-way crossover trial Arm 1: BGF MDI HFA 160/7.2/4.8µg with spacer Arm 2: BGF MDI NGP 160/7.2/4.8µg with spacer Arm 3: BGF MDI NGP 160/7.2/4.8µg without spacer | <ul style="list-style-type: none"> Primary endpoints: AUClast of BGF MDI and Cmax of BGF MDI | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q2 2024 Data readout: Q4 2024 Primary endpoint met |
| Phase I <u>NCT06723756</u> | Healthy volunteers | 105 | <ul style="list-style-type: none"> Randomised, double-blind, single-dose, single-centre, 3-way crossover trial Arm 1: <i>Breztri</i> pMDI NGP 160/14.4/4.8µg (single dose of 2 inhalations) Arm 2: <i>Breztri</i> pMDI HFA 160/14.4/4.8µg (single dose of 2 inhalations) | <ul style="list-style-type: none"> Primary endpoints: AUClast and Cmax | <ul style="list-style-type: none"> FPCD: Q1 2025 Data readout: Q3 2025 Primary endpoint met |
| Phase I <u>NCT05477108</u> | Healthy volunteers | 108 | <ul style="list-style-type: none"> Randomised, double-blind, single-dose, single-centre, partial-replicate, 3-way crossover trial Arm 1: <i>Breztri</i> pMDI NGP 160/7.2/4.8µg (single dose of 4 inhalations) Arm 2: <i>Breztri</i> pMDI HFA 160/7.2/4.8µg (single dose of 4 inhalations) | <ul style="list-style-type: none"> Primary endpoints: AUCinf, AUClast and Cmax | <ul style="list-style-type: none"> FPCD: Q3 2022 LPCD: Q1 2023 Data readout: Q4 2023 Primary endpoint met |



Beyfortus (nirsevimab, RSV mAb-YTE)

Infection

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|---|
| Phase III CHIMES NCT05110261 | Healthy infants (born 29 weeks 0 days or greater gestational age) | 800 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled Arm 1: <i>Beyfortus</i> i.m. Arm 2: placebo i.m. China only | <ul style="list-style-type: none"> Primary endpoint: efficacy Secondary endpoints: safety, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q4 2021 LPCD: Q4 2024 Data anticipated: H1 2026 |

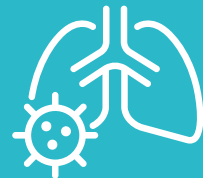
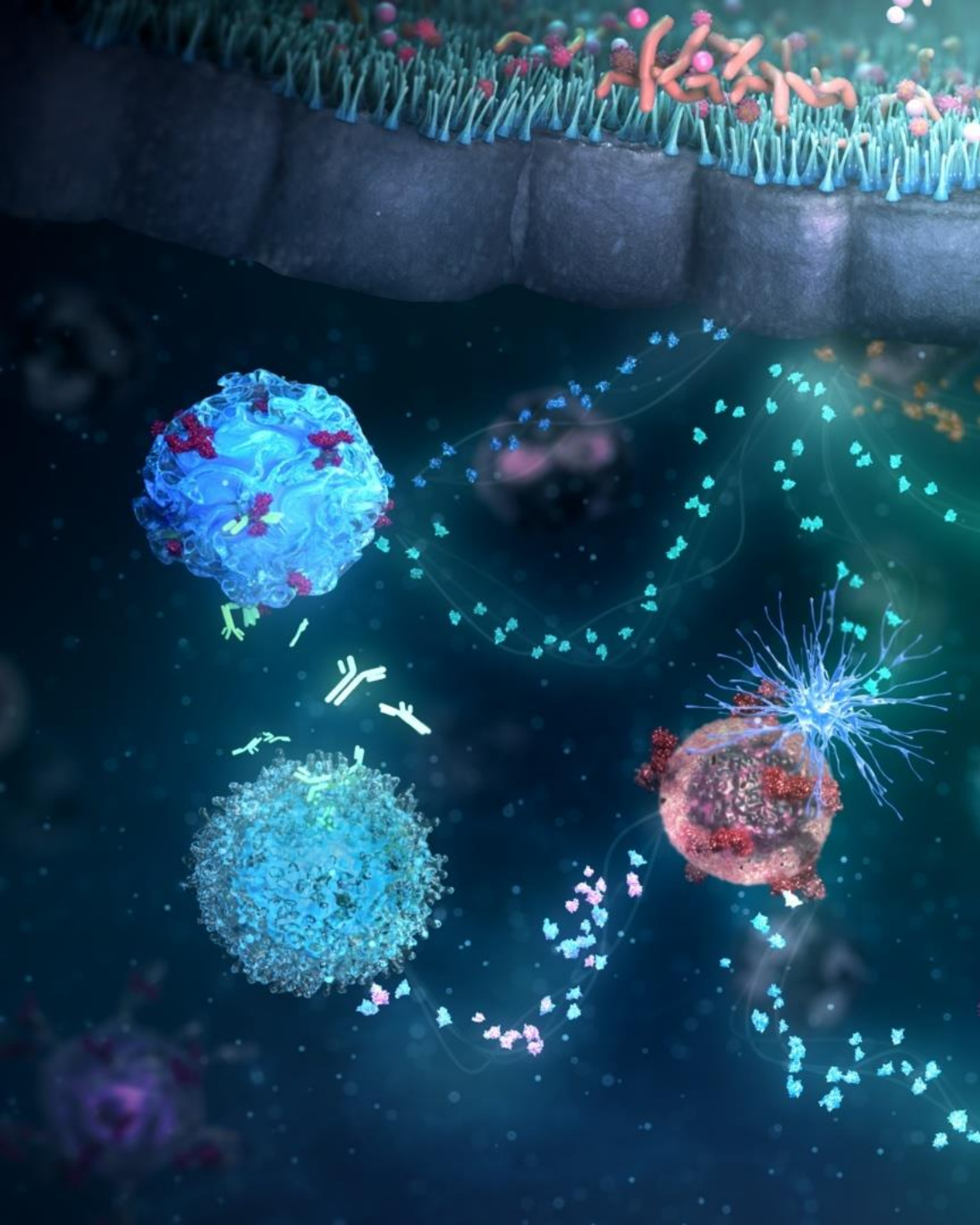


Kavigale (sipavibart, SARS-CoV-2 LAAB)

COVID-19

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|--|---|
| Phase III SUPERNOVA NCT05648110 | Phase I: healthy adults; age 18 to 55 years Phase II: immunocompetent or immunoimpaired adults Phase III: 12 years of age or older with conditions causing immune impairment | 3200 | <ul style="list-style-type: none"> 2 parts (Phase I: sentinel safety cohort and Phase III: main cohort) Phase I (sentinel safety cohort): 56 healthy adults, age 18 to 55 years, randomised in a 5:2 ratio to receive AZD5156 or placebo Phase III (main cohort): randomised 1:1 to receive AZD3152 300mg or comparator (600mg <i>Evusheld</i> or placebo) administered i.m. in the anterolateral thigh on Day 1; participants will receive a second dose of their original randomised trial intervention 6 months after Visit 1 Phase II (sub-study, open-label): participants randomised 2:1 to receive 1200mg i.v. AZD3152 or 300mg i.m. <i>Evusheld</i> | <ul style="list-style-type: none"> Primary endpoints (Phase III main cohort): to evaluate the safety of AZD3152 and <i>Evusheld</i> and/or placebo and to compare the efficacy of AZD3152 to <i>Evusheld</i> and/or placebo in the prevention of symptomatic COVID-19 Primary endpoints (Phase II sub-study): to evaluate the safety of AZD3152 and <i>Evusheld</i>; to compare the nAb responses to the SARS-CoV-2 to a current variant of concern following AZD3152 administration vs. SARS-CoV-2 nAb responses to prior variants following <i>Evusheld</i> administration, to characterise the PK of AZD3152 and <i>Evusheld</i> in serum and to evaluate the ADA responses to AZD3152 and AZD7442 in serum | <ul style="list-style-type: none"> FPCD: Q4 2022 LPCD: Q4 2023 Data readout: Q2 2024 Primary Endpoint met |
| Phase I LITTLE DIPPER NCT05872958 | Healthy adult participants; age 18 to 55 years | 96 | <ul style="list-style-type: none"> Phase I, double-blind, placebo-controlled, multi-centre, dose exploration trial to evaluate the safety and PK of AZD3152 in healthy adult participants across different dose levels and routes of administration participants randomised in a 10:2 ratio to receive either AZD3152 or placebo administered i.m. or i.v. across 5 fixed-dose cohorts | <ul style="list-style-type: none"> Primary endpoint: to evaluate the safety of i.m. or i.v. administration of AZD3152 and to characterise the PK of AZD3152 in serum after a single i.m. or i.v. dose Secondary endpoint: to evaluate ADA responses to AZD3152 | <ul style="list-style-type: none"> FPCD: Q2 2023 LPCD: Q3 2023 Data readout: Q4 2023 Primary endpoint met |





BioPharmaceuticals: early-stage development

elecglipton (AZD5004, oral GLP-1 RA)

Type 2 diabetes, obesity

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|---|--|
| Phase IIb SOLSTICE NCT06579105 | Type 2 diabetes | 406 | <ul style="list-style-type: none"> Arm 1: AZD5004 tablet Arm 2: AZD5004 tablet Arm 3: AZD5004 tablet Arm 4: AZD5004 tablet Arm 5: AZD5004 tablet Arm 6: AZD5004 tablet Arm 7: active comparator semaglutide tablet Arm 8: placebo matching AZD5004 tablet | <ul style="list-style-type: none"> Primary endpoint: change in HbA1c from baseline at 26 weeks Secondary endpoints: change in fasting glucose from baseline, proportion of participants achieving HbA1c $\leq 6.5\%$ and baseline HbA1c $\geq 7\%$ and achieving $< 7.0\%$ and percent change in body weight from baseline | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q2 2025 Data readout: Q1 2026 Primary endpoint met |
| Phase IIb VISTA NCT06579092 | Obesity or overweight who have at least one weight-related comorbidity | 310 | <ul style="list-style-type: none"> Arm 1: AZD5004 tablet Arm 2: AZD5004 tablet Arm 3: AZD5004 tablet Arm 4: AZD5004 tablet Arm 5: AZD5004 tablet Arm 6: placebo matching AZD5004 tablet | <ul style="list-style-type: none"> Primary endpoints: change in body weight from baseline at 26 weeks, proportion of participants with weight loss $\geq 5\%$ from baseline weight at 26 weeks Secondary endpoints: change in body weight from baseline at 36 weeks, proportion of participants with weight loss $\geq 5\%$ and absolute change from baseline in body weight at 26 and 36 weeks | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q1 2025 Data readout: Q1 2026 Primary endpoints met |
| Phase I NCT06555822 | Healthy volunteers | 31 | <ul style="list-style-type: none"> Part A – Arm 1: AZD5004 oral tablet Part A – Arm 2: placebo oral tablet Part B: single dose, open label crossover | <ul style="list-style-type: none"> Primary endpoints (Part A): safety and tolerability Secondary endpoints (Part A): PK and PD parameters Primary endpoint (Part B): PK parameters Secondary endpoints (Part B): safety and tolerability | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q1 2025 Data readout: Q2 2025 |
| Phase I NCT06703658 | Healthy volunteers or participants with type 2 diabetes mellitus | 35 | <ul style="list-style-type: none"> SAD: 3 cohorts to receive AZD5004 or placebo tablet MAD: 1 cohort to receive AZD5004 or placebo tablet Japan only | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK and PD parameters | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q1 2025 Data readout: Q3 2025 |



elecoglipron (AZD5004, oral GLP-1 RA)

Type 2 diabetes, obesity

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|---|---|
| Phase I NCT06742762 | Healthy volunteers or participants with renal impairment | 16 | <ul style="list-style-type: none"> Multi-centre, single-dose, non-randomised, open-label, parallel-group trial, Single oral dose of AZD5004 | <ul style="list-style-type: none"> Primary endpoint: PK parameters Secondary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q1 2025 LPCD: Q2 2025 Data readout: Q3 2025 |
| Phase I NCT06813781 | Healthy volunteers or participants with hepatic impairment | 33 | <ul style="list-style-type: none"> Multi-centre, single-dose, non-randomised, open-label, parallel-group trial, Single oral dose of AZD5004 | <ul style="list-style-type: none"> Primary endpoint: PK parameters Secondary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q1 2025 LPCD: Q3 2025 Data readout: Q1 2026 |
| Phase I NCT06857695 | Healthy volunteers | 8 | <ul style="list-style-type: none"> Part 1: A single dose of AZD5004 film-coated tablet and a single dose of AZD5004 solution for infusion Part 2: A single dose of AZD5004 oral solution | <ul style="list-style-type: none"> Part 1: absolute bioavailability Part 2: amount of AZD5004 excreted | <ul style="list-style-type: none"> FPCD: Q1 2025 LPCD: Q1 2025 Data readout: Q3 2025 |
| Phase I NCT06988553 Partnered (Eccogene) | Participants with overweight/obesity with/without T2D | 45 | <ul style="list-style-type: none"> Randomized, parallel group, double-blind trial AZD5004 or placebo tablet China only | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q3 2025 Data anticipated: H1 2026 |
| Phase I NCT06996886 | Healthy volunteers | 16 | <ul style="list-style-type: none"> Open-label, randomized, 4-period, 4-treatment, single-dose crossover trial Different formulations as single dose of AZD5004 | <ul style="list-style-type: none"> Primary endpoint: PK profile (relative bioavailability) Secondary endpoints: PK profile (food effect) Safety endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q2 2025 Data readout: Q4 2025 |
| Phase I NCT06948747 | Healthy volunteers | 49 | <ul style="list-style-type: none"> Open-label, fixed-sequence, single-centre trial Part A: AZD5004, Rosuvastatin and Erythromycin tablets Part B: AZD5004, Atorvastatin and Simvastatin tablets Part C: AZD5004 and Repaglinide tablets | <ul style="list-style-type: none"> Part A, B and C: Primary endpoints: PK profile Safety endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q3 2025 Data readout: Q4 2025 |
| Phase I NCT06942936 | Healthy volunteers | 51 | <ul style="list-style-type: none"> Open-label, fixed-sequence, two-part study Part A: AZD5004 tablet and Itraconazole capsule Part B: AZD5004 and estradiol/ levonorgestrel tablets | <ul style="list-style-type: none"> Primary endpoint: PK profile Safety endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q4 2025 Data anticipated: H1 2026 |



opemalirsen (AZD2373, APOL1)

Chronic kidney disease

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|--|
| Phase IIb APPRECIATE NCT06824987 Partnered with Ionis Pharmaceuticals Inc | Participants diagnosed with APOL1 mediated kidney disease (AMKD), proteinuria, 18-65 years of age | 96 | <ul style="list-style-type: none"> Randomised, multi-centre, double-blind trial in US and UK followed by OLE Arm 1: opemalirsen dose A Arm 2: opemalirsen dose B Arm 3: placebo | <ul style="list-style-type: none"> Primary endpoint: Dose-response effect of AZD2373 on placebo corrected percentage change in uACR from baseline to Week 30 Secondary endpoints: Safety and tolerability, proportion of patients achieving a 45% or greater reduction in uACR | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: 2027 |
| Phase I NCT07154901 Partnered with Ionis Pharmaceuticals Inc | Healthy participants/renal impairment | 50 | <ul style="list-style-type: none"> Multicentre, single-dose, non-randomised, open-label, parallel-group | <ul style="list-style-type: none"> Primary endpoints: PK measures Secondary endpoints: PK/PD, safety measures | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: H2 2026 |



AZD0233 (oral CX3CR1)

Dilated cardiomyopathy

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--------------------|----------|---|---|--|
| Phase I NCT06381466 | Healthy volunteers | 96 | <ul style="list-style-type: none">Randomised, SAD/MAD dose escalating trial | <ul style="list-style-type: none">Primary endpoints: safety and tolerabilitySecondary endpoints: PK parameters | <ul style="list-style-type: none">FPCD: Q2 2024Trial discontinued due to strategic portfolio prioritisation |

CVRM

R&I

V&I

Rare Disease



AZD1613 (PAPPA-1 mAb)

ADPKD

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

V&I

Rare Disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--------------------|----------|---|---|---|
| Phase I <u>NCT06995820</u> | Healthy volunteers | 136 | <ul style="list-style-type: none">Randomised, single-blind, placebo-controlled single and multiple ascending dose | <ul style="list-style-type: none">Primary endpoint: safety and tolerabilitySecondary endpoints: PK parameters, changes in plasma PD biomarkers | <ul style="list-style-type: none">FPCD: Q2 2025Data anticipated: H2 2026 |
| Phase I <u>NCT07228364</u> | ADPKD Patients | 40 | <ul style="list-style-type: none">Single-blind, placebo-controlled, randomised | <ul style="list-style-type: none">Primary endpoints: Safety, PK, PD biomarkers of PAPPA-1 inhibition | <ul style="list-style-type: none">FPCD: Q1 2026Data anticipated: 2027 |



AZD1705 (Angpt13 inhibitor)

Dyslipidaemia

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---------------|----------|---|---|---|
| Phase I <u>NCT06238466</u> | Dyslipidaemia | 112 | <ul style="list-style-type: none">Part A: single dose of AZD1705 with an in-clinic period of 3 days followed by an outpatient follow-up period of approximately 16 weeksPart B: 2 doses of AZD1705 given 28 days apart with an in-clinic period followed by an outpatient follow-up period of approximately 20 weeks | <ul style="list-style-type: none">Primary endpoints: AEs and SAEsSecondary endpoints: AUCinf, AUClast, Cmax, Ae, fe, CLR, LDL-C, ApoB, triglycerides and target plasma protein | <ul style="list-style-type: none">FPCD: Q1 2024LPCD: Q2 2025Data anticipated: H1 2026 |

CVRM

R&I

V&I

Rare Disease



AZD2389 (anti-fibrotic mechanism)

MASH

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|---|---|
| Phase II BORANA NCT06750276 | Participants with liver fibrosis and compensated cirrhosis | 40 | <ul style="list-style-type: none"> Randomised, single-blind, placebo-controlled trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q3 2025 Data readout: Q4 2025 |
| Phase I NCT06138795 | Healthy volunteers | 128 | <ul style="list-style-type: none"> Randomised, placebo-controlled SAD/MAD trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q4 2023 LPCD: Q2 2025 Data readout: Q4 2025 |
| Phase I NCT06812780 - | Healthy volunteers or participants with hepatic impairment | 36 | <ul style="list-style-type: none"> Multi-centre, single-dose, non-randomised, open-label, parallel-group trial | <ul style="list-style-type: none"> Primary endpoint: PK parameters Secondary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q1 2025 LPCD: Q3 2025 Data anticipated: H1 2026 |
| Phase I NCT06846528 | Healthy volunteers | 16 | <ul style="list-style-type: none"> Open-label, fixed-sequence trial AZD2389 AZD2389 + itraconazole | <ul style="list-style-type: none"> Primary endpoints: PK parameters, safety and tolerability | <ul style="list-style-type: none"> FPCD: Q1 2025 LPCD: Q2 2025 Data readout: Q3 2025 |
| Phase I NCT06974565 | Healthy Volunteers | 24 | <ul style="list-style-type: none"> Open-label, randomised, single dose, 2-way crossover | <ul style="list-style-type: none"> Pharmacokinetics, safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q3 2025 Data readout: Q4 2025 |
| Phase I NCT06973005 | Healthy Volunteers | 8 | <ul style="list-style-type: none"> Open label, fixed sequence, 3 period | <ul style="list-style-type: none"> Pharmacokinetics, safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q3 2025 Data readout: Q4 2025 |



AZD3427 (relaxin)

Heart failure

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

V&I

Rare Disease

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|---|---|
| Phase II Re-PHiRE NCT05737940 | HF and pulmonary hypertension due to left heart disease | 260 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, multi-centre trial Arm 1: AZD3427 (high dose) Arm 2: AZD3427 (medium dose) Arm 3: AZD3427 (low dose) Arm 4: placebo | <ul style="list-style-type: none"> Primary endpoint: change in PVR from baseline to Week 25 vs. placebo as measured by right heart catheterisation | <ul style="list-style-type: none"> FPCD: Q2 2023 LPCD: Q1 2025 Data readout: Q4 2025 Trial discontinued due to efficacy |
| Phase Ib RE-PERFUSE NCT06611423 | HFrEF patients with mild renal impairment | 10 | <ul style="list-style-type: none"> Eligible participants randomised equally Arm 1: i.v. saline placebo followed by s.c. AZD3427 Arm 2: i.v. saline placebo followed by s.c. AZD3427 placebo Arm 3: i.v. dopamine diluted in saline followed by s.c. AZD3427 Arm 4: i.v. dopamine diluted in saline followed by s.c. AZD3427 placebo | <ul style="list-style-type: none"> Primary endpoint: volumetric fraction of the renal cortex with increased perfusion from baseline to Day 8 compared to placebo as measured using PET | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q3 2025 Data readout: Q4 2025 |



AZD3974 (anti-inflammatory and anti-fibrotic mechanism) cirrhosis

Approved medicines
Late-stage development
Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--------------------|----------|--|--|---|
| Phase I NCT07290283 | Healthy Volunteers | 176 | <ul style="list-style-type: none">Single-blind, placebo-controlled, randomised | <ul style="list-style-type: none">Primary endpoints: Safety/tolerability, PK | <ul style="list-style-type: none">FPCD: Q1 2026Data anticipated: H2 2026 |

Oncology

CVRM

R&I

V&I

Rare Disease



AZD4063 (PLN siRNA)

Dilated cardiomyopathy

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

V&I

Rare Disease

| Trial | Population | Patients | Design | Endpoints | Status |
|--|----------------------------------|----------|---|---|--|
| Phase I PULSE <u>NCT07241104</u> Partnered with Ionis Pharmaceuticals Inc (Ionis Pharmaceuticals Inc) | R14del dilated cardiomyopathy | 31 | <ul style="list-style-type: none">Unblinded, SAD/MAD with 3 cohorts | <ul style="list-style-type: none">Primary endpoints: Safety and tolerability measures | <ul style="list-style-type: none">FPCD: Q4 2025Data anticipated: 2027 |



AZD4144 (NLRP3)

Cardiorenal disease

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

V&I

Rare Disease

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|--|---|
| Phase I NCT06122714 | Healthy participants | 95 | <ul style="list-style-type: none"> Randomised, single-blind, placebo-controlled, SAD/MAD sequential group trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK parameters | <ul style="list-style-type: none"> FPCD: Q4 2023 LPCD: Q4 2024 Data readout: Q1 2025 |
| Phase I NCT06491550 | Healthy participants | 92 | <ul style="list-style-type: none"> Randomised, single-blind, placebo-controlled, SAD/MAD sequential group trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK parameters | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q2 2025 Data readout: Q3 2025 |
| Phase I NCT06693765 | Participants with renal impairment, end-stage kidney disease and healthy volunteers | 41 | <ul style="list-style-type: none"> Single-dose, non-randomised, open-label, parallel-group trial | <ul style="list-style-type: none"> Primary endpoints: safety, tolerability and PK parameters | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q2 2025 Data readout: Q4 2025 |
| Phase I NCT06675175 | Participants with established ASCVD | 28 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, parallel group trial | <ul style="list-style-type: none"> Primary endpoints: safety, tolerability and PD parameters Secondary endpoints: PK and PD parameters | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: H1 2026 |
| Phase I NCT06948006 | Healthy participants | 32 | <ul style="list-style-type: none"> Open-label, randomized, single-dose, crossover trial | <ul style="list-style-type: none"> Primary endpoints: PK and safety | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q2 2025 Data readout: Q3 2025 |
| Phase I NCT06925854 | Healthy participants | 12 | <ul style="list-style-type: none"> Open-label, 2-period, 2-sequence cross over trial Treatment A: single dose of rosuvastatin Treatment B: single dose of rosuvastatin in combination with AZD4144 Participants will be randomized 1:1 ratio to receive treatment sequence AB or BA. | <ul style="list-style-type: none"> Primary endpoints: PK and safety | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q2 2025 Data readout: Q3 2025 |
| Phase I NCT06942923 | Healthy participants with obesity | 28 | <ul style="list-style-type: none"> Placebo-controlled, parallel group study | <ul style="list-style-type: none"> Primary endpoints: safety, tolerability and PD parameters Secondary endpoints: PK and PD parameters | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: H1 2026 |



AZD4248 (NNMT)

CKD

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--------------------|----------|---|--|---|
| Phase I <u>NCT07024823</u> | Healthy volunteers | 164 | <ul style="list-style-type: none">• Randomised, single-blind, placebo-controlled• Part A: SAD in healthy volunteers• Part B: MAD in healthy volunteers• Part C: multiple dosing DKD• Part D: observational cohort | <ul style="list-style-type: none">• Primary endpoints: Safety and tolerability measures• Secondary endpoints: PK parameters | <ul style="list-style-type: none">• FPCD: Q3 2025• Data anticipated: H1 2026 |

CVRM

R&I

V&I

Rare Disease



AZD4954 (Lp(a) inhibitor)

Dyslipidaemia

Approved medicines

Late-stage development

Early development

Oncology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--------------------|----------|--|--|---|
| Phase I NCT06980428 | Healthy volunteers | 120 | <ul style="list-style-type: none">Randomised, placebo-controlled SAD/MAD trial | <ul style="list-style-type: none">Primary endpoints: safety and tolerability | <ul style="list-style-type: none">FPCD: Q2 2025Data anticipated: H2 2026 |

CVRM

R&I

V&I

Rare Disease



AZD5462 (oral relaxin)

Heart failure

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|--|---|
| Phase IIb LUMINARA NCT06299826 | Stable patients with chronic heart failure | 375 | <ul style="list-style-type: none"> Two cohort, randomised, double-blind, placebo-controlled, multi-centre trial Arm 1: AZD5462 (high dose) Arm 2: AZD5462 (medium dose) Arm 3: AZD5462 (low dose) Arm 4: placebo | <ul style="list-style-type: none"> Primary endpoint: change in heart function from baseline to Week 25 compared to placebo | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q3 2025 Data anticipated: H2 2026 |
| Phase Ib AURORA NCT06639087 | Stable patients with heart failure and moderately impaired renal function | 8 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, multi-centre mechanistic trial Arm 1: AZD5462 + dapagliflozin Arm 2: placebo + dapagliflozin | <ul style="list-style-type: none"> Primary endpoint: change in fractional excretion of sodium from baseline to Day 1 | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q2 2025 Data anticipated: H1 2026 |
| Phase I GLITTER NCT06661733 | Participants with Severe Renal Impairment and participants Normal Renal Function | 16 | <ul style="list-style-type: none"> Single centre, non-randomised, open-label, parallel group trial Cohort 1: AZD5462 Cohort 2: AZD5462 | <ul style="list-style-type: none"> Primary endpoints: PK parameters, safety and tolerability | <ul style="list-style-type: none"> FPCD: Q4 2024 LPCD: Q4 2024 Data readout: Q3 2025 |
| Phase I PHOTON NCT06989983 | Healthy volunteers | 8 | <ul style="list-style-type: none"> Open-label, two-part sequential human ADME trial | <ul style="list-style-type: none"> Primary endpoints: mass balance recovery, absorption, metabolism, excretion of [¹⁴C]AZD5462 and absolute bioavailability of AZD5462 Secondary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q2 2025 Data anticipated: H1 2026 |



AZD6234 (selective amylin receptor agonist)

Obesity with related co-morbidities

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|--|--|---|
| Phase II APRICUS NCT06595238 | Participants living with obesity or overweight with co-morbidity | 231 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled trial | <ul style="list-style-type: none"> Primary endpoints: percent change in body weight from baseline to Week 26 and weight loss $\geq 5\%$ from baseline weight to Week 26 | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: H1 2026 |
| Phase II ARAY NCT06851858 | adults with overweight or obesity and type 2 diabetes on stable GLP-1 RA therapy | 64 | <ul style="list-style-type: none"> Randomised, parallel-group, double-blind, placebo-controlled trial | <ul style="list-style-type: none"> Primary endpoints: Percent change in body weight from baseline at Study Week 2; Weight loss $\geq 5\%$ from baseline at Study Week 26 Secondary endpoints: Weight loss, HbA1c, PK measures | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: H2 2026 |
| Phase I/II AGLOW NCT07017179 | Chinese participants with obesity/overweight | 48 | <ul style="list-style-type: none"> Sub study 1 - 3 periods totalling up to approximately 23 weeks Sub study 2 - 3 periods totalling up to approximately 36 weeks | <ul style="list-style-type: none"> Sub study 1 - To assess the safety and tolerability, PK, efficacy and immunogenicity of repeated subcutaneous (s.c.) doses of AZD6234 compared to placebo. Sub study 2 - To assess the safety and tolerability PK, efficacy and immunogenicity of repeated subcutaneous (s.c.) doses of AZD9550 and of AZD6234 in combination with AZD9550 compared to placebo. | <ul style="list-style-type: none"> FPCD: Q2 2022 Data anticipated: 2027 |
| Phase I NCT05511025 | Healthy participants who are overweight or obese | 64 | <ul style="list-style-type: none"> SAD trial | <ul style="list-style-type: none"> Primary endpoint: safety | <ul style="list-style-type: none"> FPCD: Q4 2022 LPCD: Q4 2023 Data readout: Q1 2024 |
| Phase I NCT06132841 | Overweight or obese participants | 142 | <ul style="list-style-type: none"> Randomised, single-blind, placebo-controlled trial with repeated doses of AZD6234 or placebo via s.c. injection | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability of repeat doses | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: H1 2026 |



AZD6234 (selective amylin receptor agonist)

Obesity with related co-morbidities

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|--|---|
| Phase I NCT06845813 | Participants include those with end-stage renal disease (ESRD) on intermittent haemodialysis (HD), severe renal impairment not on dialysis, and optional groups for moderate and mild renal impairment. | 48 | <ul style="list-style-type: none"> Phase I multicentre, single-dose, non-randomised, open-label, parallel-group study aims to examine the pharmacokinetics, safety, and tolerability of AZD6234 in both male and female participants. | <ul style="list-style-type: none"> compare the plasma PK of a single SC dose of AZD6234 in participants with ESRD on HD, severe renal impairment (not on dialysis), moderate (optional), and mild (optional) renal impairment to those with normal renal function | <ul style="list-style-type: none"> FPCD: Q1 2025 LPCD: Q3 2025 Data anticipated: H1 2026 |
| Phase I NCT07013643 | Healthy females of childbearing and non-childbearing potential | 50 | <ul style="list-style-type: none"> Open-label, single-sequence, multiple-cohort study | <ul style="list-style-type: none"> To assess the effect of multiple doses of AZD6234 (cohort 1) and AZD6234 and AZD9550 in combination (cohort 2) on the PK of single doses of combined oral contraceptive EE/LEVO | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: H2 2026 |



AZD9550 (GLP-1-glucagon receptor agonist)

MASH, Obesity

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|---|---|
| Phase I/II CONTEMPO NCT06151964 | Overweight and obese participants with T2DM or without T2DM | 118 | <ul style="list-style-type: none"> Randomised, single-blind, placebo-controlled, MAD trial with 4 parts (A to D) Part A: multiple repeat doses of AZD9550 or placebo given as 4 QW s.c. doses for 4 weeks to 2 sequential cohorts evaluating 2 low dose levels of AZD9550 or placebo Part B: QW up-titration over 5 doses of AZD9550 or placebo Part C: bi-weekly/monthly up-titration of AZD9550 or placebo for 24 weeks Part D: bi-weekly/monthly up-titration of AZD9550 or placebo for 24 weeks (Japan only) Part E: bi-weekly/monthly up-titration of AZD9550 and AZD6234 or placebo for 24 weeks | <ul style="list-style-type: none"> Primary endpoints: safety, tolerability and PK parameters | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: 2027 |
| Phase I NCT05848440 | Healthy volunteers | 64 | <ul style="list-style-type: none"> SAD trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability | <ul style="list-style-type: none"> FPCD: Q2 2023 LPCD: Q4 2023 Data readout: Q2 2024 |



AZD9550+AZD6234 (GLP-1-glucagon receptor agonist + selective amylin receptor agonist)

Obesity

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|---|--|
| Phase IIb ASCEND NCT06862791 | Adults who are living with obesity or overweight with at least one of the following weight-related co-morbidities: hypertension, dyslipidemia or obstructive sleep apnoea | 360 | <ul style="list-style-type: none"> Randomised, parallel-group, double-blind, placebo-controlled, multi-centre, reduced factorial design IMP injected subcutaneous, once weekly Arm 1: AZD9550 low dose + AZD6234 low dose or placebos Arm 2: AZD9550 medium dose + AZD6234 medium dose or placebos Arm 3: AZD9550 high dose + AZD6234 high dose or placebos Arm 4: AZD9550 low dose + AZD6234 medium dose or placebos Arm 5: AZD9550 medium dose + AZD6234 low dose or placebos Arm 6: AZD9550 high dose + AZD6234 medium dose or placebos Arm 7: AZD9550 medium dose + AZD6234 high dose or placebos Arm 8: AZD9550 high dose or placebo Arm 9: AZD6234 high dose or placebo | <ul style="list-style-type: none"> Primary endpoints: percent change in body weight from baseline after 36 weeks of treatment, weight loss $\geq 5\%$ from baseline after 36 weeks of treatment Secondary endpoints: absolute body weight change, weight loss $\geq 5\%/10\%/15\%$ from baseline, ADA incidence/prevalence/titres | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: H2 2026 |



atuliflapon (FLAP inhibitor)

Asthma

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|---|---|
| Phase IIa FLASH NCT05251259 | Patients with moderate-to-severe uncontrolled asthma | 666 | <ul style="list-style-type: none">Randomised, placebo-controlled, double-blind, multi-centre trial with a lead-in PK cohortExperimental lead-in PK cohort, : Arm 1: atuliflapon; Arm 2: placeboExperimental Part 1: Arm 1: atuliflapon; Arm 2: placebo | <ul style="list-style-type: none">Primary endpoint: time to first CompEx asthma event | <ul style="list-style-type: none">FPCD: Q2 2022Data anticipated: H1 2026 |

Oncology

CVRM

R&I

V&I

Rare Disease



surovatamig (AZD0486, CD19/CD3 T-cell engager)

RA, SLE

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|--|---|--|
| Phase I <u>NCT07201558</u> | Adult Participants With Rheumatoid Arthritis or Systemic Lupus Erythematosus | 48 | <ul style="list-style-type: none">• Open-label Multicenter study• Part 1: SAD• Part 2: SUD | <ul style="list-style-type: none">• Primary endpoints: safety and tolerability measures | <ul style="list-style-type: none">• FPCD: Q1 2026• Data anticipated: >2027 |

Oncology

CVRM

R&I

V&I

Rare Disease



AZD0120 (GC012F, autologous anti-CD19 and anti-BCMA CAR-T)

autoimmune

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|--|--|
| Phase Ib AURORA NCT07295847 | Adult participants with systemic sclerosis (SSc), idiopathic inflammatory myopathies (IIM), or difficult-to-treat rheumatoid arthritis (D2T RA) | 27 | <ul style="list-style-type: none"> Open-label, multi-center, parallel-assignment, multi-cohort study | <ul style="list-style-type: none"> Primary: Incidence and severity of DLTs (over 28 days) and TEAS (over the study duration) Secondary: Cellular kinetics, DAS28-CRP (RA), mRSS (SSc), TIS (IIM), ADA, RCL | <ul style="list-style-type: none"> Data anticipated: >2027 |

Oncology

CVRM

R&I

V&I

Rare Disease



AZD0120 (GC012F, autologous anti-CD19 and anti-BCMA CAR-T)

Approved medicines

Late-stage development

Early development

Oncology

Neurology

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|--|
| Phase Ib ZENITH NCT07224373 | Adults with refractory active relapsing or progressive multiple sclerosis | 24 | <ul style="list-style-type: none">Open-label, multi-center, parallel-assignment, randomized study | <ul style="list-style-type: none">Primary: Incidence and severity of DLTs, AEs, SAEs, and TEAEsSecondary: B-cell counts, Cellular Kinetics, ARR, CDP-12, CDP-24, CDI, 9HPT, T25FW, EDSS, SDMT, NEDA-3, PIRA, MRI parameters, SF-36v2, Neuro-QoL, RCL, ADA | <ul style="list-style-type: none">Data anticipated: >2027 |

CVRM

R&I

V&I

Rare Disease



AZD0120 (GC012F, autologous anti-CD19 and anti-BCMA CAR-T)

Approved medicines

Late-stage development

Early development

Oncology

CVRM

R&I

V&I

Rare Disease

SLE

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|--|---|
| Phase Ib/II PHOENIX NCT06897930 | Refractory systemic lupus erythematosus (SLE) | 24 | <ul style="list-style-type: none"> Single-arm, open-label, multi-center trial | <ul style="list-style-type: none"> Primary endpoints (Phase I): safety and tolerability, determination of recommended dose for expansion phase Secondary endpoints (Phase I): SRI-4, DORIS, LLDAS, BICLA, time from infusion to disease flare, PK parameters, LN-specific responses, disease related biomarker assessments, AZD0120 immunogenicity, RCL presence | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: >2027 |
| Phase I/II NCT06530849 | Refractory systemic lupus erythematosus | 21 | <ul style="list-style-type: none"> Single-arm, open label, multi-centre trial | <ul style="list-style-type: none"> Primary endpoint (Phase I): safety at 28 days Primary endpoint (Phase II): efficacy (SRI-4 response) at Week 48 | <ul style="list-style-type: none"> FPCD: Q3 2024 Data anticipated: 2027 |



AZD1163 (anti-PAD2/4 bispecific antibody)

Rheumatoid arthritis

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|--|---|
| Phase IIb LaunchPAD-RA NCT07276581 | Moderate -to-severely active RA (≥ 18 years with ≥ 6 swollen joints, ≥ 6 tender joints, and CRP > ULN); Stratified - Population 1 : AZD1163 add-on to TNF SoC (approx. 50%), Population 2 : AZD1163 mono (approx. 50%). | 320 | <ul style="list-style-type: none"> A 24-week multicentre, double-blind, 4-arm, randomised Ph2b study of AZD1163; 320 participants in total. | <ul style="list-style-type: none"> Primary: Change from baseline in DAS28-CRP at Week 12; Key Secondary: Percentage of participants achieving ACR20, ACR50, CDAI and SDAI at Week 12. | <ul style="list-style-type: none"> Data anticipated: 2027 |
| Phase I NCT06103877 | Healthy volunteers | 107 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled SAD/MAD trial Part 1 (SAD): 9 cohorts with 8 i.v. administered dose levels and 1 s.c. administered dose level of AZD1163 Part 2 (MAD): 2 cohorts with 2 s.c. dose levels of AZD1163 Part 3 (Ethnic cohorts): 1 cohort with 1 s.c. administered dose level of AZD1163 and 2 cohorts with 1 s.c. dose levels of AZD1163 | <ul style="list-style-type: none"> Primary endpoint: incidence of AEs Secondary endpoint: PK parameters | <ul style="list-style-type: none"> FPCD: Q4 2023 LPCD: Q2 2025 Data anticipated: H1 2026 |



AZD4604 (inhaled JAK-1 inhibitor)

Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|--|---|
| Phase IIa AJAX NCT06020014 | Moderate-to-severe asthma uncontrolled on medium-to high-dose ICS-LABA | 320 | <ul style="list-style-type: none"> Multi-centre, randomised, placebo-controlled, double-blind, parallel-group trial Arm 1: AZD4604 Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: time to first CompEx asthma event Secondary endpoints: Pre-BD FEV1, CAAT, ACQ-6, average morning and average evening PEF, daily asthma symptom score, time to first CompEx acute worsening event, CompEx event rate and CompEx acute worsening event rate | <ul style="list-style-type: none"> FPCD: Q4 2023 Data anticipated: H1 2026 |
| Phase IIa ARTEMISIA NCT06435273 | Adult patients with moderate-to-severe asthma receiving treatment with medium-to-high dose ICS-LABA | 48 | <ul style="list-style-type: none"> Multi-centre, randomised, placebo-controlled, double-blind, parallel-group trial Arm 1: AZD4604 Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: gene expression in airway epithelial cells Secondary endpoints: STAT phosphorylation and cellular pathology | <ul style="list-style-type: none"> FPCD: Q3 2024 Data anticipated: H1 2026 |
| Phase Ib ATALANTA NCT06732882 | Adults With Mild Asthma | 28 | <ul style="list-style-type: none"> Single blind, multi-center, randomised, placebo-controlled, parallel-group trial via the Turbuhaler and Genuair devices Arm 1: Genuair 1400 ug BID AZD4604 Arm 2: Turbuhaler 1400 ug BID AZD4604 Arm 3: Turbuhaler 150 ug BID AZD4604 Arm 4: Genuair placebo Arm 5: Turbuhaler Placebo | <ul style="list-style-type: none"> Primary endpoints: PK parameters Secondary endpoints: PD parameters, FeNO | <ul style="list-style-type: none"> FPCD: Q1 2025 LPCD: Q2 2025 Data readout: Q4 2025 |
| Phase I NCT04769869 | Healthy volunteers and patients with mild asthma | 137 | <ul style="list-style-type: none"> SAD/MAD/POM trial Part 1 SAD Part 2 MAD Part 3 POM UK only | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK parameters and FENO | <ul style="list-style-type: none"> FPCD: Q4 2021 LPCD: Q1 2023 Data readout: Q1 2023 |
| Phase I NCT06519968 | Healthy volunteers | 56 | <ul style="list-style-type: none"> Part 1a: SAD cohorts in healthy Japanese participants Part 1b: multiple dose cohort in healthy Japanese participants Part 2a: SAD cohort in healthy Chinese participants Part 2b: multiple dose cohort in healthy Chinese participants | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK parameters | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q4 2024 Data readout: Q1 2025 |



AZD5492 (CD20 TITAN TCE)

SLE

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|---|--|
| Phase I TITAN NCT06916806 | Systemic lupus erythematosus (SLE) or Idiopathic inflammatory myopathies (IIM) or Rheumatoid Arthritis (RA) | 70 | <ul style="list-style-type: none">• Open-label, multi-centre• Part 1: Single ascending dose with AZD5492• Part 2: Step-up dosing with AZD5492 | <ul style="list-style-type: none">• Primary endpoints: safety and tolerability• Secondary endpoints: PK parameters | <ul style="list-style-type: none">• Data anticipated: 2027 |

Oncology

CVRM

R&I

V&I

Rare Disease



AZD6793 (IRAK4)

COPD

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------------------------|----------|---|---|---|
| Phase II PRESTO NCT07082738 | moderate to very severe COPD | 1160 | <ul style="list-style-type: none"> Randomised, double-blind, placebo controlled 4 arm study Dose 1 AZD6793 Dose 2 AZD6793 Dose 3 AZD6793 Placebo | <ul style="list-style-type: none"> Primary endpoint: annualised rate of moderate or severe COPD exacerbations Secondary endpoints: time to first exacerbations, annualised rate of severe exacerbations, CompEx, pre-BD FEV1, post-BD FEV1, BCSS, CAT, SGRQ | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: >2027 |
| Phase I NCT05662033 | Healthy volunteers | 133 | <ul style="list-style-type: none"> Single-blind, randomised, placebo-controlled trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoint: PK parameters | <ul style="list-style-type: none"> FPCD: Q4 2022 LPCD: Q4 2024 Data readout: Q3 2025 |
| Phase I NCT06368440 | Healthy volunteers | 40 | <ul style="list-style-type: none"> Single-blind, randomised, placebo-controlled trial Japanese and Chinese healthy participants | <ul style="list-style-type: none"> Primary endpoint: safety Secondary endpoints: PK parameters | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q4 2024 Data readout: Q2 2025 |
| Phase I NCT06494644 | Healthy participants | 17 | <ul style="list-style-type: none"> A single-group trial with a duration of up to 8 weeks (maximum of 53 days) including Screening, Period 1, Period 2, Period 3 and Follow-up to assess the pharmacokinetics of AZD6793 when administered alone and in combination with itraconazole in healthy participants | <ul style="list-style-type: none"> Primary endpoint: PK parameters (C_{max}, AUC, CL/F, t_{1/2}, t_{max}, V_z/F, RAUC) Secondary endpoint: safety | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q4 2024 Data readout: Q2 2025 |

Oncology

CVRM

R&I

V&I

Rare Disease



AZD6912 (siRNA)

Rheumatoid arthritis

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--------------------|----------|---|--|---|
| Phase I <u>NCT06115967</u> | Healthy volunteers | 40 | <ul style="list-style-type: none">• Randomised, double-blind, placebo-controlled SAD trial• 5 cohorts with s.c. administered ascending dose level of AZD6912 | <ul style="list-style-type: none">• Primary endpoint: incidence of AEs• Secondary endpoint: PK parameters | <ul style="list-style-type: none">• FPCD: Q4 2023• LPCD: Q4 2024• Data anticipated: H1 2026 |

Oncology

CVRM

R&I

V&I

Rare Disease



AZD7798 (humanised mAb)

Crohn's disease

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|--|--|---|
| Phase IIa AMALTHEA NCT06450197 | Moderate to severe Crohn's disease | 107 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled trial Arm 1: AZD7798 Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: Crohn's Disease Activity Index (CDAI) remission Secondary endpoints: endoscopic response, endoscopic remission, endoscopic score change from baseline, CDAI response, CDAI score change from baseline, symptomatic remission, PK parameters and ADA | <ul style="list-style-type: none"> FPCD: Q4 2024 Data anticipated: H2 2026 |
| Phase II CALLISTO NCT06681324 | Patients with active ileal Crohn's disease and an ileostomy | 30 | <ul style="list-style-type: none"> A Participant- and Investigator-blind, Randomized, Placebo-controlled Phase II Study Arm 1: AZD7798 Arm 2: Placebo | <ul style="list-style-type: none"> Primary endpoint: safety Secondary endpoints: Simple Endoscopic Score for Crohn's Disease (SES-CD), endoscopic response and remission, PK parameters, ADA | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: H1 2026 |
| Phase I NCT05452304 | Global, Japanese and Chinese healthy volunteers | 112 | <ul style="list-style-type: none"> SAD, repeating dose trial Arm 1: AZD7798 Arm 2: placebo s.c. and i.v. administration UK only | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK parameters and immunogenicity | <ul style="list-style-type: none"> FPCD: Q3 2022 LPCD: Q3 2024 Data readout: Q4 2023 |



AZD8630 (inhaled TSLP)

Asthma

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|---|--|
| Phase II LEVANTE NCT06529419 Partnered (AMGEN) | Adults with uncontrolled asthma at risk of exacerbations | 516 | <ul style="list-style-type: none"> Randomised, placebo-controlled, double-blind, dose range-finding, multi-centre trial Arm 1: AZD8630 Dose A Arm 2: AZD8630 Dose B Arm 3: AZD8630 Dose C Arm 4: placebo | <ul style="list-style-type: none"> Primary endpoint: time to first CompEx asthma event Secondary endpoints: change from baseline in pre-bronchodilator forced expiratory volume in 1 second and safety and tolerability | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q4 2025 Data anticipated: H1 2026 |
| Phase I APKITA NCT07065331 Partnered (AMGEN) | Adolescent participants with asthma aged 11 to 17 | 22 | <ul style="list-style-type: none"> Phase 1, open label, single dose study in adolescent participants with asthma where the participants will receive AZD8630 administered via dry powder inhaler | <ul style="list-style-type: none"> Area under the serum concentration-time curve from time zero to 24 hours (AUC0-24) Maximum observed drug concentration (C_{max}) Time to reach peak or maximum observed concentration (T_{max}) | <ul style="list-style-type: none"> FPCD: Q2 2025 LPCD: Q3 2025 Data anticipated: H1 2026 |
| Phase I NCT05110976 Partnered (AMGEN) | Healthy volunteers and patients with asthma | 232 | <ul style="list-style-type: none"> SAD and MAD trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK parameters and FENO | <ul style="list-style-type: none"> FPCD: Q1 2022 LPCD: Q3 2023 Data readout: Q4 2023 Primary and Secondary endpoints met |
| Phase I NCT06531811 Partnered (AMGEN) | Healthy volunteers | 32 | <ul style="list-style-type: none"> Randomised, open-label, 2-treatment, 2-period trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoint: PK parameters | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q3 2024 Data readout: Q2 2025 |
| Phase I NCT06795906 Partnered (AMGEN) | Adults with asthma on medium-to-high dose inhaled corticosteroids and long-acting beta-agonists | 24 | <ul style="list-style-type: none"> Randomised, placebo-controlled, double-blind, parallel design | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability, pharmacokinetic parameter Secondary endpoint : change from baseline in FeNO at weeks 1 and 2 | <ul style="list-style-type: none"> FPCD: Q1 2025 LPCD: Q2 2025 Data readout: Q4 2025 |



AZD8965 (arginase enzyme inhibitor)

IPF

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--------------------|----------|--|--|---|
| Phase I <u>NCT06502379</u> | Healthy volunteers | 163 | <ul style="list-style-type: none">• Randomised, single-blind, SAD/MAD, placebo-controlled, AZD8965/placebo administered orally• PART 1: SAD cohorts• PART 2: MAD cohorts• PART 3a: Japanese and Chinese participants SAD cohorts• PART 3b: Japanese and Chinese participants SMAD cohorts• PART 4: food effect cohort | <ul style="list-style-type: none">• Primary endpoints (Part 1, 2, 3): safety and tolerability measures• Primary endpoint (Part 4): PK parameters• Secondary endpoint (Part 1, 2, 3): PK parameters• Secondary endpoints (Part 4): safety and tolerability measures under fasted and fed condition | <ul style="list-style-type: none">• FPCD: Q3 2024• LPCD: Q4 2025• Data anticipated: H1 2026 |

Oncology

CVRM

R&I

V&I

Rare Disease



mRNA VLP vaccine

COVID-19

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|---|---|
| Phase I ARTEMIS-C NCT06147063 | Healthy volunteers ≥18+ with history of a SARS-CoV-2 infection and/or prior completion of primary series/booster vaccination at least 6 months prior to trial start | 240 | <ul style="list-style-type: none"> Arm 1: dose 1 via i.m. injection AZD9838 in 18-64-year-olds Arm 2: dose 2 via i.m. injection AZD9838 in 18-64-year-olds Arm 3: i.m. dose of licensed mRNA vaccine in 18-64-year-olds Arm 4: dose 1 via i.m. injection AZD6563 in 18-64-year-olds Arm 5: dose 2 via i.m. injection AZD6563 in 18-64-year-olds Arm 6: dose 1 via i.m. injection in 65+ year olds Arm 7: dose 2 via i.m. injection in 65+ year olds Arm 8: i.m dose of licensed mRNA vaccine in 65+ year olds | <ul style="list-style-type: none"> Primary endpoints: safety as measured by AEs, ARs, SAEs, MAAEs, AESIs, GMTs of strain neutralising antibodies and GMFRs of strain neutralising antibodies Secondary endpoints: nAb responses to the SARS-CoV2 ancestral strain, Omicron BA.4/5, and Omicron XBB.1.5 in serum | <ul style="list-style-type: none"> FPCD: Q4 2023 Trial discontinued due to strategic portfolio prioritisation |

Oncology

CVRM

R&I

V&I

Rare Disease



AZD0292 (Psl-PcrV N3Y-bispecific mAb)

Bronchiectasis

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|--|---|
| Phase IIb CLEAR NCT07088926 | Bronchiectasis patients ≥ 12 years of age, chronically colonized with PsA | 435 | <ul style="list-style-type: none"> Randomized, double-blind, placebo-controlled, parallel, multidose 2 dosage regimens (high dose, low dose) of AZD0292 IV vs placebo IV | <ul style="list-style-type: none"> Primary: efficacy Secondary: safety, PK | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |
| Phase I NCT06311760 | Healthy volunteers | 32 | <ul style="list-style-type: none"> Randomised, single-blind, placebo-controlled trial Arm 1: AZD0292 Dose 1 administered via i.v. infusion Arm 2: AZD0292 Dose 2 administered via i.v. infusion Arm 3: AZD0292 Dose 3 administered via i.v. infusion Arm 4: AZD0292 Dose 4 administered via i.v. infusion Arm 5: placebo administered via i.v. infusion | <ul style="list-style-type: none"> Primary endpoints: AEs and participants with AESI Secondary endpoints: Cmax, AUClast, AUCinfinity and ADA | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q3 2024 Data readout: Q2 2025 |



AZD5148 (anti-TcdB mAb)

Clostridium difficile

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|--|---|---|
| Phase IIb PRISM NCT07285213 | ≥ 18 years, with a qualifying C. difficile infection episode at the time of providing informed consent | 230 | <ul style="list-style-type: none"> Randomized, Double-blind, Placebo-controlled AZD5148 or placebo (1:1) | <ul style="list-style-type: none"> Primary endpoint: efficacy Secondary endpoint: safety, PK | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |
| Phase I NCT06469151 | Healthy volunteers | 84 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, dose escalation Cohort 1: AZD5148 (dose 1, i.m.) or placebo Cohort 2a: AZD5148 (dose 2, i.m.) or placebo Cohort 2b: AZD5148 (dose 2, i.m., Chinese participants) or placebo Cohort 3: AZD5148 (dose 2, i.v.) or placebo Cohort 4a: AZD5148 (dose 3, i.v.) or placebo Cohort 4b: AZD5148 (dose 3, i.v., Chinese participants) or placebo Cohort 5: AZD5148 (dose 4, i.v.) or placebo | <ul style="list-style-type: none"> Primary endpoint: safety Secondary endpoint: PK parameters | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q4 2024 Data anticipated: H1 2026 |

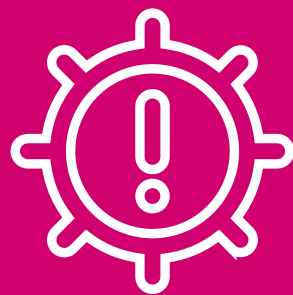
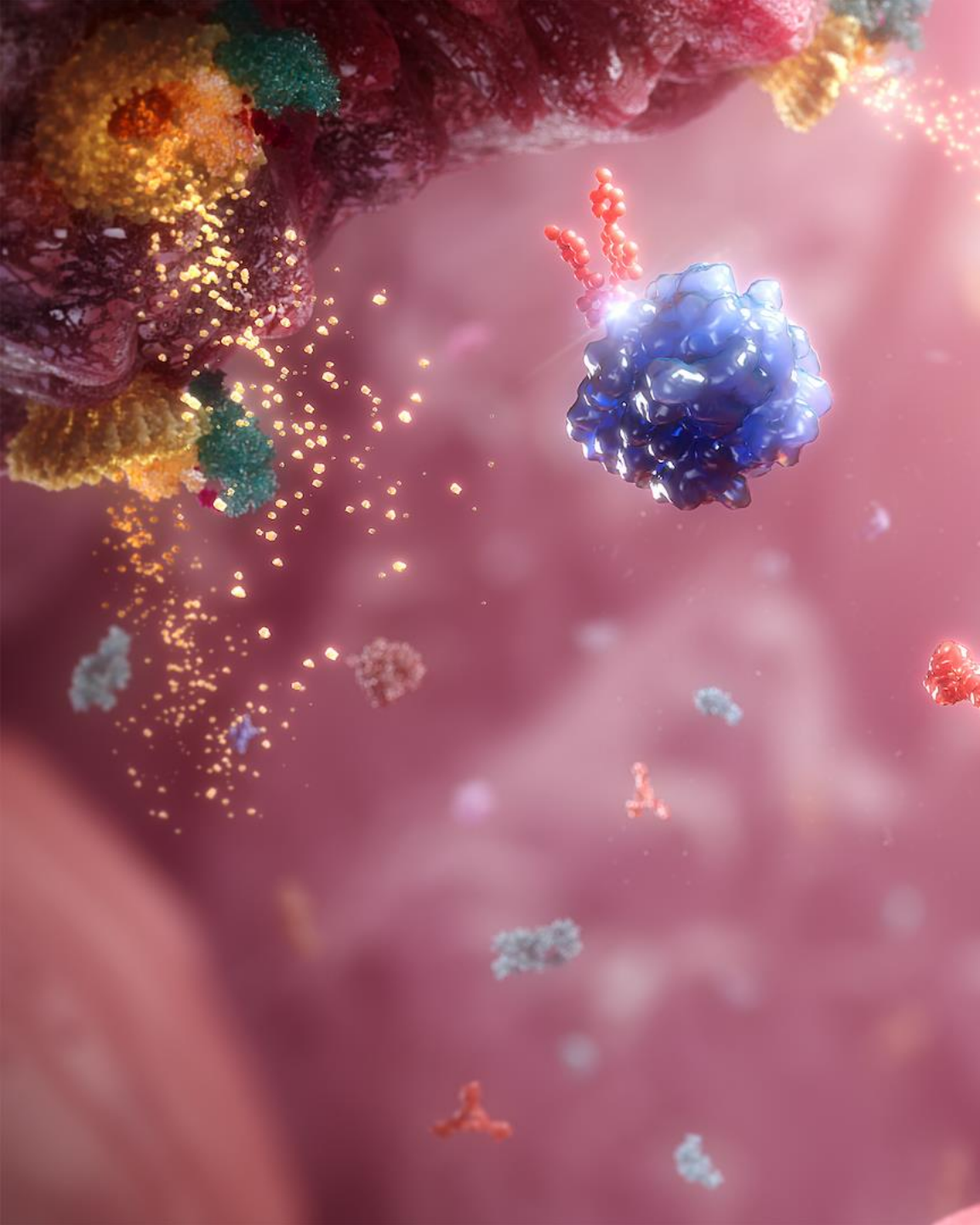


AZD7760 (mAb combination targeting S aureus virulence factors)

Prevention of Staph aureus infection

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---|----------|---|---|---|
| Phase I/IIa NCT06749457 | Phase I: healthy volunteers male and female participants aged 18 to 55 years Phase IIa: patients with ESKD receiving haemodialysis through a central venous catheter | 231 | <ul style="list-style-type: none"> Phase I: randomised, double-blind, placebo-controlled, dose escalation trial to evaluate the safety and PK of AZD7760 to evaluate 3 doses Phase IIa: randomised, double-blind, placebo-controlled trial to evaluate the safety and PK of AZD7760 | <ul style="list-style-type: none"> Primary endpoint (Phase I): safety Primary endpoint (Phase IIa): safety Secondary endpoints (Phase I): PK parameters and ADA Secondary endpoints (Phase IIa): PA parameters, ADA and D451 safety | <ul style="list-style-type: none"> FPCD: Q1 2025 Data anticipated: 2027 |





Rare Disease: approved medicines and late-stage development

Beyontra (acoramidis, ALXN2060)

ATTR-CM

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------|----------|--|---|--|
| Phase III ALXN2060-TAC-302 NCT04622046 | ATTR-CM | 22 | <ul style="list-style-type: none"> Arm 1: 800mg Beyontra administered twice daily Japan only | <ul style="list-style-type: none"> Primary endpoint: change from baseline to Month 12 of treatment in distance walked during the six-minute walk test, cause mortality and cardiovascular related hospitalisation over a 30-month period | <ul style="list-style-type: none"> FPCD: Q4 2020 Data readout: Q1 2024 Primary endpoint met |



Koselugo (selumetinib, MEK inhibitor)

Neurofibromatosis type 1, solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|--|---|
| Phase III KOMET NCT04924608 Partnered (Merck Sharp & Dohme LLC) | Adult age ≥ 18 years with NF1 who have symptomatic, inoperable PN Available baseline chronic target PN pain score | 145 | <ul style="list-style-type: none"> Multi-centre, international trial with a parallel, randomised, double-blind, placebo-controlled, 2 arm design Arm 1: <i>Koselugo</i> 25mg/m² BID Arm 2: placebo BID until end of Cycle 12, then crossover to <i>Koselugo</i> 25mg/m² BID | <ul style="list-style-type: none"> Primary endpoint: ORR by end of Cycle 16 on <i>Koselugo</i> vs. placebo as determined by ICR per REINS criteria Key secondary endpoint: change from baseline of chronic PN-pain intensity on <i>Koselugo</i> vs. placebo | <ul style="list-style-type: none"> FPCD: Q4 2021 Data readout: Q3 2024 Primary endpoint met |
| Phase I/II SPRINKLE NCT05309668 Partnered (Merck Sharp & Dohme LLC) | Paediatric (age 1 to 7 years) diagnosed with NF1 with symptomatic, inoperable PN with at least one measurable PN, defined as a PN of at least 3cm, measured in one dimension | 38 | <ul style="list-style-type: none"> Single-arm, open-label with <i>Koselugo</i> granule formulation | <ul style="list-style-type: none"> Primary endpoints: <i>Koselugo</i> AUC₀₋₁₂ derived after single dose administration [time frame: pre-dose and 1, 2, 3, 4, 6, 8 and 10-12 hours after <i>Koselugo</i> single dose on the first day of treatment (Cycle 1 Day 1)]; AEs graded by CTCAE Ver 5.0 [time frame: from screening until 30 days after last dose] | <ul style="list-style-type: none"> FPCD: Q1 2022 LPCD: Q1 2024 Data readout: Q2 2024 Primary endpoint met |



Ultomiris (anti-C5 mAb)

Haematology, nephrology, transplant

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|---|---|
| Phase III ARTEMIS NCT05746559 | CSA-AKI | 736 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, multicentre trial <i>Ultomiris</i> i.v. to protect patients with CKD from CSA-AKI and subsequent MAKE | <ul style="list-style-type: none"> Primary endpoint: to assess the efficacy of a single dose of <i>Ultomiris</i> i.v. vs. placebo in reducing the risk of the clinical consequences of AKI (MAKE) at 90 days in adult participants with CKD who undergo non-emergent cardiac surgery with CPB | <ul style="list-style-type: none"> FPCD: Q1 2023 Data anticipated: H2 2026 |
| Phase III AWAKE NCT06830798 | Delayed graft function in high risk donor kidneys | 450 | <ul style="list-style-type: none"> Arm1: Placebo Arm2: <i>Ultomiris</i> | <ul style="list-style-type: none"> Primary: time to freedom from dialysis Secondary: DGF incidence, number of dialysis sessions, time to first occurrence of eGFR => 30 mL/min/1.73m². | <ul style="list-style-type: none"> FPCD: Q2 2025 Data anticipated: >2027 |
| Phase III I CAN NCT06291376 | Immunoglobulin A nephropathy | 510 | <ul style="list-style-type: none"> Arm 1: <i>Ultomiris</i> via weight-based i.v. infusion Arm 2: placebo via weight-based i.v. infusion | <ul style="list-style-type: none"> Primary endpoints: change from baseline in proteinuria based on 24-hour UPCR at Week 34 and eGFR over 106 weeks Secondary endpoints: reduction in UPCR≥50%, change in proteinuria at week 10, time to sustained ≥30% eGFR decline, composite kidney endpoint | <ul style="list-style-type: none"> FPCD: Q2 2024 Data anticipated: H1 2026 |
| Phase III TMA-313 NCT04543591 | Thrombotic microangiopathy-associated haematopoietic stem cell transplant | 146 | <ul style="list-style-type: none"> Arm 1: <i>Ultomiris</i> Q8W Arm 2: placebo | <ul style="list-style-type: none"> Primary endpoint: event free survival Secondary endpoints: overall survival, non-relapse mortality, number of TMA response criteria met | <ul style="list-style-type: none"> FPCD: Q4 2020 LPCD: Q1 2025 Data anticipated: H1 2026 |
| Phase III TMA-314 NCT04557735 | Paediatric thrombotic microangiopathy-associated haematopoietic stem cell transplant | 41 | <ul style="list-style-type: none"> Arm 1: <i>Ultomiris</i> administered once every 4 to 8 weeks | <ul style="list-style-type: none"> Primary endpoint: proportion of participants with TMA response Secondary endpoints: time to TMA response, proportion of participants with TMA relapse | <ul style="list-style-type: none"> FPCD: Q4 2020 LPCD: Q2 2024 Data readout: Q1 2025 Positive high-level results |
| Phase II SANCTUARY NCT04564339 | Proliferative lupus nephritis or immunoglobulin A nephropathy | 120 | <ul style="list-style-type: none"> Arm 1: LN cohort, <i>Ultomiris</i> Arm 2: LN cohort, placebo Arm 3: IgAN cohort, <i>Ultomiris</i> Arm 4: IgAN cohort, placebo | <ul style="list-style-type: none"> Primary endpoint: percentage change in proteinuria from baseline to Week 26 Secondary endpoints: percentage change in proteinuria from baseline to Week 50 | <ul style="list-style-type: none"> FPCD: Q1 2021 LPCD: Q2 2025 Data readout: Q2 2025 Primary endpoint met (IgAN cohort) Primary endpoint not met (LN cohort) |



Ultomiris (anti-C5 mAb)

Neurology

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--|----------|---|--|---|
| Phase II/III ALXN1210-NMO-317 NCT05346354 | Neuromyelitis optica spectrum disorder | 12 | <ul style="list-style-type: none">Arm 1: <i>Ultomiris</i> Q8W | <ul style="list-style-type: none">Primary endpoint: change from baseline in annualised relapse rate at Week 50 | <ul style="list-style-type: none">FPCD: Q3 2022LPCD: Q1 2025Data anticipated: H1 2026 |

Oncology

CVRM

R&I

V&I

Rare Disease



anselamimab (CAEL-101, fibril-reactive mAb)

AL amyloidosis

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|---|---|
| Phase III CARES-301 NCT04504825 | AL amyloidosis (Mayo Stage IIIb) | 124 | <ul style="list-style-type: none"> Arm 1: anselamimab combined with SoC for PCD Arm 2: placebo combined with SoC for PCD | <ul style="list-style-type: none"> Primary endpoint: a hierarchical combination of time to all-cause mortality and frequency of cardiovascular hospitalisation, safety (TEAEs) Secondary endpoint: quality of life measures | <ul style="list-style-type: none"> FPCD: Q1 2021 LPCD: Q4 2023 Data readout: Q3 2025 Primary endpoint not met |
| Phase III CARES-302 NCT04512235 | AL amyloidosis (Mayo Stage IIIa) | 267 | <ul style="list-style-type: none"> Arm 1: anselamimab combined with SoC for PCD Arm 2: placebo combined with SoC for PCD | <ul style="list-style-type: none"> Primary endpoint: a hierarchical combination of time to all-cause mortality and frequency of cardiovascular hospitalisation, safety (TEAEs) Secondary endpoint: quality of life measures | <ul style="list-style-type: none"> FPCD: Q4 2020 LPCD: Q4 2023 Data readout: Q3 2025 Primary endpoint not met |
| Phase II CAEL101-203 NCT04304144 | AL amyloidosis (Mayo Stage I, Stage II and Stage IIIa) | 25 | <ul style="list-style-type: none"> Arm 1: anselamimab combined with SoC CyBorD Arm 2: placebo combined with SoC CyBorD and daratumumab | <ul style="list-style-type: none"> Primary endpoint: occurrence of DLT during the first 4 weeks of therapy Secondary endpoint: AUC (plasma curve concentration) | <ul style="list-style-type: none"> FPCD: Q1 2020 Data readout: Q2 2024 |



clirimitug (ALXN2220, TTR depleter)

Amyloidosis

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|--|---------------------------------|----------|--|--|--|
| Phase III DepleTTR-CM NCT06183931 | ATTR-CM (wild-type and variant) | 1180 | <ul style="list-style-type: none">Arm 1: clirimitug via i.v. infusion Q4W for at least 24 months up to a maximum of 48 monthsArm 2: placebo via i.v. infusion Q4W for at least 24 months up to a maximum of 48 months | <ul style="list-style-type: none">Primary endpoint: composite all-cause mortality and total CV events.Secondary endpoints: KCCQ, 6MWT, all-cause mortality, CV mortality, CV events | <ul style="list-style-type: none">FPCD: Q1 2024LPCD: Q2 2025Data anticipated: 2027 |

Oncology

CVRM

R&I

V&I

Rare Disease



efzimfotase alfa (ALXN1850, next-generation asfotase alfa)

Hypophosphatasia

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------------|----------|---|---|---|
| Phase III CHESTNUT NCT06079372 | Hypophosphatasia | 40 | <ul style="list-style-type: none"> Arm 1: bodyweight-dependent doses of either 20mg, 35mg or 50mg of efzimfotase alfa Q2W via s.c. for 24 weeks Arm 2: 6mg/kg/week of Strensiq via s.c. injection as either 2mg/kg 3 times per week or 1mg/kg 6 times per week for 24 weeks | <ul style="list-style-type: none"> Primary endpoint: incidence of TEAEs | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q1 2025 Data anticipated: H1 2026 |
| Phase III HICKORY NCT06079281 | Hypophosphatasia | 114 | <ul style="list-style-type: none"> Arm 1: placebo on Day 1 followed by Q2W via s.c. injection for 24 weeks Arm 2: bodyweight-dependent doses of either 20mg, 35mg or 50mg of efzimfotase alfa Q2W via s.c. injection for 24 weeks | <ul style="list-style-type: none"> Primary endpoint: change from baseline in 6MWT at Day 169 | <ul style="list-style-type: none"> FPCD: Q2 2024 LPCD: Q1 2025 Data anticipated: H1 2026 |
| Phase III MULBERRY NCT06079359 | Hypophosphatasia | 30 | <ul style="list-style-type: none"> Arm 1: bodyweight-dependent doses of either 25mg, 35mg, or 50mg of efzimfotase Q2W via s.c. injection for 24 weeks Arm 2: placebo Q2W for 24 weeks | <ul style="list-style-type: none"> Primary endpoint: Radiographic Global Impression of Change (RGI-C) Score at Day 169 | <ul style="list-style-type: none"> FPCD: Q3 2024 LPCD: Q3 2025 Data anticipated: H1 2026 |
| Phase I ALXN1850-HPP-101 NCT04980248 | Hypophosphatasia | 15 | <ul style="list-style-type: none"> Arm 1: ALXN1850, 3 cohorts at low, medium and high dosages | <ul style="list-style-type: none"> Primary endpoint: incidence of TEAEs and TESAEs | <ul style="list-style-type: none"> FPCD: Q3 2021 LPCD: Q2 2022 Data readout: Q4 2022 Primary endpoint met |



eneboparatide (parathyroid hormone receptor 1 agonist)

Hypoparathyroidism

| Trial | Population | Patients | Design | Endpoints | Status |
|---|----------------------------|----------|--|--|--|
| Phase III CALYPSO NCT05778071 | Chronic hypoparathyroidism | 165 | <ul style="list-style-type: none"> Arm 1: 20mcg eneboparatide administered once daily via s.c. injection Arm 2: placebo administered once daily via s.c. injection | <ul style="list-style-type: none"> Primary endpoint: complete independence from active vitamin D, independence from therapeutic doses of oral calcium (i.e. taking oral elemental calcium supplements $\leq 600\text{mg/day}$) and albumin-adjusted serum calcium within the normal range (8.3 to 10.6mg/dL) vs. placebo after 24 weeks of treatment | <ul style="list-style-type: none"> FPCD: Q3 2023 Data readout: Q1 2025 Primary endpoint met |



gefurulimab (ALXN1720, anti-C5 dual-binding nanobody)

Neurology, nephrology

Approved medicines

Late-stage development

Early development

| Trial | Population | Patients | Design | Endpoints | Status |
|---|-------------------------------|----------|--|---|--|
| Phase III ALXN1720-MG-301 NCT05556096 | Generalised myasthenia gravis | 260 | <ul style="list-style-type: none">• Arm 1: weight-based maintenance treatment with gefurulimab on Day 1, followed by weight-based maintenance treatment of gefurulimab on Week 1 (Day 8) and Q1W thereafter for a total of 26 weeks• Arm 2: placebo | <ul style="list-style-type: none">• Primary endpoint: change from baseline in MG-ADL total score at Week 26• Key Secondary endpoints: Change from baseline in QMG total score, Change from baseline in the MGC total score | <ul style="list-style-type: none">• FPCD: Q4 2022• LPCD: Q4 2024• Data readout: Q3 2025• Primary endpoint met |

Oncology

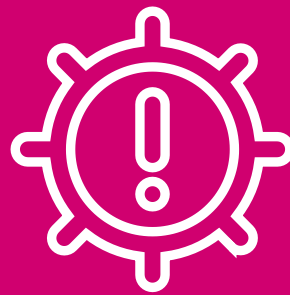
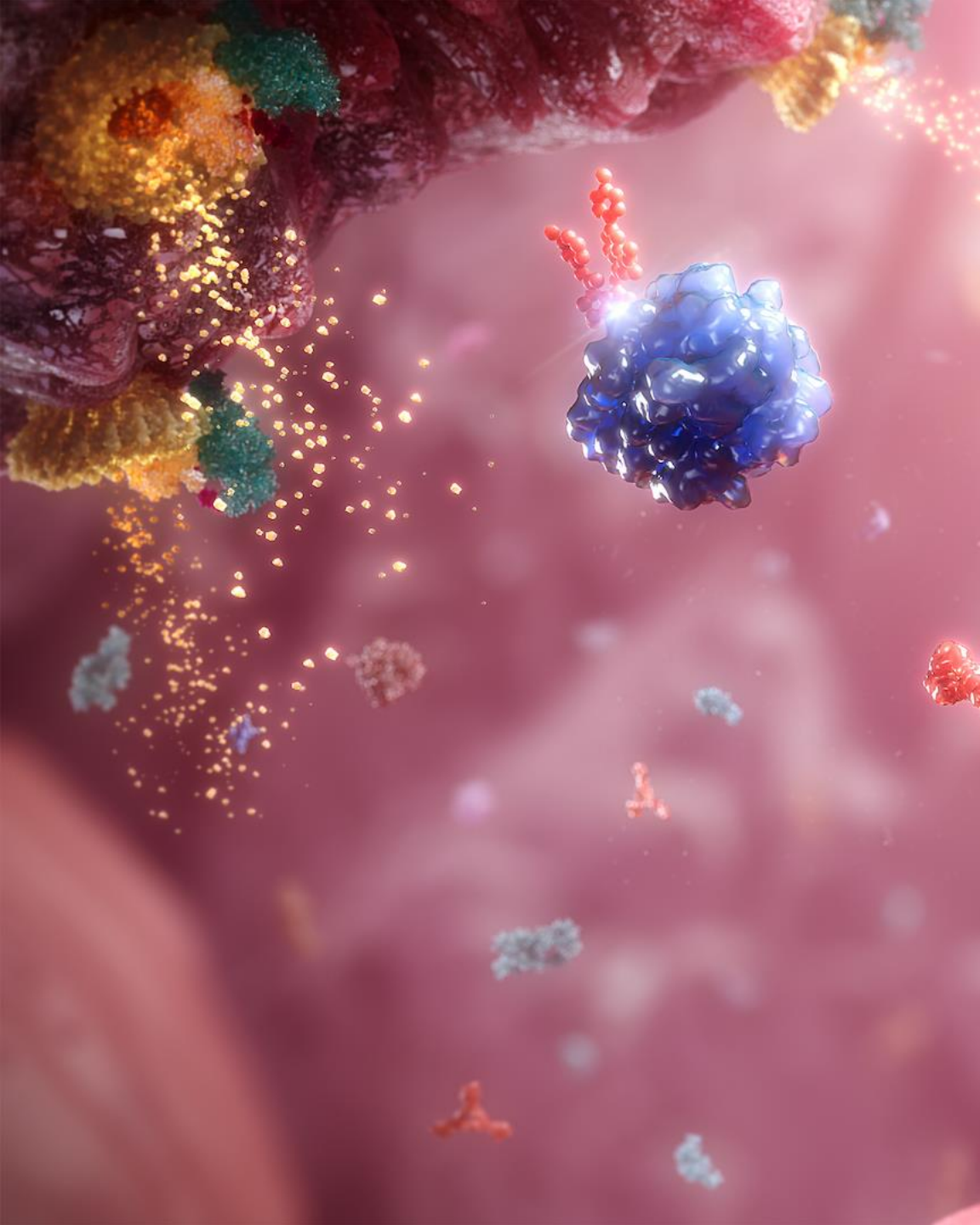
CVRM

R&I

V&I

Rare Disease





Rare Disease: early-stage development

tarperprumig (ALXN1820, anti-properdin)

Anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitis

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|--|---|---|
| Phase II I-TRANSCEND NCT07160608 | Newly diagnosed or relapsing ANCA (Anti-Neutrophil Cytoplasmic Antibody)-associated vasculitis patients. | 75 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled, parallel group tarperprumig (dose regimen 1 or 2) placebo | <ul style="list-style-type: none"> Primary endpoint: safety and tolerability Secondary endpoints: Remission at Week 26; Sustained Remission at Week 52; Change from baseline in eGFR, uPCR, uACR and hematuria; Number of participants achieving BVAS of 0 through week 52; Time to first relapse | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: >2027 |



ALXN1920 (kidney-targeted factor H fusion protein)

Nephrology

| Trial | Population | Patients | Design | Endpoints | Status |
|---|--------------------------------------|----------|---|---|---|
| Phase II AUTUMN NCT07157787 - | Primary membranous nephropathy (PMN) | 30 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled ALXN1920 SC infusion Placebo SC infusion | <ul style="list-style-type: none"> Primary Endpoint: Change From Baseline in Proteinuria Based on 24-hour UPCR at Week 26 Secondary endpoints: Change From Baseline in Proteinuria Based on 24-hour UPCR, Change From Baseline in Proteinuria Based on Spot UPCR at Week 26, Change From Baseline in Serum Albumin at Week 26, Change From Baseline in Anti-phospholipase A2 Receptor (anti-PLA2R) Antibody Level at Week 26, Change From Baseline in Peripheral Cluster of Differentiation 20 (CD20+) B Cell Count at Week 4, Week 8, and Week 26, Change From Baseline biomarker level at Week 26 | <ul style="list-style-type: none"> FPCD: Q1 2026 Data anticipated: 2027 Initiating |
| Phase I ALXN1920-HV-101 NCT05751642 | Healthy adults | 48 | <ul style="list-style-type: none"> Randomised, double-blind, placebo-controlled SAD trial | <ul style="list-style-type: none"> Primary endpoints: safety and tolerability Secondary endpoints: PK/PD parameters | <ul style="list-style-type: none"> FPCD: Q2 2023 LPCD: Q4 2023 Data readout: Q2 2024 |



ALXN2030 (siRNA targeting complement C3)

Transplant

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|---|---|---|
| Phase II CONCORD NCT06744647 | Kidney transplant recipients with late active or chronic active antibody-mediated rejection (AMR) | 45 | <ul style="list-style-type: none"> Randomised, controlled, double-blind ALXN2030 Dose A ALXN2030 Dose B Placebo | <ul style="list-style-type: none"> Primary endpoint: Biopsy-proven histologic resolution at 52 weeks Secondary endpoints: Biopsy-proven histologic resolution at 28 weeks, change from baseline in biopsy-proven histologic scores at 28 and 52 weeks, eGFR, TEAEs, PK measures | <ul style="list-style-type: none"> FPCD: Q4 2025 Data anticipated: 2027 |
| Phase I ALXN2030-HV-101 NCT05501717 | Healthy volunteers | 48 | <ul style="list-style-type: none"> Randomised, placebo-controlled SAD trial | <ul style="list-style-type: none"> Primary endpoint: safety | <ul style="list-style-type: none"> FPCD: Q4 2022 LPCD: Q2 2025 Data anticipated: H2 2026 |



ALXN2350 (AAV gene therapy)

BAG3-associated dilated cardiomyopathy (DCM)

| Trial | Population | Patients | Design | Endpoints | Status |
|---|---|----------|--|---|--|
| Phase I/II DCMRestore NCT07218887 | BAG3 mutation associated dilated cardiomyopathy | 18 | <ul style="list-style-type: none"> Open-label, dose finding and dose expansion study ALXN2350 one of three doses as single IV infusion | <ul style="list-style-type: none"> Primary endpoint: Part A TEAEs, SAEs up to week 78 Secondary endpoints: Part B TEAEs, SAEs, cardiac events, time to first event of death, heart transplant, mechanical circulating supporting or aborted sudden cardiac death, up to week 78 | <ul style="list-style-type: none"> Data anticipated: >2027 Initiating |



ALXN2420 (GH receptor antagonist)

Acromegaly

| Trial | Population | Patients | Design | Endpoints | Status |
|--|------------|----------|--|---|--|
| Phase IIb ASTERIA NCT07037420 - | Acromegaly | 60 | <ul style="list-style-type: none"> A Phase 2, randomised, double-blinded, placebo-controlled, dose range-finding, multicentre study to assess the efficacy, safety, and pharmacokinetics of ALXN2420, a growth hormone receptor antagonist, administered subcutaneously in combination with somatostatin analogs in adult participants with acromegaly. | <ul style="list-style-type: none"> Primary endpoint: Percentage change from baseline in serum IGF-1 level at Week 15 Secondary endpoints: Serum IGF-1 level \leq 1.3 ULN at Week 15, Achievement of serum IGF-1 level \leq 1.0 ULN at Week 15, Change from baseline in symptoms, as assessed by AcroSD/IGF-1 scores, at Week 15, Change from baseline in SF-36 summary scores and subscores at Week 15, Change from baseline in EQ-5D-5L at Week 15, Change from baseline in AcroQoL at Week 15, Change from baseline in global impression of severity at Week 15 as assessed by PGIS scale, Global impression of change at Week 15 as assessed by PGIC scale | <ul style="list-style-type: none"> Data anticipated: 2027 Initiating |



AZD0120 (GC012F, autologous anti-CD19 and anti-BCMA CAR-T)

AL amyloidosis

| Trial | Population | Patients | Design | Endpoints | Status |
|---------------------------------------|--|----------|---|---|---|
| Phase I/II ALACRITY NCT07081646 | Relapsed or Refractory AL Amyloidosis | 91 | <ul style="list-style-type: none"> Open-label, multicentre, non-randomised trial | <ul style="list-style-type: none"> Primary endpoint: % of pts achieving complete hematologic response (CR) through 6 months Secondary endpoints: % of patients achieving modified hematologic response (CR+VGPR+low dFLC response) through 6 months, MRD negativity through 6 months, OS, EFS | <ul style="list-style-type: none"> FPCD: Q3 2025 Data anticipated: >2027 |



AZD1390 (ATM inhibitor)

Solid tumours

| Trial | Population | Patients | Design | Endpoints | Status |
|--|--|----------|---|--|--|
| Phase I NCT03423628 | Recurrent glioblastoma eligible for re-irradiation, brain metastases and leptomeningeal disease, newly-diagnosed glioblastoma patients | 180 | <ul style="list-style-type: none"> Open-label trial Arm 1: recurrent GBM, AZD1390 + RT in dose escalation cohorts (Japan safety/PK cohorts added); optional food effect cohort initiated Arm 3: primary GBM, AZD1390 + RT in dose escalation cohorts | <ul style="list-style-type: none"> Primary endpoints: safety, tolerability and MTD Secondary endpoints: PK parameters and preliminary assessment of anti-tumour activity | <ul style="list-style-type: none"> FPCD: Q2 2018 Data anticipated: H2 2026 |



Glossary – 1 of 5

| | |
|-----------------------------------|---|
| 14C | Carbon 14 |
| 1L, 2L, 3L | 1st-, 2nd- or 3rd-line |
| 5-FU | 5-fluorouracil |
| 6MWT | 6-minute walk test |
| A2AR | Adenosine A2A receptor |
| AAV | Adeno-associated virus |
| ACE | Angiotensin-converting enzyme |
| AChR+ | Acetylcholine receptor-positive |
| ACQ | Asthma Control Questionnaire |
| ACR | American College of Rheumatology Response Scoring System |
| ADA | Anti-drug antibody |
| ADC | Antibody-drug conjugate |
| ADP | Adenosine diphosphate |
| ADsCa | Albumin-adjusted serum calcium |
| AE | Adverse event |
| AER | Annual exacerbation rate |
| AEs | Adverse effects |
| AGA | Actional genomic alteration |
| aHUS | Atypical haemolytic uraemic syndrome |
| AI | Auto-injector |
| AI | Aromatase inhibitor |
| AKT | Protein kinase B |
| AL amyloidosis | Light-chain amyloidosis |
| ALK | Anaplastic large-cell lymphoma kinase |
| ALL | Acute lymphocytic leukaemia |
| alloSCT | Allogeneic stem cell transplantation |
| ALSFRS-R | Amyotrophic Lateral Sclerosis Functional Rating Scale-Revised |
| AML | Acute myeloid leukaemia |
| AMR | Antibody mediated rejection |
| anti-FRα | Anti-folate receptor alpha |
| anti-PCD | Anti-plasma cell dyscrasia |
| APFS | Accessorised pre-filled syringe |
| APOL1 | Apolipoprotein L1 |
| APOL1 G0/G1/G2 | Sequences of the G0, G1, and G2 APOL1 variants from amino acids 339–398 |
| AQLQ | Asthma Quality of Life Questionnaire |
| AQP4+ | Aquaporin-4 antibody positive |
| ARB | Angiotensin receptor blockers |
| AS | Albuterol sulfate |
| ASCO | American Society of Clinical Oncology |
| ASI | Aldosterone synthase inhibitor |

| | |
|-----------------|--|
| ASO | Antisense oligonucleotide |
| ATM | Ataxia telangiectasia mutated kinase |
| ATR | Ataxia telangiectasia and Rad3-related protein |
| ATTR | Transthyretin amyloidosis |
| ATTR-CM | Transthyretin amyloid cardiomyopathy |
| ATTR-PN | Transthyretin amyloid polyneuropathy |
| ATTRv-PN | Hereditary transthyretin-mediated amyloid polyneuropathy |
| AUC | Area under curve |
| AUCinf | Area under plasma concentration time curve from zero to infinity |
| AUClast | Area under plasma concentration curve from zero to the last quantifiable concentration |
| AUCt | Area under concentration-time curve |
| AUEC | Area under the effect-time curve |
| Avb8 | Alpha v beta 8 |
| B7H4 | B7 homolog 4 |
| BA | Bioavailability |
| BAFF | B-cell activating factor |
| B-ALL | B cell acute lymphoblastic leukaemia |
| BBB | Blood-brain barrier |
| BCG | Bacillus Calmette-Guérin |
| BCL2 | B-cell leukemia/lymphoma 2 protein |
| BCMA | B-cell maturation antigen |
| BDA | Budesonide albuterol |
| BFF | Budesonide and formoterol fumarate |
| BGF | Budesonide, glycopyrronium and formoterol fumarate |
| BICLA | British Isles Lupus Assessment Group-based Composite Lupus Assessment |
| BICR | Blinded independent central review |
| BID | Twice per day |
| BIG | Big Ten Cancer Research Consortium |
| BM | Biomarker |
| BMD | Bone mineral density |
| BMFI | Bone metastasis-free interval |
| BMI | Body mass index |
| BOR | Best overall response rate |
| BR | Bendamustine and rituximab |
| BRCA | BRest CAncer gene |
| BRCAm | BRest CAncer gene-mutated |
| BRCAwt | BRest CAncer wild-type gene |
| BRD4 | Bromodomain-containing protein 4 |
| BTC | Biliary tract carcinoma |
| BTC | Biliary tract cancer |

| | |
|------------------------|--|
| BTK | Bruton's tyrosine kinase |
| BTKi | Bruton's tyrosine kinase |
| BVAS | Birmingham Vasculitis Activity Score |
| C3 | Complement component 3 |
| C5 | Complement component 5 |
| CA-125 | Cancer antigen-125 |
| CAAT | Chronic Airways Assessment Test |
| CAD | Coronary artery disease |
| CAGR | Compound annual growth rate |
| cAMR | Chronic antibody-mediated rejection |
| CAR-T | Chimeric antigen receptor therapy |
| CBP | Cardiopulmonary bypass |
| CBR | Clinical benefit rate |
| CD | Cluster of differentiation |
| CD123 | Interleukin 3 receptor a |
| CD19 | Cluster of differentiation 19 |
| CD3 | Cluster of differentiation 3 |
| CD39 | Cluster of differentiation 39 |
| CD73 | Cluster of differentiation 73 |
| CD8 | Cluster of differentiation 8 |
| CDAI | Clinical Disease Activity Index |
| CDK | Cyclin-dependent kinase |
| CDK2 | Cyclin-dependent kinase 2 |
| CDK4/6i | Cyclin-dependent kinase 4/6 inhibitor |
| CE | Clinically evaluable |
| CHD | Coronary heart disease |
| Chemo | Chemotherapy |
| CHF | Chronic heart failure |
| cHL | Classic Hodgkin lymphoma |
| CI | Confidence interval |
| CKD | Chronic kidney disease |
| CLD | Chronic lung disease |
| CLDN 18.2 | Claudin-18.2 |
| CLDN18.2 | Claudin 18.2 |
| CLL | Chronic lymphocytic leukaemia |
| cm | Centimetre |
| CM | Cardiomyopathy |
| C_{MAX} | Maximum observed plasma concentration |
| cMET | C-mesenchymal epithelial transition factor |
| CMML | Chronic myelomonocytic leukaemia |



Glossary – 2 of 5

| | |
|------------------------|--|
| CNS | Central nervous system |
| CNS-PFS | Central nervous system progression-free survival |
| CompEx | Composite endpoint for exacerbations |
| COPD | Chronic obstructive pulmonary disease |
| CPB | Cardiopulmonary bypass |
| CPI | Checkpoint inhibitor |
| CPI-experienced | Checkpoint inhibitor-experienced |
| CPI-naive | Checkpoint inhibitor-naïve |
| cPR | Central pathological review |
| CR | Complete response |
| CRC | Colorectal cancer |
| CrCl | Creatinine clearance |
| CRR | Complete response rate |
| CRR | Complete renal response |
| CRSwNP | Chronic rhinosinusitis with nasal polyps |
| CRT | Chemoradiotherapy |
| CRwNP | Chronic rhinosinusitis with nasal polyps |
| CSA-AKI | Cardiac surgery-associated acute kidney injury |
| CTC | Circulating tumour cell |
| CTCAE | Common Terminology Criteria for Adverse Events |
| ctDNA | Circulating tumor DNA |
| CTLA4 | Cytotoxic T-lymphocyte associated protein 4 |
| CTLA-4 | Cytotoxic T-lymphocyte-associated antigen -4 |
| CTx | Chemotherapy |
| CV | Cardiovascular |
| CVOT | Cardiovascular outcomes trial |
| CVRM | Cardiovascular, Renal and Metabolism |
| CXCR2 | C-X-C Motif chemokine receptor 2 |
| CyBorD | Cyclophosphamide, bortezomib and dexamethasone |
| Dato-DXd | Datopotamab deruxtecan |
| DCR | Disease control rate |
| DDFS | Distant disease-free survival |
| DDI | Drug-drug Interaction |
| DDR | DNA damage response |
| dECG | Differentiated electrocardiogram |
| DFS | Disease-free survival |
| DGF | Delayed graft function |
| DLBCL | Diffuse large B-cell lymphoma |
| DLT | Dose-limiting toxicity |
| DMARDs | Disease-modifying antirheumatic drugs |

| | |
|-------------------|--|
| DNA | Deoxyribonucleic acid |
| dnNCC | Directly measured non-ceruloplasmin-bound copper |
| dnTGFb | Dominant-negative transforming growth factor-beta |
| DoCR | Durability of complete response |
| DoR | Duration of response |
| DPB | Disease progression in bone |
| DPI | Dry powder inhaler |
| dPTEN | Phosphatase and tensin homolog deficient |
| DRFI | Disease recurrence-free interval |
| DSQ | Dysphagia Symptom Questionnaire |
| DXA | Dual energy X-ray absorptiometry |
| EBITDA | Earnings before interest, tax, depreciation and amortisation |
| EBRT | External beam radiation therapy |
| ECG | Electrocardiogram |
| ED | Emergency department |
| EFS | Event-free survival |
| EG | Eosinophilic gastritis |
| EGE | Eosinophilic gastroenteritis |
| eGFR | Estimated glomerular filtration rate |
| eGFR | Epidermal growth factor receptor-mutated |
| EGFRi | Epidermal growth factor receptor inhibitor |
| EGFRm | Epidermal growth factor receptor-mutated |
| EGPA | Eosinophilic granulomatosis with polyangiitis |
| EM | Emerging Markets |
| EoE | Eosinophilic oesophagitis |
| EOS | Eosinophil |
| EPI | Epigenetics |
| ER | Estrogen receptor |
| ER+ | Estrogen receptor-positive |
| ERK | Extracellular signal-regulated kinase |
| ERoW | Established Rest of World |
| E-RS: COPD | Evaluating Respiratory Symptoms in Chronic Obstructive Pulmonary Disease |
| ERT | Enzyme replacement therapy |
| ESAI | Eczema Area and Severity Index |
| ESCC | Esophageal squamous cell carcinoma |
| ESKD | Early-stage kidney disease |
| ESR1 | Estrogen receptor 1 |
| ESRD | End-stage renal disease |
| ET | Endocrine therapy |
| ETA | Endothelin A |

| | |
|----------------------|--|
| ETA | Endothelin A |
| ETA RA | Endothelin receptor A antagonist |
| EU | European Union |
| EVH | Extravascular haemolysis |
| FAF | Fundus autofluorescence |
| FCR | Fludarabine, cyclophosphamide and rituximab |
| FDC | Fixed-dose combination |
| FeNO | Fractional nitric oxide concentration in exhaled breath |
| FEV | Forced-expiratory volume |
| FEV1 | Forced expiratory volume in 1 second |
| FGFR | Fibroblast growth factor receptor |
| FL | Follicular lymphoma |
| FLAP | 5-lipoxygenase activating protein |
| FLOT | Fluorouracil, leucovorin, oxaliplatin and docetaxel |
| FOLFOX | Folinic acid, fluorouracil and oxaliplatin |
| FOX P3 | Forkhead box P3 |
| FP | 5-fluorouracil/cisplatin |
| FPCD | First patient commenced dosing |
| FPG | Fasting plasma glucose |
| FRα | Folate receptor alpha |
| FX | Foreign exchange |
| G7 | US, Japan, EU5 |
| GA | Geographic atrophy |
| GBM | Glioblastoma |
| gBRCAm | Germline BRCA-mutated |
| GC | Gastric cancer |
| GCB | Germinal center B-cell |
| GEJ | Gastric/gastroesophageal junction |
| GEJC | Gastroesophageal junction cancer |
| GFF | Glycopyrronium and formoterol fumarate |
| GI | Gastrointestinal |
| GLP-1 | Glucagon-like peptide-1 |
| GLP-1/ghu | Glucagon-like peptide 1 receptor/glucagon dual peptide agonist |
| GLP-1RA | Glucagon-like peptide 1 receptor agonist |
| GMFR | Geometric mean fold rise |
| gMG | Generalised myasthenia gravis |
| GMT | Geometric mean titer |
| GN | Glomerulonephritis |
| GPC3 | Glypican-3 |
| GPC3-positive | Glypican 3-positive |



Glossary – 3 of 5

| | |
|----------------------|---|
| GPRC5D | G protein-coupled receptor, class C, group 5, member D |
| GU | Genitourinary |
| GYN | Gynaecologic |
| H1 | H1-antihistamine |
| hADME | Human mass balance |
| HbA1c | Glycated haemoglobin |
| HCC | Hepatocellular carcinoma |
| HD | High dose |
| HDL-C | High-density lipoprotein cholesterol |
| HER2 | Human epidermal growth factor receptor 2 |
| HER2-low | Human epidermal growth factor receptor 2-low |
| HER2-negative | Human epidermal growth factor receptor 2-negative |
| HER2-positive | Human epidermal growth factor receptor 2-positive |
| HES | Hyper eosinophilic syndrome |
| HF | Heart failure |
| HFA | Hydrofluoroalkane |
| HFO | Hydrofluoro-olefins |
| HFpEF | Heart failure with preserved ejection fraction |
| HFrEF | Heart failure with reduced ejection fraction |
| HGFR | Met/hepatocyte growth factor receptor |
| HGSC | High-grade serous carcinoma |
| hHF | Hospitalisation for heart failure |
| HIF-PH | Hypoxia inducible factor-prolyl hydroxylase |
| HK | Hyperkalaemia |
| HLA-A*02:01 | Human leukocyte antigen serotype within the HLA-A serotype group |
| HLR | High-level results |
| hMPV | Human metapneumovirus |
| HNSCC | Head and neck squamous-cell carcinoma |
| HPD | Hyperprogressive disease |
| HPDD | Highest protocol-defined dose |
| HPF | High-power field |
| HPP | Hypophosphatasia |
| HR | Hazard ratio |
| HR+ | Hormone receptor-positive |
| HRD | Homologous recombination deficiency |
| HRD+ | Homologous recombination deficiency-positive |
| HR-low | Hormone receptor-low |
| HRR | homologous recombination repair |
| HRRm | Homologous recombination repair-mutated |
| HSCT-TMA | hematopoietic stem cell transplantation-associated thrombotic microangiopathy |

| | |
|-----------------|--|
| HSD17B13 | Hydroxysteroid 17-beta dehydrogenase 13 |
| HVPG | Hepatic venous pressure gradient |
| i | Inhibitor |
| i.m. | Intramuscular |
| i.v. | Intravenous |
| IA | Investigator-assessed |
| IBD | Inflammatory bowel disease |
| ICR | Independent central review |
| ICS | Inhaled corticosteroid |
| ICS-LABA | Inhaled corticosteroid long-acting beta-agonists |
| ICU | Intensive care unit |
| IDFS | Invasive disease-free survival |
| IgAN | Immunoglobulin A nephropathy |
| IHF | Impaired hepatic function |
| IIT | Investigated initiated trial |
| iJAK1 | Inhaled Janus kinase |
| IL | Interleukin |
| IL-12 | Interleukin-12 |
| IL-33 | Interleukin-33 |
| IL-5 | Interleukin-5 |
| IL-5R | Interleukin-5 receptor |
| IMAC-TIS | International Myositis Assessment And Clinical Studies-Total Improvement Score |
| IND | Investigational new drug |
| INV | Investigator review |
| IO | Immuno-oncology |
| IPF | Idiopathic pulmonary fibrosis |
| IPFS | Invasive progression-free survival |
| IRA | Inflation Reduction Act |
| IRAK4 | Interleukin-1 receptor-associated kinase 4 |
| IRC | Independent review committee |
| ISS | Investigator-sponsored studies |
| ISS7 | Itch-severity score (weekly) |
| iTSLP | Inhaled thymic stromal lymphopoietin |
| ITT | Intent-to-treat |
| IVIg | Intravenous immunoglobulin |
| JAK-1 | Janus kinase 1 |
| K+ | Potassium |
| KCCQ | Kansas City Cardiomyopathy Questionnaire |
| kg | Kilogram |
| Ki67 | Antigen Kiel 67 |

| | |
|------------------|--|
| LA amylin | Long-acting amylin |
| LAAB | Long-acting antibody |
| LABA | Long-acting beta agonist |
| LAMA | Long-acting muscarinic agonist |
| LCAT | Lecithin-cholesterol acyltransferase |
| LCM | Lifecycle management |
| LDH | Lactate dehydrogenase |
| LDL-C | Low-density lipoprotein cholesterol |
| LICA | Ligand-conjugated ASO |
| LIF | Low-density lipoprotein cholesterol |
| LN | Lupus nephritis |
| LoE | Loss of exclusivity |
| LOS | Length of stay |
| LPCD | Last patient commenced dosing |
| LSD | Last subject dosed |
| LS-SCLC | Limited stage small-cell lung cancer |
| LV | Left ventricle |
| m | Mutation |
| mAb | Monoclonal antibody |
| MABA | Muscarinic antagonist-beta2 agonist |
| MACE | Major adverse cardiac events |
| MAD | Multiple ascending dose |
| MAKE | Major adverse kidney events |
| MASH | Metabolic dysfunction-associated steatohepatitis |
| MASLD | Metabolic dysfunction-associated steatotic liver disease |
| mBC | Metastatic breast cancer |
| MCC | Mucociliary clearance |
| MCL | Mantle cell lymphoma |
| mCRPC | Metastatic castrate-resistant prostate cancer |
| MDI | Metered-dose inhaler |
| mDOR | Median duration of response |
| MDS | Myelodysplastic syndrome |
| MEK | Mitogen-activated protein kinase |
| MET | Mesenchymal epithelial transition factor |
| mFOLFOX | Modified folinic acid, fluorouracil and oxaliplatin |
| mg | Milligram |
| mg/dL | Milligrams per decilitre |
| MG-ADL | Myasthenia Gravis-Activities of Daily Living |
| MGFA | Myasthenia Gravis Foundation of America |
| mHSPC | Metastatic hormone sensitive prostate cancer |



Glossary – 4 of 5

| | | | | | |
|-----------------------|---|-------------------|---|----------------|--|
| MI | Myocardial infarction | NME | New molecular entity | PFS | Progression-free survival |
| mL | Millilitre | NMOSD | Neuromyelitis optica spectrum disorder | PFS2 | Time to second disease progression or death |
| MM | Multiple myeloma | NP | Nasal polyps | PgR | Progesterone receptor |
| MMAE | Monomethyl auristatin E | NRDL | National Reimbursement Drug List | PI3K | Phosphoinositide 3 kinase |
| MMT | Mixed meal test | NRG | National Clinical Trials Network in Oncology | PIK3CA | Phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit |
| MoA | Mechanism of action | NSCLC | Non-small cell lung cancer | PK | Pharmacokinetic |
| mPFS | Median progression-free survival | NST | Neoadjuvant systemic treatment | PK/PD | Pharmacokinetic/pharmacodynamic |
| MPO | Myeloperoxidase | NT-proBNP | N-terminal pro-B-type natriuretic peptide | PLEX | Plasma exchange |
| mPR | Major pathological response | NYHA | New York Heart Association | PLL | Prolymphocytic leukaemia |
| MR | Mineralocorticoid receptor | ObD | Optimal biological dose | pMDI | Pressurised metered-dose inhaler |
| MRA | Mineralocorticoid receptor antagonist | OCS | Oral corticosteroid | PN | Plexiform neurofibroma |
| MRD-negative | Minimal residual disease-negative | OD | Once daily | PN | Polyneuropathy |
| MRI | Magnetic resonance imaging | oGLP1 | Oral glucagon-like receptor peptide 1 | PNH | Paroxysmal nocturnal haemoglobinuria |
| MRM | Mineralocorticoid receptor modulator | OGTT | Oral glucose tolerance test | PNH-EVH | PNH with extravascular haemolysis |
| mRNA | Messenger ribonucleic acid | oPCSK9 | Oral protein convertase subtilisin/kexin type 9 | PNPLA3 | Phospholipase domain-containing protein 3 |
| MSA | Multiple system atrophy | OR | Objective response | POC | Proof-of-concept |
| MTAP-deficient | Methylthioadenosine phosphorylase-deficient | ORR | Overall response rate | POM | Proof-of-mechanism |
| MTD | Maximum tolerated dose | oRXFP1 | Oral relaxin family peptide receptor 1 | post-BD | Post-bronchodilator |
| mTNBC | Metastatic triple-negative breast cancer | OS | Overall survival | PP | Plasmapheresis |
| MZL | Marginal zone lymphoma | PA | Primary aldosteronism | pPCI | Primary percutaneous coronary intervention |
| n/m | Not material | PALB2m | Partner and localizer of BRCA2-mutated | PR | Partial response |
| nAb | Neutralising antibody | PAR2 | Protease-activated receptor 2 | pre-BD | Pre-bronchodilator |
| NaC | Sodium channel | PARP | Poly ADP ribose polymerase | PRMT5 | Protein arginine methyltransferase 5 |
| NAFLD | Non-alcoholic fatty liver disease | PARP1 | poly(ADP-ribose) polymerase-1 | PRO | Patient reported outcome |
| NASH | Non-alcoholic fatty liver disease | PARP-1sel | Poly ADP ribose polymerase-1 selective | PRR | Recurrent platinum resistant |
| NBRx | New-to-brand prescription | PARPi | poly-ADP ribose polymerase inhibitor | PS | Propensity score |
| NCFB | Non-cystic fibrosis bronchiectasis | PASI | Psoriasis area severity index | PSA | Prostate-specific antigen |
| NCI | National Cancer Institute | PBD | Pyrralobenzodiazepine | PSA50 | Prostate-specific antigen 50 |
| NCPV | Noncalcified plaque volume | PCD | Plasma cell dyscrasia | PSC | Pulmonary sarcomatoid carcinoma |
| Neo-adj | Neoadjuvant | pCR | Pathological complete response | PSMA | Prostate-specific membrane antigen |
| NF1 | Neurofibromatosis type 1 | PCSK9 | Proprotein convertase subtilisin/kexin type 9 | PSR | Platinum-sensitive relapsed |
| NF1-PN | Neurofibromatosis type 1 with plexiform neurofibromas | PD | Pharmacodynamics | PTCL | Peripheral T-cell lymphoma |
| ng | Next-generation | PD1 | Programmed cell death protein 1 | PTEN | Phosphatase and tensin homolog gene |
| NGF | Nerve growth factor | PD-1 | Programmed cell death protein-1 | PTH | parathyroid hormone receptor |
| ngSERD | Next-generation oral selective estrogen receptor degrader | PDAC | Pancreatic ductal adenocarcinoma | PVR | Pulmonary vascular resistance |
| NHA | Novel hormonal agent | PDE4 | Phosphodiesterase type 4 | Q1W | Every one week |
| NHL | Non-Hodgkin's lymphoma | PD-L1 | Programmed death-ligand 1 | Q2W | Every two weeks |
| NIH | National Institute of Health | PD-L1-high | Programmed death-ligand 1-high | Q4W | Every four weeks |
| NKTCL | Extranodal natural killer T-cell lymphoma | Peak | Maximum | Q8W | Every eight weeks |
| NME | New molecular entity | PET | Positron-emission tomography | QCS | Quantitative continuous scoring |



Glossary – 5 of 5

| | |
|-------------------|--|
| QD | Once daily |
| QID | Four times per day |
| QOD | Every other day |
| QoL | Quality of life |
| QoL-DN | Norfolk Quality of Life-Diabetic Neuropathy |
| QT | Duration of ventricular electrical systole |
| QTcF | Corrected QT interval by Fredericia |
| R&I | Respiratory and Immunology |
| R/R | Relapsed/refractory |
| r/r | Relapsed/refractory |
| RA | Rheumatoid arthritis |
| RAAS | Renin-angiotensin-aldosterone system |
| RAGE | Receptor for advanced glycation end products |
| RC | Radioconjugates |
| RECIST | Response Evaluation Criteria in Solid Tumours |
| REiNS | Response Evaluation in Neurofibromatosis and Schwannomatosis |
| RET | Rearranged during transfection |
| RFS | Relapse-free survival |
| rhLCAT | Recombinant human lecithin-cholesterol acyltransferase |
| rNDV | Recombinant Newcastle disease virus |
| RORγ | Related orphan receptor gamma |
| RP2D | Recommended Phase II dose |
| rPFS | Radiographic progression-free survival |
| RR | Response rate |
| RSV | Respiratory syncytial virus |
| RT | Radiation therapy |
| s. asthma | Severe asthma |
| s.c. | Subcutaneous |
| SABA | Short-acting beta2-agonist |
| SAD | Single ascending dose |
| SAE | Serious adverse event |
| SARS-CoV-2 | Severe-acute-respiratory-syndrome-related coronavirus-19 |
| SBP | Systolic blood pressure |
| SBRT | Stereotactic body radiation therapy |
| SCCHN | Squamous-cell carcinoma of the head and neck |
| SCD | Sickle cell disease |
| SCLC | Small cell lung cancer |
| SD | Stable disease |
| SERD | Selective estrogen receptor degrader |
| SG&A | Selling, General and Administrative |

| | |
|----------------------|---|
| SGLT2 | Sodium-glucose transport protein 2 |
| SGLT2i | Sodium/glucose cotransporter 2 inhibitor |
| SGRM | Selective glucocorticoid receptor modulator |
| SGRQ | Saint George Respiratory Questionnaire |
| siRNA | Small interfering ribonucleic acid |
| SJC | Swollen joint count |
| sK | Serum potassium |
| SLE | Systemic lupus erythematosus |
| SLL | Small lymphocytic lymphoma |
| SMAD | Single and multiple ascending dose trial |
| SoC | Standard-of-care |
| sPGA | Static Physician’s Global Assessment Score |
| SS | Steady state |
| ST2 | Suppression of tumorigenicity 2 |
| STAT3 | Signal transducer and activator of transcription 3 |
| Stg. I/II/III | Stage I/II/III |
| sUA | Serum uric acid |
| T2D | Type-2 diabetes |
| T2DM | Type-2 diabetes mellitus |
| T300 | Imfinzi plus Imjudo |
| T790M | Threonine 790 substitution with methionine |
| TACE | Transarterial chemoembolization |
| tBRCAm | Tumour (somatic) BRCA-mutated |
| TCE | T-cell engager |
| TCR | T-cell receptor |
| TCR-T | T-cell receptor therapy |
| TDR | Tumour drivers and resistance |
| TEAE | Treatment-emergent adverse event |
| TESAE | Treatment-emergent serious adverse event |
| TFST | Time to first subsequent therapy or death |
| TGFβRIIDN | Transforming growth factor-beta RIIDN |
| THP | Paclitaxel, trastuzumab and pertuzumab |
| TID | Three times per day |
| TIGIT | T-cell immunoreceptor with Ig and ITIM domains |
| TIM3 | T-cell immunoglobulin and mucin domain 3 |
| TIM-3 | T-cell immunoglobulin and mucin domain-containing protein |
| TJC | Tender joint count |
| TKI | Tyrosine kinase inhibitor |
| TLR | Toll-like receptor 9 |
| TMA | Thrombotic microangiopathy |

| | |
|-------------------|---|
| Tmax | Time to reach maximum observed plasma concentration |
| TNBC | Triple negative breast cancer |
| TNF | Tumour necrosis factor |
| TNSALP | Tissue-nonspecific alkaline phosphatase |
| TOP1i | Topoisomerase 1 inhibitor |
| TP53 | Tumour protein 53 |
| TP53 R175H | Tumour protein p53 with arginine at position 175 is replaced with histidine |
| TPS | Tumour proportion score |
| Treg | Regulatory T-cell |
| TROP2 | Trophoblast cell surface antigen 2 |
| TSLP | Thymic stromal lymphopoietin |
| TTD | Time to treatment discontinuation |
| TTF | Time to treatment failure |
| TTNT | Time to next therapy |
| TTP | Time to tumour progression |
| TTR | Time to treatment response |
| TTR | Transthyretin |
| u/r HTN | Uncontrolled or treatment resistant hypertension |
| UACR | Urinary albumin/creatinine ratio |
| UK | United Kingdom |
| ULN | Upper limit of normal |
| u-LTE4 | Urinary leukotriene E4 |
| UMEC | Umeclidinium |
| UPCR | Urine protein creatinine ratio |
| URAT1 | Uric acid transporter 1 |
| US | United States |
| V&I | Vaccines and Immune Therapies |
| VEGF | Vascular endothelial growth factor |
| VHH | Single domain antibody |
| VLP | Virus-like particle |
| XELOX | Oxaliplatin and capecitabine |

