

AZ CVRM Therapy Area: Nordic Clinical Trial PPP Collaborations

Allan Vaag, VP, MD, PhD, DMSc

Early Clinical Development, Translational Medical Unit, Cardiovascular, Renal and Metabolic (CVRM) Diseases

LMI Oslo, Norway, Kliniske Studier 2018

March 14, 2018



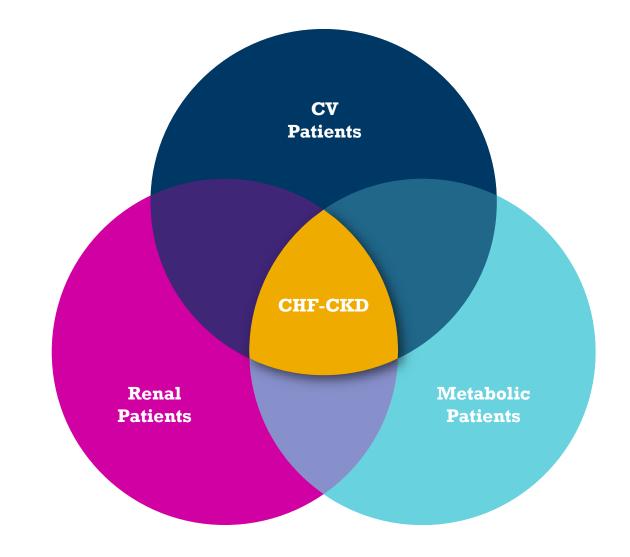
VEEVA ID: Z4-7747 | Date of Preparation: November 2017 | Date of Expiry: November 2018

Why? There is a still growing unmet need in CVRM

Despite scientific advancements, cardiovascular disease (CVD) remains the #1 cause of death globally, with high residual risk.^{1,2}

But it doesn't occur in isolation.

Science is uncovering commonalities between CV, renal and metabolic diseases, explaining why reducing CV risk is so complex.





It is imperative to rapidly change the science & treatment landscape



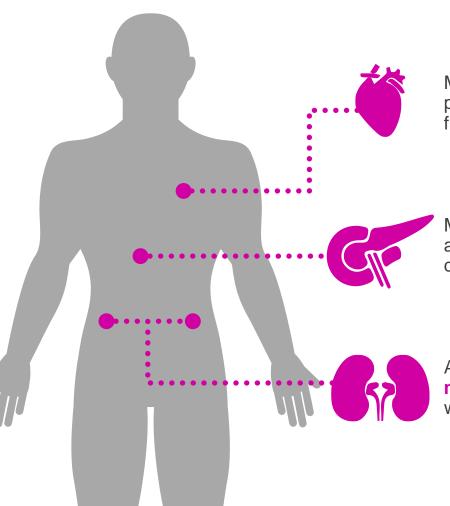
Of people with diabetes have at least two underlying disorders, such as CVD, chronic kidney disease (CKD) or hyperlipidaemia, based on a US observational study.³



CVD is the leading cause of death in people with CKD and people with diabetes.^{4,5}



From 2011 to 2025, the cumulative economic losses in low- and middle-income countries from CVD are projected to be US \$3.76 trillion.6



More than **17.5 million** people worldwide die from CVD every year.¹

More than **415 million** adults worldwide have diabetes.⁴

An estimated **200** million people worldwide have CKD.⁷



We have a distinct, science-driven strategy in CVRM

'extended'
CVRM risk,
we are focusing our
efforts on the
clinical overlap
between four
disease areas

metabolism

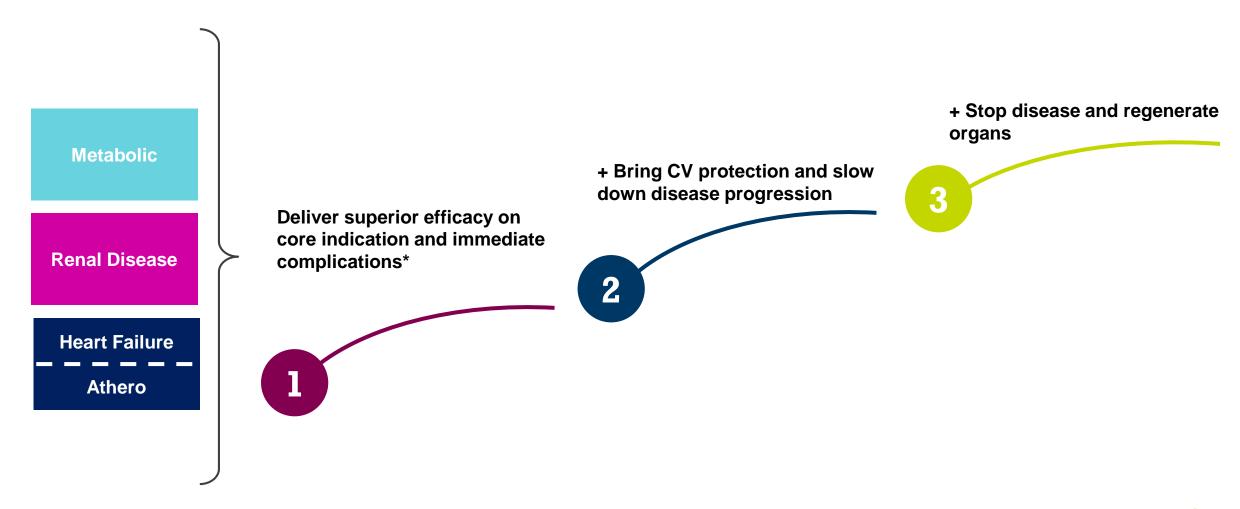
renal disease

heart failure

atherosclerosis



Strategic evolution builds over time with three steps





And we're accelerating our solid CVRM pipeline



Reducing CV Risk

MEDI6012 (LCAT) AZD5718 (FLAP) AZD8601 (VEGF-A)



Improving Endothelial Function



Repairing Cardiomyocyte damage



Increasing/ Restoring functional HDL



Anti-inflammatory



Slowing or Halting the Progression of CKD

Verinurad



Controlling Inflammation

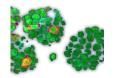


Anti-fibrotics



Delaying Diabetes Progression

MEDI0382 (GLP1-Glu) MEDI7219* (Oral GLP1)



Generation of insulin producing cells in the gut



Preservation of pancreatic beta cells



Body weight reduction & insulin sensitisation by appetite control & energy expenditure



White, brown and beige fat





Note: This slide reflects aspirational, forward-looking statements – not clinical claims
*Confidential – Updates on MEDI7219 not to be shared externally
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How we'll get there: Our unique approach to CVRM

We are following the science through rigorous clinical studies, strategic partnerships and collaborations

Pioneering approach in the field of cardiac regeneration

Ambitious global randomised clinical trials and transformational real-world evidence research

25+ therapies and therapy combinations in our early to latestage pipeline

60,000+ patients participating in R&D-led CV trials at 6,000+ sites worldwide





















The 10 Flavour Study Sites

- Sahlgrenska University Hospital, Pl Oskar Angerås
- Karolinska University Hospital, Pl John Pernow
- Skåne University hospital, Lund, PI David Erlinge
- Uppsala University Hospital, Pl Axel Åkerblom
- Bispebjerg University Hospital, ICI/PI Eva Prescott
- Aarhus University Hospital, Skejby, Pl Erik Grove
- Odense University Hospital, PI Lisette Okkels Jensen
- Hillerød Hospital, PI Katrine Mikala Müllertz
- Turku University Hospital, Pl Antti Saraste
- Kuopio University Hospital, Pl Marja Hedman

Flavour biomarker collaboration with professor Lars Gullestad, Oslo University...



Why are we in AZ interested in Nordic PPP Collaborations?

- World class health care systems and infra structure
- World class clinical and translational scientists
- World famous patients and health registries
- Long standing tradition for pharma/academia PPP collaborations
- Geografic location (mutual knowledge exchange, costs etc)
- Recruitment of best clinical and translational scientists



Thank You



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