Overall survival (OS) analysis of IMpower150, a randomized Ph 3 study of atezolizumab (atezo) + chemotherapy (chemo) ± bevacizumab (bev) vs chemo + bev in 1L nonsquamous (NSQ) NSCLC.

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Stage IV or recurrent metastatic nonsquamous NSCLC Chemotherapy-naive patients with a sensitizing EGFR mutation or ALK translocation must have disease progression or intolerance of treatment with one or more approved targeted therapies.

Arm A: Atezolizumab + Carboplatin + Paclitaxel 4 or 6 cycles

Arm B: Atezolizumab + Carboplatin + Paclitaxel + Bevacizumab 4 or 6 cycles

Arm C (control): Carboplatin + Paclitaxel + Bevacizumab 4 or 6 cycles

Maintenance therapy (no crossover permitted)

Treated with atezolizumab until PD per RECIST v1.1 or loss of clinical benefit AND/OR

Survival follow-up

Stratification factors:
- Sex
- PD-L1 IHC expression
- Liver metastases

N = 1202

a Patients with a sensitizing EGFR mutation or ALK translocation must have disease progression or intolerance of treatment with one or more approved targeted therapies.
b Atezolizumab 1200 mg IV q3w.
c Carboplatin: AUC 6 IV q3w.
d Paclitaxel: 200 mg/m² IV q3w.
e Bevacizumab: 15mg/kg IV q3w.
Updated PFS Analysis in the ITT-WT (Arm B vs Arm C)

- Statistically significant and clinically meaningful PFS benefit with atezolizumab + bevacizumab + chemotherapy vs bevacizumab + chemotherapy was previously observed\(^1\) and continued to improve with additional follow-up

\(^a\) Stratified HR. \(^b\) For descriptive purposes only. Data cutoff: January 22, 2018

OS in the ITT-WT (Arm B vs Arm C)

- Statistically significant and clinically meaningful OS benefit with atezolizumab + bevacizumab + chemotherapy vs bevacizumab + chemotherapy was observed

Stratified HR.
Data cutoff: January 22, 2018

<table>
<thead>
<tr>
<th>Landmark OS, %</th>
<th>Arm B: atezo + bev + CP</th>
<th>Arm C: bev + CP</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-month</td>
<td>67%</td>
<td>61%</td>
</tr>
<tr>
<td>18-month</td>
<td>53%</td>
<td>41%</td>
</tr>
<tr>
<td>24-month</td>
<td>43%</td>
<td>34%</td>
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</tbody>
</table>

HR\(^a\): 0.78  
(95% CI: 0.64, 0.96)  
\(P = 0.0164\)
Median follow-up: ~20 mo

\(^a\) Stratified HR.
Data cutoff: January 22, 2018
A trend toward OS benefit was observed with atezolizumab + chemotherapy vs bevacizumab + chemotherapy, but the efficacy boundary has not yet been crossed and will be tested again at the time of the final analysis.
OS in the ITT (Arm B vs Arm C)

- Clinically meaningful OS benefit with atezolizumab + bevacizumab + chemotherapy vs bevacizumab + chemotherapy was observed in all patients

Landmark OS, %

<table>
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<th>Arm C: bev + CP</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-month</td>
<td>68%</td>
<td>61%</td>
</tr>
<tr>
<td>18-month</td>
<td>54%</td>
<td>42%</td>
</tr>
<tr>
<td>24-month</td>
<td>45%</td>
<td>36%</td>
</tr>
</tbody>
</table>

HR*, 0.76 (95% CI: 0.63, 0.93)
Median follow-up: ~20 mo

* Stratified HR
Data cutoff: January 22, 2018
Summary

• IMpower150 met its co-primary PFS and OS endpoints and demonstrated a statistically significant and clinically meaningful benefit with atezolizumab + bevacizumab + chemotherapy vs bevacizumab + chemotherapy in 1L nonsquamous NSCLC, across all PD-L1 subgroups

• Clinical benefit was observed in key subgroups of patients with EGFR/ALK genomic alterations and liver metastases at baseline, with the addition of bevacizumab to atezolizumab + chemotherapy

• The efficacy boundary has not yet been crossed for atezolizumab + chemotherapy vs bevacizumab + chemotherapy and will be tested again at the time of the final analysis

• These data demonstrate that atezolizumab + bevacizumab + chemotherapy provide a new standard of care, particularly for key patient populations studied in this trial