

ESMO 2026 UPDATE

October 24, 2026

AMGEN



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This presentation includes GAAP and non-GAAP financial measures. In accordance with the requirements of SEC Regulation G, reconciliations between these two measures, if these slides are in hard copy, accompany the hard copy presentation or, if these slides are delivered electronically, are available on the Company's website at www.amgen.com within the Investors section.





Agenda

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Murdo Gordon, EVP, Global Markets & Policy

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Jean-Charles Soria, SVP, Global Development, Oncology

IMDELLTRA® Data Highlights from ESMO 2026

Dr. Charles Rudin, Director, Memorial Sloan Kettering Cancer Center

Closing Remarks

Jean-Charles Soria, SVP, Global Development, Oncology

Q&A

Murdo Gordon, EVP, Global Markets & Policy

Jean-Charles Soria, SVP, Global Development, Oncology

Kave Niksefat, SVP, Global Marketing & Access

Dr. Charles Rudin, Director of Memorial Sloan Kettering Cancer Center



Today's Highlights

- Our BiTE® platform demonstrates transformative survival benefit in hematologic malignancies and solid tumors
- IMDELLTRA® demonstrates durable survival benefit in small cell lung cancer
- IMDELLTRA® is becoming the cornerstone therapy for ES-SCLC, regardless of combination choice including PD-L1s
- Broad global development program has the potential to further expand IMDELLTRA®'s impact
- Innovative Oncology portfolio is well positioned as one of Amgen's six key growth drivers



Our Mission is
to Serve Patients

Amgen Has a Strong Portfolio of First-in-Class and Best-in-Class Medicines



Repatha[®]
(evolocumab) injection
140 mg/mL

Cardiovascular Disease



EVENITY[®]
(romosozumab-aqqg)
injection 105 mg/1.17 mL

Osteoporosis



TEZSPIRE[®]
(tezepelumab-ekko) Subcutaneous
Injection 210 mg

Severe Asthma



UPLIZNA[®]
inebilizumab-cdon

Autoimmune Diseases



BLINCYTO[®]
(blinatumomab) for
injection
35 mcg single-dose vial

Acute Lymphoblastic Leukemia



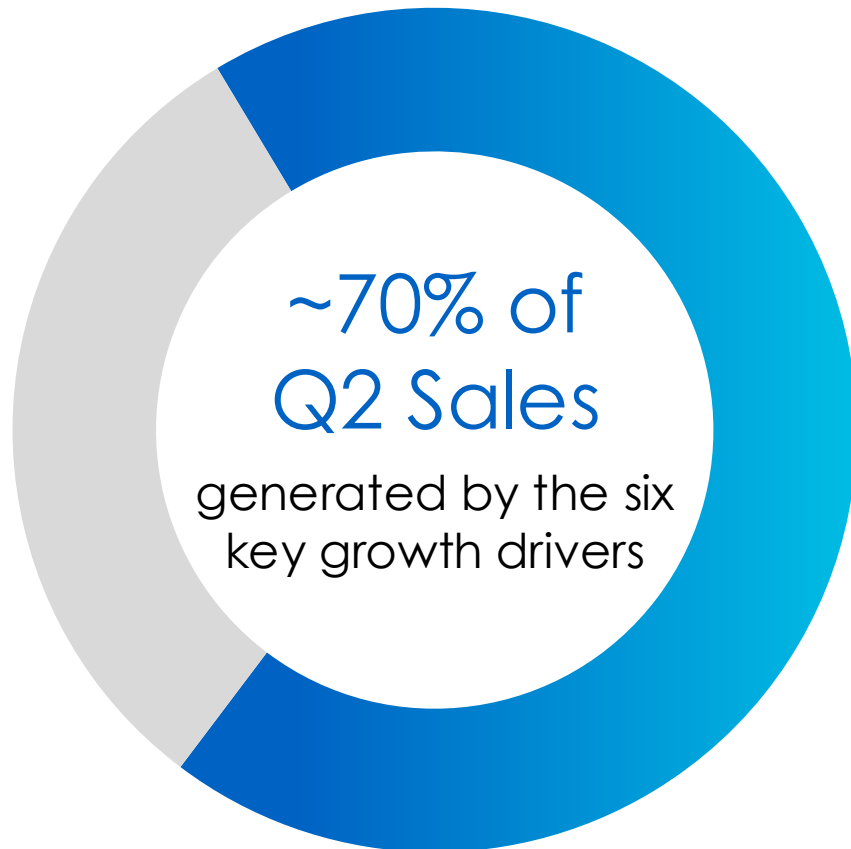
IMDELLTRA[®]
(tarlatamab-dlle) for injection
1 mg & 10 mg single-use vials

Small Cell Lung Cancer

Serving patient populations with significant unmet need

AMGEN

Amgen's Six Key Growth Drivers Grew 26% YoY in Q2 2026 and Comprised ~ 70% of Q2 Product Sales



Q2 2026 Sales Growth (YoY)

 **Repatha**
(evolocumab) injection 140 mg/mL

+37%

 **EVENITY**
(romosozumab-aqqg) injection 105 mg/1.17 mL

+38%

 **TEZSPIRE**
(tezepelumab-ekko) Subcutaneous injection 210 mg

+42%



Rare Disease

+21%



Innovative Oncology*

+18%



Biosimilars

+29%

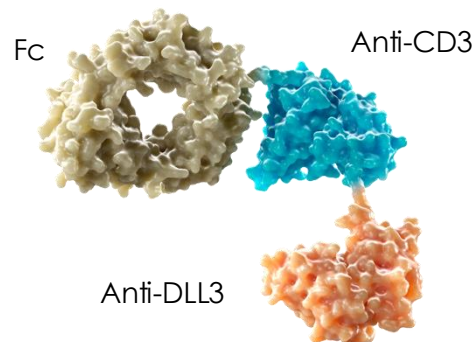
*Innovative Oncology Includes Blincyto®, Imdelltra®, Kyprolis®, Lumakras®, Nplate®, Vectibix®. YoY = year over year.

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Amgen's Oncology Strategy is Anchored in Two Core Pillars

IMMUNO-ONCOLOGY

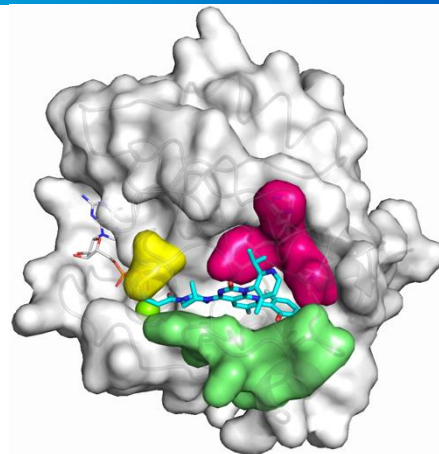
Bispecific T-Cell Engagers (BiTE®)



T-cell mediated killing
to eradicate tumors

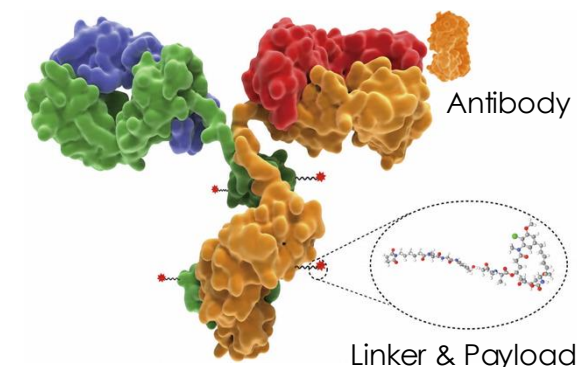
PRECISION THERAPIES

Small Molecules



Cell-intrinsic therapeutics

Antibody-Drug Conjugates (ADC)



Combines the specificity of mAb with
potency of payloads

**Focused on differentiated, transformative therapies for hard-to-treat
solid tumors and hematologic malignancies**

Fc = fragment crystallizable region; CD3, cluster of differentiation 3; DLL3, delta-like ligand 3; mAb, monoclonal antibody.

1. Image adapted from Fu, Z., Li, S., Han, S. et al. Antibody drug conjugate: the "biological missile" for targeted cancer therapy. Sig Transduct Target Ther 7, 93 (2022). <https://doi.org/10.1038/s41392-022-00947-7>

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Amgen Has Pioneered Bispecific T-Cell Engager (BiTE®) Medicines

Where BiTE® Started

One transformative molecule:
BLINCYTO®

Hematologic malignancies

Continuous IV administration

Inpatient hospital administration

Frequent CRS events

BiTE® Medicines TODAY

Multiple transformative molecules:
BLINCYTO®, IMDELLTRA®, Xaluritamig (in Ph3)

Hematologic malignancies & solid tumors

IV infusion with the potential for subcutaneous administration in the future

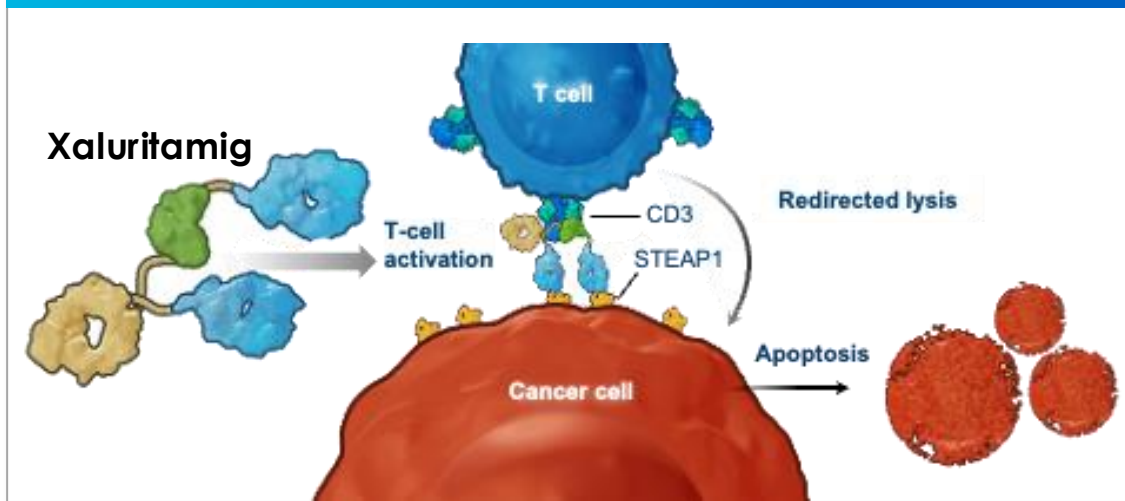
Evolving administration requirements
(reduced monitoring for IMDELLTRA®)

Management strategies for CRS

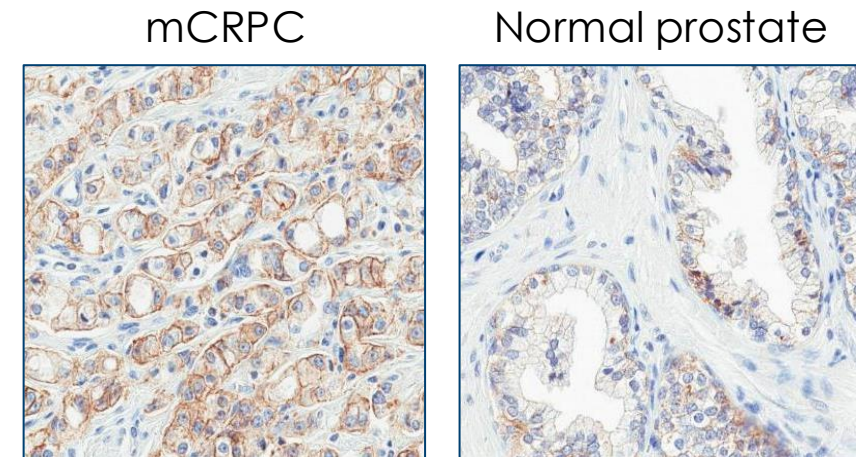
Xaluritamig, in Phase 3 development, has the Potential to Extend the Impact of the BiTE® Platform into Prostate Cancer

STEAP1 is a cell surface antigen, highly expressed in prostate cancer and associated with poor survival^{1,2}

Xaluritamig Mechanism of Action



STEAP1 is Broadly Expressed³



No biomarker testing needed for Xaluritamig as STEAP1 is expressed in >95% mCRPC tumors⁴

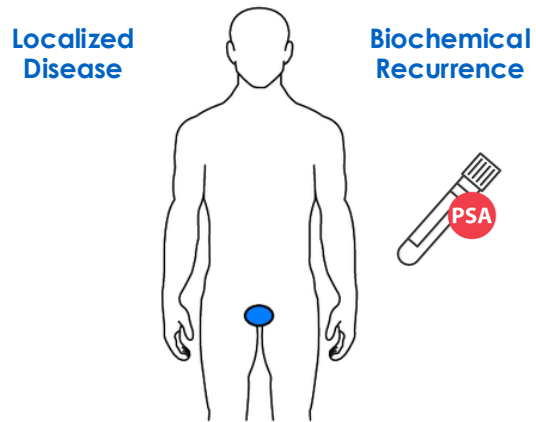
BiTE, bispecific T-cell engager; STEAP1, six-transmembrane epithelial antigen of the prostate 1; 1. Xu M, et al. Cancers (Basel). 2022;14:4034. 2. Nolan-Stevaux O, et al. Cancer Res. 2020;80(16 suppl):DDT02-03. 3. Nolan-Stevaux O. Slides presented at: American Association for Cancer Research Virtual Annual Meeting I; April 27-28, 2020. Abstract DDT02-03. 4. Decato BE, Poster presented at American Association for Cancer Research Virtual Annual Meeting; April 25-30, 2025.

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Xaluritamig is Being Investigated Across Multiple Disease Settings

Prostate Cancer Disease Progression →

Nonmetastatic Disease (nmHSPC)

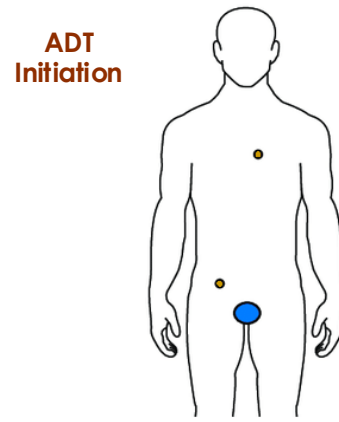


~200-300K

Eligible U.S. patients

- Phase 1b Neoadjuvant (Enrolling)
- Phase 1b BCR (Ongoing)

Metastatic Disease (mHSPC)

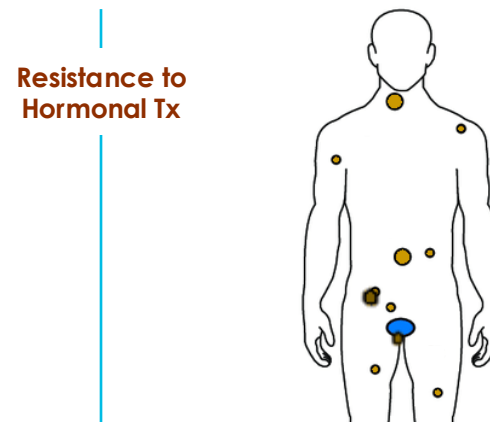


~30-40K

Eligible U.S. patients

- Phase 1b combo with ADT and abi or darolutamide (Enrolling)

Chemo-Naïve (mCRPC)

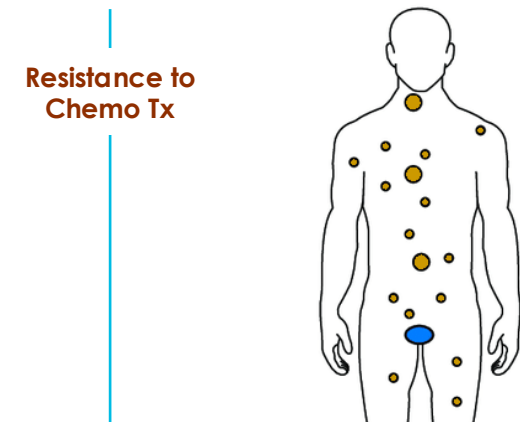


~45-55K

Eligible U.S. patients

- Phase 3 XALience combo with abi vs SOC (Enrolling)

Post-taxane (mCRPC)



~10-20K

Eligible U.S. patients

- Phase 3 XALute monotherapy vs SOC (Fully enrolled)

Abi, abiraterone; BCR, biochemical recurrence; ADT, androgen deprivation therapy; chemo, chemotherapy; Tx, treatment; nmHSPC, nonmetastatic hormone-sensitive prostate cancer; mHSPC, metastatic hormone-sensitive prostate cancer; mCRPC, metastatic castration-resistant prostate cancer.

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IMDELLTRA[®] (tarlatamab-dlle)

Recent Advancements have Generated Modest Improvements in Overall Survival in First-line Small Cell Lung Cancer



Note: Cross-trial comparisons are not appropriate due to differences in study design, patient populations, treatment protocols, and other trial-specific factors.

*DeLLphi-305 trial is sponsored by Amgen, with partial funding and IMFINZI® provided by AstraZeneca.

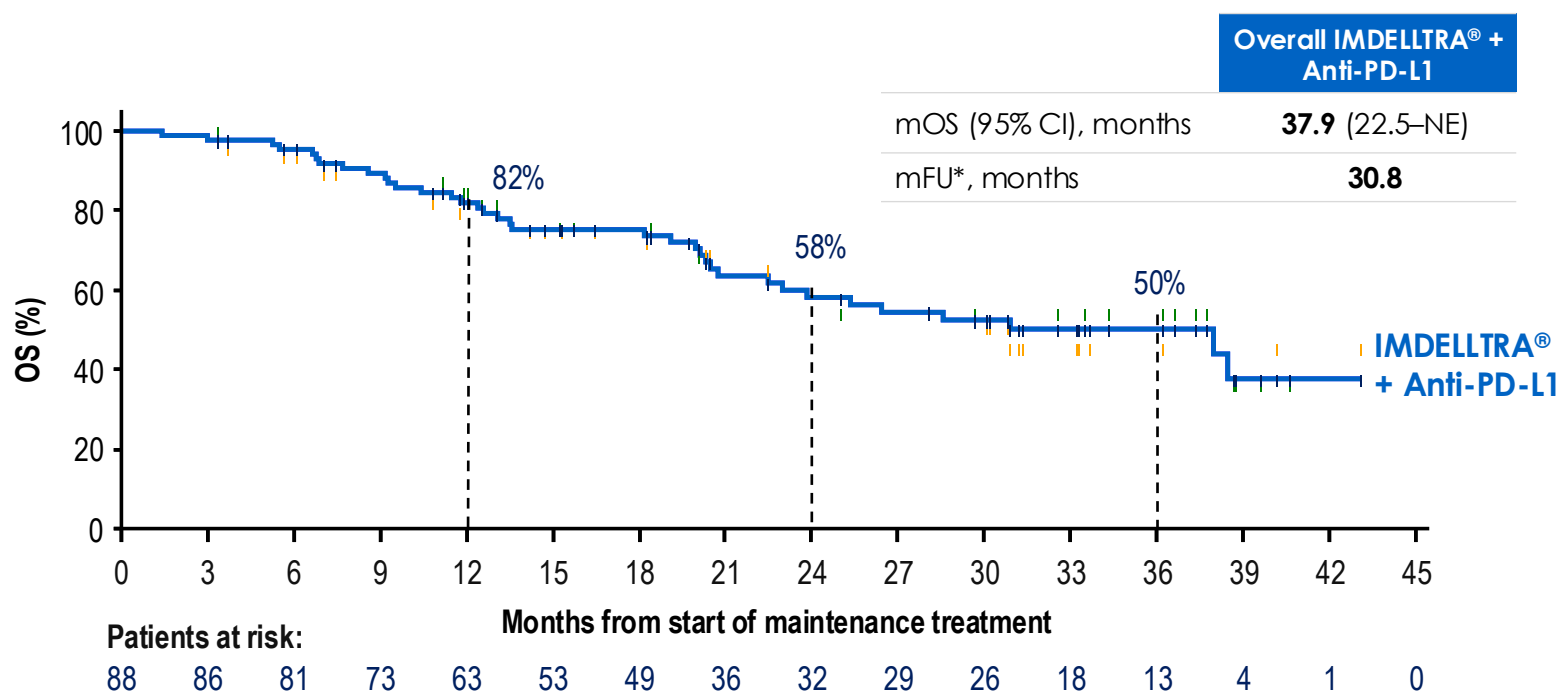
Atezo, atezolizumab; Lurbi, lurbinectedin; chemo, chemotherapy; 1L, first-line; 1LM, first-line maintenance; ES-SCLC, extensive-stage small cell lung cancer.

1. Horn et al, *NEJM* 2018. 2. Paz-Ares L, et al, *ESMO Open*. 2022;7:100408. 3. Paz-Ares et al, *Lancet* 2025; 405:2129-43.

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IMDELLTRA® Plus a PD-L1 Delivered 37.9 Months of Survival in SCLC in a Phase 1b First-Line Maintenance Study (DeLLphi-303)

Overall survival with IMDELLTRA® + anti-PD-L1 as 1L maintenance therapy from Phase 1b DeLLphi-303



- Median OS for patients with ES-SCLC treated in 1L maintenance with atezolizumab + lurbinectedin in the Ph3 IMForte study was 13.2 months.¹
- In the Phase 1b DeLLphi-303 study, IMDELLTRA® combined with a PD-L1 inhibitor as 1L maintenance therapy demonstrated encouraging antitumor activity and positive benefit/risk profile^{2,3}

IMDELLTRA® + PD-L1 has the potential for durable survival

*Survival follow-up remains ongoing. 1L, first-line; CI, confidence interval; ES-SCLC, extensive-stage small cell lung cancer; mFU, median follow up; mOS, median overall survival; NE, not estimable; OS, overall survival; Ph3, Phase 3; PD-L1, programmed cell death ligand.

1. Paz-Ares et al. *Lancet* 2025; 405:2129-43. 5. Paulson K, et al. *Lancet Oncol.* 2025;26:1300-1311. 6. Wermke M et al. 3821P. Poster presented at ESMO Congress Oct 23-27, 2026; Madrid, Spain.

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IMDELLTRA[®] plus IMFINZI[®] vs IMFINZI[®] as first-line maintenance therapy following first-line IMFINZI[®], platinum, and etoposide in extensive-stage small cell lung cancer: primary analysis of the phase 3 DeLLphi-305 trial

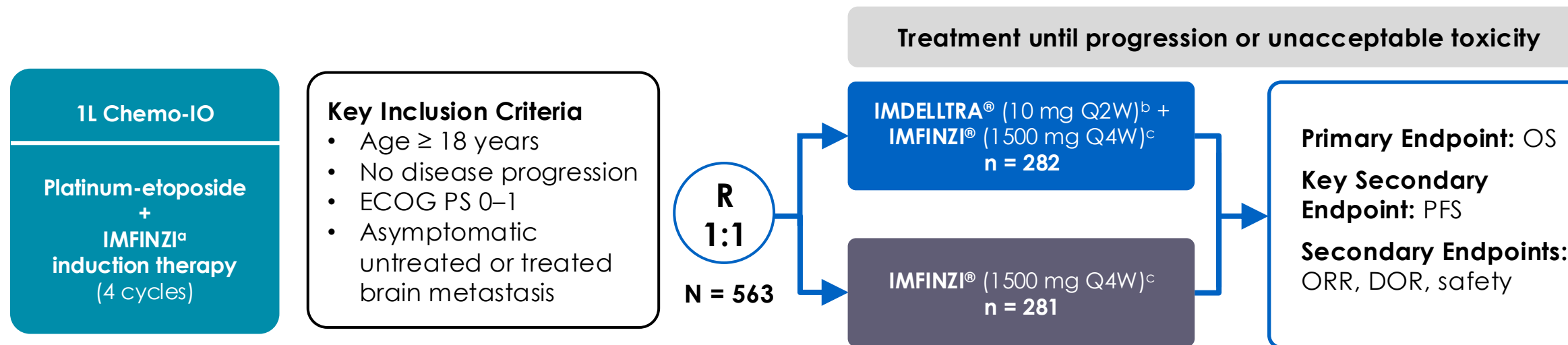
Jacob Sands, Tatsuya Yoshida, Myung-Ju Ahn, Carl M. Gay, Martin Schuler, Haifeng Liu, Ahmet Sezer, Ahmet Bilici, Ippokratis Korantzis, Sun Min Lim, Isamu Okamoto, Oscar Juan-Vidal, Yuanbin Chen, Gustavo Schvartsman, Anne-Marie C. Dingemans, Jeffrey M. Clarke, Miguel Marigil, Yuyang Zhang, Bazle Abidi, Maurice Pérol

PRESENTER:

Dr. Charles Rudin, MD PhD
Director of Memorial Sloan Kettering Cancer Center
New York, NY, United States of America

DeLLphi-305 Study Design

A Phase 3, Open-label, Multicenter, Randomized Study of IMDELLTRA® in Combination With IMFINZI® vs IMFINZI® Alone in Patients With ES-SCLC Following Platinum, Etoposide and IMFINZI® (NCT06211036)



Stratification Factors

- Brain and/or liver metastasis (Yes/No)
- Response to 1L chemo-IO (PR/CR vs SD)
- Prior platinum type (cisplatin vs carboplatin)

Interim analysis for OS: 243 (61% IF) OS events, 0.008 two-sided *P*-value boundary

Endpoints were tested sequentially according to a prespecified hierarchical testing strategy: OS → PFS → ORR

Data cut-off date: 7 JUL 2026.

^aEligible patients must have received ≥ 3 cycles of concomitant IMFINZI® as 1L treatment of ES-SCLC. ^bPatients were monitored on site for a minimum of 1 to 2 hours, or 6 to 8 hours in certain regions after the first two doses of IMDELLTRA®. ^cEach treatment cycle consists of 28 days. 1L, first line; CR, complete response; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; ES-SCLC, extensive-stage small cell lung cancer; IF, information fraction; IO, immunotherapy; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PR, partial response; Q2W, once every two weeks; Q4W, once every four weeks; R, randomization; SD, stable disease. ClinicalTrials.gov. <https://clinicaltrials.gov/study/NCT06211036>. Accessed 31 August 2026.

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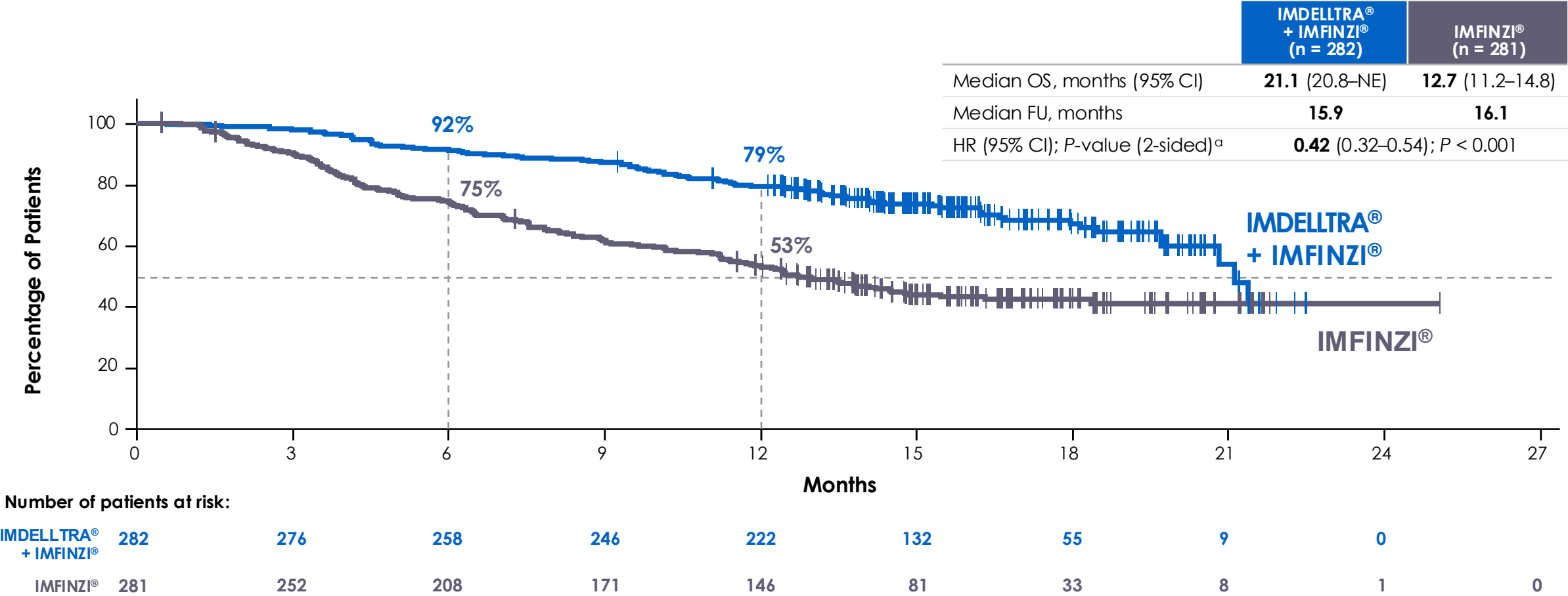
Baseline Characteristics

Characteristics	IMDELLTRA® + IMFINZI® (n = 282)	IMFINZI® (n = 281)
Age, median (range), years	65.0 (35–87)	65.0 (29–86)
Male, %	69.9	71.5
Race, White/Non-white, %	57.8 / 42.2	64.4 / 35.6
Region, Americas/Asia-Pacific/Europe, %	12.8 / 40.4 / 46.8	13.9 / 35.9 / 50.2
ECOG PS, 0/1, %	45.7 / 54.3	43.1 / 56.9
Smoking history, Yes/Never, %	90.4 / 9.2	90.8 / 8.5
Limited-Stage SCLC at initial diagnosis, %	5.3	2.5
Type of platinum first received, cisplatin/carboplatin ^a , %	15.6 / 84.4	15.7 / 84.0
Response to initial therapy, CR/PR/SD, %	3.2 / 85.8 / 11.0	3.6 / 84.7 / 11.7
Presence of current/prior brain metastasis, %	19.5	19.9
Presence of current/prior liver metastasis, %	31.2	33.8

- **At baseline, key characteristics were well balanced between the treatment arms**
- **Prior or current brain and/or liver metastases were observed in a meaningful proportion of patients**

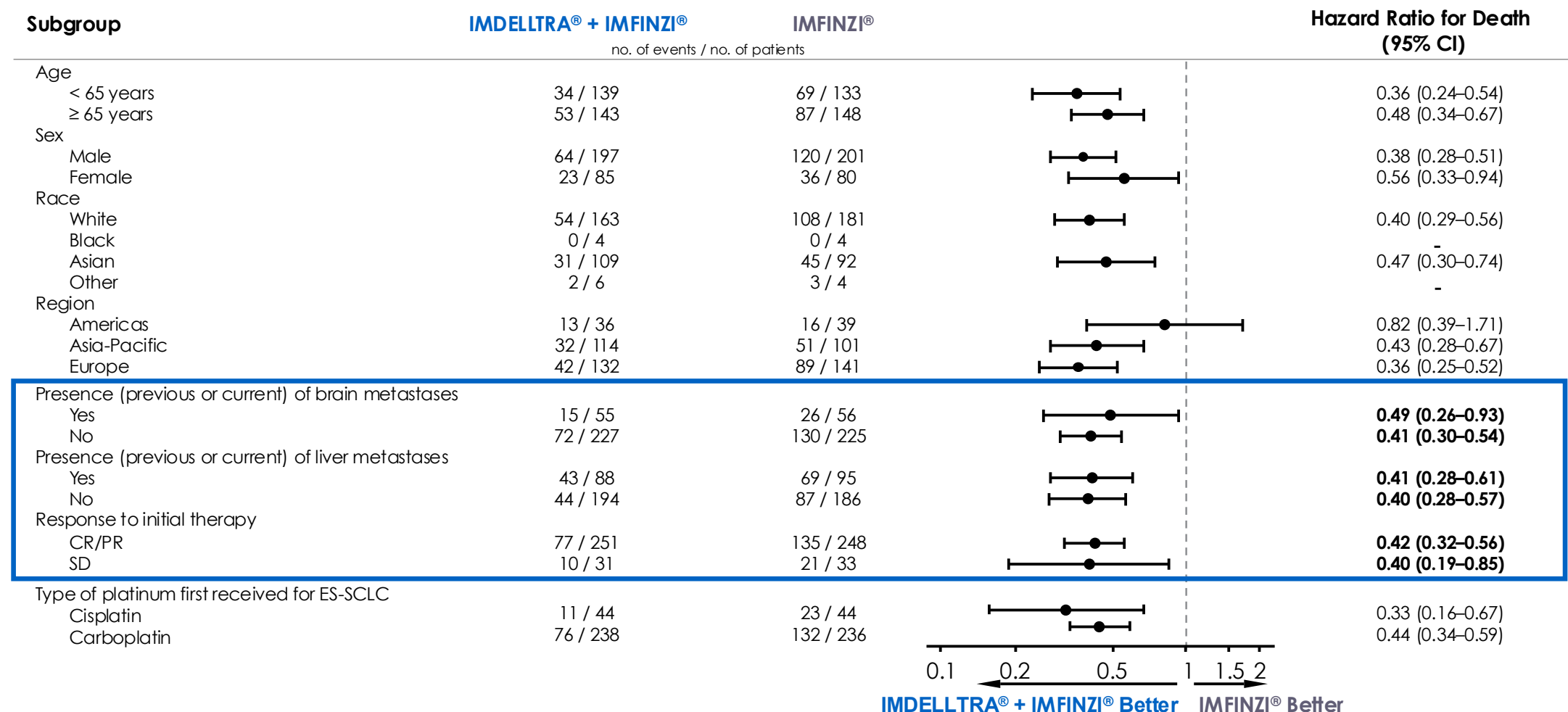
^aIn IMFINZI arm, one patient received carboplatin, but the dosage is not available. CR, complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; SCLC, small cell lung cancer; PR, partial response; SD, stable disease.

IMDELLTRA® Plus IMFINZI® Significantly Improved Overall Survival Versus IMFINZI® Alone as First-line Maintenance Therapy



Data cut-off date: 7 JUL 2026.
 At the time of data cut-off, 87 events had occurred in the IMDELLTRA® + IMFINZI® arm, and 156 events had occurred in the IMFINZI® arm. ^aP value was calculated using a stratified log-rank test.
 CI, confidence interval; FU, follow-up; HR, hazard ratio; NE, not estimable; OS, overall survival.
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OS Benefit Was Consistent Across All Key Prespecified Subgroups

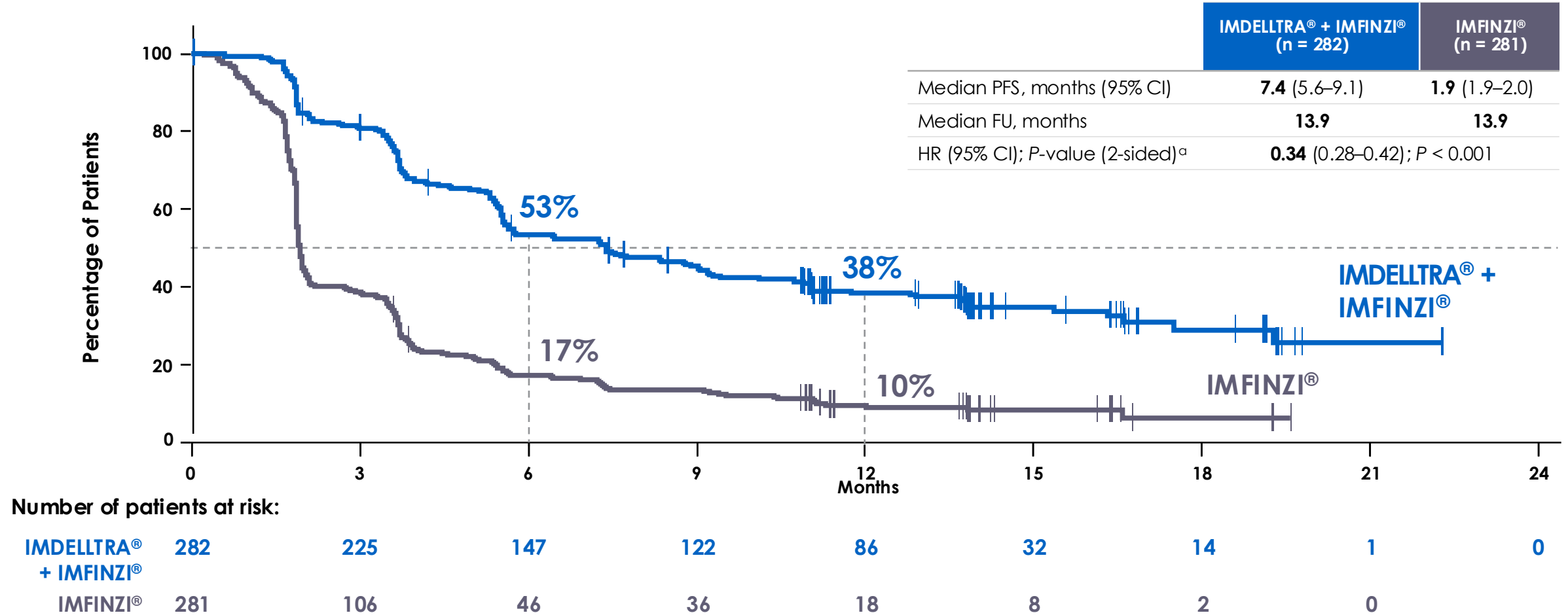


Data cut-off date: 7 JUL 2026. Median follow-up: 15.9 months (IMDELLTRA® + IMFINZI® arm); 16.1 months (IMFINZI® arm).

CI, confidence interval; ES-SCLC, extensive-stage small cell lung cancer; CR, complete response; OS, overall survival; PR, partial response; SD, stable disease.

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IMDELLTRA® Plus IMFINZI® Significantly Improved PFS Versus IMFINZI® Alone

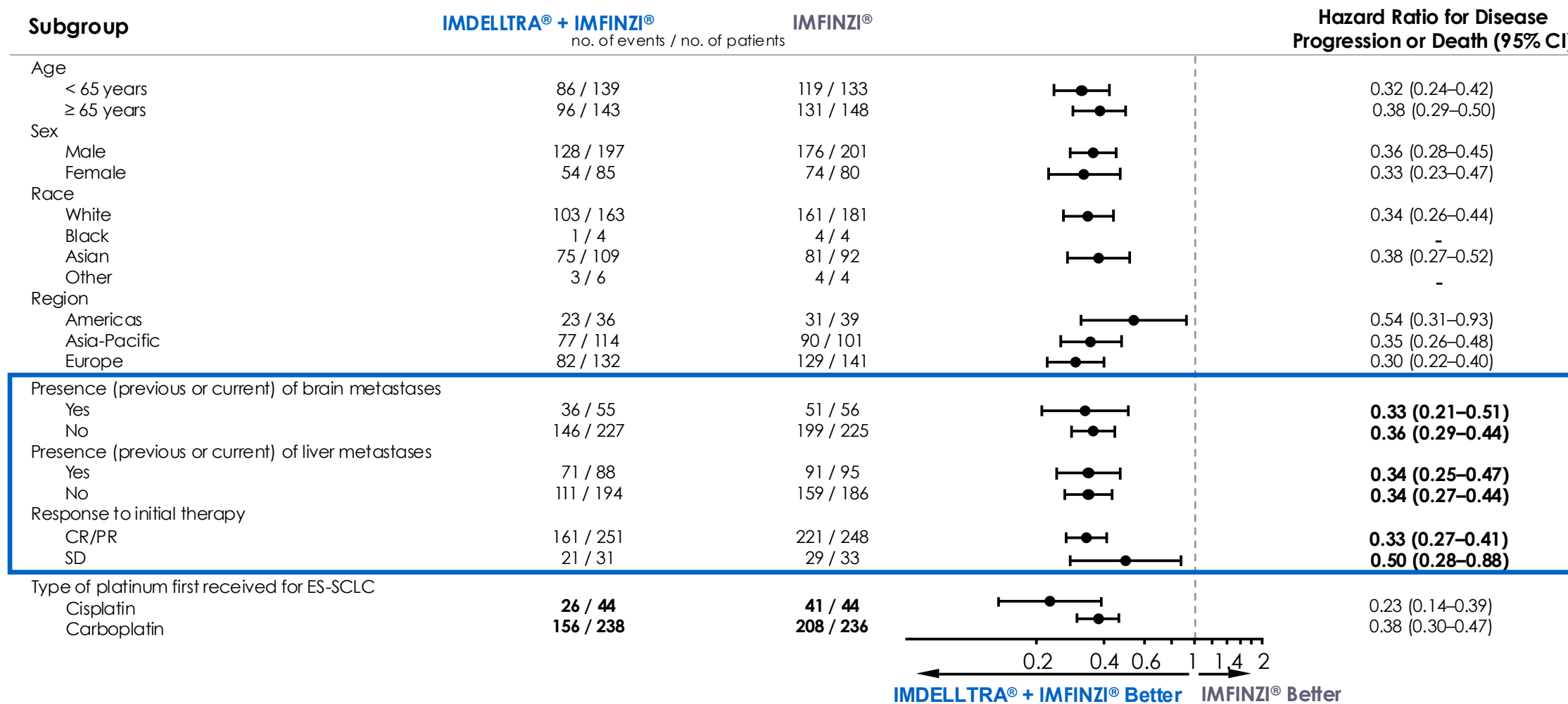


Data cut-off date: 7 JUL 2026. At the time of data cut-off, 182 events had occurred in the IMDELLTRA®+IMFINZI® arm, and 250 events had occurred in the IMFINZI® arm.

^aP-value was calculated using a stratified log-rank test. CI, confidence interval; FU, follow-up; HR, hazard ratio; PFS, progression-free survival.

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PFS Favored IMDELLTRA® Plus IMFINZI® Across Prespecified Subgroups



Data cut-off date: 7 JUL 2026.

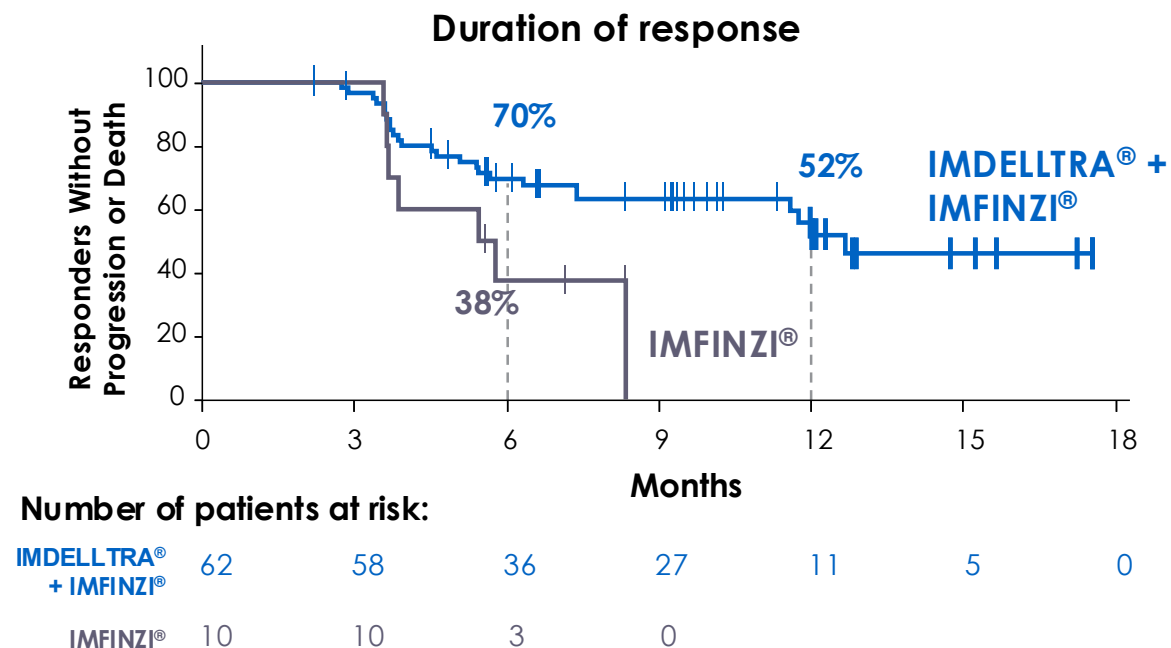
Median follow-up: 13.9 months (IMDELLTRA® + IMFINZI® arm); 13.9 months (IMFINZI® arm).

CI, confidence interval; CR, complete response; ES-SCLC, extensive-stage small cell lung cancer; PFS, progression-free survival; PR, partial response; SD, stable disease.

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IMDELLTRA® Plus IMFINZI® Demonstrated Significantly Improved Objective Response Rate Versus IMFINZI® Alone

	IMDELLTRA® + IMFINZI® (n = 235) ^a	IMFINZI® (n = 244) ^a
BOR, n (%)^{a,b}		
Confirmed CR ^c	2 (0.9)	1 (0.4)
Confirmed PR ^c	60 (25.5)	9 (3.7)
Stable disease	127 (54.0)	74 (30.3)
Progressive disease	43 (18.3)	150 (61.5)
ORR, % (95% CI)	26.4 (20.9–32.5)	4.1 (2.0–7.4)
P-value (2-sided)	< 0.001	
Median DOR, months (95% CI)	12.7 (7.4–NE)	5.6 (3.6–NE)



As of data cut-off, 43.6% and 11.4% of patients remained on treatment in IMDELLTRA® plus IMFINZI® and IMFINZI® arm, respectively

Data cut-off date: 7 JUL 2026. Median follow-up: 10.2 months (IMDELLTRA® + IMFINZI® arm); 8.3 months (IMFINZI® arm).

^aBased on RECIST 1.1 per investigator assessment in patients with measurable disease at baseline at the time of randomization. ^bPostbaseline scan data was not available for 3 (1.3%) patients in IMDELLTRA® + IMFINZI® arm and 10 (4.1%) in IMFINZI® arm. ^cConfirmation of a CR or a PR was required and had to take place no fewer than 4 weeks after the initial documentation of a CR or a PR. 1L, first line; BOR, best overall response; CI, confidence interval; CR, complete response; DOR, duration of response; NE, not estimable; ORR, objective response rate; PR, partial response, RECIST, Response Evaluation Criteria in Solid Tumors.

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IMDELLTRA® Plus IMFINZI® Showed a Manageable Safety Profile Consistent with the Individual Agents

	IMDELLTRA® + IMFINZI® (n = 282)	IMFINZI® (n = 278)
Median duration of treatment, weeks (IQR)	46.9 (16.4–65.6)	8.1 (4.1–20.1)
Any grade TEAEs, n (%)	281 (99.6)	258 (92.8)
Grade ≥ 3, n (%)	132 (46.8)	113 (40.6)
Serious, n (%)	118 (41.8)	88 (31.7)
Fatal, n (%)	13 (4.6)	13 (4.7)
Leading to discontinuation of IMDELLTRA®, n (%)	16 (5.7)	NA
Leading to discontinuation of IMFINZI®, n (%)	16 (5.7)	16 (5.8)
Any grade, TRAEs^a, n (%)	268 (95.0)	145 (52.2)
Grade ≥ 3, n (%)	59 (20.9)	30 (10.8)
Serious, n (%)	63 (22.3)	26 (9.4)
Fatal, n (%)	0 (0.0)	2 (0.7)
Leading to discontinuation of IMDELLTRA®, n (%)	9 (3.2)	NA
Leading to discontinuation of IMFINZI®, n (%)	9 (3.2)	10 (3.6)

- The grade ≥ 3 TRAEs occurring in ≥ 1% of the patients included neutrophil count decreased, neutropenia, and decreased appetite in the IMDELLTRA® plus IMFINZI® arm, and pneumonitis, AST increased and lipase increased in the IMFINZI® arm
- Treatment with IMDELLTRA® plus IMFINZI® resulted in a low frequency of treatment discontinuations and no treatment-related fatalities

Data cut-off date: 7 JUL 2026.

^aRelated to any treatment. AST, aspartate aminotransferase; IQR, interquartile range; NA, not applicable; TEAE, treatment-emergent adverse events; TRAE, treatment-related adverse events.

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CRS and ICANS Events Profile is Consistent with The Known Safety Profile of IMDELLTRA®

CRS ^{a,b} , n (%)	IMDELLTRA® + IMFINZI® (n = 282)	IMFINZI® (n = 278)
Any grade	140 (49.6)	4 (1.4)
Grade 2	21 (7.4)	2 (0.7)
Grade 3	1 (0.4)	0 (0.0)
Grade 4	0 (0.0)	0 (0.0)
Serious adverse events	36 (12.8)	2 (0.7)
Leading to discontinuation of IMDELLTRA®	1 (0.4)	NA
Fatal adverse events	0 (0.0)	0 (0.0)
Utilization of any CRS interventions^c	65 (23.0)	2 (0.7)

ICANS ^d , n (%)	IMDELLTRA® + IMFINZI® (n = 282)	IMFINZI® (n = 278)
Any grade	3 (1.1)	0 (0.0)
Grade 2	1 (0.4)	0 (0.0)
Grade 3	0 (0.0)	0 (0.0)
Grade 4	0 (0.0)	0 (0.0)
Serious adverse events	0 (0.0)	0 (0.0)
Leading to discontinuation of IMDELLTRA®	0 (0.0)	NA
Fatal adverse events	0 (0.0)	0 (0.0)

Most CRS events resolved with supportive care (and antipyretics):
Interventions included corticosteroids (21.6%), tocilizumab (3.9%), and low-flow oxygen (1.4%)

Data cut-off date: 7 JUL 2026.

^aCRS events included one patient with cytokine storm. ^bCRS and ICANS events were graded using ASTCT 2019 criteria. ^cOther supportive care interventions included intravenous fluids, vasopressor, and supplemental (low-flow [≤ 6 L/min]) oxygen. ^dPotentially associated neurologic events (including ICANS) occurred in 27 (9.6%) and 19 (6.8%) patients, respectively. Events were predominantly grade 1 or 2 and no fatal events occurred. ASTCT, American Society for Transplantation and Cellular Therapy; CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome; NA, not applicable.

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Conclusions

- IMDELLTRA® plus IMFINZI® significantly improved OS, PFS, and ORR versus IMFINZI® alone in patients with ES-SCLC without progression after initial chemo plus IMFINZI®
 - 58% reduction in the risk of death; $P < 0.001$
 - 66% reduction in the risk of disease progression or death; $P < 0.001$
 - ORR: 26.4% vs 4.1%; $P < 0.001$
- Survival benefit extended to all pre-defined subgroups including patients with brain metastases, liver metastases, or minimal response to initial chemo plus IMFINZI®
- IMDELLTRA® plus IMFINZI® demonstrated a positive benefit/risk profile with low rates of treatment discontinuation due to adverse events

DeLLphi-305 outcomes support IMDELLTRA® plus IMFINZI® as a new standard of care for first-line maintenance therapy in ES-SCLC

Chemo, chemotherapy; CRS, cytokine release syndrome; DOR, duration of response; ES-SCLC, extensive-stage small cell lung cancer; ICANS, immune effector cell-associated neurotoxicity syndrome; ORR, objective response rate; OS, overall survival; PFS, progression-free survival.

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ORIGINAL ARTICLE

Tarlatamab–Durvalumab Maintenance for Extensive-Stage Small-Cell Lung Cancer

M. Pérol,¹ T. Yoshida,² M.-J. Ahn,³ C.M. Gay,⁴ M. Schuler,⁵ H. Liu,⁶ A. Sezer,⁷
A. Bilici,⁸ I. Korantzis,⁹ S.M. Lim,¹⁰ K. Otsubo,¹¹ O. Juan-Vidal,¹² Yuanbin Chen,¹³
G. Schvartsman,¹⁴ H. Wang,¹⁵ A.-M.C. Dingemans,¹⁶ J.M. Clarke,¹⁷ A. Desai,¹⁸
M. Marigil,¹⁹ Yuqi Chen,¹⁹ B. Abidi,¹⁹ J. Wang,¹⁹ and J. Sands,²⁰ for the DeLLphi-305
Investigators*



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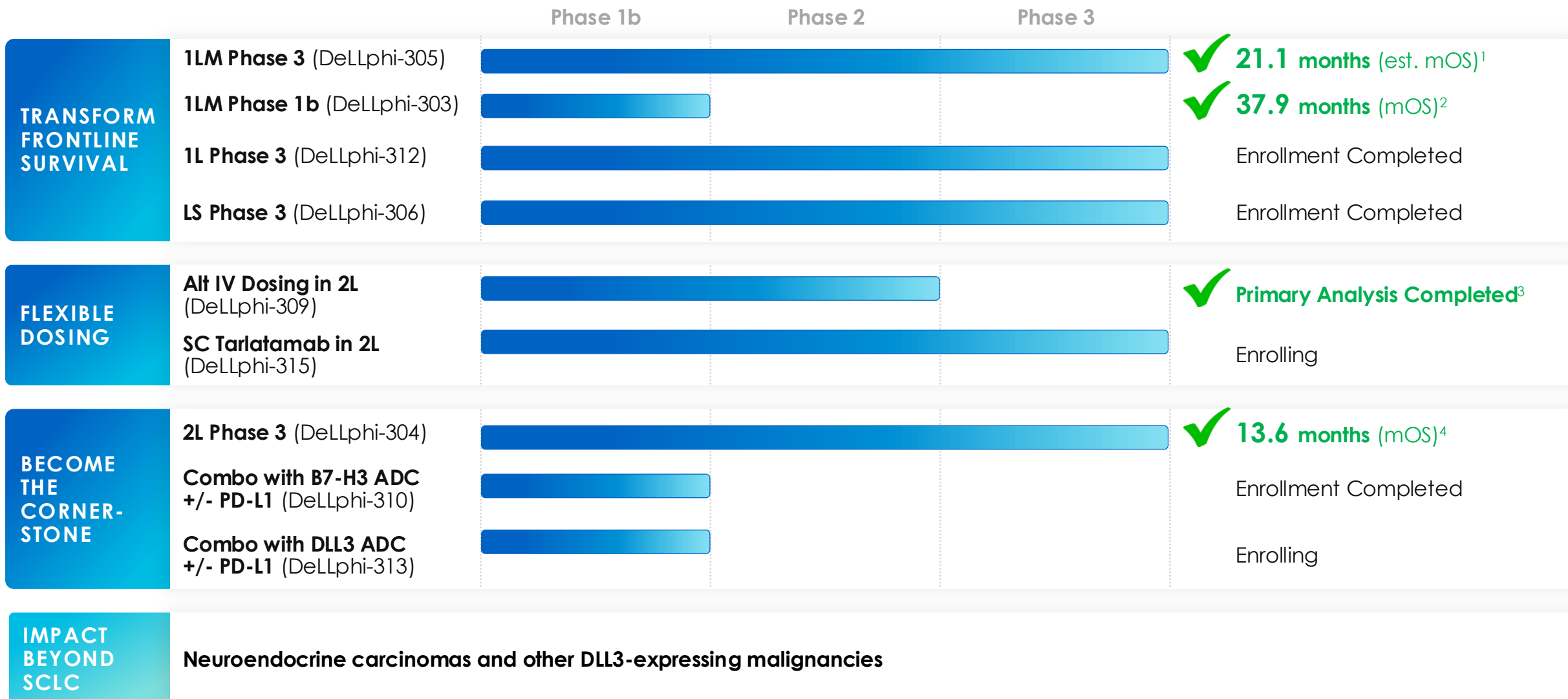
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Author Affiliations: **Jacob Sands, MD**: Dana-Farber Cancer Institute Boston, MA, United States of America; **Tatsuya Yoshida, MD, PhD**: National Cancer Center Hospital, Tokyo, Japan; **Myung-Ju Ahn, MD, PhD**: Samsung Medical Center; Hanyang University Medical Center, Seoul, Republic of Korea; **Carl M. Gay, MD, PhD**: University of Texas MD Anderson Cancer Center, Houston, TX, United States of America; **Martin Schuler, MD**: West German Cancer Center, University Hospital Essen, Essen, Germany; **Haifeng Liu, MD**: Jilin Cancer Hospital, Changchun, China; **Ahmet Sezer, MD**: Medical Park Seyhan Hastanesi, Adana, Türkiye; **Ahmet Bilici, MD**: Istanbul Medipol University, Bagcilar Medipol Mega Universite Hastanesi, Istanbul, Türkiye; **Ippokratidis Korantzis, MD**: Saint Luke's Hospital, Thessaloniki, Greece; European Interbalkan Medical Center, Thessaloniki, Greece; **Sun Min Lim, MD, PhD**: Yonsei Cancer Center, Yonsei University College of Medicine, Seoul, Republic of Korea; **Isamu Okamoto MD, PhD**: Kyushu University Hospital, Japan; **Oscar Juan-Vidal, MD, PhD**: Hospital Universitari i Politècnic La Fe, Valencia, Spain; **Yuanbin Chen, MD, PhD**: Cancer and Hematology Centers of Western Michigan, Grand Rapids, MI, United States of America; Orlando Health Cancer Institute, Orlando, FL, United States of America; **Gustavo Schvartsman, MD, PhD**: Hospital Israelita Albert Einstein, São Paulo, Brazil; **Anne-Marie C. Dingemans, MD, PhD**: Erasmus MC Cancer Institute, University Medical Center, Rotterdam, The Netherlands; **Jeffrey M. Clarke, MD**: Duke Cancer Center, Durham, NC, United States of America; **Miguel Marigil, MD, PhD**: Amgen Inc., Thousand Oaks, CA, United States of America; **Yuyang Zhang, PhD**: Amgen Inc., Thousand Oaks, CA, United States of America; **Bazle Abidi, MD**: Amgen Inc., Thousand Oaks, CA, United States of America; **Maurice Pérol, MD**: Léon Bérard Cancer Center, Lyon, France

Pursuing a Broad Clinical Development Program to Establish IMDELLTRA® as the Cornerstone Therapy in SCLC



SCLC, small cell lung cancer; 1LM, first-line maintenance; 1L, first-line; LS, limited-stage; Alt IV, alternative intravenous dosing; 2L, second-line; SC, subcutaneous; ADC, antibody drug conjugate; PD-L1, programmed cell death ligand 1; DLL3, Delta-like canonical Notch ligand 3; 1. Sands J, Yoshida T, Ahn M-J, et al. Abstract #755. Presented at: European Society for Medical Oncology Congress; October 23-27, 2026; Madrid, Spain. 2. Rudin CM, Ahn M-J, Schuler M, et al. Abstract #6617. Presented at: European Society for Medical Oncology Congress; October 23-27, 2026; Madrid, Spain. 3. Goldman J et al. OA05.01. Oral presentation at WCLC Congress Sep 12-15, 2026; Seoul, Korea. 4. Mountzio G, et al. N Engl J Med 2025;393:349-61.

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IMDELLTRA®: The Established Standard of Care in 2L+ ES-SCLC

Revolutionized Survival in 2L+ ES-SCLC

- Extending the median overall survival by more than five months to 13.6 months vs. standard of care chemotherapy at 8.3 months
- Recommended by NCCN as the Category 1 preferred option after platinum-based chemotherapy

Approved in 50+ Markets Globally

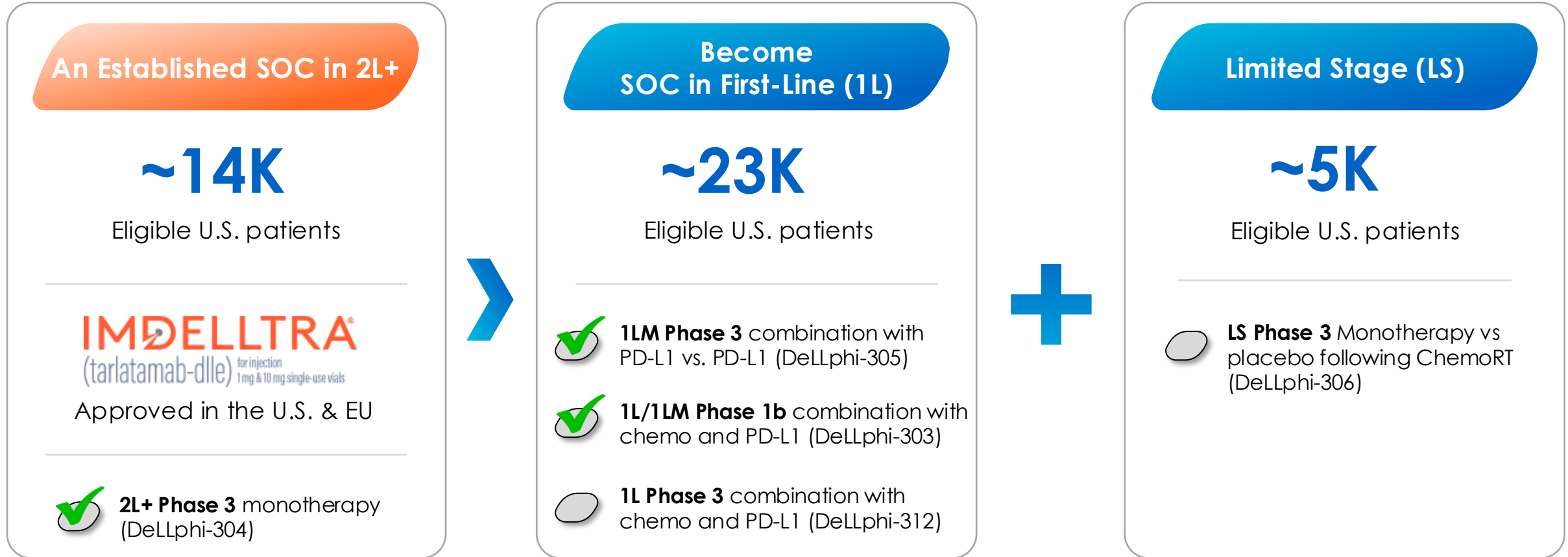
- Over 18K patients treated since launch globally
- Adoption is expanding and is available at more than 2,000 U.S. sites of care, over 65% of sites that have used IMDELLTRA® are in the community setting

Significant Opportunity Remains in the 2L+ Setting

- Chemotherapy remains a common treatment option
- Recommended on-site monitoring has decreased from 22–24 hours to 6–8 hours (in the U.S. and EU)
- 14k eligible U.S. patients with 2L+ ES-SCLC

Moving IMDELLTRA® Earlier in the SCLC Treatment Continuum

Extensive Stage SCLC →



Small cell lung cancer accounts for an estimated 10–15% of newly diagnosed lung cancer cases worldwide^{1,2}

SOC, standard of care; PD-L1, programmed cell death ligand 1; chemoRT, chemoradiotherapy.
1. Rudin CM, et al. Nat Rev Dis Primers. 2021;7:3. 2. Zhang Y, et al. Lancet Oncol. 2023;24:1206-1218.

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AMGEN

IMDELLTRA® has Demonstrated Transformative Overall Survival in First-line Small Cell Lung Cancer

IMDELLTRA® Clinical Trials

Phase 3 IMpower133

Atezolizumab
+ Chemo
in 1L ES-SCLC¹

12.3

months

Median Overall
Survival

Phase 3 CASPIAN

IMFINZI® (durvalumab)
+ Chemo
in 1L ES-SCLC²

12.9

months

Median Overall
Survival

Phase 3 IMforte

Atezolizumab
+ Lurbinectedin
in 1LM ES-SCLC³

13.2

months

Median Overall
Survival

1LM Phase 3 IMDELLTRA®
+ IMFINZI® (DeLLphi-305)^{4,5}

21.1

months

Est. Median Overall Survival
(median follow-up of 15.9 months)

1LM Phase 1b IMDELLTRA®
+ PD-L1 (DeLLphi-303)⁶

37.9

months

Median Overall Survival
(median follow-up of 30.8 months)

Note: Cross-trial comparisons are not appropriate due to differences in study design, patient populations, treatment protocols, and other trial-specific factors.

Chemo, chemotherapy; 1L, first-line; 1LM, first-line maintenance; ES-SCLC, extensive-stage small cell lung cancer.

1. Horn et al, *NEJM* 2018. 2. Paz-Ares L, et al. *ESMO Open*. 2022;7:100408. 3. Paz-Ares et al, *Lancet* 2025; 405:2129-43. 4. Sands J, Yoshida T, Ahn M-J, et al. Abstract #755. Presented at: European Society for Medical Oncology Congress; October 23-27, 2026; Madrid, Spain. 5. DeLLphi-305 trial is sponsored by Amgen, with partial funding and IMFINZI® provided by AstraZeneca.

6. Rudin CM, Ahn M-J, Schuler M, et al. Abstract #6617. Presented at: European Society for Medical Oncology Congress; October 23-27, 2026; Madrid, Spain.

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IMDELLTRA® is Revolutionizing the Treatment of Small Cell Lung Cancer Across Multiple Dimensions of Care

UNPRECEDENTED DURABLE SURVIVAL

1LM Phase 3 (DeLLphi-305)¹

21.1 months

Est. Median Overall Survival
(median follow-up of 15.9 months)

1LM Phase 1b (DeLLphi-303)²

37.9 months

Median Overall Survival
(median follow-up of 30.8 months)

FUTURE DOSING IMPROVEMENTS

On-site monitoring for

6 to 8 hours

for the first two doses of IMDELLTRA®
as approved in the U.S. and EU

With the potential for

1 to 2 hours

monitoring for the first two doses*

Less Frequent Dosing

alternative IV dosing Q3W / Q4W**

CORNERSTONE THERAPY

Broad Clinical Program

Reach the broadest population
by introducing IMDELLTRA® at the
earliest possible opportunities
in SCLC and beyond

1L, first-line; 1LM, first-line maintenance; Q3W, every 3 weeks; Q4W, every 4 weeks; SCLC, small cell lung cancer.

* 1-2 hour monitoring is evaluated in Phase 3 DeLLphi-305, -306, -312, and -315; ** Less frequent dosing was evaluated in Phase 2 DeLLphi-309.

1. Sands J, Yoshida T, Ahn M-J, et al. Abstract #755. Presented at: European Society for Medical Oncology Congress; October 23-27, 2026; Madrid, Spain.

2. Rudin CM, Ahn M-J, Schuler M, et al. Abstract #6617. Presented at: European Society for Medical Oncology Congress; October 23-27, 2026; Madrid, Spain.

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Q&A