ASCO 2021 HIGHLIGHTS

JUNE 4, 2021

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SAFE HARBOR STATEMENT

This presentation contains forward-looking statements that are based on the current expectations and beliefs of Amgen. All statements, other than statements of historical fact, are statements that could be deemed forward-looking statements, including any statements on the outcome, benefits and synergies of collaborations, or potential collaborations, with any other company (including BeiGene, Ltd. or any collaboration to manufacture therapeutic antibodies against COVID-19), the performance of Otezla® (apremilast) (including anticipated Otezla sales growth and the timing of non-GAAP EPS accretion), the Five Prime Therapeutics, Inc. acquisition, or the collaboration with Kyowa Kirin Co., Ltd. to jointly develop and commercialize KHK4083, as well as estimates of revenues, operating margins, capital expenditures, cash, other financial metrics, expected legal, arbitration, political, regulatory or clinical results or practices, customer and prescriber patterns or practices, reimbursement activities and outcomes, effects of pandemics or other widespread health problems such as the ongoing COVID-19 pandemic on our business, outcomes, progress, or effects relating to studies of Otezla as a potential treatment for COVID-19, and other such estimates and results. Forward-looking statements involve significant risks and uncertainties, including those discussed below and more fully described in the Securities and Exchange Commission reports filed by Amgen, including our most recent annual report on Form 10-K and any subsequent periodic reports on Form 10-Q and current reports on Form 8-K. Unless otherwise noted, Amgen is providing this information as of the date of this presentation and does not undertake any obligation to update any forward-looking statements contained in this document as a result of new information, future events or otherwise.

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AGENDA

Introduction	David Reese, M.D.—Executive Vice President, Research and Development
LUMAKRAS™ (sotorasib)	Gregory Friberg, M.D.—Vice President, Global Development
Bemarituzumab	P.K. Morrow, M.D.—Vice President, Global Development
Tarlatamab (AMG 757)	
Q&A	All

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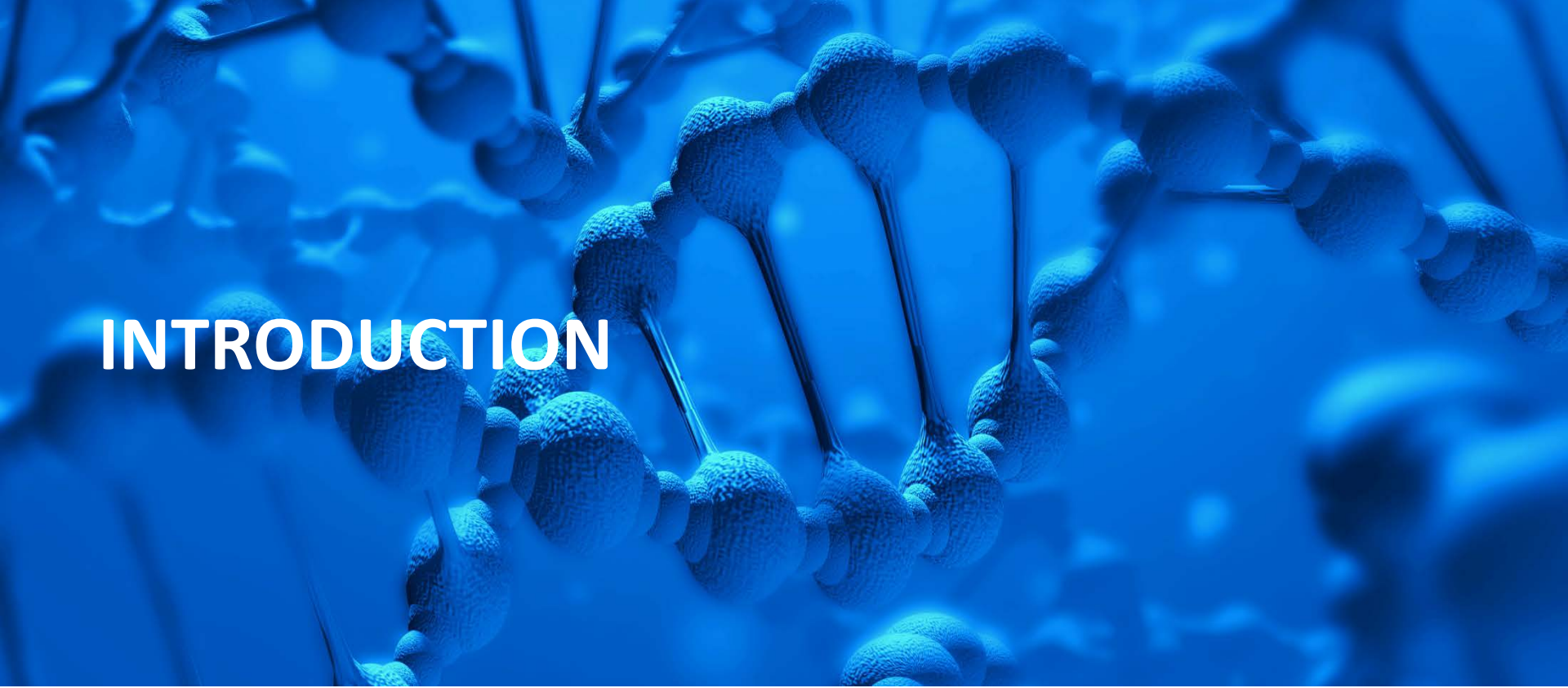

INTRODUCTION

DAVID REESE, M.D.

EXECUTIVE VICE PRESIDENT, RESEARCH AND DEVELOPMENT

AMGEN®

AMGEN ONCOLOGY-HEMATOLOGY: A BROAD, DIFFERENTIATED PORTFOLIO

- **Built on first-in-class molecules directed against high-quality targets in areas of high unmet need**
- **Developing combination/sequential therapies against multiple targets and indications to drive deep, durable responses**
- **Prioritizing high-potential programs for rapid advancement**
  - **First-in-class KRAS^{G12C} inhibitor LUMAKRAS™ (sotorasib)**
  - **First-in-class FGFR2b antibody bemarituzumab for gastric cancer**
  - **BiTE® immuno-oncology platform clinically validated in solid and hematologic tumors—tarlatamab (AMG 757) for small cell lung cancer**

KRAS G12C = Kirsten rat sarcoma viral oncogene homolog with G12C mutation; BiTE® = bispecific T-cell engager; FGFR2b = fibroblast growth factor receptor 2

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ADVANCING FIRST-IN-CLASS MOLECULES AGAINST HIGH-QUALITY TARGETS FOR BOTH SOLID AND HEMATOLOGIC MALIGNANCIES

Solid Tumors			
Tumor Type	**Molecule**	**Target**	**Modality**
Solid Tumors	LUMAKRAS™	KRAS G12C	Small Molecule
	AMG 256	PD-1 / IL-21	Bifunctional Fusion Protein
	AMG 650	KIF18A	Small Molecule
	AMG 994	Undisclosed	Bifunctional Fusion Protein
Prostate Cancer	AMG 160	PSMA	HLE-BiTE® Molecule
	AMG 509	STEAP1	XmAb® 2+1 Bispecific Ab
Small Cell Lung Cancer	Tarlatamab (AMG 757)	DLL3	HLE-BiTE® Molecule
Gastric or Gastroesophageal Junction Cancer	AMG 199	MUC17	HLE-BiTE® Molecule
	AMG 910	CLDN18.2	HLE-BiTE® Molecule
Melanoma	IMLYGIC®		Oncolytic Virus

Hematologic Malignancies			
Tumor Type	**Molecule**	**Target**	**Modality**
Multiple Myeloma	Pavurutamab (AMG 701)	BCMA	HLE-BiTE® Molecule
Acute Myeloid Leukemia	AMG 330	CD33	BiTE® Molecule
	AMG 673	CD33	HLE-BiTE® Molecule
	AMG 176	MCL1	Small Molecule
	AMG 397	MCL1	Small Molecule
	AMG 427	FLT3	HLE-BiTE® Molecule
Acute Lymphoblastic Leukemia	BLINCYTO® (blinatumomab)	CD19	BiTE® Molecule

BCMA = B-cell maturation antigen; HLE = half-life extended; BiTE® = bispecific T-cell engager; CD = cluster of differentiation; CLDN = claudin; DLL3 = delta-like ligand 3; EGFRvIII = epidermal growth factor receptor variant III; FLT3 = FMS-like tyrosine kinase 3; MUC = mucin; PSMA = prostate-specific membrane antigen; STEAP1 = six transmembrane epithelial antigen of the prostate 1

ASCO 2021 HIGHLIGHTS

Overall survival and exploratory subgroup analyses from the phase 2 CodeBreaK 100 trial evaluating sotorasib in pretreated KRAS p.G12C mutated non-small cell lung cancer	**Abstract 9003**
Patient-reported outcomes (PRO) from the phase 2 CodeBreaK 100 trial evaluating sotorasib in KRAS p.G12C mutated non-small cell lung cancer (NSCLC)	**Abstract 9057**
FIGHT: A randomized, double-blind, placebo-controlled, phase II study of bemarituzumab (bema) combined with modified FOLFOX6 in 1L FGFR2b+ advanced gastric/gastroesophageal junction adenocarcinoma (GC)	**Abstract 4010**
Updated results from a phase 1 study of AMG 757, a half-life extended bispecific T-cell engager (BiTE®) immuno-oncology therapy against delta-like ligand 3 (DLL3), in small cell lung cancer (SCLC)	**Abstract 8510**

LUMAKRAS™ (SOTORASIB)

GREGORY FRIBERG, M.D.

VICE PRESIDENT, GLOBAL DEVELOPMENT

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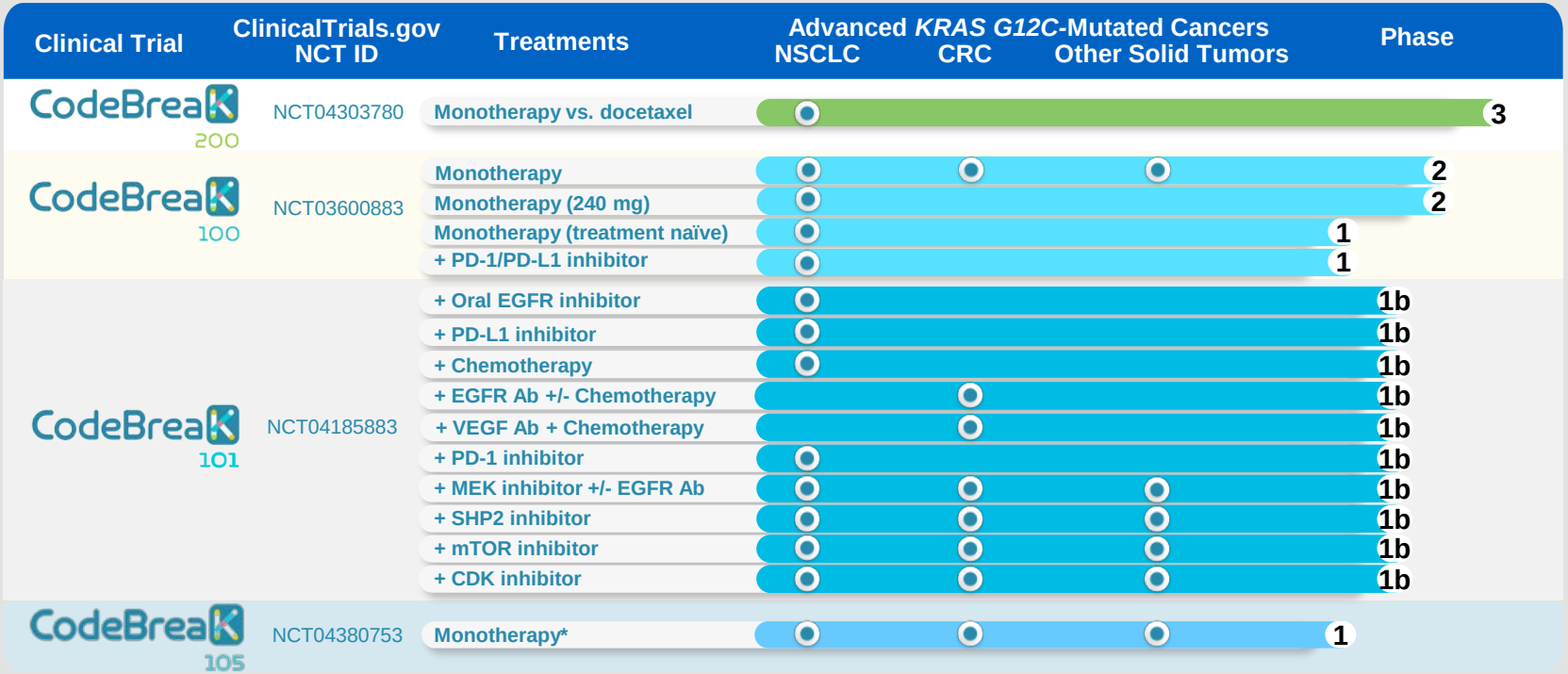
LUMAKRAS™: A FIRST-IN-CLASS KRAS^{G12C} INHIBITOR

- **Eight global regulatory submissions for advanced NSCLC**
  - **Approved in U.S**
  - **Reviews ongoing in Australia, Brazil, Canada, EU, Japan, Switzerland and the United Kingdom**
- **Broadest global KRAS^{G12C} program**
  - **> 800 patients with 13 tumor types enrolled across five continents**
  - **Phase 3 NSCLC study enrollment completed—event driven study**
  - **Phase 2 mCRC study complete—data submissions for publication/presentation planned for H2**
  - **Phase 2 "other solid tumors" study enrollment completed—data expected H1 2022**
  - **Phase 2 sub-study evaluating 240 mg QD vs. 960 mg QD in NSCLC patients initiated**
  - **Phase 2 study initiating in H2 2021 for first-line NSCLC patients with the highest unmet need, including STK11 mutations, as determined by biomarker analyses**
  - **> 10 Phase 1b combination cohorts underway—initial data from the MEK inhibitor, oral EGFR inhibitor and EGFR Ab combinations are planned for presentation in H2 2021**

KRAS^{G12C} = Kirsten rat sarcoma viral oncogene homolog with G12C mutation; NSCLC = non-small cell lung cancer; mCRC = metastatic colorectal cancer; EGFR = epidermal growth factor receptor; Ab = antibody

LUMAKRAS™: THE BROADEST GLOBAL KRAS^{G12C} INHIBITOR CLINICAL PROGRAM



*In subjects of Chinese descent; NCT = National Clinical Trial number; NSCLC = non-small cell lung cancer; CRC = colorectal cancer; PD-1 = programmed cell death protein 1; PD-L1 = programmed death-ligand 1; TKI = tyrosine kinase inhibitor; EGFR Ab = epidermal growth factor receptor antibody; VEGF = vascular endothelial growth factor; MEK = mitogen-activated protein kinase kinase; SHP2 = Src homology region 2-containing protein tyrosine phosphatase 2; mTOR = mammalian target of rapamycin; CDK = cyclin-dependent kinase

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OVERALL SURVIVAL AND EXPLORATORY SUBGROUP ANALYSES FROM THE PHASE 2 CODEBREAK100 TRIAL EVALUATING SOTORASIB IN PRETREATED KRAS P.G12C MUTATED NON-SMALL CELL LUNG CANCER

Ferdinandos Skoulidis[1], Bob T. Li,[2] Ramaswamy Govindan,[3] Grace K. Dy,[4] Geoffrey I. Shapiro,[5] Joshua M. Bauml,[6] Martin H. Schuler,[7] Alfredo Addeo,[8] Terufumi Kato,[9] Benjamin Besse,[10] Abraham Anderson,[11] Agnes Ang,[11] Gift Ngarmchamnanrith,[11] Qui Tran,[11] Vamsidhar Velcheti[12]

[1]The University of Texas MD Anderson Cancer Center, Cambridgeshire, United Kingdom; [2]Memorial Sloan Kettering Cancer Center and Weill Cornell Medicine, New York, NY, USA; [3]Alvin J Siteman Cancer Center at Washington University School of Medicine, St Louis, MI, USA; [4]Roswell Park Cancer Institute, Buffalo, NY, USA; [5]Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, USA; [6]University of Pennsylvania, Philadelphia, PA, USA; [7]West German Cancer Center, University Hospital Essen, University Duisburg-Essen, Essen, Germany, German Cancer Consortium (DKTK), Heidelberg, Germany; [8]Oncology Department, University Hospital Geneva, Geneva, Switzerland; [9]Kanagawa Cancer Center, Yokohama, Japan; [10]Gustave Roussy Institute, Villejuif, South Paris, France; [11]Amgen Inc. Thousand Oaks, CA. USA; [12]Thoracic Medical Oncology, Perlmutter Cancer Center, New York University, New York, NY, USA.

Presented at 2021 American Society Of Clinical Oncology (ASCO) Annual Meeting; June 4–8, 2021; Virtual Meeting.

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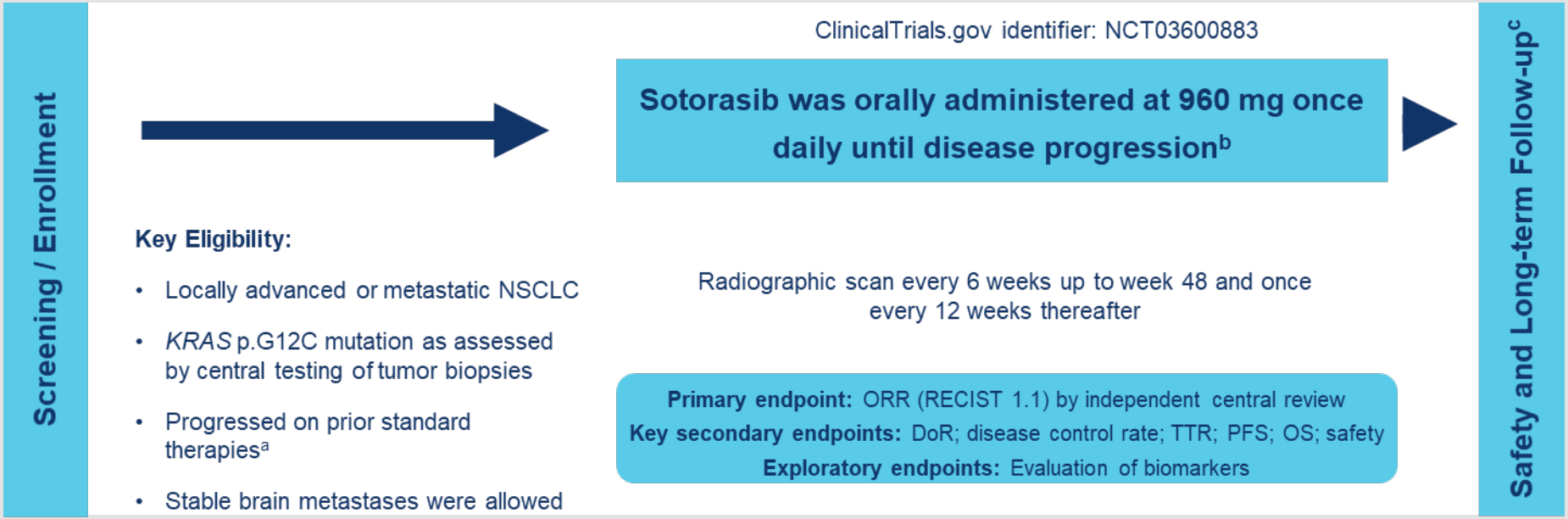
PHASE 2 CODEBREAK100: TRIAL DESIGN



Data cutoff: March 15, 2021; Median follow-up time: 15.3 months

a: no more than 3 prior lines of therapies were allowed; b: treatment beyond disease progression was allowed if certain criteria were met; c: safety follow-up occurs 30 (+7) days after the last dose of sotorasib; long-term follow-up occurs every 12 (±2) weeks for up to 3 years. NSCLC = non-small cell lung cancer; ORR = objective response rate; DoR = duration of response; TTR = time to response; PFS = progression-free survival; OS = overall survival; RECIST = Response Evaluation Criteria in Solid Tumors.

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PHASE 2 CODEBREAK100 TRIAL: BASELINE CHARACTERISTICS

Baseline Characteristics	Sotorasib 960mg, QD N = 126
Median age – years (range)	63.5 (37–80)
ECOG performance status – n (%) 0 1	 38 (30.2) 88 (69.8)
Smoking history – n (%) Never Current or former	 6 (4.8) 117 (92.9)
Prior lines of systemic anticancer therapy – n (%) 1 2 3	 54 (42.9) 44 (34.9) 28 (22.2)
Types of prior anticancer therapy – n (%) Platinum-based chemotherapy PD-1 or PD-L1 inhibitors Platinum-based chemotherapy and PD-1/PD-L1 inhibitors	 113 (89.7) 115 (91.3) 102 (81.0)

Most patients were previously treated with both platinum-based chemotherapy and immunotherapy

ECOG = Eastern Cooperative Oncology Group; QD = once a day; PD-1 = programmed cell death protein 1; PD-L1 = programmed death-ligand 1

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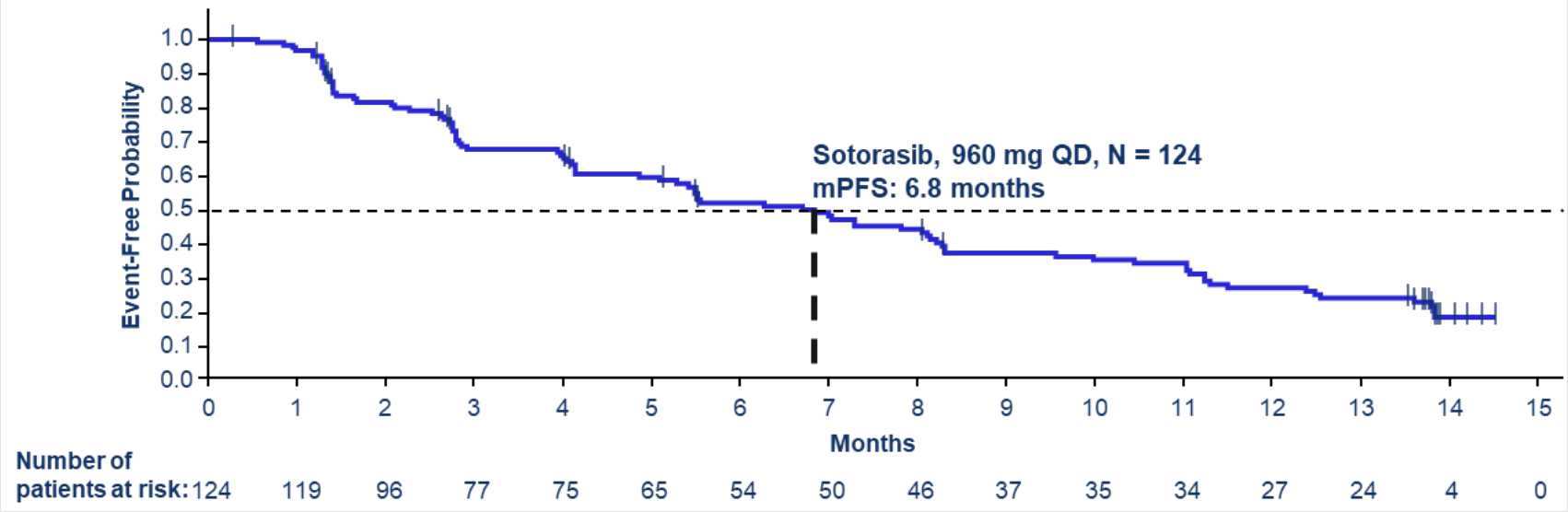
PHASE 2 CODEBREAK100 TRIAL: TUMOR RESPONSE

	Sotorasib 960mg, QD N = 124[a]
Objective Response Rate – % (95% CI)	37.1 (28.6, 46.2)
Best Overall Response – n (%)	
Complete response	4 (3.2)
Partial response	42 (33.9)
Stable disease	54 (43.5)
Progressive disease	20 (16.1)
Not evaluable or missing scan[b]	4 (3.2)
Disease Control Rate – % (95% CI)	80.6 (72.6, 87.2)
Duration of Response – months	
Median (95% CI)	11.1 (6.9, NE)
Time to Response – months	
Median (min, max)	1.35 (1.2, 10.1)

Over 80% of patients achieved disease control with sotorasib, including 4 complete responses and 42 partial responses

a: according to central review, 2 patients did not have measurable lesions at baseline per RECIST 1.1 and were excluded from response assessment; b: 2 patients stopped treatment without postbaseline scans and were deemed as "missing scan"; 2 patients had 1 post-baseline scan and were assessed as "not evaluable" by central review. CI = confidence interval; NE = not evaluable; RECIST = Response Evaluation Criteria in Solid Tumors

PHASE 2 CODEBREAK100 TRIAL: PROGRESSION-FREE SURVIVAL



Median progression-free survival was 6.8 months (95% CI: 5.1, 8.2)

QD = once a day; mPFS = median progression-free survival; CI = confidence interval.

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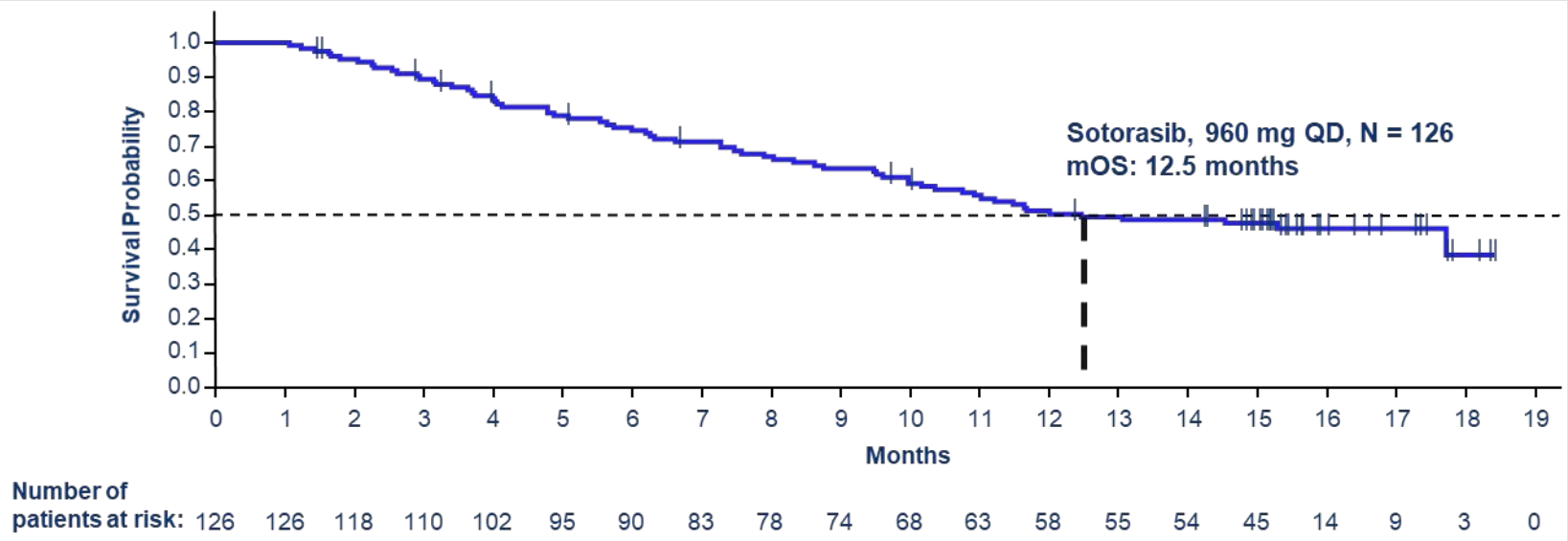
PHASE 2 CODEBREAK100 TRIAL: OVERALL SURVIVAL



Median overall survival was 12.5 months (95% CI: 10.0, not evaluable)

mOS = median overall survival

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PHASE 2 CODEBREAK100 TRIAL: SAFETY

Treatment-Related Adverse Events (TRAEs) Occurring in > 5%	Any Grade N = 126 n (%)	Grade 3 N = 126 n (%)
Any TRAEs	88 (69.8)	25 (19.8)
Diarrhea	40 (31.7)	5 (4.0)
Nausea	24 (19.0)	0
ALT increase	19 (15.1)	8 (6.3)
AST increase	19 (15.1)	7 (5.6)
Fatigue	14 (11.1)	0
Vomiting	10 (7.9)	0
Blood alkaline phosphatase increase	9 (7.1)	1 (0.8)
Maculopapular rash	7 (5.6)	0

One patient (0.8%) reported grade 4 TRAEs (pneumonitis and dyspnea)

- **No fatal TRAEs occurred**
- **TRAEs led to dose modifications in 28 patients (22.2%)**
- **TRAEs led to treatment discontinuation in 9 patients (7.1%)**
  - **Drug-induced liver injury (n=3, 2.4%)**
  - **LFT increase (n=1, 0.8%)**
  - **ALT increase (n= 2, 1.6%)**
  - **AST increase (n=2, 1.6%)**
  - **Blood alkaline phosphatase increase (n=1, 0.8%)**
  - **Transaminases increase (n=1, 0.8%)**
  - **Pneumonitis (n=2, 1.6%)**
  - **Dyspnea (n=1, 0.8%)**

Treatment-related adverse events were mostly grade 1 or 2 and were generally manageable

ALT = alanine aminotransferase; AST = aspartate aminotransferase; LFT = liver function test

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PHASE 2 CODEBREAK100 TRIAL: EFFICACY IN SUBGROUPS BY BASELINE CHARACTERISTICS

Patient subgroups	N (ORR)	ORR % (95% CI)	N (OS)	mOS months (95% CI)
Overall population	**124**	**37.1 (28.6, 46.2)**	**126**	**12.5 (10.0, NE)**
Age				
< 65 years	65	30.8 (19.9, 43.4)	67	11.7 (8.6, NE)
≥ 65 years	59	44.1 (31.2, 57.6)	59	14.6 (9.5, NE)
Baseline ECOG				
0	37	43.2 (27.1, 60.5)	38	NE (13.1, NE)
1	87	34.5 (24.6, 45.4)	88	10.2 (7.5, 14.6)
Prior lines of therapy				
1	53	39.6 (26.5, 54.0)	54	17.7 (7.9, NE)
2	43	32.6 (19.1, 48.5)	44	11.5 (8.8, NE)
3	28	39.3 (21.5, 59.4)	28	12.5 (8.0, NE)

Patient subgroups	N (ORR)	ORR % (95% CI)	N (OS)	mOS months (95% CI)
Overall population	124	37.1 (28.6, 46.2)	126	12.5 (10.0, NE)
Prior anti-PD1/L1				
Yes	113	36.3 (27.4, 45.9)	115	12.0 (10.0, NE)
No	11	45.5 (16.7, 76.6)	11	NE (4.8, NE)
Checkpoint inhibitors within 3 months prior to sotorasib				
Yes	61	34.4 (22.7, 47.7)	63	11.7 (8.3, NE)
No	63	39.7 (27.6, 52.8)	63	NE (10.2, NE)
Prior platinum-based chemo but no anti-PD1/L1	11	45.5 (16.7, 76.6)	11	NE (4.8, NE)
Prior anti-PD1/L1 but no platinum-based chemo	13	69.2 (38.6, 90.9)	13	17.7 (11.7, NE)

Response to sotorasib was consistently observed across patient subgroups

ECOG = Eastern Cooperative Oncology Group; NE = not evaluable

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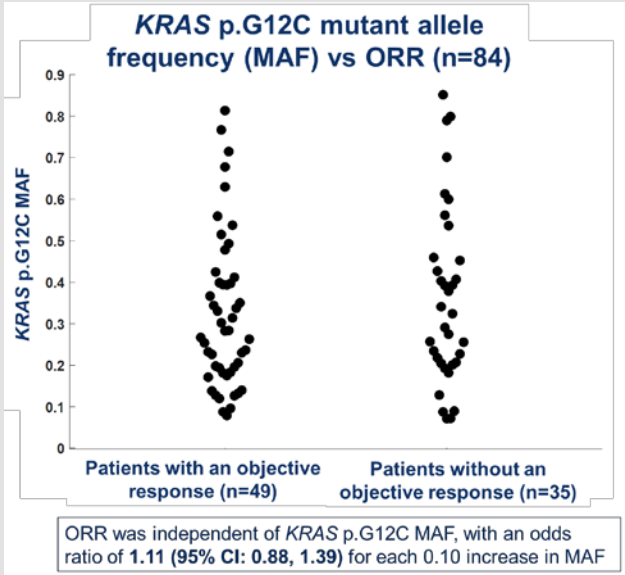
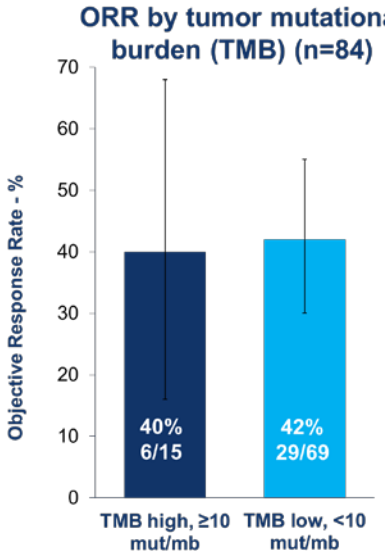
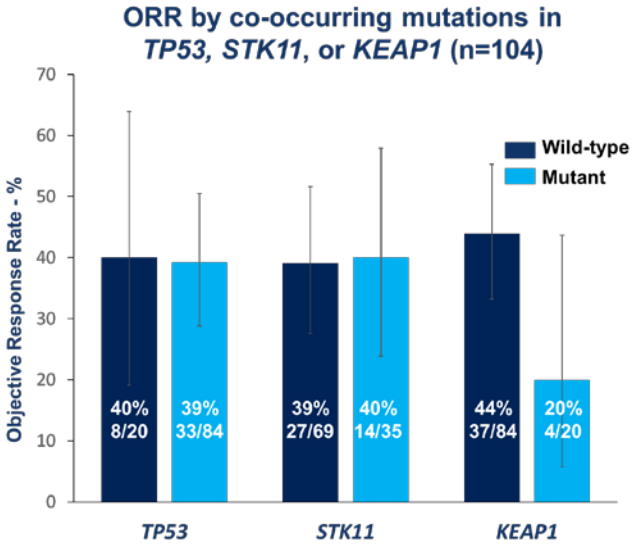
PHASE 2 CODEBREAK100 TRIAL: EFFICACY IN MOLECULARLY DEFINED SUBGROUPS—EXPLORATORY ANALYSES







Efficacy was seen in subgroups with molecular indicators of suboptimal outcomes with standard of care systemic therapies, such as mutations in STK11 or KEAP1

Analyses were conducted retrospectively in subjects who had available biomarker data. Error bars represent 95% CI

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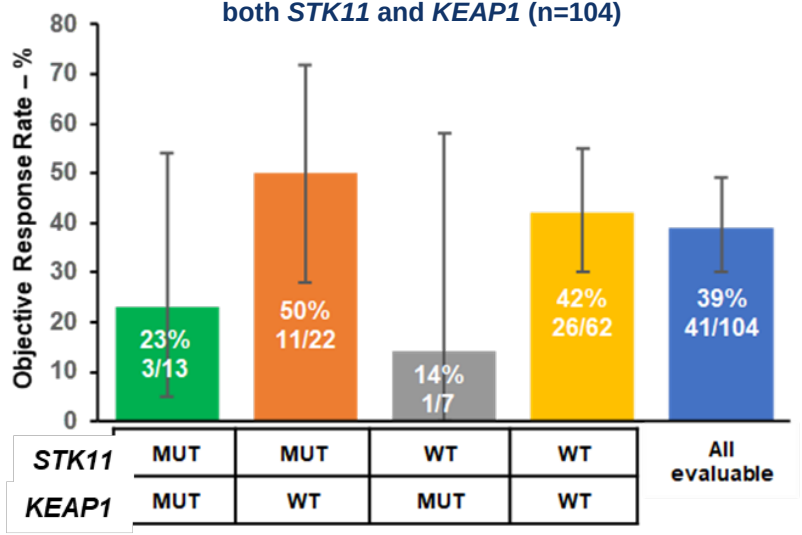
PHASE 2 CODEBREAK100 TRIAL: EFFICACY IN MOLECULARLY DEFINED SUBGROUPS—EXPLORATORY ANALYSES

ORR by co-occurring mutations in both *STK11* and *KEAP1* (n=104)



PFS and OS by co-occurring mutations in both *STK11* and *KEAP1* (n=104)

STK11 status	*KEAP1* status	n	mPFS month (95% CI)	mOS month (95% CI)
MUT	MUT	13	2.6 (1.4, 11.1)	4.8 (2.1, 10.8)
MUT	WT	22	11.0 (2.8, NE)	15.3 (4.8, NE)
WT	MUT	7	5.5 (0, 7.0)	7.5 (0, NE)
WT	WT	62	6.8 (4.0, 11.0)	NE (NE, NE)
All evaluable	All evaluable	104	6.3 (4.1, 8.3)	13.1 (9.5, NE)

Improved efficacy with sotorasib was seen in STK11-mutant group with concurrent wild-type KEAP1, whereas KEAP1-mutant groups appeared to derive less benefit, with limitations of small sample size and exploratory nature

Analyses were conducted retrospectively in patients who had available biomarker data. MUT = mutant; WT = wild type

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LUMAKRAS™ (SOTORASIB): PHASE 2 NSCLC SUMMARY

- **At a median follow-up of 15.3 months, LUMAKRAS™ demonstrated**
  - **Median OS of 12.5 months and median PFS of 6.8 months**
  - **Objective response rate of 37.1% (4 complete responses) with median DOR of 11.1 months**
  - **Mostly low-grade treatment-related adverse events**
- **Efficacy was observed**
  - **Across various prespecified patient subgroups**
  - **In molecularly defined subgroups from exploratory analyses, including STK11-mutated tumors that exhibit inferior outcomes with standard of care systemic therapies**
- **PRO measures suggested maintenance or improvement of global health status/QoL, physical functioning, and the severity of key lung cancer-related symptoms (Abstract 9057, Spira et al.)**

PRO = patient reported outcomes; QoL = quality of life

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The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Sotorasib for Lung Cancers with *KRAS* p.G12C Mutation

F. Skoulidis, B.T. Li, G.K. Dy, T.J. Price, G.S. Falchook, J. Wolf, A. Italiano, M. Schuler, H. Borghaei, F. Barlesi, T. Kato, A. Curioni-Fontecedro, A. Sacher, A. Spira, S.S. Ramalingam, T. Takahashi, B. Besse, A. Anderson, A. Ang, Q. Tran, O. Mather, H. Henary, G. Ngarmchamnanrith, G. Friberg, V. Velcheti, and R. Govindan

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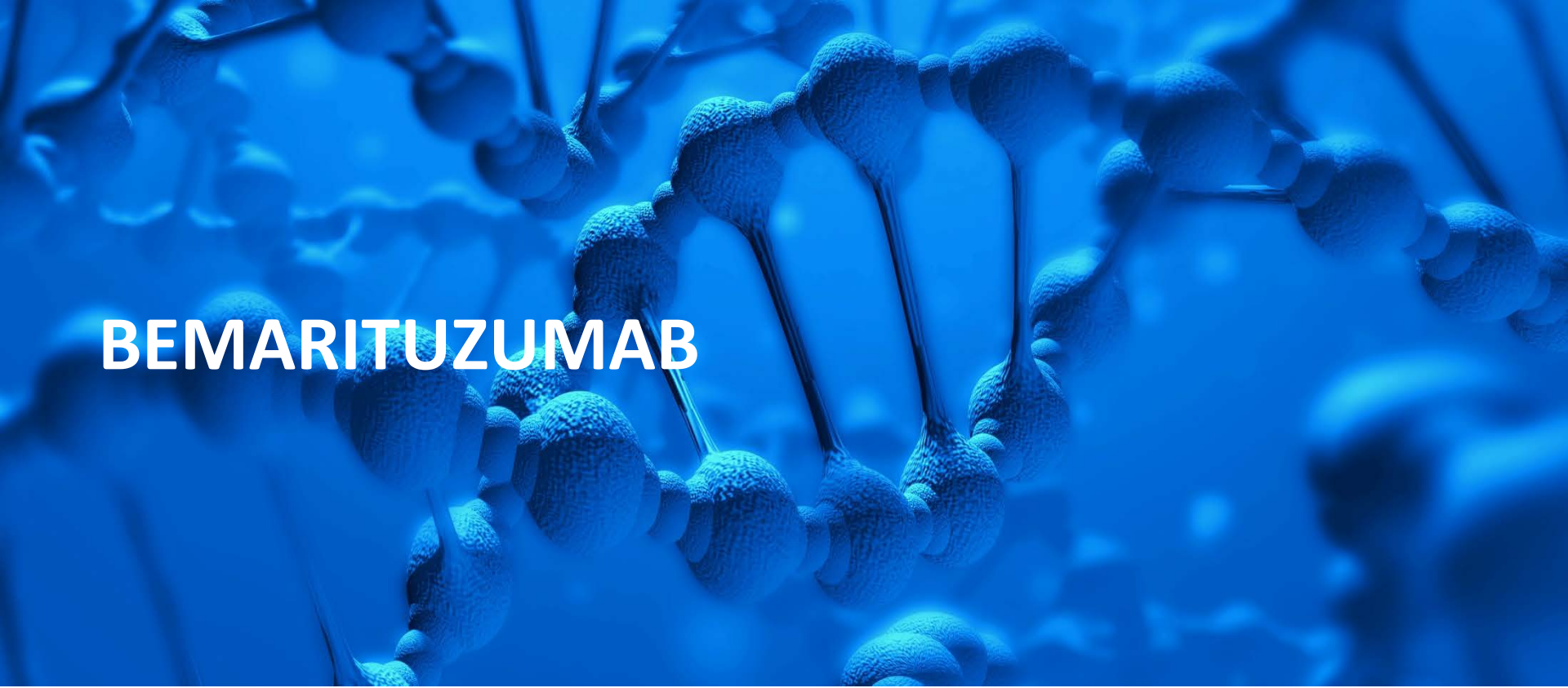
ADVANCED COLORECTAL CANCER PHASE 2 STUDY TOP-LINE RESULTS

- **Phase 2 single arm cohort in CodeBreaK100 enrolled 62 patients with advanced colorectal cancer**
  - **960 mg monotherapy-once daily, single-arm**
- **ORR = 9.7% with central adjudication**
- **No new safety findings**
- **Full results will be submitted in H2 2021 for publication/presentation**
- **Unlikely to pursue accelerated registration based on these data**
- **Continued efforts focused on combination approaches—presentation of initial data from EGFR Ab combination in mCRC expected in H2**



BEMARITUZUMAB

P.K. MORROW, M.D.

VICE PRESIDENT, GLOBAL DEVELOPMENT

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FIGHT: A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PHASE 2 STUDY OF BEMARITUZUMAB (BEMA) COMBINED WITH MODIFIED FOLFOX6 IN 1L FGFR2B+ ADVANCED GASTRIC/GASTROESOPHAGEAL JUNCTION ADENOCARCINOMA (GC) (NCT03694522)

Catenacci D[1], Kang YK[2], Saeed A[3], Yamaguchi K[4], Qin S[5], Lee KW[6], Kim IH[7], Oh SC[8], Li J[9], Turk HM[10], Teixeira AC[11], Borg C[12], Hitre E[13], Udrea AA[14], Cardellino GG[15], Guardeño Sanchez R[16], Mitra S[17], Yang Y[17], Enzinger PC[18], Wainberg ZA[19]

[1]University of Chicago, Chicago, USA; [2]Asan Medical Center, Seoul, South Korea; [3]Kansas University Cancer Center, Westwood, KS, USA; [4]The Cancer Institute Hospital of JFCR, Koto-Ku, Tokyo, Japan; [5]81 Hospital Nanjing University of Chinese Medicine, Nanjing, China; [6]Seoul National University Bundang Hospital, Seoul National University College of Medicine, Seongnam, Gyeonggi-do, South Korea; [7]The Catholic University of Korea, Seoul St. Mary's Hospital, Seoul, South Korea; [8]Korea University Guro Hospital, Seoul, South Korea; [9]Shanghai East Hospital, Shanghai, China; [10]Department of Medical Oncology, Bezmialem Vakif University, School of Medicine, Istanbul, Turkey; [11]Hospital Senhora Da Oliveira, Guimarães, Portugal; [12]Centre Hospitalier Régional Universitaire de Besançon, Besançon France; [13]National Institute of Oncology, Budapest, Hungary; [14]SC Medisprof SRL, Cluj-Napoca, Romania; [15]Department of Oncology, Azienda Sanitaria Universitaria Friuli Centrale, Udine, Italy; [16]Institut Català d'Oncologia, Girona, Spain; [17]FivePrime Therapeutics, Inc., South San Francisco, USA; [18]Dana Farber Cancer Institute, Boston, USA; [19]University of California, Los Angeles, USA

Presented at 2021 American Society Of Clinical Oncology (ASCO) Annual Meeting; June 4–8, 2021; Virtual Meeting.

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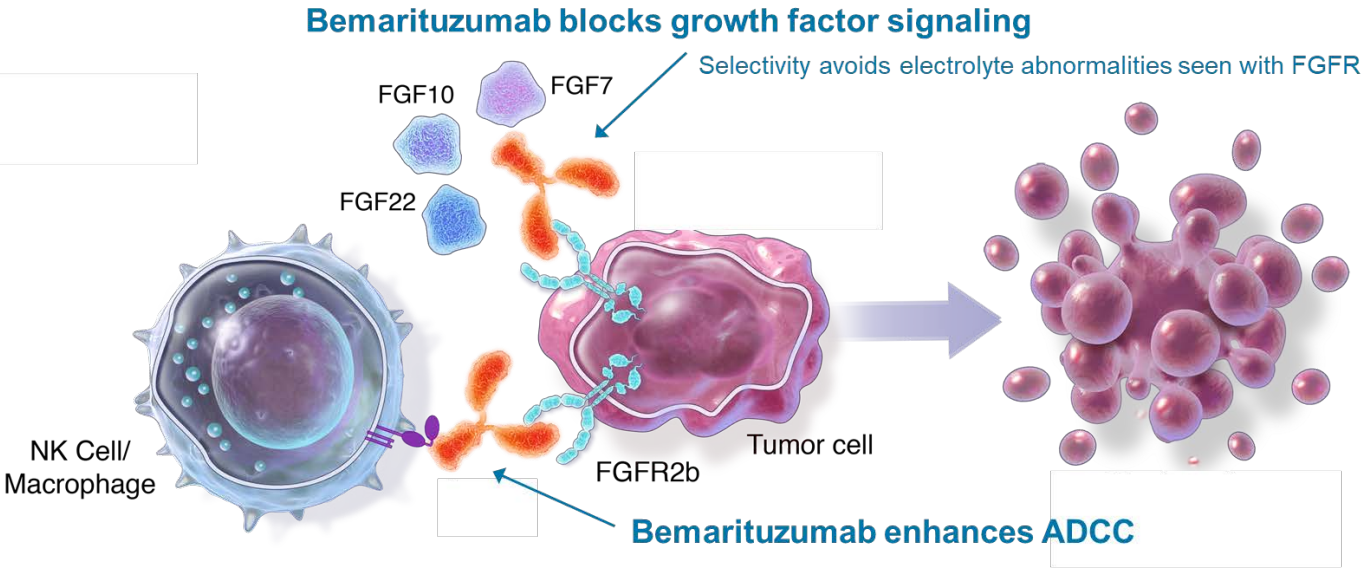
BEMARITUZUMAB: IgG1 Ab SPECIFIC TO FGFR2B RECEPTOR



18% overall response rate in late-line FGFR2b+ gastroesophageal cancer[1]

ADCC = antibody-dependent cell-mediated cytotoxicity; FGF = fibroblast growth factor; IgG1 = immunoglobulin G1; NK = natural killer; TKIs = tyrosine kinase inhibitors

1. Catenacci D, et al. *J Clin Oncol*. 2020.

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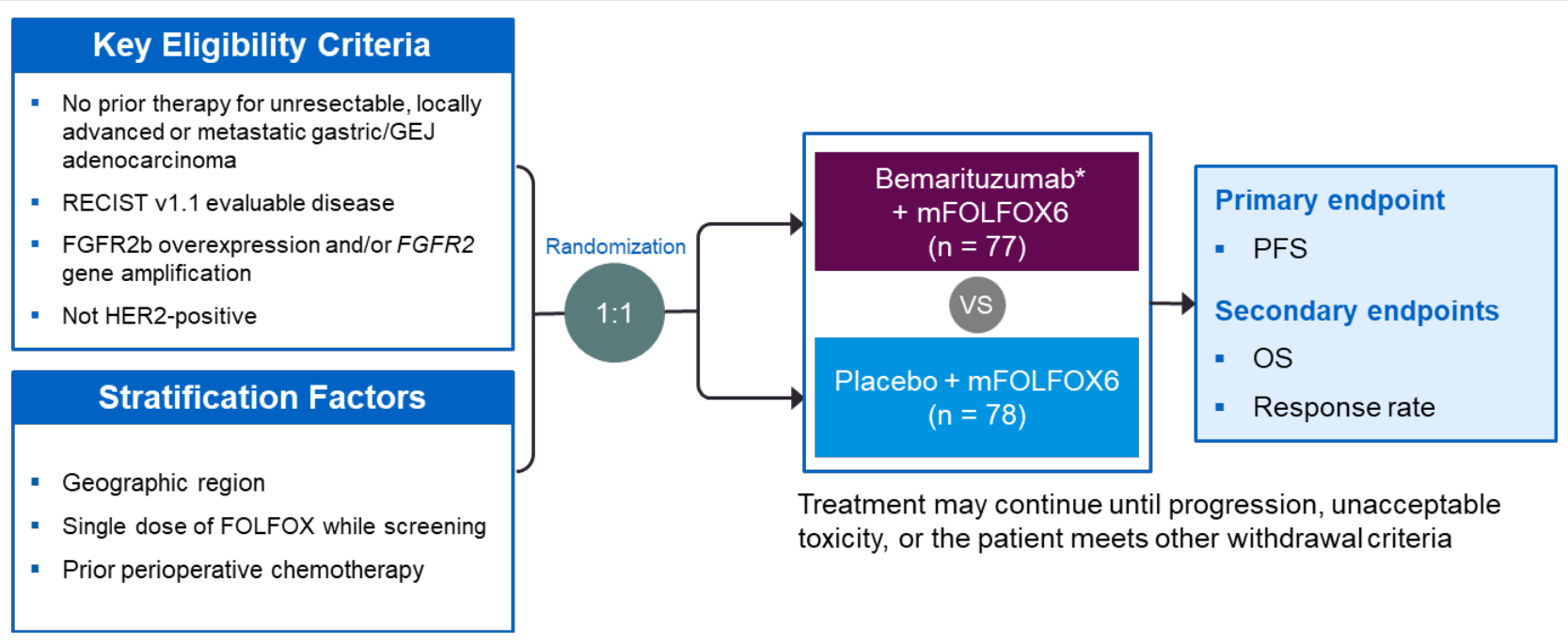
BEMARITUZUMAB: FIGHT PHASE 2 STUDY DESIGN



***Bemarituzumab dosing: 15 mg/kg Q2W beginning cycle 1 day 1 (plus 1 dose of 7.5 mg/kg on day 8 of cycle 1 only). FOLFOX6 dosing: standard fixed doses Q2W.**
FGFR2b = fibroblast growth factor receptor 2b

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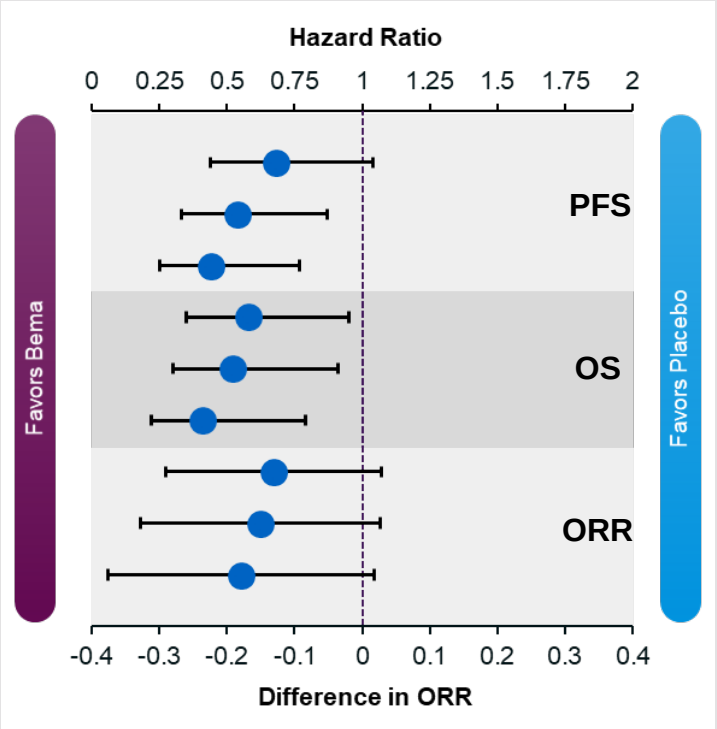
HIGHER BEMARITUZUMAB EFFICACY WITH HIGHER % FGFR2B+

Endpoint	Subgroup	Median PFS/OS (months) Response rate	HR (95% CI) Difference in ORR (95% CI)
PFS	Overall*	Bema: 9.5 Placebo: 7.4	0.68 (0.44, 1.04)
	IHC 2+ or 3+ ≥5%†	Bema: 10.2 Placebo: 7.3	0.54 (0.33, 0.87)
	IHC 2+ or 3+ ≥10%‡	Bema: 14.1 Placebo: 7.3	0.44 (0.25, 0.77)
OS	Overall	Bema: NR Placebo: 12.9	0.58 (0.35, 0.95)
	IHC 2+ or 3+ ≥5%	Bema: NR Placebo: 12.5	0.52 (0.30, 0.91)
	IHC 2+ or 3+ ≥10%	Bema: NR Placebo: 11.1	0.41 (0.22, 0.79)
ORR	Overall	Bema: 36 (46.8%) Placebo: 26 (33.3%)	-13.1%§ (-29.0%, 2.8%)
	IHC 2+ or 3+ ≥5%	Bema: 30 (51.7%) Placebo: 22 (36.7%)	-15.1%§ (-32.8%, 2.7%)
	IHC 2+ or 3+ ≥10%	Bema: 24 (54.5%) Placebo: 19 (36.5%)	-18.0%§ (-37.7%, 1.7%)

September, 23rd 2020 data cut



*N = 155; †N = 118; ‡N = 96; §difference in ORR is calculated by (placebo ORR – Bema ORR); NR = not reached

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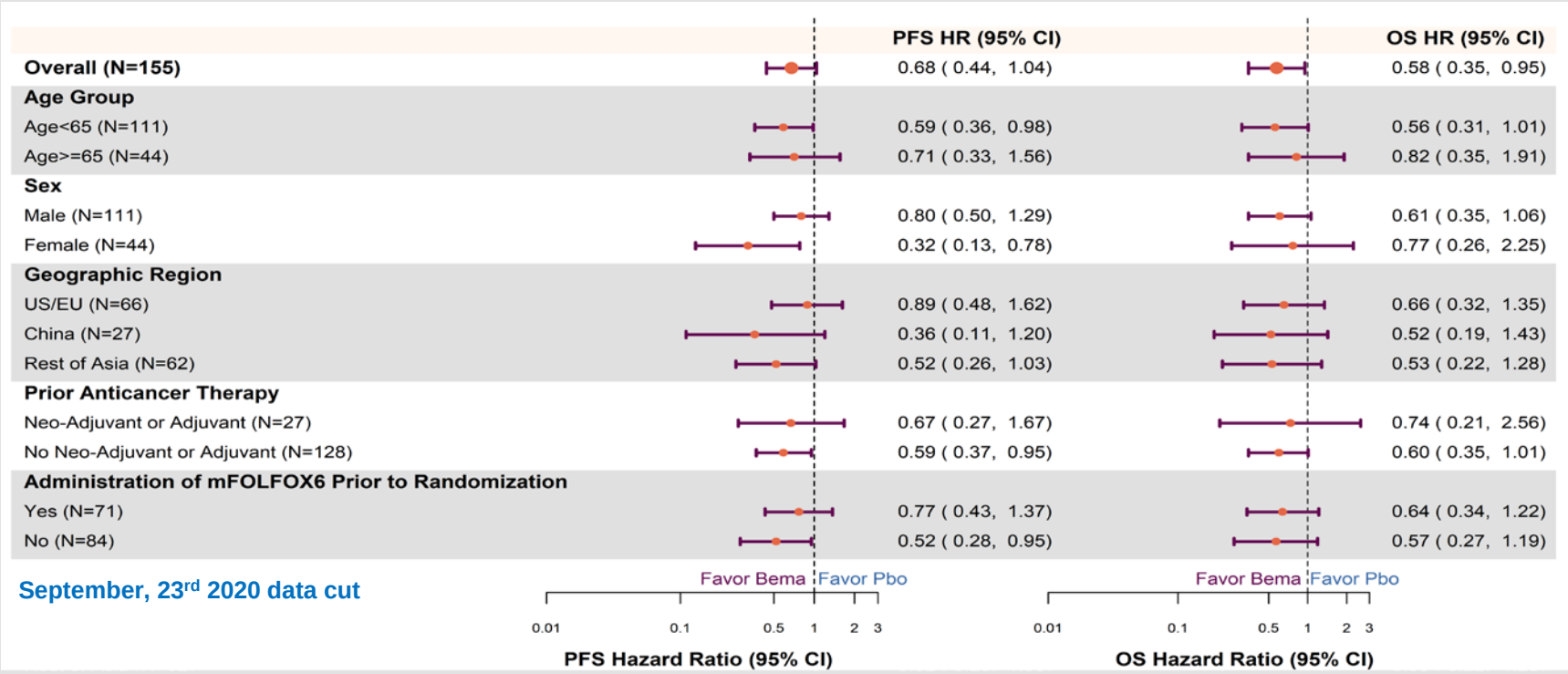
PFS AND OS FAVORED BEMARITUZUMAB ACROSS SUBGROUPS

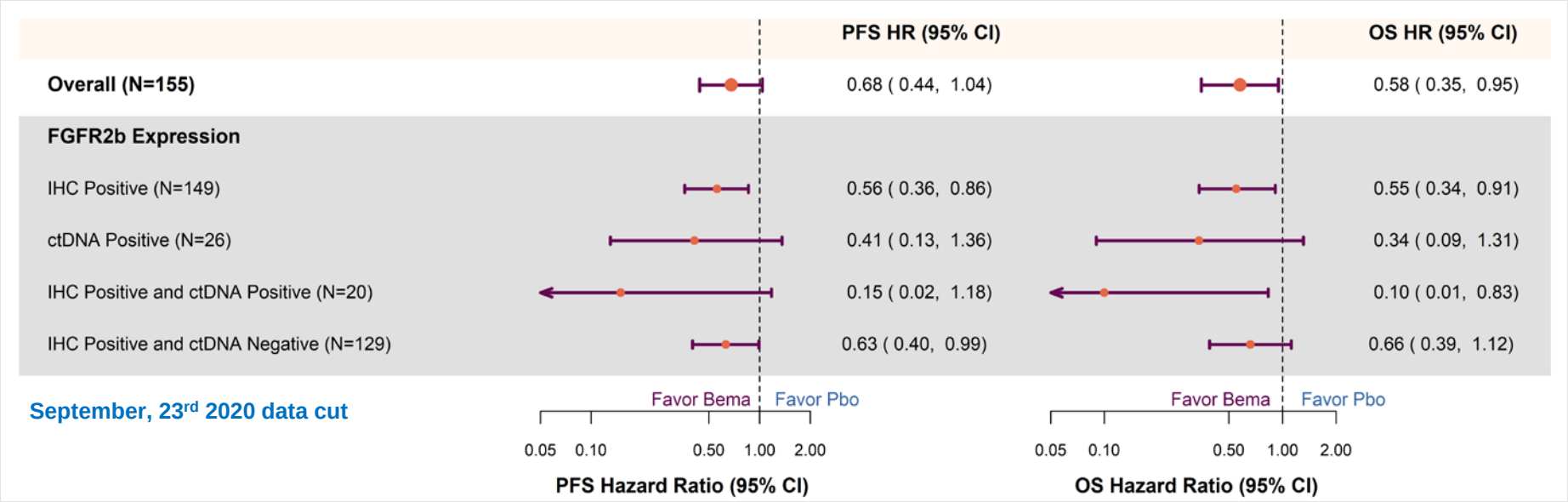


September, 23rd 2020 data cut

CI = confidence interval; HR = hazard ratio

BEMARITUZUMAB: EVALUATION OF EFFICACY BY BIOMARKER STATUS

Overexpression was Sufficient, ctDNA+ with Most Pronounced Benefit

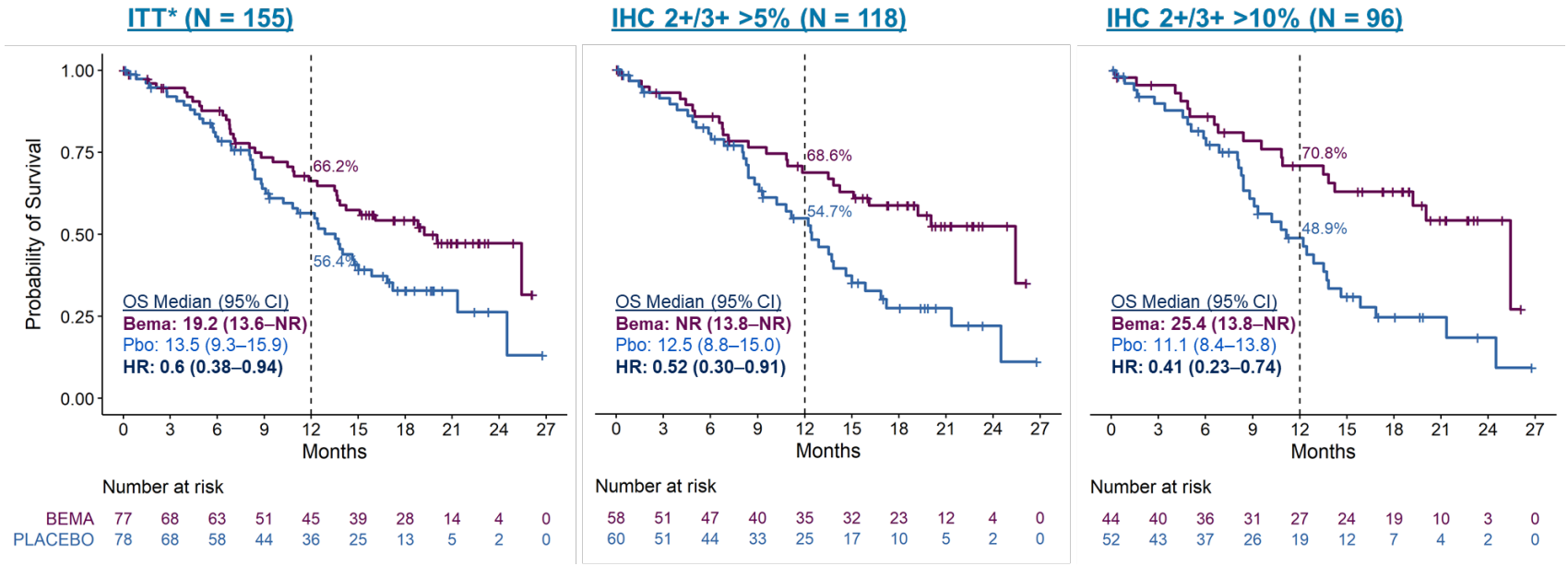


September, 23rd 2020 data cut

ctDNA = circulating tumor DNA

BEMARITUZUMAB: MEDIAN OS REACHED WITH LONGER FOLLOW-UP

Addition of Bemarituzumab Showed a +5.7 Month Improvement in Median OS



February, 28th 2021 data cut; Median Follow-up 12.5 months

***ITT = includes 149 patients with IHC 2+/3+ and 6 with IHC <2+ or not available who were enrolled based on ctDNA alone; NR = not reached**

BEMARITUZUMAB: SELECTED TREATMENT-EMERGENT ADVERSE EVENTS SUMMARY

Selected AE (Preferred term)	Any Grade		Grade ≥3	
	Bema (N = 76)	Placebo (N = 77)	Bema (N = 76)	Placebo (N = 77)
Total Events	76 (100.0%)	76 (98.7%)	63 (82.9%)	57 (74.0%)
Nausea	36 (47.4%)	41 (53.2%)	0	3 (3.9%)
Vomiting	22 (28.9%)	24 (31.2%)	2 (2.6%)	2 (2.6%)
Diarrhea	31 (40.8%)	24 (31.2%)	2 (2.6%)	1 (1.3%)
Stomatitis	24 (31.6%)	10 (13.0%)	7 (9.2%)	1 (1.3%)
Peripheral sensory neuropathy	15 (19.7%)	15 (19.5%)	4 (5.3%)	3 (3.9%)
Neutrophil count decreased	31 (40.8%)	33 (42.9%)	23 (30.3%)	27 (35.1%)
Platelet count decreased	14 (18.4%)	21 (27.3%)	1 (1.3%)	0
Aspartate aminotransferase increased	23 (30.3%)	15 (19.5%)	4 (5.3%)	2 (2.6%)
Alanine aminotransferase increased	22 (28.9%)	11 (14.3%)	2 (2.6%)	1 (1.3%)
Dry eye	20 (26.3%)	5 (6.5%)	2 (2.6%)	0

AE = adverse event

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BEMARITUZUMAB: SUMMARY OF CORNEAL ADVERSE EVENTS

Patients with corneal AEs*	Bema (N = 76)	Placebo (N = 77)
Any corneal AE	51 (67.1%)	8 (10.4%)
Grade 1 corneal AE	16 (21.1%)	6 (7.8%)
Grade 2 corneal AE	17 (22.4%)	2 (2.6%)
Grade 3 corneal AE	18 (23.7%)	0
Grade 4 corneal AE	0	0
SAE	0	0
Time to onset (grades 2 and 3) (weeks)		
N	35	2
Median	23.7	12.8
Q1, Q3	15.9, 33.1	9.0, 16.6
Time to resolution or downgraded to grade 1 (grades 2 and 3) (weeks)		
N	21[†]	1
Median	19.1	2.0
Q1, Q3	9.1, 25.1	2.0, 2.0

***Duration of exposure was comparable for the two arms; [†]loss of follow-up of 6 patients due to death and 1 patient due to consent withdrawal.**
No association with frequency or severity of corneal AE and tumor FGFR2b positivity. Corneal AEs are defined by Standardized MedDRA Queries (SMQ) of corneal disorders.

BEMARITUZUMAB: CONCLUSIONS

- **PFS/OS favored bemarituzumab over placebo across prespecified subgroups**
- **At median follow-up of 12.5 months, mFOLFOX6 plus bemarituzumab increased OS +5.7 months versus placebo in patients with FGFR2b+ tumors (19.2 vs 13.5 months)**
- **Bemarituzumab improved clinical outcomes in patients with tumor FGFR2b+ overexpression, regardless of ctDNA FGFR2 gene amplification status**
- **Delayed onset of corneal AEs might support utility of proactive ocular prophylaxis**
- **Phase 3 study planning is underway for first-line FGFR2b+ gastroesophageal cancer**

TARLATAMAB (AMG 757)

P.K. MORROW, M.D.

VICE PRESIDENT, GLOBAL DEVELOPMENT

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UPDATED RESULTS FROM A PHASE 1 STUDY OF AMG 757 (TARLATAMAB), A HALF-LIFE EXTENDED BISPECIFIC T-CELL ENGAGER (HLE BITE®) IMMUNO-ONCOLOGY THERAPY TARGETING DELTA-LIKE LIGAND 3 (DLL3), IN SMALL CELL LUNG CANCER (SCLC)

Taofeek K. Owonikoko,[1] Stéphane Champiat,[2] Melissa Johnson,[3] Ramaswamy Govindan,[4] Hiroki Izumi,[5] Victoria Lai,[6] Hossein Borghaei,[7] Michael Boyer,[8] Rene J. Boosman,[9] Horst-Dieter Hummel,[10] Fiona H. Blackhall,[11] Noemi Reguart,[12] Afshin Dowlati,[13] Yiran Zhang,[14] Sujoy Mukherjee,[14] Mukul Minocha,[14] Yanchen Zhou,[15] Aditya Shetty,[14] Nooshin Hashemi Sadraei,[14] Luis Paz-Ares Rodrigues[16]

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Presented at 2021 American Society Of Clinical Oncology (ASCO) Annual Meeting; June 4–8, 2021; Virtual Meeting.

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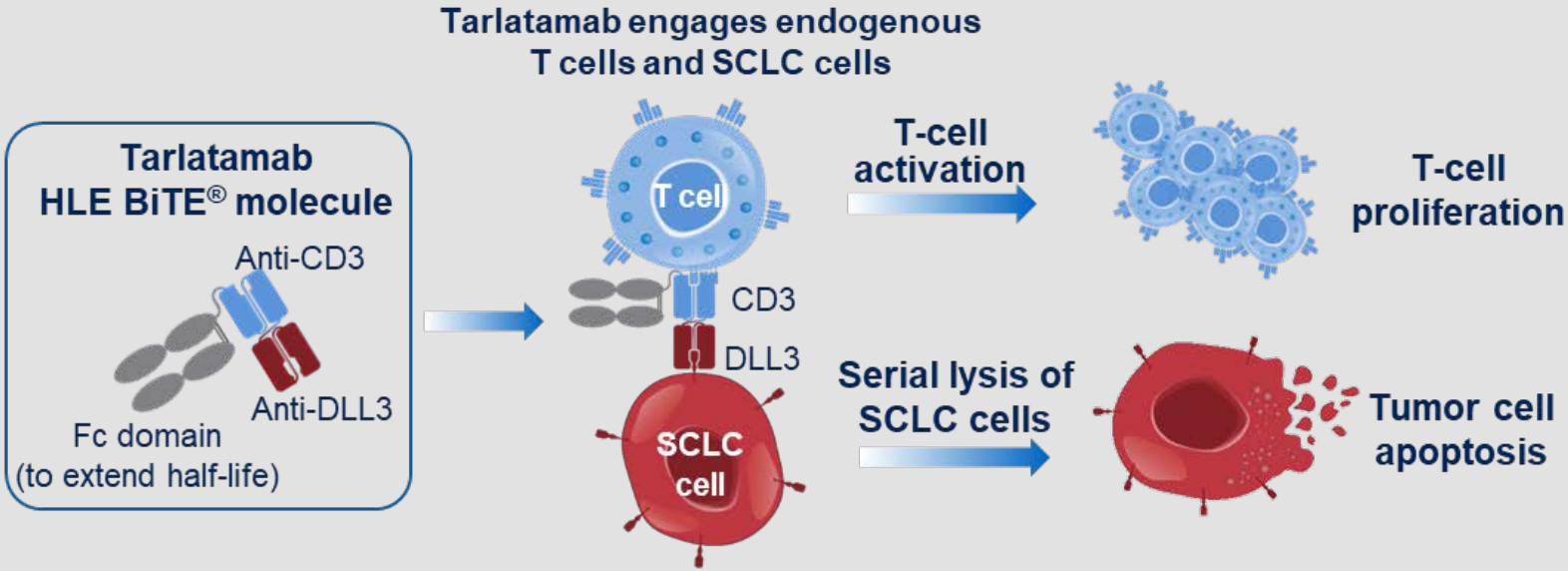
TARLATAMAB: A HALF-LIFE EXTENDED BISPECIFIC T-CELL ENGAGER (HLE BITE®) TARGETING DLL3 FOR SCLC



We report updated safety, efficacy, and pharmacokinetic data from 10 cohorts from the open-label, multi-center phase 1 study of tarlatamab (0.003 mg to 100 mg IV every 2 weeks, with or without step dose: data cutoff, 22 March 2021) in relapsed/refractory SCLC (NCT03319940)

Stieglmaier J, et al. Expert Opin Biol Ther. 2015;15:1093-1099. 2. Einsele H, et al. Cancer. 2020;126:3192-3201

CD = cluster of differentiation; DLL3 = delta-like ligand 3; Fc = fragment crystallizable domain; HLE BiTE = half-life extended bispecific T-cell engager; SCLC = small cell lung cancer

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TARLATAMAB: KEY ELIGIBILITY CRITERIA & BASELINE DEMOGRAPHICS

Key Inclusion Criteria

- Histologically/cytologically confirmed SCLC
  - Received ≥ 1 line systemic therapy
  - Progressed/recurred following ≥ 1 platinum-based chemotherapy
- ECOG performance status: 0–2
- ≥ 1 measurable lesion(s)
- Adequate organ function

Key Exclusion Criteria

- Untreated or symptomatic brain metastases
- Prior anti-cancer therapy within 28 days
- Immunodeficiency or systemic steroid use
- Interstitial lung disease

Baseline Characteristic	All Patients (N = 66)
Median age, years (range)	64 (32–80)
Current/former smoker, n (%)	9 (14) / 49 (74)
ECOG performance status: 0–1, n (%)	65 (98)
Prior lines of therapy	
1–2, n (%)	48 (73)
≥ 3, n (%)	18 (27)
Median (range)	2 (1–6)
Prior anti-PD-1 or anti-PD-L1 treatment, n (%)	29 (44)
Extensive stage disease at initial diagnosis, n (%)	63 (95)
Brain / liver metastases, n (%)	16 (24) / 31 (47)

ECOG = Eastern Cooperative Oncology Group; PD-1 = programmed death-1; PD-L1 = programmed death-ligand 1; SCLC = small cell lung cancer

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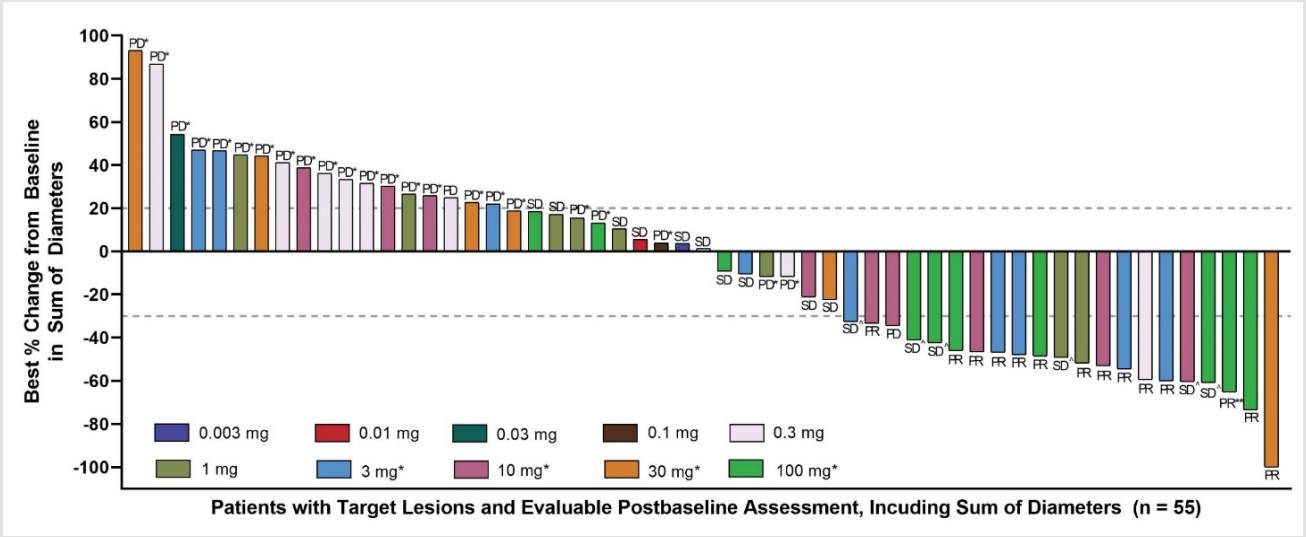
TARLATAMAB DEMONSTRATES ANTI-TUMOR ACTIVITY IN PATIENTS WITH SCLC



Modified RECIST 1.1 Response, n (%)	Patients† (N = 64)
PR, confirmed	13 (20)
0.3 mg target dose	1/12 (8)
1 mg target dose	1/8 (13)
3 mg target dose	4/11 (36)
10 mg target dose	3/10 (30)
30 mg target dose	1/8 (13)
100 mg target dose	3/11 (27)
PR, unconfirmed	1 (2)
100 mg target dose	1/11 (9)
SD	17 (27)
Disease control rate, %	30 (47)

Tumor shrinkage is observed across a range of tarlatamab doses

PD* indicates PD in post baseline scan and came off study without further confirmation scan. PR** indicates the PR is unconfirmed. SD^ indicates patients who had an initial PR, but did not have confirmation of PR on the subsequent scan. *Step dosing. †Includes patients who received ≥ 1 dose of tarlatamab and had at least 8 weeks follow-up. PD = progressive disease; PR = partial response; SD = stable disease

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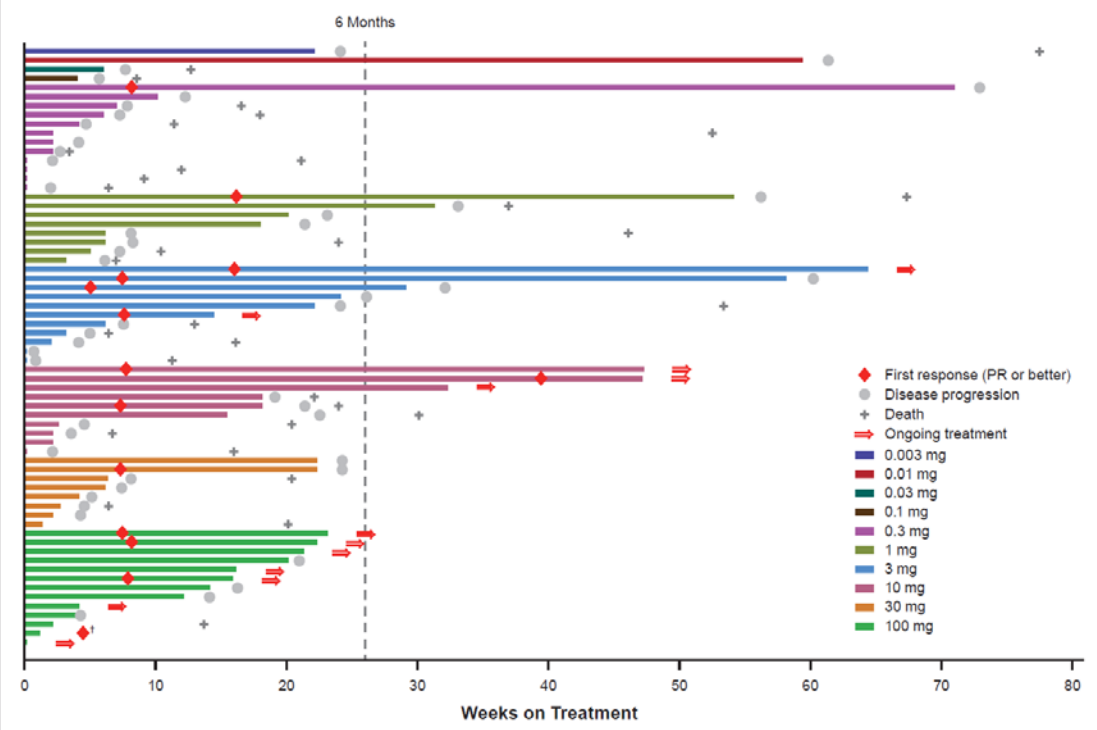
TARLATAMAB SHOWS DURABILITY OF RESPONSE

- **For patients with confirmed PR (n = 13)**
  - **Median duration of response was 8.7 months**
  - **Median time to response was 1.8 months**
  - **Median follow-up was 11.2 months**
- **10/66 (15%) patients completed ≥ 6 months of treatment**
  - **7/13 patients with confirmed PR are still receiving therapy and have on-going response**



Includes all patients who received ≥ 1 dose of AMG 757. *Step dosing. †No follow-up confirmation scan at cutoff

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TARLATAMAB: ADVERSE EVENTS (AES) SUMMARY

Treatment-related AEs	Patients (N = 66)	
	All Grades, n (%)	Grade ≥ 3, n (%)*
Any treatment-related AE	56 (85)	18 (27)
Treatment-related AEs in ≥ 10% of patients		
CRS	29† (44)	1 (2)
Pyrexia	17 (26)	2 (3)
Fatigue	11 (17)	0 (0)
Asthenia	7 (11)	1 (2)
Dysgeusia	7 (11)	0 (0)
Nausea	7 (11)	0 (0)

- **Treatment-related AEs resulted in discontinuation in 3 (5%) patients**
  - **DLT: grade 5 pneumonitis (1 [2%] patient; 0.3 mg); grade 3 encephalopathy (1 [2%] patient; 100 mg)**
- **CRS was typically reversible, manageable, and associated with fever, tachycardia, nausea, fatigue and hypotension‡**
  - **One CRS event led to treatment discontinuation**
  - **CRS typically occurred in cycle 1 and did not recur in subsequent cycles**
  - **CRS management could include supportive care, corticosteroids, and/or anti-IL-6R**

Tarlatamab monotherapy demonstrated a favorable safety profile

***Includes one patient with grade 5 pneumonitis. †Of the 29 patients, 21 had grade 1, 7 had grade 2, and 1 had grade 3 CRS; ‡Lee 2014 grading**
AE = adverse event; CRS = cytokine release syndrome; DLT = dose limiting toxicity

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AMG 757 DEMONSTRATED ANTITUMOR ACTIVITY WITH AN ACCEPTABLE SAFETY PROFILE IN SCLC PATIENTS

- **Confirmed ORR 20% (13/64) across all doses in Phase 1**
  - **Apparent dose response with 27.5% ORR at highest doses (3–100 mg)**
  - **7/13 partial responders still receiving therapy with ongoing response**
  - **Median follow-up was 11.2 months; median duration of response of 8.7 months**
  - **47% disease control rate**
- **Reversible and manageable CRS—44% Grade 1, 2% Grade 3**
- **14% of patients developed anti drug antibodies, which demonstrated no effect on exposure or adverse events**
- **Planning to move into potentially pivotal dose expansion study with 1 or more doses**

ORR = overall response rate; CRS = cytokine release syndrome

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WE ARE ADVANCING SEVERAL OF OUR LATE STAGE FIRST-IN-CLASS ONCOLOGY PROGRAMS—H2 EVENTS

LUMAKRAS™

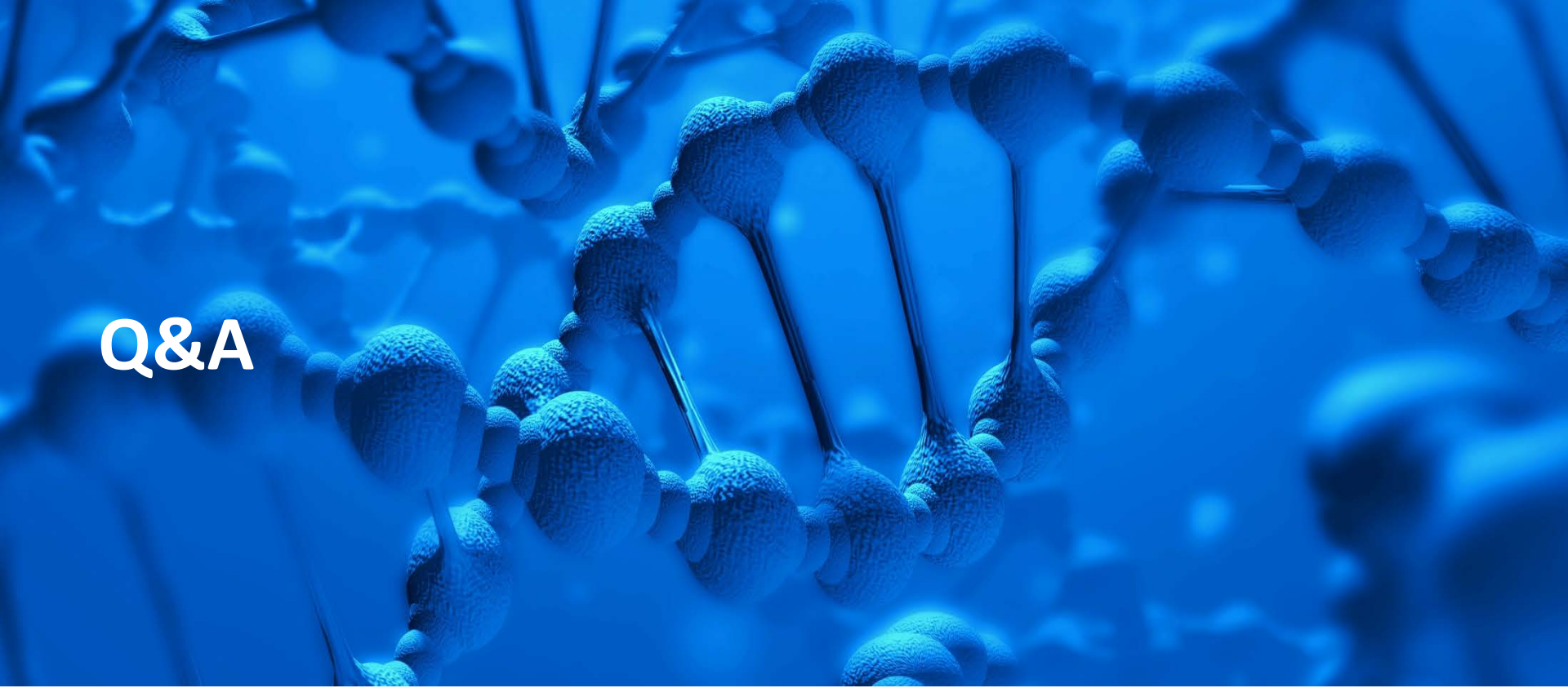
- **Initiation of Phase 2 1L NSCLC study in patients with the highest unmet need, including STK11 mutations**
- **Initial data presentations from EGFR Ab, oral EGFR inhibitor and MEK inhibitor combinations**

Bemarituzumab

- **Regulatory interactions planned for Phase 3 program**

Tarlatamab

- **Planning regulatory interactions for potentially pivotal Phase 2 study**
- **Initiation of Phase 1b combination study with AMG 404 (PD-1 Ab)**


Q&A

ASCO 2021 HIGHLIGHTS

JUNE 4, 2021

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