



# *Paving the Way for our Future in Science-based Innovation*

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**Capital Markets Day**  
**March 10-11, 2021**

**Christian Rommel**  
Head of R&D Pharmaceuticals





# Cautionary Statements Regarding Forward-Looking Information

This presentation may contain forward-looking statements based on current assumptions and forecasts made by Bayer management.

Various known and unknown risks, uncertainties and other factors could lead to material differences between the actual future results, financial situation, development or performance of the company and the estimates given here. These factors include those discussed in Bayer's public reports which are available on the Bayer website at <http://www.bayer.com/>.

The company assumes no liability whatsoever to update these forward-looking statements or to conform them to future events or developments.



# Joining Bayer as the new Head of Pharma R&D

## Results of Personal Due Dilligence for R&D

### Areas of Strength

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- Excellence in small molecule drug discovery
- Committed to areas of high unmet need
- Deep, science-based disease understanding
- Significant expansion into new science and modalities
- Bold investments to establish industry-leading cell- and gene-therapy platform

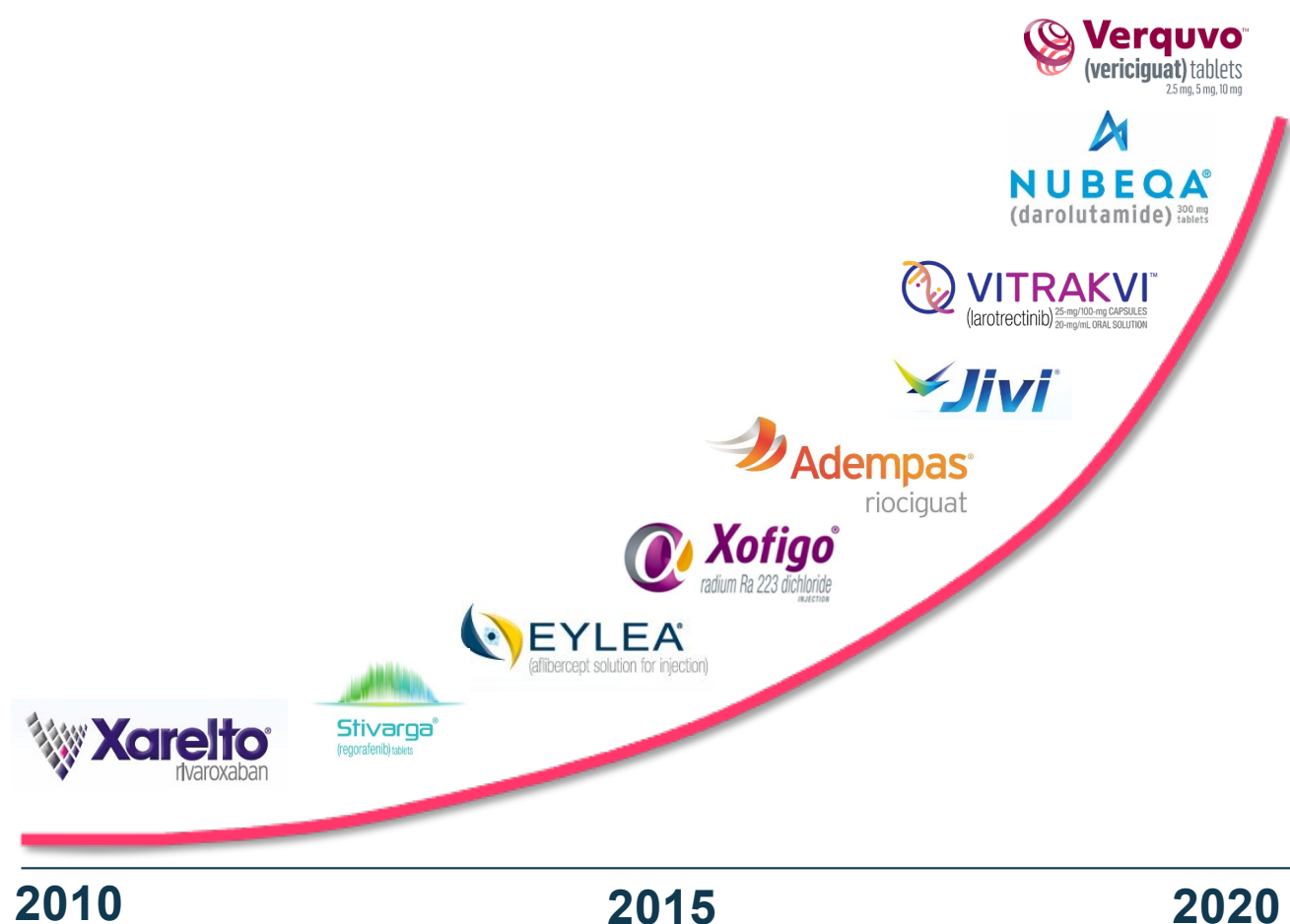
### Areas to Strengthen

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- Historical focus and dependence on small molecules
- Over reliance on internal R&D
- Scientific talent and team in certain areas



# Strong Track Record of Pharma Innovation to Deliver Differentiated Drugs



## Verquvo<sup>1</sup>

First-in-class treatment for heart failure

## Nubeqa<sup>2</sup>

AR antagonist with differentiated side-effect profile for the treatment of prostate cancer

## Vitrakvi

NTRK gene fusion cancer treatment

## Adempas

sGC modulator drug for pulmonary hypertension

## Xofigo

Alpha-radiopharmaceutical as cancer treatment

## Xarelto

Oral, direct factor Xa inhibitor for prevention and treatment of thrombotic disorders

<sup>1</sup> In collaboration with Merck & Co. Inc., Kenilworth, NJ, USA

<sup>2</sup> In collaboration with Orion Corporation



# Maximizing Opportunities Created through Science to Deliver Solutions that Matter to Patients

Science-based, patient-centric  
and evidence-based

Deep understanding of disease  
biology and diverse range of  
modalities

Harnessing business  
opportunities



**Addressing unmet medical  
need to the benefit of patients**

# We Focus on Diseases with High Unmet Need and apply a Broad Range of Modalities

## Main Disease Areas

**Cardiovascular  
Diseases**

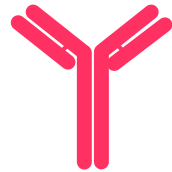
**Oncology**

**Endocrinology,  
Metabolism &  
Reproductive Health**

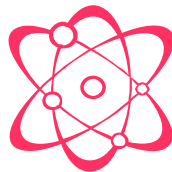
**Adjacencies:  
Ophthalmology,  
Rare Diseases**



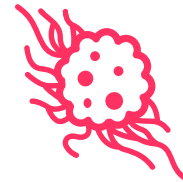
**Small  
Molecules**



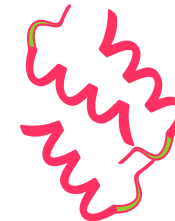
**Antibodies**



**Radio-  
therapies**



**Cell  
Therapies**



**RNA  
Therapies**



**Gene  
Therapies**



**Digital  
Technologies**

## Main Modalities



# Highlighting Late-/mid-stage Pipeline Opportunities and Scientifically Appealing Early R&D Assets

## Late-/mid-stage Opportunities<sup>1</sup>



### Finerenone

- CKD in T2 Diabetes Patients
- Heart Failure



### Factor XI(a) portfolio

- Thrombo-embolic diseases



### Elinzanetant (KaNDy NT-814)

- Vasomotor symptoms during menopause



### P2X3 Receptor Antagonist

- Multi-indication opportunity

## Scientifically Appealing Early Assets<sup>1</sup>



### Precision Molecular Oncology

- EGFRex20 inhibitor
- ATR inhibitor



### Targeted Alpha Therapies

- Thorium conjugates



### CAR T-Cell Immuno-oncology

- Collaboration with Atara Biotherapeutics



### Gene Therapy

- AskBio AAV gene augmentation platform



### Cell Therapy

- BlueRock iPSC technology platform

<sup>1</sup> selected examples

# CKD in T2D Creates a High Disease Burden for Patients and Healthcare Systems, yet it is Critically Underdiagnosed

417 million people with T2D,  
expected to reach  
>600 million by 2045

**>120M**

People with CKD in T2D\*

**<50%**

of patients with CKD in T2D are  
currently diagnosed

**#1**

Cause of end-stage kidney disease  
(dialysis or transplant)

**3x**

Risk of CV death for CKD in T2D  
patients vs. those with T2D alone

\* Calculated Number



# Finerenone Targets a Key Driver of CKD Progression in Patients with Type 2 Diabetes

## Drivers for CKD Progression



**Inflammatory /  
Fibrotic Pathway**



**Metabolic Pathway**



**Hemodynamic Pathway**

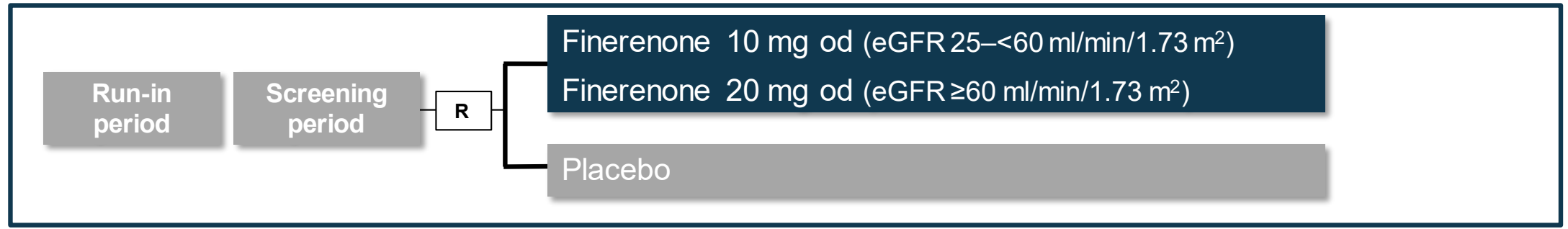
## Treatment Approach<sup>1</sup>

- Currently no treatment specifically addressing inflammation / fibrosis in CKD progression
- Glycaemic control
- Lipid management
- Diet
- Blood pressure control

- **Finerenone** is targeting overactivation of the mineralocorticoid receptor, thus potentially reducing the number of inflammatory and fibrotic factors
- Two phase III trials in chronic kidney disease (CKD) in type 2 diabetes:
  - FIDELIO DKD: reported
  - FIGARO DKD: clinically completed
- Filed in key markets
- FDA priority review
- Potential first launch in H2 2021e

<sup>1</sup> Guideline recommendations for patients with diabetes to delay CKD, ESRD and/or CVD; examples only

# FIDELIO and FIGARO are the Largest CKD Trial Program in Patients With T2D With More Than 13,000 Patients Enrolled



	<b>FIDELIO-DKD<sup>1</sup></b>	<b>FIGARO-DKD<sup>2</sup></b>
Primary efficacy endpoint	<b>Composite endpoint:</b> time to onset of kidney failure or decrease of eGFR ≥40% from baseline or renal death	<b>Composite endpoint:</b> time to CV death or non-fatal CV events (e.g., MI, stroke and HF hospitalisation)
Key secondary endpoints	Same as primary endpoint in <b>FIGARO-DKD</b>	Same as primary endpoint in <b>FIDELIO-DKD</b>

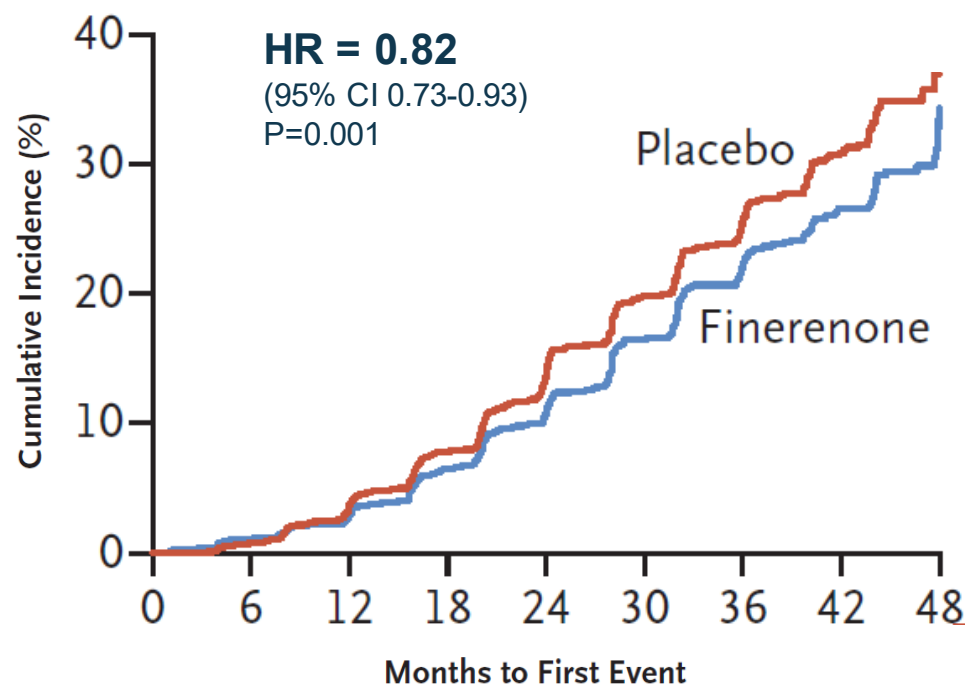
<sup>1</sup> Bakris GL, et al. *Am J Nephrol* 2019; doi: 10.1159/000503713; <sup>2</sup> Ruilope LM, et al. *Am J Nephrol* 2019; doi: 10.1159/000503712



# Finerenone Significantly Reduced Renal and Cardiovascular Outcomes in Patients with CKD and Type 2 Diabetes

## FIDELIO Primary composite outcome

(Kidney failure, a sustained decrease of at least 40% in the eGFR from baseline, or death from renal causes)



Bakris et al, N Engl J Med 2020;383:2219-29.

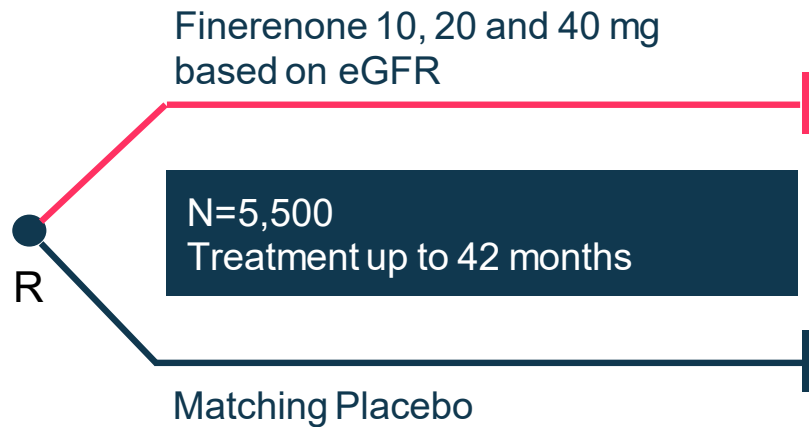
## Finerenone in FIDELIO-DKD

- **Slowing the progression of CKD**  
In patients with CKD and type 2 diabetes (FIDELIO trial)
- **Delivering cardiovascular benefits**  
Significant reduction in the composite of time to CV death or non-fatal CV events demonstrated in FIDELIO
- **No interference with glycaemic control**
- **Non-steroidal and selective**  
No detectable androgenic and progestogenic effects.  
Minimal impact on blood pressure
- **Moderate effect on Potassium**  
Infrequent study discontinuation due to hyperkalemia in patients who received finerenone in the FIDELIO trial



# Expanding the Clinical Program for Finerenone into Heart Failure

## FINEARTS-HF Phase III Trial in Patients with Heart Failure and LVEF $\geq 40\%$



- Primary endpoint  
Composite of CV deaths and total/recurrent heart failure events
- Estimated primary study completion  
March, 2024<sup>1</sup>
- >50% of HF patients suffer from HF with LVEF  $\geq 40\%$
- High unmet medical need - limited treatment options
- MR overactivation plays a significant role in certain types of heart failure
- Clinical evidence supports scientific rationale and informs design of FINEARTS-HF:
  - ARTS-HF phase II with Finerenone in HFrEF
  - TOPCAT subgroup analysis with Spironolactone in patients with LVEF  $>45\%$

<sup>1</sup> According to clinicaltrials.gov as of Feb 2021



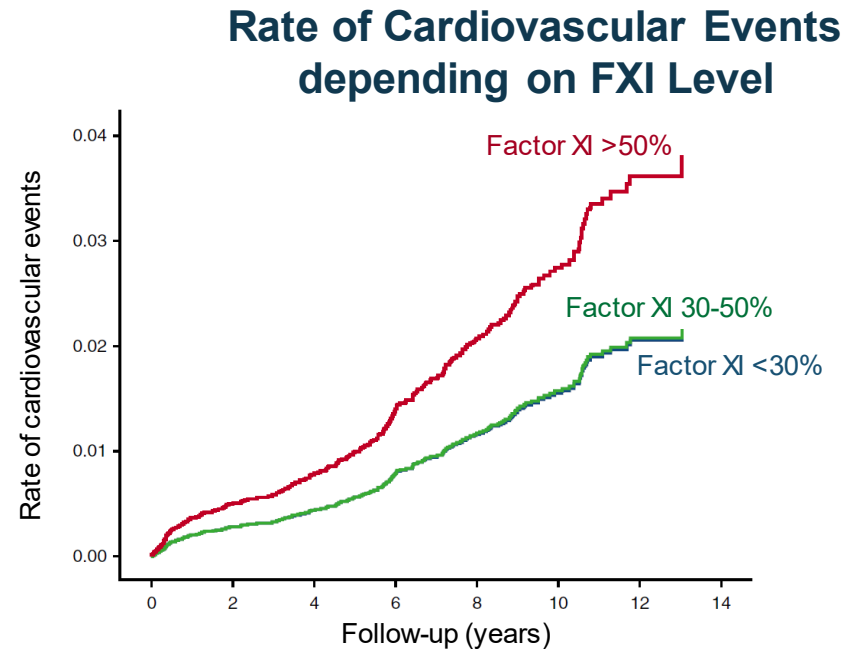
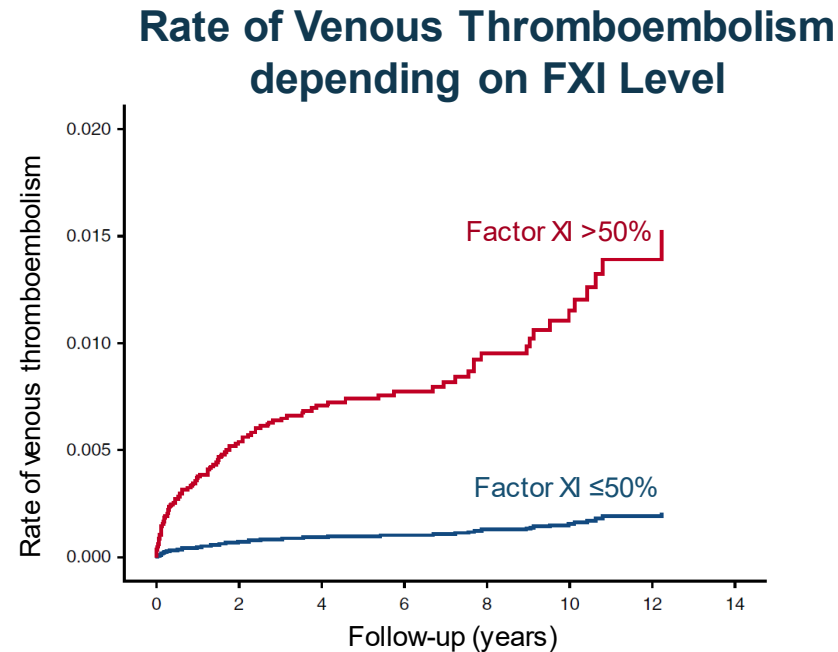
# Significant Progress has been Achieved in Anti-coagulation Therapy but Medical Need Still Exists



- Heparin and VKAs were the only anticoagulants available for most of the 20th century
- Guidelines now prefer New Oral Anticoagulants (NOACs) over VKAs for many indications
- NOACs are contraindicated in ESRD patients and in patients with mechanical heart valves
- Need remains for anticoagulants with a reduced bleeding risk especially in specific patient populations



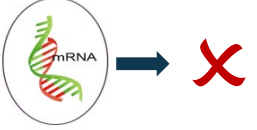
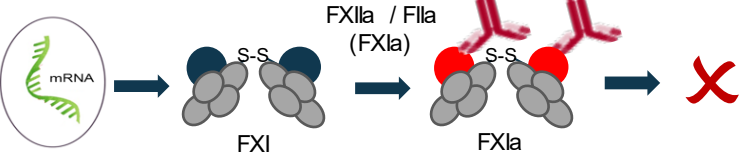
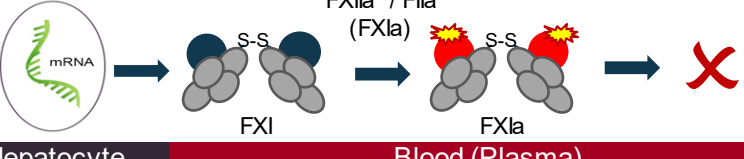



# Hereditary Factor XI Deficiency is Associated with Lower Risk for Cardiovascular and Venous Thromboembolic Events



- Subjects with hereditarily reduced levels of blood coagulation factor XI have a reduced risk of thrombotic disorders without suffering the risk of spontaneous bleeds
- Factor XI inhibition could achieve greater anti-coagulation without increased bleeding risk



# Bayer Has a Broad and Diverse Factor XI(a) Portfolio

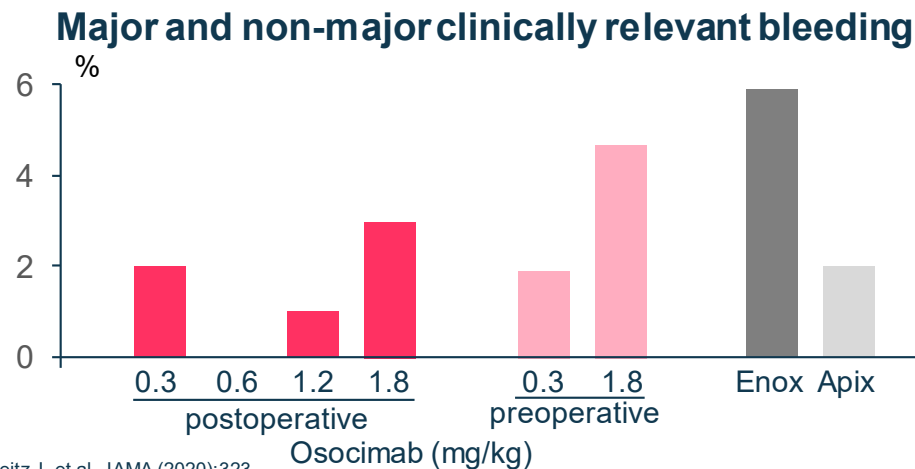
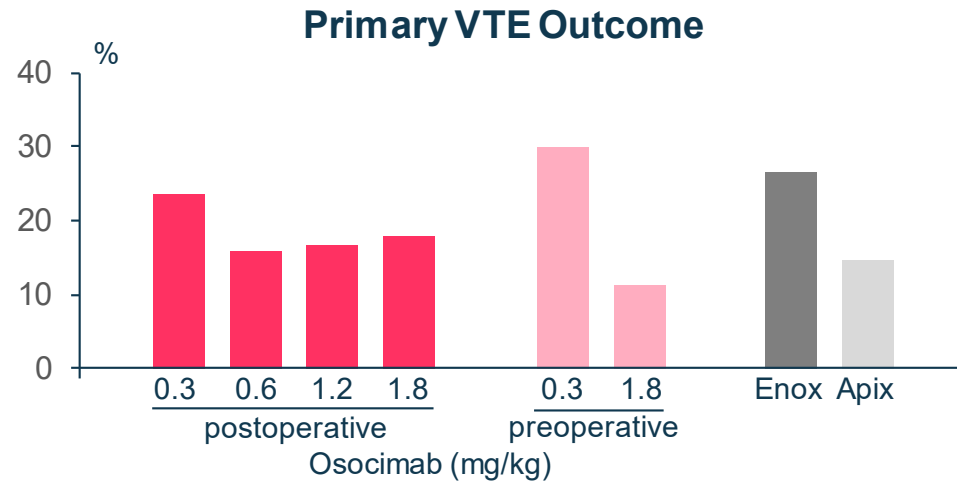
Asset	Mode of Action	Comprehensive Phase IIb Program
<b>FXI-Antisense<sup>1</sup></b> <b>(IONIS-LICA)</b>	<p><u>Antisense technology prevents FXI expression</u></p>  <p>Hepatocyte → Blood (Plasma)</p>	<ul style="list-style-type: none"> <li><b>RE-THIN<sub>c</sub> ESRD</b></li> </ul> <p>Reduction of thrombotic events in end-stage renal disease patients on hemodialysis</p>
<b>FXIa-Antibody</b> <b>(Osocimab)</b>	<p><u>Antibody binds FXIa to block further interaction and activity</u></p>  <p>Hepatocyte → Blood (Plasma)</p>	<ul style="list-style-type: none"> <li><b>CONVERT ESRD</b></li> </ul> <p>Prevention of thromboembolic events in ESRD patients on hemodialysis who are at risk for thromboembolic events</p>
<b>Oral FXIa Inhibitor</b>	<p><u>Small molecule blocks activity of FXIa</u></p>  <p>Hepatocyte → Blood (Plasma)</p>	<ul style="list-style-type: none"> <li><b>PACIFIC</b> study program</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;">    </div>

<sup>1</sup> Inlicensed from IONIS Pharmaceuticals



# FOXTROT Phase II Data Confirm Proof of Concept for Osocimab

## Factor XIa Inhibition by Osocimab Delivers Positive Clinical Results



Weitz J. et al, JAMA (2020);323

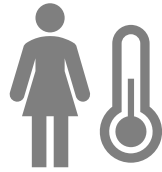
- Single doses of osocimab vs. enoxaparin and apixaban for thromboprophylaxis in knee arthroplasty
- Postoperative osocimab at 0.6, 1.2 and 1.8 mg/kg was non-inferior to enoxaparin
- Preoperative osocimab at 1.8 mg/kg was superior to enoxaparin
- All major and non-major clinically relevant bleeding events were linked to surgical site
- No intracranial bleeding or bleeding into another critical site

# High Unmet Medical Need for Non-hormonal Treatment of Vasomotor Symptoms in Menopausal Women

## Typical Vasomotor Symptoms During Menopause



Sleep  
disturbance



Hot  
flashes



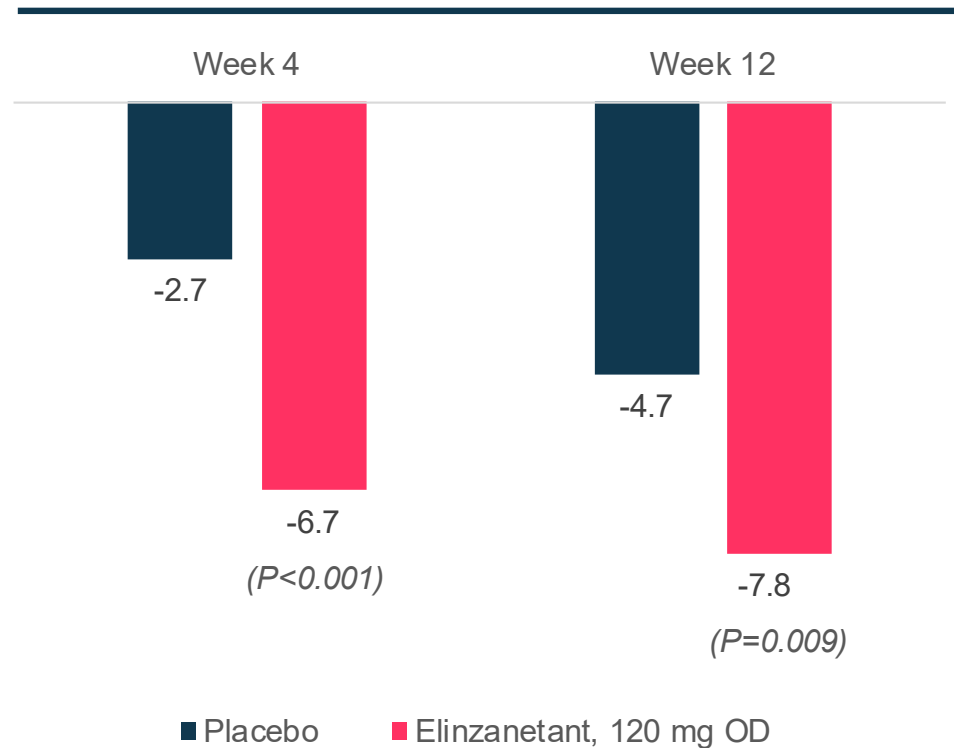
Night  
sweats

About 16m women in the U.S. and another 16m in Europe suffer from menopause symptoms

- Elinzanetant (KaNDy NT-814) is a first-in-class, non-hormonal, once-daily, oral neurokinin-1,3 receptor antagonist
- May reduce the hyperactivity of the KNDy neuronal network involved in thermoregulation
- Differentiated, double mode of action
- Phase III expected to start 2021
- Peak sales potential >€1bn

# Elinzanetant Demonstrates Significant and Rapid Reduction in Vasomotor Symptoms in Menopausal Women

## Reduction in moderate/severe VMS per day from baseline



- Phase IIb dose finding trial (SWITCH-1) including 199 women
- Primary endpoint results:
  - Rapid and highly significant reductions in the frequency of hot flashes
- Key secondary endpoint findings:
  - Significant improvements in quality of life, mood and reduction in sleep disturbance
- Well tolerated - no serious AEs related to treatment
- Efficacy data compare well with those for hormonal replacement therapy

# Eliapixant, a P2X3 Receptor Antagonist with Multi-indication Potential

- P2X3 is an ATP-activated ion channel expressed mainly in the peripheral nervous system
- P2X3 is a major regulator of afferent nerve fiber signaling and a prominent mediator of pain
- Inhibition of P2X3 could be a new treatment option for patients affected by various conditions with nerve hypersensitivity and pain
- Eliapixant (BAY 1817080) is a potent, selective P2X3 receptor antagonist

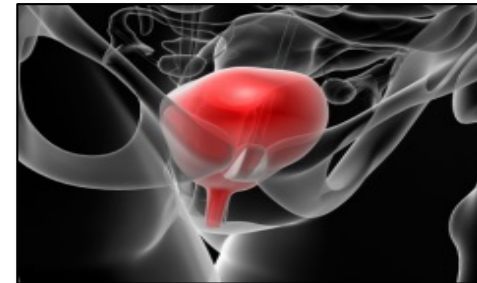
***Refractory or unexplained chronic cough***



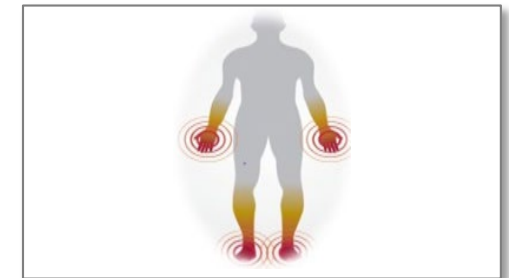
***Endometriosis***



***Overactive bladder***



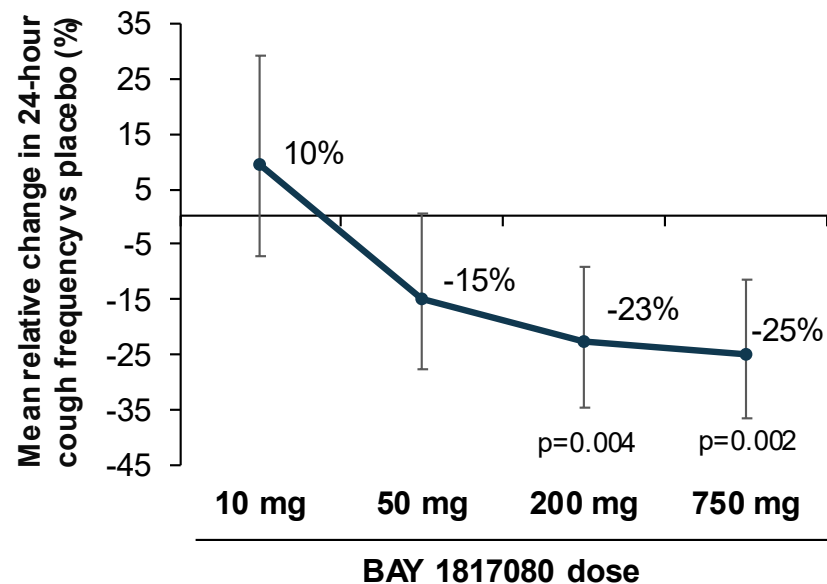
***Neuropathic pain***





# Eliapixant Demonstrated Proof of Concept in Refractory and/or Unexplained Chronic Cough

## Reduction in 24h cough frequency



## Cumulative taste-related AEs

	BAY 1817080 dose			
PBO	10 mg	50 mg	200 mg	750 mg
3%	5%	10%	15%	21%

- 1-5% of the global population suffers from refractory and/or unexplained chronic cough (RUCC)
- Eliapixant demonstrated dose dependent reduction in cough frequency in phase II:
  - 24h cough frequency: -25% vs placebo (750 mg dose)
  - Awake cough frequency: -36% vs placebo (750 mg dose)
- Only low rates of mild-to-moderate taste-related AEs
- Phase IIb ongoing



# Expanding the Clinical Program for Eliapixant

## Overactive Bladder (OAB)

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- Characterized by urinary urgency
- Impacts physical activity, social functioning, confidence, and emotional wellbeing
- Affecting about 12% of adults worldwide
- Limited treatment options
- Phase II

## Endometriosis

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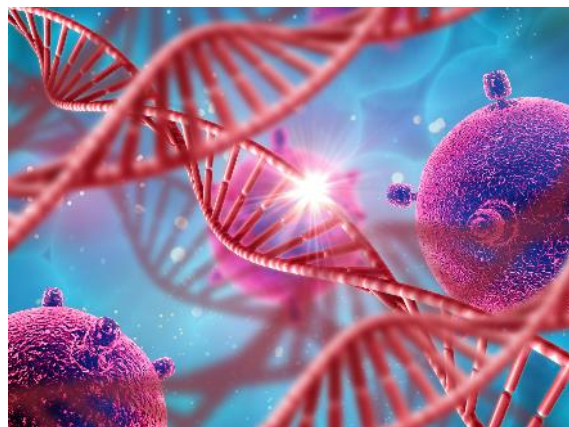
- Characterized by the presence of endometrium-like cells growing outside of the uterine cavity
- Frequently leads to sub-/infertility, cyclic and/or chronic pelvic pain, often with severe impact on all aspects of a woman's life
- Affecting about 10% of women at reproductive age
- No effective and safe long-term medications available
- Phase IIb

## Neuropathic Pain

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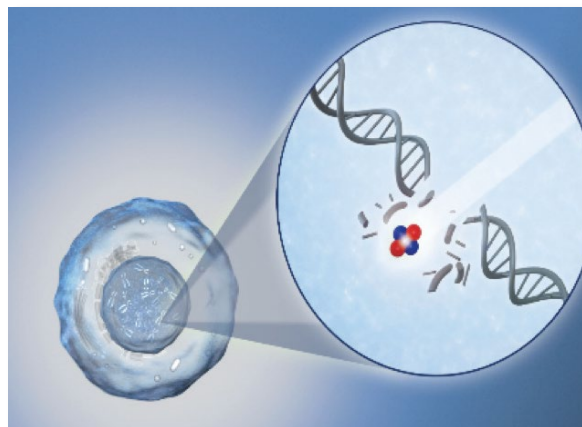
- Neuropathic pain is due to lesions of the central or peripheral nervous system
- Affecting about 7-10 percent of adults globally
- Persistent need for medications with better efficacy / safety especially in chronic conditions
- Phase II

# R&D Focus Areas in Oncology



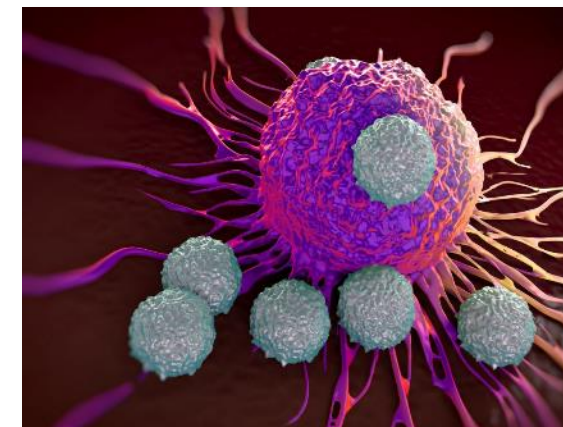
## Precision Molecular Oncology

- Exploiting intracellular oncogenic dependencies with SMOLs & new modalities
- Established portfolio incl. Nubeqa<sup>1</sup>, Vitrakvi, Stivarga



## Targeted Alpha Therapies

- Tumor targeting Th-227 conjugates unique to Bayer
- Xofigo as first approved targeted alpha-radiopharmaceutical



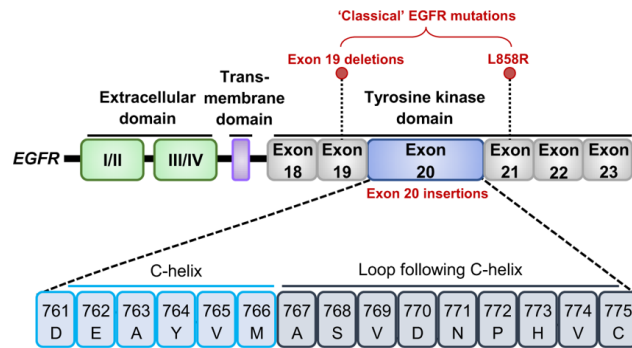
## Immuno-Oncology

- Focused on select next-generation immuno-oncology targets
- Developing allogeneic CAR T-cell therapies

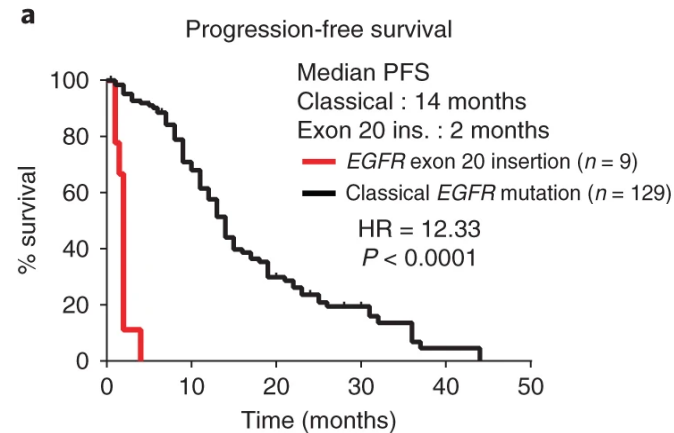
<sup>1</sup> In collaboration with Orion Corporation

# Addressing High Unmet Need of EGFR Exon20 Cancer Patients With A Novel, Potent and Selective Small Molecule Kinase Inhibitor

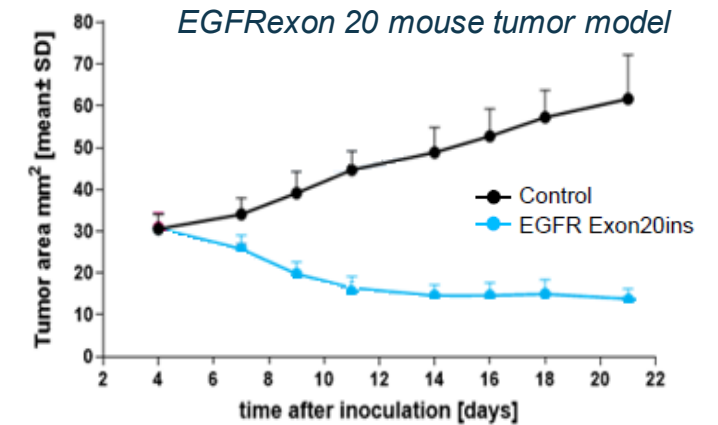
## EGFR Exon20ins in NSCLC



## High unmet medical need



## Preclinical anti-tumor efficacy

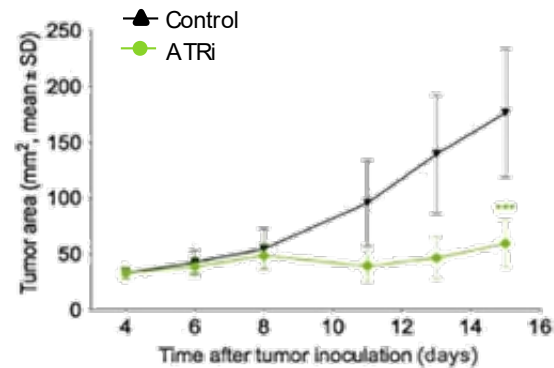


- EGFR clinical validated target; EGFR exon-20 insertion mutations occur in 1-2% of all lung adenocarcinomas
- Exon-20 insertion mutants confer resistance to all approved 1st, 2nd , and 3rd generation EGFR inhibitors (TKIs)
- Chemotherapy is currently the SoC with a mPFS of ~6 months
- Patients have a mPFS of 2 months with approved TKIs, thus representing a very high, unmet medical need
- Sparing EGFR wild-type required for activity and differentiation
- Phase I planned for 2H 2021

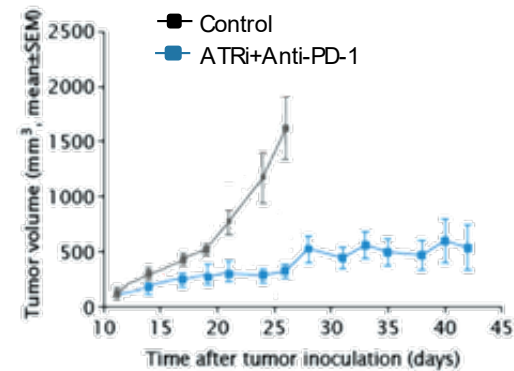


# Bayer's ATR Inhibitor Demonstrates Preclinical Activity as a Single Agent and in Combination with PD-1 and PARPi

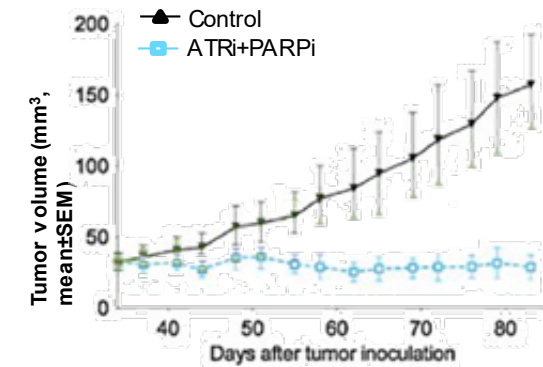
## Single Agent Model



## With PD-1



## With PARPi



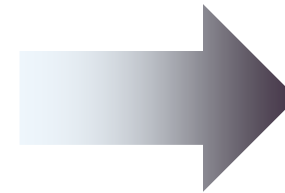
- Tumor cells – not normal cells - are often reliant on ATR to survive replication stress
- Genome wide studies highlight ATR-dependent synthetic lethal interactions
- Opportunity for molecularly defined patient enrichment
- Potential for combination therapies with targeted agents that block repair, DNA damaging agents, targeted agents that drive replication stress or combination with cancer immunotherapies for genetics defects in repair
- Phase I studies ongoing: monotherapy, in combination with pembrolizumab, in combination with niraparib

# We are Pursuing Targeted Alpha Therapies with Potential Across Multiple Tumors

## Xofigo vs. Antibody-Targeted Therapies

**Prostate Cancer (bone)**

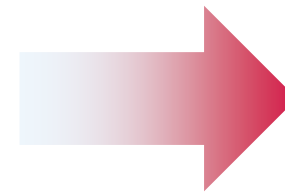
Systemic treatment targeting cancer cells in the bone



**Launched: Xofigo (Ra-223)**

**Broader Tumor Types**

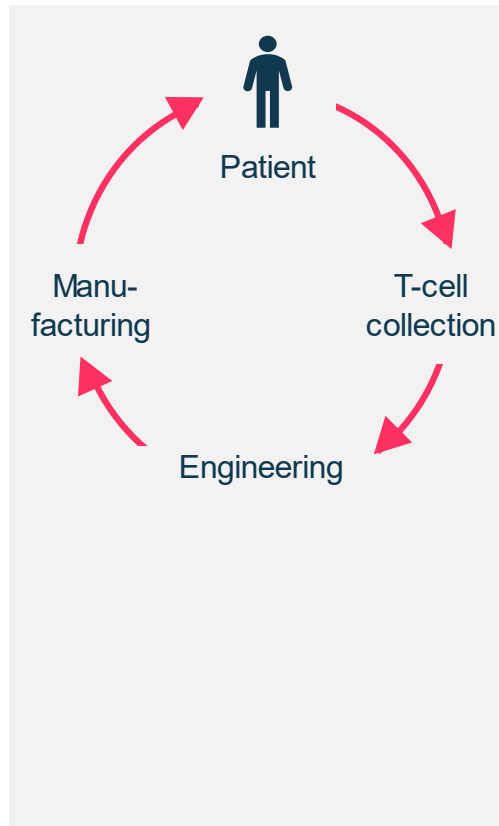
Systemic treatment to target sites of metastases wherever they exist



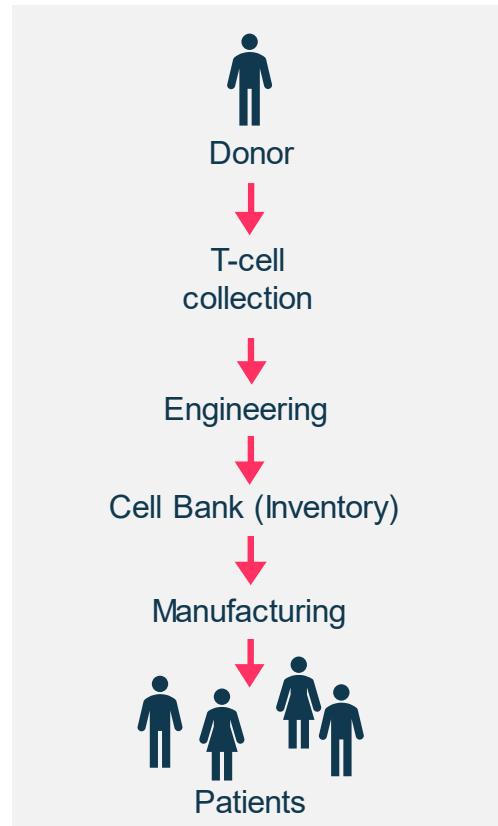
**Pipeline:  
PSMA-TTC, HER2-TTC**

# Pioneering Off the Shelf, Allogeneic T-Cell Immunotherapies with Atara Biotherapeutics

## Autologous CAR-T technology



## Allogeneic CAR-T technology



- Collaboration with Atara on next-generation, mesothelin-directed CAR T-cell therapies for the treatment of solid tumors
- Leveraging Atara's leading EBV T-cell technology platform and manufacturing capabilities
- Off-the-shelf approach based on third party healthy donors (allogeneic)
- Epstein-Barr-Virus (EBV) T-cells may have enhanced functional persistence in the patient and a lower likelihood for tissue rejection reaction
- Two assets in development
  - ATA3271 allogeneic T-cell immunotherapy in IND enabling studies
  - ATA2271 an autologous version in Phase I



# Key Priorities for New R&D Leadership to Drive Transformation of our Innovation Model at Pharma

1

**Focus, advance and enhance Bayer's pipeline to deliver innovation to patients**

2

**Use momentum of BlueRock, AskBio and CureVac to accelerate R&D processes**

3

**Strategic re-allocation of resources to increase impact through innovation**

4

**Capture opportunities of science and technology by focusing stronger on indication-agnostic approach**

5

**Continue to grow scientific talent and leadership**



# *Paving the Way for our Future in Science-based Innovation*

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**Christian Rommel**  
Head of R&D Pharmaceuticals



# Appendix 1: R&D Pipeline Overview (as of Feb. 2020)

Phase I (26)	Phase II (21)	Phase III (8)
<p><u>Selitrectinib</u> (TRK Inhibitor, formerly LOXO-195)</p> <p><u>Regoratinib</u> (pan-FGFR Inhibitor)</p> <p>ATR Inhibitor</p> <p><u>Copanlisib</u> (PI3K Inhibitor)</p> <p>Regorafenib (multi-Kinase Inhibitor)</p> <p><u>Anetumab</u> Ravtansine (Mesothelin-ADC)</p> <p>Thorium (227Th) <u>Anetumab</u> Corixetan (Mesothelin-TTC)</p> <p>PSMA-TTC (PSMA-Targeted Thorium Conjugate)</p> <p>HER2-TTC (HER2-Targeted Thorium Conjugate)</p> <p>Radium-223 <u>Dichloride</u> (combi Pembrolizumab)</p> <p><u>Tinutilimab</u> (CEACAM6 fb Antibody)</p> <p>ILDR2 fb Antibody</p> <p>AhR Inhibitor</p> <p>ATA2271 (Mesothelin CAR-T Cell Therapie)</p> <p><u>Congestive Heart Failure</u> Gene Therapy</p> <p><u>sGC Activator 2</u></p> <p>Vasopressin V1a Receptor Antagonist</p> <p>P2X4 Antagonist</p> <p>BDKRB1 <u>Receptor</u> Antagonist</p> <p>FVIII Gene Therapy</p> <p><u>Pompe Disease</u> Gene Therapy</p> <p>Parkinson's Disease Gene Therapy</p> <p><u>sGC Activator 3</u></p> <p>PREP Inhibitor</p> <p>IRAK4 Inhibitor 1</p> <p>IRAK4 Inhibitor 2</p>	<p><u>Urothelial Cancer</u> /// <u>Regoratinib</u> (pan-FGFR Inhibitor)</p> <p><u>Colorectal Cancer</u> (mCRC) /// <u>Regorafenib</u> (combi Nivolumab)</p> <p><u>Solid tumors</u> (recurrent or metastatic) /// <u>Regorafenib*</u> (combi Nivolumab)</p> <p><u>Hepatocellular Carcinoma</u> (HCC) /// <u>Regorafenib*</u> (combi Pembrolizumab)</p> <p><u>Thrombosis Prevention</u> in ESRD /// FXI-LICA (Ligand Conjug. Antisense)</p> <p><u>Thrombosis Prevention</u> in ESRD /// <u>Osocimab</u> (anti-FXIa Antibody)</p> <p><u>Stroke Prevention</u> in Atrial Fibrillation /// FXIa Inhibitor</p> <p><u>2° Stroke Prevention</u> /// FXIa Inhibitor</p> <p>Major Adverse <u>Cardiac Events</u> Prevention /// FXIa Inhibitor</p> <p><u>Heart Failure</u> /// <u>Pecavaptan</u> (Dual Vasopressin Receptor Antagonist)</p> <p><u>Chronic Kidney Disease</u> (CKD) /// <u>Fulacimstat</u> (Chymase Inhibitor)</p> <p><u>Chronic Kidney Disease</u> (CKD) /// <u>Runcaciquat</u> (sGC Activator)</p> <p>Contraception /// Combi IUS: LNG (Progestin) + <u>Indometh.</u> (NSAID)</p> <p><u>Vasomotor Symptoms</u> /// <u>Elinzanetant</u> (Neurokinin-1,3 Rec Antag.)</p> <p><u>Endometriosis</u> /// <u>Eliapixant</u> (P2X3 Antagonist)</p> <p><u>Chronic Cough</u> /// <u>Eliapixant</u> (P2X3 Antagonist)</p> <p><u>Overactive Bladder</u> /// <u>Eliapixant</u> (P2X3 Antagonist)</p> <p><u>Neuropathic Pain</u> /// <u>Eliapixant</u> (P2X3 Antagonist)</p> <p><u>Acute Respiratory Distress Syndrome</u> (ARDS) /// PEG-ADM <u>Inhale</u></p> <p><u>Obstructive Sleep Apnea</u> /// TASK Channel Blocker</p> <p><u>Magnetic Resonance Imaging</u> /// High <u>Relaxivity</u> Contrast Agent (HRCA)</p>	<p><u>Prostate Cancer</u> (mHSPC) /// <u>Darolutamide</u> (AR-Inhibitor)</p> <p>Adjuvant <u>Prostate Cancer</u> /// <u>Darolutamide</u></p> <p><u>Non-Hodgkin Lymphoma</u> /// <u>Copanlisib</u> (PI3K Inhibitor)</p> <p><u>Glioblastoma</u> /// <u>Regorafenib</u> (multi-Kinase Inhibitor)</p> <p><u>Heart Failure</u> (HFmr/pEF) /// <u>Finerenone</u></p> <p><u>Retinopathy of Prematurity</u> /// <u>Aflibercept</u> (VEGF Inhibitor)</p> <p><u>Diabetic Macular Edema</u> (DME) /// <u>Aflibercept</u> High Dose</p> <p><u>Age-related Macular Degeneration</u> (AMD) /// <u>Aflibercept</u> High Dose</p>

## Selection of major Pharma development portfolio projects in clinical Phase I to III

Oncology	Women's Health
Cardiovascular & Kidney Diseases	Others
	Multi-Indication



## Appendix 2: Abbreviations

AAV	Adeno-associated virus	FXa	Factor Xa
AE	Adverse event	FXI / FXIa	Factor XI / Factor XIa
AR	Androgen receptor	HF	Heart failure
ATR	Ataxia telangiectasia and Rad3-related protein	HFrEF	Heart failure with reduced ejection fraction
ATRi	Ataxia telangiectasia and Rad3-related protein inhibitor	HER2	Human epidermal growth factor receptor 2
ATP	Adenosine triphosphate	HR	Hazard Ratio
bn	billion	IND	Investigational New Drug
CAR-T	Chimeric antigen receptor modified T-cells	iPSC	Induced pluripotent stem cells
CKD	Chronic kidney disease	kg	Kilogram
CV	Cardiovascular	LICA	Ligand conjugated antisense
CVD	Cardiovascular disease	LMWH	Low molecular weight heparin
DNA	Deoxyribonucleic acid	LVEF	Left ventricular ejection fraction
EBV	Epstein-Barr-Virus	m	Million
eGFR	Estimated glomerular filtration rate	mg	Milligram
EGFR	Epidermal growth factor receptor	MI	Myocardial infarction
EGFRex20	Epidermal growth factor receptor exon 20	mPFS	Median progression free survival
ESRD	End-stage renal disease	MR	Mineralocorticoid receptor



## Appendix 2: Abbreviations

NTRK	Neurotrophic Tyrosine Kinase	T2D	Type 2 diabetes mellitus
NOAC	New oral anticoagulant	VKA	Vitamin K antagonists
OAB	Overactive bladder	VMS	Vasomotor symptoms
od	Once daily	VTE	Venous thromboembolism
PARPi	Poly (Adenosine diphosphate (ADP)-ribose) polymerase inhibitors		
PD-1	Programmed cell death protein 1		
PFS	Progression free survival		
PSMA	Prostate-specific membrane antigen		
Ra-223	Radium-223		
R&D	Research & Development		
RNA	Ribonucleic acid		
RUCC	Refractory and/or unexplained chronic cough		
sGC	Soluble guanylate cyclase		
SMOL	Small molecule		
SoC	Standard of care		
TKI	Tyrosin kinase inhibitor		
TTC	Targeted thorium conjugate		