

February 13, 2014

To: Pascal Soriot, Executive Director and Chief Executive Officer  
AstraZeneca  
2 Kingdom Street  
Paddington, London W2 6BD  
United Kingdom

### **Open Letter Re: Request to ensure continued investment in tuberculosis (TB)**

Dear Dr. Soriot,

We write you to express our deep regret and concern over the cessation of AstraZeneca's Neglected Tropical Diseases, Tuberculosis and Malaria program. We appreciate AstraZeneca's stated commitment to continuing the development of compound AZD5847 for tuberculosis (TB); however, public investment via the U.S. National Institutes of Health (NIH) has largely supported this candidate to date and will continue to do so. Thus, we call upon AstraZeneca to formally commit dedicated resources to the development of AZD5847 and other products for TB. These resources must be sufficient to advance AZD5847 and other candidates through clinical trials to registration and use in the field (provided safety and efficacy data continue to warrant advancement).

Tuberculosis (TB) continues to kill over 1.3 million people per year, in part because existing treatment options are lengthy, difficult to tolerate, and ineffective against drug-resistant strains. The potential TB market is huge, with over 2 billion people infected. Yet investments in TB R&D, particularly from the private sector, are perilously low. AstraZeneca has been an unfortunately rare example of a large pharmaceutical company investing in TB research and development (R&D). Though AstraZeneca's investments in TB have been minimal and likely financially insignificant to the company, they are critically important to the field. AstraZeneca's contribution of just \$10 million in 2012 made it the third-leading private sector sponsor of TB R&D overall.<sup>1</sup> With only four commercial sponsors of new TB drugs since Pfizer's complete withdrawal from the anti-infectives market, AstraZeneca's investments in TB are vital.<sup>2</sup>

AstraZeneca should not only maintain, but increase these investments in TB. Yet in 2012, AstraZeneca cut nearly \$3 million from 2011 funding levels. This insufficient funding contributed to AZD5847's glacial advancement: the drug has been in a single phase IIa clinical trial for almost three years, even despite substantial public sector contributions from the NIH. AstraZeneca's 2013 spending on TB R&D is not yet known, but is certainly miniscule compared to the company's revenue of \$25,711 million.<sup>3</sup>

---

<sup>1</sup>TAG and Stop TB Partnership. *2013 Report on Tuberculosis Research Funding Trends, 2005–2012*

[http://www.treatmentactiongroup.org/sites/g/files/g450272/f/201310/TAG\\_TB\\_2013\\_8.5.pdf](http://www.treatmentactiongroup.org/sites/g/files/g450272/f/201310/TAG_TB_2013_8.5.pdf)

<sup>2</sup>I-BASE and TAG. *2013 Pipeline Report: HIV, Hepatitis C Virus (HCV), and Tuberculosis (TB) Drugs, Diagnostics, Vaccines, and Preventive Technologies in Development*: <http://www.pipelinerreport.org/2013/tb-treatment>

<sup>3</sup>AstraZeneca PLC. *Fourth quarter and full year results 2013*. <http://www.astrazeneca.com/Investors>

We acknowledge AstraZeneca's contributions to TB to date, but urge AstraZeneca to increase, not cease, investments in TB and other neglected diseases. Pfizer's abandonment of TB, and off-loading –with no financial support—of promising TB drug candidate sutezolid to a small developer, cannot be duplicated. Only by contributing significantly to the field, through expertise and substantive financial investments, can AstraZeneca be the model of public citizenship that its peers have failed to be.

Sincerely,

The Community Research Advisors Group (CRAG)  
The Global TB Community Advisor Board (TB CAB)  
Treatment Action Group (TAG)

CC: Manos Perros, Head of Infection and Site Head, Boston R&D  
Briggs Morrison, Executive Vice President, Global Medicines Development & Chief Medical Officer  
Paul Hudson, President, AstraZeneca US and Executive Vice President, North America

