



 Bristol Myers Squibb™  
2020 Annual Report

Transforming patients' lives  
through science™



### **Our Mission**

To discover, develop and deliver innovative medicines  
that help patients prevail over serious diseases

### **Our Vision**

To be the world's leading biopharma company  
that transforms patients' lives through science

### **Our Values**

Integrity | Innovation | Urgency | Passion | Accountability | Inclusion

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**Cover image:** During a year when most of us were separated by the pandemic, our global collective efforts ensured that individual contributions came together to make a significant impact for patients.



"We created a leading biopharma company that combines the agility of a biotech company with the reach and resources of an established pharmaceutical corporation."

## A Letter from Giovanni Caforio

The first year of our new company was truly a remarkable time in BMS history. I am proud of the significant accomplishments we made in the face of great adversity and change during the COVID-19 pandemic.

We created a leading biopharma company, a diversified company with leading medicines across oncology, hematology, immunology and cardiovascular. One with a broad and deep pipeline, and the financial flexibility to continue to invest in innovation. And one where the best people in the industry are committed to our mission to discover, develop and deliver innovative medicines to patients who need them.

We worked hard to deliver on our mission by maintaining an uninterrupted supply of medicines to patients, launching new products and continuing to conduct clinical trials where possible, while navigating the challenges of a worldwide pandemic. We did not lose sight of the patients still waiting for answers, as we added new potential medicines to our portfolio and drove scientific discoveries to fuel the renewal of our portfolio well into the future.

And we did all of this while building our new company and shaping a new culture based on our shared values and focus on patients. After an unprecedented year of progress amid challenges, we have built the company we set out to create. And yet there is more to do for patients who are waiting.

*(Continued on next page)*

### 2020 Full-Year Revenues

\$42.5B

Worldwide Revenues

63%

GAAP Full-Year Change  
vs. Prior Year\*

7%

Pro Forma Full-Year Change  
vs. Prior Year\*\*

\*Includes revenues for products acquired as part of the Celgene acquisition from November 20, 2019, which was the date of the closing of the acquisition, through December 31, 2019 (excludes foreign currency revenue hedge gains and losses). \*\*Includes revenues for products acquired as part of the Celgene acquisition for the current- and prior-year periods (excludes foreign currency revenue hedge gains and losses). See "Worldwide Pro Forma Revenue" in Quarterly Package of Financial Information for full year of 2020, which is available on [bms.com/investors/financial-reporting/quarterly-results](http://bms.com/investors/financial-reporting/quarterly-results), for information on the revenue of the company and Celgene on a stand-alone basis for the prior-year period.

## Patients Are Our North Star

In 2020, our single vision—to transform patients' lives through science—guided our teams around the world as we delivered our medicines to patients. Our belief in the power of science to address the most challenging diseases of our time pushed us to strive for innovative solutions.

We brought innovative treatment options to patients with the launch of new therapies—including *Reblozyl* (lus�atecept-aamt), *Onureg* (azacitidine) and *Zeposia* (ozanimod). We added five new indications to our immuno-oncology portfolio, including four for our dual immunotherapy treatment, *Opdivo* (nivolumab) plus *Yervoy* (ipilimumab). *Opdivo*-based treatments are helping improve outcomes as first-line treatment for lung cancer patients and showing promise in the adjuvant treatment setting, providing new and earlier treatment options to cancer patients.

We continued to advance our late-stage pipeline with positive top-line results in eight pivotal trials on potential new therapies—truly remarkable progress.

One such therapy is deucravacitinib, an oral selective tyrosine kinase 2 inhibitor, being studied across multiple immune-mediated diseases. Pioneered by our own scientists, deucravacitinib demonstrates the innovative approach our scientists take to meeting unmet medical needs. We were very pleased to receive positive Phase 3 study results for deucravacitinib as a potential new treatment option for people living with psoriasis. We continue to investigate additional indications and welcomed results of a second Phase 3 trial in psoriasis this year.

In 2020, our hematology franchise continued to grow with the launch of *Reblozyl* and *Onureg*. We made great progress in advancing our work in cell therapy, which allows us to potentially redefine the future of personalized medicine, with an advanced cell therapy program and a growing early-stage pipeline that expands across cell and gene therapy targets and technologies.

In February of 2021, *Breyanzi* (lisocabtagenual) was approved by the U.S. Food and Drug Administration (FDA). Our ide-cel application progressed towards potential approval in the U.S. and E.U. Each are differentiated therapies for hard-to-treat blood diseases.

We strengthened our cardiovascular (CV) franchise with the acquisition of MyoKardia, a specialized late-stage CV company. Through MyoKardia, we gained mavacamten, a potential first-in-class therapy for obstructive hypertrophic cardiomyopathy, a chronic heart disease with high morbidity and patient impact. Mavacamten continues a long legacy of cardiovascular leadership at BMS, following *Eliquis*, our novel oral anticoagulant that delivered strong performance in 2020, bringing significant benefit to even more patients.

Despite challenges from a global pandemic, our passionate manufacturing and supply teams applied innovative thinking across the globe to meet the needs of patients. They secured our supply chain, organized alternative transportation routes and were able to deliver a continuous supply of medicines. The teams displayed great urgency to ensure launches were executed on time and further strengthened capabilities needed to support the manufacturing of cell therapies.

Ensuring access to our products is essential. In 2020, we continued to work with governments and policymakers to advance policies that support and reward investments in the discovery and development of life-saving medicines, while thoughtfully approaching the pricing of our medicines to ensure patient access. In the U.S., we expanded our existing patient support programs to help eligible individuals who lost their jobs and health insurance during the pandemic by offering access to our medicines for free.

Continued strong execution provides foundation for the future

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approvals for new medicines and additional indications and formulations, in major markets (the U.S., E.U. and Japan)

8 positive Phase 3 trial readouts



Filed our cell therapy pipeline



6 successful registrational clinical trial starts



Advanced early pipeline with >50 assets – potential to transition to full development over next three years



5 new indications added to our *Opdivo* (nivolumab) portfolio, including four for *Opdivo* + *Yervoy* (ipilimumab) combination



**"I am proud of the significant achievements of last year and the strong foundation we created for near- and long-term growth."**

## The Business of Breakthroughs

Our focus on unmet needs in cancer, blood diseases, autoimmune and heart diseases comes during a remarkable time when unprecedented scientific discoveries are advancing new treatments as never before in human history.

We are advancing our rich mid- to late-stage pipeline across therapeutic areas including assets like Factor XIa inhibitor for thrombosis, cendakimab for eosinophilic esophagitis and CELMoDs for multiple myeloma.

Our Research & Early Development teams are building a robust early pipeline across multiple platforms with more than 50 early-stage assets. We expect more than 20 experimental assets to progress through proof of concept in the next three years.

At the same time, we continue to build a broad network of biopharma partners to source external innovation. Last year, this included exciting collaborations with DragonFly, insitro, Repare and many more.

## COVID-19 Pandemic Response

2020 was like no other year. With COVID-19 quickly affecting the world, we focused on ensuring the safety and well-being of our workforce, ensuring the continued supply of medicines to our patients and driving relief efforts across the globe. We expanded our existing patient support programs to help eligible patients in the U.S. who lost their health insurance due to the pandemic.

Our COVID-19 response and recovery efforts are based on our key priorities to maintain the supply of medicines to patients, protect the health and safety of our workforce, advance our pipeline and assist relief efforts across the globe. Our teams worked with urgency to take all necessary actions to promote public health and continued to carry out our mission of providing life-saving medicines to the patients who depend on us (see page 8 for details).

## Living Our Values

The pivot to remote working for the majority of our workforce was enabled by our supportive culture built on our core values of passion, innovation, urgency, accountability, inclusion and integrity. We benefit from the diversity of our colleagues and strive to foster an environment that is equitable and inclusive. At our core is the belief that the priceless ingredient of every product is the integrity of its maker.

The global pandemic and social unrest of 2020 have brought us to a critical inflection point—and businesses who act with purpose will have impact beyond this moment and create lasting change. As the events of 2020 unfolded, our company and the Bristol Myers Squibb Foundation took bold steps to accelerate and expand health equity and diversity and inclusion efforts.

The commitments are aimed at accelerating clinical trial diversity, improving disease awareness in underserved communities, investing in diverse communities and increasing the diversity of the company's workforce.

We then went one step further in December, announcing strengthened environmental sustainability goals through 2040 that build upon those initial commitments. The company has committed to purchase 100 percent of the electricity it uses from renewable sources by 2030 and to be carbon neutral by 2040 with targets of equitable water use, zero waste to landfill and 100 percent electric vehicles in our fleet.

## Positioned for the Future

Our accomplishments in 2020 reflect our continued progress towards our vision of transforming patients' lives through science. With strong development and commercial capabilities and a deep and broad pipeline, we are well positioned for growth and the renewal of our portfolio through the end of the decade.

We have the most talented people in the industry who show up for work every day dedicated to our mission of discovering, developing and delivering innovative medicines to help patients prevail over serious diseases. I am proud of how our teams have collaborated during the pandemic in a virtual environment, building a sense of belonging and connection. We stand ready to bring our workforce back together—at the appropriate time and with the appropriate precautions.

The BMS community feels great pride and celebrates each time we see a patient benefit from one of our medicines. But we know how many patients are still waiting for options—this is what motivates us and keeps us focused on the search for the next innovation.

Thank you.

Giovanni Caforio, M.D.  
Board Chair and Chief Executive Officer

March 10, 2021



Transforming patients' lives  
through science™



# Life is Not Over

“I’ve always been symptomatic, as far as I know,” said **Ben Johnson** of Livonia, Michigan. “I can’t recall a time where there wasn’t something going on. It’s just the water I swim in.”

Diagnosed at three months old, Ben, now 29, lives with hypertrophic cardiomyopathy (HCM), a condition in which the muscle of the heart becomes abnormally thickened, making it difficult for the heart to pump blood.

During his early school days, Ben had a low tolerance for exercise and temperature extremes, but his HCM remained stable—until he was 11 years old. “I would have to stop to catch my breath several times just walking one block to my school bus stop,” he related.

**“You are not alone, the world is not closed to you and your life is most certainly not over.”**

— Ben

He continued to decline and a decision was made quickly—he needed a myomectomy, and that meant open heart surgery to remove a portion of a septal muscle in the heart that was obstructing the flow of blood.

After the surgery, Ben said, he felt better instantly. He finished middle school and when he was in high school, joined the theater group, choir and played the trombone in marching band. “It was the most active I had been. I went from being unable to walk to the bus to being able to perform in the band for years,” he said.

Ben went on to study medical anthropology and epidemiology in college and worked as a medical researcher at the University of Michigan Institute for Clinical and Health Research, where some of his projects involved cardiology. He began to experience



more frequent bouts of dizziness and lightheadedness and was advised to stop working and manage his HCM through cardiac rehab and a low-salt diet. He also continues to take a beta blocker, one of many heart medications he has been on since childhood.

“The main thing for me today is fatigue,” he said. “I have to prioritize my day—do I run errands or do my meal prep for the next week? You have to make decisions about what can and can’t be skipped,” he said.

Ben is a member of a large HCM community and the Hypertrophic Cardiomyopathy Association and frequently speaks with patients and parents of children who are newly diagnosed with HCM.

His message offers them confidence and hope: “As someone who has lived with and managed HCM for almost 30 years, I want to let others know, ‘You are not alone, the world is not closed to you and your life is most certainly not over.’”

BMS is currently studying mavacamten, a potential first-in-class cardiovascular medicine for the treatment of obstructive HCM, a chronic heart disease with high morbidity and patient impact.



PATIENT STORY

## Regaining Freedom

**Hideko Kawajiri** of Gifu, Japan, loves to help people look their best. “That’s why I became a hairdresser,” she said.

But after suffering from a sudden onset of rheumatoid arthritis, she couldn’t fit her fingers through the handles of scissors and had to put down the tools of her trade.

“It all started with excruciating pain in my fingers. I couldn’t move them at all and had no idea why,” she explained.

Hideko initially went to a joint clinic where doctors diagnosed her with tenosynovitis. She received injections in all 10 fingers, but her symptoms didn’t improve.

“The constant pain in my feet was bad and worse in my hands. It hurt too much to even wash the dishes. I began dropping them to the point where I had to use plastic tableware,” she said.

A later blood test with a new doctor found that she had rheumatoid arthritis.

The persistent pain she experienced because of her illness was punctuated several times daily with sudden jolts that would cause her to double over and cradle her arms. She stopped seeing her friends and gave up most activities, including the work she loved. “I remember asking myself, ‘Just how bad is this going to get?’ ”

Hideko found hope from her new doctor, whose encouragement made her want to keep fighting. It also came from the *Orencia* (abatacept) he prescribed.

“The best part has been regaining the freedom to do what I want.”

— Hideko

“After my second treatment, I began to feel an improvement in my shoulder pain,” she said.

“The next thing I knew, my hands no longer hurt. It wasn’t long before I felt well enough to begin doing the things I used to enjoy—eating out and meeting with friends.”

Today, Hideko continues her activities without having to push through pain. “*Orencia* changed my life,” she said. “The best part has been regaining the freedom to do more of what I want.”

*Orencia* was launched in 2016 in the U.S. and Japan for treatment of moderate to severe rheumatoid arthritis and in Europe in combination with methotrexate.

# Reaching a “Golden” Goal



**Bill Herington** entered a clinical trial three years ago for Bristol Myers Squibb's investigational chimeric antigen receptor (CAR) T cell therapy, idecabtagene vicleucel (ide-cel), for treatment of his multiple myeloma, an incurable cancer of the bone marrow, with a specific goal in mind.

“I just wanted to make it to my 50th wedding anniversary,” said the active, 75-year-old veteran helicopter pilot.

Bill, of Memphis, Tennessee, was diagnosed eight years ago with smoldering myeloma, a precursor disease that quickly progressed to multiple myeloma. Despite five years of treatments that included a stem cell transplant and multiple rounds of chemotherapy, the disease burden in Bill’s bone marrow had reached 95 percent.

His sons, Brad and Jeff, a BMS district business manager, oncology, were concerned. Although Bill was mostly asymptomatic and attempted to do most of his usual activities—working out, playing golf and maintaining his yard and home—Jeff said, “It was just a matter of time before his health was really going to decline.”

Bill was accepted into the clinical trial for ide-cel at a CAR T treatment center in Nashville, Tennessee. His T cells were collected, genetically modified and re-introduced into his body.

Ide-cel CAR T cell therapy uses genetically modified human T cells to recognize and kill cancer cells containing B-cell maturation antigen (BCMA), a target protein found on the surface of myeloma cells.

Bill recovered and returned home after being closely monitored by the CAR T treatment center for several weeks, noting that it wasn’t long before he got back into his routine. According to Jeff, “He quickly began living almost as a non-cancer patient, and that’s a breath of fresh air compared to what he had gone through before.”

Bill agrees. “That ‘drug holiday’ so to speak, is one of the best parts of CAR T therapy,” he said.

Having achieved his goal of celebrating his golden wedding anniversary, this year, he and his wife Corrie are celebrating 52 years together. “For a lot of people, that’s a blessing in itself. Since the trial, there are so many things that we’ve been able to do as a family. We’ve had more time together, more life events and more memories.”

Today, Bill, who continues to have regular check-ups, shows no evidence of disease. “Every day is exciting and a journey,” he said.

As for entering the trial, Bill added, “I felt like a pioneer; I’m hoping that many other people who have multiple myeloma will have the same success that I’ve had. My message for them is not to give up hope.”

## When the data comes to life

Whether you call it fate, coincidence or, as multiple myeloma patient Bill Herington chooses to describe it, “divine intervention,” one thing is certain: it’s a rare day that patients and the researchers who helped develop their treatments come face to face.

In 2019, Bill’s son, Jeff, a BMS district business manager, oncology, had trained long and hard to ride in the company’s Coast to Coast for Cancer (C2C4C) cycling event to raise funds for cancer research. His father had recently completed a clinical trial for the company’s ide-cel CAR T cell therapy and had recovered with no evidence of residual disease.

Training equally hard was Nate Martin, a translational research scientist working on a CAR T project at the company’s site in Seattle. As teams were being created for various legs of the ride, Nate and Jeff had been randomly assigned to the same team.



“A group of us got to talking about what we did for the company and Nate said he was working on a CAR T project,” Jeff recalled. “I told him that my dad just completed a CAR T trial, the ide-cel trial.”

Nate said it’s hard to describe the feeling when he heard that. “Ide-cel was the project I had been working on! When I realized his father was one of our patients, and that he was doing well, it was pretty special,” he said. “I was overjoyed for him and the family.”

Bill, Jeff and Nate met two days later, at the end of their leg of the ride. “Bill is the face of the work we’re doing. As a researcher, I spend all day looking at clinical data about patients but I don’t know their personal side of the story. Meeting Bill gave me a chance to see what all of that data means in real life.”

For Bill and Jeff, Nate has become family. “There’s a deep connection among the three of us that will last a long, long time,” said Bill.



## Our Response to COVID-19

COVID-19 brought unprecedented and unimaginable challenges to the world during 2020. While patients, caregivers, our workforce and the healthcare community have all faced unique challenges during the crisis, Bristol Myers Squibb has remained steadfast in our commitment to those who rely on us.

Since we first learned about the outbreak, we have taken swift and decisive action to protect our workforce, ensure the continuous supply of our medicines, support relief efforts around the world as well as enable and engage in research for effective treatments.

Through it all, our Corporate Emergency Response Team (CERT) has managed the complex and rapidly evolving situation through an unrelenting focus on protecting the health, safety and well-being of our employees and ensuring the continued supply of medicines for our patients. This was all done in accordance with recommendations from the U.S. Centers for Disease Control and Prevention and the World Health Organization, as well as local governments.

During the pandemic, our role as a biopharmaceutical leader and a responsible global citizen has never been clearer: to promote public health and carry out our mission of providing life-saving medicines to the patients who depend on us.

We responded to the COVID-19 pandemic through a number of actions and we continue to evolve our approach as the pandemic continues.



### Patients

Our priority during COVID-19 has been to ensure that our patients continue to receive the medicines they depend on.

- Our **clinical and commercial supply teams** were proactive from the beginning of the pandemic and found alternative means to move our raw materials and products to our markets and clinical sites.
- As more patients faced financial challenges due to COVID-19, we **expanded our existing patient support programs** to help eligible unemployed patients in the U.S. who lost their health insurance by offering access to our medicines for free.
- We implemented overarching principles to guide our **clinical trial investigators** on the conduct of our trials worldwide, to protect participants and personnel at our clinical trial sites, while ensuring regulatory compliance and the integrity of our science.



## Our Workforce

We firmly believe that our greatest asset is our people. Our colleagues, working remotely and onsite, and facing their own personal challenges, have continued to act with a sense of purpose, dedication and urgency to meet the needs of our patients.

- From the onset of the pandemic, Bristol Myers Squibb has **made the health, well-being and safety of our workforce a priority**.
- In March 2020, our sites across the globe moved to remote work. At the same time, we **worked with the highest precautions to keep our essential workers onsite** so that we could ensure that we continue to meet the needs of our patients.
- We have **taken a careful approach to return colleagues to our sites** based on the local conditions, government and health authority guidance and our company guidance.
- As the pandemic continues, we are **addressing individual needs and providing flexibility** to protect the most vulnerable members of our workforce and support those who continue to work remotely.



## Community

The need for strong support for patients, healthcare providers and our communities has never been greater than during this global pandemic.

- Bristol Myers Squibb, together with the Bristol Myers Squibb Foundation, has contributed more than **\$31 million in financial support and much needed products**, including personal protective equipment such as masks and gloves to relief efforts in 45 countries.
- We have engaged with more than **250 patient and professional organizations** to support research, education and a broad range of efforts to benefit patients in need.
- In partnership with GRYT Health, we launched the **COVID Advocacy Exchange**, a virtual platform that brings together a range of stakeholders – patient advocacy organizations, patients, policymakers, healthcare practitioners and industry members – to support the crucial exchange of information and to provide a forum for live, interactive sessions that encourage discussion and collaboration. More than 25,000 people engaged in the COVID Advocacy Exchange during 2020.



## In Support of Science

In keeping with our vision to transform patients' lives through science, we have supported global and industry-wide efforts to accelerate the development of effective diagnostics, vaccines and treatments for COVID-19.

- We are now one of 15 companies participating in the **Bill & Melinda Gates Foundation's COVID-19 Therapeutics Accelerator**. As part of the effort, we have identified more than 1,000 proprietary compounds and made them available to collaborators to screen for possible molecules to treat COVID-19.
- We organized and are leading the **COVID-19 Testing Industry Consortium** that includes 18 other healthcare companies seeking to inform, improve, innovate and accelerate aspects of COVID-19 testing, from research to clinical diagnostic applications.
- We have **evaluated compounds in our portfolio** for potential impact on the inflammatory response of some patients to COVID-19, for possible inclusion in near-term clinical trials; the research is advancing with a sense of urgency.
- We are part of the **Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV)** initiative, a collaboration with the National Institutes of Health (NIH) and the Foundation for NIH as well as other industry, public health and not-for-profit organizations. This initiative aims to develop a national strategy for a coordinated COVID-19 research response.

## The Path Forward

In February 2021, to spur a crucial effort to develop new treatments for patients with COVID-19, we entered into an agreement with Rockefeller University, granting us the global exclusive license to develop, manufacture and commercialize Rockefeller's novel monoclonal antibody (mAb) duo treatment for therapy or prevention of COVID-19. The treatment combines two mAbs directed at blocking the SARS-CoV-2 spike protein and neutralizing the virus. Rockefeller initiated Phase 1 clinical trials in January 2021.

**We recognize that COVID-19 has created unique challenges for all of us, and we will continue to work with a sense of urgency toward solutions for our patients, our workforce and the global community.**



## Environmental, Social and Governance Highlights

As part of our environmental, social and governance (ESG) strategy, we continually strive toward better performance. This includes setting ambitious goals for our own operations, high expectations for our suppliers and an example of leadership for our industry. In the same way that it drives the development of our transformational medicines, innovation fuels our ESG strategy.

Our strong governance profile includes board management and direct oversight by our Committee on Directors and Corporate Governance of ESG risks assessment and disclosure. This ensures our ability to operate with the highest levels of quality, integrity and ethics.

Our ESG strategy is fully aligned to our corporate strategy and was developed based on an assessment of priority issues drawn from senior executives and key stakeholders. Our environmental and social programs focus on our critical risks and opportunities, with targets to accelerate innovation, enhance patient access to medicines, be an employer of choice and reduce our environmental footprint. We closed the year by announcing a new set of environmental goals for the coming decades and in 2021, the company plans to publish its first standards-aligned Environmental, Social and Governance report.

### Our Environmental Goals

**By 2030, we will purchase 100% of our electricity from renewable sources. By 2040, we will:**

- Be net neutral in Scope 1 (direct) and Scope 2 (indirect) greenhouse gas (GHG) emissions
- Reach the target of zero waste to landfill
- Set approved science-based emissions reductions targets in alignment with the Science Based Targets initiative (SBTi)
- Achieve equitable water use
- Use 100% electric vehicles (EV) in our fleet

### Environmental Responsibility

Progress Made in 2020\*



**20.7%**

Reduction in GHG emissions



**13.3%**

Reduced energy consumed



**300%**

Increase in recycled/reclaimed efforts



**19.2%**

Increased EV/hybrid in fleet



**10.8%**

Less water used



Reduce waste generated

**59.1%**

\*Figures shown in infographic are 2019 metrics against 2015 baseline.  
(does not include former Celgene sites).

# Diversity & Inclusion Commitments

Bristol Myers Squibb has long recognized that inherent in our vision—transforming patients' lives through science—is a critical responsibility to build a diverse and inclusive culture and drive these same principles across all aspects of our business. We are incredibly encouraged by the progress we have made in recent years in service to patients—a journey that involves our workforce, suppliers, partners and communities all working together to drive innovation and deliver transformative medicines worldwide.

In 2020, this work took on even greater importance as we all witnessed social unrest and the devastating impacts of the COVID-19 pandemic across the world, highlighting significant social and health disparities. In the United States, for example, Black/African American and Hispanic/Latinx communities are at greater risk of contracting the virus or experiencing more severe illness and poorer health outcomes. More broadly, there is an increasing focus on the systemic issues experienced by many Black/African Americans and more broadly in underserved communities that result in lesser access and quality of care. We know various forms of inequity are not unique to the United States.

Consistent with our mission, vision and values, Bristol Myers Squibb believes we have a unique responsibility to address these disparities. That is why we have further accelerated and strengthened our existing commitments in this area. Over the next five years, Bristol Myers Squibb will invest \$150 million to address health disparities and clinical trial diversity.

For example, the company is accelerating disease awareness and patient affordability and support programs for at-risk and medically underserved populations and advocating for policies that promote health equity. To increase diversity in clinical trials, we have identified medically underserved populations in the most racially and ethnically diverse metro areas in the United States. To help narrow racial gaps in treatment, these sites will be the focus of new clinical trials.



## Bristol Myers Squibb Commitments

**\$150M**

investment to address health disparities; supplier diversity; clinical trial diversity and workforce representation

**\$1.0B**

By 2025, \$1 billion in global spend with Black/African American and other diverse owned businesses

 Bristol Myers Squibb<sup>®</sup> Foundation

**\$150M**

commitment to address health disparities

**250**

train and develop 250 new clinical trial investigators

PATIENT STORY

## Living With a Game Changer

"Let's be clear: People don't like talking about bathroom habits," acknowledged author and relationship coach **Winter Williams**.

"But when it comes to ulcerative colitis, I am privileged to lend my voice to the discussion and talk about the challenges patients deal with because of this disease."

Winter, of Vienna, Virginia, was 19 years old and four months pregnant when she was diagnosed with the immune-mediated disease, which causes inflammation of the large intestine. She had been experiencing multiple symptoms: fatigue, chronic diarrhea and, despite her pregnancy, weight loss.

**"Researchers—and the work they do—matter more than they know."**

— Winter

Today, she is an advocate and hopes that sharing her story will give hope and inspire others to get help and not ignore their symptoms, while bringing awareness and removing the stigma behind the disease.

"Ulcerative colitis is a game changer. It impacts your quality of life in ways you really cannot prepare for," she said. "You need to monitor so many things, including what you eat, your fatigue, when you're not feeling well and frequency in the bathroom," she said.

Winter is quick to add that, although there are constant ups and downs with the diagnosis, "it does not have to be something that ruins your hopes and dreams. You can still move forward and achieve whatever you want."

She is living proof of that.

After the birth of her daughter, Winter began a series of treatments and lifestyle changes that have become her norm since 2001 and, along the way, was

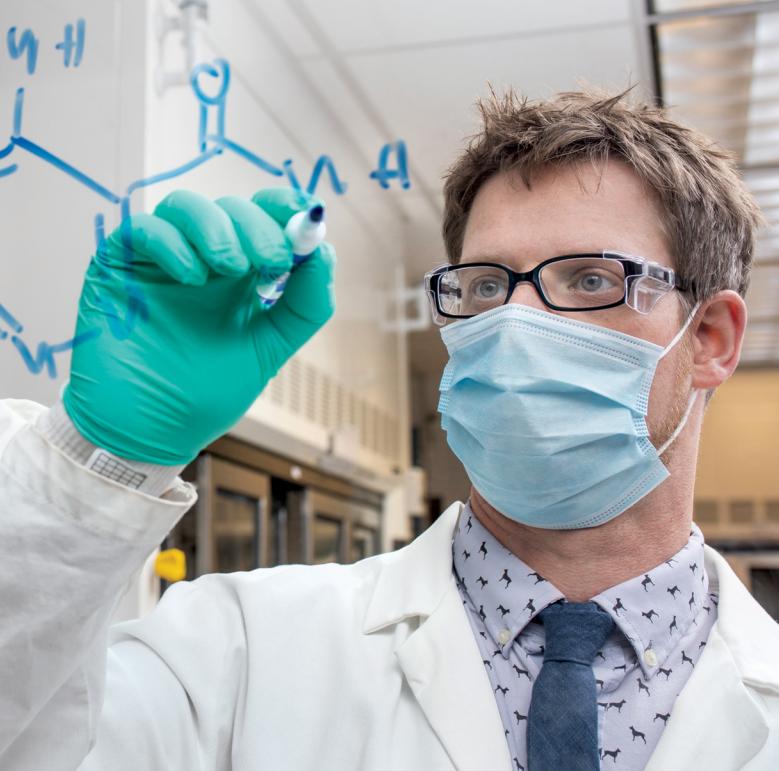


diagnosed with a second immune-mediated disease, rheumatoid arthritis. She also earned her bachelor's and master's degrees in communications, began studying for her doctorate in business and had three more children.

"All of my children have grown up with me dealing with and managing my disease," she said. "They have learned a lot, are very supportive and have seen what can be accomplished despite the diagnosis."

Now 39, Winter is hopeful that new treatment options for people suffering from immune-mediated diseases will continue to be made available and said she appreciates the scientists who are looking for solutions that could transform her life.

"Researchers—and the work they do—matter more than they know. They need to continue to push the envelope on every option possible to set us free from these diseases."



## PATIENT STORY

## We're Coming After Your Disease

Immune-mediated diseases are a major health problem that encompass more than 100 illnesses, including lupus, multiple sclerosis, inflammatory bowel disease and psoriasis. It is estimated that four percent of the world's population suffers from at least one of these diseases, and that percentage is on the rise.

BMS senior principal scientist **Ryan Moslin** has a message for those patients: "We're coming after your disease."

Although immune-mediated diseases are all different, they share the same cause: the patient's immune system mistakenly attacks healthy cells in the body.

Ryan, a medicinal chemist, helped pioneer research efforts into the company's selective tyrosine kinase 2 (TYK2) inhibitor, deucravacitinib, which targets the immune responses that contribute to the development of immune-mediated diseases, including the psoriasis that has affected him since youth.

It started out with a scaly rash on his scalp and, over the years, progressed to other areas such as his torso and legs. "I've had psoriasis for so long now that

I don't know what it would be like not to live with the manifestations," he said. "This is my normal."

When he was getting married, Ryan underwent steroid injections for the nail on his ring finger, because he didn't want to look down at the symbol of his marriage and think about psoriasis. As the nail grew in with no patches, he said, "I would find myself looking at it and feeling so good just to have that one tiny piece of normal."

He, like so many other patients, is waiting for an innovative treatment option for psoriasis. "It's difficult not to feel self-conscious about it, especially when you catch people staring," Ryan explained. He notices it most when he takes his two young daughters to the beach or the pool, where he tries to stay in the water to hide the rash on his legs. "If more people knew that it's not contagious, maybe there would be less stigma attached to it," he said.

**"As a researcher, I want to tell patients, 'Thank you for being so patient. We are working hard to deliver this and other medicines to help transform lives.'"**

— Ryan

Ryan has a unique perspective, as both a patient and a researcher, where he spends the bulk of his time looking for new ways to modulate the immune system to treat various diseases.

"Speaking as someone who is waiting for a treatment that is now going through the necessary steps to ensure safety and efficacy, I can understand the eagerness for a new option," Ryan said. "As a researcher, I want to tell patients, 'Thank you for being so patient. We are working hard to deliver this and other medicines to help transform lives.'"

Topline results of the first Phase 3 pivotal study evaluating deucravacitinib for patients with moderate to severe plaque psoriasis, POETYK PSO-1, were announced in late 2020. Top line results of the second Phase 3 study, POETYK PSO-2, were announced in the first quarter of 2021. Phase 2 studies in psoriatic arthritis, inflammatory bowel disease, systemic lupus erythematosus and lupus nephritis are ongoing.

# Development Portfolio by Therapeutic Area



## Oncology

### Phase I

<b>OPDIVO<sup>a</sup></b>	– Solid Tumors
<b>OPDIVO<sup>a</sup> + YERVOY<sup>a</sup></b>	– Solid Tumors
<b>motolimod</b>	– SCCHN
<b>relatlimab<sup>a</sup>^</b>	– Solid Tumors
<b>NLRP3 Agonist<sup>a</sup></b>	– Solid Tumors
<b>Anti-TIM-3<sup>a</sup></b>	– Solid Tumors
<b>STING Agonist</b>	– Solid Tumors
<b>AHR Antagonist<sup>a</sup></b>	– Solid Tumors
<b>Anti-CTLA-4 NF-Probody</b>	– Solid Tumors
<b>Anti-TIGIT<sup>a</sup></b>	– Solid Tumors
<b>Anti-CD73<sup>a</sup></b>	– Solid Tumors
<b>BET Inhibitor (CC-90010)<sup>a</sup></b>	– Solid Tumors
<b>BET Inhibitor (CC-95775)<sup>a</sup></b>	– Solid Tumors
<b>Anti-SIRP<math>\alpha</math></b>	– Solid Tumors
<b>CD3xPSCA<sup>a</sup></b>	– Solid Tumors
<b>Anti-IL8<sup>a</sup></b>	– Solid Tumors
<b>Anti-Fucosyl GM1</b>	– Solid Tumors
<b>AR-LDD</b>	– Solid Tumors
<b>Anti-NKG2A</b>	– Solid Tumors
<b>Anti-OX40</b>	– Solid Tumors
<b>TGF<math>\beta</math> Inhibitor</b>	– Solid Tumors
<b>IL-12 Fc</b>	– Solid Tumors

### Phase II

<b>OPDIVO<sup>a</sup></b>	– Solid Tumors
	– 1L CRC
	– Pan Tumor TMB High
	– Pediatric
<b>OPDIVO<sup>a</sup>^</b>	– Solid Tumors
<b>OPDIVO<sup>a</sup> + YERVOY<sup>a</sup></b>	– Solid Tumors
	– Metastatic Castration-Resistant Prostate
<b>OPDIVO<sup>a</sup> + YERVOY<sup>a</sup>^</b>	– Solid Tumors
<b>OPDIVO<sup>a</sup> + CDK4/6 Inhibitor</b>	– Neoadjuvant ER+/HER2-Breast
<b>OPDIVO<sup>a</sup> + relatlimab<sup>a</sup></b>	– Solid Tumors
<b>OPDIVO<sup>a</sup> + linrodotstat</b>	– Solid Tumors
<b>OPDIVO<sup>a</sup> + bempegaldesleukin<sup>a</sup></b>	– Solid Tumors
<b>POMALYST/IMNOVID</b>	– Pediatric Glioblastoma
<b>Anti-CTLA-4 NF<sup>a</sup></b>	– Solid Tumors
<b>Anti-CTLA-4 Probody<sup>a</sup></b>	– Solid Tumors
<b>CCR2/5 Dual Antagonist<sup>a</sup></b>	– Solid Tumors
<b>LSD1 Inhibitor</b>	– Extensive Stage SCLC

### Phase III

<b>OPDIVO<sup>a</sup></b>	– 1L Glioblastoma
	– 1L HCC
	– 1L Head & Neck
	– 1L Head & Neck Locally Advanced
	– 1L Esophageal
	– 1L Gastric
	– High-Risk Non-Muscle Invasive Bladder Cancer
	– Adjuvant Bladder
	– Adjuvant Esophageal/Gastroesophageal
	– Adjuvant Gastric
	– Adjuvant HCC
	– Adjuvant Melanoma
	– Adjuvant RCC
	– Metastatic Castration-Resistant Prostate
	– Neoadjuvant ER+/HER2-Breast
	– Neoadjuvant NSCLC
	– Peri-adjuvant NSCLC
	– Unresectable NSCLC
<b>OPDIVO<sup>a</sup> + YERVOY<sup>a</sup></b>	– 1L Bladder
	– 1L Esophageal
	– 1L Gastric
	– 1L HCC
	– Intermediate HCC
	– 1L Head & Neck
	– 1L CRC (MSI-High)
	– Adjuvant Melanoma
	– Adjuvant RCC
	– NSCLC EGFR Mutant
	– Unresectable NSCLC
<b>OPDIVO<sup>a</sup> + relatlimab<sup>a</sup></b>	– 1L Melanoma
<b>OPDIVO<sup>a</sup> + linrodotstat</b>	– 1L Metastatic Melanoma
	– Neoadjuvant Muscle Invasive Bladder Cancer
<b>OPDIVO<sup>a</sup> + bempegaldesleukin<sup>a</sup></b>	– 1L Melanoma
	– Adjuvant Melanoma <sup>#</sup>
	– Muscle Invasive Bladder Cancer
	– 1L RCC <sup>#</sup>
<b>OPDIVO<sup>a</sup> + YERVOY<sup>a</sup> + cabozantinib<sup>a</sup></b>	– Metastatic RCC

### Approved Indications

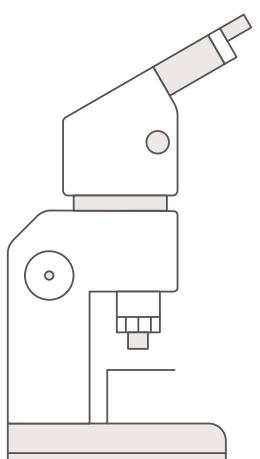
<b>OPDIVO<sup>a</sup></b>	– 1L Metastatic Melanoma
	– Adjuvant Melanoma
	– Mesothelioma
	– Previously treated advanced RCC
	– Previously treated Gastric cancer (Japan, China)
	– Previously treated HCC
	– Previously treated Metastatic Head & Neck
	– Previously treated Metastatic Melanoma
	– Previously treated Metastatic MSI-High CRC
	– Previously treated Metastatic Non-squamous NSCLC
	– Previously treated Metastatic Squamous NSCLC
	– Previously treated Metastatic Urothelial
	– Previously treated Esophageal
<b>OPDIVO<sup>a</sup> + YERVOY<sup>a</sup></b>	– 1L Metastatic Melanoma
	– 1L Mesothelioma
	– 1L NSCLC
	– 1L RCC
	– Previously treated Metastatic MSI-High CRC
	– Previously treated HCC
<b>OPDIVO<sup>a</sup> + cabozantinib<sup>a</sup></b>	– Metastatic RCC
<b>YERVOY<sup>a</sup></b>	– Adjuvant Melanoma
	– Metastatic Melanoma
<b>ABRAXANE</b>	– Breast
	– Gastric
	– Locally Advanced or Metastatic NSCLC
	– Metastatic Breast Cancer
	– NSCLC
	– Pancreatic
	– Unresectable Pancreatic

Listed in this section are our investigational compounds that we have in clinical studies as well as the approved and potential indications for our marketed products in the related therapeutic area as of February 4, 2021. Whether any of the listed compounds ultimately becomes a marketed product depends on the results of clinical studies, the competitive landscape of the potential product's market, reimbursement decisions by payers and the manufacturing processes necessary to produce the potential product on a commercial scale, among other factors. There can be no assurance that we will seek regulatory approval of any of these compounds or that, if such approval is sought, it will be obtained. There is also no assurance that a compound which gets approved will be commercially successful. At this stage of development, we cannot determine all intellectual property issues or all the patent protection that may, or may not, be available for these investigational compounds.

## Development Portfolio by Therapeutic Area

### Hematology

Phase I	Phase II	Phase III	Approved Indications
<p><b>OPDIVO<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Hematologic Malignancies</li> </ul> <p><b>BREYANZI (iso-cel)</b></p> <ul style="list-style-type: none"> <li>- 3L+ Mantle Cell Lymphoma</li> </ul> <p><b>ide-cel (BCMA CAR T)<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- High-risk Newly-Diagnosed Multiple Myeloma</li> </ul> <p><b>BCMA CAR T (bb21217)<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>relatlimab<sup>a,^</sup></b></p> <ul style="list-style-type: none"> <li>- Hematologic Malignancies</li> </ul> <p><b>BET Inhibitor (CC-95775)</b></p> <ul style="list-style-type: none"> <li>- Non-Hodgkin Lymphoma</li> </ul> <p><b>BET Inhibitor (CC-90010)</b></p> <ul style="list-style-type: none"> <li>- Hematologic Malignancies</li> </ul> <p><b>BET Inhibitor (BMS-986158)</b></p> <ul style="list-style-type: none"> <li>- Hematologic Malignancies</li> </ul> <p><b>BCMA ADC</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>BCMA TCE</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>BCMA NEX T</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>GPRC5D CAR T</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>CD3XCD33 Bispecific<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Acute Myeloid Leukemia</li> </ul> <p><b>A/I CELMoD (CC-92480)</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>A/I CELMoD (CC-99282)</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Non-Hodgkin Lymphoma</li> </ul> <p><b>GSPT1 CELMoD (CC-90009)</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Acute Myeloid Leukemia</li> </ul> <p><b>Anti-SIRP<math>\alpha</math></b></p> <ul style="list-style-type: none"> <li>- Non-Hodgkin Lymphoma</li> </ul> <p><b>LSD1 Inhibitor</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Non-Hodgkin Lymphoma</li> </ul> <p><b>CD19 NEX T</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Non-Hodgkin Lymphoma</li> </ul> <p><b>CD22 ADC<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Lymphoma</li> </ul> <p><b>ibertomide</b></p> <ul style="list-style-type: none"> <li>- Non-Hodgkin Lymphoma</li> </ul> <p><b>CD33 NKE</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Acute Myeloid Leukemia</li> </ul> <p><b>CD47xCD20</b></p> <ul style="list-style-type: none"> <li>- Non-Hodgkin Lymphoma</li> </ul>	<p><b>OPDIVO<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Non-Hodgkin Lymphoma (Diffuse Large B-cell Lymphoma)</li> <li>- Non-Hodgkin Lymphoma (Follicular Lymphoma)</li> <li>- Pediatric Hodgkin Lymphoma</li> <li>- Primary Testicular Lymphoma</li> </ul> <p><b>OPDIVO<sup>a</sup> + EMPLICITI<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>IDHIFA<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- 1L Acute Myeloid Leukemia with IDH2 Mutation</li> </ul> <p><b>REBLOZYL<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- MF Anemia</li> <li>- Non-Transfusion-Dependent Beta-Thalassemia</li> </ul> <p><b>ONUREG</b></p> <ul style="list-style-type: none"> <li>- Post HMA Failure MDS</li> </ul> <p><b>BREYANZI (iso-cel)</b></p> <ul style="list-style-type: none"> <li>- 2L Diffuse Large B-cell Lymphoma Transplant non-Eligible</li> <li>- 3L+Chronic Lymphocytic Leukemia</li> <li>- 3L+ Follicular Lymphoma / Marginal Zone Lymphoma</li> <li>- 2L+ Pediatric B-Cell Acute Lymphoblastic Leukemia</li> <li>- 2L+ Primary CNS Lymphoma</li> <li>- 1L High Grade B-cell Lymphoma</li> </ul> <p><b>ide-cel (BCMA CAR T)<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- High-risk Newly-Diagnosed Multiple Myeloma</li> <li>- 2L Relapsed/Refractory Multiple Myeloma</li> <li>- 4L+ Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>iberdomide</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul>	<p><b>OPDIVO<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Refractory Hodgkin Lymphoma</li> </ul> <p><b>EMPLICITI<sup>a</sup> + REVLIMID</b></p> <ul style="list-style-type: none"> <li>- 1L Multiple Myeloma</li> </ul> <p><b>REBLOZYL<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- ESA Naïve MDS</li> </ul> <p><b>INREBIC</b></p> <ul style="list-style-type: none"> <li>- MF Previously treated with Ruxolitinib</li> </ul> <p><b>ONUREG</b></p> <ul style="list-style-type: none"> <li>- Angioimmunoblastic T-cell Lymphoma</li> <li>- Lower Risk MDS</li> </ul> <p><b>IDHIFA<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Acute Myeloid Leukemia with IDH2 Mutation</li> </ul> <p><b>ISTODAX</b></p> <ul style="list-style-type: none"> <li>- 1L Peripheral T-cell Lymphoma</li> </ul> <p><b>ide-cel (BCMA CAR T)<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- 3-5L Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>BREYANZI (iso-cel)</b></p> <ul style="list-style-type: none"> <li>- 2L Diffuse Large B-cell Lymphoma Transplant Eligible</li> </ul>	<p><b>REVLIMID</b></p> <ul style="list-style-type: none"> <li>- 1L Multiple Myeloma</li> <li>- Mantle Cell Lymphoma</li> <li>- MDS</li> <li>- Multiple Myeloma</li> <li>- Previously treated Follicular Lymphoma</li> <li>- Relapsed/Refractory Adult T-cell Leukemia/Lymphoma</li> </ul> <p><b>OPDIVO<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Advanced Hodgkin Lymphoma</li> </ul> <p><b>POMALYST/IMNOVID</b></p> <ul style="list-style-type: none"> <li>- Multiple Myeloma</li> <li>- Relapsed/Refractory Multiple Myeloma</li> <li>- AIDS related Kaposi Sarcoma</li> <li>- HIV-negative Kaposi Sarcoma</li> </ul> <p><b>EMPLICITI<sup>a</sup> + POMALYST/IMNOVID</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>EMPLICITI<sup>a</sup> + REVLIMID</b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory Multiple Myeloma</li> </ul> <p><b>SPRYCEL</b></p> <ul style="list-style-type: none"> <li>- 1L CML</li> <li>- Pediatric ALL</li> <li>- Refractory CML</li> </ul> <p><b>VIDAZA</b></p> <ul style="list-style-type: none"> <li>- Acute Myeloid Leukemia</li> <li>- Chronic Myelomonocytic Leukemia</li> <li>- MDS</li> </ul> <p><b>REBLOZYL<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Transfusion-Dependent Beta-Thalassemia</li> <li>- MDS Previously treated with ESA</li> </ul> <p><b>INREBIC</b></p> <ul style="list-style-type: none"> <li>- MF</li> </ul> <p><b>ONUREG</b></p> <ul style="list-style-type: none"> <li>- Post-Induction Acute Myeloid Leukemia Maintenance</li> </ul> <p><b>IDHIFA<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>- Relapsed/Refractory AML</li> </ul> <p><b>ISTODAX</b></p> <ul style="list-style-type: none"> <li>- Cutaneous T-cell Lymphoma</li> <li>- Peripheral T-cell Lymphoma</li> </ul> <p><b>BREYANZI (iso-cel)</b></p> <ul style="list-style-type: none"> <li>- 3L+ Diffuse Large B-cell Lymphoma</li> </ul>



## Immunology

Phase I	Phase II	Phase III	Approved Indications
<b>TYK2 Inhibitor</b> – Autoimmune Disease	<b>branebrutinib</b> – Rheumatoid Arthritis	<b>ORENCIA</b> – Idiopathic Inflammatory Myopathy	<b>ORENCIA</b> – Active Polyarticular JIA
<b>TYK2 Inhibitor<sup>a</sup></b> – Autoimmune Disease	– Sjögren's Disease	<b>NULOJIX</b> – Switch from Calcineurin Inhibitor Renal Transplant	– Early Rheumatoid Arthritis
<b>TLR 7/8 Inhibitor</b> – Autoimmune Disease	– Systemic Lupus Erythematosus	<b>deucravacitinib</b> – Psoriasis	– JIA Intravenous
<b>S1PR1 Modulator</b> – Autoimmune Disease	<b>deucravacitinib</b> – Crohn's Disease	<b>ZEPOSIA</b> – Crohn's Disease	– JIA Subcutaneous
<b>IL-2 Mutein</b> – Autoimmune Disease	– Lupus Nephritis	– Ulcerative Colitis	– Psoriatic Arthritis
<b>MK2 Inhibitor</b> – Autoimmune Disease	– Psoriatic Arthritis		– RA Auto injector
<b>Immune Tolerance<sup>a</sup></b> – Multiple Sclerosis	– Systemic Lupus Erythematosus		– RA Intravenous
<b>IL2-CD25</b> – Autoimmune Disease	– Ulcerative Colitis		– RA Subcutaneous
<b>Anti-CD40</b> – Autoimmune Disease	<b>iberdomide</b> – Systemic Lupus Erythematosus		<b>NULOJIX</b> – De Novo Renal Transplant
	<b>cendakimab</b> – Eosinophilic Esophagitis		<b>ZEPOSIA</b> – Relapsing Multiple Sclerosis

## Cardiovascular

Phase I	Phase II	Phase III	Approved Indications
<b>Factor XIa Inhibitor (BMS-986209)<sup>a</sup></b> – Thrombotic Disorders	<b>ELIQUIS<sup>a</sup></b> – Pediatric Heart Disease	<b>ELIQUIS<sup>a</sup></b> – VTE prevention in pediatrics with ALL	<b>ELIQUIS<sup>a</sup></b> – Stroke Prevention in Atrial Fibrillation
<b>FPR-2 Agonist</b> – Heart Failure	<b>mavacamten</b> – Non-obstructive Hypertrophic Cardiomyopathy	<b>mavacamten</b> – Obstructive Hypertrophic Cardiomyopathy	– Venous Thromboembolism Prevention Orthopedic Surgery
<b>MYK-224</b> – Hypertrophic Cardiomyopathy	<b>danicamtiv</b> – Genetic Dilated Cardiomyopathy	<b>danicamtiv</b> – Obstructive Hypertrophic Cardiomyopathy Septal Reduction Therapy Eligible	– Venous Thromboembolism Treatment
	<b>Factor Xia Inhibitor (BMS-986177)<sup>a</sup></b> – Thrombotic Disorders		
	<b>FA-Relaxin</b> – Heart Failure		

## Fibrotic Diseases

Phase I	Phase II	Phase III
<b>LPA<sub>1</sub> Antagonist (BMS-986337)</b> – Pulmonary Fibrosis	<b>HSP47<sup>a</sup></b> – Fibrosis	<b>JNK Inhibitor</b> – Idiopathic Pulmonary Fibrosis
<b>NME</b> – Fibrosis	<b>Pegbelfermin</b> – Non-alcoholic Steatohepatitis	– Non-Alcoholic Steatohepatitis

## Neuroscience

Phase I	Phase II
<b>FAAH/MGLL Dual Inhibitor</b> – Neuroscience	<b>SARS-CoV-2 mAb Duo</b> – COVID-19 Therapy or Prevention <sup>#</sup>

Note: Above pipeline excludes clinical collaborations

<sup>a</sup> Development Partnership: **OPDIVO**, **YERVOY**, **Relatlimab**: Ono (our collaboration with Ono also includes other early stage compounds); **EMPLICITI**: AbbVie; **bempegaldesleukin**: Nektar; **Cabozantinib**: Exelixis, Inc.; **ELIQUIS**: Pfizer; **Factor Xia Inhibitor**: Janssen Pharmaceuticals, Inc.; **HSP47**: Nitto Denko Corporation; **CD3XCD33**, **CD3xPSCA**, **GEM333**: GeMoB Monoclonals GmbH; **bb21217**, **ide-cel**: bluebird; **REBLOZYL**: Acceleron Pharma Inc.; **IDHIFA**: Agios Pharmaceuticals, Inc.; **AHR**: Ikeda Oncology; **CD22 ADC**: TriPhase Accelerator; **TYK2 Inhibitor (Nimbus)**: Nimbus Therapeutics; **Immune Tolerance**: Anokion

<sup>#</sup> Trial(s) exploring various combinations

# Partner-run study



## I'm Not Going Anywhere

When you're an active 25-year-old music teacher and hockey player, cancer is far from your mind. So when **Holly Woods**, of Dublin, Ireland, learned a malignant tumor in her esophagus was the cause of her pain and difficulty swallowing, "I still didn't think cancer," she said.

Until then, she added, "I thought cancer was something only older people get. I didn't know anybody my age who had ever been diagnosed with it."

Before her tumor could be removed, Holly had to undergo chemotherapy and radiation. She then had an esophagostomy, which removed the tumor as well as part of her stomach and esophagus. "The surgery was massive. I had to learn how to eat again," she said.

"I am back to making plans and thinking about life."

— Holly

Looking back, she credits her positive attitude and sense of humor with helping her and her family through the tough days. Holly worked hard to get her life back and returned to teaching and exercising. However, one year later, her oncologist called. He needed to see her immediately about a scan she had earlier that week.

"In that moment, everything collapsed," she said. "I knew the cancer had come back." Holly wanted to



fight and told her doctor, "I have stuff I'm doing with my life and I'm going to do it. I'm not going anywhere."

After discussing her options, Holly's doctor pursued, and successfully gained, pre-approval access to *Opdivo* (nivolumab), which was at the time also being studied as an adjuvant therapy for patients with resected esophageal or gastroesophageal junction cancer following neoadjuvant chemoradiation therapy (CRT).

Eight weeks after her first infusion, the tumor had shrunk and there was no sign of others.

Now, two years later, Holly has no evidence of disease. "I am back to making plans and thinking about life," she said.

In January 2021, the European Medicines Agency validated BMS' Marketing Authorization Application for *Opdivo* as an adjuvant treatment for esophageal or gastroesophageal junction cancer in adult patients with residual pathologic disease after neoadjuvant chemoradiotherapy and resection. The application is based on results from the CheckMate -577 trial.



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