Forward-Looking Information

This presentation contains statements about the Company’s future plans and prospects that constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated as a result of various important factors, including those discussed in the company’s most recent annual report on Form 10-K and reports on Form 10-Q and Form 8-K. These documents are available from the SEC, the Bristol-Myers Squibb website or from Bristol-Myers Squibb Investor Relations.

In addition, any forward-looking statements represent our estimates only as of the date hereof and should not be relied upon as representing our estimates as of any subsequent date. While we may elect to update forward-looking statements at some point in the future, we specifically disclaim any obligation to do so, even if our estimates change.

This presentation also contains certain non-GAAP financial measures, adjusted to include certain costs, expenses, gains and losses and other specified items. Reconciliations of these non-GAAP financial measures to the most comparable GAAP measures are available on the company’s website at www.bms.com.
BMS R&D

Dr. Tom Lynch
Chief Scientific Officer
VISION FOR R&D

We are focused, science oriented and data driven – and determined to deliver medicines that have the potential to transform the lives of patients.
R&D Priorities

- Expand Opdivo/Yervoy across multiple tumors/biomarker sets
- Accelerate delivery of our next wave of I-O assets
- Understand the biology of I-O resistance
- Develop novel combination regimens
- Accelerate development of our most promising assets in CFI
- Focus on Business Development
Continued Immuno-Oncology R&D Success

11 Approved Indications in 2 Years

5 Phase III trials stopped early due to survival benefit

15 Tumors with ongoing registrational trials

15 Positive Registrational Trials

~250 Global Approvals for Opdivo

11 New England Journal of Medicine Publications

7 Breakthrough Therapy Designations

Note: All milestones since 2014
Significant progress has been made, but the journey is only just beginning

MECHANISMS

CTLA-4

PD-1

PD-1/CTLA-4 combo

PD-1/chemo combo

IDO

LAG-3

LIRI

GITR

PD-1 +

What is next in the journey?

- Novel I-O Mechanisms
- Novel Combinations
- Triplets
- Quads
- Vaccines/Viruses
- RT
- Targeted
- Non-IO mechanisms

2010 '11 '12 '13 '14 '15 '16 '17 '18 '19 '20 '21 '22 '23 '24 '25 '26 '27 '28 '29 2030
Significant progress has been made, but the journey is only just beginning

What is next in the journey?

- Gene signatures*
- Immunologic biomarkers*
- Tumor derived markers*

*Exploratory/unapproved biomarkers

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BMS R&D Priorities in Oncology

Leveraging Translational Approaches and Innovative Trial Designs

• Deliver on current O+-Y development portfolio
• Accelerate next wave of IO agents
• Explore new combination regimens

• Improve outcomes for patients with:
  • IO sensitive tumors
  • Primary Resistance
  • Acquired Resistance
Focus On Building Key Capabilities

Enhance Translational Medicine Capabilities

Invest in Cancer Biology

Invest in Data and Analytics
Our Industry Leading Internal Oncology Pipeline

Data as of May 10th, 2017

- **Anti-CTLA-4 NF**
- **Glypican-3 ADC**
- **Anti-TIGIT**
- **Anti-CD73**
- **Anti-OX40**
- **HuMax-IL8**
- **BET Inhibitor**
- **Cabiralizumab (Anti-CSF1R)**
- **Anti-GITR**
- **Ulocuplumab (Anti-CXCR4)**
- **Mesothelin ADC**
- **Urelumab (Anti-CD137)**
- **Anti-Fucosyl GM1**
- **Anti-LAG3**
- **IDO Inhibitor**
- **PROSTVAC**
- **EMPLICITI**
- **OPDIVO**
- **YERVOY**
- **SPRYCEL**

**Marketed**

1. Approved in at least one major market (US, EU, JP)
2. In Ph III or currently under reg. review
## Oncology – Development Portfolio

### Phase I

<table>
<thead>
<tr>
<th>Compound/Therapy</th>
<th>Disease Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-CTLA-4 NF ^</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>Glypican-3 ADC ^</td>
<td>HCC</td>
</tr>
<tr>
<td>Anti-TIGIT ^</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>Anti-GITR ^</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>Cabiralizumab ^</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>Anti-CD73 ^</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>Anti-OX40 ^</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>Anti-LAG3 ^</td>
<td>Solid Tumors &amp; Hematologic Mal.</td>
</tr>
<tr>
<td>IDO Inhibitor ^</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>HuMax-IL8</td>
<td>Solid Tumors</td>
</tr>
</tbody>
</table>

### Phase II

<table>
<thead>
<tr>
<th>Therapy/Combination</th>
<th>Disease Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPDIVO* NFL (FL)</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>OPDIVO* NFL (DLBCL)</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>Lirilumab^*</td>
<td>Hematologic Mal.</td>
</tr>
<tr>
<td>OPDIVO* Ovarian</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>OPDIVO* 2L HCC</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>OPDIVO* CNS Lymphoma</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>OPDIVO* MM</td>
<td>Solid Tumors &amp; Hematologic Mal.</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>CNS Lymphoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>1L NSCLC</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>Neoadjuvant</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>EGFR mutant</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>1L RCC</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>1L Bladder</td>
</tr>
<tr>
<td>SPRYCEL* Pediatic</td>
<td>Pediatric</td>
</tr>
</tbody>
</table>

### Phase III

<table>
<thead>
<tr>
<th>Therapy/Combination</th>
<th>Disease Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPDIVO* Adjuvant Melanoma</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>OPDIVO* 2L SCLC</td>
<td>Solid Tumors</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>1L SCLC</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>1L NSCLC</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>1L NSCLC</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>1L RCC</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY*</td>
<td>Bladder</td>
</tr>
</tbody>
</table>

### Approved Indications

<table>
<thead>
<tr>
<th>Therapy/Combination</th>
<th>Disease Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPDIVO* 1L Head &amp; Neck</td>
<td>Met Melanoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY* 1L Head &amp; Neck</td>
<td>Met Melanoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY* 1L Head &amp; Neck</td>
<td>Met Melanoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY* 1L Gastric</td>
<td>Met Melanoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY* 1L Gastric</td>
<td>Met Melanoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY* 2L Esophageal</td>
<td>Met Melanoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY* 1L Esophageal</td>
<td>Met Melanoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY* 1L RCC</td>
<td>Met Melanoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY* 1L Bladder</td>
<td>Met Melanoma</td>
</tr>
<tr>
<td>OPDIVO* + YERVOY* 1L Bladder</td>
<td>Met Melanoma</td>
</tr>
</tbody>
</table>

### Trial(s) exploring various combinations

- Development Partnership: 
  - EMLIPICTI: AbbVie
  - SPRYCEL: Otsuka
  - OPDIVO, YERVOY: Ono Pharmaceutical
  - Prostvac: Bavarian Nordic
  - Lirilumab: Innate Pharma, Ono Pharmaceutical
  - Urelumab, Anti-LAG-3: Ono Pharmaceutical
  - Cabiralizumab: Five Prime Therapeutics

- Trial(s) exploring various combinations
  ^ Trial(s) exploring various combinations
  * Partner-run study
  ** Option rights

Data as of April 1, 2017

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Early Stage Pipeline Strategy

Dr. David Feltquate
Head of Early Clinical Development
The Immuno-Biology of Cancer is Complex

- Effector cells are central for tumor recognition and killing
- Other factors may modulate the activity of effector cells

The TUMOR may leverage inherent mechanisms to sustain itself and evade immune destruction.

The STROMA comprises a variety of cell types that may suppress immune function via expression of cell surface or soluble inhibitory molecules, including metabolites.

IMMUNE REGULATORY and ANTIGEN-PRESENTING CELLS may negatively regulate or not provide necessary stimulation to the immune system.

IMMUNE REGULATORY & APCs

STROMA
Our Portfolio has multiple approaches in each of these categories

**TUMOR**
- Maximize NK cells
  - KIR
  - SLAMF7
- Block or deplete immunoregulators
  - IDO
  - CSF1R
  - CD73
  - CTLA4-NF
- Optimize antigen presentation
  - Vaccine
  - Oncolytic Virus
  - Radiation
  - Chemotherapy* (not part of BMY portfolio)

**EFFECTOR CELL**
- Activate T effector cells
  - GITR
  - OX40
  - CD137
  - ICOS
- Block tumor inhibition/checkpoints
  - PD-1
  - CTLA4
  - TIM3
  - TIGIT
  - LAG3

**STROMA**
- Block inhibitory stromal effects
  - CCR2/5
  - IL-8

**IMMUNE REGULATORY & APCs**
- Block or deplete immunoregulators
  - IDO
  - CSF1R
  - CD73
  - CTLA4-NF

*Not part of BMY portfolio*
Role of LAG-3 in T-Cell Exhaustion and Anti–PD-1 Resistance: Rationale For Anti–LAG-3 and Anti–PD-1 Combination Therapy

In therapy-naïve patients, constitutive LAG-3 expression may limit the anti-tumor activity of PD-1 pathway blockade.

In patients exposed to PD-1 pathway blockade, adaptive upregulation of LAG-3 expression may lead to treatment resistance and tumor progression.
Developing Biomarkers to Predict Better Outcomes

**Tumor Antigens**
- Tumor Mutation Burden (TMB)
- Microsatellite Instability / Mismatch Repair Deficiency
- T cell Receptor Profiling

**Tumor Immune Suppression**
- Tim-3
- LAG-3
- Suppressive Immune Cells (e.g. T-regs)

**Inflamed Tumor Microenvironment**
- PD-L1
- Tumor Inflammatory Signature (TIS)
- T cell Infiltration

**Host Environment**
- Microbiome Markers
Tumors with high mutation burden are a rational target for I-O therapy

Tumor Mutational Burden

Tumor cells with high TMB may have high neoantigen load, which can lead to high tumor immunogenicity and increased T-cell reactivity and anti-tumor response.

Data from Checkmate-026

<table>
<thead>
<tr>
<th>TMB</th>
<th>Nivolumab</th>
<th>Chemotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 47</td>
<td>9.7 (95% CI: 5.1, NR)</td>
<td>5.8 (4.2, 8.5)</td>
</tr>
</tbody>
</table>

HR = 0.62 (95% CI: 0.38, 1.00)

Pan-Cancer Analysis of Mutational Load and ICB Response

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>No. of Patients</th>
<th>Hazard Ratio-Optimized Cutoff</th>
<th>Cutoff</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pan Cancer</td>
<td>1804</td>
<td>18</td>
<td>3.39e-08</td>
<td>0.032</td>
</tr>
<tr>
<td>Bladder Cancer</td>
<td>127</td>
<td>35</td>
<td>0.025</td>
<td></td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>46</td>
<td>14</td>
<td>0.067</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>63</td>
<td>10</td>
<td>0.059</td>
<td></td>
</tr>
<tr>
<td>Esophageal Cancer</td>
<td>53</td>
<td>5</td>
<td>0.105</td>
<td></td>
</tr>
<tr>
<td>Glioma</td>
<td>117</td>
<td>8</td>
<td>0.028</td>
<td></td>
</tr>
<tr>
<td>Head and Neck Cancer</td>
<td>78</td>
<td>13</td>
<td>3.34e-06</td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>323</td>
<td>22</td>
<td>7.33e-03</td>
<td></td>
</tr>
<tr>
<td>Non-Small Cell Lung Cancer</td>
<td>472</td>
<td>3</td>
<td>6.44e-03</td>
<td></td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>32</td>
<td>2</td>
<td>0.038</td>
<td></td>
</tr>
<tr>
<td>Renal Cell Carcinoma</td>
<td>155</td>
<td>18</td>
<td>0.271</td>
<td></td>
</tr>
<tr>
<td>Combo</td>
<td>306</td>
<td>18</td>
<td>2.05e-03</td>
<td></td>
</tr>
<tr>
<td>CTLA4</td>
<td>141</td>
<td>18</td>
<td>1.44e-05</td>
<td></td>
</tr>
<tr>
<td>PD-1/PDL-1</td>
<td>1354</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Presented by Timothy Chan at 2017 ASCO-SITC Clinical Immuno-Oncology Symposium
Key Takeaways

• A broad and detailed understanding of the complexities of tumor immunobiology is critical
• Translational medicine will be needed to match the right patients with the right medicines
• We expect the oncology landscape to continue to become more segmented
• BMS has a strategically and rationally developed internal portfolio of clinical stage assets
BMS Immuno-Oncology Overview

Dr. Fouad Namouni
Head of Oncology Development
• Emergence of initial next-generation of IO agents (IDO, LAG-3) to complement existing checkpoint inhibitors
  – Potential to increase initial response, treat IO refractory patients.

• Potential new biomarkers may better select patients (e.g. LAG-3 expression, TMB)

• Important progress in showing the benefits of Opdivo +/- Yervoy
  – New data across lung cancer (NSCLC, mesothelioma, SCLC), adjuvant melanoma and HCC
<table>
<thead>
<tr>
<th>Study</th>
<th>Key Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LAG-3</strong> (Post-IO melanoma)</td>
<td>• First IO asset to demonstrate efficacy in IO refractory patients with potential biomarker to select patients more likely to respond.</td>
</tr>
<tr>
<td><strong>GITR</strong> (PK/PD)</td>
<td>• Well tolerated (consistent with Opdivo single agent); increased proliferation of NK, CD8 and activation of effector and central memory cells</td>
</tr>
<tr>
<td><strong>ECHO-204</strong> (Melanoma, H&amp;N, Ovarian)</td>
<td>• Favorable initial efficacy in 1L melanoma and 1L H&amp;N</td>
</tr>
<tr>
<td><strong>Checkmate-012</strong> (1L NSCLC)</td>
<td>• First presentation of 2 year OS data with Opdivo + yervoy in 1L NSCLC; two year OS rates were 49%, 58% and 62% in all treated patients, ≥ 1% PD-L1 and ≥ 50% PD-L1 expression</td>
</tr>
<tr>
<td><strong>Checkmate-142</strong> (MSI-H CRC)</td>
<td>• 55% ORR and 88% 1 year OS for combination of Opdv0/Yervoy in MSI-H CRC</td>
</tr>
<tr>
<td><strong>Checkmate-032</strong> (SCLC)</td>
<td>• Durable responses observed for Opdivo+/-Yervoy in an expansion cohort; full data June 5&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>IFCT-1501</strong> (Mesothelioma)</td>
<td>• Only I-O data in ASCO press program; embargo lifts June 5</td>
</tr>
<tr>
<td><strong>Checkmate-040</strong> (soraf naïve and experienced HCC)</td>
<td>• Continued survival and durable objective responses in sorafanib naïve and experienced HCC</td>
</tr>
<tr>
<td><strong>Checkmate-204</strong> (Melanoma, Brain Mets)</td>
<td>• Clinically meaningful efficacy for melanoma patients with brain mets</td>
</tr>
<tr>
<td><strong>ECOG-1609</strong> (Melanoma)</td>
<td>• Evidence that 3mg/kg comparable DFS to 10mg/kg for adjuvant melanoma</td>
</tr>
<tr>
<td><strong>JHU Neo-adjuvant study</strong> (Neo-adjuvant NSCLC)</td>
<td>• Data to be presented June 5&lt;sup&gt;th&lt;/sup&gt;; biomarkers and PD-1 blockade in neo-adjuvant setting</td>
</tr>
</tbody>
</table>
Antiangi–LAG-3 + Nivo in Advanced BRAF Wild-Type Melanoma Refractory to Nivo Monotherapy
Block Tumor Inhibition/Checkpoints: Anti-LAG3 May Overcome Anti-PD1 Resistance

Best Change From Baseline in Target Lesion Tumor Burden

- LAG-3 ≥ 1%
  - ORR = 20%
  - 45% of patients saw reduction in tumor burden

- LAG-3 < 1%
  - ORR = 7.1%
  - 0%

• Efficacy of anti-LAG3+Opdivo in heavily pretreated Melanoma patients who failed prior anti-PD1 therapy
• 76% of patients had 2 more prior systemic therapies including PD1+/-CTLA4
• LAG3+ appears to be a useful biomarker to enrich for potential benefit
• Safety profile similar to Opdivo monotherapy: 45% of patients experienced AEs (9% Gr3/4)

- 8/48 patients analyzed had unknown LAG-3 status – data not shown

*Six patients had clinical progression prior to their first scan and are not included in the plot. †One patient had an unconfirmed best response of SD.
LAG3: First Demonstration of Efficacy in IO Relapsed/Refractory Patients

• Potential for increased benefit in patients expressing LAG-3 biomarker
• Data consistent with mechanistic hypothesis of LAG-3 – potential application in other tumor types and settings

Next Steps:
• Expanding IO refractory melanoma cohort (up to 150 pts)
• Embark on broad development program across tumors in
  – PD-1 Resistant segments
  – IO Naïve segments
• Development of LAG-3 expression as a biomarker
Tumor Metabolism: IDO

Advancing BMS IDO:
- Differentiated PK/PD profile presented at AACR this year
- Initial efficacy data Opdivo/BMS-986205 in solid tumors expected at SITC
- CA017-003 expanded to include Opdivo/Yervoy/IDO
- Initiate several registrational trials across multiple tumors including NSCLC

Expanding Collaboration with INCY:
- Opdivio/epacadostat shows encouraging signals in melanoma, H&N*
- Collaboration expanded to include Ph III studies in 1L NSCLC across PD-L1 spectrum, 1L H&N; expansion of ECHO-204 in IO refractory melanoma

*See abstract; full dataset presented on Monday June 5th
Activate T-effector Cells: GITR

Clinical Response in Difficult to Treat Tumors

Scan image shows a response to GITR + Opdivo in a Patient With nasopharyngeal Cancer after progression on Anti-PD-1 Therapy

Images provided by Neeltje Steeghs, The Netherlands Cancer Institute, Amsterdam, The Netherlands.

Safety profile similar to Opdivo monotherapy (70% of patients experienced an AE with 16% at Gr3/4)
Maximize NK Cells: Lirilumab

SITC 2016 data Liri+Opdivo suggested increased ORRs vs Opdivo monotherapy with a safety profile similar to Opdivo monotherapy:

- 24% ORR all-comers; 41% ORR in PDL1+
  - 71% patients experienced AEs (15% Gr3/4)

Study expanded to include:

- Randomized cohort of Liri+Opdivo vs Opdivo in H&N in PD-L1+ patients
- Liri+Opdivo in squamous histologies
- Liri+Opdivo+Yervoy in H&N
Comprehensive Development Strategy in Lung Malignancies

**NSCLC**

- **Early Stage**: OPDIVO + Yervoy
- **Locally Advanced**: OPDIVO + Chemo + RT
- **Advanced/Metastatic**:
  - OPDIVO Monotherapy
  - OPDIVO +
    - IDO
    - Yervoy +/- Chemo
    - Chemo

**SCLC**

- **Limited**: OPDIVO Monotherapy
  - OPDIVO + Yervoy
- **Extensive**: OPDIVO Monotherapy
  - OPDIVO + Yervoy

**Mesothelioma**:

- OPDIVO Monotherapy
  - OPDIVO + Yervoy

- **Biomarker driven patient segmentation**
- **Scope for next wave combinations to potentially improve outcomes**
- **Need to effectively treat IO Resistant Patients**
CheckMate-012: Opdivo + Yervoy in 1L NSCLC

Opdivo + Yervoy remained tolerable; no new safety concerns or treatment-related deaths were reported with longer follow-up
Checkmate 227: Three Phase III Trials in one NSCLC program

Part 1

N~1200

PD-L1 Expressors (≥1%)

Opdivo 3 Q2W
Yervoy 1 Q6W

Opdivo 240 mg Q2W

Opdivo 360mg Q3W
Chemo Doublet

PD-L1 Non Expressors (<1%)

N~550

Chemo Doublet

Part 1a

Part 1b

Part 2:

Opdivo 360mg Q3W
Chemo Doublet

1L NSCLC

N~500

Chemo Doublet

Part 2 – Chemo doublet options include: NSQ: pem/carbo, pem/cis; SQ: carbo/taxol.
Checkmate 568: Innovative Trial Design

**Part 1**

1L NSCLC

- **Opdivo 3 Q2W**
- **Yervoy 1 Q6W**

N~400

**Part 2:**

Safety lead in with at least 9 weeks follow up on study

N~30

- Opdivo 360mg Q3W
- Yervoy 1mg/kg Q6W
- + 2 cycles Chemo

Randomized Cohort

1L NSCLC

N~420

- Opdivo 360mg Q3W
- Yervoy 1mg/kg Q6W
- + 2 cycles Chemo

Chemo Doublet

Chemo doublet options include: NSQ: pem/carbo, pem/cis; SQ: carbo/paclitaxel

Opdivo 360mg Q3W
- Yervoy 1mg/kg Q6W
## Opdivo & Yervoy Portfolio Will Yield Significant Data

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Expected Timing*</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCC</td>
<td>CM-459 – Opdivo (1L)</td>
<td></td>
<td>2H 2017</td>
</tr>
<tr>
<td>Colon</td>
<td>CM-142 – Opdivo (2/3L MSI High)</td>
<td></td>
<td>ASCO 2017</td>
</tr>
<tr>
<td>GBM</td>
<td>CM-548 – Opdivo+SOC (1L)</td>
<td></td>
<td>2H 2018</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>CM-651 – Opdivo + Yervoy (1L)</td>
<td>CM-714 – Opdivo + Yervoy (1L Extr. Inel)</td>
<td>1H 2018</td>
</tr>
<tr>
<td>Bladder</td>
<td>CM-275 – Opdivo (2L)</td>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td>Myeloma</td>
<td>CM-602 – Opdivo + Elo + SOC</td>
<td></td>
<td>2H 2018</td>
</tr>
<tr>
<td>RCC</td>
<td>CM-214 – Opdivo + Yervoy (1L)</td>
<td></td>
<td>2H 2017*</td>
</tr>
<tr>
<td>Melanoma</td>
<td>CM-511 – Opdivo + Yervoy (1L)</td>
<td>CM-238 – Opdivo (Adjuvant)</td>
<td>2H 2018</td>
</tr>
<tr>
<td>SCLC</td>
<td>CM-331 – Opdivo (2L)</td>
<td>CM-451 – Opdivo + Yervoy (1L)</td>
<td>1H 2018</td>
</tr>
<tr>
<td>NSCLC</td>
<td>CM-227 – Opdivo + Yervoy (1L) I-O, I-O/I-O, I-O/chemo</td>
<td>CM-078 – Opdivo (2L / Asia)*</td>
<td>1H 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CM-568 – Opdivo + Yervo + Chemo (1L)</td>
<td>1H 2018</td>
</tr>
<tr>
<td>Mesothelioma</td>
<td>MAPS2 IFCT-1501 – Opdivo +/- Yervoy</td>
<td></td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>ASCO 2017</td>
</tr>
</tbody>
</table>

Timing shown represents primary completion dates except 451, 214, and 651 which match JPM disclosures. *511 Differs from clinicaltrials.gov

Bristol-Myers Squibb