

Inotuzumab ozogamicin is an investigational agent and has not been approved by regulatory agencies.

<b>ABOUT INOTUZUMAB OZOGAMICIN</b>	<ul style="list-style-type: none"> <li>• Inotuzumab ozogamicin is an investigational antibody-drug conjugate (ADC) comprised of a monoclonal antibody (mAb) targeting CD22,<sup>1</sup> a cell surface antigen expressed on approximately 90 percent of B-cell malignancies,<sup>2</sup> linked to a cytotoxic agent.</li> <li>• When inotuzumab ozogamicin binds to the CD22 antigen on malignant B-cells, it is absorbed into the cell, at which point the cytotoxic agent calicheamicin is released to destroy the cell.<sup>3</sup> <ul style="list-style-type: none"> <li>○ Calicheamicin is a natural product of bacteria that was first discovered in caliche clay and was found to be toxic to normal and cancerous cells.<sup>4</sup></li> </ul> </li> </ul>
<b>WHAT IS THE SIGNIFICANCE OF AN ANTIBODY-DRUG CONJUGATE (ADC)?</b>	<ul style="list-style-type: none"> <li>• Chemotherapy is designed to eliminate fast-growing cancer cells, but it can also harm healthy proliferating cells, which causes side effects.<sup>5</sup></li> <li>• Linking an ADC with a cytotoxic agent may allow chemotherapy to directly target the cancer cell.<sup>6,7</sup> <ul style="list-style-type: none"> <li>○ Focused delivery of the cytotoxic agent to tumor cells may maximize its antitumor effect while minimizing its normal tissue exposure, potentially resulting in an improved therapeutic index.<sup>6</sup></li> <li>○ Targeted delivery is expected to result in fewer toxicities than nontargeted systemic delivery of currently used cytotoxic combination chemotherapy.<sup>6</sup></li> </ul> </li> </ul>
<b>THE ROLE OF CD22</b>	<ul style="list-style-type: none"> <li>• CD22 is an important modulator of B-cell lymphocyte function and survival.<sup>8</sup></li> <li>• CD22 is expressed only on mature B-cells, which allows for targeted delivery of the cytotoxic agent.<sup>6</sup> <ul style="list-style-type: none"> <li>○ Therefore, CD22 targeted chemotherapy is not expected to affect other tissue and should not impact the ability to generate new B-cells.<sup>6</sup></li> </ul> </li> <li>• Studies have shown that adding an ADC targeting CD22, such as inotuzumab ozogamicin, to existing treatments for B-cell non-Hodgkin lymphoma (NHL) may provide additional anti-tumor activity.<sup>3</sup> <ul style="list-style-type: none"> <li>○ Currently, approximately 50 percent of patients with aggressive NHL relapse following treatment with standard of care treatment.<sup>9</sup></li> </ul> </li> <li>• Additionally, there is preclinical evidence that an ADC targeting CD22, such as inotuzumab ozogamicin, may provide antitumor activity against CD22 positive acute lymphoblastic leukemia (ALL).<sup>10</sup> <ul style="list-style-type: none"> <li>○ CD22 has been shown to be expressed on the surface of more than 90 percent of leukemic blasts in a vast majority of B-Cell ALL patients.<sup>10</sup></li> </ul> </li> </ul>
<b>CLINICAL STUDIES</b>	<p>Pfizer is continuing to explore a clinical development program to determine which patients may benefit from inotuzumab ozogamicin in different B-cell malignancies:</p> <p><b>Phase 3</b></p> <ul style="list-style-type: none"> <li>• INO-VATE NHL (<b>I</b>Notuzumab <b>O</b>zogamicin trial to in<b>V</b>estig<b>A</b>te <b>T</b>olerability and <b>E</b>fficacy) Study 1008 – A multicenter, open-label, randomized, Phase 3 study of inotuzumab ozogamicin administered in combination with rituximab compared to defined investigator’s choice therapy in subjects with relapsed or refractory CD22-positive aggressive NHL who are not candidates for intensive high-dose</li> </ul>

	<p>chemotherapy.<sup>11</sup></p> <ul style="list-style-type: none"> <li>• INO-VATE ALL Study 1022 – An open-label, randomized, Phase 3 study of inotuzumab ozogamicin compared to a defined investigator’s choice of chemotherapy in adult patients with relapsed or refractory CD22+ acute lymphoblastic leukemia (ALL).<sup>12</sup></li> </ul> <p><b>Phase 2</b></p> <ul style="list-style-type: none"> <li>• Study 2005 – An open-label, single-arm Phase 2 study of inotuzumab ozogamicin plus rituximab in subjects with relapsed/refractory CD22-positive diffuse large B-cell lymphoma, eligible for autologous stem cell transplantation.<sup>13</sup></li> <li>• Study 2001 – A Phase 2 study of inotuzumab ozogamicin in subjects with indolent NHL that is refractory to or has relapsed after rituximab and chemotherapy or radioimmunotherapy.<sup>14</sup></li> </ul> <p><b>Phase 1</b></p> <ul style="list-style-type: none"> <li>• Study 1010 – An open-label, Phase 1 study of inotuzumab ozogamicin in subjects with relapsed or refractory CD22-positive ALL.<sup>15</sup></li> </ul>
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For more information, please visit [www.pfizercancertrials.com](http://www.pfizercancertrials.com) or [www.clinicaltrials.gov](http://www.clinicaltrials.gov) or call toll-free 1-877-369-9753 (in the United States and Canada) or +1-646-277-4066 (outside of the United States and Canada).

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- <sup>2</sup> Leonard J et al. Epratuzumab, a Humanized Anti-CD22 Antibody, in Aggressive Non-Hodgkin's Lymphoma: a Phase I/II Clinical Trial Results. *Clinical Cancer Research*. 2004; 10: 5327-5334.
- <sup>3</sup> DiJoseph JF. Antitumor Efficacy of a Combination of CMC-544 (Inotuzumab Ozogamicin), a CD22-Targeted Cytotoxic Immunoconjugate of Calicheamicin, and Rituximab against Non-Hodgkin's B-Cell Lymphoma. *Clin Cancer Res*. 2006; 12: 242-250.
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- <sup>7</sup> American Cancer Society. Non-Hodgkin Lymphoma. Available at: <http://www.cancer.org/acs/groups/cid/documents/webcontent/003126-pdf.pdf>. Accessed April 25, 2011.
- <sup>8</sup> Dorner T. Targeting CD22 as a Strategy for treating systemic autoimmune diseases. *Therapeutics and Clinical Risk Management*. 2007; 3: 953-959.
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- <sup>10</sup> DiJoseph JF, Dougher MM, Armellino DC, et al. Therapeutic potential of CD22-specific antibody-targeted chemotherapy using inotuzumab ozogamicin (CMC-544) for the treatment of acute lymphoblastic leukemia Targeted therapy of ALL with CMC-544 (inotuzumab ozogamicin). *Nature Leukemia*. 2007; 21, 2240-2245.
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