Transforming Cancer Management
Through Novel Therapies
Oncology

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Worldwide Development

Valid as of November 30, 2006
An Inflection Point

- Potential to Transform Cancer Management to a “Disease Contained”
- Molecular Genetics Leading to New Understanding
- Pfizer’s Focus:
  - Breakthrough Oncology Drugs
  - Many New Targets

Valid as of November 30, 2006
The Growing Burden of Cancer

- **Heart Disease**: 695,754
- **Cancer**: 558,847
- **Vascular Disease**: 163,010
- **Chronic Respiratory Disease**: 125,500
- **Accidents**: 102,303

U.S. NIH Estimates the Total Cost of Cancer to be $190.0 Billion

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The Key Market Opportunity
High Value Targeted Therapies

U.S. Oncology Growth Market Projections

Valid as of November 30, 2006

Source: IMS DDD U.S. Sales 2000 - 2005, internal projections
Emerging Oncology Leader

Discovery: >30 Individual Targets Undergoing Investigation

- Angiogenesis Inhibitors
  - VEGFR Inhibitor
  - CD40 mAb
  - Anti-IGF-1R mAb
- Signal Transduction Inhibitors
  - PARP Inhibitor
  - MEK Inhibitor
  - CDK4 Inhibitor
- Novel Cytotoxic Agent
  - PDGFR Inhibitor
  - PDGFR Inhibitor

Phase 1 (10)
- Pan-CDK Inhibitor
- Irreversible Pan-HER Inhibitor
- CDK4 Inhibitor
- Anti-IGF-1R mAb
- Anti-CTLA4 mAb

Phase 2 (4)
- Multi-RTK Inhibitor
- PARP Inhibitor
- MEK Inhibitor
- CDK4 Inhibitor

Phase 3 (3)
- TLR9 Agonist
- Anti-CTLA4 mAb

Preclinical (6)
- Angiogenesis Inhibitors
- Signal Transduction Inhibitors
- Novel Cytotoxic Agent

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Pfizer will Deliver Novel Treatments that Address 70% of Cancer Deaths

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Percentage of Cancer Deaths</th>
<th>Pfizer Compounds in Development</th>
<th># Phase 3 Starts Thru ‘08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>19%</td>
<td>PF-3,512,676, Sutent, axitinib, CP-675,206, MEK, IGF1R, pan erbB</td>
<td>2</td>
</tr>
<tr>
<td>Breast</td>
<td>7.5%</td>
<td>Aromasin, Sutent, PF-3,512,676, axitinib, CP-675,206, IGF1R, CDK, PARP</td>
<td>2</td>
</tr>
<tr>
<td>Colorectal</td>
<td>10%</td>
<td>Sutent, axitinib, CP-675,206</td>
<td>1</td>
</tr>
<tr>
<td>Stomach</td>
<td>15%</td>
<td>Sutent</td>
<td>1</td>
</tr>
<tr>
<td>Liver</td>
<td>10%</td>
<td>Sutent, FAK</td>
<td>1</td>
</tr>
<tr>
<td>Prostate</td>
<td>3%</td>
<td>Sutent, CP-675,206, IGF1R</td>
<td>1</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3%</td>
<td>axitinib, CP-675,206, IGF1R, MEK, CD40, FAK</td>
<td>1</td>
</tr>
<tr>
<td>Melanoma</td>
<td>3%</td>
<td>CP-675,206, axitinib, CD40</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>70%</td>
<td>12 compounds in development</td>
<td>10 Ph3 starts</td>
</tr>
</tbody>
</table>

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Therapeutic Area Strategy - Oncology

Four Platforms

- Angiogenesis Inhibition
  - Block Growth of Tumor Blood Vessels

- Immunotherapy
  - Reawaken Immune System

- Signal Transduction Inhibitors
  - Inhibit Aberrant Signals in Cancer Cells

- Cytotoxics/Potentiators
  - Exploit Defects in Repair and Cycle Cells

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Sutent “Is The New Reference Standard For The First-line Treatment Of mRCC And Demonstrates Exceptional Antitumor Activity And Durable Clinical Benefit In mRCC.”*  

* R Mozer ASCO 2006 Plenary Session
# Sutent Response Rate in Kidney (mRCC)

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Reference</th>
<th>N</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sutent Second-Line Therapy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial 1</td>
<td>Motzer et al(^1)</td>
<td>63</td>
<td>40%</td>
</tr>
<tr>
<td>Trial 2</td>
<td>Motzer et al(^2)</td>
<td>106</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Conventional Second-Line Therapy</strong></td>
<td>Escudier et al(^3)</td>
<td>113</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Motzer et al(^4)</td>
<td>251</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Conventional First-Line Therapy</strong></td>
<td>Motzer et al(^5)</td>
<td>463</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Fyfe et al(^6)</td>
<td>255</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Novel Targeted Second-Line Therapy</strong></td>
<td>Escudier et al. 2005</td>
<td>335</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Yang et al. 2003</td>
<td>39</td>
<td>10%</td>
</tr>
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</table>


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Sutent
First-Line Therapy in mRCC

Progression-Free Survival

Hazard Ratio = 0.415
(95% CI: 0.320–0.539)

Sutent
Median: 11 months (95% CI: 10–12)

Interferon-α
Median: 5 months (95% CI: 4–6)

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Sutent
Second-Line Therapy (Gleevec Failures) in GIST

Time to Tumor Progression

| Time (months) | Sutent (N=207) Hazard ratio = 0.335 P<0.00001 | Placebo (N=105)
<table>
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<tr>
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<tbody>
<tr>
<td>Median (95% CI)</td>
<td>6.3 (3.7, 7.6)</td>
<td>1.5 (1.0, 2.3)</td>
</tr>
<tr>
<td>Estimated TTP Probability (%)</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>80</td>
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<td></td>
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<td>20</td>
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<td>10</td>
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<tr>
<td></td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

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Sutent Development Plan

U.S. Approval for GIST and RCC in Jan. 2006
Global Registration in First-Line RCC Expected in 2007

♦ Expand Indications in Development
  - Metastatic Breast Cancer
  - Non-Small-Cell Lung Cancer
  - Colorectal Cancer

♦ Demonstrate Feasibility of Combinations and Efficacy in Patients with Earlier Stages of Disease

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Results Are Representative Of One Patient Only And Results May Differ For Other Patients.

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Axitinib

Next-Generation Anti-Angiogenesis Agent

Highly Potent and More Selective

Robust Anti-Tumor Activity

Opportunity to Complement and Extend Sutent’s Profile

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Sutent and Axitinib

Sutent

- Potent Inhibition of Multiple Receptors (VEGF, PDGF, cKit, Flt3)

Axitinib

- More Selective Inhibition of VEGFR

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Axitinib Phase 2 Study
Refractory Thyroid Cancer

Maximum % Reduction in Target Lesions (N=60)
by Investigator Report

Tumor Reduction >30% = Partial Response

Excludes 13 Patients Without A Post-baseline Scan Or Ineligible For Enrollment

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*Cohen et al ESMO 2006
**Axitinib Phase 2 Study**

**Refractory Thyroid Cancer**

**Demonstrated Substantial Tumor Shrinkage in Some Patients**

<table>
<thead>
<tr>
<th>Phase 2 Thyroid</th>
<th>N=60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial Responses</td>
<td>12 (20%)</td>
</tr>
<tr>
<td>Stable Disease</td>
<td>30 (50%)</td>
</tr>
</tbody>
</table>

- **September 27, 2004**
- **November 22, 2004**
- **January 13, 2005**

*Cohen et al ESMO 2006*