Forward Looking Statements

- Our discussions during this meeting will include forward-looking statements. Actual results could differ materially from those projected in the forward-looking statements.

- The factors that could cause actual results to differ are discussed in Pfizer’s 2011 Annual Report on Form 10-K and in our reports on Form 10-Q and Form 8-K.

- These reports are available on our website at www.pfizer.com in the "Investors—SEC Filings" section.
## Pfizer Oncology: Growing the Franchise through Precision Medicine and Focused Execution

### 2008-2009

**Mature Product Line**
- Formation of Oncology Business Unit
- 3 late stage compounds
- Acquisition of Wyeth adds Torisel and 2 late stage investigational agents

### 2012

#### Diversified Early Pipeline
- PD 0332991 CDK 4/6 inhibitor
- PF 04691502 oral PI3K/mTOR
- PF 05212384 IV PI3K/mTOR
- PF 04449913 SMO inhibitor
- PF 05082566 4-1BB
- PF 03446962 ALK – 1 mAb
- PF 03084014 Gamma secretase inhibitor
- PF 04856884 (CVX-060) ANG 2
- PF 04605412 A5/β1mAb

#### Growing Late Stage Portfolio
- Dacomitinib Pan-HER inhibitor
- Inotuzumab Ozogamicin Antibody-drug conjugate targeting CD22

#### Three Launches in 8 Months
- Bosutinib Regulatory Filings Accepted in U.S. and EU

#### Growing Product Line
- (Pancreatic NET)
### Key Themes for Pfizer Oncology at ASCO

<table>
<thead>
<tr>
<th>RCC</th>
<th>Expanding RCC leadership; Providing more options for patients</th>
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<tbody>
<tr>
<td></td>
<td>• Updated INLYTA 2nd-line data; association between BP and outcomes in 1st-line</td>
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<td>• Pooled SUTENT efficacy and tolerability data</td>
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<table>
<thead>
<tr>
<th>LUNG</th>
<th>Using genomic data to inform drug development and treatment selection</th>
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<tbody>
<tr>
<td></td>
<td>• 1st report of crizotinib in ROS1+ NSCLC</td>
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<tr>
<td></td>
<td>• 1st report of dacomitinib in EGFR mutant NSCLC</td>
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<table>
<thead>
<tr>
<th>HEME</th>
<th>Promising molecules in all stages of development</th>
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<tbody>
<tr>
<td></td>
<td>• 30-month data on 1st-line bosutinib in CML</td>
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<tr>
<td></td>
<td>• Inotuzumab Phase 2 IIR in ALL</td>
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<td></td>
<td>• 1st report of crizotinib in pediatric ALCL</td>
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<tr>
<th>EARLY DEV</th>
<th>Encouraging clinical data from multiple, first-in-class compounds</th>
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<tbody>
<tr>
<td></td>
<td>• Phase 2 IIR data on CDK 4,6 inhibitor (PD-0332991) in liposarcoma</td>
</tr>
<tr>
<td></td>
<td>• Phase 1 data on anti ALK-1 monoclonal antibody (PF 03446962) in solid tumors</td>
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</tbody>
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RCC – Renal Cell Carcinoma  
NSCLC - Non-small Cell Lung Cancer  
ALL – Acute Lymphocytic Leukemia  
CML – Chronic Myeloid Leukemia

IIR – Investigator Initiated Research  
ALCL - Anaplastic Large-Cell Lymphoma
As the **global leader** in the treatment of advanced kidney cancer, Pfizer has transformed the treatment paradigm by providing therapeutic options with varying MOAs for a **broad spectrum of patients**.

**MOA - Mechanisms of Action**

**SOC - Standard of Care**

**OS - Overall Survival**

**PFS - Progression Free Survival**

<table>
<thead>
<tr>
<th>Oral Therapy</th>
<th>IV Therapy</th>
<th>Oral Therapy</th>
</tr>
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<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;-line SOC for favorable and intermediate risk</td>
<td>Only mTOR inhibitor approved in the 1&lt;sup&gt;st&lt;/sup&gt;-line setting</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;-line after failure of one prior systemic therapy</td>
</tr>
<tr>
<td>First treatment to achieve median OS beyond 2 years</td>
<td>Only therapy to show a significant improvement in OS for poor risk patients</td>
<td>First therapy with pivotal data proving PFS benefit in treatment-refractory patients vs. another targeted agent</td>
</tr>
</tbody>
</table>
Updated INLYTA Data Confirm Efficacy in Second Line; Strong U.S. Launch and Filings Under Review Globally

Updated cytokine subgroup analysis from the AXIS 1032 study is generally consistent with previously presented data

**Progression-free Survival**

*IRC Assessment*

mPFS, mo (95% CI)

<table>
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<tr>
<th></th>
<th>Axitinib (n = 126)</th>
<th>Sorafenib (n = 125)</th>
</tr>
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<tbody>
<tr>
<td>mPFS, mo</td>
<td>12.0 (10.1, 13.9)</td>
<td>6.6 (6.4, 8.3)</td>
</tr>
<tr>
<td>HR</td>
<td>0.519 (95% CI)</td>
<td>0.375, 0.720</td>
</tr>
<tr>
<td>P</td>
<td>&lt; 0.0001</td>
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**IN THE U.S.**

Now Available
- Launched February 2012 ~ 10 days after FDA approval
- More than 1,200 prescriptions written since launch
- Strong initial demand, meeting expectations
- Positive oncologist feedback

**GLOBALLY**

Global Regulatory Filings Submitted
- Approved in Switzerland April 2012
- EU CHMP positive opinion received May 2012
- Applications under review in Australia, Canada, Japan, Taiwan, Brazil, Korea, Russia, & Columbia

IRC = Independent Review Committee
## Preliminary 1st-line Data* Presented at ASCO; Anticipating Phase 3 1st-Line Data Soon

### 1st-line mRCC (Study 1046)
- ORR greater than 40%
- mPFS of greater than one year

### Table: Results by Arm

<table>
<thead>
<tr>
<th></th>
<th>Total(^a) (N=213)</th>
<th>Arm C Not eligible for dose titration (n=91)</th>
<th>Arms A + B Eligible for dose titration (n=112)</th>
</tr>
</thead>
<tbody>
<tr>
<td>mPFS, mo (95% CI)(^b)</td>
<td>14.5 (11.5, 17.4)</td>
<td>16.4 (11.0, 19.0)</td>
<td>14.5 (11.0, 19.3)</td>
</tr>
<tr>
<td>ORR (95% CI)(^b)</td>
<td>48% (41%, 55%)</td>
<td>59% (49%, 70%)</td>
<td>43% (34%, 53%)</td>
</tr>
</tbody>
</table>

*Includes 10 patients who discontinued study treatment prior to decision for dose titration
\(^b\) As of April 30, 2012

*Still blinded
Prescriptions written by >800 physicians in 48 states

**Four-fold** increase in ALK testing in the U.S. since XALKORI launch

“The NCCN panel recommends that all patients with adenocarcinoma be tested for the EGFR mutation [and] ALK gene rearrangement.”

~53% Of NSCLC Patients Have A Genetic Mutation Driving Their Cancer

Research into the underlying **genetic drivers** of cancer is leading to a **paradigm shift** in the way **lung cancer** is treated
ROS1: Another Genomically-Defined Subset of NSCLC Sensitive to Xalkori

Registration Data in ALK+ NSCLC

2012 ASCO Data in ROS1+ NSCLC

Ongoing early and late stage studies continue to evaluate the activity of XALKORI across different patient populations, tumor types and molecular subsets
Dacomitinib Activity in EGFR Mutant 1st-Line NSCLC; Evaluation in Multiple Lines of Therapy

First Phase 2 Data in 1st-line NSCLC (Study 1017)
- Objective response rate: 74%
- Median PFS: 17 months
- Oral, once-daily, pan-HER inhibitor
- Targets multiple receptors on the HER pathway

Two Ongoing Phase 3 Trials in Non-Small Cell Lung Cancer
Hematologic malignancies represent the 5th most commonly occurring cancers and the 2nd leading cause of cancer death worldwide.

**Bosutinib Regulatory Status**

- In January 2012, the U.S. FDA accepted bosutinib for standard review as a treatment option for adult patients with previously treated Ph+ CML.

- In August 2011, the EMA accepted bosutinib for review as a treatment for adult patients with newly diagnosed Ph+ CML in the chronic phase.

**Inotuzumab Ozogamicin (IO)**

**INO-VATE Phase 3 Clinical Trials**

NHL – Non Hodgkin Lymphoma
CML – Chronic Myeloid Leukemia
ALL – Acute Lymphocytic Leukemia
Inotuzumab: Promising Phase 2 IIR Data in ALL

- Confirmation of activity of inotuzumab in refractory-relapsed ALL when administered on a weekly schedule
  - 50% complete response rate
    - Of the 10 patients with complete response, 7 became minimal residual disease negative
- Median OS: 7+ months
- No cases of veno-occlusive disease were observed

Antibody drug conjugates (ADCs) use a targeted antibody to deliver a cytotoxin to specific tumor cells – enhancing the anti-tumor activity of an antibody, while reducing the toxicity of the cytotoxin on healthy cells.

*This is not a Pfizer sponsored study.*
Progress of Early Portfolio; Aggressive Management → Smaller, Higher Value Portfolio

- **Phase I**
  - PF 04449913: SMO inhibitor
  - PF 05082566: 4-1BB
  - PF 03446962: ALK – 1 mAb
  - PF 03084014: Gamma secretase inhibitor
  - PF 04605412: A5/β1mAb

- **Phase II**
  - PF 04691502 oral: PI3K/mTOR
  - PF 05212384 IV: PI3K/mTOR
  - PF 04856884 (CVX-060): ANG 2
  - PD 0332991: CDK 4/6 inhibitor

- **Phase III**
  - Dacomitinib: Pan-HER inhibitor
  - Inotuzumab Ozogamicin: ADC targeting CD22

**PD 0332991 Phase 2 Breast Cancer Trial at IMPAKT**

- **Progression Free Survival**
  - PD 0332991 + LET (N = 34), Median PFS = 18.2 mo (CI, 12.6–)
  - LET (N = 32), Median PFS = 5.7 mo (CI, 2.8–12.9)

Hazard ratio = 0.35
95% CI, 0.17–0.72
P = 0.006

- **Time, months**
  - 0 2 4 6 8 10 12 14 16 18 20 22 24 26
  - PFS Probability
  - 1.0 0.9 0.8 0.7 0.6 0.5 0.4 0.3 0.2 0.1 0.0

**Note:**
- FAKi, PAK4i, CVX-241: Discontinued
- Tremelimumab: MedImmune/AstraZeneca
- Neratinib: Clovis Oncology
- PARP: Clovis Oncology
### Key Takeaways

**Pfizer Oncology:**
Dynamic portfolio incorporating a precision medicine approach

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<td>Building our RCC portfolio and expertise through launch of Inlyta; Anticipate first line Phase 3 Inlyta data in 2H12</td>
<td>Xalkori launch and uptake driven by increased ALK testing and launches in other geographies; First-in-class pan-HER inhibitor dacomitinib currently enrolling in 2 Phase 3 trials for NSCLC</td>
<td>Bosutinib regulatory reviews for CML in the U.S. and EU continue with decisions expected in 2H12; 2nd Phase 3 trial of inotuzumab to be initiated 2H12</td>
<td>Potential first-in-class position with CDK4,6i and novel PI3K/mToR inhibitor programs</td>
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Q&A