Building Momentum: Pfizer’s Oncology Franchise at ASCO

June 4, 2007
Cautionary Language

The discussions at 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 our 2006 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 “For Investors—SEC Filings by Pfizer” section.
Pfizer’s Emerging Leadership in Oncology

Pat Andrews
Vice President/General Manager, U.S. Oncology
Oncology Is a Key Focus for Pfizer

- Solid product platform: Camptosar, Aromasin, Sutent
- Exciting future: 22% of all Pfizer development funds invested in oncology

Very successful Sutent launch in advanced renal cell carcinoma (RCC) and imatinib-resistant or -intolerant gastrointestinal stromal tumors (GIST); lifecycle program advancing
  - Four Phase 3 trials in breast cancer initiated
  - Broad Phase 3 program in additional tumors about to begin

- Three other products in Phase 3, including two novel immunotherapeutics
- 26 Phase 3 oncology clinical trials, 212 oncology studies in all phases underway
Current Oncology Portfolio and Camptosar

- 2006 global sales of $2.2 billion, up 10%
- 2006 global sales of $903 million
- Multiple ASCO presentations confirm Camptosar’s role in each phase of treatment continuum for metastatic colorectal cancer (mCRC) as foundation agent in combination with bevacizumab and cetuximab
  - In BICC-C, 87% of first-line FOLFIRI + bevacizumab patients were still living after one year
  - Overall survival not reached at median 29-month followup
- European labeling has been updated to include Camptosar in combination with bevacizumab and cetuximab
Continued Growth of Aromasin

- 2006 global sales of Aromasin of $320 million, up 30%
- Aromasin is only aromatase inhibitor with an indication in the tamoxifen-switch setting
- Adjuvant indication approved in more than 60 countries
- Key efficacy and safety data for postmenopausal women with early breast cancer
  - 24% lower risk of disease relapse or death
  - 17% lower risk of dying in patients who were ER+/ER unknown
Sutent’s Successful Launch

- 2006 global sales of $219 million
  - U.S. market leadership
- U.S. and ex-U.S. approvals for first-line advanced RCC, including mRCC
- U.S. and ex-U.S. approvals for GIST after disease progression on, or intolerance to, imatinib mesylate
- Launched in more than 40 countries

First-Line Total RCC Patients (March 2007: N=135)

- SUTENT 55%
- Nexavar 36%
- Cytokines 5%
- Gemzar 1%
- Other 1%
- Avastin 1%
ASCO 2007 Highlights

- Multiple presentations on the efficacy and safety of Sutent in advanced RCC and refractory GIST
- Sutent’s efficacy and safety in numerous other tumor types
- Efficacy and safety of axitinib in Phase 2 trials in multiple tumor types
- Presentations evaluating CP-675,206 for metastatic melanoma
- Favorable interim Phase 2 data for CP-751,871 in combination with standard of care in non-small-cell lung cancer (NSCLC)
ASCO 2007 Highlights

First disclosure of clinical data for new compounds

• PF-562,271 (Focal adhesion kinase, or FAK, inhibitor)
• PF-299,804 (Pan-HER tyrosine kinase inhibitor)
• PF-477,738 (Chk 1 inhibitor)
• PD-332,991 (CDK 4/6 inhibitor)
Organizational View

- **Country organization for commercialization**

- **U.S. Oncology Business Unit**
  - Marketing
  - Sales
  - Medical

- **Dedicated structure committed to oncology**
  - Therapeutic organization for research through pre-launch
  - Therapeutic Area oversight of strategy
    - Research: Steve Bender
    - Development: Chuck Baum
    - Commercial: Alison Ayers
Breadth and Depth of Pfizer’s Pipeline in Oncology

Charles M. Baum, M.D., Ph.D.
Vice President, Oncology Development
## Oncology Pipeline

### Product Advancement:
- CHK1, AUR2 to Phase 1
- Axitinib to Phase 3

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Approved</th>
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<tbody>
<tr>
<td>sVEGFR (PF-337,210)</td>
<td>mRTK (SU-14,813)</td>
<td>Sutent (SU-14,813)</td>
<td>Sutent (SU-14,813)</td>
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<tr>
<td>PDGFR (CP-868,596)</td>
<td>MEK (PD-325,901)</td>
<td>Axitinib (AG-13,736)</td>
<td>Aromasin (AG-13,736)</td>
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<td>Pan-HER (PF-299,804)</td>
<td>IGF1R mAb (CP-751,871)</td>
<td>TLR9 (PF-3,512,676)</td>
<td>Camptosar (PF-3,512,676)</td>
</tr>
<tr>
<td>FAK (PF-562,271)</td>
<td>CDK 4/6 (PD-332,991)</td>
<td>PARP (AG-14,699)</td>
<td>Ellence (PF-3,512,676)</td>
</tr>
<tr>
<td>C-Met (PF-2,341,066)</td>
<td>CD40 mAb (CP-870,893)</td>
<td></td>
<td></td>
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<tr>
<td>CDK 4/6 (PD-332,991)</td>
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<tr>
<td>CHK1 (PF-477,736)</td>
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<tr>
<td>AUR2 (PF-3,814,735)</td>
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Valid as of June 4, 2007
# ASCO 2007: 52 Abstracts on New Products

<table>
<thead>
<tr>
<th>Anti-Angiogenesis Portfolio</th>
<th>2006</th>
<th>2007</th>
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<tbody>
<tr>
<td>Sutent (mRTK Inhibitor)</td>
<td>17</td>
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<tr>
<td>Axitinib (VEGFR Inhibitor)</td>
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<tr>
<td>CP-868,596 (PDGFR Inhibitor)</td>
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<tr>
<td>SU-14,813 (mRTK Inhibitor)</td>
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<tr>
<th>Immunotherapy</th>
<th>2006</th>
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<tr>
<td>CP-675,206 (CTLA4 Inhibitor)</td>
<td>4</td>
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<tr>
<td>PF-3,512,676 (TLR9 Agonist)</td>
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<td></td>
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<tr>
<td>CP-870,893 (CD40 Inhibitor)</td>
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</table>

<table>
<thead>
<tr>
<th>Signal Transduction Inhibitors</th>
<th>2006</th>
<th>2007</th>
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<tbody>
<tr>
<td>PF-751,871 (IGF1R Inhibitor)</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>PF-562,271 (FAK Inhibitor)*</td>
<td>1</td>
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</tr>
<tr>
<td>PF-299,804 (Pan-HER Inhibitor)*</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Cytotoxic Potentiators</th>
<th>2006</th>
<th>2007</th>
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</thead>
<tbody>
<tr>
<td>PF-477,736 (Chk 1 Inhibitor)*</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PD-332,991 (CDK 4/6 Inhibitor)*</td>
<td>1</td>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26</td>
<td>52</td>
</tr>
</tbody>
</table>

*First data disclosures

Valid as of June 4, 2007
ANTI-ANGIOGENESIS
Blocks growth of tumor blood vessels

IMMUNOTHERAPY
Re-awakens immune system

SIGNAL TRANSDUCTION INHIBITORS
Block cancer growth signals

CYTOTOXICS/POTENTIATORS
Exploit defects in repair and cycle cells
Pfizer’s Angiogenesis Portfolio

Pfizer Angiogenesis Portfolio Presented at ASCO 2007

- Sutent (sunitinib malate): multi-kinase inhibitor of VEGF, PDGF, c-Kit, FLT-3
- Axitinib: Inhibitor of VEGFR 1, 2, and 3
- SU-14,813: mRTK inhibitor
- CP-868,596: PDGFR inhibitor
Sutent: Oral Multi-Kinase Inhibitor

- Anti-angiogenic activity targeting vasculature
- Anti-proliferative activity targeting tumor cells
- Approval supported by efficacy and safety data in both first- and second-line advanced RCC treatment settings
- A leading treatment for advanced RCC in the U.S.
- Approved for treatment of GIST after disease progression on, or intolerance to, imatinib mesylate
- Data presented at ASCO 2007
  - Single-agent in RCC, HCC, gastric, prostate, bladder, lung, and refractory GIST
  - Combination regimens

Valid as of June 4, 2007
Sutent vs. Interferon-alfa (IFN-α) as First-Line Treatment of Metastatic Renal Cell Carcinoma (Abstract 5024)

N=750

Stratification Factors
- LDH ≤1.5 vs. >1.5xULN
- ECOG PS 0 vs 1
- Presence vs. Absence of Nephrectomy

Randomization

Sunitinib (N=375)

IFN-α (N=375)
Sutent: Progression-Free Survival in First-Line Advanced RCC

Sunitinib
- Median: 11.0 months
- (95% CI: 10.7-13.4)

IFN-α
- Median: 5.1 months
- (95% CI: 3.9-5.6)

Hazard Ratio = 0.538
- 95% CI (0.439, 0.658)
- p < 0.000001

Objective Response Rate of 39% for Sutent vs. 8% for IFN-α
Additional Sutent Data in Advanced Refractory mRCC

- **Phase 2 update of 168 cytokine-refractory patients (Abstract 5095)**
  - Objective response rate (ORR) 45%
  - Median progression-free survival (PFS) 8.4 months
  - Median OS 19.9 months

- **Phase 2 trial of sunitinib in bevacizumab-refractory metastatic renal cell carcinoma (Abstract 5035)**
  - 61 patients enrolled
  - ORR 23%
  - Stable disease (SD) 57%
  - Median duration of response 36 weeks
  - Plasma VEGF and sVEGFR-3 levels may predict response
Sutent Phase 2 Trial in Hepatocellular Carcinoma (HCC)

Assessment of safety and drug-induced tumor necrosis with sunitinib in patients with unresectable HCC (Abstract 3546)

- Open-label, single-arm
- Primary endpoint: confirmed ORR
- 37 patients enrolled
  - Prior local treatment, 40.5%
Sutent Clinical Activity in HCC (Abstract 3546)

- One patient (2.7%) achieved confirmed partial response (PR)
- Tumor density was found to have decreased from baseline in 68% of patients, with 46% of patients developing major (≥50%) tumor necrosis
- No evidence of tumor progression in 18 patients (48.6%) while on the study treatment
- Median time to progression (TTP) was 21 weeks
- Estimated median OS of 45 weeks (95% CI: 22.0 – not yet reached)
Sutent Study in HCC (Abstract 3546)

Adverse events were generally manageable and not unexpected

- Dose reductions in 27% of patients; 13.5% withdrawn
- Most common grade 3/4 toxicities:
  - Thrombocytopenia (43%), neutropenia (24%), hemorrhage (14%), not uncommonly encountered by other Sutent-treated cancer patients

Four Grade 5 events on study treatment, which included ascites, edema, bleeding, drowsiness, and hepatic encephalopathy
## Sutent Data in Additional Tumors

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Abstract Number</th>
<th>Key Findings/Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Gastric Cancer, Second-Line</td>
<td>4603</td>
<td>□ PR, SD suggest single-agent activity/Phase 2</td>
</tr>
<tr>
<td>Metastatic, Hormone-Resistant Prostate Cancer</td>
<td>5134</td>
<td>□ Single-agent sunitinib achieved PSA decline in subset of patients/Phase 1</td>
</tr>
</tbody>
</table>
## Sutent Data in Additional Tumors

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Abstract Number</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metastatic NSCLC, Second- or Third-Line</strong></td>
<td>7542</td>
<td>- Continuous daily dose with single-agent Sutent showed preliminary evidence of activity/Phase 2</td>
</tr>
<tr>
<td><strong>Bladder Cancer</strong></td>
<td>5080</td>
<td>- 1 PR, 8 SD of 21 evaluable patients; 4/2 schedule generally well-tolerated/Phase 2</td>
</tr>
</tbody>
</table>
Sutent: Future Plans

■ Phase 3 studies ongoing
  • Metastatic breast cancer
  • Adjuvant RCC

■ Phase 3 studies planned for 2007
  • First- and second-line studies in metastatic NSCLC
  • First-line metastatic CRC
  • Hepatocellular cancer

■ Evaluation of additional development options
  • Gastric cancer, prostate cancer, bladder cancer
Axitinib

- Oral potent and specific inhibitor of VEGFR 1, 2, and 3
- Phase 2 for refractory thyroid cancer
- Multiple Phase 2 studies ongoing
- Clinical data presented at ASCO 2007
  - Single Agent
    - Advanced refractory thyroid cancer
    - Advanced refractory RCC
    - Advanced refractory NSCLC
  - Combination
    - Pancreatic cancer in combination with gemcitabine
    - Breast cancer in combination with docetaxel
Phase 2 Study of Axitinib in Patients with Advanced $^{131}$I Refractory Thyroid Cancer (Abstract 6008)

60 Patients Enrolled
Best Response by RECIST (Per Investigator)

<table>
<thead>
<tr>
<th>Response Type</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial Response</td>
<td>18</td>
<td>30%</td>
</tr>
<tr>
<td>Stable Disease*</td>
<td>25</td>
<td>42%</td>
</tr>
<tr>
<td>Any Tumor Shrinkage</td>
<td>23</td>
<td>38%</td>
</tr>
<tr>
<td>No Response</td>
<td>17</td>
<td>28%</td>
</tr>
<tr>
<td>Progression</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td>Indeterminate/Unknown</td>
<td>10</td>
<td>17%</td>
</tr>
</tbody>
</table>

*SD defined as ≥16 weeks
Phase 2 Study of Axitinib in Patients with Advanced $^{131}$I Refractory Thyroid Cancer (Abstract 6008)

Maximum % Reduction in Target Lesions* (N=51)

RECIST-defined PR (per investigator)
*Excludes 9 patients without a post-baseline scan and 1 ineligible patient
6 PR have been confirmed by independent review

Valid as of June 4, 2007
Axitinib in Advanced Pancreatic Cancer: Randomized Phase 2 Study (Abstract 4551)

Interim Results – Overall Survival

Hazard Ratio = 0.740 (0.427 - 1.284)

Axitinib + Gemcitabine
N=69, Median=210 days (162 – not reached)

Gemcitabine
N=34, Median=169 days (125 - 267)
Axitinib in Advanced Pancreatic Cancer: Randomized Phase 2 Study (Abstract 4551)

Interim Results – Overall Survival ECOG PS 0-1 only

- **Axitinib + Gemcitabine**
  - N=63, Median = not reached (95% CI: 170-nr)

- **Gemcitabine**
  - N=31, Median = 173 days (95% CI: 125-267)

Hazard Ratio = 0.667 (95% CI: 0.372-1.196)
## All-Cause Adverse Events (Abstract 4551)

### Gemcitabine  
*(N=31)*

<table>
<thead>
<tr>
<th></th>
<th>All Grades</th>
<th>Grade 3/4</th>
<th>All Grades</th>
<th>Grade 3/4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diarrhea</strong></td>
<td>26%</td>
<td>0%</td>
<td>43%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Fatigue</strong></td>
<td>32%</td>
<td>3%</td>
<td>40%</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Nausea</strong></td>
<td>45%</td>
<td>10%</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Vomiting</strong></td>
<td>39%</td>
<td>10%</td>
<td>39%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Anorexia</strong></td>
<td>19%</td>
<td>0%</td>
<td>34%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Asthenia</strong></td>
<td>13%</td>
<td>3%</td>
<td>30%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Dyspnea</strong></td>
<td>16%</td>
<td>6%</td>
<td>24%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Constipation</strong></td>
<td>26%</td>
<td>3%</td>
<td>22%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Hypertension</strong></td>
<td>3%</td>
<td>0%</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Weight Decrease</strong></td>
<td>13%</td>
<td>0%</td>
<td>19%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Abdominal Pain</strong></td>
<td>29%</td>
<td>16%</td>
<td>18%</td>
<td>6%</td>
</tr>
</tbody>
</table>
# Axitinib Results in Additional Tumors

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Abstract Number</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced NSCLC</td>
<td>7507</td>
<td>- 32 patients enrolled&lt;br&gt;- Responses were reported in three (9.4%) patients&lt;br&gt;- Median OS 14.6 months&lt;br&gt;- Median PFS 3.8 months (≥ second-line) and 9.2 months (first-line)&lt;br&gt;- Axitinib demonstrated single-agent activity and has manageable toxicity in this population</td>
</tr>
</tbody>
</table>
# Axitinib Results in Additional Tumors

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Abstract Number</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metastatic Breast Cancer</strong></td>
<td>1003</td>
<td>■ 168 patients randomized to axitinib + docetaxel or docetaxel alone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ Median TTP 8.2 months vs. 7 months</td>
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<tr>
<td></td>
<td></td>
<td>■ ORR 40% vs. 23%</td>
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<tr>
<td></td>
<td></td>
<td>■ The combination was well tolerated</td>
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<tr>
<td></td>
<td></td>
<td>■ Study did not reach endpoint for PFS</td>
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</table>

Valid as of June 4, 2007
## Axitinib Results in Additional Tumors

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Abstract Number</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metastatic Renal Cell Carcinoma</strong></td>
<td>5032</td>
<td>■ 62 patients enrolled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ PR 21% and SD 34%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ Median PFS 7.4 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ Axitinib has anti-tumor activity in patients with sorafenib-refractory mRCC and manageable toxicity</td>
</tr>
</tbody>
</table>

Valid as of June 4, 2007
Axitinib: Future Plans

- Continued development of axitinib for refractory thyroid cancer
- Initiation of Phase 3 program in advanced pancreatic cancer in 2007
  - Axitinib + gemcitabine vs. gemcitabine + placebo
- Evaluation of additional development options underway
Cytotoxics/Potentiators

Exploit defects in repair and cycle cells

Signal Transduction Inhibitors

Block cancer growth signals

Antiangiogenesis

Blocks growth of tumor blood vessels

Immunotherapy

Re-awakens immune system

Antiangiogenesis

Blocks growth of tumor blood vessels
Overview: The Antitumor Immune Response

Step 1: Antigen Processing
- Antigen Presentation
  - TLR9 agonist
  - CD40 mAb
  - CTLA4 mAb

Step 2: Antigen Presentation
- DC
- TLR9 agonist
- CD40 mAb

Step 3: Lymphocyte Activation
- CTLA4 mAb
- T-Cell Receptor
- Antigen-MHC
- Dendritic Cell

Step 4: Lymphocytes Kill Tumor Cells
- CTL
- Tumor Cells

Valid as of June 4, 2007
CP-675,206: CTLA4 Inhibitor

- **Fully human monoclonal antibody**
  - Administered by intravenous injection every three months
  - Blocks CTLA4 receptor to release “brake,” allow proliferation of T-cells

- **Phase 2 and 3 registration studies ongoing in metastatic melanoma**
  - Additional Phase 2 studies in colorectal, breast, NSCLC
  - Combinations under investigation

- **Data presented at ASCO 2007**
  - Melanoma
  - CRC
CP-675,206: Ongoing Pivotal Studies

Phase 2 Refractory Disease (Study Chair, Dr. Kirkwood)  
co-Principal Investigators Paul Lorigan (UK), Peter Hersey (Australia)  
Primary endpoint: ORR  
Secondary endpoints:  
- On-study response rate  
- Durable response rate  
- Duration of response  
- PFS & OS  
- Safety

Enrollment Complete  
Single Arm  
N=253  
CP-675,206  
15mg/kg every 90 days  
(up to 1 year)

Phase 3 First-Line Advanced Melanoma (Study Chair, Dr. Ribas)  
co-Principal Investigators Axel Hauschild (Germany), Rick Kefford (Australia)  
Primary end point: OS  
Secondary endpoints:  
- Durable response rate  
- PFS  
- Objective response  
- Duration of response  
- Safety

Enrollment Nearing Completion  
Randomize  
N=630  
CP-675,206  
15mg/kg every 90 days  
(up to 1 year)  
Dacarbazine  
or  
Temozolomide
Results of a Phase 2 Clinical Trial of Two Doses and Schedules of CP-675,206, an Anti-CTLA4 Monoclonal Antibody, in Patients with Advanced Melanoma (Abstract 3000)

Key findings

- Dose delays, discontinuations, and grade 3/4 adverse events more frequent with 10mg/kg Q1M
- Complete and partial responses seen with both regimens (7-10%)
- Responses have been durable to date (>1.5 years)

Update on Phase 2 tomorrow
A Phase 2 Study of Anti-CTLA4 Monoclonal Antibody CP-675,206 in Patients with Refractory Metastatic Adenocarcinoma of the Colon or Rectum (Abstract 3035)

Key findings

- In heavily pretreated patients with CRC and good performance status, CP-675,206 was tolerable
- An objective response was seen in one patient
- Based on its mechanism of action and the fact that it is well tolerated, incorporation of CP-675,206 into combination regimens in CRC may be explored
PF-3,512,676: Toll-like Receptor 9 Agonist

- Stimulates dendritic cells to maturation and activates T-cell response
- Phase 3 enrollment completed in two pivotal studies in first-line metastatic NSCLC
- Phase 2 studies ongoing
  - NSCLC (additional combinations, second-line therapy)
  - Breast cancer
IMMUNOTHERAPY
Re-awakens immune system

CYTOTOXICS/POTENTIATORS
Exploit defects in repair and cycle cells

ANTI-ANGIOGENESIS
Blocks growth of tumor blood vessels

SIGNAL TRANSDUCTION INHIBITORS
Block cancer growth signals

INHIBITORS
Block cancer growth signals

INHIBITORS
Block cancer growth signals

INHIBITORS
Block cancer growth signals
CP-751,871: IGF1R Antagonist

- Fully human monoclonal antibody
- High specificity to, and down-regulates, insulin-like growth factor 1 receptor (IGF1-R)
- Additional Phase 2 studies ongoing
  - Prostate cancer, breast cancer
- Data presented at ASCO 2007
  - Phase 2 data in NSCLC
Efficacy of the IGF1 Receptor Antibody CP-751,871 in Combination with Paclitaxel and Carboplatin as First-Line Treatment for Advanced NSCLC – Interim Analysis (Abstract 7506)

<table>
<thead>
<tr>
<th>Patients</th>
<th>IGF1R + Carboplatin/Paclitaxel (44% Adenocarcinoma)</th>
<th>Carboplatin/Paclitaxel (40% Adenocarcinoma)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>All</em> (N=73)</td>
<td>22/48 (46%)</td>
<td>8/25 (32%)</td>
</tr>
<tr>
<td><em>Adenocarcinoma</em> (N=31)</td>
<td>8/21 (38%)</td>
<td>3/10 (30%)</td>
</tr>
<tr>
<td><em>Non-Adenocarcinoma</em> (N=42)</td>
<td>14/27 (52%)</td>
<td>5/15 (33%)</td>
</tr>
</tbody>
</table>

Objective Response Rate by Histology
CP-751,871: Ongoing and Future Development

Completion of ongoing Phase 2 studies

- Prostate cancer in combination with docetaxel and prednisone
- Breast cancer in combination with Aromasin
- NSCLC in combination with docetaxel and carboplatin

Initiation of Phase 3 program in NSCLC
Early-Stage Programs

- **PF-299,804 (Abstract 3599)**
  - Orally available irreversible panHER tyrosine kinase inhibitor in Phase 1
  - Activity in several nonclinical models, including trastuzumab- and gefitinib-resistant tumors
  - Planning Phase 2 trials in refractory NSCLC and other solid tumors

- **PF-562,271 (Abstract 3527)**
  - Focal adhesion kinase (FAK) inhibitor
    - FAK is a signal transducer for integrins; coordinates with growth factor receptors
    - Expression is correlated with tumor invasion, migration, proliferation, and survival
  - Oral compound in Phase 1
  - Planning for Phase 2 trials in various solid tumors
CYTOTOXICS/POTENTIATORS
Exploit defects in repair and cycle cells

SIGNAL TRANSDUCTION INHIBITORS
Block cancer growth signals

ANTI-ANGIOGENESIS
Blocks growth of tumor blood vessels

IMMUNOTHERAPY
Re-awakens immune system
PD-332,991: CDK 4/6 Inhibitor

- Orally administered small molecule in Phase 1
- Blocks cell division
- Stable disease ($\geq 10$ cycles) observed in six patients
- Generally mild to moderate adverse events
# ASCO 2007: 52 Abstracts on New Products

## Anti-Angiogenesis Portfolio

<table>
<thead>
<tr>
<th>Compound</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sutent (mRTK)</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>Axitinib (VEGFR Inhibitor)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>CP-868,596 (PDGFR)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>SU-14813 (mRTK)</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

## Immunotherapy

<table>
<thead>
<tr>
<th>Compound</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP-675,206 (CTLA4 Inhibitor)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>PF-3,512,676 (TLR9 Agonist)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CP-870,893 (CD40 Inhibitor)</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

## Signal Transduction Inhibitors

<table>
<thead>
<tr>
<th>Compound</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP-751,871 (IGF1R Inhibitor)</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>PF-562,271 (FAK Inhibitor)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>PF-299,804 (Pan-HER Inhibitor)</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

## Cytotoxic Potentiators

<table>
<thead>
<tr>
<th>Compound</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>PF-477,736 (Chk 1 Inhibitor)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>PD-332,991 (CDK 4/6 Inhibitor)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

## TOTAL

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>26</td>
<td>52</td>
</tr>
</tbody>
</table>
Commercial Opportunity of Pfizer’s Emerging Oncology Pipeline

Alison Ayers
Leader, Commercial Head Oncology Commercial Development
Oncology Pipeline

- sVEGFR (PF-337,210)
- PDGFR (CP-868,596)
- Pan-HER (PF-299,804)
- FAK (PF-562,271)
- C-Met (PF-2,341,066)
- CD40 mAb (CP-870,893)
- CDK 4/6 (PD-332,991)
- CHK1 (PF-477,736)
- AUR2 (PF-3,814,735)
- mTKI SU-14,813
- MEK (PD-325,901)
- IGF1R mAb (CP-751,871)
- PARP (AG-14,699)
- TLR9 (PF-3,512,676)
- Pan-HER (PF-299,804)
- FAK (PF-562,271)
- C-Met (PF-2,341,066)
- CD40 mAb (CP-870,893)
- CDK 4/6 (PD-332,991)
- CHK1 (PF-477,736)
- AUR2 (PF-3,814,735)
- mTKI SU-14,813
- MEK (PD-325,901)
- IGF1R mAb (CP-751,871)
- PARP (AG-14,699)
- TLR9 (PF-3,512,676)

Compounds progressing in development based on data presented at ASCO 2007

- Anti-Angiogenesis
- Signal Transduction
- Immunotherapy
- Cytotoxic/Potentiators

Phases:
- Pre-clinical
- Phase 1
- Phase 2
- Phase 3
- Approved

Valid as of June 4, 2007
Sutent Is Becoming Recognized as a Standard of Care for RCC

“Sutent is a reference standard for first-line treatment of mRCC with significant improvement in PFS and ORR compared to IFN-α. The benefit of sunitinib extends across all subgroups of patients with mRCC.”

Abstract 5024, ASCO 2007
D. Michaelson, et al.
Presented by R. Motzer
### ASCO Data Underscore Current and Future Potential for Sutent in mRCC

<table>
<thead>
<tr>
<th>Data Presented</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prolonged progression-free survival in first-line as an oral single agent vs. interferon alfa in all sub-groups</strong></td>
<td>5024</td>
</tr>
<tr>
<td><strong>Prolonged survival in second-line (cytokine-refractory): Median OS 19.9 months</strong></td>
<td>5095</td>
</tr>
<tr>
<td><strong>Tolerability and efficacy confirmed in more than 2,000-patient treatment use program</strong></td>
<td>5010</td>
</tr>
<tr>
<td><strong>Combination data with other agents, e.g., interferon-alfa, VEGF and EGFR inhibitors</strong></td>
<td>5101, 5097, 5099</td>
</tr>
<tr>
<td><strong>Cost effective vs. interferon alfa</strong></td>
<td>6607</td>
</tr>
</tbody>
</table>
Continued Development of Sutent in RCC

- Phase 3 trials initiated*
- Regulatory approval for advanced and/or metastatic RCC
- Only oral single agents with improved PFS vs. Interferon-alfa in all patient groups
- Being used as a standard for new combination development
  - Sutent + bevacizumab*
  - Sutent + RAD 001*
  - Sutent + CP-675,206*

*Includes studies sponsored by Pfizer, other companies, cooperative groups, and independent researchers

Valid as of June 4, 2007
Sutent Uptake for Advanced RCC Supported by Expanding Regulatory Approvals

**U.S.**
- January 2006: Approved for treatment of advanced RCC
- February 2007: New label issued including Phase 3 results showing prolonged PFS vs. IFN-alfa in first-line setting

**EU**
- January 2007: Approval extended to include first-line RCC

**Canada**
- First-line application under review

**Japan**
- Regulatory submission under review
## Relevance of Emerging Sutent Data

<table>
<thead>
<tr>
<th>Feature</th>
<th>Potential Application</th>
<th>Reference Source/ ASCO 2007 Abstracts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single-agent activity</strong></td>
<td>Single-agent use</td>
<td>Approved in RCC and second-line GIST</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3546, 5134, 4603, 3543, 4637, 5080</td>
</tr>
<tr>
<td><strong>Oral</strong></td>
<td>Potential for oral-only combinations as alternative to IV chemotherapy</td>
<td>5097, 3592</td>
</tr>
<tr>
<td><strong>Combinable with other targeted therapies</strong></td>
<td>Potential for novel combinations e.g., Sutent + bevacizumab, gefitinib</td>
<td>5097, 5099</td>
</tr>
</tbody>
</table>
## Relevance of Emerging Sutent Data

<table>
<thead>
<tr>
<th>Feature</th>
<th>Potential Application</th>
<th>Reference Source/ ASCO 2007 Abstracts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Combinable with common cytotoxics</strong></td>
<td>Supports Phase 3 development in range of tumors</td>
<td>3543, 3592, 15632</td>
</tr>
<tr>
<td><strong>Absence of cross-resistance with bevacizumab</strong></td>
<td>Different activity profile vs. bevacizumab; may enable sequencing strategies</td>
<td>5035</td>
</tr>
<tr>
<td><strong>Active in additional tumors</strong></td>
<td>Potential for future development (e.g., prostate, bladder, hepatocellular, gastric)</td>
<td>5080, 3546, 4603, 5134</td>
</tr>
</tbody>
</table>
## ASCO Data Support Broad Development

**Pfizer Phase 3 Program** | **First-Line** | **Second-Line**
--- | --- | ---
**Advanced Breast Cancer** | Sutent vs. bevacizumab (both + SOC) | All oral regimen – Sutent + capecitabine
Sutent + SOC vs. SOC | Sutent single agent
**Sutent + bevacizumab (G)** | ...
**Advanced Colorectal Cancer** | Sutent vs. bevacizumab (both + SOC) | All oral targeted regimen – Sutent + erlotinib
Sutent + SOC | ...
**Advanced NSCLC** | Sutent + SOC vs. SOC | ...
**Sutent + bevacizumab (G) + SOC** | ...
**HCC** | Sutent single agent | ...

*G = Ph 2 initiated by Genentech
SOC = Standard of Care*
Axitinib Data Presented at ASCO Suggests Promising Clinical Profile

<table>
<thead>
<tr>
<th>Data Presented</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy in pancreatic cancer in combination with gemcitabine, with trend to survival improvement</td>
<td>4551</td>
</tr>
<tr>
<td>Oral single-agent activity demonstrated in refractory thyroid, RCC, NSCLC</td>
<td>6008, 5032, 7507</td>
</tr>
<tr>
<td>Improved response rates in breast cancer in combination with docetaxel</td>
<td>1003</td>
</tr>
<tr>
<td>Combinable with cytotoxics (e.g., docetaxel, gemcitabine)</td>
<td>4551, 1003</td>
</tr>
<tr>
<td>Not completely cross-resistant with other anti-angiogenic agents (activity in RCC post Sutent or sorafenib)</td>
<td>5032</td>
</tr>
</tbody>
</table>
Axitinib: Potential Commercial Relevance of Pancreatic-Cancer Data

**Significant Unmet Need**
- Pancreatic cancer: fourth-leading cause of cancer death in U.S. and EU*
- Median overall survival (mOS) of six months*
- Five-year survival rates of 3%*

**Limited Competition**
- 85-90% of patients receive gemcitabine**
  - Most often as a single agent
- Erlotinib approved based on a two-week improvement in mOS ***
- Other cancer treatments have failed in pancreatic-cancer trials

- Axitinib randomized Phase 2 study showed a trend toward overall survival (Abstract 4551)
  - Axitinib + gemcitabine vs. gemcitabine alone
  - Supports initiation of Phase 3 program

---

*Da Vinci Treatment Architectures
**Synovate MAT 01/07, Mattson Jack Cancer Impact
***Erlotinib U.S. Prescribing Information

Valid as of June 4, 2007

Pfizer Oncology
Pfizer: An Emerging Leader in Immuno-Oncology

- **Pfizer Immuno-Oncology offers a novel approach**
  - Investigating novel mechanisms to enhance the immune response and overcome tumor-induced immunosuppression
  - Potential for combinations of immunotherapeutics with complementary mechanisms
    - e.g., CP-675,206 + PF-3,512,676 Phase 1 study
  - Potential for combinations with novel agents
    - e.g., CP-675,206 + Sutent Phase 1 study

- **Acquisition of PowderMed provides platform for therapeutic vaccines and potential new treatment modalities in combination with Pfizer’s existing pipeline**
<table>
<thead>
<tr>
<th>Data Presented and Implications</th>
<th>Abstract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-agent activity in advanced melanoma patients</td>
<td>3000</td>
</tr>
<tr>
<td>Patients treated in Phase 1/2 study showed survival time that was greater than historical controls</td>
<td>8524</td>
</tr>
<tr>
<td>Q3M dose associated with lower incidence of Grade 3 or 4 adverse events than monthly dose</td>
<td>3000, 3038</td>
</tr>
<tr>
<td>Diarrhea was mild to moderate in severity and is mostly transient and manageable</td>
<td>3038</td>
</tr>
<tr>
<td>In pretreated patients with refractory colorectal cancer and good performance status, CP-675,206 as single agent was tolerable and showed a response in one patient</td>
<td>3035</td>
</tr>
</tbody>
</table>
## CP-675,206: Currently Being Investigated in Multiple Tumors and Settings

<table>
<thead>
<tr>
<th>Tumors</th>
<th>Combinations</th>
<th>Modalities</th>
<th>Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Melanoma</strong></td>
<td>Single agent</td>
<td>Immunotherapy</td>
<td>First and second line</td>
</tr>
<tr>
<td><strong>Melanoma</strong></td>
<td>PF-3,512,676</td>
<td>Immunotherapy</td>
<td>First line</td>
</tr>
<tr>
<td><strong>CRC</strong></td>
<td>Single agent</td>
<td>After chemotherapy</td>
<td>Refractory disease</td>
</tr>
<tr>
<td><strong>Breast</strong></td>
<td>Aromasin</td>
<td>Hormone therapy</td>
<td>First line</td>
</tr>
<tr>
<td><strong>NSCLC</strong></td>
<td>Current standard of care</td>
<td>After chemotherapy</td>
<td>First and second line</td>
</tr>
<tr>
<td><strong>RCC</strong></td>
<td>Sutent</td>
<td>Anti-angiogenesis</td>
<td>First line</td>
</tr>
<tr>
<td><strong>Pancreas</strong></td>
<td>Gemcitabine</td>
<td>Chemotherapy</td>
<td>First line</td>
</tr>
</tbody>
</table>

Valid as of June 4, 2007
Promising Interim Phase 2 Data Support Phase 3 Planning for CP-751,871

- First IGF1R antagonist to report Phase 2 data
- CP-751,871 data in NSCLC presented (Abstract 7506)
- Data in the squamous cell segment of NSCLC support further investigation in this population
  - Squamous cell represents ~30%-40% of NSCLC
  - Bevacizumab not indicated for squamous cell NSCLC
- IGF1R overexpression has been associated with several major tumors, which our future development program will explore
  - Liver, colorectal, breast, prostate, gastric
# Pfizer Emerging Position in Biologics

<table>
<thead>
<tr>
<th>Agent</th>
<th>Class</th>
<th>Phase of Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP-675,206 (CTLA4 inhibitor)</td>
<td>Monoclonal antibody</td>
<td>3</td>
</tr>
<tr>
<td>PF-3,512,676 (TLR9 agonist)</td>
<td>Oligonucleotide</td>
<td>3</td>
</tr>
<tr>
<td>CP-751,871 (IGF1R inhibitor)</td>
<td>Monoclonal antibody</td>
<td>2</td>
</tr>
<tr>
<td>CP-870,893 (CD40 inhibitor)</td>
<td>Monoclonal antibody</td>
<td>1</td>
</tr>
</tbody>
</table>
# Pfizer Phase 3 Progress in Expanded Tumors

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Estimated Value of Market²</th>
<th>% Market Value in Metastatic Setting</th>
<th>Prevalent Patients, Metastatic Setting³</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Small-Cell Lung</td>
<td>$3.6B</td>
<td>&gt;90%</td>
<td>600,000</td>
<td>PF-3,512,676: Phase 3 fully enrolled</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sutent NSCLC: Phase 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Axitinib and IGF1R: Phase 2 data</td>
</tr>
<tr>
<td>Breast</td>
<td>$4.8B</td>
<td>50%</td>
<td>580,000</td>
<td>Sutent: Phase 3</td>
</tr>
<tr>
<td>Colorectal</td>
<td>$4.4B</td>
<td>65%</td>
<td>390,000</td>
<td>Sutent: Phase 3</td>
</tr>
<tr>
<td>Stomach*</td>
<td>$0.9B</td>
<td>85%</td>
<td>160,000</td>
<td>Sutent: Phase 2</td>
</tr>
<tr>
<td>Liver*</td>
<td>$0.3B</td>
<td>&gt;90%</td>
<td>90,000</td>
<td>Sutent: Phase 3</td>
</tr>
<tr>
<td>Prostate</td>
<td>$3.0B</td>
<td>55%</td>
<td>440,000</td>
<td>Sutent: Phase 2</td>
</tr>
<tr>
<td>Pancreas</td>
<td>$0.7B</td>
<td>90%</td>
<td>100,000</td>
<td>Axitinib: Phase 3</td>
</tr>
<tr>
<td>Melanoma</td>
<td>$0.3B</td>
<td>90%</td>
<td>73,000</td>
<td>CP-675,206: Phase 3</td>
</tr>
<tr>
<td>Thyroid***</td>
<td>&lt;$0.1B</td>
<td>&gt;90%</td>
<td>N/A</td>
<td>Axitinib: Phase 3</td>
</tr>
</tbody>
</table>

1 Estimates based on U.S. sales breakdown by stage, DaVinci Associates
2 Values based on Decision Resources forecasts
3 Mattson Jack 10 year restaged prevalence metastatic disease US, Japan, UK, Germany, France, Spain, Italy

*Market values for stomach and liver cancers are from DaVinci
** correspond to incident patients in metastatic setting
*** team estimates

Valid as of June 4, 2007
Building Momentum: Pfizer’s Oncology Franchise at ASCO

June 4, 2007