
Pfizer
Oncology Innovation Day
Accelerating the Next Generation of
Cancer Breakthroughs
02.29.2024

Welcome

Francesca DeMartino
Chief Investor Relations Officer

Pfizer

Forward-Looking Statements, Non-GAAP Financial Information and Other Notices

Our discussions during Oncology Innovation Day will include forward-looking statements that are subject to substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. We include forward-looking statements about, among other topics, Pfizer Oncology; our anticipated operating and financial performance, including financial guidance and projections; changes to Pfizer's commercial organization; reorganizations; business plans, strategy, goals and prospects, including our 2030 goals; expectations for our product pipeline, in-line products and product candidates, including anticipated regulatory submissions, data read-outs, study starts, approvals, launches, clinical trial results and other developing data, revenue contribution and projections, potential pricing and reimbursement, potential market dynamics, size and utilization rates, growth, performance, timing of exclusivity and potential benefits; strategic reviews, capital allocation objectives, an enterprise-wide cost realignment program, dividends and share repurchases; plans for and prospects of our acquisitions, dispositions and other business development activities, including our recent acquisition of Seagen and our ability to successfully capitalize on these opportunities; manufacturing and product supply; our expectations regarding the impact of COVID-19 on our business, operations and financial results; and other statements about our business, operations and financial results. Among other things, statements regarding revenue and earnings per share growth; anticipated operating and financial performance; the development or commercial potential of our product pipeline, in-line products, product candidates and additional indications or combinations, including expected clinical trial protocols, the potential and timing for the initiation and progress of clinical trials and data read-outs from trials; the timing and potential for the submission of applications for and receipt of regulatory approvals; the timing and potential for product launches and commercialization; expected profile and labeling; potential revenue; expected breakthrough, best- or first-in-class or blockbuster status or expected market entry of our medicines; potential patients reached; potential portfolio composition; the regulatory landscape; and the competitive landscape are forward-looking and are estimates that are subject to change and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success, demand, availability of supply, and competitive and market dynamics. These statements may be affected by underlying assumptions that may prove inaccurate or incomplete, and are subject to risks, uncertainties and other factors that may cause actual results to differ materially from past results, future plans and projected future results. As forward-looking statements involve significant risks and uncertainties, caution should be exercised against placing undue reliance on such statements. Additional information regarding these and other factors can be found in Pfizer's Annual Report on Form 10-K for the fiscal year ended December 31, 2023 (2023 Form 10-K) and its subsequent reports on Form 10-Q, including in the sections thereof captioned "Risk Factors" and "Forward-Looking Information and Factors That May Affect Future Results", as well as in Pfizer's subsequent reports on Form 8-K, all of which are filed with the U.S. Securities and Exchange Commission and available at www.sec.gov and www.pfizer.com. Potential risks and uncertainties also include global economic and/or geopolitical instability, foreign exchange rate fluctuations and inflationary pressures and the impact of COVID-19 on our sales and operations, including impacts on employees, manufacturing, supply chain, marketing, research and development and clinical trials. The forward-looking statements in this presentation speak only as of the original date of this presentation and we undertake no obligation to update or revise any of these statements.

The discussions during Oncology Innovation Day may include certain financial measures that were not prepared in accordance with U.S. generally accepted accounting principles (GAAP). Additional information regarding non-U.S. GAAP financial measures can be found in Pfizer's 2023 Form 10-K. Any non-U.S. GAAP financial measures presented are not, and should not be viewed as, substitutes for financial measures required by U.S. GAAP, have no standardized meaning prescribed by U.S. GAAP and may not be comparable to the calculation of similar measures of other companies.

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Certain of the products and product candidates discussed during Oncology Innovation Day are being co-researched, co-developed and/or co-promoted in collaboration with collaboration partners for which Pfizer's rights vary by market or are the subject of agreements pursuant to which Pfizer has commercialization rights in certain markets. These include Xtandi (with Astellas Pharma Inc.), Padcev (with Astellas Pharma Inc.), Adcetris (with Takeda Pharmaceutical Company Limited), Tivdak (with Genmab A/S and Zai Labs (Hong Kong) Limited), Orgovyx (with Sumitomo Pharma America, Inc.), Vepdegestrant (with Arvinas, Inc.), Disitamab vedotin (with RemeGen Co., Ltd.), Braftovi and Mektovi (with Pierre Fabre Medicament SAS, Ono Pharmaceutical Co., Ltd. and Medison), CEACAM5C (with Sanofi), and EGFRd2 (with LAVA). Please see Pfizer's 2023 Form 10-K for additional information.

Today's **Agenda**

1:05–1:30 PM	**Pfizer Oncology Vision** Chris Boshoff
1:30–2:05 PM	**Genitourinary Cancer** Roger Dansey and Thomas Powles
2:05-2:30 PM	**Thoracic Cancer** Megan O'Meara
2:30–3:00 PM	**Q&A Session #1** Panel
3:00–3:30 PM	**Break**
3:30–4:00 PM	**Breast Cancer** Roger Dansey
4:00–4:15 PM	**Hematology-Oncology** Chris Boshoff
4:15–4:45 PM	**Next-Generation Opportunities** Jeff Settleman
4:45–5:00 PM	**Pfizer Oncology Commercial Outlook** Suneet Varma
5:00–5:30 PM	**Q&A Session #2** Panel
5:30–5:35 PM	**Summary** Chris Boshoff
	Closing Remarks Albert Bourla

All times are EST.

Today's **Speakers**

Chris Boshoff
MD PhD

Chief Oncology Officer

Roger Dansey
MD

Chief Development Officer, Pfizer Oncology

Megan O'Meara
MD

Head, Early-Stage Development, Pfizer Oncology

Jeff Settleman
PhD

Chief Scientific Officer, Pfizer Oncology

Suneet Varma
MBA

Commercial President, Pfizer Oncology

Thomas Powles
MD PhD

Professor of Genitourinary Oncology, University of London and Barts Cancer Centre

Pfizer Oncology **Vision**

Chris Boshoff
Chief Oncology Officer

Pfizer

PFIZER ONCOLOGY VISION

Accelerate breakthroughs that help people with cancer globally live **better and longer lives**

Cancer Remains One of the **Greatest Health Challenges of Our Lifetime**

~2 million

New cancer cases in the US expected in 2024[1]

~20 million

New cancer cases globally in 2022[2]

~10 million

Deaths from cancer globally in 2022,[2] and >600K deaths expected in the US this year[1]

1. American Cancer Society 2024 Facts & Figures. **2.** International Agency for Research on Cancer (IARC) Global Cancer Observatory.

Pfizer

175 years of delivering breakthroughs that **change patients' lives**

Pfizer Oncology

Expertise + Innovation + Scale

Breakthrough **Medicines**

Seagen®

Pioneers of ADC technology to improve and **extend lives of people with cancer**

ADC, antibody-drug conjugate.

01
Expertise

02
Innovation

03
Scale

Deep insights

Best of both organizations, with exceptional talent and extensive experience

Tomorrow's medicines

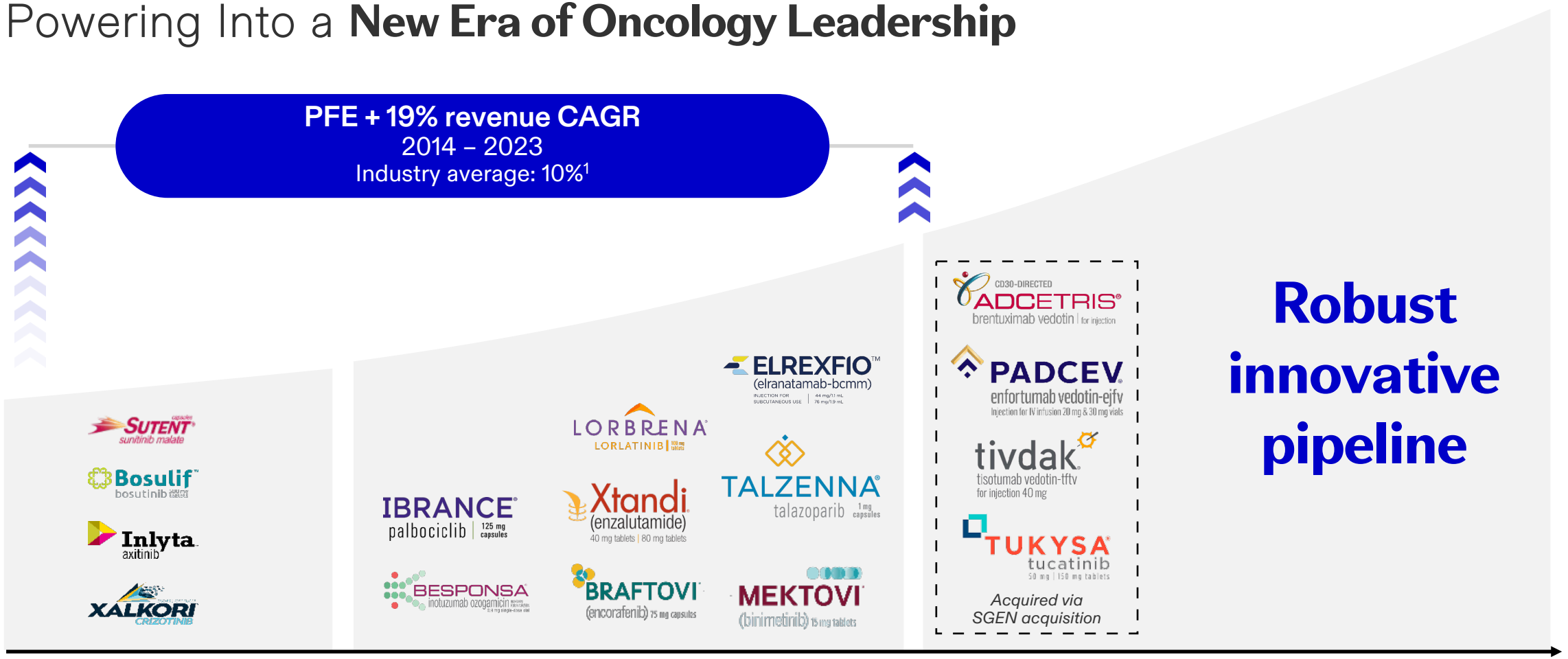
Robust R&D engine and pipeline, focused on execution and next-generation breakthroughs

Global impact

New end-to-end organization, with industry-leading commercial and manufacturing capabilities

Powering Into a **New Era of Oncology Leadership**

PFE + 19% revenue CAGR
2014 – 2023
Industry average: 10%[1]



Robust innovative pipeline

Building solid foundation
Up to 2014

230K
Patients treated in 2014

Expanding portfolio of breakthroughs
2015 – 2023

2.3M*
Patients treated in 2023

Advancing leadership
2024+

2 ×
Patients expected to be treated by 2030**

*Includes Pfizer Oncology and Pfizer Hospital Unit sterile injectables / cytotoxics; excludes legacy Seagen products. Nearly 1M patients treated with Pfizer Oncology Innovative Medicines and Biosimilars. See Appendix for additional information. ** Working towards achievement of these goals, which are subject to, among other things, clinical trial, regulatory and commercial success and availability of supply.
1. Evaluate Pharma. CAGR, compound annual growth rate.

Pfizer **Oncology Leadership Team**

Chris Boshoff, Chief Oncology Officer

Jeff Settleman
Chief Scientific Officer

Guy Padbury
Head, Clinical Pharmacology & Translational Sciences

Megan O'Meara
Head, Early-Stage Development

Roger Dansey
Chief Development Officer

Kamran Ansari
Head, Clinical Development & Operations

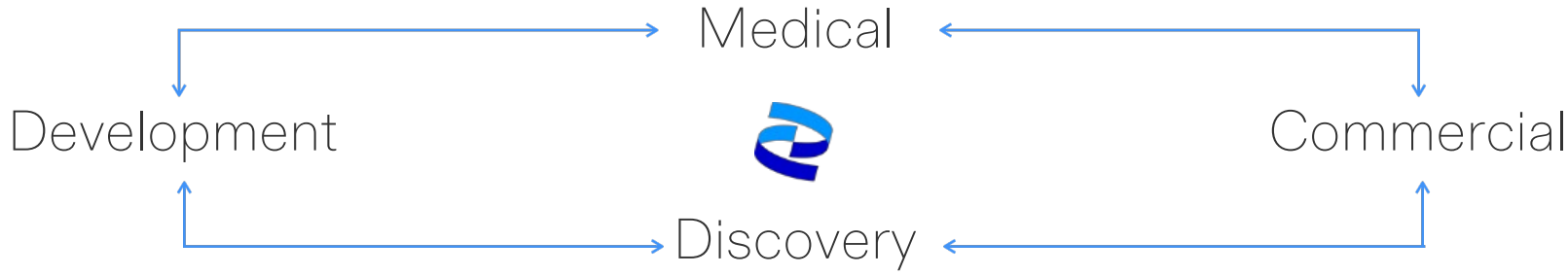
Susan Anderson
Chief of Staff

Adam Schayowitz
Head, Product Teams, Portfolio & Program Management

Sriram Krishnaswami
Head, Scientific Affairs & Strategic Partnerships

Karin Tollefson
Chief Oncology Medical Officer

Suneet Varma
Commercial President



Rapid Delivery of Transformational Medicines to Patients

LORBRENA® LORLATINIB | 100 mg tablets

Small molecule
for metastatic non-small cell lung cancer

First in patient to approval in **4.8** years

ELREXFIO™ (elranatamab-bcmm)
INJECTION FOR SUBCUTANEOUS USE | 44 mg/1.1 mL 76 mg/1.9 mL

Bispecific antibody
for relapsed / refractory multiple myeloma

Pivotal start to approval in **2.5** years

PADCEV® enfortumab vedotin-ejfv
Injection for IV infusion 20 mg & 30 mg vials

Antibody-drug conjugate
for locally advanced or metastatic urothelial carcinoma

Top-line results to approval in **2.8** months

Ranked industry #2 across multiple cycle time metrics by CMR (Center for Medicines Research) 2022
8 approvals for 8 cancer indications in the last 3 years*

Data published by CMR. Fifteen major companies are participating in the Clinical Study Consortium in 2022; this figure was 18 in 2015. Companies in scope are major companies spending greater than $2.0B on R&D. A "top 3" position is considered industry leading for study-level cycle time measures given minor fluctuations in company scores. Industry Best reflects the median values of the top 3 performing companies in the industry. *Approved medicines: ELREXFIO (NME), BRAFTOVI + MEKTOVI, TALZENNA, XTANDI, ADCETRIS, PADCEV, TUKYSA, and TIVDAK.
CMR, Center for Medicines Research; MM, multiple myeloma; NME, new medical entity.

Deploying Pfizer's Manufacturing Footprint and Scale to Reach Patients Globally

Extensive internal network enables agility and supports growth trajectory for additional launches to 2030 and beyond

6×

increase in ADC vial volume capacity*

7×

Bioreactors*

10

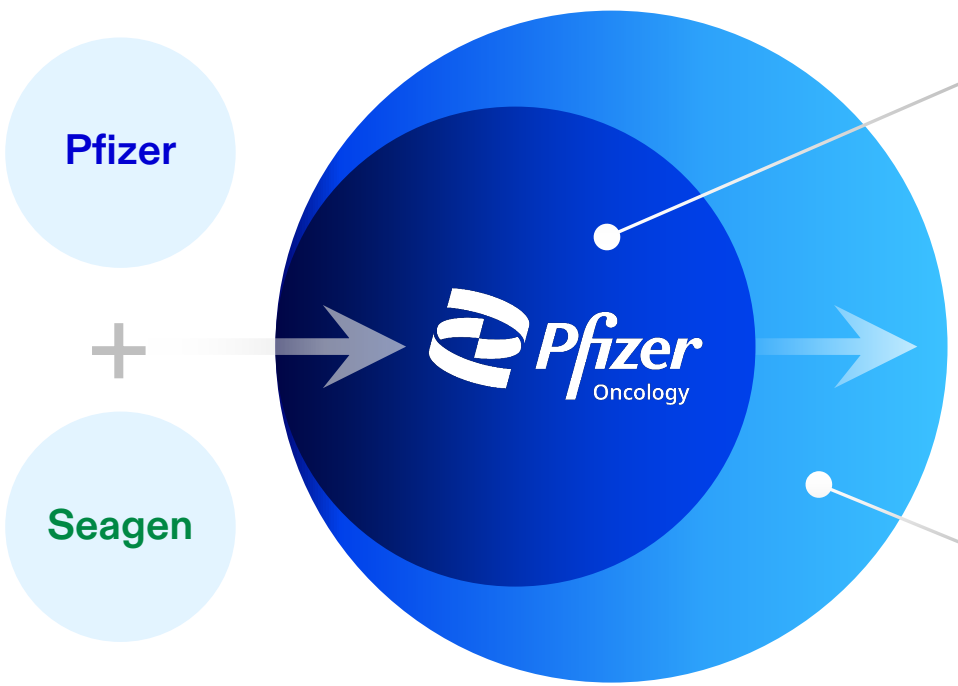
manufacturing sites for oncology medicines on three continents

>100

countries

*Compared to Seagen before acquisition.

Amplifying Impact of Oncology Medical and Commercial Functions



Aggregated capability

Presence in >100 countries

3x customer facing footprint in the US*

2x share of voice in key tumor areas*

Amplified impact

Deepened engagement with customers

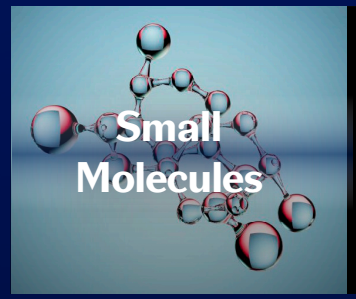
- **Expand breadth and depth** of HCP engagement in academic and community settings
- **Multi-product portfolio** offering wider spectrum of solutions, value, and access
- **Large-scale platforms** and capabilities, including Chief Marketing Office

*Compared to Seagen before acquisition.
HCP, healthcare professional

Pfizer **Oncology Strategy**

Modality Focus
Enabled by deep technical expertise

Unique ability to combine and adapt modalities to improve outcomes



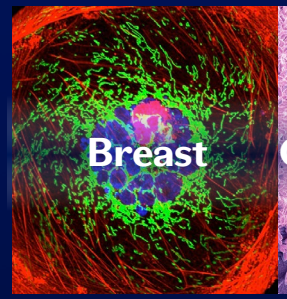
World-class structure-guided drug discovery and medicinal chemistry expertise

Next-generation platform aimed at novel targets; improved and differentiated payloads

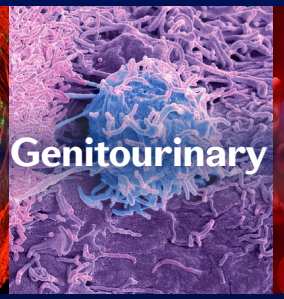
IO biologics leading with bispecific antibodies, leveraging protein engineering and antibody design

Therapeutic Area Focus
Building on established presence

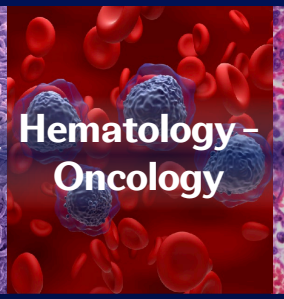
Deepen our ability to address unmet medical needs across care continuum



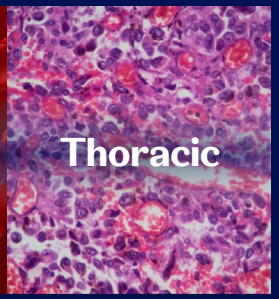
Across subtypes



Prostate Urothelial



Multiple Myeloma Lymphoma



NSCLC HNSCC

Accelerating new standards of care

ADC, antibody-drug conjugate; HNSCC, head and neck squamous cell carcinoma; IO, immuno-oncology; NSCLC, non-small cell lung cancer.

Pfizer Oncology is Driving Towards **Transformative Global Impact**

Pfizer is working towards achievement of these 2030 goals, which are subject to, among other things, clinical trial, regulatory and commercial success and availability of supply.
[a]Blockbusters defined as peak revenue exceeding $1B. [b]Includes Pfizer Oncology Innovative Medicines and Biosimilars.

Deep and Diverse Pipeline Within Focused Therapeutic Areas

	Breast	Genitourinary	Hematology-Oncology	Thoracic
Select approved products	IBRANCE palbociclib TUKYSA tucatinib 50 mg | 150 mg tablets	PADCEV enfortumab vedotin-ejfv Xtandi (enzalutamide) TALZENNA talazoparib 0.5mg capsules + Xtandi (enzalutamide) 40 mg tablets | 80 mg tablets	ELREXFIO (elranatamab-bcmm) ADCETRIS brentuximab vedotin | Injection 60 mg Bosulif bosutinib tablets 500 mg | 400 mg | 100 mg BESPONSA inotuzumab ozogamicin	LORBRENA LORLATINIB | 100 mg tablets XALKORI CRIZOTINIB BRAFTOVI (encorafenib) 75 mg capsules + MEKTOVI (binimetinib) 15 mg tablets
Select clinical pipeline	**Atirmociclib**[1] (CDK4i) **Vepdegestrant**[1] (PROTAC ER degrader) **Felmetatug vedotin**[2] (B7H4) **Disitamab vedotin**[2] (HER2) **KAT6i**[1] (PF-07248144) **CDK2i**[1] (PF-07104091)	**Sasanlimab**[3] (PD-1) **Disitamab vedotin**[2] (HER2) **Mevrometostat**[1] (EZH2i)	**Maplirpacept**[3] (CD47 SIRPα) **CD70**[3] (PF-08046040) **CD30**[2] (PF-08046045)	**Sigvotatug vedotin**[2] (IB6) **PD-L1**[2,c] (PF-08046054) **CEACAM5**[2] (PF-08046050) **EGFR**[3,c] (PF-08046052)

Selected preclinical pipeline (FIP anticipated in 2024): STING[1,a], LILRB1/2[3], αLTβR[3,b], mesothelin-TOPO1[2], CD30-TOPO1[2,a]

1. Small molecule; 2. Antibody-drug conjugate; 3. Immuno-oncology biologic including bispecific antibodies.
[a]IND cleared; [b]IND submitted; [c]Also being explored across multiple solid tumors.
B7H4, B7 immune checkpoint ligand; CDK2/4i, cyclin dependent kinase 2/4 inhibitor; EGFR, epidermal growth factor receptor; ER, estrogen receptor; EZH2i, enhancer of zeste homolog inhibitor 2; HER2, human epidermal growth factor receptor 2; IB6, integrin beta-6; KAT6i, lysine acetyltransferase 6 inhibitor; PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1; PROTAC, proteolysis targeting chimera.

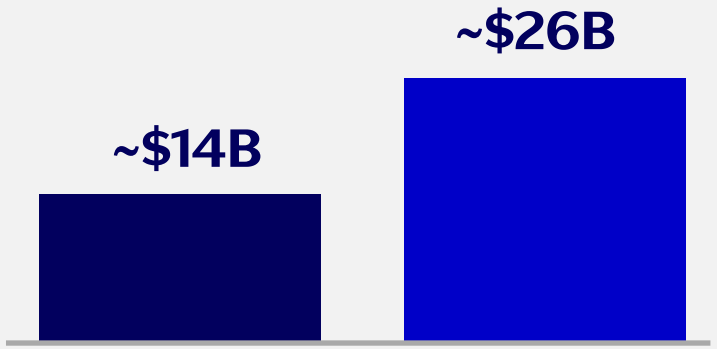
Genitourinary Cancer

Substantial Opportunity to Advance Therapies for Two of the Most Common Cancers

Prostate Cancer

~299K
Estimated new US cases in 2024[1]

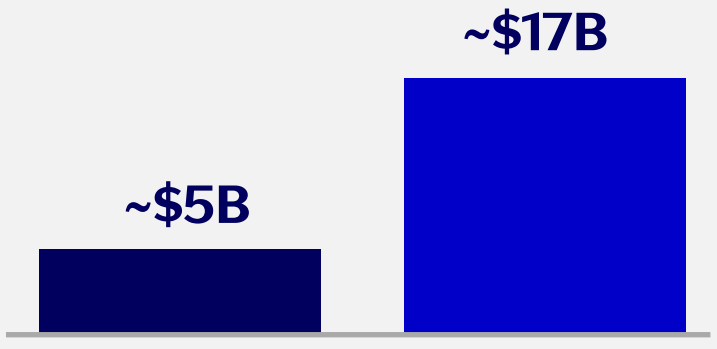
~35K
Estimated US deaths in 2024[1]



Urothelial Cancer

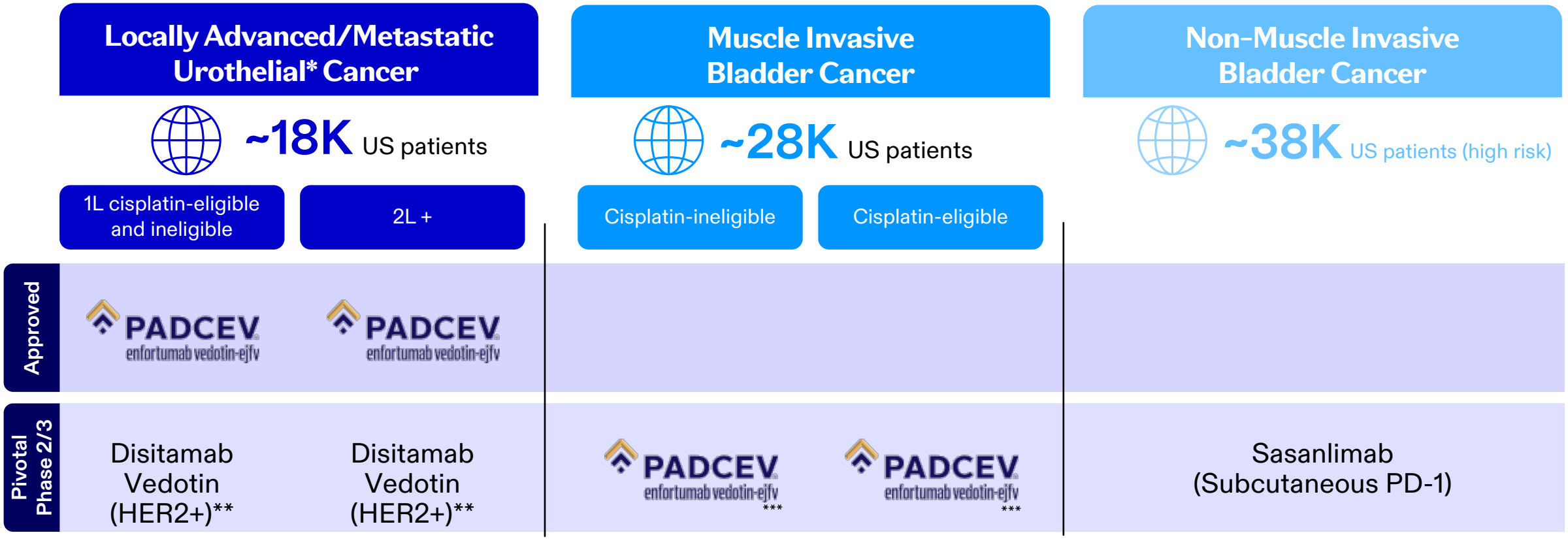
~83K
Estimated new US cases in 2024[1]

~17K
Estimated US deaths in 2024[1]

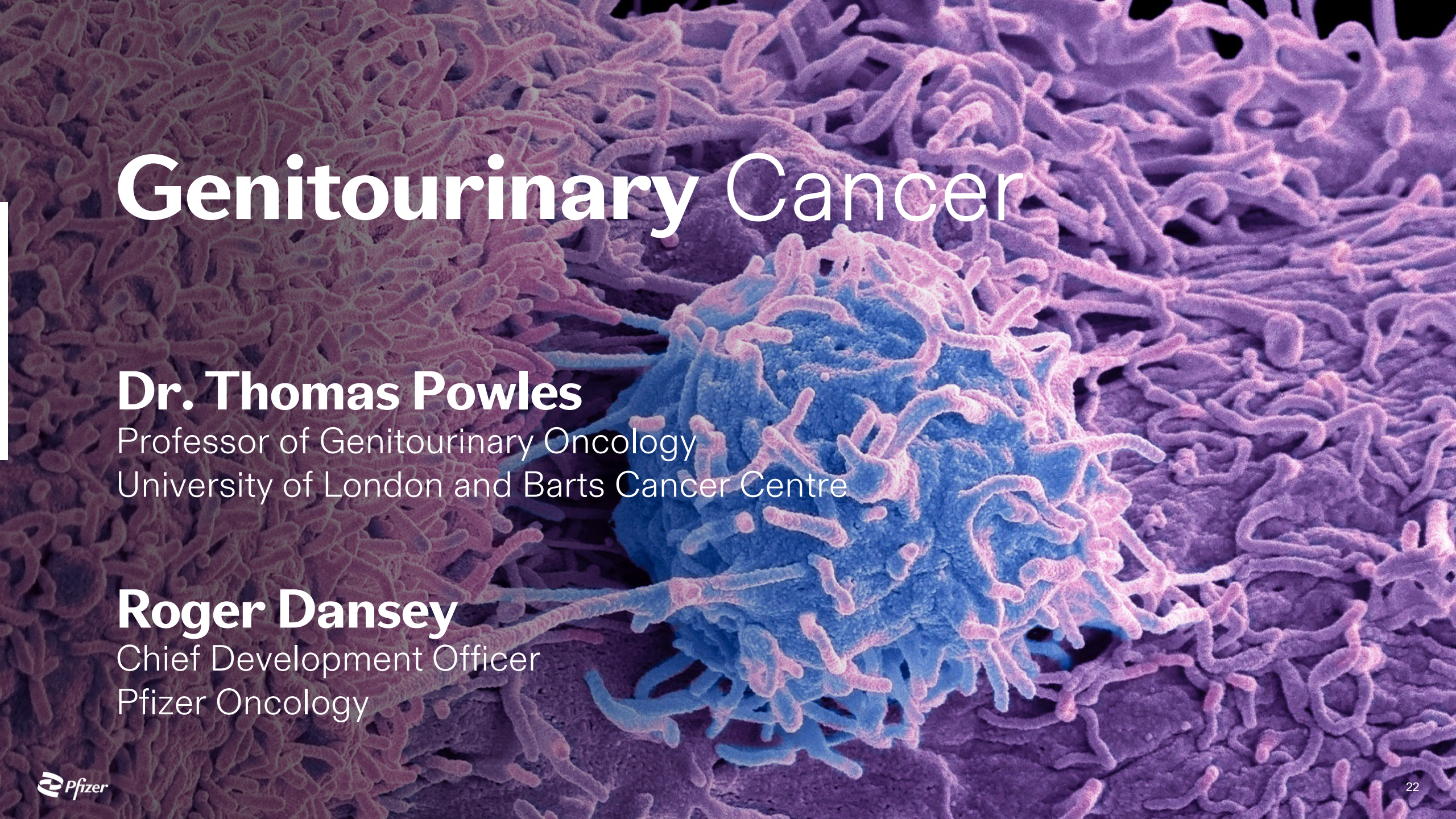


1. American Cancer Society Facts & Figures Report (2024).; 2. Clarivate (DRG) Market Forecast (2023).

Urothelial Cancer Portfolio Anchored by Groundbreaking Benefit With PADCEV



*Includes Bladder Cancer.
**HER2+ biomarker subpopulation (IHC1+ or higher).
***Surgery eligible muscle invasive bladder cancer sub-populations.
Directional patient numbers adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024).
PADCEV is co-promoted with Astellas in the U.S.
HER2+, human epidermal growth factor receptor 2-positive; IHC, immunohistochemistry; PD-1, programmed cell death protein-1.



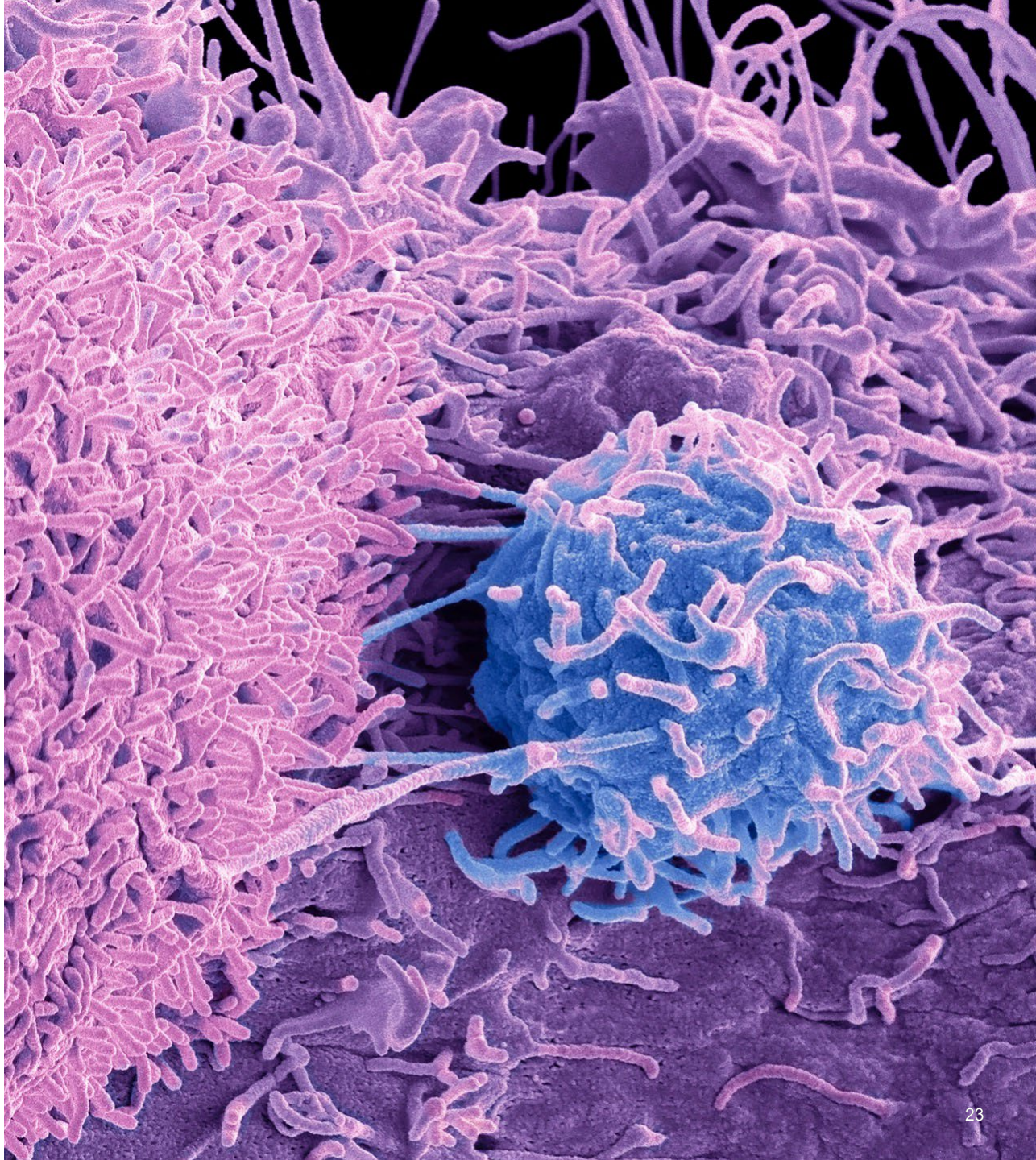
Genitourinary Cancer

Dr. Thomas Powles
Professor of Genitourinary Oncology
University of London and Barts Cancer Centre

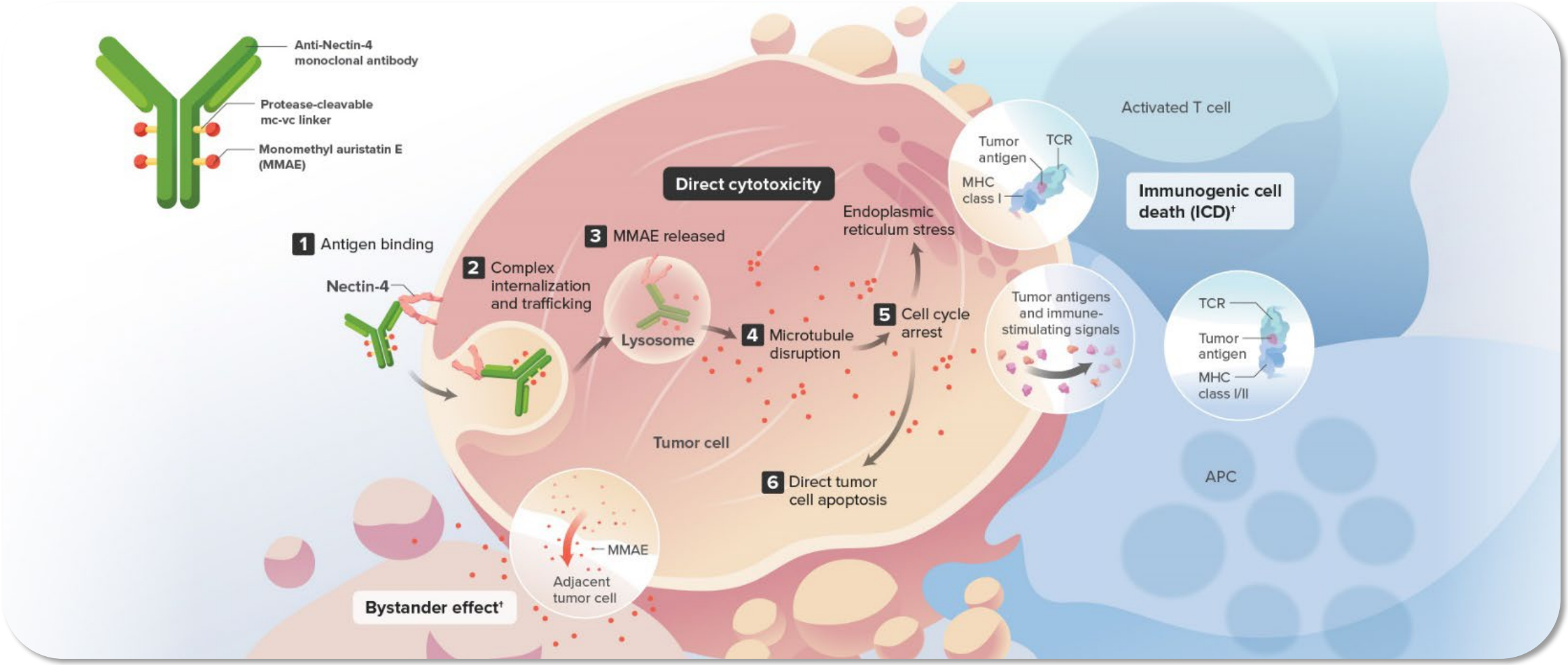
Roger Dansey
Chief Development Officer
Pfizer Oncology

PADCEV: Advancing the Standard of Care for Locally Advanced/ Metastatic Urothelial Cancer

Dr. Thomas Powles
University of London and Barts Cancer Centre
United Kingdom
MD, MBBS, FRCP, FMed Sci
Professor of Genitourinary Oncology; Director, Barts Cancer Centre at St. Bartholomew's Hospital; Lead for Solid Tumour Research



PADCEV is an Antibody–Drug Conjugate Directed Against Nectin-4



†Additional mechanisms of action and their potential to complement the direct cytotoxicity of enfortumab vedotin are unknown.
APC, antigen-presenting cell; mc-vc, maleimidocaproyl-valine-citrulline; MHC, major histocompatibility complex; MMAE, monomethyl auristatin E; TCR, T-cell receptor.

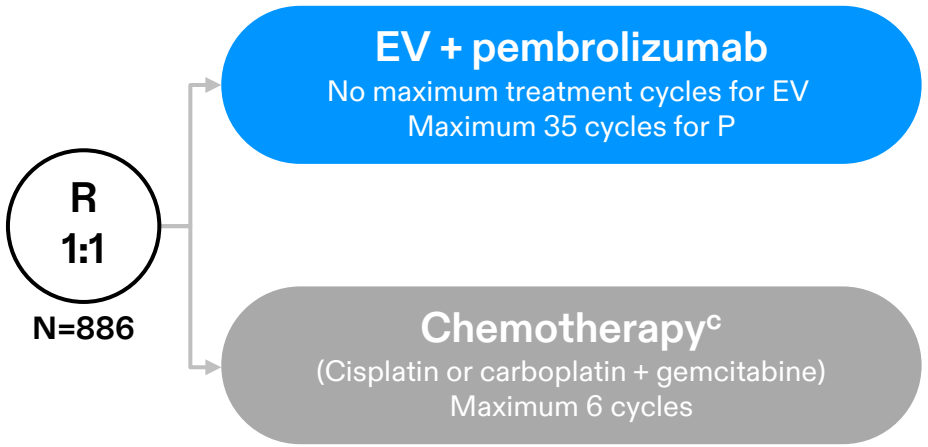
EV-302 is a Paradigm-Changing Study in LA/mUC, Testing a Novel, ADC-IO Combination Against Standard of Care Chemotherapy

Patient est. (US): ~18K*

Eligibility

- Previously untreated LA/mUC
- Eligible for platinum, EV, and P
- PD-(L)1 inhibitor naive
- GFR ≥30 mL/min[a]
- ECOG PS ≤2[b]

Stratification factors include cisplatin eligibility

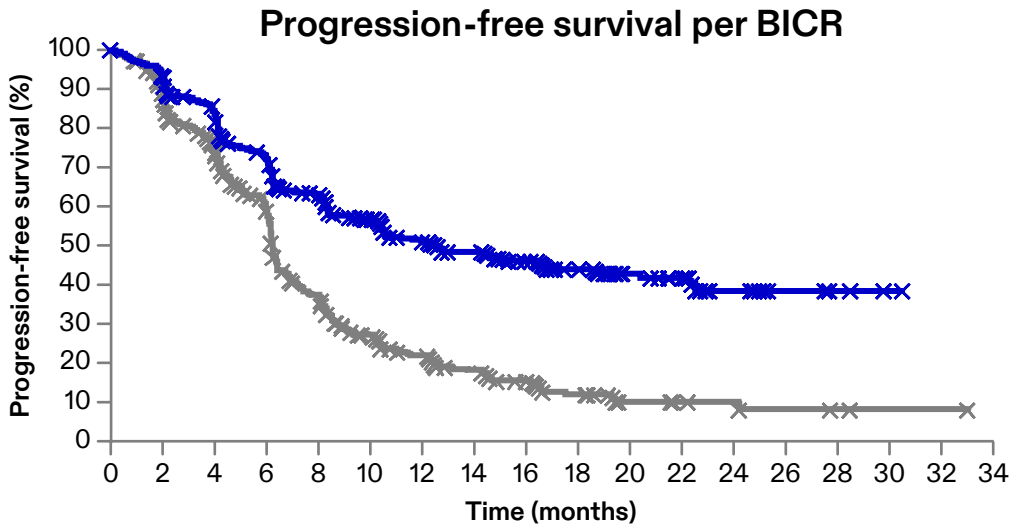


Dual primary endpoints
- PFS by BICR
- OS

Key secondary endpoints
- ORR
- Safety

ClinicalTrials.gov : NCT04223856; [a]Measured by the Cockcroft-Gault formula, Modification of Diet in Renal Disease, or 24-hour urine; [b]Patients with ECOG PS of 2 were required to also meet the additional criteria: hemoglobin ≥10 g/dL, GFR ≥50mL/min, may not have NYHA class III heart failure; [c]Maintenance therapy could be used following completion and/or discontinuation of platinum-containing therapy.
*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024). ADC-IO, antibody-drug conjugate immuno-oncology; BICR, blinded independent central review; ECOG PS, Eastern Cooperative Oncology Group performance status; EV, enfortumab vedotin; GFR, glomerular filtration rate; LA/mUC, locally advanced or metastatic urothelial cancer; NYHA, New York Heart Association; ORR, objective response rate; OS, overall survival; P, pembrolizumab; PD-(L)1, programmed death-(ligand) 1; PFS, progression-free survival; R, randomization.

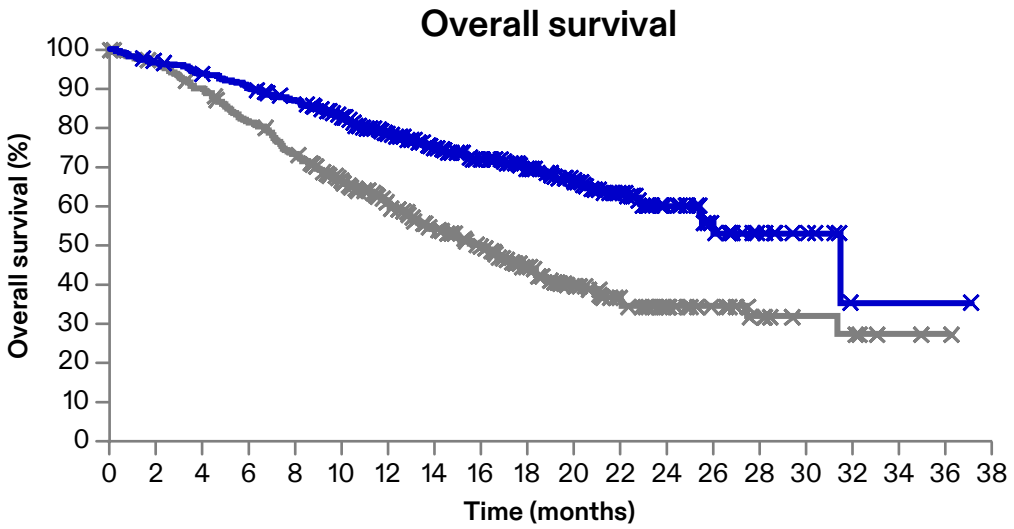
EV-302: PADCEV + Keytruda® Halved the Risk of Progression (55%) or Death (53%)[1]



No. at risk

EV+P	442	409	361	303	253	204	167	132	102	73	45	33	17	6	3	1	0	0
Chemotherapy	44	380	297	213	124	78	56	41	30	19	8	6	5	3	2	1	1	0

	HR[a] (95% CI)	2-sided P value	mPFS (95% CI), months
EV+P	0.45 (0.38–0.54)	<0.00001	12.5 (10.4–16.6)
Chemotherapy			6.3 (6.2–6.5)



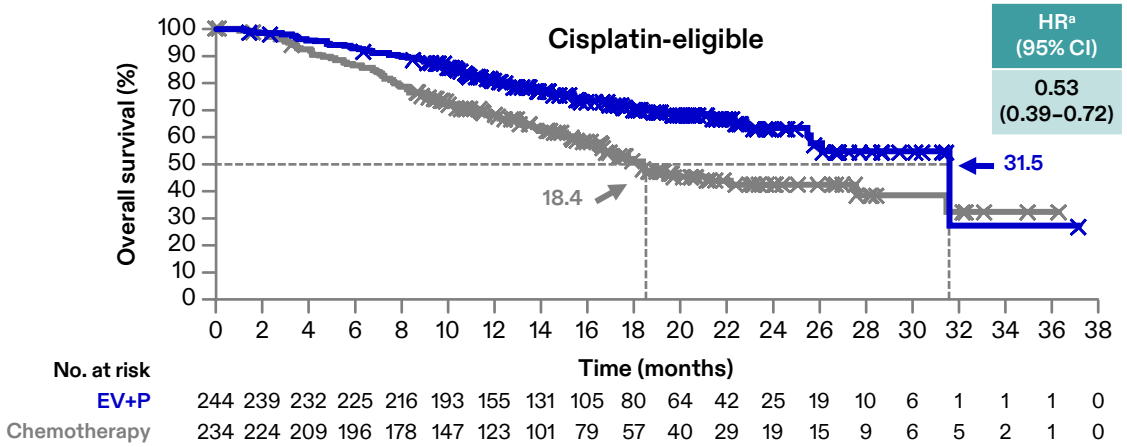
No. at risk

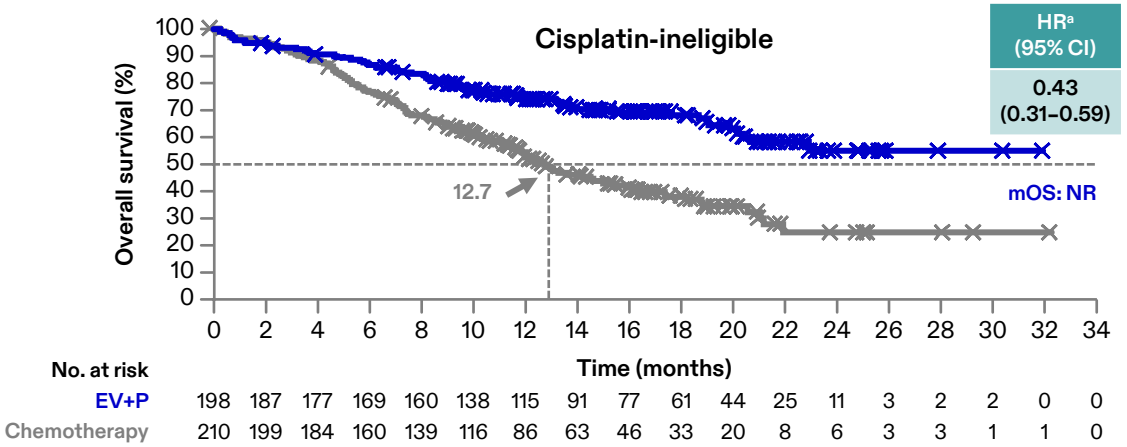
EV+P	442	426	409	394	376	331	270	222	182	141	108	67	36	22	12	8	1	1	1	0
Chemotherapy	444	423	393	356	317	263	209	164	125	90	60	37	25	18	12	7	6	2	1	0

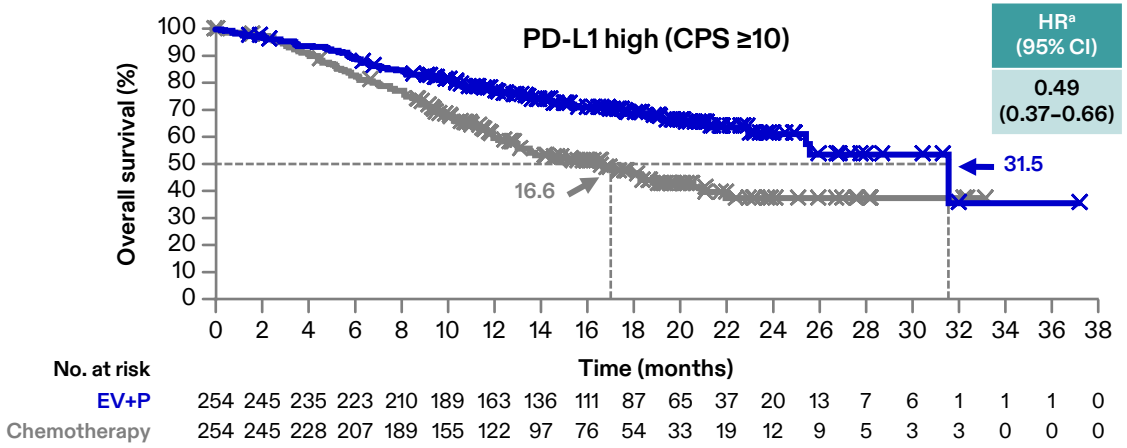
	HR[a] (95% CI)	2-sided P value	mOS (95% CI), months
EV+P	0.47 (0.38–0.58)	<0.00001	31.5 (25.4–NR)
Chemotherapy			16.1 (13.9–18.3)

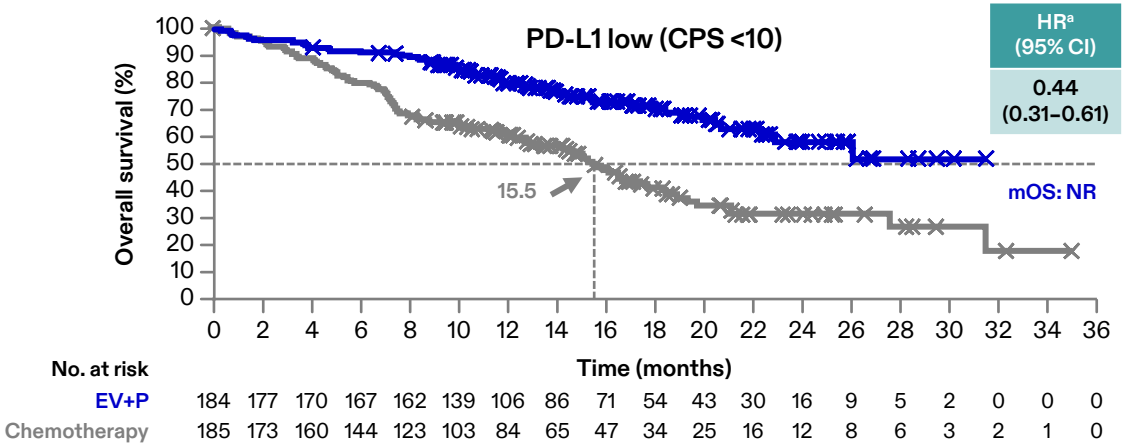
[a]Calculated using stratified Cox proportional hazards model; a hazard ratio <1 favors the EV+P arm.
Data cutoff: 08 Aug 2023.
ClinicalTrials.gov : NCT04223856.
[1]Powles et al. ESMO 2023.
BICR, blinded independent central review; CI, confidence interval; EV, enfortumab vedotin; HR, hazard ratio; mPFS, median progression-free survival; mOS, median overall survival; NR, not reached; P, pembrolizumab.

EV-302: Consistent Treatment Effect Regardless of Cisplatin Eligibility or PD-L1 Expression[1]



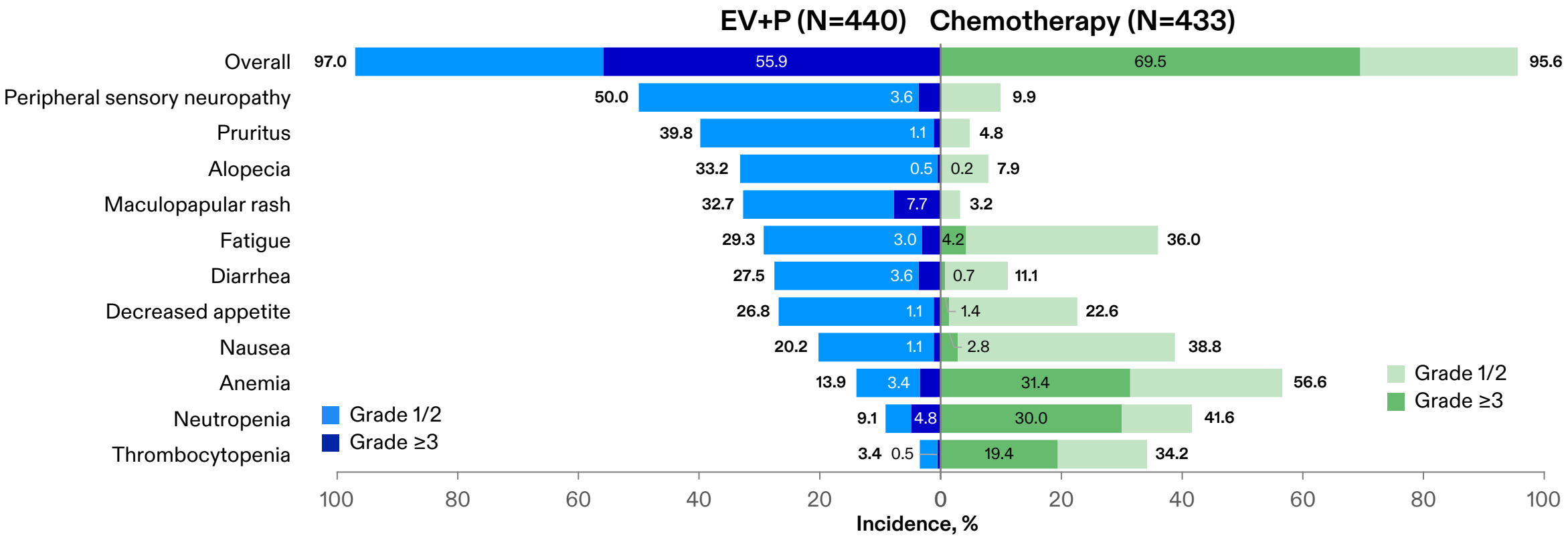






[a]Calculated using stratified Cox proportional hazards model; a hazard ratio <1 favors the EV+P arm.
Data cutoff: 08 August 2023.
ClinicalTrials.gov : NCT04223856.
[1]van der Heijden, et al. ASCO GU 2024, subgroup analysis.
CI, confidence interval; CPS, combined positive score; EV, enfortumab vedotin; HR, hazard ratio; mOS, median overall survival; NR, not reached; P, pembrolizumab; PD-L1, programmed death-ligand 1.

EV-302: Safety of PADCEV + Keytruda Consistent With Prior Experience[1]



Among patients who received PADCEV and Keytruda, the median duration of exposure for PADCEV was 7 months (range: 0.3 to 31.9 months)[2]

TRAEs shown in figure are any grade by preferred term in ≥20% of patients for any grade in either arm. Refer to US PI for complete safety information.
Data cutoff: 08 Aug 2023. All-cause TEAEs in ≥10% of participants and SAEs. Part 2B (SAS n=81).
ClinicalTrials.gov: NCT04223856.
1. Powles et al. ESMO 2023. 2. PADCEV USPI.
EV, enfortumab vedotin; P, pembrolizumab; SAE, serious adverse event; TEAE, treatment-emergent adverse event; TRAE, treatment-related adverse event.

PADCEV/EV-302 has Ushered in a New Era in the Treatment of LA/mUC

LA/mUC, locally advanced or metastatic urothelial cancer.

Next Opportunity for PADCEV: Muscle Invasive Bladder Cancer (MIBC)

US Epi: ~28K*

Ongoing Registrational Trials

Completed enrollment

Phase 3 MIBC cis-eligible

EV+pembro vs gem/cis (EV-304)**

Anticipated readout: 2026

Enrolling

Phase 3 MIBC cis-ineligible

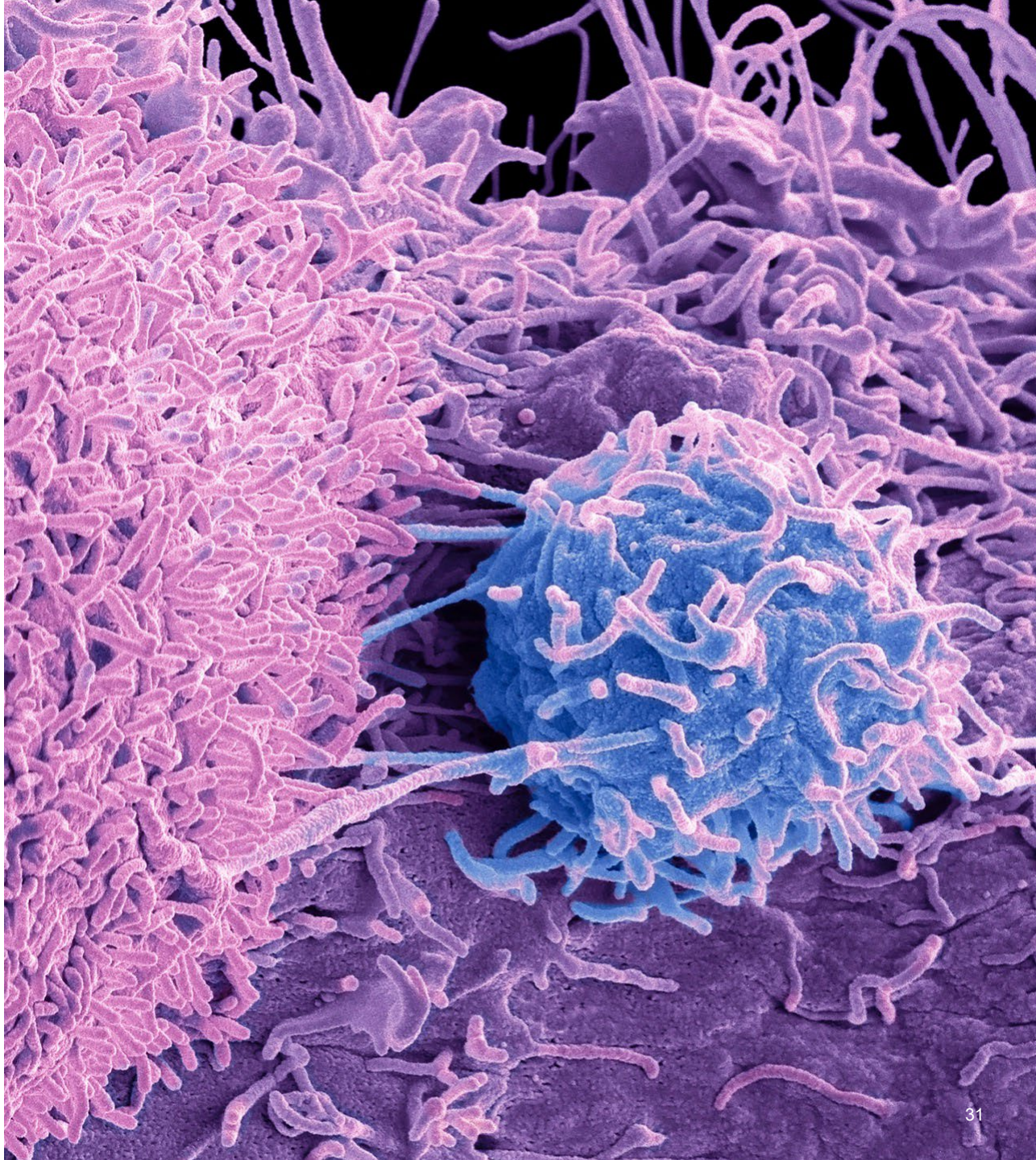
EV+pembro, pembro mono – each vs observation (EV-303)**

Anticipated readout: 2027

Establish new peri-operative standand of care to displace chemotherapy and improve outcomes. Potential top-line data in 2025 (based on interim analysis)

Standard of care is neoadjuvant chemotherapy (gemcitabine plus cisplatin) and radical cystectomy + pelvic lymph node dissection.
*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024); reflects total miBC population, of which surgery eligible muscle invasive bladder cancer is a sub-population.
**Study sponsored by Merck.
ClinicalTrials.gov: NCT04700124; EV-303: NCT03924895.
cis, cisplatin; EV, enfortumab vedotin; gem, gemcitabine; MIBC, muscle invasive bladder cancer; mono, monotherapy; pembro, pembrolizumab.

Disitamab Vedotin (DV)

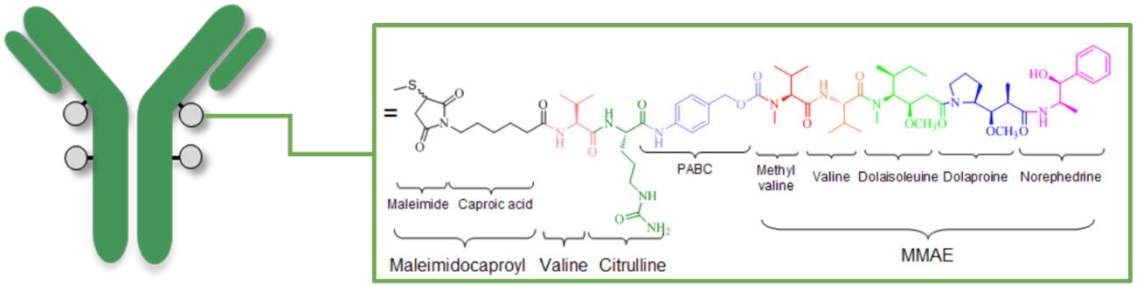


Disitamab Vedotin is a Novel HER2-Directed ADC With a Rapidly Internalizing Antibody and a Payload That Induces Immunogenic Cell Death[1]

Humanized anti-HER2 IgG1 monoclonal antibody

Protease-cleavable vc maleimidocaproyl linker

Microtubule-disrupting agent, monomethyl auristatin E (vedotin)

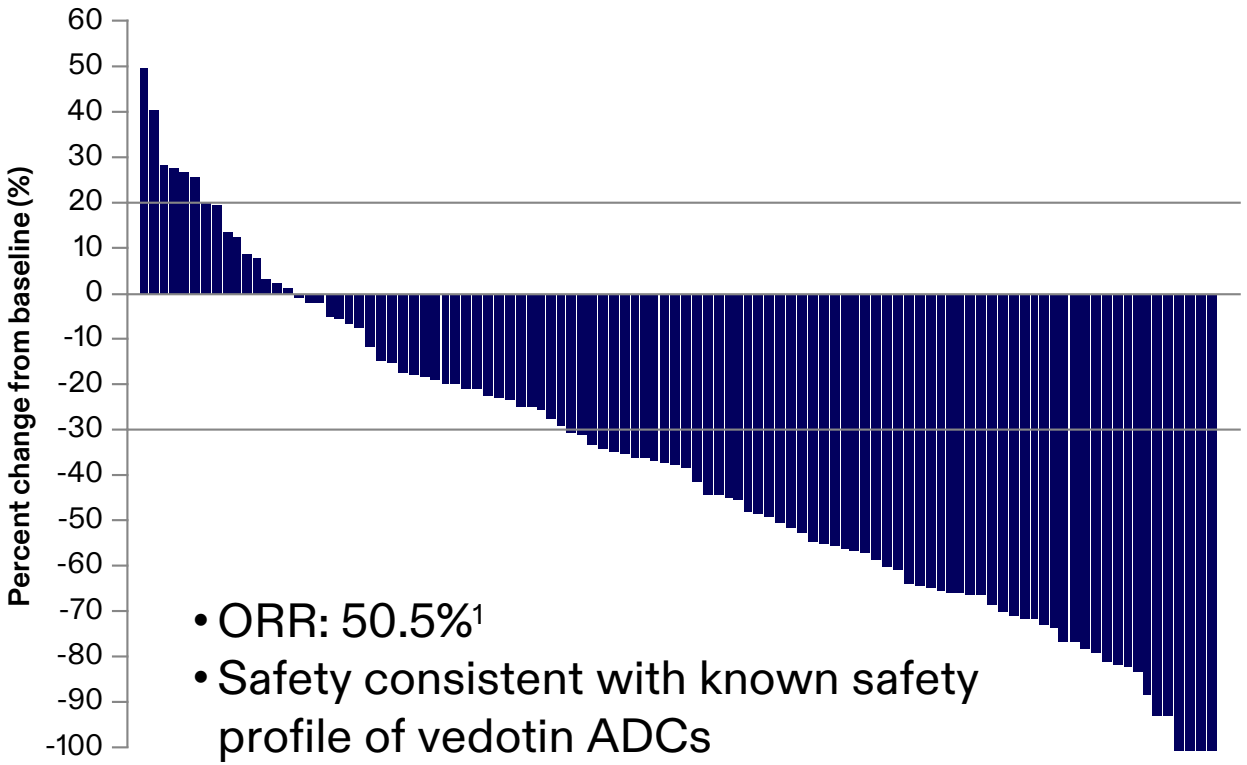


	DV	T-DM1	T-DXd	DB-1303
Antibody	Disitamab (HER2-directed, rapidly internalizing)	Trastuzumab (HER2-directed)	Trastuzumab (HER2-directed)	Trastuzumab (HER2-directed)
Payload	MMAE (microtubule inhibitor; induces ICD)	DM1 (microtubule inhibitor)	Deruxtecan (topoisomerase I inhibitor)	Exatecan derivative (topoisomerase I inhibitor)
Cleavable linker	✓	✗	✓	✓

No head-to-head trials have been conducted among these medicines

[1]Data on File.
ADC, antibody–drug conjugate; ICD, immunogenic cell death; IgG1, immunoglobulin G1; DV, disitamab vedotin; HER2, human epidermal growth factor receptor 2;T-DM1, trastuzumab emtansine; T-DXd, trastuzumab deruxtecan; mc, maleimidocaproyl; MMAE, monomethyl auristatin E; PABC, p-aminobenzoyloxycarbonyl; vc, valine-citrulline.

Disitamab Vedotin has FDA Breakthrough Therapy Designation as Monotherapy in 2L+ HER2+ (High) LA/mUC

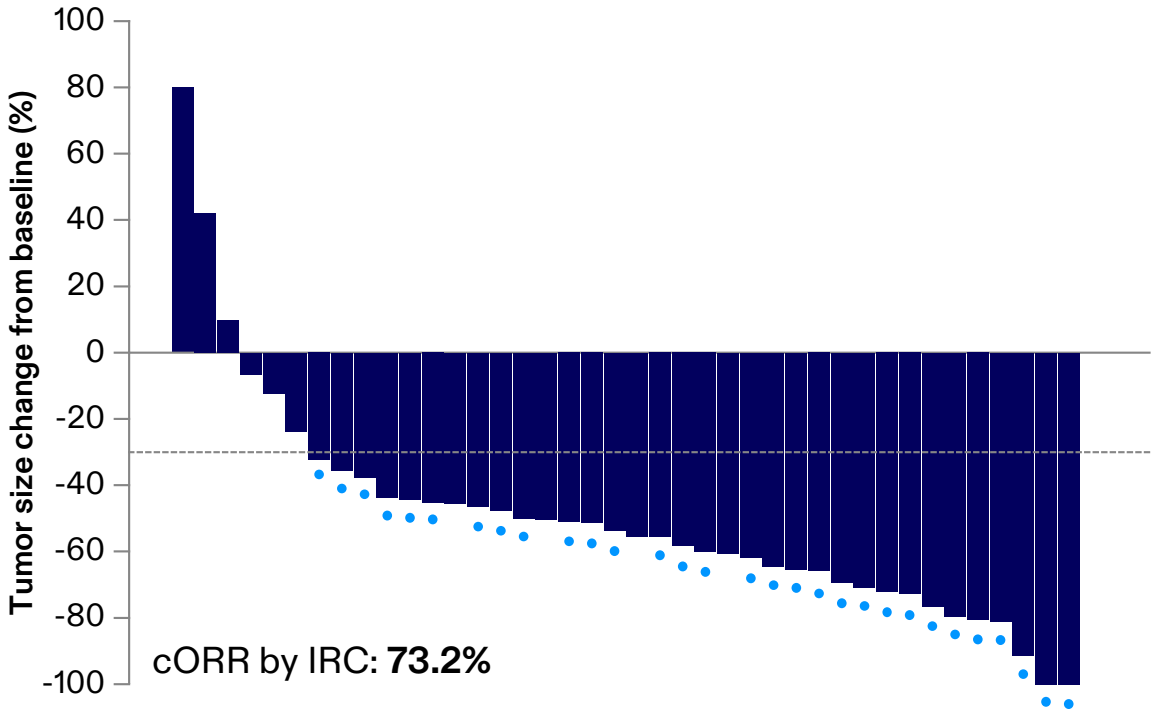


	Disitamab vedotin[1] N=107	Trastuzumab deruxtecan[2] N=41	Enfortumab vedotin[3] N=125	Erdafitinib[4] N=136	Sacituzumab govotecan[5] N=112
Target	HER2 IHC 2/3+	HER2 IHC 2/3+	NECTIN-4	FGFR	TROP-2
ORR	50.5%	39%	44%	35%	28%
Duration of response	7.3 mo	8.7 mo	7.6 mo	–	7.2 mo
mPFS	5.9 mo	7 mo	–	5.6 mo	5.4 mo
mOS	14.2 mo	12.8 mo	–	12.1 mo	10.9 mo

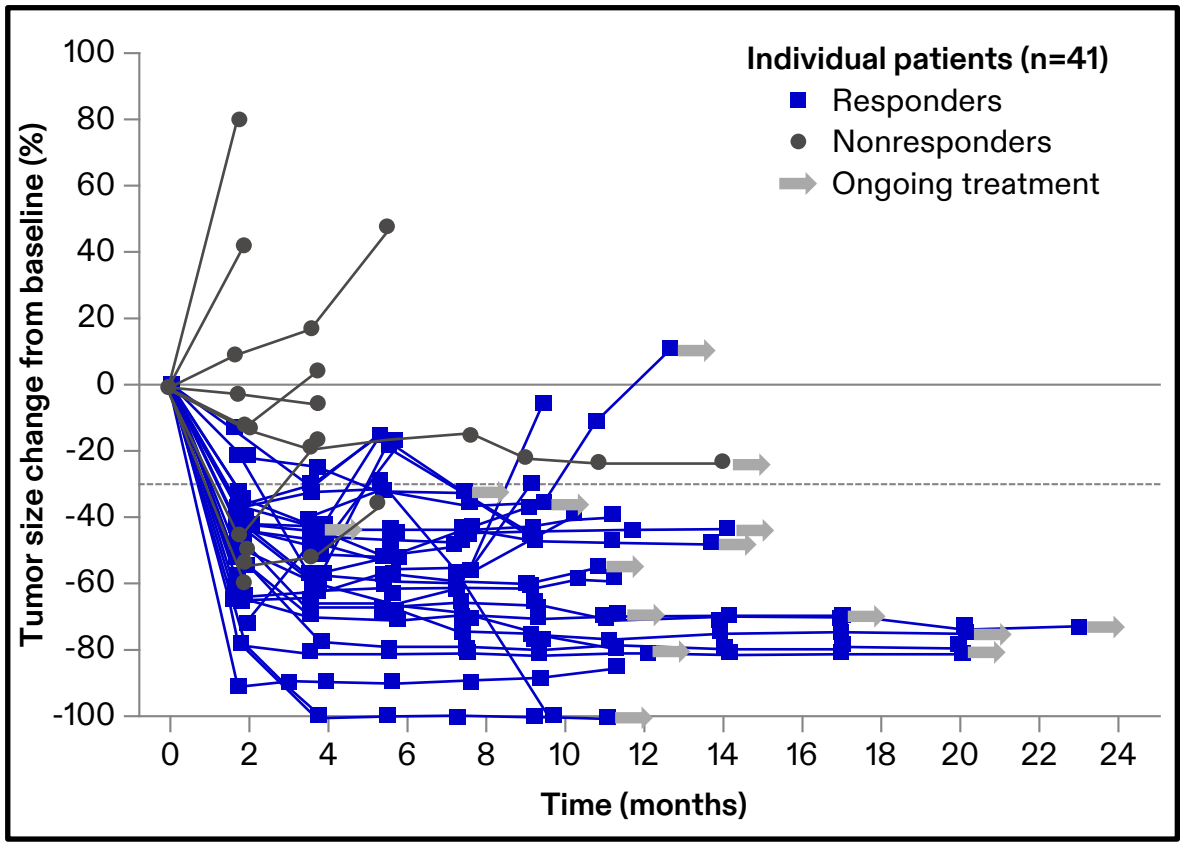
No head-to-head trials have been conducted among these medicines. Definitive conclusions cannot be drawn across results from different clinical studies

ClinicalTrials.gov: NCT03507166; NCT03809013. [1]Sheng. et al. 2023; [2]Meric-Bernstam, et al. 2024; [3]Rosenberg, et al. 2019, [4]Erdafitinib USPI (Data from BLC3001 Cohort 1), [5]Tagawa, et al. 2021.
ADC, antibody–drug conjugate; FGFR, fibroblast growth factor receptor; HER2, human epidermal growth factor receptor 2; HER2+, HER2-positive; IHC, immunohistochemistry; LA/mUC, locally advanced or metastatic urothelial cancer; mOS, median overall survival; mPFS, median progression-free survival; ORR, objective response rate; TROP-2, trophoblast cell surface antigen-2.

Disitamab Vedotin + anti-PD-1* Has Promising Potential in 1L and 2L HER2+ LA/mUC[1]



Efficacy	Total (N=41)
mPFS	9.2 months
2-year OS	63.2%



*Toripalimab-tpzi.
ClinicalTrials.gov : NCT04264936.
[1]Sheng, et al. Abs 4566, ASCO 2023.
cORR, confirmed objective response rate; IRC, independent review committee; mPFS, median progression-free survival; OS, overall survival; PD-1, programmed cell death protein-1; LA, locally advanced; mUC, metastatic urothelial cancer; HER2, human epidermal growth factor receptor; HER2+, HER2-positive.

Disitamab Vedotin: Promising Data Supported Initiation of Pivotal Studies in HER2+ (High and Low) LA/mUC

US Epi: ~4K*

2L locally advanced / metastatic urothelial cancer

Enrolling

Phase 2:

Cohort A (HER2 positive)**
Cohort B (HER2 low)**

2–3L HER2+ mUC

DV monotherapy

Anticipated readout: 1H 2025

Provide a targeted therapy for 2L+ HER2 positive mUC

US Epi: ~9K*

1L locally advanced / metastatic urothelial cancer

Enrolling

Phase 3

DV + pembrolizumab vs chemo

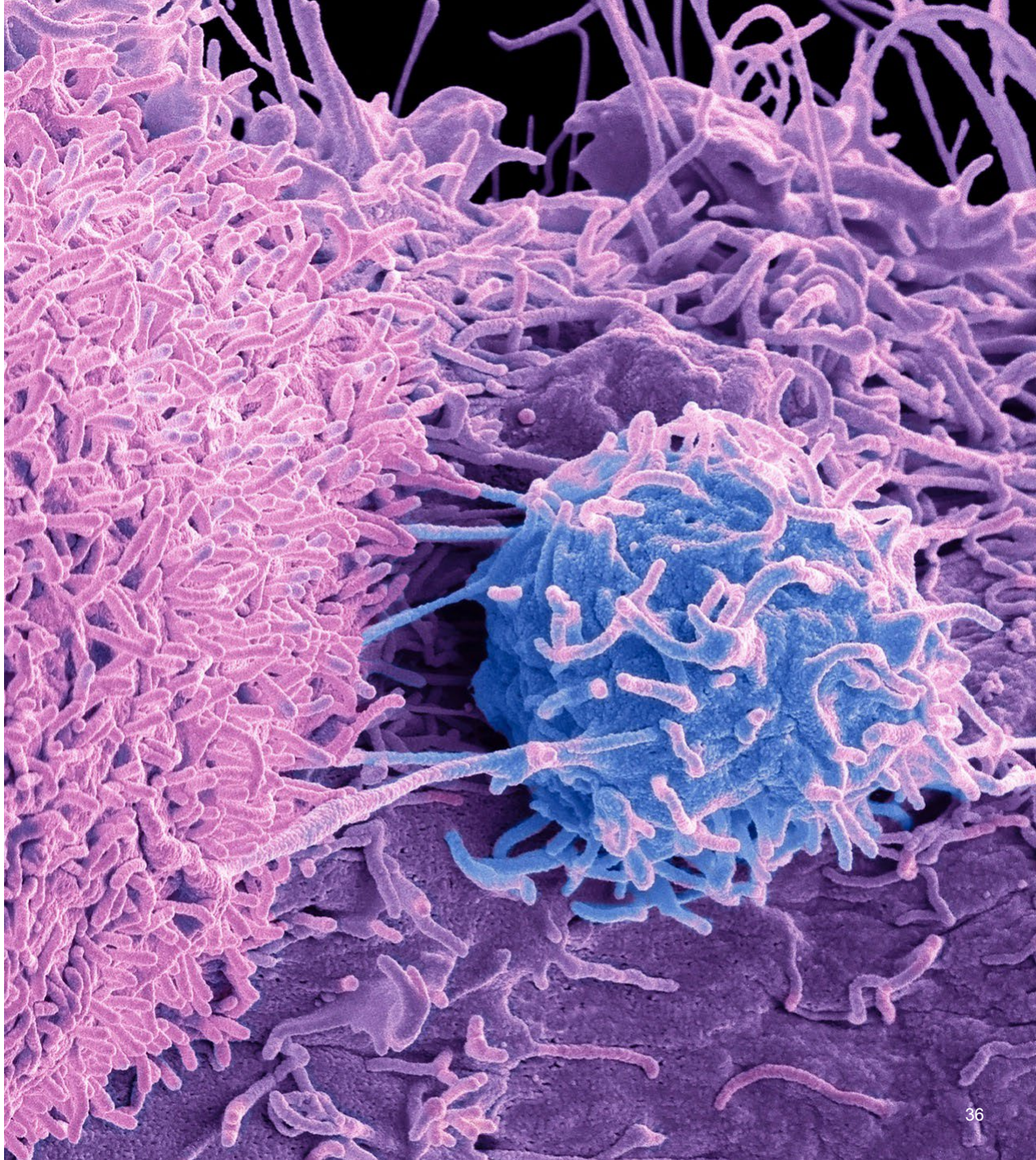
1L LA/mUC HER2+ mUC

Anticipated readout: 2026

Establish a new standard of care for HER2 positive LA/mUC

*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024).
**HER2 positive: HER2 IHC3+ or IHC2+/ISH positive; HER2 low: HER2 IHC2+/ISH negative or IHC1+; HER2+: HER2 IHC1+ or higher.
ClinicalTrials.gov : NCT04879329; NCT05911295.
DV, disitamab vedotin; HER2, human epidermal growth factor receptor 2; HER2+, HER2-positive; IHC, immunohistochemistry; ISH, in situ hybridization; LA/mUC, locally advanced/metastatic urothelial cancer; mUC, metastatic urothelial cancer.

Sasanlimab

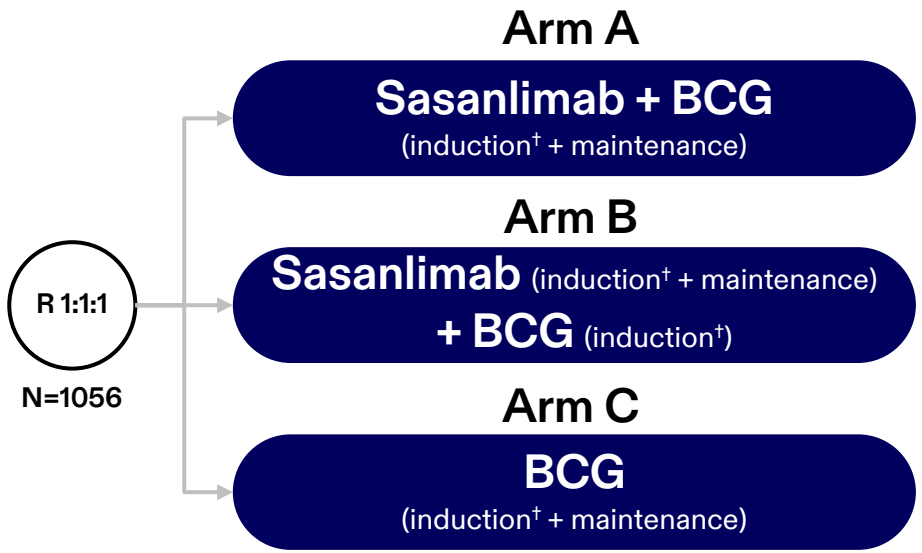


Sasanlimab: Subcutaneous PD-1 inhibitor Currently in Phase 3 BCG-naïve, High-Risk NMIBC

Epi est. (US): ~38K patients*

Eligibility

- High-risk, BCG-naïve NMIBC
- No prior:
  - Anti-PD-(L)1/2
  - Anti-CTLA-4
  - Immunostimulatory therapies



Primary endpoint
- Investigator-assessed EFS (Arm A vs Arm C; Arm B vs Arm C)

Key secondary endpoints
- OS
- Safety

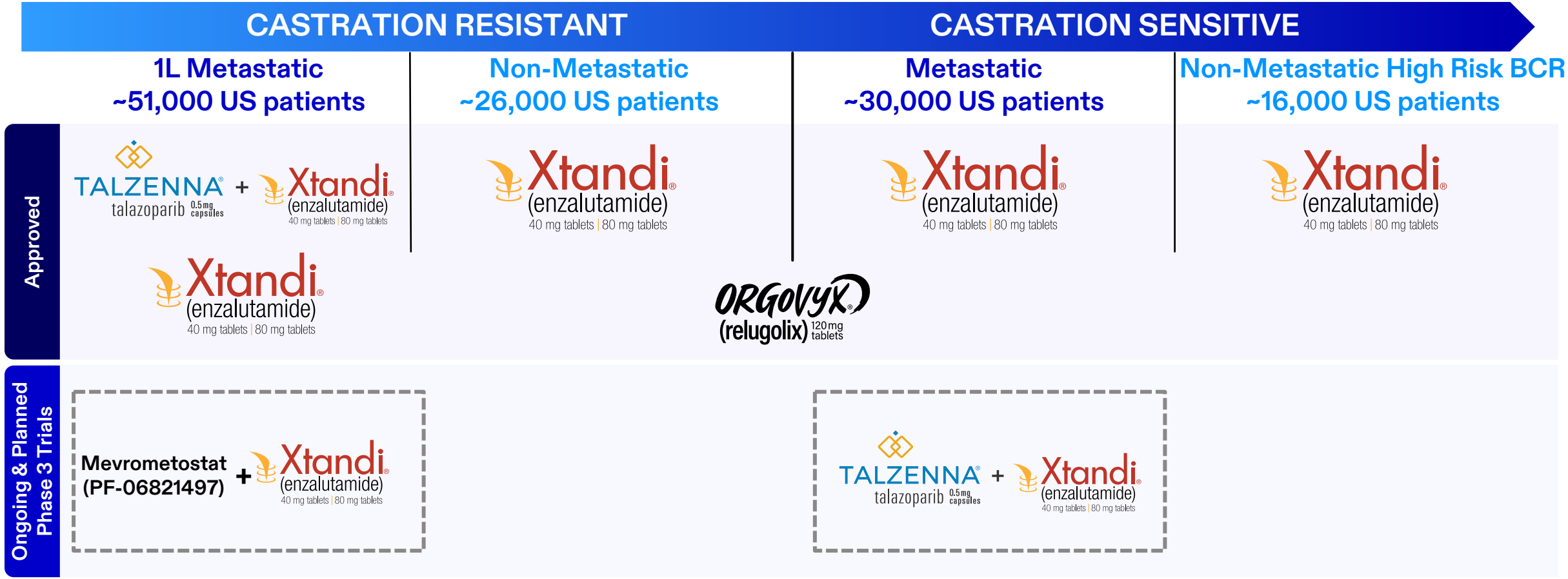
Enrollment complete | Anticipated data readout 1H 2025

†Re-induction is permitted for participants with CIS at randomization who have persistent disease at 3 months after initiating study treatment, or participants who have recurrence of high-grade Ta disease at 3 months after initiating study treatment (TURBT is required before re-induction).
*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024).
ClinicalTrials.gov: NCT04165317.
BCG, Bacillus Calmette Guerin; CIS, cisplatin; CTLA-4, cytotoxic T-lymphocyte associated protein 4; EFS, event free survival; NMIBC, non-muscle invasive bladder cancer; OS, overall survival; PD-(L)1/2, programmed death-(ligand) 1/2; R, randomization; TURBT, trans urethral removal of bladder tumor.

Prostate Cancer

Roger Dansey
Chief Development Officer

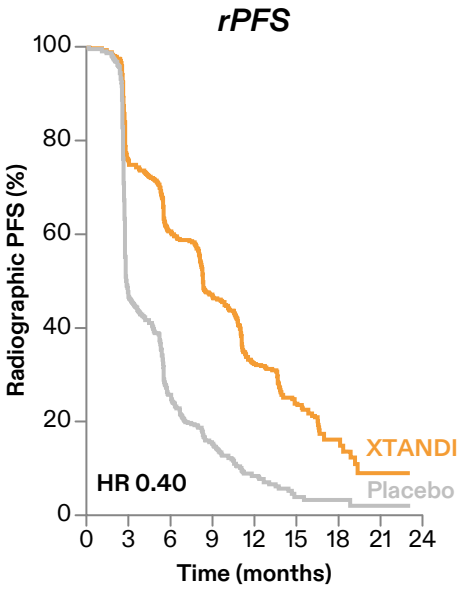
Our Prostate Portfolio is Anchored by XTANDI, the Only Androgen Receptor Signaling Inhibitor Approved Across the Prostate Cancer Continuum



ORGOVYX is indicated for the treatment of adult patients with advanced prostate cancer; ORGOVYX is co-promoted with Sumitomo Pharma America (SMPA) in the U.S.
XTANDI is co-promoted with Astellas in the U.S.
Directional patient numbers adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024).
BCR, biochemical recurrence.

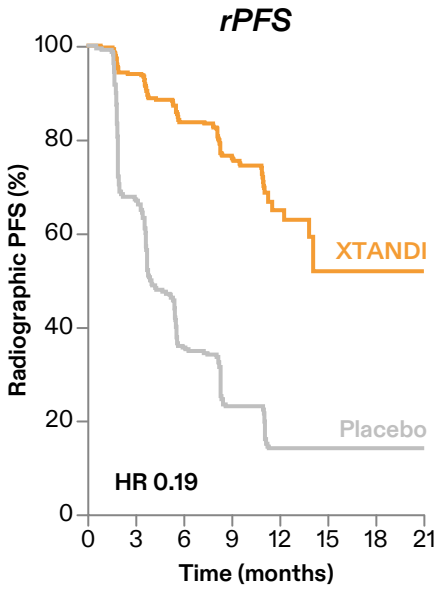
Compelling XTANDI Benefit Across the Treatment Continuum, Including Survival Benefit In Metastatic Prostate Cancer and Non-Metastatic CRPC

AFFIRM[1]
mCRPC



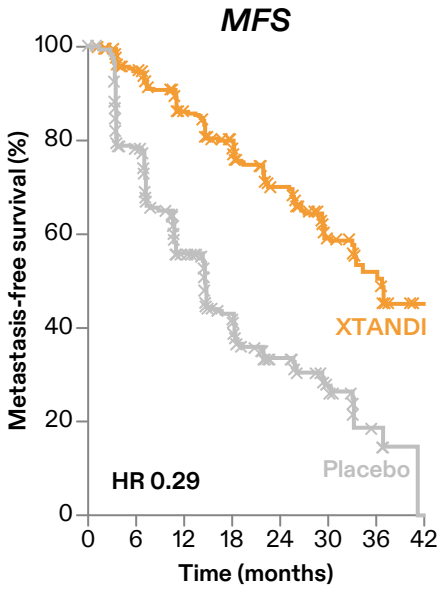
Overall survival:
XTANDI benefit

PREVAIL[1]
mCRPC



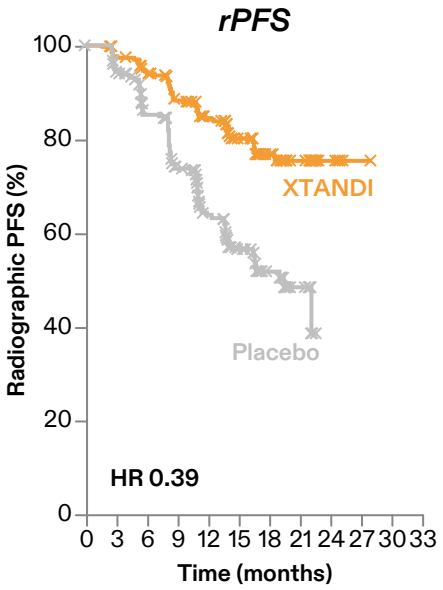
Overall survival:
XTANDI benefit

PROSPER[1]
nmCRPC



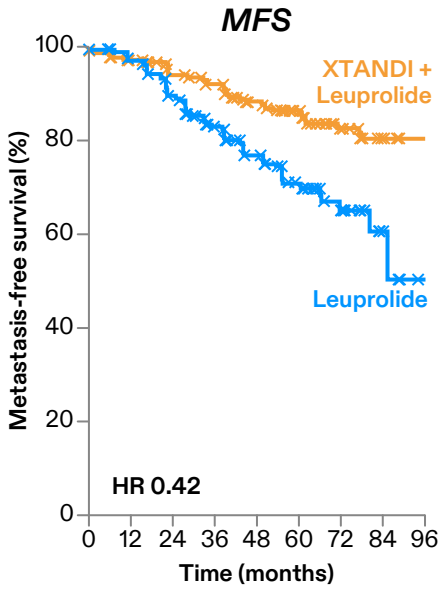
Overall survival:
XTANDI benefit

ARCHES[1]
mCSPC



Overall survival:
XTANDI benefit

EMBARK[2]
nmCSPC with BCR

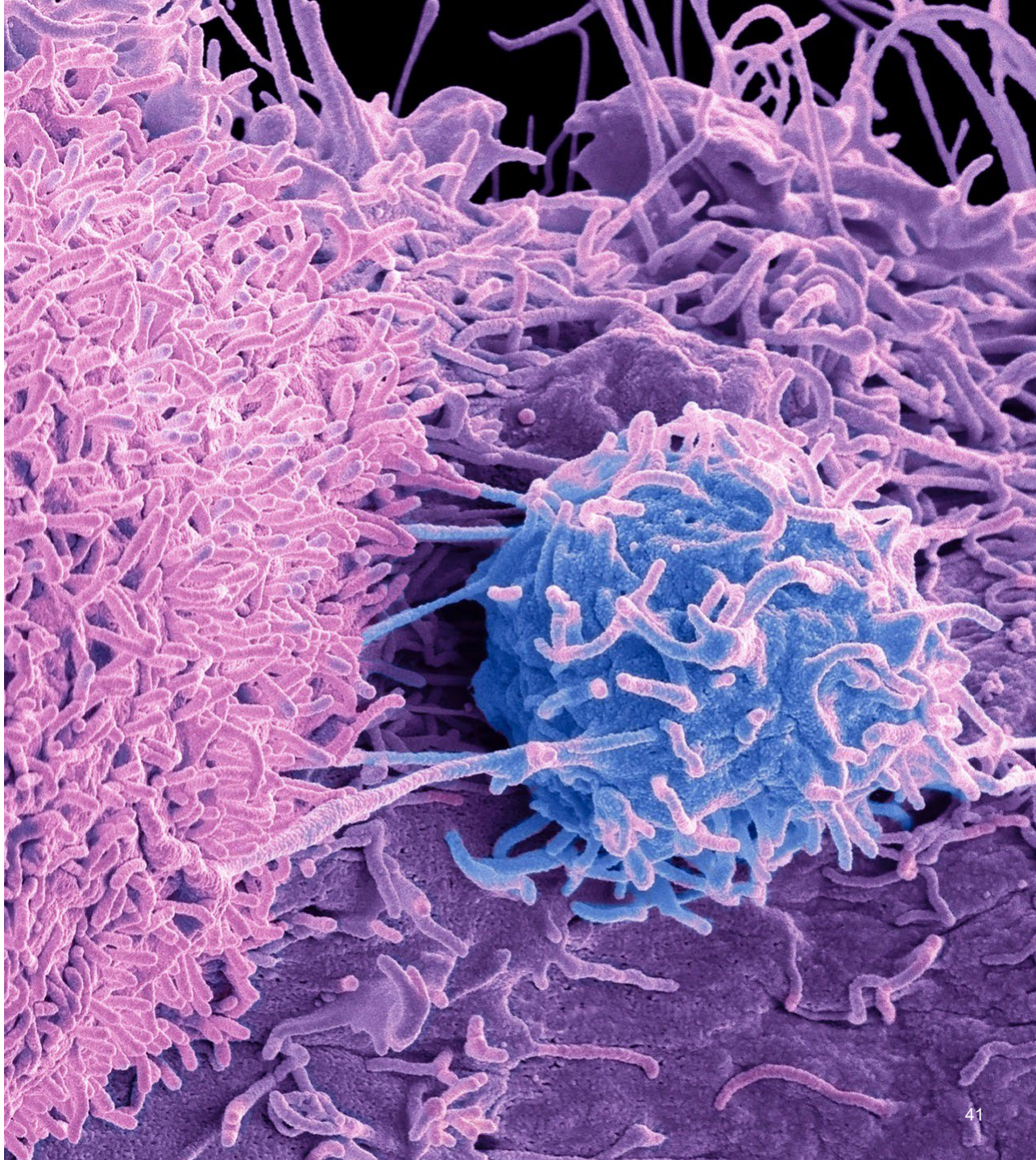


Overall survival:
Data not yet mature

58% to 81% reduction in risk of progression or metastases across multiple Phase 3 trials

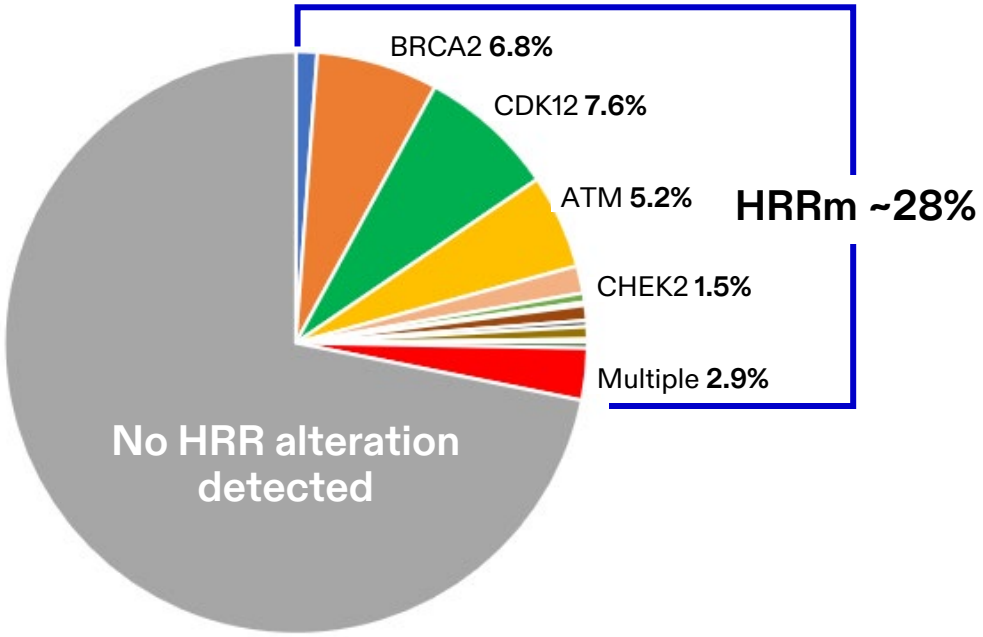
1. XTANDI USPI. 2. Freedland SJ. *N Engl J Med*. 2023.
BCR, biochemical recurrence; CRPC, castration-resistant prostate cancer; CSPC, castration-sensitive prostate cancer; m, metastatic; nm, non-metastatic; MFS, metastasis-free survival; rPFS, radiographic progression-free survival.

TALZENNA + XTANDI



TALZENNA Builds on XTANDI Backbone by Targeting a Synergistic Pathway (PARP Inhibition)

Frequency of homologous recombination repair mutations (HRRm) in metastatic prostate cancer[1]



12 gene panel in TALAPRO program:
BRCA1, BRCA2, PALB2, ATM, ATR, CHEK2, FANCA, RAD51C, NBN, MLH1, MRE11A, CDK12

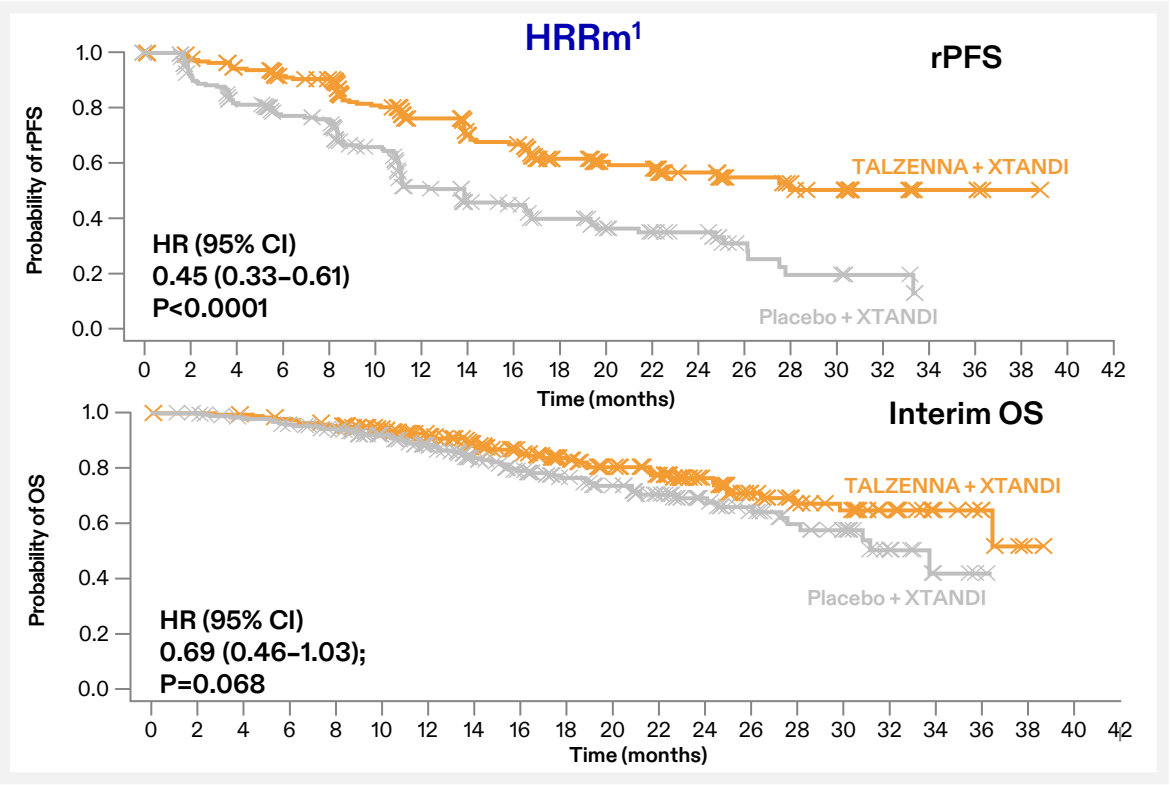
Tumors harboring **homologous recombination repair (HRR)** defects are particularly sensitive to PARP inhibitors

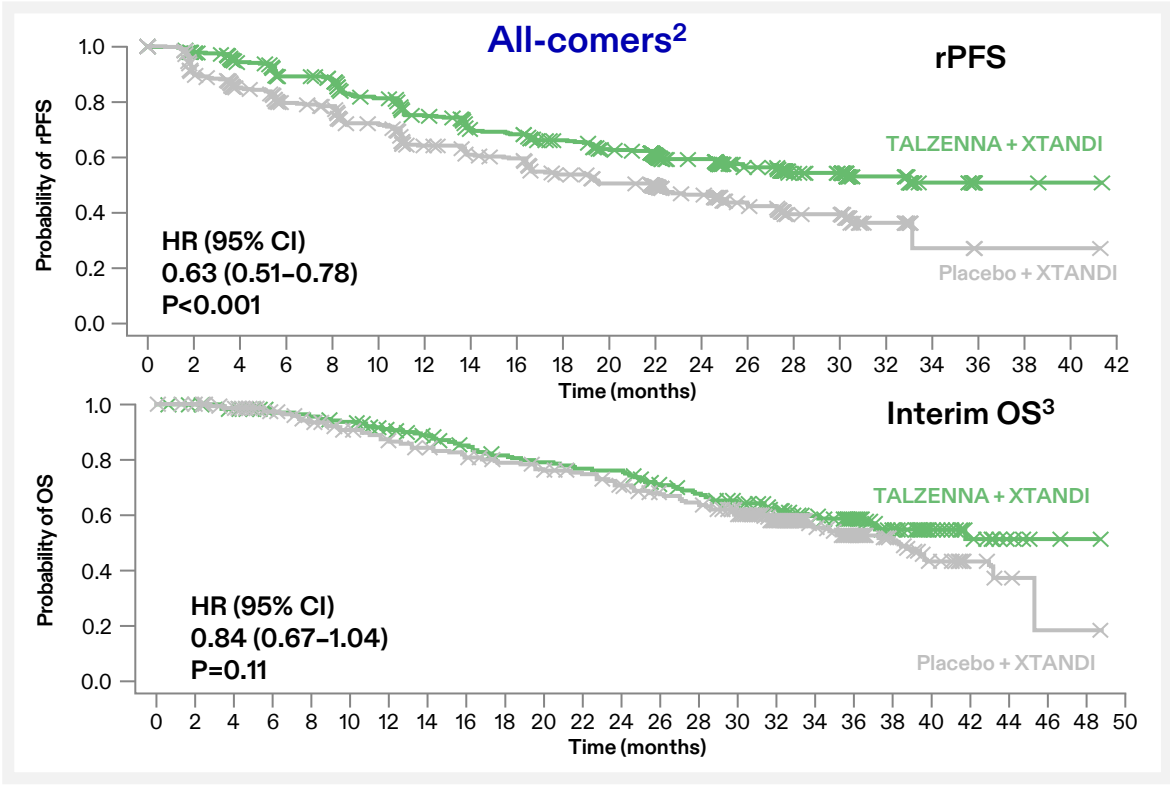
Patients with HRR gene-mutated tumors generally have an inferior prognosis

Non-clinical data supported the evaluation of TALZENNA + XTANDI in tumors with or without HRR gene alterations

[1]Data on file.
The effectiveness without HRR mutations is still under evaluation.
ctDNA, circulating tumor DNA; HRR, homologous recombination repair; HRRm, homologous recombination repair mutation; PARP, poly (ADP-ribose) polymerase.

TALZENNA + XTANDI: Approved in 1L mCRPC, for Patients With HRRm in the US* and for Unselected Patients in the EU





FDA approval (HRRm): June 2023

EMA approval (All-comers): January 2024

TALAPRO-2 Final OS data expected 2H 2024; results may potentially support additional regulatory filings

ClinicalTrials.gov : NCT03395197; *Broadest US label relative to other PARPi + NHT combinations in the US.
[1]Fizazi K, et al. *Nat Med.* 2023; [2]Agarwal N, et al. *Lancet.* 2023; [3]Matsubara N, et al. ESMO 2023. 1807P.
CI, confidence interval; mCRPC, metastatic castration-resistant prostate cancer; HR, hazard ratio; HRRm, homologous recombination repair mutation; NHT, novel hormonal therapy; OS, overall survival; PARPi, poly (ADP-ribose) polymerase inhibitor; rPFS, radiographic progression-free survival.

TALAPRO-3: Potentially Moving TALZENNA + XTANDI to HRRm mCSPC

Epi est. (US): ~8K HRRm patients*

Eligibility

CSPC and documented metastatic disease

HRRm**

R
1:1

N=550

Talazoparib 0.5 mg/day + enzalutamide 160 mg/day

PLACEBO 0.5 mg/day + enzalutamide 160 mg/day

Primary endpoint
- Radiographic PFS (rPFS) by investigator assessment

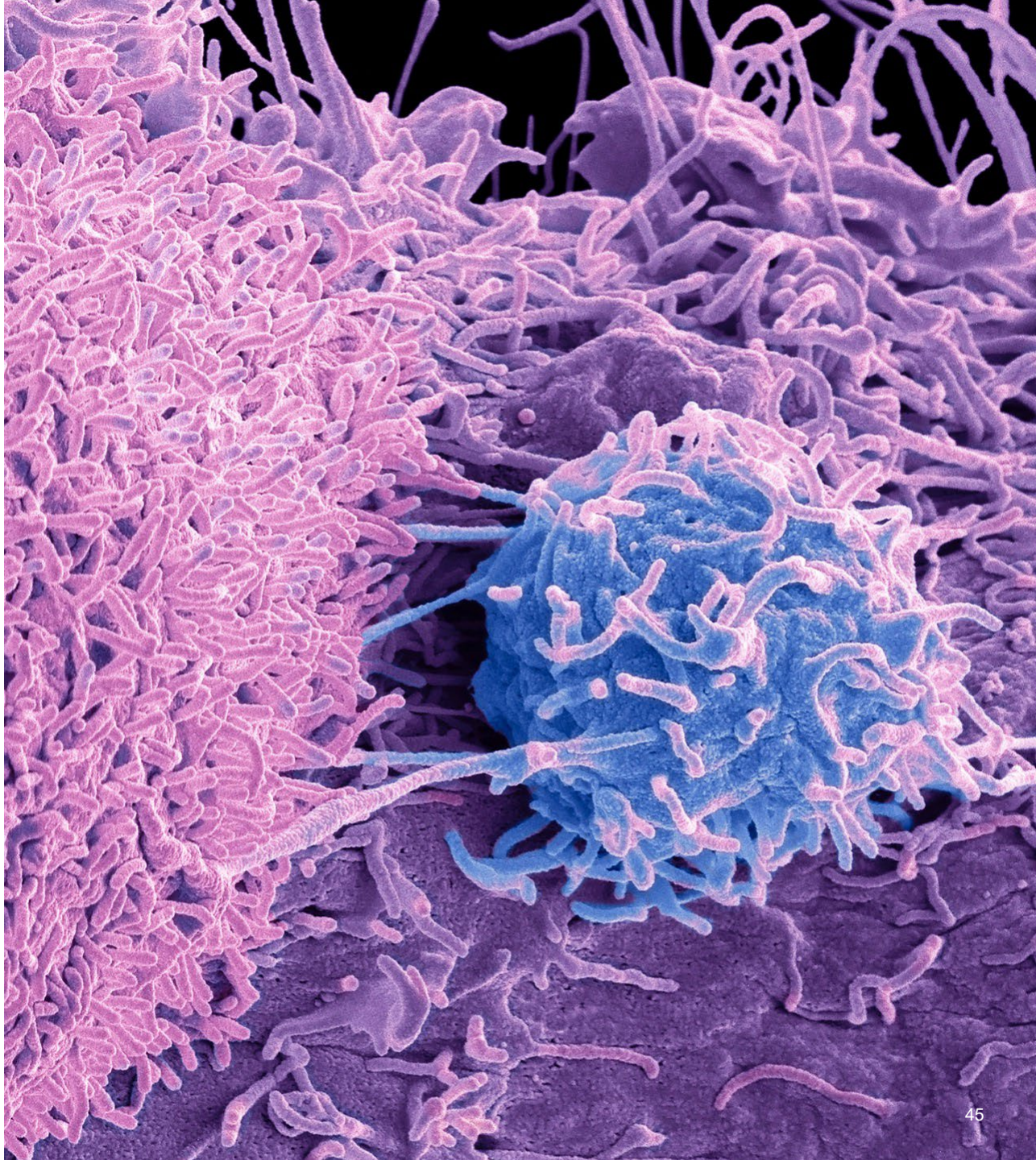
Key secondary endpoint
- OS (alpha controlled)

Enrollment complete | Anticipated data readout 2H 2025

Potential to meaningfully extend PFS with TALZENNA + XTANDI treatment

*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024), assuming 25% HRRm frequency.
**BRCA1, BRCA2, PALB2, ATM, ATR, CHEK2, FANCA, RAD51C, NBN, MLH1, MRE11A, CDK12.
ClinicalTrials.gov: NCT04821622.
CSPC, castration-sensitive prostate cancer; HRRm, homologous recombination repair mutation; OS, overall survival; PFS, progression-free survival; R, randomization; rPFS, radiographic progression-free survival.

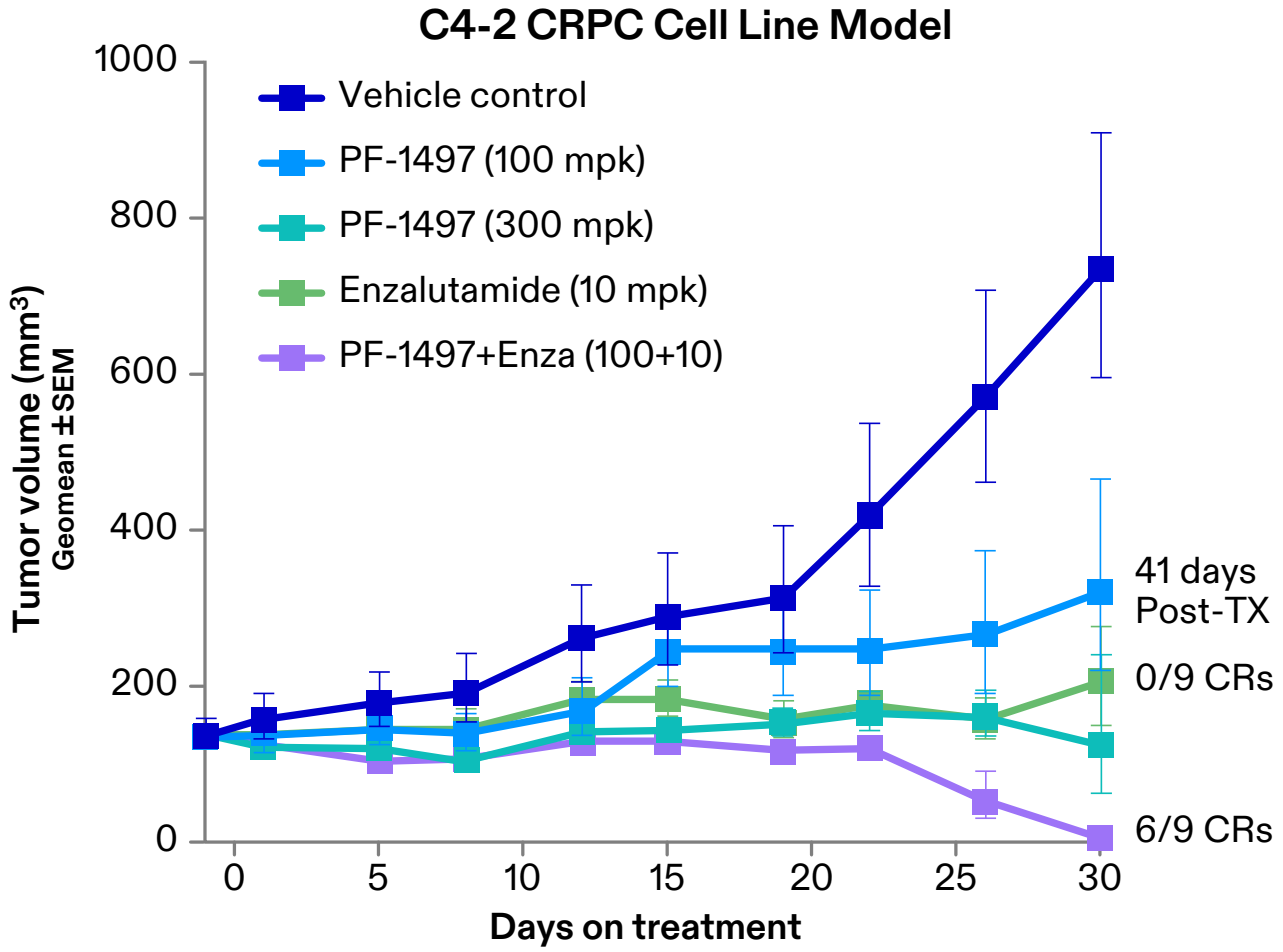
Mevrometostat (PF-06821497)



Mevrometostat: Potential to be First EZH2 Inhibitor Approved in Prostate Cancer

Mevrometostat: potent, selective, orally bioavailable

- EZH2 plays a role in regulating gene activity and is associated with prostate cancer cell proliferation[1, 2, 3]
- Mevrometostat inhibits gene regulation and synergizes with enzalutamide in preclinical models[4]



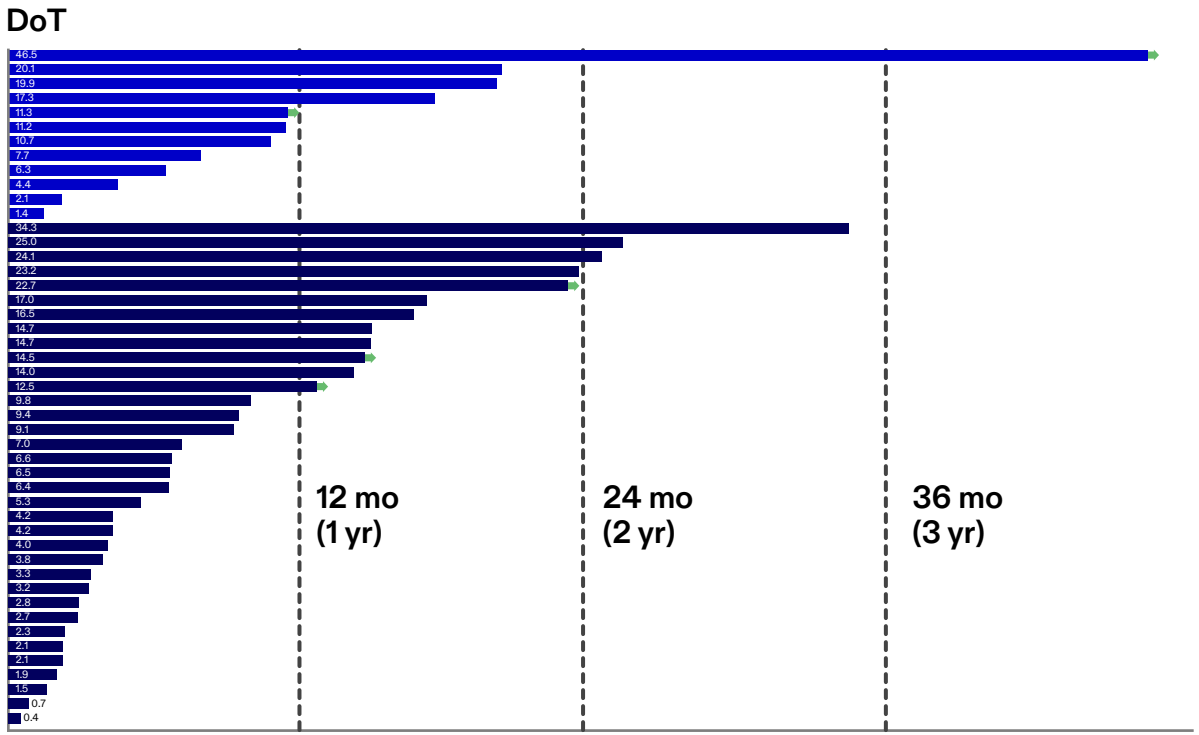
[1]Kim, et al. *Cell Rep* 2018; [2]Berger, et al. *JCI.* 2019; [3]Ku, et al. *Science* 2017; [4]Data on file;
CRPC, castration-resistant prostate cancer; enza, enzalutamide; EZH2, enhancer of zeste homolog 2.

NEW DATA

Compelling Activity in Heavily Pre-Treated Patients With mCRPC Supports Phase 3 Program

Phase 1 Dose Escalation in 2L+ mCRPC (N=47)[1]

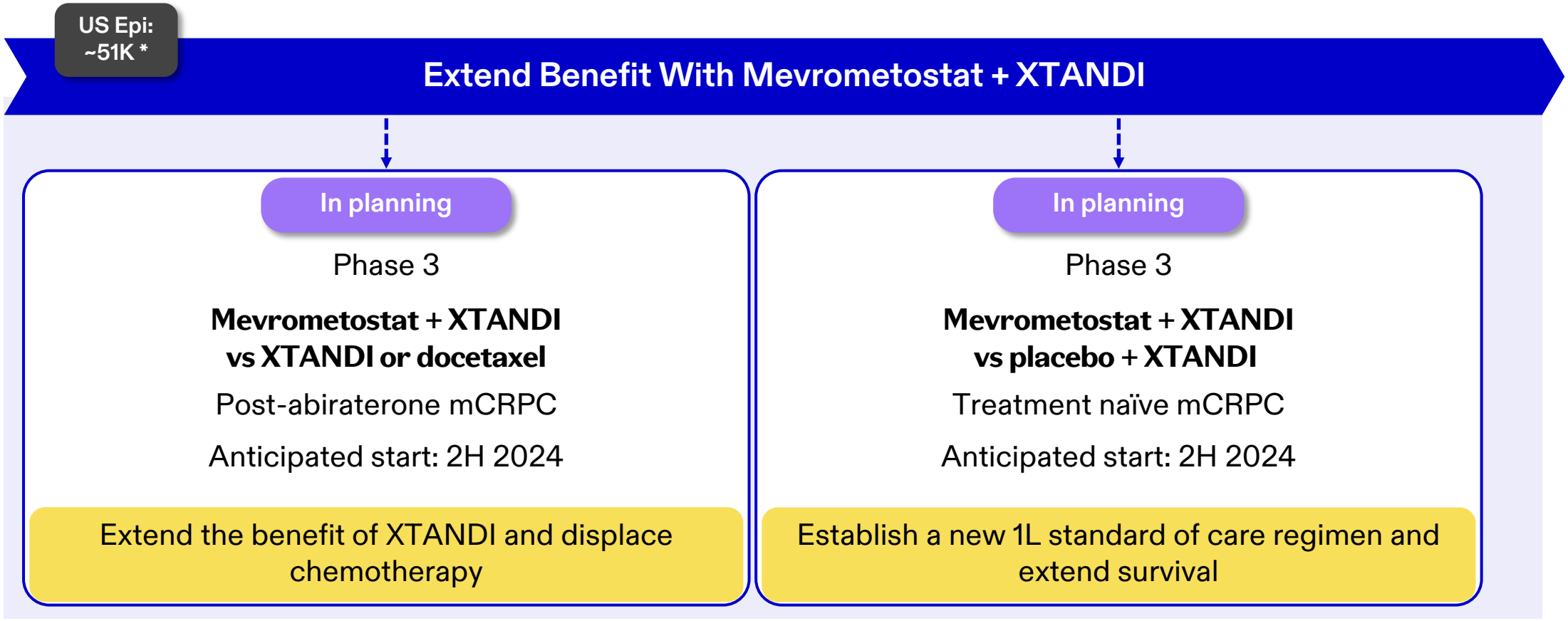
EZH2i + XTANDI Post-abi, N=12	EZH2i + XTANDI Post-XTANDI, N=35
Median rPFS = 17.1 mo (95% CI: 6.2, NE)	**Median rPFS = 11.7 mo** (95% CI: 4.2, NE)
Median DoT = 47 weeks (IQR: 23–80)	**Median DoT = 28 weeks** (IQR: 12–63)
Median number of prior anti-cancer therapies = 3 (range 1, 8)	
Most common TRAE were diarrhea (42.6%), dysgeusia (42.6%), and anemia (36.2%)	
Grade ≥3 TRAEs were reported in 17.0% of pts	
Discontinuation due to TRAE: 3/47 (6.3%)	



- Historical control of post-abi median rPFS = **4.8 months**[2]

ClinicalTrials.gov: NCT03460977.
[1]Data on file (initial data presented at ESMO2022), [2]deWit, et al. *N Eng J Med.* 2019.
Abi, abiraterone; AE, adverse event; ARPi, androgen receptor signalling pathway inhibitor; DoT, duration of treatment; Enza, enzalutamide; EZH2, enhancer of zeste homolog 2; IQR, interquartile range; mCRPC, metastatic castration-resistant prostate cancer; rPFS, radiographic progression-free survival; TRAE, treatment-related adverse event; 2L, second line.

Developing Mevrometostat in Post-Abiraterone and Treatment-Naïve mCRPC



*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024).
mCRPC, metastatic castration-resistant prostate cancer.

Genitourinary Cancer

Key near-term catalysts
(anticipated through 1H 2025)

Phase 3 starts

Mevrometostat + XTANDI*
Post-abi mCRPC

Mevrometostat + XTANDI*
Treatment-naive mCRPC

Registrational readout

TALZENNA + XTANDI
OS in all comers

Sasanlimab
NMIBC

Disitamab vedotin
2L HER2+/low mUC

Key longer-term catalysts
(anticipated 2H 2025 and beyond)

Registrational readout

PADCEV
Cis-ineligible MIBC

PADCEV
Cis-eligible MIBC

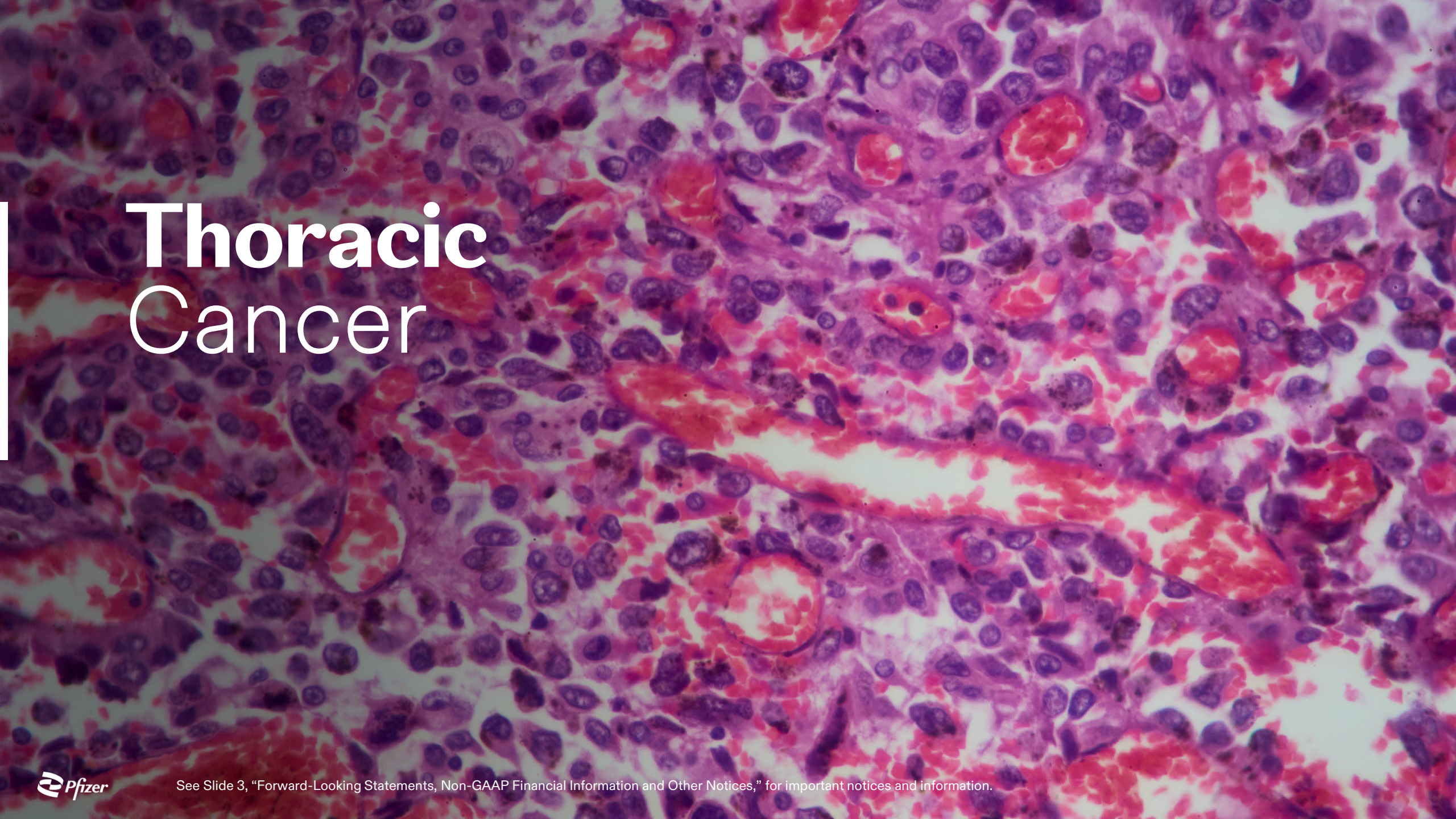
TALZENNA + XTANDI
HRRm mCSPC

Disitamab vedotin
1L HER2+ mUC

Mevrometostat + XTANDI*
Post-abi mCRPC

Mevrometostat + XTANDI*
Treatment-naive mCRPC

*Trial in planning.
Studies are event-driven, and timelines are subject to change.
Abi, abiraterone; cis, cisplatin; HER2, human epidermal growth factor receptor 2-positive; HRRm, homologous recombination repair mutation; mCRPC, metastatic castration-resistant prostate cancer; mCSPC, metastatic castration-sensitive prostate cancer; MIBC, muscle invasive bladder cancer; mUC, metastatic urothelial cancer; NHT, novel hormonal therapy; NMIBC, non-muscle invasive bladder cancer; OS, overall survival.



Thoracic Cancer

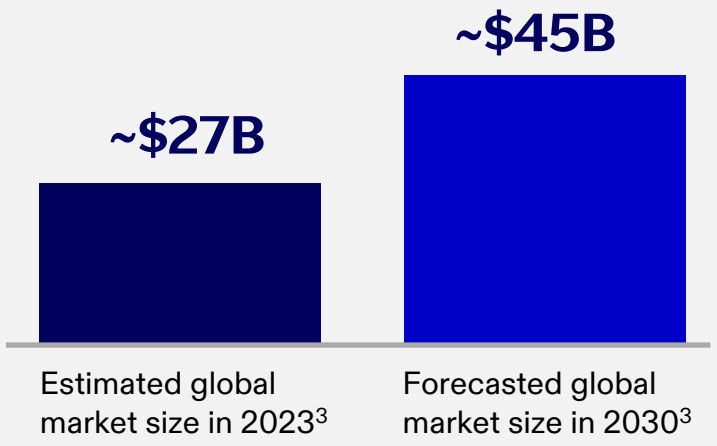
Substantial Opportunity to Advance Therapies Across All Stages of Disease

NSCLC

~280K
Estimated new US cases in 2023[1]

~130K
Estimated US deaths in 2023[2]

Significant unmet need despite therapeutic advances

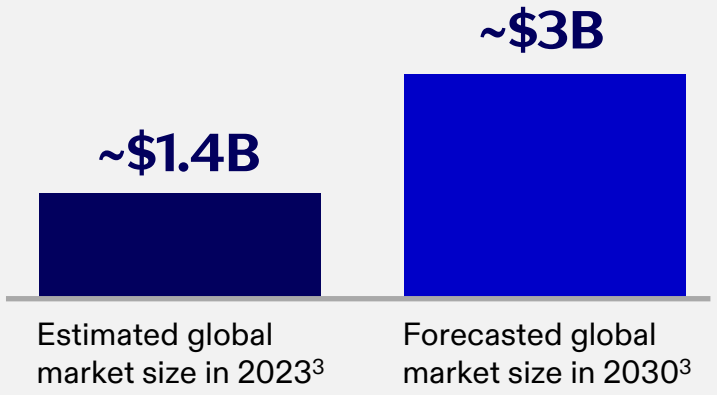


HNSCC

~67K
Estimated new US cases in 2023[1]

~15K
Estimated US deaths in 2023[2]

Significant unmet need across all stages of unresectable disease



1. Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024); 2. SEER; 3. Clarivate (DRG) Market Forecast (2023).
HNSCC, head and neck squamous cell carcinoma; NSCLC, non-small cell lung cancer.

Developing Potential Best-in-Class Medicines for **Thoracic Cancer**

Megan O'Meara
Head of Early Clinical Development
Pfizer Oncology Division

Lung and Head and Neck Cancer Portfolio Spanning Core Scientific Modalities

Today's Focus

Small Molecules

Clinical Stage

PF-07284892:
SHP2 tyrosine phosphatase inhibitor

PF-07820435:
Oral STING agonist*

Approved Medicines

XALKORI® (crizotinib)

BRAFTOVI® (encorafenib) + MEKTOVI® (binimetinib)

LORBRENA® (lorlatinib)

Antibody–Drug Conjugates (ADCs)

Clinical Stage

Sigvotatug vedotin (B6A):
Integrin beta-6-directed ADC

PF-08046054:
PD-L1-directed ADC

PF-08046050:
CEACAM5-TOP01 directed ADC

PADCEV (enfortumab vedotin)†

TIVDAK (tisotumab vedotin)†

IO Biologics, Including Bispecific Antibodies

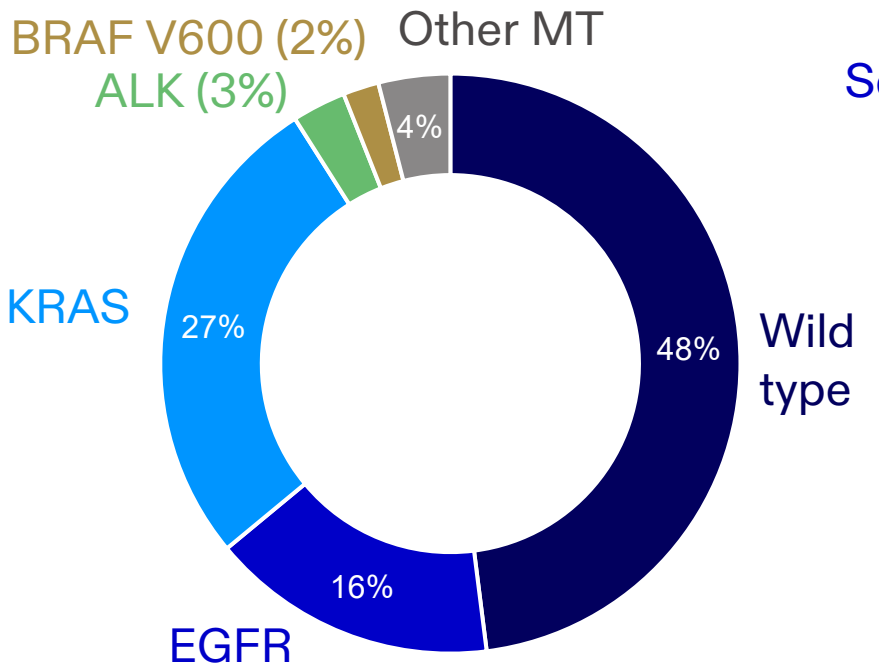
Clinical Stage

PF-08046052:
EGFR-targeted bispecific gamma delta T-cell engager

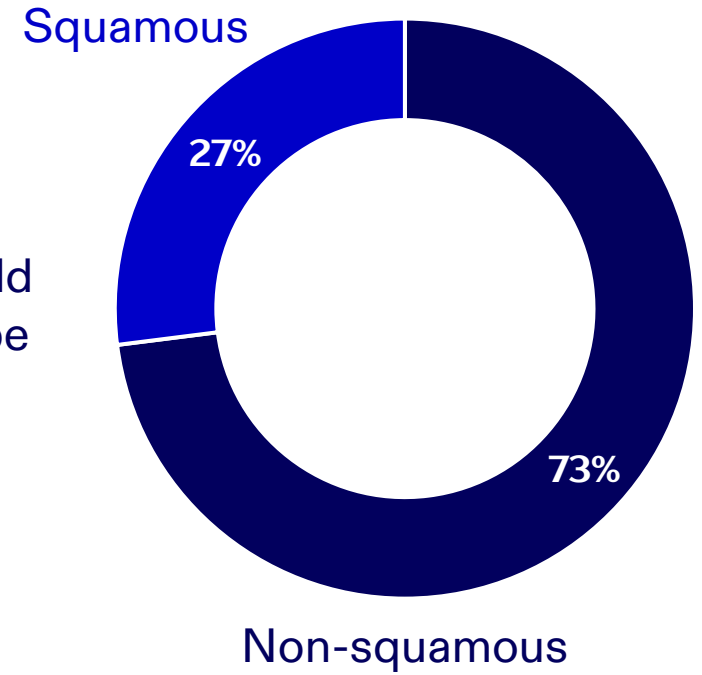
PF-08046054: SGN-PDL1V.
*IND cleared; †PADCEV and TIVDAK are not approved for any thoracic indication.
ADC, antibody–drug conjugate; CEACAM5, carcinoembryonic antigen-related cell adhesion molecule 5; EGFR, epidermal growth factor receptor; IO, immuno-oncology; PD-L1, programmed death-ligand 1; SHP2, Src homology 2-containing protein tyrosine phosphatase 2; STING, stimulator of interferon genes.

NSCLC: Maximize LORBRENA and Advance First-in-Class Therapies in Broader Segments

Molecular classification[1]



Histological sub types[1]



Pioneers in precision medicine for ALK+ NSCLC, with introduction of XALKORI in 2011

LORBRENA – emerging as the potential standard of care for ALK+ NSCLC

R&D pipeline focus on novel mechanisms and biologics to address broader populations

[1]Data on file.
ALK, anaplastic lymphoma kinase; CPI, checkpoint inhibitor; EGFR, epidermal growth factor receptor; KRAS, Kirsten rat sarcoma homolog; NSCLC, non-small cell lung cancer.

LORBRENA*: A 3rd Generation Breakthrough for ALK+ NSCLC

Applying Pfizer's world-class medicinal chemistry expertise to address shortcomings of earlier generation medicines

- Novel, macro-cyclic structure unlike any other ALK TKI[1]

Enhanced blood–brain barrier penetration and high potency against all known ALK inhibitor resistance mutations[1,2,3]

Rapid execution

- FIP → accelerated approval in 4.8 years

Broad Mutational Coverage Designed to Overcome Acquired Resistance[4]

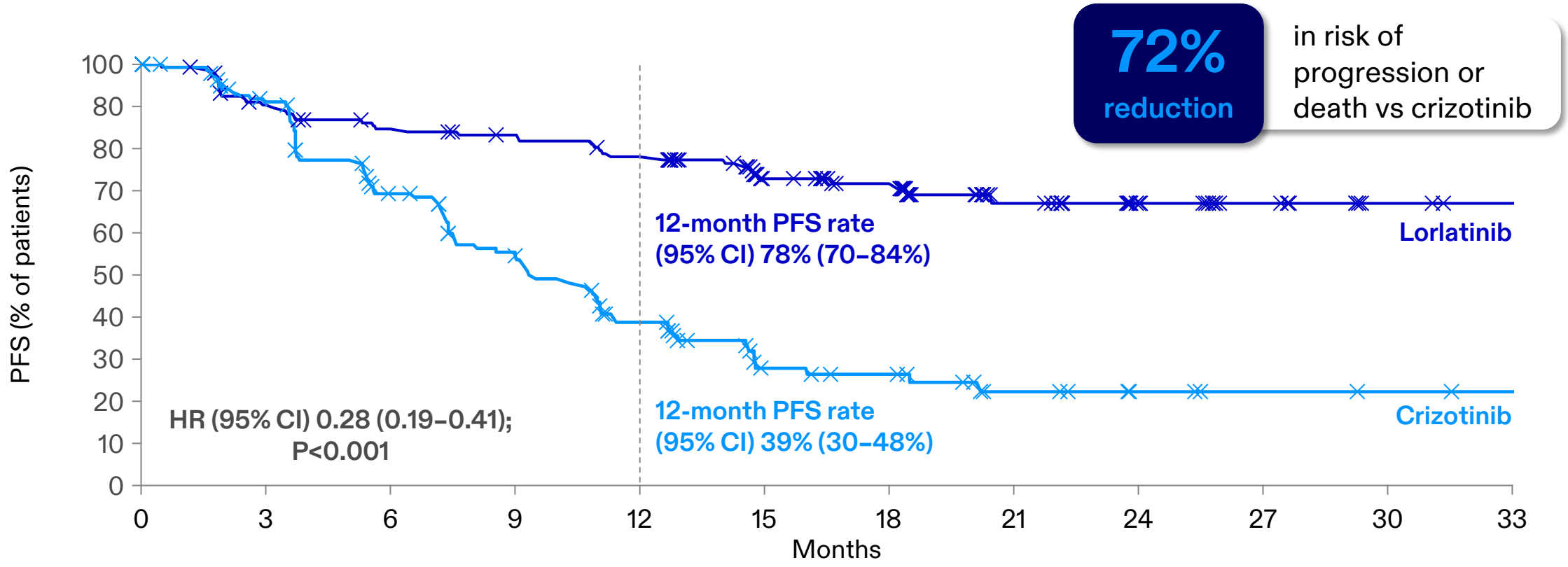
IC_{50} < 100nM
IC^{50} ≥ 100 < 200 nM
IC^{50} ≥ 200 nM

Mutation status	Cellular ALK phosphorylation mean IC_{50} (nM)			
	Lorlatinib	Crizotinib	Ceritinib	Alectinib
EML4-ALK v1	1.3 3.6	80 90	NA 41	62 24
EML4-ALK L1196M	21 43	843 1,154	NA 70	250 113
EML4-ALK G1269A	15 80	605 689	NA 134	NA 112
EML4-ALK G1202R	77 113	1,003 562	>1,000 549	>10,000 362
EML4-ALK I1151Tins	38 50	1,268 902	1,066 296	1770 126
EML4-ALK S1206Y	4.2 3.2	626 152	NA 60	NA 29
EML4-ALK C1156Y	1.6 15	478 406	NA 177	NA 21
EML4-ALK F1174L	0.2 4.0	165 150	NA 161	NA 26

*marketed as LORVIQUA in some countries.
Table not intended to compare efficacy or safety across these molecules. Numbers in each cell indicate NIH3T3 (top) and Ba/F3 (bottom) parental cell lines.
1. Johnson TW, et al. *J Med Chem.* 2014; 2. Sun S, et al. *J Clin Pharmacol.* 2022; 3. Zou HY, et al. *Cancer Cell.* 2015; 4. Data on file.
ALK, anaplastic lymphoma kinase; TKI, tyrosine kinase inhibitor; FIH, first in human.

Compelling Outcomes: CROWN Phase 3 Trial of Lorlatinib vs Crizotinib

Superior PFS in Advanced ALK+ NSCLC[1]

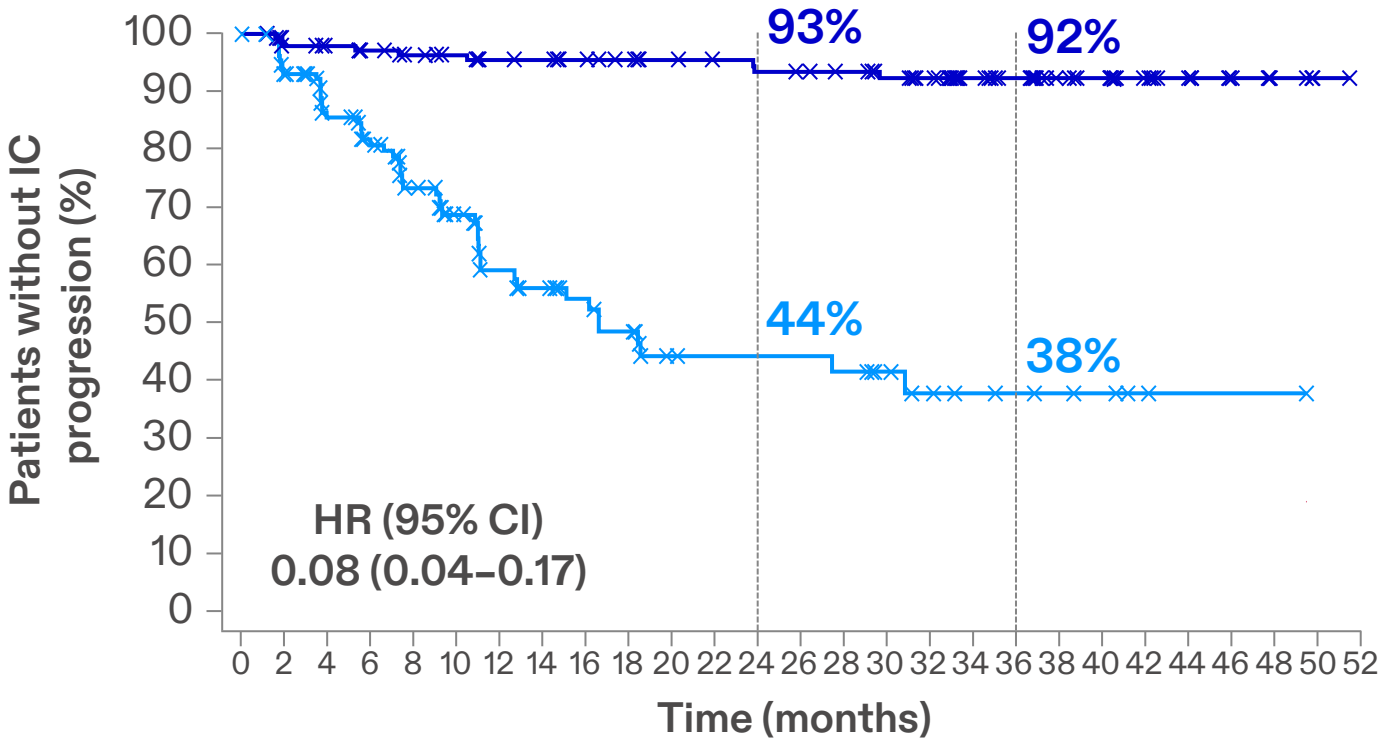


No. at risk

Lorlatinib	149	129	118	113	105	73	59	33	20	11	4	2
Crizotinib	147	120	84	62	39	19	16	8	4	4	1	0

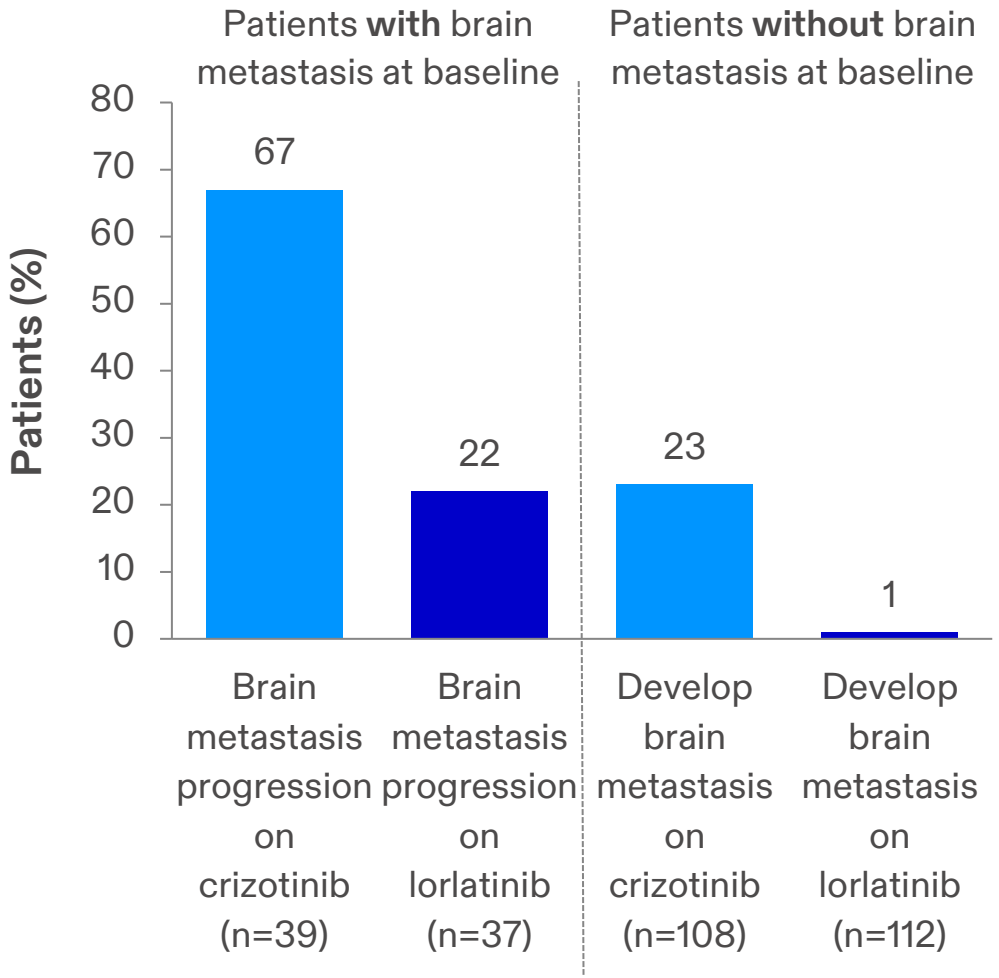
Median follow-up: 18 months.
ClinicalTrials.gov: NCT03052608
1. Shaw AT, et al. *N Engl J Med.* 2020.
ALK, anaplastic lymphoma kinase; CI, confidence interval; HR, hazard ratio; NSCLC, non-small cell lung cancer; PFS, progression-free survival.

CROWN: Brain Metastasis, an Unmet Medical Need, is Well Controlled by Lorlatinib, Leading to Enduring Intra-Cranial Benefit[1]



No. at risk

Lorlatinib	149	131	127	122	117	114	109	108	105	102	98	96	94	93	90	86	75	62	54	39	34	25	17	8	4	1	0
Crizotinib	147	118	97	83	65	54	39	35	29	25	18	17	17	17	16	12	9	7	6	5	4	2	1	1	1	0	0



HR for time to IC progression for lorlatinib vs crizotinib.
The secondary endpoint of IC time to progression was not part of the statistical testing hierarchy. Results are presented descriptively. Analysis was performed at median follow-up at 36.7 and 29.3 months for patients on lorlatinib and crizotinib, respectively.
ClinicalTrials.gov : NCT03052608

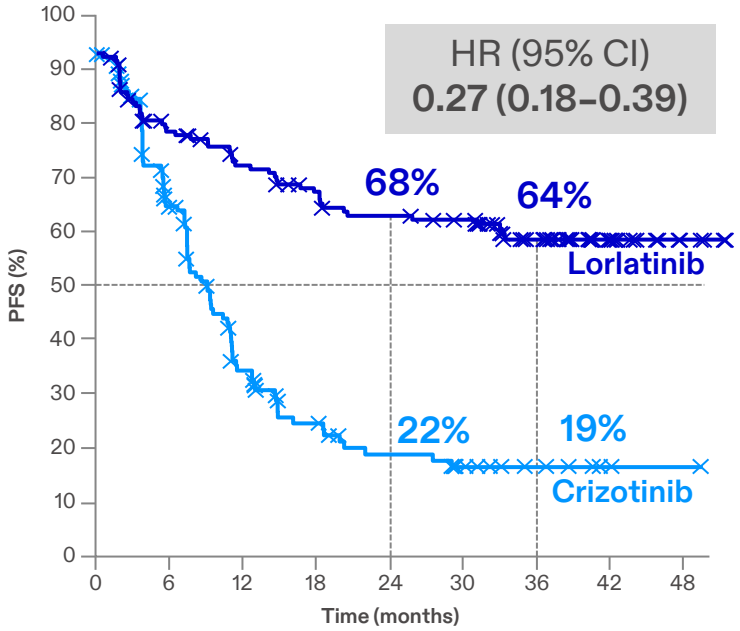
1. Solomon BJ, et al. *Lancet Respir Med.* 2023.

CI, confidence interval; HR, hazard ratio; IC, intra-cranial.

LORBRENA: 3-Year PFS Data Support Potential Standard of Care for 1L ALK+ NSCLC

CROWN (lorlatinib)[4]

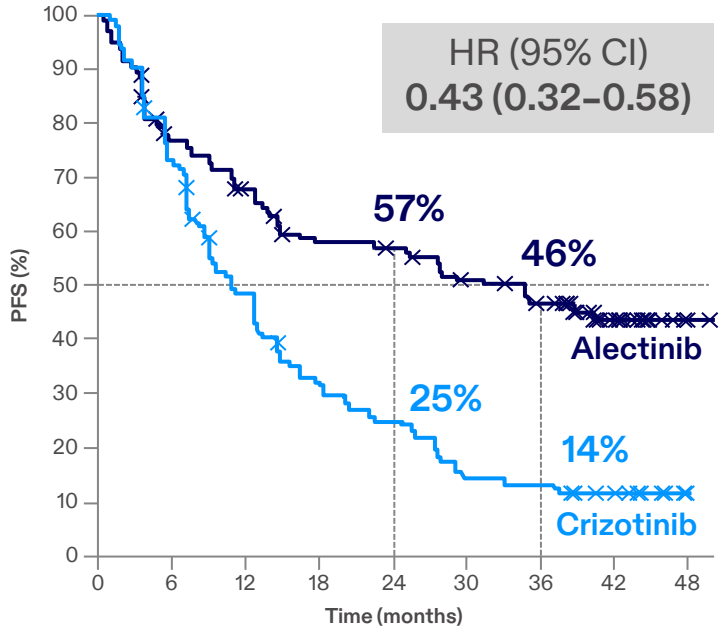
Median duration of follow-up:
lorlatinib: 36.7 months; **crizotinib:** 29.3 months



No. at risk									
Lorlatinib	149	118	105	95	88	83	50	23	4
Crizotinib	147	85	40	25	17	11	6	2	1

ALEX (alectinib)[1]

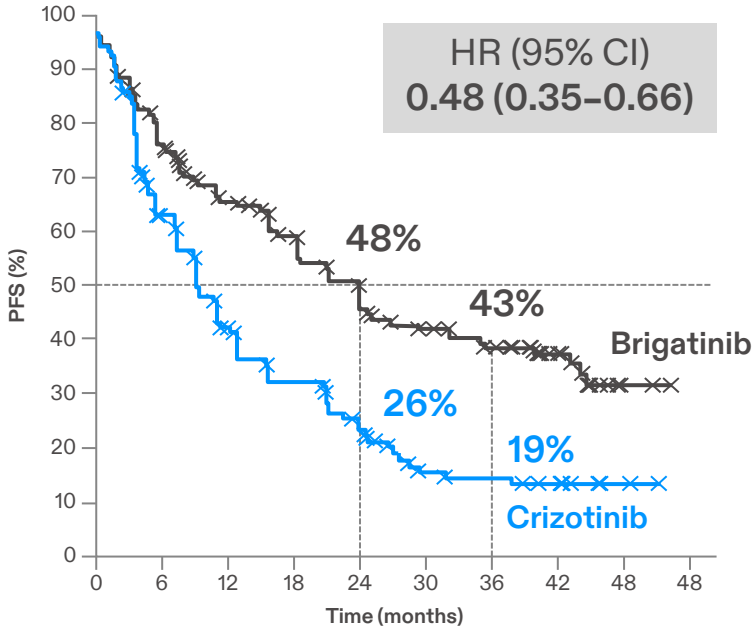
Median duration of follow-up:
alectinib: 37.8 months; **crizotinib:** 23.0 months



No. at risk									
Alectinib	152	113	98	81	79	69	61	39	3
Crizotinib	151	104	65	43	33	19	17	11	NE

ALTA-1L (brigatinib)[2,3]

Median duration of follow-up:
brigatinib: 40.4 months; **crizotinib:** 15.2 months



No. at risk										
Brigatinib	137	97	84	75	59	53	47	30	2	0
Crizotinib	138	79	49	37	26	18	17	8	2	0

No head-to-head trials have been conducted among these medicines. Definitive conclusions cannot be drawn across results from different clinical studies

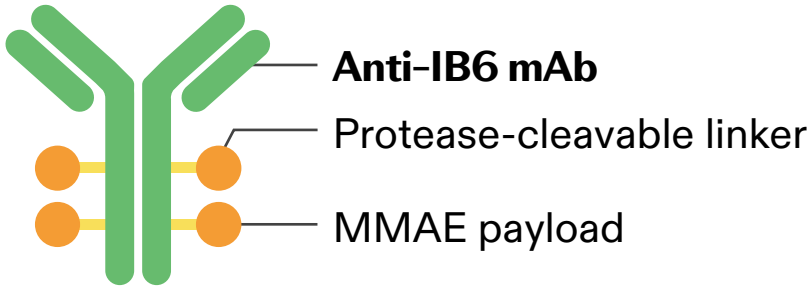
Each product has a risk/benefit profile. See each product's full prescribing information for safety and adverse event information. ALTA-1L and CROWN data are per Independent Review Committee assessment; ALEX data are Investigator-assessed PFS.
ClinicalTrials.gov: NCT03052608.

1. Mok T, et al. *Ann Oncol.* 2020; 2. Camidge DR, et al. *J Clin Oncol.* 2020; 3. Camidge DR, et al. *J Thorac Oncol.* 2021; 4. Solomon BJ, et al. *Lancet Respir Med.* 2023.

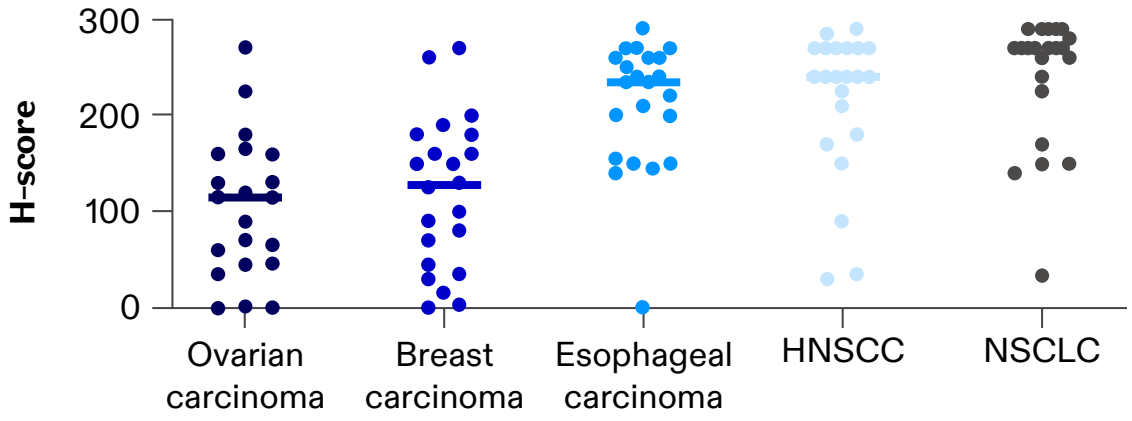
ALK, anaplastic lymphoma kinase; CI, confidence interval; HR, hazard ratio; NE, not evaluable; NSCLC, non-small cell lung cancer; PFS, progression-free survival.

5-Year CROWN Data Will Be Presented at an Upcoming Medical Conference in 2024

Sigvotatug Vedotin (IB6 ADC): First-in-Class Vedotin ADC

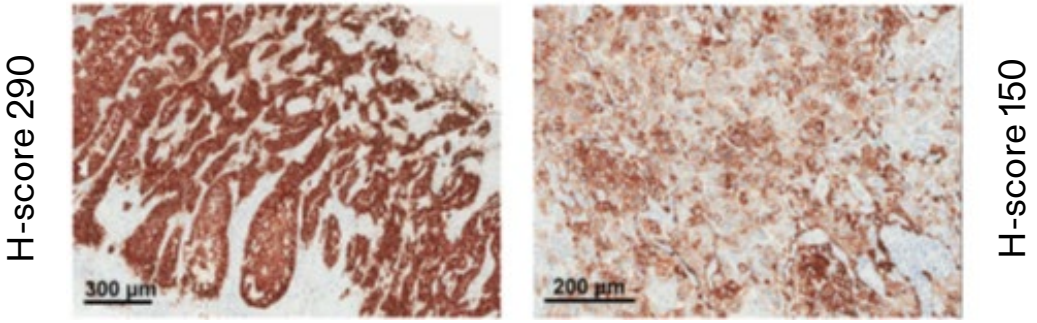


Integrin beta-6 (IB6) expression[1]

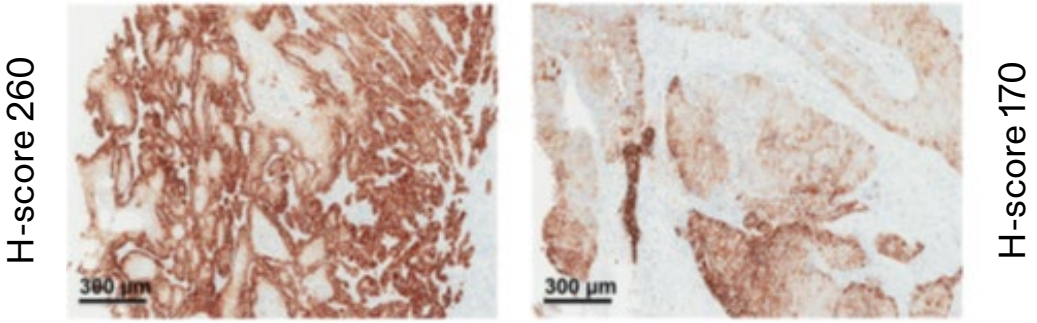


Integrin Beta 6 Immunohistochemistry[1]

NSCLC, adenocarcinoma



NSCLC, squamous cell carcinoma

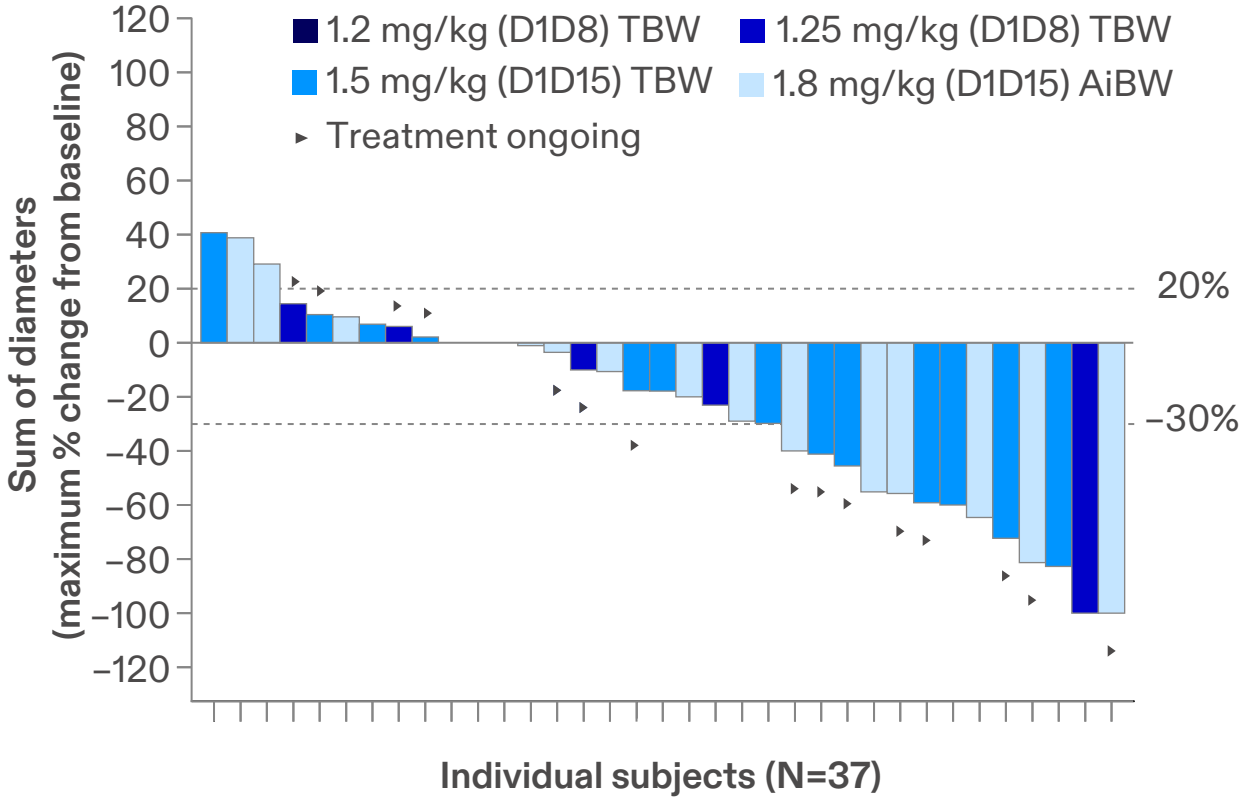


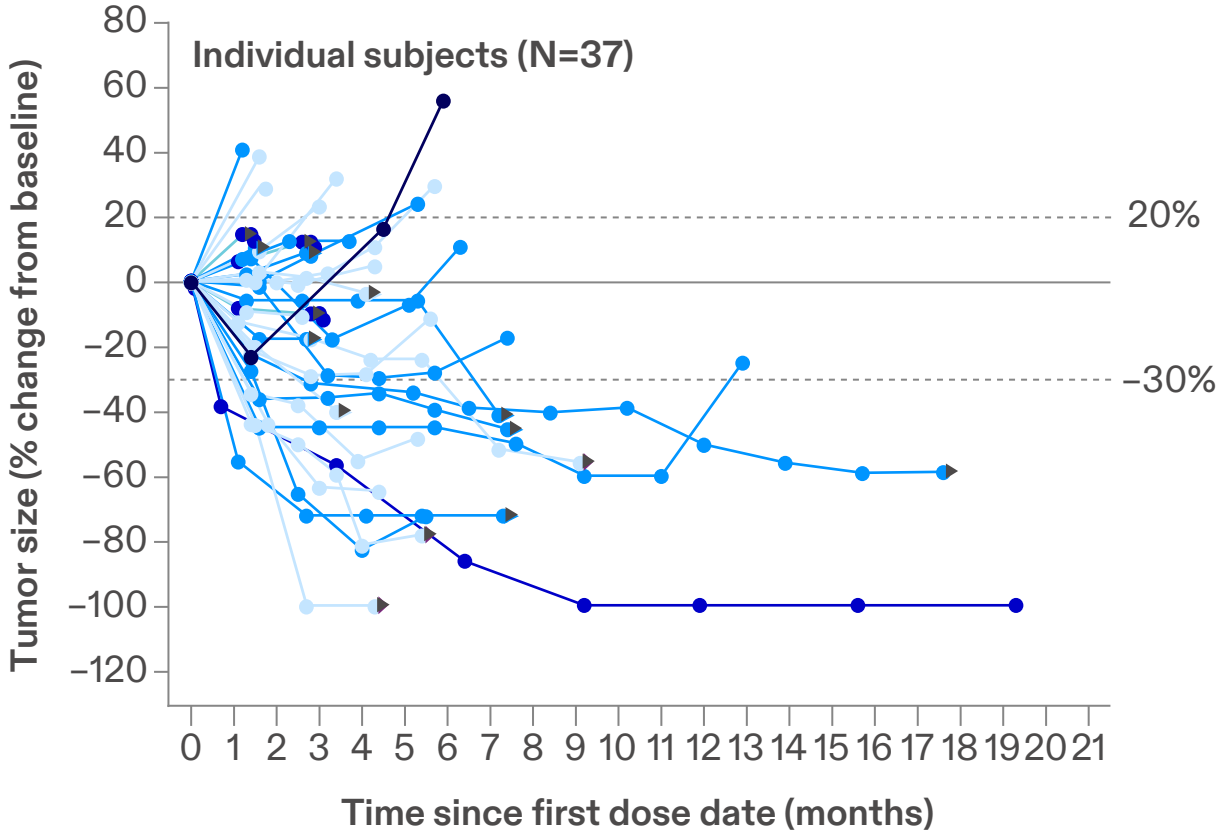
Targets integrin beta-6 (IB6), overexpressed in a range of solid tumors, including NSCLC
Antibody engineered for high target selectivity, limiting binding to other integrins

1. Lyon RP, et al. *Mol Cancer Ther.* 2023.
ADC, antibody–drug conjugate; HNSCC, head and neck squamous cell carcinoma; IB6, integrin beta-6; mAb, monoclonal antibody; MMAE, monomethyl auristatin E; NSCLC, non-small cell lung cancer.

NEW DATA

Sigvotatug Vedotin (IB6 ADC): Encouraging Activity in Non-Squamous NSCLC





ORR at the 1.8 mg/kg AiBW 2Q4W dose: 31.3% (n=16)

FDA and EU health authorities agreed with recommended dose regimen

[1]Data on file. DCO: June 23, 2023.
ClinicalTrial.gov: NCT04389632.
2Q4W, twice every 4 weeks; ADC, antibody–drug conjugate; AiBW, adjusted ideal body weight; EU, European Union; IB6, integrin beta-6; NSCLC, non-small cell lung cancer; ORR, objective response rate; TBW, total body weight.

Sigvotatug Vedotin (IB6 ADC): Pivotal Program Strengthened by Learnings from Evolving Phase 1 Data

B6A-002 Study Design

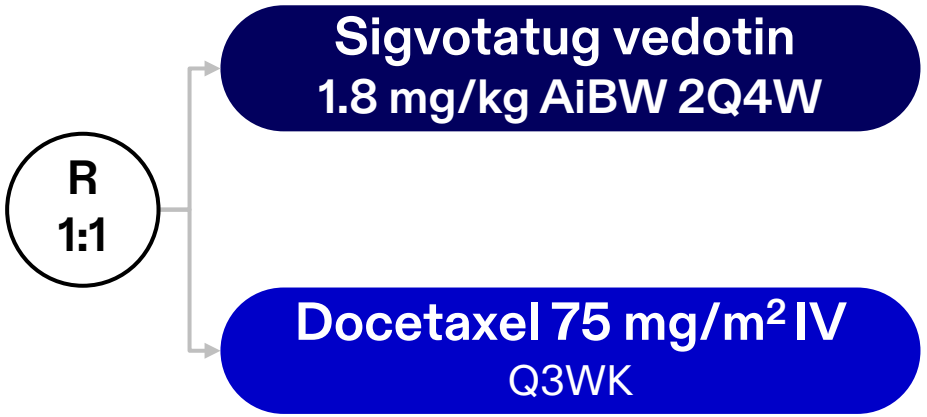
Est. US Epi: ~50K[1]

Eligibility

Locally advanced, unresectable, or metastatic NSCLC

No prior taxane in LA/m setting

Non-squamous histology



Primary endpoint
- ORR by BICR
- OS

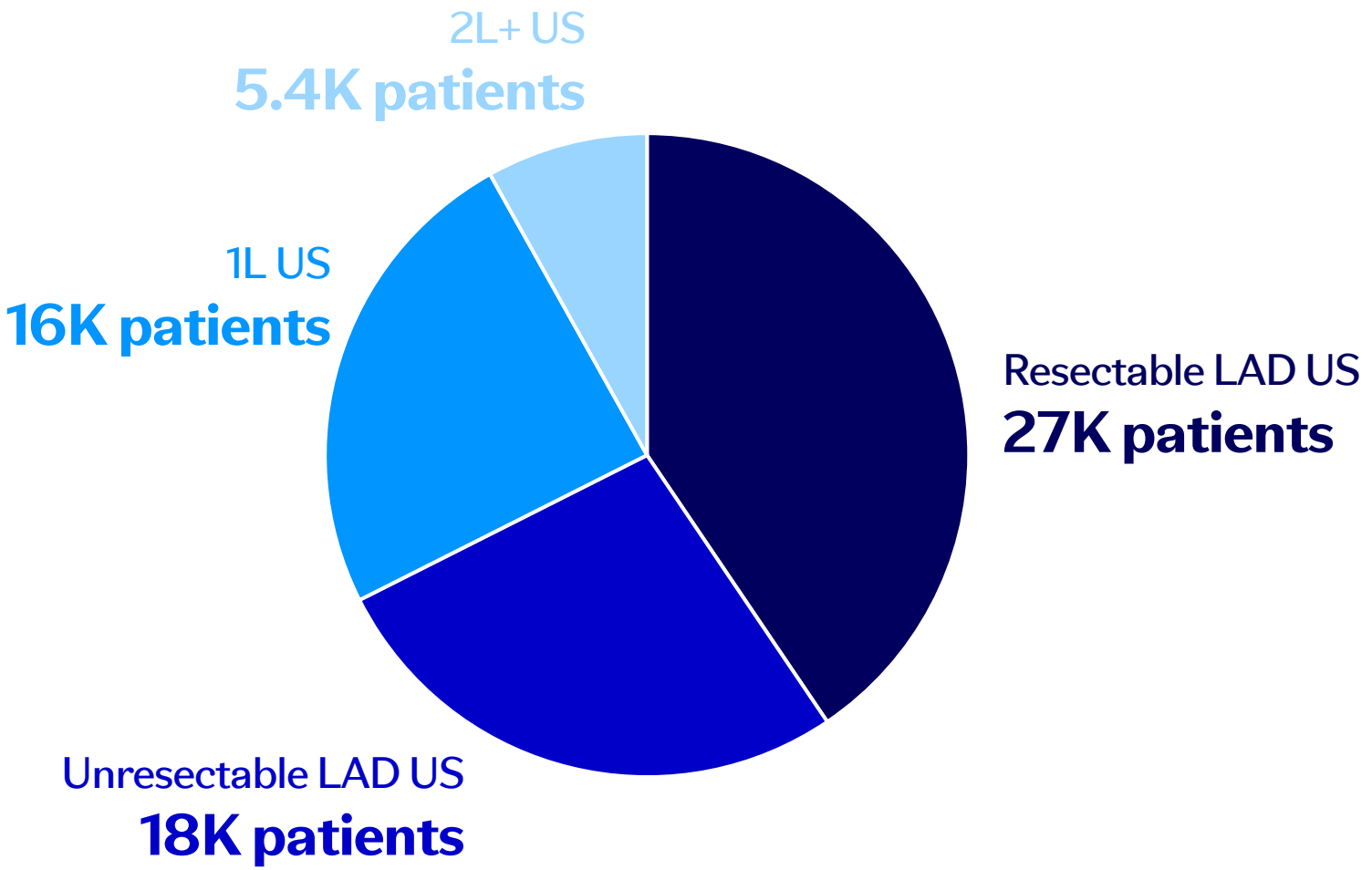
Key secondary endpoint
- PFS by BICR

Global Phase 3 trial enrolling, focused in 2–3L taxane-naïve non-squamous NSCLC

Anticipated readout 2026/2027

ClinicalTrials.gov : NCT06012435.
[1]Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2023).
2Q4W, twice every 4 weeks; AiBW, adjusted ideal body weight; ADC, antibody–drug conjugate; BICR, blinded independent central review; IB6, integrin beta-6; LA/m, locally advanced/metastatic; NSCLC, non-small cell lung cancer; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; Q3WK, once every 3 weeks; R, randomized.

HNSCC: Broad Opportunities to Address Unmet Need Across Patient Segments [1,2]



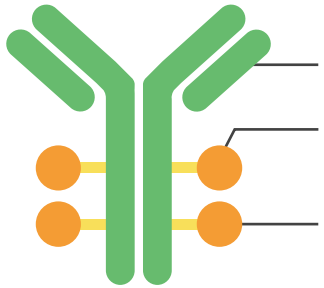
Multiple shots on goal in HNSCC across portfolio

Opportunities across multiple segments including earlier lines of therapy

Potential for clinical synergy with ADC + PD-1 combinations

[1] Pfizer internal analysis; [2] Cancer.net. https://www.cancer.net/cancer-types/head-and-neck-cancer/statistics.
ADC, antibody–drug conjugate; HNSCC, head and neck squamous cell carcinoma; LAD, locally advanced disease; PD-1, programmed cell death protein-1.

PF-08046054 (PD-L1 ADC): First-in-Class PD-L1-Targeting Vedotin ADC



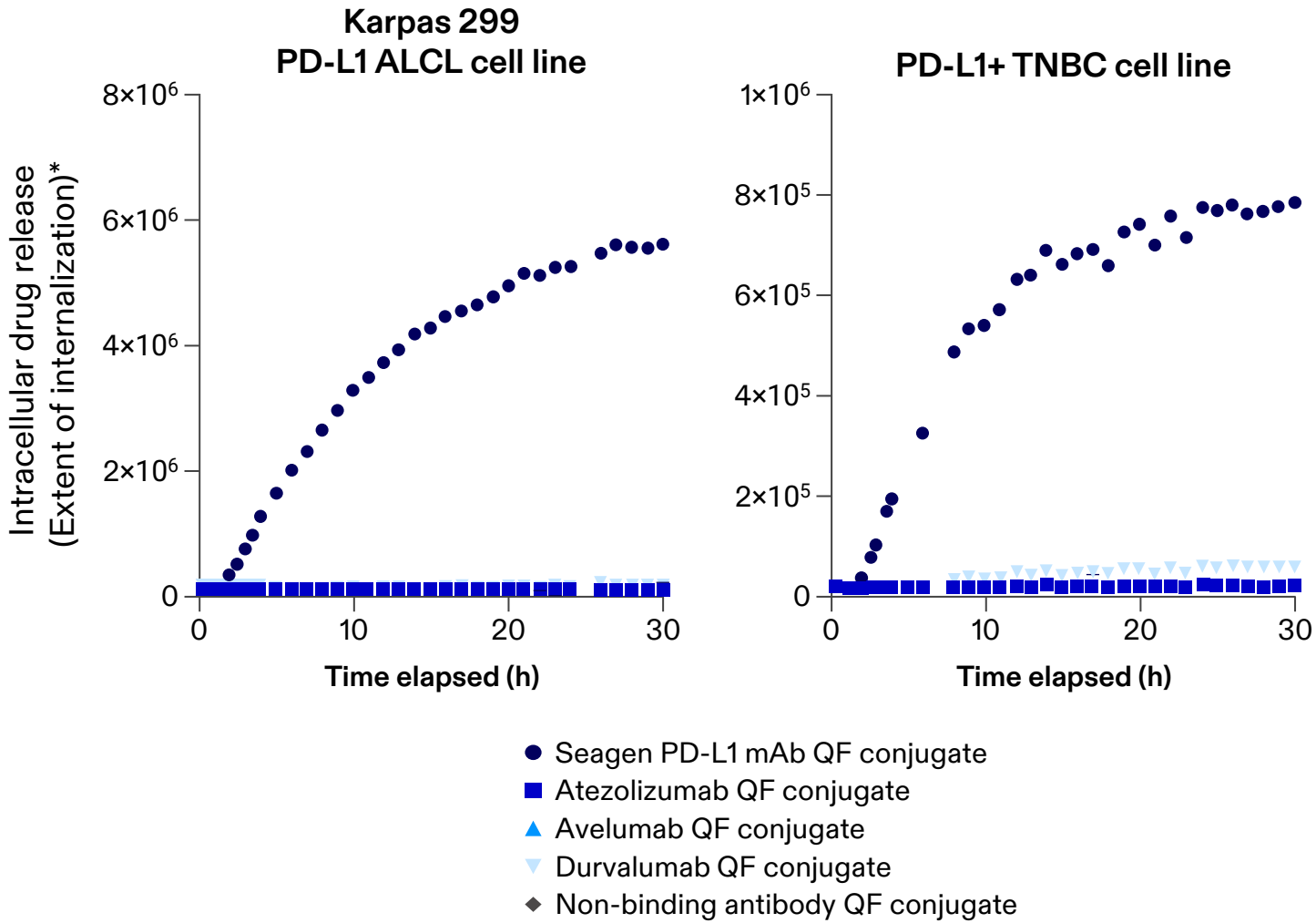
Anti-PD-L1 monoclonal antibody

Protease-cleavable linker

Monomethyl auristatin E (MMAE)

Achieves faster internalization and proteolytic cleavage due to antibody engineering compared to approved PD-L1 monoclonal antibodies[1]

Activity observed in low/heterogeneous PD-L1 expressing preclinical models[1]



* measured as fluorescence upon release of the surrogate fluorophore payload.

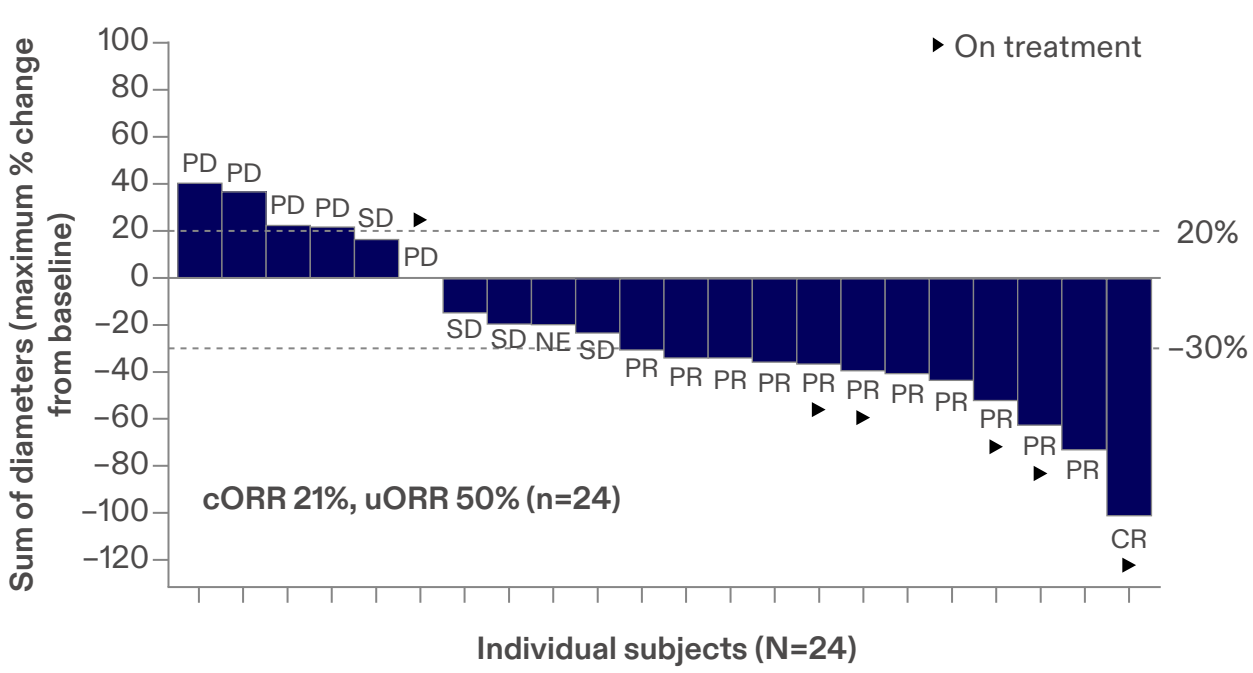
[1] Kwan BH, et al. *J ImmunoTher Cancer,* 2021.

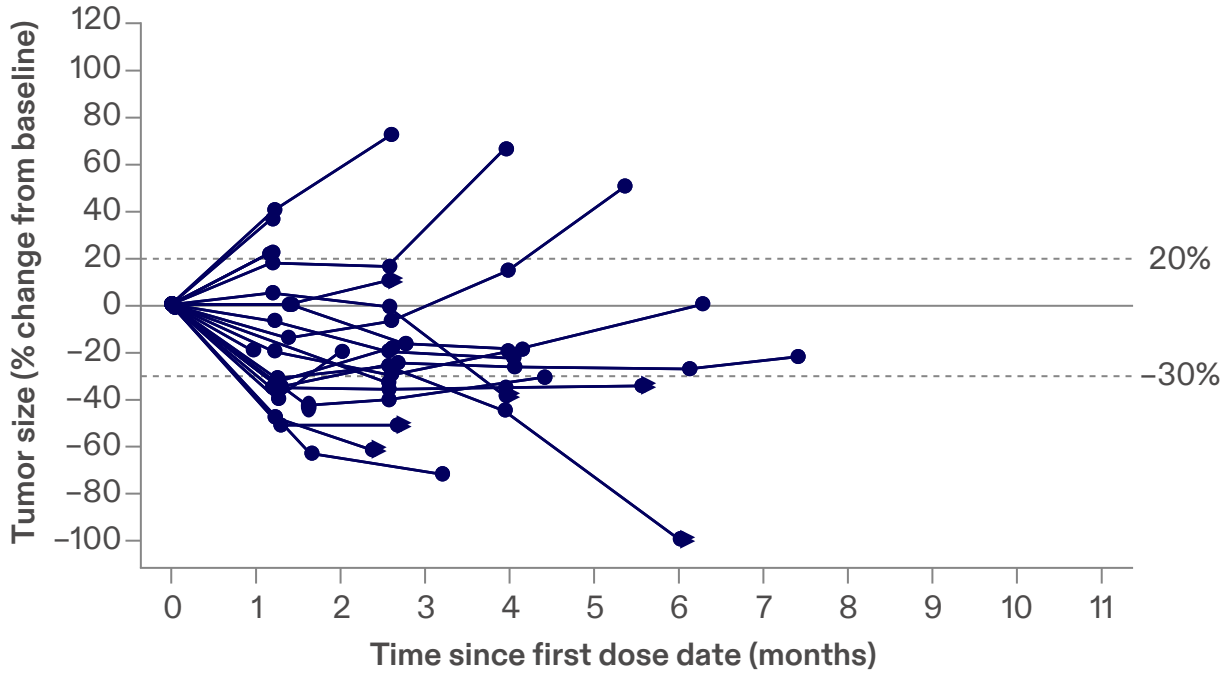
ADC, antibody–drug conjugate; ALCL, anaplastic large cell lymphoma; mAb, monoclonal antibody; MMAE, monomethyl auristatin E; PD-L1, programmed death-ligand 1; TNBC, triple-negative breast cancer.

NEW DATA

PF-08046054 (PD-L1 ADC): Compelling Preliminary Efficacy in Patients With PD-L1+ HNSCC

HNSCC subjects in dose escalation ≥1.25 mg/kg[1]



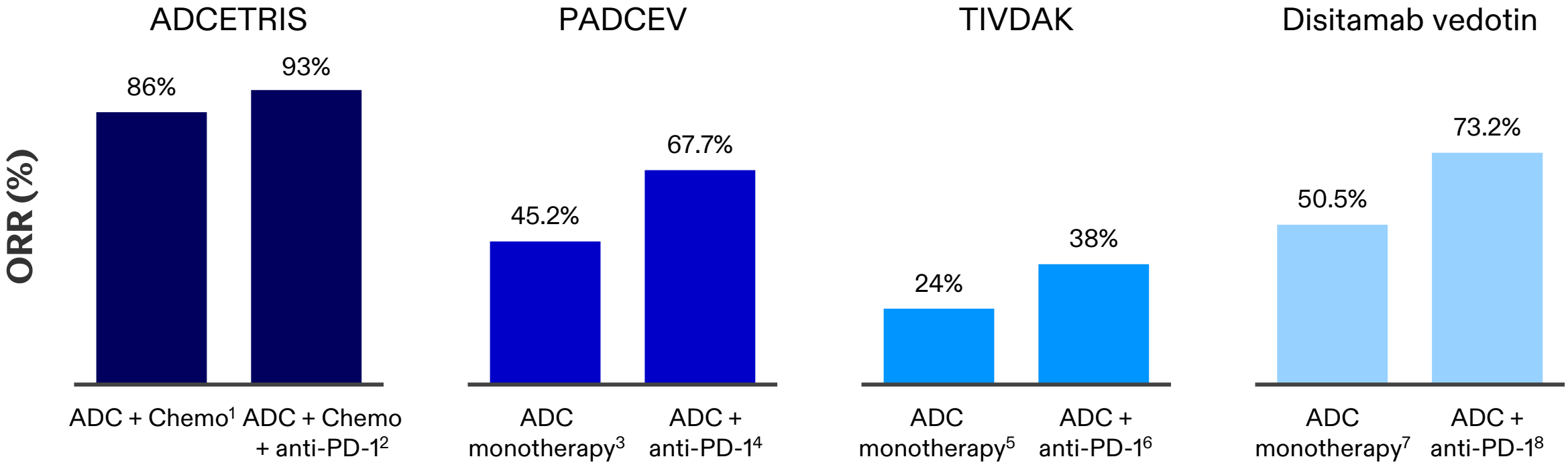


Additional data, including in other PD-L1+ tumors to be presented at a medical conference in 2H24, will inform next steps in development

PD-1 combo cohort included in Phase 1 trial

ClinicalTrials.gov : NCT05208762.
[1]Data on file.
ADC, antibody–drug conjugate; cORR, confirmed objective response rate; CR, complete response; HNSCC, head and neck squamous cell carcinoma; NE, not evaluable; PD, progressive disease; PD-1, programmed cell death protein-1; PD-L1, programmed death-ligand 1; PR, partial response; SD, stable disease; uORR, unconfirmed objective response rate.

Vedotin ADCs Demonstrate Potential Clinical Synergy with Anti-PD-1, Driving Development into Earlier Lines of Therapy for Sigvotatug Vedotin and PD-L1 ADC



Vedotin ADCs combinable with immune checkpoint inhibitors

Enhanced clinical benefit has been seen across multiple combination studies

Frontline anti-PD-1 combo cohort ongoing with sigvotatug vedotin and planned with PD-L1 ADC

1. Connors JM, et al. *N Engl J Med*. 2018; 2. Lee, et al. ASH 2023; 3. Rosenberg, et al. ESMO 2022; 4. Powles, et al. ESMO 2023; 5. Coleman, et al. ESMO 2020; 6. Vergote, et al. ESMO 2021; 7. Sheng, et al. ASCO 2022; 8. Sheng, et al, ASCO 2023.

AD, doxorubicin and dacarbazine; ADC, antibody–drug conjugate; AVD, doxorubicin, vinblastine, and dacarbazine; cHL, classical Hodgkin lymphoma; cis, cisplatin; DV, disitamab vedotin; HER2, human epidermal growth factor receptor 2; mCC, metastatic cervical cancer; mUC, metastatic urothelial cancer; ORR, objective response rate; PD-1, programmed cell death protein-1; PD-L1, programmed death-ligand 1.

Thoracic Cancer

Key near-term catalysts
(anticipated through 1H 2025)

Phase 3 start

Sigvotatug vedotin
2L-3L NSCLC

5-year PFS/OS

LORBRENA
CROWN
5-year PFS/OS

Data-driven opportunities

PD-L1 ADC
PD-L1 expressing tumors

Key longer-term catalysts
(anticipated 2H 2025 and beyond)

Phase 3 start

Sigvotatug vedotin*
1L NSCLC

Phase 3 readouts

Sigvotatug vedotin
2L-3L NSCLC

Sigvotatug vedotin*
1L NSCLC

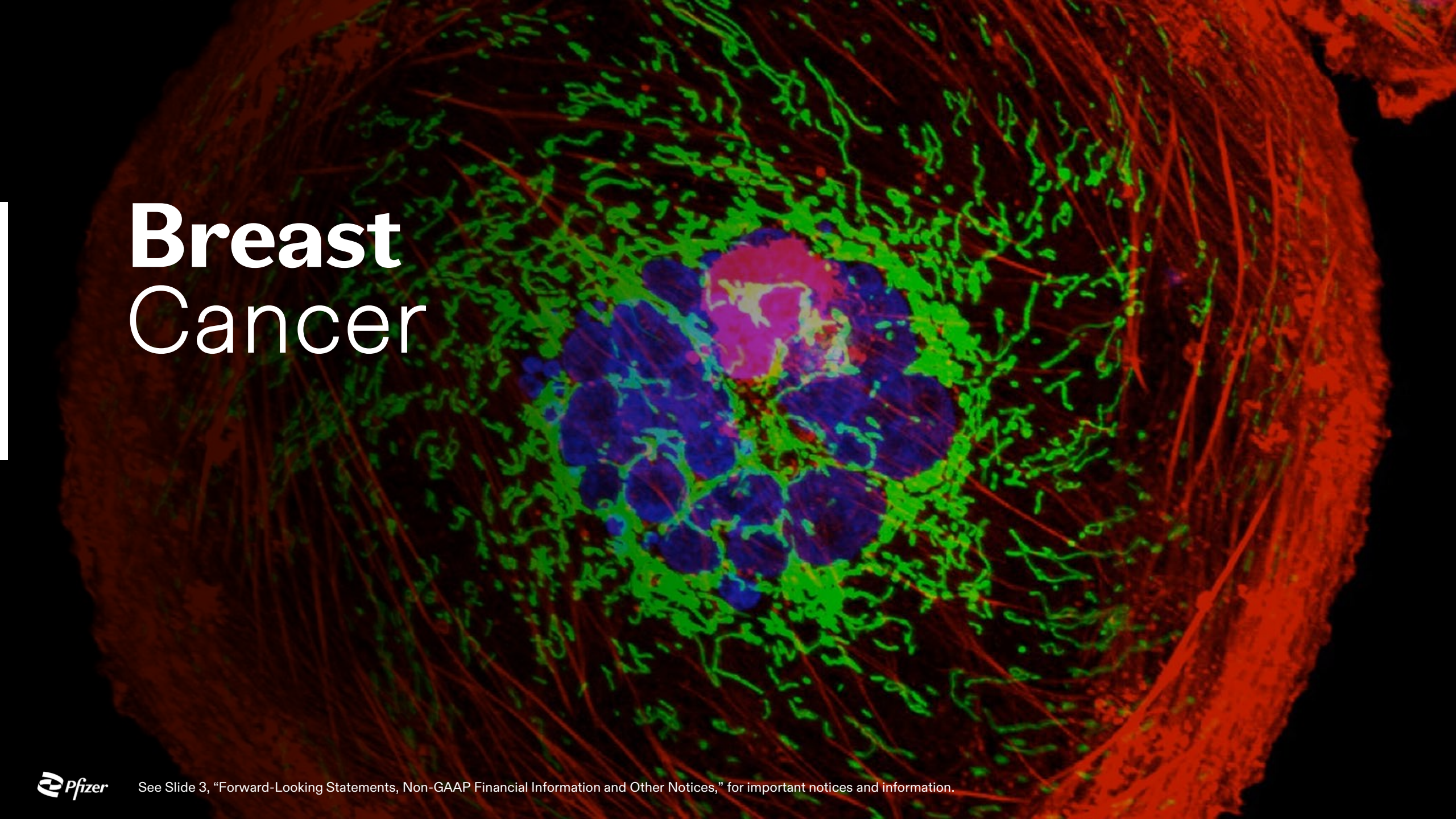
*Trial in planning.
Studies are event driven, and timelines are subject to change.
ADC, antibody–drug conjugate; HNSCC, head and neck squamous cell carcinoma; NSCLC, non-small cell lung cancer; OS, overall survival; PD-L1, programmed death-ligand 1; PFS, progression-free survival.

Oncology Innovation Day

Q&A

02.29.2024

Breast Cancer

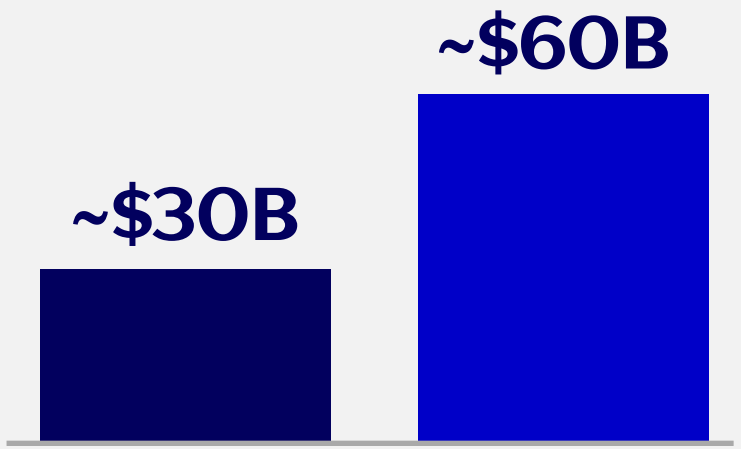


Despite Treatment Advancements, Breast Cancer Remains a Leading Cause of Death

~330K
Estimated new US cases in 2023[1]

~44K
Estimated US deaths in 2023[2]

Desire for therapies with enhanced **efficacy** and improved **tolerability**



[1]Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2023); [2]SEER, [3]Clarivate (DRG) Market Forecast (2023).

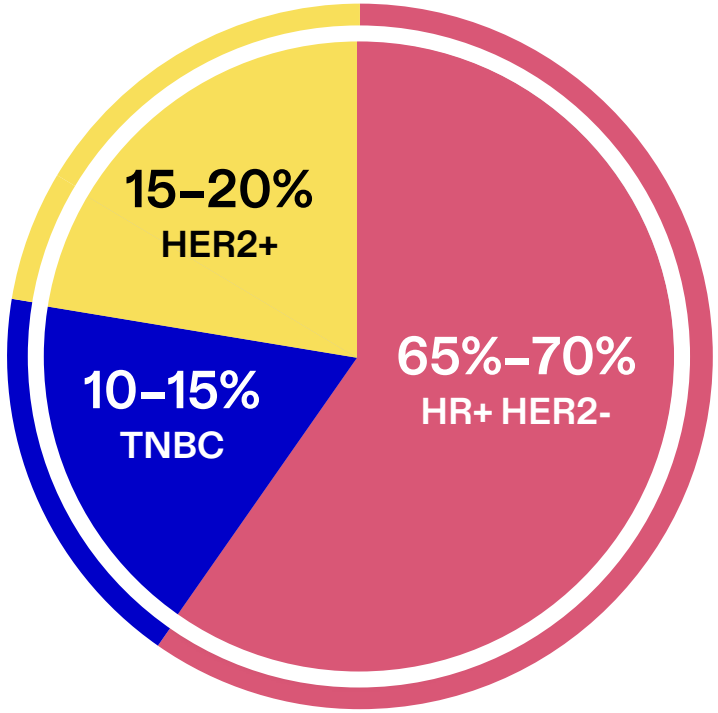
Expanding Our Portfolio in **Breast Cancer**

Roger Dansey
Chief Development Officer

Innovating With First-in-Class Molecules Targeting Novel Mechanisms

Agenda Topics

Breast Cancer: Collection of Multiple Diseases[1]



Small Molecules

Clinical Stage

- Atirmociclib (PF-07220060) (CDK4 inhibitor)
- Vepdegestrant (PROTAC® ER Degrader)
- PF-07104091 (CDK2 inhibitor)
- PF-07248144 (KAT6 inhibitor)

Medicines

- IBRANCE® palbociclib
- TUKYSA® tucatinib 50 mg | 150 mg tablets

Antibody-Drug Conjugates (ADCs)

Clinical Stage

- Disitamab vedotin (HER2)
- Felmetatug vedotin (B7H4 ADC)

IBRANCE is also currently being evaluated by a cooperative group in the HR+/HER2+ frontline metastatic setting.

[1]American Cancer Society Breast Cancer Facts & Figures, 2022–2024; Patients within subtypes further categorized based on oncogenic mutations (e.g., BRCA, PIK3CA).

ADC, antibody–drug conjugate; CDK2, cyclin-dependent kinase 2; CDK4, cyclin-dependent kinase 4; HER2, human epidermal growth factor receptor 2; HER2+, HER2-positive; HER2–, HER2-negative; HR+, hormone receptor-positive; KAT6, lysine acetyltransferase 6; PROTAC, proteolysis targeting chimera; TNBC, triple-negative breast cancer.

Advancing Next-Generation Therapies for HR+ Breast Cancer

Atirmociclib

Establish as next-generation cell cycle inhibitor backbone

Vepdegestrant

Establish as next-generation endocrine therapy backbone

Comprehensive development program spanning treatment continuum underway

Post-CDK4/6i mBC

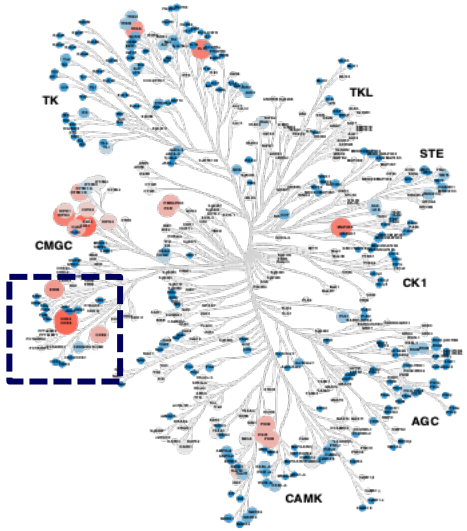
Front line mBC

Early BC

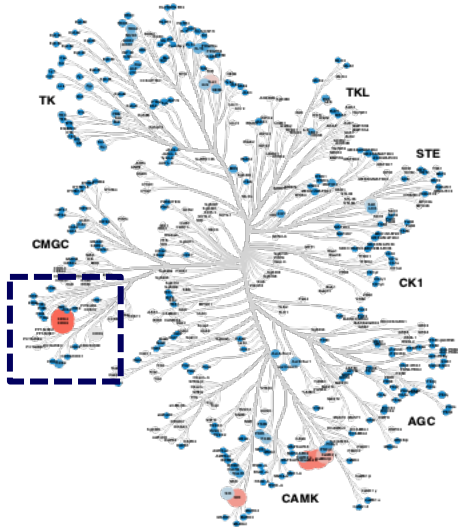
Global collaboration with Arvinas to develop and commercialize Vepdegestrant.
Adj, adjuvant; CDK4/6i, cyclin dependent kinase 4/6 inhibitor; eBC, early (non-metastatic) breast cancer; HR+, hormone receptor-positive; mBC, metastatic breast cancer.

Atirmociclib: A Potential Best-in-Class, Highly Selective CDK4 Inhibitor

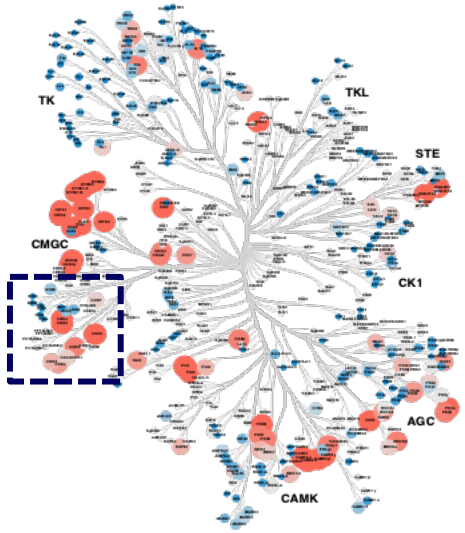
Palbociclib



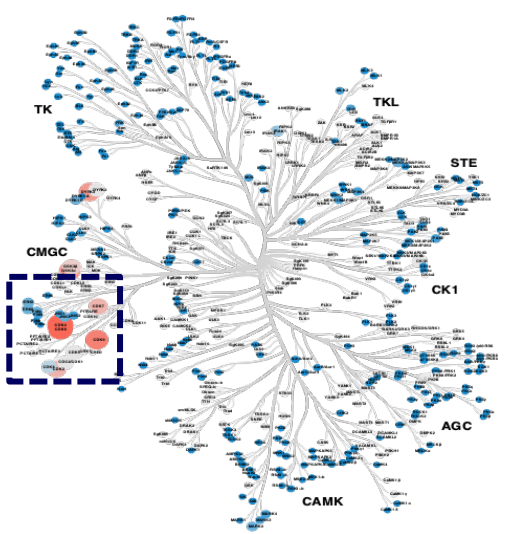
Ribociclib



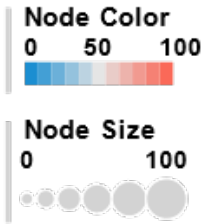
Abemaciclib



Atirmociclib



Kinase (Ki, nM)	Palbociclib	Ribociclib	Abemaciclib	Atirmociclib
CDK4	1.4	6.0	0.3	0.7
CDK6	2.2	26	4.3	23
CDK4 selectivity (CDK4:CDK6)	1.5 Fold	4 Fold	14 Fold	**33 Fold**



Not intended to compare efficacy or safety across these molecules

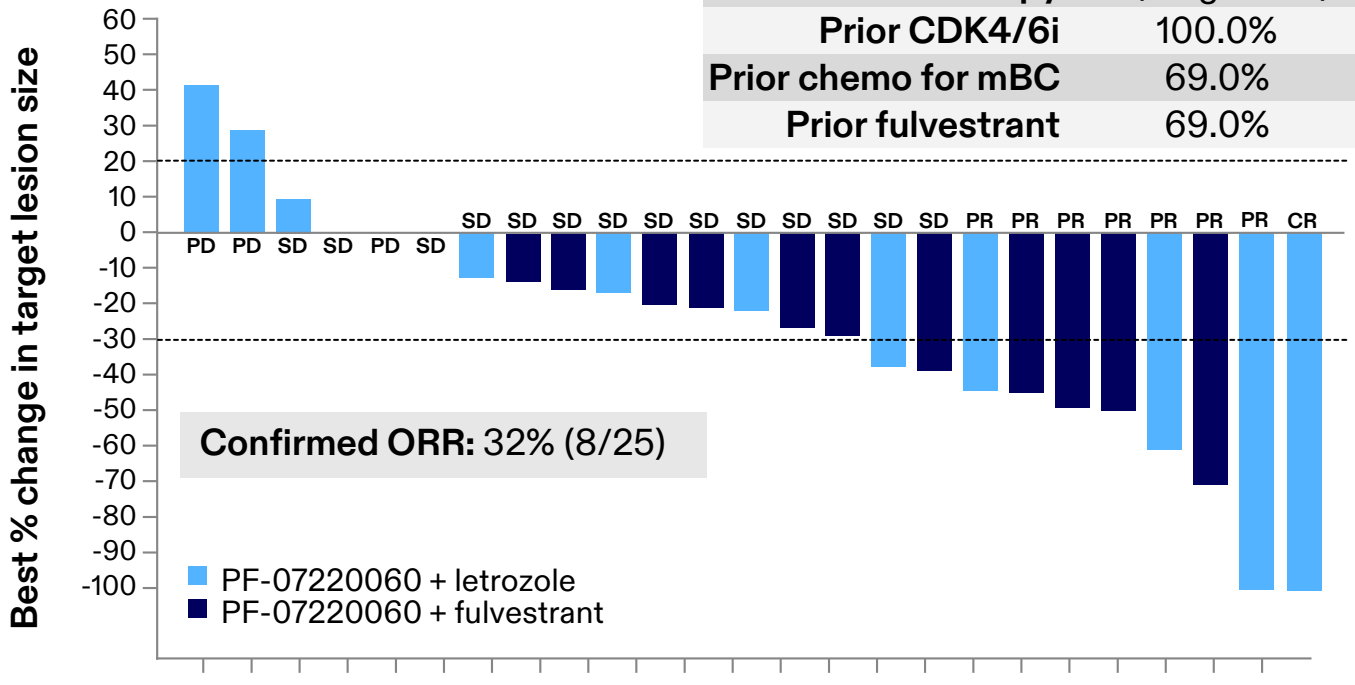
Data on file. Nodes on the kinome trees indicate specific kinases tested in biochemical assays. Recombinant kinases (270+) in activity assays were performed by Carna Biosciences at 1 uM of the indicated compound. At the tested concentration, the atirmociclib tree shows almost exclusive inhibition of CDK4 and CDK6 with few other kinases inhibited.
CDK4, cyclin-dependent kinase 4; CDK6, cyclin-dependent kinase 6.

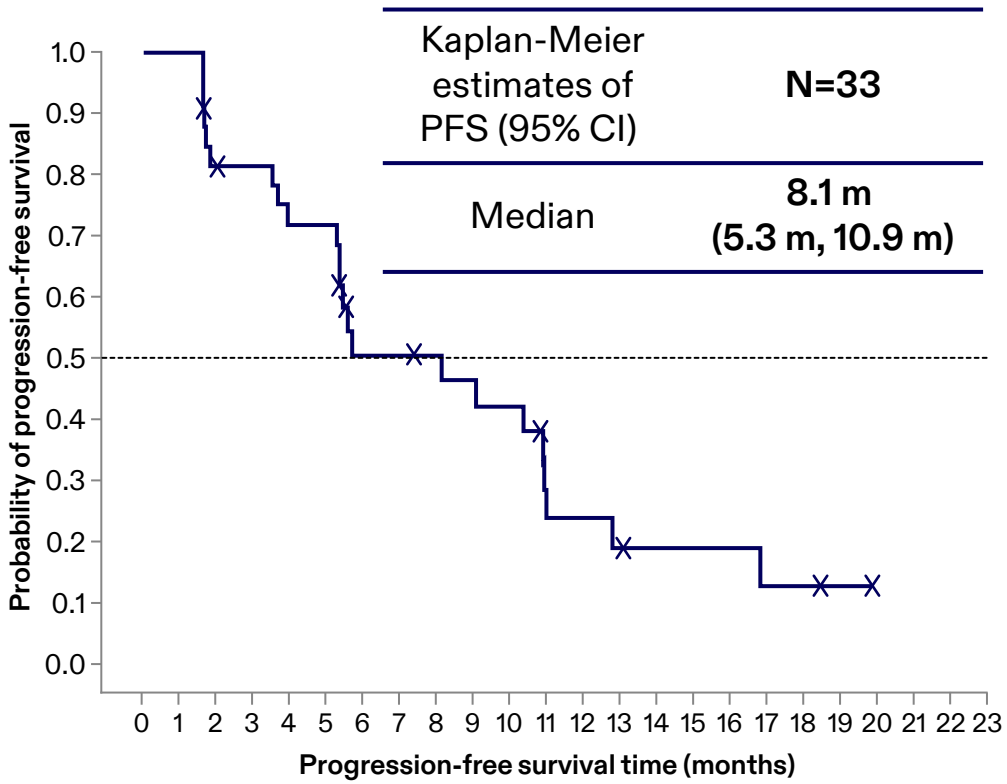
UPDATED DATA

Atirmociclib: Encouraging Efficacy in Heavily Pre-Treated Patients

CDK4i + AI Phase 1 Trial[1]

Prior lines of therapy	4 (range: 1–11)
Prior CDK4/6i	100.0%
Prior chemo for mBC	69.0%
Prior fulvestrant	69.0%





Available therapies in this setting: ORR <10%, mPFS 3.8 months[2]

ClinicalTrials.gov: NCT04557449.
[1]Data on file source: Ph1 study C4391001, database as of 01 NOV 23.; [2]EMERALD study (*J Clin Oncol* 2022 Oct 1;40(28):3246-3256).
AI, aromatase inhibitor; CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; CI, confidence interval; mBC, metastatic breast cancer; mPFS, median progression-free survival; ORR, objective response rate; PFS, progression-free survival.

Atirmociclib: Potentially Differentiated Safety and Tolerability Profile

May Enable More Complete and Continuous Dosing Relative to CDK4/6 Inhibitors

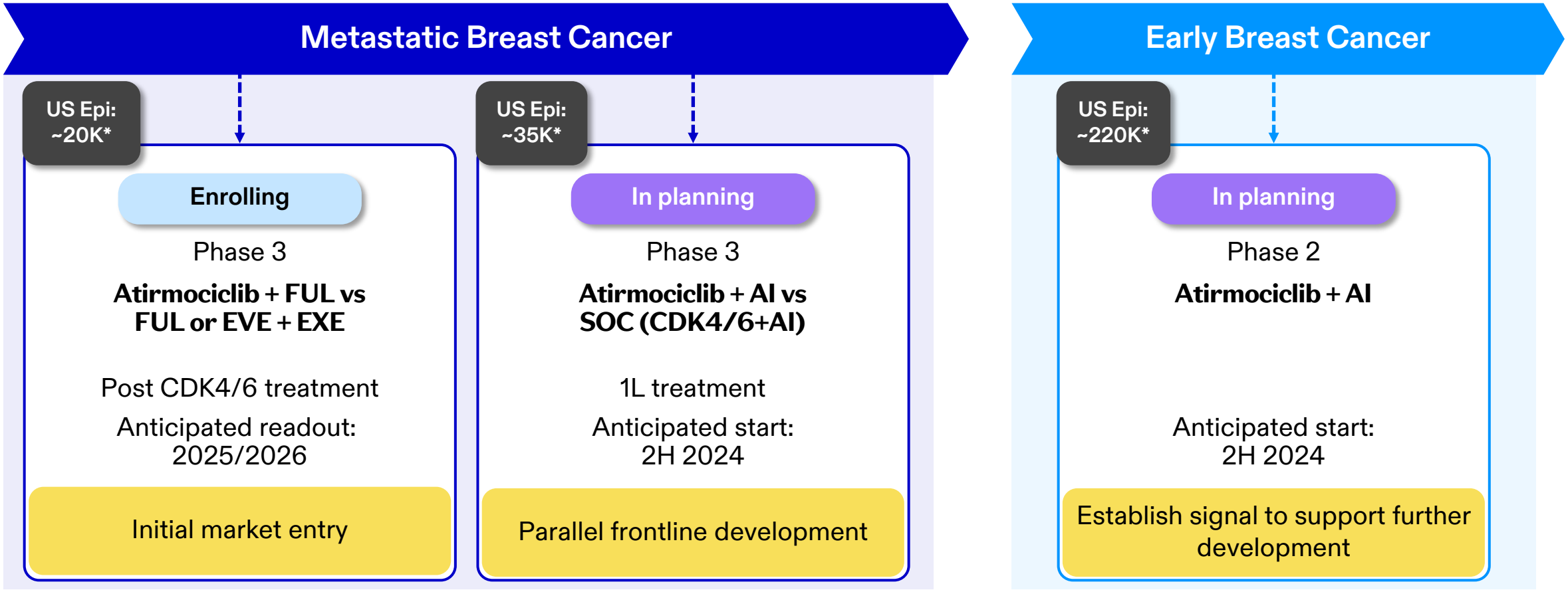
Treatment-Related AEs	Atirmociclib + FUL[1] (N=36)		Palbociclib + FUL[2,3,4] (N=345)		Ribociclib + FUL[5,6] (N=483)		Abemaciclib + FUL[7,8] (N=446)	
	All Grades %	Grade ≥3 %	All Grades %	Grade ≥3 %	All Grades %	Grade ≥3 %	All Grades %	Grade ≥3 %
Neutropenia	36	11	83	66	69	53	46	27
Diarrhea	19	0	24	0	29	<1	86	13
Dose reductions due to AE	8		34		33		43	
Drug discontinuation due to AE	3		4		9		16	

No head-to-head trials have been conducted among these medicines. Definitive conclusions cannot be drawn across results from different clinical studies.

[1]Data on file (Ph1 study C4391001, database as of 01 NOV 23.). Pfizer Inc., New York, NY. [2]Turner NC, et al. SABCS 2016. [3]IBRANCE [prescribing information]. New York, NY: Pfizer Inc.; 2023. [4]Cristofanili M, et al. *Lancet Oncol.* 2016. [5]Slamon DJ, et al. *J Clin Oncol.* 2018. [6]KISQALI [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; 2023. [7]Sledge GW, et al. *J Clin Oncol*. 2017. [8]VERZENIO [prescribing information]. Indianapolis, IN: Lilly USA, LLC; 2023.

AE, adverse event; CDK4/6, cyclin dependent kinase 4/6; FUL, fulvestrant.

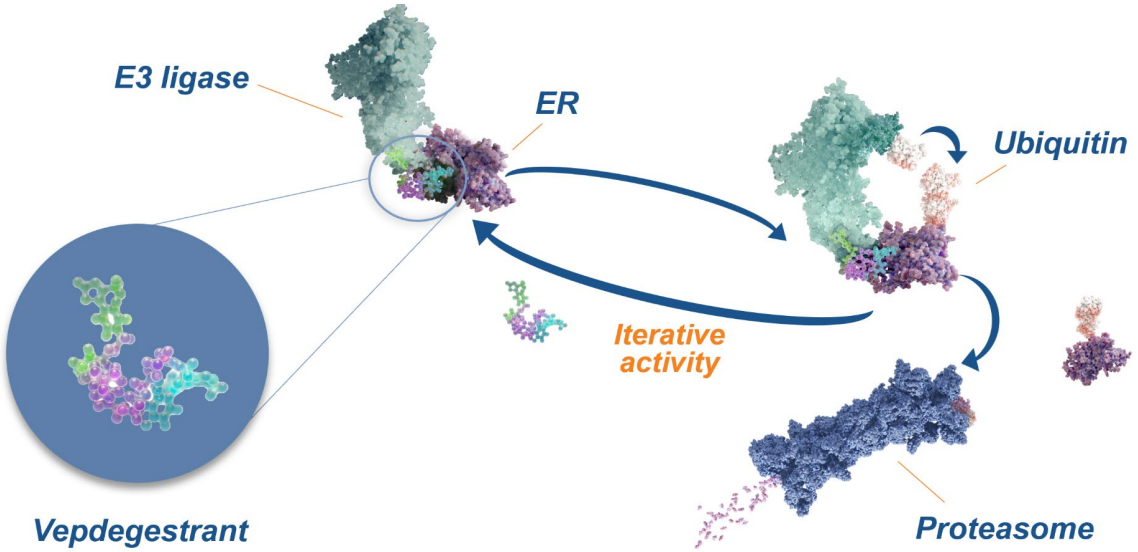
Developing Atirmociclib Across Early and Late HR+ Treatment Settings



ClinicalTrials.gov: NCT06105632.
*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2023). Early breast cancer patient sizing to be refined based on final CDP strategy.
AI, aromatase inhibitor; CDK4/6, cyclin dependent kinase 4/6; EVE, everolimus; EXE, exemestane; FUL, fulvestrant; SOC, standard of care.

Vepdegestrant: First PROTAC® ER-Degrader in Clinical Development

Mechanism of Action of Vepdegestrant[1]



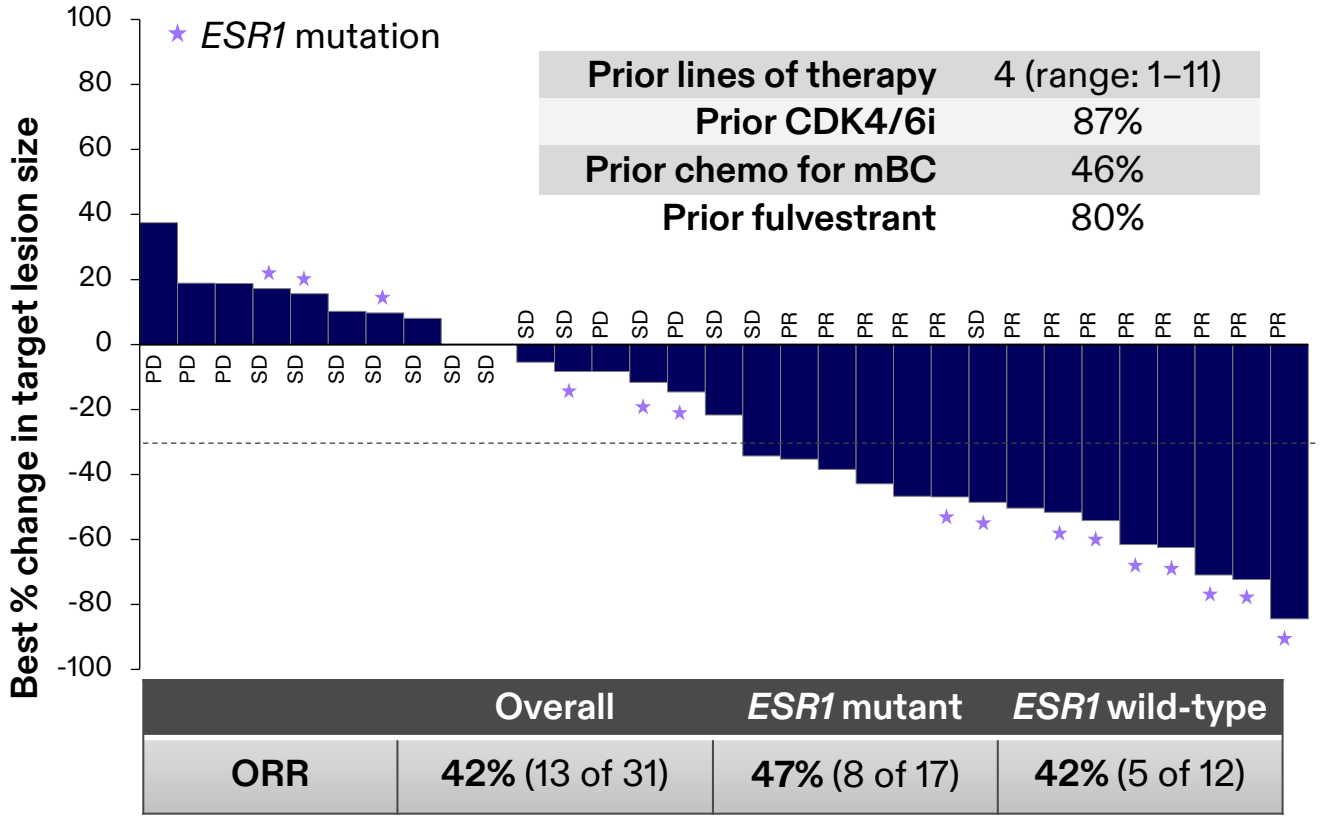
Vepdegestrant degrades wild-type and *ESR1*-mutant ER to directly inhibit signaling pathways

Consistent and compelling monotherapy data in heavily pre-treated patients, with favorable safety profile

[1]San Antonio Breast Cancer Symposium December 6, 2023 - IR presentation.
ER, estrogen receptor; *ESR1*, estrogen receptor 1 gene; HER2, human epidermal growth factor 2; PROTAC, proteolysis targeting chimera.

Vepdegestrant + IBRANCE: Compelling Antitumor Activity in Heavily Pre-Treated Patients

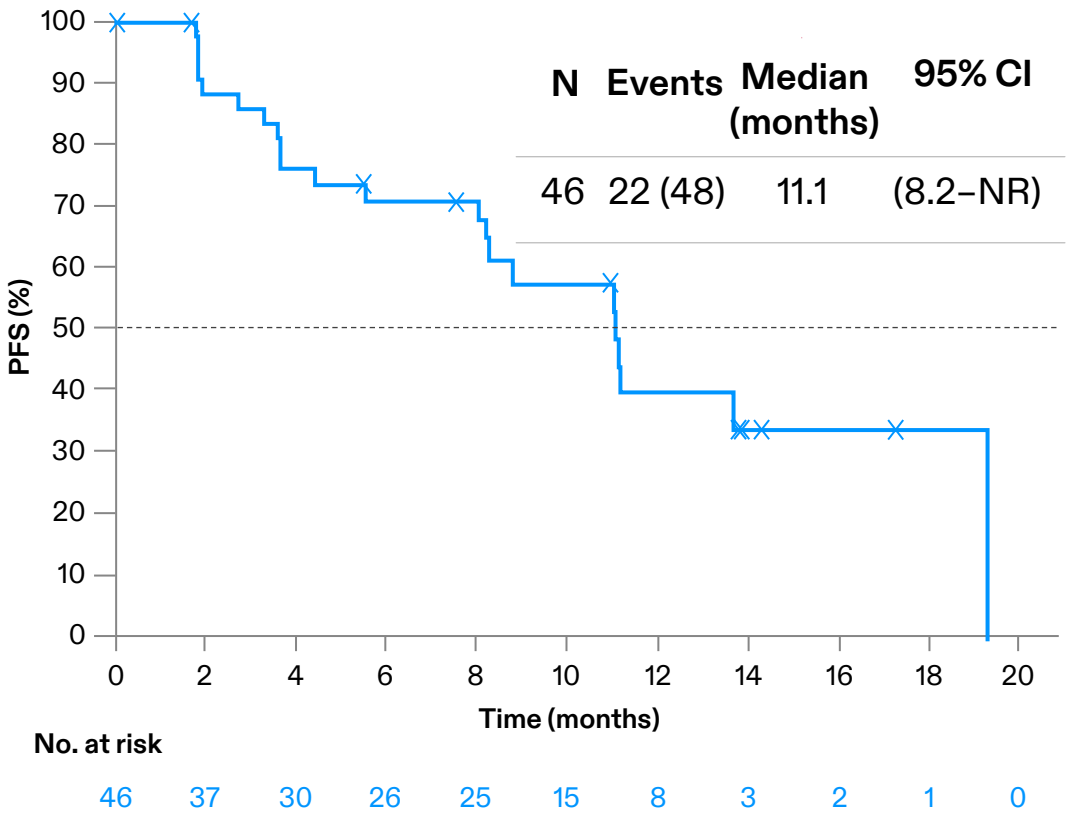
Vepdegestrant + IBRANCE Phase 1b Trial



Prior lines of therapy	4 (range: 1–11)
Prior CDK4/6i	87%
Prior chemo for mBC	46%
Prior fulvestrant	80%

	Overall	*ESR1* mutant	*ESR1* wild-type
ORR	**42%** (13 of 31)	**47%** (8 of 17)	**42%** (5 of 12)

Preliminary Analysis of PFS in all Patients



N	Events	Median (months)	95% CI
46	22 (48)	11.1	(8.2–NR)

Available therapies in this setting: ORR <10%, mPFS 3.8 months[1]

Two patients had an unknown ESR1 status and both were non-responders.
ClinicalTrials.gov: NCT04072952. [1]EMERALD study (Bidard FC, et al. *J Clin Oncol* 2022).
CDK4/6i, cyclin dependent kinase 4/6 inhibitor; CI, confidence interval; *ESR1*, estrogen receptor 1 gene; mBC, metastatic breast cancer; mPFS, median progression-free survival; ORR, objective response rate; PFS, progression-free survival.

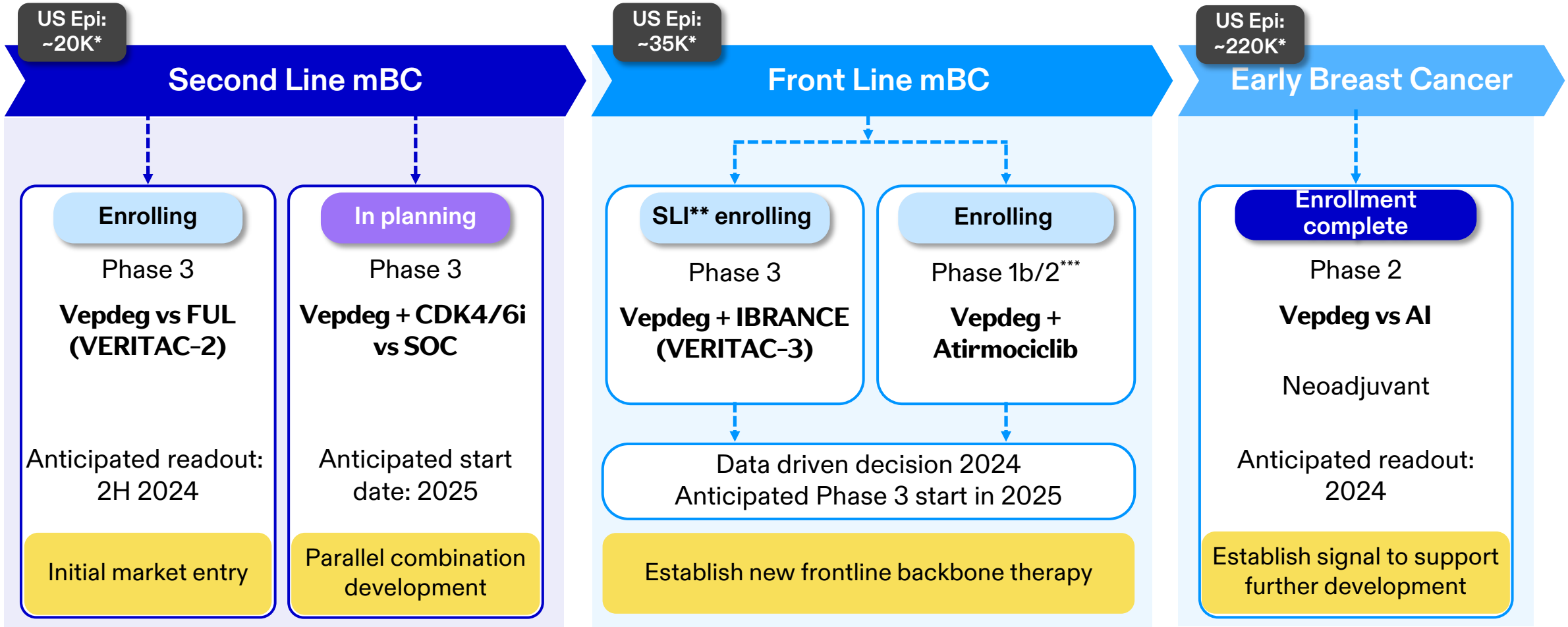
Vepdegestrant + IBRANCE: Manageable Safety and Tolerability, Dose Optimization for the Combination Ongoing

Most Common TRAEs related to either Vepdegestrant or IBRANCE[1]			
n (%)	Total (N=46)[a]		
	Any grade	Grade 3	Grade 4
Neutropenia	46 (100)	22 (48)	19 (41)
Fatigue	28 (61)	2 (4)	0
Decreased platelet count	23 (50)	4 (9)	1 (2)
Anemia	16 (35)	3 (7)	0

- Neutropenia managed with standard IBRANCE dose reductions
  - No febrile neutropenia
  - 3 of 46 patients discontinued IBRANCE due to neutropenia
- Dose-reduced IBRANCE associated with durable responses and long duration of treatment
- Safety profile consistent across all doses of vepdegestrant

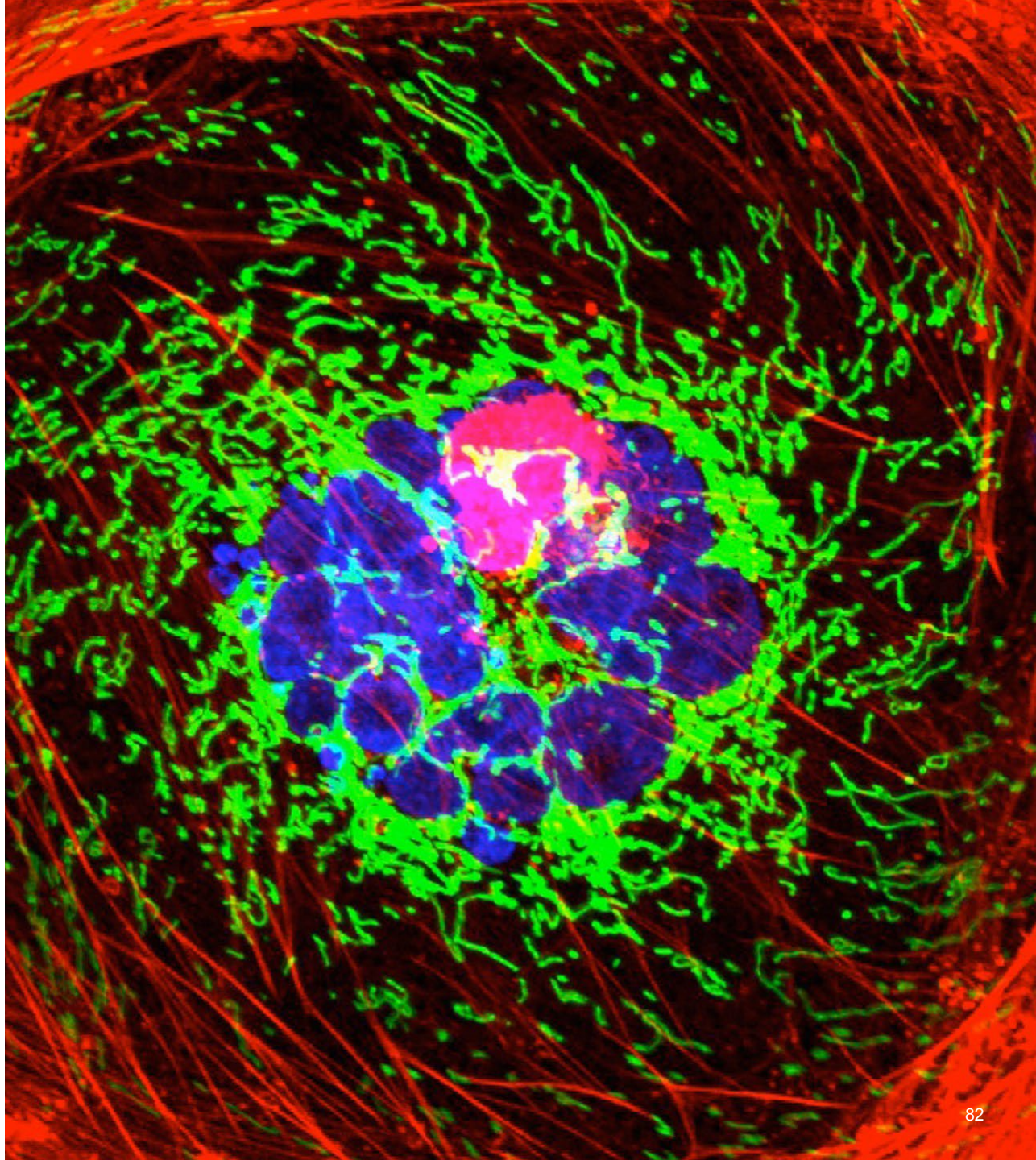
[a]Includes 2 patients who received vepdegestrant 180 mg QD and 3 patients who received vepdegestrant 400 mg QD.
[1]San Antonio Breast Cancer Symposium December 6, 2023 - IR presentation.
ClinicalTrials.gov: NCT04072952.
NA, not applicable; QD, once daily; TRAE, treatment-related adverse event; WBC, white blood cell.

Developing Vepdegestrant as a Backbone ER-Targeting Therapy

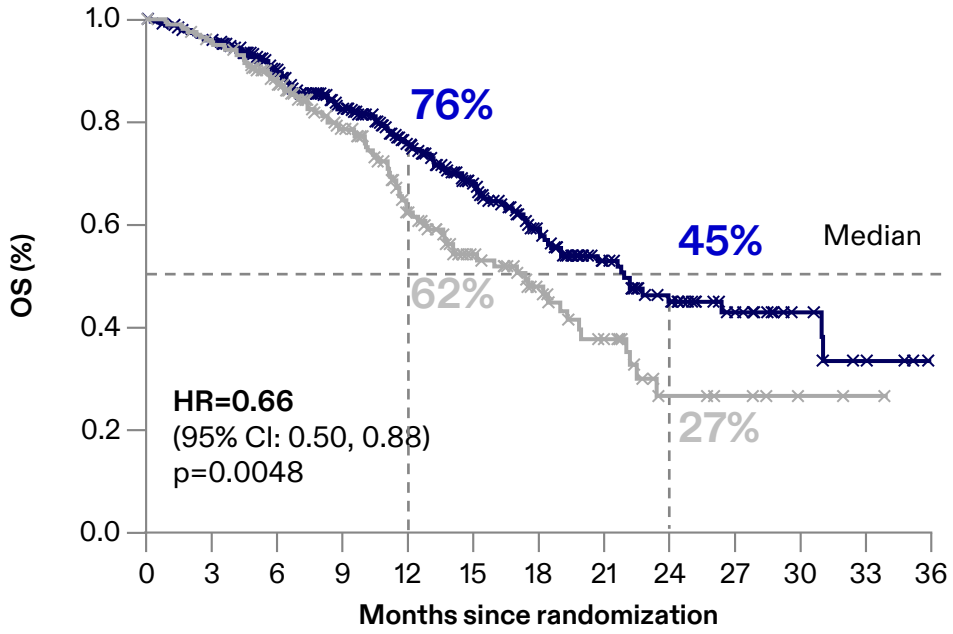


*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2023); **Study lead-in; ***enrolling 2L+ MBC patients to support tolerability & dose selection.
ClinicalTrials.gov : NCT05654623; NCT05909397; NCT06206837; NCT05549505.
AI, aromatase inhibitor; CDK4/6i, cyclin dependent kinase 4/6 inhibitor; ER, estrogen receptor; FUL, fulvestrant; mBC, metastatic breast cancer; SOC, standard of care; vepdeg, vepdegestrant.

TUKYSA:
Best-in-Class TKI for HER2+ Breast Cancer

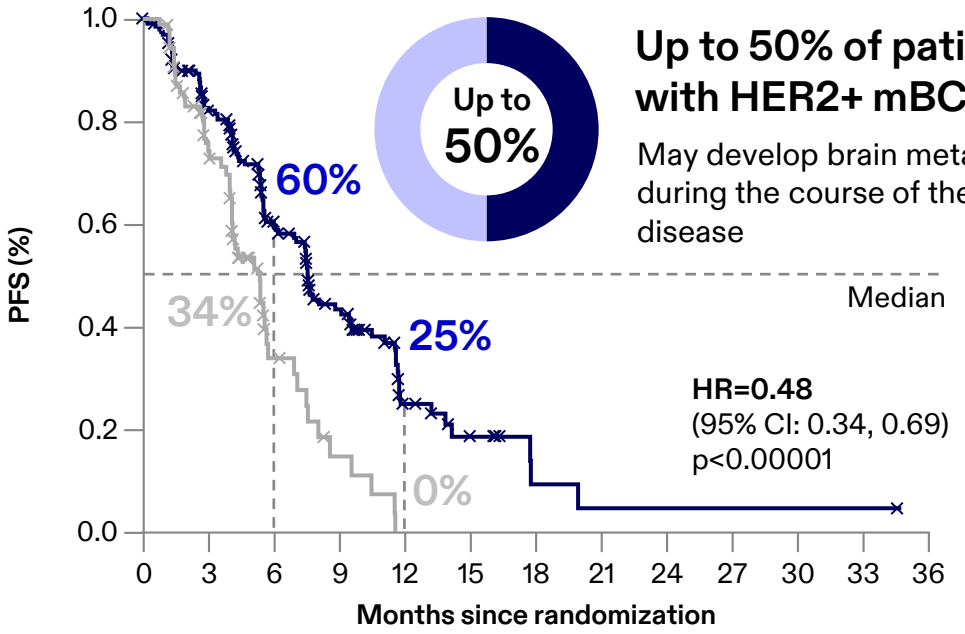


TUKYSA: Overall Survival Benefit and Strong CNS Activity in HER2+ Breast Cancer[1]



Overall survival
N=612

Risk of death was reduced by
34%



Up to 50% of patients with HER2+ mBC

May develop brain metastases during the course of their disease

PFS by BICR in patients with brain metastases
N=291

Risk of progression or death was reduced by
52%

ClinicalTrials.gov: NCT02614794.
[1]Murthy RK, et al. *N Engl J Med.* 2020.
BICR, blinded independent central review; CI, confidence interval; CNS, central nervous system; HER2, human epidermal growth factor receptor 2; mBC, metastatic breast cancer; PFS, progression-free survival.

We Continue to Develop TUKYSA as a Backbone TKI in HER2+ Breast Cancer

US Epi: ~10K *

Metastatic Breast Cancer

Approved	PFS reached	Enrolling
Phase 2	Phase 3	Phase 3
Tucatinib + cape + tras vs cape + tras (HER2CLIMB)	**Tucatinib + T-DM1 vs T-DM1 (HER2CLIMB-02)**	**Tucatinib + pert + tras vs pert + tras (HER2CLIMB-05)**
2L+	2L+	1L maintenance
Readout: 2019	Anticipated readout (OS): 2027/2028	Anticipated readout 2025
Approved indication	Expanding combination options	Establish new maintenance backbone

US Epi: ~35K *

Adjuvant Breast Cancer

Enrolling
Phase 3
Tucatinib + T-DM1 vs T-DM1 (COMPASSHER2 RD)
Adjuvant BC
Anticipated readout: 2028
Advance with curative intent

*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2023).
ClinicalTrials.gov : NCT02614794; NCT03975647; NCT05132582; NCT04457596.
Cape, capecitabine; OS, overall survival; pert, pertuzumab; T-DM1, trastuzumab emtansine; tras, trastuzumab; BC, breast cancer.

Breast Cancer

Key near-term catalysts
(anticipated through 1H 2025)

Phase 3 starts

Atirmociclib + FUL
2L HR+/HER2- mBC ✓

Atirmociclib + AI*
1L HR+/HER2- mBC

Phase 3 readouts

IBRANCE
HER2+ mBC

Vepdegestrant
2L ER+ mBC

Key longer-term catalysts
(anticipated 2H 2025 and beyond)

Phase 3 starts

Vepdegestrant + atirmociclib*
1L HR+/HER2- mBC

Data-driven opportunities

Atirmociclib (eBC)
Vepdegestrant (eBC)
Felmetatug vedotin
Disitimab vedotin (post-Enhertu)
CDK2i
KAT6i

Phase 3 readouts

TUKYSA
1L HER2+ maintenance
2L/3L HER2+ mBC
HER2+ adjuvant BC

Atirmociclib + AI*
1L HR+/HER2- mBC

Atirmociclib + FUL
2L HR+/HER2- mBC

Vepdegestrant + Atirmociclib/IBRANCE*
1L HR+/HER2- mBC

*Trial in planning.
Studies are event-driven, and timelines are subject to change.
AI, aromatase inhibitor; BC, breast cancer; CDK2i, cyclin dependent kinase 2 inhibitor; CDK4/6i, cyclin dependent kinase 4/6 inhibitor; FUL, fulvestrant; HR+, hormone receptor-positive; HER2, human epidermal growth factor receptor 2; HER2+, HER2-positive; HER2–, HER2-negative; KAT6i, lysine acetyltransferase 6 inhibitor; mBC, metastatic breast cancer.

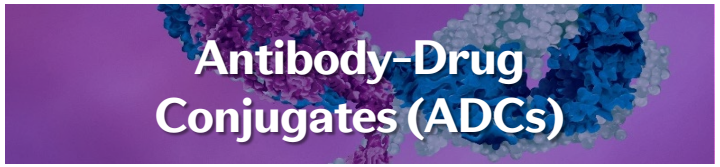
Hematology–Oncology

Chris Boshoff
Chief Oncology Officer

Pfizer Hematology-Oncology Portfolio:

Established Blockbuster and Expertise With Substantial Near & Long-Term Growth Opportunities

Today's Focus



Approved Medicines

ADCETRIS® brentuximab vedotin | injection 50 mg

BESPONSA® inotuzumab ozogamicin

MYLOTARG™ gemtuzumab ozogamicin

Clinical Stage

PF-08046045:
CD-30 directed antibody-tripeptide MMAE conjugate

PF-08046044:
CD-30 directed antibody-TOPO1 conjugate*

Approved Medicines

ELREXFIO™ (elranatamab-bcmm)

Clinical Stage

Maplirpacept:
CD47-SIRPα fusion protein

PF-08046040:
Non-fucosylated CD70-directed antibody

Approved Medicines

Bosulif® bosutinib tablets 500 mg 400 mg | 100 mg

Reaching **22k+** patients in 2023**

*IND cleared; ** includes Adcetris and all approved Hematology-Oncology products.
Partnering company for ADCETRIS (Takeda); CD30 opportunities in NHL and HL will be data driven.
ADC, antibody–drug conjugate; IO, immuno-oncology; MMAE, monomethyl auristatin E; TOPO1, Type I topoisomerase.

Strengthened Capabilities With the Experience and Scale to Reach Every Patient

ADCETRIS® brentuximab vedotin | injection 50 mg

12+ years

Reaching **more than 55K US patients** since approval

More than

2x

increase

Commercial sales team promoting

ELREXFIO™ (elranatamab-bcmm)

Integrated

Field Medical Teams

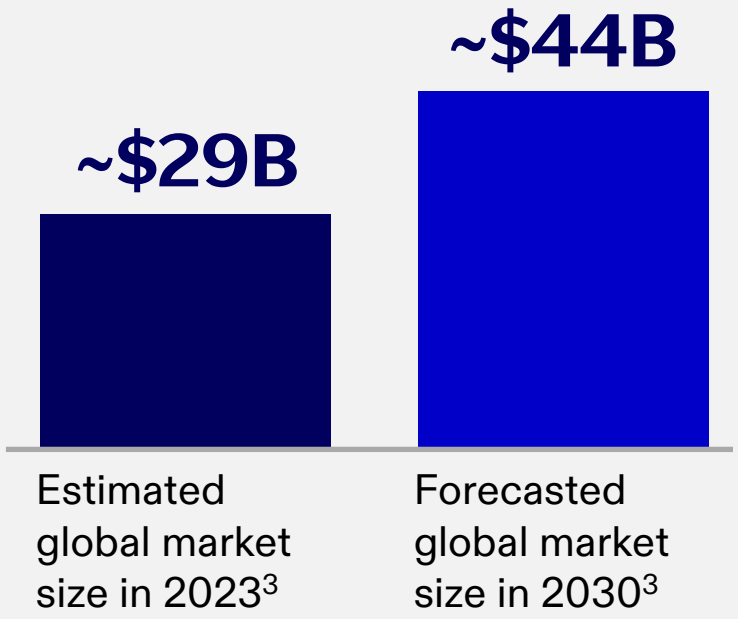
Delivering **world-class HCP scientific engagement**

Expanding our breadth and depth with academic and community settings

Multiple Myeloma: Substantial Need for New Treatments to Drive Deeper and Longer Remission or Cure

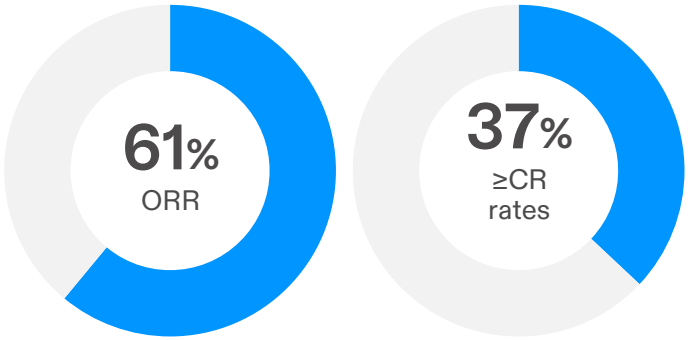
~35K
Estimated new US cases in 2023[1]

~13K
Estimated US deaths in 2023[2]



1. Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2023). (Total US MM Incidence).; 2. US National Cancer Institute, Cancer Stat Facts: Myeloma.; 3. Clarivate (DRG) Market Forecast (2023).

ELREXFIO: Potential Bispecific of Choice



Deep responses[1]

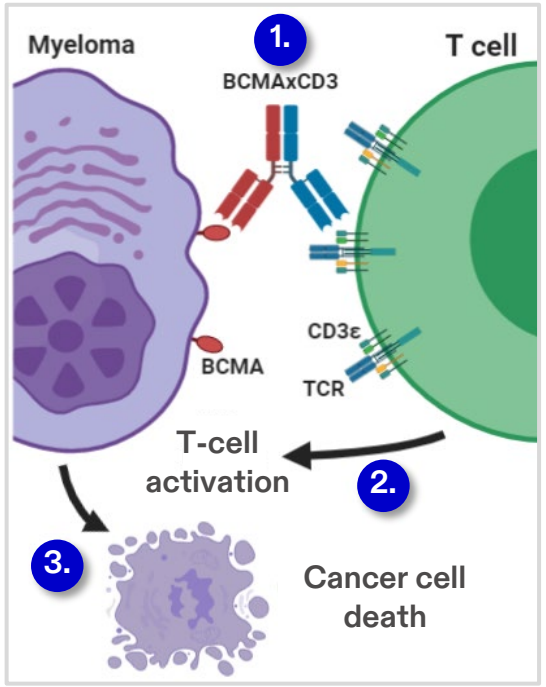
17.2 mo
mPFS

Subcutaneous administration with flat dosing

Convenient flexible dosing schedule

Predictable CRS profile

Limited hospitalization time at start of treatment

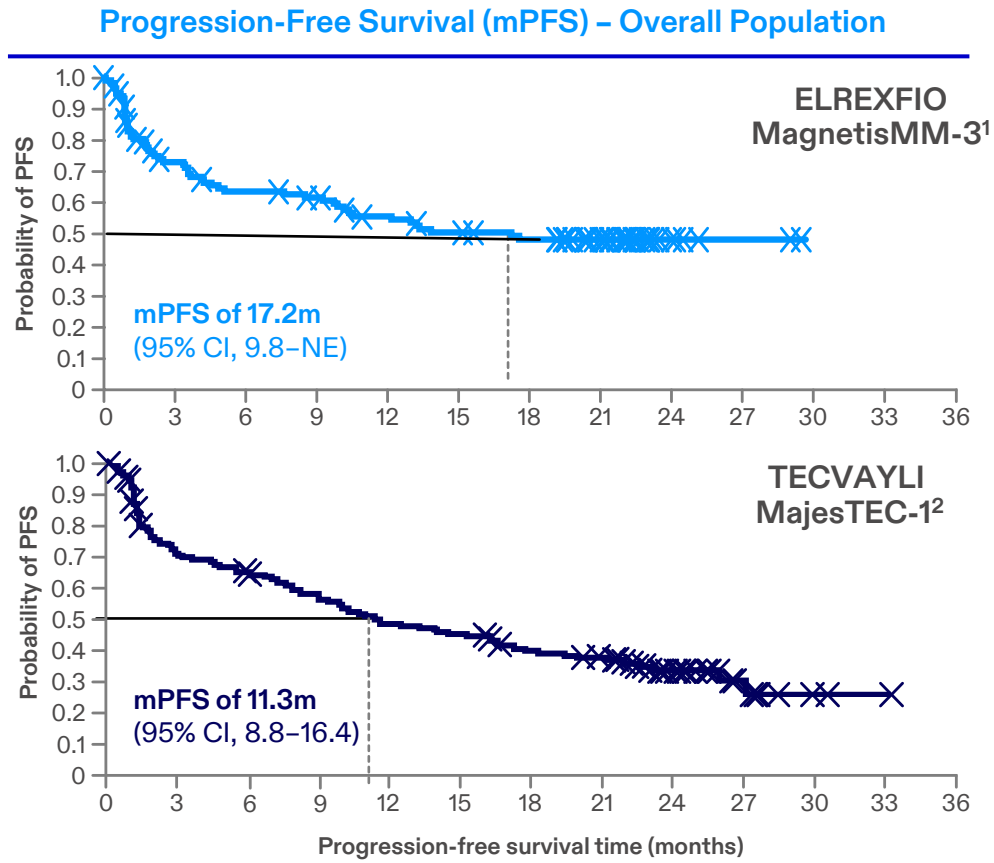


1. Bispecific antibody binds both T-cell & myeloma cell
2. Proximity to myeloma cell triggers T-cell activity
3. Myeloma cell killed by T-cell

1. Tomasson MH, et al. ASH 2023; Poster 2285; Based on 18-mo median follow-up data from MagnetisMM-3 (full Cohort A, N=123).
BCMA, B cell maturation antigen; CR, complete response; CRS, cytokine release syndrome, mPFS, median progression-free survival; ORR, objective response rate.

ELREXFIO: Longest Reported mPFS Among BCMA Bispecific Antibodies

	Baseline Characteristics	
	ELREXFIO MagnetisMM-3 Cohort A (n=123)[1]	TECVAYLI MajesTEC-1 (N=165)[2]
Age, median, years	68	64
ISS disease stage III, %	15	12
Extramedullary disease, %	32	17
Triple-class refractory, %	97	78
Penta-drug refractory, %	42	30



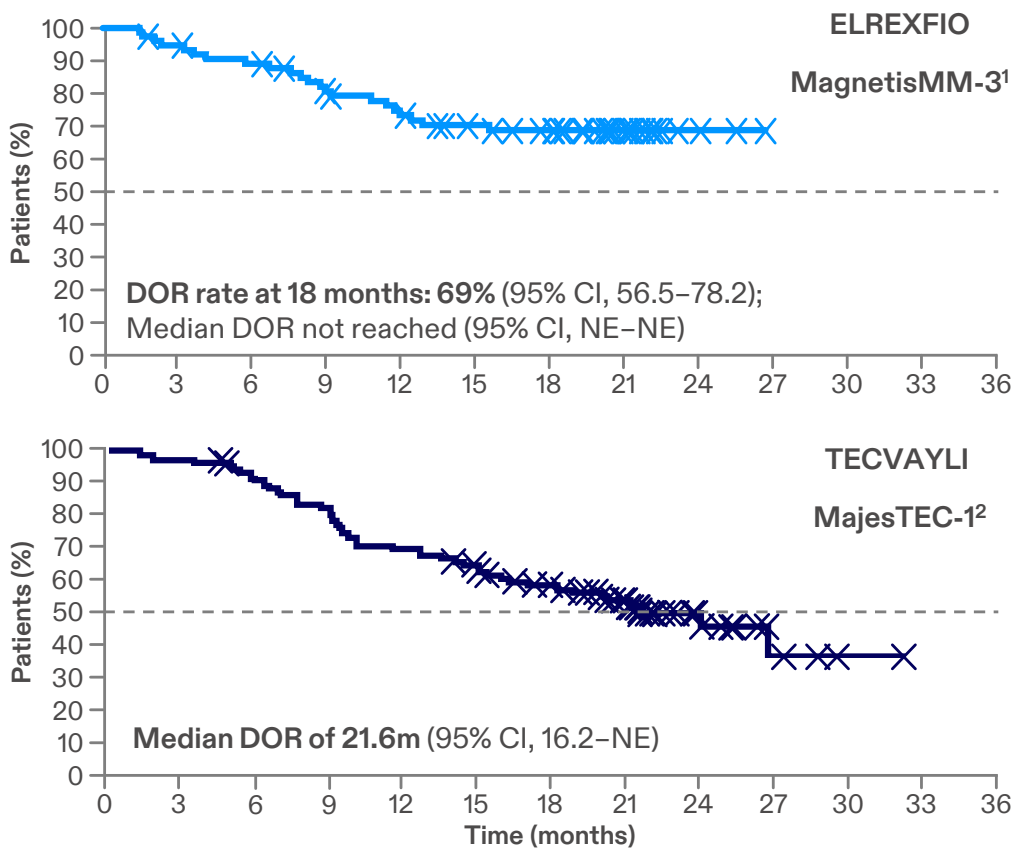
No head-to-head trials have been conducted. Definitive conclusions cannot be drawn across results from different clinical studies

MagnetisMM-3 Cohort A (n=123) with a median follow-up of 17.6 months (range 0.2–31.1 months); datacut November 2023.
ClinicalTrials.gov : NCT04649359.
1. Adapted from Tomasson MH, et al. ASH 2023; Poster 2285; 2. Adapted from van de Donk NWCJ, et al. ASCO 2023; Oral presentation.
BCMA, B cell maturation antigen; ISS, International Staging System; mPFS, median progression-free survival; PFS, progression-free survival.

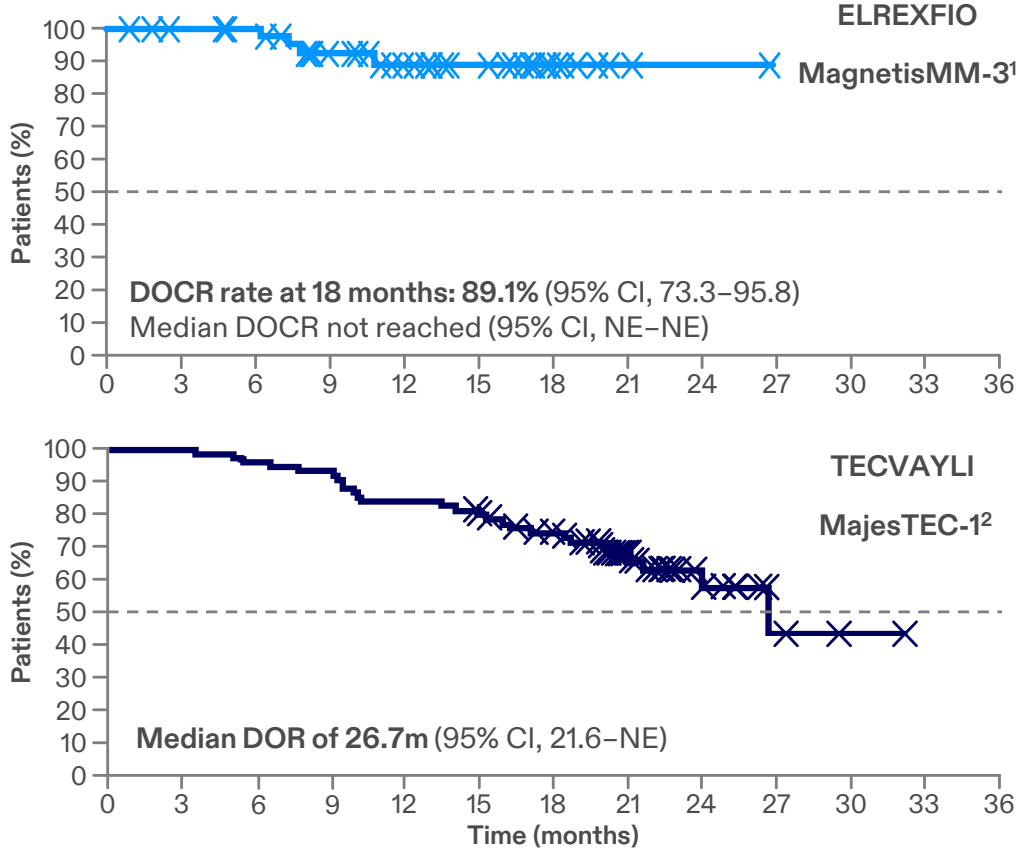
UPDATED DATA

ELREXFIO: Compelling Durability Observed in Heavily Pre-treated Patients

Overall Duration of Response (DOR)



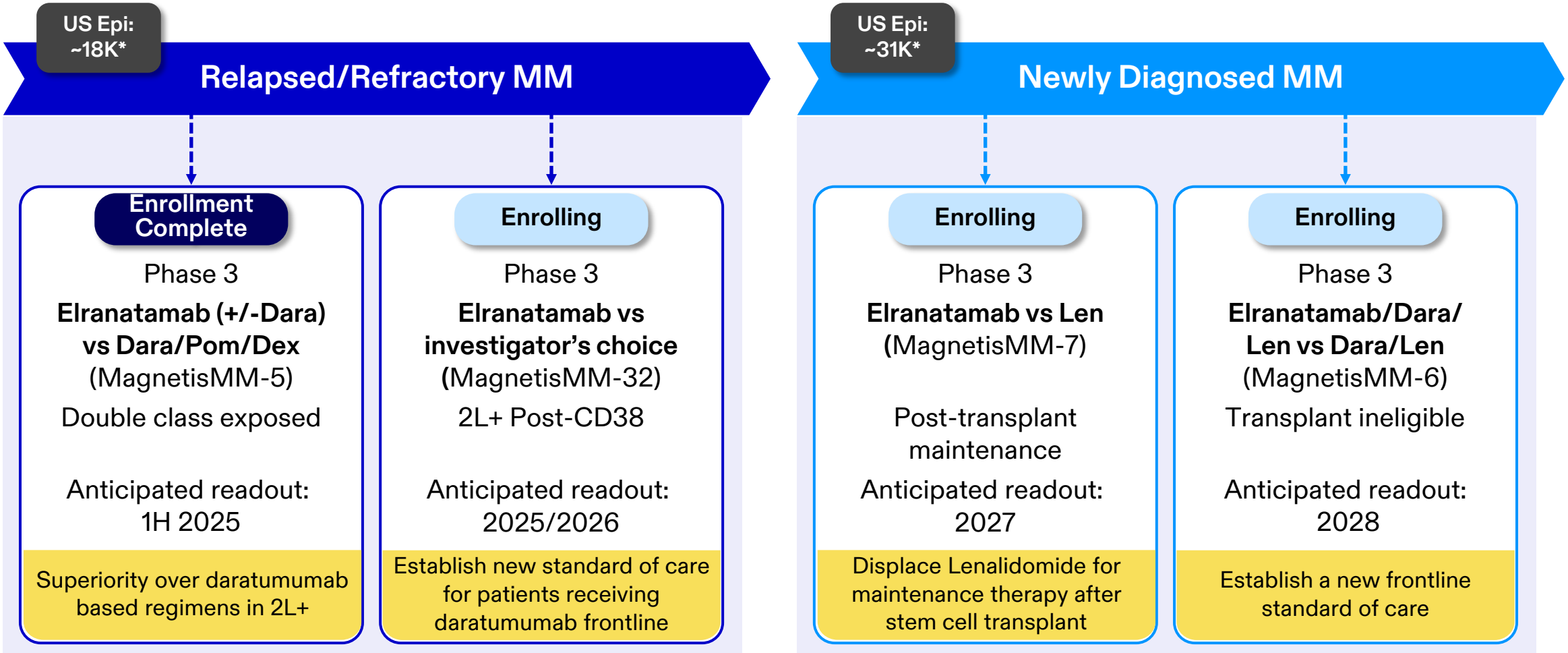
Duration of Response (DOR) – ≥CR Population



No head-to-head trials have been conducted. Definitive conclusions cannot be drawn across results from different clinical studies

MagnetisMM-3 Cohort A (n=123) with a median follow-up on 17.6 months (range 0.2–31.1 months); datacut November 2023.
ClinicalTrials.gov: NCT04649359.
1. Adapted from Tomasson MH, et al. ASH 2023; Poster 2285; 2. Adapted from van de Donk NWCJ, et al. ASCO 2023; Oral presentation.
CI, confidence interval; CR, complete response; DOCR, duration of complete response; DOR, duration of response; mDOR, median duration of response; NE, not evaluable.

ELREXFIO: Executing a Comprehensive Registrational Program Across Disease Continuum



*Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2023); based on US incidence (symptomatic MM).
Dara, daratumumab; Dex, dexamethasone; Len, lenalidomide; Pom, pomalidomide; SOC, standard of care.
ClinicalTrials.gov : NCT05020236; NCT06152575; NCT05317416; NCT05623020.

Hematology–Oncology

Key near-term catalysts
(anticipated through 1H 2025)

Phase 3 starts

ELREXFIO
2L+ Post-CD38 MM ✓

Phase 3 readouts

ELREXFIO
Double-class exposed MM

Phase 2 starts

Maplirpacept*
1L AML

ELREXFIO*
Smoldering MM

Phase 1 starts

PF-08046045
CD-30 directed antibody-tripeptide MMAE conjugate

PF-08046044*
CD-30 directed antibody-TOPO1 conjugate

Key longer-term catalysts
(anticipated 2H 2025 and beyond)

Phase 3 readouts

ELREXFIO
2L+ Post-CD38 MM

ELREXFIO
NDMM
Post-Tx maintenance

ELREXFIO
NDMM
Transplant ineligible

Data-driven opportunities

Potentially differentiated combinations

ELREXFIO + Iberdomide**

ELREXFIO + Cevostamab**

ELREXFIO + Maplirpacept

*Trial in planning. **Iberdomide (collaboration with BMS) and Cevostamab (collaboration with Roche-Genentech).
Studies are event driven, and timelines are subject to change.
AML, acute myeloid leukemia; NDMM, newly diagnosed multiple myeloma; Tx, transplant.

Next-Generation Oncology Opportunities

Jeff Settleman
Chief Scientific Officer

Pfizer Oncology's Major R&D Hubs

Bothell, Washington

La Jolla, California*

*New Pfizer La Jolla R&D Hub expected 2025.

Combining Expertise, Technologies, and Molecules to Enhance Discovery and Development of Potentially Transformative New Cancer Therapies

01

Using protein engineering design capability to enhance ADC technology

02

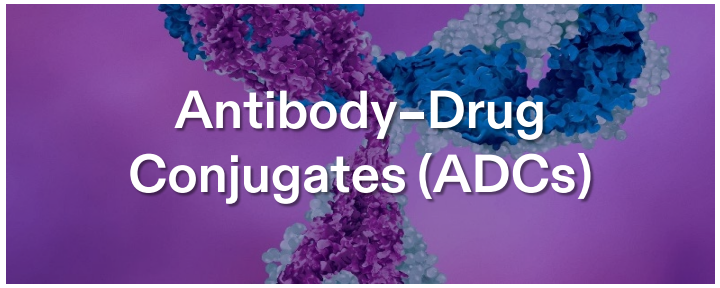
Incorporating small molecule expertise to advance next-generation ADCs with differentiated payloads

03

Combining from our newly expanded portfolio to reach more patients

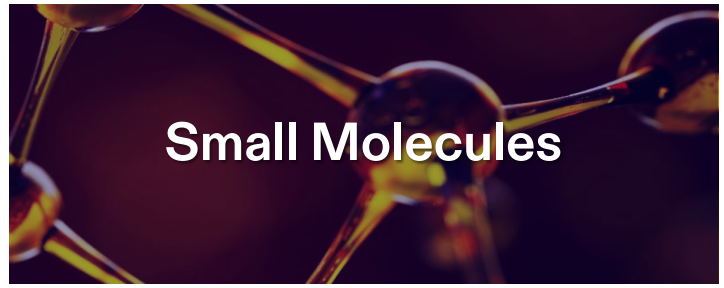
ADC, antibody–drug conjugate.

Three Core Modalities Enabled by Deep Technical Expertise and Experience



- Leading expertise in ADC discovery has enabled 6 of 11 FDA-approved ADCs
- Next-gen platform aimed at novel targets; improved & differentiated payloads
- **B7H4V**, PDL1V, **CD30 (TOPO1),** CD30 (Tripeptide MMAE), **CEACAM5C**, **PDL1iT**, B7H4C

- ELREXFIO
- Leveraging expertise in protein engineering and immuno-oncology to develop next generation biologics
- **EGFRd2,** BB228, **LTβR**



- World-class structure-guided drug discovery and medicinal chemistry expertise
- Delivering best- and first-in-class small molecules
- ALK, VEGFR, EZH2, CDK4/6, CDK4, **KAT6**, **CDK2**, **BRAF 2.0**, MEK-BP, SHP2, STING

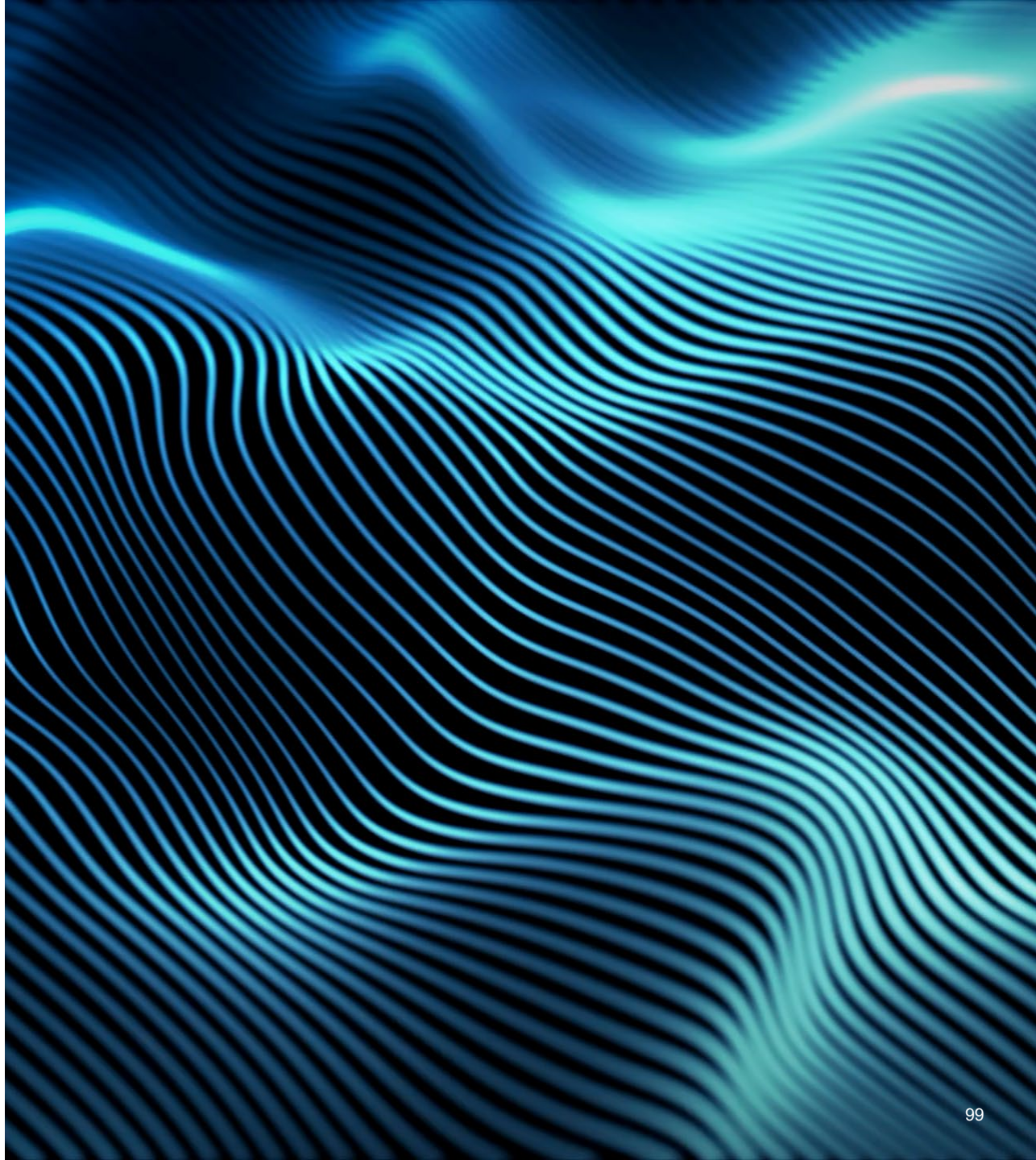
Today's focus

Our current oncology discovery/preclinical pipeline includes 63 programs, with substantial opportunities for rational treatment combinations

*All molecules shown are anticipated to be in the clinic by 2025.
ADC, antibody–drug conjugate; MMAE, monomethyl auristatin E.

Next-Generation

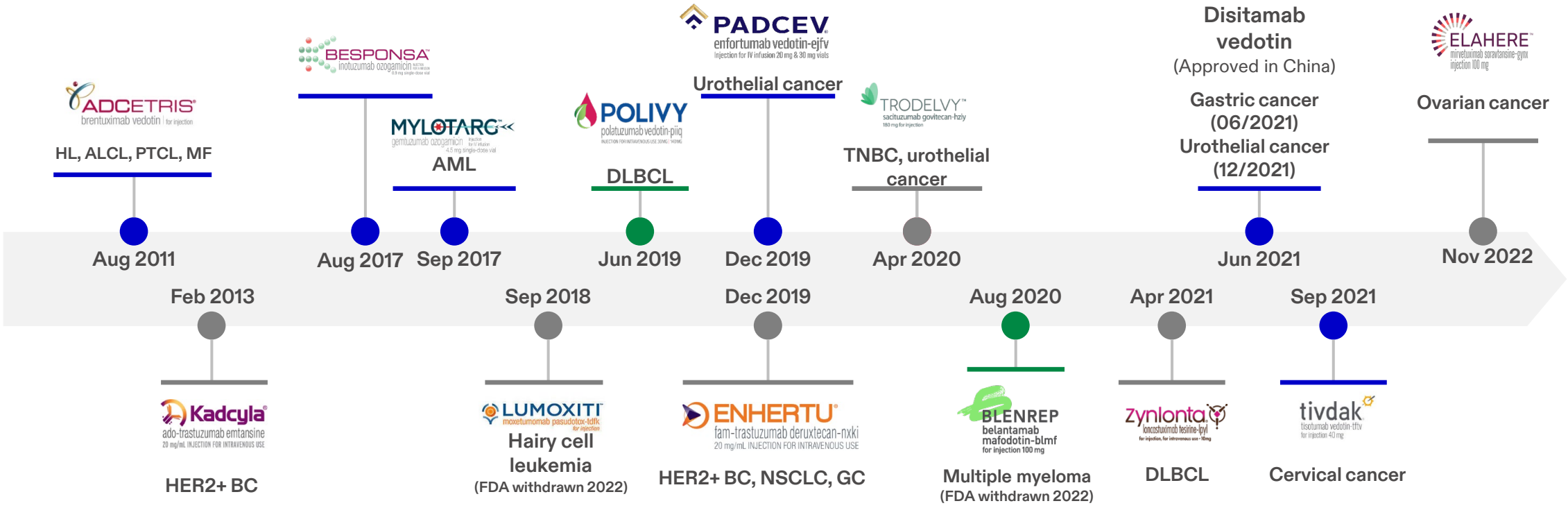
Antibody–Drug Conjugates



Pfizer's Substantial Footprint on the Current Landscape of Approved ADCs

11 FDA approved ADCs, 5 of which are **Pfizer products** ● and 2 more employ licensed **Seagen technology** ●

1 additional **Pfizer product** (disitamab vedotin) approved in China



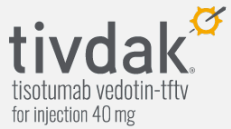
Partnering company for Pfizer ADCs: ADCETRIS (Takeda), Polivy (Roche/Genentech), PADCEV (Astellas), Blenrep (GSK), Disitamab vedotin (RemeGen), TIVDAK (Genmab and Zai)

ADC, antibody–drug conjugate; ALCL, anaplastic large cell lymphoma; AML, acute myeloid leukemia; BC, breast cancer; DLBCL, diffuse large B cell lymphoma; GC, gastric cancer; HER2+, human epidermal growth factor receptor 2-positive; HL, Hodgkin lymphoma; MF, mycosis fungoides; NSCLC, non-small cell lung cancer; PTCL, peripheral T cell lymphoma; TNBC, triple-negative breast cancer.

Industry Leading ADC Portfolio

Advancing Pipeline With Novel Targets & Diversified Linker–Payload Technologies

FDA-Approved Vedotin ADCs



Vedotin ADCs in Development

Disitamab vedotin (HER2) – Pivotal

Sigvotatug vedotin (Integrin Beta 6) – Pivotal

Felmetatug vedotin (B7H4) – Phase 1

PDL1V (PF-08046054) (PD-L1) – Phase 1

ADCs Employing TOPO1 Inhibitor Payloads

CEACAM5C (PF-08046050) (CEACAM5-TOPO1) – Phase 1

35C (PF-08046044) (CD30-TOPO1) – FIP expected 2024

MesoC2 (PF-08052666) (Mesothelin-TOPO1) – FIP expected 2024

Next Gen Auristatin ADCs With Potentially Improved Tolerability

35T (PF-08046045) (CD30-Tripeptide MMAE) – Phase 1

ADCs with next-gen auristatin payloads (Discovery, Preclinical)

ADCs With Novel Payload Mechanisms of Action

PDL1iT (PF-08046037) PDL1-TLR7 (IND expected 2024)

Degrader-antibody conjugates[2] (Discovery)

Highly differentiated novel cytotoxics (Discovery)

[1]Polivy is out-licensed to Roche/Genentech. [2]Discovery efforts on degrader-antibody conjugates underway internally and in collaboration with Nurix.
ADC, antibody-drug conjugate; B7H4, B7 immune checkpoint ligand; CEACAM5, carcinoembryonic antigen-related cell adhesion molecule 5; FIP, first-in-patient; HER2, human epidermal growth factor receptor 2; MMAE, monomethyl auristatin E; PD-L1, programmed death-ligand 1; TLR7, toll-like receptor 7; TOPO1, topoisomerase 1 inhibitor.

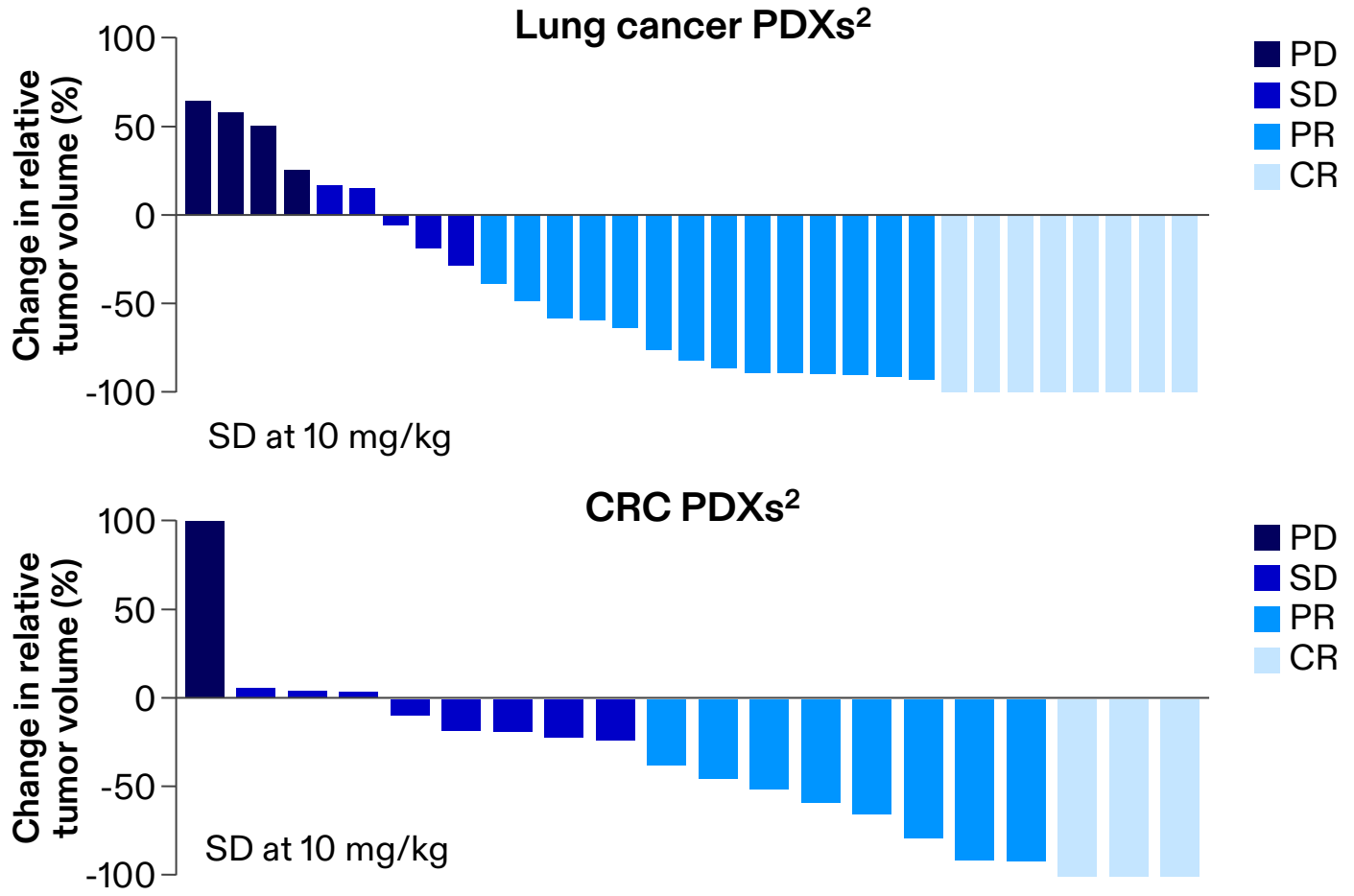
NEW DATA

CEACAM5-Directed ADC With a Potential Best-in-Class Topoisomerase 1 Inhibitor

CEACAM5C (PF-08046050)[1]

- High prevalence of CEACAM5 expression in CRC, NSCLC, gastric, pancreatic tumors; limited normal tissue expression
- ADC with drug-antibody ratio (DAR) of 8
- Robust anti-tumor activity across a large panel of CRC and lung PDX models

- Phase 1 dose escalation underway
- Clinical PoC in CRC planned followed by additional tumor types

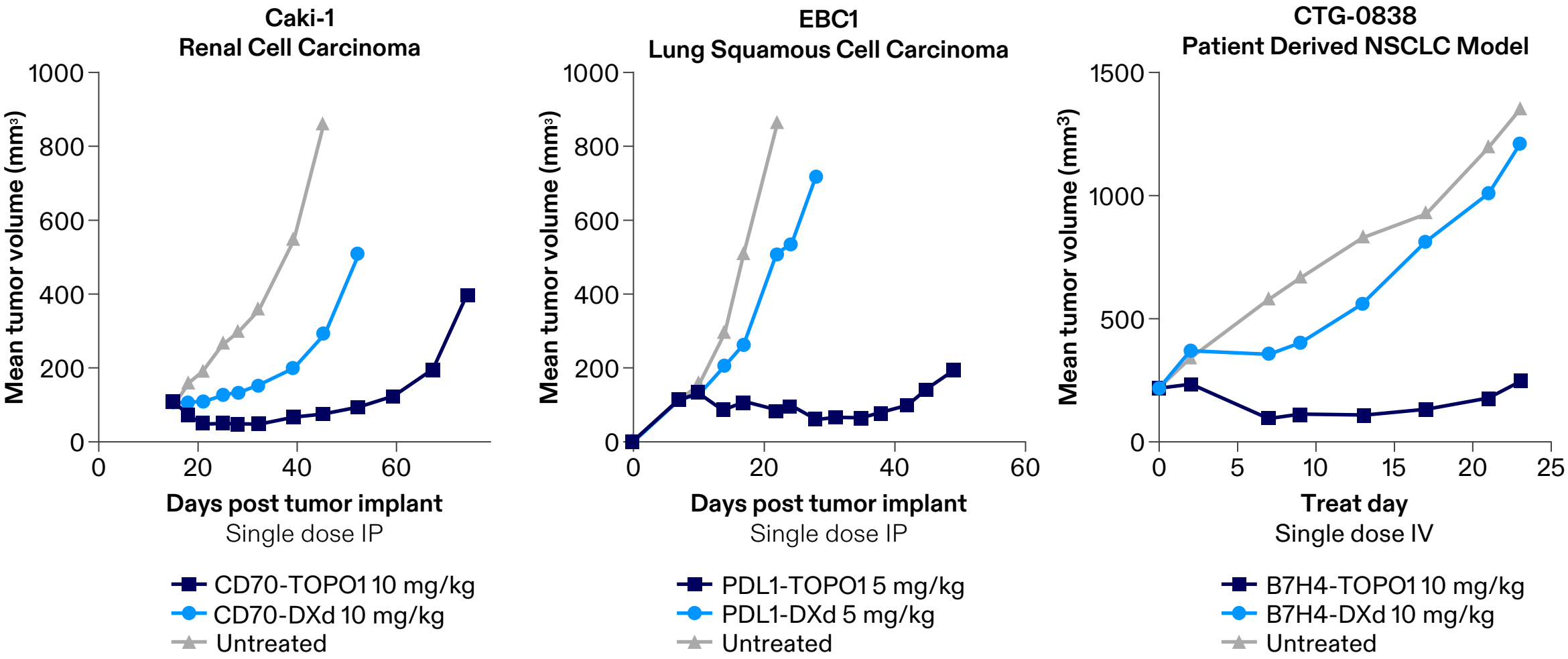


The response was determined by comparing tumor volume change at time t to its baseline with ΔRTV = (Vt-V0) / V0 × 100; CR: Disappearance of tumor; PR: At least a 30% decrease in the tumor volume compared to baseline; PD: At least a 20% increase in the tumor volume compared to baseline; SD: Neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for PD.

[1]CEACAM5-C is in partnership with Sanofi. [2]Baudat Y, et al. AACR 2023 presentation #4890.
ADC, antibody–drug conjugate; CEACAM5, carcinoembryonic antigen-related cell adhesion molecule 5; CR, complete response; CRC, colorectal cancer; DAR, drug-antibody ratio; PD, progressive disease; PDX, patient-derived xenograft; PoC, proof of concept; PR, partial response; NSCLC, non-small cell lung cancer; RTV, relative tumor volume; SD, stable disease; TOPO1, topoisomerase inhibitor 1.

NEW DATA

Our Novel TOPO1 Inhibitor-Based ADCs Show Superior Anti-tumor Activity Compared With Deruxtecan (DXd) in Pre-Clinical Models[1]



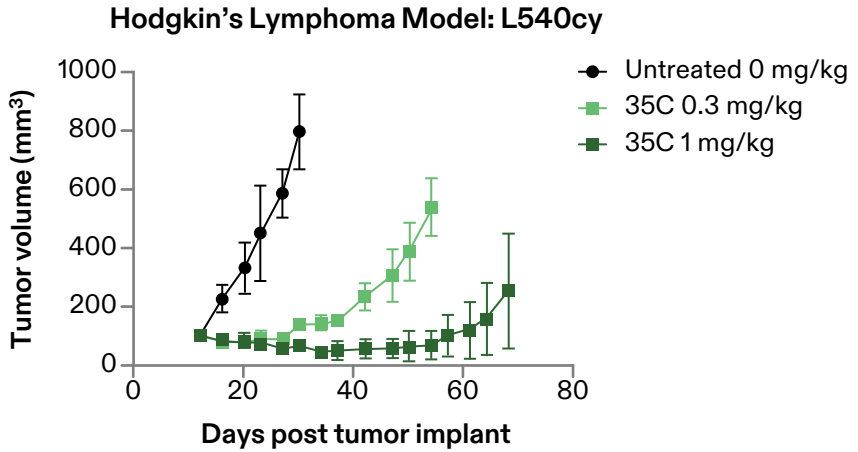
[1]Data on File

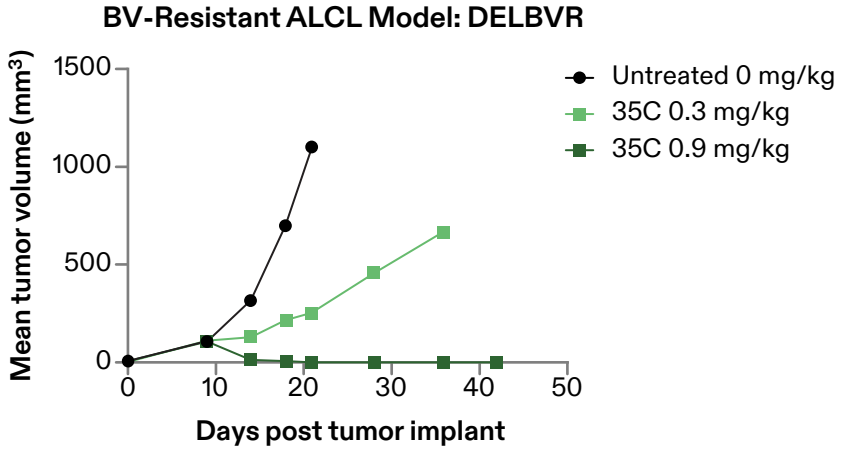
35C (PF-08046044): A Next-Generation CD30-Targeted ADC With Potential for Improved Tolerability and Therapeutic Index

35C (PF-08046044)

- CD30-targeted ADC with differentiated TOPO1 drug linker
- Activity in BV-resistant tumor model driven by increased PGP efflux activity
- Improved tolerability in preclinical models, resulting in the potential for a greater therapeutic index

- FIP anticipated in 2024
- BV = ADCETRIS





BV resistance due to upregulation of MDR1 efflux pumps

Well tolerated in preclinical models[1]

- No hematologic toxicities at highest non-severely toxic dose
- No pulmonary toxicity observed

[1]ASH; December 2023.
ADC; antibody–drug conjugate; ALCL, anaplastic large cell lymphoma; BV, brentuximab vedotin; MDR1, multidrug resistance protein 1; FIP, first-in-patient; PGP, P-glycoprotein; MDR, multidrug resistance; TOPO1, topoisomerase 1 Inhibitor.

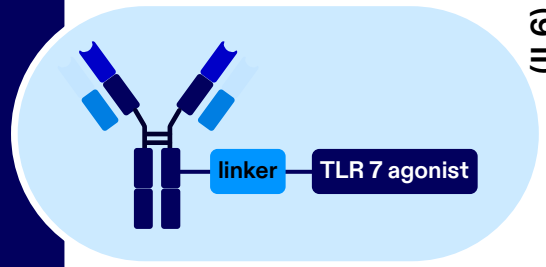
NEW DATA

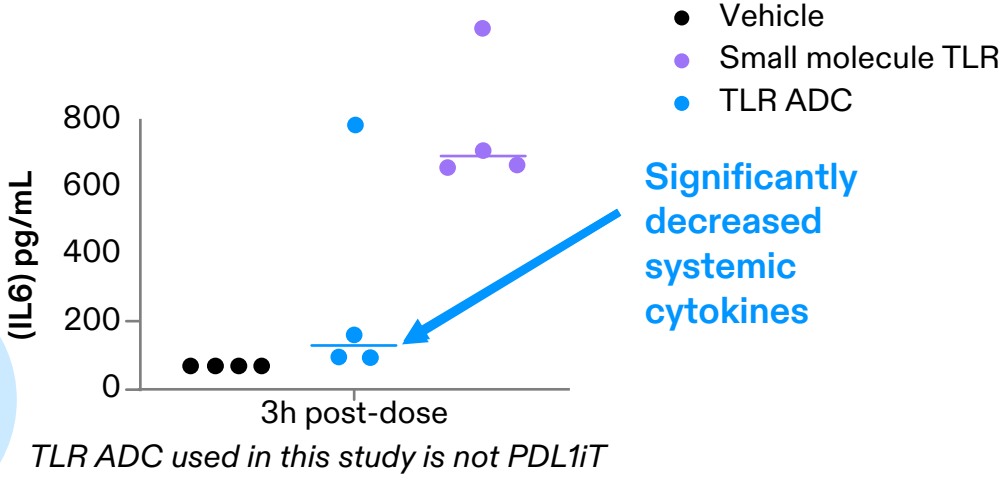
PDL1iT (PF-08046037): Leveraging a Unique Antibody Conjugate Approach to Promote Anti-Tumor Immunity[1]

PDL1iT (PF-08046037)

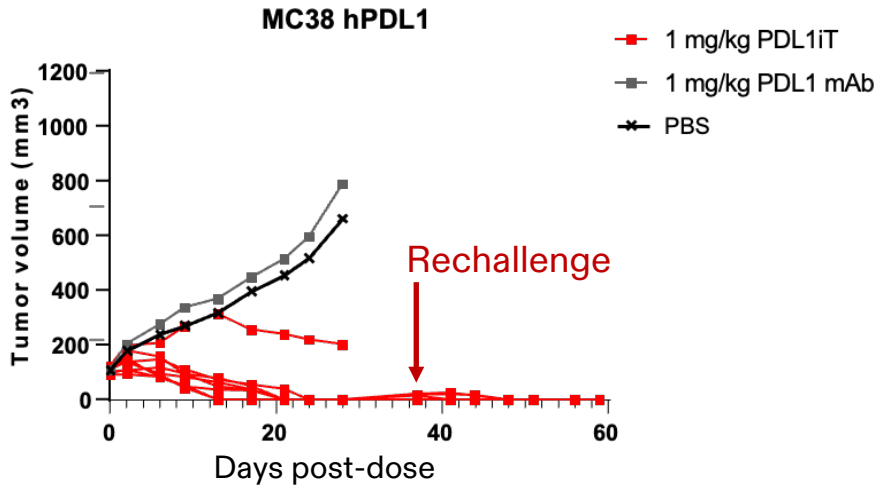
- Delivers a potent immune-stimulating TLR7 agonist to the tumor microenvironment
- Conjugated TLR7 agonist shows lower systemic cytokines compared with free TLR7 agonist
- Increased efficacy of PDL1iT compared with PDL1 mAb
- Proprietary PDL1 antibody with enhanced internalization; optimized drug linker, payload and antibody format

- IND submission targeted in 2024
- Target indications include NSCLC, HNSCC, and melanoma





TLR ADC used in this study is not PDL1iT



[1] Data on file.

ADC, antibody–drug conjugate; CRC, colorectal cancer; hPDL1, human PD-L1; HNSCC, head and neck squamous cell carcinomas; IL6, interleukin 6; mAb, monoclonal antibody; NSCLC, non-small cell lung cancer; PBS, phosphate-buffered saline; PDL1, programmed death-ligand 1; TLR7, toll-like receptor 7.

NEW DATA

B7H4 ADC (Felmetatug Vedotin): Encouraging Clinical Activity in Breast Cancer and Other Tumors Types in Phase 1

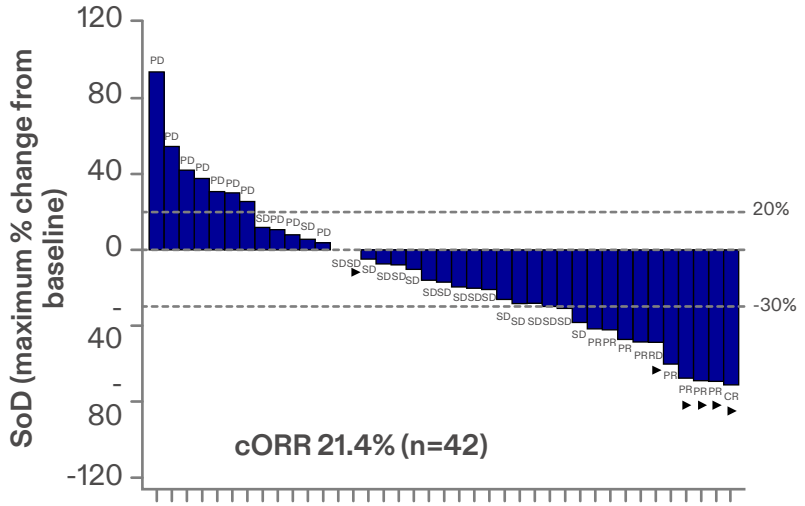
B7H4V (felmetatug vedotin)

- Novel, vedotin ADC targeting B7-H4
- B7-H4 expression is low on normal tissue and immune cells, in contrast to other members of the B7 family (eg, B7-H3)

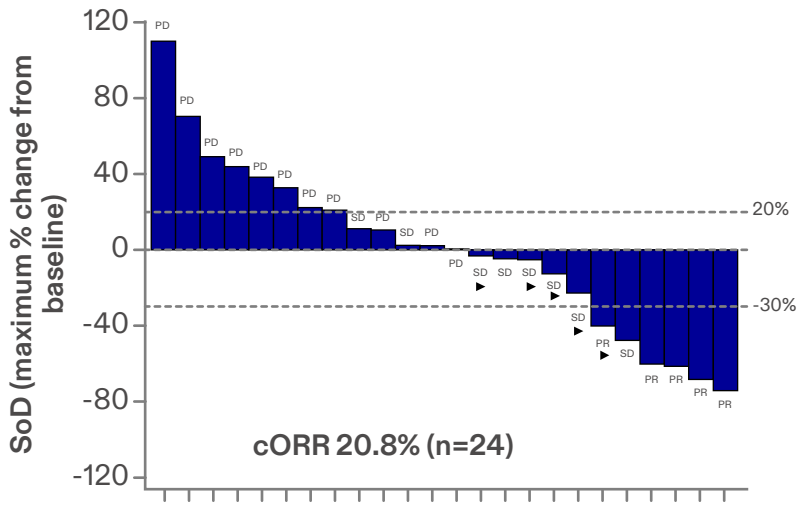
- Phase 1 dose optimization ongoing in breast, ovarian, and endometrial
- Potential biomarker-driven program

Antitumor Activity in Dose Escalation

Triple Negative Breast Cancer



HR+/HER2- Breast Cancer



Response rate by B7H4 expression[1]	All comer N=42	B7H4V exp. >25% N=16	B7H4V exp. >50% N=15
	21.4%	35%	38%

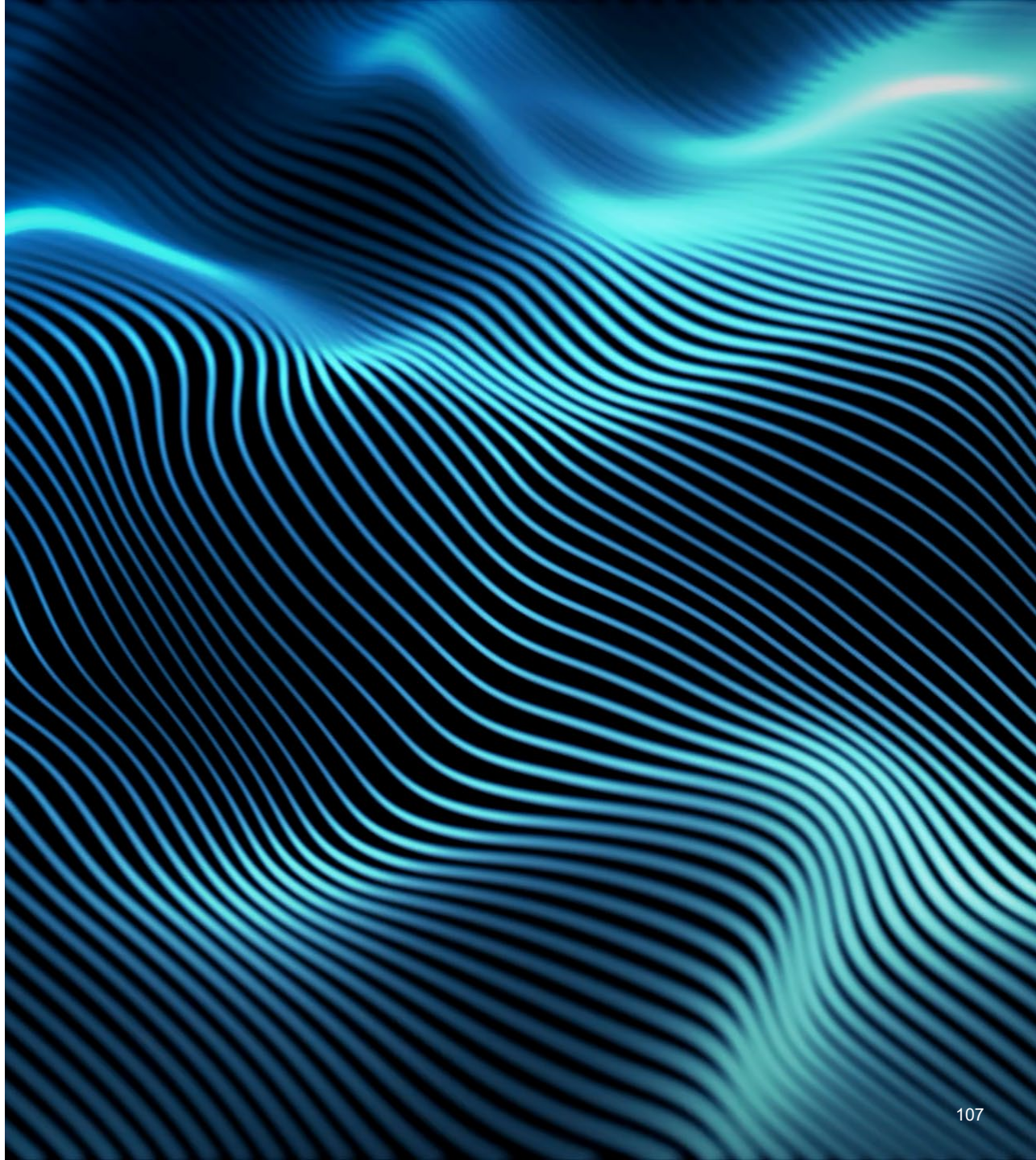
Data snapshot 15 NOV 2023

ClinicalTrials.gov: NCT05194072

[1]Only triple negative breast cancer data shown; Data on file.

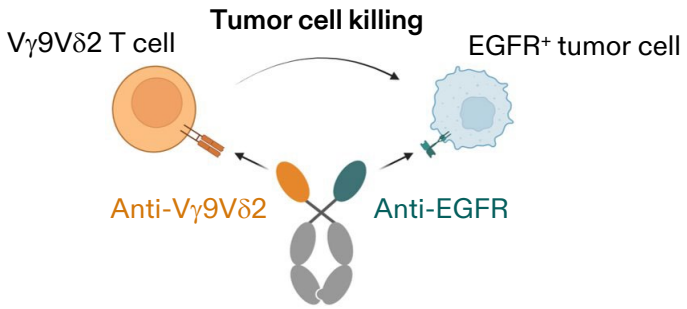
ADC, antibody–drug conjugate; B7H4, B7 immune checkpoint ligand; cORR, confirmed objective response rate; CR, complete response; HER2–, human epidermal growth factor receptor 2–negative; HR+, hormone receptor-positive; PD, progressive disease; PR, partial response; SD, stable disease; SoD, sum of diameters; TNBC, triple-negative breast cancer.

IO Biologics
Including Bispecific Antibodies



Expanding our Immuno-Oncology Biologics Pipeline With Innovative New Programs

Gamma Delta T Cell Bispecific

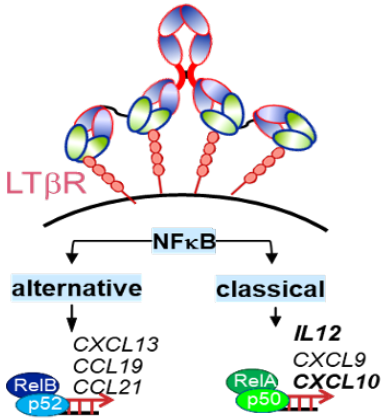


Exclusive license to develop and commercialize **T cell bispecific antibody** designed to target Vγ9Vδ (gamma delta), T cells, and EGFR

EGFRd2 (PF-08046052)

Phase 1 enrolling (CRC, NSCLC, HNSCC)

Lymphotoxin β Receptor Agonist



Tetravalent antibody designed to activate the LTβR receptor and induce tertiary lymphoid structure formation and maturation

αLTβR (PF-07329640)

IND submitted; FIP expected Q2 2024

CRC, colorectal cancer; EGFR, epidermal growth factor receptor; FIP, first-in-patient; HNSCC, head and neck squamous cell carcinomas; LTβR, lymphotoxin beta receptor; NSCLC, non-small cell lung cancer.

NEW DATA

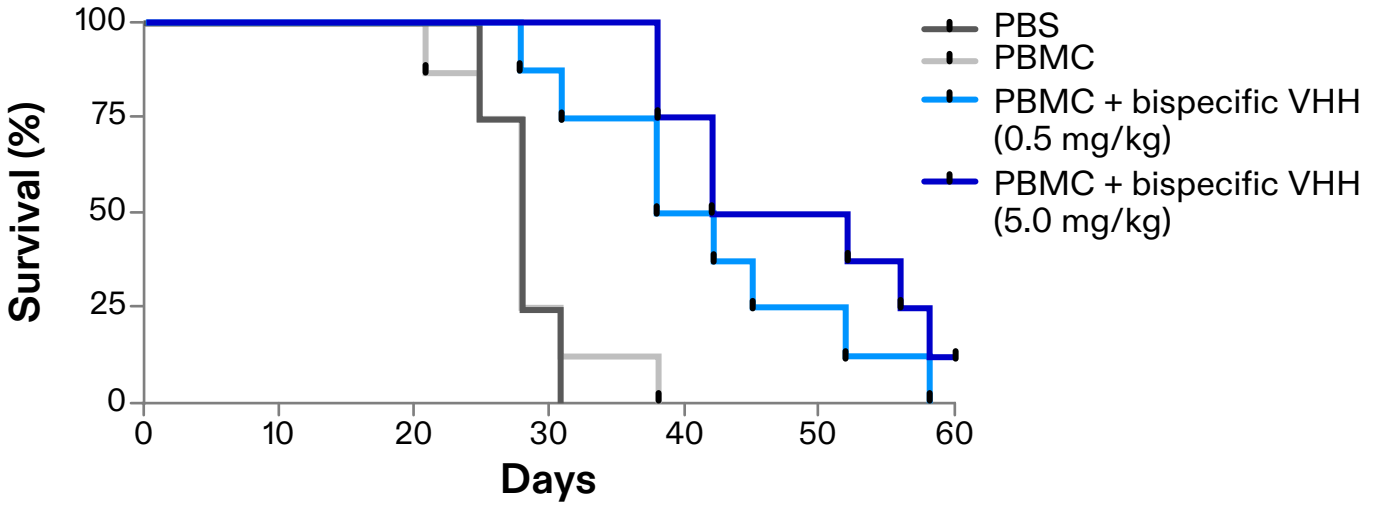
EGFRd2 (PF-08046052): Potential First-in-Class Bispecific Gamma Delta (γδ) T Cell-Targeted Therapy for Solid Tumors

EGFRd2 (PF-08046052)

- Binds EGFR and γδ T cells, activates and delivers γδ T cells to tumor
- Elicits an innate immune response
- Preclinical safety assessed following weekly infusions: no CRS observed

- Phase 1 dose escalation underway
- Key indications include CRC, NSCLC, HNSCC

NSG KRAS^{mt} CRC Model[1,2]



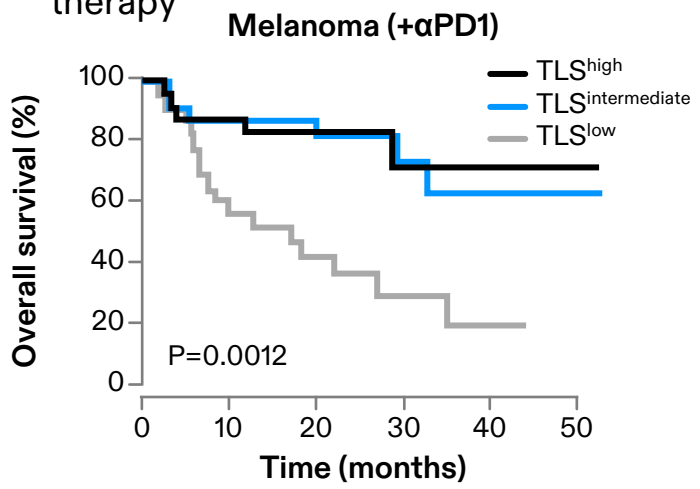
- LAVA-001 non-humanized predecessor of EGFRd2 w/o Fc domain
- IV 0.5 and 5.0 mg/kg Q14D x 4
- 2 human PBMC donors
  - PBMC donor 1 (4.8% CD3+γδT)
  - PBMC donor 2 (10.7% CD3+ γδT)

[1] Lava Therapeutics Investigator's Brochure [2] King et al, *Cancer Immunol Res*. 2023.
ClinicalTrials.gov: NCT05983133.
CRC, colorectal cancer; CRS, cytokine release syndrome; EGFR, epidermal growth factor receptor; HNSCC, head and neck squamous cell carcinomas; NHP, non-human primate; NSCLC, non-small cell lung cancer; PBMC, peripheral blood mononuclear cell; PBS, phosphate buffered saline.

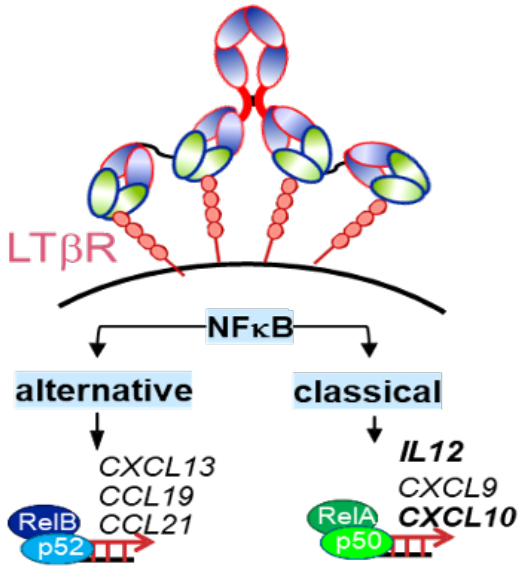
αLTβR (PF-07329640): Activating the Lymphotoxin-β Receptor, a Highly Differentiated Approach to Immunotherapy

Tertiary Lymphoid Structures (TLS)

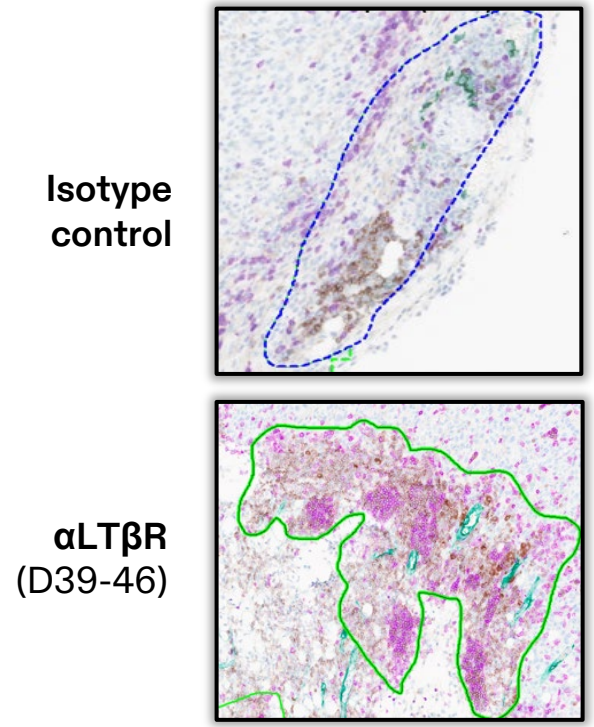
- Immune cell aggregates resembling secondary lymphoid organs
- Reported in several types of solid tumors
- Accumulating reports of association between TLSs and response to anti-PD1 therapy



Source: Cabrita Nature 2020



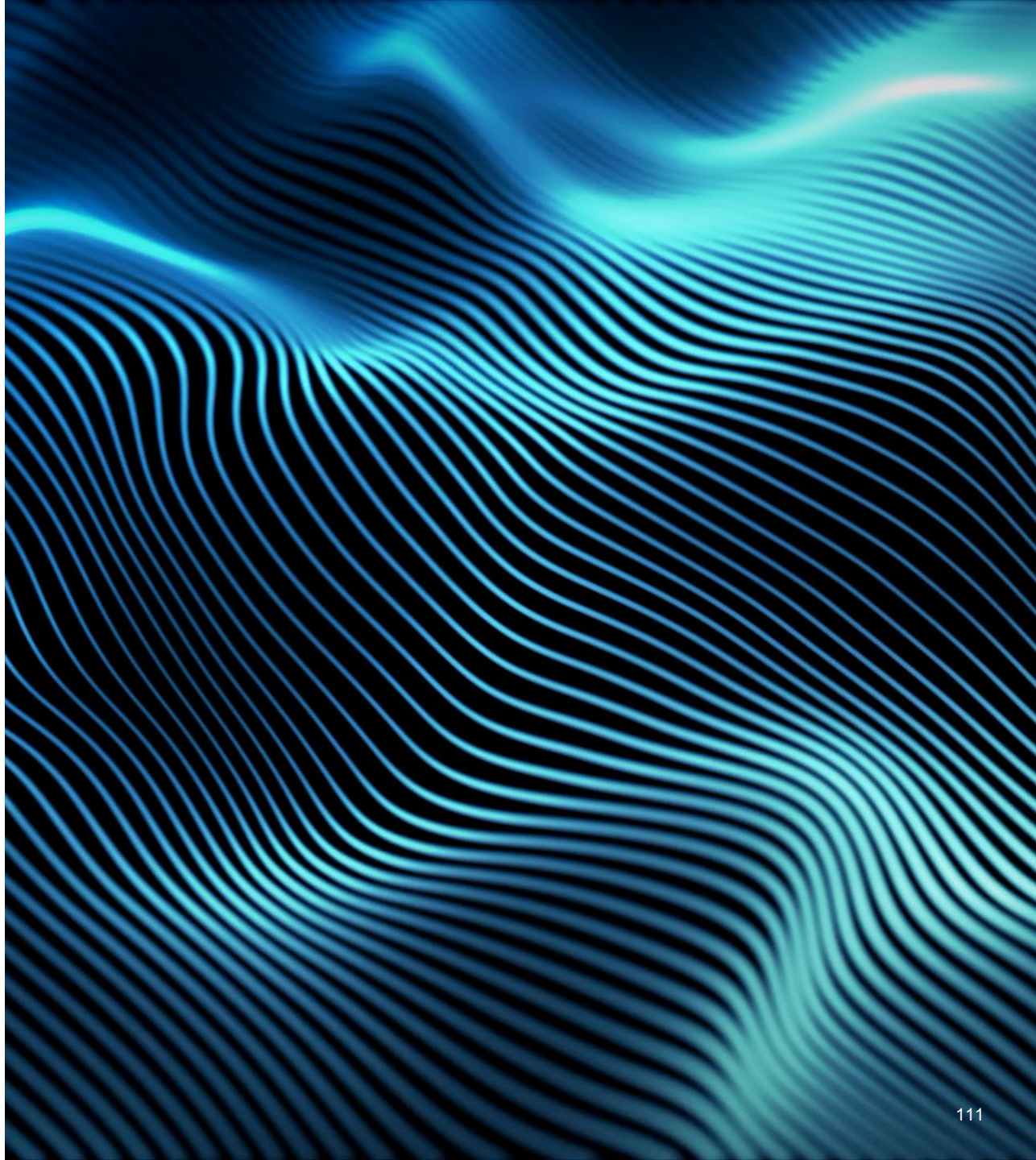
TLS Induction/Formation by αLTβR [1]



CD20 for B cells, CD3 for T cells, PNAd for HEVs, nuclei

[1] Date on File;FIP expected in Q2 2024 (NSCLC, CRC, Bladder, Melanoma).
CRC, colorectal cancer; FIP, first-in-patient; LTβR, lymphotoxin beta receptor; NSCLC, non-small cell lung cancer; PD1, programmed cell death protein-1; TLS, tertiary lymphoid structures.

Next-Generation
Small Molecules

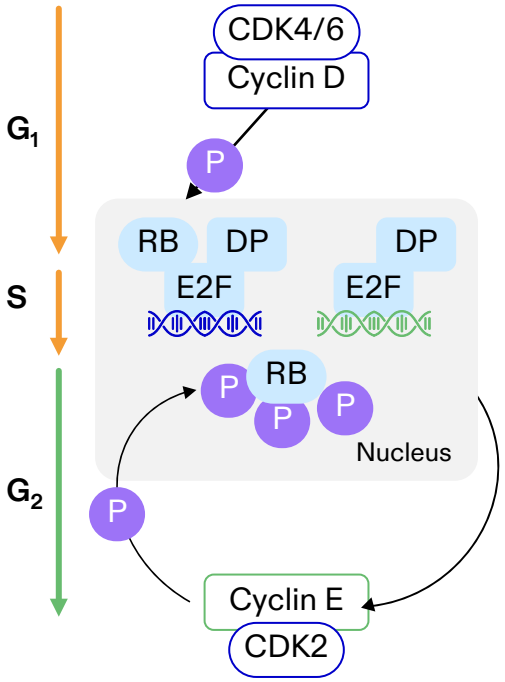


NEW DATA

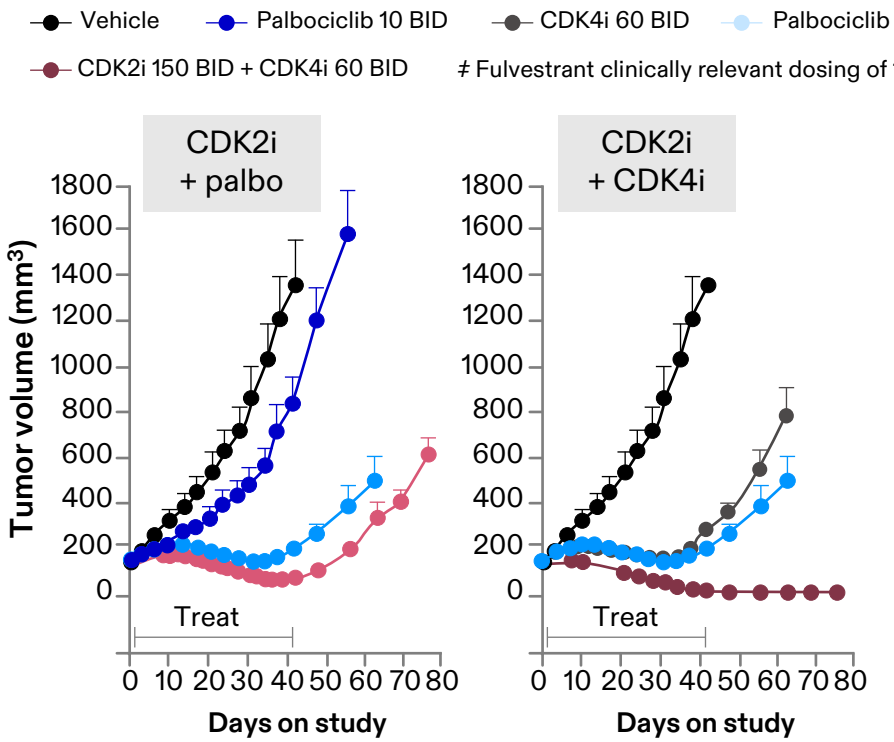
PF-07104091: First-in-Class CDK2-Selective Inhibitor[1]

CDK2 + CDK4 Inhibitor Combination Shows Synergistic Activity in Preclinical Models

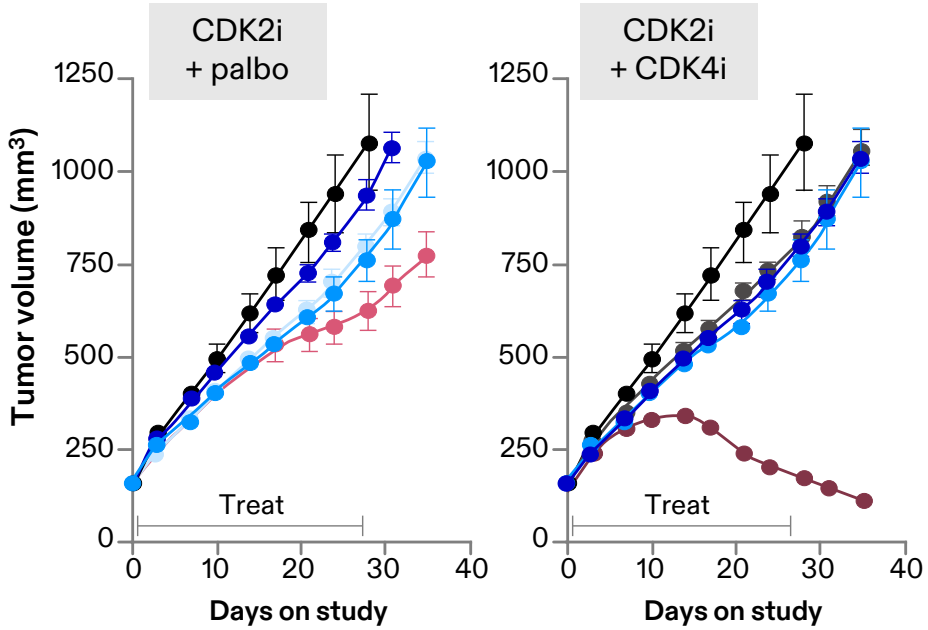
Cell Cycle Progression



HCC1428 CDK4/6i Naïve



ST941 Palbociclib-Resistant PDX



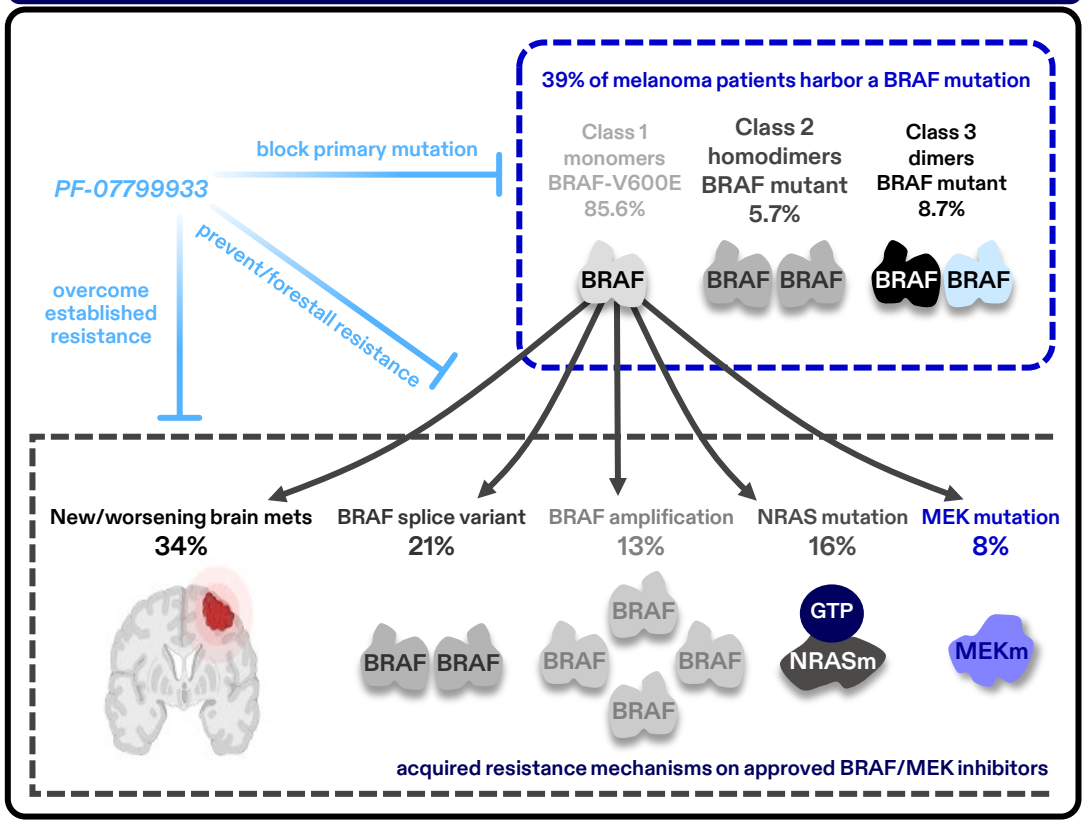
CDK2i monotherapy: Confirmed responses in heavily pretreated HR+/HER2- breast cancer patients (ASCO 2023)
Multiple ongoing dose expansion cohorts with CDK2i + ET and CDK2i + ET + CDK4i (atirmociclib)

[1]Data on File
FIP expected in Q2 2024 (NSCLC, CRC, Bladder, Melanoma).
ER+, estrogen receptor positive ET, endocrine therapy; HER2+, human epidermal growth factor receptor 2-positive; fulv, fulvestrant; palbo, palbociclib.

NEW DATA

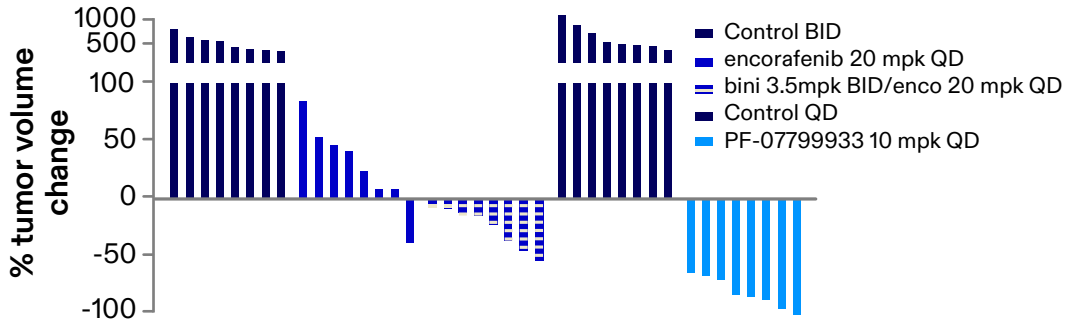
Next-Generation Brain-penetrant BRAFi (PF-07799933): Designed to Address Limitations of Currently Approved BRAF Inhibitors

Mechanism of Action

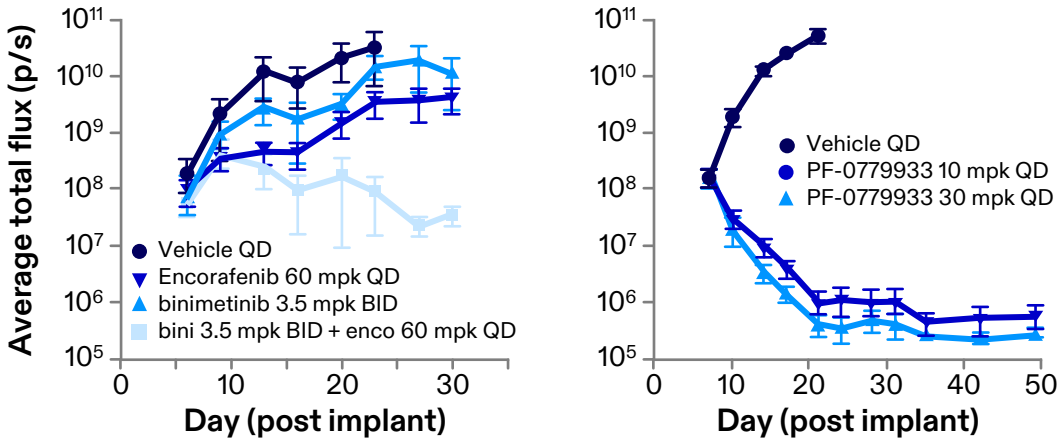


Preclinical Data

BRAF V600E, subcutaneous



BRAF V600E, intra-cranial



FIP Phase 1 clinical trial: Multiple confirmed responses in RAF inhibitor-refractory patients systemically and intra-cranially

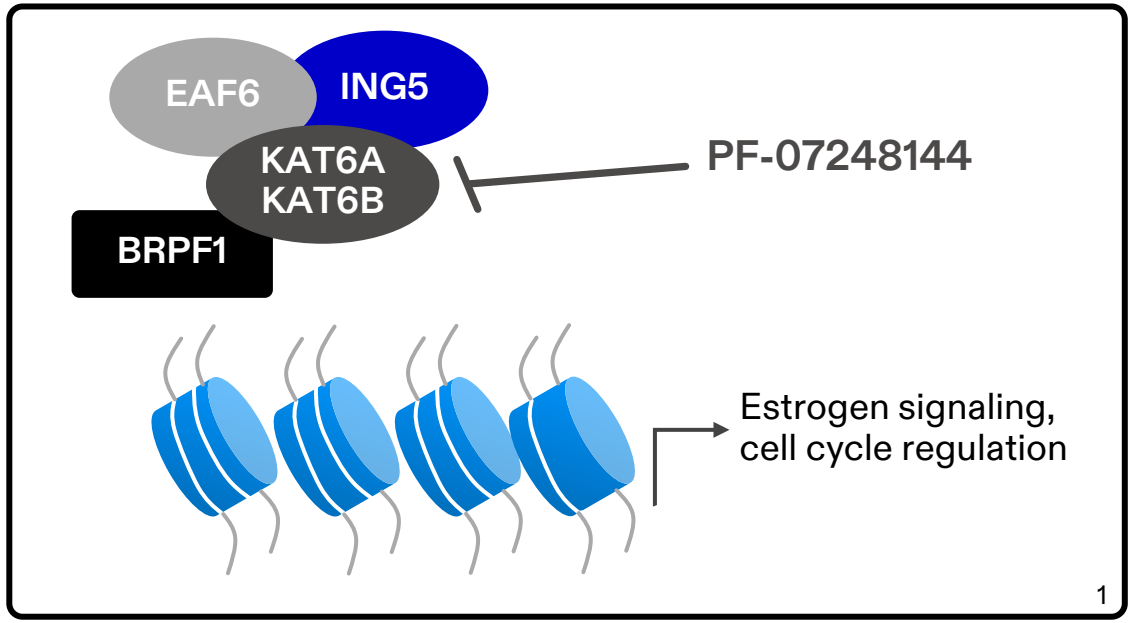
First disclosure: clinical trial presentation AACR 2024 Annual Meeting

FIP, first-in-patient; mets, metastases.

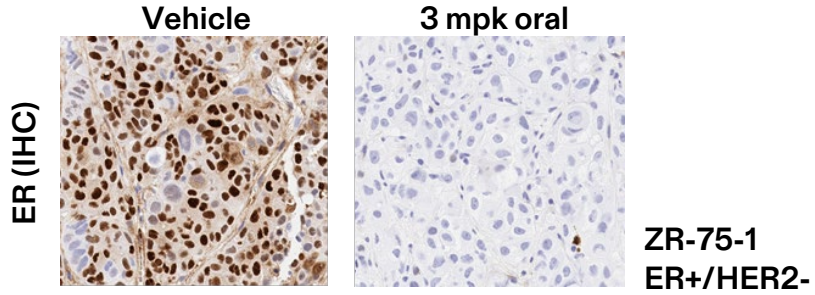
KAT6i (PF-07248144): First-in-Class, Potent, Selective Inhibitor for HR+ Breast Cancer

Mechanism of Action

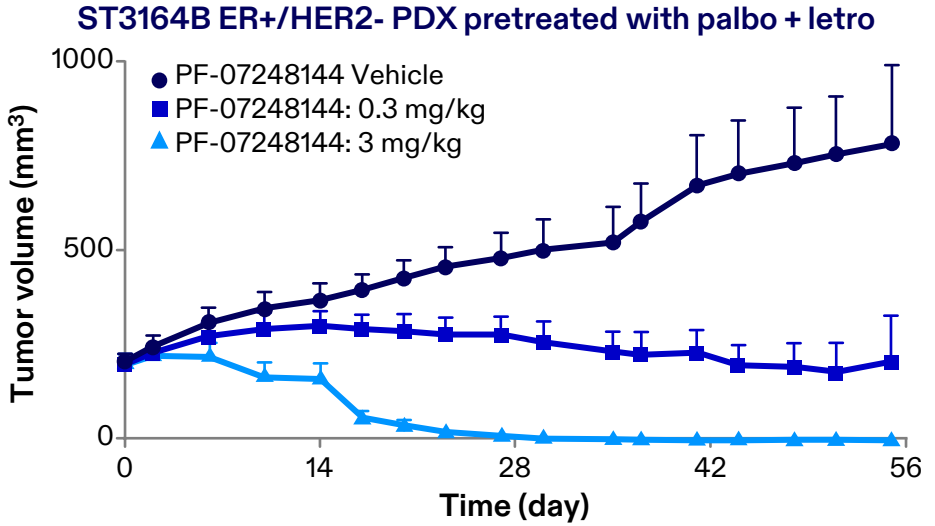
- KAT6A inhibition represses ER transcription to overcome *ESR1* mutants that confer resistance to ET
- Orthogonal inhibition of other oncogenic pathways driving HR+ breast cancer e.g. cell cycle, Myc



PF-07248144 Suppresses ER Expression *In Vivo* (Murine Xenograft)



Potent Antitumor Activity in ER+/HER2- PDX models



[1]Sharma S, et al. Cell Chemical Biology 2023

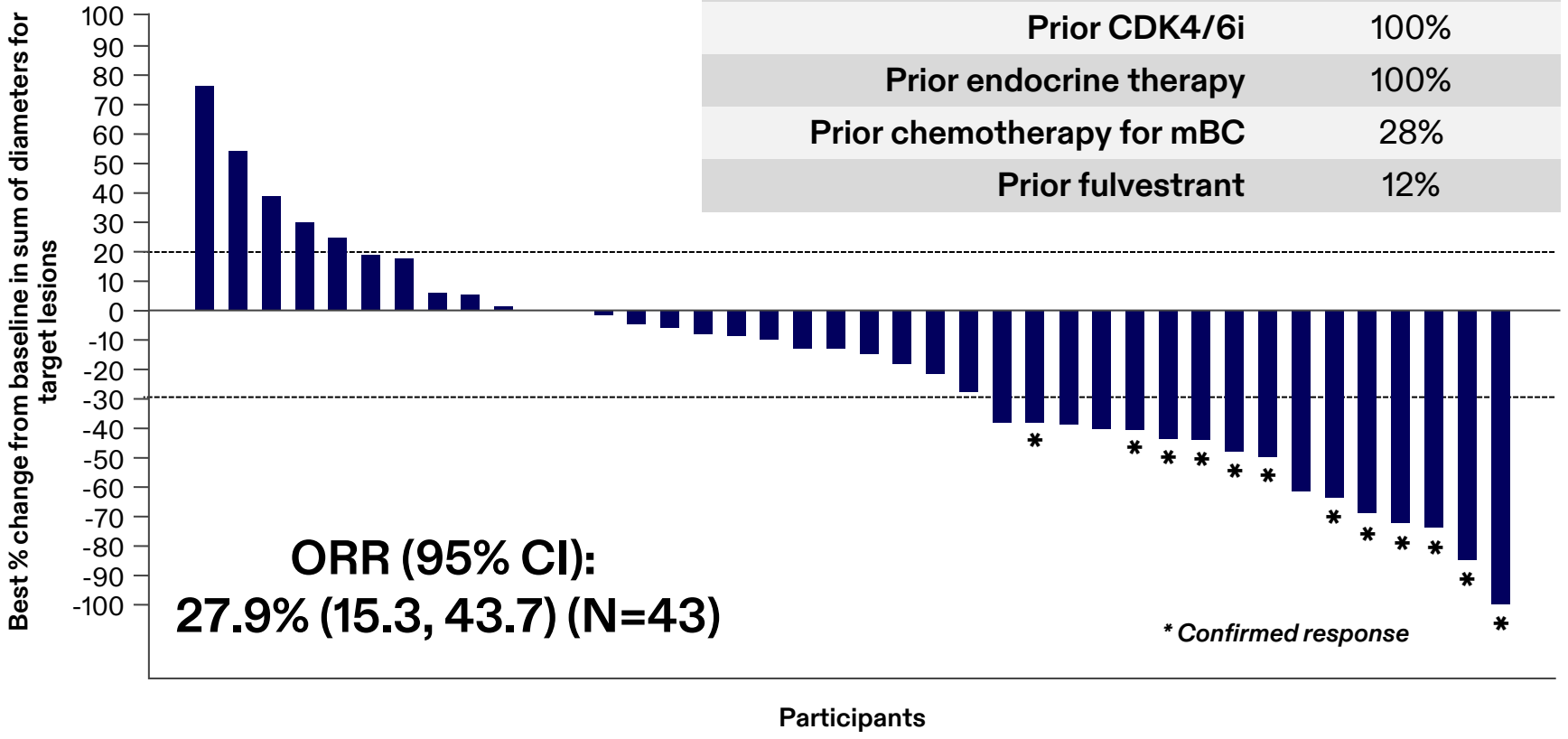
ER, estrogen receptor; ET, endocrine therapy; FIP, first-in-patient; HER2+, human epidermal growth factor receptor 2-positive; HER2-, HER2-negative; PDX, patient-derived xenograft.

NEW DATA

KAT6i: Encouraging Phase 1 Clinical Data

KAT6i (5 mg QD) + Endocrine Therapy in Post-CDK4/6i Metastatic Breast Cancer[1]

Prior lines of therapies for mBC	1 (range: 1-6)
Prior CDK4/6i	100%
Prior endocrine therapy	100%
Prior chemotherapy for mBC	28%
Prior fulvestrant	12%



mPFS 7.5 m (5.3, 11.1) (N=43)

Antitumor activity in both *ESR1* mutant and wild type

Grade 3+ neutropenia ~39%;
Grade 1-2 dysgeusia ~80%

7% discontinuation due to AEs

Dose and scheduling optimization to reduce dysgeusia ongoing

[1]Data on file.
ClinicalTrials.gov: NCT04606446.
Median follow-up 9 months. Prior therapies: 1-6 lines of prior treatment in metastatic setting; 100% post CDK4/6i + ET. Data are based on investigator assessments in patients with measurable disease at baseline.
mBC, metastatic breast cancer; AE, adverse event; CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; CI, confidence interval; KAT6i, lysine acetyltransferase 6 inhibitor; mPFS, median progression-free survival; ORR, objective response rate.

Early Clinical / Preclinical Pipeline Includes Highly Differentiated First-in-Class Molecules

ADC
Biologic
Small molecule

Mesothelin-TOPO1*	Ovarian, Endometrial
CD30-TOPO1*	Lymphoma
LILRB1/2	Solid tumors
αLTβR**	Solid tumors
STING*	Solid tumors

Selected preclinical (FIP expected 2024)

CD30 Tripeptide MMAE	Lymphoma
CEACAM5 TOPO1	Solid tumors
PDL1-Vedotin	Solid tumors
B7H4-Vedotin	Solid tumors
Integrin αV/β8	Solid tumors
CD70	MDS, AML
EGFR-γδ T cell bispecific	Solid tumors
CD228-Anticalin bispecific	Melanoma, Solid tumors
MEK Brain Penetrant	Solid tumors
BRAF Class 1 & 2	Solid tumors
SHP2	Solid tumors
KAT6 + CDK4	Breast cancer
CDK2 + CDK4	Breast cancer
KAT6	Breast cancer
CDK2	Breast cancer

Phase 1

This list does not represent comprehensive preclinical and Phase 1 pipeline. Preclinical compounds with first-in-patient planned in 2024 are shown.
*IND cleared **IND submitted.
MDS, myelodysplastic syndrome; AML, acute myeloid leukemia.

Go-to-Market Impact
Executional Excellence

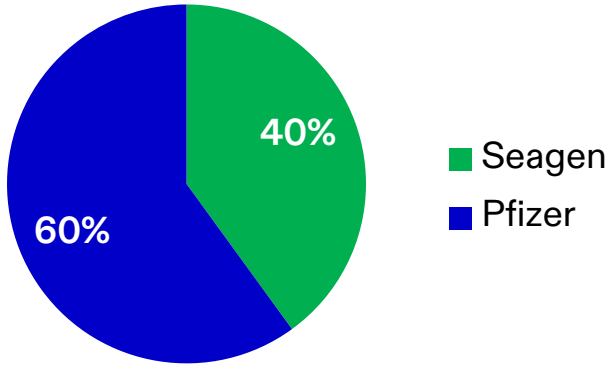
Suneet Varma
Commercial President
Pfizer Oncology

In 2023
2.3M
People living with cancer treated with Pfizer products*

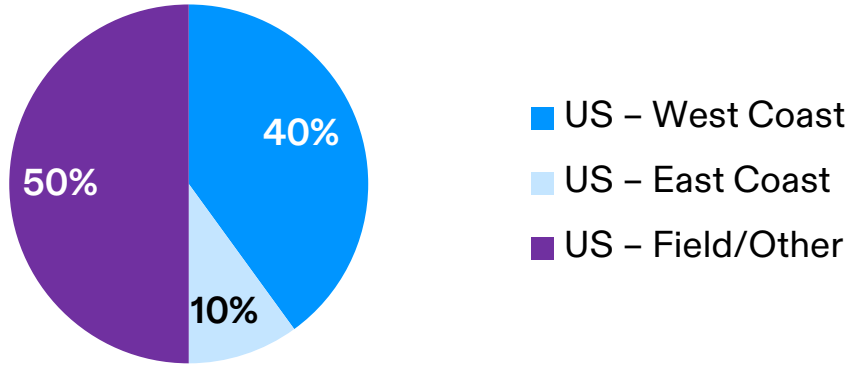
*Includes Pfizer Oncology and Pfizer Hospital Unit sterile injectables/cytotoxics, excludes legacy Seagen products. Nearly 1M patients treated with Pfizer Oncology Innovative Medicine and Biosimilars. See Appendix for additional information.

Our "Best of Both" Fully Operational Commercial Organization Boosts Capabilities and Share of Voice

US Commercial Workforce 60:40 Pfizer:Seagen



Distribution of Workforce Across the US



Teams focused by tumor type to drive performance

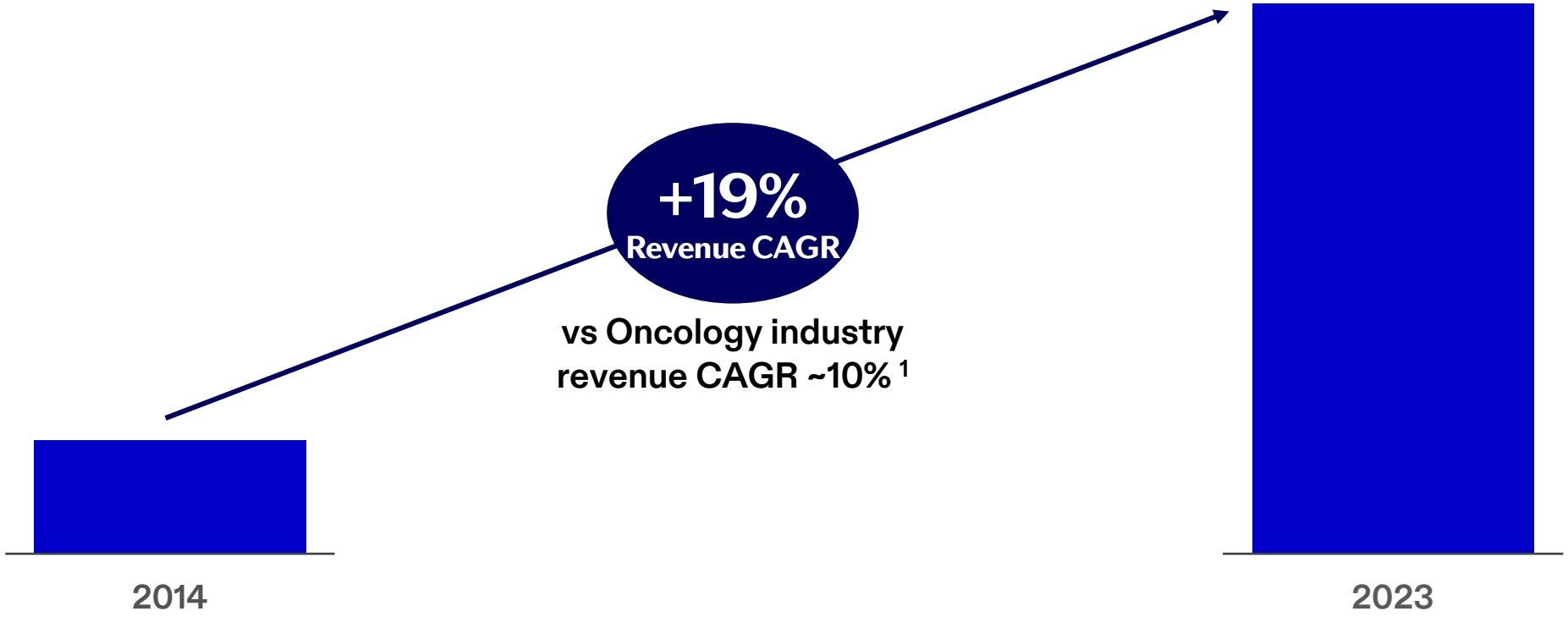
Breast	**Hematology**	**GU** Prostate	**GU** Bladder & RCC	**Thoracic** Lung & HNSCC	**Other** CRC, GYN Melanoma

Cross-Trained Sales and Field Medical

IBRANCE palbociclib | TUKYSA tucatinib | ELREXFIO (elranatamab) | ADCETRIS brentuximab vedotin

RCC, Renal Cell Carcinoma; HNSCC, Head and Neck Squamous Cell Carcinoma; CRC, Colorectal Cancer; GYN, Gynecological.

Pfizer Oncology Revenue has Outpaced Industry Growth Over the Past Decade

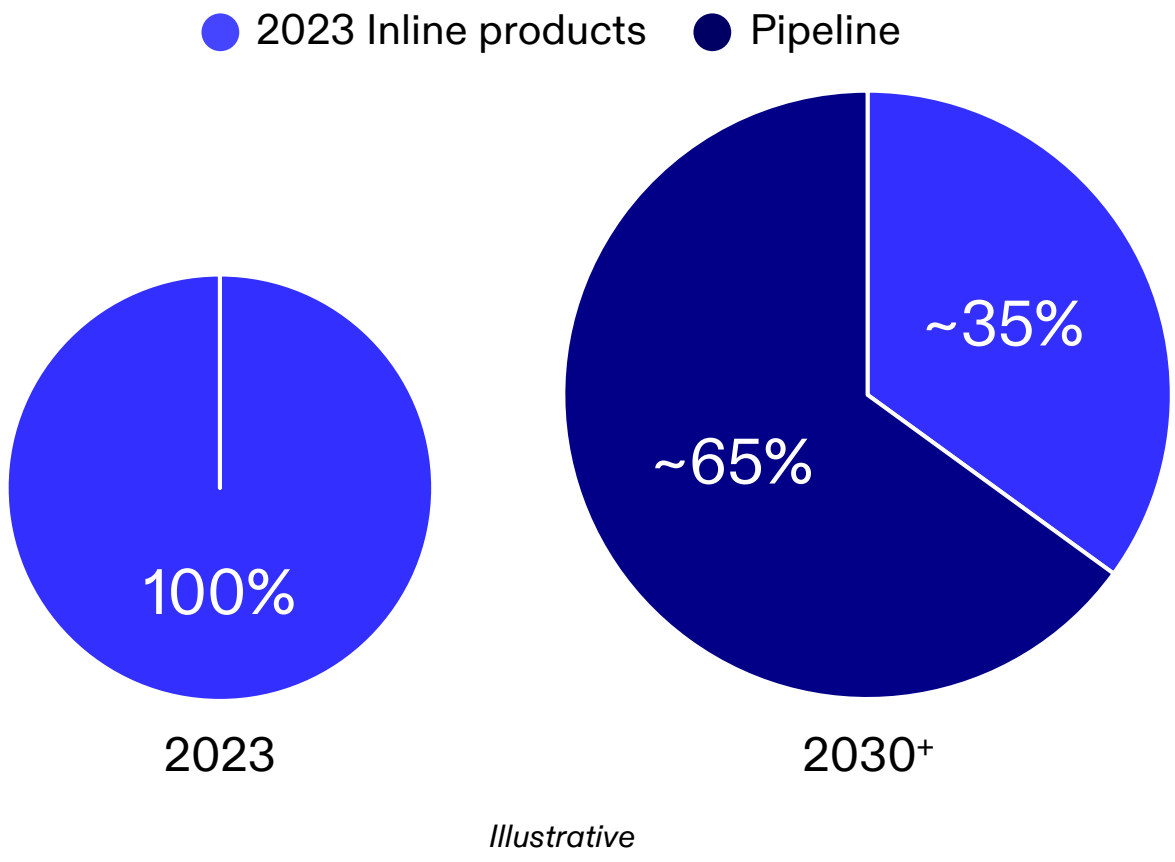


XALKORI crizotinib
Bosulif bosutinib
IBRANCE palbociclib
Xtandi (enzalutamide)
BRAFTOVI (encorafenib)
TALZENNA talazoparib
SUTENT sunitinib malate
Inlyta axitinib
BESPONSA inotuzumab ozogamicin
LORBRENA lorlatinib
MEKTOVI (binimetinib)
ELREXFIO (elranatamab-bcmm)

1. Source: Evaluate Pharma.
CAGR, compound annual growth rate.

Strong Growth Anticipated Through 2030 Driven By Pfizer Oncology Inline and Pipeline Medicines

Approximate Risk-Adjusted Revenue Split 2023 – 2030*



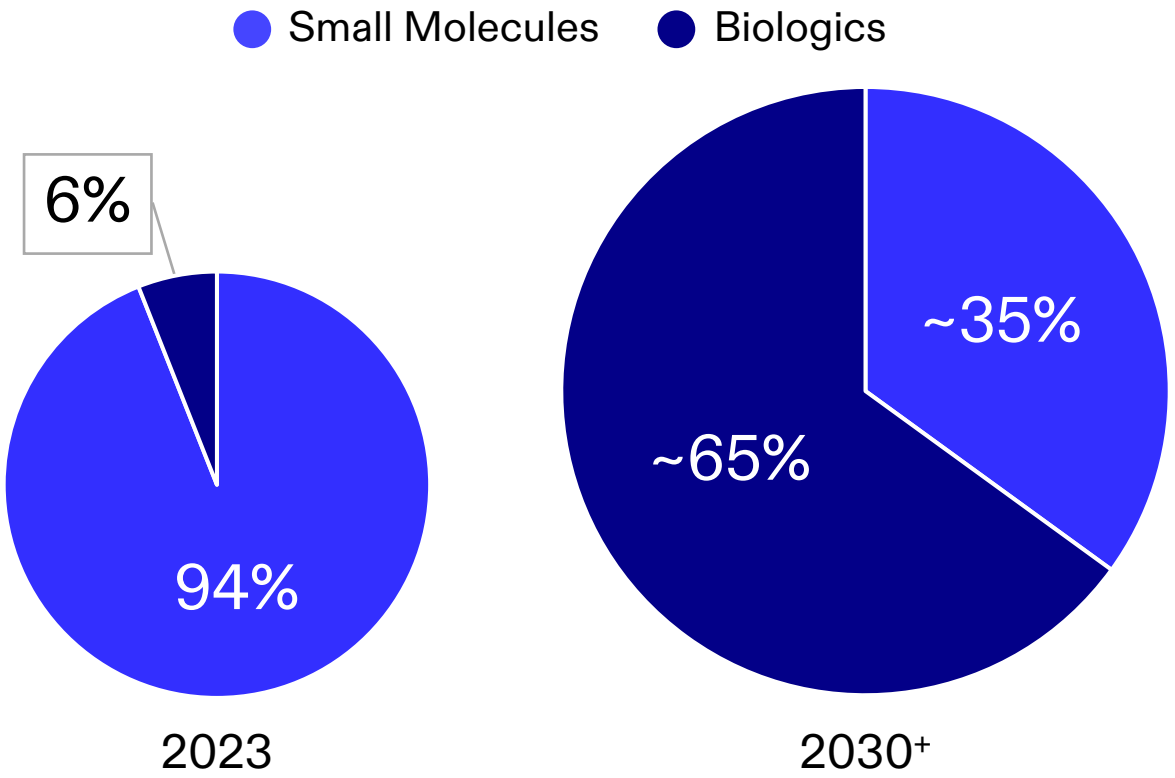
Illustrative

Pfizer Oncology has the potential to be a **growth engine in the second half of the decade** (2025 onwards), catalyzed by our innovative R&D pipeline and ongoing, additional innovation for our currently approved products.

Notes: *Figures are directional. +Includes Seagen pipeline.

Shifting Toward a More Balanced Portfolio Mix, With a Potential 10-Fold* Increase in Proportion of Revenue From Biologics Projected by 2030

Approximate Risk-Adjusted Revenue Split 2023 – 2030*



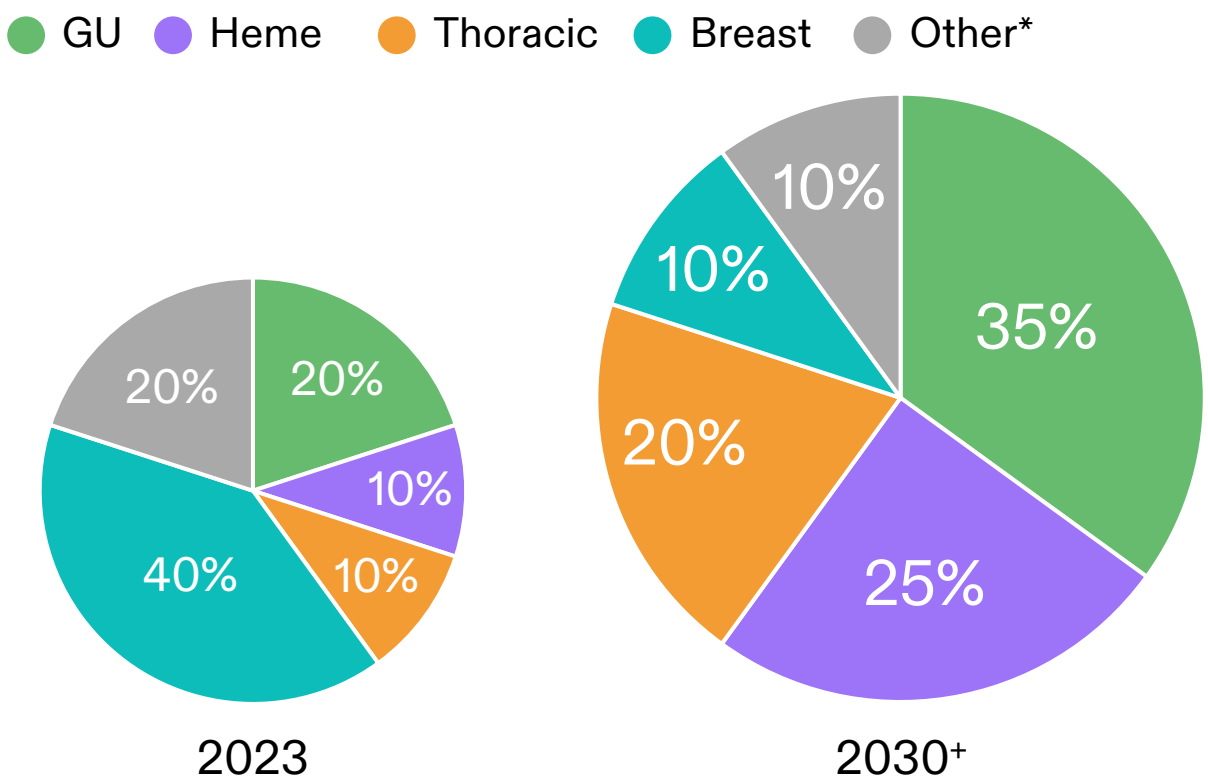
Illustrative

Pfizer Oncology biologics segment expected to be driven by the **increased utilization** of currently commercialized ADCs, **launch of new indications** of current bispecifics and **next generation complex biologics**

Notes: *Figures are directional. +Includes Seagen pipeline; excludes biosimilars.

By 2030, Pfizer's Current Pipeline Could Potentially Deliver 8+ Blockbusters⁺

Approximate Risk-Adjusted Revenue Split 2023 – 2030⁺



Illustrative

	Select Potential Growth Drivers	*Estimated US Patient Populations (2023)[1]*	
Breast	• *Atirmociclib (HR+/HER2- eBC/mBC)* • *Felmetatug vedotin (B7H4-expressing tumors)* • *Disitamab vedotin (HER2+ mBC)* • *Vepdegestrant (ER+ eBC/mBC)*	**HR+/HER2- Breast** ~220K Early stage ~35K 1L Metastatic ~20K 2L Metastatic	**HER2+ Breast** ~35K Early stage ~10K Metastatic
Thoracic	• *Sigvotatug vedotin (NSCLC)* • *LORBRENA (ALK+ NSCLC)* • *PDL1V (PD-L1-expressing tumors)*	**HNSCC** ~45K Locally advanced ~22K Metastatic	**NSCLC** ~136K Early stage ~143K Metastatic
Heme	• *ELREXFIO (R/R, newly diagnosed MM)* • *Maplirpacept (AML)*	**MM** ~31K Newly diagnosed[#] ~18K Relapse / Refractory	**AML** ~8K 1L Non-intensive
GU	• *Disitamab vedotin (HER2+ mUC)* • *Mevrometostat (1L mCRPC)* • *PADCEV (mUC, MIBC)* • *Sasanlimab (High risk NMIBC)* • *TALZENNA (1L mCRPC, HRRm mCSPC)*	**Prostate** ~16K High risk nmCSPC ~30K mCSPC ~26K nmCRPC ~51K 1L mCRPC	**Bladder** ~38K High risk NMIBC ~28K MIBC ~18K Locally advanced / Metastatic UC

Mevrometostat = EZH2i; Atirmociclib = CDK4i.

Source: 1. Adapted from US CancerMPact Patient Metrics, Cerner Enviza (2024).

Notes: ⁺subject to technical success and regulatory approval, figures are directional. *Other includes biosimilars, melanoma, colorectal, additional Ph1 pipeline, royalties.
[#]Symptomatic MM.

Driving Growth Through Potential Near-Term Launches*

		Medicine	Anticipated Indication⁺	Clinical Trial	Potential Launch Year
Breast	*NME*	Vepdegestrant	2L ER+ mBC	VERITAC-2	2025
	NME	Atirmociclib	2L HR+/HER2- mBC	FourLight1	2026
		TUKYSA	1L HER2+ Maintenance mBC	HER2CLIMB-05	2026
		IBRANCE	1L HER2+ mBC	PATINA	2025
GU – Bladder	*NME*	Disitamab vedotin	2L HER2+/Low mUC	G-001	2026
	NME	Sasanlimab	NMIBC	CREST	2026
GU – Prostate		TALZENNA + XTANDI	HRRm mCSPC	TALAPRO-3	2026
	NME	Mevrometostat	Post-Abiraterone mCRPC	--	2026
Hematology		ELREXFIO	DCE MM	MagnetisMM-5	2025/2026
Thoracic – Lung		LORBRENA	1L ALK+ NSCLC	CROWN	2024#
Colorectal		BRAFTOVI	1L BRAFm mCRC	BREAKWATER	2025
		TUKYSA	1L HER2+ mCRC	MOUNTAINEER-03	2026

Mevrometostat = EZH2i; Atirmociclib = CDK4i; NME = New Molecular Entity.
Notes: *Subject to data readout and regulatory success. ⁺Not inclusive of all possible future indications. #Anticipated 5-year data readout.
CRC, colorectal cancer; DCE, double class exposed; ER+, estrogen receptor-positive; HER2-, human epidermal growth factor receptor 2-negative; HR+, hormone receptor-positive; HRRm, homologous recombination repair gene alterations; mBC, metastatic breast cancer; mCSPC, metastatic castration-sensitive prostate cancer; mUC, metastatic urothelial carcinoma; MM, multiple myeloma; NMIBC, non-muscle invasive bladder cancer; NSCLC, non-small-cell lung cancer.

Highlights of the Pfizer In-Line Oncology Portfolio, Strong 2024 Anticipated

PADCEV®
enfortumab vedotin-ejfv
Injection for IV infusion 20 mg & 30 mg vials

Xtandi®
(enzalutamide)
40 mg tablets | 80 mg tablets

TALZENNA®
talazoparib 0.5 mg capsules

ELREXFIO™
(elranatamab-bcmm)
INJECTION FOR SUBCUTANEOUS USE | 44 mg/1.1 mL 76 mg/1.9 mL

ADCETRIS®
brentuximab vedotin | injection 50 mg

IBRANCE®
palbociclib

LORBRENA®
LORLATINIB | 100 mg tablets

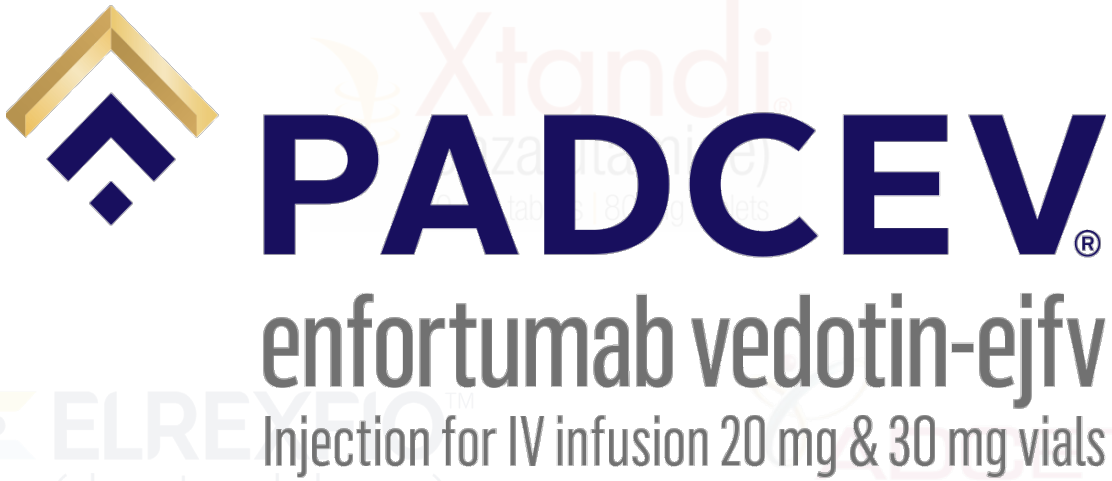
Highlights of the Pfizer In-Line Oncology Portfolio

IBRANCE®
palbociclib

- IBRANCE remains the US market leader in CDKi class, with 50+% 1L TRx share
- Competitive headwinds continue
- International independent Phase 2 PARSIFAL-LONG showed 1L OS >60 months for IBRANCE in combination with endocrine therapy[1]
- First of many Phase 3 novel combination studies readout positive (Roche, INAVO-120)[2]

See full prescribing information at www.ibrance.com – IBRANCE- palbociclib capsule / IBRANCE- palbociclib tablet, film coated.
1. Llombart-Cussac A, et al. SABCS 2023. 2. Jhaveri K, et al. SABCS 2023.
CDKi, cyclin-dependent kinase inhibitor; OS, overall survival.

Highlights of the Pfizer In-Line Oncology Portfolio, Strong 2024 Anticipated



- Nearly 20,000 eligible US patients following 1L full approval
- +60% YOY (FY23 vs FY22) revenue growth in US
- Broad adoption across Community Clinics
- Potential mega-blockbuster opportunity

See full prescribing information at www.padcev.com - PADCEV.
FY, financial year; YOY, year-on-year.

Highlights of the Pfizer In-Line Oncology Portfolio, Strong 2024 Anticipated

- First & only ARI approved to treat 4 types of advanced prostate cancer ~123,000 eligible patients in US
- +11% YOY (FY23 v FY22) total demand growth in US
- New EMBARK important opportunity in earliest setting (nmCSPC with biochemical recurrence at high risk of metastasis)

See full prescribing information at www.xtandi.com - XTANDI.

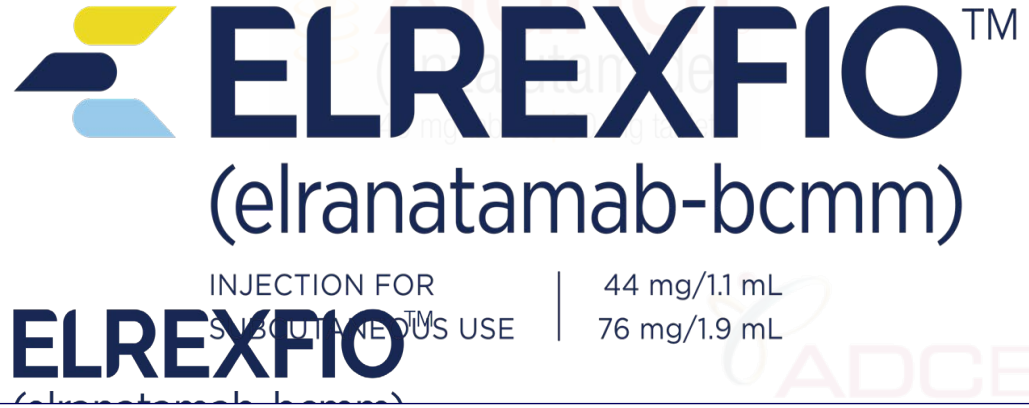
ARI, androgen receptor inhibitor; FY, financial year; nmCSPC, non-metastatic castration-sensitive prostate cancer; YOY, year-on-year.

Highlights of the Pfizer In-Line Oncology Portfolio, Strong 2024 Anticipated

- 15,000 patients eligible in US (HRRm mCRPC)
- 2H 2023 run rate doubled 1H 2023
- EU "first & only" PARPi + XTANDI approval for adult patients with mCRPC, with or without gene mutations
- Anticipate ~18 country launches in 2024

See full prescribing information at www.Talzenna.com – TALZENNA.
HRR+, homologous recombination repair-positive; mCRPC, metastatic castration-resistant prostate cancer.

Highlights of the Pfizer In-Line Oncology Portfolio, Strong 2024 Anticipated



- 5L+ triple class exposed relapse refractory MM (FDA label): ~1,700 treatment-eligible patients in US for the indicated population
- Sales momentum continues to build
- Phase 2 MagnetisMM-3: mPFS of 17.2 months reported, median duration of response not yet reached, OS update anticipated in 2024
- 16 country launches anticipated by end 2024

See full prescribing information at www.Elrexfio.com - ELREXFIO.
MM, multiple myeloma; mPFS, median progression-free survival; OS, overall survival.

Highlights of the Pfizer In-Line Oncology Portfolio, Strong 2024 Anticipated

- ~14,000 eligible patients across Hodgkin's disease & PTCL in US
- +19% YoY (FY23 vs FY22) revenue growth in US
- ADCETRIS + AVD remains standard of care in the frontline setting for patients with Stage III/IV cHL with 6-year OS data in label

See full prescribing information at www.Adcetris.com - ADCETRIS.

cHL, classic Hodgkin Lymphoma; FY, financial year; OS, overall survival; PTCL, peripheral t-cell lymphoma; YOY, year-on-year.

Highlights of the Pfizer In-Line Oncology Portfolio, Strong 2024 Anticipated

- 1L ALK+ NSCLC, ~3,600 treatment eligible patients in US
- +62% YOY (FY23 v FY22) revenue growth globally
- Anticipate potentially practice changing, 5-year data readout from CROWN trial in 2024

New Pfizer Oncology: Reaching Every Last Patient Faster, Through Rapid and Seamless Execution

Nearly triple the customer-facing footprint*

Cross-training

Increased share of voice

Operations in >100 countries around the world

US

International developed markets

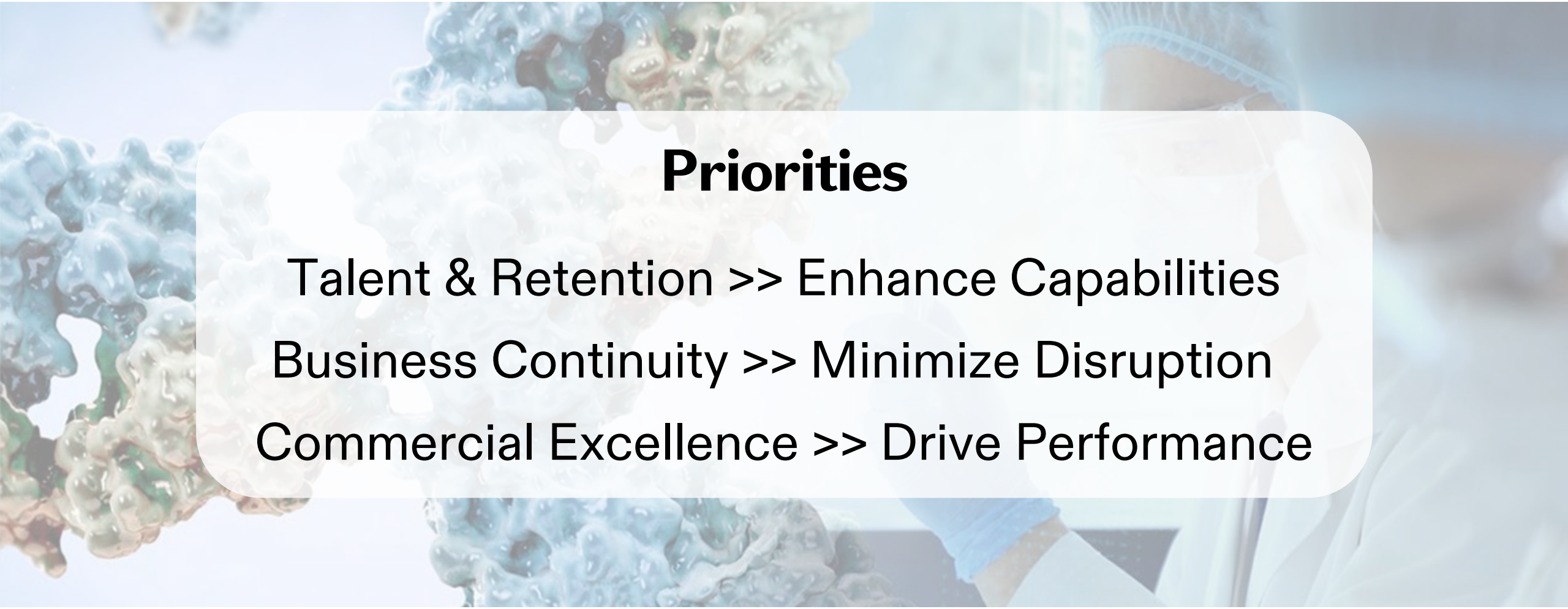
Emerging markets

Scaled Centers of Excellence capabilities

- Elevated chief marketing office
- Predictive analytics, data and insights
- Dedicated global access & value
- Newly integrated medical affairs

*as compared to Seagen alone.

New Pfizer Oncology Go-to-Market Engine Poised to Execute Flawlessly



Priorities

Talent & Retention >> Enhance Capabilities

Business Continuity >> Minimize Disruption

Commercial Excellence >> Drive Performance

Oncology Innovation Day

Q&A

02.29.2024

Summary

Chris Boshoff
Chief Oncology Officer

See Slide 3, “Forward-Looking Statements, Non-GAAP Financial Information and Other Notices,” for important notices and information.

Key Oncology Catalysts Anticipated Through 1H 2025

Commercial

PADCEV launch
LA/mUC (EV-302)

XTANDI launch
nmCSPC with high-risk BCR (EMBARK)

TALZENNA + XTANDI launch
1L mCRPC (TALAPRO-2)

ELREXFIO launch
TCR MM

Phase 3 Data Readouts

Vepdegestrant
2L ER+ mBC (VERITAC-2)

BRAFTOVI
1L BRAF CRC (BREAKWATER)

Sasanlimab
NMIBC (CREST)

ELREXFIO
DCE MM (MagnetisMM-5)

IBRANCE
HER2+ mBC (PATINA)

TALZENNA + XTANDI
Overall survival (TALAPRO-2)

Disitamab vedotin*
2L+ HER2+/low mUC

Phase 3 Study Starts

Atirmociclib
2L HR+/HER2- mBC ✓

Sigvotatug vedotin
2L-3L NSCLC ✓

ELREXFIO
2L+ post-CD38 MM ✓

Mevrometostat + XTANDI
Post-abiraterone mCRPC

Mevrometostat + XTANDI
treatment-naïve mCRPC

Atirmociclib
1L HR+/HER2- mBC

Early-Stage Pipeline

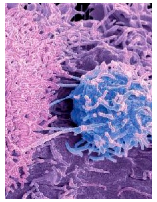
FIP of 8+ NMEs across small molecules and biologics, including 4 ADCs

Key data readouts
PD-L1 and B7H4 ADCs

*Registration-intent Phase 2 trial.

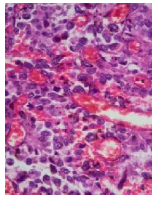
ADC, antibody-drug conjugate; BCR, biochemical recurrence; CRC, colorectal cancer; DCE, double class exposed; H, half; HR+, hormone receptor-positive; LA, locally advanced; mBC, metastatic breast cancer; mCRPC, metastatic castration-resistant prostate cancer; MM, multiple myeloma; mUC, metastatic urothelial carcinoma; nmCSPC, non-metastatic castration-sensitive prostate cancer; NME, new medical entity; NMIBC, non-muscle invasive bladder cancer; NSCLC, non-small cell lung cancer; OS, overall survival; PD-L1, programmed cell death-ligand 1; TCR, triple class refractory.

Additional Pivotal Readouts Anticipated 2H 2025 and Beyond to Drive Longer-Term Sustainable Growth



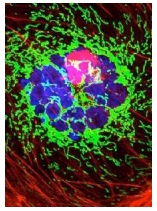
Genitourinary Cancer

TALZENNA HRRm mCSPC	**Mevrometostat** Post-abi mCRPC	**Mevrometostat** Treatment-naïve mCRPC	**Disitamab vedotin** 1L HER2+ mUC	**PADCEV** Cis-eligible MIBC	**PADCEV** Cis-ineligible MIBC



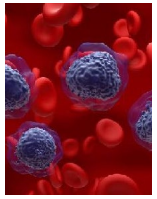
Thoracic Cancer

Sigvotatug vedotin 2L-3L NSCLC	**Sigvotatug vedotin** 1L NSCLC



Breast Cancer

TUKYSA 1L HER2+ maint. mBC	**Atirmociclib** 2L HR+/HER2– mBC	**TUKYSA** 2L/3L HER2+ mBC	**TUKYSA** HER2+ adj. BC	**Atirmociclib** 1L HR+/HER2– mBC	**Vepdegestrant + Atirmociclib / IBRANCE** 1L ER+ mBC



Hematology–Oncology

ELREXFIO 2L+ post-CD38 MM	**ELREXFIO** NDMM PTM	**ELREXFIO** NDMM TI

Anticipated readouts 2H 2025-2030. Sequence of readouts may differ from slide presentation due to event-driven nature of studies.
Additional potential readout includes TUKYSA® (MOUNTAINEER-03) in 1L HER2+ mCRC.

abi, abiraterone; BC, breast cancer; cis, cisplatin; CRC, colorectal cancer; ER+, estrogen receptor-positive; HER2+, human epidermal growth factor receptor 2-positive; HER2–, HER2-negative; HR+, hormone receptor-positive; HRRm, homologous recombination repair mutation; mBC, metastatic breast cancer; mCRPC, metastatic castration-resistant prostate cancer; mCSPC, metastatic castration-sensitive prostate cancer; MIBC, muscle-invasive bladder cancer; MM, multiple myeloma; mUC, metastatic urothelial carcinoma; NDMM, newly diagnosed multiple myeloma; NHT, novel hormonal therapy; PTM post-transplant maintenance; TI, transplant-ineligible.

Accelerating Breakthrough Therapies Through the Power of Combined Expertise, Broad Portfolio, and Global Scale

Strengthening core business

Driving longer-term sustainable growth

Propelling next wave of Oncology innovation

2030 Goals

2x patients reached

8+ blockbuster medicines

~65% business from biologics

Pfizer is working towards achievement of these goals, which are subject to, among other things, clinical trial, regulatory and commercial success and availability of supply. NME, new molecular entity.


Pfizer

Appendix

The patients treated metric is calculated from Pfizer and third-party datasets. This estimate does not include Seagen patients treated. Figures may be limited given the coverage provided by external sources (e.g., calendar duration, geographic and product coverage) and are subject to change. Numbers are estimates and in some cases use global volume, daily dosage and number of treatment days to facilitate calculations. Methodologies to calculate estimates may vary by product type given the nature of the product and available data. Patients taking multiple Pfizer products may be counted as multiple patients towards total. Numbers do not include comprehensive estimated patient counts from Ex-U.S. Access & Affordability programs. Historical estimates may periodically be subject to revision due to restatements in the underlying data source.