ASCO 2008
Analyst Briefing

June 2, 2008

Pfizer Oncology

Forward-Looking Statements and Non-GAAP Financial Information

- Discussions at this meeting will include forward-looking statements. Actual results could differ materially from those projected in the forward-looking statements. The factors that could cause actual results to differ are discussed in Pfizer's 2007 Annual Report on Form 10-K and in our reports on Form 10-Q and Form 8-K.
- Also, discussions during this meeting may include certain financial measures that were not prepared in accordance with generally accepted accounting principles. Reconciliations of those non-GAAP financial measures to the most directly comparable GAAP financial measures can be found in Pfizer's Current Reports on Form 8-K dated April 17, 2008.
- These reports are available on our website at www.pfizer.com in the "Investors—SEC Filings" section.

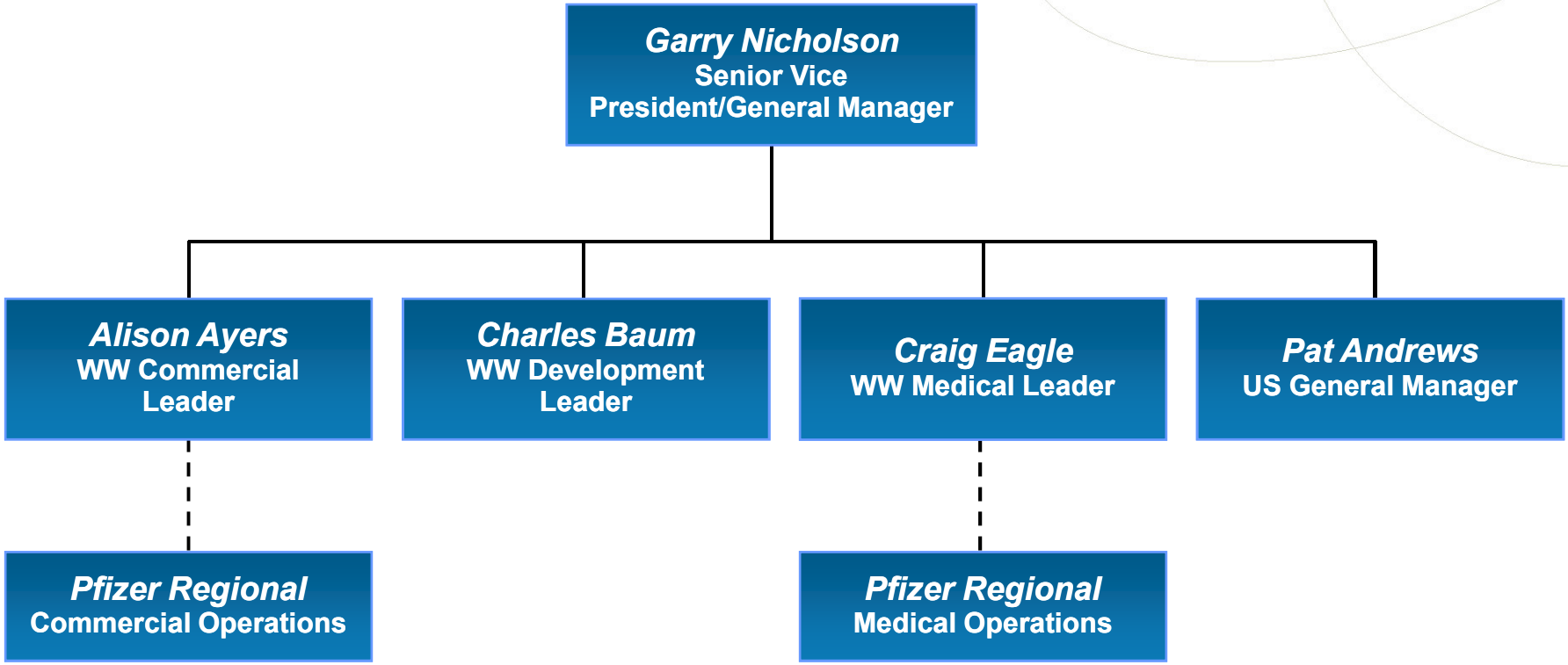
Pfizer's Emerging Leadership in Oncology

Alison Ayers

World Wide Commercial Leader

Pfizer Oncology

Pfizer Oncology Leadership Team



Pfizer Therapeutic Area Priorities

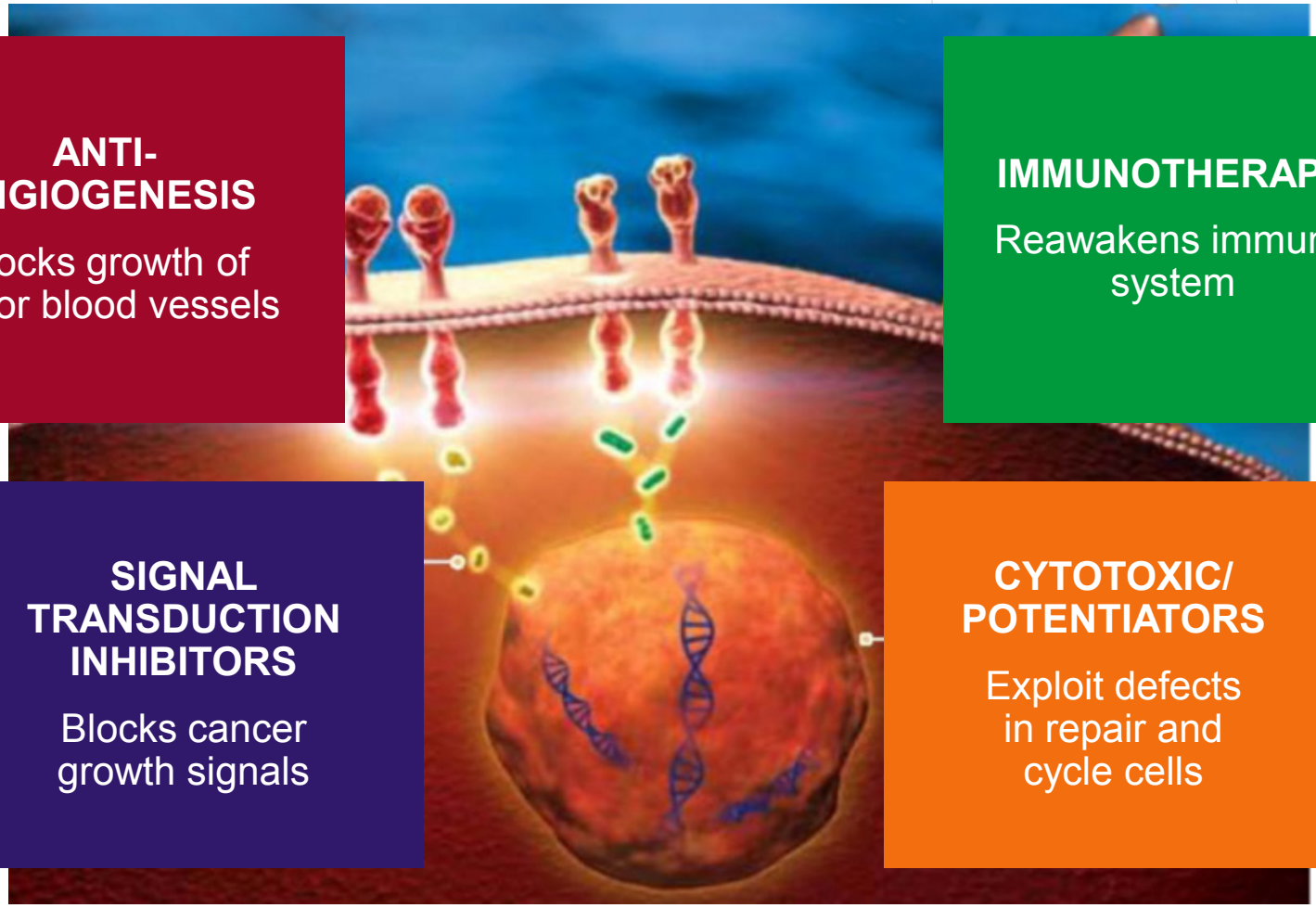
Invest to Win		
First or Best in Class	**High Market Growth**	**High Unmet Need**
✓	✓	✓

- ***Oncology***
- Pain
- Immunology/Inflammation
- Diabetes/Obesity
- Alzheimer's Disease
- Schizophrenia

Oncology R&D Achievements

Increase in number of oncology R&D projects in past five years	**400%**
Ongoing or planned oncology studies	**232**
Oncology compounds in clinical development	**22**
Research budget dedicated to oncology	**22%**

Pfizer's Four Oncology Research Platforms



ANTI-ANGIOGENESIS

Blocks growth of tumor blood vessels

IMMUNOTHERAPY

Reawakens immune system

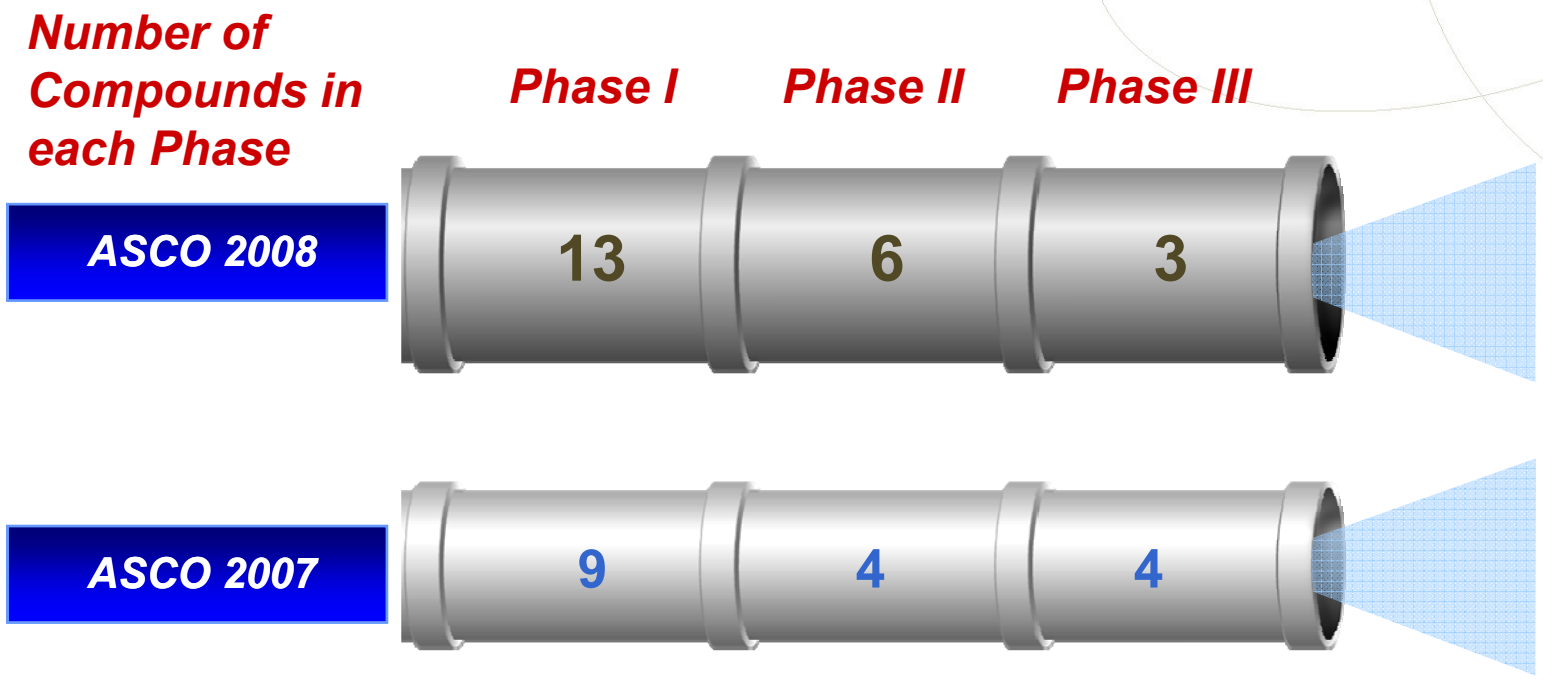
SIGNAL TRANSDUCTION INHIBITORS

Blocks cancer growth signals

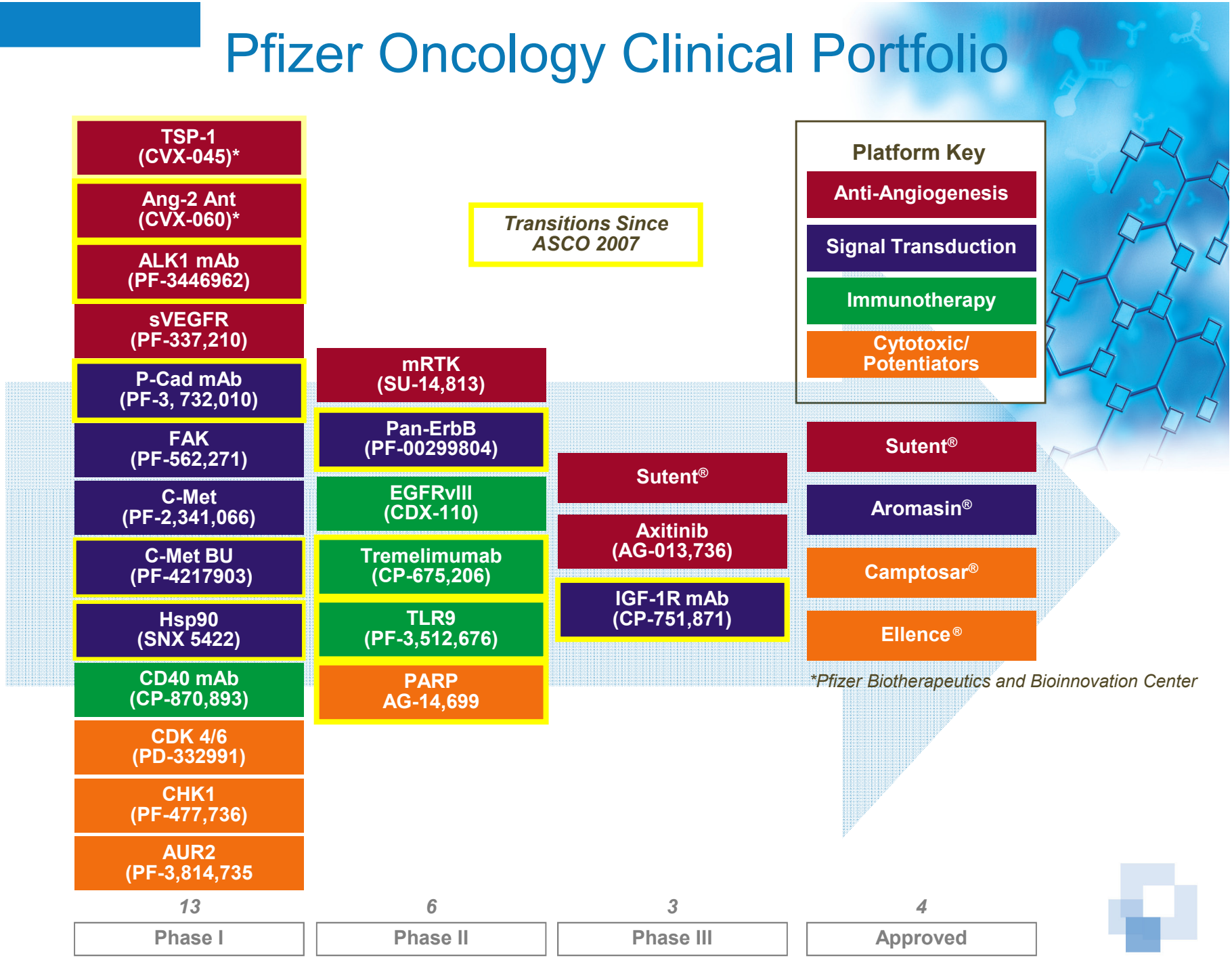
CYTOTOXIC/ POTENTIATORS

Exploit defects in repair and cycle cells

Advances in the Oncology Pipeline in the Clinic



Pfizer Oncology Clinical Portfolio



*Pfizer Biotherapeutics and Bioinnovation Center

Recent Oncology Licensing and Acquisitions

Company/Compound	Value to Pfizer Portfolio
Avant – license CDX-110 (EGFRvIII vaccine)	Novel vaccine in Phase IIb/III for GBM High unmet medical need
Serenex – acquisition SNX-5422 (Hsp90 inhibitor)	Phase I, novel mechanism Complementary to portfolio
CovX – acquisition CVX 045 (thrombospondin), CVX 060 (angiopoietin)	Two Phase I agents Novel anti-angiogenesis mechanisms
Coley – acquisition Vaccine platform, TLR-7 and TLR-9 programs	Expands vaccine development capability Strengthens immuno-oncology portfolio

Pfizer Oncology

ASCO 2008: Abstracts on Pfizer Products

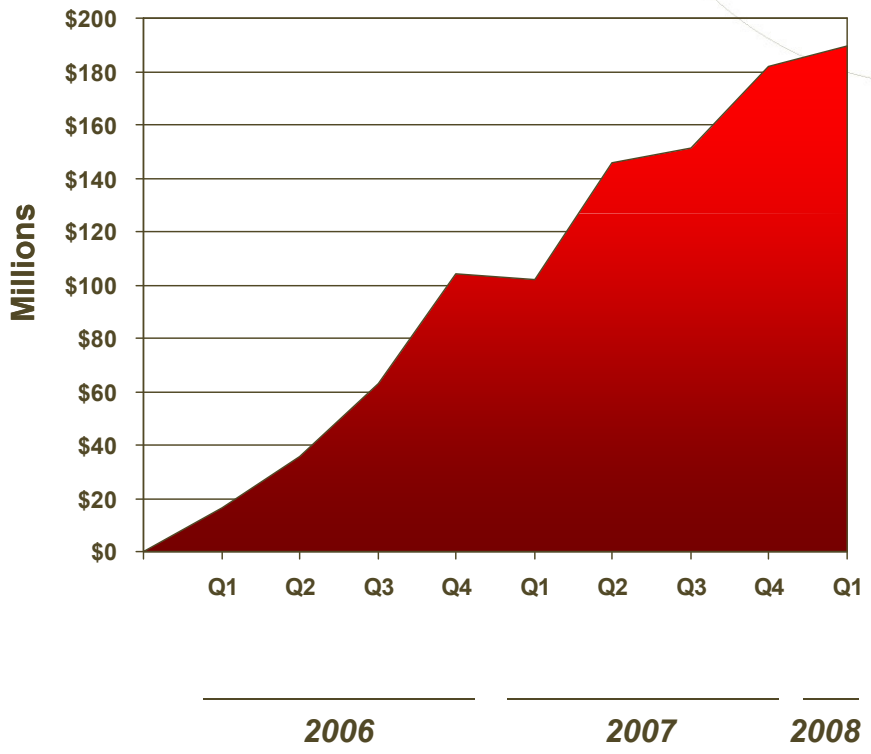
	2006	2007	2008
Anti-Angiogenesis Portfolio			
Sutent (mRTK Inhibitor)	**17**	**33**	**273**
Axitinib (VEGFR Inhibitor)	**1**	**5**	**4**
CP-868,596 (PDGFR Inhibitor)		**1**	**1**
SU-14,813 (mRTK Inhibitor)		**1**	**1**
CVX-045 (TSP-1)			**1**
Immunotherapy			
CDX-110 (EGFRvIII vaccine)			**1**
CP-675,206 (CTLA4 Inhibitor)	**4**	**4**	**7**
PF-3,512,676 (TLR9 Agonist)	**1**		**3**
CP-870,893 (CD40 Inhibitor)	**1**		
Signal Transduction Inhibitors			
CP-751,871 (IGF-1R Inhibitor)	**1**	**4**	**4**
PF-562,271 (FAK Inhibitor)		**1**	**1**
PF-00299804 (Pan-HER Inhibitor)		**1**	**1**
Cytotoxic Potentiators			
PF-3,814,735 (aurora inhibitor)			**1**
PF-477,736 (Chk 1 Inhibitor)		**1**	
PD-332,991 (CDK 4/6 Inhibitor)	**1**	**1**	
TOTAL	***26***	***52***	***299***

Sutent: Established mRCC Market Leader

mRCC Patient Share – 1st Line

US	59%
France	74%
Germany	63%
Spain	63%
Italy	51%
UK	37%

WW Sales by QTR



Sources: US share = ImpactRx (April '08 data; N=153); EU share = Custom Patient Record Study (fielded 4Q07; >1,200 patient records sampled); WW Sales = Internal sales

Sunitinib (Sutent) Phase III Trials

Breast cancer		2	2
NSCLC			1
GU	2(RCC)		1(HRPC*)
CRC		1	
Other GI		1(HCC*)	1(NET)

**To be initiated in 2008; all others are ongoing*

Recent Phase III Starts

Phase III Starts Since ASCO 2007

Sutent	First line CRC
Sutent	Second line NSCLC
Sutent	Adjuvant RCC
Axitinib	Pancreatic cancer
CP-751,871	First line NSCLC
CP-751,871	Refractory NSCLC

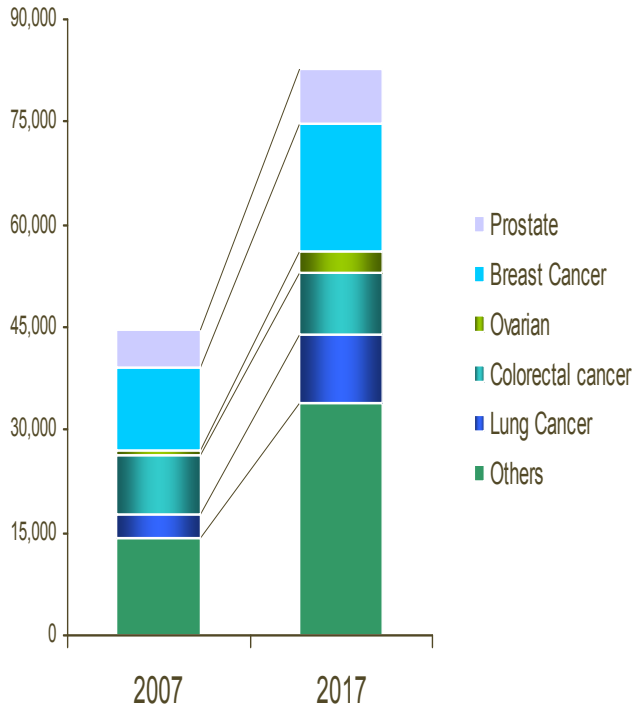
Phase III Trials Expected to be Initiated in 2008

Sutent	First line HCC
Sutent	Second line mHRPC
Axitinib	Second line mRCC
Axitinib	First line NSCLC
CP-751,871	First line NSCLC

Pfizer Oncology

Pfizer Programs in High Growth Segments

Oncology Market Sales by Indication 2007-2017



Pfizer Programs Phase II and Phase III

	Sutent	Axitinib	IGF-1R mAb	EGFRvIII	Pan-ErbB	mTKI	PARP	TLR9	CTLA4 mAb
Prostate	✓		✓						
Breast	✓	✓	✓				✓		
Colorectal	✓	✓	✓						✓
Lung	✓	✓	✓		✓			✓	✓
Other	✓	✓	✓	✓		✓		✓	✓

Sources: Market size from Wood MacKenzie

NSCLC Development Program

Chuck Baum, M.D., Ph.D.

CP-751,871 (IGF-1R mAb)

Sutent

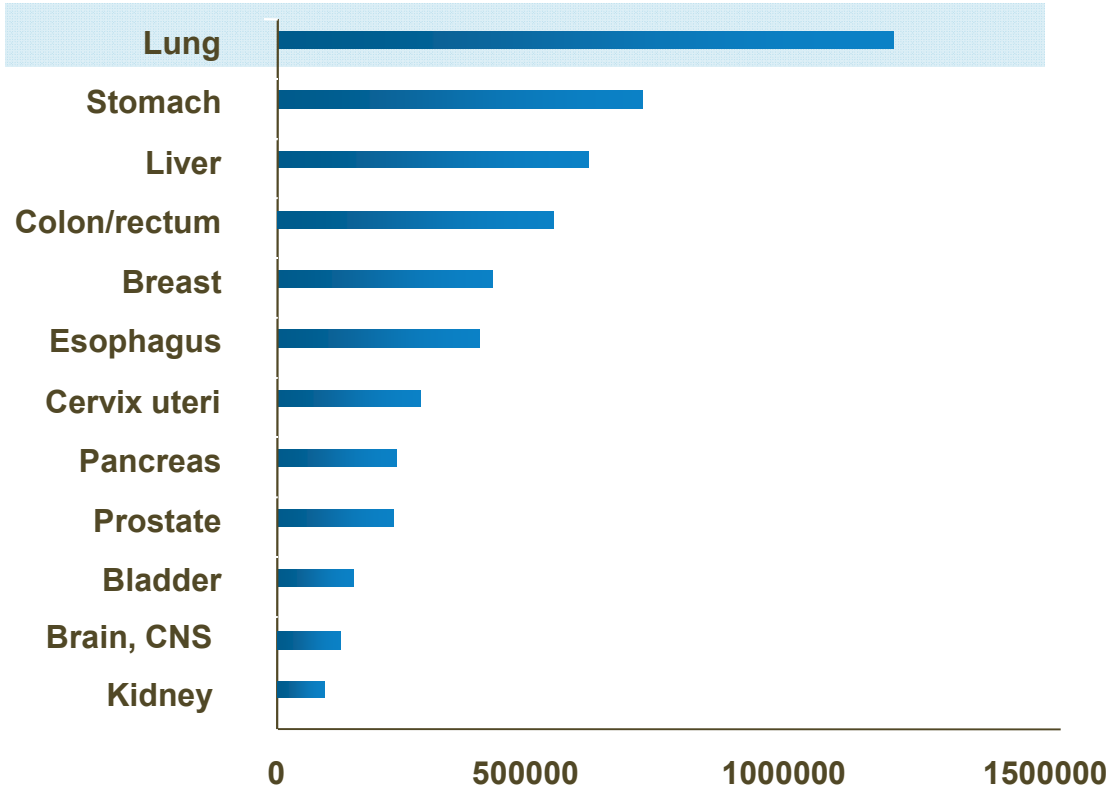
Axitinib

PF-00299804 (pan-ErbB)

NSCLC Tumor Overview

- The NSCLC Market remains attractive due to the lack of effective treatment options across all lines of therapy

Cancer Global Mortality



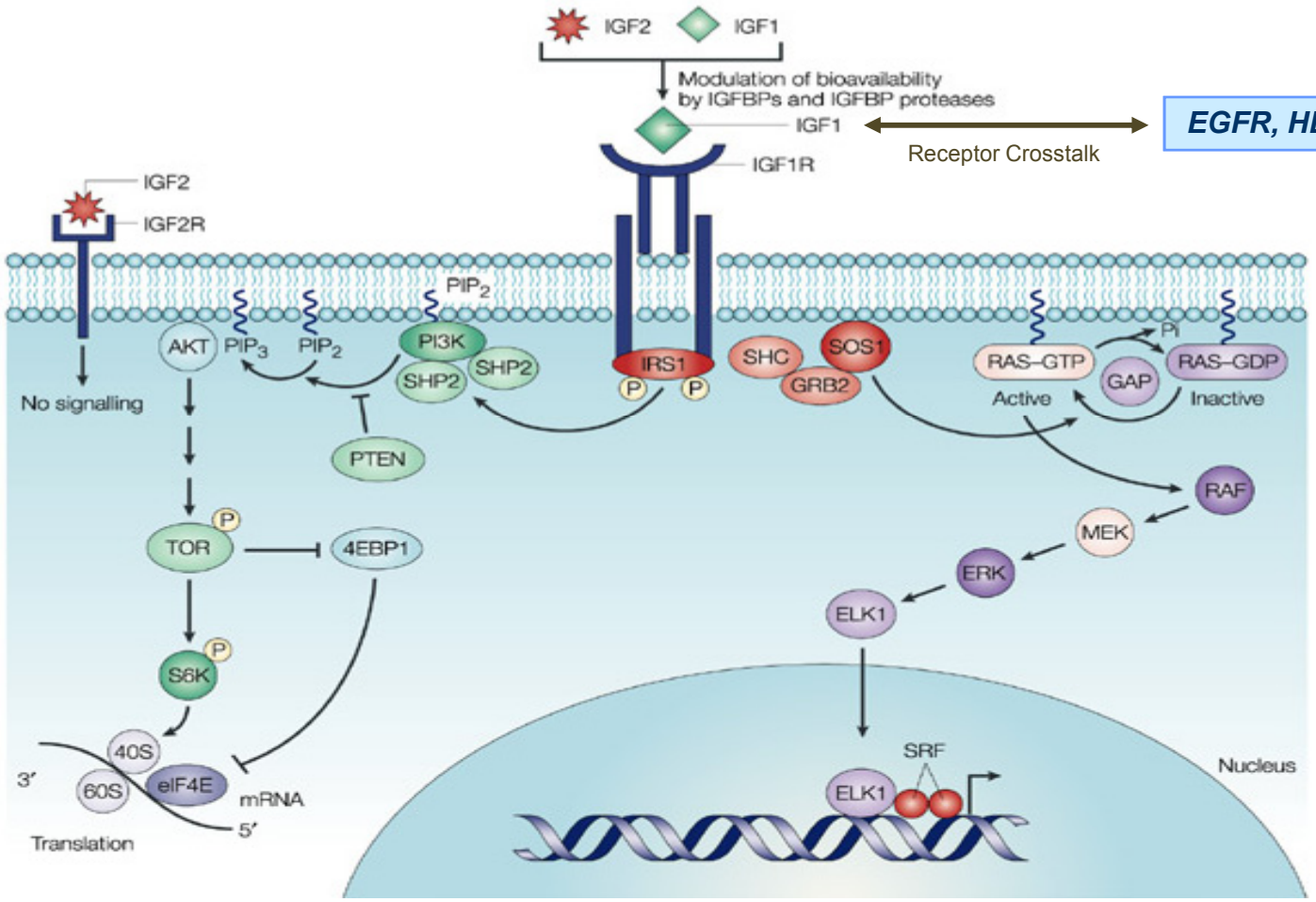
High Unmet Need

- Lung cancer accounts for 1.3 million deaths per year
- 5-year mean survival rate ~15% on a global basis across all stages of disease
- Substantial growth projected due to aging population, Asian lung cancer epidemic, and new treatment options that extend survival
- Screening on the horizon, and is likely to enable early diagnosis
- Even with early diagnosis, relapse rate is 50%
- Market value 2007: ~$4Bn; 2017 ~$11Bn

Sources: Global Cancer Statistics, CA: A Cancer Journal for Clinicians, Vol 49, No 1 Jan/Feb 1999; Market size from Wood MacKenzie

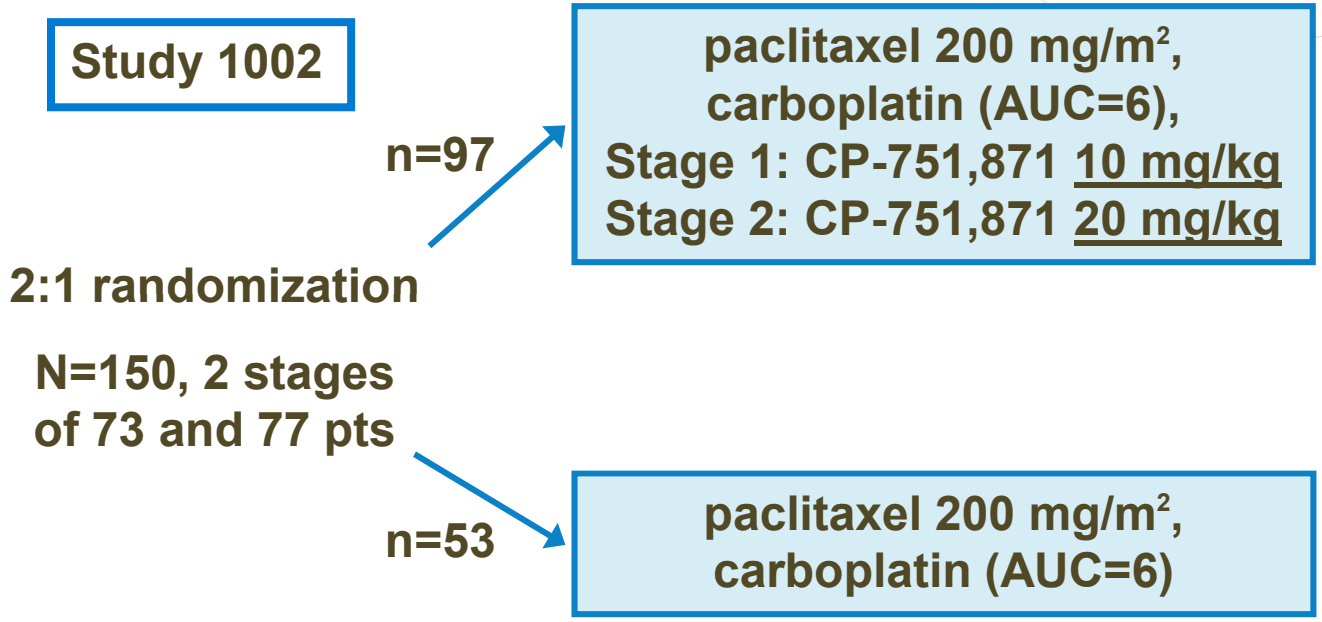
Pfizer Oncology

Insulin-like Growth Factor 1 Receptor (IGF-1R mAb)



Growth, Survival, Metastasis

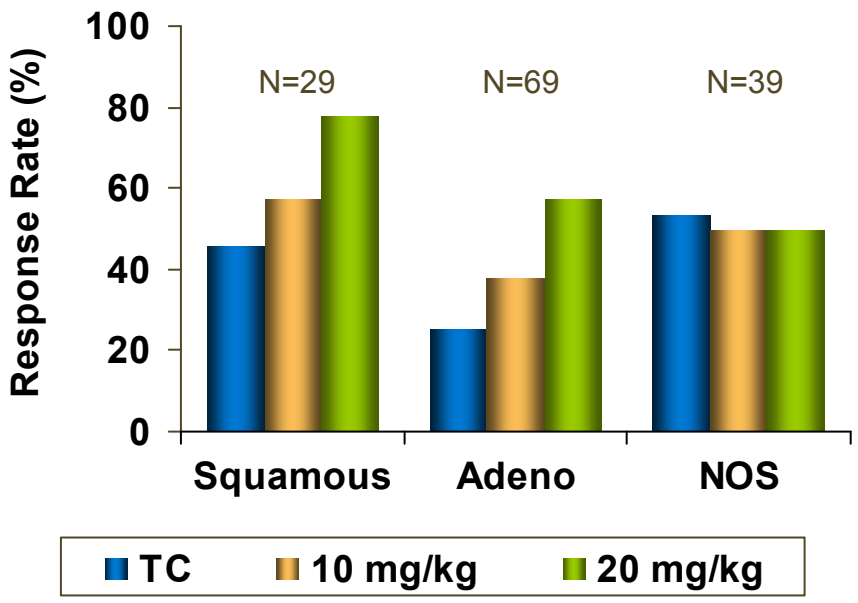
Phase II: CP-751,871 with Paclitaxel/ Carboplatin in 1st Line Advanced NSCLC



Phase II: CP-751,871 in 1st Line NSCLC

Overall ORR: CP-751,871 + Chemo: 54% (52/97) [95% CI = 43-64%]
Chemo: 41% (22/53)

Response Rates by Histology



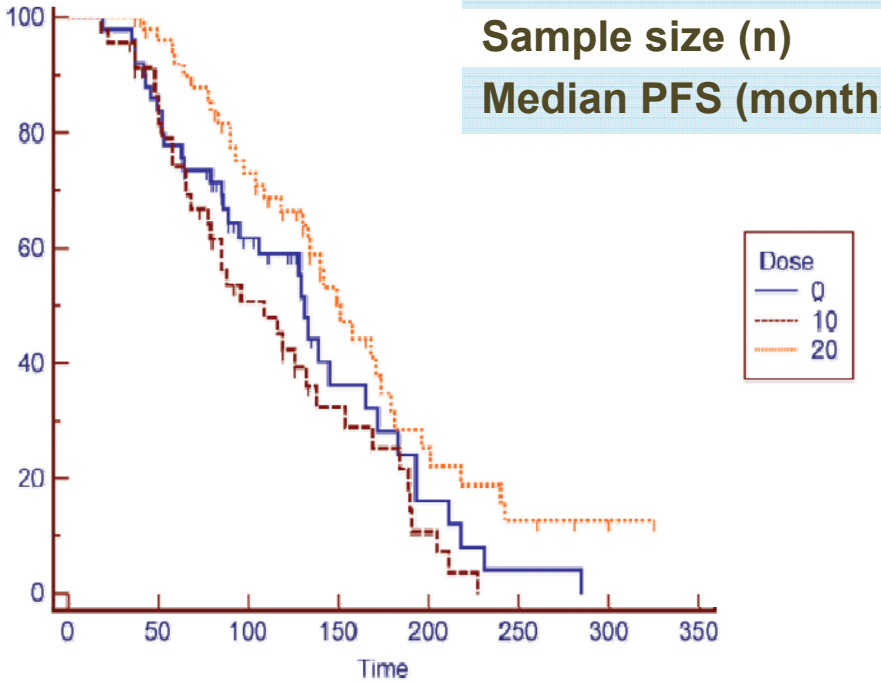
- Highest RR in squamous cell carcinoma of 78%
- ORR 57% in patients with adenocarcinoma
- Increasing dose to 20 mg/kg increased RR in differentiated histologies
- CP-751,871 combined with carboplatin and paclitaxel was well tolerated and neutropenia and hyperglycemia were well managed (Grade 3/4)

 Karp et al ASCO 2008

Phase II: CP-751,871 in NSCLC

Treatment-naïve Stage IIIB/IV NSCLC patients → Carboplatin/Paclitaxel
→ Carboplatin/Paclitaxel + CP-751,871

Dose (mg/kg)	0	10	20
Sample size (n)	50	46	53
Median PFS (months)	4.3	3.6	5.0



Overall population

- 20 mg/kg is being taken forward to Phase III
- Highest ORR in squamous histologies linked to highest PFS (5.6mo @ 20mg/kg)

 Karp et al ASCO 2008

CP-751,871: NSCLC Summary

- We have initiated a Phase III program in NSCLC that will enroll more than 2,000 patients
- The initial studies focus on the patients with highest levels of clinical benefit and also highest level of unmet need (non-adenocarcinoma) with subsequent studies focused on the broader population

ADVIGO: **ADV**ancing **IG**F-1R in **O**ncology

ADVIGO 1016 (ongoing)	Previously untreated non-adenocarcinoma carbo/pac +/- CP-751,871
ADVIGO 1018 (ongoing)	Refractory non-adenocarcinoma erlotinib +/- CP-751,871
ADVIGO 1017 (planned 4Q08)	Previously untreated all differentiated histologies gem/cis +/- CP-751,871

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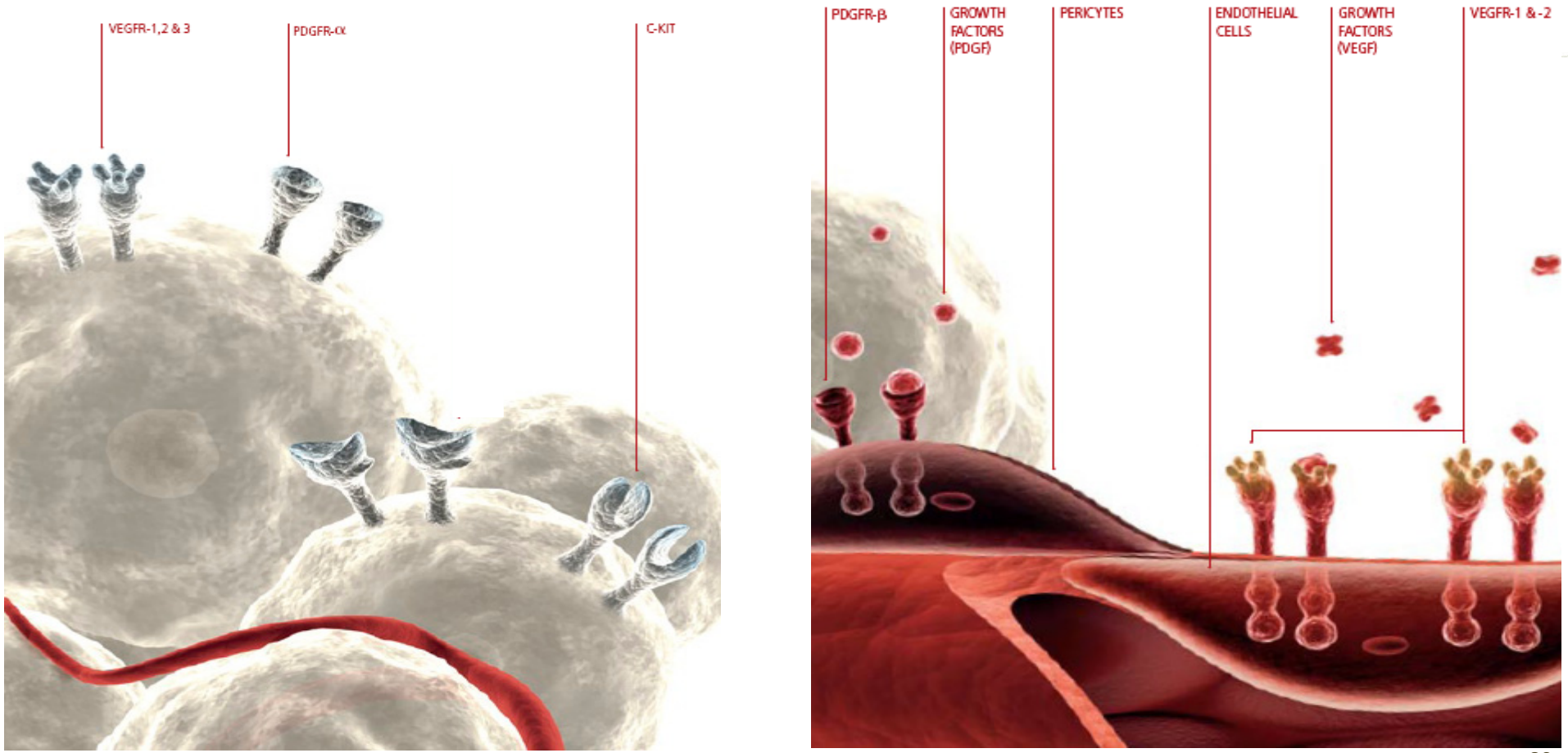
Multiple Pathways Associated with Anti-Angiogenic Agents

Tumor Cells

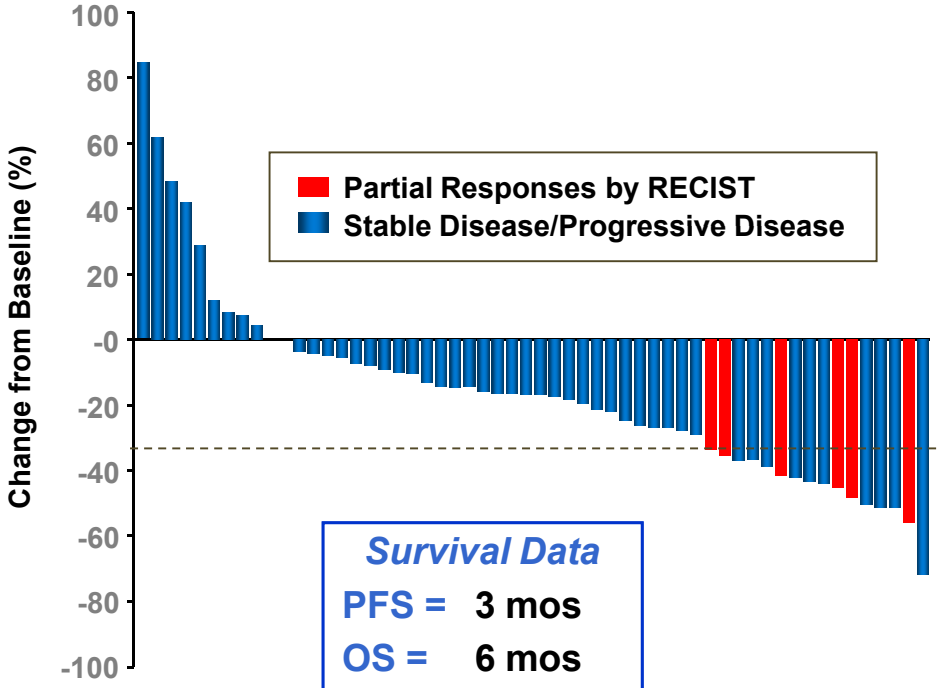
ANTITUMOR *and* ***ANTIANGIOGENIC***
Effects Inhibition

Endothelial Cells



Phase III Program: Sunitinib (Sutent) in NSCLC (SUN 1087)

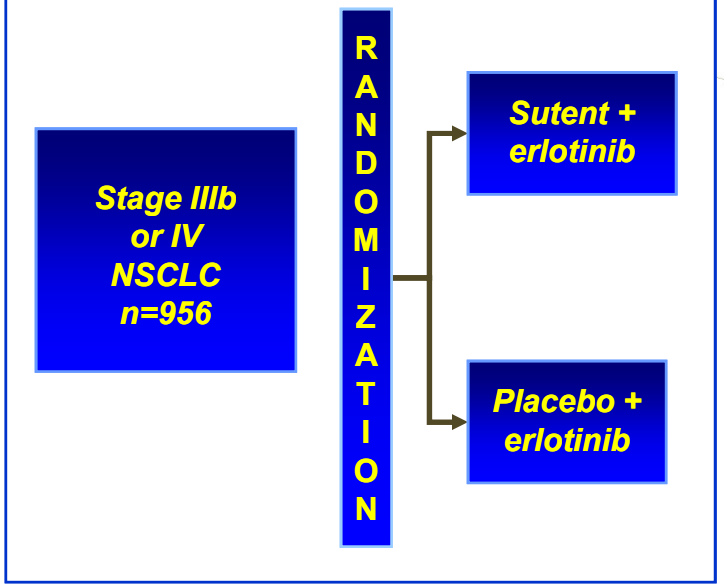
Phase II: Efficacy and Safety of Sutent SA Studied in Previously Treated NSCLC Patients
N=63



Survival Data

PFS =	3 mos
OS =	6 mos
1 yr =	20.2%

Phase III Study Design

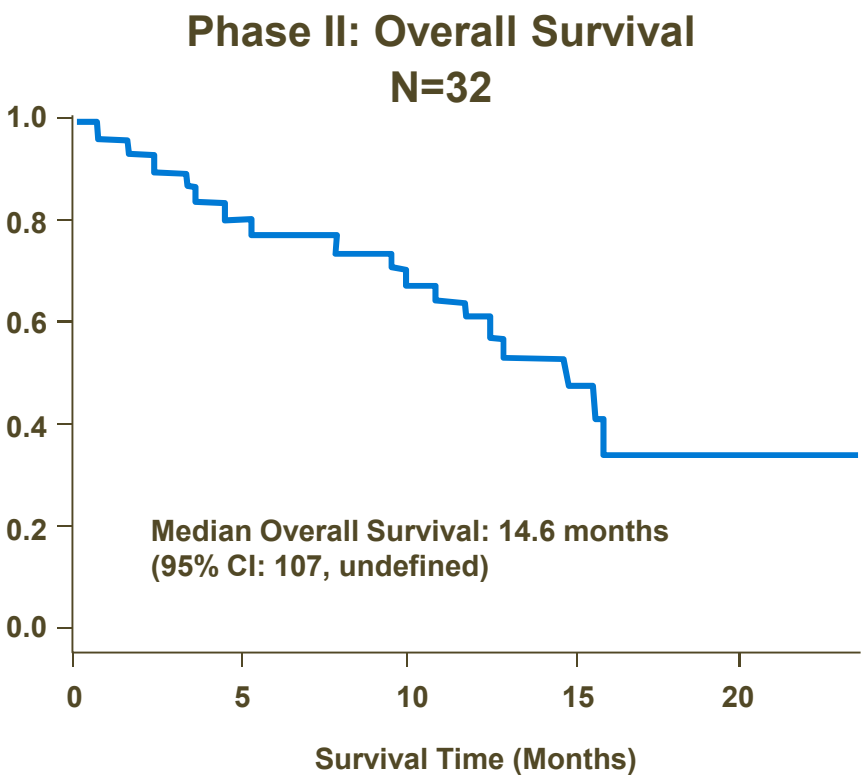


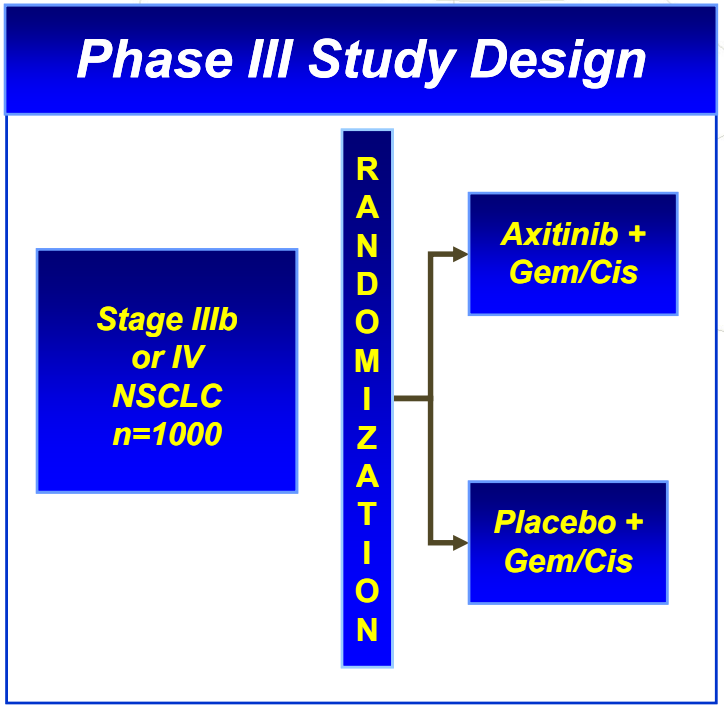
Establish Efficacy of Sutent in 2nd Line NSCLC

Socinski et al., J Clin Oncol. 2008 Feb 1;26(4):650-6

Pfizer Oncology

Phase III: Axitinib in 1st Line NSCLC





Establish Efficacy of Axitinib in 1st Line NSCLC

 Schiller et al., ASCO 2007

Axitinib: Treatment-related AEs

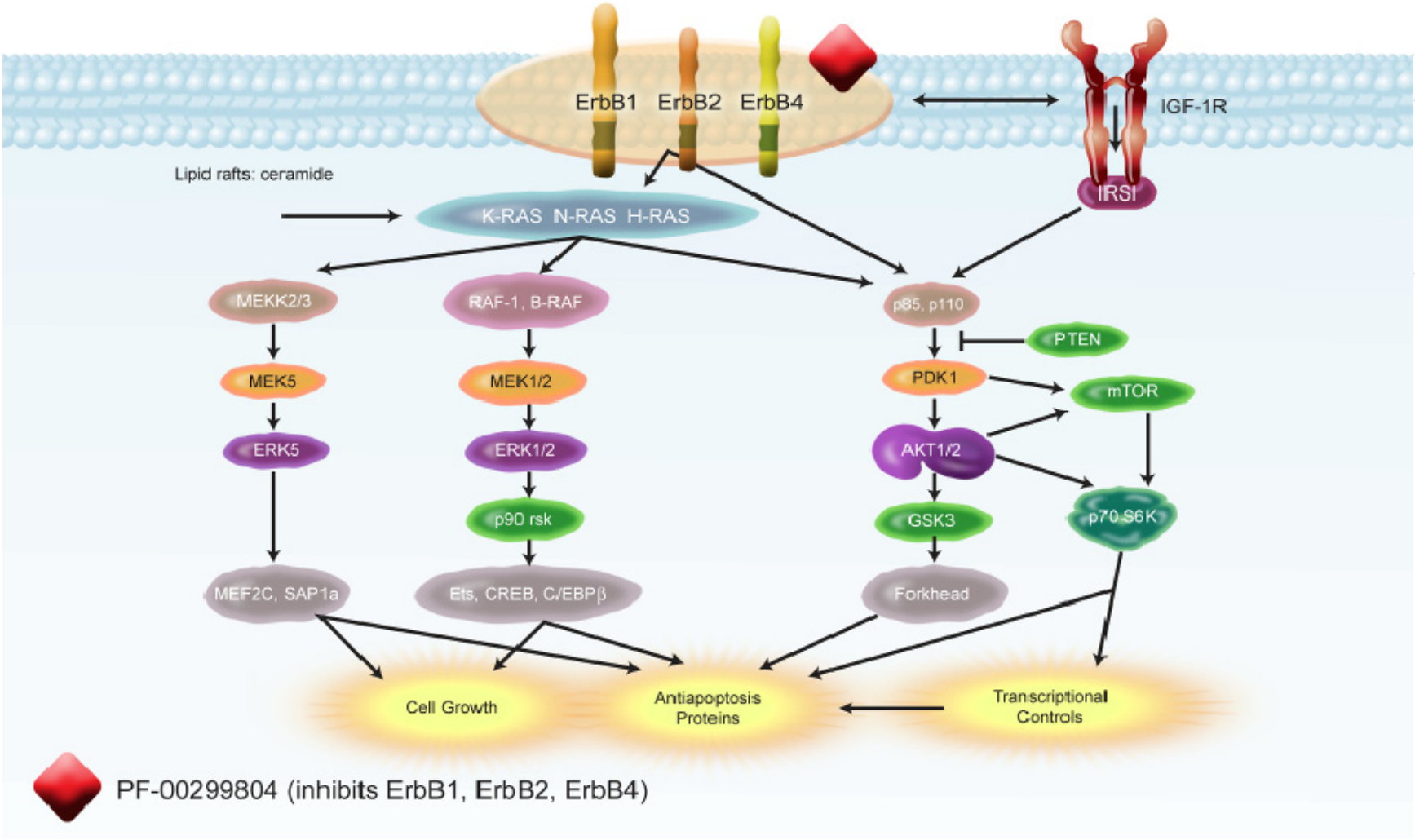
(NSCLC single agent study)

	All grades n (%)	Grade 3/4 n (%)
Fatigue	23 (72)	7 (22)
Anorexia	16 (50)	0
Diarrhea	14 (44)	1 (3)
Hypertension	10 (31)	3 (9)
Nausea	9 (28)	0
Hoarseness	9 (28)	0
Arthralgia	7 (22)	0
Dyspepsia	6 (19)	0
Epistaxis	2 (6)	0
Hemoptysis	2 (6)	0
Anemia	1 (3)	0
Lymphopenia	1 (3)	0
Neutropenia	1 (3)	0

Schiller J, et al. Presented at the 43rd American Society of Clinical Oncology Annual Meeting 2007

Pfizer Oncology

PF-00299804 (pan-ErbB): HER Biology

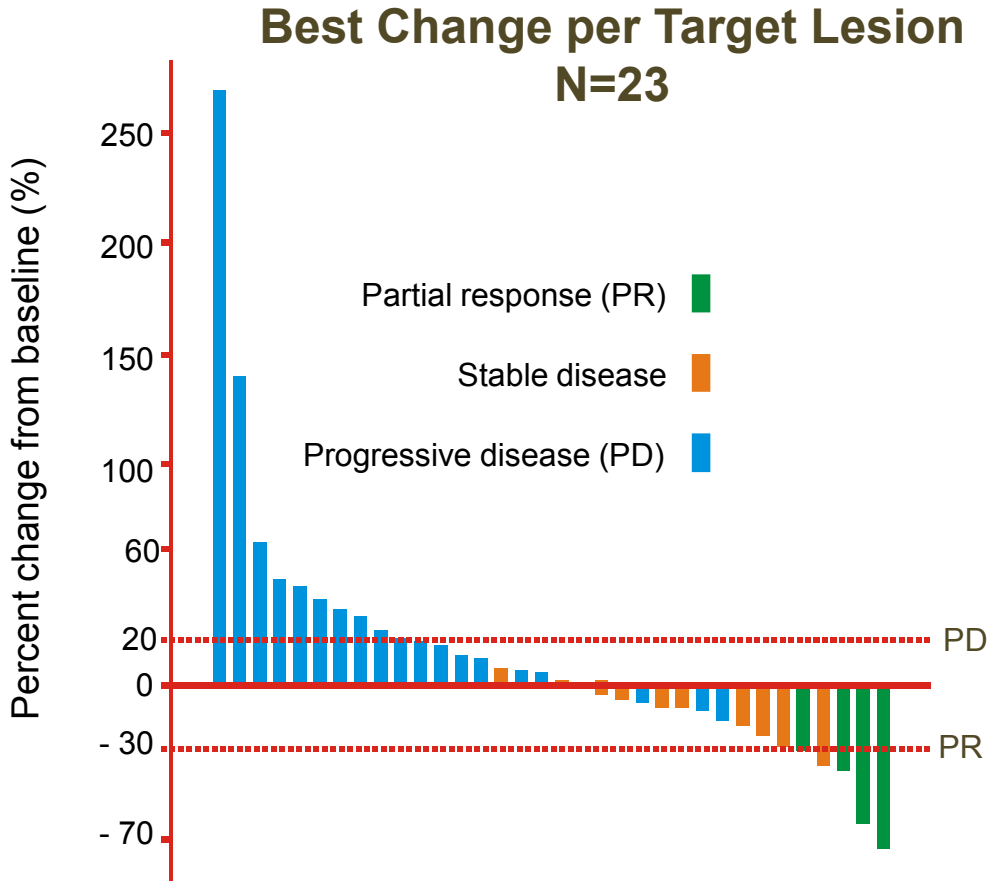


Pan-ErbB Inhibitor (PF-00299804)

- PF-00299804 is an orally bioavailable, irreversible, small molecule inhibitor tyrosine kinases ErbB-1, ErbB-2 and ErbB-4
- Preclinically, it has been shown to block the signaling in both wild type and mutant ErbB-1 (EGFR/HER-1) EGFR including forms which are resistant to reversible EGFR inhibitors
- Blockade of EGFR results in decreased tumor cell proliferation and survival of cells that over-express these receptors

Pfizer Oncology

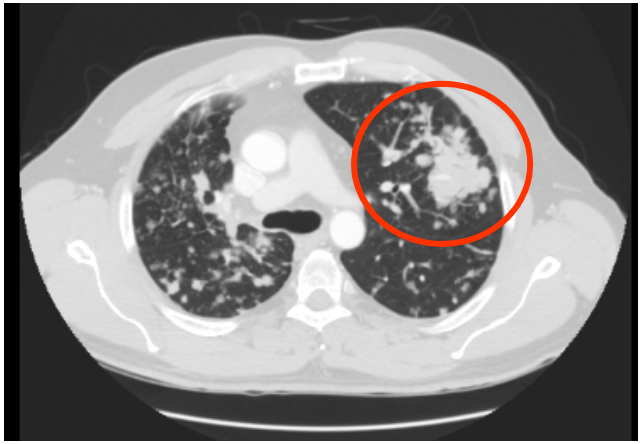
Preliminary Activity and Safety Results of PF-00299804 in Patients with Advanced NSCLC in Phase I



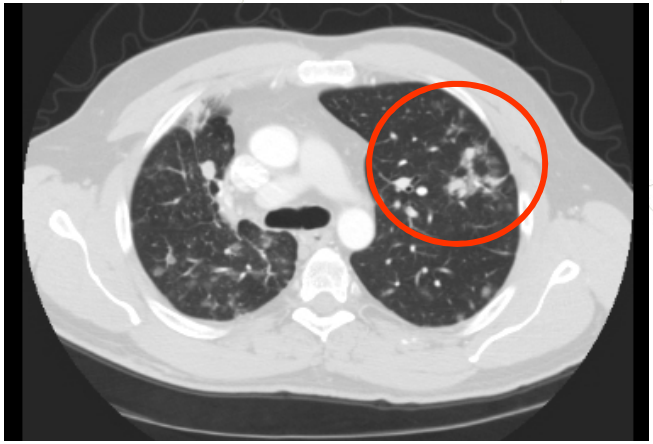
- Encouraging activity in heavily pre-treated patients with advanced NSCLC after failure of prior treatment with reversible EGFR inhibitors
  - PR = 4
  - disease control in ~50%
- Most common adverse events were rash and diarrhea
- Phase II trials are ongoing or planned in patients with advanced NSCLC and other tumor types

 Jänne et al., ASCO 2008

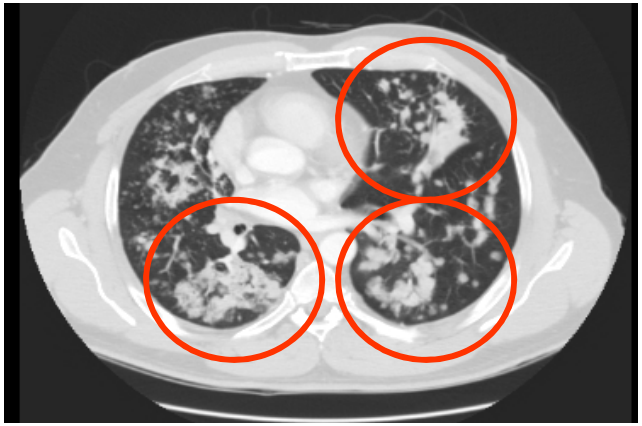
Phase I Preliminary Activity Results of PF-00299804 in Patients with Advanced NSCLC



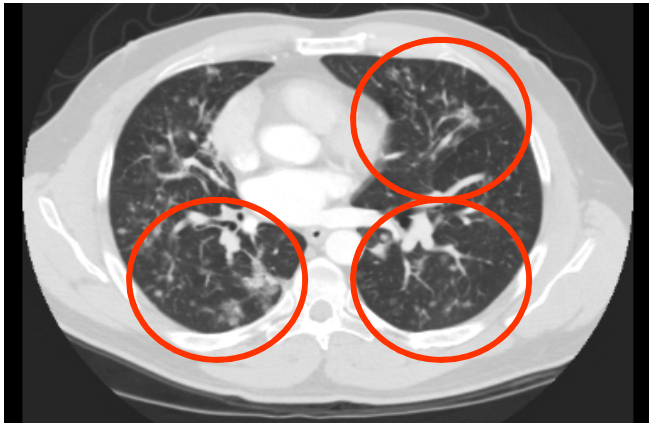
Nov 2007



Jan 2008



Nov 2007



Jan 2008

Please note: these are results from one particular patient and may not be representative of a larger population

PF-00299804 Future Development Plan In NSCLC

Clinical trials ongoing or planned in:

- Refractory advanced NSCLC (after failure of EGFR TKI)
- 2nd / 3rd line advanced NSCLC (after failure of chemotherapy)
- 1st line advanced NSCLC (adenocarcinoma, non-smokers)
- Combinations trials with chemotherapeutics and targeted agents planned

Pfizer Oncology

Pfizer's NSCLC Clinical Development Program

Locally Recurrent/Metastatic (Stage IIIB Wet-IV)

1st Line	Phase III CP-751,871 +/vs carbo/pac (US) or gem/cis (exUS)
	Phase III Axitinib +/vs gem/cis
2nd/3rd Line	Phase III CP-751,871 +/vs erlotinib (Global)
	Phase III Sutent + erlotinib vs erlotinib + placebo (Global)
3rd/4th Line	Phase II PF-00299804 in chemo and erlotinib refractory
	Phase II PF-00299804 in chemo and erlotinib or gefitinib refractory (Korea)

Breast Cancer Development Program

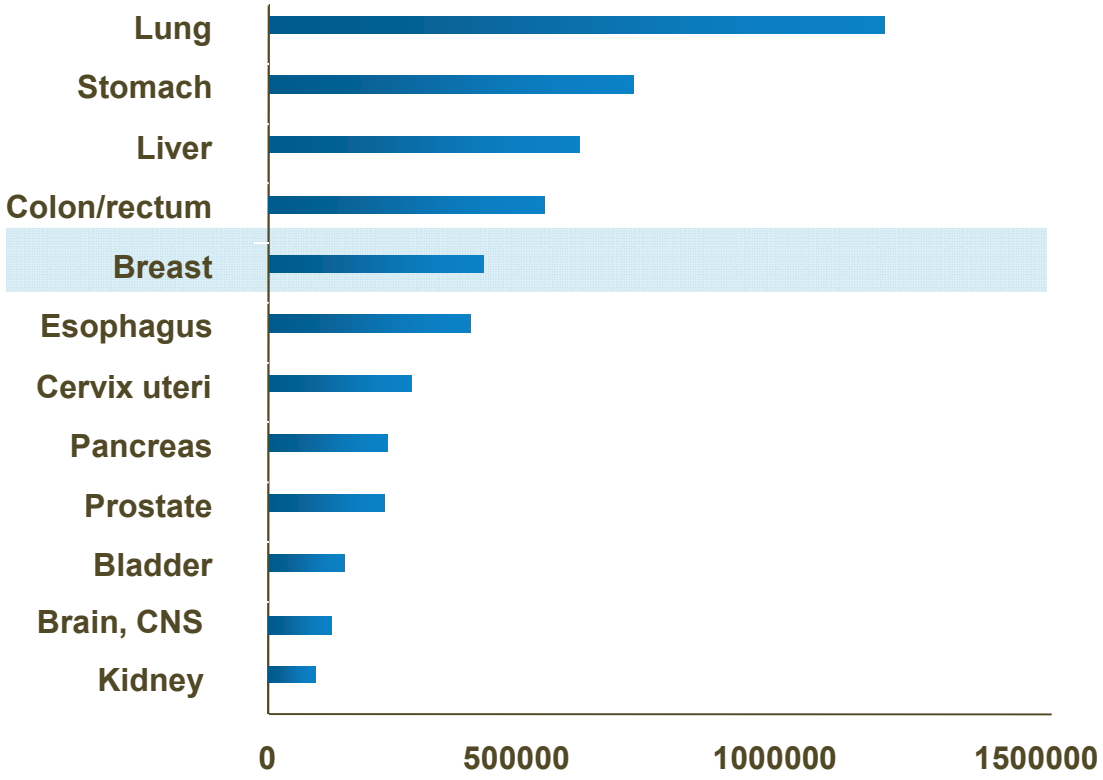
Chuck Baum, M.D., Ph.D.

Sutent

Breast Cancer Tumor Overview

- Breast cancer is a steadily growing market due to decreased mortality and effective treatments leading to longer durations of therapy.

Cancer Global Mortality



Key Takeaways

- 1 in 10 of all new cancers diagnosed worldwide, and is the most common cancer in women[1]
- Global incidence >1.1 million cases per year, with approximately 411,000 deaths per year[1]
- Approximately 6% of patients present with metastatic disease, but 30% diagnosed with earlier stages develop recurrent advanced or metastatic disease[2,3]
- Market value 2007: ~$12Bn; 2018 ~ $19Bn

[1]Ferlay et al. IARC CancerBase No. 5 [v2.0] IARCPress, Lyon, '04
[2] O'Shaughnessy. Oncologist 2005;10:20–29
[3] SEER Stat Database, NCI: http://www.seer.cancer.gov/

Sources: Epidemiology from Decision Resources Breast Cancer Report 2007

Pfizer Oncology

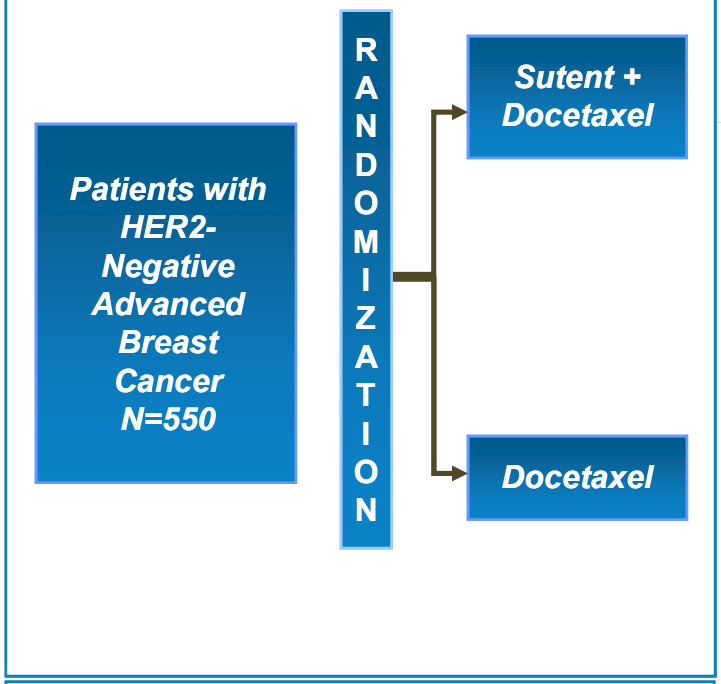
Ongoing Phase III: Sutent + docetaxel in 1st line MBC (SUN 1064)

Phase II Data of Docetaxel/Sutent Combination: Pilot Study

Best Response, N (%)	Number of Patients (N=18; %)
Partial Response	13 (72)
Stable Disease ≥6 Months	5 (28)
Clinical Benefit*	18 (100)
Partial Response After 2 Cycles of Therapy	9 (50)

*Complete response, partial response or stable disease ≥6 months

Phase III Study Design



Establish Efficacy of Sutent in 1st line BC

 Bergh et al. SABC 2007

Ongoing Phase III: Sutent + paclitaxel in 1st line MBC (SUN 1094)

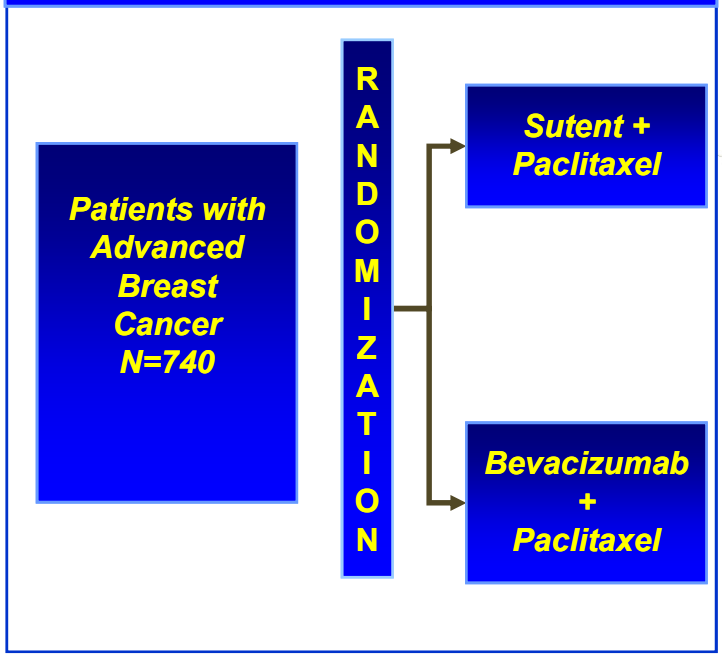
Encouraging Response Rate in Combination Therapy

Best Response, N (%)	Number of Patients (N=78; %)
Overall Response Rate	7 (33)
Complete Response	2 (10)
Partial Response	5 (24)
Stable Disease ≥8 Weeks	12 (57)

Most AEs mild or moderate in severity

Most commonly reported grade 3 AEs were fatigue and diarrhea

Phase III Study Design



Establish Efficacy of Sutent in 1st Line BC

36 Kozloff et al. BR Cancer Res Treat 2007; 106 (Suppl1): S.273

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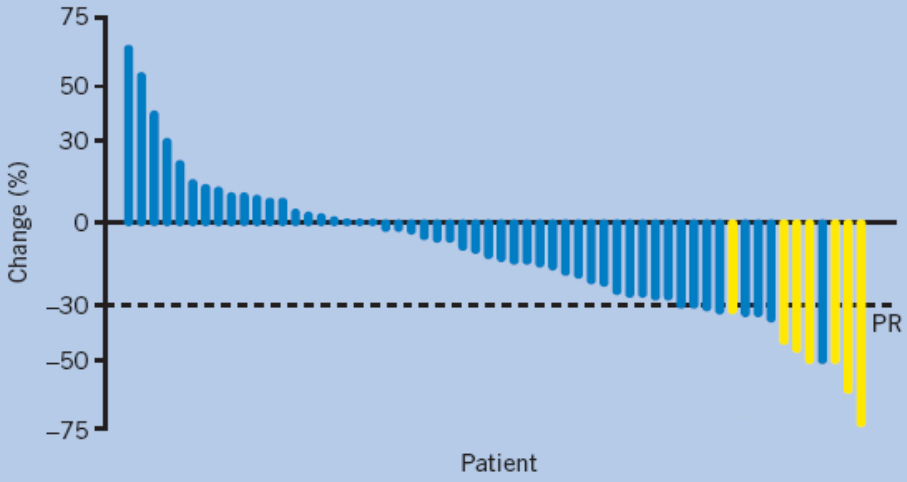
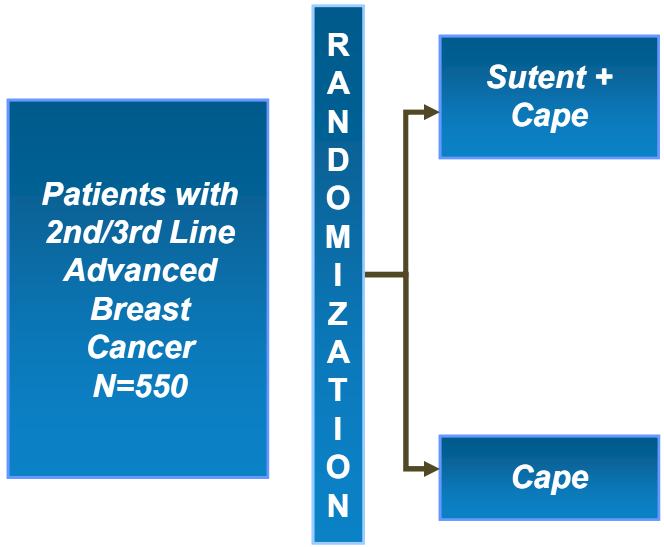
Ongoing Phase III: Sutent + capecitabine in 2nd/3rd line MBC (SUN 1099)

Phase I/II in advanced solid tumors: Percentage change from baseline in target tumor lesion size + capecitabine; N=66



PR = partial response. Graph displays the best target lesion percent change from baseline for each patient. Of the 66 patients with measurable disease at baseline in all schedules combined, 58 patients with at least one post-baseline target lesion assessment are included. Seven patients achieved a PR by RECIST (highlighted in yellow). One additional patient in the pancreatic cohort (Schedule 2/1) had a PR since the time of the data snapshot used for this poster.

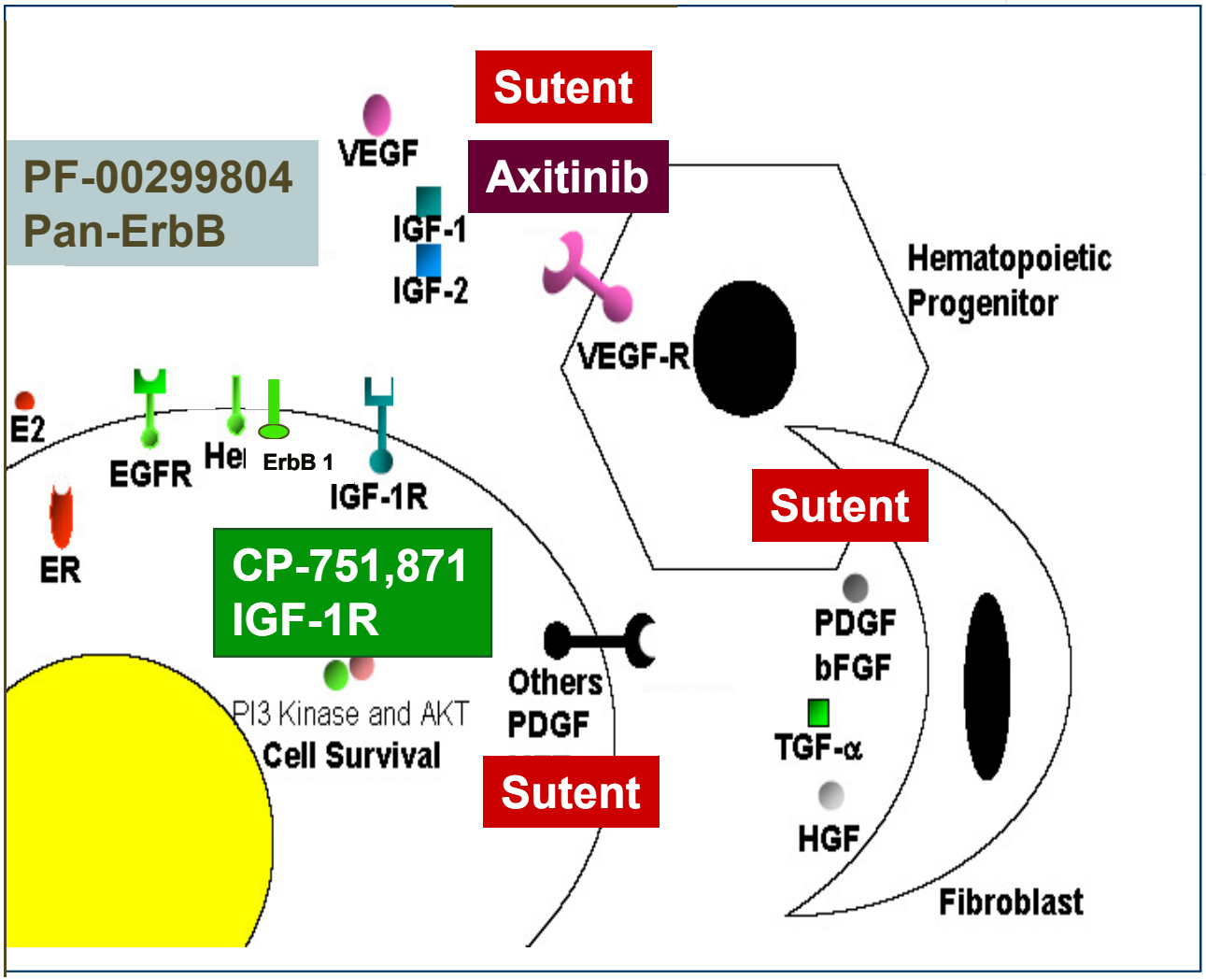
Phase III Study Design



Establish Efficacy of Sutent in 2nd/3rd Line BC

 Chiorean et al ASCO 2008

Pursuing Targets Important to Breast Cancer



Additional Mechanisms Under Investigation

- HSP 90
- CHK1
- cMET
- CD40
- FAK
- CDK4,6
- CTLA4

Pfizer's Breast Cancer Clinical Development Program

1st Line	**Phase III Sutent + paclitaxel vs bevacizumab + paclitaxel**
	Phase III Sutent +/vs docetaxel
	Phase III Sutent vs capecitabine (1st/2nd line - China, Japan)
	Phase II CP-751,871 +/vs exemestane
	Phase II CP-751,871 +/vs docetaxel
2nd/3rd Line	**Phase II Sutent +/vs capecitabine**

Glioblastoma Multiforme Development Program

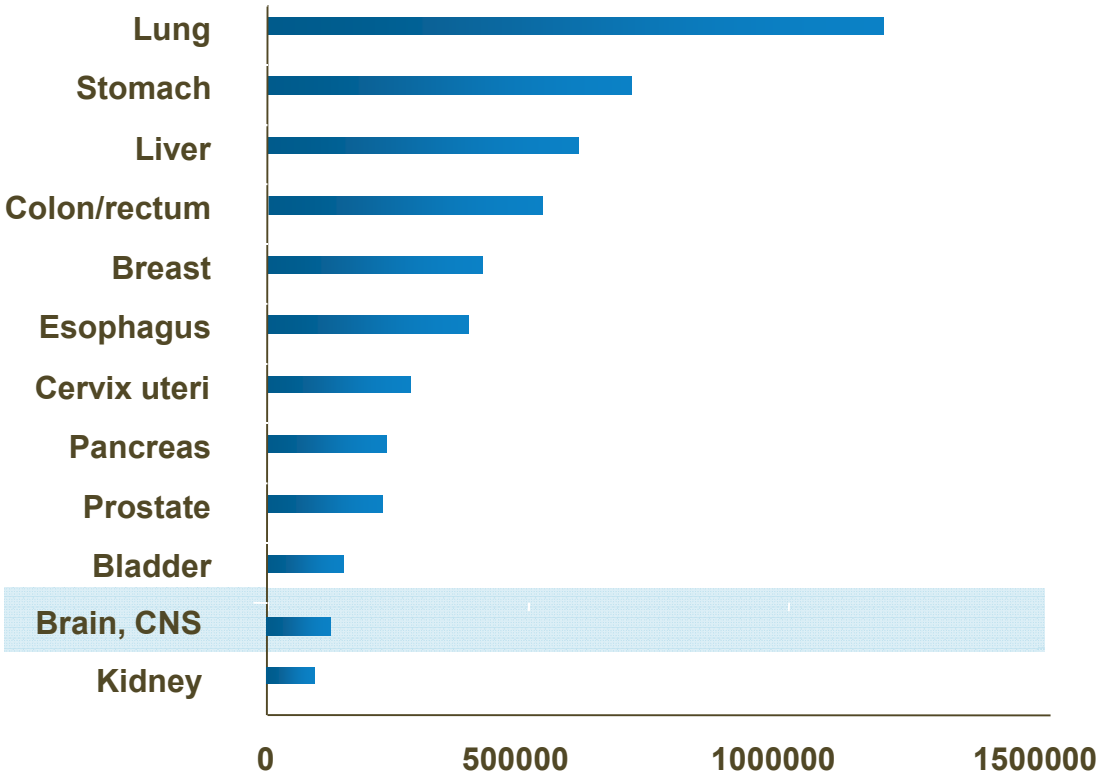
Chuck Baum, M.D., Ph.D.

CDX-110

Pfizer Oncology

Glioblastoma Multiforme (GBM) Tumor Overview

Cancer Global Mortality



Sources: Global Cancer Statistics, CA: A Cancer Journal for Clinicians, Vol 49, No 1 Jan/Feb 1999

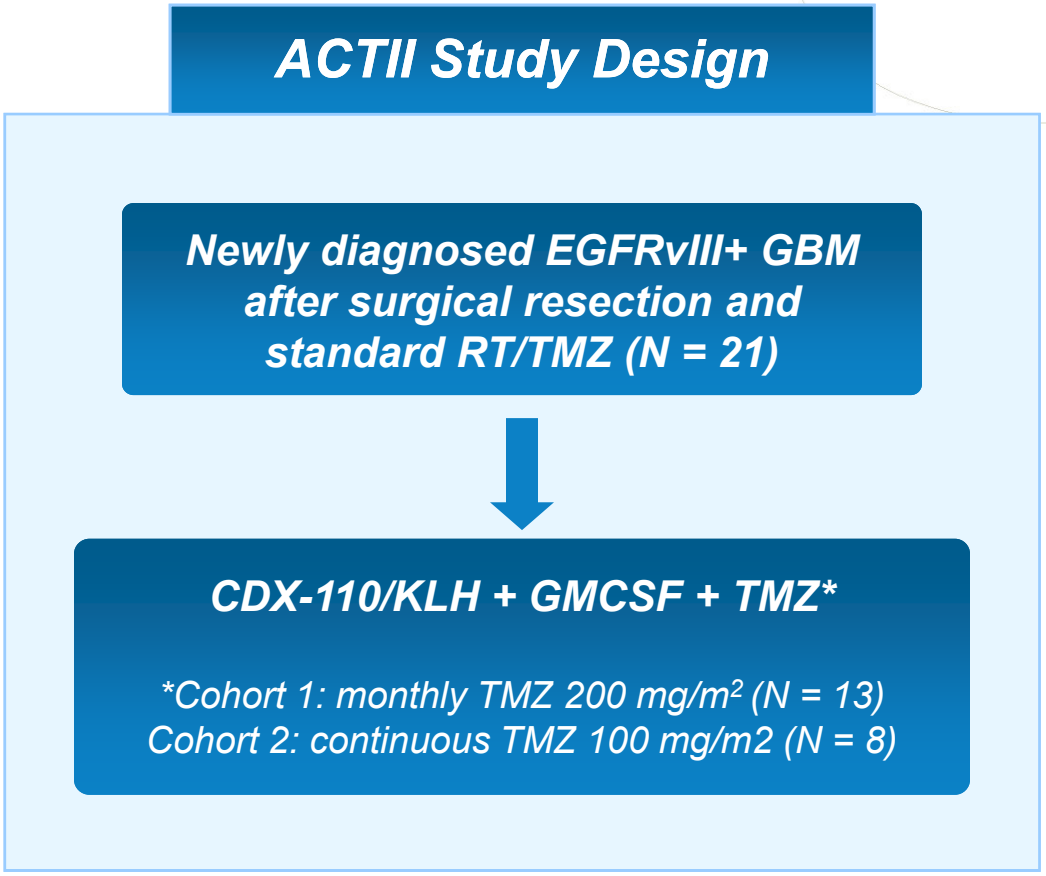
Key Takeaways

- GBM is the most common and most aggressive type of primary brain tumor[1], accounting for 50-60% of all primary brain tumors[2]
- The five year survival rate for all brain and CNS tumors is 29.1%, while for GBM it is 3.3%[3]
- Typical overall survival is 15 months

[1,2]Uddin S, Jarmi T. *Glioblastoma Mutliforme.* http://www.emedicine.com/NEURO/topic147.htm, accessed 5/6/08
[3]CentralBrain Tunor Registry of the US (2005) Statistical Report 1998-2002

Pfizer Oncology

Phase II Results: CDX-110 with TMZ in GBM Following Resection and Standard Radiation/TMZ



Sampson et al., Effect of EGFRvIII-targeted vaccine (CDX-110) on immune response and TTP when given with simultaneous standard and continuous temozolomide in patients with GBM *J Clin Oncol* 26: 2008 (May 20 suppl; abstr 2011); Oral presentation ASCO 2008

Phase II Results: CDX-110 with TMZ in GBM Following Resection and Standard Radiation/TMZ

*ACT II Data† **

OS	**Cohort 1: 33.1 mo**
TTP	**Cohort 1: 23.7 mo**
Safety Profile (N=19)	**Grade 4 = 0** **Grade 3 = 2** **Dermatology; Blood/ Bone Marrow**

ACTIII Study Design (PhII enrolling only)

Newly Diagnosed GBM Patients
- Gross total resection
- Documented EGFRvIII expression
- Adjuvant Radiation + Temozolomide
- No evidence of progression

(Phase II N=90; Phase III N=285)

2:1

CDX-110 + Temozolomide Maintenance Therapy

Temozolomide Maintenance Therapy

(Phase II primary endpoint: PFS Rate at 6 mo; Phase III endpoint: OS)

† Results of Cohorts 1 & 2; No significant difference between cohorts

Sampson et al., Effect of EGFRvIII-targeted vaccine (CDX-110) on immune response and TTP when given with simultaneous standard and continuous temozolomide in patients with GBM *J Clin Oncol* 26: 2008 (May 20 suppl; abstr 2011); Oral presentation ASCO 2008

Pfizer Oncology

Genitourinary Cancer Development Program

Craig Eagle, M.D.

Sutent

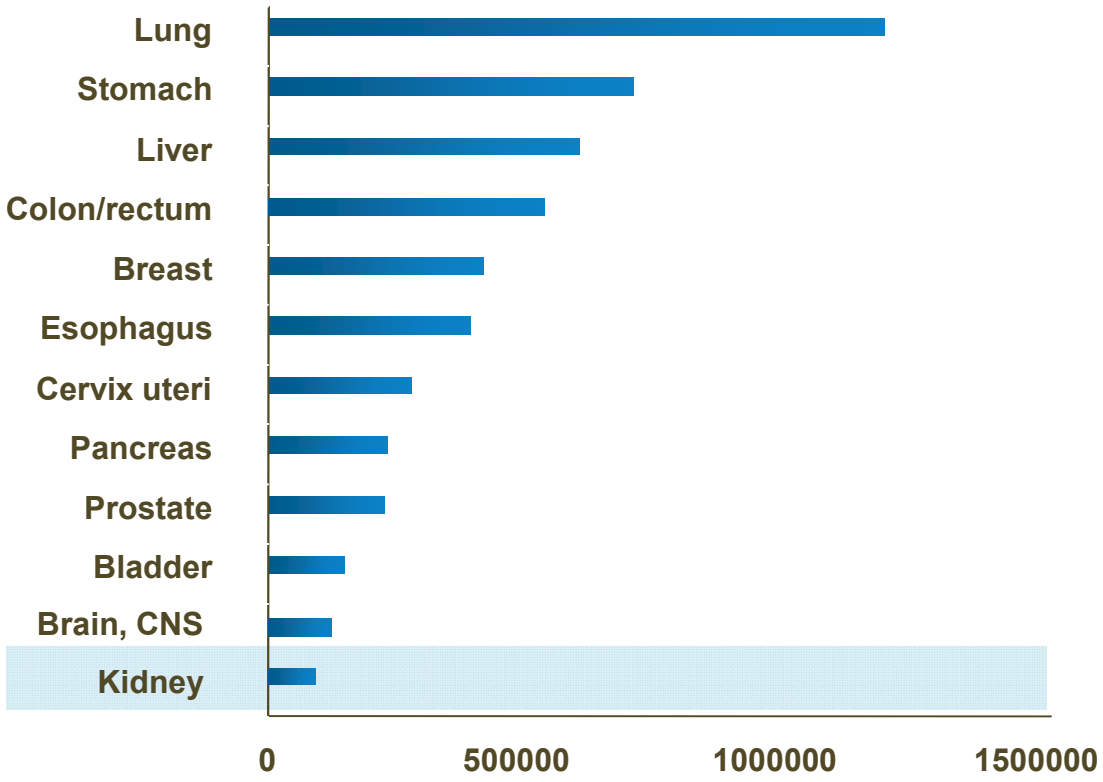
Axitinib

Pfizer Oncology

Renal Cell Carcinoma Tumor Overview

- The RCC market continues to grow due to longer survival and effective treatments leading to longer durations of therapy

Cancer Global Mortality



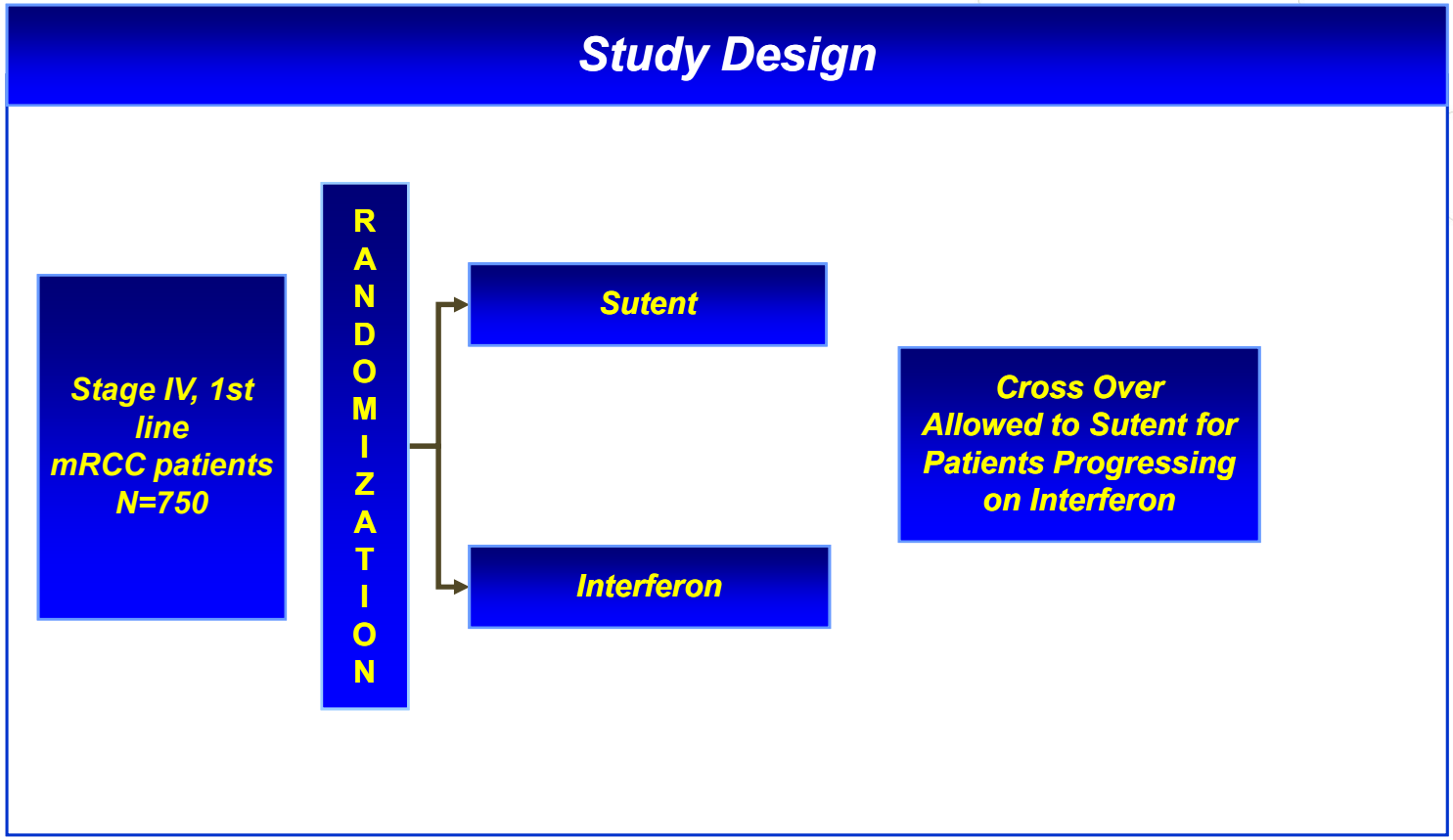
Key Takeaways

- RCC incidence expected to increase due to growth in elderly population
- Sutent is the SOC in 1st line advanced RCC
- Historical Overall Survival of 13 months
- Market value: 2007: $750M, 2017:$2.2B

Sources: Global Cancer Statistics, CA: A Cancer Journal for Clinicians, Vol 49, No 1 Jan/Feb 1999; Market size from Wood MacKenzie

Pfizer Oncology

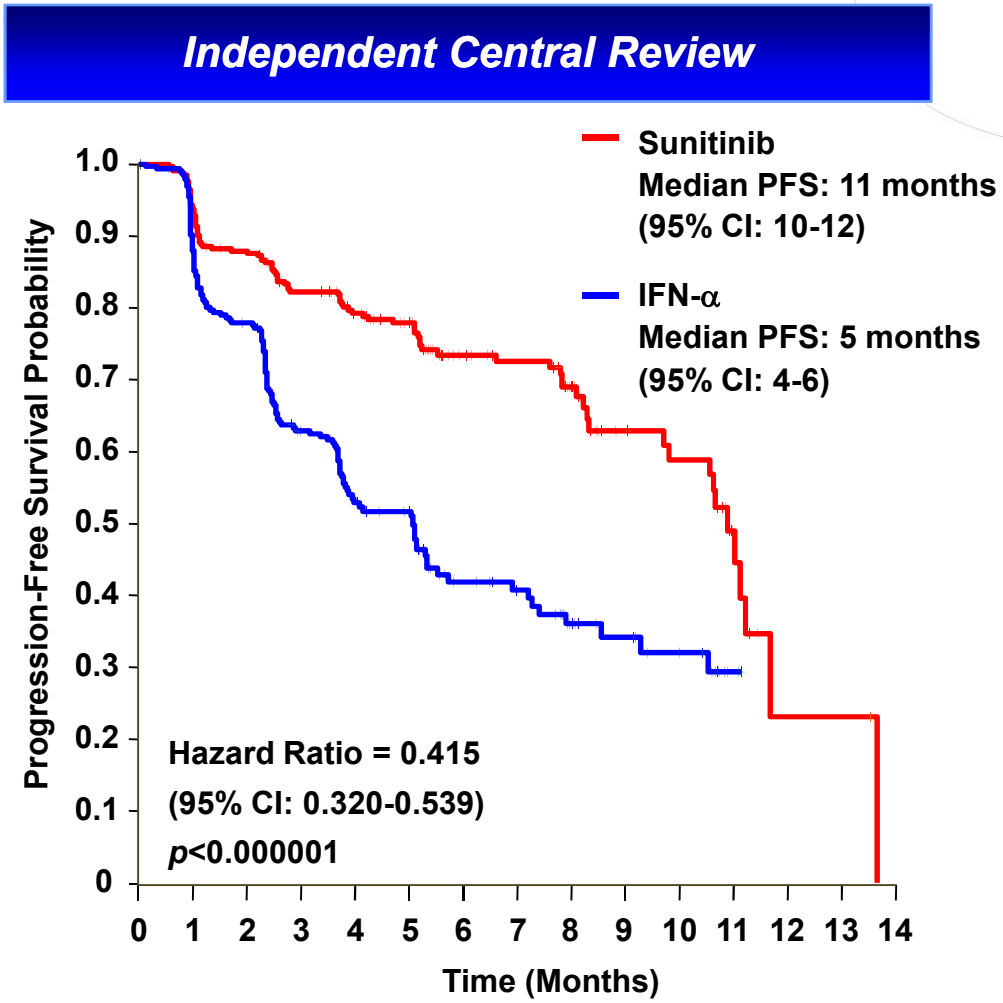
Sutent vs. Interferon in 1st Line mRCC Patients



Motzer et al., N Engl J Med. 2007 Jan 11;356(2):115-24.

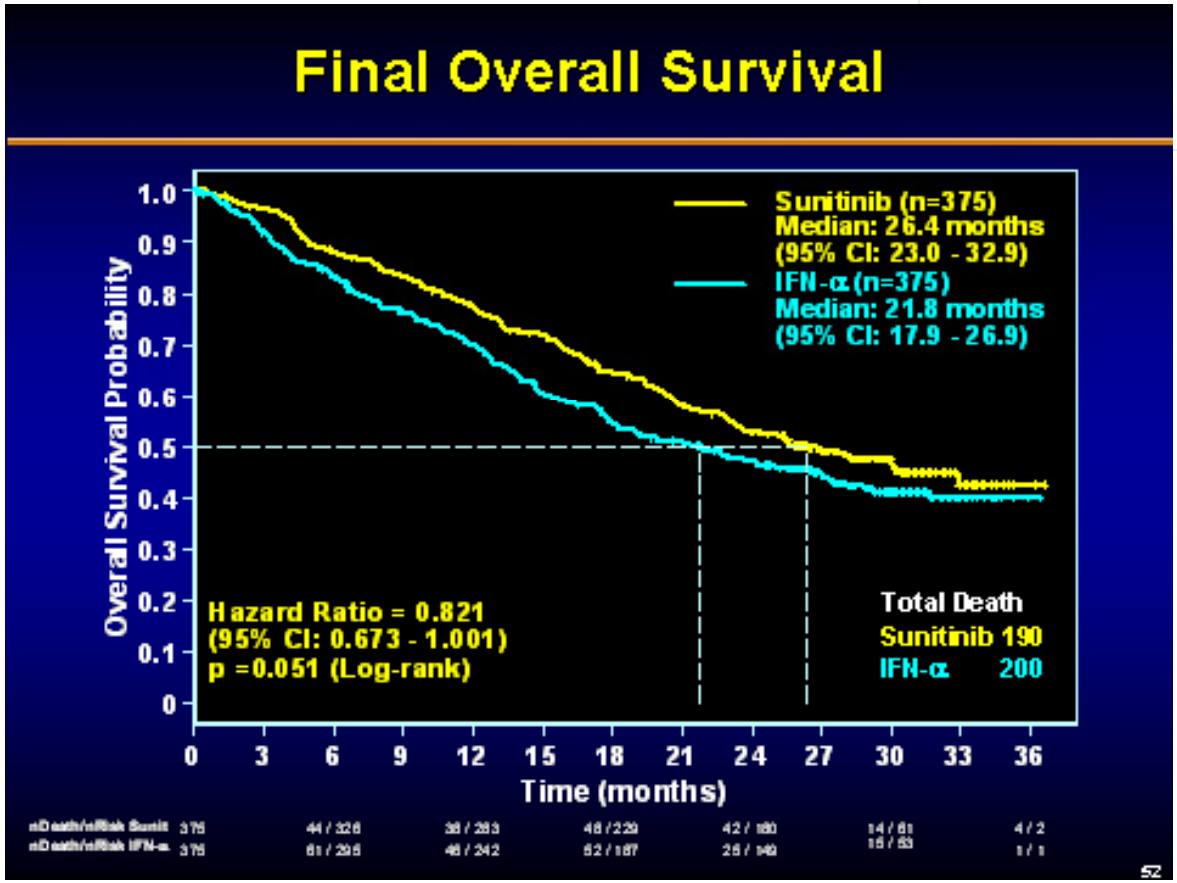
Pfizer Oncology

Progression-Free Survival: Sutent vs Interferon in 1st Line mRCC Patients



Motzer et al., N Engl J Med. 2007 Jan 11;356(2):115-24.

Sutent Extended Median Overall Survival >2 Years in Patients with Advanced Kidney Cancer



Figlin et al., ASCO 2008

Sutent Extended Median Overall Survival >2 Years in Patients with Advanced Kidney Cancer

Overall Survival Analyses

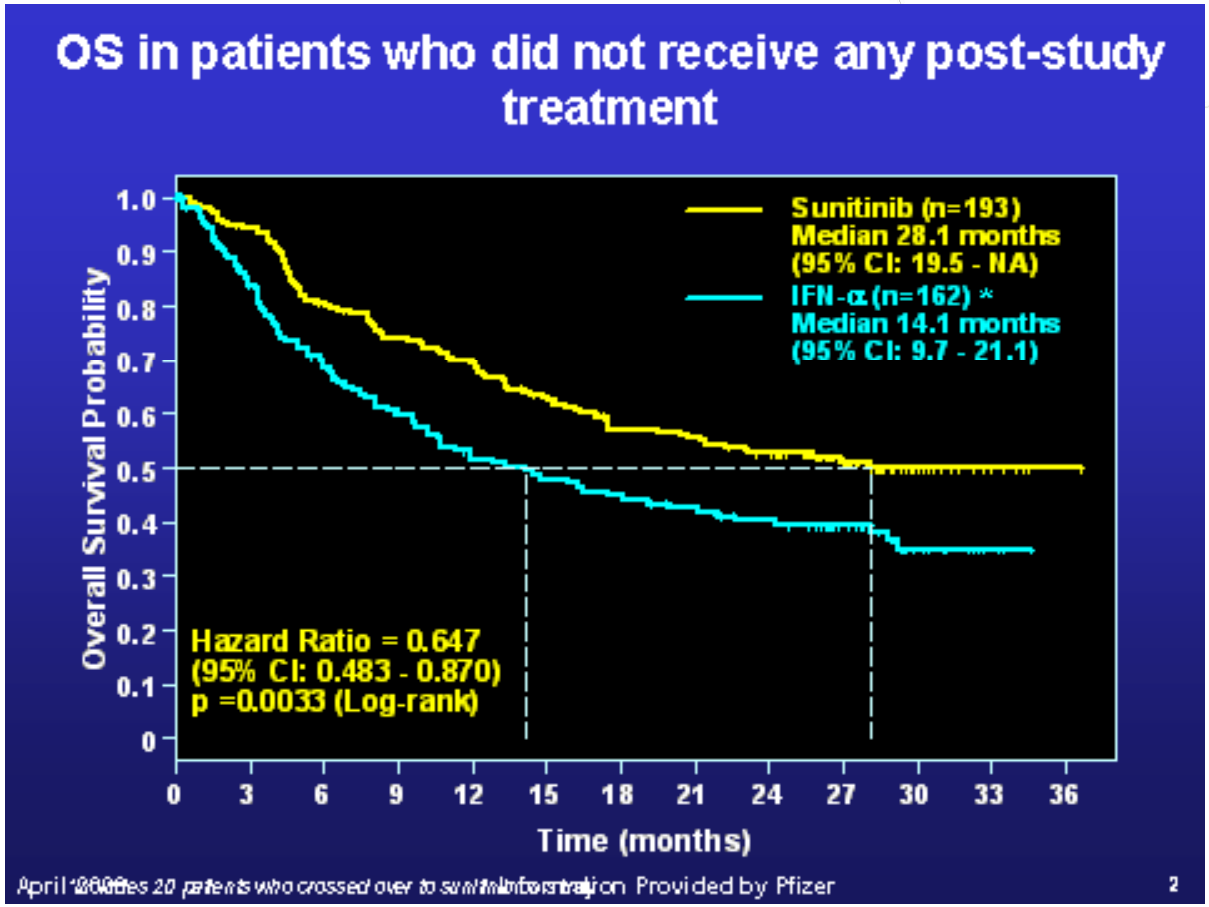
	Pre-specified Analyses		Exploratory Analyses
	Unstratified	Stratified	Crossover pts censored
Median OS (mos)	26.4 vs. 21.8	26.4 vs. 21.8	26.4 vs. 20.0
HR (95% CI)	0.821 (0.673, 1.001)	0.818 (0.669, 0.999)	0.808 (0.661, 0.987)
P-value (Log-rank)	0.0510	0.0491	0.0362
P-val (Wilcoxon)	0.0128	0.0132	0.0081

*Stratification factors: ECOG PS, LDH, and nephrectomy

Figlin et al., ASCO 2008

Pfizer Oncology

Sutent Demonstrated a Doubling of OS in a Sub-group Analysis of Patients who Received 1st Line Therapy Only



 Figlin et al., ASCO 2008

Phase III Sutent 1st Line mRCC Treatment-Related Adverse Events

	Sunitinib (%)		IFN-α (%)	
Event	All Grade	Grade 3/4	All Grade	Grade 3/4
Diarrhea	61	8*	15	1
Fatigue	54	11	52	13/<1
Nausea	52	4	35	1
Vomiting	31	4	12	1
Stomatitis	30	1	4	<1
Hypertension	30	12*	4	1
Hand-foot syndrome	29	8*	3	1
Ejection fraction decline	13	3	3	1
Pyrexia	8	1	35	<1
Chills	7	<1	29	0
Myalgia	8	<1	17	1

Sutent ASCO Results

- Data showed that overall survival for patients treated with Sutent first line for mRCC, although not statistically significant, was more than two years, a great advance from the expected survival of about one year a few years ago
- Sutent has consistently demonstrated improvements in PFS and ORR compared to IFN-α
- Sutent is the reference standard for the first-line treatment of mRCC

 Figlin et al., ASCO 2008

Pfizer Oncology

New Sutent Data at ASCO

Data on new patient segments

- Sutent showed antitumor activity and a comparable safety profile in mRCC patients with brain metastases and in non-nephrectomized patients

Tolerability data

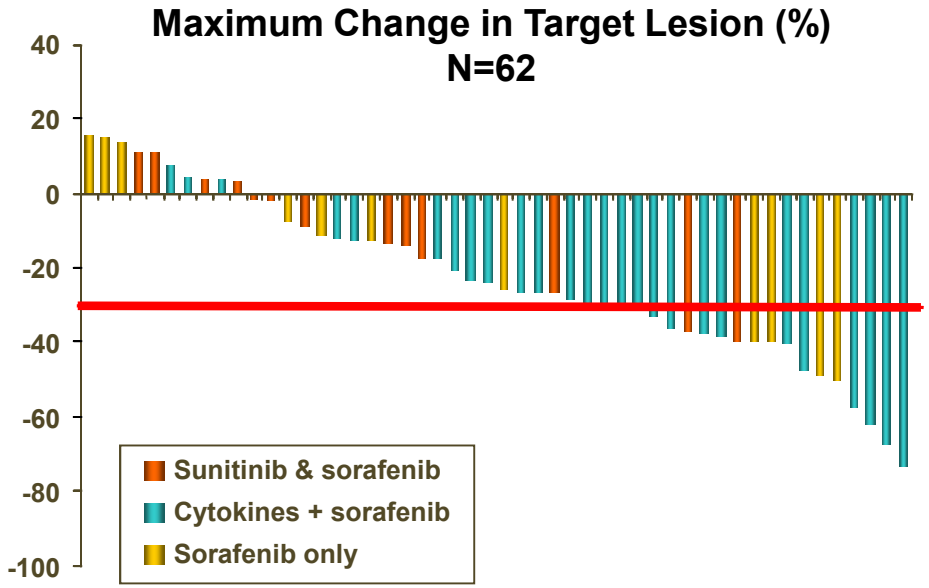
- Advanced patients on Sutent for a long duration experienced a comparative increase in AE frequency
- No cumulative toxicity (>6 months)

Hariharan et al., ASCO 2008
Porta et al., ASCO 2008
Szczylik et al., ASCO 2008

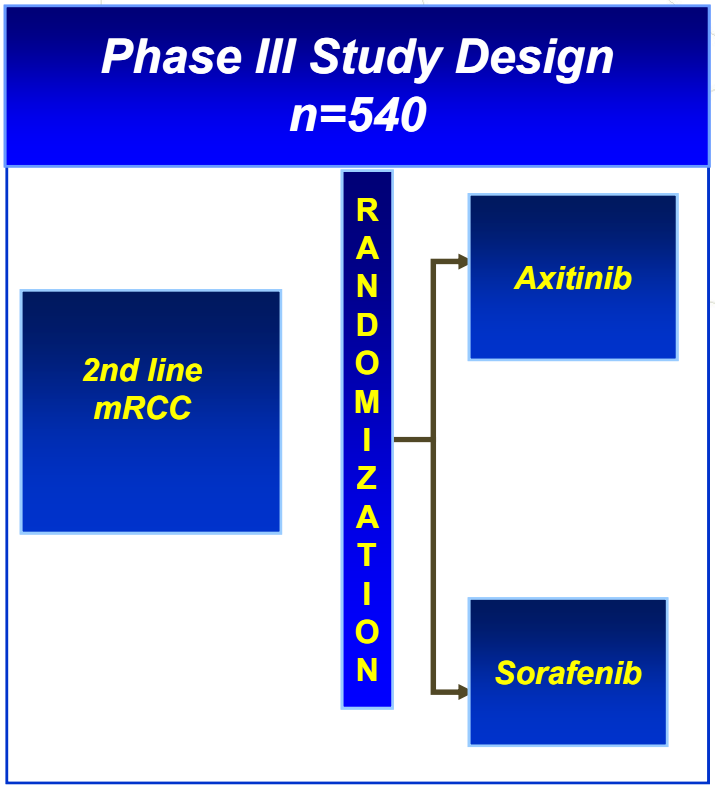
Pfizer Oncology

Axitinib Phase III Program in mRCC

Phase II: Sequential Axitinib Therapy of Patients with Metastatic Clear Cell Renal Cell Cancer Refractory to Sunitinib and Sorafenib, Cytokines and Sorafenib, or Sorafenib Alone



N=50, excludes 12 patients without a post-baseline scan due to study withdrawal (discontinued due to adverse events or withdrawal of consent)



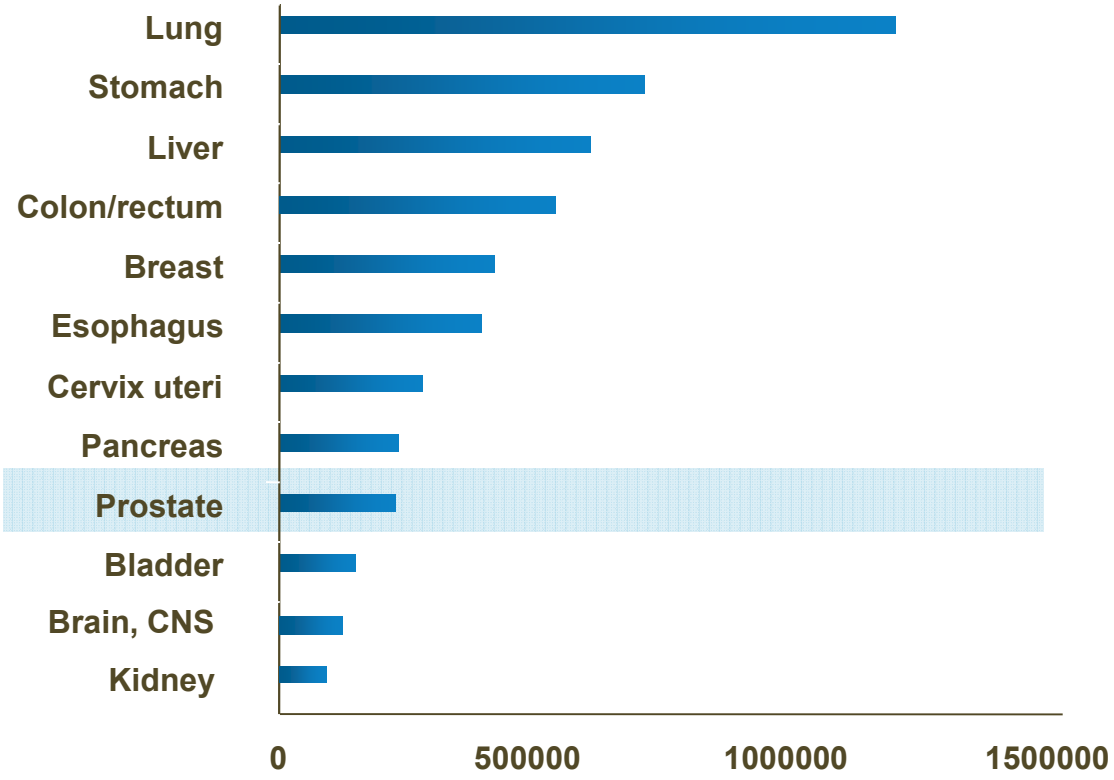
Establish efficacy of axitinib in 2nd line mRCC

 Dutcher et al., ASCO 2008

Prostate Cancer Tumor Overview

- Prostate cancer represents an expanding and under-penetrated market opportunity with high unmet needs.

Cancer Global Mortality



Key Takeaways

- Prostate cancer is the most commonly diagnosed cancer in men
- 1 in 6 men will develop prostate cancer
- Global incidence is >375,000 and accounts for 15% of newly diagnosed cancers
- Market value: 2007: $3.4B 2017:$4.7B

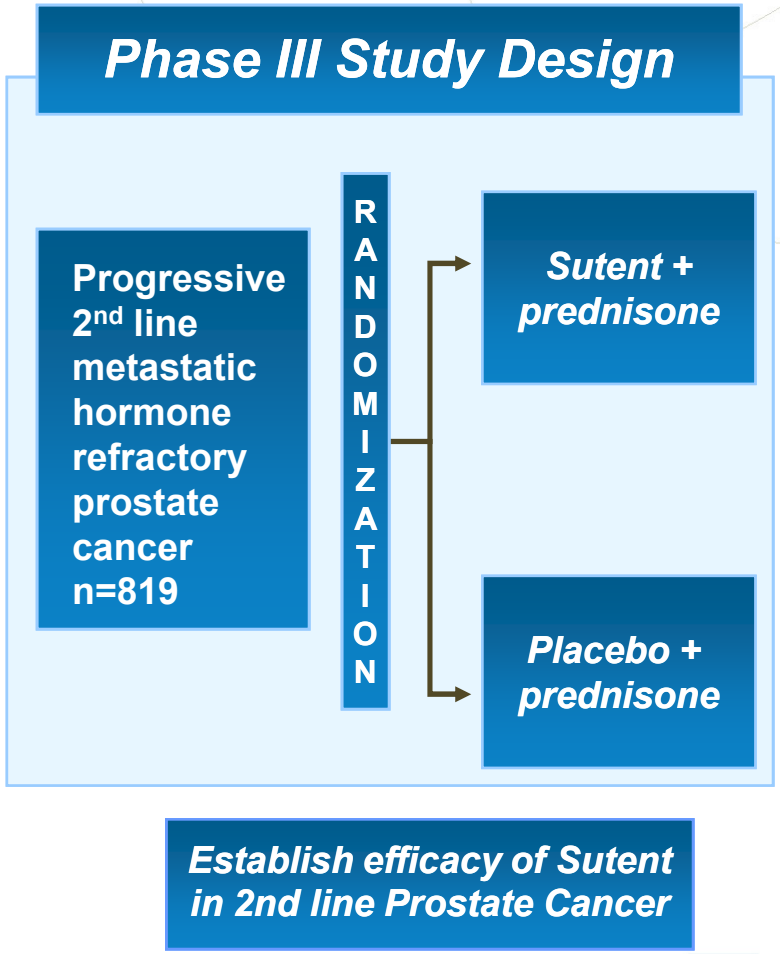
Sources: Global Cancer Statistics, CA: A Cancer Journal for Clinicians, Vol 49, No 1 Jan/Feb 1999; Market size from Wood MacKenzie

Pfizer Oncology

Planned Phase III: Sutent in 2nd line Metastatic Hormone-refractory Prostate Cancer (SUN 1120)

Phase II: Sutent Combination Pilot Study

BEST RESPONSE, N (%)	Number of patients (N=18; %)
PR response	5 (22)
Stable disease ≥6 months	7 (38)
Clinical benefit*	12 (66)
PSA response	9 (50)



 George et al., ASCO 2008

Gastrointestinal Cancer Development Program

Craig Eagle, M.D.

Sutent

Axitinib

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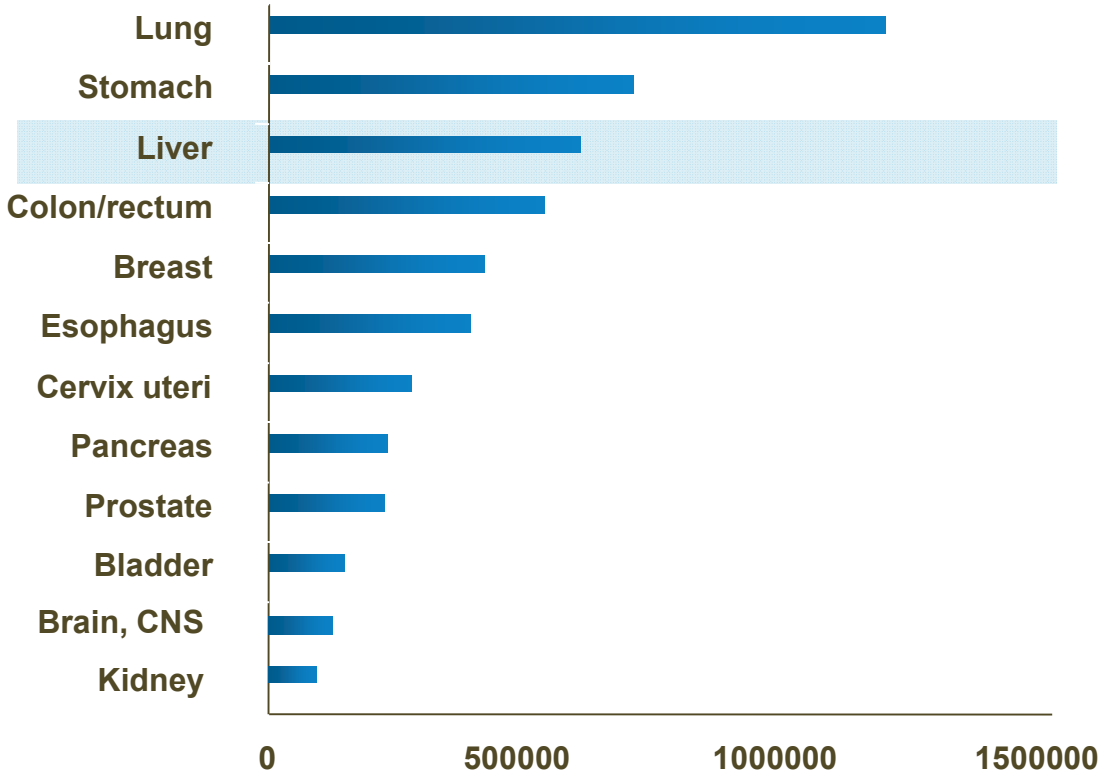
Hepatocellular Cancer a Significant Unmet Need

Cancer Global Mortality



Key Takeaways

- HCC is the third leading cause of cancer death globally
- Higher incidence and mortality particular in Asia
- Limited treatment options
- Expected Market Value
  - 2007 ~$110 m
  - 2017 ~$1.10 B

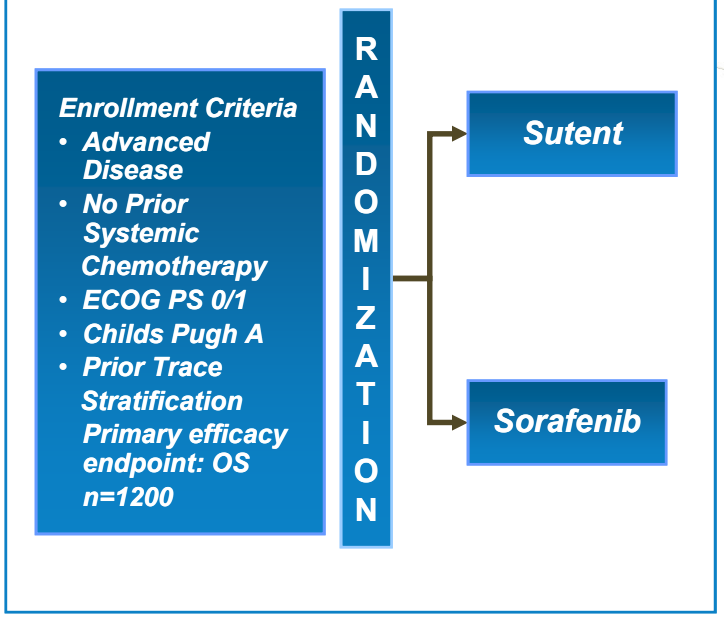
Parkin et al. CA Cancer J. Clin 2005, 55:74-108; Pfizer OncoMax – HCC Assessment – July 2007; DataMonitor, Stakeholder Opinions: Hepatocellular Carcinoma – June 2007; Market size from Wood MacKenzie

Planned Phase III: Sutent vs. sorafenib in 1st Line Advanced HCC (SUN 1170)

Phase II: Single-Agent Sunitinib Showed Activity in this Heavily Pretreated, Diverse Population of EU and Asian Patients

Best Response, N (%)	Number of Patients (N=37; %)
Partial Response	1 (3)
Stable Disease ≥6 Months	8 (22)
Clinical Benefit*	9 (24)
mTPP	21 wks
mOS	44 wks

Phase III Study Design

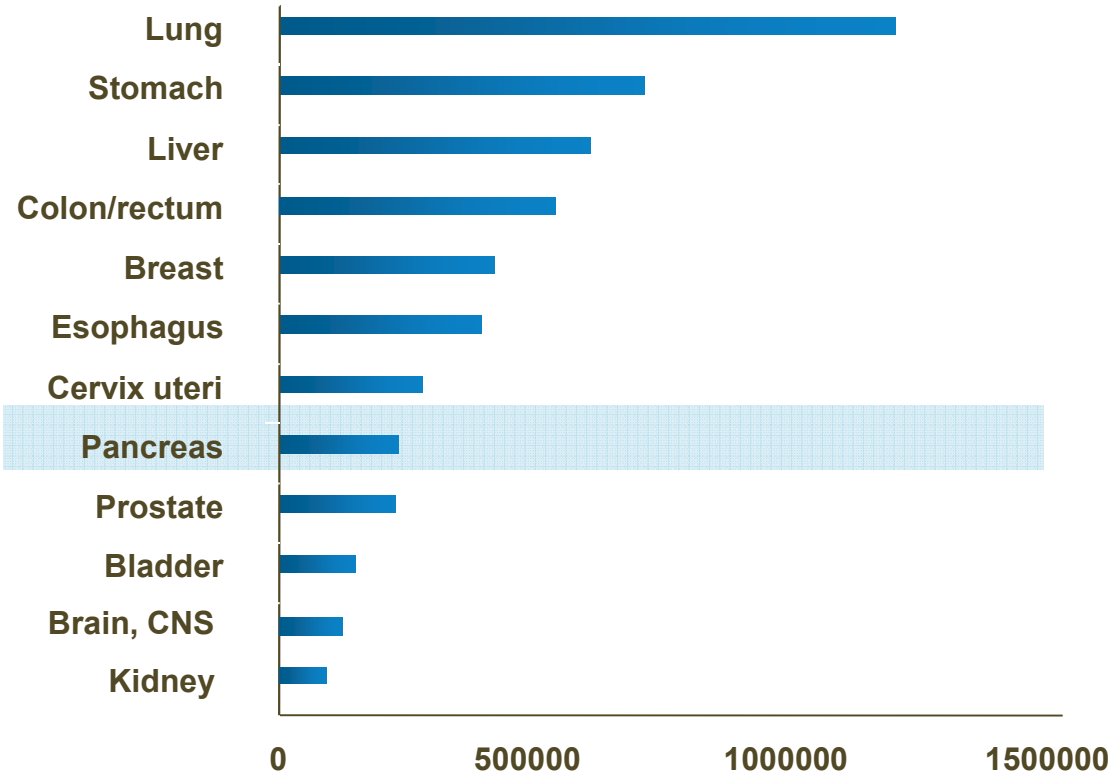


Establish Efficacy of Sutent in 1st Line HCC

Faivre et al. ECCO 2007

Pancreatic Cancer Tumor Overview

Cancer Global Mortality



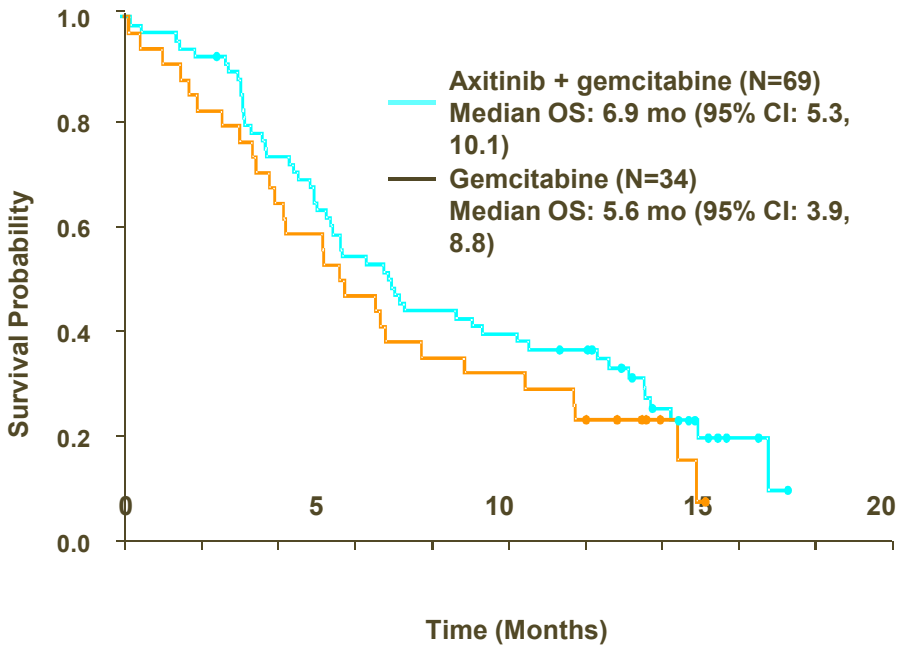
Key Takeaways

- Pancreatic Cancer is the fourth leading cause of cancer death in the US and Europe
- >60% of PC cases are diagnosed with distant metastatic disease
- Median Overall Survival is 6 months & 5-year survival rates are as low as 3%
- Current available treatments have demonstrated overall survival improvements in the order of 2 weeks
- Market value ~597m 06; ~1.28B 2017

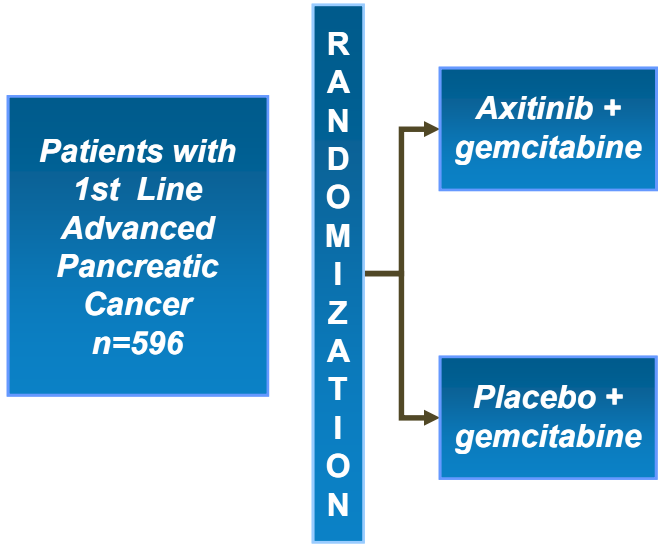
Parkin et al. CA Cancer J. Clin 2005, 55:74-108; Pfizer OncoMax – HCC Assessment – July 2007; DataMonitor, Stakeholder Opinions: Hepatocellular Carcinoma – June 2007; Market size from Wood MacKenzie

Phase III: Axitinib in 1st Line Advanced Pancreatic Cancer

Phase II: Axitinib Activity in Advanced & Metastatic Pancreatic Cancer OS – All Randomized Patients N=103



Phase III Study Design



Establish Efficacy of Axitinib in 1st line Pancreatic Cancer

61 Spano J, et al. Lancet 2008

Pfizer Development Programs in GI

CRC	**Phase III 1st line Sutent +/vs FOLFIRI**
	Phase II 1st line FOLFOX + Axitinib vs. FOLFOX + bevacizumab vs. FOLFOX + Axitinib + bevacizumab
	Phase II 2nd/3rd line FOLFOX or FOLFIRI + Axitinib vs. FOLFOX or FOLFIRI + bevacizumab
HCC	**Phase III 1st line Sutent vs sorafenib**
Pancreatic	**Phase III 1st line Axitinib +/vs gemcitabine**

Concluding Remarks

Alison Ayers
World Wide Commercial Leader

Pfizer Oncology

Pfizer Oncology Firsts

- **Sutent**
  - First oncology drug to be approved simultaneously for two indications
- **Leading in IGF-1R development with CP-751,871**
  - First in the clinic
  - First published data on IGF-1R activity
  - First IGF-1R to go into Phase III
- **First vaccine in development for treatment of glioblastoma multiforme (CDX-110)**
- **First in class with novel mechanisms:**
  - FAK
  - ALK-1
  - P-Cadherin
  - CD-40

Sutent Overview

ASCO Highlights:

- Sutent is associated with the longest median overall survival in mRCC of any agent in the first-line setting to date
- Efficacy and safety of Sutent in advanced kidney cancer confirmed across multiple patient populations
- Efficacy and safety data presented in additional tumor types and combination regimens including liver, colorectal and prostate cancer

Development Program:

- **Phase III trials ongoing:**
  - Metastatic breast cancer
  - Advanced NSCLC
  - Metastatic colorectal cancer
  - Adjuvant RCC
- **Phase III in initiation:**
  - Prostate cancer
  - Hepatocellular cancer

Axitinib Overview

ASCO Highlights:

- Phase II trial showed activity in mRCC patients refractory to other anti-angiogenesis agents (sunitinib, sorafenib)

Development Program:

- **Phase III trials ongoing:**
  - Pancreatic cancer
- **Phase III in initiation:**
  - Second line RCC
  - First line NSCLC

Pfizer Oncology

CP-751,871 (IGF-1R mAb) Overview

ASCO Highlights:

- Three oral presentations and one poster discussion demonstrating efficacy and progression-free survival in NSCLC treated with the combination CP-751,871 plus carboplatin and paclitaxel
- Single-agent activity presented in sarcoma

Clinical Development:

- **Two Phase III NSCLC studies initiated; One planned**
- **Phase II program targets:**
  - Lung
  - Prostate
  - Breast
  - Colon cancers
  - Ewing's sarcoma

PF-00299804 (Pan-ErbB inhibitor) Overview

ASCO Highlights:

- Results of a Phase I clinical trial of PF-00299804 showed activity in heavily pre-treated NSCLC patients
- Activity observed in patients refractory to erlotinib (Tarceva)

Clinical Development:

- **Phase II NSCLC**

Pfizer Oncology

CDX-110 Overview

ASCO Highlights:

- Phase II study, ACT II, showed 33 month median overall survival in GBM in combination with temozolomide and radiation
- Unique cancer vaccine targeting the EGFRvIII mutation
- EGFRvIII present in sub-sets of patients with breast, ovarian, prostate and colorectal cancer

Clinical Development:

- Pursue registration strategy in GBM
- Expand program to additional tumors based on presence of EGFRvIII mutation

Pfizer Oncology

Concluding Comments

- ☑ 11 Phase III oncology starts since ASCO 2007
- ☑ Strengthening of the GU franchise, especially RCC
- ☑ Extensive BC development programs with data expected in 2009
- ☑ Broad development programs in lung cancer
- ☑ Leadership in IGF-1R development
- ☑ Formation of the Pfizer Oncology Business Unit

Pfizer Oncology

Q&A