

AACR 2014 Analyst Briefing

April 6, 2014

Forward Looking Statements

- Our discussions during this meeting will include forward-looking statements. Actual results could differ materially from those projected in the forward-looking statements.
- The factors that could cause actual results to differ are discussed in Pfizer's 2013 Annual Report on Form 10-K, in our reports on Form 10-Q and Form 8-K and in the press release concerning the PALOMA-1 trial that was issued today.
- Our SEC reports and press releases are available on our website at www.pfizer.com.

Garry Nicholson
President
Pfizer Oncology

Pfizer Oncology: Focused Execution Grows Franchise

Pfizer Oncology Mission: To Cure and Control Cancer with Innovative Medicines

Phase 1/2 Pipeline Highlights

PF 04449913
SMO inhibitor

PF 05082566
4-1BB

PF 03446962
ALK – 1 mAb

PF 06463922
ALK/ROS1
Inhibitor

PF 03084014
Gamma
secretase
inhibitor

PF 05212384 IV
PI3K/mTOR

Phase 3 Pipeline

Palbociclib
CDK 4/6 inhibitor

Dacomitinib
Pan-HER inhibitor

Inotuzumab
Ozogamicin
Antibody-drug
conjugate
targeting CD22

Inline Portfolio

 **Inlyta**[™]
axitinib

 **XALKORI**[™]
CRIZOTINIB
200MG CAPSULES

 **SUTENT**[®]
sunitinib malate
capsules

 **Bosulif**[™]
bosutinib 500mg
tablets

 **TORISEL**[®]
(temsirolimus) injection

*Dr. Mace Rothenberg
Senior Vice President,
Clinical Development and Medical Affairs,
Chief Medical Officer
Pfizer Oncology*

Final Results of a Randomized Phase 2 Study of Palbociclib (PD 0332991) a Cyclin-Dependent Kinase (CDK) 4/6 Inhibitor, in Combination with Letrozole vs Letrozole Alone for First-Line Treatment of ER+, HER2– Advanced Breast Cancer (PALOMA-1/TRIO-18)

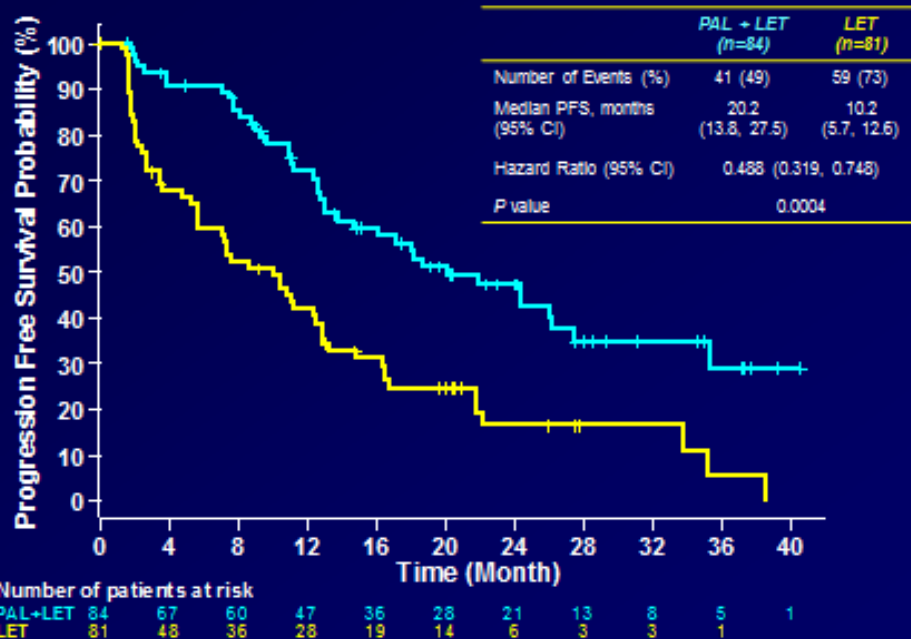
RS FINN,¹ JP CROWN,² I LANG,³ K BOER,⁴ IM BONDARENKO,⁵ SO KULYK,⁶ J Ettl,⁷ R PATEL,⁸ T PINTER,⁹ M SCHMIDT,¹⁰ Y SHPARYK,¹¹ AR THUMMALA,¹² NL VOYTKO,¹³ X HUANG,¹⁴ ST KIM,¹⁴ S RANDOLPH,¹⁴ DJ SLAMON¹

¹UNIVERSITY OF CALIFORNIA LOS ANGELES, LOS ANGELES, CA, USA; ²IRISH COOPERATIVE ONCOLOGY RESEARCH GROUP, DUBLIN, IRELAND; ³ORSZAGOS ONKOLOGIAI INTEZET, BUDAPEST, HUNGARY; ⁴SZENT MARGIT KORHAZ, ONKOLOGIA, BUDAPEST, HUNGARY; ⁵DNIPROPETROVSK CITY MULTIPLE-DISCIPLINE CLINICAL HOSPITAL, DNIPROPETROVSK, UKRAINE; ⁶MUNICIPAL TREATMENT-AND-PROPHYLACTIC INSTITUTION, DONETSK, UKRAINE; ⁷TECHNICAL UNIVERSITY OF MUNICH, MUNICH, GERMANY; ⁸COMPREHENSIVE BLOOD AND CANCER CENTER, BAKERSFIELD, CA, USA; ⁹PETZ ALADAR MEGYEI OKTATO KORHAZ, GYOR, HUNGARY; ¹⁰UNIVERSITY HOSPITAL MAINZ, MAINZ, GERMANY; ¹¹LVIV STATE ONCOLOGIC REGIONAL TREATMENT AND DIAGNOSTIC CENTER, UKRAINE; ¹²COMPREHENSIVE CANCER CENTERS OF NEVADA, HENDERSON, NV, USA; ¹³KYIV CITY CLINICAL ONCOLOGY CENTER, UKRAINE; ¹⁴PFIZER ONCOLOGY, SAN DIEGO, CA, USA

Final PALOMA-1 Progression-Free Survival Results

Palbociclib + letrozole significantly prolonged progression-free survival (PFS) in patients with ER+, HER2- advanced breast cancer versus letrozole alone.

Progression-Free Survival (ITT)



Median PFS = 20.2 months P+L v.
10.2 months L alone, $p=0.0004$,
HR=0.488

- Statistically significant improvement demonstrated
- An important median PFS result in the context of current therapies

Best Overall Response (ITT)

Objective Response Rate, Clinical Benefit Rate Confirm the Meaningful Treatment Effect Demonstrated with PFS

Best Overall Response (ITT)

	<i>PAL + LET (n=84)</i>	<i>LET (n=81)</i>
All randomized patients, n	84	81
Objective Response Rate, % (95% CI)	43 (32, 54)	33 (23, 45)
Complete Response, n (%)	1 (1%)	1 (1%)
Partial Response, n (%)	35 (42%)	26 (32%)
Patients with measurable disease, n	65	68
Objective Response Rate, % (95% CI)	55 (43, 68)	39 (28, 52)
Complete Response, n (%)	1 (2%)	0
Partial Response, n (%)	35 (54%)	26 (39%)
Clinical Benefit Rate, * % (95% CI)	81 (71, 89)	58 (47, 69)
Stable Disease ≥24 weeks, n (%)	32 (38%)	20 (25%)
Stable Disease <24 weeks, n (%)	5 (8%)	10 (12%)
Progressive Disease, n (%)	3 (4%)	18 (22%)
Indeterminate, n (%)	8 (10%)	6 (7%)

*Complete response + partial response + stable disease ≥24 weeks

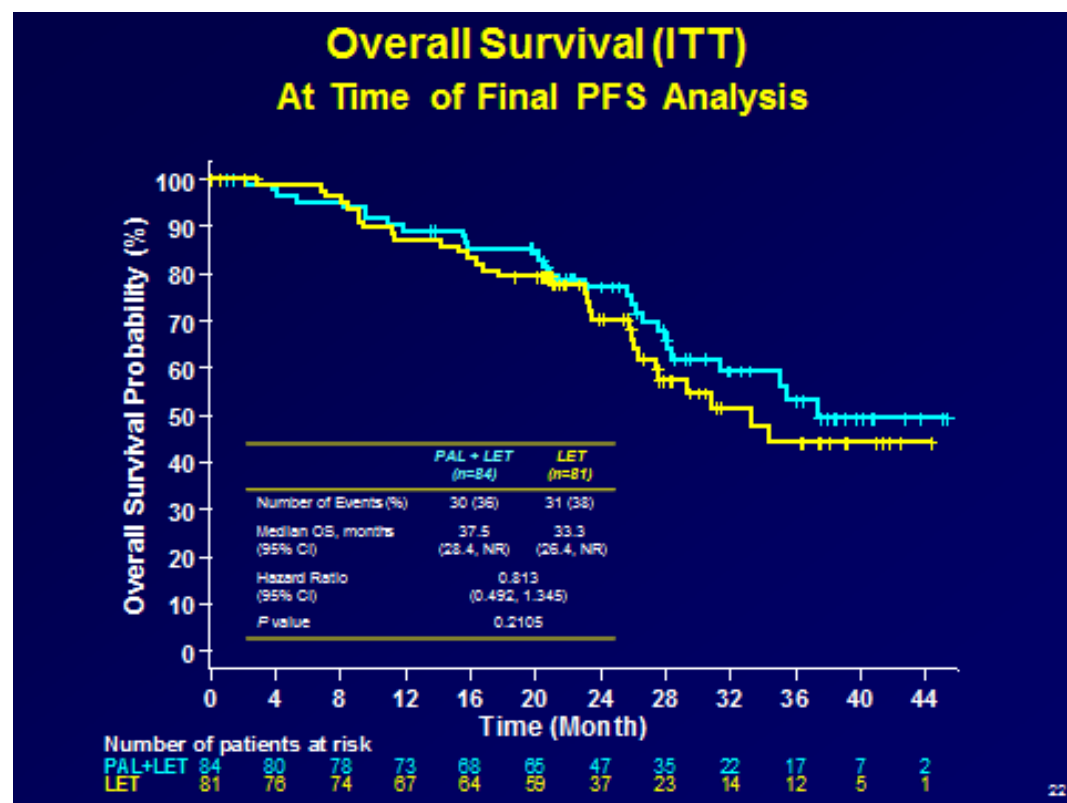
Objective RR = 43% for P+L arm
vs 33% for L alone

Clinical Benefit rate = 81% for P+L
vs 58% for L alone

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Initial PALOMA-1 Overall Survival (OS) Analysis

Per the PALOMA-1 protocol, OS, a secondary endpoint, was assessed in an initial analysis at the time of PFS final analysis.



Initial assessment was not significant (Median OS of 37.5 months for P+L compared to 33.3 months for L alone, HR = 0.813, 95% CI: 0.492 – 1.345).

- A follow up OS analysis will be conducted following the accrual of additional events.

Most Common All-Causality Adverse Events

The combination of palbociclib and letrozole was generally well-tolerated and the safety profile of the combination was consistent with previously reported data.

Most Common All-Causality AEs $\geq 15\%$ (AT)

	PAL + LET (n=83)			LET (n=77)		
	G1/2 (%)	G3 (%)	G4 (%)	G1/2 (%)	G3 (%)	G4 (%)
Neutropenia	20	48	6	4	1	0
Leukopenia	24	19	0	3	0	0
Fatigue	36	2	2	20	1	0
Anemia	29	5	1	5	1	0
Nausea	23	2	0	12	1	0
Arthralgia	22	1	0	13	3	0
Alopecia	22	0	0	3	0	0
Diarrhea	17	4	0	10	0	0
Hot flush	20	0	0	12	0	0
Thrombocytopenia	14	2	0	1	0	0
Decreased appetite	14	1	0	6	0	0
Dyspnea	13	2	0	6	1	0
Nasopharyngitis	16	0	0	10	0	0
Back pain	13	0	1	14	1	0

AT=As Treated Population

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The most common AEs in P + L arm: neutropenia, leukopenia, fatigue and anemia.

- The neutropenia observed with the combination in this study was non-cumulative and clinically manageable.
- Neutropenia is an on-target, anti-proliferative side effect of palbociclib and signifies inhibition of CDK4 and its effect on bone marrow.

Conclusion: How Meaningful Are These Data?

- The magnitude of benefit
- The number of women impacted
- The novel MOA and insights into the underlying biology
- We are the first to this point
- The future potential in breast cancer and beyond

Palbociclib Development in ER+/HER2- Breast Cancer

		Low Risk Population	Intermediate Risk Population	High Risk Population
Invasive Early BC (Stages I-III)	Neo Adjuvant	Collaborative Investigator Initiated Research		
	Adjuvant			PENELOPE (Ph 3) SOC +/- Palbociclib
Metastatic BC (Stage IV)	1 st Line	PALOMA-2 (Ph. 3) Letrozole + Palbociclib or placebo		
	2 nd Line	PALOMA-3 (Ph. 3) Fulvestrant + Palbociclib or placebo		PEARL (Ph. 3) Palbociclib + exemestane vs. capecitabine
	3 rd Line			

Q&A