

Pfizer Pflash: A Spotlight on *Clostridioides difficile* (C. diff) Vaccine Development

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Our discussions during this presentation 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's *Clostridioides difficile* (*C. difficile*) vaccine candidates, including their potential benefits, that involve substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Risks and uncertainties include, among other things, the uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for our clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as the possibility of unfavorable new clinical data and further analyses of existing clinical data; whether and when Pfizer will pursue potential development of a *C. difficile* vaccine(s) and whether and when such development would be successful; the risk that clinical trial data are subject to differing interpretations and assessments by regulatory authorities; whether regulatory authorities will be satisfied with the design of and results from our clinical studies; whether and when any biologics license applications may be filed for the *C. difficile* vaccine candidates; whether and when any such applications may be approved by regulatory authorities, which will depend on myriad factors, including making a determination as to whether the product's benefits outweigh its known risks and determination of the product's efficacy and, if approved, whether the *C. difficile* vaccine candidates will be commercially successful; decisions by regulatory authorities impacting labeling, manufacturing processes, safety and/or other matters that could affect the availability or commercial potential of the *C. difficile* vaccine candidates; uncertainties regarding the ability to obtain recommendations from vaccine technical committees and other public health authorities regarding the *C. difficile* vaccine candidates and uncertainties regarding the commercial impact of any such

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Today's Speakers

Hosted by



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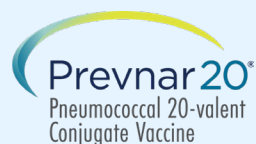
*Vice President, Bacterial
Vaccines and Technology*

Executing on Three Key Pillars in Vaccine Research & Development

Targeting emerging health threats to drive potential long-term growth in viral and bacterial indications



ENHANCE and Augment
Core Franchises



COMIRNATY[®]
(COVID-19 Vaccine, mRNA)



EXECUTE on Mid/Late-
Stage Pipeline Portfolio

C. difficile
Phase 2

Lyme Disease
Phase 3

Group B Streptococcus
Phase 2

COVID-19 / Flu Combo
Phase 1/2



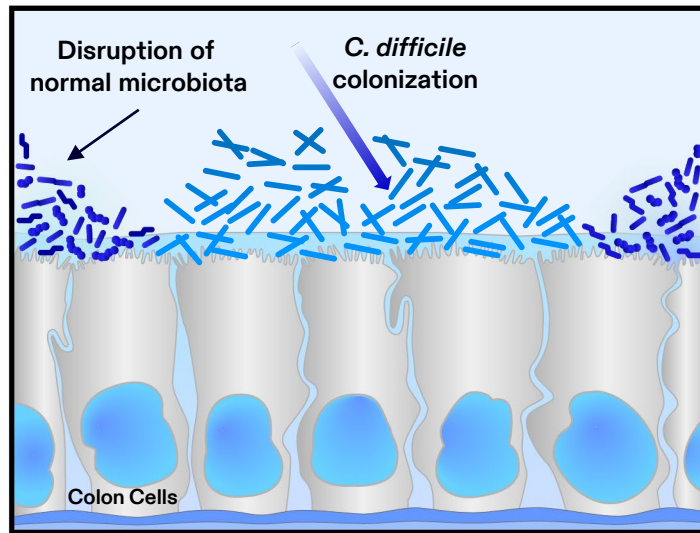
GROW Our Pipeline

Preclinical Programs
Targeting Bacterial and Viral
Pathogens

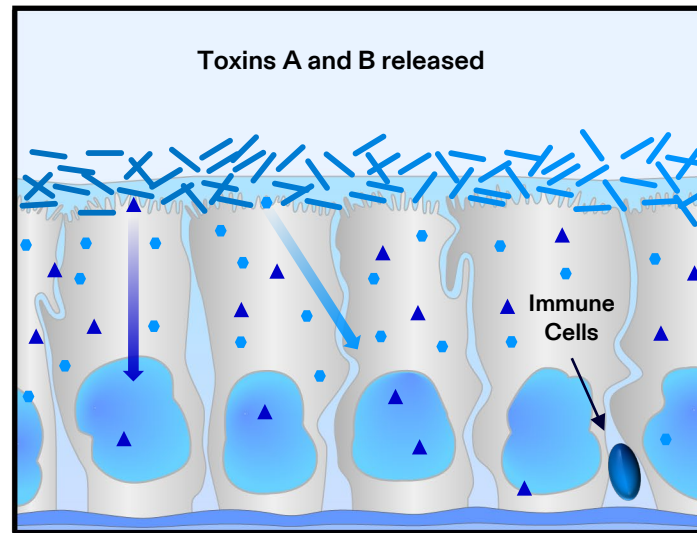
C. difficile: Common & Potentially Fatal Healthcare Associated Infection

Individuals are 7-10 times more likely to contract *C. difficile* while on antibiotics or during following month¹

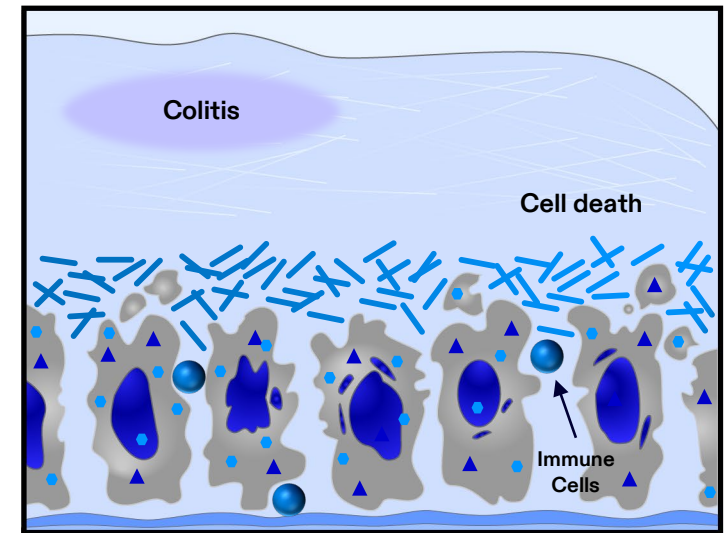
Overview of *C. difficile* Infection (CDI) Cascade



Normal gut flora may be altered by antibiotics with other risk factors including age & recent hospital stay

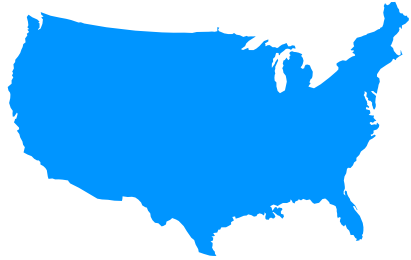


C. difficile flourishes in colon, releasing toxins A & B and causing mucosal damage

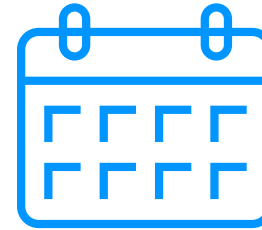


Results in fever, abdominal pain, diarrhea, colitis and / or life-threatening complications

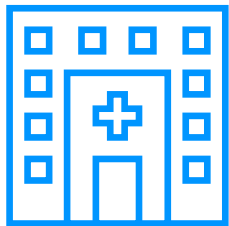
C. difficile Infection (CDI) is a Pressing Public Health Threat



Estimated to
cause nearly
500K
annual infections
in the U.S.¹



One in eleven
people over 65 diagnosed with
healthcare associated *C. diff*
infection die within one month¹



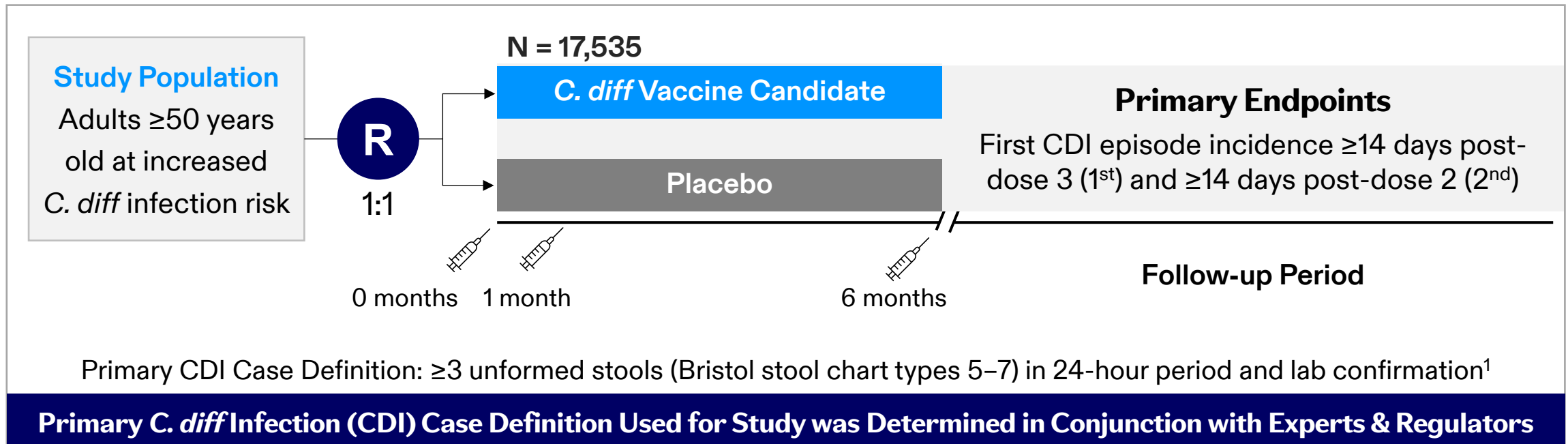
~\$5-6B
Estimated annual U.S.
healthcare costs²⁻⁴



No Vaccine
currently available to prevent
primary or recurrent *C. difficile* infection

First-Generation *C. difficile* Vaccine Candidate Phase 3 Study

Phase 3 CLOVER study had potential to establish regulatory precedent | Began 1Q'17 with data announced in 1Q'22



Primary Endpoint was Not Met | Secondary Endpoints & Additional Analyses Showed Signals of Efficacy

Vaccination Reduced Symptom Duration & Medically Attended *C. diff*

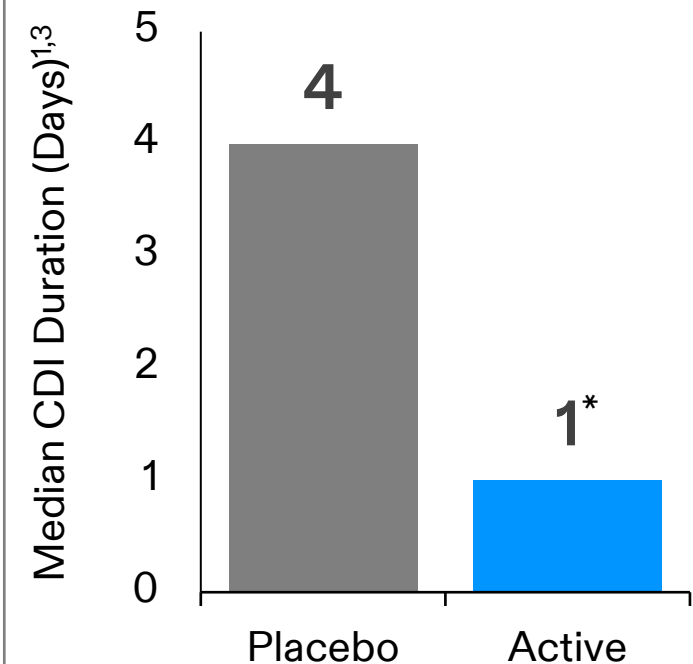
First-generation Phase 3 data demonstrated potential of vaccine candidate to reduce *C. diff* associated healthcare burden

100% Vaccine Efficacy Against Medically Attended *C. diff* Infection and *C. diff* Infection Requiring Antibiotic Intervention

Endpoint	# Meeting Endpoint ^{1,2}		Vaccine Efficacy (Confidence Interval) ^{1,2}
	Placebo	Active	
First Episode of <i>C. diff</i> Infection (CDI) [†]	25	17	31% (-38.7 to 66.6)
First Episode of CDI that Required Medical Attention [‡]	11	0	100% (59.6 to 100.0)
First Episode of CDI with Antibiotic Use [‡]	10	0	100% (54.8 to 100.0)

[†]Primary endpoint; the 2-sided 96.4% confidence interval (CI) was derived using the Clopper–Pearson method adjusted for surveillance time. ---- [‡]Post hoc endpoint; the 2-sided nominal 95% CI was derived using the Clopper–Pearson method adjusted for surveillance time

75% Reduction in Median *C. diff* Infection (CDI) Duration



*2-sided nominal $p = 0.02$

Updated Formulation *C. diff* Vaccine Candidate in Phase 2

Advanced to Phase 2 earlier this year based on encouraging safety and immunogenicity in Phase 1

First-Generation *C. difficile* Vaccine Candidate

Antigen
Modified *C. diff* Toxin A

Antigen
Modified *C. diff* Toxin B

Dosing Regimen
3 Doses Over 6 Months

Exploring Updated Formulations, Dosing Regimens and Potential Phase 3 Trial Design with Next-Gen Program

Formulations

Evaluated three updated formulations including adjuvants in Phase 1
Preferred formulation now in Phase 2

Dosing Regimen

Exploring potential of **two-dose regimens** in Phase 2

Potential Phase 3 Trial Design

Design / endpoints for a potential future Phase 3 study to be informed by past and upcoming data and regulatory interactions

Summary: *C. difficile* Vaccine Program



C. diff is a Pressing Public Health Threat with No Approved Vaccine

One in 11 people over age 65 diagnosed with a healthcare associated CDI die within one month¹



First-Generation Candidate Demonstrated Potential to Reduce *C. diff* Associated Healthcare Burden in Phase 3



Encouraging Safety & Immunogenicity with Updated Formulation in Phase 1



Phase 2 Trial of Updated Formulation Ongoing

Q&A Session

Moderated by



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