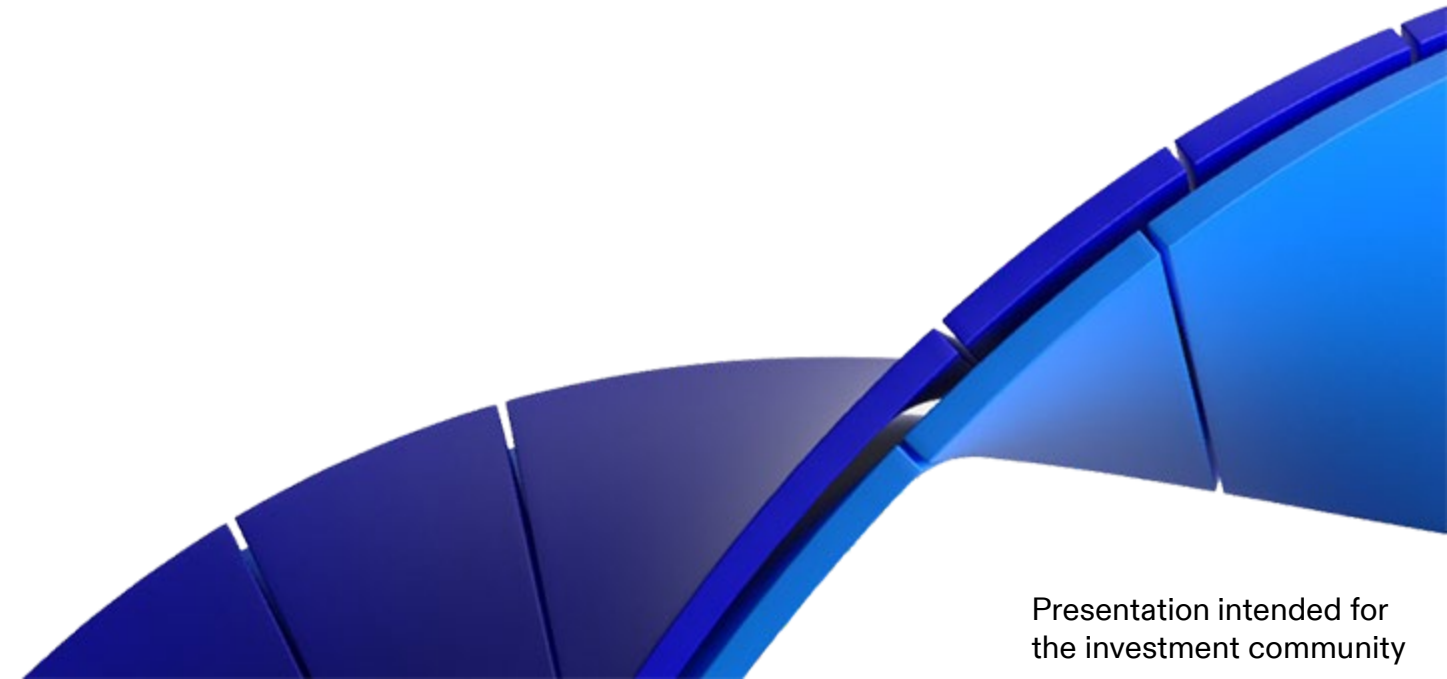
Pfizer Pflash: A Spotlight on the PF'4404 (SSGJ-707 / PF-08634404) Clinical Development Strategy

November 10, 2025



Presentation intended for the investment community

Forward-Looking Statements and Other Notices

Our discussions during this presentation will include forward-looking statements about, among other topics, Pfizer Oncology, PF'4404, an investigational bispecific antibody targeting PD-1 and VEGF, and an exclusive global, ex-China, licensing agreement between Pfizer and 3SBio, Inc. for the development, manufacturing and commercialization of PF'4404, including their potential benefits, and plans for several near-term PF'4404 clinical trial starts, 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, risks related to the ability to realize the anticipated benefits of the transaction, including the possibility that the expected benefits from the transaction will not be realized or will not be realized within the expected time period; risks related to the successful integration of the licensed asset with Pfizer's business; disruption from the transaction making it more difficult to maintain business and operational relationships; negative effects of the closing of the transaction on the market price of Pfizer's common stock and/or operating results; significant transaction costs; unknown liabilities; the risk of litigation and/or regulatory actions related to the transaction or PF'4404; manufacturing capabilities or capacity; other business effects and uncertainties, including the effects of industry, market, business, economic, political or regulatory conditions; future exchange and interest rates; risks and uncertainties related to issued or future executive orders or other new, or changes in, laws, regulations or policy; changes in tax and other laws, regulations, rates and policies; the uncertainties inherent in business and financial planning, including, without limitation, risks related to Pfizer's business and prospects, adverse developments in Pfizer's markets, or adverse developments in the U.S. or global capital markets, credit markets, regulatory environment, tariffs and other trade policies or economies generally; future business combinations or disposals; uncertainties regarding the commercial success of PF'4404 and Pfizer's commercialized and pipeline products; the uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for 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; risks associated with preliminary or interim data; 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 the clinical studies; whether and when drug applications may be filed in any jurisdictions for PF'4404 or any of Pfizer's pipeline products; 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 PF'4404 or any such other products 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 PF'4404 or any such other products; uncertainties regarding the impact of COVID-19; and competitive developments.

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, 2024 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 http://www.sec.gov/ and http://www.pfizer.com/. Potential risks and uncertainties also include global economic and/or geopolitical instability, foreign exchange rate fluctuations and inflationary pressures and the uncertainties regarding the impact of COVID-19. 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.

Today's discussions and presentation are intended for the investor community only; they are not intended to promote the products referenced herein or otherwise influence healthcare prescribing decisions. Definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data as they may be confounded by various factors and should be interpreted with caution. All trademarks in this presentation are the property of their respective owners.

Certain of the products and product candidates discussed during this conference call are being co-researched, co-developed and/or co-promoted in collaboration with other companies for which Pfizer's rights vary by market or are the subject of agreements pursuant to which Pfizer has commercialization rights in certain markets.

Speakers

Host

Francesca DeMartino

Chief Investor Relations Officer

Joining for Q&A

Jeff Legos

Chief Oncology Officer

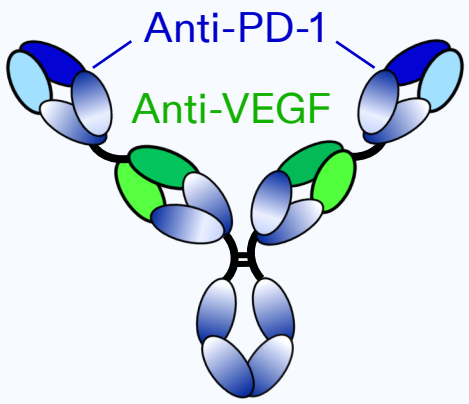
Johanna Bendell

Chief Development Officer Oncology

Arati Rao

PF'4404 Franchise Head

PF'4404: Bispecific Antibody with a Potentially Transformative MOA



PF'4404
(also known as SSGJ-707)

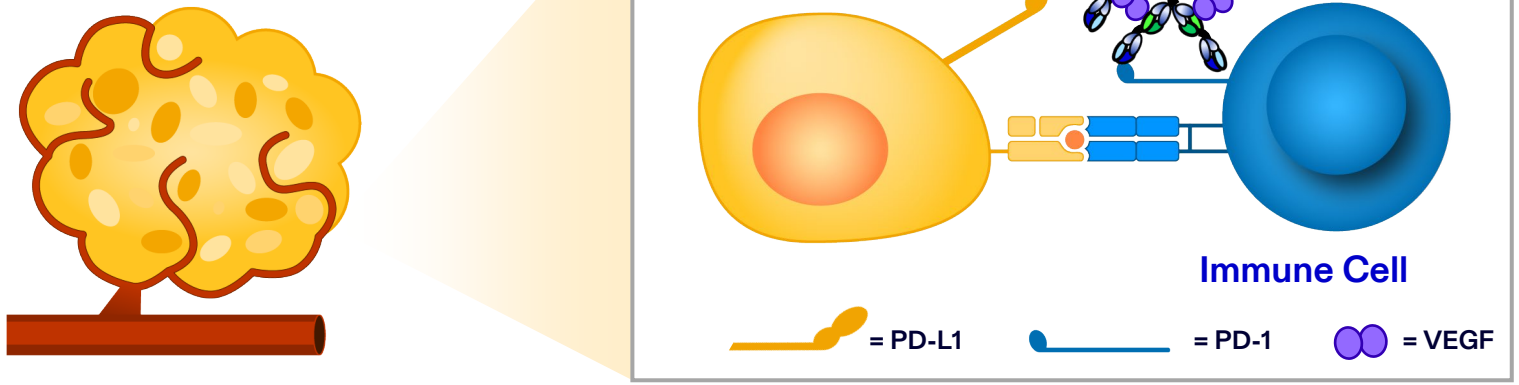
Cooperative Binding
PD-1 Binding Affinity Increased 100X in Presence of VEGF[1]

Enhanced VEGF Inhibition[2]
Potential to inhibit angiogenesis and reverse immune suppression

PD-1 x VEGF Bispecific Antibodies Incorporate Two Validated MOAs in a Single Agent and Have Potential to Combine Synergistically with Vedotin ADCs

1 **Anti-VEGF (E.g., Bevacizumab)**
Inhibits Both Oncogenic and Angiogenic Tumor Growth

2 **Anti-PD-1 (E.g., Pembrolizumab)**
Allows Immune Cells to Recognize and Attack Tumor Cells



General PD-1 x VEGF MOA has Demonstrated Statistically Significant Improvements in PFS vs. Anti-PD-1 in NSCLC Phase 3 trials[3]

1. Compared to parent anti-PD-1 antibody (Wu et al. 2025 American Society of Clinical Oncology Annual Meeting, Poster Corresponding to Abstract 8543); **2.** Anti-angiogenesis data on file; **3.** Xiong et al. *Lancet.* 2025;405:839-849, Chen et al. Lancet, 2025; 406:2078-2088. **ADC**: Antibody-drug conjugate; **MOA:** Mechanism of action; **NSCLC:** Non-small cell lung cancer; **PD-1:** Programmed death receptor-1; **PD-L1:** Programmed death-ligand 1; **PFS:** Progression-free survival; **VEGF:** Vascular endothelial growth factor; Schematics depict generalized representations. PF'4404 is an investigational agent and is not an approved medicine

PF'4404 is a Strong Fit Within Pfizer Oncology Strategy

Disease Area Focus

Building on Established Presence

Across subtypes | Prostate Urothelial | Multiple Myeloma | Lung | Colorectal

Core Modalities

Enabled by Deep Technical Expertise

Three-Pronged Strategy to Establish PF'4404 as a Backbone Therapy Across Tumor Types

Speed
Anticipate seven near-term clinical trial starts

Breadth
Plan to develop in multiple tumor types

Depth
Plan to develop across settings, lines of therapy & in novel combinations

Pfizer Capabilities: Well-Positioned for Value Creation with PF'4404

PF'4404 pipeline-in-a-product potential is supported by productive interactions with global health authorities

>50

Medical oncologists across clinical development and medical affairs

10

Manufacturing sites for oncology medicines on

3 Continents

Rapid Execution Since Completing PF'4404 Licensing Agreement in July 2025

5
new INDs submitted

500+
global clinical trial sites selected

>25
countries within global PF'4404 clinical trial footprint[1]

PF'4404 clinical supply
manufactured in the U.S.

1. Indicates the number of countries in which the 500+ selected clinical trial sites reside; **IND:** Investigational new drug

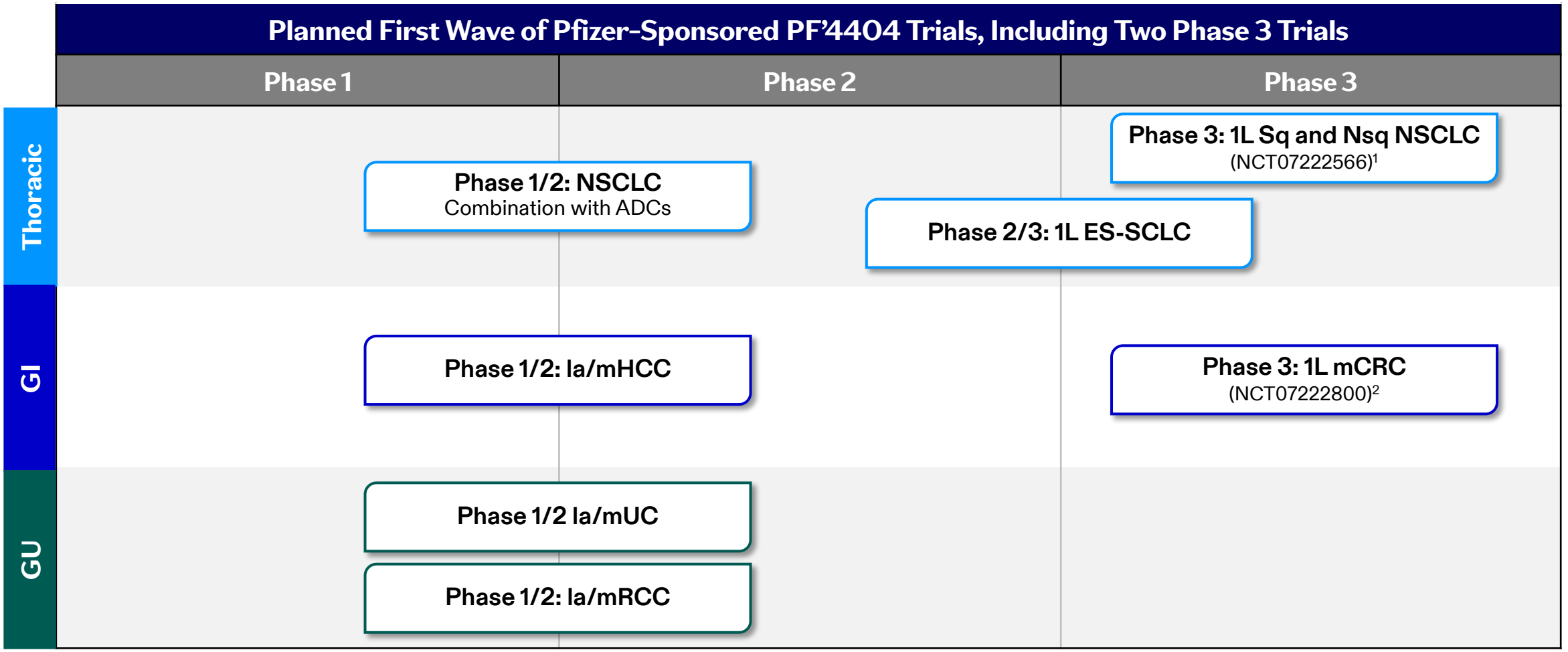
Speed & Breadth: First Wave Includes 7 Near-Term PF'4404 Trial Starts

	Planned First Wave of Pfizer-Sponsored PF'4404 Trials, Including Two Phase 3 Trials		
	Phase 1	Phase 2	Phase 3
Thoracic			**Phase 3: 1L Sq and Nsq NSCLC** (NCT07222566)[1]
GI			**Phase 3: 1L mCRC** (NCT07222800)[2]
GU			

Pipeline-in-a-Product Potential: 10+ Additional Indications and 10+ Novel Combos Under Consideration for 2026 Trial Starts

1. https://clinicaltrials.gov/study/NCT07222566; 2. https://clinicaltrials.gov/study/NCT07222800 ; **1L**: First-line; **GI:** Gastrointestinal; **GU:** Genitourinary; **mCRC:** Metastatic colorectal cancer; **NSCLC**: Non-small cell lung cancer; **Nsq:** Non-squamous; **Sq:** Squamous

Speed & Breadth: First Wave Includes 7 Near-Term PF'4404 Trial Starts

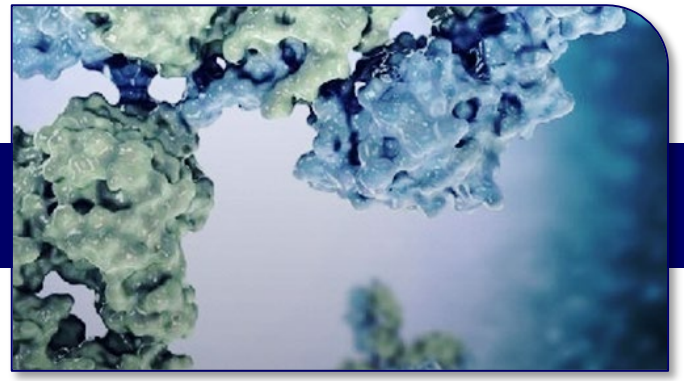


Pipeline-in-a-Product Potential: 10+ Additional Indications and 10+ Novel Combos Under Consideration for 2026 Trial Starts

1. https://clinicaltrials.gov/study/NCT07222566; 2. https://clinicaltrials.gov/study/NCT07222800 ; **1L:** First-line; **ADC:** Antibody-drug conjugate; **ES-SCLC:** Extensive-stage small cell lung cancer; **GI:** Gastrointestinal; **GU:** Genitourinary; **la/mHCC:** Locally advanced / metastatic hepatocellular carcinoma; **la/mRCC:** Locally advanced / metastatic renal cell carcinoma; **la/mUC:** Locally advanced / metastatic urothelial carcinoma; **Sq:** Squamous; **Nsq:** Non-squamous; **mCRC:** Metastatic colorectal cancer

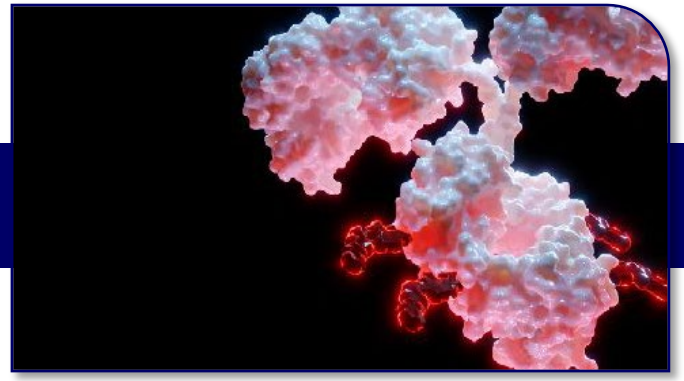
Depth: Develop Across Settings, Lines of Therapy & Novel Combos

Aim to attack cancer from multiple angles for maximal impact



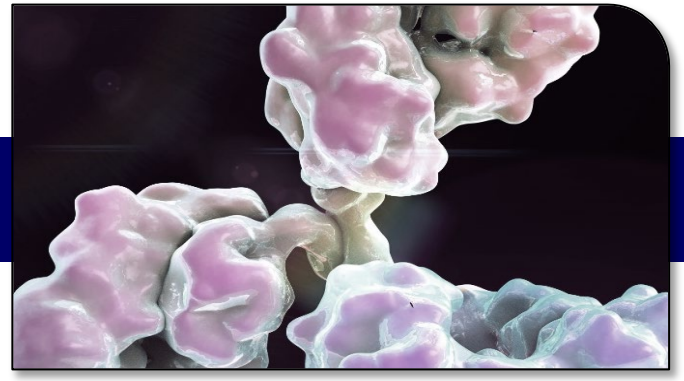
Displace

SOC PD-1/L1 and VEGF therapies with PF'4404



Establish

Chemo-sparing SOC regimens with ADCs



Expand

Into earlier lines of therapy and treatment settings

Pfizer's Portfolio is Well Positioned to Leverage the **Potential Clinical Synergy Between Vedotin ADCs and Checkpoint Inhibitors** to Differentiate with Novel Combination Therapies

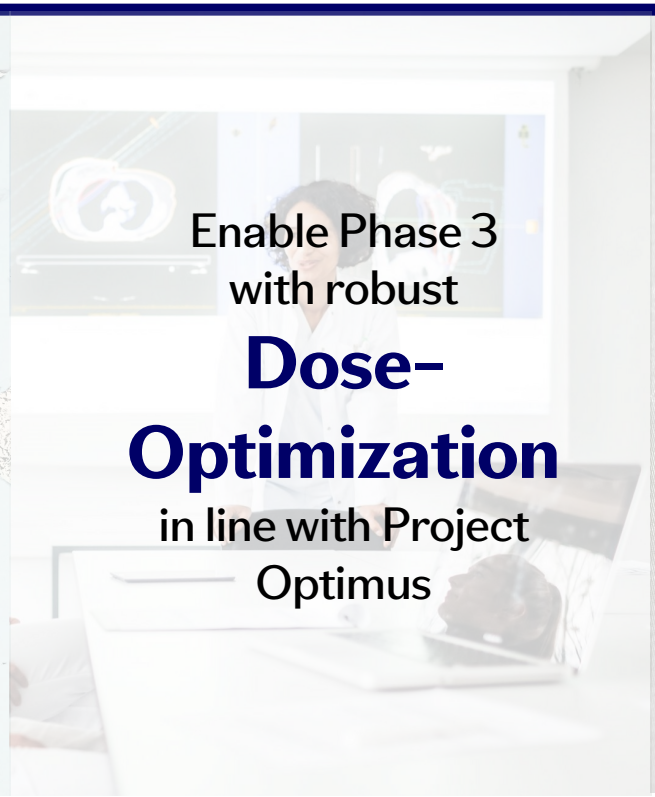
SOC: Standard-of-care; **PD-1:** Programmed death receptor-1; **PD-L1:** Programmed death-ligand 1; **VEGF:** Vascular endothelial growth factor; **ADC:** Antibody-drug conjugate

Aligned with Regulators on Thoughtfully Designed Global Phase 3 Trials

Positioning PF'4404 development program to move with rigor and speed

Overall Survival
as primary endpoint or dual primary endpoint with progression free survival

Enroll at least
20%
of pivotal trial participants from U.S.



Enable Phase 3 with robust
Dose-Optimization
in line with Project Optimus

Completed
Pre-Phase 3 Advice
from FDA & global regulators

Phase 3 Design Provides Opportunity to Differentiate Operationally in PD-1/L1 x VEGF Landscape

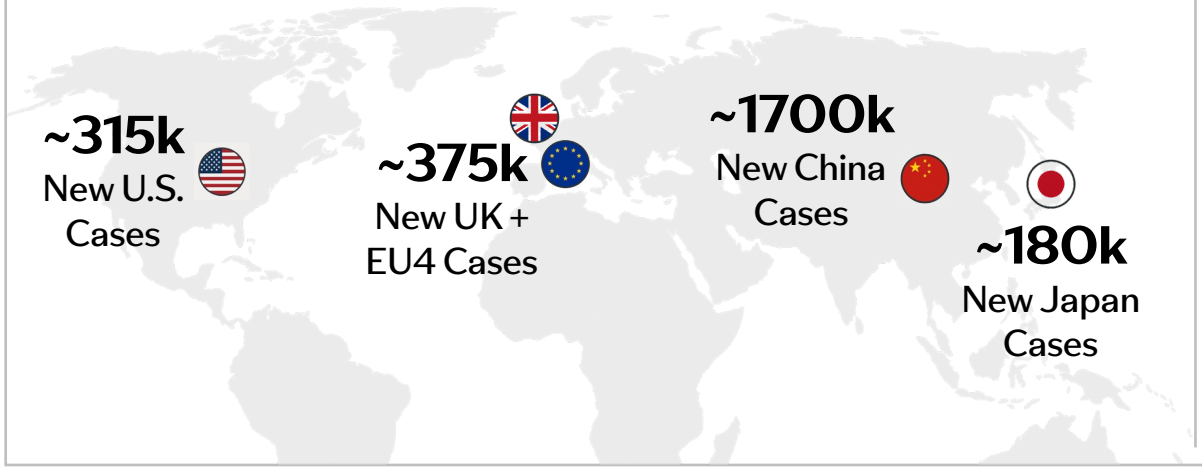
PD-1: Programmed death receptor-1; **PD-L1:** Programmed death-ligand 1; **VEGF:** Vascular endothelial growth factor

Lung Cancer

Lung Cancer Remains a Significant Unmet Need

Substantial Opportunity for New Therapies

>2.5 Million New Lung Cancer Diagnoses Globally in 2025[1]



32% Five Year U.S. Survival Across Stages for **NSCLC**[2]

9% Five Year U.S. Survival Across Stages for **SCLC**[2]

Large and Growing Marketplace for Lung Cancer Therapies[3]

$45B
2025

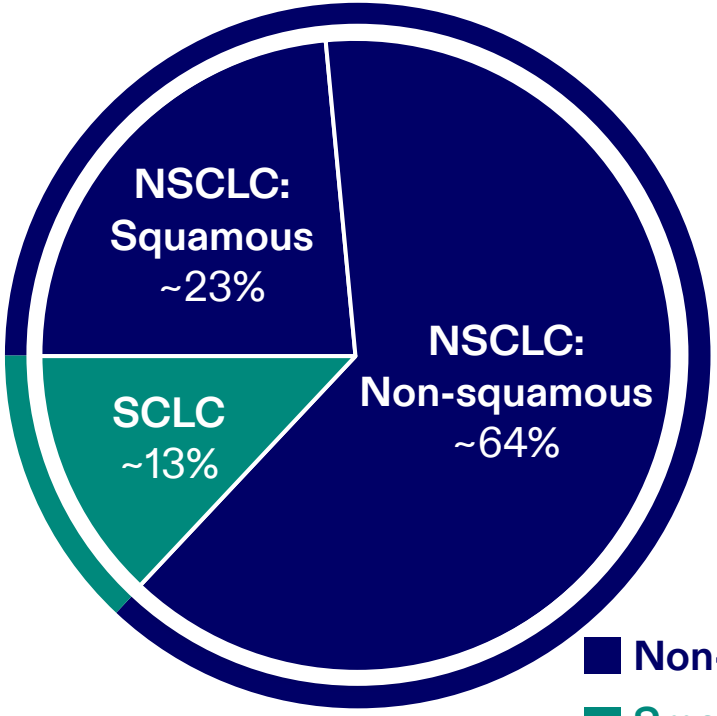
$70B
2030

1. Epidemiology data are rounded, and sourced from US CancerMPact Patient Metrics, Oracle (2025), includes total incident and newly recurrent patients, across all stages of disease in NSCLC and SCLC; **2.** Five-year relative survival rate reported in: American Cancer Society "Lung Cancer Survival Rates" (accessed Nov 4, 2025). **3.** Evaluate Ltd market size estimates (includes NSCLC and SCLC). Numbers are rounded. **NSCLC:** Non-small cell lung cancer; **SCLC:** Small cell lung cancer

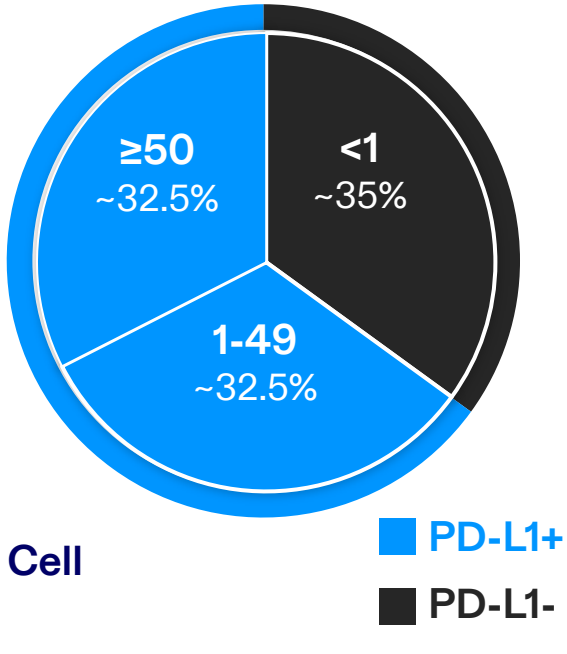
Lung Cancer is a Collection of Molecularly Distinct Diseases

Lung Cancer is Segmented by Histology, PD-L1 Expression and the Presence of Actionable Genomic Alterations (AGAs)

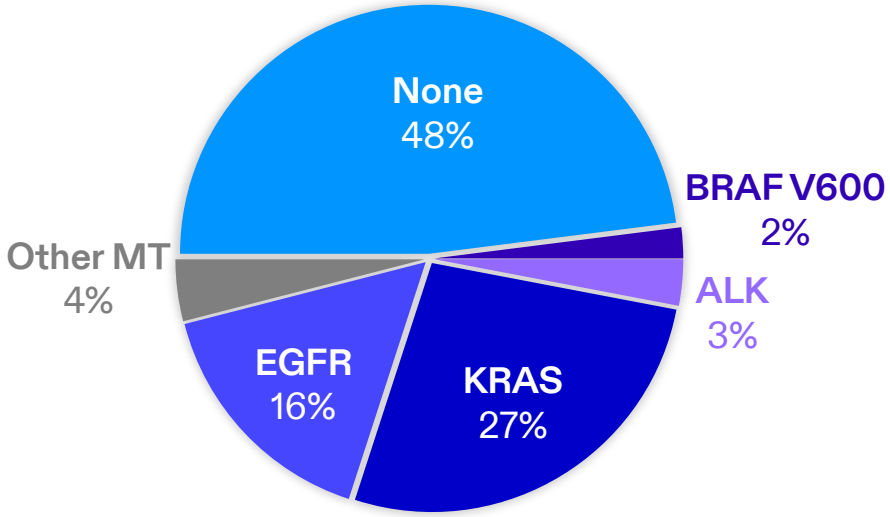
Histologic Subtypes[1,2]



NSCLC PD-L1 TPS[3]



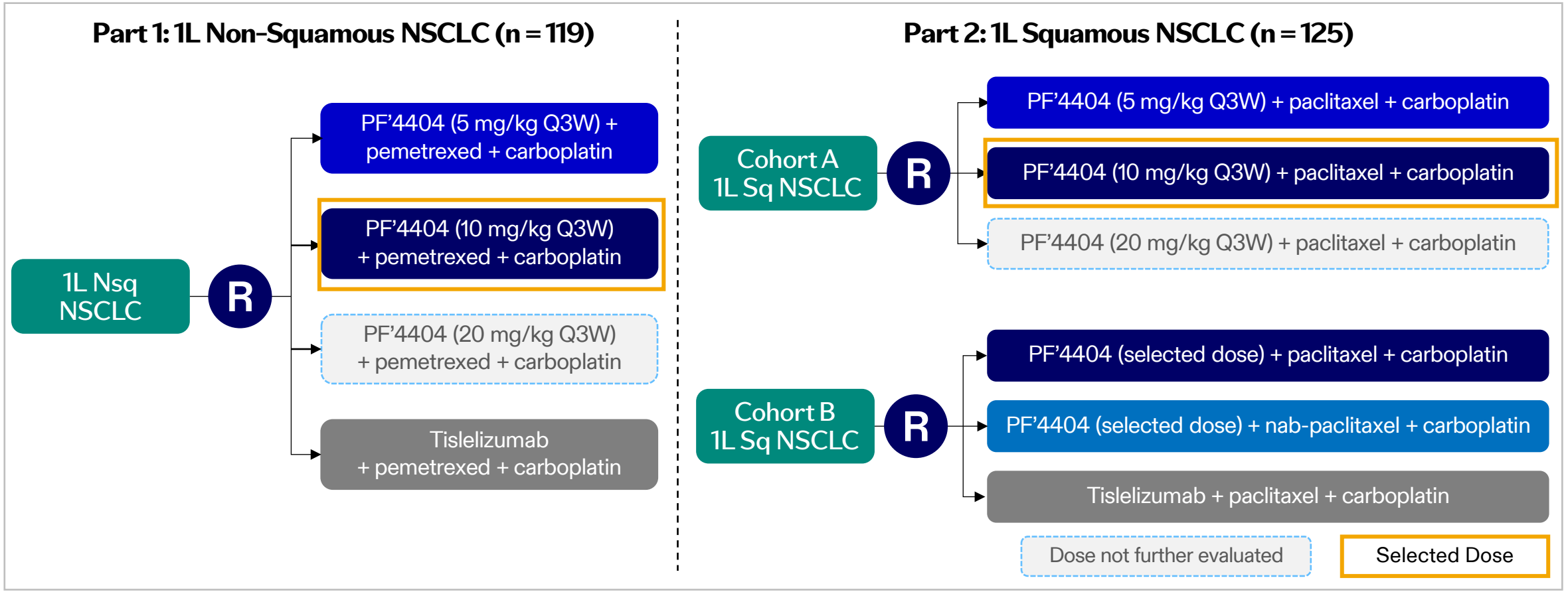
Nsq NSCLC AGA Status[1]



1. Data on file; **2.** American Cancer Society "Key Statistics for Lung Cancer" (accessed Nov 4, 2025); **3.** Estimate based on the mid-point of values reported in Skov et al. Mod Pathol. 2020 Jan;33(1):109-117, Ngo et al. Sci Rep . 2025 Feb 4;15(1):4166, Dietel et al. Lung Cancer 2019 Aug:134:174-179., Oracle (formerly Kantar Health), and Pfizer proprietary data; **AGA:** Actionable genomic alteration; **MT:** Mutant; **NSCLC**: Non-small cell lung cancer; **Nsq:** Non-squamous; **PD-L1:** Programmed death-ligand 1; **SCLC:** Small cell lung cancer; **TPS:** Tumor proportion score

Phase 2 Trial of PF'4404 + Chemo in First-Line Nsq and Sq NSCLC[1]

Open-label, randomized Phase 2 trial of PF'4404 + chemo vs. tislelizumab (anti-PD-1) + chemo conducted by 3SBio



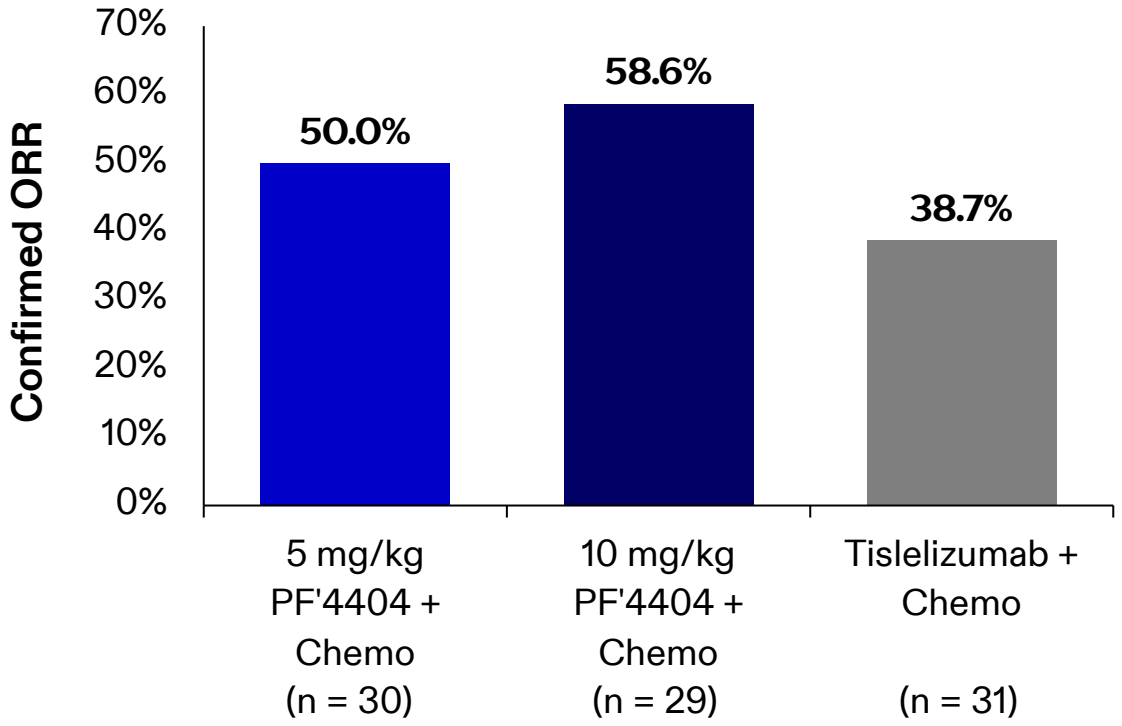
Trial Designed to Evaluate Safety, Tolerability, and Antitumor Activity of Different PF'4404 Dose Regimens

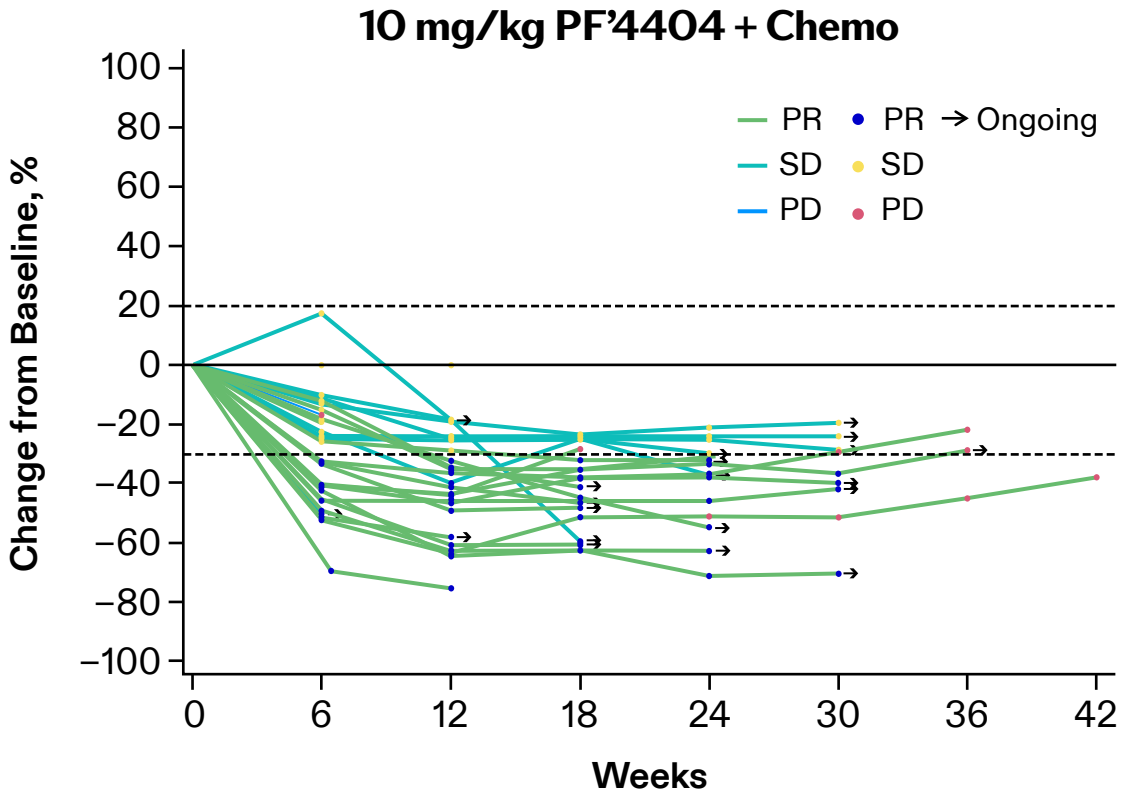
1. Society for Immunotherapy of Cancer 2025 Annual Meeting, Abstract #1328, SSGJ-707 (now referred to as PF'4404) study conducted by 3SBio in China (NCT06412471); **1L:** First-line; **Chemo:** Chemotherapy; **Nab-paclitaxel:** Nanoparticle albumin–bound paclitaxel; **NSCLC:** Non-small cell lung cancer; **Nsq:** Non-squamous; **PD-1:** Programmed death receptor-1; **Q3W:** Once every three weeks; **R:** Randomized; **Sq:** Squamous

Phase 2: Encouraging Efficacy with PF'4404 + Chemo in 1L Nsq NSCLC[1]

Durable responses with a confirmed ORR numerically higher than tislelizumab + chemo

Phase 2 Data Evaluating PF'4404 + Chemo vs. Tislelizumab (Anti-PD-1 Approved in China) + Chemo



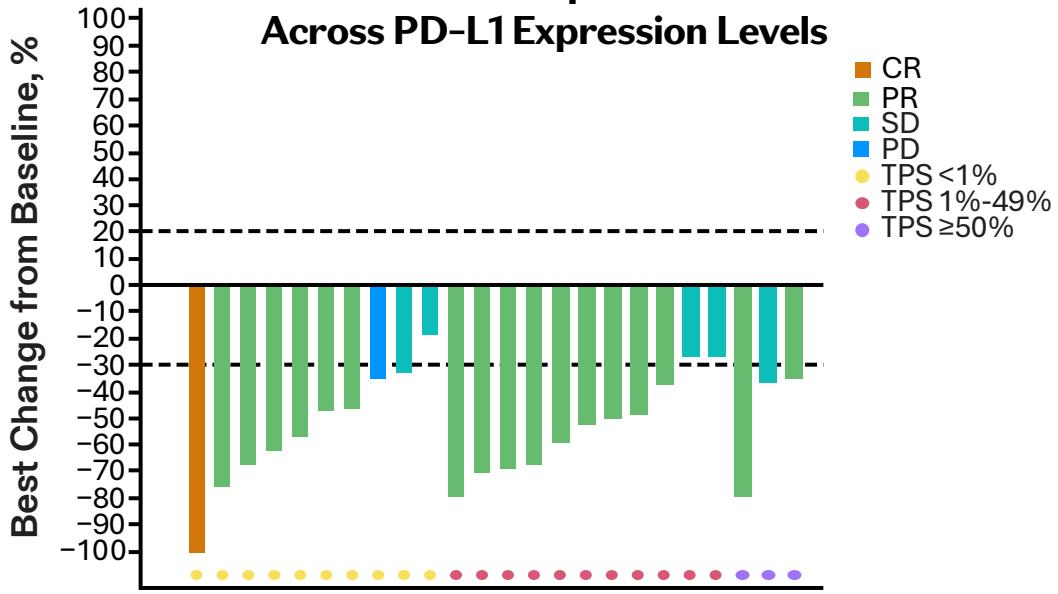


1. Society for Immunotherapy of Cancer 2025 Annual Meeting, Abstract #1328, SSGJ-707 (now referred to as PF'4404) study conducted by 3SBio in China (NCT06412471); **1L:** First-line; **Chemo:** Chemotherapy; **NSCLC:** Non-small cell lung cancer; **ORR:** Objective response rate; **PD:** Progressive disease; **PD-1:** Programmed death receptor-1; **PR:** Partial response; **SD:** Stable disease

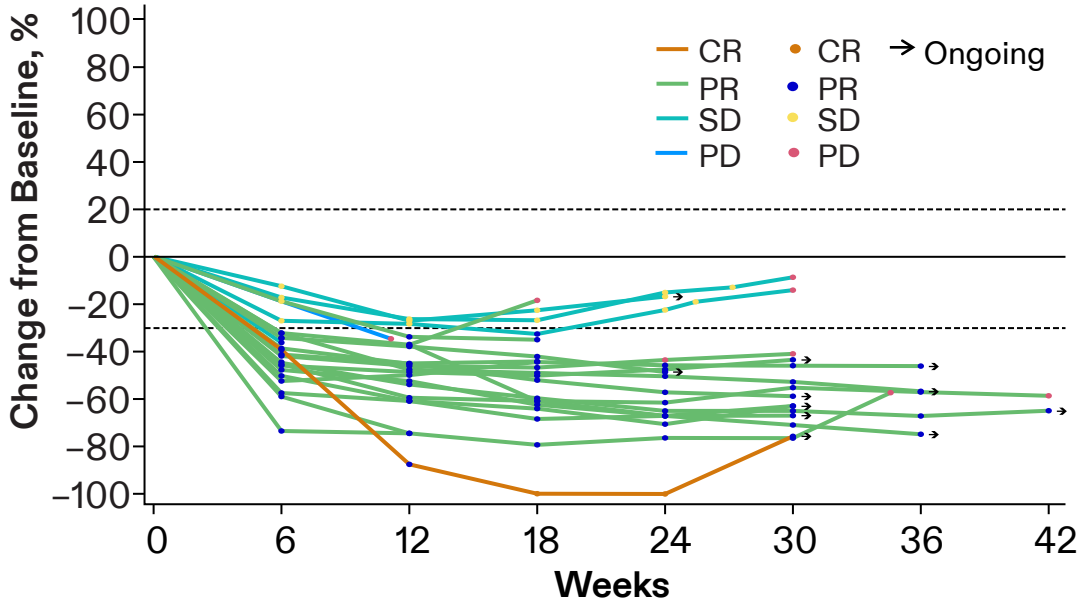
Phase 2: Encouraging Efficacy with PF'4404 + Chemo in 1L Sq NSCLC[1]

Cohort A Data: 10 mg/kg PF'4404 + Chemo (n=24)

75% cORR with Responses Achieved Across PD-L1 Expression Levels



Durable Responses Achieved



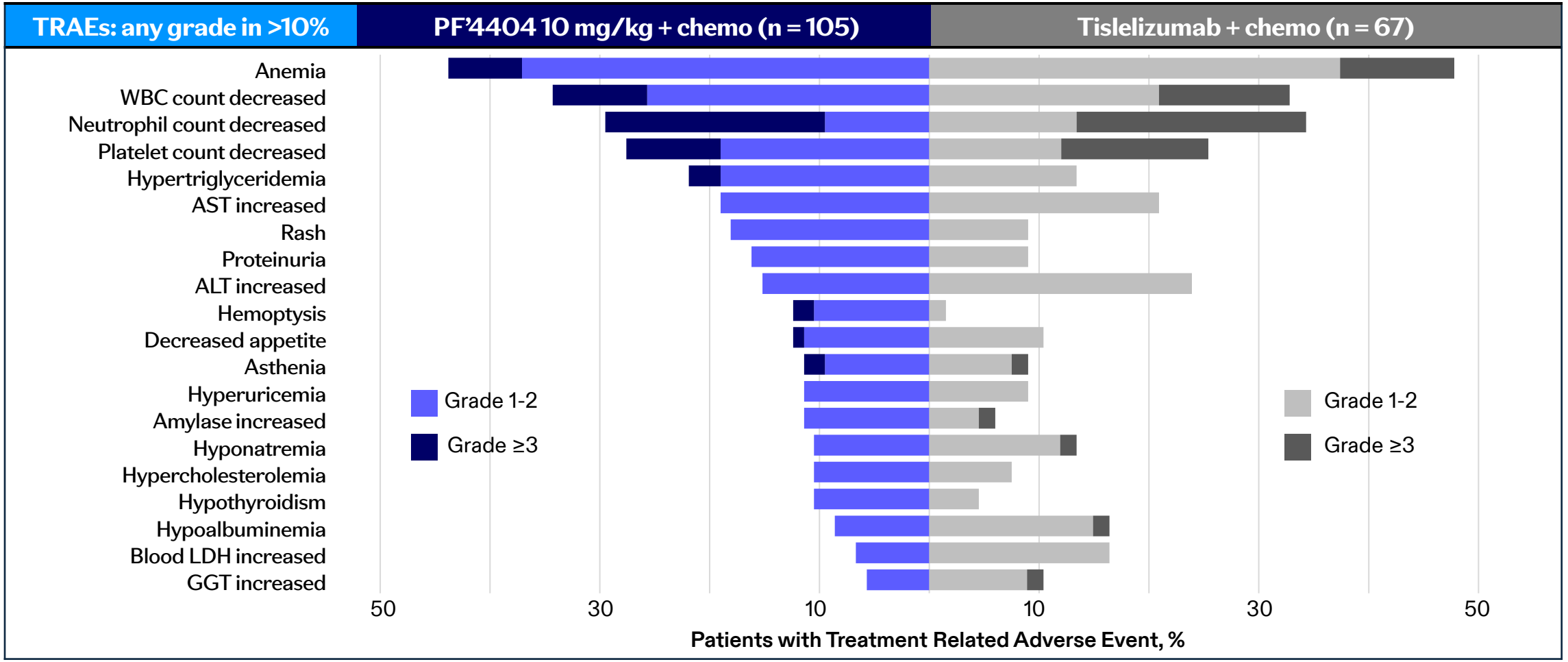
Cohort B (Dose Expansion) Data

Regimen	10 mg/kg PF'4404 + CB + PTX (n = 16)	10 mg/kg PF'4404 + CB + nab-PTX (n = 13)	Tislelizumab + CB + PTX (n = 21)
cORR	**37.5%**	**69.2%**	**47.6%**
PR Pending[2]	**7 (43.8%)**	**1 (7.7%)**	**6 (28.6%)**

1. Society for Immunotherapy of Cancer 2025 Annual Meeting, Abstract #1328, SSGJ-707 (now referred to as PF'4404) study conducted by 3SBio in China (NCT06412471), limited duration of follow-up in Cohort B as of data cutoff ; **2.** Patients with unconfirmed PRs that are awaiting confirmation and have the potential to become confirmed PRs, reported as n (%). **1L:** First-line; **CB:** Carboplatin; **Chemo:** Chemotherapy; **cORR:** Confirmed objective response rate; **CR:** Complete response; **Nab-PTX**: Nanoparticle albumin-bound paclitaxel; **PD:** Progressive disease; **PD-1:** Programmed death receptor-1; **PR:** Partial response; **PTX:** Paclitaxel; **SD:** Stable disease

Manageable Safety with PF'4404 + Chemo in Phase 2 NSCLC Study[1]

AEs consistent with the known safety profile of chemotherapy combined with PD-1 and angiogenesis inhibitors



Consistent Safety Profile Observed Across Squamous and Non-Squamous Histologies

1. Society for Immunotherapy of Cancer 2025 Annual Meeting, Abstract #1328, SSGJ-707 (now referred to as PF'4404) study conducted by 3SBio in China (NCT06412471); **AE:** Adverse event; **ALT:** Alanine aminotransferase; **AST:** Aspartate aminotransferase; **Chemo:** Chemotherapy; **GGT:** Gamma-glutamyl transferase; **LDH:** Lactate dehydrogenase; **NSCLC:** Non-small cell lung cancer; **TRAE:** Treatment-related adverse event; **VEGF:** Vascular endothelial growth factor; **WBC:** White blood cell

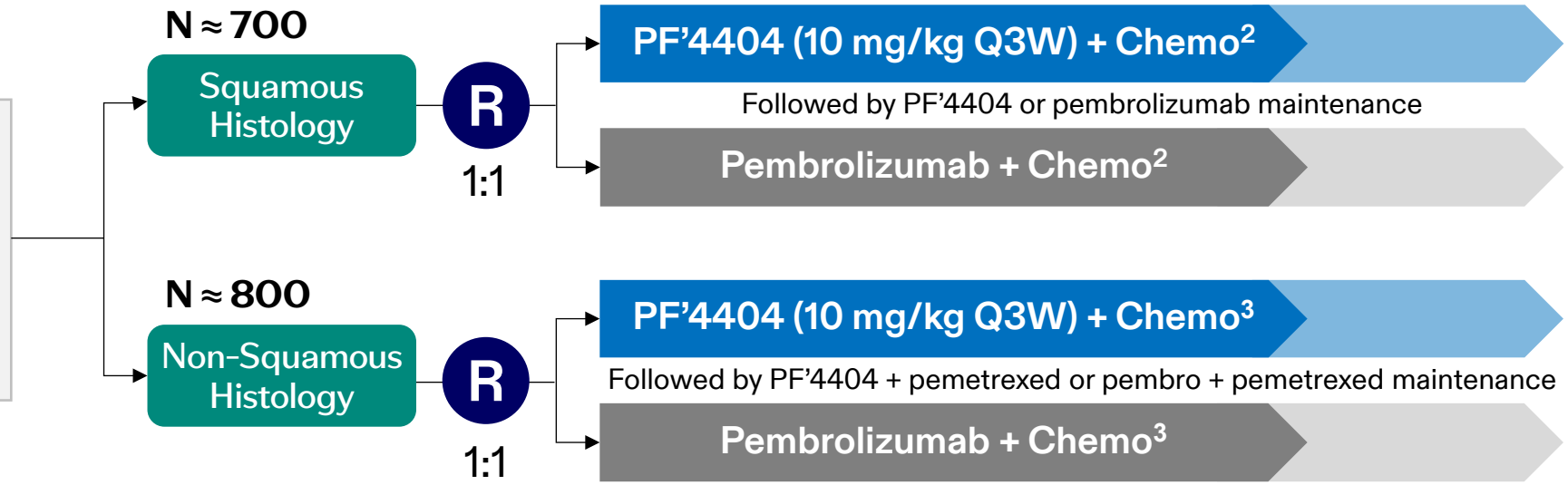
Design of Phase 3 Trial in 1L Squamous & Non-Squamous NSCLC[1]

Pfizer-sponsored Phase 3 trial of PF'4404

Global Double-Blind Phase 3 Trial of PF'4404 in 1L Squamous & Non-Squamous NSCLC

Key Eligibility Criteria

- Locally advanced or metastatic NSCLC
- No prior systemic therapy for adv or metastatic disease
- No known AGAs



Dual Primary Endpoints: PFS by BICR | OS

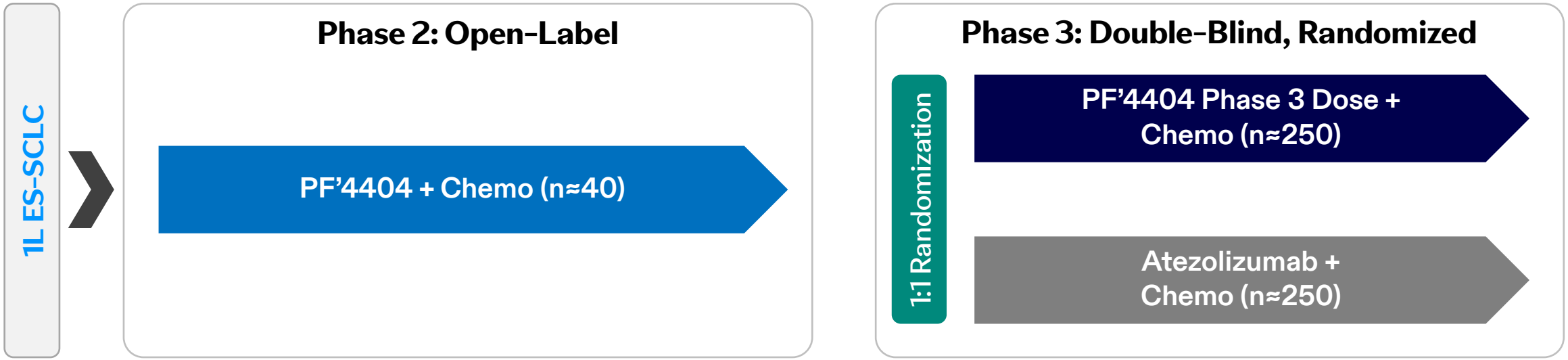
Secondary Endpoints[4]: Confirmed ORR | DOR | Safety

Single Phase 3 Trial Designed to Support Potential Approvals in Squamous and Non-Squamous Populations

1. Planned Pfizer study (NCT07222566); **2.** Chemotherapy regimen for squamous participants includes carboplatin + paclitaxel or nab-paclitaxel; **3.** Chemotherapy regimen for non-squamous participants includes carboplatin with pemetrexed; **4.** Not exhaustive; **AGA:** Actionable genomic alteration; **BICR:** Blinded independent central review; **Chemo:** Chemotherapy; **DOR:** Duration of response; **ORR:** Objective response rate; **OS:** Overall survival; **NSCLC:** Non-small cell lung cancer; **Pembro:** Pembrolizumab; **PFS:** Progression-free survival; **Q3W:** Once every three weeks; **R:** Randomized

Design of Phase 2/3 Trial in 1L Extensive Stage SCLC[1]

Pfizer-sponsored Phase 2/3 trial of PF'4404



Phase 2 Primary Endpoint[2]: cORR

Phase 2 Secondary Endpoints[2]: DOR | PFS | OS

Phase 3 Primary Endpoint: OS

Phase 3 Secondary Endpoints[2]: PFS | DOR | cORR

Global Phase 2/3 Trial Designed to Support Potential Approval in First-Line Extensive Stage SCLC

1. Planned Pfizer study; **2.** Not exhaustive; **1L:** First-line; **AE:** Adverse event; **Chemo:** Chemotherapy; **cORR:** Confirmed objective response rate; **DOR:** Duration of response; **ES-SCLC:** Extensive stage small cell lung cancer; **OS:** Overall survival; **PFS:** Progression-free survival; **Q3W:** Once every three weeks; **SCLC:** Small cell lung cancer

Developing PF'4404 & ADCs Across the Lung Cancer Spectrum[1]

NSCLC (~87%)[2]

	Early NSCLC ~140k new U.S. Cases[3]		1L ~140k new U.S. Cases[3]	2L+ ~70k treated U.S. Cases[3]	
	Resectable	Unresectable	Adv / Metastatic	Squamous	Nsq
AGA-Targeted[4] (ALK, BRAF)			BRAFTOVI (encorafenib) 75 mg capsules + MEKTOVI (binimetinib) 15 mg tablets ✓; LORBRENA (lorlatinib) ✓	BRAFTOVI + MEKTOVI ✓; LORBRENA ✓	BRAFTOVI + MEKTOVI ✓; LORBRENA ✓
PD-L1+ (TPS ≥1%)	PF'4404	PF'4404	SV TPS ≥50%; PF'4404; SV TPS 1-49%	PDL1V	SV
PD-L1- (TPS <1%)	PF'4404	PF'4404	SV; PF'4404		

SCLC (~13%)[2]

Early SCLC ~5k new U.S. Cases[3]	1L ~30k new U.S. Cases[3]	2L+ ~10k treated U.S. Cases[3]
Limited Stage	Extensive Stage	2L+
	PF'4404	

KEY: Ongoing Phase 3 Trial | Planned Near-Term Ph 3 or Ph 2/3 Trial Start | Potential Future Opportunity | ✓ = Approved

Pfizer

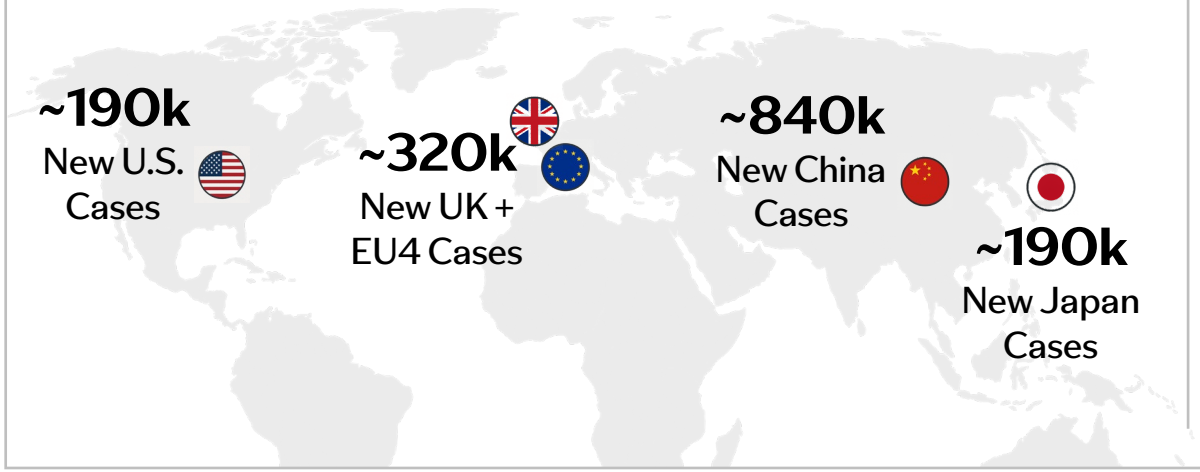
The following products are partnered or licensed: BRAFTOVI and MEKTOVI (Pierre Fabre). 1. Select examples of planned or potential Pfizer programs, not exhaustive. Unless otherwise specified for NSCLC, agents shown are being developed for both squamous and non-squamous histologies.. **2.** American Cancer Society "Key Statistics for Lung Cancer" (accessed Nov 4, 2025); **3.** Epidemiology data are rounded, and sourced from US CancerMPact Patient Metrics, Oracle (2025); new cases sourced from Oracle reported total incident and newly recurrent patients, treated cases sourced from Oracle reported drug treated patients; PF'4404, SV, and PDL1V are investigational agents and are not approved to treat any indication; BRAFTOVI + MEKTOVI is approved for the treatment of adult patients with metastatic NSCLC with a *BRAF V600E* mutation, as detected by an FDA-approved test; LORBRENA is approved for the treatment of adult patients with metastatic NSCLC who tumors are ALK+ as detected by an FDA-approved test; **4.** Refers to therapies targeting a specific mutation only, in certain instances patients with AGAs may be included in trials for other agents not shown in row; **1L:** First-line; **2L+:** Second-line plus; **ADC:** Antibody-drug conjugate; **Adv:** Advanced; **AGA:** Actionable genomic alteration; **NSCLC:** Non-small cell lung cancer; **Nsq:** Non-squamous **PD-L1:** Programmed death-ligand 1; **Ph:** Phase; **SCLC:** Small cell lung cancer; **SV:** Sigvotatug vedotin; **Sq:** Squamous; **TPS:** Tumor proportion score

Colorectal Cancer

Colorectal Cancer Represents a Significant Unmet Need

Substantial Opportunity for New Therapies

>1.5M New Colorectal Cancer Diagnoses Globally in 2025[1]



2nd Most Common Cause of U.S. Cancer Related Deaths[2]

16% Five Year U.S. Survival for Metastatic Disease[3]

Large and Growing Marketplace for Colorectal Cancer Therapies[4]

1. Epidemiology data are rounded, and sourced from US CancerMPact Patient Metrics, Oracle (2025), includes total incident and newly recurrent patients, across stages of disease in colorectal cancer**; 2.** Siegel et al. Cancer J Clin, 2025;75(1):10-45. **3.** Surveillance, Epidemiology, and End Results (SEER) National Cancer Institute Cancer Stat Facts (Accessed August 20, 2025); **4.** Evaluate Ltd market size estimate. Numbers are rounded.

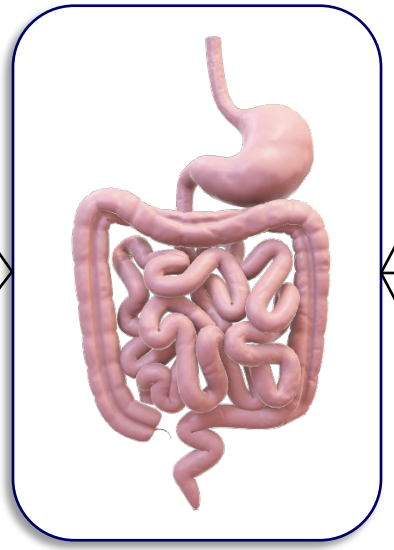
Metastatic Colorectal Cancer: Several Molecularly Distinct Diseases

Treatment of metastatic colorectal cancer is guided by various tumor characteristics and genetic markers

Microsatellite Instability Status[1]

MSI-H / dMMR: ~5%
Key biomarker for response to traditional checkpoint inhibitors

MSS / pMMR: ~95%
Focus of planned PF'4404 Ph 3 trial[6]



Mutations / Gene Amplifications[2-5]

Mutant *KRAS / NRAS*: ~50%
Including *KRAS G12C* (~4%)[7] or Other

Mutant *BRAF V600E*: ~8-10%
BRAFTOVI® (encorafenib) 75 mg capsules + cetuximab + mFOLFOX6[8]

HER2+: ~3-5%
TUKYSA® tucatinib 50 mg | 150 mg tablets + trastuzumab[9]

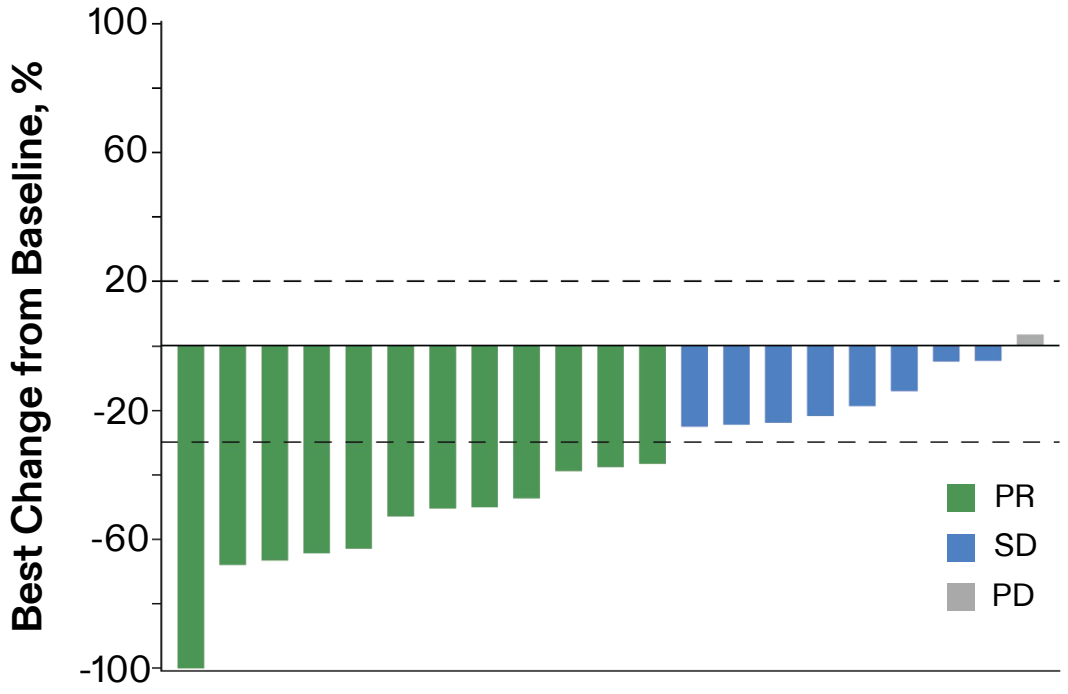
= Targeted by approved Pfizer medicine or focus of ongoing or planned Phase 3 trial

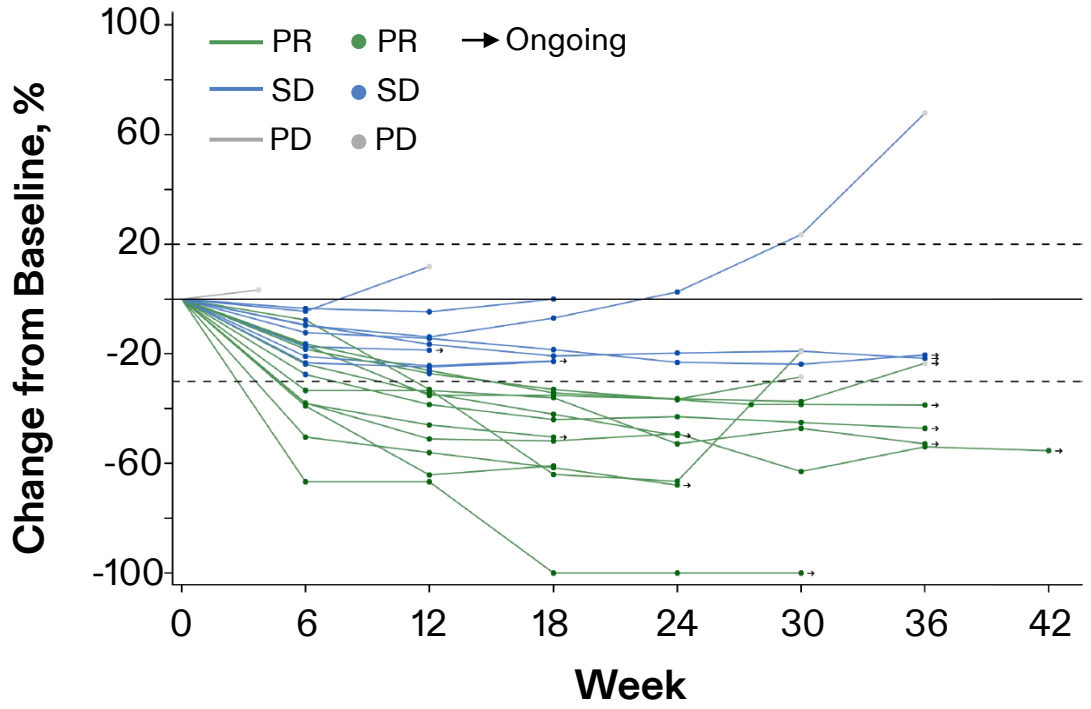
The following products are partnered or licensed: BRAFTOVI (Pierre Fabre). **1.** Taib et al. Eur J Cancer. 2022 Nov;175:136-157. **2.** Cox et al. Nat Rev Drug Discov. 2014 Oct17; 13, 828–851. **3.**Torres et al. Int. J. Mol. Sci. 2024, June 25(13), 6967. **4.** Mauri et al. Cancers (Basel). 2021 Jan 4;13(1):137. **5.** Ahcene Djaballah et al. Am Soc Clin Oncol Educ Book. 2022;42:1-14.; **6.** Planned Phase 3 trial excludes participants with known MSI-H / dMMR status; **7.** KRAS G12C prevalence and treatment opportunities distinct from KRAS/NRAS mutations; **8.** BRAFTOVI in combination with cetuximab and mFOLFOX6 is FDA approved under accelerated approval for the treatment of patients with metastatic colorectal cancer with a *BRAF V600E* mutation, as detected by an FDA-approved test; **9.** TUKYSA in combination with trastuzumab is FDA approved under accelerated approval for the treatment of adult patients with RAS wildtype HER2+ unresectable or metastatic colorectal cancer that has progressed following treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy. TUKYSA is also being evaluated in a Phase 3 trial in first-line HER2+ metastatic colorectal cancer; **dMMR:** Mismatch repair deficient; **HER2:** Human epidermal growth factor receptor 2; **MSI-H:** Microsatellite instability high; **MSS:** Microsatellite stable; **Ph:** Phase; **pMMR:** Mismatch repair proficient

Encouraging Efficacy with PF'4404 + Chemo: Phase 2 1L mCRC Study[1]

PF'4404 (10 mg / kg Q2W) + mFOLFOX6 in 1L mCRC (n = 21)

(Patients with known MSI-H / dMMR status excluded)





Confirmed ORR: 57.1% | Disease Control Rate: 95.2%

1. European Society for Medical Oncology Congress 2025, Presentation Number 796P, SSGJ-707 (now referred to as PF'4404) study conducted by 3SBio in China (NCT06493760); **1L:** First-line; **dMMR:** Mismatch repair deficient; **mCRC:** Metastatic colorectal cancer; **MSI-H:** Microsatellite instability high; **ORR:** Objective response rate; **PD:** Progressive disease; **PR:** Partial response; **Q2W:** Once every two weeks; **SD:** Stable disease

Manageable Safety with PF'4404 + Chemo: Phase 2 1L mCRC Study[1]

Summary of AEs, n (%)

Phase 3 Regimen

	10 mg/kg Q3W + XELOX (N = 21)	10 mg/kg Q2W + mFOLFOX6 (N = 21)	5 mg/kg Q3W + XELOX (N = 23)	5 mg/kg Q2W + mFOLFOX6 (N = 23)	Total (N = 88)
TRAE	20 (95.2)	20 (95.2)	21 (91.3)	22 (95.7)	83 (94.3)
Grade ≥3 TRAE	5 (23.8)	10 (47.6)	10 (43.5)	13 (56.5)	38 (43.2)
irAE	3 (14.3)	1 (4.8)	2 (8.7)	3 (13.0)	9 (10.2)
Grade ≥3 irAE	1 (4.8)	0	0	1 (4.3)	2 (2.3)
AESI	7 (33.3)	10 (47.6)	7 (30.4)	10 (43.5)	34 (38.6)
Grade ≥3 AESI	0	4 (19.0)	1 (4.3)	1 (4.3)	6 (6.8)
TRAE Leading to PF'4404 Treatment Delay	8 (38.1)	10 (47.6)	4 (17.4)	10 (43.5)	32 (36.4)
TRAE Leading to PF'4404 Discontinuation[2]	0	0	1 (4.3)	0	1 (1.1)
TRAE Leading to Death[3]	1 (4.8)	0	1 (4.3)	0	2 (2.3)

1. European Society for Medical Oncology Congress 2025, Presentation Number 796P, SSGJ-707 (now referred to as PF'4404) study conducted by 3SBio in China (NCT06493760); **2.** One patient experienced pulmonary embolism without clinical syndromes. **3.** One patient died from unknown reason, one patient died from disease progression. **AE:** Adverse event; **AESI:** Adverse event of special interest; **irAE:** Immune-related adverse event; **mCRC:** Metastatic colorectal cancer; **Q2W:** Once every two weeks; **Q3W:** Once every three weeks; **TRAE:** Treatment-related adverse event

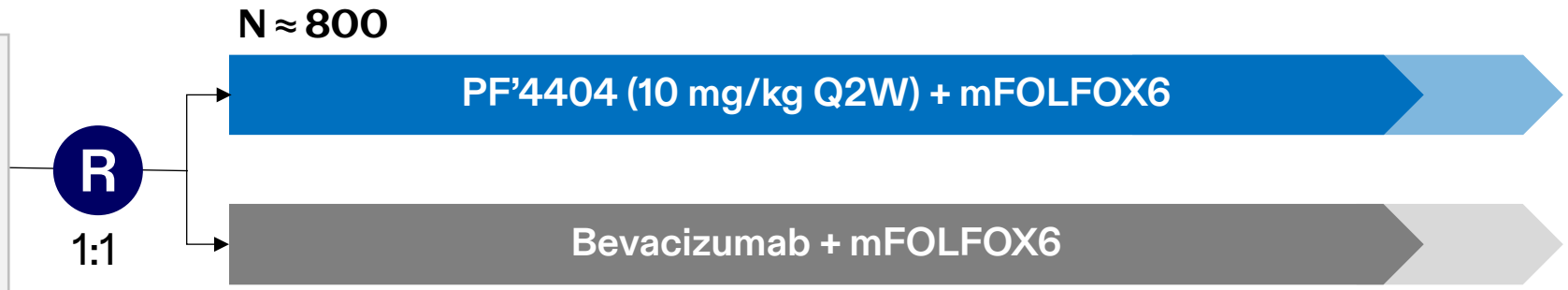
Design of Phase 3 Trial in 1L Metastatic Colorectal Cancer[1]

Pfizer-sponsored Phase 3 trial of PF'4404

Global Double-Blind Phase 3 Trial of PF'4404 in First-Line Metastatic Colorectal Cancer

Key Eligibility Criteria

- Metastatic colorectal cancer
- No prior systemic therapy for metastatic disease
- MSI-H / dMMR excluded



Dual Primary Endpoints: PFS by BICR | OS

Secondary Endpoints[2]: ORR | DOR | Safety

Global Phase 3 Trial Designed to Support Potential Approval in First-Line Metastatic Colorectal Cancer

1. Planned Pfizer study (NCT07222800); **2.** Not exhaustive; **BICR:** Blinded independent central review; **dMMR:** Mismatch repair deficient; **DOR:** Duration of response; **MSI-H:** Microsatellite instability high; **ORR:** Objective response rate; **OS:** Overall survival; **PFS:** Progression-free survival; **R:** Randomized

Developing PF'4404 as a Backbone Therapy Across Tumor Types

Seamless Fit with Pfizer Strategy

Deep expertise developing multispecific antibodies and with relevant tumor types

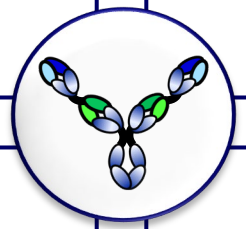
Global PF'4404 development via Pfizer's R&D operations

Three-Pronged Development Strategy

Speed: **7 planned near-term trial starts**, including two Ph 3's

Breadth: **Multiple tumor types** including lung and CRC

Depth: Develop across settings, lines of therapy and novel combos, **including with ADCs**



Scientific Rigor

Clinical data continue to emerge supporting the potential of PF'4404 to be a **backbone therapy for multiple indications**

Clinical development plans **informed by regulatory interactions**

Attractive Therapeutic Areas

Large unmet need in both lung and colorectal cancers

Lung and colorectal cancer markets are predicted to reach **~$70B** and **~$9B** in 2030, respectively[1]

1. Evaluate Ltd market size estimates. Numbers are rounded.; **ADC:** Antibody-drug conjugate; **CRC:** Colorectal cancer; **Ph:** Phase

Q&A

Moderator

Francesca DeMartino

Chief Investor Relations Officer

Jeff Legos

Chief Oncology Officer

Johanna Bendell

Chief Development Officer Oncology

Arati Rao

PF'4404 Franchise Head