Axitinib
Development Strategy

- **Ongoing, Single-Agent Phase 2 Studies**
  - Thyroid, Melanoma, Non-Small-Cell Lung Cancer
- **Ongoing, Randomized Phase 1/2 Studies**
  - Breast Cancer (Taxotere +/- Axitinib)
  - Pancreatic Cancer (Gemzar +/- Axitinib)
  - Colorectal Cancer (FOLFIRI or FOLFOX +/- Axitinib)
- **Combination Potential**

Phase 3 Trials will be Triggered in 2007
Upon Positive Data from the Ongoing Trials

Valid as of November 30, 2006

Therapeutic Area Strategy – Oncology
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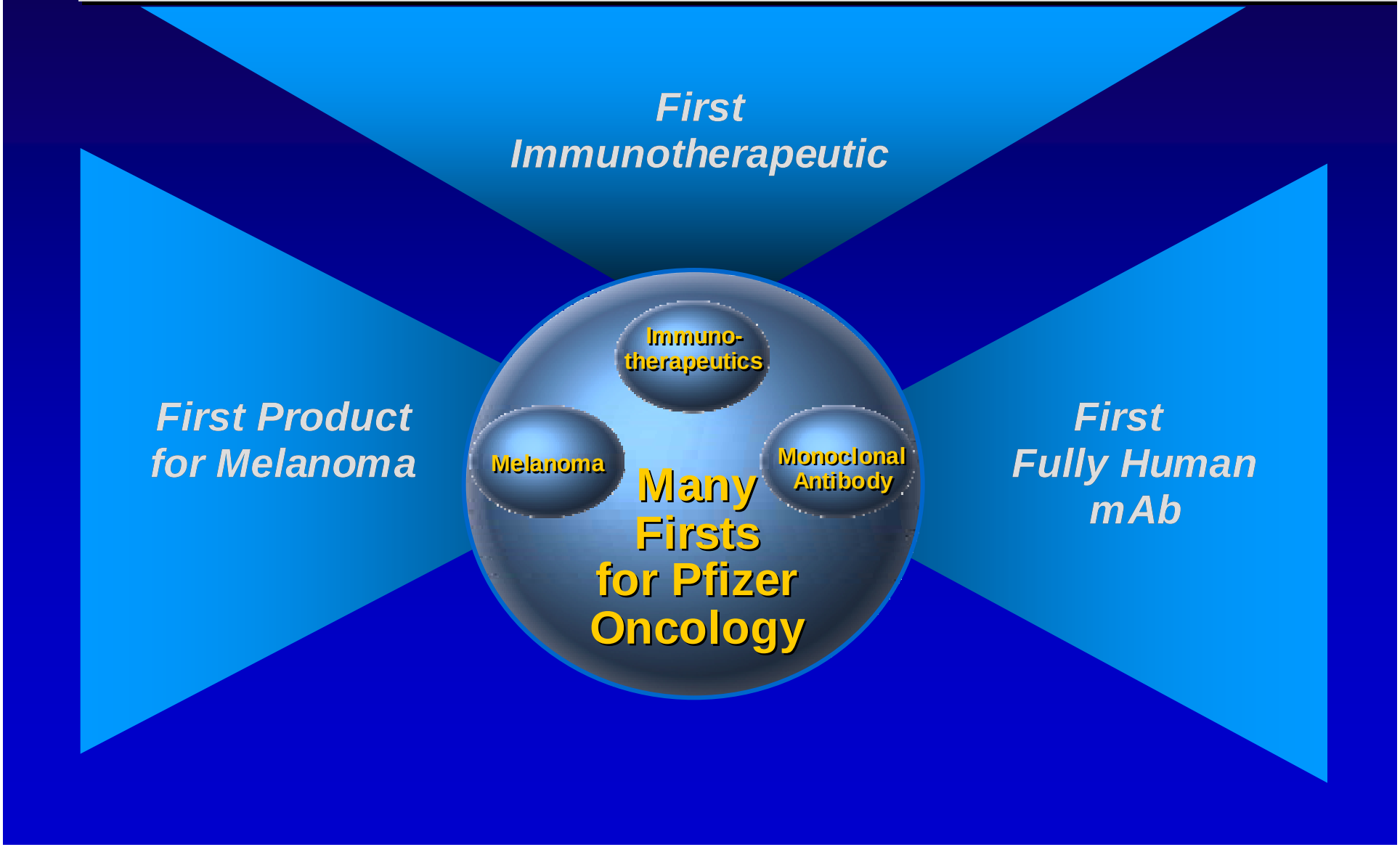
- **Cytotoxics/Potentiators**
  - Exploit Defects in Repair and Cycle Cells

Valid as of November 30, 2006

CP-675,206: Anti-CTLA4 MAb

A Unique Asset



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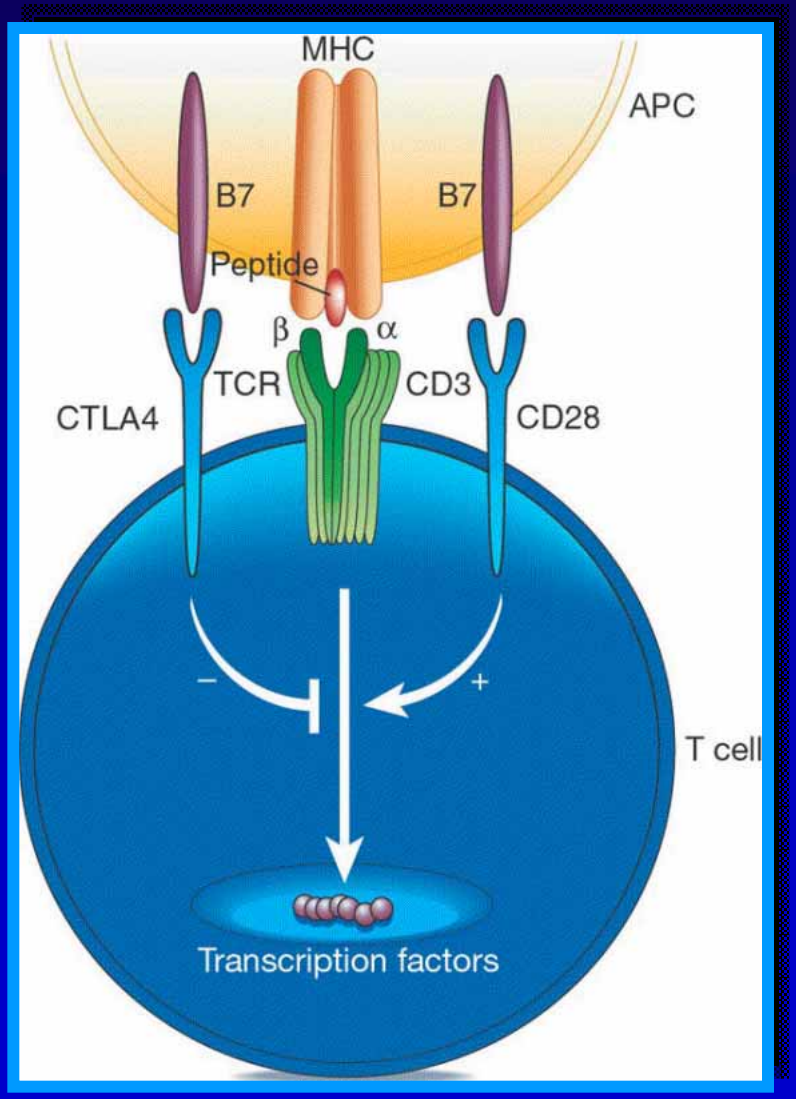
CP-675,206 Anti-CTLA4 mAb

Release 'Brake' to T Cell Expansion

Releasing the Brake



CP-675,206
Single Agent in Metastatic Melanoma

Results Are Representative Of One Patient Only And Results May Differ For Other Patients.

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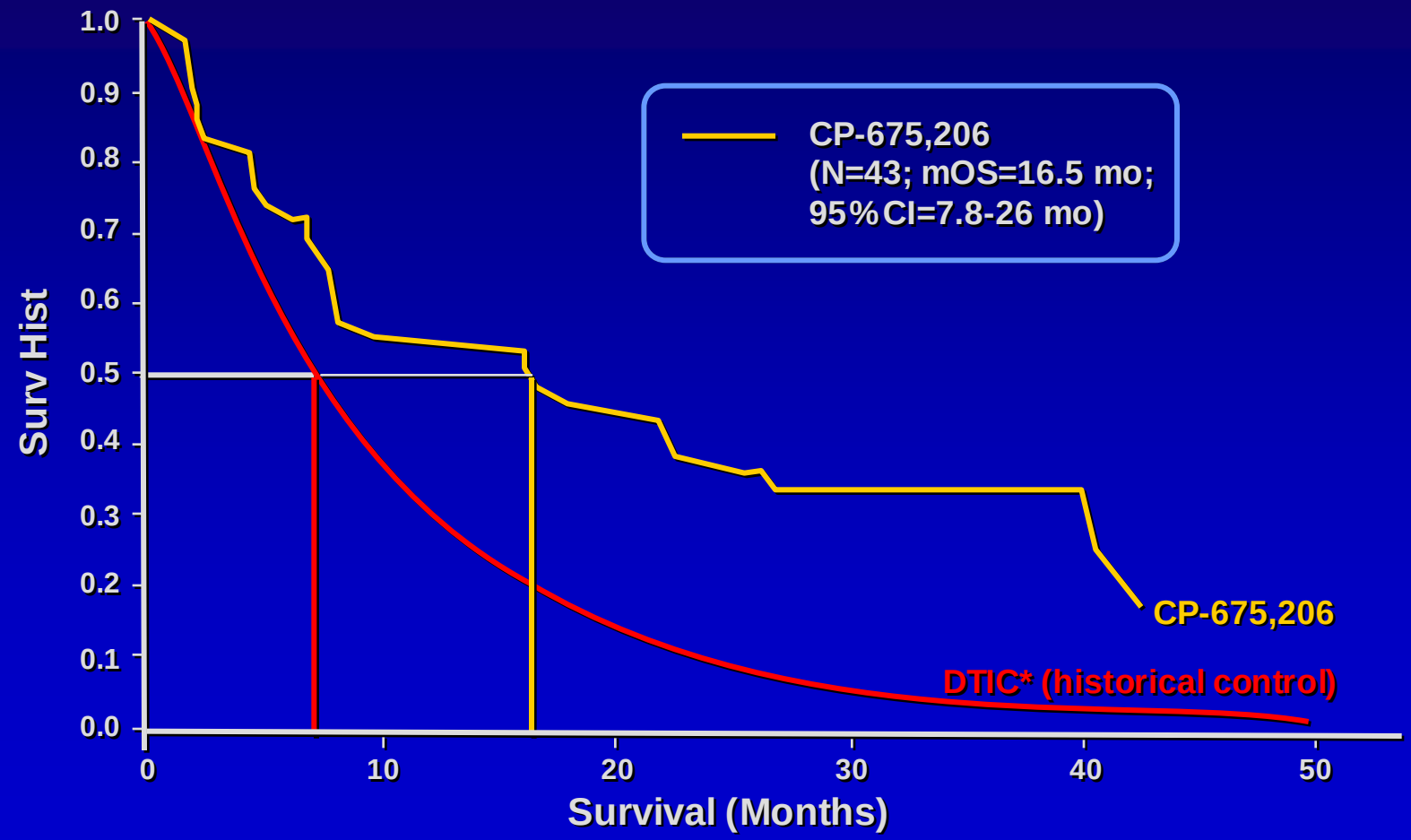
CP-675,206
Early Survival Data

Phase 1 Pooled Results vs. DTIC Historical Control



Valid as of November 30, 2006

CP-675,206

Survival is the Gold Standard for Clinical Benefit

- **Required for Full Regulatory Approval**
- **Demonstration Requires Longer Follow-Up Relative to Demonstration of Objective Response**
- **Estimated Median Overall Survival in Phase 1 Melanoma Patients Treated with CP-675,206 is 16.5 Months Compared to 6-9 Months for Historical Treatments**

Valid as of November 30, 2006

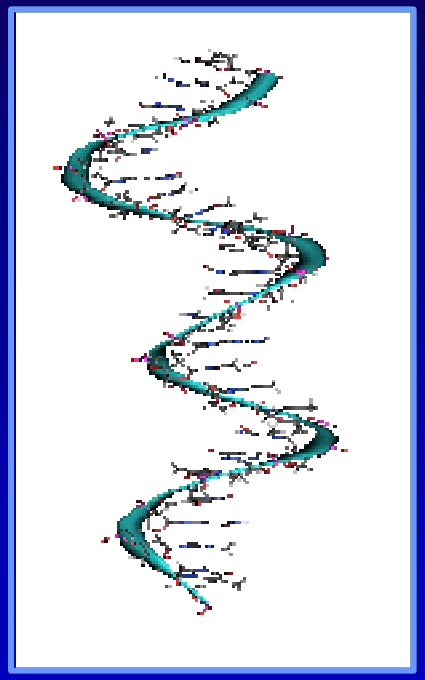
PF-3,512,676: Toll-Like Receptor 9 Agonist
Opportunity to Become First Line Treatment

- First-In-Class
- Unique Market Entry
  - Major Tumor (Lung) as First Entry
- Potential to Change the Treatment Paradigm
- Foundation for the Future

Valid as of November 30, 2006

PF-3,512,676
Potential Mechanism of Action

- **TLR-9 Agonist Internalized by Dendritic Cells**
- **Dendritic Cells Trigger *Innate* Immunity**
- **Dendritic Cells Migrate to Regional Lymph Nodes and Drive *Adaptive* Immunity**



A Single-Stranded Synthetic Unmethylated CpG Rich Oligonucleotide

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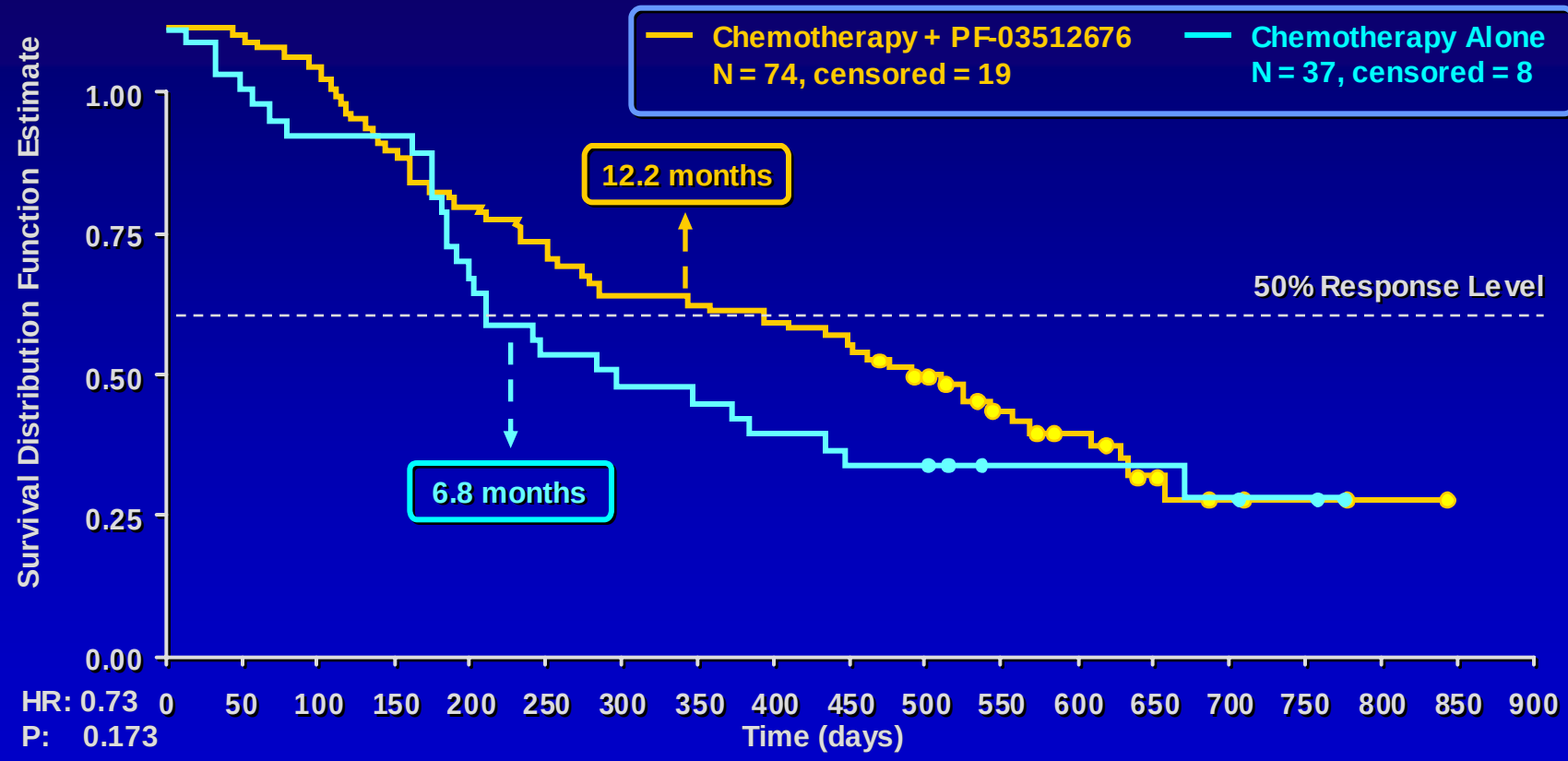
TLR-9 Agonist Trend to Improved Survival

Phase 2 Experience in NSCLC

Kaplan-Meier Curve for Survival Time Randomized and Treated Patients



Median Survival	
Chemo Alone	6.8 months
Chemo + PF3512676	12.2 months

% Alive After 1 Year	
Chemo Alone	33%
Chemo + PF3512676	50%

Updated: Jan 30th, 2006
Coley Pharmaceutical Group

Valid as of November 30, 2006

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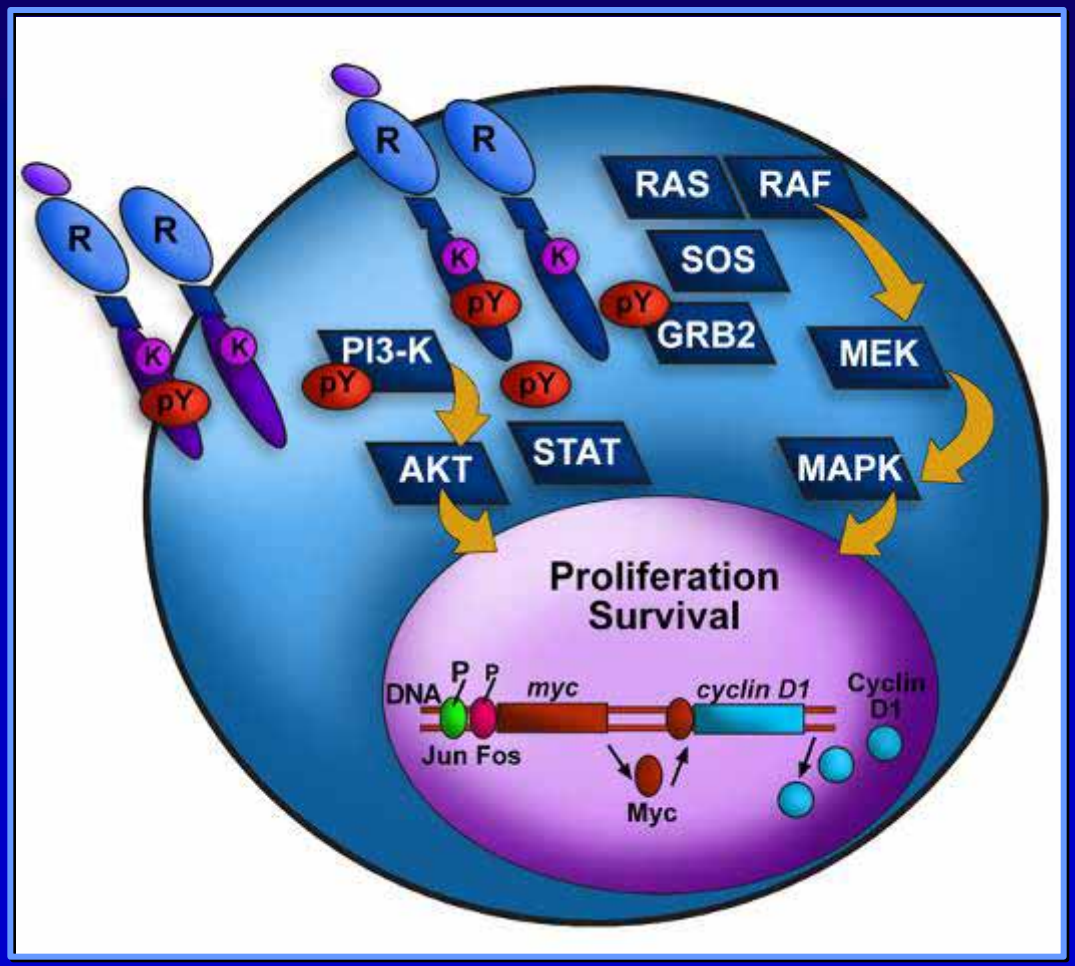
Signal Transduction
Inhibit Aberrant Signalling in Cancer Cells

- **Key Program**

  IGF1R mAb



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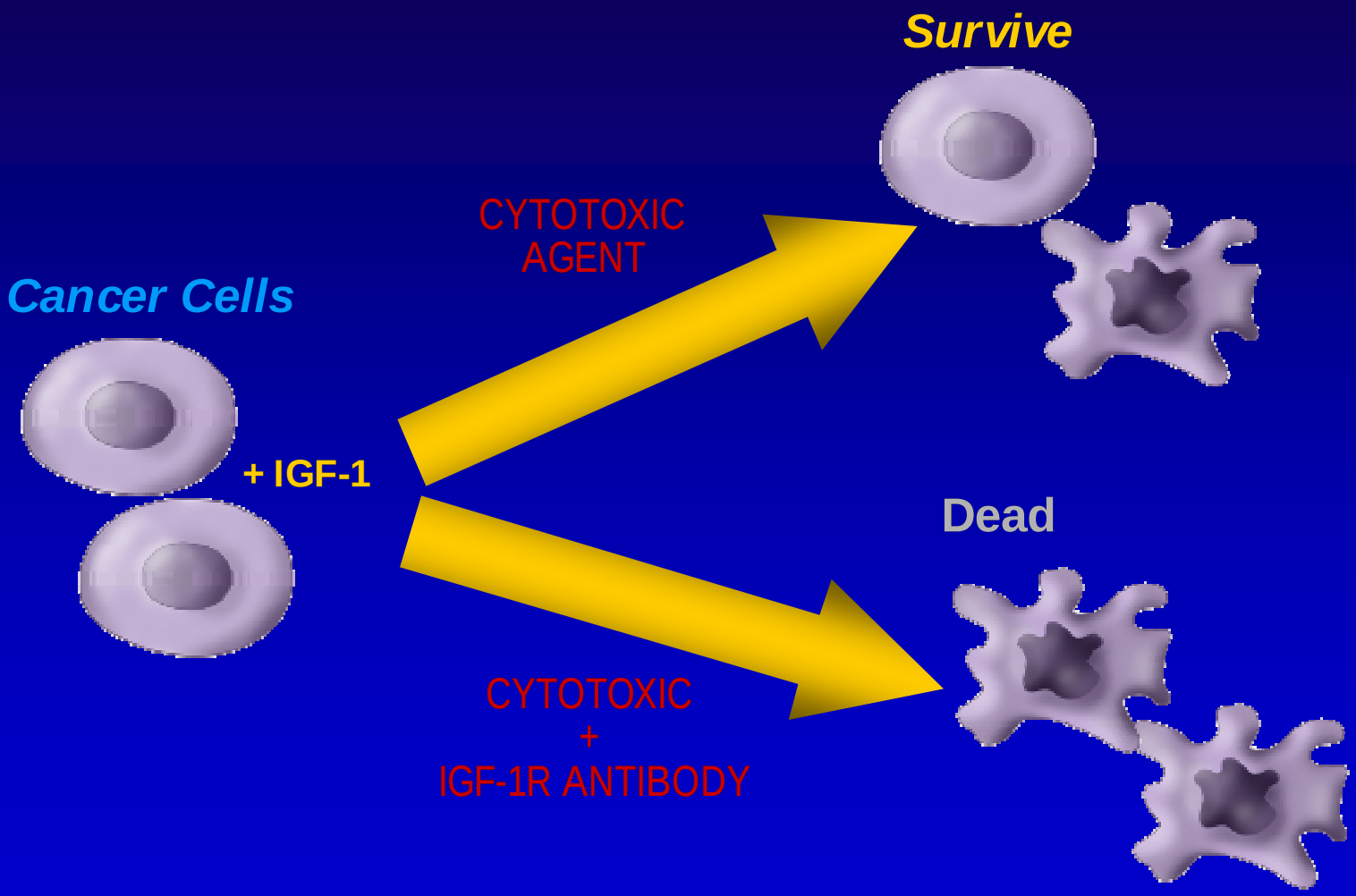
CP-751,871 Monoclonal Antibody

Antagonist of the IGF-1 Receptor



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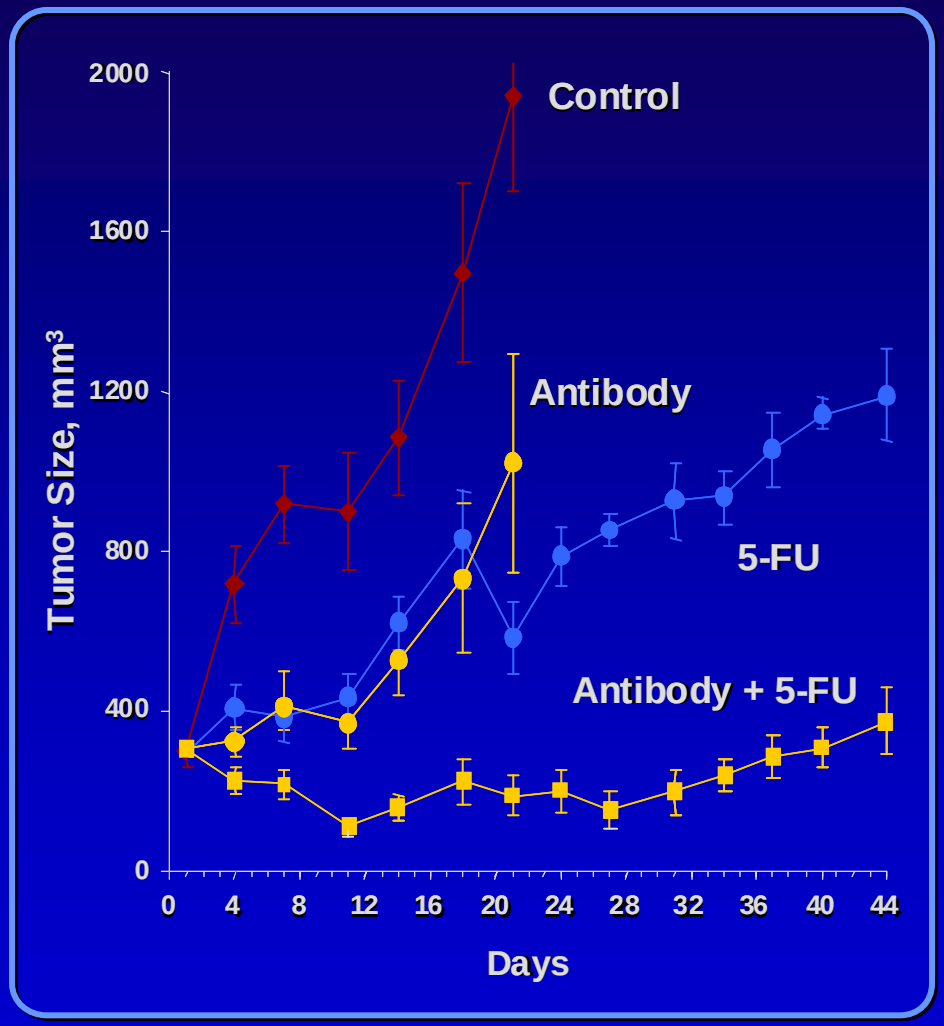
CP-751,871 + 5-FU Combination

Blocks Tumor Growth to Greater Extent than Either Alone



- Human Colo205 Tumors Growing in Mice Were Dosed CP-751,871 and/or 5-FU Once Weekly as Single Agents or in Combination From Day 1
- Result: CP-751,871 Combined With a Well-known Cytotoxic Treatment, 5-FU, Provides Complete Tumor Growth Suppression

Valid as of November 30, 2006

CP-751,871

Monoclonal Antibody Antagonist of the IGF-1 Receptor

- **First Fully Human Monoclonal Antibody With High Specificity for IGF-1R to Enter Clinical Trials**
- **Well Tolerated in Phase 1 Studies as a Single Agent and in Combination**

Currently Undergoing Phase 2 Evaluation in Non-Small-cell Lung Cancer and Hormone-Resistant Prostate Cancer

Valid as of November 30, 2006

The Right Drug for The Right Patient

- Integrate Molecular Profiling of Targets, Patient Tumors, and Preclinical Models
- Identify Patients Likely to Respond to our Novel Therapies
- Design Clinical Trials to Confirm the Targeted Population

Past: Cytotoxics mainstay (~1995)

Present: Targeted therapy +/- cytotoxics (~2005)

Future: Targeted therapy mainstay (~2015)

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