Agreement to Acquire Trillium Therapeutics

August 23rd, 2021

Brings Potentially Transformative Foundational Hematology / Oncology Immunotherapeutic Agents
Forward-Looking Statements

This presentation and our discussions during this conference call will include forward-looking statements and forward-looking information that are subject to substantial risks and uncertainties, many of which are beyond our control, that could cause actual results to differ materially from those expressed or implied by such statements and information. We include forward-looking statements about, among other topics, the proposed acquisition of Trillium Therapeutics by Pfizer; the benefits of the proposed transaction; future opportunities and strategies; growth potential; expectations for Trillium product pipeline and product candidates and Pfizer’s product pipeline, inline products and product candidates, including anticipated regulatory submissions, data read-outs, study starts, approvals, clinical trial results and other developing data that become available, revenue contribution, growth, performance, timing of exclusivity and potential benefits; and anticipated operating and financial performance. Among other things, statements regarding growth; the development or commercial potential of the product pipeline, inline products, product candidates and additional indications, including expected clinical trial protocols, the timing of the initiation and progress of clinical trials and data read-outs from trials; the timing for the submission of applications for and receipt of regulatory approvals; and expected breakthrough, best or first-in-class or blockbuster status of products are forward-looking and are estimates that are subject to change and clinical trial and regulatory success. These statements and information 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. Additional information regarding these and other factors affecting such statements can be found in Pfizer’s Annual Report on Form 10-K for the fiscal year ended December 31, 2020 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 our subsequent reports on Form 8-K, all of which are filed with the U.S. Securities and Exchange Commission and available at www.sec.gov and www.pfizer.com, and in our press release dated August 23, 2021 regarding the proposed acquisition of Trillium. Potential risks and uncertainties also include the impact of and delays caused by COVID-19, including on sales and operations, and on employees, manufacturing, supply chain, marketing, research and development and clinical trials. The forward-looking statements in this presentation and made during our discussions 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 Speakers

Andy Schmeltz
Oncology Global President

Chris Boshoff
Oncology Chief Development Officer

Jeff Settleman
Oncology Chief Scientific Officer
**Transaction Overview**

**Agreement to acquire all of the outstanding shares of Trillium for $2.26B \(^1\) or $18.50 / share in cash**

Pfizer to gain access to two investigational novel immune checkpoint blockers

TTI-622 and TTI-621 are potential best-in-class SIRPα / CD47-targeted immuno-therapeutics

Diversifies Pfizer’s Oncology pipeline with potential to be used in combinations with Pfizer’s portfolio and innovative next-generation medicines

Subject to customary closing conditions

- Structured as a Canadian Plan of Arrangement \(^2\)
- Other customary approvals, including anti-trust approvals, required

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\(^1\) Excluding shares and convertible securities already owned by Pfizer

\(^2\) Requires the approval of the British Columbia Supreme Court and the holders of two-thirds of Trillium’s outstanding shares and warrants present in person or represented by proxy at a meeting of shareholders and warrant holders held to consider the transaction.
Acquisition aligns with Pfizer’s strategic priorities

**Deploy capital to efficiently create meaningful shareholder value**

**Bias towards “bolt-on” deals with potential for mid- to long-term value creation and revenue and earnings growth**

**Strengthen individual therapeutic areas with capabilities and flagship medicines to enhance leadership positions in priority areas**

*This transaction has the potential to deliver breakthrough medicines and enhance Pfizer’s growth prospects in 2026-2030 and beyond*
Proposed acquisition strengthens Pfizer’s leadership in Oncology while enhancing our growing Hematology/Oncology portfolio

### Pfizer Oncology Areas of Focus

<table>
<thead>
<tr>
<th>Breast Cancer</th>
<th>Genitourinary Cancer</th>
<th>Precision Medicine</th>
<th>Hematology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select Inline</strong></td>
<td><strong>Select Inline</strong></td>
<td><strong>Select Inline</strong></td>
<td><strong>Select Inline</strong></td>
</tr>
<tr>
<td>ARV-471</td>
<td>Sasanlimab</td>
<td>PRMT5</td>
<td>Elranatamab (BCMA-Bi-specific)</td>
</tr>
<tr>
<td>CDK 2</td>
<td>AXL/MER</td>
<td>SHP2</td>
<td>TTI-622</td>
</tr>
<tr>
<td>KAT6A</td>
<td>TGFβR1</td>
<td>BRAFbp</td>
<td>TTI-621</td>
</tr>
</tbody>
</table>

**Purposefully ADVANCING our LEADERSHIP in HEMATOLOGY with NextGen targets BCMA(Elranatamab) and SIRPα / CD47**

ARV-471 in partnership with Arvinas; Xtandi in partnership with Astellas; Orgovyx in partnership with Myovant; Braftovi & Mektovi in partnership with Ono Pharmaceutical Co., Ltd., and Pierre Fabre
An immuno-oncology company developing innovative therapies for the treatment of cancer, focused primarily on hematologic malignancies

- Founded in 2004 and based in Cambridge, Massachusetts and Mississauga, Ontario
- Developing biologics targeting SIRPα / CD47 axis (“don’t eat me” signal): TTI-622 (SIRPα-IgG4 Fc) and TTI-621 (SIRPα-IgG1 Fc)
- On September 8th, 2020 Pfizer made a $25 million investment in Trillium
  - Jeff Settleman, Chief Scientific Officer, Pfizer Oncology Research & Development, named to Trillium’s Scientific Advisory Board

**Abbreviations:**
- Aza+Ven – Azacitidine + Venetoclax
- AML – Acute Myeloid Leukemia
- dex – dexamethasone
- DLBCL – Diffuse Large B-Cell Lymphoma
- IST – Investigator-Sponsored Trial
- MM – Multiple Myeloma
- PTCL – Peripheral T-Cell Lymphoma
- TBA – To Be Announced

Source: As extracted from Trillium's June 30 Corporate Presentation
Tumors use the SIRPα / CD47 “don’t eat me” signal to evade destruction by the innate immune system

- Many hematologic and solid tumors express high levels of CD47
- High CD47 expression correlates with more aggressive disease & poorer clinical outcomes
- CD47 delivers an inhibitory “don’t eat me” signal to macrophages through SIRPα
- Accumulating data suggest that the SIRPα–CD47 axis is a key immune checkpoint in hematologic malignancies, similar to the PD-L1 / PD-1 checkpoint for solid tumors

SIRPα–CD47 blockade is emerging as a next-generation immune checkpoint disruption strategy in various malignancies

Source: Trillium's April 28th R&D Day Presentation
TTI-622 and TTI-621: Two novel investigational CD47-SIRPα blocking agents with built-in activating signals

- CD47 blockade is not sufficient to trigger macrophage anti-tumor activity; macrophages also need an “eat me” (pro-phagocytic) signal
- TTI-622 and TTI-621 not only block CD47 from engaging SIRPα, but also engage the activating receptor FcγR on macrophages; together they deliver a potent phagocytic signal to macrophages
- Both molecules have the same CD47-blocking domain of human SIRPα but differ in their Fc domain (IgG4 or IgG1)

Source: Trillium’s April 28th R&D Day Presentation
TTI-622 and TTI-621 demonstrate minimal RBC binding

- On-target anemia is problematic for anti-CD47-based therapeutics
- ‘622 and ‘621 SIRPα Fc fusion proteins demonstrate minimal RBC binding to enable a better therapeutic index:
  - Reduces risk of anemia
  - Potentially lowers dosing requirement by avoiding massive antigen sink


BRIC126 (Serotec), 2D3 (eBioscience), and CC2C6 (BioLegend) were obtained from commercial sources.
Clones B6H12.2 (ATCC HB-9771) and 5F9 (Forty Seven Inc / Gilead) were generated internally based on publicly available sequences.
In ongoing Phase 1 study, TTI-622 has been well tolerated

<table>
<thead>
<tr>
<th>Adverse Events</th>
<th>Total n=43</th>
<th>All AEs</th>
<th>Related AEs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All (n (%)</td>
<td>Gr 1-2</td>
<td>Gr 3-4</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 (30)</td>
<td>8 (19)</td>
<td>7 (16)</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 (19)</td>
<td>8 (19)</td>
<td>1 (2)</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 (19)</td>
<td>8 (19)</td>
<td>3 (7)</td>
<td></td>
</tr>
<tr>
<td>Pyrexia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 (16)</td>
<td>6 (14)</td>
<td>2 (5)</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 (14)</td>
<td>6 (14)</td>
<td>4 (9)</td>
<td></td>
</tr>
<tr>
<td>Neutropenia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 (14)</td>
<td>5 (12)</td>
<td>1 (2)</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 (12)</td>
<td>4 (9)</td>
<td>1 (2)</td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (9)</td>
<td>4 (9)</td>
<td>2 (5)</td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (9)</td>
<td>3 (7)</td>
<td>1 (2)</td>
<td></td>
</tr>
<tr>
<td>Hypotension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (9)</td>
<td>4 (9)</td>
<td>1 (2)</td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (9)</td>
<td>4 (9)</td>
<td>1 (2)</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 (9)</td>
<td>3 (7)</td>
<td>1 (2)</td>
<td></td>
</tr>
</tbody>
</table>

- Minimal anemia
- Related Grade 3-4 AEs were rare and limited to transient cytopenias
- Most common unrelated AEs were mild constitutional and gastrointestinal symptoms
- No MTD identified

Based on the data in clinical database as of 12 Apr 2021; data are subject to change prior to final database lock
Source: Trillium’s April 28th R&D Day Presentation
N=43 includes evaluable patients across all dose ranges tested
Abbreviations: AE: Adverse Event; MTD: Maximum Tolerated Dose
Potential class-leading monotherapy activity in multiple hematological malignancies provides strong basis for future combination strategies.

**PHASE 1 MONOTHERAPY ACTIVITY**

<table>
<thead>
<tr>
<th>622</th>
<th>33% ORR* at doses 0.8-18 mg/kg in R/R lymphomas</th>
</tr>
</thead>
<tbody>
<tr>
<td>621</td>
<td>18-29% ORR* at up to 2.0 mg/kg in R/R lymphomas</td>
</tr>
</tbody>
</table>

*In response evaluable patients

**Source:** Trillium’s Data cut, April 12, 2021

**Abbreviations:** CR – Complete Response; ORR – Overall Response Rate; PR – Partial Response; R/R – relapsed or refractory; CTCL – Cutaneous T-cell Lymphoma; PTCL – Peripheral T-cell Lymphoma; DLBCL – Diffuse Large B-cell Lymphoma; FL – Follicular Lymphoma; HL – Hodgkin Lymphoma

**PHASE 1 MONOTHERAPY ACTIVITY**

<table>
<thead>
<tr>
<th>Indication</th>
<th>Response evaluable n</th>
<th>CR</th>
<th>PR</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DLBCL</td>
<td>11</td>
<td>1 (9%)</td>
<td>2 (18%)</td>
<td>3 (27%)</td>
</tr>
<tr>
<td>PTCL</td>
<td>6</td>
<td>0 (0%)</td>
<td>2 (33%)</td>
<td>2 (33%)</td>
</tr>
<tr>
<td>CTCL</td>
<td>4</td>
<td>1 (25%)</td>
<td>2 (50%)</td>
<td>3 (75%)</td>
</tr>
<tr>
<td>FL</td>
<td>3</td>
<td>0 (0%)</td>
<td>1 (33%)</td>
<td>1 (33%)</td>
</tr>
<tr>
<td>HL</td>
<td>3</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>27</td>
<td>2 (7%)</td>
<td>7 (26%)</td>
<td>9 (33%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indication</th>
<th>Response evaluable n</th>
<th>CR</th>
<th>PR</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTCL</td>
<td>62</td>
<td>2 (3%)</td>
<td>10 (16%)</td>
<td>12 (19%)</td>
</tr>
<tr>
<td>PTCL</td>
<td>22</td>
<td>2 (9%)</td>
<td>2 (9%)</td>
<td>4 (18%)</td>
</tr>
<tr>
<td>DLBCL</td>
<td>7</td>
<td>1 (14%)</td>
<td>1 (14%)</td>
<td>2 (29%)</td>
</tr>
</tbody>
</table>
TTI-622 monotherapy activity observed in multiple lymphoid malignancies, with 33% ORR

Response evaluable patients only; Based on the data in clinical database as of 12 Apr 2021; data are subject to change prior to final database lock

Source: Trillium's April 28th R&D Day Presentation – Phase 1 data
TTI-622 demonstrated durable and ongoing efficacy (Updated July 2021)

Source: Data as of 26 Jul 2021 (data are subject to change prior to final database lock) – Phase 1 data
Updates based on verbal/email communication with sites; corresponding data is not yet entered into the EDC
Response evaluable patients only; data are subject to change prior to final database lock
Deep and durable monotherapy responses (still ongoing) are seen in heavily pretreated patients with advanced DLBCL.

**CR in DLBCL @ 0.8 mg/kg dose**
78 y/o male with non-GCB DLBCL
- Stage IV: multiple lesions in musculature of upper extremities, m. ileopsoas, right scapula, right axillary lymph node
- Several target lesions in left shoulder

Prior lines of therapy:
1. R-EPOCH/R-CEOP, from 12/15 till 05/16, CR
2. Umbraliab (PI3Kδ and CK1α inhibitor), from 07/17 till 03/18, PR
3. Syk inhibitor (TAK-659), from 04/18 till 12/18, CR
4. IRAK4 inhibitor (CA-4948), from 02/19 till 04/19, PD

**PR in DLBCL @ 18 mg/kg dose**
65 y/o male with DLBCL (T-cell rich large B-cell lymphoma)
- Stage IV
- Target lesions in paraaortic, paratracheal, peripancreatic and cervical lymph nodes and in the hilar and pericardial region

Prior lines of therapy:
1. R-CHOP + IT MTX, from 12/09 till 02/10, CR
2. Methotrexate, from 04/10 till 06/10, PD
3. R-ICE, from 08/10 till 09/10, CR
4. Allogeneic PB SCT, 11/10, CR
5. Electron beam radiation (total body), 11/10
6. Methotrexate, from 11/10 till 11/10, NE
7. R-GermX + Polystyramzub (CD20-ADC), from 2/20 till 7/20, PR
8. R-EPOCH (pre-conditioning for CAR T therapy), 08/20, PR
9. Anfortagene Cicloxel (CD19 CAR T), 09/20, PD
10. Pembrolizumab, from 10/20 till 10/20, PD

0.8 mg/kg  
**TTI-622 Dose**  
**Response**  
**114 + weeks**  
**Ongoing (Q4W dosing)**

18.0 mg/kg  
**TTI-622 Dose**  
**Response**  
**28+ weeks**  
**Ongoing**

Based on the data in clinical database as of July 26, 2021; data are subject to change prior to final database lock. Patients still ongoing as of July 26th.

Source: Trillium’s April 28th R&D Day Presentation – Phase 1 Data
This opportunity delivers breakthrough potential and enhances growth prospects

**Opportunity**
- TTI-622 and TTI-621 are novel, potentially best-in-class SIRPα / CD47 immuno-therapeutics
- TTI-622 and TTI-621 are the only known CD47-targeted molecules that have demonstrated **single agent activity and complete responses (CRs)** in multiple hematological malignancies
- Early clinical data have shown deep and durable responses, including long-lasting CRs and well-tolerated safety profile

**Strategic Fit**
- Builds on Pfizer’s strong track record of leadership in Oncology and **enhances our growing Hematology portfolio**
- The **encouraging data in the monotherapy** setting provide strong basis for future combination strategies
- Diversifies Pfizer’s Oncology pipeline focused on exploring a diverse range of innovative therapeutic modalities

**Value Rationale**
- **Potential to become backbone for immuno-oncology** treatments across multiple types of cancer, especially hematological cancers
- Proposed acquisition expands Pfizer’s innovative pipeline with **blockbuster revenue potential in the 2026-2030 timeframe and beyond**
### Pfizer Oncology Snapshot

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 Global Revenue</td>
<td>$10.9B</td>
</tr>
<tr>
<td>2020 Operational revenue growth</td>
<td>+21%</td>
</tr>
<tr>
<td>2020 Patients served</td>
<td>716,000+</td>
</tr>
<tr>
<td>Clinical trials</td>
<td>300+</td>
</tr>
<tr>
<td>Approved Therapies</td>
<td>7 + 1</td>
</tr>
<tr>
<td>Investigational Therapies</td>
<td>…</td>
</tr>
</tbody>
</table>

Oncology Inline portfolio of **24 cancer medicines** and biosimilars across **30 types of cancer**...

*Patient counts are estimates derived from multiple data sources.*