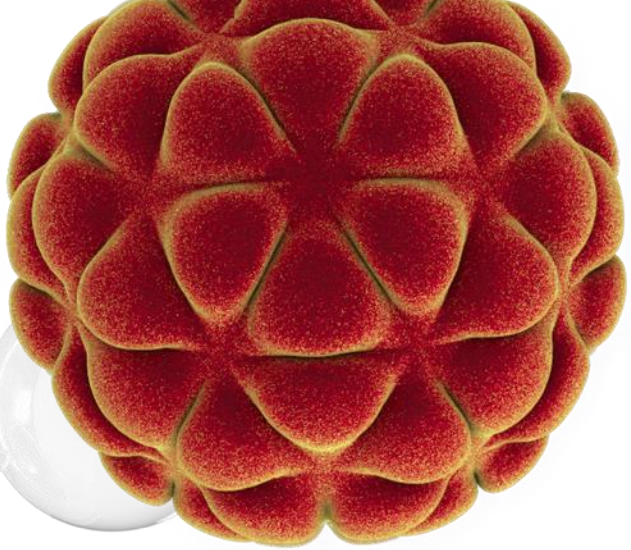
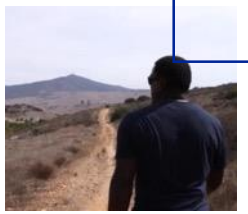
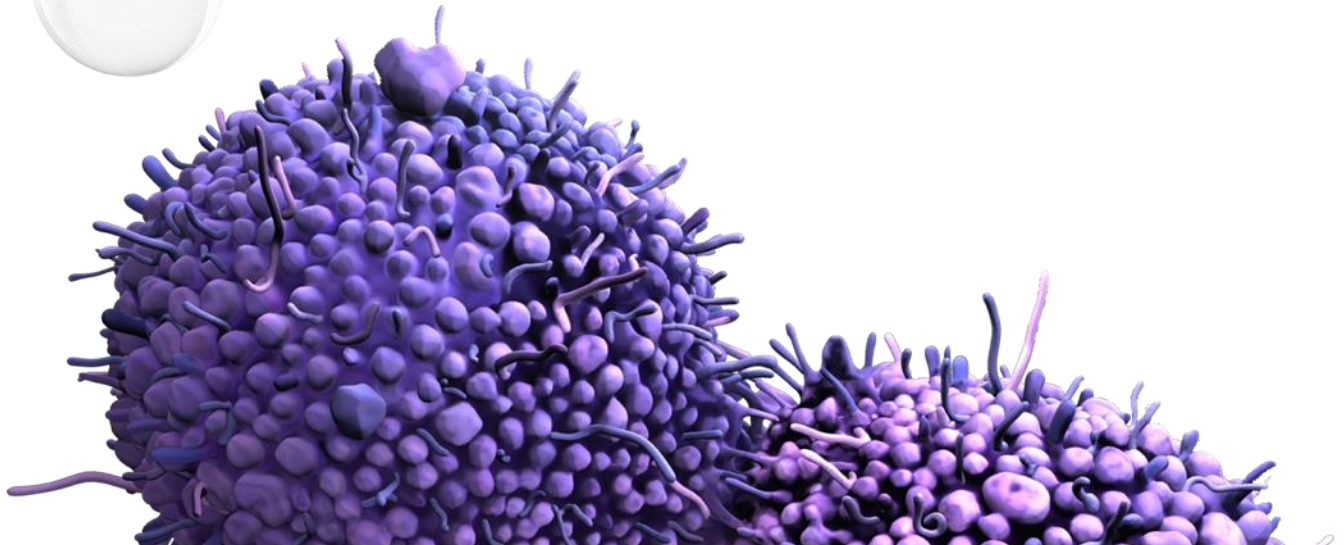


Oncology





Forward-Looking Statements and Other Notices

Our discussions during Pfizer's Investor Day include forward-looking statements about our anticipated future operating and financial performance, business plans and prospects; expectations for our product pipeline, in-line products and product candidates, including anticipated regulatory submissions, data read-outs, study starts, approvals, revenue contribution, growth, performance, timing of exclusivity and potential benefits; manufacturing and product supply; our efforts to respond to COVID-19, including our investigational vaccine candidate against SARS-CoV-2 and our investigational protease inhibitor, and our expectations regarding the impact of COVID-19; our ability to successfully capitalize on growth opportunities and prospects; plans for and prospects of our acquisitions and other business development activities, including our proposed transaction with Mylan N.V. (Mylan) to combine Upjohn and Mylan to create a new global pharmaceutical company; plans relating to share repurchases and dividends; and other statements about our business, operations and financial results that are each subject to substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Among other things, statements regarding revenue and earnings per share growth; the development or commercial potential of our product pipeline, in-line 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; expected breakthrough, best or first-in-class status, blockbuster status of our medicines or vaccines; and the impact of anticipated improvements to our clinical operation performance are forward-looking and are estimates that are subject to change and clinical trial and regulatory success. These statements 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 can be found in Pfizer's Annual Report on Form 10-K for the fiscal year ended December 31, 2019 and in our 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. Potential risks and uncertainties also include the impact of COVID-19 on our sales and operations, including impacts on employees, manufacturing, supply chain, marketing, research and development and clinical trials. The forward-looking statements in these presentations speak only as of the original date of the presentation and we undertake no obligation to update or revise any of these statements. Today's discussions and presentations are intended for the investor community only; they are not intended to promote the products referenced herein or otherwise influence healthcare prescribing decisions. All trademarks in today's presentations are the property of their respective owners.

Oncology Leadership Team

Andy Schmeltz
Global President,
Oncology

New York, NY

Chris Boshoff
Chief Development Officer,
Oncology

New York, NY

Jeff Settleman
Chief Scientific Officer,
Oncology

La Jolla, CA

Nick Saccomano
Chief Scientific Officer,
Boulder R&D Unit

Boulder, CO

Oncology Expected to Continue to Drive Growth for Pfizer Across a Broad Portfolio

23 approved cancer medicines & biosimilars

32% 5-year revenue CAGR

$9.9bn of revenues over past 4 quarters

Breast Cancer

IBRANCE palbociclib

TALZENNA talazoparib

AROMASIN Exemestan

Genitourinary Cancers

Xtandi (enzalutamide) (1)

BAVENCIO avelumab (2)

Inlyta axitinib

SUTENT sunitinib malate

TORISEL (temsirolimus)

Colorectal Cancer/Melanoma

BRAFTOVI (encorafenib) (3)

MEKTOVI (binimetinib) (3)

Blood Cancer

Bosulif bosutinib tablets

DAURISMO glasdegib tablets

BESPONSA inotuzumab ozogamicin

MYLOTARG (gemtuzumab ozogamicin)

Lung Cancer

XALKORI CRIZOTINIB

VIZIMPRO DACOMITINIB

LORBRENA LORLATINIB

Cancer Biosimilars

Retacrit epoetin zeta

Ruxience rituximab

Zirabev bevacizumab

Nivestim filgrastim

Trazimera trastuzumab

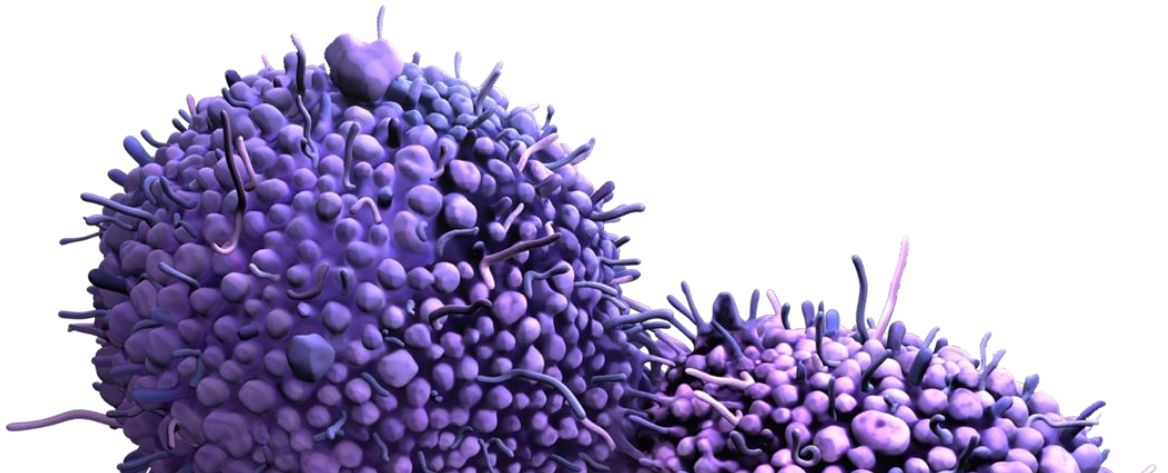
Nyvepria pegfilgrastim

(1) Xtandi® (enzalutamide) is developed and commercialized in the U.S. in collaboration with Astellas. The two companies share equally in the gross profits (losses) related to U.S. net sales. Pfizer receives tiered royalties as a percentage of international Xtandi net sales.
(2) Bavencio® (avelumab) is co-developed and co-commercialized in collaboration with Merck KGaA, Darmstadt, Germany.
(3) Pfizer has exclusive rights to Braftovi® (encorafenib) and Mektovi® (binimetinib) in the U.S. and Canada. Pfizer has granted Ono Pharmaceutical Co. Ltd. exclusive rights to commercialize the products in Japan and South Korea, Medison in Israel, and Pierre Fabre in all other countries.

IBRANCE (palbociclib)

First-in-Class, #1 Prescribed CDK4/6 Inhibitor

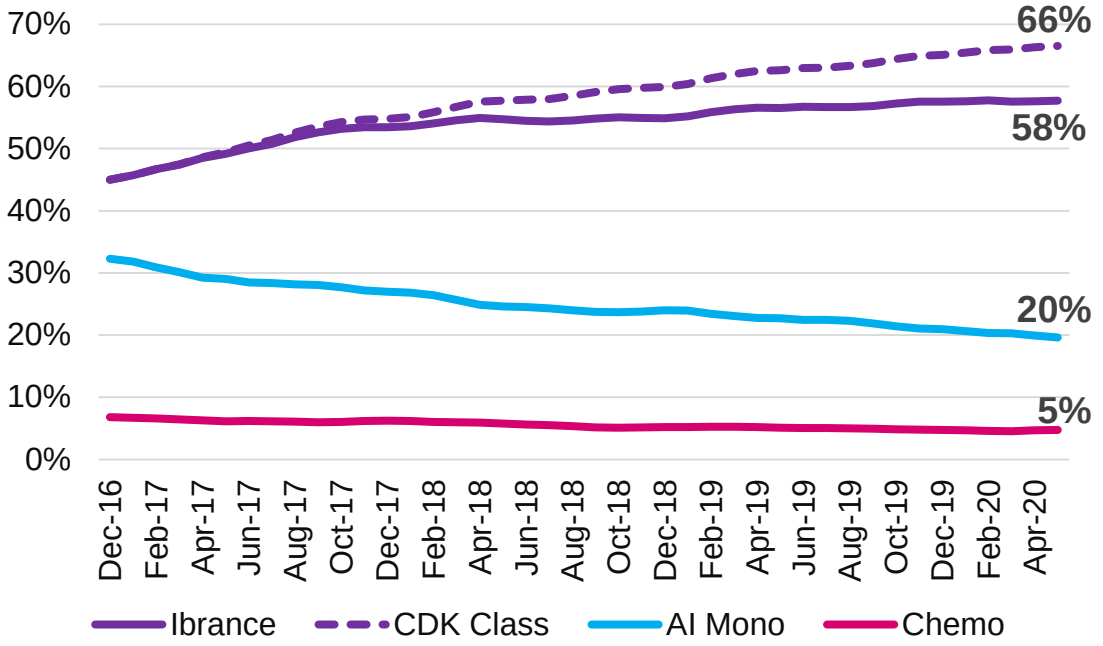
Tami, living with metastatic Breast Cancer



Maintaining Ibrance Leadership

- Nearly 315,000 patients treated with Ibrance to date globally
- Use of CDK inhibitors for new metastatic breast cancer patients continues to grow
- Ibrance share of first-line CDK patients remains stable: approx. 7 out of 8 are on Ibrance
- Recent real-world data analysis[(1)] of Ibrance, in combination with letrozole, showed a statistically significant overall survival benefit in ER+/HER2- metastatic breast cancer when compared to letrozole alone (Hazard Ratio=0.58)

Estimated U.S. first-line share of ER+/HER2- metastatic breast cancer



[(1)] *Presented at the 2019 San Antonio Breast Cancer Symposium (SABCS), December 10–14, 2019 (Poster P1-19-02).*

Source: IQVIA PLD claims: Total patient share R3M (Dec 16 – May 2020); data has been normalized for lower coverage and may be subject to restatement, particularly in recent months

Up to 14 Potential Approvals by 2025 Across Targeted Therapies[1] and Immunotherapies[2]

	Targeted Therapies[1]				Immunotherapies[2]	
Late-Stage Development	**Ibrance** ★ HR+ / HER2- early breast cancer	**Braftovi** ★ *BRAF*+ first-line (1L) metastatic colorectal cancer (CRC)	**Xtandi** ★ Non-metastatic castration-sensitive prostate cancer (nmCSPC)	**Lorbrena** ★ ALK+ 1L metastatic NSCLC	**Sasanlimab + BCG** ★ Non-Muscle Invasive Bladder Cancer (NMIBC)	**Bavencio** ★ 1L metastatic NSCLC
	Ibrance ★ HR+ / HER2+ metastatic breast cancer	**Braftovi / Mektovi** ★ *BRAF*+ 1L metastatic melanoma	**Xtandi + Talzenna** ★ Metastatic castration-resistant prostate cancer (All/DRR)	**Daurismo** ★ Acute Myeloid Leukemia		
		Braftovi / Mektovi ★ *BRAF*+ metastatic non-small cell lung cancer (NSCLC)				
Early Development **Selected Pre-POC Programs**	**Cyclin-Dependent Kinase (CDK) 2/4/6** ★	**Protein arginine methyltransferase 5 (PRMT5)** ★	**HER2 Antibody Drug Conjugate (ADC)**	**HER2-Exon 20/ wt amp**	**B-cell maturation antigen (BCMA) CD3 bi-specific** ★	**TGFβR1**
	CDK4	**Eukaryotic translation initiation factor 4E (eIF4E)**	**SHP2**	**cMET-Exon 14/ wt amp**	**AVB8**	**Vaccine-Based Immunotherapy Regimen (VBIR2) Cancer vaccine**
	CDK2	**Lysine acetyltransferase 6 (KAT6)**	**Brain-Penetrant BRAF**	**EZH2**	**GUYC2C CD3 bi-specific**	**AXL/MERTK**

HR represents hormone receptor. HER2 represents human epidermal growth factor receptor 2.
[1] Targeted Therapies include agents that directly target cancer cells
[2] Immunotherapies include agents that engage the immune response to cancer cells

★ = Indicates potential approval by 2025

Up to 14 Potential Approvals by 2025 Across Targeted Therapies and Immunotherapies

	Targeted Therapies				Immunotherapies	
Late-Stage Development	**Ibrance** ★ HR+ / HER2- early breast cancer	**Braftovi** ★ *BRAF*+ first-line (1L) metastatic colorectal cancer (CRC)	**Xtandi** ★ Non-metastatic castration-sensitive prostate cancer (nmCSPC)	**Lorbrena** ★ ALK+ 1L metastatic NSCLC	**Sasanlimab + BCG** ★ Non-Muscle Invasive Bladder Cancer (NMIBC)	**Bavencio** ★ 1L metastatic NSCLC
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	CDK2	**Lysine acetyltransferase 6 (KAT6)**	**Brain-Penetrant BRAF**	**EZH2**	**GUYC2C CD3 bi-specific**	**AXL/MERTK**

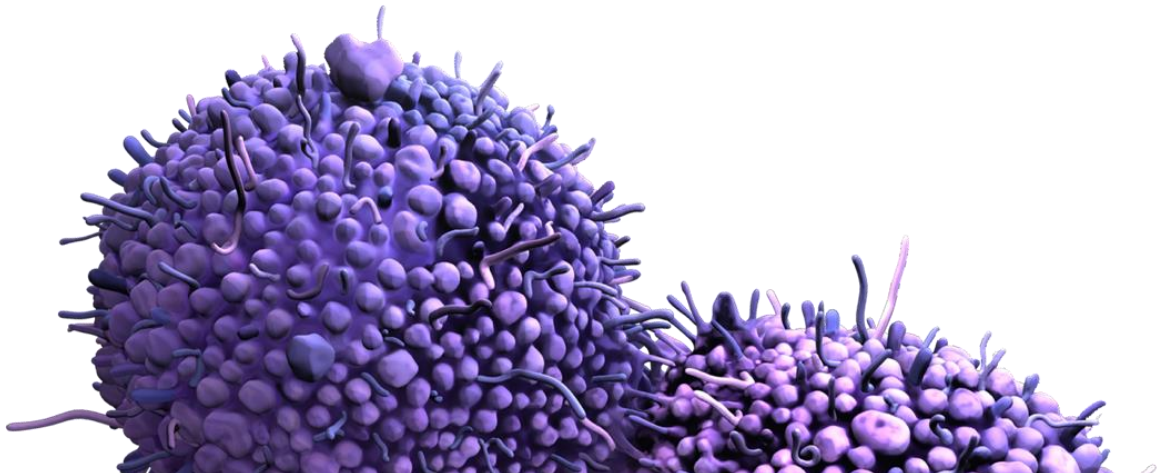
★ = Indicates potential approval by 2025

= Programs to be discussed today

LORBRENA/LORVIQUA (lorlatinib)

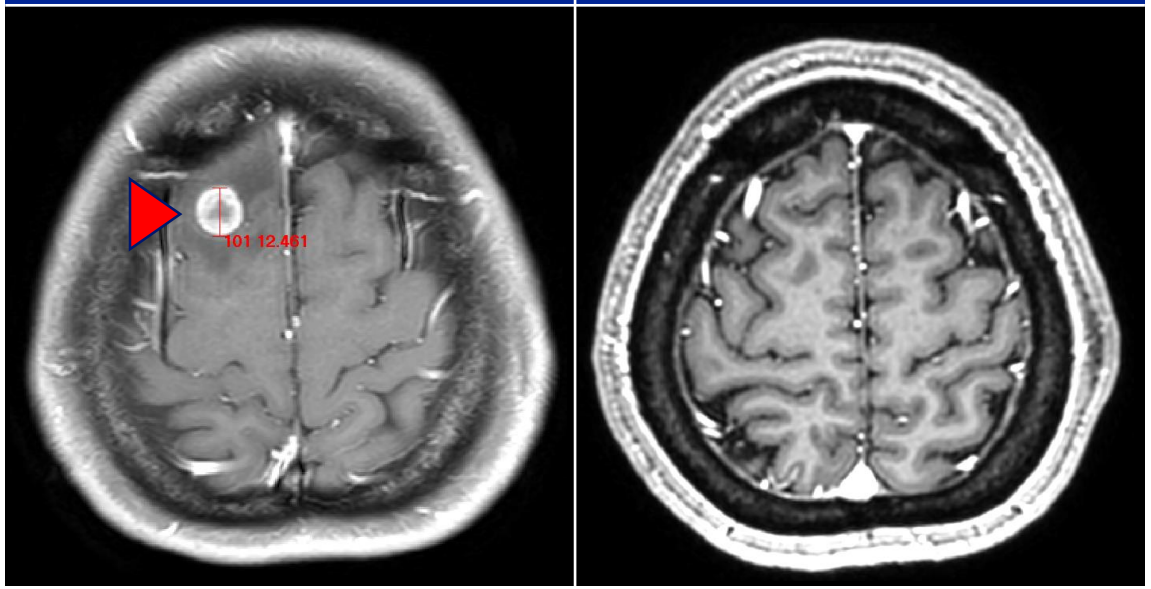
Continuing to Advance NSCLC Treatment with a Third-Generation ALK Inhibitor

Gina, living with ALK-positive Lung Cancer



In 2020, ~13,500 New Cases of ALK+ NSCLC Will Be Diagnosed in the G7[1],[2]

Lorlatinib Patient in CROWN Trial	
Baseline	**Complete Response** 24 Months (Ongoing)



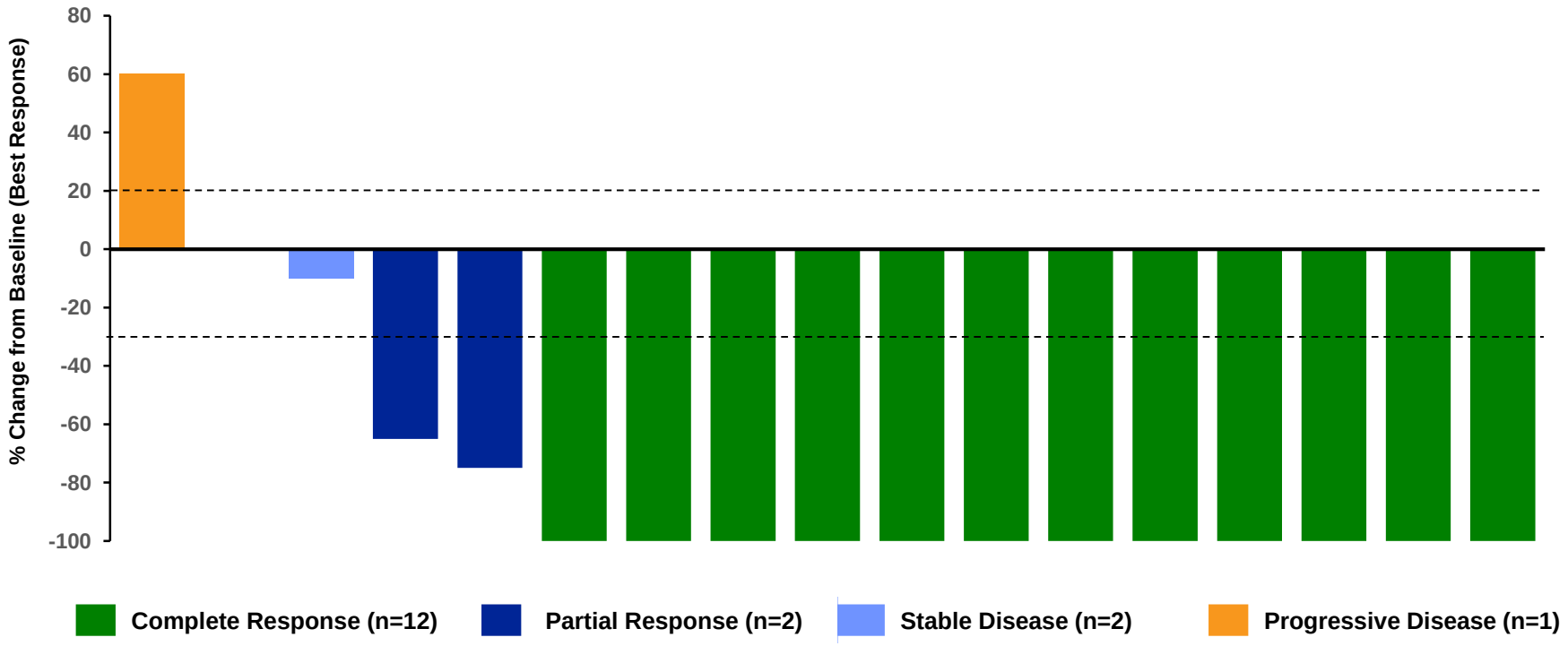
- Lorlatinib has increased potency compared to most ALK inhibitors, is active against the most common resistance mutations and crosses the blood-brain barrier
- Up to 40% of ALK+ NSCLC patients present with brain metastases[3]
- Lorbrena's median duration of response as a second- or third-line ALK inhibitor is 12.5 months[4]

[1] *Decision Resources Group. Non-Small-Cell Lung Cancer Epidemiology, 2019 [Accessed 14th August 2020]. G7 represents U.S. EU5 (Germany, United Kingdom, Italy, France and Spain) and Japan.*
[2] *Garber K. J Natl Cancer Inst. 2010;102:672-675.*
[3] *Peters S. N Engl J Med 2017;377:829-38*
[4] *FDA label for lorlatinib* (https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/210868s000lbl.pdf), Section 6.1 Clinical Trials Experience.

CROWN: Lorlatinib Displayed Improved Intracranial Antitumor Activity Compared to Crizotinib

A Phase 3 randomized, open-label, parallel two-arm study comparing lorlatinib monotherapy to crizotinib monotherapy in patients with previously untreated advanced ALK-positive NSCLC

Patients with measurable brain metastases (n=17)



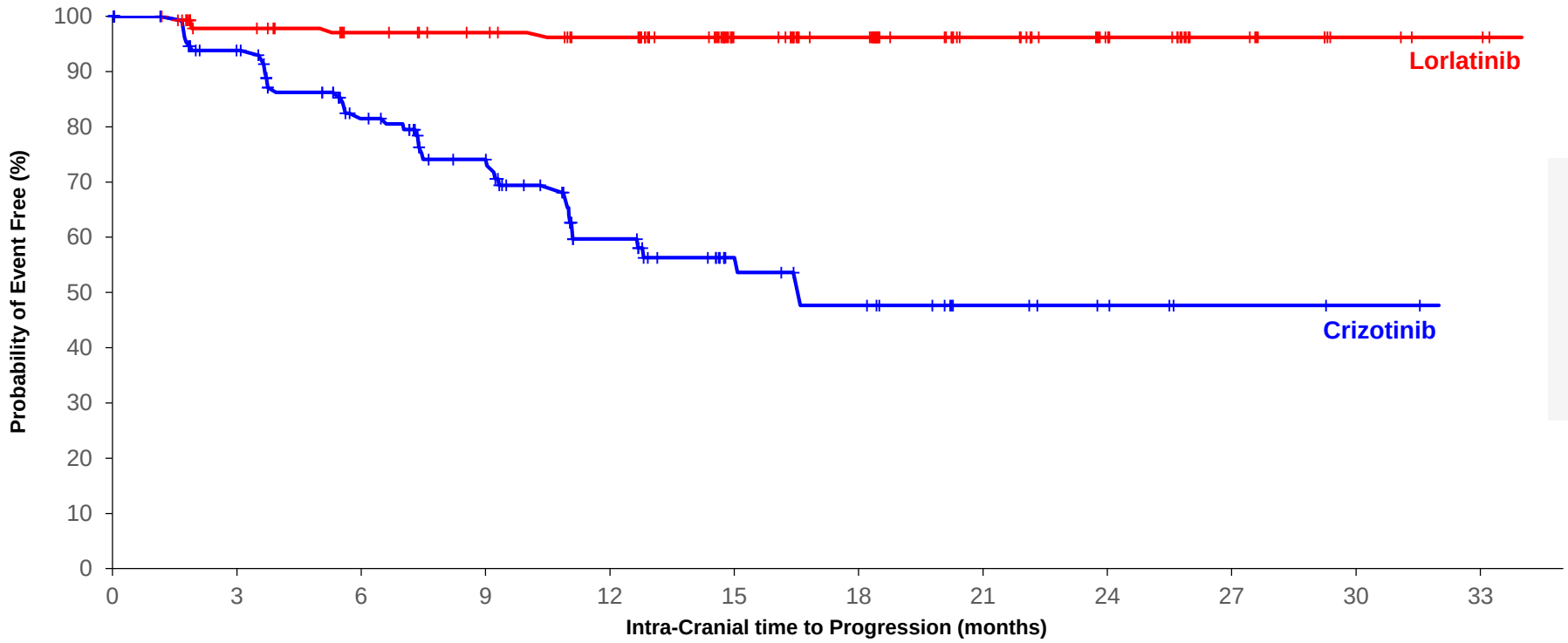
Objective response rate: 82.4%

Complete response: 70.6%

CROWN: Lorlatinib Displayed Improved Intracranial Antitumor Activity Compared to Crizotinib

A Phase 3 randomized, open-label, parallel two-arm study comparing lorlatinib monotherapy to crizotinib monotherapy in patients with previously untreated advanced ALK-positive NSCLC

Kaplan-Meier plot of intra-cranial time to progression (blinded independent central review)



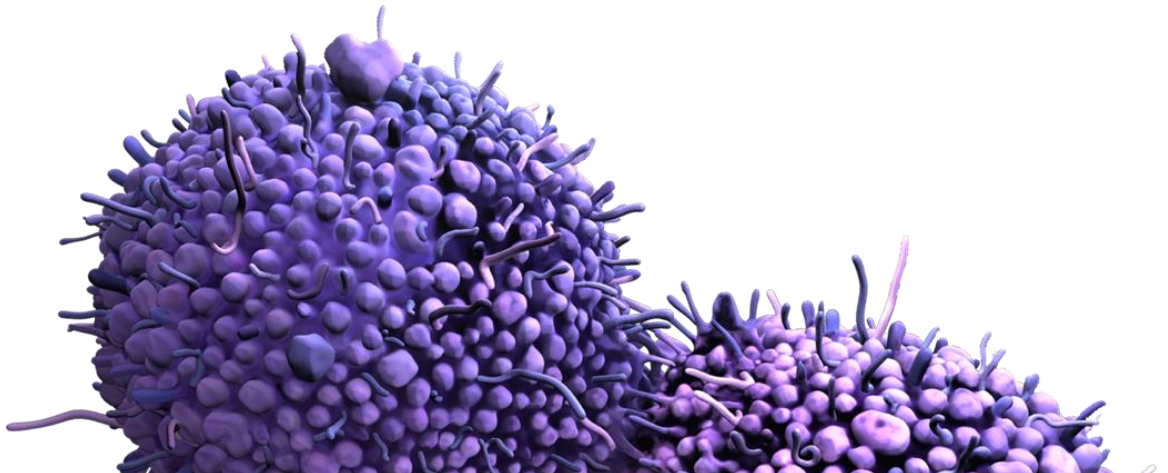
Stratified:

Hazard Ratio = 0.07
95% CI (0.026, 0.170)

BRAFTOVI & MEKTOVI (encorafinib & binimetinib)

Expanding Our Presence in BRAF-Driven Colorectal Cancer and Melanoma

Scott, living with metastatic colorectal cancer



Poor Prognosis for BRAF-Mutated Metastatic Colorectal Cancer (CRC)

- CRC is the 4th leading cause of cancer-related death[1]
- In 2020, ~500,000 new CRC cases are expected to be diagnosed in the G7[2]

Disease Stage	CRC Diagnosed Patients in G7[2]	*BRAF* Mutated Patients in G7[2]	Estimated 5 Year Survival (for BRAF, US)
Localized *Stage 1*	~115,000	~8,000	80-90%
Regional *Stage 2*	~275,000	~19,000	60-70%
Distant *Stage 3*	~110,000	~8,000	~4%

Source: Decision Resource Group, Kantar Health

NOTE: Pfizer has exclusive rights to Braftovi® (encorafenib) and Mektovi® (binimetinib) in the U.S. and Canada. Pfizer has granted Ono Pharmaceutical Co. Ltd. exclusive rights to commercialize the products in Japan and South Korea, Medison in Israel, and Pierre Fabre in all other countries. Pfizer receives royalties on sales of Braftovi and Mektovi outside the U.S.

[1] Araghi M, Soerjomataram I, Jenkins M, et al. Global trends in colorectal cancer mortality: projections to the year 2035. Int J Cancer (2019):144:2992-3000

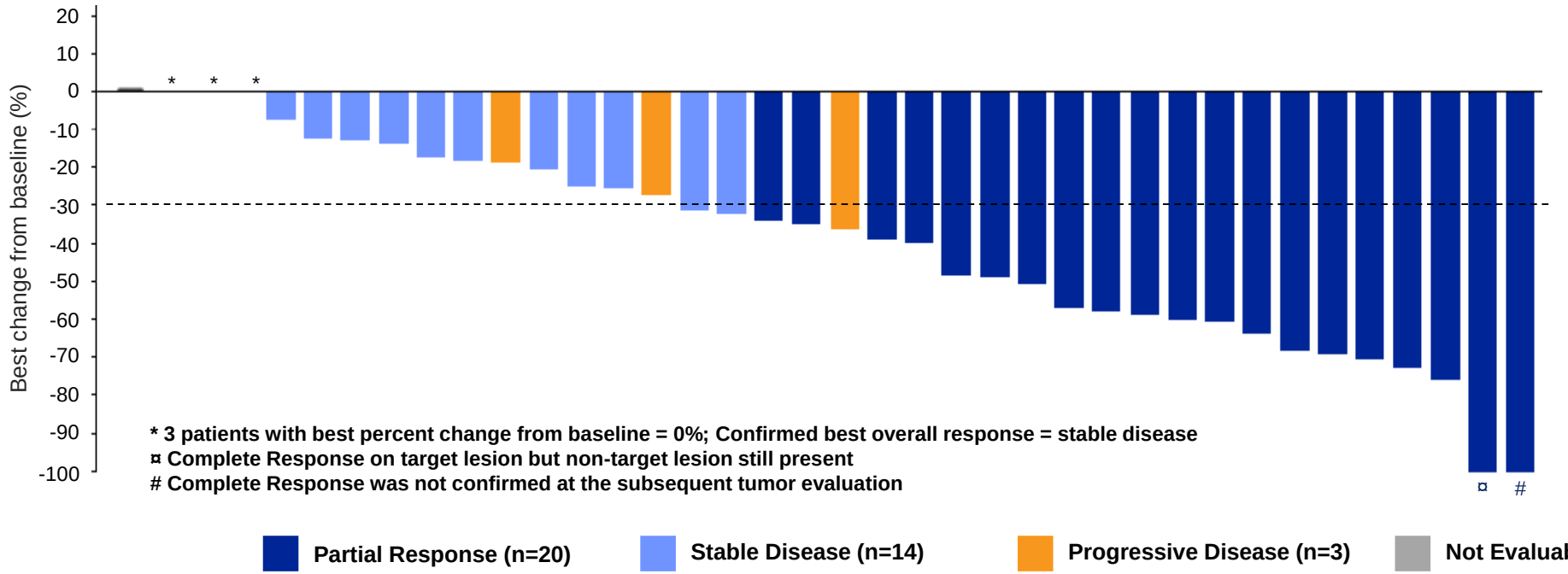
[2] *G7 represents U.S., EU5 (Germany, United Kingdom, Italy, France and Spain), and Japan.*

ANCHOR: Encouraging Activity in First-Line Metastatic Colorectal Cancer (CRC)

Phase 2 single-arm study of encorafenib, binimetinib plus cetuximab in previously untreated $BRAF^{V600E}$–mutant metastatic CRC

Best percentage change in tumor measurement for stage 1 of study

Investigator's assessment, patients evaluable for efficacy

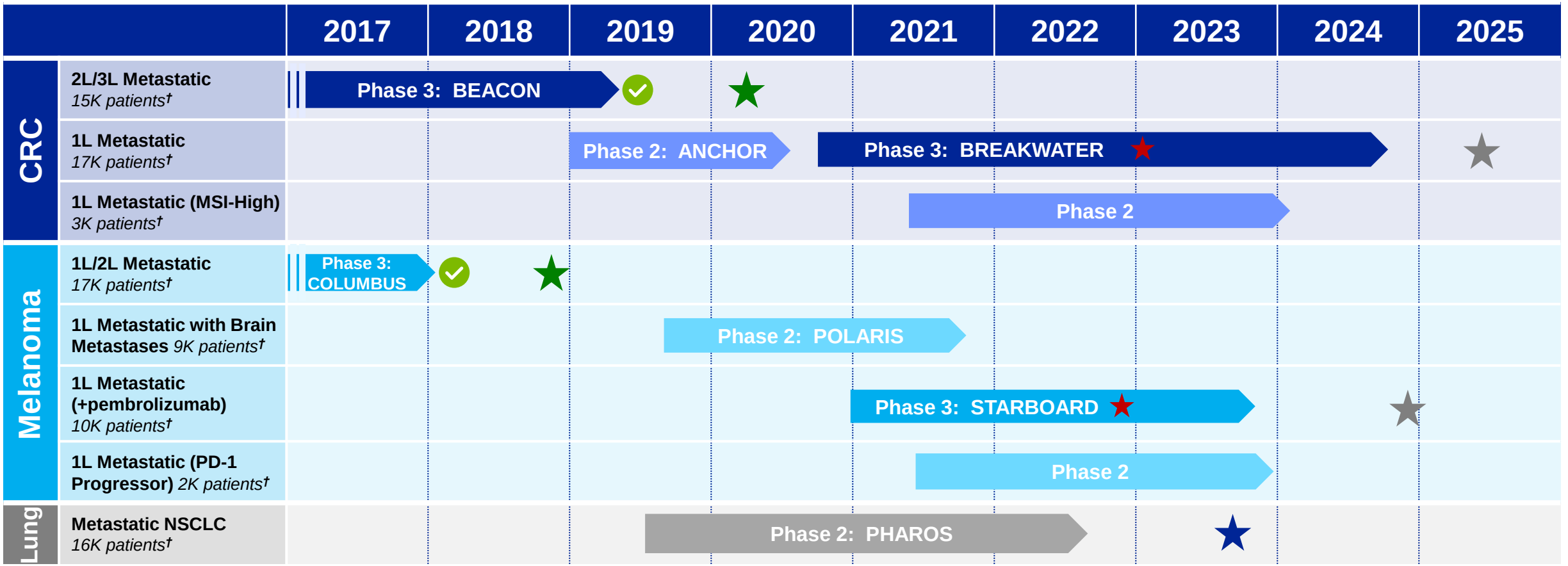


Objective Response Rate: 50.0%

Disease Control Rate: 85.0%

Data presented at European Society for Medical Oncology (ESMO) World Congress on Gastrointestinal Cancer 2020 (Virtual), July 2020.

Anticipate Up to $2 Billion of Annual Revenue Contributions Across the BRAF/MEK portfolio in 2027[(1)]



(1) Includes non-risk-adjusted revenue contributions from all programs/patient populations referenced above. Assumes constant foreign exchange rates.

† *Estimates for appropriate patients within each target indication in the G7 (US, EU5 [Germany, United Kingdom, Italy, France and Spain] and Japan) in 2020 based on Kantar.*

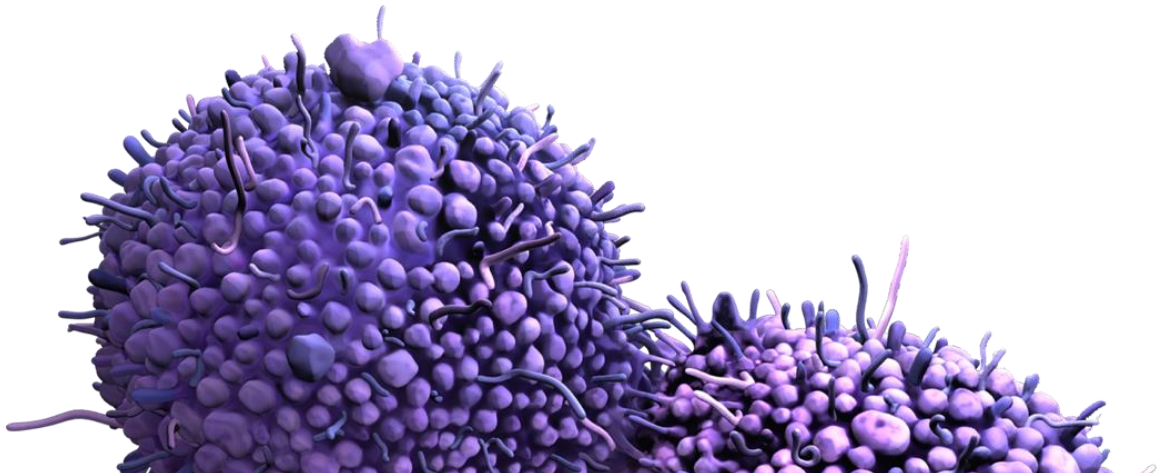
NOTE: All timings are approximate and subject to change.

Pfizer | Breakthroughs that change patients' lives

Genitourinary Cancers

Expanding Our Franchise in Renal, Bladder and Prostate Cancers:
Sutent, Inlyta, Xtandi, Bavencio, Talzenna and sasanlimab

Chas, living with Prostate Cancer



Prostate and Bladder Cancers Are the First and Fourth Most Common Cancers in Men, Respectively[1]

Prostate Cancer

- Globally, **~1.4 million new cases** are expected to be diagnosed in 2020[1]
- In 2020, ~**33,000 men expected to die** in the U.S. from prostate cancer[2]
- ~25% of advanced prostate cancer harbor mutations in DNA Damage Response (DDR) genes[3],[4]

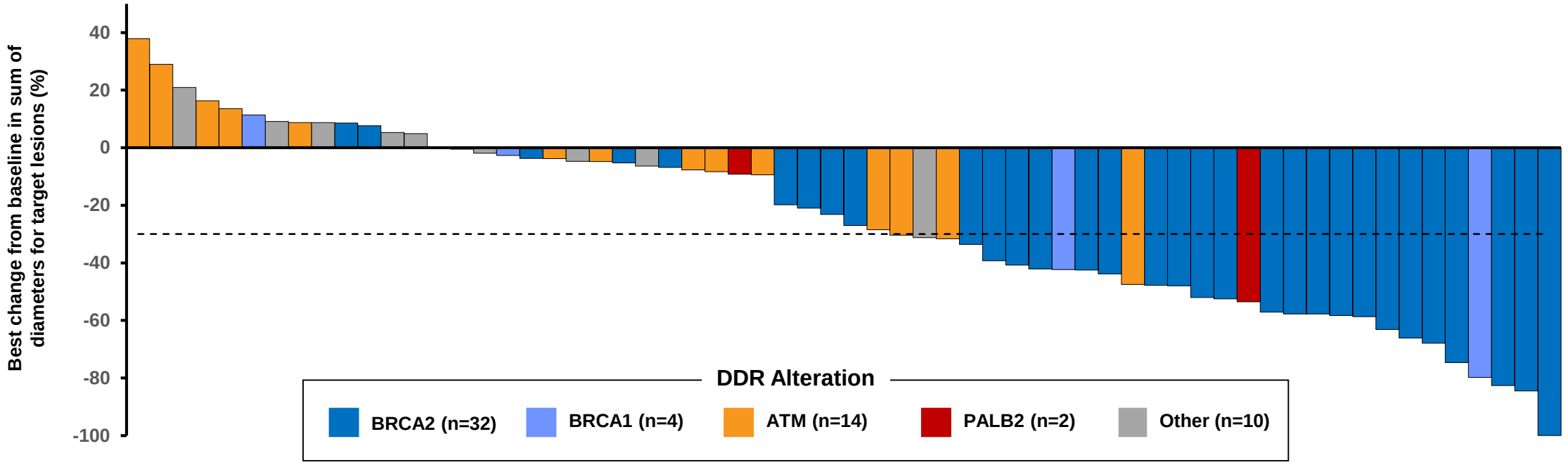
Bladder Cancer

- In G7, **~182,000** new patients expected to be diagnosed with non-muscle invasive bladder cancer (NMIBC) in 2020[5],[6]
- 50-70% of patients recur or progress to muscle invasive or metastatic disease after initial treatment for their bladder cancer[7]

[1]World Cancer Research Fund, Accessed August 2020. [2]American Cancer Society 2019. [3] Chung JH, Dewal N, et al. JCO Precis Oncol. 2019. [4] Armenia J, Wankowicz SAM, et al.Nat Genet. 2018 . [5]G7 represents U.S., EU5 (Germany, United Kingdom, Italy, France and Spain), and Japan. [6] Kantar Health. [7]Sylvester, van der Meijden, et al. European Association of Urology 2006

TALAPRO 1: Talazoparib Demonstrated Activity in Metastatic Castration-Resistant Prostate Cancer (mCRPC) with DNA Damage Response (DDR) Mutations at an Interim Analysis

A Phase 2 open-label study to assess efficacy and safety of talazoparib in men with mCRPC with a DDR alteration who have previously received taxane-based chemotherapy and progressed on at least one novel hormonal agent



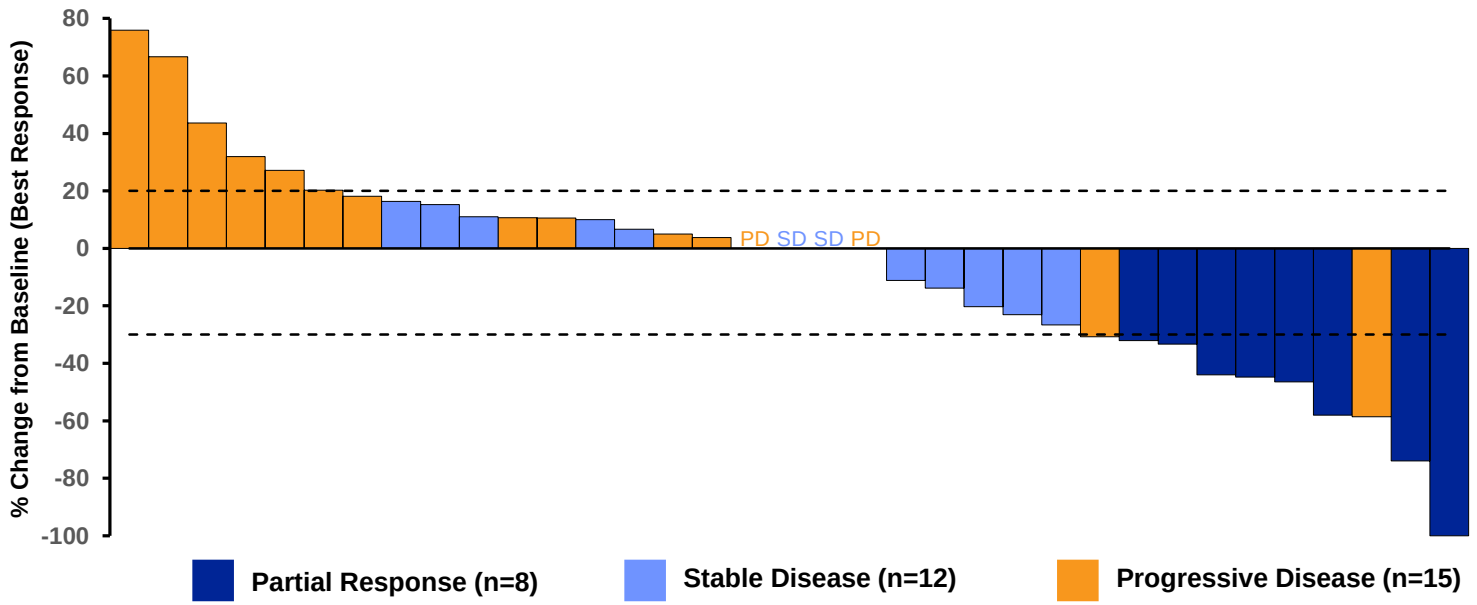
Presented at ASCO 2020.

Objective response rate for tumors with BRCA 1 or 2 mutations was 41.5%

Pfizer | Breakthroughs that change patients' lives

Developing Sasanlimab as Potential New Sub-Cutaneous PD-1 Backbone

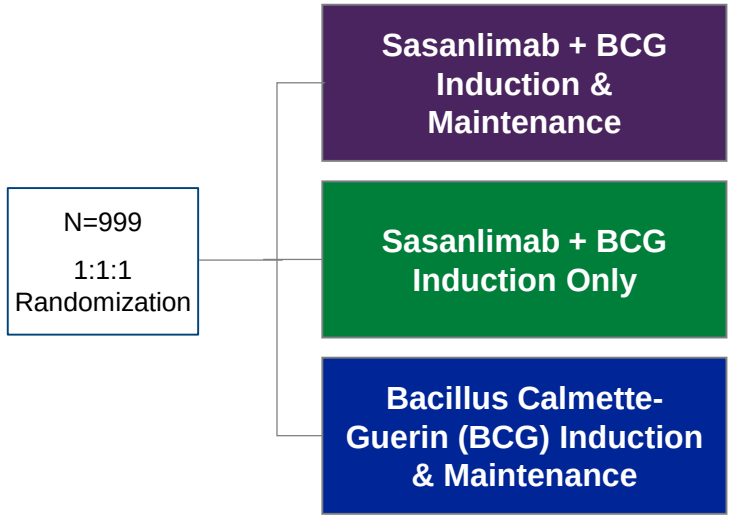
Phase 1, open-label, multi-center, dose escalation, expansion, and safety study of sasanlimab in previously treated adult patients with metastatic urothelial carcinoma



Objective response observed in 21.1% of patients;

Duration of response not yet mature with many responses ongoing

Phase 3 CREST Study: Sasanlimab in combination with BCG vs. BCG alone in participants with first-line high-risk non-muscle invasive bladder cancer

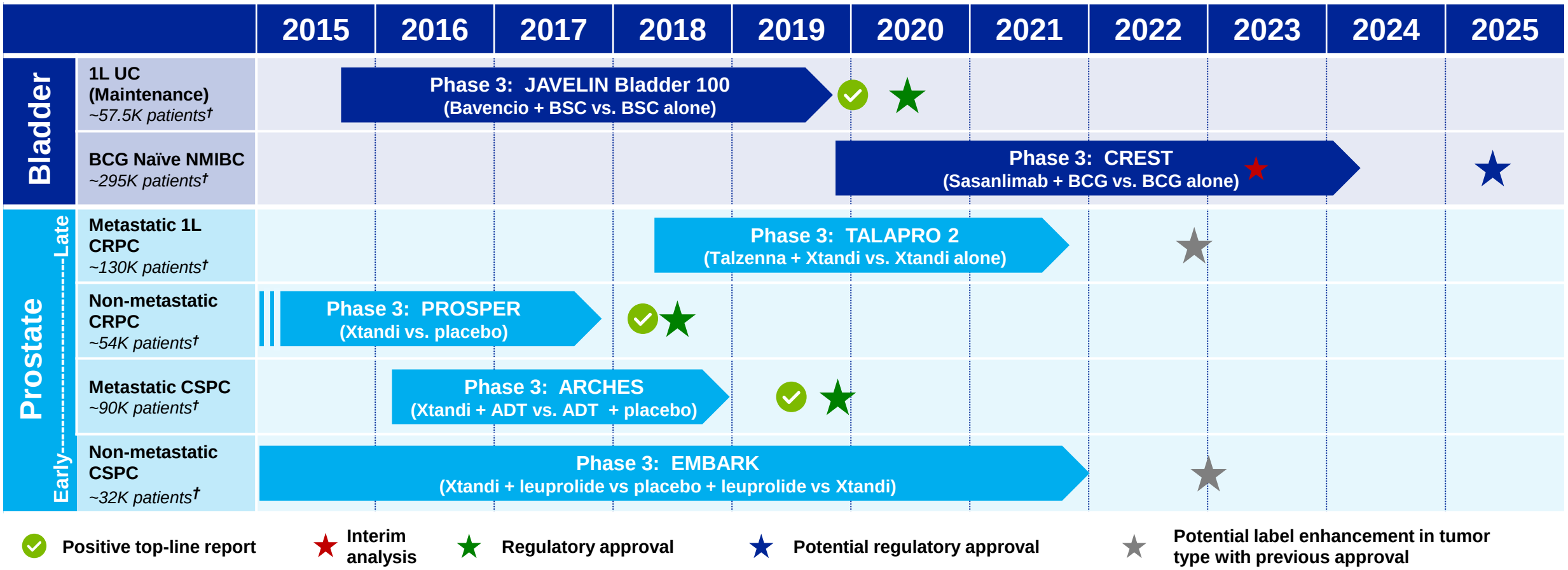


First patient dosed in January 2020;

Expected completion date in 2024

Presented at ESMO 2019.
Sasanlimab is under investigation and is not yet approved for NMIBC or in any other indication.

Anticipate Up to $5 Billion of Annual Revenue Contributions Across the Bladder and Prostate Portfolio in 2027[(1)]



(1) Includes non-risk-adjusted revenue contributions from all programs/patient populations referenced above as well as for Xtandi monotherapy in metastatic CRPC. Assumes constant foreign exchange rates.
† *Estimates for appropriate patients within each target indication in the G7 (US, EU5 [Germany, United Kingdom, Italy, France, and Spain] and Japan) at peak year based on Kantar Health.*

NOTE: All timings are approximate and subject to change.

Advancing Therapies to Earlier Lines with Larger Populations and Longer Treatment Durations

	Targeted Therapies				Immunotherapies	
Late-Stage Development	**Ibrance** HR+ / HER2- early breast cancer	**Braftovi** *BRAF*+ first-line (1L) metastatic colorectal cancer (CRC)	**Xtandi** Non-metastatic castration-sensitive prostate cancer (nmCSPC)	**Lorbrena** ALK+ 1L metastatic NSCLC	**Sasanlimab + BCG** Non-Muscle Invasive Bladder Cancer (NMIBC)	**Bavencio** 1L metastatic NSCLC
	Ibrance HR+ / HER2+ metastatic breast cancer	**Braftovi / Mektovi** *BRAF*+ 1L metastatic melanoma	**Xtandi + Talzenna** Metastatic castration-resistant prostate cancer (All/DRR)	**Daurismo** Acute Myeloid Leukemia		
		Braftovi / Mektovi *BRAF*+ metastatic non-small cell lung cancer (NSCLC)				
Early Development **Selected Pre-POC Programs**	Cyclin-Dependent Kinase (CDK) 2/4/6	Protein arginine methyltransferase 5 (PRMT5)	HER2 Antibody Drug Conjugate (ADC)	HER2-Exon 20/ wt amp	**B-cell maturation antigen (BCMA) CD3 bi-specific**	TGFbR1
	CDK4	Eukaryotic translation initiation factor 4E (eIF4E)	SHP2	cMET-Exon 14/ wt amp	AVB8	Vaccine-Based Immunotherapy Regimen (VBIR2) Cancer vaccine
	CDK2	Lysine acetyltransferase 6 (KAT6)	Brain-Penetrant BRAF	EZH2	GUYC2C CD3 bi-specific	AXL/MERTK

Anticipate Up to $6 Billion of Incremental Annual Revenue Contributions in 2027 from Programs Currently in Late-Stage Development[(1)]

	Targeted Therapies				Immunotherapies	
Late-Stage Development	**Ibrance** HR+ / HER2- early breast cancer	**Braftovi** *BRAF*+ first-line (1L) metastatic colorectal cancer (CRC)	**Xtandi** Non-metastatic castration-sensitive prostate cancer (nmCSPC)	**Lorbrena** ALK+ 1L metastatic NSCLC	**Sasanlimab + BCG** Non-Muscle Invasive Bladder Cancer (NMIBC)	**Bavencio** 1L metastatic NSCLC
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	CDK4	Eukaryotic translation initiation factor 4E (eIF4E)	SHP2	cMET-Exon 14/ wt amp	AVB8	Vaccine-Based Immunotherapy Regimen (VBIR2) Cancer vaccine
	CDK2	Lysine acetyltransferase 6 (KAT6)	Brain-Penetrant BRAF	EZH2	GUYC2C CD3 bi-specific	AXL/MERTK

(1) Includes non-risk-adjusted revenue contributions from all Late-Stage Development programs referenced above as well as the BCMA program currently in early development. Assumes constant foreign exchange rates

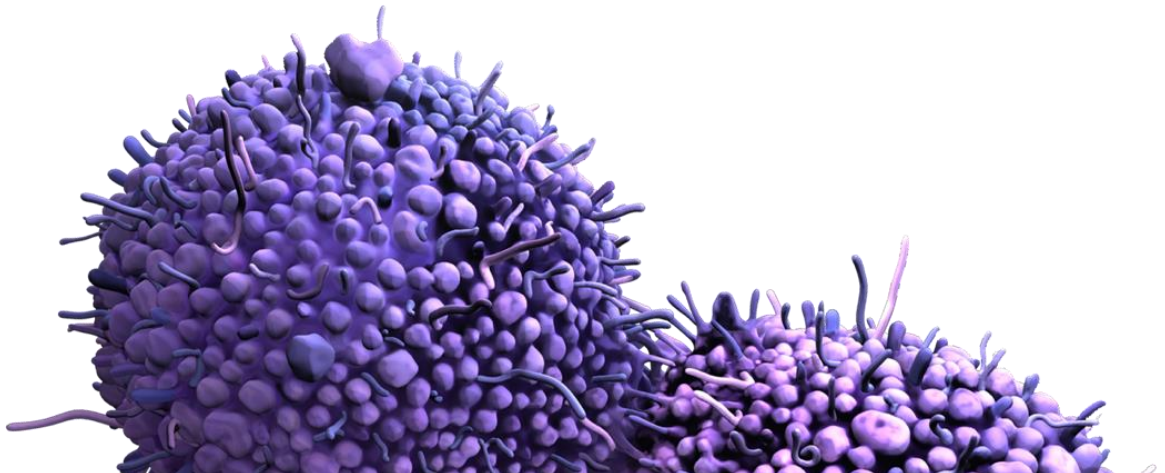
Early Clinical Pipeline Poised to Potentially Deliver Up to 10 New Molecular Entity Approvals by 2026

	Targeted Therapies				Immunotherapies	
Late-Stage Development	**Ibrance** HR+ / HER2- early breast cancer	**Braftovi** BRAF+ first-line (1L) metastatic colorectal cancer (CRC)	**Xtandi** Non-metastatic castration-sensitive prostate cancer (nmCSPC)	**Lorbrena** ALK+ 1L metastatic NSCLC	**Sasanlimab + BCG** Non-Muscle Invasive Bladder Cancer (NMIBC)	**Bavencio** 1L metastatic NSCLC
	Ibrance HR+ / HER2+ metastatic breast cancer	**Braftovi / Mektovi** BRAF+ 1L metastatic melanoma	**Xtandi + Talzenna** Metastatic castration-resistant prostate cancer (All/DRR)	**Daurismo** Acute Myeloid Leukemia		
		Braftovi / Mektovi BRAF+ metastatic non-small cell lung cancer (NSCLC)				
Early Development **Selected Pre-POC Programs**	**Cyclin-Dependent Kinase (CDK) 2/4/6**	**Protein arginine methyltransferase 5 (PRMT5)**	HER2 Antibody Drug Conjugate (ADC)	HER2-Exon 20/ wt amp	**B-cell maturation antigen (BCMA) CD3 bi-specific**	TGFbR1
	CDK4	**Eukaryotic translation initiation factor 4E (eIF4E)**	**SHP2**	**cMET-Exon 14/ wt amp**	AVB8	Vaccine-Based Immunotherapy Regimen (VBIR2) Cancer vaccine
	CDK2	**Lysine acetyltransferase 6 (KAT6)**	**Brain-Penetrant BRAF**	EZH2	GUYC2C CD3 bi-specific	**AXL/MERTK**

Investigational CDK Inhibitors & Other Novel Mechanisms

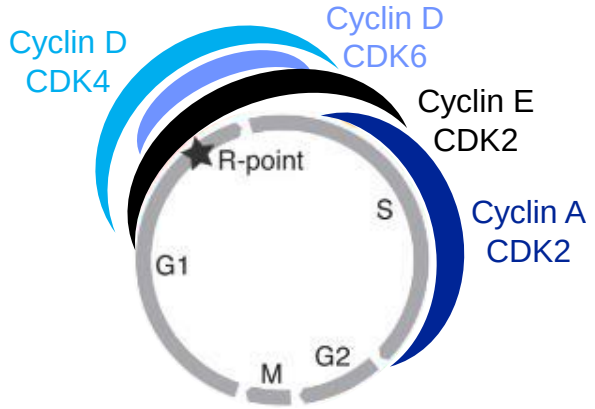
Building an R&D Pipeline of **Potentially First-in-Class, Next-Generation Medicines for Breast Cancer and Beyond**

Kaye, living with metastatic breast cancer



Targeting the Cancer Cell Cycle with a Strong Portfolio of Investigational Next-Generation CDK Inhibitors

CDK2/4/6

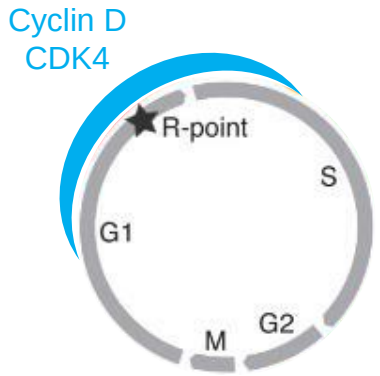


Addressing Ibrance refractory/relapse disease

Expansion opportunities in triple negative breast and ovarian cancers

Proof of mechanism expected in 2021

CDK4-selective

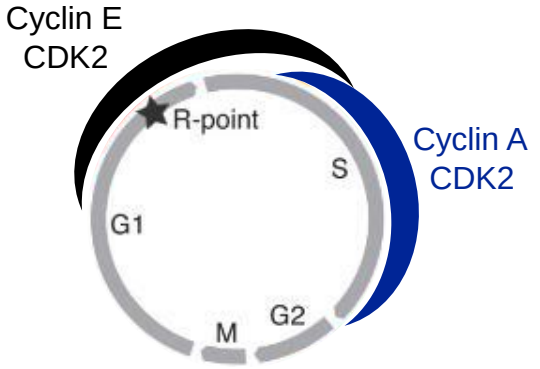


Potential improvement in efficacy & safety over Ibrance in HR+ breast cancer

Combination opportunities in lung, colorectal and prostate cancer

First-in-patient expected in 2020

CDK2-selective



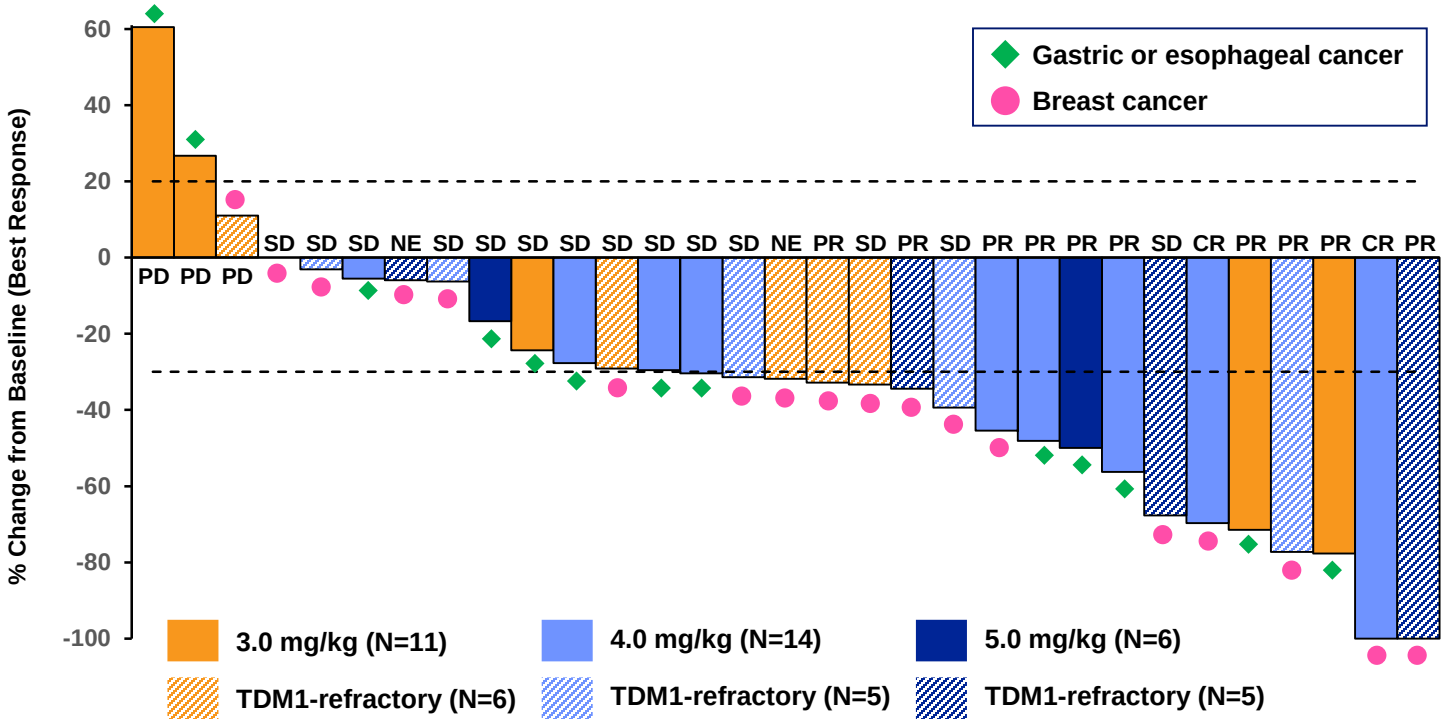
Precision medicine opportunity in multiple tumor types

Combination potential with SOC, targeted therapies and immuno-oncology

First-in-patient expected in 2020

Next-Generation Anti-HER2 Antibody Drug Conjugate (ADC) with Potential for Significant Differentiation

PF-06804103 Phase 1 Dose Escalation



Objective response rate in response-evaluable patients at the recommended Phase 2 dose of 4.0 mg/kg was 71%*

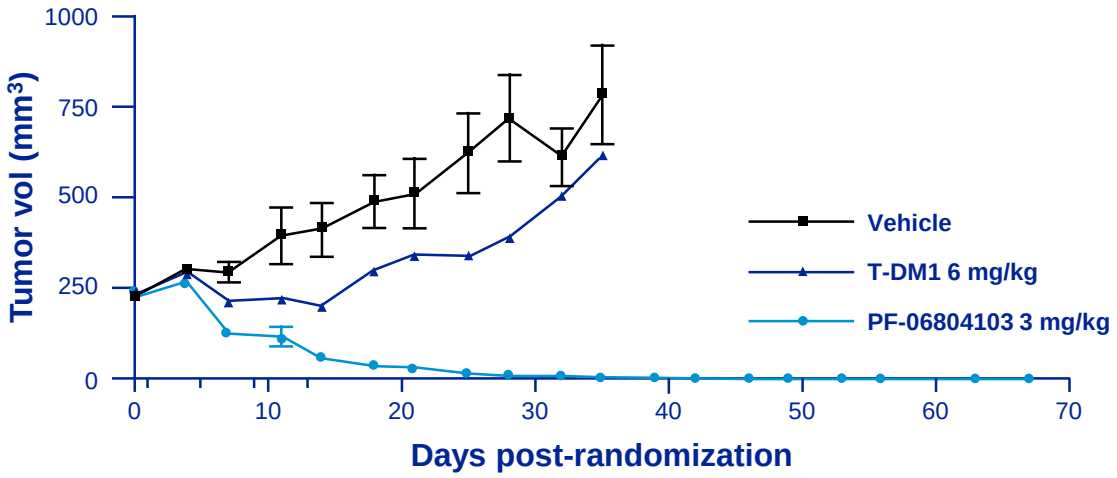
- **Highly stable site-specific drug conjugation**
- **Potent, cell-permeable auristatin payload enables bystander efficacy**
- **Robust Phase 1 responses in TDM1-refractory HER2+ cancers**
- **No interstitial lung disease reported**

* Includes confirmed and unconfirmed responses.

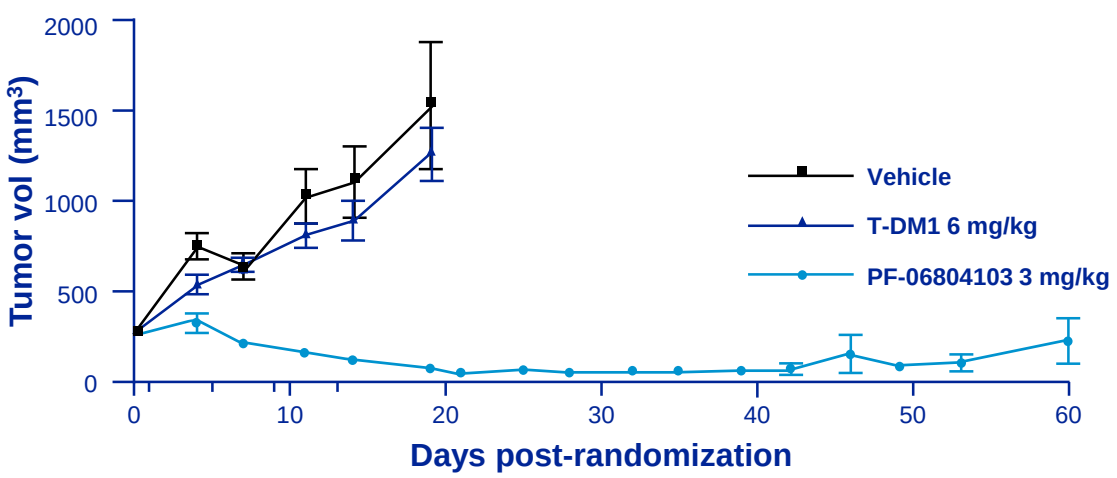
Differentiated Anti-HER2 ADC with Potential Beyond HER2+ Breast Cancer

Strong Tumor Regression in HER2-low NSCLC PDX Models

PDX NSX 26116 HER2 Low

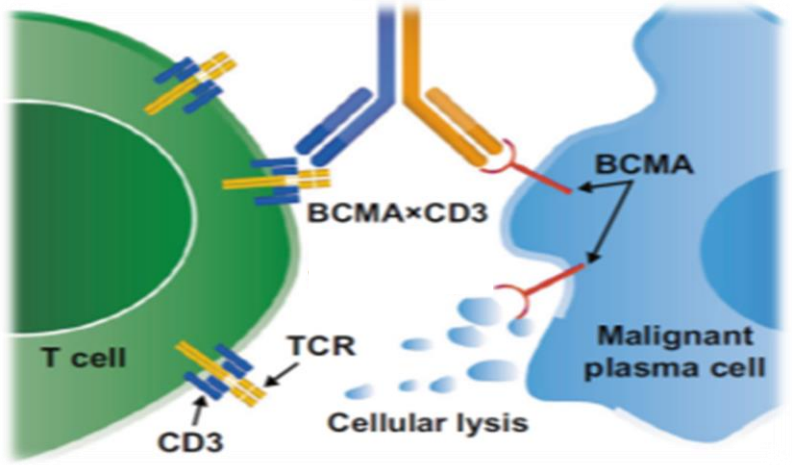


PDX NSX 26110 HER2 Low



Potent tumor regression in pre-clinical tumor models that are largely refractory to T-DM1;
Expansion in HER2-low ER+ breast cancer with Ibrance and HER2-low NSCLC

BCMA Bispecific Phase 1 Data Suggest a Potentially Transformative Therapy for Multiple Myeloma (MM) (160K New Patients Annually[1])



BOR	215 µg/kg	360 µg/kg	600 µg/kg	1000 µg/kg	Total
Responders / # Evaluable	3/4	3/4	4/6	5*/6	15*/20
ORR (Partial Response or better)	**75%**	**75%**	**67%**	**83%***	**75%***
Stringent Complete Response (sCR) / Complete Response (CR) Rate	50%	25%	33%	17%*	30%*
Cytokine Release Syndrome (CRS)	Grade 1-2	Grade 1-2	Grade 1-2	Grade 1-2	

- Optimized for affinity for BCMA and CD3; more potent tumor cell toxicity
- >50 patients with late-line multiple myeloma enrolled, dose escalation completed; registrational study start expected by end of 2020
- Subcutaneous once-weekly dosing shows reduced CRS severity (grade 1 & 2 only) compared to intravenous administration; currently evaluating dosing once every 2 weeks; convenient for patients & physicians
- ORR* of 75%, with 30%* CR/sCR rate in the 4 consecutive subcutaneous dose levels so far (n=20)
- Responses observed in subjects following multiple lines of prior therapy, including BCMA-ADC and BCMA-CAR-T

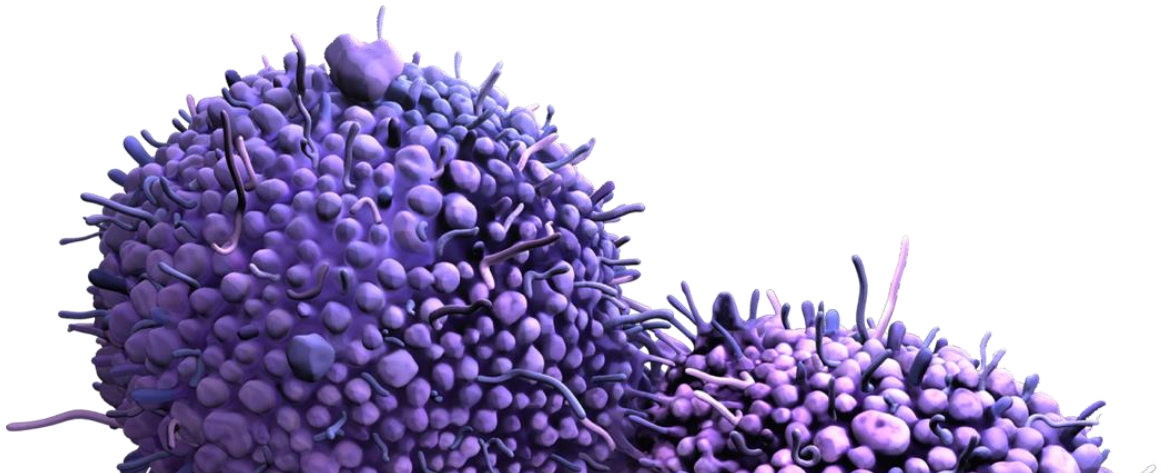
* Some responses to be verified.

[1] Bray, et al. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer. September 2018. URL: https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21492

World Class Drug Discovery at Pfizer-Boulder

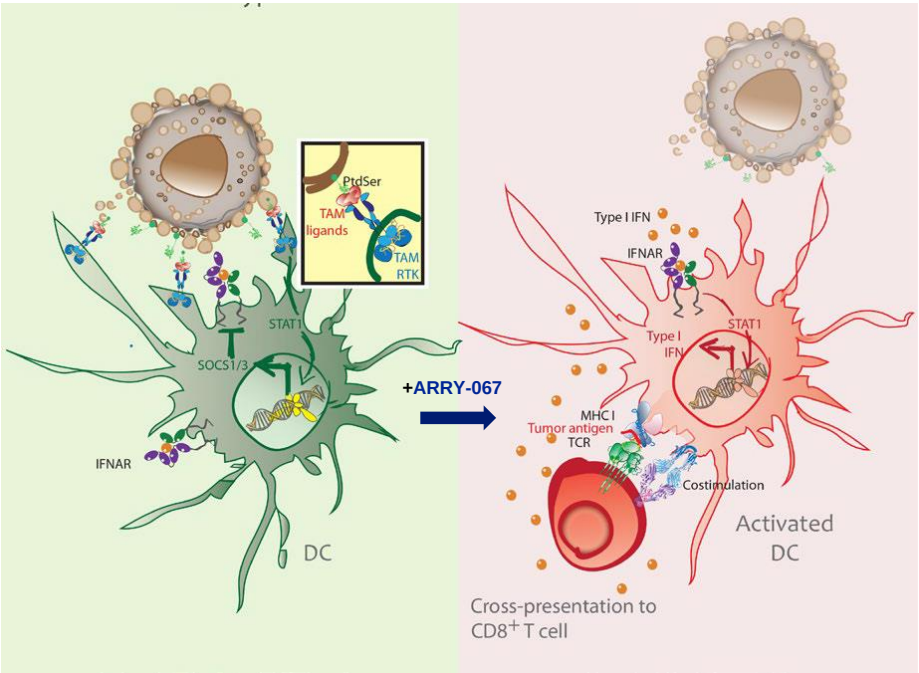
Advancing Potential First-in-Class **Targeted Agents**, Creating Differentiated **Dendritic Cell-Targeted I/O Therapies**, with Track Record in Drugging **RAS/RAF/MEK Signaling**

Gary, living with metastatic melanoma with a BRAF mutation



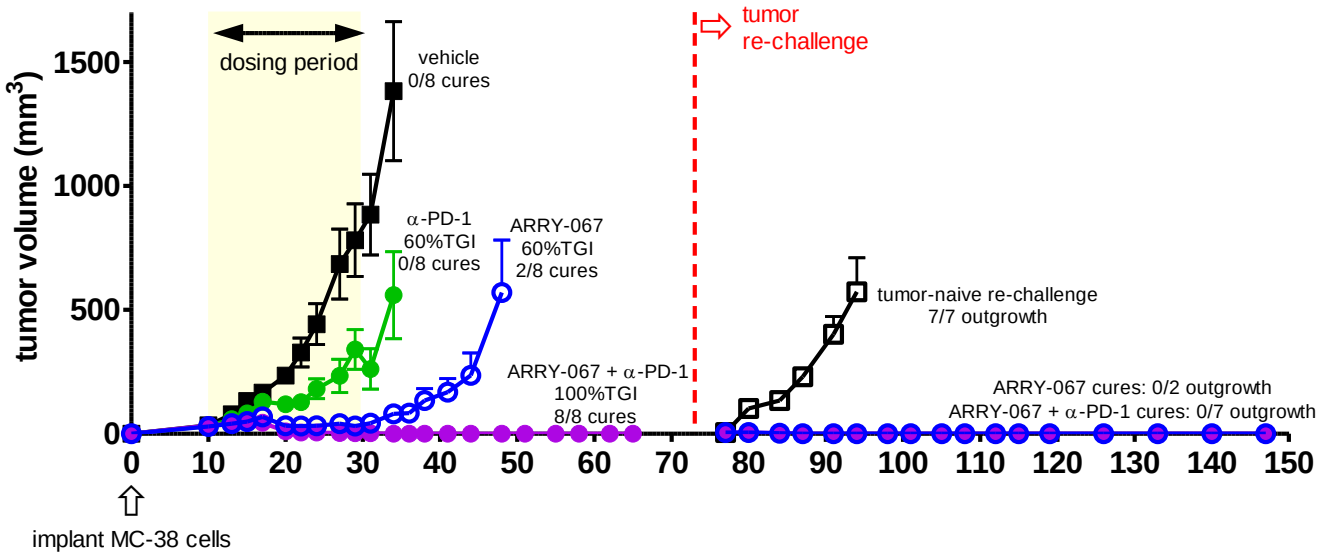
Potentially First-in-Class Selective AXL/MER Tyrosine Kinase Inhibitor in Multiple Tumor Areas

AXL & MER mediate immune suppression within the tumor microenvironment



Dendritic Cell

Pre-clinical data shows durable anti-tumor immunity as a single agent & in combination



Initial opportunity in lung & gastric cancers, with additional potential utility in renal cell carcinoma & melanoma

First patient dosed in September 2020; proof of mechanism expected in Q4 2020

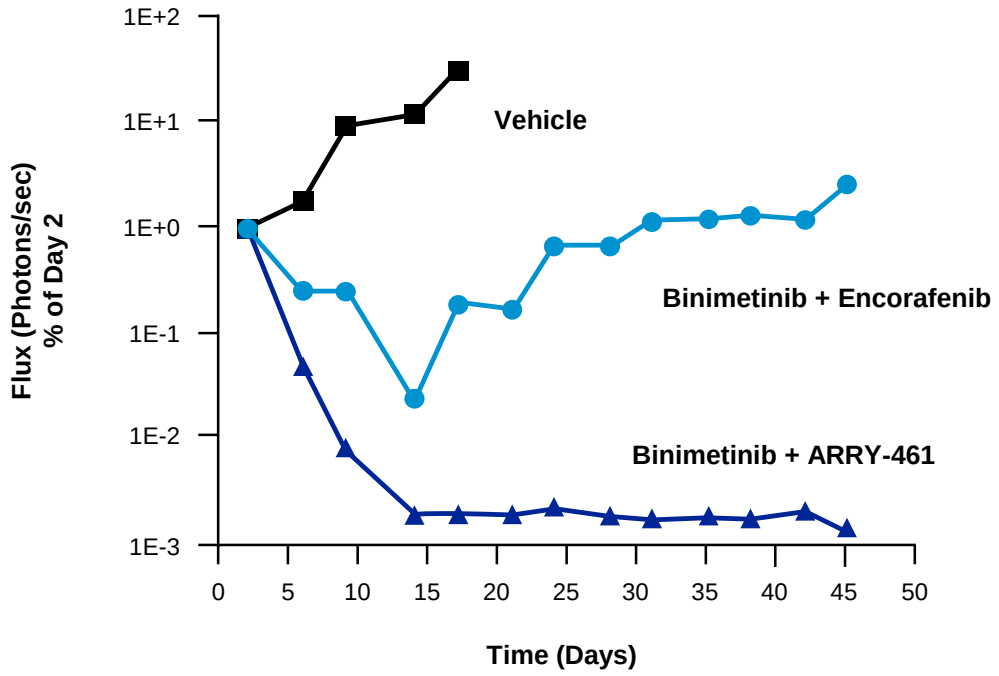
Potentially First-in-Class Brain-Penetrant BRAF Inhibitor

Brain-penetrant BRAF opportunity in melanoma

- 20% of BRAF melanoma patients present with brain metastases at first diagnosis[(1),(2)]
- Greater than 50% progression to CNS metastasis over the course of the disease[(2)]
- Efficacy of all current BRAF inhibitors is limited by poor brain penetrance

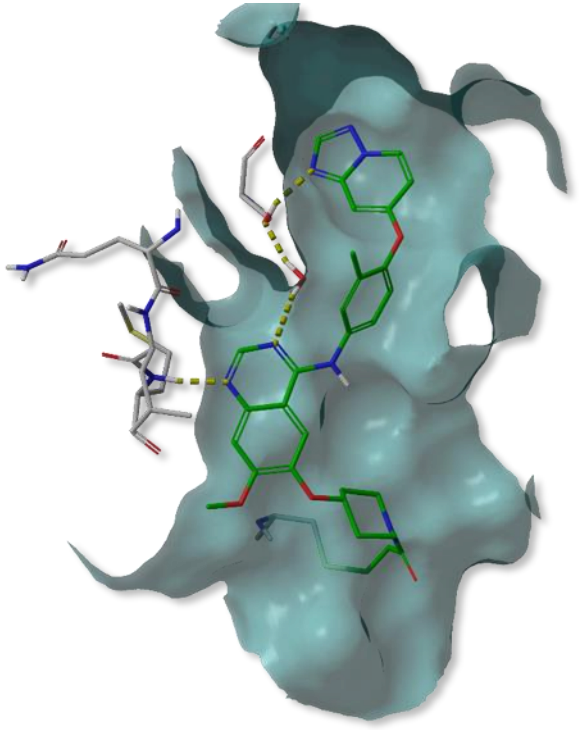
First-in-patient expected in September 2020

A375V600E melanoma intracranial implant



(1) *Ramanujam, S. Chin Clin Oncol 2015; 4(2): 25.* (2) *Han, C.H.; Brastianos, P.K. Frontiers in Oncology 2017; 7: Article 230.*

Additional Targeted Next-Generation Programs Expected to Enter Clinic in 2021



X-ray crystal structure
$HER2_{insYVMA}$ + AR504601

HER2-Exon 20/wt amp Opportunity

- 3.5% of all cancers harbor activating mutations of HER2[1]
- Exon 20 aberrations present in 1.5% of NSCLC[2],[3]
- Amplified wild-type HER2 is a clinically validated target
- Current inhibitors are not selective for HER2 nor fully brain penetrant

First-in-patient expected in 2021

cMET-Exon 14/wt amp Opportunity

- cMET exon 14 alterations in NSCLC present with 3-4% frequency[4-6]
- cMET amplification recognized driver and resistance mechanism
- Altered cMET is a clinically validated target
- Current inhibitors do not address brain metastases or target resistance mutations

First-in-patient expected in 2021

[1] Pahuja et al., Cancer Cell, 2018;34-792-806 [2] Robichaux et al., Cancer Cell, 2019;36:444-457. [3] Sonobe et al., J Molecular Diagnostics, 2006;8:351-356.
[4] Collisson et al., Nature 2014;511:543-550 [5] Frampton et al., Cancer Discovery 2015;5:850-860 [6] Schrock et al., J Thoracic Onc. 2016;11:1493-1502

Summary of Key Assumptions That Support Significant Commercial Opportunities for Programs Currently in Late-Stage Development

Investigational Therapy	Potential Indication	G7 Annual Diagnoses (Treatment Eligible)	Projected Share of Annual Diagnoses	Projected Duration of Therapy
Lorbrena (lorlatinib)	First-line metastatic ALK+ NSCLC	12K-15K	20%+	20-30 months
Braftovi (encorafenib)	First-line BRAF-mutated metastatic colorectal cancer	4K-6K(1)	60%-70%	6-12 months
Talzenna (talazoparib)	First-line metastatic castration-resistant prostate cancer	125K-135K	10%-20%	12-24 months
Sasanlimab	First-line high-risk non-muscle invasive bladder cancer	95K-110K	15%-25%	8-16 months

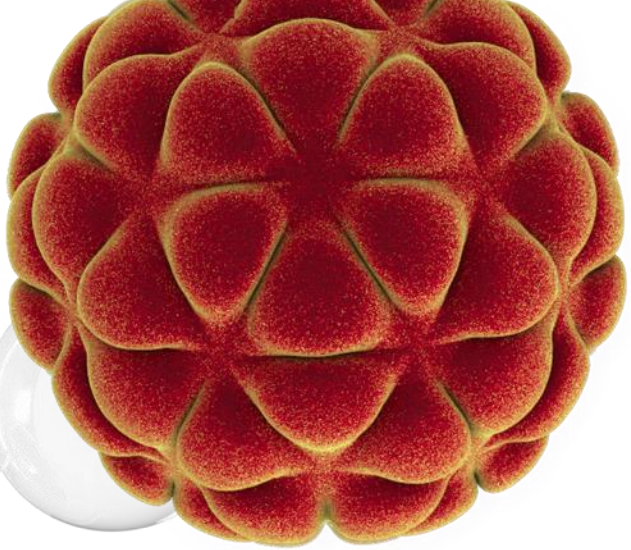
(1) Braftovi annual diagnoses reflect U.S. only, not G7. Pfizer has exclusive rights to Braftovi® (encorafenib) and Mektovi® (binimetinib) in the U.S. and Canada. Pfizer has granted Ono Pharmaceutical Co. Ltd. exclusive rights to commercialize the products in Japan and South Korea, Medison in Israel, and Pierre Fabre in all other countries.

We Are Determined to Deliver for People Living with Cancer

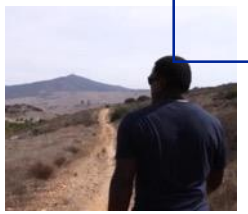
23
approved
cancer medicines
& biosimilars

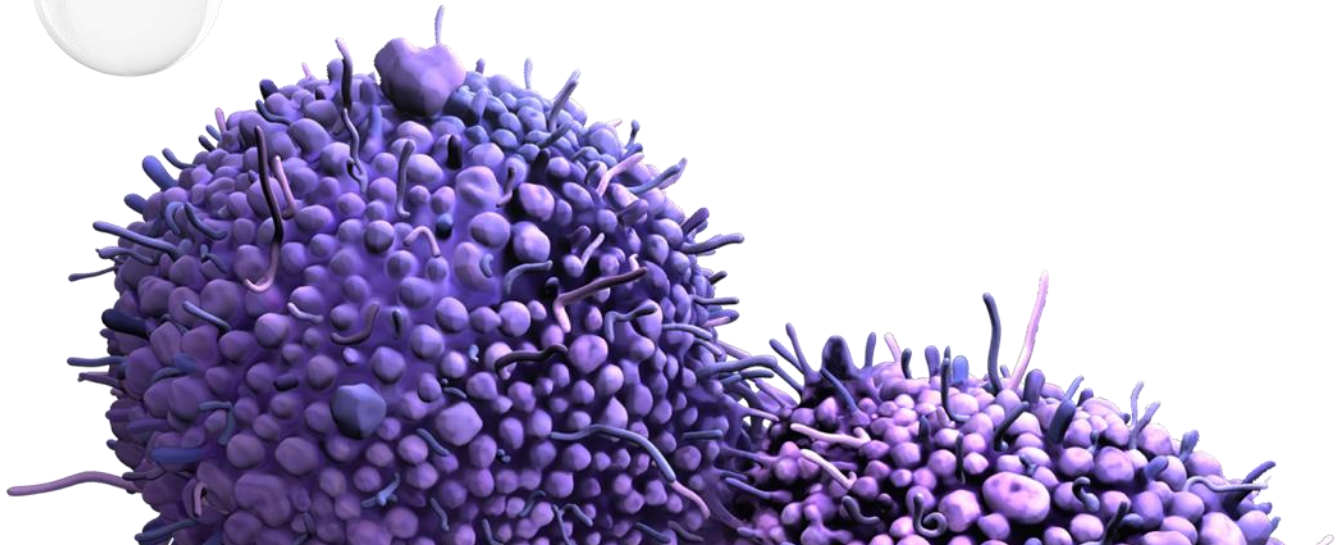
Up to
24
NMEs in the clinic
expected by 2021

Up to
14
potential
approvals by 2025



Thank you





Appendix

Compound Number	Mechanism
PF-06801591	Sasanlimab Biologic
PF-06873600	CDK 2/4/6 Small Molecule
PF-07104091	CDK 2 Small Molecule
PF-07220060	CDK 4 Small Molecule
PF-07248144	KAT6 Small Molecule
PF-07292554	eIF4E Small Molecule
PF-06939999	PRMT5 Small Molecule
PF-06804103	HER2 Biologic ADC
PF-07284892	SHP2 Small Molecule

Compound Number	Mechanism
PF-07284890	BRAF BP Small Molecule
PF-06821497	EZH2 Small Molecule
PF-06863135	BCMA Biologic
PF-06940434	AVB8 Biologic
PF-07062119	GUCY2c Biologic
PF-06952229	TGfbR1 Small Molecule
PF-06936308	VBIR2 Cancer Vaccine
PF-07265807	AXL/MERTK Small Molecule

cMET-Exon 14/wt amp small molecule and HER2-Exon 20/wt amp small molecule have not yet been assigned a PF-number.