# SUTENT® (sunitinib malate) Capsules

#### Mace L. Rothenberg, MD

Senior VP, Clinical Development and Medical Affairs, Pfizer Inc

**Oncologic Drugs Advisory Committee Meeting** 

12 April 2011 FDA White Oak Campus Silver Spring, MD

## **Proposed Indication**

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SUTENT<sup>®</sup> is indicated for the treatment of unresectable pancreatic neuroendocrine tumors (pNET)

> Par Pharm., Inc. Exhibit 1069 Par Pharm., Inc. v. Novartis AG Case IPR2016-01479

2

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# **Topics for Today's Discussion**

Mace Rothenberg, MD Head of Clinical Development & Medical Affairs Pfizer Oncology New York, NY

- Introduction and Background
- Evaluation of SUTENT<sup>®</sup> in Pancreatic NET

Matthew Kulke, MD Director, Carcinoid & Neuroendocrine Tumor Program Dana-Farber/Brigham and Women's Cancer Center Boston, MA

- Clinical Aspects of Pancreatic NET
- Perspectives on Treatment Options

#### 3

# **Additional Experts**

#### Eric Raymond, MD, PhD

Chef de Service, Hôpital Beaujon, Clichy France

Phase 3 Study Principal Investigator

Robert Maki, MD, PhD

Senior Faculty in Medicine, Mount Sinai Medical Center, New York, NY

Phase 3 Independent DMC Chair

#### Gary Koch, PhD

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Professor of Biostatistics, University of North Carolina, Chapel Hill, NC

Statistical Consultant

4

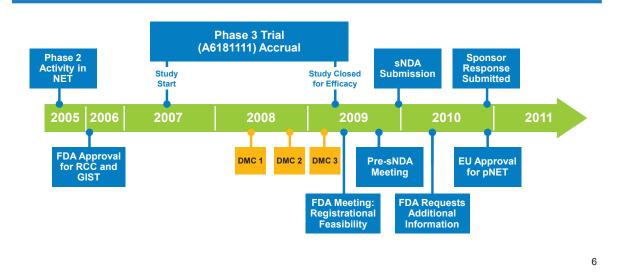
# **History**

- SUTENT<sup>®</sup> (sunitinib malate) was approved in 2006 for the treatment of:
  - Advanced renal cell carcinoma (RCC)
  - Gastrointestinal stromal tumor (GIST) after disease progression on or intolerance to imatinib mesylate
- Over 100,000 patients have been treated globally

## **Development Timeline**

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# **Basis for sNDA**

- Favorable Benefit/Risk profile
- ~6-month improvement in median PFS vs. placebo
- OS and ORR also favored sunitinib
- No new or unexpected adverse events

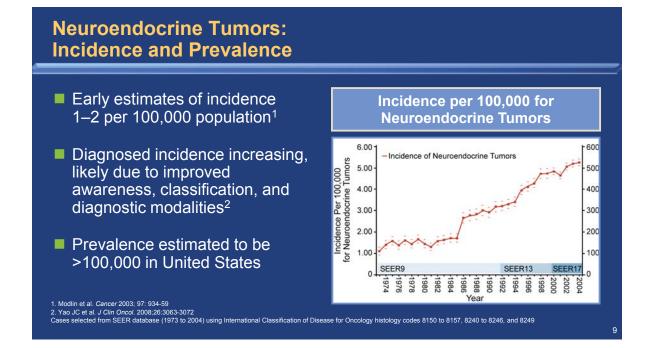
## **Pancreatic Neuroendocrine Tumors**

Matthew Kulke, MD Director, Carcinoid and Neuroendocrine Tumor Program Dana-Farber/Brigham and Women's Cancer Center Boston, MA

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7



## Neuroendocrine Tumors: Histologic Classification

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Well Differentiated *	Low	< 2	≤ 2%	Neuroendocrine Tumor, Grade 1
	(G1) Intermediate (G2)	per 10 HPF 2–20 per 10 HPF	3–20%	Neuroendocrine Tumor, Grade 2
Poorly Differentiated	High (G3)	>20 per 10 HPF	>20%	Neuroendocrine Carcinoma, Grade 3, Small Cell
				Neuroendocrine Carcinoma Grade 3, Large Cell

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