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[®] 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

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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[®] 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

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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

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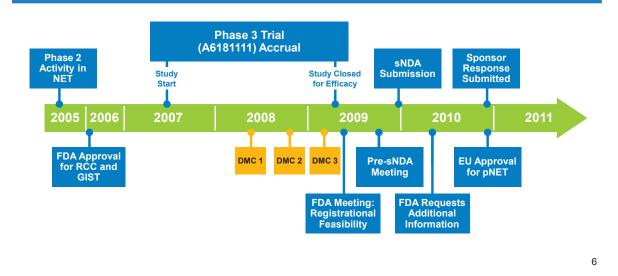
History

- SUTENT[®] (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

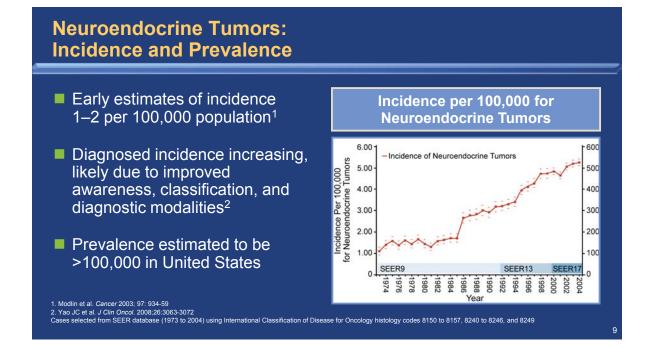
Pancreatic Neuroendocrine Tumors

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

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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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