February 25, 2011

Joan McClure, MS
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Dear Ms. McClure,

On behalf of Pfizer Oncology, I am sending you the recent article of a phase III trial with sunitinib in patients with pancreatic neuroendocrine tumors published in the 2011 February 10th issue of the New England Journal of Medicine. The title of the article is "Sunitinib Malate for the Treatment of Pancreatic Neuroendocrine Tumors" (Eric Raymond et al.) Here is a brief description of the major findings:

- Primary endpoint was progression-free survival; secondary endpoints included objective response rate, overall survival (OS) and safety
- Investigator assessed median progression free survival (PFS) was 11.4 months in the sunitinib group compared with 5.5 months in the placebo group (HR 0.42; 95% confidence interval of 0.26 to 0.66; P<0.001, N=171 patients)
- At data cutoff, 9 deaths (10%) were reported in the sunitinib group compared to 21 deaths in the placebo group (25%) (hazard ratio for death, 0.41; 95% CI, 0.19 to 0.89; P=0.02)

In addition, we would like to include a recent poster presented at ASCO GI in January 2011 entitled "Progression-free survival by blinded independent central review (BICR) in patients with progressive well differentiated pancreatic neuroendocrine tumors treated with sunitinib or placebo" (Eric Van Custem, et al.).

- Median PFS by BICR was 12.6 months for the sunitinib group compared to 5.8 months for the placebo group (HR 0.315; CI, 0.181, 0.546; P<0.0001); N=170 out of 171 patients)
- The BICR analysis confirms the investigator assessed clinical benefit of sunitinib in patients with progressive well differentiated pancreatic neuroendocrine tumors

A supplemental new drug application (sNDA) for the treatment of patients with unresectable pancreatic NET has been filed and we are working with the FDA to pursue a regulatory approval. We believe that the positive results from this robust phase 3 trial meet NCCN criteria to support Category 1 designation for Sutent as a treatment for patients with advanced pancreatic neuroendocrine tumors.
Sincerely,

David V. Woo, Ph.D.
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