



Development in Pharma R&D

Charles Baum, MD, PhD
Senior Vice President, Pfizer



R&D Productivity



Morgan Stanley

February 5, 2010

Pharmaceuticals Research shrinkage. Even faster than we envisaged

Quick Comment – Impact on our views: Recent presentations at FY09 results by GSK and AZN support our recent industry thesis anticipating a much-accelerated shrinkage of significant parts of the small molecule research infrastructure, we believe. Given GSK and AZN comments, we expect Sanofi Aventis to outline a similar strategy at their results next week. We reiterate our thesis that small molecule

Industry View
Attractive

Morgan Stanley

January 20, 2010

Pharmaceuticals Exit Research and Create Value

Still significant value in Pharma – we see material upside to ROIC, earnings and multiples as Pharma withdraws from most internal small molecule research and reallocates capital to in-licensing and other non-pharma assets. Worsening generic pressure

Industry View
Attractive



Discovery and Innovation: Technologies, Strategies
Barbara M. Bolten, M.S., M.B.A., Senior Program Manager

Rethinking Pharmaceutical R&D: Will New Strategies Yield a Pipeline

Barbara M. Bolten, M.S., M.B.A.
Decision Resources

"Pharmaceutical companies must rapidly reform R&D to meet pressing challenges facing the industry. However, restructuring and shrinking R&D units is not enough to increase R&D productivity: companies must identify the right targets and efficiently implement new technology to discover novel, innovative drugs."

Lessons from 60 years of pharmaceutical innovation



Special Report: Big Pharma's stalled R&D machine

Wed, Jun 16 2010

By Ben Hirschler and Kate Kelland

LONDON (Reuters) - At just 28, Duncan Casey has already been from the university science bench to the world of Big Pharma research and back again. Now working in an Imperial College lab tucked behind London's famous Science Museum, he has no illusions about the prospects for researchers in the pharmaceutical industry.

"The unit I used to work in -- GlaxoSmithKline's place in Harlow -- has been closed down now," says Casey, dressed in signature protective goggles and white coat as he works on synthetic chemistry. "It used to be a job for life. Now it's a job until the next restructuring."

Across the western world, Big Pharma is cutting back on the number of scientists it employs in its labs and the money it spends on research and development. The hunt for new drugs continues, but the men and women in white coats -- traditionally viewed as the lifeblood of the industry -- are not as untouchable as they once were.



investment in pharmaceutical research and development approved by the US Food and Drug Administration (FDA) is a conundrum, this article investigates the record of licensing data on the companies that introduced the drugs approved by the FDA since 1950. This analysis shows that pharmaceutical companies in this period has essentially been reluctant to attempt to increase it. This suggests that, contrary to what is often claimed, R&D output is not depressed, but may simply reflect the fact that the implications of these findings and options to improve R&D productivity in the pharmaceutical industry are discussed.

February 2010; doi:10.1038/ard3078

ANALYSIS

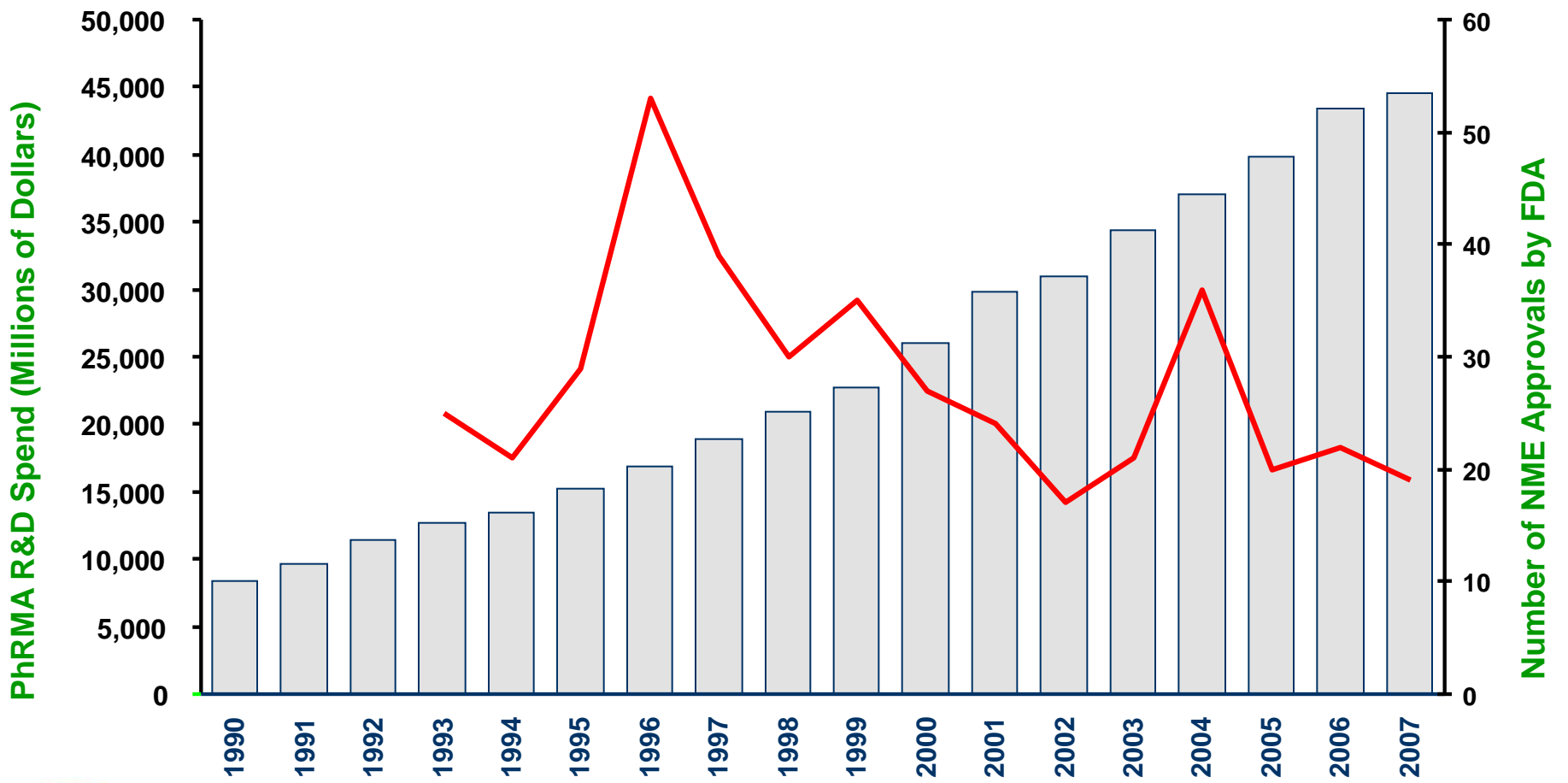
How to improve R&D productivity: the pharmaceutical industry's grand challenge

Steven M. Paul, Daniel S. Mytelka, Christopher T. Dunwiddie, Charles C. Persinger, Bernard H. Munos, Stacy R. Lindborg and Aaron L. Schacht

Abstract | The pharmaceutical industry is under growing pressure from a range of environmental issues, including major losses of revenue owing to patent expirations,



R&D Output Across The Industry Is Flat, Despite Increasing Investment Over The Last 20 Years

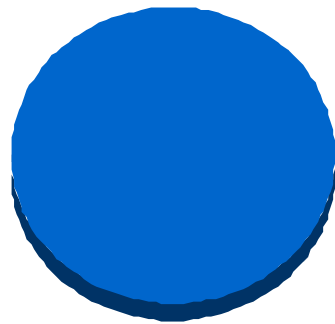


Source: Pharmaceutical Research and Manufacturers of America, PhRMA Annual Membership Survey, 2008; CDER

Cost To Launch Is Driven By Attrition



Cost Of One Program To Market



>\$100 Million

Portfolio Cost Of One Program, Including Attrited Projects



>\$1 Billion

■ Single Program ■ Attrited Programs



Evolution of the R&D Organization



2003-2007

21 sites in 10 countries

14 layers from CEO to bench scientists

56 committees

Complex, numerous “activity” & CAN output goals

Numerous Research projects

- *Multiple portfolio review processes*
- *38 Disease Areas*

Large Research groups up to 1000 scientists responsible only to First-in-Human

4 levels of review, approval for decisions

No formal external science advisory body

>90% science conducted in house



2010

4 major R&D sites

8 or fewer layers from CEO to bench scientists

11 committees

New value-based goals that rewards positive POC

Focus on Research projects with strong human disease correlation

- *In-depth portfolio review prioritization*
- *29 Disease Areas*

Smaller Research Groups driving to POC

Fully empowered Chief Scientific Officers

Six Scientific Advisory Panels

30% of science conducted externally

Utilizing Independent Research Units Conveys Significant Benefits



- Clarity of objectives
- Colleagues identify and connect with their projects
- Small size allows robust interactions and timely decisions
- Entrepreneurial spirit
- Concentration of expertise to share best practices and problem solve
- Strategy to optimize all aspects of the unit's operations
 - Focus on identifying new opportunities and emerging Science and Technology
 - Deep understanding of the options at each stage of development
- Specific funding earmarked for the unit's needs

Focus

Alignment

Nimbleness



Smaller Research Units Headed By An Accountable CSO



- Pain
- CV & Metabolic
- Inflammation
- Oncology
- Neuroscience
- Antivirals
- Antibacterials
- Allergy & Respiratory
- Genitourinary
- Vaccines
- Regenerative Medicine
- Indications Discovery

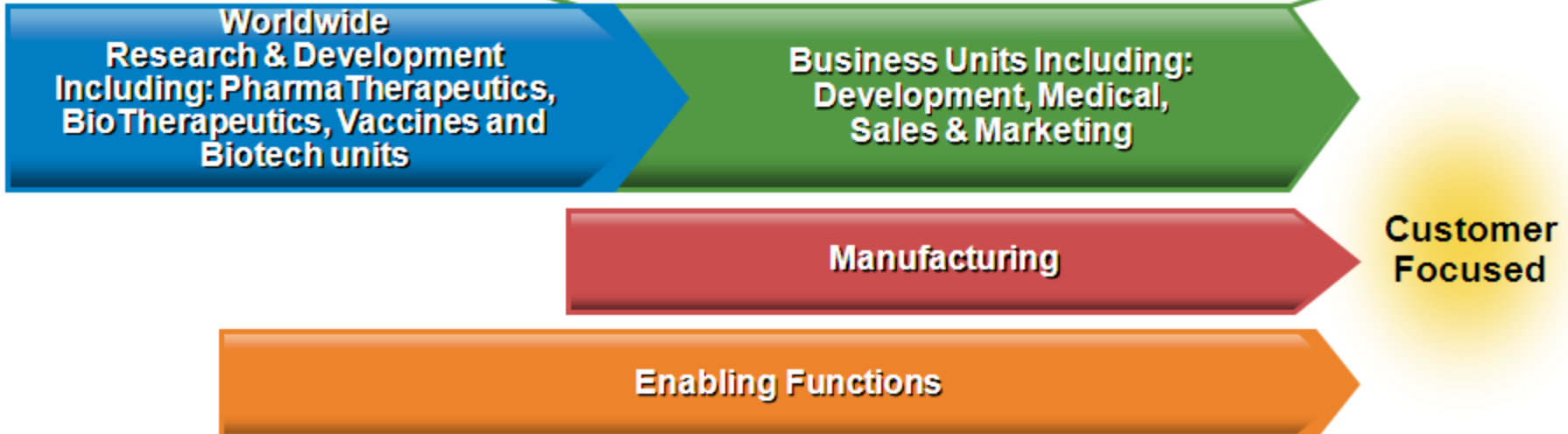
Enabled
By

- Medicinal Chemistry
- Clinical
- Biotherapeutics
- Comparative Medicine
- *PDM
- Centers of Emphasis
- Research Portfolio

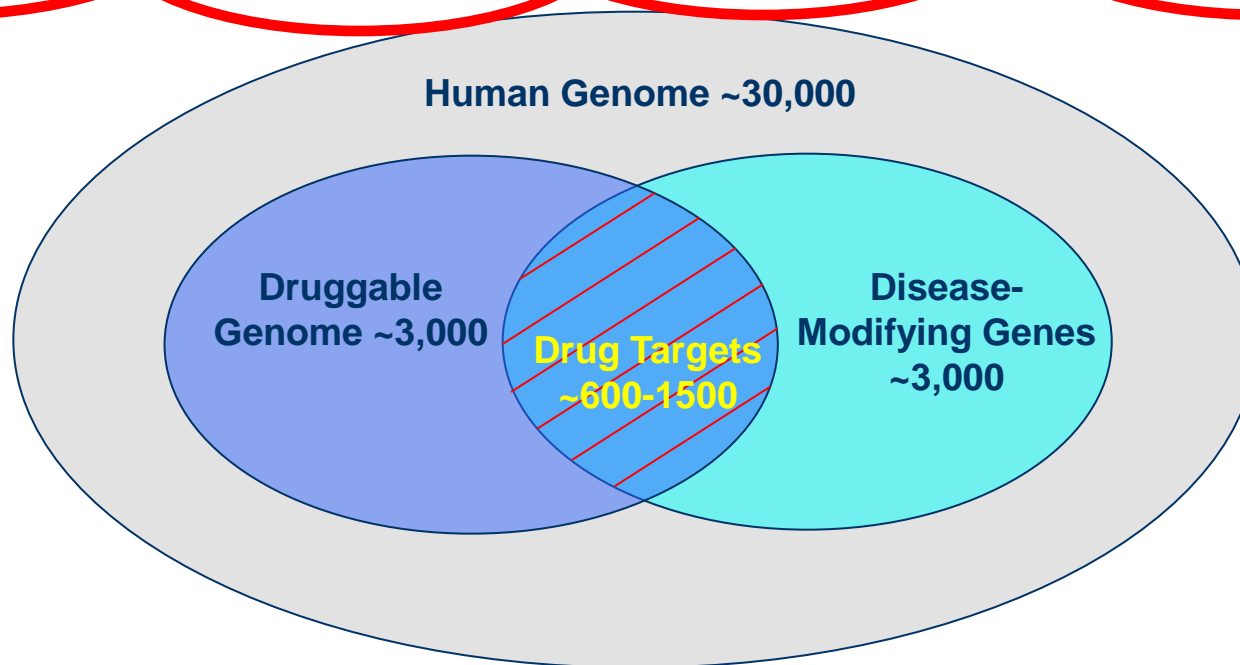
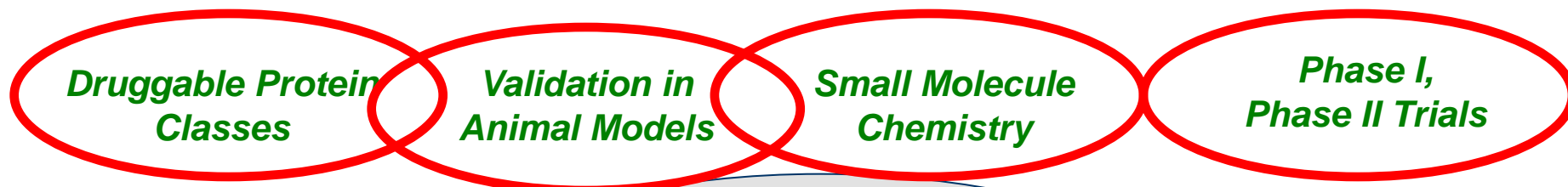
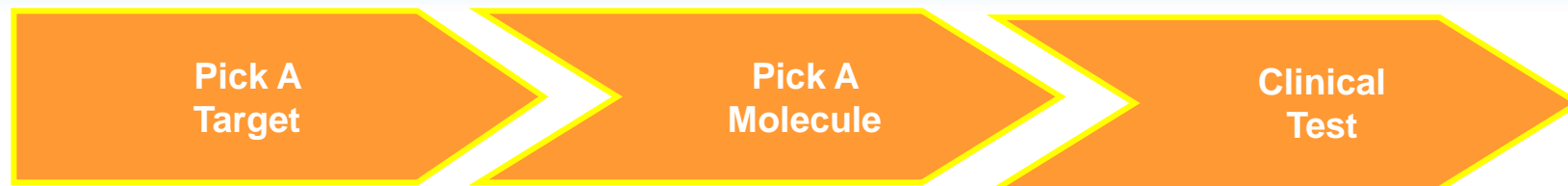


-*Pharmacokinetics,
-Pharmacodynamics & Metabolism

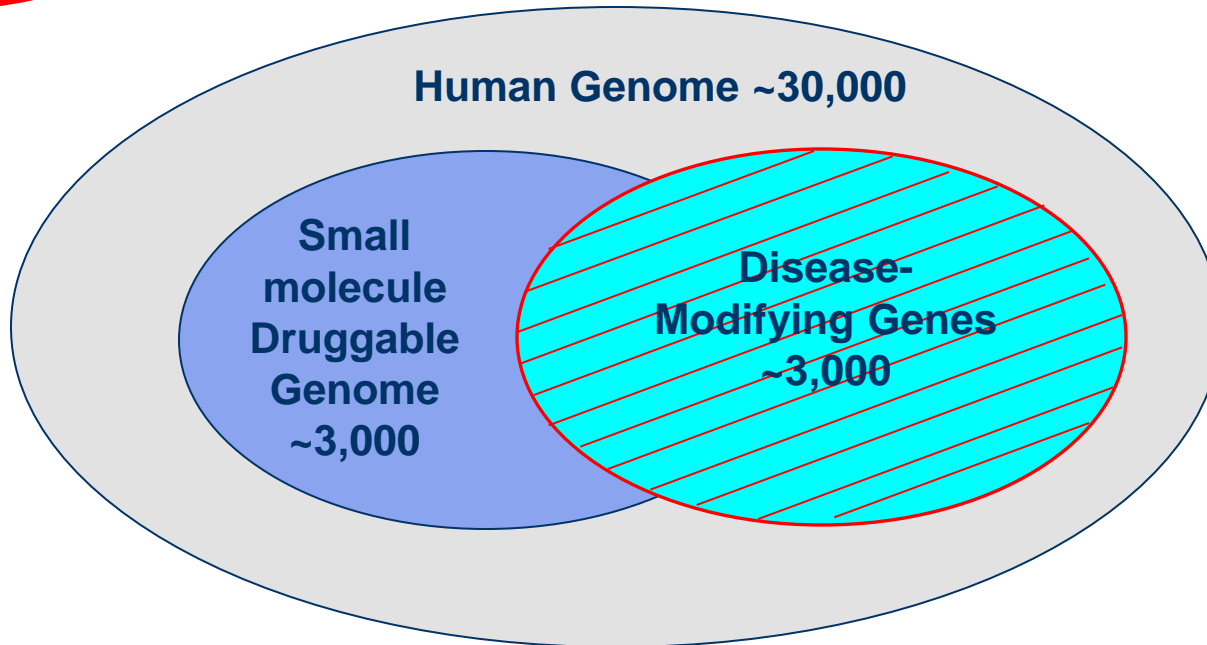
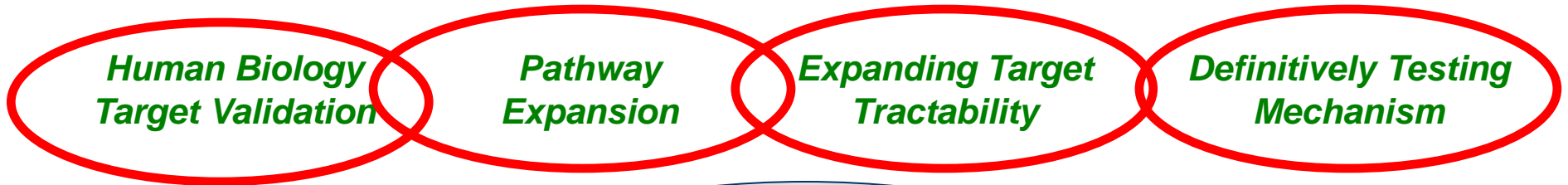
New Operating Model



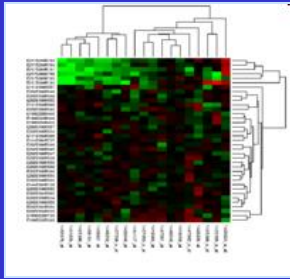
Traditional Drug Discovery Paradigm...



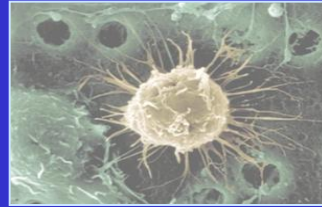
The Emerging Paradigm: In Depth Knowledge Of Targets And Pathways



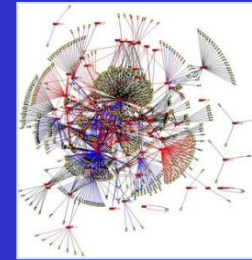
Human Genetics & Cell Biology Are Revolutionizing Target Selection



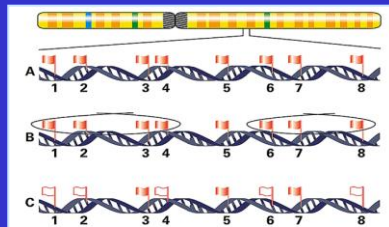
— *Molecular Profiling*



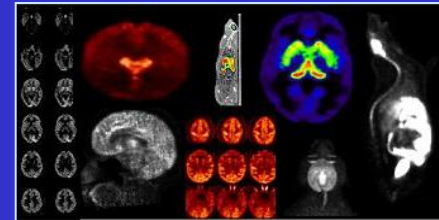
— *Stem Cells*



— *Systems Biology*



— *Human Genetics*



— *Bioimaging*



Innovative Therapies In Key Areas Of Unmet Medical Need



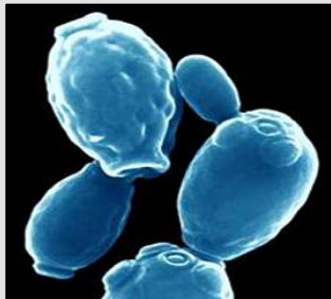
Neuroscience/Pain



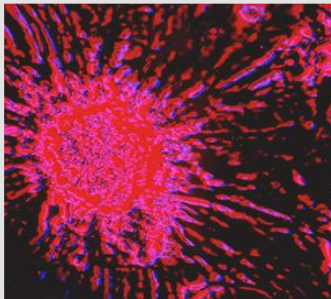
**Inflammation/
Immunology**



Infectious Diseases



Oncology



CV/Metabolic



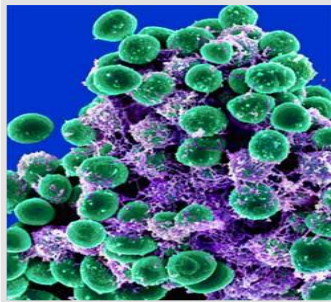
**Focus is on High Priority Disease Areas
Using Various Modalities**



Vaccines



Small Molecules



Biologics



Patient Segmentation Has Potential To Improve Clinical Outcomes



Research

- Patient segment understanding seeds new research
- Disease understanding drives more informed target selection

Development

- Higher probability of success
- Fast termination of projects that are going to fail
- Cheaper and potentially faster to patients

Regulatory, Payers, and Market

- Greater assurance for payers on outcome for spend
- More confidence in risk/benefit ratio
- System benefits of healthier population

Patients

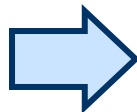
- Get drugs that work better, with less risk
- Won't waste valuable time on drugs that won't work
- Improved compliance resulting from greater efficacy



Targeting Lung Cancer Treatments In Patient Subsets To Improve Outcomes



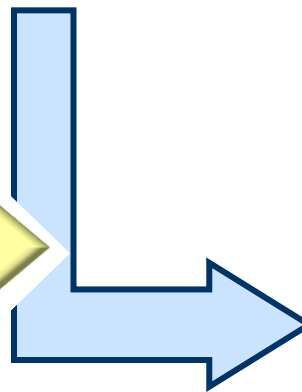
Crizotinib: A potent and selective oral inhibitor of MET and ALK



... initially being developed for MET mechanism

Academic discovery of new patient segment redefined lung cancer

10-15%¹ of non small cell lung cancer (NSCLC) patients with fusion oncogene ELM4-ALK² are unresponsive to conventional EGFR inhibitor¹ treatment



New Phase I trial targeting advanced NSCLC patients harboring ALK rearrangement



Highly effective therapy

Overall response rate = 65%

Disease control rate = 84% at a median of ~24 weeks

Accelerated clinical activities

Initiated Phase 3 trial based on Phase 1 results, bypassing Phase 2 and accelerating development timeline

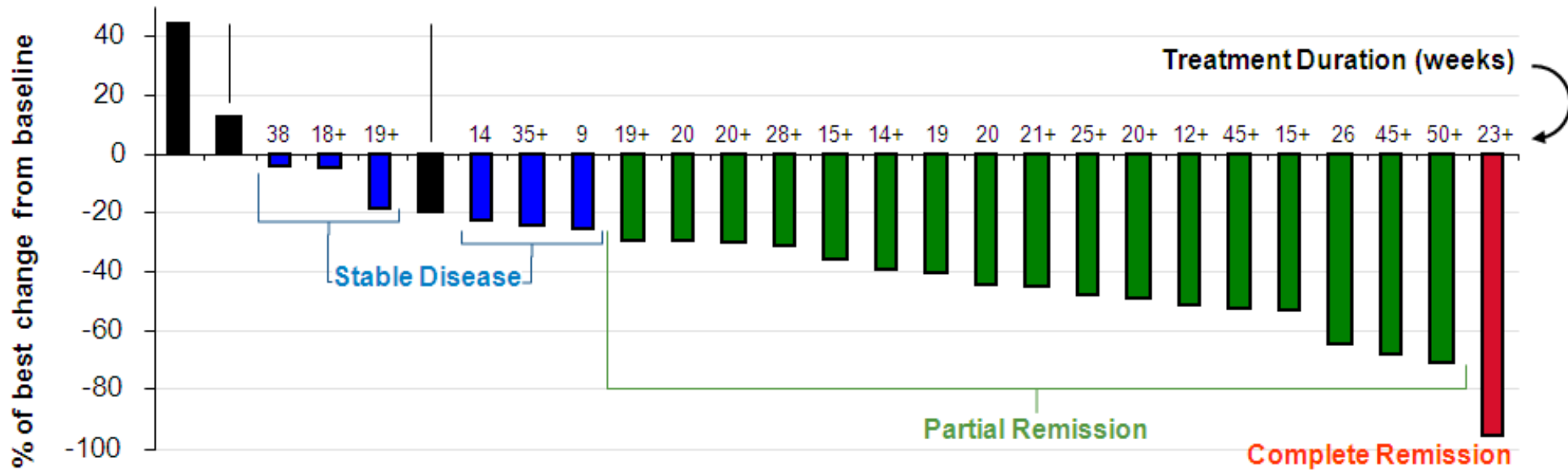


1. Shaw AT et al., J Clin Oncol. 2009; 27:4247-4253
2. Manabu Soda et al., Nature 2007; 448, 561-566

Clinical Outcome For NSCLC Patients After Crizotinib Treatment

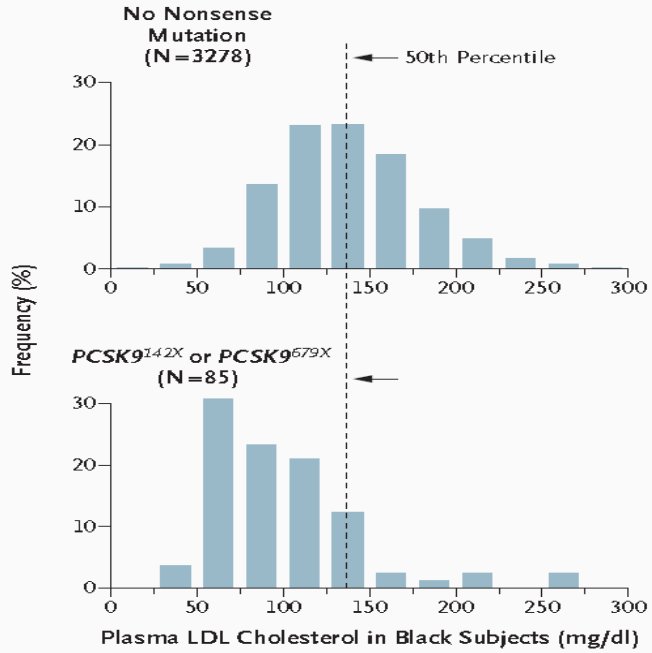


Tumor size change in NSCLC patients treated with C-Met/ALK inhibitor

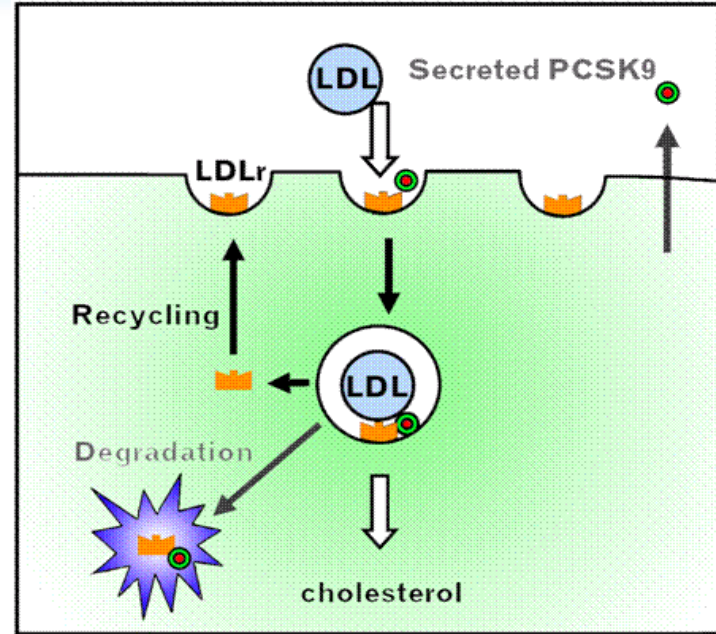


Note: Patients in trial composed of 2nd to 4th line. 1st line response to Standard of Care: ~50%, 2nd line: ~10%, 3rd line: 3-5%

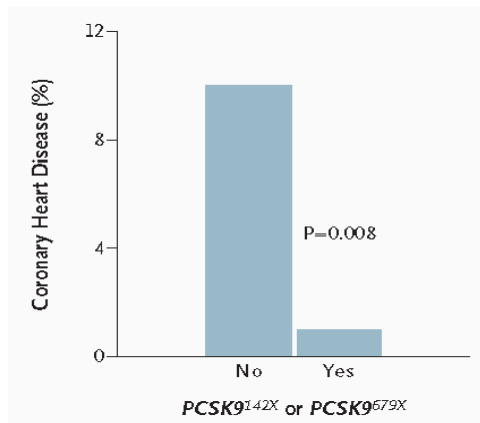
Loss Of Function of PCSK9 Result In Reduced LDL-C And CHD Events



**28%
in LDLc**



**88% in
CHD events
in 15 yrs**



No Ab:

- PCSK9 ↑
- LDLr ↓
- LDL ↑

With Ab:

- PCSK9 ↓
- LDLr ↑
- LDL ↓



Characterization Of RN316



- **Anti-PSCK9 antibody (RN316; PF-04950615)**

- Humanized monoclonal antibody

- Binds to LDLR binding domain of PCSK9

- Specific to human (5pM), mouse, rat and cynomolgus PCSK9

- Completely blocks PCSK9 function in binding and cell base assays

- **Efficacy and safety in animals**

- Reduces cholesterol in rodents

- Selectively reduces LDL-c by 80% in NHP, without significant effects on HDL-c

- LDL lowering effect is additive with a statin in hypercholesterolemia NHP

- No drug related toxicity observed in rodents and NHP



Significant Limitations For Meaningful Patient Segmentation



- **Our disease understanding lags our desire to match mechanisms and targets with patient and disease subsets, *a priori***
- **Lack of translational cell / animal models and tools needed to predict human segments and select therapeutic targets**
- **Few biomarkers clinically validated to support patient segmentation, predisposition to disease and therapeutic response**



Biomarker Challenges For Rapid Efficacy And Safety Testing Of Innovative Drugs



Challenges

Examples

Develop and qualify biomarkers for early disease modification

Cerebral spinal fluid A β for Alzheimer's

Synchronize biomarker and drug development, including approval of biomarker as diagnostic at launch

KRAS not identified as biomarker for EGFR inhibitors until post-marketing

Partner with payers for clinical translation of biomarkers, conduct of clinical trials and reimbursement of diagnostics

PBMs conducting clinical trials on diagnostic-drug pairs for private payer industry in US

Engage patient groups for support in biomarker development and biomarker-driven clinical trials

Alzheimer's Association quality control program to standardize cerebrospinal fluid biomarker measurement

Develop better models to assess biomarker-driven drug development costs and market fragmentation by biomarkers/diagnostics

MIT stratified medicine model



Understanding Disease Biology Is Not A Competitive Activity



Lilly, Merck, Pfizer Join Forces For Lung, Gastric Cancers In Asia

Eli Lilly, Merck (Merck Sharp & Dohme (MSD)) and Pfizer have formed an independent, not-for-profit company Asian Cancer Research Group (ACRG) to accelerate research and ultimately improve treatments for lung and gastric cancers in Asia.

RESEARCH & DEVELOPMENT NEWS

Lilly, Merck, And Pfizer Announce the Formation of the Asian Cancer Research Group, Inc.

Wednesday, 24 February 2010

Eli Lilly and Company, Merck (a USA and Canada), and Pfizer Inc. (ACRG), an independent research and ultimately improve treatments for lung and gastric cancers in Asia.

The ACRG's formation represents a major partnership between three large pharmaceutical companies to focus on lung and gastric disease and disease prevention in Asia and to accelerate drug discovery and development.

Through its work and innovation, Lilly is committed to improve the lives of patients. Senior vice president of research and development, Dr. Robert C. Lippman, said:

Initially, the ACRG will focus on lung and gastric cancer in many as 40 percent of Western patients if agents suggest that populations.

REUTERS EDITION: IN News & Money Sectors & Industries Analysis & Opinion

LATEST KEY DEVELOPMENTS

Eli Lilly and Company, Merck & Co., Inc. And Pfizer Establish Asian Cancer Research Group, Inc.

Tuesday, 23 Feb 2010

Eli Lilly and Company, Merck & Co., Inc. and Pfizer Inc. announced that they have formed the Asian Cancer Research Group, Inc. (ACRG), a not-for-profit company, to accelerate research and ultimately improve treatments for lung and gastric cancers in Asia.

Lilly, Merck and Pfizer establish Asian Cancer Research Group to accelerate drug discovery for lung and gastric cancers

Feb 23, 2010 (M2 EQUITYBITES via COMTEX) -- Eli Lilly and Company (NYSE: LLY | PowerRating), Merck (NYSE: MRK | PowerRating) declared on Tuesday that they have entered into a partnership to form the Asian Cancer Research Group Inc (ACRG).

The not-for-profit company formed to accelerate research and development for lung and gastric cancers affected with the most commonly-diagnosed cancers in Asia.

The companies said they formed the Asian Cancer Research Group to focus on the most commonly diagnosed cancers in Asia, including lung and gastric cancers.

They did not say in a news release how much funding they were committing to the project.

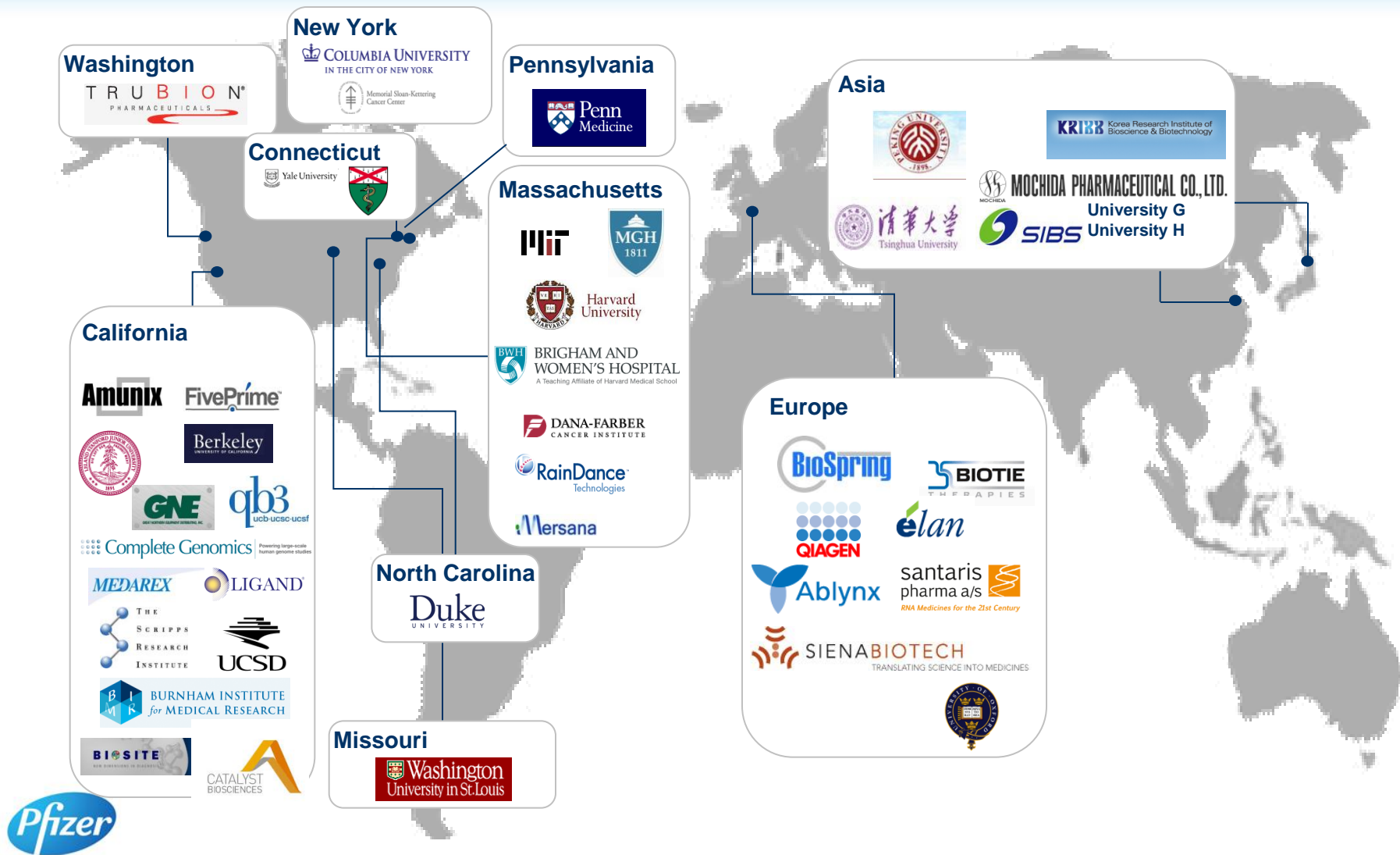
Over the next two years, Lilly, Merck and Pfizer said they will create an extensive database that will be made available to researchers.

"The goal of the Asian Cancer Research Group is to improve the knowledge of cancers prevalent in Asia and to accelerate drug discovery efforts by freely sharing the resulting data with the scientific community," the companies said.

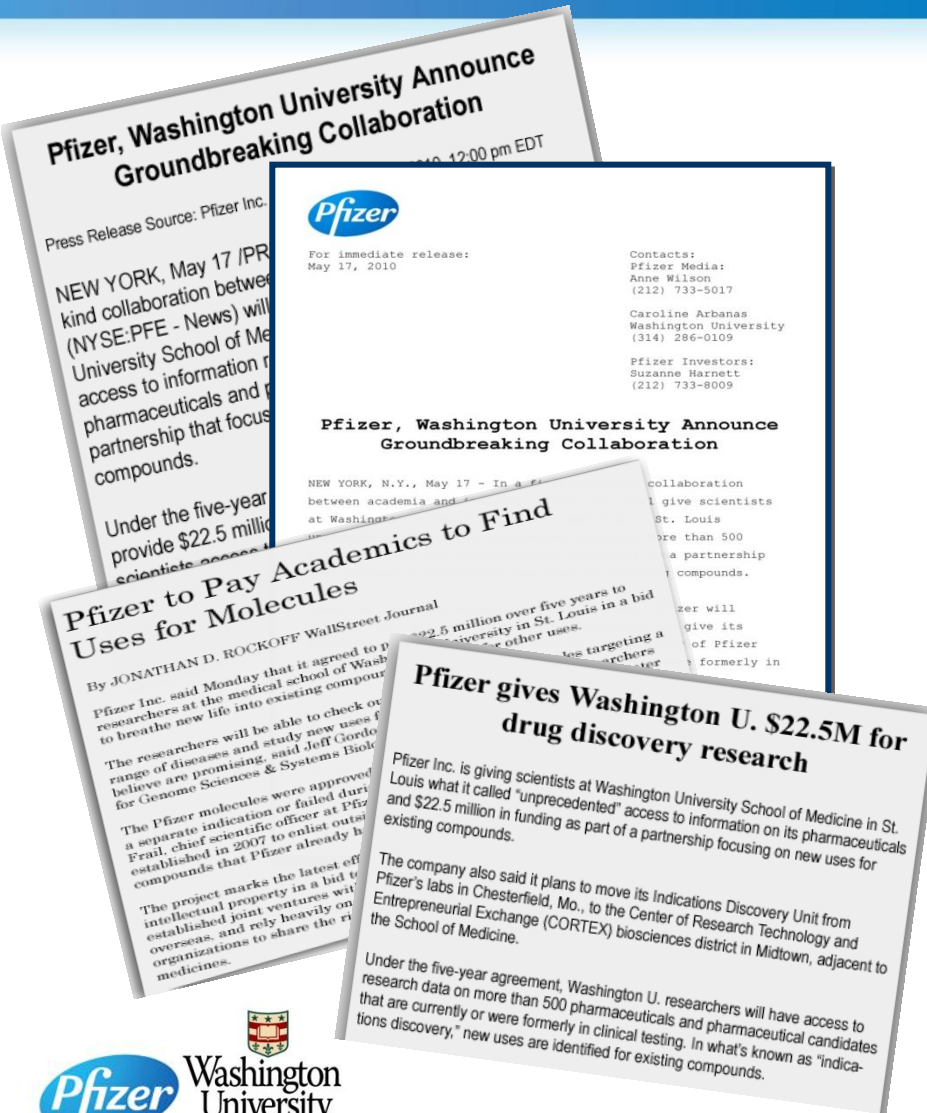
They said as many as 40 percent of patients with lung cancer in Asia demonstrate a mutation that is relatively rare in Western patients, suggesting a different research approach is needed for developing treatments.



Building Networks: Collaborations With The Best Science Across The Globe



Open Innovation: Industry – Academy Partnerships



- Unprecedented access via a confidential web portal to more than 500 Pfizer compounds
- Enables new discoveries with existing compounds



Medical School Partnerships: Pfizer, Broad & Massachusetts General Hospital



- Identifying human gene variants that protect diabetics from heart-attacks, and people from becoming diabetic
- Collaboration focus is on understanding this complicated disease, identifying novel therapeutic pathways and targets, and developing genetic risk models to guide clinical study patient selection
- Daily, no-holds barred scientific exchange exemplifies the collaboration



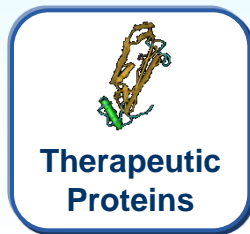
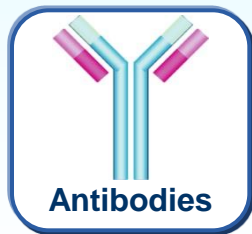
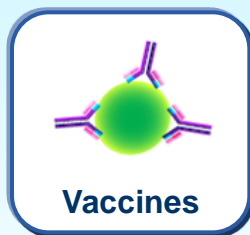
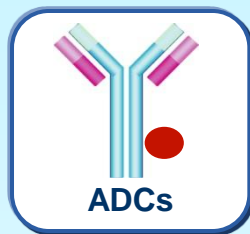
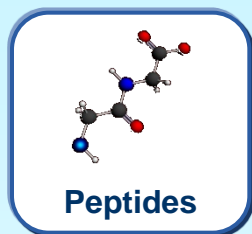
BROAD
INSTITUTE



New Drug Design Platforms Are Emerging

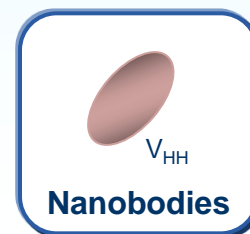
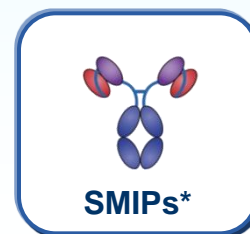
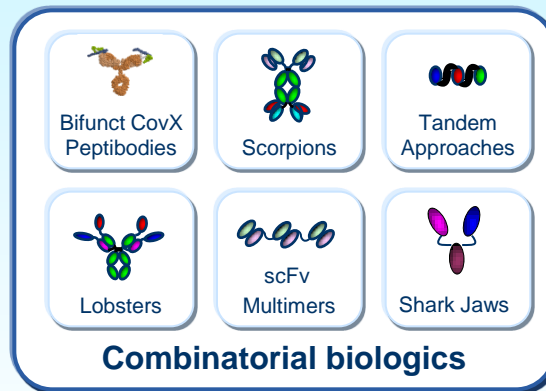
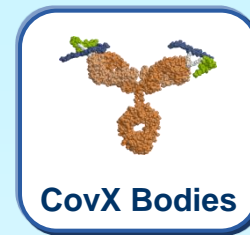


Proven technologies to deliver high impact medicines



The Right Molecule for Every Patient

Emerging drug design technologies



*SMIP™ Trubion Pharmaceuticals

Four Imperatives For Success

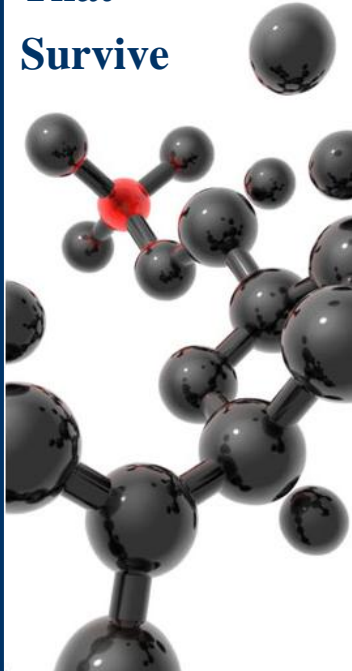


**Be Right
About
Targets**



**Select the
Right Patients**

**Design
Molecules
That
Survive**



**Move Faster,
Better Patient
Outcomes**



