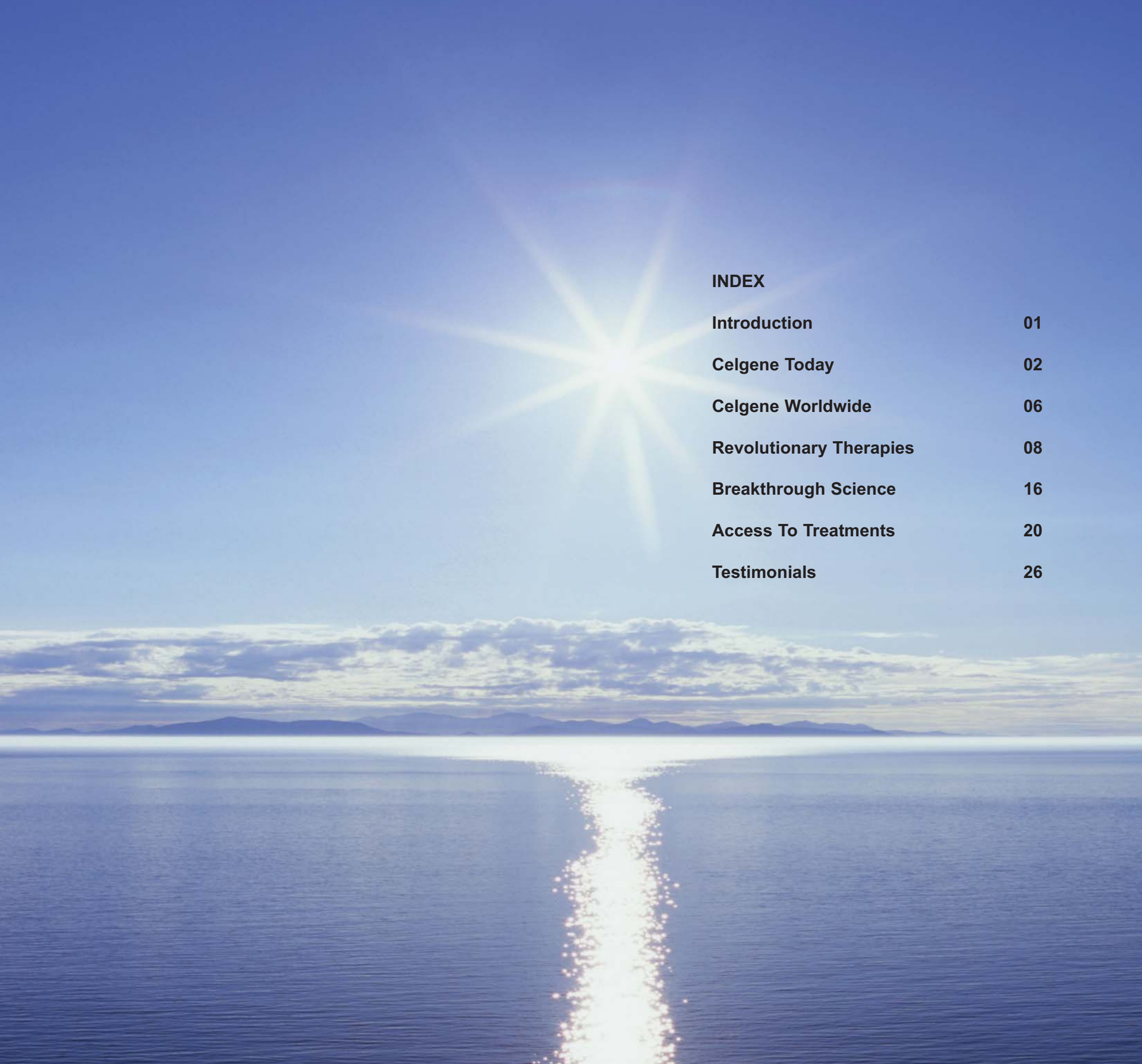

IMPROVING THE LIVES OF
PATIENTS WORLDWIDE®
Celgene



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IMPROVING THE LIVES OF PATIENTS WORLDWIDE®

Our commitment to medical progress goes hand in hand with our pledge to patients: All who can benefit from our discoveries should have the opportunity to do so.

That promise extends to doctors and to the community of caregivers who work on patients' behalf. Celgene therapies are helping physicians and other caregivers deliver higher quality healthcare and improved outcomes for patients.

The people of Celgene are working every day to fulfill that promise.

One example of this corporate-wide commitment is the fact that in recent years we've re-invested, on average, nearly 30% of our revenues into research and development. That's nearly twice the industry average. But for us, this dedication to discovery is the essence of Celgene. Because, as we see it, the Celgene pipeline is a promise in itself. It not only represents significant potential for the company, but also new possibilities … and new hope …for hundreds of thousands of people around the world who suffer with incurable blood cancers and other diseases.

For them, Celgene is working on the frontier of medicine, uncovering a variety of biological activities that hold great therapeutic potential.

Our promise is global in scope. Our commitment to patients extends around the world. Through our efforts, both ongoing and planned, in Europe, Asia, Australia and Canada — and the recent completion of our Good Manufacturing Practices (GMP) manufacturing facility in Switzerland — the Company is emerging as a globally integrated and culturally diverse biopharmaceutical company. The result? Our prospects for growth match our ability to deliver on the potential of our science.

CELGENE TODAY

A STORY OF COURAGE, PASSION FOR SCIENTIFIC DISCOVERY AND CONTINUOUS INNOVATION

A PASSION FOR DISCOVERY

At Celgene, making a critical difference in patients' lives is both a capability and a responsibility, an obligation and a privilege. It defines us as a company and is why we do what we do with such passion. This passion is changing the face of medicine and has produced remarkable results as we grow as a company.

We continue to make progress across a broad range of disease categories, from hematology to inflammation, while always keeping one of the most critical aspects of our business at the forefront of our efforts--assuring patients will have access to our therapies.

The ultimate goal of our efforts in developing innovative therapies is to provide better outcomes for patients suffering with critical diseases around the world. Today our innovative therapies are available in over 60 countries and we plan to expand our presence to nearly 100 countries in the future. Our portfolio of approved drugs, including lenalidomide, thalidomide and azacitidine provide multiple benefits to patients around the world.

Clinical research data is showing us that now, more than ever, we are increasing survival rates for patients and lessening the financial burden on the healthcare system associated with blood diseases. In a remarkable example of this, the International Myeloma Foundation recently reported that therapies such as lenalidomide are increasing survival in older myeloma patients to the point that they closely resemble the survival for healthy people.

Moreover, lenalidomide is achieving these results while demonstrating a positive cost/benefit ratio.

In fact, lenalidomide has been used by tens of thousands of patients since its launch in 2006, making it one of the fastest growing oncology drugs worldwide. More than 100 clinical trials evaluating lenalidomide, are producing powerful evidence of its vast potential, as well as supporting possible expansion beyond its primary indication into a broader range of blood cancers affecting more than 1.5 million patients.

We are also advancing several promising clinical programs, including our deep pipeline of immunomodulatory drugs (IMiDs® compounds) for a broad range of hematology, oncology and inflammatory indications.

Celgene Cellular Therapeutics (CCT), our wholly-owned subsidiary focused on the development of stem cell therapies, has advanced state-of-the-art research in placental-derived stem cells, including the first clinical procedure in this area. CCT has developed proprietary technology for collecting, processing and storing placental stem cells and is

evaluating their potential use in cancer, as well as a number of other autoimmune, cardiovascular, neurological and degenerative diseases. We look forward to the results of important clinical trials in the future that may demonstrate the potential of this new therapy for patients.

To enhance the potential of Celgene worldwide, we continue to look selectively beyond our own promising pipeline to companies and technologies with innovative approaches that complement our own. We continue to establish new relationships that provide us the opportunity to deepen our pipeline while at the same time broadening our work into new pathways.

Our already strong company is now stronger through the shared talent, scientific knowledge and combined research capabilities that are helping us accelerate clinical timelines and bring products to market sooner.

At Celgene, there is no higher priority than to fulfill our promise of delivering critical therapies to patients in need around the world. We have strengthened our commitment to maintaining our industry leading patient assistance and safety programs that ensure patients who can benefit from our therapies have the opportunity to receive them safely, to the maximum extent possible. We continue to advance research and development – the lifeblood of our company – by investing aggressively where we believe major opportunities exist.

The Celgene of today is neither the Celgene of yesterday nor the Celgene of tomorrow.

Our corporate culture reflects our dedication to our mission that only begins with improving the lives of patients worldwide

Culture reflects many aspects of an organization. Its leadership, its people, its working style, its global reach as well as its mission and objectives. In the case of Celgene, we are fortunate to have a culture that reflects the best of the talented and devoted employees who have joined us from around the world. These employees provide the company with the structure and organization of a global powerhouse, the urgency and entrepreneurialism of a start-up company and the warmth of a family business. We are an organization that cares deeply about patients and works tirelessly to provide them with new options in medicine, and we are only at the beginning of our story.

We are constantly on the move – growing, innovating, learning and evolving every day. This is an exciting and important time for Celgene. We have never been more optimistic about what we can achieve.

Sol J. Barer, Ph.D

Chairman of the Board & Chief Executive Officer
Celgene Corporation

CELGENE WORLDWIDE

Celgene was born of vision, courage and perseverance. Its story involves a young company and an old drug whose paths met to create an important and unexpected biopharmaceutical achievement, which is revolutionizing the treatment of blood cancers worldwide.

In 1991, at the request of researchers at Rockefeller University, Celgene founder and CEO Dr. Sol Barer accepted the challenge to work with thalidomide, a drug that had been banned due to its association with an epidemic of birth defects. Originally intended as a therapy for a wasting disease associated with AIDS, thalidomide was quickly found to have properties that block blood vessel growth in tumors. And, in 1997 it was tested against multiple myeloma. Its success marked the beginning of an important shift at the young company toward blood cancer therapies and addressing the challenge to develop drugs that would enhance the beneficial properties of thalidomide while minimizing its negative side effects.

Today, Celgene has a portfolio of drugs with unique, multiple mechanisms of action including immunomodulatory compounds and epigenetic agents that address a broad range of conditions, carrying on this spirit of discovery.

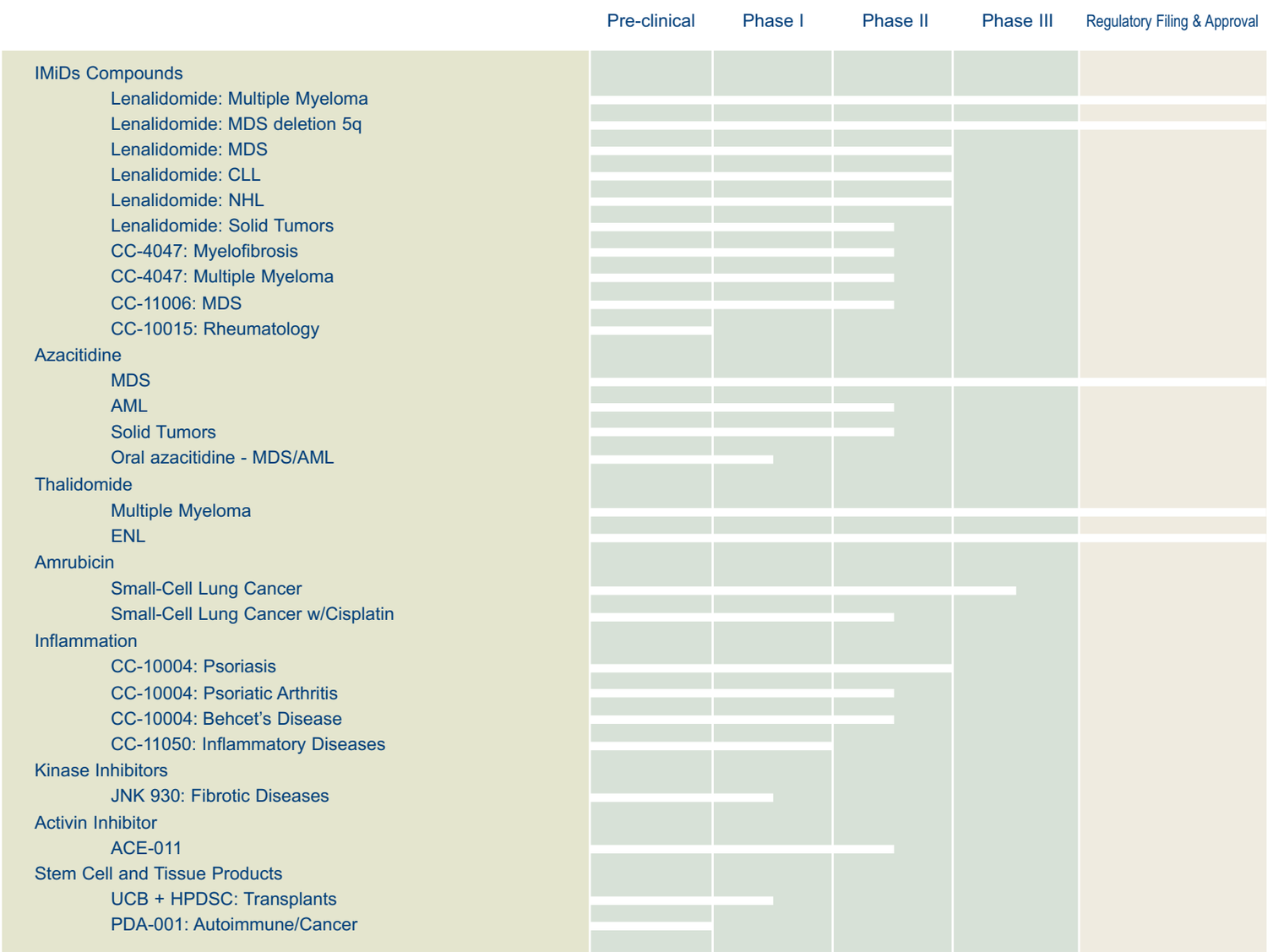
In addition, our growth is being measured geographically as we expand to new countries and deliver our innovative therapies to many more patients around the world.

Celgene Community

With this in mind, we have created the Celgene Community, a network of diverse professionals (clinicians, patient advocates, decision makers, economists, etc.), who all participate actively in public health initiatives and management issues such as access to treatments, technology assessments, ethics, and managerial challenges to help deliver our therapies to those patients who can benefit from them in a safe manner.

REVOLUTIONARY THERAPIES

CELGENE PRODUCT PIPELINE HIGHLIGHTS



CHANGING THE COURSE OF DISEASE BY ADDRESSING THE CAUSE AND NOT JUST THE SYMPTOMS

Our oral treatments were developed to offer an effective alternative to patients with blood cancer. Specifically, the first two diseases we focused on were multiple myeloma and myelodysplastic syndromes.

Other hematology/oncology diseases for which we are developing treatments include chronic lymphocytic leukemia; non-Hodgkin's lymphoma; and higher risk, deletion 5q and other variants of myelodysplastic syndromes.

We are also working diligently on the development of treatments for solid tumors, and inflammatory and autoimmune diseases (psoriasis and rheumatoid arthritis).

Our IMiDs® compounds represent an innovative new class of pharmaceuticals that have immunomodulatory properties. These compounds attack the underlying causes of cancer rather than just the symptoms, potentially slowing and even preventing the growth and spread of certain tumors. They also help strengthen the patient's own immune response.

Epigenetic agents, such as azacitidine, our lead drug in this class, regulate the processes that silence genes and allow cells to become malignant. Epigenetics, in a broader sense refers to changes in gene function without changes to the inherent structure of its DNA.

We are working to revolutionize the way we approach cancer, by selectively and specifically targeting the factors responsible for tumor cell growth

In recent years, this has been one of the most studied areas of cell function, as well as one of the most promising areas for drug discovery.

Azacitidine is a particularly relevant example of the potential of epigenetic agents as it was the first drug to show a survival advantage in myelodysplastic syndromes.

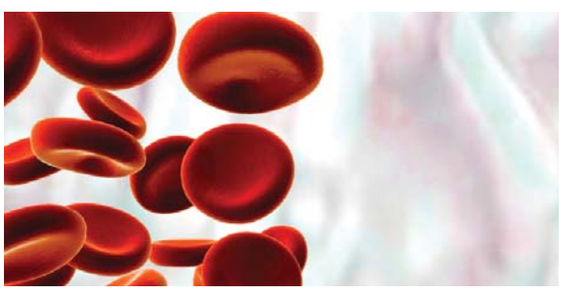
MULTIPLE MYELOMA:
WHAT IT IS AND HOW IT MANIFESTS ITSELF

Multiple myeloma is the second most frequent type of blood cancer after non-Hodgkin's lymphoma. The disease affects the bone marrow with uncontrolled growth of particular types of blood cells called plasma cells. This interrupts development of normal red cells, white cells and stem cells, and can lead to damage in the bone structure itself.

Abnormal plasma cells also produce large amounts of a protein also known as M component. This allows physicians to detect multiple myeloma and to track its treatment.

Multiple myeloma occurs on average around the age of 60 – 70. Because of the progressive aging of the population, the incidence of this disease is sharply increasing, with 5 cases per 100,000 inhabitants among males and 4.2 among females being diagnosed each year in the United States. At the same time increasing numbers of younger people in their thirties, forties and fifties – are being diagnosed with multiple myeloma

The cause of multiple myeloma is unknown, although there may be a genetic predisposition to the disease, especially in certain ethnic populations. At the same time environmental factors are emerging as a possible cause for the spread of multiple myeloma.



Multiple Myloma is the second most prevalent blood cancer and nearly 60,000 people die from the disease each year worldwide

The symptoms

The nature and severity of multiple myeloma symptoms differ from patient to patient. In general, the most frequent problems include:

- bone pain due to fractures or reduced bone density (osteoporosis)
- fatigue and weakness
- high blood calcium levels
- infections
- impaired renal function

MYELODYSPLASTIC SYNDROMES

Myelodysplastic syndromes (MDS) are a group of blood diseases where the bone marrow does not function properly and cannot produce a sufficient number of healthy blood cells. MDS are today among the most common blood diseases in the elderly, and their incidence is likely to rise as the population grows increasingly older.

Incidence of MDS

In general, MDS may appear at any age, but they are more frequent in elderly subjects. Between 12,000 and 15,000 new cases are diagnosed every year in the U.S. Most patients with MDS are anemic and need frequent blood transfusions. The survival time is less than one year for the more severe forms of MDS. Most patients die as a result of complications due to cytopenia. Twenty to 30 per cent of the cases evolve into acute leukemia.

Deletion 5q MDS

Chromosomal (cytogenetic) abnormalities are detected in more than half of patients with myelodysplastic syndrome (MDS), and involve a deletion in all or part of one or more specific chromosomes. The most common cytogenetic abnormalities in MDS are deletions in the long arm of chromosomes 5, 7, and 20. Another common abnormality is an extra copy of chromosome 8. A deletion involving the 5q chromosome may be involved in 20 to 30 percent of all MDS patients. The World Health Organization has also recently identified a unique subset of MDS patients with a "5q-Syndrome" where the only chromosomal abnormality is a specific portion of the 5q chromosome.

LENALIDOMIDE

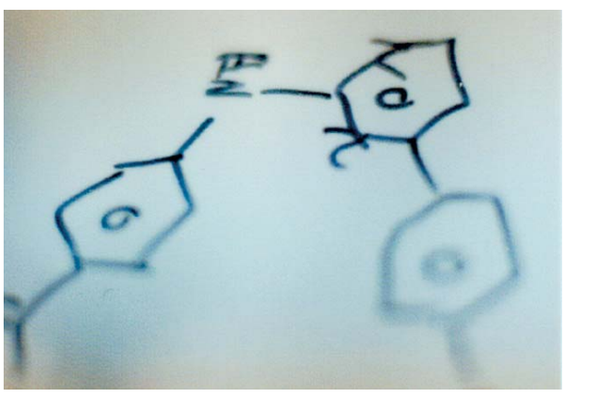
Lenalidomide is the first in our group of immunomodulatory drugs, IMiDs® compounds. Beginning with lenalidomide, IMiDs compounds, through peer-reviewed publications and presentations at major medical meetings, have demonstrated the potential to transform diseases with an unfavorable prognosis into more manageable, chronic conditions that can be treated for years instead of weeks or months.

Lenalidomide has been demonstrated to reduce the growth and accelerate the apoptosis (death) of myeloma cells.

Like other molecules in the IMiDs group, lenalidomide prevents multiple myeloma cells from adhering to medullary stroma cells, and stimulates the immune system's T cells which, in turn, activate natural killer cells causing the death of cancer cells.

More than 100 clinical trials are being conducted worldwide to evaluate lenalidomide for the treatment of a wide range of diseases, from blood cancer to solid tumors.

Lenalidomide is administered orally, offering patients and their families the ability to better manage the disease with minimal impact on their normal lives. The drug may be taken at home with minimal need for medical monitoring or blood transfusions, with positive effects on patients' quality of life.



Lenalidomide is a leading treatment for multiple myeloma and MDS in multiple countries worldwide, with numerous studies demonstrating its ability to improve and extend lives

AZACITIDINE

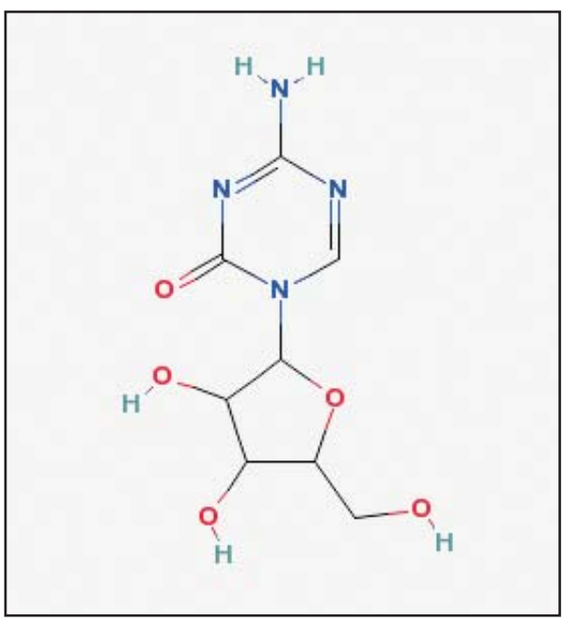
Azacitidine is an epigenetic agent that may restore normal expression to genes critical for cell differentiation and proliferation. The cytotoxic effects of azacitidine cause the death of rapidly dividing cells, including cancer cells, that are no longer responsive to normal growth control mechanisms.

In addition to the effectiveness of this demethylation agent, azacitidine also lacks the high levels of myelosuppression associated with other therapies for myelodysplastic syndromes. It has also been shown to offer patients transfusion independence and importantly, is the first drug to show a survival advantage in this range of indications

In 2004, azacitidine became the first drug approved in the United States for the treatment of patients with all risk categories of MDS. It is also the first and only drug to significantly extend survival for patients with higher-risk MDS. It is the first drug to achieve a transfusion independence rate of greater than 40 percent across all MDS risk categories and is the first drug approved in this indication with multiple routes of administration.

Epigenetics

Epigenetics refers to changes in the environment of the gene. Epigenetic changes involved in the regulation of gene expression are associated with cancer. As a result, epigenetic therapies are one of the most important areas of cancer research today.



BREAKTHROUGH SCIENCE

NEXT GENERATION TREATMENTS

At Celgene, we continue to develop one of the strongest pipelines in the biopharmaceutical industry, in the belief that innovative approaches to protein and gene regulation and immunomodulation may lead to therapies that improve patients' lives.

Every year, hundreds of presentations given during international meetings are based on treatments developed from Celgene research. Products from a single company rarely receive this much attention.

We are constantly expanding our knowledge of the biological mechanisms of the diseases we study: blood cancers, solid tumors, and inflammatory disorders.

We fight these diseases with innovative therapeutic programs and with research initiatives aimed at attacking the underlying intracellular mechanisms that cause them. In addition to lenalidomide, the IMiDs® group includes hundreds of other molecules with immunomodulatory characteristics. Among them, pomalidomide (CC-4047) and CC-11006 are already in advanced clinical trials.

Phase II trials are being conducted to establish the safety and efficacy of pomalidomide as a potential treatment for myelofibrosis as well as other blood disorders.

CC-11006 is showing potential in the treatment of blood cancer and chronic inflammatory diseases.

Outside of this class of compounds, amrubicin is an improved anthracycline used to treat small cell lung cancer. It is also being studied both as a single agent and in combination with other therapies as a treatment for solid tumor cancers. Anthracyclines are one of the most widely-used cancer drugs, however, they also have heart-related risks. As a next-generation compound, amrubicin reduces the cumulative cardiotoxicity associated with previous treatments while potentially demonstrating greater anticancer activity.

NEW RESEARCH PROGRAMS

In addition to research on IMiDs® compounds and epigenetic agents, we also conduct other programs on products in our pipeline. Among these, TNF-alpha inhibitors are expected to become oral treatments for chronic inflammatory diseases.

Apremilast (CC-10004) and CC-11050, leading compounds in this class, are new molecules for oral administration, which inhibit the production of a variety of pro-inflammatory mediators. They are in trials for inflammation including psoriasis, psoriatic arthritis and Behcet's syndrome.

We are also conducting research activities in another interesting and important area: intra- and extra-cellular communication mechanisms.

A cell's ability to interface with changes in its environment can directly affect tissue repair, immune response and cell development, as well as normal tissue homeostasis.

We believe that errors in these cell processes may be responsible for the development of diseases including cancer, autoimmune disorders and diabetes.

We are also working on kinase inhibitors, enzymes involved in the amplification/ transmission of the intracellular signal.

These may be targeted in the treatment of specific diseases such as tumors, acute and chronic inflammatory disorders and diseases mediated by T lymphocytes.

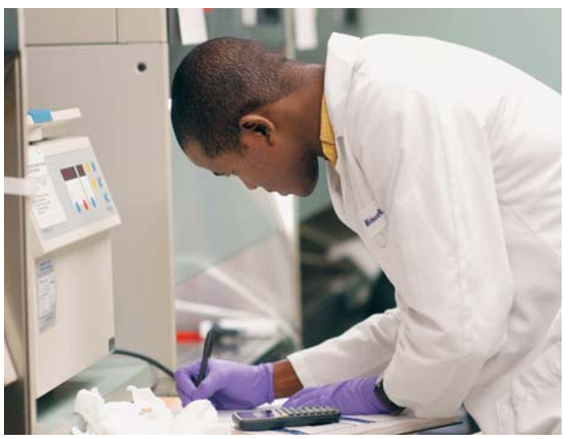
We are maximizing the scientific and clinical potential of our compounds

CELGENE CELLULAR THERAPEUTICS

Celgene Cellular Therapeutics, our stem cell research division, focuses on stem cells derived from human placentas and umbilical cord blood. Stem cell-based therapies represent an important new option in the treatment of currently untreatable diseases.

Stem cells from umbilical cord blood and from the placenta, which is discarded as medical waste, are abundant, ethically uncontroversial and have the potential to repair or regenerate a wide range of damaged or disease-affected tissues.

In the last four years, our studies on placenta derived stem cells have led to the findings of a variety of biological activities with therapeutic potential.



We are exploring novel areas of research such as placental-derived stem cells in an effort to develop new therapeutic approaches.

One of our scientists' key discoveries is a series of specific characteristics including cell surface markers critical for immunotolerance.

In 2006, Celgene Cellular Therapeutics obtained its first U.S. patent for methodologies to be used for the recovery of a variety of stem cells from human placentas. This patent gives Celgene strong intellectual property in this increasingly important area.

More recently, in 2008, the first patient was treated with a combination of a sibling's cord blood and placental-derived stem cells as a therapy for acute lymphoblastic leukemia.

ACCESS TO TREATMENTS

PATIENTS FIRST

At Celgene, we are convinced that patients have the opportunity to take advantage of significant advances in cancer prevention, diagnosis and treatments. Accordingly, we work to help ensure access to the clinical benefits of our innovative therapies.

In the U.S., Celgene contributes unrestricted donations to charitable foundations that administer support programs to pay or refund the treatment costs of patients without adequate insurance coverage.

We have created the innovative Patient Support Coordinator (PSC®) Program, putting patients in direct contact with reimbursement specialists to help them through the maze of insurance, qualifications and other treatment issues.

We work closely with patient associations, not only by supporting educational events, but also, and more importantly, by listening to their needs and providing practical responses to their requests. And we do this on a basis of total transparency, protecting their independence and autonomy.

In every country where we have a presence, we cooperate with the best research teams to make our treatments available as quickly and as efficiently as possible through clinical studies and drug access programs.

Working with the local experts provides the input and understanding that enables us to utilize our drugs safely and effectively to the maximum extent possible worldwide.

We are ensuring patients safe access to our therapies to the maximum extent possible

PHARMACOVIGILANCE

In addition to working hard for the development of innovative drugs, at Celgene we take special care to ensure patients' safe access to our treatments.

We have developed unique, industry-leading programs under which hundreds of thousands of patients worldwide have accessed the clinical benefits of our therapies.

In many European countries we have developed stringent pharmacovigilance programs through which patients are closely monitored throughout their treatment.

We ensure that patients have safe access to our therapies through a particularly strict pharmacovigilance program

These programs include:

- o Educational materials addressed to healthcare personnel, to ensure the correct and safe use of our drugs
- o Constant and professional attention to patient needs
- o Extremely careful monitoring of the use of our products

These elements of our program testify to the high standards of our corporate culture and our business practices.

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OUR INTERNATIONAL ORGANIZATION

Through the global expansion of Celgene we have raised our production, clinical development, and business activities to an international scale.

We are continually expanding and strengthening our regulatory, research, manufacturing and business presence at the international level.

We believe that our company has a unique ability to work directly with healthcare providers to ensure that patients have access to the clinical benefits offered by lenalidomide, azacitidine and thalidomide, and by our future products.

Our strategy, therefore, is to commercilaize these products independently to maintain better management of the manufacture and distribution of our innovative therapies to patients worldwide.

Celgene is increasingly becoming an integrated, culturally diverse biopharmaceutical company. We have started operations in more than 6 countries, and expect this number to increase as the clinical and commercial potential of our products develop. As examples of our recent expansion, we are now operating in North America, Europe, Asia and Australia.

We continue to complement our strong international executive team by attracting some of the world's top professionals from the pharmaceutical and biotechnology sector. As a result, we now rely on world-class leaders, with enormous expertise in the research, development, marketing, manufacturing and distribution of innovative drugs.

We increased our international presence to ensure better control and effectiveness of our development and commercialization process.

AT CELGENE, WE NEVER FORGET OUR PATIENTS

TESTIMONIALS

“I PROMISED MYSELF I WOULD PASS THE FINISH LINE AGAIN”

PAUL NICHOLLS

Originally from the United Kingdom, Paul Nicholls, a marathon enthusiast, was battling against time.

After being diagnosed with a multiple myeloma in 2002, Paul had three stem cell transplants. Three years later, following a painful leg fracture, he discovered that the illness had returned.

“Running in the marathons, I had become used to dealing with physically difficult challenges,” says Paul, “but, on that occasion, I truly believed that the end was near.”

In 2006, Paul’s doctor managed to get him into a clinical trial with lenalidomide.

Now, not only is the illness in remission, but this 59 year old ex-Advertising Manager is running marathons again and runs Team Continuum, his charity foundation, which has collected millions of dollars and gives hope and support to patients with multiple myeloma and to their families.

“NOW I’M BACK TO BEING A REGULAR AT MY FAVORITE POOL HALL.”

GENE TEMPLE

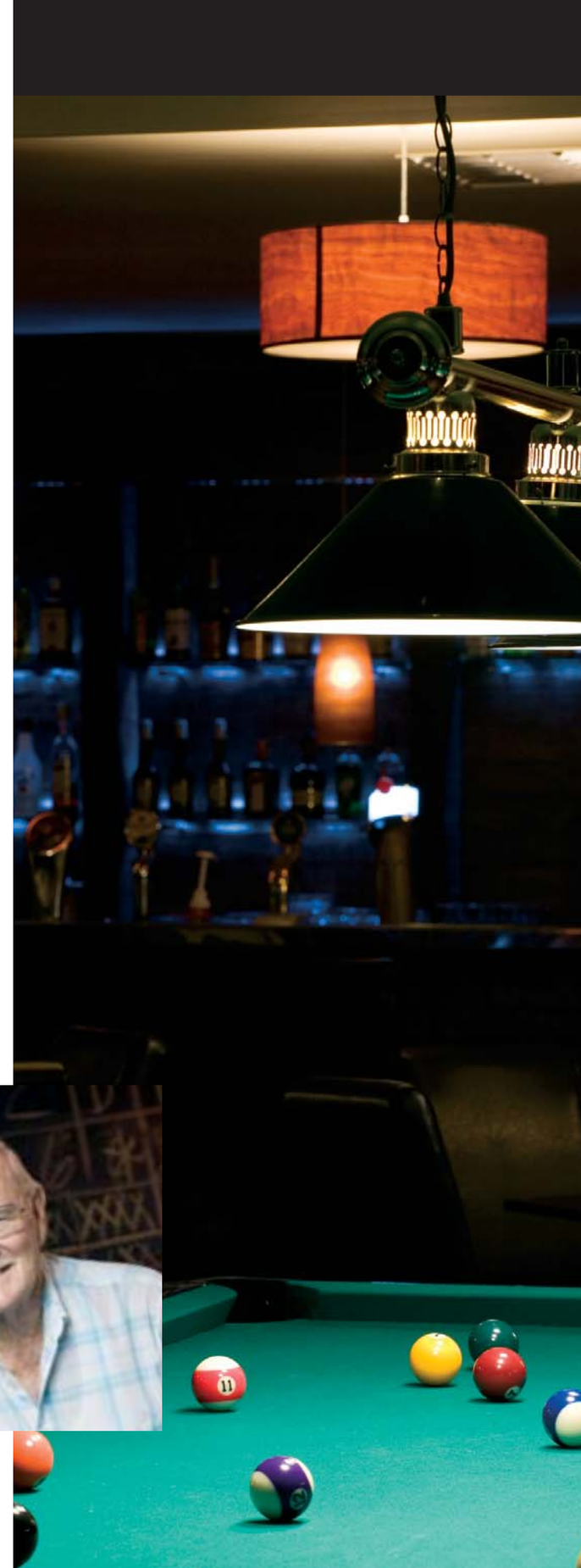
Avid pool player Gene Temple almost had to give up his favorite pasttime three years ago because of MDS.

The 81-year-old from Dunedin, Florida was so fatigued he needed to rest for 15 minutes between shots.

Gene kept a lawn chair with him at all times because he would often get so tired he could no longer stand up. That was until he started taking azacitadine.

“Gene says the drug has “improved the quality of life tenfold.”

Now he’s back to being a regular at his favorite pool hall.



“LOSING IS NOT AN OPTION.”

ELIJAH ALEXANDER

Former National Football League star Elijah Alexander was only 35 when he was diagnosed with multiple myeloma.

A vibrant athlete, Elijah and his family were stunned and bewildered. But being the competitor he is, Elijah quickly decided to aggressively fight the disease.

“Cancer doesn’t mean you are sent to the sidelines,” says Elijah, who credits lenalidomide for putting him back in the game, coaching his children’s teams and managing the Tackle Myeloma Foundation he founded to help find a cure for the disease. “Losing is not an option.”

Elijah often feels so well that he almost forgets he has the disease.

“I get to the point where I’m doing everything I want to do,” he says.

“HE DIDN’T WANT TO MISS ANY GAMES.”

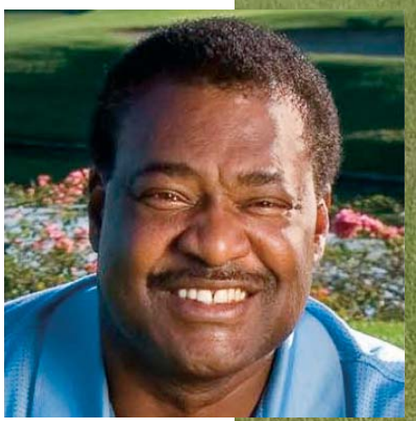
DON BAYLOR

When Don Baylor was diagnosed with multiple myeloma, his first response was that he didn’t want to miss any games.

The most valuable player in American League baseball in 1979, Don was a coach with the New York Mets when, following a routine spring training physical in March 2003, he received the diagnosis.

Based on clinical data presented at major medical meetings and in peer-reviewed journals, Don’s doctor prescribed thalidomide for his condition available under the Celgene System for Thalidomide Education and Prescribing Safety (S.T.E.P.S.). This program enabled Don to receive the benefits of the therapy, while ensuring his adherance to a strict safety management program.

Today, this legendary baseball player and coach spends time on a golf course, palying golf about three or four times a week and feeling great.



“I PROMISED MYSELF I WOULD MAKE MORE CAKES AGAIN FOR MY HUSBAND AND OUR FRIENDS.”

LAURA WILLIAMS

“I was too busy to appreciate the small things,” said Laura Williams, a retired radiology technician who lives in Philadelphia.

Before she was diagnosed with multiple myeloma in January 2002, Laura worked as a volunteer at a local hospital and a hospice.

“Before being treated with lenalidomide, I developed a neuropathy on my toes. I found it hard to walk. I often lost my balance. I could not work whenever I wanted. At a certain point, I had to completely stop working altogether.”

After taking lenalidomide, her ability to walk improved, and she was able to go back to her volunteer work; now, she and her husband are organizing a trip to Houston to meet their great granddaughter for the first time.

“Now I am grateful for every day I can enjoy.”


Celgene
Committed to
improving the lives
of patients worldwide®

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