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REVLIMID® (lenalidomide) CLINICAL DATA FROM INTERIM ANALYSIS OF PIVOTAL PHASE III SPECIAL PROTOCOL ASSESSMENT TRIALS IN PREVIOUSLY TREATED MYELOMA PRESENTED AT THE 10TH INTERNATIONAL MULTIPLE MYELOMA WORKSHOP

— Overwhelming Statistically Significant Difference (p<0.00001) In Time-To-Progression (TTP) Rates Validated By Two Pivotal Phase III Special Protocol Assessment Trials (SPA)

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- **After more than 15 months of follow-up, the primary endpoint of time-to-disease progression in the REVLIMID plus dexamethasone arm of U.S. Phase III Trial (MM-009) not reached, compared with median time-to-disease progression of 5 months for the dexamethasone alone arm (p=<0.00001)**

- **After more than 11 months of follow-up, the primary endpoint of time-to-disease progression in the REVLIMID plus dexamethasone arm of International Phase III Trial (MM-010) not reached, compared with median time-to-disease progression of 5 months for the dexamethasone alone arm (p=<0.00001)**

- **Overall response rate in the MM-009 trial with REVLIMID plus dexamethasone was 51.3 percent, compared with a response rate of 22.9 percent for dexamethasone alone (p= <0.001)**

- **Overall response rate in the MM-010 trial with REVLIMID plus dexamethasone was 47.6 percent, compared with a response rate of 18.4 percent for dexamethasone alone (p= <0.001)**

- **The complete response rate of REVLIMID plus dexamethasone was 19.5 percent, compared with 3.8 percent for dexamethasone alone in the MM-009 trial based on investigator's assessment**

- **The complete response rate of REVLIMID plus dexamethasone was 9.1 percent, compared with 1.2 percent with dexamethasone alone in MM-010 trial based on investigator's assessment**

- **In both trials, the combination of REVLIMID® and dexamethasone appeared to be well tolerated.**

SYDNEY, AUSTRALIA – (April 12, 2005) – Celgene Corporation (NASDAQ: CELG) announced initial clinical results from its Pivotal Phase III Special Protocol Assessment (SPA) trials using REVLIMID (lenalidomide) as a new approach in the treatment of heavily pretreated patients with relapsed or refractory multiple myeloma. The studies reported an overwhelming statistically significant difference ($p<0.00001$) in time-to-progression (TTP) rate - the primary endpoint of the two trials - had not yet been reached for the combination therapy arms. At the time of the interim analysis, the median TTP for the U.S. trial (MM-009) was at least fifteen months (MM-009) and for the international trial (MM-010) more than eleven months. This is in contrast to the TTP for the dexamethasone only treated arms of both trials in which the median TTP was five months. These clinical data were presented at the 10th International Multiple Myeloma Workshop, one of the largest blood cancer meetings in the world, in Sydney, Australia, April 10-14, 2005.

Multiple myeloma is the second most common cancer of the blood, representing approximately one percent of all cancers and two percent of all cancer deaths with a worldwide prevalence of approximately 200,000 cases. In the year 2004, there were an estimated 74,000 new cases of multiple myeloma worldwide. The estimated number of deaths from multiple myeloma in 2005 was about 60,000 worldwide.

"The North American and International Multiple Myeloma Phase III trials confirm a significant clinical benefit for patients treated with REVLIMID plus dexamethasone. In multiple myeloma patients with resistant disease, REVLIMID plus dexamethasone more than doubled the response rate compared with dexamethasone alone confirming that REVLIMID has the potential to be an important new agent for multiple myeloma," explained Donna Weber, M.D., Associate Professor, Lymphoma/Myeloma of The University of Texas MD Anderson Cancer Center.

Dr. Weber led the U.S. Phase III trial (MM-009), a randomized, double-blinded, placebo-controlled trial, using REVLIMID plus dexamethasone, versus dexamethasone alone in heavily pretreated relapsed or refractory multiple myeloma patients. This study enrolled 354 patients from 47 clinical sites throughout the U.S. with data available from 170 patients randomized to REVLIMID plus dexamethasone and 170 patients randomized to dexamethasone alone. The median patient age was 63 years. An Independent Data Monitoring Committee (IDMC) reviewed the planned interim analysis and determined that the U.S. Phase III trial overwhelmingly exceeded the pre-established efficacy stopping rule of $p <0.0015$ for the primary endpoint, time-to-disease progression. The response data in MM-009 were available on 340 of the 354 eligible patients that confirmed the findings of the interim analysis, with responses occurring in 51.3% of patients treated with REVLIMID plus dexamethasone, compared to 22.9% of patients treated with dexamethasone alone ($p=0.001$; one-sided Fisher's exact test).

“Multiple myeloma is an illness with a discouraging outcome, but, today, with advances such as REVLIMID®, there is a prospect for myeloma to become a chronic illness for the majority of patients worldwide,” explained Meletios Dimopoulos, M.D., Professor of Therapeutics at The University of Athens School of Medicine, Greece.

Dr. Dimopoulos led the International Phase III trial (MM-010), a randomized, double-blinded, placebo-controlled trial, using REVLIMID plus dexamethasone, versus dexamethasone alone in heavily pretreated relapsed or refractory multiple myeloma patients. This study enrolled 351 patients from 50 clinical sites internationally with data available from 176 patients randomized to REVLIMID plus dexamethasone and 176 patients randomized to dexamethasone alone. The median patient age was 62.5 years. An Independent Data Monitoring Committee (IDMC) reviewed the planned interim analysis and determined that this International Phase III trial overwhelmingly exceeded the pre-established efficacy stopping rule of $p < 0.0015$ for the primary endpoint, time-to-disease progression. Response data in MM-010 were available on all 351 eligible patients that confirmed the findings of the interim analysis, with responses occurring in 47.5% of patients treated with REVLIMID plus dexamethasone, compared to 18.4% of patients treated with dexamethasone alone ($p=0.001$; one-sided Fisher’s exact test).

In both trials, patients treated with REVLIMID and dexamethasone had an increase in side effects as compared to those patients only treated with dexamethasone. These adverse drug events were generally manageable and included anemia, thrombocytopenia, neutropenia, fatigue, neuropathy and constipation. Deep vein thrombosis (DVT) occurred in 11.2 and 4.7% of patients treated with REVLIMID plus dexamethasone in MM-009 and MM-010 respectively, compared to 2.9% of patients treated with dexamethasone alone in both trials. Pulmonary embolism (PE) occurred in 2.4 and 3.5% of patients treated with REVLIMID plus dexamethasone, compared to 0.6 and 1.2% of patients treated with dexamethasone alone in MM-009 and MM-010 respectively.

About the U.S. (MM-009) and International (MM-010) Phase III SPA Trials
These Phase III SPA trials are designed to investigate the effectiveness and safety of syncopated dosing of REVLIMID (lenalidomide) at 25mg combined with high-dose dexamethasone (HDD) compared with placebo and HDD in previously treated patients with multiple myeloma (MM). These trials enrolled 705 patients and are being conducted in 97 sites internationally. REVLIMID (lenalidomide) and HDD are given in 28-day cycles REVLIMID (lenalidomide) 25 mg once daily on Days 1-21 every 28 days, and HDD 40 mg on Days 1-4, 9-12 and 17-20 every 28 days. After four cycles the HDD schedule is reduced to 40 mg on Days 1-4 every 28 days). The primary endpoint of the study is time-to-tumor progression (TTP) calculated as the time from randomization to the first documentation of progressive disease based on Bladé myeloma response criteria. The secondary endpoints are response and overall survival.

"We plan to use data both from our U.S. and International Phase III trials as the basis of a regulatory submission to the FDA and regulatory agencies around the world including the EMEA for REVLIMID in previously treated multiple myeloma patients,” said Jerome B. Zeldis, M.D., Ph.D., Chief Medical Officer and VP, Medical Affairs of Celgene Corporation. “Given the limited options available to patients with multiple myeloma

whose disease has failed prior therapy and the significant efficacy data reported in both phase III trials, Celgene is planning REVLIMID® expanded access programs for patients, in the U.S. and a named patient program in Europe, who have relapsed or refractory multiple myeloma."

About Special Protocol Assessment (SPA) Agreement
The SPA is an official binding agreement that designates the agreed upon terms and conditions under which Celgene will conduct and analyze the data from its REVLIMID Phase III multiple myeloma trials. The SPA provides official confirmation from the FDA that the protocol design is sufficient for Phase III trials which can form the basis of the submission of a New Drug Application (NDA) that will include an efficacy label claim for REVLIMID as therapy for previously treated multiple myeloma patients.

About REVLIMID®
REVLIMID is a member of a new class of novel immunomodulatory drugs, or IMiDs®. Celgene is evaluating treatments with REVLIMID for a broad range of hematology and oncology conditions, including; multiple myeloma, the malignant blood cell disorders known as myelodysplastic syndromes (MDS) as well as solid tumor cancers. REVLIMID affects multiple intracellular biological pathways. The IMiD pipeline, including REVLIMID, is covered by a comprehensive intellectual property estate of U.S. and foreign issued patents and pending patent applications including composition-of-matter and use patents.

REVLIMID (lenalidomide) is not approved by the FDA or any other regulatory agencies as a treatment in any indication and is currently being evaluated in clinical trials for efficacy and safety for future regulatory applications.

About Multiple Myeloma
Multiple myeloma (also known as myeloma or plasma cell myeloma) is a cancer of the blood in which malignant plasma cells are overproduced in the bone marrow. Plasma cells are white blood cells that help produce antibodies called immunoglobulins that fight infection and disease. However, most patients with multiple myeloma have cells that produce a form of immunoglobulin called paraprotein (or M protein) that does not benefit the body. In addition, the malignant plasma cells replace normal plasma cells and other white blood cells important to the immune system. Multiple myeloma cells can also attach to other tissues of the body, such as bone, and produce tumors. The cause of the disease remains unknown.

About Celgene
Celgene Corporation, headquartered in Summit, New Jersey, is an integrated global biopharmaceutical company engaged primarily in the discovery, development and commercialization of innovative therapies for the treatment of cancer and inflammatory diseases through gene and protein regulation. For more information, please visit the Company's website at www.celgene.com.

This release contains certain forward-looking statements which involve known and unknown risks, delays, uncertainties and other factors not under the Company's control, which may cause actual results, performance or achievements of the Company to be materially different from the results, performance or other expectations implied by these forward-looking statements. These factors include results of current or pending research and development activities, actions by the FDA and other regulatory authorities, and those factors detailed in the Company's filings with the Securities and Exchange Commission such as 10K, 10Q and 8K reports.

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