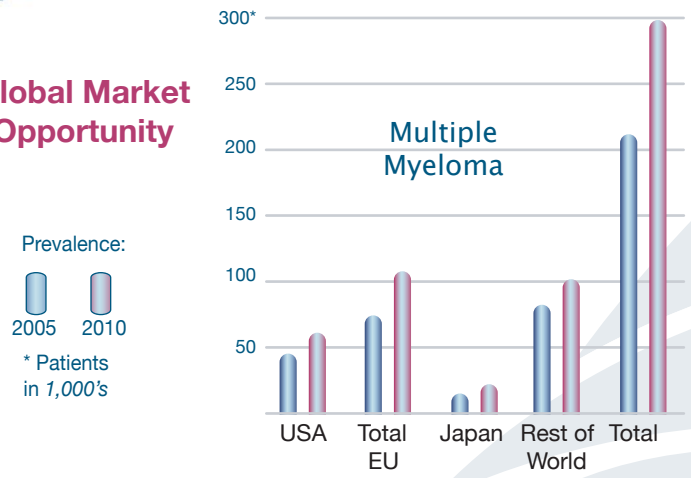
Celgene

THALOMID® (thalidomide)

THALOMID IS THE MOST PRESCRIBED DRUG FOR MULTIPLE MYELOMA PATIENTS

Global Market Opportunity



- **THALOMID** usage is driven by peer-reviewed publications and presentations at major medical conferences (see below).
- More than 120,000 patients have been treated to date with **THALOMID®** through S.T.E.P.S.
- **THALOMID** is being used as the standard of care for newly diagnosed myeloma patients and continues to be used by physicians in all lines of therapy.
- **THALOMID** net sales ifor full year 2004 increased 38% to $308.6 million.

GROWING SUPPORT FOR THALOMID AS A *FIRST-LINE* STANDARD OF CARE

In 2003 the authoritative **National Comprehensive Cancer Network** guidelines recommended the combination of **THALOMID** and dexamethasone as the *first-line standard of care* for newly-diagnosed myeloma patients.

At ASH 2004, the **Eastern Cooperative Oncology Group (ECOG)** reported the full results of a Phase III study showing that **THALOMID** provides a *significant clinical benefit* in multiple myeloma.

- **THALOMID** plus dexamethasone demonstrated a *statistically significant difference* in patient response rates at four months of 68%, compared to 46% for dexamethasone alone.
- According to principal investigator S. Vincent Rajkumar, M.D., of the Mayo Clinic, "The results with these two oral regimens negate the need for complex intravenous chemotherapy like VAD (vincristine, adriamycin, and dexamethasone) as treatment for myeloma."

A number of peer-reviewed studies of **THALOMID** in myeloma and other cancers have also been published in the ***Journal of Clinical Oncology*** **(JCO)** and other medical journals.

- *Journal of Clinical Oncology*, November 2002, Publication of a Study of **THALOMID** in Combination with Dexamethasone for Newly Diagnosed Myeloma
- *Journal of Clinical Oncology*, January 2003, Publication of a Study of **THALOMID** Alone or with Dexamethasone for Previously Untreated Multiple Myeloma
- *Journal of Clinical Oncology*, July 2004, Publication of Randomized Phase II Study Combination of Taxotere plus **THALOMID** in Androgen Independent Prostate Cancer

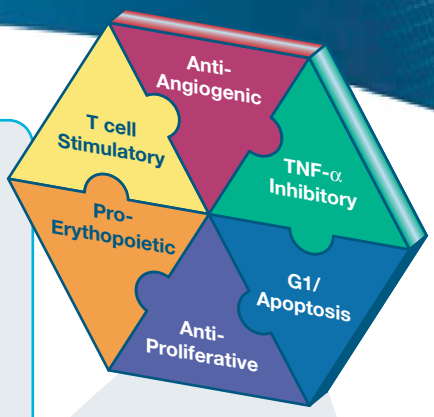
THALOMID INVESTIGATIONAL ONCOLOGY USE

More than 100 trials worldwide are evaluating **THALOMID**'s clinical potential.

Multiple Myeloma	Cachexia	Leukemias and MDS	Myelofibrosis with Myeloid Metaplasia
Glioblastoma	NSCLC	Carcinoid Syndrome	
Breast	Liver	Renal Cell	Ovarian
Prostate	Melanoma (ocular type)	Kaposi's Sarcoma	NH lymphoma

THALOMID's clinical activity in myeloma and several other solid tumor cancers may reflect its MULTIPLE MECHANISMS OF ACTION

- **Anti-Angiogenesis: THALOMID** is believed to reduce production of VEGF and bFGF by both tumor cells and bone marrow stromal cells, inhibiting tumor angiogenesis and subsequent neoplastic growth.
- **TNF-α Inhibitory: THALOMID** has been shown to inhibit TNF-α giving Thalomid anti-inflammatory properties, which in turn may contribute to the drug's anti-angiogenesis properties.
- **G1/Apoptosis: THALOMID** may have a direct inhibitory effect on tumor cells by arresting cell cycle progression or increasing apoptosis.
- **Host Immune Response:** NK cells and cytotoxic T cells stimulated by **THALOMID** promote an antitumor response by augmenting the immune system.
- **Cytokine Production and Cellular Activity: THALOMID** modifies cytokine and other growth factor levels to affect the growth and survival of tumor cells. **THALOMID** decreases the production of pro-B-cell growth factor IL-6, decreases cytokine factor IL-1, and upregulates antiinflammatory cytokine IL-10.
- **Binding to Stromal Cells:** Adhesion of tumor cells to stromal cells causes increased secretion of cytokines by stromal cells. **THALOMID** may interfere with adhesion and may alter tumor cell growth, survival, and resistance to conventional therapies.



Multiple Mechanisms of Action

S.T.E.P.S.® and MANAGING SIDE EFFECTS

- Celgene's acclaimed S.T.E.P.S. program (System for Thalidomide Education and Prescribing Safety) is designed to ensure that **THALOMID** is not prescribed to pregnant women to the maximum extent possible.
- S.T.E.P.S. is becoming an industry standard for the safe delivery of drugs with potentially serious side-effects that require controlled delivery.
- Potential side effects may include sedation, peripheral neuropathy, and deep vein thrombosis (DVT).
- Many of the side effects can be managed or minimized by optimizing dosage, timing the dosage (taking **THALOMID** at night minimizes the impact of the sedation), and prophylactic treatment of patients to counter the effects of DVT..

PATIENT ACCESS

- **Therapeutic Assistance Program:** Celgene supports what may be the most generous therapy-access program in the pharmaceutical industry. One out of every five patients prescribed **THALOMID**, receives the drug at no cost. That compares to only three to five per cent as an industry average.
- **The Medicare Reform Act:** Celgene supported this major change in Medicare reimbursement that, for the first time, will provide coverage for oral oncology drugs starting in 2006.
- **Medicare Replacement Drug Demonstration Project: THALOMID** for the treatment of multiple myeloma is covered for patients who enroll in an interim Medicare reimbursement project until the Medicare Reform Act takes effect in January 2006.

THALOMID SUCCESS SUPPORTS AN INNOVATIVE, RICH AND DEEP PIPELINE

Before current treatments, patients diagnosed with multiple myeloma lived an average of 33 months. Today lives are being saved, extended and enhanced. As patients live longer there is a growing need for more treatment options. **THALOMID** and REVLIMID, along with Celgene's robust pipeline of disease-altering agents including late-stage compounds, are being tested alone, in combination, and in combination with other new treatment regimens to help fill this need.

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