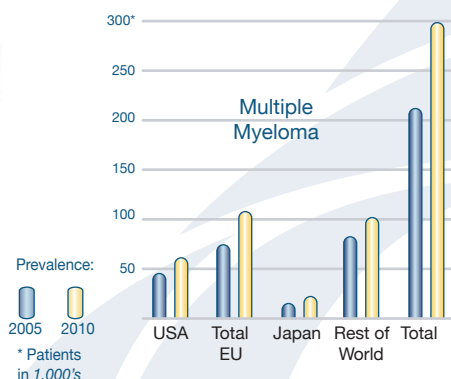


THALOMID® APPROVED FOR FRONT LINE TREATMENT OF MULTIPLE MYELOMA

In May, the U.S. Food and Drug Administration (FDA) granted accelerated approval to a supplemental new drug application (sNDA) for **THALOMID** (thalidomide) in combination with dexamethasone for the treatment of newly diagnosed multiple myeloma.



Global Market Opportunity



- **THALOMID** usage is driven by peer-reviewed publications and presentations at major medical conferences (see below).
- More than 130,000 patients have been treated to date with **THALOMID** through *The System for Thalidomide Education and Prescribing Safety* (S.T.E.P.S.®).
- **THALOMID** net sales for full year 2005 increased 25% to \$387.8 million.
- **THALOMID** is the most prescribed drug for multiple myeloma patients.

CLINICAL DATA SUPPORTS THALOMID AS A FIRST-LINE STANDARD OF CARE

At **ASCO 2006**, clinical data from two phase III studies evaluating **THALOMID** in combination regimens reported survival advantage for patients diagnosed with multiple myeloma.

- At a plenary session, updated clinical data from a phase III French study (IFM99-06) demonstrated that median overall survival for patients on melphalan and prednisone plus thalidomide (MPT) was significantly longer (54 months) than patients on melphalan and prednisone alone (32 months) or stem cell transplant (38.6 months).
- In a separate oral presentation from an ongoing multi-centered, randomized, placebo-controlled phase III study (MM-003) of thalidomide plus dexamethasone versus dexamethasone alone for previously untreated multiple myeloma: the median overall survival and median time to disease progression have not been reached in the thal/dex arm of the study as compared to 25.2 months with dexamethasone plus placebo ($p < 0.0001$)

Previously at the **American Society of Hematology Meeting (ASH) in 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."

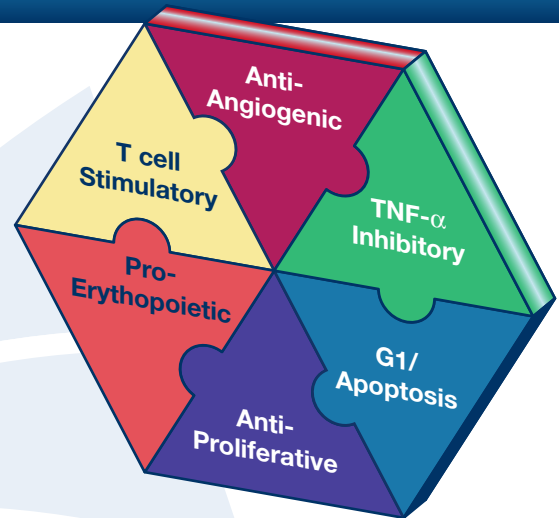
THALOMID INVESTIGATIONAL ONCOLOGY USE

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

Multiple Myeloma	Cachexia	Leukemias and MDS	Myelofibrosis with
Glioblastoma	NSCLC	Carcinoid Syndrome	Myeloid Metaplasia
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

Putting patient safety first – S.T.E.P.S.[®]

- An innovative System for Thalidomide Education and Prescribing Safety, or S.T.E.P.S. is the first patented, FDA-approved risk-management pharmaceutical distribution program.
- S.T.E.P.S. is becoming an industry-leading risk-management distribution program which ensures, to the maximum extent possible, safe access to drugs with potentially serious side-effects that require controlled delivery.
- S.T.E.P.S. has made it possible for more than 130,000 patients to receive the clinical benefits of THALOMID.

PATIENT ACCESS

- **Patient Support Solutions:** Celgene's Patient Assistance Program, assesses patients' needs for therapy assistance. This industry-leading assistance program has been expanded to include both REVLIMID and THALOMID.
- **Non-Profit Foundations:** Celgene continues to provide support for patient access to our therapies through third-party providers. These non-profit foundations provide financial support to eligible patients who have insurance coverage, but may not be able to afford the out-of-pocket costs associated with coverage necessary to obtain prescription drug therapies critical to their overall treatment.

THALOMID 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 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 potential disease-altering agents including late-stage compounds, are being tested alone, and in combination with other new treatment regimens to help fill this need.