



Craig Eagle

Senior Director, Global Oncology, Pfizer Global Pharmaceuticals



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In case you didn't hear, Pfizer Oncology made significant noise at this year's ASCO in Chicago. Between the marketed products and the development products, Pfizer made the statement that their oncology franchise is moving rapidly toward becoming a leader in the field. The Pfizer story is yet more evidence that big pharma is moving into the space which was previously glamorized by biotech. We spoke with Craig Eagle, Senior Director of Global Oncology at Pfizer to get the scoop.

OBR: *We kept hearing about Pfizer Oncology in Chicago, as though the company was “born-again” in Chicago. In your opinion, what was the big story for Pfizer at ASCO?*

CE: While we had significant data and news around our marketed products, new compounds seemed to be the big story that everyone was talking about.

OBR: *Let's start with marketed products then. What happened with Sutent (sunitinib)?*

CE: Sutent is established in renal cell cancer and gastrointestinal stromal tumors. At this ASCO we presented data that confirmed that Sutent achieves significantly improved PFS (progression free survival) in 1st line metastatic RCC compared to Interferon alone (11 months vs 5.1 months). We also showed activity in NSCLC with a phase 2 study in end stage patients which produced responses significant enough to move us forward with that program. We are currently conducting two phase 3 studies: one is in first line NSCLC with gemcitabine\cisplatin and the other is in 2nd line NSCLC which compares Sutent plus Tarceva with Tarceva alone. Finally, we announced prior to ASCO that we expanded our research program evaluating the efficacy and safety of

Sutent in metastatic breast cancer with the initiation of three new Phase 3 trials – this robust research program now includes four Phase 3 and two Phase 2 trials which are currently open and enrolling. More information can be found on www.clinicaltrials.gov or www.suntrials.com – a clinical resource for health-care providers. A Phase III trial to evaluate Sutent in advanced colorectal cancer is currently open and enrolling and a Phase III program in liver will soon be initiated.

OBR: *Good news. And were there any significant events regarding Camptosar (Irinotecan) at this year's ASCO?*

CE: With Camptosar there were two important studies presented. The CRYSTAL study compared FOLFIRI with and without Erbitux (Cetuximab) in 1st line metastatic CRC patients. In this study the FOLFIRI plus Erbitux arm showed a significant benefit in progression free survival and increased response rates as compared to the FOLFIRI alone arm. Further, more patients in the FOLFIRI + Erbitux arm were able to go and get a liver resection due to decreased tumor burden in the liver. There were increased skin reactions and diarrhea in the **cont. on pg 50 >>**

Folfiri + Erbitux arm. The BICC-C study compared two different Camptosar containing regimens, FOLFIRI and mIFL, and added Avastin to both regimens. From the results of this study we can conclude that the best 5-FU regimen to give Camptosar with is infusional (FOLFIRI) when adding Avastin. Importantly, we can conclude from these two studies that Camptosar continues to be worth combining with the new targeted therapies for CRC.

OBR: *Now moving in the direction of investigational cancer compounds at Pfizer, tell us about CP-751,871.*

CE: CP-751,871 is a first in class compound that works by blocking Insulin Like Growth Factor Receptor. Pfizer is the first company to announce Phase 2 results with this new class of cell signaling inhibitors. In a randomized phase 2 study in NSCLC patients we demonstrated a 46% response rate in the carbo/taxol + CP-751,871 arm vs. a 32% response rate in the carbo/taxol arm. We are encouraged enough by this study that we are currently designing a Phase 3 study in NSCLC which will compare CP-751,871 plus SOC (standard of care) to SOC alone.

OBR: *And the other investigational agent we seemed to hear a lot about was CP675,206. What's new with this one?*

CE: This is a very interesting compound which essentially releases the brakes on the immune system. CTLA-4 is a molecule which normally puts the brakes on the immune system and stops it from attacking tumors. CP-675,206 is an antibody which works on CTLA-4 and renders it inactive so that the immune system can attack the tumor. We presented results from a phase 2 study with 89 patients in which we saw survival times 10.3 to 11 months, which is longer than historical data. While this is preliminary data it was also encouraging enough that we are going to further our investment in the development of The CP-675,206 Phase 3 study in metastatic melanoma has completed enrollment and we are awaiting the data. In this study CP-675,206 was used as a single agent administered once every three weeks.

OBR: *Finally, Axitinib made a splash in Chicago including a feature during one of the ASCO press briefings. What is Axitinib and why was this product featured?*

CE: Axitinib is an investigational, oral inhibitor of vascular endothelial growth factor receptors 1, 2 and 3. By inhibiting all 3 VEGF receptors it is thought to impact tumor angiogenesis, lymphangiogenesis, and vascularization. At ASCO we announced results from several Phase 2 studies including preliminary data from a randomized Phase 2 study of 103 previously un-treated patients with advanced pancreatic cancer, demonstrating a trend toward prolonged overall survival in patients treated with axitinib plus gemcitabine

(6.9 months) versus gemcitabine alone (5.6 months). While these are preliminary data, we are encouraged by these results in this difficult to treat cancer and plan to further explore the role of axitinib in advanced pancreatic cancer as part of a Phase III program. Additionally, data from a single-arm, multi-center Phase 2 study in advanced refractory thyroid cancer demonstrated a 30% objective response rate with single-agent axitinib. A global trial of axitinib in advanced refractory thyroid cancer is ongoing. Results from Phase 2 studies evaluating the safety and efficacy of axitinib in advanced non-small cell lung cancer, breast cancer and renal cell carcinoma were also presented at ASCO and we are continuing to study axitinib across several tumor types.

OBR: *All good news for Pfizer and for cancer patients. Congratulations on an excellent ASCO.*

OBR: *You've been at Pfizer for 6.5 years and in the oncology group for 3.5 years. How have you seen things change for the oncology group there at Pfizer since you've been there.*

CE: Pfizer is continuing to build the oncology infrastructure and make the monetary investment in the development of its products. We currently spend over 20% of the R&D budget on oncology and we've been actively recruiting and employing the people we need to build the oncology franchise properly. This year's ASCO is a great example of the investment we've been making as we develop novel compounds and progress with encouraging data at the scientific meetings. And we'll be making even more of an investment as we move these compounds into Phase 3. At Pfizer, we want to be part of the cancer solution.

OBR: *Thanks for your time Craig.*