



Committed to
improving the
lives of patients
worldwide®



CELGENE IS COMMITTED TO

Improving the lives of patients worldwide

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

This promise extends to doctors and to the community of caregivers who work on patients' behalf. Celgene therapies are helping physicians and other caregivers around the world change the course of human health by delivering higher-quality healthcare and better outcomes for patients with rare, serious and debilitating diseases.

The more than 4,500 employees of Celgene operating in over 50 countries around the world are working every day to fulfill our promise.

Underlying this commitment is our proven dedication to innovative science and transformational medicines. On a consistent basis, our company has invested into research & development at a substantially higher rate than the industry norm. As we see it, the Celgene pipeline is a promise in itself. It represents not only significant potential for all Celgene stakeholders, but also new possibilities...and new hope...for hundreds of thousands of people around the world who are impacted by incurable cancers and serious underserved diseases.

For these patients, Celgene is working on the frontier of medicine, attacking disease at its source and leveraging a broad range of biological activities that hold meaningful therapeutic potential.

Our promise to patients is global in scope. Through our efforts, both ongoing and planned, in the Americas, Europe, Asia and Australia, Celgene is emerging as a pre-eminent biopharmaceutical company, globally integrated and culturally diverse. We share a belief that what we do matters, that it is essential to the advancement of healthcare. How we do it is what defines Celgene, setting us apart from those who have come before us, as well as those we will meet in the future.

At Celgene, patients always come first.

>> 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. In fact, this passion has shaped our company from its very beginnings. Facing what seemed like insurmountable obstacles, we took the world's most controversial drug, thalidomide, and transformed it into a new option for patients with myeloma—a deadly blood cancer. Since that time, we have been changing the face of medicine and producing remarkable results and have grown into one of the world's foremost biopharmaceutical companies.

Our already strong company is now stronger through the shared talent, scientific knowledge and combined research capabilities that are helping us advance nearly 30 phase III and pivotal clinical studies, so that we can deliver more disease-altering therapies to more patients sooner.

We continue to make progress across a broad range of disease categories, from hematology to oncology 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.

Today, our innovative therapies are available in more than 70 countries, and we plan to expand our presence to nearly 100 countries in the future. Our portfolio of approved drugs, now encompassing lenalidomide, thalidomide, azacitidine, romidepsin and *nab*[®]-paclitaxel, provides life-changing benefits to patients.

In one area of disease, blood cancers, clinical data are showing us that now, more than ever, we are increasing survival rates for patients and lessening the financial burden on the healthcare system. In a remarkable example of this improvement, 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 of healthy people.

Additionally, our therapies are addressing solid tumor diseases for which there have been few successful therapeutic options. Through researching powerful mechanisms such as modifying the body's immune response, or unique delivery systems that turn cancer cells' own survival mechanisms against them, we strive to make significant improvement in patients' outcomes.

Our lead candidate in immunology and inflammation, like many of our other therapies, is an oral agent that patients can take at home, helping to preserve their quality of life.

Celgene Cellular Therapeutics (CCT), our wholly owned subsidiary focused on the development of stem cell therapies, is pioneering state-of-the-art research in placenta-derived cells, including the first clinical use in this area. Having developed proprietary technologies for collecting, processing and storing placental stem cells, CCT is now evaluating the potential of cellular therapies in cancer as well as in a number of other autoimmune, cardiovascular, neurological, inflammatory and degenerative diseases.



ROBERT J. HUGIN
*Chairman and
Chief Executive Officer*

We continue to establish new relationships that provide us with the opportunity to deepen our pipeline while at the same time broadening our work into new pathways. Ever looking forward, we are fueling one of the richest discovery pipelines in the industry. Currently, over 50,000 patients worldwide access our novel therapies through more than 400 clinical studies. Our research applies cutting-edge science and translational medicine in the areas of immunomodulation, epigenetic hypomethylators and histone deacetylase inhibitors, cellular and vaccine-based therapies, kinase inhibitors and cancer metabolism.

Our already strong company is now stronger through the shared talent, scientific knowledge and combined research capabilities that are helping us advance nearly 30 phase III and pivotal clinical studies, so that we can deliver more disease-altering therapies to more patients 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, to the maximum extent possible, that those who can benefit from our therapies have the opportunity to receive them safely.

Our corporate culture reflects our mission of improving the lives of patients worldwide. We are fortunate to have talented and devoted employees who have joined us from around the world. We are an organization that cares deeply

about patients and works tirelessly to provide them with new solutions in medicine, and we are only at the beginning of our story.

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

Sincerely,

Robert J. Hugin
Chairman and Chief Executive Officer



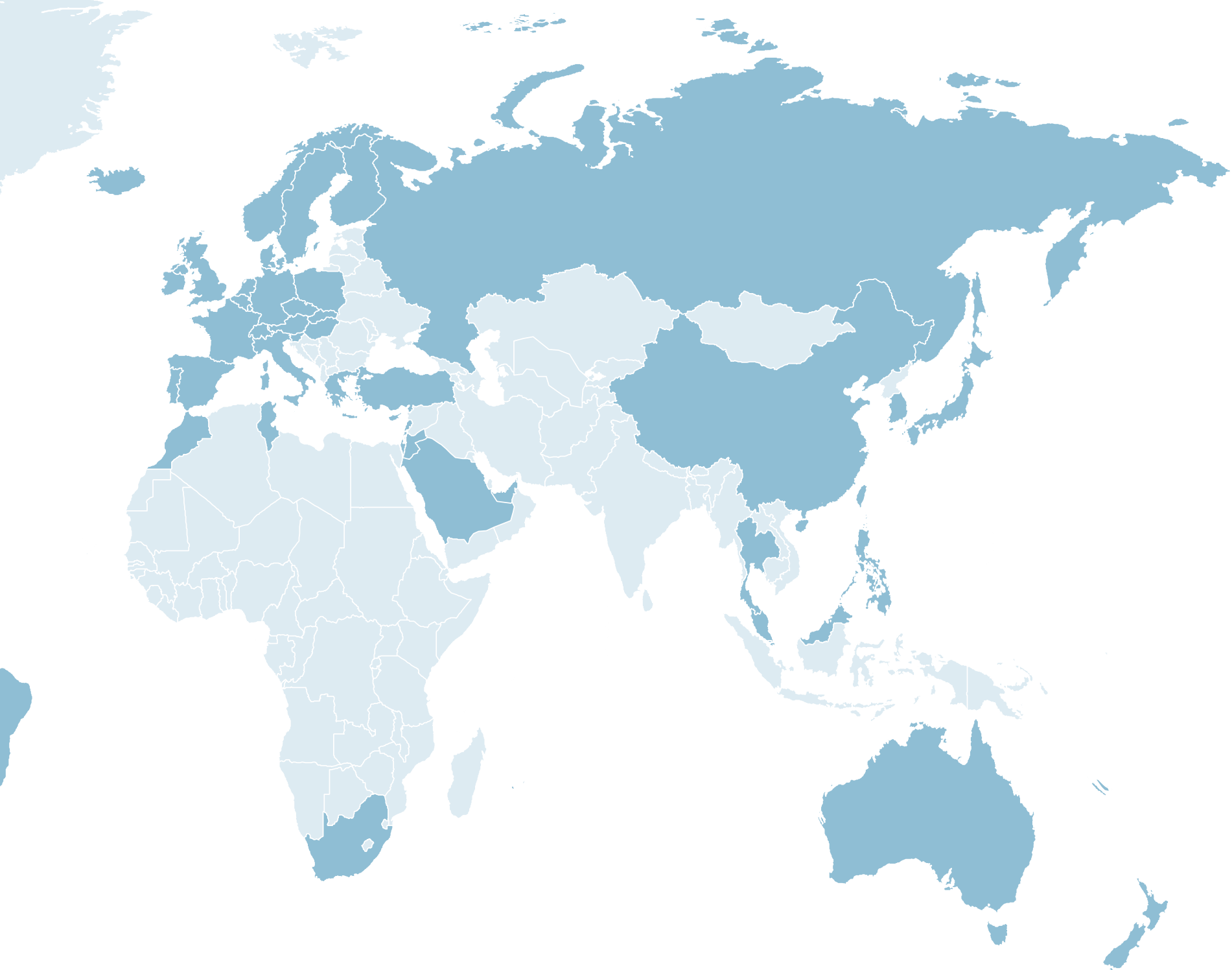
>> Committed to patients around the world

Our combined global team of more than 4,500 employees working in operations in more than 50 countries, providing patients with the clinical benefits of our innovative therapies in more than 70 countries, positions us with a solid foundation from which to maximize our ability to improve patient outcomes.

Our Vision, Mission and Values

At Celgene we are unified in our vision, mission and values and aligned in our commitment to improve the lives of patients worldwide. We share a belief that what we do matters in the world—that it is essential to the advancement of healthcare—and that how we do it defines who we are and sets us apart from those who have come before us.

Our purpose is to change the course of human health through bold pursuits in science and a promise always to put patients first.



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



Changing the course of disease by focusing on the cause and not just the symptoms

Celgene Hematology is the foundation on which our company was built. From our earliest efforts with thalidomide in myeloma to ongoing clinical studies in multiple diseases, our therapies are transforming the landscape of the treatment of blood cancers.

Focused on treating the underlying disease, therapies such as our IMiDs® franchise do more than simply address the symptoms of disease. Using a combination of actions, these drugs both attack cancer cells and bolster the body's own defense system to fight diseases such as myeloma.

In addition to IMiDs, our hematology portfolio includes powerful epigenetic therapies that dampen tumor cells' ability to survive and reproduce. This mechanism of action has allowed us to make great strides in diseases such as myelodysplastic syndromes and t-cell lymphomas.

Research continues around next-generation therapies in our current indications and in other diseases with significant unmet needs, including acute myeloid leukemia, myelofibrosis, non-Hodgkin's lymphoma, diffuse large b-cell lymphoma, mantle cell lymphoma, chronic lymphoid leukemia and more.

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

>> Lenalidomide

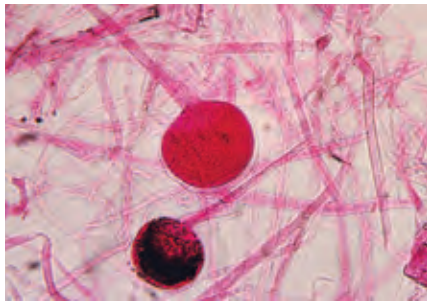
Lenalidomide was the first member of our group of proprietary immunomodulatory drugs known as the IMiDs[®]. Based on clinical studies, lenalidomide reduces the growth and accelerates the death of multiple myeloma cells, preventing the cells from adhering to their surrounding support cells. Lenalidomide also stimulates the immune system's T cells, which in turn activate the natural killer cells that destroy cancer cells.

Lenalidomide has demonstrated unprecedented survival rates both in newly diagnosed and in relapsed or refractory multiple myeloma. Additionally, clinical trials with lenalidomide have led to an important new paradigm in myeloma treatment. Based on data in multiple clinical studies, Celgene is pursuing regulatory pathways in newly diagnosed myeloma and maintenance therapy. Due to the nature of multiple myeloma, treating patients throughout the course of their disease may be necessary to achieve long-term sustained disease suppression. Three phase III studies of patients with myeloma have demonstrated that

continuous therapy with lenalidomide decreased the risk of disease progression by more than half.

Lenalidomide is also the standard of care for patients with myelodysplastic syndromes (MDS) who have a 5q chromosomal deletion.

Nearly 300 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.



Multiple Myeloma

Multiple myeloma, also known as myeloma, is a blood cancer in which plasma cells—important components of the immune system—replicate uncontrollably and accumulate in the bone marrow. Rather than making normal antibodies, myeloma cells tend to overproduce a useless antibody known as M protein.

Multiple myeloma is the second most commonly diagnosed blood cancer after non-Hodgkin's lymphoma. Myeloma mainly affects older adults; patients' median age at diagnosis is 70 years. The five-year survival rate for patients is approximately 35%.

Chronic Lymphocytic Leukemia

Chronic lymphocytic leukemia (CLL) is a blood cancer in which the bone marrow produces abnormal lymphocytes, a

type of white blood cell that has a number of roles in the immune system. CLL usually progresses more slowly than do other types of leukemia. Accounting for almost 30% of all adult leukemia cases, the median age of patients with CLL is 72 years, and the five-year survival rate is 74%.

Non-Hodgkin's Lymphoma

Non-Hodgkin's lymphoma (NHL) is a blood cancer in which lymphocytes accumulate in one or more lymph nodes, causing tumors known as lymphomas. As NHL progresses, cancerous cells can spread from the lymph nodes to one or more areas in the body, including the bone marrow, spleen, liver and nervous system.

The primary difference between NHL and CLL is the origin of the malignant lymphocytes. In NHL, the cancer stems from lymphocytes in a lymph

node or other lymphatic tissue, whereas CLL originates in the bone marrow.

There are approximately 30 types of NHL, which are classified by properties including the size and appearance of the lymphoma cells, but two types represent about half of all NHLs:

- *Diffuse large B-cell lymphoma* is the most common aggressive form of NHL, which is rapidly fatal (usually within weeks to months) if untreated or unresponsive to therapy.
- *Follicular lymphoma* is the most common form of low-grade lymphoma, which progresses slowly but is not curable with conventional treatment.

Another subtype of NHL is *mantle cell lymphoma*—a rare, slow-growing form of the disease with small to medium-sized cells. The cancer spreads rapidly and is largely incurable.

>> Azacitidine

Azacitidine is a member of a class of therapeutics called demethylases used to treat myelodysplastic syndromes (MDS). In some diseases, including MDS and other blood disorders, the addition of too many methyl groups to the genetic material allows tumor cells to grow and multiply. Because azacitidine is incorporated into the structure of the gene, it prevents the introduction of excess methyl groups, allowing the cells to grow and function normally.

Along with romidepsin, azacitidine is part of an emerging group of therapies based on the science of epigenetics, which involves the ability to turn genes on or off without changing the actual sequence of the DNA. Epigenetics is currently a key area of cancer research.

Azacitidine is currently approved for MDS as an injection, but clinical trials are underway to test a more convenient oral version of the therapy. Phase III trials are also testing azacitidine in patients with acute myeloid leukemia.

Myelodysplastic Syndromes

Myelodysplastic syndromes (MDS) are a group of closely related but diverse blood cancers in which the cells that give rise to red blood cells, white blood cells and platelets fail to develop normally, resulting in low numbers of mature blood cells. The blood cell deficiencies cause a wide array of debilitating symptoms—such as increased susceptibility to infections, extreme fatigue and excessive bruising and bleeding—that can become life-threatening as the



disease progresses. Many patients with MDS experience severe chronic anemia and require repeated red blood cell transfusions.

The most severe forms of MDS are associated with survival times of less than one year. In up to 30 percent of cases, MDS may progress to acute myeloid leukemia—a blood cancer that is difficult to treat and has a poor prognosis.

The cause of MDS is not known, but many cases are associated with detectable defects in one or more of the patient's chromosomes. In one subtype of MDS, called MDS deletion 5q, cells are missing a portion of the long arm of chromosome five.

Acute Myeloid Leukemia

Acute myeloid leukemia (AML) is a blood cancer that starts in the bone marrow but moves quickly into the blood, often spreading to other parts of the body. In AML, the abnormal bone marrow cells do not become healthy white blood cells or may develop into too many abnormal red blood cells or platelets. AML can progress quickly and be fatal within a few months if not treated.

The average age of a patient with AML is 67 years, and very few cases of AML are diagnosed in those younger than 40. AML affects slightly more men than women.

A close-up photograph of a hand in a white lab coat pouring liquid from a glass vial into a multi-well plate. The plate is filled with many small wells, and the liquid is being poured into one of them. The background is a soft, out-of-focus blue and white, suggesting a laboratory setting.

>> Romidepsin



Romidepsin is a member of a new class of cancer drugs known as histone deacetylase (HDAC) inhibitors being utilized in the treatment of patients with certain t-cell lymphomas. Along with azacitadine, romidepsin is a part of an emerging group of therapies based on the science of epigenetics. Romidepsin is part of the HDAC class known as cyclic tetrapeptides, where its structure is unique. Romidepsin has recently been approved for the treatment of PTCL and CTCL based on significant and durable responses demonstrated in clinical studies.

Epigenetics involves the ability to turn genetic expression “on” or “off” without changing the underlying DNA and is one of the most important areas of cancer research.

HDACs remove acetyl groups from proteins. Without an acetyl group, the gene that is supposed to regulate cell growth is silenced. But HDAC inhibitors reverse the process so that the gene can function and the cell resumes its normal life cycle.

CTCL

CTCL is a type of non-Hodgkin’s lymphoma (NHL) caused by a mutation of T-cells; most types of NHL are of T-cell origin. The malignant T-cells involve the skin, causing plaques, patches, erythroderma and/or tumors and can involve other organs including the blood, lymph nodes and viscera. According to the Cutaneous Lymphoma Foundation, this rare orphan disease has a greater frequency among men than women; the disease is more common after the age of 50.

PTCL

Peripheral T-cell lymphoma comprises a heterogeneous group of malignancies of T-cell origin that account for about 10–15% of all cases of non-Hodgkin’s lymphoma. PTCL can occur from young adulthood to old age and is slightly more common in men than in women. It is a particularly aggressive form of lymphoma with a short median duration of survival (approximately two years) from diagnosis.



>> Pomalidomide

Pomalidomide is the newest member of the IMiDs[®] family of compounds, which includes thalidomide and lenalidomide. Discovered through the efforts of the Celgene research team, this next-generation therapy is an order of magnitude more powerful than lenalidomide and is currently progressing through late-stage clinical studies in multiple hematologic indications.

Myelofibrosis

Myelofibrosis is a serious bone marrow disorder that disrupts the body's normal production of blood cells. The result is extensive scarring in the bone marrow, leading to severe anemia, weakness, fatigue and often an enlarged spleen and liver.

Myelofibrosis is a type of chronic leukemia—a cancer that affects the blood-forming tissues in the body. Myelofibrosis can occur on its own (primary myelofibrosis) or it can occur as a result of another bone marrow disorder (secondary myelofibrosis).

Many people with myelofibrosis get progressively worse, and some may

eventually develop a more serious form of leukemia. Yet it's also possible to have myelofibrosis and live symptom-free for years. Treatment for myelofibrosis, which focuses on relieving symptoms, can involve a variety of options.*

ACE-536

Through a collaborative research partnership with Acceleron Pharma, ACE-536 is a novel, first-in-class therapy being developed for the treatment of chronic anemia in MDS. ACE-536 is a ligand trap that inhibits members of the TGF-beta superfamily involved in late stages of erythropoiesis. ACE-536 is a biochemically distinct molecule and

may have unique pharmacological attributes that enable their preferential use in particular anemia indications. In preclinical studies, ACE-536 promotes red blood cell (RBC) formation in the absence of erythropoietin (EPO) signaling, has distinct effects from EPO on RBC differentiation and acts on a different population of progenitor blood cells than EPO during RBC development.

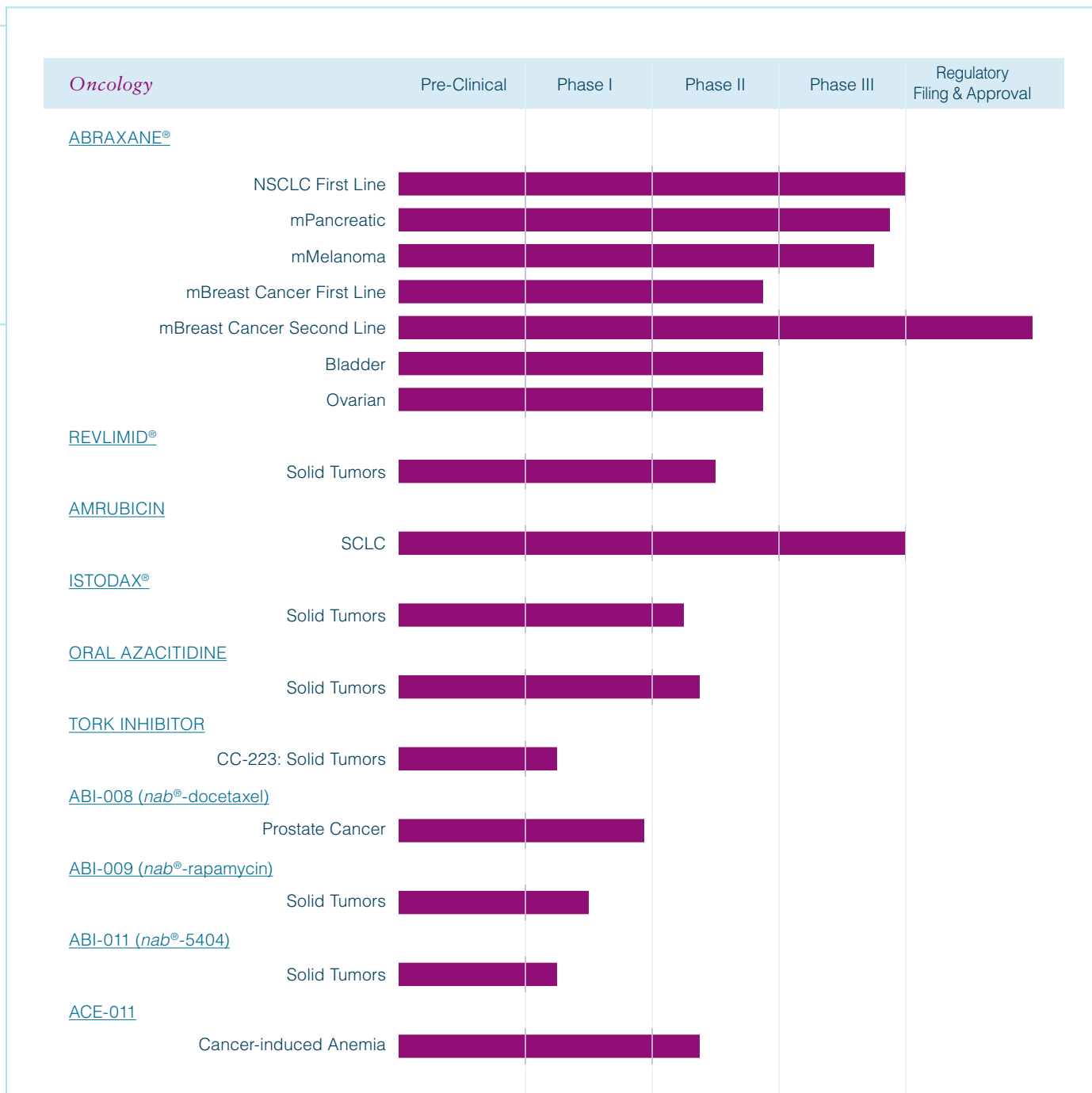
The program is entering early-stage clinical studies and represents an important complementary application within hematology drug development.

*Mayo Clinic

In clinical studies, pomalidomide has shown promise in myeloma patients who have received multiple novel agents:

“The most striking feature of our trial is the response seen in patients who have been shown to be refractory to other novel agents including lenalidomide, thalidomide, and bortezomib. Patients with myeloma who have experienced progression after multiple novel agents have limited treatment options. The 40% response rate in lenalidomide-refractory patients implies non-cross resistance for this agent, suggesting a special niche for this drug in the treatment of patients who have experienced relapse.”*

*Lacy, et al. *Journal of Clinical Oncology*, 2009



>> Changing the course of human health through bold pursuits in science

Along with the global growth of our company has come an expanded view of indications in which we believe we can make a significant contribution. In particular, solid tumor cancers are a natural extension of the success we have achieved in hematology.

Our IMiDs[®] compounds are showing promise in a range of tumor types and have entered phase III trials in prostate cancer—an historically difficult disease to treat at late stages.

Within the oncology franchise, our principal therapy combines a traditional taxane with human albumin through a unique nanotechnology-based formulation process. The resulting product delivers more of the drug to its intended destination, while simultaneously minimizing solvent-related safety concerns.

With the emergence of our Celgene Oncology group, we are moving into new disease areas with the potential to help exponentially more patients.

>> *Nab*[®]-paclitaxel

Nab-paclitaxel is an anti-cancer compound containing the chemotherapy agent paclitaxel wrapped in an albumin shell. The drug is uniquely targeted to tumors through Celgene's proprietary *nab*[®] (nanoparticle albumin bound) technology.

Albumin is a natural protein that tumor cells absorb normally as they grow. Encasing paclitaxel inside albumin disguises the drug and turns the tumor's natural feeding mechanism into a means to transport the chemotherapy into the cancer cells. It also replaces harsh chemicals and solvents needed to introduce the water-insoluble paclitaxel into the blood stream.

Clinical trial data have shown that patients with metastatic breast cancer who are treated with albumin-bound paclitaxel have a higher response rate, increased time to tumor progression and prolonged survival (for second-line and later regimens)

compared with solvent-based paclitaxel. Albumin-bound paclitaxel is approved for use in patients with relapsed/refractory metastatic breast cancer, and clinical trials are underway for many other indications, including malignant melanoma, advanced non-small cell lung cancer, pancreatic cancer and advanced ovarian and bladder cancer.

Metastatic Breast Cancer

Metastatic breast cancer is a complex multi-step process involving the expansion of cancerous cells from the breast to other areas of the body. It is a serious complication of breast

cancer, as metastatic disease in breast cancer is often fatal, with treatments mainly limited to palliation.

Breast cancer primarily metastasizes to the bone, lungs, regional lymph nodes, liver and to the brain, with the most common site being the bone. The typical environmental barriers in any metastatic event would include physical (basement membrane), chemical (Reactive Oxygen Species (ROS), hypoxia and low PH) and biological (immune surveillance, inhibitory cytokines and regulatory Extracellular Matrix (ECM) peptides) components. Organ-specific anatomic considerations can also influence



metastasis; these include blood flow patterns from the primary tumor and the homing ability of cancer cells for certain tissues. The targeting by cancer cells of specific organs is likely regulated by chemoattractant factors and adhesion molecules, which are produced by the target organ along with the cell-surface receptors expressed by the tumor cells.

Melanoma

Melanoma is a malignant tumor of melanocytes. Melanocytes are cells that produce the dark pigment, melanin, which is responsible for the color of skin. They predominantly occur in skin, but are also found in other parts of the body, including the bowel and the eye (see uveal melanoma). Melanoma can occur in any part of the body that contains melanocytes.

Melanoma is less common than other skin cancers. However, it is much more dangerous and causes the majority (75%) of deaths related to skin cancer. Worldwide, doctors diagnose about 160,000 new cases of melanoma yearly. The diagnosis is more frequent in women than in men and is particularly common among Caucasians living in sunny climates, with high rates of incidence in Australia, New Zealand, North America and northern Europe. According to a WHO report, about 48,000 melanoma-related deaths occur worldwide per year.

Pancreatic Cancer

Pancreatic cancer is a malignant neoplasm of the pancreas. In typical usage, the term “pancreatic cancer” refers specifically to the significantly

most common type of cancer, adenocarcinoma (and some variants thereof), that arises within the exocrine component of the pancreas, although the term can also reasonably be used to encompass less common types of cancer that also originate within the pancreas, and is quite frequently inclusive of the other exocrine cancers. Pancreatic cancer is the fourth most common cause of cancer death both in the United States and internationally.

>> Other oncology agents

Celgene Oncology has built an expanding pipeline beyond *nab*[®]-paclitaxel that includes next-generation targeted agents as well as additional *nab*[®]-based treatments.

Amrubicin

Amrubicin is the company's next-generation anthracycline agent. Currently in late-stage clinical studies for small-cell lung cancer, an area of medicine where there are few therapeutic options. Amrubicin is a potent topoisomerase II inhibitor that has not demonstrated some of the traditional cardiac-related adverse events associated with other anthracyclines.

Small Cell Lung Cancer

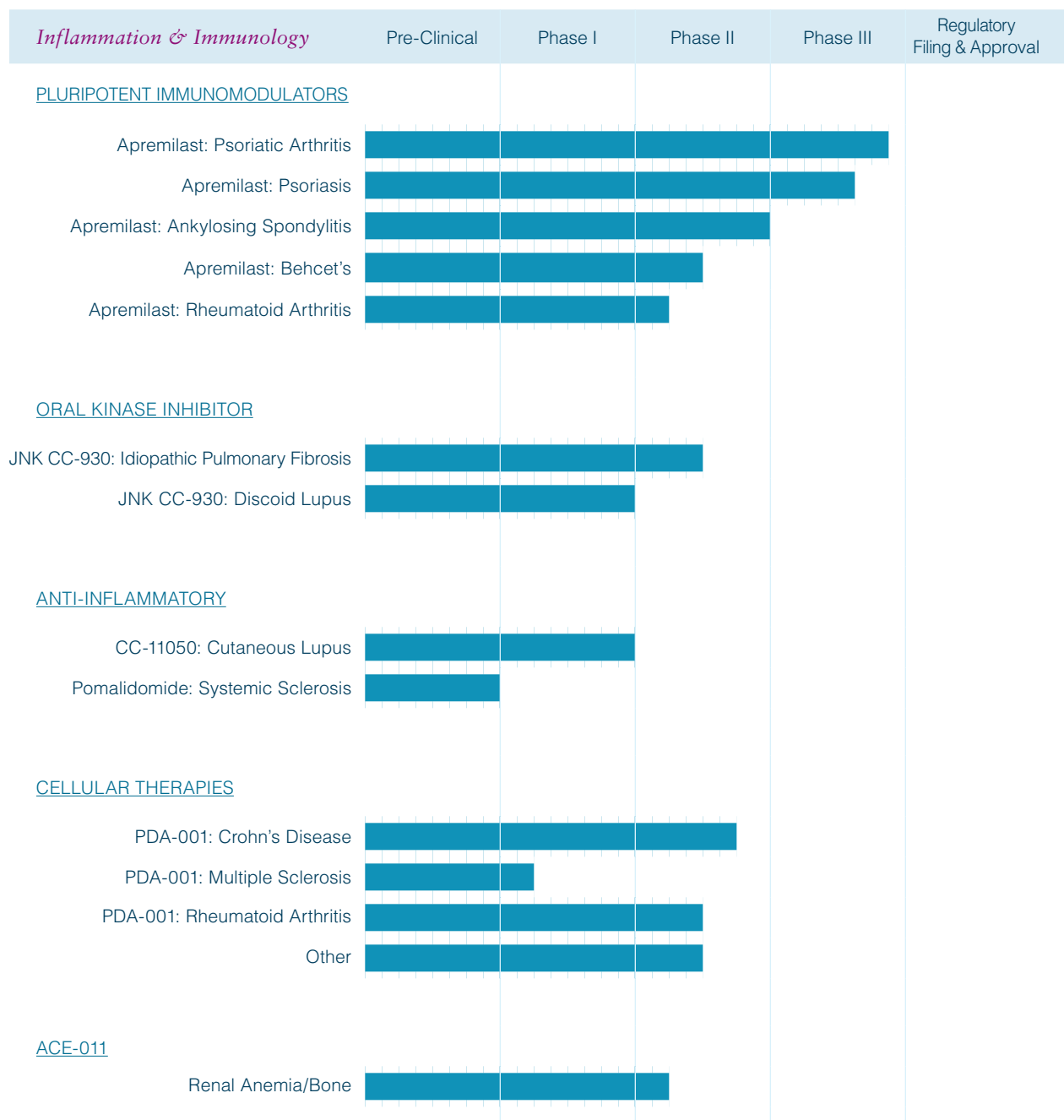
Small cell lung cancer is a disease in which malignant cells form in the tissues of the lung, and which occurs almost exclusively in people who smoke. While small cell lung cancer constitutes approximately 15 percent of all lung cancers, SCLC tends to be more aggressive and fast growing than the more common non-small cell lung cancer. An estimated 65,000 patients are diagnosed with SCLC each year in the U.S. and EU.

ACE-011

Through a collaborative research partnership with Acceleron Pharma, ACE-011 is a novel, first-in-class therapy being developed for the treatment of chemotherapy-induced anemia. ACE-011 works by targeting members of the TGF-beta superfamily that signal through the activin receptor type IIA. Members of this superfamily of ligands and receptors are involved in many cellular functions including cell growth, adhesion, migration, differentiation and apoptosis.

CELGENE ONCOLOGY





>> Next generation therapies delivering quality outcomes for better healthcare

Celgene I&I holds the potential to help a large group of patients outside of our core cancer discipline, those living with debilitating immune-related and inflammatory diseases like psoriasis, arthritic conditions, Crohn's disease and more.

Built upon the ongoing research of scientists in both Celgene and Celgene Cellular Therapeutic laboratories, I&I now features an emerging pipeline of innovative oral immunomodulatory compounds, kinase inhibitors and placenta-derived cellular therapies.

Long a part of the company's pipeline, these therapies are rapidly moving into late-stage clinical trials where they are addressing significant unmet needs in serious disease areas.



Apremilast

Apremilast, our lead candidate in the I&I franchise, is an oral pluripotent immunomodulator that impacts multiple pro- and anti-inflammatory mediators. Apremilast was discovered and developed by Celgene based on its early work in oral immunomodulatory therapies. In early clinical studies, apremilast has generated encouraging results according to ACR and PASI evaluations in psoriasis and psoriatic arthritis and is uniquely positioned to potentially address the need for a safe and effective oral option for the treatment of these conditions.

The therapy is also being evaluated in clinical studies for conditions such as rheumatoid arthritis, ankylosing spondylitis and Behcet disease and has shown great promise in these areas with more than 3,000 patients currently enrolled in six phase III Celgene-sponsored studies.

Psoriasis

Psoriasis is an immune-mediated, non-contagious chronic inflammatory skin disorder of unknown cause. The disorder is a chronic recurring condition which varies in severity from minor localized patches to complete body coverage. Plaque psoriasis is

the most common type of psoriasis. About 80 percent of people who develop psoriasis have plaque psoriasis, which appears as patches of raised, reddish skin covered by silvery-white scales. These patches, or plaques, frequently form on the elbows, knees, lower back and scalp. Psoriasis occurs nearly equally in males and females. Recent studies show that there may be an ethnic link. Psoriasis is believed to be most common in Caucasians and slightly less common in other ethnic groups. Worldwide, psoriasis is most common in Scandinavia and other parts of northern Europe. About 10 percent to 30 percent of patients with psoriasis

also develop a condition called psoriatic arthritis, which causes pain, stiffness and swelling in and around the joints.

Psoriatic Arthritis

Psoriatic arthritis is a type of inflammatory arthritis that affects more than a million people in the U.S. and Europe. This debilitating condition causes pain, stiffness and swelling in and around the joints, as well as joint destruction.

>> Celgene Cellular Therapeutics



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

Celgene Cellular Therapeutics, our cellular therapies 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 recent years, our studies of placenta-derived cells have led to the findings of a variety of biological activities with therapeutic potential.

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

In 2006, Celgene Cellular Therapeutics (CCT) obtained its first U.S. patent for methodologies to be used

for the recovery of a variety of stem cells from human placentas. This, along with numerous other patents received since, gives Celgene a dominant intellectual property estate in this increasingly important area.

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

Since that time, CCT's lead candidate, PDA-001, has moved into phase II studies in multiple indications including Crohn's disease, ischemic stroke, rheumatoid arthritis and earlier studies in multiple sclerosis.

Lifebank USA, the company's placental cell, cord-blood and tissue banking subsidiary, has also expanded its presence, storing cells so that customers may access the potential of stem cell-based therapies if needed in the future.





Research & Early Development

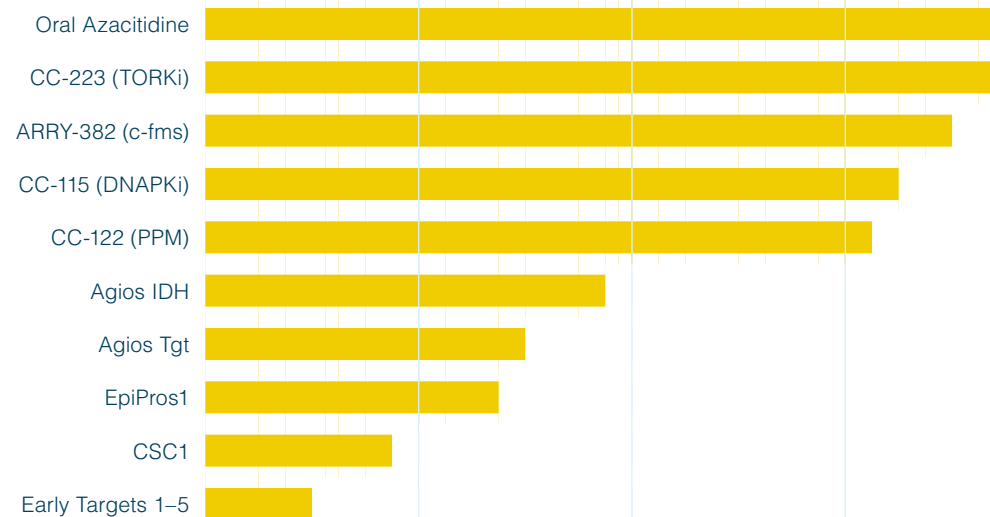
Discovery

Lead Optimization

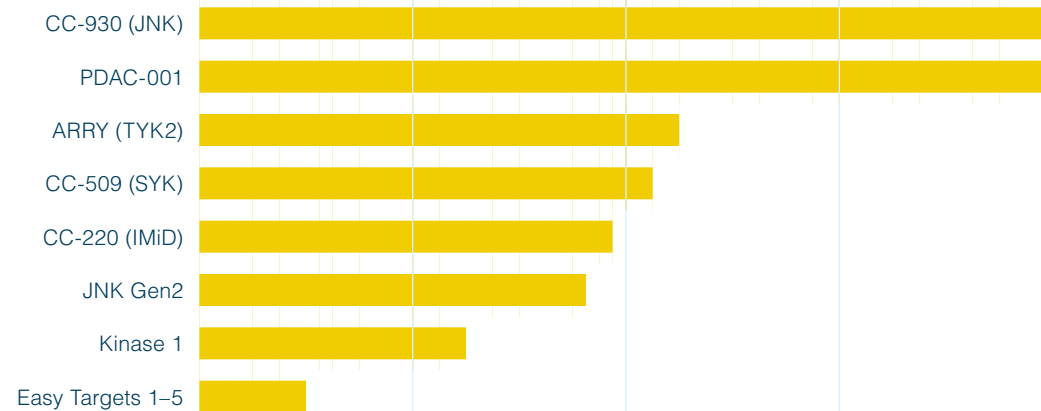
Pre-Clinical

Phase I

ONCOLOGY



INFLAMMATION



>> Sustaining a deep and diverse pipeline of paradigm-changing innovation

Innovation is the key to improving quality of life, reducing healthcare costs, increasing productivity and driving economic growth. Celgene is committed to delivering innovative therapies that improve the lives of patients around the world.

Improvements in healthcare are an important source of gains in health, longevity and productivity globally. Celgene has a proven track record of delivering better outcomes with better healthcare through innovation. Innovation results from the right combination of incentives, investment, time and resources in an unencumbered market. The unprecedented survival results reported on our innovative therapies are direct results of the company's commitment to improving the lives of patients worldwide.

Celgene discovery and development platforms for drug and cell-based therapies allow us to create and retain significant value within our therapeutic franchise areas of cancer and inflammatory diseases. Our team of world-class scientists and physicians continue to expand and build on those platforms. Scientists and physicians at Celgene are the driving force behind our success, enabling target-to-therapeutic platforms that integrate both small-molecule and cell-based therapies. These platforms encompass the key functions required to generate a sustainable pipeline of paradigm-changing innovation, including:

- Cell biology, genomics, proteomics and informatics technologies for identifying and validating clinically important therapeutic targets
- High-throughput screening systems combined with diverse and focused compound libraries for discovering new drug leads
- Computational and medicinal chemistry for optimizing drug candidates
- In vitro and in vivo models of disease for preclinical evaluation of drug efficacy and safety
- Gene expression signature analysis

The progress that Celgene has made positions it to expand and accelerate the development of several high-potential compounds that have emerged from its rich discovery programs.

Our growing investment in the development of immunomodulatory agents and cell-signaling inhibitors, as well as in the development of cellular and tissue therapeutics, will allow us to provide physicians/clinicians with a more comprehensive and integrated set of solutions for managing complex human disorders such as cancer and inflammatory diseases.

>> CITRE



The Celgene Institute of Translational Research Europe (CITRE) is Celgene's first major commitment to translational research and innovative therapies in Europe. Inaugurated in early 2011 and located in Seville, Spain, CITRE focuses on translational research to develop new therapies for the treatment of cancer and rare diseases. The center's aim is to reduce the gap between basic and clinical research and to ensure transfer of knowledge, so that patients benefit sooner from laboratory discoveries.

CITRE seeks to improve the efficiency of translational research, uniting public and private sector efforts, with the purpose of turning advances in research into ways to improve quality of life for patients. The ultimate goal is to transform cancer and other malignancies into long-term, manageable diseases.

In Spain, CITRE is the first true alliance between the biopharmaceutical industry and the public sector, including government and academia, meant to benefit patients directly.

The center will ultimately house five departments—tumor biobanking, bioinformatics, epigenetics, placental stem cells and cell signaling—and five facilities—cell culture, cytometry, proteomics, genomics and electron microscopy—organized around a Central Translational Medical Research Unit that will coordinate and manage all of Celgene's medical research in Europe.

>> Discovery candidates

CC-223

Also being evaluated in solid tumor cancers is CC-223, the company's TORKi inhibitor. Mechanistic target of rapamycin (mTOR) is a protein kinase that regulates cell growth, proliferation, motility, survival, protein synthesis and transcription and is an increasingly important target for cancer research. In our case, CC-223 addresses mechanisms that are not covered by current antagonists of mTOR.

ARRAY-382

Targeting c-FMS, this project is an aggressive effort to tackle metastasis, one of the fundamental properties of cancer that has not yet been therapeutically addressed.

CC-122

Being studied to address the concept of resistance to IMiDs® compounds such as lenalidomide, thalidomide or pomalidomide, CC-122 may become another important option in hematology/oncology.

>> Other modalities

In addition to the many early pipeline candidates mentioned already, Celgene participates in a number of significant research collaborations around novel mechanisms that may be key to our understanding and treatment of disease.

Cancer metabolism is the study of the altered metabolism of cancer cells—what nutrients they consume and how they use them—that allows them to grow rapidly and form tumors.

Post-transcriptional control mechanisms are all the regulatory events that take place after a messenger RNA (mRNA) molecule is copied from DNA (i.e., after the transcription process). These mechanisms include the decoding of the mRNA molecule so that a protein is synthesized, the

determination of how efficiently an mRNA is utilized to make protein, and how long an mRNA lasts in a cell. All of these regulatory effects have a direct impact on how much protein is produced from each mRNA.

Tarmogens, a contraction for targeted molecular immunogens, are whole, heat-killed recombinant *Saccharomyces cerevisiae* yeast that has been engineered to produce one or more target disease proteins, or antigens, inside the yeast. These target

antigens distinguish diseased cells from normal cells and can include viral proteins, mutated proteins unique to cancer cells and proteins that are overexpressed in cancer cells. Tarmogens activate T cells capable of locating and destroying the target cancer or virally infected cells containing the same target antigen.



The background features a light green grid pattern overlaid on a background of soft, out-of-focus green spheres of varying sizes. The text is centered in the middle of the page.

>> Celgene Responsibility

CELGENE RESPONSIBILITY

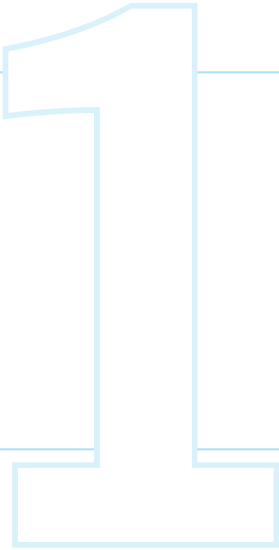
At Celgene, we are committed to improving the lives of patients and advancing the course of human health in the interest of global prosperity and progress. We promise to always put patients first, by ensuring that patients worldwide have safe, well-controlled access to life-enhancing therapies and by improving patient care globally through education, innovation and bold pursuits in science. We respect our environment and conduct our business every day based on integrity, ethics, sound decision making and behaviors that reflect our values.

Our responsibility initiatives, which include giving, safety, governance, Global Health and environment, define who we are and ensure that we continue to provide the best situation possible for our patients, our partners, our employees and our planet.



*FIVE SHARED VALUES
OF RESPONSIBILITY*

- Giving
- Safety
- Governance
- Global Health
- Environment



>> Access // Patients first

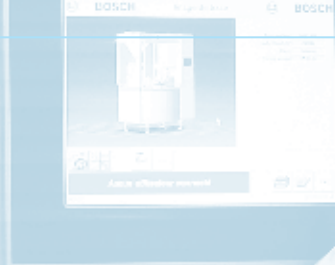
At Celgene, we promise that patients have the opportunity to take advantage of significant advances in prevention, diagnosis and treatment of cancer and other serious diseases. Accordingly, we work to help ensure access to the clinical benefits of our innovative therapies.

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. In 2011, more than 50,000 patients accessed the benefits of our innovative therapies through more than 400 clinical trials worldwide.

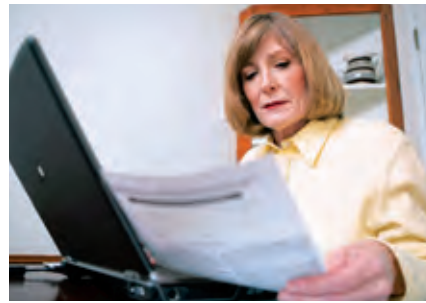
Working with the local experts provides the input and understanding that enable us to utilize our drugs safely and effectively to the maximum extent possible.

CELGENE RESPONSIBILITY



1 >> Patient support/Co-pay assistance

Celgene Patient Support[®] provides a dedicated, central point of contact for patients and healthcare professionals who use Celgene products. Celgene Patient Support is a free service that helps patients and healthcare professionals navigate the challenges of reimbursement, providing information about co-pay assistance, and access to Celgene therapies.



Celgene Patient Support Specialists Can Work with Patients to:

- Explain benefits
- Facilitate prior authorization
- Assist with appeal support after insurance denials
- Help understand Medicare coverage
- Find co-pay foundations to help with patient out-of-pocket costs
- Follow up on prescription status
- Help patients apply for the Celgene free medication program
- Guide patients through restricted distribution programs for Celgene products

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

20,000

More than 20,000 patients have received assistance from Celgene Patient Support since 2007.

\$550m

More than \$550 million in free medication has been provided by Celgene over the past 10 years.



2

>> Safety



At Celgene, we take special care to ensure patients safe access to our novel treatments.

Since 1998, Celgene continues to be a pioneer in creating environments in which patients can benefit from our disease-altering therapies safely. As a result, hundreds of thousands of patients worldwide have accessed the clinical benefits of our therapies through our performance-based risk management programs including, S.T.E.P.S.[®], RevAssist[®] and RevMate[®], which form the foundation of our commitment to patient safety.

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

Each of these programs include educational materials for healthcare professionals, to ensure the correct and safe use of our therapies, constant and professional attention to patient needs and extremely careful monitoring of the use of our products to ensure the maximum benefit for patients from our discoveries.



>> Environment and sustainability

Celgene is committed to conducting business in a safe, sound and green environment. We work to minimize the environmental impact from our business operations and promote environmentally responsible and sustainable business practices while integrating green initiatives into our day-to-day global operations.

As part of this commitment, the Celgene Climate Change Team sets sustainability and climate change goals and programs to continuously improve corporate operations and facilities to be more sustainable, and to increase employee awareness of sustainability issues at work and at home.

Celgene extends this dedication to partners whom we expect to follow suit by incorporating environmental and sustainability practices into their business models.



Carbon Disclosure Project

As part of its commitment to reducing its environmental footprint, each year Celgene reports its greenhouse gas emissions, water management and climate change strategies through the Carbon Disclosure Project (CDP).

Sustainable Facilities

Celgene is incorporating environmental sustainability criteria into the master planning and operation of its facilities worldwide in order to improve energy efficiency, decrease water consumption and decrease greenhouse gas emissions. Multiple initiatives are underway for LEED certification. In fact, the Celgene International Headquarters in Boudry, Switzerland is a state-of-the-art LEED certified facility that was awarded Minergie status—a designation that recognizes facilities for the highest environmental standards.

Innovative Therapies

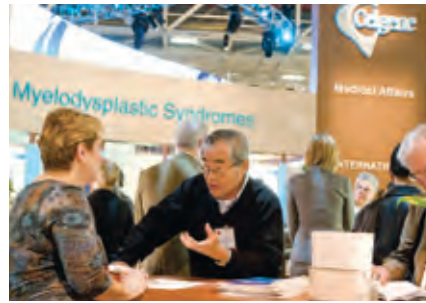
Our innovative oral therapies reduce reliance on more invasive and energy-intensive therapies and procedures in hospital and clinic settings, contributing to our global effort to help minimize greenhouse gas emissions.



>> Ethics and transparency

The compliance culture at Celgene is built on integrity, ethics, sound decision making and behaviors that sustain our values and commitment to patients. Celgene is proactive in ensuring its policies and practices support strong corporate governance, transparency and accountability.

Our highly engaged, diverse and independent Board of Directors take corporate governance seriously, helping us anticipate and incorporate leading best practices into our business model. Additionally, our senior management and investor relations staff have been recognized within the financial industry for best practices in meeting the needs of our stakeholders.



Charitable Giving

Celgene considers and provides grants and sponsorships to organizations that make a positive impact on our patients, our communities and our world, today and for years to come. We are committed to improving the lives of patients worldwide and focus our charitable giving in areas where we can achieve the greatest outcome.

We consider requests for initiatives such as healthcare and science-education programs at all levels, scientific conferences, patient education activities, healthcare-related awards, the development of health education materials, as well as select community activities in the local areas where we do business.

In recent years, Celgene has partnered with global organizations on initiatives designed to improve the

lives of patients with serious diseases, foster early science, math and engineering education and build strong communities where we live and work.

Coupled with significant support for medical initiatives and our significant donations to third-party co-pay assistance foundations, we have built a solid foundation of giving tied to our promise to patients.



>> Celgene Global Health

Celgene Global Health collaborates with partners around the globe to find solutions for healthcare challenges in the developing world.

The division was founded in 2009 to focus on building collaborative partnerships to advance solutions that allow us to realize our promise to patients in two primary areas:

- Exploring ways that we can mine our deep and diverse library of chemical compounds to find solutions for treating diseases of the developing world (DDW)
- Partnering with local medical experts and health systems in the developing world to identify best practices for expanding access to safe and effective medicines

“Realizing the promise for putting patients first in the developing world”

Discovery and Development

The Potential of Celgene's Compounds for Diseases of the Developing World

Celgene Global Health is committed to innovative science and transformational medicine. We are collaborating with Product Development Partnerships (PDPs), academic institutions, NGOs, public/private funding organizations, CROs and other pharmaceutical organizations to evaluate our deep

pipeline of compounds for activity in neglected diseases of the developing world such as tuberculosis, malaria, leishmaniasis, trypanosomiasis, lymphatic filariasis and others.

Celgene has more than 400,000 compounds in its library across multiple platforms including immunomodulation, cell signaling inhibition and cellular/tissue therapies. These platforms have potential applications in DDW based on mechanisms of action and data available.

Access to Medicines

Assessing Opportunities for Expanding Safe Access to Our Innovative Therapies Through Multi-Lateral Partnerships

Celgene is committed to advancing the health of patients worldwide by partnering with local medical experts and health systems in the developing world to identify best practices for expanding access to safe and effective medicines.

At Celgene, we remain committed to putting patients first.

Our focus, at all times, begins and ends with our patients. Our promise is seen in our dedication to the discovery and development of new therapies to help treat serious cancers and debilitating diseases, as well as in our efforts to ensure that all patients that can benefit from our therapies have the opportunity to do so. These are the faces of our patients and the impact our disease-altering therapies have on their lives.



MICHAEL TUOHY
Prospect, CT
Multiple Myeloma



PHILIP FALKOWITZ

Feasterville Trevose, PA

Multiple Myeloma



DON WRIGHT
Twin Cities, MN
Multiple Myeloma



JUAN ZHUANG

Nantong City, Jiangsu Province, China

Metastatic Breast Cancer



JAMES FERRELL
Enumclaw, WA
Peripheral T-cell Lymphoma

A young boy with a joyful expression is sitting on a skateboard on a paved surface. He is wearing a blue and white checkered button-down shirt, blue jeans, and white sneakers with red accents. He is holding a black basketball with both hands; the ball has 'MORNING' and 'MORNING' printed on it. In the background, there is a basketball hoop and backboard, a red and blue bicycle, and a white car parked near a building under a cloudy sky.

QUENTIN MURRAY
Patterson, LA

Acute Lymphoblastic Leukemia



KAREN PEARSON
Boulder, CO

Multiple Myeloma



GENE TEMPLE (WITH CECILE TEMPLE)

Dunedin, FL

Myelodysplastic Syndromes

CORPORATE INFORMATION

CORPORATE HEADQUARTERS

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