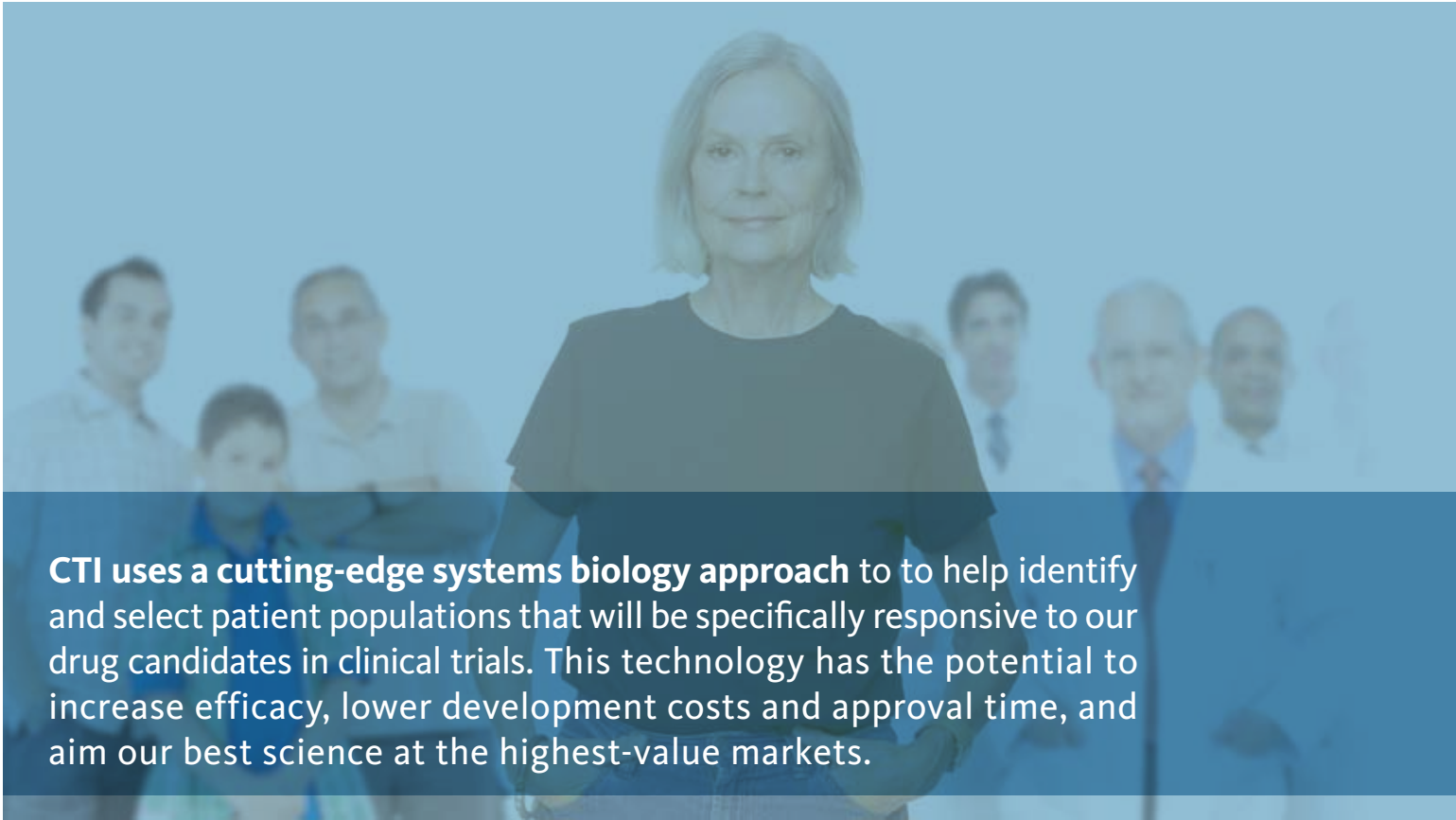




Changing the way anti-cancer drugs are developed

Cell Therapeutics, Inc., is a biopharmaceutical company focused on developing and commercializing novel agents that improve the safety and efficacy of existing standard-of-care chemotherapies, and those with unique, new mechanisms to kill cancer cells. We use genomic information to determine which tumors have the greatest chance of responding favorably to a specific drug candidate. This has the potential to change the way anti-cancer drugs are developed, by allowing investigators to pick the right drug for the right patient.



CTI uses a cutting-edge systems biology approach to help identify and select patient populations that will be specifically responsive to our drug candidates in clinical trials. This technology has the potential to increase efficacy, lower development costs and approval time, and aim our best science at the highest-value markets.

Drug candidates

Pixantrone

Pixantrone dimaleate (BBR 2778) is a novel DNA major groove binder with an aza-anthracenedione molecular structure that differentiates it from the anthracyclines and other related chemotherapy agents. Pixantrone is under development for the treatment of non-Hodgkin's lymphoma (NHL) with the ultimate goal of demonstrating improved efficacy and better safety than other drugs in this class.

Anthracyclines are sufficiently effective to be used as first-line (initial) treatment in several cancers, but they cause cumulative heart damage that may result in congestive heart failure many years later. As a result, there is a lifetime limit of anthracycline doses and most patients who previously have been treated with an anthracycline are not able to receive further anthracycline treatment if their disease returns. Pixantrone has been designed to reduce the potential for these severe cardiotoxicities without sacrificing anti-cancer activity.

Regulatory Strategy

After a pre-New Drug Application (NDA) communication with the U.S. Food and Drug Administration (FDA), we expect to submit an NDA and request priority review in the second quarter of 2009 for pixantrone to treat relapsed aggressive NHL.

Named Patient Program

In February 2009, we entered into an agree-

ment with IDIS to manage pixantrone as an investigational drug on a named patient basis in Europe. Pixantrone will be supplied by IDIS to healthcare professionals who request it for the treatment of individual patients with relapsing aggressive non-Hodgkin's lymphoma. The program is expected to be initiated during the second quarter of 2009.

OPAXIO™

OPAXIO (paclitaxel poliglumex, CT-2103), formerly branded as XYOTAX, is a biologically enhanced chemotherapeutic that links paclitaxel to a biodegradable polyglutamate polymer, resulting in a new chemical entity. OPAXIO was designed to improve the delivery of paclitaxel to tumor tissue while protecting normal tissue from toxic side effects. When bound to the polymer, the chemotherapy is rendered inactive, potentially sparing normal tissue's exposure to high levels of active chemotherapy and the associated toxicities.

Preclinical and clinical studies support that OPAXIO metabolism by lung cancer cells may be influenced by estrogen, which could lead to enhanced release of paclitaxel and efficacy in women with lung cancer compared to standard therapies.

Regulatory Strategy

In March 2008 we submitted a marketing authorization application (MAA) to the European authorities seeking approval to market

OPAXIO in Europe on equivalent effectiveness (non-inferiority) and superior safety as a single-agent non-small cell lung cancer (NSCLC) treatment in first-line PS2 patients.

In the United States, we plan to seek approval for the drug's use in maintenance of ovarian cancer following complete remission after first-line treatment.

Brostallicin

Brostallicin is a small molecule chemotherapeutic agent with a unique mechanism of action. By binding to the minor groove, brostallicin provides a new target to interfere with cell division and lead to tumor cell death. The effectiveness of this unique mechanism of action may be further exploited using a patient's genetic profile. In preclinical studies, brostallicin is potentially synergistic in combination with standard cytotoxic agents as well as newer targeted therapies.

Brostallicin has a unique ability to retain activity in tumors that are resistant to other cancer drugs. Additionally, its anti-tumor activity remains high in the presence of a number of critical cancer-causing genetic abnormalities that cause resistance to standard anti-cancer agents. More than 230 patients have been treated with brostallicin in phase I and II single-agent and combination studies.

Diversified oncology portfolio

CTI's cancer drug development pipeline includes next-generation drug candidates for some of the leading classes of chemotherapeutic agents.

Research/
Preclinical | Phase I | Phase II | Phase III | NDA/MAA | Marketed

OPAXIO™ (paclitaxel poliglumex, CT-2103)	Potential treatment for non-small cell lung and ovarian cancer	▶	▶
Pixantrone (pixantrone dimaleate, BBR 2778)	Potential treatment for relapsed or refractory aggressive non-Hodgkin's lymphoma	▶	
Brostallicin	Potential treatment for sarcoma, ovarian cancer, and others	▶	
Novel Bisplatinum Analogues		▶	

Clinical trials

Our cancer drug development pipeline includes next-generation drug candidates for some of the leading classes of chemotherapeutic agents, as well as using cutting edge genomic science to target the right patients for the right drug.

Pixantrone (BBR 2778)	PIX301/EXTEND	Non-Hodgkin's lymphoma (NHL) Third-line relapsed aggressive NHL, single agent	Phase III
	PIX203/RAPID	First-line CHOP-R vs. CPOP-R in adult patients with aggressive NHL	Phase II
OPAXIO™ (paclitaxel poliglumex, CT-2103)	PGT307	Non-small cell lung cancer (NSCLC) First-line in combination with carboplatin in women with estradiol > 25pg/mL	Phase III
	GOG0212	Gynecologic cancers Maintenance in advanced ovarian or primary peritoneal cancer	Phase III
Brostallicin	SMI-BRS-203	Soft tissue sarcoma First-line, randomized vs. doxorubicin in advanced or metastatic soft tissue sarcoma	Phase II
	SMI-BRS-201	Other Context of vulnerability study in ovarian or breast with BRCA mutation, or hereditary nonpolyposis colorectal cancer	Phase II

Subsidiaries

Systems Medicine LLC (SM)

Acquired by CTI in July 2007, SM operates as a wholly owned subsidiary of CTI, utilizing its genomic-based platform to guide development of CTI's oncology products, including brostallicin. SM applies a systems biology approach to drug development, combining pharmacogenomics and bioinformatics with experienced preclinical, clinical, and regulatory expertise to find and exploit a specific cancer's context of vulnerability. Specifically, SM defines the molecular and genetic markers (context) that cause cancer cells to be particularly susceptible (vulnerable) to a drug or combination of drugs—the context of vulnerability. **www.Systems-Medicine.com**

Aequus BioPharma, Inc.

Aequus is a majority-owned subsidiary of CTI. Led by members of the former Immunex/Enbrel management team, Aequus is focused on developing the Genetic Polymer™ technology that was created at CTI to speed the manufacture, development, and commercialization of novel biopharmaceuticals, including follow-on biologics or so-called biosimilars. **www.AequusBiopharma.com**

Partnerships

Novartis

In September 2006, we entered into an exclusive worldwide licensing agreement with Novartis for the development and commercialization of OPAXIO. The agreement also provides Novartis with an option to develop and commercialize pixantrone based on agreed terms. **www.Novartis.com**

Translational Genomics Research Institute (TGen)

Translational Genomics Research Institute (TGen) is a not-for-profit research institute located in Phoenix, Arizona. TGen is responsible for the concept of discovering a disease's context of vulnerability and tailoring drugs to these contexts to treat patients more effectively. Utilizing their extensive genomic platform and high throughput capabilities to target a cancer drug's context of vulnerability, TGen guides clinical trials toward patient populations where the highest likelihood of success should be observed, thereby potentially lowering risk and shortening time to market. **www.TGen.org**

Nerviano Medical Sciences (NMS)

Nerviano Medical Sciences (NMS) is the largest pharmaceutical research and development facility in Italy. It is also one of the largest oncology-focused, integrated discovery and development companies in Europe. **www.NervianoMS.com**

Commercial History

TRISENOX®

In January 2000, we acquired PolaRx and its drug TRISENOX (arsenic trioxide) injection. We submitted a New Drug Application to the United States Food and Drug Administration in record time. In September 2000, less than six months after the submission—and within three years of entering clinical trials—TRISENOX was approved to treat patients whose disease has recurred or who failed to respond to standard therapy for a rare type of leukemia called acute promyelocytic leukemia. Within nine days of approval, the drug was being shipped. In July 2005, we sold the TRISENOX brand and certain proteasome assets to Cephalon for an aggregate of approximately \$68 million. We may receive up to an additional \$100 million if certain sales and regulatory milestones are achieved in the future.

Zevalin®

In December 2007, we acquired Zevalin (ibrutinomab tiuxetan) for an initial payment of \$10 million to Biogen Idec. The acquisition gave us responsibility for marketing, sales, and development of the drug in the United States. In October 2008, we submitted a supplemental Biologics License Application (sBLA) with FDA for use of Zevalin as consolidation therapy after remission induction in previously untreated patients with follicular non-Hodgkin's lymphoma. CTI and Spectrum Pharmaceuticals, Inc. established a joint venture, RIT Oncology, LLC, in December 2008 to develop and commercialize Zevalin. At that time we contributed all Zevalin-related assets to the joint venture and sold a fifty-percent membership interest in the joint venture to Spectrum for \$15 million, plus certain milestone payments. In early 2009, we exercised our option to sell our interest in the Zevalin joint venture to Spectrum for \$18 million.

Resources

For the latest financial information, including investor updates, financial information, SEC filings, press releases, and webcasts, please visit our Web site at **www.CellTherapeutics.com**. Sign up for email alerts and get RSS feeds on our news page. Our stock is listed under the ticker CTIC on NASDAQ (U.S.), MTA (Italy).

Visit our Web site for more product information including references, clinical trials, and cancer drug candidate fact sheets.

CTI has a strong management team with extensive drug development and clinical trial expertise. The management team includes oncologists with first-hand experience treating patients and bringing drugs to market. For details about our executive management and board of directors, visit **www.CellTherapeutics.com**.



cti®

Cell Therapeutics, Inc.

Making cancer more treatable®

Contact

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CTI is a registered trademark of Cell Therapeutics, Inc. MAKING CANCER MORE TREATABLE is a registered service mark of CTI. OPAXIO is a proprietary mark of CTI. Certain of the information above constitutes forward-looking statements that involve risks and uncertainties. Actual results may differ materially from those discussed herein, due to the research, development, and market risks that could adversely affect CTI's projected timeline for regulatory approval, including, but not limited to, risks associated with the commencement, efficient management, and potential failure to complete clinical trials, and failure to obtain regulatory approval on our projected timelines, or at all. Additional risks and uncertainties are described in CTI's SEC filings, including, without limitations, CTI's most recent filings on Forms 10-K, 8-K, S-4, and 10-Q.