



Health Awareness

Effective Treatment Key To Turning A Corner On The War Against Cancer

(NAPSA)—Americans are turning a corner on the war against cancer. According to a recent report from the American Cancer Society, cancer deaths dropped for a second consecutive year, with hard work in the areas of cancer prevention, early detection and more effective treatment paying lifesaving dividends. And while concerns about the top four major cancers—lung, breast, prostate and colorectal cancers—often take center stage, one of the most rapidly increasing types of cancer in the U.S., non-Hodgkin's lymphoma, is often overlooked.

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Non-Hodgkin's lymphoma refers to a group of cancers that affect the lymphatic system, the disease-fighting network of specialized vessels, cells, structures (e.g., lymph nodes) and organs spread through the body. Since the early 1970s, the incidence of non-Hodgkin's lymphoma has nearly doubled, and it is currently the fifth most common cancer in women and sixth most common cancer in men.

An estimated 332,000 Americans have non-Hodgkin's lymphoma. Of those diagnosed, 30-40 percent have diffuse large B-cell lymphoma (DLBCL), a faster-

growing subtype of non-Hodgkin's lymphoma. About 20-30 percent have a slow-growing form of the disease—the most common type called follicular lymphoma.

“To learn of my diagnosis at the age of 37 with a husband and two young children was quite devastating,” said Evelyn Lipori, a non-Hodgkin's lymphoma patient living in Massapequa, New York. Diagnosed with stage IV follicular non-Hodgkin's lymphoma in November 1997, Lipori says that hope, perseverance and effective treatment have gotten her to where she is today.

“There have been such remarkable advances in cancer treatment in the last decade, and it is a comfort to patients like me that we have options beyond chemotherapy, such as targeted therapies to try to keep non-Hodgkin's lymphoma at bay,” says Lipori, who is a passionate patient advocate and also serves on the board of a national lymphoma research foundation. “I'm proof that it is possible for some people to live longer with non-Hodgkin's lymphoma.”

Until 1997, chemotherapy was considered the primary treatment option available for non-Hodgkin's lymphoma, but there were limitations for many patients, some of which were related to the side effect profile of the drugs. But, scientific advancements helped refine therapy, offering patients improved clinical benefits, along with a different safety profile from chemotherapy drugs.

Rituxan became the first therapeutic antibody approved by the U.S. Food and Drug Administration for the treatment of cancer, and the first targeted therapy for

the treatment of relapsed or refractory low-grade or follicular, CD20-positive, B-cell non-Hodgkin's lymphoma.

“Rituxan has changed how we treat certain types of non-Hodgkin's lymphoma and is a cornerstone of care for many patients,” said Dr. David G. Maloney, oncology specialist and associate member of the Clinical Research Division at Fred Hutchinson Cancer Research Center, University of Washington School of Medicine. “The proven clinical benefits of Rituxan, when given in combination with standard chemotherapy as per the approved label, are well-documented.”

Rituxan has been studied and proven in hundreds of clinical trials over the past 10 years. Rituxan has been shown to improve response, progression-free survival and/or overall survival in certain patients with follicular or DLBCL, and has become one of the standard therapies for certain types of non-Hodgkin's lymphoma, including first-line treatment of follicular, CD20-positive, B-cell and first-line treatment of DLBCL, CD20-positive non-Hodgkin's lymphoma.

Rituxan has been associated with fatal infusion reactions, tumor lysis syndrome, severe mucocutaneous reactions, progressive multifocal leukoencephalopathy (PML), hepatitis B reactivation with related fulminant hepatitis and other serious viral infections, cardiovascular events, renal toxicity, and bowel obstruction and perforation. Patients commonly experience infusion-related side effects, particularly during the first infusion. These include fever, shaking and chills.

Rituxan® (Rituximab) is indicated for the treatment of patients with relapsed or refractory, low-grade or follicular, CD20-positive, B-cell non-Hodgkin's lymphoma.

Rituxan® (Rituximab) is indicated for the first-line treatment of diffuse large B-cell, CD20-positive non-Hodgkin's lymphoma in combination with CHOP or other anthracycline-based chemotherapy regimens.

Rituxan® (Rituximab) is indicated for the first-line treatment of follicular, CD20-positive, B-cell non-Hodgkin's lymphoma in combination with CVP chemotherapy.

Rituxan® (Rituximab) is indicated for the treatment of low grade, CD20-positive, B-cell non-Hodgkin's lymphoma in patients with stable disease or who achieve a partial or complete response following first-line treatment with CVP chemotherapy.

For a copy of the Rituxan full prescribing information, including Boxed Warning, visit www.rituxan.com.