

MEDICAL MILESTONES

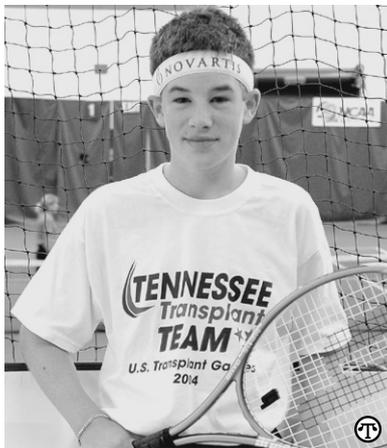
Games Celebrate Fifty Years Of Saving Lives

(NAPSA)—A procedure that few could imagine more than 50 years ago now saves tens of thousands of lives each year—and that success was celebrated during an Olympic-style sports celebration.

This year marks the 50th anniversary of the first successful human organ transplant—a kidney transplant performed between identical twins.

Although the first transplant was a major breakthrough, early attempts at the procedure were hampered by organ rejection. The operation could not be successfully repeated until 20 years ago when the immunosuppressant drug Sandimmune, also known as cyclosporine, was introduced by Novartis Pharmaceuticals. Novartis later introduced Neoral® in 1995, the next generation of cyclosporine.

“It was the arrival of the drug cyclosporine that vastly improved transplant survival rates that transformed the hope of organ replacement into a clinical reality and spawned an entire field of medicine,” said John Davis, chief executive officer of the National Kidney Foundation. “That development offered hope to thousands of patients suffering from failing kidneys, livers, and hearts.”



Price Bullock, a 15-year-old kidney transplant recipient, received several medals at the U.S. Transplant Games, including a gold in tennis. Thanks to 50 years of medical progress in transplantation and the generous gifts of organ donors, transplant recipients like Price are all continuous winners, having received a second chance in life.

Currently, there are 200,000 transplant recipients alive. Not only has medical technology made it possible for these patients to have a second chance at life, it has made it possible for some of them to compete in an Olympic-style

sports competition.

A true testament to the success of transplantation medicines is the U.S. Transplant Games, sponsored by the National Kidney Foundation with Novartis. Held recently at the University of Minnesota in Minneapolis, nearly 7,000 transplant recipients, donor families and friends gathered to celebrate the 50th anniversary of transplantation, the 20th anniversary of cyclosporine and the lives of people helped by organ transplantation and donation. Over 1,500 transplant recipients, some transplanted as far back as 20 years ago, competed as athletes in this year's games.

Although transplantation has achieved great successes over the past few decades, there are still advances to be made and new treatment options are also being developed to improve the patient's quality of life.

While the number of potential transplantation candidates is increasing, the number of available organs is limited. There are nearly 85,000 Americans on the national transplant waiting list.

To find out more about the benefits of organ donation and transplantation, visit www.kidney.org or www.novartis-transplant.com.

Editor's Note: About Neoral® (cyclosporine, USP) Modified

Neoral Soft Gelatin Capsules and Oral Solution are indicated for the prevention of organ rejection in kidney, liver, and heart allogeneic transplant recipients. Neoral (Cyclosporine, USP) MODIFIED and Sandimmune® (cyclosporine, USP) are not bioequivalent and cannot be used interchangeably without careful monitoring of cyclosporine blood concentration. Blood level monitoring is not a replacement for clinical evaluation and routine monitoring of renal function and other laboratory tests are recommended. Dosage adjustments must be made based on individual response. The principal adverse reactions of cyclosporine therapy in transplantation are renal dysfunction, tremor, hirsutism, hypertension and gum hyperplasia. Neoral® and Sandimmune are systemic immunosuppressants and may increase the susceptibility to infection and to the development of neoplasia.

Only physicians experienced in management of systemic immunosuppressive therapy for the indicated disease should prescribe Neoral. At doses used in solid organ transplantation, only physicians experienced in immunosuppressive therapy and management of organ transplant recipients should prescribe Neoral. Patients receiving the drug should be managed in facilities equipped and staffed with adequate laboratory and supportive medical resources.

The physician responsible for maintenance therapy should have complete information requisite for the follow-up of the patient. Neoral, a systemic immunosuppressant, may increase the susceptibility to infection and the development of neoplasia. In kidney, liver, and heart transplant patients, Neoral may be administered with other immunosuppressive agents. Increased susceptibility to infection and the possible development of lymphoma and other neoplasia may result from the increase in the degree of immunosuppression in transplant patients.