



Health Awareness


Treatment Advances Critical In Reducing Death Rates Of Fifth-Most Common Cancer

(NAPSA)—This year, the American Cancer Society estimates that more than 565,000 Americans will die from cancer overall. The fifth-most common cancer in the United States is non-Hodgkin's lymphoma, or NHL. The average American has a 1 in 50 risk of developing it during his or her lifetime. NHL is often underrecognized in the media because of the prominence of lung, breast, colon and prostate cancer. However, while the incidence of NHL has nearly doubled since the 1970s, it is notable that significant improvements have been made in treating this common cancer.

NHL refers to a group of cancers that start in the lymphoid tissue, which makes up the lymph nodes, spleen and some other organs of the immune system. The cause of NHL in many patients is unknown. Approximately 31 percent are diagnosed with a quickly growing form, known as diffuse large B-cell lymphoma (DLBCL), and 22 percent are diagnosed with follicular lymphoma, which grows more slowly.

Standard chemotherapy regimens were established for NHL in the 1970s and for a long time,

these remained the primary treatment. In 1997, the FDA approved the first therapeutic antibody for the treatment of cancer, Rituxan, ushering in a new era in certain types of NHL treatment. Rituxan, which is a targeted therapy, is used in combination with chemotherapy regimens CHOP (cyclophosphamide, doxorubicin, vincristine and prednisone) for DLBCL, and CHOP or CVP (cyclophosphamide, vincristine, and prednisolone) for

Significant improvements have been seen in treating non-Hodgkin's lymphoma (NHL), which, according to the American Cancer Society, may affect as many as one in 50 people. 

follicular lymphoma. Additional new treatment options have aided in advancing NHL care including radioimmunotherapy, and non-myeloablative transplants. A decrease in the number of HIV-related NHL cases has also contributed to advancing NHL care.

Today, targeted therapies and/or chemotherapy are the standard of care for certain types of NHL and have been shown to

improve treatment results. In fact, mortality rates for NHL have been on the decline despite the increasing number of Americans diagnosed with the disease. A recent study in the Archives of Internal Medicine showed the outlook for patients diagnosed with NHL has significantly improved in recent years.

Bill Cutshall is an example of how treatment advances have helped Americans with NHL. Although Bill was diagnosed 20 years ago, he was able to receive Rituxan later in his treatment. "My boys are now 39 and 41 with families," said Cutshall. "Rituxan allowed me to continue enjoying time with my family."

"For years, we have tried to use our understanding of the immune system to develop biological therapy options for patients with NHL," said Dr. Peter McLaughlin, of M.D. Anderson Cancer Center and Cutshall's hematologist/oncologist. "The introduction and use of targeted therapies over the past decade has changed the way we view and manage these diseases."

The proven clinical benefits of Rituxan are well documented in certain types of NHL. Rituxan's efficacy has been studied and proven in hundreds of clinical trials over the past 10 years. Rituxan has been shown to improve response and progression-free survival in certain types of follicular lymphoma and overall survival in DLBCL in combination with chemotherapy, 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.

*The most important serious adverse reactions of Rituxan are **fatal infusion reactions, tumor lysis syndrome (TLS), severe mucocutaneous reactions, progressive multifocal leukoencephalopathy (PML)**, hepatitis B reactivation with fulminant hepatitis, other viral infections, cardiovascular events, renal toxicity, and bowel obstruction and perforation. The most common adverse reactions of Rituxan (incidence $\geq 25\%$) observed in patients with NHL are infusion reactions, fever, chills, infection, asthenia and lymphopenia.*

Remarkable Advances In Cancer Treatment

Rituxan® (rituximab) is indicated for the treatment of patients with:

- Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent
- Previously untreated follicular, CD20-positive, B-cell NHL in combination with CVP chemotherapy
- Nonprogressing (including stable disease), low-grade, CD20-positive, B-cell NHL, as a single agent, after first-line CVP chemotherapy
- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with CHOP or other anthracycline-based chemotherapy regimens

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