

December 2007

For Medical and Consumer Health Media Only
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Media Backgrounder

ARIMIDEX (ANASTROZOLE) FACTSHEET

What is Arimidex?

Arimidex is the first in a class of selective non-steroidal, anti-oestrogen, hormonal (endocrine) prescription medicines known as aromatase inhibitors, or 'AIs'.

How is Arimidex administered?

Arimidex is administered via a once-daily oral 1mg tablet.

How does Arimidex work?

In postmenopausal women, the ovaries no longer produce oestrogen. Instead, the hormone is produced in small quantities by a process known as 'aromatation' in other tissues – such as fat, muscle and the liver. In cases of breast cancer, the breast tumour itself also produces oestrogen. Aromatation depends on the activity of the aromatase enzyme. Arimidex works by disrupting this process. By inhibiting the production of oestrogen, Arimidex starves the tumour of its main nutrient and, therefore, prevents the cancer's growth.

What is Arimidex licensed for and where?

- Arimidex is approved in over 80 countries (including the US, UK, France, Germany, Italy and Spain) for the adjuvant treatment of postmenopausal women with hormone-receptor positive early invasive breast cancer
- Arimidex is approved worldwide for the treatment of postmenopausal women with hormone-receptor positive advanced breast cancer

Please note: the specific license indication may vary in different countries.

Arimidex is the only treatment in its class to be licensed worldwide for both initial adjuvant therapy and switching from tamoxifen (for those patients who are already being treated with tamoxifen). Arimidex is also the only AI that has been proven to benefit women in the three stages of early breast cancer treatment (initial adjuvant, immediate switching from tamoxifen and extended adjuvant).

What data are there to support the use of 'Arimidex' in early breast cancer?

- New 100-month data from the ATAC (Arimidex, Tamoxifen, Alone or in Combination) trial, one of the world's largest and longest-running clinical trials in postmenopausal women with early breast cancer, found that compared with tamoxifen, Arimidex significantly:¹
 - reduces the risk of all recurrences by **24%**
 - improves disease free survival by **15%**
 - reduces the risk of distant metastases (recurrence elsewhere in the body) by **16%**

- reduces the incidence of contralateral breast cancer (cancer in the opposite breast) by **40%**
- The benefit of Arimidex over tamoxifen at preventing all forms of breast cancer recurrence continues to increase over time – even four years after treatment ends (also known as ‘carryover effect’). Arimidex also has significantly fewer side effects than tamoxifen¹
- Prescribing Arimidex from the start means fewer patients have to be told the devastating news that their breast cancer has recurred¹
- A recent analysis of the Arimidex-Nolvadex 95 (ARNO 95) study showed that postmenopausal women with hormone-sensitive early breast cancer who have been treated with tamoxifen for two years also benefit by switching to Arimidex rather than continuing on tamoxifen treatment.² The study showed that, compared with continuing on tamoxifen, patients who were switched to Arimidex experienced:
 - **47%** improvement in overall survival
 - **34%** reduction in the risk of disease recurrence
 - fewer serious adverse events

When should Arimidex be used?

Women with early breast cancer are at the highest risk of their disease coming back in the first five years following surgery. This risk reaches a peak at approximately two to three years following surgery.³ In addition to the results above, over half the recurrences and half the deaths prevented by Arimidex during the ATAC trial happened within the crucial first two to three years of treatment.¹ It is, therefore, vital that patients are given the most effective treatment as soon as possible, i.e. right from the start, to give them the greatest chance of living longer, cancer-free.

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For more information, please visit www.ATAC100.com or contact:

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