

Targeted Medicines Provide Important Treatment For Non-Hodgkin's Lymphoma Patients

(NAPSA)—Dan Yaffe, a 53-year-old husband and father from Pompano Beach, Fla., thought he was healthy. However, in September 2003, Yaffe experienced swelling in the lymph nodes under his arm. Because this made it hard to use his left hand, Yaffe's doctor referred him for some tests. The results showed that Yaffe had a common and aggressive form of non-Hodgkin's lymphoma (NHL), called diffuse large B-cell lymphoma (DLBCL). After this unexpected news, Yaffe looked to his doctor for treatment options and to his family and friends for support.

"It was a shock to hear that I had cancer—no one ever really expects that diagnosis," said Yaffe. "It was not only frightening but served as a reminder that an unexpected diagnosis can happen to people who feel and look healthy."

Shortly following his diagnosis, Yaffe underwent treatment with Rituxan (rituximab), a medicine called a monoclonal antibody, with a standard type of chemotherapy combining four drugs called CHOP. This combination has been shown to benefit some DLBCL patients. After treatment, the swelling in Yaffe's armpit subsided, allowing him full use of his hand again. Since his treatment in 2003, he has been cancer free, and in February 2009, Yaffe celebrated his fifth year of remission by completing his first marathon.

"For me, NHL was manageable, thanks to the treatment my doctor recommended, great care and unwavering support," said Yaffe.

With appropriate treatment, about half of people with diffuse large B-cell lymphoma, a common and aggressive form of non-Hodgkin's lymphoma, can survive beyond five years.



What Is NHL?

Non-Hodgkin's lymphoma is a type of cancer of specific white blood cells called lymphocytes. There are two types of lymphocytes: B-cells and T-cells. NHL can arise from either B-cells or T-cells, and is the sixth most common cancer in the U.S. Of the more than 30 types of NHL, DLBCL and follicular (low-grade) lymphoma are the two most common.

The incidence of NHL has nearly doubled since the early 1970s, and according to the American Cancer Society, nearly 66,000 people will be diagnosed with NHL this year, and more than 19,000 will die from the cancer.

With appropriate treatment, approximately half of those diagnosed with DLBCL can survive beyond five years. Though not curable, people with follicular lymphoma may survive for many years as well because the cancer usually grows so slowly.

Treating NHL

"Today, there are a number of viable treatment options for non-Hodgkin's lymphoma patients," says Dr. Andre Goy, chief, division of lymphoma for the Cancer Center at Hackensack University Medical Center and an internationally renowned oncologist and researcher. "Rituxan has been an important option for more than 10 years, and it continues to offer hope to patients for remission of their cancer."

Treatment for NHL varies based on type and stage, size of the tumor and overall health; common options include a targeted medicine (monoclonal antibody), chemotherapy, radiation, bone marrow transplant and radioimmunotherapy. Chemotherapy was considered the standard treatment for NHL until the first therapeutic antibody for the treatment of cancer, Rituxan, was approved by the U.S. Food and Drug Administration in 1997.

What Are The Symptoms Of NHL?

The symptoms of NHL may resemble other blood disorders or medical problems and may appear suddenly or over time. Possible signs and symptoms include swelling in the lymph nodes, fever, night sweats, unexplained weight loss and feeling tired. Some people with NHL, however, do not notice any symptoms. Always consult your physician for a diagnosis.

For more information, please go to www.livingwithlymphoma.com.



Indications 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
- Non-progressing (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

Safety The most important serious adverse reactions of Rituxan are tumor lysis syndrome (TLS), severe mucocutaneous reactions, fatal infusion 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 $\geq 5\%$) observed in patients with NHL are infusion reactions, fever, chills, infection, asthenia and lymphopenia.

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