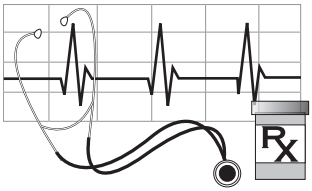

Health Awareness

Patient With Potentially Life-Threatening Blood Clotting Disorder Shares Her Story

(NAPSA)—Leigh Logan felt the first of many bouts of excruciating pain and swelling in her calf as an 18-year-old college sophomore. She was diagnosed with deep vein thrombosis (DVT), a potentially fatal blood clot in a deep vein that strikes more than 380,000 people annually in the United States. Doctors were puzzled about the cause of her DVT because she didn't have the typical risk factors (she was not obese or on birth control pills, and she had not recently sustained an injury or been immobilized for an extended period of time, such as on a long plane ride).

After extensive testing, Logan was diagnosed with hereditary antithrombin deficiency, a rare blood clotting disorder that strikes approximately one in 2,000 to one in 5,000 people in the general population. Because she doesn't produce enough antithrombin, a protein that functions as a natural anticoagulant, Logan was prone to developing blood clots and would face a heightened risk if she were to undergo surgery or give birth.

Logan was placed on a blood-thinning agent, allowing her to manage her disease. Things changed, however, when she became pregnant.

"I was in a difficult position, because I needed to continue taking a blood-thinning medication to prevent a DVT but this particular medication could cause severe birth defects," Logan said. "I switched to another anticlotting medication. Even so, I developed a DVT during my sixth month. To prevent another DVT, doctors planned to treat me with antithrombin before and after my C-section, but the stock of human plasma-derived antithrombin had run out."

Fortunately for Logan, a new therapeutic option for hereditary antithrombin deficiency called ATryn® (Antithrombin [Recombinant]) was being developed in the U.S. "After receiving special approval from the U.S. Food and Drug Administration [FDA] for the compassionate use of ATryn, I delivered a healthy baby boy without experiencing any clotting complications," Logan said.

Since Logan gave birth to her son, ATryn was approved in early 2009 by the FDA for the prevention of blood clots during surgery or childbirth in hereditary antithrombin-deficient patients. ATryn was developed and is manufactured by GTC Biotherapeutics, Inc. and is marketed in the U.S. by Lundbeck Inc., which recently introduced it in this country.

"I'm so glad that others with this disease will now have access to ATryn when they need it most," said Logan.

For full prescribing information on ATryn or to learn more about hereditary antithrombin deficiency, visit www.lundbeckinc.com.

Indications and Usage:

ATryn (Antithrombin [Recombinant]) is indicated for the prevention of perioperative and peripartum thromboembolic events in hereditary antithrombin-deficient patients. It is not indicated for treatment of thromboembolic events in hereditary antithrombin deficient patients.

Important Safety Information:

ATryn is contraindicated in patients with known hypersensitivity to goat and goat milk proteins.

Allergic-type hypersensitivity reactions are possible. Patients must be closely monitored and carefully observed for any symptoms throughout the infusion period. Patients should be informed of the early signs of hypersensitivity reactions including hives, generalized urticaria, tightness of the chest, wheezing, hypotension and anaphylaxis. If these symptoms occur during administration, treatment must be discontinued immediately. Adding ATryn to or withdrawing ATryn from anticoagulants that use antithrombin to exert their anticoagulative effects may alter this effect. To avoid excessive or insufficient anticoagulation, coagulation tests suitable for the anticoagulant used (e.g., aPTT and anti-Factor Xa activity) are to be performed regularly, at close intervals, and in particular in the first hours following the start or withdrawal of ATryn. In such situations, patients should be monitored for the occurrence of bleeding or thrombosis.

The serious adverse reaction that has been reported in clinical studies is hemorrhage (intra-abdominal, hemarthrosis, and postprocedural). The most common adverse events reported in clinical trials at a frequency of >5% are hemorrhage and infusion site reaction.

For more information, please see full Prescribing Information at www.lundbeckinc.com.

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