Health Bulletin

New Asthma Guidelines Encourage Physicians To Closely Monitor Asthma Control

(NAPSA)—Everyday in the U.S., about 40,000 people miss school or work due to asthma, 30,000 people have an asthma attack, 1,000 people are admitted to the hospital and 14 people die.

To address these startling statistics and the underlying unmet need of asthma patients, the National Heart, Lung, and Blood Institute (NHLBI) has issued updated clinical guidelines on the diagnosis and management of asthma. The updated guidelines stress the importance of improving control of asthma symptoms through ongoing evaluation and adjustments to patients' treatment regimens. To help enhance asthma control, the guidelines recommend physicians assess whether allergic triggers such as mold, pet dander, dust mites and cockroaches are contributing to asthma attacks and symptoms.

Approximately 60 percent of the 20 million asthma patients in the U.S. have a specific type of asthma called allergic asthma. When people with allergic asthma are exposed to allergens their bodies produce IgE (Immunoglobulin E), which can lead to asthma attacks and symptoms. The

An IgE test is one way to evaluate allergic asthma. Patients should talk to a health care provider if they think they may suffer from a specific type of asthma called allergic asthma.

NHLBI guidelines identify atopy, the genetic predisposition for the development of an IgE—mediated response to common aeroallergens, as the strongest identifiable predisposing factor for developing asthma.

"Many people with asthma feel they have no choice but to put up with ongoing symptoms and trips to the emergency room," said Derek K. Johnson, M.D., allergy and asthma expert and medical director of Fairfax Allergy and Asthma Center in Fairfax, Virginia. "The revised NHLBI guidelines reflect current best practices and advancements in treatment to help asthma patients and healthcare professionals better manage the condition. An important step for chronic asthma sufferers who continue to experience symptoms despite treatment is to determine whether allergens may be a contributing factor."

The clinical guidelines include a new class of medications called immunomodulators. For the first time in the guidelines under this novel class of treatment, Xolair (Omalizumab) is included. Xolair is the only medication designed to treat moderate-to-severe allergic asthma attacks and symptoms by blocking IgE.

Xolair was approved by the Food and Drug Administration in June 2003 and is approved for patients 12 years of age and older with moderate-to-severe allergic asthma who still experience symptoms despite the use of inhaled corticosteroids.

To learn more about Xolair go to www.Xolair.com.

Note to Editors: ***Important Product and Safety Information About Xolair***

Xolair is a prescription medicine given by injection for people who are 12 years of age and above who have moderate to severe persistent asthma that is triggered by year-round allergens in the air. A simple skin or blood test will confirm that a patient has this kind of asthma. This is known as allergic asthma. Xolair helps reduce the number of asthma attacks in people with allergic asthma who still have asthma symptoms even though they are taking inhaled steroids. Xolair has not been proven to work in other allergic conditions.

XOLAIR® (Omalizumab) For Subcutaneous Use should always be injected in a doctor's office. You should read the Medication Guide before starting XOLAIR treatment and before each and every treatment.

A severe allergic reaction called anaphylaxis has happened in some patients after they received XOLAIR. Anaphylaxis is a life-threatening condition. Seek emergency medical treatment right away if symptoms occur. **Signs and symptoms of anaphylaxis include:**

- wheezing, shortness of breath, cough, chest tightness, or trouble breathing
- low blood pressure, dizziness, fainting, rapid or weak heartbeat, anxiety, or feeling of "impending doom"
- flushing, itching, hives, or feeling warm
- swelling of the throat or tongue, throat tightness, hoarse voice, or trouble swallowing

You should not receive XOLAIR if you have ever had an allergic reaction to a XOLAIR injection. Do not use XOLAIR if you are allergic to any of its ingredients.

In clinical studies, 0.5% of patients receiving XOLAIR developed cancer, compared to 0.2% of patients receiving placebo injections.

In clinical studies, the most common side effects in patients receiving XOLAIR included injection-site reactions (45%), viral infections (23%), upper respiratory tract infection (20%), sinus infection (16%), headache (15%), and sore throat (11%).

Do not change or stop taking any of your other asthma medicines unless your healthcare provider tells you to do so. You may not see an immediate improvement in your asthma when beginning XOLAIR therapy.

Talk to your doctor for more information and if you have any questions about your treatment.

For full Prescribing Information and important safety information including Boxed WARNING and Medication Guide please visit www.xolair.com or www.gene.com.

Dr. Derek K. Johnson is a consultant to Genentech, Inc. and Novartis Pharmaceuticals Corporation.

8758800/XOL-800334