



Health Awareness

Patient Awareness And Additional Therapies Help Turn The Corner On Cancer

(NAPSA)—Doctors and patients may finally be turning a corner in the war against cancer, says a new report released by the American Cancer Society (ACS).

The report, released early this year, shows that colorectal cancer deaths declined for the second year in a row.

Colorectal cancer is the third most common cancer diagnosed in American men and women and, at one time, went largely undetected until it was too late to hope for survival. Suzanne Lawrence is one patient who lived to tell others how she fought cancer.

After a colonoscopy, Lawrence, an active 45-year-old, was diagnosed with colon cancer. Soon after, the married, working mother of three underwent surgery to remove the tumor.

At a follow-up exam, her oncologist, Dr. John Marshall, chief of Hematology and Oncology at Lombardi Comprehensive Cancer Center, Georgetown University, checked for additional cancerous cells and found something disturbing—one of the lymph nodes was cancerous, showing that the disease had spread beyond her colon.

Although she was diagnosed with stage III colorectal cancer, Lawrence remained optimistic about her prognosis.

Dr. Marshall recommended Lawrence enroll in a clinical trial studying Avastin combined with intravenous 5FU-based chemotherapy for stage III colorectal cancer.

Lawrence decided to participate in the trial and was randomized to receive Avastin plus the chemotherapy, which is approved by the U.S. Food and Drug Administration (FDA) for the first or second line treatment of patients with metastatic colorectal cancer.

“Earlier detection and clinical trial participation offers the best chance of survival for patients diagnosed with colorectal cancer,” said Marshall. “And several treatments have been approved in the last few years, including Avastin,

A targeted therapy works by choking off the blood supply to tumors and improves a person's chance for surviving cancer. Ⓢ

which has shown in clinical trials to extend survival in later stages of colorectal cancer when used with intravenous 5FU-based chemotherapy.”

Avastin, which is a targeted therapy as opposed to chemotherapy, is thought to work by choking off the blood supply to tumors and is the first targeted therapy approved by the FDA proven to extend survival in metastatic colorectal cancer patients when used with intravenous 5FU-based chemotherapy.

Dr. Marshall believed that targeting the blood supply to the tumor, in addition to standard intravenous 5FU-based chemotherapy, was the best option to help Lawrence live longer. The most

common side effects seen in Avastin with chemotherapy-treated patients were nosebleeds, high blood pressure, protein in the urine, low white blood cell count, weakness and pain.

For Lawrence in the last eight months, CAT scans and colonoscopies have not been able to detect cancer.

While fighting her cancer, Lawrence resumed her exercise routine, went back to volunteering at her kids' school and returned to work as an attorney. “I am thankful every day that we caught the cancer and that I was able to treat it.”

In Lawrence's case, screening for colorectal cancer, and treatment with Avastin in combination with chemotherapy, made a real difference in her prognosis.

Researchers attribute the dramatic decline in colorectal cancer deaths to increased awareness, early detection, and improvement in treatment, including targeted therapies that are helping patients survive and live longer.

Despite the decline, estimates show that more than 150,000 new cases of colorectal cancer and more than 50,000 deaths are anticipated in 2007, indicating there is still a significant need for raising awareness.

For full prescribing information, including boxed warnings for Avastin and information about angiogenesis, visit www.gene.com. For more information on Avastin, visit www.avastin.com.

Avastin Safety Profile: A small percentage of people treated with Avastin in combination with chemotherapy experienced serious side effects, including gastrointestinal (GI) perforation, slow or incomplete wound healing, or severe bleeding. In rare cases, the serious side effects have been fatal. Patients who took Avastin with chemotherapy had a higher risk of stroke or heart problems (blood clots) compared with people who took chemotherapy alone. Additional serious side effects seen in patients who took Avastin with chemotherapy include severe high blood pressure, low white cells, infection, reversible posterior leukoencephalopathy syndrome, congestive heart failure and severe kidney malfunction.