



WOMEN'S HEALTH

Targeted Therapy for Breast Cancer

(NAPSA)—New targeted therapies let doctors more successfully treat types of cancer that were considered difficult to treat in the past. For example, Christine Druther, a mother of two was diagnosed with a specific kind of very aggressive breast cancer called HER2-positive breast cancer. The cancer had metastasized (spread) to her lymph nodes in the neck and chest and the brain, and she began taking the biotech drug Herceptin® (Trastuzumab) in combination with chemotherapy in 1999. While Christine's response is not typical of all Herceptin patients, within a few days of treatment, her lymph node metastases disappeared. She was treated with radiation for the brain metastases as well. Fourteen months later, they disappeared.

Similarly, Maria Gruol, a 43-year-old mother of two, was diagnosed with the same kind of very aggressive breast cancer, one that affects approximately a fourth of women with the disease. In January 2000, she began treatment with the biotech drug and chemotherapy, and by February, she began taking only weekly infusions of Herceptin. Today, both Maria and Christine continue with their regular infusions of the drug.

This targeted therapy is significant because women diagnosed with HER2 positive breast cancer have a greater likelihood of recurrence, poorer prognosis and disease that is not as responsive to standard therapies, including certain chemotherapy regimens. Herceptin is the first therapy approved by the FDA to target a specific genetic defect in patients with metastatic breast cancer, whose tumors over-express a certain protein called HER2. The drug works by targeting the function of the HER2 protein that drives the cancer's growth. Treatment with Herceptin in this patient population has been shown clinically to significantly

“Breast cancer is becoming a more treatable disease.”

**—Christine Druther
breast cancer survivor**

Ⓢ increase patient survival time by 24 percent. Results from Herceptin therapy may be different for each individual and patients should consult their physicians regarding treatment with Herceptin.

“Herceptin is the first FDA-approved targeted selective therapy for HER2 positive breast cancer and one of the few therapies that has demonstrated an increase in overall survival in metastatic breast cancer,” said Gwen Fyfe, M.D., Genentech's senior director of Oncology, Medical Affairs. “When receiving an initial weekly treatment regimen of Herceptin and chemotherapy until disease progression, women with HER2 positive metastatic breast cancer may have a better chance for increased survival.”

Now many similar other therapies are in development. New approaches to treatment are important because breast cancer kills approximately 40,000 women every year and is the second most common form of cancer in women (after skin cancer). In fact, the disease is second only to lung cancer as the leading cause of cancer deaths among women.

Adverse events with Herceptin generally are mild to moderate, most commonly consisting of chills and/or fever, and most often are associated with the first infusion. However, instances of severe infusion-related reactions, cardiac dysfunction, severe hypersensitivity reactions and pulmonary events have occurred. For additional safety information see www.herceptin.com. For full prescribing information, call 650-225-7739.