

Once-yearly Aclasta® recommended in EU to treat male osteoporosis and reduce risk of new fractures in patients after hip fracture

- *Male indication important as osteoporosis often neglected in men – estimated one in five men aged over 50 may suffer an osteoporosis-related fracture¹*
- *Positive opinion also expands once-yearly Aclasta indication to include osteoporosis patients who recently suffered a low-trauma hip fracture*
- *EU label to include data showing 35% reduction in new fractures and 28% reduction of all-cause mortality² in post-hip fracture patients treated with Aclasta*
- *Recommendation comes shortly after similar change to US label for Reclast^{3*}*

Basel, July 25, 2008 – Once-yearly Aclasta®* (zoledronic acid 5 mg) has passed another important milestone with a recommendation for European Union approval to treat osteoporosis in men who are at increased risk of fractures. Osteoporosis is an important health concern for men, with an estimated one out of five over the age of 50 experiencing an osteoporotic fracture¹.

In addition, the Committee for Medicinal Products for Human Use (CHMP) has recommended broadening the label to include data showing that Aclasta reduced the risk of new clinical fractures by 35% in men and postmenopausal women who have recently had a low-trauma hip fracture (e.g. due to a fall from standing height or less). Aclasta is the only osteoporosis treatment to demonstrate this benefit².

The revised label also includes data showing that in this patient population, all-cause mortality was reduced by 28% in the Aclasta-treated group compared to patients receiving placebo or dummy drug².

“This positive opinion is an encouraging step forward for the treatment of osteoporosis in both men and women,” said Steven Boonen, Professor of Medicine at the Leuven University Centre for Metabolic Bone Diseases and Division of Geriatric Medicine in Belgium. “Osteoporosis in men has received little attention despite the large numbers affected. When fractures occur in men, they are associated with even higher morbidity and death than in women¹. For both men and women, hip fracture can be a potentially life-threatening consequence of osteoporosis, but unfortunately at present only a few people who experience hip fractures are treated for osteoporosis⁴.”

In 2000, approximately 1.6 million hip fractures occurred worldwide⁵, and in Europe the number of hip fractures was estimated at around 179,000 for men and 611,000 for women¹. The cost of all osteoporotic fractures was around €31.5 billion¹.

* The trade-name is Reclast® in the US and Aclasta® in the rest of the world.

The positive opinion was issued by the CHMP, which reviews medicines for the European Commission (EC). The EC generally follows the CHMP's recommendations and delivers its final decision within three months. The decision will apply in all 27 EU member states plus Iceland and Norway.

The CHMP recommendation comes shortly after the Food and Drug Administration (FDA) broadened the US label to include data showing the reduced risk of new clinical fractures in patients who have recently had a low-trauma hip fracture³. Aclasta is available in the US under the trade-name Reclast®.

The European positive opinion is based on pivotal data from the landmark Recurrent Fracture Trial, involving more than 2,100 men and women aged 50 and older who had experienced a recent low-trauma hip fracture². Results showed that Aclasta reduced the risk of new clinical fractures by 35% compared to patients treated with placebo², and increased bone mineral density (BMD) at total hip and femoral neck. The risk of new spine fractures was reduced by 46%².

Furthermore, a two-year head-to-head trial comparing Aclasta with weekly oral alendronate provided additional data to support the CHMP recommendation for treatment of male osteoporosis⁶. In this study involving more than 300 osteoporotic men, Aclasta was shown to preserve and improve lumbar spine BMD at 24 months⁶.

“We are excited about this recommendation to broaden the Aclasta label to include two important new patient populations” said Trevor Mundel, MD, Global Head of Development Functions at Novartis Pharma AG. “Aclasta represents a new treatment option that is administered as a once-yearly infusion, unlike daily, weekly or monthly oral bisphosphonates. Therefore Aclasta may allow osteoporotic men and women to receive a full year's bisphosphonate protection against the consequences of osteoporosis.”

Aclasta, which is administered by once-yearly infusion, was approved in the EU in October 2007 for the treatment of osteoporosis in postmenopausal women. Aclasta is the only treatment for postmenopausal osteoporosis approved in the EU and US to reduce the risk of fractures at all key sites, including the hip, spine and non-spine (e.g. wrist and rib)⁷. It is now approved in more than 70 countries, and in more than 80 countries for the treatment of Paget's disease of bone, the second most common metabolic bone disorder.

Aclasta has a demonstrated tolerability profile. The most common adverse events associated with Aclasta were transient post-dose symptoms such as fever and muscle pain. Most of these symptoms occurred within the first three days following Aclasta administration and resolved within three days. The incidence of post-dose symptoms can be reduced with the administration of paracetamol or ibuprofen shortly after Aclasta infusion.

Zoledronic acid, the active ingredient of Aclasta, is also available under the trade-name Zometa® for use in oncology indications.

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