

THE JOURNAL OF CLINICAL ONCOLOGY PUBLISHES PHASE III CLINICAL STUDY USING ORAL CHEMOTHERAPY XELODA® IN COMBINATION WITH TAXOTERE® FOR METASTATIC BREAST CANCER

Xeloda with Taxotere is the First Breast Cancer Combination Treatment to Demonstrate Survival Advantage

NUTLEY, NJ (June 15, 2002) – The June 15th issue of the Journal of Clinical Oncology features a Phase III clinical study about the use of Roche's Xeloda® (capecitabine), an oral chemotherapy, in combination with Aventis' Taxotere® (docetaxel) for Injection Concentrate, given by infusion, for the treatment of metastatic breast cancer. The U.S. Food and Drug Administration recently approved the use of Xeloda in combination with Taxotere for the treatment of metastatic breast cancer based on the data from this Phase III trial.

The results of this Phase III study demonstrate that the combination of Xeloda and Taxotere provides a statistically significant survival benefit compared to Taxotere monotherapy (median 14.5 months vs. 11.5 months, log rank $p=0.0126$). The survival advantage is a 23 percent less risk of death with Xeloda and Taxotere in combination compared to Taxotere alone (Hazard Ratio=0.775).

In addition, the study also shows a statistically significant superior objective tumor response of 42 percent for patients treated with the combination of Xeloda+Taxotere, compared to Taxotere monotherapy (30 percent, $p=0.006$). Time to disease progression is significantly longer for patients treated with Xeloda+Taxotere: median 6.1 months vs. 4.2 months with Taxotere alone ($p=0.0001$, Hazard Ratio=0.652), which translates into a 35 percent risk reduc-

tion for tumor progression in patients treated with Xeloda+Taxotere compared to Taxotere alone.

"We believe that the survival advantage of the combination of Xeloda+Taxotere may benefit many patients with metastatic breast cancer," said Georges Gemayel, Vice President, National Specialty Care Business Operation, at Roche.

This Phase III study involved 511 patients with locally advanced or metastatic breast cancer and compared Xeloda in combination with Taxotere to Taxotere alone. The study endpoints included overall survival, time to disease progression and tumor response rate. Women with metastatic breast cancer whose anthracycline treatment had failed were randomized into either combination (oral Xeloda-1250mg/m² twice daily, days 1-14 with one week of rest – plus i.v. Taxotere-75mg/m², day 1 of each 21 day treatment cycle) or monotherapy (i.v. Taxotere 100mg/m², day 1 of each 21-day treatment cycle) groups.

"The combination of Xeloda and Taxotere is a major advancement in treating women with metastatic breast cancer, due in large part to the significant survival advantage observed with the combination," said Joyce O'Shaughnessy, M.D., Co-Director of breast cancer research at Baylor-Sammons Cancer Center and US Oncology. "This represents a crucial development, as improvements in patient survival are the bottom line, and the data

from this study show early and consistent benefits for women treated with Xeloda and Taxotere, including survival, overall response rates and time to disease progression."

Breast cancer is the second most common cancer among women in the U.S., and approximately 203,500 new cases are expected this year. One in nine women in the U.S. will develop breast cancer in her lifetime. This year, a new case of breast cancer will be diagnosed every three minutes. Only 5-10 percent of breast cancers are due to heredity. This year alone, an estimated 39,600 women will die of breast cancer.

ABOUT XELODA

Xeloda is an oral drug that is enzymatically converted into the cancer-fighting substance 5-FU. The enzyme thymidine phosphorylase (TP), occurs at higher levels at the site of the tumor than surrounding normal tissue. This finding has not been adequately studied in the clinical setting.

ABOUT XELODA MONOTHERAPY METASTATIC COLORECTAL CANCER:

Xeloda is indicated as first-line treatment of patients with metastatic colorectal cancer when treatment with fluoropyrimidine therapy alone is preferred. Combination chemotherapy has shown a survival benefit compared to 5-FU/LV alone. A survival benefit has not been demonstrated with Xeloda monotherapy as with the combination chemotherapy in colorectal cancer. Use of Xeloda instead of 5-FU/LV combinations has not been adequately studied to assure safety or preservation of the survival advantage.

METASTATIC BREAST CANCER:

Xeloda is also indicated for the treatment of patients with metastatic breast cancer resistant to both paclitaxel and an anthracycline-containing chemotherapy regimen or resistant to paclitaxel and for whom further anthracycline therapy is not indicated. Resistance is defined as progressive disease while on treatment, with or without an initial response, or