

FOR IMMEDIATE RELEASE

**ARIXTRA® (fondaparinux sodium) REDUCED RISK OF DEATH OR RECURRENT HEART
ATTACK IN PATIENTS WITH ACUTE CORONARY SYNDROMES**

Atlanta, GA., 14 March, 2006 - GlaxoSmithKline Inc. announced today late-breaking clinical trial results of the OASIS 6 trial that compared its antithrombotic product ARIXTRA® (fondaparinux sodium) to standard therapy in acute coronary syndrome (ACS) patients with ST-elevation MI (STEMI). The overall results of the study demonstrated superiority of fondaparinux to standard therapy (unfractionated heparin or placebo) in reducing risk of death or recurrent heart attack (risk reduction of 14% at day 30, $p=0.008$), with a significant reduction observed as early as day 9 (risk reduction of 17%, $p=0.003$). Furthermore, fondaparinux showed a significant reduction in all cause mortality (secondary endpoint) at day 9 (risk reduction 13%, $p=0.043$), which was maintained until the end of the study (risk reduction 12%, $p=0.029$).¹

In OASIS 6, the incidence of severe haemorrhage at Day 9 was similar between fondaparinux and standard therapy treated patients. In addition, OASIS 6 showed that fondaparinux was associated with a significant net benefit-risk as assessed by the composite of efficacy and safety endpoints of death, recurrent MI and severe haemorrhage at all time points (at day 30 risk reduction was 14%, $p=0.005$).¹

The OASIS 6 (Organization to Assess Strategies for Ischaemic Sndrome) trial evaluated more than 12,000 patients and was presented at the 55th Annual American College of Cardiology (ACC) Scientific Sessions in Atlanta, GA. OASIS 6 study results were also released online today in the *Journal of the American Medical Association (JAMA)*. Please see <http://jama.ama-assn.org/> for full manuscript.

"Results of OASIS 6 showed the benefit of fondaparinux for both morbidity and mortality and may prove to be a valuable treatment option for these ACS patients in the future," said Dr. Salim Yusuf, principal investigator of the study, and Professor of Medicine, McMaster University and Hamilton Health Sciences, Ontario, Canada. "In addition, the bleeding incidences observed in OASIS 5 and 6, coupled with the efficacy outcomes, demonstrated that fondaparinux offered a positive net-benefit risk profile in patients across a range of ACS."

The OASIS 5 and 6 programs studied over 32,000 patients worldwide. OASIS 6 results are broadly consistent with the large companion study OASIS 5 conducted in the acute treatment of patients with chest pain (unstable angina)/myocardial infarction (non-ST-segment elevation MI).^{1,2}

OASIS 5 results were presented last September at the European Society of Cardiology (ESC) and the full manuscript was released online today in *The New England Journal of Medicine (NEJM)* (<http://content.nejm.org/>).²

ARIXTRA is not currently approved in Canada for use in patients with ACS. The safety and efficacy of ARIXTRA in ACS patients has not been evaluated by Health Canada.

ARIXTRA (fondaparinux sodium) is indicated for:

- Prophylaxis of venous thromboembolic events (VTE) for up to one month post-surgery in patients undergoing orthopaedic surgeries of the lower limbs such as hip fracture, knee surgery or hip replacement surgery.
- Treatment of Acute Deep Vein Thrombosis (DVT) and treatment of Acute Pulmonary Embolism (PE).³

Acute Coronary Syndromes

ST-segment elevation myocardial infarction (STEMI) is one condition in the complex group of coronary diseases called ACS that account for about 2.5 million hospital admissions worldwide and are a major cause of mortality and morbidity in Western countries.⁴ There are three main cardiac diseases that make up ACS conditions: unstable angina or chest pain, non ST-segment elevation myocardial infarction (NSTEMI), and STEMI; the latter two are also known as heart attacks.^{5,6} STEMI is a severe heart attack in which there is irreversible myocardial damage as a result of insufficient blood supply to the heart muscle (or myocardial ischaemia).⁶

Approximately 3 million people worldwide are affected by ACS annually.^{7,8} People presenting with these conditions have an increased immediate and long-term risk of recurrent heart attack and cardiac death.⁹

“We look forward to submitting these data to regulatory authorities worldwide for review so that we may bring fondaparinux to physicians and patients for use in the treatment of ACS,” said Dr. Lawson Macartney, Senior Vice-President, Cardiovascular and Metabolic Medicine Development Centre, GlaxoSmithKline.

OASIS 6

The OASIS 6 program is an international, randomised, double-blind study assessing the efficacy and safety of fondaparinux in patients with STEMI. OASIS 6 evaluated 12,092 patients in 447 sites across 41 countries.¹⁰

Patients were randomised to receive fondaparinux 2.5 mg once-daily subcutaneous injections for up to 8 days (6,036 patients) or standard therapy (UFH or placebo, 6,056 patients). Randomisation was dependent on whether there was an indication for UFH, based on the investigator's judgement.¹⁰ All patients were followed for a minimum of 90 days and a maximum of 180 days.¹⁰ Most patients also received a medicine or a medical procedure to help open a blocked heart artery.

The primary objective of the study was to evaluate whether fondaparinux is superior to standard therapy (UFH or placebo) in preventing death or recurrent myocardial infarction (MI) up to day 30 in patients with STEMI. The safety profile of fondaparinux compared with standard therapy was evaluated in terms of severe haemorrhage up to day 9.¹⁰

Secondary objectives included the evaluation of whether fondaparinux has a beneficial effect compared to standard therapy in preventing death or recurrent MI at day 9 and whether this was sustained up to day 90 and 180, as well as to evaluate whether fondaparinux was superior to standard therapy in preventing death, recurrent MI and refractory ischaemia at all time points. Minor and major bleeding as well as adverse events were included in secondary safety endpoints.¹⁰

FONDAPARINUX SODIUM

Fondaparinux is the first in a class of antithrombotics that selectively inhibits Factor Xa, a central protein in the coagulation process. In the treatment of thrombosis, Factor Xa plays a central role in the generation of thrombin, a protein in blood that facilitates blood clotting.

ARIXTRA is the first selective inhibitor of Factor Xa, a protein central to the coagulation process. ARIXTRA is approved in Canada for the prophylaxis of VTE, which includes DVT and PE, for up to one month post-surgery in patients undergoing orthopedic surgeries of the lower limbs such as hip fracture, knee surgery or hip replacement surgery.³ Additionally, ARIXTRA is indicated for the treatment of acute DVT and treatment of acute PE.

IMPORTANT SAFETY INFORMATION

In Canada, ARIXTRA is contraindicated in patients with:

- Hypersensitivity to fondaparinux or to any ingredient in the formulation.

- Thrombocytopenia associated with a positive in vitro test for anti-platelet antibody in the presence of fondaparinux sodium.
- Active clinically significant bleeding.
- Acute bacterial endocarditis.
- Severe renal impairment.³

The most common side effects ($\geq 2\%$) patients experienced across all clinical studies include anemia, fever, nausea, edema, constipation, rash, vomiting, insomnia, wound drainage increase, hypokalemia, urinary tract infection, dizziness, purpura, hypotension, confusion, bullous eruption, urinary retention, hematoma, diarrhea, dyspepsia, post-operative haemorrhage and headache.

About GlaxoSmithKline

GlaxoSmithKline Inc. – one of the world’s leading research-based pharmaceutical and health-care companies – is committed to improving the quality of human life by enabling people to do more, feel better and live longer. In Canada, GSK is among the top 15 investors in research and development, contributing more than \$140 million in 2004 alone. GSK is an Imagine Caring Company, and is consistently recognized as one of the 50 best companies to work for in Canada.

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Attention television assignment/health reporters. There is b-roll available today via satellite at the following coordinates:

DATE OF FEED: Tuesday, March 14th

TIME OF FEED: 3:00 pm - 3:30 pm (EST)

CO-ORDINATES: Anik F2 C Band Analog
Transponder 3B
Audio subcarrier 6.2 and 6.8
Downlink Frequency 3820 vertical

For technical information DURING the feed, please call CNW at (416) 863-5615.

For more information, contact:

Peter Gay
Hill & Knowlton
416-413-4732 (office)

GlaxoSmithKline Corporate Communications
905-819-3363
514-956-3121 (Quebec)

416-523-1420 (cell)
peter.gay@hillandknowlton.ca

References:

1. Late-breaking clinical data: The Impact of Fondaparinux, a Synthetic Factor Xa Inhibitor on Mortality and Reinfarction in Patients With Acute ST Segment Elevation Myocardial Infarction: Results of the Michelangelo-OASIS 6 Trial. American College of Cardiology, 14 March 2006.
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3. ARIXTRA Product Monograph, February 28, 2006
4. Acute Coronary Syndrome: Unstable Angina and Non-ST Segment Elevation Myocardial Infarction. *British Medical Journal*, 7 June 2003; 326:1259-1261.
5. Diagnosis of Acute Coronary Syndrome. *American Family Physician*, 1 July 2005, Volume 72, Number 1.
6. New Guidelines Emphasize Need for Speed When Chest Pain Strikes. *American Heart Association Journal Report*, 14 June 2004.
7. Acute MI, Cardium Study #49, Decision Resources, March 2003.
8. Acute Coronary Syndrome: NSTEMI, Cardium Study #2, Decision Resources, July 2005.
9. Yusuf S, Flather M, Pogue J, et al. Variations between countries in invasive cardiac procedures and outcomes in patients with suspected unstable angina or myocardial infarction without initial ST elevation. OASIS (Organisation to Assess Strategies for Ischaemic Syndromes) Registry Investigators. *Lancet* 1998;352:507-14.
10. The Michelangelo Studies: OASIS 6 (STEMI). Population Health Research Institute. (<http://www.ccc.mcmaster.ca/oasis6/index.html>).