

## **FOR IMMEDIATE RELEASE**

### **NEW DATA SHOWED THAT AVANDIA WAS NOT ASSOCIATED WITH INCREASED CARDIOVASCULAR RISK**

*Two Large, Independent Outcomes Trials Presented at the American Diabetes Association Meeting Offer New Information for AVANDIA In Patients with Type 2 Diabetes*

**Mississauga, ON, June 10, 2008** – Two long-term, large-scale and independent studies evaluating cardiovascular (CV) outcomes in people with type 2 diabetes were presented during the 68th Scientific Sessions of the American Diabetes Association (ADA) in San Francisco, CA. The Veteran Affairs Diabetes Trial (VADT), through two separate analyses, found that AVANDIA® (rosiglitazone maleate) was not associated with increased risk for heart attacks and CV death while a second trial, The Action to Control Cardiovascular Risk in Diabetes Study Group (ACCORD), found that AVANDIA was not associated with any increased risk of death.

The studies enrolled more than 9,300 patients taking AVANDIA and provide an additional 20,000 patient years of experience with AVANDIA.

“These long term trials are specifically designed to measure cardiovascular outcomes,” said Dr. Amir Hanna, MB, BCh, FRCPS, FACP, Professor Emeritus, Department of Medicine at the University of Toronto, and Deputy Division Director, Endocrinology & Metabolism and Director, Diabetes Clinic, St. Michael’s Hospital, Toronto. “These results should reassure patients of the safety of Avandia.”

#### **Findings from VADT**

VADT evaluated whether intense glycemic control in patients with type 2 diabetes would reduce major CV events. The study had been ongoing for 7.5 years. In total, 1,704 patients enrolled in VADT took AVANDIA.

The primary result of VADT did not show that intensive blood sugar control (HbA1c levels below 7%) had a statistically significant effect on reducing major CV events associated with diabetes. However, it was found that there was a favorable trend in reducing all CV events, except CV death and inoperable heart disease, among the patients in the intensive arm. There were significantly fewer CV events in the trial than predicted.

In the trial, investigators said that they were “more aggressive” with AVANDIA and other medications in the intensive arm to achieve and maintain tight glycemic targets. The

investigators found that in VADT, there were no increased deaths associated with any of the medications used in the trial, including AVANDIA.

### **Findings from ACCORD**

ACCORD, which investigated whether or not intensive glycemic control would reduce CV events in patients with type 2 diabetes who had either established cardiovascular disease or additional CV risk factors, was presented today by Dr. Hertzell Gerstein of McMaster University, Hamilton, Ontario at the ADA Scientific Sessions and was published in the New England Journal of Medicine. The study had a mean follow-up of 3.5 years. In total, 7,623 patients enrolled in the ACCORD trial took AVANDIA, representing more than 19,200 patient years of experience with the medication. Thirteen Canadian sites participated in the study, and contributed over 1000 patients.

The investigators found that, as compared with standard therapy, the use of intensive therapy to reach the study's A1C goal for 3.5 years did not significantly reduce major CV events. Although they found an increase in CV deaths among these high-risk patients who were in the intensive arm, the death rates from ACCORD were substantially lower than investigators predicted at the outset of the trial.

In their analysis, the investigators noted that "preliminary nonprespecified exploratory analyses of episodes of severe hypoglycemia after randomization and differences in the use of drugs (including rosiglitazone), weight change, and other factors did not identify an explanation for the mortality finding."

Additionally, an accompanying editorial in the New England Journal of Medicine states, "...the ACCORD trial investigators concluded that patients in the standard-control group and those in the intensive-control group had similar risks and rates of death, whether or not they were prescribed rosiglitazone."

### **Diabetes and the Role of Improved Blood Glucose Control**

Type 2 diabetes is a chronic, progressive and serious disease that occurs either when the body does not produce enough insulin or when the body does not respond properly to its natural insulin.

Improving blood sugar control in people with type 2 diabetes can help reduce the risk of diabetes-related complications, which include heart attack, stroke, blindness, kidney failure and foot problems that lead to amputations.

### **About GlaxoSmithKline**

GlaxoSmithKline – 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. GSK is Canada's largest biopharmaceutical employer, and has been consistently recognized as one of the 50 Best Employers in Canada. GSK is an Imagine Caring Company and is among the top 15 investors in Canadian research and development, investing more than \$178 million in 2007 alone. For company information, please visit [www.gsk.ca](http://www.gsk.ca).

## **Important Safety Information for Avandia® (rosiglitazone maleate)**

AVANDIA (rosiglitazone maleate) is indicated for use as an adjunct to diet and exercise to reduce insulin resistance and improve glycemic control in patients with type 2 diabetes mellitus: as monotherapy, in patients not controlled by diet and exercise alone and for whom metformin is inappropriate because of contraindications or intolerance; in combination with metformin, when diet and exercise plus metformin do not result in adequate glycemic control; or in combination with a sulfonylurea, in patients who show intolerance to metformin or for whom metformin is contraindicated, when diet and exercise plus the sulfonylurea or AVANDIA monotherapy do not result in adequate glycemic control. AVANDIA should be added to (not substituted for) the monotherapy agent. When used in combination with a sulfonylurea, the dose of AVANDIA should not exceed 4 mg daily. AVANDIA is not indicated for use in combination with insulin or with metformin and a sulfonylurea (triple therapy). Rosiglitazone acts primarily by increasing insulin sensitivity and improves  $\beta$ -cell function, underlying causes of type 2 diabetes. The most common side effects reported in clinical trials with rosiglitazone were upper respiratory tract infection, headache, and back pain. Rosiglitazone is not for everyone. Rosiglitazone should not be used in patients with heart failure or serious liver problems, or in patients who are pregnant.

For further information on Avandia, please see full Product Monograph (May 2008).

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