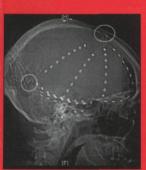


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41st CANADIAN CONGRESS OF NEUROLOGICAL SCIENCES June 13-17, 2006 Montreal, Quebec

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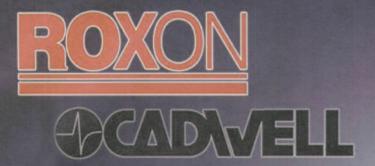
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Less than 2% of patients discontinued therapy due to adverse experiences. Most common adverse effects vs. placebo occurring in patients at an incidence \geq 1% were constipation (1% vs. 1%), diarrhea (1% vs. 1%), dyspepsia (1% vs. 2%), flatulence (1% vs. 2%), nausea (1% vs. 0%), headache (1% vs. 2%), pain (1% vs. <1%), myalgia (1% vs. 1%) and asthenia (1% vs. <1%). The adverse events reported in \geq 1% of boys and postmenarchal girls (10-17 years of age) were abdominal pain, depression and headache.

LIPITOR is contraindicated: During pregnancy and lactation; active liver disease or unexplained persistent elevations of serum transaminases exceeding 3 times the upper limit of normal; hypersensitivity to any component of this medication.

The dosage of LIPITOR should be individualized according to the baseline LDL-C, total-C/HDL-C ratio and/or TG levels to achieve the recommended target lipid values at the lowest dose needed to achieve LDL-C target.

Caution should be exercised in severely hypercholesterolemic patients who are also renally impaired, elderly or are concomitantly being administered digoxin or CYP 3A4 inhibitors.

20 mg

LIPITOR

tablet

80 mg

atorvastatin calcium

power you can trust"

40 mg

Liver function tests should be performed before the initiation of treatment, and periodically thereafter.

If increases in alanine aminotransferase (ALT) or aspartate aminotransferase (AST) show evidence of progression, particularly if they rise to greater than 3 times the upper limit of normal and are persistent, the dosage should be reduced or the drug discontinued.

LIPITOR, as well as other HMG-CoA reductase inhibitors, should be used with caution in patients who consume substantial quantities of alcohol and/or have a past history of liver disease.

§ CARDS = Collaborative Atorvastatin Diabetes Study.

£ A patient-year represents the total time of exposure to LIPITOR as defined by the sum of each patient's time on LIPITOR.³



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Kirkland, Quebec
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References: 1. LIPITOR (atorvastatin calcium) Product Monograph, Pfizer Canada Inc., November 2005. 2. IMS Health, IMS MIDASTM (Standard Units: Year 1997 through to April 2005). 3. Simon Day. Dictionary for *Clinical Trials*, 1999, John Wiley & Sons Ltd. 137-38.

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Because not all fractures are created equal.

Kyphon offers a complete family of fracture reduction instruments, each designed to address individual patient anatomy and fracture morphology.

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Provides single-plane preferential inflation resulting in 50% greater superior/inferior profile in comparison to the medial/lateral profile. This balloon is recommended for bi-concave or wedge fractures with involvement of both endplates.



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INFLATABLE BONE TAMP



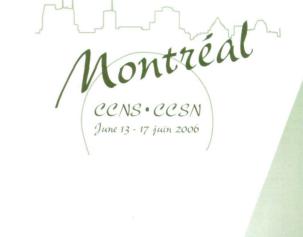
Designed to treat smaller vertebral bodies and/or vertebra plana fractures.

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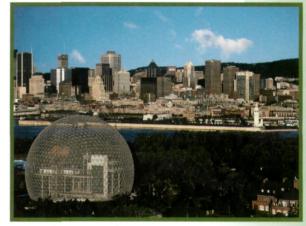


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Betaseron® Efficacité à long terme éprouvée

Durant une étude clinique d'importance, les patients' prenant Betaseron ont présenté :

- une réduction de 31% de leur taux annuel de poussées par rapport aux patients du groupe placebo (p = 0,0001)^{1,‡}
- une diminution significative du nombre annuel de leurs poussées modérées ou graves par rapport aux patients du groupe placebo (p = 0,0001)^{1,6}
- un nombre significativement moindre de lésions observables à l'IRM (p = 0,0001)^{1,11}

Étude en cours depuis 16 ans²

SEP LeParcours offre aux patients atteints de SEP prenant Betaseron un programme de soutien à visage humain et une démarche thérapeutique pratique – dès le début

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- Programme de formation à domicile sur l'injection de Betaseron
- Assistance médicale en voyage et services associés

* Étude clinique multicentrique (11 centres) parallèle, randomisée, à double insu et contrôlée par placebo, d'une durée de deux ans, menée auprès de patients recevant 1,6 MUI de Betaseron (n = 125), 8 MUI de Betaseron (n = 124) ou un placebo (n = 123).

† Traités par 8 MUI de Betaseron auto-administrés tous les deux jours

‡ 0,9 vs 1,31

Moyenne de 19,5 jours de poussées modérées ou graves par patient vs 41,1 jours Diminution de 0,9% de l'étendue des lésions observables à l'IRM vs une augmentation de 21,4 % dans le groupe placebo

BETASERON (interféron bêta-1b) est indiqué pour réduire la fréquence des poussées cliniques chez les patients ambulatoires atteints de sclérose en plaques rémittente (SEP) et pour ralentir la progression de l'incapacité et réduire la fréquence des poussées cliniques chez les patients atteints de SEP progressivesecondaire. L'efficacité et l'innocuité de BETASERON dans la SEP progressive-primaire n'ont pas été évaluées. On ne dispose pas de données probantes sur l'efficacité du traitement de la SEP rémittente au-delà de deux ans. Chez les patients atteints de SEP rémittente, les effets indésirables les plus courants liés à l'utilisation de BETASERON sont : syndrome pseudo-grippal (76 %) ; fièvre (59 %) ; frissons (46 %) ; réactions au point d'injection (85 %) ; myalgie (44 %) ; asthénie (49 %) et malaise (15 %).

Pour plus de renseignments sur les mises en garde et les précautions, veuillez consulter la monographie du produit fournie sur demande aux professionnels de la santé. Références : 1. Monographie de Betaseron, juin 2004. 2. Données internes. Berlex Canada inc.

(R&D) CCPP



INTERFÉRON BÊTA-16

Agir tôt. Agir en force.



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PORTRAIT OF A FAMILY HISTORY

HISTORY DOESN'T HAVE TO REPEAT ITSELF

Roger, History of angina.

Died age 57 of MI.

Help Reduce the **Risk of CV Death**

by

Alice, History of diabetes and hypercholesterolemia.

Died age 62 of complications related to stroke.



GUARDING AGAINST CV DEATH

(p < 0.001; 6.1% vs. 8.1%)

ALTACE is indicated in the treatment of essential hypertension, normally when beta-blockers and diuretics are inappropriate. It may be used alone or in association with thiazide diuretics. ALTACE is indicated following acute myocardial infarction in clinically stable patients with signs of left ventricular dysfunction to improve survival and reduce hospitalizations for heart failure. Results from the HOPE study showed that ALTACE improved survival in patients by reducing the risk of CV death by 26% (p<0.001; 6.1% vs. 8.1%). ALTACE may be used to reduce the risk of MI, stroke, or CV death in patients over age 55 who are at high risk of CV events because of a history of CAD, stroke, peripheral artery disease, or diabetes accompanied by at least 1 other CV risk factor such as hypertension, elevated total cholesterol levels, low HDL levels, cigarette smoking, or documented microalbuminuria.

Like other ACE inhibitors, ALTACE is not recommended for pregnant or lactating women and should be used with caution in patients with renal insufficiency. The most frequent adverse events occurring in clinical trials with ALTACE monotherapy in hypertensive patients who were treated for at least 1 year (n=651) were: headache (15.1%); dizziness (3.7%); asthenia (3.7%); chest pain (2.0%). Discontinuation of therapy due to clinical adverse events was required in 5 patients (0.8%).

The reasons for stopping treatment were cough (ramipril 7.3% vs. placebo 1.8%); hypotension/dizziness (1.9% vs. 1.5%) and edema (0.4% vs. 0.2%).

ALTACE is the most prescribed ACEI in Canada and the ACEI most prescribed by cardiologists.

*IMS Health Canada: Canadian CompuScript Audit, Moving Annual Total ending March 2005, Total Dispensed Prescriptions.

R&D PAAB

Product Monograph available to physicians and pharmacists upon request.

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