



VIDAZA[®] is indicated for treatment of patients with the following French-American-British (FAB) myelodysplastic syndrome subtypes: refractory anemia (RA) or refractory anemia with ringed sideroblasts (RARS) (if accompanied by neutropenia or thrombocytopenia or requiring transfusions), refractory anemia with excess blasts (RAEB), refractory anemia with excess blasts in transformation (RAEB-T), and chronic myelomonocytic leukemia (CMML).

Celgene Corporation cordially invites you to participate in a program entitled:

**Current Trends in MDS Treatment:
Focus on VIDAZA[®] (azacitidine for injection)**

Presented by
David Frame, PharmD
University of Michigan
Ann Arbor, MI

Monday, January 24, 2011
6:00 PM - 8:00 PM

Ruth's Chris Steak House
7315 Wisconsin Avenue
Bethesda, MD 20814

**To register for this program,
please contact the Celgene representative, Tracey DeSilva, at
tdesilva@celgene.com.**

In accordance with the PhRMA Code on Interactions with Healthcare Professionals, attendance at this promotional program is limited to healthcare professionals. Accordingly, attendance by non-clinical guests or spouses is not permitted.

This is a promotional program and no CME credits are offered.

Please see [Important Safety Information](#) below.

Click here for [Full Prescribing Information](#).

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Important Safety Information

- VIDAZA is contraindicated in patients with a known hypersensitivity to azacitidine or mannitol and in patients with advanced malignant hepatic tumors
- In Studies 1 and 2, the most commonly occurring adverse reactions by SC route were nausea (70.5%), anemia (69.5%), thrombocytopenia (65.5%), vomiting (54.1%), pyrexia (51.8%), leukopenia (48.2%), diarrhea (36.4%), injection site erythema (35.0%), constipation (33.6%), neutropenia (32.3%), and ecchymosis (30.5%). Other adverse reactions included dizziness (18.6%), chest pain (16.4%), febrile neutropenia (16.4%), myalgia (15.9%), injection site reaction (13.6%), and malaise (10.9%). In Study 3, the most common adverse reactions by IV route also included petechiae (45.8%), weakness (35.4%), rigors (35.4%), and hypokalemia (31.3%)
- In Study 4, the most commonly occurring adverse reactions were thrombocytopenia (69.7%), neutropenia (65.7%), anemia (51.4%), constipation (50.3%), nausea (48.0%), injection site erythema (42.9%), and pyrexia (30.3%). The most commonly occurring Grade 3/4 adverse reactions were neutropenia (61.1%), thrombocytopenia (58.3%), leukopenia (14.9%), anemia (13.7%), and febrile neutropenia (12.6%)
- Because treatment with VIDAZA is associated with anemia, neutropenia, and thrombocytopenia, complete blood counts should be performed as needed to monitor response and toxicity, but at a minimum, prior to each dosing cycle
- Because azacitidine is potentially hepatotoxic in patients with severe preexisting hepatic impairment, caution is needed in patients with liver disease. In addition, azacitidine and its metabolites are substantially excreted by the kidneys and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, it may be useful to monitor renal function
- VIDAZA may cause fetal harm when administered to a pregnant woman. Women of childbearing potential should be apprised of the potential hazard to the fetus. Men should be advised not to father a child while receiving VIDAZA
- Nursing mothers should be advised to discontinue nursing or the drug, taking into consideration the importance of the drug to the mother

Please see Full Prescribing Information at www.Vidaza.com

