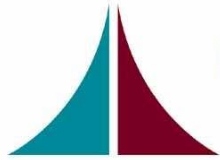


**FOR IMMEDIATE RELEASE**

# First Canadian Study Demonstrates Effectiveness of Dual Cholesterol Inhibition

***Publication in October issue of the Canadian Journal of Cardiology***

**MONTREAL, Quebec – October 16, 2006 –** A new study published in the *Canadian Journal of Cardiology*, the 'Ezetrol® Add-On Study', demonstrated the effectiveness of a dual cholesterol inhibition strategy, as 80.5 per cent of patients who added Ezetrol® (ezetimibe) to their statin therapy achieved target low-density lipoprotein (LDL) or "bad" cholesterol levels of less than 2.5 mmol/L in six weeks. New stricter guidelines from the Canadian Cardiovascular Society (CCS) now set target LDL-cholesterol levels at less than 2.0 mmol/L. This means that 70 per cent of Canadians on statin monotherapy, and who are at high risk for coronary artery disease (CAD), may not be at their cholesterol target and therefore may require additional therapy.[1]

"A significant portion of Canadians with high cholesterol do not achieve target LDL-cholesterol on statin therapy alone," said Dr. Rafik Habib, Director of the Centre Cardio-vasculaire de Laval. "The study showed that adding a cholesterol absorption inhibitor to a statin inhibits both sources of cholesterol and is a very effective strategy to reach the objective of lowering bad cholesterol."

Ezetrol® has a mechanism of action which is distinct from other lipid-lowering agents. There are two important cholesterol pathways: intestinal absorption and liver synthesis. Since this medication inhibits cholesterol absorption from both dietary and biliary sources across the wall of the small intestine and statins inhibit cholesterol synthesis in the liver, adding it to statin therapy inhibits both cholesterol absorption and production.

## 'Ezetrol® Add-On Study' simulates family practice setting in Canada

"This study reflects the Canadian environment in which patients are treated for high cholesterol with respect to patient profile, type of statin and dosages. It also includes patients with important comorbidities like diabetes and metabolic syndrome," said Dr. Habib. "Therefore the study results demonstrate the benefits of using Ezetrol® in a 'real-life' family practice setting."

The study was a six-week, prospective, multicenter study that assessed the safety and effectiveness of ezetimibe 10 mg in 837 Canadian patients who were above their recommended LDL-cholesterol target while on statin therapy alone. Note that 92.8 per cent of patients who participated in the study were at a high, 10-year risk of developing CAD, a group that should be treated more aggressively according to the new guidelines. The 221 participating physicians covered all Canadian provinces, except Prince Edward Island.

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This Canadian study showed that the dual inhibition strategy of adding Ezetrol® to a statin provided additional decreases of LDL-cholesterol by 30 per cent, total cholesterol by 21 per cent and triglycerides by 10 per cent. The incremental benefit of adding this medication to a statin allowed 80.5 per cent of participants to achieve target LDL-cholesterol in six weeks.

**Heart disease: Canada's biggest health problem**

High cholesterol is the major contributor to heart disease, which took the lives of 74,626 Canadians in 2002[2] and cost the Canadian economy an estimated $20 billion in 2000.[3] The lifetime risk of developing coronary artery disease by 40 years of age is approximately one in two for men and one in three for women.[4]

It is recommended that Canadians diagnosed with high cholesterol who are already on lipid-lowering medication talk to their physicians about strategies to reach their cholesterol target and reduce the risk of CAD, in addition to healthy eating habits, regular exercise, maintaining a healthy weight and not smoking. All men 40 years or older, and all women who are post-menopausal and/or 50 years or older, should be evaluated every one to three years with a full lipid (fat) profile.[5]

**About Merck Frosst/Schering Pharmaceuticals**

Merck Frosst/Schering Pharmaceuticals (MFSP) is a joint venture between Merck Frosst Canada Ltd. and Schering Canada Inc., which was established in December 2001 as part of a worldwide partnership (except Japan) between the two companies. MFSP was formed to develop and market new prescription medicines for the management of cholesterol.

**Merck Forward-Looking Statement**

This press release contains "forward-looking statements" as that term is defined in the Private Securities Litigation Reform Act of 1995. These statements are based on management's current expectations and involve risks and uncertainties, which may cause results to differ materially from those set forth in the statements. The forward-looking statements may include statements regarding product development, product potential or financial performance. No forward-looking statement can be guaranteed, and actual results may differ materially from those projected. Merck undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events, or otherwise. Forward-looking statements in this press release should be evaluated together with the many uncertainties that affect Merck's business, particularly those mentioned in the cautionary statements in Item 1 of Merck's Form 10-K for the year ended Dec. 31, 2005, and in its periodic reports on Form 10-Q and Form 8-K, which the Company incorporates by reference.



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**MEDICAL EXPERT AND PATIENT ARE AVAILABLE FOR INTERVIEWS.**

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[1] Extrapolated from Bourgault, C et al. Statin therapy in Canadian patients with hypercholesterolemia: The Canadian Lipid Study – Observational (CALIPSO). *Can J Cardiol* 2005;21(13):1187-1193.
[2] Statistics Canada, Causes of Death 2002. Released 2004.
[3] Bourgault, C et al. Statin therapy in Canadian patients with hypercholesterolemia: The Canadian Lipid Study – Observational (CALIPSO). *Can J Cardiol* 2005;21(13):1187-1193.
[4]McPherson, R et al. Canadian Cardiovascular Society position statement – Recommendations for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease. *Can J Cardiol* 2006:22(11):913-927.
[5] McPherson, R et al. Canadian Cardiovascular Society position statement – Recommendations for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease. *Can J Cardiol* 2006:22(11):913-927.