

## **SANOFI-AVENTIS AND BRISTOL-MYERS SQUIBB WELCOME GROUNDBREAKING ANTIPLATELET GUIDELINES FOR CANADIAN PHYSICIANS**

### **ADDITIONAL RECOMMENDATIONS FOR PLAVIX**

MONTREAL, Nov. 8 /CNW Telbec/ - Sanofi-aventis and Bristol-Myers Squibb commend the Canadian Cardiovascular Society's initiative to provide recommendations on the use of antiplatelet therapy across all indications. These first-ever guidelines provide physicians and other health care professionals with clear procedural guidelines, including how long an individual should take dual antiplatelet therapy, with appropriate use beyond one year.

"This document represents the first evidence-based, comprehensive guideline on antiplatelet therapy, a cornerstone of vascular protection," states Dr. Alan Bell, University of Toronto, co-chair of the Canadian Cardiovascular Society Antiplatelet Guideline Committee. "Now physicians, globally, have a credible resource on which to base therapeutic choices in primary and secondary prevention across all vascular beds and clinical situations including ACS, PCI, CABG, PAD, cerebrovascular disease, diabetes, heart failure, kidney disease, pregnancy, bleeding and perioperative management."

Highlights from the Canadian Cardiovascular Society's recent presentation in Montreal include:

- Continuation of dual antiplatelet therapy with clopidogrel (Plavix) beyond 12 months is an option in Acute Coronary Syndrome (ACS) stented patients with bare metal stents (BMS ) or drug eluting stents (DES) as well as medically managed patients<sup>1</sup>
- Dual antiplatelet therapy for one month is recommended in stroke and transient ischemic attack (TIA)<sup>2</sup>
- Avoidance of the routine use of ASA in primary prevention and diabetes
- Clear guidance on the perioperative use or interruption of ASA and clopidogrel (Plavix) therapy

A full copy of the guidelines is expected to be published in the Canadian Journal of Cardiology in early 2011.<sup>3</sup>

In Canada, ACS represents a growing health concern with significant human and economic costs. There are approximately 70,000 heart attacks each year<sup>4</sup> and over 50,000 strokes each year.<sup>5</sup> Heart disease and stroke costs the Canadian economy more than \$22.2 billion every year in physician services, hospital costs, lost wages and decreased productivity.<sup>6</sup>

Stanislav Glezer, Vice President, Medical Affairs of Sanofi-aventis Canada welcomes the Canadian Cardiovascular Society's new guidelines. "The CCS has provided Canadian physicians with an invaluable resource for antiplatelet therapy like Plavix, which has been used by over 2.2 million Canadians. We are pleased that the writing committee recognizes the benefit for patients to initiate and maintain treatment with Plavix."

For more information about the Canadian Cardiovascular Society visit: [www.ccs.ca](http://www.ccs.ca)

### **About Sanofi-aventis**

Sanofi-aventis, a leading global pharmaceutical company, discovers, develops and distributes therapeutic solutions to improve the lives of everyone. Backed by a world-class R&D organization, the company is developing leading positions in several therapeutic areas: cardiology, thrombosis, oncology, metabolic disorders, the central nervous system, internal medicine and vaccines.

Sanofi-aventis is represented in Canada by the pharmaceutical company sanofi-aventis Canada Inc., based in Laval, Quebec, and by the vaccines company Sanofi Pasteur Limited, based in Toronto, Ontario. Together they employ more than 2,000 people across the country. With combined R&D investments of \$211.5 million in 2008, they are leaders in Canada's pharmaceutical/biotech sector, a critical knowledge-based industry that generates jobs, business and opportunity throughout the country.

### **About Bristol-Myers Squibb Canada**

Bristol-Myers Squibb Canada is a subsidiary of Bristol-Myers Squibb, a global biopharmaceutical company whose mission is to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. For more information, visit [www.bmscanada.ca](http://www.bmscanada.ca)

<sup>1</sup>[http://www.ccsguidelineprograms.ca/index.php?option=com\\_content&view=article&id=96&Itemid=87](http://www.ccsguidelineprograms.ca/index.php?option=com_content&view=article&id=96&Itemid=87)  
accessed October 2010

<sup>2</sup>[http://www.ccsguidelineprograms.ca/index.php?option=com\\_content&view=article&id=96&Itemid=87](http://www.ccsguidelineprograms.ca/index.php?option=com_content&view=article&id=96&Itemid=87)  
accessed October 2010

<sup>3</sup>[http://www.ccsguidelineprograms.ca/index.php?option=com\\_content&view=article&id=87&Itemid=82](http://www.ccsguidelineprograms.ca/index.php?option=com_content&view=article&id=87&Itemid=82)  
accessed October 2010

<sup>4</sup><http://www.heartandstroke.com/site/c.iklQLcMWJtE/b.3483991/k.34A8/Statistics.htm#heartdisease>, accessed  
October 2010

<sup>5</sup><http://www.heartandstroke.com/site/c.iklQLcMWJtE/b.3483991/k.34A8/Statistics.htm#heartdisease>, accessed  
October 2010

<sup>6</sup> Tracking Heart Disease and Stroke in Canada. Released June 2009.

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