

TAKE THE PATH TO AVOID TREATMENT DELAYS



GLIADEL® WAFER WORKS AT DAY 1

- **You don't have to wait 14 days:** Traditional treatment for high-grade malignant gliomas begins 14 days after a tumor is removed
- **Cells may double after 10 days:** After resection, residual tumor cells may double in number approximately every 10 days¹
- **Only 1 therapy:** There is only 1 drug approved for high-grade malignant gliomas that avoids treatment delays post surgery
- **Significantly increases median survival** after initial craniotomy in patients with high-grade malignant glioma (from 11.6 to 13.9 months)²

Patients undergoing craniotomy and implantation of GLIADEL® Wafer for malignant glioma should be monitored closely for complications of craniotomy. During a randomized trial of GLIADEL® Wafer vs placebo implanted during initial resection, four categories of adverse events occurred that were possibly treatment-related: seizure (33.3% vs 37.5%); brain edema (22.5% vs 19.2%); healing abnormalities (15.8% vs 11.7%) including cerebrospinal fluid (CSF) leaks (5.0% vs 0.8%); and intracranial infection (5.0% vs 6.0%).

Cases of intracerebral mass effect unresponsive to corticosteroids have been described in patients treated with GLIADEL® Wafer, including one case leading to brain herniation. GLIADEL® Wafer contains carmustine and should not be given to patients who are allergic to carmustine. There are no studies assessing the reproductive toxicity of GLIADEL® Wafer. Carmustine can also cause fetal harm when administered to a pregnant woman.

GLIADEL® WAFER
(polifeprosan 20 with carmustine implant)

THE PATH TO EXTEND LIVING

REFERENCES: 1. Matsutani M. Cell kinetics. In: Berger MS, Wilson CB, eds. *The Gliomas*. 1st ed. Philadelphia, Pa: WB Saunders Co; 1999:204-209. 2. GLIADEL® Wafer Prescribing Information.

Please see the brief summary of prescribing information on the adjacent page.

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