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For Immediate Release

**HOPE ON HORIZON FOR WOMEN WITH AGGRESSIVE FORM OF BREAST CANCER:
*Pathology expert discusses molecular studies that may lead to better survival, cure rates***

Plainview, NY, August 2008 – Breast cancer remains the most common non-skin cancer in women, with more than 180,000 new cases diagnosed each year in the U.S. alone. In about 25-30% percent of those cases, the cancer is “HER-2” positive – one of the most aggressive forms of the disease – making the diagnosis even more frightening. However, thanks to advances in molecular medicine, new studies are providing hope for improved long-term survival and cure rates for HER-2 positive breast cancer patients.

“The discovery of HER-2 as a differentiating factor in certain breast cancers paved the way for a better understanding of how this particular genetic marker can affect the progress of the cancer itself, and how it influences the cancer’s response to certain treatment regimens,” explains Dr. Olga Falkowski, unit chief of breast pathology and associate medical director at Acupath Laboratories in NY. “From there, we have been able to focus research that targets the HER-2 receptors specifically, and these efforts are beginning to show quite encouraging results,” Dr. Falkowski adds.

What is HER-2?

HER-2 stands for Human Epidermal Growth Factor, a protein that is found on the surface or inside each cancer cell that causes the cancer to proliferate more rapidly. While HER is a normally occurring substance in the body, a genetic mutation in HER-2 positive breast cancer causes an over expression of this protein. The more HER-2 that is overproduced by the cells, the more aggressive the cancer becomes.

Fortunately, Dr. Falkowski notes, pathologists can now routinely screen for the presence and the expression levels of HER-2 at the time of diagnosis, providing the earliest possible opportunities for doctors and their patients to create a more effective treatment strategy. “This is one of the key ways in which molecular medicine is allowing practitioners to ‘customize’ their approach to each patient’s care,” Dr. Falkowski points out. “Another way, of course, is through the new research that is offering hope to patients with this more aggressive form of the disease,” she adds.

New studies look at treatment regimens, vaccines to fight HER-2 positive breast cancer

According to Dr. Falkowski, two large Phase III clinical trials – one focusing on treatment regimens, and one studying the effectiveness of a vaccine – are providing hope for women diagnosed with HER-2 positive breast cancer.

The first study is a global cooperative between the National Cancer Institute in the U.S. and the Breast International Group in Belgium that will eventually enroll 8,000 patients in 50 countries across six continents. Its focus is to determine the most effective drug treatment regimen for women with HER-2 positive breast cancer. Currently, two drugs are FDA approved and widely used: trastuzumab (known as Herceptin) and lapatinib (known as Tykerb). The study – called ALLTO – will focus on whether one drug is more effective or safer than the other, and whether there is a survival benefit to taking the drugs separately, one after the other or together.

The second Phase III trial will seek to confirm recent good news from earlier studies on the E75 vaccine for HER-2 positive breast cancer. At the American Association of Cancer Research 2008 Annual Meeting in April, researchers confirmed that the vaccine has shown positive results in patients with varying levels of HER-2 expression – with a zero-percent mortality rate among women with low levels of HER-2. In the Phase II study, which was conducted by the Brook Army

Medical Center in San Antonio, TX, patients were given six doses of the vaccine over an 18-24 month period following traditional cancer treatment such as chemotherapy, radiation or surgery. At a median follow up of 30 months, recurrence rates were lower among women who were vaccinated than those who were not, and the death rate among vaccinated women was 3.4% for “over-expressers” and 0% for “low-expressers,” while the death rate for unvaccinated women was 9.1%.

“These studies – and others that will follow – are providing hope on the horizon for women with this particularly virulent form of cancer,” Dr. Falkowski concludes. “What’s more, they are paving the way for even further discovery of how molecular medicine can aid in the early detection and successful treatment of all cancers.”

About OLGA FALKOWSKI, M.D.

UNIT CHIEF, BREAST PATHOLOGY AND ASSOCIATE MEDICAL DIRECTOR OF ACUPATH LABORATORIES, INC.

Board-certified in anatomic and clinical pathology by the American Board of Pathology, Dr. Olga Falkowski, M.D. serves as the Unit Chief of Breast Pathology and the Associate Medical Director of Acupath Laboratories, Inc. Before joining Acupath, Dr. Falkowski served as an attending pathologist at the Long Island Jewish Medical Center. She prior served as an attending pathologist at New York University School of Medicine where she also fulfilled a surgical fellowship. After receiving her medical degree from the First Moscow Medical School in Russia, Dr. Falkowski decided to complete her residency in general pathology there as well. Subsequently, she fulfilled her anatomic and clinical pathology residency at St. Luke's-Roosevelt Hospital Center, University Hospital of Columbia University.

As part of her pathology work, Dr. Falkowski has served as an assistant professor at New York University School of Medicine, Hofstra University, as well as Albert Einstein College of Medicine, respectively. She is currently a member of the College of American Pathologists and the United States and Canadian Academy of Pathology. In addition, Dr. Falkowski is a noted author and lecturer in breast pathology and is often quoted in the press relating to issues concerning breast cancer diagnostics. www.acupath.com