



THE CANADIAN JOURNAL OF

Neurological Sciences

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Sciences Neurologiques

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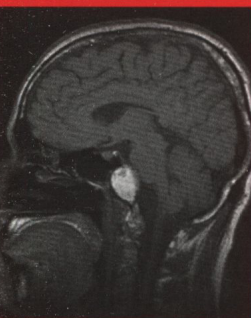
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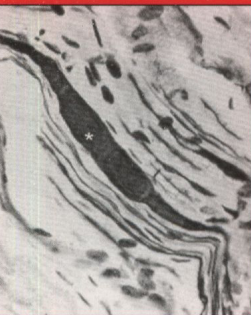
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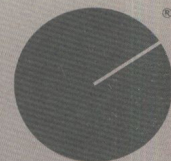
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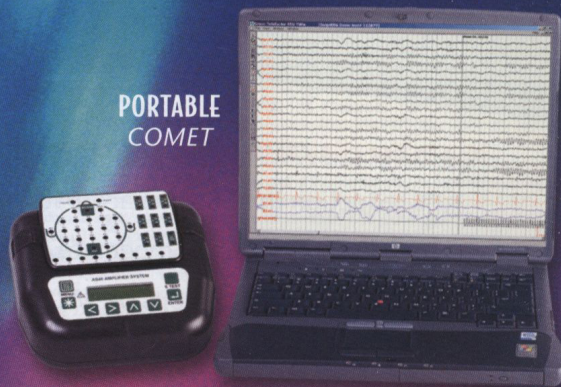
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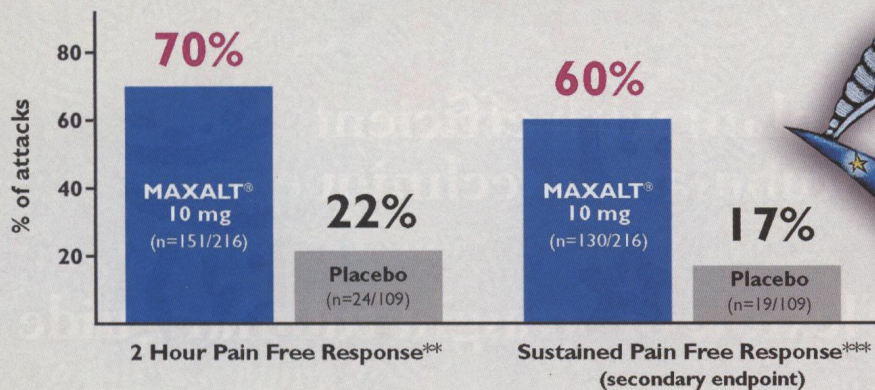
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* p<0.01 pain free response, p<0.001 sustained pain free response

** Pain free response=absence of headache at a specified time after drug administration, up to which no recurrence or need for rescue medication was documented.

*** Sustained pain free response=pain free response lasting between 2-24 hours after drug administration.

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References:

1. Data on file, Merck Frosst Canada Ltd.: Product Monograph-MAXALT®, 2001.
2. Silberstein, S. Practice parameter: Evidence-based guidelines for migraine headache (an evidence based review). *Neurology* 2000;55:538-47.
3. Mathew NT et al. Early treatment of migraine with rizatriptan: A placebo-controlled study. *Headache* 2004;44:669-73.

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Please see Prescribing Information for complete Warnings and Precautions, Dosage and Administration, and patient selection criteria.

† A 13-week, multicentre, double-blind, placebo-controlled trial in 368 patients with PHN. A significant difference was shown over placebo for all doses: 150 mg/day, 300 mg/day, and 600 mg/day at week 1, $p < 0.001$ for pain and $p < 0.01$ for sleep.

‡ A 12-week, multicentre, randomised, double-blind, placebo-controlled study in 338 patients with neuropathic pain (DPN [$n=249$] or PHN [$n=89$]), resulting in a significant difference from placebo in the flexible dose range 150-600 mg/day ($p \leq 0.05$, week 2 and $p \leq 0.01$, weeks 3-12), and the fixed dose of 600 mg/day ($p \leq 0.05$, week 1 and $p \leq 0.01$, weeks 2-12).

For brief prescribing information
see pages A-24, A-25, A-26, A-27

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† Traités par 8 MUI de Betaseron auto-administrés tous les deux jours

‡ 0,9 vs 1,31

§ Moyenne de 19,5 jours de poussées modérées ou graves par patient vs 41,1 jours

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Pour plus de renseignements sur les mises en garde et les précautions, veuillez consulter la monographie du produit fournie sur demande aux professionnels de la santé. Références : 1. Monographie de Betaseron, juin 2004. 2. Données internes. Berlex Canada inc.



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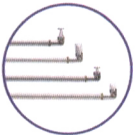
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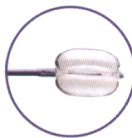
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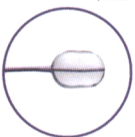
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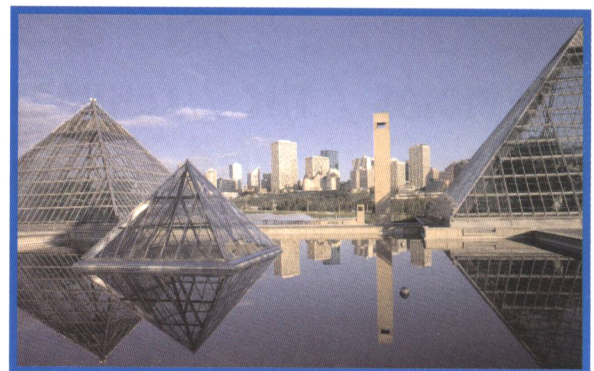
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Canadian Neurological Sciences Federation**

Recently our name was officially changed to the Canadian Neurological Sciences Federation to better reflect the fact that we represent a federation of four professional societies. Our official announcement and changes to our logo, website, etc. are coming shortly.



*Join us
in Edmonton, Alberta
for the*

42nd Annual Congress

presented by the

**Canadian Neurological
Sciences Federation**

(CNSF)

June 19-22, 2007

New indication based on the CARDS^S Trial Results[†]

Trusted Power for You and Your Patients

LIPITOR offers up to 50% LDL-C reduction at starting doses of 10, 20 and 40 mg^{1x}

^{1x} When a >45% LDL-C reduction is required, patients may be started at 40 mg o.d.

Power

AND is indicated to reduce the risk of MI and stroke in patients with type 2 diabetes and hypertension without CHD but with other risk factors¹

Evidence

ONLY LIPITOR is supported by 5 million patient-years of therapy in Canada^{2E}

Trust



power you can trust™



LIPITOR is an HMG-CoA reductase inhibitor (statin). LIPITOR is indicated as an adjunct to lifestyle changes, including diet, for the reduction of elevated total cholesterol (total-C), LDL-C, TG and apolipoprotein B (apo B) in hyperlipidemic and dyslipidemic conditions (including primary hypercholesterolemia, combined [mixed] hyperlipidemia, dysbetalipoproteinemia, hypertriglyceridemia and familial hypercholesterolemia) when response to diet and other non-pharmacological measures alone has been inadequate.

LIPITOR also raises HDL-cholesterol and therefore lowers the LDL-C/HDL-C and total-C/HDL-C ratios (Fredrickson Type IIa and IIb dyslipidemia).

LIPITOR is indicated to reduce the risk of myocardial infarction in adult hypertensive patients without clinically evident coronary heart disease, but with at least three additional risk factors for coronary heart disease such as age ≥55 years, male sex, smoking, type 2 diabetes, left ventricular hypertrophy, other specified abnormalities on ECG, microalbuminuria or proteinuria, ratio of plasma total cholesterol to HDL-cholesterol ≥6 or premature family history of coronary heart disease.

[†] LIPITOR is also indicated to reduce the risk of myocardial infarction and stroke in adult patients with type 2 diabetes mellitus and hypertension without clinically evident coronary heart disease, but with other risk factors such as age ≥55 years, retinopathy, albuminuria or smoking.

Very rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with

LIPITOR and with other HMG-CoA reductase inhibitors.

Patients who develop any signs or symptoms suggestive of myopathy should have their CK levels measured. LIPITOR therapy should be discontinued if markedly elevated CK levels are measured or myopathy is diagnosed or suspected.

See Prescribing Information for complete warnings, precautions, dosing and administration.

Less than 2% of patients discontinued therapy due to adverse experiences. Most common adverse effects vs. placebo occurring in patients at an incidence ≥1% were constipation (1% vs. 1%), diarrhea (1% vs. 1%), dyspepsia (1% vs. 2%), flatulence (1% vs. 2%), nausea (1% vs. 0%), headache (1% vs. 2%), pain (1% vs. <1%), myalgia (1% vs. 1%) and asthenia (1% vs. <1%). The adverse events reported in ≥1% of boys and postmenarchal girls (10-17 years of age) were abdominal pain, depression and headache.

LIPITOR is contraindicated: During pregnancy and lactation; active liver disease or unexplained persistent elevations of serum transaminases exceeding 3 times the upper limit of normal; hypersensitivity to any component of this medication.

The dosage of LIPITOR should be individualized according to the baseline LDL-C, total-C/HDL-C ratio and/or TG levels to achieve the recommended target lipid values at the lowest dose needed to achieve LDL-C target.

Caution should be exercised in severely hypercholesterolemic patients who are also renally impaired,

elderly or are concomitantly being administered digoxin or CYP 3A4 inhibitors.

Liver function tests should be performed before the initiation of treatment, and periodically thereafter.

If increases in alanine aminotransferase (ALT) or aspartate aminotransferase (AST) show evidence of progression, particularly if they rise to greater than 3 times the upper limit of normal and are persistent, the dosage should be reduced or the drug discontinued.

LIPITOR, as well as other HMG-CoA reductase inhibitors, should be used with caution in patients who consume substantial quantities of alcohol and/or have a past history of liver disease.

[§] CARDS = Collaborative Atorvastatin Diabetes Study.

^E A patient-year represents the total time of exposure to LIPITOR as defined by the sum of each patient's time on LIPITOR.³



Life is our life's work

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References: 1. LIPITOR (atorvastatin calcium) Product Monograph, Pfizer Canada Inc., November 2005. 2. IMS Health, IMS MIDAS™ (Standard Units: Year 1997 through to April 2005). 3. Simon Day, Dictionary for Clinical Trials, 1999, John Wiley & Sons Ltd. 137-38.

DuraMatrix™

Collagen Dura Substitute Membrane

DURAL REPAIR INNOVATION

- ▶ Onlay or sutures — the choice is yours
- ▶ Excellent handling characteristics: strong, conformable and watertight
- ▶ Controlled resorption for effective dural repair

Some collagen sponges last only a few weeks when implanted.

DuraMatrix is designed to provide a scaffold for repair and to resorb as the dura heals.

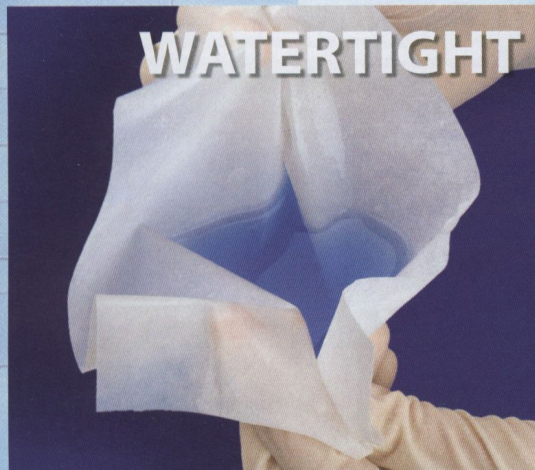
STRONG



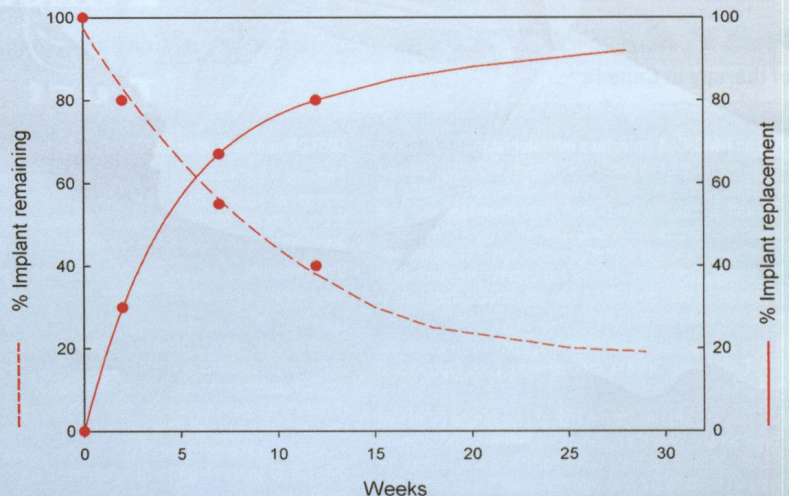
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WATERTIGHT



In Vivo Resorption and Replacement
Animal Duraplasty Model¹



¹Ulreich JB, Hansen P, White MJN, Way D, French MH, Ho WY, Fryburg K, Hamilton AJ, Yuen D, and Li ST, 7th World Biomaterials Congress, 2004, p. 1008.

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ISN'T IT TIME TO
EXPECT MORE
FROM MS THERAPY?



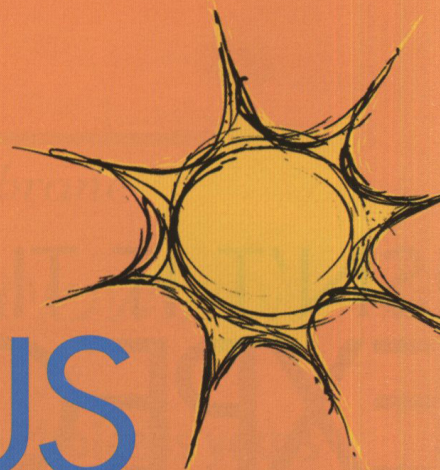
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Because it's time to expect more.



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N'EST-IL PAS TEMPS D'EXIGER PLUS DU TRAITEMENT DE LA SEP ?



Biogen Idec s'emploie à mettre au point de nouveaux médicaments puissants, plus efficaces pour redonner espoir en l'avenir à vos patients atteints de sclérose en plaques.

Le temps est venu d'exiger plus.



élan

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