

MEDIA RELEASE • MEDIA RELEASE • MEDIA RELEASE**Positive results from cancer study prompt the National Cancer Institute (NCI) to halt study early and offer ^{Pr}Gleevec* to all trial participants**

- *Gleevec was found to dramatically reduce risk of cancer returning after surgery; patients receiving placebo will now be offered Gleevec*
- *Significant participation of key cancer centers across Canada*
- *Gleevec already approved as an effective therapy for unresectable (inoperable) and/or metastatic malignant gastrointestinal stromal tumor (GIST)*

Dorval, April 13, 2007 – Investigators have closed enrolment in a Phase III clinical trial of Gleevec (imatinib mesylate) after results of the interim study analysis showed that 97 per cent of patients who had received Gleevec as adjuvant therapy for one year following surgery did not have a return of their cancer compared to 88 per cent of patients who had received placebo treatment for one year. Patients receiving placebo will be offered Gleevec. The clinical trial was sponsored by the NCI, part of the U.S. National Institutes of Health (NIH), and was conducted by investigators at multiple cancer centers led by the American College of Surgeons Oncology Group, including the National Cancer Institute of Canada (NCIC). Novartis provided Gleevec for the study and partial funding under a Cooperative Research and Development Agreement with the NCI for the clinical development of Gleevec. The trial included more than 600 patients and seven key Canadian centers managed by the NCIC.

Gleevec has already been approved in Canada as an effective therapy for patients with unresectable (inoperable) and/or metastatic GIST. The new findings were heralded as excellent news, with major implications for patients with primary GIST disease as it significantly reduced their chance of cancer recurrence after primary surgery.

“This study provides the basis for the use of Gleevec in GIST patients following primary surgery,” said Dr. Martin Blackstein, Associate Professor of Medicine at the University of Toronto and the Principal Investigator for the Canadian portion of the study. “Surgery is the mainstay for the treatment of GIST. However distant (metastatic) disease can show up from months to years after a patient is apparently cured by surgery. As a result of the strongly positive results of the trial with the use of Gleevec, the study was halted. It is great news for my patients, because there is now a treatment that has proven to help reduce or at least delay their risk of cancer recurrence,” added Dr. Blackstein.

“With these new data, we see that Gleevec is an effective therapy for an even greater number of GIST patients than originally thought, helping not only metastatic and inoperable GISTs, but also patients after primary surgery,” said Jean-Marie Leclerc, MD., Chief Scientific Officer, Senior Vice-President Clinical & Regulatory Affairs. “We will now work with the investigators on a submission to request regulatory approval for Gleevec as adjuvant treatment for GIST.”

Following the recommendation of a data monitoring committee, the study will be closed and patients in the study who are currently being treated with placebo may receive Gleevec for a period of one year.

In the study, patients were randomized to one of two treatment arms. Neither the patients nor physicians knew which treatment the patients were receiving. One patient group received Gleevec at a dose of 400 mg per day for one year, while the second group received placebo for one year. According to the study design, patients who developed a recurrence of their cancer while on a study therapy were unblinded to their treatment assignment. Those receiving placebo subsequently received Gleevec, while those already given Gleevec continued with this therapy, but at a higher dose. Study results will be presented at a forthcoming scientific meeting.

Investigators in the NCI study reported that Gleevec therapy was well tolerated by most patients, with side effects similar to those observed in other clinical trials with Gleevec, and included nausea, diarrhea and swelling (edema).

About Gleevec

Gleevec is currently approved in 90 countries throughout the world. In Canada, a conditional marketing authorization has been issued for Gleevec for adult patients with newly diagnosed, Philadelphia-chromosome-positive, chronic myeloid leukemia and adult patients with unresectable and/or metastatic malignant gastrointestinal stromal tumors (GIST). These authorizations are conditional upon confirmation of clinical benefit. Patients should be advised of the conditional nature of the authorization.

Non-conditional approval has been issued for Gleevec for adult patients with Philadelphia chromosome-positive CML in blast crisis, accelerated phase or chronic phase (after failure of interferon-alpha therapy), for use as a single agent for induction phase therapy in adult patients with newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL) and adult patients with relapsed or refractory Ph+ ALL as monotherapy.

The effectiveness of Gleevec is based on hematologic and cytogenetic response rates in CML, in Ph+ ALL; and on objective response rates in GIST. There are no controlled trials demonstrating clinical benefit such as improvement in disease-related symptoms or increased survival.

The majority of patients treated with Gleevec in clinical trials experienced adverse events at some time. Most events were of mild to moderate grade and treatment discontinuation was not necessary in the majority of cases. The safety profile of Gleevec was similar in all approved indications. The most common side effects included nausea, superficial edema, fluid retention, muscle cramps, skin rash, vomiting, diarrhea, abdominal pain, myalgia, hemorrhage, fatigue, headache, joint pain, as well as neutropenia, thrombocytopenia and anemia. Patients known with cardiac disease or risk factors for cardiac failure should be monitored carefully and any patient with signs or symptoms consistent with cardiac failure should be evaluated and treated.

Rare/serious adverse reactions include: sepsis, pneumonia, depression, convulsions, cardiac failure, thrombosis/embolism, ileus, pancreatitis, hepatic failure, exfoliative dermatitis, angioedema, Stevens-Johnson syndrome, renal failure, fluid retention, edema, hemorrhage (including brain, eye, kidney and gastrointestinal tract), diverticulitis, gastrointestinal perforation, tumour hemorrhage/ necrosis, hip osteonecrosis/avascular necrosis.

Gleevec is contraindicated in patients with known hypersensitivity to imatinib or any of its excipients. Women of childbearing potential should be advised to avoid becoming pregnant while taking Gleevec.

Disclaimer

The foregoing release contains forward-looking statements that can be identified by terminology such as “to be presented,” “will be offered,” “did not have a return of their cancer,” “has major implications,” “may help,” “will not work,” “will be presented” or similar expressions, or by express or implied discussions regarding the long-term impact of a patient’s use of Gleevec or potential future sales of Gleevec. Such forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause actual results with Gleevec to be materially different from any future results, performance or achievements expressed or implied by such statements. There can be no guarantee regarding the long-term impact of a patient’s use of Gleevec. Nor can there be any guarantee regarding potential future sales of Gleevec. In particular, management’s expectations regarding Gleevec could be affected by, among other things, unexpected clinical trial results, including additional analysis of Gleevec clinical data, and new clinical data; unexpected regulatory actions or delays or government regulation generally; the company’s ability to obtain or maintain patent or other proprietary intellectual property protection; competition in general; government, industry, and general public pricing pressures; and other risks and factors referred to in the Company’s current Form 20-F on file with the US Securities and Exchange Commission. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those anticipated, believed, estimated or expected. Novartis is providing this information as of this date and does not undertake any obligation to update any forward-looking statements contained in this document as a result of new information, future events or otherwise.

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About Novartis

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Contacts

Media contacts

For additional information about this news release or to arrange an interview with a physician , please contact:

Daphne Weatherby Edelman Tel: (514) 844-6665, ext 225 daphne.weatherby@edelman.com	Sabrina Tremblay Novartis Pharmaceuticals Canada Inc. Tel: (514) 633-7880 (2254) Cell. (514)880-9766 sabrina.tremblay@novartis.com
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*Gleevec is a registered trademark.