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New Survey Reveals Many Adults with High Cholesterol Fail to Take Necessary Steps to Improve Their Condition

‘Significant Disconnect’ Exists Between Understanding Cholesterol Monitoring Versus Implementing Changes to Lower Cholesterol Levels

Parsippany, NJ (September 4, 2007) – A recent survey of U.S. adults with high cholesterol¹ shows that in spite of concerns about the serious health risks associated with their condition, such as heart attack, stroke and coronary heart disease, there is a significant disconnect between understanding what *should* be done to monitor and control high cholesterol and actually implementing recommended changes to lower cholesterol levels.

Sponsored by Daiichi Sankyo and conducted by Harris Interactive, the survey of 400 adults diagnosed with high cholesterol found that nearly everyone (95 percent) agreed that a change in diet and regular exercise would be their preferred way to lower cholesterol. Yet, only half (50 percent) say they are doing everything they can to lower their cholesterol. Many are concerned about the possibility that prescription medications will damage their liver (83 percent) and kidneys (80 percent), but only three-fourths (73 percent) have discussed risks and side effects with their doctors.

Survey respondents often appeared to have other cardiovascular risk factors, including hypertension (52 percent), diabetes (29 percent) and coronary heart disease (14 percent). Cardiovascular disease remains the number one cause of death and disability in the U.S., claiming more than 870,000 lives every year.¹ Currently, more than 100 million American adults, about one third of the U.S. population, have a total blood

cholesterol level higher than 200 mg/dL, which puts them at risk for cardiovascular disease.²

The survey also indicates that while most (91 percent) say it is important to them to have cholesterol checked regularly, nearly half (46 percent) of those with high cholesterol are not sure what their total cholesterol level is, and four in five respondents (80 percent) aren't sure what their LDL ("bad" cholesterol) level is. This lack of knowledge may also affect cholesterol goals. Half don't have a total cholesterol goal and 79 percent don't have an LDL level goal. Further, about half of adults with high cholesterol (52 percent) do not believe their LDL cholesterol level is a serious risk to their health.

The 2007 high cholesterol survey, sponsored by Daiichi Sankyo, Inc., is a follow up to similar surveys conducted in 2000 and 2004.

"This survey demonstrates that despite all the information available today about high cholesterol, and the seriousness of health problems associated with elevated levels, many people don't seem to be making all the lifestyle changes necessary to address the problem. There is a significant gap between understanding the health risks associated with high cholesterol and knowing what their personal total and LDL cholesterol levels are, and the goals of treatment," said Peter H. Jones, MD, Baylor College of Medicine. "The survey also shows a need for physicians to communicate about treatment options and safety, including non-systemic or non-absorbed medications," added Dr. Jones.

Survey respondents said that important characteristics of a cholesterol-lowering medication are: that the medication is easy to tolerate (91 percent); that the medication can be used safely in combination with other drugs (89 percent); that the medication does not pass through their liver or kidneys (84 percent); and that the drug does not require blood work to monitor side effects of the liver (83 percent).

The leading class of non-systemic cholesterol-lowering medications is the bile acid sequestrant class (BAS). The branded leader of that class, WelChol[®], is an effective option with a well-established safety profile for patients with high LDL cholesterol.³ WelChol differs from many other LDL cholesterol-lowering medications on the market because it is non-absorbed, meaning that the body does not absorb it and it is eliminated without affecting the liver, kidney or other target organs.

“WelChol may be a viable option for those who recognize the benefits of taking LDL cholesterol-lowering medications but are concerned about potential adverse side effects noted with other prescription options,” adds Dr. Jones.

* For the purposes of this survey, those with “high cholesterol” were defined as U.S. adults (ages 20+) who have been diagnosed with high cholesterol and are doing something to manage their condition, including exercising regularly, changing diet, taking prescription medication, taking over-the-counter medication or eating cholesterol lowering food products.

About WelChol®

WelChol is indicated for LDL-C lowering and was approved by the U.S. Food and Drug Administration (FDA) for marketing in May 2000. WelChol is the top-selling branded drug in the bile acid sequestrants (BAS) class. WelChol is different from most other cholesterol-lowering drugs on the market because it is non-systemic, meaning that the body does not absorb it and it is eliminated without traveling to the liver or kidneys. Therefore, WelChol is not expected to have drug-drug interactions via the cytochrome P-450 pathway. Systemic medications, which include statins, fibrates, and cholesterol absorption inhibitors, are those that are absorbed from the intestine into the bloodstream and travel throughout the body, specifically to the liver and/or kidneys.

WelChol is a prescription drug indicated alone or in combination with a statin, as an adjunct to diet and exercise for the reduction of elevated LDL cholesterol in patients with primary hypercholesterolemia (Fredrickson Type IIa) when the response to diet and exercise has been inadequate. Liver-function monitoring is not required with WelChol when used as monotherapy, and in combination with a statin, no additional liver-function monitoring is required beyond that for the prescribed statin alone.

In clinical trials with patients with primary hypercholesterolemia, when WelChol was given alone in addition to a low-fat diet and exercise, it was shown to reduce LDL cholesterol by an average of 15% to 18%.

When WelChol is given in combination with a statin, the combination can lower cholesterol levels more effectively than using either therapy alone. In pivotal studies where WelChol was taken with a statin, WelChol 3.8 g provided up to an additional mean 16% (32 mg/dL) reduction in LDL cholesterol. WelChol is the only non-systemic cholesterol-lowering agent approved by the FDA for combination with a statin. WelChol can be used in combination with any dose of any statin.

WelChol is engineered for affinity and high capacity bile acid binding. It has been studied with four commonly prescribed statins – Lipitor® (atorvastatin calcium), Zocor®

(simvastatin), Pravachol[®] (pravastatin sodium) and Mevacor[®] (lovastatin). Additionally, WelChol has been studied with fenofibrate and had no significant effect on the bioavailability of fenofibrate. Like most prescription drugs, WelChol has not been studied in combination with all medications or supplements. Patients should always tell their doctor about all medications and supplements they are taking before starting any new therapy, including WelChol.

WelChol is not for everyone, especially those with bowel blockage. Caution should be exercised when treating patients who have trouble swallowing or severe stomach or intestinal problems. Side effects may include constipation, indigestion and gas. WelChol, either alone or in combination with a statin or fenofibrate, has not been shown to prevent heart disease or heart attacks.

WelChol is only indicated for the reduction of LDL-C either alone or in combination with a statin in patients with primary hypercholesterolemia. Additionally, WelChol has demonstrated beneficial effects on other lipid parameters such as HDL-C and APO-B. WelChol has also been studied in combination with fenofibrate in patients with mixed dyslipidemia (Fredrickson Type II B), and provided additional LDL-C reductions in these patients when added to a stable fenofibrate regimen. WelChol is not indicated for use in the treatment of mixed dyslipidemia or lipid parameters other than LDL-C.

For more information on WelChol, call 877-4-DSPROD (877-431-7763), or go to the WelChol web site at www.WelChol.com.

About Daiichi Sankyo, Inc.

Daiichi Sankyo, Inc., headquartered in Parsippany, New Jersey, is the U.S. subsidiary of Daiichi Sankyo Co., Ltd., Japan's second largest pharmaceutical company and a global leader in pharmaceutical innovation since 1899. The company is dedicated to the discovery, development and commercialization of innovative medicines that improve the lives of patients throughout the world.

The primary focus of Daiichi Sankyo's research and development is cardiovascular disease, including therapies for dyslipidemia, hypertension, diabetes, and acute coronary syndrome. The company is also pursuing the discovery of new medicines in the areas of glucose metabolic disorders, infectious diseases, cancer, bone and joint diseases, and immune disorders.

For more information, please visit www.dsus.com.

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About the Survey

This survey was conducted by telephone within the United States by Harris Interactive on behalf of Daiichi Sankyo between January 17 and February 5, 2007 among a nationally representative sample of 400 U.S. adults ages 20 and older who have been diagnosed with high cholesterol and are doing something to manage it. Management includes: exercising regularly, changing diet, taking prescription medication, taking over-the-counter medication or eating cholesterol lowering food products. Figures for age, sex, race/ethnicity, education, region, and household income were weighted where necessary to bring them into line with their actual proportions in the population.

With pure probability samples, with 100 percent response rates, it is possible to calculate the probability that the sampling error (but not other sources of error) is not greater than some number. With a pure probability sample of 400, one could say with a ninety-five percent probability that the overall results would have a sampling error of +/-6 percentage points. Sampling error for data based on subsamples would be higher and would vary. However that does not take other sources of error into account.

About Harris Interactive

Harris Interactive is the 12th largest and fastest-growing market research firm in the world. The company provides innovative research, insights and strategic advice to help its clients make more confident decisions which lead to measurable and enduring improvements in performance. Harris Interactive is widely known for *The Harris Poll*, one of the longest running, independent opinion polls and for pioneering online market research methods. The company has built what it believes to be the world's largest panel of survey respondents, the Harris Poll Online. Harris Interactive serves clients worldwide through its United States, Europe and Asia offices, its wholly-owned subsidiaries Novatris in France and MediaTransfer AG in Germany, and through a global network of independent market research firms. More information about Harris Interactive may be obtained at www.harrisinteractive.com.

To become a member of the Harris Poll Online and be invited to participate in online surveys, register at www.harrispollonline.com.

¹ Circulation. 2007 Heart Disease and Stroke Statistical Update. Dallas, Tex: American Heart Association, 2007. Page e164.

² American Heart Association. 2007 High Blood Cholesterol and Other Lipids Statistical Update. Dallas, Tex: American Heart Association, 2007. Page 2.

³ IMS National Prescription Data, June 22, 2007.

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