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MEDIA RELEASE · MEDIA RELEASE · MEDIA RELEASE

New clinical data show dramatic benefits of Femara* for women with breast cancer even after prolonged period of no anti-cancer treatment

- *New data from MA-17 study showed Femara* use led to 69 per cent reduction in risk of breast cancer returning up to five years after completing standard tamoxifen therapy*
- *Femara* showed 72 per cent reduction in risk of distant metastases in postmenopausal women with early breast cancer who switched to Femara* after placebo in study*
- *Results reported by the National Cancer Institute of Canada Clinical Trials Group*

Dorval, Quebec, December 13, 2005 – Women with hormone-sensitive early breast cancer who switched to Femara* (letrozole) from placebo as part of a landmark trial experienced significant improvements in overall survival, disease-free survival and distant metastases, according to data presented Friday at the 28th annual San Antonio Breast Cancer Symposium in Texas.

The analysis represents the first time that an aromatase inhibitor has demonstrated a benefit in starting therapy up to five years after the end of a patient taking tamoxifen, another medicine used in the treatment of hormone-related breast cancers.

"These data provide the first clinical evidence that women can benefit from Femara* even years after the completion of tamoxifen therapy. The findings may have a substantial impact on the overall treatment outcomes for postmenopausal women with early breast cancer," said Dr. Paul Goss, MD, Ph.D., Director, Breast Cancer Research, Massachusetts General Hospital and Professor of Medicine, Harvard Medical School. Dr. Goss is the lead investigator of the MA-17 trial.

In this additional new analysis of the landmark, Canadian-led MA-17 trial, postmenopausal women who switched from placebo to Femara* experienced a 69 per cent reduction in the risk that their breast cancer would return (recurrence). There also was a 72 per cent reduction in the risk that the cancer would spread to a distant part of the body (metastasis). A 47 per cent reduction in the risk of dying from their disease was also observed. These observations must be confirmed by additional analysis and longer-term follow-up.

The findings came from an additional new analysis of women who had been in the placebo arm of the MA-17 trial. In 2003, compelling results of an interim analysis showed that Femara* reduced the risk of breast cancer coming back by 42 per cent compared to placebo in postmenopausal women who had completed five years of prior adjuvant tamoxifen therapy. These data prompted an independent Data Safety Monitoring Board to recommend the

unblinding of study results. Since then, approximately 1,655 women taking placebo have chosen to switch to Femara*, while another 613 women did not pursue further treatment.

About MA-17

MA-17 is a Phase III, international, double-blinded, randomized, multi-center, Canadian-led trial. It is coordinated by the National Cancer Institute of Canada Clinical Trials Group at Queens University in Kingston, Ontario, Canada with funding from the Canadian Cancer Society and supported by Novartis.

The new data was presented by Dr. Paul Goss on December 8, 2005 at the 28th San Antonio Breast Cancer Conference and included:

- Disease Free Survival (DFS) – 69 per cent reduction in risk of cancer recurrence (Adjusted HR 0.31, $p<0.0001$)
- Distant Disease Free Survival (DDFS) – 72 per cent reduction in risk of distant metastasis (Adjusted HR 0.28, $p = 0.002$)
- Overall Survival – 47 per cent reduction in risk of death (Adjusted HR 0.53, $p=0.05$)

The incidence of adverse events in the post-unblinding analysis was similar to that seen in the earlier MA-17 analysis. Key safety findings presented included fractures (3.2% in the Femara*-switched group vs. 2.8% in the placebo group); patient-reported osteoporosis (3.9% vs. 1.6%); and cardiovascular disease (2.8% vs. 2.9%).

About Femara*

Femara*, an aromatase inhibitor, is an oral once-a-day drug indicated as first-line therapy in postmenopausal women with hormone-receptor positive advanced breast cancer. On April 1, 2005, the Therapeutic Products Directorate of Health Canada (TPD) granted a Notice of Compliance with Conditions (NOC/c) for Femara* for use in the extended adjuvant treatment of hormone receptor-positive early breast cancer in postmenopausal women who have received approximately five years of prior standard adjuvant tamoxifen therapy. TPD grants a notice of compliance with conditions (NOC/c) to ensure early market access to promising new drugs for diseases that are serious or life-threatening, or in this case, where no current therapy exists. This approval is conditional upon further confirmation of final follow-up clinical trial results.

Although the intended duration of extended adjuvant therapy with Femara* is five years, data on efficacy endpoints is limited to a median follow-up of 28 months. The clinical evidence collected to date demonstrates a statistically significant increase in disease-free survival, but no overall survival advantage has been consistently demonstrated.

Femara* is also indicated for the hormonal treatment of advanced/metastatic breast cancer in women with natural or artificially-induced postmenopausal status, who have disease progression following antiestrogen therapy.

Femara* is currently available in more than 90 countries worldwide.

Contraindications, warnings and adverse events

Patients should talk to their doctor if they are allergic to Femara* or any of its ingredients. Femara* should not be taken by women who are pregnant or lactating as it may cause fetal harm. Femara* should be taken only by women who are postmenopausal. Some women have reported fatigue and dizziness with Femara*. Patients should use caution before driving or

operating heavy machinery until they know how Femara* affects them. In the extended adjuvant setting, longer follow-up is needed to determine the risk of bone fractures associated with long-term use of Femara*.

In the extended adjuvant setting, commonly reported side effects are generally mild to moderate. Those seen more often with Femara* versus placebo were hot flashes (50% vs. 43%), joint pain (22% vs. 18%) and muscle pain (7% vs. 5%). Other side effects, which were comparable to placebo, include fatigue (34% vs. 32%), swelling due to fluid retention (18% vs. 16%), headache (20% v. 20%), increase in sweating (24% vs. 22%) and high cholesterol (16% vs. 16%). The percentage of patients on Femara* versus placebo reporting a fracture was 5.9 per cent vs. 5.5 per cent. The percentage of patients reporting osteoporosis was 6.9 per cent vs. 5.5 per cent. Bisphosphonates, drugs to increase bone strength, were given to 21.1 per cent of Femara* patients and 18.7 per cent of placebo patients. The safety profile in the switch patients was similar to the safety profile in patients receiving extended adjuvant treatment.

Forward-Looking Statement

The foregoing release contains forward-looking statements that can be identified by terminology such as “dramatic benefits,” “can benefit,” ”may have substantial impact,” or similar expressions, or by express or implied discussions regarding potential new indications, marketing approvals, or future sales of Femara*. Such forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause actual results with Femara* to be materially different from any future results, performance or achievements expressed or implied by such statements. There can be no guarantee that Femara* will be approved for any additional indications in any market, nor that it will reach any particular sales levels. In particular, management's expectations regarding commercialization of Femara* could be affected by, among other things, additional analysis of Femara* clinical data; new clinical data; unexpected clinical trial results; 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; increased 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 U.S. 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 the information in this press release as of this date and does not undertake any obligation to update any forward-looking statements contained in this press release as a result of new information, future events or otherwise. The purpose of this media document is for information only to report on a major scientific finding and is not meant to promote or encourage a use of this medication outside the approved Product Monograph in Canada.

About the National Cancer Institute of Canada Clinical Trials Group

The National Cancer Institute of Canada Clinical Trials Group (NCIC CTG), funded by the Canadian Cancer Society and based at Queen’s University in Kingston, Ontario, Canada, develops, conducts and analyzes national and international trials of cancer therapy, including trials for new cancer drugs, cancer prevention and supportive care to improve quality of life for people with cancer. Since its inception in 1971, the NCIC CTG has enrolled more than 40,000 patients from Canada and around the world in over 300 clinical trials.

About Novartis Canada

Novartis Pharmaceuticals Canada Inc., a leader in the healthcare field, is committed to the discovery, development and marketing of innovative products to improve the well-being of all Canadians. Novartis Pharmaceuticals Canada conducts hundreds of clinical trials across the country seeking new treatments for cardiovascular disease, diabetes, cancer, organ transplantation and glaucoma. In 2004, the Company invested over $55 million in research and development. Novartis Pharmaceuticals Canada Inc. employs approximately 860 people in Canada and its headquarters are located in Dorval, Quebec. In addition to Novartis Pharmaceuticals Canada Inc., the Novartis Group in Canada consists of Novartis Animal Health Canada Inc., Novartis Consumer Health Canada Inc., (including Novartis Nutrition Corporation and Gerber [Canada] Inc.) and CIBA Vision Canada Inc. For further information about Novartis Canada, please consult http://www.novartis.ca.

About Novartis

Novartis AG (NYSE: NVS) is a world leader in pharmaceuticals and consumer health. In 2004, the Group's businesses achieved net sales of USD 28.2 billion and pro forma net income of USD 5.6 billion. The Group invested approximately USD 4.1 billion in R&D. Headquartered in Basel, Switzerland, Novartis Group companies employ about 91,700 people and operate in over 140 countries around the world. For further information please consult http://www.novartis.com.

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* Femara is a registered trademark.